

**PHYSICAL EXAMINATION REPORT**

Patient Name	Wanda Sharma	Sex/Age	Female/34
Date	16/3/24	Location	Thane

**History and Complaints**

Q/o - Fluctuating B.P.  
- Migraine

**EXAMINATION FINDINGS:**

Height (cms):	158	Temp (0c):	Ⓚ
Weight (kg):	60	Skin:	
Blood Pressure	110/80	Nails:	NAD.
Pulse	72/min	Lymph Node:	

**Systems :**

Cardiovascular:  
Respiratory:  
Genitourinary:  
GI System:  
CNS:

} NAD

**Impression:** Chest Xray → subsegmental opacities in L2. upper, mid, lower zones.

↓ Hb, ↑ ESR  
↓ HDL, ↑ LDL,  
↑ Non HDL

Iron Supplement.

Advice:

- Low Fat Diet, Reg. Exercise.
- Chest Physician's consultation for chest X-ray opacities.

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

gestational Hypertension  
B

Nil

H/O - Head Injury

Nil

LSCS, Premature Delivery.

PERSONAL HISTORY:

- 1) Alcohol
- 2) Smoking
- 3) Diet
- 4) Medication

NO

NO

Veg.

Iron, Calcium Supplement.



**Dr. Manasee Kulkarni**  
M.B.B.S.

2005/09/3439  
19/3/24

Date:- 16/8/24 CID: AB 013  
Name:- Khanda Shambh Sex / Age: # 34

**EYE CHECK UP**

Chief complaints: PCU

Systemic Diseases: Nil

Past history: None

Unaided Vision: 13/6 3/24 MV 102 NH 2

Aided Vision: 13/6 MV 102 H 6

**Refraction:**

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

Colour Vision: Normal / Abnormal

Remark: OSC over 50/50

MR. PRAKASH KUDVA  
*[Signature]*  
SR. OPTOMETRIST



Reg. No. : 2407632442	Sex : FEMALE
Name : MRS. VRANDA SHARMA	Age : 34 YRS
Ref. By : -----	Date : 16.03.2024

**X-RAY CHEST PA VIEW**

Few inhomogenous opacities are noted in left upper, mid and lower zones.

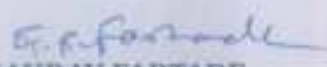
Both costo-phrenic angles are clear.

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.

Kindly correlate clinically and suggest further evaluation.



**DR.GAURAV FARTADE**  
**DMRE**  
**(CONSULTANT RADIOLOGIST)**

**Dr. GAURAV FARTADE**  
**MBBS,DMRE (RADIOLOGY)**  
Reg.no. 2914/04/1786



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CID : 2407632442  
Name : MRS. VRANDA SHARMA  
Age / Gender : 34 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 16-Mar-2024 / 10:28  
Reported : 16-Mar-2024 / 15:44

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**CBC (Complete Blood Count), Blood**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>RBC PARAMETERS</b>			
Haemoglobin	11.1	12.0-15.0 g/dL	Spectrophotometric
RBC	3.77	3.8-4.8 mil/cmm	Elect. Impedance
PCV	36.1	36-46 %	Measured
MCV	95.6	80-100 fl	Calculated
MCH	29.4	27-32 pg	Calculated
MCHC	30.7	31.5-34.5 g/dL	Calculated
RDW	16.3	11.6-14.0 %	Calculated
<b>WBC PARAMETERS</b>			
WBC Total Count	9740	4000-10000 /cmm	Elect. Impedance
<b>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</b>			
Lymphocytes	34.1	20-40 %	
Absolute Lymphocytes	3321.3	1000-3000 /cmm	Calculated
Monocytes	7.9	2-10 %	
Absolute Monocytes	769.5	200-1000 /cmm	Calculated
Neutrophils	56.2	40-80 %	
Absolute Neutrophils	5473.9	2000-7000 /cmm	Calculated
Eosinophils	1.8	1-6 %	
Absolute Eosinophils	175.3	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b>PLATELET PARAMETERS</b>			
Platelet Count	455000	150000-400000 /cmm	Elect. Impedance
MPV	8.6	6-11 fl	Calculated
PDW	11.2	11-18 %	Calculated
<b>RBC MORPHOLOGY</b>			
Hypochromia	-		
Microcytosis	-		

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Reported : 16-Mar-2024 / 12:42

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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR                      40                      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
- Bridgen 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 \*\*\*

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





Authenticity Check



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Age / Gender : 34 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 16-Mar-2024 / 10:28  
Reported : 16-Mar-2024 / 18:22

