



बैंक ऑफ बरोडा
Bank of Baroda

प्रविण सोनवणे

Pravin Sonawane

128324

प्रबधिकारी

Pravin Autho

भारत के इलाकर

Signature of Holder



PHYSICAL EXAMINATION REPORT

Patient Name	Pravin Sonowane	Sex/Age	M/35
Date	12/11/2022	Location	Thane

History and Complaints

Nil

EXAMINATION FINDINGS:

Height (cms):	159	Temp (0c):	Ⓜ
Weight (kg):	67.3	Skin:	+ Patches (Hyperpigmented) on Back & Neck.
Blood Pressure	120/80	Nails:	NAD
Pulse	76/min	Lymph Node:	.

Systems :

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

NAD

Impression:

- ↑ Alkaline phosphatase
- ↓ HDL
- ↑ Non HDL

Advice: - Low Fat Diet
- Reg. Exercise

N/A

1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthama	
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	
16)	Surgeries	
17)	Musculoskeletal System	

PERSONAL HISTORY:

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



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



CID : 2231624042
Name : MR.PRAVIN SONAWANE
Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 12-Nov-2022 / 12:12
Reported : 12-Nov-2022 / 14:05

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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	16.0	13.0-17.0 g/dL	Spectrophotometric
RBC	5.63	4.5-5.5 mil/cmm	Elect. Impedance
PCV	47.5	40-50 %	Measured
MCV	84	80-100 fl	Calculated
MCH	28.4	27-32 pg	Calculated
MCHC	33.6	31.5-34.5 g/dL	Calculated
RDW	14.3	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6100	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	35.8	20-40 %	
Absolute Lymphocytes	2183.8	1000-3000 /cmm	Calculated
Monocytes	5.4	2-10 %	
Absolute Monocytes	329.4	200-1000 /cmm	Calculated
Neutrophils	56.4	40-80 %	
Absolute Neutrophils	3440.4	2000-7000 /cmm	Calculated
Eosinophils	2.4	1-6 %	
Absolute Eosinophils	146.4	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.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	247000	150000-400000 /cmm	Elect. Impedance
MPV	7.6	6-11 fl	Calculated
PDW	11.5	11-18 %	Calculated

Authenticity Check



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Reported : 12-Nov-2022 / 13:42

RBC MORPHOLOGY

Hypochromia -
Microcytosis -
Macrocytosis -
Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Normocytic, Normochromic

WBC MORPHOLOGY -

PLATELET MORPHOLOGY -

COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB 4 2-15 mm at 1 hr. Westergren

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist



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Age / Gender : 35 Years / Male
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Reg. Location : G B Road, Thane West (Main Centre)

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Reported : 12-Nov-2022 / 13:57

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	76.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	100.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.47	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.19	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.28	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	18.2	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	24.3	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	20.0	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	135.5	40-130 U/L	PNPP
BLOOD UREA, Serum	19.1	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	9.0	6-20 mg/dl	Calculated

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Reported : 12-Nov-2022 / 16:04

CREATININE, Serum	0.91	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	101	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.5	3.5-7.2 mg/dl	Uricase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



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Reported : 12-Nov-2022 / 15:07

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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
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	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	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	1-2	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	2-3	Less than 20/hpf	

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



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Reported : 12-Nov-2022 / 15:07

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

PARAMETER

RESULTS

ABO GROUP : O
Rh TYPING : Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Note : This Sample has also been tested for Bombay group/Bombay phenotype /Oh using anti-H lectin

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 ***



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	175.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	98.7	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	38.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	137.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	117.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	20.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.0	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



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 Age / Gender : 35 Years / Male
 Consulting Dr. : -
 Reg. Location : G B Road, Thane West (Main Centre)

Collected : 12-Nov-2022 / 12:12
 Reported : 12-Nov-2022 / 15:03

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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	5.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	20.5	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.06	0.35-5.5 microlU/ml	ECLIA



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Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 12-Nov-2022 / 12:12
Reported : 12-Nov-2022 / 15:03

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

Amit Taori
Dr. AMIT TAORI
M.D (Path)
Pathologist



SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST

Patient Name: PRAVEEN SONAWANE

Date and Time: 12th Nov 22 12:54 PM

Patient ID: 2231624042



PRECISE TESTING • HEALTHIER LIVING

Age 35 years 5 months 29 days

Gender Male

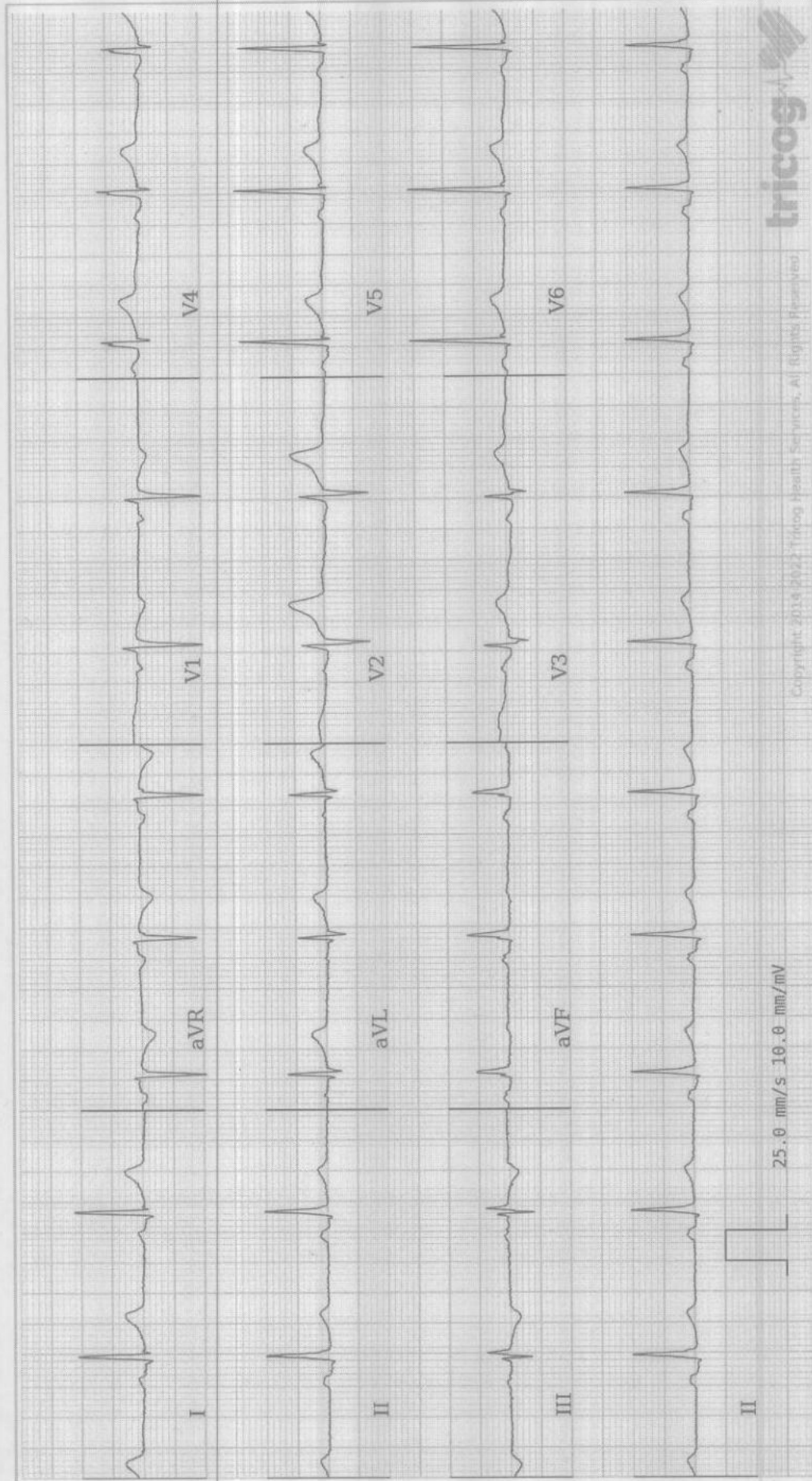
Heart Rate 63bpm

Patient Vitals

BP: NA
Weight: 67 kg
Height: 159 cm
Pulse: NA
Spo2: NA
Resp: NA
Others:

Measurements

QRSD: 90ms
QT: 398ms
QTc: 407ms
PR: 154ms
P-R-T: 52° 32° 6°



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

REPORTED BY

DR. SHAILAJA PILLAI
MBBS, MD Physician
MD Physician
49972

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.

1165 (2231624042) / PRAVIN SONAWANE / 35 Yrs / M / 159 Cms / 67 Kg Date: 12-Nov-2022

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:08	0:08	00.0	00.0	01.0	074	40 %	120/80	088	00	
Standing	00:13	0:05	00.0	00.0	01.0	073	39 %	120/80	087	00	
HV	00:22	0:09	00.0	00.0	01.0	073	39 %	120/80	087	00	
ExStart	00:25	0:03	00.0	00.0	01.0	073	39 %	120/80	087	00	
BRUCE Stage 1	03:25	3:00	01.7	10.0	04.7	111	60 %	130/80	144	00	
BRUCE Stage 2	06:25	3:00	02.5	12.0	07.1	127	69 %	140/80	177	00	
BRUCE Stage 3	09:25	3:00	03.4	14.0	10.2	137	74 %	150/80	205	00	
PeakEx	10:17	0:52	04.2	16.0	11.2	155	84 %	160/80	248	00	
Recovery	11:17	1:00	00.0	00.0	04.2	113	61 %	160/80	180	00	
Recovery	12:17	2:00	00.0	00.0	01.0	103	56 %	130/80	133	00	
Recovery	14:17	4:00	00.0	00.0	01.0	097	52 %	130/80	126	00	
Recovery	14:28				00.0	000	0 %	—/—	000	00	

FINDINGS :

Exercise Time : 09:52
 Max HR Attained : 155 bpm 84% of Target 185
 Max BP Attained : 160/80
 Max WorkLoad Attained : 11.2 Good response to induced stress
 Test End Reasons : Fatigue, Heart Rate Achieved

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



Doctor : DR SHAILAJA PILLAI



1165 / PRAVIN SONAWANE / 35 Yrs / M / 159 Cms / 67 Kg Date: 12-Nov-2022

REPORT :

PROCEDURE DONE: Graded exercise treadmill stress test.

STRESS ECG RESULTS: The initial HR was recorded as 74.0 bpm, and the maximum predicted Target Heart Rate 185.0. The BP increased at the time of generating report as 160.0/80.0 mmHg The Max Dep went upto 0.3. 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



SUBURBAN DIAGNOSTICS THANE GB

THANE GB
1165 / PRAVIN SONAWANE / 35 Yrs / Male / 159 Cm / 67 Kg

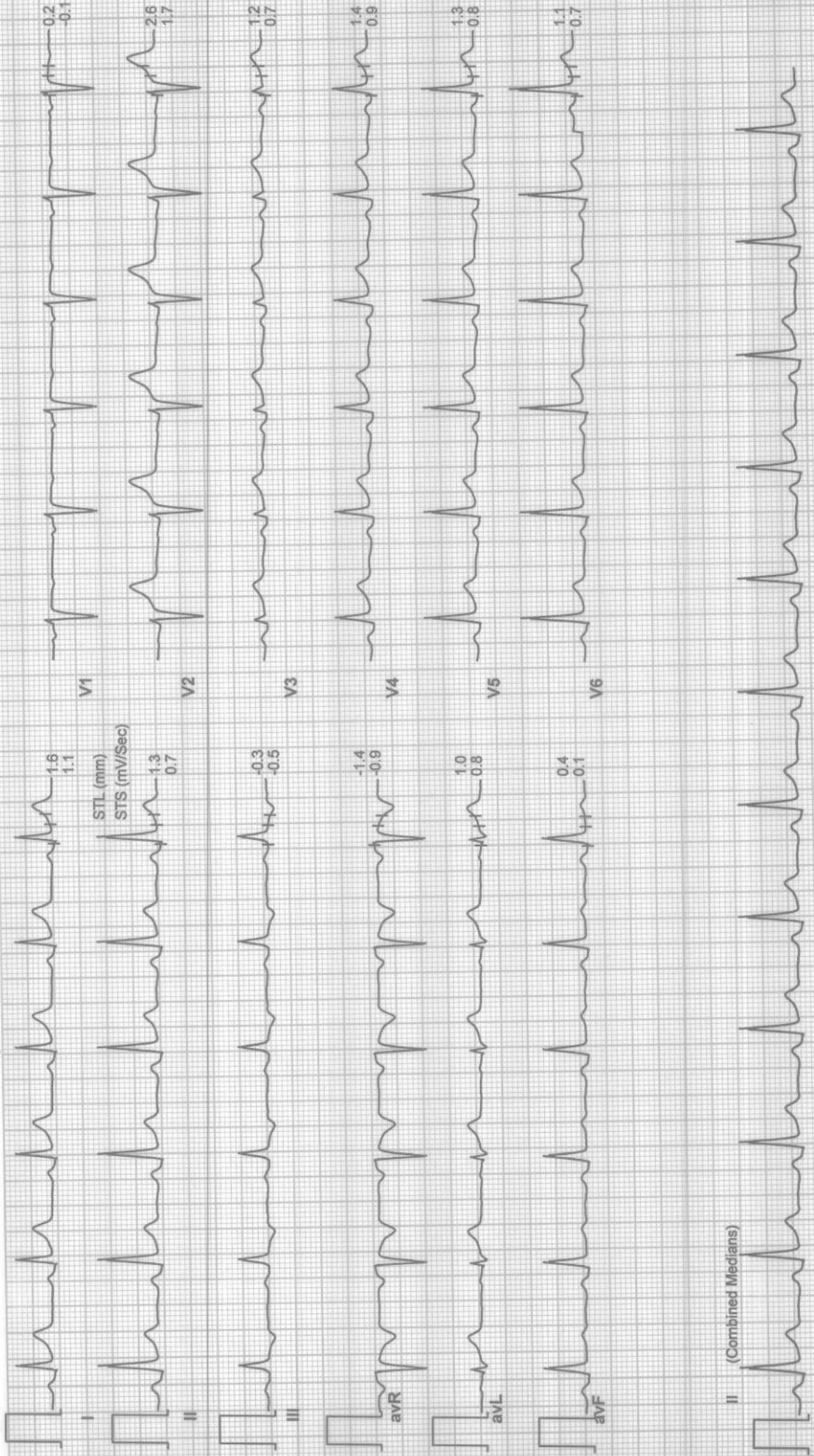
6X2 Combine Medians + 1 Rhythm

HV (00:00)



