

CID# : 2208315969  
Name : MS.AMRITA MISHRA  
Age / Gender : 37 Years/Female  
Consulting Dr. : -  
Reg.Location : Andheri West (Main Centre)

SID# : 177805054770  
Registered : 24-Mar-2022 / 09:15  
Collected : 24-Mar-2022 / 09:15  
Reported : 25-Mar-2022 / 10:21  
Printed : 25-Mar-2022 / 16:37

### PHYSICAL EXAMINATION REPORT

#### History and Complaints:

Asymptomatic

#### EXAMINATION FINDINGS:

<b>Height (cms):</b>	162 cms	<b>Weight (kg):</b>	74 kgs
<b>Temp (0c):</b>	Afebrile	<b>Skin:</b>	Normal
<b>Blood Pressure (mm/hg):</b>	120/80 mm of Hg	<b>Nails:</b>	Normal
<b>Pulse:</b>	72/min	<b>Lymph Node:</b>	Not palpable

LMP:	01.03.2022
MH:	Regular Cycles
OH:	2 FTLSCS

#### Systems

**Cardiovascular:** S1S2 audible  
**Respiratory:** AEBE  
**Genitourinary:** NAD  
**GI System:** Liver & Spleen not palpable  
**CNS:** NAD

#### IMPRESSION:

Kindly consult your family physician with all your reports.

#### ADVICE:

ESR=45 mm at 1 hr.,  
Urine shows pus cells=10-15/hpf,bacteria=+(>20/hpf).,Urinary tract infection,  
Total cholesterol=216.1 mg/dl.,LDL=154.0 mg/dl,Dyslipidemia,  
Stress test is equivocal for stress inducible ischaemia,  
ECG shows T wave inversion in III,avF & anterior leads.

ADDRESS: 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

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**CHIEF COMPLAINTS:**

- |  |                         |
|--|-------------------------|
| 1) Hypertension:                         | NO                      |
| 2) IHD                                   | NO                      |
| 3) Arrhythmia                            | NO                      |
| 4) Diabetes Mellitus                     | NO                      |
| 5) Tuberculosis                          | NO                      |
| 6) Asthama                               | NO                      |
| 7) Pulmonary Disease                     | NO                      |
| 8) Thyroid/ Endocrine disorders          | NO                      |
| 9) Nervous disorders                     | NO                      |
| 10) GI system                            | NO                      |
| 11) Genital urinary disorder             | NO                      |
| 12) Rheumatic joint diseases or symptoms | NO                      |
| 13) Blood disease or disorder            | NO                      |
| 14) Cancer/lump growth/cyst              | NO                      |
| 15) Congenital disease                   | NO                      |
| 16) Surgeries                            | H/O 2 LSCS in 2015,2020 |
| 17) Musculoskeletal System               | NO                      |

**PERSONAL HISTORY:**

- |               |     |
|---------------|-----|
| 1) Alcohol    | NO  |
| 2) Smoking    | NO  |
| 3) Diet       | Veg |
| 4) Medication | NO  |

\*\*\* End Of Report \*\*\*

*Sangeeta Manwani*

**Dr.Sangeeta Manwani**  
**M.B.B.S. Reg.No.71083**

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Reported : 24-Mar-2022 / 14:25

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## AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

### CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	12.6	12.0-15.0 g/dL	Spectrophotometric
RBC	4.08	3.8-4.8 mil/cmm	Elect. Impedance
PCV	38.1	36-46 %	Measured
MCV	93.5	80-100 fl	Calculated
MCH	31.0	27-32 pg	Calculated
MCHC	33.1	31.5-34.5 g/dL	Calculated
RDW	14.4	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	5560	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	29.3	20-40 %	
Absolute Lymphocytes	1610	1000-3000 /cmm	Calculated
Monocytes	4.8	2-10 %	
Absolute Monocytes	270	200-1000 /cmm	Calculated
Neutrophils	63.4	40-80 %	
Absolute Neutrophils	3490	2000-7000 /cmm	Calculated
Eosinophils	2.2	1-6 %	
Absolute Eosinophils	120	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	20	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

### **PLATELET PARAMETERS**

Platelet Count	272000	150000-400000 /cmm	Elect. Impedance
MPV	9.0	6-11 fl	Calculated
PDW	14.0	11-18 %	Calculated

### **RBC MORPHOLOGY**

Hypochromia	-
Microcytosis	-



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Macrocytosis -  
Anisocytosis -  
Poikilocytosis -  
Polychromasia -  
Target Cells -  
Basophilic Stippling -  
Normoblasts -  
Others Normocytic, Normochromic  
WBC MORPHOLOGY -  
PLATELET MORPHOLOGY -  
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB **45** 2-20 mm at 1 hr. Westergren

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West  
\*\*\* End Of Report \*\*\*



*Amar Das Gupta*  
**Dr. AMAR DASGUPTA, MD, PhD**  
Consultant Hematopathologist  
Director - Medical Services

*Trupti Shetty*  
**Dr. TRUPTI SHETTY**  
M. D. (PATH)  
Pathologist

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	84.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	106.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.50	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.34	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.3	1 - 2	Calculated
SGOT (AST), Serum	16.6	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	13.9	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	28.8	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	92.3	35-105 U/L	Colorimetric
BLOOD UREA, Serum	16.7	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.8	6-20 mg/dl	Calculated
CREATININE, Serum	0.69	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	102	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	3.5	2.4-5.7 mg/dl	Enzymatic



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**Collected** : 24-Mar-2022 / 12:59  
**Reported** : 24-Mar-2022 / 16:24

Urine Sugar (Fasting)	Absent	Absent
Urine Ketones (Fasting)	Absent	Absent
Urine Sugar (PP)	Absent	Absent
Urine Ketones (PP)	Absent	Absent

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West  
\*\*\* End Of Report \*\*\*



  
**Dr.ANUPA DIXIT**  
**M.D.(PATH)**  
**Consultant Pathologist & Lab**  
**Director**





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Reported : 24-Mar-2022 / 13:01

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	96.8	mg/dl	Calculated

**Intended use:**

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

**Clinical Significance:**

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

**Test Interpretation:**

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

**Factors affecting HbA1c results:**

**Increased in:** High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

**Decreased in:** Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

**Reflex tests:** Blood glucose levels, CGM (Continuous Glucose monitoring)

**References:** ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West

\*\*\* End Of Report \*\*\*



*Anupa*

**Dr.ANUPA DIXIT**  
**M.D.(PATH)**  
**Consultant Pathologist & Lab Director**





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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**URINE EXAMINATION REPORT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.5	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	30	-	-
<b>CHEMICAL EXAMINATION</b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b>MICROSCOPIC EXAMINATION</b>			
Leukocytes(Pus cells)/hpf	10-15	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	3-4		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	
Others	-		

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*Shashikant Dighade*  
Dr. SHASHIKANT DIGHADE  
M.D. (PATH)  
Pathologist





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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**BLOOD GROUPING & Rh TYPING**

PARAMETER	RESULTS
ABO GROUP	A
Rh TYPING	POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

**Clinical significance:**  
ABO system is most important of all blood group in transfusion medicine

**Limitations:**

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

**References:**

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

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\*\*\* End Of Report \*\*\*



MC-2111

*Anupa*  
**Dr.ANUPA DIXIT**  
**M.D.(PATH)**  
**Pathologist**





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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	216.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	112.4	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	39.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	176.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	154.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	22.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.9	0-3.5 Ratio	Calculated

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**THYROID FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	3.7	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.1	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	2.33	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA





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**Interpretation:**

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

**Clinical Significance:**

- 1)TSH Values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

**Diurnal Variation:**TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

**Reflex Tests:**Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

**Limitations:**Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.

**Reference:**

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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 \*\*\* End Of Report \*\*\*



*Anupa*

**Dr.ANUPA DIXIT**  
**M.D.(PATH)**  
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Age / Gender	: 37 Years/Female	Collected	: 24-Mar-2022 / 09:15
Consulting Dr.	: -	Reported	: 24-Mar-2022 / 11:05
Reg.Location	: Andheri West (Main Centre)	Printed	: 25-Mar-2022 / 08:50

### **X-RAY CHEST PA VIEW**

Both lung fields are clear.

