



CID : 2432016418
Name : MRS.KALPANA SHUKLA
Age / Gender : 33 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 15-Nov-2024 / 09:51
Reported : 15-Nov-2024 / 12:51

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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	12.5	12.0-15.0 g/dL	Spectrophotometric
RBC	4.11	3.8-4.8 mil/cmm	Elect. Impedance
PCV	38.4	36-46 %	Calculated
MCV	93.3	80-100 fl	Measured
MCH	30.5	27-32 pg	Calculated
MCHC	32.7	31.5-34.5 g/dL	Calculated
RDW	13.7	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	8170	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	18.3	20-40 %	
Absolute Lymphocytes	1495.1	1000-3000 /cmm	Calculated
Monocytes	5.3	2-10 %	
Absolute Monocytes	433.0	200-1000 /cmm	Calculated
Neutrophils	70.8	40-80 %	
Absolute Neutrophils	5784.4	2000-7000 /cmm	Calculated
Eosinophils	5.3	1-6 %	
Absolute Eosinophils	433.0	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	24.5	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	150000	150000-400000 /cmm	Elect. Impedance
MPV	11.7	6-11 fl	Measured
PDW	26.1	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	-
Microcytosis	-



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 20 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 CPL, Andheri West

*** End Of Report ***



J. Thakker

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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	87.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	121.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.77	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.18	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.59	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.1	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	24.3	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	21.0	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	23.3	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	75.1	35-105 U/L	Colorimetric
BLOOD UREA, Serum	10.9	12.8-42.8 mg/dl	Kinetic
BUN, Serum	5.1	6-20 mg/dl	Calculated
CREATININE, Serum	0.46	0.51-0.95 mg/dl	Enzymatic



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eGFR, Serum	130	(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	Enzymatic
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*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
*** End Of Report ***



M Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	4.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	82.5	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 ***



J. Thakker

Dr. JYOT THAKKER
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Pathologist & AVP(Medical Services)



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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	Light scattering
Transparency	Clear	Clear	Light scattering
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.003	1.002-1.035	Refractive index
Reaction (pH)	6.5	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
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	Negative	Negative	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
(WBC)Pus cells / hpf	0.0	0-5/hpf	
Red Blood Cells / hpf	0.0	0-2/hpf	
Epithelial Cells / hpf	0.9	0-5/hpf	
Hyaline Casts	0.0	0-1/ hpf	
Pathological cast	0.0	0-0.3/hpf	
Calcium oxalate monohydrate crystals	0.0	0-1.4/hpf	
Calcium oxalate dihydrate crystals	0.0	0-1.4/hpf	
Triple phosphate crystals	0.0	0-1.4/hpf	
Uric acid crystals	0.0	0-1.4/hpf	
Amorphous debris	Absent	Absent	
Bacteria / hpf	6.1	0-29.5/hpf	
Yeast	Absent	Absent	



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Note: Microscopic examination performed by Automated Cuvette based technology. All the Abnormal results are confirmed by reagent strips and Manual method. The Microscopic examination findings are mentioned in decimal numbers as the arithmetic mean of the multiple fields scanned using microscopy. Reference: Pack Insert.

Others -

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

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Collected : 15-Nov-2024 / 09:51
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
BLOOD GROUPING & Rh TYPING

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

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

Note : This sample has been tested for Bombay group/Bombay phenotype/ OH using anti-H lectin.

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 Harming, 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 CPL, Andheri West
*** End Of Report ***



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Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 15-Nov-2024 / 09:51
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	139.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	105.3	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	40.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	98.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	77.0	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	21.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.9	0-3.5 Ratio	Calculated

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*** End Of Report ***



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Consulting Dr. : -
Reg. Location : Malad 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	4.6	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.0	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	2.60	0.35-5.5 microU/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 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 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 ***



M Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist



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Collected : 15-Nov-2024 / 13:04
Reported : 15-Nov-2024 / 16:32

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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J. Thakker

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

भारत सरकार
Government of India

 कबेरा सुर्दा
Kabera Sarda
जन्म तिथि / DOB : 2008/10/09
लिंग / Gender

9523 0695 6981

आधार - आम आदमी का अधिकार

Kabera



CID# : 2432016418

Name : MRS.KALPANA SHUKLA

Age / Gender : 83 Years/Female

Consulting Dr. :

Reg.Location : Malad West (Main Centre)

Collected : 15-Nov-2024 / 09:41

Reported : 15-Nov-2024 / 13:12

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PHYSICAL EXAMINATION REPORT

History and Complaints:

Nil

EXAMINATION FINDINGS:

Height (cms): 157

Temp (0c): Afebrile

Blood Pressure (mm/hg): 120/80

Pulse: 64/min

Weight (kg): 52

Skin: Normal

Nails: Normal

Lymph Node: Not Palpable

Systems

Cardiovascular: Normal

Respiratory: Normal

Genitourinary: Normal

GI System: Normal

CNS: Normal

IMPRESSION:

ADVICE:

Gynaec opinion & USG report



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Age / Gender : 33 Years/Female

Consulting Dr. :

Collected : 15-Nov-2024 / 09:41

Reg.Location : Malad West (Main Centre)

Reported : 15-Nov-2024 / 13:12

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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 |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

