

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA


ANUJ KUMAR GARG

CHAMAN PRAKASH GARG

24/01/1988
Permanent Account Number
ATFPG4260Q

Anuj
Signature

for medical
check up
Suburban
Anjan



23012010

Regd. Office:-
SUBURBAN DIAGNOSTICS INDIA PVT. LTD.
2nd Floor, Aston, Sundervan Complex,
Lokhandwala Road, Andheri (West),
Mumbai-400053.

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

CID# : 2301525506
Name : MR.ANUJ GARG
Age / Gender : 34 Years/Male
Consulting Dr. :-
Reg.Location : Borivali West (Main Centre)

Collected : 15-Jan-2023 / 09:39
Reported : 16-Jan-2023 / 16:11

PHYSICAL EXAMINATION REPORT

History and Complaints:

Asymptomatic

EXAMINATION FINDINGS:

Height (cms): 177cm
Temp (0c): Afebrile
Blood Pressure (mm/hg): 120/80mmhg
Pulse: 74/min

Weight (kg): 77kg
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:

Normal

ADVICE:

CHIEF COMPLAINTS:

- 1) Hypertension:
- 2) IHD
- 3) Arrhythmia
- 4) Diabetes Mellitus
- 5) Tuberculosis

No
No
No
No
No

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- | | |
|--|----------|
| 6) Asthama | Aasthama |
| 7) Pulmonary Disease | No |
| 8) Thyroid/ Endocrine disorders | No |
| 9) Nervous disorders | No |
| 10) GI system | No |
| 11) Genital urinary disorder | No |
| 12) Rheumatic joint diseases or symptoms | No |
| 13) Blood disease or disorder | No |
| 14) Cancer/lump growth/cyst | No |
| 15) Congenital disease | No |
| 16) Surgeries | No |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

- | | |
|---------------|---------------------------------|
| 1) Alcohol | No |
| 2) Smoking | No |
| 3) Diet | Veg |
| 4) Medication | Inhaler Rotacap
Foracort 400 |

*** End Of Report ***

DR. NITIN SONAVANE
M.B.B.S.AFLH, D.DIAB, D.CARD.
CONSULTANT-CARDIOLOGIST
REGD. NO. ~~187714~~
Dr.NITIN SONAVANE
PHYSICIAN

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Collected
Reported

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Application To Scan the Code

: 15-Jan-2023 / 09:45
: 15-Jan-2023 / 12:25

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	14.6	13.0-17.0 g/dL	Spectrophotometric
RBC	5.12	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.2	40-50 %	Measured
MCV	84	80-100 fl	Calculated
MCH	28.6	27-32 pg	Calculated
MCHC	33.9	31.5-34.5 g/dL	Calculated
RDW	13.8	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	8100	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	30.6	20-40 %	Calculated
Absolute Lymphocytes	2478.6	1000-3000 /cmm	Calculated
Monocytes	7.1	2-10 %	Calculated
Absolute Monocytes	575.1	200-1000 /cmm	Calculated
Neutrophils	59.5	40-80 %	Calculated
Absolute Neutrophils	4819.5	2000-7000 /cmm	Calculated
Eosinophils	2.8	1-6 %	Calculated
Absolute Eosinophils	226.8	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	Calculated
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	260000	150000-400000 /cmm	Elect. Impedance
MPV	9.5	6-11 fl	Calculated
PDW	14.8	11-18 %	Calculated



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Reported : 15-Jan-2023 / 12:06

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	88.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	73.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.27	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.12	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
SGOT (AST), Serum	20.1	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	16.8	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	12.1	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	82.2	40-130 U/L	Colorimetric
BLOOD UREA, Serum	25.2	12.8-42.8 mg/dl	Kinetic
BUN, Serum	11.8	6-20 mg/dl	Calculated
CREATININE, Serum	0.92	0.67-1.17 mg/dl	Enzymatic



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Reported : 15-Jan-2023 / 15:21

eGFR, Serum	100	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	7.4	3.5-7.2 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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



B. Mhaskar
Dr.KETAKI MHASKAR
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	5.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	105.4	mg/dl	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

*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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Reported : 15-Jan-2023 / 14:18

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	2-3	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	3-4	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



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



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*** End Of Report ***



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Collected : 15-Jan-2023 / 09:45
Reported : 15-Jan-2023 / 13:46

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
BLOOD GROUPING & Rh TYPING

PARAMETER

RESULTS

ABO GROUP
Rh TYPING

B
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. TRUPTI SHETTY
M. D. (PATH)
Pathologist



CID : 2301525506
Name : MR.ANUJ GARG
Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 15-Jan-2023 / 09:45
Reported : 15-Jan-2023 / 12:25

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	169.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	98.1	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	35.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	133.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	114.0	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	19.8	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.2	0-3.5 Ratio	Calculated

*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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 Name : MR.ANUJ GARG
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 Consulting Dr. : -
 Reg. Location : Borivali West (Main Centre)

Collected : 15-Jan-2023 / 09:45
 Reported : 15-Jan-2023 / 15:51

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.1	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	4.08	0.35-5.5 microu/ml	ECLIA



Authenticity Check
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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 upto 15 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)
*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
*** End Of Report ***



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

Date:- 15/1/23
 Name:- Anuj Borgy

CID: 2301525506
 Sex / Age: M / 34 yr

EYE CHECK UP

Chief complaints:

Systemic Diseases:

NO

Past history:

Unaided Vision:

→

RE LE
 6/9 6/6
 N/G N/G

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

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 Mumbai-400053.

Remark:

Ⓝ

CID NO: 2301525506		
NAME: MR.ANUJ GARG	AGE: 34 YRS	SEX: MALE
REF. BY : ----	DATE: 15/01/2023	

USG WHOLE ABDOMEN

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

GALL BLADDER: Gall bladder is distended. Few small polyps are seen in gall bladder largest measuring 3.2 mm. No obvious wall thickening is noted. There is no evidence of any calculus.

PORTAL VEIN: Portal vein is 11 mm normal. **CBD:** CBD is normal.

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

KIDNEYS: Right kidney measures 8.6 x 3.3 cm. Left kidney measures 9.8 x 4.4 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 8.3 cm , shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.


PROSTATE: Prostate is normal in size and echotexture. Prostate measures 2.8 x 2.9 x 3.2 cm and prostatic weight is 14 gm. No evidence of any obvious focal lesion.

No free fluid or size significant lymphadenopathy is seen.

Opinion:

➤ **Few small polyps seen in gall bladder.**

For clinical correlation and follow up.


Dr. Ravi Kumar, MD
Consultant Radiologist
Reg no.2008041721

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

Authenticity Check



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Reported : 16-Jan-2023 / 16:10

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.