Both costo-phrenic angles are clear.

No hilar abnormality is seen.

The cardiac size and shape are within normal limits.

The aorta shows normal radiological features.

The trachea is central.

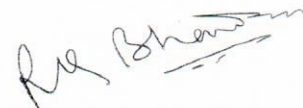
The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

#### **IMPRESSION:**

**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

\*\*\* End Of Report \*\*\*



**Dr.R K BHANDARI**  
**M.D.,D.M.R.E**  
**CONSULTANT RADIOLOGIST**

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Patient Name : AMRITA MISHRA

Age : 37 Years/ FEMALE

Ref Dr. : --

Date : 24.03.2022

CID. No : 2208315969

### USG ABDOMEN AND PELVIS

**LIVER:** Liver is normal in size (14.6cm. cranio-caudal), shape and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

**GALL BLADDER:** Gall bladder is not visualized.(Post cholecystectomy status).

**PORTAL VEIN:** Portal vein is normal. **CBD:** CBD measures 6.5mm.

**PANCREAS:** Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

**KIDNEYS:** Right kidney measures 9.2 x 3.9cm. Left kidney measures 10.7 x 4.6cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

**SPLEEN:** Spleen is normal in size (9.5cm.), shape and echotexture. No focal lesion is seen.

**URINARY BLADDER:** Urinary bladder is distended and normal. Wall thickness is within normal limits.


**UTERUS:** Uterus is anteverted, normal and measures 6.7 x 5.3 x 3.7cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 8.5mm. Cervix appears normal.

**OVARIES:** Both ovaries are normal. A ruptured follicle is noted in the left ovary. The right ovary measures 2.6 x 1.5cm. The left ovary measures 3.0 x 2.0cm.

No free fluid or significant lymphadenopathy is seen.

**IMPRESSION: NO SIGNIFICANT ABNORMALITY IS DETECTED.**

\*\*\* End of Report \*\*\*



**DR. NIKHIL DEV**  
**MD. RADIOLOGIST**

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Date:- 24/03/2022

CID: 2208315989

Name:- Amrita mishra

Sex / Age: 37 Female

**EYE CHECK UP**

Chief complaints: Nil

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: —

Aided Vision: —

Refraction: —

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—	—	—	6/6	—	—	—	6/6
Near	—	—	—	NS	—	—	—	NS

Colour Vision:  Normal /  Abnormal

Remark: Normal vision

ADDRESS: 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com



## SUBURBAN DIAGNOSTICS

**Patient Details**                      **Date:** 24-Mar-22                      **Time:** 11:53:30 AM  
**Name:** AMRITA MISHRA ID: 2208315969  
**Age:** 37 y                      **Sex:** F                      **Height:** 162 cms                      **Weight:** 74 Kgs  
**Clinical History:** NONE

**Medications:** NONE

### Test Details

**Protocol:** Bruce                      **Pr.MHR:** 183 bpm                      **THR:** 155 (85 % of Pr.MHR) bpm  
**Total Exec. Time:** 6 m 31 s                      **Max. HR:** 161 ( 88% of Pr.MHR )bpm                      **Max. Mets:** 10.20  
**Max. BP:** 160 / 80 mmHg                      **Max. BP x HR:** 25760 mmHg/min                      **Min. BP x HR:** 6160 mmHg/min  
**Test Termination Criteria:** Target HR attained

### Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 40	1.0	0	0	82	120 / 80	-0.64 III	-0.71 II
Standing	0 : 8	1.0	0	0	77	120 / 80	-0.42 III	0.71 V4
Hyperventilation	0 : 12	1.0	0	0	84	120 / 80	-0.64 III	-0.71 III
1	3 : 0	4.6	1.7	10	123	130 / 80	-1.06 II	1.06 I
2	3 : 0	7.0	2.5	12	146	140 / 80	-1.91 III	1.77 II
Peak Ex	0 : 31	10.2	3.4	14	161	160 / 80	-2.12 V3	1.06 I
Recovery(1)	1 : 0	1.8	1	0	132	140 / 80	-2.76 V3	2.12 I
Recovery(2)	1 : 0	1.0	0	0	112	130 / 80	-1.27 III	2.12 V4
Recovery(3)	1 : 0	1.0	0	0	111	120 / 80	-1.27 III	1.06 II
Recovery(4)	0 : 8	1.0	0	0	107	120 / 80	-0.85 aVF	0.35 I

### Interpretation

FAIR EFFORT TOLERANCE  
 ACCELERATED CHRONOTROPIC RESPONSE  
 NORMAL INOTROPIC RESPONSE  
 NO ANGINA/ ANGINA EQUIVALENTS  
 NO ARRHYTHMIAS  
 BASELINE MILD T WAVE CHANGES IN INFERIOR LEAD & V3-V6 . WHICH BECAME  
 PROMINENT DURING EXERCISE ST-T CHANGES REAPPEARED IN MID TO LATE  
 RECOVERY.  
 IMPRESSION:STRESS TEST IS EQUIVOCAL FOR STRESS INDUCIBLE ISCHAEMIA

Disclaimer: Negative stress test does not rule out Coronary Artery Disease.  
 Positive stress test is suggestive but not confirmatory of Coronary Artery Disease.  
 Hence clinical correlation is mandatory.

Dr. Ravi Chavan  
 MD; D Card  
 Consultant Cardiologist  
 Reg.No: 2004/06/2403

Ref. Doctor: ARCOFEMI HEALTHCARE  
 ( Summary Report edited by user )

Doctor: DR. RAVI CHAVAN  
 (c) Schiller Healthcare India Pvt. Ltd. V 4.7



AMRITA MISHRA (37 F)

ID: 2208315969

Date: 24-Mar-22

Exec Time : 0 m 0 s

Stage Time : 0 m 34 s HR: 82 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 155 bpm)

