



CID : 2401322162
Name : MRS.HIMABINDU HANUMANTHU
Age / Gender : 32 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 13-Jan-2024 / 10:17
Reported : 13-Jan-2024 / 14:36

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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	12.2	12.0-15.0 g/dL	Spectrophotometric
RBC	4.29	3.8-4.8 mil/cmm	Elect. Impedance
PCV	38.1	36-46 %	Calculated
MCV	88.9	80-100 fl	Measured
MCH	28.5	27-32 pg	Calculated
MCHC	32.1	31.5-34.5 g/dL	Calculated
RDW	15.3	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7190	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	35.2	20-40 %	
Absolute Lymphocytes	2530	1000-3000 /cmm	Calculated
Monocytes	5.5	2-10 %	
Absolute Monocytes	390	200-1000 /cmm	Calculated
Neutrophils	54.4	40-80 %	
Absolute Neutrophils	3920	2000-7000 /cmm	Calculated
Eosinophils	4.5	1-6 %	
Absolute Eosinophils	320	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	30	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	322000	150000-400000 /cmm	Elect. Impedance
MPV	8.0	6-11 fl	Measured
PDW	14.2	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	87.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	92.9	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	Colorimetric
BILIRUBIN (DIRECT), Serum	0.12	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.23	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	8.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.2	1 - 2	Calculated
SGOT (AST), Serum	20.5	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	32.5	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	28.4	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	92.1	35-105 U/L	Colorimetric
BLOOD UREA, Serum	19.5	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.1	6-20 mg/dl	Calculated
CREATININE, Serum	0.66	0.51-0.95 mg/dl	Enzymatic



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eGFR, Serum	119	(ml/min/1.73sqm)	Calculated
		Normal or High: Above 90	
		Mild decrease: 60-89	
		Mild to moderate decrease: 45-59	
		Moderate to severe decrease: 30-44	
		Severe decrease: 15-29	
		Kidney failure: <15	

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

URIC ACID, Serum	4.7	2.4-5.7 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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



J. Thakker

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



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	122.6	mg/dl	Calculated

Intended use:

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

Clinical Significance:

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

Test Interpretation:

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

Factors affecting HbA1c results:

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

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

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

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

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

*** End Of Report ***



J. Thakker

Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP (Medical Services)



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Collected : 13-Jan-2024 / 10:17
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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)	6.5	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	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	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	4-5		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	
Others	-		

Kindly rule out contamination.



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Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein (1+ = 25 mg/dl , 2+ =75 mg/dl , 3+ = 150 mg/dl , 4+ = 500 mg/dl)
- Glucose(1+ = 50 mg/dl , 2+ =100 mg/dl , 3+ =300 mg/dl ,4+ =1000 mg/dl)
- Ketone (1+ =5 mg/dl , 2+ = 15 mg/dl , 3+= 50 mg/dl , 4+ = 150 mg/dl)

Reference: Pack inert

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



M Jain

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



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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh TYPING	POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Note: This sample is not tested for Bombay blood group.

Specimen: EDTA Whole Blood and/or serum

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

Limitations:

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

References:

1. Denise M Harming, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

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



J. Thakker

Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP(Medical Services)



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Collected : 13-Jan-2024 / 10:17
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	217.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	196.0	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	60.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	156.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	118.0	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	38.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.0	0-3.5 Ratio	Calculated

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



M Jain

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



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Age / Gender : 32 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

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Collected : 13-Jan-2024 / 10:17
Reported : 13-Jan-2024 / 14:54

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	4.8	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	3.83	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0 mIU/ml	ECLIA



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Interpretation:

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

Clinical Significance:

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be trasiently altered becuae of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation:TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

Reflex Tests:Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:

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

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



J Thakker

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

भारत सरकार
Government of India

प्रमाणित प्रतिलिपि
Hanumanthi Himabindu
पंजीकृत संख्या / DOB: 31/07/1991
पेशे / Profession: -

आधार कार्ड का लेन दे, प्रमाणित का नहीं।
Original is a copy of Aadhaar, not an Aadhaar card.

9759 6403 6681

मेरा आधार, मेरी पहचान

[Handwritten signature]



CID# TESTING NO: 2401322162

Name : MRS.HIMABINDU HANUMANTHU

Age / Gender : 32 Years/Female

Consulting Dr. :

Reg.Location : Malad West (Main Centre)

Collected : 13-Jan-2024 / 09:38

Reported : 13-Jan-2024 / 13:44

R
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PHYSICAL EXAMINATION REPORT

History and Complaints:

Nil

EXAMINATION FINDINGS:

Height (cms): 162

Temp (0c): Afebrile

Blood Pressure (mm/hg): 120/80

Pulse: 72/min

Weight (kg): 77

Skin: Normal

Nails: Normal

Lymph Node: Notpalpable

Systems

Cardiovascular: Normal

Respiratory: Normal

Genitourinary: Normal

GI System: Normal

CNS: Normal

IMPRESSION:

*High Uric Acid / Impaired Glycolysis
Mild dyslipidemia.*

ADVICE:

Lifestyle modification

CHIEF COMPLAINTS:

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

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- | | |
|--|--------------|
| 8) Thyroid/ Endocrine disorders | No |
| 9) Nervous disorders | No |
| 10) GI system | No |
| 11) Genital urinary disorder | No |
| 12) Rheumatic joint diseases or symptoms | No |
| 13) Blood disease or disorder | No |
| 14) Cancer/lump growth/cyst | No |
| 15) Congenital disease | No |
| 16) Surgeries | LSCS in 2015 |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