Date: 12 / 11 / 2022 01:40:08 PM METs : 1.0 HR : 73 Target HR : 39% of 185 BP : 120/80 Post J @80mSec

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





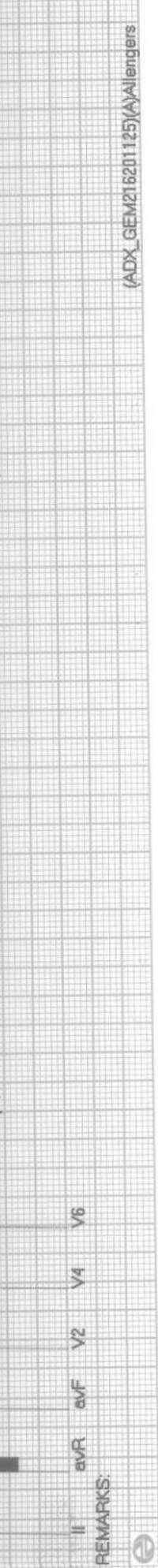
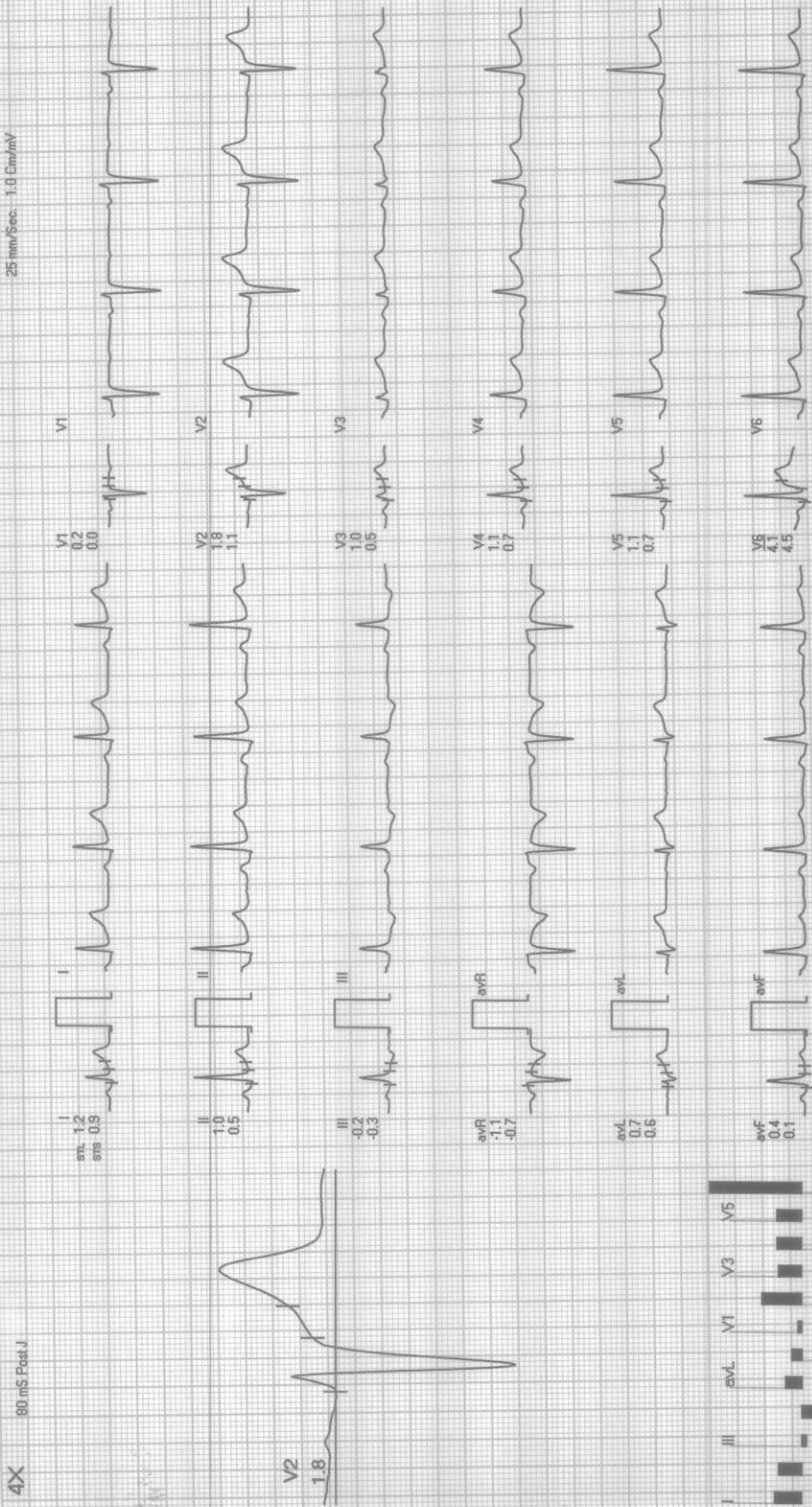
SUPINE (00:01)

SUBURBAN DIAGNOSTICS THANE GB

1165 (2231624042) / PRAVIN SONAWANE / 35 Yrs / M / 159 Cms / 67 Kg / HR : 74

Date: 12-Nov-2022 01:40:08 PM METS: 1.0/74 bpm 40% of THR BP: 120/80 mmHg Raw ECG/BLC On/ Natch On/ HF 0.05 Hz/LF 20 Hz

ExTime: 00:00 0.0 mph: 0.0%
25 mm/Sec. 1.8 Cm/mV



REMARKS:



(ADX_GEM216201125)(A)Allengers



STANDING (00:00)

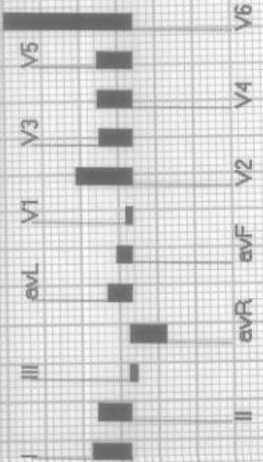
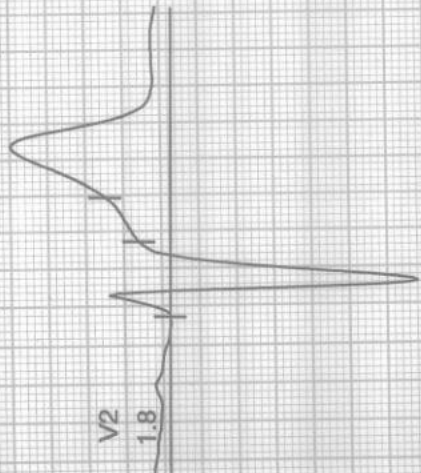
SUBURBAN DIAGNOSTICS THANE GB

1165 (2231624042) / PRAVIN SONAWANE / 35 Yrs / M / 159 Cms / 67 Kg / HR : 74

ExTime: 00:00.0.0 mph: 0.0%
25 mm/Sec. 1.0 Cm/mV

Date: 12-Nov-2022 01:40:08 PM METS: 1.0/74 bpm 40% of THR BP: 120/80 mmHg Raw ECG/BLC On/ Notch On/HF 0.05 Hz/LF 20 Hz