B.P: 120 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

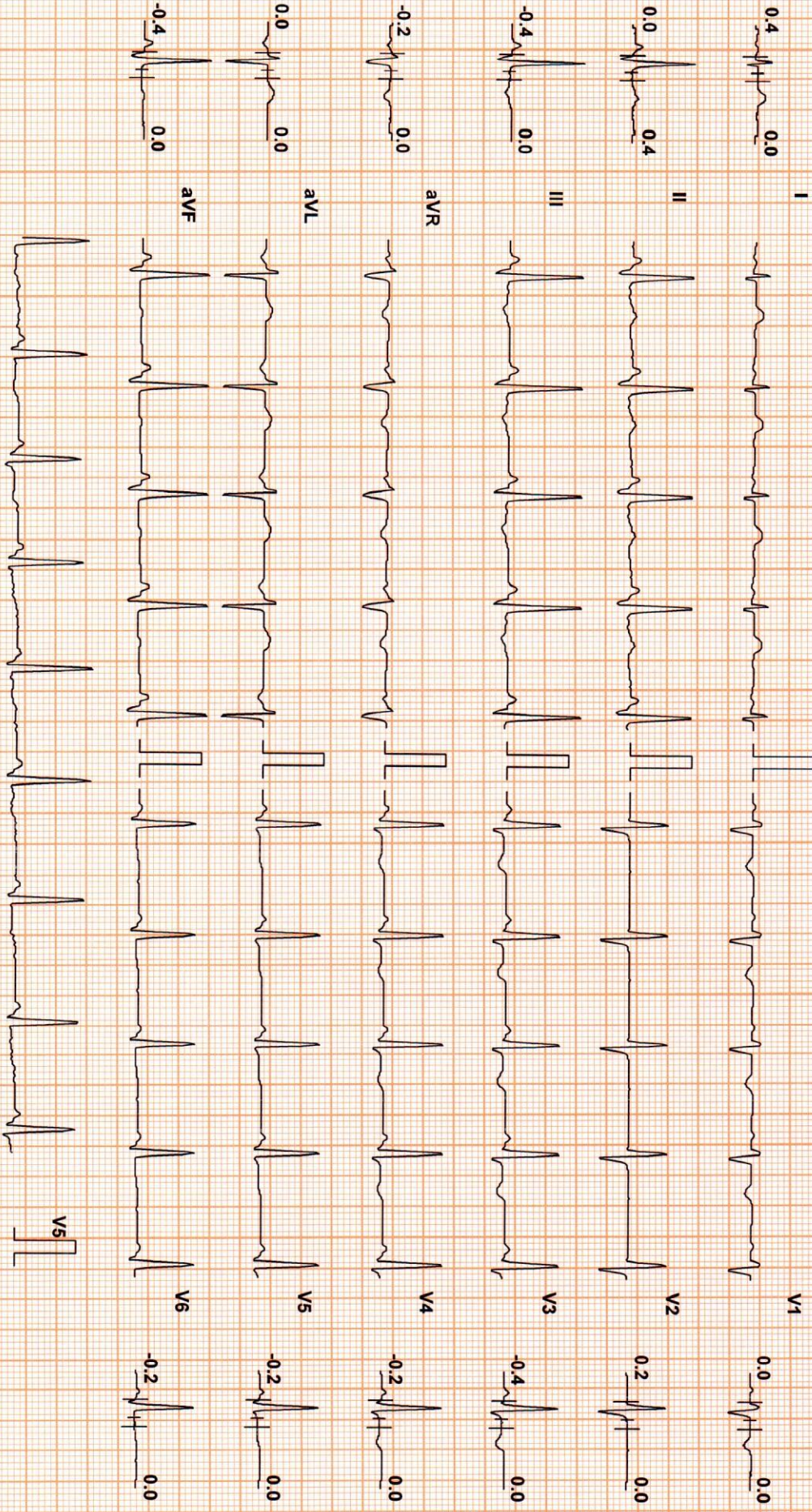


Chart Speed: 25 mm/sec  
Schiller Spardian V4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



AMRITA MISHRA (37 F)

ID: 2208315969

Date: 24-Mar-22

Exec Time : 0 m 0 s

Stage Time : 0 m 2 s

HR: 77 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 155 bpm)

B.P: 120 / 80

ST Level (mm)    ST Slope (mV/s)

ST Level (mm)    ST Slope (mV/s)

