

SUBURBAN DIAGNOSTICS - KALINA, SANTACRUZ EAST



Patient Name: SHAHEDA KHATOON
Patient ID: 2405700454

Date and Time: 26th Feb 24 10:06 AM

Age **29** **NA** **NA**
years months days

Gender **Female**

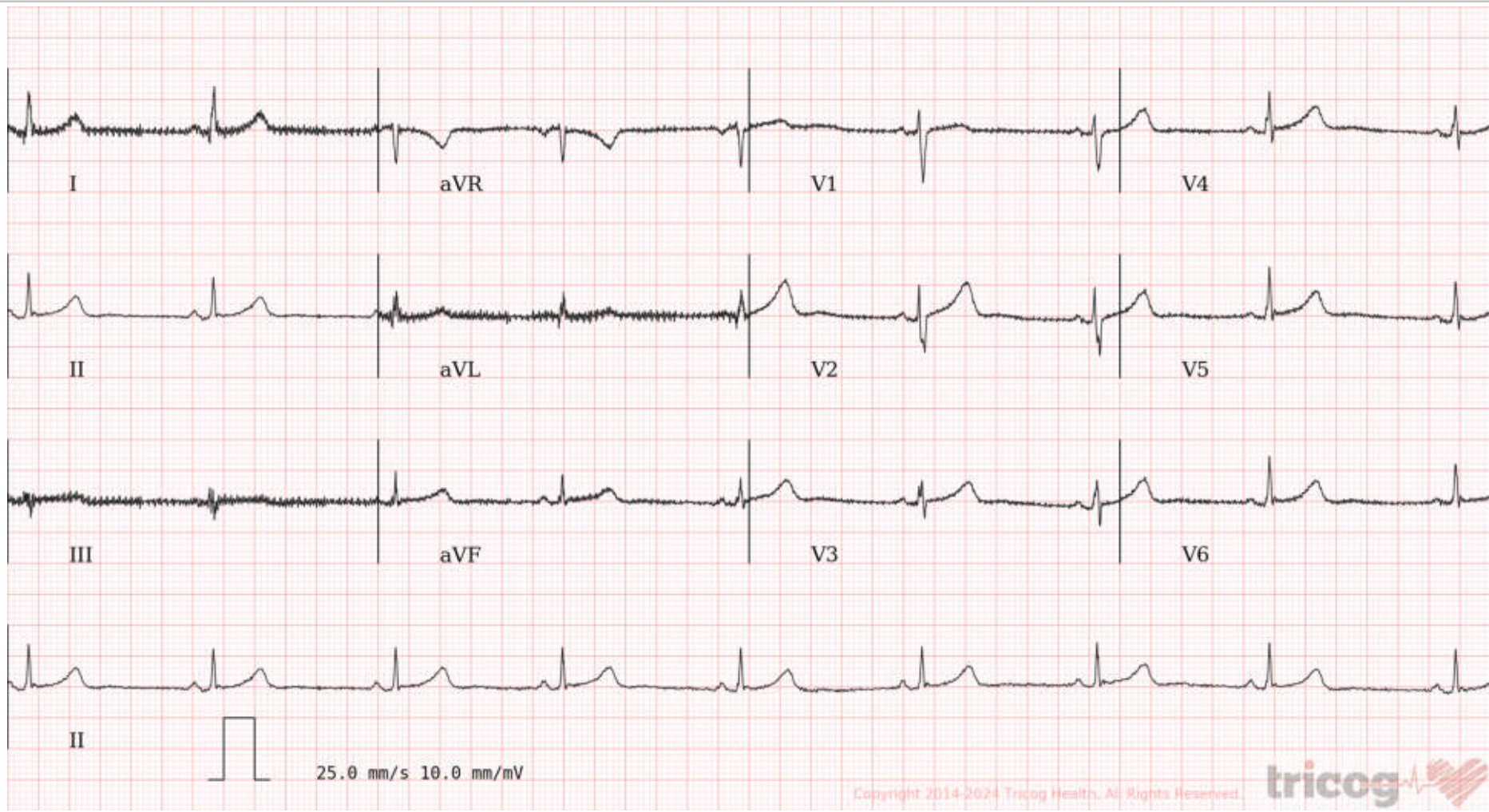
Heart Rate **52bpm**

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 64ms
QT: 428ms
QTcB: 398ms
PR: 120ms
P-R-T: 87° 38° 49°



Sinus Bradycardia. Please correlate clinically.

REPORTED BY

Dr Naveed Sheikh
PGDCC
2016/11/4694



CID : 2405700454
Name : MRS.SHAHEDA KHATOON
Age / Gender : 29 Years / Female
Consulting Dr. : -
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 26-Feb-2024 / 08:57
Reported : 26-Feb-2024 / 13:35

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	12.6	12.0-15.0 g/dL	Spectrophotometric
RBC	4.37	3.8-4.8 mil/cmm	Elect. Impedance
PCV	37.5	36-46 %	Calculated
MCV	85.8	81-101 fl	Measured
MCH	28.8	27-32 pg	Calculated
MCHC	33.6	31.5-34.5 g/dL	Calculated
RDW	11.8	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6700	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	24.8	20-40 %	
Absolute Lymphocytes	1661.6	1000-3000 /cmm	Calculated
Monocytes	6.4	2-10 %	
Absolute Monocytes	428.8	200-1000 /cmm	Calculated
Neutrophils	66.8	40-80 %	
Absolute Neutrophils	4475.6	2000-7000 /cmm	Calculated
Eosinophils	1.7	1-6 %	
Absolute Eosinophils	113.9	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	20.1	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	210000	150000-410000 /cmm	Elect. Impedance
MPV	11.7	6-11 fl	Measured
PDW	25.0	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 24 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 SDRL, Vidyavihar Lab
*** End Of Report ***



[Signature]
Dr. TRUPTI SHETTY
M. D. (PATH)
Pathologist



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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	91.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	104.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.15	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.10	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.05	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.7	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.3	1 - 2	Calculated
SGOT (AST), Serum	19.2	<34 U/L	Modified IFCC
SGPT (ALT), Serum	8.1	10-49 U/L	Modified IFCC
GAMMA GT, Serum	19.5	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	125.3	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	31.8	19.29-49.28 mg/dl	Calculated
BUN, Serum	14.9	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.51	0.55-1.02 mg/dl	Enzymatic

