

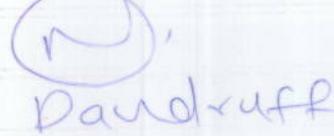
**PHYSICAL EXAMINATION REPORT**

Patient Name	Jayalaxmi	Sex/Age	F / 33
Date	17/3/23	Location	Thane

**History and Complaints**

C/O - Pain in Rt. Shoulder since 2-3 weeks.

**EXAMINATION FINDINGS:**

Height (cms):	160	Temp (0c):	
Weight (kg):	72	Skin:	
Blood Pressure	120/80	Nails:	
Pulse	72/min	Lymph Node:	

NAD.

**Systems :**

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

**Impression:**

USG - Fatty Liver; ? GeB Polyps.  
 ↑ SGPT.  
 Urine - (Trace) Blood.  
 ↓ HDL, ↑ Non HDL chol.

**Advice:**

- Low Fat, low sugar Diet -  
- Reg. Exercise  
- Drink plenty of liquids.  
- FU - USG after 6 months.

1)	<b>Hypertension:</b>	
2)	<b>IHD</b>	
3)	<b>Arrhythmia</b>	
4)	<b>Diabetes Mellitus</b>	
5)	<b>Tuberculosis</b>	Nil
6)	<b>Asthama</b>	
7)	<b>Pulmonary Disease</b>	
8)	<b>Thyroid/ Endocrine disorders</b>	
9)	<b>Nervous disorders</b>	
10)	<b>GI system</b>	
11)	<b>Genital urinary disorder</b>	
12)	<b>Rheumatic joint diseases or symptoms</b>	
13)	<b>Blood disease or disorder</b>	
14)	<b>Cancer/lump growth/cyst</b>	Nil
15)	<b>Congenital disease</b>	
16)	<b>Surgeries</b>	
17)	<b>Musculoskeletal System</b>	R2 - Shoulder pain

**PERSONAL HISTORY:**

1)	<b>Alcohol</b>	No
2)	<b>Smoking</b>	No
3)	<b>Diet</b>	mixed
4)	<b>Medication</b>	No

*Handwritten signature/initials*

022-6170-0000



CID : 2307618311  
Name : MRS.JAYALAKSHMI .  
Age / Gender : 33 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 17-Mar-2023 / 09:20  
Reported : 17-Mar-2023 / 12:13

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>RBC PARAMETERS</b>			
Haemoglobin	13.8	12.0-15.0 g/dL	Spectrophotometric
RBC	4.24	3.8-4.8 mil/cmm	Elect. Impedance
PCV	41.1	36-46 %	Measured
MCV	97.0	80-100 fl	Calculated
MCH	32.5	27-32 pg	Calculated
MCHC	33.5	31.5-34.5 g/dL	Calculated
RDW	12.0	11.6-14.0 %	Calculated
<b>WBC PARAMETERS</b>			
WBC Total Count	7930	4000-10000 /cmm	Elect. Impedance
<b>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</b>			
Lymphocytes	30.1	20-40 %	
Absolute Lymphocytes	2386.9	1000-3000 /cmm	Calculated
Monocytes	7.2	2-10 %	
Absolute Monocytes	571.0	200-1000 /cmm	Calculated
Neutrophils	58.5	40-80 %	
Absolute Neutrophils	4639.1	2000-7000 /cmm	Calculated
Eosinophils	4.0	1-6 %	
Absolute Eosinophils	317.2	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	15.9	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

**PLATELET PARAMETERS**

Platelet Count	261000	150000-400000 /cmm	Elect. Impedance
MPV	8.1	6-11 fl	Calculated
PDW	9.7	11-18 %	Calculated

**RBC MORPHOLOGY**



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 23 2-20 mm at 1 hr. Sedimentation

\*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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Reg. Location : G B Road, Thane West (Main Centre)

Collected : 17-Mar-2023 / 09:20  
Reported : 17-Mar-2023 / 13:22

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	89.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	99.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.96	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.31	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.65	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
SGOT (AST), Serum	25.7	5-32 U/L	IFCC without pyridoxa phosphate activation
SGPT (ALT), Serum	38.0	5-33 U/L	IFCC without pyridoxa phosphate activation
GAMMA GT, Serum	19.0	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	58.5	35-105 U/L	PNPP
BLOOD UREA, Serum	13.5	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	6.3	6-20 mg/dl	Calculated



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Collected : 17-Mar-2023 / 12:16  
Reported : 17-Mar-2023 / 13:22

CREATININE, Serum	0.80	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	88	>60 ml/min/1.73sqm	Calculated
Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation			
URIC ACID, Serum	5.0	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 \*\*\*



*Amit Taori*

**Dr. AMIT TAORI**  
M.D ( Path )  
Pathologist



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Reported : 17-Mar-2023 / 13:22

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	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.

\*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 : 33 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 17-Mar-2023 / 09:20  
Reported : 17-Mar-2023 / 14:29

**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 (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	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	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Trace	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	2-3	0-5/hpf	
Red Blood Cells / hpf	Occasional	0-2/hpf	
Epithelial Cells / hpf	3-4		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	4-5	Less than 20/hpf	

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 insert

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

\*\*\* End Of Report \*\*\*



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M.D ( Path )  
Pathologist





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Collected : 17-Mar-2023 / 09:20  
Reported : 17-Mar-2023 / 14:12

**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 Semi- automated column agglutination technology (CAT)

Note : This Sample has also been tested for Bombay group/Bombay phenotype /Oh using anti-H lectin

Specimen: EDTA Whole Blood and/or serum

**Clinical significance:**  
ABO system is most important of all blood group in transfusion medicine

**Limitations:**

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

**References:**

1. Denise M 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**  
M.D ( Path )  
Pathologist

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Age / Gender : 33 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 17-Mar-2023 / 09:20  
Reported : 17-Mar-2023 / 13:22

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	170.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	96.9	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	38.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	132.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	113.0	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	19.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.4	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 G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



*J. Mujawar*

**Dr. IMRAN MUJAWAR**  
M.D ( Path )  
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Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 17-Mar-2023 / 09:20  
Reported : 17-Mar-2023 / 12:30

**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	4.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.6	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	2.72	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 upto 15 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*

**Dr. AMIT TAORI**  
M.D ( Path )  
Pathologist

CID : 2307618311  
Name : Mrs JAYALAKSHMI .  
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Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 17-Mar-2023  
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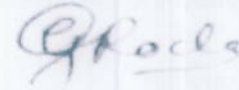
**X-RAY CHEST PA VIEW**

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-----



**Dr Gauri Varma**  
Consultant Radiologist  
MBBS / DMRE  
MMC- 2007/12/4113

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Reg. Date : 17-Mar-2023  
Reported : 17-Mar-2023 / 9:46

### USG WHOLE ABDOMEN

**LIVER:** Liver appears normal in size and *shows increased echoreflexivity*. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

**GALL BLADDER:** Gall bladder is distended, shows few echogenic lesions attached to wall largest measuring 4 to 5 mm s/o polyps.

**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 9.8 x 4.5 cm. Left kidney measures 9.7 x 4.7 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 5.6 x 3.7 x 4.1 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 9 mm. Cervix appears normal.

