

PHYSICAL EXAMINATION REPORT

Patient Name	Poonam Bhandare	Sex/Age	F/38
Date	22/6/24	Location	Thane

History and Complaints

C/O - Hypothyroidism (10 yrs)
- Allergic Dermatitis?

EXAMINATION FINDINGS:

Height (cms):	146	Temp (0c):	Ⓢ
Weight (kg):	58.3	Skin:	
Blood Pressure	110/70	Nails:	NAD.
Pulse	72/min	Lymph Node:	

Systems :

Cardiovascular:	NAD.
Respiratory:	
Genitourinary:	
GI System:	
CNS:	

Impression: ↓ Hb, (BSL(F)) - Impaired
↑ Alk. phosphatase

- Iron supplement -

Advice:

Low sugar Diet -
Repeat sugar Profile (6 months)

1)	Hypertension:	Nil Hypothyroidism Nil Lt. Breast Lump (Lt) Breast Lump Nil
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthama	
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders	
10)	GI system	
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptoms	
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	
15)	Congenital disease	
16)	Surgeries	
17)	Musculoskeletal System	

PERSONAL HISTORY:

1)	Alcohol	(NS) (NS) - mixed - tab. Thyronorm 75 mcg
2)	Smoking	
3)	Diet	
4)	Medication	

[Handwritten signature]

Dr. Manasee Kulkarni
M.B.B.S
2005/09/3439

Date: 22/10/24
 Name: Pooja P Bhandari
 Sex / Age: A-38
 SID: 201761052

EYE CHECK UP

Chief complaints: RCW

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: BC SC HV 20/40

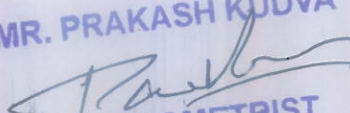
Aided Vision:

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: Good Vision

MR. PRAKASH KUDVA

 SR. OPTOMETRIST



CID : 2417421187
Name : MRS. POONAM DIGAMBER BHANDARE
Age / Gender : 38 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 22-Jun-2024 / 11:24
Reported : 22-Jun-2024 / 12:08

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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>
<u>RBC PARAMETERS</u>			
Haemoglobin	10.1	12.0-15.0 g/dL	Spectrophotometric
RBC	3.79	3.8-4.8 mil/cmm	Elect. Impedance
PCV	30.0	36-46 %	Measured
MCV	79.0	80-100 fl	Calculated
MCH	26.7	27-32 pg	Calculated
MCHC	33.8	31.5-34.5 g/dL	Calculated
RDW	17.0	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5920	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	30.6	20-40 %	
Absolute Lymphocytes	1811.5	1000-3000 /cmm	Calculated
Monocytes	5.8	2-10 %	
Absolute Monocytes	343.4	200-1000 /cmm	Calculated
Neutrophils	61.0	40-80 %	
Absolute Neutrophils	3611.2	2000-7000 /cmm	Calculated
Eosinophils	2.6	1-6 %	
Absolute Eosinophils	153.9	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	279000	150000-400000 /cmm	Elect. Impedance
MPV	7.8	6-11 fl	Calculated
PDW	9.9	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	Mild		
Microcytosis	Occasional		



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Macrocytosis	-
Anisocytosis	Mild
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Elliptocytes-occasional
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 21 2-20 mm at 1 hr. Sedimentation

Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

*** End Of Report ***

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



CID : 2417421187
Name : MRS. POONAM DIGAMBER BHANDARE
Age / Gender : 38 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	106.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	84.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.49	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.17	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.32	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.8	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.0	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	16.6	<34 U/L	Modified IFCC
SGPT (ALT), Serum	9.2	10-49 U/L	Modified IFCC
GAMMA GT, Serum	19.1	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	125.8	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	15.0	19.29-49.28 mg/dl	Calculated
BUN, Serum	7.0	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.5	0.55-1.02 mg/dl	Enzymatic



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eGFR, Serum 123 (ml/min/1.73sqm) Calculated
Normal or High: Above 90
Mild decrease: 60-89
Mild to moderate decrease: 45-59
Moderate to severe decrease: 30-44
Severe decrease: 15-29
Kidney failure: <15

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation

URIC ACID, Serum 4.3 3.1-7.8 mg/dl Uricase/ Peroxidase

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



CID : 2417421187
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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	5.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	116.9	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 G B Road Lab, Thane West

*** End Of Report ***

Vandana Kulkarni
Dr. VANDANA KULKARNI
M.D (Path)
Pathologist



CID : 2417421187
Name : MRS. POONAM DIGAMBER BHANDARE
Age / Gender : 38 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 22-Jun-2024 / 11:24
Reported : 22-Jun-2024 / 17:54

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.5)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
Pus cells / hpf	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3	0-5/hpf	
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	0-20/hpf	
Others	-		

