



(Handwritten signature in blue ink)

Dr. Manasee Kulkarni
 M.B.E.S
 2005/09/3439



31052016

PHYSICAL EXAMINATION REPORT

Patient Name	Mohini Sudrik	Sex/Age	F / 28
Date	3/8/2022	Location	Thane

History and Complaints

Nil

EXAMINATION FINDINGS:

Height (cms):	144	Temp (0c):	Ⓟ
Weight (kg):	59.8	Skin:	Eczematous Patches on Legs
Blood Pressure	110/80	Nails:	NAD
Pulse	72/min	Lymph Node:	NAD

Systems :

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

Impression: ↑ SGOT, SGPT; Alkaline phosphatase.


- Low Fat Diet
- wt. Reduction

Advice:

1)	Hypertension:		
2)	IHD	N/A	
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		LCIS
17)	Musculoskeletal System		

PERSONAL HISTORY:

1)	Alcohol	No
2)	Smoking	No
3)	Diet	Mixed
4)	Medication	No



Dr. Manasee Kulkarni
M.B.B.S

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

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CID : 2221510707
Name : MRS.MOHINI SUDRIK
Age / Gender : 28 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 03-Aug-2022 / 09:12
Reported : 03-Aug-2022 / 11:58

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	12.0	12.0-15.0 g/dL	Spectrophotometric
RBC	4.74	3.8-4.8 mil/cmm	Elect. Impedance
PCV	36.9	36-46 %	Measured
MCV	78	80-100 fl	Calculated
MCH	25.3	27-32 pg	Calculated
MCHC	32.5	31.5-34.5 g/dL	Calculated
RDW	15.4	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7600	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	42.0	20-40 %	
Absolute Lymphocytes	3192.0	1000-3000 /cmm	Calculated
Monocytes	6.1	2-10 %	
Absolute Monocytes	463.6	200-1000 /cmm	Calculated
Neutrophils	50.2	40-80 %	
Absolute Neutrophils	3815.2	2000-7000 /cmm	Calculated
Eosinophils	1.7	1-6 %	
Absolute Eosinophils	129.2	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	242000	150000-400000 /cmm	Elect. Impedance
MPV	8.8	6-11 fl	Calculated
PDW	15.8	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	Mild
Microcytosis	Occasional

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

Specimen: EDTA Whole Blood

ESR, EDTA WB 12 2-20 mm at 1 hr. Westergren

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



Dr. Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist



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Reported : 03-Aug-2022 / 11:30

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	86.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	109.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.35	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.20	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	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	48.2	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	37.1	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	21.6	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	119.3	35-105 U/L	PNPP
Kindly correlate clinically.			
BLOOD UREA, Serum	16.6	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	7.8	6-20 mg/dl	Calculated
CREATININE, Serum	0.61	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	124	>60 ml/min/1.73sqm	Calculated

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Reported : 03-Aug-2022 / 14:53

URIC ACID, Serum	4.5	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	

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*** End Of Report ***



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Collected : 03-Aug-2022 / 09:12
Reported : 03-Aug-2022 / 15:35

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

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

Intended use:

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

Clinical Significance:

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

Test Interpretation:

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

Factors affecting HbA1c results:

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

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

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

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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab
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Dr. Leena Salunkhe
Dr.LEENA SALUNKHE
M.B.B.S, DPB (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	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<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	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	

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

<u>PARAMETER</u>	<u>RESULTS</u>
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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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	164.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	93.0	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	41.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	123	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	104.0	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	19.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.5	0-3.5 Ratio	Calculated

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*** End Of Report ***

OUR PROMISE



Amit Taori

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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	5.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.6	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	1.71	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:

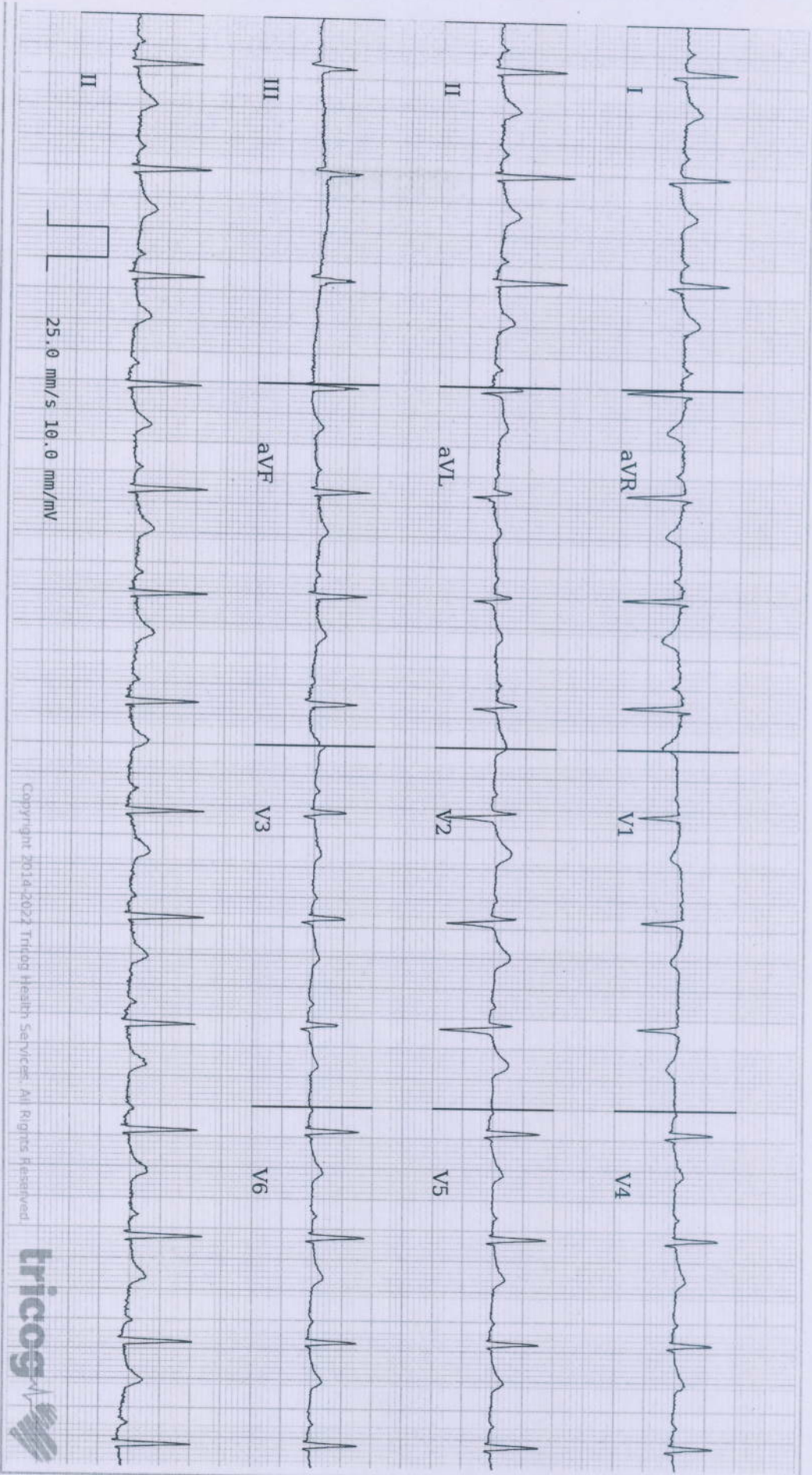
- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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*** End Of Report ***



