



24894 210924

Name	: MRS. PALLAVI SALVI	Registration ID	: 24894	Sample Collection	: 21/09/2024 09:09:12
Age/Sex	: 35 Yrs. / F	Printed	: 23/09/2024 18:51:47	Sample Received	: 21/09/2024 09:09:12
Ref. By	: J M FINANCE SERVICES LTD	Sent By	: Arcofemi Healthcare Pvt Ltd	Report Released	: 23/09/2024 17:32:31

**COMPLETE BLOOD COUNT**

Test	Result	Unit	Biological Ref Range
Hemoglobin (SLS) Photometric	: 12.9	g/dL	12-14 g/dL
Total RBC (Electrical Impedance)	: 4.51	10 <sup>6</sup> /μL	3.0-6.0 10 <sup>6</sup> /μL
Hematocrit (PCV) (Calculated)	: 42.9	%	36-54 %
Mean Corpuscular Volume (MCV) (calculated)	: 95.1	fL	78-101 fL
Mean Corpuscular Hemoglobin (MCH) (Calculated)	: 28.6	pg	27-32 pg
Mean Corpuscular Hemoglobin Concentration (MCHC) (Calculated)	: <b>30.1</b>	g/dL	31.5-34.5 g/dL
Red Cell Distribution Width (RDW- CV) (Electrical Impedance)	: 14.60	%	12-15 %
Total Leucocytes Count (Light Scattering)	: 6700	/cumm	4000-11000 /cumm
<b>Neutrophils</b> (Calculated)	: 64	%	40-75 %
<b>Eosinophils Percentage</b> (Calculated)	: 03	%	1-6 %
Lymphocyte Percentage (Calculated)	: 28	%	20-45 %
Basophils Percentage (Calculated)	: 0	%	0-1 %
Monocytes Percentage (Calculated)	: 04	%	1-10 %
RBC Morphology	: Normocytic, Normochromic		
WBC Morphology	: Normal Morphology		
Platelet Count (Electrical Impedance)	: 254000	/ul	150000-450000 /ul
Platelets on Smear	: Adequate		Adequate
E.S.R	: 14	mm at 1hr	0-20 mm at 1hr

Sample Type: EDTA whole blood (Westergren)

Sample Type : EDTA Whole Blood

Test done with THREE PART CELL COUNTER (Sysmex KX-21)

\*All Samples Processed At Excellas Clinics Mulund Centre .

\*ESR NOT IN NABL scope.



*Excellas*  
**Dr. Santosh Khairnar**  
 M.D. (Pathologist)  
 Reg. No.-2000/08/2926





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Age/Sex : 35 Yrs. / F  
Ref. By : J M FINANCE  
SERVICES LTD


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Sent By : Arcofemi Healthcare Pvt Ltd

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----- End Of Report -----



  
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### Blood Sugar Fasting (FBS) & Post Prandial Blood Sugar (PPBS)

Test	Result	Unit	Biological Ref. Range
GLUCOSE (SUGAR) FASTING, (Fluoride Plasma Used)	: 80	mg/dL	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl
<i>Method: GOD-POD</i>			
Fasting Urine Glucose	: Absent		Absent
GLUCOSE (SUGAR) PP, ( Fluoride Plasma Used )	: 92	mg/dl	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl
PP Urine Glucose	: Absent		Absent

Test Done on - Automated Biochemistry Analyzer (EM 200)

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(Collected At: 21/09/2024 09:09:12, Received At: 21/09/2024 09:09:12, Reported At: 23/09/2024 10:28:13)

### HbA1c (Whole Blood)

Test	Result	Unit	Reference Range
HbA1C-Glycosylated Haemoglobin	: 4.90	%	Non-diabetic: 4-6 Excellent Control: 6-7 Fair to good control: 7-8 Unsatisfactory control: 8-10 Poor Control: >10

EDTA Whole Blood, Method: HPLC

Estimated Average Glucose (eAG)	: 93.93	mg/dl	65.1-136.3 mg/dL mg/dl
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EDTA Whole Blood, Method: Calculated

#### Interpretation:

- The term HbA1c refers to Glycated Haemoglobin. Measuring HbA1c gives an overall picture of what the average blood sugar levels have been over a period of weeks/month. Higher the HbA1c, the greater the risk of developing diabetes-related complications.
- HbA1c has been endorsed by clinical groups and ADA (American Diabetes Association) guidelines 2012, for the diagnosis of diabetes using a cut-off point of 6.5%. ADA defined biological reference range for HbA1c is between 4-6%. Patients with HbA1c value between 6.0-6.5% are considered at risk for developing diabetes in the future. Trends in HbA1c area a better indicator of glucose control than standalone test.
- To estimate the eAG from the HbA1c value, the following equation is used:  $eAG(mg/dl) = 28.7 * A1c - 46.7$ .
- Diabetic must aspire to keep values under 7% to avoid the various complications resulting from diabetes.

\*Note - This test is outsourced and processed at Millenium Special Labs Pvt Ltd.

(Collected At: 21/09/2024 09:09:12, Received At: 21/09/2024 09:09:12, Reported At: 23/09/2024 17:32:42)



*Santosh Khairnar*  
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Registration ID : 24894  
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**BLOOD GROUP**

Test	Result	Unit	Biological Ref. Range
Blood Group	: 'O' Rh POSITIVE		

Slide and Tube Agglutination Test

(Collected At: 21/09/2024 09:09:12, Received At: 21/09/2024 09:09:12, Reported At: 23/09/2024 17:32:51)

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### LIPID PROFILE

Test	Result	Unit	Biological Ref. Range
Total Cholesterol	: 185	mg/dl	Desirable: <200 Borderline high = 200-239 High: > 239
<i>Serum, Method: CHOD-PAP</i>			
S. Triglyceride	: 102	mg/dl	Desirable: <161 Borderline High: 161 - 199 High: > 200 - 499/ Very High:>499
<i>Serum, Method: GPO-Trinder</i>			
HDL Cholesterol	: 50	mg/dl	42.0-88.0 mg/dl
<i>serum,Direct method</i>			
LDL Cholesterol	: 114.60	mg/dl	Optimal: <100; Near Optimal: 100-129; Borderline High: 130-159; High: 160-189; Very high: >190
<i>Serum, (Calculated)</i>			
VLDL Cholesterol	: 20.4	mg/dl	5-30 mg/dl
<i>Serum, Method: Calculated</i>			
LDL/HDL Ratio	: 2.3		Optimal: <2.5 Near Optimal: 2.5-3.5 High >3.5
<i>Serum, Method: Calculated</i>			
TC/HDL Ratio	: 3.7		Optimal: <3.5 Near Optimal: 3.5 - 5.0 High >5.0
<i>Serum, Method: Calculated</i>			

Test Done on - Automated Biochemistry Analyzer (EM 200).

#### Interpretation

1. Triglycerides: When triglycerides are very high greater than 1000 mg/dL, there is a risk of developing pancreatitis in children and adults. Triglycerides change dramatically in response to meals, increasing as much as 5 to 10 times higher than fasting levels just a few hours after eating. Even fasting levels vary considerably day to day. Therefore, modest changes in fasting triglycerides measured on different days are not considered to be abnormal.
2. HDL-Cholesterol: HDL- C is considered to be beneficial, the so-called "good" cholesterol, because it removes excess cholesterol from tissues and carries it to the liver for disposal.
3. LDL-Cholesterol: Desired goals for LDL-C levels change based on individual risk factors.

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**LIVER FUNCTION TEST**

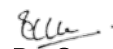
Test	Result	Unit	Biological Ref. Range
S. Bilirubin (Total) <i>Serum, Method: Diazo (walter &amp; Gerarde)</i>	: 1.19	mg/dl	0-2.0 mg/dl
S. Bilirubin (Direct) <i>Serum, Method: Diazo (walter &amp; Gerarde)</i>	: 0.22	mg/dl	0-0.4 mg/dl
S. Bilirubin (Indirect) <i>Serum, Method: Calculated</i>	: 0.97	mg/dl	0.10-1.0 mg/dl
Aspartate Transaminase (AST/SGOT) <i>Serum, Method: UV Kinetic with P5P</i>	: 21.9	IU/L	0-31 IU/L
Alanine Transaminase (ALT/SGPT) <i>Serum, Method: UV Kinetic with P5P</i>	: <b>37.0</b>	IU/L	0-34 IU/L
S. Alkaline Phosphatase <i>Serum, Method: IFCC with AMP buffer</i>	: 64	IU/L	42-98 IU/L
Total Proteins <i>Serum, Method: Biuret</i>	: 7.3	gm/dl	6.4-8.3 gm/dl
S. Albumin <i>Serum, Method: BCG</i>	: 4.3	gm/dl	3.5-5.2 gm/dl
S. Globulin <i>Serum, Method: Calculated</i>	: 3.0	gm/dl	2.3-3.5 gm/dl
A/G Ratio <i>Serum, Method: Calculated</i>	: 1.43		0.90-2.00
Gamma GT <i>Serum, Method: G glutamyl carboxy nitroanilide</i> <i>Test Done on - Automated Biochemistry Analyzer (EM 200).</i>	: 25	U/L	0-38 U/L

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**SERUM CREATININE**

Test	Result	Unit	Biological Ref. Range
S. Creatinine	: 0.49	mg/dl	0.60-1.1 mg/dl

Serum, Method: Enzymatic

Test Done on - Automated Biochemistry Analyzer (EM 200).

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**BLOOD UREA NITROGEN (BUN)**

Test	Result	Unit	Biological Ref. Range
Urea	: 20.57	mg/dl	13-40 mg/dl

Serum, Method: Urease - GLDH

Blood Urea Nitrogen	: 9.61	mg/dl	5-18 mg/dl
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Test Done on - Automated Biochemistry Analyzer (EM 200)

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(Collected At: 21/09/2024 09:09:12, Received At: 21/09/2024 09:09:12, Reported At: 23/09/2024 10:23:50)

**SERUM URIC ACID**

Test	Result	Unit	Biological Ref. Range
S. Uric Acid	: 3.32	mg/dl	2.6-6.0 mg/dl

Serum, Method: Uricase - POD

Test Done on - Automated Biochemistry Analyzer (EM 200).