Note: Kindly note in change in reference range w.e.f. 07-09-2023



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Reported : 26-Feb-2024 / 19:48

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eGFR, Serum	130	(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	7.3	3.1-7.8 mg/dl	Uricase/ Peroxidase
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 SDRL, Vidyavihar Lab
*** End Of Report ***



Dr. ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab Director



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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	5.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	114.0	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 ***



Namrata Raul

Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Colour	Brown	Brown	-
Form and Consistency	Semi Solid	Semi Solid	-
Mucus	Absent	Absent	-
Blood	Absent	Absent	-
<u>CHEMICAL EXAMINATION</u>			
Reaction (pH)	Acidic (6.5)	-	pH Indicator
Occult Blood	Present	Absent	Guaiaac
<u>MICROSCOPIC EXAMINATION</u>			
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

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*** End Of Report ***



Dr. Vrushi Shroff

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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale Yellow	Pale Yellow	-
Reaction (pH)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	15	-	-
<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	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	++	Less than 20/hpf	
Others	-		

Kindly rule out contamination



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

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

Reference: Pack inert

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M.D.(PATH)
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Reported : 26-Feb-2024 / 13:31

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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

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*** End Of Report ***



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Dr.VRUSHALI SHROFF
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Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	166.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	102.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	62.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	103.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	83.0	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	2.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.3	0-3.5 Ratio	Calculated

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M.D (Biochem)
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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	5.0	3.5-6.5 pmol/L	CLIA
Free T4, Serum	10.7	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	1.384	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	CLIA



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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 ***



(Signature)

Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



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Opp. Laxmi Park of Pump, Kalina, CST Road,
Santacruz (E), Mumbai - 400055
Tel. No. 022-61700000

8981480247

Shaheda Khatoon

Suburban Diagnostics Kalina

Patient Details

Date: 26-Feb-24

Time: 11:06:25 AM

Name: MRS. SHAHEDA KHATOON ID: 2405700454



Age: 29 y

Sex: F

Height: 152 cms

Weight: 61 Kgs

Clinical History: Routine Test

Medications: NONE

Test Details

Protocol: Bruce

Pr.MHR: 191 bpm

THR: 162 (85 % of Pr.MHR) bpm

Total Exec. Time: 7 m 48 s

Max. HR: 160 (84% of Pr.MHR) bpm

Max. Mets: 10.20

Max. BP: 160 / 70 mmHg

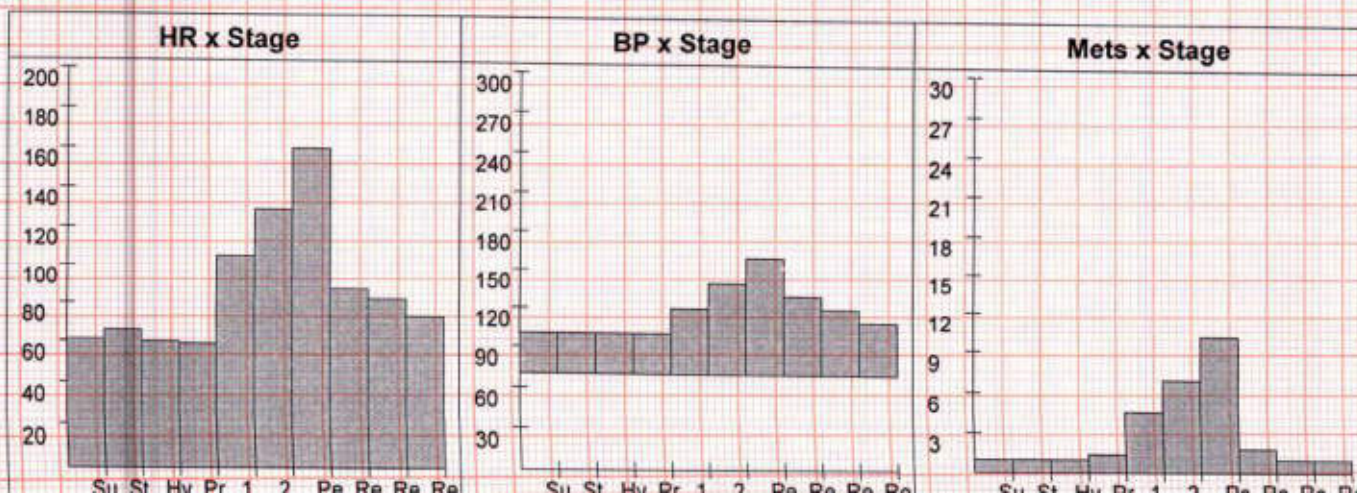
Max. BP x HR: 25600 mmHg/min

Min. BP x HR: 4200 mmHg/min

Test Termination Criteria: Fatigue

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 18	1.0	0	0	61	100 / 70	-1.49 aVR	0.71 II
Standing	0 : 9	1.0	0	0	66	100 / 70	-0.42 I	0.35 II
Hyperventilation	0 : 19	1.0	0	0	60	100 / 70	-0.64 aVR	-0.35 I
1	3 : 0	4.6	1.7	10	105	120 / 70	-1.06 aVR	3.89 II
2	3 : 0	7.0	2.5	12	129	140 / 70	-1.27 I	2.83 II
Peak Ex	1 : 48	10.2	3.4	14	160	160 / 70	-0.85 III	3.54 II
Recovery(1)	2 : 0	1.8	1	0	88	130 / 70	-1.06 aVR	3.18 II
Recovery(2)	2 : 0	1.0	0	0	83	120 / 70	-0.42 aVR	1.77 V3
Recovery(3)	1 : 1	1.0	0	0	74	110 / 70	-0.42 aVR	1.06 II



