



CID : 2228823547
Name : MR.VIVEK TIWARI
Age / Gender : 30 Years / Male
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Collected : 15-Oct-2022 / 10:24
Reported : 15-Oct-2022 / 17:15

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	16.5	13.0-17.0 g/dL	Spectrophotometric
RBC	4.92	4.5-5.5 mil/cmm	Elect. Impedance
PCV	50.1	40-50 %	Measured
MCV	102	80-100 fl	Calculated
MCH	33.5	27-32 pg	Calculated
MCHC	32.9	31.5-34.5 g/dL	Calculated
RDW	15.5	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7180	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	19.2	20-40 %	
Absolute Lymphocytes	1378.6	1000-3000 /cmm	Calculated
Monocytes	7.7	2-10 %	
Absolute Monocytes	552.9	200-1000 /cmm	Calculated
Neutrophils	71.5	40-80 %	
Absolute Neutrophils	5133.7	2000-7000 /cmm	Calculated
Eosinophils	1.3	1-6 %	
Absolute Eosinophils	93.3	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	21.5	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	185000	150000-400000 /cmm	Elect. Impedance
MPV	10.0	6-11 fl	Calculated
PDW	17.8	11-18 %	Calculated



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RBC MORPHOLOGY

Hypochromia -
Microcytosis -
Macrocytosis Mild
Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others -
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 Borivali Lab, Borivali West

*** End Of Report ***



Bmhaskar

Dr.KETAKI MHASKAR
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	91.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	98.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.85	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.35	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.50	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	5.1	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.0	1 - 2	Calculated
SGOT (AST), Serum	61.3	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	92.5	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	97.0	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	138.3	40-130 U/L	Colorimetric
BLOOD UREA, Serum	17.7	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.3	6-20 mg/dl	Calculated
CREATININE, Serum	1.06	0.67-1.17 mg/dl	Enzymatic



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eGFR, Serum	87	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	6.7	3.5-7.2 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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



Anupa

Dr. ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab
Director



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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	5.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	99.7	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 SDRL, Vidyavihar Lab

*** End Of Report ***



Dr. Vrushi Shroff
Dr.VRUSHALI SHROFF
M.D.(PATH)
Pathologist



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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)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<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	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	3-4		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	8-10	Less than 20/hpf	
Others	-		

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



MC-2111

J. Thakker

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



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Name : MR.VIVEK TIWARI
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Collected : 15-Oct-2022 / 10:24
Reported : 15-Oct-2022 / 16:29

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
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.

References:

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

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



J. Thakker

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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	135.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	89.9	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	33.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	102.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	84.0	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	18.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.5	0-3.5 Ratio	Calculated

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



Bmhaskar

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



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Collected : 15-Oct-2022 / 10:24
Reported : 15-Oct-2022 / 20:21

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	5.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.6	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.11	0.35-5.5 microIU/ml	ECLIA



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Collected : 15-Oct-2022 / 10:24
Reported : 15-Oct-2022 / 20:21

R
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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 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)