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T

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	80.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: > / = 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	80.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: > / = 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.12	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.05	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.07	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.1	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	18.2	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	27.3	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	39.0	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	105.1	35-105 U/L	PNPP
BLOOD UREA, Serum	25.2	12.8-42.8 mg/dl	Urease B-GLDH
BUN, Serum	11.8	6-20 mg/dl	Calculated
CREATININE, Serum	0.64	0.51-0.95 mg/dl	Enzymatic

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Collected : 16-Mar-2024 / 15:23  
Reported : 16-Mar-2024 / 17:29

eGFR, Serum	119	(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 w.e.f 16-08-2021

URIC ACID, Serum	3.8	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 \*\*\*

*J. Mujawar*

**Dr. IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist



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Age / Gender : 34 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)



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Reported : 16-Mar-2024 / 13:37

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	105.4	mg/dl	Calculated

**Intended use:**

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1c goal for non pregnant adults in general is Less than 7%.

**Clinical Significance:**

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

**Test Interpretation:**

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

**Factors affecting HbA1c results:**

**Increased in:** High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

**Decreased in:** Shortened RBC lifespan (Hemolytic anemia, Blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

**Reflex tests:** Blood glucose levels, CGM (Continuous Glucose monitoring)

**References:** ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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

*J. Mujawar*

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Collected : 16-Mar-2024 / 10:28  
Reported : 16-Mar-2024 / 16:55

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**URINE EXAMINATION REPORT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.030	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	40	-	-
<b>CHEMICAL EXAMINATION</b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOO-POD
Ketones	Absent	Absent	Legalis Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b>MICROSCOPIC EXAMINATION</b>			
Leukocytes(Pus cells)/hpf	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	
Others	-		

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

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

Reference: Pack Inert

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

*Vandana Kulkarni*  
**Dr. VANDANA KULKARNI**  
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Reported : 16-Mar-2024 / 14:11

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

PARAMETER	RESULTS
ABO GROUP	A
Rh TYPING	Positive

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

Specimens: 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 all 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 isagglutinins 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 \*\*\*

*J. Mujawar*

**Dr. IMRAN MUJAWAR**  
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Pathologist





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Age / Gender : 34 Years / Female  
Consulting Dr. : -  
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Reported : 16-Mar-2024 / 18:22

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	191.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	66.4	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	38.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	152.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	140.0	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	12.7	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.6	0-3.5 Ratio	Calculated

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

*V. Kulkarni*  
**Dr.VANDANA KULKARNI**  
M.D ( Path )  
Pathologist

CID : 2407632442  
 Name : MRS.VRANDA SHARMA  
 Age / Gender : 34 Years / Female  
 Consulting Dr. : -  
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 Reported : 16-Mar-2024 / 15:30

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**THYROID FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.1	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:5.4-20.59	ECLIA
sensitiveTSH, Serum	2.41	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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**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-microU/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 trauma, 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 8 pm and 10 pm. The variation is on the order of 50 to 200%. 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.

**References:**

- 1.O.koutour 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.Tetz, Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

