



CID : 2334709533
Name : MRS.SIRISHA KARRI
Age / Gender : 26 Years / Female
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 13-Dec-2023 / 09:59
Reported : 13-Dec-2023 / 12:08

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Application To Scan the Code

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	14.0	12.0-15.0 g/dL	Spectrophotometric
RBC	4.25	3.8-4.8 mil/cmm	Elect. Impedance
PCV	40.6	36-46 %	Measured
MCV	96	80-100 fl	Calculated
MCH	32.9	27-32 pg	Calculated
MCHC	34.4	31.5-34.5 g/dL	Calculated
RDW	11.7	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7980	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	31.5	20-40 %	
Absolute Lymphocytes	2513.7	1000-3000 /cmm	Calculated
Monocytes	7.2	2-10 %	
Absolute Monocytes	574.6	200-1000 /cmm	Calculated
Neutrophils	58.7	40-80 %	
Absolute Neutrophils	4684.3	2000-7000 /cmm	Calculated
Eosinophils	2.4	1-6 %	
Absolute Eosinophils	191.5	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	16.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	275000	150000-400000 /cmm	Elect. Impedance
MPV	7.9	6-11 fl	Calculated
PDW	12.8	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
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 **30** 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 ***





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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	93.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	123.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.6	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.3	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.30	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	20.3	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	14.4	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	12.1	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	70.8	35-105 U/L	Colorimetric
BLOOD UREA, Serum	16.0	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.5	6-20 mg/dl	Calculated
CREATININE, Serum	0.64	0.51-0.95 mg/dl	Enzymatic



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eGFR, Serum	125	(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 Borivali Lab, Borivali West
*** End Of Report ***



Bmhasakar

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



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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	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	111.1	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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Reported : 13-Dec-2023 / 15:11

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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)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<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	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	
Others	-		

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 Borivali Lab, Borivali West
*** End Of Report ***





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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 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
*** End Of Report ***



Dr. Vrushi Shroff

Dr.VRUSHALI SHROFF
M.D.(PATH)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	192.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	192.0	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	38.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	153.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	116.0	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	37.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.0	0-3.5 Ratio	Calculated

*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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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	4.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.3	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	1.08	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)

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*** End Of Report ***



Bmhasakar

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



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Name : Mrs SIRISHA KARRI
Age / Sex : 26 Years/Female
Ref. Dr :
Reg. Location : Borivali West
Reg. Date : 13-Dec-2023
Reported : 13-Dec-2023 / 11:07

USG WHOLE ABDOMEN

LIVER: Liver is normal in size 14.2 cm with mild generalized increase in parenchymal echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. No obvious wall thickening is noted. There is no evidence of any calculus.

PORTAL VEIN: Portal vein is mm 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 9.2 x 3.9 cm. Left kidney measures 9.9 x 4.7 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 9.6 cm, 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 retroverted, normal and measures 6.5 x 4.6 x 5 cm. Uterine myometrium shows homogenous echotexture. Endometrium is normal in thickness and measures 6.8 mm. Cervix appears normal.

OVARIES: Both ovaries appear normal in size and echotexture.

The right ovary measures 2.5 x 2.3 cm

The left ovary measures 2.2 x 2.6 cm

Bilateral adnexa is clear.

No free fluid or obvious significant lymphadenopathy is seen.



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Reported : 13-Dec-2023 / 11:07

Opinion:

Grade I fatty infiltration of liver.

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-----

DR.SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
RegNo .MMC 2016061376.



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Reg. Location : Borivali West

Reg. Date : 13-Dec-2023
Reported : 13-Dec-2023/11:46

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.

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

DR.SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
RegNo .MMC 2016061376.



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SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Name: SIRISHA KARRI **Date:** 13-12-2023 **Time:** 11:52
Age: 26 **Gender:** F **Height:** 170 cms **Weight:** 74 Kg **ID:** 2334709533
Clinical History: HYPOTHYROIDISM
Medications: T. THYRONORM 100 mcg.

Test Details:

Protocol: Bruce **Predicted Max HR:** 194 **Target HR:** 164 (85% of Pr. MHR)
Exercise Time: 0:06:01 **Achieved Max HR:** 174 (90% of Pr. MHR)
Max BP: 150/70 **Max BP x HR:** 26100 **Max Mets:** 7
Test Termination Criteria: TEST COMPLET

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	01:41	1	0	0	126	100/70	12600	-0.5 V5	-0.9 III
Standing	00:14	1	0	0	117	100/70	11700	-0.4 V5	-0.8 III
HyperVentilation	00:19	1	0	0	105	100/70	10500	-0.4 V6	-1 III
PreTest	00:28	1	1.6	0	121	100/70	12100	-0.7 V6	-1.2 III
Stage: 1	03:00	4.7	2.7	10	160	120/70	19200	-0.7 V4	1.3 V2
Stage: 2	03:00	7	4	12	174	150/70	26100	-1.4 V5	1.2 V2
Peak Exercise	00:01	6.7	5.5	14	174	150/70	26100	-1.4 V5	1.2 V2
Recovery1	01:00	1	0	0	142	140/70	19880	0.5 V2	1.4 V2
Recovery2	01:00	1	0	0	124	140/70	17360	0.4 V2	1.4 V2
Recovery3	00:10	1	0	0	125	130/70	16250	0.4 V2	1.1 V2

Interpretation

The Patient Exercised according to Bruce Protocol for 0:06:01 achieving a work level of 7 METS.
 Resting Heart Rate, initially 126 bpm rose to a max. heart rate of 174bpm (90% of Predicted Maximum Heart Rate).
 Resting Blood Pressure of 100/70 mmHg, rose to a maximum Blood Pressure of 150/70 mmHg
 Good Effort tolerance Normal HR & BP Response No Angina or Arrhymias
 No Significant ST-T Change Noted During Exercise Stress test Negative for Stress inducible ischaemia.

