



CID : 2310417348  
Name : MR.KSHITIJ SURVE  
Age / Gender : 42 Years / Male  
Consulting Dr. : -  
Reg. Location : Bhayander East (Main Centre)

Collected : 14-Apr-2023 / 10:17  
Reported : 14-Apr-2023 / 17:44

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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>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	15.2	13.0-17.0 g/dL	Spectrophotometric
RBC	4.34	4.5-5.5 mil/cmm	Elect. Impedance
PCV	46.7	40-50 %	Measured
MCV	108	80-100 fl	Calculated
MCH	35.0	27-32 pg	Calculated
MCHC	32.5	31.5-34.5 g/dL	Calculated
RDW	15.8	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	5790	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	40.2	20-40 %	
Absolute Lymphocytes	2327.6	1000-3000 /cmm	Calculated
Monocytes	8.1	2-10 %	
Absolute Monocytes	469.0	200-1000 /cmm	Calculated
Neutrophils	46.3	40-80 %	
Absolute Neutrophils	2680.8	2000-7000 /cmm	Calculated
Eosinophils	4.3	1-6 %	
Absolute Eosinophils	249.0	20-500 /cmm	Calculated
Basophils	1.1	0.1-2 %	
Absolute Basophils	63.7	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	221000	150000-400000 /cmm	Elect. Impedance
MPV	8.6	6-11 fl	Calculated
PDW	13.6	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
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

\*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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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	94.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	120.1	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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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT**  
**KIDNEY FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	29.1	19.29-49.28 mg/dl	Calculated
BUN, Serum	13.6	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.85	0.60-1.10 mg/dl	Enzymatic
eGFR, Serum	105	>60 ml/min/1.73sqm	Calculated
Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation			
TOTAL PROTEINS, Serum	7.4	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
URIC ACID, Serum	7.9	3.7-9.2 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	2.9	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	9.4	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	143	136-145 mmol/l	IMT
POTASSIUM, Serum	4.4	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	107	98-107 mmol/l	IMT

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



*Dr. Vrushi Shroff*

**Dr.VRUSHALI SHROFF**  
**M.D.(PATH)**  
**Pathologist**



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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT**

**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	114.0	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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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT**  
**PROSTATE SPECIFIC ANTIGEN (PSA)**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
TOTAL PSA, Serum	0.453	<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, 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 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

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



*Anupa*

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**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
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
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
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
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

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



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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	A
Rh TYPING	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

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

**Limitations:**

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

**Refernces:**

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

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	227.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	160.4	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	52.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	174.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	142.6	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	32.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.7	0-3.5 Ratio	Calculated

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.2	3.5-6.5 pmol/L	CLIA
Free T4, Serum	16.1	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	0.932	0.55-4.78 microIU/ml	CLIA

**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)



*Anupa*

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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	0.65	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.18	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.47	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	25.0	<34 U/L	Modified IFCC
SGPT (ALT), Serum	32.5	10-49 U/L	Modified IFCC
GAMMA GT, Serum	67.4	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	59.7	46-116 U/L	Modified IFCC



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Name **Surve Kshitij Suresh**

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CONSULTANT MEDICIAN  
Reg. No. 2017/123553

**आयकर विभाग**  
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**KSHITIJ SURESH SURVE**

**SURESH MAHADEV SURVE**

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Mira - Bhayander Road, Dahanuader (E)  
Dist. Thane-401105.  
Phone No : 022 - 61700000

Date:- 14/4/23

CID: 23/04/73 48

Name:- Kshiti Surve

Sex / Age: 42 / m

**EYE CHECK UP**

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

} NO  
RF LF  
6/6 6/6  
N/6 N/6

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

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Shop No. 101-A, 1st Floor, Skyline Wealth Space Building,  
Above Raymond, Mira - Bazar, Mira (E), Dist. Thane  
Phone No : 022-6170-0000

DR. *[Signature]* CHAUDHARY  
CONSULTANT PHYSICIAN  
Reg. No. 2017/12/5552

**DENTAL CHECK - UP**

Name:- *Kshitij Surve* CID: 2310417348 Sex / Age: M / 42  
 Occupation:- *Cashier* Date: 14/04/2023  
 Chief complaints:- *Nil*  
 Medical / dental history:- *Nil. Bridge done 2 upper 13 to 17*

**GENERAL EXAMINATION:**

**1) Extra Oral Examination:**

- a) TMJ: *Normal*
- b) Facial Symmetry: *Normal*

**2) Intra Oral Examination:**

- a) Soft Tissue Examination: *Normal*
- b) Hard Tissue Examination: *+*
- c) Calculus: *++*
- Stains: *++*

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

	Missing	#	Fractured
○	Filled/Restored	RCT	Root Canal Treatment
○	Cavity/Caries	RP	Root Piece

Advised: *Composite fillings 36, 23, 24*  
*Scary & polishing*

**Provisional Diagnosis:-**

- *Generalized Gingivitis*
- *Abrasions 36, 23, 24.*

**SMILE CRAFT**  
**Dr. Aparna Sangle**  
 Reg. No. A-22343 Dental Surgeon (R.T.S.)  
 ADVANCED DENTAL CARE & COSMETIC CENTER

