



**Name** : Mr. AMIT KUMAR TIWARI  
**Lab No.** : 393775882  
**Ref By** : SELF  
**Collected** : 11/3/2025 9:13:00AM  
**A/c Status** : P  
**Collected at** : WALKIN - CPL, ANDHERI WEST  
 2nd Floor, Aston Building, Sundervan Complex,  
 Opp. Union Bank, Above Mercedes Benz  
 Showroom, Andheri West, Mumbai,  
 Maharashtra - 400053

**Age** : 53 Years  
**Gender** : Male  
**Reported** : 11/3/2025 4:21:05PM  
**Report Status** : Interim  
**Processed at** : SDRL, VIDYAVIHAR

**MediWheel Full Body Health Checkup Male >40/2D ECH**  
**PROSTATE SPECIFIC ANTIGEN (PSA)**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
TOTAL PSA, Serum	1.27	<4.00 ng/mL	CLIA

**Clinical Significance:**

- PSA is detected in the serum of males with normal, benign hyper-plastic, and malignant prostate tissue.
- Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment.
- Prostate cancer screening 4. The percentage of Free PSA (FPSA) in serum is described as being significantly higher in patients with BPH than in patients with prostate cancer. 5. Calculation of % free PSA (ie. FPSA/TPSA x 100 ), has been suggested as way of improving the differentiation of BPH and Prostate cancer.

**Interpretation:**

**Increased In-** Prostate diseases, Cancer, Prostatitis, Benign prostatic hyperplasia, Prostatic ischemia, Acute urinary retention, Manipulations like Prostatic massage, Cystoscopy, Needle biopsy, Transurethral resection, Digital rectal examination, Radiation therapy, Indwelling catheter, Vigorous bicycle exercise, Drugs (e.g., testosterone), Physiologic fluctuations. Also found in small amounts in other cancers (sweat and salivary glands, breast, colon, lung, ovary) and in Skene glands of female urethra and in term placenta, Acute renal failure, Acute myocardial infarction,

**Decreased In-** Ejaculation within 24-28 hours, Castration, Antiandrogen drugs (e.g., finasteride), Radiation therapy, Prostatectomy, PSA falls 17% in 3 days after lying in hospital, Artfactual (e.g., improper specimen collection; very high PSA levels). Finasteride (5- $\alpha$ -reductase inhibitor) reduces PSA by 50% after 6 months in men without cancer.

**Reflex Tests:** % FREE PSA , USG Prostate

**Limitations:**

- tPSA values determined on patient samples by different testing procedures cannot be directly compared with one another and could be the cause of erroneous medical interpretations. If there is a change in the tPSA assay procedure used while monitoring therapy, then the tPSA values obtained upon changing over to the new procedure must be confirmed by parallel measurements with both methods. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels.
- Patients who have been regularly exposed to animals or have received immunotherapy or diagnostic procedures utilizing immunoglobulins or immunoglobulin fragments may produce antibodies, e.g. HAMA, that interferes with immunoassays.  PSA results should be interpreted in light of the total clinical presentation of the patient, including: symptoms, clinical history, data from additional tests, and other appropriate information.
- Serum PSA concentrations should not be interpreted as absolute evidence for the presence or





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<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
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absence of prostate cancer.

**Note** : The concentration of PSA in a given specimen, determined with assay from different manufacturers, may not be comparable due to differences in assay methods and reagent specificity.

**Reference:**

- Wallach's Interpretation of diagnostic tests
- Total PSA Pack insert

Dr Leena Salunkhe  
DPB  
HOD

Dr Namrata Raul  
MD, Biochemistry  
Consultant Biochemist

Dr Vrushali Shroff  
MD Pathology  
Sr. Pathologist





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**MediWheel Full Body Health Checkup Male >40/2D ECH  
 CBC (Complete Blood Count), Blood**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	15.1	13.0 - 17.0 g/dL	Spectrophotometric
RBC	5.2	4.5 - 5.5 mil/cmm	Elect. Impedance
PCV	44.8	40.0 - 50.0 %	Calculated
MCV	85.4	81.0 - 101.0 fL	Measured
MCH	28.8	27.0 - 32.0 pg	Calculated
MCHC	33.7	31.5 - 34.5 g/dL	Calculated
RDW	13.0	11.6 - 14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	4790	4000 - 10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	34.6	20.0 - 40.0 %	
Absolute Lymphocytes	1657.3	1000.0 - 3000.0 /cmm	Calculated
Monocytes	9.4	2.0 - 10.0 %	
Absolute Monocytes	450.3	200.0 - 1000.0 /cmm	Calculated
Neutrophils	45.5	40.0 - 80.0 %	
Absolute Neutrophils	2179.5	2000.0 - 7000.0 /cmm	Calculated
Eosinophils	<b>10.1</b>	1.0 - 6.0 %	
Absolute Eosinophils	483.8	20.0 - 500.0 /cmm	Calculated
Basophils	0.4	0.1 - 2.0 %	
Absolute Basophils	<b>19.2</b>	20.0 - 100.0 /cmm	Calculated

