

**PHYSICAL EXAMINATION REPORT**

Patient Name	Sushil Karade	Sex/Age	M/32
Date	13/4/23	Location	Thane

**History and Complaints**

Nil

**EXAMINATION FINDINGS:**

Height (cms):	155	Temp (0c):	37.8
Weight (kg):	66.5	Skin:	
Blood Pressure	140/90	Nails:	NAD
Pulse	76/wm	Lymph Node:	

**Systems :**

Cardiovascular:	NAD
Respiratory:	
Genitourinary:	
GI System:	
CNS:	

**Impression:** CBC - Mild Hypochromia, MCC-Microcytosis  
 ↑ A/G Ratio, ↓ Proteins, ↑ Uric Acid  
 ↓ HDL, ↑ Non HDL  
 Fatty Liver

Advice:

- Low Fat, Low sugar Diet

- Reg. Exercise

- ↑ Protein intake

- Repeat Uric Acid after 6 months

ph

1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthama	Nil
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders	
10)	GI system	
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptoms	
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	
15)	Congenital disease	Nil
16)	Surgeries	
17)	Musculoskeletal System	

PERSONAL HISTORY:

1)	Alcohol	occ.
2)	Smoking	No
3)	Diet	mixed.
4)	Medication	No



**Dr. Manasee Kulkarni**  
M.B.B.S.  
2005/09/3439

0000-0170-0000



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CID : 2310312803  
Name : MR.SUSHIL KARADE  
Age / Gender : 36 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 13-Apr-2023 / 08:33  
Reported : 13-Apr-2023 / 10:57

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**CBC (Complete Blood Count), Blood**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	13.5	13.0-17.0 g/dL	Spectrophotometric
RBC	5.58	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.1	40-50 %	Measured
MCV	79.1	80-100 fl	Calculated
MCH	24.3	27-32 pg	Calculated
MCHC	30.7	31.5-34.5 g/dL	Calculated
RDW	14.6	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	7380	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	44.3	20-40 %	
Absolute Lymphocytes	3269.3	1000-3000 /cmm	Calculated
Monocytes	5.9	2-10 %	
Absolute Monocytes	435.4	200-1000 /cmm	Calculated
Neutrophils	48.3	40-80 %	
Absolute Neutrophils	3564.5	2000-7000 /cmm	Calculated
Eosinophils	1.5	1-6 %	
Absolute Eosinophils	110.7	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	255000	150000-400000 /cmm	Elect. Impedance
MPV	9.8	6-11 fl	Calculated
PDW	11.8	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			

Authenticity Check



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Hypochromia	Mild
Microcytosis	Occasional
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 G B Road Lab, Thane West  
\*\*\*End Of Report\*\*\*



*J. Mujawar*  
**Dr. IMRAN MUJAWAR**  
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	90.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	116.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.67	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.23	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.44	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	1.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.7	1 - 2	Calculated
SGOT (AST), Serum	18.6	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	33.5	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	23.5	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	69.0	40-130 U/L	PNPP
BLOOD UREA, Serum	35.4	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	16.5	6-20 mg/dl	Calculated

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CREATININE, Serum	1.01	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	89	>60 ml/min/1.73sqm	Calculated

Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation

URIC ACID, Serum	7.9	3.5-7.2 mg/dl	Uricase
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Urine Sugar (Fasting)	Absent	Absent
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Urine Ketones (Fasting)	Absent	Absent
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\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
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MC-5314

*J. Mujawar*

**Dr. IMRAN MUJAWAR**  
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	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	111.1	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 \*\*\*



*Dr. Imran Mujawar*

**Dr. IMRAN MUJAWAR**  
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**EXAMINATION OF FAECES**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE
<b>PHYSICAL EXAMINATION</b>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<b>CHEMICAL EXAMINATION</b>		
Reaction (pH)	Acidic (6.0)	-
Occult Blood	Absent	Absent
<b>MICROSCOPIC EXAMINATION</b>		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Absent	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present +	-
Concentration Method (for ova)	No ova detected	Absent

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
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Collected : 13-Apr-2023 / 08:33  
Reported : 13-Apr-2023 / 12:39

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**URINE EXAMINATION REPORT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	20	-	-
<b>CHEMICAL EXAMINATION</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>MICROSCOPIC EXAMINATION</b>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	5-6	Less than 20/hpf	

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 G B Road Lab, Thane West  
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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 Semi- automated column agglutination technology (CAT)

Specimen: EDTA Whole Blood and/or serum

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

**Limitations:**

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

**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 G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



*J. Mujawar*

**Dr.IMRAN MUJAWAR**  
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	179.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	134.4	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	39.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	140.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	113.0	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	27.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.8	0-3.5 Ratio	Calculated

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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	4.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.6	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	4.15	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 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 (AACG-Press)

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G-B Road Lab, Thane West

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Reported : 13-Apr-2023 / 10:12

**USG WHOLE ABDOMEN**

**LIVER:** Liver appears normal in size and *shows increased echoreflectivity*. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

**GALL BLADDER:** Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

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

**PANCREAS:** Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

**KIDNEYS:** Right kidney measures 9.3 x 4.0 cm. Left kidney measures 9.7 x 4.1 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, 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. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

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**IMPRESSION:**

- **GRADE I FATTY INFILTRATION OF LIVER.**

**Advice: Clinical co-relation sos further evaluation and follow up.**

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further/follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis.

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

**Dr Gauri Varma**  
**Consultant Radiologist**  
**MBBS / DMRE**  
**MMC- 2007/12/4113**

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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 Gauri Varma**  
**Consultant Radiologist**  
**MBBS / DMRE**  
**MMC- 2007/12/4113**

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Date:- 13/12/23  
 Name:- Sohil Uttam  
 Wasekar