*Suburban Diagnostics (I) Pvt. Ltd.
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 Borivali (West), Mumbai - 400 092.*

DR. NITIN SONAVANE
 M.B.B.S.AFLH, D.DIAB, D.CARD.
 CONSULTANT-CARDIOLOGIST
 REGD. NO.: 87714

Ref. Doctor: ---

Doctor: DR. NITIN SONAVANE

SCHILLER
 The Art of Diagnostics

(Summary Report edited by User)
 Cardiovit CS-20 Version:3.4

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

SIRISHA KARRI (26 F)

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

ID: 2334709533

Date: 13-12-2023

Exec Time : 0:00:00

Stage Time: 01:41

HR: 126 bpm

Bp: 100/70 mmHg
ST1 Lead(mm) ST Slope(mV/s)

Stage: Supine

Speed: 0 km/h

Slope: 0%

THR: 164 bpm

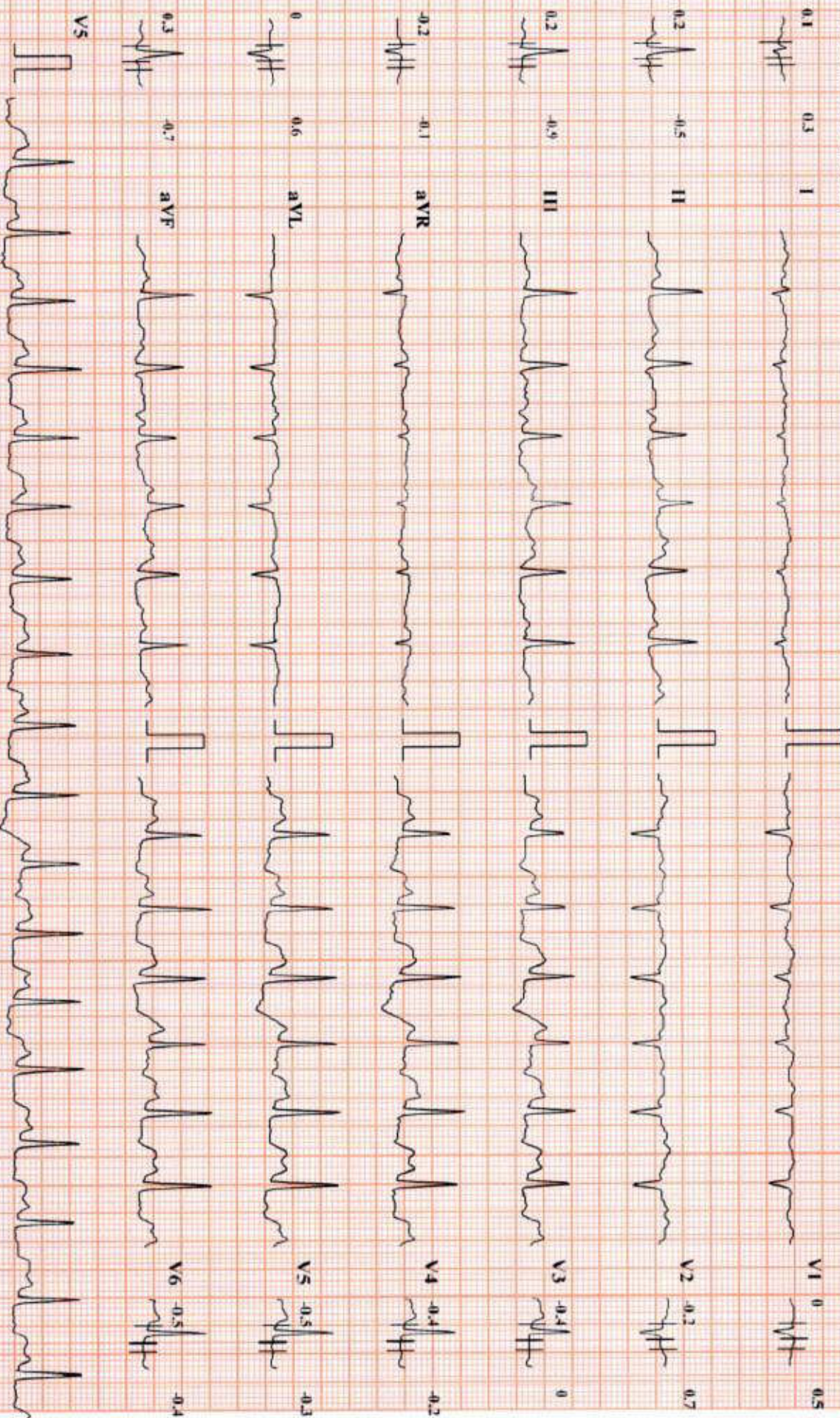


Chart Speed: 25 mm/Sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Cardiofit CS-20 Version 3.4



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

SIRISHA KARRI (26 F)

Bruce Protocol
ST1Lead(mm) ST1Slope(mV/s)

ID: 2334709533

Date: 13-12-2023

Stage: Standing

Speed: 0

Exec Time : 0:00:00

Stage Time: 00:14

THR: 164 bpm

HR: 117 bpm

BP: 100/70 mmHg
STLead(mm) ST1Slope(mV/s)

