



CID# TESTING HS: 2404122084

Name : MRS.MAHENOOR SIDDIQUI

Age / Gender : 35 Years/Female

Consulting Dr. :

Reg.Location : Andheri West (Main Centre)

Collected : 10-Feb-2024 / 09:24

Reported : 12-Feb-2024 / 11:45

PHYSICAL EXAMINATION REPORT

History and Complaints:

Asymptomatic

K/C/O PCOD on medication

EXAMINATION FINDINGS:

Height (cms): 162 cms

Temp (0c): Afebrile

Blood Pressure (mm/hg): 110/80 mm of Hg

Pulse: 66/min

Weight (kg): 93 kgs

Skin: Normal

Nails: Normal

Lymph Node: Not palpable

Systems

Cardiovascular: S1S2 audible

Respiratory: AEBE

Genitourinary: NAD

GI System: Liver & Spleen not palpable

CNS: NAD

IMPRESSION:

K/C/O PCOD on medication,

Urine shows blood=3+,Rbcs=20-25/hpf,hematuria,

USG findings are suggestive of Polycystic ovarian disease,

Rest reports appears to be in normal limits.

ADVICE:

Kindly consult your treating physician with all your reports,

Repeat urine in view of urine report,

Therapeutic life style modification is advised.

CHIEF COMPLAINTS:

1) Hypertension: No

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- | | |
|--|------------------|
| 2) IHD | No |
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis | No |
| 6) Asthama | No |
| 7) Pulmonary Disease | No |
| 8) Thyroid/ Endocrine disorders | No |
| 9) Nervous disorders | No |
| 10) GI system | No |
| 11) Genital urinary disorder | No |
| 12) Rheumatic joint diseases or symptoms | No |
| 13) Blood disease or disorder | No |
| 14) Cancer/lump growth/cyst | No |
| 15) Congenital disease | No |
| 16) Surgeries | H/O LSCS in 2022 |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

- | | |
|---------------|--------------------------------|
| 1) Alcohol | No |
| 2) Smoking | No |
| 3) Diet | Mixed |
| 4) Medication | Tab. Metformin 500 mg On & off |

*** End Of Report ***

Sangeeta Manwani

Dr.Sangeeta Manwani
M.B.B.S. Reg.No.71083

Date:- _____ CID: 2404122084
 Name:- mahenoor siddiqui Sex / Age: / F 35

EYE CHECK UP

Chief complaints: Nil
 Systemic Diseases: PCOD
 Past history: -
 Unaided Vision: -
 Aided Vision: -
 Refraction: -

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	_____	_____	_____	6/6	_____	_____	_____	6/6
Near	_____	_____	_____	N6	_____	_____	_____	N6

Colour Vision: Normal / Abnormal

Remark: Normal vision



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Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 10-Feb-2024 / 09:42
Reported : 10-Feb-2024 / 11:13

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CBC (Complete Blood Count), Blood			
RBC PARAMETERS			
Haemoglobin	14.1	12.0-15.0 g/dL	Spectrophotometric
RBC	5.40	3.8-4.8 mil/cmm	Elect. Impedance
PCV	42.3	36-46 %	Calculated
MCV	78.5	80-100 fl	Measured
MCH	26.1	27-32 pg	Calculated
MCHC	33.3	31.5-34.5 g/dL	Calculated
RDW	14.8	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	7990	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	22.2	20-40 %	
Absolute Lymphocytes	1780	1000-3000 /cmm	Calculated
Monocytes	6.2	2-10 %	
Absolute Monocytes	500	200-1000 /cmm	Calculated
Neutrophils	69.5	40-80 %	
Absolute Neutrophils	5540	2000-7000 /cmm	Calculated
Eosinophils	2.1	1-6 %	
Absolute Eosinophils	170	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
PLATELET PARAMETERS			
Platelet Count	329000	150000-400000 /cmm	Elect. Impedance
MPV	7.8	6-11 fl	Measured
PDW	14.2	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	Mild		
Microcytosis	Mild		



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Collected : 10-Feb-2024 / 09:42
Reported : 10-Feb-2024 / 11:30

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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 6 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
- Bridgen 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 CPL, Andheri West
*** End Of Report ***



J. Thakker

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



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Reg. Location : Andheri West (Main Centre)

Collected : 10-Feb-2024 / 09:42
Reported : 10-Feb-2024 / 14:11

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	91.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.82	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.27	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.55	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	16.6	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	17.6	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	20.9	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	128.4	35-105 U/L	Colorimetric
BLOOD UREA, Serum	12.5	12.8-42.8 mg/dl	Kinetic
BUN, Serum	5.8	6-20 mg/dl	Calculated
CREATININE, Serum	0.49	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	126	(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



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Collected : 10-Feb-2024 / 09:42
Reported : 10-Feb-2024 / 15:47

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

URIC ACID, Serum	5.5	2.4-5.7 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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Authenticity Check



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Collected : 10-Feb-2024 / 09:42
Reported : 10-Feb-2024 / 12:00

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	102.5	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.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
*** End Of Report ***



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Collected : 10-Feb-2024 / 09:42
Reported : 10-Feb-2024 / 13:10

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
Rh TYPING	POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) 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 Harming, 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 CPL, Andheri West
*** End Of Report ***



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Collected : 10-Feb-2024 / 09:42
Reported : 10-Feb-2024 / 14:11

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	172.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	86.0	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	42.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	130.1	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	113.0	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	17.1	<= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.7	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
*** End Of Report ***



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Collected : 10-Feb-2024 / 09:42
Reported : 10-Feb-2024 / 12:16

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.6	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	1.84	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

Authenticity Check



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Collected : 10-Feb-2024 / 09:42
Reported : 10-Feb-2024 / 12:16

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 upto 15 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 transiently altered because 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 200%. 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)

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
*** End Of Report ***



J Thakker

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Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 10-Feb-2024 / 09:42
Reported : 10-Feb-2024 / 12:56

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	40	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
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
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	0-1	0-5/hpf	
Red Blood Cells / hpf	20-25	0-2/hpf	
Epithelial Cells / hpf	1-2		
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 CPL, Andheri West
*** End Of Report ***



J. Thakker

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Age / Sex : 35 Years/Female
Ref. Dr :
Reg. Location : Andheri West (Main Center)
Reg. Date : 10-Feb-2024
Reported : 10-Feb-2024 / 14:44

USG WHOLE ABDOMEN

LIVER:

The liver is mildly enlarged in size (15.7cm) and shows bright echotexture (Grade I fatty liver).
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 (4.2mm) appears normal.

GALL BLADDER:

Multiple calculi are noted in the lumen of the Gall bladder largest of size 19.4mm.
The gall bladder is otherwise normal in size, shape and is well distended with anechoic lumen.
Gall bladder wall is normal in thickness.
Features are suggestive of Cholelithiasis.

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 11.0 x 4.4cm. Left kidney measures 11.2 x 5.1cm.