Amit Taori

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M.D (Path)
Pathologist



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Age **28** 10 8
years months days

Gender **Female**

Heart Rate **85bpm**

Patient Vitals

BP: 110/80 mmHg

Weight: 59 kg

Height: 146 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 76ms

QT: 386ms

QTc: 459ms

PR: 142ms

P-R-T: 35° 56° 43°

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

REPORTED BY

DR SHAILAJA PILLAI
MBBS, MD Physician
MD Physician
49972

Disclaimer: 1) Analysis in this report is based on ECG above 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 vitals are as entered by the clinician and not derived from the ECG.

Date:- 3/8/22 CID:
Name:- Mohini Sodeok Sex / Age: F 28

EYE CHECK UP

Chief complaints: *REV*

Systemic Diseases: *N/A*

Past history: *NA*

Unaided Vision: *BU 9/6 NB 4-6*

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
[Signature]
SR. OPTOMETRIST

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X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

This report is prepared and physically checked by Dr. Devendra Patil before dispatch.

D Patil

Dr. Devendra Patil
MBBS, MD (Radio-Diagnosis)
Consultant Radiologist
MMC - 2013/02/0165

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Reported : 03-Aug-2022 / 12:43

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 9.0 x 3.9 cm. Left kidney measures 9.0 x 4.6 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 6.9 x 3.7 x 3.1 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 5.8 mm. Cervix appears normal.

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

No free fluid or significant lymphadenopathy is seen.

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IMPRESSION: NO SIGNIFICANT ABNORMALITY IS DETECTED.

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.

Advice: Clinical co-relation and further evaluation.

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

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D Patil

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SUBURBAN DIAGNOSTICS THANE GB
THANE GB



Report

682 (2221510707) / MOHINI SUDDRIK / 28 Yrs / F / 144 Cms / 59 Kg Date: 03-Aug-2022

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:08	0:08	00.0	00.0	01.0	077	40%	120/80	092	00	
Standing	00:13	0:05	00.0	00.0	01.0	075	39%	120/80	090	00	
HV	00:21	0:08	00.0	00.0	01.0	075	39%	120/80	090	00	
ExStart	00:27	0:06	01.7	10.0	01.1	075	39%	130/80	097	00	
BRUCE Stage 1	03:27	3:00	01.7	10.0	04.7	141	73%	140/80	197	00	
PeakEX	04:26	0:59	02.5	12.0	05.5	165	86%	150/80	247	00	
Recovery	05:26	1:00	00.0	00.0	01.0	121	63%	150/80	181	00	
Recovery	06:26	2:00	00.0	00.0	01.0	102	53%	150/80	153	00	
Recovery	08:26	4:00	00.0	00.0	01.0	102	53%	130/80	132	00	
Recovery	08:36	4:11	00.0	00.0	01.0	101	53%	130/80	131	00	

FINDINGS :

Exercise Time : 03:59
 Max HR Attained : 165 bpm 86% of Target 192
 Max BP Attained : 150/80
 Max WorkLoad Attained : 5.5 Fair response to induced stress
 Test End Reasons : Heart Rate Acheived, Fatigue,

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

R.NO. 49972

Doctor : DR SHAILAJA PILLAI



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682 / MOHINI SUDRIK / 28 Yrs / F / 144 Cms / 59 Kg Date: 03-Aug-2022

REPORT :

PROCEDURE DONE: Graded exercise treadmill stress test.

STRESS ECG RESULTS: The initial HR was recorded as 75.0 bpm, and the maximum predicted Target Heart Rate 192.0. The BP increased at the time of generating report as 150.0/80.0 mmHg The Max Dep went upto 0.2. 0.0 Ectopic Beats were observed during the Test.
The Test was completed because of Heart Rate Achieved, Fatigue.,

CONCLUSIONS:

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

REPORT



Dr. SHAILAJA PILLAI

M.D. (GEN.MED)

R.NO. 49972

Doctor : DR SHAILAJA PILLAI

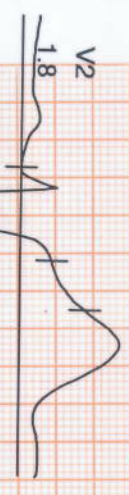




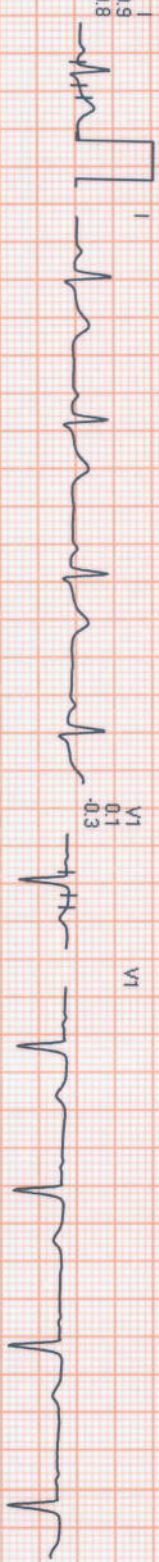
682 (2221510707) / MOHINI SUDRIK / 28 Yrs / F / 144 Cms / 59 Kg / HR : 77

Date: 03-Aug-2022 11:10:04 AM METS: 1.0/ 77 bpm 40% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 20 Hz
4X 80 ms Post J

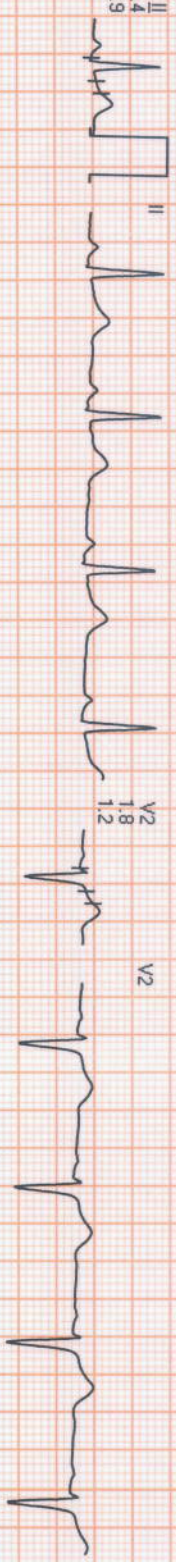
ExTime: 00:00 0.0 mph, 0.0%
25 mm/Sec - 1.0 Cm/mV