4X 80 mS Post J



SUBURBAN DIAGNOSTICS THANE GB

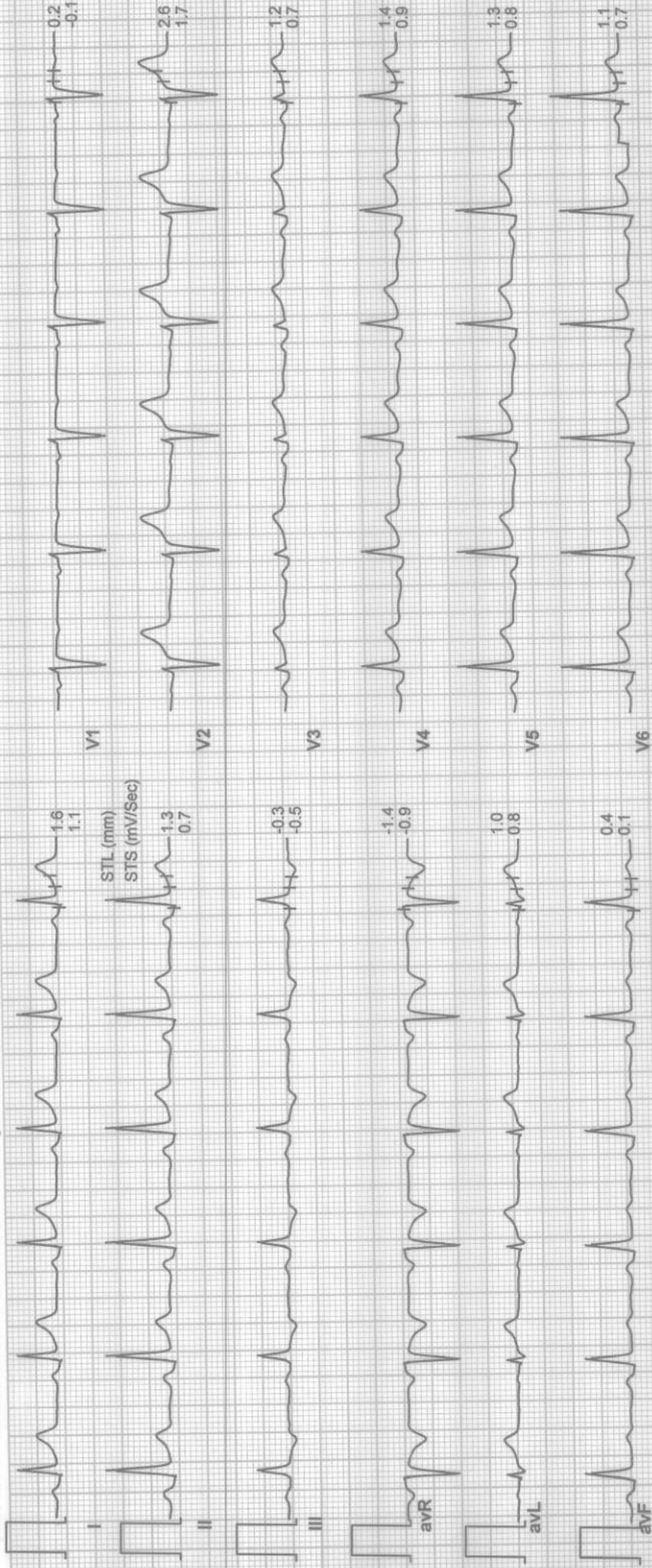
THANE GB
1165 / PRAVIN SONAWANE / 35 Yrs / Male / 159 Cm / 67 Kg

6X2 Combine Medians + 1 Rhythm ExStrt



Date: 12 / 11 / 2022 01:40:08 PM METs : 1.0 HR : 73 Target HR : 39% of 185 BP : 120/80 Post J @80mSec

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



II (Combined Medians)

(ADX_GEM216201125)(A)Allengers



SUBURBAN DIAGNOSTICS THANE GB

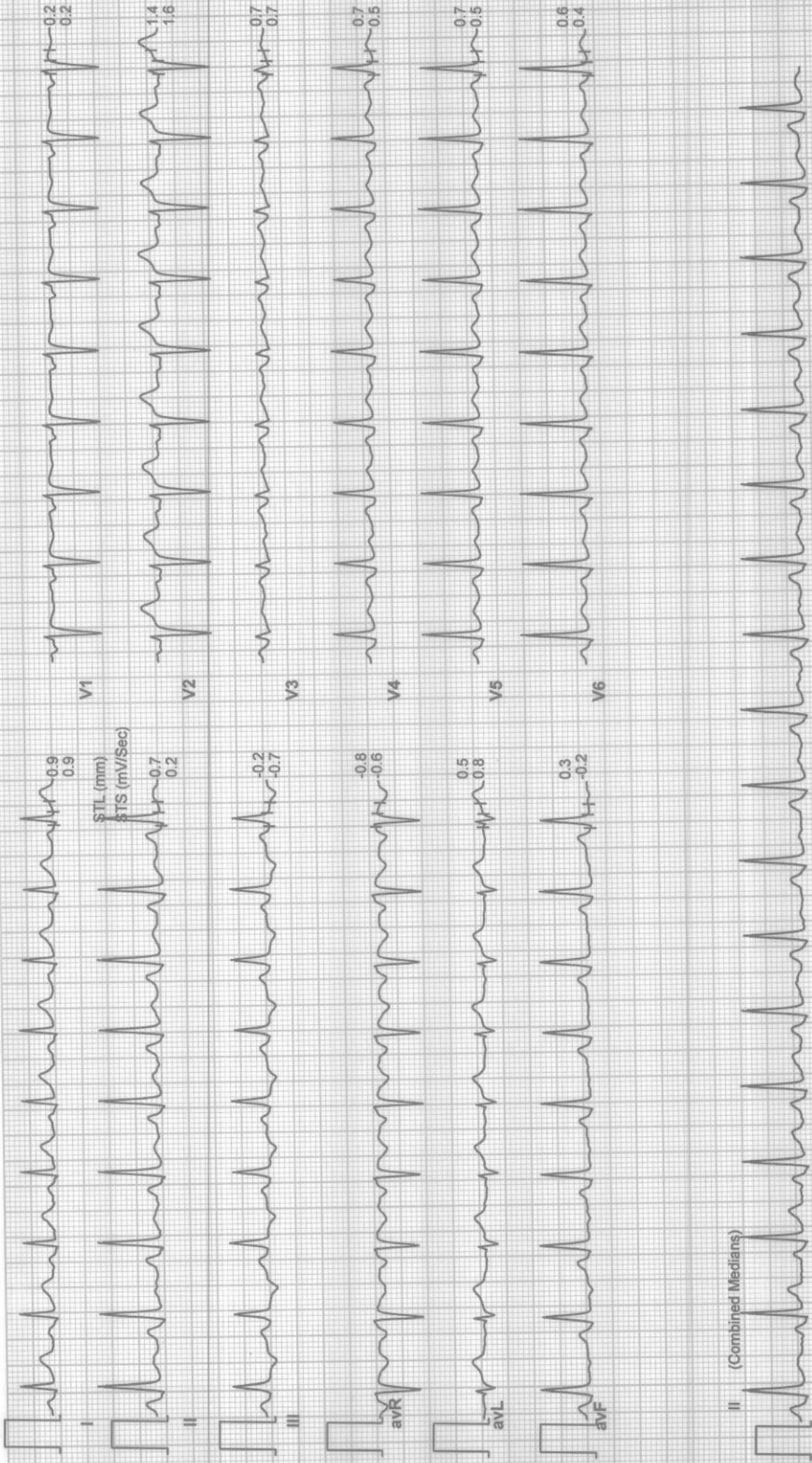
THANE GB
1165 / PRAVIN SONAWANE / 35 Yrs / Male / 159 Cm / 67 Kg

