



CID : 2431421633
Name : MR.SATYAMAITREYA SURESHCHANDRA MISALE
Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 09-Nov-2024 / 11:17
Reported : 09-Nov-2024 / 14:23

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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	13.2	13.0-17.0 g/dL	Spectrophotometric
RBC	5.36	4.5-5.5 mil/cmm	Elect. Impedance
PCV	41.7	40-50 %	Calculated
MCV	77.8	80-100 fl	Measured
MCH	24.7	27-32 pg	Calculated
MCHC	31.7	31.5-34.5 g/dL	Calculated
RDW	14.7	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6490	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	28.8	20-40 %	
Absolute Lymphocytes	1869.1	1000-3000 /cmm	Calculated
Monocytes	6.1	2-10 %	
Absolute Monocytes	395.9	200-1000 /cmm	Calculated
Neutrophils	63.0	40-80 %	
Absolute Neutrophils	4088.7	2000-7000 /cmm	Calculated
Eosinophils	1.9	1-6 %	
Absolute Eosinophils	123.3	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	13.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	240000	150000-400000 /cmm	Elect. Impedance
MPV	11.6	6-11 fl	Measured
PDW	23.3	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	Mild		
Microcytosis	-		



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 5 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 CPL, Andheri West

*** End Of Report ***



MC-2111

M Jain

Dr.MILLU JAIN
M.D.(PATH)
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>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	93.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	77.5	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.42	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.09	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.33	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	19.1	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	15.3	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	16.1	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	91.9	40-130 U/L	Colorimetric
BLOOD UREA, Serum	28.3	12.8-42.8 mg/dl	Kinetic
BUN, Serum	13.2	6-20 mg/dl	Calculated
CREATININE, Serum	0.93	0.67-1.17 mg/dl	Enzymatic



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eGFR, Serum	111	(ml/min/1.73sqm)	Calculated
		Normal or High: Above 90	
		Mild decrease: 60-89	
		Mild to moderate decrease: 45-59	
		Moderate to severe decrease: 30-44	
		Severe decrease: 15-29	
		Kidney failure: <15	

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

URIC ACID, Serum	5.0	3.5-7.2 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)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	116.9	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 ***



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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	Yellow	Pale Yellow	Light scattering
Transparency	Slight hazy	Clear	Light scattering
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.022	1.002-1.035	Refractive index
Reaction (pH)	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
<u>MICROSCOPIC EXAMINATION</u>			
(WBC)Pus cells / hpf	0.6	0-5/hpf	
Red Blood Cells / hpf	0.4	0-2/hpf	
Epithelial Cells / hpf	0.1	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	25.7	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	B
Rh TYPING	POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:
ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

References:

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

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*** End Of Report ***



J Thakker

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	146.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	51.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	42.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	104.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	95.0	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	9.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.3	0-3.5 Ratio	Calculated

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Pathologist



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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	5.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.5	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.84	0.35-5.5 microIU/ml microU/ml	ECLIA



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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)

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*** End Of Report ***



J Thakker

Dr.JYOT THAKKER..
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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	

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 *** End Of Report ***



J. Thakker

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MISALE

Age / Gender : 34 Years/Male

Consulting Dr. :

Reg. Location : Andheri West (Main Centre)

Collected : 09-Nov-2024 / 11:03

Reported : 12-Nov-2024 / 09:21

PHYSICAL EXAMINATION REPORT

History and Complaints:

Asymptomatic

EXAMINATION FINDINGS:

Height (cms): 179 cms
Temp (0c): Afebrile
Blood Pressure (mm/hg): 120/80 mm of Hg
Pulse: 72/min

Weight (kg): 82 kgs
Skin: Normal
Nails: Normal
Lymph Node: Not palpable

Systems

Cardiovascular: S1S2 audible
Respiratory: AEBE
Genitourinary: NAD
GI System: Liver & Spleen not palpable
CNS: NAD

IMPRESSION:

USG shows calcified granuloma in liver,
Rest reports appears to be in normal limits.

ADVICE:

Kindly consult your family physician with all your reports,
Therapeutic life style modification is advised.

CHIEF COMPLAINTS:

- | | |
|----------------------|----|
| 1) Hypertension: | No |
| 2) IHD | No |
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis | No |

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- | | |
|--|----|
| 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 | Mixed |
| 4) Medication | No |

*** End Of Report ***

Sangeeta Manwani

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

Date:- 09/11/2024

Name:- MR. Satyamaineyra.
 Misale

CID: 2431421633

Sex / Age: M / 34 Yrs.

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Nil

Unaided Vision:

Aided Vision:

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—	—	—	6/6	—	—	—	6/6
Near	—	—	—	N.5	—	—	—	N.5

Colour Vision: Normal / Abnormal

Remark: NORMAL VISION

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

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Reg. Location : Andheri West (Main Center)

Reg. Date : 09-Nov-2024
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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.

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



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

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USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (14.1cm), shape and smooth margins. It shows normal parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. **A 8.8mm sized calcified granuloma is seen in the right lobe of the liver.** 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 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 8.9 x 3.9cm. Left kidney measures 10.5 x 4.8cm.

SPLEEN:

The spleen is normal in size (9.9cm) 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.

PROSTATE:

The prostate is normal in size measuring 3.7 x 3.5 x 3.3cm and volume is 23.4cc.

IMPRESSION:

Calcified granuloma in liver as described above.