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

*** End Of Report ***

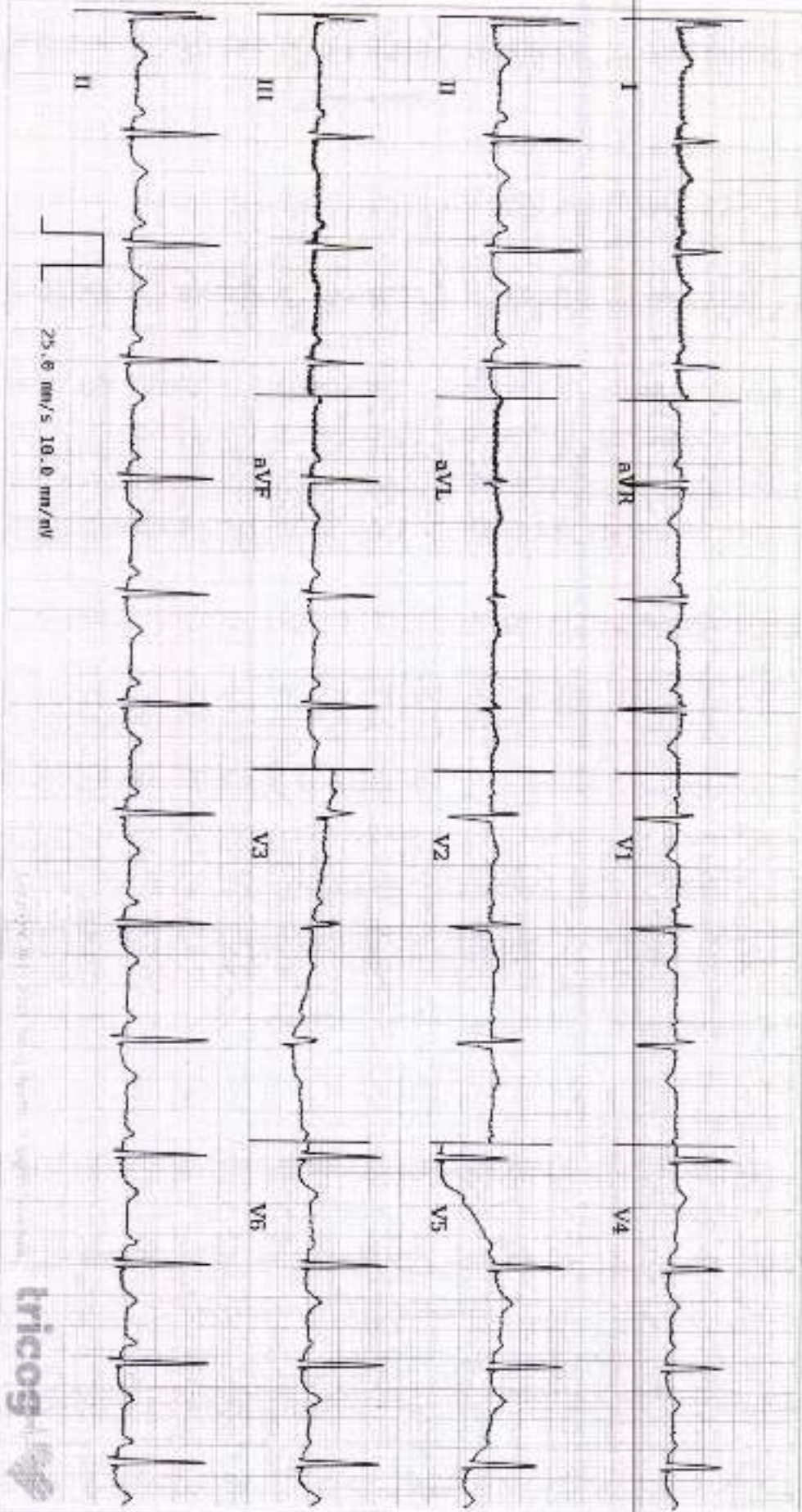
Dr. SONALI KONRAC
MD. PHYSICIAN
REG. NO. 2021/04/1882

Sonali P.

Patient Name: **KALPANA SHUKLA**
Patient ID: **2432016418**

SUBURBAN DIAGNOSTICS - MAJLAD WEST

Date and Time: **15th Nov 24 10:30 AM**



Age **33** NA
years months

Gender **Female**

Heart Rate **84bpm**

Patient Vials

Bp: **120/80 mmHg**

Weight: **52 kg**

Height: **157 cm**

Pulse: **NA**

SpO2: **NA**

Resp: **NA**

Others

Measurements

QRSD: **68ms**
QT: **348ms**
QTcB: **411ms**
PR: **150ms**
P-R-T: **67° 64° 39°**

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

REPORTED BY

[Signature]

DR SONALI HONRAB
MD (General Medicine)
Physician
2011A/11202

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Authenticity Check


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 Name : Mrs KALPANA SHUKLA
 Age / Sex : 33 Years/Female
 Ref. Dr :
 Reg. Location : Malad West Main Centre

Reg. Date : 15-Nov-2024
 Reported : 15-Nov-2024 / 17:29

 R
E
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O
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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.

Kindly correlate clinically.

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

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


 Dr. Sunil Bhutka
 DMRD DNB
 MMC REG NO:2011051101

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Ref. Dr :
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Reported : 15-Nov-2024 / 10:56

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, 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 9.8 x 3.3 cm.
Left kidney measures 9.7 x 3.8 cm.

SPLEEN:

The spleen is normal in size (10.8 cm), 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. It measures 8.0 x 3.9 x 3.2 cm in size.
Two small subcentimeter sized seedling fibroids seen in anterior wall.
The endometrial thickness is 6.8 mm.

