



CID : 2311220211
Name : MR.NILESH PAWASE
Age / Gender : 39 Years / Male
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 22-Apr-2023 / 09:08
Reported : 22-Apr-2023 / 13:31

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	15.6	13.0-17.0 g/dL	Spectrophotometric
RBC COUNT	5.33	4.5-5.5 mil/cmm	Elect. Impedance
PCV	47.6	40-50 %	Measured
MCV	89.4	80-100 fl	Calculated
MCH	29.3	27-32 pg	Calculated
MCHC	32.8	31.5-34.5 g/dL	Calculated
RDW	12.9	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC TOTAL COUNT	7370	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	22.6	20-40 %	
Absolute Lymphocytes	1665.6	1000-3000 /cmm	Calculated
Monocytes	5.9	2-10 %	
Absolute Monocytes	434.8	200-1000 /cmm	Calculated
Neutrophils	69.9	40-80 %	
Absolute Neutrophils	5151.6	2000-7000 /cmm	Calculated
Eosinophils	1.2	1-6 %	
Absolute Eosinophils	88.4	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	29.5	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
PLATELET COUNT	317000	150000-400000 /cmm	Elect. Impedance
MPV	8.6	6-11 fl	Calculated
PDW	11.2	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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Macrocytosis -
Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others (CBC) Normocytic, Normochromic
WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 4 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. Thakker

Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP (Medical Services)



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
FBS (-F), Fluoride Plasma	97.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
PPBS (-P), Fluoride Plasma PP/R	102.5	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.49	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.33	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT, Serum	23.7	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT, Serum	26.0	5-45 U/L	IFCC without pyridoxal phosphate activation
GGT, Serum	11.5	3-60 U/L	IFCC
ALK PHOS, Serum	83.5	40-130 U/L	PNPP
BLOOD UREA, Serum	9.2	12.8-42.8 mg/dl	Urease & GLDH
BLOOD UREA NITROGEN, Serum	4.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.88	0.67-1.17 mg/dl	Enzymatic



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eGFR, Serum	102	>60 ml/min/1.73sqm	Calculated
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Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation

URIC, Serum	4.6	3.5-7.2 mg/dl	Uricase
-------------	-----	---------------	---------

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 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
GLYCOSYLATED HEMOGLOBIN (HbA1c)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLYCO Hb, EDTA WB - CC	5.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	102.5	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 ***



J. Thakker

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M.D. (PATH), DPB
Pathologist & AVP(Medical Services)



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>PHYSICAL EXAMINATION</u>			
Color-U	Pale yellow	Pale Yellow	-
pH-Urine	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood (Urine)	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite (Urine)	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
Pus cells / hpf	1-2	0-5/hpf	
RBC / 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

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*** End Of Report ***



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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GRP	A
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.

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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*** End Of Report ***



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
TOTAL CHOLESTEROL, Serum	116.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	96.8	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	25.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
Non HDL CHOLESTEROL, Serum	90.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	72.0	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, Serum	18.6	< /= 30 mg/dl	Calculated
TC/HDLC RATIO, Serum	4.5	0-4.5 Ratio	Calculated
LDLC/HDLC RATIO, Serum	2.8	0-3.5 Ratio	Calculated

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*** End Of Report ***



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
FT3, Serum	4.3	3.5-6.5 pmol/L	ECLIA
FT4, Serum	18.6	11.5-22.7 pmol/L	ECLIA
TSH, Serum	1.66	0.35-5.5 microIU/ml	ECLIA

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)



J. Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



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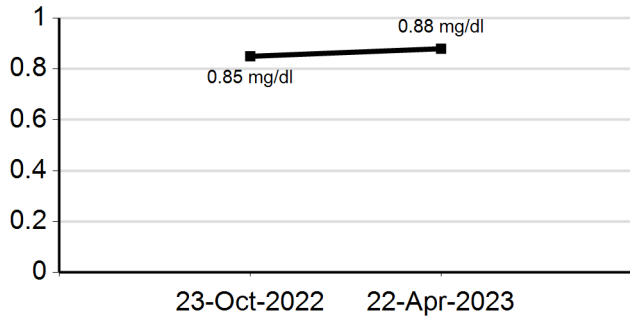
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CREATININE



Issue Date: 08/06/2013



भारत सरकार
Government of India



नितेश चंद्रदेव पावसे
Nitesh Chandev Pawse
जन्म तारीख / DOB: 23/06/1983
पुरुष / Male



5209 1633 6500

माझे आधार, माझी ओळख

N.Pawse



Date:

To,
Suburban Diagnostics (India) Private Limited
Shop No.6, Fenkin Belleza, Ghodbunder Rd,
opp. M.K. Plaza, Kasarvadavali,
Thane, Maharashtra 400607

SUBJECT- TO WHOMSOEVER IT MAY CONCERN

Dear Sir/ Madam,

This is to informed you that I, Myself Mr/ Mrs/ Ms. Nilesh Pawse
don't want to performed the following tests:

- 1) Stool RIM
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

CID No. & Date : 2311220211 / 23.04.23

Corporate/ TPA/ Insurance Client Name : Arcofemi Healthcare Ltd.

Thanking you.

Yours sincerely,

(Mr/Mrs/Ms. Nilesh Pawse)

PHYSICAL EXAMINATION REPORT

Patient Name	MR. NILESH PAMASE	Sex/Age	M/39yrs
Date	22/04/2023	Location	KASARVADAVALI

History and Complaints

- NO mcts / NO symptoms
- Mother = MODM & HTN
- Hosp for Circumcision (2020)

EXAMINATION FINDINGS:

Height	170	Temp (0c):	Afebrile
Weight	71.4	Skin:	} NAD
Blood Pressure	116/70	Nails:	
Pulse	70/min	Lymph Node:	

Systems :

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

} NAD

Impression:

- USG Abdo s/o = mild fatty liver
- Rest all reports are normal

ADVICE :

Regular morning walk & Exercise

CHIEF COMPLAINTS :

1)	Hypertension:	} No Circumcision (2020)
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthma	
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders	
10)	GI system	
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptom	
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	
15)	Congenital disease	
16)	Surgeries	

PERSONAL HISTORY:

1)	Alcohol	=	No
2)	Smoking	=	No
3)	Diet	=	Mixed
4)	Medication	=	Nil

Dr. Kaviraj H. Shah
M.B.B.S., D.CARD.

MMC Regd. No. 3198



Date : 22/04/2023

CID :

Name : MR. NILESH PAMASE

Sex/Age : M/39yrs

EYE CHECK UP

Chief complaints : Dry Eyes, & Itching of Eyes

Systematic Diseases : NIL

Past History : NIL

Unaided Vision : $\left\{ \begin{array}{l} \text{RT Eye} = 6/6 \\ \text{LT Eye} = 6/9 \end{array} \right.$

Aided Vision : Yes $\left\{ \begin{array}{l} \text{RT Eye} = 6/6 \\ \text{LT Eye} = 6/6 \end{array} \right.$

Refraction : Yes (R.E. of Lt Eye $>$ Rt Eye)

