



CID : 2405521243
Name : MRS.TANUJA ASHISH PAULEKAR
Age / Gender : 31 Years / Female
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 24-Feb-2024 / 08:27
Reported : 24-Feb-2024 / 12:10

Use a QR Code Scanner
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	12.5	12.0-15.0 g/dL	Spectrophotometric
RBC	5.01	3.8-4.8 mil/cmm	Elect. Impedance
PCV	39.7	36-46 %	Measured
MCV	79.2	80-100 fl	Calculated
MCH	25.0	27-32 pg	Calculated
MCHC	31.6	31.5-34.5 g/dL	Calculated
RDW	14.2	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5990	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	28.4	20-40 %	
Absolute Lymphocytes	1701.2	1000-3000 /cmm	Calculated
Monocytes	9.5	2-10 %	
Absolute Monocytes	569.0	200-1000 /cmm	Calculated
Neutrophils	51.8	40-80 %	
Absolute Neutrophils	3102.8	2000-7000 /cmm	Calculated
Eosinophils	10.2	1-6 %	
Absolute Eosinophils	611.0	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	6.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	319000	150000-400000 /cmm	Elect. Impedance
MPV	9.1	6-11 fl	Calculated
PDW	12.0	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	Mild		
Microcytosis	Occasional		



Use a QR Code Scanner
Application To Scan the Code

CID : 2405521243
Name : MRS.TANUJA ASHISH PAULEKAR
Age / Gender : 31 Years / Female
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 24-Feb-2024 / 08:27
Reported : 24-Feb-2024 / 12:14

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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 20 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 G B Road Lab, Thane West

*** End Of Report ***

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



CID : 2405521243
Name : MRS.TANUJA ASHISH PAULEKAR
Age / Gender : 31 Years / Female
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 24-Feb-2024 / 08:27
Reported : 24-Feb-2024 / 21:15

Use a QR Code Scanner
Application To Scan the Code

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	97.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	91.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.46	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.31	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.2	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	37.8	<34 U/L	Modified IFCC
SGPT (ALT), Serum	40.6	10-49 U/L	Modified IFCC
GAMMA GT, Serum	15.1	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	131.7	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	17.7	19.29-49.28 mg/dl	Calculated
BUN, Serum	8.3	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.74	0.55-1.02 mg/dl	Enzymatic

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



CID : 2405521243
Name : MRS.TANUJA ASHISH PAULEKAR
Age / Gender : 31 Years / Female
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 24-Feb-2024 / 12:59
Reported : 24-Feb-2024 / 17:41

Use a QR Code Scanner
Application To Scan the Code

eGFR, Serum	111	(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	4.5	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 G B Road Lab, Thane West
*** End Of Report ***

J. Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



CID : 2405521243
Name : MRS.TANUJA ASHISH PAULEKAR
Age / Gender : 31 Years / Female
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Use a QR Code Scanner
Application To Scan the Code
Collected : 24-Feb-2024 / 08:27
Reported : 24-Feb-2024 / 13:01

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	5.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	105.4	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 G B Road Lab, Thane West

*** End Of Report ***

J. Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



CID : 2405521243
Name : MRS.TANUJA ASHISH PAULEKAR
Age / Gender : 31 Years / Female
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Use a QR Code Scanner
Application To Scan the Code
Collected : 24-Feb-2024 / 08:27
Reported : 24-Feb-2024 / 17:15

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)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
<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	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	4-5		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	1-2	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 G B Road Lab, Thane West
*** End Of Report ***

Vandana Kulkarni

Dr.VANDANA KULKARNI
M.D (Path)
Pathologist



Use a QR Code Scanner
Application To Scan the Code

CID : 2405521243
Name : MRS.TANUJA ASHISH PAULEKAR
Age / Gender : 31 Years / Female
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 24-Feb-2024 / 08:27
Reported : 24-Feb-2024 / 13:31

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 Semi- automated column agglutination technology (CAT)

Note : This Sample has also been tested for Bombay group/Bombay phenotype /Oh using anti H lectin

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 G B Road Lab, Thane West

*** End Of Report ***

J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



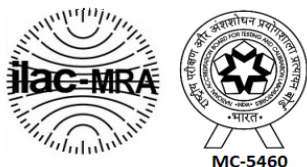
CID : 2405521243
Name : MRS.TANUJA ASHISH PAULEKAR
Age / Gender : 31 Years / Female
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Use a QR Code Scanner Application To Scan the Code
Collected : 24-Feb-2024 / 08:27
Reported : 24-Feb-2024 / 21:15

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	187.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	107.0	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	50.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	137.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	115.8	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	21.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.3	0-3.5 Ratio	Calculated

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



J Thakker

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



CID : 2405521243
Name : MRS.TANUJA ASHISH PAULEKAR
Age / Gender : 31 Years / Female
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Use a QR Code Scanner
Application To Scan the Code
Collected : 24-Feb-2024 / 08:27
Reported : 24-Feb-2024 / 13:10

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	4.6	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.1	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	2.49	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA



CID : 2405521243
Name : MRS.TANUJA ASHISH PAULEKAR
Age / Gender : 31 Years / Female
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Use a QR Code Scanner Application To Scan the Code
Collected : 24-Feb-2024 / 08:27
Reported : 24-Feb-2024 / 13:10

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)

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***

J. Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist

Issue Date: 04/02/2012



तनुजा अशिश पाळेकर

Tanuja Ashish Paulekar

वय तारीख / DOB: 18/04/1992

महिता / Female



भारत सरकार
Government of India



सिटी



8136 4623 7541

मेरा आधार, मेरी पहचान

Tanuja Paulekar



PHYSICAL EXAMINATION REPORT

Patient Name	Mrs. Tanya Pawlekar	Sex/Age	Female / 31 yrs.
Date	24.02.24	Location	KASARVADAVALI

History and Complaints

Nil

EXAMINATION FINDINGS:

Height	152 cm	Temp (0c):	Normal
Weight	61 kg	Skin:	Normal
Blood Pressure	100/60	Nails:	Normal
Pulse	64/min	Lymph Node:	Normal

Systems :

Cardiovascular:	Normal
Respiratory:	Normal
Genitourinary:	Normal
GI System:	Normal
CNS:	Normal

Impression:

OVERWEIGHT, ANEMIA, SLOTT, HYPERTENSION

ADVICE :

TO REDUCE WEIGHT, TO EAT LOW FAT DIET & COSE & Follow up with family physician

CHIEF COMPLAINTS :

Assess

DR. ANAND N. MOTWANI
M.D. (GENERAL MEDICINE)
Reg. No. 39329 (M.M.C)

1)	Hypertension:	No
2)	IHD	No
3)	Arrhythmia	No
4)	Diabetes Mellitus	No
5)	Tuberculosis	No
6)	Asthma	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 symptom	No Back Pain since 1 1/2 yrs
13)	Blood disease or disorder	No
14)	Cancer/lump growth/cyst	No
15)	Congenital disease	No
16)	Surgeries	Appendectomy 10yrs back c-section 2yrs back



PERSONAL HISTORY:

1)	Alcohol	No
2)	Smoking	No
3)	Diet	Veget
4)	Medication	Nil

Date : 24.02.24

CID : 2405521243

Name : Mrs. Tanuja Pawleker Sex/Age : female / 31y

EYE CHECK UP

Chief complaints : Nil

Systematic Diseases : Nil

Past History : Nil

Unaided Vision :
RT - 6/9 , NG
LT - 6/9 , NG

Aided Vision : -

Refraction : -

Colour Vision : Normal.