# SUBURBAN DIAGNOSTICS - BHAYANDER EAST

Patient Name: KSHITIJ SURVE

Date and Time: 14th Apr 23 10:12 AM

Patient ID: 2310417348

Age **42** **9** **30**  
years months days

Gender **Male**

Heart Rate **81bpm**

### Patient Vitals

BP: 130/80 mmHg

Weight: 80 kg

Height: 173 cm

Pulse: NA

Spo2: NA

Resp: NA

Others: \_\_\_\_\_

### Measurements

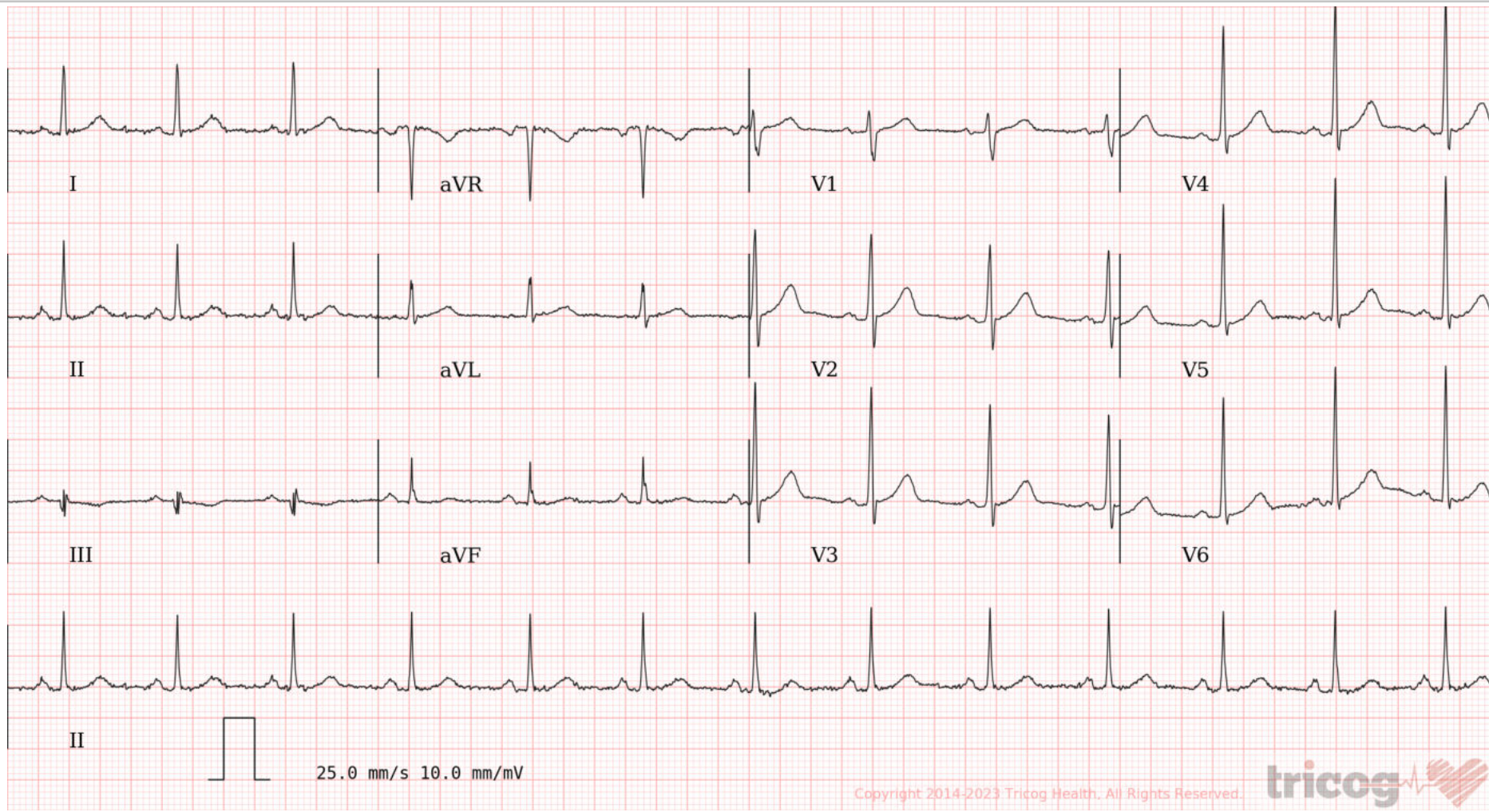
QRSD: 70ms

QT: 360ms

QTcB: 418ms

PR: 152ms

P-R-T: 57° 34° 19°



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

REPORTED BY

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





# SUBURBAN DIGNOSTICS BHAYANDER

E-Mail:

12346047 (2310417348) / KSHITIJ SURVE / 42 Yrs / M / 173 Cms / 80 Kg

Date: 14 / 04 / 2023 09:37:49 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	085	48 %	130/80	110	00	
Standing	00:11	0:08	00.0	00.0	01.0	085	48 %	130/80	110	00	
HV	00:16	0:05	00.0	00.0	01.0	086	48 %	130/80	111	00	
ExStart	00:18	0:02	01.7	10.0	01.1	089	50 %	130/80	115	00	
BRUCE Stage 1	03:18	3:00	01.7	10.0	04.7	120	67 %	140/80	168	00	
BRUCE Stage 2	06:18	3:00	02.5	12.0	07.1	146	82 %	150/80	219	00	
PeakEx	07:24	1:06	03.4	14.0	08.3	157	88 %	150/80	235	00	
Recovery	08:24	1:00	01.1	00.0	01.1	134	75 %	160/80	214	00	
Recovery	09:24	2:00	00.0	00.0	01.0	113	63 %	150/80	169	00	
Recovery	11:24	4:00	00.0	00.0	01.0	097	54 %	130/80	126	00	
Recovery	11:34	4:11	00.0	00.0	01.0	094	53 %	130/80	122	00	

## FINDINGS :

- Exercise Time : 07:06
- Initial HR (ExStrt) : 89 bpm 50% of Target 178
- Initial BP (ExStrt) : 130/80 (mm/Hg)
- Max WorkLoad Attained : 8.3 Fair response to induced stress
- Max ST Dep Lead & Avg ST Value : III & -1.4 mm in PeakEx
- Duke Treadmill Score : -01.9
- Test End Reasons : Test Complete

Max HR Attained 157 bpm 88% of Target 178  
 Max BP Attained 160/80 (mm/Hg)

**SUBURBAN DIAGNOSTICS (I) PVT. LTD**  
 Shop No. 101-A, 1st Floor, Kshitij Building  
 Above Rajwade Medical Trust Hospital  
 Mira - Bhayander (E), Dahanu Road (E)  
 Dist. Thane-401106.  
 Phone No: 022-61700000

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

*Salam*  
 Doctor: DR SMITA VALANI



E-Mail: 12346047 / KSHITIJ SURVE / 42 Yrs / M / 173 Cms / 80 Kg Date: 14 / 04 / 2023 09:37:49 AM

REPORT :

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

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 Shop No. 101-A, 1st Floor, Kshitiij Building  
 Above Rajwade Medical College Hospital,  
 Mira - Bhayandar, Dist. Thane (E)  
 Phone No.: 022 - 81700000

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

Doctor, DR SMITA VALANI



# SUBURBAN DIGNOSTICS BHAYANDER

SUPINE ( 00:01 )

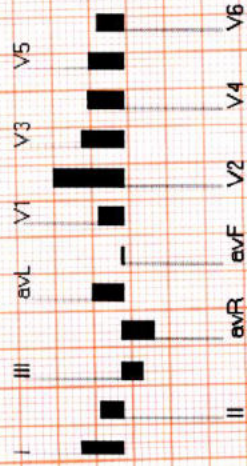
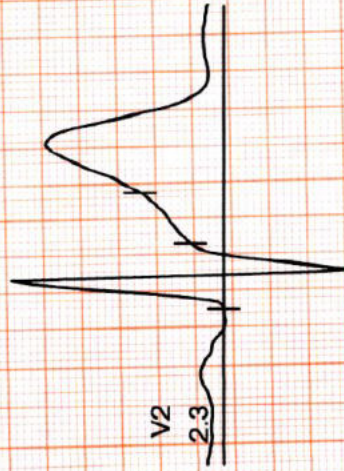
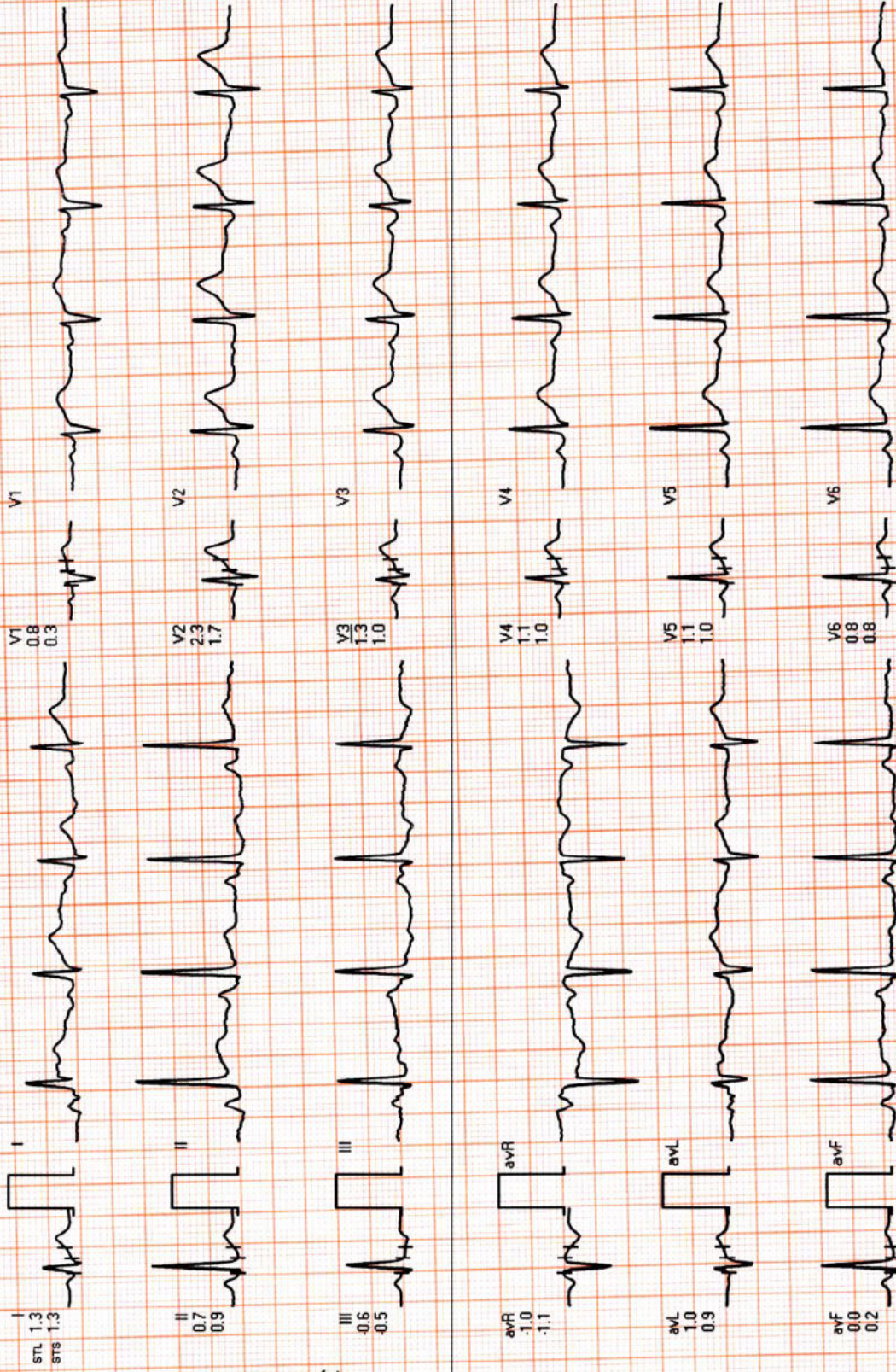


