



CID : 2431420314
Name : MRS.ABHISHIKHA CHOUDHARY
Age / Gender : 34 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 09-Nov-2024 / 09:19
Reported : 09-Nov-2024 / 12:39

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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	12.9	12.0-15.0 g/dL	Spectrophotometric
RBC	4.51	3.8-4.8 mil/cmm	Elect. Impedance
PCV	39.2	36-46 %	Calculated
MCV	86.9	80-100 fl	Measured
MCH	28.6	27-32 pg	Calculated
MCHC	32.9	31.5-34.5 g/dL	Calculated
RDW	13.3	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5830	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	35.3	20-40 %	
Absolute Lymphocytes	2060.0	1000-3000 /cmm	Calculated
Monocytes	8.3	2-10 %	
Absolute Monocytes	490.0	200-1000 /cmm	Calculated
Neutrophils	50.7	40-80 %	
Absolute Neutrophils	2950.0	2000-7000 /cmm	Calculated
Eosinophils	5.5	1-6 %	
Absolute Eosinophils	320.0	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	10.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	339000	150000-400000 /cmm	Elect. Impedance
MPV	8.8	6-11 fl	Measured
PDW	13.5	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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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 Fasting	80.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	106.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.60	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.11	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.49	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.3	1 - 2	Calculated
SGOT (AST), Serum	25.9	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	15.2	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	15.6	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	67.7	35-105 U/L	Colorimetric
BLOOD UREA, Serum	15.7	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.72	0.51-0.95 mg/dl	Enzymatic



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eGFR, Serum	112	(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

URIC ACID, Serum	3.7	2.4-5.7 mg/dl	Enzymatic
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*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
*** End Of Report ***



M Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.3	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.

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*** End Of Report ***



M Jain

Dr.MILLU JAIN
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	Light scattering
Transparency	Clear	Clear	Light scattering
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.004	1.002-1.035	Refractive index
Reaction (pH)	5.5	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
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	Negative	Negative	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
(WBC)Pus cells / hpf	0.6	0-5/hpf	
Red Blood Cells / hpf	0.0	0-2/hpf	
Epithelial Cells / hpf	1.8	0-5/hpf	
Hyaline Casts	0.0	0-1/ hpf	
Pathological cast	0.0	0-0.3/hpf	
Calcium oxalate monohydrate crystals	0.0	0-1.4/hpf	
Calcium oxalate dihydrate crystals	0.0	0-1.4/hpf	
Triple phosphate crystals	0.0	0-1.4/hpf	
Uric acid crystals	0.0	0-1.4/hpf	
Amorphous debris	Absent	Absent	
Bacteria / hpf	19.7	0-29.5/hpf	
Yeast	Absent	Absent	



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Note: Microscopic examination performed by Automated Cuvette based technology. All the Abnormal results are confirmed by reagent strips and Manual method. The Microscopic examination findings are mentioned in decimal numbers as the arithmetic mean of the multiple fields scanned using microscopy. Reference: Pack Insert.

Others -

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

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



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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 column agglutination technology (CAT) which is more sensitive than conventional methods.

Note: This sample has 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 CPL, Andheri West
*** End Of Report ***



M Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	200.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	58.7	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	68.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	132.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	120.0	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	12.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.7	0-3.5 Ratio	Calculated

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



M Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist



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 Reported : 09-Nov-2024 / 18:51

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	4.3	3.5-6.5 pmol/L	CLIA
Free T4, Serum	17.7	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	7.548	0.55-4.78 microU/ml	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)

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



Anupa

Dr.ANUPA DIXIT
M.D.(PATH)
Consultant - 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>
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 CPL, Andheri West
 *** End Of Report ***



J. Thakker

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

भारत सरकार
Government of India

भारत

नयाँ नमूना
New Date: 26/01/2019



नाम: अंशु चौधरी
Alka Choudhary
जन्म तिथि/DOB: 06/08/1990
लिंग/SEX: FEMALE

8921 0288 5145
VID : 9194 2936 2142 5266
मेरा आधार, मेरी पहचान

Alka

Name : MRS.ABHISHIKHA CHOUDHARY

Age / Gender : 34 Years/Female

Consulting Dr. :

Reg.Location : Malad West (Main Centre)

Collected : 09-Nov-2024 / 08:57

Reported : 09-Nov-2024 / 13:56

PHYSICAL EXAMINATION REPORT

History and Complaints:

Nil

EXAMINATION FINDINGS:

Height (cms): 153

Temp (0c): Afebrile

Blood Pressure (mm/hg): 100/70

Pulse: 74/min

Weight (kg): 67

Skin: Normal

Nails: Normal

Lymph Node: Not Palpable

Systems

Cardiovascular: Normal

Respiratory: Normal

Genitourinary: Normal

GI System: Normal

CNS: Normal

IMPRESSION:

Mild dyslipidemia

ADVICE:

Lifestyle modification

Name : MRS.ABHISHIKHA CHOUDHARY

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Consulting Dr. :

Collected : 09-Nov-2024 / 08:57

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Reported : 09-Nov-2024 / 13:56

CHIEF COMPLAINTS:

- | | |
|--|----------------|
| 1) Hypertension: | No |
| 2) IHD | No |
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis | No |
| 6) Asthama | No |
| 7) Pulmonary Disease | No |
| 8) Thyroid/ Endocrine disorders | Since 10yrs |
| 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 | LSCS 8 yrs ago |
| 17) Musculoskeletal System | No |

