

HEALTHSPRING

TREADMILL STRESS TEST REPORT

DATE: 13/02/2024

NAME:	DIVYA PANDEY	AGE:(years)	28	SEX:	F
-------	--------------	-------------	----	------	---

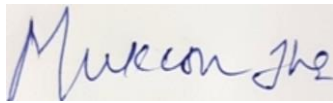
PROTOCOL USED	BRUCE PROTOCOL		
ANGINA SCALE (0 – None, 1 – Non-Limiting, 2 – Limiting)	0	MAXIMUM ST DEPRESSION (mm)	0
WORKLOAD: MAXIMUM METS ACHIEVED (METS)	7	DOUBLE PRODUCT	25050 mm Hg/Min
DUKES SCORE (High Risk Score \leq -11, Low Risk Score \geq 5)	5		

CONCLUSION:

NORMAL INOTROPIC & CHRONOTROPIC RESPONSE
BASELINE ECG SHOWS NO SIGNIFICANT ST-T CHANGES
NO SYMPTOMS AND ARRHYTHMIAS WERE SEEN DURING THE EXERCISE AND RECOVERY
NO SIGNIFICANT ST-T CHANGES WERE SEEN DURING THE EXERCISE AND RECOVERY
FAIR EFFORT TOLERANCE AND FUNCTIONAL CAPACITY
TARGET HEART RATE ACHIEVED
THE STRESS TEST IS **NEGATIVE** FOR INDUCIBLE ISCHEMIA AT THE GIVEN WORKLOAD

IMPRESSION:

THE STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA AT THE GIVEN WORKLOAD
ADVISED- CLINICAL CORRELATION



DR. MUKESH JHA
MD (MEDICINE), DM (CARDIOLOGY)
REG NO- 2010/09/2935

NOTE-

A NEGATIVE STRESS TEST DOES NOT CONCLUSIVELY RULE OUT CORONARY ARTERY DISEASE. A POSITIVE STRESS TEST IS NOT CONCLUSIVE EVIDENCE OF CORONARY ARTERY DISEASE. THERE IS A POSSIBILITY OF THE TEST BEING FALSE POSITIVE OR FALSE NEGATIVE DUE TO OTHER ASSOCIATED MEDICAL CONDITIONS. THESE REPORTS ARE FOR DOCTORS & PHYSICIANS AND NOT FOR MEDICO-LEGAL PURPOSES. KINDLY CO-RELATE THE REPORT WITH CLINICAL CONDITIONS.

THIS TMT/ ECG IS REPORTED ONLINE WITHOUT INTERACTING WITH PATIENTS AND THE RESULT SHOULD BE CLINICALLY CO-RELATED AND INDEPENDENTLY REVIEWED BY THE PATIENT'S CONSULTANT DOCTOR. THE PATIENT WAS NOT SEEN BY THE DOCTOR PERSONALLY AND THE ABOVE REPORT HAS BEEN REVIEWED BY THE DOCTOR BASED ON THE TMT/ECG RESULT AS PROVIDED TO THE DOCTOR.

Patient Name : Mrs. Divya Pandey
Age / Gender : 28 Y / Female
Referred By : Dr. Rajshree Sonavane
SID No. : 41012265

Reg.Date / Time : 10/02/2024 / 10:15:55
Report Date / Time : 10/02/2024 / 18:42:10
MR No. : 0470242

Page 1 of 14

Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
----------	--------------------	--------	-------	-------------------------------

HAEMATOLOGY

CBC-Haemogram & ESR, blood

EDTA WHOLE BLOOD

HAEMOGLOBIN, RED CELL COUNT & INDICES

HAEMOGLOBIN (Spectrophotometry)	10.6	gm%	12.0-15.0
PCV (Electrical Impedance)	31.7	%	40 - 50
MCV (Calculated)	73.7	fL	83-101
MCH (Calculated)	24.7	pg	27.0 - 32.0
MCHC (Calculated)	33.5	g/dl	31.5-34.5
RDW-CV (Calculated)	16	%	11.6-14.0
RDW-SD (Calculated)	47	fL	36 - 46
TOTAL RBC COUNT (Electrical Impedance)	4.30	Million/cmm	3.8-4.8
TOTAL WBC COUNT (Electrical Impedance)	3940	/cumm	4000-10000

DIFFERENTIAL WBC COUNT

NEUTROPHILS (Flow cell)	57.3	%	40-80
LYMPHOCYTES (Flow cell)	32.5	%	20-40
EOSINOPHILS (Flow cell)	4.9	%	1-6
MONOCYTES (Flow cell)	4.2	%	2-10
BASOPHILS (Flow cell)	1.1	%	1-2

ABSOLUTE WBC COUNT

ABSOLUTE NEUTROPHIL COUNT (Calculated)	2240	/cumm	2000-7000
ABSOLUTE LYMPHOCYTE COUNT (Calculated)	1270	/cumm	1000-3000

Contd ...

*Tests not included in NABL accredited scope

Patient Name : Mrs. Divya Pandey
Age / Gender : 28 Y / Female
Referred By : Dr. Rajshree Sonavane
SID No. : 41012265

Reg.Date / Time : 10/02/2024 / 10:15:55
Report Date / Time : 10/02/2024 / 18:42:10
MR No. : 0470242

Page 2 of 14

Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
----------	--------------------	--------	-------	-------------------------------

HAEMATOLOGY

ABSOLUTE WBC COUNT

ABSOLUTE EOSINOPHIL COUNT (Calculated)	190	/cumm	200-500
ABSOLUTE MONOCYTE COUNT (Calculated)	170	/cumm	200-1000
ABSOLUTE BASOPHIL COUNT (Calculated)	40	/cumm	0-220
PLATELET COUNT (Electrical Impedance)	290000	/cumm	150000-410000
MPV (Calculated)	10.3	fL	6.78-13.46
PDW (Calculated)	18.6	%	11-18
PCT (Calculated)	0.300	%	0.15-0.50

PERIPHERAL BLOOD SMEAR

COMMENTS
(Microscopic) Microcytic Hypochromic RBCs

Sample Collected at : Khar
Sample Collected on : 10 Feb 2024 13:51
Sample Received on : 10 Feb 2024 16:41
Barcode : 



Dr.Rahul Jain

MD,PATHOLOGY

Consultant Pathologist

Contd ...

*Tests not included in NABL accredited scope

Patient Name : Mrs. Divya Pandey
Age / Gender : 28 Y / Female
Referred By : Dr. Rajshree Sonavane
SID No. : 41012265

Reg.Date / Time : 10/02/2024 / 10:15:55
Report Date / Time : 10/02/2024 / 18:42:10
MR No. : 0470242

Page 3 of 14


Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
----------	--------------------	--------	-------	-------------------------------

HAEMATOLOGY

EDTA Blood **ABO BLOOD GROUP**

BLOOD GROUP (Erythrocyte-Magnetized Technology)	O
Rh TYPE (Erythrocyte-Magnetized Technology)	NEGATIVE

Sample Collected at : Khar
Sample Collected on : 10 Feb 2024 13:51
Sample Received on : 10 Feb 2024 16:41
Barcode : 



Dr.Rahul Jain

MD,PATHOLOGY
Consultant Pathologist

Contd ...

*Tests not included in NABL accredited scope



Patient Name : Mrs. Divya Pandey
Age / Gender : 28 Y / Female
Referred By : Dr. Rajshree Sonavane
SID No. : 41012265

Reg.Date / Time : 10/02/2024 / 10:15:55
Report Date / Time : 10/02/2024 / 18:42:10
MR No. : 0470242

Page 4 of 14

Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
----------	--------------------	--------	-------	-------------------------------

HAEMATOLOGY

CBC-Haemogram & ESR, blood

EDTA WHOLE BLOOD

ESR(ERYTHROCYTE SEDIMENTATION RATE) (Photometric Capillary)	18	mm / 1 hr	0-20
---	----	-----------	------

Notes : The given result is measured at the end of first hour.

Sample Collected at : Khar
Sample Collected on : 10 Feb 2024 13:51
Sample Received on : 10 Feb 2024 16:41



Dr.Rahul Jain

Barcode : 

MD,PATHOLOGY
Consultant Pathologist

Contd ...

*Tests not included in NABL accredited scope



Patient Name : Mrs. Divya Pandey
Age / Gender : 28 Y / Female
Referred By : Dr. Rajshree Sonavane
SID No. : 41012265

Reg.Date / Time : 10/02/2024 / 10:15:55
Report Date / Time : 10/02/2024 / 18:42:10
MR No. : 0470242

Page 5 of 14

Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
----------	--------------------	--------	-------	-------------------------------

BIOCHEMISTRY

**COMPREHENSIVE LIVER PROFILE
SERUM**

BILIRUBIN TOTAL (Diazotization)	0.64	mg/dl	0.2 - 1.3
BILIRUBIN DIRECT (Diazotization)	0.15	mg/dl	0.1-0.4
BILIRUBIN INDIRECT (Calculation)	0.49	mg/dl	0.2 - 0.7
ASPARTATE AMINOTRANSFERASE(SGOT) (IFCC)	25	U/L	<40
ALANINE TRANSAMINASE (SGPT) (IFCC without Peroxidase)	11	U/L	<41
ALKALINE PHOSPHATASE (Colorimetric IFCC)	67	U/L	35-104
GAMMA GLUTAMYL TRANSFERASE (GGT) (IFCC)	11	U/L	<40
TOTAL PROTEIN (Colorimetric)	7.00	gm/dl	6.6-8.7
ALBUMIN (Bromocresol Green)	4.10	gm/dl	3.5 - 5.2
GLOBULIN (Calculation)	2.9	gm/dl	2.0-3.5
A/G RATIO (Calculation)	1.4		1-2

Sample Collected at : Khar
Sample Collected on : 10 Feb 2024 13:51
Sample Received on : 10 Feb 2024 16:41
Barcode : 



Dr.Rahul Jain

MD,PATHOLOGY

Consultant Pathologist

Contd ...

