

PHYSICAL EXAMINATION REPORT

Patient Name	Pavithra shetty	Sex/Age	F / 36
Date	14/1/23	Location	Thane

History and Complaints

NIL

EXAMINATION FINDINGS:

Height (cms):	154	Temp (0c):	98.6
Weight (kg):	61.2	Skin:	NAD
Blood Pressure	110/68	Nails:	✓
Pulse	72/✓	Lymph Node:	Not palpable

Systems :

Cardiovascular:	Clean
Respiratory:	
Genitourinary:	
GI System:	
CNS:	

NAD

Impression:

- ↓ Hb; Eosinophilia.
 - BSL (f) - Impaired. HbA1c - PreDiabetic
 ↑ TG's
 ✓ USG - cholelithiasis w/o-Cholecystitis

Advice:

- Iron Supplement
 - Treatment of Eosinophilia
 - Low Fat, Low sugar Diet
 Repeat sugar Profile, Lipid Profile
 after 6 Months

1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthama	
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	NO
9)	Nervous disorders	
10)	GI system	NAD
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptoms	
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	NO
15)	Congenital disease	
16)	Surgeries	LSCC
17)	Musculoskeletal System	NAD

PERSONAL HISTORY:

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



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



CID : 2301420578
Name : MRS.PAVITHRA A SHETTY
Age / Gender : 36 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 14-Jan-2023 / 08:06
Reported : 14-Jan-2023 / 11:20

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	10.0	12.0-15.0 g/dL	Spectrophotometric
RBC	4.50	3.8-4.8 mil/cmm	Elect. Impedance
PCV	32.0	36-46 %	Measured
MCV	71	80-100 fl	Calculated
MCH	22.3	27-32 pg	Calculated
MCHC	31.3	31.5-34.5 g/dL	Calculated
RDW	17.5	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	7700	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	25.4	20-40 %	
Absolute Lymphocytes	1955.8	1000-3000 /cmm	Calculated
Monocytes	4.7	2-10 %	
Absolute Monocytes	361.9	200-1000 /cmm	Calculated
Neutrophils	60.8	40-80 %	
Absolute Neutrophils	4681.6	2000-7000 /cmm	Calculated
Eosinophils	9.1	1-6 %	
Absolute Eosinophils	700.7	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	366000	150000-400000 /cmm	Elect. Impedance
MPV	8.7	6-11 fl	Calculated
PDW	15.3	11-18 %	Calculated

Authenticity Check



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Reported : 14-Jan-2023 / 10:21

RBC MORPHOLOGY

Hypochromia +
Microcytosis +
Macrocytosis -
Anisocytosis Mild
Poikilocytosis Mild
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others -
WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT Eosinophilia

Specimen: EDTA Whole Blood

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

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



Amid Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist



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Collected : 14-Jan-2023 / 08:06
Reported : 14-Jan-2023 / 11:15

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	107.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	118.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.17	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.08	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.09	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
SGOT (AST), Serum	12.5	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	7.6	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	20.6	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	58.7	35-105 U/L	PNPP
BLOOD UREA, Serum	13.6	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	6.4	6-20 mg/dl	Calculated

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Collected : 14-Jan-2023 / 12:46
Reported : 14-Jan-2023 / 16:39

CREATININE, Serum	0.66	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	108	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.0	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
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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	6.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	125.5	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.

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*** End Of Report ***



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Reported : 14-Jan-2023 / 13:25

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Neutral (7.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	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



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

PARAMETER	RESULTS
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

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*** End Of Report ***

AREA OF SPECIAL EXPERTISE

OUR PRESENCE



Amid Taori

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M.D (Path)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	193.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	154.7	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	41.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	152.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	121.0	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	31.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.7	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 ***

OUR PRESENCE



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist

Authenticity Check



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Age / Gender : 36 Years / Female
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Collected : 14-Jan-2023 / 08:06
Reported : 14-Jan-2023 / 10:57

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.2	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.2	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	3.13	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

OPHTHALMOLOGY

Date: 14/11/23

CID:

Name: Pavitra Shetty

Sex / Age: F 36

EYE CHECK UP

Chief complaints: RCU

Systemic Diseases: All

Past history: All

Unaided Vision: 32/60 R 20/40 L

Aided Vision:

Refraction:

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

Colour Vision: Normal / Abnormal

Remark:

MR. PRAKASH KUDVA
[Signature]
SR. OPTOMETRIST

Reg. No. : 2301420578	Sex : FEMALE
Name : MRS. PAVITHRA A SHETTY	Age : 36 YRS
Ref. By : -----	Date : 14.01.2023

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.



DR. GAURI RODA
MBBS, DMRE
(CONSULTANT RADIOLOGIST)

Reg. No. : 2301420578	Sex : FEMALE
NAME : MRS.PAVITHRA A SHETTY	Age : 36 YRS
Ref. By : -----	Date : 14.01.2023

USG ABDOMEN AND PELVIS

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 shows calculus measuring 15 to 16 mm.* Wall thickness is within normal limits.

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 10.6 x 4.3 cm. Left kidney measures 10.3 x 4.9 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 5.7 x 4.1 x 4.9 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 6.2 mm. Cervix appears normal.

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

The right ovary measures 2.3 x 1.8 cm . The left ovary measures 2.8 x 2.2 cm .

No free fluid or significant lymphadenopathy is seen.

