

Name : Ms . MADNAWAT PRATIKSHA
VID : 2313319277
Ref By : Arcofemi Healthcare Limited

Reg Date : 13-May-2023 09:51
Age/Gender : 30 Years
Regn Centre : Andheri West (Main Centre)

History and Complaints:

Asymptomatic

EXAMINATION FINDINGS:

Height (cms):	157 cms	Weight (kg):	53.7 lgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	120/70 mm	Nails:	Normal
Pulse:	74/min	Lymph Node:	Not palpable

Systems

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

IMPRESSION:

All reports appears to be in normal limits.

ADVICE:

Repeat urine after periods,
Therapeutic life style modification is advised.

CHIEF COMPLAINTS:

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

Print Date : 16-May-2023 11:52

Page:1 of 2

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.

CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar (W), Mumbai - 400086.

HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnosics.com | WEBSITE: www.suburbandiagnosics.com

Corporate Identity Number (CIN): U85110MH2002PTC136144

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17) Musculoskeletal System NO

PERSONAL HISTORY:

- 1) Alcohol NO
- 2) Smoking NO
- 3) Diet Veg
- 4) Medication Yes, Multivitamin

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



CID : 2313319277
Name : MS.MADNAWAT PRATIKSHA
Age / Gender : 30 Years / Female
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

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Reported : 13-May-2023 / 13:33

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	4.59	3.8-4.8 mil/cmm	Elect. Impedance
PCV	42.6	36-46 %	Calculated
MCV	92.8	80-100 fl	Measured
MCH	30.0	27-32 pg	Calculated
MCHC	32.3	31.5-34.5 g/dL	Calculated
RDW	13.6	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	5740	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	32.1	20-40 %	
Absolute Lymphocytes	1840	1000-3000 /cmm	Calculated
Monocytes	7.4	2-10 %	
Absolute Monocytes	420	200-1000 /cmm	Calculated
Neutrophils	54.4	40-80 %	
Absolute Neutrophils	3130	2000-7000 /cmm	Calculated
Eosinophils	5.7	1-6 %	
Absolute Eosinophils	330	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	20	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
PLATELET PARAMETERS			
Platelet Count	311000	150000-400000 /cmm	Elect. Impedance
MPV	11.0	6-11 fl	Measured
PDW	19.8	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		

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Reported : 13-May-2023 / 12:26

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 5 2-20 mm at 1 hr. Sedimentation

*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)



CID : 2313319277
Name : MS.MADNAWAT PRATIKSHA
Age / Gender : 30 Years / Female
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Reg. Location : Andheri West (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	79.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	88.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.34	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.18	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	20.4	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	17.1	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	14.6	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	65.7	35-105 U/L	Colorimetric
BLOOD UREA, Serum	13.5	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.71	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	103	>60 ml/min/1.73sqm	Calculated

Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation

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URIC ACID, Serum	4.8	2.4-5.7 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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



Anupa

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

CID : 2313319277
Name : MS.MADNAWAT PRATIKSHA
Age / Gender : 30 Years / Female
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)



Collected : 13-May-2023 / 10:02
Reported : 13-May-2023 / 13:30

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	102.5	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 ***



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Dr. JYOT THAKKER
M.D. (PATH), DPB
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Collected : 13-May-2023 / 10:02
Reported : 13-May-2023 / 15:04

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	-
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	Chemical Indicator
Volume (ml)	20	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	3+	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	25-30	0-2/hpf	
Epithelial Cells / hpf	6-8		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	++	Absent	
Others	-	Less than 20/hpf	

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 insert

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



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Reg. Location : Andheri West (Main Centre)



Collected : 13-May-2023 / 10:02
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	AB
Rh TYPING	POSITIVE

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

Specimen: EDTA Whole Blood and/or serum

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

Limitations:

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

References:

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

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	179.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	93.5	Normal: <150 mg/dl Bordertine-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	43.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	135.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	117.0	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	18.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.2	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 CPL, Andheri West
*** End Of Report ***



J. Thakker

Dr.JYOT THAKKER
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Collected : 13-May-2023 / 10:02
Reported : 13-May-2023 / 11:52

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	3.6	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.6	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	3.31	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0 mIU/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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*** End Of Report ***



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

Date:- 13/5/2023

CID: 2313319277

Name:- madanawati Pratiksha

Sex / Age: 30 / M

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

} No/

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—	—	—	6/6	—	—	—	6/6
Near	—	—	—	N5	—	—	—	N5

Colour Vision: Normal / Abnormal

Remark: Normal vision



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Reported : 13-May-2023 / 14:34

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (12.6cm), 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 8.4 x 4.4cm. Left kidney measures 9.5 x 3.6cm.

SPLEEN:

The spleen is normal in size (8.4cm) 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 5.8 x 4.1 x 3.2cm in size.
The endometrial thickness is 7.8mm.

OVARIES:

Both the ovaries are well visualised and appears normal.
There is no evidence of any ovarian or adnexal mass seen.
Right ovary = 3.3 x 1.4cm Left ovary = 2.4 x 1.5cm.

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Reported : 13-May-2023 / 14:34

IMPRESSION:-

No significant abnormality is seen.

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

DR. NIKHIL DEV
M.B.B.S, MD (Radiology)
Reg No – 2014/11/4764
Consultant Radiologist

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 Age / Sex : 30 Years/Female
 Ref. Dr :
 Reg. Location : Andheri West (Main Center)

Reg. Date : 13-May-2023
 Reported : 15-May-2023 / 8:50

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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.