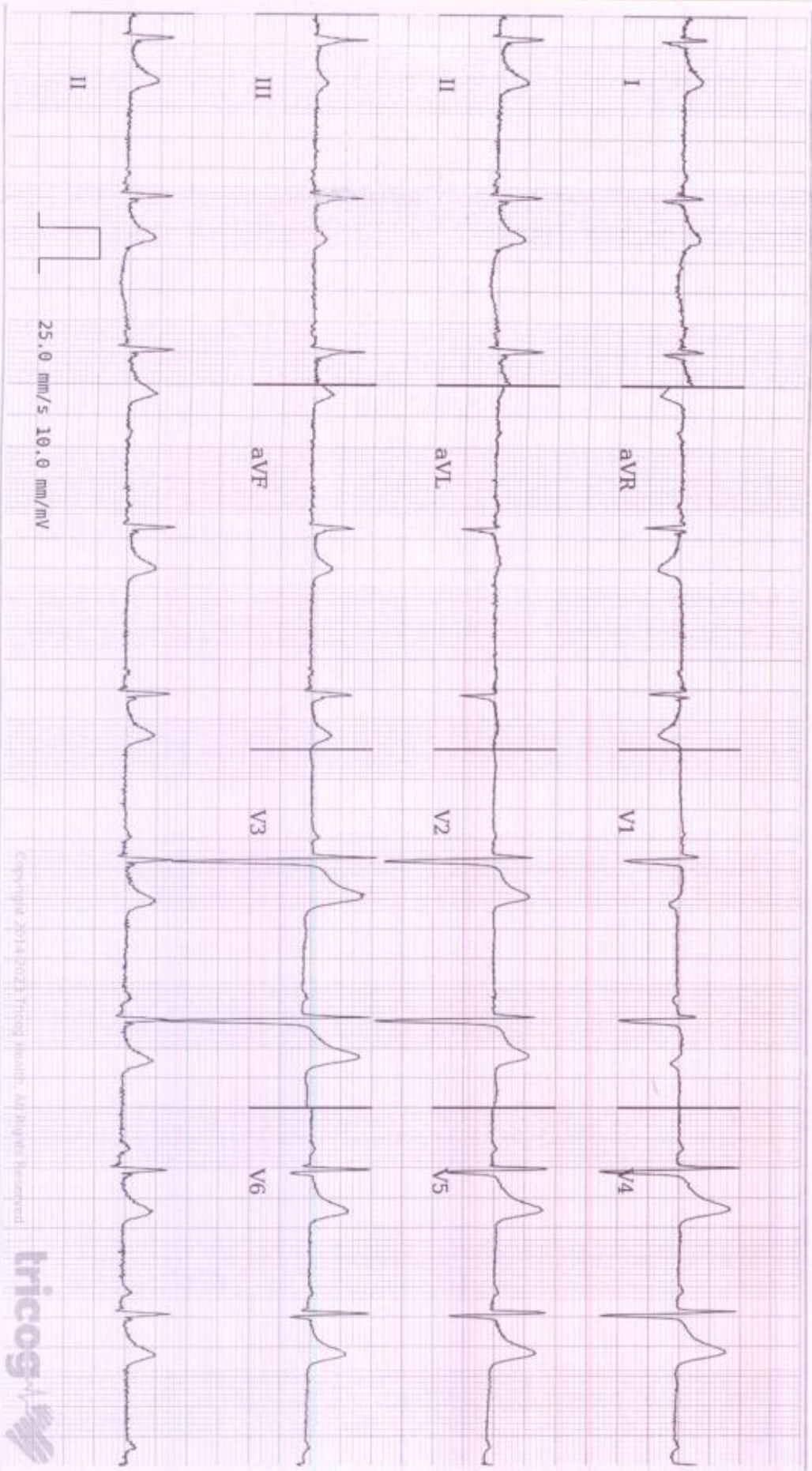
Colour Vision : Normal

Remarks : R.E. of Lt Eye $>$ Rt Eye
(Corrected w/ spectacles)



Patient Name: NILESH PAWASE
Patient ID: 2311220211

SUBURBAN DIAGNOSTICS - IHANE KASARAVADAVALLI
Date and Time: 22nd Apr 23 9:42 AM



Age 39 9 30
years months days

Gender **Male**

Heart Rate **57bpm**

Patient Vitals

BP: 110/70 mmHg

Weight: 71 kg

Height: 170 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 92ms

QT: 402ms

QTcB: 391ms

PR: 134ms

P-R-T: 68° 88° 49°

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Sinus Bradycardia. RAD. Please correlate clinically.

REPORTED BY

Dr. Karim Shah
MBBS, D.CARD
2009/103488

Disclaimer: This report is based on ECG above 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. All patient vital signs are reviewed by the clinician and not derived from the ECG.

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Patient Details **Date:** 22-Apr-23 **Time:** 9:48:32 AM
Name: MR. NILESH PAWASE ID: 2311220211
Age: 39 y **Sex:** M **Height:** 170 cms **Weight:** 71 Kgs
Clinical History: NIL

Medications: NIL

Test Details

Protocol: Bruce **Pr.MHR:** 181 bpm **THR:** 153 (85 % of Pr.MHR) bpm
Total Exec. Time: 10 m 0 s **Max. HR:** 154 (85% of Pr.MHR)bpm **Max. Mets:** 13.50
Max. BP: 150 / 70 mmHg **Max. BP x HR:** 23100 mmHg/min **Min. BP x HR:** 4830 mmHg/min
Test Termination Criteria: THR achieved

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 20	1.0	0	0	69	110 / 70	-0.64 aVR	2.83 V3
Standing	0 : 9	1.0	0	0	70	110 / 70	-0.64 aVR	2.83 V3
Hyperventilation	0 : 12	1.0	0	0	70	110 / 70	-0.64 aVR	2.83 V3
1	3 : 0	4.6	1.7	10	108	120 / 70	-1.27 aVR	3.89 V3
2	3 : 0	7.0	2.5	12	118	130 / 70	-0.85 III	4.60 V3
3	3 : 0	10.2	3.4	14	147	140 / 70	-1.49 III	5.66 V3
Peak Ex	1 : 0	13.5	4.2	16	154	150 / 70	-4.88 V3	5.66 V3
Recovery(1)	1 : 0	1.8	1	0	131	150 / 70	-2.12 V3	5.66 V3
Recovery(2)	1 : 0	1.0	0	0	99	140 / 70	-1.27 aVR	5.66 V3
Recovery(3)	1 : 0	1.0	0	0	98	130 / 70	-0.85 aVR	5.66 V3
Recovery(4)	1 : 0	1.0	0	0	100	120 / 70	-0.85 aVR	4.25 V3
Recovery(5)	0 : 16	1.0	0	0	97	110 / 70	-0.42 aVR	2.83 V3

Interpretation

The patient exercised according to the Bruce protocol for 10 m 0 s achieving a work level of Max. METS : 13.50. Resting heart rate initially 69 bpm, rose to a max. heart rate of 154 (85% of Pr.MHR) bpm. Resting blood Pressure 110 / 70 mmHg, rose to a maximum blood pressure of 150 / 70 mmHg.

Baseline ECG s/o Normal Sinus Rhythm.
 No significant ST - T changes during exercise and recovery.
 No evidence of arrhythmias.
 Normal haemodynamic response.
 Good effort tolerance.

IMPRESSION: Stress test is **NEGATIVE** for inducible ischemia at moderate workload. **DISCLAIMER:** Negative stress test does not rule out coronary artery disease and positive stress test is suggestive but not confirmatory of coronary artery disease. Hence clinical co-relation is mandatory.

Ref. Doctor: CORPORATE
 (Summary Report edited by user)



Dr. Kavın H. Shah
 M.B.B.S., D.CARD.
 MMC Regd. No.3488

Doctor: Dr. Kavın Shah
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SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

MR. NILESH PAWASE (39 M)

ID: 2311220211

Date: 22-Apr-23

Exec Time : 0 m 0 s

Stage Time : 0 m 14 s HR: 68 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0%

(THR: 153 bpm)