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

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

SUBURBAN DIAGNOSTICS

Patient Details **Date:** 09-Nov-24 **Time:** 11:42:38
Name: SATYAMAITREYA MISALE ID: 2431421633
Age: 34 y **Sex:** M **Height:** 179 cms **Weight:** 82 Kgs
Clinical History: NIL

Medications: NONE

Test Details

Protocol: Bruce **Pr.MHR:** 186 bpm **THR:** 158 (85 % of Pr.MHR) bpm
Total Exec. Time: 8 m 0 s **Max. HR:** 171 (92% of Pr.MHR)bpm **Max. Mets:** 10.20
Max. BP: 140 / 80 mmHg **Max. BP x HR:** 23940 mmHg/min **Min. BP x HR:** 5600 mmHg/min
Test Termination Criteria: THR 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 : 19	1.0	0	0	71	120 / 80	-0.85 aVR	2.48 V3
Standing	0 : 10	1.0	0	0	70	120 / 80	-0.85 aVR	2.48 V3
Hyperventilation	0 : 33	1.0	0	0	98	120 / 80	-5.73 II	4.60 I
1	3 : 0	4.6	1.7	10	126	130 / 80	-1.91 aVR	4.95 V2
2	3 : 0	7.0	2.5	12	150	140 / 80	-1.70 aVR	5.66 V2
Peak Ex	2 : 0	10.2	3.4	14	171	140 / 80	-2.12 aVR	5.66 V2
Recovery(1)	1 : 0	1.8	1	0	150	130 / 80	-3.40 aVR	5.66 II
Recovery(2)	1 : 0	1.0	0	0	123	120 / 80	-3.18 aVR	5.66 II
Recovery(3)	0 : 42	1.0	0	0	113	120 / 80	-2.76 aVR	5.66 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. ASMITA CHATURVEDI
 M.B.B.S., M.D.(MED).
 2003/03/1460

Ref. Doctor: -


 Doctor: DR ASMITA CHATURVEDI

SUBURBAN DIAGNOSTICS

Test Report

YAMAITREYA MISALE (34 M)

ID: 2431421633

Date: 09-Nov-24

Exec Time: 0 m 0 s

Stage Time: 0 m 13 s

HR: 72 bpm

col: Bruce

Stage: Supine

Speed: 0 mph

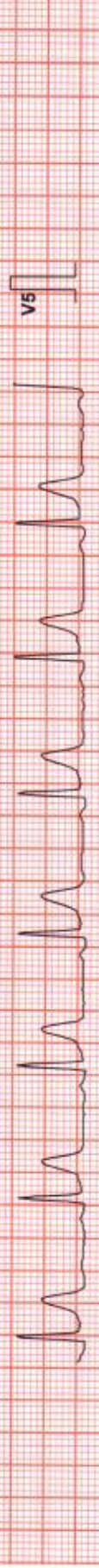
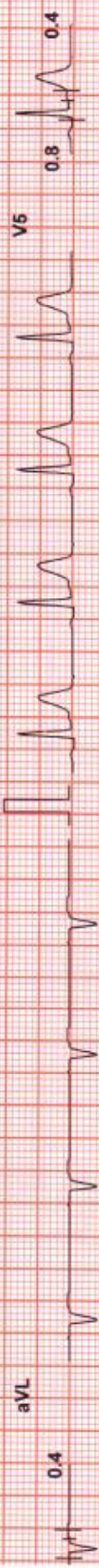
Grade: 0%

(THR: 158 bpm)

B.P.: 120/80

ST Level (mm)

ST Slope (mV/s)



Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso: R - 60 ms

J - R + 60 ms

Post J = J + 60 ms

pendan V4.7

Linked Median



SUBURBAN DIAGNOSTICS

Test Report

YAMAITREYA MISALE (34 M)