CID:  
 Sex / Age: M / 34

**EYE CHECK UP**

Chief complaints: ACO

Systemic Diseases: All

Past history: All

Unaided Vision: 13/20 RB 20/30 LB

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

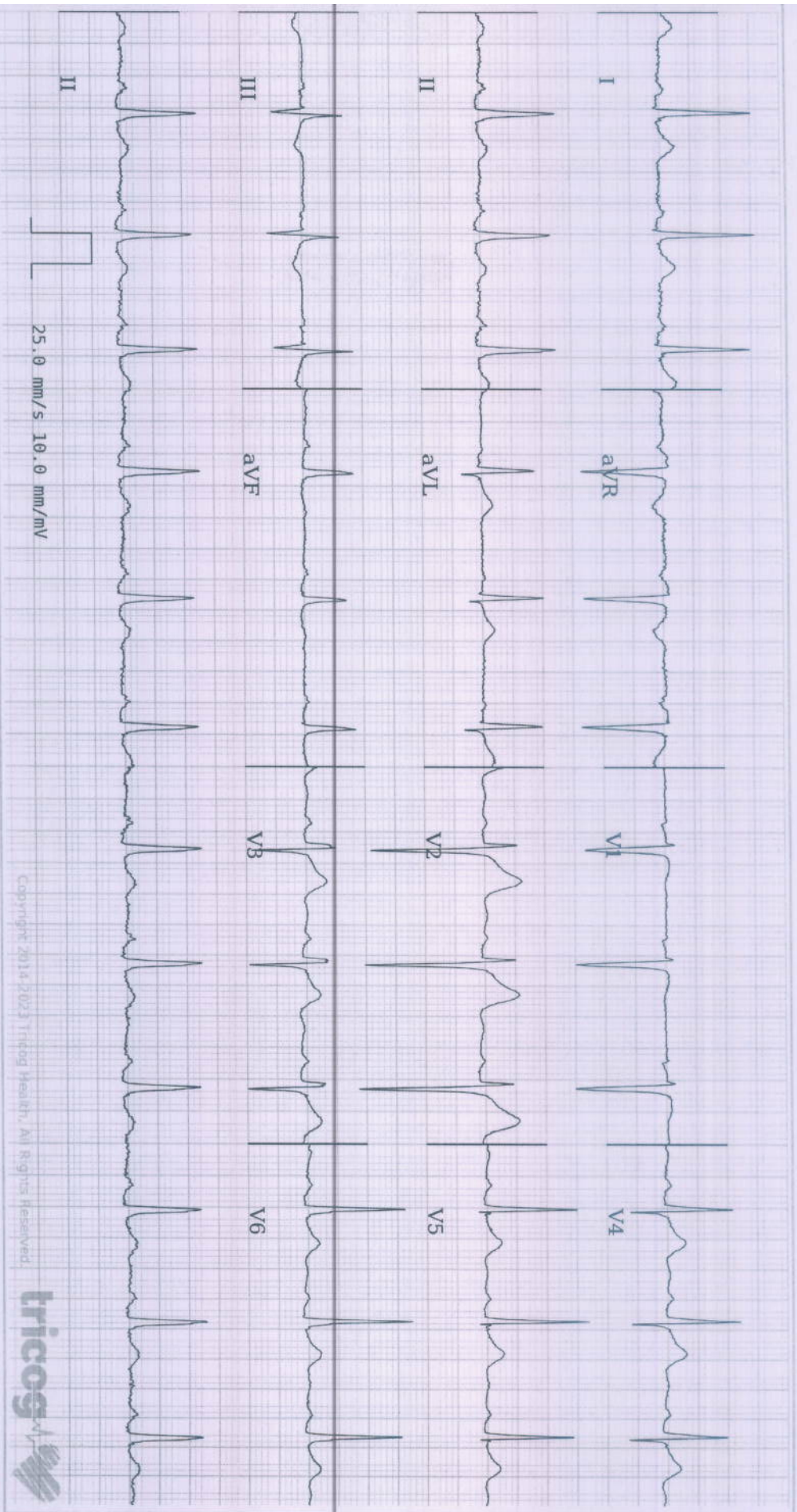
Colour Vision: Normal / Abnormal

Remark: Good Vision.

**MR. PRAKASH KUDVA**  
 SR. OPTOMETRIST

Patient Name: **SUSHIL KARADE**  
Patient ID: **2310312803**

**SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST**  
Date and Time: **13th Apr 23 9:45 AM**



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Age **36** years **9** months **26** days

Gender **Male**

Heart Rate **78bpm**

Patient Vitals

BP: NA  
Weight: 66 kg  
Height: 135 cm  
Pulse: NA  
SpO2: NA  
Resp: NA  
Others:

**Measurements**

QRSD: 96ms  
QT: 360ms  
QTcB: 410ms  
PR: 162ms  
P-R-T: 39° 32° 16°

REPORTED BY

DR SHAIL A.A. PILLAI  
MBBS, MD Physician  
MD Physician  
49972

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

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Report



Email:

884 (2310312803) / SUSHIL KARADE / 36 Yrs / M / 155 Cms / 66 Kg  
 Date: 13 / 04 / 2023 10:14:37 AM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:10	0:10	00.0	00.0	01.0	078	42 %	140/90	109	00	
Standing	00:20	0:10	00.0	00.0	01.0	078	42 %	140/90	109	00	
HV	00:29	0:09	00.0	00.0	01.0	076	41 %	140/90	106	00	
ExStart	00:39	0:10	00.0	00.0	01.0	077	42 %	140/90	107	00	
BRUCE Stage 1	03:39	3:00	01.7	10.0	04.7	129	70 %	150/90	193	00	
BRUCE Stage 2	06:39	3:00	02.5	12.0	07.1	152	83 %	160/90	243	00	
PeakEx	07:01	0:22	03.4	14.0	07.5	158	86 %	160/90	252	00	
Recovery	08:01	1:00	00.0	00.0	01.2	114	62 %	160/90	182	00	
Recovery	09:01	2:00	00.0	00.0	01.0	098	53 %	160/90	156	00	
Recovery	11:01	4:00	00.0	00.0	01.0	095	52 %	160/90	152	00	
Recovery	11:09	4:08	00.0	00.0	01.0	096	52 %	140/90	134	00	

**FINDINGS :**

Exercise Time : 06:22  
 Initial HR (ExStrt) : 77 bpm 42% of Target 184  
 Initial BP (ExStrt) : 140/90 (mm/Hg)  
 Max WorkLoad Attained : 7.5 Fair response to induced stress  
 Max ST Dep Lead & Avg ST Value : III & -1.5 mm in HV  
 Test End Reasons : Fatigue, Heart Rate Achieved

Max HR Attained 158 bpm 86% of Target 184  
 Max BP Attained 160/90 (mm/Hg)

**Dr. SHAILAJA PILLAI**  
 M.D. (GEN.MED)  
 R.NO. 49972

Doctor : DR SHAILAJA PILLAI



EMail: 884 / SUSHIL KARADE / 36 Yrs / M / 155 Cms / 66 Kg Date: 13 / 04 / 2023 10:14:37 AM

**REPORT :**

**PROCEDURE DONE:** Graded exercise treadmill stress test.

**STRESS ECG RESULTS:** The initial HR was recorded as 78.0 bpm, and the maximum predicted Target Heart Rate 184.0. The BP increased at the time of generating report as 160.0/90.0 mmHg The Max Dep went upto 0.0. 0.0 Ectopic Beats were observed during the Test.

