



CID : 2228120740
Name : MRS.PRIYA DUBEY
Age / Gender : 32 Years / Female
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 08-Oct-2022 / 10:50
Reported : 08-Oct-2022 / 18:43

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	13.0	12.0-15.0 g/dL	Spectrophotometric
RBC	4.47	3.8-4.8 mil/cmm	Elect. Impedance
PCV	39.4	36-46 %	Calculated
MCV	88.1	80-100 fl	Measured
MCH	29.0	27-32 pg	Calculated
MCHC	32.9	31.5-34.5 g/dL	Calculated
RDW	14.1	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7530	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	20.8	20-40 %	
Absolute Lymphocytes	1560	1000-3000 /cmm	Calculated
Monocytes	5.3	2-10 %	
Absolute Monocytes	400	200-1000 /cmm	Calculated
Neutrophils	71.8	40-80 %	
Absolute Neutrophils	5380	2000-7000 /cmm	Calculated
Eosinophils	2.1	1-6 %	
Absolute Eosinophils	160	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	379000	150000-400000 /cmm	Elect. Impedance
MPV	8.3	6-11 fl	Measured
PDW	14.8	11-18 %	Calculated



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Reported : 08-Oct-2022 / 15:00

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RBC MORPHOLOGY

Hypochromia -
Microcytosis -
Macrocytosis -
Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Normocytic, Normochromic

WBC MORPHOLOGY -

PLATELET MORPHOLOGY -

COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB 23 2-20 mm at 1 hr. Westergren

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

*** End Of Report ***



Dr. Vrushi Shroff

Dr.VRUSHALI SHROFF
M.D.(PATH)
Pathologist



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Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 08-Oct-2022 / 10:50
Reported : 08-Oct-2022 / 15:51

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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	80.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	117.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.29	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.12	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.17	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	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	15.9	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	12.0	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	13.7	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	104.9	35-105 U/L	PNPP
BLOOD UREA, Serum	17.2	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	8.0	6-20 mg/dl	Calculated



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Collected : 08-Oct-2022 / 16:29
Reported : 08-Oct-2022 / 18:28

CREATININE, Serum	0.56	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	133	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	3.9	2.4-5.7 mg/dl	Uricase
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 G B Road Lab, Thane West
*** End Of Report ***



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist



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Age / Gender : 32 Years / Female
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Collected : 08-Oct-2022 / 10:50
Reported : 08-Oct-2022 / 21:17

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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 CPL, Andheri West

*** End Of Report ***



Anupa

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



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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	-
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>			
Leukocytes(Pus cells)/hpf	1-2	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	4-5	Less than 20/hpf	

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*** End Of Report ***



Amit Taori

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Pathologist



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Reported : 08-Oct-2022 / 16:09

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	A
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 ***



Amit Taori

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	179.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	86.9	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	53.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	125.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	108.0	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	17.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.0	0-3.5 Ratio	Calculated

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



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Collected : 08-Oct-2022 / 10:50
Reported : 08-Oct-2022 / 15:03

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	5.1	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.3	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	2.79	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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Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 08-Oct-2022 / 10:50
Reported : 08-Oct-2022 / 15:03

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 upto15 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 trasiently altered becuase 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 G B Road Lab, Thane West
*** End Of Report ***



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist



भारत सरकार

Issue Date: 31/03/2013



पिय डूबे

Priya Dubey

जन्म तिथि / DOB: 04/12/1989

महिला / FEMALE

Mobile No.: 7580958851

3357 5055 9897

VID : 9131 3162 3995 5377

मेरा आधार, मेरी पहचान



PHYSICAL EXAMINATION REPORT

Patient Name	MRS. PRIYA DUBEY	Sex/Age	FEMALE/ 32 YRS
Date	08/10/22	Location	KASARVADAVALI

History and Complaints

No complaints
Family history – NIL
Past History – C-Section & Covid Positive in Jan. 2021

EXAMINATION FINDINGS:

Height	155 cm	Temp (0c):	Afebrile
Weight	50 kg	Skin:	NAD
Blood Pressure	100/60 mm of Hg	Nails:	NAD
Pulse	70/min	Lymph Node:	NAD

Systems :

Cardiovascular:	S1S2 +, No murmur
Respiratory:	NAD
Genitourinary:	NAD
GI System:	NAD
CNS:	NAD

Impression:

LDL levels & ESR Slightly raised.

ADVICE :

Regular walking & Aerobic exercise.

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

CHIEF COMPLAINTS :

1)	Hypertension:	Nil
2)	IHD	Nil
3)	Arrhythmia	Nil
4)	Diabetes Mellitus	Nil
5)	Tuberculosis	Nil
6)	Asthma	Nil
7)	Pulmonary Disease	Nil
8)	Thyroid/ Endocrine disorders	Nil
9)	Nervous disorders	Nil
10)	GI system	Nil
11)	Genital urinary disorder	Nil
12)	Rheumatic joint diseases or symptom	Nil
13)	Blood disease or disorder	Nil
14)	Cancer/lump growth/cyst	Nil
15)	Congenital disease	Nil
16)	Surgeries	Nil

PERSONAL HISTORY:

1)	Alcohol	No
2)	Smoking	No
3)	Diet	Veg
4)	Medication	Nil



Dr. Kavin H. Shah
M.B.B.S., D.CARD.
MMC Regd. No.3488

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

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Date : 05/10/2022

CID :

Name : Mrs. Priya Dubey

Sex/Age : F / 32y or

EYE CHECK UP

Chief complaints : Nil

Systematic Diseases : Nil

Past History : Nil

Unaided Vision :

{ Rt Eye = 6/60
{ Lt Eye = 6/60

Aided Vision :

{ Rt Eye = 6/6 (-6.5)
{ Lt Eye = 6/6 (-6.5)

Refraction :

Yes

Colour Vision :

Normal colour vision



Remarks :

R.E of Both Eyes for far vision
(corrected c spectacle)

