



CID : 2432015665  
Name : MRS.MAHAJAN SHASHI BAJIRAO  
Age / Gender : 42 Years / Female  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO**

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	12.2	12.0-15.0 g/dL	Spectrophotometric
RBC	4.20	3.8-4.8 mil/cmm	Elect. Impedance
PCV	35.8	36-46 %	Measured
MCV	85	80-100 fl	Calculated
MCH	28.9	27-32 pg	Calculated
MCHC	34.0	31.5-34.5 g/dL	Calculated
RDW	14.9	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	5780	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	34.8	20-40 %	
Absolute Lymphocytes	2000.0	1000-3000 /cmm	Calculated
Monocytes	8.0	2-10 %	
Absolute Monocytes	460.0	200-1000 /cmm	Calculated
Neutrophils	53.9	40-80 %	
Absolute Neutrophils	3110.0	2000-7000 /cmm	Calculated
Eosinophils	3.2	1-6 %	
Absolute Eosinophils	190.0	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	10.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	211000	150000-400000 /cmm	Elect. Impedance
MPV	8.3	6-11 fl	Calculated
PDW	14.5	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR                      **31**                      2-20 mm at 1 hr.                      Sedimentation

**Clinical Significance:** The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

**Interpretation:**

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

**Limitations:**

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

**Reflex Test:** C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

**Reference:**

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West

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



*Bmhasakar*

**Dr.KETAKI MHASKAR**  
**M.D. (PATH)**  
**Pathologist**



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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	91.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase

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

GLUCOSE (SUGAR) PP, Fluoride Plasma PP	89.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
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Note: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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*Bmhasakar*

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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO  
KIDNEY FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	29.8	12.8-42.8 mg/dl	Kinetic
BUN, Serum	13.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.63	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	114	(ml/min/1.73sqm) 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	Calculated

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation

TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.2	1 - 2	Calculated
URIC ACID, Serum	3.6	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	2.4	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	8.8	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	140	135-148 mmol/l	ISE
POTASSIUM, Serum	4.2	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	104	98-107 mmol/l	ISE

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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO**  
**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	116.9	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 \*\*\*



*J Thakker*

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



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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO**  
**EXAMINATION OF FAECES**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Colour	Brown	Brown	-
Form and Consistency	Semi Solid	Semi Solid	-
Mucus	Absent	Absent	-
Blood	Absent	Absent	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Reaction (pH)	Acidic (5.5)	-	pH Indicator
Occult Blood	Trace	Absent	Guaiaac
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Protozoa	Absent	Absent	-
Flagellates	Absent	Absent	-
Ciliates	Absent	Absent	-
Parasites	Absent	Absent	-
Macrophages	Absent	Absent	-
Mucus Strands	Absent	Absent	-
Fat Globules	Absent	Absent	-
RBC/hpf	Absent	Absent	-
WBC/hpf	Absent	Absent	-
Yeast Cells	Absent	Absent	-
Undigested Particles	Present +	-	-
Concentration Method (for ova)	No ova detected	Absent	-
Reducing Substances	-	Absent	Benedicts

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West  
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**Dr.JAGESHWAR MANDAL**  
**CHOUPAL**  
**MBBS, DNB PATH**  
**Pathologist**



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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO**  
**URINE EXAMINATION REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Transparency	Slight hazy	Clear	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Specific Gravity	1.015	1.002-1.035	Chemical Indicator
Reaction (pH)	5.0	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	3+	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
(WBC)Pus cells / hpf	8-10	0-5/hpf	
Red Blood Cells / hpf	5-6	0-2/hpf	
Epithelial Cells / hpf	6-8	0-5/hpf	
Hyaline Casts	Absent	Absent	
Pathological cast	Absent	Absent	
Calcium oxalate monohydrate crystals	Absent	Absent	
Calcium oxalate dihydrate crystals	Absent	Absent	
Triple phosphate crystals	Absent	Absent	
Uric acid crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+++	0-20/hpf	
Yeast	Absent	Absent	
Others	-		



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*Bmhasakar*

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**M.D. (PATH)**  
**Pathologist**





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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO**  
**BLOOD GROUPING & Rh TYPING**

<b>PARAMETER</b>	<b>RESULTS</b>
ABO GROUP	B
Rh TYPING	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) 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

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

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**Dr. ANUPA DIXIT**  
**M.D.(PATH)**  
**Consultant Pathologist**



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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	217.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	101.0	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	44.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	172.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	152.0	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	20.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.4	0-3.5 Ratio	Calculated

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*Bmhasakar*

**Dr.KETAKI MHASKAR**  
M.D. (PATH)  
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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO**  
**THYROID FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	5.7	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.0	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	1.15	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0 microU/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)

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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO**  
**LIVER FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.49	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.21	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.28	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.2	1 - 2	Calculated
SGOT (AST), Serum	19.0	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	14.8	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	12.7	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	65.6	35-105 U/L	Colorimetric

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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO  
 FUS and KETONES**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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

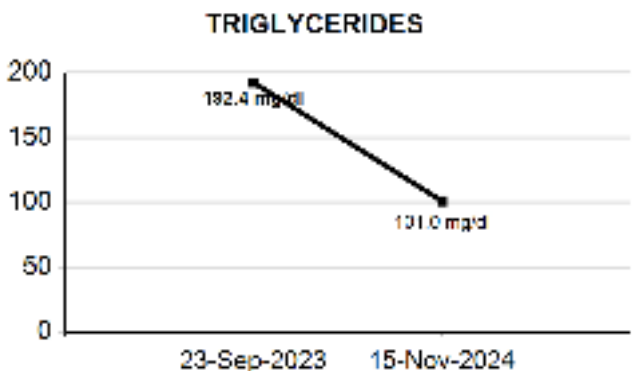
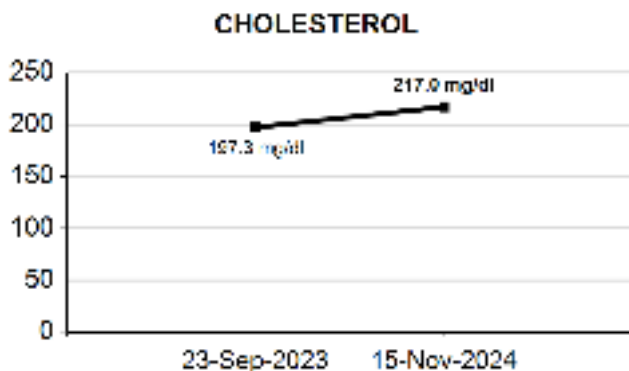
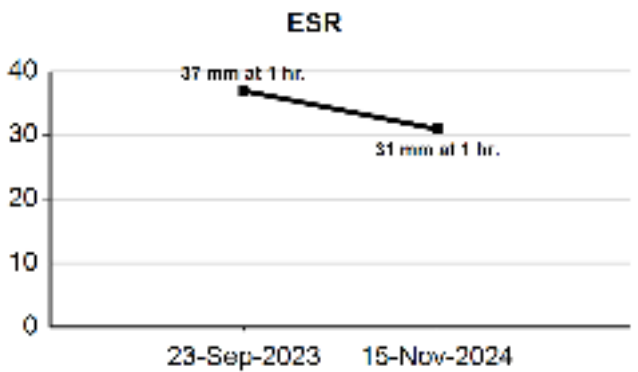
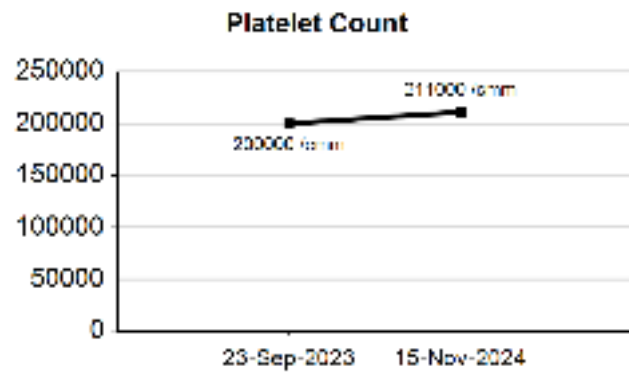
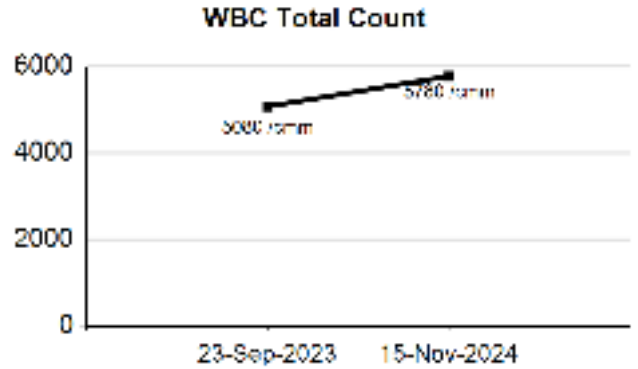
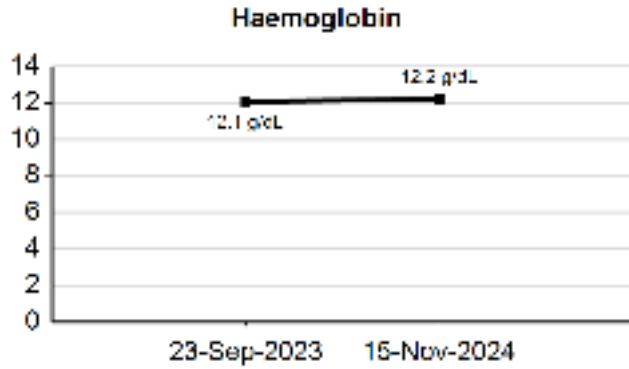