*Tests not included in NABL accredited scope

Patient Name : Mrs. Divya Pandey
Age / Gender : 28 Y / Female
Referred By : Dr. Rajshree Sonavane
SID No. : 41012265

Reg.Date / Time : 10/02/2024 / 10:15:55
Report Date / Time : 10/02/2024 / 18:42:10
MR No. : 0470242

Page 6 of 14

Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
----------	--------------------	--------	-------	-------------------------------

BIOCHEMISTRY

**COMPREHENSIVE RENAL PROFILE
SERUM**

CREATININE (Jaffe Method)	0.6	mg/dl	0.5 - 1.1
BLOOD UREA NITROGEN (BUN) (Kinetic with Urease)	6.0	mg/dl	7-17
BUN/CREATININE RATIO (Calculation)	10.0		10 - 20
URIC ACID (Uricase Enzyme)	3.0	mg/dl	2.5 - 6.2
CALCIUM (Bapta Method)	9.0	mg/dl	8.6-10
PHOSPHORUS (Phosphomolybdate)	3.0	mg/dl	2.5-4.5

Sample Collected at : Khar
Sample Collected on : 10 Feb 2024 13:51
Sample Received on : 10 Feb 2024 16:41
Barcode : 



Dr.Rahul Jain

**MD,PATHOLOGY
Consultant Pathologist**

Contd ...

*Tests not included in NABL accredited scope



Patient Name : Mrs. Divya Pandey
Age / Gender : 28 Y / Female
Referred By : Dr. Rajshree Sonavane
SID No. : 41012265

Reg.Date / Time : 10/02/2024 / 10:15:55
Report Date / Time : 10/02/2024 / 18:42:10
MR No. : 0470242

Page 7 of 14

Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
----------	--------------------	--------	-------	-------------------------------

BIOCHEMISTRY

LIPID PROFILE

SERUM	TOTAL CHOLESTEROL (Enzymatic colorimetric (PHOD))	103	mg/dl	Desirable : < 200 Borderline: 200-239 High : > 239
-------	--	-----	-------	--

Notes : Elevated concentrations of free fatty acids and denatured proteins may cause falsely elevated HDL cholesterol results.

Abnormal liver function affects lipid metabolism; consequently, HDL and LDL results are of limited diagnostic value. In some patients with abnormal liver function, the HDL cholesterol result may significantly differ from the DCM (designated comparison method) result due to the presence of lipoproteins with abnormal lipid distribution.

Reference: Dati F, Metzmann E. Proteins Laboratory Testing and Clinical Use, Verlag: DiaSys; 1. Auflage (September 2005), page 242-243; ISBN-10: 3000171665.

SERUM	TRIGLYCERIDES (Enzymatic Colorimetric GPO)	48	mg/dl	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >499
SERUM	CHOLESTEROL HDL - DIRECT (Homogenize Enzymatic Colorimetry)	53	mg/dl	Low:<40 High:>60
SERUM	LDL CHOLESTEROL (Calculation)	41	mg/dl	Optimal : <100 Near Optimal/ Above optimal :100-129 Borderline High: 130-159 High : 160-189 Very High : >= 190
SERUM	VLDL (Calculation)	10	mg/dl	15-40
SERUM	CHOL / HDL RATIO	2.0		3-5
SERUM	LDL /HDL RATIO (Calculation)	0.8		0 - 3.5

Sample Collected at : Khar
Sample Collected on : 10 Feb 2024 13:51
Sample Received on : 10 Feb 2024 16:41
Barcode : 



Dr.Rahul Jain

MD,PATHOLOGY

Consultant Pathologist

Contd ...

*Tests not included in NABL accredited scope

Patient Name : Mrs. Divya Pandey
Age / Gender : 28 Y / Female
Referred By : Dr. Rajshree Sonavane
SID No. : 41012265

Reg.Date / Time : 10/02/2024 / 10:15:55
Report Date / Time : 10/02/2024 / 18:42:10
MR No. : 0470242

Page 8 of 14

Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
----------	--------------------	--------	-------	-------------------------------

BIOCHEMISTRY

FLOURIDE PLASMA	BLOOD GLUCOSE FASTING (Hexokinase)	82	mg/dl	70 - 110
-----------------	---------------------------------------	----	-------	----------

Notes : An early-morning increase in blood sugar (glucose) which occurs to some extent in all individuals, more relevant to people with diabetes can be seen (The dawn phenomenon) . Chronic Somogyi rebound is another explanation of phenomena of elevated blood sugars in the morning. Also called the Somogyi effect and posthypoglycemic hyperglycemia, it is a rebounding high blood sugar that is a response to low blood sugar.

References:

<http://www.ucdenver.edu/academics/colleges/medicalschool/centers/BarbaraDavis/Documents/book-understandingdiabetes/ud06.pdf>, Understanding Diabetes.

FLOURIDE PLASMA	BLOOD GLUCOSE POST PRANDIAL (Hexokinase)	77	mg/dl	70 - 140
-----------------	---	----	-------	----------

Sample Collected at : Khar
Sample Collected on : 10 Feb 2024 13:51
Sample Received on : 10 Feb 2024 16:41
Barcode : 



Dr.Rahul Jain

MD,PATHOLOGY

Consultant Pathologist

Contd ...

*Tests not included in NABL accredited scope

Patient Name : Mrs. Divya Pandey
Age / Gender : 28 Y / Female
Referred By : Dr. Rajshree Sonavane
SID No. : 41012265

Reg.Date / Time : 10/02/2024 / 10:15:55
Report Date / Time : 10/02/2024 / 18:42:10
MR No. : 0470242

Page 9 of 14

Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
----------	--------------------	--------	-------	-------------------------------

BIOCHEMISTRY

EDTA WHOLE BLOOD **GLYCOSYLATED HAEMOGLOBIN (HbA1C)**

HbA1C (High Performance Liquid Chromatography)	5.2	%(NGSP)	Non Diabetic Range: <= 5.6 Prediabetes :5.7-6.4 Diabetes: >= 6.5
ESTIMATED AVERAGE BLOOD GLUCOSE (Calculated)	103	mg/dl	

Notes : HbA1c reflects average plasma glucose over the previous eight to 12 weeks (1). The use of HbA1c can avoid the problem of day-to-day variability of glucose values, and importantly it avoids the need for the person to fast and to have preceding dietary preparations. HbA1c can be used to diagnose diabetes and that the diagnosis can be made if the HbA1c level is =6.5% (2). Diagnosis should be confirmed with a repeat HbA1c test, unless clinical symptoms and plasma glucose levels >11.1mmol/l (200 mg/dl) are present in which case further testing is not required. HbA1c may be affected by a variety of genetic, hematologic and illness-related factors (Annex 1, https://www.who.int/diabetes/publications/report-hba1c_2011.pdf) (3). The most common important factors worldwide affecting HbA1c levels are haemoglobinopathies (depending on the assay employed), certain anaemias, and disorders associated with accelerated red cell turnover such as malaria. References: (1). Nathan DM, Turgeon H, Regan S. Relationship between glycated haemoglobin levels and mean glucose levels over time. Diabetologia, 2007, 50:2239-2244. (2). International Expert Committee report on the role of the A1C assay in the diagnosis of diabetes. Diabetes Care, 2009, 32:1327-1334. (3). Gallagher EJ, Bloomgarden ZT, Le Roith D. Review of hemoglobin A1c in the management of diabetes. Journal of Diabetes, 2009, 1:9-17.

Urine **URINE GLUCOSE POST PRANDIAL** **ABSENT**
(Urodip)

Sample Collected at : Khar
Sample Collected on : 10 Feb 2024 13:51
Sample Received on : 10 Feb 2024 16:41
Barcode : 



Dr.Rahul Jain

MD,PATHOLOGY

Consultant Pathologist

Contd ...

*Tests not included in NABL accredited scope



Patient Name : Mrs. Divya Pandey
Age / Gender : 28 Y / Female
Referred By : Dr. Rajshree Sonavane
SID No. : 41012265

Reg.Date / Time : 10/02/2024 / 10:15:55
Report Date / Time : 10/02/2024 / 18:42:10
MR No. : 0470242

Page 10 of 14

Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
----------	--------------------	--------	-------	-------------------------------

IMMUNOLOGY

THYROID PROFILE - TOTAL SERUM

TOTAL TRIIODOTHYRONINE (T3) (ECLIA)	1.02	ng/ml	0.7-2.04
TOTAL THYROXINE (T4) (ECLIA)	8.90	ug/dl	5.5 - 11
THYROID STIMULATING HORMONE (TSH) (ECLIA)	2.450	uIU/ml	0.27 - 4.20

Contd ...

