



CID : 2126734921
Name : MRS.ANSHUL VIPUL SHUKLA
Age / Gender : 31 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 24-Sep-2021 / 09:39
Reported : 24-Sep-2021 / 15:22

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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	4.42	3.8-4.8 mil/cmm	Elect. Impedance
PCV	35.8	36-46 %	Measured
MCV	80.9	80-100 fl	Calculated
MCH	27.1	27-32 pg	Calculated
MCHC	33.5	31.5-34.5 g/dL	Calculated
RDW	14.9	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	8040	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	33.1	20-40 %	
Absolute Lymphocytes	2661.2	1000-3000 /cmm	Calculated
Monocytes	6.9	2-10 %	
Absolute Monocytes	554.8	200-1000 /cmm	Calculated
Neutrophils	42.2	40-80 %	
Absolute Neutrophils	3392.9	2000-7000 /cmm	Calculated
Eosinophils	17.2	1-6 %	
Absolute Eosinophils	1382.9	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	
Absolute Basophils	48.2	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	292000	150000-400000 /cmm	Elect. Impedance
MPV	9.8	6-11 fl	Calculated
PDW	17.0	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		
Macrocytosis	-		



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 21 2-20 mm at 1 hr. Westergren

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



Amar Dasgupta
Dr. AMAR DASGUPTA, MD, PhD
Consultant Hematopathologist
Director - Medical Services

Trupti Shetty
Dr. TRUPTI SHETTY
M. D. (PATH)
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	80.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.35	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.19	0.1-1.0 mg/dl	Calculated
SGOT (AST), Serum	22.5	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	25.8	5-33 U/L	NADH (w/o P-5-P)
ALKALINE PHOSPHATASE, Serum	62.9	35-105 U/L	Colorimetric
BLOOD UREA, Serum	15.6	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.49	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	157	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	3.3	2.4-5.7 mg/dl	Enzymatic

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*** End Of Report ***



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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	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	111.2	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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MC-2111

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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)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.025	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	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	10-15	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	6-8		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	++	Less than 20/hpf	
Others	-		

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*** End Of Report ***



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Reported : 24-Sep-2021 / 14:25

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 automated column agglutination technology (CAT) which is more sensitive than conventional methods.

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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*** End Of Report ***



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	162.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	77.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	51.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	111.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	97.0	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	14.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.9	0-3.5 Ratio	Calculated

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 Reported : 24-Sep-2021 / 14:36

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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	5.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.8	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	1.18	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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Collected : 24-Sep-2021 / 09:39
Reported : 24-Sep-2021 / 14:36

Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

- 1)TSH Values between 5.5 to 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: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.

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 ***



MC-2111

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CID : 2126734921	SID : 177803741772
Name : MRS.ANSHUL VIPUL SHUKLA	Registered : 24-Sep-2021 / 09:37
Age / Gender : 31 Years/Female	Collected : 24-Sep-2021 / 09:37
Ref. Dr : -	Reported : 25-Sep-2021 / 09:14
Reg.Location : Kandivali East (Main Centre)	Printed : 25-Sep-2021 / 10:02

PHYSICAL EXAMINATION REPORT

History and Complaints:

No

EXAMINATION FINDINGS:

Height (cms): 166 cms	Weight (kg): 59 kgs
Temp (0c): Afebrile	Skin: Normal
Blood Pressure (mm/hg): 120/80	Nails: Normal
Pulse: 72/min	Lymph Node: Not palpable

Systems

Cardiovascular: Normal
Respiratory: Normal
Genitourinary: Normal
GI System: Normal
CNS: Normal

IMPRESSION:

*, Eosinophilia
 Wbc for cells - 10-15/HPF*

ADVICE:

*- T. Hepogon Hex2dy
 . ↑ liquid intake*

*Repeat CBC
 - Wbc (⊙)
 After 1 month*

CHIEF COMPLAINTS:

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Ref. Dr	: -	Reported	: 25-Sep-2021 / 09:14
Reg.Location	: Kandivali East (Main Centre)	Printed	: 25-Sep-2021 / 10:02

- | | |
|--|-----------|
| 1) Hypertension: | No |
| 2) IHD | No |
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis | No |
| 6) Asthama | No |
| 7) Pulmonary Disease | No |
| 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 | LSCS 2019 |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

- | | |
|---------------|-----|
| 1) Alcohol | No |
| 2) Smoking | No |
| 3) Diet | Veg |
| 4) Medication | No |

*** End Of Report ***

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Ref. Dr	: -	Reported	: 24-Sep-2021 / 13:56
Reg.Location	: Kandivali East (Main Centre)	Printed	: 24-Sep-2021 / 13:57

X-RAY CHEST PA VIEW

The lung fields are clear with no parenchymal lesion.

The cardiothoracic ratio is maintained and the cardiac outline is normal

The domes of the diaphragm are normal.


The cardio and costophrenic angles are clear.

Bony thorax is normal.

IMPRESSION:

No significant abnormality detected.

*** End Of Report ***


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Ref. Dr	: -	Reported	: 24-Sep-2021 / 11:37
Reg.Location	: Kandivali East (Main Centre)	Printed	: 24-Sep-2021 / 11:38

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 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 9.0 x 4.4 cm. Left kidney measures 10.2 x 4.3 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.

UTERUS :

The uterus is anteverted, retroflexed and appears normal. It measures 7.1 x 5.2 x 4.6 cms. in size. The endometrial thickness is 15 mm. (LMP-29.08.21)

OVARIES :

Both the ovaries are well visualised and appears normal. There is no evidence of any ovarian or adnexal mass seen. Right ovary = 3.6 x 1.7 cm. Left ovary = 4.0 x 1.8 cm.

IMPRESSION :

No significant abnormality is seen.

