



CID : 2308913045
Name : MR.VINAYAK SAWANT
Age / Gender : 54 Years / Male
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Collected : 30-Mar-2023 / 09:24
Reported : 30-Mar-2023 / 16:17

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	15.4	13.0-17.0 g/dL	Spectrophotometric
RBC	4.77	4.5-5.5 mil/cmm	Elect. Impedance
PCV	47.1	40-50 %	Measured
MCV	99	80-100 fl	Calculated
MCH	32.3	27-32 pg	Calculated
MCHC	32.6	31.5-34.5 g/dL	Calculated
RDW	14.6	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6810	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	28.4	20-40 %	
Absolute Lymphocytes	1934.0	1000-3000 /cmm	Calculated
Monocytes	10.1	2-10 %	
Absolute Monocytes	687.8	200-1000 /cmm	Calculated
Neutrophils	57.0	40-80 %	
Absolute Neutrophils	3881.7	2000-7000 /cmm	Calculated
Eosinophils	3.5	1-6 %	
Absolute Eosinophils	238.3	20-500 /cmm	Calculated
Basophils	1.0	0.1-2 %	
Absolute Basophils	68.1	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	329000	150000-400000 /cmm	Elect. Impedance
MPV	7.2	6-11 fl	Calculated
PDW	11.2	11-18 %	Calculated

RBC MORPHOLOGY



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Hypochromia	-
Microcytosis	-
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 14 2-20 mm at 1 hr. Sedimentation

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

Bmhasakar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



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Collected : 30-Mar-2023 / 09:24
Reported : 30-Mar-2023 / 19:29

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	78.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	107.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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*** End Of Report ***

Bmhaskar

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M.D. (PATH)
Pathologist





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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
KIDNEY FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	18.6	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.72	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	121	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
URIC ACID, Serum	5.5	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.3	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.5	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	141	135-148 mmol/l	ISE
POTASSIUM, Serum	4.9	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	102	98-107 mmol/l	ISE

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

Bmhaskar

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Pathologist





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Collected : 30-Mar-2023 / 09:24
Reported : 30-Mar-2023 / 15:55

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
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.

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

*** End Of Report ***



Bmhasakar

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Pathologist



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Reported : 30-Mar-2023 / 14:58

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
PROSTATE SPECIFIC ANTIGEN (PSA)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
TOTAL PSA, Serum	6.071	<4.0 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 24-48 hours, Castration, Antiandrogen drugs (e.g., finasteride), Radiation therapy, Prostatectomy, PSA falls 17% in 3 days after lying in hospital, Artifactual (e.g., improper specimen collection; very high PSA levels).Finasteride (5- α -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 parallelmeasurements 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 absence of prostate cancer.

Reference:

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

Anupa

Dr.ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab Director





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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	15-18	Less than 20/hpf	
Others	-		

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein:(1+ ~25 mg/dl, 2+ ~75 mg/dl, 3+ ~ 150 mg/dl, 4+ ~ 500 mg/dl)
- Glucose:(1+ ~ 50 mg/dl, 2+ ~100 mg/dl, 3+ ~300 mg/dl,4+ ~1000 mg/dl)
- Ketone:(1+ ~5 mg/dl, 2+ ~15 mg/dl, 3+ ~ 50 mg/dl, 4+ ~ 150 mg/dl)

Reference: Pack insert

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

Bmhaskar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



MC-2111



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Consulting Dr. : -
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Collected :
Reported :

*** End Of Report ***



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Collected : 30-Mar-2023 / 09:24
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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
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.

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

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

Dr. Leena Salunkhe

Dr.LEENA SALUNKHE
M.B.B.S, DPB (PATH)
Pathologist





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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	215.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	104.2	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	41.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	173.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	153.0	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	20.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.7	0-3.5 Ratio	Calculated

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Bmhasakar

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Pathologist



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Collected : 30-Mar-2023 / 09:24
 Reported : 30-Mar-2023 / 17:50

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.6	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.2	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.44	0.35-5.5 microIU/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 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 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 ***

Bmhaskar

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Pathologist



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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
LIVER FUNCTION TESTS

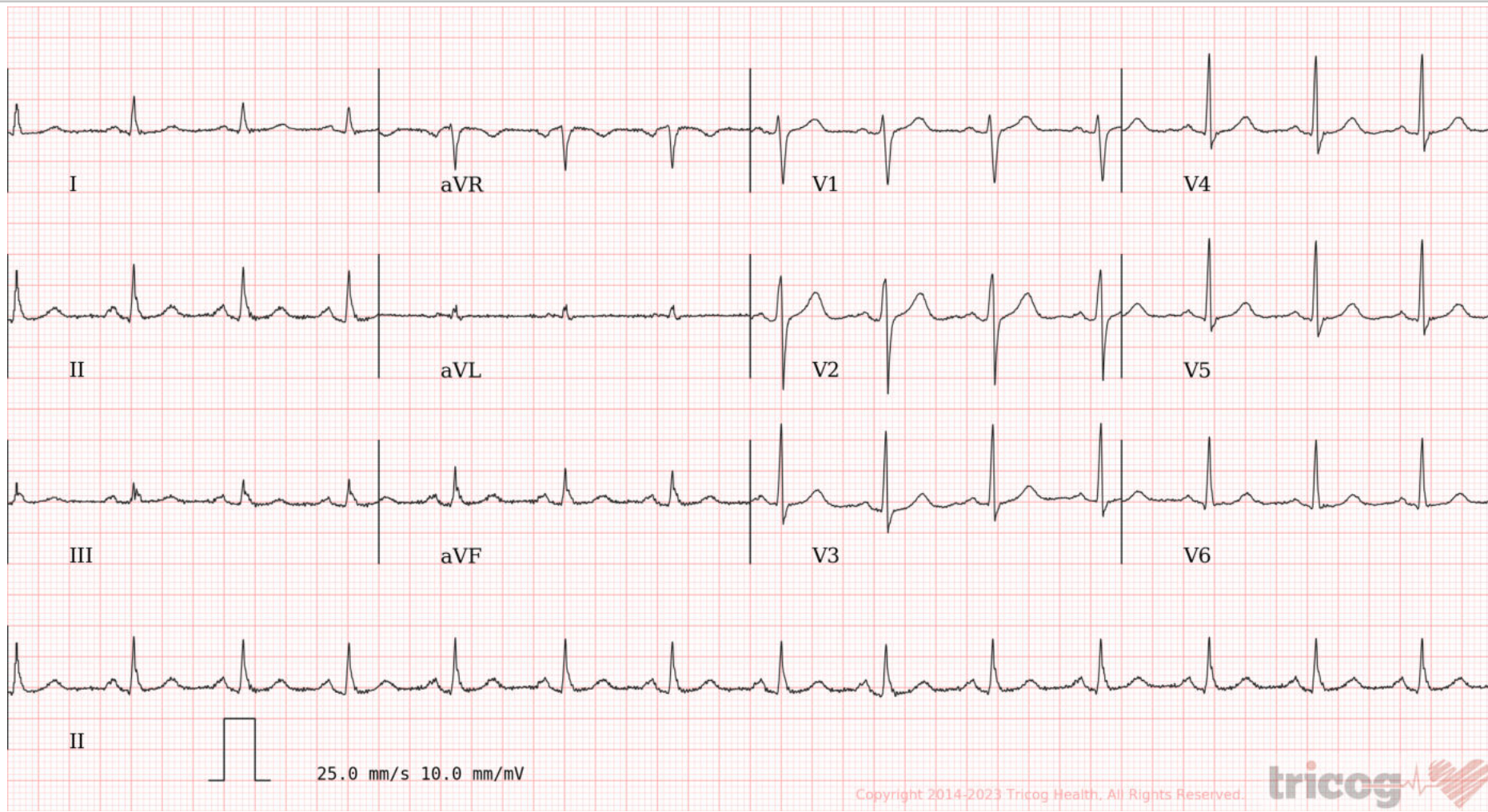
<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.69	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.26	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.43	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 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	20.3	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	22.5	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	63.5	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	104.3	40-130 U/L	Colorimetric