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



Date: 12 / 11 / 2022 01:40:08 PM METs : 4.7 HR : 111 Target HR : 60% of 185 BP : 130/80 Post J @80mSec

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



II (Combined Medians)



SUBURBAN DIAGNOSTICS THANE GB

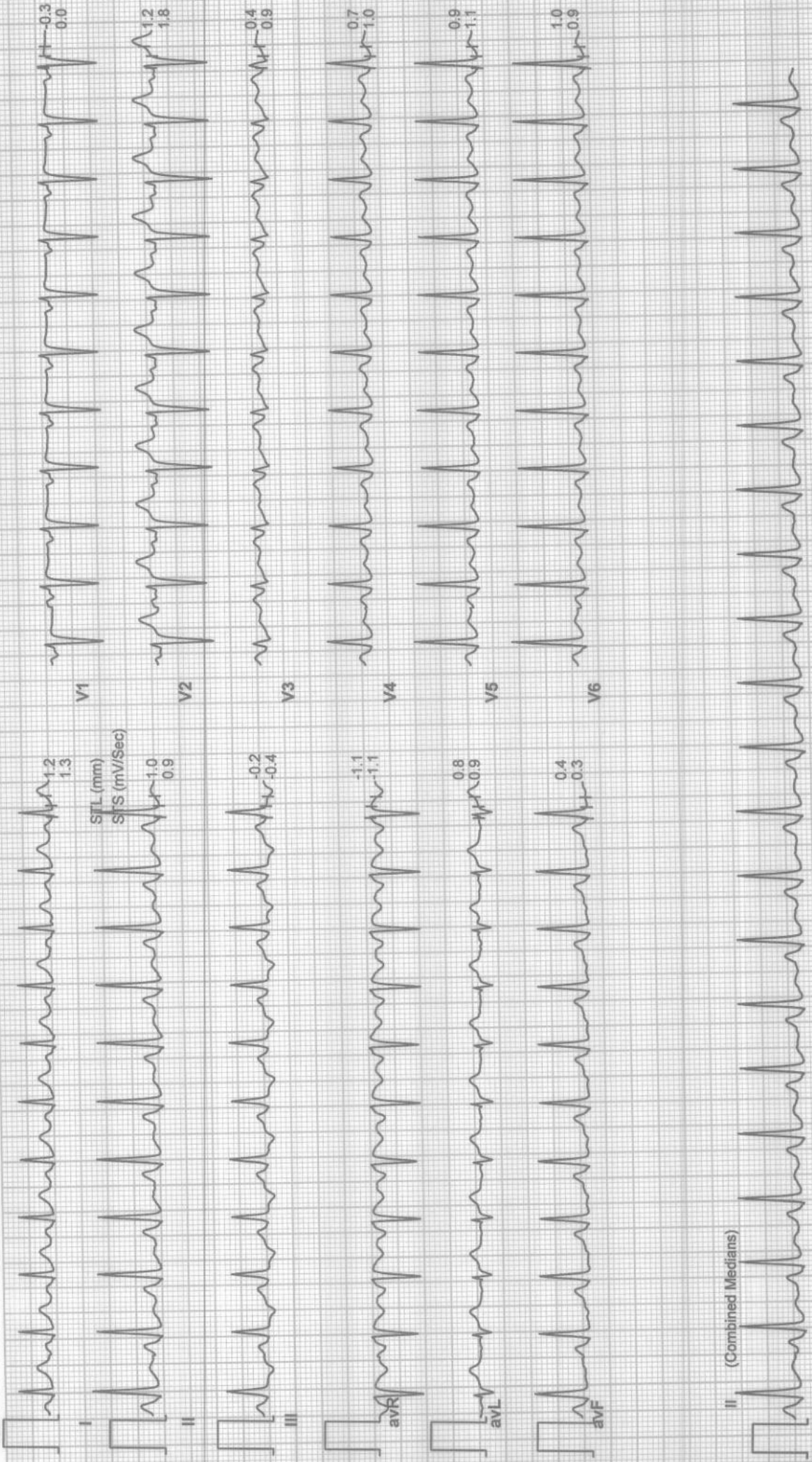
THANE GB
1165 / PRAVIN SONAWANE / 35 Yrs / Male / 159 Cm / 67 Kg

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



Date: 12 / 11 / 2022 01:40:08 PM METs : 7.1 HR : 127 Target HR : 69% of 185 BP : 140/80 Post J @80mSec

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



SUBURBAN DIAGNOSTICS THANE GB

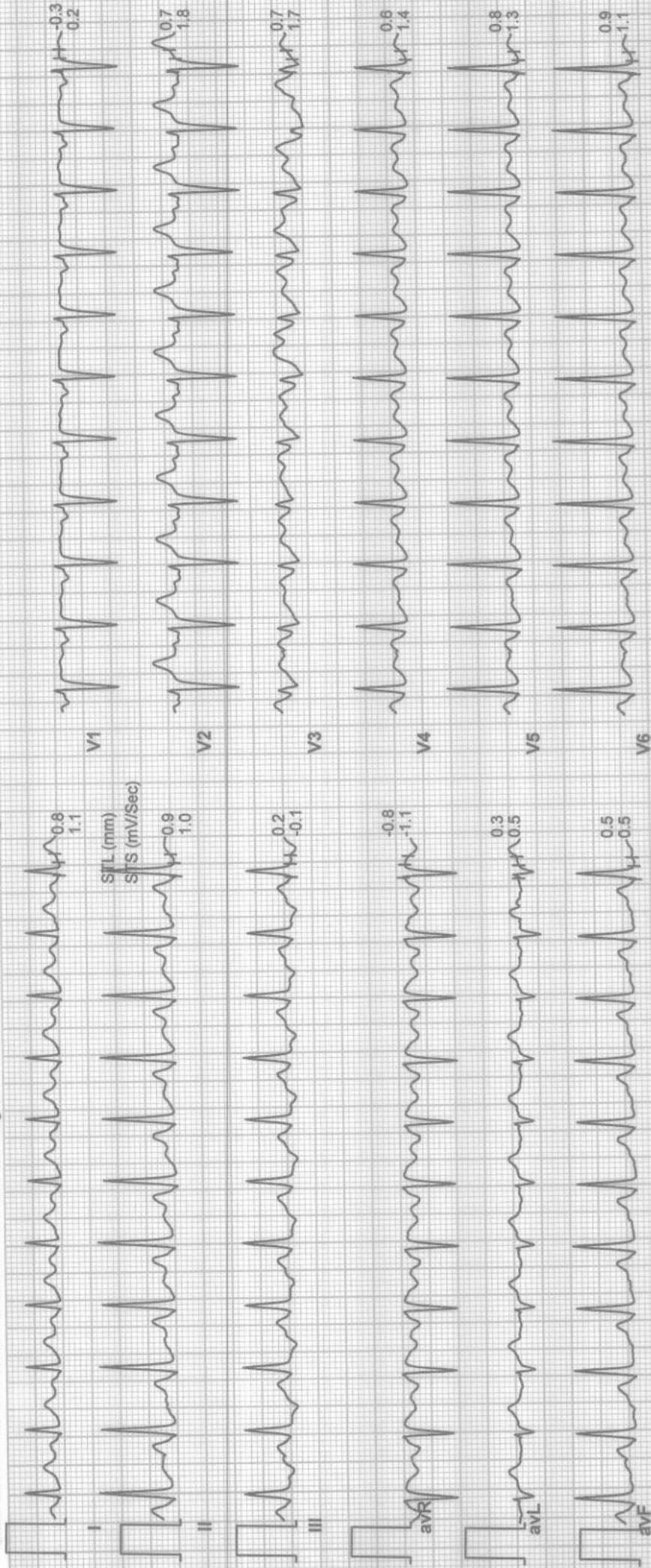
THANE GB
1165 / PRAVIN SONAWANE / 35 Yrs / Male / 159 Cm / 67 Kg