*** End Of Report ***

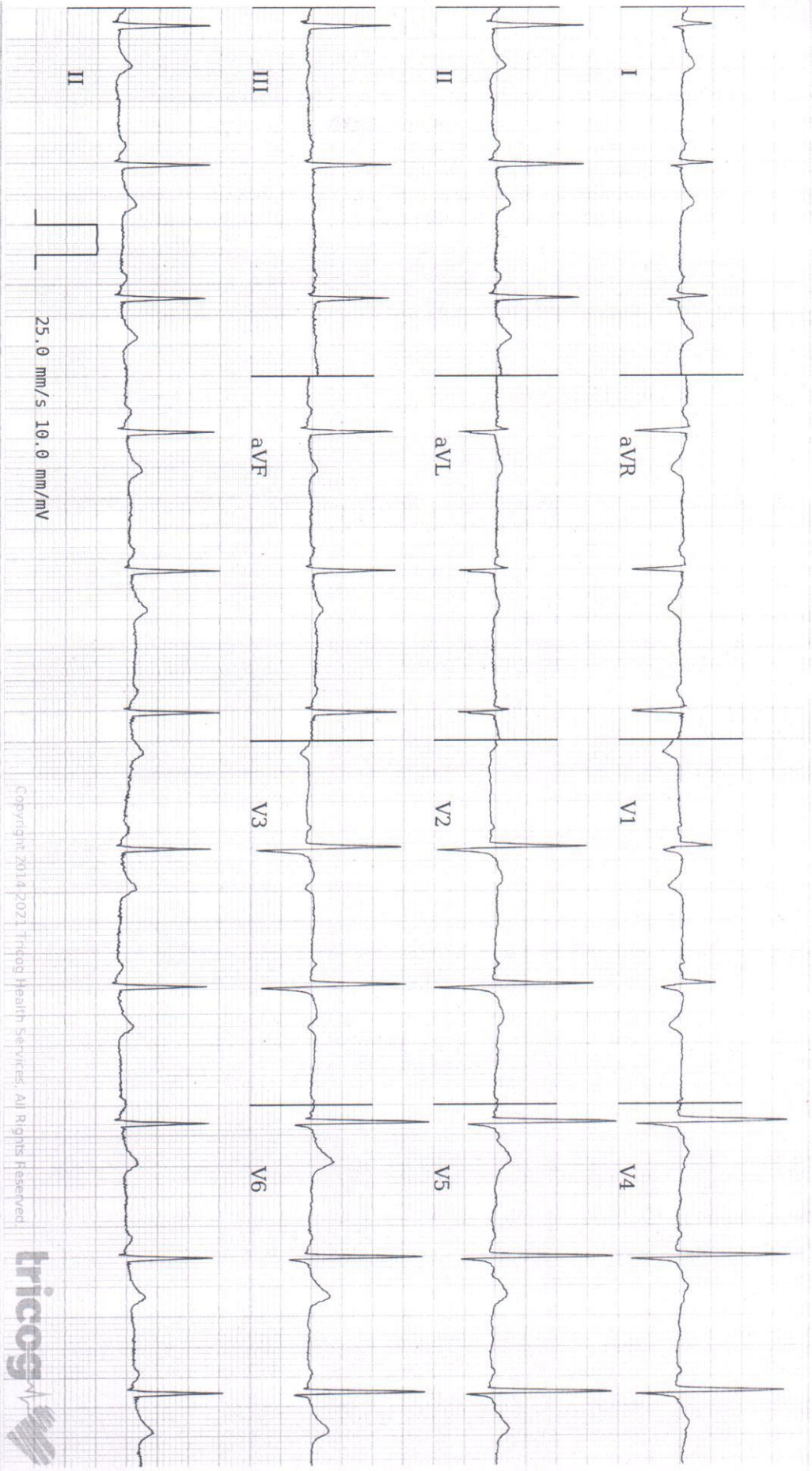

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Age 31 NA NA
years months days

Gender Female

Heart Rate 67 bpm

Patient Vitals

BP: 120/80 mmHg

Weight: 59 kg

Height: 166 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QSRD: 80 ms

QT: 394 ms

QTc: 416 ms

PR: 146 ms

P-R-T: 47° 78° 40°

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

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Row House No. 3, Aangan,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700000

REPORTED BY
[Signature]

DR AKHIL PARULEKAR
MBBS, MD MEDICINE, DNB Cardiology
Cardiologist
2012082483

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.

ENT Examination

Name :- Anshul Shukla Age :- 31/F

History - NIL

Examination	Right	Left
External Ear	MAD	- MAD
Middle Ears (Tympanic, membrane, Eustachan Tube, mastoid)	-	- MAD
Rinnes, Webers	-	-
Nose and paranasal Sinuses-(airwy, septum, polyp)	- MAD	
Throat	no enlargement	
Speech	(N)	
Audiometry (when done)		

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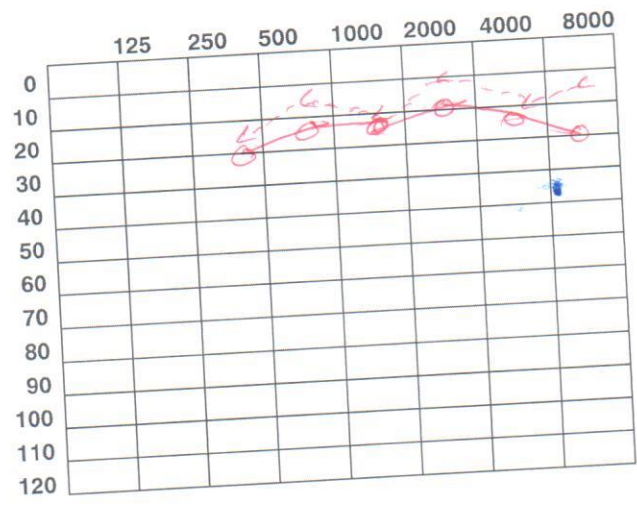
AUDIOMETRY

Name: *Ms. Anshu Shukla* CID: *2126734921*
Date: *25/09/2021* History: *-*

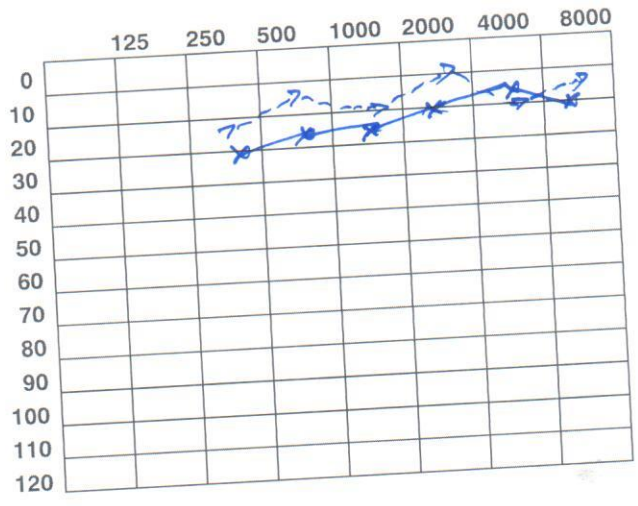
Sex / Age: *F/31*

AUDIOGRAM

Pure Tone Audiogram Right



Pure Tone Audiogram Left



- 0 -> Right A. C. Threshold
- △ -> Right Masked A. C. Threshold
- < -> Right B. C. Threshold
- [-> Right Masked B. C. Threshold

- X -> Left A. C. Threshold
- -> Left Masked A. C. Threshold
- > -> Left B. C. Threshold
-] -> Left Masked B. C. Threshold

Interpretation: *R/L Hearing sensitivity within normal limits*

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Tel : 61700000

Amol J. Rathod
Amol J. Rathod
Audiologist
Reg. No. B 41893

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053
HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343
For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