SPLEEN:

The spleen is normal in size (10.7cm) 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 5.8 x 5.2 x 3.2cm in size.
The endometrial thickness is 6.6mm.

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OVARIES:

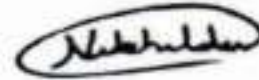
Both ovaries appear bulky. Both the ovaries show multiple (5-8 mm diameter) peripherally arranged follicles and increased echogenicity of central stroma. Findings could be suggestive of polycystic ovaries.

The right ovary measures 3.8 x 3.5 x 2.1cm. and ovarian volume is 15.6cc.

The left ovary measures 4.0 x 3.9 x 1.4cm. and ovarian volume is 12.2cc.

Kindly correlate clinically and with hormonal correlation for PCOD.

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



DR. NIKHIL DEV
M.B.B.S, MD (Radiology)
Reg No - 2014/11/4764
Consultant Radiologist



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Ref. Dr :
Reg. Location : Andheri West (Main Center)

Reg. Date : 10-Feb-2024
Reported : 10-Feb-2024 / 12:34

R
E
P
O
R
T

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.

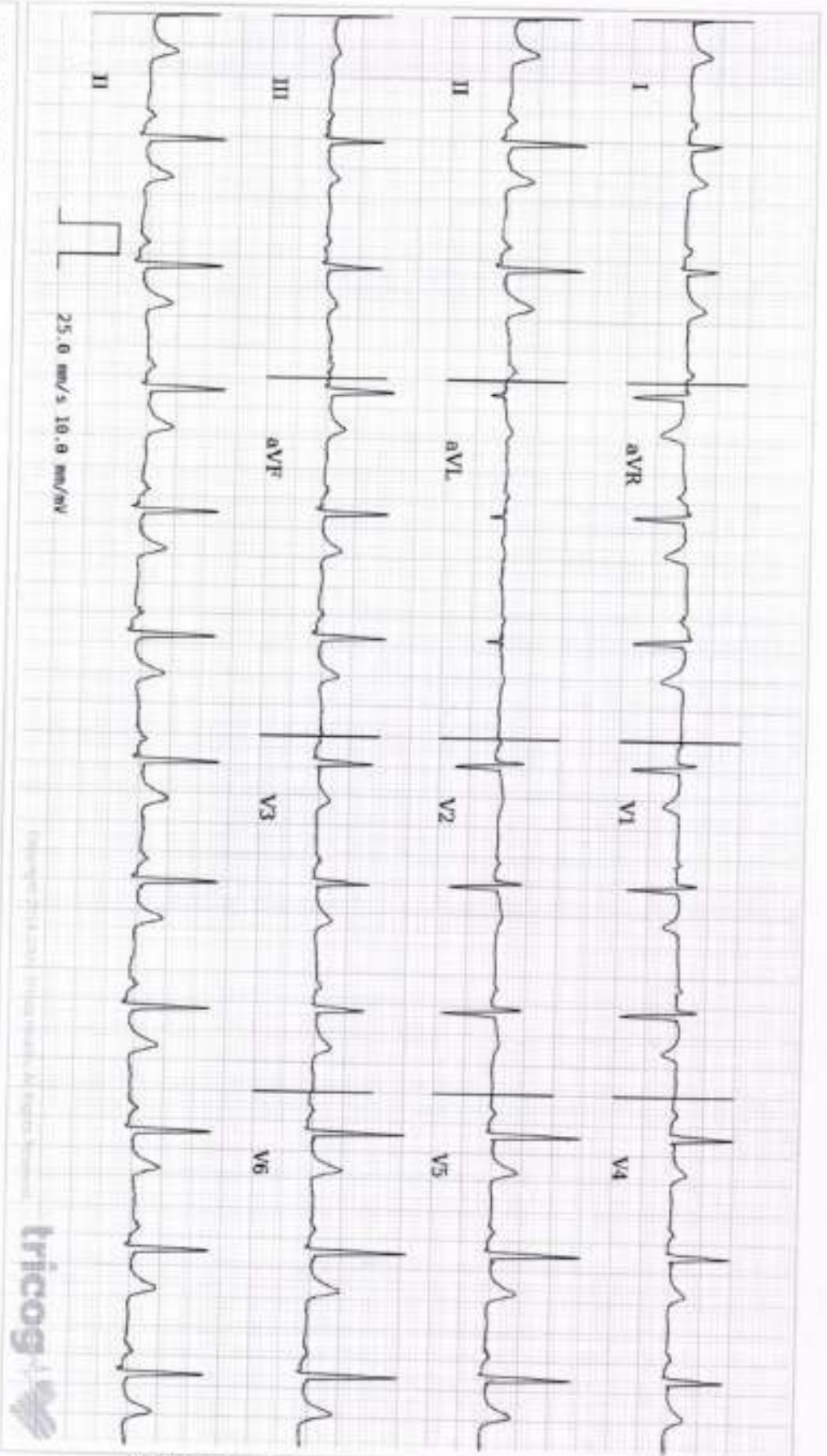
-----End of Report-----

Dr R K Bhandari
M D , DMRE
MMC REG NO. 34078

Click here to view images [http://3.111.232.119/iRISViewer/NeuroadViewer?
Access](http://3.111.232.119/iRISViewer/NeuroadViewer?Access)

sessionNo-2024021009255123

Page no 1 of 1



25.0 mm/s 10.0 mm/mV

tricog

Age: 35 NA NA
years months days

Gender: Female

Heart Rate: 72bpm

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
SpO2: NA
Resp: NA
Others: NA

Measurements

QRSD: 74ms
QT: 380ms
QTcB: 416ms
PR: 154ms
P-R-T: 42° 70° 52°

ECG Within Normal Limits: Sinus Rhythm early repolarisation changes. Please correlate clinically.

REPORTED BY

DR. RAVIN CHAVAN
MD, D.C.M.D., D. TECHNIQUES
Cardiologist & Technologist
290206/2348

Disclaimer: This analysis is the output of the ECG software and should be used as an advisory tool only. The accuracy of the diagnosis and the interpretation of the results of this analysis are not guaranteed. Please correlate clinically.

