

भारत सरकार
GOVERNMENT OF INDIA



श्रीमती ज्योत्सना चिराकाल
Cristida Joel Chirakal
जनम वर्ष / Year of Birth : 1983
स्त्री / Female



2983 2886 0712

आधार - सामान्य माणसाचा अधिकार

Handwritten signature

Inside

DR. SHISHIR SHETTY
CONSULTANT CARDIOLOGIST
REG. No. 2006/01/0250

DR. SHISHIR SHETTY
CONSULTANT CARDIOLOGIST
REG. No. 2006/01/0250

CID#	: 2136534949	SID#	: 177804646266
Name	: MRS.CRISILDA JOEL CHIRAKAL	Registered	: 31-Dec-2021 / 09:06
Age / Gender	: 38 Years/Female	Collected	: 31-Dec-2021 / 09:06
Consulting Dr.	: -	Reported	: 01-Jan-2022 / 10:20
Reg.Location	: Vasai (Main Centre)	Printed	: 01-Jan-2022 / 10:32

PHYSICAL EXAMINATION REPORT

History and Complaints:

Asymptomatic

EXAMINATION FINDINGS:

Height (cms):	158 cms	Weight (kg):	61kgs
Temp (0c):	Aferile	Skin:	Normal
Blood Pressure (mm/hg):	120/80 mm of hg	Nails:	Normal
Pulse:	64/min	Lymph Node:	Not palpable

Systems

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

- Regular dynamic exercise.

IMPRESSION:

ADVICE:

CHIEF COMPLAINTS:

- | | |
|----------------------|----|
| 1) Hypertension: | No |
| 2) IHD | No |
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis | No |

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

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- | | |
|--|----|
| 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 | No |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

- | | |
|---------------|-------|
| 1) Alcohol | No |
| 2) Smoking | No |
| 3) Diet | Mixed |
| 4) Medication | No |

*** End Of Report ***



Dr.SHISHIR SHETTY
MBBS,D-CARD
CARDIOLOGIST

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Reported : 31-Dec-2021 / 12:49

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>
<u>RBC PARAMETERS</u>			
Haemoglobin	13.8	12.0-15.0 g/dL	Spectrophotometric
RBC	4.64	3.8-4.8 mil/cmm	Elect. Impedance
PCV	41.3	36-46 %	Measured
MCV	89	80-100 fl	Calculated
MCH	29.7	27-32 pg	Calculated
MCHC	33.4	31.5-34.5 g/dL	Calculated
RDW	14.6	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6550	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	38.2	20-40 %	
Absolute Lymphocytes	2502.1	1000-3000 /cmm	Calculated
Monocytes	8.1	2-10 %	
Absolute Monocytes	530.6	200-1000 /cmm	Calculated
Neutrophils	51.3	40-80 %	
Absolute Neutrophils	3360.2	2000-7000 /cmm	Calculated
Eosinophils	2.0	1-6 %	
Absolute Eosinophils	131.0	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	26.2	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	239000	150000-400000 /cmm	Elect. Impedance
MPV	10.3	6-11 fl	Calculated
PDW	20.0	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-ESR 15 2-20 mm at 1 hr. Westergren

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
*** End Of Report ***



Bmhasakar
Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



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Reg. Location : Vasai (Main Centre)

Collected : 31-Dec-2021 / 09:11
Reported : 31-Dec-2021 / 11:57

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	95.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	100.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.38	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.17	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.21	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2	1 - 2	Calculated
SGOT (AST), Serum	15.7	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	18.1	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	10.9	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	69.4	35-105 U/L	Colorimetric
BLOOD UREA, Serum	30.3	12.8-42.8 mg/dl	Kinetic
BUN, Serum	14.2	6-20 mg/dl	Calculated
CREATININE, Serum	0.65	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	108	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.5	2.4-5.7 mg/dl	Enzymatic



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Reported : 31-Dec-2021 / 17:50

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 Borivali Lab, Borivali West
*** End Of Report ***



Anupa

Dr. ANUPA DIXIT
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Consultant Pathologist & Lab
Director

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	4.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	93.9	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 ***



J. Thakker
Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP (Medical Services)



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	45	-	-
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	6-8	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	4-5		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	
Others	-		

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Pathologist

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

PARAMETER	RESULTS
ABO GROUP	O
Rh TYPING	POSITIVE

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

Note: This sample is not tested for Bombay blood group.

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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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	163.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	149.1	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	36.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	126.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	97.0	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	29.6	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.7	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
*** End Of Report ***



MC-2111

Bmhasakar
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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	4.8	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	12.3	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	2.84	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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MC-2111

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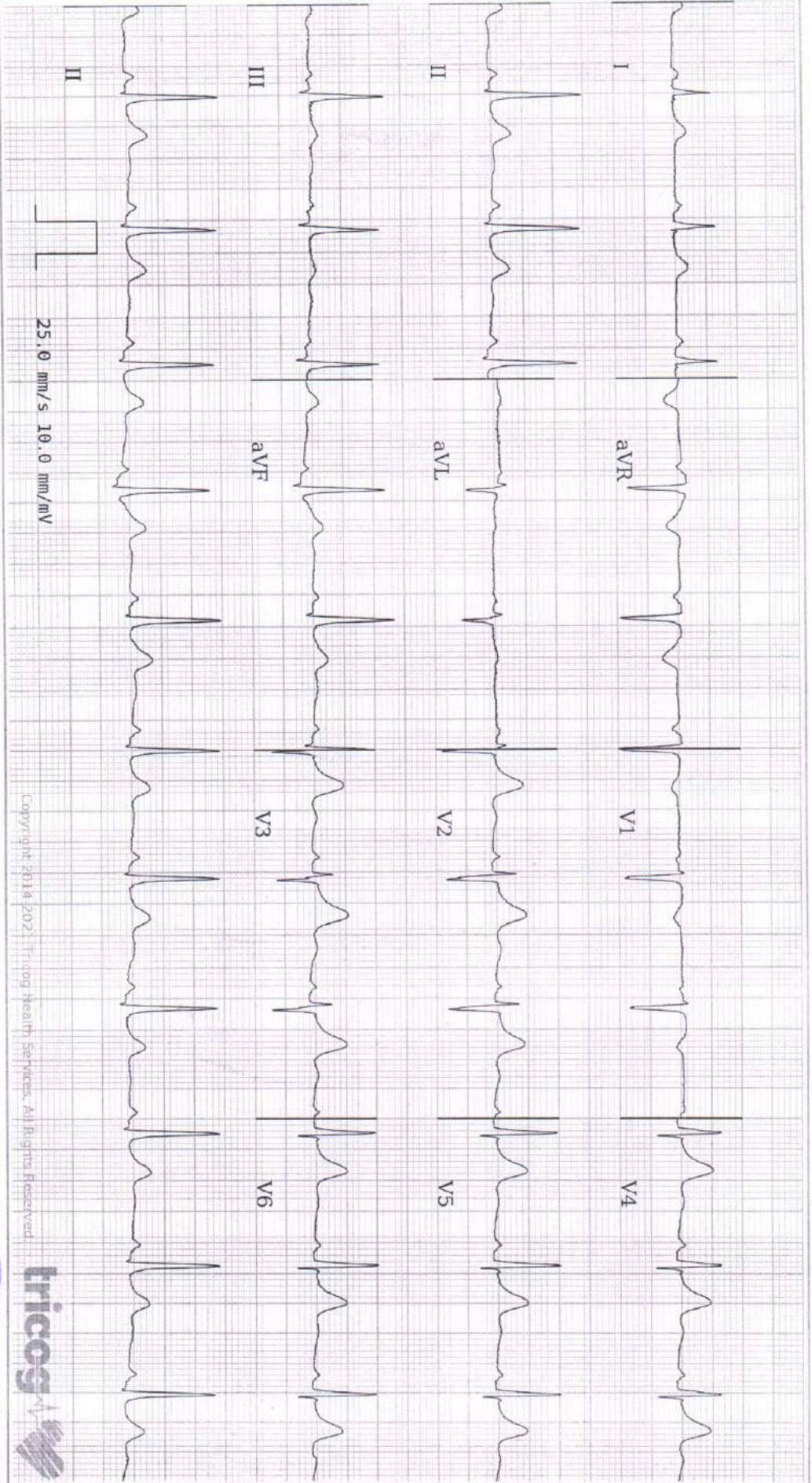
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Patient Name: CRISILDA JOEL CHIRAKAL
Patient ID: 2136534949