*Tests not included in NABL accredited scope



Patient Name : Mrs. Divya Pandey
Age / Gender : 28 Y / Female
Referred By : Dr. Rajshree Sonavane
SID No. : 41012265

Reg.Date / Time : 10/02/2024 / 10:15:55
Report Date / Time : 10/02/2024 / 18:42:10
MR No. : 0470242

Page 11 of 14

Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
----------	--------------------	--------	-------	-------------------------------

IMMUNOLOGY

Notes : TSH is formed in specific cells of the anterior pituitary gland and is subject to a circadian Variation. The Release of TSH is the central regulating mechanism for the biological action of thyroid hormones. TSH has a stimulating action in all stages of thyroid hormone (T3/T4) formation and secretion and it also has a growth effect on Thyroid gland. Even very slight changes in the concentrations of the free thyroid hormones (FT3/FT4) bring about much greater opposite changes in the TSH level. The determination of TSH serves as the initial test in thyroid diagnostics. (1)

Patterns of Thyroid Function Tests (2)

- Low TSH, Low FT4 - Central hypothyroidism.
- Low TSH, Normal FT4, Normal FT3- Subclinical hyperthyroidism.
- Low TSH, High FT4- Hashimoto's thyroiditis, Grave's disease, Molar pregnancy, Choriocarcinoma, Hyperemesis, Thyrotoxicosis, Lithium, Multinodular goiter, Toxic adenoma, Thyroid carcinoma, Iodine ingestion.
- Normal TSH, Low FT4- Hypothyroxinemia, Nonthyroidal illness, Possible secondary hypothyroidism, Medications.
- Normal TSH, High FT4- Euthyroid hyperthyroxinemia, Thyroid hormone resistance, Familial dysalbuminemic hyperthyroxinemia, Medications (Amiodarone, beta-blockers, Oral contrast), Hyperemesis, Acute psychiatric illness, Rheumatoid factor.
- High TSH, Low FT4- Primary hypothyroidism.
- High TSH, Normal FT4- Subclinical hypothyroidism, Nonthyroidal illness, Suggestive of follow-up and recheck.
- High TSH, High FT4- TSH mediated hyperthyroidism

Note:

1. Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness
2. Isolated High TSH especially in the range of 4.7 to 15 uIU/ml is commonly associated with Physiological & Biological TSH Variability.
3. Normal changes in thyroid function tests during pregnancy include a transient suppression of thyroid-stimulating hormone. T4 and total T3 steadily increase during pregnancy to approximately 1.5 times the non-pregnant level. Free T4 and Free T3 gradually decrease during pregnancy

References:

1. Pim-eservices.roche.com. (2018). Customer Self-Service Technical Documentation Portal.
2. "Interpretation of Thyroid Function Tests". 2018. Obfocus.Com.
3. Interpretation of thyroid function tests. Dayan et al. The Lancet, Vol 357, February 24, 2001.
4. Interpretation of thyroid function tests. Supit et al. South Med journal, 2002, 95, 481-485.

Contd ...

*Tests not included in NABL accredited scope



Patient Name : Mrs. Divya Pandey
Age / Gender : 28 Y / Female
Referred By : Dr. Rajshree Sonavane
SID No. : 41012265

Reg.Date / Time : 10/02/2024 / 10:15:55
Report Date / Time : 10/02/2024 / 18:42:10
MR No. : 0470242

Page 12 of 14

Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
----------	--------------------	--------	-------	-------------------------------

Sample Collected at : Khar

Sample Collected on : 10 Feb 2024 13:51

Sample Received on : 10 Feb 2024 16:41

Barcode : 



Dr.Rahul Jain

MD,PATHOLOGY

Consultant Pathologist

Contd ...

*Tests not included in NABL accredited scope

Patient Name : Mrs. Divya Pandey
Age / Gender : 28 Y / Female
Referred By : Dr. Rajshree Sonavane
SID No. : 41012265

Reg.Date / Time : 10/02/2024 / 10:15:55
Report Date / Time : 10/02/2024 / 18:42:10
MR No. : 0470242

Page 13 of 14

Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
----------	--------------------	--------	-------	-------------------------------

CLINICAL PATHOLOGY

Urine URINE ANALYSIS

PHYSICAL EXAMINATION

VOLUME (Volumetric)	30		
COLOR (Visual Examination)	PALE YELLOW		
APPEARANCE (Visual Examination)	CLEAR		

CHEMICAL EXAMINATION

SP.GRAVITY (Indicator System)	1.010		1.005 - 1.030
REACTION(pH) (Double indicator)	ALKALINE		
PROTEIN (Protein-error-of-Indicators)	ABSENT		
GLUCOSE (GOD-POD)	ABSENT		Absent
KETONES (Legal's Test)	ABSENT		Absent
OCCULT BLOOD (Peroxidase activity)	ABSENT		Absent
BILIRUBIN (Fouchets Test)	ABSENT		Absent
UROBILINOGEN (Ehrlich Reaction)	NORMAL		
NITRITE (Griess Test)	ABSENT		

MICROSCOPIC EXAMINATION

ERYTHROCYTES (Microscopy)	ABSENT	/hpf	0-2
PUS CELLS (Microscopy)	1-2	/hpf	0-5
EPITHELIAL CELLS (Microscopy)	1-2	/hpf	0-5
CASTS (Microscopy)	ABSENT		
CRYSTALS (Microscopy)	ABSENT		
ANY OTHER FINDINGS	NIL		

Contd ...

*Tests not included in NABL accredited scope

Patient Name : Mrs. Divya Pandey
Age / Gender : 28 Y / Female
Referred By : Dr. Rajshree Sonavane
SID No. : 41012265

Reg.Date / Time : 10/02/2024 / 10:15:55
Report Date / Time : 10/02/2024 / 18:42:10
MR No. : 0470242

Page 14 of 14

Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
----------	--------------------	--------	-------	-------------------------------

Sample Collected at : Khar

Sample Collected on : 10 Feb 2024 13:51

Sample Received on : 10 Feb 2024 16:41

Barcode : 



Dr.Rahul Jain

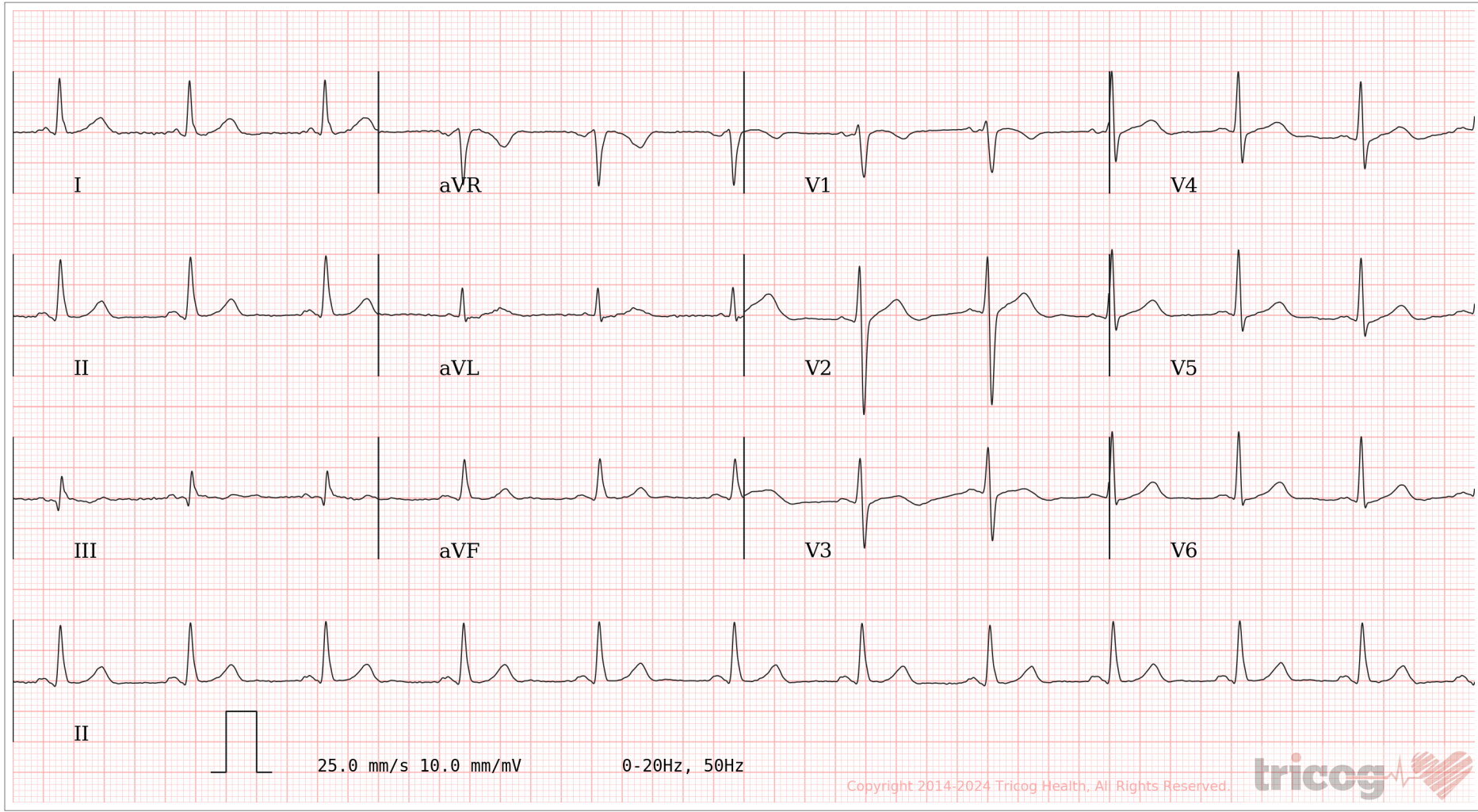
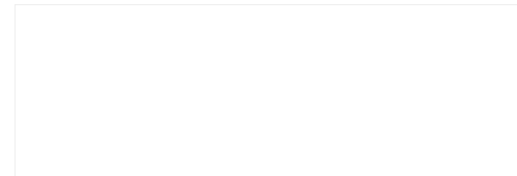
MD,PATHOLOGY

Consultant Pathologist

*Tests not included in NABL accredited scope

Age / Gender: 28/Female
 Patient ID: 0470242
 Patient Name: DIVYA PANDEY

Date and Time: 10th Feb 24 11:02 AM



AR: 71bpm VR: 71bpm QRSD: 100ms QT: 398ms QTcB: 433ms PRI: 130ms P-R-T: 48° 41° 36°

