

PHYSICAL EXAMINATION REPORT

Patient Name	Sampada Vishwas Mawrey	Sex/Age	Female / 36
Date	29/10/2024	Location	Thane

History and Complaints

C/O - Asthma (2021)
- Dyspareunia ()

EXAMINATION FINDINGS:

Height (cms):	154	Temp (0c):	Ⓢ
Weight (kg):	71.6	Skin:	} NAP.
Blood Pressure	100/70	Nails:	
Pulse	72/min	Lymph Node:	

Systems :

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

NAP.

Impression:

↓ HPL, ↑ NonHDL chol.

TSH (5.63).

Chest Xray - ↑ B/L BV Prominence.

ECG - Non specific ST T changes, ↑ complete RBBB


USG -
Fatty Liver
Grasous
Distension

Advice:
- Reg. Exercise
- Low Fat, Low sugar Diet
- Physician's cons. For ↑ TSH

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

PERSONAL HISTORY:

1)	Alcohol	(No)
2)	Smoking	(No)
3)	Diet	Veg + Eggs
4)	Medication	Inhaler (Budecort)

 **Dr. Manasee Kulkarni**
M.B.B.S
3005/09/3439

Date: 29/10/24 CID: 243634425
 Name: Sarpala Vashu Sex / Age: F 86

EYE CHECK UP

Chief complaints: ACD

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: 12/60 R 12/60 L

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



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CID : 2430304425
Name : MRS.SAMPADA VISHWAS MASSEY
Age / Gender : 36 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 29-Oct-2024 / 09:06
Reported : 29-Oct-2024 / 12:38

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	13.8	12.0-15.0 g/dL	Spectrophotometric
RBC	5.25	3.8-4.8 mil/cmm	Elect. Impedance
PCV	42.3	36-46 %	Measured
MCV	80.6	80-100 fl	Calculated
MCH	26.4	27-32 pg	Calculated
MCHC	32.7	31.5-34.5 g/dL	Calculated
RDW	14.0	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	12740	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	34.2	20-40 %	
Absolute Lymphocytes	4357.1	1000-3000 /cmm	Calculated
Monocytes	5.4	2-10 %	
Absolute Monocytes	688.0	200-1000 /cmm	Calculated
Neutrophils	54.5	40-80 %	
Absolute Neutrophils	6943.3	2000-7000 /cmm	Calculated
Eosinophils	5.3	1-6 %	
Absolute Eosinophils	675.2	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	
Absolute Basophils	76.4	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
PLATELET PARAMETERS			
Platelet Count	381000	150000-400000 /cmm	Elect. Impedance
MPV	7.6	6-11 fl	Calculated
PDW	11.0	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	Mild		
Microcytosis	Occasional		



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR **32** 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 ***

J. Mujawar

Dr. IMRAN MUJAWAR
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 Fasting	92.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	113.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.32	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.19	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.13	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	11.1	5-32 U/L	UV with P5P IFCC
SGPT (ALT), Serum	11.6	5-33 U/L	UV with P5P IFCC
GAMMA GT, Serum	16.4	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	92.8	35-105 U/L	PNPP
BLOOD UREA, Serum	18.3	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	8.5	6-20 mg/dl	Calculated
CREATININE, Serum	0.56	0.51-0.95 mg/dl	Enzymatic



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eGFR, Serum	121	(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	3.8	2.4-5.7 mg/dl	Uricase
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*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
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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	5.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	114.0	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.

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Transparency	Slight hazy	Clear	-
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Reaction (pH)	Acidic (6.5)	4.5 - 8.0	Chemical Indicator
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>			
(WBC)Pus cells / hpf	4-5	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	5-6	0-5/hpf	
Hyaline Casts	Absent	Absent	
Pathological cast	Absent	Absent	
Calcium oxalate monohydrate crystals	Absent	Absent	
Calcium oxalate dihydrate crystals	Absent	Absent	
Triple phosphate crystals	Absent	Absent	
Uric acid crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	10-12	0-20/hpf	
Yeast	Absent	Absent	
Others	-		



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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

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*** End Of Report ***

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Reported : 29-Oct-2024 / 12:38

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	173.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	90.7	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	39.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	133.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	116.0	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	17.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.9	0-3.5 Ratio	Calculated

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*** End Of Report ***

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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	4.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.5	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	5.63	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0 microU/ml	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 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)

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M.D (Path)
Pathologist



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Collected : 29-Oct-2024 / 13:20
 Reported : 29-Oct-2024 / 16:57

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

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

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 *** End Of Report ***

Bmhasakar

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

CID : 2430304425
Name : Mrs SAMPADA VISHWAS MASSEY
Age / Sex : 36 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 29-Oct-2024
Reported : 29-Oct-2024 / 14:22

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X-RAY CHEST PA VIEW

There is evidence of mildly increased bilateral bronchovascular prominence.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The aorta shows normal radiological features.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

Suggest clinico pathological co-relation.

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



Dr Gauri Varma
Consultant Radiologist
MBBS / DMRE
MMC- 2007/12/4113

[Click here to view images <<ImageLink>>](#)

Page no 1 of 1

SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST

Patient Name: **SAMPADA VISHWAS MASSEY** Date and Time: **29th Oct 24 12:40 PM**
 Patient ID: **2430304425**