Suburban Diagnostics Kalina

Patient Details

Date: 26-Feb-24

Time: 11:06:25 AM

Name: MRS. SHAHEDA KHATOON ID: 2405700454

Age: 29 y

Sex: F

Height: 152 cms

Weight: 61 Kgs

Interpretation

AVERAGE EFFORT TOLERENCE
ACCELERATED HEART RATE RESPONSE
NORMAL BLOOD PRESSURE RESPONSE
NO ANGINA/ANGINA EQUIVALENTS
NO ARRHYTHMIAS
NO SIGNIFICANT ST-T CHANGES NOTED AS COMPARED TO BASELINE ECG
IMPRESSION : STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHAEMIA

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

Suburban Diagnostics (I) Pvt. Ltd.
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Santacruz (East),
Tel: No 022-26769990



DR. SHEIKH NAVEED
MBBS/PC
Clinical Cardiologist
Reg. No. 2016/11/4694

Ref. Doctor:

Doctor: NAVEED SHEIKH

(Summary Report edited by user)

Suburban Diagnostics Kalina

MRS. SHAHEDA KHATOON (29 F)

ID: 2405700454

Date: 26-Feb-24

B.P: 100 / 70

Protocol: Bruce

Stage: Supine

Speed: 0 mph

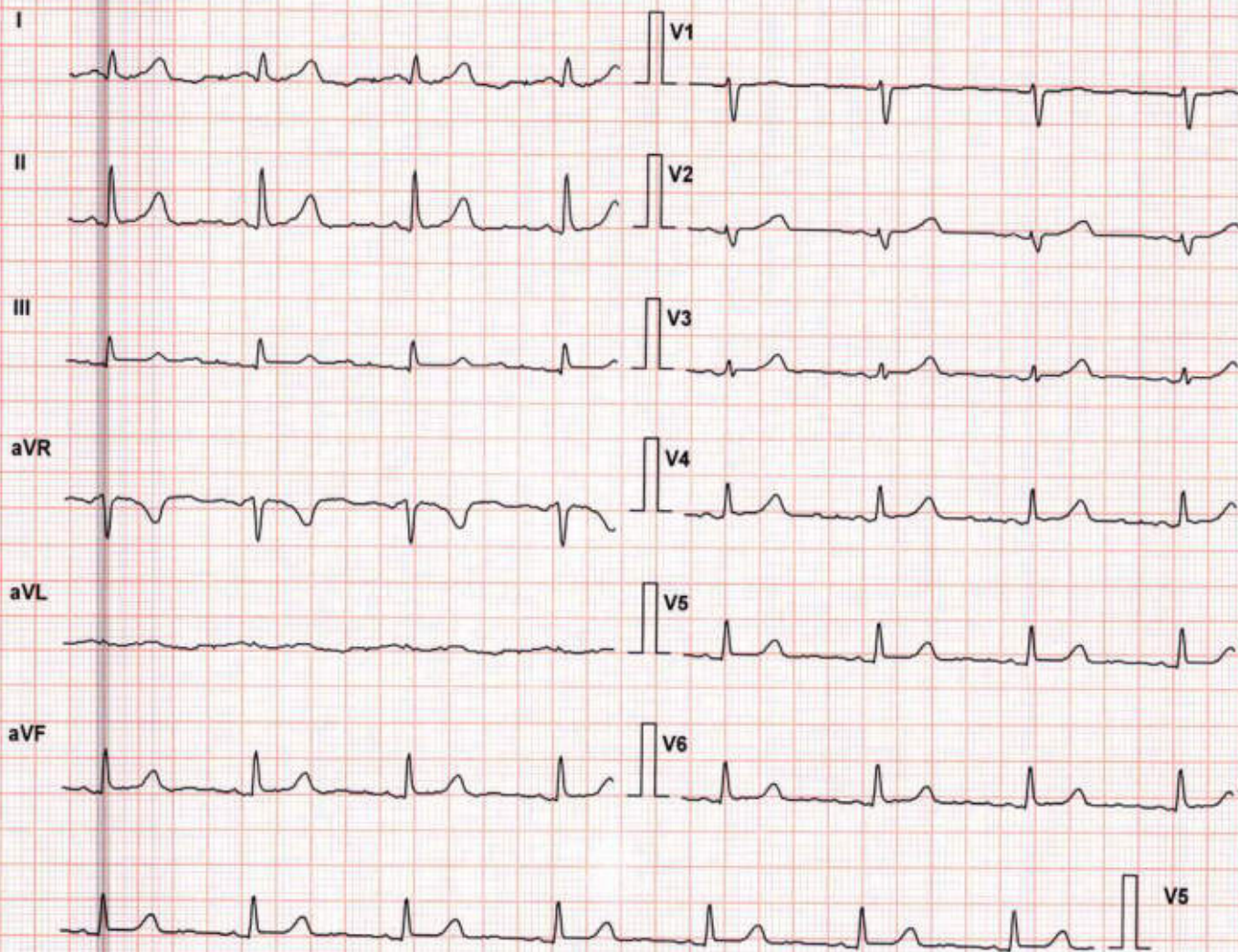
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 12 s

HR: 66 bpm

(THR: 162 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	-0.4	0.0
aVR	0.0	0.0
V1	0.2	0.0
V4	0.6	0.4
II	0.4	0.4
aVL	-0.2	0.4
V2	0.6	0.0
V5	0.6	0.0
III	0.6	0.0
aVF	0.4	0.0
V3	0.6	0.0
V6	0.4	0.4

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller Spandan V 4.51

Iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median



Suburban Diagnostics Kalina

MRS. SHAHEDA KHATOON (29 F)