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भारत सरकार

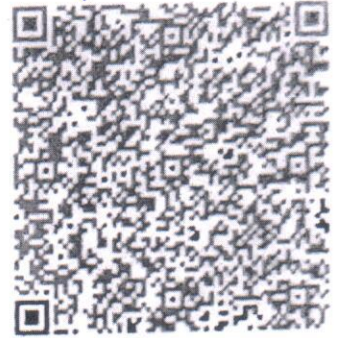
Government of India

अंशुल विपुल शुकला

Anshul Vipul Shukla

जन्म तिथि / DOB : 10/05/1990

महिला / Female



2792 9421 8092

मेरा आधार, मेरी पहचान

Dr. Jagruti Dhale
MBBS
Consultant Physician
Reg. No. 69548

Jagru

Anshul

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Tel : 61700000

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

Patient Details

Date: 24-Sep-21

Time: 11:40:41 AM

Name: ANSHUL SHUKLA ID: 2126734921

Age: 31 y

Sex: F

Height: 166 cms

Weight: 59 Kgs

Clinical History:

Medications:

Test Details

Protocol: Bruce

Pr.MHR: 189 bpm

THR: 170 (90 % of Pr.MHR) bpm

Total Exec. Time: 7 m 23 s

Max. HR: 172 (91% of Pr.MHR) bpm

Max. Mets: 10.20

Max. BP: 150 / 80 mmHg

Max. BP x HR: 25800 mmHg/min

Min. BP x HR: 5520 mmHg/min

Test Termination Criteria: Target HR attained

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 20	1.0	0	0	70	120 / 80	-0.21 III	1.06 V4
Standing	0 : 29	1.0	0	0	73	120 / 80	-5.94 I	-5.31 I
Hyperventilation	0 : 20	1.0	0	0	69	120 / 80	-0.64 aVR	1.77 V5
1	3 : 0	4.6	1.7	10	105	120 / 80	-5.52 I	-5.66 III
2	3 : 0	7.0	2.5	12	141	130 / 80	-5.10 V5	5.66 V2
Peak Ex	1 : 23	10.2	3.4	14	172	150 / 80	-5.73 V5	5.31 V6
Recovery(1)	1 : 0	1.8	1	0	106	150 / 80	-3.82 V5	2.83 V4
Recovery(2)	0 : 28	1.0	0	0	110	150 / 80	-1.49 III	2.83 V4
Recovery(3)	0 : 13	1.0	0	0	95	150 / 80	-0.21 III	2.12 V4

Interpretation

The patient exercised according to the Bruce protocol for 7 m 23 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 70 bpm, rose to a max. heart rate of 172 (91% of Pr.MHR) bpm. Resting blood Pressure 120 / 80 mmHg, rose to a maximum blood pressure of 150 / 80 mmHg.

Good Effort Tolerance.

No significant ST T changes as compared to Baseline.

No Chest pain/ Arrhythmias noted during the test.

Stress Test is Negative for Stress Induced Ischemia..

Dr. Akhil P. Parulekar.
MBBS. MD. Medicine
DNB Cardiology
Reg. No. 2012082483

Disclaimer : Negative stress test does not rule out Coronary Artery Diseases.

Positive Stress Test is suggestive but not confirmatory of Coronary Artery Disease.

Hence clinical correlation is mandatory.

Ref. Doctor: ARCOFEMI

(Summary Report edited by user)

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Tel : 61700000

Doctor: DR.AKHIL PARULEKAR

(c) Schiller Healthcare India Pvt. Ltd. V 4.7

SUBURBAN DIAGNOSTICS (PVT LTD THAKUR VILLAGE)

ANSHUL SHUKLA (31 F)

ID: 2126734921

Date: 24-Sep-21

Exec Time : 0 m 0 s

Stage Time : 0 m 20 s

HR: 70 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0%

(TTHR: 170 bpm)

B.P.: 120 / 80

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

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

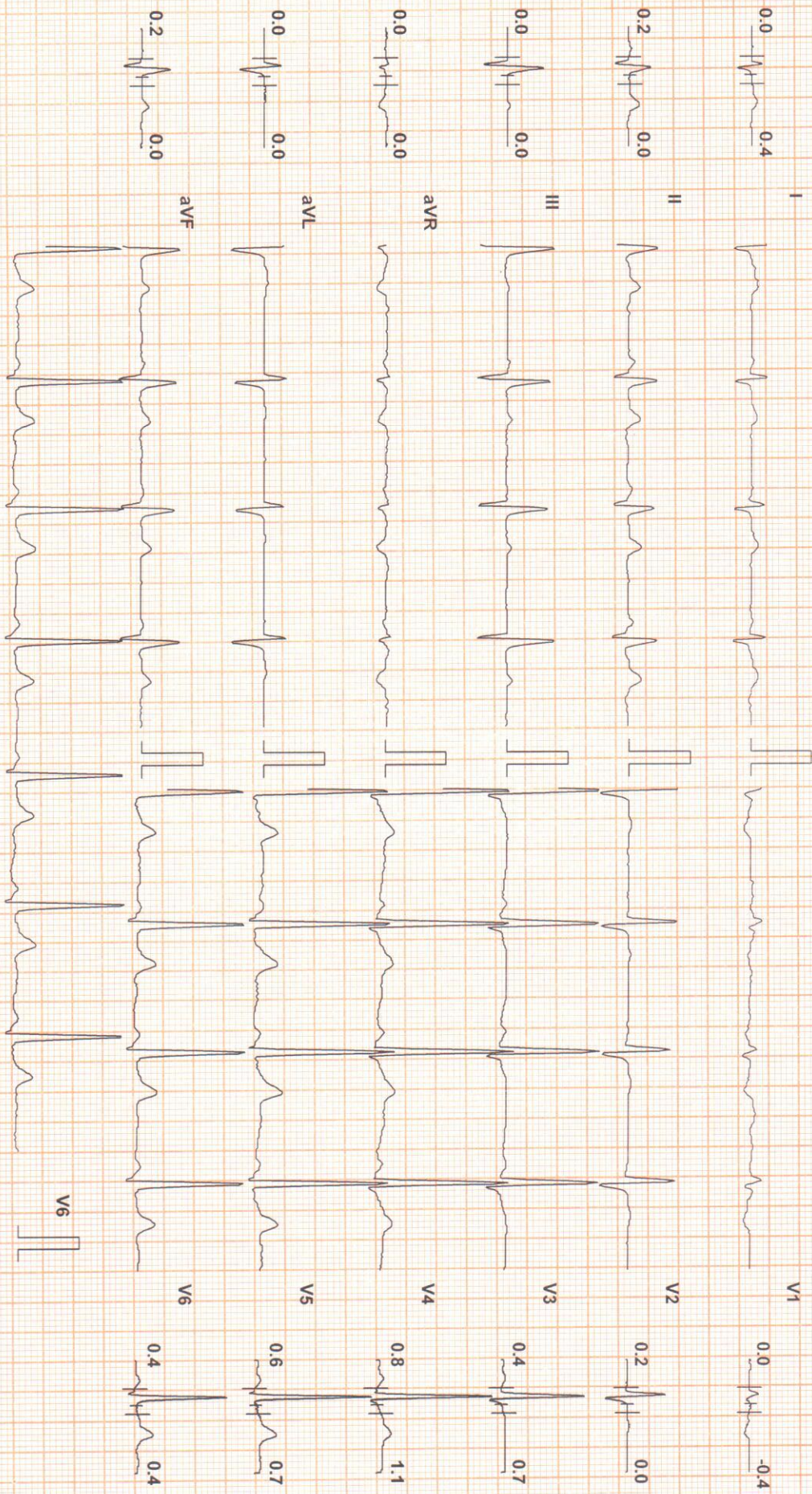


Chart Speed: 25 mm/sec
Schiller Spandam V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