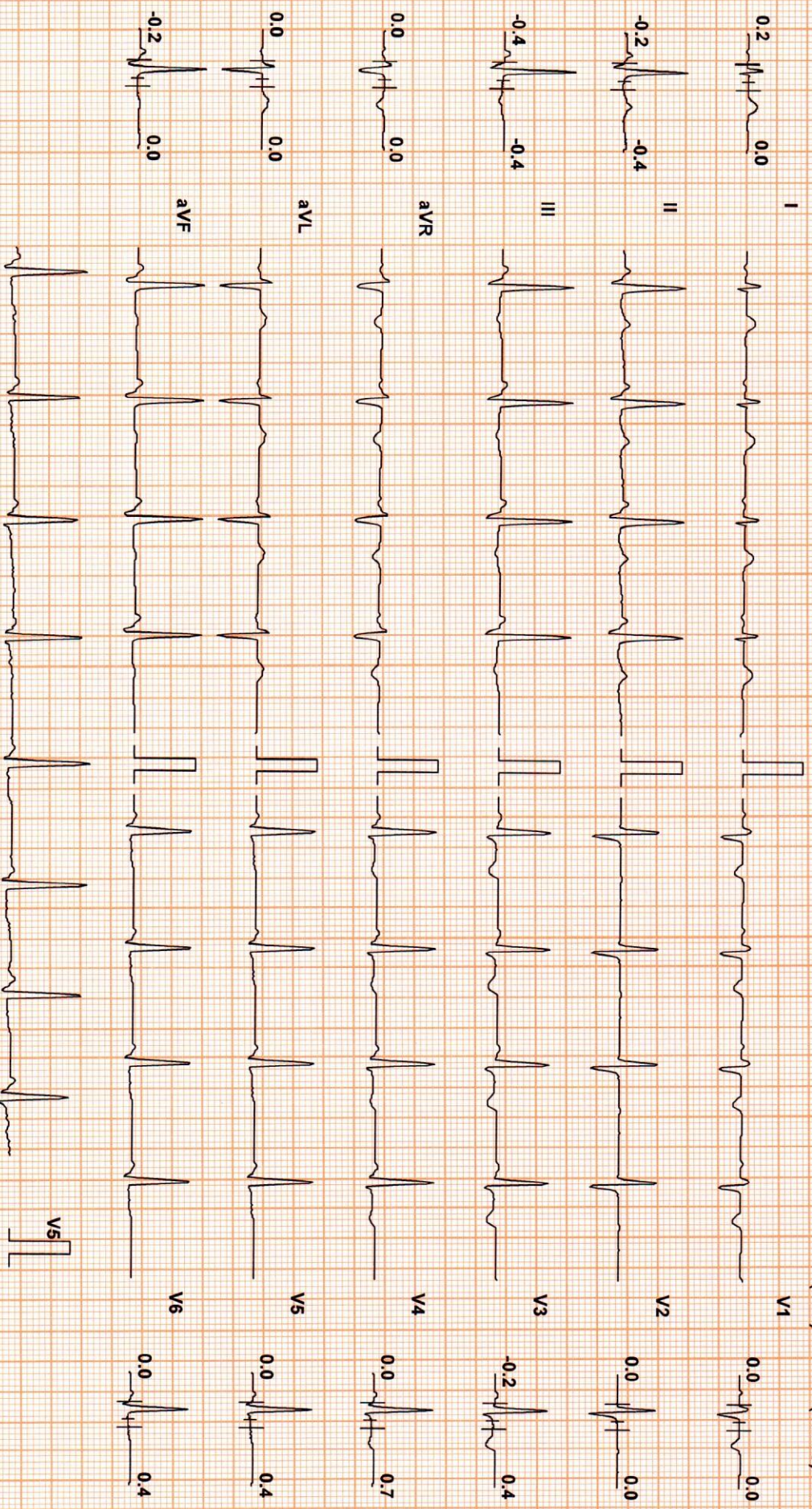


Chart Speed: 25 mm/sec  
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



**AMRITA MISHRA (37 F)**

ID: 2208315969

Date: 24-Mar-22

Exec Time : 0 m 0 s

Stage Time : 0 m 6 s

HR: 84 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

B.P: 120 / 80

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

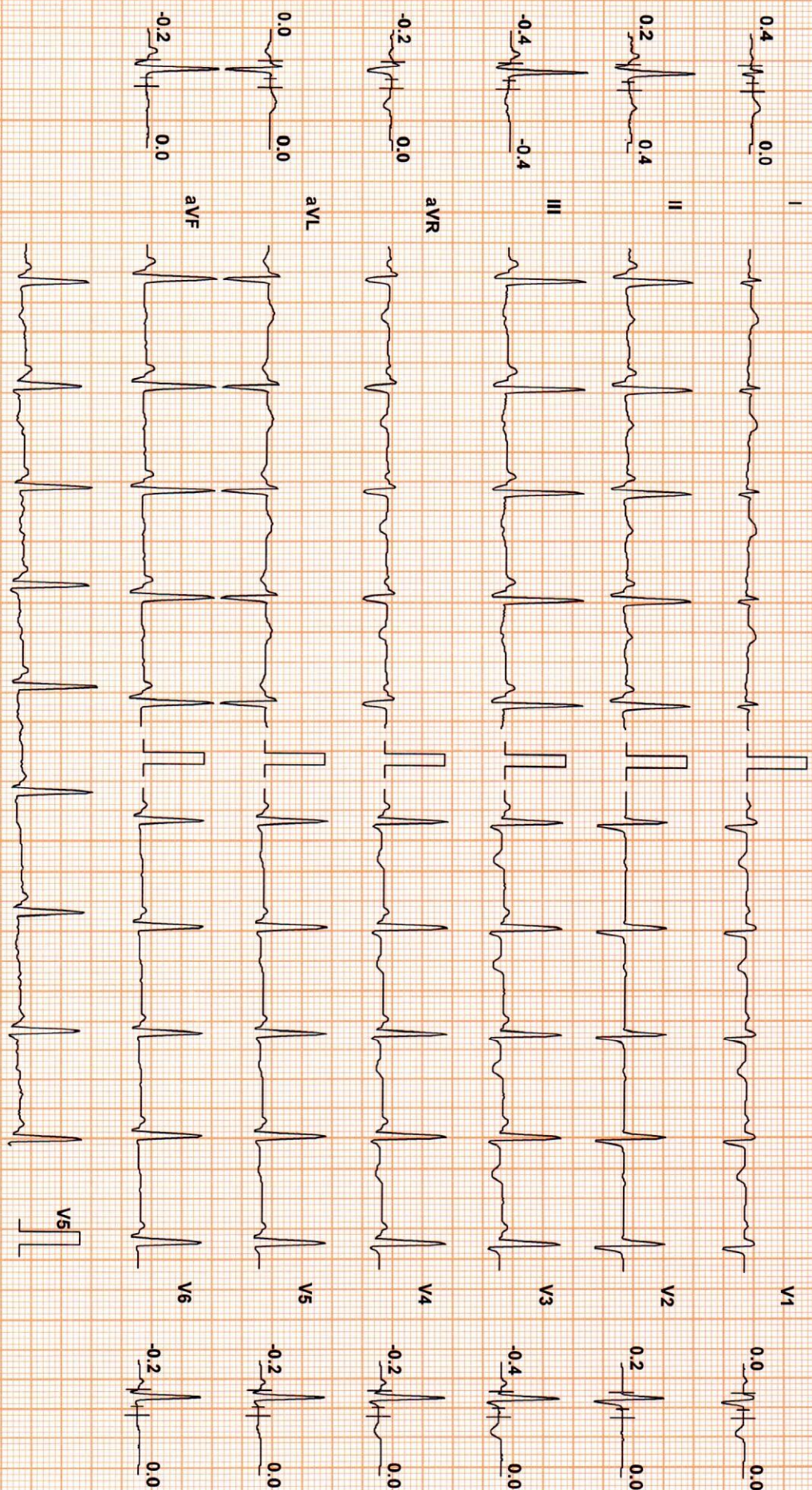


Chart Speed: 25 mm/sec  
Schiller Spandian V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



AMRITA MISHRA (37 F)

ID: 2208315969

Date: 24-Mar-22 Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 123 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 155 bpm)

B.P: 130 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

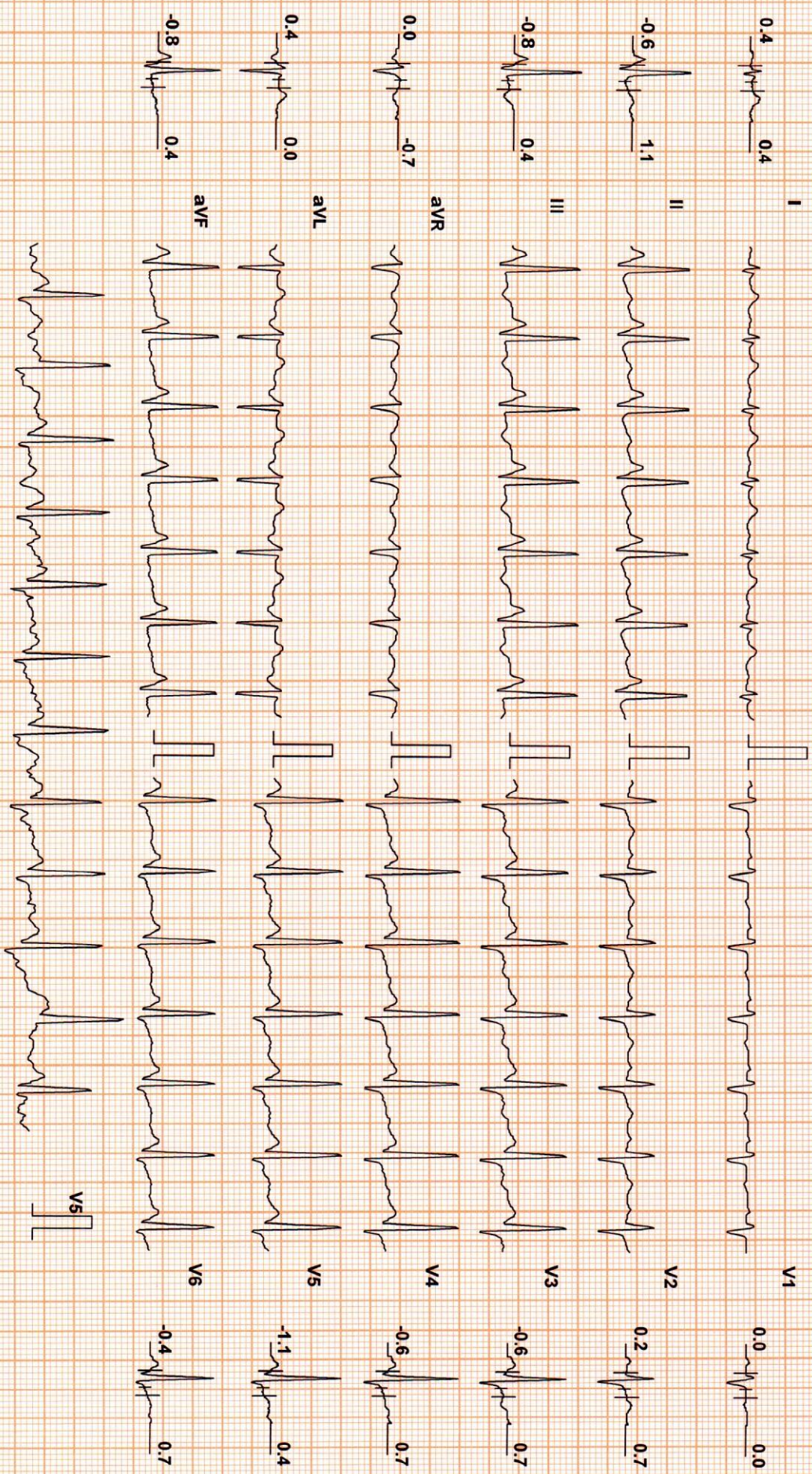


Chart Speed: 25 mm/sec  
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



AMRITA MISHRA (37 F)