**Dr.MILLU JAIN**  
**M.D.(PATH)**  
**Pathologist**



CID : 2432015665  
 Name : MRS.MAHAJAN SHASHI BAJIRAO  
 Age / Gender : 42 Years / Female  
 Consulting Dr. : -  
 Reg. Location : Borivali West (Main Centre)

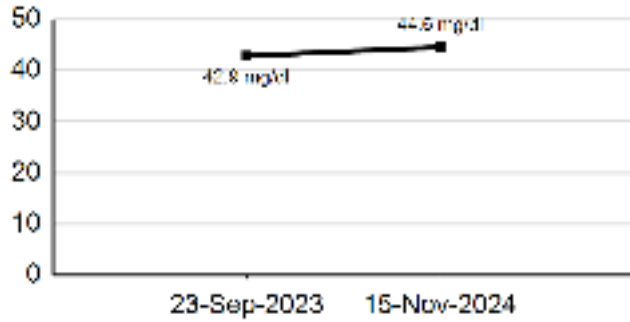
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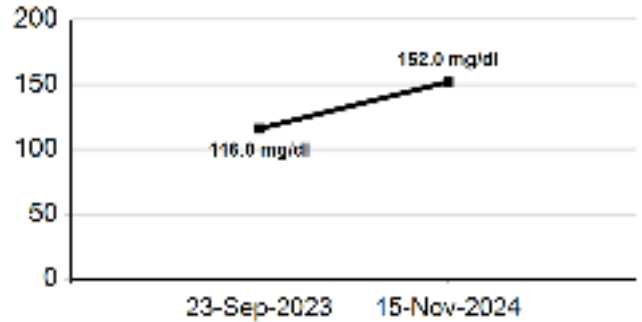
CID : 2432015665  
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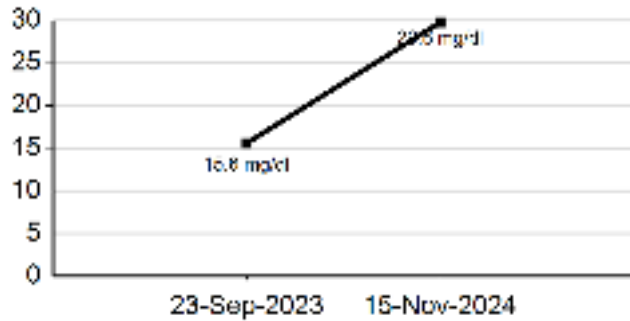
**HDL CHOLESTEROL**



