SUBURBAN DIAGNOSTICS
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REPORT

CID	: 2432508160		
Name	: MR.N SRIKANTH		
Age / Gender	: 39 Years / Male		
Consulting Dr.	: -	**Collected**	: 20-Nov-2024 / 19:31
Reg. Location	: Borivali West (Main Centre)	**Reported**	: 20-Nov-2024 / 21:25

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	14.3	13.0-17.0 g/dL	Spectrophotometric
RBC	4.86	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.1	40-50 %	Calculated
MCV	88.8	81-101 fl	Measured
MCH	29.4	27-32 pg	Calculated
MCHC	33.1	31.5-34.5 g/dL	Calculated
RDW	13.4	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	4390	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	22.3	20-40 %	
Absolute Lymphocytes	**979.0**	1000-3000 /cmm	Calculated
Monocytes	7.2	2-10 %	
Absolute Monocytes	316.1	200-1000 /cmm	Calculated
Neutrophils	66.7	40-80 %	
Absolute Neutrophils	2928.1	2000-7000 /cmm	Calculated
Eosinophils	3.4	1-6 %	
Absolute Eosinophils	149.3	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	**17.6**	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS			
Platelet Count	250000	150000-410000 /cmm	Elect. Impedance
MPV	8.5	6-11 fl	Measured
PDW	14.7	11-18 %	Calculated
RBC MORPHOLOGY			
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	4	2-15 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

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ilac-MRA
MC-5460

Dr.ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	84.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	90.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.47	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.32	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.6	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	18.4	<34 U/L	Modified IFCC
SGPT (ALT), Serum	20.6	10-49 U/L	Modified IFCC
GAMMA GT, Serum	23.2	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	93.7	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	**14.8**	19.29-49.28 mg/dl	Calculated
BUN, Serum	**6.9**	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.74	0.73-1.18 mg/dl	Enzymatic

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Reg. Location	: Borivali West (Main Centre)	**Reported**	: 20-Nov-2024 / 21:30

eGFR, Serum	118	(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

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation

URIC ACID, Serum	5.2	3.7-9.2 mg/dl	Uricase/ Peroxidase

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MC-5460

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Consultant - Pathologist

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Reg. Location	: Borivali West (Main Centre)	**Reported**	: 20-Nov-2024 / 22:38

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	99.7	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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Dr.JYOT THAKKER..
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Pathologist & AVP(Medical Services)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Transparency	Clear	Clear	-
CHEMICAL EXAMINATION			
Specific Gravity	1.005	1.002-1.035	Chemical Indicator
Reaction (pH)	7.0	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	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
(WBC)Pus cells / hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1	0-5/hpf	
Hyaline Casts	Absent	Absent	
Pathological cast	Absent	Absent	
Calcium oxalate monohydrate crystals	Absent	Absent	
Calcium oxalate dihydrate crystals	Absent	Absent	
Triple phosphate crystals	Absent	Absent	
Uric acid crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	0-20/hpf	
Yeast	Absent	Absent	
Others	-		

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MC-6201

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

PARAMETER	RESULTS
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.

Refernces:

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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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	197.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	100	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	50.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	**146.4**	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	**126.4**	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	20.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.5	0-3.5 Ratio	Calculated

Reference:

- Executive Summary of the Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III).
- Pack Insert.

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.7	3.5-6.5 pmol/L	CLIA
Free T4, Serum	16.4	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	2.220	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 becuase 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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MC-5460

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

FUS and KETONES

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West

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MC-6201

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

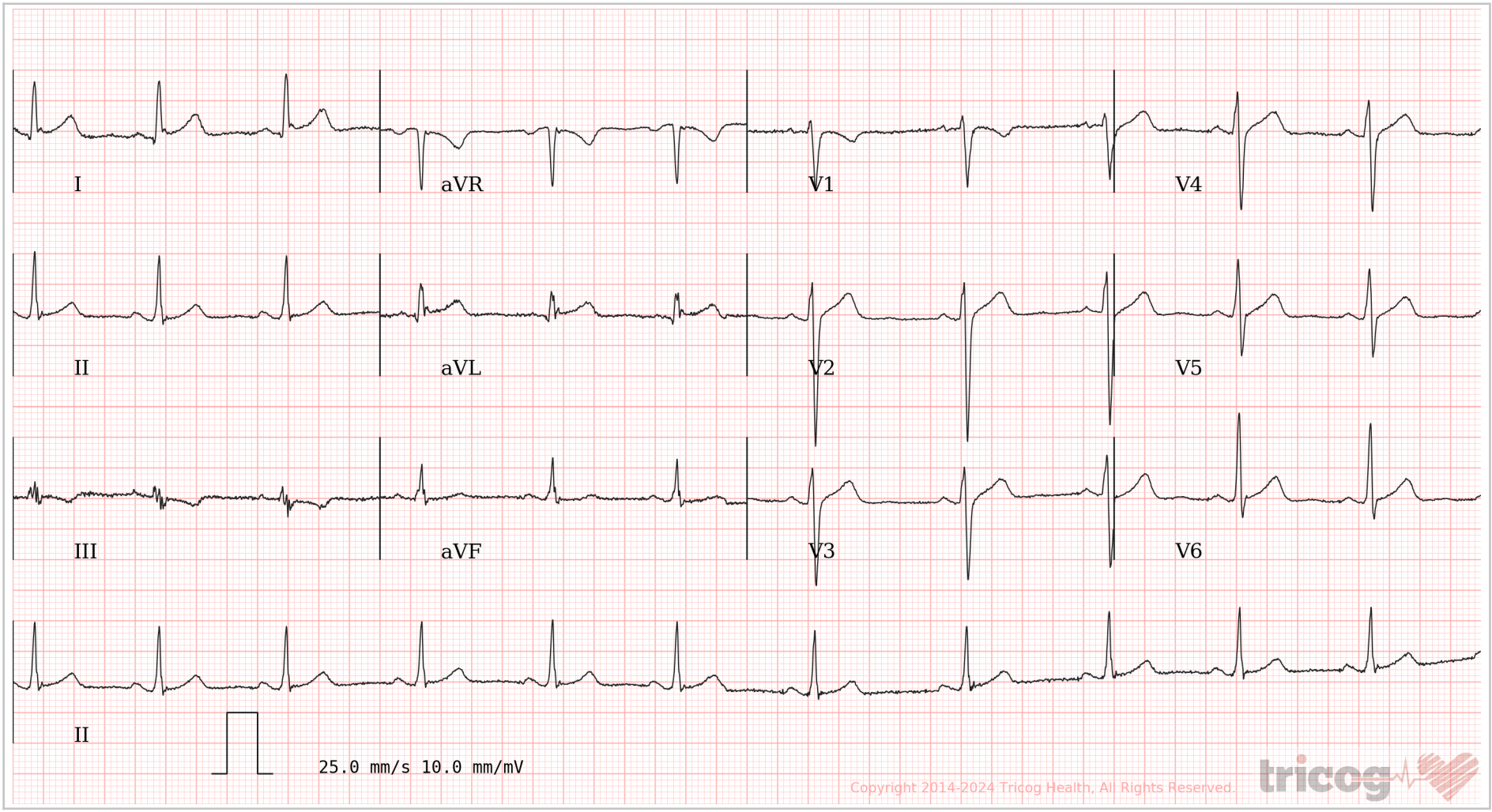
REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.
CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar (W), Mumbai - 400086.
HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com
Corporate Identity Number (CIN): U85110MH2002PTC136144

SUBURBAN DIAGNOSTICS - BORIVALI WEST

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Patient Name: N SRIKANTH
Patient ID: 2432508160

Date and Time: 20th Nov 24 10:16 AM



Age 39 years NA months NA days

Gender **Male**

Heart Rate **69bpm**

Patient Vitals

BP:	110/80 mmHg
Weight:	72 kg
Height:	166 cm
Pulse:	NA
Spo2:	NA
Resp:	NA
Others:	

Measurements

QRSD:	94ms
QT:	376ms
QTcB:	402ms
PR:	140ms
P-R-T:	47° 33° 29°

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

REPORTED BY

Dr Nitin Sonavane
M.B.B.S.AFLH, D.DIAB, D.CARD
Consultant Cardiologist
87714

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

N SRIKANTH Age/Gender : 39 Years/Male

History and Complaints:

No Complaints.