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Ref. By : J M FINANCE      Sent By : Arcofemi Healthcare Pvt Ltd  
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**BUN CREAT RATIO (BCR)**

Test	Result	Unit	Biological Ref. Range
BUN/Creatinine ratio	: 19.61		5-20

Serum, Method: Calculated

**NOTE:**

A blood urea nitrogen (BUN)/creatinine ratio (BCR) >20 is used to distinguish pre-renal azotemia (PRA) and acute tubular necrosis (ATN)

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**THYROID FUNCTION TEST**

Test	Result	Unit	Biological Ref. Range
Total T3 <i>Serum, Method: CLIA</i>	: 1.0	ng/dl	0.70-2.04 ng/dl
Total T4 <i>Serum, Method: CLIA</i>	: 9.12	µg/dl	5.1-14.1 µg/dl
TSH (Thyroid Stimulating Hormone) <i>Serum, Method: CLIA</i>	: 1.80	µIU/ml	0.27-5.3 µIU/ml

Interpretation Decreased TSH with raised or within range T3 and T4 is seen in primary hyperthyroidism, toxic thyroid nodule, sub-clinical hyperthyroidism, on thyroxine ingestion, post-partum and gestational thyrotoxicosis Raised TSH with decreased T3 and T4 is seen in hypothyroidism and with intermittent T4 therapy. Alterations in TSH are also seen in non-thyroidal illnesses like HIV infection, chronic active hepatitis ,estrogen producing tumors, pregnancy, new-born, steroids, glucocorticoids and may cause false thyroid levels for thyroid function tests as with increased age ,marked variations in thyroid hormones are seen. In pregnancy T3 and T4 levels are raised, hence FT3 and Ft4 is to be done to determine hyper or hypothyroidism.

\*Note - This test is outsourced and processed at Millenium Special Labs Pvt Ltd.

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**ELECTROLYTE**

Test	Result	Unit	Biological Ref. Range
S. Sodium	: 138.3	mEq/L	135-155 mEq/L
S. Potassium	: 4.10	mEq/L	3.5-5.0 mEq/L
S. Chlorides	: 102.0	mEq/L	98-110 mEq/L

**NOTE:** Test done with FULLY AUTOMATED ELECTROLYTE ANALYSER ( SMART LYTE). This test is outsourced and processed at Millenium Special Labs Pvt Ltd.

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**C-REACTIVE PROTEIN**

Test	Result	Unit	Biological Ref. Range
CRP-QUANTITATIVE, Serum	: 2.0	mg/L	0-10 mg/L

Increased CRP levels are found in inflammatory conditions including: bacterial infection, rheumatic fever, active arthritis, myocardial infarction, malignancies and in the post-operative state. This test cannot detect the relatively small elevations of CRP that are associated with increased cardiovascular risk.

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**VITAMIN D3**

Test	Result	Unit	Biological Ref. Range
25 (OH) VIT D	: <b>9.0</b>	ng/ml	Deficient : Less than or equal to 20, Insufficient : 21 - 29, Sufficient : More than or equal to 30

**Note:**  
 Vitamin D deficiency can be associated with rickets in children; osteoporosis and secondary hyper-parathyroidism in adults. Recent studies have established a link between low circulating vitamin D levels and an increasing risk of Diabetes, cardiovascular or autoimmune diseases as well as various forms of cancer. Vitamin D testing has become an assay of general health status. Vitamin D is found mainly in two forms; vitamin D2 (ERGOCALCIFEROL) and vitamin D3 (CHOLECALCIFEROL). Vitamin D3 is synthesized by action of solar ultraviolet radiation on the skin. It is also present in food (mostly in fatty fish) . Vitamin D2 is from exogenous origin only. Small amounts of vitamin D2 are present in food (mushrooms and vegetables). Both vitamin D2 and D3 are used for medical supplementation and are identically metabolized by the body. The active form of the molecule is the 1,25-(OH)<sub>2</sub> vitamin D (Calcitriol) which is obtained from vitamin D through two successive hydroxylation reactions. The first hydroxylation occurs in the liver to yield 25(OH)vitamin D (calcidiol) The second hydroxylation occurs in the kidney and other tissues as well to yield biologically active 1,25 -(OH)<sub>2</sub> Vitamin D. The 25-(OH) Vitamin D is the main storage form of vitamin D in the human body. It is found in high concentrations in serum or plasma which makes 25 - (OH ) Vitamin D the preferred analyte for the determination of vitamin D nutritional status.

\*Note - This test is outsourced and processed at Millenium Special Labs Pvt Ltd.  
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**VITAMIN - B12**

Test	Result	Unit	Biological Ref. Range
Vitamin B12	: <b>114.0</b>	pg/ml	183 - 822 pg/ml

Method: ECLIA  
 Vitamin B12 deficiency impacts red blood cell synthesis, resulting in megaloblastic anemia due to abnormal DNA synthesis. In addition it impairs neurological function, in particular de-myelination of nerves in part due to abnormal methylation, leading to peripheral neuropathy, dementia, poor cognitive performance and depression. Other effects of Vitamin B12 deficiency or depletion are increased risk of neural tubular defects , osteoporosis, cerebro-vascular and cardiovascular diseases. Vit B12 levels are decreased in megalobstic anemia,partial/total gastrectomy,perniciuos anemia,peripheral neuropathies,chronic alcoholism,senile dementia and treated epilepsy. An associated increase in homocysteine levels is an independent risk marker for cardiovascular disease and deep vein thrombosis. Holo Transcobalamin II levels are more accurate marker of active Vitamin B12 component. High levels of Vitamin B12 may be due to exogenous supplementation.

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**EXAMINATION OF URINE**

Test	Result	Unit	Biological Ref. Range
<b><u>PHYSICAL EXAMINATION</u></b>			
Quantity :	20	ml	
Colour :	Pale yellow		
Appearance :	Clear		
Reaction (pH) :	6.5		4.5 - 8.0
Specific Gravity :	1.020		1.010 - 1.030
<b><u>CHEMICAL EXAMINATION</u></b>			
Protein :	Absent		Absent
Glucose :	Absent		Absent
Ketones Bodies :	Absent		Absent
Occult Blood :	Absent		Absent
Bilirubin :	Absent		Absent
Urobilinogen :	Absent		Normal
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Epithelial Cells :	0 - 2	/ hpf	
Pus cells :	2 - 4	/ hpf	
Red Blood Cells :	Absent	/ hpf	
Casts :	Absent	/ lpf	Absent / lpf
Crystals :	Absent		Absent
<b><u>OTHER FINDINGS</u></b>			
Yeast Cells :	Absent		Absent
Bacteria :	Absent		Absent
Mucus Threads :	Absent		
Spermatozoa :	Absent		
Deposit :	Absent		Absent
Amorphous Deposits :	Absent		Absent

sample type:Urine

Method:Visual and Microscopic

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**Vitals (Height, Weight, BMI & BP)**

Test	Result	Unit	Biological Ref. Range
Height	: 154	cm	
Weight	: 69	Kg	
BMI	: 29.09		Underweight = <18.5 Normal weight = 18.5-24.9 Overweight = 25-29.9 Obesity = BMI of 30 or greater
Blood Pressure	: 110/70	mmhg	
Pulse Rate	: 76	beats per minute	

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SERVICES LTD

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**X RAY CHEST PA VIEW**

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Both the lung fields appear normal.

Cardiac silhouette is within normal limits.

Bilateral hilar shadows appear normal.

Bilateral costophrenic angles appear normal.

Bony thorax appears normal.

Soft tissues appear normal.