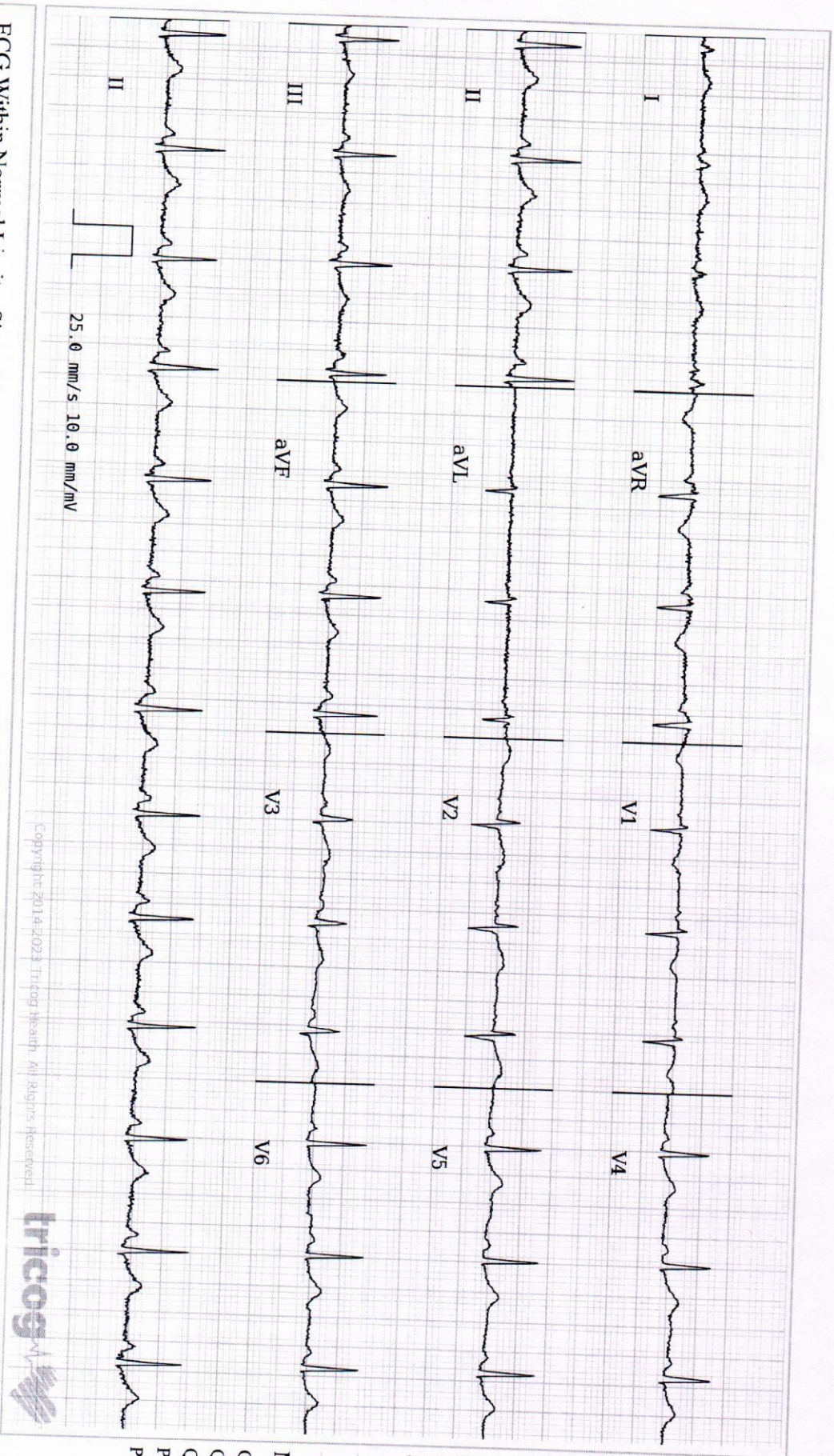
-----End of Report-----

R K Bhandari

Dr R K Bhandari
 M D , DMRE
 MMC REG NO. 34078

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Page no 1 of 1



Age **30** **6** **1**
years months days

Gender **Female**

Heart Rate **79bpm**

Patient Vitals

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

Measurements

QRSD: 66ms
QT: 376ms
QTcB: 431ms
PR: 118ms
P-R-T: 64° 81° 63°

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

REPORTED BY

[Signature]

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

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Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical physician 2) Patient vitals are as entered by the clinician and not derived from the ECG.

3) symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified

SUBURBAN DIAGNOSTICS

Patient Details **Date:** 13-May-23 **Time:** 12:41:31
Name: MADNAWAT PRATIKSHA ID: 2313319277
Age: 30 y **Sex:** F **Height:** 157 cms **Weight:** 53 Kgs
Clinical History: NONE

Medications: NONE

Test Details

Protocol: Bruce **Pr.MHR:** 190 bpm **THR:** 161 (85 % of Pr.MHR) bpm
Total Exec. Time: 7 m 3 s **Max. HR:** 172 (91% of Pr.MHR)bpm **Max. Mets:** 10.20
Max. BP: 150 / 70 mmHg **Max. BP x HR:** 25800 mmHg/min **Min. BP x HR:** 194 mmHg/min
Test Termination Criteria: Target HR attained

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	1 : 35	1.0	0	0	97	120 / 70	-0.42 III	1.77 II
Standing	0 : 7	1.0	0	0	99	120 / 70	-0.21 III	0.71 II
Hyperventilation	1 : 11	1.0	0	0	100	120 / 70	-1.49 II	2.83 II
1	3 : 0	4.6	1.7	10	139	130 / 70	-1.91 III	1.77 II
2	3 : 0	7.0	2.5	12	164	140 / 70	-2.55 II	1.77 II
Peak Ex	1 : 3	10.2	3.4	14	172	150 / 70	-2.34 II	3.18 II
Recovery(1)	1 : 0	1.8	1	0	144	130 / 70	-1.91 III	4.25 II
Recovery(2)	1 : 0	1.0	0	0	120	120 / 2	-0.85 aVR	4.25 II
Recovery(3)	0 : 14	1.0	0	0	117	120 / 70	-0.42 aVR	2.48 II

Interpretation

GOOD EFFORT TOLERANCE
 ACCELERATED CHRONOTROPIC RESPONSE
 NORMAL INOTROPIC RESPONSE
 NO ANGINA/ ANGINA EQUIVALENTS
 NO ARRHYTHMIAS
 NO SIGNIFICANT ST-T CHANGES FROM BASELINE
 IMPRESSION: STRESS TEST IS NEGATIVE FOR STRESS INDUCIBLE ISCHAEMIA

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

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

Dr. Ravi Chavan
 MD / D Card
 Consultant Cardiologist
 Reg. No.: 2004/06/2468

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



Protocol: Bruce

ID: 2313319277

Date: 13-May-23

Exec Time : 0 m 0 s

Stage Time : 1 m 29 s **HR: 94 bpm**

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 161 bpm)