6X2 Combine Medians + 1 Rhythm BRUCE : Stage 3 (03:00)



Date: 12 / 11 / 2022 01:40:08 PM METs : 10.2 HR : 137 Target HR : 74% of 185 BP : 150/80 Post J @60mSec

ExTime: 09:00 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)



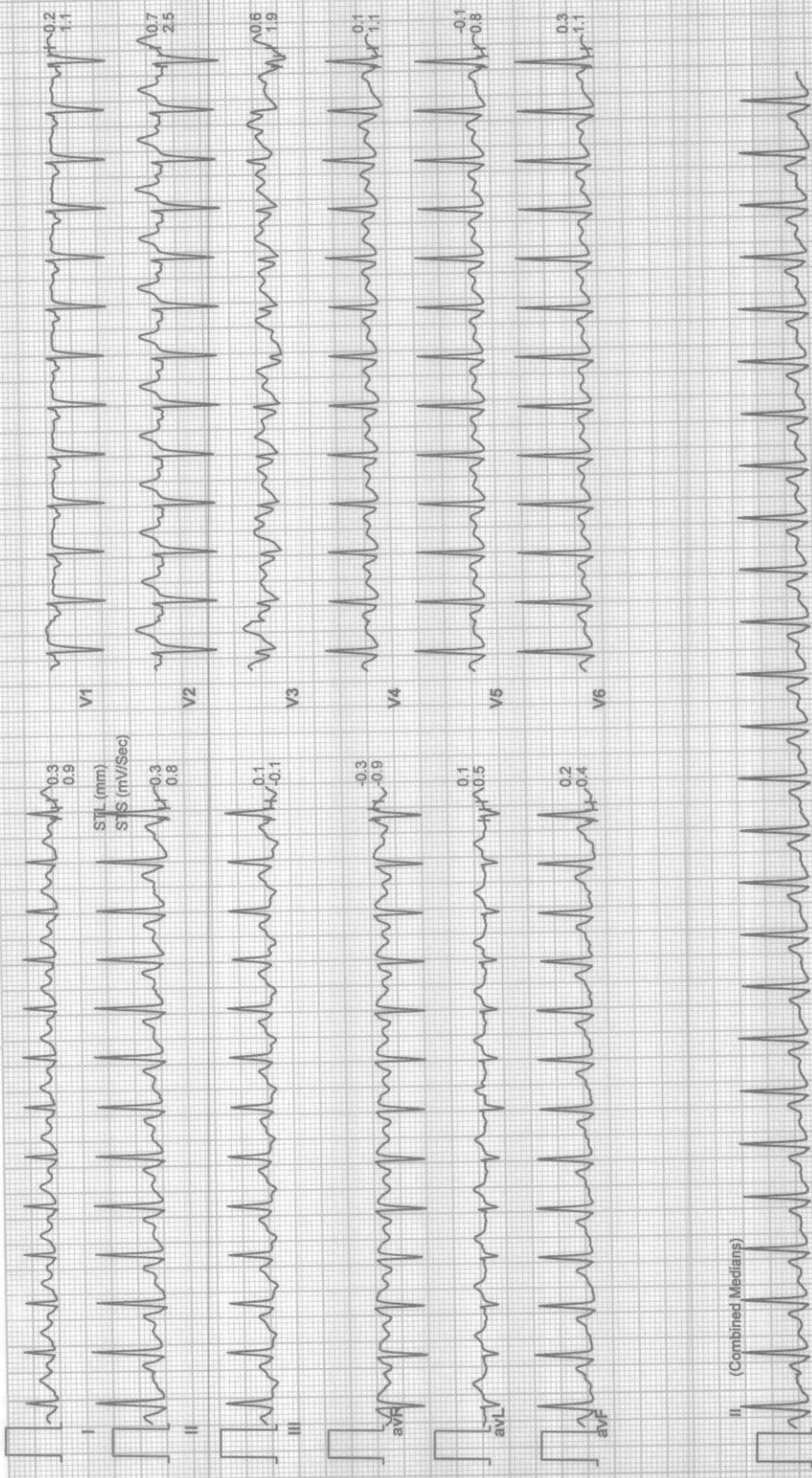
SUBURBAN DIAGNOSTICS THANE GB

THANE GB
1165 / PRAVIN SONAWANE / 35 Yrs / Male / 159 Cm / 67 Kg

6X2 Combine Medians + 1 Rhythm PeakEx



Date: 12 / 11 / 2022 01:40:08 PM METs : 11.2 HR : 155 Target HR : 84% of 185 BP : 160/80 Post J @60mSec
ExTime: 09:52 Speed: 4.2 mph Grade : 16.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)