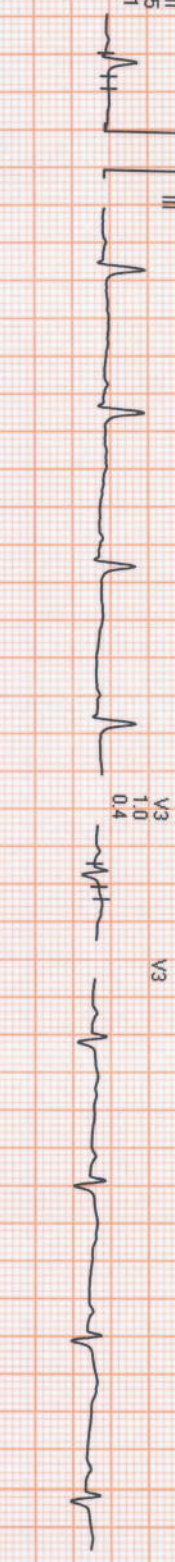
snL 0.9
snS 0.8



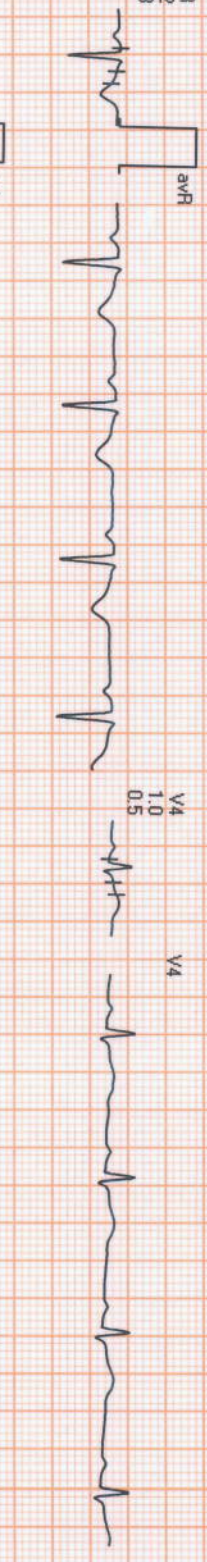
II 1.4
III 0.9



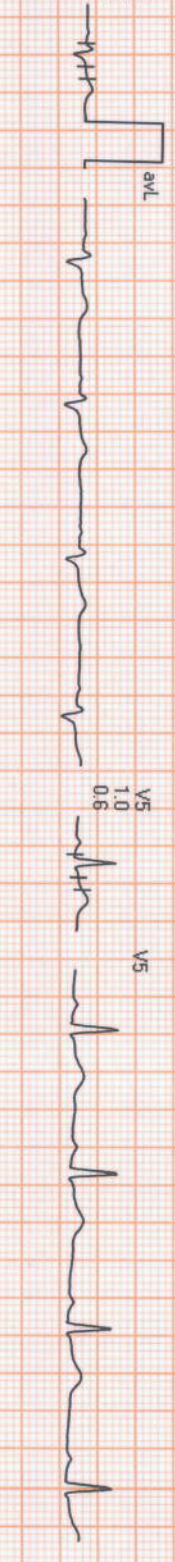
III 0.5
aVL 0.1



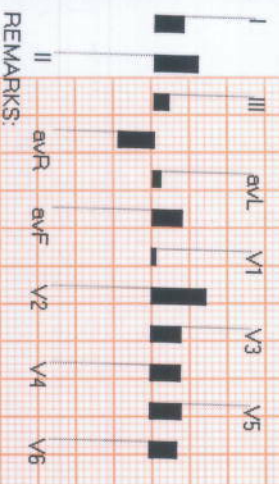
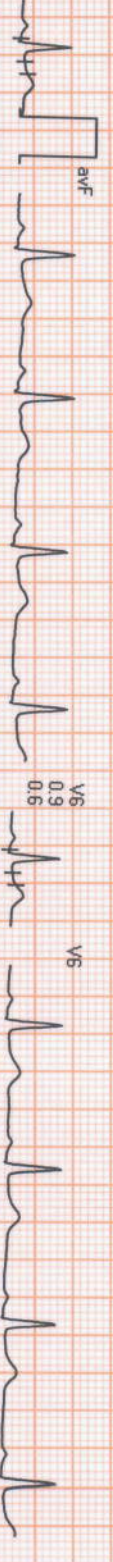
avR -1.2
aVL 0.8



avL 0.2
aVF 0.4



avF 0.9
aVF 0.5



REMARKS:



SUBURBAN DIAGNOSTICS THANE GB

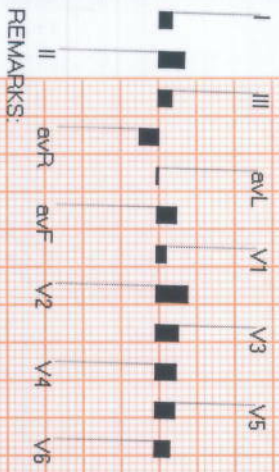
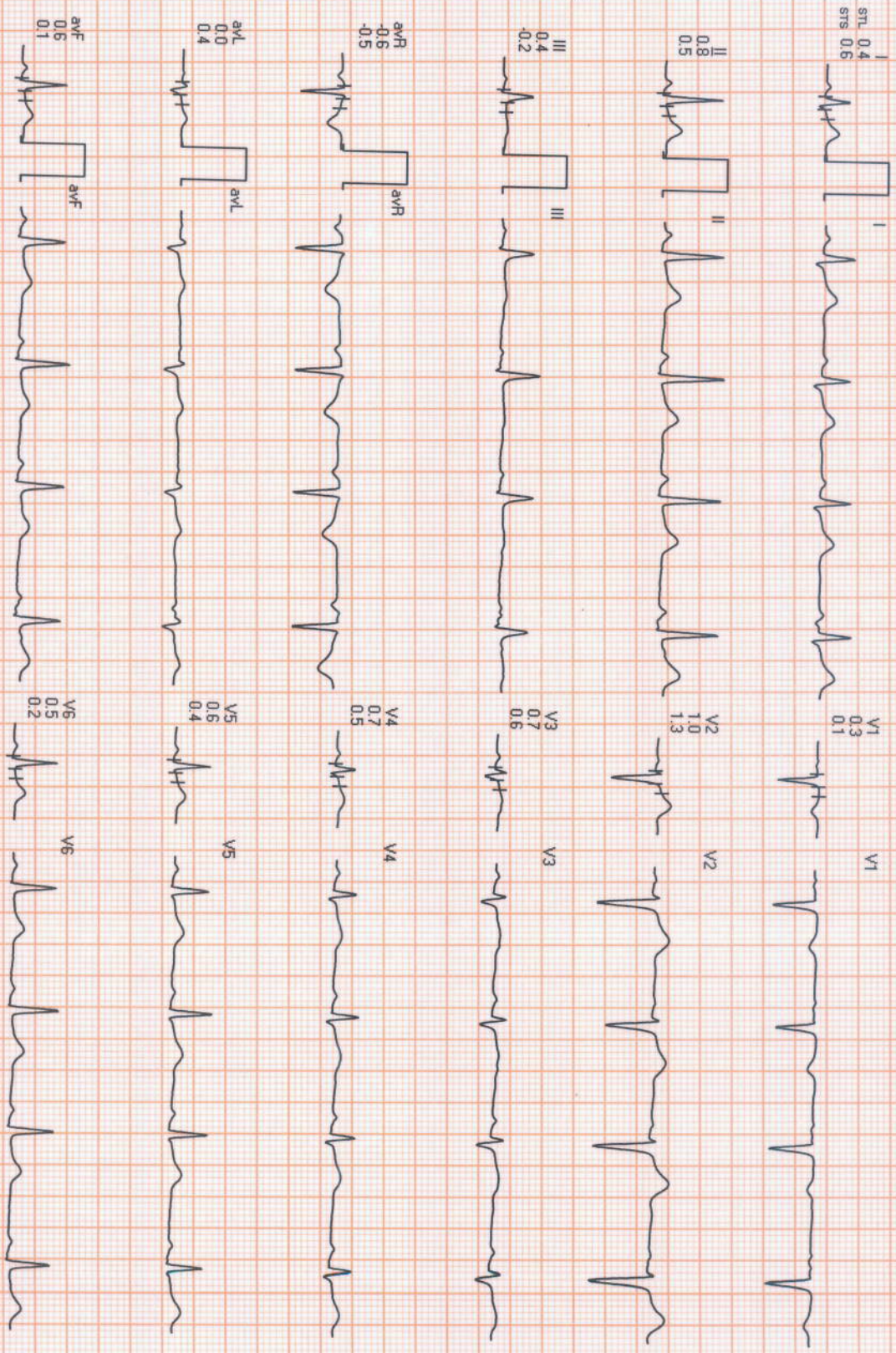
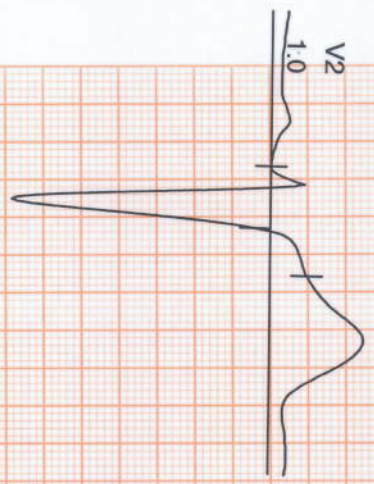
682 (2221510707) / MOHINI SUDRAK / 28 Yrs / F / 144 Cms / 59 Kg / HR : 75

STANDING (00:00)



Date: 03-Aug-2022 11:10:04 AM METS: 1.0/75 bpm 39% of THR BP: 120/80 mmHg Raw ECG/BLC On/ Natch On/ HF 0.05 Hz/LF 20 Hz
4X 80 mS Post J

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



REMARKS:



SUBURBAN DIAGNOSTICS THANE GB

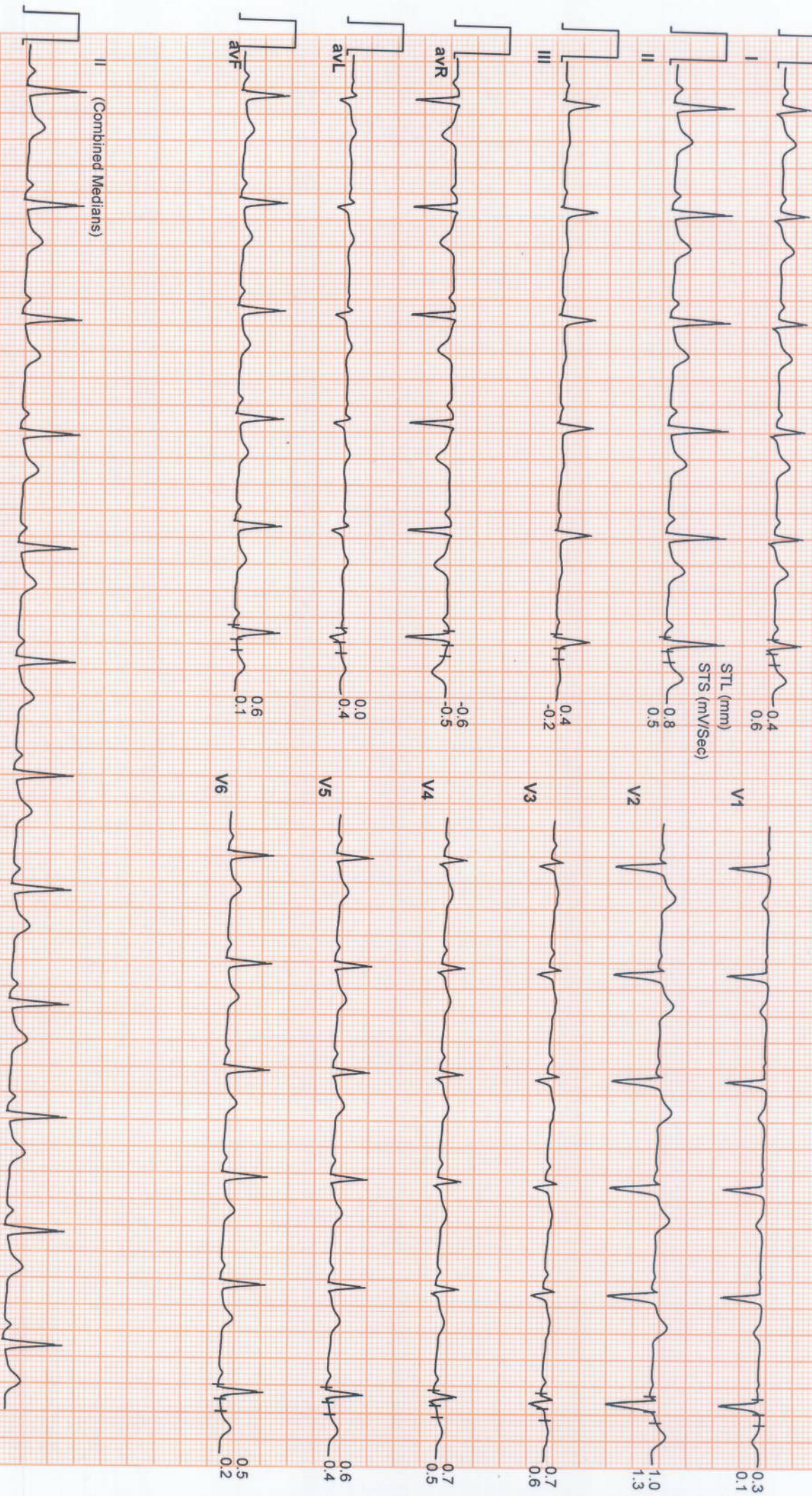
THANE GB
682 / MOHINI SUDRIK / 28 Yrs / Female / 144 Cm / 59 Kg

