



CID : 2401322048
Name : MR.SRIHARSHA KORLA
Age / Gender : 32 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

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Reported : 13-Jan-2024 / 14:37

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	14.8	13.0-17.0 g/dL	Spectrophotometric
RBC	5.11	4.5-5.5 mil/cmm	Elect. Impedance
PCV	45.5	40-50 %	Calculated
MCV	89.1	80-100 fl	Measured
MCH	29.0	27-32 pg	Calculated
MCHC	32.5	31.5-34.5 g/dL	Calculated
RDW	13.5	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5390	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	39.2	20-40 %	
Absolute Lymphocytes	2110	1000-3000 /cmm	Calculated
Monocytes	8.4	2-10 %	
Absolute Monocytes	450	200-1000 /cmm	Calculated
Neutrophils	47.3	40-80 %	
Absolute Neutrophils	2550	2000-7000 /cmm	Calculated
Eosinophils	4.4	1-6 %	
Absolute Eosinophils	240	20-500 /cmm	Calculated
Basophils	0.7	0.1-2 %	
Absolute Basophils	40	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	221000	150000-400000 /cmm	Elect. Impedance
MPV	8.5	6-11 fl	Measured
PDW	15.0	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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Reported : 13-Jan-2024 / 15:48

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	89.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	74.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.57	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.20	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.37	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	8.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.2	1 - 2	Calculated
SGOT (AST), Serum	24.5	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	34.8	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	26.8	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	73.9	40-130 U/L	Colorimetric
BLOOD UREA, Serum	16.5	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.91	0.67-1.17 mg/dl	Enzymatic



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eGFR, Serum	115	(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 16-08-2023

URIC ACID, Serum	5.1	3.5-7.2 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 ***



J. Thakker

Dr. JYOT THAKKER
M.D. (PATH), DPB



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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	5.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	114.0	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 ***



M Jain

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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Yellow	Pale Yellow	-
Reaction (pH)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	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 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
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 is not tested for Bombay blood group.

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 ***



J. Thakker

Dr.JYOT THAKKER
M.D. (PATH), DPB



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Reported : 13-Jan-2024 / 15:52

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	215.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	111.1	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	49.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	165.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	144.0	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	21.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.9	0-3.5 Ratio	Calculated

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



M Jain

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



CID : 2401322048
 Name : MR.SRIHARSHA KORLA
 Age / Gender : 32 Years / Male
 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	5.2	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.5	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.23	0.35-5.5 microIU/ml 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 upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be trasiently altered becuae 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 ***



J. Thakker

Dr.JYOT THAKKER
M.D. (PATH), DPB

Name : MR.SRIHARSHA KORLA

Age / Gender : 32 Years/Male

Consulting Dr. :

Reg.Location : Malad West (Main Centre)

Collected : 13-Jan-2024 / 09:29

Reported : 13-Jan-2024 / 13:35

PHYSICAL EXAMINATION REPORT

History and Complaints:

Nil

EXAMINATION FINDINGS:

Height (cms): 177

Temp (0c): Afebrile

Blood Pressure (mm/hg): 120/80

Pulse: 74/min

Weight (kg): 86

Skin: Normal

Nails: Normal

Lymph Node: Not Palpable

Systems

Cardiovascular: Normal

Respiratory: Normal

Genitourinary: Normal

GI System: Normal

CNS: Normal

IMPRESSION: Mild dyslipidemia

ADVICE: Lifestyle modification

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 |



DID# TESTING - MS2401322048

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Reg.Location : Malad West (Main Centre)

Reported : 13-Jan-2024 / 13:35

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- | | |
|--|---------------------|
| 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 | Fistula 1.5 yrs ago |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

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

*** End Of Report ***

DR. SONALI HONRAO
MD (G.MED)
CONSULTING PHYSICIAN
REG NO.2001/04/1882


Dr.Sonali Honrao
MD physician
Sr. Manager-Medical Services
(Cardiology)

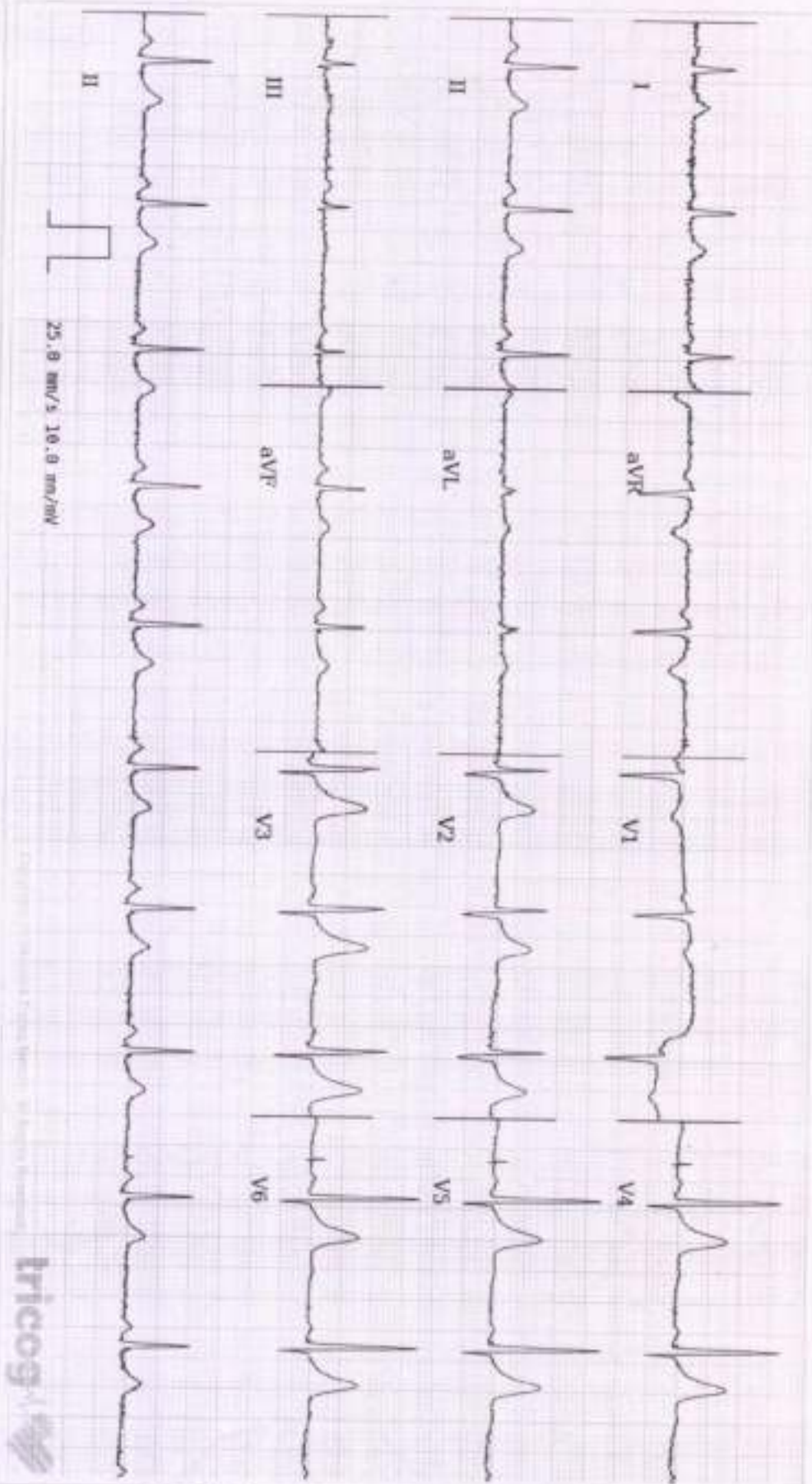
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102-104, Bhooma Centre,
Opp. Goregaon Sports Club,
Link Road, Malad (W), Mumbai - 400 064.