EXAMINATION FINDINGS:			
Height (cms):	166	**Weight (kg):**	72
Temp (0c):	Afebrile	**Skin:**	NAD
Blood Pressure (mm/hg):	110/80	**Nails:**	NAD
Pulse:	74/min	**Lymph Node:**	Not Palpable

Systems	
Cardiovascular:	S1S2(N) No Murmurs
Respiratory:	AEBE Clear
Genitourinary:	Normal
GI System:	Normal
CNS:	Normal

IMPRESSION:

Normal

ADVICE:

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**	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**	NO
17)	**Musculoskeletal System**	NO

PERSONAL HISTORY:

1)	**Alcohol**	No
2)	**Smoking**	No
3)	**Diet**	Veg/Mix
4)	**Medication**	NO

Suburban Diagnostics (I) Pvt. Ltd.
301& 302, 3rd Floor, Vinil Elegariance
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Borivali (West), Mumbai - 400 092

DR. NITIN SONAVANE
M.B.B.S.A.F.L.H, D.DIAB, D.CARD.
CONSULTANT-CARDIOLOGIST
REGD. NO.: 87714

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

CID NO: 2425613897		
NAME: MR.SRIKANTH NOUSU	**SEX: M**	
REF. BY : ----	**DATE: 20/11/2024**	

USG WHOLE ABDOMEN

LIVER: Liver is normal in size 15.9 cm, shape and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any obvious focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. No obvious wall thickening is noted. There is no evidence of any calculus.
(Tiny polyps/calculi may be missed due to technical limitations, sub-optimal distension of GB, adjacent gases and inter-machine variability in resolution settings)

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

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

KIDNEYS: Right kidney measures 11.4 x 5.1 cm. Left kidney measures 11.2 x 6.1 cm.
A calculus of size 8.6 mm seen in mid pole of right kidney.
Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter.

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.

PROSTATE: Prostate is normal in size and echotexture. Prostate measures 2.4 x 3.8 x 2.3 cm and prostatic weight is 11.6 gm. No evidence of any obvious focal lesion.

No free fluid or size significant lymphadenopathy is seen.

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

NAME: MR.SRIKANTH NOUSU	SEX: M	
REF. BY : ----	DATE: 20/11/2024	

Opinion:

Right renal calculus.

For clinical correlation and follow up.

Note: 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. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification. Please interpret accordingly.

Pranali

Dr. Pranali Mahale
MD,Radiodiagnosis
Consultant Radiologist
Reg no. 2019/07/5682

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

PATIENT'S NAME: MR SRIKANTH NOUSU	AGE/SEX: 39Y/M
REF BY: ------	DATE: 20/11/2024

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. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. X ray is known to have inter-observer variations. Further / follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Please interpret accordingly. In case of any typographical error / spelling error in the report, patient is requested to immediately contact the centre within 7 days post which the center will not be responsible for any rectification.

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

Pranali

Dr. Pranali Mahale
MD,Radiodiagnosis
Consultant Radiologist
Reg no. 2019/07/5682

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Date:-

CID:

Name:- N. Shrikanth

Sex / Age: 39 / M

EYE CHECK UP

Chief complaints: Nil

Systemic Diseases:

Past history:

Unaided Vision: RE 6/6 LE 6/6

Aided Vision:

Refraction: RE N/6 LE N/6

	(Right Eye) Sph	Cyl	Axis	Vn	(Left Eye) Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

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Above ... L.T. Road,
Borivali ... 400 092

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

SUBURBAN DIAGNOSTICS PVT. LTD.

Date: 16-11-2024 **Time:** 04:53

Name: SRIKANTH N

Age: 39 **Gender:** M **Height:** 166 cms **Weight:** 72 Kg **ID:** 2432508160

Clinical History: NIL

Medications: NIL

Test Details:

Protocol: Bruce **Predicted Max HR:** 181 **Target HR:** 153 (85% of Pr. MHR)

Exercise Time: 0:10:33 **Achieved Max HR:** 154 (85% of Pr. MHR)

Max BP: 150/80 **Max BP x HR:** 23100 **Max Mets:** 11.9

Test Termination Criteria: TEST COMPLET

Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	01:10	1	0	0	90	120/80	10800	-1.4 aVR	0.3 V5
Standing	00:06	1	0	0	130	120/80	15600	10.4 III	-8.5 V6
HyperVentilation	00:08	1	0	0	79	120/80	9480	-1.4 aVR	0.3 V4
PreTest	00:10	1	1.6	0	77	120/80	9240	0.9 II	-1.1 II
Stage: 1	03:00	4.7	2.7	10	103	120/80	12360	-0.9 aVR	0.4 I
Stage: 2	03:00	7	4	12	118	140/80	16520	0.5 V2	0.3 V4
Stage: 3	03:00	10.1	5.5	14	127	140/80	17780	0.6 V2	0.4 V4
Peak Exercise	01:33	11.9	6.8	16	154	140/80	21560	-1 V6	0.5 II
Recovery1	01:00	1	0	0	108	150/80	16200	-1 V4	3.8 V3
Recovery2	01:00	1	0	0	90	150/80	13500	0.3 V4	0.3 V5
Recovery3	01:00	1	0	0	86	130/80	11180	-0.5 aVR	0.3 V5
Recovery4	00:05	1	0	0	82	130/80	10660	0.4 V2	0.2 V2

Interpretation

The Patient Exercised according to Bruce Protocol for 0:10:33 achieving a work level of 11.9 METS.
Resting Heart Rate, initially 90 bpm rose to a max. heart rate of 154bpm (85% of Predicted Maximum Heart Rate).
Resting Blood Pressure of 120/80 mmHg, rose to a maximum Blood Pressure of 150/80 mmHg
Good Effort tolerance Normal HR & BP Respone No Angina or Arrhymias
No Significant ST-T Change Noted During Exercise Stress test Negative for Stress inducible ischaemia.

DR. NITIN SONAVANE
M.B.B.S.AFIH. D.DIAB. D.CARD.
CONSULTANT-CARDIOLOGIST
REGD. NO.: 87714

Ref. Doctor: ---- **Doctor:** DR. NITIN SONAVANE

SCHILLER
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301... Entrance
... Road,
Bo... 092

(Summary Report edited by User)
Cardiovit CS-20 Version:3.6

SUBURBAN DIAGNOSTICS PVT. LTD.

SRIKANTH N (39 M)