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



Anupa Dixit

Dr.ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab
Director

Patient Name: VIVEK TIWARI

Date and Time: 15th Oct 22 10:48 AM

Patient ID: 2228823547

Age **30** **2** **0**
years months days

Gender **Male**

Heart Rate **84bpm**

Patient Vitals

BP: 130/80 mmHg

Weight: 73 kg

Height: 172 cm

Pulse: NA

Spo2: NA

Resp: NA

Others: _____

Measurements

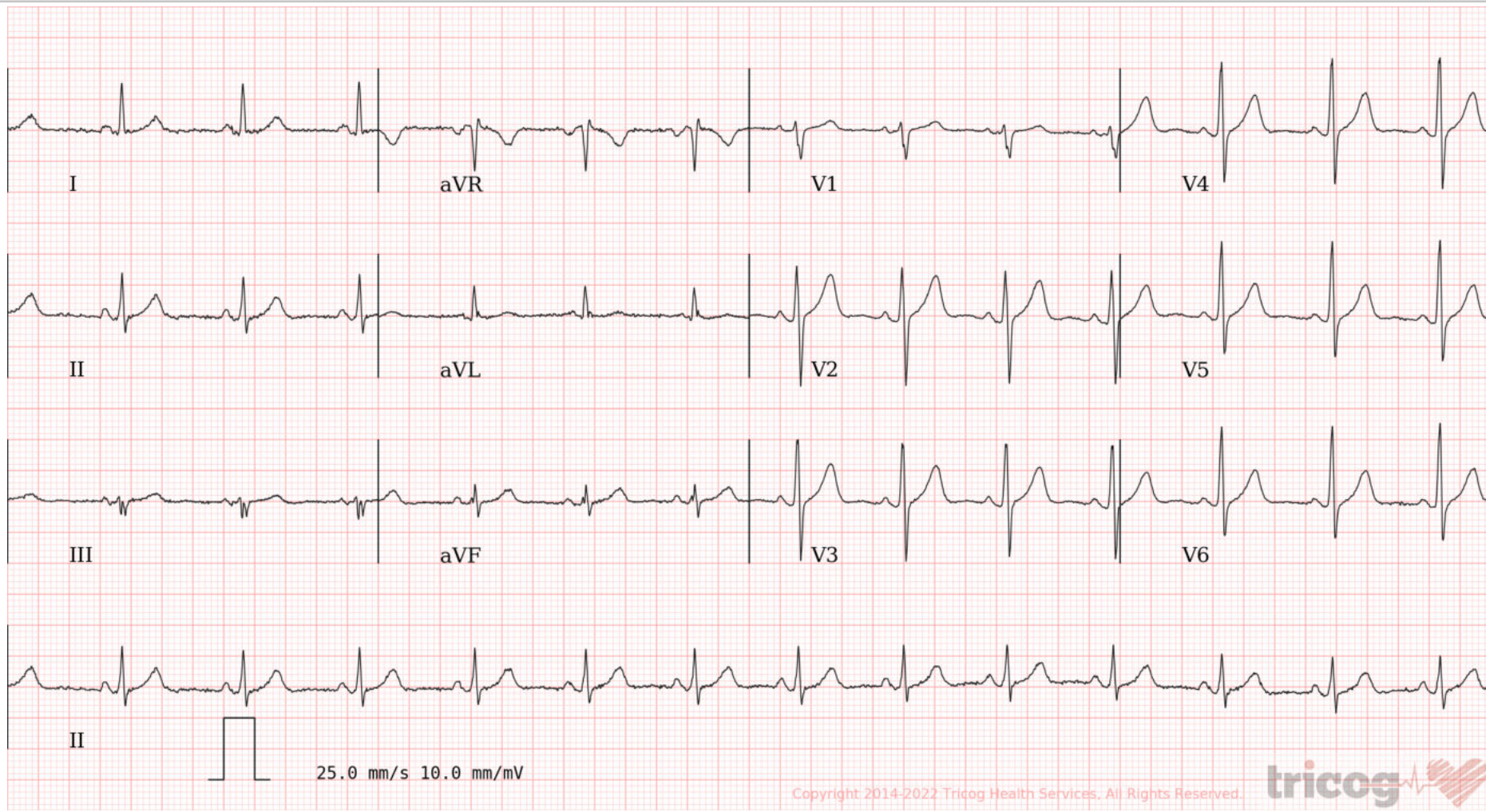
QRSD: 84ms

QT: 346ms

QTc: 408ms

PR: 118ms

P-R-T: 38° 13° 52°



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

REPORTED BY

Smita Valani

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

CID# : 2228823547

Name : MR.VIVEK TIWARI

Age / Gender : 30 Years/Male

Consulting Dr. :-

Collected : 15-Oct-2022 / 10:18

Reg.Location : Bhayander East (Main Centre)

Reported : 15-Oct-2022 / 13:58

PHYSICAL EXAMINATION REPORT

History and Complaints:

No Complaint , Allergic to Sulpha Drugs .

EXAMINATION FINDINGS:

Height (cms):	172	Weight (kg):	73
Temp (0c):	Afebrile	Skin:	NAD
Blood Pressure (mm/hg):	130/80	Nails:	NAD
Pulse:	88/min	Lymph Node:	Not Palpable

Systems

Cardiovascular: S1S2-Normal

Respiratory: Chest-Clear

Genitourinary: NAD

GI System: NAD

CNS: NAD

(+ve)

IMPRESSION:

ECG, TMT, CBC, Biochemistry on WNL
USG w/ Ho. Je-I Fatty Liver.

ADVICE:

Expert Consultation.