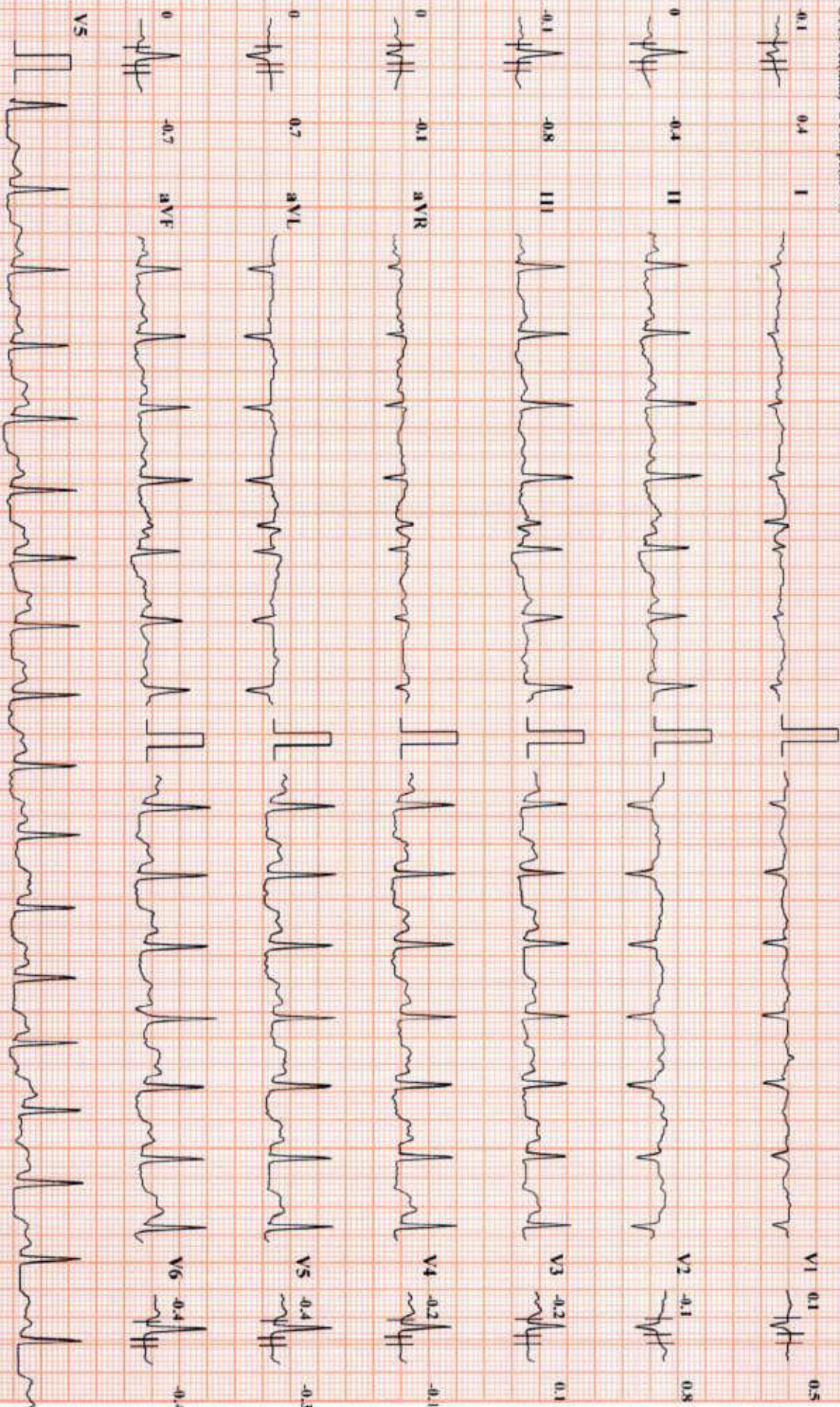


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

SIRISHA KARRI (26 F)

Brace Protocol
STI:aveI(mm) STISlope(mV/s)

ID: 2334709533
Date: 13-12-2023
Stage: HyperVentilation Speed: 0

Exec Time: 0:00:00
Slope: 0 %
Stage Time: 00:19
THR: 164 bpm

HR: 105 bpm
BP: 100/70 mmHg
STI:aveI(mm) STISlope(mV/s)