SUBURBAN DIAGNOSTICS

Patient Details **Date:** 10-Feb-24 **Time:** 12:09:19
Name: MAHENOOR SIDDIQUI ID: 2404122084
Age: 36 y **Sex:** F **Height:** 162 cms. **Weight:** 93 Kg.
Clinical History: NONE

Medications: NONE

Test Details

Protocol: Bruce **Pr.MHR:** 184 bpm **THR:** 156 (85 % of Pr.MHR) bpm
Total Exec. Time: 7 m 13 s **Max. HR:** 157 (85% of Pr.MHR) bpm **Max. Mets:** 10.20
Max. BP: 160 / 80 mmHg **Max. BP x HR:** 25120 mmHg/min **Min. BP x HR:** 7520 mmHg/min
Test Termination Criteria: Target HR attained

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 : 16	1.0	0	0	99	110 / 80	-0.85 aVR	1.42 II
Standing	0 : 6	1.0	0	0	97	110 / 80	-0.85 aVR	1.42 II
Hyperventilation	0 : 11	1.0	0	0	98	110 / 80	-0.85 aVR	1.06 II
1	3 : 0	4.6	1.7	10	125	120 / 80	-1.49 III	2.12 II
2	3 : 0	7.0	2.5	12	140	140 / 80	-1.70 III	2.12 II
Peak Ex	1 : 13	10.2	3.4	14	157	160 / 80	-1.91 III	3.54 II
Recovery(1)	1 : 0	1.8	1	0	129	140 / 80	-3.40 aVR	-5.68 aVR
Recovery(2)	1 : 0	1.0	0	0	103	120 / 80	-2.12 aVR	4.25 II
Recovery(3)	0 : 27	1.0	0	0	94	110 / 80	-1.06 aVR	2.83 II

Interpretation

GOOD EFFORT TOLERANCE
 NORMAL CHRONOTROPIC RESPONSE
 NORMAL INOTROPIC RESPONSE
 NO ANGINA/ ANGINA EQUIVALENTS
 NO ARRHYTHMIAS
 NO SIGNIFICANT ST-T CHANGES FROM BASELINE
 IMPRESSION: STRESS TEST IS NEGATIVE FOR STRESS 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.

Dr. Ravi Chavan
 MD, D.Clin.
 Consultant Cardiologist
 Reg. No. 2554501468

Ref. Doctor: ARCOFEMI HEALTHCARE

(Summary Report edited by user)

Doctor: DR. RAVI CHAVAN

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SUBURBAN DIAGNOSTICS

Test Report

MAHENOOR SIDDIQUI (36 F)

ID: 2404122064

Date: 10-Feb-24

Exec Time: 0 m 0 s

Stage Time: 0 m 10 s

HR: 95 bpm

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P.: 110 / 80

Protocol: Bruce

ST Level (mm) ST Slope (mV / s)

ST Level (mm) ST Slope (mV / s)

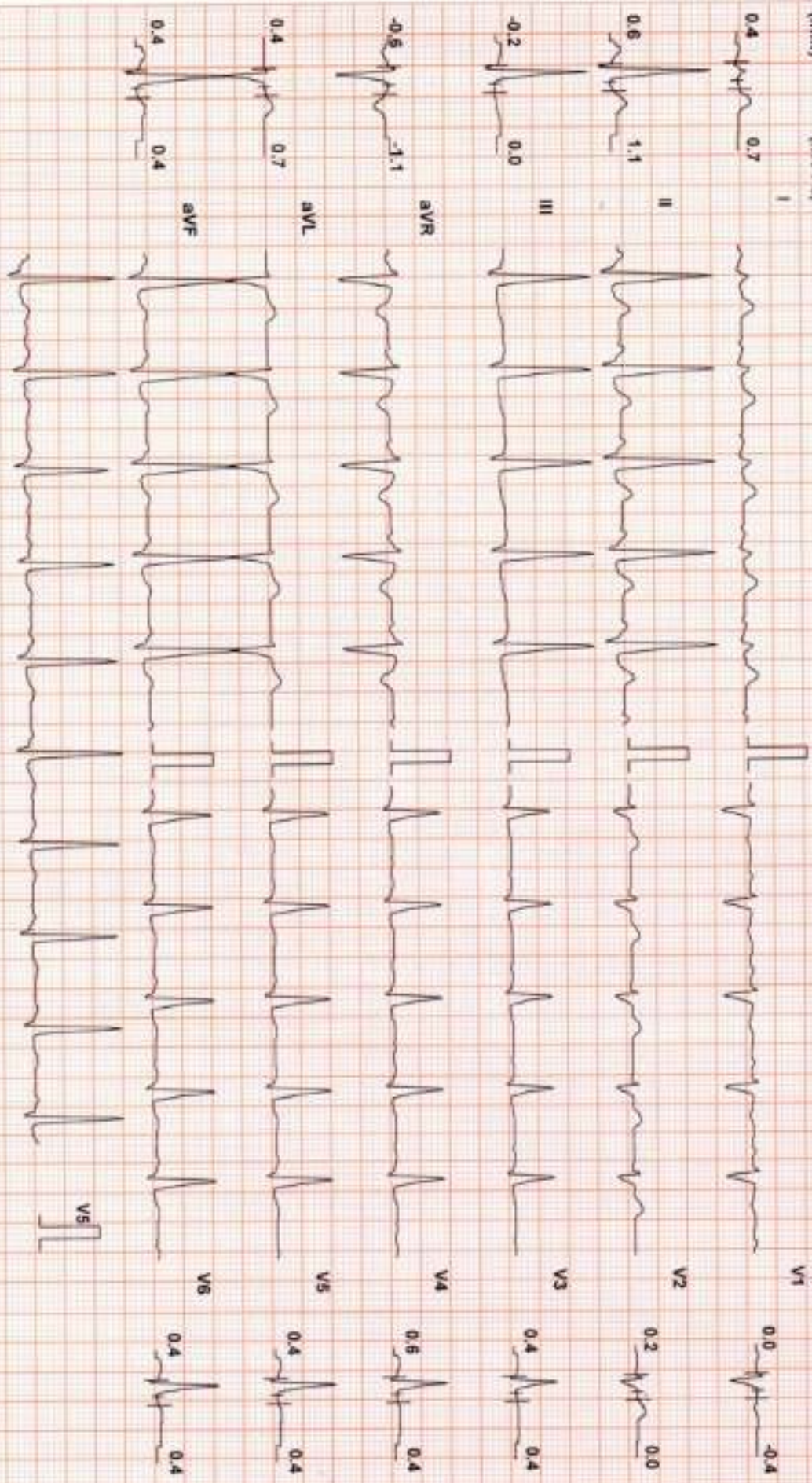


Chart Speed 25 mm/sec
Schick Standard V47

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Imp = R - 60 ms

J = R + 50 ms

Post J = J + 60 ms

Linked Median



MAHENOOR SIDDIQUI (36 F)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2404122084

Date: 10-Feb-24

Exec Time : 0 m 0 s

Stage Time : 0 m 0 s

HR: 98 bpm

ST Level (mm) ST Slope (mV/s)

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 110 / 80

ST Level (mm) ST Slope (mV/s)