**PLATELET PARAMETERS**





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**MediWheel Full Body Health Checkup Male >40/2D ECH  
CBC (Complete Blood Count), Blood**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Platelet Count	171000	150000 - 410000 /cmm	Elect. Impedance
MPV	12.1	6.0 - 11.0 fL	Measured
PDW	26.8	11.0 - 18.0 %	Calculated

**RBC MORPHOLOGY**

Others Normocytic  
Normochromic

**Specimen:** EDTA whole blood





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MediWheel Full Body Health Checkup Male >40/2D ECH  
ERYTHROCYTE SEDIMENTATION RATE (ESR)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
ESR, EDTA WB	10.00	2.00 - 20.00 mm/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- Sick 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.





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**MediWheel Full Body Health Checkup Male >40/2D ECH**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	<b>169.60</b>	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase

**Note** : ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition

GLUCOSE (SUGAR) PP, Fluoride Plasma PP	<b>339.00</b>	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
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**Note** : ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition





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**MediWheel Full Body Health Checkup Male >40/2D ECH**  
**KIDNEY FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
BLOOD UREA, Serum	17.70	17.00 - 43.00 mg/dL	Urease
BUN, Serum	8.27	6.00 - 20.00 mg/dL	Calculated
CREATININE, Serum	<b>0.64</b>	0.67 - 1.17 mg/dL	Modified Jaffe's (Kinetic)
eGFR, Serum	112.79	(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
TOTAL PROTEINS, Serum	7.40	6.40 - 8.30 g/dL	Biuret
Albumin Serum	4.60	3.50 - 5.20 g/dL	BCG
GLOBULIN Serum	2.80	2.30 - 3.50 g/dL	Calculated
A/G RATIO Serum	1.64	1.00 - 2.00	Calculated
URIC ACID, Serum	5.30	3.50 - 7.20 mg/dL	Uricase
PHOSPHORUS, Serum	3.20	2.70 - 4.50 mg/dL	Molybdate UV
CALCIUM, Serum	9.80	8.80 - 10.60 mg/dL	Arsenazo III
SODIUM, Serum	137.00	136.00 - 146.00 mmol/L	ISE Indirect
POTASSIUM, Serum	4.6	3.50 - 5.10 mmol/L	Indirect ISE
CHLORIDE Serum	101.00	101.00 - 109.00 mmol/L	Indirect ISE

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





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**MediWheel Full Body Health Checkup Male >40/2D ECH**  
**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB	8.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB	191.5	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.







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**LIVER FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.68	0.30 - 1.20 mg/dL	Dichlorophenyl diazonium tetrafluoroborate (DPD)
BILIRUBIN (DIRECT), Serum	0.12	<0.20 mg/dL	Dichlorophenyl diazonium tetrafluoroborate (DPD)
BILIRUBIN (INDIRECT), Serum	0.56	<1.20 mg/dL	Calculated
TOTAL PROTEINS, Serum	7.40	6.40 - 8.30 g/dL	Biuret
Albumin Serum	4.60	3.50 - 5.20 g/dL	BCG
GLOBULIN Serum	2.80	2.30 - 3.50 g/dL	Calculated
A/G RATIO Serum	1.64	1.00 - 2.00	Calculated
SGOT (AST), Serum	25.70	<50.00 U/L	IFCC (without pyridoxal phosphate activation)
SGPT (ALT), Serum	24.60	<50.00 U/L	IFCC (without pyridoxal phosphate activation)
GAMMA GT, Serum	19.80	<55.00 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	100.80	30.00 - 120.00 U/L	IFCC AMP buffer



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**MediWheel Full Body Health Checkup Male >40/2D ECH**

**LIPID PROFILE**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
CHOLESTEROL, Serum	218	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	158	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	46	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	172	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL Serum	140	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	32	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5	0 - 4.50 RATIO	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3	0 - 3.50 RATIO	Calculated

**Reference:**

- 1) 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).
- 2) Pack Insert.