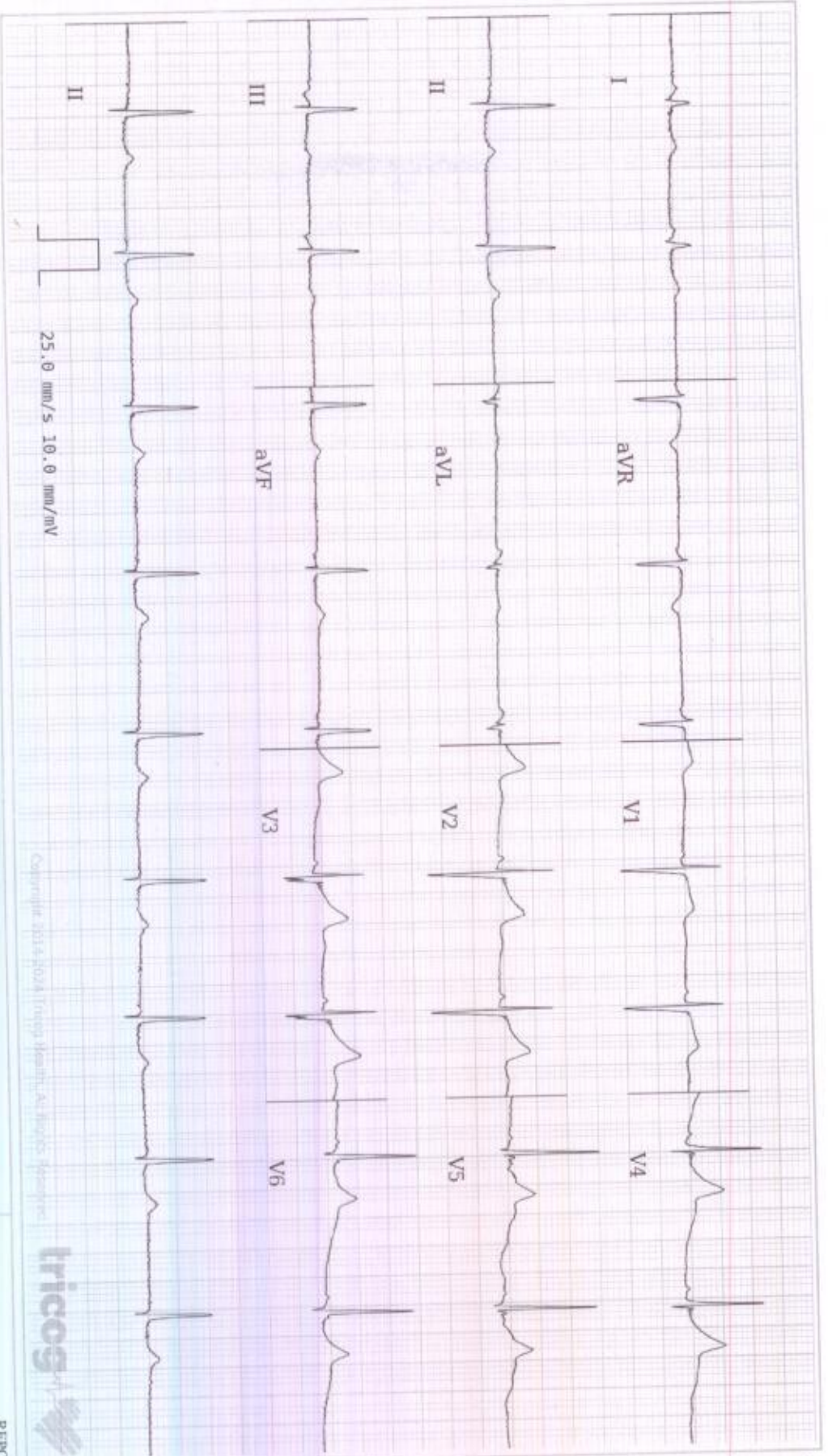
Remarks :

SUBURBAN DIAGNOSTICS - THANE KASARAVADAVALLI

Patient Name: TANUJA ASHISH PAULEKAR

Date and Time: 24th Feb 24 8:53 AM

Patient ID: 2405521243



Age 31 NA NA
years months days

Gender Female

Heart Rate 59bpm

Patient Vitals

BP: 100/60 mmHg

Weight: 61 kg

Height: 152 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

Measurements

QRSD: 98ms

QT: 400ms

QTcB: 396ms

PR: 94ms

P-R-T: -16° 67° 25°

REPORTED BY

Arund N. Madhavi

Dr. Arund N. Madhavi
M.D. (General Medicine)
Reg No 39529 M.M.C

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.

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Patient Details

Date: 24-Feb-24

Time: 10:29:47 AM

Name: MRS. TANUJA PAULEKAR ID: 2405521243

Age: 30 y

Sex: F

Height: 152 cms.

Weight: 61 Kg.

Clinical History: NIL

Medications: NIL

Test Details

Protocol: Bruce

Pr.MHR: 189 bpm

THR: 160 (85 % of Pr.MHR) bpm

Total Exec. Time: 6 m 17 s

Max. HR: 150 (79% of Pr.MHR) bpm

Max. Mets: 10.20

Max. BP: 140 / 80 mmHg

Max. BP x HR: 21000 mmHg/min

Min. BP x HR: 3480 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 : 32	1.0	0	0	58	100 / 60	-0.64 II	1.06 I
Standing	0 : 12	1.0	0	0	59	100 / 60	-0.64 II	0.71 V2
Hyperventilation	0 : 11	1.0	0	0	60	100 / 60	-0.42 II	0.71 V2
1	3 : 0	4.6	1.7	10	115	120 / 60	-2.76 V6	3.89 I
2	3 : 0	7.0	2.5	12	145	130 / 70	-2.55 V5	4.25 V3
Peak Ex	0 : 17	10.2	3.4	14	150	140 / 80	-1.91 III	3.89 V3
Recovery(1)	1 : 0	1.8	1	0	114	140 / 80	-1.91 II	5.31 V3
Recovery(2)	1 : 0	1.0	0	0	81	140 / 80	-1.06 II	2.83 V3
Recovery(3)	1 : 0	1.0	0	0	91	130 / 80	-1.91 I	1.77 V3
Recovery(4)	0 : 16	1.0	0	0	91	120 / 80	-1.06 II	1.42 V3

