

Issue Date: 07/01/2013



Roma Prabhat Sharma  
DOB: 14/08/1988  
Female



भारत सरकार  
Government of India



2277 4300 5221

मेरा आधार, मेरी पहचान

Dr. Manasee Kulkarni  
M.B.B.S  
2006/09/3439

**PHYSICAL EXAMINATION REPORT**

Patient Name	Rouma sharma	Sex/Age	F / 34
Date	14/10/2022	Location	Thane :

**History and Complaints**

H/O - Hypothyroidism

**EXAMINATION FINDINGS:**

Height (cms):	165	Temp (0c):	37.5
Weight (kg):	68	Skin:	NAD
Blood Pressure	110/70	Nails:	
Pulse	72/min	Lymph Node:	

**Systems :**

Cardiovascular:	NAD
Respiratory:	
Genitourinary:	
GI System:	
CNS:	

**Impression:** ↓ Hb.

- Urine - occasional yeast cells.  
- USG - Uterine fibroid.

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

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**Advice:**

- Iron Supplement.  
- Gynaec Consultation.  
- Drink plenty of liquids.

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

**PERSONAL HISTORY:**

1)	Alcohol	NO
2)	Smoking	NO
3)	Diet	- Veg
4)	Medication	- Tab. Thyronorm 75

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

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CID : 2228718438  
Name : MS.ROMA SHARMA  
Age / Gender : 34 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 14-Oct-2022 / 09:11  
Reported : 14-Oct-2022 / 12:45

**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>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	11.8	12.0-15.0 g/dL	Spectrophotometric
RBC	4.00	3.8-4.8 mil/cmm	Elect. Impedance
PCV	35.9	36-46 %	Measured
MCV	90	80-100 fl	Calculated
MCH	29.3	27-32 pg	Calculated
MCHC	32.7	31.5-34.5 g/dL	Calculated
RDW	13.3	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	4400	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	29.0	20-40 %	
Absolute Lymphocytes	1276.0	1000-3000 /cmm	Calculated
Monocytes	5.6	2-10 %	
Absolute Monocytes	246.4	200-1000 /cmm	Calculated
Neutrophils	62.0	40-80 %	
Absolute Neutrophils	2728.0	2000-7000 /cmm	Calculated
Eosinophils	3.4	1-6 %	
Absolute Eosinophils	149.6	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.

**PLATELET PARAMETERS**

Platelet Count	111000	150000-400000 /cmm	Elect. Impedance
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Reported : 14-Oct-2022 / 11:15

Manual platelet count 150000 /cmm.

MPV	12.5	6-11 fl	Calculated
PDW	22.8	11-18 %	Calculated

**RBC MORPHOLOGY**

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

**WBC MORPHOLOGY**

PLATELET MORPHOLOGY Megaplatelets seen on smear

COMMENT -

Result rechecked.

Kindly correlate clinically.

Specimen: EDTA Whole Blood

ESR, EDTA WB	15	2-20 mm at 1 hr.	Westergren
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\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West



*Amit Taori*

Dr. AMIT TAORI  
M.D ( Path )  
Pathologist

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Reported : 14-Oct-2022 / 12:24

**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	96.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	117.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.85	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.32	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.53	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
SGOT (AST), Serum	14.6	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	12.6	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	4.7	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	50.0	35-105 U/L	PNPP
BLOOD UREA, Serum	17.8	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	8.3	6-20 mg/dl	Calculated

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CREATININE, Serum	0.77	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	91	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.1	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  
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*Amit Taori*

Dr.AMIT TAORI  
M.D ( Path )  
Pathologist



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	96.8	mg/dl	Calculated

**Intended use:**

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

**Clinical Significance:**

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

**Test Interpretation:**

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

**Factors affecting HbA1c results:**

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

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

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

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

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*Dr. VRUSHALI SHROFF*

**Dr.VRUSHALI SHROFF**  
**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>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
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
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	4-5		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	6-8	Less than 20/hpf	
Others	Yeast cells : Occasional		

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Reported : 14-Oct-2022 / 13:09

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

PARAMETER	RESULTS
ABO GROUP	B
Rh TYPING	Positive

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

Specimen: EDTA Whole Blood and/or serum

**Clinical significance:**

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

**Limitations:**

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

**References:**

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

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*Amid Taori*

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	132.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	61.4	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	45.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	86.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	75.0	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	11.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.6	0-3.5 Ratio	Calculated

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Collected : 14-Oct-2022 / 09:11  
Reported : 14-Oct-2022 / 11:45

**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	4.2	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.5	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	2.71	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 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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*Ami Taori*

Dr.AMIT TAORI  
M.D ( Path )  
Pathologist

Date:- 14/10/22  
Name:- Roma Shurman  
CID:  
Sex / Age: F 34

**EYE CHECK UP**

Chief complaints: RCV

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: BR 6/6 NV 12/6.

Aided Vision:

Refraction:

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

Colour Vision: Normal / Abnormal

Remark: Good Vision

MR. PRAKASH KUDVA  
SR. OPTOMETRIST

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Age / Sex : 34 Years/Female  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 14-Oct-2022  
Reported : 14-Oct-2022 / 14:32

### USG WHOLE ABDOMEN

**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:** Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

**KIDNEYS:** Right kidney measures 9.9 x 3.7 cm. Left kidney measures 10.5 x 5.2 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 8.1 x 4.8 x 4.1 cm. **A 1.2 x 1.1 cm sized anterior wall intramural fibroid is noted**. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 9.4 mm. Cervix appears normal.

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

The right ovary measures 2.4 x 1.9 cm .

The left ovary measures 2.6 x 2.7 cm .

No free fluid or significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/RISViewer/NooradViewer?AccessionNo=2022101409022208>

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**IMPRESSION:**

- UTERINE FIBROID.