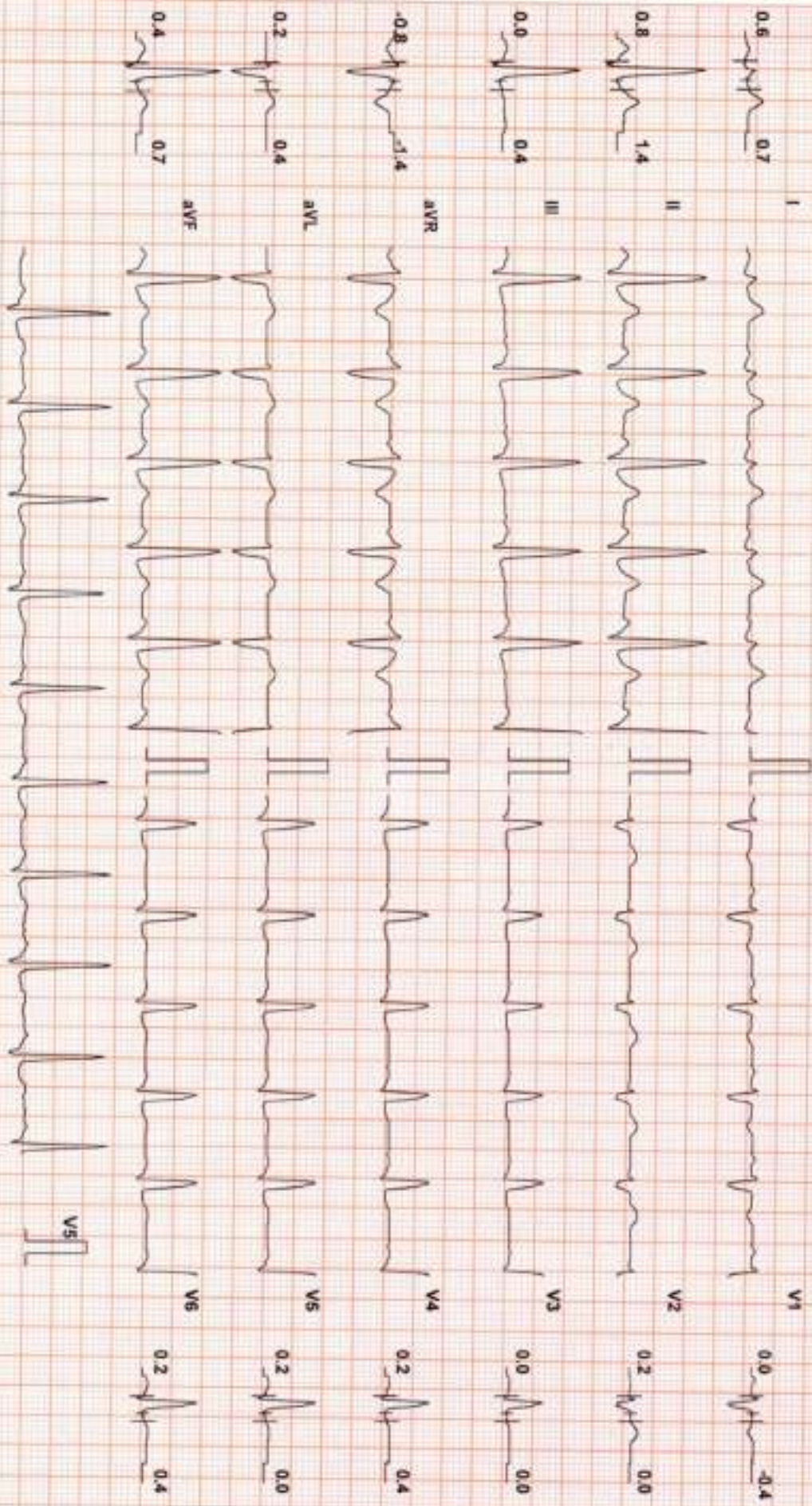


Chart Speed: 25 mm/sec
Scriber Spankan V 4.7

Filter: 35 Hz

Main's Fil: ON

Amp: 10 mm

Sp = R: 50 ms

J = R + 50 ms

Post J = J + 50 ms

Linked Median

SUBURBAN DIAGNOSTICS

Test Report

MAHENOOR SIDDIQUI (36 F)

ID: 2404122084

Date: 10-Feb-24

Exec Time: 0 m 0 s

Stage Time: 0 m 5 s

HR: 103 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0%

(THR: 156 bpm)