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

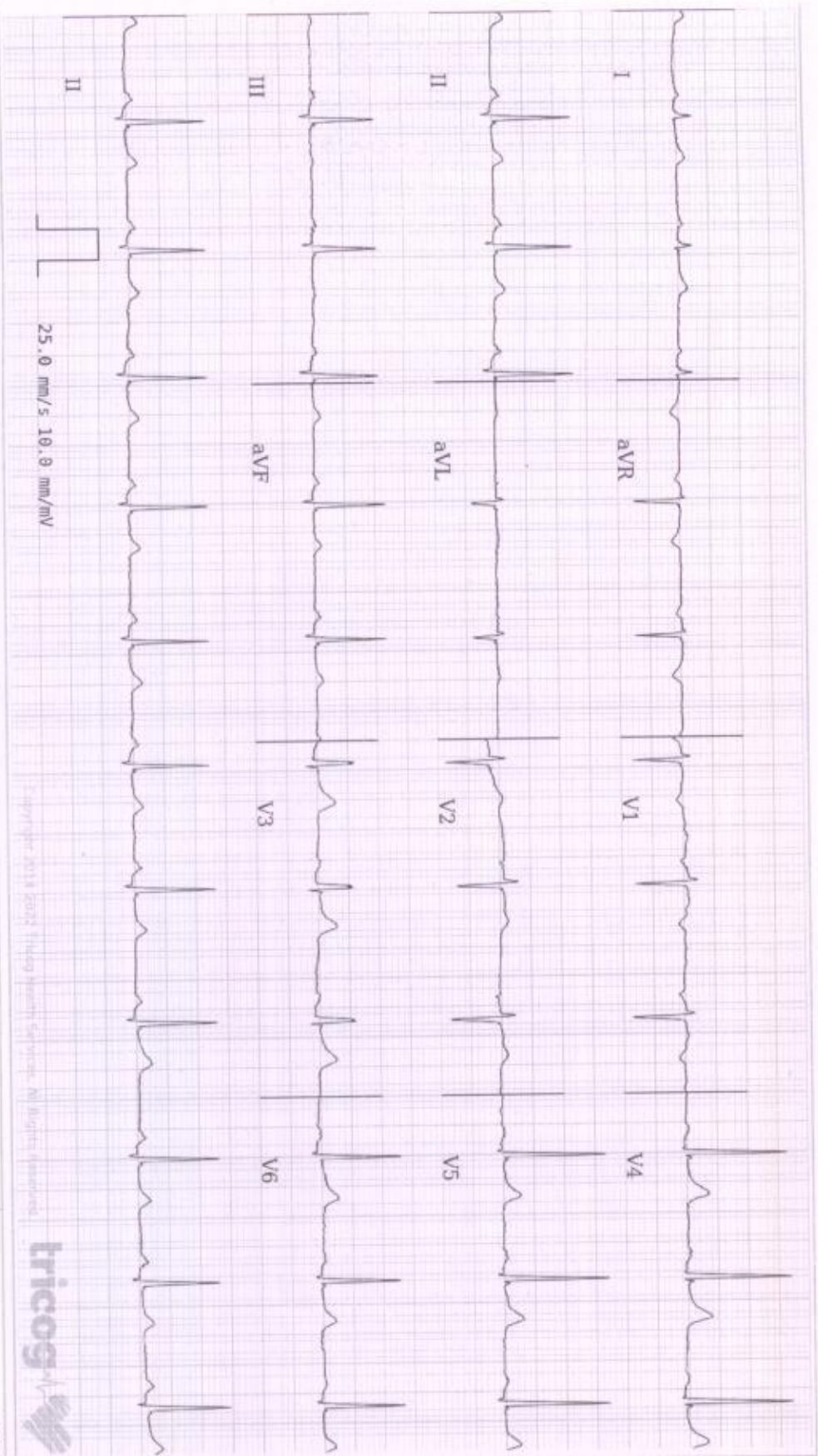
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SUBURBAN DIAGNOSTICS - THANE KASARVADAVALLI

Patient Name: **PRIYA DUBEY**
Patient ID: **2228120740**

Date and Time: **8th Oct 22 1:09 PM**



25.0 mm/5 10.0 mm/mV

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Age **32** **10** **4**
years months days

Gender **Female**

Heart Rate **70bpm**

Patient Vitals

BP: **100/60 mmHg**

Weight: **50 kg**

Height: **155 cm**

Pulse: **NA**

SpO2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **80ms**

QT: **388ms**

QTc: **419ms**

PR: **166ms**

P-R-T: **61° 78° 50°**

REPORTED BY

Dr. Kavita Shah
MBBS, D.CARD
2009102488

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

Disclaimer: This 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. All patient data are as entered by the clinician and not derived from the ECG.

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Patient Details

Date: 08-Oct-22

Time: 12:36:17 PM

Name: MRS. PRIYA DUBEY ID: 2228120740

Age: 32 y

Sex: F

Height: 155 cms

Weight: 50 Kgs

Clinical History: NIL

Medications: NIL

Test Details

Protocol: Bruce

Pr.MHR: 188 bpm

THR: 159 (85 % of Pr.MHR) bpm

Total Exec. Time: 7 m 5 s

Max. HR: 177 (94% of Pr.MHR) bpm

Max. Mets: 10.20

Max. BP: 140 / 60 mmHg

Max. BP x HR: 24780 mmHg/min

Min. BP x HR: 4080 mmHg/min

Test Termination Criteria: THR achieved

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	1 : 9	1.0	0	0	87	100 / 60	-0.21 II	0.71 V4
Standing	0 : 8	1.0	0	0	100	100 / 60	-0.64 III	-0.71 III
Hyperventilation	0 : 18	1.0	0	0	68	100 / 60	-0.42 aVF	-0.71 III
1	3 : 0	4.6	1.7	10	121	110 / 60	-4.03 aVR	-1.42 V1
2	3 : 0	7.0	2.5	12	134	120 / 60	-0.64 aVR	2.12 V4
Peak Ex	1 : 5	10.2	3.4	14	177	140 / 60	-0.85 aVR	3.18 V5
Recovery(1)	1 : 0	1.8	1	0	121	140 / 60	-1.06 aVR	4.25 V4
Recovery(2)	1 : 0	1.0	0	0	98	120 / 60	-0.64 III	3.89 V3
Recovery(3)	0 : 51	1.0	0	0	92	110 / 60	-0.42 aVR	2.83 V3

Interpretation

The patient exercised according to the Bruce protocol for 7 m 5 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 87 bpm, rose to a max. heart rate of 177 (94% of Pr.MHR) bpm. Resting blood Pressure 100 / 60 mmHg, rose to a maximum blood pressure of 140 / 60 mmHg.

No significant ST - T changes.
 No evidence of arrhythmias.
 Normal haemodynamic response.
 Good effort tolerance.

IMPRESSION: Stress test is negative for inducible ischemia at moderate workload. DISCLAIMER: Negative stress test does not rule out coronary artery disease and positive stress test is suggestive but not confirmatory of coronary artery disease. Hence clinical co-relation is mandatory.