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

No free fluid or significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023031708550576>

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Reported : 17-Mar-2023 / 9:46

**IMPRESSION:**

- **GRADE I FATTY INFILTRATION OF LIVER.**
- **GALL BLADDER SHOWS FEW ECHOGENIC LESIONS ATTACHED TO WALL LARGEST MEASURING 4 TO 5 MM S/O POLYPS .**

***Advice: Clinical co-relation sos further evaluation and follow up.***

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-----

**Dr Gauri Varma**  
**Consultant Radiologist**  
**MBBS / DMRE**  
**MMC- 2007/12/4113**

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023031708550576>

Date:- 17/13/23

CID:

Name:- Jagalocani

Sex / Age: F 33

**EYE CHECK UP**

Chief complaints: RCO

Systemic Diseases: HBP

Past history: HCD

Unaided Vision: 3/12 6/6 NV 12 N.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



# SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST

Date and Time: 17th Mar 23 1:01 PM

Patient Name: JAYALAKSHMI .

Patient ID: 2307618311



PRECISE TESTING . HEALTHIER LIVING

Age 33 years 3 months 28 days

Gender Female

Heart Rate 73bpm

### Patient Vitals

BP: 120/80 mmHg

Weight: 72 kg

Height: 160 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

### Measurements

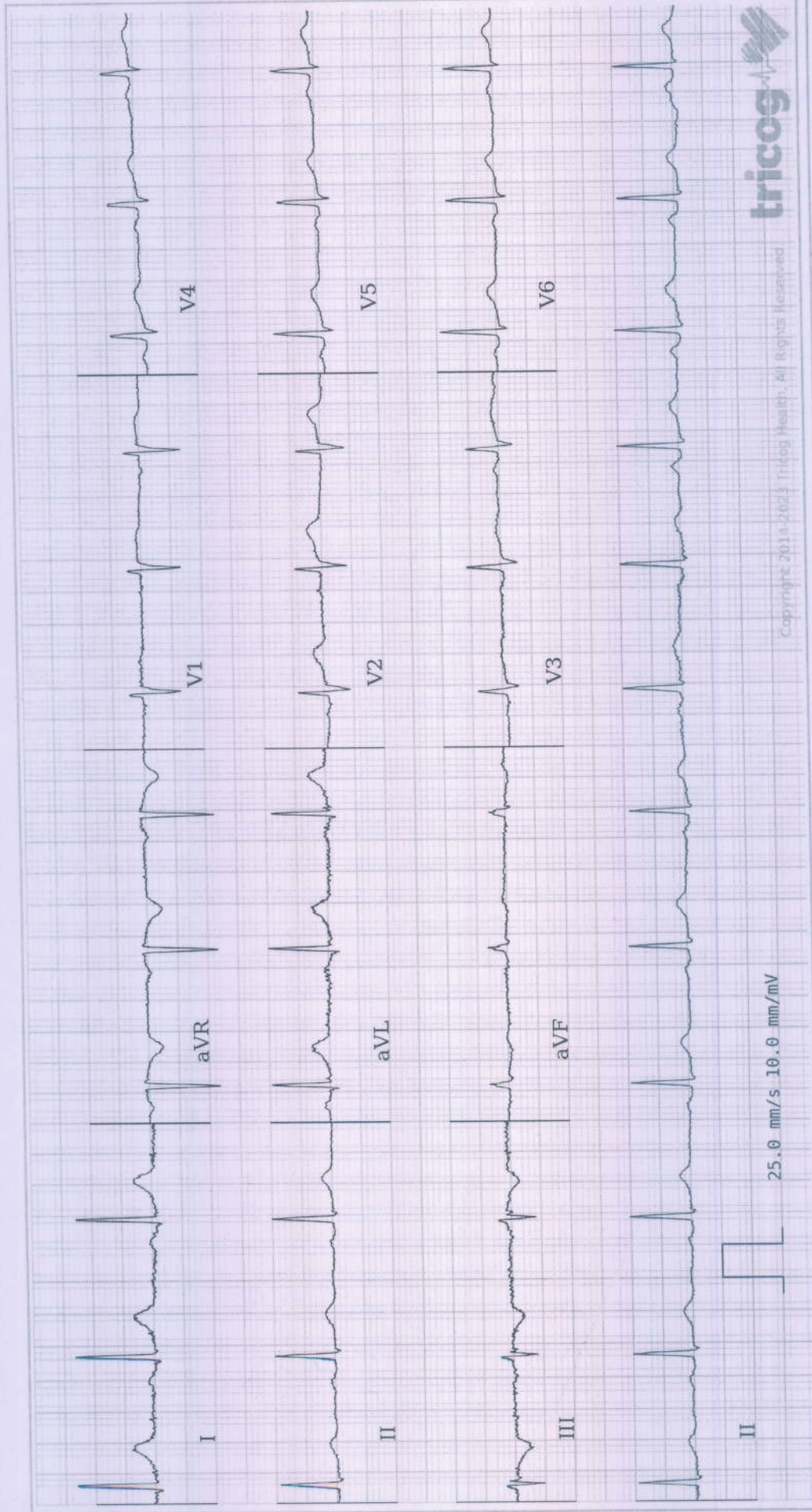
QRSD: 80ms

QT: 386ms

QTc: 425ms

PR: 148ms

P-R-T: 8° 19° -3°



REPORTED BY

DR SHAILAJA PILLAI  
MBBS, MD Physician  
MD Physician  
49972

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

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 vitals are as entered by the clinician and not derived from the ECG.

# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Email:

660 (2307618311) / JAYALAKSHMI / 33 Yrs / F / 160 Cms / 72 Kg  
Date: 17 / 03 / 2023 02:19:58 PM

Report



Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:04	0:04	00.0	00.0	01.0	077	41 %	120/80	092	00	
Standing	00:08	0:04	00.0	00.0	01.0	077	41 %	120/80	092	00	
HV	00:15	0:07	00.0	00.0	01.0	077	41 %	120/80	092	00	
ExStart	00:19	0:04	01.7	10.0	01.1	075	40 %	130/80	097	00	
BRUCE Stage 1	03:19	3:00	01.7	10.0	04.7	128	68 %	130/80	166	00	
BRUCE Stage 2	06:19	3:00	02.5	12.0	07.1	156	83 %	140/80	218	00	
PeakEx	06:37	0:18	03.4	14.0	07.4	160	86 %	150/80	240	00	
Recovery	07:37	1:00	00.0	00.0	01.1	130	70 %	150/80	195	00	
Recovery	08:37	2:00	00.0	00.0	01.0	107	57 %	130/80	139	00	
Recovery	10:37	4:00	00.0	00.0	01.0	098	52 %	130/80	127	00	
Recovery	10:41	4:05	00.0	00.0	01.0	098	52 %	130/80	127	00	

## FINDINGS :

Exercise Time : 06:18

Initial HR (ExStrt) : 75 bpm 40% of Target 187

Initial BP (ExStrt) : 130/80 (mm/Hg)

Max WorkLoad Attained : 7.4 Fair response to induced stress

Max ST Dep Lead & Avg ST Value : II & -2.3 mm in Stage 2

Test End Reasons : , Heart Rate Achieved , Fatigue,

Max HR Attained 160 bpm 86% of Target 187

Max BP Attained 150/80 (mm/Hg)

**Dr. SHAILAJA PILLAI**  
M.D. (GERIATRY)  
R.NO. 49972

Doctor : DR SHAILAJA PILLAI



EMail: 6607 JAYALAKSHMI / 33 Yrs / F / 160 Cms / 72 Kg Date: 17 / 03 / 2023 02:19:58 PM

**REPORT :**

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

**STRESS ECG RESULTS:** The initial HR was recorded as 77.0 bpm, and the maximum predicted Target Heart Rate 187.0. The BP increased at the time of generating report as 150.0/80.0 mmHg The Max Dep went upto 0.7. 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.