Date and Time: 31st Dec 21 9:56 AM



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Age **38** **11** **30**
years months days

Gender **Female**

Heart Rate **72 bpm**

Patient Vitals

BP: 120/80 mmHg
Weight: 61 kg
Height: 158 cm
Pulse: NA
Spo2: NA
Resp: NA
Others:

Measurements

QSQRD: 80 ms
QT: 384 ms
QTc: 420 ms
PR: 136 ms
P-R-T: 41° 69° 54°

REPORTED BY

DR. SHISHIR SHETTY
MBBS, D-CARD
2006/01/0250



ECG Within Normal Limits: Sinus Rhythm, Normal Axis. 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.

Suburban Diagnostics
Opp. St. Augustine School
Vasai(West)

STRESS TEST REPORT

Patient Name: MRS. CRISILDA JOEL, CHIRAKAL
Patient ID: 2136534949
Height: 158 cm
Weight: 61 kg

DOB: 28.11.1983
Age: 38yrs
Gender: Female
Race:

Study Date: 31.12.2021
Test Type: --
Protocol: BRUCE

Referring Physician: --
Attending Physician: --
Technician: --

Medications:
--

Medical History:
--

Reason for Exercise Test:
--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:18	0.00	0.00	83	120/80	
	STANDING	00:09	0.00	0.00	80	120/80	
EXERCISE	HYPERV.	00:58	0.50	0.00	100	120/80	
	STAGE 1	03:00	1.70	10.00	107	130/80	
	STAGE 2	03:00	2.50	12.00	134	140/80	
	STAGE 3	01:30	3.40	14.00	155	160/80	
RECOVERY		03:25	0.00	0.00	89	120/80	

The patient exercised according to the BRUCE for 7:29 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 98 bpm rose to a maximal heart rate of 157 bpm. This value represents 86 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 160/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.
Functional Capacity: normal.
HR Response to Exercise: appropriate.
BP Response to Exercise: normal resting BP - appropriate response.
Chest Pain: none.
Arrhythmias: none.
ST Changes: none.
Overall impression: Normal stress test.

Conclusions

GOOD EFFORT TOLERANCE.
NO SIGNIFICANT ST- T CHANGES AS COMPARED TO BASELINE.
NO CHEST PAIN / ARRHYTHMIA NOTED.
STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA.

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.

Physician



Technician

DR. SHISHIR SHETTY
MBBS, DNB
CONSULTANT CARDIOLOGIST
REG.No. 2006/01/0250

MRS. CRISILDA JOEL, CHIRAKAL
 Patient ID 2136534949
 31.12.2021
 10:49:45am

Female 158 cm 61 kg
 38yrs
 Meds:

Test Reason:
 Medical History:

Ref. MD: Ordering MD:
 Technician: Test Type:
 Comment:

Tabular Summary

BRUCE: Total Exercise Time 07:29
 Max HR: 157 bpm 86% of max predicted 182 bpm HR at rest: 98
 Max BP: 160/80 mmHg BP at rest: 120/80 Max RPP: 24800 mmHg*bpm
 Maximum Workload: 10.10 METS
 Max. ST: -0.19 mV, 0.00 mV/s in III; EXERCISE STAGE 3 07:30
 ST/HR index: 2.63 μ V/bpm

Reasons for Termination: Target heart rate achieved

Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall impression: Normal stress test.

Conclusion: GOOD EFFORT TOLERANCE.

NO SIGNIFICANT ST-T CHANGES AS COMPARED TO BASELINE.
 NO CHEST PAIN / ARRHYTHMIA NOTED.
 STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA.

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.

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (/min)	ST Level (III mV)	Comment
PRETEST	SUPINE	00:18	0.00	0.00	1.0	83	120/80	9960	0	-0.04	
	STANDING	00:09	0.00	0.00	1.0	80	120/80	9600	0	-0.04	
	HYPERV.	00:58	0.50	0.00	1.2	100	120/80	12000	0	-0.04	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	107	130/80	13910	0	-0.06	
	STAGE 2	03:00	2.50	12.00	7.0	134	140/80	18760	0	-0.11	
	STAGE 3	01:30	3.40	14.00	10.1	155	160/80	24800	0	-0.19	
RECOVERY		03:25	0.00	0.00	1.0	89	120/80	10680	0	-0.07	