ID: 2208315969

Date: 24-Mar-22 Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 141 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph Grade: 12 % (THR: 155 bpm) B.P: 140 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

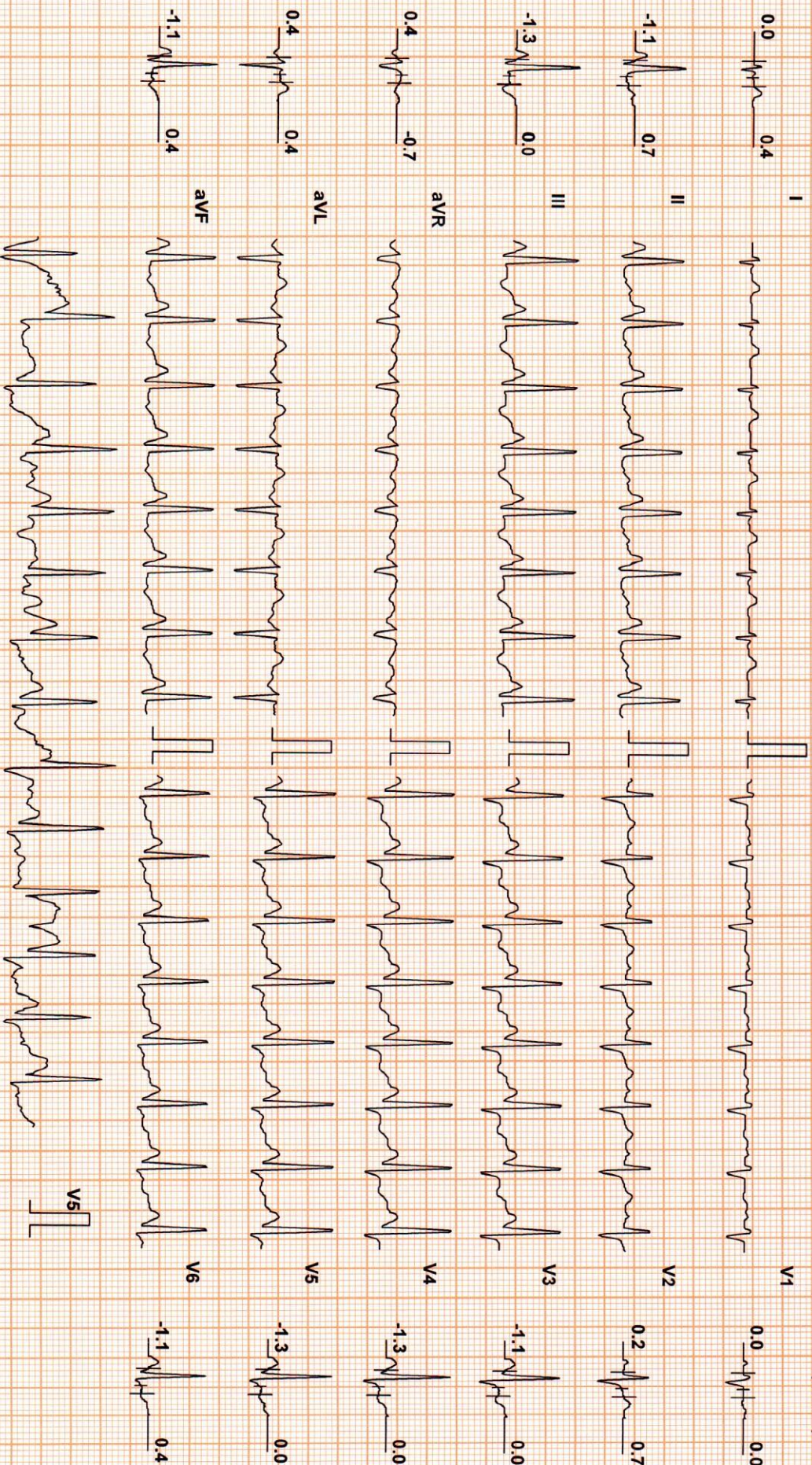


Chart Speed: 25 mm/sec  
Schiller Spandax V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



AMRITA MISHRA (37 F)

ID: 2208315969

Date: 24-Mar-22 Exec Time : 6 m 25 s Stage Time : 0 m 25 s HR: 160 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 155 bpm)