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

AUTHORIZED BY



Dr. Charit
MD, DM: Cardiology

63382

REPORTED BY



Dr. Chitrani Singh

UP 53926

HEALTHSPRING FAMILY HEALTH EXPERTS

KHAR (WEST)

Patient Details **Date:** 13-Feb-24 **Time:** 10:22:58 AM
Name: DIVYA PANDEY ID: 466481
Age: 28 y **Sex:** F **Height:** 169 cms **Weight:** 84 Kgs
Clinical History: NIL

Medications: NIL

Test Details

Protocol: Bruce **Pr.MHR:** 192 bpm **THR:** 163 (85 % of Pr.MHR) bpm
Total Exec. Time: 5 m 31 s **Max. HR:** 167 (87% of Pr.MHR)bpm **Max. Mets:** 7.00
Max. BP: 150 / 90 mmHg **Max. BP x HR:** 25050 mmHg/min **Min. BP x HR:** 5280 mmHg/min
Test Termination Criteria: Target HR Attained

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (Km/h)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 18	1.0	0	0	66	120 / 80	-0.25 I	0.84 V4
Standing	0 : 15	1.0	0	0	68	120 / 80	-0.51 aVR	0.84 V4
Hyperventilation	0 : 18	1.0	0	0	71	120 / 80	-0.51 aVR	0.84 V2
1	3 : 0	4.6	2.7	10	117	130 / 80	-4.56 III	3.38 II
Peak Ex	2 : 31	7.0	4	12	167	140 / 90	-2.28 aVF	5.06 II
Recovery(1)	1 : 0	1.8	1.6	0	131	140 / 90	-1.27 aVF	2.95 V2
Recovery(2)	1 : 0	1.0	0	0	89	150 / 90	-0.76 III	2.11 II
Recovery(3)	1 : 0	1.0	0	0	102	130 / 80	-1.77 III	1.69 V3
Recovery(4)	0 : 37	1.0	0	0	83	120 / 80	-1.01 II	1.69 V3

Interpretation

The patient exercised according to the Bruce protocol for 5 m 31 s achieving a work level of Max. METS : 7.00. Resting heart rate initially 66 bpm, rose to a max. heart rate of 167 (87% of Pr.MHR) bpm. Resting blood Pressure 120 / 80 mmHg, rose to a maximum blood pressure of 150 / 90 mmHg.

Ref. Doctor: -----

(Summary Report edited by user)

Doctor: -----

Schiller CS-20 V 1.7

HEALTHSPRING FAMILY HEALTH EXPERTS

DIVYA PANDEY (28 F)

ID: 466481

Date: 13-Feb-24

Exec Time : 0 m 0 s

Stage Time : 0 m 6 s

HR: 66 bpm

Protocol: Bruce

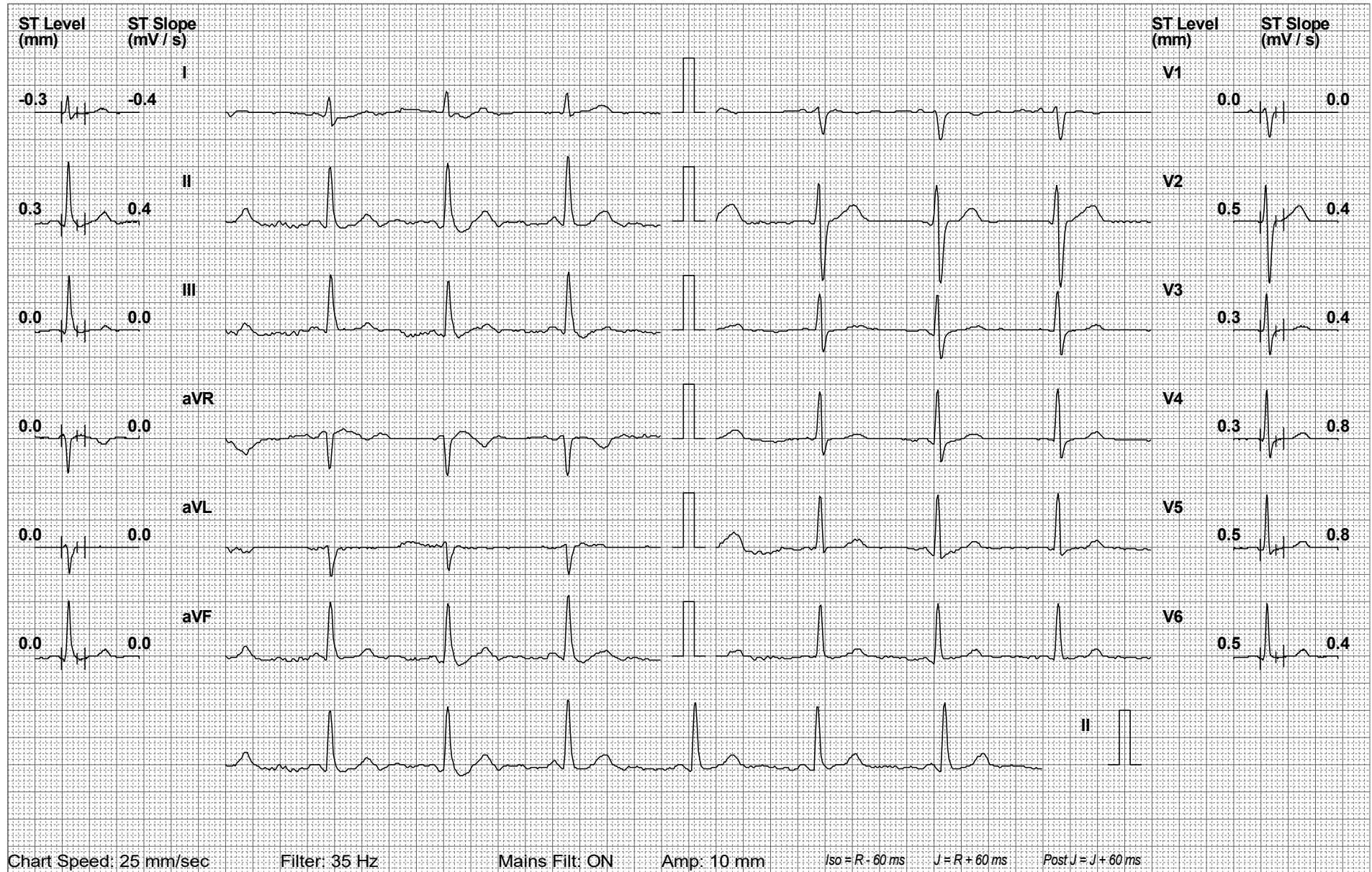
Stage: Supine

Speed: 0 Km/h

Grade: 0 %

(THR: 163 bpm)

B.P: 120 / 80



Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

DIVYA PANDEY (28 F)