Bruce Protocol

ID: 2432508160

Stage: Supine

Date: 16-11-2024

Speed: 0 km/h

Exec Time : 0:00:00

Slope: 0%

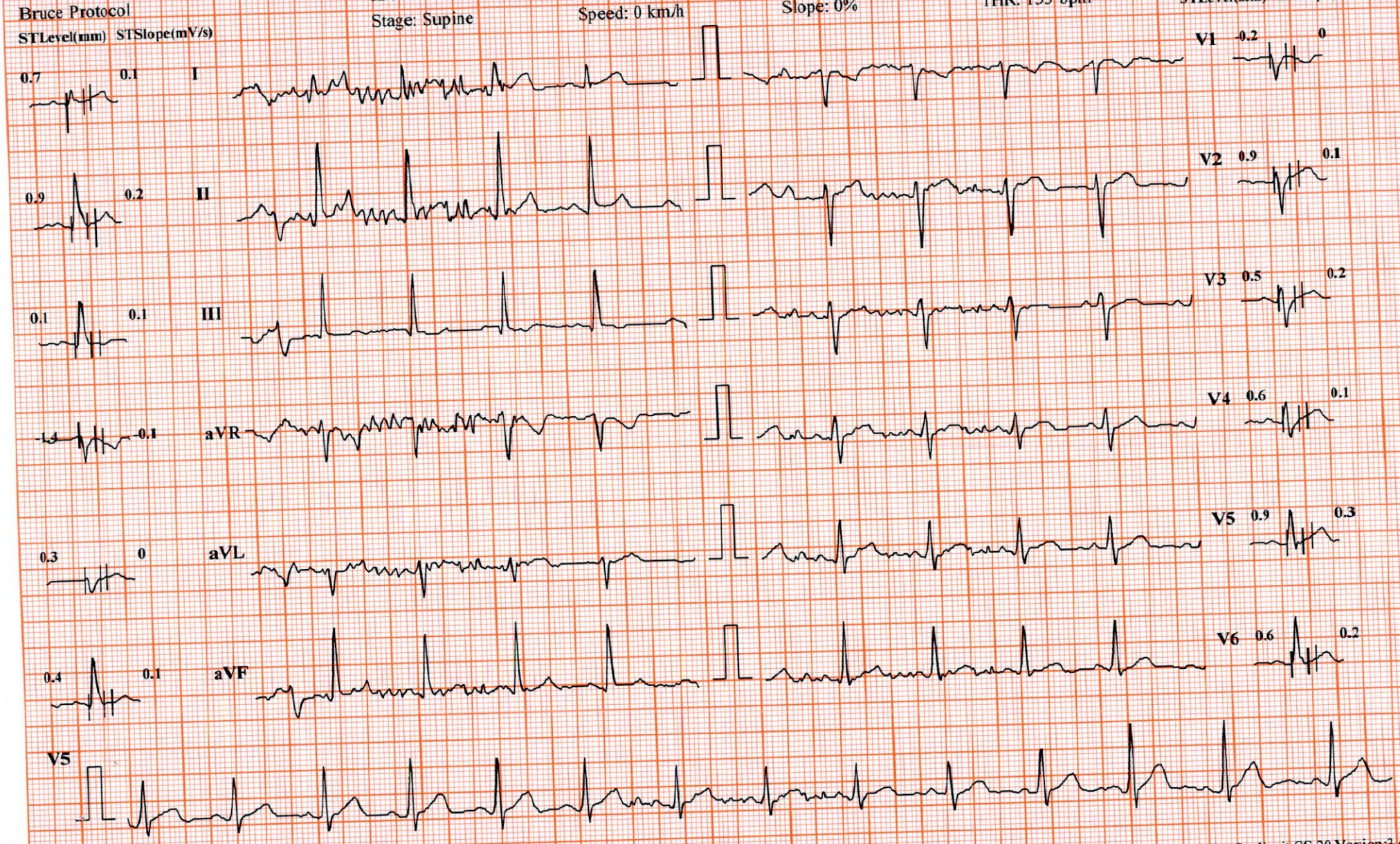
Stage Time: 01:10

THR: 153 bpm

HR: 90 bpm

59% of THR

BP: 120/80 mmHg



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Schiller Cardiovit CS-20 Version: 3.6

SUBURBAN DIAGNOSTICS PVT. LTD.

SRIKANTH N (39 M)

Bruce Protocol

ID: 2432508160 | Date: 16-11-2024 | Exec Time : 0:00:00 | Stage Time: 00:06

Stage: Standing | Speed: 0 | Slope: 0 % | THR: 153 bpm

HR: 130 bpm

85% of THR

BP: 120/80 mmHg

	STLevel(mm)	STSlope(mV/s)
I	-3.1	3.4
II	7.4	4.1
III	10.4	0.6
aVR	-0.3	-3.6
aVL	-6.7	1.4
aVF	8.9	2.4
V5		

	STLevel(mm)	STSlope(mV/s)
V1	-9.2	-5.7
V2	-6.4	-1.9
V3	-7.1	-4.6
V4	-4.9	-6.6
V5	-8.3	-5.7
V6	-4.8	-8.5

Chart Speed: 25 mm/sec Amplitude: 10mm/mV Filter: 35 Hz Mains Filter: ON ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-20 Version:3.6

SUBURBAN DIAGNOSTICS PVT. LTD.

SRIKANTH N (39 M)
Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2432508160
Stage: HyperVentilation

Date: 16-11-2024
Speed: 0

Exec Time : 0:00:00
Slope: 0 %

Stage Time: 00:08
THR: 153 bpm

HR: 79 bpm
52% of THR
BP: 120/80 mmHg
STLevel(mm) STSlope(mV/s)

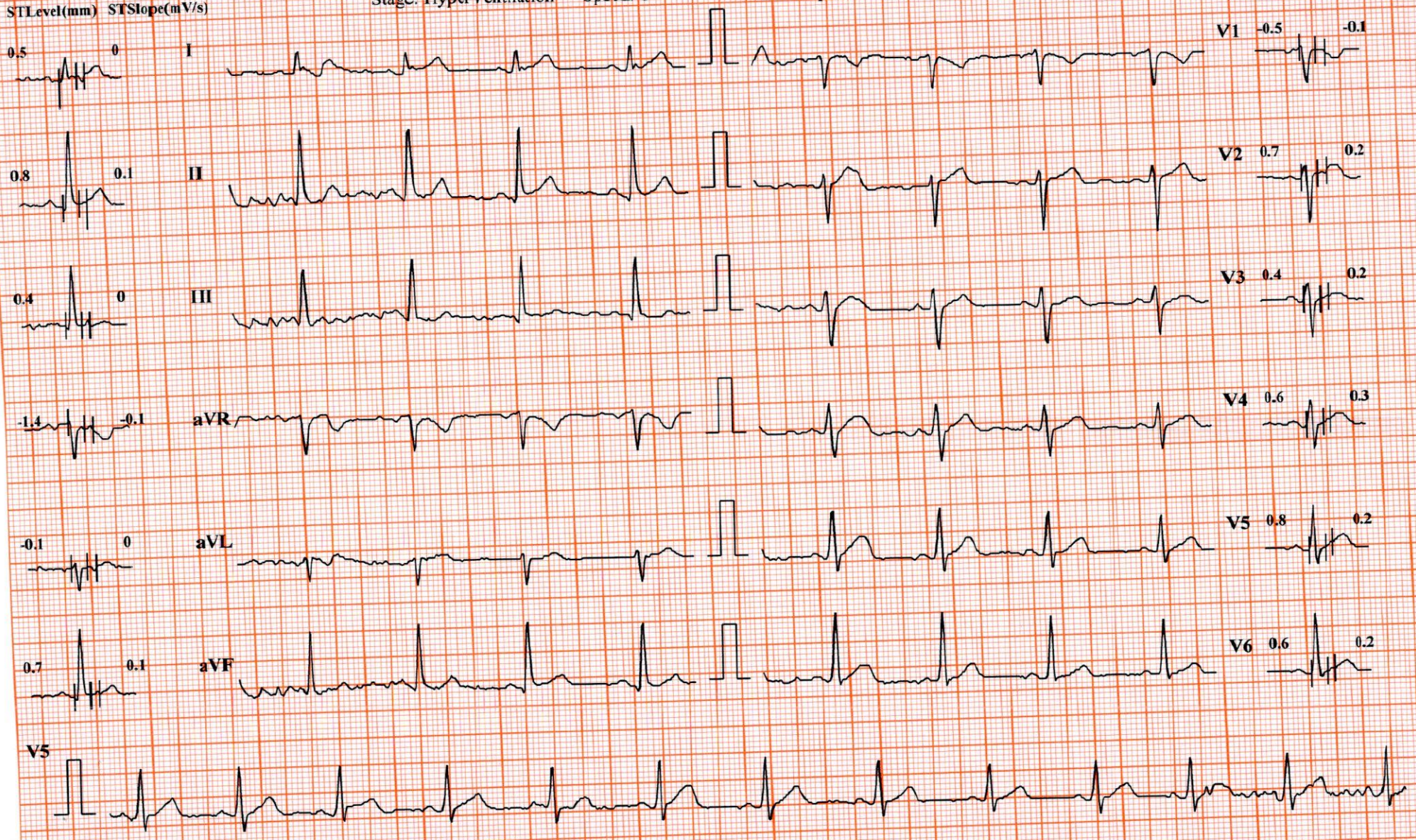


Chart Speed: 25 mm/sec Amplitude: 10mm/mV Filter: 35 Hz Mains Filter: ON ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-20 Version:3.6

SUBURBAN DIAGNOSTICS PVT. LTD.