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

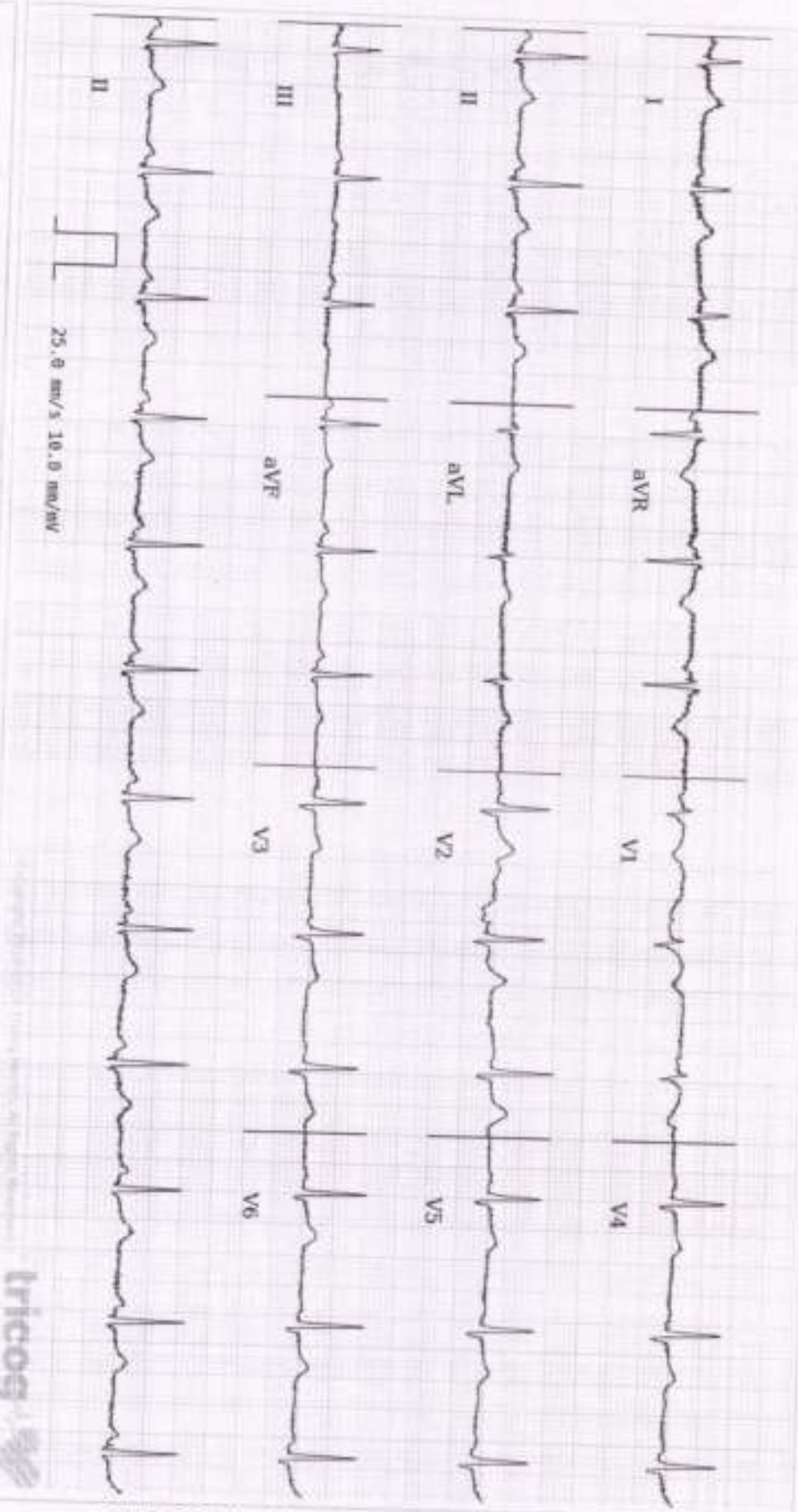
*** End Of Report ***

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

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

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
102-104, Bhoomi Castle,
Opp. Gangeson Sports Club,
Link Road, Malad (W), Mumbai - 400 064.

SUBURBAN DIAGNOSTICS - MALAD WEST
Patient Name: HIMABINDU HANUMANTHU
Patient ID: 2401322162
Date and Time: 13th Jan 24 10:48 AM



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

Age: **32** NA
years months
Gender: **Female**
Heart Rate: **72bp**
Patient Vitals
BP: 120/80 mmHg
Weight: 77 kg
Height: 162 cm
Pulse: NA
SpO2: NA
Resp: NA
Others:

Measurements
QRSD: 86ms
QT: 407ms
QTcB: 440ms
PR: 136ms
P-R-T: 73° 70° 42°

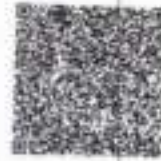
REPORTED BY

[Signature]

DR SONALI HIRGAO
MD (General Medicine)
Physician
2601561382

Disclaimer: 1) Analysis in this report is based on ECG strip and should be used as an adjunct to clinical history, symptoms, and results of other relevant and non-invasive tests and never be interpreted by a qualified physician. 2) General advice can be obtained by the clinician and not derived from this ECG.

Authenticity Check



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Reg. Date : 13-Jan-2024
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X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

Kindly correlate clinically.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. X-ray is known to have inter-observer variations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests further / follow-up imaging may be needed in some case for confirmation of findings. Please interpret accordingly.