BP: 110/80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

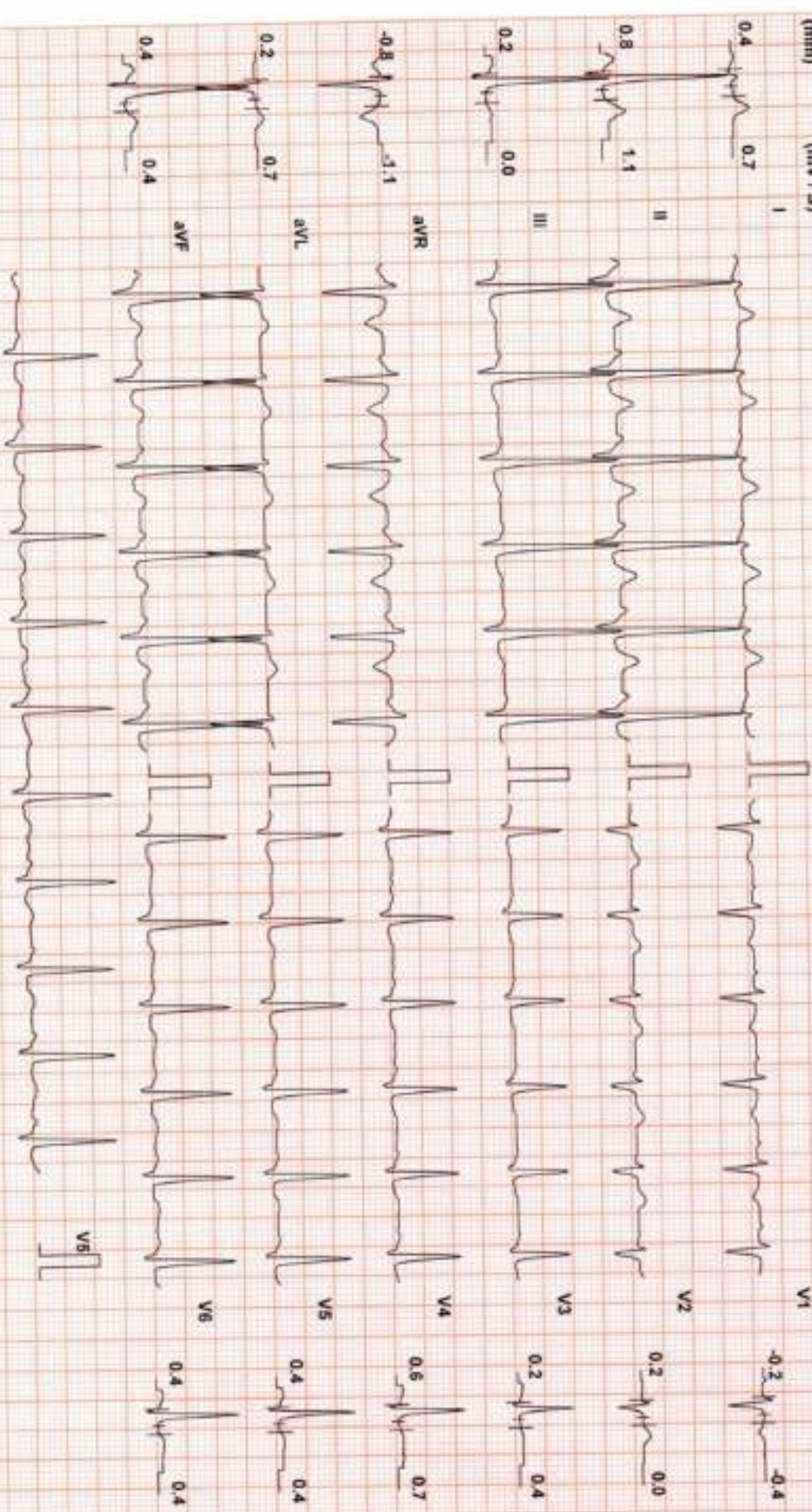


Chart Speed: 25 mm/sec
Scale: Standard V4.7

Filter: 35 Hz

Main: Filtr. ON

Amp: 10 mm

Re = R + 60 ms

J = R + 60 ms

Post J = J + 50 ms

Linked Median

MAHENOOR SIDDIQUI (36 F)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2404122084

Date: 10-Feb-24

Exec Time: 2 m 54 s Stage Time: 2 m 54 s HR: 125 bpm

Stage: 1

Speed: 1.7 mph Grade: 10%

(THR: 156 bpm)

B.P: 120 / 80

ST Level (mm) ST Slope (mV / s)

ST Level (mm) ST Slope (mV / s)

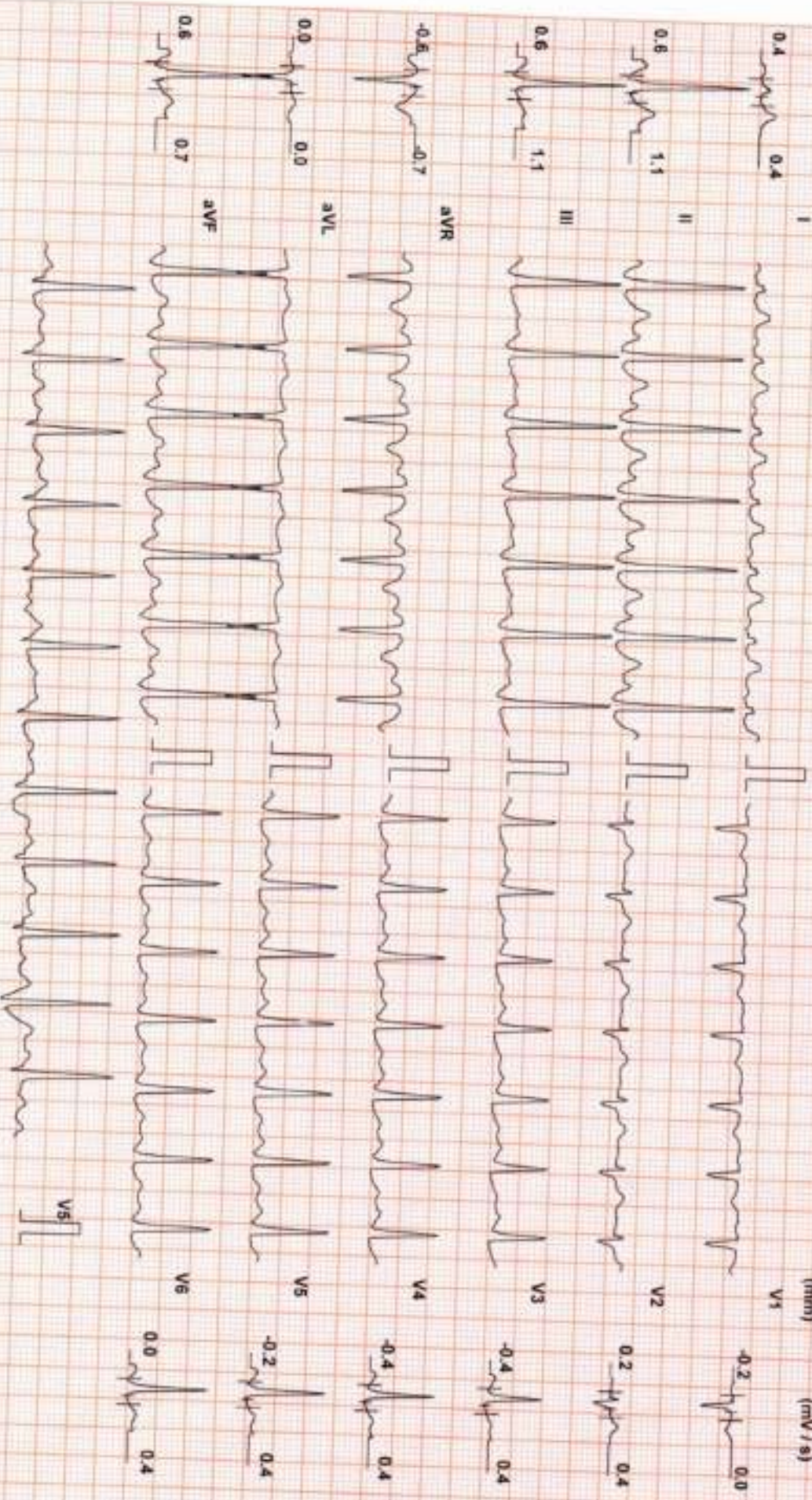


Chart Speed: 25 mm/sec
Scale: Standard V & I

Filter: 35 Hz

Main Filter: ON

Amp: 10 mm

PR = R = 60 ms

J = R = 60 ms

Post J = J + 60 ms

Linked Median

Protocol: Bruce

ID: 2404122084

Date: 10-Feb-24

Stage: 2

Exec Time: 6 m 54 s

Grade: 12 %

Speed: 2.5 mph

(THR: 156 bpm)