B.P: 120 / 70

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

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

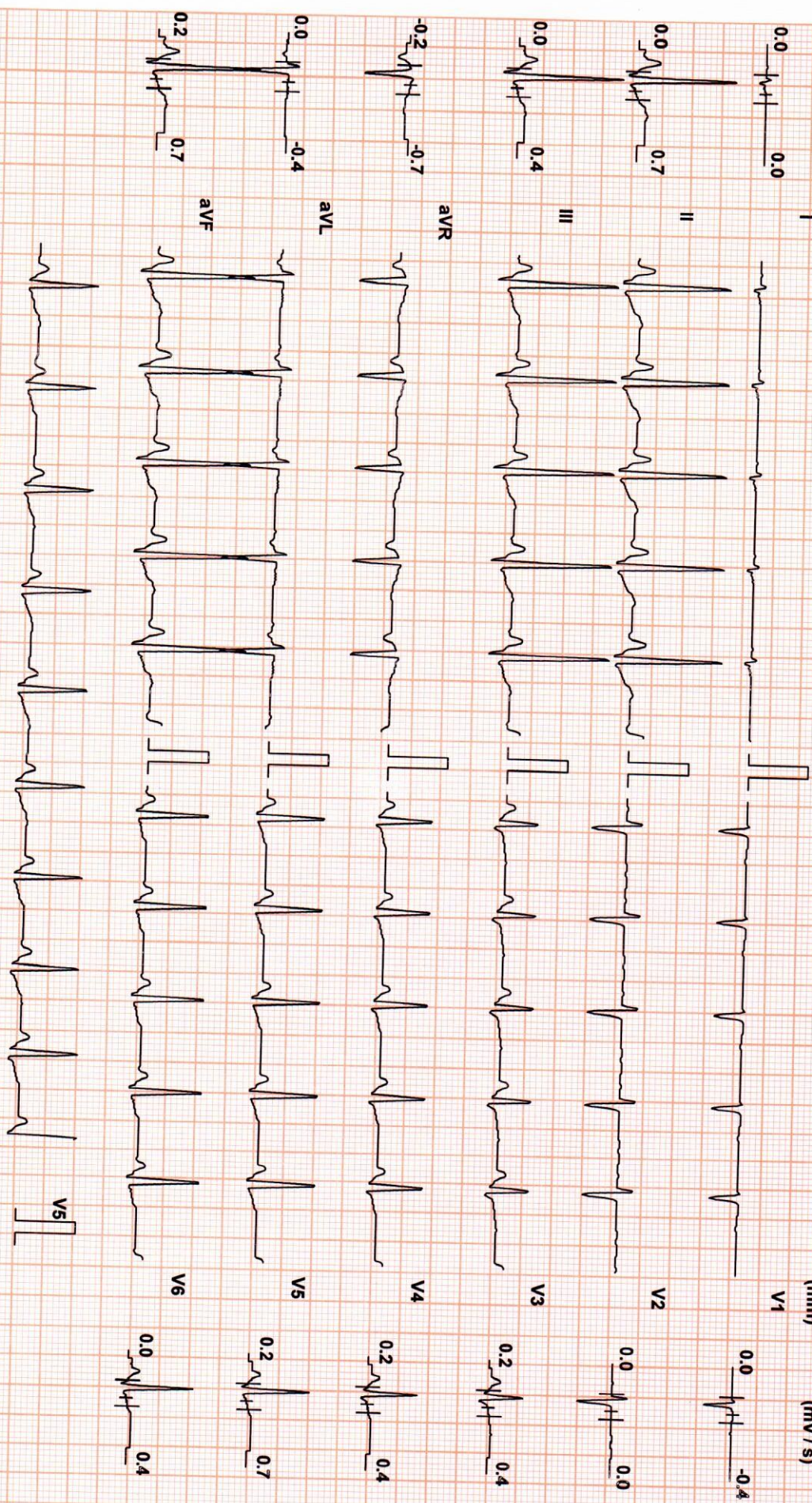


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0%

(THR: 161 bpm)