The Test was completed because of Fatigue, Heart Rate Achieved.

**CONCLUSIONS:**

1. TMT is negative for exercise induced ischemia.
2. Normal chronotropic and Normal inotropic response.
3. No significant ST T changes seen.

Dr. SHAILAJA PILLAI

M.D. (GEN.MED)

R.NO. 49972

Doctor : DR SHAILAJA PILLAI



884 (2310312803) / SUSHIL KARADE / 36 Yrs / M / 155 Cms / 66 Kg / HR : 78

Date: 13 / 04 / 2023 10:14:37 AM METS: 1.0 / 78 bpm 42% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

4X 80 ms Post J

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

I  
STL 2.1  
STS 1.8



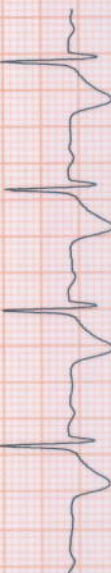
V1  
-0.1  
-0.4



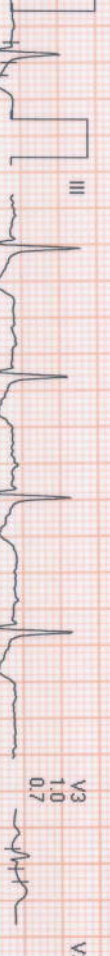
II  
0.7  
0.4



V2  
3.4  
2.7



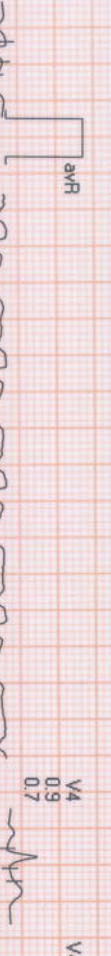
III  
-1.4  
-1.4



V3  
1.0  
0.7



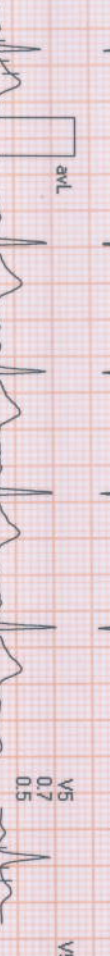
aVR  
-1.4  
-1.1



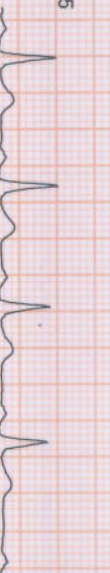
V4  
0.9  
0.7



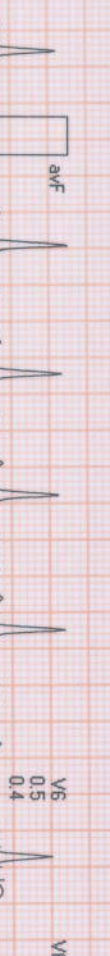
aVL  
1.7  
1.6



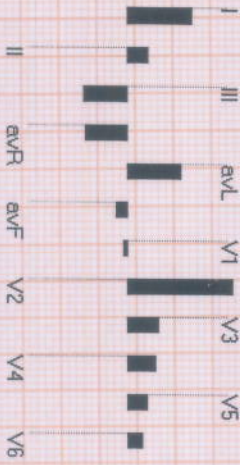
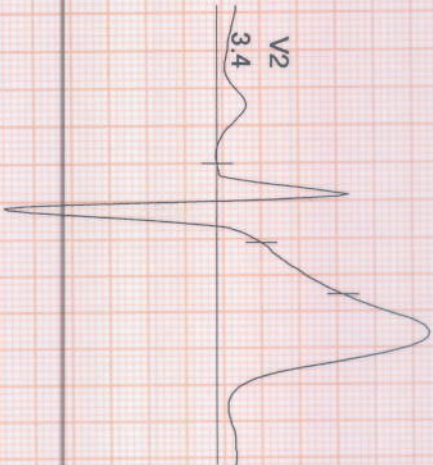
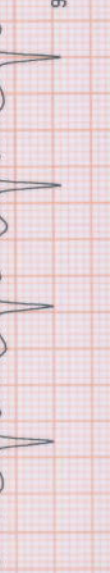
V5  
0.7  
0.5



aVF  
-0.4  
-0.5



V6  
0.5  
0.4



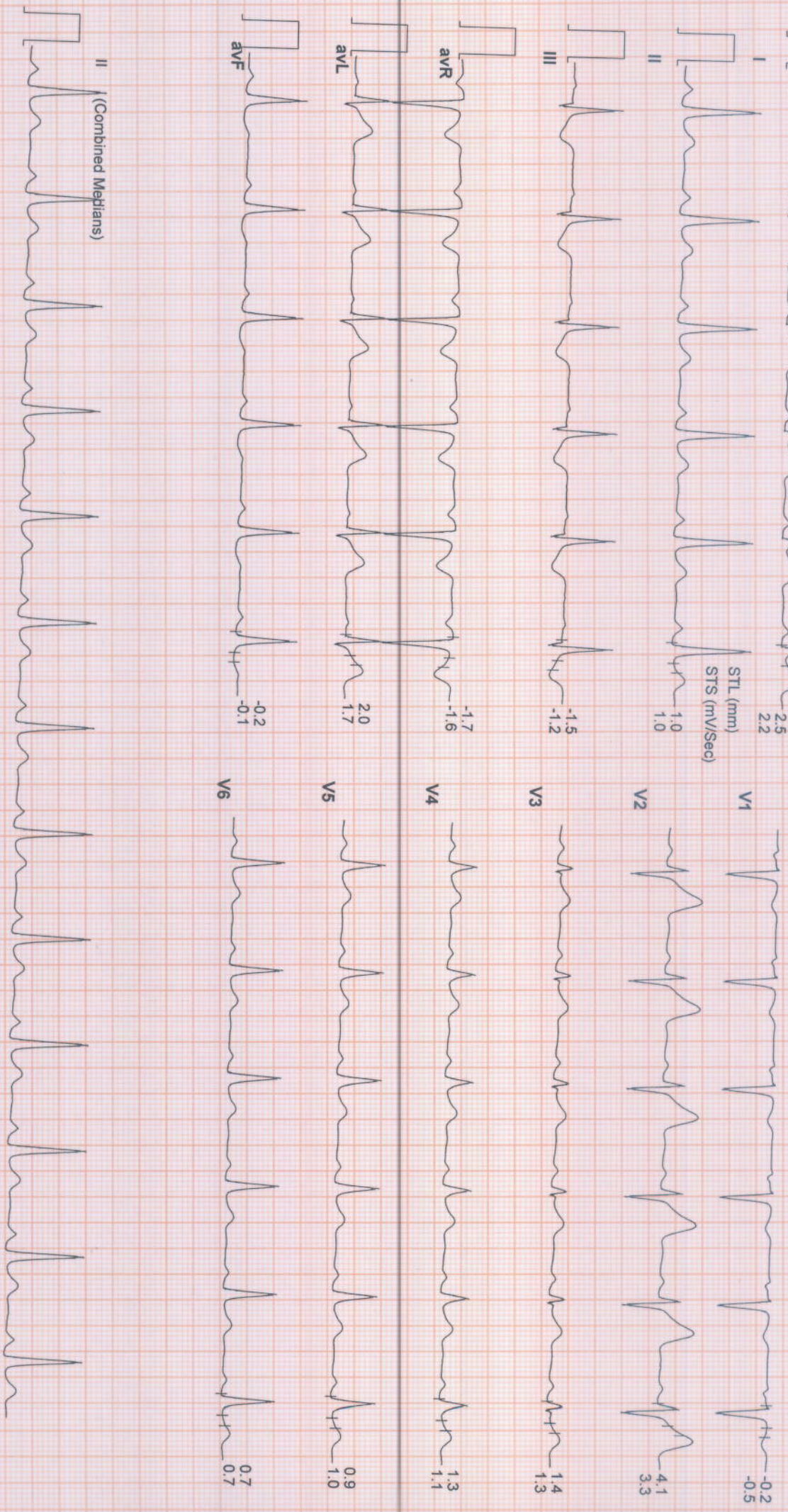
REMARKS:

# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

884 / SUSHIL KARADE / 36 Yrs / Male / 155 Cm / 66 Kg

Date: 13 / 04 / 2023 10:14:37 AM METs : 1.0 HR : 78 Target HR : 42% of 184 BP : 140/90 Post J @70mSec

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



6X2 Combine Medians + 1 Rhythm  
STANDING ( 00:00 )



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

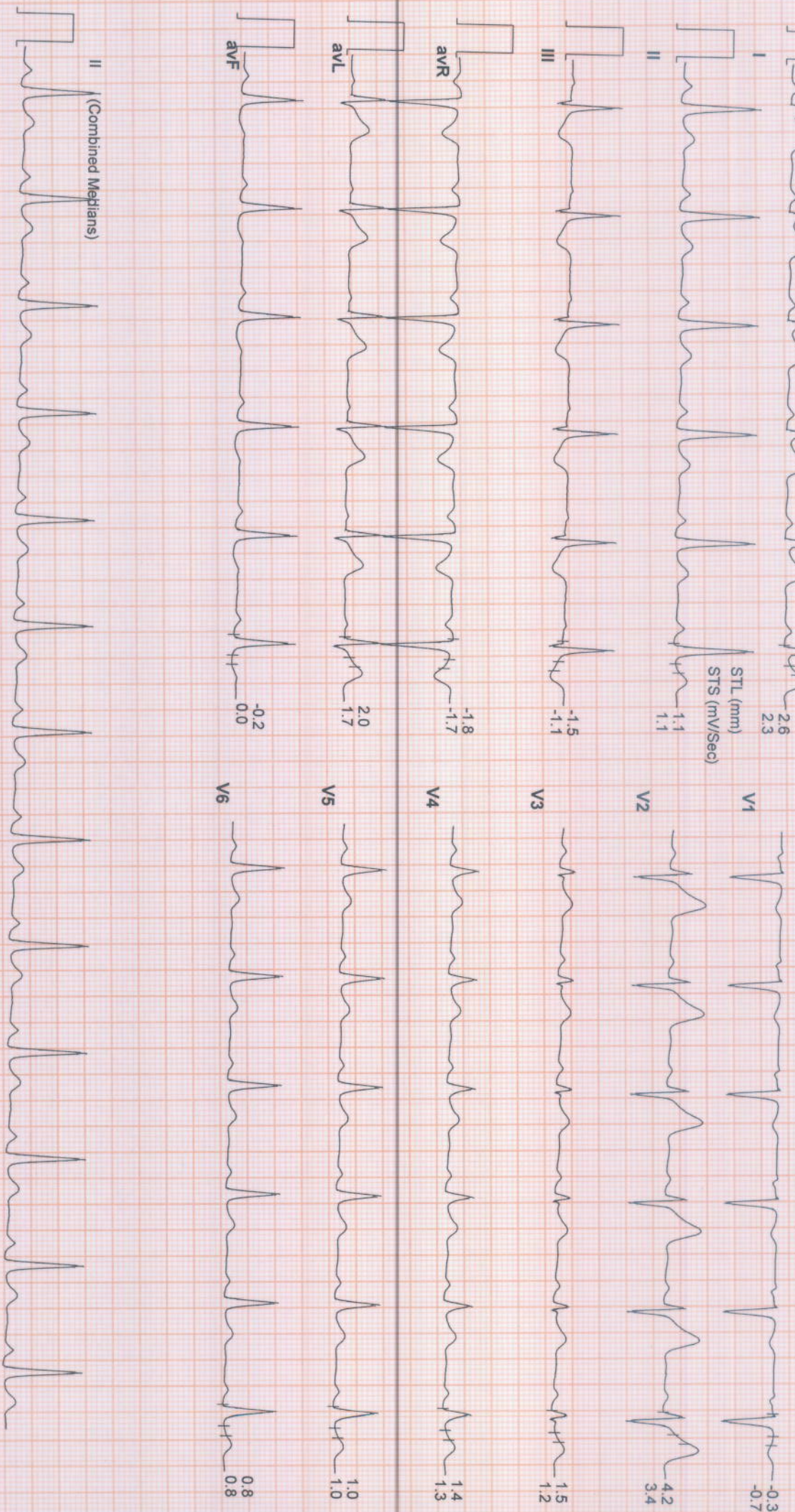
884 / SUSHIL KARADE / 36 Yrs / Male / 155 Cm / 66 Kg

6X2 Combine Medians + 1 Rhythm  
HV ( 00:00 )



Date: 13 / 04 / 2023 10:14:37 AM METs : 1.0 HR : 76 Target HR : 41% of 184 BP : 140/90 Post J @70mSec