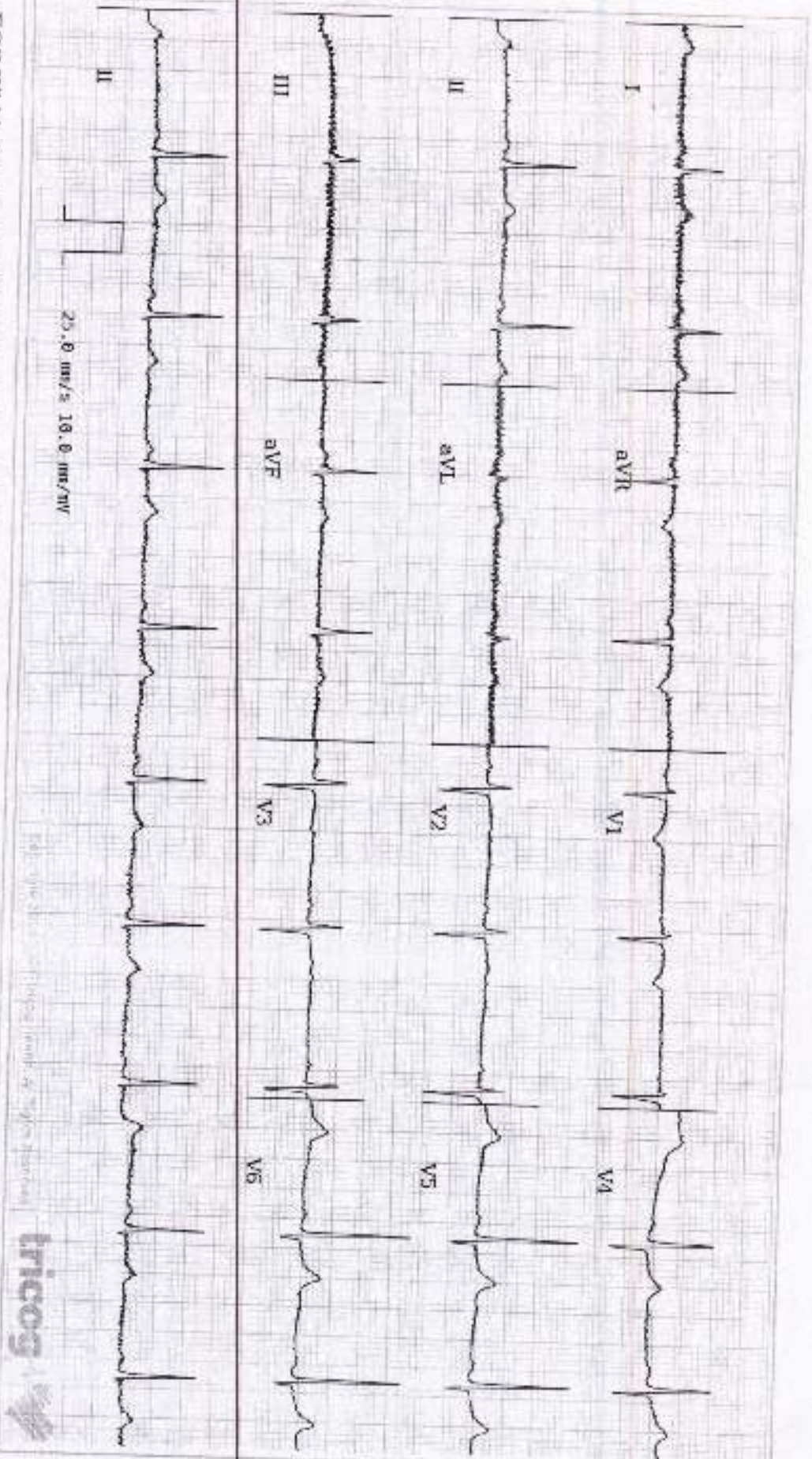
PERSONAL HISTORY:

- | | |
|---------------|-----------------|
| 1) Alcohol | No |
| 2) Smoking | No |
| 3) Diet | Veg |
| 4) Medication | Thyronorm 75mcg |

*** End Of Report ***

Sonali P.
Dr.Sonali Honrao
MD physician

Patient Name: **ABHISHIKHA CHOUDHARY** Date and Time: **9th Nov 24 10:04 AM**
 Patient ID: **2431420314**



25.0 mm/s 10.0 mm/mV

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

Age **34** NA
 years month
 Gender **Female**
 Heart Rate **59**bpm
 Patient Vitals
 BP: 100/70 mmHg
 Weight: 67 kg
 Height: 151 cm
 Pulse: NA
 SpO2: NA
 Resp: NA
 Others:

Measurements
 QRS: 70ms
 QT: 428ms
 QTcB: 423ms
 PR: 138ms
 P-R-T: 73° S4° 31°

REPORTED BY

[Signature]

DR SONALI JHONKAR
 MD (General Medicine)
 Registrar
 202/204/1313

Disclaimer: This report is for informational purposes only. It is not intended to be used as a substitute for clinical judgment. The interpretation of this report is the responsibility of the clinician. The information contained herein is for informational purposes only and should not be used for medical diagnosis or treatment.

Authenticity Check



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Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 09-Nov-2024
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USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, shape and smooth margins. It shows normal 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 physiologically distended and appears normal. No evidence of gall stones or mass lesions seen.

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 9.5 x 3.5 cm. Left kidney measures 9.1 x 5.0 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. The endometrial thickness is 12 mm.

OVARIES:

Both the ovaries are well visualised and appears normal.
There is no evidence of any ovarian or adnexal mass seen.
Right ovary - 2.2 x 1.9 cm. Left ovary - 3.0 x 1.0 cm

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IMPRESSION:-

No significant abnormality is seen.

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

Dr. Sunil Bhutka
DMRD DNB
MMC REG NO:2011051101

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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.

Kindly correlate clinically.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. X-ray is known to have inter-observer variations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests further / follow-up imaging may be needed in some case for confirmation of findings. Please interpret accordingly.

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

Dr. Sunil Bhutka
DMRD DNB
MMC REG NO:2011051101

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SUBURBAN DIAGNOSTICS

Station

Malad West

Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: CHOUDHARY, ABHISHIKHA

DOB: 06.08.1990

Patient ID: 2431420314

Age: 34yrs

Height: 153 cm

Gender: Female

Weight: 67 kg

Race: Asian

Study Date: 09.11.2024

Referring Physician: --

Test Type: --

Attending Physician: DR SONALI HONRAO

Protocol: BRUCE

Technician: --

Medications:

--

Medical History:

--

Reason for Exercise Test:

--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:16	0.00	0.00	80	100/70	
	STANDING	00:14	0.00	0.00	76	100/70	
	HYPERV.	00:13	0.00	0.00	76	100/70	
	WARM-UP	00:09	1.00	0.00	78	100/70	
EXERCISE	STAGE 1	03:00	1.70	10.00	115	110/70	
	STAGE 2	03:00	2.50	12.00	131		
	STAGE 3	03:00	3.40	14.00	164	130/70	
	STAGE 4	00:09	4.20	16.00	169		
RECOVERY		03:02	0.00	0.00	81	130/70	

The patient exercised according to the BRUCE for 9:08 min:s, achieving a work level of Max. METS: 10.50. The resting heart rate of 80 bpm rose to a maximal heart rate of 171 bpm. This value represents 91% of the maximal, age-predicted heart rate. The resting blood pressure of 100/70 mmHg, rose to a maximum blood pressure of 140/70 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.

Functional Capacity: normal.

HR Response to Exercise: appropriate.

BP Response to Exercise: normal resting BP - appropriate response.

Chest Pain: none.

Arrhythmias: none.

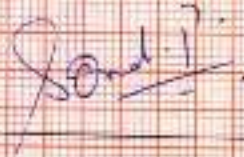
ST Changes: none.

Overall impression: Normal stress test.