MRS. CRISILDA JOEL, CHIRAKAL

Patient ID 2136534949

31.12.2021

10:50:01 am

12-Lead Report

87 bpm

120/80 mmHg

PRETEST
SUPINE

00:11

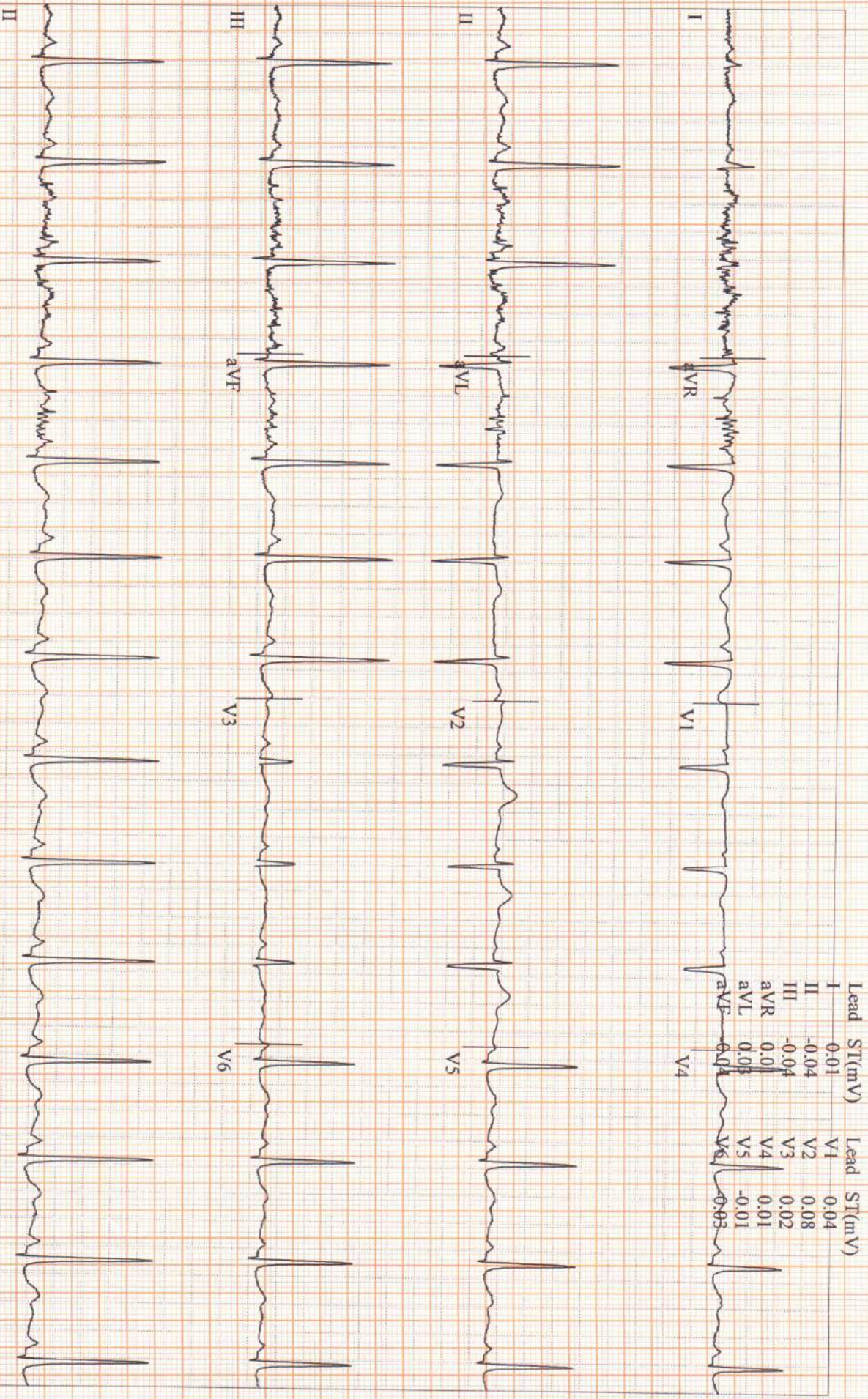
BRUCE

0.0 mph

0.0 %

Measured at 60ms Post J
Auto Points

Suburban Diagnostics



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V5)

Start of Test: 10:49:45am

MRS. CRISLIDA JOEL, CHIRAKAL

Patient ID 2136534949

31.12.2021

10:50:14am

12-Lead Report

PRETEST

STANDING

00:24

BRUCE

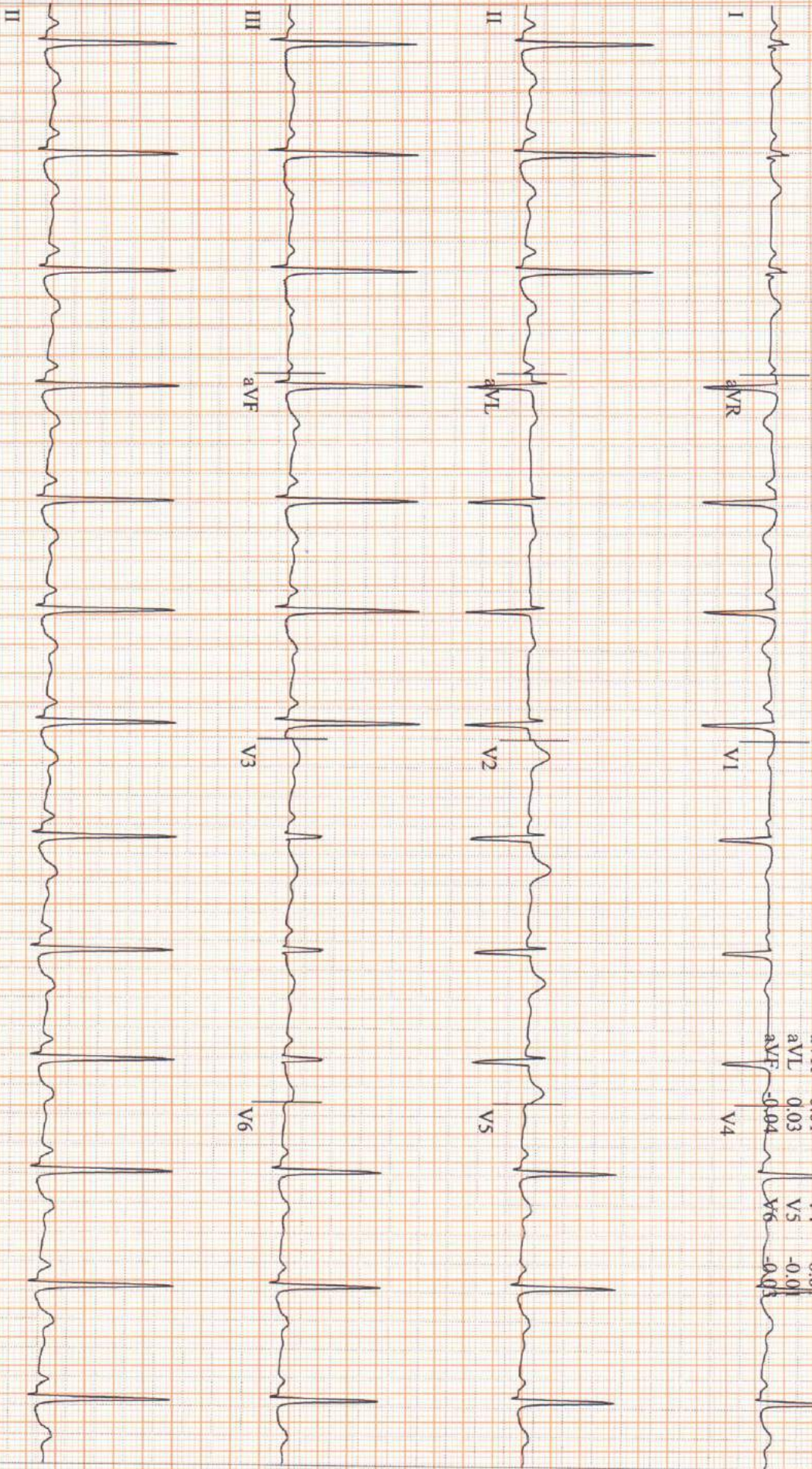
0.0 mph

0.0 %

Suburban Diagnostics

Measured at 60ms Post J
Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.01	V1	0.04
II	-0.04	V2	0.08
III	-0.04	V3	0.03
aVR	0.01	V4	0.01
aVL	0.03	V5	-0.01
aVF	-0.04	V6	-0.03



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(IL,V5)