Ref. Doctor: CORPORATE

(Summary Report edited by user)

Doctor: Dr. Kavin Shah

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Dr. Kavin H. Shah
 M.B.B.S., D.CARD.
 MMC Regd. No.3488



MRS. PRIYA DUBEY (32 F)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2228120740

Date: 08-Oct-22

Exec Time: 0 m 0 s

Stage Time: 1 m 3 s

HR: 96 bpm

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

Stage: Supine

Speed: 0 mph

Grade: 0%

(THR: 159 bpm)

B.P.: 100/60

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

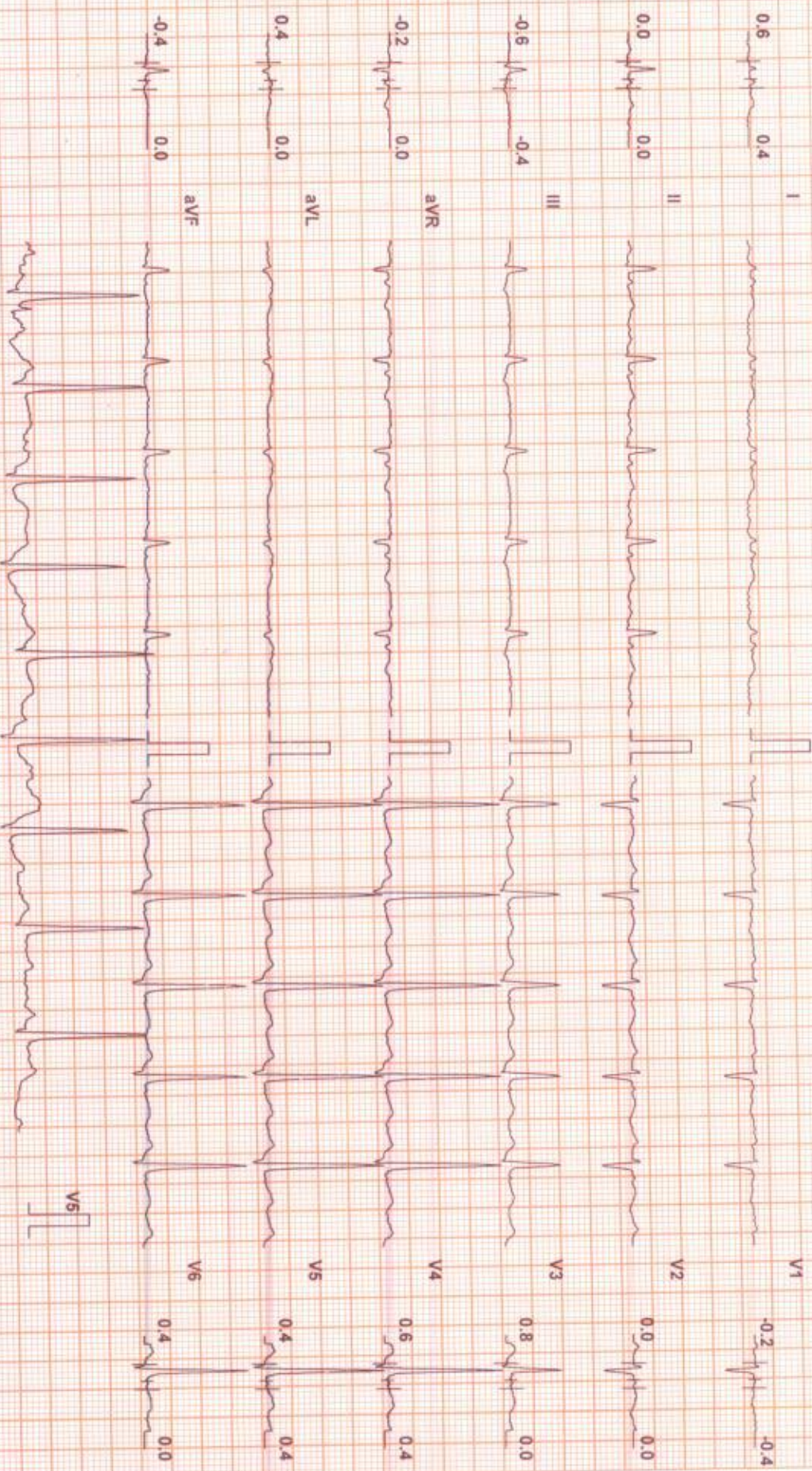


Chart Speed: 25 mm/sec
Schiller Spandien V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

60 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MRS. PRIYA DUBEY (32 F)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2228120740

Date: 08-Oct-22

Exec Time: 0 m 0 s

Stage Time: 0 m 2 s

HR: 78 bpm

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

Stage: Standing

Speed: 0 mph

Grade: 0%

(THR: 159 bpm)