ID: 2405700454

Date: 26-Feb-24

B.P: 100 / 70

Protocol: Bruce

Stage: Standing

Speed: 0 mph

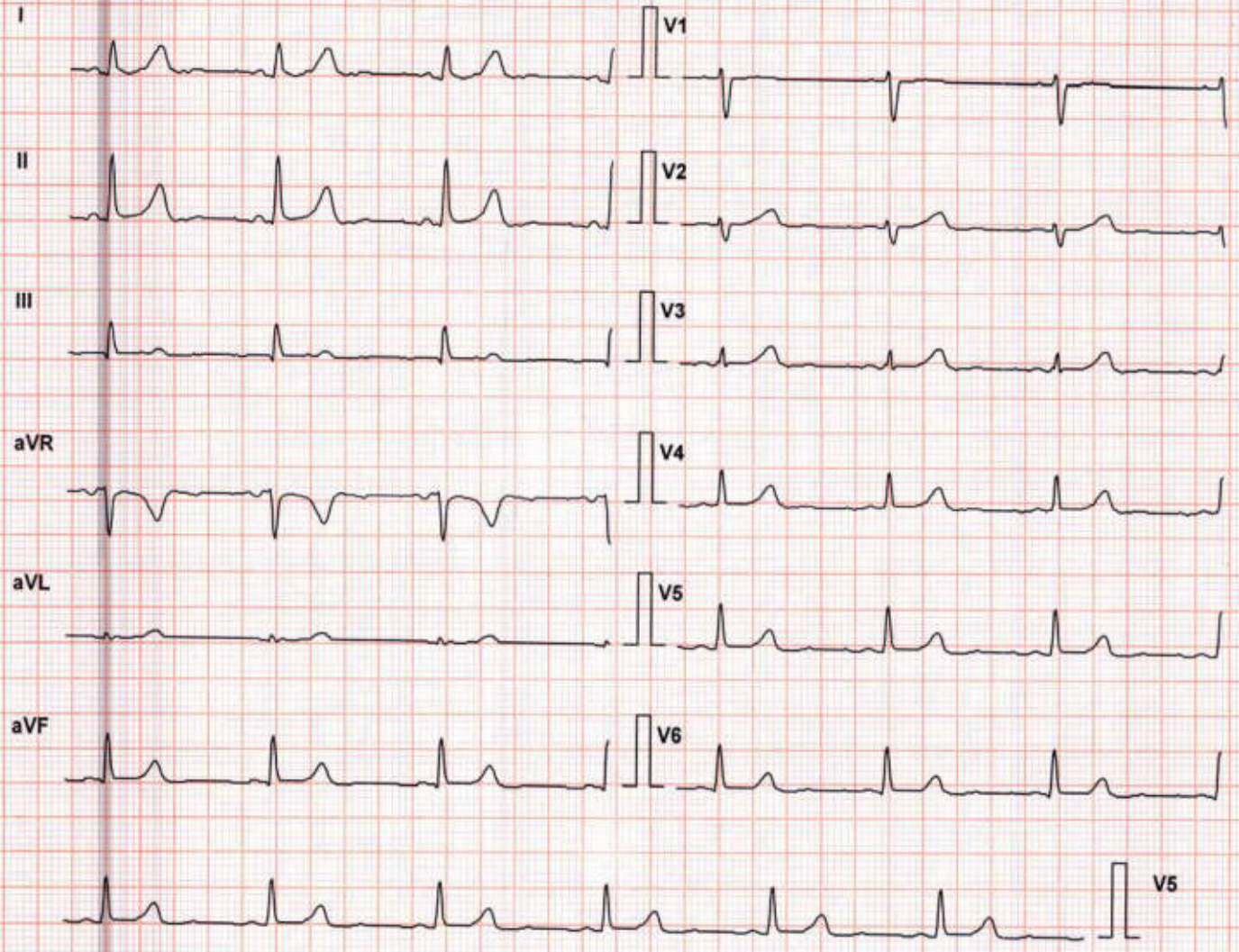
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 3 s

HR: 60 bpm

(THR: 162 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.2	0.0
II	0.4	0.0
III	0.0	0.0
aVR	-0.4	0.0
aVL	0.0	-0.4
aVF	0.2	0.0
V1	0.2	0.4
V2	0.4	0.4
V3	0.4	0.0
V4	0.2	0.0
V5	0.4	0.0
V6	0.2	0.0

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller Spandan V 4.51

Iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median



Suburban Diagnostics Kalina

MRS. SHAHEDA KHATOON (29 F)

ID: 2405700454

Date: 26-Feb-24

B.P: 100 / 70

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

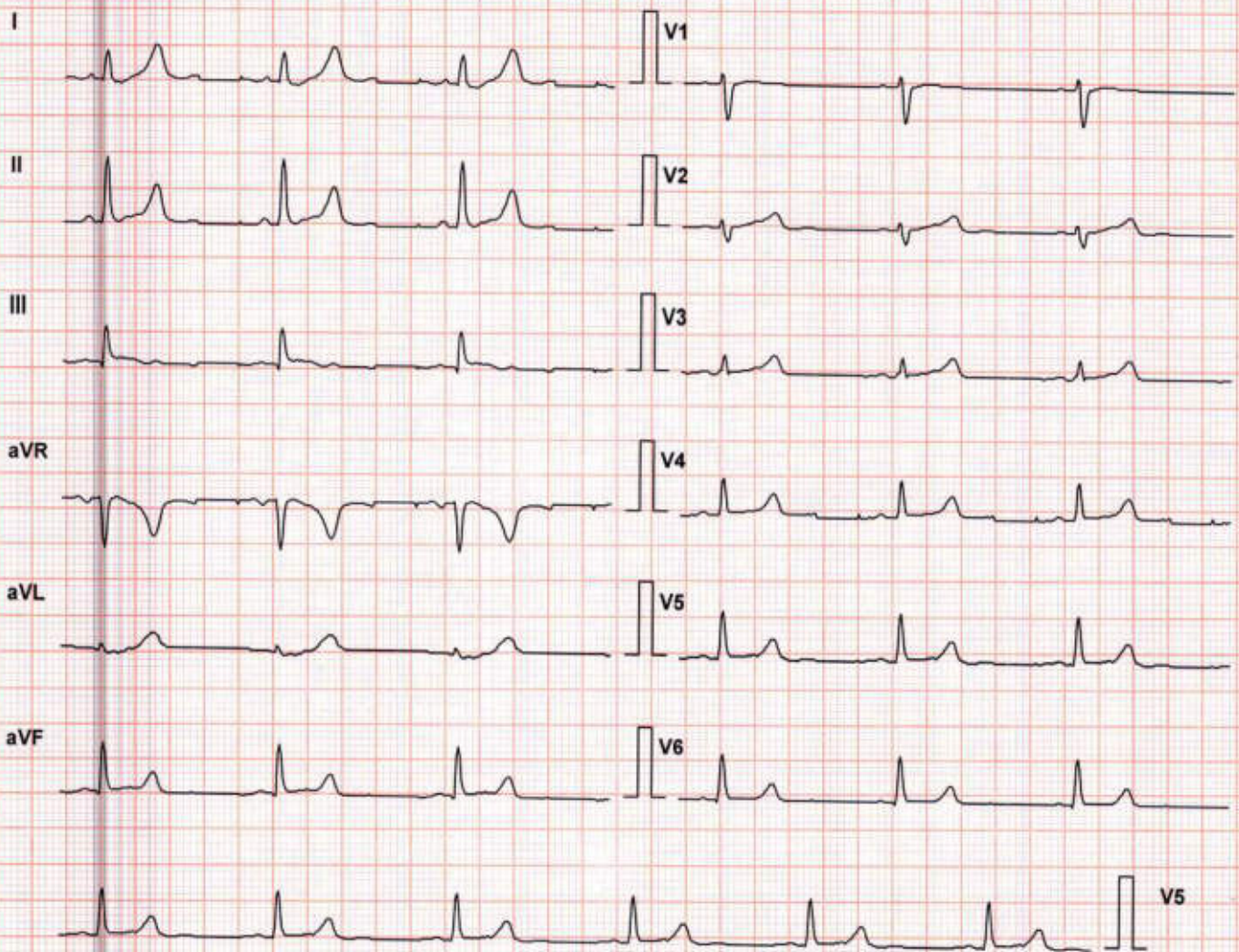
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 13 s