OVARIES:

Both the ovaries are well visualised and appears normal.
There is no evidence of any ovarian or adnexal mass seen.

Click here to view images <<ImageLink>>

CID : 2432016418
Name : Mrs KALPANA SHUKLA
Age / Sex : 33 Years/Female
Ref. Dr :
Reg. Location : Malad West Main Centre
Reg. Date : 15-Nov-2024
Reported : 15-Nov-2024 / 10:56

IMPRESSION:-

Small uterine fibroids.
No other significant abnormality is seen.

Suggestion: Clinicopathological correlation.

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 of findings. Patient has been explained in detail about the USG findings including its limitations and need for further imaging if clinically indicated. Please interpret accordingly. All the possible precautions have been taken under covid-19 pandemic.

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



Dr. Sunil Bhutka
DMRD DNB
MMC REG NO:2011051101

Click here to view images <<ImageLink>>

SUBURBAN DIAGNOSTICS

Malad West

Station

Telephone: ---

EXERCISE STRESS TEST REPORT

Patient Name: KALPANA, SHUKLA

Patient ID: 243201648

Height: 157 cm

Weight: 52 kg

DOB: 20/09/1991

Age: 33 yrs

Gender: Female

Race: Asian

Study Date: 15/11/2024

Test Type: ---

Protocol: BRUCE

Referring Physician: ---

Attending Physician: DR SONALI HONRAO

Technician: ---

Medications: ---

Medical History: ---

Reason for Exercise Test:
---Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:25	0.00	0.00	100	120/80	
	STANDING	00:07	0.00	0.00	101	120/80	
	HYPERV.	00:13	0.00	0.00	107	120/80	
EXERCISE	WARM-UP	00:08	1.00	0.00	108		
	STAGE 1	03:00	1.70	10.00	142	130/80	
	STAGE 2	03:00	2.50	12.00	166	140/80	
	STAGE 3	00:13	3.40	14.00	173		
RECOVERY		03:09	0.00	0.00	114	140/80	

The patient exercised according to the BRUCE for 6:12 mins, achieving a work level of Max. METS: 7.60. The resting heart rate of 126 bpm rose to a maximal heart rate of 176 bpm. This value represents 94 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 140/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.

Functional Capacity: normal.

HR Response to Exercise: appropriate.

BP Response to Exercise: normal resting BP - appropriate response.

Chest Pain: none.

Arrhythmias: none.

ST Changes: none.

Overall impression: Normal stress test.

Conclusions

Good effort tolerance. No Significant ST- T changes as compared to baseline. No chest pain / arrhythmia noted. Stress test is negative for inducible ischemia.

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

Sant P.

Physician

Technician

DR. SONALI KONRAL
MD PHYSICIAN
REG NO. 2007104/1882

SUGURBAN DIAGNOSTICS (INDIA) PVT. LTD.
102-104, Badami Chattri,
Opp. Gangaon Sports Club,
Kad Road, Model (A), Indapur - 400 024.

KALPANA, SHUKLA
Patient ID: 243201648
15.11.2024
12:20:37pm

12-Lead Report

104 bpm
120/80 mmHg

PRETEST
SUPINE
00:23

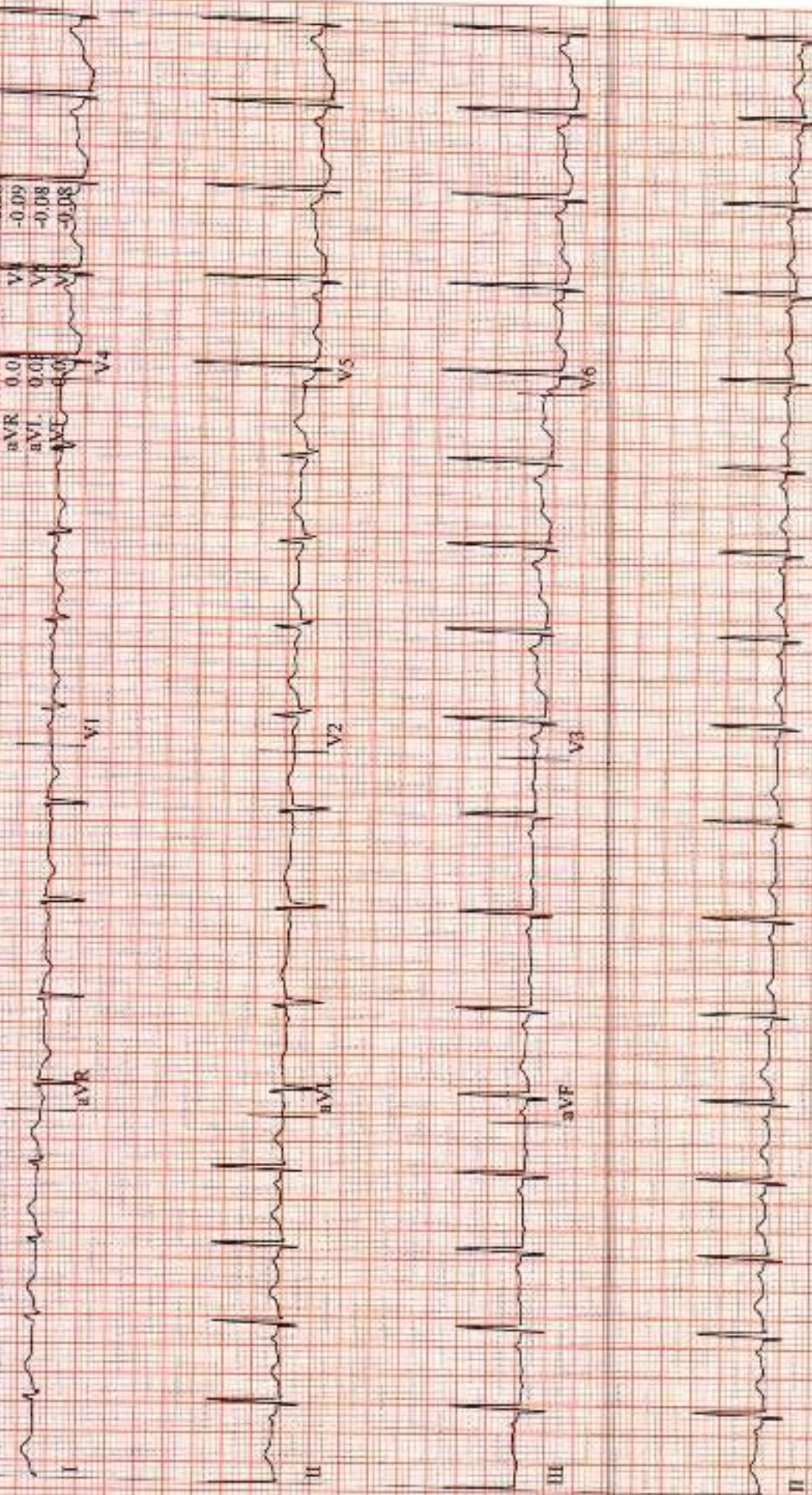
BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOSTICS

Measured at 60ms Post J
Auto Points

Lead	ST(mV)	Lead	ST(mV)
------	--------	------	--------

I	0.01	V1	-0.01
II	-0.01	V2	-0.01
III	-0.01	V3	-0.06
aVR	0.0	V4	-0.09
aVL	0.0	V5	-0.08
aVF	0.0	V6	-0.08



CardioSoft V6.73 (2)
mm/s 10 mm/mV 50Hz 0.01Hz FREQ- HR(V3,V6)

Start of Test: 12:20:08pm

KALPANA, SHUKLA

Patient ID: 243201648

5.11.2024

2:29:43pm

12-Lead Report

PRETEST
STANDING
00:28

101 bpm
120/80 mmHg

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOSTICS

Measured at 60ms Post-J
Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.01	V1	-0.01
II	-0.03	V2	-0.01
III	-0.03	V3	-0.07
aVR	0.01	V4	-0.09
aVL	0.02	V5	-0.09
aVF	0.03	V6	0.08



V1

aVR

II

aVL

V2

III

aVF

V3

VI

CardioSoft V6.73 (2)
mm/s 10 mm/mV 50Hz 0.01Hz PRF + FR(V3,V6)

Start of Test: 12:20:08pm

KALPANA, SHUKLA

Patient ID: 243201648

5/11/2024

2:20:49pm

12-Lead Report

PRETEST
HYPERV
00:35

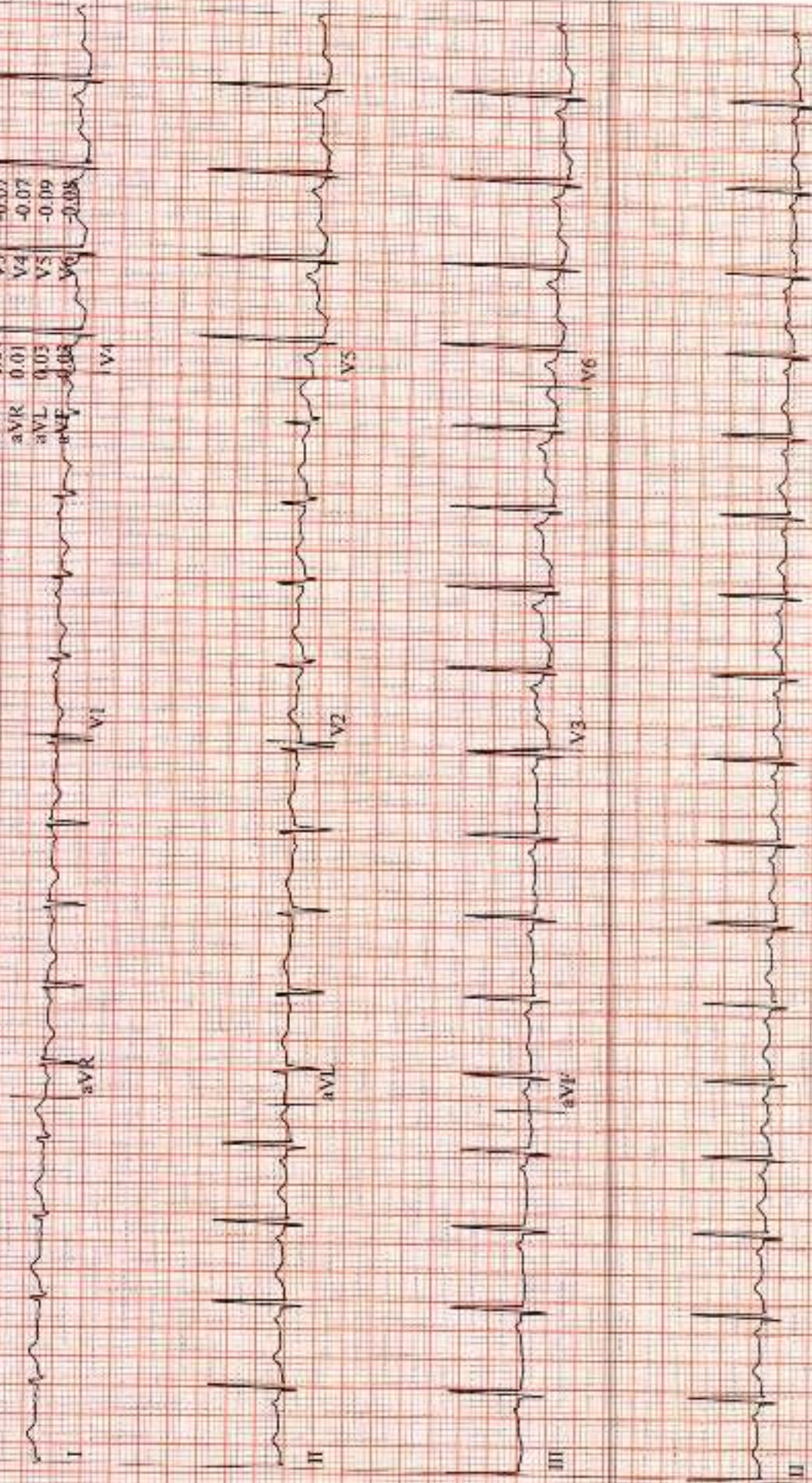
107 bpm
120/80 mmHg

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOSTICS

Measured at 60ms Post J
Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.01	V4	-0.01
II	-0.03	V2	-0.01
III	-0.04	V3	-0.07
aVR	0.01	V4	-0.07
aVL	0.03	V5	-0.09
aVF	0.03	V6	-0.08



ALPANA, SHUKLA

Access ID: 243201648

5/11/2024

12:23:50pm

Linked Medians

EXERCISE STAGE 1

02-50

141 bpm

130/80 mmHg

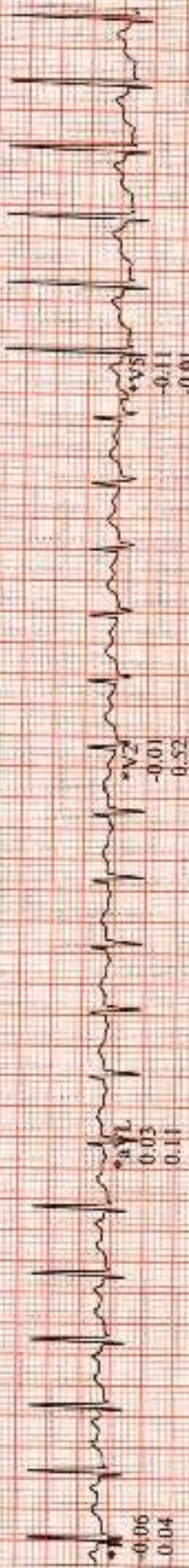
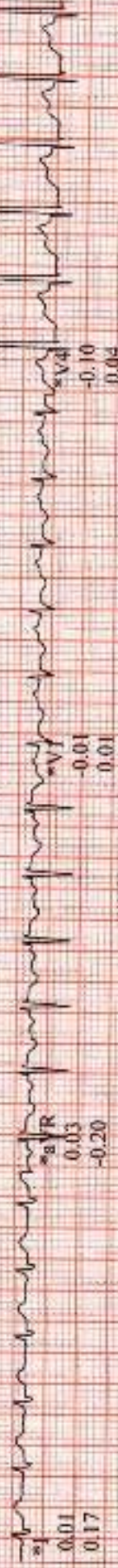
BRUCE

1.7 mph

10.0 %

SUBURBAN DIAGNOSTICS

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



*Computer Synthesized Rhythms

CardioSoft V6.73 (2)
mm/s 10 mm/mV 50Hz 0.01Hz FRF - HR(V6,V3)