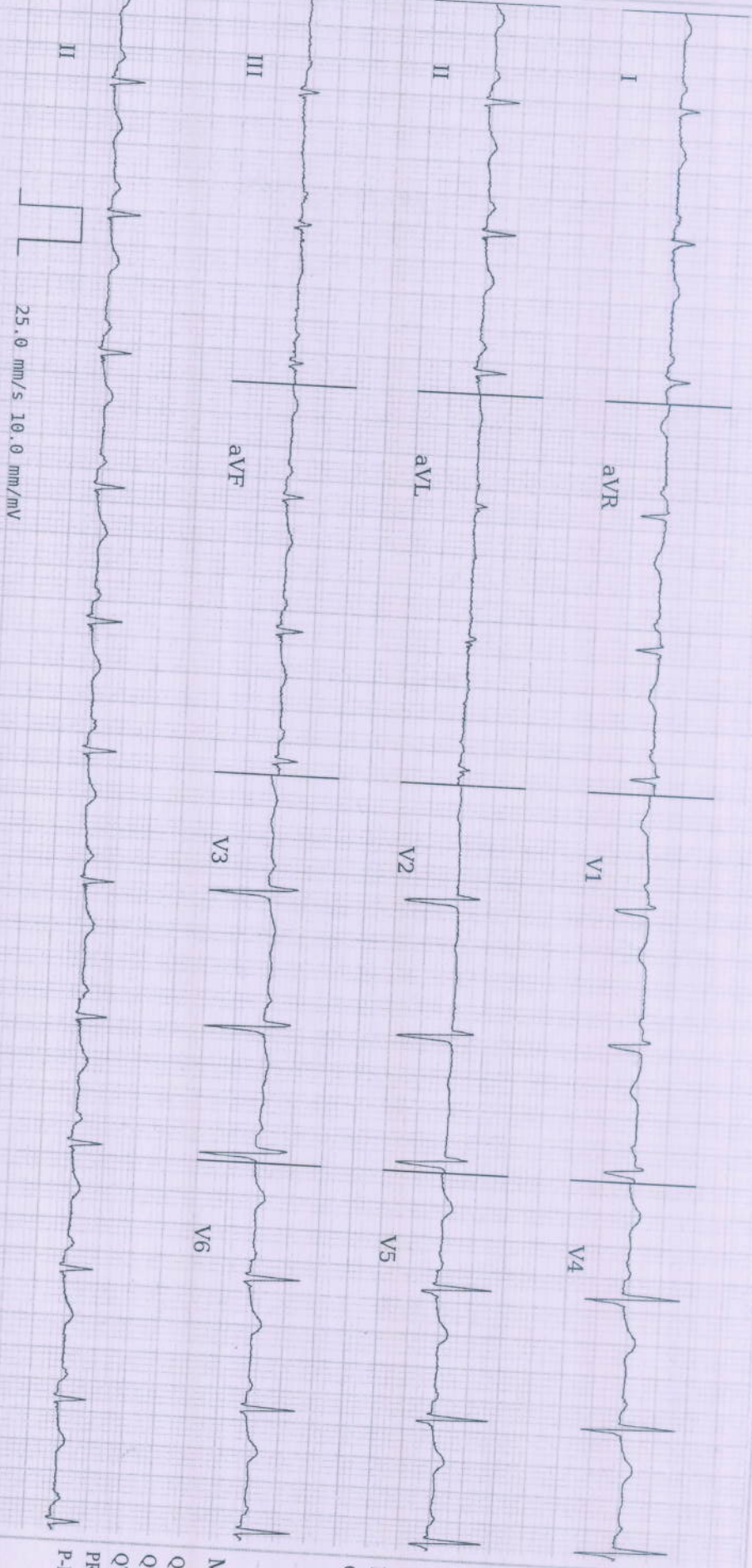
IMPRESSION:

- **CHOLELITHIASIS WITHOUT CHOLECYSTITIS.**

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.

DR. GAURI RODA
MBBS, DMRE
(CONSULTANT RADIOLOGIST)



25.0 mm/s 10.0 mm/mV

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Age **36** 7 13
years months days

Gender **Female**

Heart Rate **74bpm**

Patient Vitals

BP: 110/70 mmHg

Weight: 61 kg

Height: 154 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements
QRSD: 86ms
QT: 416ms
QTc: 461ms
PR: 162ms
P-R-T: 48° 39° 48°

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

REPORTED BY

DR. SHAILAJA PILLAI
MBBS, MD Physician
MD Physician
49972

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



Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:30	0:30	00.0	00.0	01.0	124	67%	110/70	136	00	
Standing	00:34	0:04	00.0	00.0	01.0	114	62%	110/70	125	00	
HV	00:40	0:06	00.0	00.0	01.0	114	62%	110/70	125	00	
ExStart	00:46	0:06	01.7	00.0	01.1	109	59%	110/70	119	00	
BRUCE Stage 1	03:46	3:00	01.7	10.0	04.7	153	83%	130/80	198	00	
PeakEX	04:05	0:19	02.5	12.0	05.0	157	85%	140/80	219	00	
Recovery	05:05	1:00	00.0	00.0	01.0	130	71%	140/80	182	00	
Recovery	06:05	2:00	00.0	00.0	01.0	107	58%	120/70	128	00	
Recovery	08:05	4:00	00.0	00.0	01.0	098	53%	120/70	117	00	
Recovery	08:16				00.0	000	0%	---/---	000	00	

FINDINGS :

Exercise Time : 03:19
 Initial HR (ExStrt) : 109 bpm 59% of Target 184
 Initial BP (ExStrt) : 110/70 (mm/Hg)
 Max Workload Attained : 5 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : avL & -0.3 mm in Recovery
 Test End Reasons : , Fatigue, Heart Rate Achieved

Max HR Attained 157 bpm 85% of Target 184
 Max BP Attained 140/80 (mm/Hg)

Dr. SHAILAJA PILLAI
 M.D. (GEN.MED)
 R.NO. 43972
 Doctor : DR SHAILAJA PILLAI



EMail: 204 / PAVITHRA A SHETTY / 36 Yrs / F / 154 Cms / 61 Kg Date: 14 / 01 / 2023 11:00:45 AM

REPORT :

PROCEDURE DONE: Graded exercise treadmill stress test.