**IMPRESSION:**

**No significant abnormality detected.**



**Dr. Reshma Gokran**  
MD (Radiologist)  
Reg. No-2009/09/3296





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Name : MRS. PALLAVI SALVI

Sample Received : 21/09/2024 09:09:12

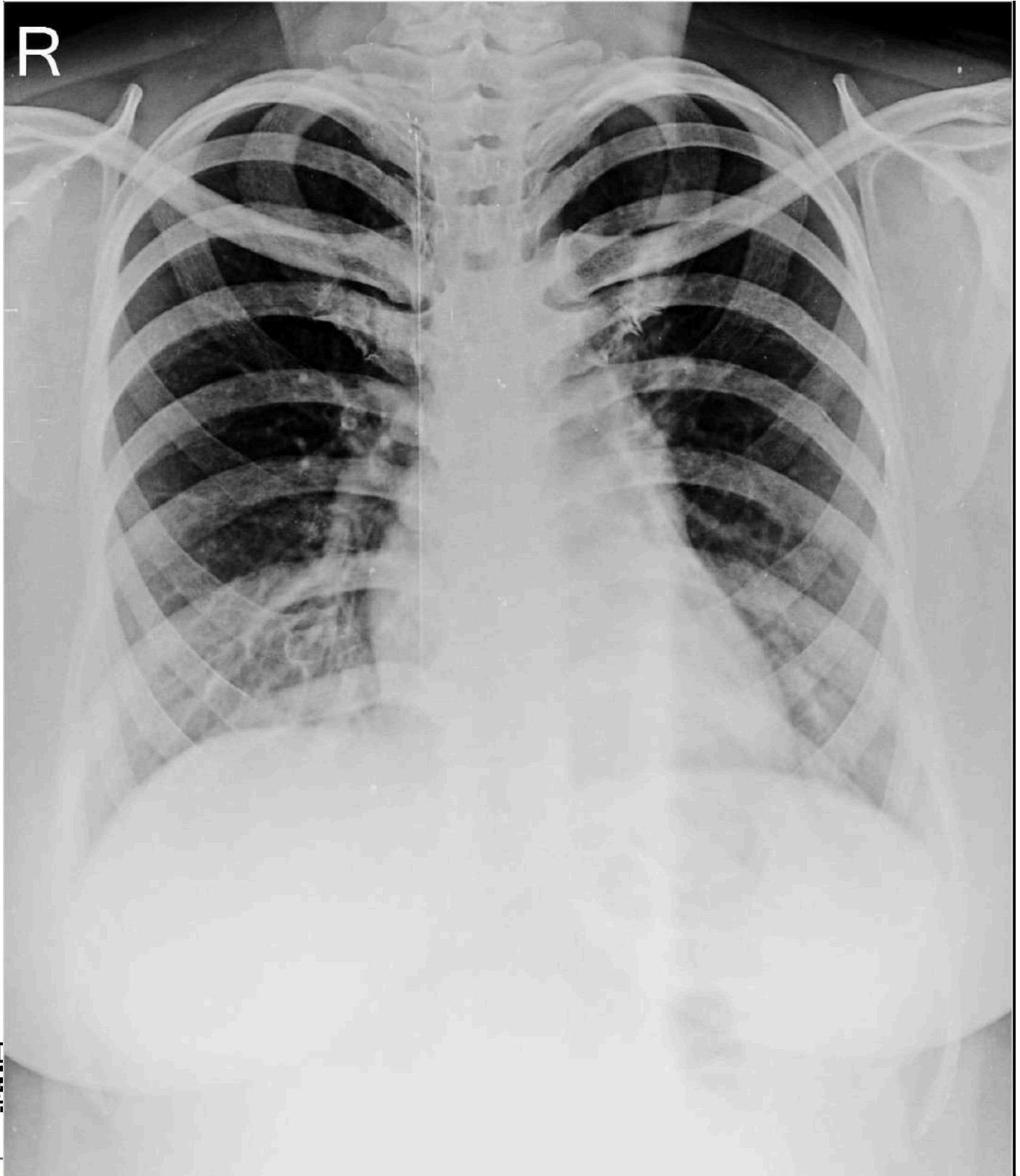
Age/Sex : 35 Yrs. / F

Printed : 23/09/2024 18:51:47

Report Released : 21/09/2024 14:49:34

Ref. By : J M FINANCE  
SERVICES LTD

Sent By : Arcofemi Healthcare Pvt Ltd



MRS. PALLAVI SALVI. AGE:-35YRS/FEMALE. R41 CHEST PA 21-Sep-24 12:00 PM

EXCELLAS CLINICS PVT LTD TEL:-022-25695661/71



24894 210924

Name : MRS. PALLAVI SALVI  
Age/Sex : 35 Yrs. / F  
Ref. By : J M FINANCE  
SERVICES LTD

Registration ID : 24894

Printed : 23/09/2024 18:51:47

Sent By : Arcofemi Healthcare Pvt Ltd

Sample Collection : 21/09/2024 09:09:12

Sample Received : 21/09/2024 09:09:12

Report Released : 21/09/2024 14:49:34

----- End Of Report -----



**Dr. Reshma Gokran**  
MD (Radiologist)  
Reg. No-2009/09/3296







24894 210924

Registration ID : 24894      Sample Collection : 21/09/2024 09:09:12  
Name : MRS. PALLAVI SALVI      Sample Received : 21/09/2024 09:09:12  
Age/Sex : 35 Yrs. / F      Printed : 23/09/2024 18:51:47      Report Released : 23/09/2024 18:51:14  
Ref. By : J M FINANCE      Sent By : Arcofemi Healthcare Pvt Ltd  
SERVICES LTD

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**USG ABDOMEN & PELVIS - FEMALE**

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**Liver:-** is normal in size, shape and echotexture. No focal or diffuse lesion is seen.  
The portal and hepatic veins are normal. There is no IHBR dilatation seen.

**Gall Bladder:-** is partially distended **and shows subtle sludge**. No GB wall thickening or pericholecystic fluid is seen.  
CBD is normal.

**Pancreas:-** is normal in size, shape and echotexture. There is no focal lesion seen.

**Spleen:-** is normal in size (10.5 cms) and echotexture. No focal lesion is seen.

**Kidneys:-** Both Kidneys are normal in size, shape, position. They show normal reflectivity. CMD is maintained. No calculi or hydronephrosis seen on either side.

Right kidney – 8.7 x 3.7 cms.

Left kidney – 9.2 x 4.4 cms.

**Urinary Bladder:-** is well distended and shows normal wall thickness.  
There is no intraluminal lesion within.

**Uterus:-** is anteverted, normal in size and measures 5.7 x 5.3 x 5.2 cms **and shows two fibroids largest measuring 11 x 10.7 mm in posterior myometrium.**

ET : 4.2 mm

**Ovaries:-** appear normal in size, shape & show normal follicular pattern.

Right ovary measures – 1.6 x 1.9 cms.

Left ovary measures – 1.5 x 1.6 cms.

Both adnexae appear normal. No e/o of free fluid noted in POD.

No ascites is seen. No significant lymphadenopathy is seen.

**IMPRESSION:**

- **Subtle gall bladder sludge.**
- **Uterine fibroids.**

*Thanks for the Referral*

(Collected At: 21/09/2024 09:09:12, Received At: 21/09/2024 09:09:12, Reported At: 23/09/2024 18:51:14)



**Dr. Reshma Gokran**  
MD (Radiologist)  
Reg. No-2009/09/3296





24894 210924

Name : MRS. PALLAVI SALVI  
Age/Sex : 35 Yrs. / F  
Ref. By : J M FINANCE  
SERVICES LTD

Registration ID : 24894

Printed : 23/09/2024 18:51:47

Sent By : Arcofemi Healthcare Pvt Ltd

Sample Collection : 21/09/2024 09:09:12

Sample Received : 21/09/2024 09:09:12

Report Released : 23/09/2024 18:51:14

----- End Of Report -----



**Dr. Reshma Gokran**  
MD (Radiologist)  
Reg. No-2009/09/3296





24894 210924

Registration ID : 24894      Sample Collection : 21/09/2024 09:09:12  
Name : MRS. PALLAVI SALVI      Sample Received : 21/09/2024 09:09:12  
Age/Sex : 35 Yrs. / F      Printed : 23/09/2024 18:51:47      Report Released : 23/09/2024 18:51:39  
Ref. By : J M FINANCE      Sent By : Arcofemi Healthcare Pvt Ltd  
SERVICES LTD

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**USG BOTH BREAST**

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- Both breasts show normal fibroglandular & fibro fatty parenchyma.
- There is no solid, cystic lesion or abnormal dilatation of ducts noted on either.
- No significant axillary lymphadenopathy is seen.

**IMPRESSION :**

- **No significant abnormality is seen**

*Thanks for referral*

BIRADS CATEGORY : (0 = requires additional evaluation , 1 = Negative , 2 = benign findings , 3 = probably benign findings, 4 = suspicious abnormality , 5 = highly suggestive of malignancy).

(Collected At: 21/09/2024 09:09:12, Received At: 21/09/2024 09:09:12, Reported At: 23/09/2024 18:51:39)

----- End Of Report -----



**Dr. Reshma Gokran**  
MD (Radiologist)  
Reg. No-2009/09/3296





24894 210924

Registration ID : 24894      Sample Collection : 21/09/2024 09:09:12  
Name : MRS. PALLAVI SALVI      Sample Received : 21/09/2024 09:09:12  
Age/Sex : 35 Yrs. / F      Printed : 23/09/2024 18:51:47      Report Released : 21/09/2024 15:08:17  
Ref. By : J M FINANCE      Sent By : Arcofemi Healthcare Pvt Ltd  
SERVICES LTD

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**CERVICAL CYTOLOGY REPORT**

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**PAPANICOLAOU SMEAR (CONVENTIONAL)**

Specimen :- 2 unstained air dried smear received

Stained with papanicolaou method and examined.

Smear shows :

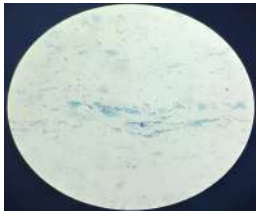
Many superficial, intermediate squamous epithelial cells and few endocervical cells.

Plenty of polymorphonuclear cells inflammatory infiltrate seen in the background.

No cellular atypia or malignancy noted.

- IMP: Inflammatory pap smear.


The smears are reported using bethesda system for cervical cytology(2014)  
(Interpretation(s))



(Collected At: 21/09/2024 09:09:12, Received At: 21/09/2024 09:09:12, Reported At: 21/09/2024 15:08:17)

----- End Of Report -----



  
**Dr. Santosh Khairnar**  
M.D. (Pathologist)  
Reg. No.-2000/08/2926





24894 210924

Registration ID : 24894

Sample Collection : 21/09/2024 09:09:12

Name : MRS. PALLAVI SALVI

Sample Received : 21/09/2024 09:09:12

Age/Sex : 35 Yrs. / F

Printed : 23/09/2024 18:51:47

Report Released : 21/09/2024 16:24:57

Ref. By : J M FINANCE  
SERVICES LTD

Sent By : Arcofemi Healthcare Pvt Ltd

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**OPHTHALMIC EVALUATION**

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<b>Examination</b>	<b>Right Eye</b>	<b>Left Eye</b>
Distance Vision	6/6	6/6
Near Vision	N/6	N/6
Color Vision	Normal	
Remarks	Normal	

(Collected At: 21/09/2024 09:09:12, Received At: 21/09/2024 09:09:12, Reported At: 21/09/2024 16:24:57)

----- End Of Report -----



**Excellas Clinics Pvt Ltd**

B-1, Vikas Paradise Comm, Below Axis Bank, LBS Marg, Mulund W, Mumbai  
 3276/PALLAVI SALVI 35 Yrs/Female 69 Kg/154 Cms  
 Date: 21-Sep-2024 11:44:36 AM

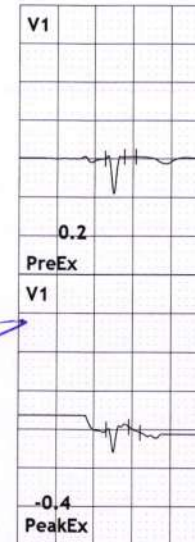
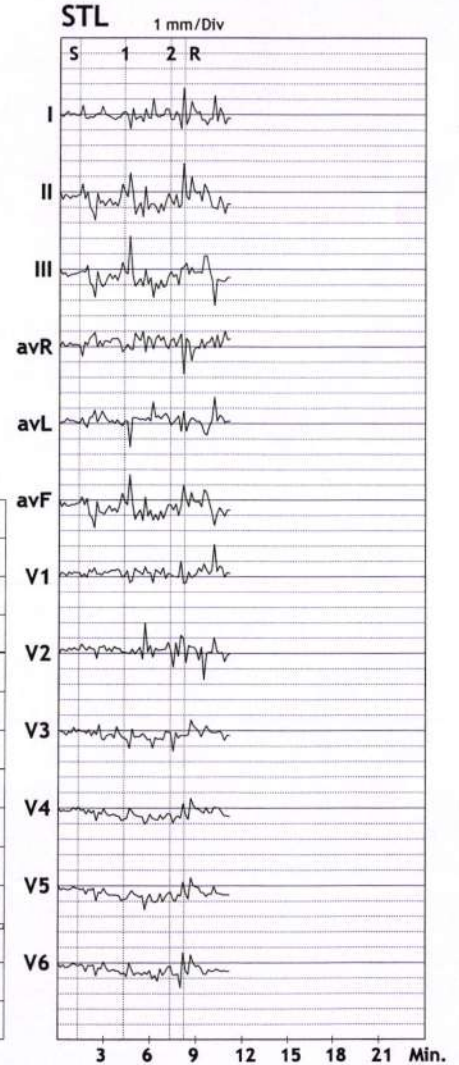
Ref.By : MEDIWHEEL  
 Medication : NIL  
 Objective :