Age **36** NA NA
 years months days

Gender **Female**

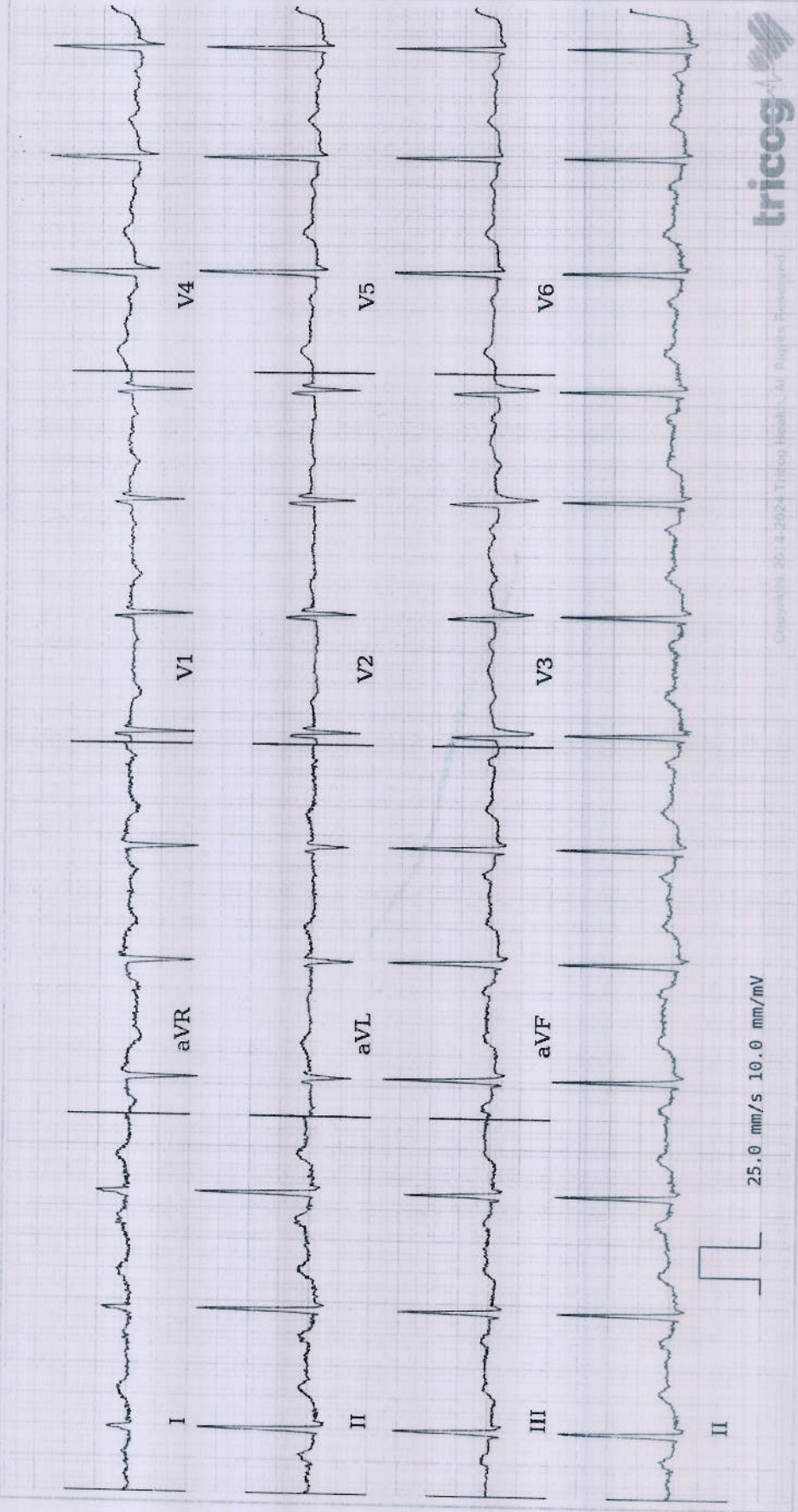
Heart Rate **81bpm**

Patient Vitals

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

Measurements

QRSD: 86ms
 QT: 372ms
 QTcB: 432ms
 PR: 172ms
 P-R-T: 69° 79° 32°



Sinus Rhythm, nonspecific ST T changes, incomplete RBBB. Please correlate clinically.

REPORTED BY

DR SHAILAJA PILLAI
 MBBS, MD Physician
 MD Physician
 49972

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.



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Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 29-Oct-2024
Reported : 29-Oct-2024 / 10:50

USG WHOLE ABDOMEN

EXCESSIVE BOWEL GAS:

LIVER: Liver appears moderately enlarged in size (19.3 cm) and shows increased echorefectivity. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

PORTAL VEIN: Portal vein is normal. **CBD:** CBD is normal.

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 10.2 x 3.3 cm. Left kidney measures 10.2 x 4.2 cm. Both kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, 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 and measures 7.0 x 3.5 x 4.8 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 7 mm. Cervix appears normal.

OVARIES: Both ovaries are normal. Bilateral adnexa are clear.

No free fluid or significant lymphadenopathy is seen.

Gaseous distension of bowel loops seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024102909013092>

Authenticity Check



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Reported : 29-Oct-2024 / 10:50

IMPRESSION:

- MODERATE HEPATOMEGALY WITH GRADE I FATTY INFILTRATION OF LIVER.
- GASEOUS DISTENSION OF BOWEL LOOPS SEEN.

Advice: Clinical co-relation sos further evaluation and follow up.

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-----

Dr Gauri Varma
Consultant Radiologist
MBBS / DMRE
MMC- 2007/12/4113

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024102909013092>

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Email:

Report



2765 (2430304425) / SAMPADA VISHWAS MASSEY / 36 Yrs / F / 154 Cms / 71 Kg
 Date: 30 / 10 / 2024 10:38:02 AM

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:14	0:14	00.0	00.0	01.0	090	49 %	110/70	099	00	
Standing	00:27	0:13	00.0	00.0	01.0	088	48 %	110/70	096	00	
HV	00:41	0:14	00.0	00.0	01.0	088	48 %	110/70	096	00	
ExStart	00:56	0:15	00.0	00.0	01.0	093	51 %	110/70	102	00	
BRUCE Stage 1	03:56	3:00	01.7	10.0	04.7	129	70 %	130/80	167	00	
BRUCE Stage 2	06:56	3:00	02.5	12.0	07.1	156	85 %	140/80	218	00	
PeakX	07:05	0:09	03.4	14.0	07.3	157	85 %	150/80	235	00	
Recovery	08:05	1:00	00.0	00.0	01.1	133	72 %	150/80	199	00	
Recovery	09:05	2:00	00.0	00.0	01.0	119	65 %	150/80	178	00	
Recovery	10:05	3:00	00.0	00.0	01.0	112	61 %	150/80	168	00	
Recovery	11:05	4:00	00.0	00.0	01.0	115	62 %	120/80	138	00	
Recovery	11:16	4:12	00.0	00.0	01.0	109	59 %	120/80	130	00	

FINDINGS :

Exercise Time : 06:09
 Initial HR (ExStrt) : 93 bpm 51% of Target 184
 Initial BP (ExStrt) : 110/70 (mm/Hg)
 Max Workload Attained : 7.3 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : III & -1.6 mm in Stage 2
 Test End Reasons : , Fatigue, Heart Rate Achieved

Max HR Attained 157 bpm 85% of Target 184
 Max BP Attained 150/80 (mm/Hg)

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

Doctor : DR. SHAILAJA PILLAI



EMail: 2765 / SAMPADA VISHWAS MASSEY / 36 Yrs / F / 154 Cms / 71 Kg Date: 30 / 10 / 2024 10:38:02 AM

REPORT :

Sample Name: Stress Test Graded Exercise Treadmill

PROCEDURE DONE: Graded exercise treadmill stress test
STRESS ECG RESULTS: The initial HR was recorded as 88.0 bpm, and the maximum predicted Target Heart Rate 184.0. The BP increased at the time of generating report as 150.0/80.0 mmHg The Max Dep went upto 0.2. 0.0 Ectopic Beats were observed during the Test.
The Test was completed because of , Fatigue, Heart Rate Achieved.

- CONCLUSIONS:
1. Stress test is Equivocal for ischemia.
 2. Basic ECG Minor ST T changes inferolateral leads. Accentuation of those ST T changes seen during recovery.
 3. HR and Blood pressure response to exercise is normal.
 4. Adv Cardiologist s opinion.

Dr. SHAILAJA PILLAI
M.D. (GEN.MED)