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

Dr. Sunil Bhutka
DMRD DNB
MMC REG NO:2011051101

Click here to view images <http://3.111.232.119/IRISViewer/NeoradViewer?AccessionNo=2024011309394986>

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Reg. Location : Malad West Main Centre
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Reported : 13-Jan-2024 / 11:24

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, shape and smooth margins. **It shows bright parenchymal echo pattern.** The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen.

PANCREAS:

The pancreas is well visualised and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Both the kidneys are normal in size, shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.
Right kidney measures 10.3 x 4.0 cm.
Left kidney measures 10.2 x 5.2 cm.

SPLEEN:

The spleen is normal in size and echotexture. No evidence of focal lesion is noted.
There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

UTERUS:

The uterus is anteverted and appears normal.
The endometrial thickness is 11.3 mm.

OVARIES:

Both the ovaries are well visualised and appears normal.
There is no evidence of any ovarian or adnexal mass seen.

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IMPRESSION:-

Fatty liver.
No other significant abnormality is seen.

Suggestion: Clinicopathological correlation.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some case for confirmation of findings. Patient has been explained in detail about the USG findings including its limitations and need for further imaging if clinically indicated. Please interpret accordingly. All the possible precaution have been taken under covid-19 pandemic.

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


Dr. Sunil Bhutka
DMRD DNB
MMC REG NO:2011051101

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SUBURBAN DIAGNOSTICS

Malad West

Station
Telephone:**EXERCISE STRESS TEST REPORT**

Patient Name: HIMABINDU, HANUMANTHU
 Patient ID: 2401322162
 Height: 162 cm
 Weight: 77 kg

DOB: 31.07.1991
 Age: 32yrs
 Gender: Female
 Race: Asian

Study Date: 13.01.2024
 Test Type: --
 Protocol: BRUCE

Referring Physician: --
 Attending Physician: DR SONALI HONRAO
 Technician: --

Medications:

Medical History:

Reason for Exercise Test:Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:44	0.00	0.00	92	120/80	
	STANDING	00:05	0.00	0.00	97	120/80	
	HYPERV.	00:05	0.00	0.00	97	120/80	
EXERCISE	WARM-UP	00:06	0.00	0.00	93	120/80	
	STAGE 1	03:00	1.70	10.00	121	130/80	
	STAGE 2	03:00	2.50	12.00	150	140/80	
	STAGE 3	01:32	3.40	14.00	171		
RECOVERY		03:02	0.00	0.00	110	140/80	

The patient exercised according to the BRUCE for 7:31 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 100 bpm rose to a maximal heart rate of 171 bpm. This value represents 90 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 140/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.

Functional Capacity: normal.

HR Response to Exercise: appropriate.

BP Response to Exercise: normal resting BP - appropriate response.

Chest Pain: none.

Arrhythmias: none.

ST Changes: none.

Overall impression: Normal stress test.

Conclusions

Good effort tolerance. No Significant ST- T changes as compared to baseline. No chest pain / arrhythmia noted. Stress test is negative for inducible ischemia.

Disclaimer : Negative stress test does not rule out possibility of Coronary Artery Disease. Positive stress test is suggestive but not confirmatory of Coronary Artery Disease. Hence clinical correlation is mandatory.

Physician _____

Sonali

Technician _____

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

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HIMABINDU, HANUMANTHU

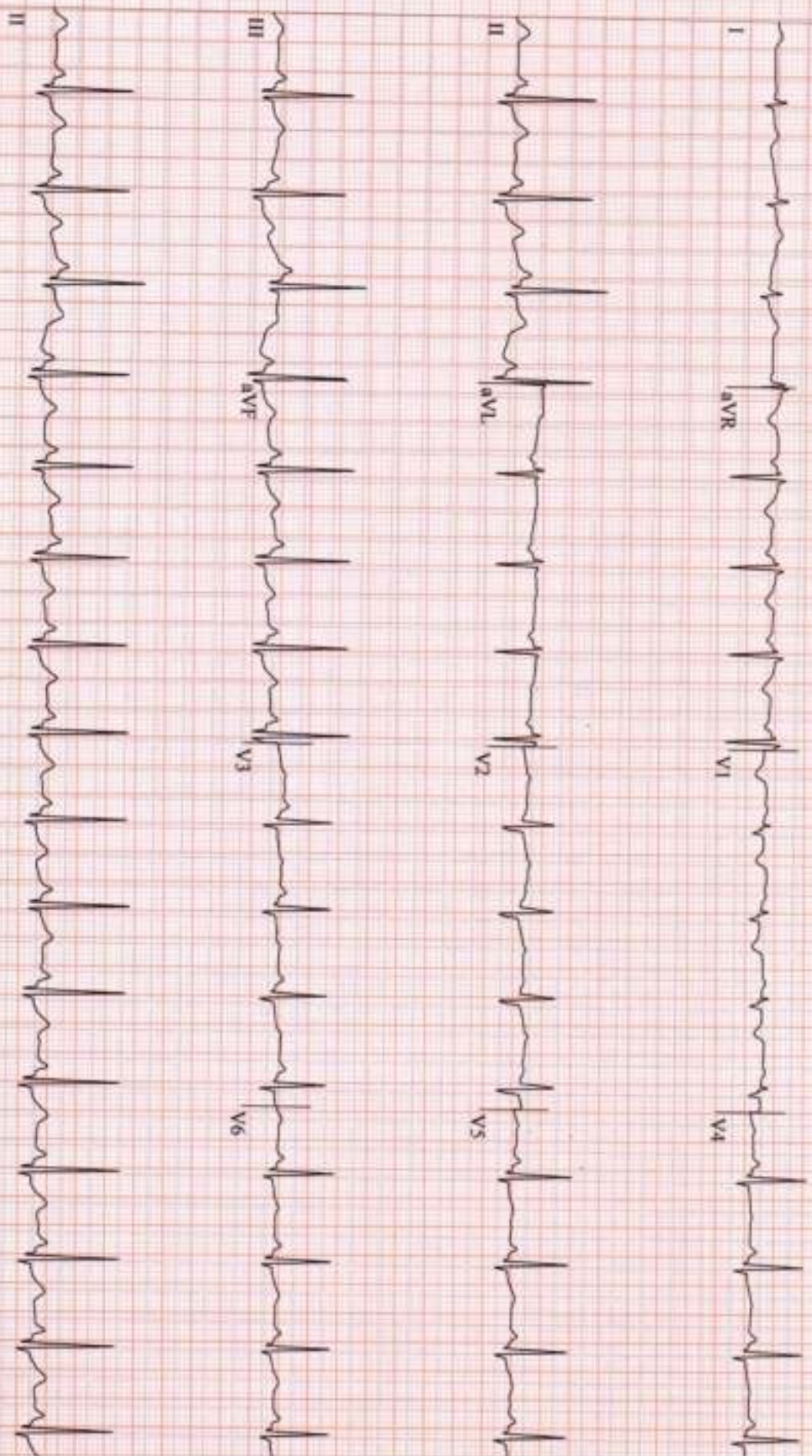
Patient ID 2401322162
13.01.2024
1:04:37pm