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*** End Of Report ***

Bmhaskar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist





Age **54** **3** **24**
years months days

Gender **Male**

Heart Rate **86bpm**

Patient Vitals

BP: 130/80 mmHg
Weight: 70 kg
Height: 176 cm
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 90ms
QT: 368ms
QTcB: 440ms
PR: 150ms
P-R-T: 63° 56° 63°

ECG Within Normal Limits: Sinus Rhythm, Normal axis No significant ST-T changes. Please correlate clinically.

REPORTED BY

Smita Valani

Dr. Smita Valani
MBBS, D. Cardiology
2011/03/0587



भारत सरकार
GOVERNMENT OF INDIA



विनायक विठोबा सावंत
Vinayak Vithoba Sawant
जन्म तारीख/DOB: 12/06/1968
पुरुष/ MALE



5273 1201 4487

माझे आधार, माझी ओळख

Sawant

SUBURBAN OPTICS (I) PVT. LTD
Shop No. 101-A, 1st Floor, Kshitij Building
Above Raymond, Near Thunga Hospital,
Mira - Bheeyanagar Road, Bheeyanagar (E)
Dist. Thane-401105.
Phone No : 022 - 61700000

DEBANTA CHOUDEHARY

CONSULTANT Ophthalmologist
Reg. No. 2017/12/5553

Date:- 30/3/23

CID: 23089/3045

Name:- Vinayak Sawat

Sex / Age: 54/M

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

} NO

RE LE
6/6 6/6
NIG NIG

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

SUBURBAN DIAGNOSTICS (I) PVT. LTD.
Shop No. 101-A, 1st Floor, Kshitij Building
Above Raymond, Near Thunga Hospital
Mira - Bhayander Road, Bhaynadar (E)
Dist. Thane-401105.
Phone No : 022 - 61700000

SUBURBAN DIAGNOSTICS BHAYANDER

Report



Email:

12345992 (2308913045) / VINAYAK SAWANT / 54 Yrs / M / 166 Cms / 70 Kg
Date: 30 / 03 / 2023 10:18:33 AM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:03	0:03	00.0	00.0	01.0	076	46%	130/80	098	00	
Standing	00:07	0:04	00.0	00.0	01.0	076	46%	130/80	098	00	
HV	00:13	0:06	00.0	00.0	01.0	073	44%	130/80	094	00	
EXStart	00:23	0:10	00.0	00.0	01.0	073	44%	130/80	094	00	
BRUCE Stage 1	03:23	3:00	01.7	10.0	04.7	140	84%	140/80	196	00	
BRUCE Stage 2	06:23	3:00	02.5	12.0	07.1	164	99%	150/80	246	00	
PeakEX	06:25	0:02	02.5	12.0	07.2	164	99%	150/80	246	00	
Recovery	07:25	1:00	01.1	00.0	01.1	143	86%	160/80	228	00	
Recovery	08:25	2:00	00.0	00.0	01.0	106	64%	150/80	158	00	
Recovery	10:25	4:00	00.0	00.0	01.0	098	59%	130/80	127	00	
Recovery	10:45	4:19	00.0	00.0	01.0	094	57%	130/80	122	00	

FINDINGS :

Exercise Time : 06:02
 Initial HR (EXStrt) : 73 bpm 44% of Target 166
 Initial BP (EXStrt) : 130/80 (mm/Hg)
 Max Workload Attained : 7.2 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : III & -1.0 mm in EXStart
 Duke Treadmill Score : -00.5
 Test End Reasons : , Test Complete

Max HR Attained 164 bpm 99% of Target 166
 Max BP Attained 160/80 (mm/Hg)

SUBURBAN DIAGNOSTICS (I) PVT. LTD
 Shop No. 101-102, 1st Floor, Kanhit Building
 Above Kalyan Hospital, Chhatrapati Shivaji Hospital,
 NH-2 - Dnyaneshwar Road, Bhayander (E)
 Dist. Thane-401105.
 Phone No : 022 - 61700000

DR. SMITA VALANI
MBS, D. CARDIOLOGY
 2011/03/0587

Doctor : *Selam*
DR. SMITA VALANI



Email: 12345992 / VINAYAK SAWANT / 54 Yrs / M / 166 Cms / 70 Kg Date: 30 / 03 / 2023 10:18:33 AM

REPORT :

REASON FOR TERMINATION : TARGET HR ACHIEVED
EXERCISE TOLERANCE : GOOD EFFORT TOLERANCE
EXERCISE INDUCED ARRHYTHMIAS : NO ANGINA AND ANGINA EQUIVALENT
HAEMODYNAMIC RESPONSE : NO SIGNIFICANT ST-T CHANGES DURING EXERCISE AND RECOVERY
CHRONOTROPIC RESPONSE : GOOD INOTROPIC RESPONSE
FINAL IMPRESSION : EXAGGERATED CHRONOTROPIC RESPONSE
ADV: REPEAT TMT AFTER 6MONTHS. NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA AT THIS WORKLOAD

SUBURBAN DIGNOSTICS BHAYANDER PVT. LTD
Shop No. 101-A, 1st Floor, 1st Building
Above Registrar's Office, District Hospital,
Mira - Bhayander Road, Bhayander (E)
Dist. Thane-401105.
Phone No : 022 - 61700000

DR. SMITA VALANI
MBBS, D. CARDIOLOGY
2011/03/0587

Doctor : DR. SMITA VALANI



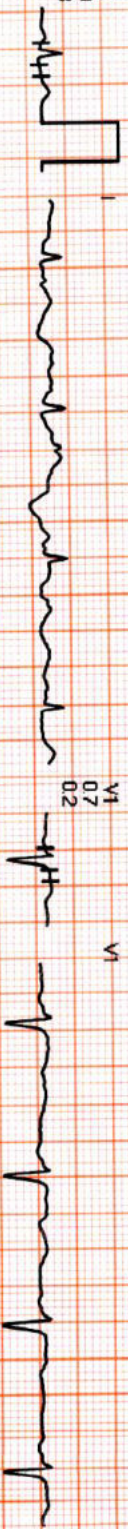
12345992 (2308913045) / VINAYAK SAWANT / 54 Yrs / M / 166 Cms / 70 Kg / HR : 83

Date: 30 / 03 / 2023 10:18:33 AM METS: 1.0/83 bpm 50% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