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**THYROID FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
Free T3, Serum	5.03	3.50 - 6.50 pmol/L	ECLIA
Free T4 Serum	16.20	11.50 - 22.70 pmol/L	ECLIA
sensitiveTSH Serum	2.72	0.35 - 5.50 microlU/ml	ECLIA

**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 microlU/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 nonthyroidal 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%



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**MediWheel Full Body Health Checkup Male >40/2D ECH**  
**THYROID FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
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(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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**MediWheel Full Body Health Checkup Male >40/2D ECH**  
**BLOOD GROUPING & Rh TYPING**

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

**NOTE:** Test performed by Semi- automated column agglutination technology (CAT)

**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





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**Age** : 53 Years  
**Gender** : Male  
**Reported** : 11/3/2025 4:22:44PM  
**Report Status** : Interim  
**Processed at** : ANDHERI LAB

**URINE EXAMINATION REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale Yellow	Pale Yellow	Light scattering
Transparency	CLEAR	Clear	Light scattering
<b><u>CHEMICAL EXAMINATION</u></b>			
Specific Gravity	1.004	1.002-1.035	Refractive index
Reaction (pH)	7.5	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Trace	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Negative	Negative	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
(WBC)Pus cells / hpf	0.00	0-5/hpf	
Red Blood Cells / hpf	0.2	0-2/hpf	
Epithelial Cells / hpf	0.1	0-5/hpf	
Hyaline Casts	0.00	0-1/hpf	
Pathological cast	0.00	0-0.3/hpf	
Calcium oxalate monohydrate crystals	0.00	0-1.4/hpf	
Calcium oxalate dihydrate crystals	0.00	0-1.4/hpf	
Triple Phosphate crystals	0.00	0-1.4/hpf	
Uric acid crystals	0.00	0-1.4/hpf	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2.60	0-29.5/hpf	
Yeast	Absent	Absent	

**Note:** Microscopic examination is 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 they are the arithmetic mean of the multiple fields scanned using microscopy.

**Reference:** Pack Insert.





**Name** : Mr. AMIT KUMAR TIWARI  
**Lab No.** : 393775882  
**Ref By** : SELF  
**Collected** : 11/3/2025 9:13:00AM  
**A/c Status** : P  
**Collected at** : WALKIN - CPL, ANDHERI WEST  
 2nd Floor, Aston Building, Sundervan Complex,  
 Opp. Union Bank, Above Mercedes Benz  
 Showroom, Andheri West, Mumbai,  
 Maharashtra - 400053

**Age** : 53 Years  
**Gender** : Male  
**Reported** : 11/3/2025 4:22:44PM  
**Report Status** : Interim  
**Processed at** : ANDHERI LAB

**URINE EXAMINATION REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
------------------	----------------	-----------------------------	---------------

Dr Jyot Thakker  
 MD,DPB Pathology  
 Head - Lab Operations



Result/s to follow:  
 FUS and KETONES, EXAMINATION OF FAECES, Glucose & Ketones, Urine

**IMPORTANT INSTRUCTIONS**

The published test results relate to the submitted specimen. All test results are dependent on the quality of the sample received by the laboratory. Laboratory tests should be clinically correlated by a physician and are merely a tool to help arrive at a diagnosis. Unforeseen circumstances may cause a delay in the delivery of the report. Inconvenience is regretted. Certain tests may require further testing at an additional cost for derivation of exact value. Kindly submit the request within 72 hours post-reporting. The Court/Forum at Mumbai shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of the test(s). Test results are not valid for medico-legal purposes. This computer-generated medical diagnostic report has been verified by a doctor or an authorized medical professional. A physical signature is not required for this report. (#) sample drawn from an external source.

If test results are alarming or unexpected, the client is advised to contact customer care immediately for possible remedial action.  
 Tel: 022-61700000, Email: [customerservice@suburbandiagnosics.com](mailto:customerservice@suburbandiagnosics.com) <<mailto:customerservice@suburbandiagnosics.com>>

**West Reference Lab, Mumbai, is a CAP (8036028) Accredited laboratory.**



## PHYSICAL EXAMINATION REPORT

NAME : Mr. Amit Kumar Tiwari AGE / GENDER : 53 yr / Male  
CID : DATE : 11.03.2025

### History and Complaints:

Asymptomatic

### EXAMINATION FINDINGS:

Height (cms): 165	Weight (kg): 72
Temp (0c): Afebrile	Skin: / Normal
Blood Pressure (mm/hg): 130/80	Nails:
Pulse: 76/min	Lymph Node: NP

### Systems:

Cardiovascular: S1S2 audible

Respiratory: AEBE

Genitourinary:

GI System: / NAD

CNS:

IMPRESSION: HbA1c = 8.3% (Diabetic level)

- Baseline high Dyslipidemia,
- ECG shows LAD,
- Rest reports appears to be in normal limits.

### ADVICE:

- Kindly consult Diabetologist for treatment of DM.
- Optimal control of Blood Sugar.
- Therapeutic life style modification is advised.