ID: 2431421633

Date: 09-Nov-24 Exec Time: 0 m 0 s Stage Time: 0 m 4 s

HR: 69 bpm

Col: Bruce

Stage: Standing

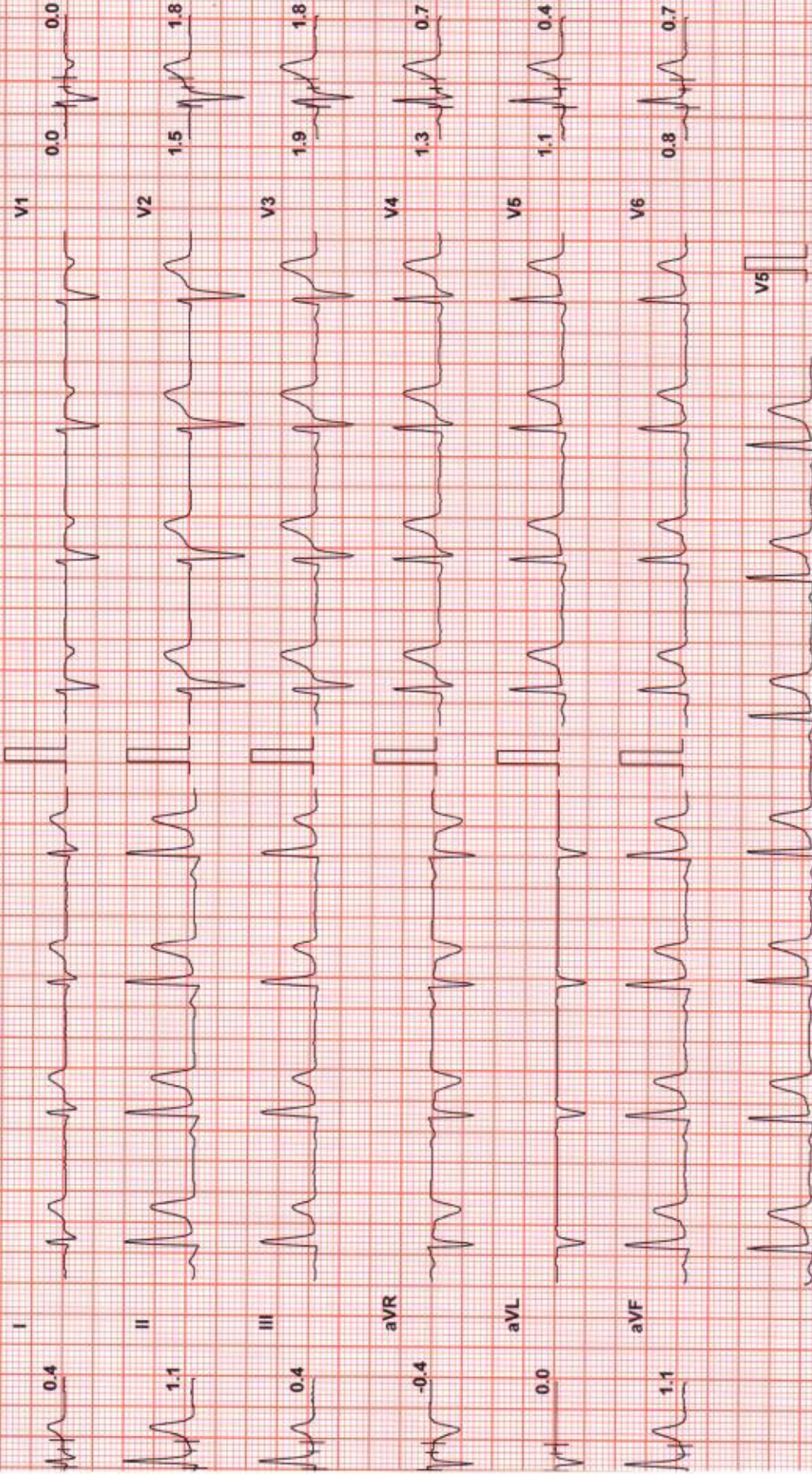
Speed: 0 mph Grade: 0 %

(THR: 158 bpm)

B.P.: 120 / 80

ST Slope (mV / s)

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



Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

enden V 4.7

Linked Median



SUBURBAN DIAGNOSTICS

Test Report

ITREYA MISALE (34 M)

ID: 2431421633

Date: 09-Nov-24

Exec Time: 0 m 0 s

Stage Time: 0 m 27 s

HR: 99 bpm

ice

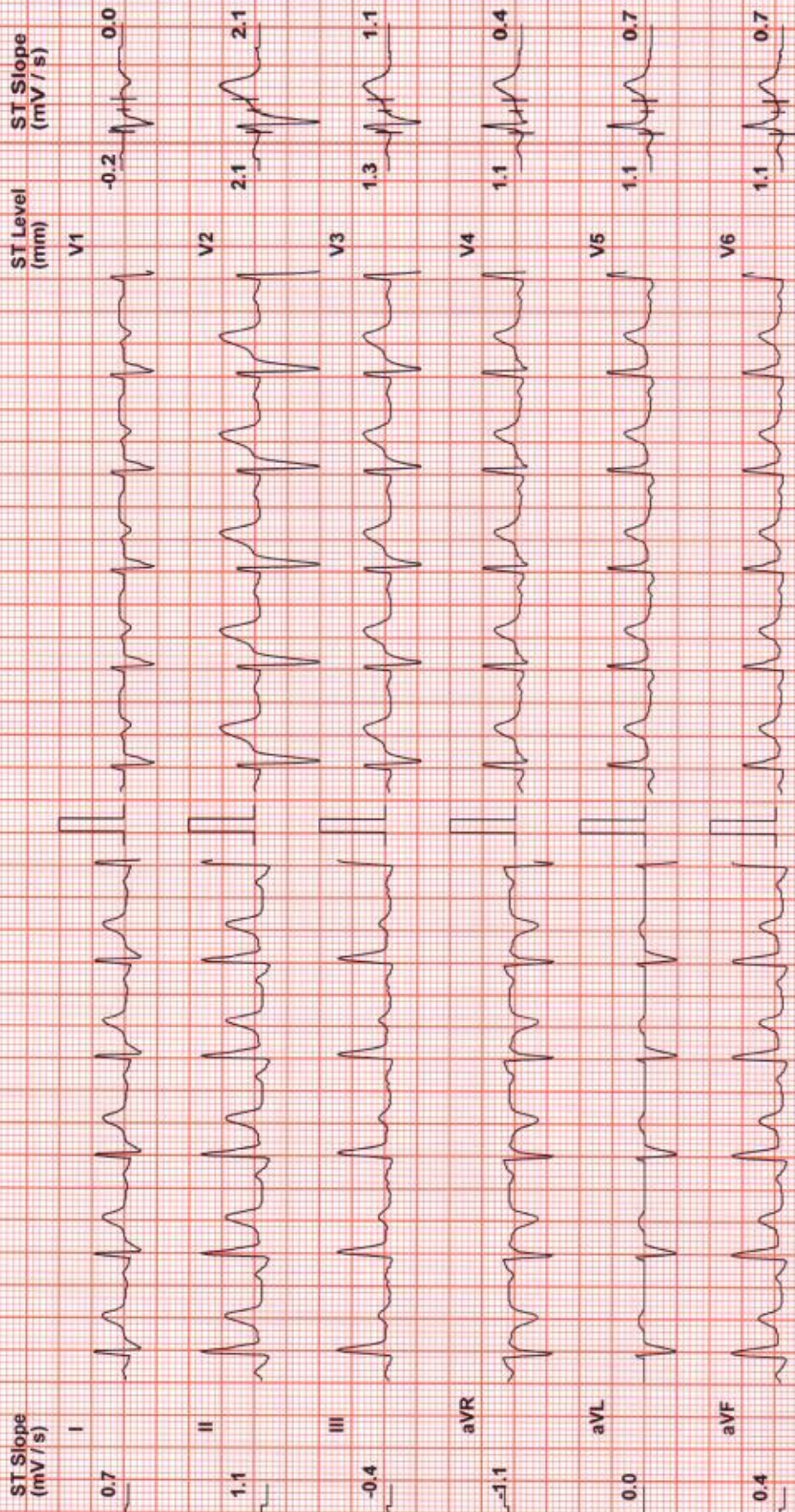
Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