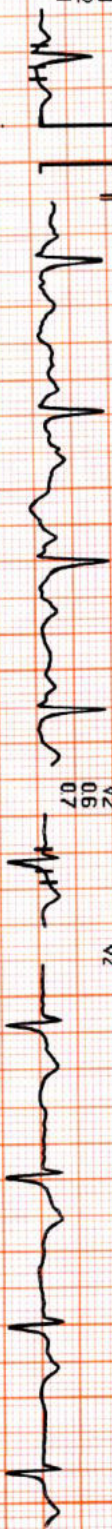
4X 80ms Post J

EXTime: 00:00 0.0 mch, 0.0%
25 mm/Sec. 1.0 Cm/mV

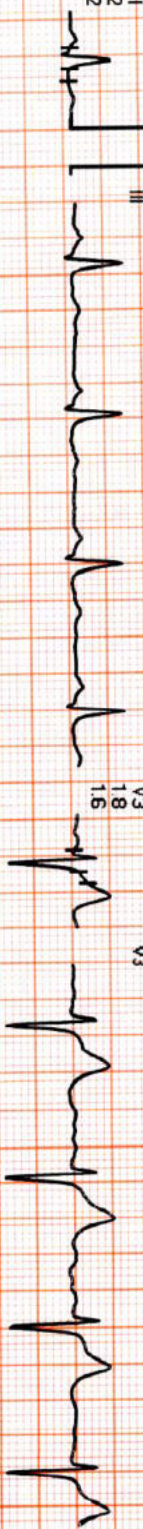
I STL 0.0
STs 0.3



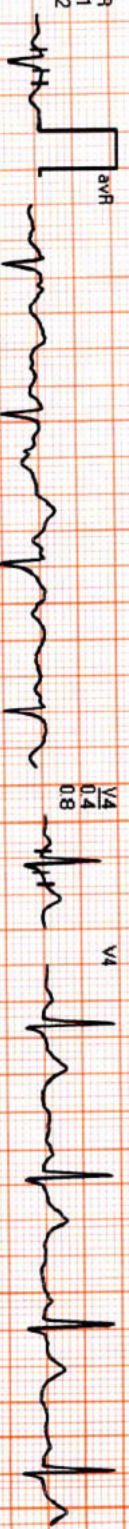
II 0.2
0.1



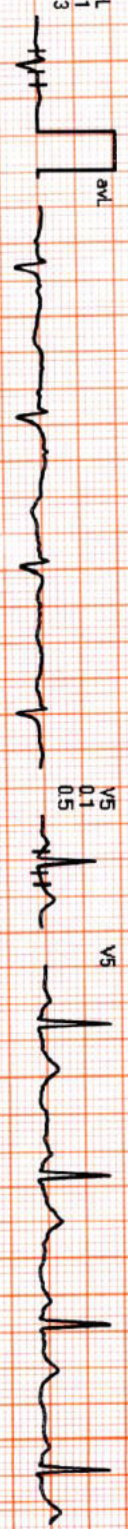
III -0.2
-0.2



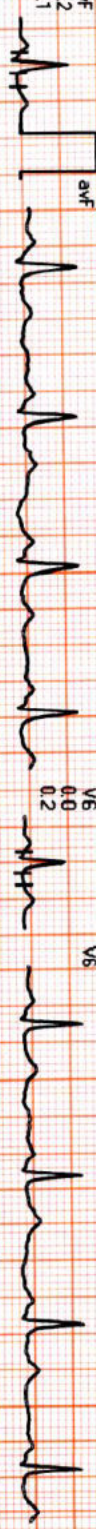
aVR 0.1
0.1
-0.2



aVL 0.1
0.1
0.3



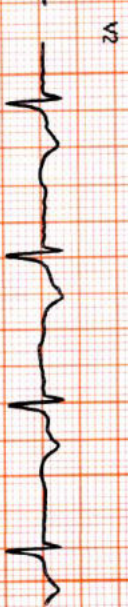
aVF 0.2
0.2
-0.1



V1 0.7
0.2



V2 0.6
0.6
0.7



V3 1.8
1.8
1.6



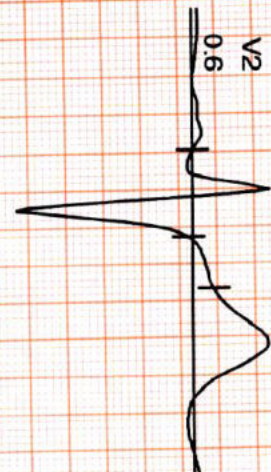
V4 0.4
0.4
0.8



V5 0.1
0.1
0.5



V6 0.0
0.0
0.2



REMARKS:



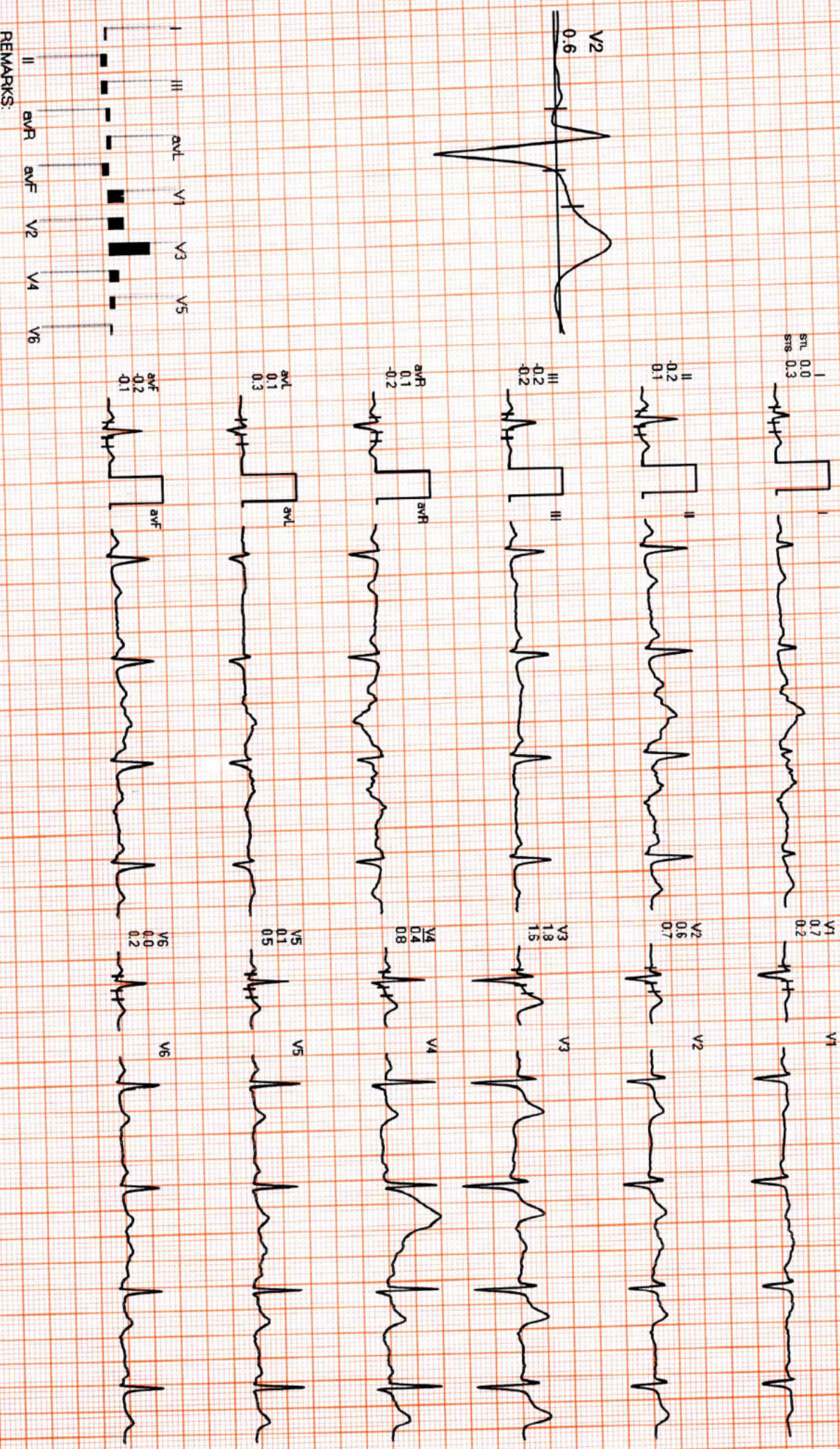


12345992 (2308913045) / VINAYAK SAWANT / 54 Yrs / M / 166 Cms / 70 Kg / HR : 76

Date: 30 / 03 / 2023 10:18:33 AM METS: 1.0/76 bpm 46% of THR BP: 130/80 mmHg Raw ECG: BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

ExTime 00:00 0.0 mph, 0.0%
25 mm/Sec 1.0 Cm/mV



REMARKS:



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HV (00:00)

12345992 (2308913045) / VINAYAK SAMANT / 54 Yrs / M / 166 Cms / 70 Kg / HR : 76

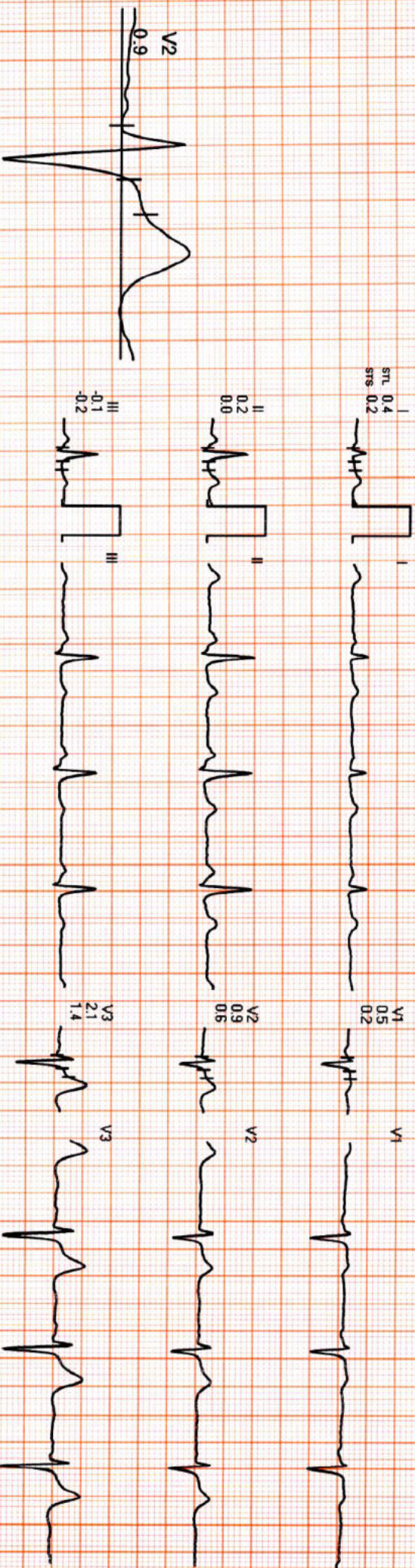


Date: 30 / 03 / 2023 10:18:33 AM METS: 1 Q/ 76 bpm 46% of THR BP- 130/80 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 mph, 0.0%

4X 80 ms Post J

25 mm/Sec 1.0 Cm/mV

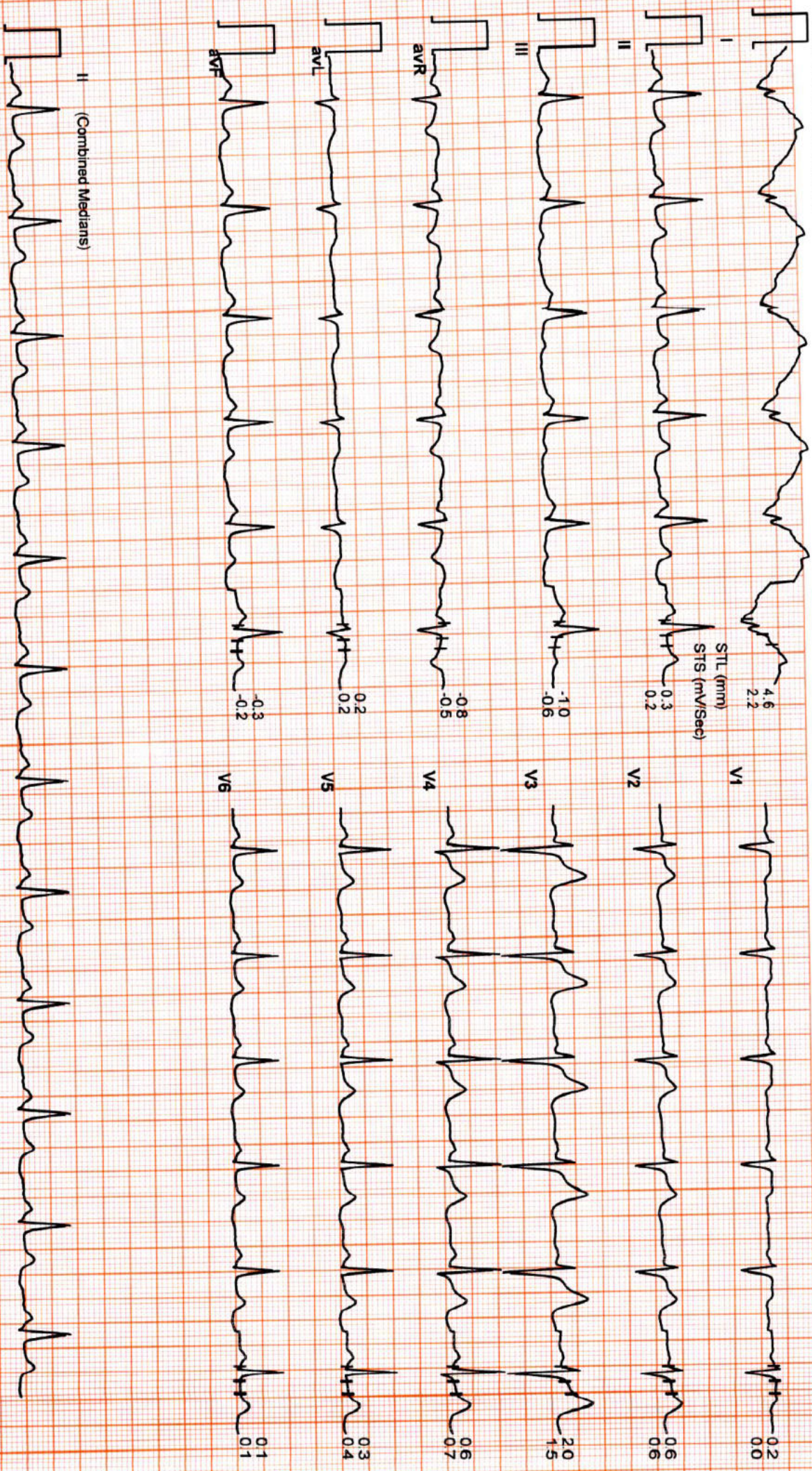


REMARKS:



Date: 30 / 03 / 2023 10:18:33 AM METs : 1.0 HR : 73 Target HR : 44% of 166 BP : 130/80 Post J @80mSec

ExTime: 00:00 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec: 1.0 Cm/mV



SUBURBAN DIAGNOSTICS BHAYANDER

12345992 / VINAYAK SAWANT / 54 Yrs / Male / 166 Cm / 70 Kg

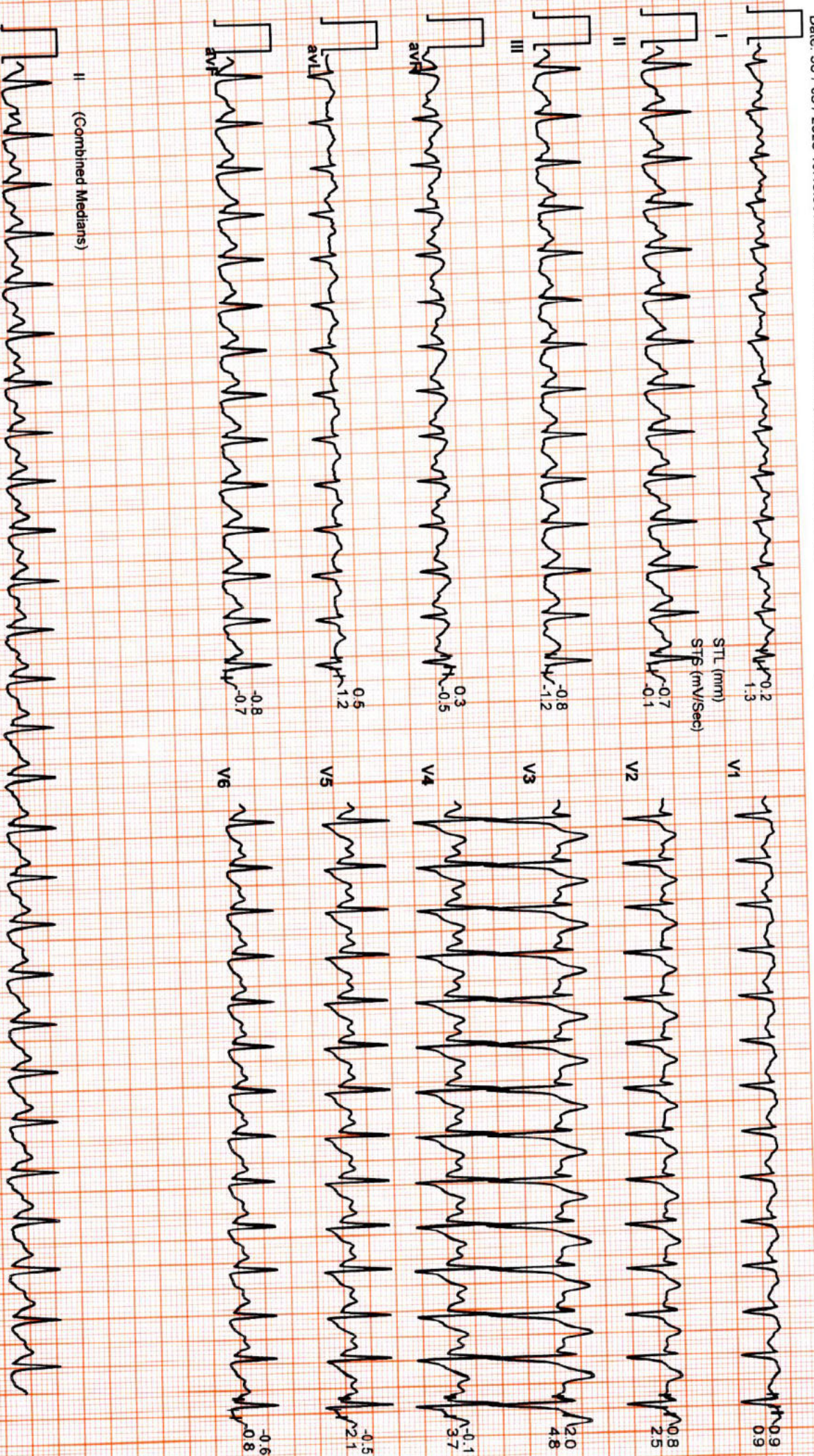
6X2 Combine Medians + 1 Rhythm

BRUCE : Stage 2 (03:00)



Date: 30 / 03 / 2023 10:18:33 AM METs : 7.1 HR : 164 Target HR : 99% of 166 BP : 150/80 Post J @60mSec