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein (1+ = 25 mg/dl , 2+ =75 mg/dl , 3+ = 150 mg/dl , 4+ = 500 mg/dl)
- Glucose(1+ = 50 mg/dl , 2+ =100 mg/dl , 3+ =300 mg/dl ,4+ =1000 mg/dl)
- Ketone (1+ =5 mg/dl , 2+ = 15 mg/dl , 3+= 50 mg/dl , 4+ = 150 mg/dl)

Reference: Pack inert



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*** End Of Report ***

Dr. VANDANA KULKARNI
M.D (Path)
Pathologist



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Reported : 22-Jun-2024 / 14:14

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
Rh TYPING	Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

*** End Of Report ***



Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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Name : MRS. POONAM DIGAMBER BHANDARE
Age / Gender : 38 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 22-Jun-2024 / 11:24
Reported : 22-Jun-2024 / 15:36

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	168.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	78	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	42.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	126.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	110.5	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	15.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.6	0-3.5 Ratio	Calculated

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



Anupa

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



CID : 2417421187
 Name : MRS. POONAM DIGAMBER BHANDARE
 Age / Gender : 38 Years / Female
 Consulting Dr. : -
 Reg. Location : G B Road, Thane West (Main Centre)

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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	4.1	3.5-6.5 pmol/L	CLIA
Free T4, Serum	16.4	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	3.769	0.55-4.78 microU/ml	CLIA



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Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

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Reported : 22-Jun-2024 / 15:32

Interpretation:

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

Clinical Significance:

- 1) TSH Values between high abnormal upto 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:

1. 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.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

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)

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



Anupa

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



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Name : MRS.POONAM DIGAMBER BHANDARE
Age / Gender : 38 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 22-Jun-2024 / 16:33
Reported : 22-Jun-2024 / 18:01

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
PPUS and KETONES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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*** End Of Report ***

Vandana Kulkarni
Dr.VANDANA KULKARNI
M.D (Path)
Pathologist

Age 38 NA NA
years months days

Gender Female

Heart Rate 69bpm

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
Spo2: NA
Resp: NA
Others:

Measurements

QRSD: 78ms
QT: 430ms
QTcB: 460ms
PR: 140ms
P-R-T: 6° 38° 34°



ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

REPORTED BY

[Signature]

Dr. Ajita Elhosale
M.B.B.S PG.D.C.C (DIP, Cardiology)
2013062200

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's charts are as entered by the clinician and not derived from the ECG.

Authenticity Check
<<QRCode>>

CID : 2417420552
Name : Mr POONAM DIGAMBER
BHANDARE
Age / Sex : 38 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 22-Jun-2024
Reported : 22-Jun-2024 / 16:06

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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-----

G. R. Fartade
Dr. GAURAV FARTADE
MBBS, DMRE
Reg No -2014/04/1786
Consultant Radiologist

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Page no 1 of 1

Authenticity Check



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CID : 2417421187
Name : Mrs POONAM DIGAMBER
BHANDARE
Age / Sex : 38 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre

Reg. Date : 22-Jun-2024
Reported : 22-Jun-2024 / 15:10

IMPRESSION: USG ABDOMEN IS WITHIN NORMAL LIMITS.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further/follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis.

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

G. R. Fartade

Dr. GAURAV FARTADE
MBBS, DMRE
Reg No -2014/04/1786
Consultant Radiologist

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Email:

1818 (2417420552) / POONAM DIGAMBER BHANDARE / 38 Yrs / F / 146 Cms / 58 Kg
 Date: 22 / 06 / 2024 01:25:56 PM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:07	0:07	00.0	00.0	01.0	070	38%	110/70	077	00	
Standing	00:21	0:14	00.0	00.0	01.0	070	38%	110/70	077	00	
HV	00:36	0:15	00.0	00.0	01.0	069	38%	110/70	075	00	
ExStart	00:54	0:18	00.0	00.0	01.0	072	40%	110/70	079	00	
BRUCE Stage 1	03:54	3:00	01.7	10.0	04.7	135	74%	120/70	162	00	
PeakEx	05:41	1:47	02.5	12.0	06.1	155	85%	140/80	217	00	
Recovery	06:41	1:00	00.0	00.0	01.0	123	68%	140/80	172	00	
Recovery	07:41	2:00	00.0	00.0	01.0	099	54%	120/80	118	00	
Recovery	07:45	2:05	00.0	00.0	01.0	099	54%	120/80	118	00	

FINDINGS :

Exercise Time : 04:47
 Initial HR (ExStrt) : 72 bpm 40% of Target 182
 Initial BP (ExStrt) : 110/70 (mm/Hg)
 Max Workload Attained : 6.1 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : III & -0.4 mm in Stage 1
 Test End Reasons : Heart Rate Achieved

Max HR Attained 155 bpm 85% of Target 182
 Max BP Attained 140/80 (mm/Hg)

Dr. SHAILAJA PILLAI
 M.D. (GEN.MED)
 R.NO. 49972

Doctor : DR. SHAILAJA PILLAI



REPORT :

Sample Name: Stress Test Graded Exercise Treadmill

PROCEDURE DONE: Graded exercise treadmill stress test.