SUBURBAN DIAGNOSTICS THANE GB

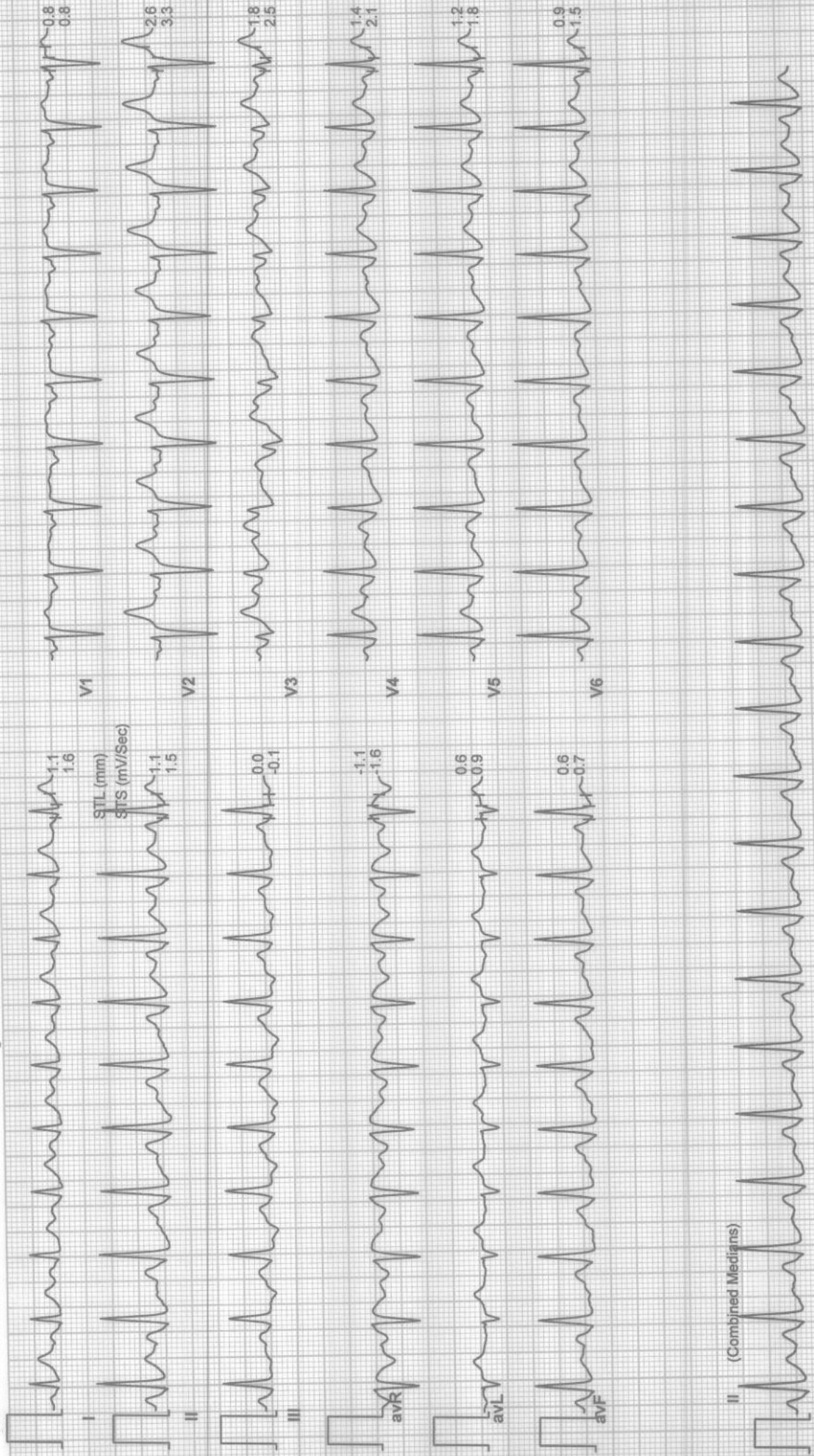
THANE GB
1165 / PRAVIN SONAWANE / 35 Yrs / Male / 159 Cm / 67 Kg

6X2 Combine Medians + 1 Rhythm

Recovery : (01:00)



Date: 12 / 11 / 2022 01:40:08 PM METs : 4.2 HR : 122 Target HR : 66% of 185 BP : 160/80 Post J @80mSec ExTime: 09:52 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)



SUBURBAN DIAGNOSTICS THANE GB

THANE GB
1165 / PRAVIN SONAWANE / 35 Yrs / Male / 159 Cm / 67 Kg

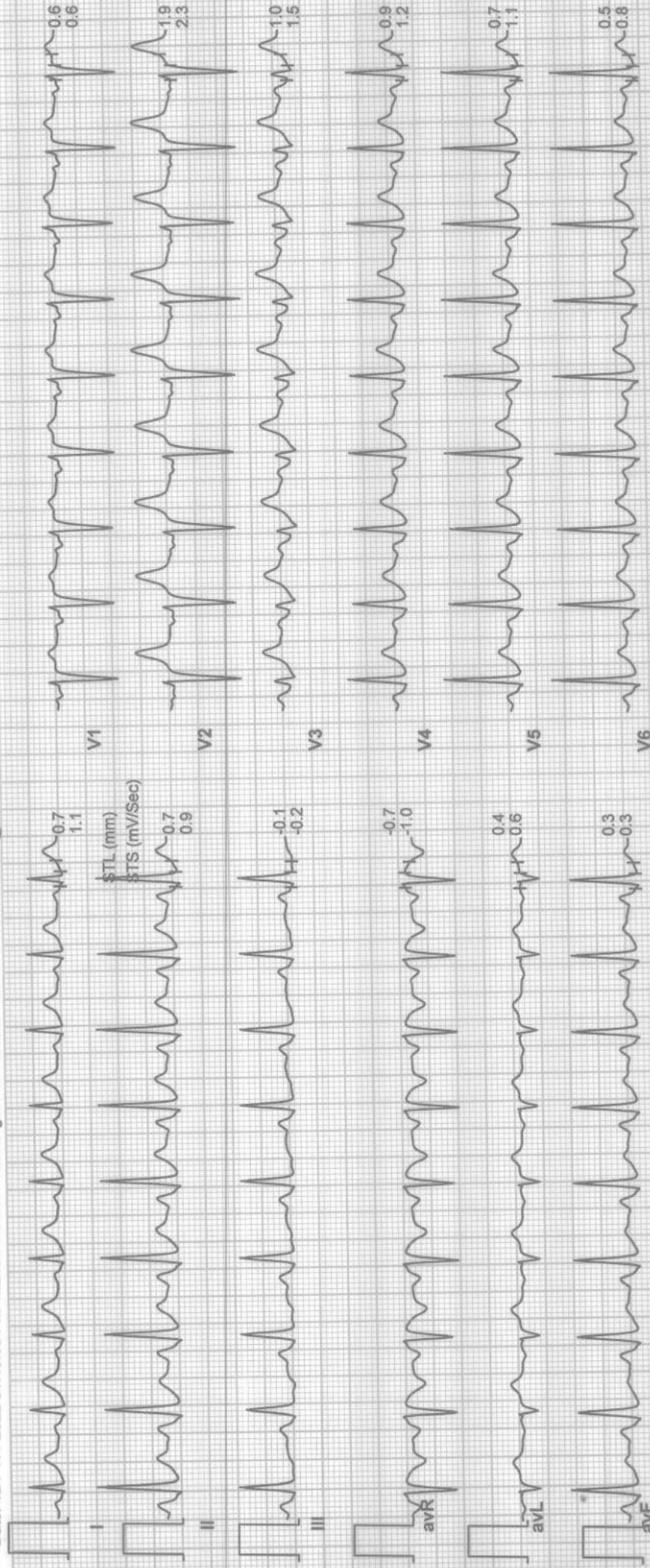
6X2 Combine Medians + 1 Rhythm

Recovery : (02:00)



Date: 12 / 11 / 2022 01:40:08 PM METs : 1.0 HR : 109 Target HR : 59% of 185 BP : 130/80 Post J @80mSec

ExTime: 09:52 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)