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

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

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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HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

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Page no 2 of 2

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2228718438  
Name : Ms Roma Sharma  
Age / Sex : 34 Years/Female  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre

Reg. Date : 14-Oct-2022  
Reported : 14-Oct-2022 / 9:52

**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-----

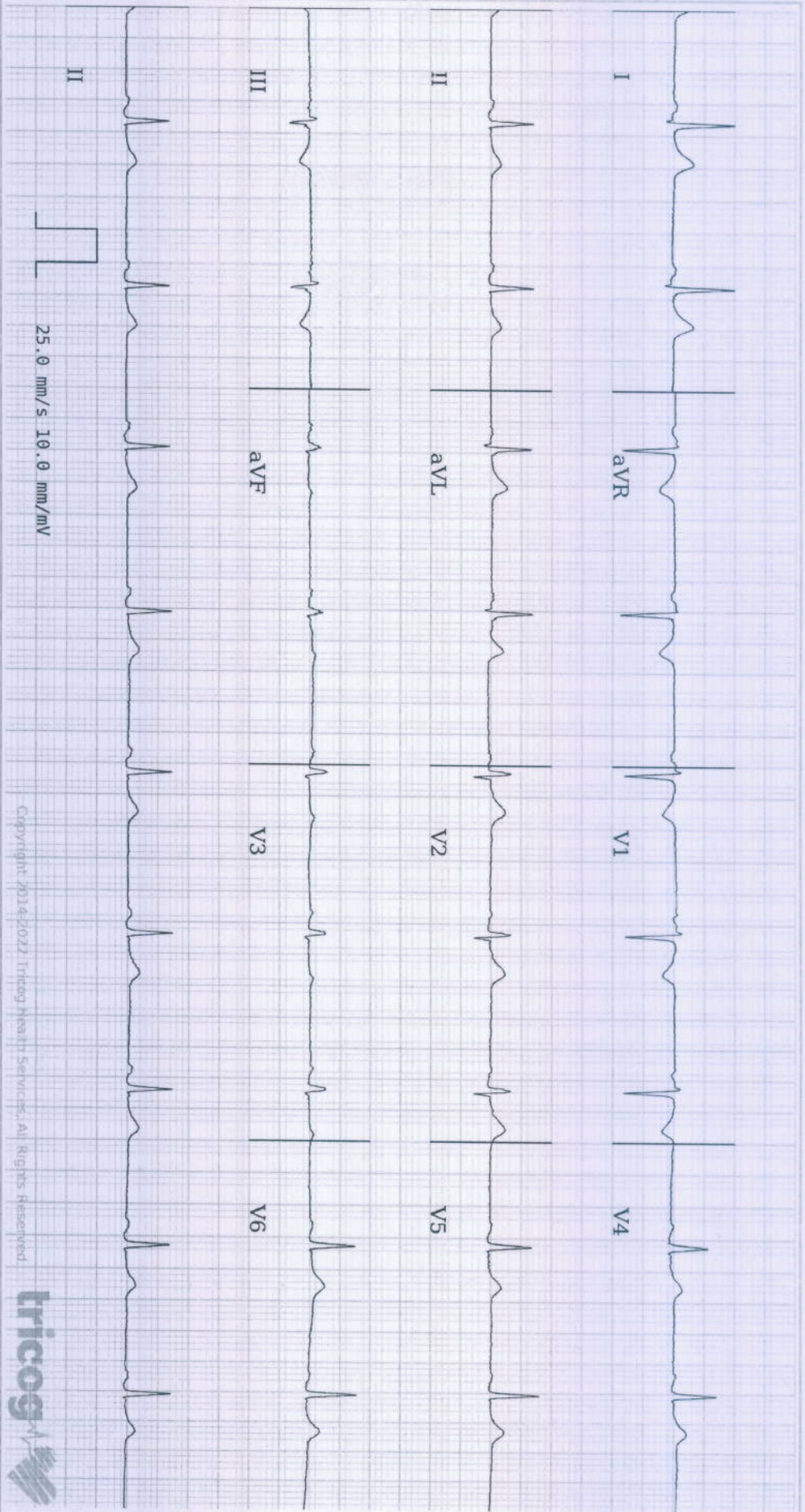
**This report is prepared and physically checked by DR. FAIZUR KHILJI before dispatch.**

**Dr.FAIZUR KHILJI**  
**MBBS,RADIO DIAGNOSIS**  
**Reg No-74850**  
**Consultant Radiologist**

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Age **34** **2** **0**  
years months days

Gender **Female**

Heart Rate **60bpm**

Patient Vitals

BP: 110/70 mmHg

Weight: 68 kg

Height: 162 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

**Measurements**

QRSD: 68ms

QT: 376ms

QTc: 376ms

PR: 126ms

P-R-T: 27° 18° 6°

**ECG Within Normal Limits: Sinus Rhythm, Normal Axis, Low Voltage QRS. Please correlate clinically.**

REPORTED BY

DR SHAILAJA PILLAI  
MBBS, MD Physician  
MD Physician  
49972

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient visits are as ordered by the clinician and not derived from the ECG.

**SUBURBAN DIAGNOSTICS THANE GB**  
**THANE GB**

Report



1038 (2228718438) / ROMA SHARMA / 34 Yrs / F / 165 Cms / 68 Kg Date: 14-Oct-2022

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:06	0:06	00.0	00.0	01.0	071	38 %	120/80	085	00	
Standing	00:10	0:04	00.0	00.0	01.0	071	38 %	120/80	085	00	
HV	00:14	0:04	00.0	00.0	01.0	065	35 %	120/80	078	00	
ExStart	00:16	0:02	01.7	10.0	01.1	068	37 %	120/80	081	00	
BRUCE Stage 1	03:16	3:00	01.7	10.0	04.7	124	67 %	130/80	161	00	
BRUCE Stage 2	06:16	3:00	02.5	12.0	07.1	141	76 %	140/80	197	00	
PeakEx	08:28	2:12	03.4	14.0	09.4	162	87 %	150/80	243	00	
Recovery	09:28	1:00	00.0	00.0	01.2	127	68 %	150/80	190	00	
Recovery	10:28	2:00	00.0	00.0	01.0	102	55 %	150/80	153	00	
Recovery	12:28	4:00	00.0	00.0	01.0	116	62 %	150/80	174	00	
Recovery	13:57	5:30	00.0	00.0	01.0	098	53 %	130/80	127	00	

**FINDINGS :**

Exercise Time : 08:12  
 Max HR Attained : 162 bpm 87% of Target 186  
 Max BP Attained : 150/80  
 Max WorkLoad Attained : 9.4 Good response to induced stress  
 Test End Reasons : Fatigue, Heart Rate Achieved

**Dr. SHAILAJA PILLAI**

M.D. (GEN.MED)

R.NO. 49972

Doctor : DR.SHAILAJA PILLAI



**REPORT :**

**PROCEDURE DONE:** Graded exercise treadmill stress test.

**STRESS ECG RESULTS:** The initial HR was recorded as 65.0 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 0.0. 0.0 Ectopic Beats were observed during the Test.  
The Test was completed because of Fatigue, Heart Rate Achieved.