B.P: 110/70

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

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

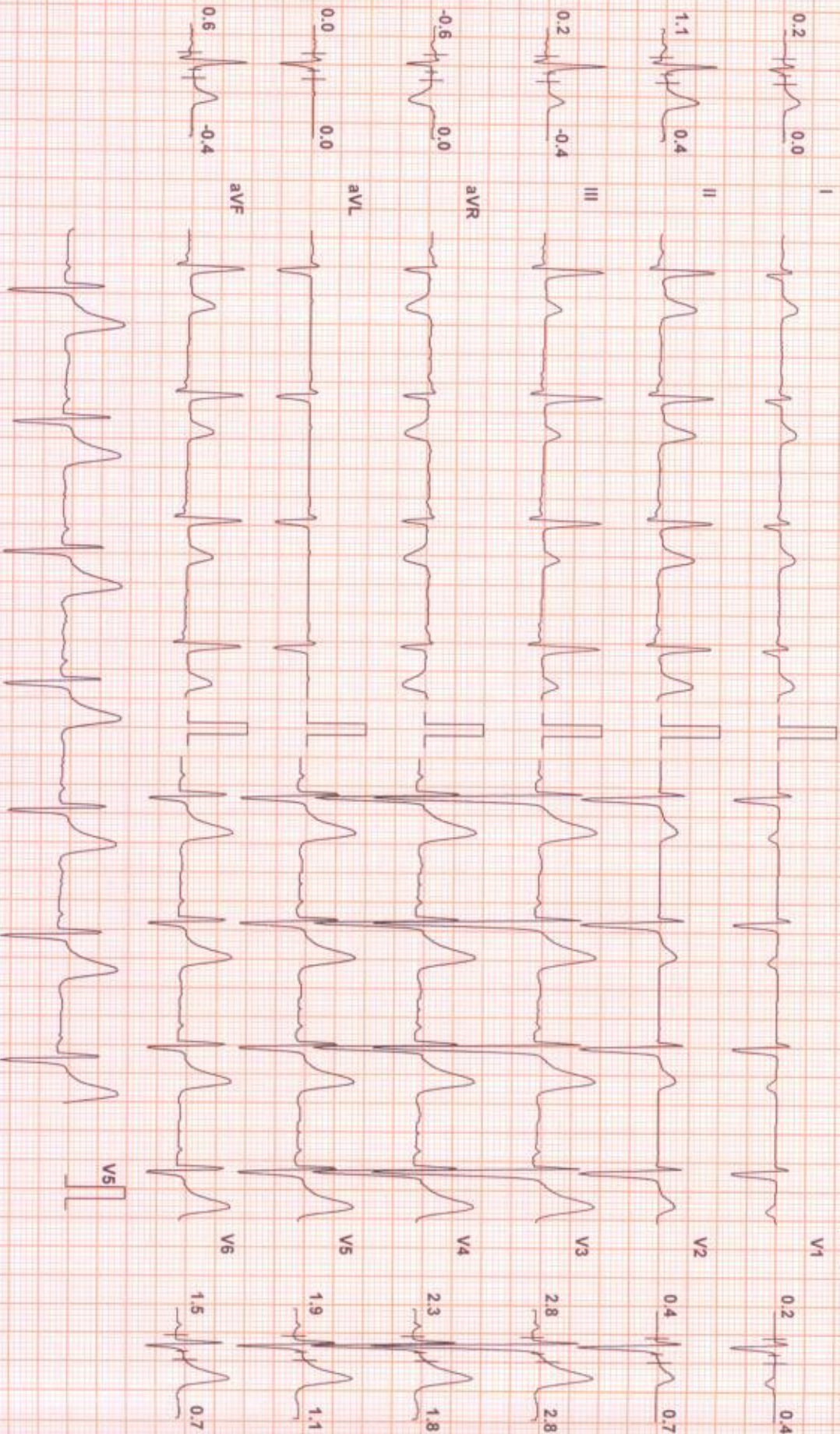


Chart Speed: 25 mm/sec
Schaller Standard V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MR. NILESH PAWASE (39 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2311220211

Date: 22-Apr-23

Exec Time : 0 m 0 s

Stage Time : 0 m 3 s

HR: 70 bpm

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

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 153 bpm)

B.P: 110/70

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



Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt ON

Amp: 10 mm

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

Schiller Spandao V47

Linked Median



MR. NILESH PAWASE (39 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2311220211

Date: 22-Apr-23

Exec Time : 0 m 0 s

Stage Time 0 m 6 s

HR: 66 bpm

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 153 bpm)

B.P: 110 / 70

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

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

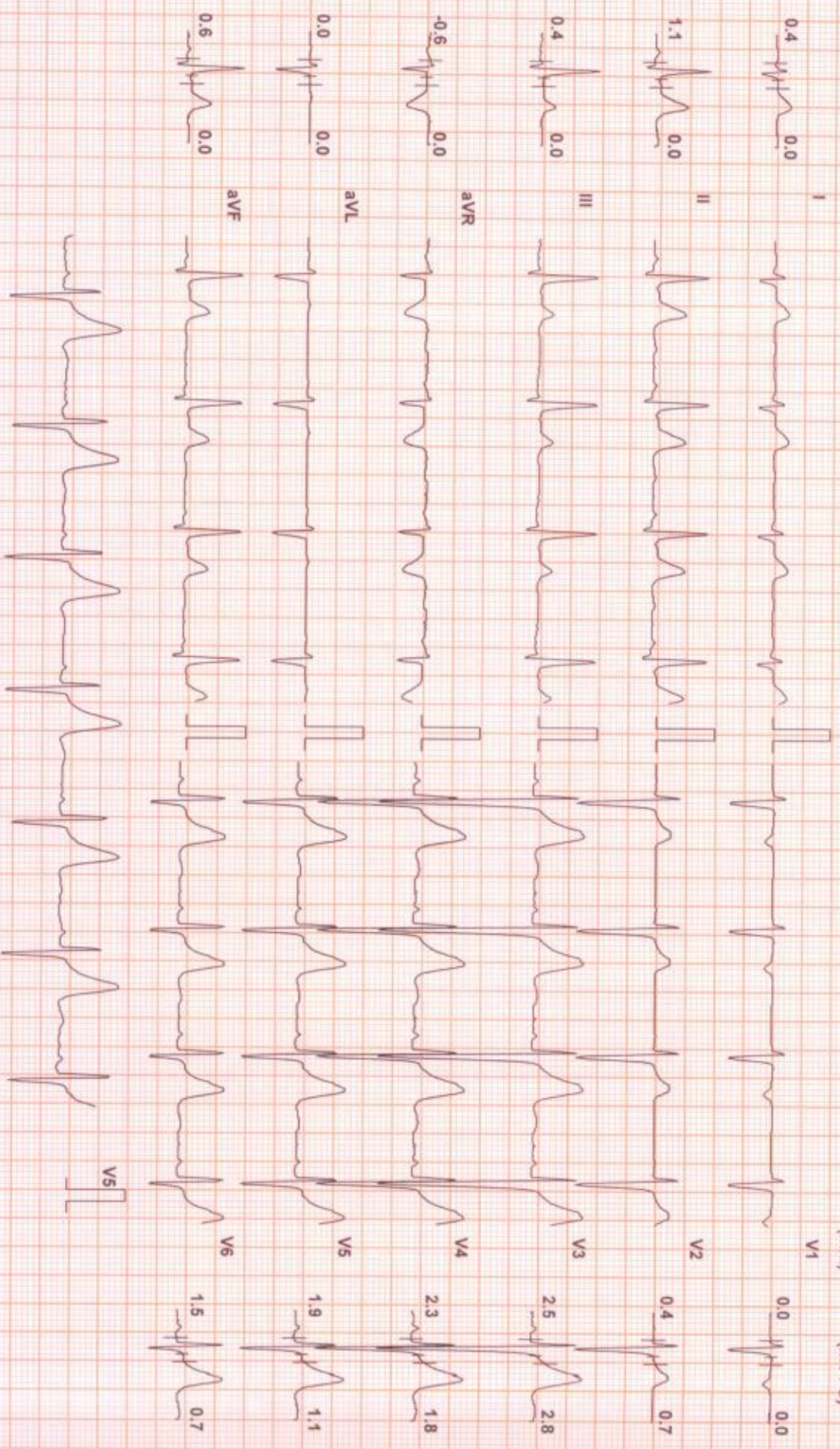


Chart Speed: 25 mm/sec
Schiller Spindant V47

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MR. NILESH PAWASE (39 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

ID: 2311220211

Date: 22-Apr-23

Exec Time : 2 m 54 s Stage Time 2 m 54 s HR: 104 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 153 bpm)