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

B.P.: 140 / 80

I 0.4 0.7

V1 0.2 0.0

II -0.2 1.1

V2 0.4 0.4

III -0.8 0.4

V3 0.0 0.7

AVR 0.0 -0.7

V4 -0.2 0.7

AVL 0.2 0.0

V5 -0.2 0.7

AVF -0.4 0.7

V6 -0.4 0.7

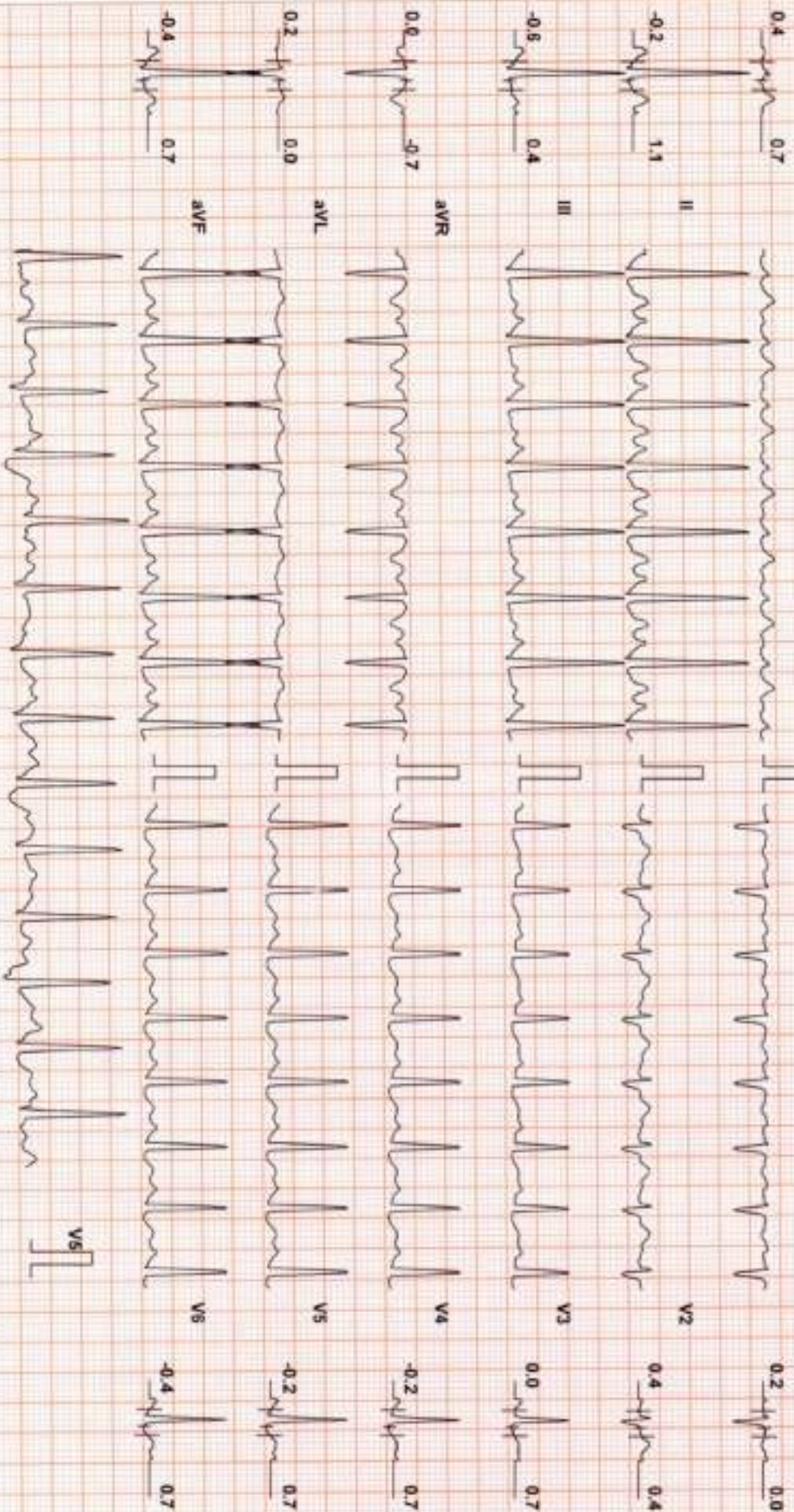


Chart Speed: 25 mm/sec
Scale: Spurred V 47

Filter: 36 Hz

Mains Fil: ON

Ampl: 10 mm

60 = R = 60 ms

J = R = 60 ms

Post J = J = 60 ms

Linked Median

MAHENOOR SIDDIQUI (36 F)

ID: 2404122094

Date: 10-Feb-24

Exec Time : 7 m 7 s

Stage Time : 1 m 7 s

HR: 155 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 156 bpm)

B.P: 160 / 80

ST Level (mm) ST Slope (mV / s)

ST Level (mm) ST Slope (mV / s)