SUBURBAN DIAGNOSTICS - MALAD WEST

Patient Name: **SRIHARSHA KORLA**
Patient ID: **2401322048**

Date and Time: **13th Jan 24 10:02 AM**



Age **32** NA
years months

Gender **Male**

Heart Rate **64bpm**

Patient Vitals

BP: **120/80 mmHg**
Weight: **86 kg**
Height: **177 cm**

Pulse: **NA**
SpO2: **NA**
Resp: **NA**
Others:

Measurements

QRSd: **78ms**
QT: **384ms**
QTcB: **396ms**
PR: **134ms**
P-R-T: **59° 50° 47°**



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

Disclaimer: This analysis is the output of a lead on ECG strip and should be read in conjunction with clinical history, symptoms, and results of other reports and non-physician tests and must be interpreted by a qualified physician. All brand names are as marked by the manufacturer and not affiliated with the ECG.

RECORDED BY

[Signature]

DR SONALI BHOWANI
MD (General Medicine)
Physician
2810/M/1302

Date:- 13/01/24
 Name:- Suchavsha. K

CID: 2401322048
 Sex / Age: 32y / M

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision: DV- RE- 6/G NV-RE- N/G
 LE- 6/G LE- N/G

Aided Vision:

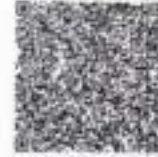
Refraction:

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

Colour Vision: Normal / Abnormal

Remark:

Authenticity Check



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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 case for confirmation of findings. Please interpret accordingly.

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

Dr. Sunil Bhutka
DMRD DNB
MMC REG NO:2011051101

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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 11.4 x 4.5 cm.
Left kidney measures 11.7 x 5.2 cm.

SPLEEN:

The spleen is normal in size 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.

PROSTATE:

The prostate is normal in size and echotexture.

[Click here to view images <<ImageLink>>](#)

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Reg. Date : 13-Jan-2024
Reported : 13-Jan-2024 / 11:16

IMPRESSION:

No 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 case 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 precaution have been taken under covid-19 pandemic.

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



Dr. Sunil Bhutka
DMRD DNB
MMC REG NO:2011051101

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SUBURBAN DIAGNOSTICS

Station

Malad West

Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: SRIHARSHA, KORLA

DOB: 30.08.1991

Patient ID: 2401322048

Age: 32yrs

Height: 177 cm

Gender: Male

Weight: 86 kg

Race: Asian

Study Date: 13.01.2024

Referring Physician: --

Test Type: --

Attending Physician: DR SONALI HONRAO

Protocol: BRUCE

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	02:35	0.00	0.00	100	120/80	
	STANDING	00:15	0.00	0.00	88	120/80	
	HYPERV.	00:06	0.00	0.00	78	120/80	
	WARM-UP	00:14	0.00	0.00	74	120/80	
EXERCISE	STAGE 1	03:00	1.70	10.00	133	130/80	
	STAGE 2	03:00	2.50	12.00	166	140/80	
	STAGE 3	00:20	3.40	14.00	171		
RECOVERY		03:06	0.00	0.00	116	140/80	

The patient exercised according to the BRUCE for 6:20 min:s, achieving a work level of Max. METS: 7.90. The resting heart rate of 99 bpm rose to a maximal heart rate of 171 bpm. This value represents 90 % 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 / arrythmia 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.

Physician _____

Sonal P.

Technician _____

DR. SONALI HONBHO
MD (G.MED)
CONSULTING PHYSICIAN
REG NO 2001/04/1882

DIAGNOSTICS (P) PVT. LTD.
04, Bhodni, 41-20,
Orangeon Sports Club,
Jalad (W), Mumbai - 400 004.