Interpretation

FAIR EFFORT TOLERANCE

NORMAL HEART RATE AND BP RESPONSE

NO ARRHYTHMIAS NO ANGINAL OR ANGINAL EQUIVALENT SYMPTOMS

NO SIGNIFICANT ST-T CHANGES FROM BASELINE SEEN DURING THE TEST

TRANSIENT ST-T CHANGES SEEN IN ISOLATED LEAD V5 DURING THE STAGE 1 OF EXERCISE ARE DUE TO CHANGE IN BASELINE DUE TO ARTEFACTS AT THAT TIME

IMPRESSION

STRESS TEST IS NEGATIVE FOR STRESS INDUCIBLE MYOCARDIAL ISCHAEMIA

DISCLAIMER: Negative stress test does not rule out coronary artery disease and positive stress test is suggestive but not confirmatory of coronary artery disease. Hence clinical correlation is mandatory.

DR. ANAND N. MOTWANI

MD (GENERAL MEDICINE)

Reg. No. 39329 (M.M.C)



Ref. Doctor: CORPORATE

(Summary Report edited by user)

Doctor: Dr. Anand Motwani

(c) Schiller Healthcare India Pvt. Ltd. V 4.7



MRS. TANUJA PAULEKAR (31 F)

ID: 2405521243

Date: 24-Feb-24

Exec Time : 0 m 0 s

Stage Time : 0 m 26 s

HR: 60 bpm

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0%

(THR: 160 bpm)

B.P.: 100 / 60

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

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



Chart Speed: 25 mm/sec
Schlier Spenden V47

Filter: 35 Hz

Mains Fil: ON

Amp: 1.0 mm

ISO + R - 60 ms

J - R + 60 ms

Post J = J + 60 ms

Linked Median



MRS. TANUJA PAULEKAR (31 F)

Protocol: Bruce

ID: 2405521243

Date: 24-Feb-24

Stage: Standing

Speed: 0 mph

Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 6 s

(THR: 160 bpm)

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

HR: 60 bpm

R.P: 100/60

Test Report

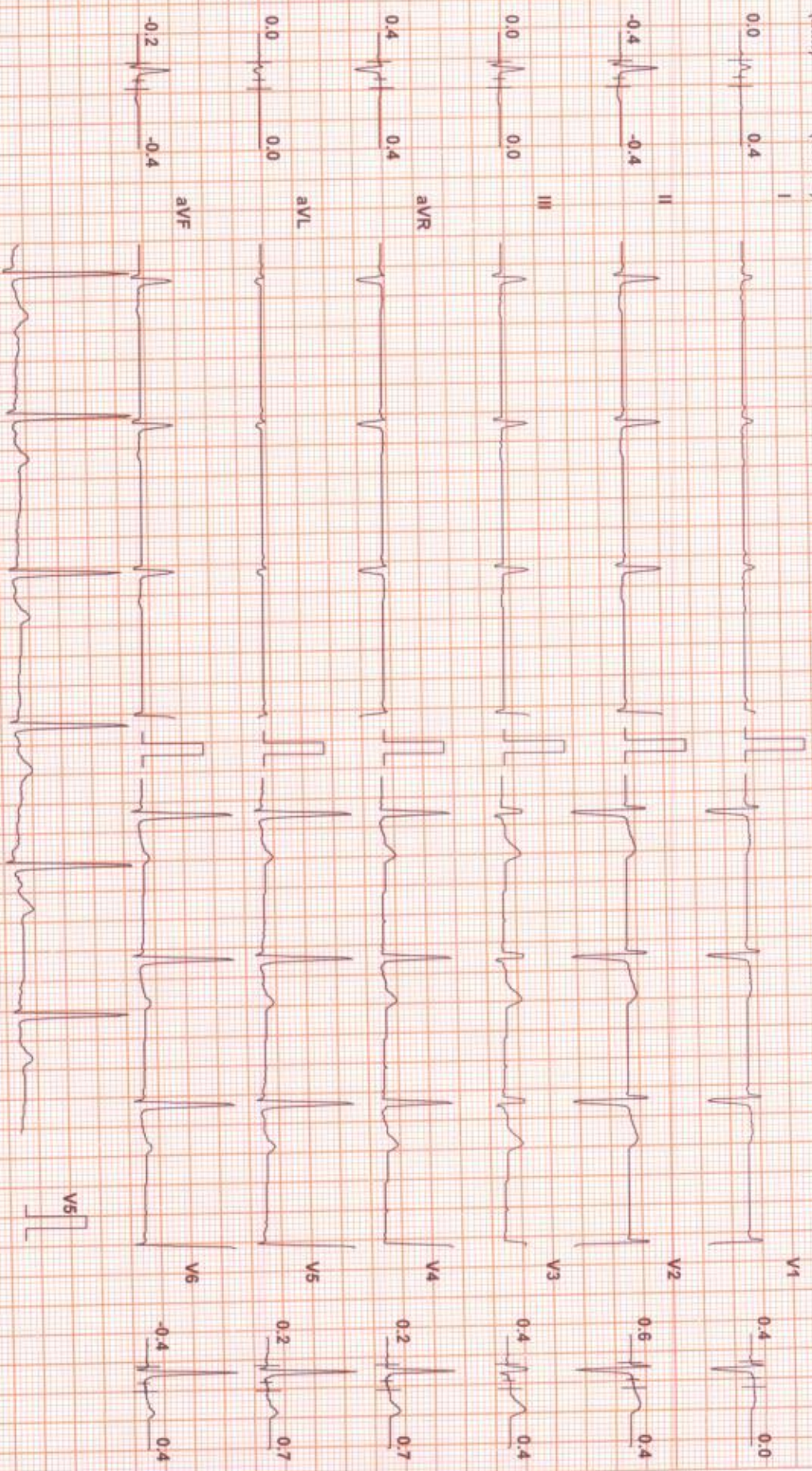


Chart Speed: 25 mm/sec
 Filter: 35 Hz
 Mains Filt: ON
 Amp: 10 mm
 150 ± R - 60 ms
 J = R + 60 ms
 Post-J = J + 60 ms
 Scriber Standard V47
 Linked Median



MRS. TANUJA PAULEKAR (31 F)

Protocol: Bruce

ID: 2406621243

Date: 24-Feb-24

Exec Time : 0 m 0 s

Stage Time : 0 m 5 s

HR: 62 bpm

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 160 bpm)