ID: 466481

Date: 13-Feb-24

Exec Time : 0 m 0 s

Stage Time : 0 m 0 s

HR: 70 bpm

Protocol: Bruce

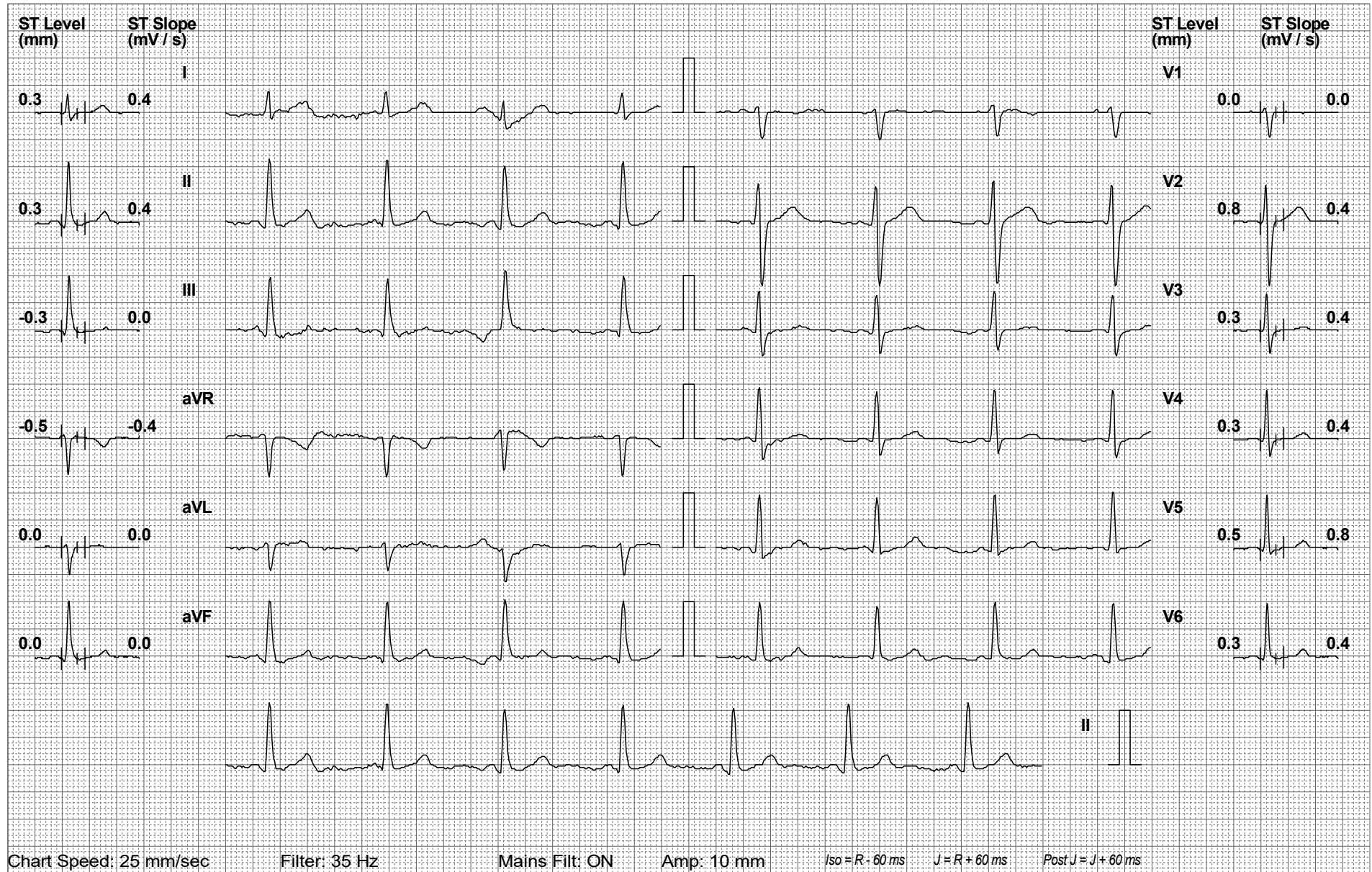
Stage: Standing

Speed: 0 Km/h

Grade: 0 %

(THR: 163 bpm)

B.P: 120 / 80



Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

DIVYA PANDEY (28 F)

ID: 466481

Date: 13-Feb-24

Exec Time : 0 m 0 s

Stage Time : 0 m 0 s

HR: 73 bpm

Protocol: Bruce

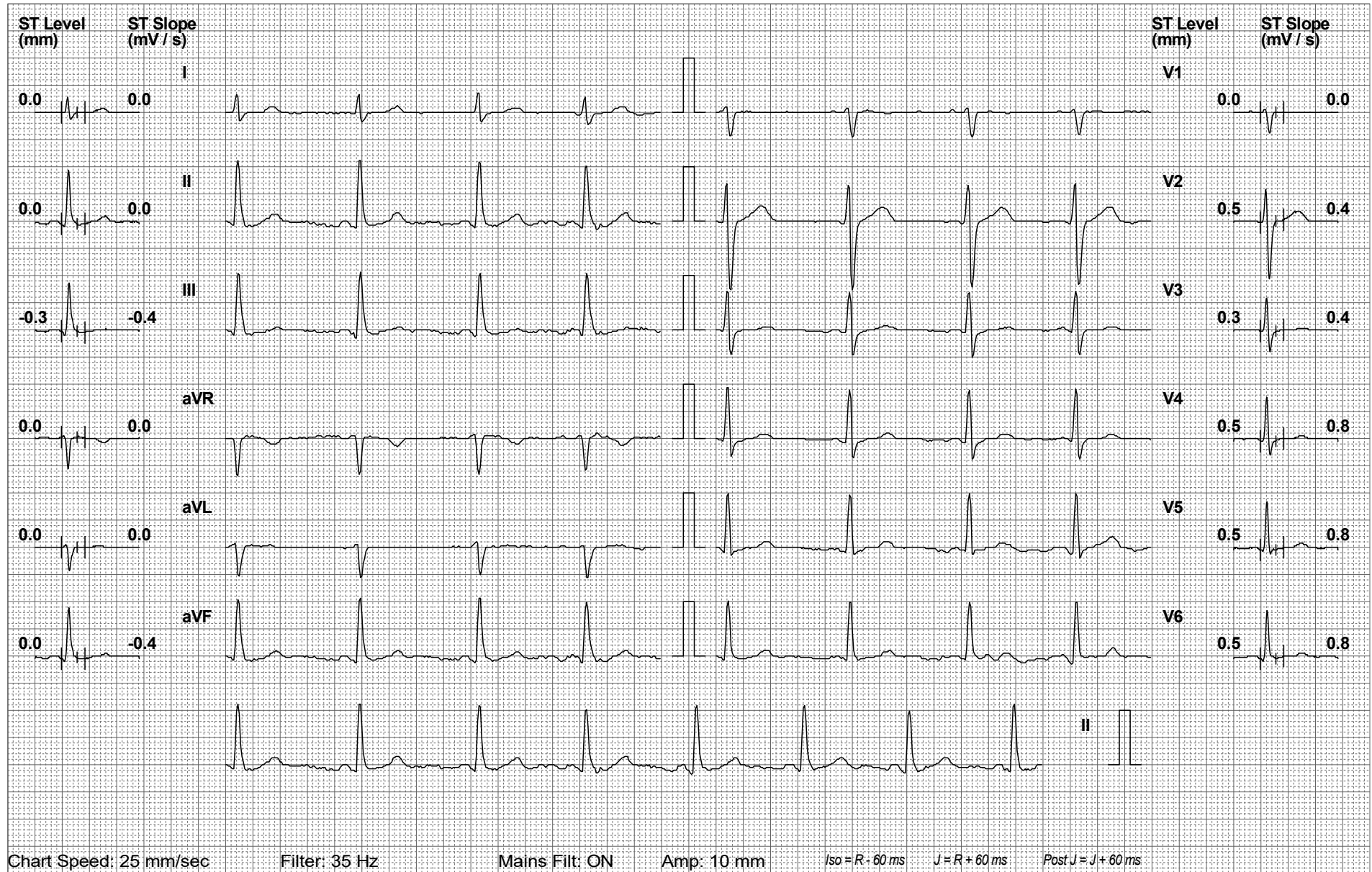
Stage:Hyperventilation

Speed: 0 Km/h

Grade: 0 %

(THR: 163 bpm)

B.P: 120 / 80



Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

DIVYA PANDEY (28 F)

ID: 466481

Date: 13-Feb-24

Exec Time : 0 m 0 s

Stage Time : 0 m 0 s

HR: 68 bpm

Protocol: Bruce

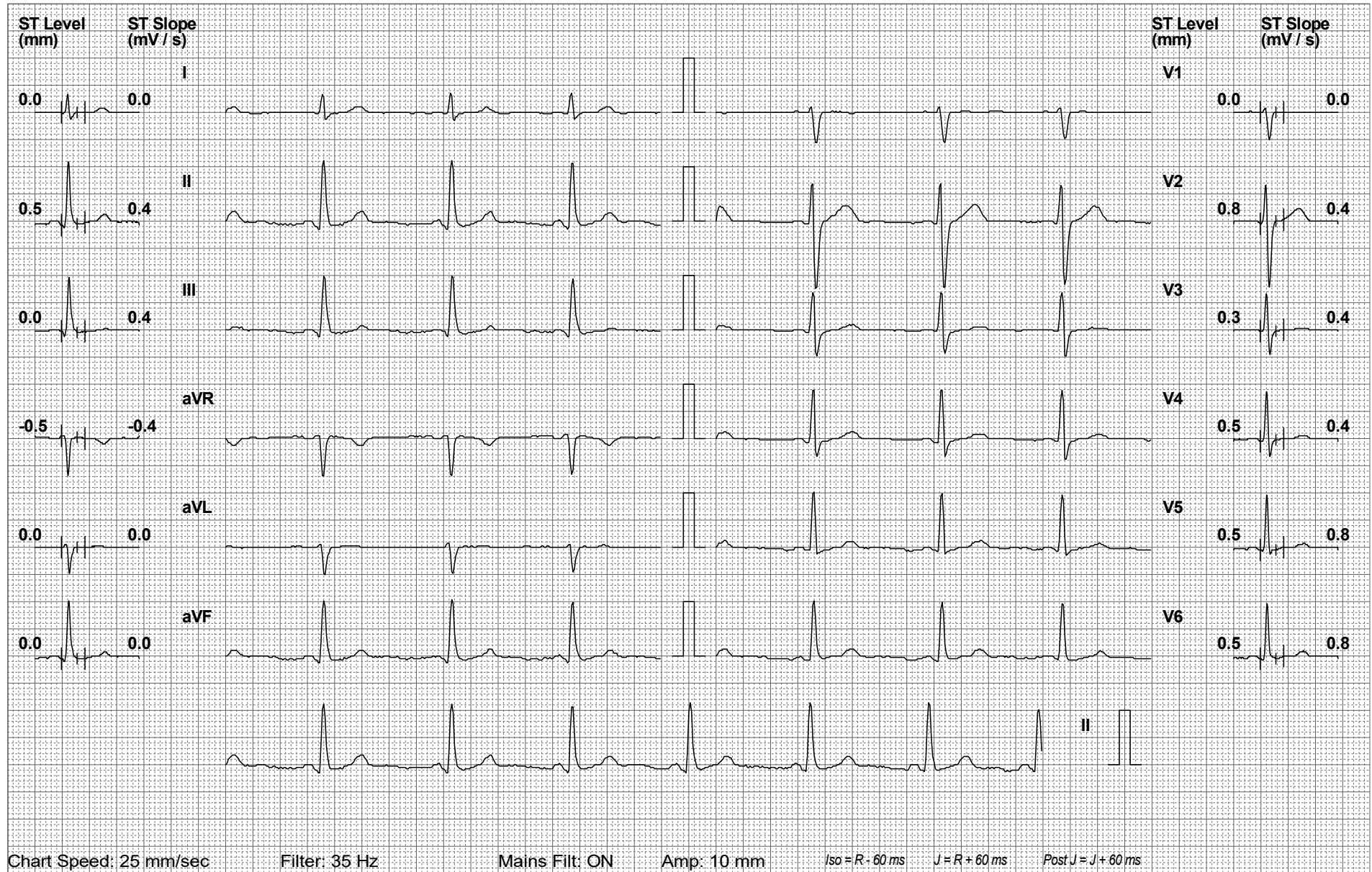
Stage: Pre Test

Speed: 1.6 Km/h

Grade: 0.5 %

(THR: 163 bpm)