ExTime: 06:00 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV



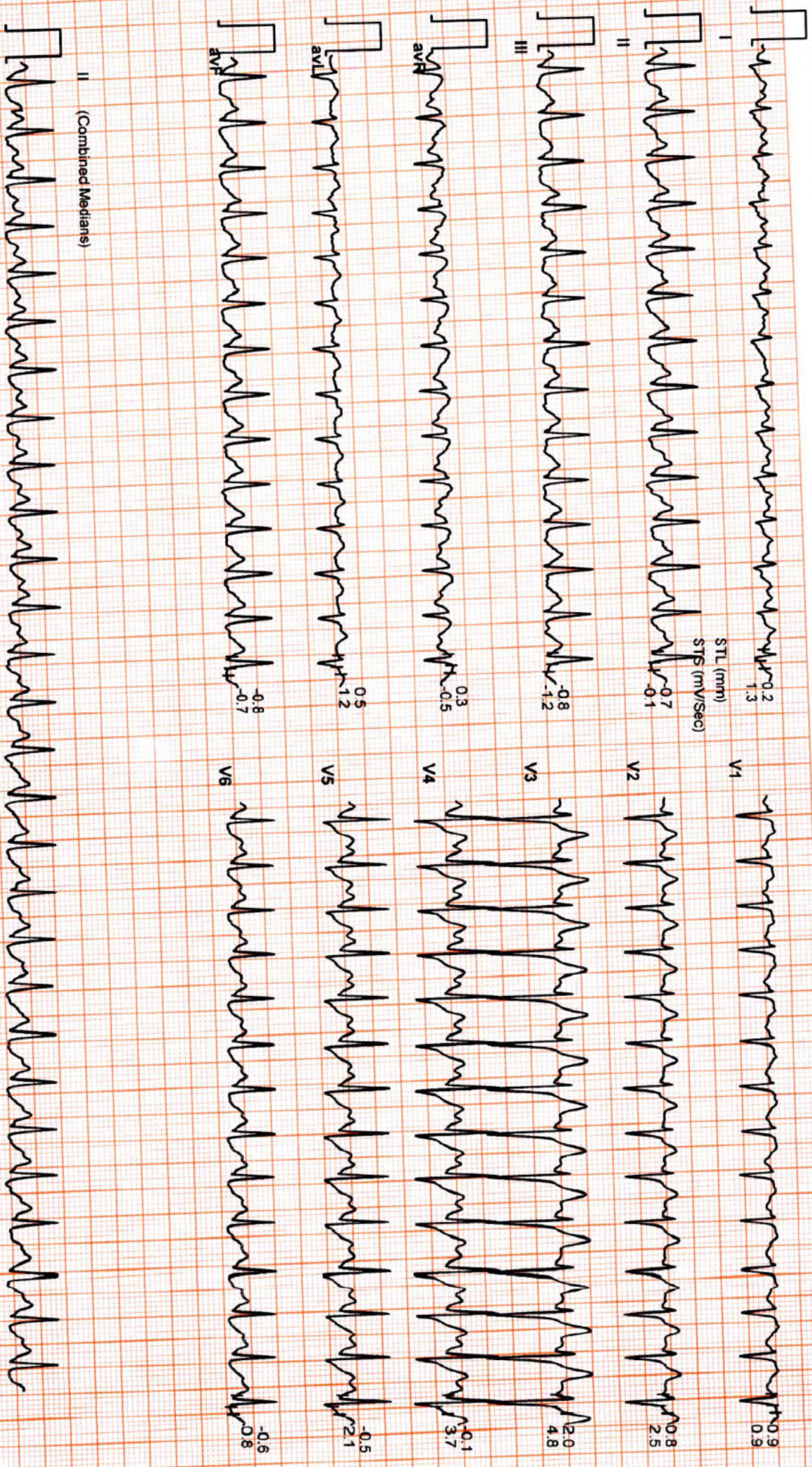
SUBURBAN DIAGNOSTICS BHAYANDER

12345992 / VINAYAK SAWANT / 54 Yrs / Male / 166 Cm / 70 Kg

Date: 30 / 03 / 2023 10:18:33 AM METs : 7.2 HR : 165 Target HR : 99% of 166 BP : 150/80 Post J @60mSec

ExTime: 06:02 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cr/My

6X2 Combine Medians + 1 Rhythm PeakEx



SUBURBAN DIAGNOSTICS BHAYANDER

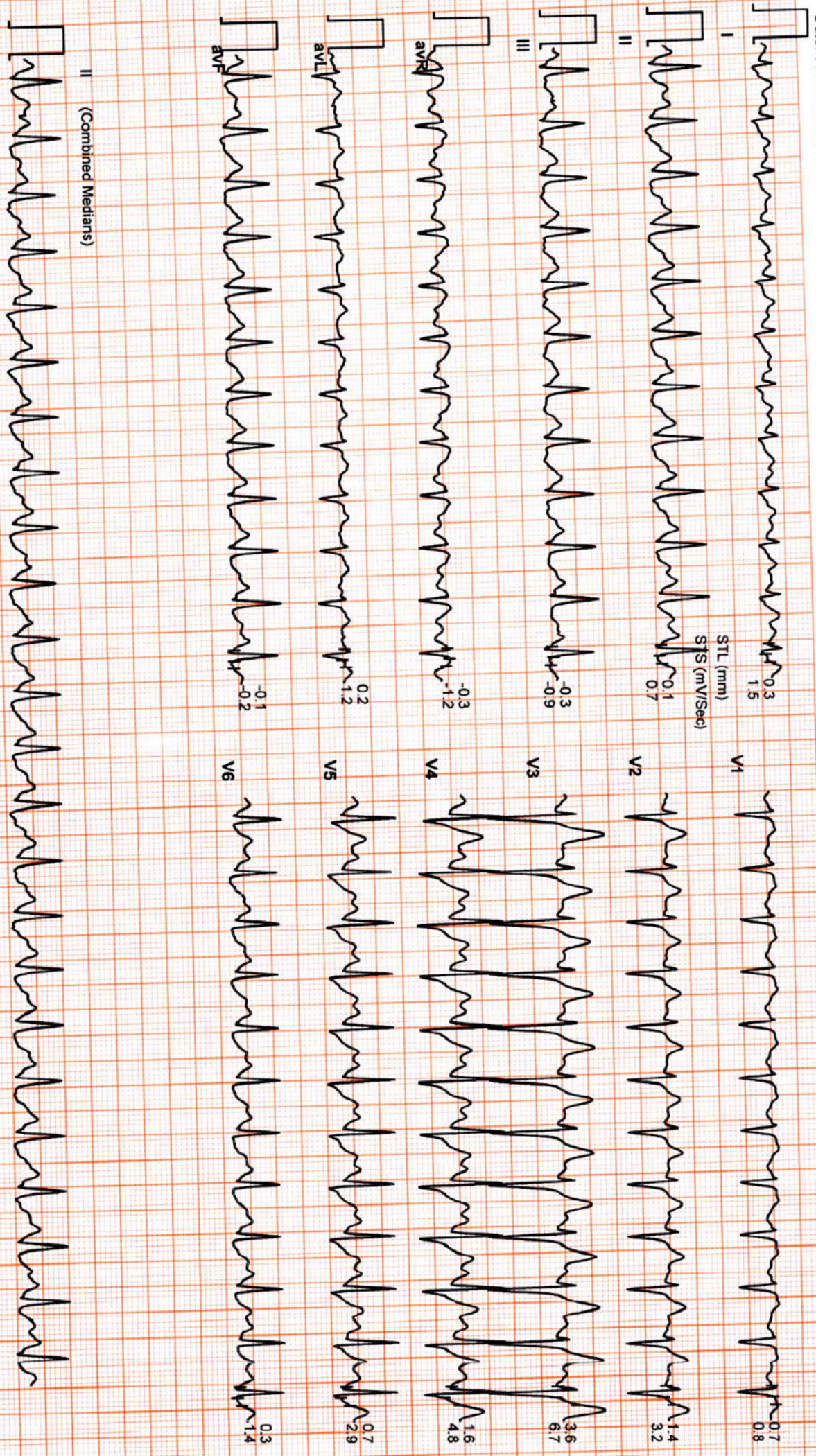
12345992 / VINAYAK SAWANT / 54 Yrs / Male / 166 Cm / 70 Kg

Date: 30 / 03 / 2023 10:18:33 AM METs : 1.1 HR : 147 Target HR : 89% of 166 BP : 160/80 Post: J @60mSec

ExTime: 06:02 Speed: 1.1 mph Grade: 00.00 % 25 mm/Sec. 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm

Recovery : (01:00)