SRIHARSHA, KORLA

Patient ID - 2401322048

13.01.2024

11-43-57am

12-Lead Report

98 bpm

PRETEST

SUPINE

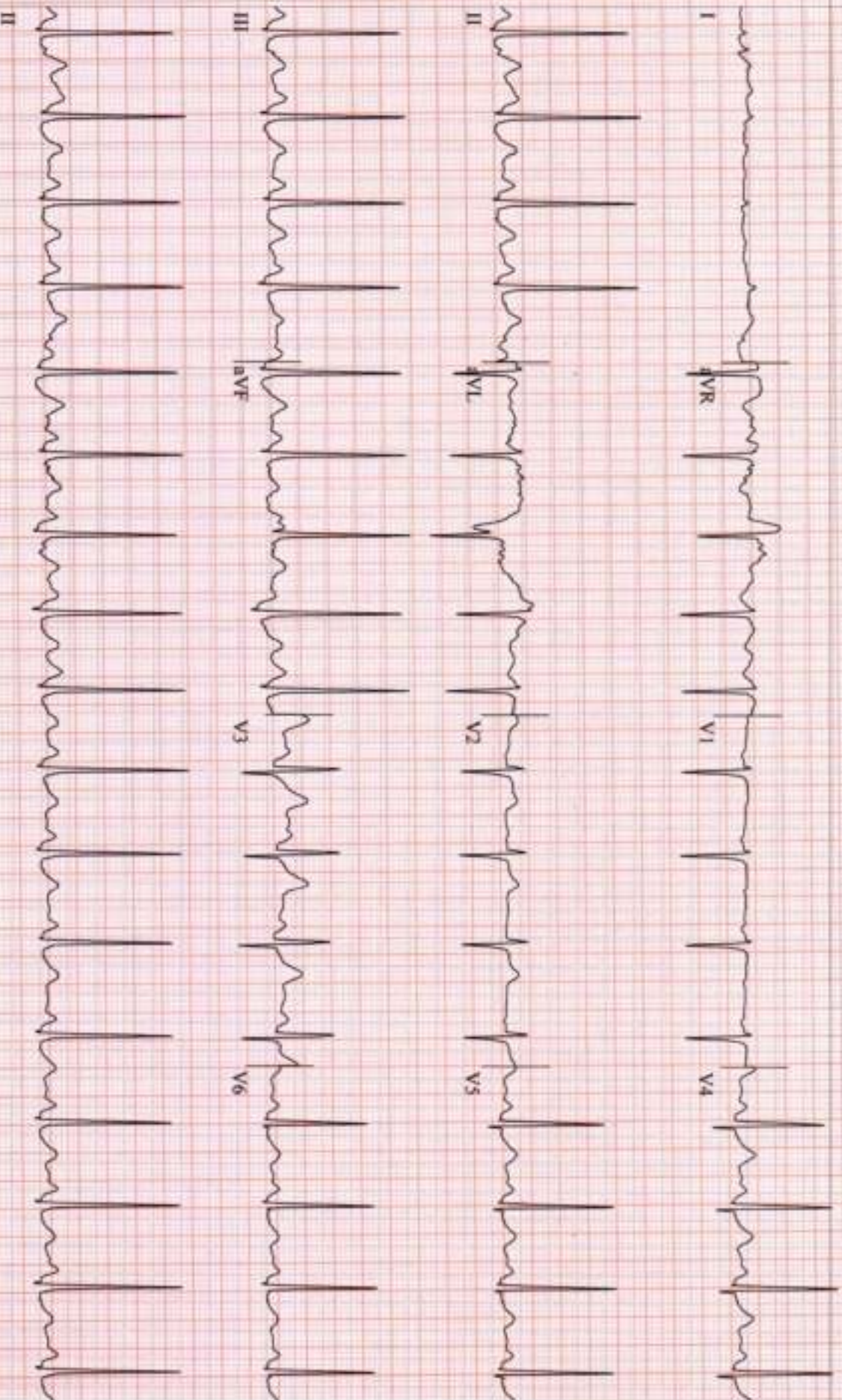
02:33

BRUCE

0.0 mph

0.0 %

SUBURBAN DIAGNOSTIC



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,II)