Conclusions

Good effort tolerance. No Significant ST- T changes as compared to baseline. No chest pain / arrhythmia noted. Stress test is negative for inducible ischemia.

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



Physician

Technician

Dr. SONALI HONRAL
MD PHYSICIAN
REG. NO. 2001/04/1882

JOYDEVI DIAGNOSTICS (PVT.) LTD.
102/104, Dharma Centre,
Opp. Surgeon Hospital,
Link Road, Helea (W), Madhavaram, Chennai - 600 036

CHOUHDHARY, ABHISHIKHA

Patient ID: 2431420314

09/11/2024

12:02:59pm

12-Lead Report

PRETEST

SUPINE

00:15

BRUCE

0.0 mph

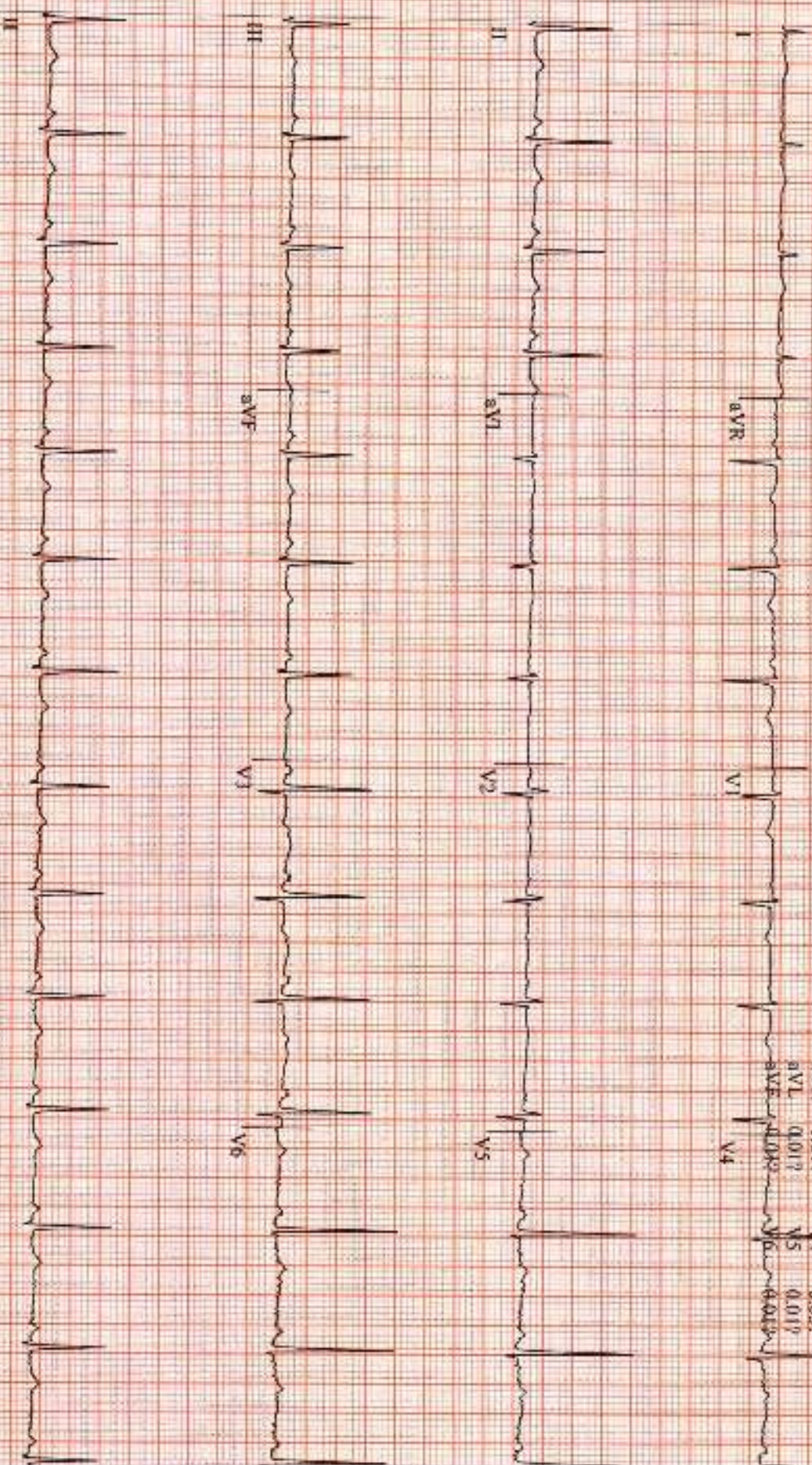
0.0 %

SUBURBAN DIAGNOSTIC

Measured in 60ms Post T

Auto Filters

Lead	ST(mV)	Lead	ST(mV)
I	0.012	V4	0.012
II	0.007	V2	0.032
III	-0.012	V3	0.032
AVR	-0.012	V4	0.032
AVL	0.012	V5	0.012
AVF	0.032	V6	0.012



GE CardioSoft V6.73 (2)

25 mm/s 10 mV/50Hz 0.01Hz FRF+ HR(V5,V4)