CHIEF COMPLAINTS:	
1) Hypertension:	No
2) IHD:	No
3) Arrhythmia:	No
4) Diabetes Mellitus:	No
5) Tuberculosis:	No
6) Asthama:	No
7) Pulmonary Disease:	
8) Thyroid/ Endocrine disorders:	
9) Nervous disorders:	
10) GI system:	
11) Genital urinary disorder:	No
12) Rheumatic joint diseases or symptoms:	
12) Blood disease or disorder:	
13) Cancer/lump growth/cyst:	
14) Congenital disease:	No
15) Surgeries:	No
16) Musculoskeletal System:	No.

PERSONAL HISTORY:	
1) Alcohol:	No.
2) Smoking:	
3) Diet:	Veg.
4) Medication:	No

\*\*\* End Of Report \*\*\*

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

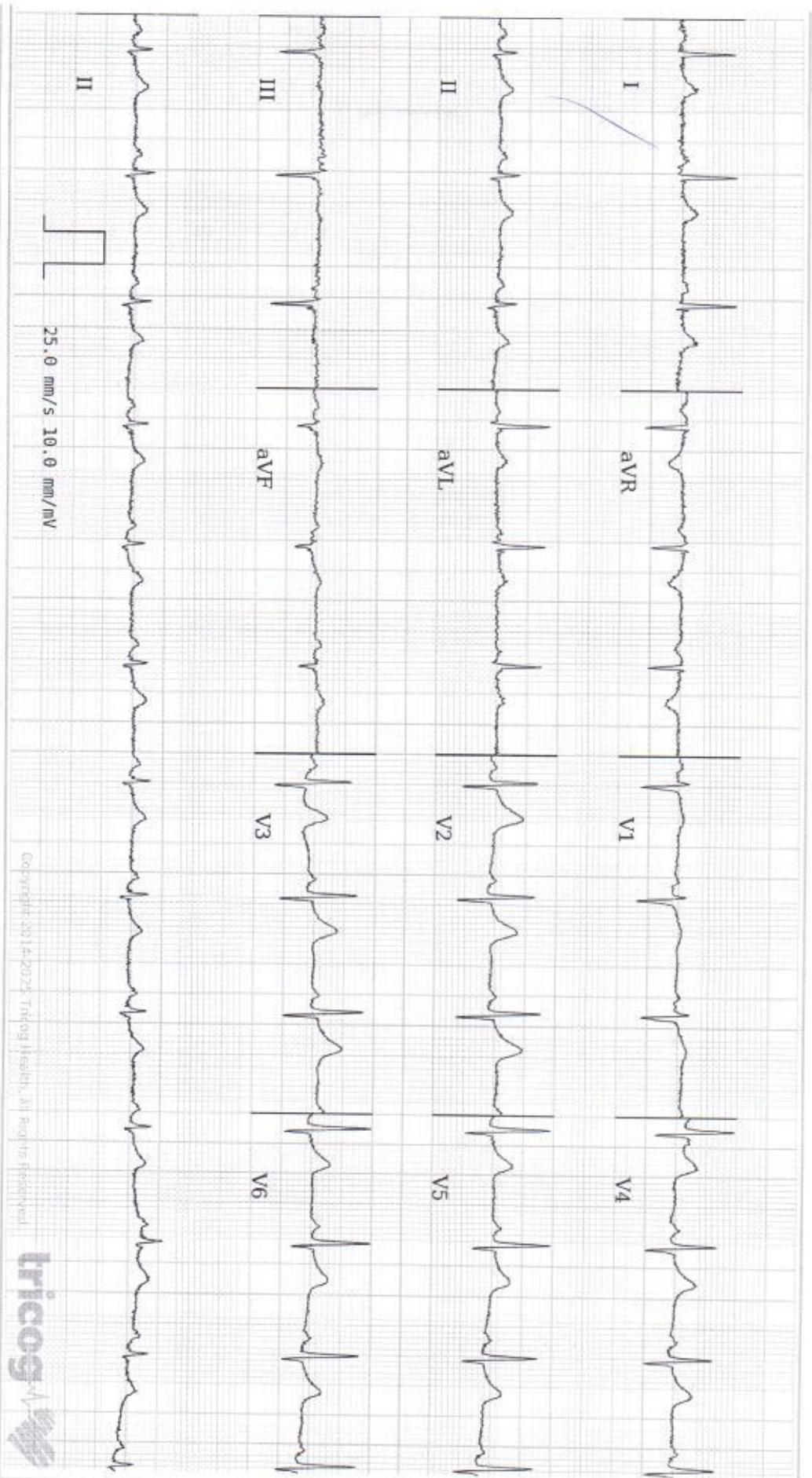
Suburban Diagnostics (I) Pvt. Ltd.  
Aston, 2nd Floor, Opp. Sunshine Building  
Sundervan Complex, Andheri (West)  
Mumbai - 400 053, Tel.: 022-40274527