STRESS ECG RESULTS: The initial HR was recorded as 70.0 bpm, and the maximum predicted Target Heart Rate 182.0. The BP increased at the time of generating report as 140.0/80.0 mmHg. The Max Dep went upto 0.5. 0.0 Ectopic Beats were observed during the Test.

The Test was completed because of, Heart Rate Achieved.

CONCLUSIONS:

1. Stress test is negative for ischemia.
2. No significant ST T changes seen.
3. HR and Blood pressure response to exercise is normal.

Dr. SHAILAJA PILLAI

M.D. (GEN.MED)

R.MD. 49972

Doctor : DR. SHAILAJA PILLAI



1818 (2417420552) / POONAM DIGAMBER BHANDARE / 38 Yrs / F / 146 Cms / 58 Kg / HR : 69

Date: 22 / 06 / 2024 01:25:56 PM

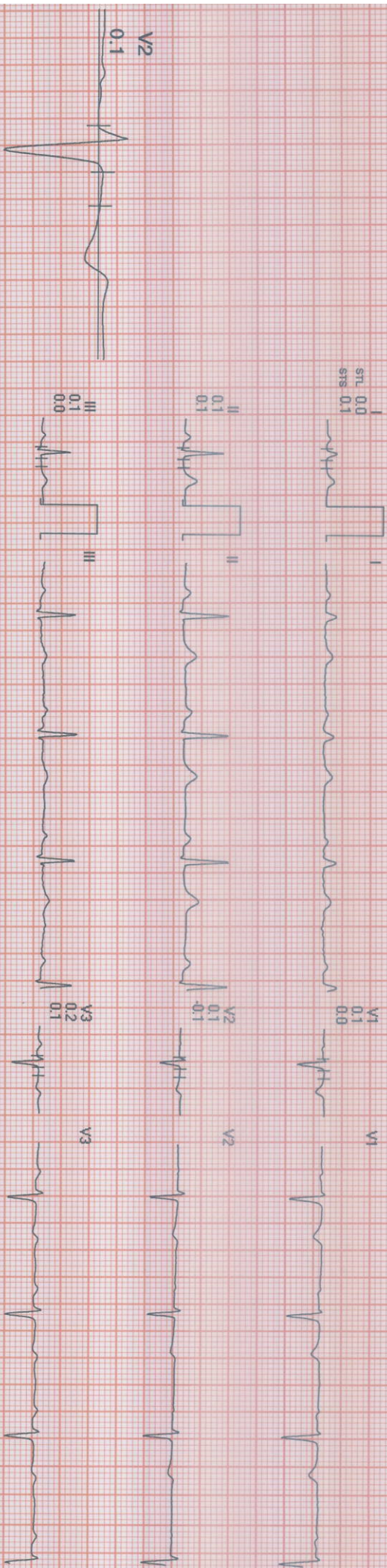
METS: 1.0 / 69 bpm 38% of THR

BP: 110/70 mmHg Raw ECG/ BLCOn/ Notch On/ HF 0.05 Hz/LF 35 Hz

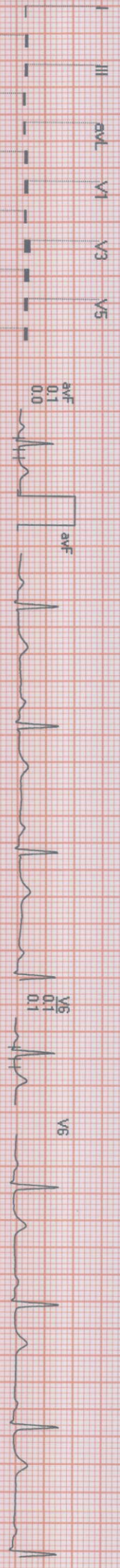
ExTime: 00:00 0.0 mph, 0.0%

4X 80 ms Post U

25 mm/Sec 1.0 Cm/mV



REMARKS:



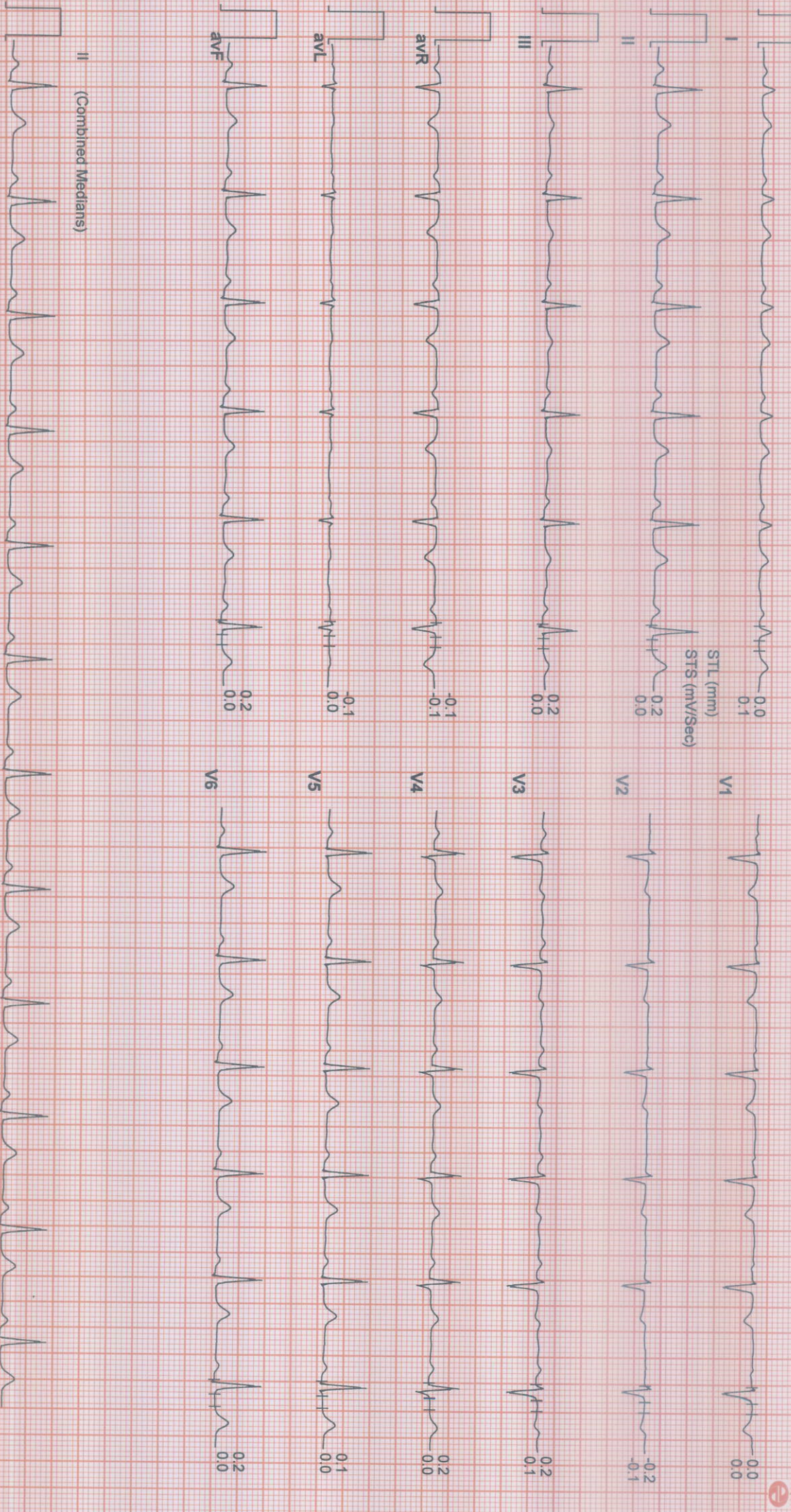
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1818 / POONAM DIGAMBER BHANDARE / 38 Yrs / Female / 146 Cm / 58 Kg

Date: 22 / 06 / 2024 01:25:56 PM METs : 1.0 HR : 70 Target HR : 38% of 182 BP : 110/70 Post J @80mSec