B.P: 120 / 80



Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

DIVYA PANDEY (28 F)

ID: 466481

Date: 13-Feb-24

Exec Time : 2 m 12 s

Stage Time : 2 m 12 s

HR: 125 bpm

Protocol: Bruce

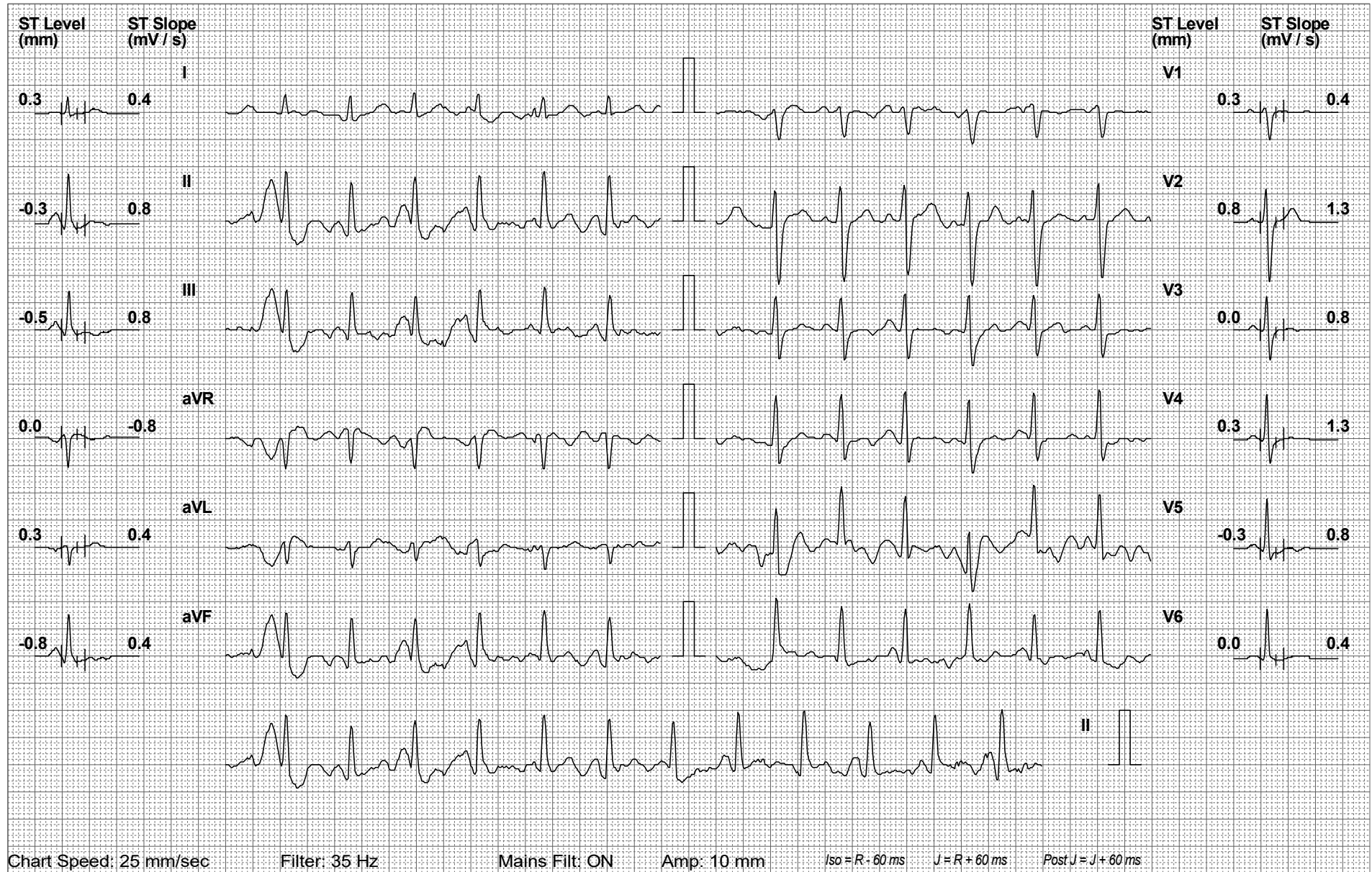
Stage: 1

Speed: 2.7 Km/h

Grade: 10 %

(THR: 163 bpm)

B.P: 130 / 80



Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

DIVYA PANDEY (28 F)

ID: 466481

Date: 13-Feb-24

Exec Time : 5 m 6 s

Stage Time : 2 m 6 s

HR: 166 bpm

Protocol: Bruce

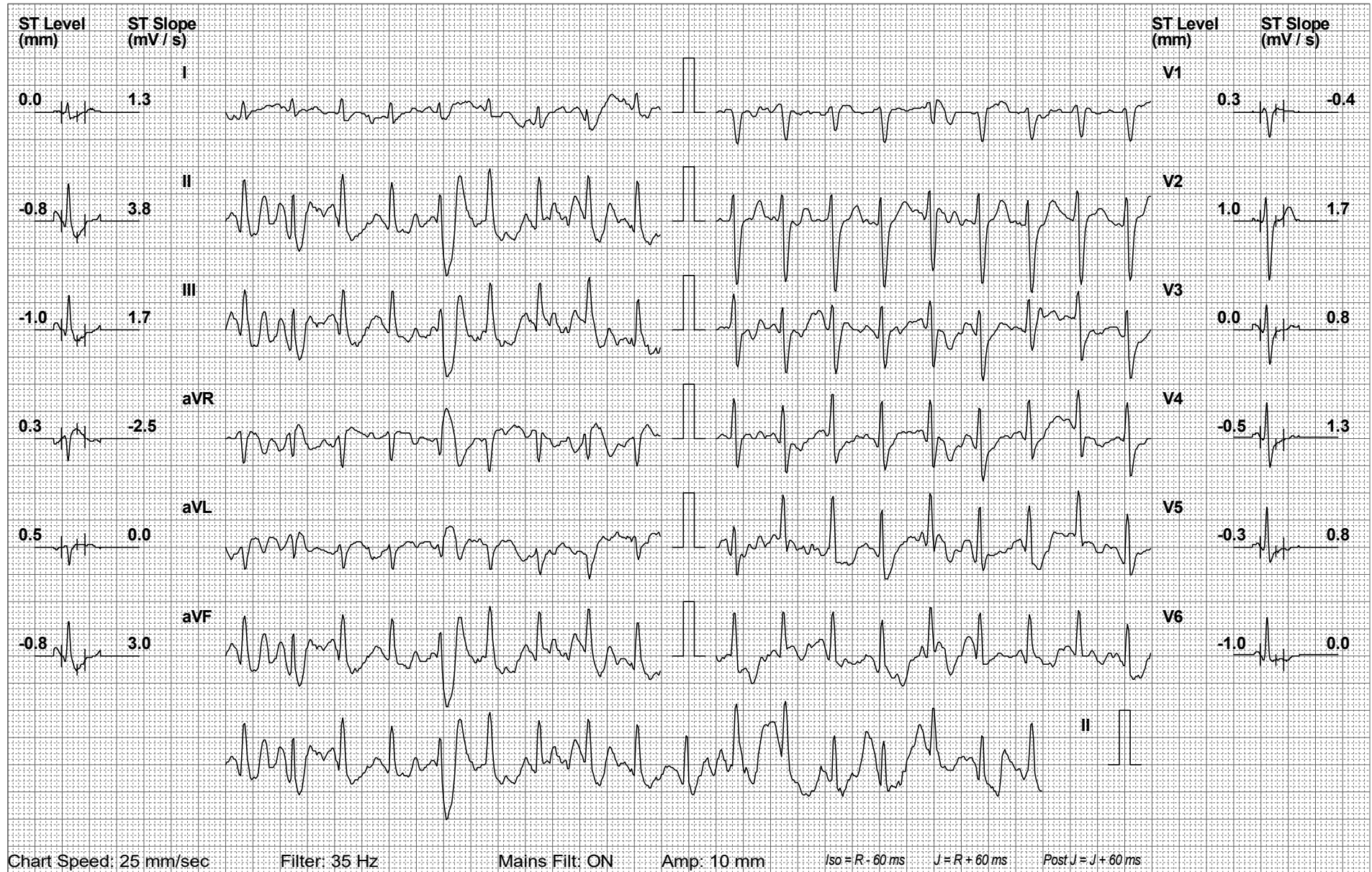
Stage: Peak Ex

Speed: 4 Km/h

Grade: 12 %

(THR: 163 bpm)

B.P: 140 / 90



Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

DIVYA PANDEY (28 F)