**CONCLUSIONS:**

1. TMT is negative for exercise induced ischemia.
2. Normal chronotropic and Normal inotropic response.
3. No significant ST T changes seen.

**Dr. SHAILAJA PILLAI**

**M.D. (GEN.MED)**

**R.NO. 48972**

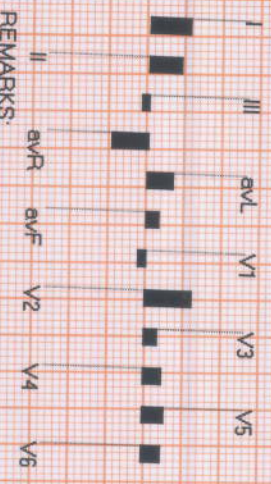
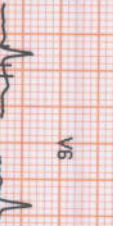
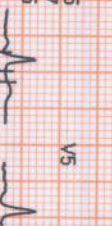
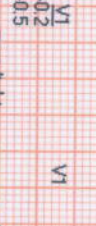
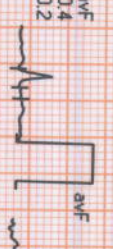
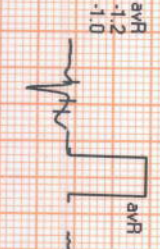
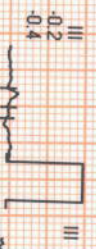
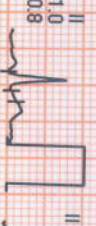
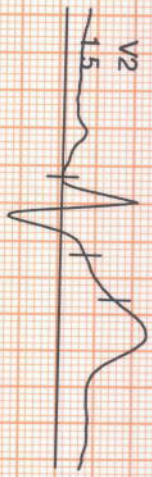
**Doctor : DR.SHAILAJA PILLAI**





Date: 14-Oct-2022 10:24:05 AM METS: 1.0/71 bpm 38% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

EXTime: 00:00 0.0 mph, 0.0%  
25 mm/Sec. 1.0 Cm/mV



REMARKS:

# SUBURBAN DIAGNOSTICS THANE GB

1038 (2228718438) / ROMA SHARMA / 34 Yrs / F / 165 Cms / 68 Kg / HR : 65

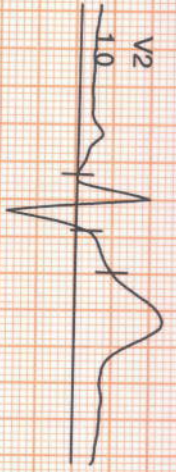
4X 80 ms Post J

Date: 14-Oct-2022 10:24:05 AM METS: 1.0/65 bpm 35% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 20 Hz

STANDING ( 00:00 )



EXTime: 00:00 0.0 mph, 0.0%  
25 mm/Sec, 1.0 Cm/mV



srL 08  
srS 06

II 08  
05

III 01  
01  
-02

aVR -08  
-08  
-05

aVL 03  
03  
04

aVF 05  
05  
02

V1 00  
00  
00

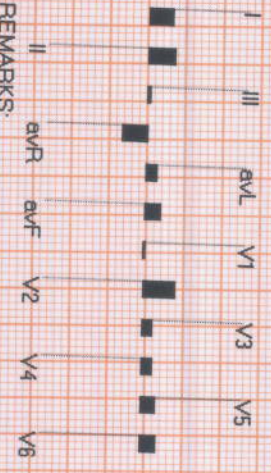
V2 10  
10  
07

V3 03  
03  
01

V4 03  
03  
01

V5 04  
04  
02

V6 05  
05  
02



REMARKS:

# SUBURBAN DIAGNOSTICS THANE GB

1038 (2228718438) / ROMA SHARMA / 34 Yrs / F / 165 Cms / 68 Kg / HR : 65

4X 80 ms Post J

Date: 14-Oct-2022 10:24:05 AM

METS: 1.0/65 bpm 35% of THR

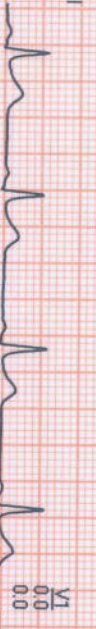
BP: 120/80 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 20 Hz

HV ( 00:00 )



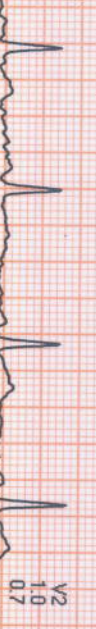
EXTime: 00:00 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV



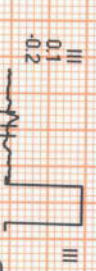
V1

V1



V2

V2



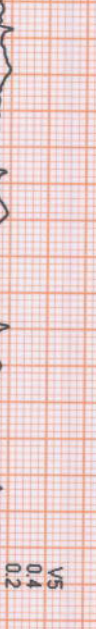
V3

V3



V4

V4



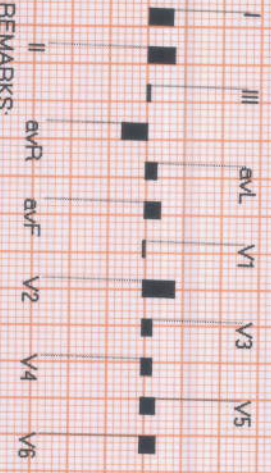
V5

V5



V6

V6



REMARKS:



# SUBURBAN DIAGNOSTICS THANE GB

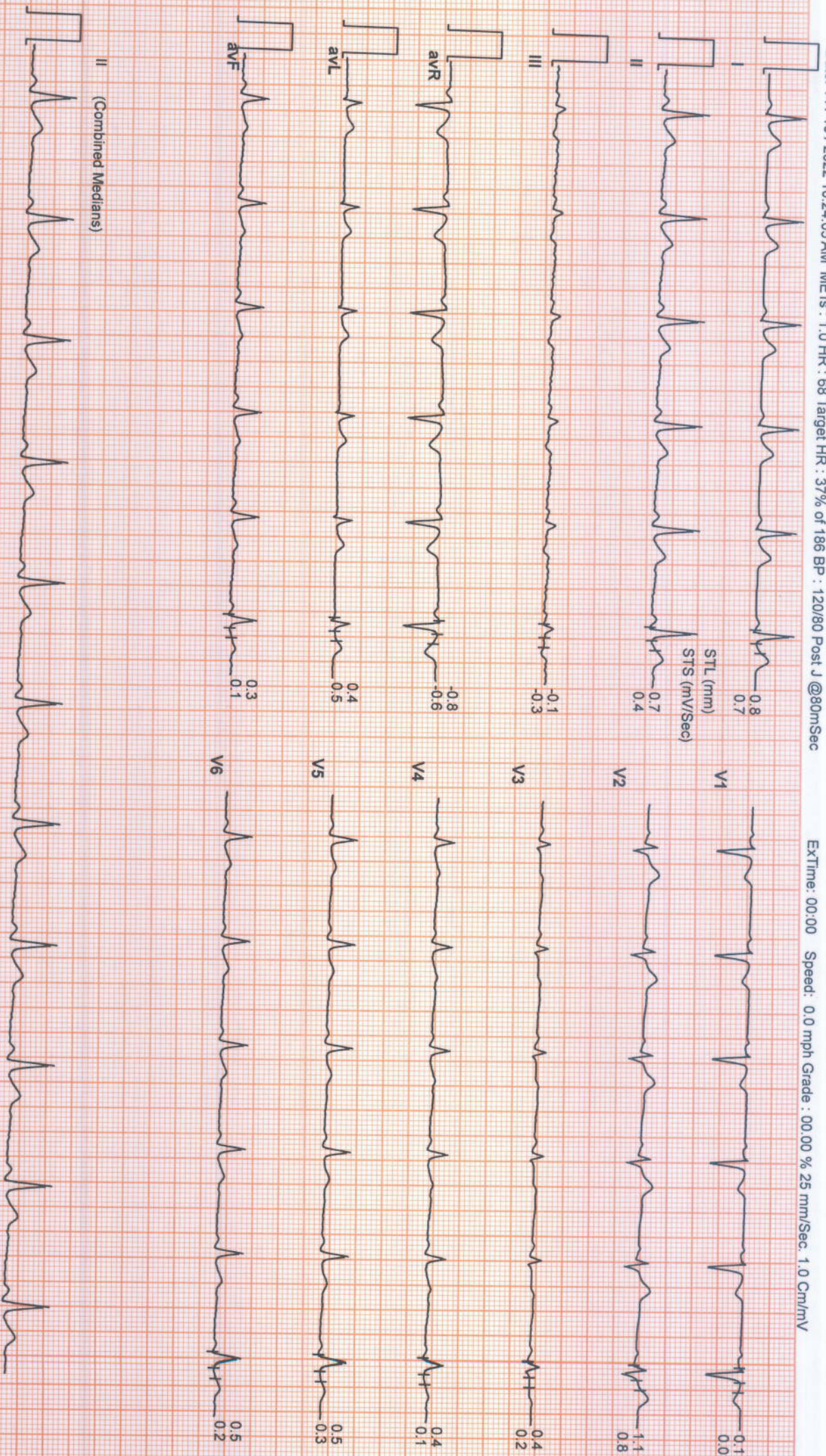
THANE GB  
1038 / ROMA SHARMA / 34 Yrs / Female / 165 Cm / 68 Kg

6X2 Combine Medians + 1 Rhythm  
ExStt



Date: 14 / 10 / 2022 10:24:05 AM METs : 1.0 HR : 68 Target HR : 37% of 186 BP : 120/80 Post J @30mSec