90 bpm
120/80 mmHg

12-Lead Report
PRETEST
SUPINE
00:43

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOSTIC



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,V4)

Start of Test: 1:03:48pm

HIMABINDU, HANUMANTHU

12-Lead Report

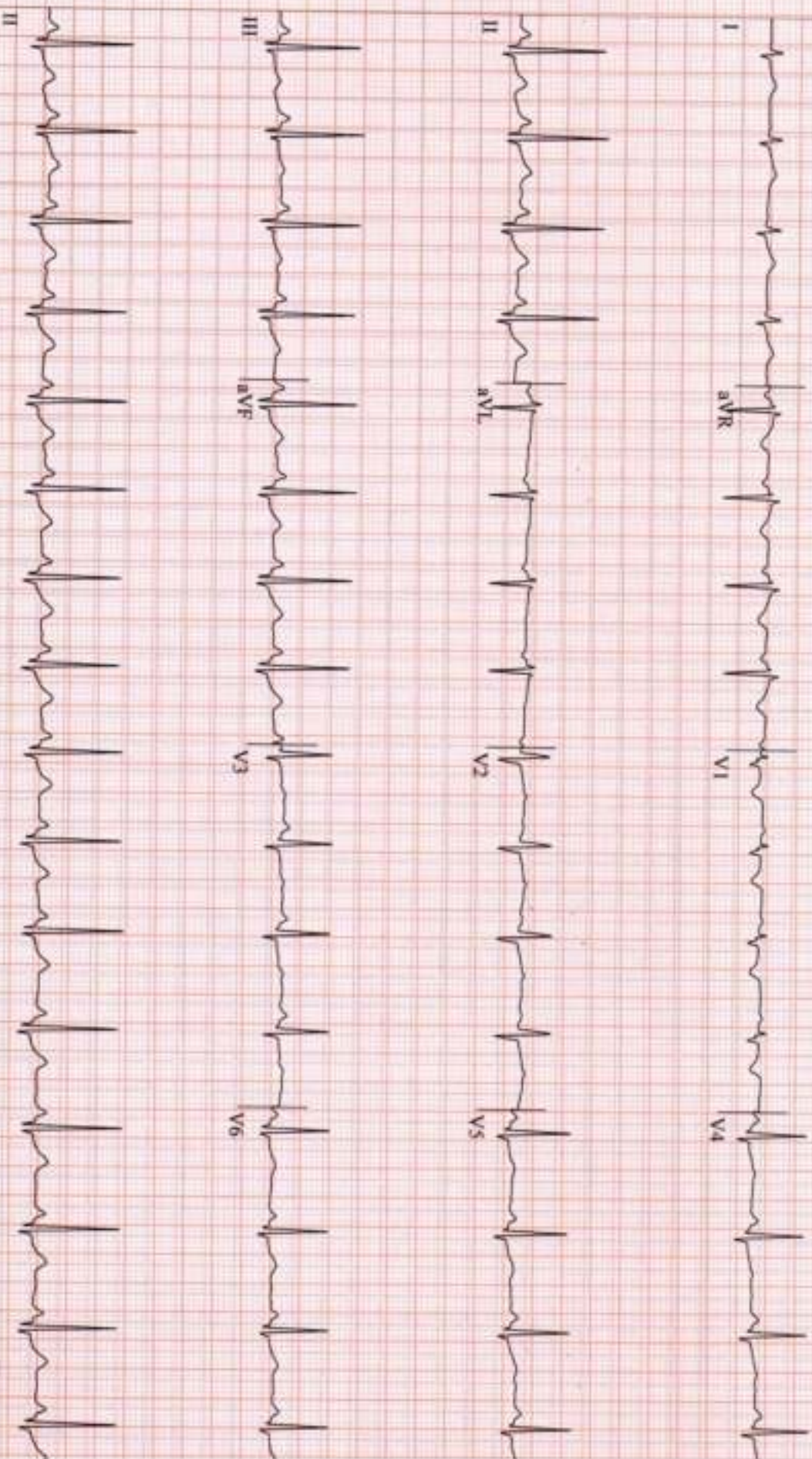
SUBURBAN DIAGNOSTIC

Patient ID 2401322162
13:01 2024
1:04:42pm

96 bpm
120/80 mmHg

PRETEST
STANDING
00:48

BRUCE
0.0 mph
0.0%



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,V4)