Start of Test: 10:49:45am

MRS. CRISLIDA JOEL, CHIRAKAL

12-Lead Report

Suburban Diagnostics

Patient ID 2136534949
3.1.12.2021
10:50:25am

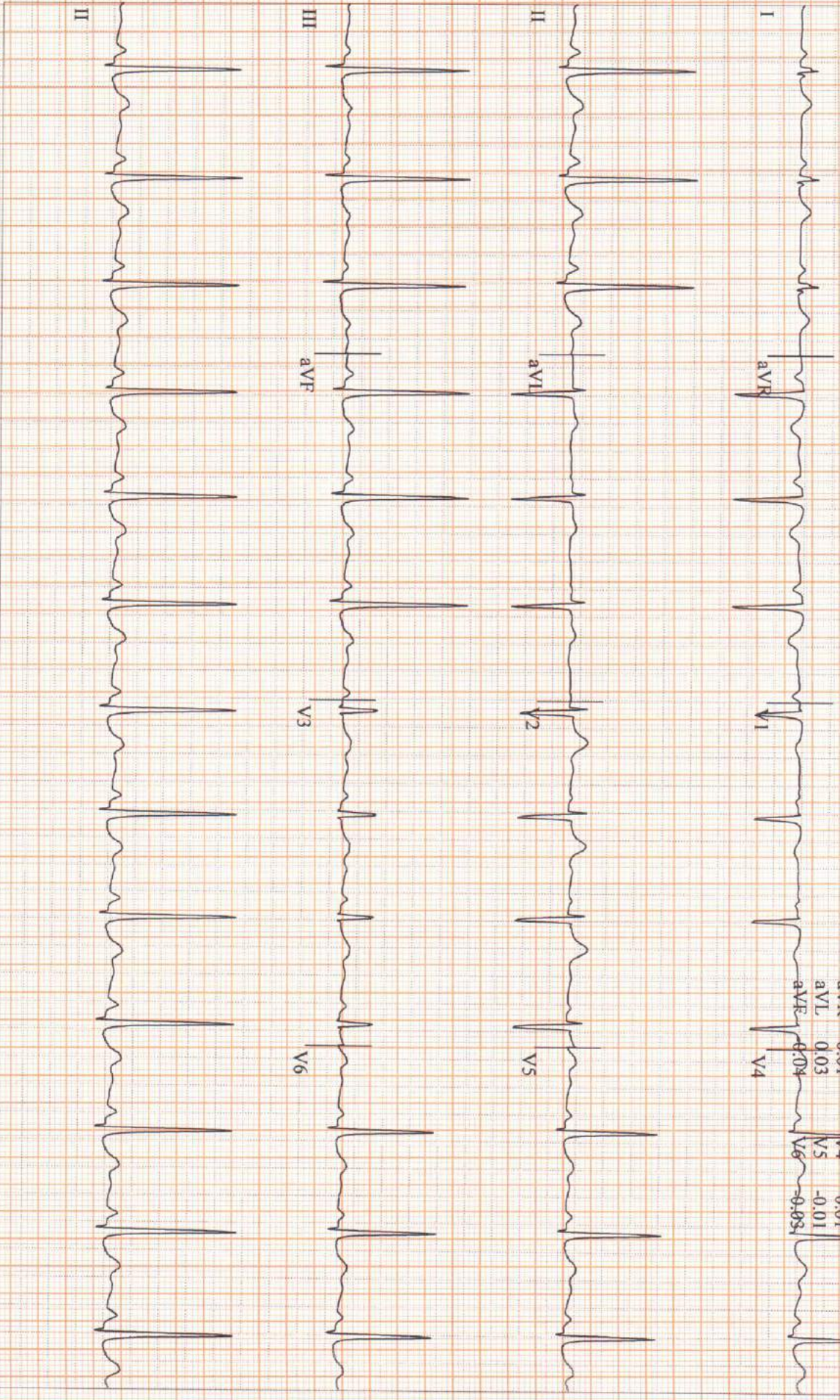
77 bpm
120/80 mmHg

PRETEST
HYPERV.
00:35

BRUCE
0.0 mph
0.0 %

Measured at 60ms Post J
Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	-0.01	V1	-0.04
II	-0.04	V2	0.09
III	-0.04	V3	0.03
aVR	0.01	V4	0.01
aVL	0.03	V5	-0.01
aVF	0.04	V6	-0.03



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz FRF+ HR(IL,V5)