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



# SUBURBAN DIAGNOSTICS THANE GB

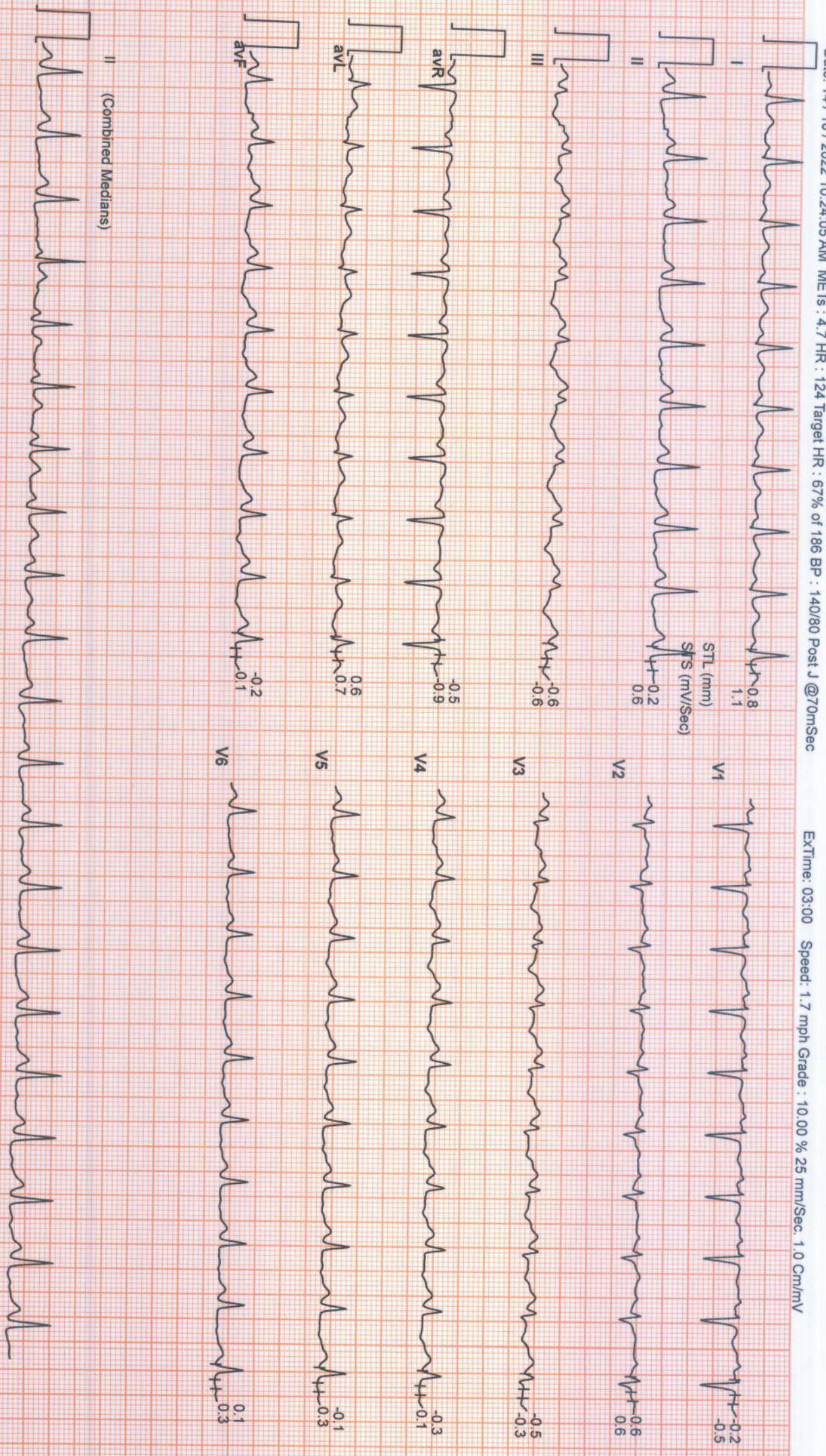
THANE GB  
1038 / ROMA SHARMA / 34 Yrs / Female / 165 Cm / 68 Kg

Date: 14 / 10 / 2022 10:24:05 AM METs : 4.7 HR : 124 Target HR : 67% of 186 BP : 140/80 Post J @70mSec

ExTime: 03:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec. 1.0 Cm/mV

## 6X2 Combine Medians + 1 Rhythm

BRUCE : Stage 1 ( 03:00 )



# SUBURBAN DIAGNOSTICS THANE GB

THANE GB

1038 / ROMA SHARMA / 34 Yrs / Female / 165 Cm / 68 Kg

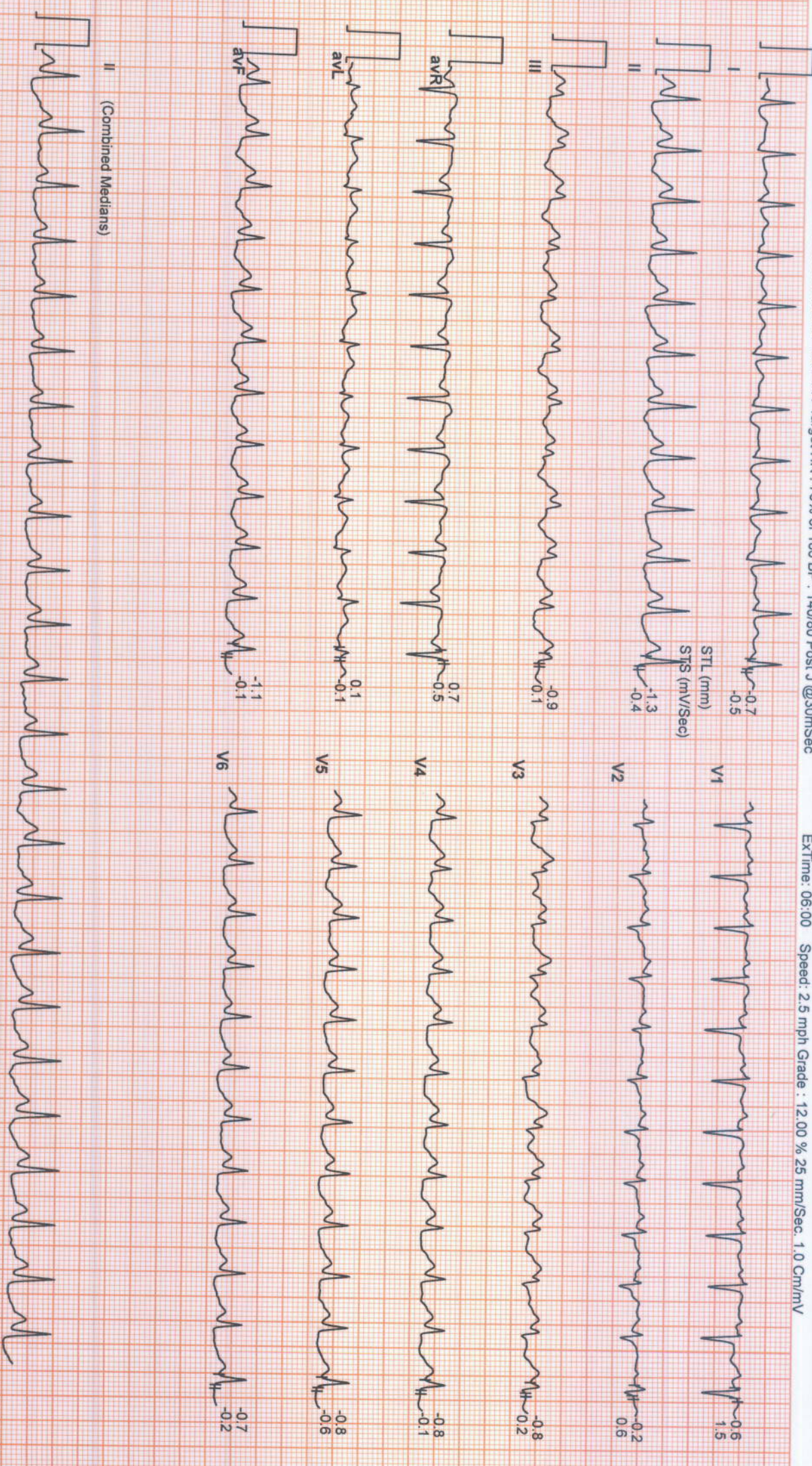
Date: 14 / 10 / 2022 10:24:05 AM METs : 7.1 HR : 141 Target HR : 76% of 186 BP : 140/80 Post J @30mSec