B.P: 120/70

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

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

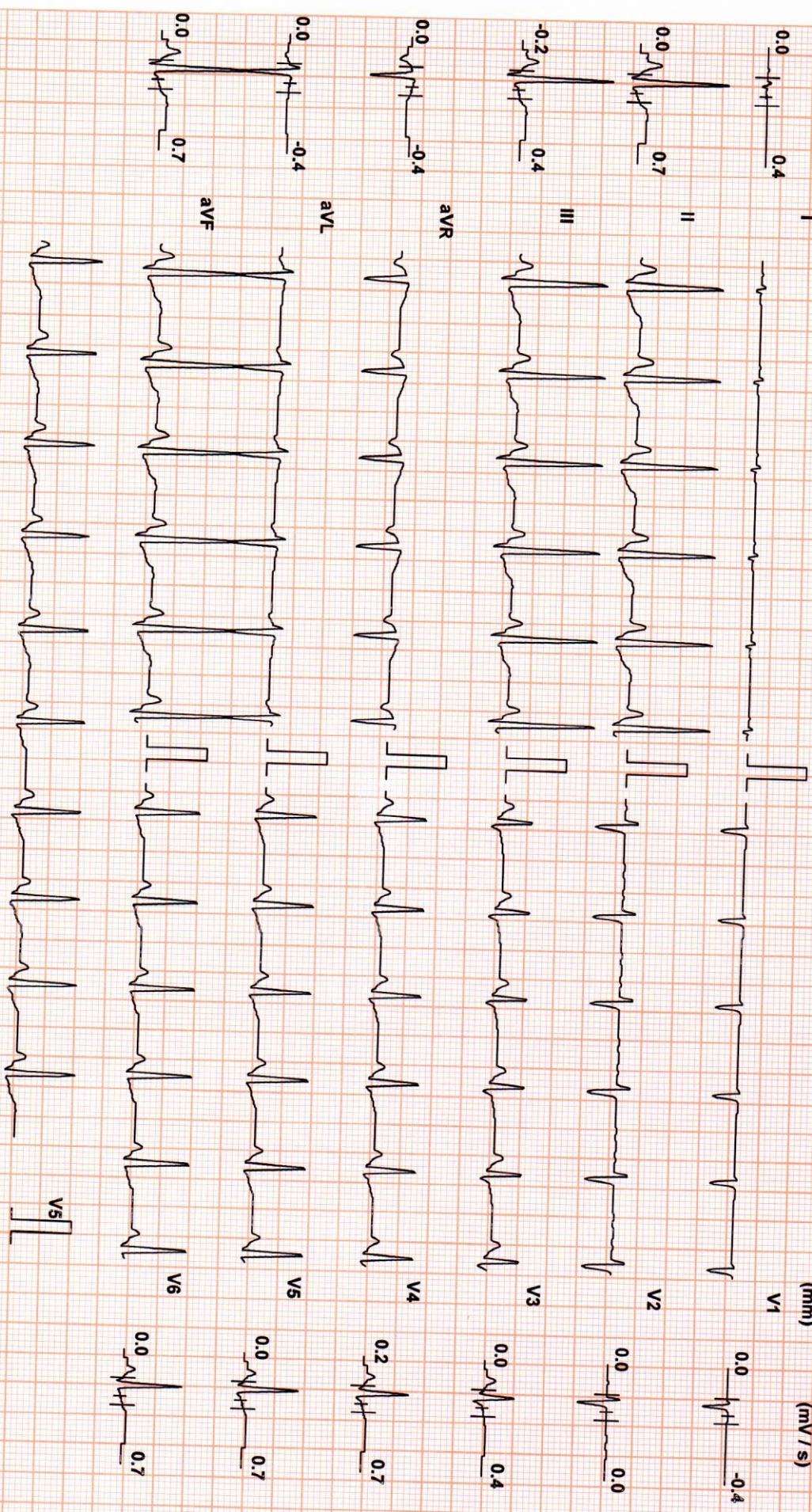


Chart Speed: 25 mm/sec
Schlifer Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



Protocol: Bruce

ID: 2313319277

Date: 13-May-23

Exec Time : 0 m 0 s

Stage Time : 1 m 5 s

HR: 105 bpm

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 161 bpm)

B.P: 120 / 70

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

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

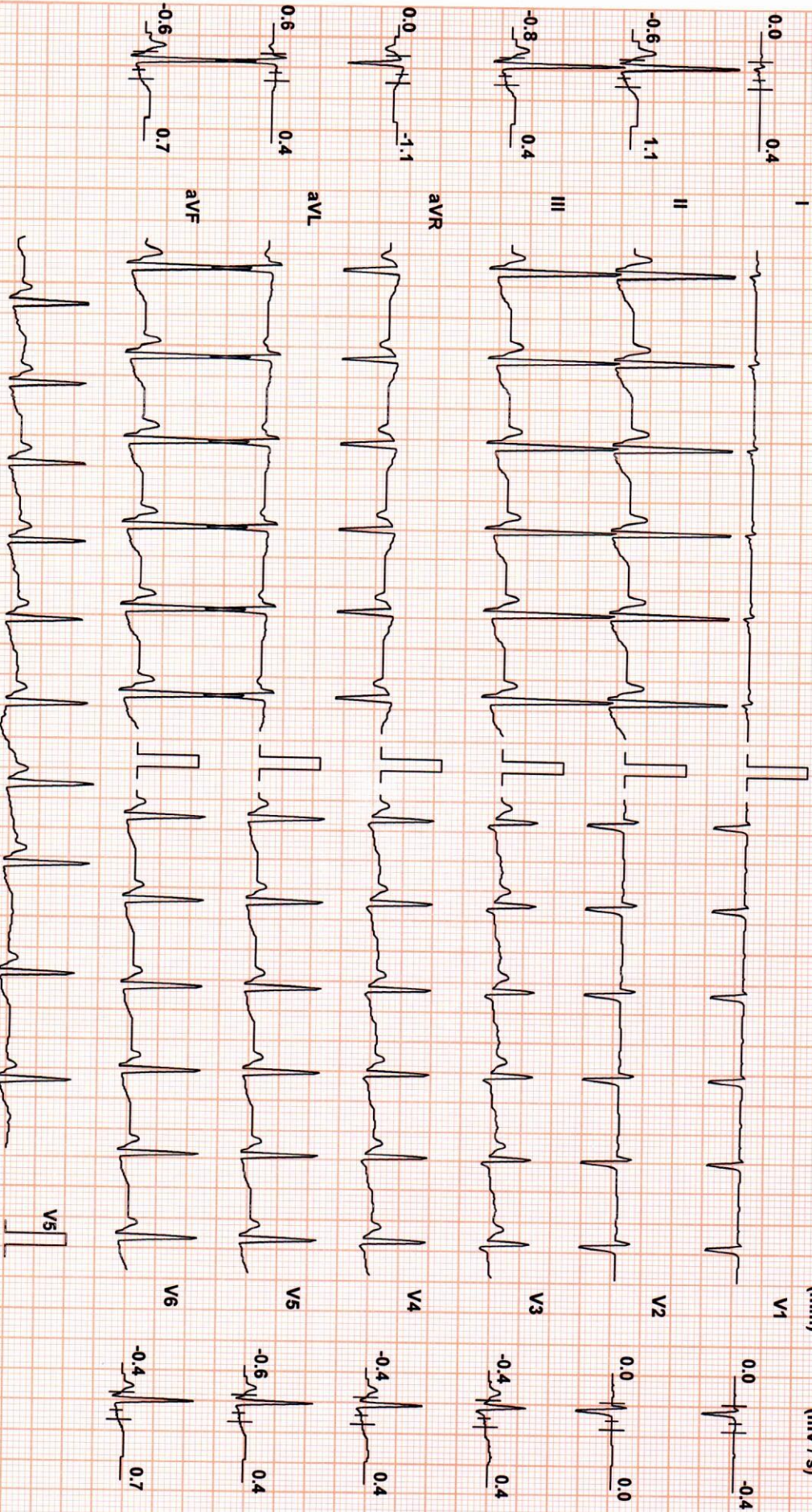


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

Linked Median



Protocol: Bruce

ID: 2313319277

Date: 13-May-23

Exec Time : 2 m 54 s Stage Time : 2 m 54 s **HR: 138 bpm**

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 161 bpm)