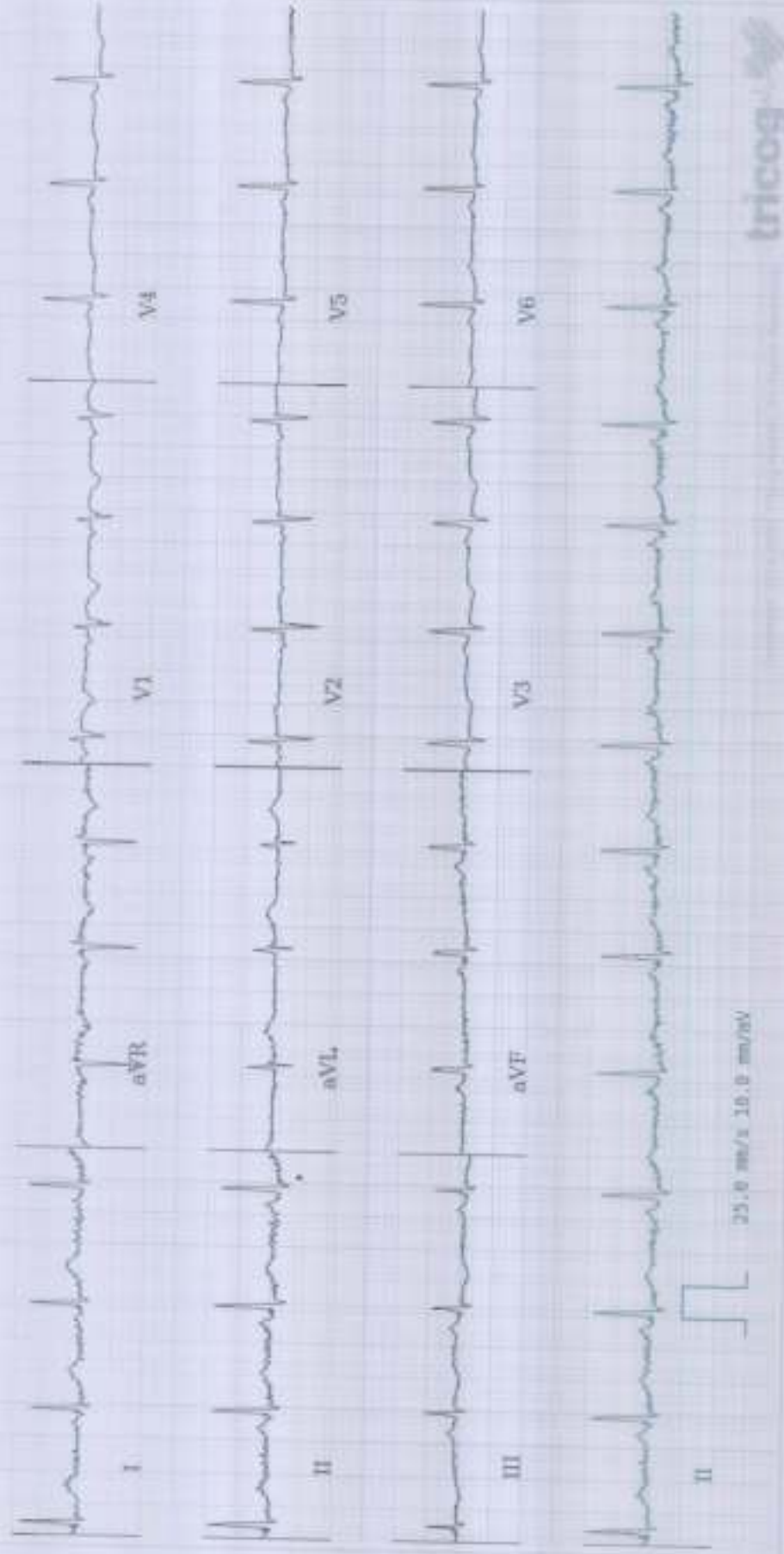
\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*

*J. Mujawar*  
**Dr. IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist



Age: 34 years NA  
Gender: Female NA  
Heart Rate: 87bpm NA

BP: NA  
Weight: NA  
Height: NA  
Pulse: NA  
SpO2: NA  
Resp: NA  
Others: NA



Measurements  
QRSD: 78ms  
QT: 358ms  
QTcB: 430ms  
PR: 126ms  
P-R-T: 58° 45° 1°

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

REPORTED BY

*[Signature]*

DR. SHALU JAIN  
MBBS, MD (Pulmonology)  
16th March 2024

# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

E-MAIL:

Report

12112 (2407632442) / VRANDA SHARMA / 34 Yrs / F / 158 Cms / 60 Kg  
 Date: 16 / 03 / 2024 03:07:54 PM



Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	HRP	PVC	Comments
Supine	00:04	0:04	00.0	00.0	01.0	081	44 %	120/80	097	00	
Standing	00:18	0:14	00.0	00.0	01.0	080	43 %	120/80	099	00	
HV	00:29	0:11	00.0	00.0	01.0	080	43 %	120/80	096	00	
ExStart	00:44	0:15	00.0	00.0	01.0	083	45 %	120/80	089	00	
BRUCE Stage 1	03:44	3:00	01.7	10.0	04.7	162	82 %	140/80	212	00	
PeakEx	04:15	0:31	02.5	12.0	05.1	157	84 %	150/80	235	00	
Recovery	05:16	1:00	00.0	00.0	01.0	107	58 %	150/80	160	00	
Recovery	05:29				00.0	000	0 %	150/80	000	00	

## FINDINGS :

Exercise Time : 03:31  
 Initial HR (ExStrt) : 83 bpm 45% of Target 186  
 Initial BP (ExStrt) : 120/80 (mmHg)  
 Max Workload Attained : 5.1 Fair response to induced stress  
 Max ST Dep Lead & Avg ST Value : V3 & -1.4 mm in PeakEx  
 History : No  
 Test End Reasons : Heart Rate Achieved

Max HR Attained 157 bpm 84% of Target 186  
 Max BP Attained 150/80 (mm/Hg)

Dr. SHAILAJA PILLAI  
 M.D. (GEN.MED)  
 R.M.D. 49072





REPORT :

Sample Name: Stress Test Graded Exercise Treadmill

PROCEDURE DONE: Graded exercise treadmill stress test

STRESS ECG RESULTS: The initial HR was recorded as 80.0 bpm, and the maximum predicted Target Heart Rate 186.0. The BP increased at the time of generating report as 150/0/80.0 mmHg. The Max Dep went upto 0.3. 0.0 Ectopic Beats were observed during the Test. The Test was completed because of : Heart Rate Achieved.