B.P: 100/60

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

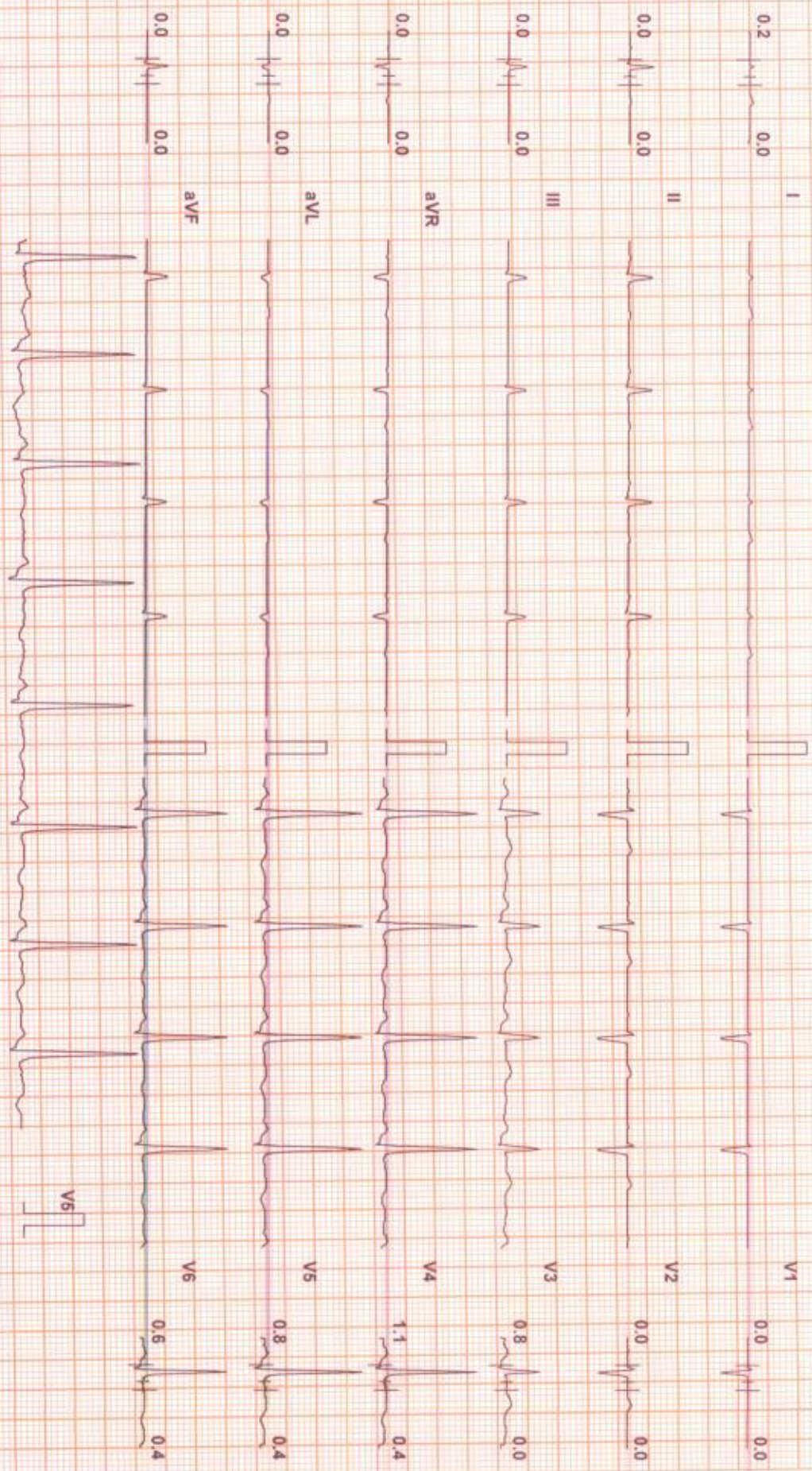


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

150 + R - 60 ms

J - R + 60 ms

Post J - R + 60 ms

Schiller Sphindoh V 4.7

Linked Median



MRS. PRIYA DUBEY (32 F)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2228120740

Date: 08-Oct-22

Exec Time : 0 m 0 s

Stage Time : 0 m 12 s HR: 78 bpm

Stage: Hyperventilation

Speed: 0 mph

Grade: 0%

(THR: 159 bpm)

B.P.: 100 / 60

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

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

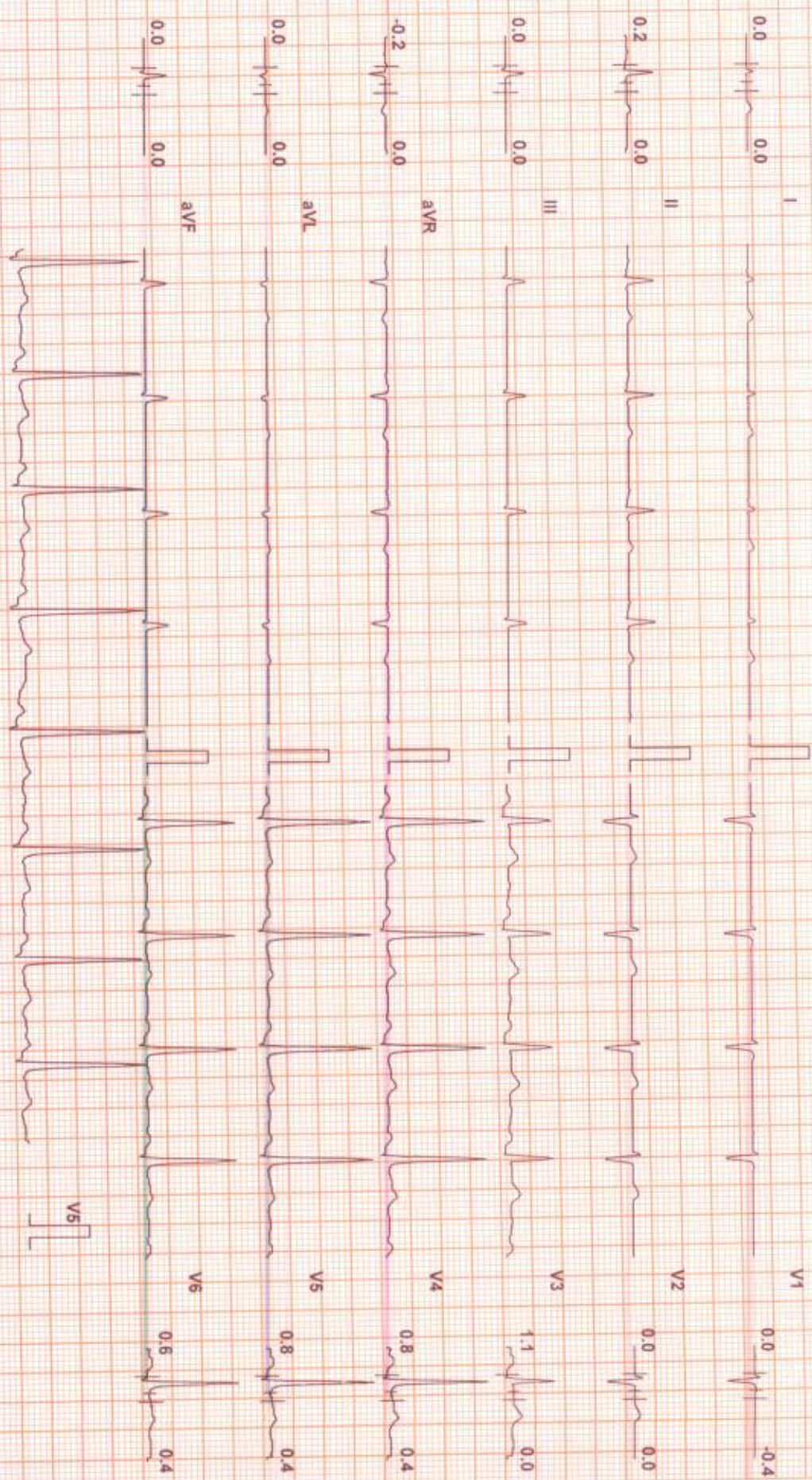


Chart Speed: 25 mm/sec
Schiller Spandax V 47

Filter: 35 Hz

Main Filter ON

Amp: 10 mm

50 = R - 50 ms

J = R - 60 ms

Post J = J - 60 ms

Linked Median



MRS. PRIYA DUBEY (32 F)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2228120740

Date: 08-Oct-22 Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 122 bpm

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

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 159 bpm)