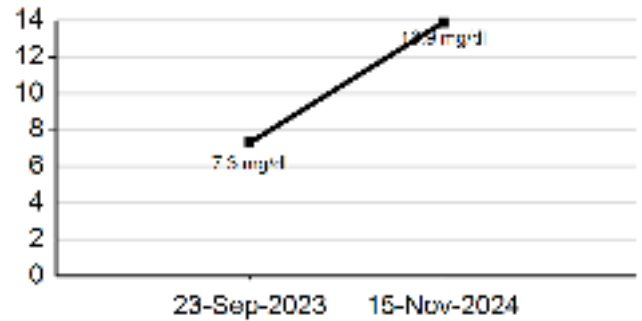
**LDL CHOLESTEROL**



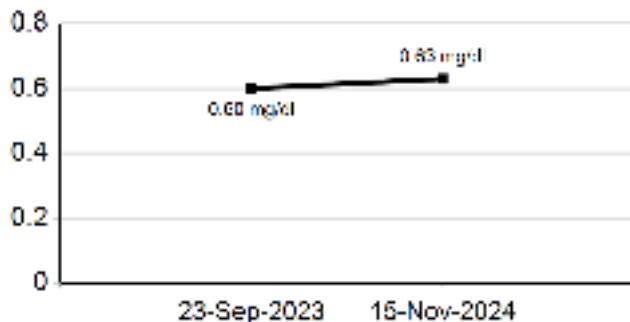
**BLOOD UREA**



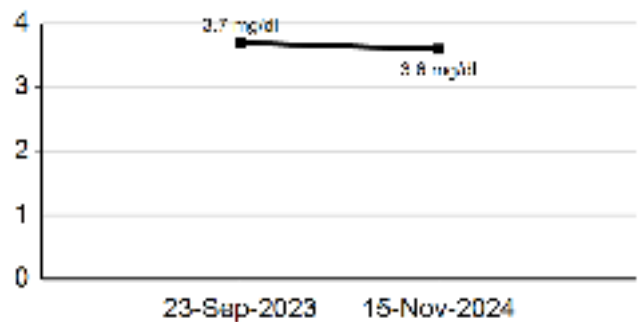
**BUN**



**CREATININE**



**URIC ACID**

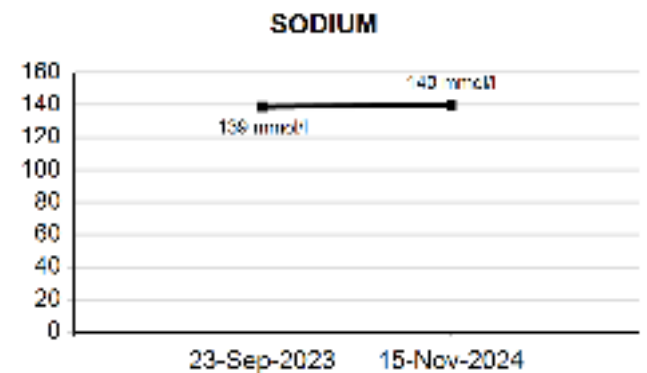
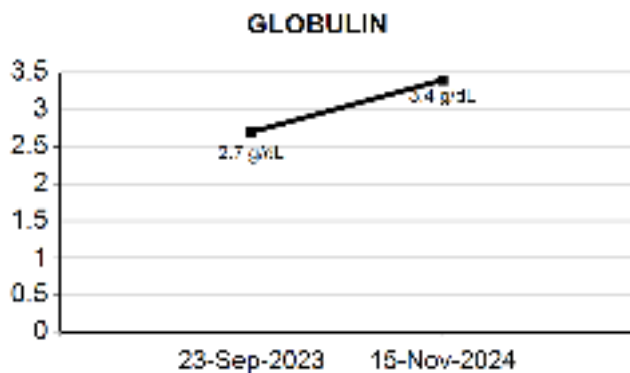
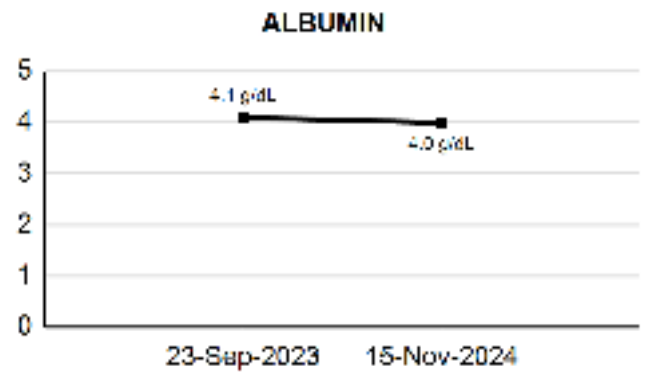
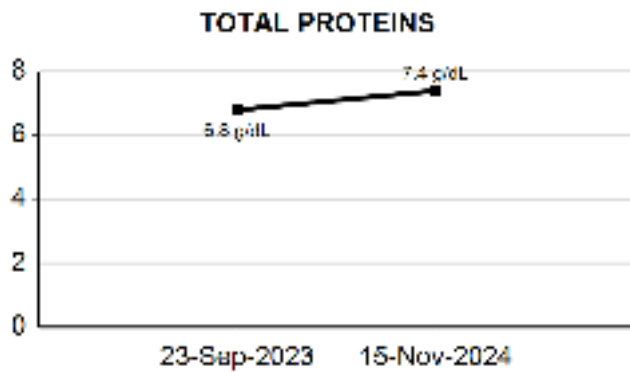
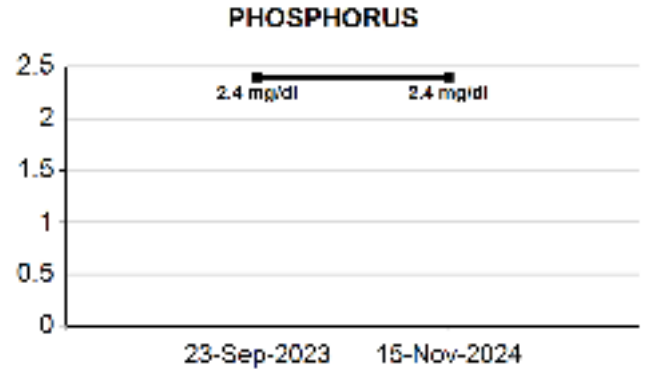
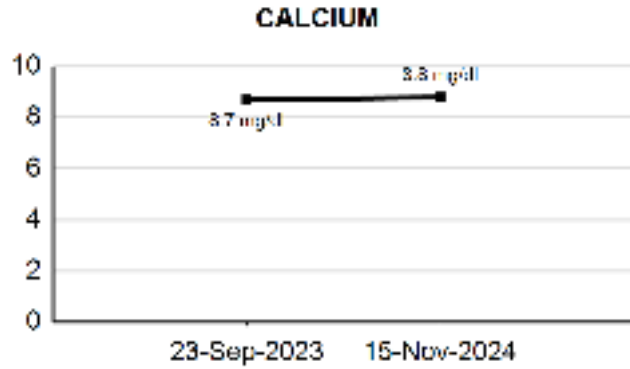






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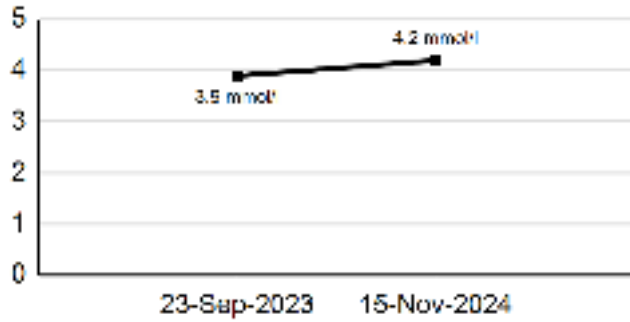




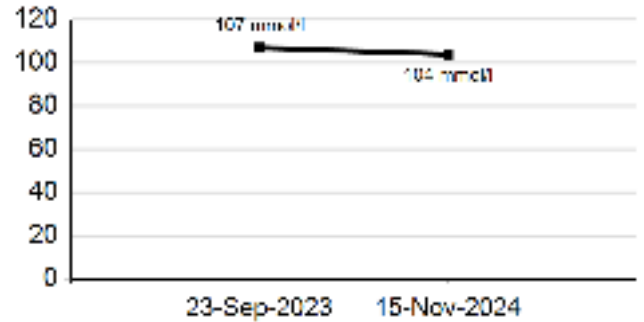
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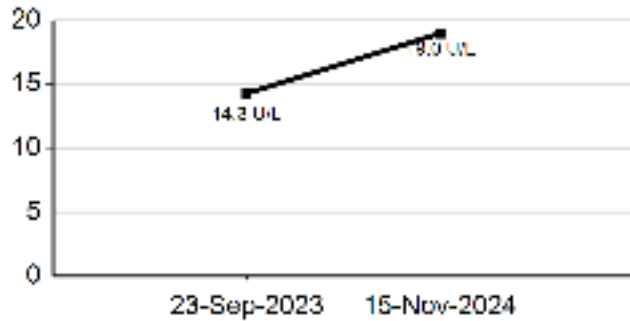
**POTASSIUM**