Date: 03 / 08 / 2022 11:10:04 AM METs : 1.0 HR : 75 Target HR : 39% of 192 BP : 120/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm

HV (00:00)

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



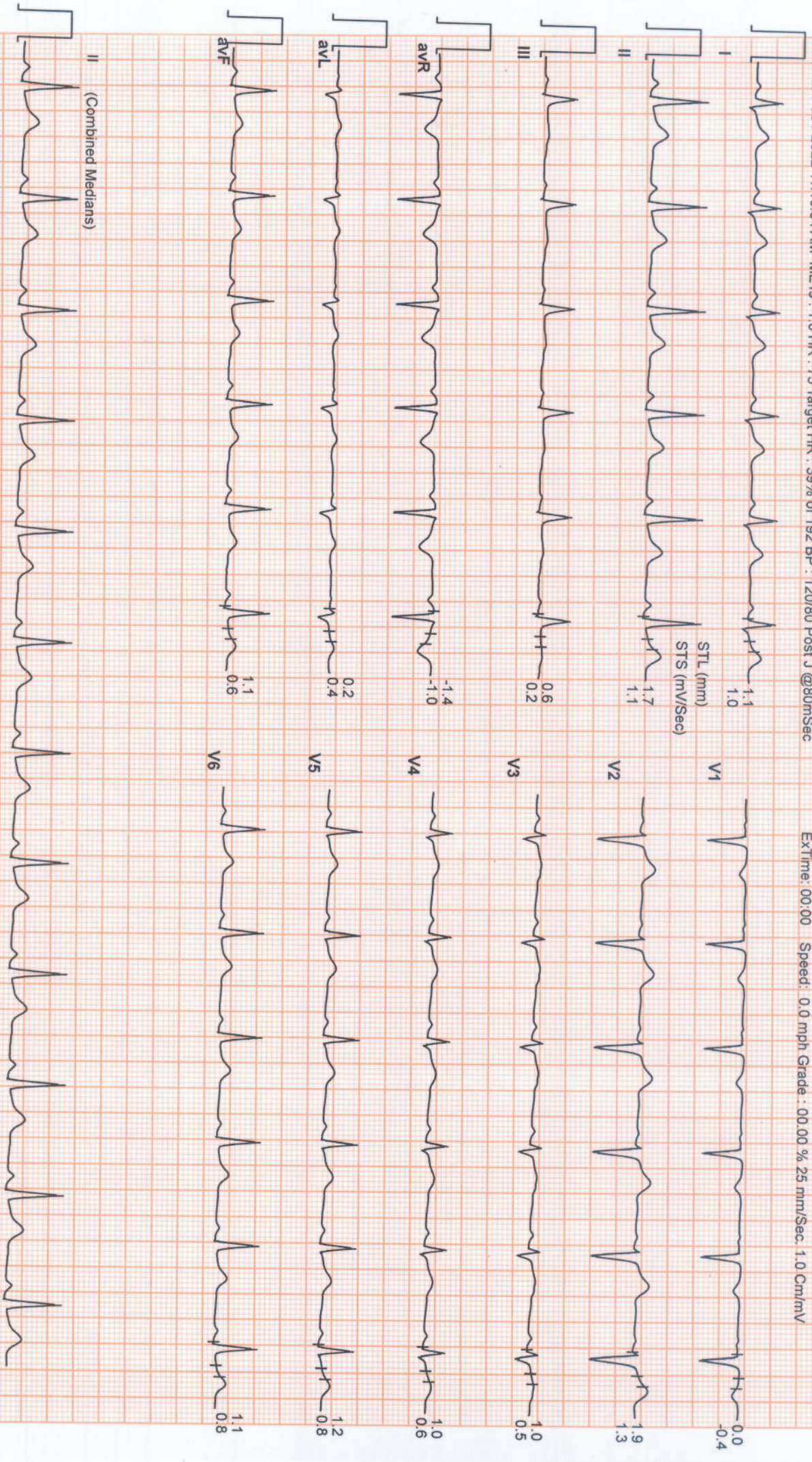
SUBURBAN DIAGNOSTICS THANE GB

THANE GB
682 / MOHINI SUDRIK / 28 Yrs / Female / 144 Cm / 59 Kg

Date: 03 / 08 / 2022 11:10:04 AM METs : 1.0 HR : 75 Target HR : 39% of 192 BP : 120/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm

EXSt1r
EXTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS THANE GB

THANE GB

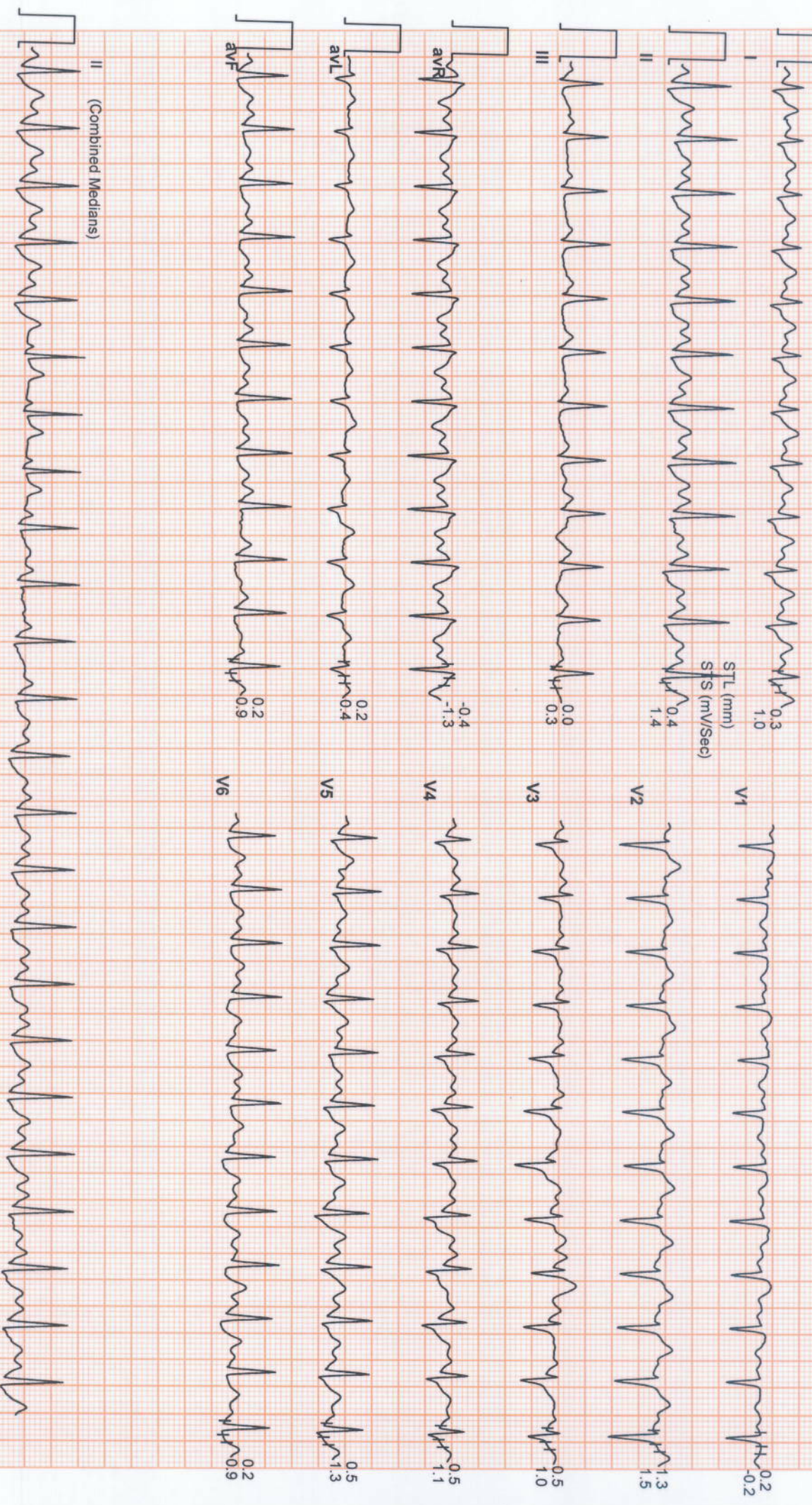
682 / MOHINI SUDRIK / 28 Yrs / Female / 144 Cm / 59 Kg

Date: 03 / 08 / 2022 11:10:04 AM METS : 4.7 HR : 141 Target HR : 73% of 192 BP : 140/80 Post J @60mSec

6X2 Combine Medians + 1 Rhythm

BRUCE : Stage 1 (03:00)

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



SUBURBAN DIAGNOSTICS THANE GB

THANE GB

682 / MOHINI SUDRIK / 28 Yrs / Female / 144 Cm / 59 Kg

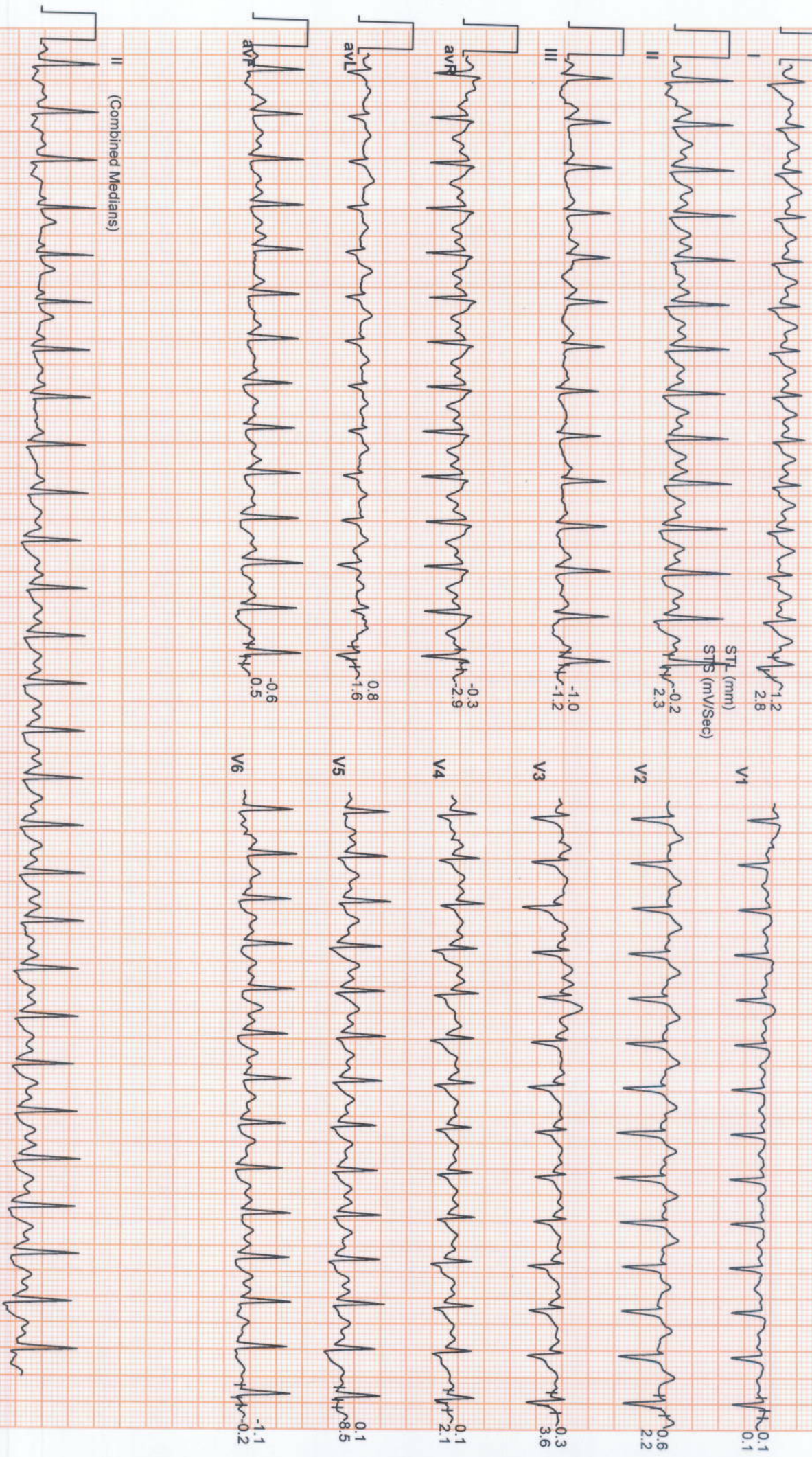
Date: 03/08/2022 11:10:04 AM METs : 5.5 HR : 165 Target HR : 86% of 192 BP : 150/80 Post J @60msSec