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



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

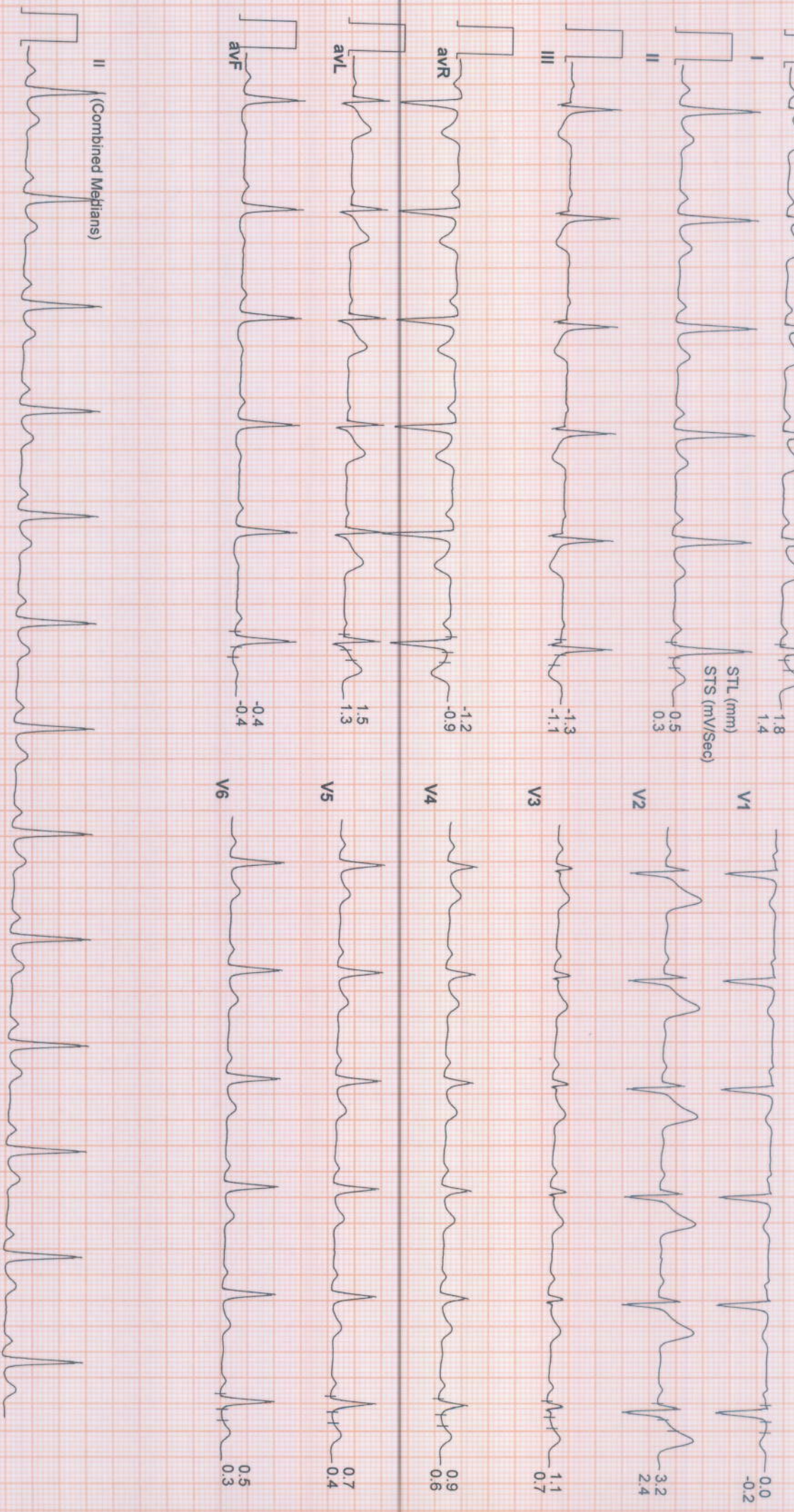
884 / SUSHIL KARADE / 36 Yrs / Male / 155 Cm / 66 Kg

6X2 Combine Medians + 1 Rhythm  
ExStt



Date: 13/04/2023 10:14:37 AM METs : 1.0 HR : 77 Target HR : 42% of 184 BP : 140/90 Post J @80mSec

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





**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

884 / SUSHIL KARADE / 36 Yrs / Male / 155 Cm / 66 Kg

Date: 13/04/2023 10:14:37 AM METs : 4.7 HR : 129 Target HR : 70% of 184 BP : 150/90 Post J @80mSec

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

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



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

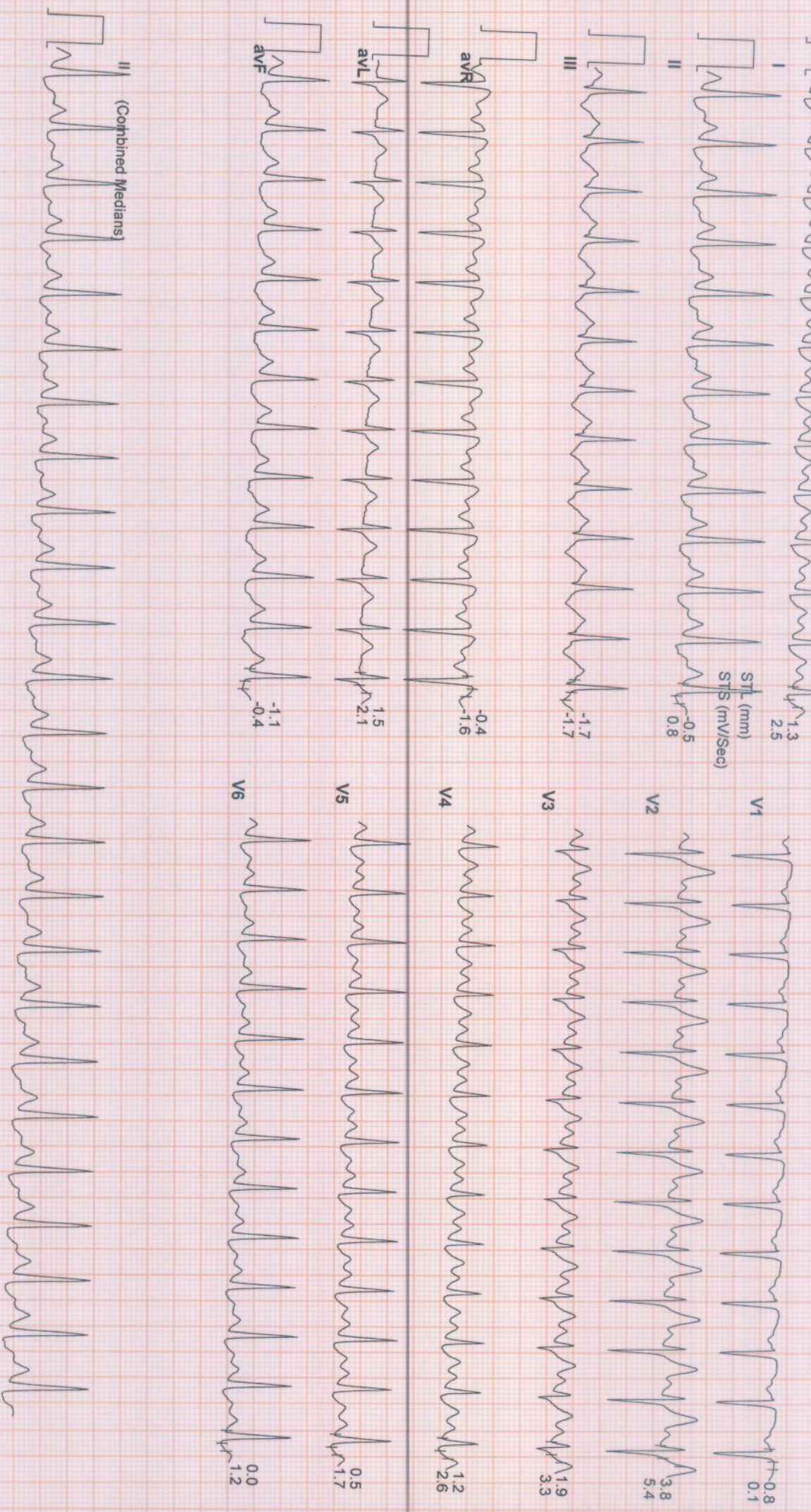
884 / SUSHIL KARADE / 36 Yrs / Male / 155 Cm / 66 Kg