SUBURBAN DIAGNOSTICS THANE GB

THANE GB

1165 / PRAVIN SONAWANE / 35 Yrs / Male / 159 Cm / 67 Kg

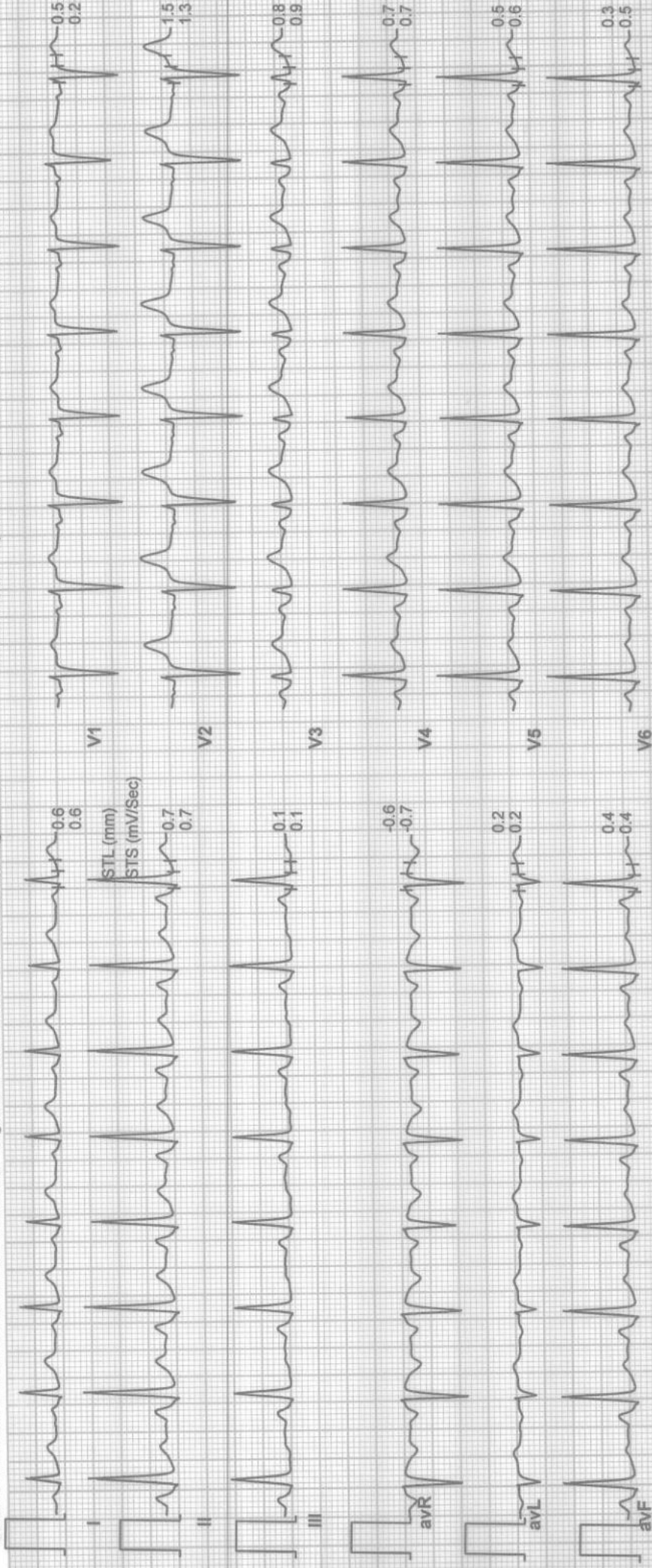
6X2 Combine Medians + 1 Rhythm

Recovery : (04:00)



Date: 12 / 11 / 2022 01:40:08 PM METs : 1.0 HR : 92 Target HR : 50% of 185 BP : 130/80 Post J @80mSec

ExTime: 09:52 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)



SUBURBAN DIAGNOSTICS THANE GB

THANE GB
1165 / PRAVIN SONAWANE / 35 Yrs / Male / 159 Cm / 67 Kg

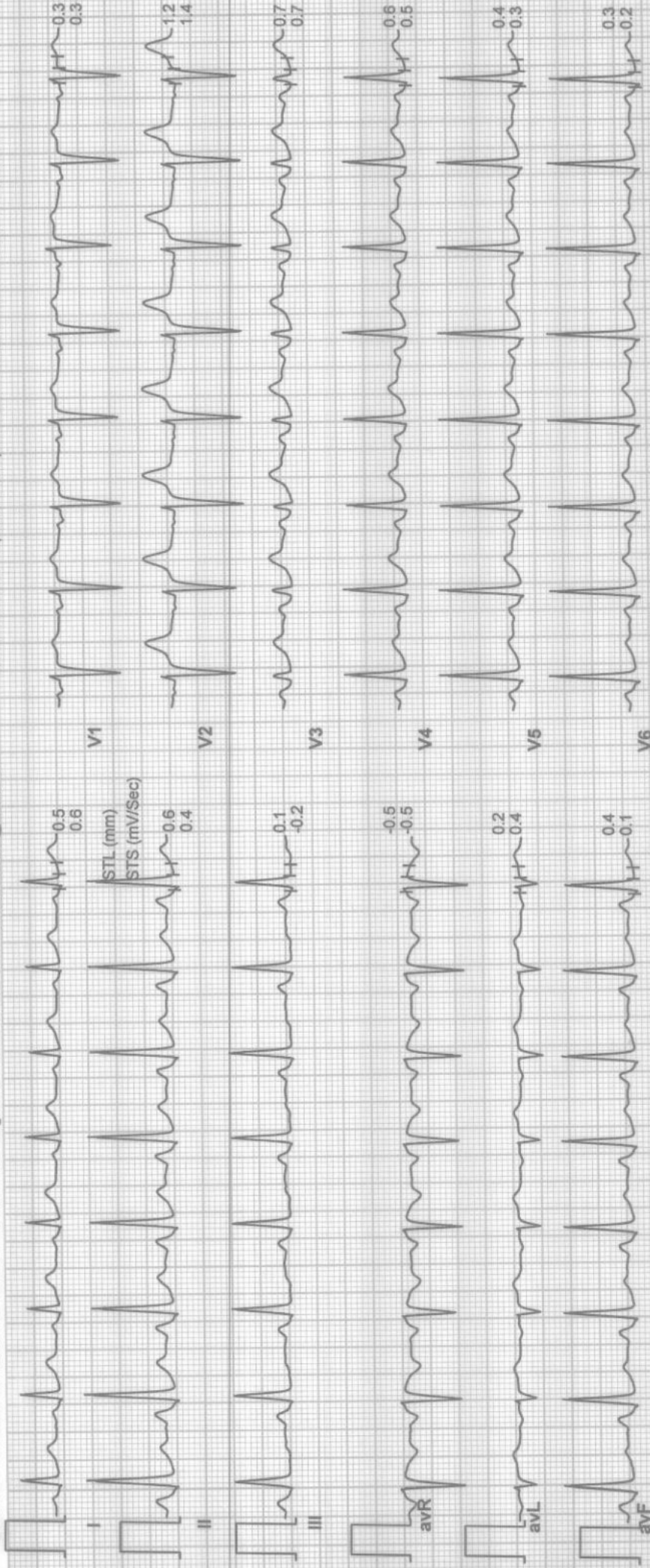
6X2 Combine Medians + 1 Rhythm

Recovery : (04:11)



Date: 12 / 11 / 2022 01:40:08 PM METs : 1.0 HR : 100 Target HR : 54% of 185 BP : 130/80 Post J @80mSec

ExTime: 09:52 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2231624042
Name : Mr praveen sonawane
Age / Sex : 35 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 12-Nov-2022
Reported : 12-Nov-2022 / 13:48

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. FAIZUR KHILJI before dispatch.

KLJI FAJ

Dr.FAIZUR KHILJI
MBBS,RADIO DIAGNOSIS
Reg No-74850
Consultant Radiologist

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2022111212061473>