**Summary**

Protocol : BRUCE  
 History : NIL



Stage	StageTime (Min:Sec)	PhaseTime (Min:Sec)	Speed (mph)	Grade (%)	METs	H.R. (bpm)	B.P. (mmHg)	R.P.P. x100	PVC	Comments
Supine					1.0	74	110/70	81	-	
Standing					1.0	70	110/70	77	-	
HV					1.0	72	110/70	79	-	
ExStart					1.0	70	110/70	77	-	
Stage 1	3:00	3:01	1.7	10.0	4.7	109	120/80	130	-	
Stage 2	3:00	6:01	2.5	12.0	7.1	129	130/80	167	-	
PeakEx	0:55	6:56	3.4	14.0	8.1	165	130/80	214	-	
Recovery	1:00		0.0	0.0	1.2	92	130/80	119	-	
Recovery	2:00		0.0	0.0	1.0	67	160/80	107	-	
Recovery	3:00		0.0	0.0	1.0	65	140/80	91	-	
Recovery	3:03		0.0	0.0	1.0	67	120/70	80	-	
Recovery					0.0	0	---/---	0	-	



**Findings :**

Exercise Time : 6:56 minutes  
 Max HR attained : 165 bpm 89% of Max Predictable HR 185  
 Max BP : 160/80(mmHg)  
 WorkLoad attained : 8.1 (Good Effort Tolerance )  
 No Significant ST segment changes seen during exercise or recovery  
 No Angina/Arrhythmia/S3/murmur  
 Final Impression : Test is negative for inducible ischaemia.  
 Maxmum Depression: 6:56  
 Disclaimer :Negative stress test does not rule out coronary artery disease  
 Positive stress test is suggestive but not confirmatory of coronary artery disease.

*Mansi*  
**DR. MANSI SOLANKI**  
 MBBS MD GENERAL MEDICINE  
 REG. NO. MMC 2024042065

**Excellas Clinics Pvt Ltd**

B-1, Vikas Paradise Comm, Below Axis Bank, LBS Marg, Mulund W, Mumbai  
3276/PALLAVI SALVI  
35 Yrs/Female  
69 Kg/154 Cms  
Date: 21-Sep-2024 11:44:36 AM

HR: 74 bpm  
METS: 1.0  
BP: 110/70

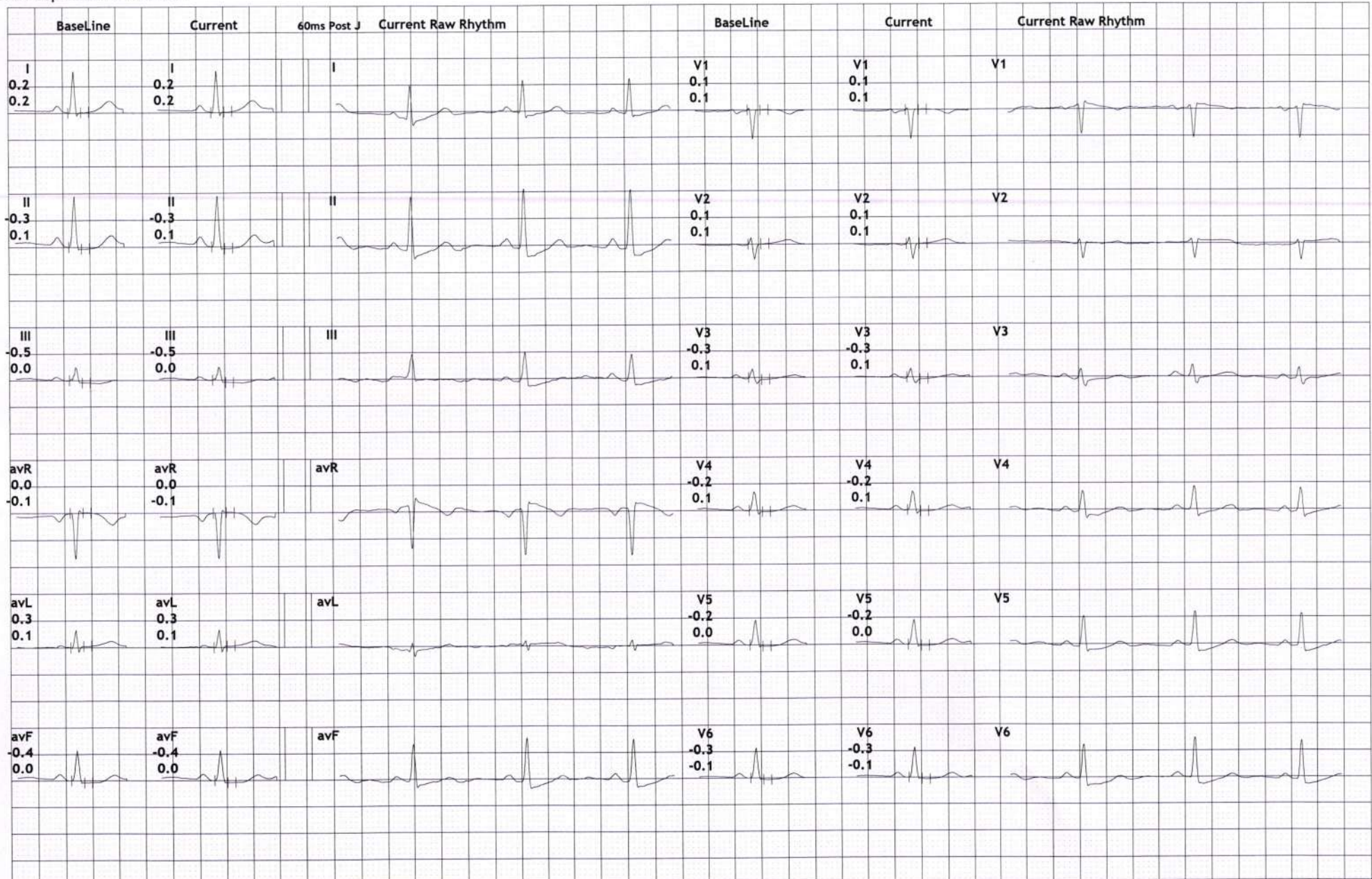
MPHR:40% of 185  
Speed: 0.0 mph  
Grade: 0.0%

**12 Lead + Comparison**

Raw ECG  
BRUCE  
(1.0-100)Hz

Ex Time 00:31  
BLC :On  
Notch :On

SUPINE  
10.0 mm/mV  
25 mm/Sec.



**Excellas Clinics Pvt Ltd**

B-1, Vikas Paradise Comm, Below Axis Bank, LBS Marg, Mulund W, Mumbai  
3276/PALLAVI SALVI  
35 Yrs/Female  
69 Kg/154 Cms  
Date: 21-Sep-2024 11:44:36 AM

HR: 67 bpm  
METS: 1.0  
BP: 110/70

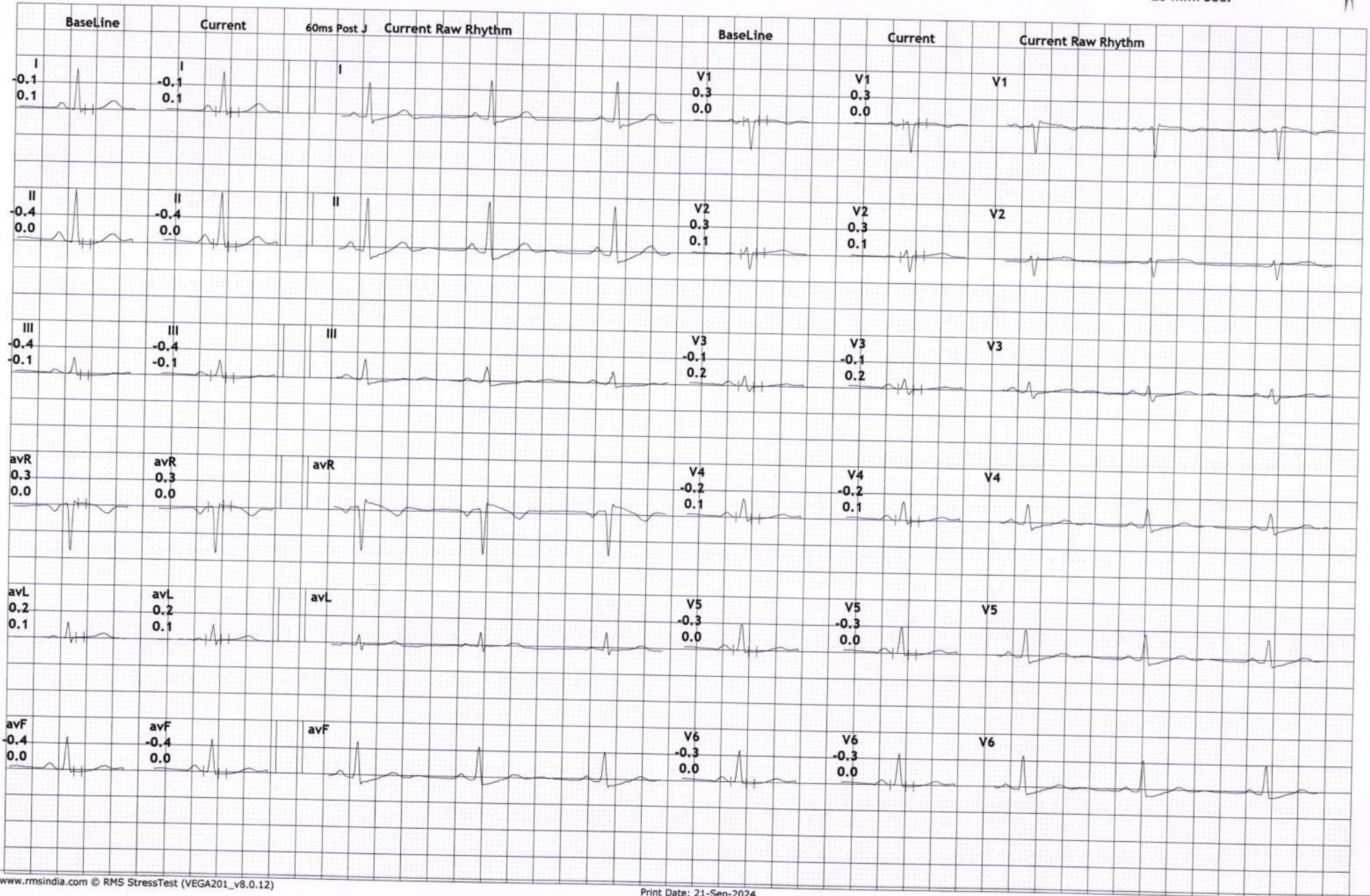
MPHR:36% of 185  
Speed: 0.0 mph  
Grade: 0.0%

**12 Lead + Comparision**

Raw ECG  
BRUCE  
(1.0-100)Hz

Ex Time 00:41  
BLC :On  
Notch :On

STANDING  
10.0 mm/mV  
25 mm/Sec.