B.P: 130 / 70

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

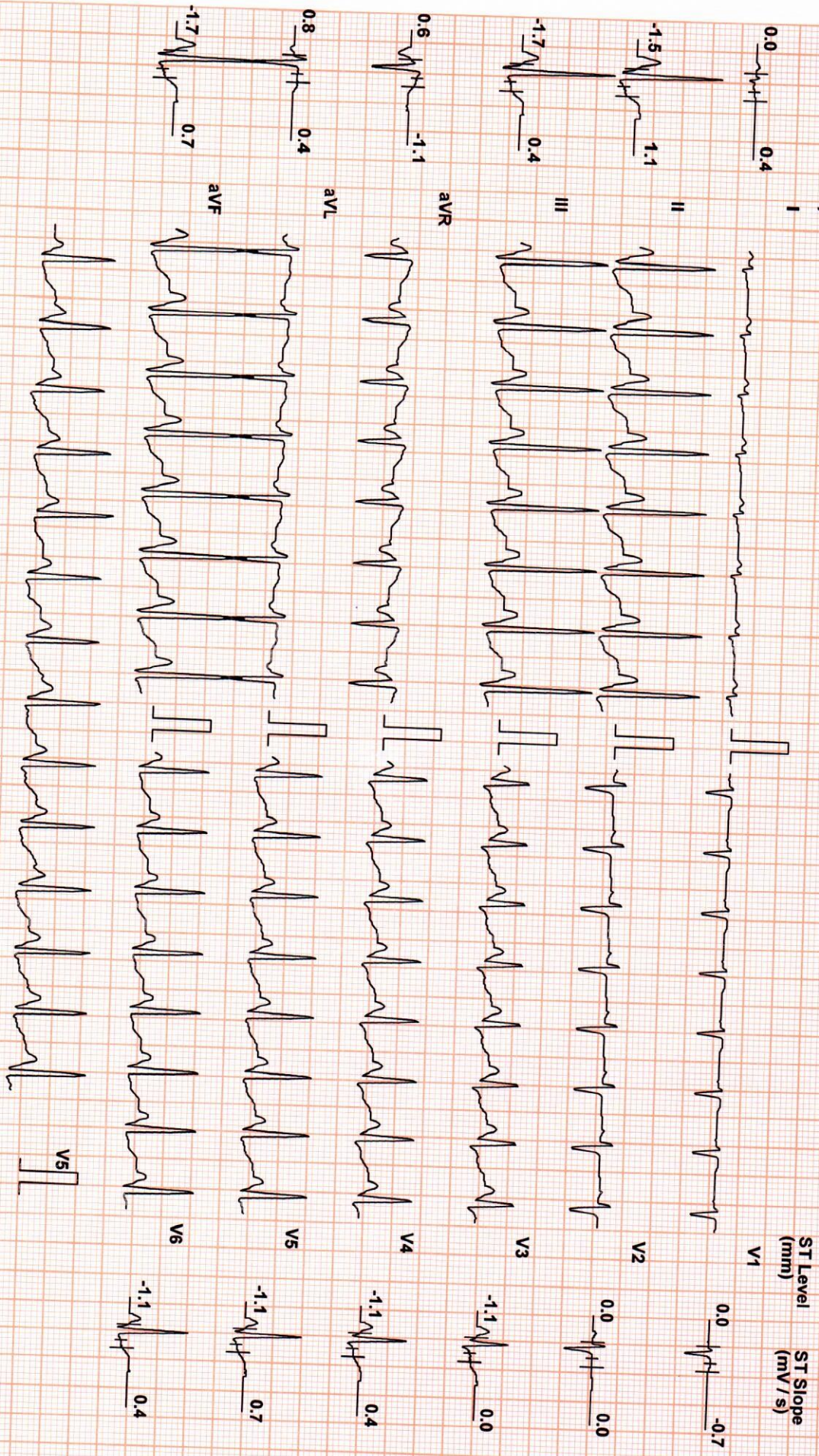


Chart Speed: 25 mm/sec
Schiller Spanden V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



ID: 2313319277

Date: 13-May-23 Exec Time : 5 m 54 s Stage Time : 2 m 54 s **HR: 163 bpm**

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 161 bpm)