Start of Test: 11:41:18am

Page

SRIHARSHA, KORLA

Patient ID 2401322048

13.01.2024

11:44:13am

12-Lead Report

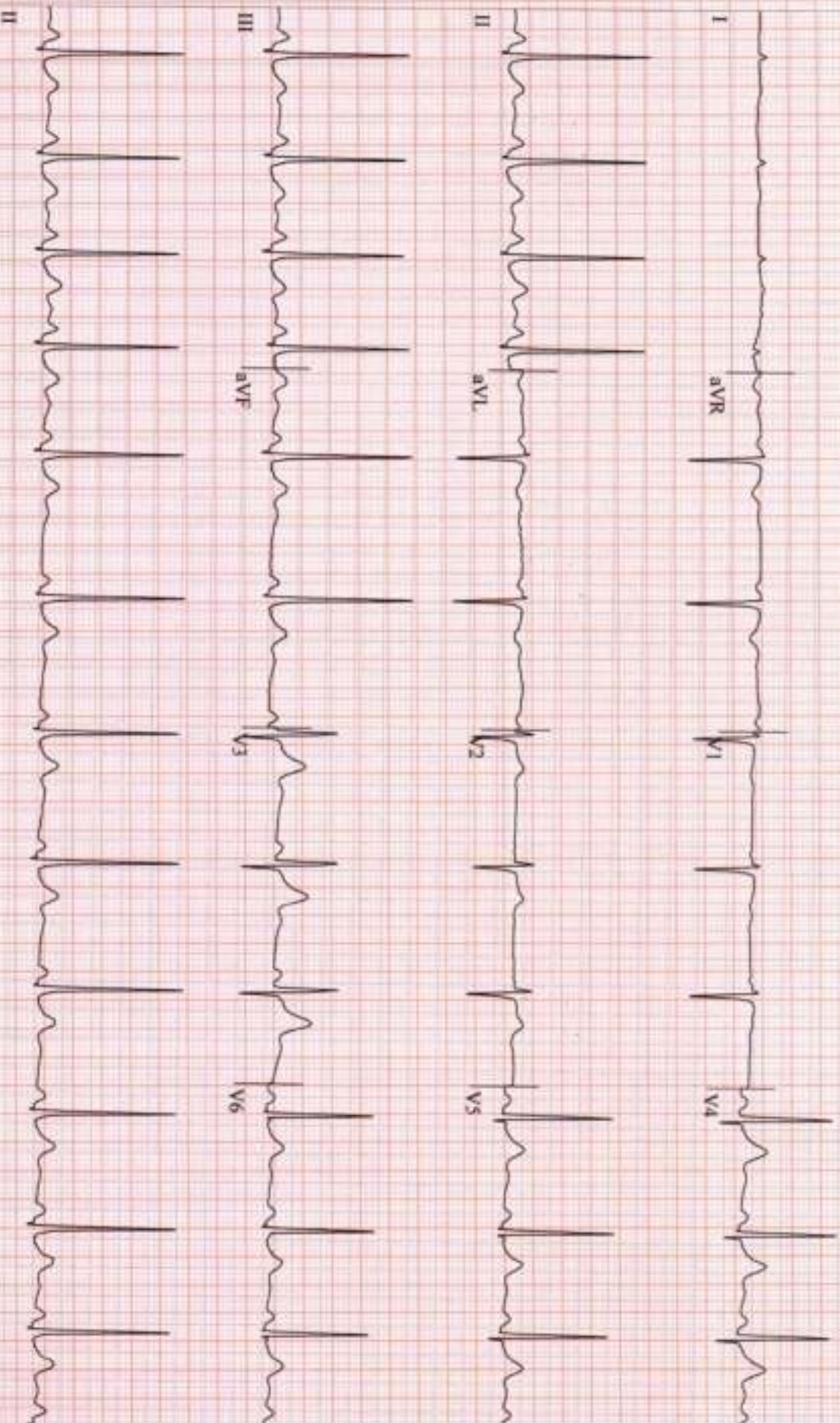
PRETEST
STANDING

02:48

93 bpm
120/80 mmHg

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOSTIC



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,II)

Start of Test: 11:41:18am

SRIHARSHA, KORLA

Patient ID: 2401322048

13.01.2024

11:44:19am

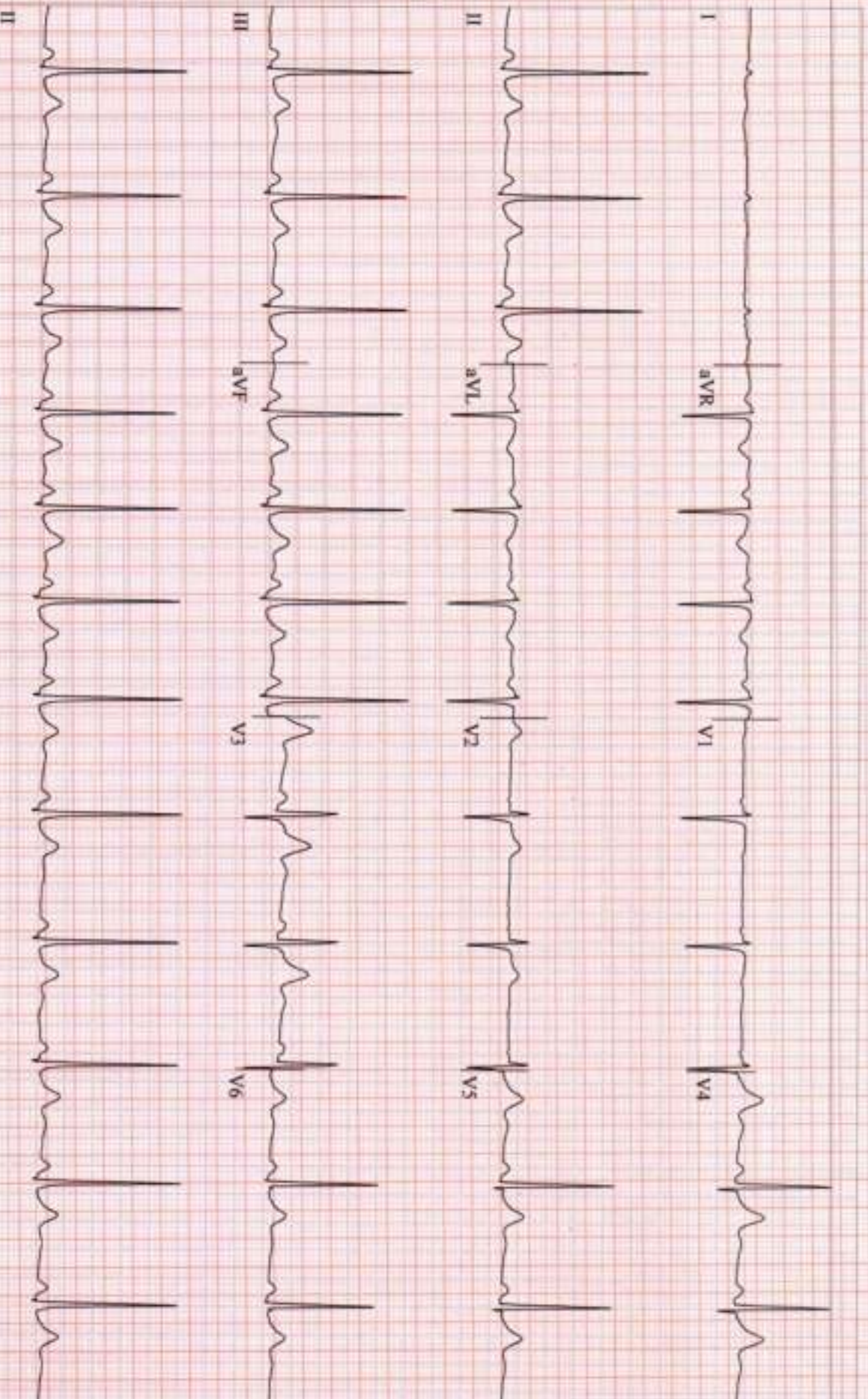
12-Lead Report

78 bpm
120/80 mmHg

PRETEST
HYPERV.
02:55

BRUCE
0.0 mph
0.0 %

SLURBAN DIAGNOSTIC



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,II)