SUBURBAN DIAGNOSTICS (PVT LTD THAKUR VILLAGE)

ANSHUL SHUKLA (31 F)

ID: 2126734921

Date: 24-Sep-21

Exec Time: 0 m 0 s

Stage Time: 0 m 29 s

HR: 73 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0%

(THR: 170 bpm)

B.P.: 120/80

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

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

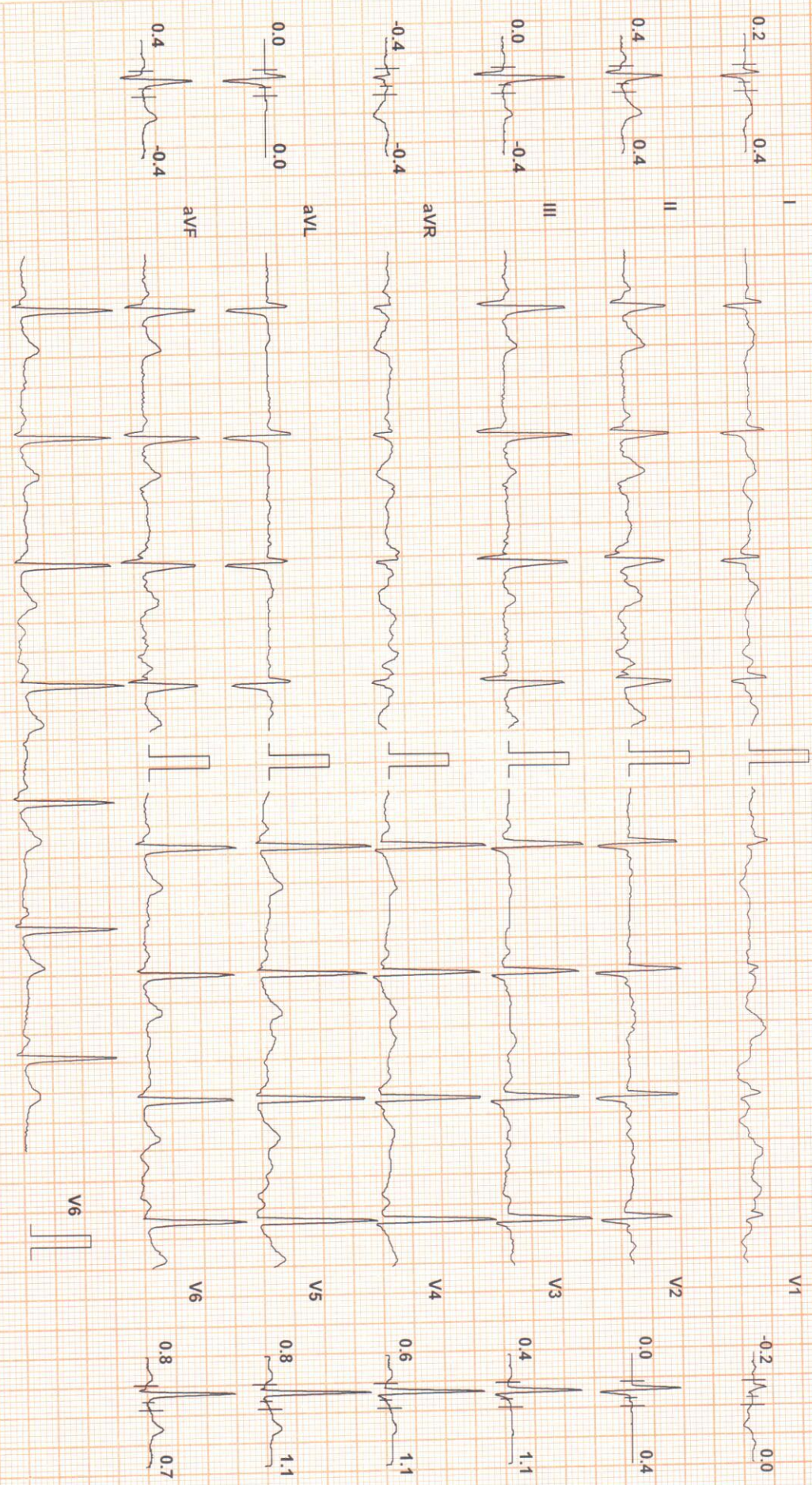


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandam V 4.7

SUBURBAN DIAGNOSTICS (PVT LTD THAKUR VILLAGE)

ANSHUL SHUKLA (31 F)

Protocol: Bruce

ID: 2126734921

Date: 24-Sep-21

Exec Time: 0 m 0 s

Stage Time: 0 m 20 s

HR: 69 bpm

Stage: Hyperventilation

Speed: 0 mph

Grade: 0%

(THR: 170 bpm)