B.P.: 110/60

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

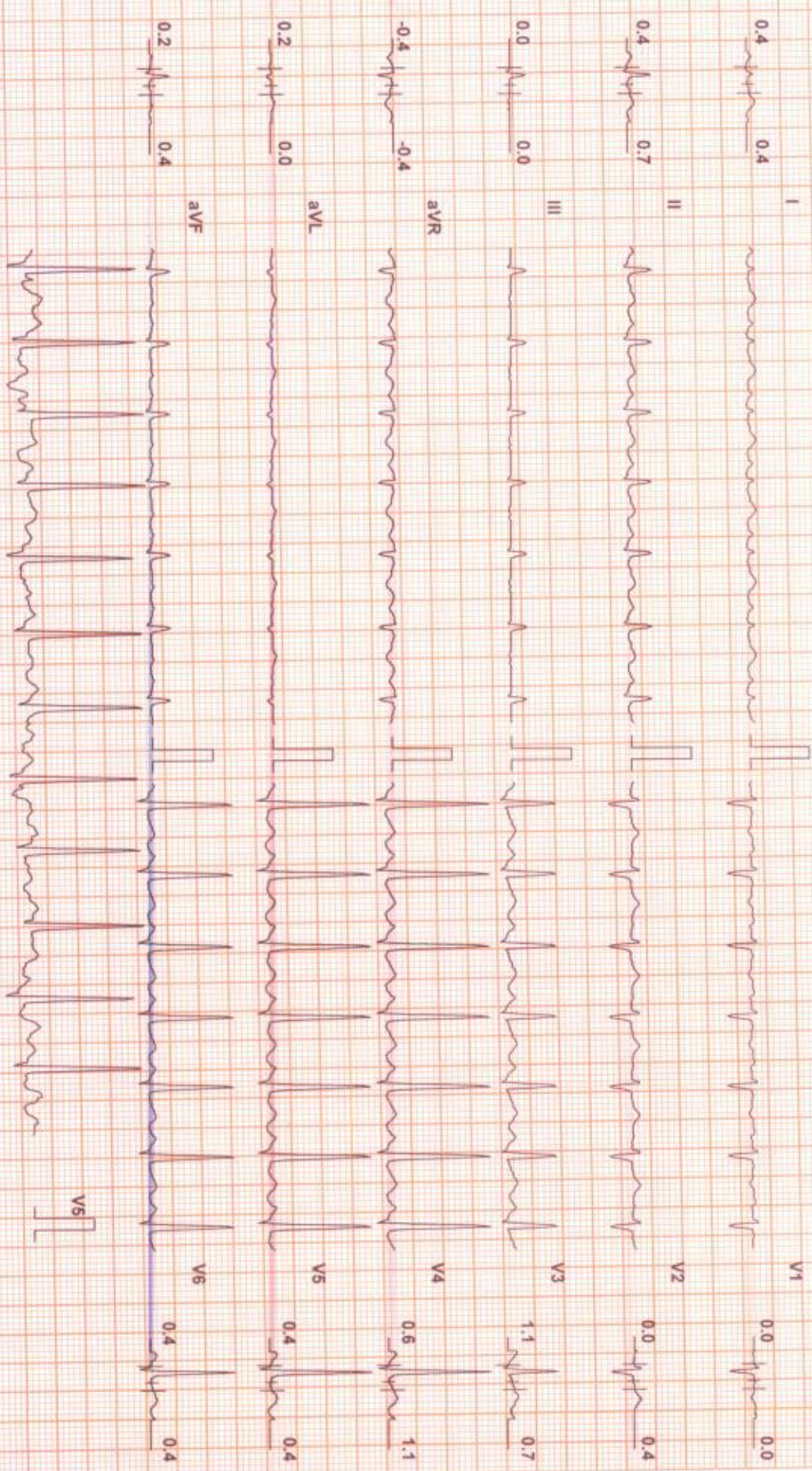


Chart Speed: 25 mm/sec
Schiller Spindler V 47

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

150 + R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MRS. PRIYA DUBEY (32 F)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