Start of Test: 11:41:18am

SRIHARSHA, KORLA

Patient ID 2401322048

13.01.2024

11:47:19am

Linked Medians

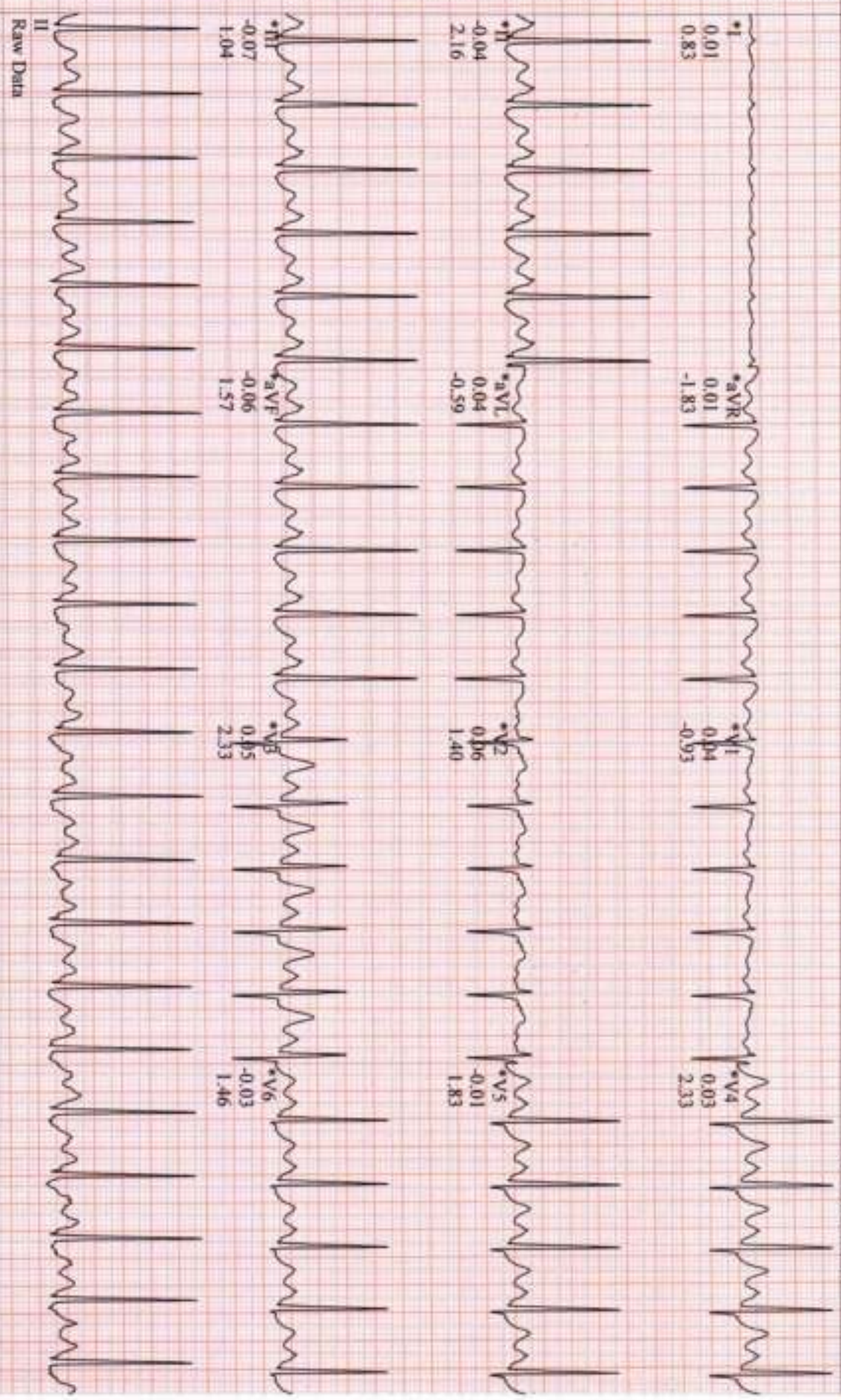
131 bpm
130/80 mmHg

EXERCISE
STAGE 1
02:50

BRUCE
1.7 mph
10.0 %

SUBURBAN DIAGNOSTIC

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



Raw Data

*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,II)