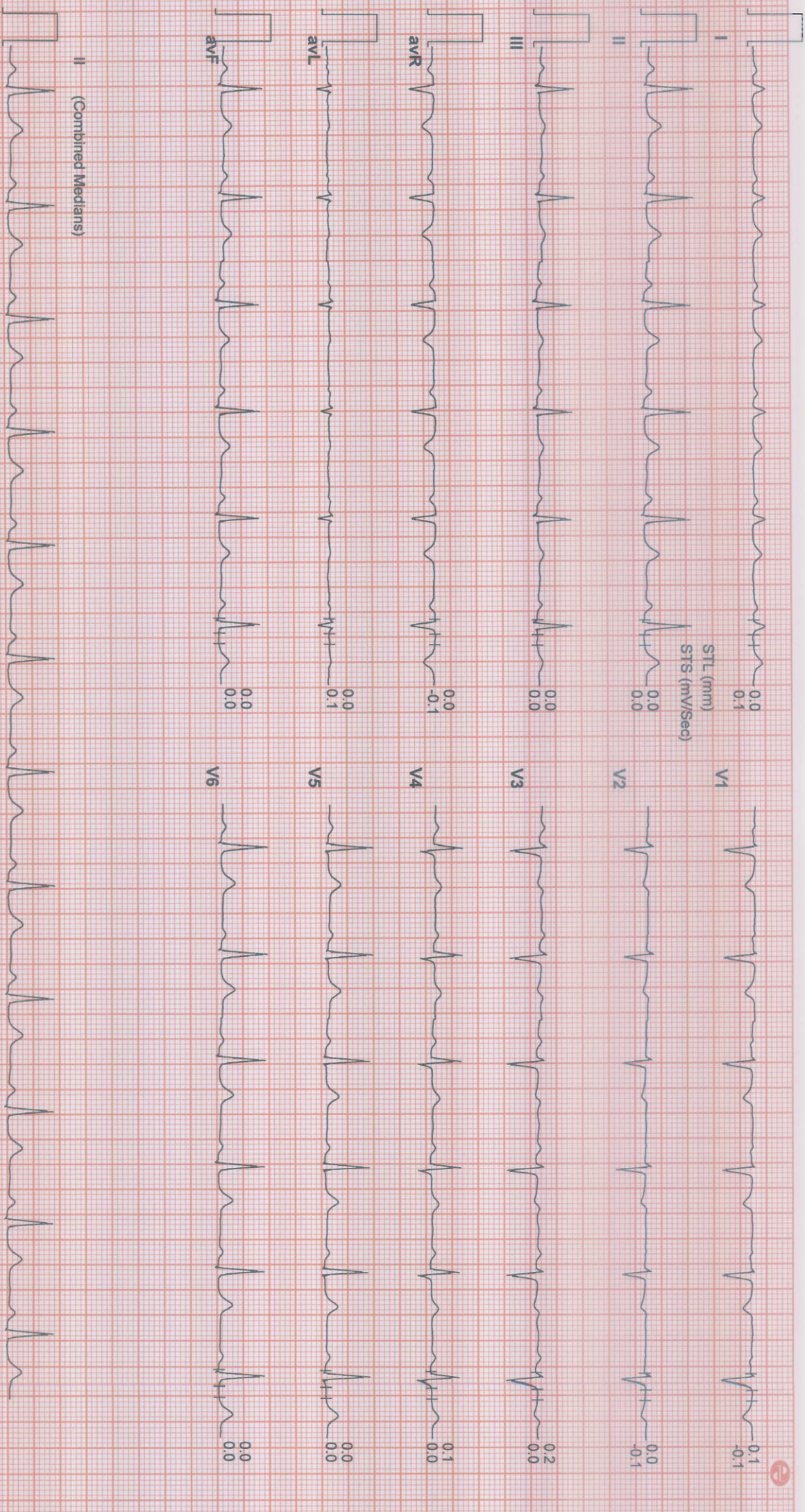
ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm
STANDING (00:00)



Date: 22 / 06 / 2024 01:25:56 PM METs : 1.0 HR : 72 Target HR : 40% of 182 BP : 110/70 Post J @80mSec