CHIEF COMPLAINTS:

- | | |
|----------------------|----|
| 1) Hypertension: | No |
| 2) IHD | No |
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |

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- | | |
|--|----|
| 5) Tuberculosis | No |
| 6) Asthama | No |
| 7) Pulmonary Disease | No |
| 8) Thyroid/ Endocrine disorders | No |
| 9) Nervous disorders | No |
| 10) GI system | No |
| 11) Genital urinary disorder | No |
| 12) Rheumatic joint diseases or symptoms | No |
| 13) Blood disease or disorder | No |
| 14) Cancer/lump growth/cyst | No |
| 15) Congenital disease | No |
| 16) Surgeries | No |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

- | | |
|---------------|--------------------|
| 1) Alcohol | No |
| 2) Smoking | No |
| 3) Diet | Vege <i>talian</i> |
| 4) Medication | No |

DR. ANITA CHOUDHARY
M.B.B.S.
CONSULTANT PHYSICIAN
Reg. No. 2017/12/5553

*** End Of Report ***

SUBURBAN DIAGNOSTICS (I) PVT. LTD
Shop No. 101-A, 1st Floor, Ashiji Building
Above Reymond, Near Shurga Hospital
Mira - Bhayander Road, Bhayander (E)
Dist. Thane-401103.
Phone No : 022 - 61700000



भारत सरकार
GOVERNMENT OF INDIA



विवेक कुमार तिवारी
Vivek Kumar Tiwari
जन्म तिथि / DOB : 15/08/1992
पुरुष / MALE

9871 1471 7666



आधार - आम आदमी का अधिकार

Shop No. 101-A, 1st Floor, Keshvi Building
Above Raymond, Near Thunga Hospital,
Mira - Bhayander Road, Bhayander (E)
Dist. Thane-401105,
Phone No : 022 - 61700000
SUBURBAN DIAGNOSTICS (I) PVT. LTD.

DR. ANITA CHOUDHARY

M.D.B.S.

CONSULTANT PHYSICIAN

Reg. No. 2017/12/5553

Date:- 15/10/22

CID: 2228823547

Name:- Vivek. Tiwari

Sex / Age: 30 / M

EYE CHECK UP

Chief complaints: No Complaint

Systemic Diseases:

Past history: X111

Unaided Vision:

RE LE

Aided Vision:

6/6 6/6

Refraction:

N16 N16

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

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Above Raymond, Near T. N. Hospital,
Mira - Bhayander Road, Mira - Bhayander (E)
Dist. Thane-401105.
Phone No: 022 - 61700000

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

SUBURBAN DIAGNOSTICS BHAYANDER

Email:

52 (2228823547) / VIVEK TIWARI / 30 Yrs / M / 172 Cms / 73 Kg
 Date: 15 / 10 / 2022 01:11:40 PM

Report



Stage	Time	Duration	Speed(mph)	Elevation	MEIS	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:08	0:08	00.0	00.0	01.0	090	47%	130/80	117	00	
Standing	00:12	0:04	00.0	00.0	01.0	090	47%	130/80	117	00	
HV	00:16	0:04	00.0	00.0	01.0	103	54%	130/80	133	00	
ExStart	00:19	0:03	01.7	10.0	01.1	109	57%	130/80	141	00	
BRUCE Stage 1	03:19	3:00	01.7	10.0	04.7	139	73%	130/80	180	00	
BRUCE Stage 2	06:19	3:00	02.5	12.0	07.1	178	94%	140/80	249	00	
PeakEx	06:38	0:19	03.4	14.0	07.4	182	96%	140/80	254	00	
Recovery	07:38	1:00	01.1	00.0	01.2	160	84%	150/80	240	00	
Recovery	08:38	2:00	00.0	00.0	01.0	130	68%	150/80	195	00	
Recovery	10:38	4:00	00.0	00.0	01.0	117	62%	120/80	140	00	
Recovery	10:44	4:06	00.0	00.0	01.0	119	63%	120/80	142	00	

FINDINGS :

Exercise Time : 06:19
 Initial HR (ExStrt) : 109 bpm 57% of Target 190
 Initial BP (ExStrt) : 130/80 (mm/Hg)
 Max Workload Attained : 7.4 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : III & -0.2 mm in Recovery
 Duke Treadmill Score : 04.3
 Test End Reasons : Test Complete

Max HR Attained 182 bpm 96% of Target 190
 Max BP Attained 150/80 (mm/Hg)