SUBURBAN DIGNOSTICS BHAYANDER

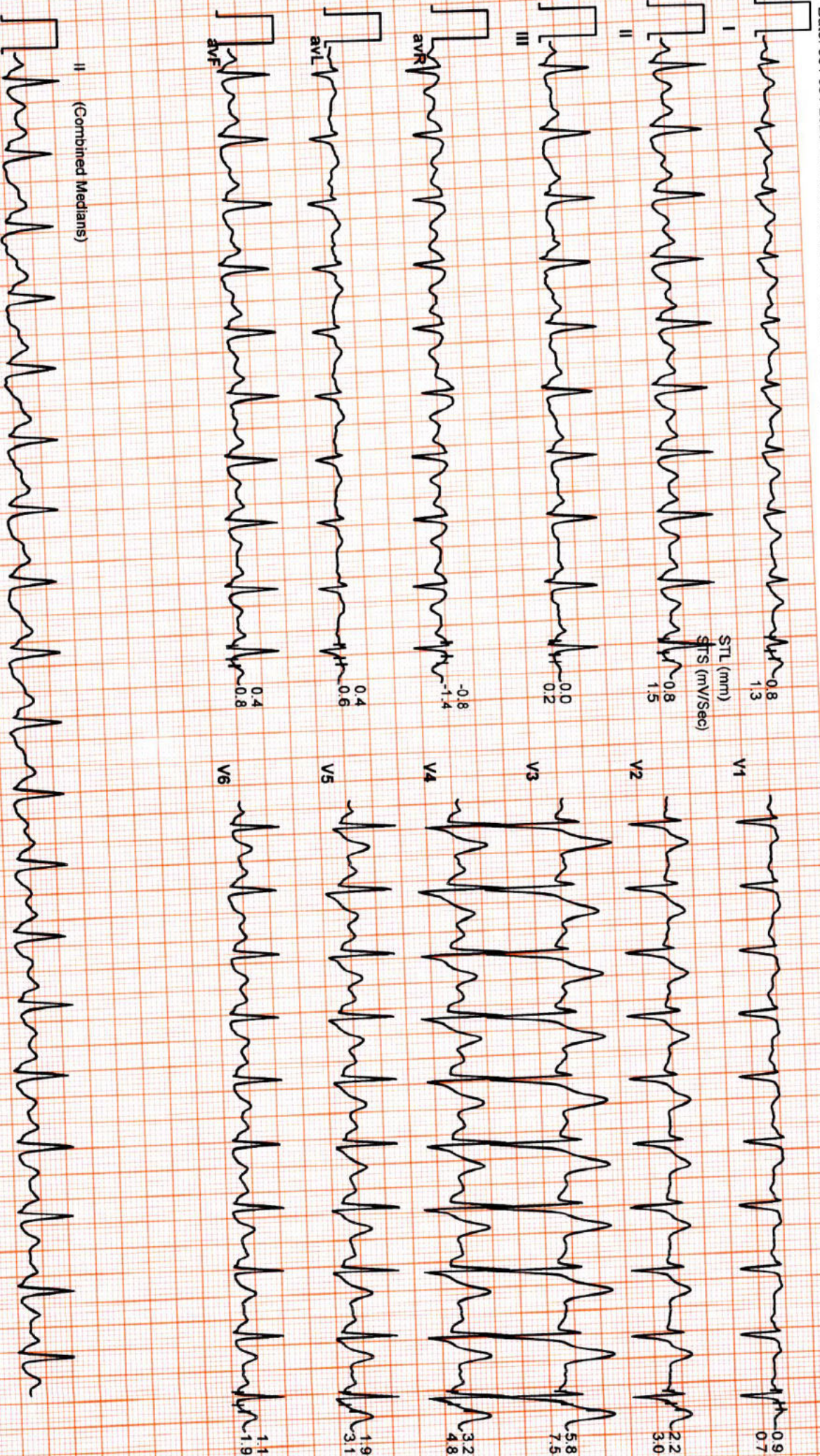
12345992 / VINAYAK SAWANT / 54 Yrs / Male / 166 Cm / 70 Kg

Date: 30/03/2023 10:18:33 AM METS : 1.0 HR : 115 Target HR : 69% of 166 BP : 150/80 Post J @60mSec

ExTime: 06:02 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm

Recovery : (02:00)



II (Combined Medians)



SUBURBAN DIGNOSTICS BHAYANDER

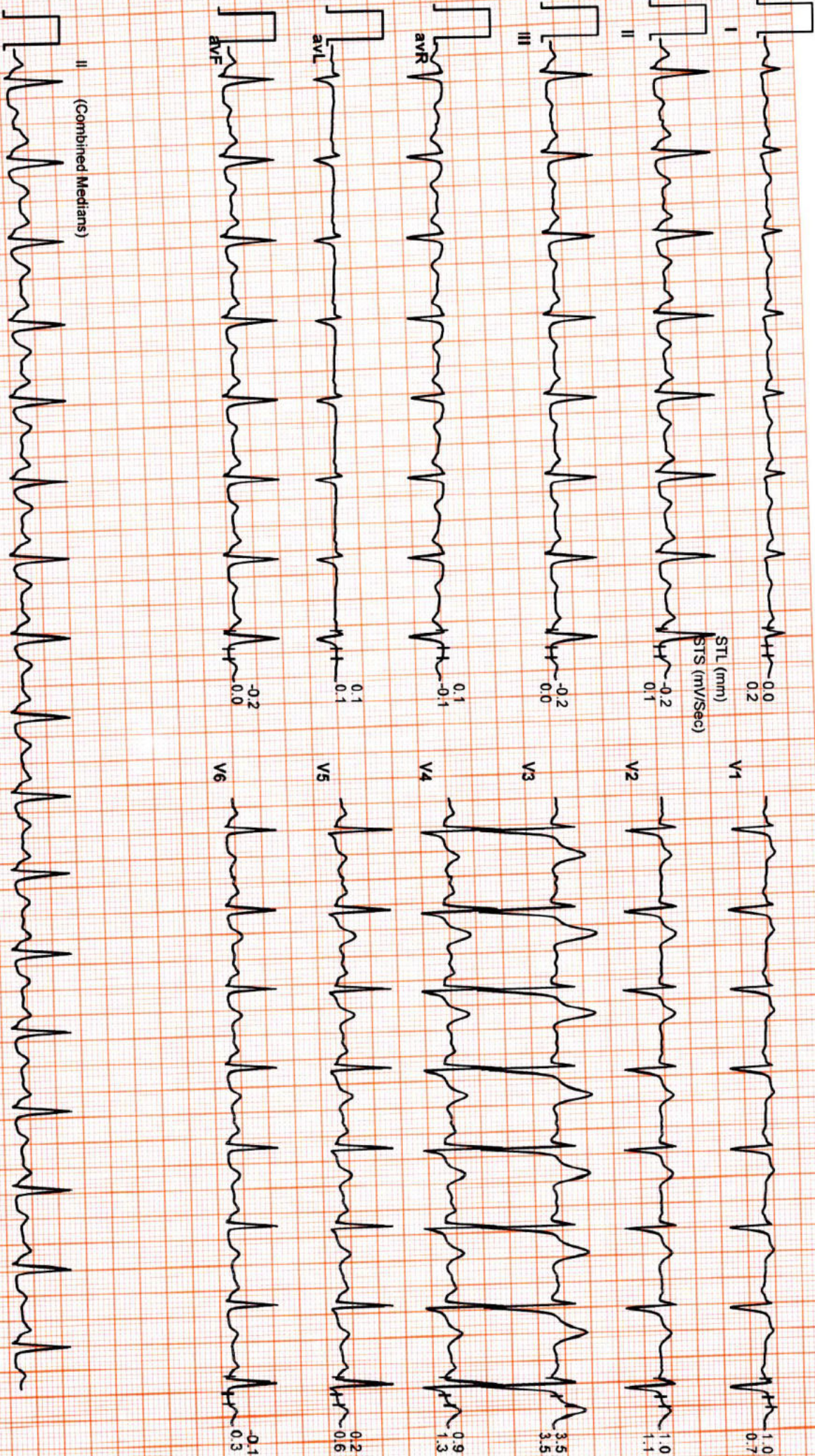
12345992 / VINAYAK SAWANT / 54 Yrs / Male / 166 Cm / 70 Kg