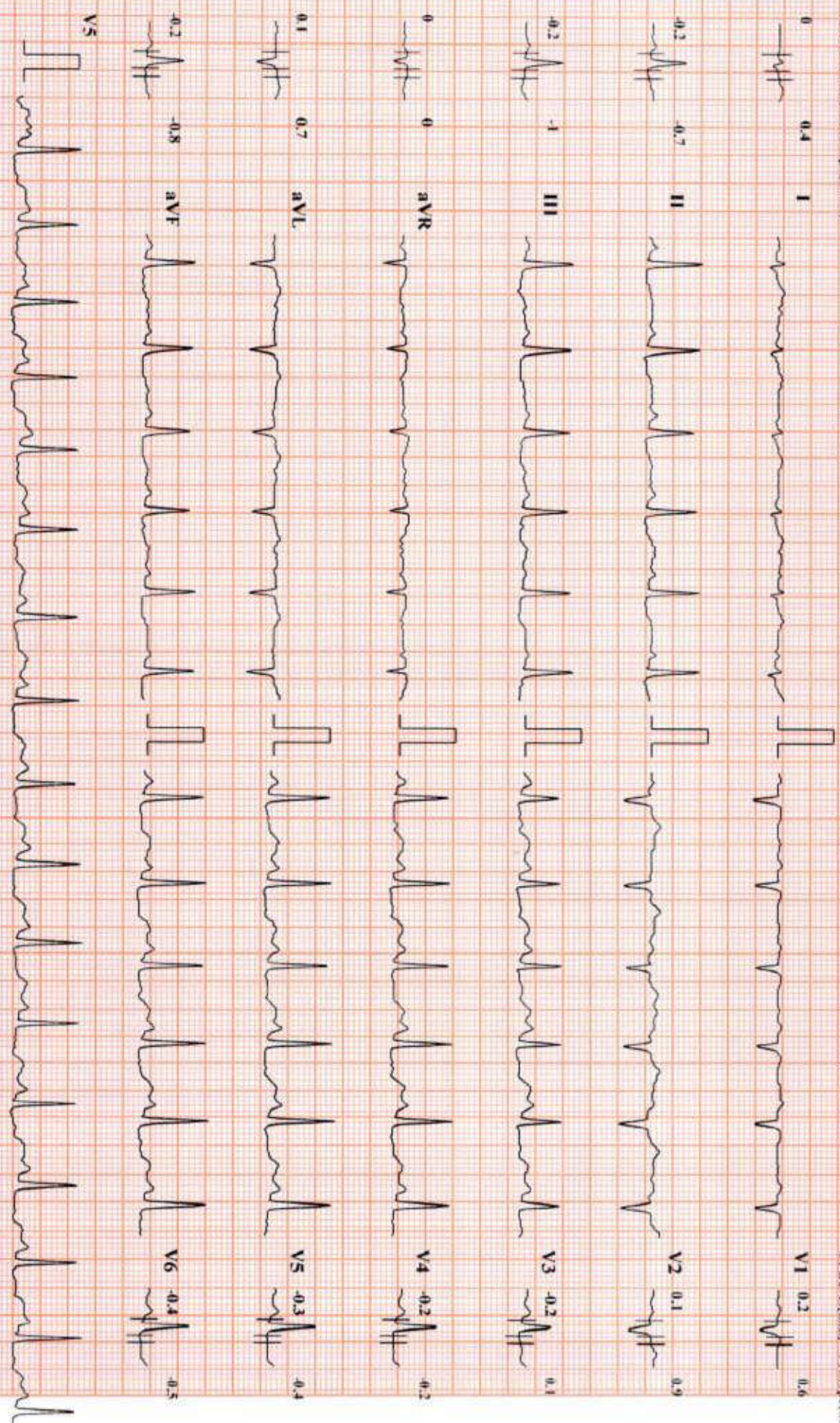


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R . 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit C5.2ii Version 3.4





SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

SIRISHA KARRI (26 F)

ID: 2334709533

Date: 13-12-2023

Exec Time : 0:03:00

Stage Time: 03:00

HR: 160 bpm

Bruce Protocol

Stage: 1

Speed: 2.7 kmph

Slope: 10 %

THR: 164 bpm

BP: 120/70 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

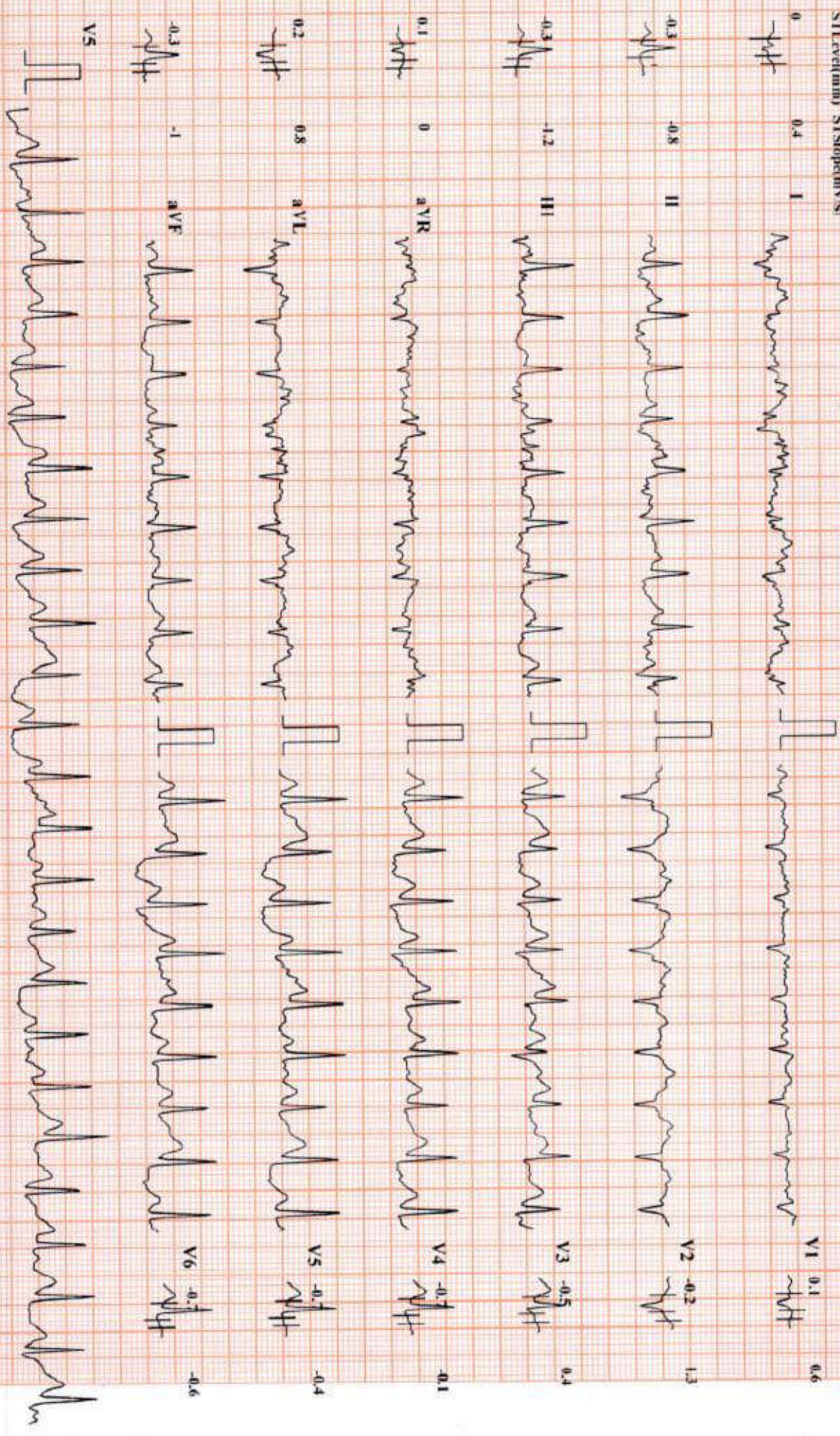


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

SIRISHA KARRI (26 F)