B.P: 140 / 70

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

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

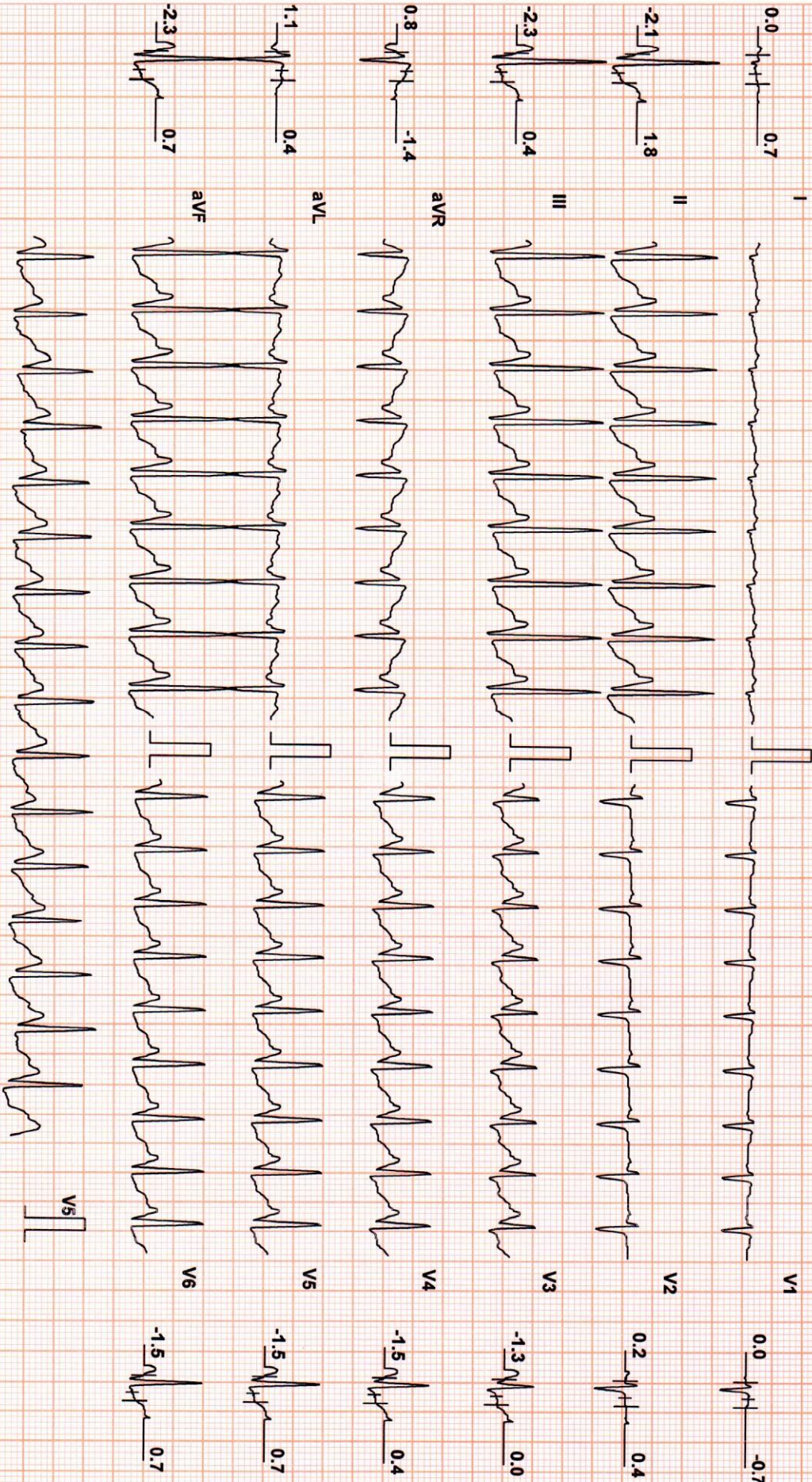


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spanden V 4.7

Linked Median



SUBURBAN DIAGNOSTICS

Test Report

MADNAWAT PRATIUKSHA (30 F)

ID: 2313319277

Date: 13-May-23

Exec Time : 6 m 57 s Stage Time : 0 m 57 s HR: 172 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 161 bpm)

B.P.: 150 / 70

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

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

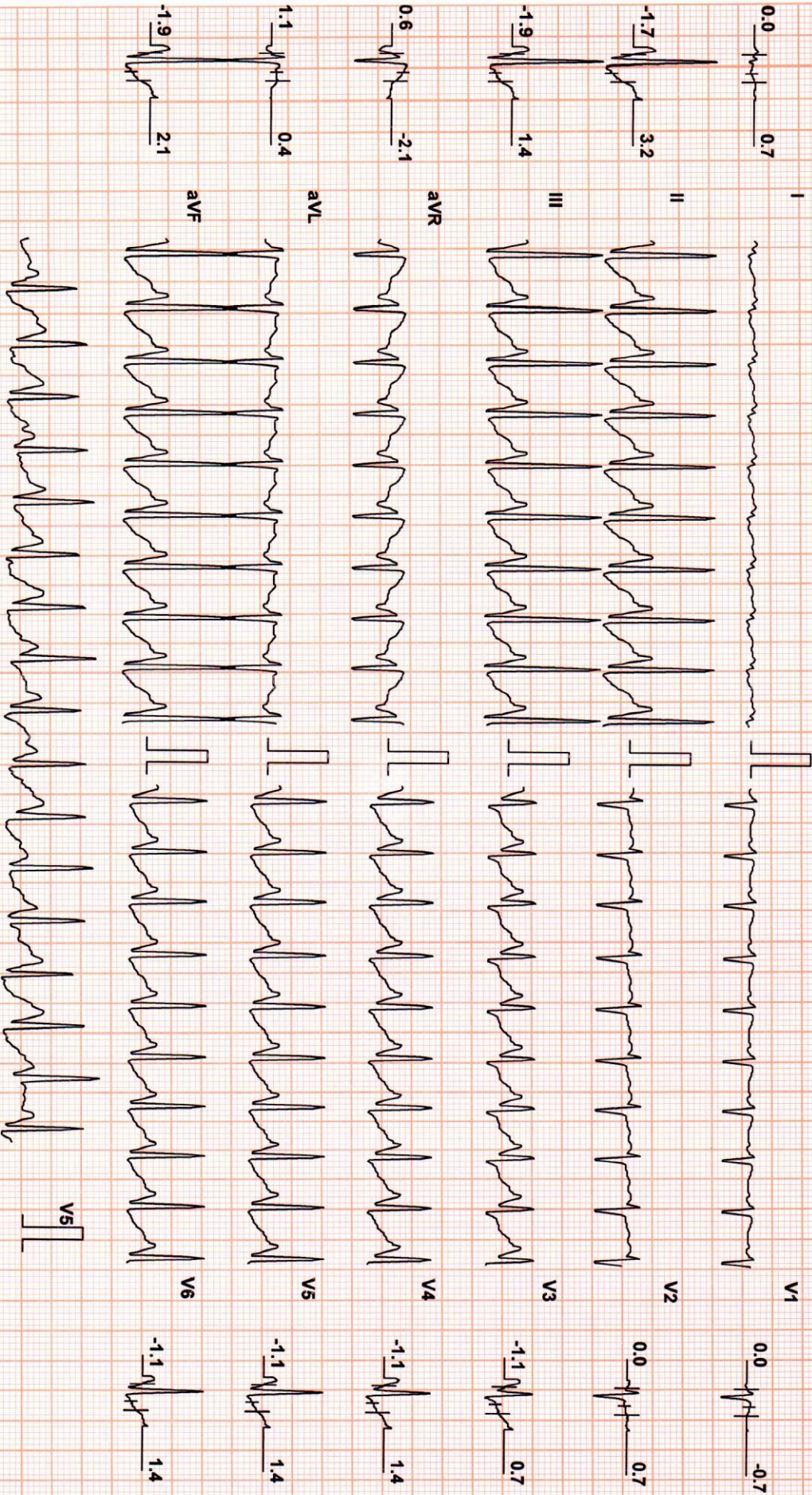


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spardan V 4.7

Linked Median



SUBURBAN DIAGNOSTICS

Test Report

MADNAWAT PRATIKSHA (30 F)

ID: 2313319277

Date: 13-May-23

Exec Time : 7 m 3 s

Stage Time : 0 m 54 s **HR: 150 bpm**

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 161 bpm)