B.P: 100 / 60

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

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

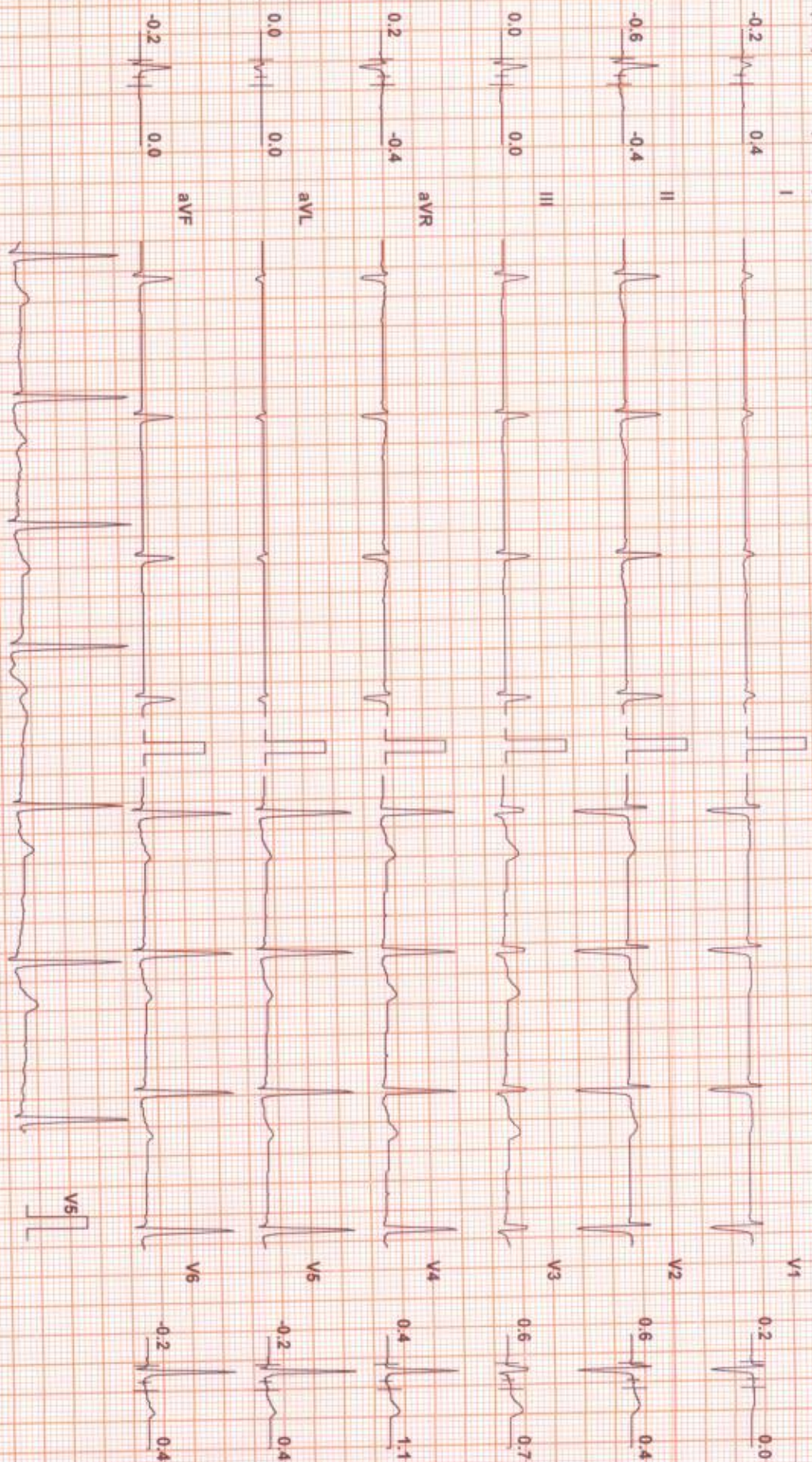


Chart Speed: 25 mm/sec
Schlifer Spanden V 47

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO ± R - 60 ms

J ± R - 60 ms

Post J - J + 60 ms

Linked Median



MRS. TANUJA PAULEKAR (31 F)

ID: 2405521243

Date: 24-Feb-24

Exec Time : 2 m 54 s

Stage Time : 2 m 54 s

HR: 114 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 160 bpm)