Date: 13 / 04 / 2023 10:14:37 AM METs : 7.1 HR : 152 Target HR : 83% of 184 BP : 160/90 Post J @60mSec

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

## 6X2 Combine Medians + 1 Rhythm

BRUCE : Stage 2 ( 03:00 )



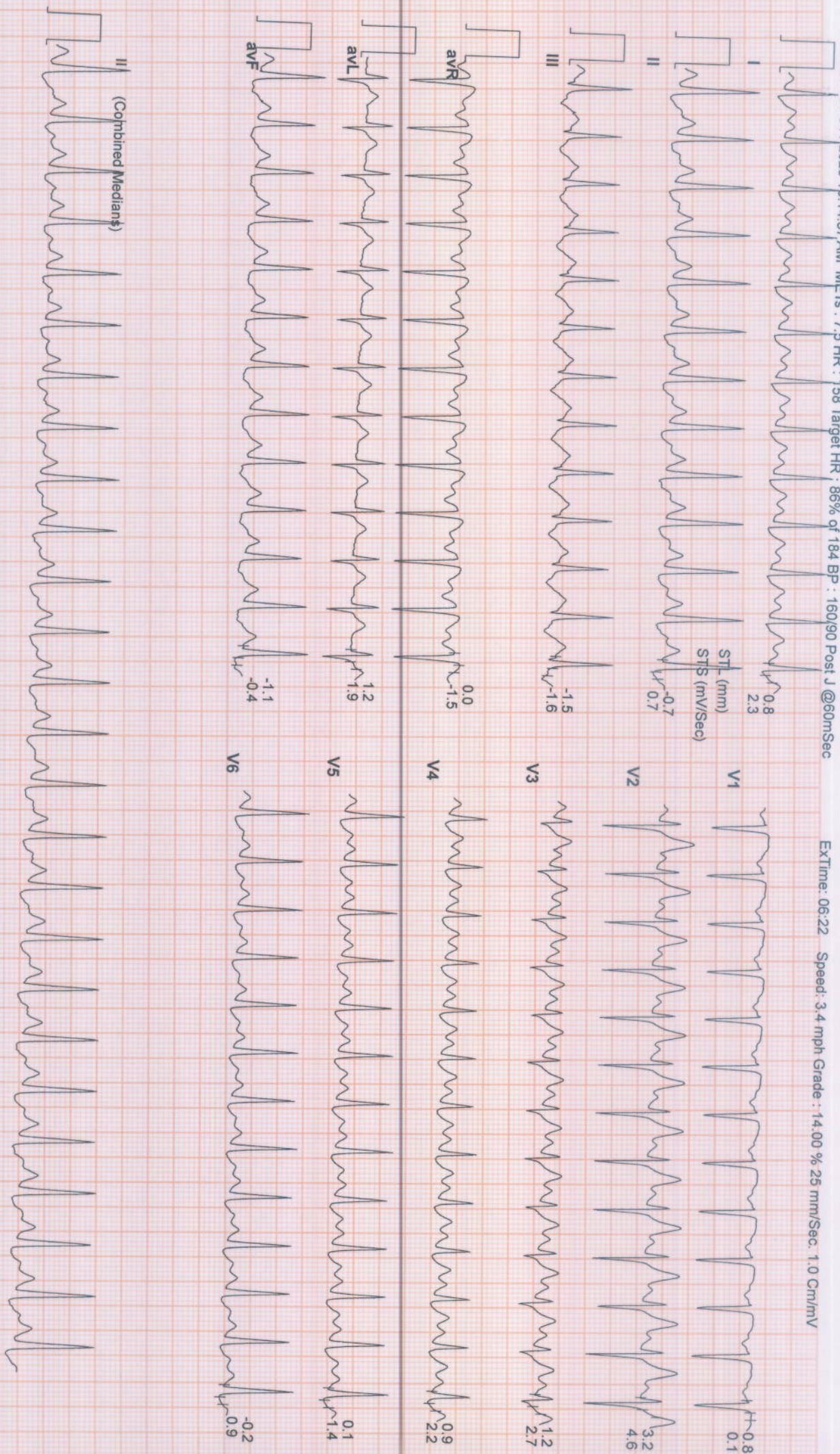
# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

884 / SUSHIL KARADE / 36 Yrs / Male / 155 Cm / 66 Kg

Date: 13 / 04 / 2023 10:14:37 AM METs : 7.5 HR : 158 Target HR : 86% of 184 BP : 160/90 Post J @60mSec