B.P: 120 / 70

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

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

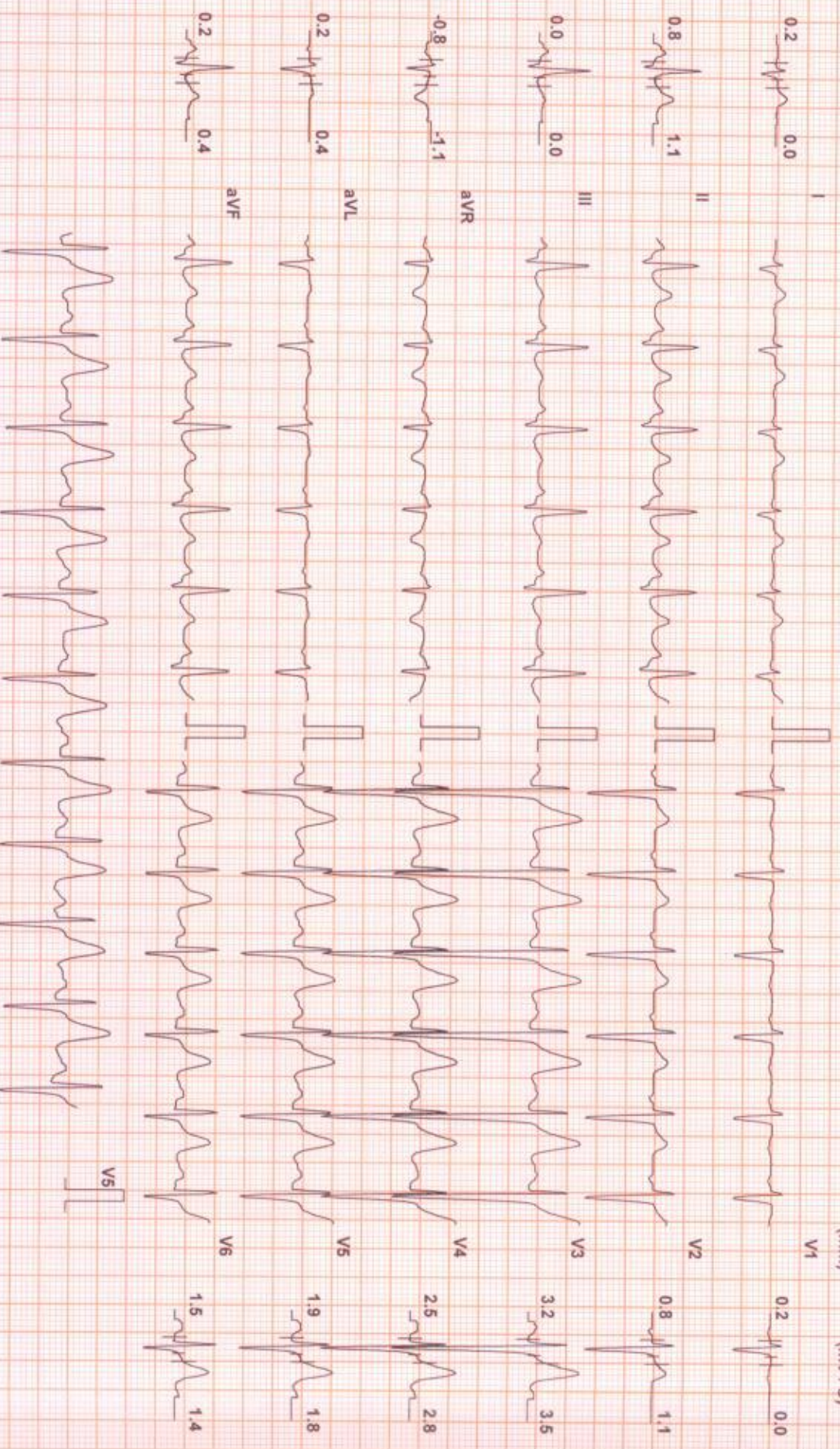


Chart Speed: 25 mm/sec
Schiller Spindler V 47

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MR. NILESH PAWASE (39 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2311220211

Date: 22-Apr-23

Exec Time: 5 m 54 s

Stage Time: 2 m 54 s

HR: 117 bpm

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

Speed: 2.5 mph

Grade: 12 %

(THR: 153 bpm)

B.P: 130/70

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

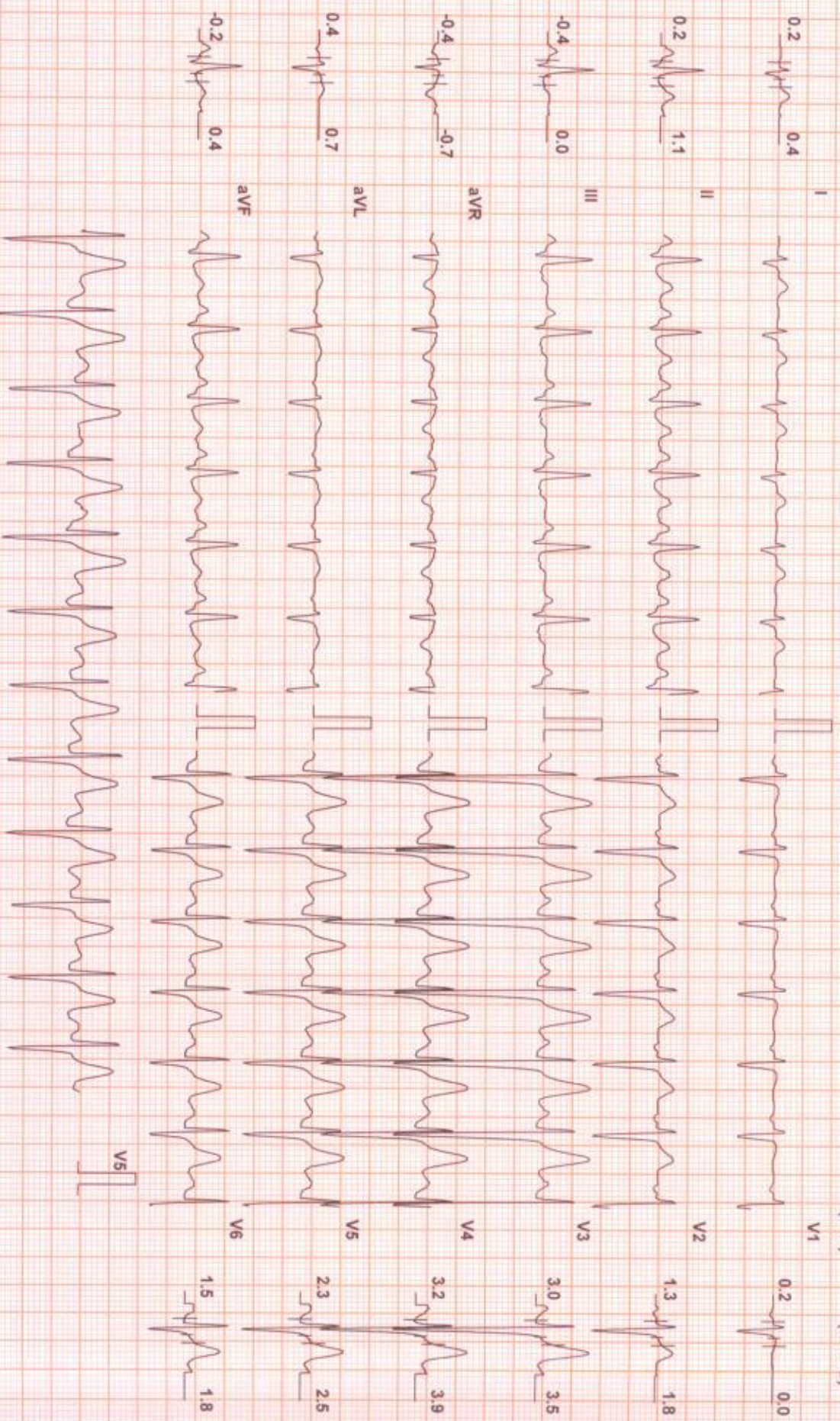


Chart Speed: 25 mm/sec
Schluter Spandern V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