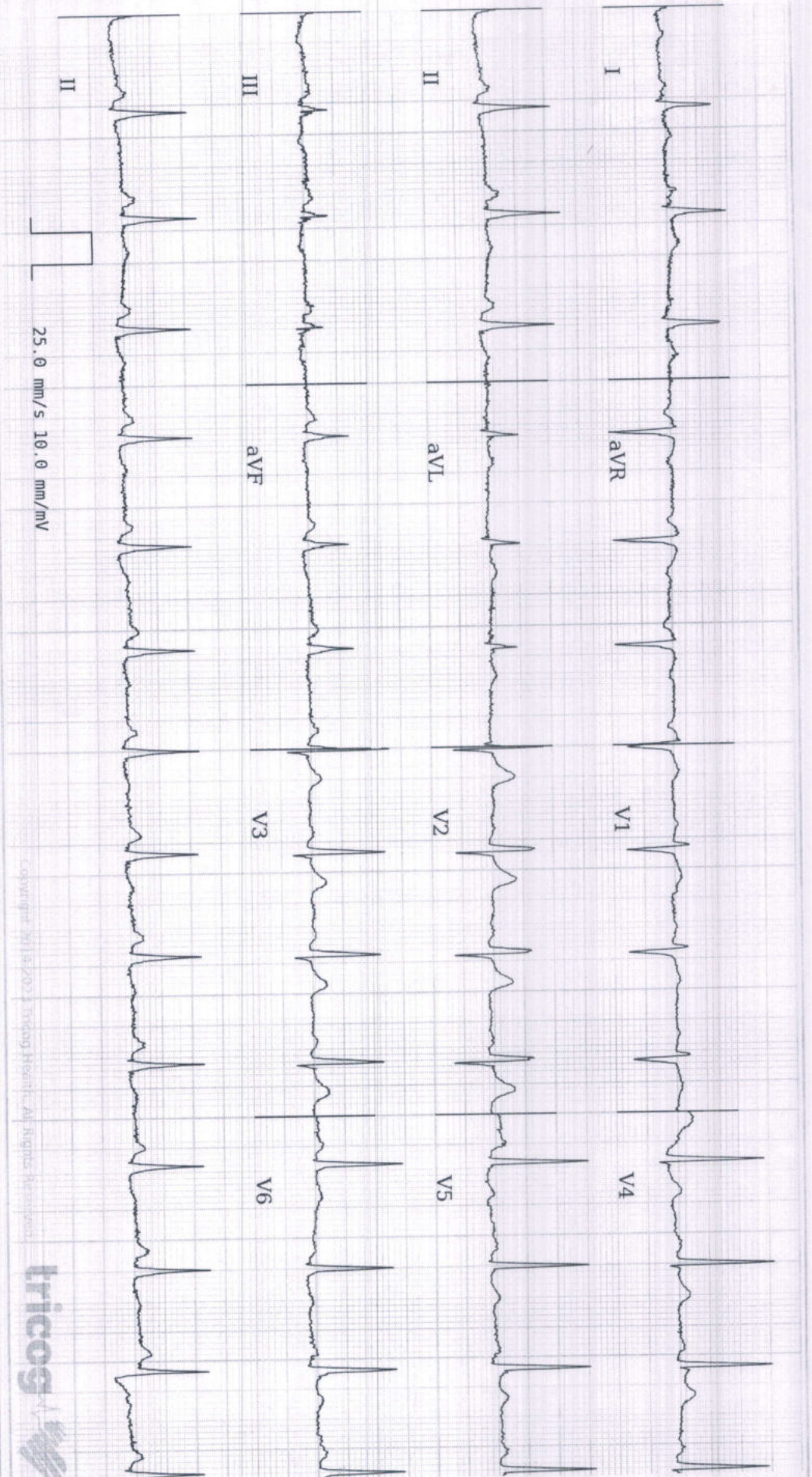
-----End of Report-----

This report is prepared and physically checked by DR SUDHANSHU SAXENA before dispatch.

DR.SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
RegNo .MMC 2016061376.

Patient Name: ANUJ GARG
Patient ID: 2301525506

Date and Time: 15th Jan 23 10:18 AM



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

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

tricos
SUBURBAN DIAGNOSTICS
2nd Floor, Aston, Sunder
okhandwala Road, An
Mumbai-400055

PVT. LTD.
Complex,
(est),

Age 34 years m
Gender Male
Heart Rate 80
Patient Vitals
BP: 120/80
Weight: 77 kg
Height: 177 cm
Pulse: NA
Spo2: NA
Resp: NA
Others:
Measurements
QRSD: 78ms
QT: 324ms
QTc: 392ms
PR: 146ms
P-R-T: 71°

REPORTED BY

[Signature]

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

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Name: ANUJ GARG

Date: 15-01-2023 Time: 10:21

Age: 34

Gender: M

Height: 177 cms

Weight: 77 Kg

ID: 2301525506

Clinical History:

Medications:

Test Details:

Protocol: Bruce

Predicted Max HR: 186

Target HR: 158

Exercise Time: 0:09:02

Achieved Max HR: 162 (87% of Predicted MHR)

Max BP: 170/80

Max BP x HR: 27540

Max Mets: 10.2

Test Termination Criteria: TEST COMPLET

Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	00:10	1	0	0	89	120/80	10680	0.7 V2	-0.8 II
Standing	00:10	1	0	0	88	120/80	10560	0.7 V2	-0.7 II
HyperVentilation	00:08	1	0	0	92	120/80	11040	-0.5 III	1 aVR
PreTest	00:08	1	1.6	0	93	120/80	11160	-0.5 III	0.3 V1
Stage: 1	03:00	4.7	2.7	10	120	120/80	14400	0.8 V1	0.4 V1
Stage: 2	03:00	7	4	12	133	140/80	18620	-0.8 V3	-1.4 II
Stage: 3	03:00	10.1	5.5	14	162	160/80	25920	-2.1 V4	1.3 V1
Peak Exercise	00:02	10.2	6.8	16	162	160/80	25920	-2.1 V4	1.3 V1
Recovery1	01:00	1	0	0	133	170/80	22610	1.3 III	1.1 V1
Recovery2	01:00	1	0	0	117	150/80	17550	-0.5 V4	1 V1
Recovery3	01:00	1	0	0	111	150/80	16650	-0.5 V6	0.9 V1

Interpretation

The Patient Exercised according to Bruce Protocol for 0:09:02 achieving a work level of 10.2 METS.
Resting Heart Rate, initially 89 bpm rose to a max. heart rate of 162bpm (87% of Predicted Maximum Heart Rate).
Resting Blood Pressure of 120/80 mmHg, rose to a maximum Blood Pressure of 170/80 mmHg
Good Effort-tolerance Normal HR & BP Response No Angina or Arrhymias
No Significant ST-T Change Noted During Exercise Stress test Negative for Stress inducible ischaemia.

Regd. Office:-
SUBURBAN DIAGNOSTICS INDIA PVT. LTD.
2nd Floor, Aston, Sundervan Complex,
Lokhandwala Road, Andheri (West),
Mumbai-400053.