**Dr. (Mrs.) SANGEETA M. MANWANI**  
**M.B.B.S.**  
**Reg. No. 71083**

Patient Name: AMIT KUMAR TIWARI  
Patient ID: 393775882

SUBURBAN DIAGNOSTICS - ANDHERI WEST

Date and Time: 11th Mar 25 9:47 AM



25.0 mm/s 10.0 mm/mV

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Age 53 years  
Gender Ma  
Heart Rate 53  
Patient Vitals  
BP: NA  
Weight: NA  
Height: NA  
Pulse: NA  
Spo2: NA  
Resp: NA  
Others:

Measurement  
QRSD: 70ms  
QT: 356m  
QTcB: 402m  
PR: 132m  
P-R-T: 43° -1

Sinus Rhythm, LAD. Please correlate clinically.

REPORTED BY

DR RAVI CHAVAN

MD. D. CARL D. DIABETES  
Cardiologist & Diabetologist  
2004/06/24/05

<b>LAB. No.:</b> 393775882	<b>Age :</b> 53 YEARS
<b>Name :</b> AMIT KUMAR TIWARI	<b>Sex :</b> MALE
<b>Ref. Dr. :</b> --	<b>Date :</b> 11.03.2025

**USG ABDOMEN AND PELVIS**

Previous ultrasound reports- Not available at time of scan.

**LIVER:** Liver is normal in size (measures 13 cm), shape 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. No pericholecystic free fluid is seen.

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

**PANCREAS:** Pancreas head and part of body is seen, appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

**KIDNEYS:** Right kidney measures 10.4 x 4.6 cm. Left kidney measures 10 x 4.3 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

**SPLEEN:** Spleen is normal in size (9.7 cm) and echotexture. No focal lesion is seen.

**URINARY BLADDER:** Urinary bladder is distended and normal. Wall thickness is within normal limits. Prevoid volume measures 436 cc. Postvoid volume is negligible.

**PROSTATE:** Prostate is normal in size. Prostate measures 4 x 3.3 x 3 cm and prostatic volume is 20.2 cc. (Prostate size measurements are subject to variations based on urinary bladder volume, inter observer variability, inter machine settings and statistical variations).

**SEMINAL VESICLES:** Seminal vesicles are normal. No free fluid is seen.

The retroperitoneum is unremarkable.

No significant lymphadenopathy is seen.

**IMPRESSION: NO SIGNIFICANT ABNORMALITY IS DETECTED.**

SUGGEST: CLINICAL CORRELATION.

(Please note that the imaging conclusions need to be correlated with clinical findings and other investigations for a final diagnosis.)

\*\*\*END OF REPORT\*\*\*



**DR. CHIRAG DESAI**  
**DNB. RADIOLOGIST**

CID : 393775882  
Name : Mr. AMIT KUMAR TIWARI  
Age / Sex : 53 Years/Male  
Ref. Dr : self  
Reg. Location : Andheri West (Main Center)  
Reg. Date : 11-Mar-2025  
Reported : 11-Mar-2025 / 12:02