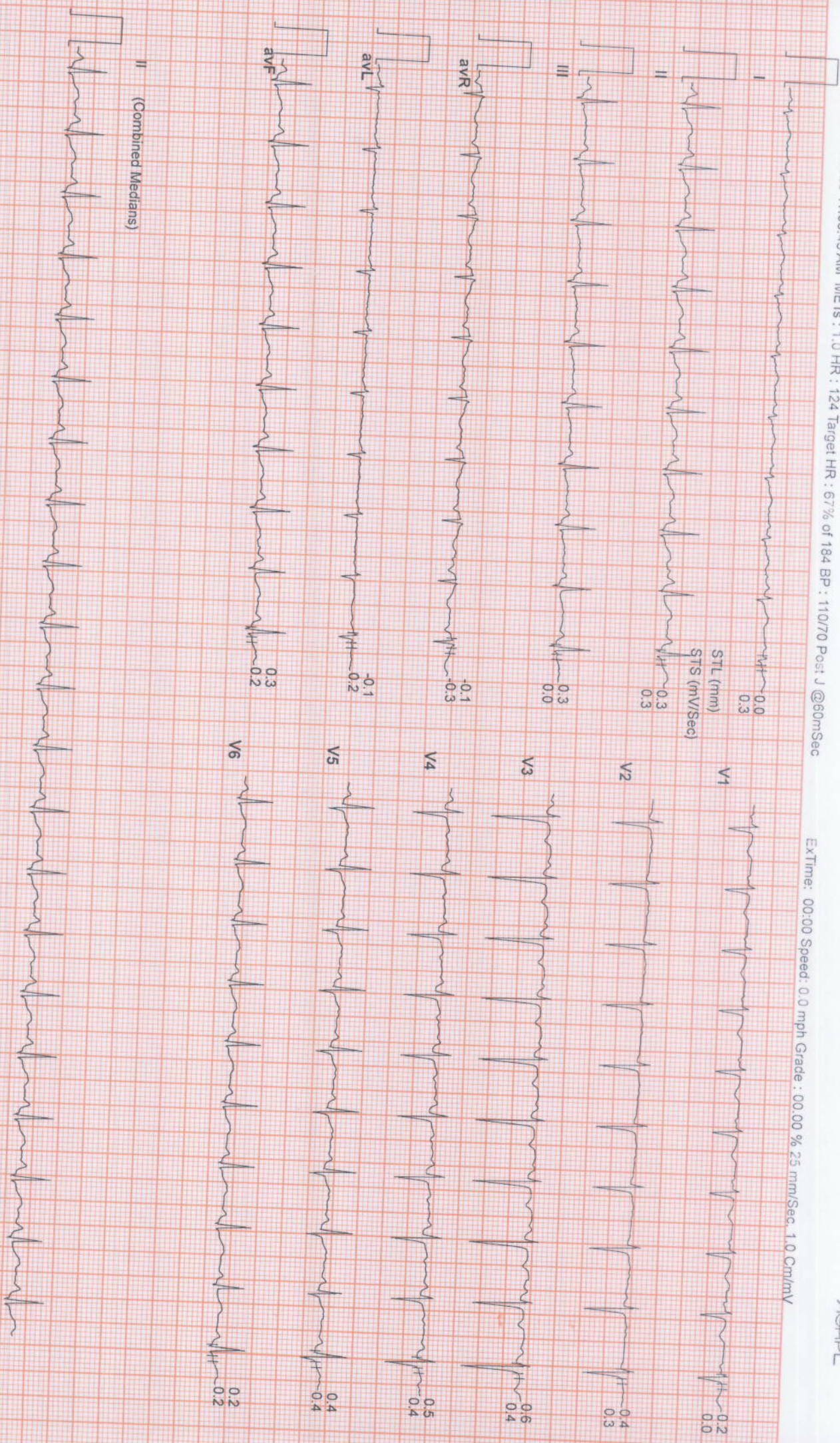
STRESS ECG RESULTS: The initial HR was recorded as 124.0 bpm, and the maximum predicted Target Heart Rate 184.0. The BP increased at the time of generating report as 140/0/80.0 mmHg. The Max Dep went upto 0.4. 0.0 Ectopic Beats were observed during the Test.

CONCLUSIONS:

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

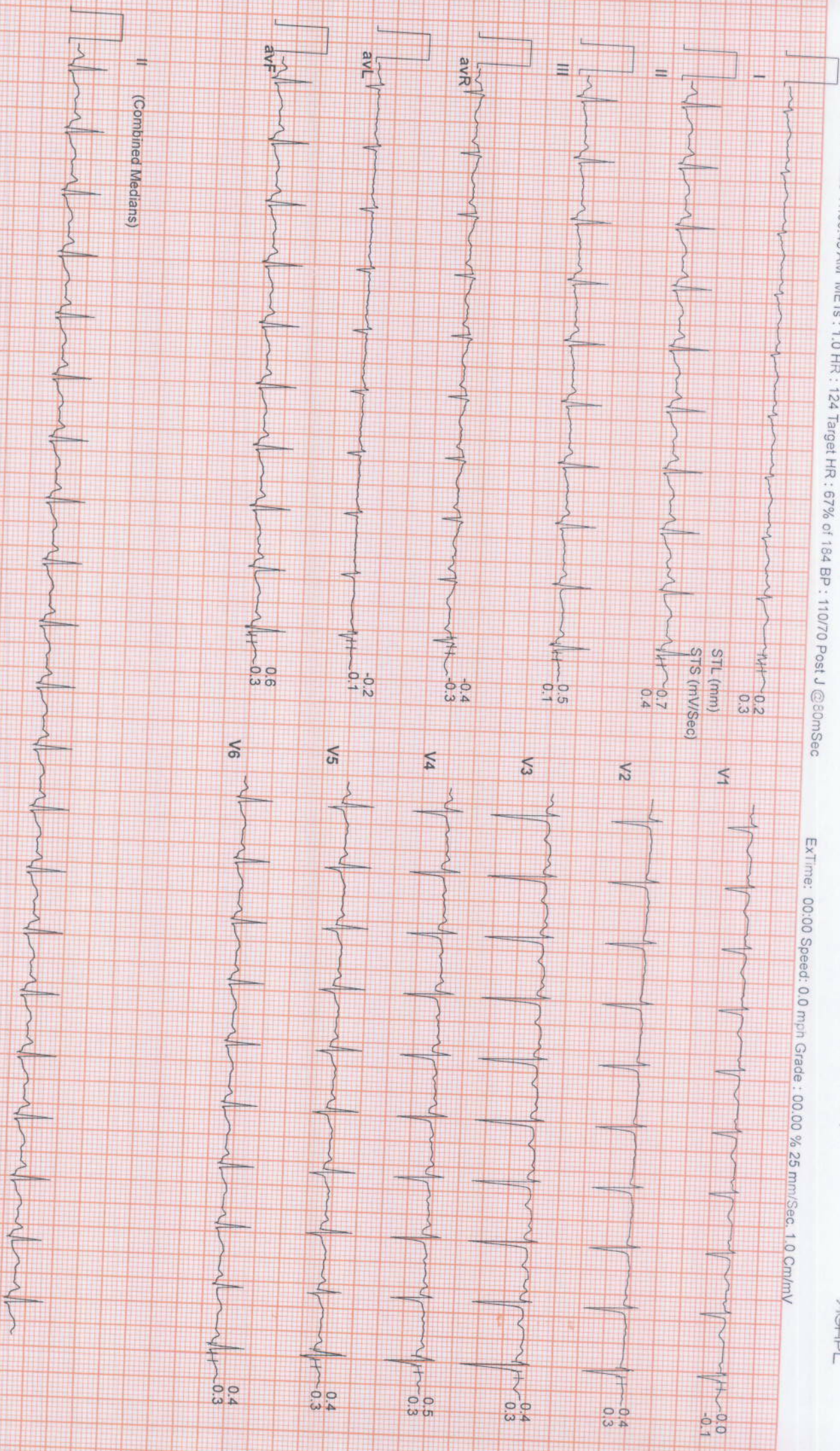
Doctor : DR SHAILAJA PILLAI

Dr. SHAILAJA PILLAI
M.D. (GEN.MED)
R.NO. 49972



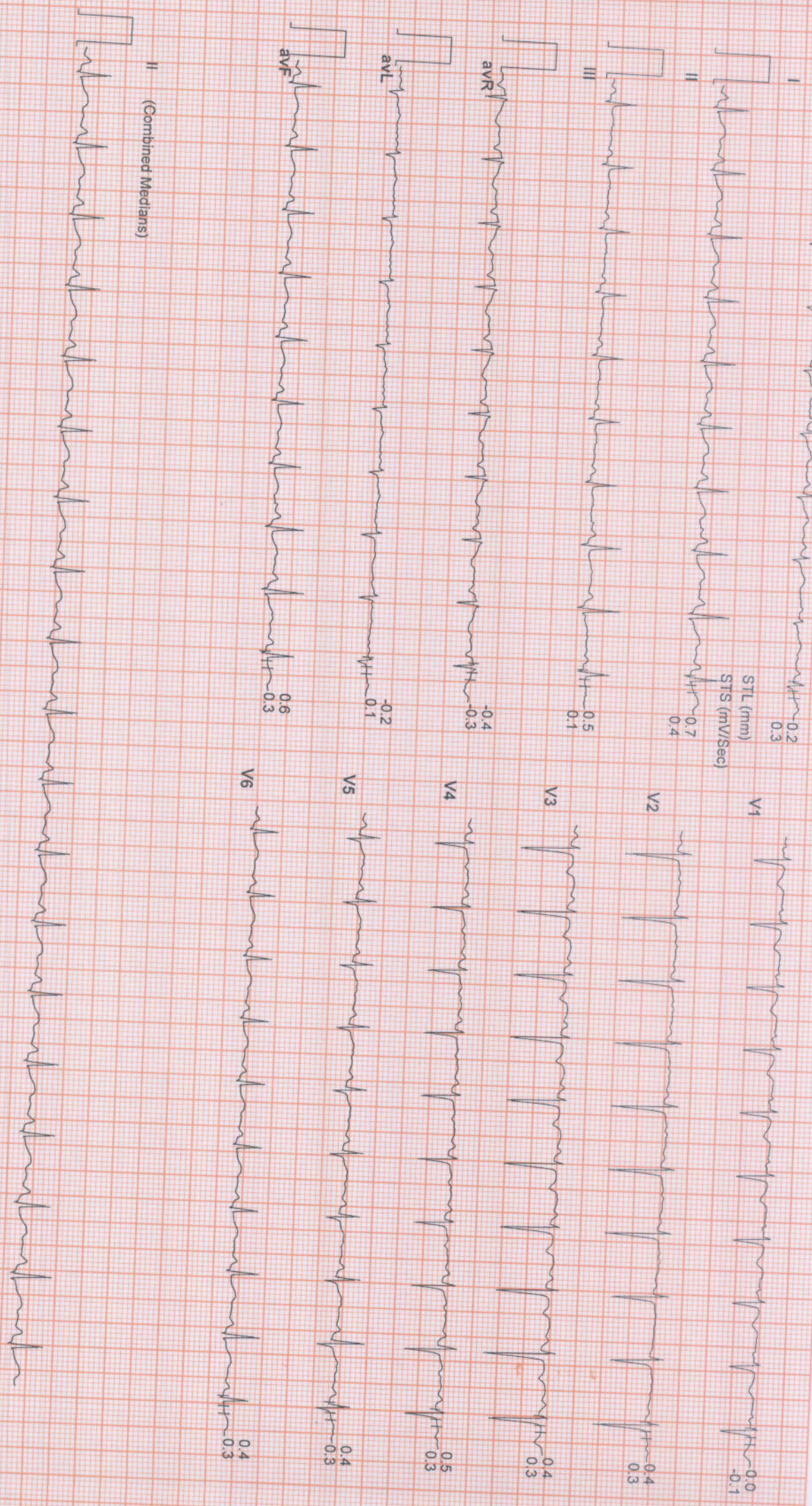


EXTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





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



II (Combined Medians)