Start of Test: 11:41:18am

SRIHARSHA, KORI, A

Patient ID: 2401322048

13.01.2024

11:50:19am

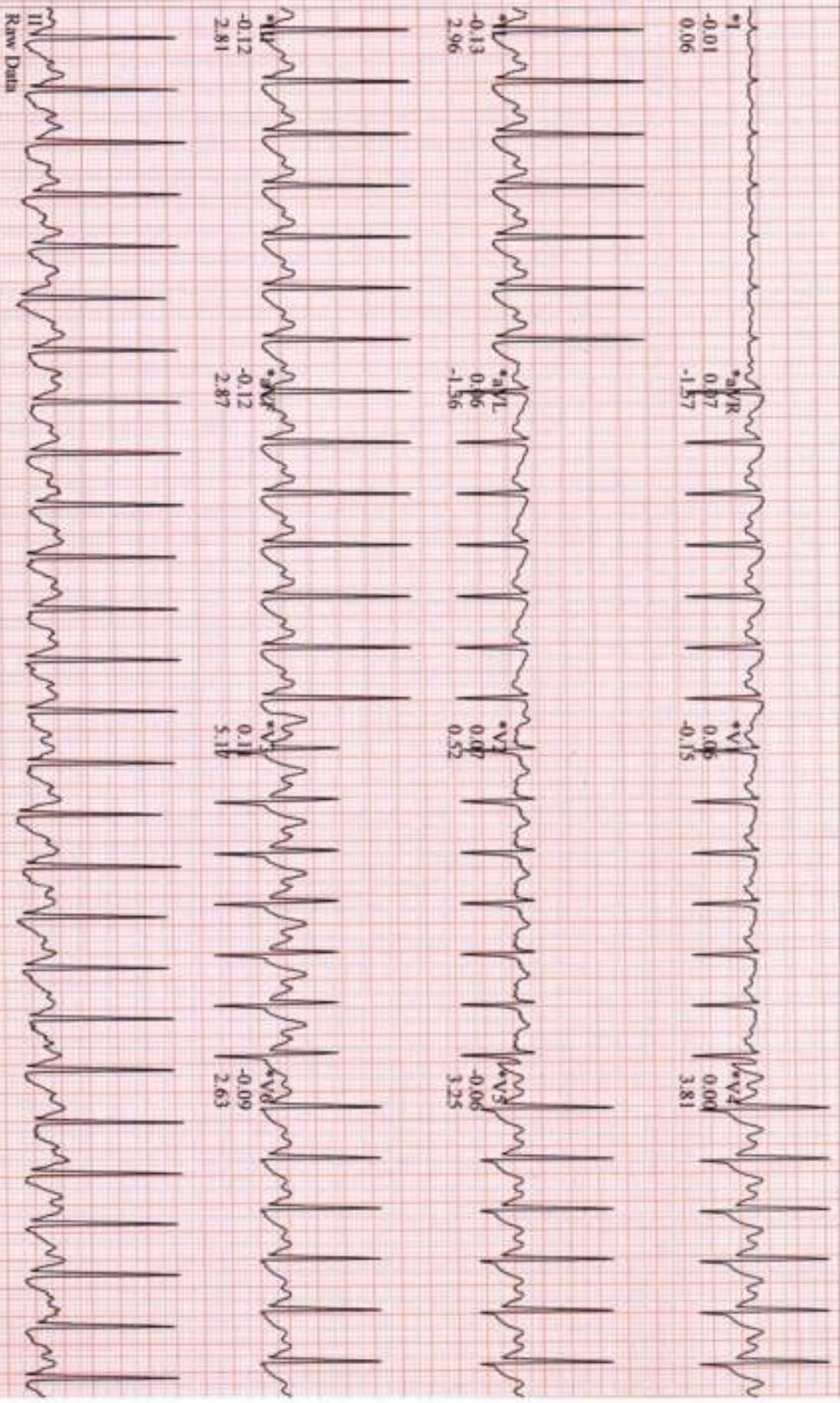
Linked Medians

164 bpm
140/80 mmHg
EXERCISE STAGE 2
05:50

BRUCE
2.5 mph
12.0 %

SUBURBAN DIAGNOSTIC

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



Raw Data

*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,II)

Start of Test: 11:41:18am

Page

SRIHARSHA, KORLA

Patient ID: 2401322048

13.01.2024

11:50:54am

171 bpm

12-Lead Report (PEAK EXERCISE)

EXERCISE

STAGE 3

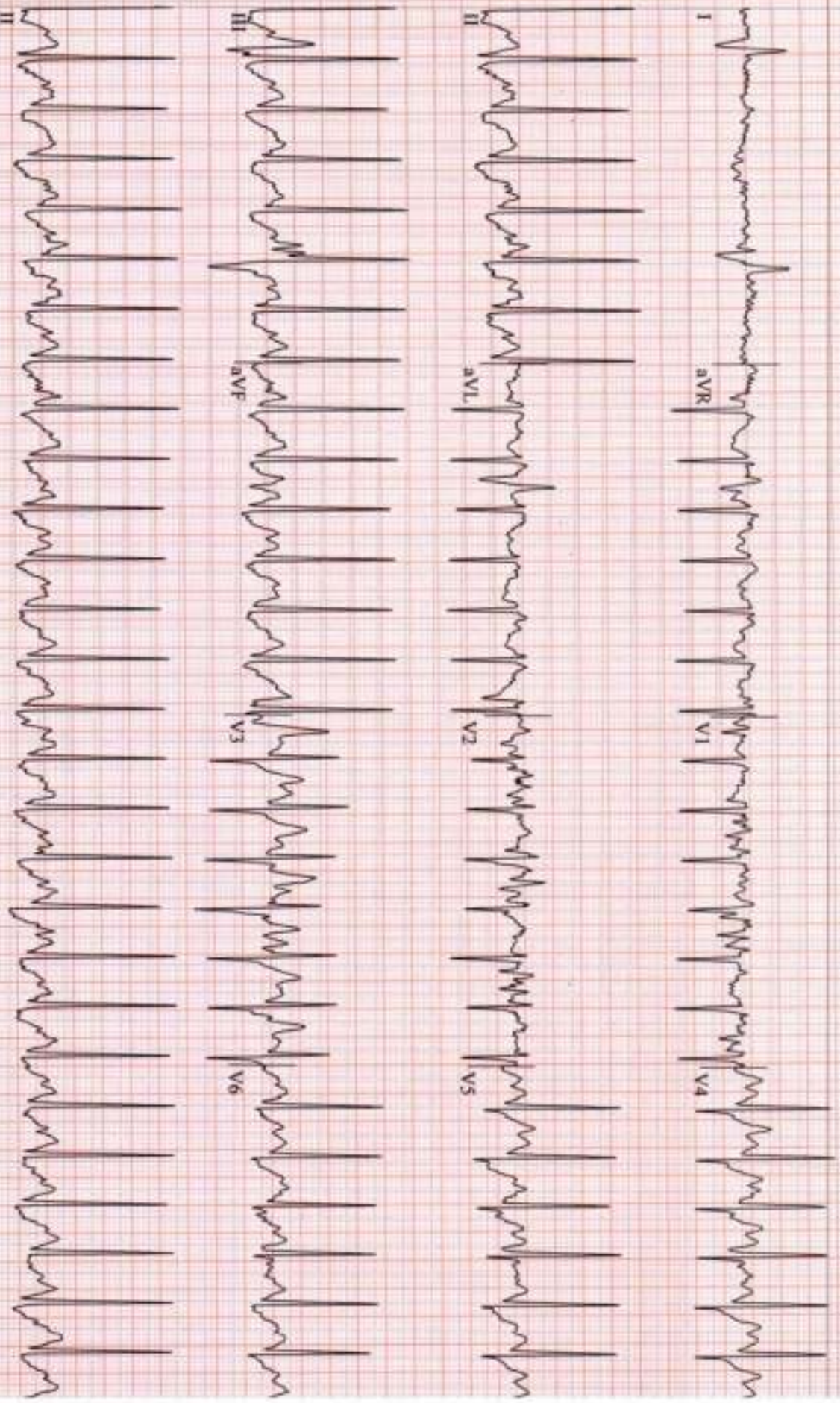
06:20

SUBURBAN DIAGNOSTIC

BRUCE

3.4 mph

14.0 %



GE CardioSoft V6.T3 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,II)