150 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

SUBURBAN DIAGNOSTICS THANE KASARVADAVALLI

Test Report

MR. NILESH PAWASE (39 M)

ID: 2311220211

Date: 22-Apr-23

Exec Time : 8 m 54 s Stage Time : 2 m 54 s HR: 146 bpm

Protocol: Bruce

Stage: 3

Speed: 3.4 mph

Grade: 14 %

(THR: 153 bpm)

B.P.: 140/70

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

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

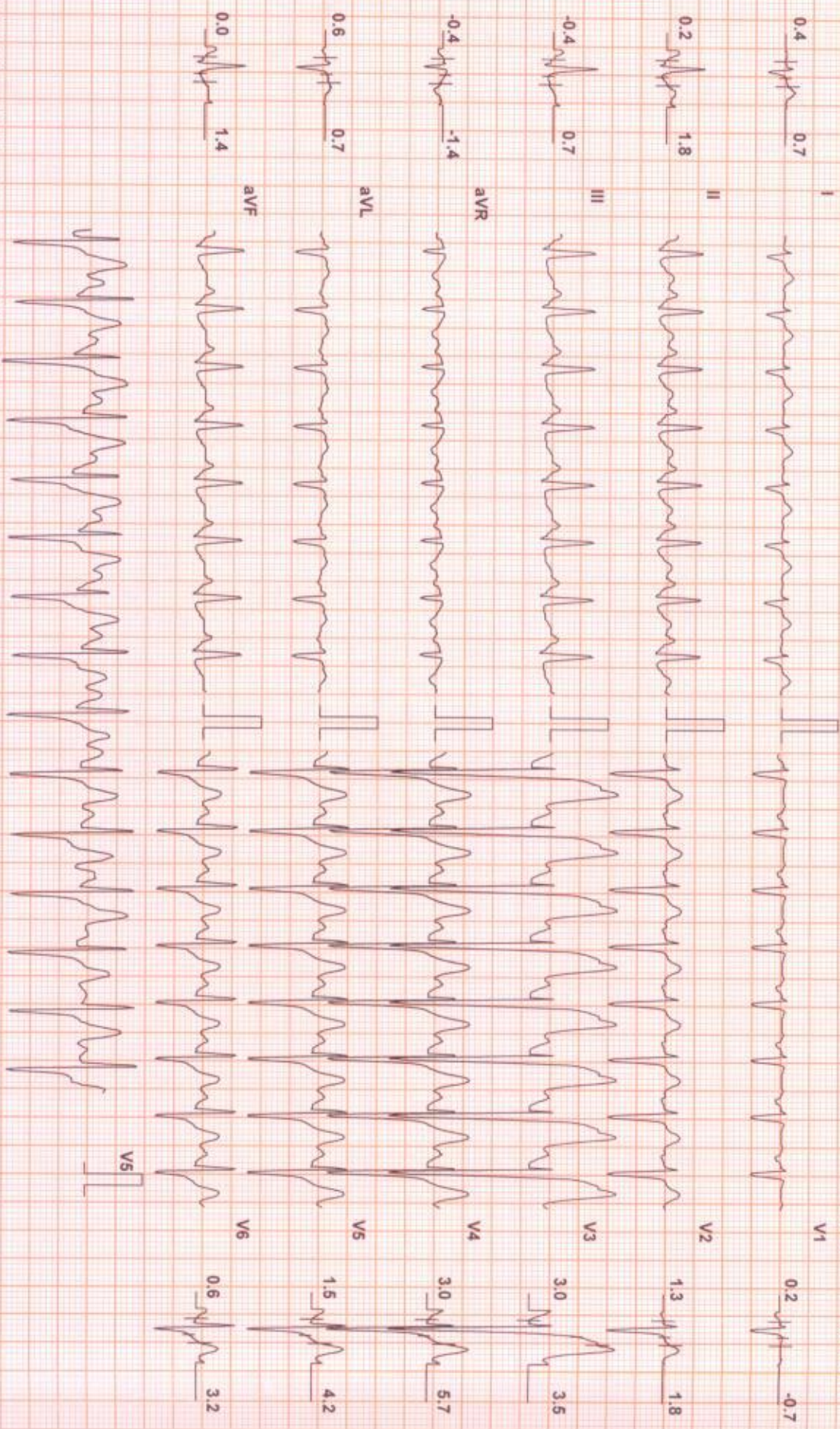


Chart Speed: 25 mm/sec
Schiller Spacolan V 4.7

Filter: 35 Hz

Main Filter: ON

Amp: 10 mm

150 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms
Linked Median

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

MR. NILESH PAWASE (39 M)

ID: 2311220211

Date: 22-Apr-23

Exec Time : 9 m 54 s Stage Time 0 m 54 s HR: 163 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 4.2 mph

Grade: 16 %

(THR: 153 bpm)

B.P: 150 / 70

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

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

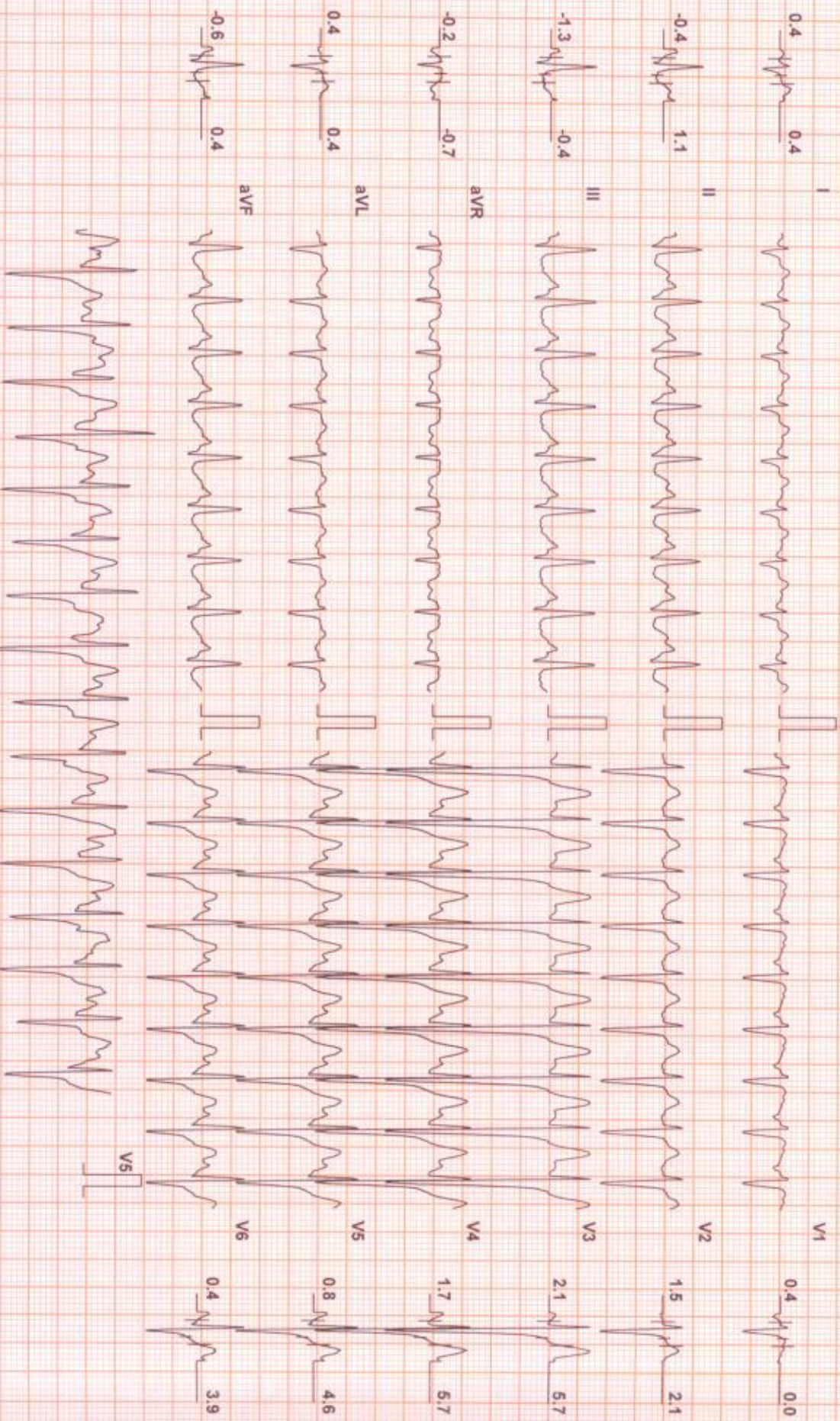


Chart Speed: 25 mm/sec
Schiller Spandani V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