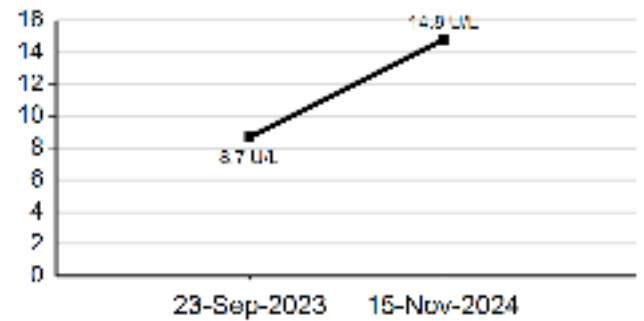
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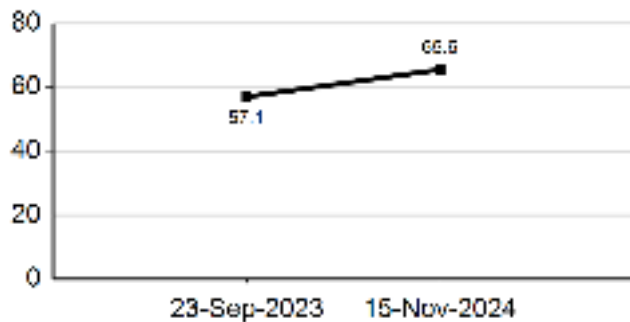
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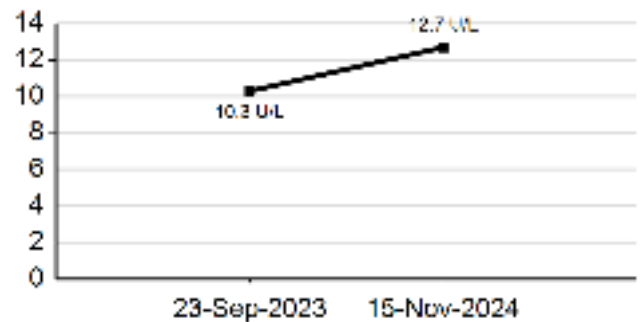
**SGPT (ALT)**



**ALKALINE PHOSPHATASE**



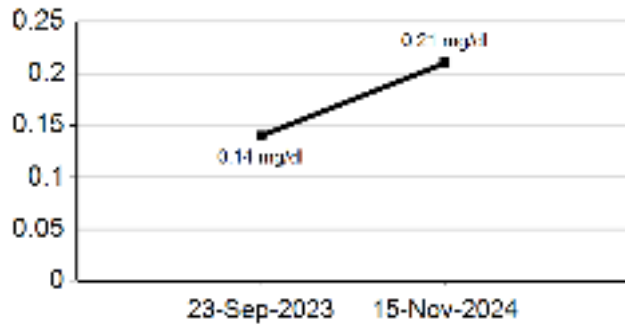
**GAMMA GT**



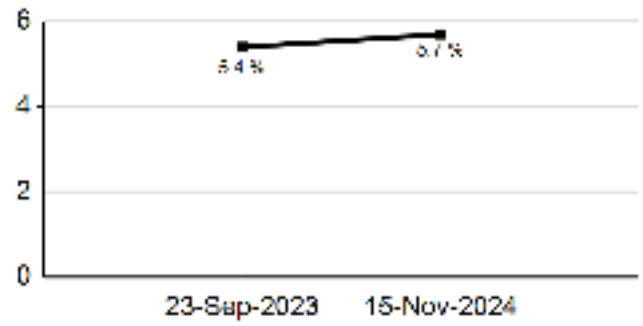
CID : 2432015665  
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 Age / Gender : 42 Years / Female  
 Consulting Dr. : -  
 Reg. Location : Borivali West (Main Centre)

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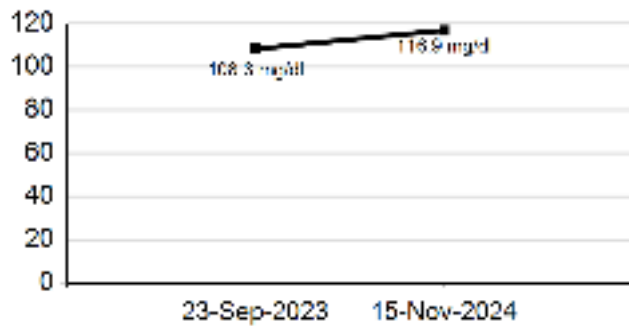
**BILIRUBIN (DIRECT)**



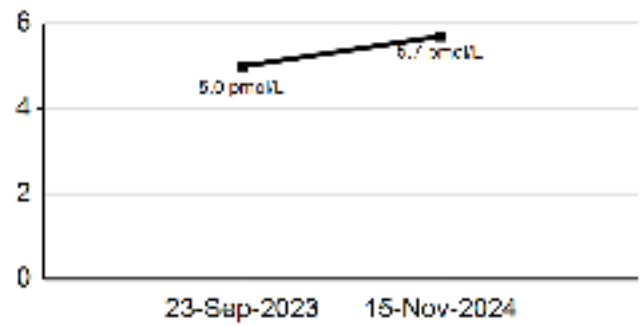
**Glycosylated Hemoglobin (HbA1c)**



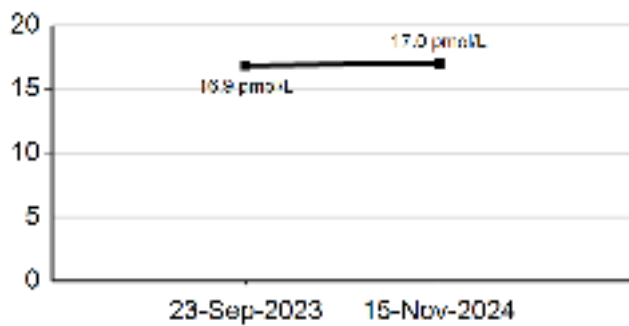
**Estimated Average Glucose (eAG)**



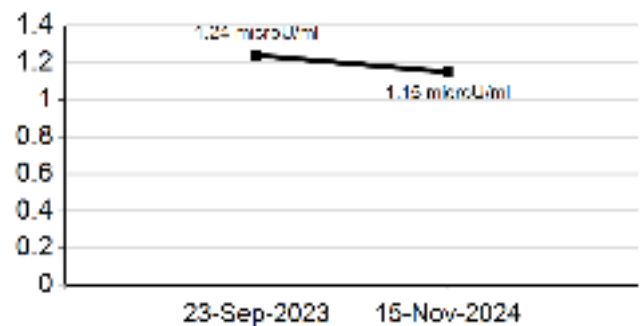
**Free T3**



**Free T4**



**sensitiveTSH**

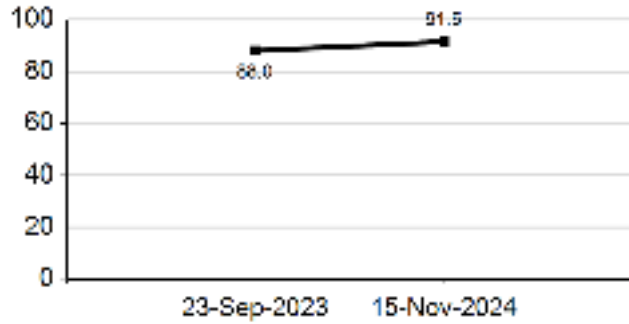




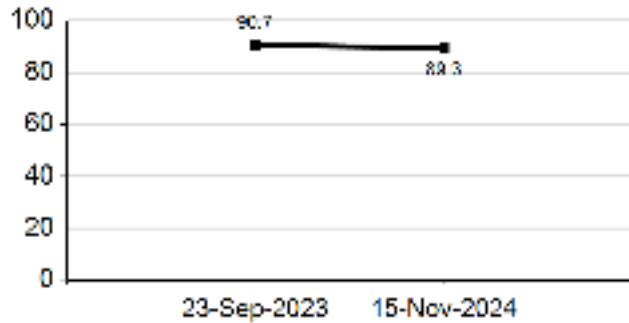
CID : 2432015665  
Name : MRS.MAHAJAN SHASHI BAJIRAO  
Age / Gender : 42 Years / Female  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