B.P.: 120 / 80



25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

60 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

1/7

Linked Median



SUBURBAN DIAGNOSTICS

Test Report

YAMAITREYA MISALE (34 M)

ID: 2431421633

Date: 09-Nov-24 Exec Time: 2 m 54 s Stage Time: 2 m 54 s HR: 126 bpm

Col: Bruce

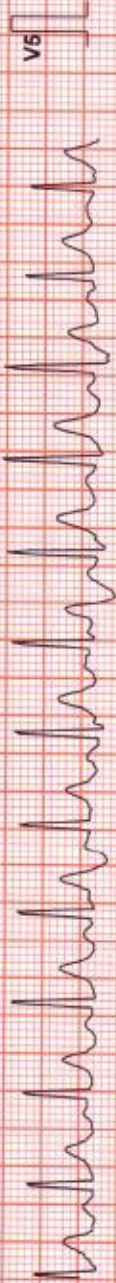
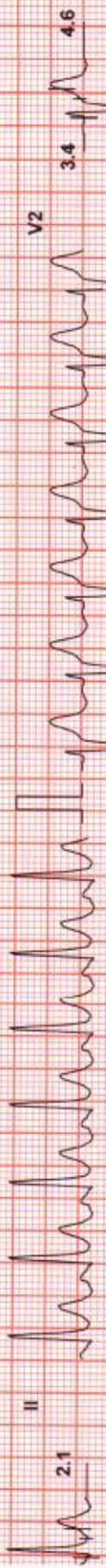
Stage: 1

Speed: 1.7 mph Grade: 10 %

B.P: 130 / 80

ST Slope (mV / s)

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



Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

60 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Version V 4.7

Linked Median



SUBURBAN DIAGNOSTICS

Test Report

AMAITREYA MISALE (34 M)

ID: 2431421633

Date: 09-Nov-24

Exec Time: 5 m 54 s

Stage Time: 2 m 54 s

HR: 150 bpm

of: Bruce

Stage: 2

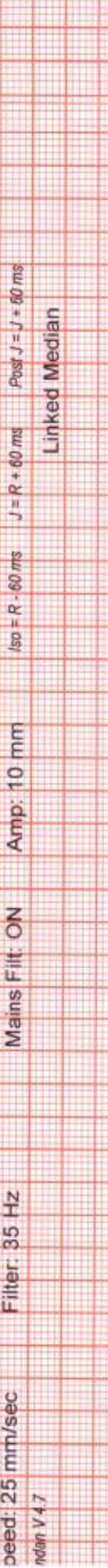
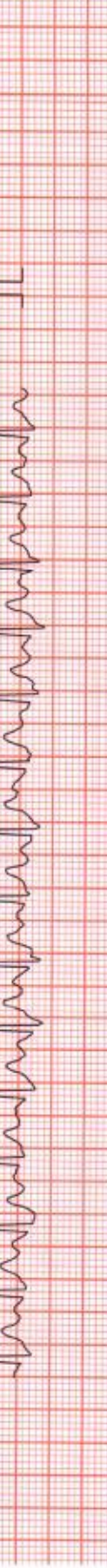
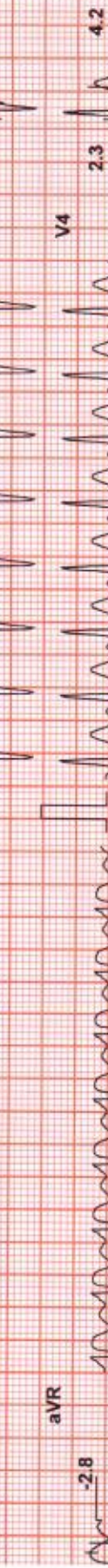
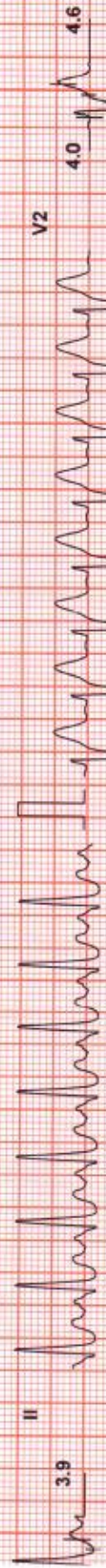
Speed: 2.5 mph