SUBURBAN DIAGNOSTICS THANE KASARVADAVALLI

Test Report

MR. NILESH PAWASE (39 M)

ID: 2311220211

Date: 22-Apr-23

Exec Time: 10 m 0 s Stage Time: 0 m 54 s HR: 122 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 153 bpm)

B.P.: 150 / 70

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

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

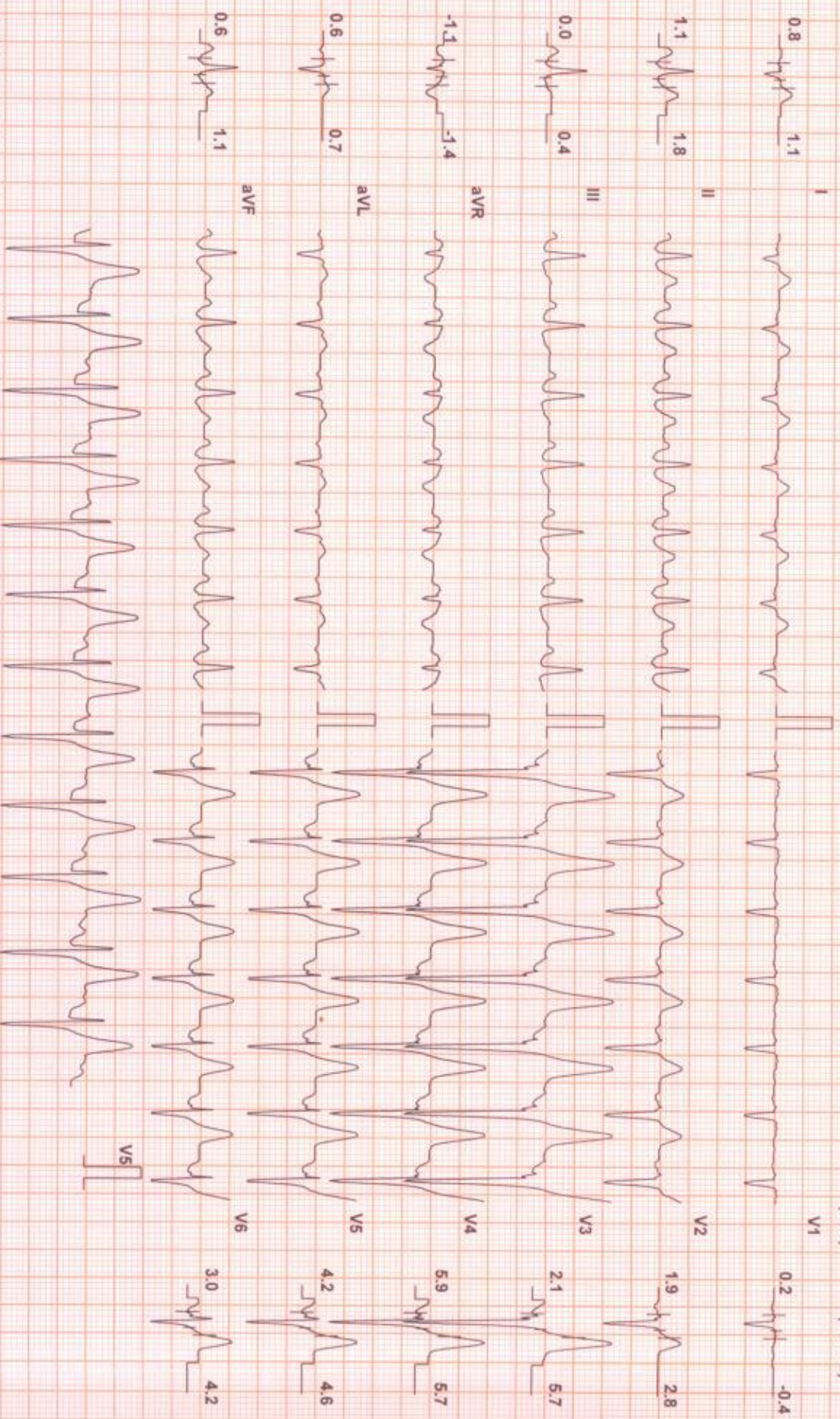


Chart Speed: 25 mm/sec
Schlker Spandan V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

150 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MR. NILESH PAWASE (39 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2311220211

Date: 22-Apr-23

Exec Time : 10 m 0 s Stage Time : 0 m 54 s HR: 112 bpm

B.P: 140 / 70

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

Stage: Recovery(2) Speed: 0 mph Grade: 0 % (THR: 153 bpm)