DR. NITIN SONAVANE
M.B.B.S.AFLH D.DIPLOMA CARD.
CONSULTANT CARDIOLOGIST
REGD. NO. : 914
Doctor: DR. NITIN SONAVANE

Ref. Doctor: _____

SCHILLER

The Art of Diagnostics



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ANUJ GARG

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2301525506
Stage: Supine

Date: 15-01-2023
Speed: 0 km/h

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

Stage Time: 00:10
THR: 158 bpm

HR: 89 b

Bp: 120/80 mm
STLevel(mm)

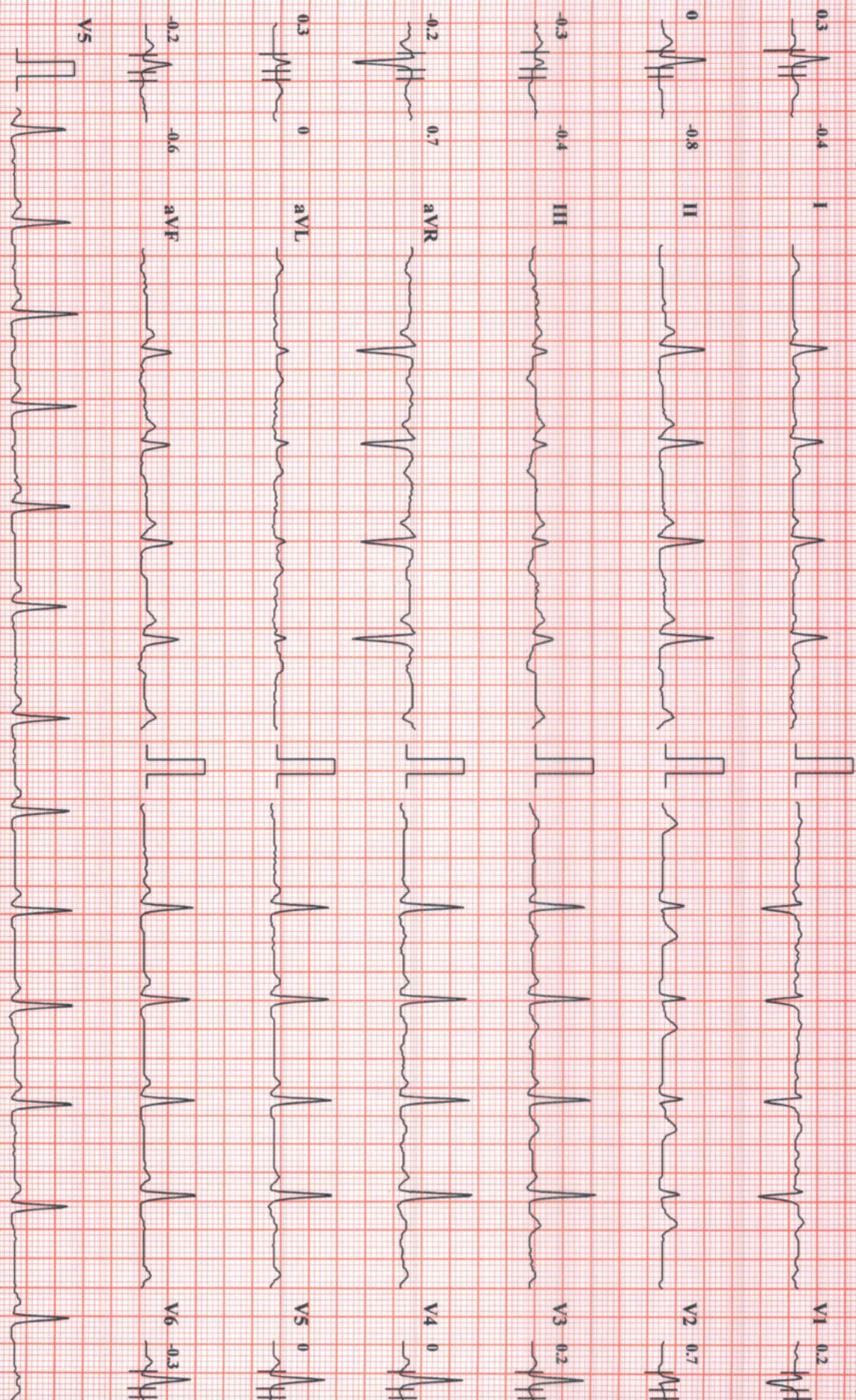


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spandam CS-21



SUBURBAN DIAGNOSTICS PVT. LTD. BORIVALI

ANUJ GARG

Bruce Protocol

STLevel(mm) STISlope(mV/s)

ID: 2301525506

Stage: Standing

Date: 15-01-2023

Exec Time: 0:00:00

Stage Time: 00:10

HR: 88 b

BP: 120/80 mm

STLevel(mm)