SRIKANTH N (39 M)

Bruce Protocol

ID: 2432508160 | Date: 16-11-2024 | Exec Time : 0:03:00 | Stage Time: 03:00

Stage: 1 | Speed: 2.7 kmph | Slope: 10 % | THR: 153 bpm

HR: 103 bpm

67% of THR

BP: 120/80 mmHg

STLevel(mm)	STSlope(mV/s)		STLevel(mm)	STSlope(mV/s)
0.8	0.4	I	-0.3	0
0.6	0.1	II	0.8	0.1
0	-0.3	III	0.7	0.2
-0.9	-0.3	aVR	0.9	0.2
0.3	0.4	aVL	0.9	0.3
0.2	-0.2	aVF	0.6	0.1

V1 V2 V3 V4 V5 V6

V5

Chart Speed: 25 mm/sec Amplitude: 10mm/mV Filter: 35 Hz Mains Filter: ON ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-20 Version:3.6

SUBURBAN DIAGNOSTICS PVT. LTD.

SRIKANTH N (39 M)

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2432508160
Stage: 2

Date: 16-11-2024
Speed: 4 kmph

Exec Time : 0:06:00
Slope: 12 %

Stage Time: 03:00
THR: 153 bpm

HR: 118 bpm
77% of THR
BP: 140/80 mmHg
STLevel(mm) STSlope(mV/s)

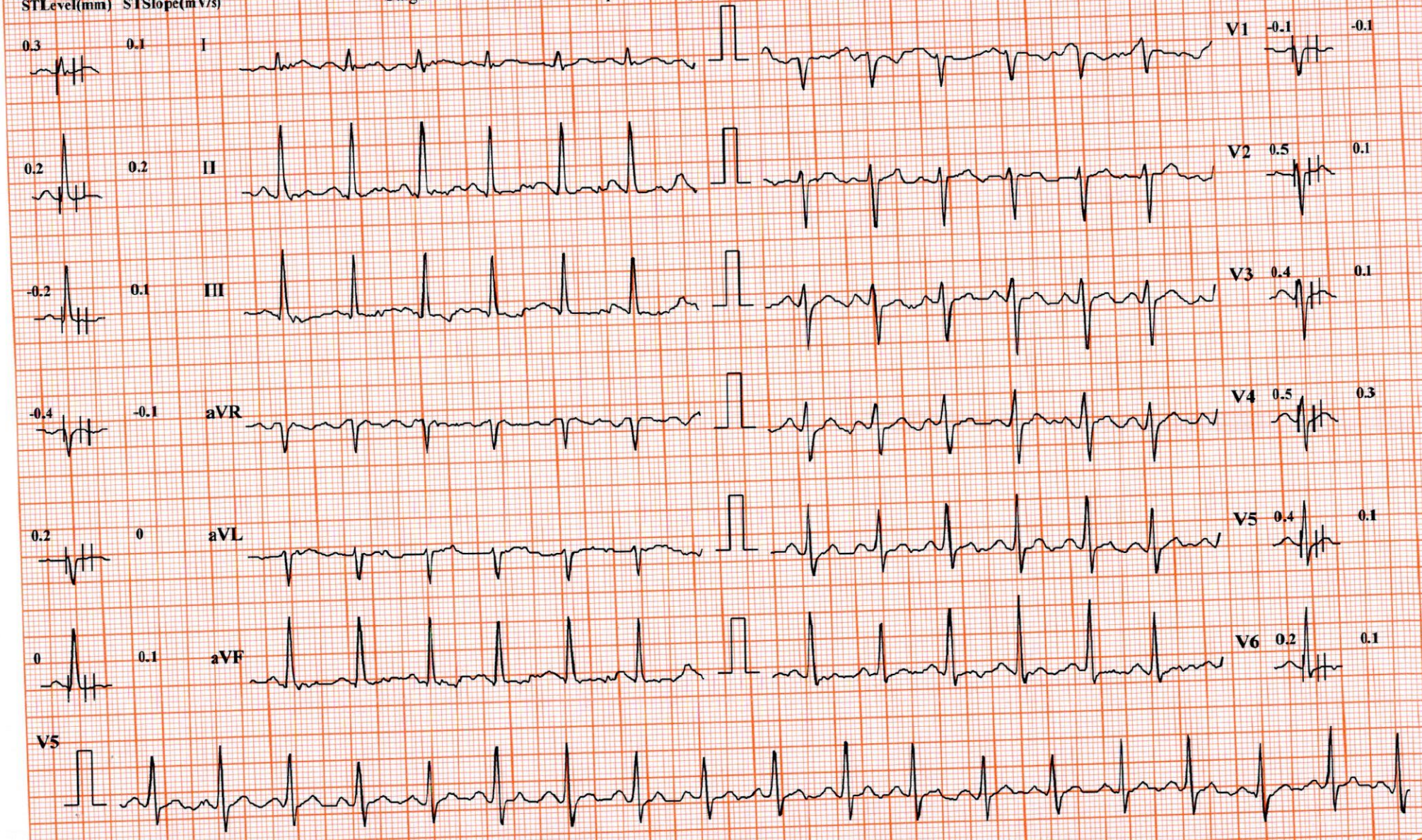


Chart Speed: 25 mm/sec Amplitude: 10mm/mV Filter: 35 Hz Mains Filter: ON ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-20 Version:3.6

SUBURBAN DIAGNOSTICS PVT. LTD.

SRIKANTH N (39 M)

Bruce Protocol

ID: 2432508160 | Date: 16-11-2024 | Exec Time : 0:09:00 | Stage Time: 03:00

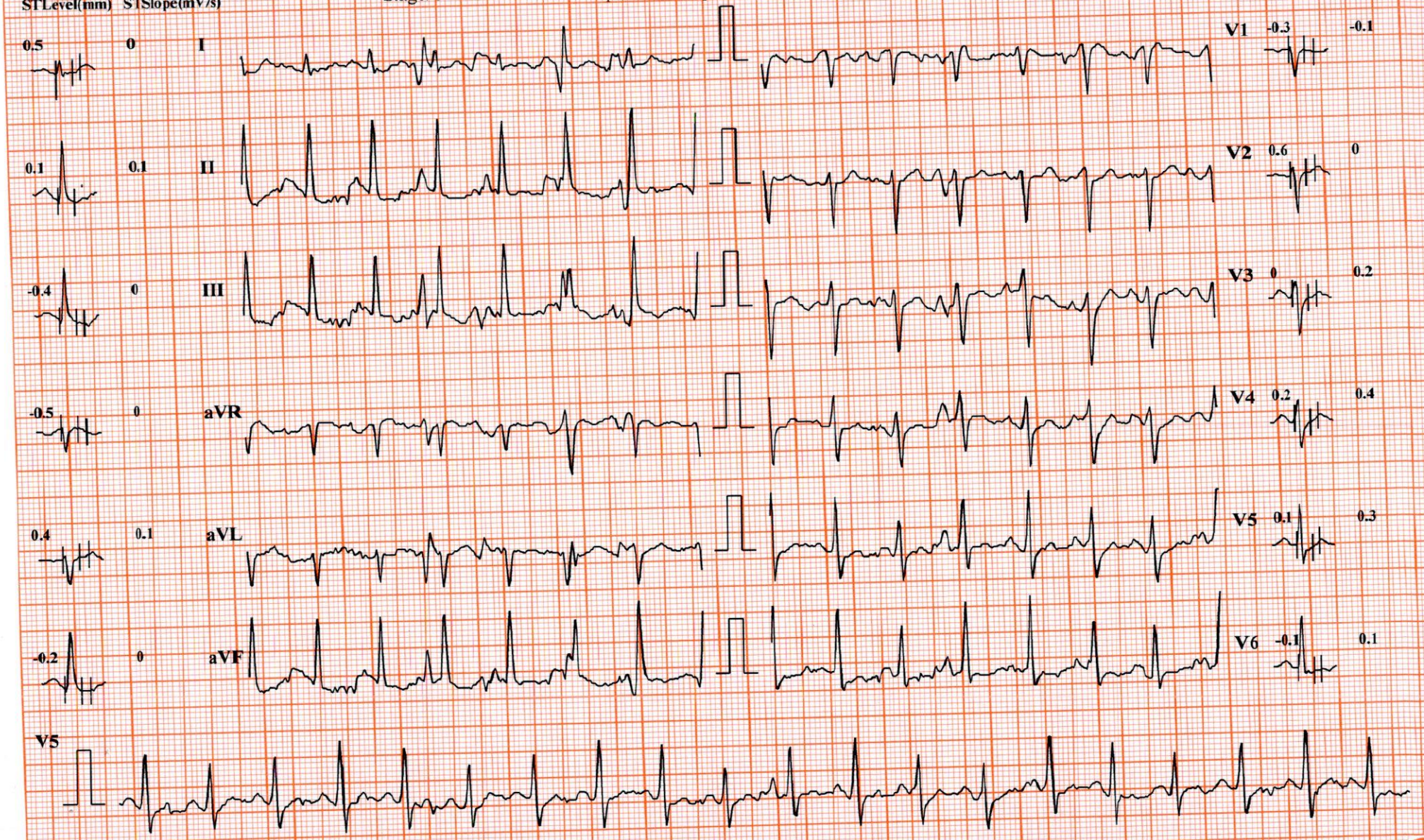
Stage: 3 | Speed: 5.5 kmph | Slope: 14 % | THR: 153 bpm