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

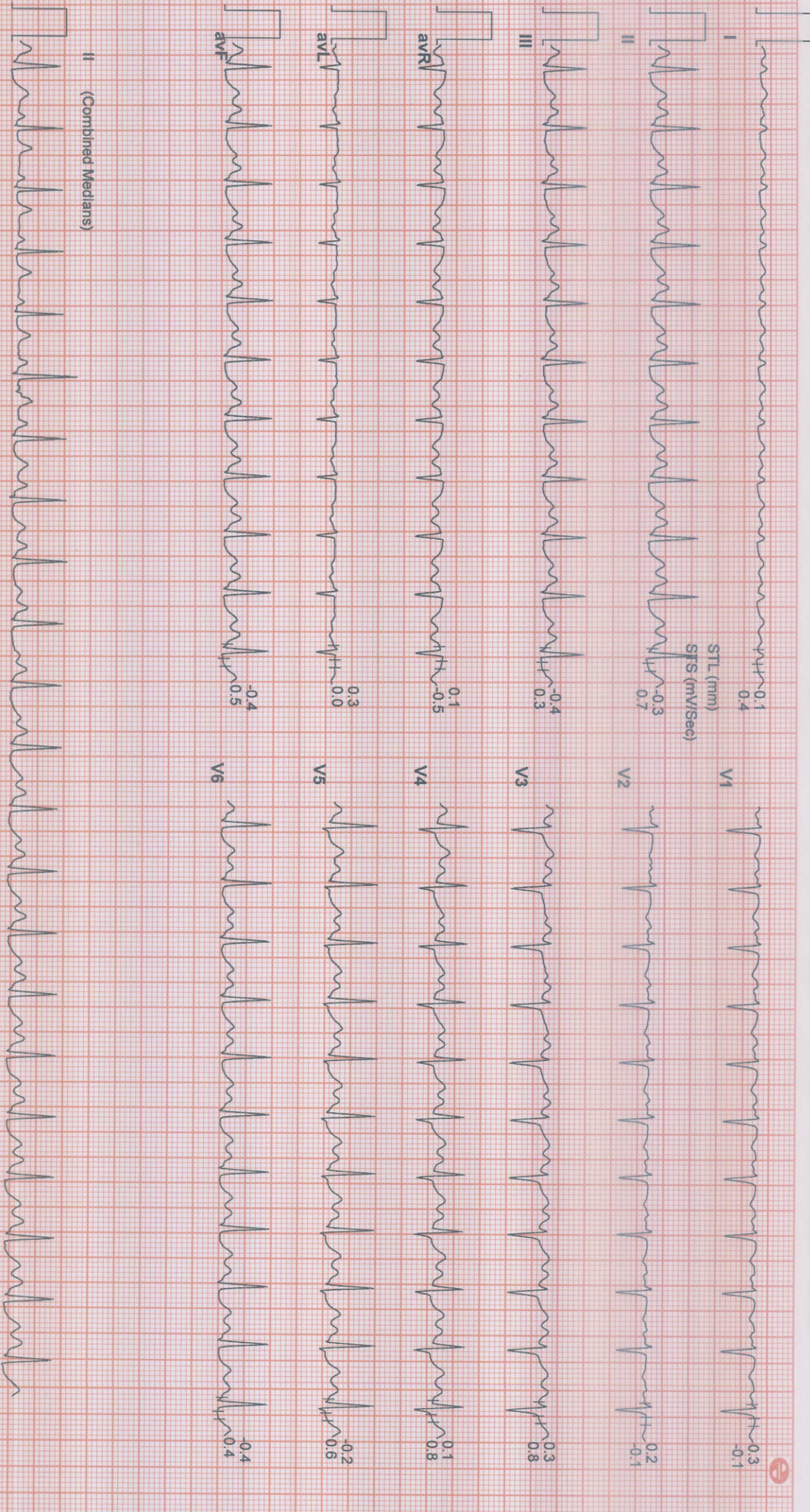


II (Combined Medians)



Date: 22 / 06 / 2024 01:25:56 PM METs : 4.7 HR : 135 Target HR : 74% of 182 BP : 120/70 Post J @60mSec

ExTime: 03:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

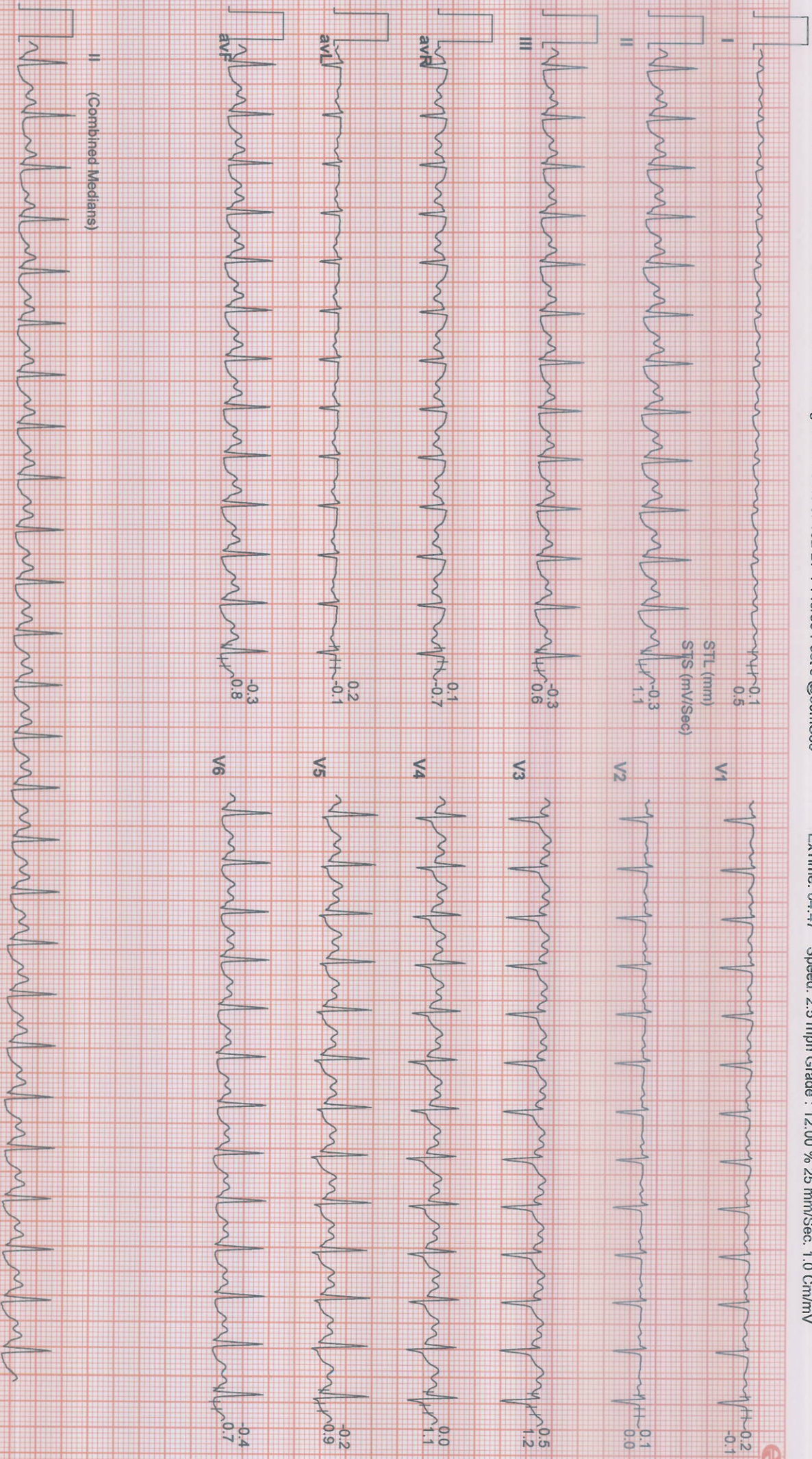
1818 / POONAM DIGAMBER BHANDARE / 38 Yrs / Female / 146 Cm / 58 Kg