B.P: 130 / 70

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

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

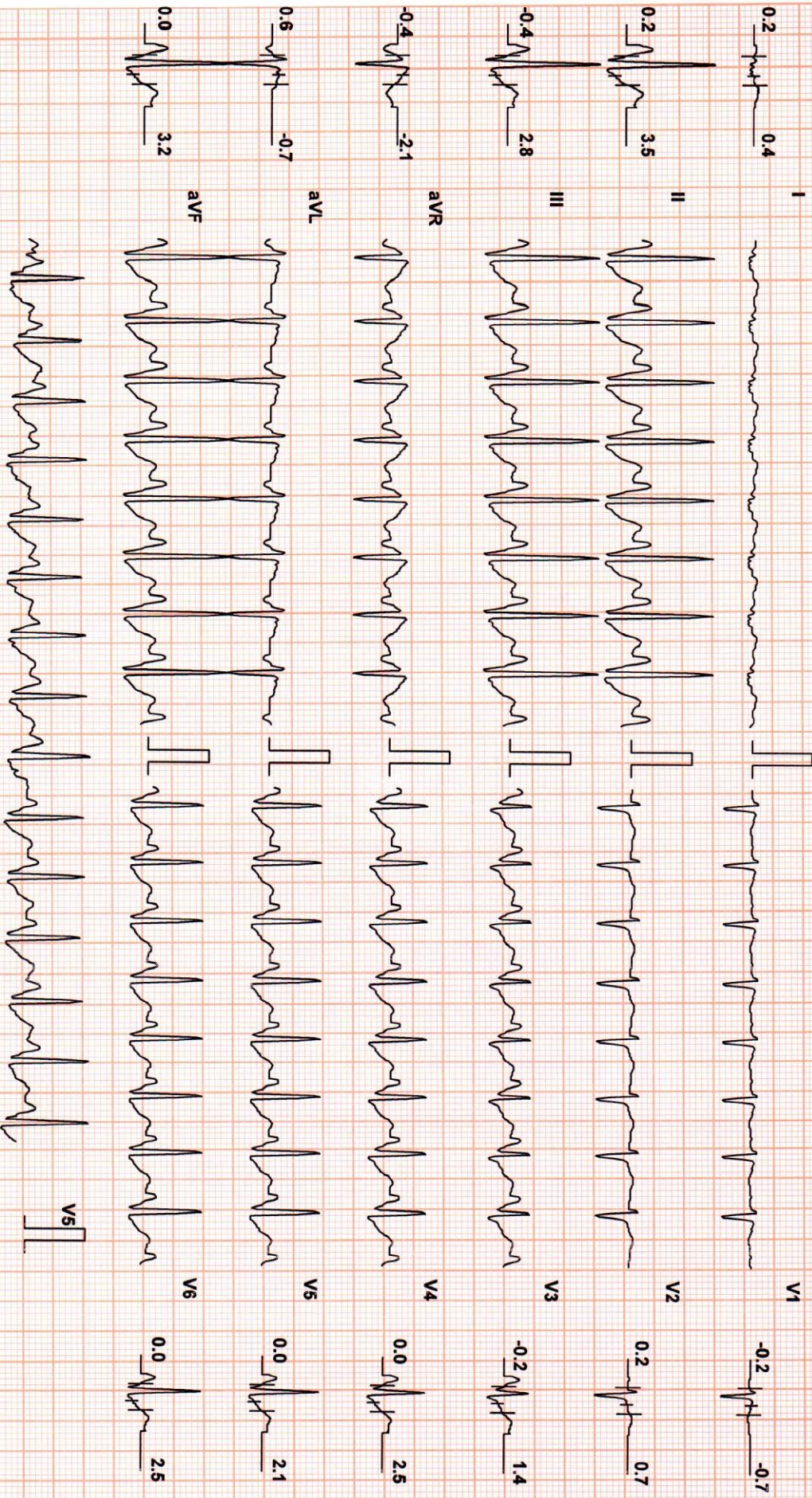


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandam V 4.7

Linked Median



ID: 2313319277

Date: 13-May-23

Exec Time : 7 m 3 s

Stage Time : 0 m 54 s

HR: 128 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 161 bpm)