Start of Test: 1:03:48pm

HIMABINDU, HANUMANTHU

Patient ID: 2401322162

13.01.2024

1:04:47pm

12-Lead Report

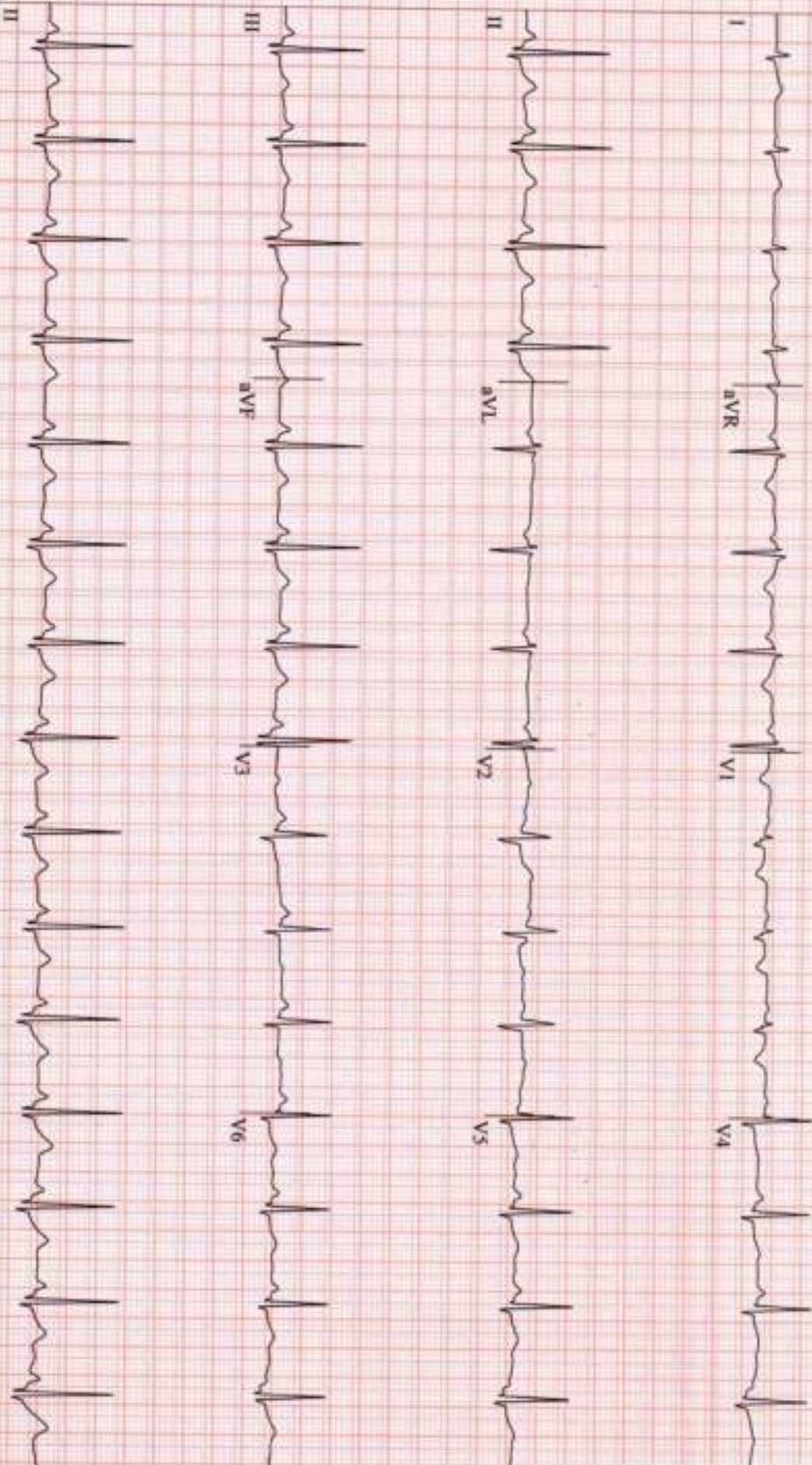
96 bpm

120/80 mmHg

PRETEST
WARM-UP
00:53

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOSTIC



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,V4)