HR: 57 bpm

(THR: 162 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.2	1.1
II	0.6	1.1
III	0.4	0.0
aVR	-0.4	-1.1
aVL	-0.2	0.4
aVF	0.4	0.4
V1	0.4	0.7
V2	0.6	0.7
V3	0.6	0.4
V4	0.4	0.0
V5	0.2	0.0
V6	0.2	0.0

Chart Speed: 25 mm/sec
Schiller Spandan V 4.51

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON
Post J = J + 60 ms

Amp: 10 mm
Linked Median

Suburban Diagnostics Kalina

MRS. SHAHEDA KHATOON (29 F)

ID: 2405700454

Date: 26-Feb-24

B.P: 120 / 70

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

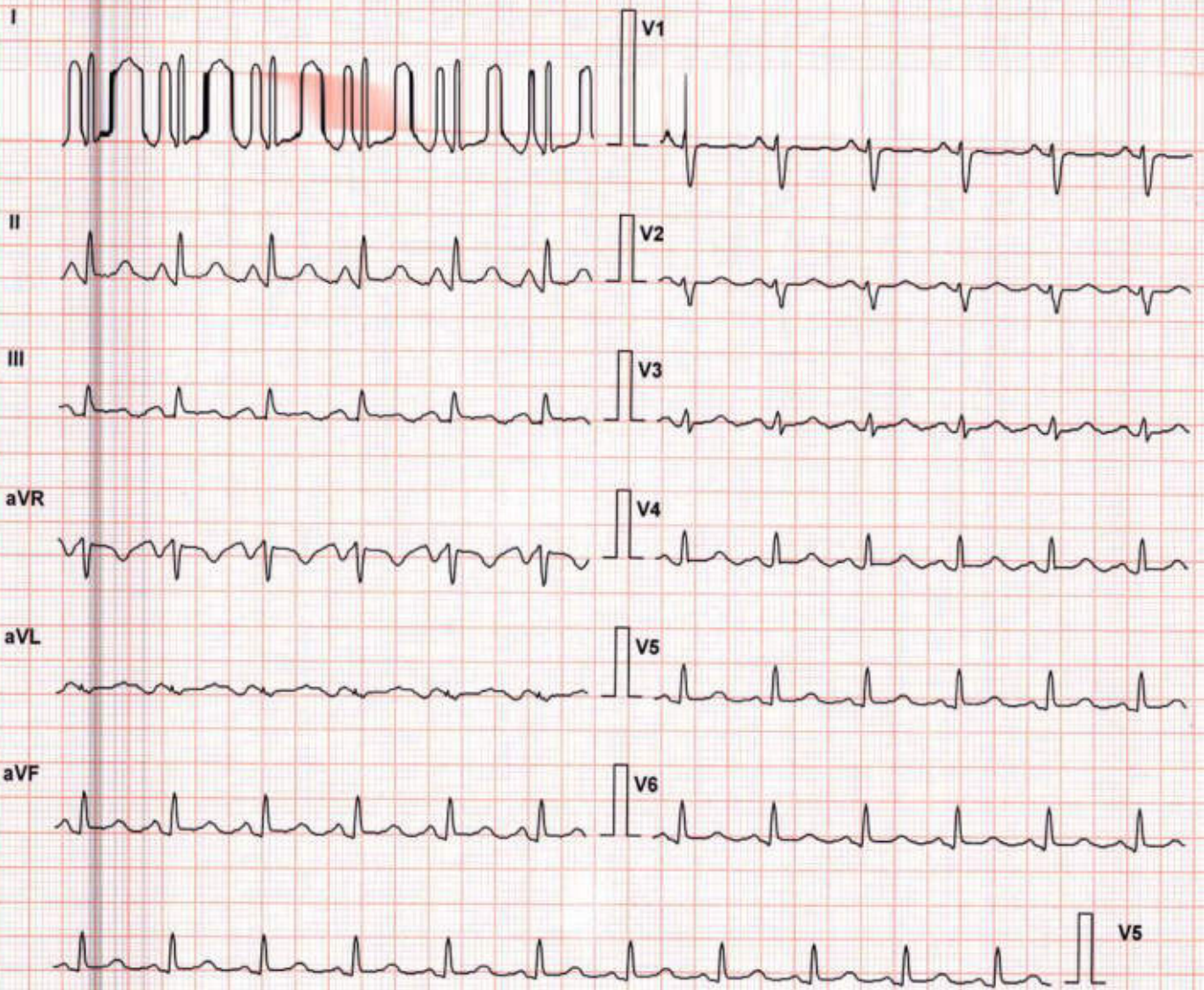
Grade: 10 %

Exec Time : 2 m 54 s

Stage Time : 2 m 54 s

HR: 107 bpm

(THR: 162 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.0	0.4
aVR	-0.4	-0.4
V1	0.2	-0.4
V4	0.8	0.4
II	0.8	0.4
aVL	-0.2	0.4
V2	0.4	0.0
V5	0.6	0.4
III	0.6	0.0
aVF	0.6	0.0
V3	0.6	0.4
V6	0.4	0.0