B.P: 120/80

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

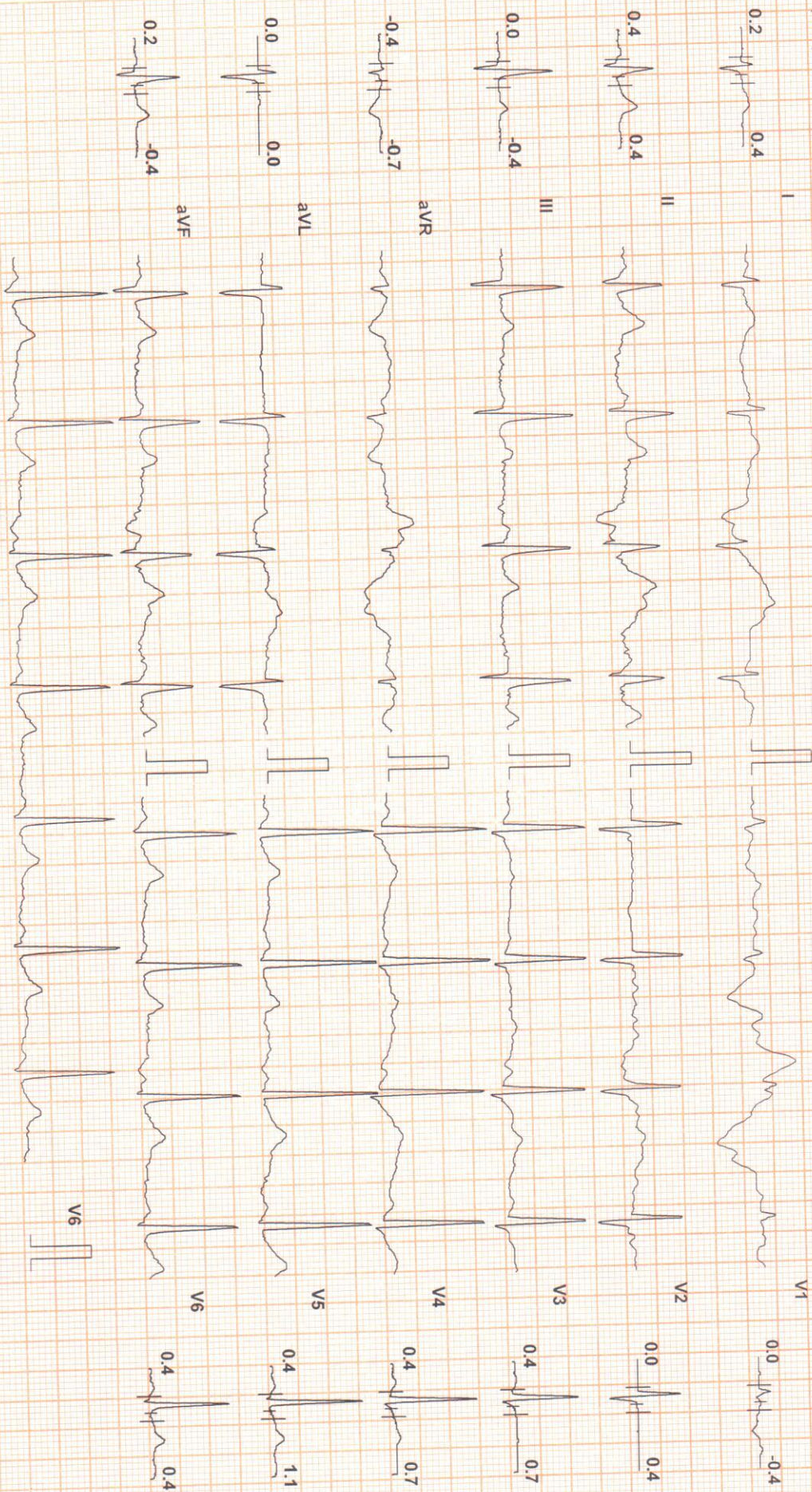


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

ANSHUL SHUKLA (31 F)

ID: 2126734921

Date: 24-Sep-21

Exec Time: 3 m 0 s

Stage Time: 3 m 0 s

HR: 105 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 170 bpm)

B-P: 120/80

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

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

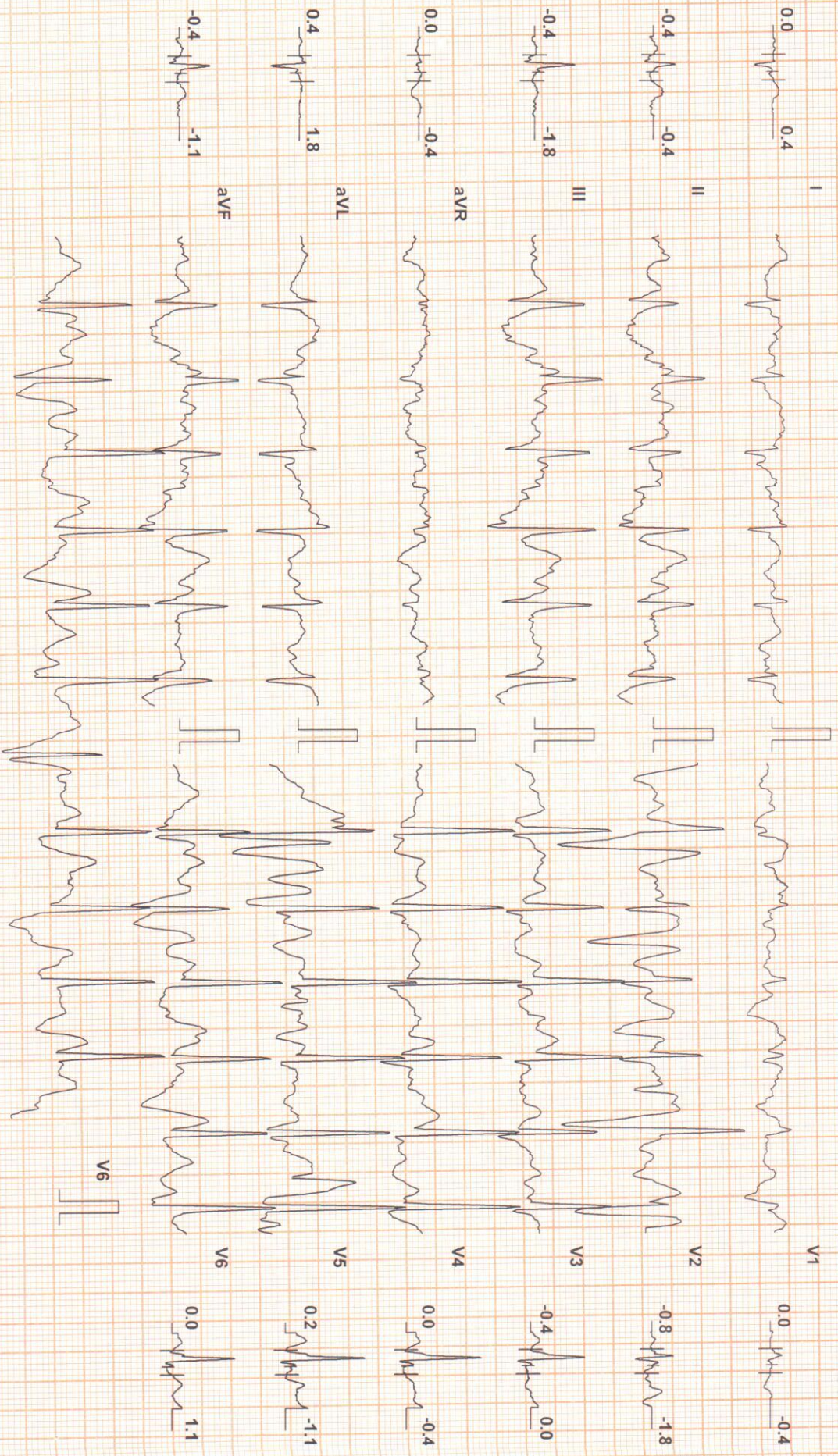


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spantam V4.7

SUBURBAN DIAGNOSTICS (A) PVT LTD THAKUR VILLAGE

ANSHUL SHUKLA (31 F)