HR: 127 bpm

83% of THR

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)



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Schiller Cardiovit CS-20 Version:3.6

SUBURBAN DIAGNOSTICS PVT. LTD.

SRIKANTH N (39 M)

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2432508160 Date: 16-11-2024 Exec Time : 0:10:33 Stage Time: 01:33

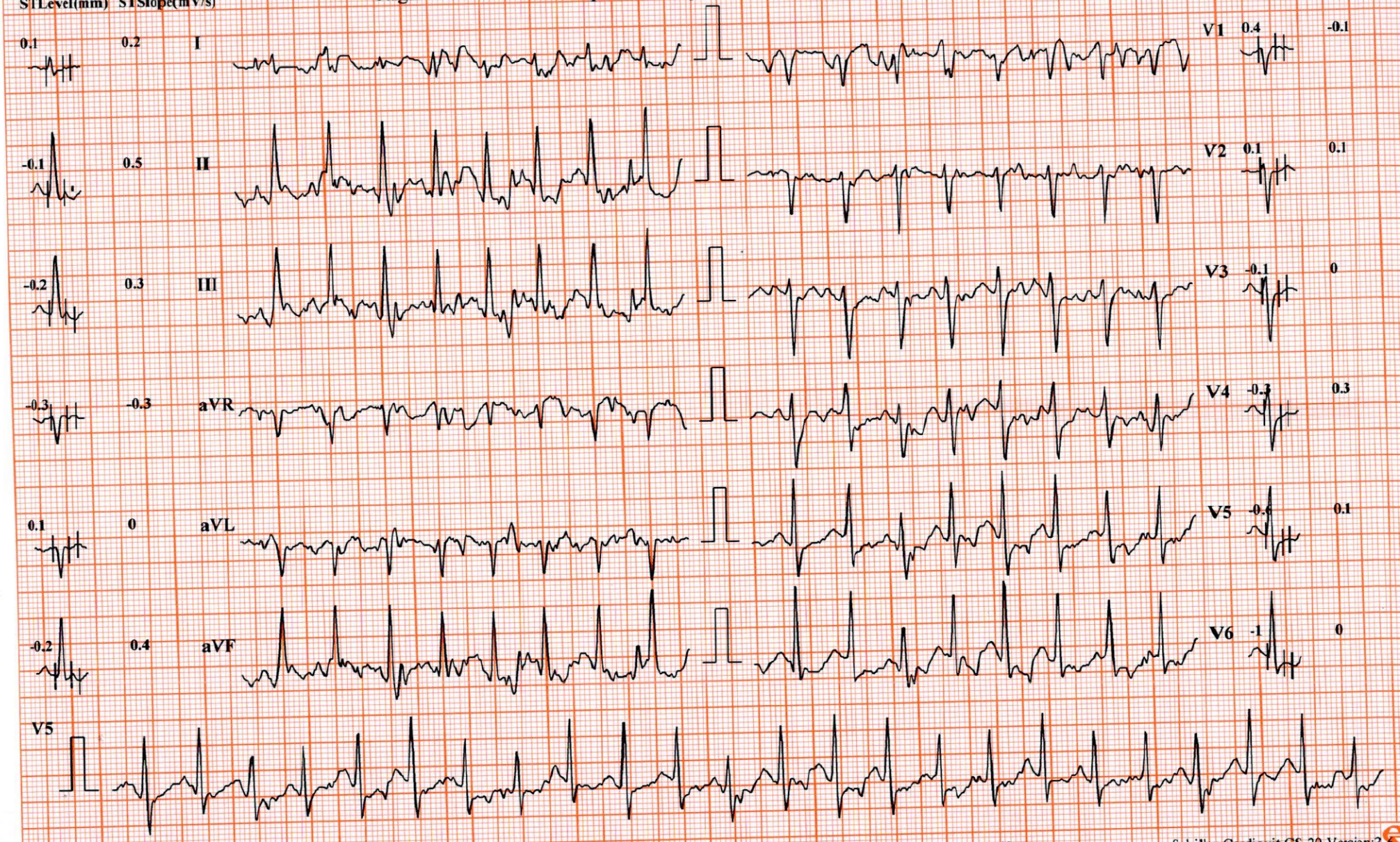
Stage: 4 Peak Exercise Speed: 6.8 kmph Slope: 16 % THR: 153 bpm

HR: 154 bpm

101% of THR

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)



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Schiller Cardiovit CS-20 Version:3.6

SUBURBAN DIAGNOSTICS PVT. LTD.

SRIKANTH N (39 M)

Bruce Protocol

ID: 2432508160 | Date: 16-11-2024 | Exec Time : 00:00 | Stage Time: 00:36

Stage: Recovery1 | Speed: 0 kmph | Slope: 0 % | THR: 153 bpm

HR: 126 bpm

82% of THR

BP: 160/80 mmHg

STLevel(mm)	STSlope(mV/s)		STLevel(mm)	STSlope(mV/s)
0.2	0.2	I	V1 0.1	-0.1
-0.3	0.1	II	V2 0.6	0.2
-0.6	-0.1	III	V3 0.8	0.4
-0.1	-0.2	aVR	V4 0.5	0.4
0.4	0.1	aVL	V5 0.1	0.4
-0.5	0	aVF	V6 -0.4	0.1