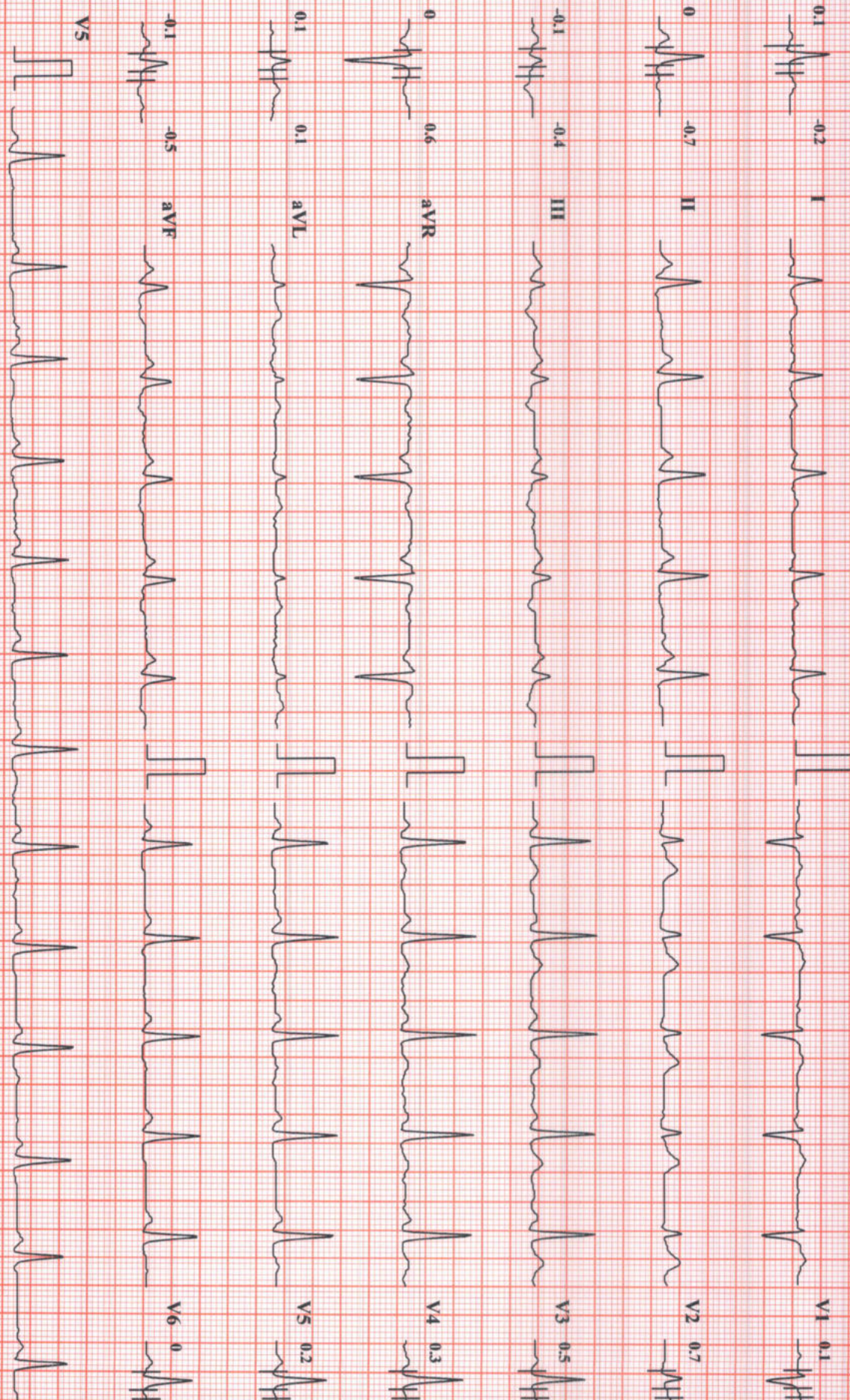


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spandau CS-2



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ANUJ GARG

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2301525506

Date: 15-01-2023

Exec Time : 0:00:00

Stage Time: 00:08

HR: 92b

Stage: HyperVentilation Speed: 0

Slope: 0%

THR: 158 bpm

BP: 120/80 mm
STLevel(mm)

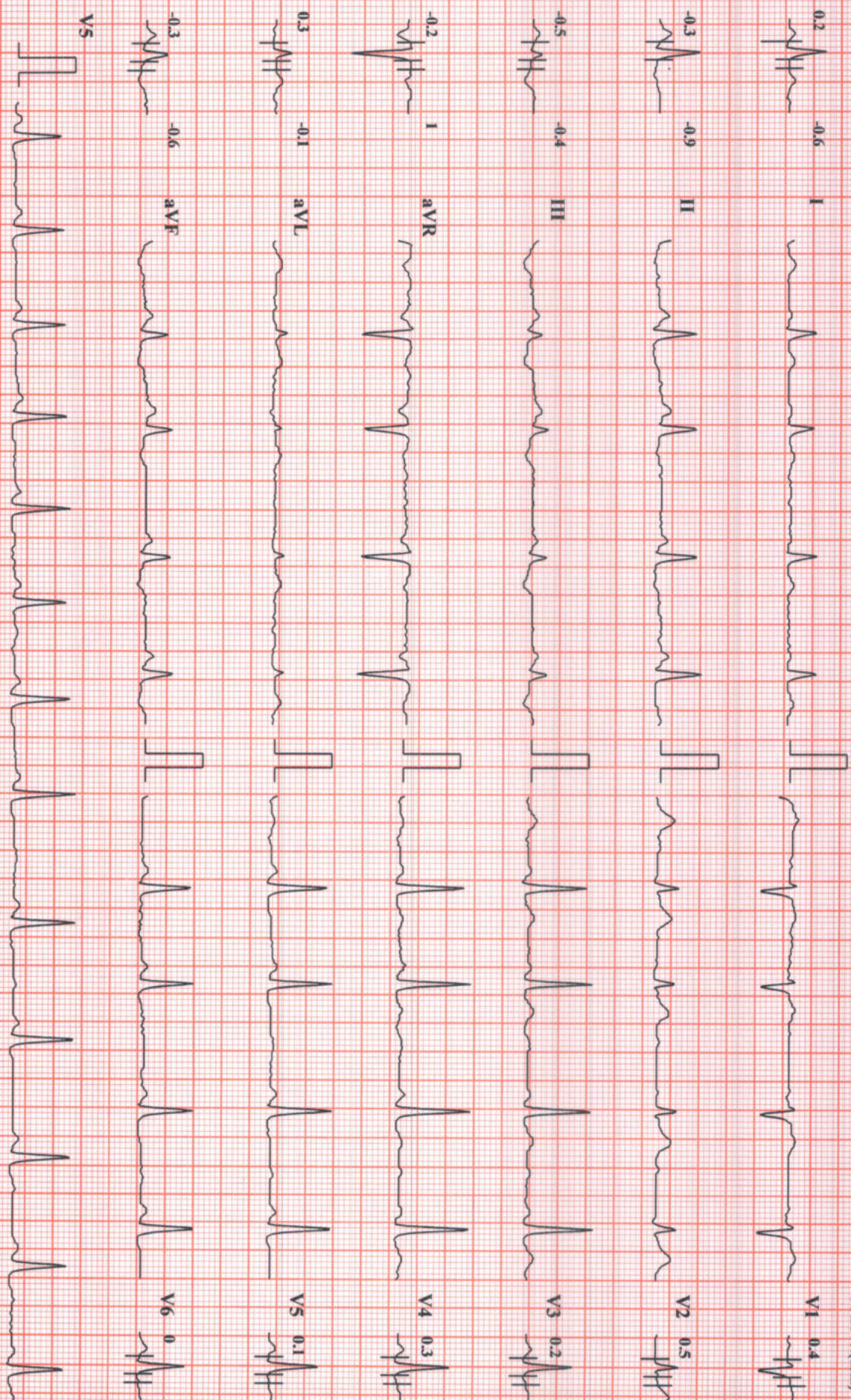


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spandak CS-2



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ANUJ GARG

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2301525506

Date: 15-01-2023

Exec Time: 0:03:00

Stage Time: 03:00

HR: 120

BP: 120/80 mm

STLevel(mm)