## 6X2 Combine Medians + 1 Rhythm

BRUCE : Stage 2 ( 03:00 )



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



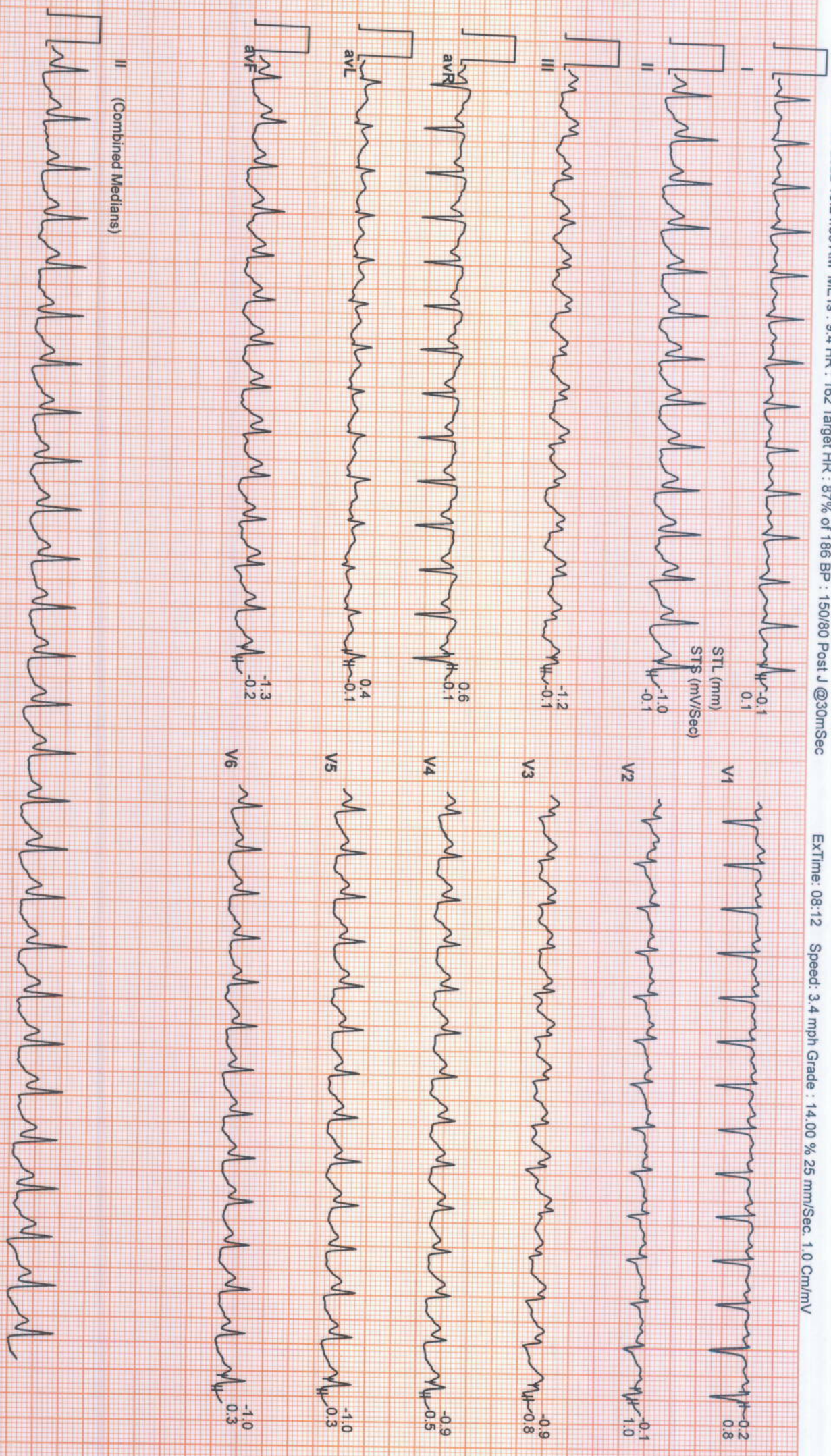
# SUBURBAN DIAGNOSTICS THANE GB

THANE GB  
1038 / ROMA SHARMA / 34 Yrs / Female / 165 Cm / 68 Kg

Date: 14 / 10 / 2022 10:24:05 AM METS : 9.4 HR : 162 Target HR : 87% of 166 BP : 150/80 Post J @30mSec