Start of Test: 12:20:08pm

KALPANA, SHUKLA

Patient ID: 243201648

15.11.2024

12:26:50pm

Linked Medians

EXERCISE

STAGE 2

05:50

166 bpm

140/80 mmHg

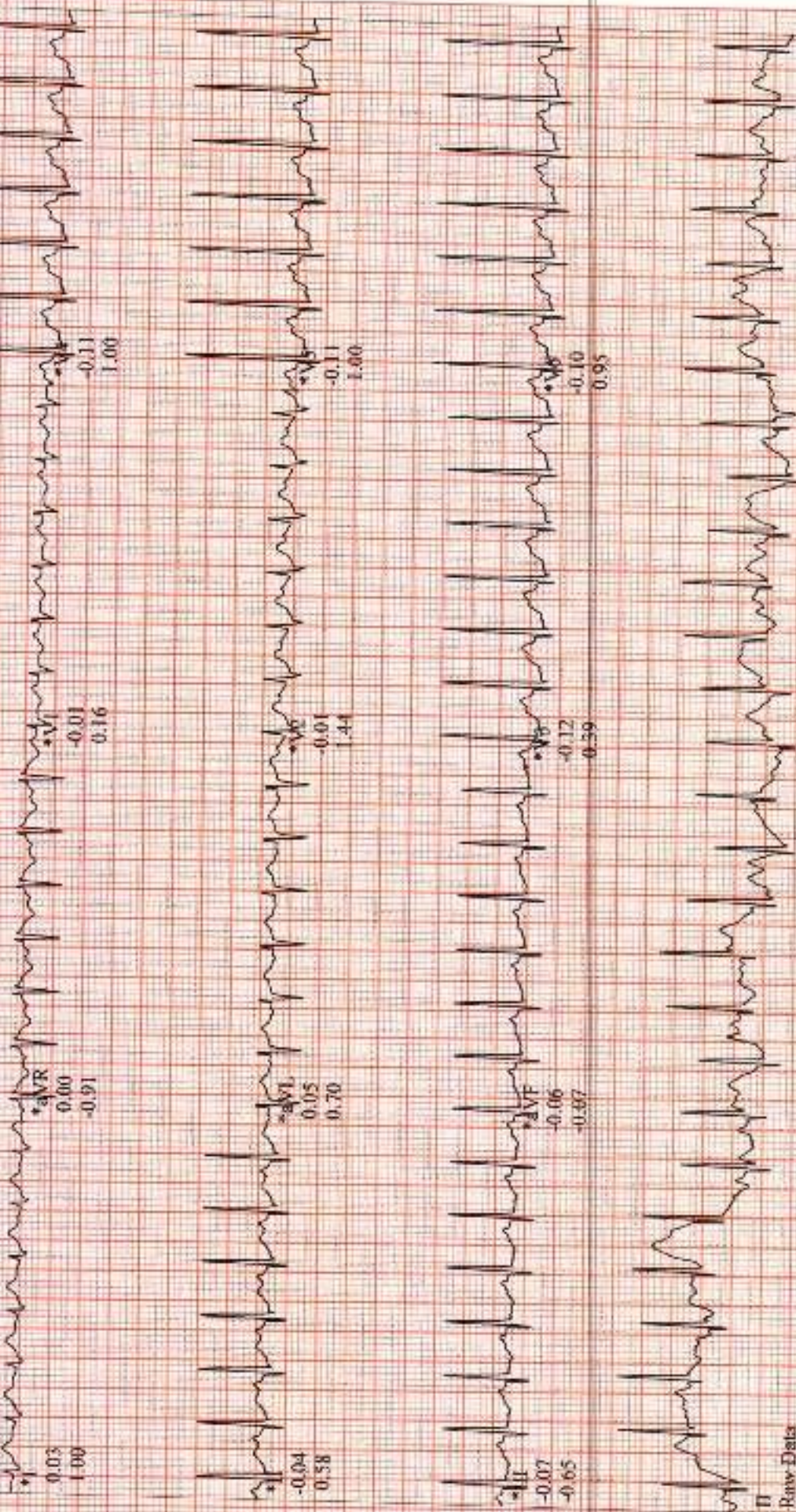
BRUCE

2.5 mph

12.0 %

SUBURBAN DIAGNOSTICS

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



Raw Data

CardioSoft V6.73 (2)
m/s 10 mm/mV 50Hz 0.01Hz FRF+ RR(V6,V3)

*Computer Synthesized Rhythms

Start of Test: 12:20:08pm

KALPANA, SHUKLA
Patient ID: 243201648
5.11.2024
2:27:18pm

12-Lead Report (PEAK EXERCISE)

EXERCISE
STAGE 3
06:13

173 bpm
140/80 mmHg

BRUCE
3.4 mph
14.0%

SUBURBAN DIAGNOSTICS

Measured at 60ms Post J
Auto Points

Lead ST(mV) Lead ST(mV)