Start of Test: 2:02:59pm



CHOUHARY, ABHISHIKHA

Patient ID: 2431420314

09/11/2024

12:03:12pm

12-Lead Report

PRE-TEST

STANDING

00:27

RRCTE

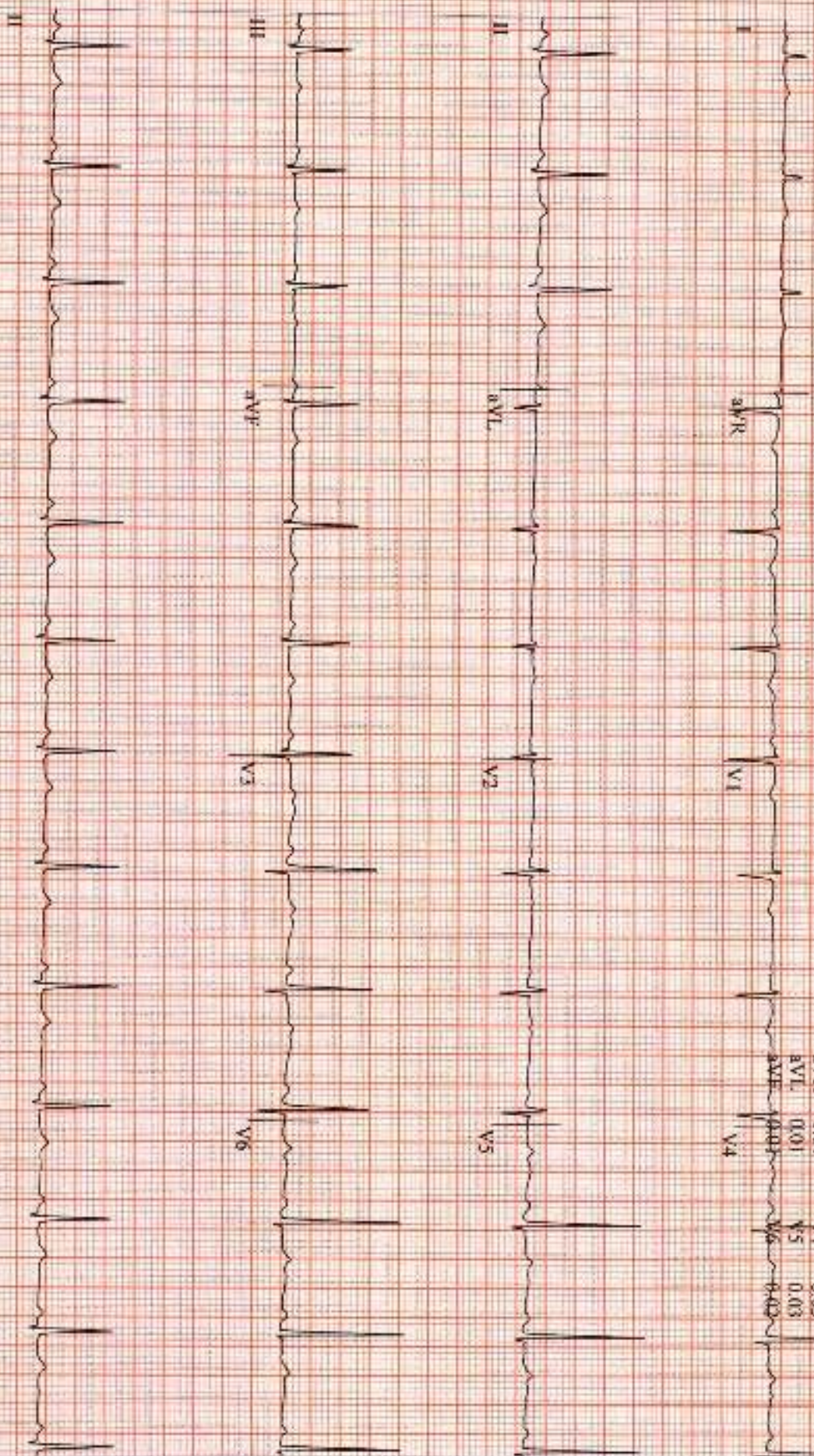
0.0 mph

0.0 %

SUBURBAN DIAGNOST

Measured at 60ms Post J
Auto-Points

Lead	ST(mV)	Lead	ST(mV)
I	0.01	V1	0.01
II	0.00	V2	0.03
III	-0.01	V3	0.03
aVR	-0.01	V4	0.03
aVL	0.01	V5	0.03
aVF	0.01	V6	0.03



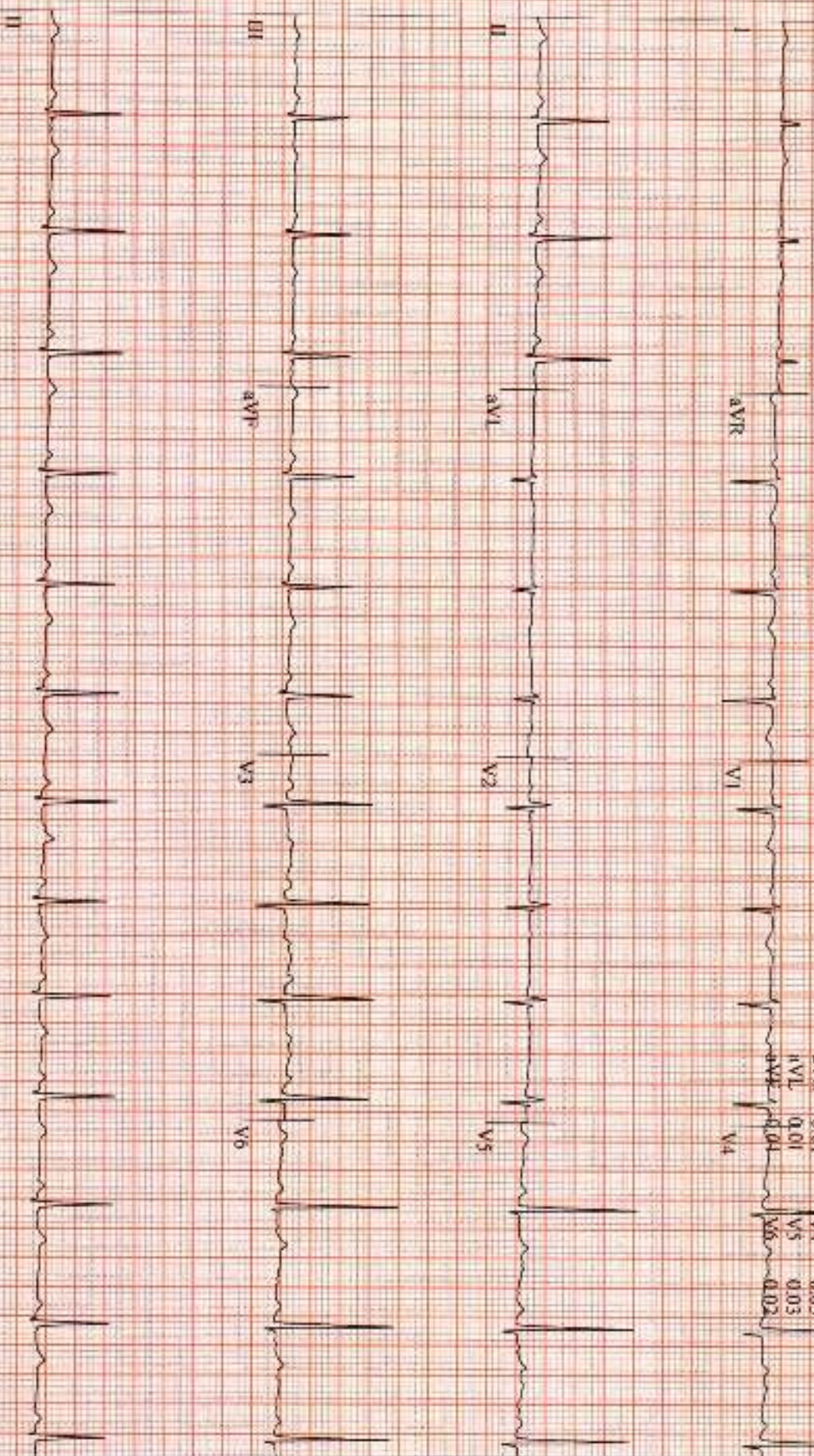
GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF HR(V5,V4)