Stage: 1

Speed: 2.7 kmph

Slope: 10 %

THR: 158 bpm

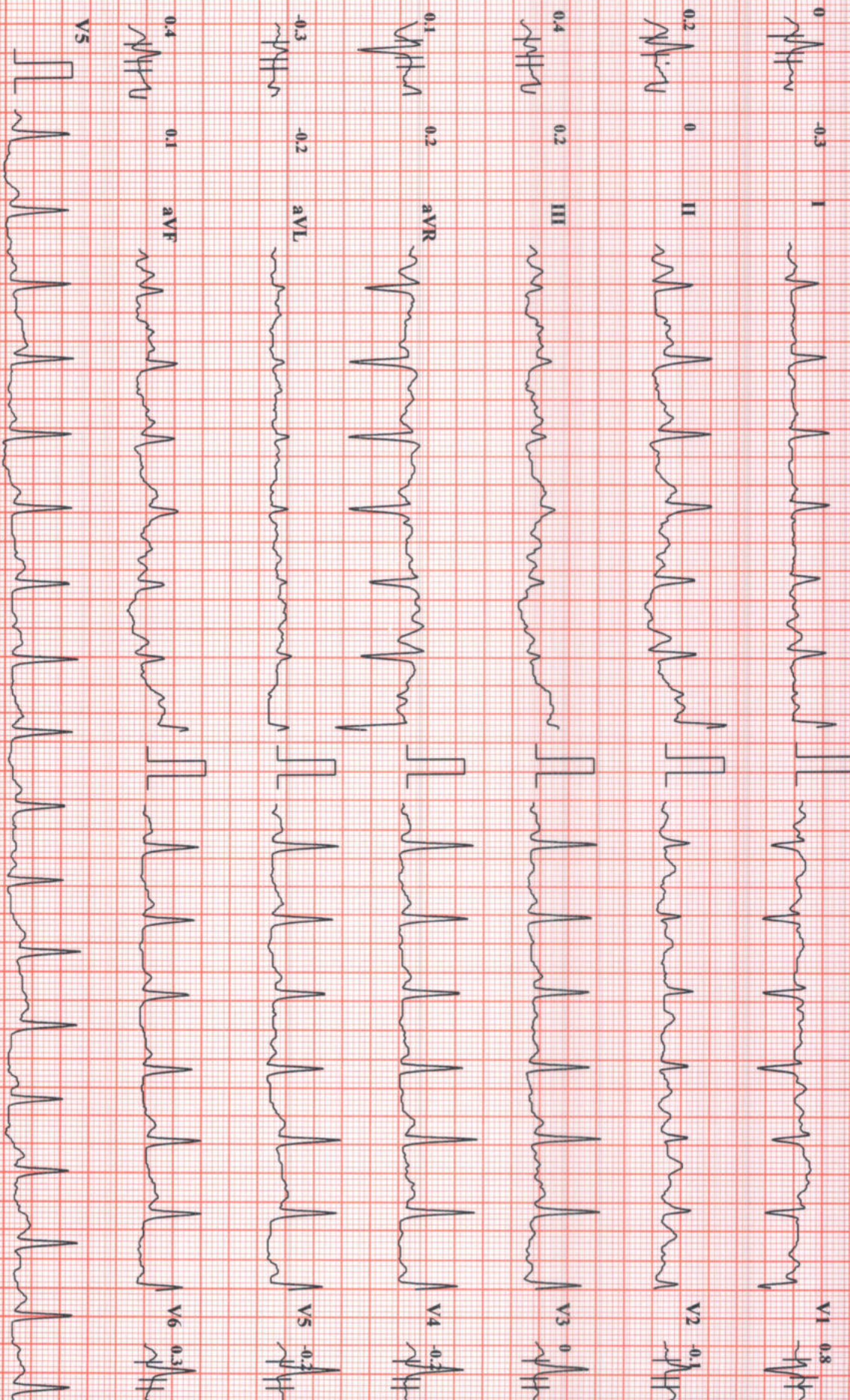


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spardan CS-2



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ANUJ GARG

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2301525506
Stage: 2

Date: 15-01-2023
Speed: 4 kmph

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

Stage Time: 03:00
THR: 158 bpm

HR: 133

BP: 140/80 mm
STLevel(mm) :

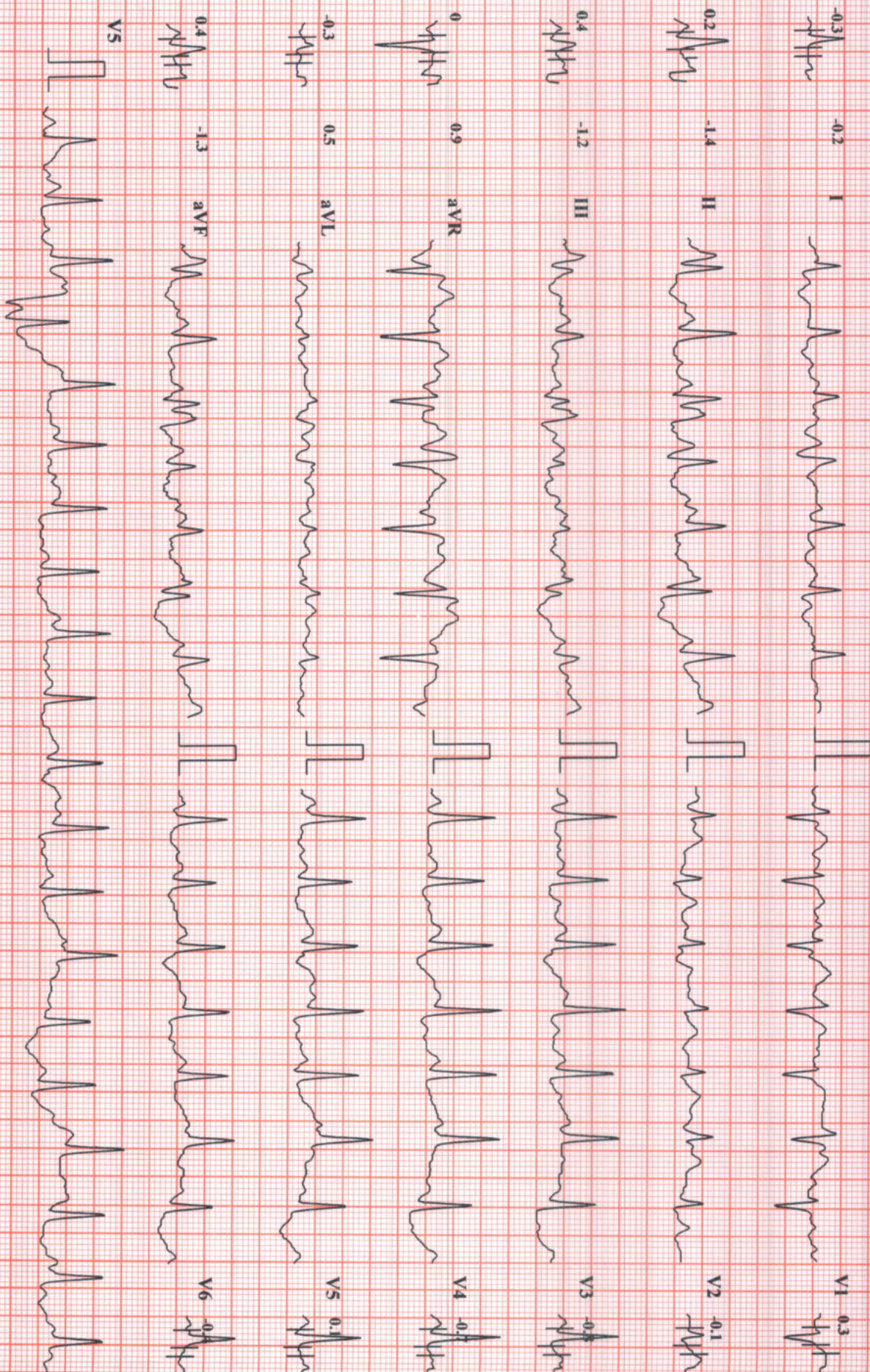


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spandan CS-2



ANUJ GARG

Bruce Protocol

STLevel(mm) STStop(mV/s)