EXTime: 08:12 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV

## 6X2 Combine Medians + 1 Rhythm PeakEx



# SUBURBAN DIAGNOSTICS THANE GB

THANE GB

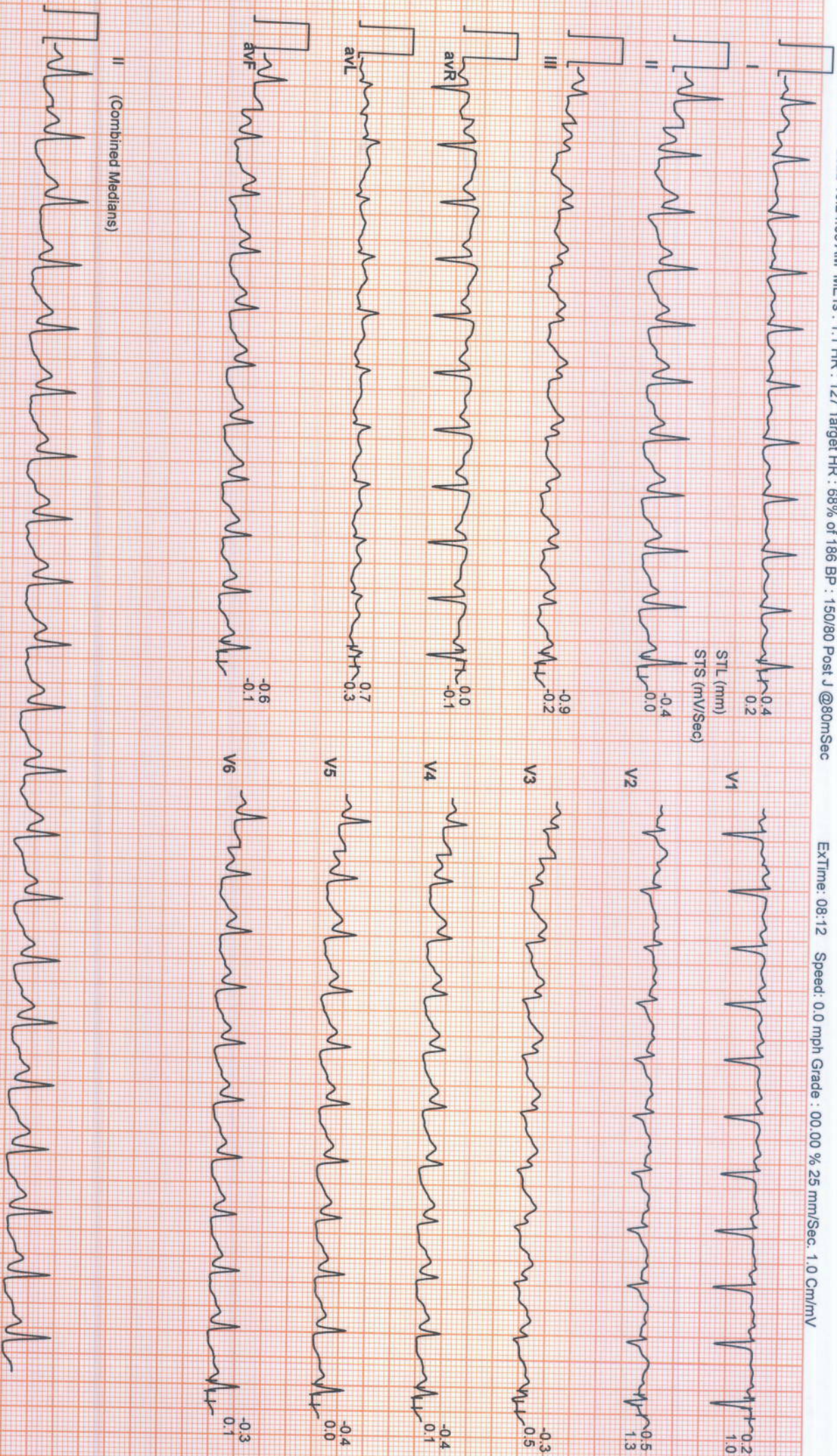
1038 / ROMA SHARMA / 34 Yrs / Female / 165 Cm / 68 Kg

Date: 14 / 10 / 2022 10:24:05 AM METs : 1.1 HR : 127 Target HR : 68% of 166 BP : 150/80 Post J @80mSec

EXTime: 08:12 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

## 6X2 Combine Medians + 1 Rhythm

Recovery : ( 01:00 )



# SUBURBAN DIAGNOSTICS THANE GB

THANE GB

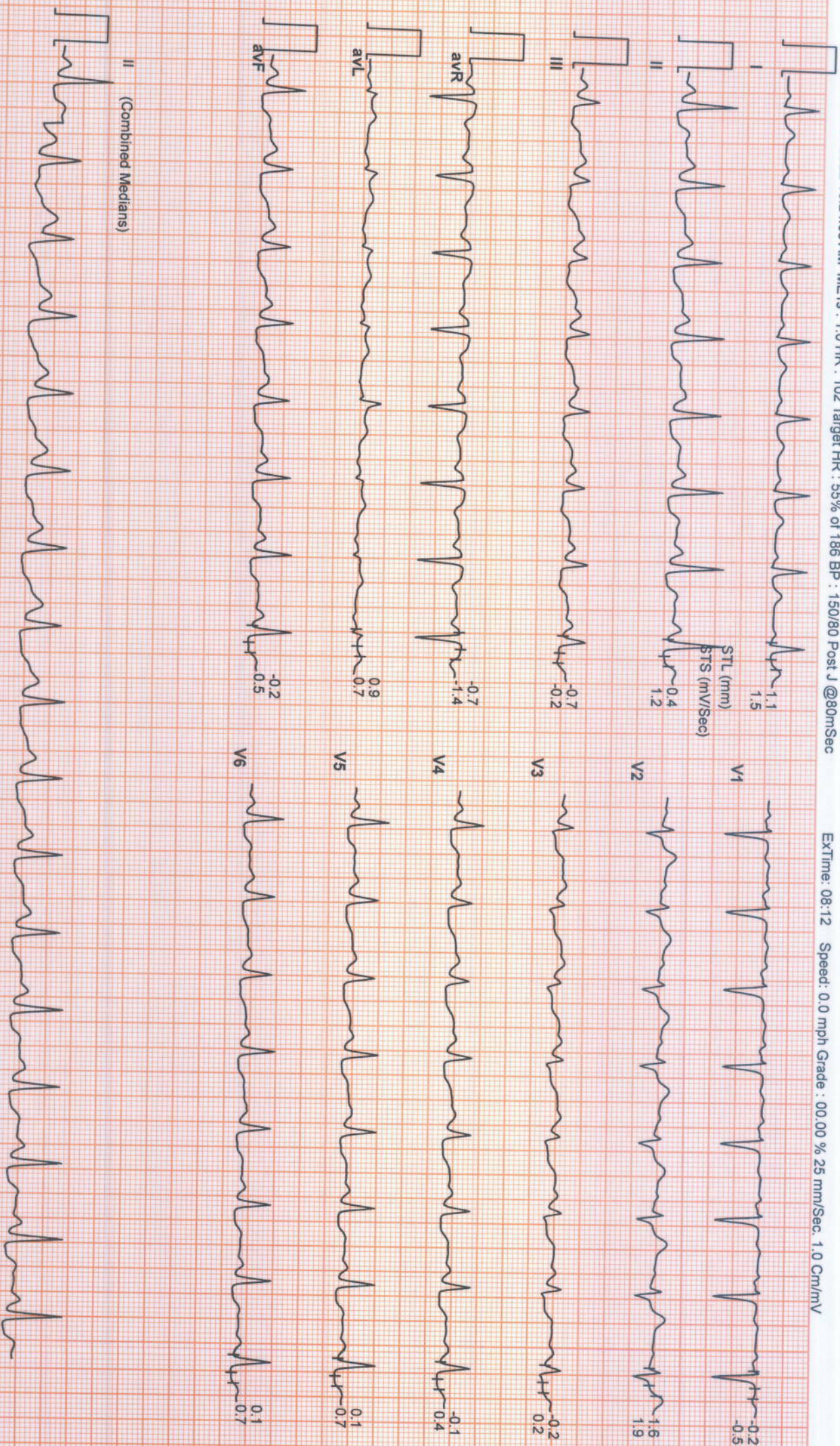
1038 / ROMA SHARMA / 34 Yrs / Female / 165 Cm / 68 Kg