Protocol: Bruce

ID: 2126734921

Date: 24-Sep-21 Exec Time: 6 m 0 s

Stage Time: 3 m 0 s HR: 141 bpm

Stage: 2

Speed: 2.5 mph Grade: 12 %

(THR: 170 bpm) B.P.: 130/80

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

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

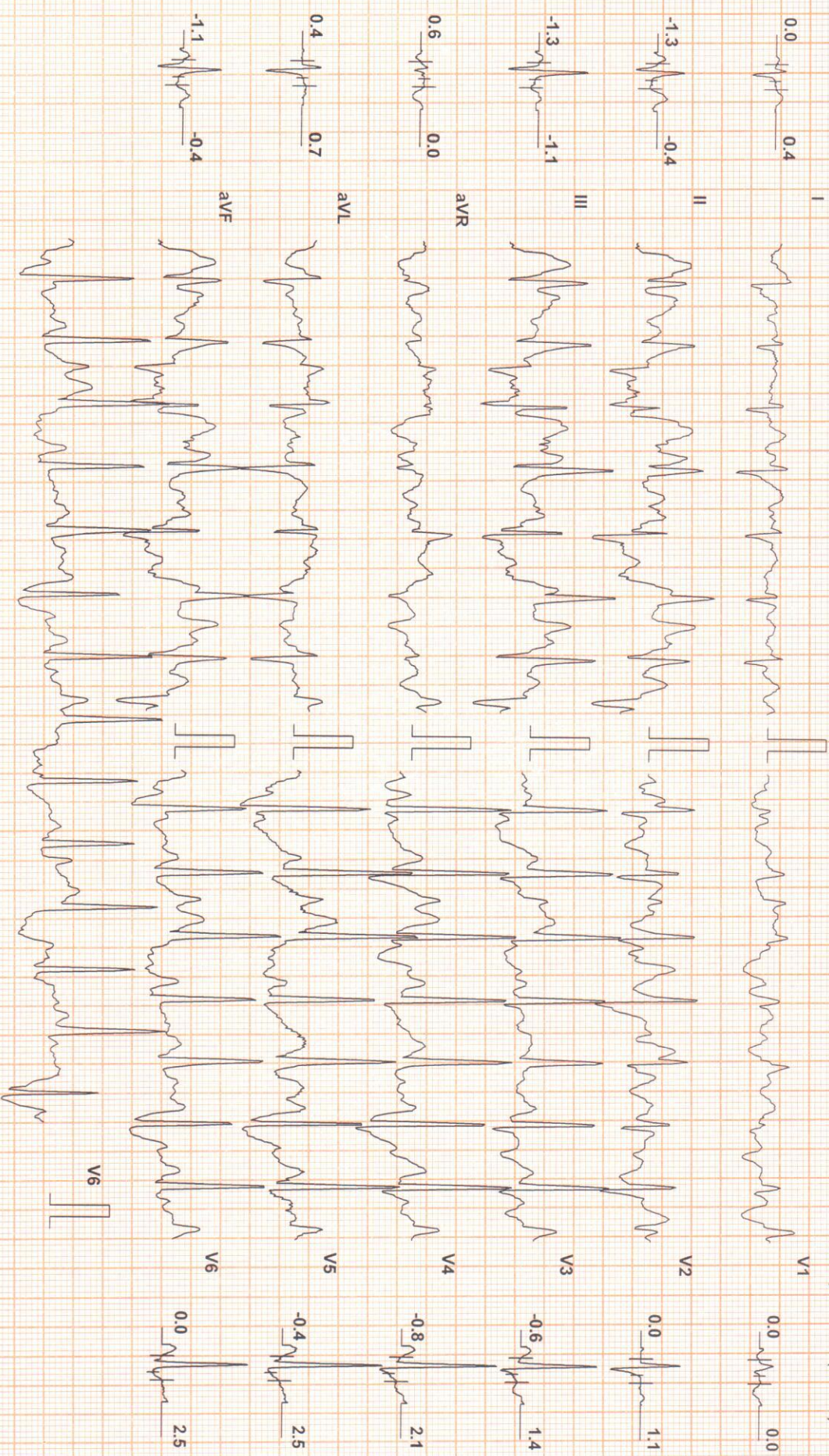


Chart Speed: 25 mm/sec
Schiller Sparden V.4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms J = R + 60 ms

Post V = J + 60 ms

SUBURBAN DIAGNOSTICS (PVT LTD THAKUR VILLAGE)

ANSHUL SHUKLA (30 F)

Protocol: Bruce

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

ID: 2126734921
Stage: Peak Ex

Date: 24-Sep-21
Speed: 3.4 mph

Exec Time : 6 m 6 s
Grade: 14 %

Stage Time : 0 m 6 s
(THR: 170 bpm)