**Dr. SHAILAJA PILLAI**  
M.D. (GEN MED)  
R.NO. 44312

  
Doctor : DR SHAILAJA PILLAI



**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

660 (2307618311) / JAYALAKSHMI / 33 Yrs / F / 160 Cms / 72 Kg / HR : 77

**SUPINE ( 00:01 )**

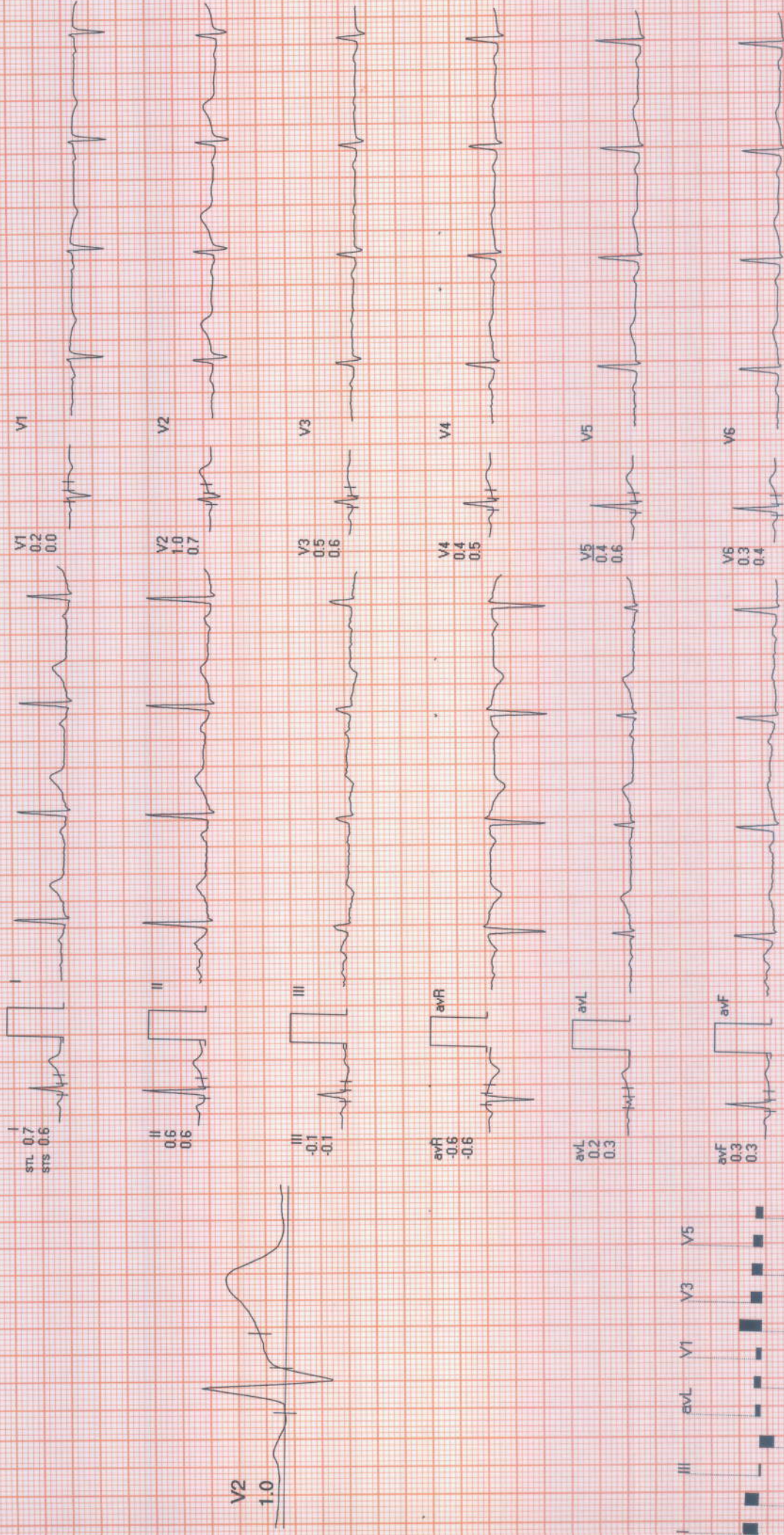


Date: 17/03/2023 02:19:58 PM

METS: 1.0/77 bpm 41% of THR BP: 120/80 mmHg Rew ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:00:00.0 mph, 0.0%  
25 mm/Sec. 1.0 Cm/mV

4X  
80 mS Post.t



REMARKS:



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

660 (230761831) / JAYALAKSHMI / 33 Yrs / F / 160 Cms / 72 Kg / HR : 77

STANDING ( 00:00 )

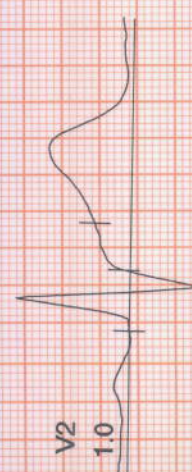
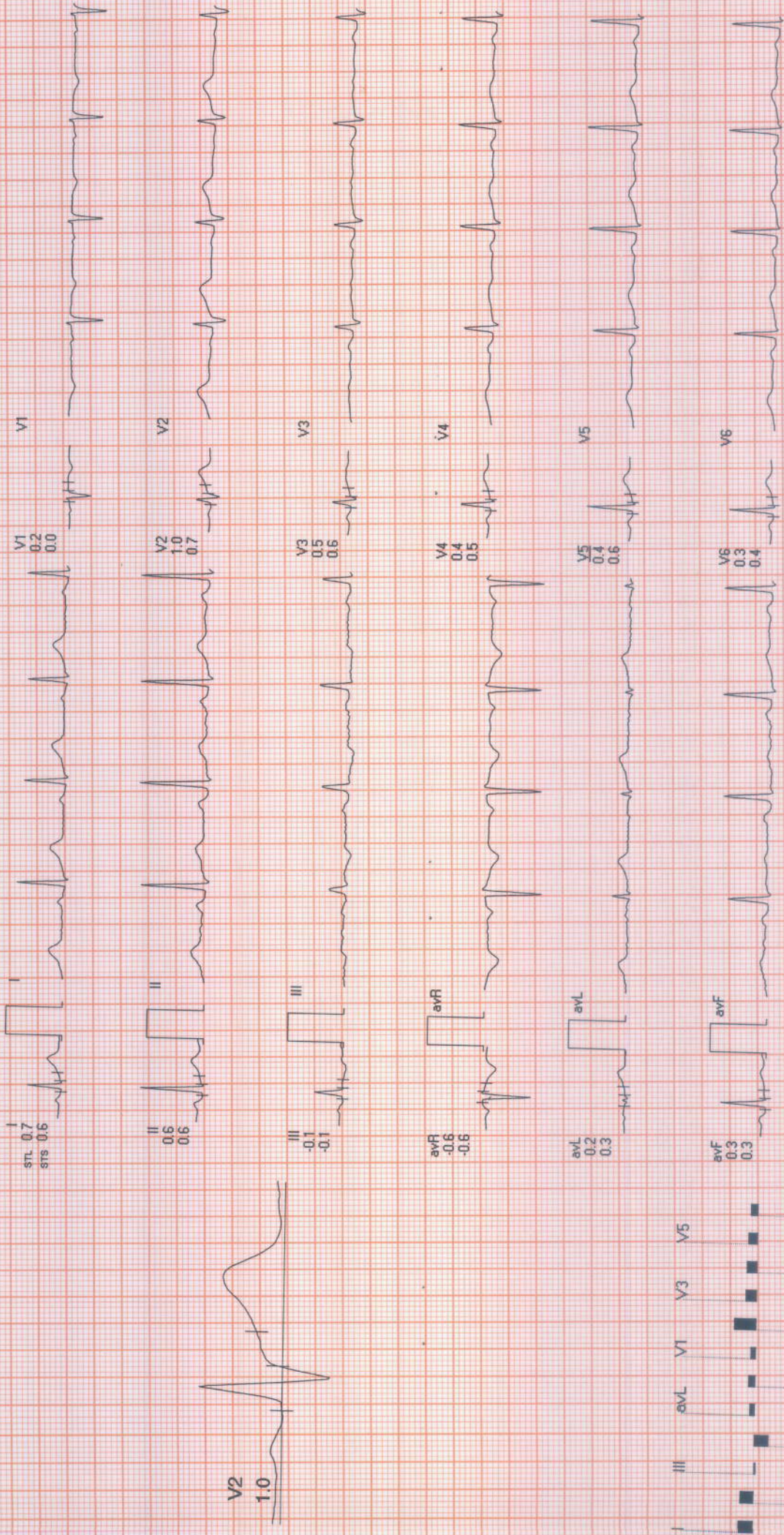