Start of Test: 10:49:45am

MRS. CRISLIDA JOEL, CHIRAKAL

Patient ID 2136534949

31.12.2021

10:53:57am

Linked Medians

EXERCISE

STAGE 1

02:50

BRUCE

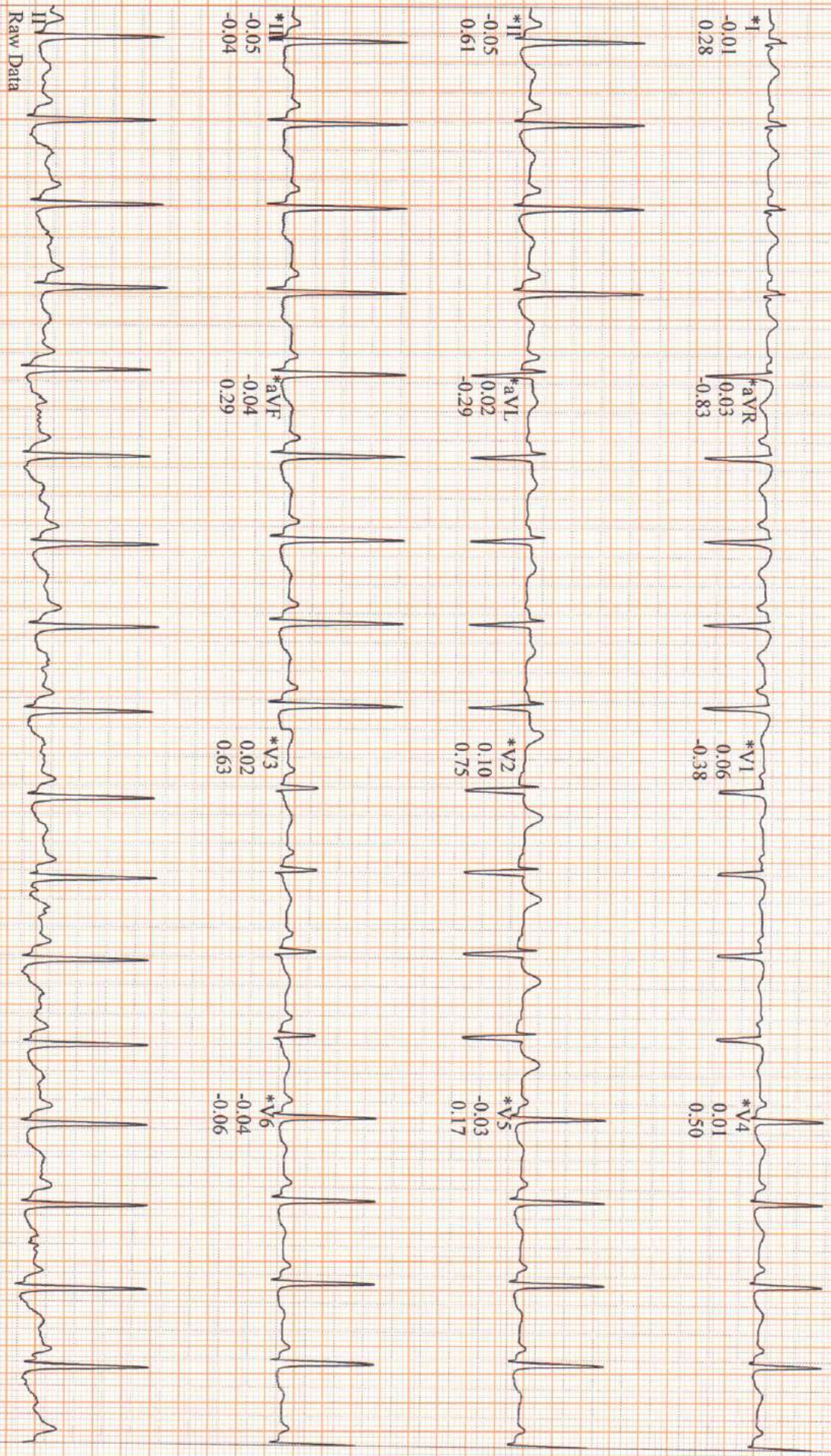
1.7 mph

10.0 %

Suburban Diagnostics

104 bpm
130/80 mmHg

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



Raw Data

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(IL.V5)

Start of Test: 10:49:45am

*Computer Synthesized Rhythms

MRS. CRISLIDA JOEL, CHIRAKAL

Linked Medians

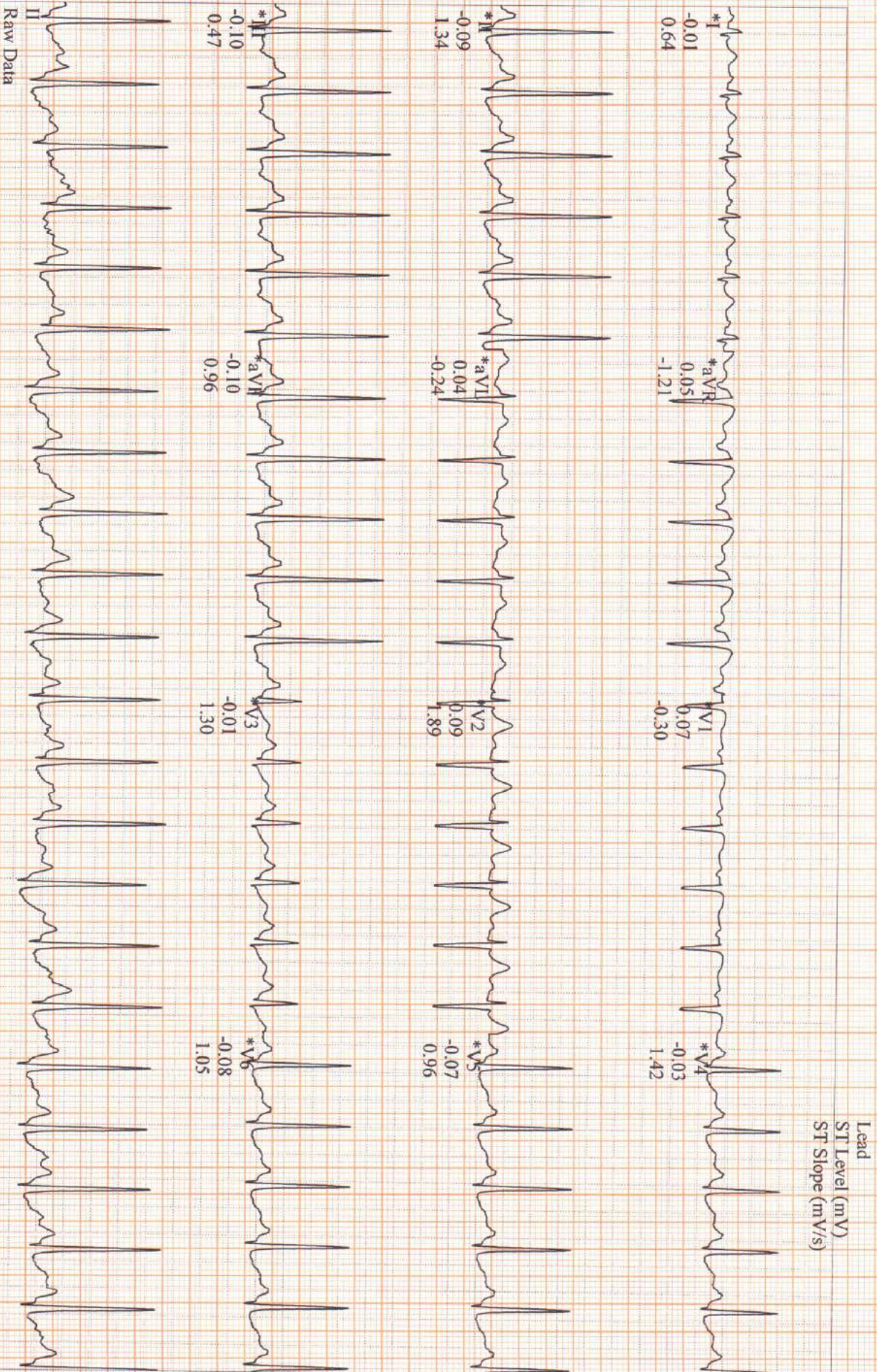
Suburban Diagnostics

Patient ID 2136534949
31.12.2021
10:56:57am

134 bpm
140/80 mmHg

EXERCISE
STAGE 2
05:50

BRUCE
2.5 mph
12.0%



*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V5)

Start of Test: 10:49:45am

MRS. CRISILDA JOEL, CHIRAKAL

Patient ID 2136534949

31.12.2021

10:58:42am

12-Lead Report (PEAK EXERCISE)