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

Chart Speed: 25 mm/sec
Schluter Spandan V 4.7

Filter: 35 Hz

Mains Filtr: ON

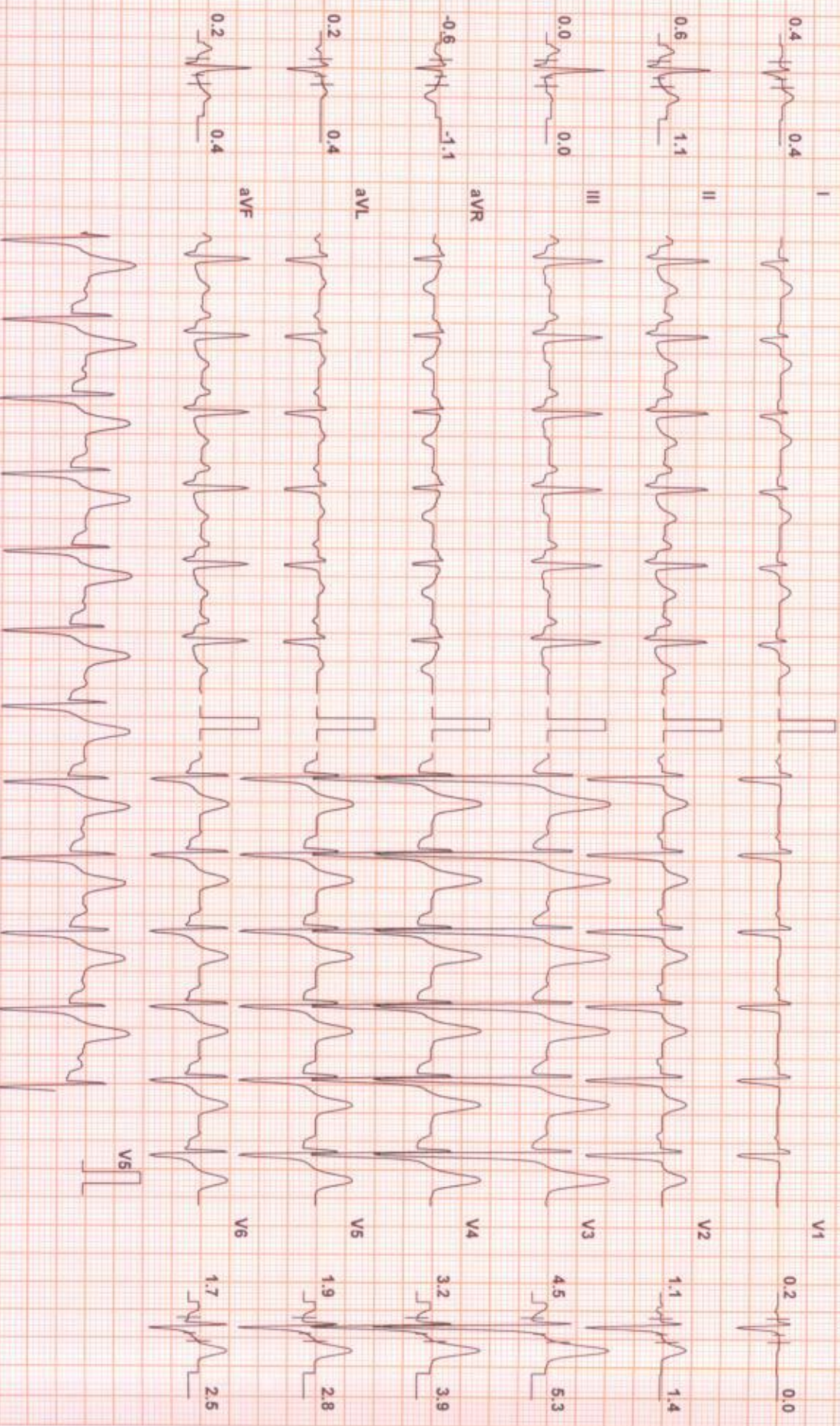
Amp: 10 mm

150 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median





MR. NILESH PAWASE (39 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2311220211

Date: 22-Apr-23

Exec Time : 10 m 0 s Stage Time 0 m 54 s HR: 101 bpm

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 153 bpm)

B.P: 130 / 70

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

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

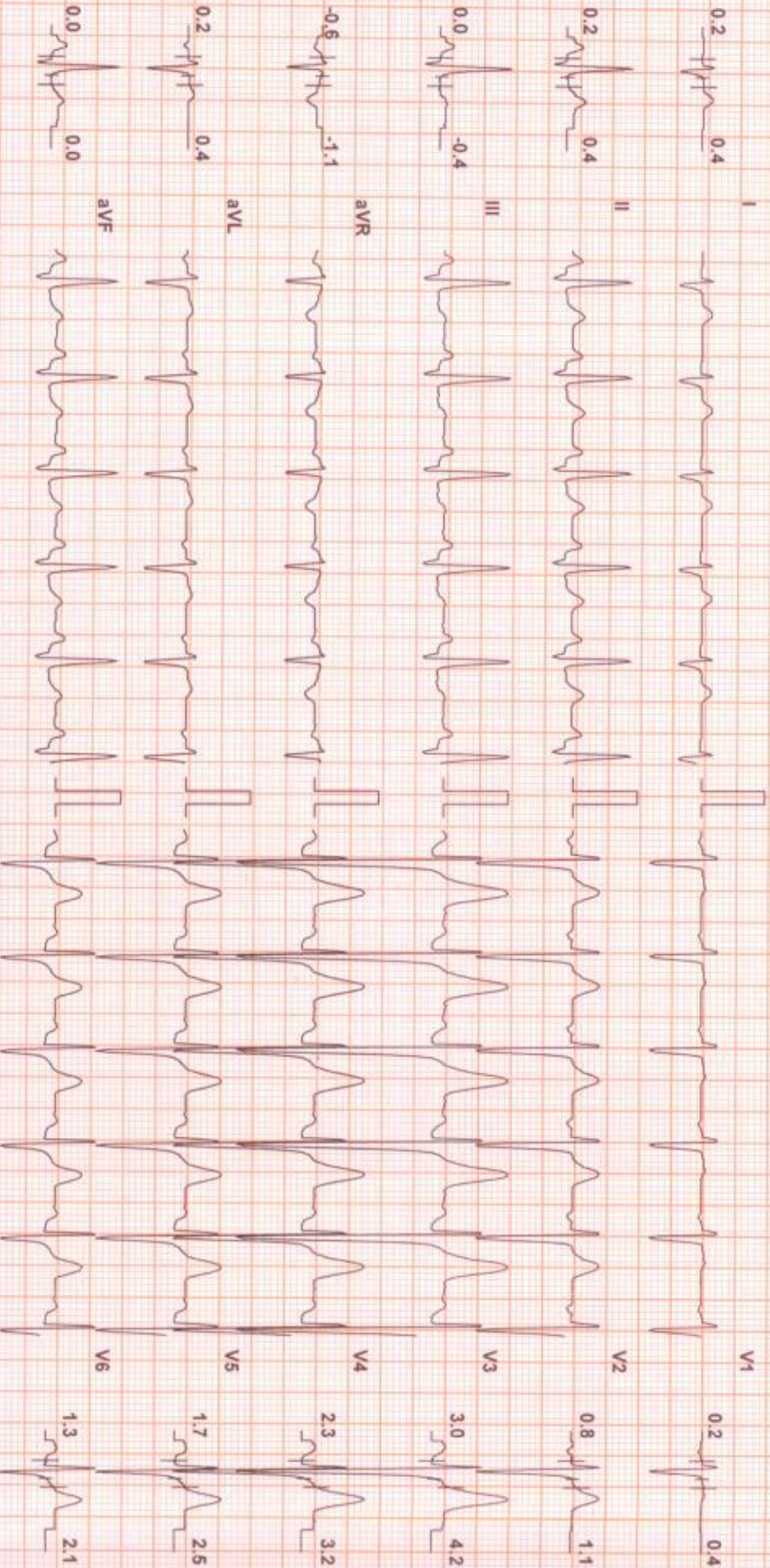


Chart Speed: 25 mm/sec
Schuler Spanden V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MR. NILESH PAWASE (39 M)

Protocol: Bruce

ID: 2311220211

Date: 22-Apr-23

Stage: Recovery(4)

Speed: 0 mph

Grade: 0%

Exec Time : 10 m 0 s

Stage Time : 0 m 54 s

(THR: 153 bpm)