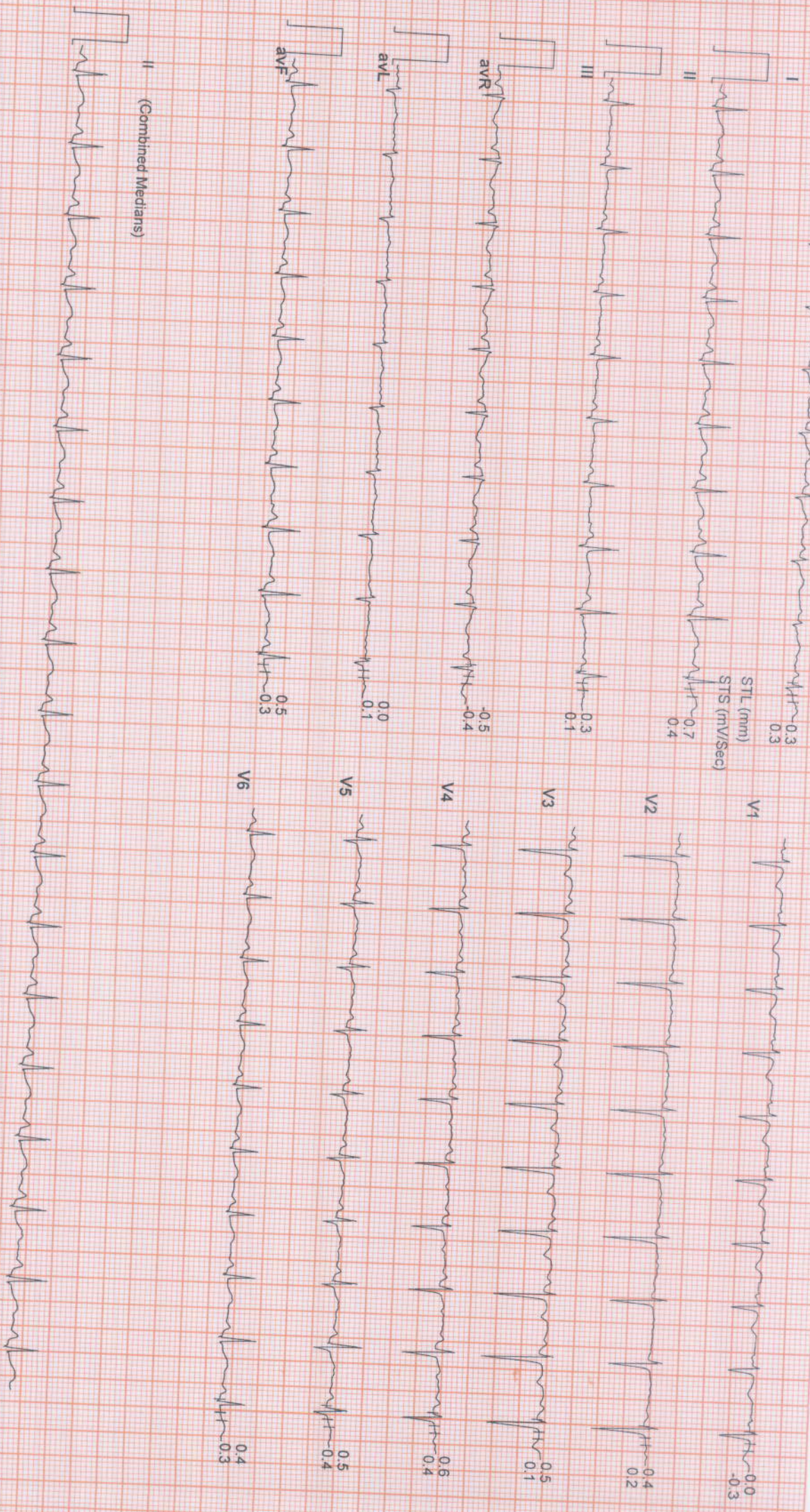
204 / PAVITHRAA SHETTY / 36 Yrs / Female / 154 Cm / 61 Kg

Date: 14 / 01 / 2023 11:00:45 AM METs : 1.0 HR : 114 Target HR : 62% of 184 BP : 110/70 Post J @80mSec

6X2 Combine Medians + 1 Rhythm
ExStt



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



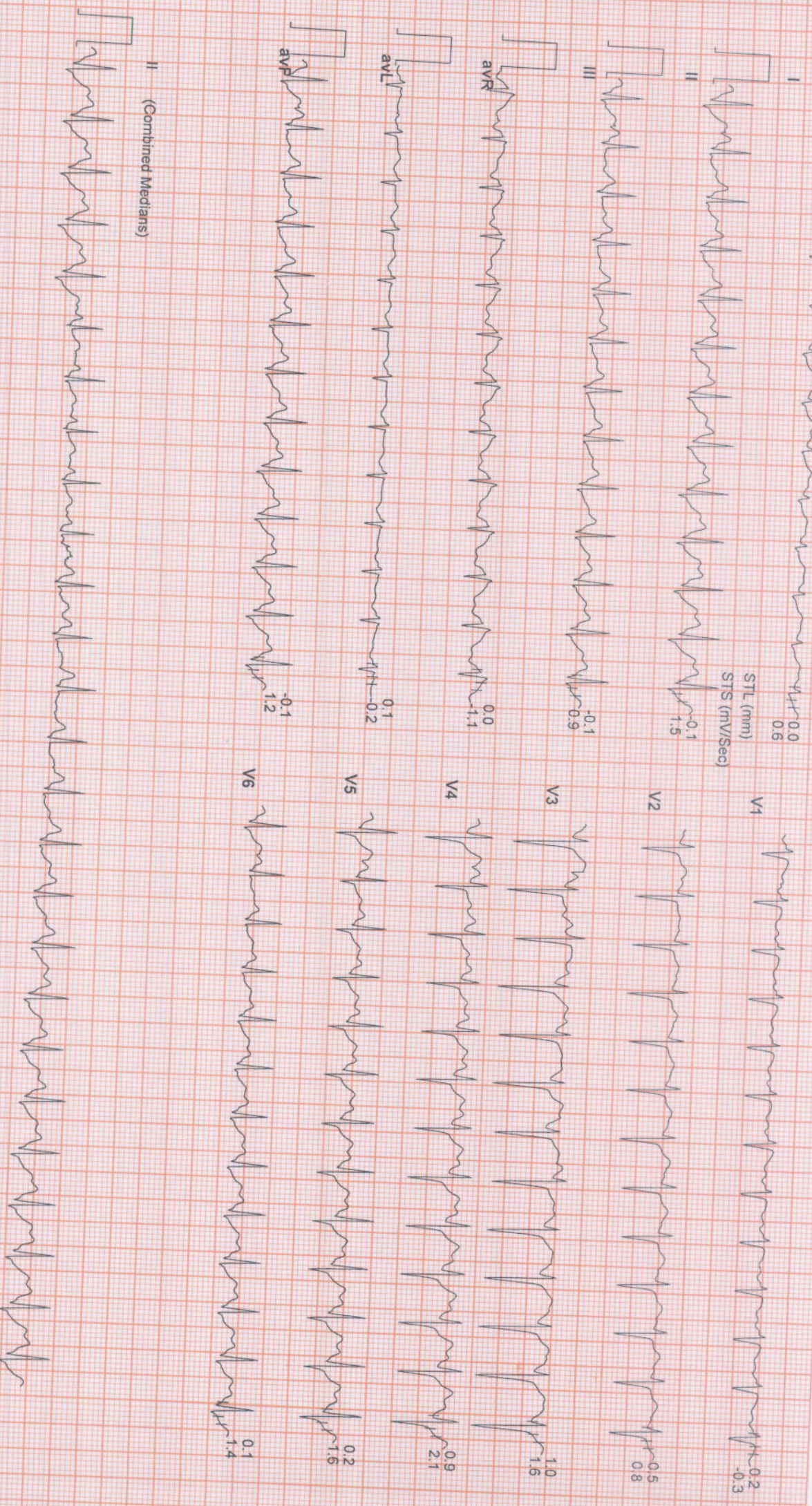
204 / PAVITHRAA SHETTY / 36 Yrs / Female / 154 Cm / 61 Kg