R.NO. 49972

Doctor : DR. SHAILAJA PILLAI

2765 (2430304425) / SAMPADA VISHWAS MASSSEY / 36 Yrs / F / 154 Cms / 71 Kg / HR : 90

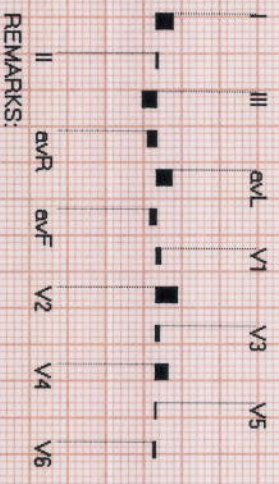
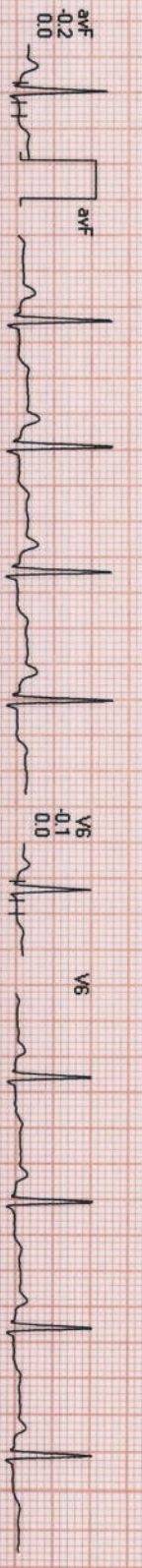
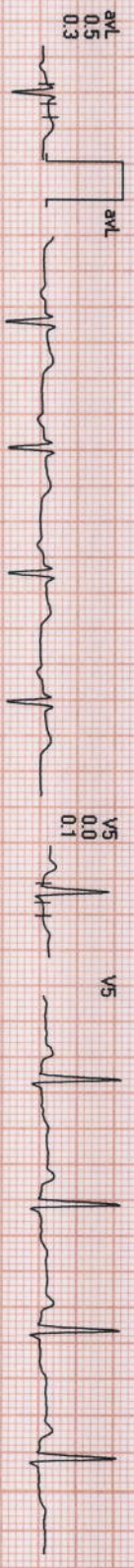
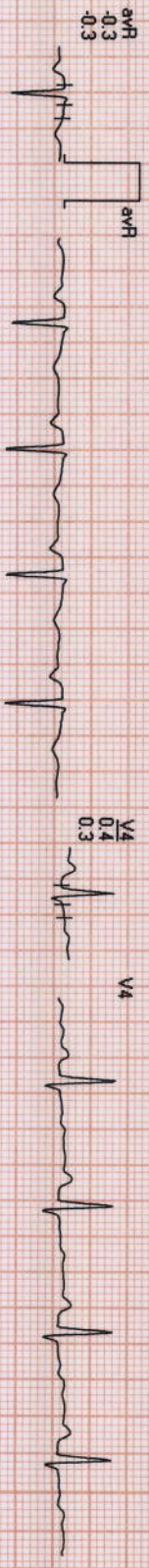
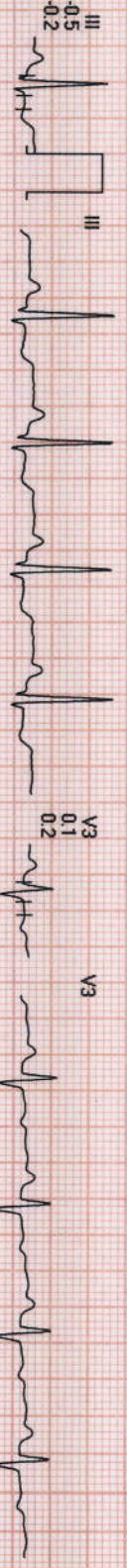
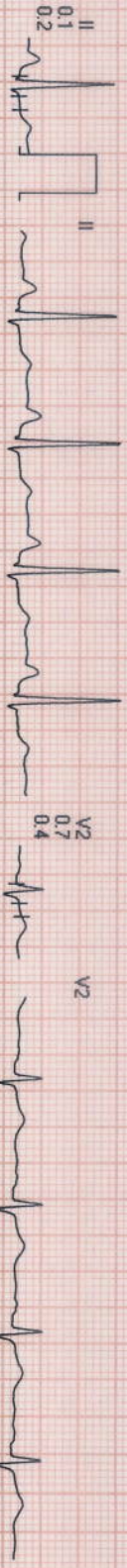
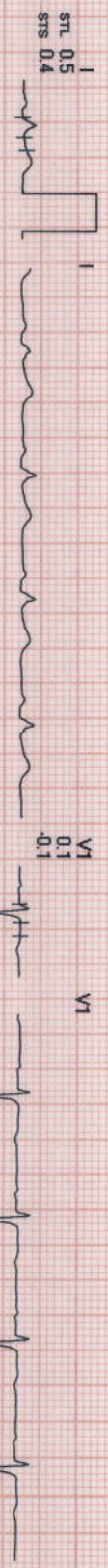
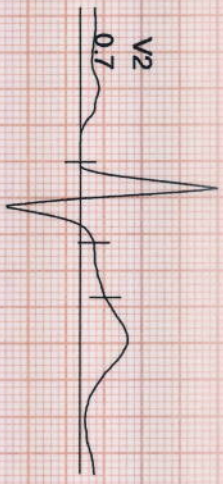


Date: 30 / 10 / 2024 10:38:02 AM METS: 1.0/ 90 bpm 49% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 0.0 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

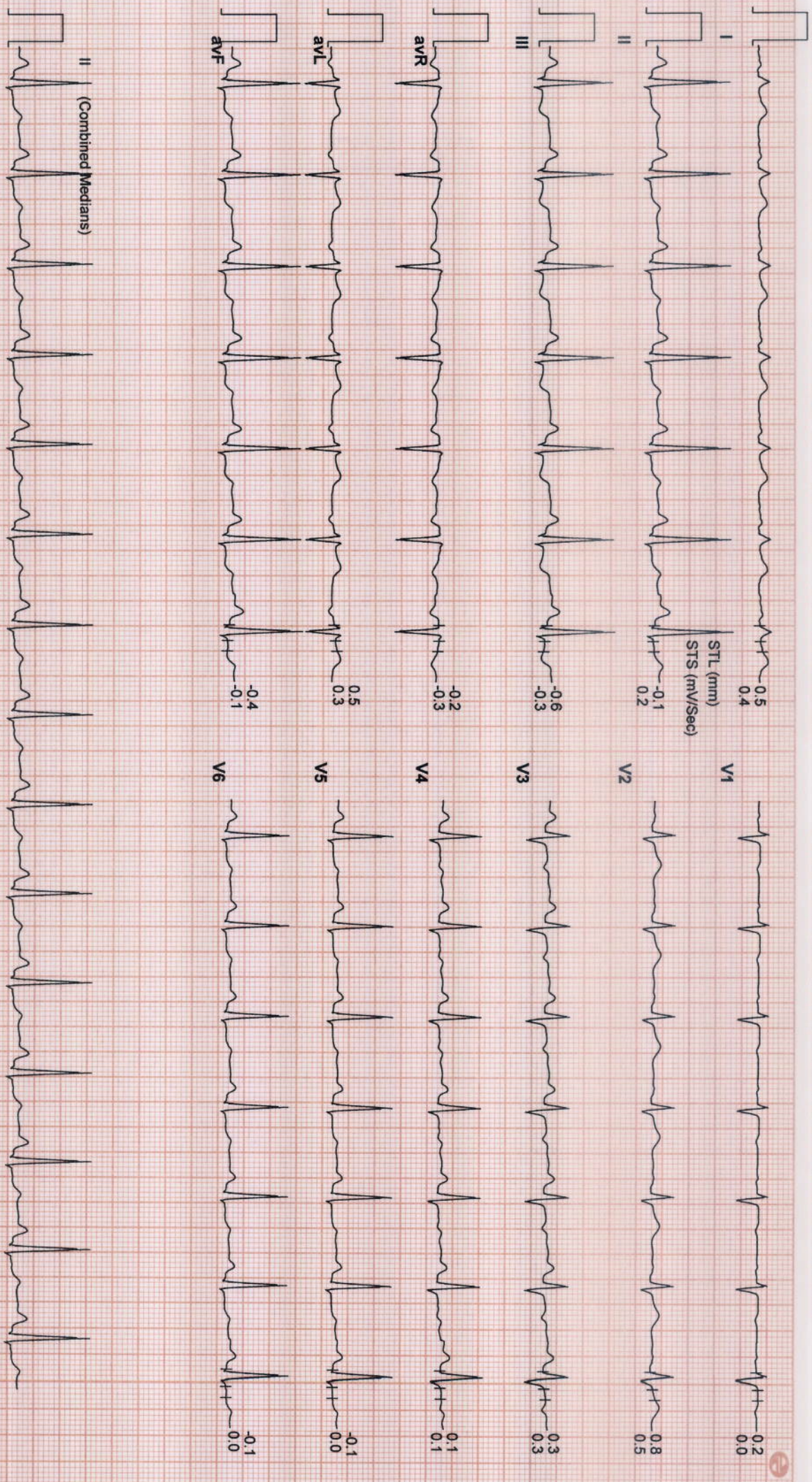
2765 / SAMPADA VISHWAS MASSEY / 36 Yrs / Female / 154 Cm / 71 Kg