Date: 17 / 03 / 2023 02:19:58 PM

METS: 1.0 / 77 bpm 41% of THR BP: 120/80 mmHg Rew ECG/BLC On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:00 0.0 mph, 0.0%  
25 mm/5ec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

660 (2307618311) / JAYALAKSHMI / 33 Yrs / F / 160 Cms / 72 Kg / HR : 72

Date: 17/03/2023 02:19:58 PM

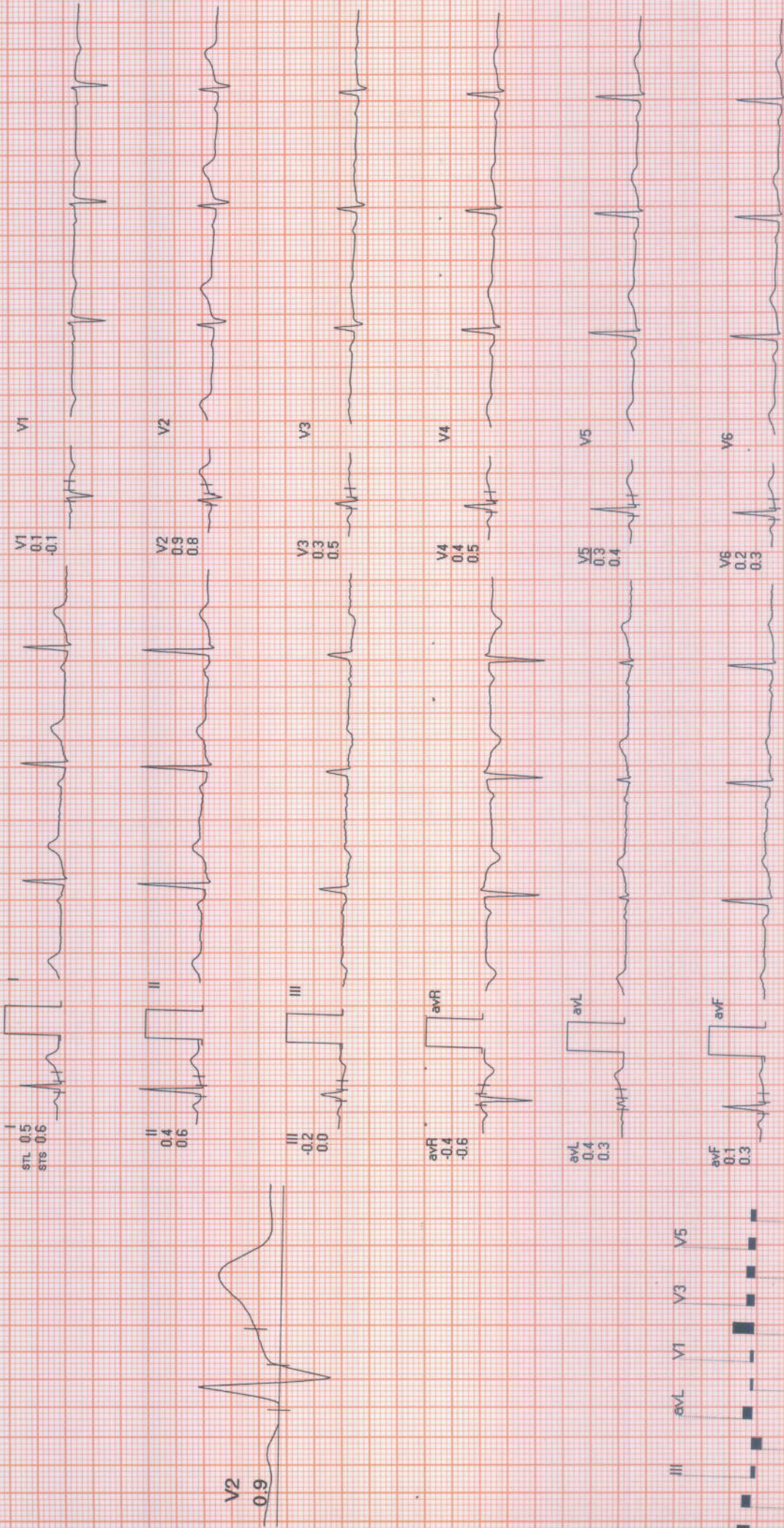
METS: 1.0/72 bpm 39% of THR BP: 120/80 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

HV ( 00:00 )