I 0.00 V4 0.02

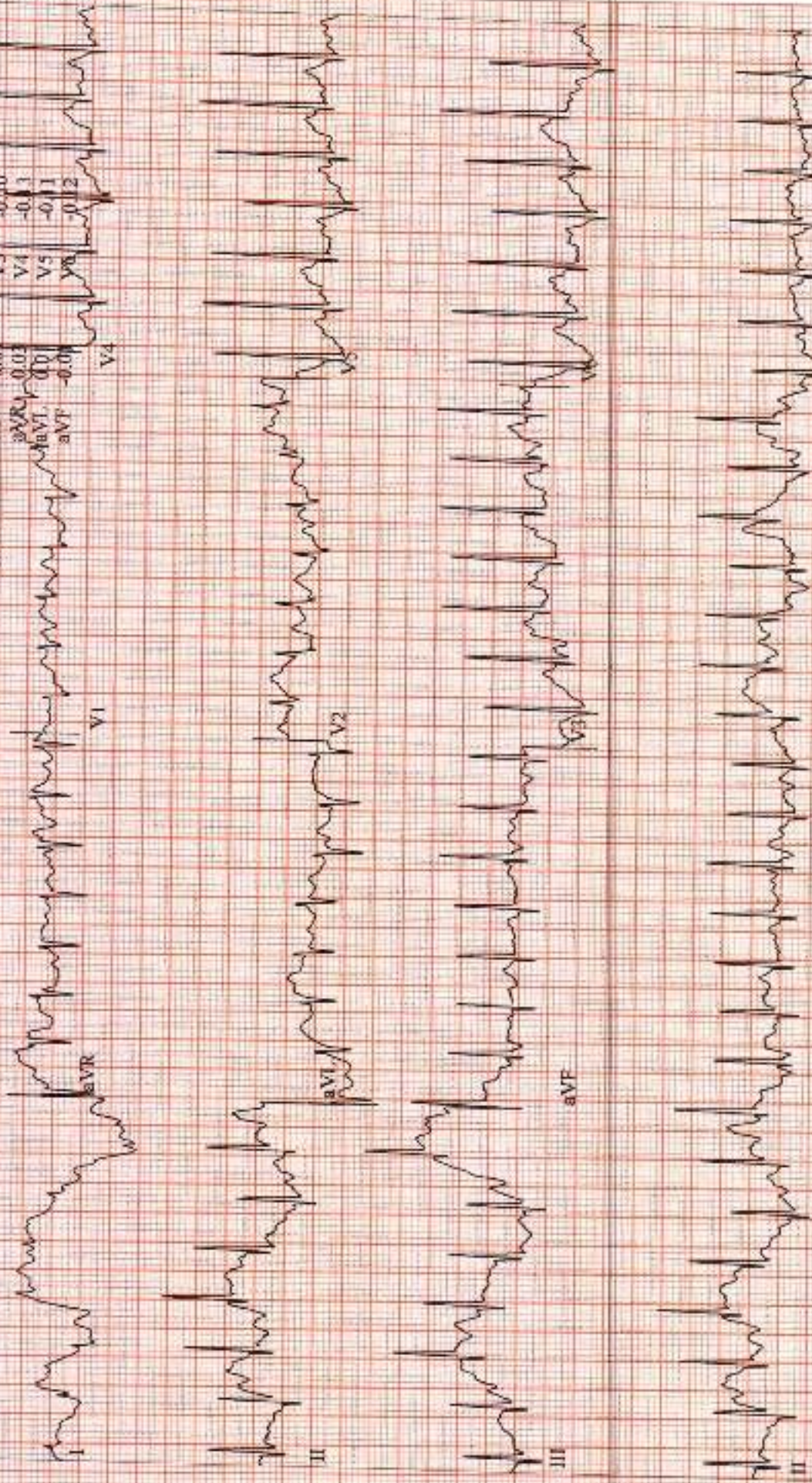
II -0.01 V2 0.02

III -0.01 V3 -0.10

aVR 0.03 V4 -0.11

aVL 0.01 V5 -0.11

aVF -0.01 V6 -0.12



ALPANA, SHUKLA
Patient ID: 243201648
11/11/2024
12:28:12pm

Linked Medians
RECOVERY #1
01-00

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOSTICS

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



Raw Data

*Computer Synthesized Rhythms

CALPANA, SHUKLA
Patient ID 243201648
5.11.2024
2:29:12pm

Linked Medians

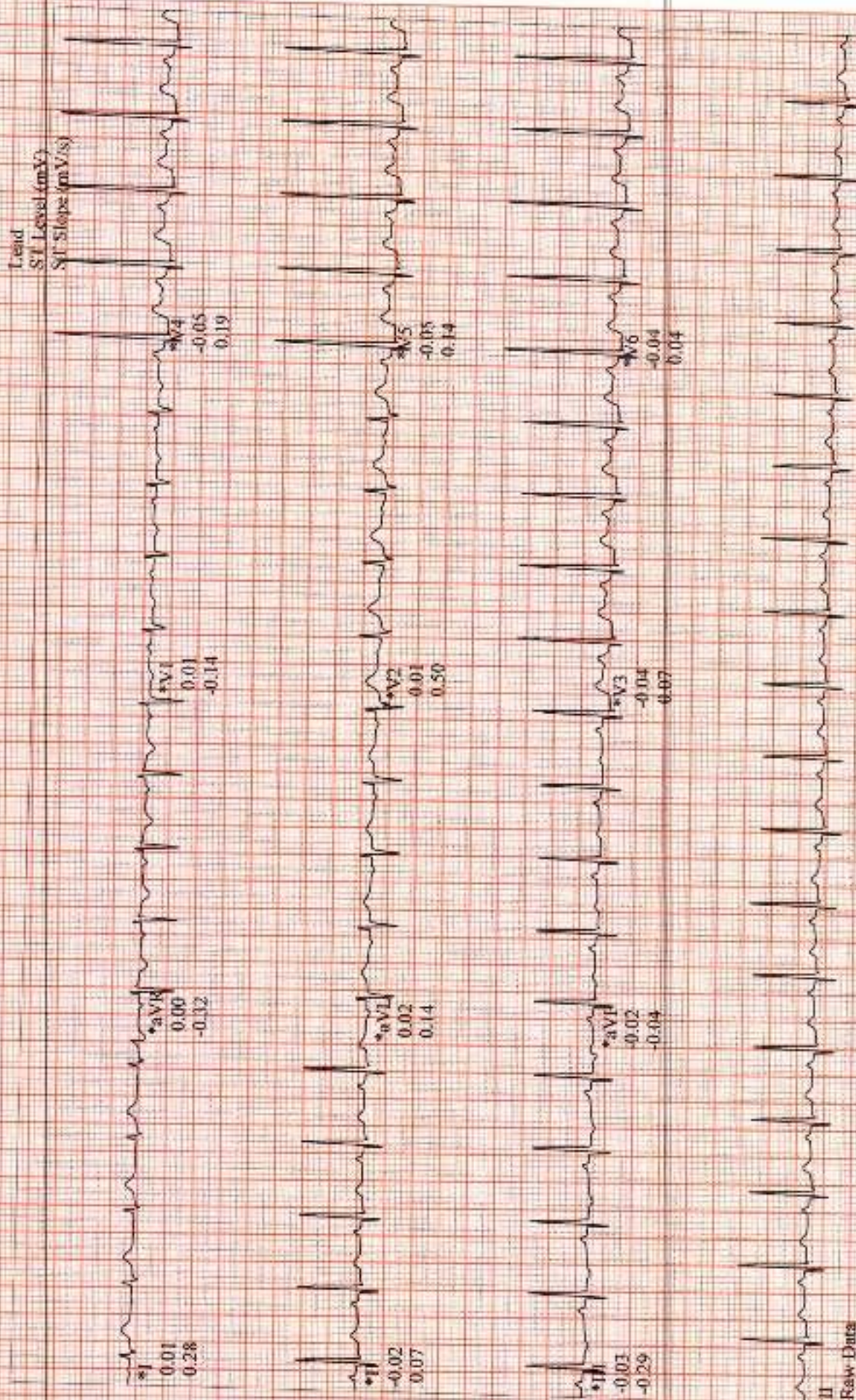
RECOVERY

a1
02:00