12346047 (2310417348) / KSHITIJ SURVE / 42 Yrs / M / 173 Cms / 80 Kg / HR : 82

Date: 14/04/2023 09:37:49 AM METS: 1.0/ 82 bpm 46% of THR BP: 130/80 mmHg Raw ECG/ ELC On/ Natch On/ HF 0.05 Hz/ LF 35 Hz

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

4X 80 mS PostJ



REMARKS:

**SUBURBAN DIGNOSTICS BHAYANDER**

12346047 (2310417348) / KSHITU SURVE / 42 Yrs / M / 173 Cms / 80 Kg / HR : 85

STANDING ( 00:00 )

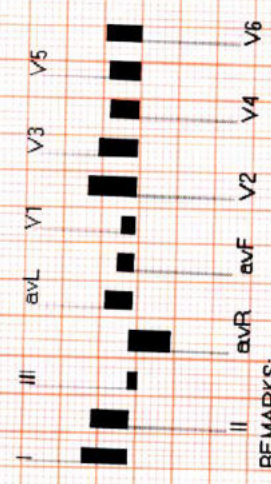
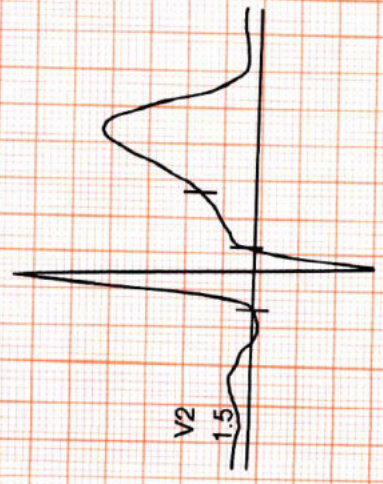
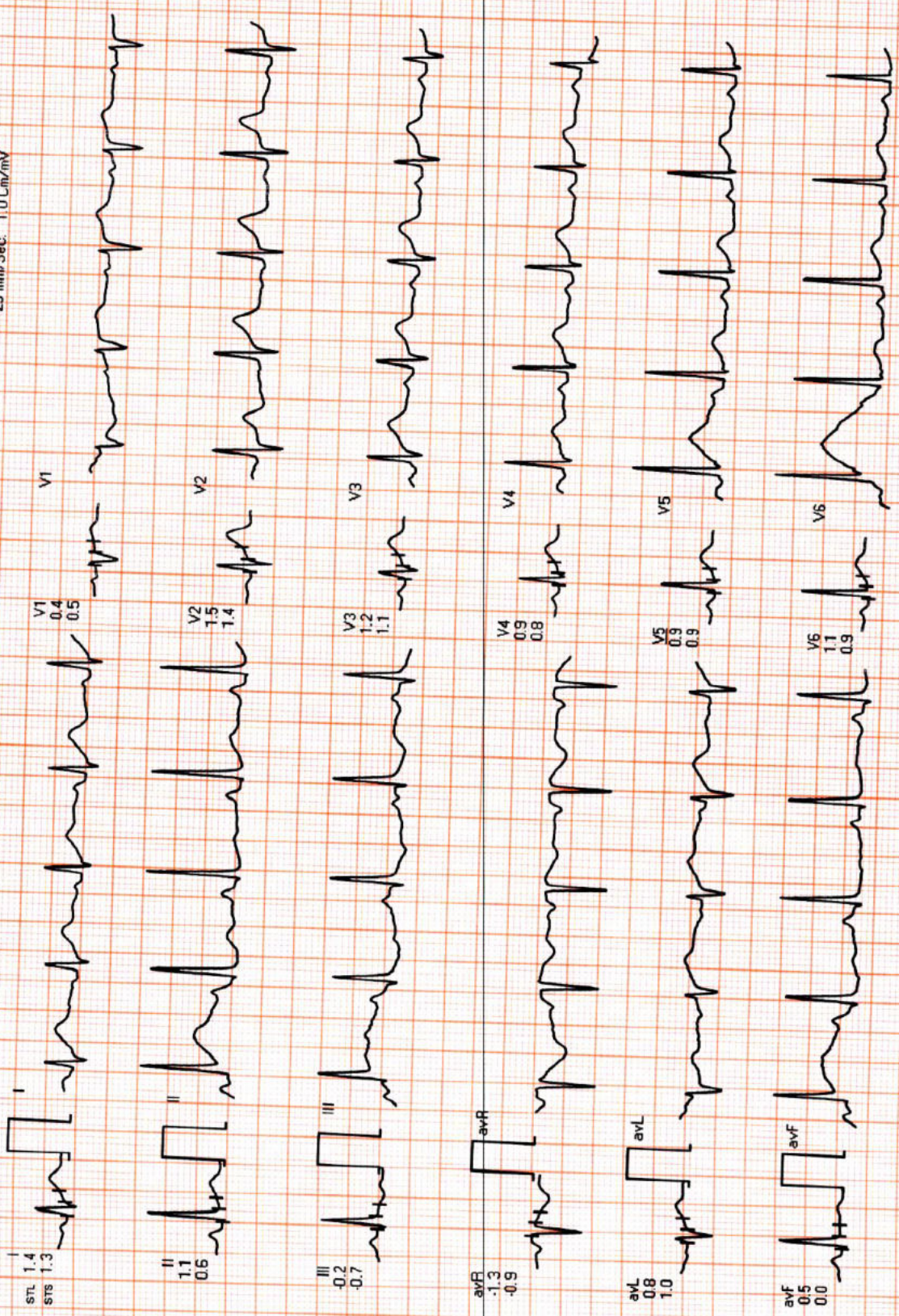


Date: 14 / 04 / 2023 09:37:49 AM

MEETS: 1.0/85 bpm 48% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Match On/ HF 0.05 Hz/LF 35 Hz