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**GLUCOSE (SUGAR) FASTING**



**GLUCOSE (SUGAR) PP**



Suburban Diagnostics (P) Pvt. Ltd,  
301 & 302, 3rd Floor, Map Elegance  
Above Tantalus, L.T. Road,  
Borivli (West), Mumbai - 400 092



भारत सरकार  
Government of India



Issue Date: 02/12/2011



शशी बाजीराव महाजन  
Shashi Bajirao Mahajan  
जन्म तिथि/DOB: 20/04/1982  
महिला/ FEMALE  
Mobile 9922415868  
3122 8752 4150  
VID : 9180 4972 3706 1943

मेरा आधार, मेरी पहचान

Serial # 00000000



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महाराष्ट्र - 401501

Address:  
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Capsule House S V Nager, Navapur Road,  
Bosar West, Khaira, Palghar,  
Maharashtra - 401501

3122 8752 4150  
VID : 9180 4972 3706 1943



1947



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Serial # 00000000

*Shashi Mahajan*



CID : 2432015665  
Name : Mrs MAHAJAN SHASHI BAJRAO  
Age / Sex : 42 Years/Female  
Ref. Dr :  
Reg. Location : Borivali West

Reg. Date  
Reported

: 15-Nov-2024  
: 15-Nov-2024 / 10:17

**USG WHOLE ABDOMEN**

**LIVER:** Liver is normal in size, shape and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any obvious focal lesion.

**GALL BLADDER:** Gall bladder is minimally distended.

(Tiny polyps/calculi may be missed due to technical limitations, sub-optimal distension of GB, adjacent gases and inter-machine variability in resolution settings)

**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.

**KIDNEYS:** Right kidney measures 8.8 x 4.2 cm. Left kidney measures 9.6 x 4.8 cm.

Both kidneys are normal in 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, normal and measures 7.6 x 3.5 x 5.0 cm. Uterine myometrium shows homogenous echotexture. Endometrium is normal in thickness and measures 5.6 mm. Cervix appears normal.

**OVARIES:** Both ovaries appear normal in size and echotexture.

The right ovary measures 2.7 x 2.1 cm.

The left ovary measures 2.4 x 1.4 cm.

Bilateral adnexa is clear.

No free fluid or obvious significant lymphadenopathy is seen.

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CID : 2432015665  
Name : Mrs MAHAJAN SHASHI BAJIRAO  
Age / Sex : 42 Years/Female  
Ref. Dr :  
Reg. Location : Borivali West

Reg. Date : 15-Nov-2024  
Reported : 15-Nov-2024 / 10:17

**Opinion:**

- No significant abnormality is detected.

***For clinical correlation and follow up.***

*Note:* Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification. Please interpret accordingly.

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

*Pranali*

**Dr. Pranali Mahale**  
**MD, Radiodiagnosis**  
**Consultant Radiologist**  
**Reg no. 2019/07/5682**

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MUMBAI OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aastin, 2<sup>nd</sup> Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.

WEST REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar West, Mumbai - 400086.

HEALTHLINE: 022-61700000 | E-MAIL: [customerservice@suburbandiagnostics.com](mailto:customerservice@suburbandiagnostics.com) | WEBSITE: [www.suburbandiagnostics.com](http://www.suburbandiagnostics.com)

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Name : Mrs MAHAJAN SHASHI BAJIRAO  
Age / Sex : 42 Years/Female  
Ref. Dr :  
Reg. Location : Borivali West

Reg. Date : 15-Nov-2024  
Reported : 15-Nov-2024 / 13:12

**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. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. X ray is known to have inter-observer variations. Further / follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Please interpret accordingly. In case of any typographical error / spelling error in the report, patient is requested to immediately contact the centre within 7 days post which the center will not be responsible for any rectification.

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

**Dr. Pranali Mahale**  
MD, Radiodiagnosis  
Consultant Radiologist  
Reg no. 2019/07/5682

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REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | CIN No.: L74899DL19age00508671

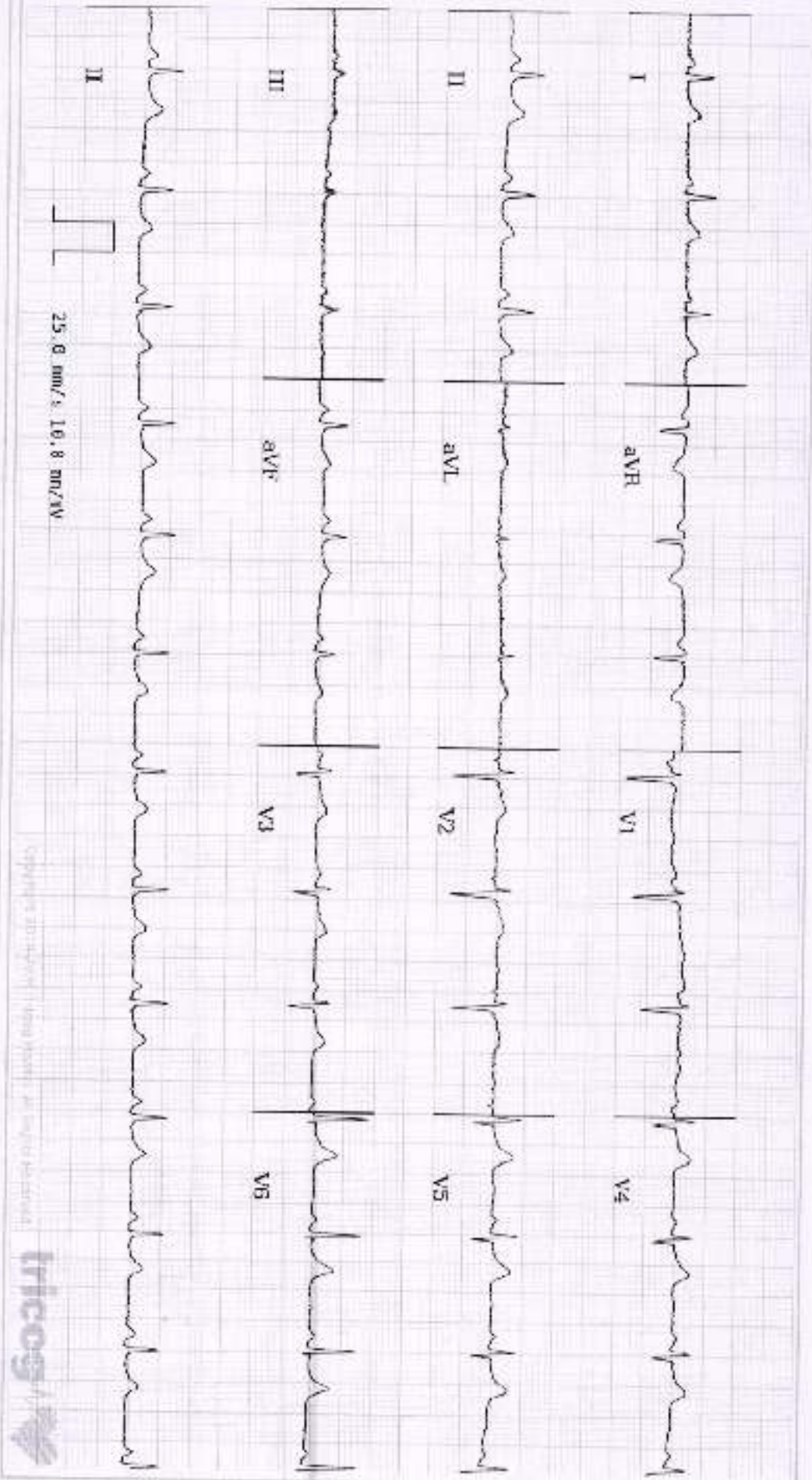
MUMBAI OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Astar, 2<sup>nd</sup> Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.