CONCLUSIONS:

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

D. SHAILAJA PILLAI  
M.D. (GEN.MED.)  
RANO ASBIZ

Doctor: DR SHARMA



**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

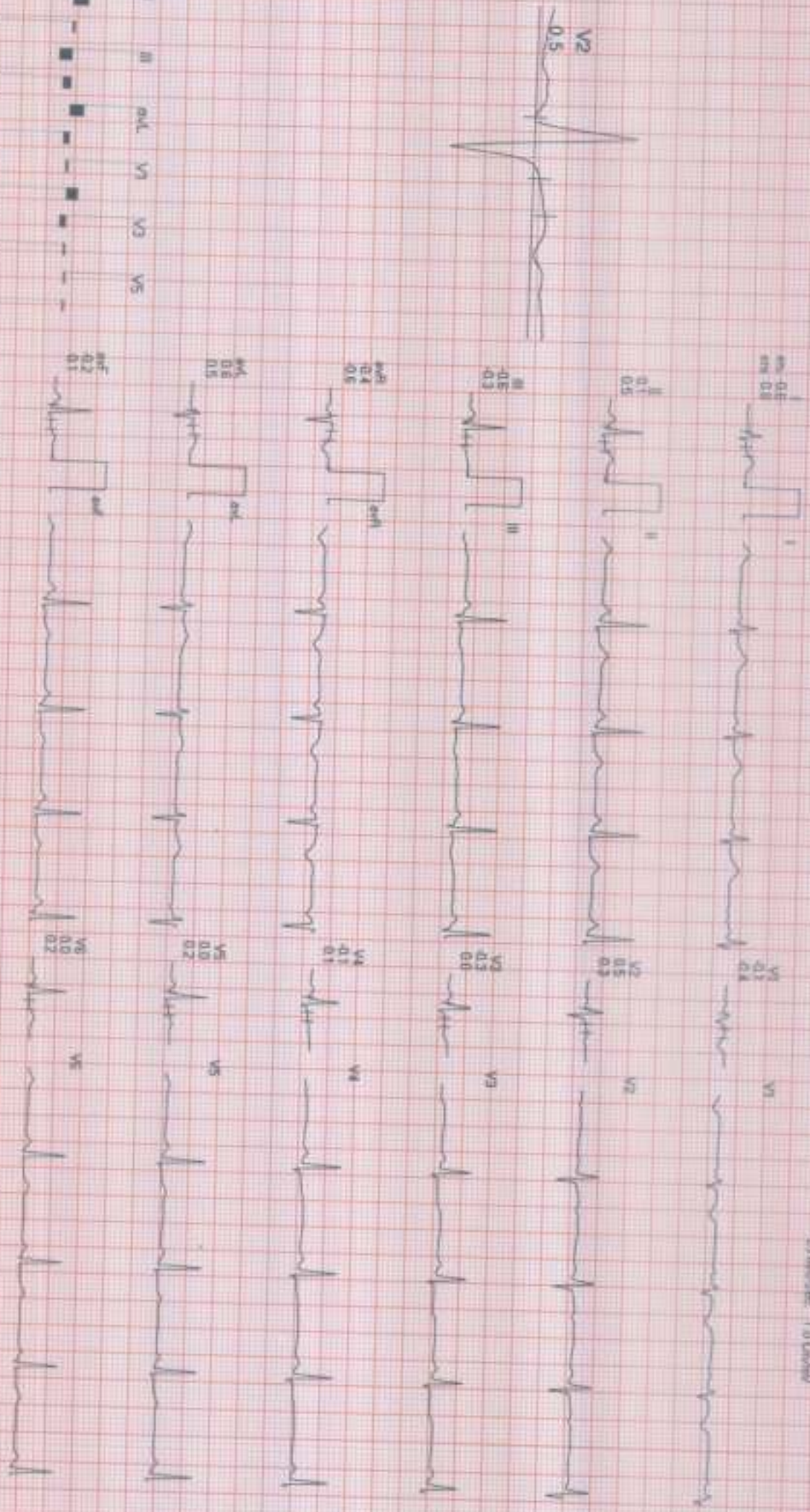
1212 (2407632442) / VRANDA SHARMA / 34 Yrs / F / 158 Cms / 60 Kg / HR: 82

Date: 16/07/2024 03:07:54 PM METS: 1.0/02 bpm 44% of THR BP: 120/80 mmHg Pw: ECG/ECG/Normal/Ch/HR: 605 HHA: 35 M

AX **MRCP/1**

EX Time: 00:00:00 mps: 0.0%  
27 mV/Sec 1.0 DIV

SUPINE ( 00:01 )