Brace Protocol
ST level (mm) ST Slope (mV/s)

ID: 2334709533
Stage: 2

Date: 13-12-2023
Speed: 4 kmph

Exec Time: 0:06:00
Slope: 12%

Stage Time: 03:00
THR: 164 bpm

HR: 174 bpm

BP: 150/70 mmHg
ST level (mm) ST Slope (mV/s)

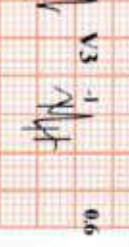
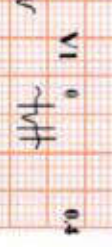
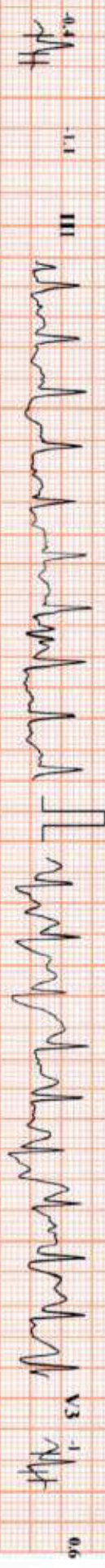


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Cardioport CS-20 Version 3.4

SUBURBAN DIANOSTICS PVT. LTD. BORIVALLI

SIRISHA KARRI (26 F)

Brace Protocol
ST(Slope/mm) ST(Slope(mV/s))

ID: 2334709533

Date: 13-12-2023

Exec Time: 0:06:01

Stage Time: 00:01

HR: 174 bpm

BP: 150/70 mmHg
ST(Slope/mm) ST(Slope(mV/s))

Stage: 3 Peak Exercise

Speed: 5.5 kmph

Slope: 14 %

THR: 164 bpm

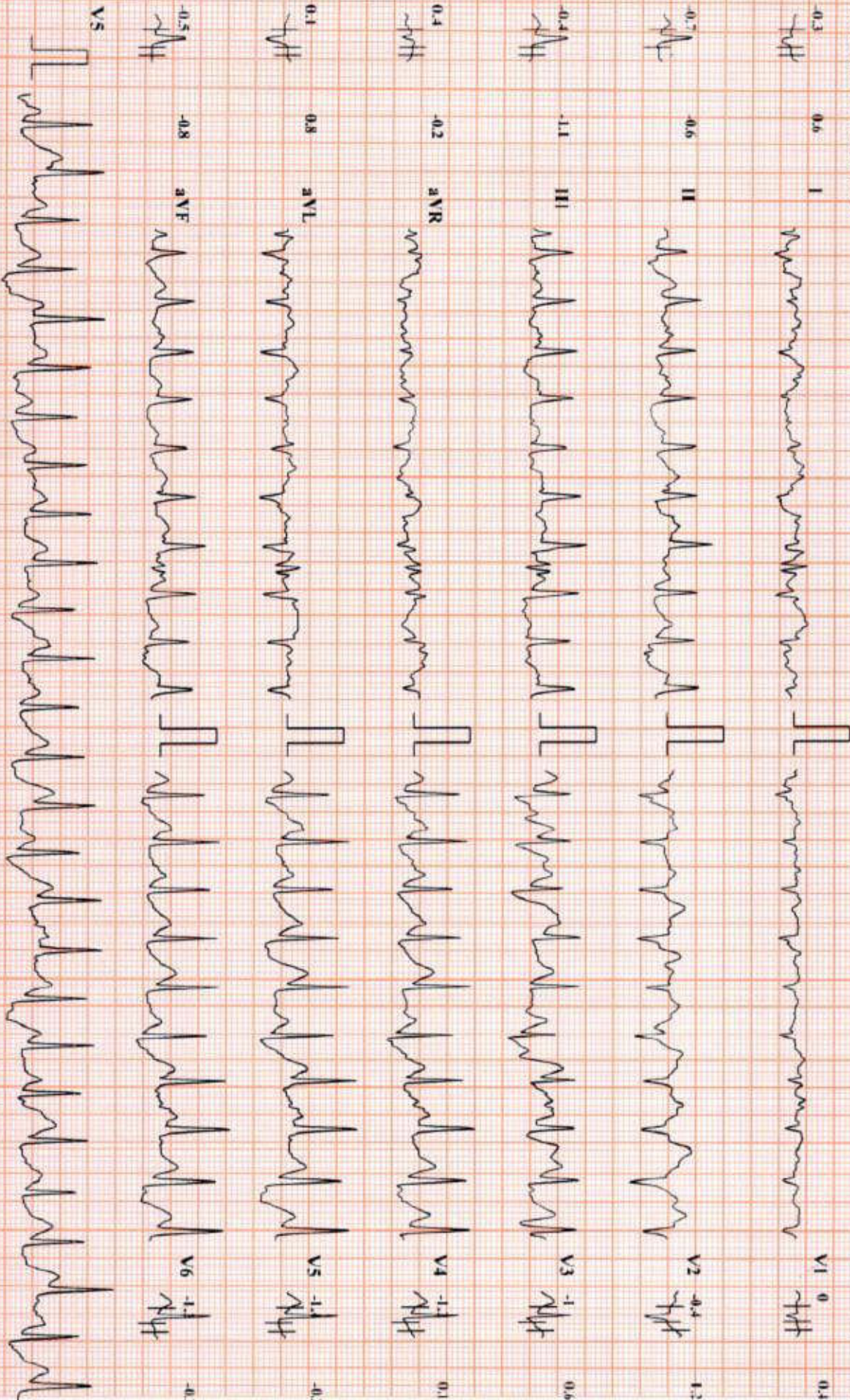


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Main Filter: ON

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

Schiller CardioNet CS-2i, Version 3.4

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

SIRISHA KARRI (26 F)