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

4X 80 mS Post-J



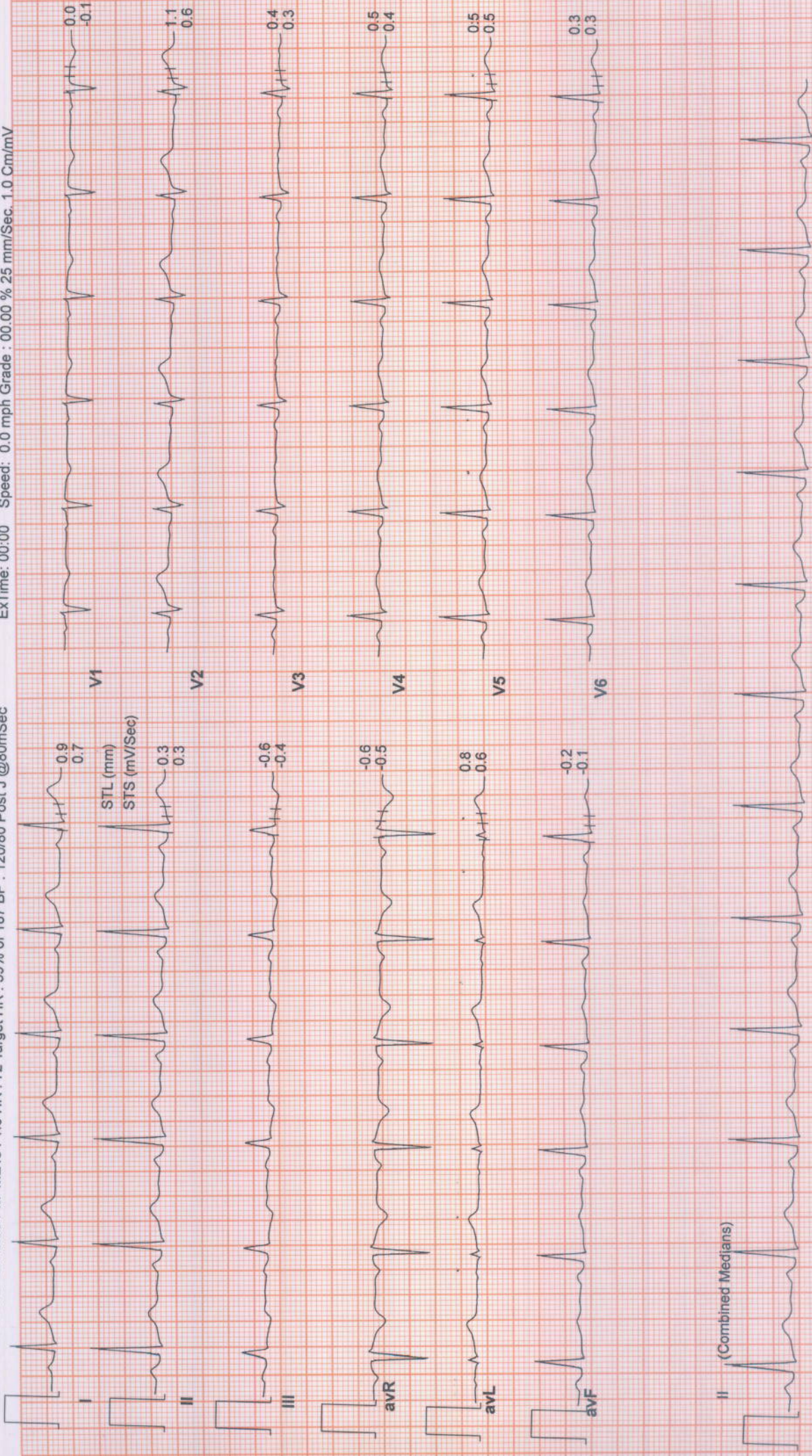
REMARKS:





Date: 17 / 03 / 2023 02:19:58 PM METs : 1.0 HR : 72 Target HR : 39% of 187 BP : 120/80 Post J @80mSec

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



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

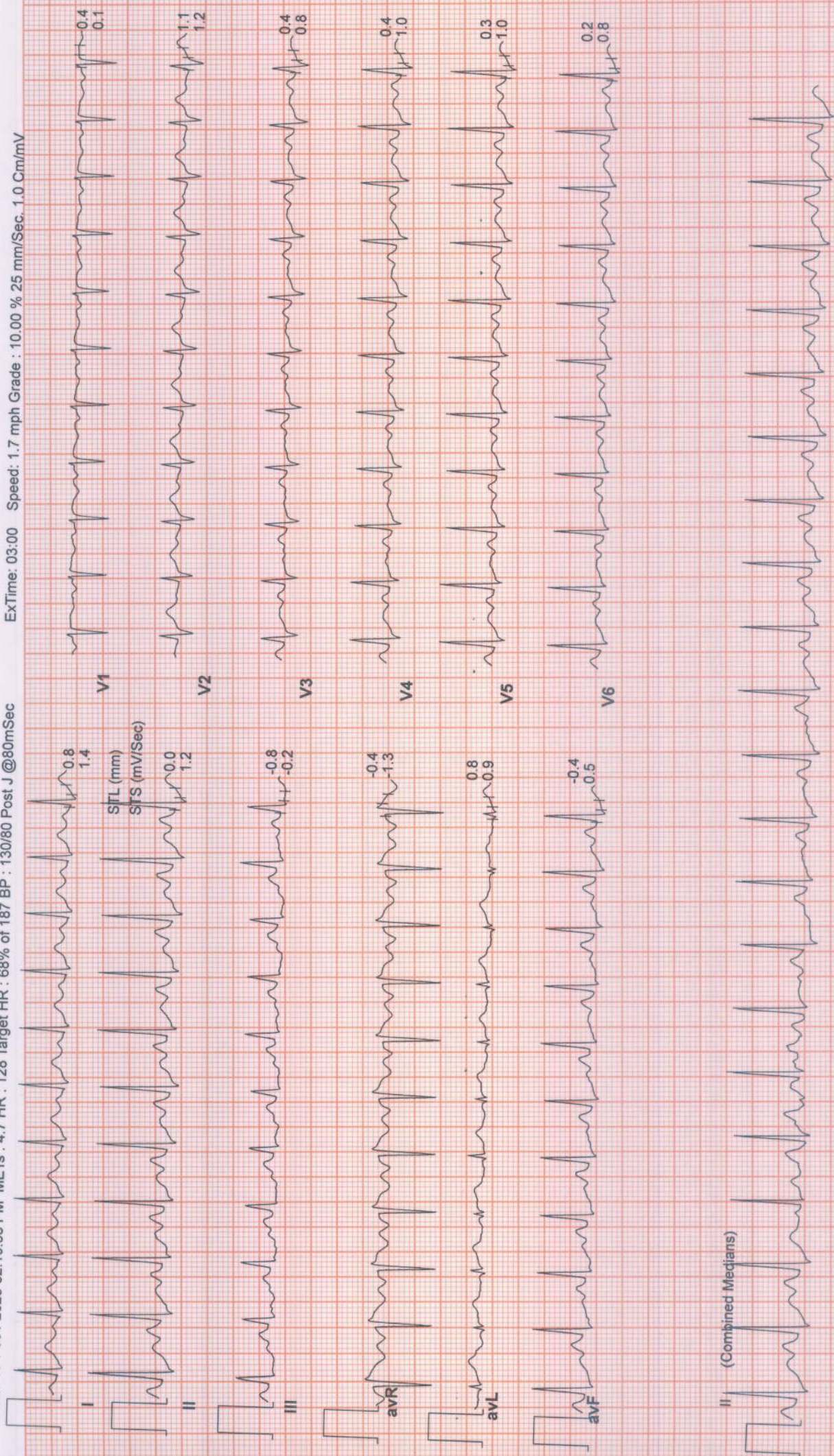
660 / JAYALAKSHMI / 33 Yrs / Female / 160 Cm / 72 Kg

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



Date: 17 / 03 / 2023 02:19:58 PM METs : 4.7 HR : 128 Target HR : 68% of 187 BP : 130/80 Post J @80mSec