I II aVR aVL aVF V1 V2 V3 V4 V5 V6



**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

1212 P4078324421 / VRANDIA SHARMA / 34 Yrs / F / 158 Cms / 60 Kg / HR : 80

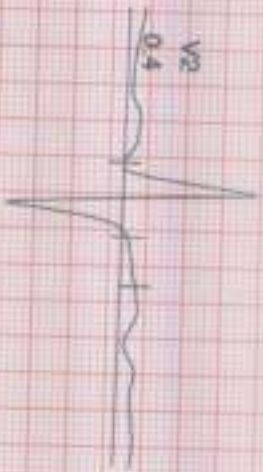
Date: 16/03/2024 0007:54 PM METS: 1.0/80 bpm 43% of THR BP: 120/80 mmHg Pwv ECG/BLC ON NADA ON HF: 0.05 Hz/LF 35 Hz

4X (MIRACOR 3)

STANDING ( 00:00 )



ECGTime: 00:00 0.0 mV 0.0%  
25 mm/5 sec 1.0 OhmV



REMARKS



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1212 / VRANDA SHARMA / 34 Yrs / Female / 158 Cm / 60 Kg

Date: 16 / 03 / 2024 03:07:54 PM METs : 1.0 HR : 80 Target HR : 43% of HRs BP : 120/90 Pwr J ECG/MSec

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



Extra: 00:00 Speed: 0.0 r/s/Grade: 00/00 % 25 mm/Sec 1.0 Cm/mV





# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1212 / VRANDA SHARMA / 34 Yrs / Female / 158 Cm / 60 Kg

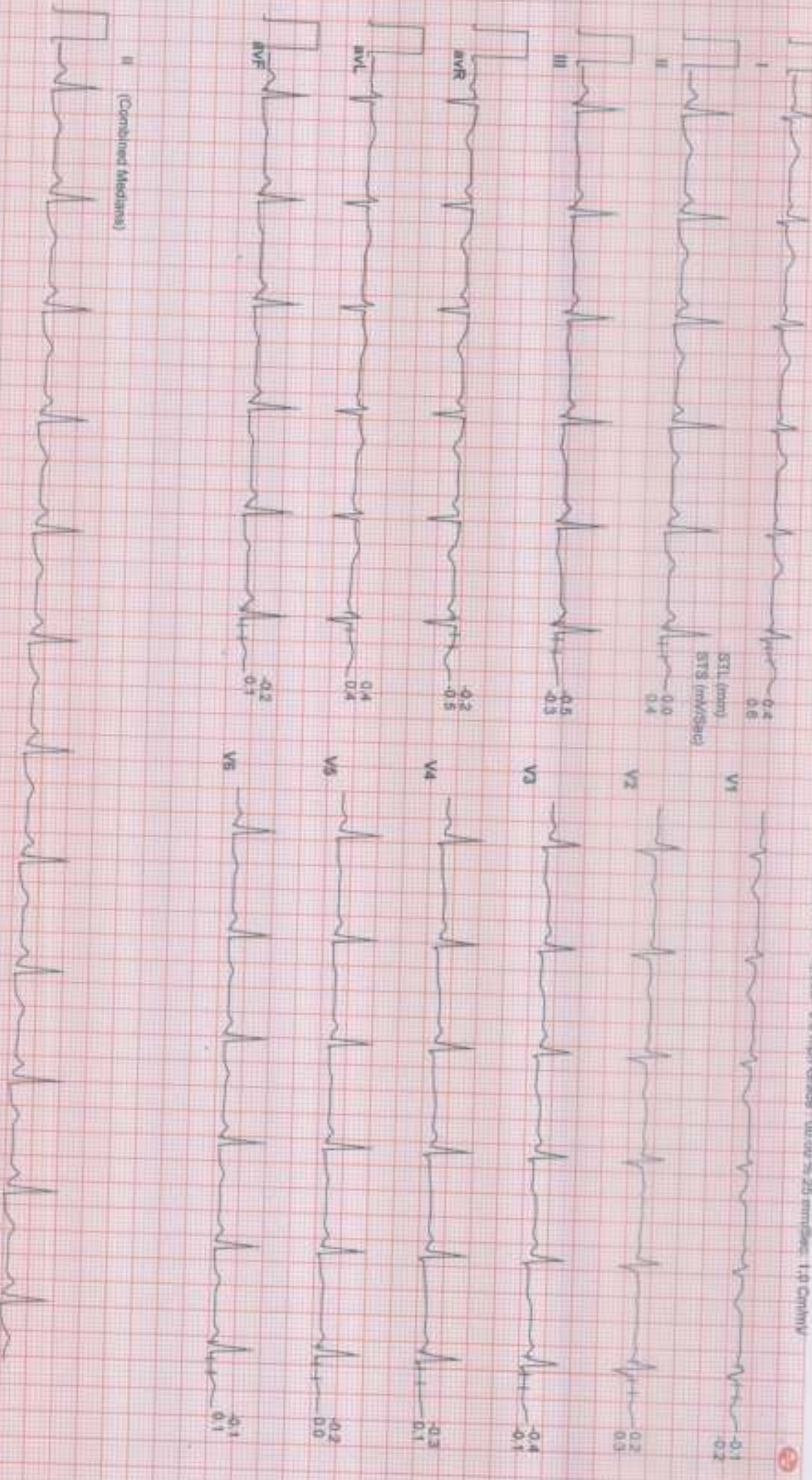
Date: 18 / 03 / 2024 03:07:04 PM METL : 1.0 HR : 75 Target HR : 40% of 195 Bp : 120/80 Post J @comSec