B.P: 160 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

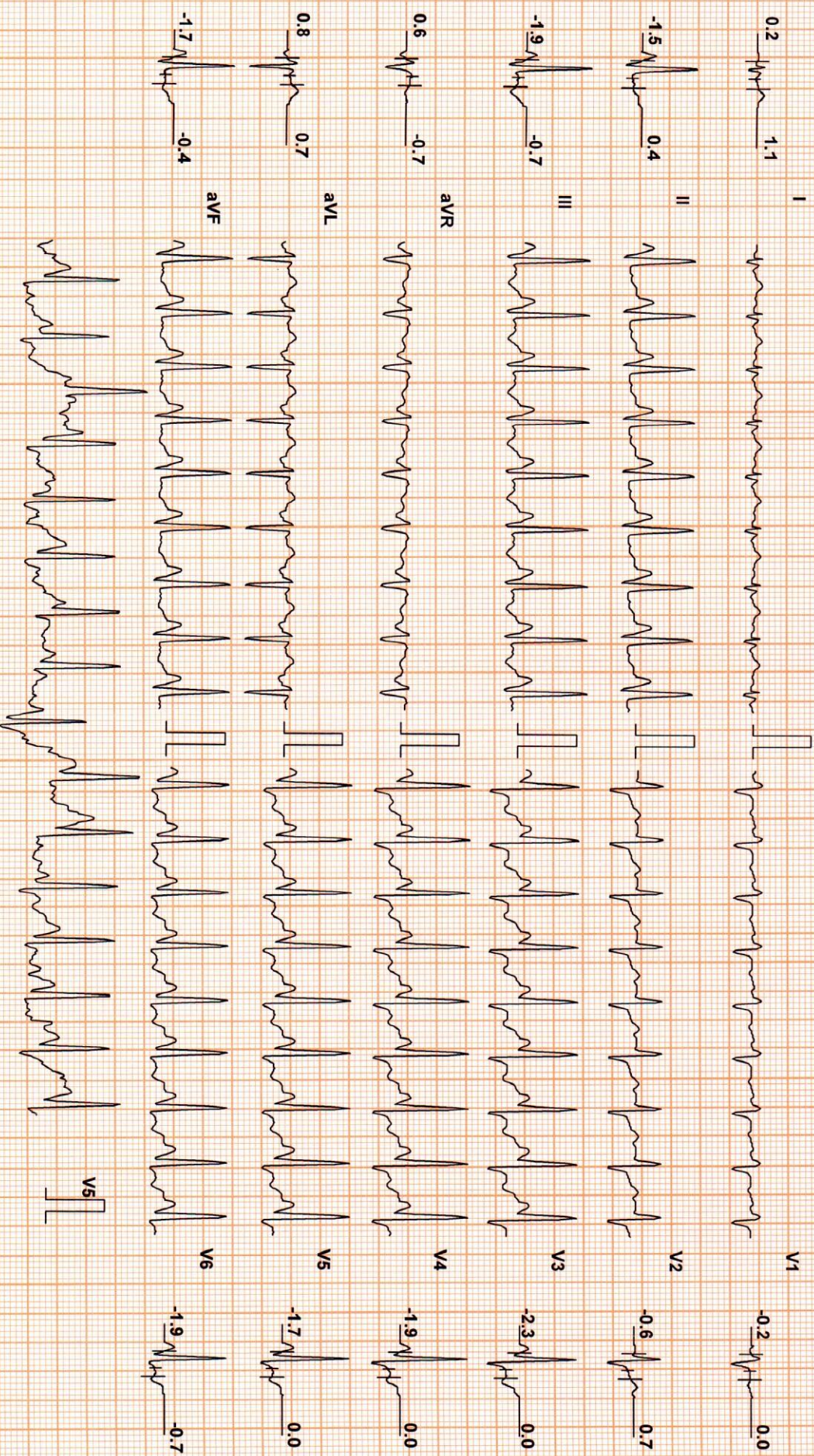


Chart Speed: 25 mm/sec  
Schlier Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



AMRITA MISHRA (37 F)

ID: 2208315969

Date: 24-Mar-22 Exec Time : 6 m 31 s Stage Time : 0 m 54 s HR: 136 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 155 bpm)

B.P: 140 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

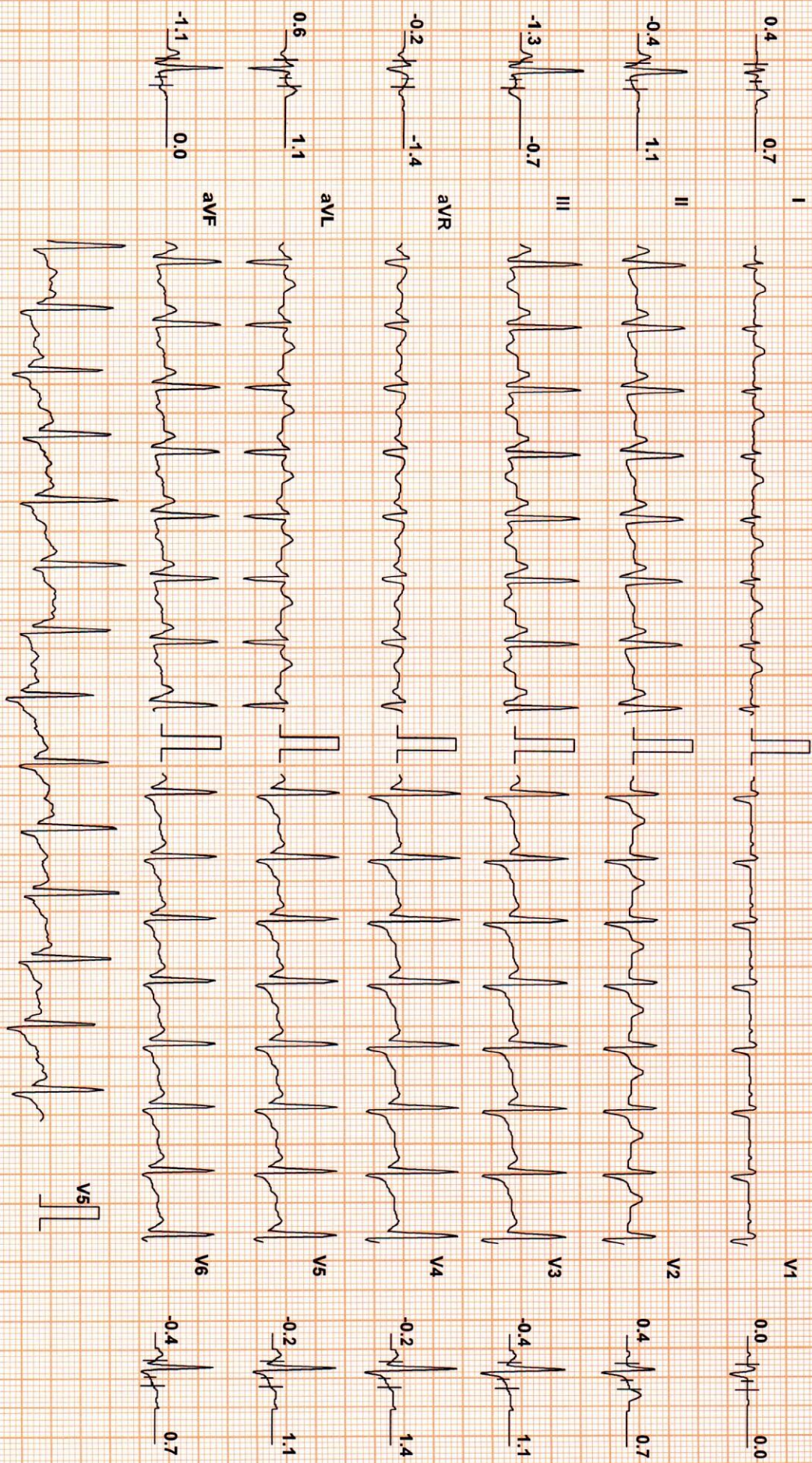


Chart Speed: 25 mm/sec  
Schiller Spandian V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



AMRITA MISHRA (37 F)

ID: 2208315969

Date: 24-Mar-22

Exec Time : 6 m 31 s Stage Time : 0 m 54 s HR: 112 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 155 bpm)