Stage: 2

Date: 08-Oct-22

Exec Time : 5 m 54 s

Stage Time : 2 m 54 s

HR: 139 bpm

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

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

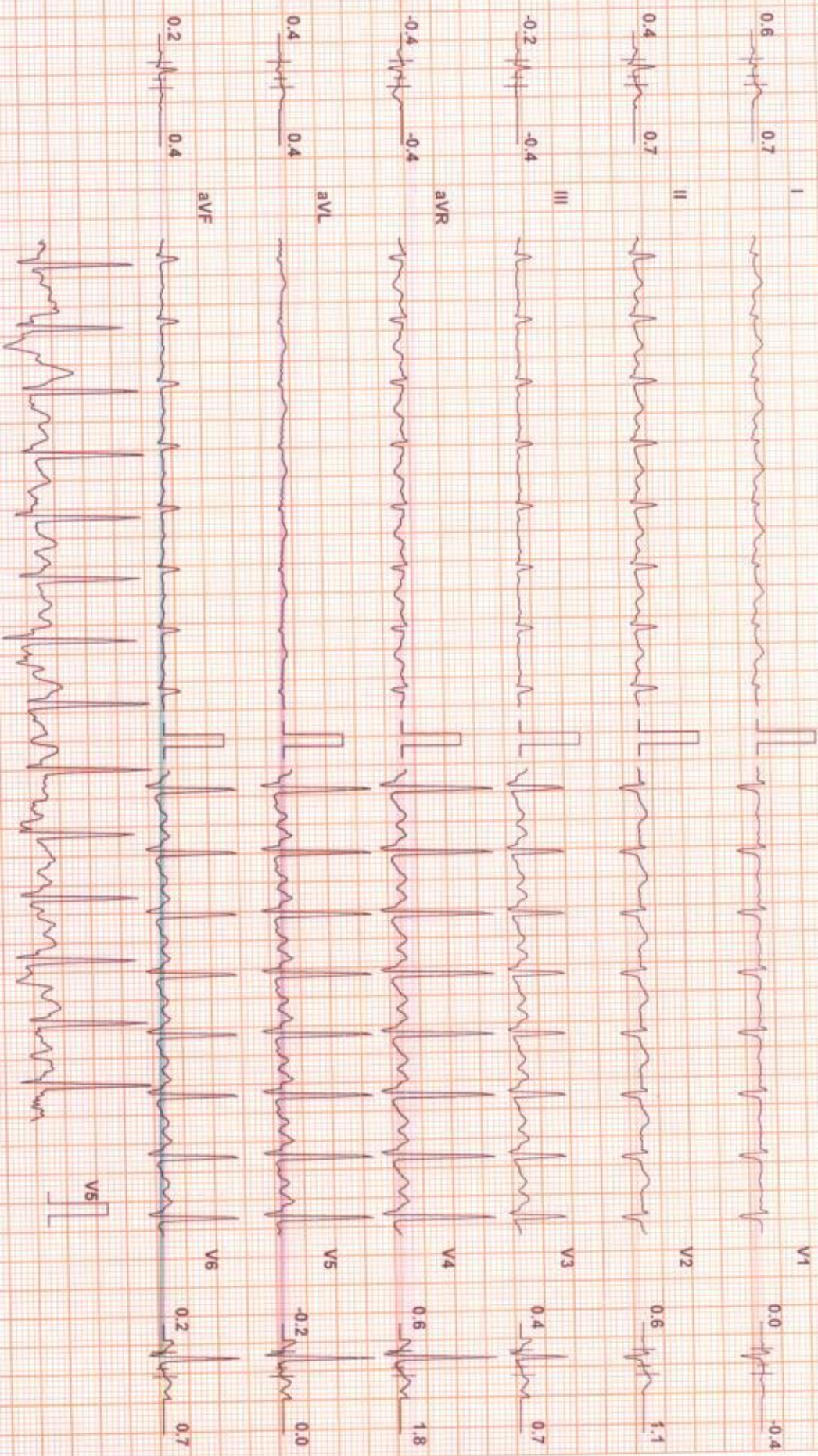


Chart Speed: 25 mm/sec
 Filter: 35 Hz
 Mains Filtr: ON
 Amp: 10 mm
 50 + R - 60 ms
 J = R + 60 ms
 Post J = V + 60 ms
 Schiller Spandani V 4.7
 Linked Median

MRS. PRIYA DUBEY (32 F)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2228120740

Date: 08-Oct-22

Exec Time : 6 m 59 s Stage Time : 0 m 59 s HR: 179 bpm

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 159 bpm)

B.P: 140 / 60

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

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

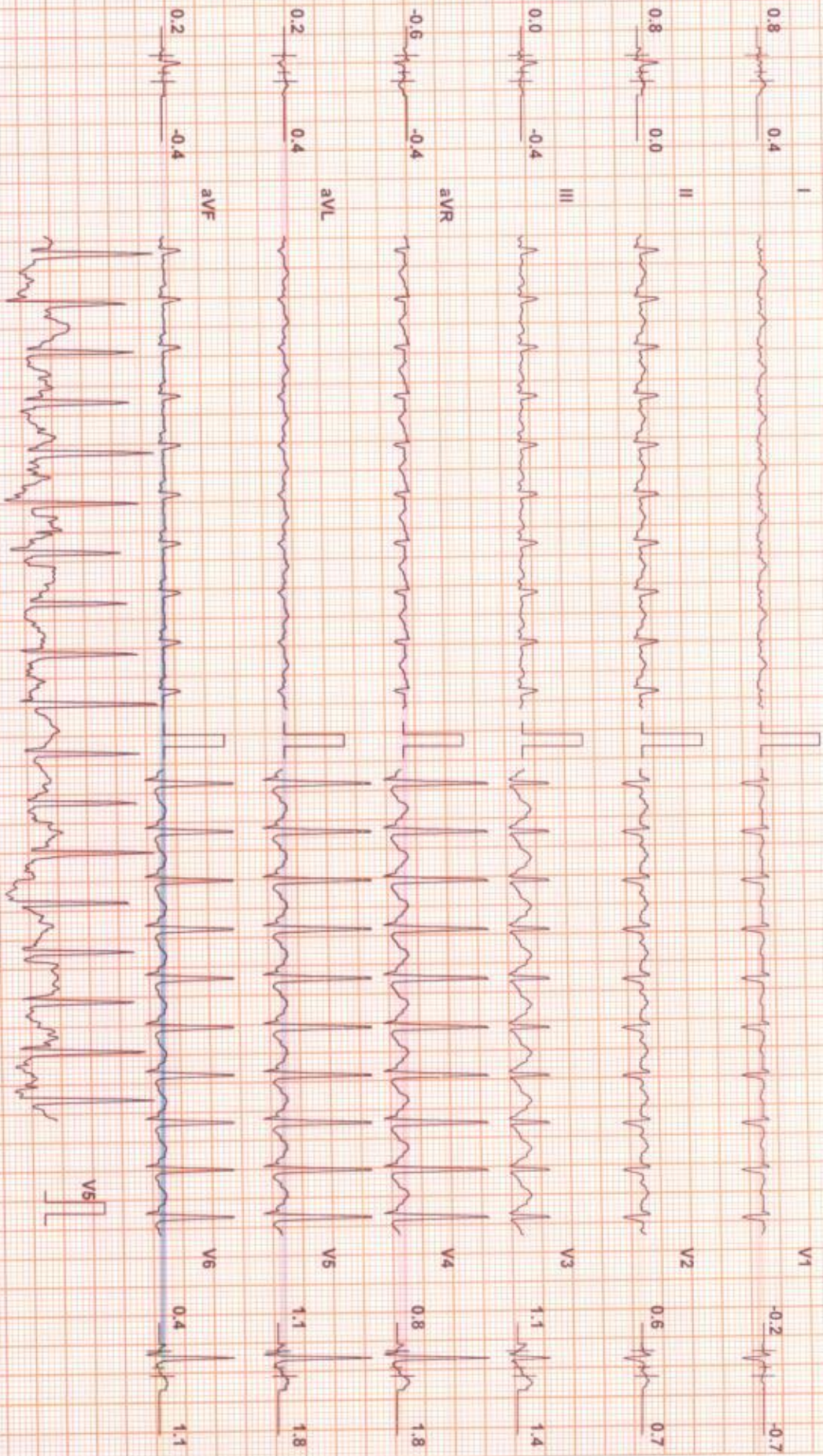


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

50 = R - 60 ms

J = R + 60 ms

Post J = T + 60 ms

Linked Median



MRS. PRIYA DUBEY (32 F)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2228120740