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**SUBURBAN DIAGNOSTICS - BOKRYALL WEST**  
Patient Name: MAHAJAN SHASHI BAJRAO Date and Time: 15th Nov 24 8:34 AM  
Patient ID: 2432015665



Low Voltage Complexes Sinus Rhythm. Please correlate clinically.

Disclaimer: This report is the property of Suburban Diagnostics and should be used as a reference for clinical diagnosis. Physicians are not liable for any errors or omissions. This report is not intended to be used as a substitute for a physical examination. ©2024 Suburban Diagnostics. All rights reserved.

Age: 42 years NA NA  
Gender: Female  
Heart Rate: 79bpm  
Patient Vitals  
BP: NA  
Weight: NA  
Height: NA  
Pulse: NA  
SpO2: NA  
Resp: NA  
Others: NA

Measurements  
QRSd: 66ms  
QT: 364ms  
QTcB: 417ms  
PR: 112ms  
P-R-T: 50° 50° 32°

REPORTED BY

*[Signature]*

Dr. Nisha Sankar  
M.B.B.S., M.D., D.D.V.P., D.C.CARD  
Consultant Cardiologist  
5714



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Name : Mrs MAHAJAN SHASHI BAJRAO  
Age / Sex : 42 Years/Female  
Ref. Dr :  
Reg. Location : Borivali West

Reg. Date : 15-Nov-2024  
Reported : 15-Nov-2024 / 10:09

R  
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### MAMMOGRAPHY

Bilateral mammograms have been obtained a low radiation dose film screen technique in the cranio-caudal and oblique projections. Film markers are in the axillary / lateral portions of the breasts.

Bilateral breasts are symmetrical with mixed fibroglandular pattern is noted.  
No obvious evidence of focal spiculated suspicious mass lesion.  
**Few benign calcification seen in right breast.**

No architectural distortion is seen.  
No abnormal skin thickening is seen.  
Skin and nipple shadows are normal.  
Bilateral axillary lymph nodes seen.

Sonomammography of both breasts show normal parenchymal echotexture.

#### Opinion:

**ACR BIRADS CATEGORY II.**

*Suggest: Follow up mammography after one year is suggested.  
Please bring all the films for comparison.*

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**CID** : 2432015665  
**Name** : Mrs MAHAJAN SHASHI BAJIRAO  
**Age / Sex** : 42 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Borivali West

**Reg. Date** : 15-Nov-2024  
**Reported** : 15-Nov-2024 / 10:09

**ACR BIRADS CATEGORY**

[American college of radiology breast imaging reporting and data system].

- I Negative                      IV Suspicious (Indeterminate).  
II Benign finding            V Highly suggestive of malignancy.  
III Probably benign finding.

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

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. Mammography is known to have inter-observer variations. False negative rate of Mammography is approximately 10 %. Management of palpable abnormality must be based on clinical grounds. Further / Follow-up imaging may be needed in some case for confirmation of findings Please interpret accordingly. Patient has been explained in detail about the Mammography findings and limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification. If you detect any lump or any other change in the breast before your next screening, consult your doctor immediately.

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

*Pranali*

**Dr. Pranali Mahale**  
**MD, Radiodiagnosis**  
**Consultant Radiologist**  
**Reg no. 2019/07/5682**

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# SUBURBAN DIAGNOSTICS PVT. LTD.

Name: SHASHI MAHAJAN

Date: 15-11-2024 Time: 08:49

## Interpretation

The Patient Exercised according to Bruce Protocol for 0:08:33 achieving a work level of 9.6 METS.  
Resting Heart Rate, initially 79 bpm rose to a max. heart rate of 152bpm (85% of Predicted Maximum Heart Rate).  
Resting Blood Pressure of 120/80 mmHg, rose to a maximum Blood Pressure of 150/80 mmHg.

Good Effort tolerance  
Normal HR & BP Response  
No Angina or Arrhythmias  
No Significant ST-T Change Noted During Exercise

Impression:

Stress test Negative for Stress inducible ischaemia.

Disclaimer:

Negative stress test does not rule out ischemic heart disease and visa versa. Clinical complaints are important

Suburban Diagnostics Pvt. Ltd.  
30/11/2024  
Atul  
B...

*Sneha Shetty*  
**Dr. Sneha Shetty**  
MBBS, PGDCC

CRITICAL CARE CARDIOLOGY VANE

Reg. No. 2008/03/0660

Ref. Doctor: ---

Schiller Cardiovit CS-20 Version 3.6

**SUBURBAN DIAGNOSTICS PVT. LTD.**

**Name: SHASHI MAHAJAN**

Date: 15-11-2024 Time: 08:49

Age: 42

Gender: F

Height: 151 cms

Weight: 56 Kg

ID: 2432015665

Clinical History: NIL

Medications: NIL

**Test Details:**

Protocol: Bruce

Predicted Max HR: 178

Target HR: 151 (85% of Pr. MHR)

Exercise Time: 0:08:33

Achieved Max HR: 152 (85% of Pr. MHR)

Max BP: 150/80

Max BP x HR: 22800

Max Mets: 9.6

Test Termination Criteria:

**Protocol Details:**

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	00:10	1	0	0	79	120/80	9480	-0.1 II	-2.2 II
Standing	00:15	1	0	0	82	120/80	9840	-0.2 II	-2.3 II
Hyper-Ventilation	00:08	1	0	0	82	120/80	9840	0.3 V4	-0.2 II
PreTest	00:06	1	1.5	0	82	120/80	9840	0.3 V2	-0.2 II
Stage 1	00:00	4.7	2.7	10	102	120/80	12240	-0.3 aVF	-0.2 II
Stage 2	01:00	9.6	4	12	124	130/80	16120	-0.4 II	-0.2 II
Peak Exercise	02:53	9.6	5.5	14	152	140/80	21280	-0.6 II	-0.2 II
Recovery1	01:00	1	0	0	121	150/80	18150	0.5 V5	0.2 V3
Recovery2	01:00	1	0	0	101	150/80	15150	-0.3 III	0.2 V5
Recovery3	01:00	1	0	0	99	130/80	12870	-0.3 II	-0.1 II
Recovery4	00:59	1	0	0	96	130/80	12480	-0.2 aVR	0.1 I

SHASHI MAHAJAN (42 F)

SUBURBAN DIAGNOSTICS PVT. LTD.