**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-----

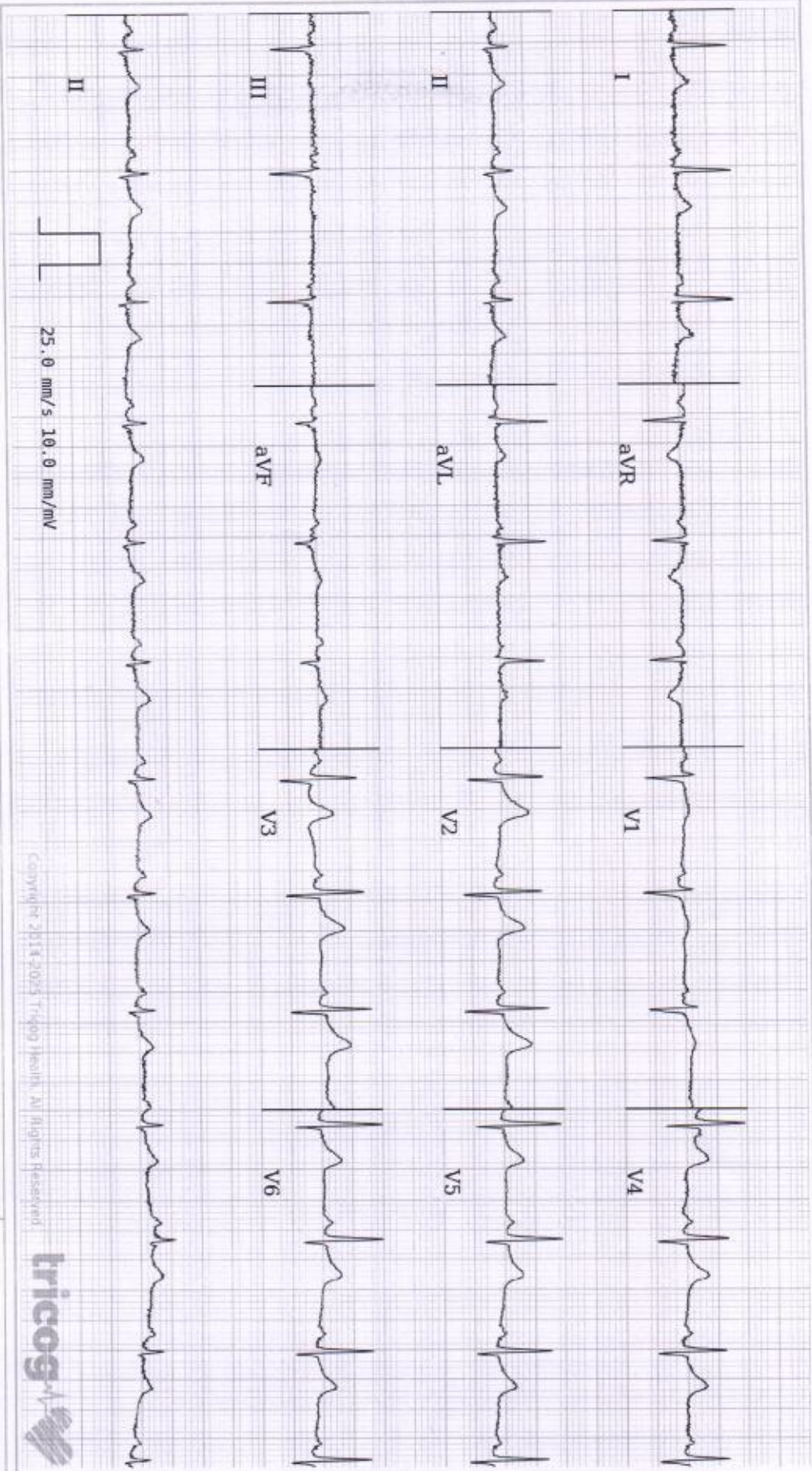


Dr R K Bhandari  
M D , DMRE  
MMC REG NO. 34078

Click here to view images <<ImageLink>>

Patient Name: AMIT KUMAR TIWARI  
Patient ID: 393775882

Date and Time: 11th Mar 25 9:47 AM



Age 53 6  
years month

Gender Male

Heart Rate 77b

Patient Vitals

BP: NA

Weight: NA

Height: NA

Pulse: NA

SpO2: NA

Resp: NA

Others:

Measurements

QRSd: 70ms

QT: 356ms

QTcB: 402ms

PR: 132ms

P-R-T: 43° -14°

REPORTED BY

DR RAVI CHAVAN  
MD, D.CARD, D. DIABETES  
Cardiologist & Diabetologist  
2004062468

Sinus Rhythm, LAD. Please correlate clinically.

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.

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**tricog**

## SUBURBAN DIAGNOSTICS

**Patient Details**

Date: 11-Mar-25

Time: 10:49:20

Name: AMIT KUMAR TIWARI ID: 393775882

Age: 53 y

Sex: M

Height: 165 cms

Weight: 72 Kgs

Clinical History: NONE

Medications: NONE

**Test Details**

Protocol: Bruce

Pr.MHR: 167 bpm

THR: 141 (85 % of Pr.MHR) bpm

Total Exec. Time: 8 m 13 s

Max. HR: 148 (89% of Pr.MHR) bpm

Max. Mets: 10.20

Max. BP: 170 / 80 mmHg

Max. BP x HR: 25160 mmHg/min

Min. BP x HR: 7280 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 : 20	1.0	0	0	91	130 / 80	-0.85 aVR	1.06 I
Standing	0 : 14	1.0	0	0	97	130 / 80	-0.85 aVR	1.06 I
Hyperventilation	0 : 43	1.0	0	0	105	130 / 80	-3.40 III	3.18 II
1	3 : 0	4.6	1.7	10	118	140 / 80	-1.06 aVR	2.48 II
2	3 : 0	7.0	2.5	12	126	150 / 80	-1.06 aVR	2.48 II
Peak Ex	2 : 13	10.2	3.4	14	148	170 / 80	-1.06 II	2.83 I
Recovery(1)	1 : 0	1.8	1	0	126	150 / 80	-1.49 aVR	3.18 II
Recovery(2)	1 : 0	1.0	0	0	105	140 / 80	-5.94 V6	4.25 I
Recovery(3)	0 : 24	1.0	0	0	106	130 / 80	-0.85 aVR	2.12 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 Card  
 Consultant Cardiologist  
 Reg. No.: 2094/06/2468