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOSTICS

113 bpm



II
Raw Data

CardioSoft V6.73 (2)
1m/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V4,V5)

*Comparar Synthesized Rhythms

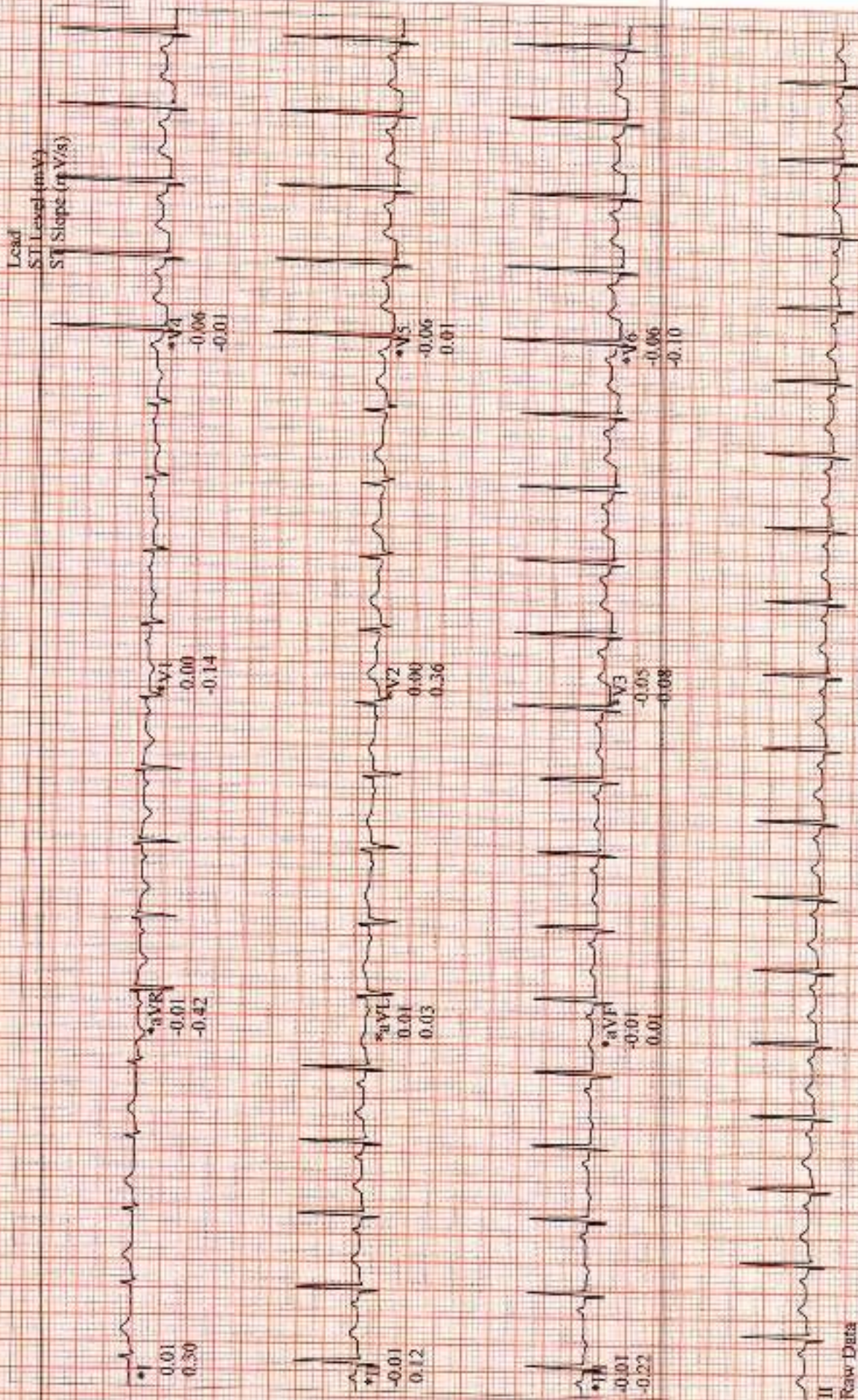
Start of Test: 12:20:08pm

KALPANA, SHUKLA
Patient ID: 243201648
5.11.2024
2:30:12pm

Linked Medians

112 bpm
140/80 mmHg
RECOVERY #1 03:00
BRUCE
0-0 mph
0.0 %

SUBURBAN DIAGNOSTICS



CardioSoft V6.75 (2)
m/s 10 mm/mV 50Hz 0-01Hz FRF+ HR(V4,V5)

*Computer Synthesized Rhythms

Start of Test: 12:20:08pm