B.P: 130 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

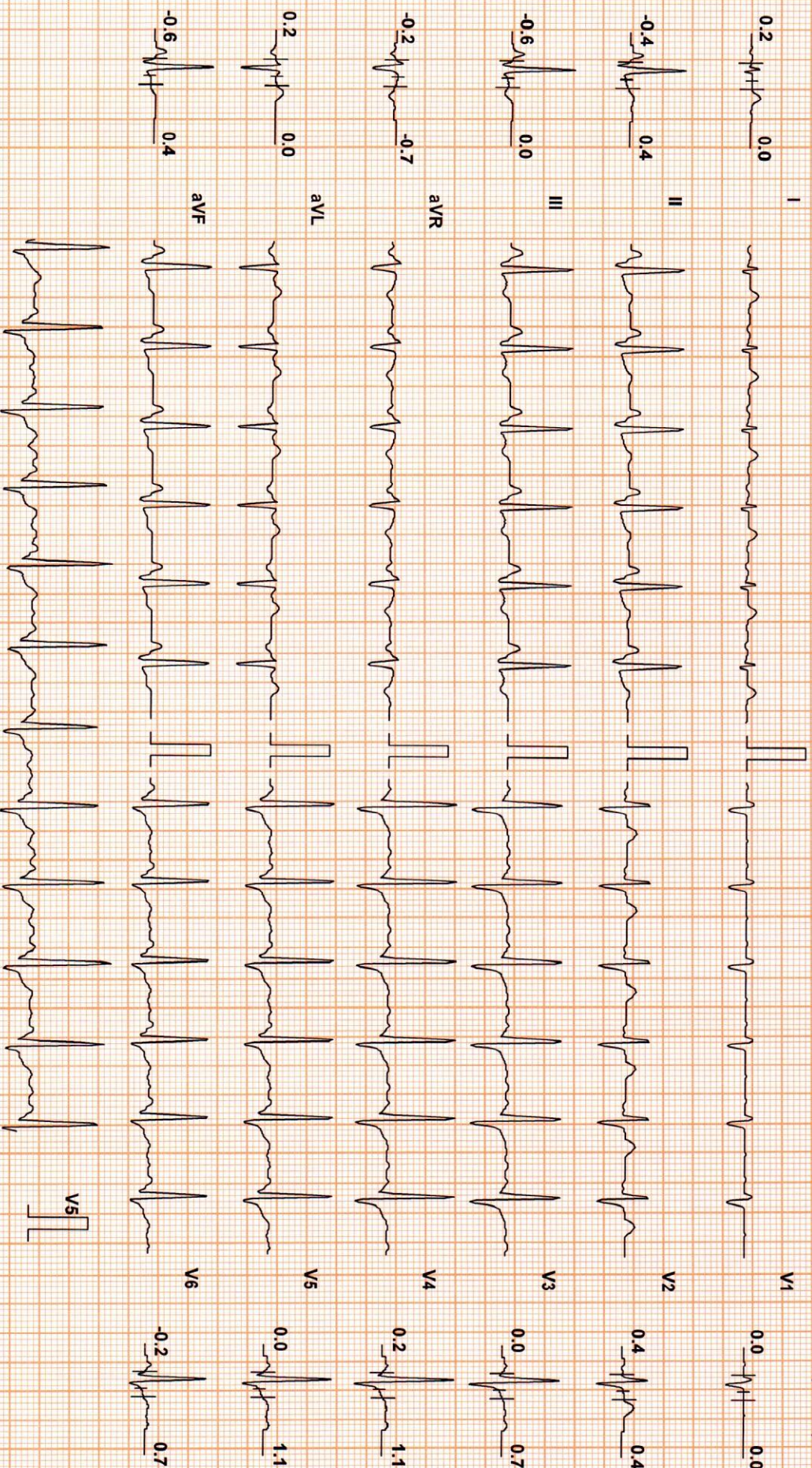


Chart Speed: 25 mm/sec  
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



AMRITA MISHRA (37 F)

ID: 2208315969

Date: 24-Mar-22

Exec Time : 6 m 31 s Stage Time : 0 m 54 s HR: 109 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 155 bpm)

B.P: 120 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

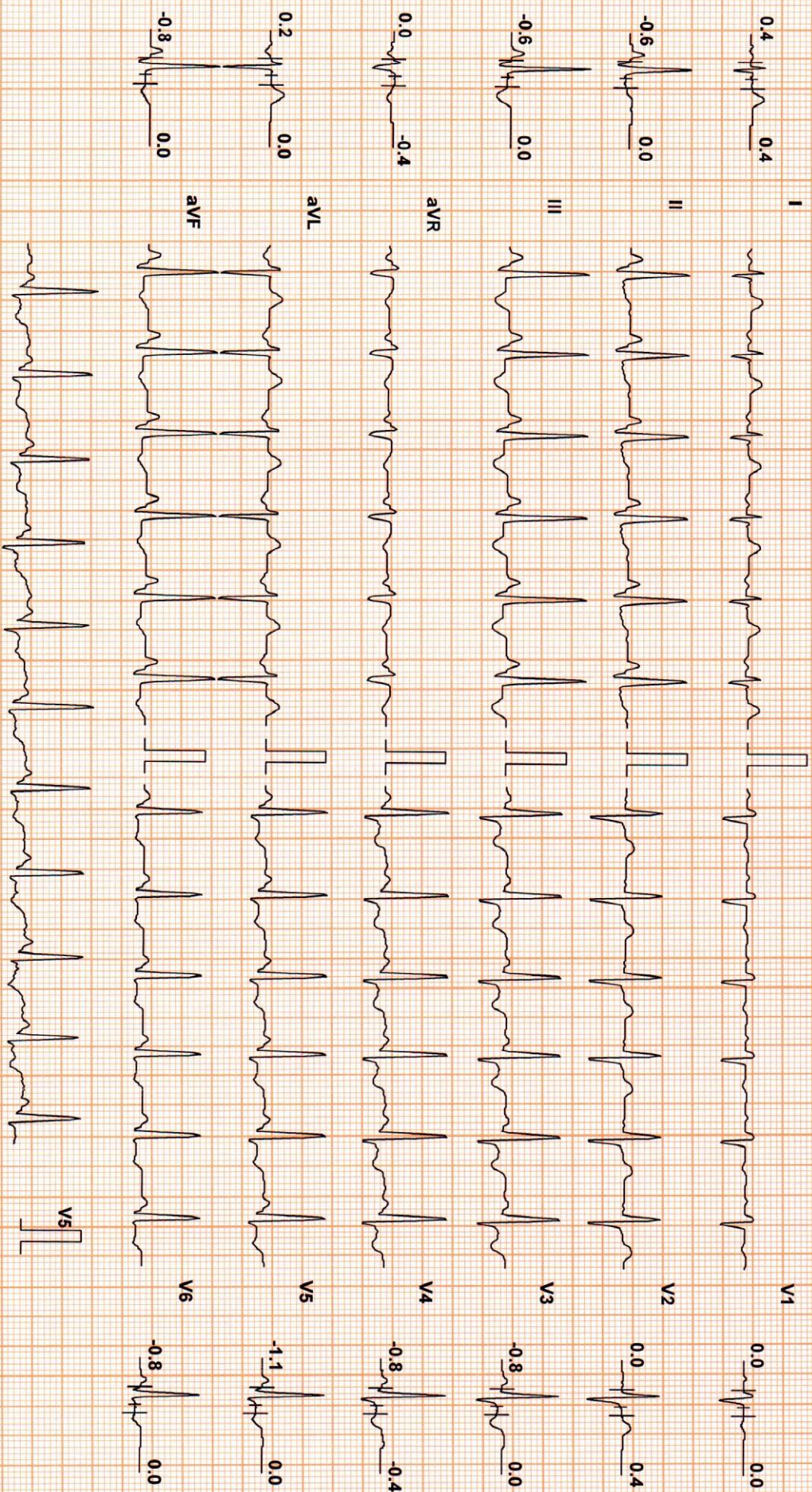


Chart Speed: 25 mm/sec  
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



AMRITA MISHRA (37 F)

ID: 2208315969

Date: 24-Mar-22

Exec Time : 6 m 31 s Stage Time : 0 m 2 s

HR: 110 bpm

Protocol: Bruce

Stage: Recovery(4)

Speed: 0 mph

Grade: 0 %

(THR: 155 bpm)