4X 80 mS PostJ

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





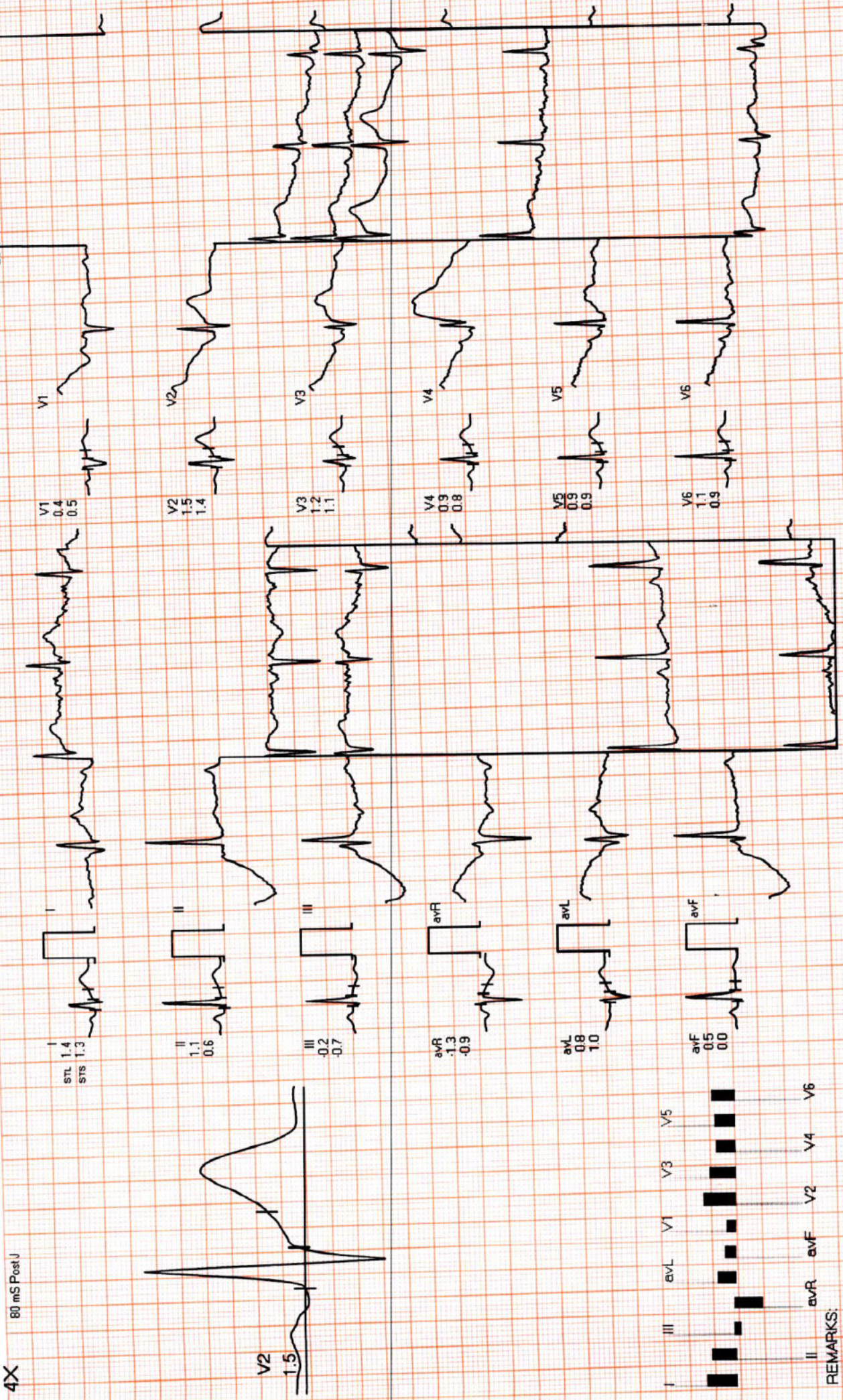
HV ( 00:00 )

**SUBURBAN DIGNOSTICS BHAYANDER**

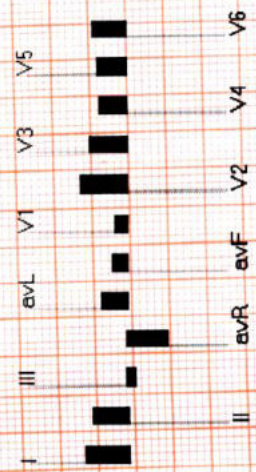
12346047 (2310417348) / KSHITU SURVE / 42 Yrs / M / 173 Cms / 80 Kg / HR : 86

Date: 14/04/2023 09:37:49 AM METS: 1.0/86 bpm 48% of THR BP: 130/80 mmHg RawECG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

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



4X 80 mS Post J



REMARKS:

# SUBURBAN DIGNOSTICS BHAYANDER

12346047 / KSHITIJ SURVE / 42 Yrs / Male / 173 Cm / 80 Kg

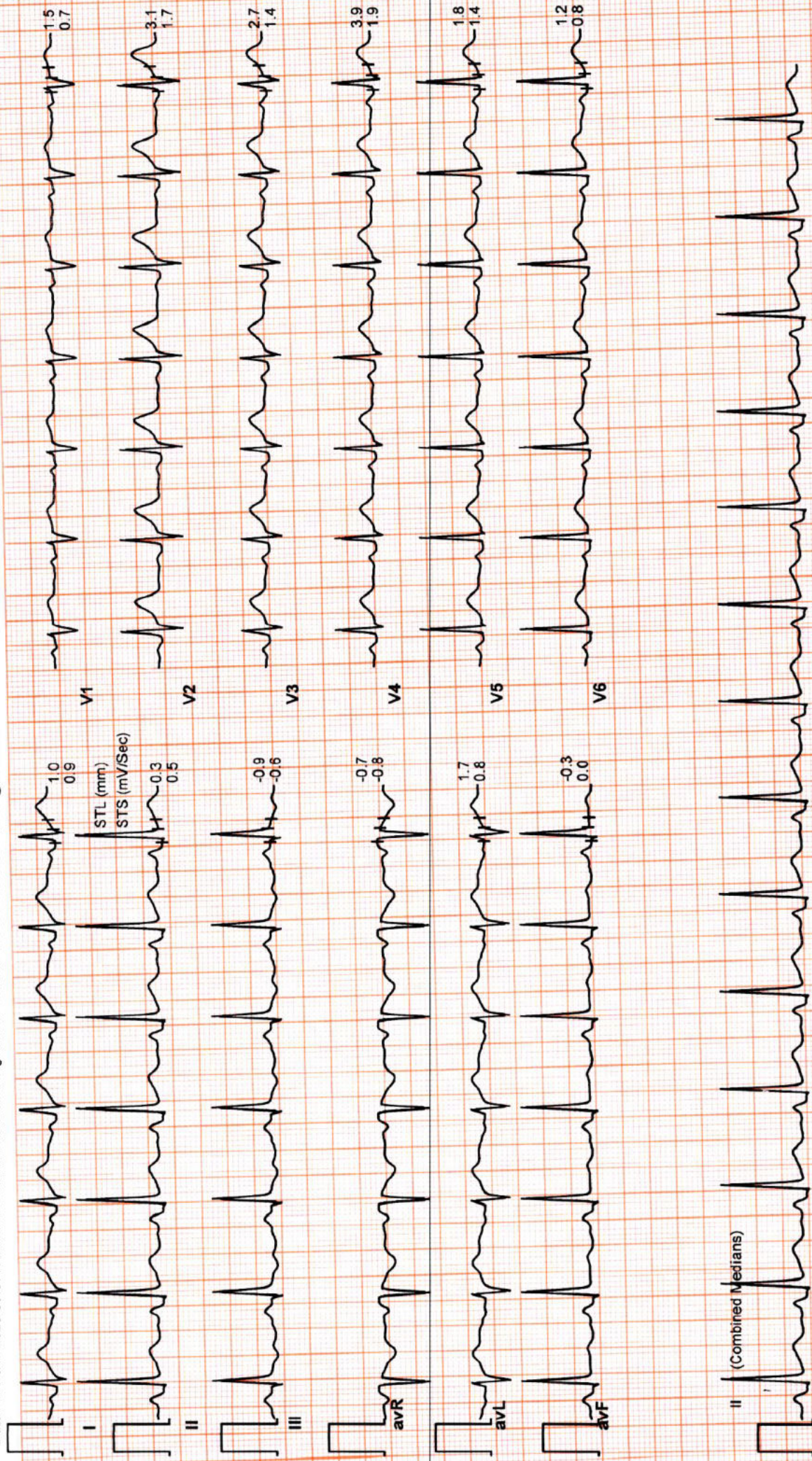
# 6X2 Combine Medians + 1 Rhythm

ExStirt



Date: 14 / 04 / 2023 09:37:49 AM METs: 1.0 HR: 86 Target HR: 48% of 178 BP: 130/80 Post J @80mSec