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller Spandan V 4.51

Iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

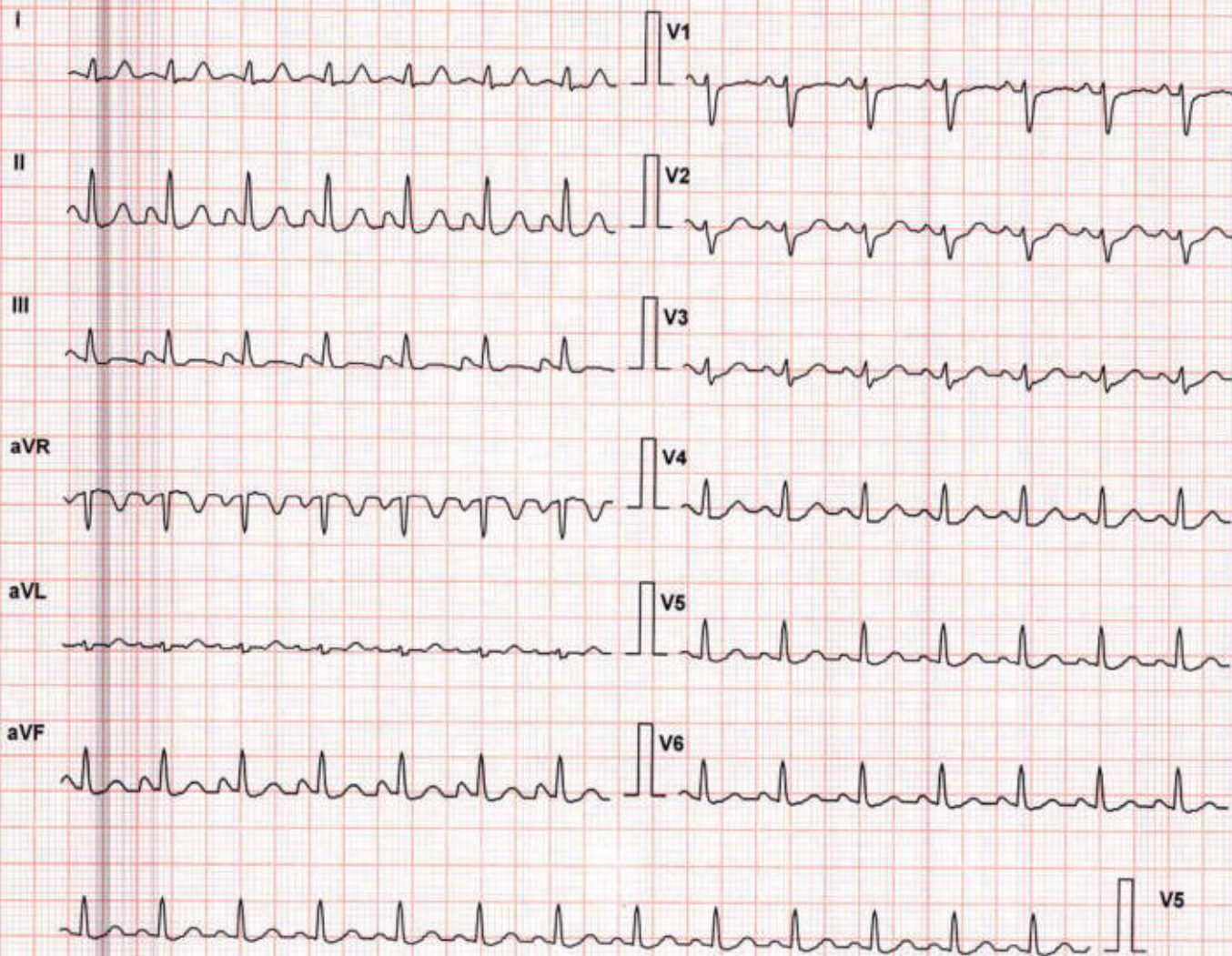
Grade: 12 %

Exec Time : 5 m 54 s

Stage Time : 2 m 54 s

HR: 129 bpm

(THR: 162 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	-0.2	0.4
aVR	0.0	-0.7
V1	0.2	0.4
V4	0.6	1.8
II	0.2	1.4
aVL	-0.2	-0.4
V2	0.4	1.1
V5	0.2	1.4
III	0.0	0.7
aVF	0.2	1.4
V3	0.4	1.4
V6	0.0	1.1

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller Spandan V 4.51

Iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median

Suburban Diagnostics Kalina

MRS. SHAHEDA KHATOON (29 F)

ID: 2405700454

Date: 26-Feb-24

B.P: 160 / 70

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

Exec Time : 7 m 42 s

Stage Time : 1 m 42 s

HR: 160 bpm

(THR: 162 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.2	0.7
II	0.2	2.1
III	0.0	1.4
aVR	0.0	-1.4
aVL	0.0	0.0
aVF	0.0	1.8
V1	0.2	0.4
V2	0.8	1.8
V3	0.6	1.4
V4	0.4	1.8
V5	0.0	1.4
V6	0.2	1.1

Chart Speed: 25 mm/sec
Schiller Spandan V 4.51

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON
Post J = J + 60 ms

Amp: 10 mm
Linked Median

Suburban Diagnostics Kalina

MRS. SHAHEDA KHATOON (29 F)