Grade: 12 %

B.P: 140 / 80

vel ST Slope (mV/s)

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



Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Median V4.7

Linked Median



SUBURBAN DIAGNOSTICS

Test Report

AMAITREYA MISALE (34 M)

ID: 2431421633

Date: 09-Nov-24 Exec Time: 7 m 54 s Stage Time: 1 m 54 s HR: 172 bpm

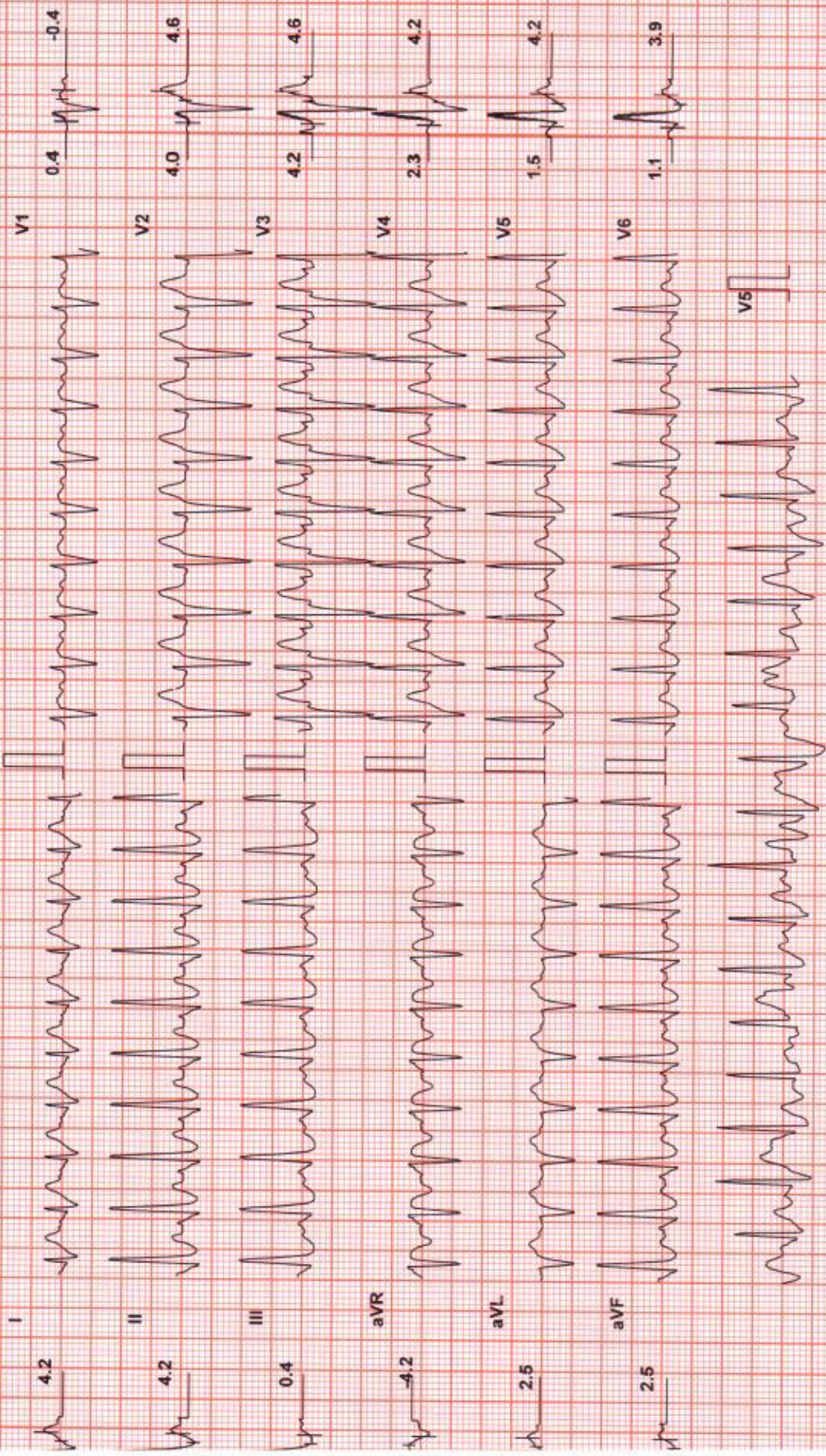
Stage: Peak Ex

Speed: 3.4 mph Grade: 14 %

(THR: 158 bpm) B.P.: 140/80

rel ST Slope (mV/s)