6X2 Combine Medians + 1 Rhythm

PeakEx



ExTime: 03:59 Speed: 2.5 mph Grade: 12.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)



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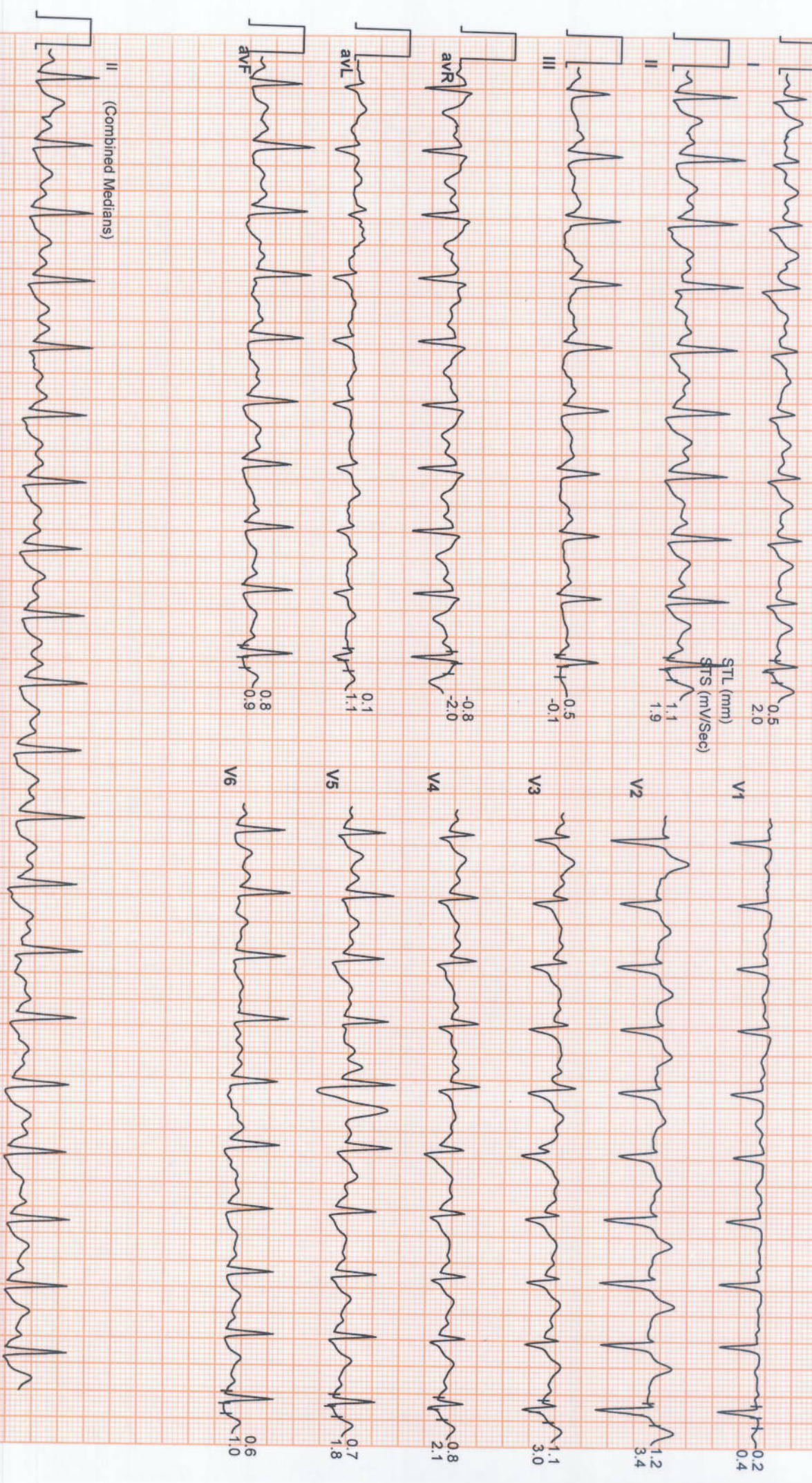
THANE GB

682 / MOHINI SUDRIK / 28 Yrs / Female / 144 Cm / 59 Kg

Date: 03 / 08 / 2022 11:10:04 AM METs : 1.0 HR : 121 Target HR : 63% of 192 BP : 150/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm

ExTime: 03:59 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec. 1.0 Cm/mV



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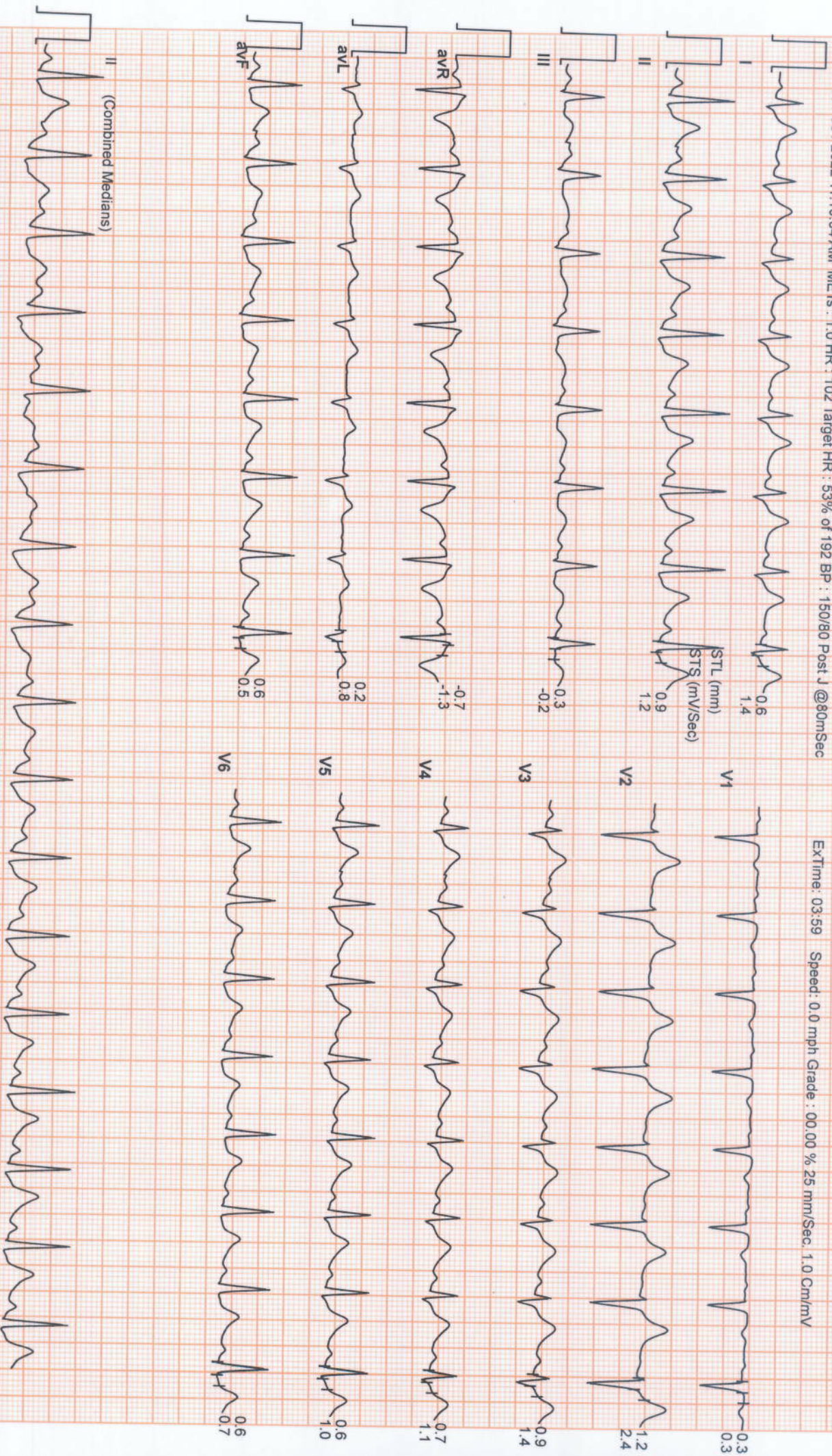
Date: 03 / 08 / 2022 11:10:04 AM METs : 1.0 HR : 102 Target HR : 53% of 192 BP : 150/80 Post J @80mSec

ExTime: 03:59

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

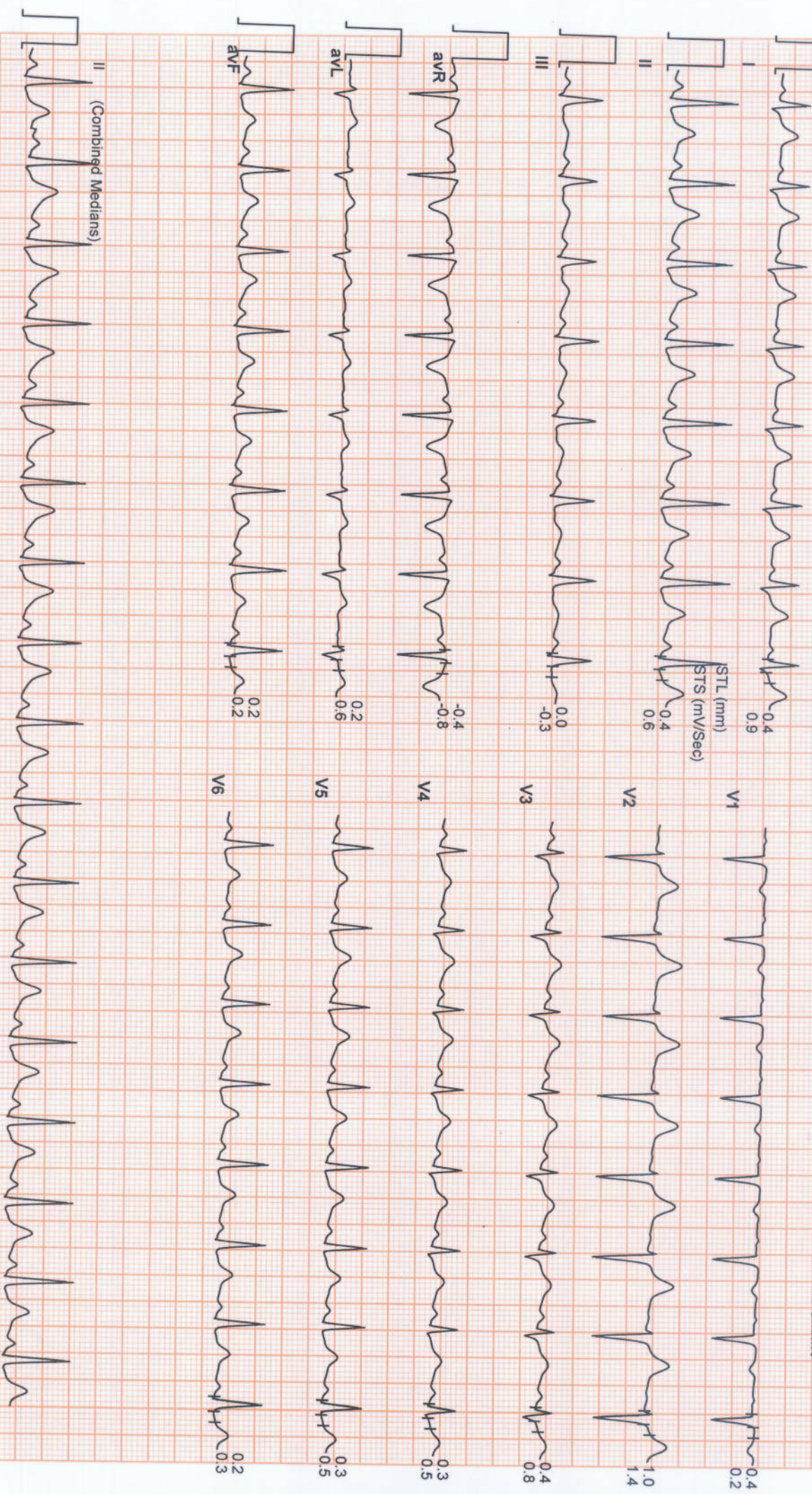
THANE GB

682 / MOHINI SUDRIK / 28 Yrs / Female / 144 Cm / 59 Kg

Date: 03 / 08 / 2022 11:10:04 AM METs : 1.0 HR : 102 Target HR : 53% of 192 BP : 130/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm

ExTime: 03:59 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS THANE GB

THANE GB

682 / MOHINI SUDRIK / 28 Yrs / Female / 144 Cm / 59 Kg

Date: 03/08/2022 11:10:04 AM METs : 1.0 HR : 101 Target HR : 53% of 192 BP : 130/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm



EXTime: 03:59 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