ID: 2405700454

Date: 26-Feb-24

B.P: 130 / 70

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

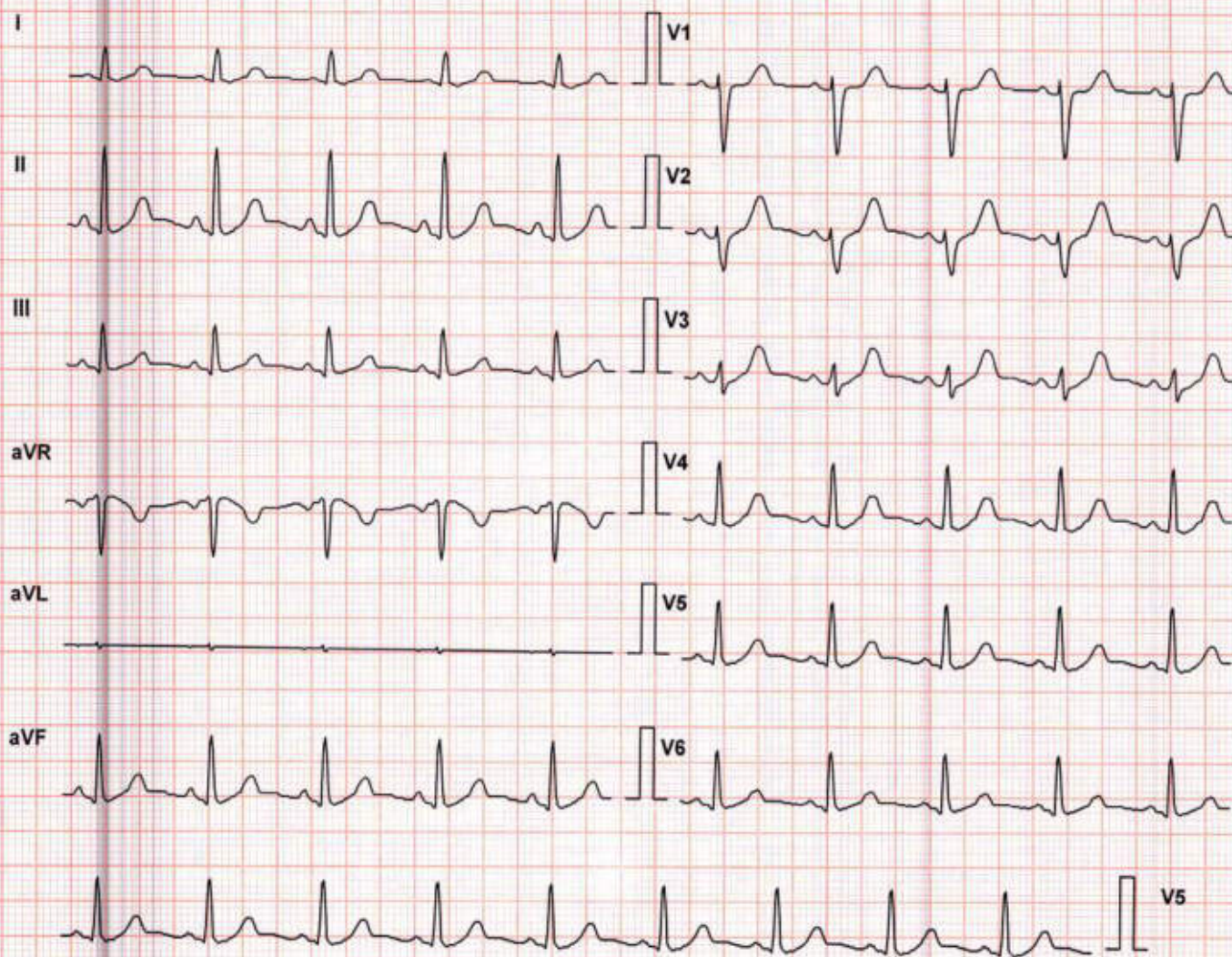
Grade: 0 %

Exec Time : 7 m 48 s

Stage Time : 1 m 54 s

HR: 89 bpm

(THR: 162 bpm)



Lead	ST Level (mm)	ST Slope (mV / s)
I	0.2	1.1
II	0.6	1.4
III	0.4	1.1
aVR	-0.4	-1.4
aVL	0.0	0.0
aVF	0.4	1.1
V1	0.4	0.0
V2	1.3	1.1
V3	1.3	1.8
V4	0.8	1.8
V5	0.2	0.7
V6	0.2	0.7

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller Spandan V4.5f

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Suburban Diagnostics Kalina

MRS. SHAHEDA KHATOON (29 F)

ID: 2405700454

Date: 26-Feb-24

B.P: 120 / 70

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

Exec Time : 7 m 48 s

Stage Time : 1 m 54 s

HR: 80 bpm

(THR: 162 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.2	0.7
II	0.6	0.7
III	0.2	0.0
aVR	-0.4	-0.7
aVL	0.0	0.0
aVF	0.6	0.7
V1	0.2	0.0
V2	0.8	0.4
V3	0.8	1.1
V4	0.4	0.7
V5	0.4	0.4
V6	0.2	0.4

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller Spandan V 4.51

Iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median

Suburban Diagnostics Kalina

MRS. SHAHEDA KHATOON (29 F)