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2334709533
Stage: Recovery 1
Date: 13-12-2023
Speed: 0 kmph

Exec Time : 00:00
Slope: 0 %
Stage Time: 01:00
THR: 164 bpm

HR: 142 bpm

BP: 140/70 mmHg
STLevel(mm) STSlope(mV/s)

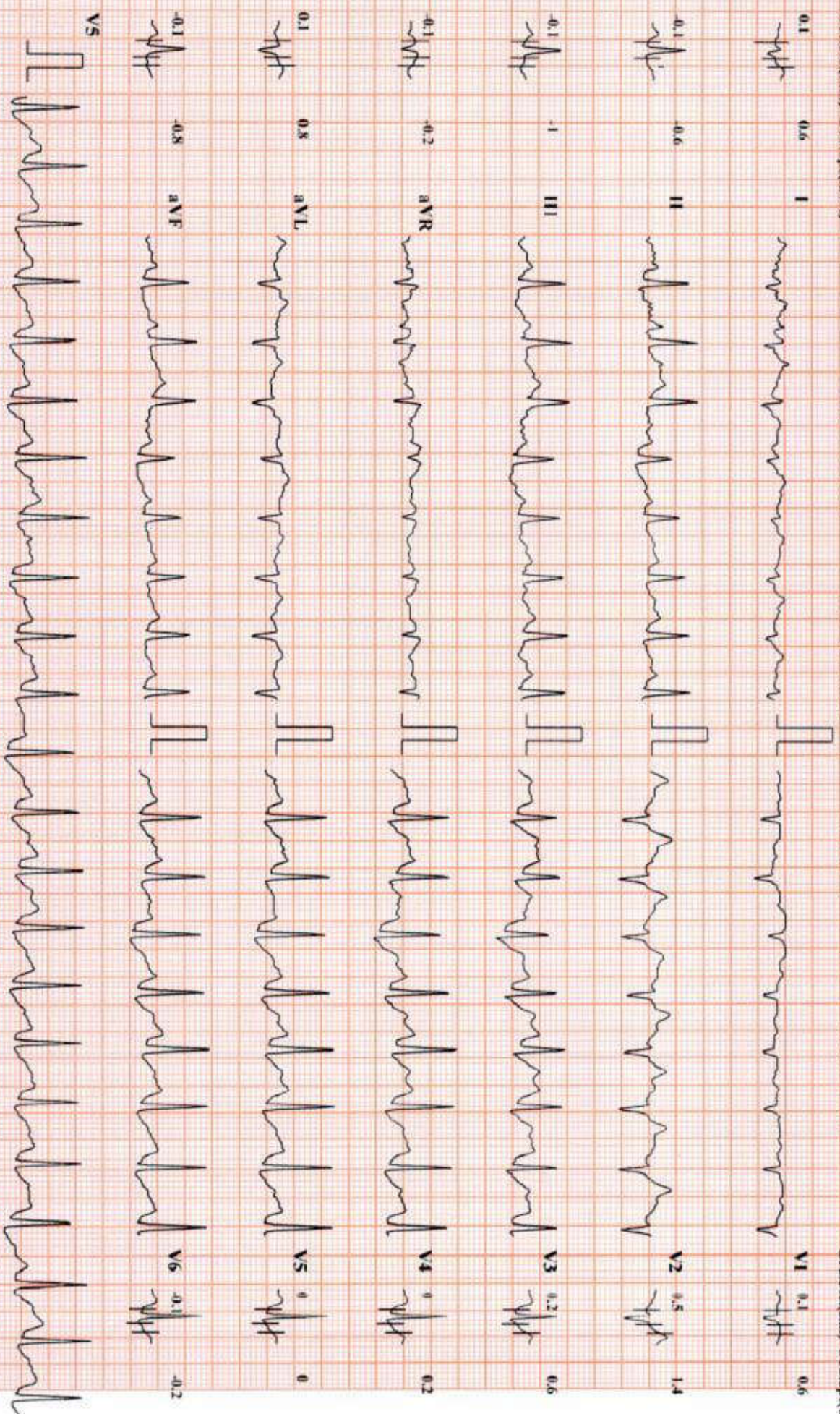


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz

Mains Filter: ON

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

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

SIRISHA KARRI (26 F)

Bruc Protocol
STLead(mm) STSlope(mV/s)

ID: 2334709533
Stage: Recovery2
Date: 13-12-2023
Speed: 0 kmph

Exec Time : 00:00
Slope: 0 %
Stage Time: 01:00
THR: 164 bpm

HR: 124 bpm
BP: 140/70 mmHg
STLead(mm) STSlope(mV/s)