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



Date: 30 / 10 / 2024 10:38:02 AM METs : 1.0 HR : 88 Target HR : 48% of 184 BP : 110/70 Post J @80mSec

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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

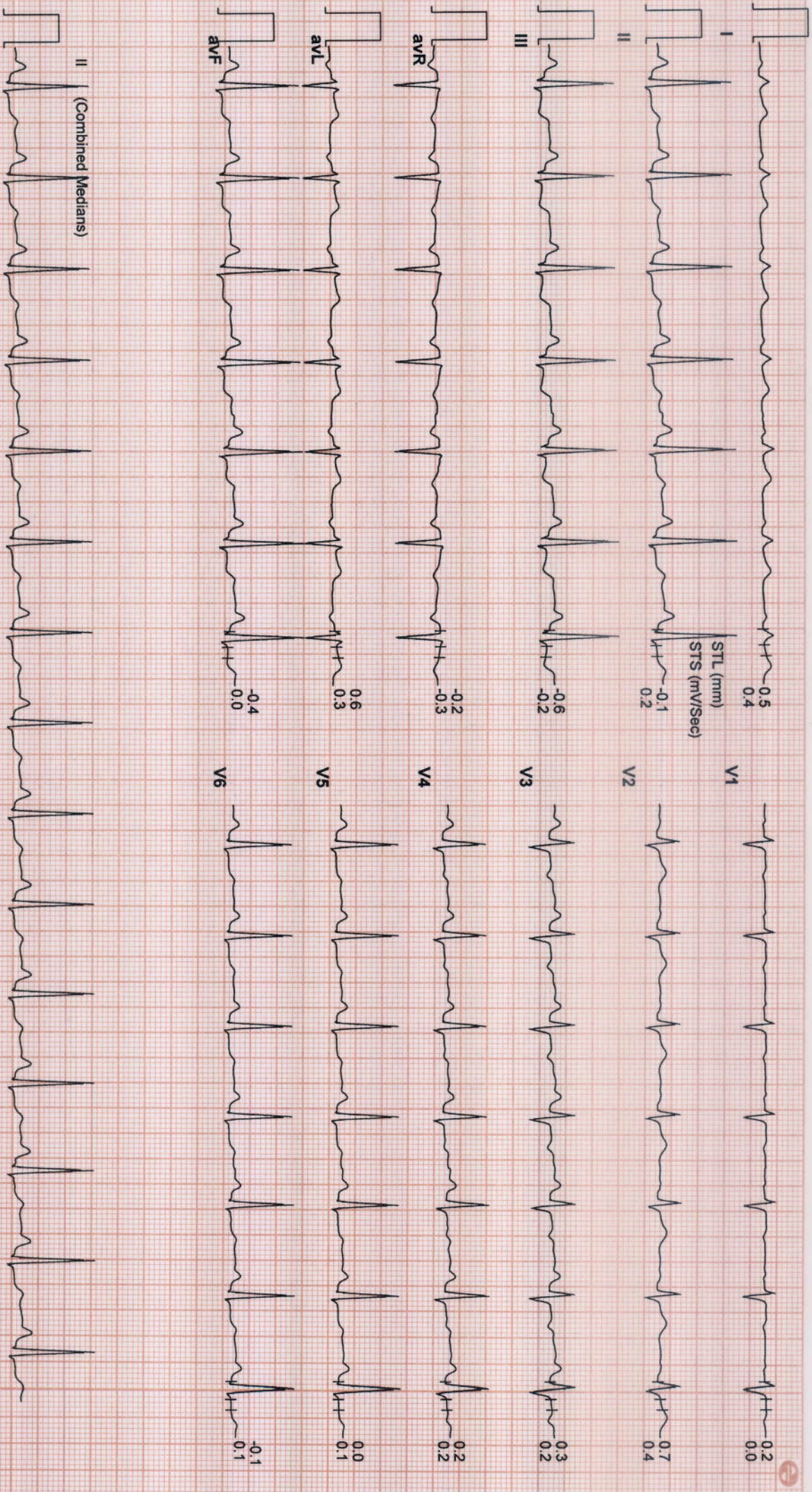
2765 / SAMPADA VISHWAS MASSEY / 36 Yrs / Female / 154 Cm / 71 Kg

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



Date: 30 / 10 / 2024 10:38:02 AM METs : 1.0 HR : 88 Target HR : 48% of 184 BP : 110/70 Post J @80mSec

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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

2765 / SAMPADA VISHWAS MASSEY / 36 Yrs / Female / 154 Cm / 71 Kg

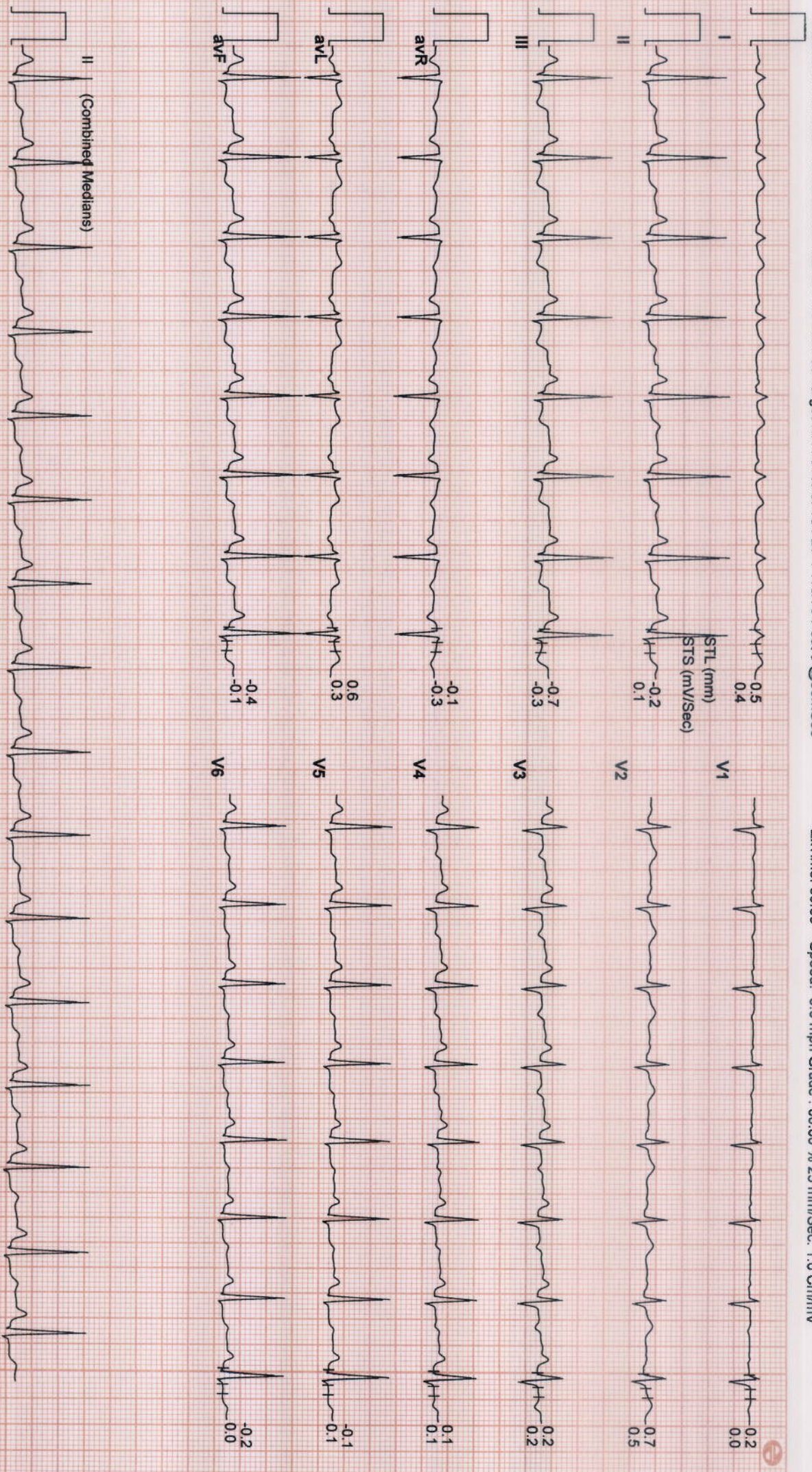
6X2 Combine Medians + 1 Rhythm

ExStt



Date: 30 / 10 / 2024 10:38:02 AM METs : 1.0 HR : 93 Target HR : 51% of 184 BP : 110/70 Post J @80mSec