I

V1

0.4 1.4

0.0 -1.1

II

V2

0.4 3.2

0.8 1.1

III

V3

0.4 1.1

0.0 0.0

aVR

V4

0.6 -3.5

0.0 1.8

aVL

V5

0.4 0.4

0.2 0.7

aVF

V6

0.0 2.1

0.6 1.8

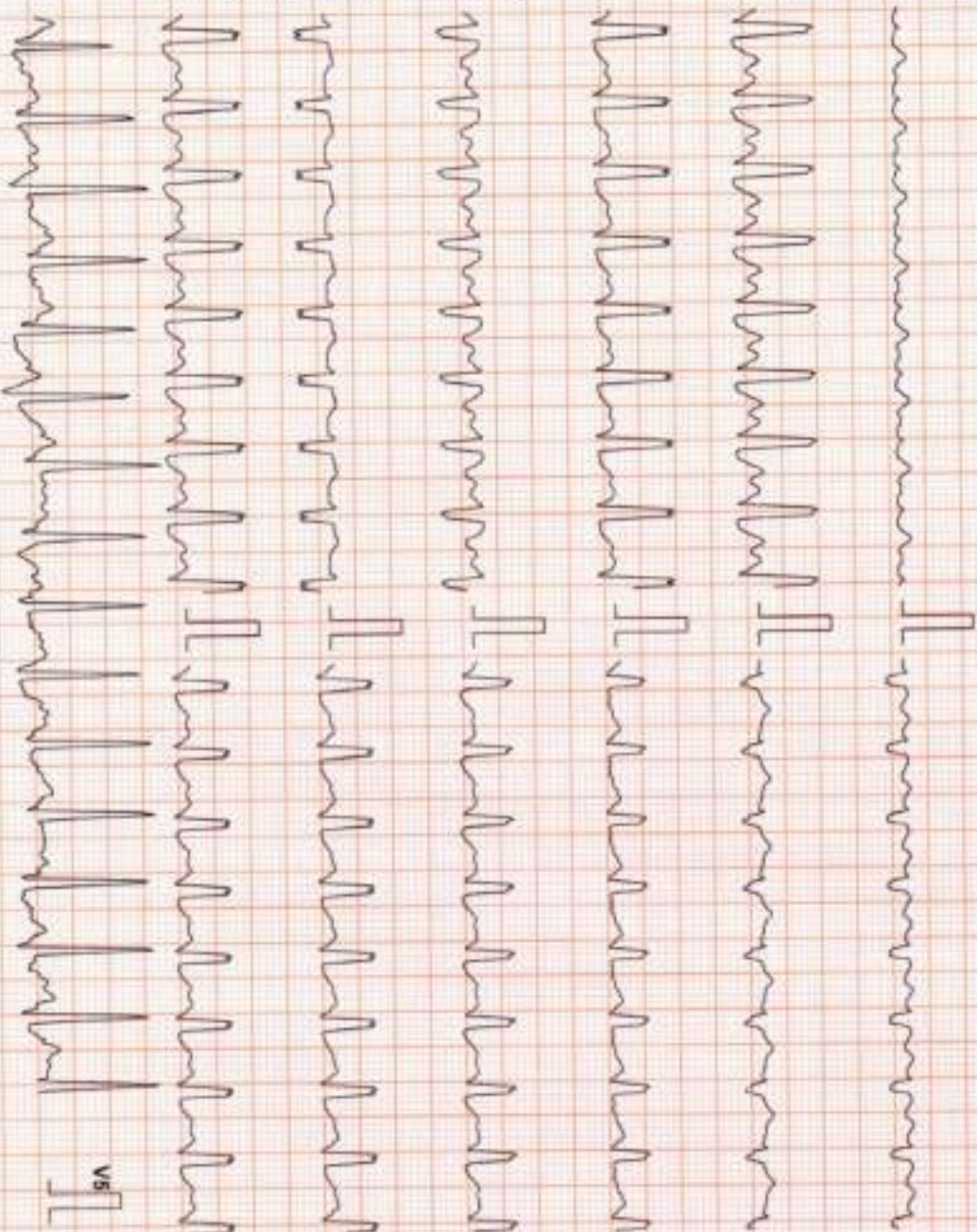


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Use = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Scale: Standard V47

Linked Median

MAHENOOR SIDDIQUI (36 F)

ID: 2404122084

Date: 10-Feb-24

Exec Time: 7 m 13 s

Stage Time: 0 m 54 s

HR: 133 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 156 bpm)

B.P.: 140 / 80

ST Level (mm) ST Slope (mV / s)

ST Level (mm) ST Slope (mV / s)

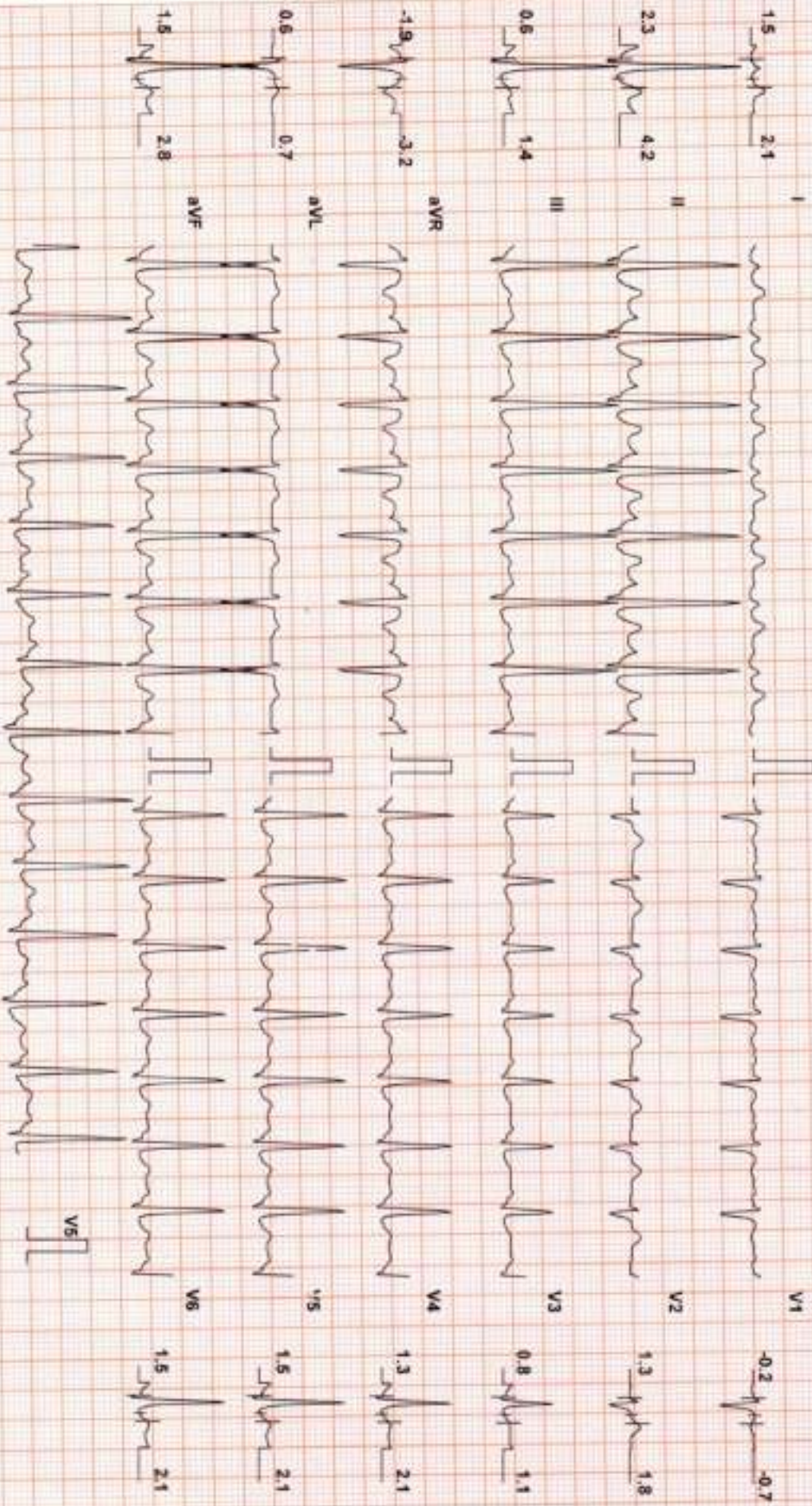


Chart Speed: 25 mm/sec
Spiral Spooler V.4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

50 + R - 60 ms

J - R - 60 ms

Post J - J + 60 ms

Linked Median

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0%

(THR: 156 bpm)

B.P.: 120 / 80

ST Level (mm) ST Slope (mV / s)

ST Level (mm) ST Slope (mV / s)