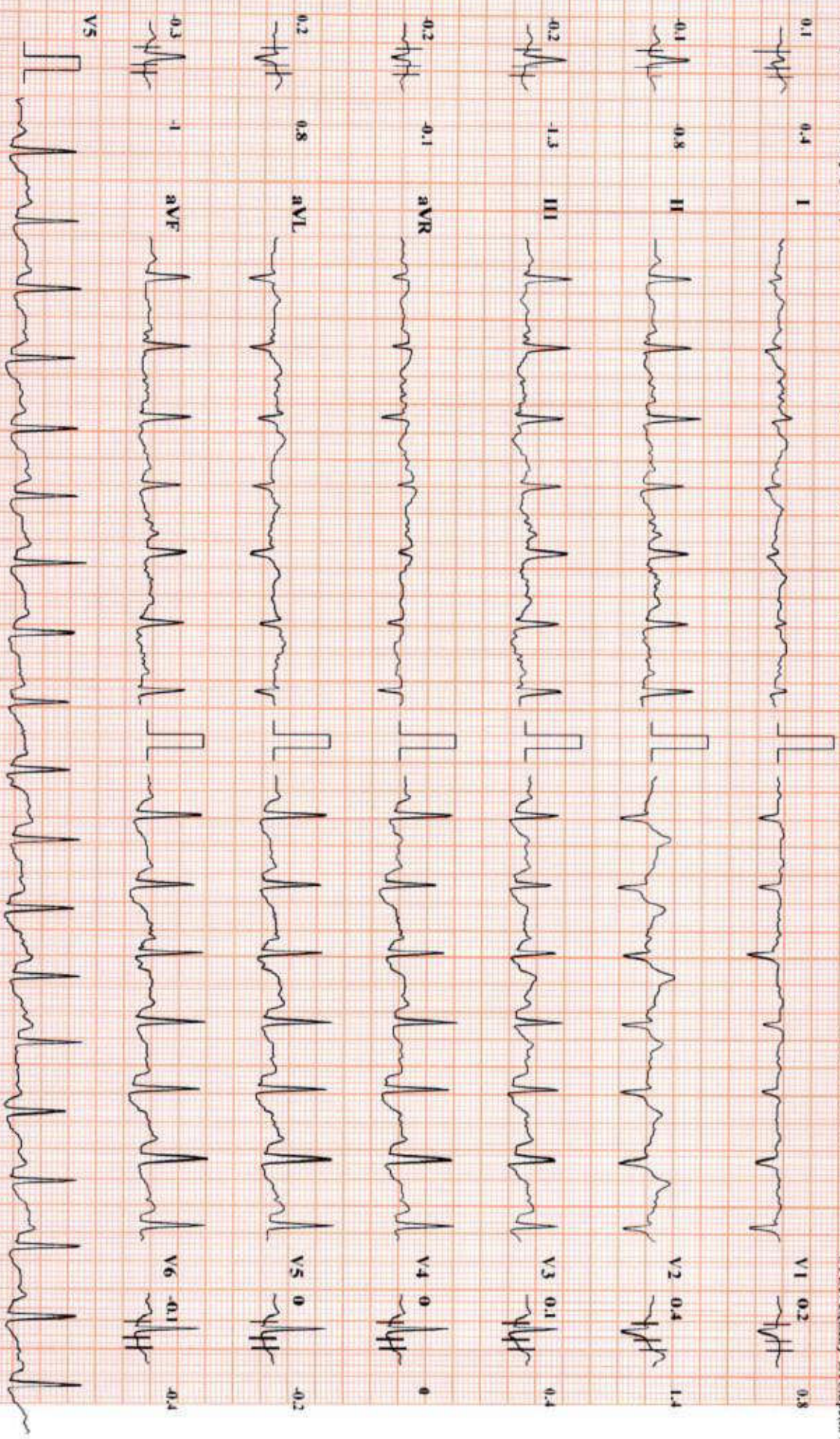


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Cardio4(CS-20) Version 3.4

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

SIRISHA KARRI (26 F)

HR: 125 bpm

Brace Protocol
ST1: evel(mm) ST1Slope(mV/s)

ID: 2334709533
Stage: Recovery3

Date: 13-12-2023
Speed: 0 kmph

Exec Time : 00:00
Slope: 0 %

Stage Time: 00:07
THR: 164 bpm

BP: 130/70 mmHg
ST1: evel(mm) ST1Slope(mV/s)