**AMIT KUMAR TIWARI (53 M)**

**SUBURBAN DIAGNOSTICS**

**Test Report**

Protocol: Bruce

ID: 393775882

Date: 11-Mar-25

Exec Time : 0 m 0 s

Stage Time : 0 m 14 s

HR: 92 bpm

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 141 bpm)

B.P.: 130 / 80

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

I      0.6      1.1

V1      0.0      -0.4

II      0.8      0.7

V2      0.6      0.4

III      0.0      0.0

V3      0.4      0.4

aVR      -0.8      -0.7

V4      0.4      0.4

aVL      0.0      0.4

V5      0.4      0.4

aVF      0.2      0.0

V6      0.2      0.4



Chart Speed: 25 mm/sec  
Schiller Spandau V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



**AMIT KUMAR TIWARI (53 M)**

**SUBURBAN DIAGNOSTICS**

**Test Report**

Protocol: Bruce

ID: 393775882

Date: 11-Mar-25

Exec Time : 0 m 0 s

Stage Time : 0 m 8 s

HR: 95 bpm

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 141 bpm)

B.P: 130 / 80

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

I      0.6      0.7



V1      0.0      -0.4

II      1.1      1.1



V2      0.6      0.7

III      0.2      0.0



V3      0.6      0.4

aVR      -0.8      -1.1



V4      0.6      0.7

aVL      0.0      0.0



V5      0.6      0.7

aVF      0.6      0.7



V6      0.4      0.7



Chart Speed: 25 mm/sec  
Schiller Spandax V 47

Filter: 35 Hz

Mains Filtr. ON

Amp: 10 mm

ISO = R - 60 ms

I = R + 60 ms

Post I = J + 60 ms

Linked Median





AMIT KUMAR TIWARI (53 M)

### SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 393775882

Date: 11-Mar-25

Exec Time : 0 m 0 s

Stage Time : 0 m 37 s

HR: 106 bpm

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 141 bpm)

B.P.: 130 / 80

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

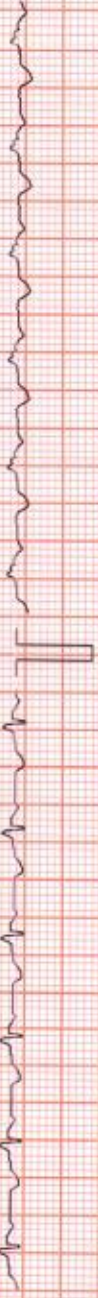
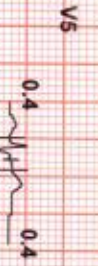
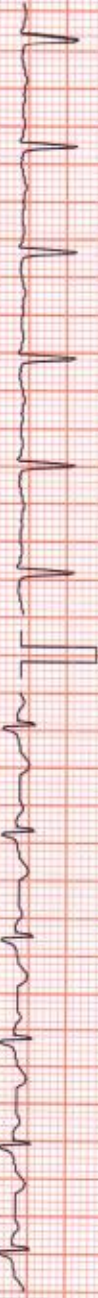
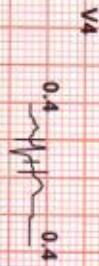
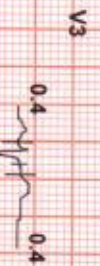
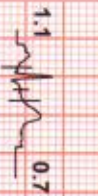


Chart Speed: 25 mm/sec  
Schiller Spandax V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



**AMIT KUMAR TIWARI (53 M)**

**SUBURBAN DIAGNOSTICS**

**Test Report**

Protocol: Bruce

ID: 393775882

Date: 11-Mar-25

Exec Time : 2 m 54 s Stage Time : 2 m 54 s

HR: 119 bpm

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 141 bpm)