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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

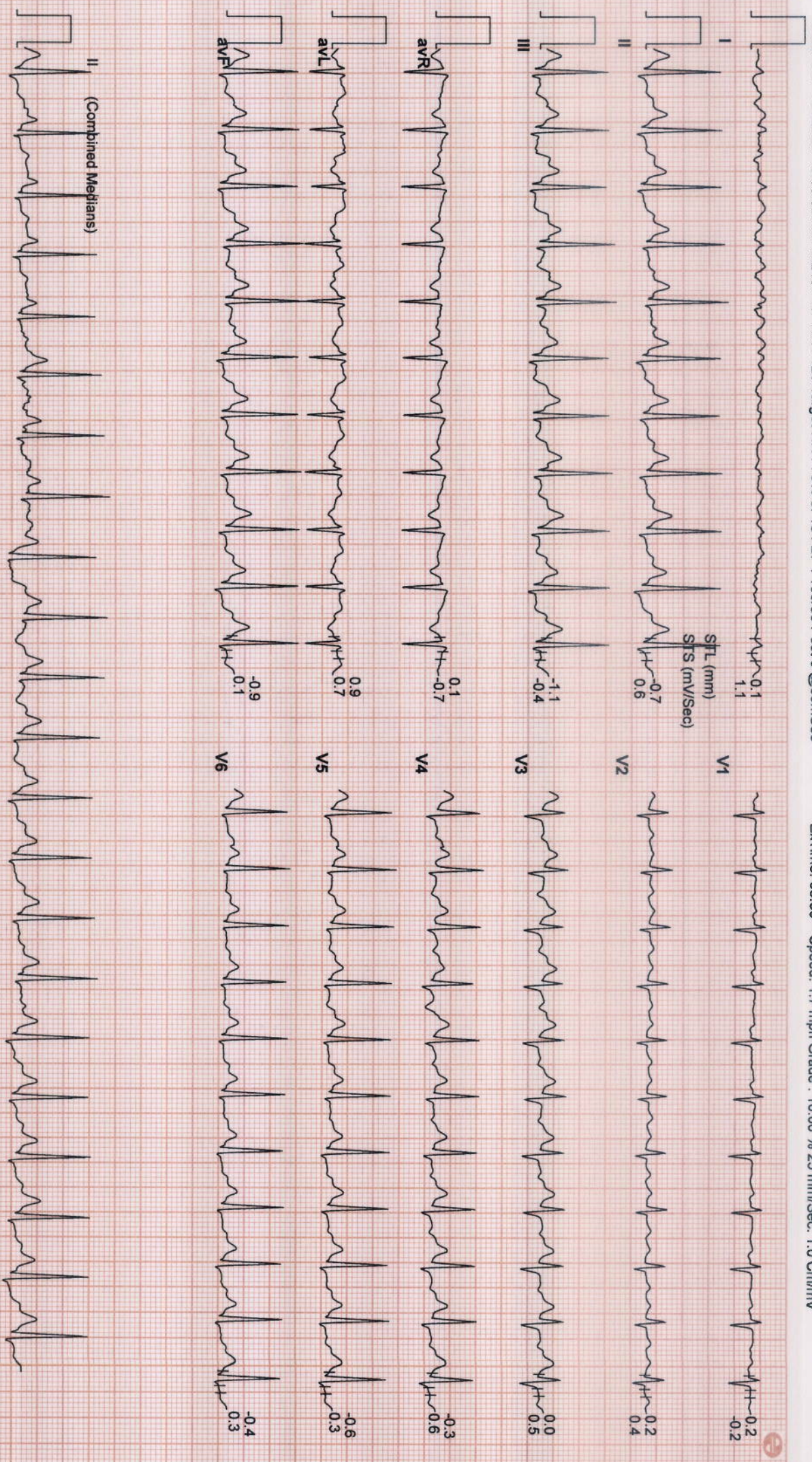
2765 / SAMPAD A VISHWAS MASSEY / 36 Yrs / Female / 154 Cm / 71 Kg

6X2 Combine Medians + 1 Rhythm
BRUCE : Stage 1 (03:00)



Date: 30 / 10 / 2024 10:38:02 AM METs : 4.7 HR : 129 Target HR : 70% of 184 BP : 130/80 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)

2765 / SAMPADA VISHWAS MASSEY / 36 Yrs / Female / 154 Cm / 71 Kg

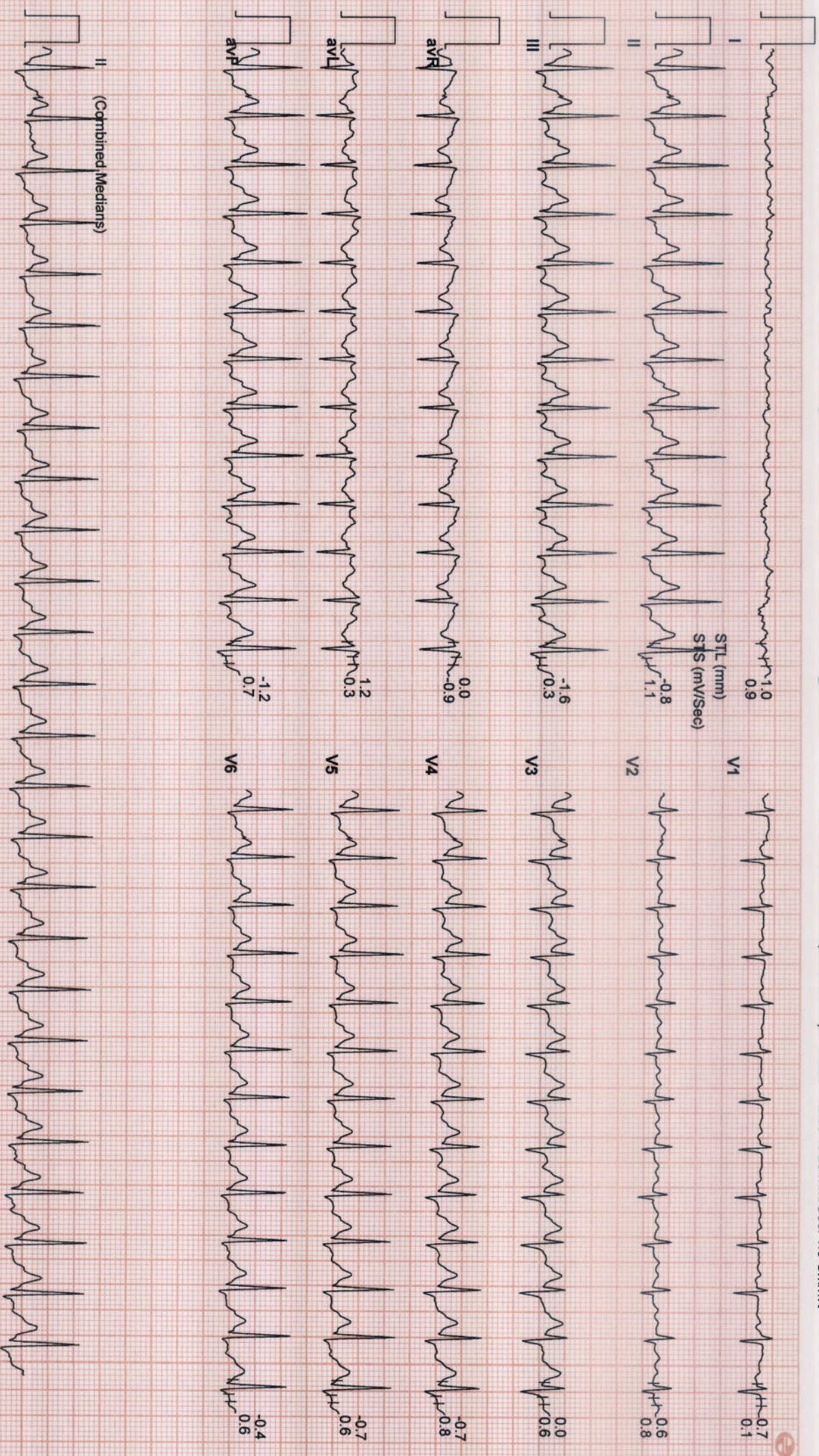
Date: 30 / 10 / 2024 10:38:02 AM METs : 7.1 HR : 156 Target HR : 85% of 184 BP : 140/80 Post J @60mSec