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





# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

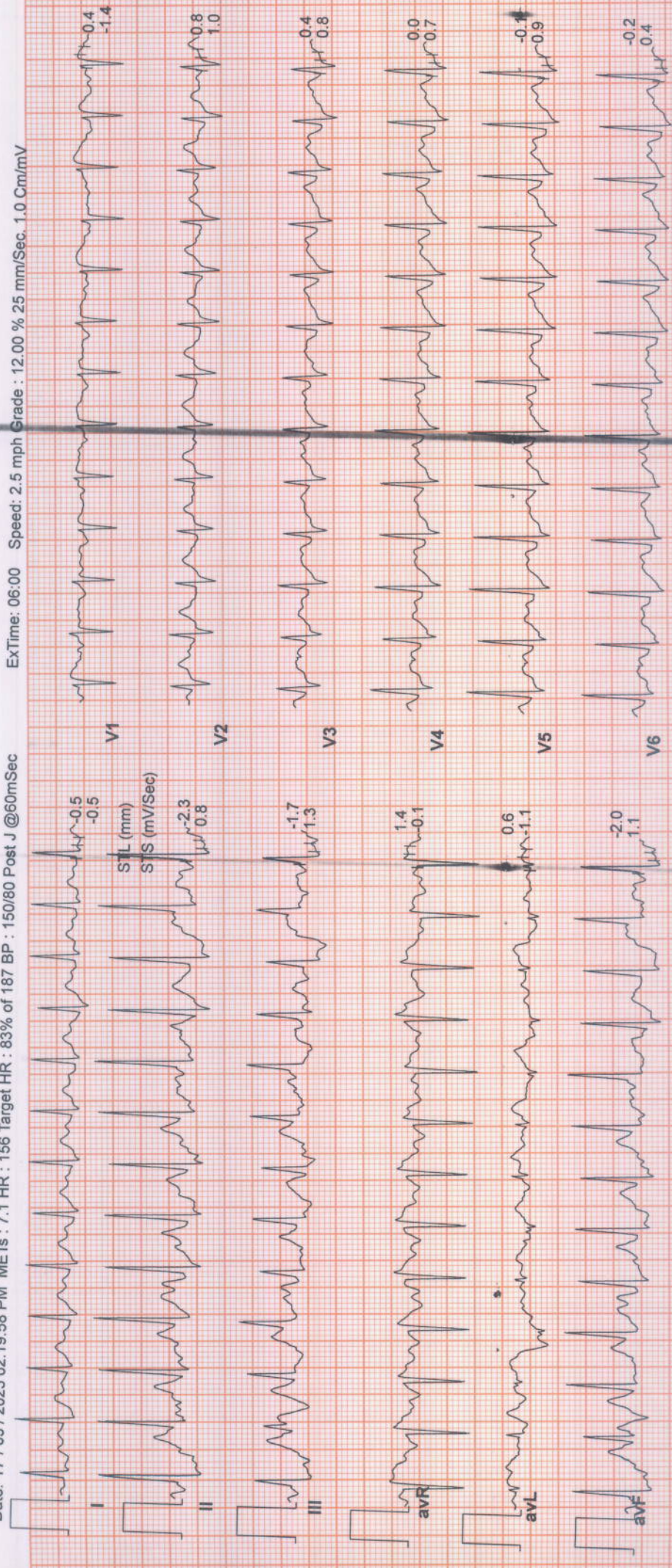
660 / JAYALAKSHMI / 33 Yrs / Female / 160 Cm / 72 Kg

# 6X2 Combine Medians + 1 Rhythm BRUCE : Stage 2 ( 03:00 )



Date: 17 / 03 / 2023 02:19:58 PM METs : 7.1 HR : 156 Target HR : 83% of 187 BP : 150/80 Post J @60mSec

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



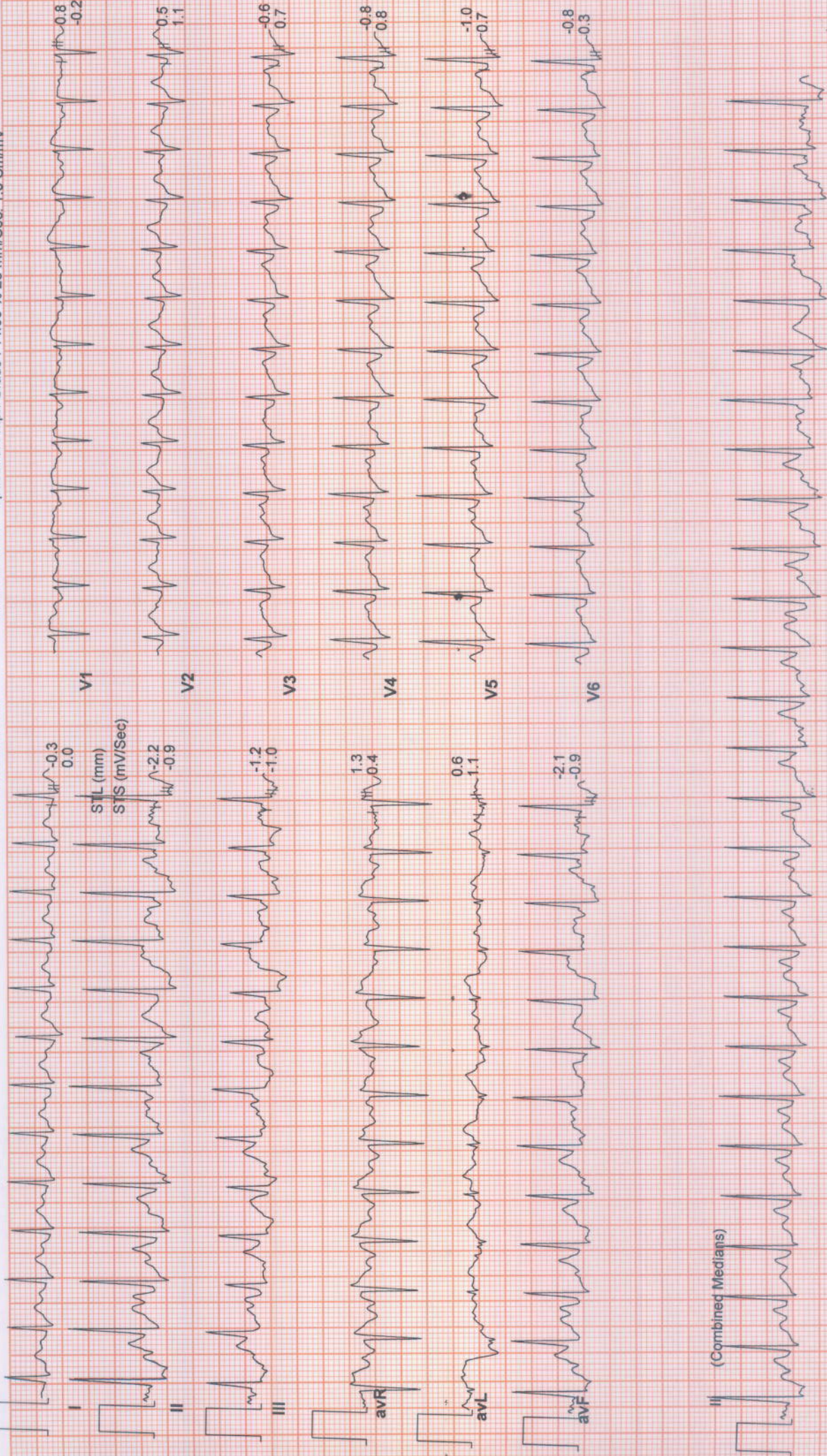
II (Combined Medians)





Date: 17 / 03 / 2023 02:19:58 PM METs : 7.4 HR : 160 Target HR : 86% of 187 BP : 150/80 Post J @30mSec