ID: 2405700454

Date: 26-Feb-24

B.P: 110 / 70

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

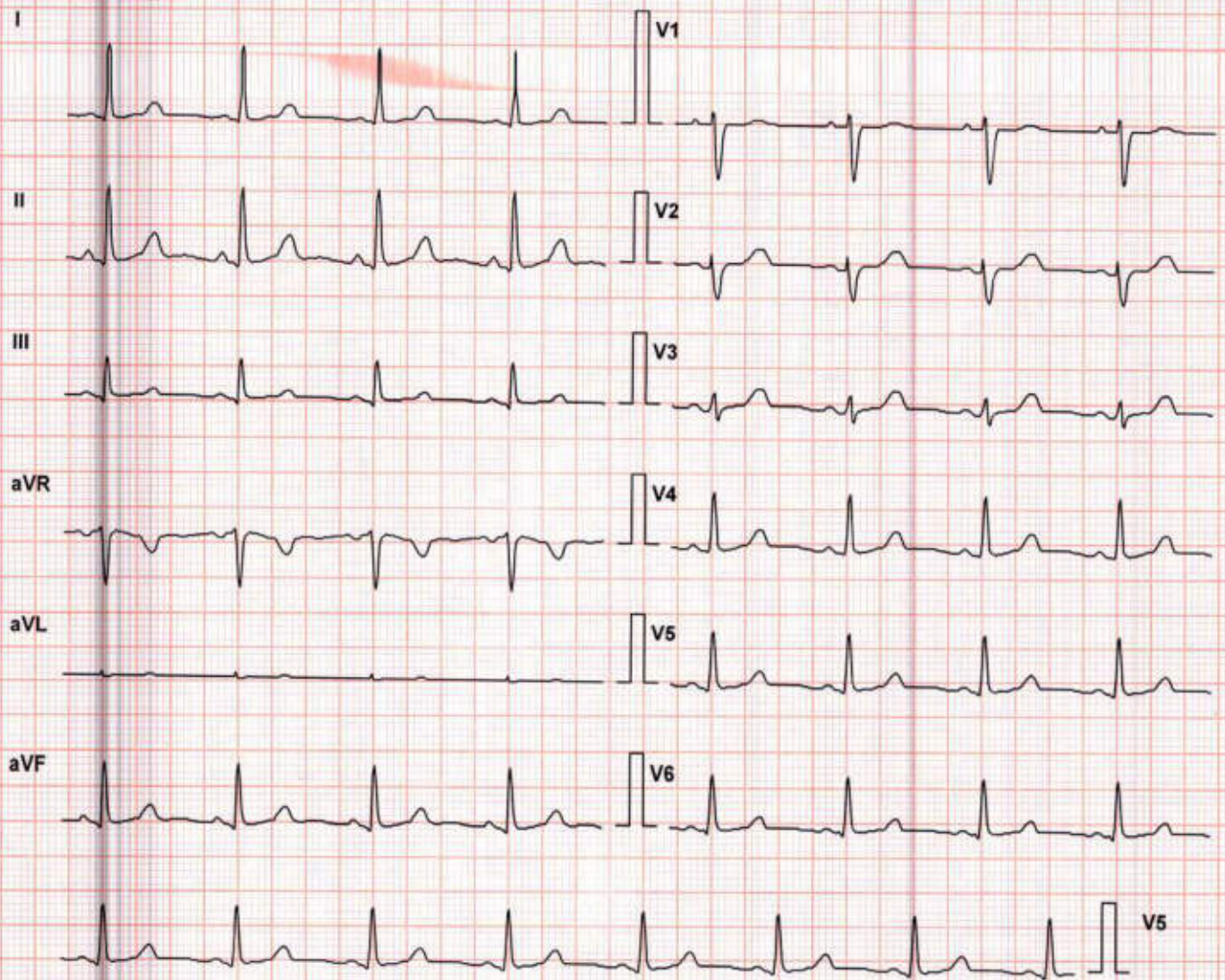
Grade: 0 %

Exec Time : 7 m 48 s

Stage Time : 0 m 55 s

HR: 74 bpm

(THR: 162 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.2	0.4
aVR	-0.2	-0.4
V1	0.0	0.0
V4	0.4	0.4
II	0.4	0.4
aVL	0.0	0.0
V2	0.6	0.0
V5	0.2	0.4
III	0.2	0.4
aVF	0.2	0.0
V3	0.8	0.4
V6	0.2	0.4

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller Spandan V 4.51

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



CID : 2405700454
Name : Khatoon Shaheda Mrs
Age / Sex : 29 Years/Female
Ref. Dr :
Reg. Location : Kalina, Santacruz East Main Centre

Reg. Date : 26-Feb-2024
Reported : 26-Feb-2024/09:43

USG WHOLE ABDOMEN

LIVER:

The liver measures 17.1 cm , enlarge in size , is normal in shape and smooth margins.
It shows bright parenchymal echo pattern.

The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is not seen (post cholecystectomy status)

PANCREAS:

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

KIDNEYS:

Both the kidneys are normal in size shape and echotexture.

No evidence of any calculus,hydronephrosis or mass lesion seen.

Right kidney measures : 9.7 x 3.5 cm. Left kidney measures : 9.6 x 4.5 cm.

SPLEEN:

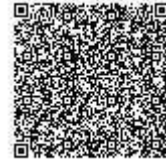
The spleen is normal in size and echotexture.No evidence of focal lesion is noted.
There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

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

UTERUS:

The uterus is anteverted and appears normal.It measures 8.1 x 4.1 x 4.0 cm in size.
The endometrial thickness is 6 mm.



Use a QR Code Scanner
Application To Scan the Code

CID : 2405700454
Name : Khatoon Shaheda Mrs
Age / Sex : 29 Years/Female
Ref. Dr :
Reg. Location : Kalina, Santacruz East Main Centre

Reg. Date : 26-Feb-2024
Reported : 26-Feb-2024/09:43

OVARIES:

Both the ovaries are well visualised and appears normal.
There is no evidence of any ovarian or adnexal mass seen.
Right ovary = 2.9 x 1.5 x 1.4 cm volume:3.5 cc
Left ovary = 2.9 x 1.7 x 1.6 cm volume : 4.5 cc.
POD is clear .

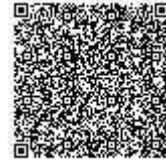
IMPRESSION:-

Mild hepatomegaly with fatty Liver.

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

Ashvan

DR.ASHA DHAVAN
MBBS ; D.M.R.E
CONSULTANT RADIOLOGIST



Use a QR Code Scanner
Application To Scan the Code

CID : 2405700454
Name : Khatoon Shaheda Mrs
Age / Sex : 29 Years/Female
Ref. Dr :
Reg. Location : Kalina, Santacruz East Main Centre

Reg. Date : 26-Feb-2024
Reported : 26-Feb-2024/09:43