6X2 Combine Medians + 1 Rhythm

BRUCE : Stage 2 (03:00)



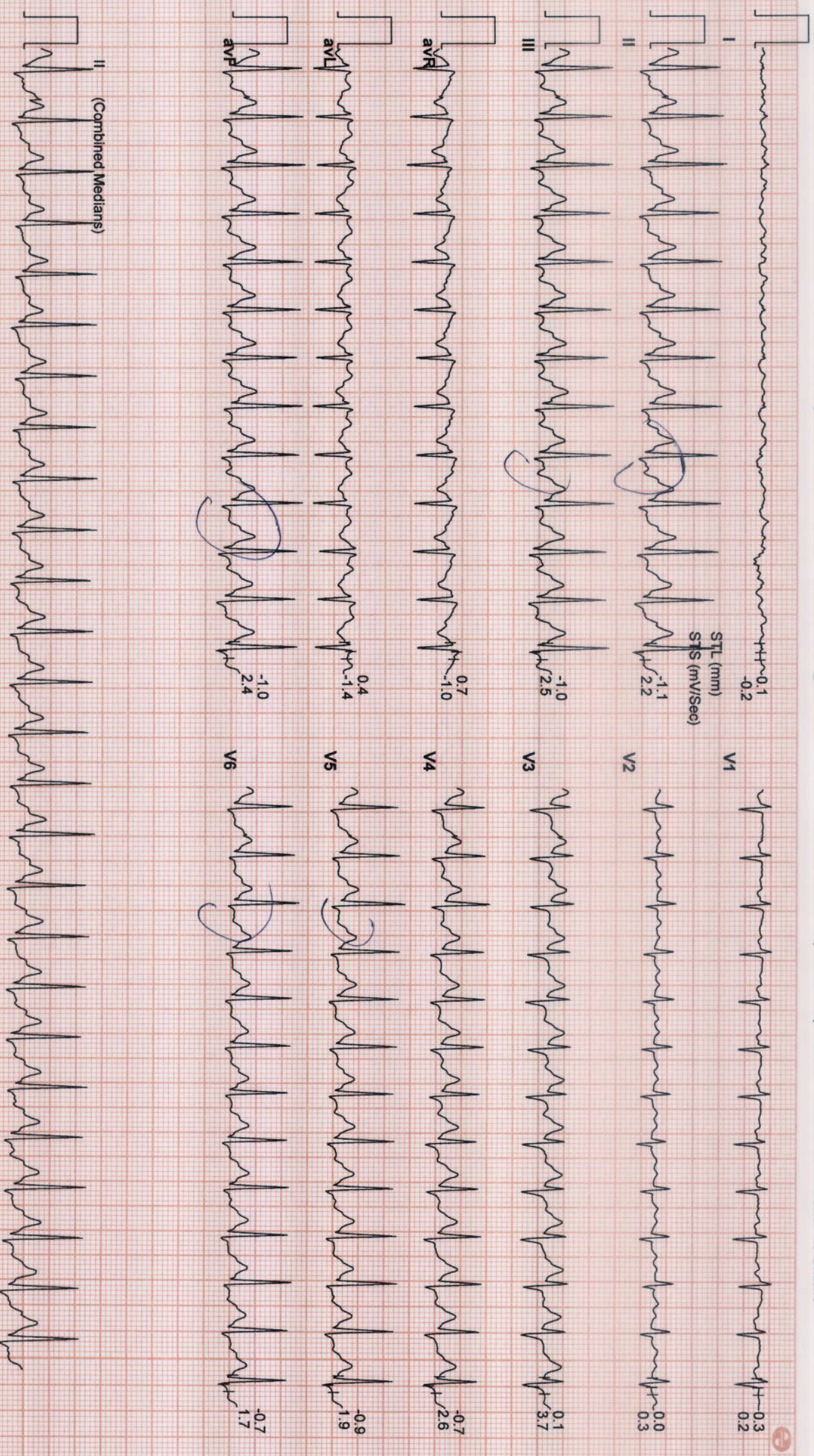
ExTime: 06:00 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV

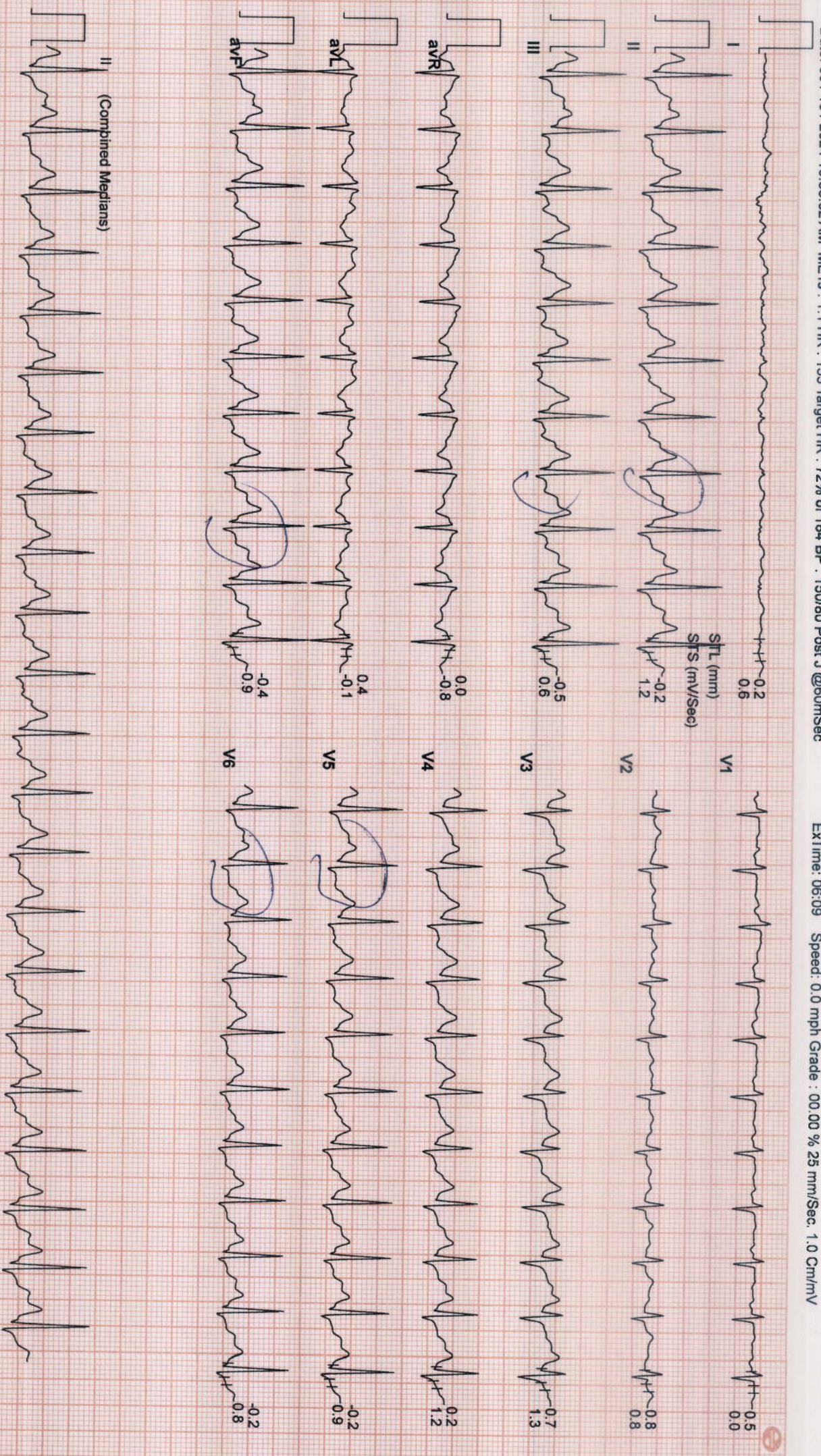


II (Combined Medians)

Date: 30 / 10 / 2024 10:38:02 AM METs : 7.3 HR : 157 Target HR : 85% of 184 BP : 150/80 Post J @60mSec

ExTime: 06:09 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV





II
(Combined Medians)

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

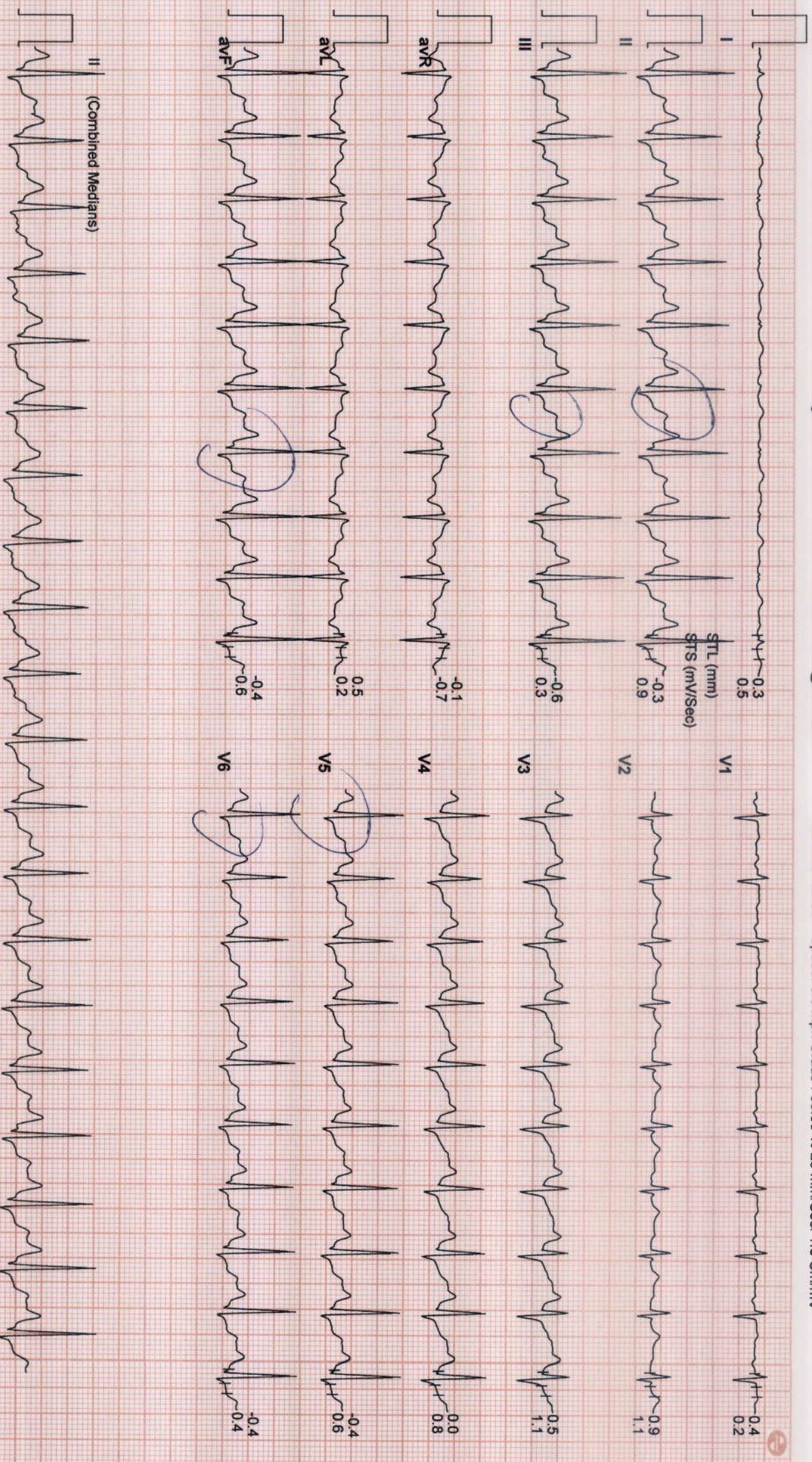
2765 / SAMPADA VISHWAS MASSEY / 36 Yrs / Female / 154 Cm / 71 Kg

6X2 Combine Medians + 1 Rhythm



Date: 30 / 10 / 2024 10:38:02 AM METs : 1.0 HR : 119 Target HR : 65% of 184 BP : 150/80 Post J @80mSec

ExTime: 06:09 Speed: 0.0 mph Grade : 00:00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