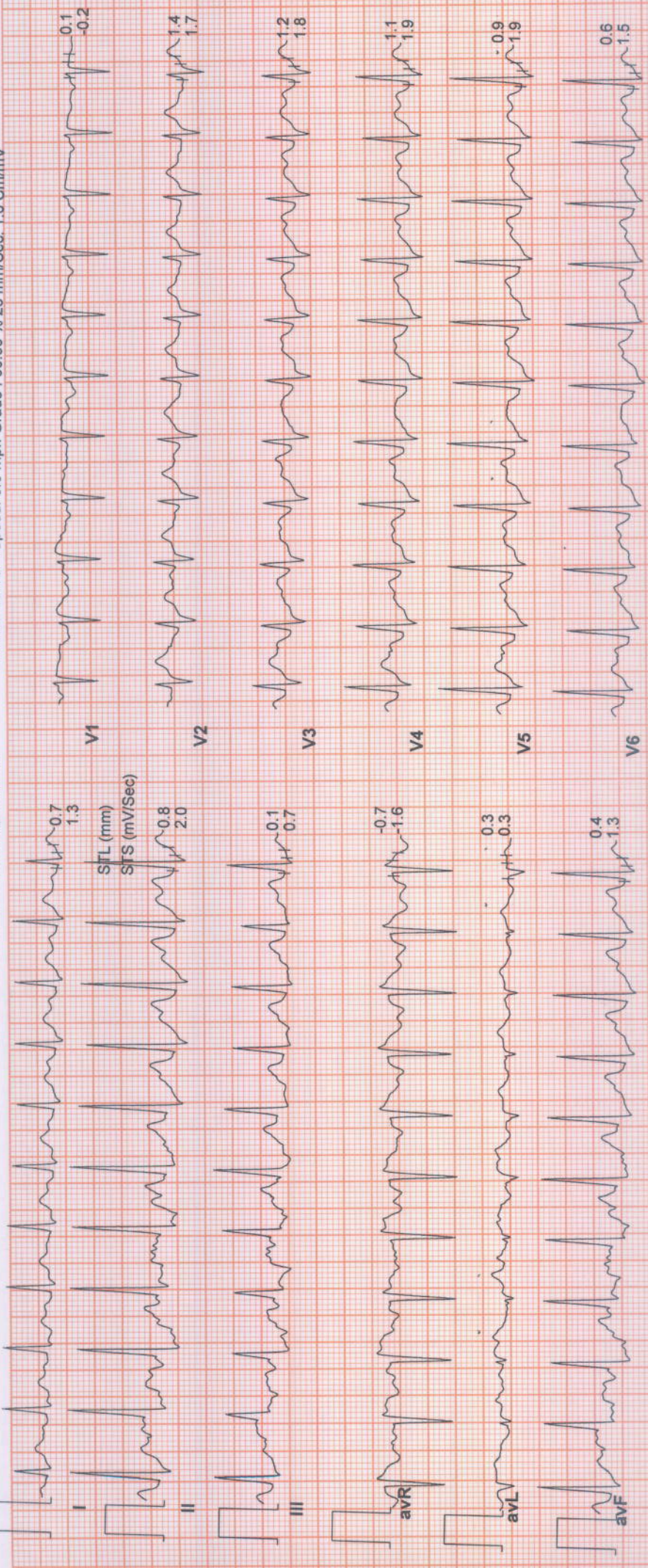
EXTime: 06:18 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV





Date: 17 / 03 / 2023 02:19:58 PM METs : 1.1 HR : 130 Target HR : 70% of 187 BP : 150/80 Post J @60mSec

ExTime: 06:18 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

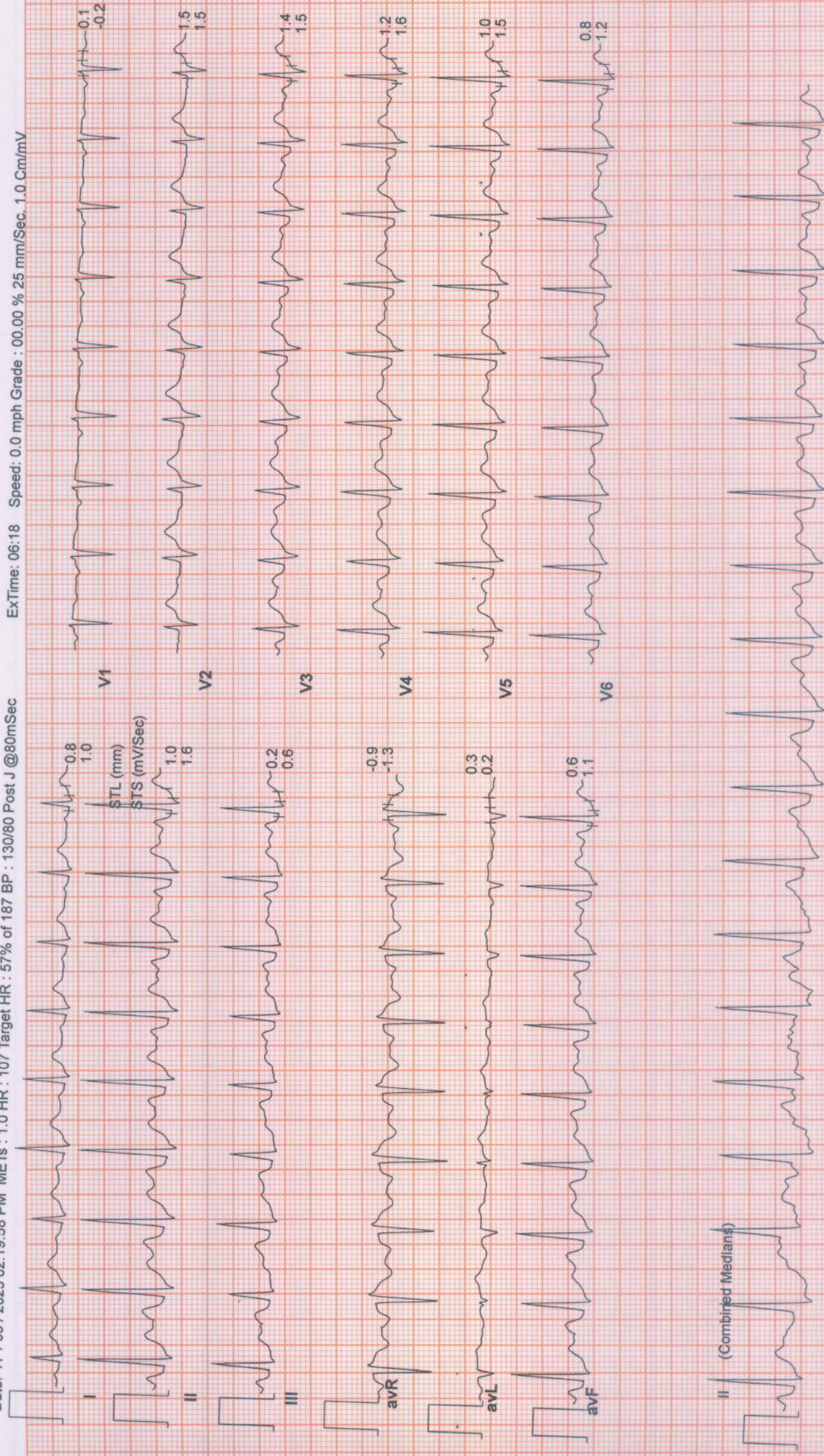
660 / JAYALAKSHMI / 33 Yrs / Female / 160 Cm / 72 Kg

## 6X2 Combine Medians + 1 Rhythm Recovery : ( 02:00 )



Date: 17 / 03 / 2023 02:19:58 PM METs : 1.0 HR : 107 Target HR : 57% of 187 BP : 130/80 Post J @80mSec