B.P: 120 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

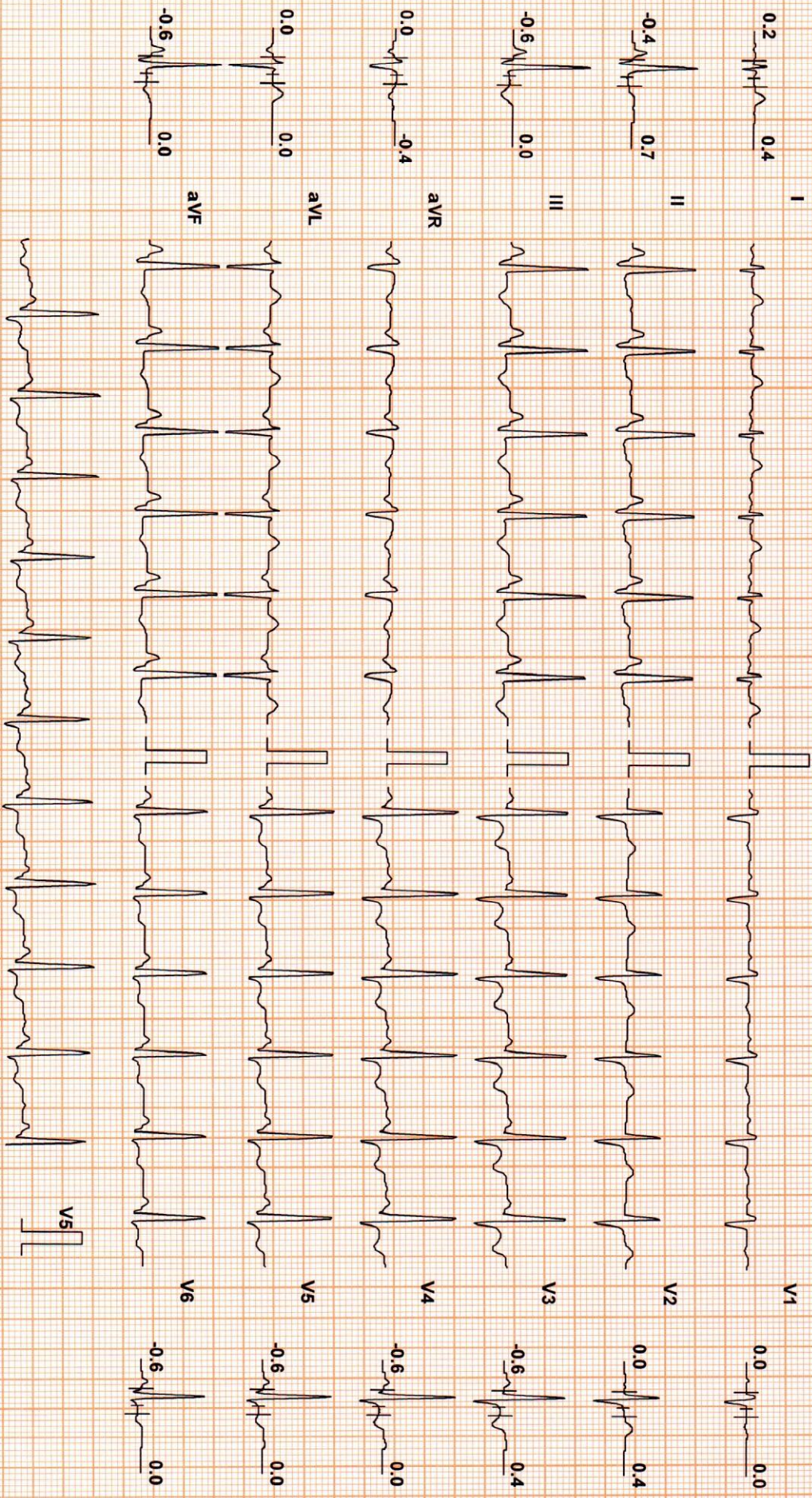


Chart Speed: 25 mm/sec  
Schiller Spardan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

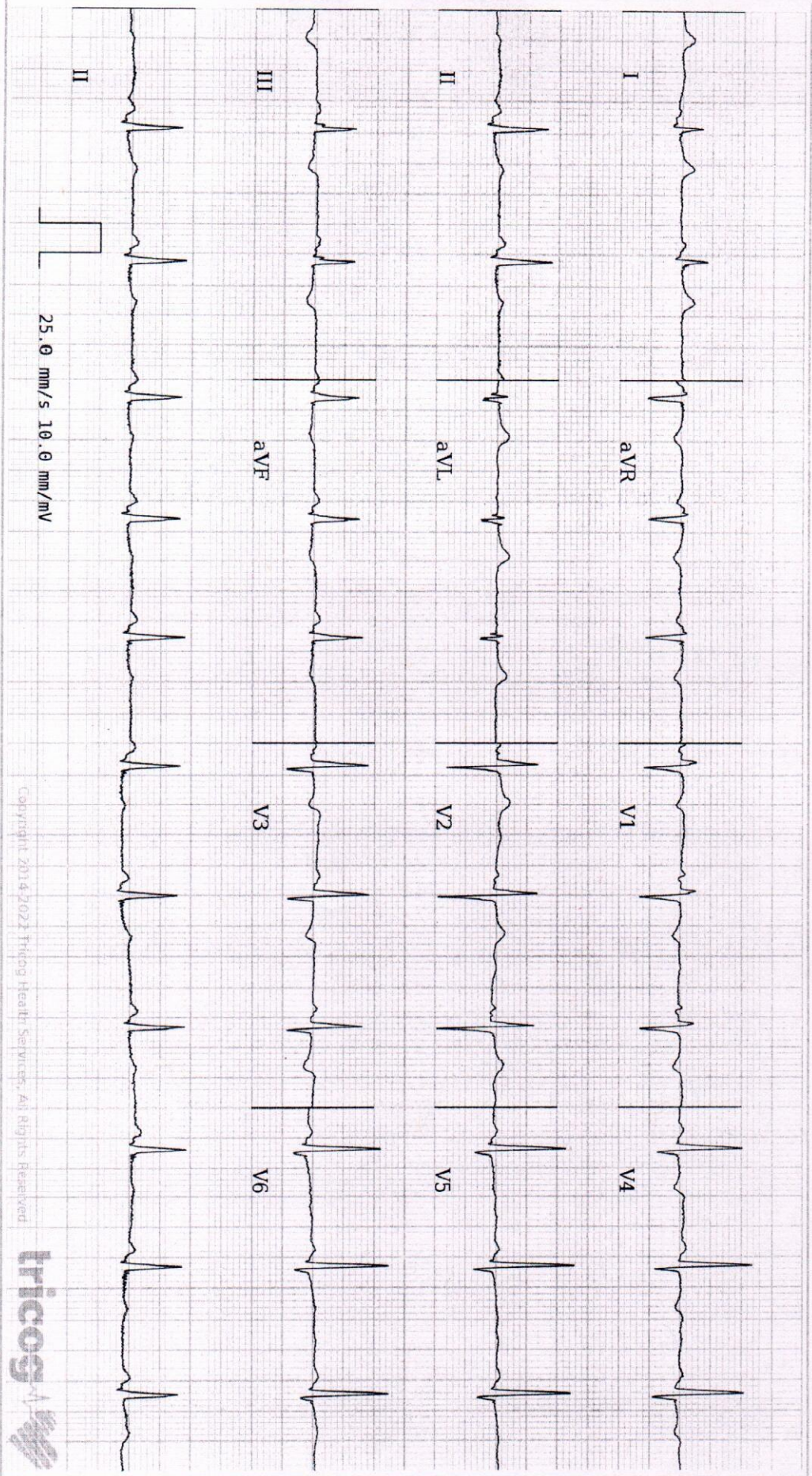
Linked Median



Patient Name: AMRITA MISHRA

Date and Time: 24th Mar 22 10:30 AM

Patient ID: 2208315969



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Age 37 5 27  
years months days

Gender Female

Heart Rate 72bpm

**Patient Vitals**

BP: NA  
Weight: NA  
Height: NA  
Pulse: NA  
SpO2: NA  
Resp: NA  
Others:

**Measurements**

QSRD: 92ms  
QT: 368ms  
QTc: 402ms  
PR: 130ms  
P-R-T: 64° 69° -8°

REPORTED BY

DR RAVI CHAVAN  
MD, D. CARD, D. DIABETES  
Cardiologist & Diabetologist  
2004/06/2468

Sinus Rhythm, Normal Axis, T wave inversions in III, aVF & anterior leads. Please correlate clinically.

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.