ID: 466481

Date: 13-Feb-24

Exec Time : 5 m 31 s

Stage Time : 0 m 30 s

HR: 147 bpm

Protocol: Bruce

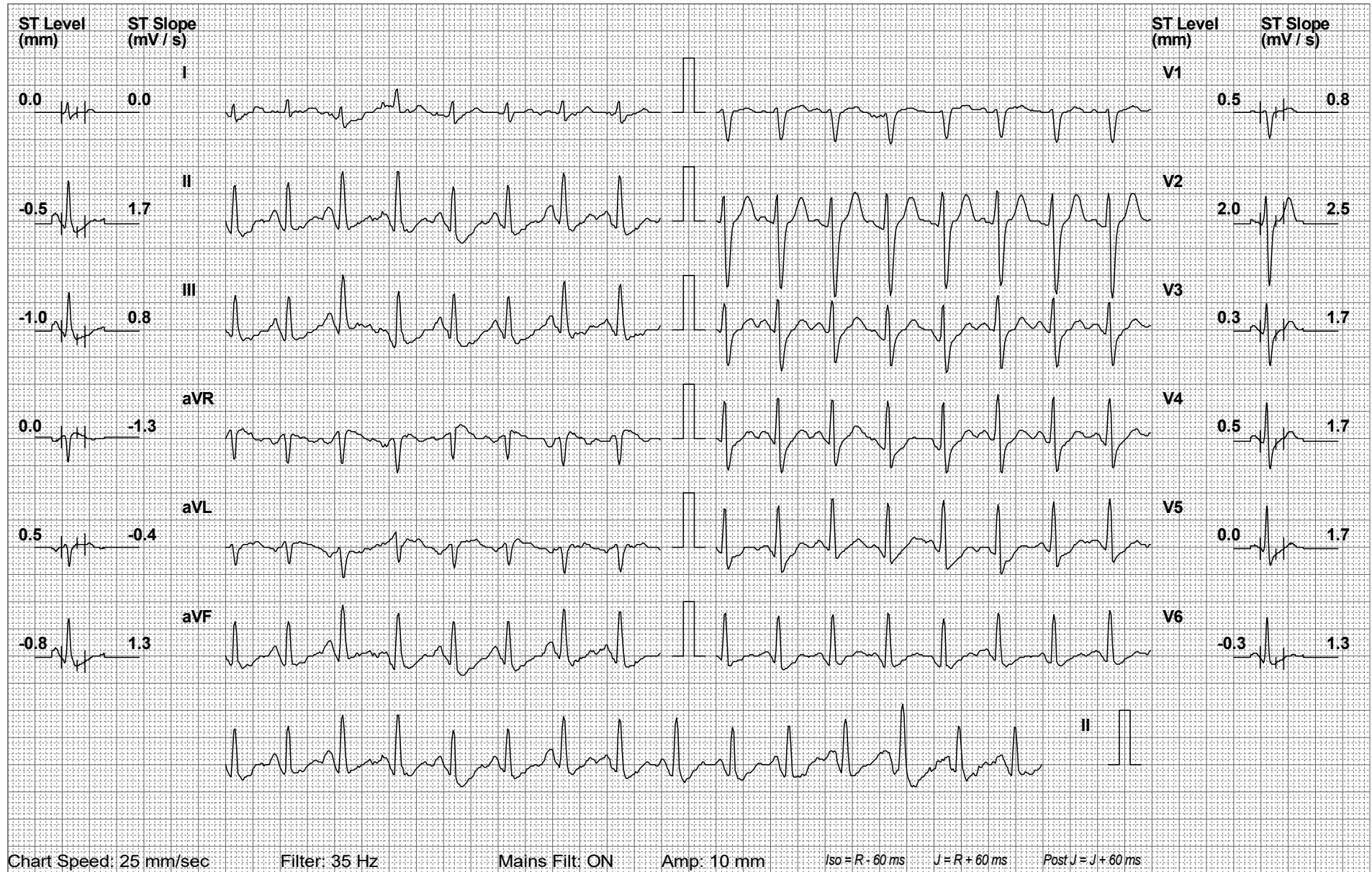
Stage: Recovery(1)

Speed: 1.6 Km/h

Grade: 0 %

(THR: 163 bpm)

B.P: 140 / 90



Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

DIVYA PANDEY (28 F)

ID: 466481

Date: 13-Feb-24

Exec Time : 5 m 31 s

Stage Time : 0 m 6 s

HR: 117 bpm

Protocol: Bruce

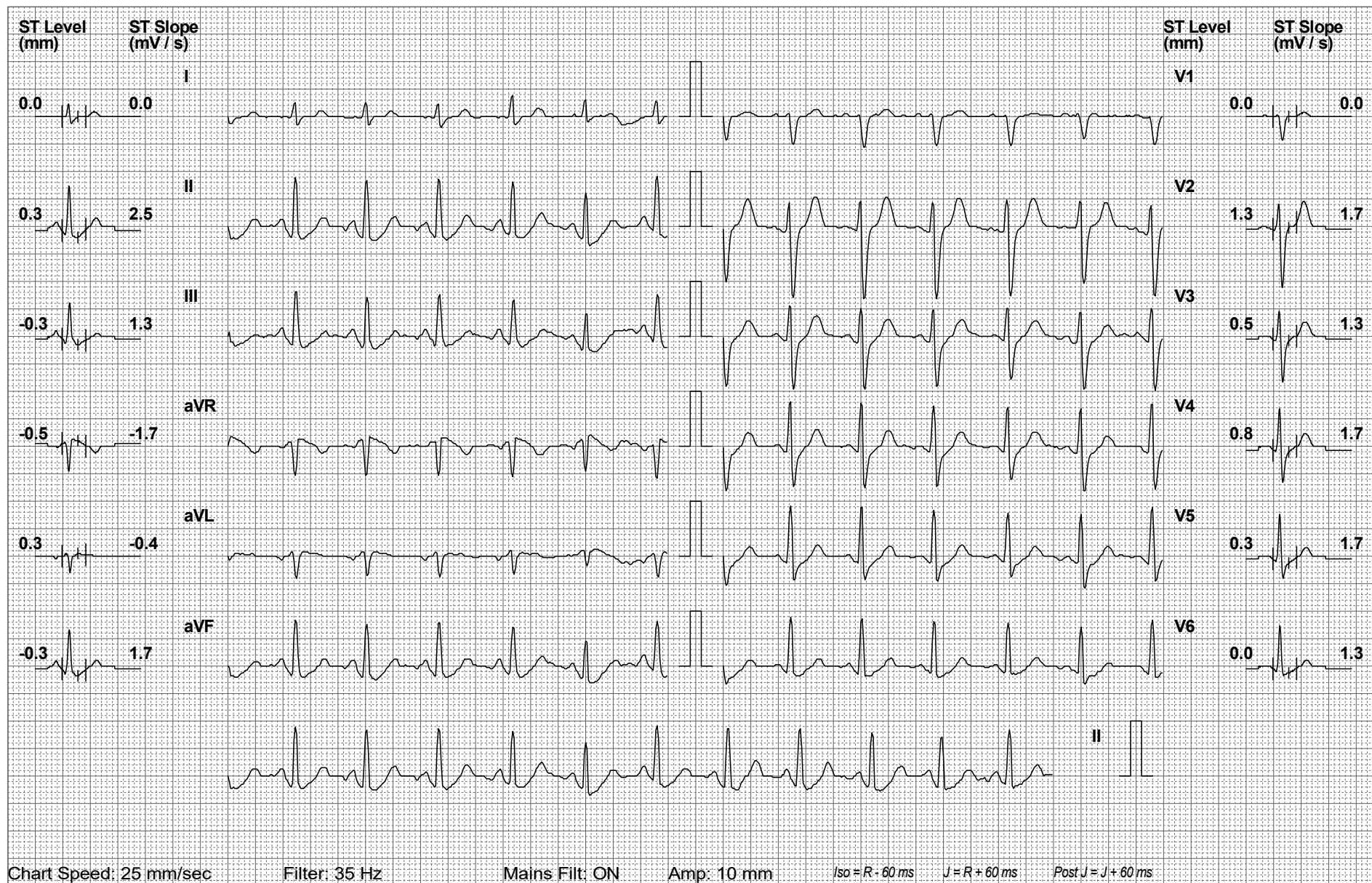
Stage: Recovery(2)

Speed: 0 Km/h

Grade: 0 %

(THR: 163 bpm)

B.P: 150 / 90



Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

DIVYA PANDEY (28 F)