ExTime: 06:18 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

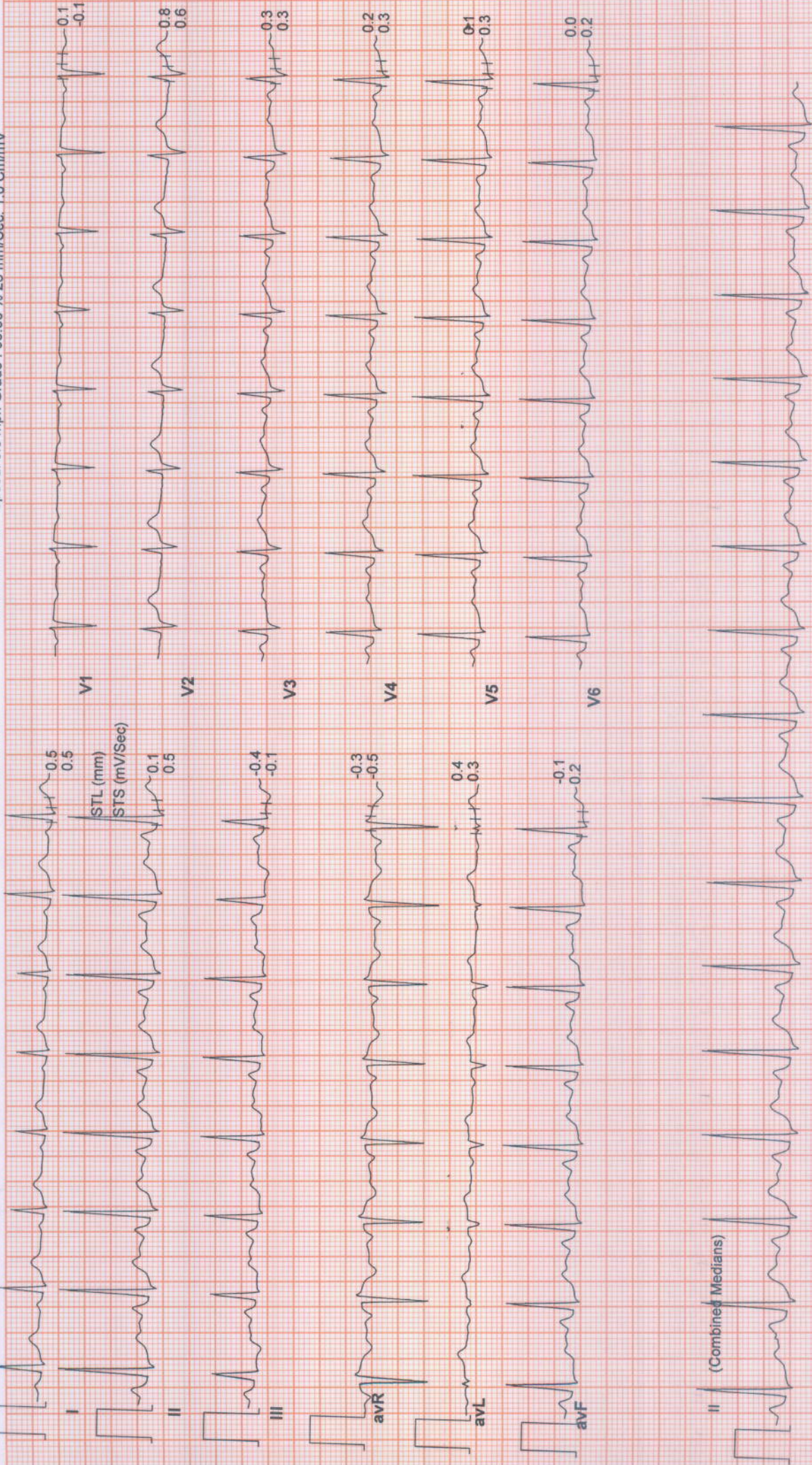
660 / JAYALAKSHMI / 33 Yrs / Female / 160 Cm / 72 Kg

## 6X2 Combine Medians + 1 Rhythm Recovery : ( 04:00 )



Date: 17 / 03 / 2023 02:19:58 PM METs : 1.0 HR : 98 Target HR : 52% of 187 BP : 130/80 Post J @80mSec

ExTime: 06:18 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

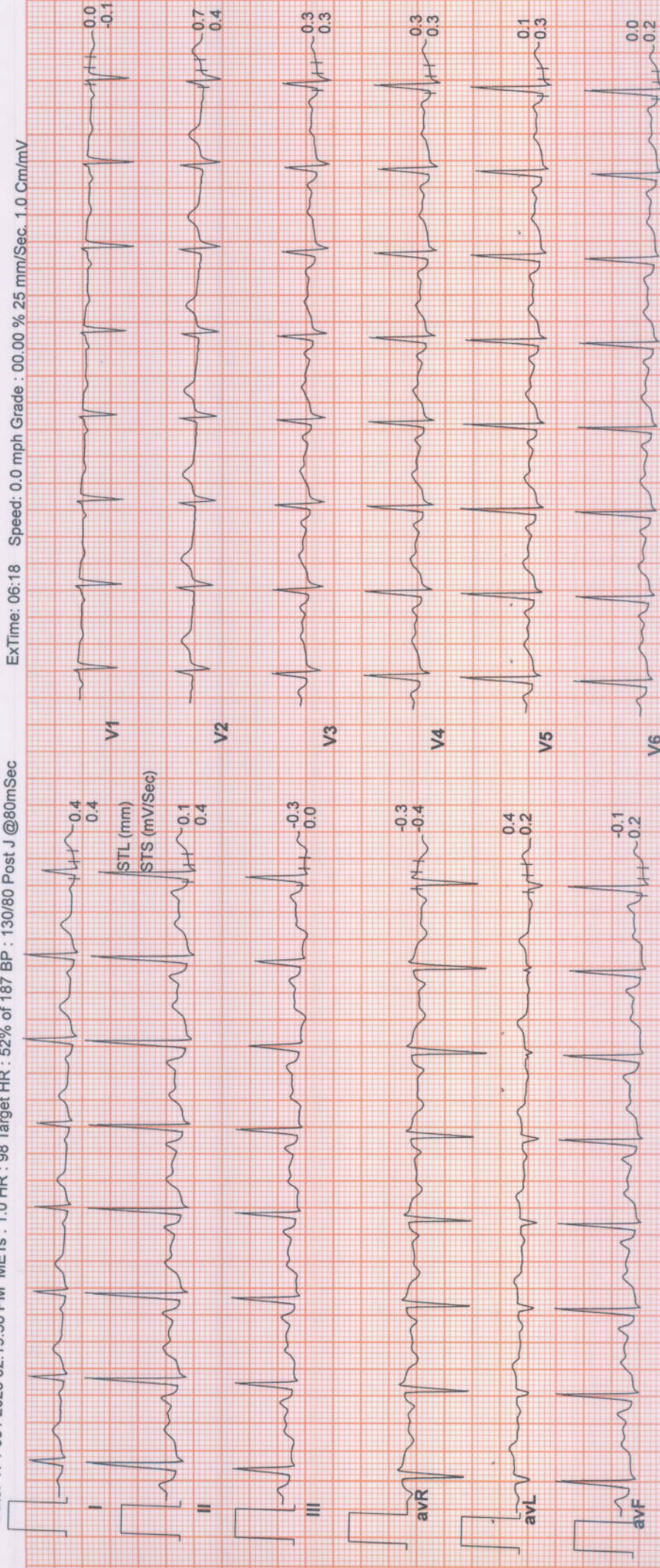
660 / JAYALAKSHMI / 33 Yrs / Female / 160 Cm / 72 Kg

## 6X2 Combine Medians + 1 Rhythm Recovery : ( 04:04 )



Date: 17 / 03 / 2023 02:19:58 PM METs : 1.0 HR : 98 Target HR : 52% of 187 BP : 130/80 Post J @80mSec

ExTime: 06:18 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)