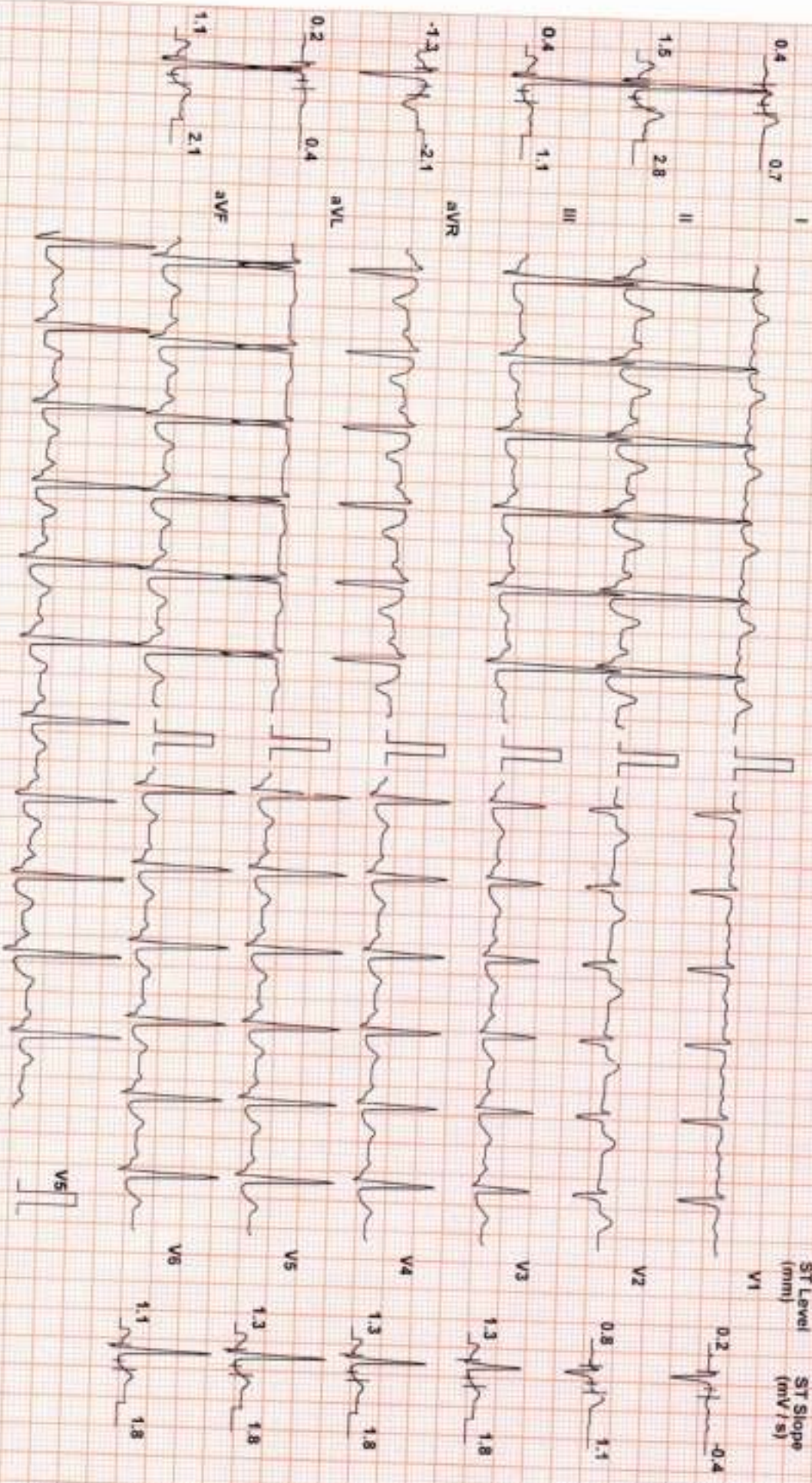


Chart Speed: 25 mm/sec
Scale: Standard V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

100 = R - 60 ms
J = R + 60 ms
Post J = J + 60 ms

Linked Median

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0%

(THR: 156 bpm)

B.P.: 110 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

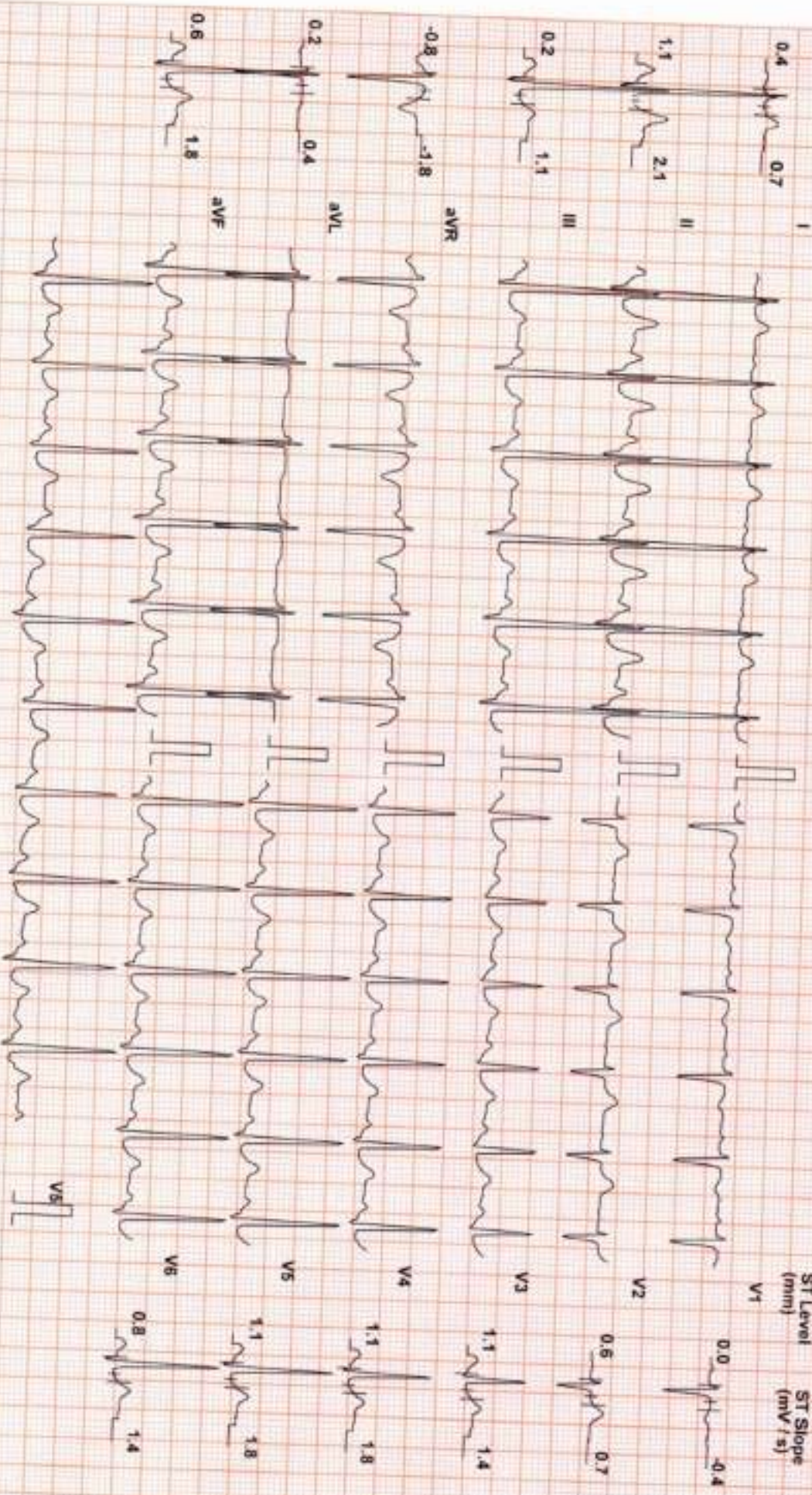


Chart Speed: 25 mm/sec
Strip: Standard V47

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Sec + R = 50 ms

J - R = 60 ms

Post J = J + 50 ms

Linked Median