6X2 Combine Medians + 1 Rhythm
PeakEx



Date: 22 / 06 / 2024 01:25:56 PM METs : 6.1 HR : 155 Target HR : 85% of 182 BP : 140/80 Post J @60msSec

ExTime: 04:47 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

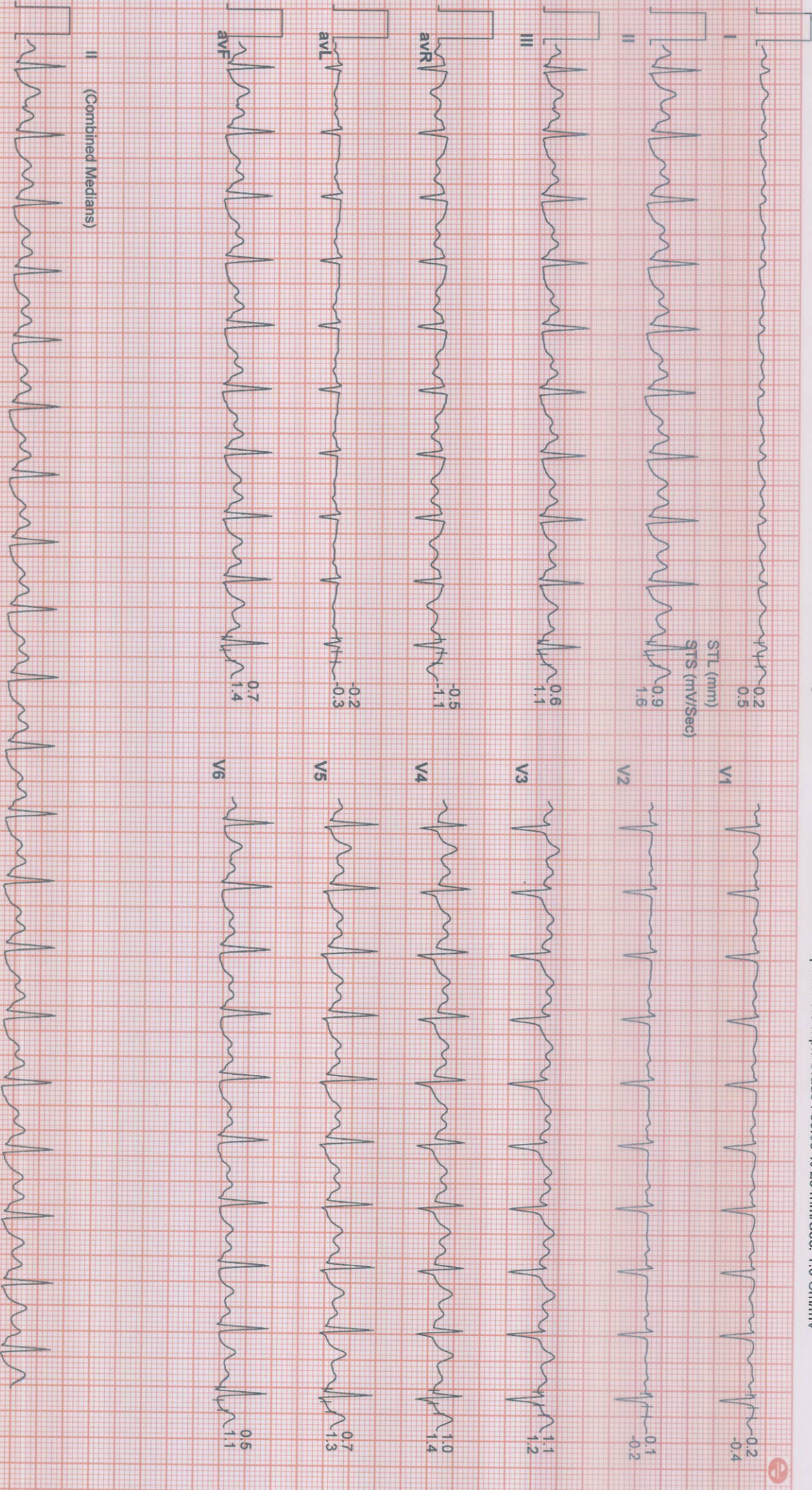
1818 / POONAM DIGAMBER BHANDARE / 38 Yrs / Female / 146 Cm / 58 Kg