Date: 14 / 01 / 2023 11:00:45 AM METs : 4.7 HR : 153 Target HR : 83% of 184 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



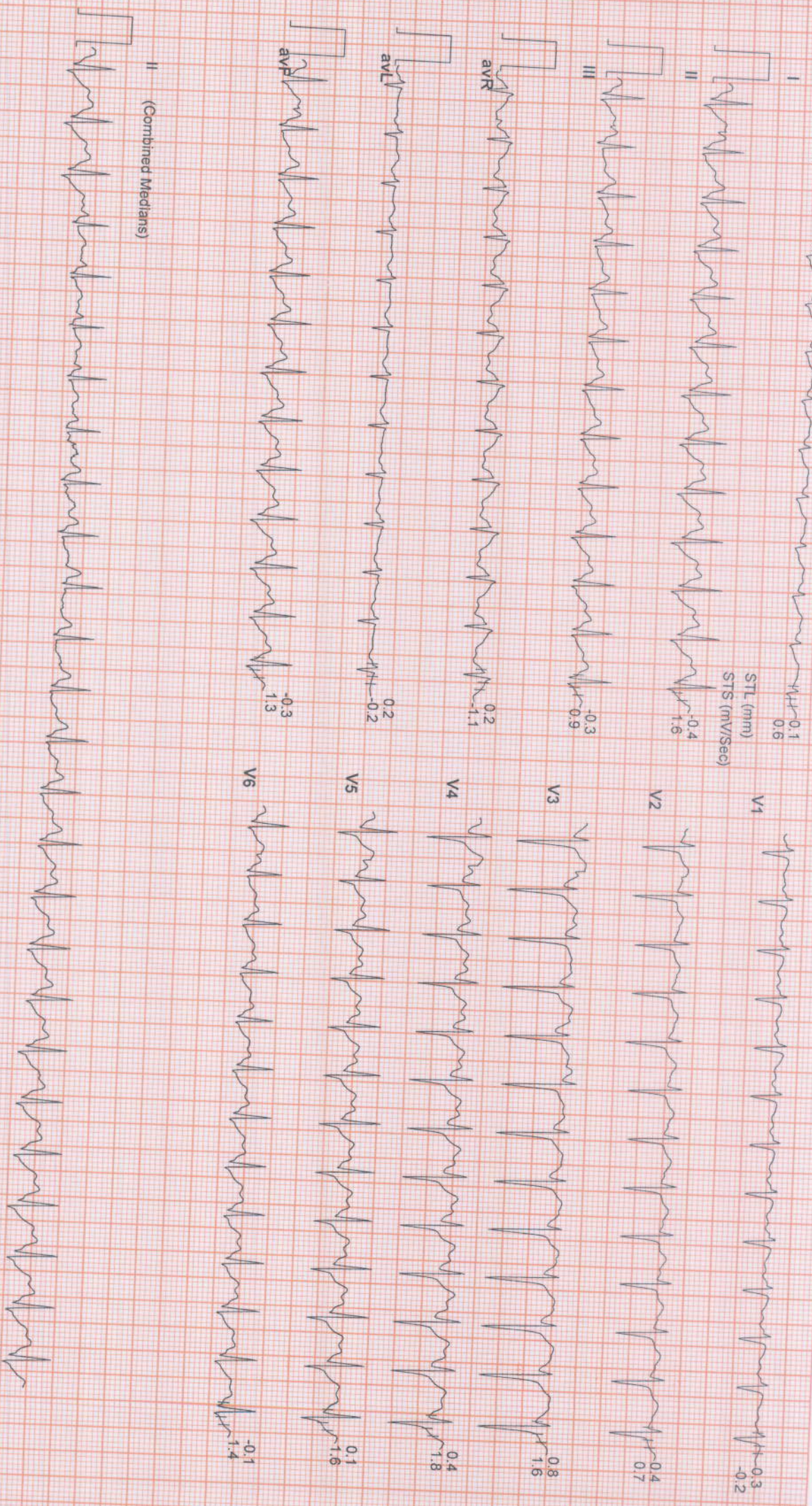
204 / PAVITHRAA SHETTY / 36 Yrs / Female / 154 Cm / 61 Kg

Date: 14 / 01 / 2023 11:00:45 AM METs : 5.0 HR : 157 Target HR : 85% of 184 BP : 140/80 Post J @60mSec