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



# SUBURBAN DIGNOSTICS BHAYANDER

12346047 / KSHITIJ SURVE / 42 Yrs / Male / 173 Cm / 80 Kg

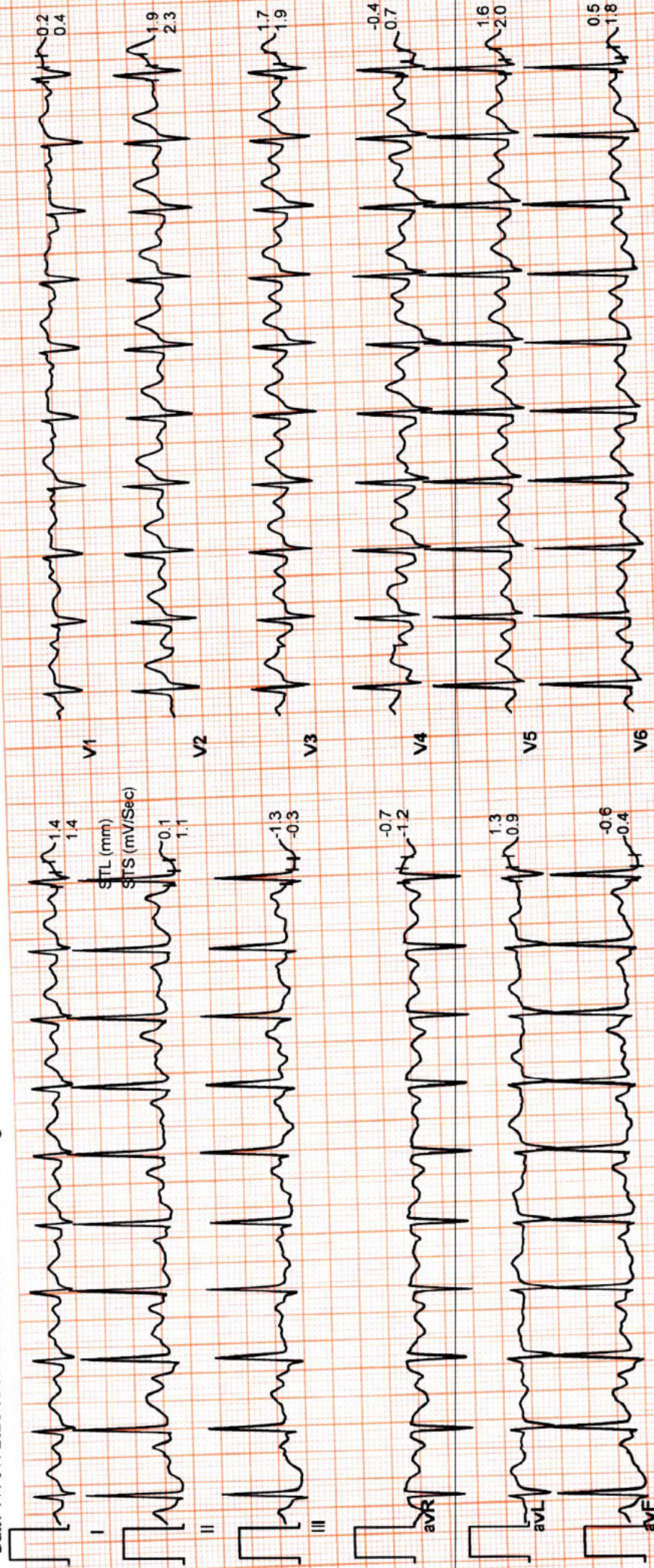
# 6X2 Combine Medians + 1 Rhythm

BRUCE : Stage 1 ( 03:00 )

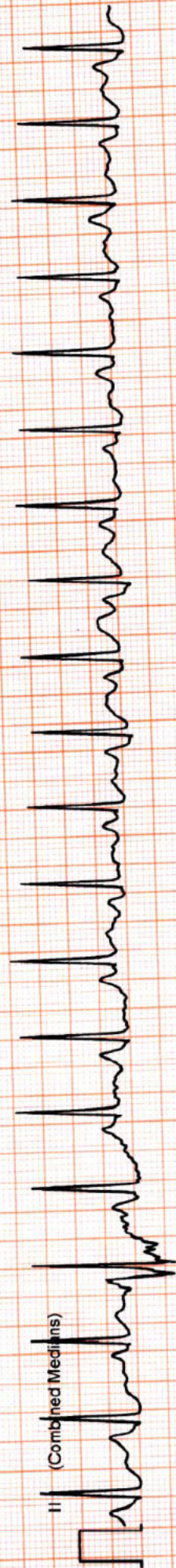


ExtTime: 03:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec. 1.0 Cm/mV

Date: 14 / 04 / 2023 09:37:49 AM METs : 4.7 HR : 120 Target HR : 67% of 178 BP : 140/80 Post. J @80mSec



II (Combined Medians)



# SUBURBAN DIGNOSTICS BHAYANDER

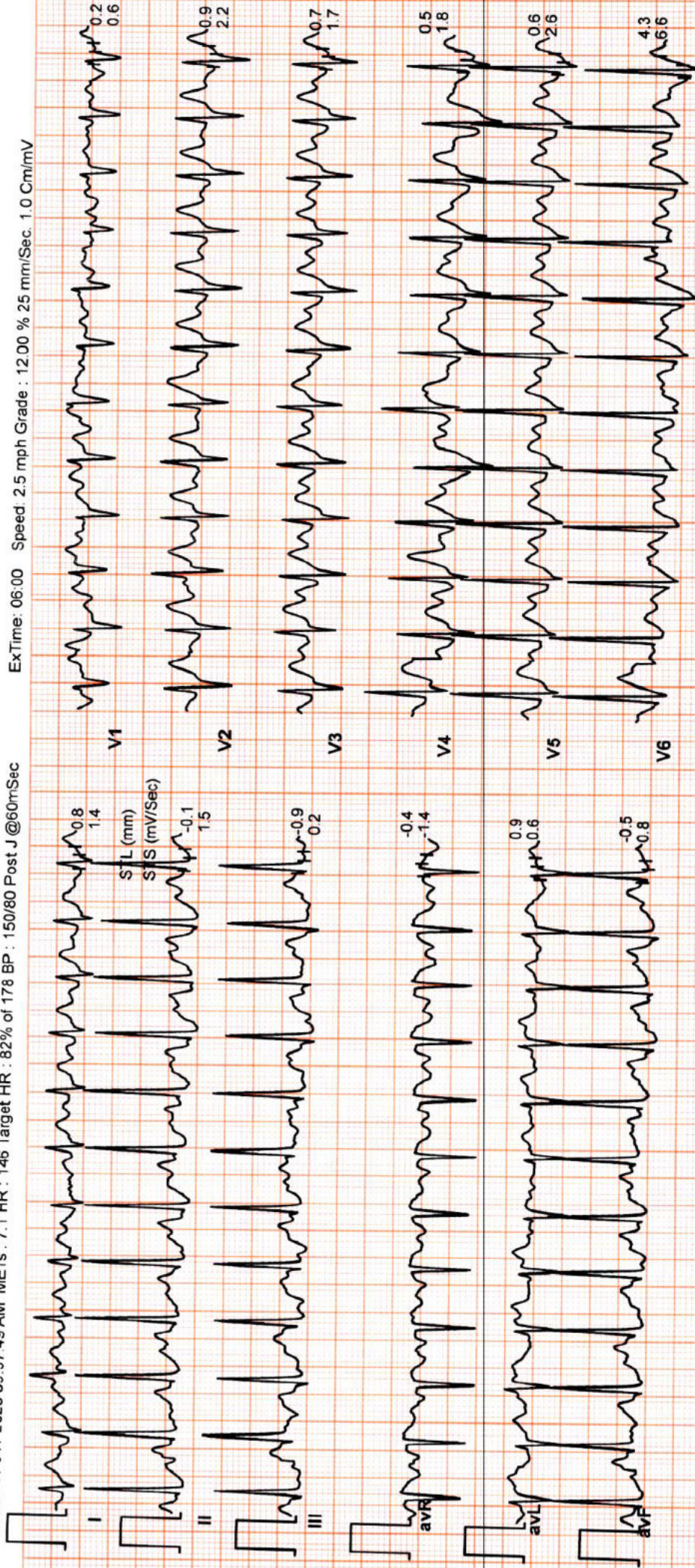
12346047 / KSHITIJ SURVE / 42 Yrs / Male / 173 Cm / 80 Kg