Start of Test: 11:41:18am

SRIHARSHA, KORLA

Patient ID 2401322048

13.01.2024

11:51:49am

148 bpm

Linked Medians

RECOVERY #1

01:00

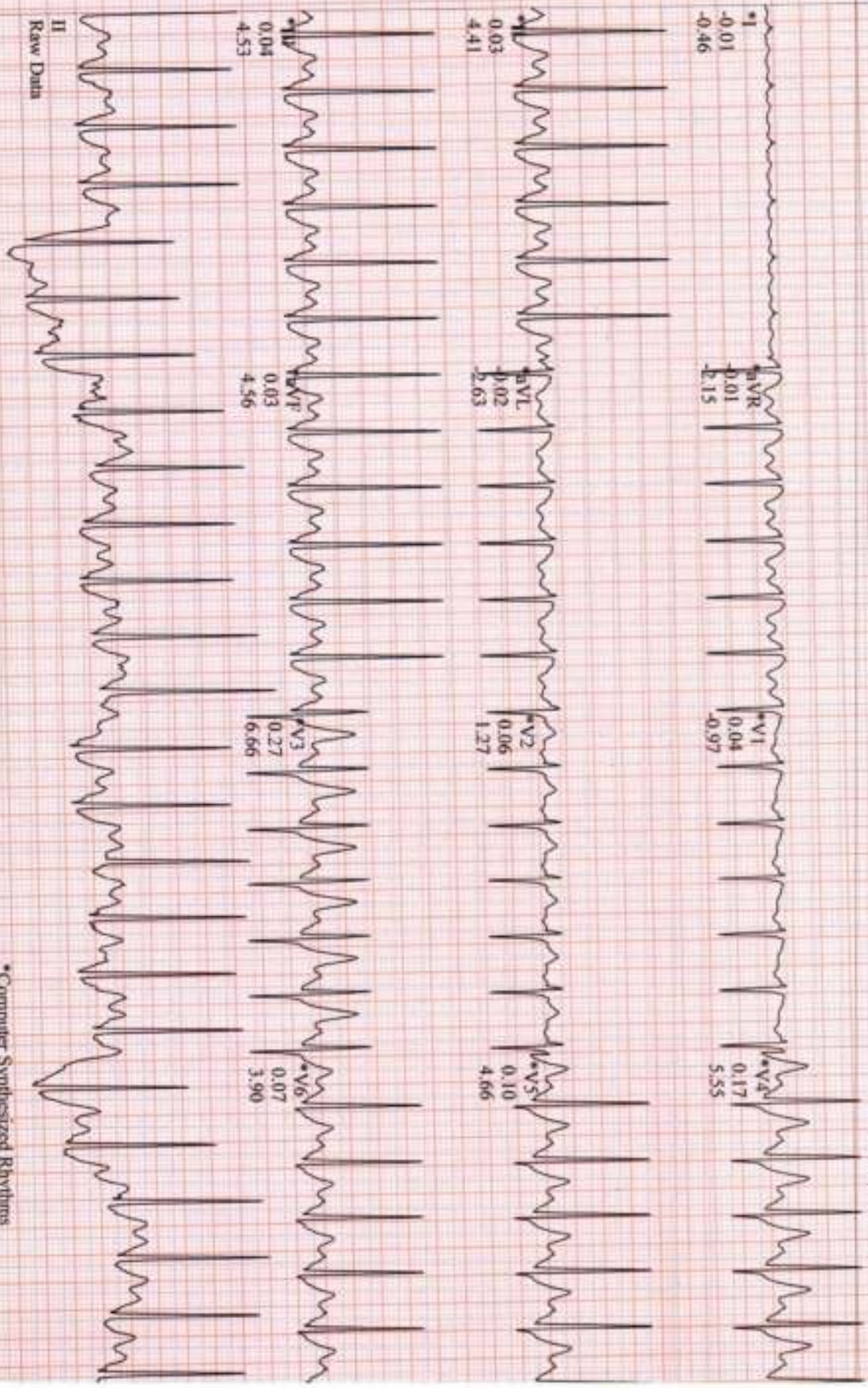
BRUCE

0.0 mph

0.0%

SUBURBAN DIAGNOSTIC

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



Raw Data

*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,II)