6X2 Combine Medians + 1 Rhythm PeakEx

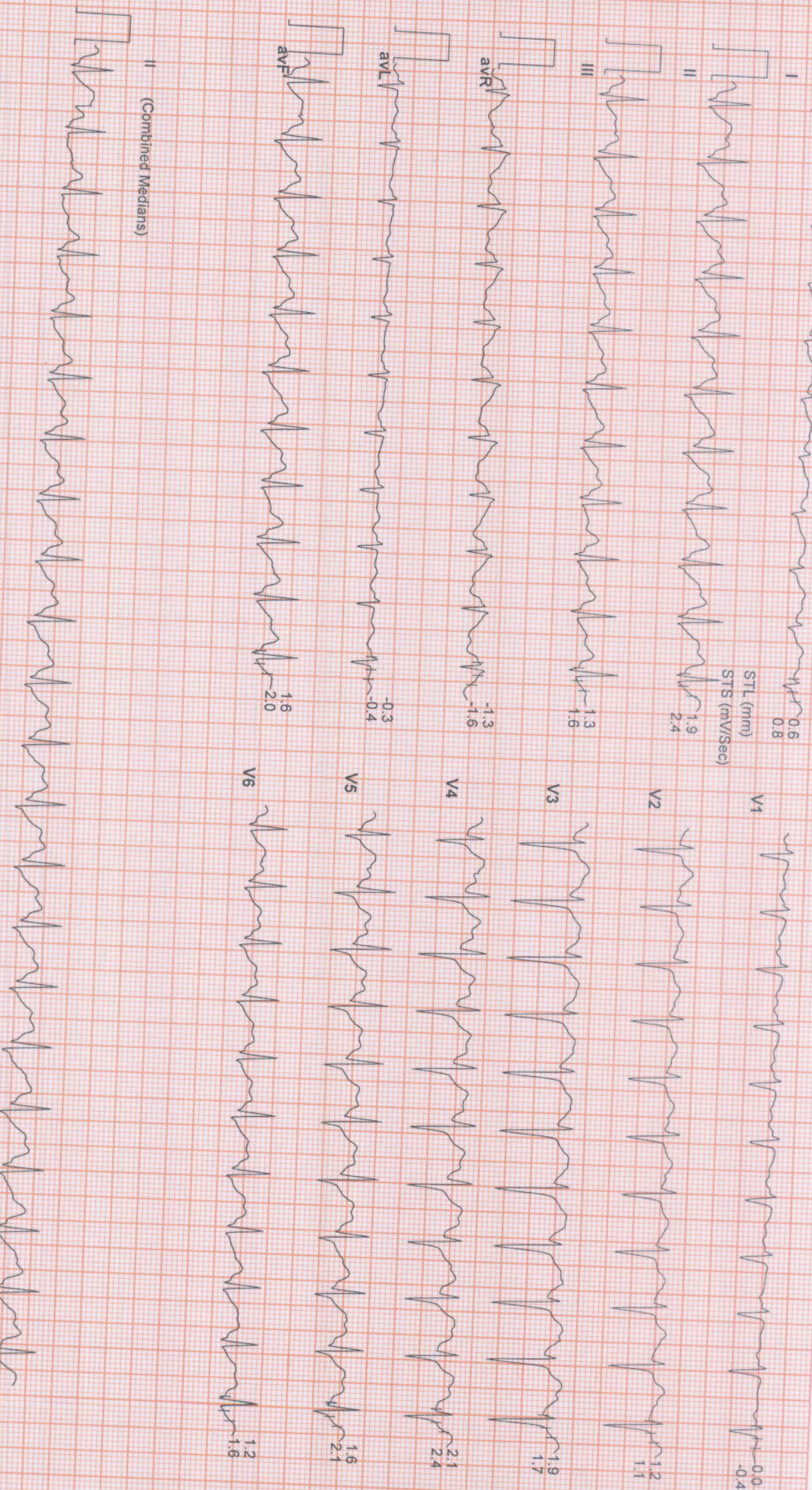


ExTime: 03:19 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV





ExTime: 03:19 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



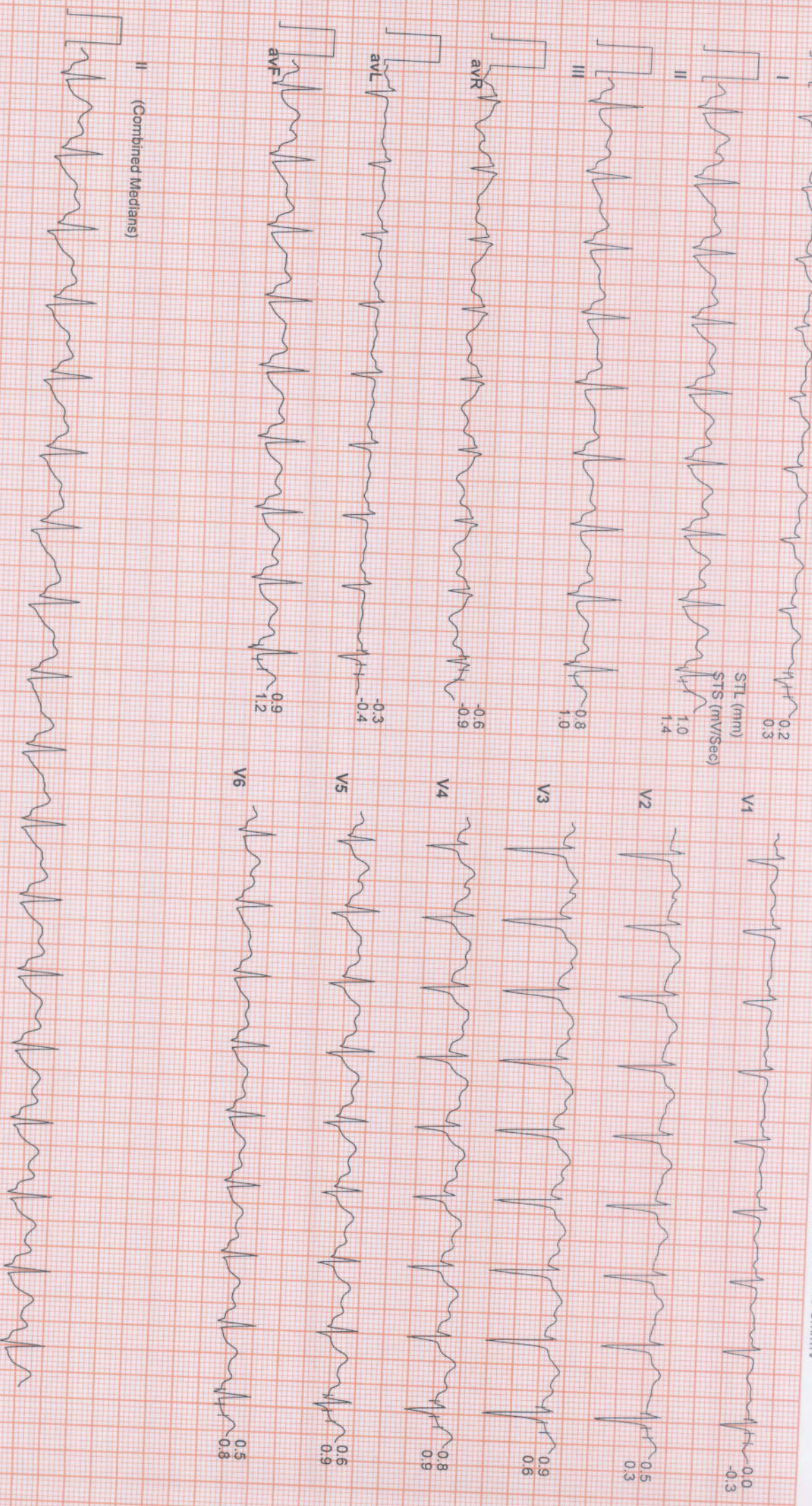
204 / PAVITHRAA SHETTY / 36 Yrs / Female / 154 Cm / 61 Kg