## 6X2 Combine Medians + 1 Rhythm BRUCE : Stage 2 ( 03:00 )



Date: 14 / 04 / 2023 09:37:49 AM METs : 7.1 HR : 146 Target HR : 82% of 178 BP : 150/80 Post J @60mSec

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



II (Combined Medians)



# SUBURBAN DIGNOSTICS BHAYANDER

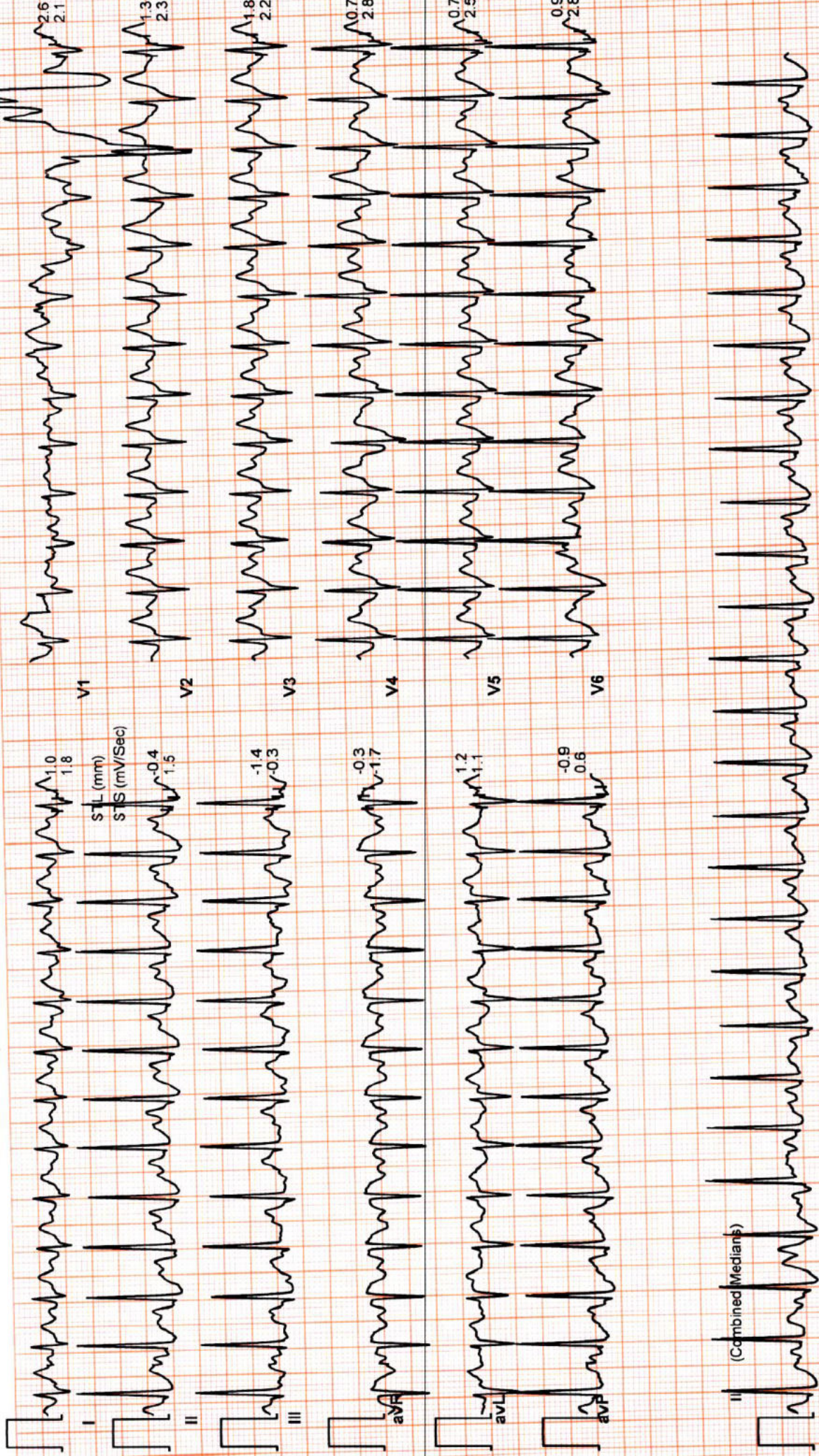
12346047 / KSHITIJ SURVE / 42 Yrs / Male / 173 Cm / 80 Kg

# 6X2 Combine Medians + 1 Rhythm PeakEX



Date: 14 / 04 / 2023 09:37:49 AM METs : 8.3 HR : 157 Target HR : 88% of 178 BP : 150/80 Post J @60mSec

ExTime: 07:06 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)

# SUBURBAN DIGNOSTICS BHAYANDER

12346047 / KSHITIJ SURVE / 42 Yrs / Male / 173 Cm / 80 Kg

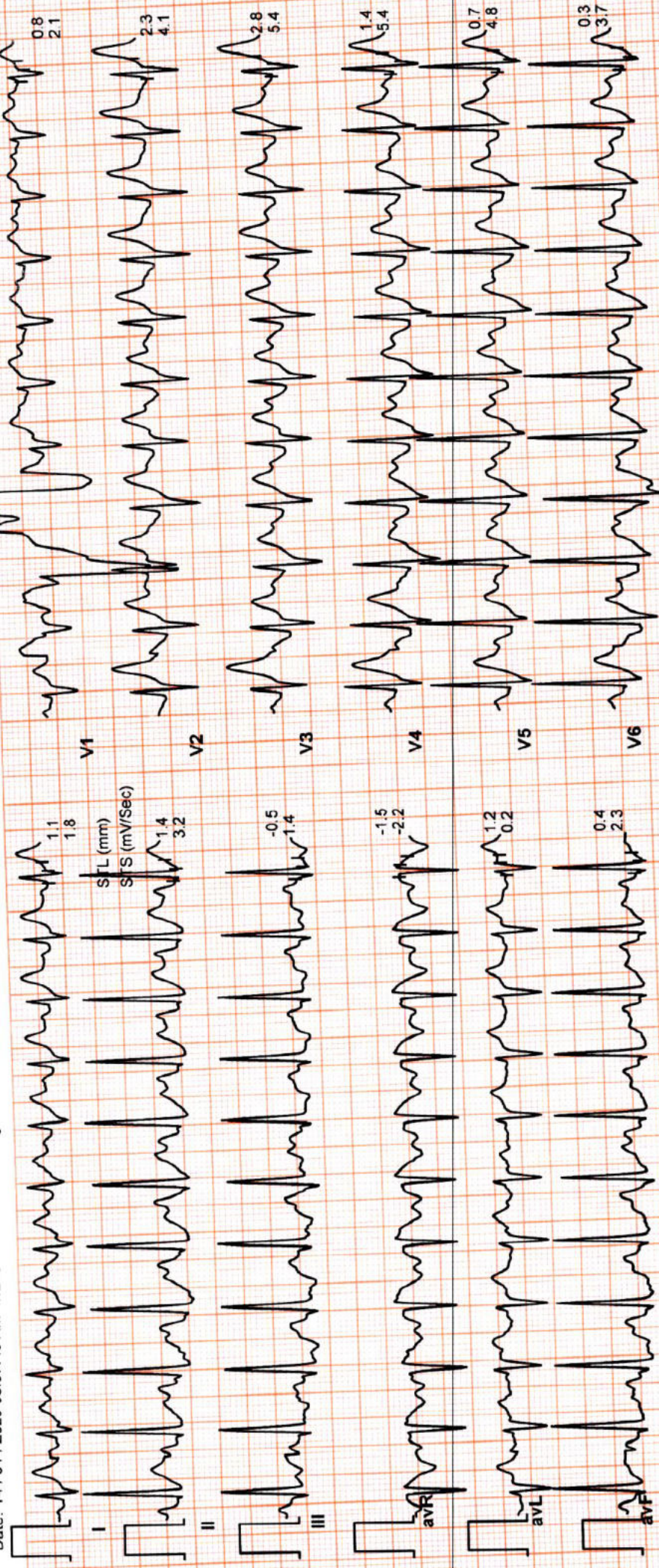
# 6X2 Combine Medians + 1 Rhythm

Recovery : ( 01:00 )