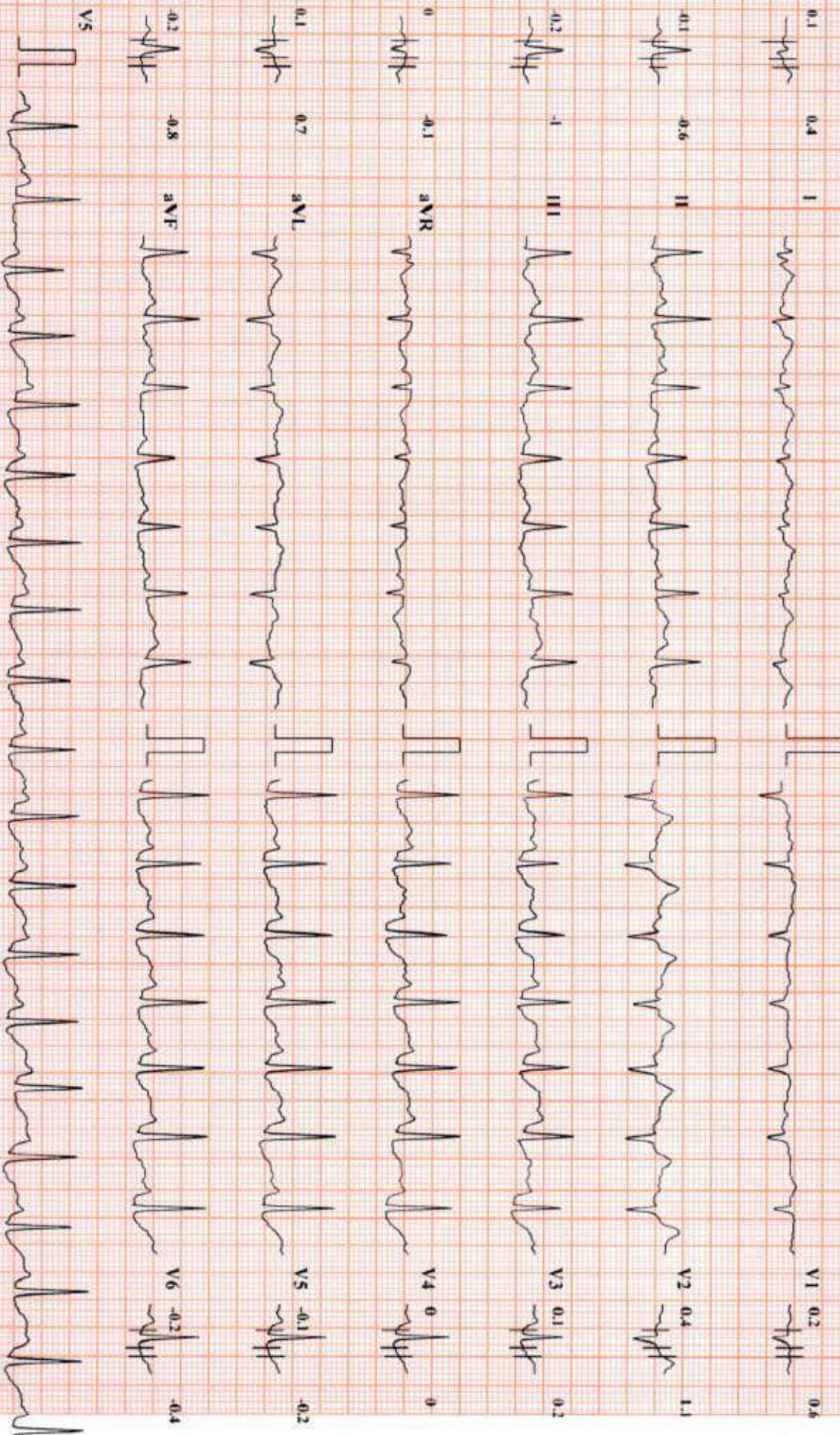


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Cardio-1 CS-20 Version: 3.4

SUBURBAN DIAGNOSTICS - BORIVALI WEST



Patient Name: SIRISHA KARRI

Date and Time: 13th Dec 23 11:44 AM

Patient ID: 2334709533

Age **26** **NA** **NA**
years months days

Gender **Female**

Heart Rate **81bpm**

Patient Vitals

BP: NA

Weight: NA

Height: NA

Pulse: NA

Spo2: NA

Resp: NA

Others: _____

Measurements

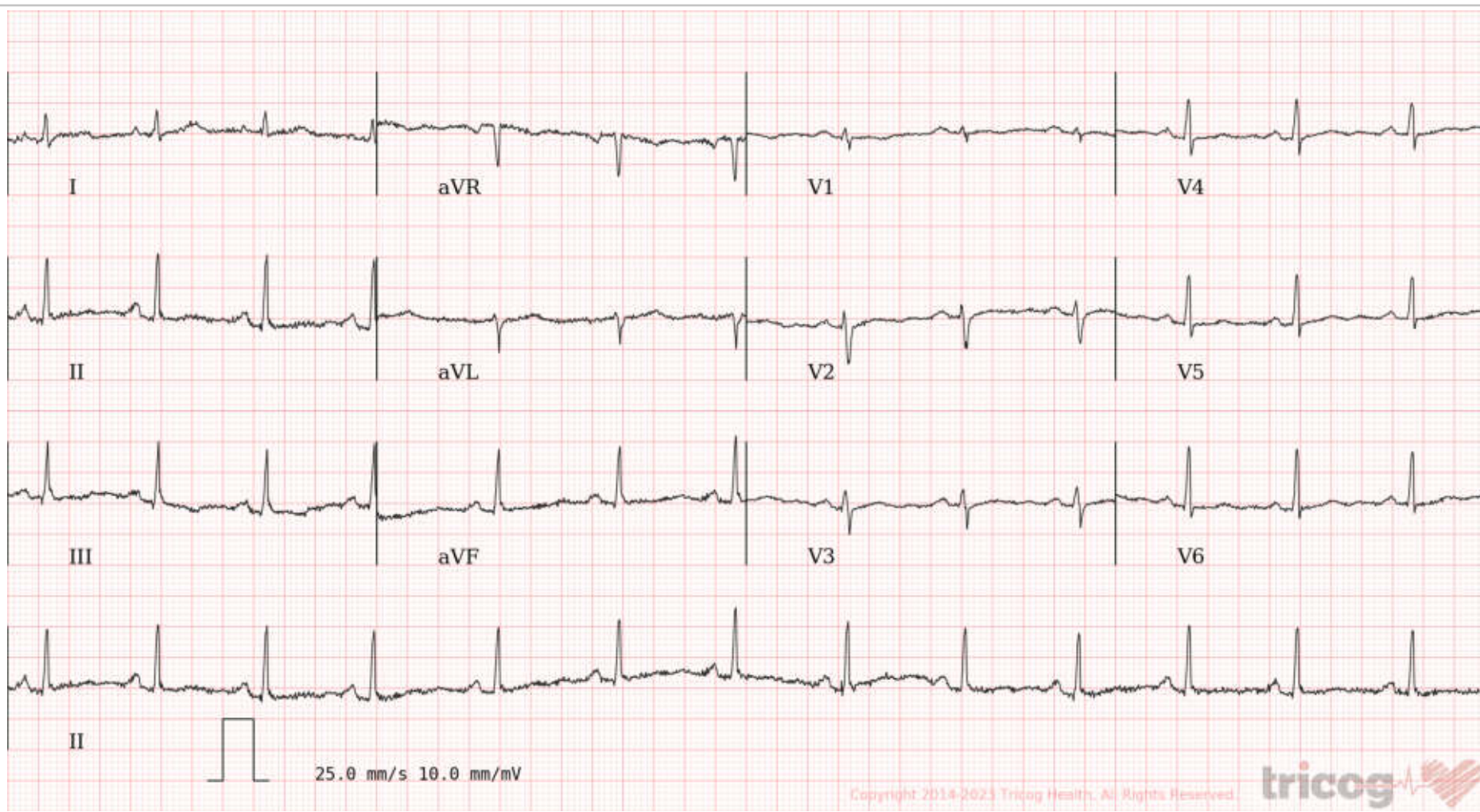
QRSD: 70ms

QT: 380ms

QTcB: 441ms

PR: 166ms

P-R-T: 78° 78° 27°



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

REPORTED BY

Dr Nitin Sonavane
M.B.B.S.AFLH, D.DIAB,D.CARD
Consultant Cardiologist
87714

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