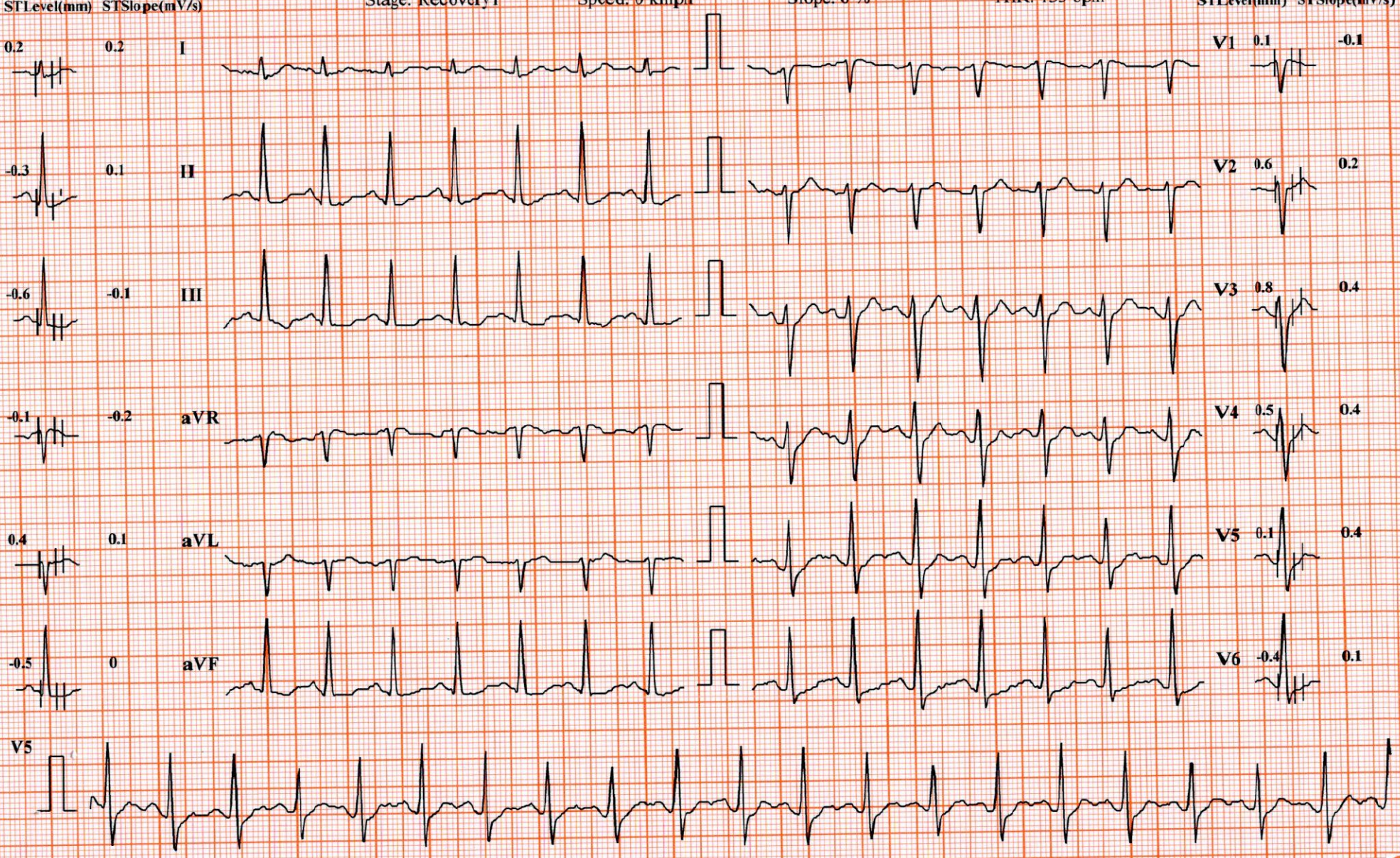


Chart Speed: 25 mm/sec Amplitude: 10mm/mV Filter: 35 Hz Mains Filter: ON ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-20 Version:3.6

SUBURBAN DIAGNOSTICS PVT. LTD.

SRIKANTH N (39 M)

Bruce Protocol

ID: 2432508160 | Date: 16-11-2024 | Exec Time : 00:00 | Stage Time: 01:00

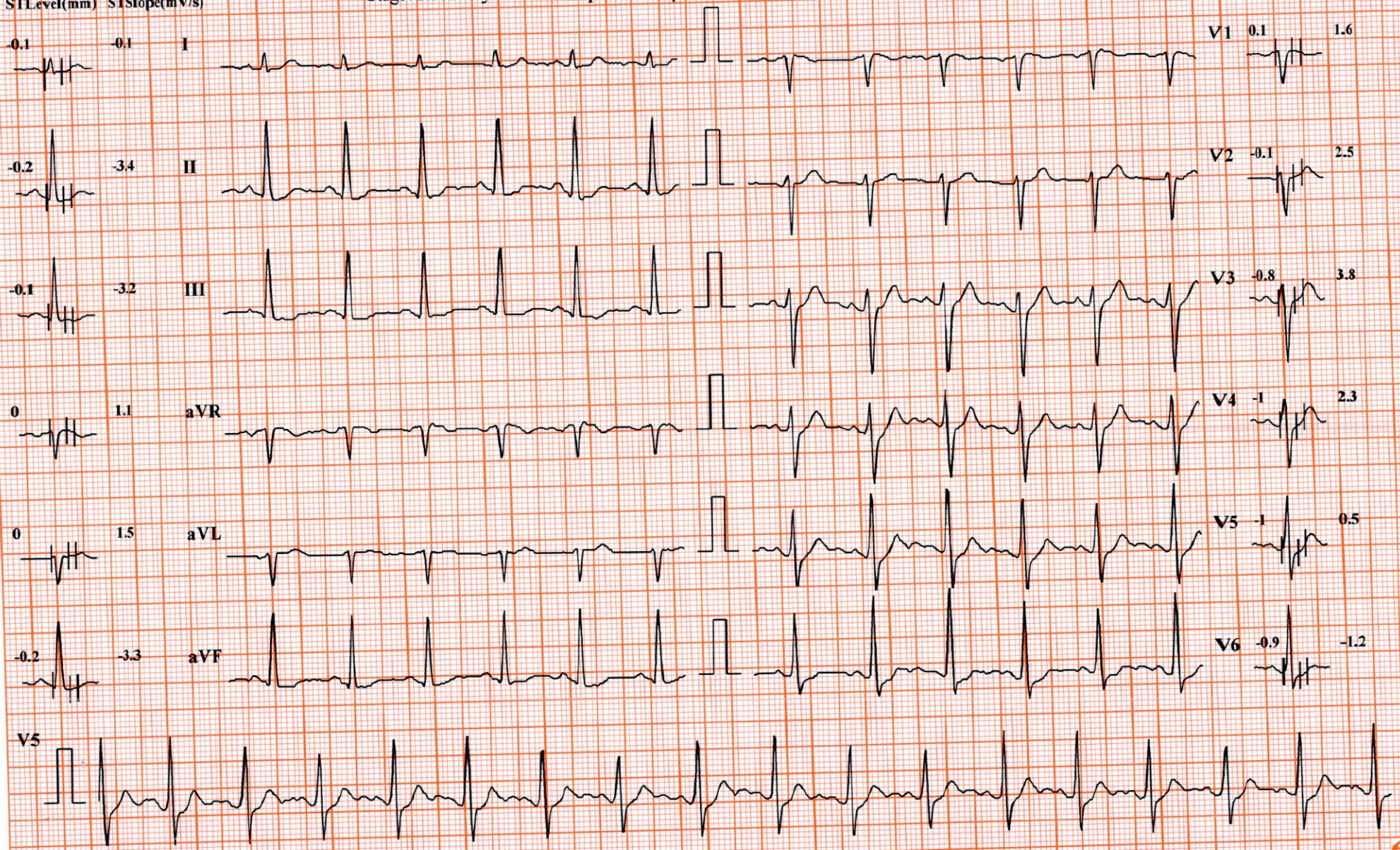
Stage: Recovery1 | Speed: 0 kmph | Slope: 0 % | THR: 153 bpm

HR: 108 bpm

71% of THR

BP: 150/80 mmHg

	STLevel(mm)	STSlope(mV/s)
I	-0.1	-0.1
II	-0.2	-3.4
III	-0.1	-3.2
aVR	0	1.1
aVL	0	1.5
aVF	-0.2	-3.3
V1	0.1	1.6
V2	-0.1	2.5
V3	-0.8	3.8
V4	-1	2.3
V5	-1	0.5
V6	-0.9	-1.2



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Schiller Cardiovit CS-20 Version:3.6

SUBURBAN DIAGNOSTICS PVT. LTD.