Date: 14 / 04 / 2023 09:37:49 AM METs : 1.1 HR : 134 Target HR : 75% of 178 BP : 160/80 Post J @60mSec

ExTime: 07.06 Speed: 1.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



# SUBURBAN DIGNOSTICS BHAYANDER

12346047 / KSHITIJ SURVE / 42 Yrs / Male / 173 Cm / 80 Kg

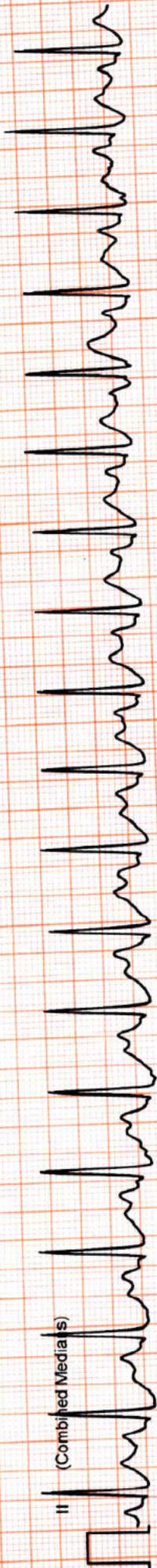
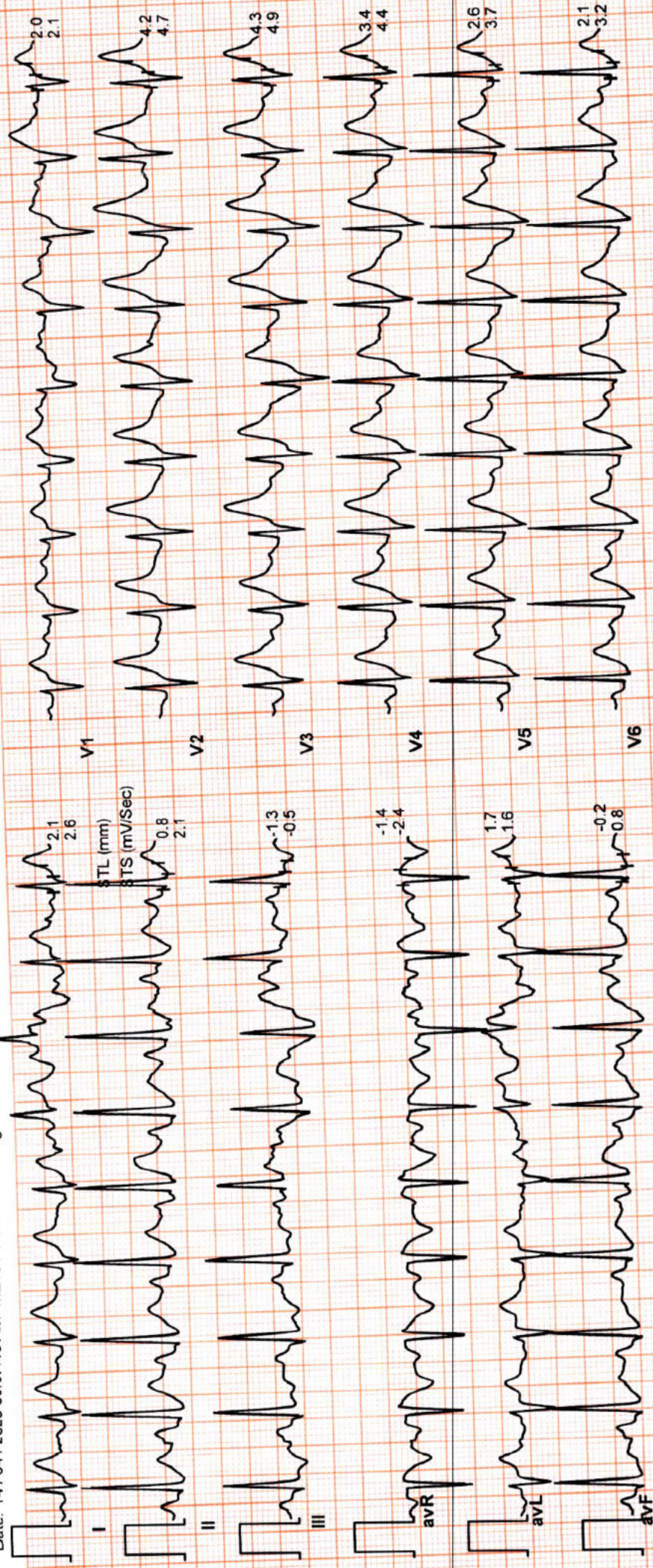
# 6X2 Combine Medians + 1 Rhythm

Recovery : ( 02:00 )



ExTime: 07.06 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec. 1.0 Cm/mV

Date: 14 / 04 / 2023 09:37:49 AM METs : 1.0 HR : 113 Target HR : 63% of 178 BP : 150/80 Post J @80mSec