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ID: 2301525506

Date: 15-01-2023

Exec Time: 0:09:00

Stage Time: 03:00

HR: 162

Stage: 3

Speed: 5.5 kmph

Slope: 14 %

THR: 158 bpm

BP: 160/80 mm
STLevel(mm)

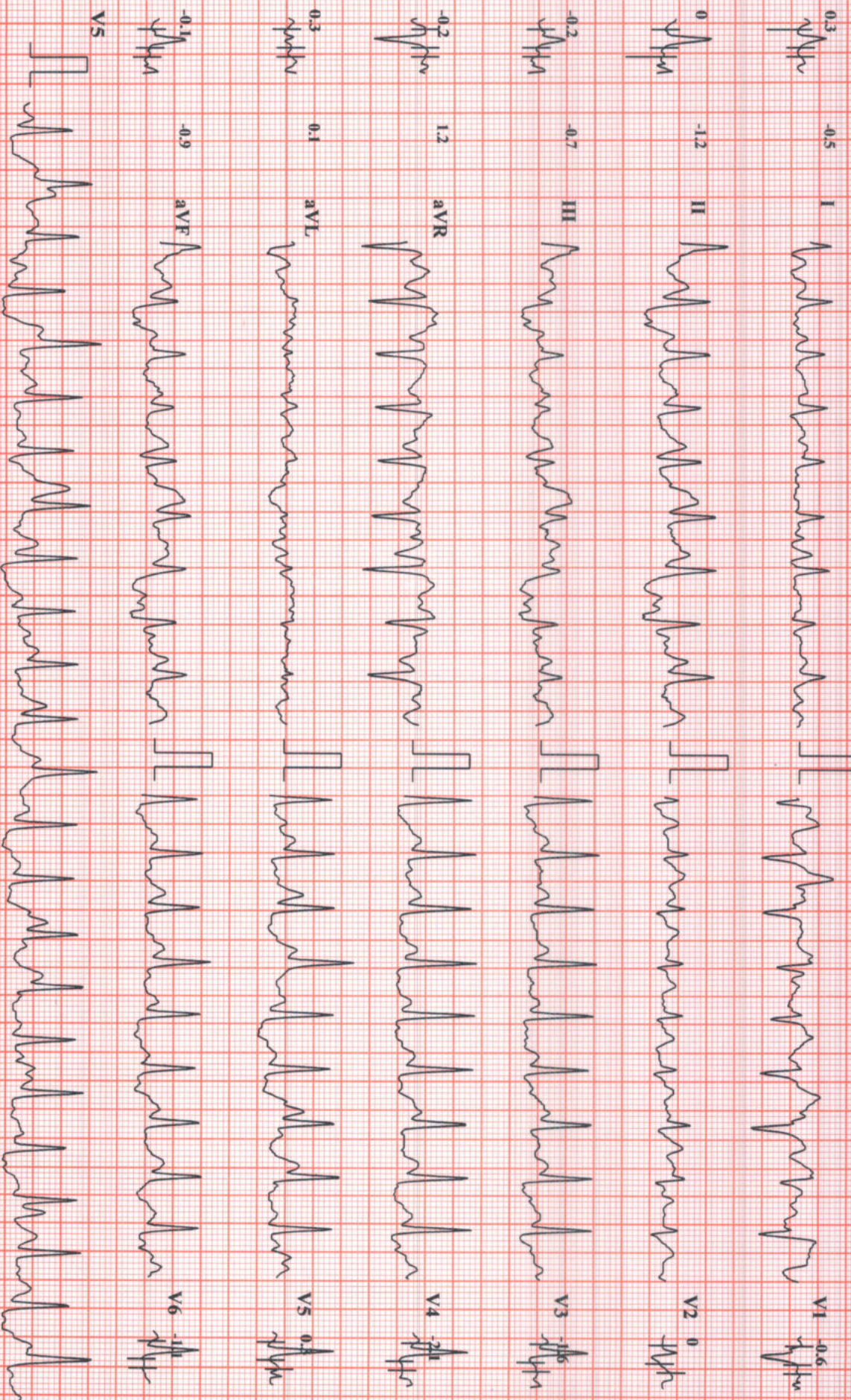


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post-J = J + 60 ms

Schiller Spandart CS-20



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ANUJ GARG

Bruce Protocol

STL:aveI(mm) STSlope(mV/s)

ID: 2301525506

Date: 15-01-2023

Exec Time: 0:09:02

Stage Time: 00:02

HR: 162

Stage: 4 Peak Exercise

Speed: 6.8 kmph

Slope: 16 %

THR: 158 bpm

BP: 160/80 mm

STLevel(mm)