Start of Test 11:41:18am

SRIHARSHA, KORLA

Patient ID 2401322048

13.01.2024

11:52:49am

Linked Medians

RECOVERY

#1

02:00

SUBURBAN DIAGNOSTIC

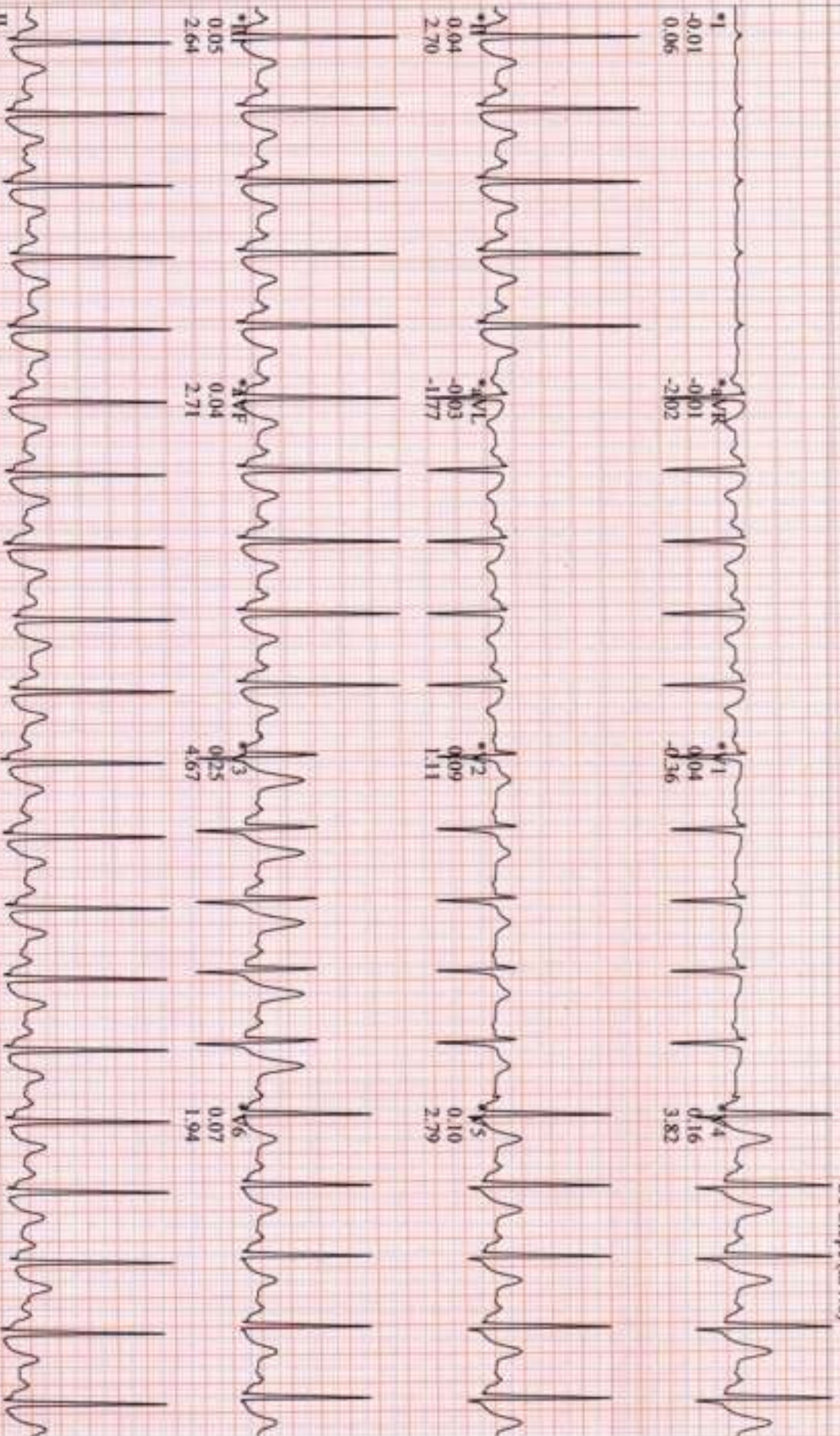
BRUCE

0.0 mph

0.0 %

121 bpm

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



Raw Data

*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,II)

Start of Test: 11:41:18am

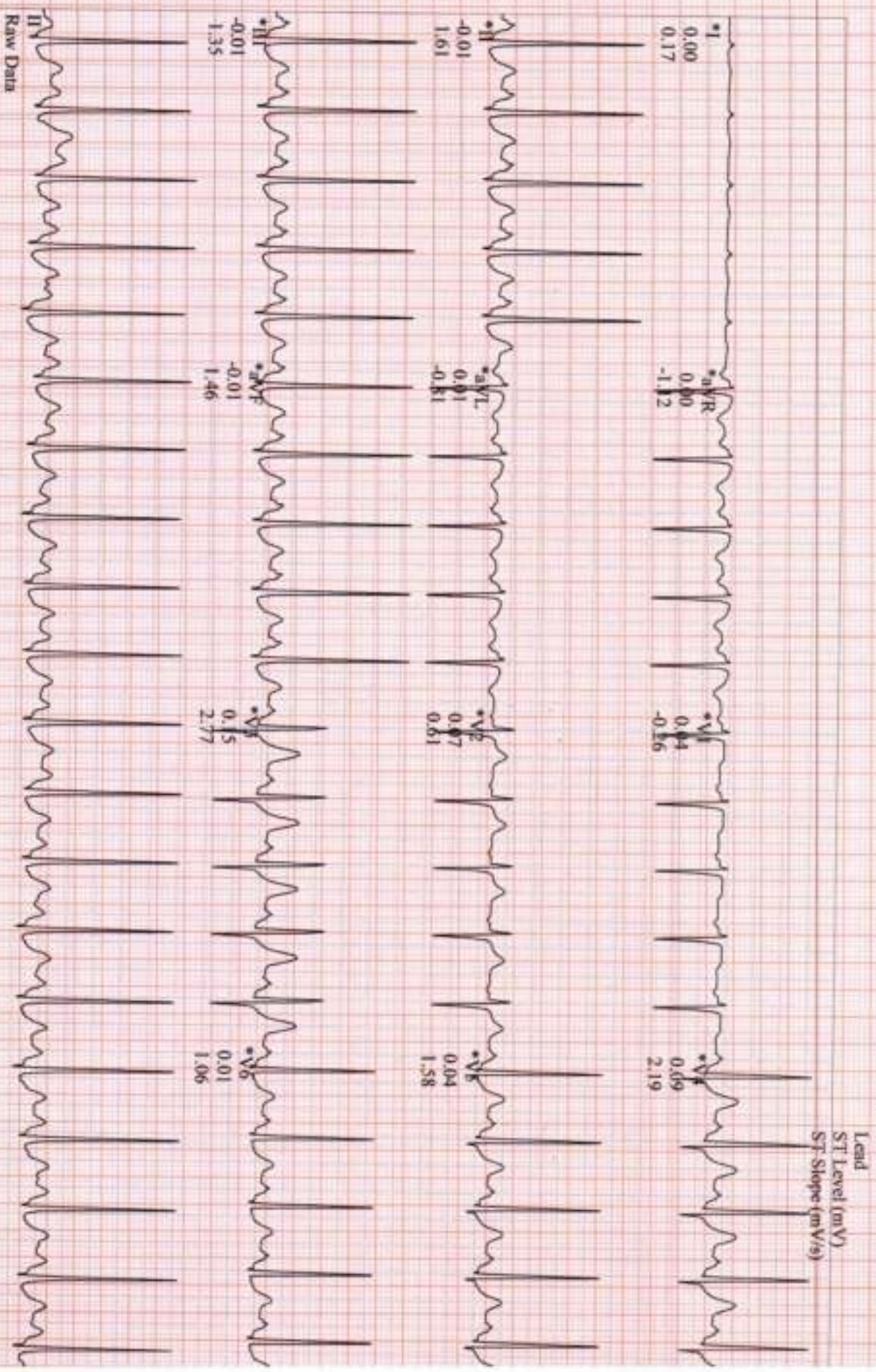
Page

SRIHARSHA, KORLA
Patient ID 2401322048
13.01.2024
11:53:49am

120 bpm
140/80 mmHg
RECOVERY #1
03:00

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOSTIC



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz PRF+ HR(V6,II)

Start of Test: 11:41:18am

*Computer Synthesized Rhythms