# SUBURBAN DIGNOSTICS BHAYANDER

12346047 / KSHITIJ SURVE / 42 Yrs / Male / 173 Cm / 80 Kg

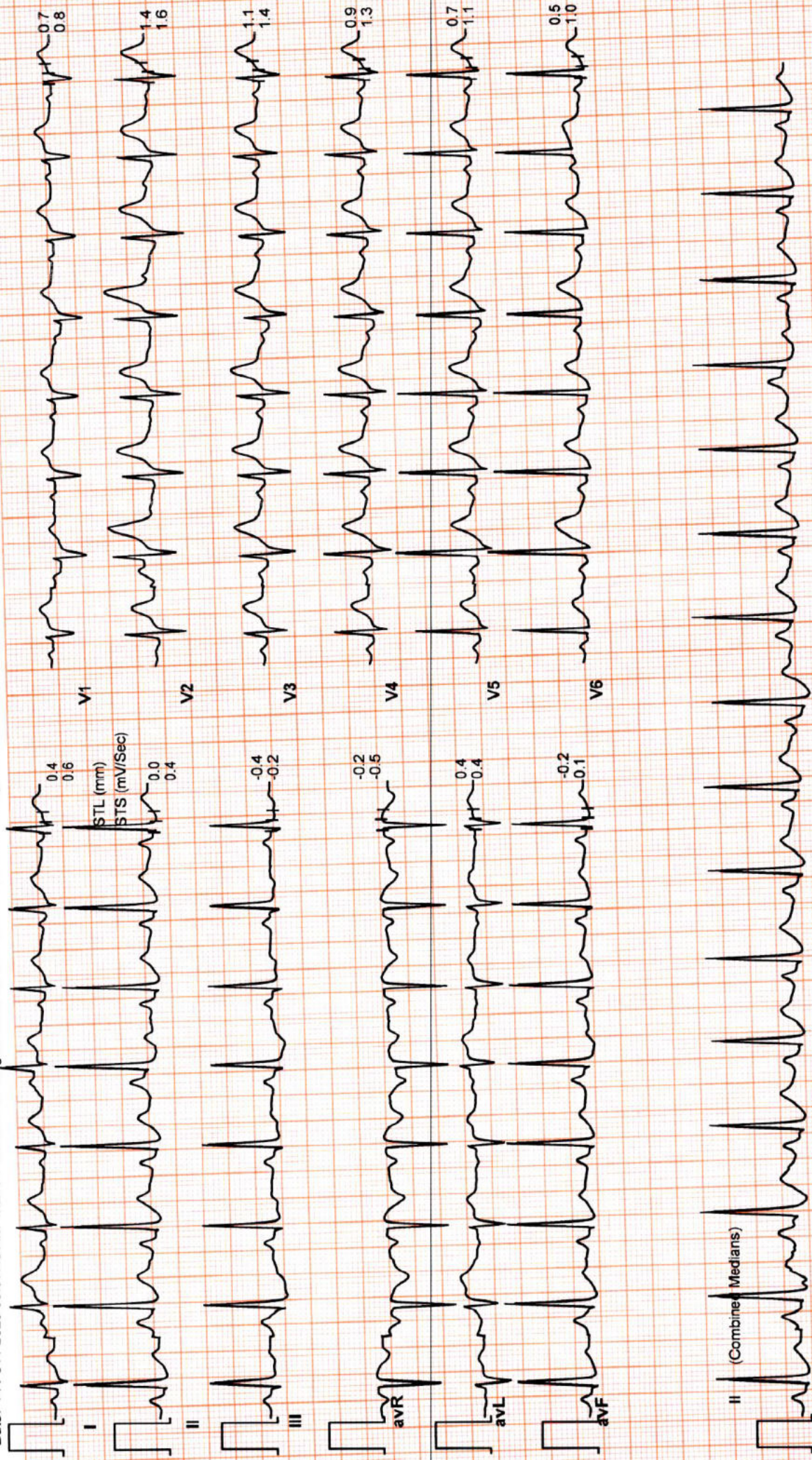
# 6X2 Combine Medians + 1 Rhythm

Recovery : ( 04:00 )



ExTime: 07:06 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

Date: 14 / 04 / 2023 09:37:49 AM METs : 1.0 HR : 97 Target HR : 54% of 178 BP : 130/80 Post J @80mSec



# SUBURBAN DIGNOSTICS BHAYANDER

12346047 / KSHITIJ SURVE / 42 Yrs / Male / 173 Cm / 80 Kg

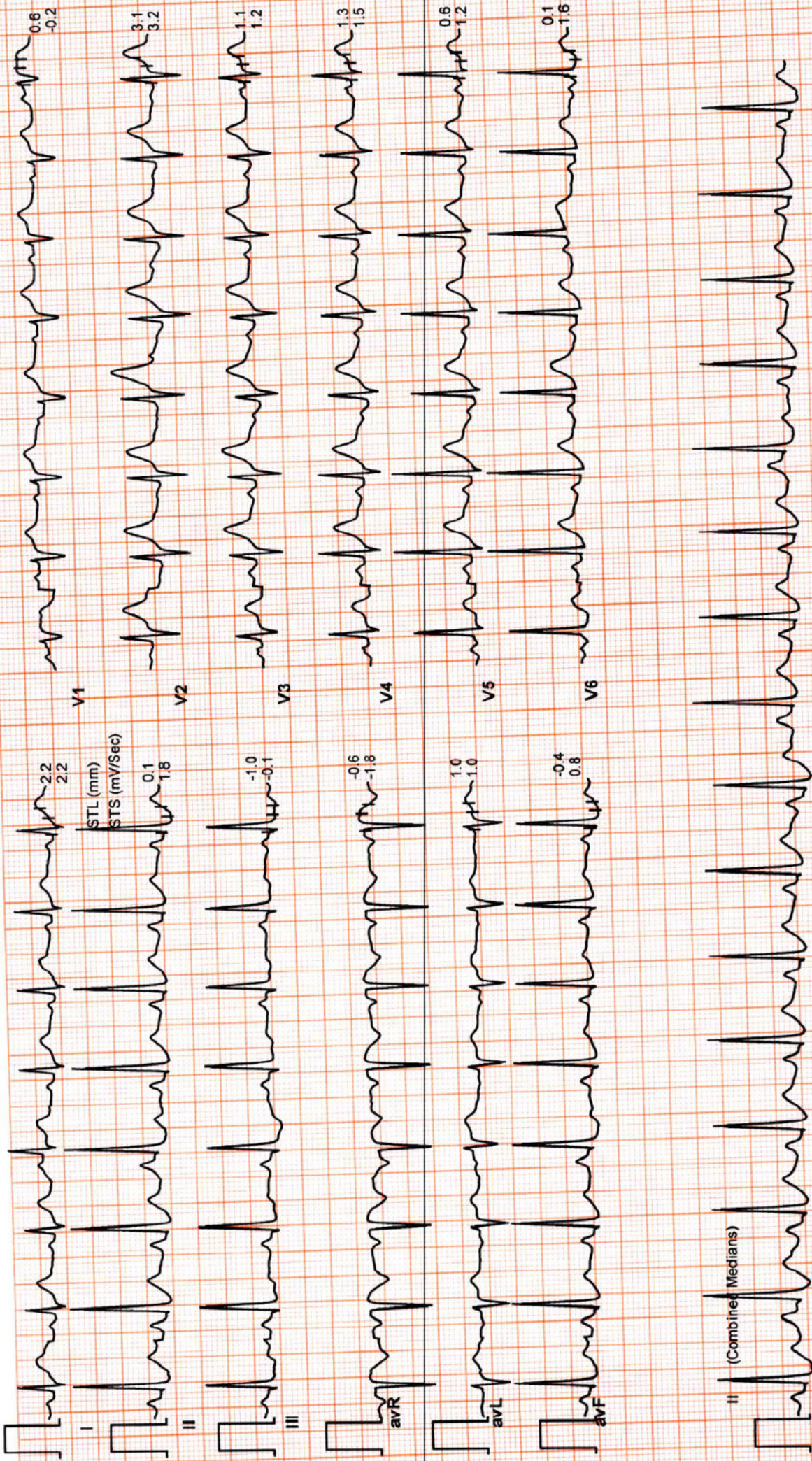
# 6X2 Combine Medians + 1 Rhythm

Recovery : ( 04:10 )



ExTime: 07:06 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV

Date: 14 / 04 / 2023 09:37:49 AM METs : 1.0 HR : 94 Target HR : 53% of 178 BP : 130/80 Post J @70mSec





**CID** : 2310417348  
**Name** : Mr KSHITIJ SURVE  
**Age / Sex** : 42 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

**Reg. Date** : 14-Apr-2023  
**Reported** : 14-Apr-2023/12:03

## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size (14.7 cm), shape and shows smooth margins. It shows increased parenchymal echotexture. No obvious cystic or solid lesion made out in the parenchyma. The intra hepatic biliary and portal radicals appear normal. 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 calibre. Terminal common bile duct is obscured due to bowel gas artefacts.

### PANCREAS:

The pancreas appears normal. No evidence of solid or cystic mass lesion seen.

### KIDNEYS:

Right kidney measures 9.9 x 4.7 cm. Left kidney measures 10.9 x 5.9 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 (9.2 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 lumen.

### PROSTATE:

The prostate is normal in size, measures 3.6 x 2.7 x 2.9 cms and weighs 15.5 gms. Parenchymal echotexture is normal. Evidence of calcification seen in the prostatic parenchyma. No obvious mass made out.

There is no evidence of any lymphadenopathy or ascites.



**CID** : 2310417348  
**Name** : Mr KSHITIJ SURVE  
**Age / Sex** : 42 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

**Reg. Date** : 14-Apr-2023  
**Reported** : 14-Apr-2023/12:03

**IMPRESSION:**

- **Grade II fatty infiltration of liver.**
- **No other significant abnormality made out.**

**Kindly correlate clinically.**

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**

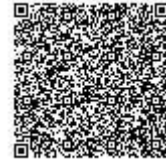


Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2310417348  
**Name** : Mr KSHITIJ SURVE  
**Age / Sex** : 42 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

**Reg. Date** : 14-Apr-2023  
**Reported** : 14-Apr-2023/12:03





**CID** : 2310417348  
**Name** : Mr KSHITIJ SURVE  
**Age / Sex** : 42 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

**Reg. Date** : 14-Apr-2023  
**Reported** : 14-Apr-2023/10:29

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



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Application To Scan the Code

**CID** : 2310417348  
**Name** : Mr KSHITIJ SURVE  
**Age / Sex** : 42 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

**Reg. Date** : 14-Apr-2023  
**Reported** : 14-Apr-2023/10:29