Start of Test: 1:03:48pm

HIMABINDU, HANUMANTHU

Patient ID 2401322162

13.01.2024

1:07:38pm

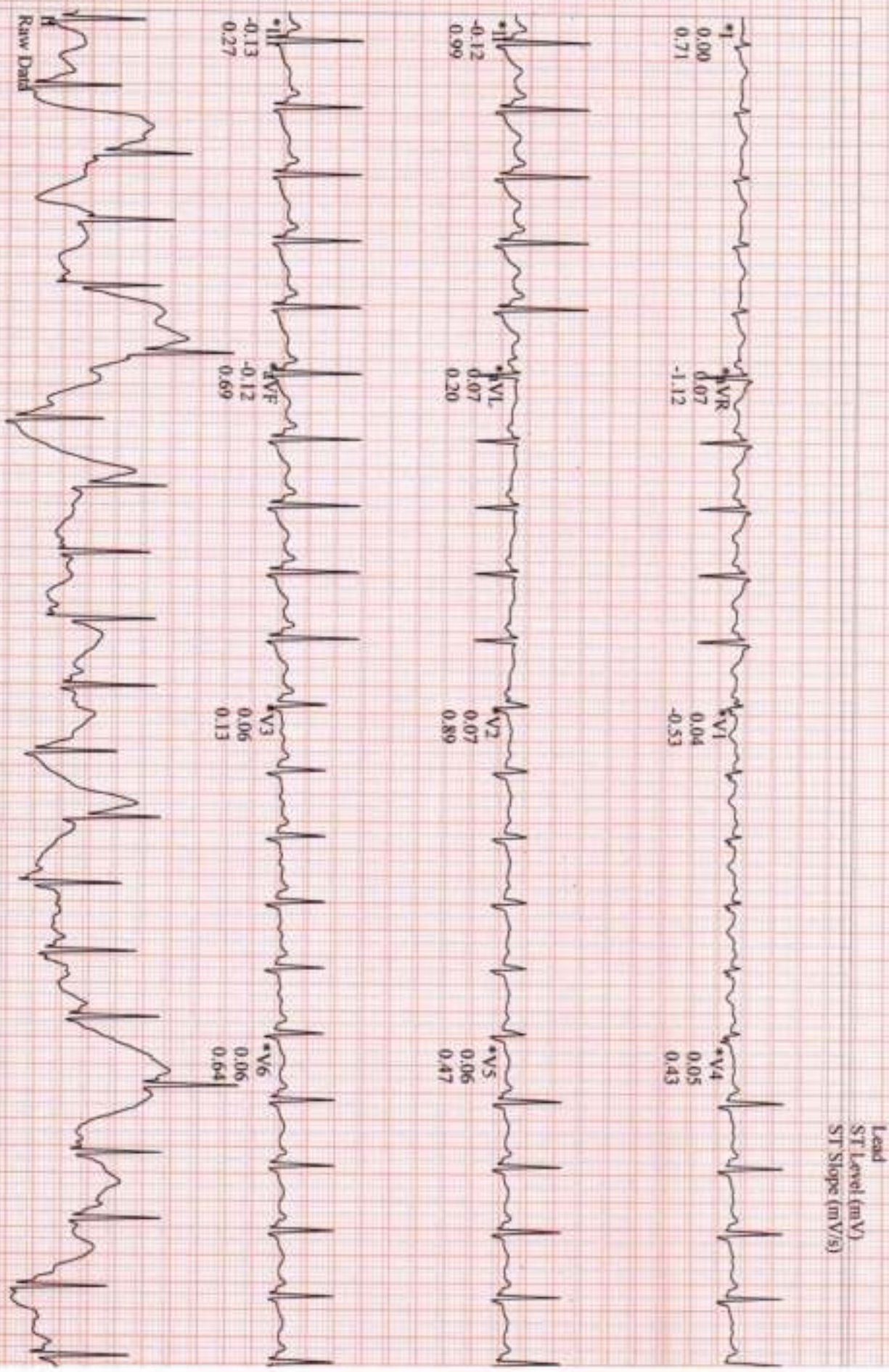
Linked Mediums

123 bpm
130/80 mmHg

EXERCISE
STAGE 1
02:50

BRUCE
1.7 mph
10.0 %

SUBURBAN DIAGNOSTIC



GE CardioSoft V6.73 (2)

25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V5,V6)

*Computer Synthesized Rhythms

Start of Test: 1:03:48pm

HIMABINDU, HANUMANTHU

Linked Medians

SL/BURBAN DIAGNOSTIC

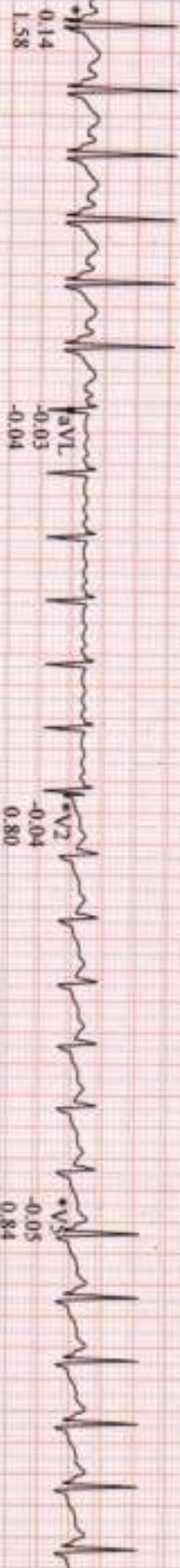
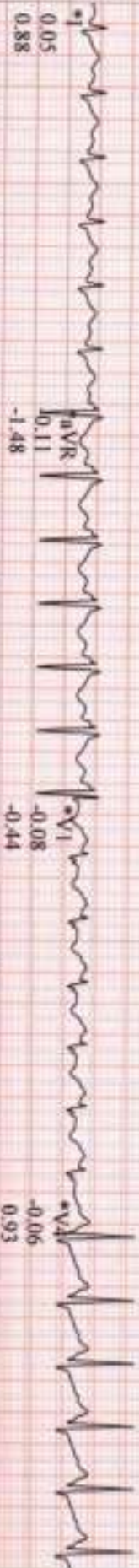
Patient ID 2401322162