**Excellas Clinics Pvt Ltd**

B-1, Vikas Paradise Comm, Below Axis Bank, LBS Marg, Mulund W, Mumbai

3276/PALLAVI SALVI

35 Yrs/Female

69 Kg/154 Cms

Date: 21-Sep-2024 11:44:36 AM

HR: 72 bpm

METS: 1.0

BP: 110/70

**12 Lead + Comparison**

MPHR:38% of 185

Speed: 0.0 mph

Grade: 0.0%

Raw ECG

BRUCE

(1.0-100)Hz

Ex Time 00:49

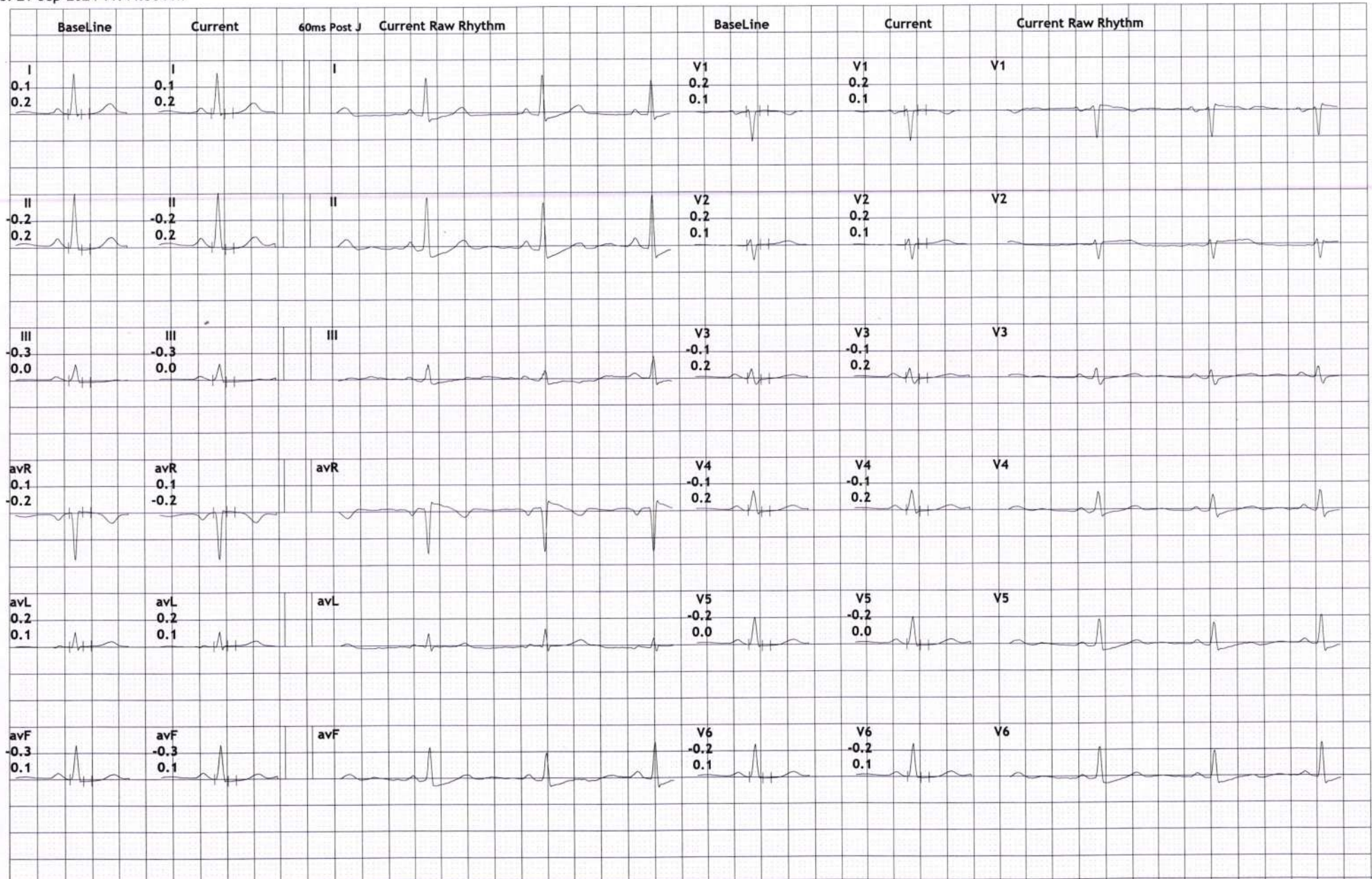
BLC :On

Notch :On

HV

10.0 mm/mV

25 mm/Sec.



**Excellas Clinics Pvt Ltd**

B-1, Vikas Paradise Comm, Below Axis Bank, LBS Marg, Mulund W, Mumbai

3276/PALLAVI SALVI

35 Yrs/Female

69 Kg/154 Cms

Date: 21-Sep-2024 11:44:36 AM

HR: 71 bpm

METS: 1.0

BP: 110/70

**12 Lead + Comparison**

MpHR: 38% of 185

Speed: 0.0 mph

Grade: 0.0%

Raw ECG

BRUCE

(1.0-100)Hz

Ex Time 00:00

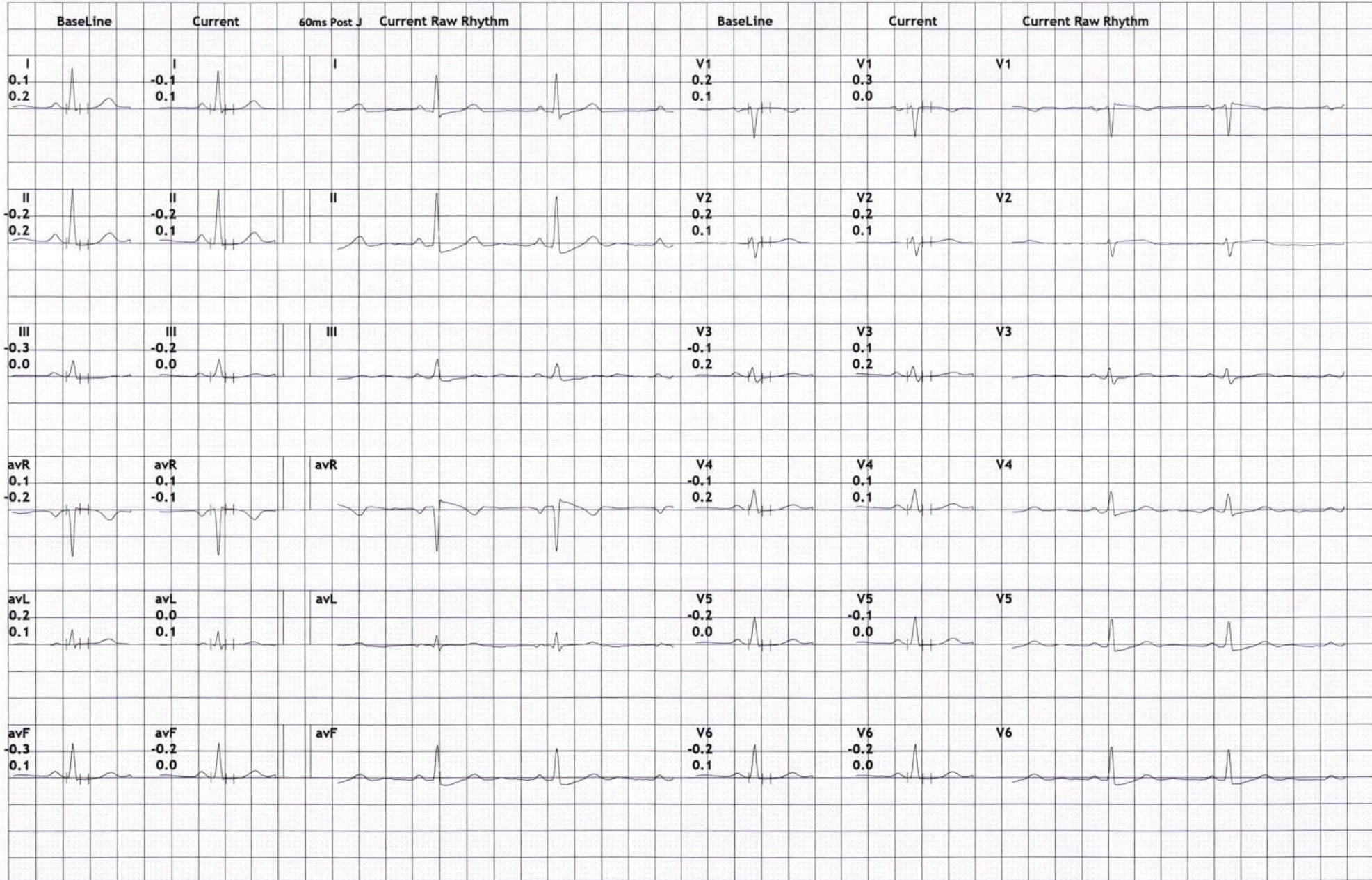
BLC :On

Notch :On

ExStrt

10.0 mm/mV

25 mm/Sec.