EXTime: 06:22 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV

## 6X2 Combine Medians + 1 Rhythm PeakEx



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

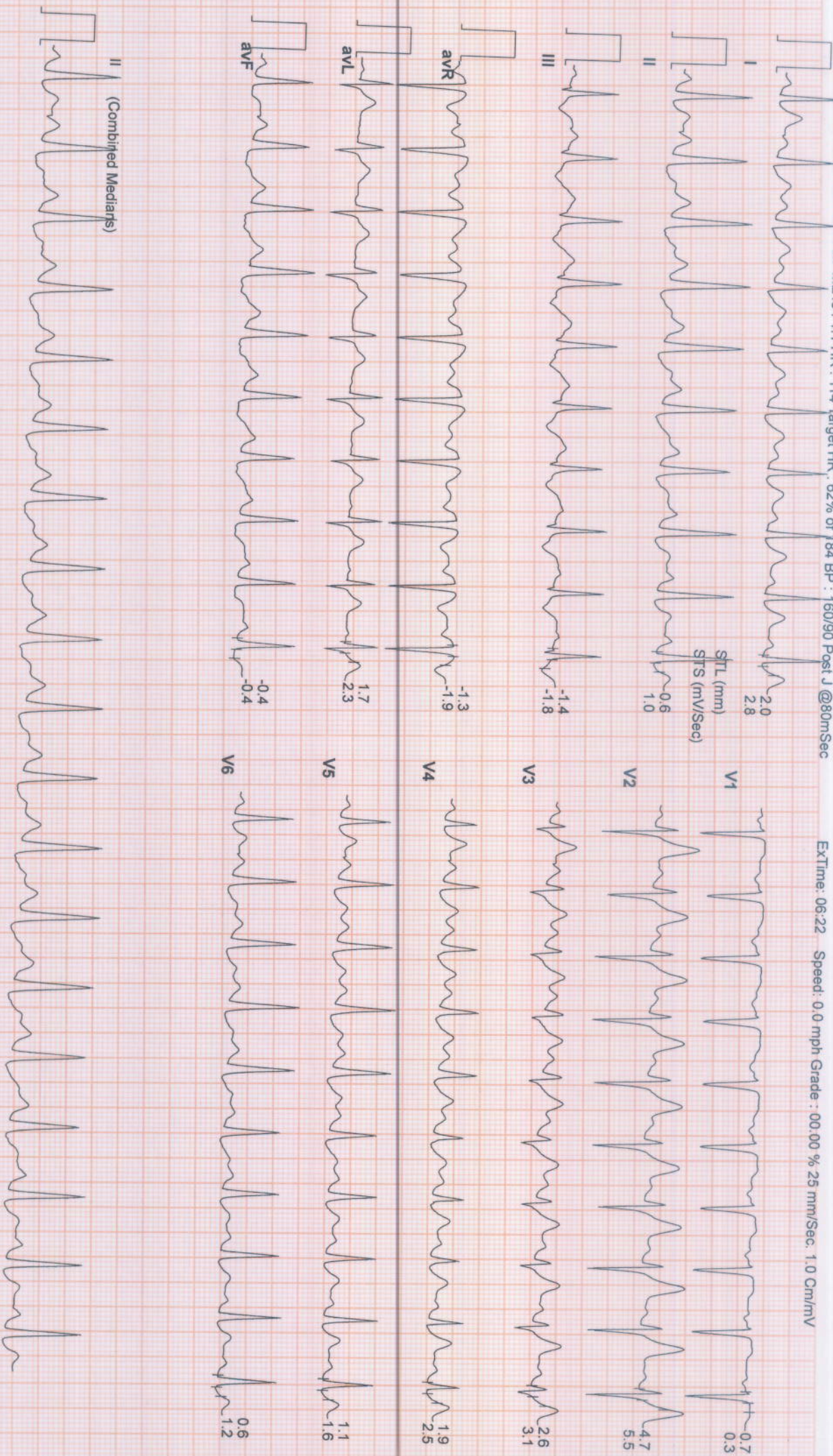
884 / SUSHIL KARADE / 36 Yrs / Male / 155 Cm / 66 Kg

**6X2 Combine Medians + 1 Rhythm**  
Recovery : ( 01:00 )



Date: 13 / 04 / 2023 10:14:37 AM METS : 1.1 HR : 114 Target HR : 62% of 184 BP : 160/90 Post J @80mSec

EXTime: 06:22 Speed: 0.0 mph Grade : 00:00 % 25 mm/Sec. 1.0 Cm/mV



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

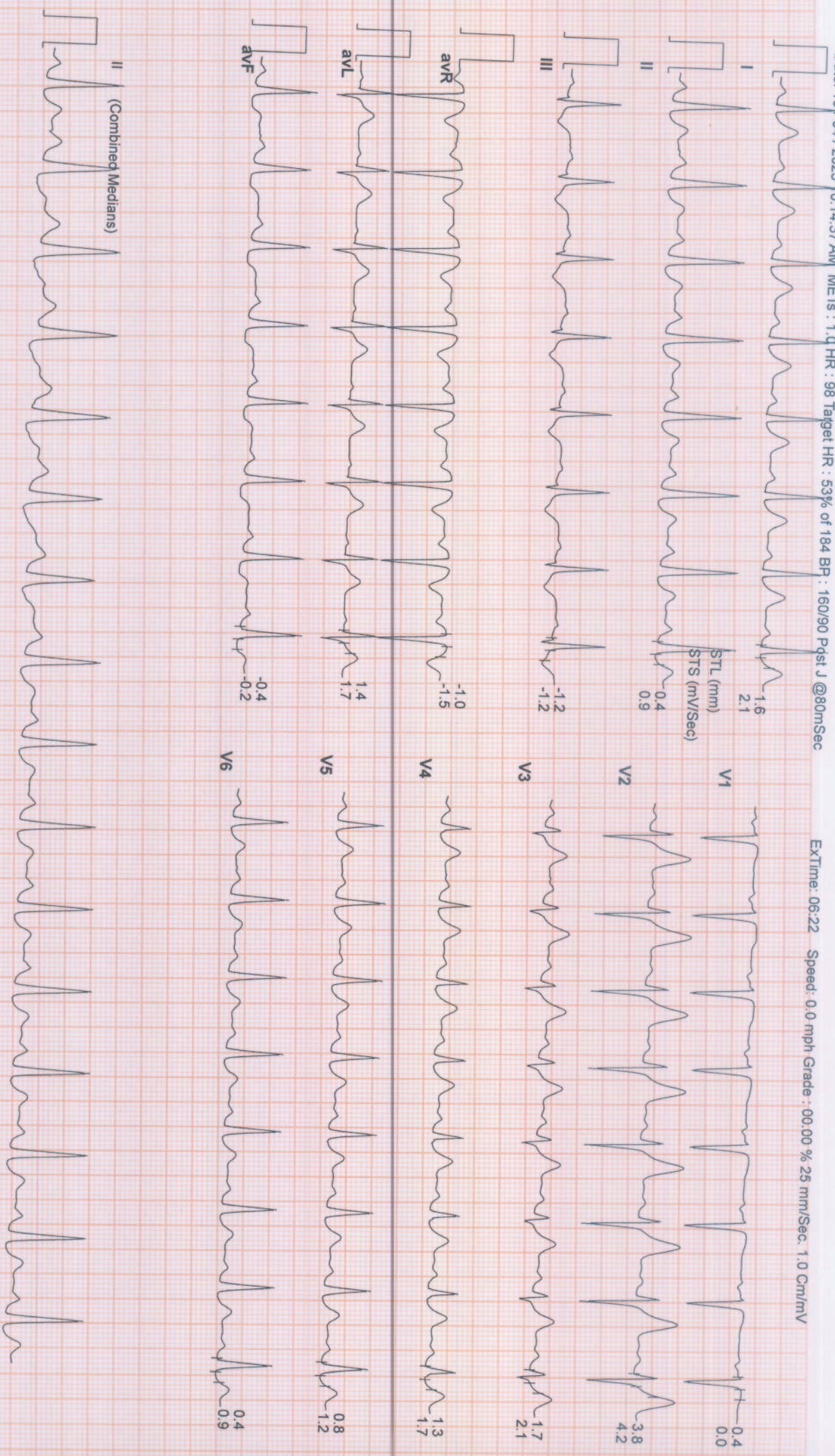
884 / SUSHIL KARADE / 36 Yrs / Male / 155 Cm / 66 Kg