Date: 08-Oct-22

Exec Time : 7 m 5 s

Stage Time : 0 m 54 s

HR: 103 bpm

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

Stage: Recovery(1) Speed: 1 mph Grade: 0%

(THR: 159 bpm) B.P: 140/60

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

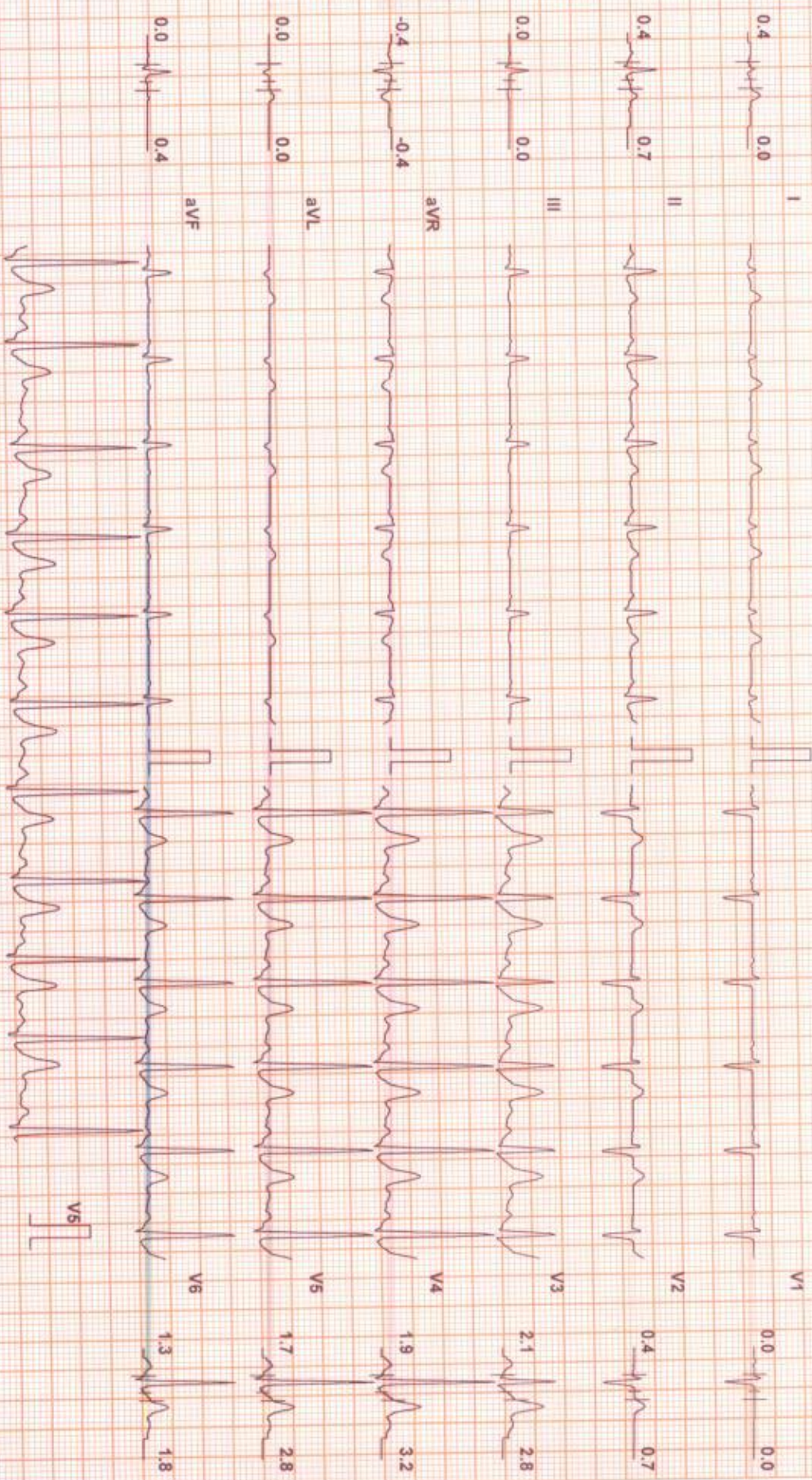


Chart Speed: 25 mm/sec
Schwiler Spandani V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

150 + R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MRS. PRIYA DUBEY (32 F)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

ID: 2228120740

Date: 08-Oct-22

Exec Time : 7 m 5 s

Stage Time : 0 m 54 s HR: 95 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 159 bpm)

B:P: 120 / 60

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

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

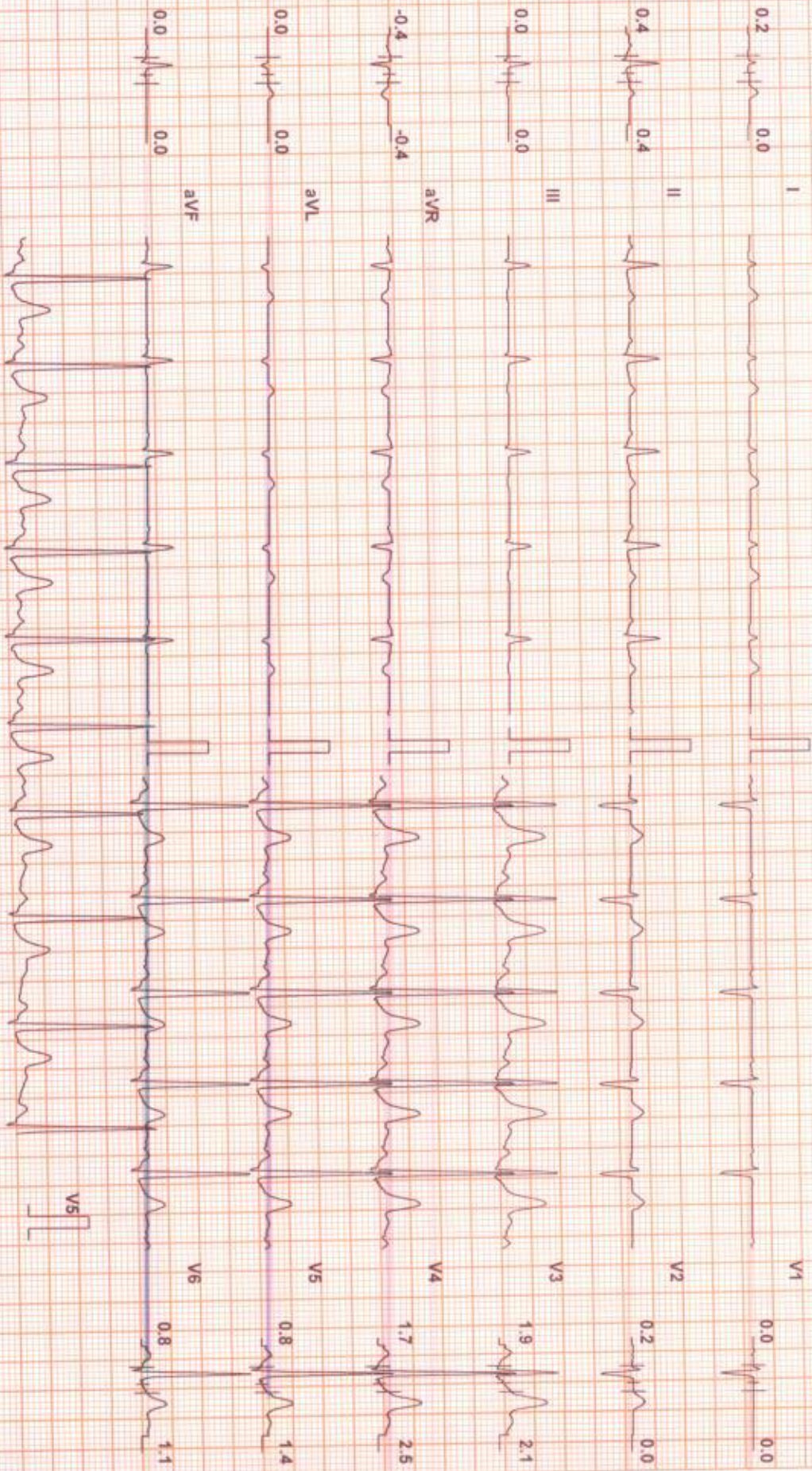


Chart Speed: 25 mm/sec
Schlierer Spindler V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