Start of Test: 12:02:39pm



Measured at 60mins Post J
Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.01	V1	0.01
II	0.00	V2	0.03
III	-0.01	V3	0.03
AVR	-0.01	V4	0.03
AVL	0.01	V5	0.03
V4	0.01	V6	0.02



CHOUDHARY, ABHISUKHA

Patient ID 2431420314

09/11/2024

12:06:19pm

Linked Medians

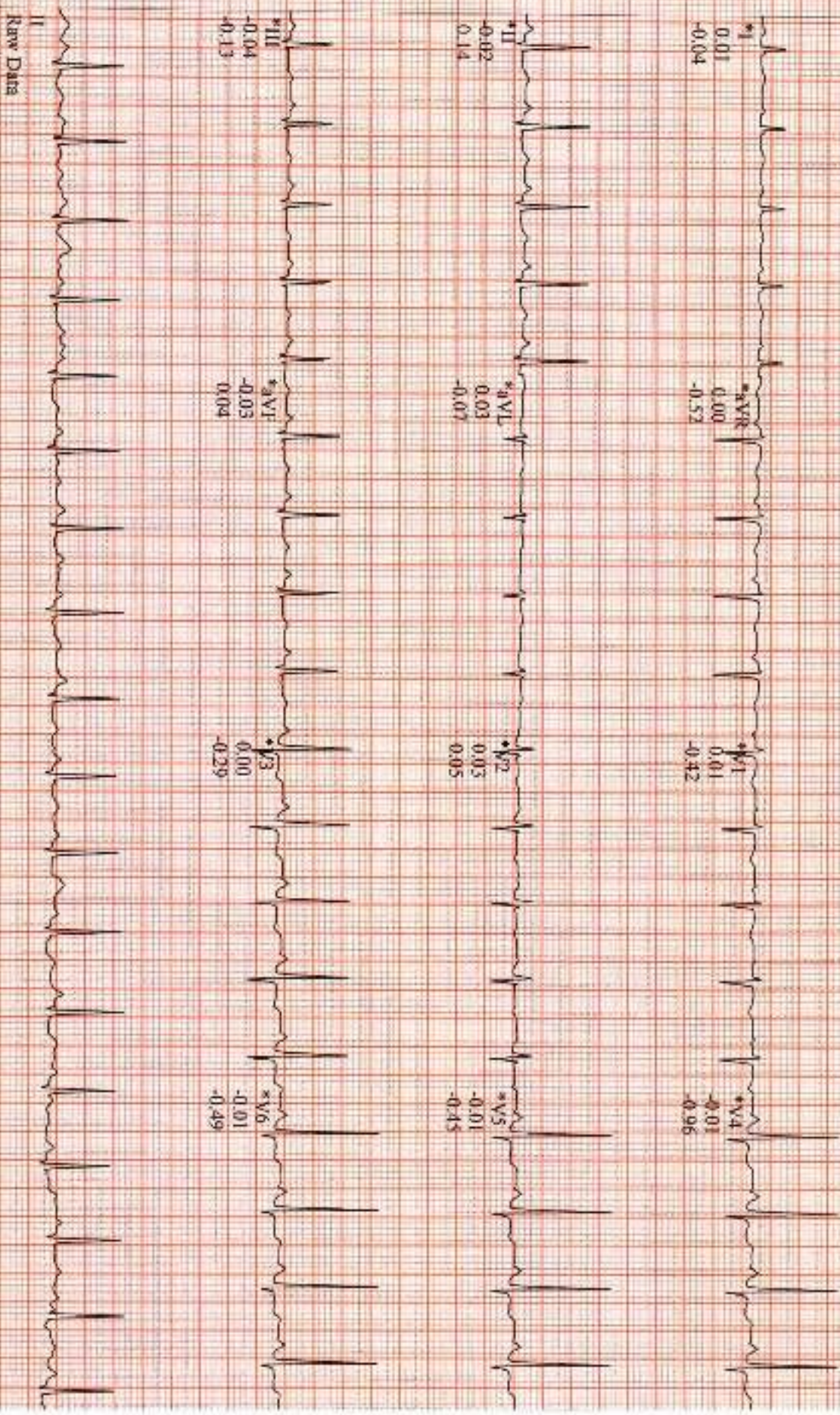
HR 110 bpm
110/70 mmHg

EXERCISE
STAGE 1
02:50

BRUCE
1.7 mph
10.0 %

SUBURBAN DIAGNOSTIC

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



Raw Data

GE CardioSoft V6.73(2)

25 mm/s 10 mm/mV 50Hz 0.01Hz IIRF+ HR(V5,V4)