HR: 145 bpm
B.P.: 150 / 80

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

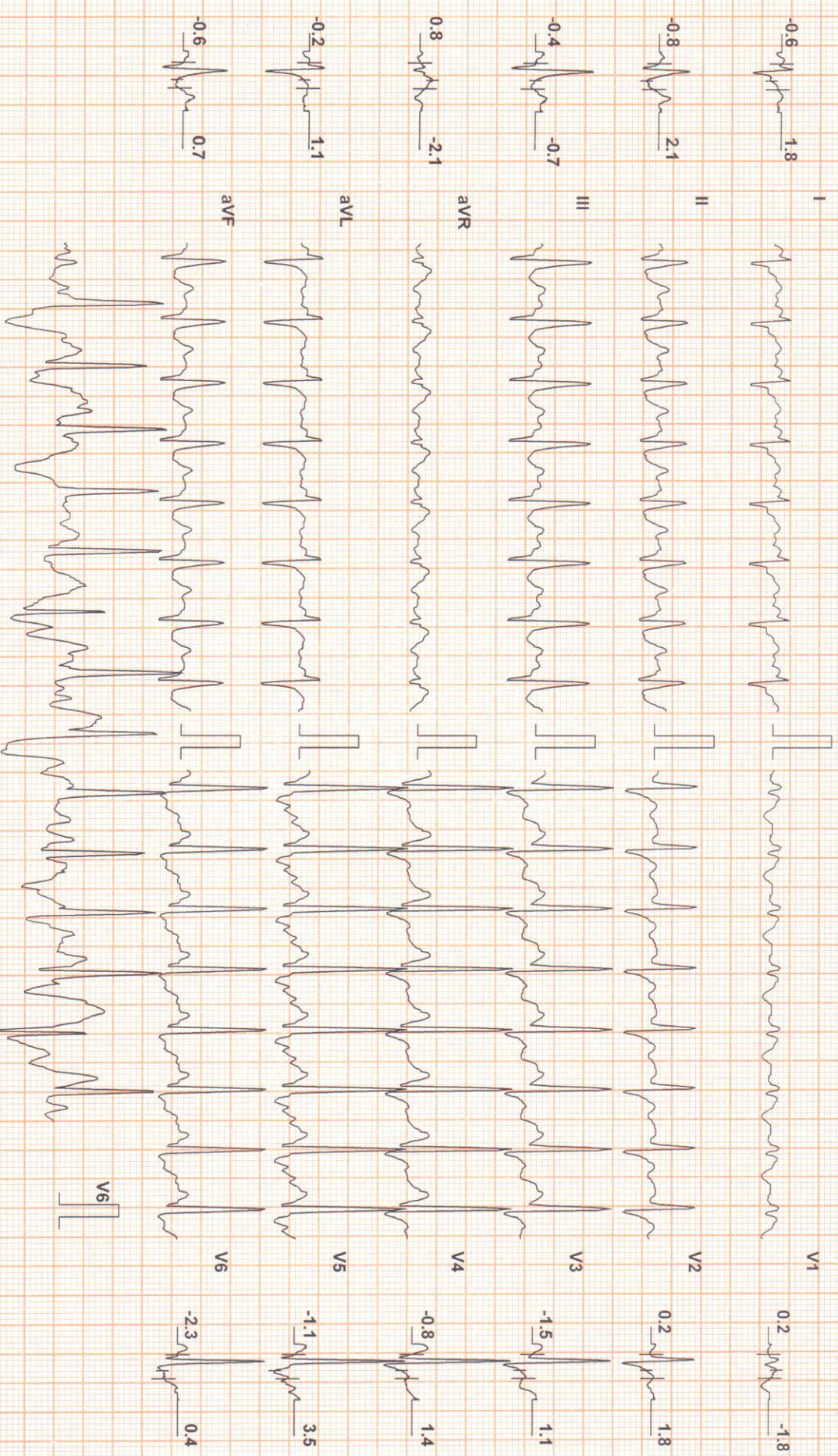


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

ANSHUL SHUKLA (31 F)

Protocol: Bruce

ID: 2126734921

Date: 24-Sep-21

Exec Time: 7 m 23 s

Stage Time: 1 m 0 s

HR: 106 bpm

Stage: Recovery(1)

Speed: 0 mph

Grade: 0 %

(T:HR: 170-bpm)

B.P: 150/80

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

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

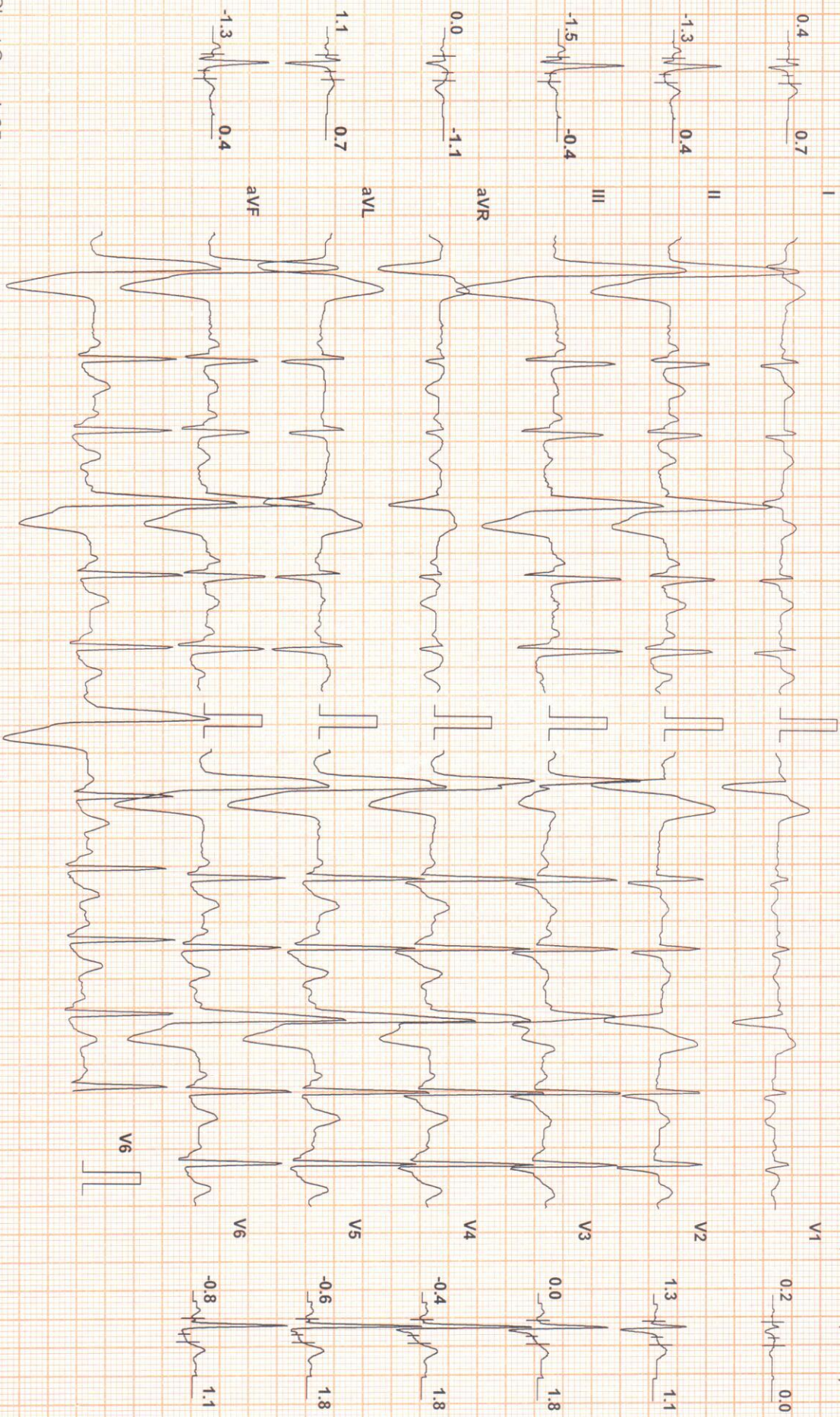


Chart Speed: 25 mm/sec
Schiller Spandax V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post V = J + 60 ms

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

ANSHUL SHUKLA (31 F)

Protocol: Bruce

ID: 2126734921

Date: 24-Sep-21

Exec Time : 7 m 23 s

Stage Time : 0 m 28 s **HR: 110 bpm**

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 170 bpm)