Basic Protocol  
ST1 (Std) (mV) ST1 Slope (mV/s)

ID: 24120 5665  
Stage: Supine

Date: 15-11-2024  
Speed: 0 km/h

Exec Time: 0:00:00  
Slope: 0%

Stage Time: 00:10  
HR: 151 bpm

HR: 79 bpm  
52% of HR  
HR: 120-80 from Pz  
ST1 (Std) (mV) ST1 Slope (mV/s)

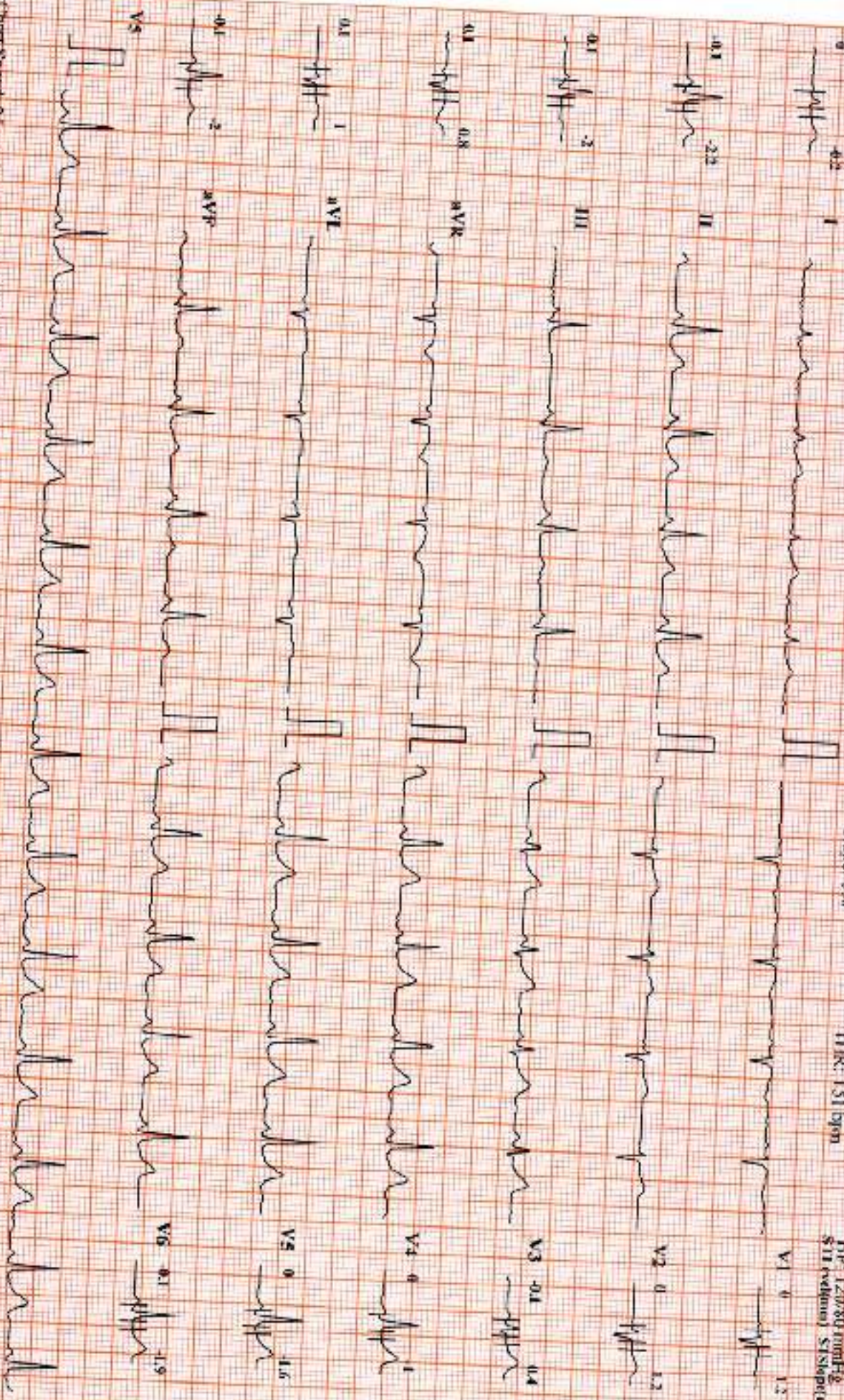


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Paper: 35 Hz  
Main Filter: ON

SO - K - 60 ms, J - K1 - 50 ms, Pz - J - 1 + 60 ms

SHASHI MAHAJAN (42 F)

SUBURBAN DIAGNOSTICS PVT. LTD.

Druse Protocol

ID: 243205665

Date: 15-11-2022

Exec Time: 0:00:50

Step Time: 00:13

HR: 82 bpm

Sys of TRR

HR: 120/86 mmHg

STace(Imm) STISlope(V%):

Stage: Standing

Speed: 0

Slope: 0 %

THR: 151 bpm

STace(Imm) STISlope(V%):



I



V1 0 12



II



V2 01 12



III



V3 01 14



aVR



V4 0 11



aVL



V5 0 16



aVF



V6 0 15



V5



V5 0 15

Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Warm Filter ON

ECG - R: 60 ms, I - R: 60 ms, P: 120 ms, QRS: 60 ms

SHASHI MAHAJAN (42 F)

SUBURBAN DIAGNOSTICS PVT. LTD.

Pace Protocol  
SINUS (min) SINUS (max)

ID: 2432615665  
Date: 15-11-2024  
Stage: HyperVentilation Speed: 0

Exec Time: 6:00:08  
Slope: 0 %  
Sage Time: 00:08  
THR: 15 bpm

HR: 82 bpm  
44% of THR  
BP: 120/84 mmHg  
SINUS (min) SINUS (max)



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Manus Filter: ON

ECG - R - 60ms, -R + 60ms, Post I - 50ms



**SHASHI MAHAJAN (42 F)**

**SUBURBAN DIAGNOSTICS PVT. LTD.**

Bruce Protocol  
ST1 Lead (mm) STS Slope (mV/s)

ID: 2432015663  
Stage: 1

Date: 13-11-2024  
Speed: 2.7 kmph

Exec Time: 0:03:00  
Speed: 10 %

Stage Time: 03:00  
THR: 151 bpm

**HR: 102 bpm**  
0.05 of THR  
BP: 130/80 mmHg  
ST1 Lead (mm) STS Slope (mV/s)



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter ON

ISO: R: 62ms, P-R: 89ms, T: 7-60ms

SIASHI MAHAJAN (42 F)

SUBURBAN DIAGNOSTICS PVT. LTD.

Trace Protocol  
STI (eek/mu) STISlope(V%)

ID: 2432015665  
Stage: 1

Date: 15-11-2024  
Speed: 4 kmph

Exec Time: 0:05:00  
Slope: 12 %

Stage Time: 03:00  
THR: 151 bpm

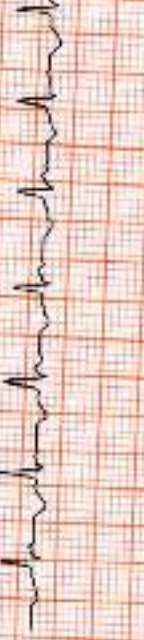
HR: 124 bpm  
82% of THR  
BP: 130/80 mmHg  
STI (eek/mu) STISlope(V%)

0 I



V1 0 02

-01 II



V2 02 04

-03 III



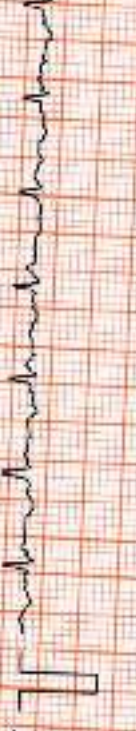
V3 04 0

01 aVR



V4 04 0

02 aVL



V5 04 0

-05 aVF



V6 04 0

VS



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz

Mains Filter: ON

ISO: R-60ms, P-R-T-60ms, Post J-150ms

Seahor Cardioport CS 20 Version 2.3

SHASHI MAHAJAN (42 F)

SL BURBAN DIAGNOSTICS PVT. LTD.