150 bpm
140/80 mmHg

EXERCISE
STAGE 2
05:50

BRUCE
2.5 mph
12.0 %

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



*Computer Synthesized Rhythms

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

Start of Test: 1:03:48pm

HIMABINDU, HANUMANTHU

Patient ID 2401322162

13.01.2024

1:12:25pm

12-Lead Report (PEAK EXERCISE)

SUBURBAN DIAGNOSTICS

171 bpm

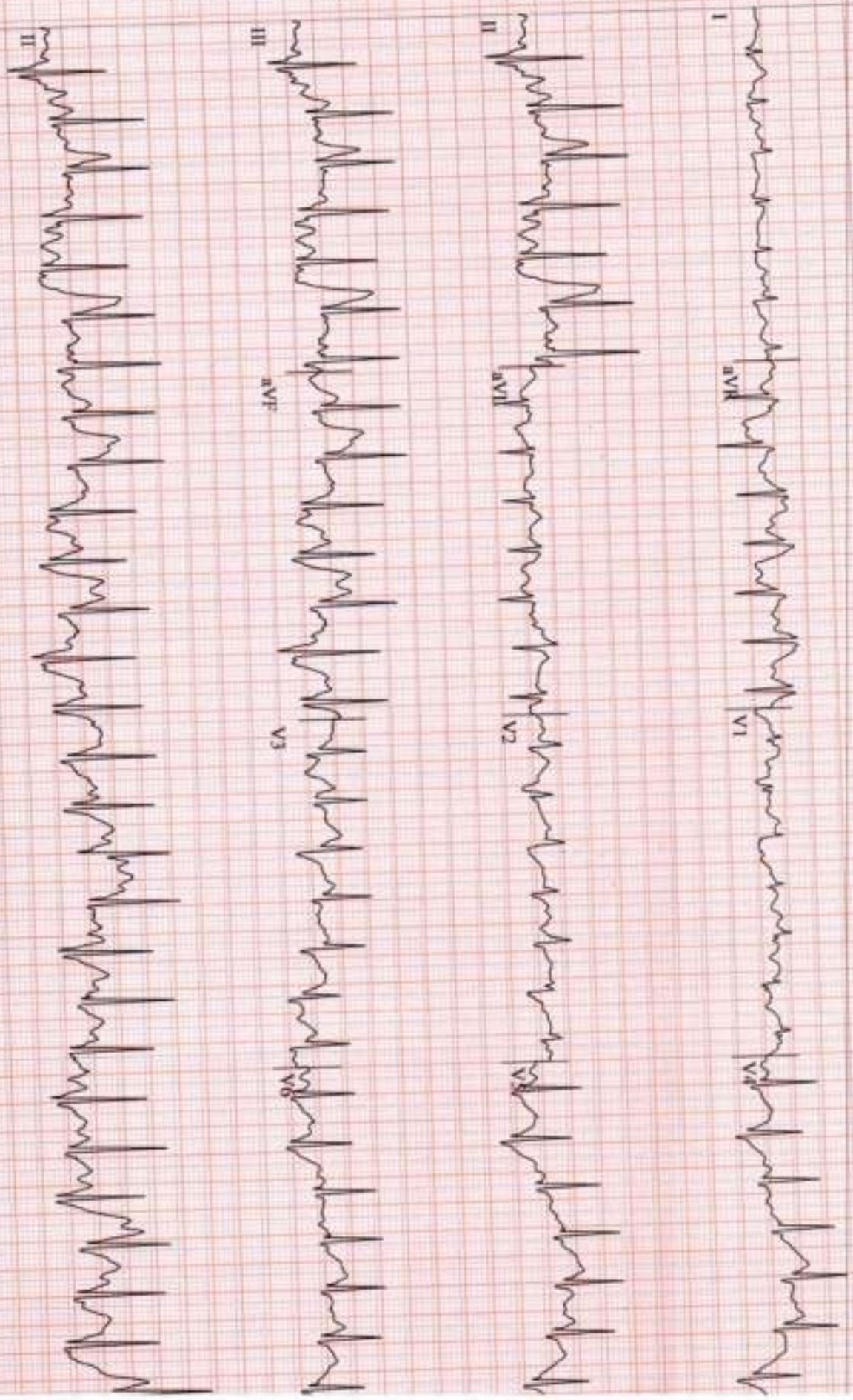
EXERCISE STAGE 3

07:32

BRUCE

3.4 mph

14.0 %



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(LV6)

Start of Test: 1:03:48pm

HIMABINDU, HANUMANTHU

Patient ID 2401322162

13.01.2024

1:13:19pm

Linked Medians

RECOVERY #1

01:00

BRUCE

0.0 mph

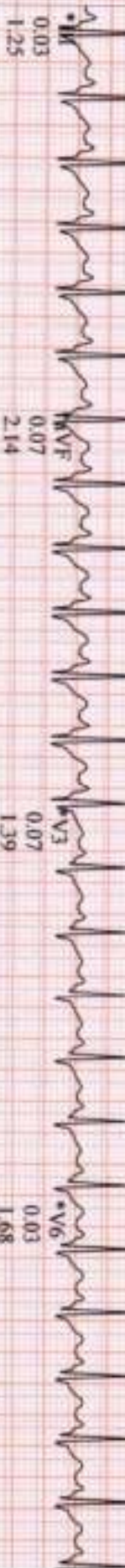
0.0 %

SUBURBAN DIAGNOSTIC

Lead

ST Level (mV)

ST Slope (mV/s)



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V2,V6)