B.P: 120 / 2

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

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

I

V1

-0.2 0.0

-0.4 -1.1

II

V2

-0.2 1.4

1.3 3.2

III

V3

0.0 1.4

-0.2 0.7

aVR

V4

0.4 -0.7

0.0 1.4

aVL

V5

0.0 -0.4

-0.4 0.7

aVF

V6

-0.4 1.1

0.0 1.1

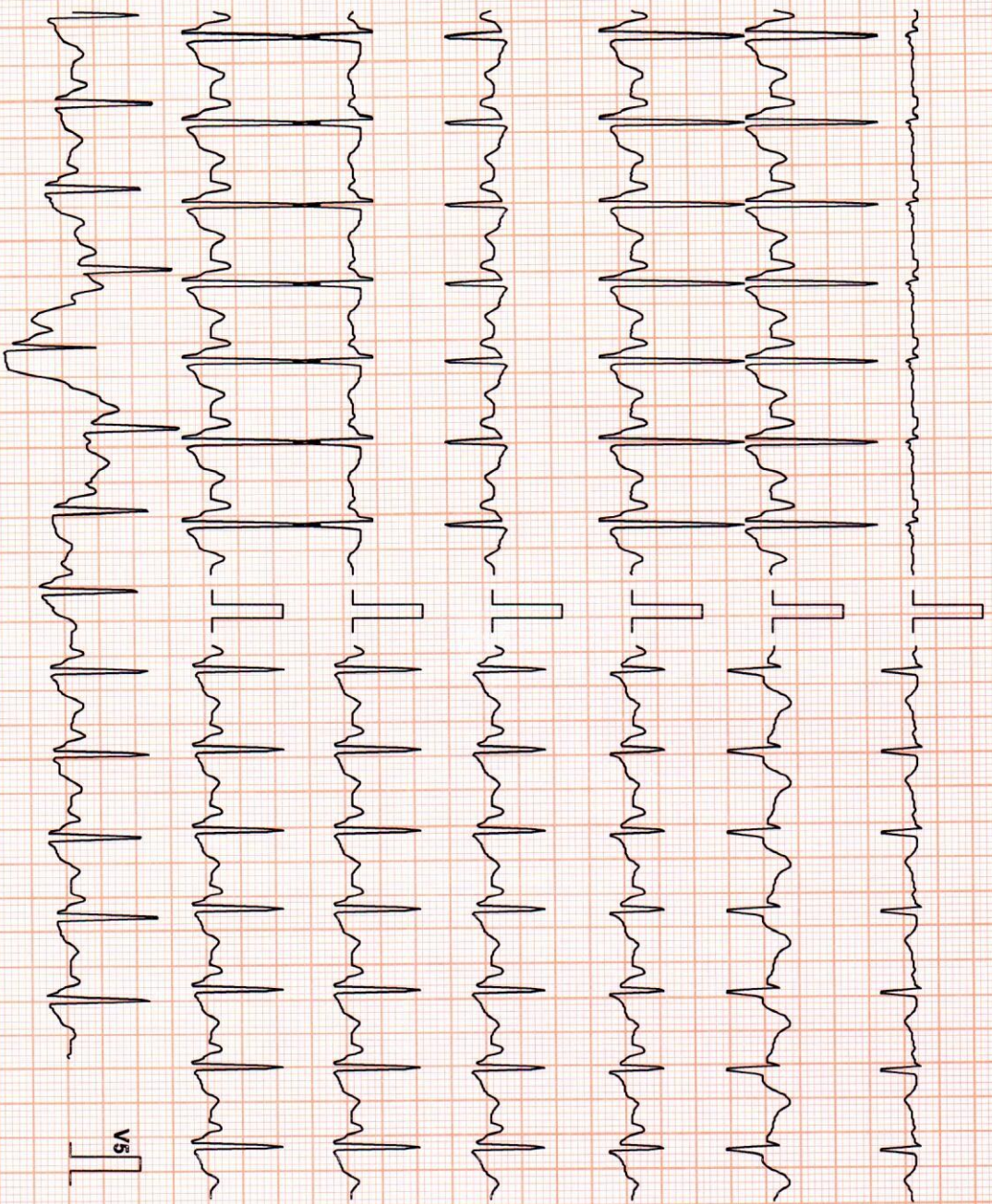


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

Linked Median

Protocol: Bruce

ID: 2313319277

Date: 13-May-23

Exec Time : 7 m 3 s

Stage Time : 0 m 8 s

HR: 115 bpm

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 161 bpm)

B.P: 120 / 70

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

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

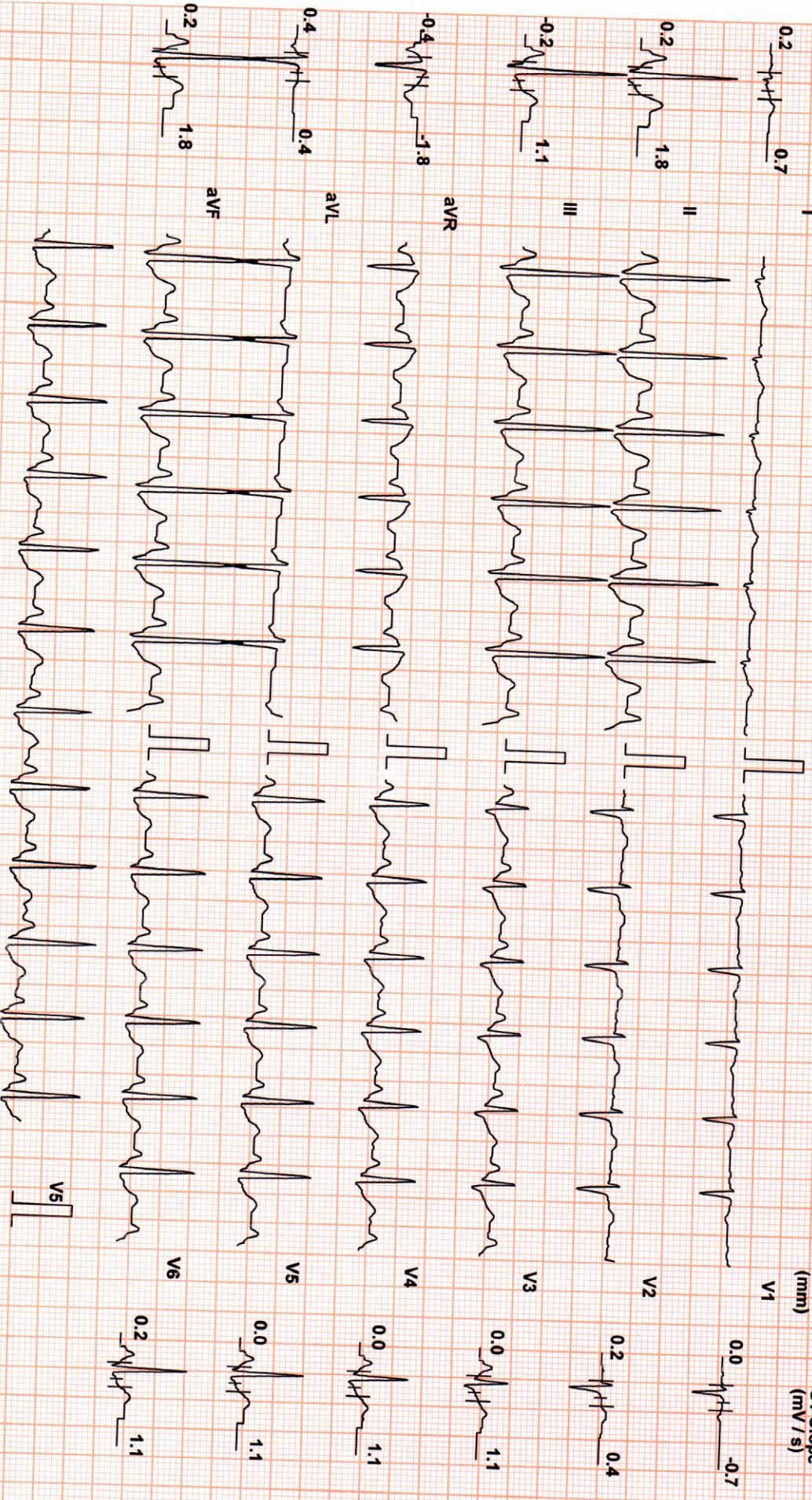


Chart Speed: 25 mm/sec
Schiller Spandon V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median