EXERCISE

STAGE 3

07:30

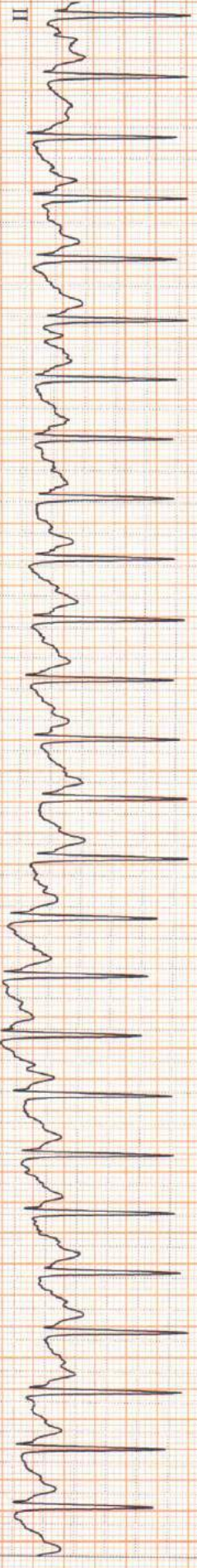
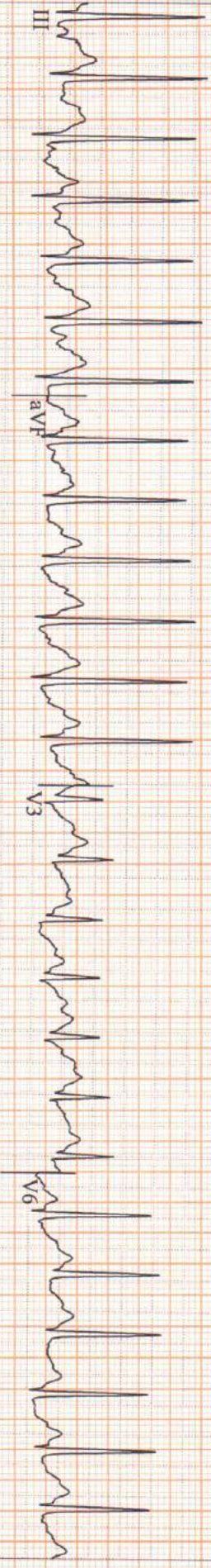
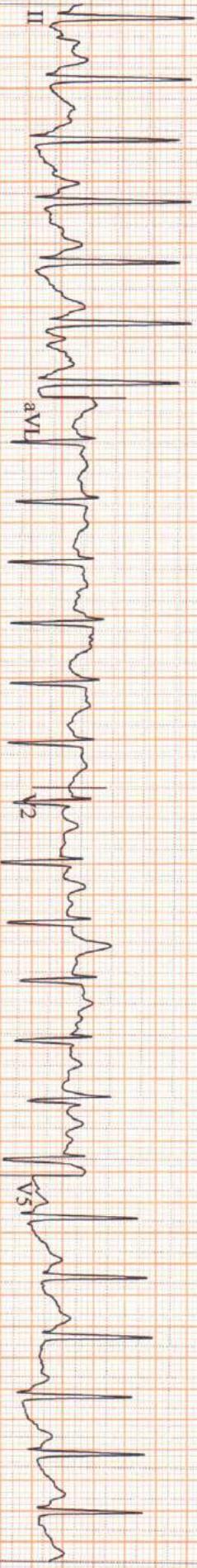
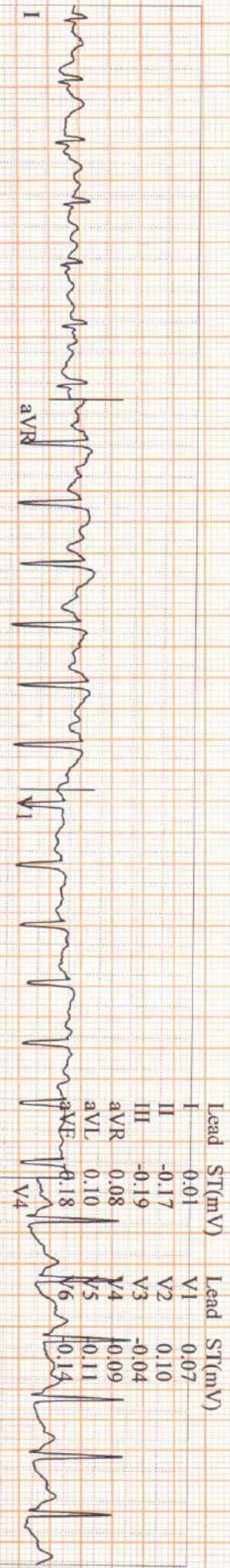
BRUCE

3.4 mph

14.0 %

Suburban Diagnostics

Measured at 60ms Post J
Auto Points



MRS. CRISILDA JOEL, CHIRAKAL

Linked Medians

BRUCE

Suburban Diagnostics

Patient ID 2136534949

112 bpm

RECOVERY #1

0.0 mph

31.12.2021

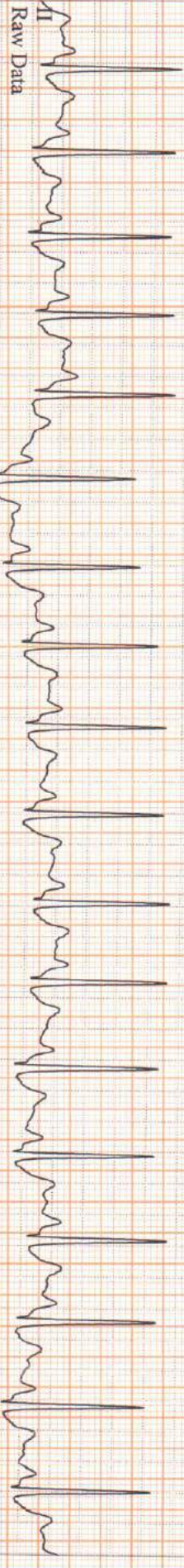
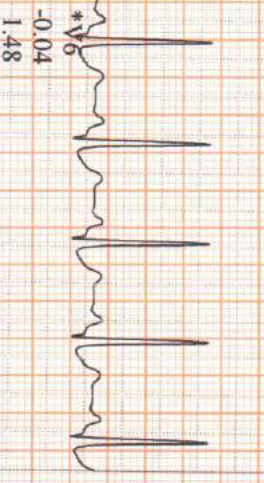
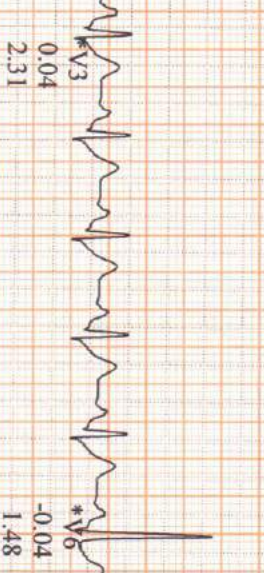
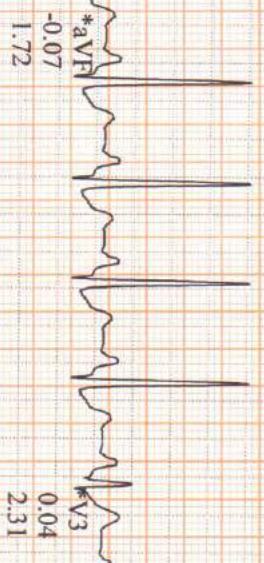
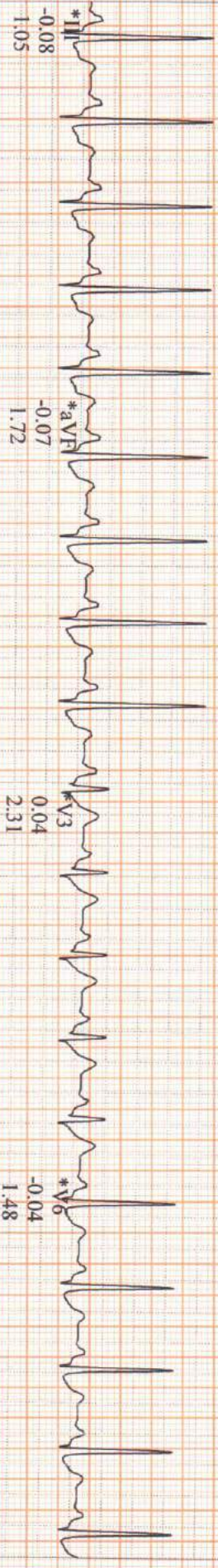
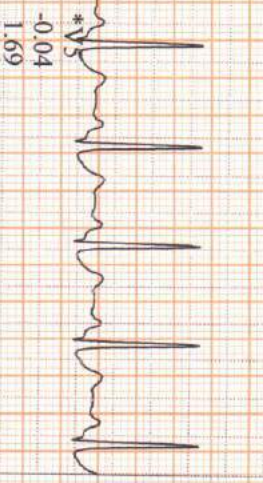
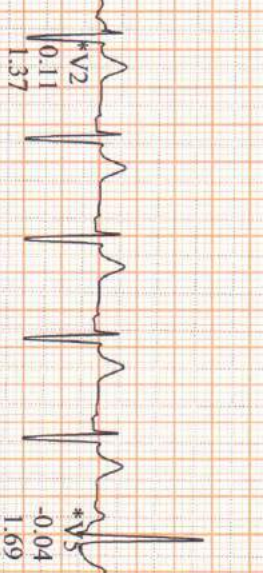
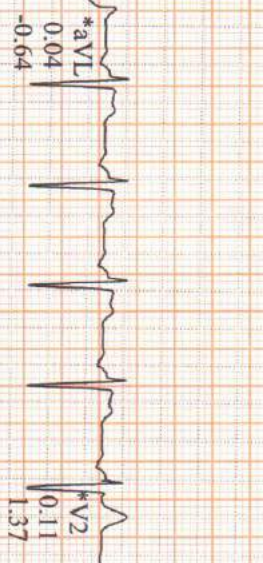
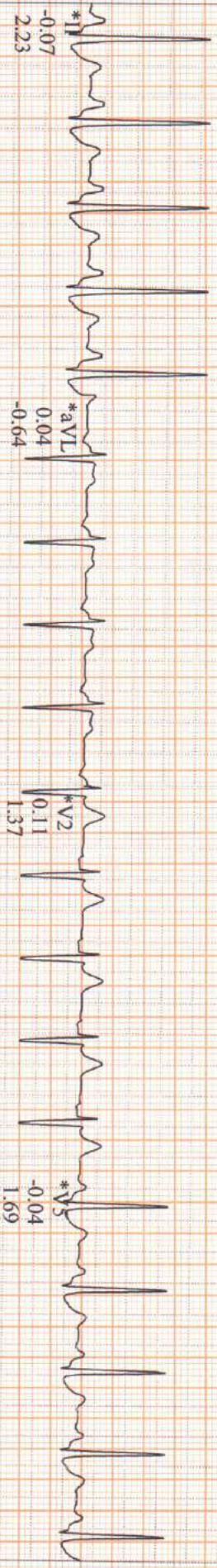
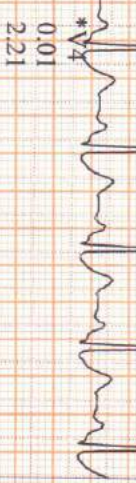
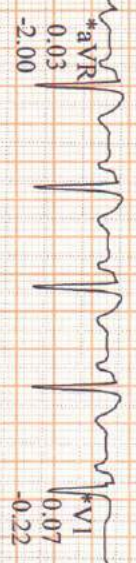
140/80 mmHg