B.P.: 150/80

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

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

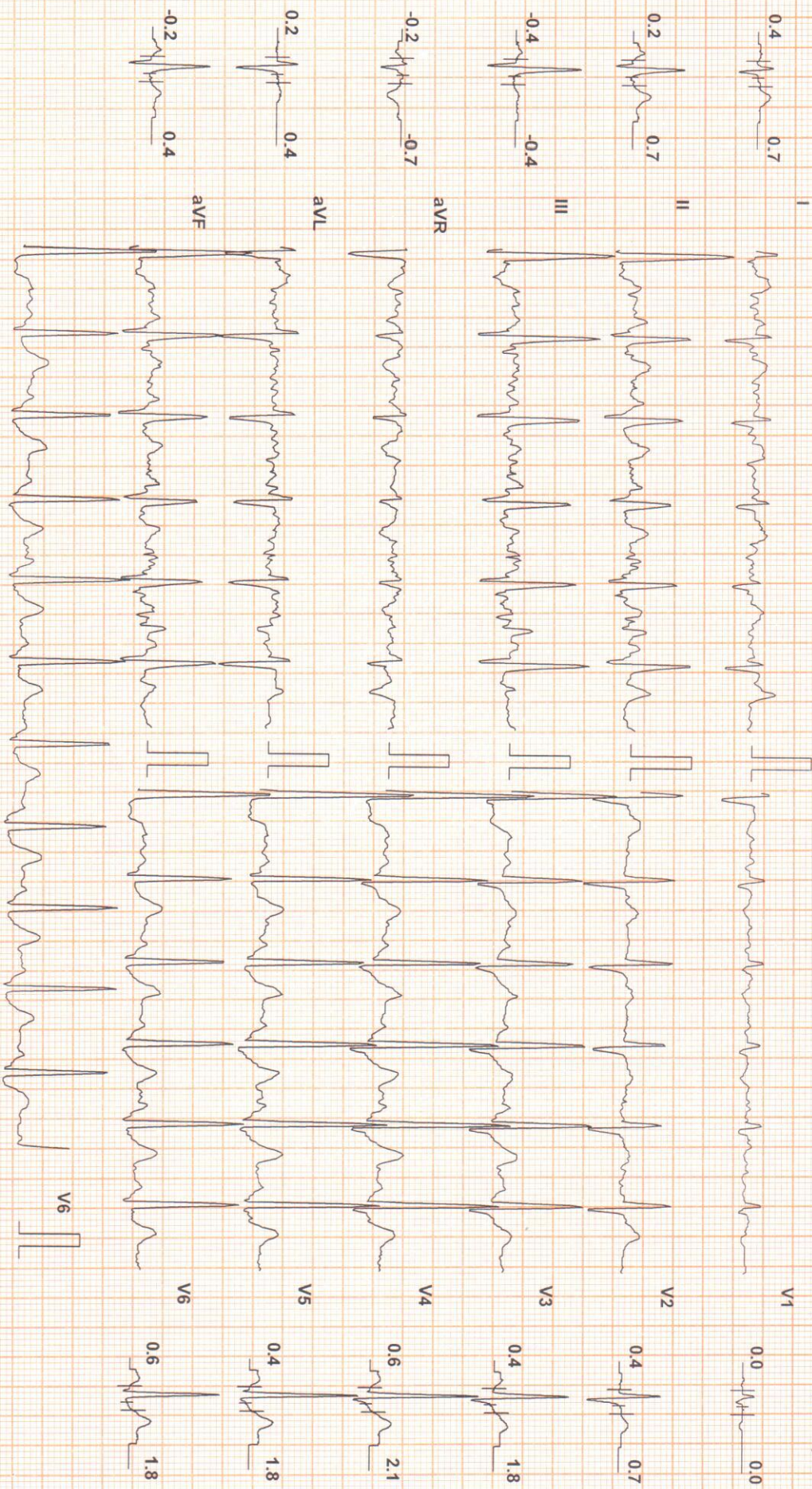


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms J = R + 60 ms

Post V = J + 60 ms

SUBURBAN DIAGNOSTICS (PVT LTD THAKUR VILLAGE)

ANSHUL SHUKLA (31 F)

Protocol: Bruce

ID: 2126734921

Date: 24-Sep-21

Exec Time: 7 m 23 s

Stage Time: 0 m 9 s

HR: 95 bpm

Stage: Recovery(3)

Speed: 0 mph

Grade: 0%

(THR: 170 bpm)

B.P: 150/80

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

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

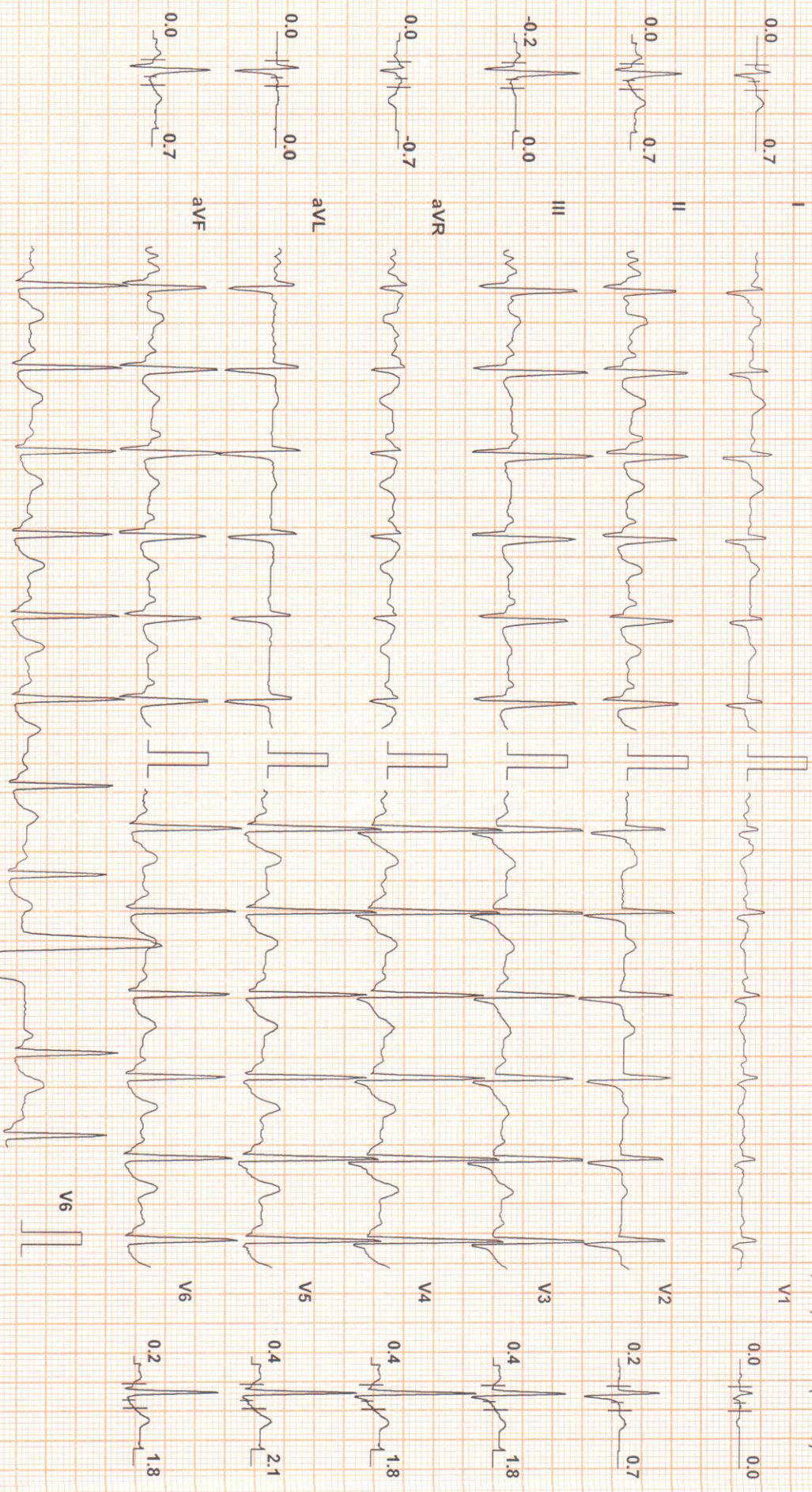


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schlier Sparden V.4.7