100 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MRS. PRIYA DUBEY (32 F)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2228120740

Date: 08-Oct-22

Exec Time : 7 m 5 s

Stage Time : 0 m 54 s

HR: 95 bpm

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

Stage: Recovery(3)

Speed: 0 mph

Grade: 0%

(THR: 159 bpm)

B.P: 120 / 60

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

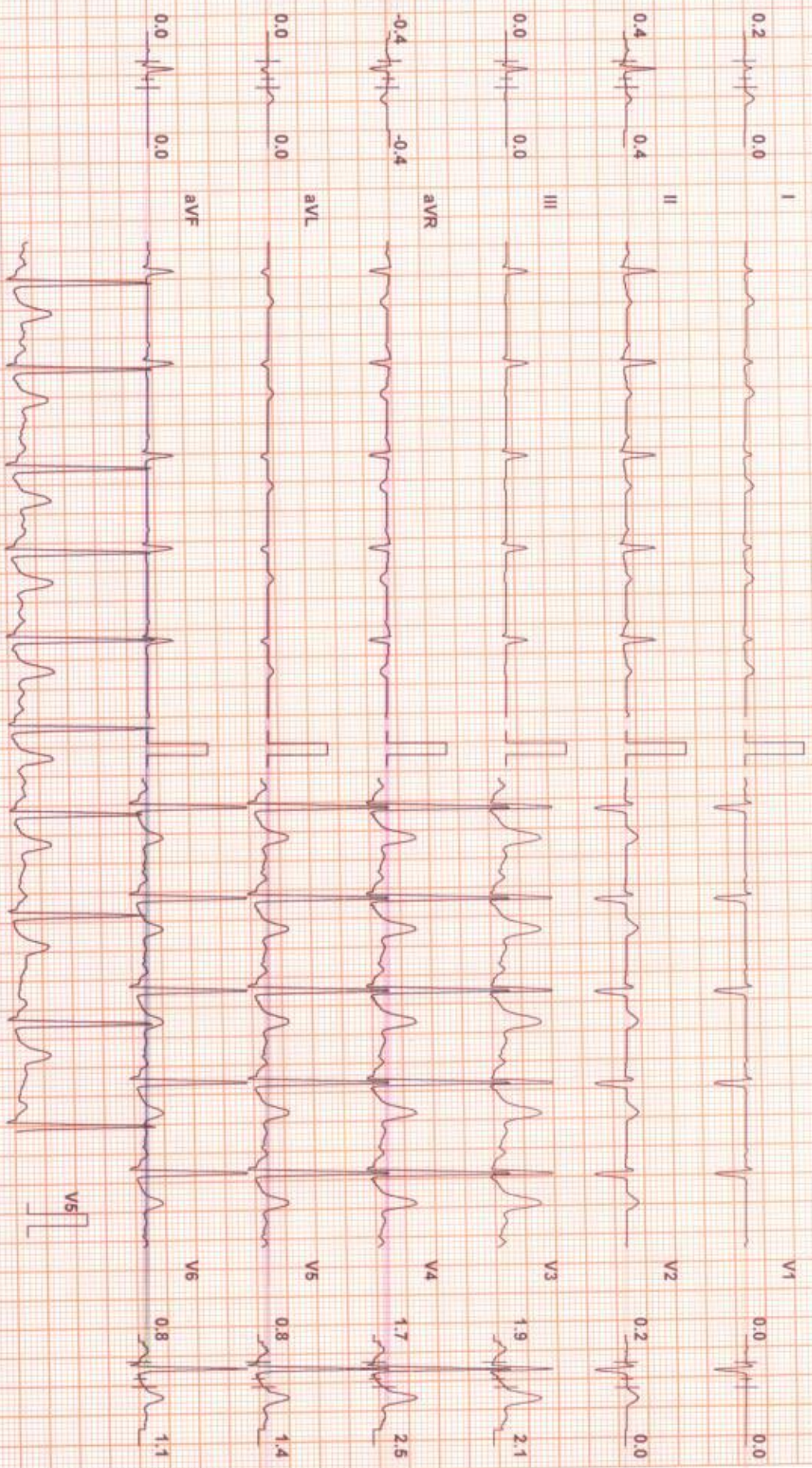


Chart Speed: 25 mm/sec
Schiller Standard V47

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

50 = R - 60 ms

J = R + 60 ms

Post J = + 60 ms

Linked Median



Use a QR Code Scanner
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CID : 2228120740
Name : Mrs PRIYA DUBEY
Age / Sex : 32 Years/Female
Ref. Dr :
Reg. Location : Thane Kasarvadavali Main Centre
Reg. Date : 08-Oct-2022
Reported : 08-Oct-2022 / 11:28

USG ABDOMEN AND PELVIS (TRANSABDOMINAL)

LIVER:

Liver appears normal in size and echotexture. 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:

Visualised pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS:

Right kidney measures 10.0 x 4.1 cm. Left kidney measures 9.5 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 6.5 x 4.0 x 3.7 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 5.3 mm. Cervix appears normal.

OVARIES:

Both ovaries are normal.

No free fluid or significant lymphadenopathy is seen.

Click here to view images [http://3.111.232.119/iRISViewer/NeoradViewer?
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Use a QR Code Scanner
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CID : 2228120740
Name : Mrs PRIYA DUBEY
Age / Sex : 32 Years/Female
Ref. Dr :
Reg. Location : Thane Kasarvadavali Main Centre

Reg. Date : 08-Oct-2022
Reported : 08-Oct-2022 / 11:28

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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-----

This report is prepared and physically checked by DR GAURAV FARTADE before dispatch.

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

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Use a QR Code Scanner
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CID : 2228120740
Name : Mrs PRIYA DUBEY
Age / Sex : 32 Years/Female
Ref. Dr :
Reg. Location : Thane Kasarvadavali Main Centre

Reg. Date : 08-Oct-2022
Reported : 08-Oct-2022 / 12:25

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-----

This report is prepared and physically checked by DR GAURAV FARTADE before dispatch.

G. R. Fartade

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

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