**Excellas Clinics Pvt Ltd**

B-1, Vikas Paradise Comm, Below Axis Bank, LBS Marg, Mulund W, Mumbai  
3276/PALLAVI SALVI  
35 Yrs/Female  
69 Kg/154 Cms  
Date: 21-Sep-2024 11:44:36 AM

HR: 109 bpm  
METS: 4.7  
BP: 120/80

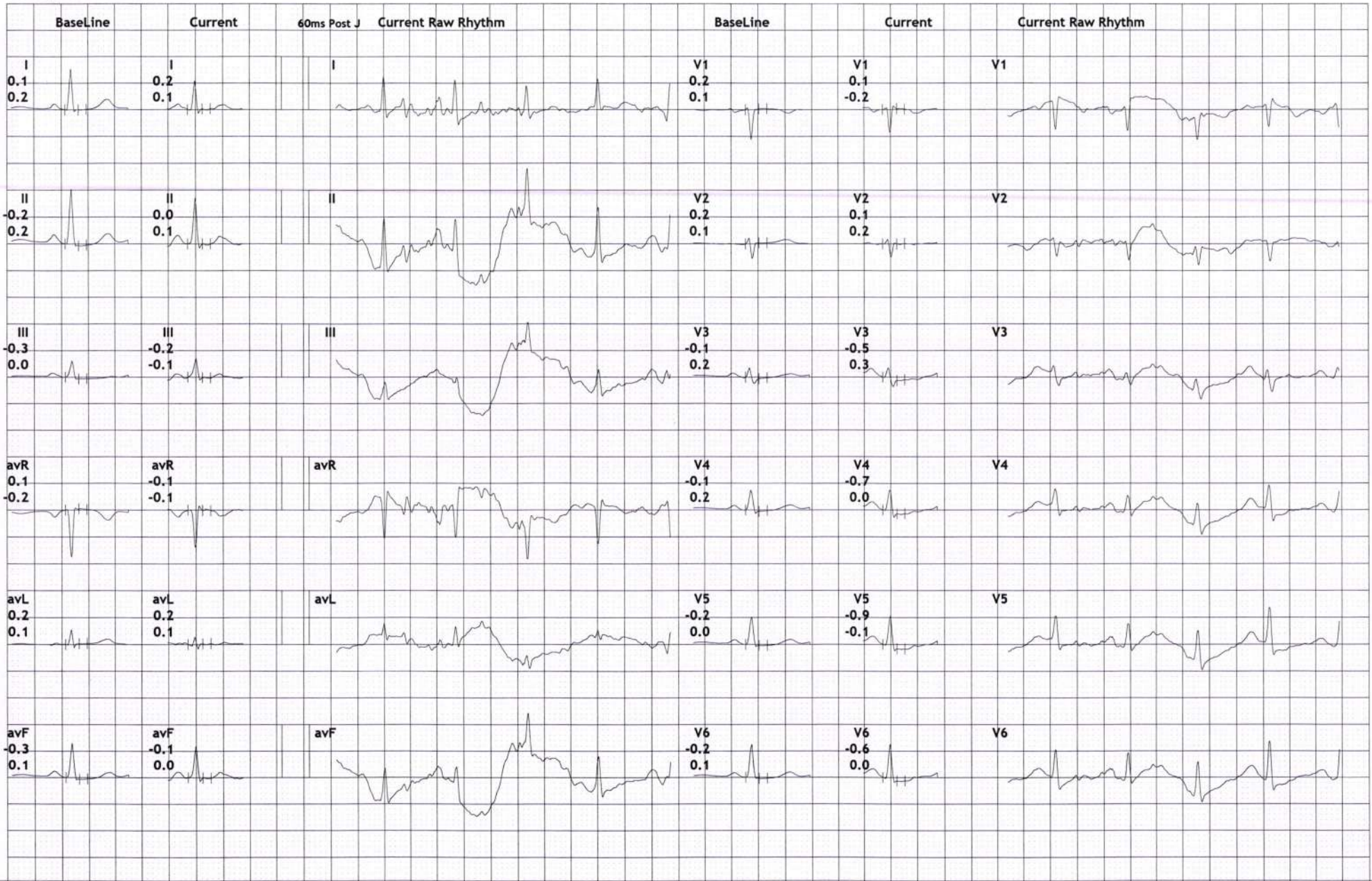
MPHR:58% of 185  
Speed: 1.7 mph  
Grade: 10.0%

**12 Lead + Comparison**

Raw ECG  
BRUCE  
(1.0-100)Hz

Ex Time 03:00  
BLC :On  
Notch :On

Stage 1 ( 03:00 )  
10.0 mm/mV  
25 mm/Sec.



**Excellas Clinics Pvt Ltd**

B-1, Vikas Paradise Comm, Below Axis Bank, LBS Marg, Mulund W, Mumbai  
 3276/PALLAVI SALVI  
 35 Yrs/Female  
 69 Kg/154 Cms  
 Date: 21-Sep-2024 11:44:36 AM

**12 Lead + Comparison**

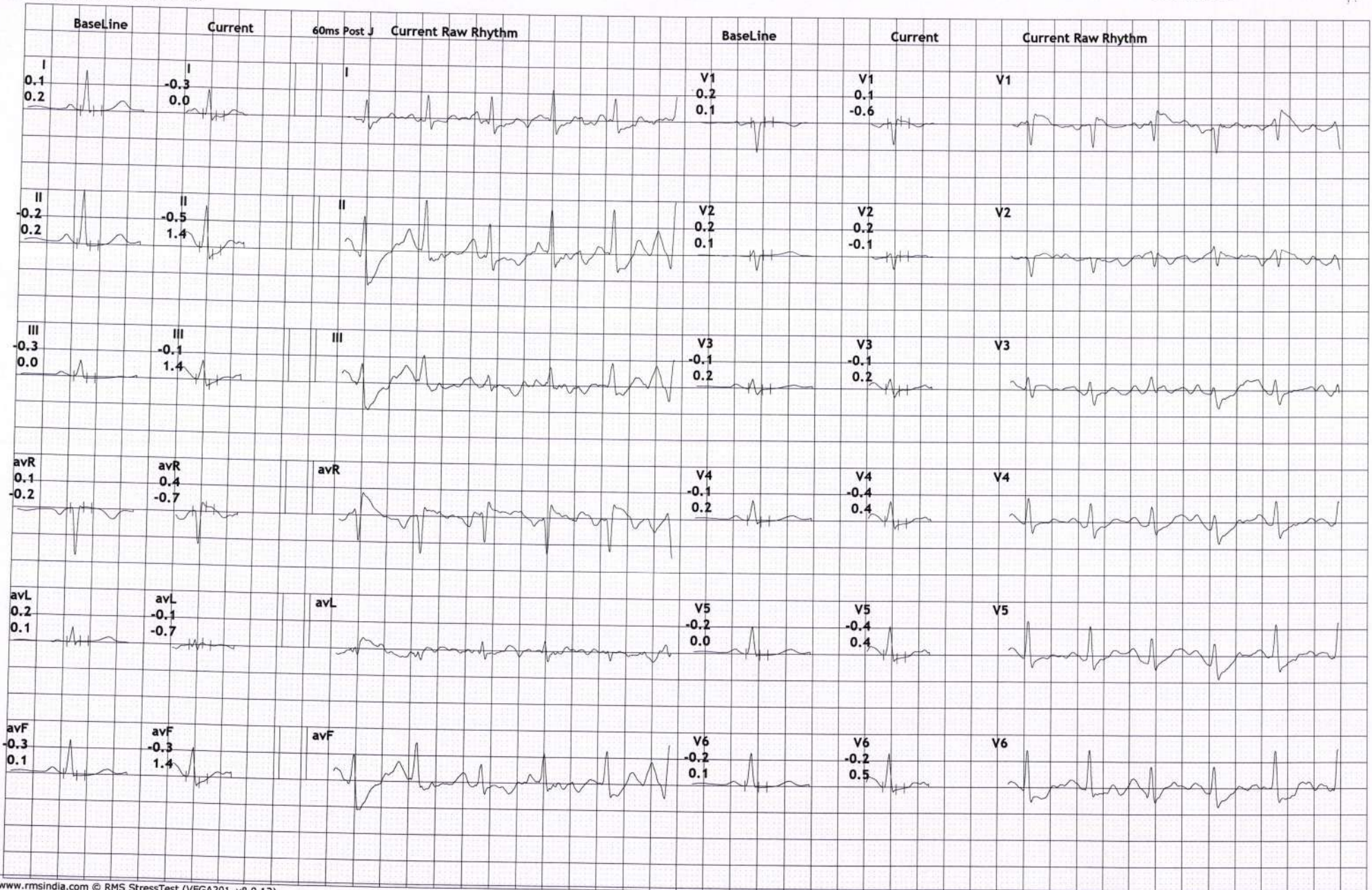
HR: 129 bpm  
 METS: 7.1  
 BP: 130/80

MHR: 69% of 185  
 Speed: 2.5 mph  
 Grade: 12.0%

Raw ECG  
 BRUCE  
 (1.0-100)Hz

Ex Time 06:00  
 BLC :On  
 Notch :On

Stage 2 ( 03:00 )  
 10.0 mm/mV  
 25 mm/Sec.