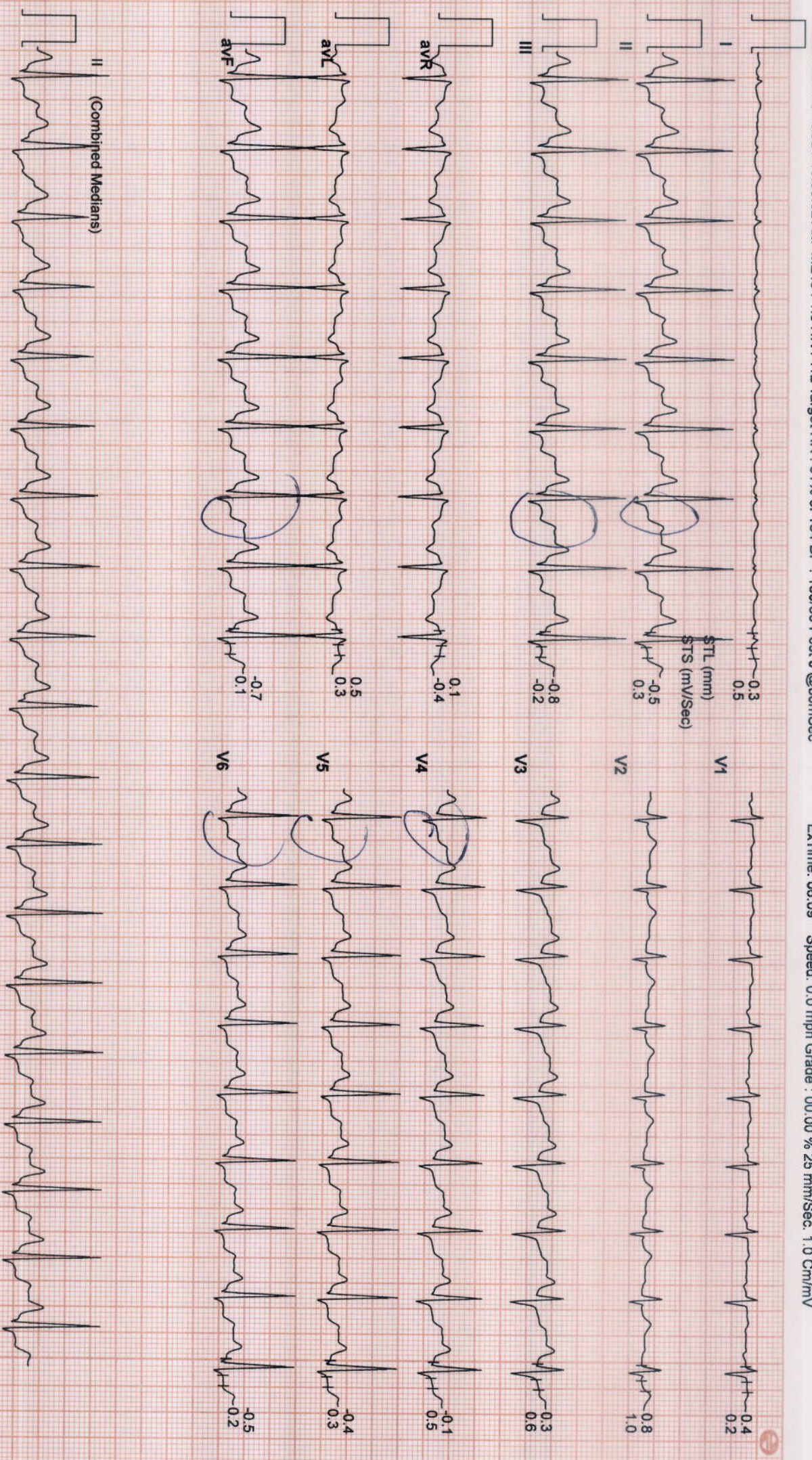
2765 / SAMPADA VISHWAS MASSEY / 36 Yrs / Female / 154 Cm / 71 Kg

Date: 30 / 10 / 2024 10:38:02 AM METs : 1.0 HR : 112 Target HR : 61% of 184 BP : 150/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm

Recovery : (03:00)

EXTime: 06:09 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

2765 / SAMPADA VISHWAS MASSEY / 36 Yrs / Female / 154 Cm / 71 Kg

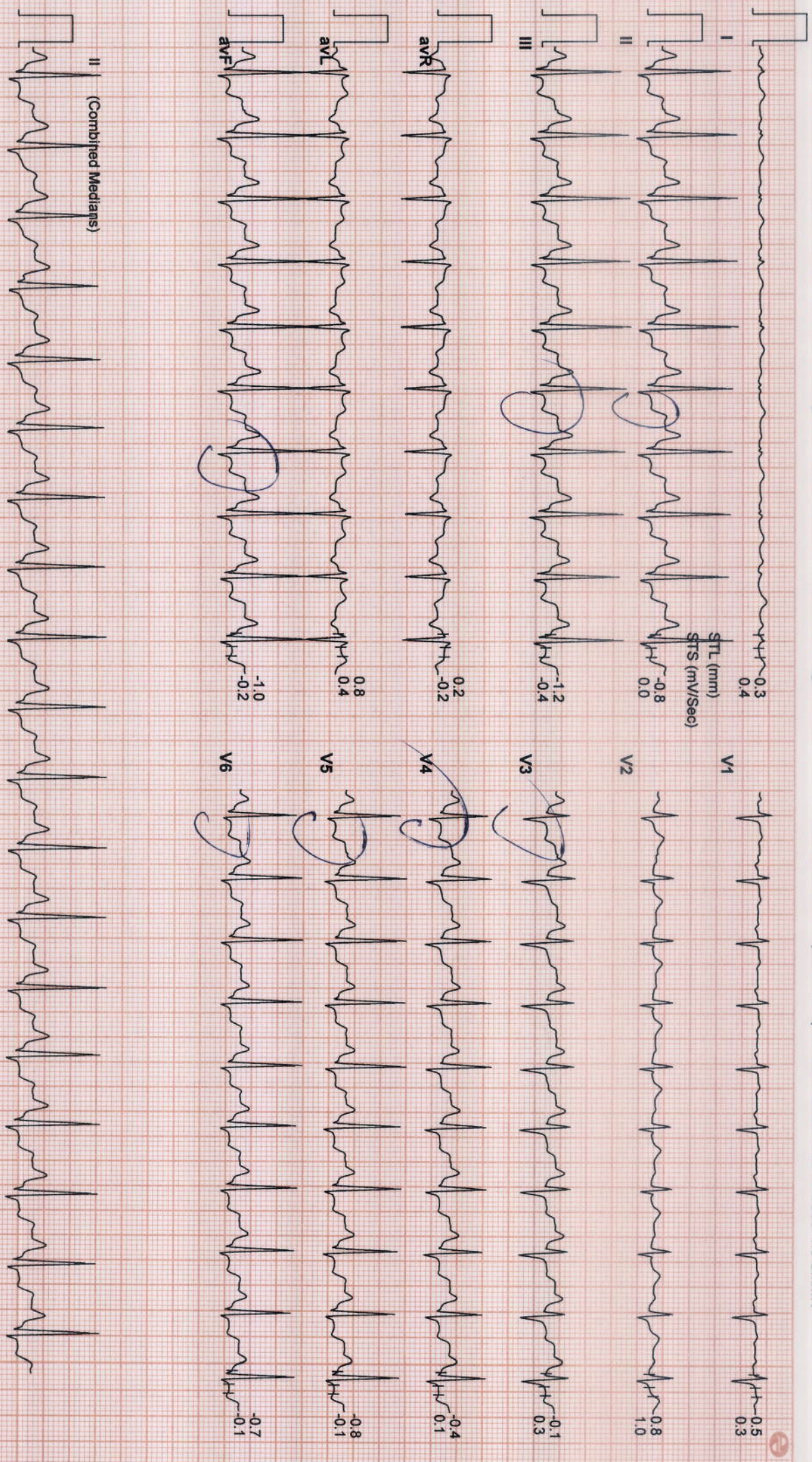
6X2 Combine Medians + 1 Rhythm

Recovery : (04:00)



Date: 30 / 10 / 2024 10:38:02 AM METs : 1.0 HR : 115 Target HR : 62% of 184 BP : 120/80 Post J @80mSec

ExTime: 06:09 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

2765 / SAMPADA VISHWAS MASSEY / 36 Yrs / Female / 154 Cm / 71 Kg

6X2 Combine Medians + 1 Rhythm
Recovery : (04:11)



Date: 30 / 10 / 2024 10:38:02 AM METs : 1.0 HR : 109 Target HR : 59% of 184 BP : 120/80 Post J @80mSec

EXTime: 06:09 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/IV