01:00

0.0%

10:59:36am

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



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,II)

Start of Test: 10:49:45am

*Computer Synthesized Rhythms

MRS. CRISILDA JOEL, CHIRAKAL

Patient ID 2136534949

31.12.2021

11:00:36am

Linked Medians

RECOVERY

#1

02:00

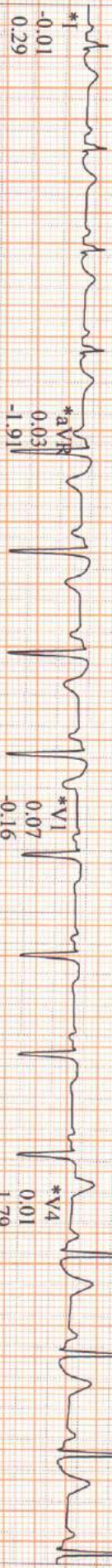
Suburban Diagnostics

BRUCE

0.0 mph

0.0%

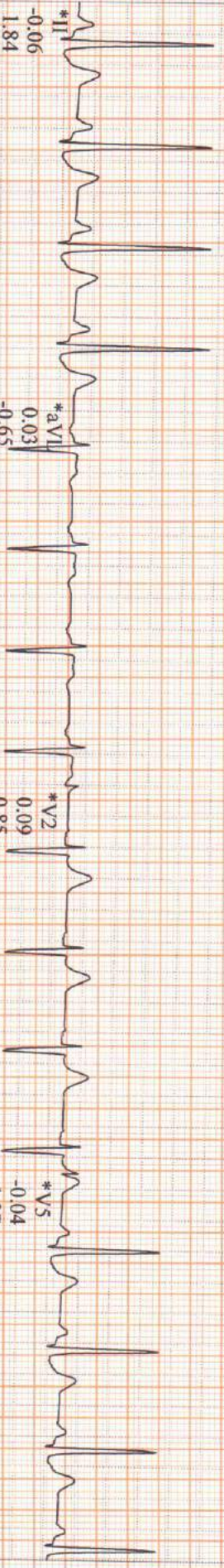
Lead
ST Level (mV)
ST Slope (mV/s)



*aVR
-0.03
-1.91

*V1
0.07
-0.16

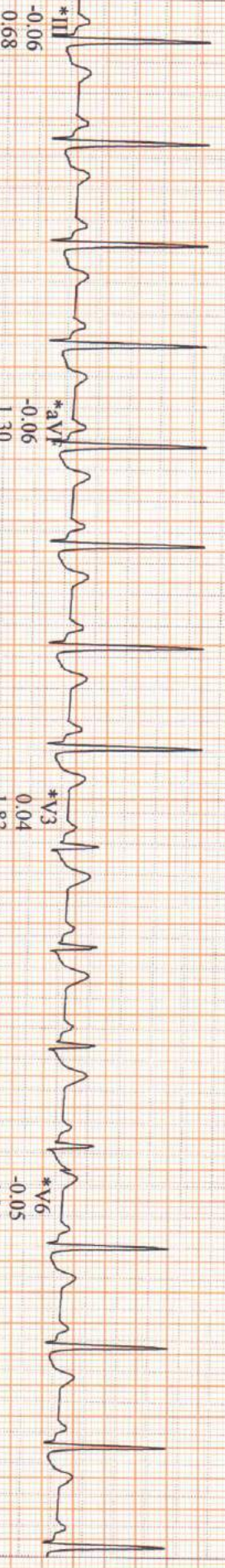
*V4
0.01
1.79



*aVL
0.03
-0.65

*V2
0.09
0.85

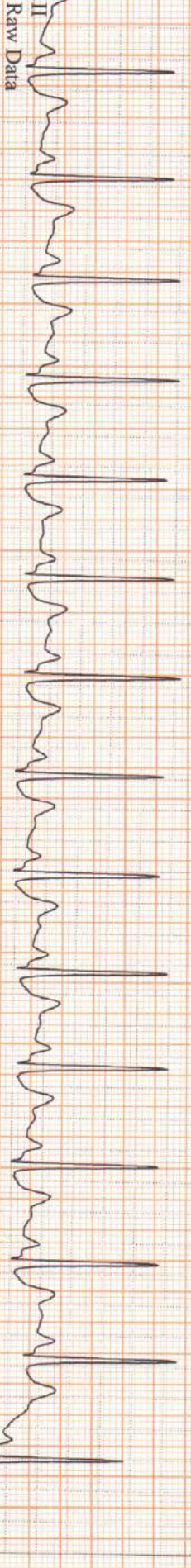
*V5
-0.04
1.37



*aVF
-0.06
1.30

*V3
0.04
1.83

*V6
-0.05
1.24



Raw Data

*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,II)