**Excellas Clinics Pvt Ltd**

B-1, Vikas Paradise Comm, Below Axis Bank, LBS Marg, Mulund W, Mumbai  
 3276/PALLAVI SALVI  
 35 Yrs/Female  
 69 Kg/154 Cms  
 Date: 21-Sep-2024 11:44:36 AM

HR: 165 bpm  
 METS: 8.1  
 BP: 130/80

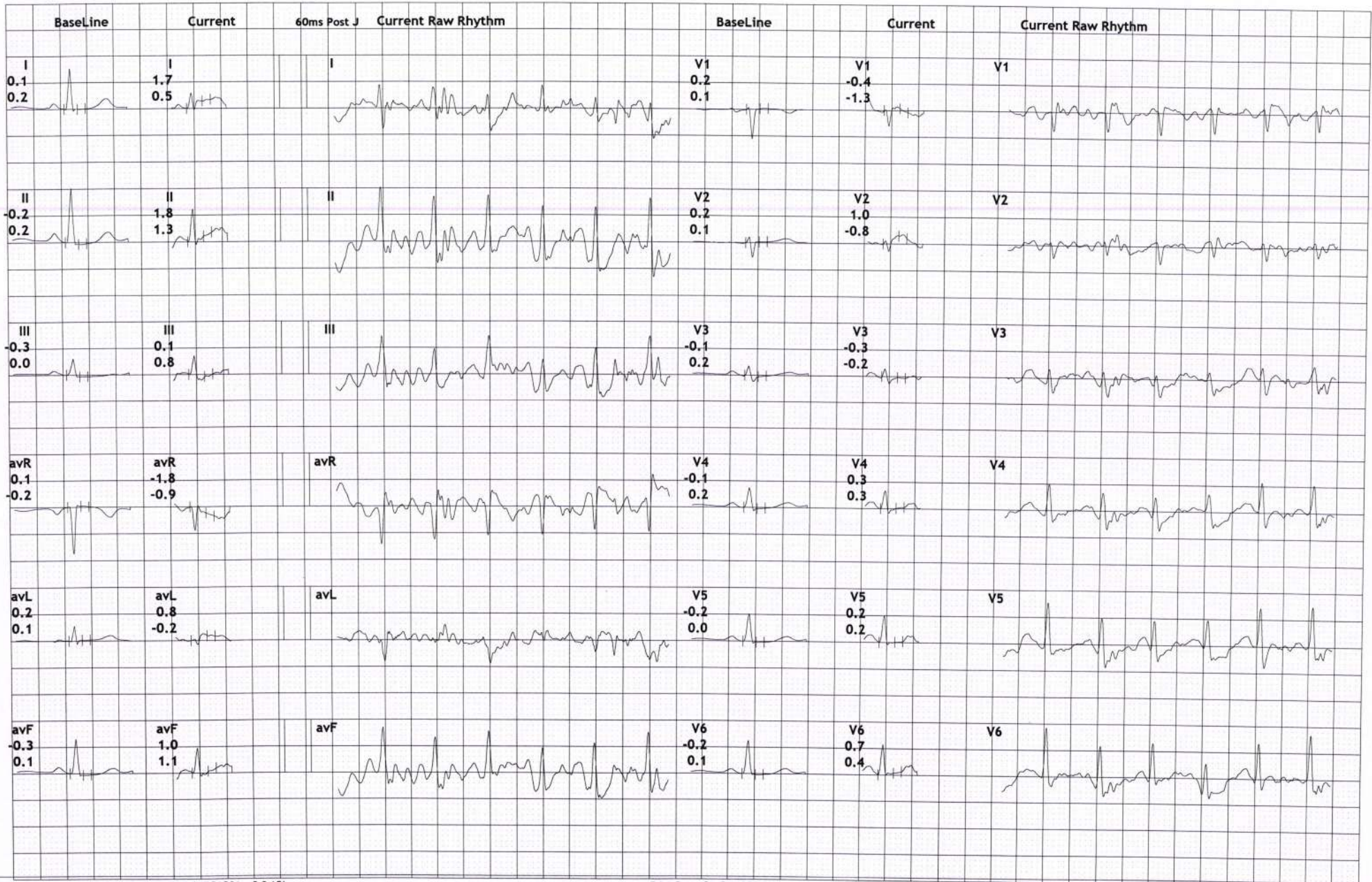
MpHR: 89% of 185  
 Speed: 3.4 mph  
 Grade: 14.0%

**12 Lead + Comparison**

Raw ECG  
 BRUCE  
 (1.0-100)Hz

Ex Time 06:55  
 BLC :On  
 Notch :On

PeakEx  
 10.0 mm/mV  
 25 mm/Sec.



**Excellas Clinics Pvt Ltd**

B-1, Vikas Paradise Comm, Below Axis Bank, LBS Marg, Mulund W, Mumbai  
3276/PALLAVI SALVI  
35 Yrs/Female  
69 Kg/154 Cms  
Date: 21-Sep-2024 11:44:36 AM

**12 Lead + Comparison**

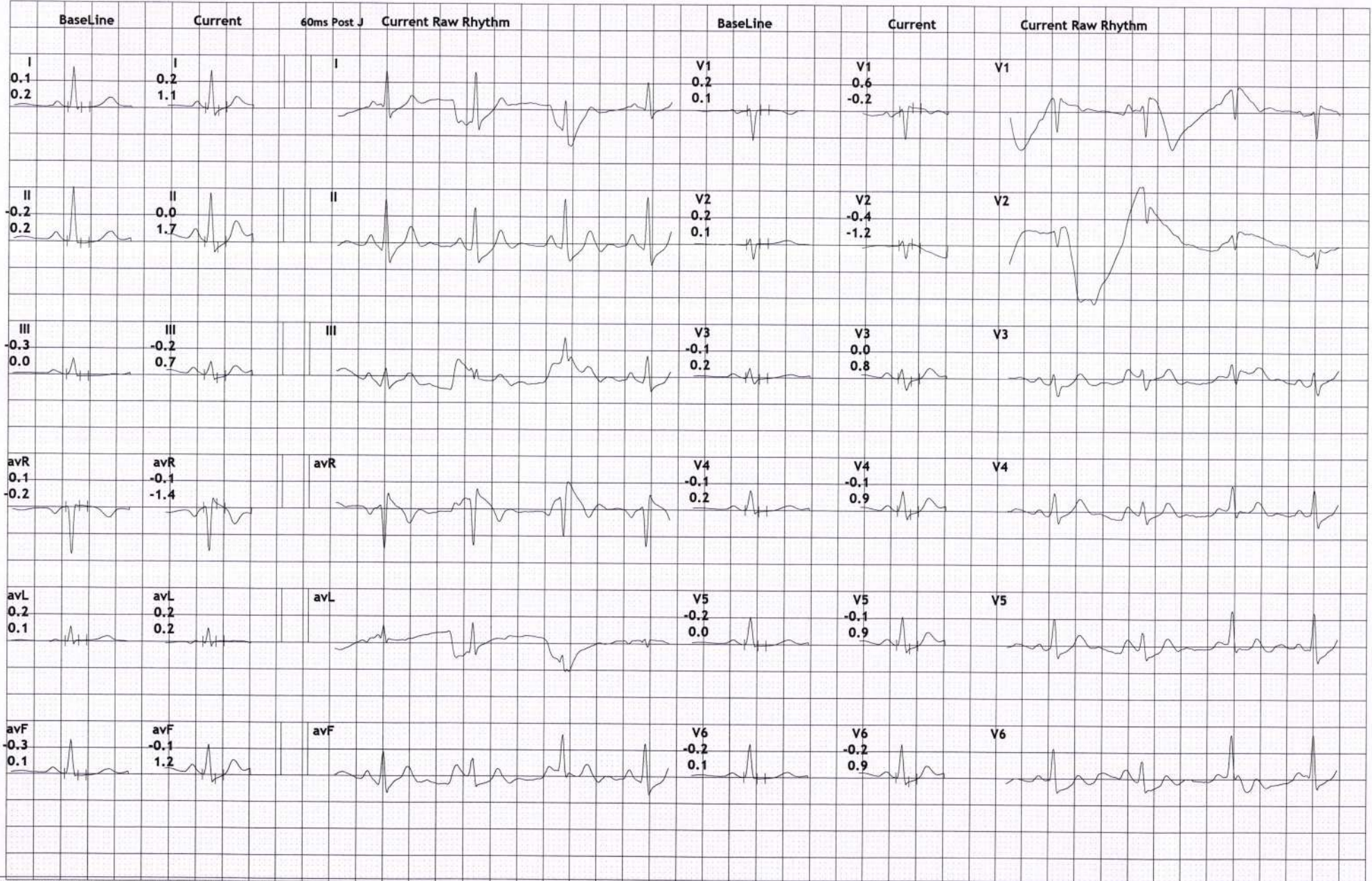
HR: 92 bpm  
METS: 1.1  
BP: 108/0

MpHR: 49% of 185  
Speed: 0.0 mph  
Grade: 0.0%

Raw ECG  
BRUCE  
(1.0-100)Hz

Ex Time 06:55  
BLC :On  
Notch :On

Recovery : ( 01:00 )  
10.0 mm/mV  
25 mm/Sec.