B.P: 140 / 80

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

I      0.4      1.1



V1      0.2      -0.4

II      1.1      1.8



V2      0.6      1.1

III      0.2      0.4



V3      0.6      0.7

aVR      -0.8      -1.8



V4      0.6      1.1

aVL      -0.2      0.0



V5      0.6      1.1

AVF      0.4      0.7



V6      0.4      0.7

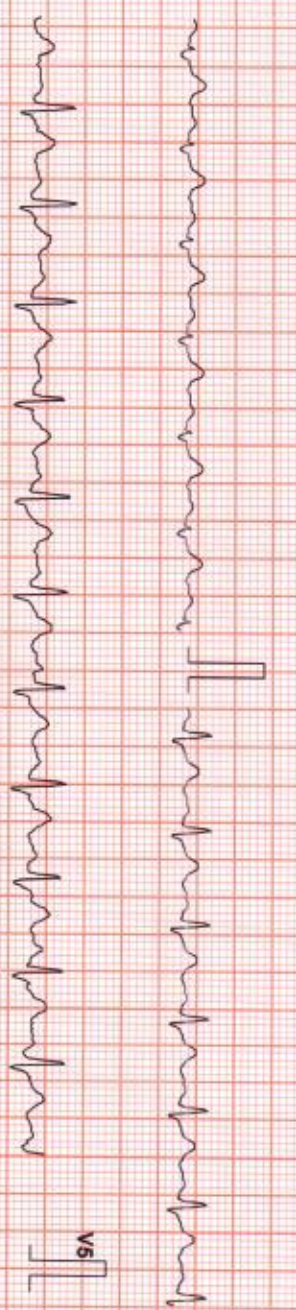


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandian V 4.7

Linked Median



**AMIT KUMAR TIWARI (53 M)**

**SUBURBAN DIAGNOSTICS**

**Test Report**

Protocol: Bruce

ID: 393775882

Date: 11-Mar-25

Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 128 bpm

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 141 bpm)

B.P: 150 / 80

ST Level (mm)    ST Slope (mV/s)

ST Level (mm)    ST Slope (mV/s)

0.6    1.4

-0.2    -0.7

I

V1

1.3    1.8

0.6    1.1

II

V2

0.6    0.7

0.8    1.4

III

V3

-0.8    -1.4

0.5    1.4

aVR

V4

-0.2    0.0

0.5    1.1

aVL

V5

0.8    1.1

0.5    1.1

aVF

V6



V5

Chart Speed: 25 mm/sec  
Schiller Spandau V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



**AMIT KUMAR TIWARI (53 M)**

**SUBURBAN DIAGNOSTICS**

**Test Report**

Protocol: Bruce

ID: 393775882

Date: 11-Mar-25

Exec Time : 8 m 7 s

Stage Time : 2 m 7 s

HR: 147 bpm

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 141 bpm)

B.P: 170 / 80

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

0.4 1.8



-0.2 -1.1

I

0.6 2.1



0.6 1.4

V2

III

0.2 0.4



0.6 1.8

V3

aVR

-0.6 -2.1



0.8 1.8

V4

aVL

0.0 0.4



0.8 1.8

V5

aVF

0.4 1.1



0.6 1.8

V6



V6

Chart Speed: 25 mm/sec  
Schiller Spandon V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



**AMIT KUMAR TIWARI (53 M)**

**SUBURBAN DIAGNOSTICS**

**Test Report**

Protocol: Bruce

ID: 393775882

Date: 11-Mar-25

Exec Time : 8 m 13 s Stage Time : 0 m 54 s HR: 126 bpm

Stage: Recovery(1)

Speed: 1 mph

Grade: 0%

(THR: 141 bpm)

B.P. 150 / 80

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

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



Chart Speed: 25 mm/sec  
Schiller Spacelab V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



# SUBURBAN DIAGNOSTICS

## Test Report

**AMIT KUMAR TIWARI (53 M)**

ID: 393775882

Date: 11-Mar-25

Exec Time : 8 m 13 s Stage Time : 0 m 54 s

HR: 105 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 141 bpm)

B.P: 140 / 80

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

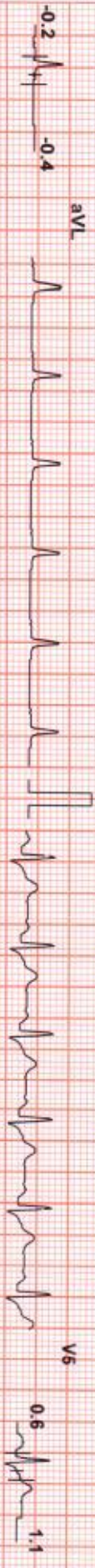


Chart Speed: 25 mm/sec  
Schiller Spandent V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



**AMIT KUMAR TIWARI (53 M)**

**SUBURBAN DIAGNOSTICS**

**Test Report**

Protocol: Bruce

ID: 393775882

Date: 11-Mar-25

Exec Time : 8 m 13 s Stage Time : 0 m 18 s HR: 108 bpm

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 141 bpm)

B.P.: 130 / 80

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

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

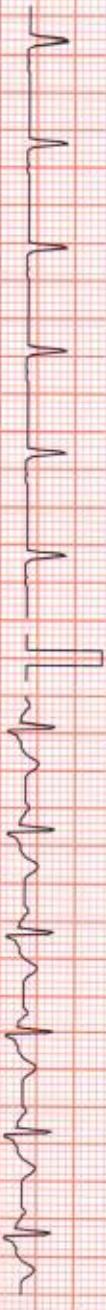


Chart Speed: 25 mm/sec  
Schiller Spandart V 47

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median