6X2 Combine Medians + 1 Rhythm
Recovery : (04:00)



Date: 30 / 03 / 2023 10:18:33 AM METs : 1.0 HR : 101 Target HR : 61% of 166 BP : 130/80 Post J @80mSec

ExTime: 06:02 Speed: 0.0 mph Grade: .00.00 % 25 mm/Sec: 1.0 Cm/mV



SUBURBAN DIGNOSTICS BHAYANDER

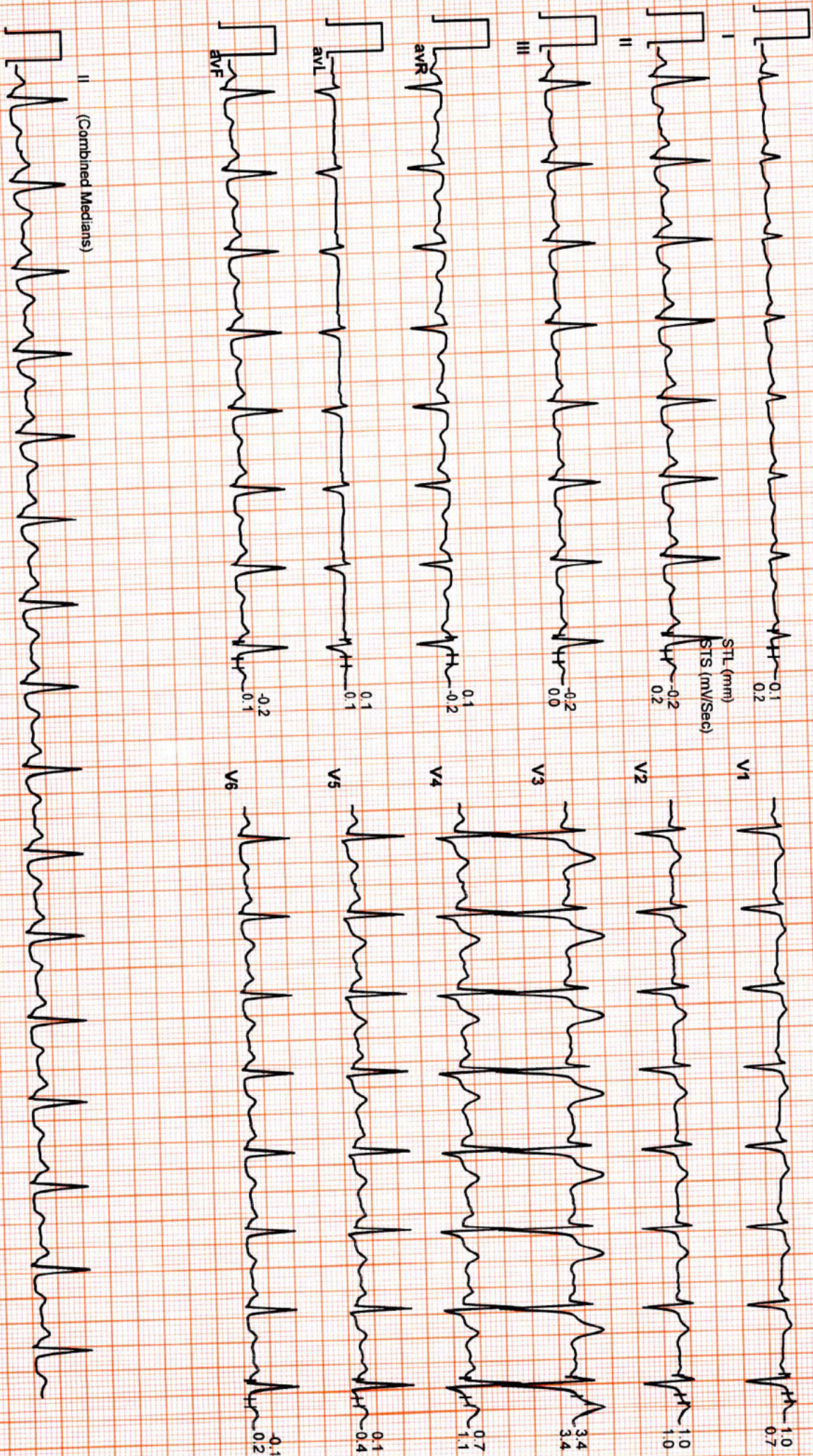
12345992 / VINAYAK SAWANT / 54 Yrs / Male / 166 Cm / 70 Kg

Date: 30 / 03 / 2023 10:18:33 AM METs : 1.0 HR : 96 Target HR : 58% of 166 BP : 130/80 Post J @70mSec

ExTime: 06:02 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec: 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm

Recovery : (04:20)



CID : 2308913045
Name : Mr VINAYAK SAWANT
Age / Sex : 54 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 30-Mar-2023
Reported : 31-Mar-2023 / 14:36

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USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (12.8 cm), shape and shows smooth margins. It shows increased parenchymal echotexture. The intra hepatic biliary and portal radicals appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein appears normal.

GALL BLADDER:

The gall bladder is folded and physiologically distended. Neck region is not well visualised. Gall bladder wall appears normal. No evidence of calculus or mass lesions seen in the visualised lumen.

COMMON BILE DUCT:

The visualized common bile duct is normal in caliber. Terminal common bile duct is obscured due to bowel gas artifacts.

PANCREAS:

The pancreas is visualised and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Right kidney measures 9.8 x 4.3 cm. Left kidney measures 9.6 x 5.3 cm. Both the kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. No evidence of any calculus, hydronephrosis or mass lesion seen on both sides.

SPLEEN:

The spleen is normal in size (9.1 cm) and echotexture. No evidence of focal lesion is noted.

URINARY BLADDER:

The urinary bladder is well distended and reveals no intraluminal abnormality. Bladder wall appears normal. No obvious calculus or mass lesion made out in the visualised lumen.

[Click here to view images <<ImageLink>>](#)

CID : 2308913045
Name : Mr VINAYAK SAWANT
Age / Sex : 54 Years/Male
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PROSTATE:

The prostate is normal in size measuring 3.6 x 3.0 x 3.3 cms and weighs 19.2 gms. It shows normal parenchymal echotexture. No obvious calcification or mass lesion made out.

There is no evidence of any lymphadenopathy or ascites.

IMPRESSION:

- Grade I fatty infiltration of liver.
- No other significant abnormality detected.

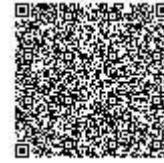
Investigations have their limitation. Solitary pathological/Radiological & other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms & other related tests. Please interpret accordingly.

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



DR.VIBHA S KAMBLE
MBBS ,DMRD
Reg No -65470
Consultant Radiologist

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CID : 2308913045
Name : Mr VINAYAK SAWANT
Age / Sex : 54 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 30-Mar-2023
Reported : 30-Mar-2023/15:36

X-RAY CHEST PA VIEW

Positional rotation seen.

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

unfolded aorta.

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.VIBHA S KAMBLE
MBBS ,DMRD
Reg No -65470
Consultant Radiologist



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Application To Scan the Code

CID : 2308913045
Name : Mr VINAYAK SAWANT
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