Start of Test: 12:02:39pm

*Computer Synthesized Rhythms

CHOUHARY, ARHISHIKA

Patient ID 2431420314

09/11/2024

12:09:19pm

Linked Medians

130 bpm

EXERCISE

STAGE 2

05:50

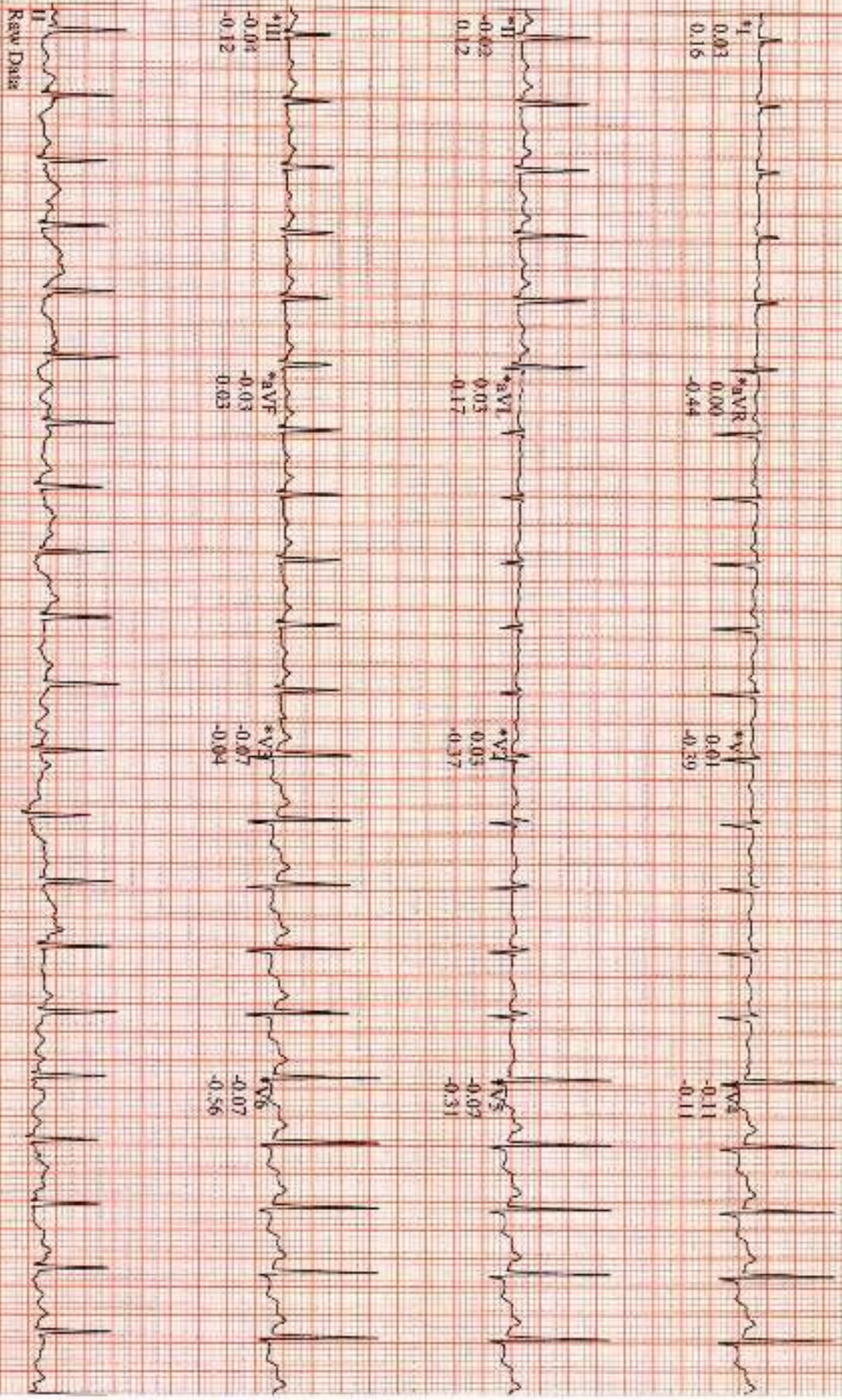
PERFECT

2.5 mph

12.0%

SUBURBAN DIAGNOSTIC

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



Raw Data

GE CardioSoft V6.73 (2)

25 mm/s 10 mm/mV 50Hz 0.01Hz FRR IIR(V5,V4)

*Computer Synthesized Rhythms

Start of Test: 12:02:39pm



CHOUHARY, ABHISHIKHA

Patient ID 2431420314

09/11/2024

12:12:19pm

Linked Medians

162 bpm

130:70 mmHg

EXERCISE STAGE 5

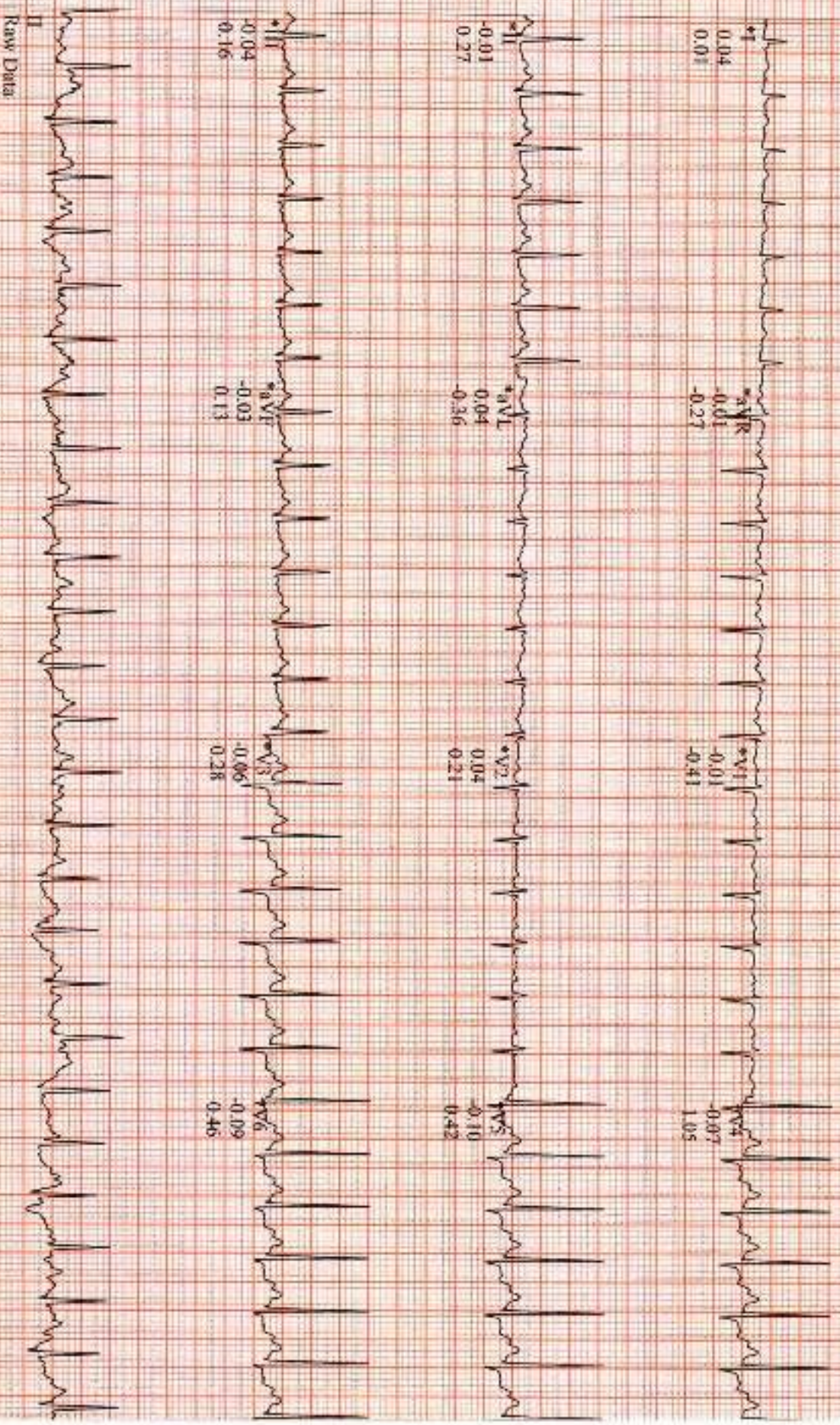
08:50

BRUCE 3rd mpt

14.0%

SUBURBAN DIAGNOST

Lead
SE Lead (mV)
ST Slope (mV/s)