ID: 466481

Date: 13-Feb-24

Exec Time : 5 m 31 s

Stage Time : 0 m 0 s

HR: 88 bpm

Protocol: Bruce

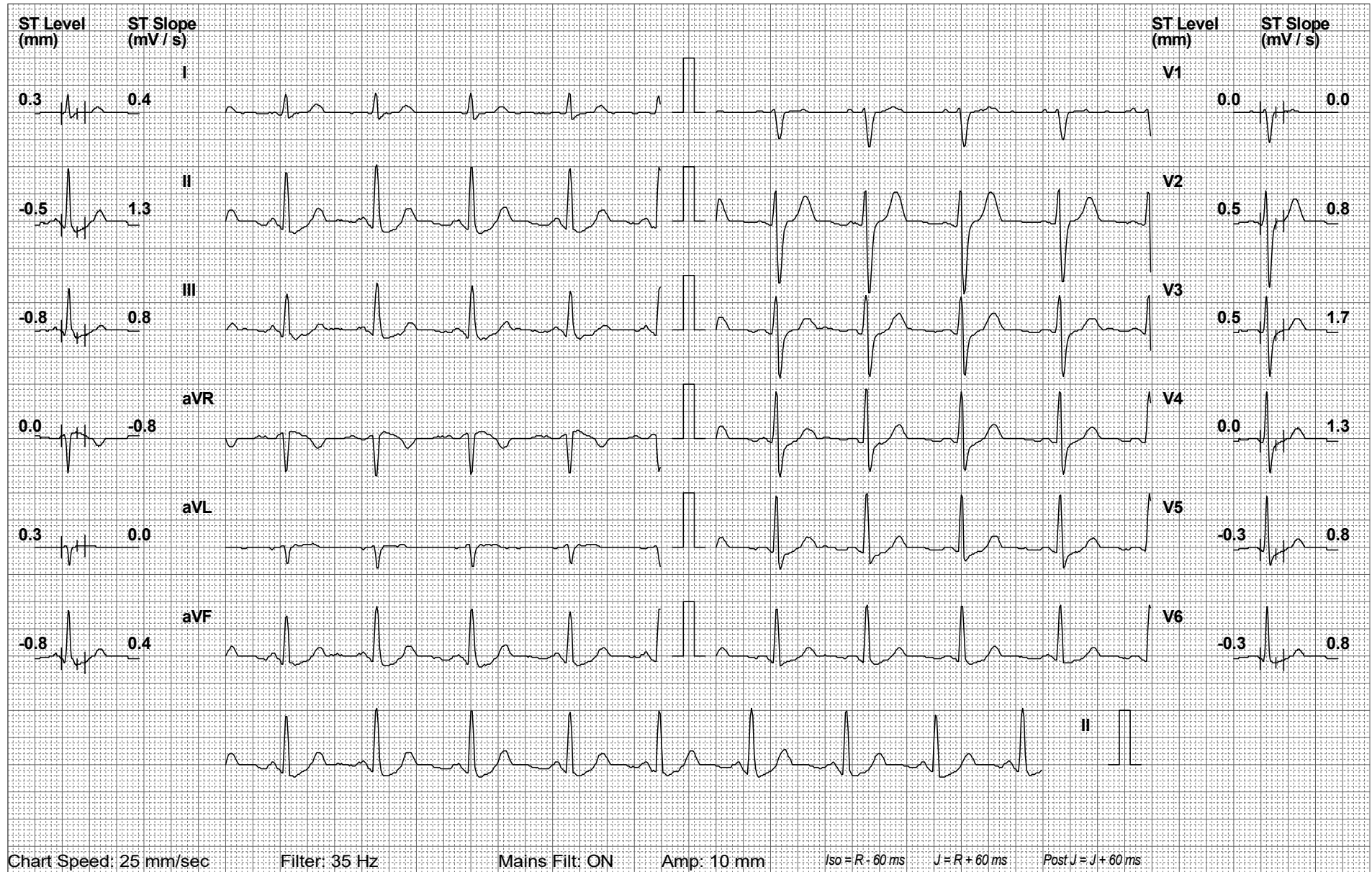
Stage:Recovery(3)

Speed: 0 Km/h

Grade: 0 %

(THR: 163 bpm)

B.P: 130 / 80



Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

DIVYA PANDEY (28 F)

ID: 466481

Date: 13-Feb-24

Exec Time : 5 m 31 s

Stage Time : 0 m 6 s

HR: 97 bpm

Protocol: Bruce

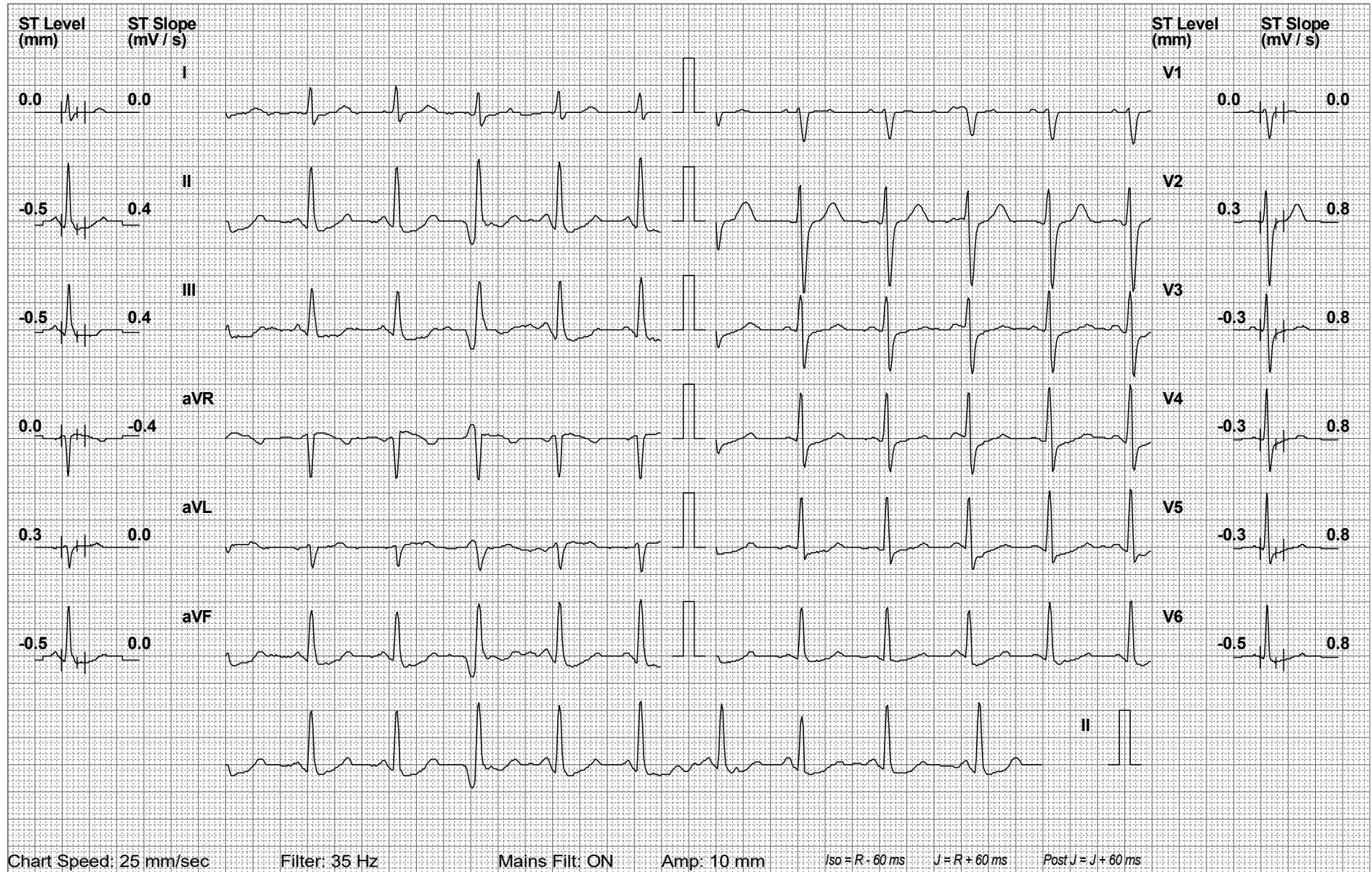
Stage: Recovery(4)

Speed: 0 Km/h

Grade: 0 %

(THR: 163 bpm)

B.P: 120 / 80



Schiller CS-20 V 1.6



Name : MRS DIVYA PANDEY	Age : 28YRS
Gender : FEMALE	Date : 10/02/2024

USG ABDOMEN AND PELVIS

Screening study of abdomen and pelvis performed using C5-2 curvilinear probe.

LIVER: is normal in size and shows homogenous echotexture.
No evidence of intrahepatic biliary radicles dilatation / focal space occupying lesion.
The portal vein and common bile duct shows normal caliber.

GALL BLADDER: is distended and shows smooth walls. Wall thickness is normal.
No evidence of sludge / calculus. No evidence of pericholecystic collection.

SPLEEN: Is normal in size and shows normal echo pattern.

PANCREAS: shows normal echo anatomy and its relationship with splenic vein is normal.

KIDNEYS: Both the kidneys are normal in size, shape and location and show normal cortico-medullary differentiation.

Right kidney measures- 9.5 X 4.8cms.

Left kidney measures- 10 X 5 cms.

No evidence of hydronephrosis or calculus.

URINARY BLADDER: is distended with smooth walls.
No evidence of diverticulum or calculus.

UTERUS: is normal in size, anteverted and shows normal endometrial echo reflectivity. ET measures 6.5mm. **IUCD is seen insitu.**

OVARY: Both ovaries are normal in size and appear normal.

No evidence of free fluid in POD.

IMPRESSION:

USG ABDOMEN PELVIS screening reveals-

- No significant abnormality.

Rashida
DR RASHIDA NALWALA
MD DNB RADIODIAGNOSIS
CONSULTANT RADIOLOGIST



Certificate No. MC-1298
NABL Accredited



FROST AND SULLIVAN AWARD
ON BEST PRIMARY CARE

BUSINESS MODEL
INNOVATION AWARDS



PATIENT'S NAME - Divya Pandey
AGE/GENDER - 28 female
DOCTOR'S NAME - Dr. Rajshree Senavane.

DATE - 10/2/24

VISION SCREENING

	RE	RE	LE	LE
	Glasses	UNAIDED	Glasses	UNAIDED
DISTANT	-	6/6	-	6/6
NEAR	-	N/6	-	N/6
COLOUR	Normal			
Recommendations				

VITALS

Pulse - 72/min	B.P. - 120/80 mm Hg	SpO2 - 100%
Height - 169	Weight - 86.9	BMI - 29.4
Waist - 98	Hip - 114	Waist/Hip Ratio -
Chest - 100	Inspiration -	Expiration -

CENTRE NAME -

SIGN & STAMP -





Name : DIVYA PANDEY	Age : 28 YRS
Gender : FEMALE	Date : 10/02/2024

X-RAY CHEST PA VIEW

The bony thorax is normal.

Lung fields and pleural spaces are clear on both sides.

The silhouettes of the heart and aorta are normal in size and configuration.

Both domes of the diaphragm are normal in position, contour and outline.

IMPRESSION: NO EVIDENCE OF ANY DISEASE IS SEEN IN THE CHEST.

DR.NITISH KOTWAL

MBBS. D.M.R.D., (BOM).

Consultant Radiologist And Sonologist.

Online reporting done hence no signature

10/02/2024

R

DIVYA PANDEY 28YRS/F CHEST XRAY PA