Date: 14 / 01 / 2023 11:00:45 AM METs : 1.0 HR : 107 Target HR : 58% of 184 BP : 120/70 Post J @80mSec

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



ExTime: 03:19 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



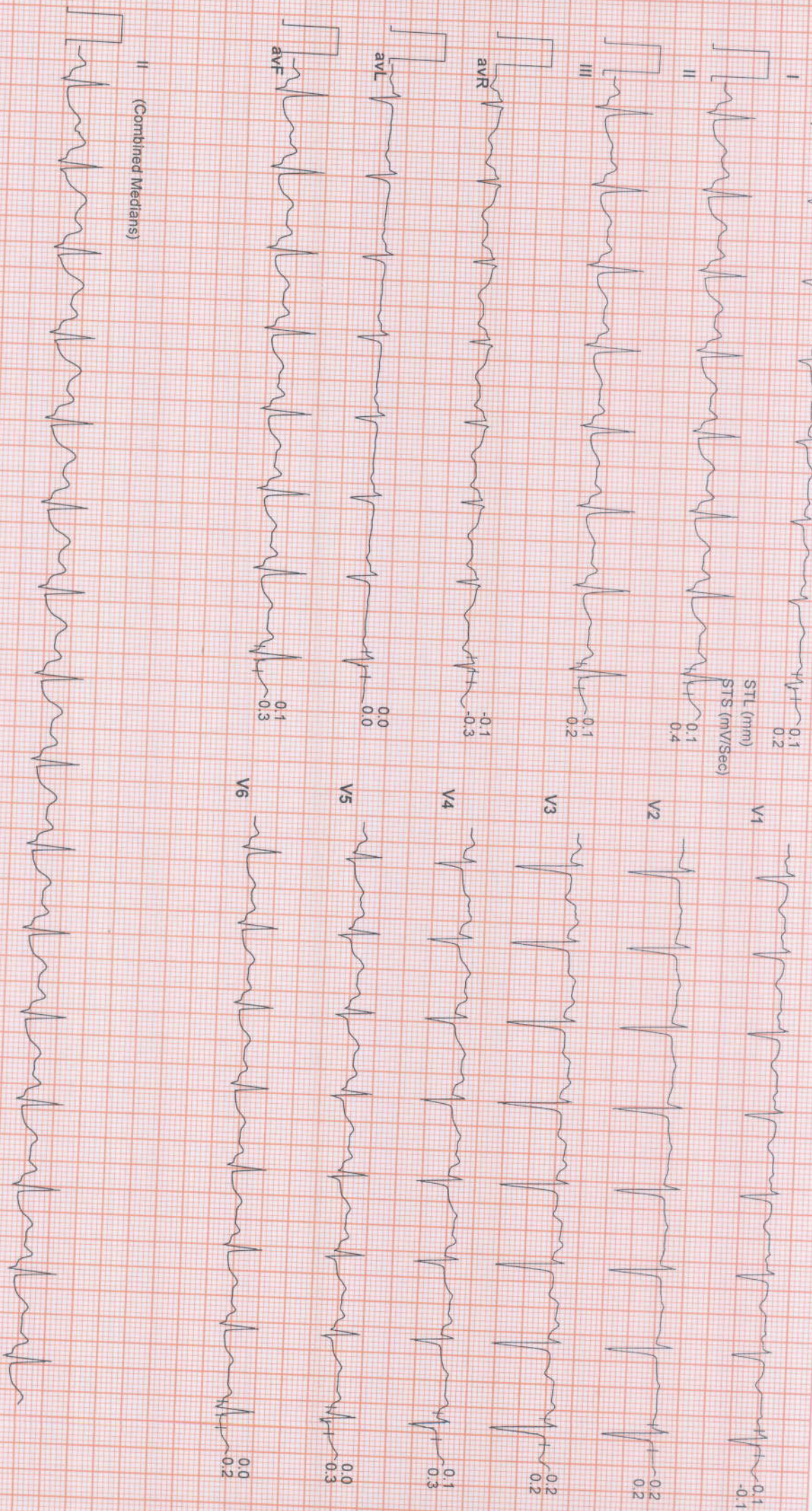
204 / PAVITHRAA SHETTY / 36 Yrs / Female / 154 Cm / 61 Kg

Date: 14 / 01 / 2023 11:00:45 AM METs : 1.0 HR : 98 Target HR : 53% of 184 BP : 120/70 Post J @80mSec

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



ExTime: 03:19 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



204 / PAVITHRAA SHETTY / 36 Yrs / Female / 154 Cm / 61 Kg

Date: 14 / 01 / 2023 11:00:45 AM METs : 1.0 HR : 96 Target HR : 52% of 164 BP : 120/70 Post J @80mSec

6X2 Combine Medians + 1 Rhythm
Recovery : (04:11)



ExTime: 03:19 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