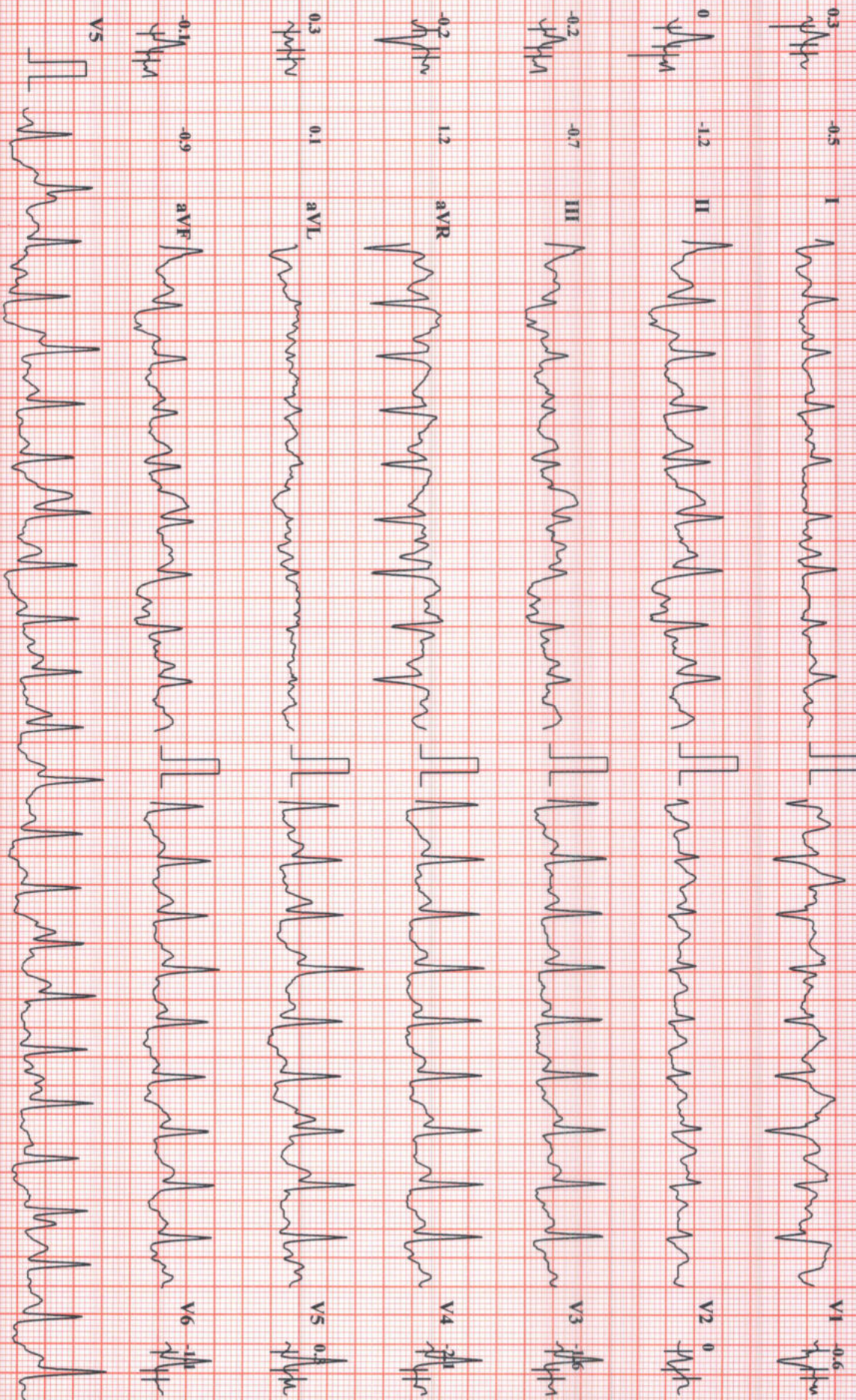


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spandam CS-2



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ANUJ GARG

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2301525506

Stage: Recovery I

Date: 15-01-2023

Speed: 0 kmph

Exec Time: 00:00

Slope: 0 %

Stage Time: 01:00

THR: 158 bpm

HR: 133

BP: 170/80 mm

STLevel(mm)

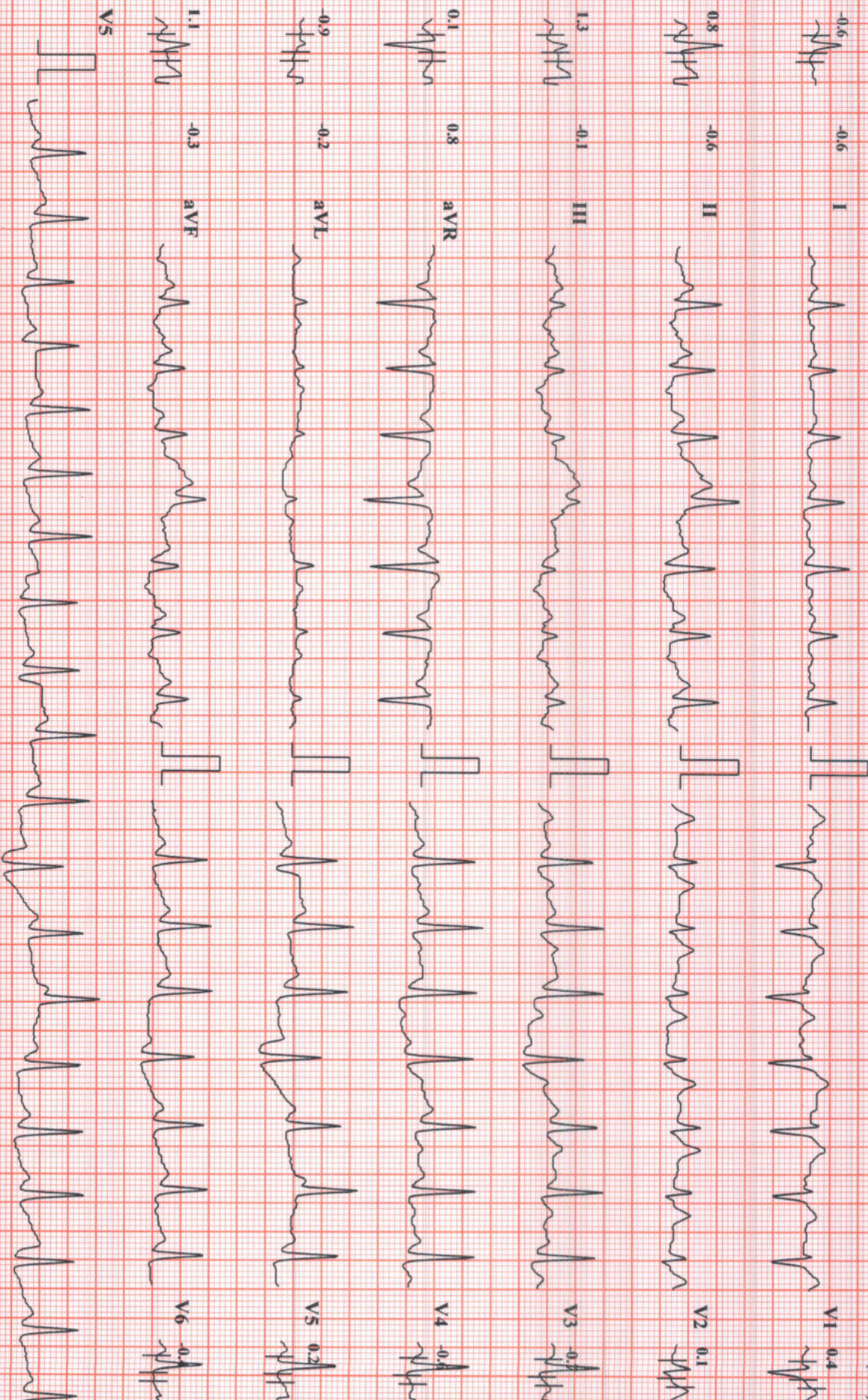


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spandam GS-20



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ANUJ GARG

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2301525506

Stage: Recovery2

Date: 15-01-2023

Speed: 0 kmph

Exec Time : 00:00

Slope: 0%

Stage Time: 00:08

THR: 158 bpm

HR: 133

BP: 150/80 mm

STLevel(mm)