Date: 14 / 10 / 2022 10:24:05 AM METs : 1.0 HR : 102 Target HR : 55% of 166 BP : 150/80 Post J @80mSec

ExTime: 08:12 Speed: 0.0 mph Grade : 00:00 % 25 mm/Sec. 1.0 Cm/mV

## 6X2 Combine Medians + 1 Rhythm

Recovery : ( 02:00 )



# SUBURBAN DIAGNOSTICS THANE GB

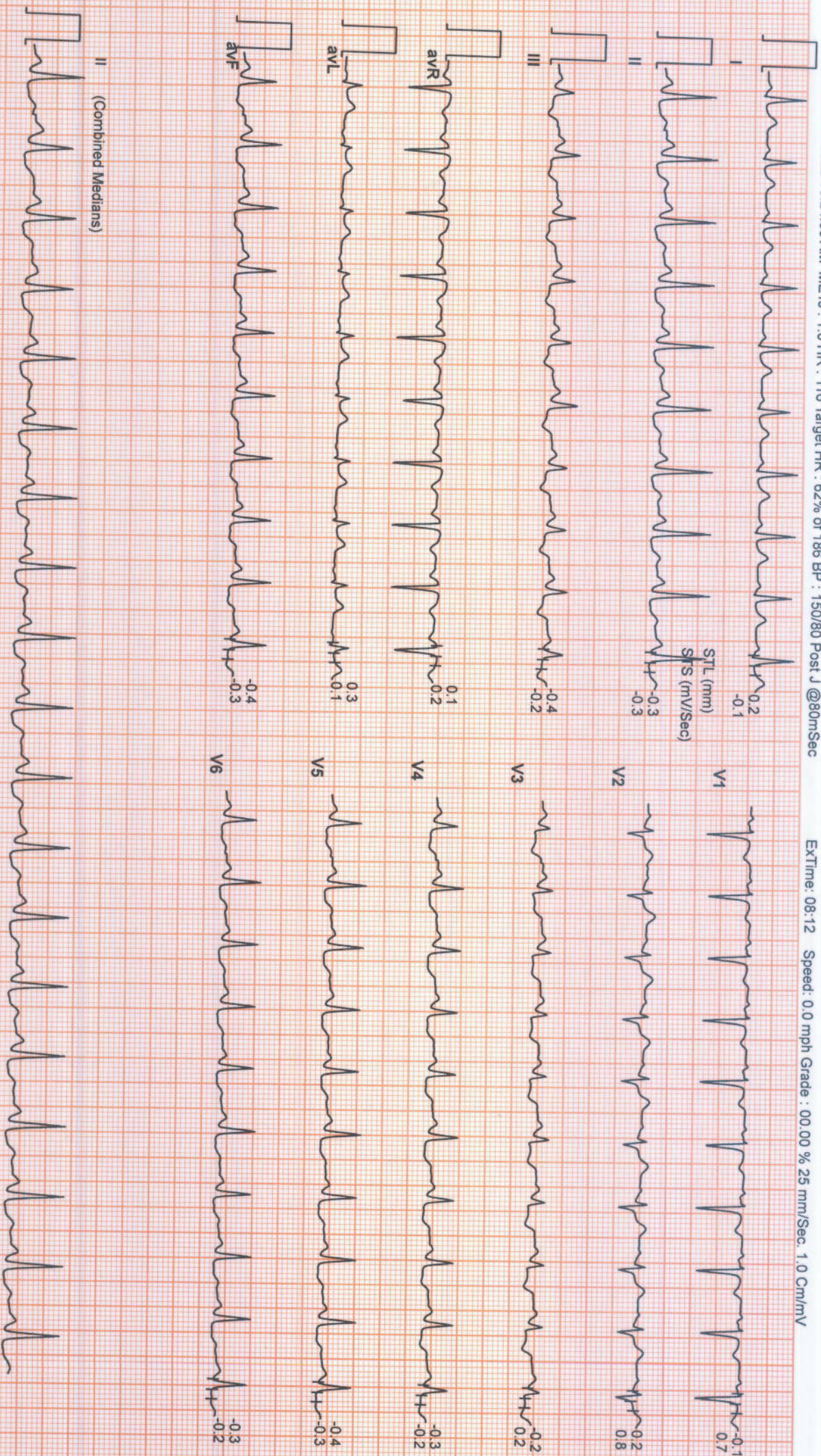
THANE GB  
1038 / ROMA SHARMA / 34 Yrs / Female / 165 Cm / 68 Kg

Date: 14 / 10 / 2022 10:24:05 AM METs : 1.0 HR : 116 Target HR : 62% of 186 BP : 150/80 Post J @80mSec

EXTime: 08:12 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

## 6X2 Combine Medians + 1 Rhythm

Recovery : ( 04:00 )



**SUBURBAN DIAGNOSTICS THANE GB**

THANE GB  
1038 / ROMA SHARMA / 34 Yrs / Female / 165 Cm / 68 Kg

Date: 14 / 10 / 2022 10:24:05 AM METs : 1.0 HR : 98 Target HR : 53% of 186 BP : 130/80 Post J @80mSec

**6X2 Combine Medians + 1 Rhythm**  
Recovery : ( 05:30 )



EXTime: 08:12 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