## 6X2 Combine Medians + 1 Rhythm

ExStr



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





# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

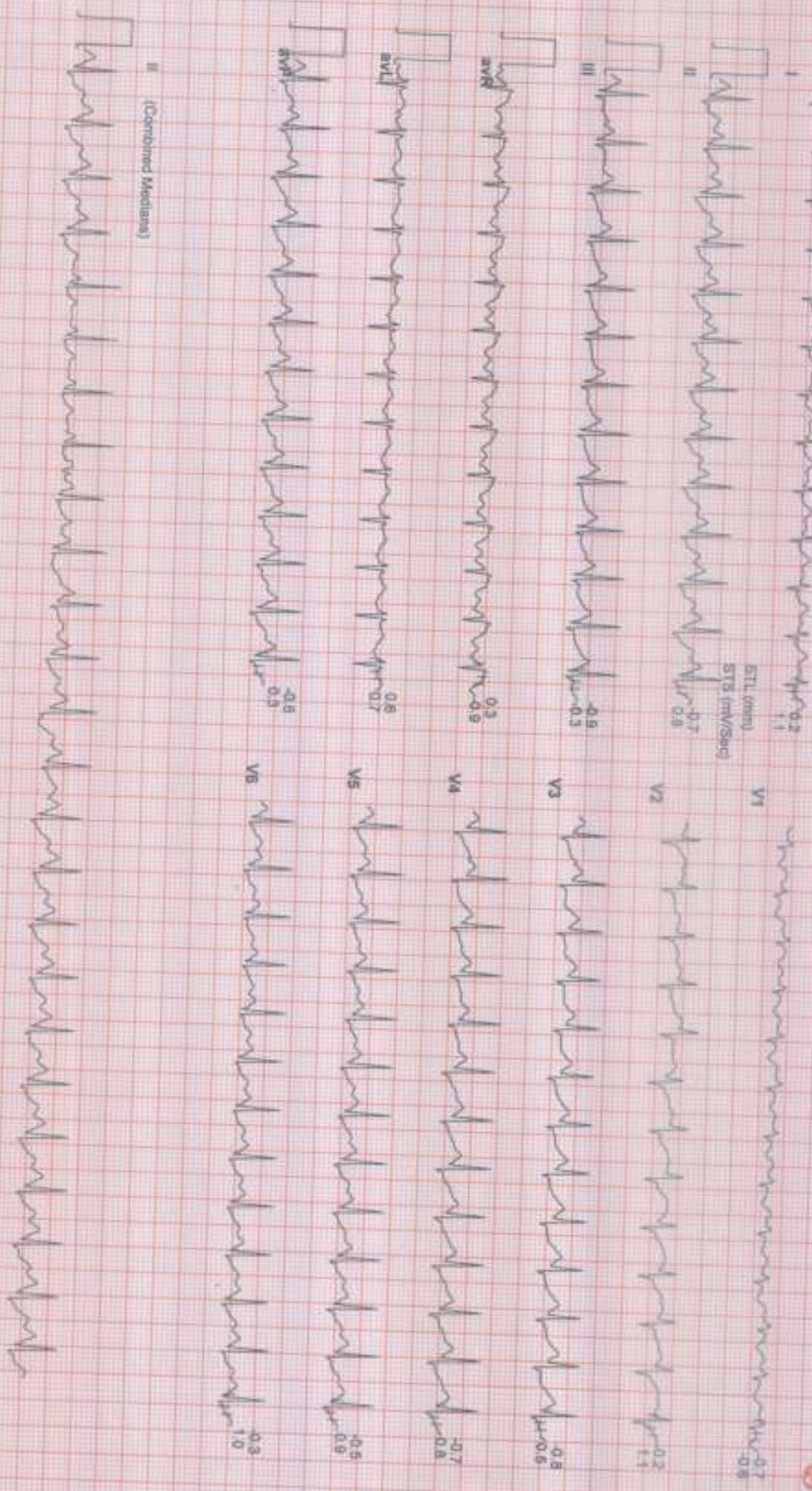
1212 / VRANDA SHARMA / 34 Yrs / Female / 158 Cm / 60 Kg