Start of Test: 1:03:48pm

*Computer Synthesized Rhythms

HIMABINDU, HANUMANTHU

Patient ID 2401322162

13.01.2024

1:14:19pm

Linked Medians

RECOVERY #1

02:00

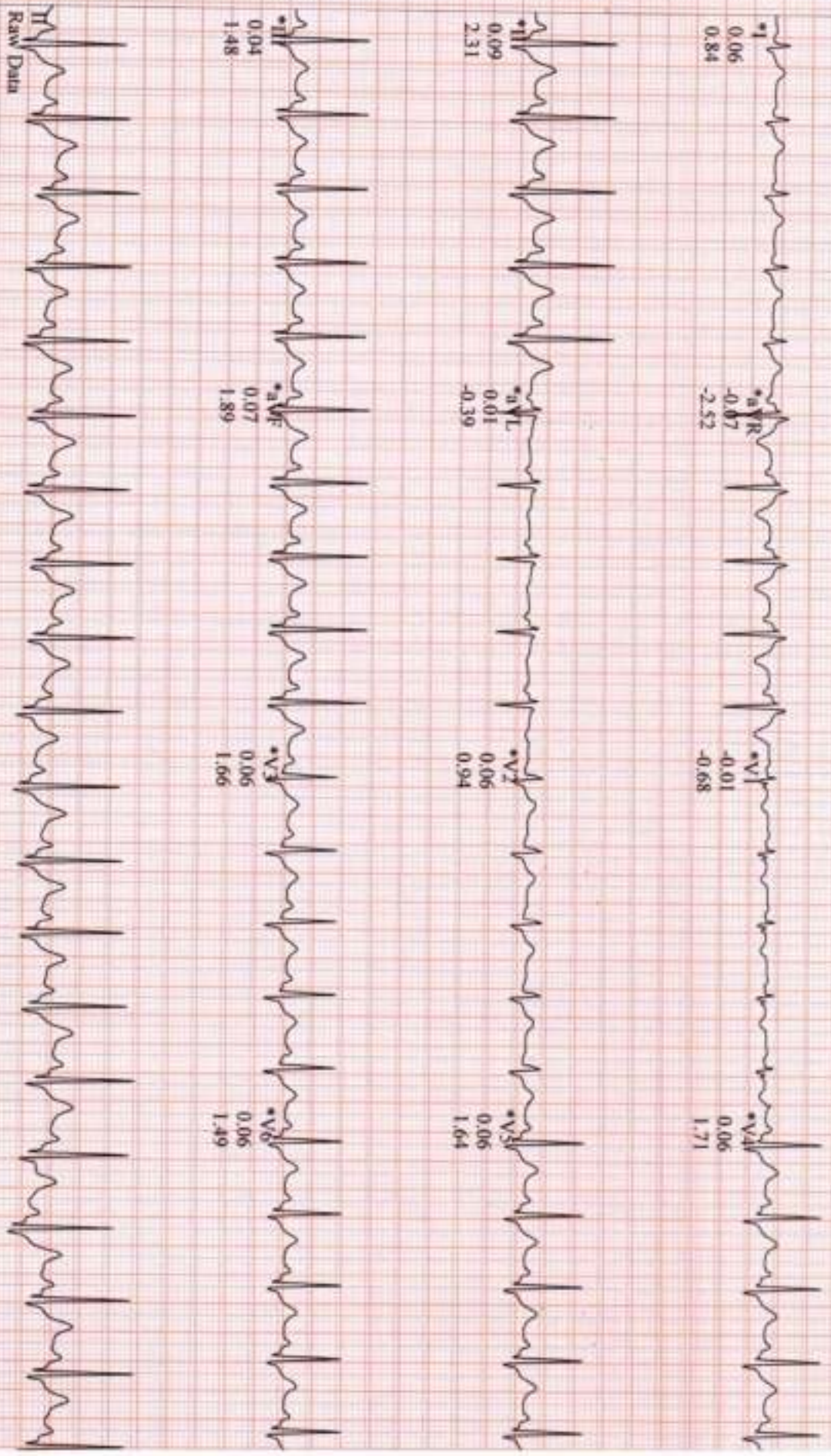
SUBURBAN DIAGNOSTIC

BRUCE
0.0 mph
0.0 %

Lead

ST Level (mV)

ST Slope (mV/s)



Raw Data

*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(ULV2)

Start of Test: 1:03:48pm

HIMABINDU, HANUMANTHU

Patient ID 2401322162

13-01-2024

1:15:19pm

Linked Medians

RECOVERY

#1

03:00

BRUCE

0.0 mph

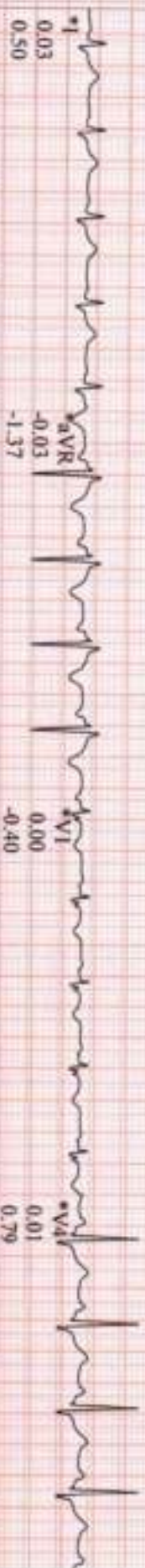
0.0 %

SUBURBAN DIAGNOSTIC

Lead

ST Level (mV)

ST Slope (mV/s)



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRP+ HR(QLV2)

Start of Test: 1:03:48pm

*Computer Synthesized Rhythms