SRIKANTH N (39 M)
Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2432508160
Stage: Recovery2

Date: 16-11-2024
Speed: 0 kmph

Exec Time : 00:00
Slope: 0 %

Stage Time: 01:00
THR: 153 bpm

HR: 90 bpm
59% of THR
BP: 150/80 mmHg
STLevel(mm) STSlope(mV/s)

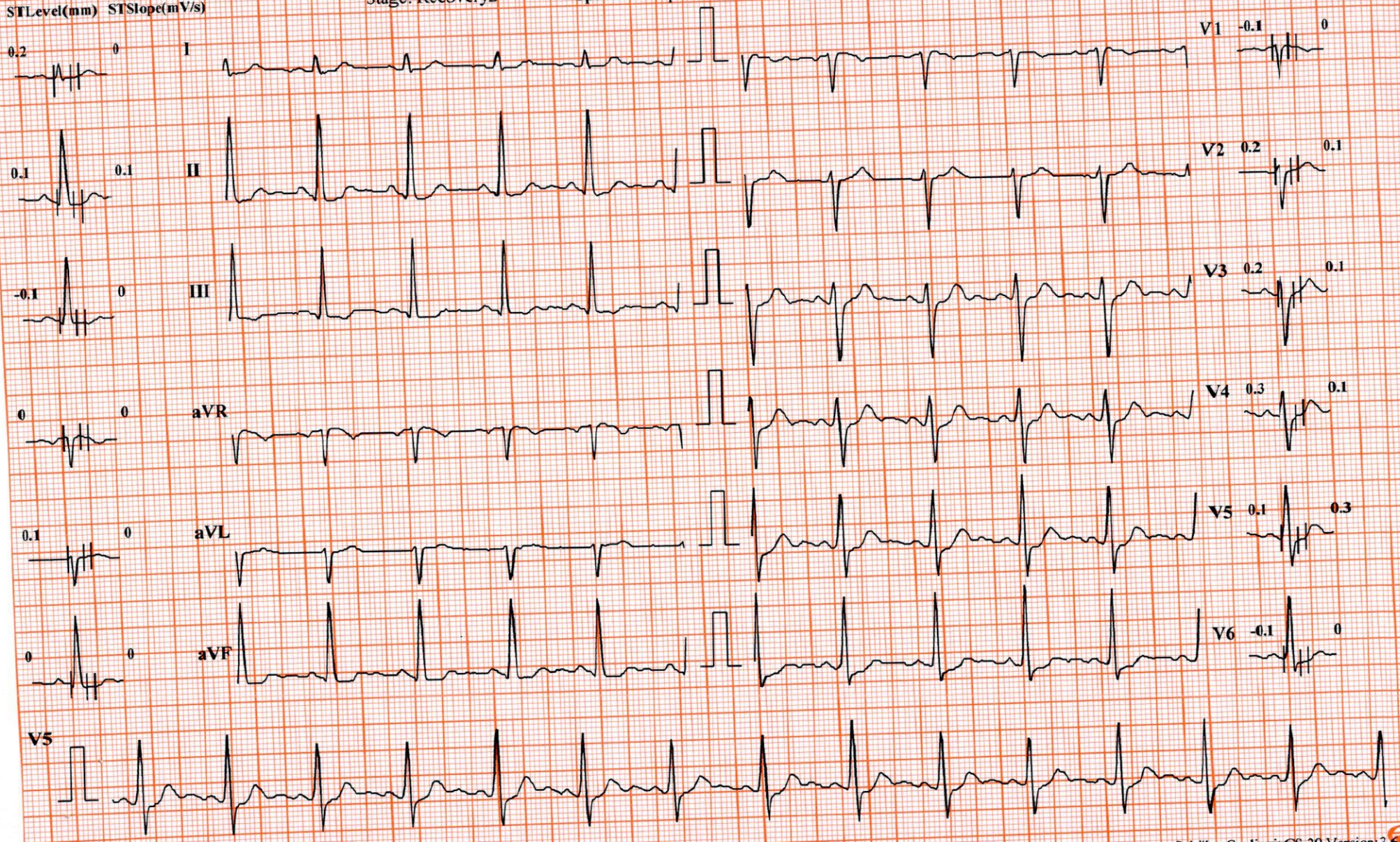


Chart Speed: 25 mm/sec Amplitude: 10mm/mV Filter: 35 Hz Mains Filter: ON ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-20 Version:3.6

SUBURBAN DIAGNOSTICS PVT. LTD.

SRIKANTH N (39 M)
Bruce Protocol
STLevel(mm) STSlope(mV/s)

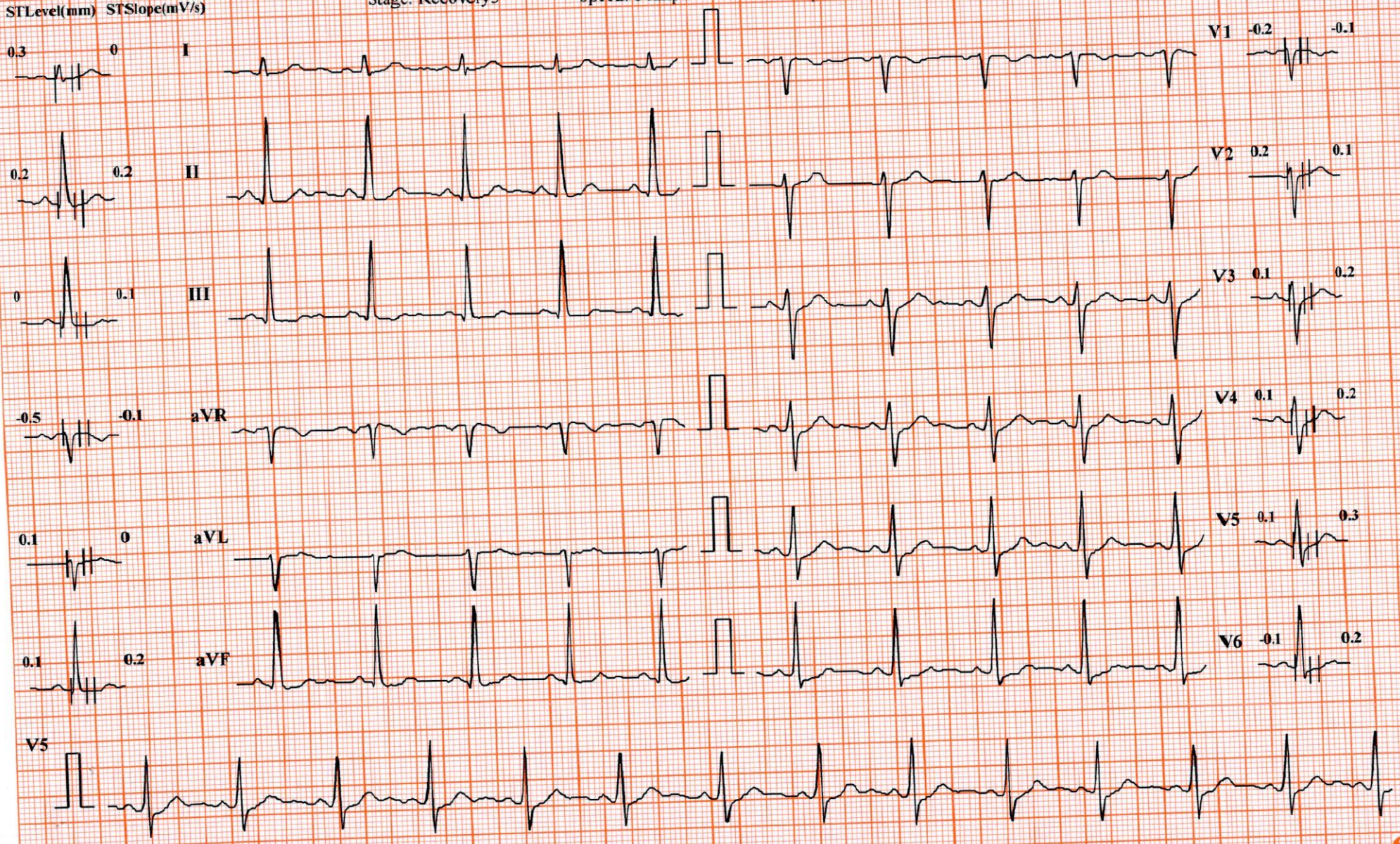
ID: 2432508160
Stage: Recovery3

Date: 16-11-2024
Speed: 0 kmph

Exec Time : 00:00
Slope: 0 %

Stage Time: 01:00
THR: 153 bpm

HR: 86 bpm
56% of THR
BP: 130/80 mmHg
STLevel(mm) STSlope(mV/s)



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Schiller Cardiovit CS-20 Version:3.6

SUBURBAN DIAGNOSTICS PVT. LTD.