B.P: 120/60

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

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

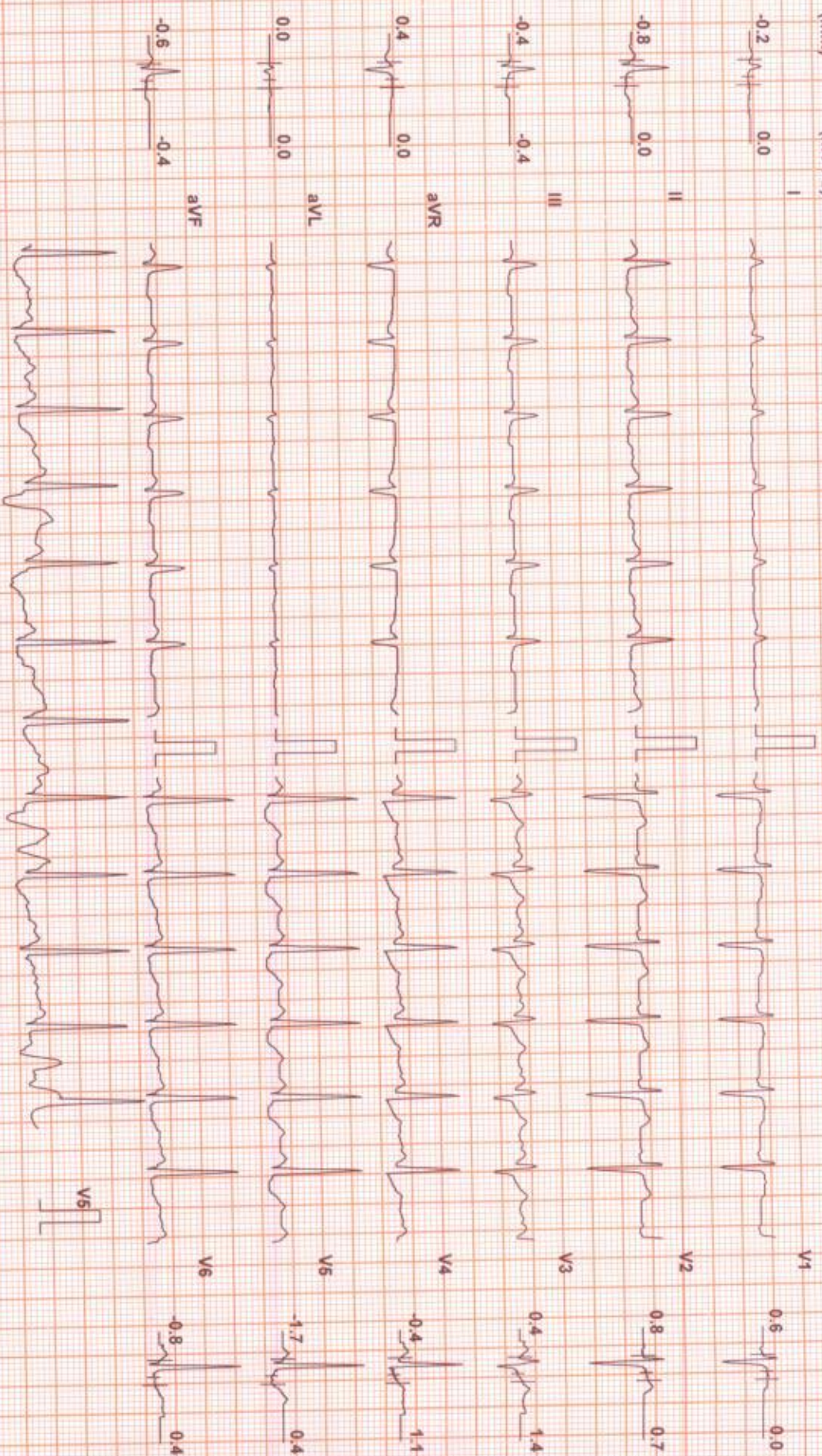


Chart Speed: 25 mm/sec
Schlier Standard V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

150 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI



MRS. TANUJA PAULEKAR (31 F)

Protocol: Bruce

ID: 2405521243

Date: 24-Feb-24

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 160 bpm)

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

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

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Exec Time : 2 m 59 s

Stage Time : 2 m 59 s

HR: 117 bpm

B.P: 120/60

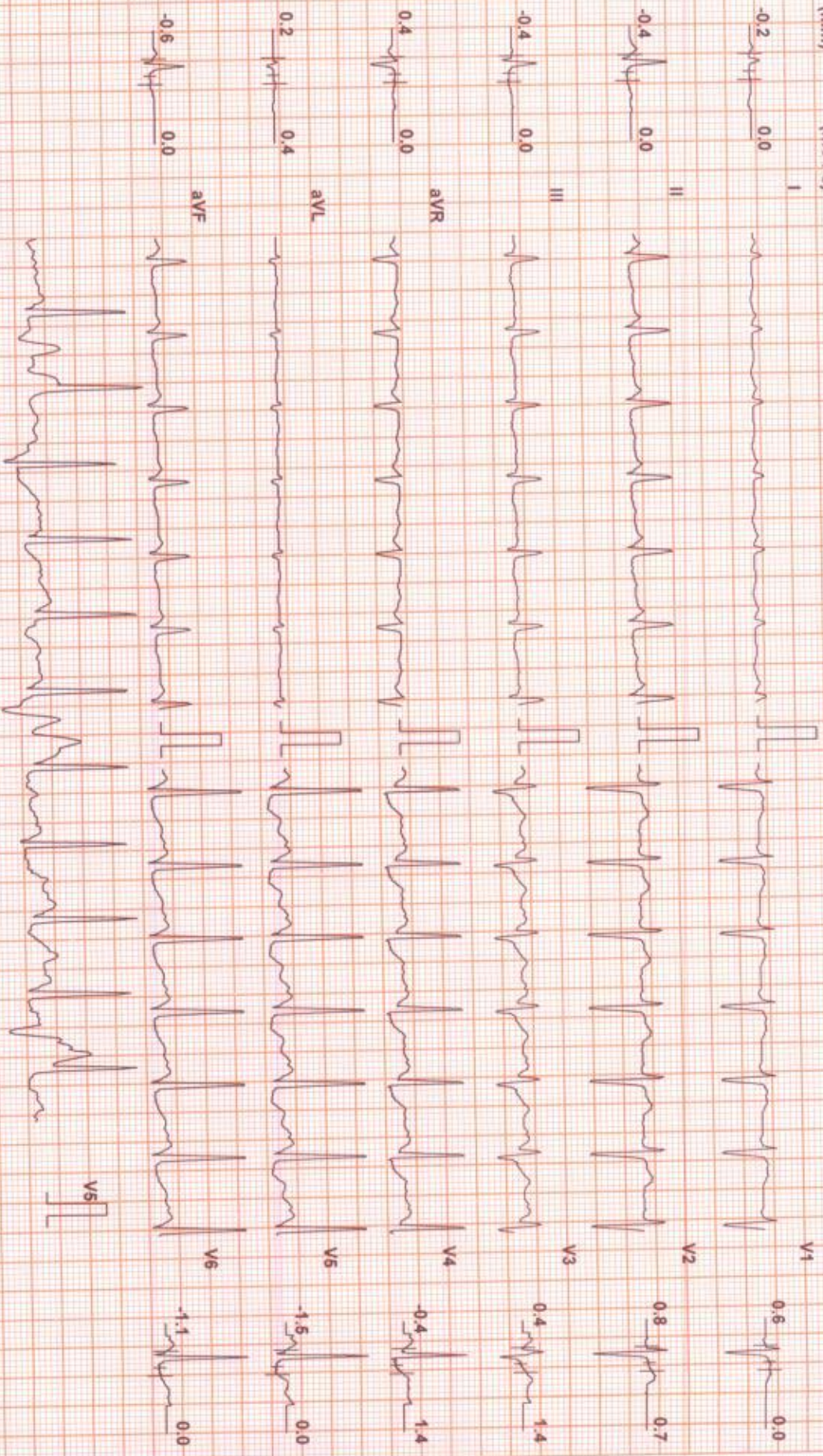


Chart Speed: 25 mm/sec
Schiller Spandon V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

50 = R + 60 ms

J = R + 60 ms

Post J = V + 60 ms

Linked Median



MRS. TANUJA PAULEKAR (31 F)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

Stage: 2

ID: 2405521243

Date: 24-Feb-24

Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 145 bpm

Speed: 2.5 mph

Grade: 12 %

(THR: 160 bpm)

B.P: 130/70

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

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



Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

50 = R - 50 ms

J = R + 60 ms

Post J = V + 60 ms

Schnee-Spenden V.4.7

Linked Median



MRS. TANUJA PAULEKAR (31 F)

Protocol: Bruce

ID: 2405521243

Date: 24-Feb-24

Stage: Peak EX

Speed: 3.4 mph

Grade: 14 %

(THR: 160 bpm)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Exec Time : 6 m 11 s Stage Time : 0 m 11 s HR: 151 bpm