Date: 16 / 03 / 2024 03:07:54 PM METE : 4.7 HR : 152 Target HR : 62% of 186 BP : 140/70 Post J GeomSec

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



Extra: 03:00 Speed: 1.7 mph Grade: 16.00 % 25 mm/Sec 1.0 Cm/IV

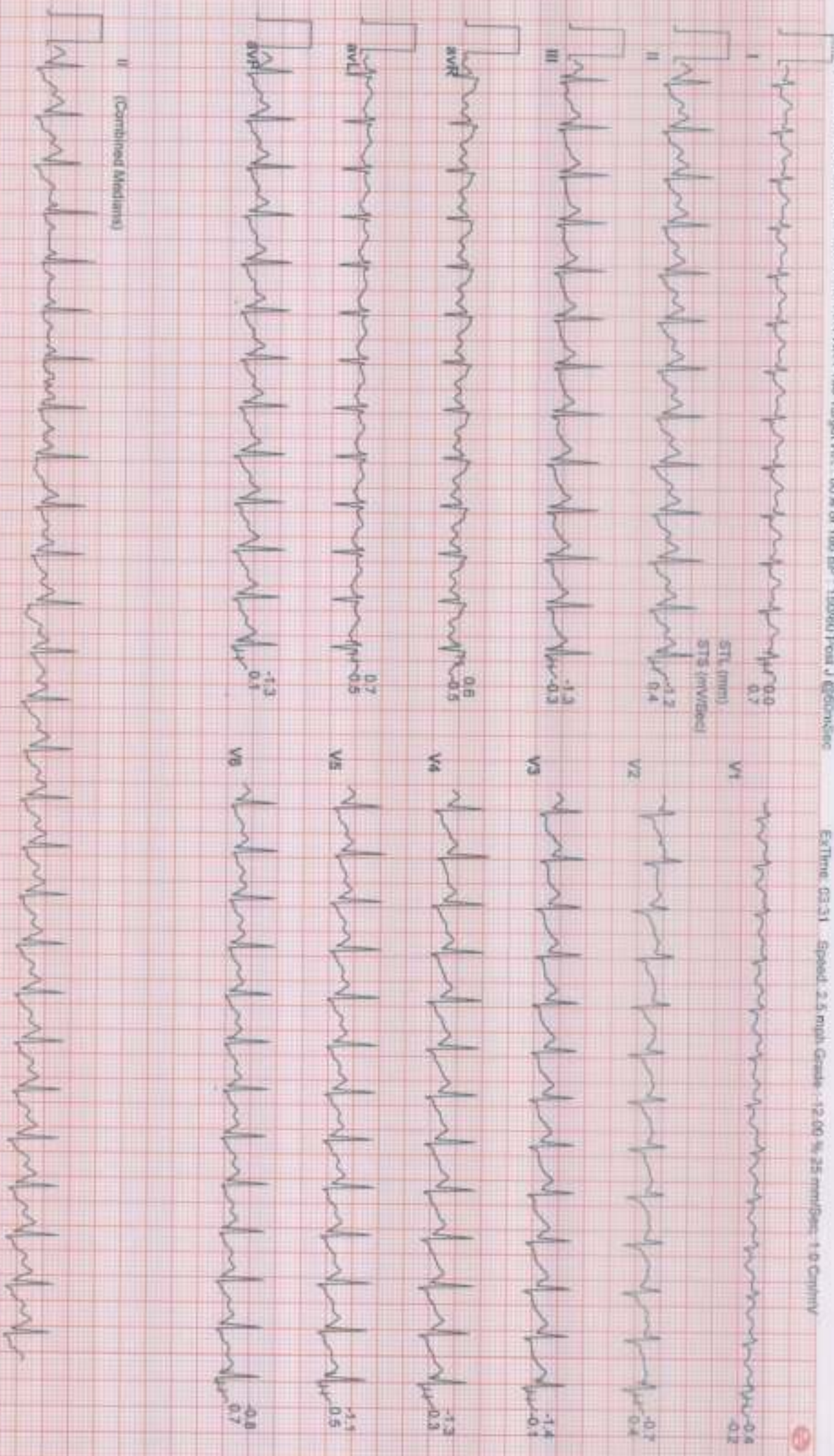






Date: 16/03/2024 00:07:54 PM METs : 6.1 HR : 160 Target HR : 65% of 160 BP : 100/60 Post J @Gonitex