Start of Test: 10:49:45am

MRS. CRISILDA JOEL, CHIRAKAL

Patient ID 2136534949

31.12.2021

11:01:36am

Linked Medians

RECOVERY

#1

03:00

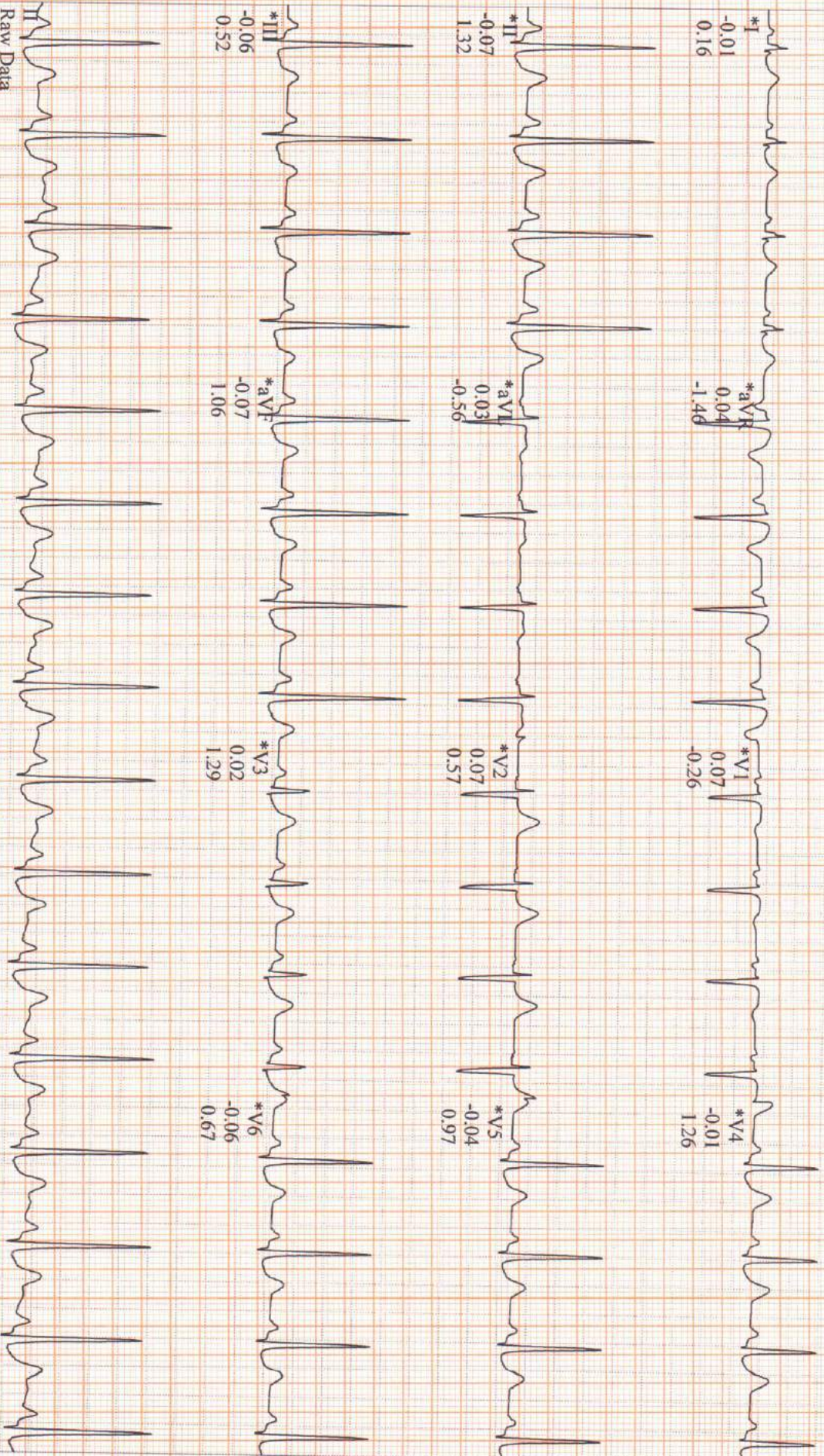
BRUCE

0.0 mph

0.0%

Suburban Diagnostics

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



Raw Data

*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,II)

Start of Test: 10:49:45am



CID : 2136534949
Name : Mrs CRISILDA JOEL CHIRAKAL
Age / Sex : 38 Years/Female
Ref. Dr :
Reg.Location : Vasai Main Centre

Reg. Date : 31-Dec-2021 / 09:38
Reported : 31-Dec-2021 / 09:49

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

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.FAIZUR KHILJI
MBBS,RADIO DIAGNOSIS
Reg No-74850
Consultant Radiologist

Click here to view images <http://202.143.96.162/Suburban/Viewer?ViewerType=3&AccessionNo=2021123109073014>



CID : 2136534949
Name : Mrs CRISILDA JOEL CHIRAKAL
Age / Sex : 38 Years/Female
Ref. Dr :
Reg.Location : Vasai Main Centre

Reg. Date : 31-Dec-2021 / 10:09
Reported : 31-Dec-2021 / 10:44

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (15 cms), shape and smooth margins. It shows normal parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen

PANCREAS:

The pancreas is well visualised and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.
Right kidney measures 10.0 x 4.0 cm.
Left kidney measures 10.5 x 5.0 cm.

SPLEEN:

The spleen is normal in size (8.8 cms) and echotexture. No evidence of focal lesion is noted.
There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

UTERUS:

The uterus is anteverted and appears normal. It measures 8.8 x 4.8 x 3.9 cms in size. The endometrial thickness is 6 mm.

OVARIES:

Both the ovaries are well visualised and appears normal.
There is no evidence of any ovarian or adnexal mass seen.
Right ovary = 2.9 x 2.8 x 2.1 cms (Vol-9.8 cc)
Left ovary = 2.5 x 2.5 x 2.3 cms (Vol-8.0 cc)

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Page 1 of 2

ADDRESS: 2nd 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



Use a QR Code Scanner
Application To Scan the Code

CID : 2136534949
Name : Mrs CRISILDA JOEL CHIRAKAL
Age / Sex : 38 Years/Female
Ref. Dr :
Reg.Location : Vasai Main Centre

Reg. Date : 31-Dec-2021 / 10:09
Reported : 31-Dec-2021 / 10:44

IMPRESSION:-

No significant abnormality is seen.

NOTE: USG FINDINGS ARE TO BE CORELATED WITH CLINICAL, LABORATORY AND OTHER INVESTIGATION FINDINGS FOR FINAL DIAGNOSIS AND FOR THEIR MANAGEMENT.

-----End of Report-----

Khilji Faizur

Dr.FAIZUR KHILJI
MBBS,RADIO DIAGNOSIS
Reg No-74850
Consultant Radiologist

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