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



Speed: 25 mm/sec Filter: 35 Hz

Mains Filtr: ON Amp: 10 mm

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

dan V 4.7

Linked Median



SUBURBAN DIAGNOSTICS

Test Report

Patient: **AMAITREYA MISALE (34 M)**

ID: 2431421633

Date: 09-Nov-24 Exec Time: 8 m 0 s

Stage Time: 0 m 54 s HR: 150 bpm

Operator: Bruce

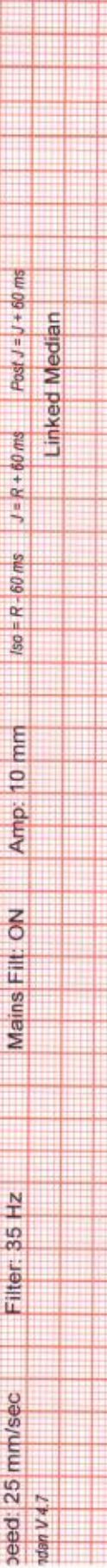
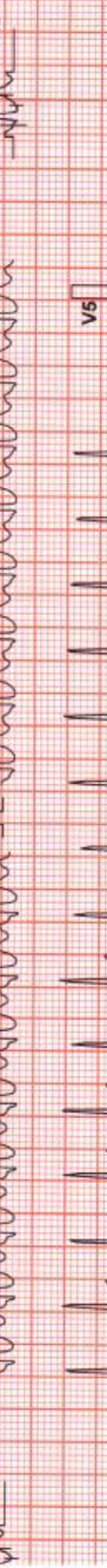
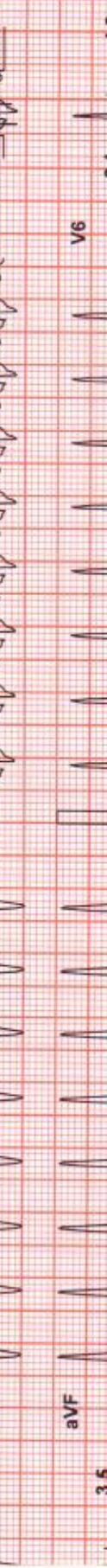
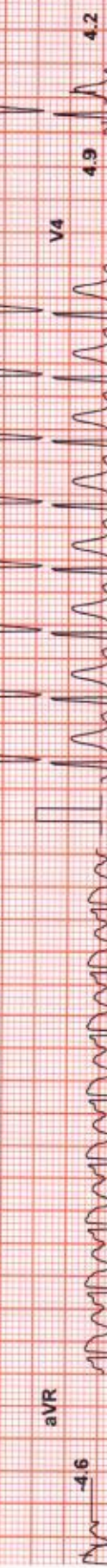
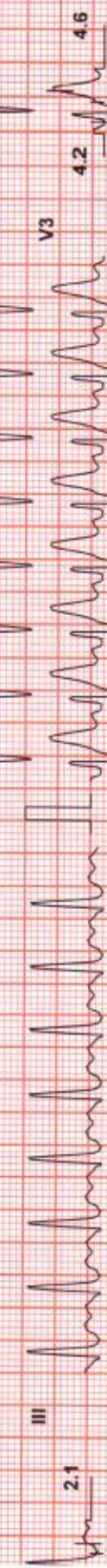
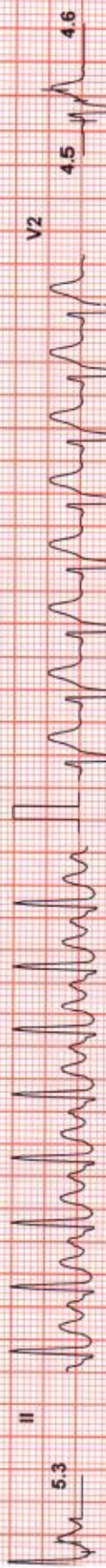
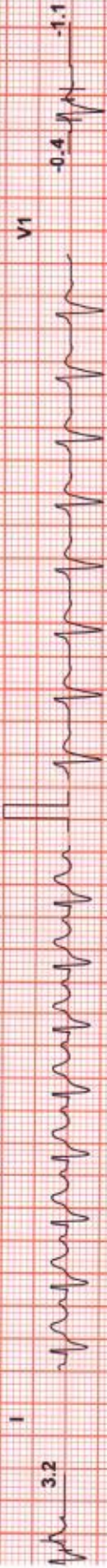
Stage: Recovery(1)

Speed: 1 mph Grade: 0 %

(THR: 158 bpm) B.P.: 130 / 80

ST Slope (mV/s)

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



Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms

Linked Median



SUBURBAN DIAGNOSTICS

Test Report

Patient: **AMAITREYA MISALE (34 M)**

ID: 2431421633

Date: 09-Nov-24

Exec Time: 8 m 0 s

Stage Time: 0 m 54 s

HR: 127 bpm

Ref: Bruce

Stage: Recovery(2)