ExTime: 03:31 Speed: 2.5 mph Grade: -12.00 % 25 mm/Sec: 1.0 Cm/IV



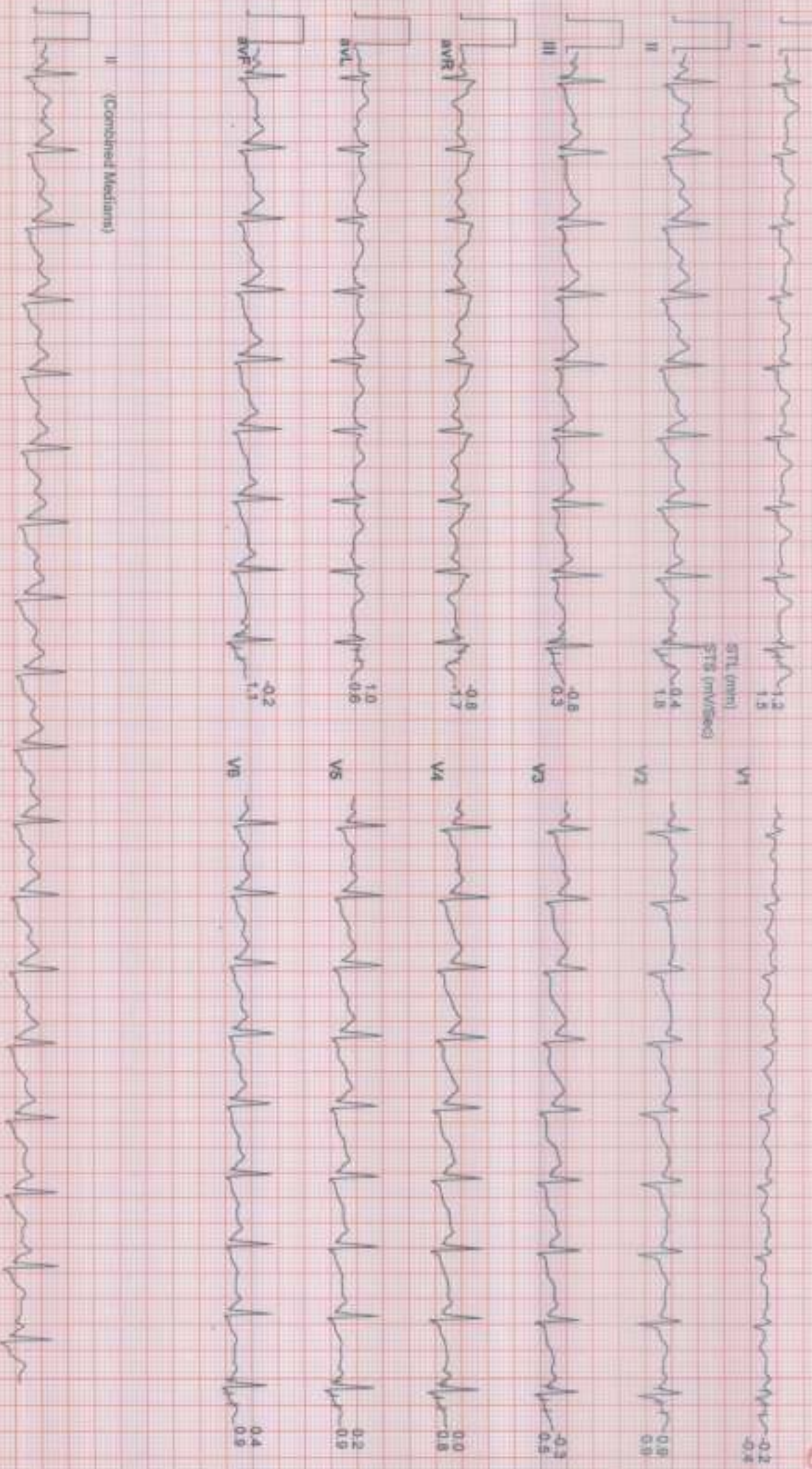
II (Combined Medians)





Date: 16 / 03 / 2024 03:07:54 PM METS : 1.0 HR : 107 Target HR : 50% of 196 BP : 150/80 Post J @ 100Sec

ExTime: 03:31 Speed: 0.0 mph Grade: 00.00 % 26 mm/Sec 1.0 Cm/IV





**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

1212 / VRANDA SHARMA / 34 Yrs / Female / 158 Cm / 60 Kg

Date: 16 / 03 / 2024 03:07:04 PM METs : 1.0 HR : 104 Target HR : 66% of 166 BP : 130/90 PwL J @60mSec

ExTime: 03:31 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec: 1.0 Cm/ly

**6X2 Combine Medians + 1 Rhythm**  
Recovery : ( 01:14 )