SRIKANTH N (39 M)

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2432508160 | Date: 16-11-2024 | Exec Time : 00:00 | Stage Time: 00:02

Stage: Recovery4 | Speed: 0 kmph | Slope: 0 % | THR: 153 bpm

HR: 86 bpm

56% of THR

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

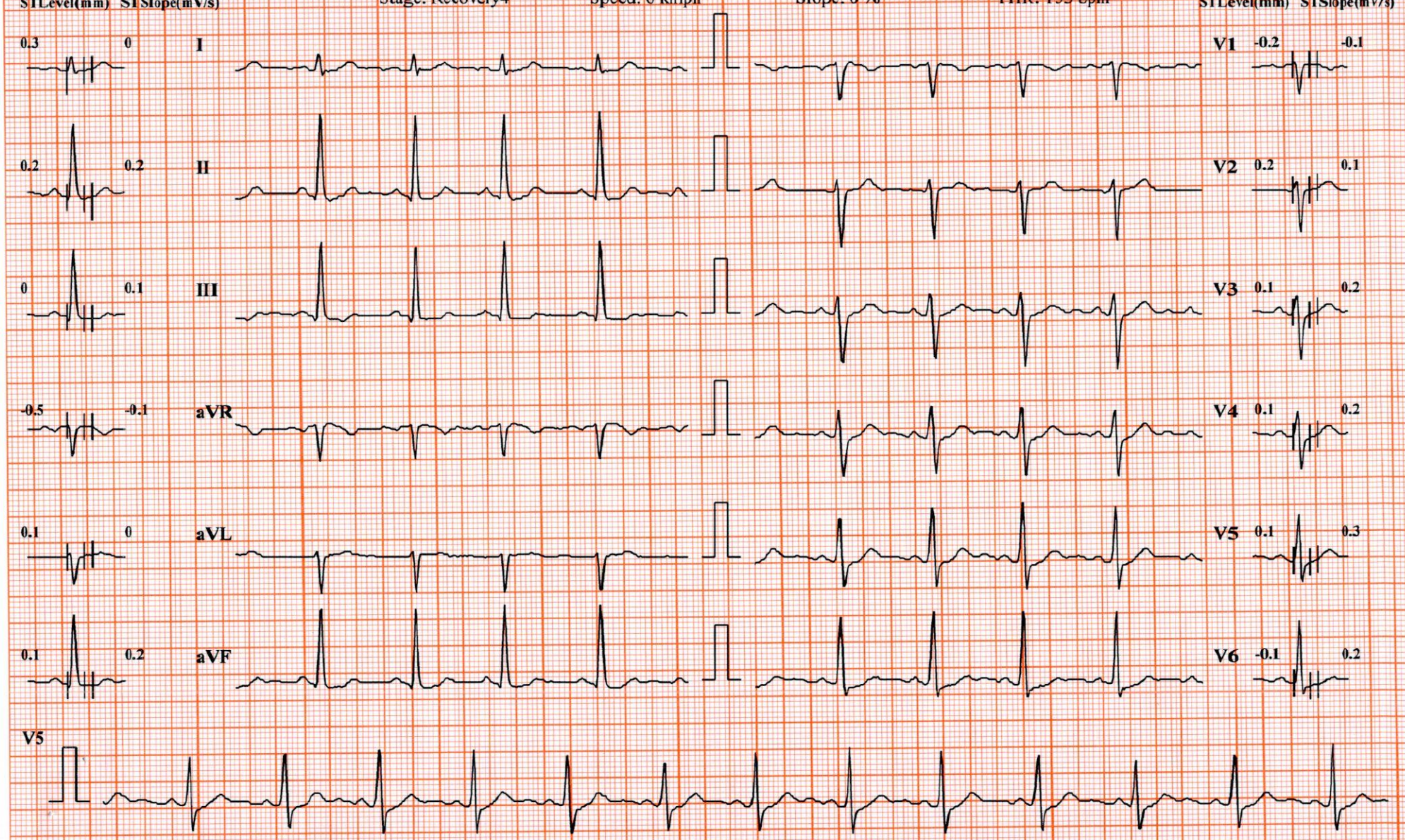

Chart Speed: 25 mm/sec Amplitude: 10mm/mV Filter: 35 Hz Mains Filter: ON ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-20 Version:3.6

SUBURBAN DIAGNOSTICS PVT. LTD.

SRIKANTH N (39 M)

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2432508160 | Stage: Recovery4

Date: 16-11-2024 | Speed: 0 kmph

Exec Time : 00:00 | Slope: 0 %

Stage Time: 00:05 | THR: 153 bpm

HR: 82 bpm

54% of THR

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

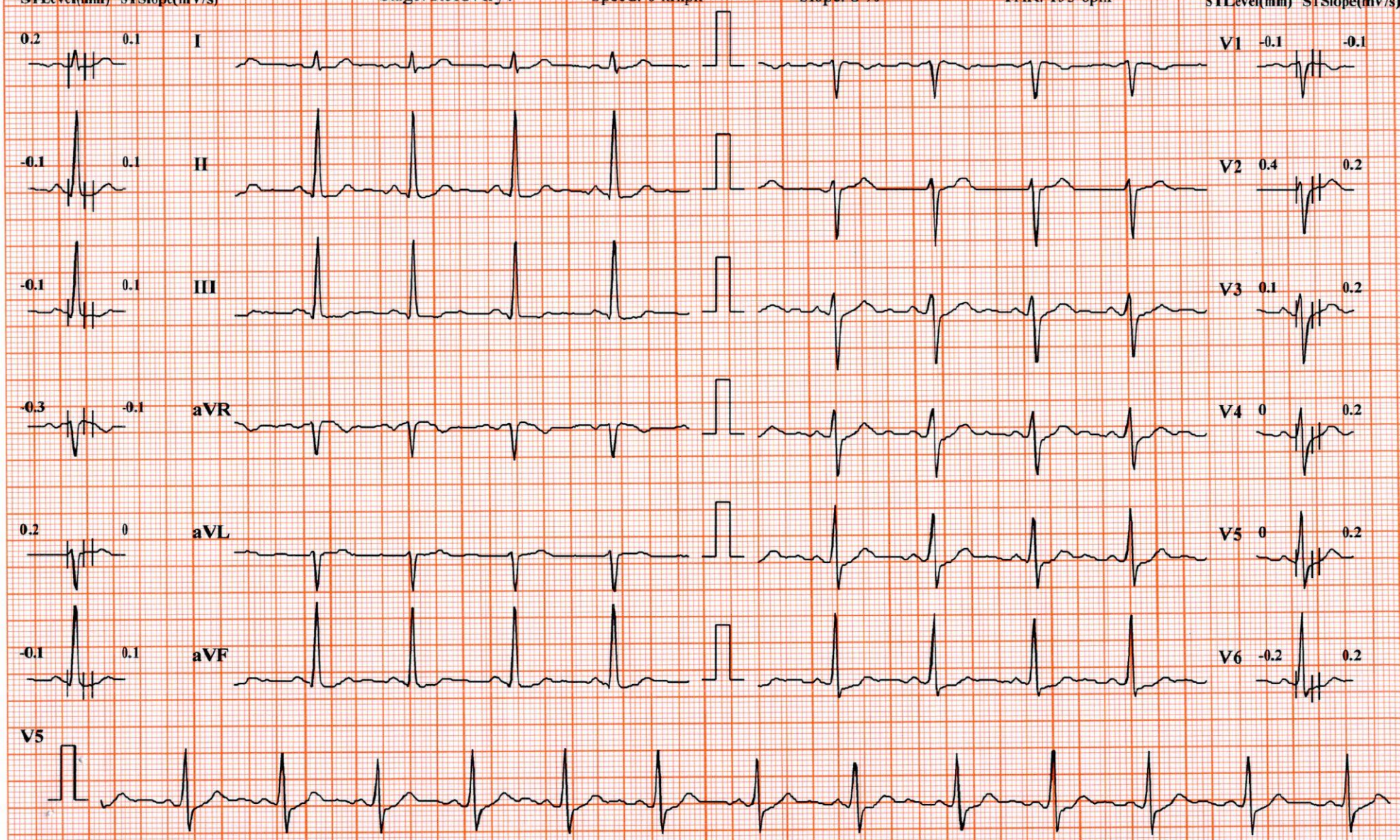

Chart Speed: 25 mm/sec Amplitude: 10mm/mV Filter: 35 Hz Mains Filter: ON ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-20 Version:3.6