Branch: Practical  
STL:evlennr STL:supennv/va

ID: 2432015665

Date: 15-11-2024

Exec Time: 0:08.33

Sage Time: 02:33

HR: 152 bpm

101% of HR

BP: 140/80 mmHg

STL:evlennr STL:supennv/va

Stage: 3 Peak Exercise

Speed: 5.5 kmph

Slope: 14 %

IHR: 151 bpm

0 I



V1 64 0.1

0.6 II



V2 63 0.1

0.6 III



V3 64 0

0.1 aVR



V4 63 0.2

0.2 aVL



V5 63 0

0.6 aVF



V6 63 0.1

V5



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 0.5 Hz

Matias Filter: ON

SO - R - 50 ms, J - R - 60 ms, P - J - 1 + 60 ms

SHASHI MAHAJAN (42 F)

SUBURBAN DIAGNOSTICS PVT. LTD.

Brace Englewood  
STLewski(mn) SFSig(mn)V5)

ID: 2432015665  
Stage: Recovery/1

Date: 15-11-2024  
Speed: 0 kmph

Exec Time: 00:00  
Slope: 0 %

Stage Time: 01:00  
THR: 151 bpm

HR: 121 bpm  
60% of THR  
BP: 150/80 mmHg  
STLewski(mn) SFSig(mn)V5)

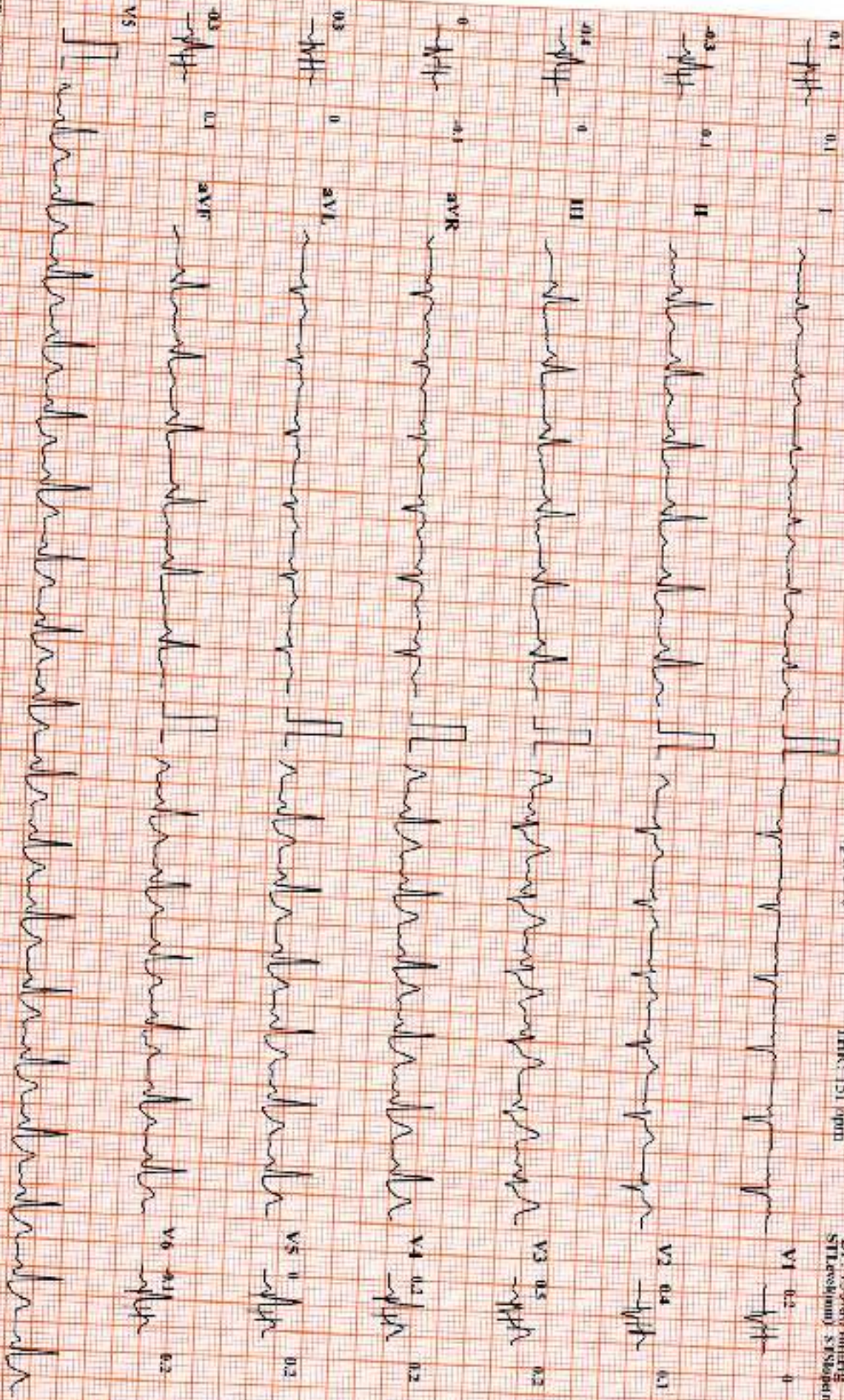


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Matrix Filter: ON

ISO - R : 60 ms, J - R : 60 ms, P-Q-T : 60 ms

**SHASHI MAHAJAN (42 F)**

**SUBURBAN DIAGNOSTICS PVT. LTD.**

Biased Preprocessed

ID: 2432015665

Date: 15-11-2024

Exec Time: 00:00

Stage Time: 01:00

**HR: 101 bpm**  
67% of HR  
BP: 150/80 mmHg  
STT: (normal) STSlope: (v/9)

STT: (normal) STSlope: (v/9)

Stage: Recovery 2

Speed: 0 kmph

Slope: 0 %

IHR: 151 bpm

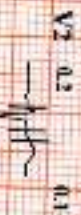
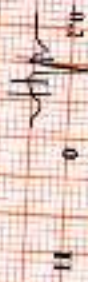


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Main Filter: ON

ISO - R - 50 ms, I - R + 50 ms, Post - J + 50 ms

Sealiter Cardios PCCS-20 Version 2.0

SHASHI MAHAJAN (42 F)

SUBURBAN DIAGNOSTICS PVT. LTD.

Brace Protocol  
STLover(arm) STStlope(mV/s)

ID: 2432015663  
Stage: Recovery 3

Date: 15-11-2024  
Speed: 0 kmph

Exec Time: 00:00  
Slope: 0 %

Sage Time: 01:00  
THR: 151 bpm

HR: 99 bpm  
60% cTTER  
BP: 130/80 mmHg  
STLover(arm) STStlope(mV/s)

0 0 1



V1 0.1 0

0.3 0.1 II



V2 0.1 0.1

0.2 0.1 III



V3 0 0.3

0 0 aVR



V4 0.3 0.1

0.1 0.1 aVL



V5 0.1 0

0.3 0.1 aVF



V6 0.2 0

V5



Chart Speed: 25 mm/s/sec

Amplitude: 10mm/mV

Filter: 35 Hz Noise Filter: ON

ECG-R: 30 ms P-R+60 ms Total 7+1 = 66 ms

**SHASHI MAHAJAN (42 F)**

**STURBAN DIAGNOSTICS PVT. LTD.**

Brush Protocol

ID: 2432015665

Date: 13-11-2024

Exec Time: 00:00

Stage Time: 00:09

**HR: 96 bpm**

64% of TIK

130/80 mmHg

STI esd(mv) STISlope(mV/s)

STLead(mv) STISlope(mV/s)

Stage Recovery

Speed: 0 kmph

Slope: 0%

HR: 15 bpm