B.P: 140/80

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

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

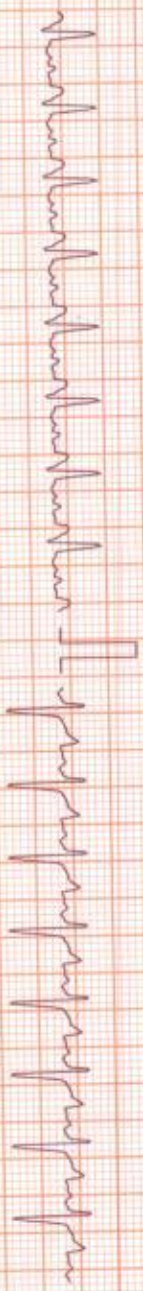
0.0 0.4 I



0.8 0.0

II

-0.2 0.7



0.8 1.1

III

0.0 0.4



0.2 2.1

aVR

0.2 -0.4



0.0 2.5

aVL

0.0 0.0



0.4 5.0

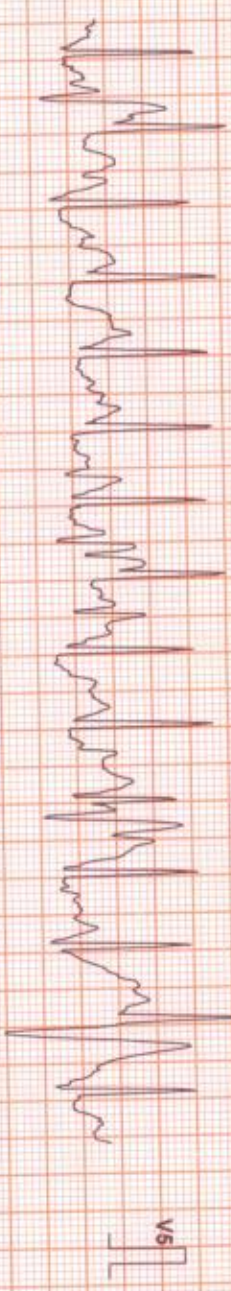
aVF

-0.2 0.4



-0.6 0.7

V5



V6

Chart Speed: 25 mm/sec
Schiller Spandian V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

60 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MRS. TANUJA PAULEKAR (31 F)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2405521243

Date: 24-Feb-24

Exec Time : 6 m 17 s Stage Time : 0 m 54 s HR: 107 bpm

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 160 bpm)

B.P: 140 / 80

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

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

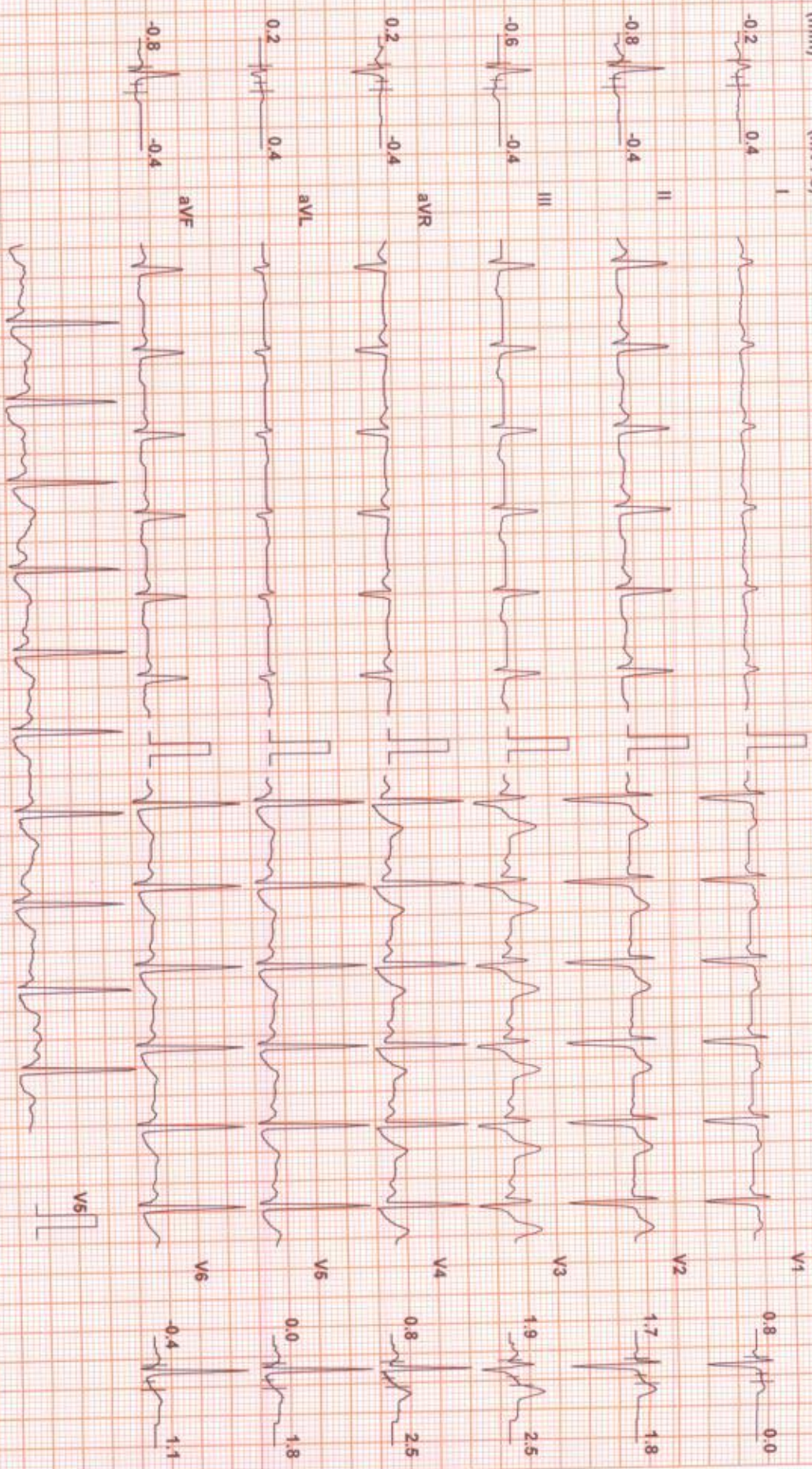


Chart Speed: 25 mm/sec
Schiller Speniden V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

150 = R - 60 ms

J = R + 60 ms

Post J = V + 60 ms

Linked Median



MRS. TANUJA PAULEKAR (31 F)

Protocol: Bruce

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

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

ID: 2405521243

Date: 24-Feb-24

Exec Time : 6 m 17 s Stage Time : 0 m 54 s HR: 76 bpm

Stage: Recovery(2)

Speed: 0 mph

Grade: 0%

(THR: 160 bpm)