6X2 Combine Medians + 1 Rhythm
Recovery : (01:00)



Date: 22 / 06 / 2024 01:25:56 PM METs : 1.0 HR : 121 Target HR : 66% of 182 BP : 140/80 Post J @80mSec

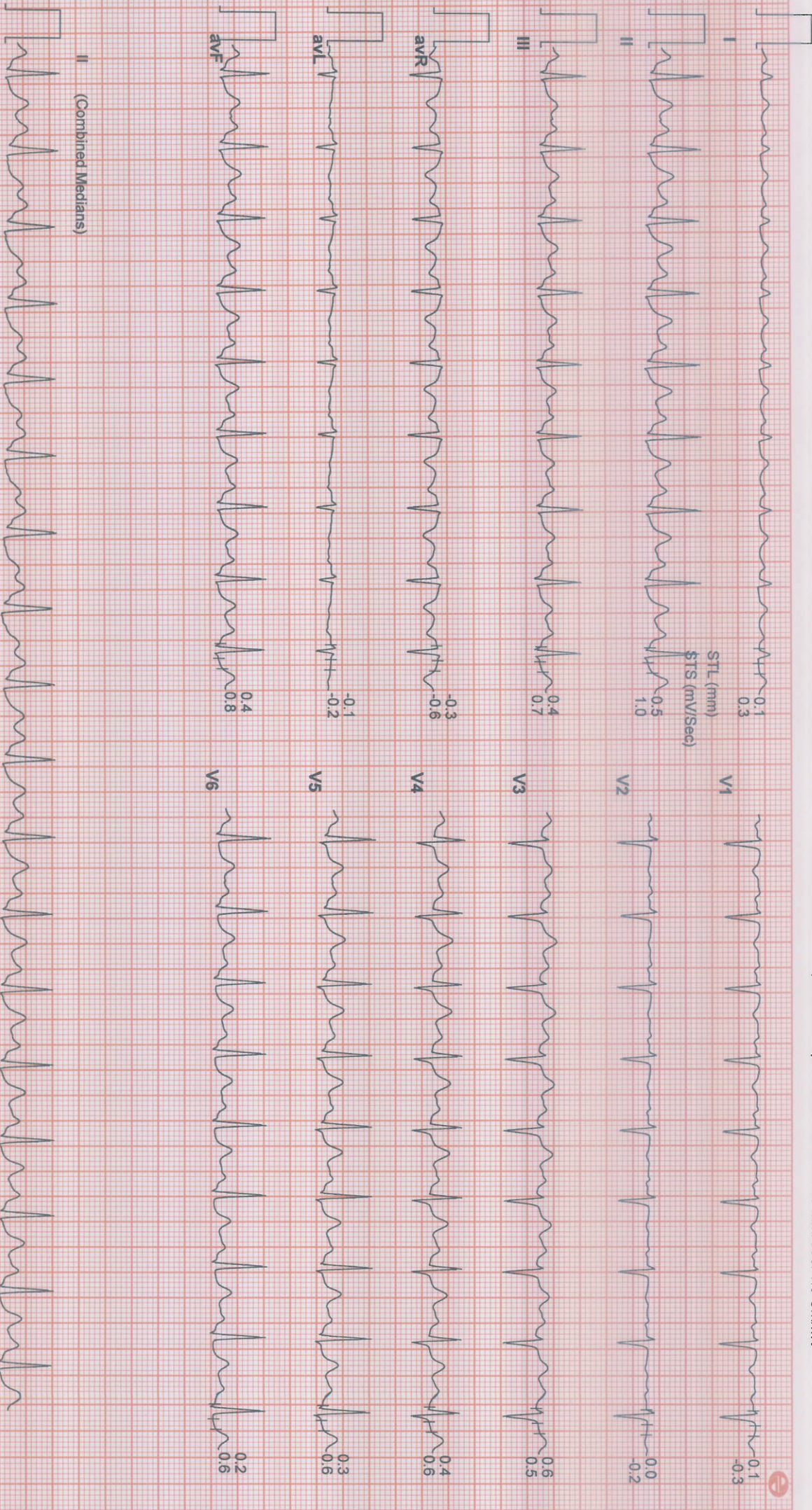
ExTime: 04:47 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





Date: 22 / 06 / 2024 01:25:56 PM METs : 1.0 HR : 111 Target HR : 61% of 182 BP : 120/80 Post J @80mSec

ExTime: 04:47 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1818 / POONAM DIGAMBER BHANDARE / 38 Yrs / Female / 146 Cm / 58 Kg

6X2 Combine Medians + 1 Rhythm

Recovery : (02:04)



Date: 22 / 06 / 2024 01:25:56 PM METs : 1.0 HR : 99 Target HR : 54% of 182 BP : 120/60 Post J @80mSec

ExTime: 04:47 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/mv