Date: 13/04/2023 10:14:37 AM METs : 1.0 HR : 98 Target HR : 53% of 184 BP : 160/90 Pqst J @80mSec

6X2 Combine Medians + 1 Rhythm  
Recovery : ( 02:00 )



EXTime: 06:22 Speed: 0.0 mph Grade : 00:00 % 25 mm/Sec: 1.0 Cm/mV



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

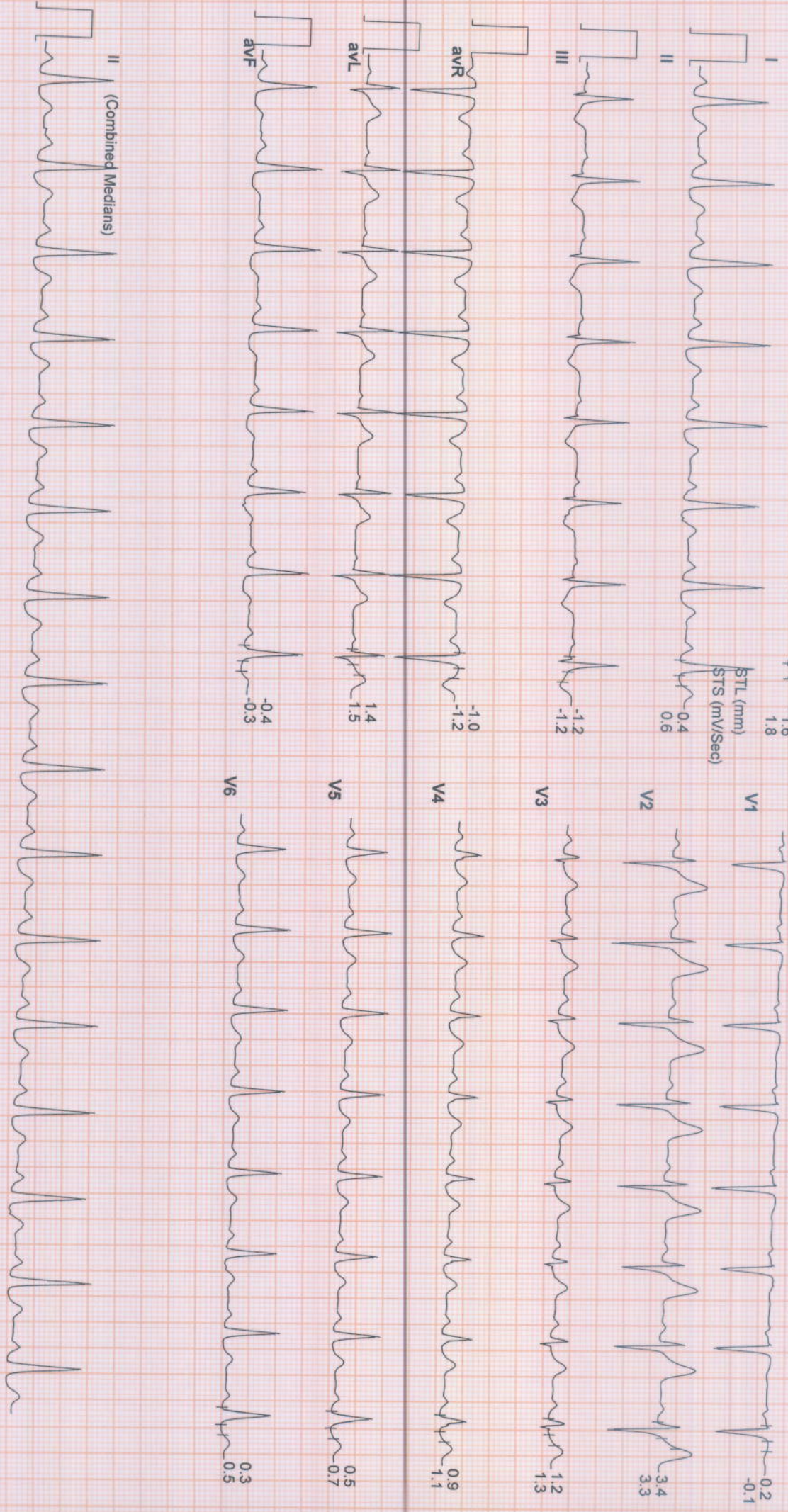
884 / SUSHIL KARADE / 36 Yrs / Male / 155 Cm / 66 Kg

Date: 13/04/2023 10:14:37 AM METs : 1.0 HR : 95 Target HR : 52% of 184 BP : 140/0 Post J @80mSec

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



EXTime: 06:22 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

884 / SUSHIL KARADE / 36 Yrs / Male / 155 Cm / 66 Kg

Date: 13 / 04 / 2023 10:14:37 AM METs : 1.0 HR : 96 Target HR : 52% of 184 BF : 140/90 Pqst J @80mSec

## 6X2 Combine Medians + 1 Rhythm

Recovery : ( 04:08 )



ExTime: 06:22 Speed: 0.0 mph Grade : 00:00 % 25 mm/Sec. 1.0 Cm/mV