B.P: 140 / 80

Test Report

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

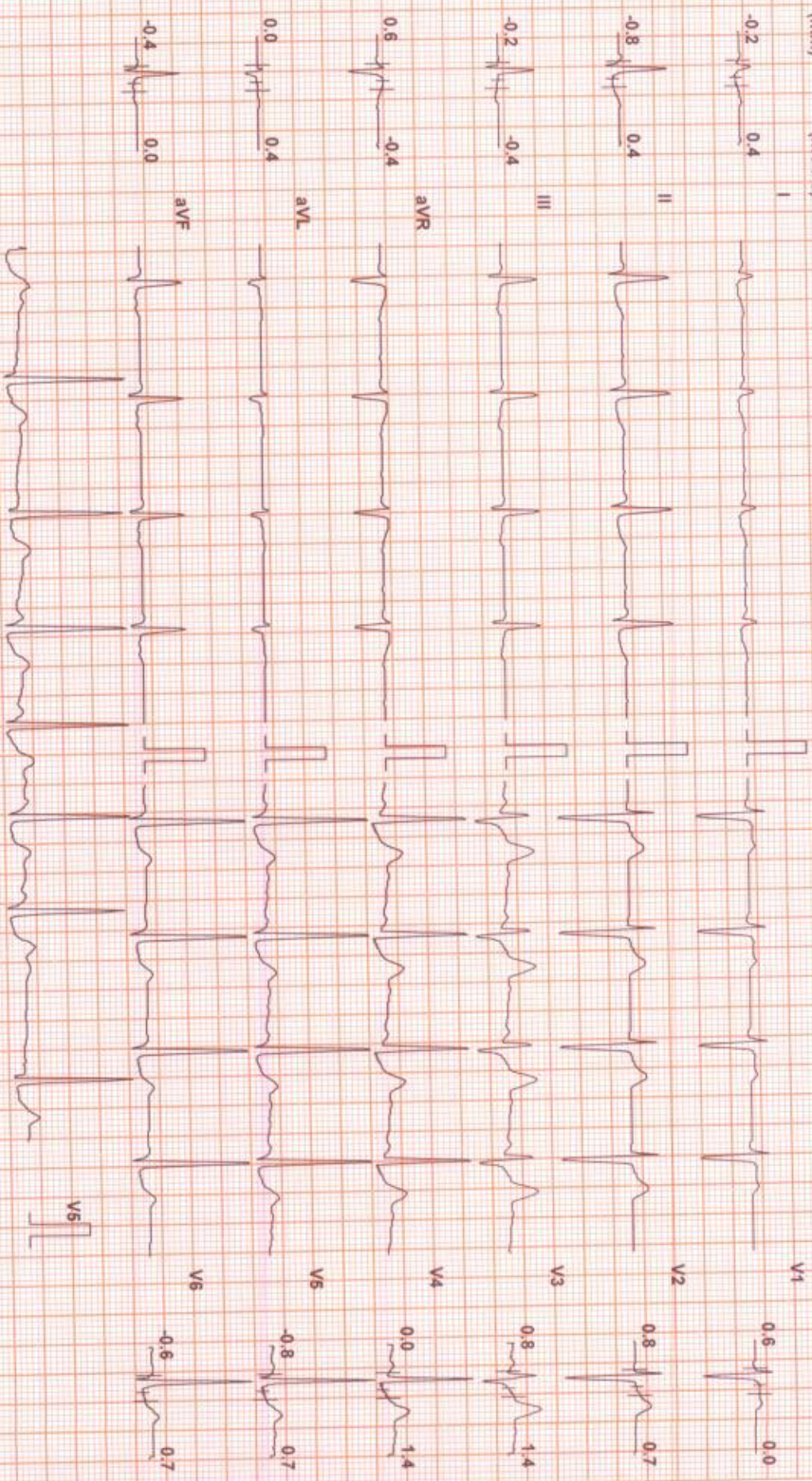


Chart Speed: 25 mm/sec
Schiller Spandag V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO ± R: 60 ms

J = R: 60 ms

Post J = I: 60 ms

Linked Median



MRS. TANUJA PAULEKAR (31 F)

ID: 2405521243

Date: 24-Feb-24

Exec Time : 6 m 17 s Stage Time : 0 m 54 s HR: 91 bpm

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 160 bpm)

B.P: 130/80

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

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

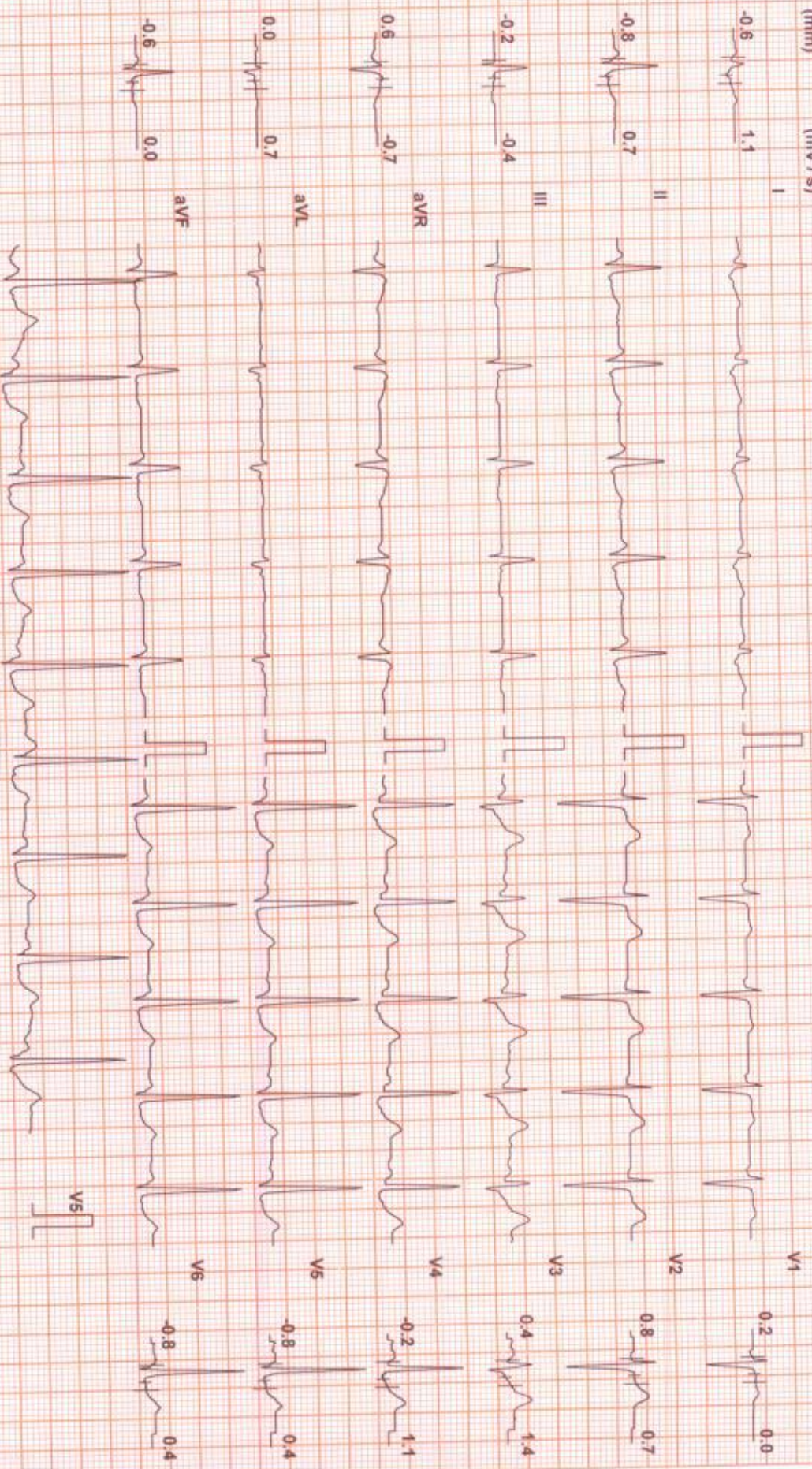


Chart Speed: 25 mm/sec
Schiller Spandah V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO ± R - 60 ms