Speed: 0 mph

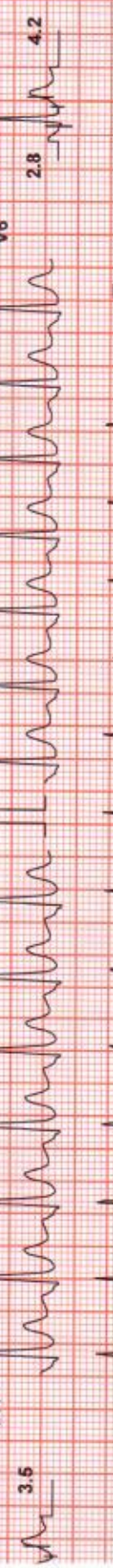
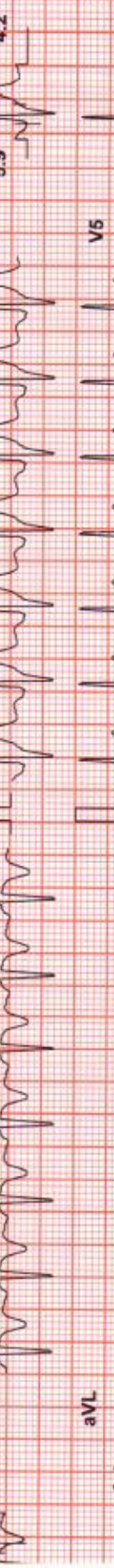
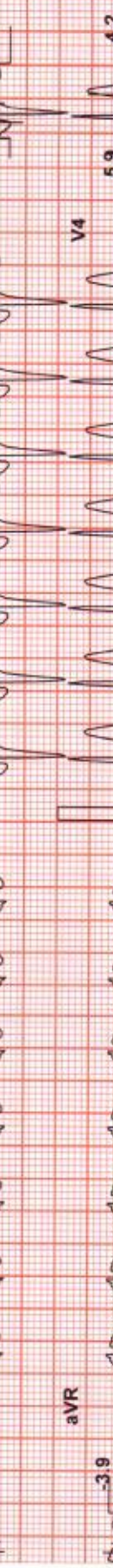
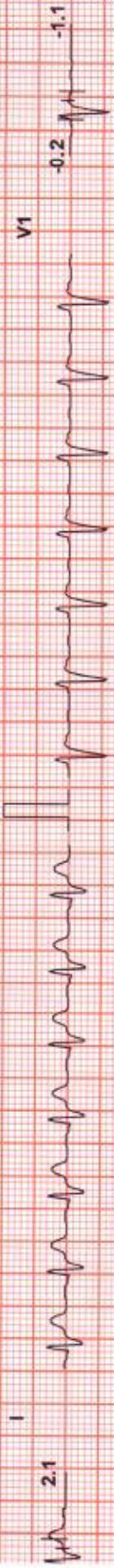
Grade: 0 %

(THR: 158 bpm)

B.P.: 120 / 80

vel ST Slope (mV / s)

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



Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Median V 4.7

Linked Median



SUBURBAN DIAGNOSTICS

Test Report

YAMAJIREYA MISALE (34 M)

ID: 2431421633

Date: 09-Nov-24

Exec Time: 8 m 0 s

Stage Time: 0 m 36 s

HR: 113 bpm

Op: Bruce

Stage: Recovery(3)

Speed: 0 mph

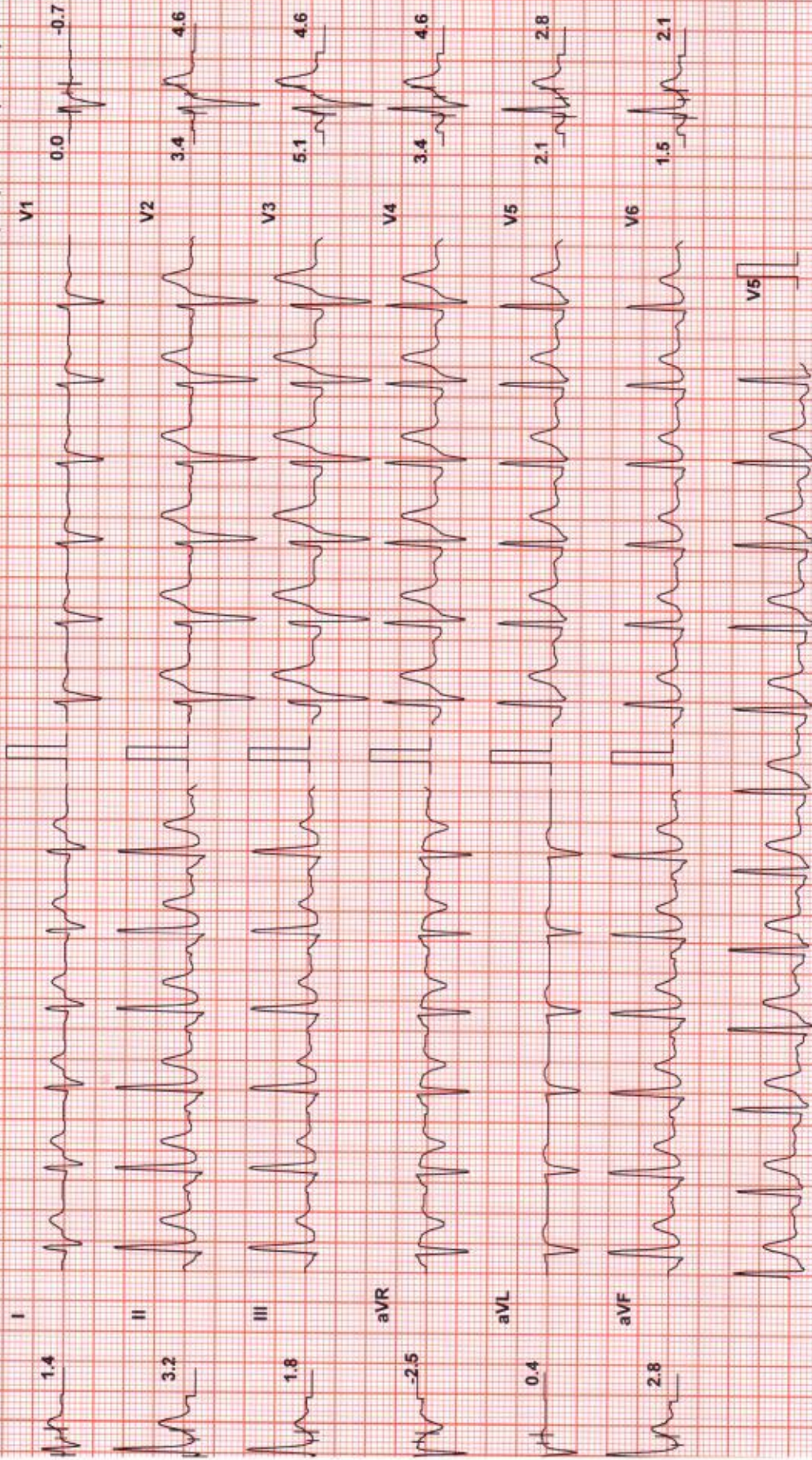
Grade: 0 %

(THR: 158 bpm)