**Excellas Clinics Pvt Ltd**

B-1, Vikas Paradise Comm, Below Axis Bank, LBS Marg, Mulund W, Mumbai

3276/PALLAVI SALVI

35 Yrs/Female

69 Kg/154 Cms

Date: 21-Sep-2024 11:44:36 AM

HR: 67 bpm

METS: 1.0

BP: 160/80

**12 Lead + Comparison**

MPHR:36% of 185

Speed: 0.0 mph

Grade: 0.0%

Raw ECG

BRUCE

(1.0-100)Hz

Ex Time 06:55

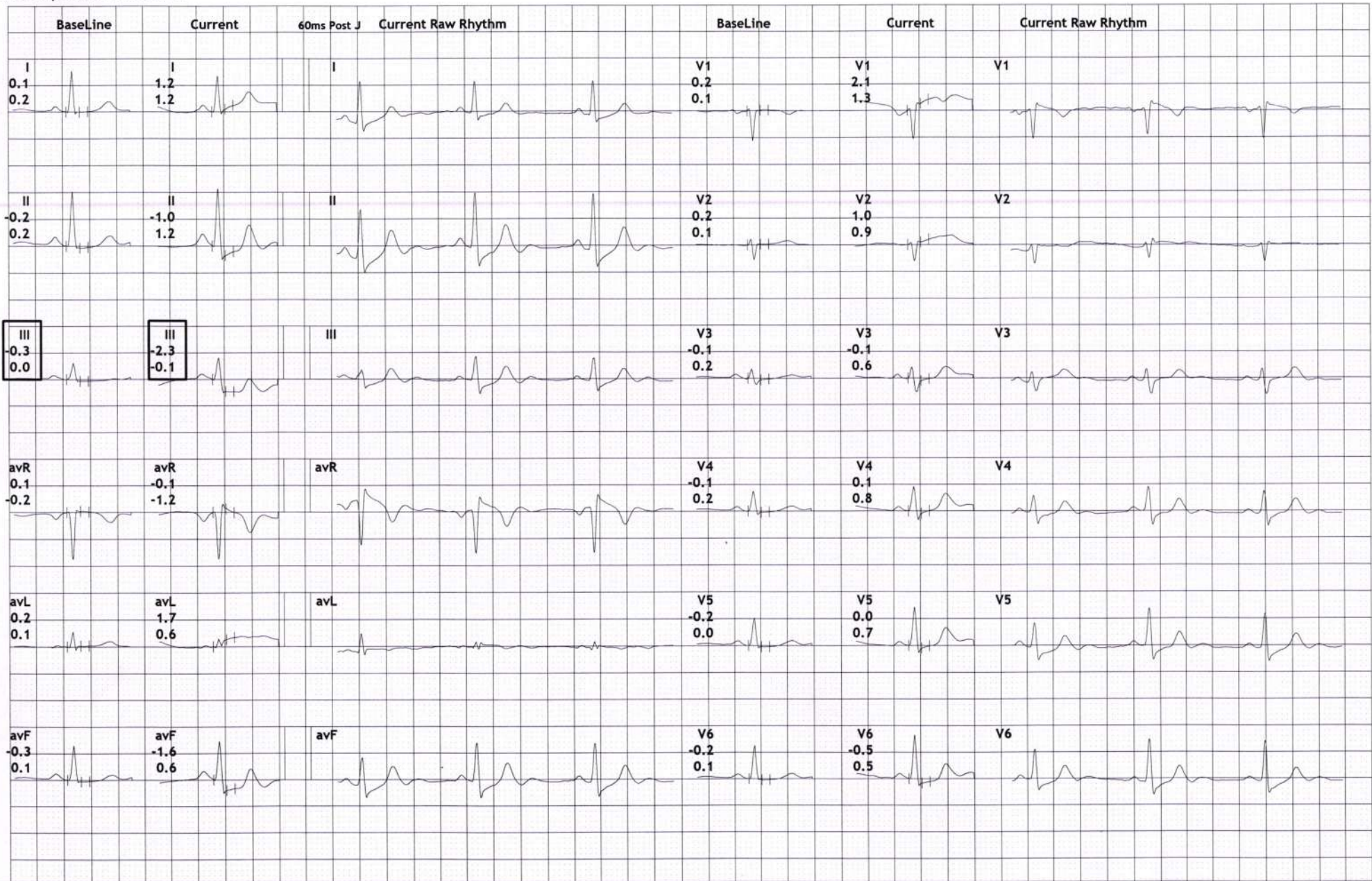
BLC :On

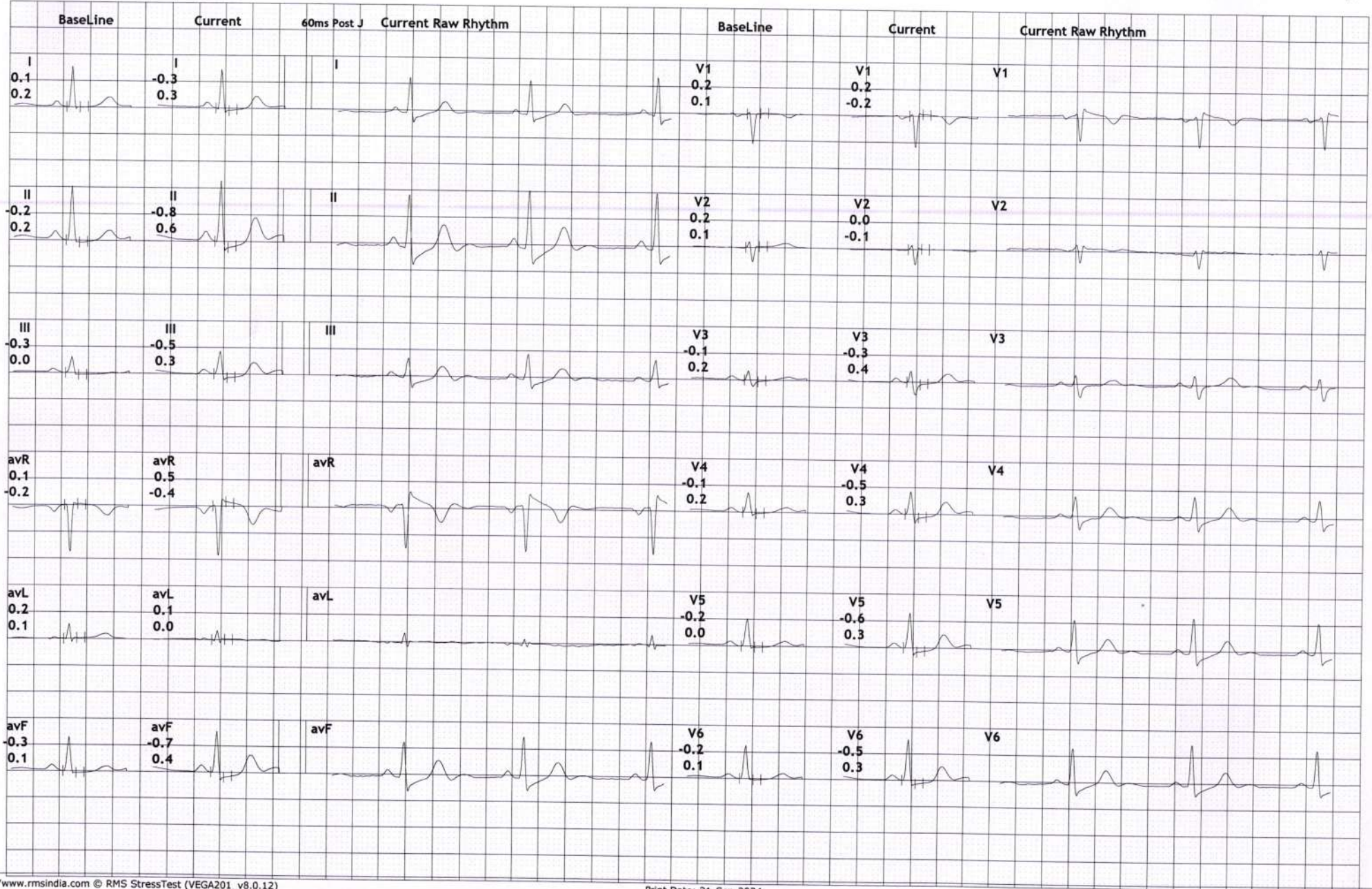
Notch :On

Recovery : ( 02:00 )

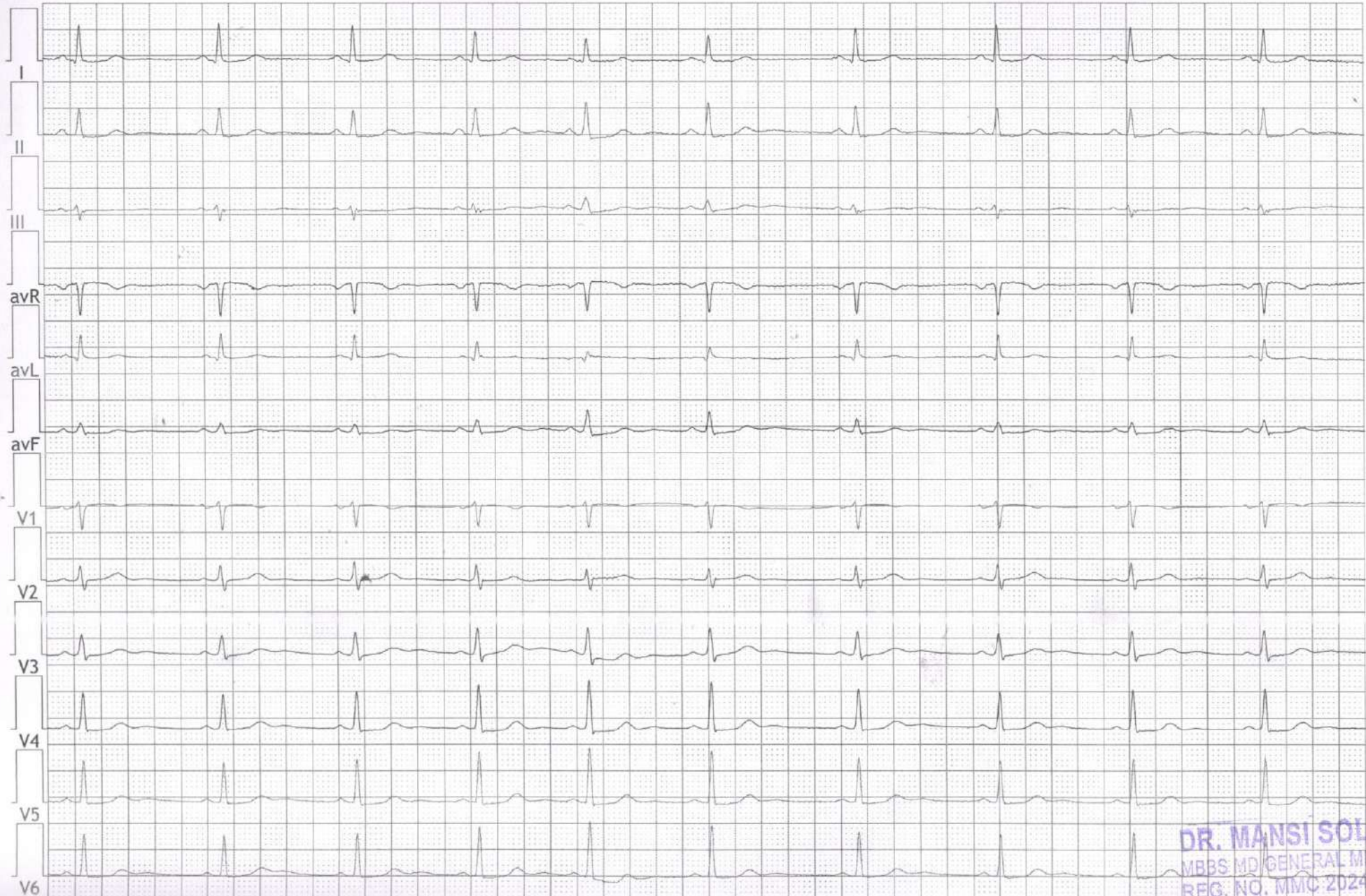
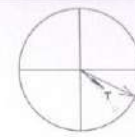
10.0 mm/mV

25 mm/Sec.









DR. MANSI SOLANKI  
MBBS MD GENERAL MEDICINE  
REG. NO. MMC 2024042065

sinus arrhythmia Mar  
complete clinically