HR: 97 bpm

B.P: 120 / 70

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

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

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

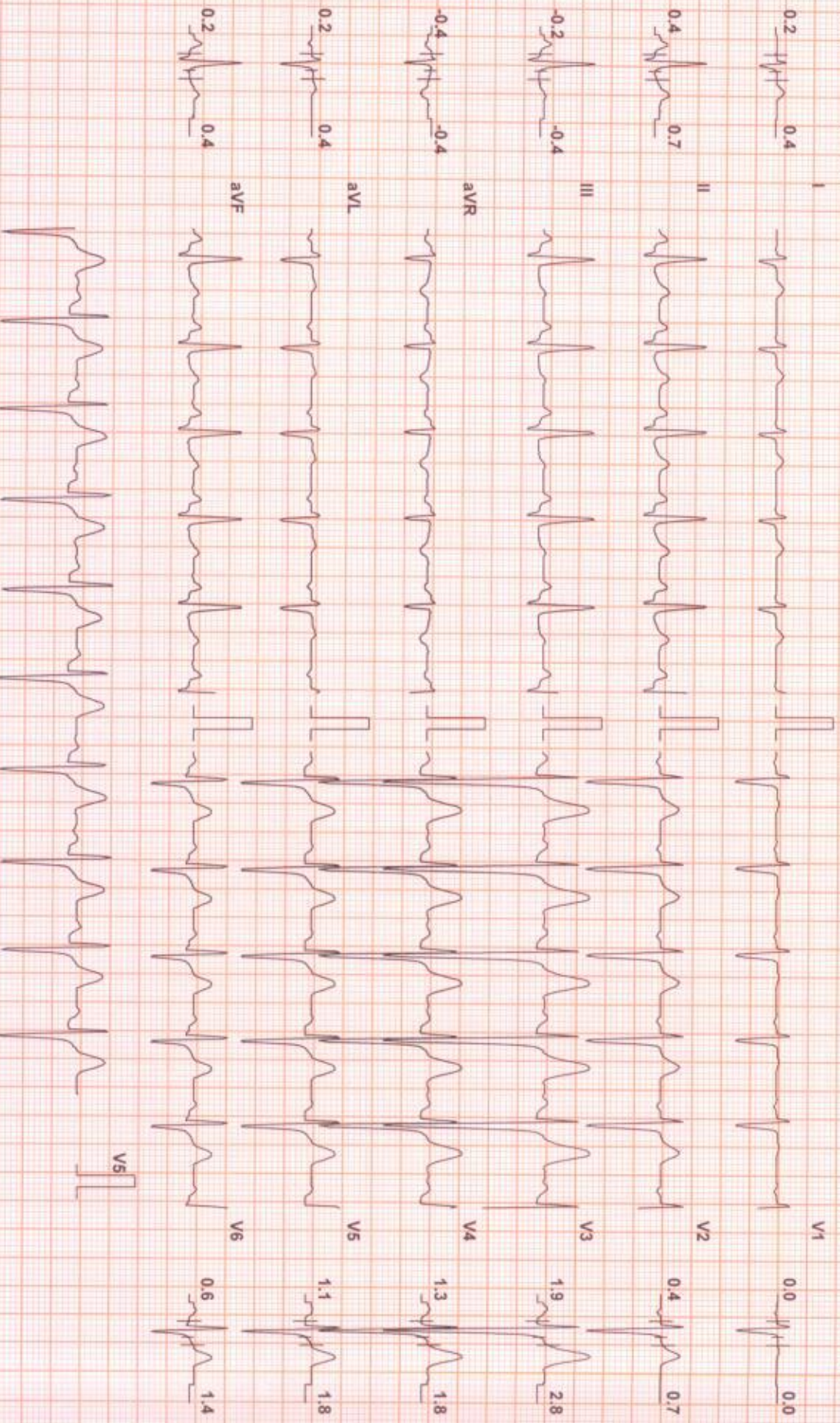


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R · 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MR. NILESH PAWASE (39 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALLI

Test Report

Protocol: Bruce

ID: 2311220211

Date: 22-Apr-23

Exec Time: 10 m 0 s Stage Time: 0 m 54 s HR: 97 bpm

Stage: Recovery(5)

Speed: 0 mph

Grade: 0%

(THR: 153 bpm)

B.P.: 120/70

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

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

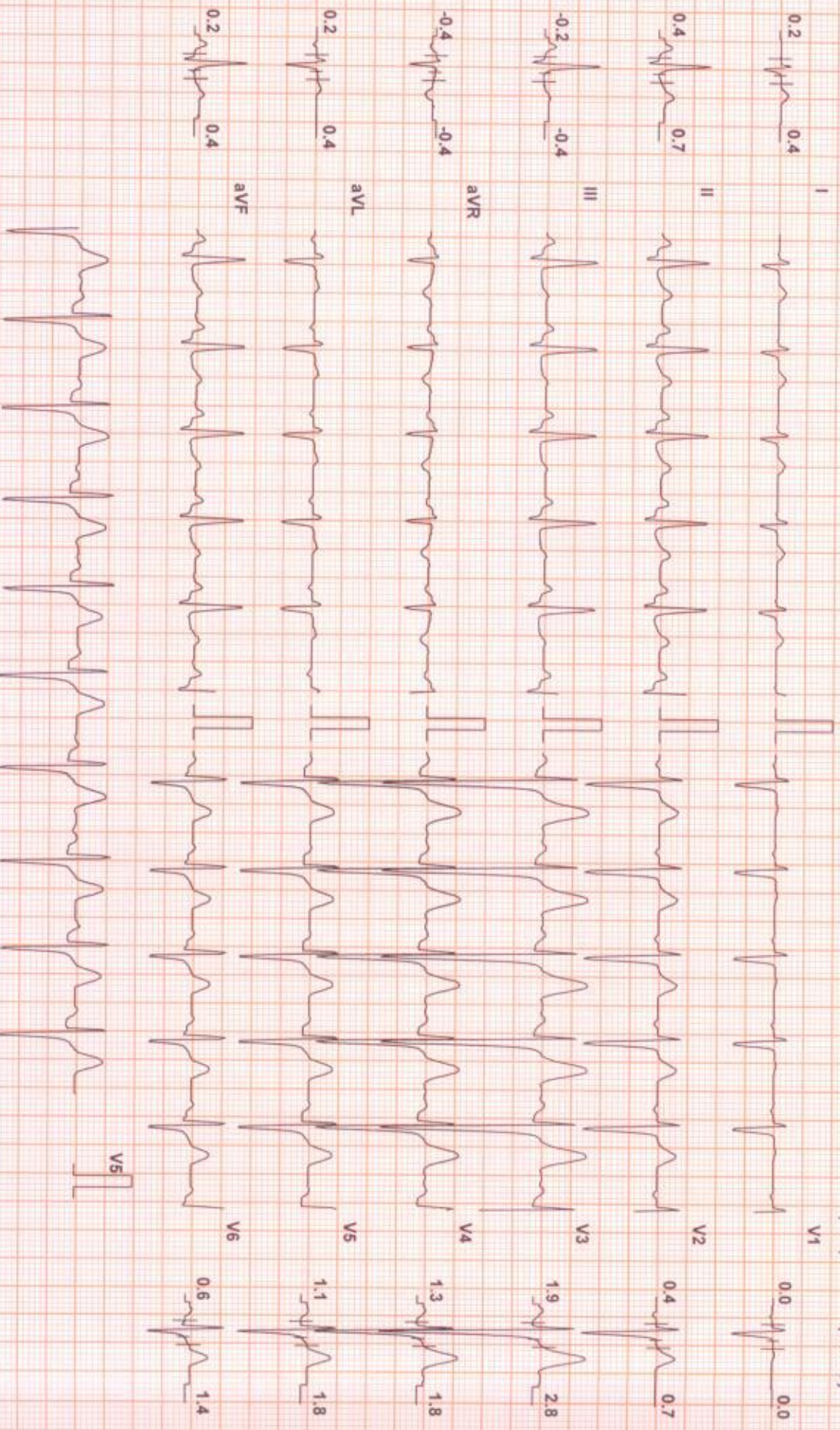


Chart Speed: 25 mm/sec
Schiller Spandax V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

50 = R - 60 ms

J = R + 60 ms

Pod J = J + 60 ms

Linked Median



Use a QR Code Scanner
Application To Scan the Code

CID : 2311220211
Name : Mr NILESH PAWASE
Age / Sex : 39 Years/Male
Ref. Dr :
Reg. Location : Thane Kasarvadavali Main Centre

Reg. Date : 22-Apr-2023
Reported : 22-Apr-2023 / 10:43

USG ABDOMEN AND PELVIS

LIVER:

Liver is normal in size and shows mild fatty infiltrations. 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:

Visualised pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS:

Right kidney measures 10.8 x 4.9 cm. Left kidney measures 11.1 x 4.8 cm. Both kidneys are normal in size, 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, echotexture and measures 2.7 x 4.1 x 2.7 cm in dimension and 16.5 cc in volume. 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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Access

sionNo=2023042208560888

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CID : 2311220211
Name : Mr NILESH PAWASE
Age / Sex : 39 Years/Male
Ref. Dr :
Reg. Location : Thane Kasarvadavali Main Centre

Reg. Date : 22-Apr-2023
Reported : 22-Apr-2023 / 10:43

IMPRESSION:
MILD FATTY LIVER.

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-----

G. R. Fartade

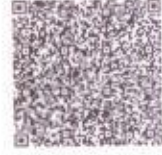
Dr.GAURAV FARTADE
MBBS, DMRE
Reg No -2014/04/1786
Consultant Radiologist

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Access

sionNo=2023042208560888

Page no 2 of 2

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2311220211
Name : Mr NILESH PAWASE
Age / Sex : 39 Years/Male
Ref. Dr :
Reg. Location : Thane Kasarvadavali Main Centre
Reg. Date : 22-Apr-2023
Reported : 22-Apr-2023 / 9:41

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-----

G. R. Fartade

Dr. GAURAV FARTADE
MBBS, DMRE
Reg No -2014/04/1786
Consultant Radiologist

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