J = R * 50 ms

Post J = J + 60 ms

Linked Median



MRS. TANUJA PAULEKAR (31 F)

Protocol: Bruce

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

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

ID: 2405521243

Date: 24-Feb-24

Exec Time: 6m 17s Stage Time: 0m 54s HR: 91 bpm

Stage: Recovery(4)

Speed: 0 mph

Grade: 0%

(THR: 160 bpm)

B.P: 130/80

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

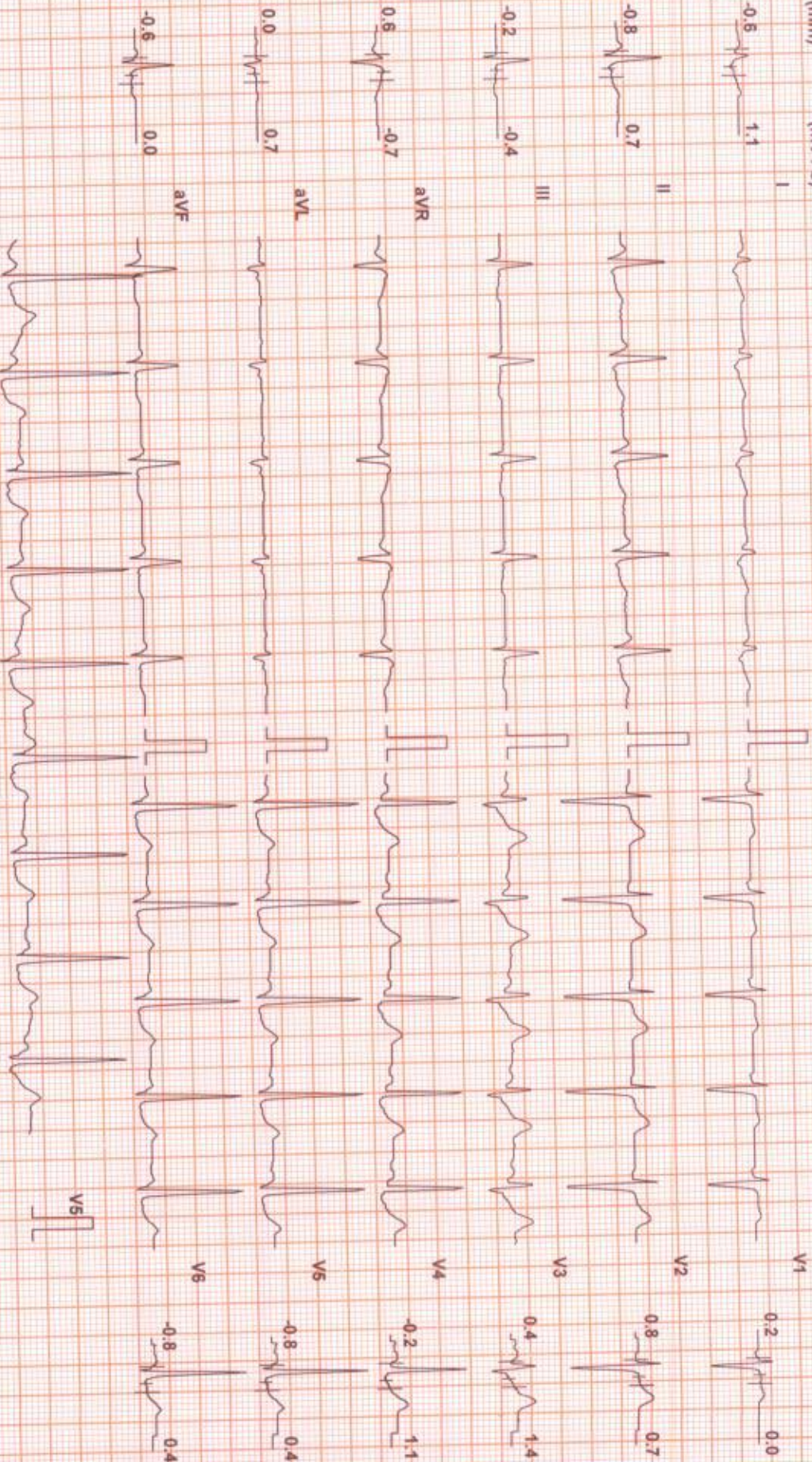


Chart Speed: 25 mm/sec
Schiller Spacelan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post V = J + 60 ms

Linked Median

Test Report



Use a QR Code Scanner
Application To Scan the Code

CID : 2405521243
Name : Mrs Tanuja Ashish Paulekar
Age / Sex : 31 Years/Female
Ref. Dr :
Reg. Location : Thane Kasarvadavali Main Centre

Reg. Date : 24-Feb-2024
Reported : 24-Feb-2024 / 10:50

R
E
P
O
R
T

USG ABDOMEN AND PELVIS

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

GALL BLADDER: Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

PORTAL VEIN: Portal vein is normal. **CBD:** CBD is normal.

PANCREAS: Visualised pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS: Right kidney measures 9.6 x 3.8 cm. Left kidney measures 9.7 x 3.6 cm. Both kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

UTERUS: Uterus is anteverted and measures 7.4 x 3.3 x 3.6 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 7 mm. Cervix appears normal.

OVARIES:
Both ovaries are normal.

No free fluid or significant lymphadenopathy is seen.

IMPRESSION:
NO SIGNIFICANT ABNORMALITY IS DETECTED.

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.

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

G. R. Fartade
Dr. GAURAV FARTADE
MBBS, DMRE
Reg No -2014/04/1786
Consultant Radiologist

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024022408211975>

Page no 1 of 1



CID : 2405521243
Name : Mrs Tanuja Ashish Paulekar
Age / Sex : 31 Years/Female
Ref. Dr :
Reg. Location : Thane Kasarvadavali Main Centre

Reg. Date : 24-Feb-2024
Reported : 24-Feb-2024 / 9:57

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-----

G. R. Fartade

Dr.GAURAV FARTADE
MBBS, DMRE
Reg No -2014/04/1786
Consultant Radiologist

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024022408211988>