Raw Data

*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FR+ HRV/S V6

Start of Test 12:02:39pm



CHOU DHARY, ABIRISHIKHA

Patient ID: 2431420314

09/11/2024

12:12:43pm

12-lead Report (PEAK EXERCISE)

EXERCISE

STAGE: 4

09:09

PERIOD

4.2 mph

16.0%

SUBURBAN DIAGNOSTIC

Measured at 60ms Post J
Auto Points



Lead	ST(mV)	Lead	ST(mV)
I	0.01	V1	-0.04
II	-0.05	V2	0.01
III	-0.07	V3	-0.12
aVR	0.01	V4	-0.11
aVL	0.04	V5	-0.13
V4		V6	

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HRV5,V6

Start of Test: 12:02:39pm



CHOUHDARY, ABHISHIKHA

Patient ID 2431420314

09/11/2024

12:13:37pm

Linkod Medians

RECOVERY

#1

01-001

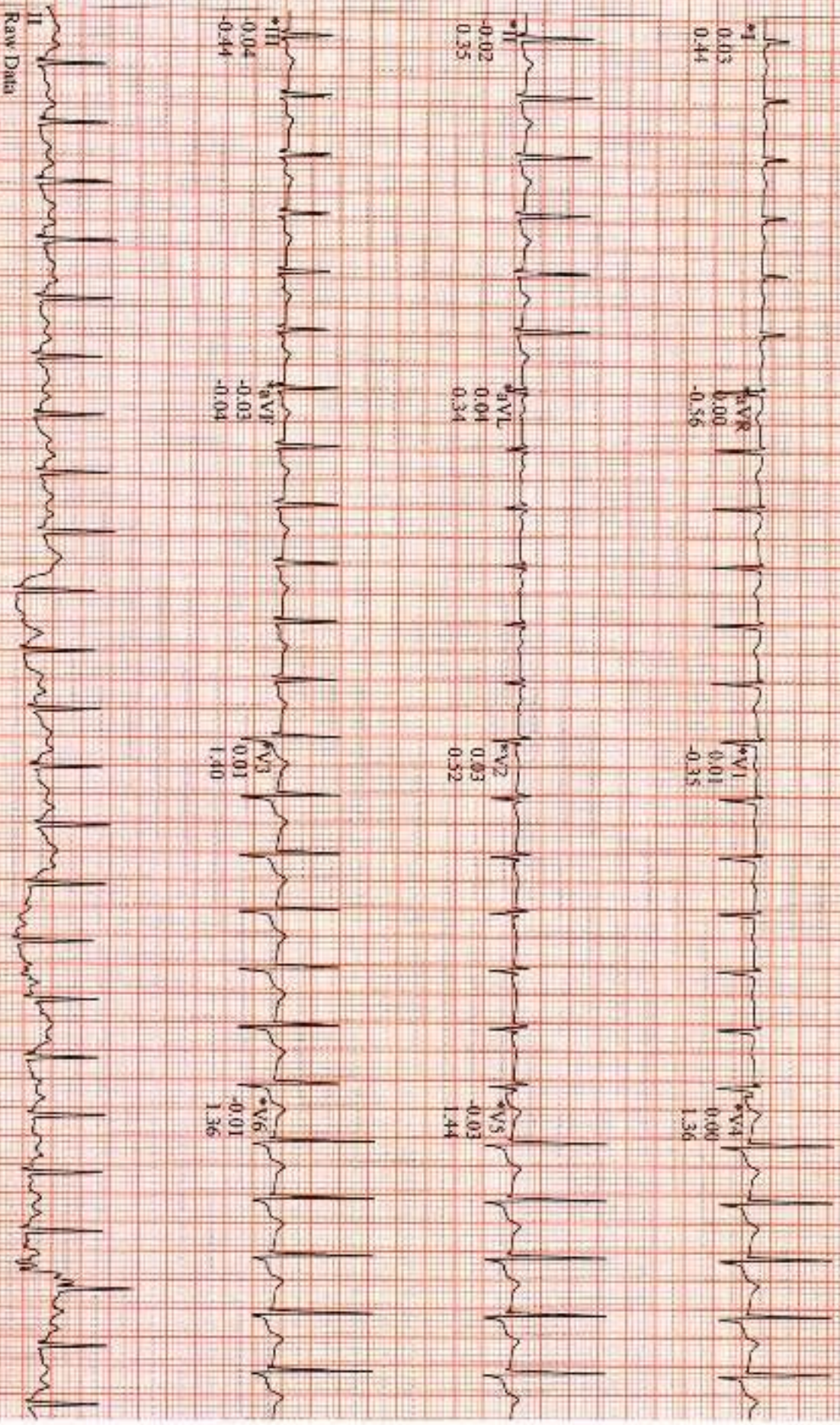
SUBURBAN DIAGNOSTIC

BRITCF

0.0 mph

0.0%

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



Raw Data

*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V5,V6)