B.P: 120 / 80

ST Slope (mV/s)

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



Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

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

Inter V 4.7

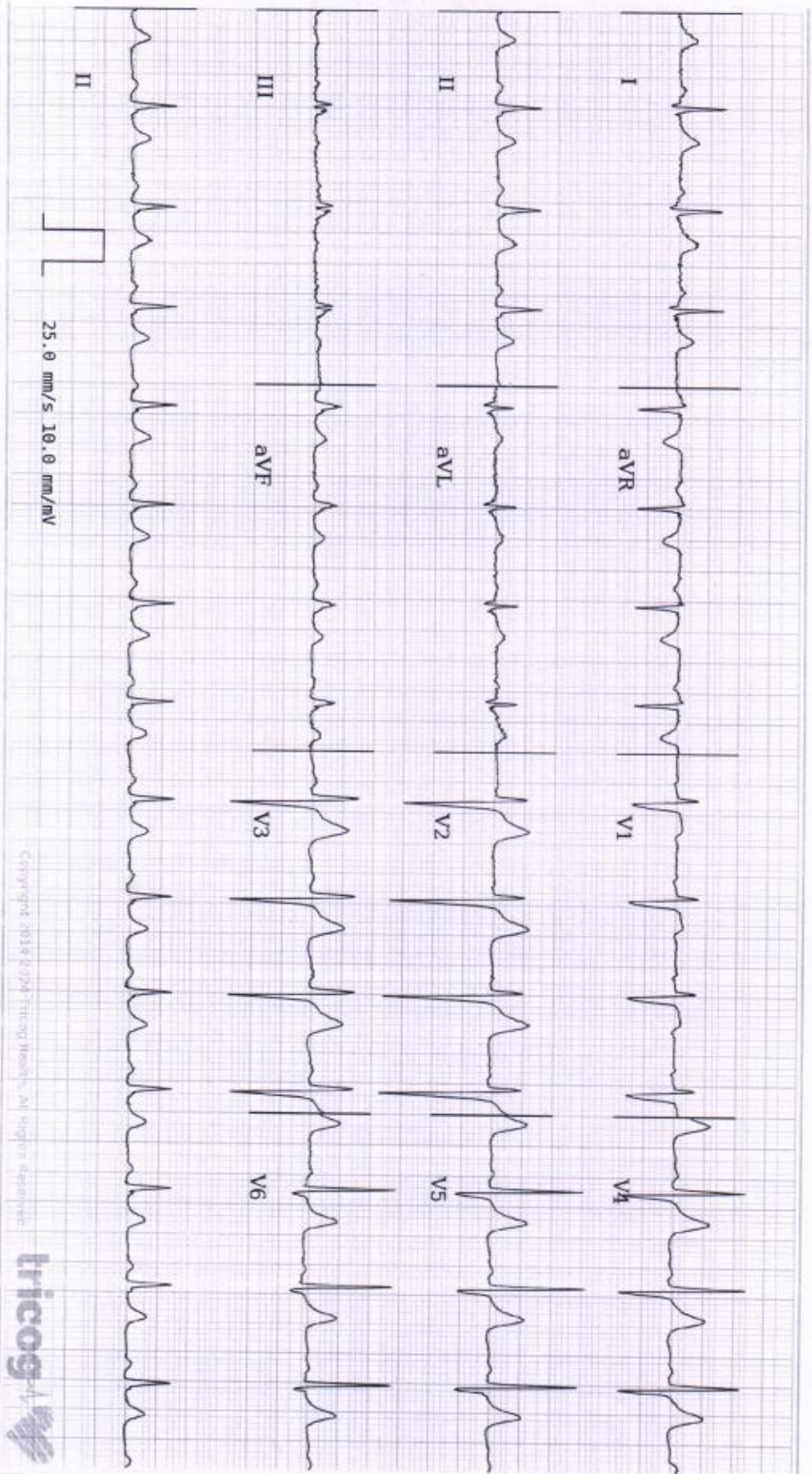
Linked Median



Patient Name: **SATYAMATREYA SURESHCHANDRA MISALE**
Patient ID: **2431421633**

SUBURBAN DIAGNOSTICS - ANDHERI WEST

Date and Time: **9th Nov 24 11:57 AM**



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

Age **34** years

Gender **Ma**

Heart Rate

Patient Vitals

BP: 120/

Weight: NA

Height: NA

Pulse: NA

SpO2: NA

Resp: NA

Others:

Measurement

QRSD: 96ms

QT: 324m

QTcB: 400m

PR: 132m

P-R-T: 51° 4

REPORTED BY

[Signature]

DR RAVI CHAVAN
MD, D(CARD), D(DIABETES)
Cardiologist & Diabetologist
2004/06/2468

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.