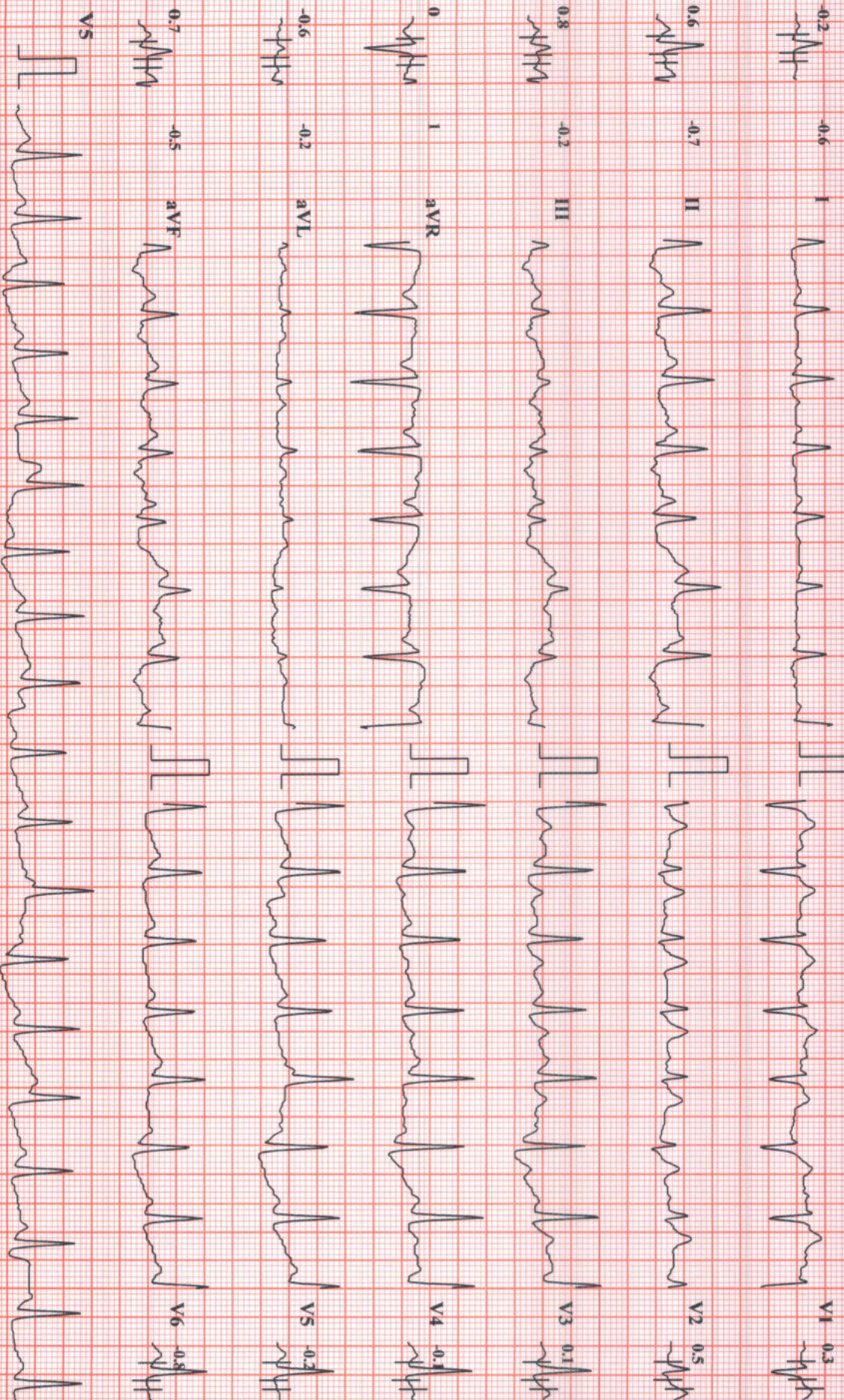


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R + 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spandam CS-2

SUBURBAN DIAGNOSTICS PVT. LTD. BORIVALI

ANUJ GARG

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2301525506

Date: 15-01-2023

Exec Time: 00:00

Stage Time: 01:00

Stage: Recovery2

Speed: 0 kmph

Slope: 0 %

THR: 158 bpm

HR: 117

Bp: 150/80

STLevel(mm)

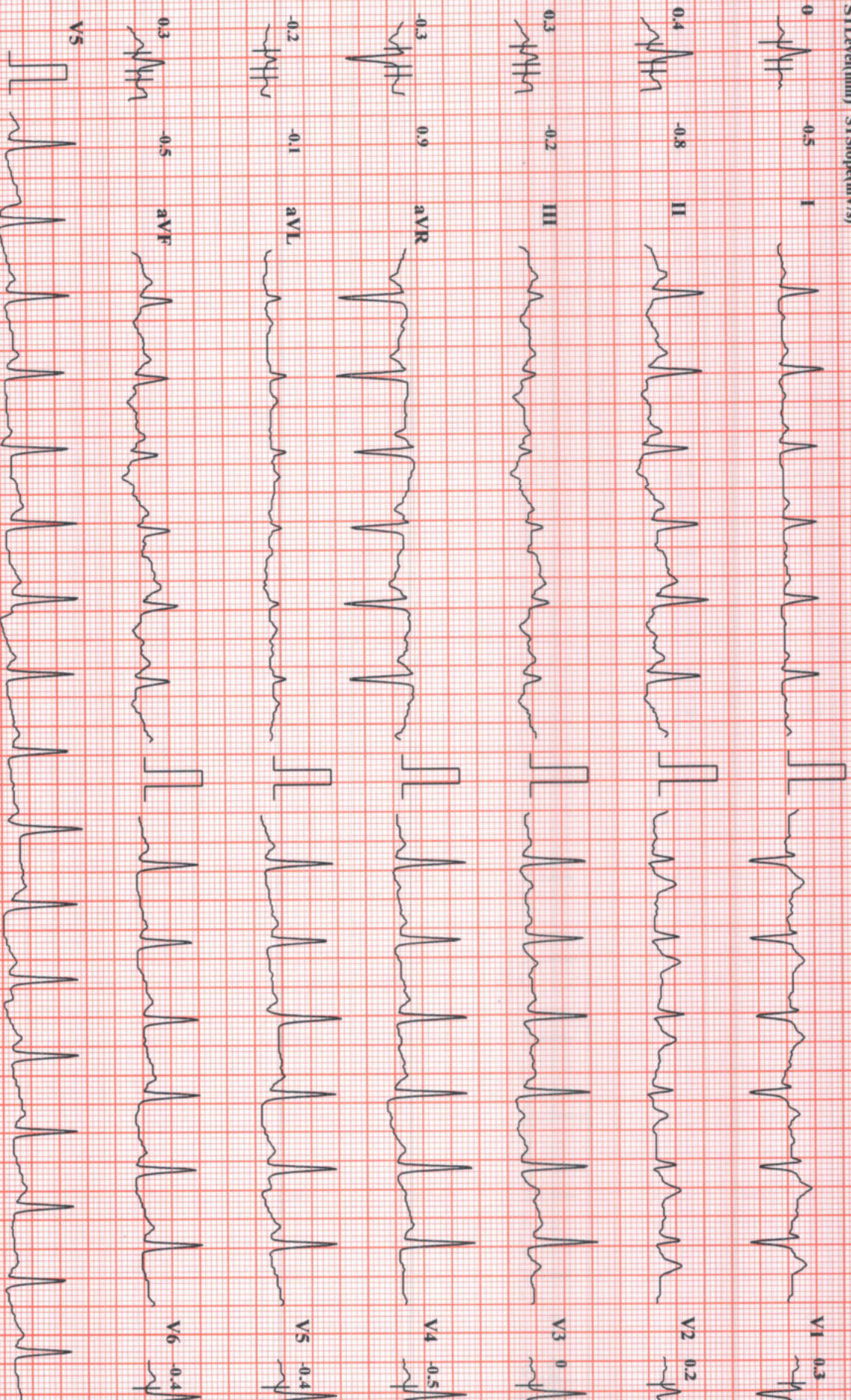


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spandau C