Start of Test: 2:02:39pm



CHOUDHARY, ARHISHIKHA

Patient ID: 2431420314

09.11.2024

12.14.37pm

Linked Medians

RECOVERY

6/1

02:00

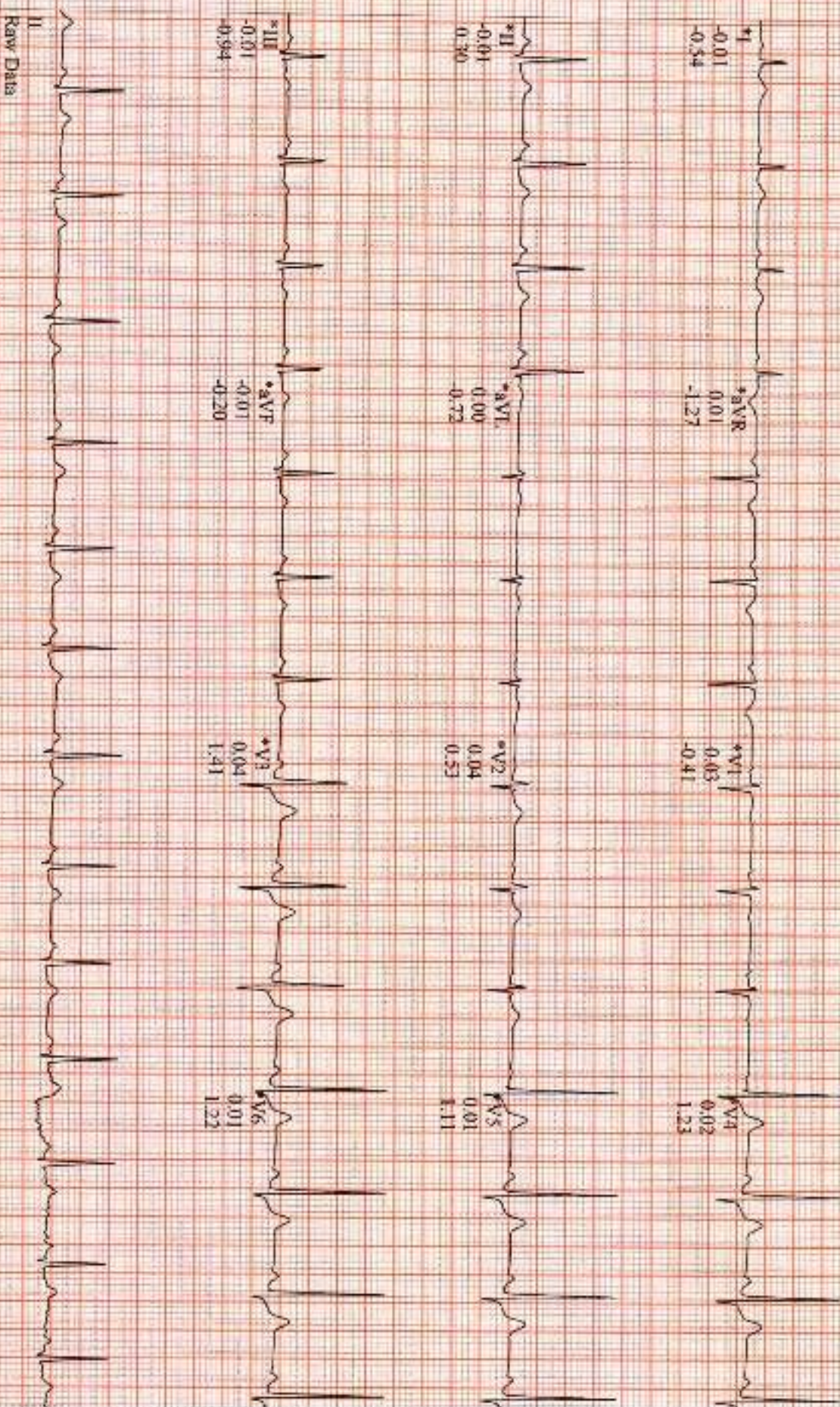
BRUCE

0.0 mph

0.0%

SUBURBAN DIAGNOSTIC

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



Raw Data

*Computer Synthesized Rhythms

GE Cardiosoft V6.73 (2)

25 mm/s 10 mm/mV 50Hz 0.01Hz FRF + HR(V6,V5)

Start of Test: 12.02.39pm



CHODHARY, ABHISHIKHA

Patient ID: 2431420314

09-11-2024

12:55:37pm

Linked Medians

RECOVERY

#1

03:00

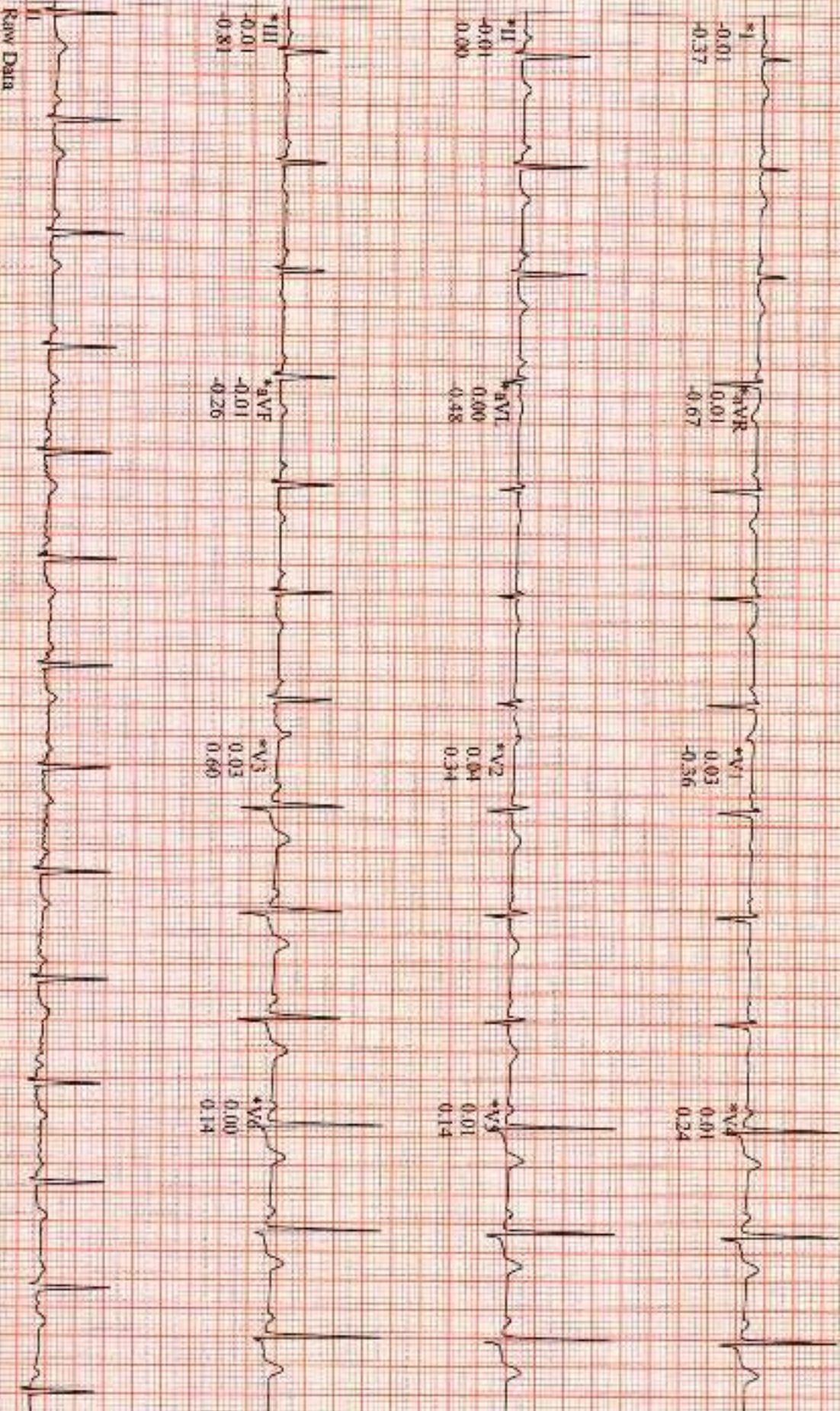
BRUCE

0/0 mph

0.0 %

SUBURBAN DIAGNOSTIC

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



Raw Data

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF - HR(V6.V5)

Start of Test: 12:02:39pm

*Computer Synthesized Rhythms