SUBURBAN DIAGNOSTICS (I) PVT. LTD
 Shop No. 101-A, 1st Floor, Kshitij Building,
 Above Raymond, Near Thunga Hospital,
 Mira - Bhayander Road, Bhayander (E)
 Dist. Thane-401105,
 Phone No : 022 - 61700000

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

Doctor: DR SMITA VALANI



EMail: SUBURBAN DIGNOSTICS BHAYANDER PVT. LTD.
52/VAIK TIWARI / 30 Yrs / M / 172 Cms / 73 Kg Date: 15 / 10 / 2022 01:11:40 PM

REPORT :

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

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Shop No. 101-A, 1st Floor, Kshatri Building,
Above Raymond, Near Thang's Hospital,
Vira - Bhayander Road, Bhayander (E)
Dist. Thane-401105
Phone No : 022 - 64700000

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

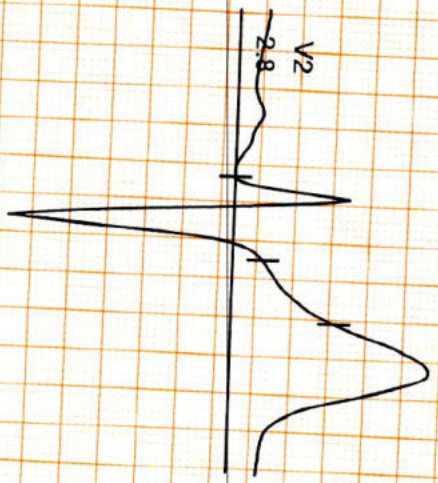
Doctor : 
DR SMITA VALANI





Date: 15/10/2022 01:11:40 PM METS: 1.0/ 90 bpm 47% of THR BP 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz
 4X 80 mS Post U

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



I
 STI 1.8
 STS 1.7



V1
 0.0
 -0.1



II
 1.9
 1.8



V2
 2.8
 2.5



III
 0.1
 0.0



V3
 2.3
 2.1



aVR
 -1.8
 -1.8



V4
 1.9
 1.8



aVL
 0.8
 0.9



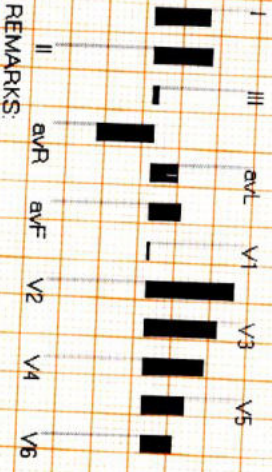
V5
 1.3
 1.2



aVF
 1.0
 0.9



V6
 1.0
 0.9



REMARKS:



Date: 15/10/2022 01:11:40 PM METS: 1.0/1.03 bpm 54% of THR BP: 130/80 mmHg Raw ECG/BL/CO/Na/Ch/HE 0.05 Hz/LF 35 Hz
4X 80 ms Post J

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



I
STL 1.8
STS 1.7



V1
0.0
0.1



II
1.9
1.8



V2
2.8
2.5



III
0.1
0.0



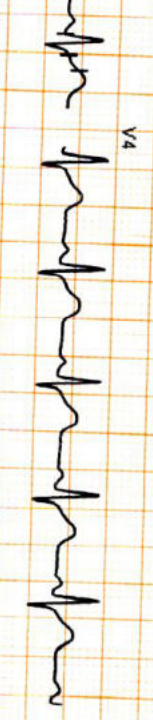
V3
2.3
2.1



aVR
-1.8
-1.8



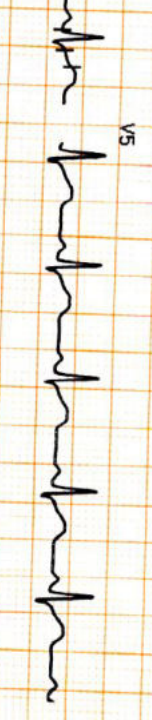
V4
1.9
1.8



aVL
0.8
0.9



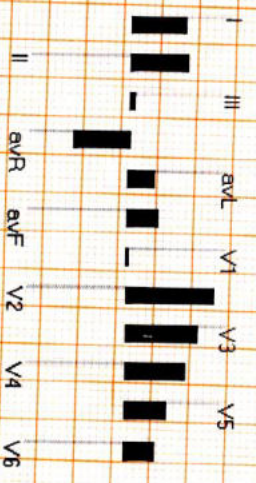
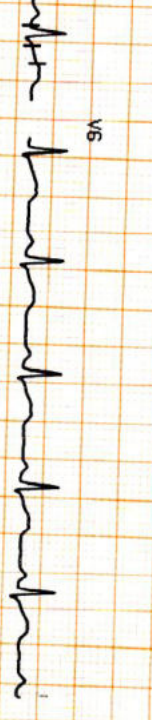
V5
1.3
1.2



aVF
1.0
0.9



V6
1.0
0.9



REMARKS:



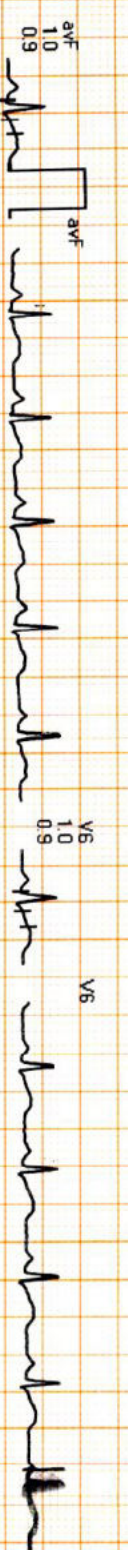
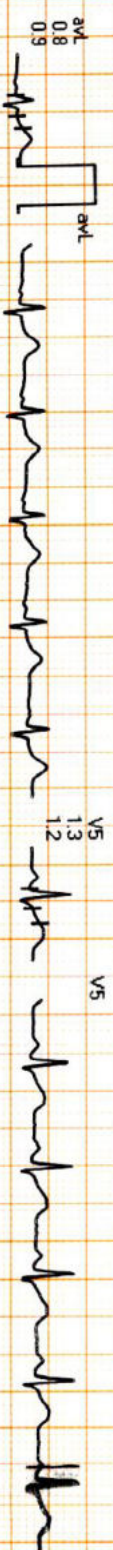
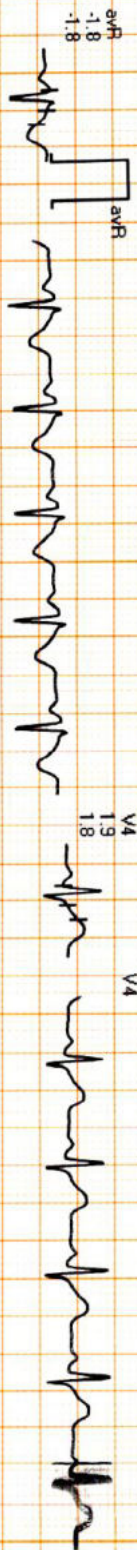
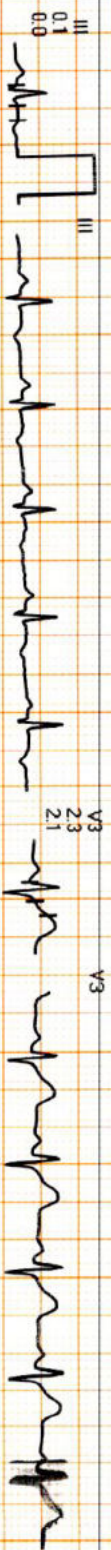
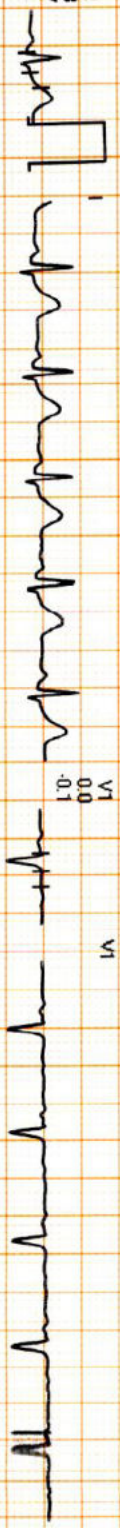
52 (2228823547) / VIVEK TIWARI / 30 Yrs / M / 172 Cms / 73 Kg / HR : 103

Date: 15/10/2022 01:11:40 PM METS: 10/103 bpm 54% of THR BP: 130/80 mmHg Raw ECG/BLC On/Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 mS Post U

ExTime: 00:00 0.0 mph, 0.0%
25 mmV/5 ec 1.0 Cm/mV

STL 1.8
STS 1.7



REMARKS:

SUBURBAN DIAGNOSTICS BHAYANDER

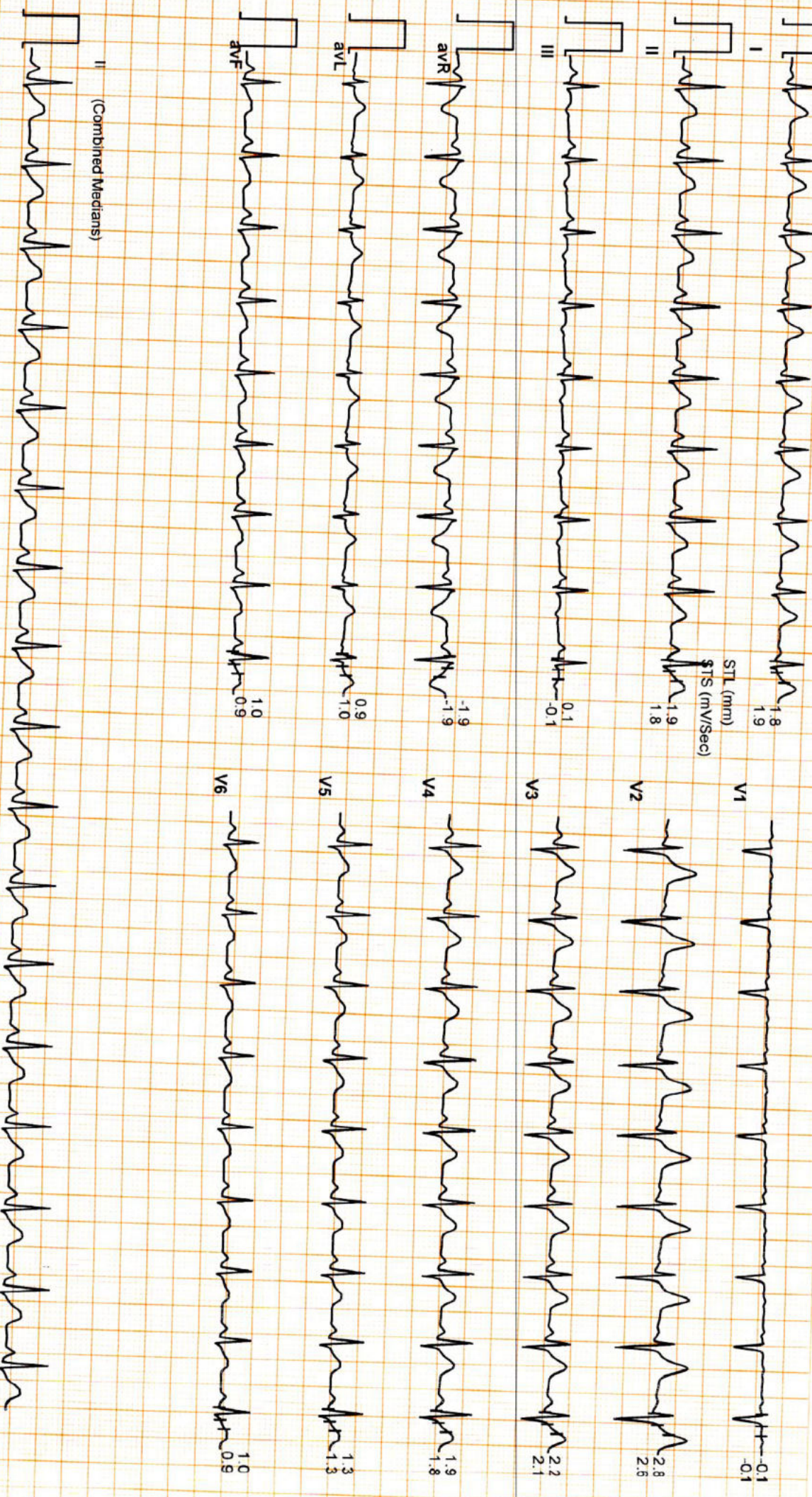
52 / VIVEK TIWARI / 30 Yrs / Male / 172 Cm / 73 Kg

Date: 15/10/2022 01:11:40 PM METs : 1.0 HR : 103 Target HR : 54% of 190 BP : 130/80 Post J @60mSec

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

6X2 Combine Medians + 1 Rhythm

ExStt



SUBURBAN DIGNOSTICS BHAYANDER

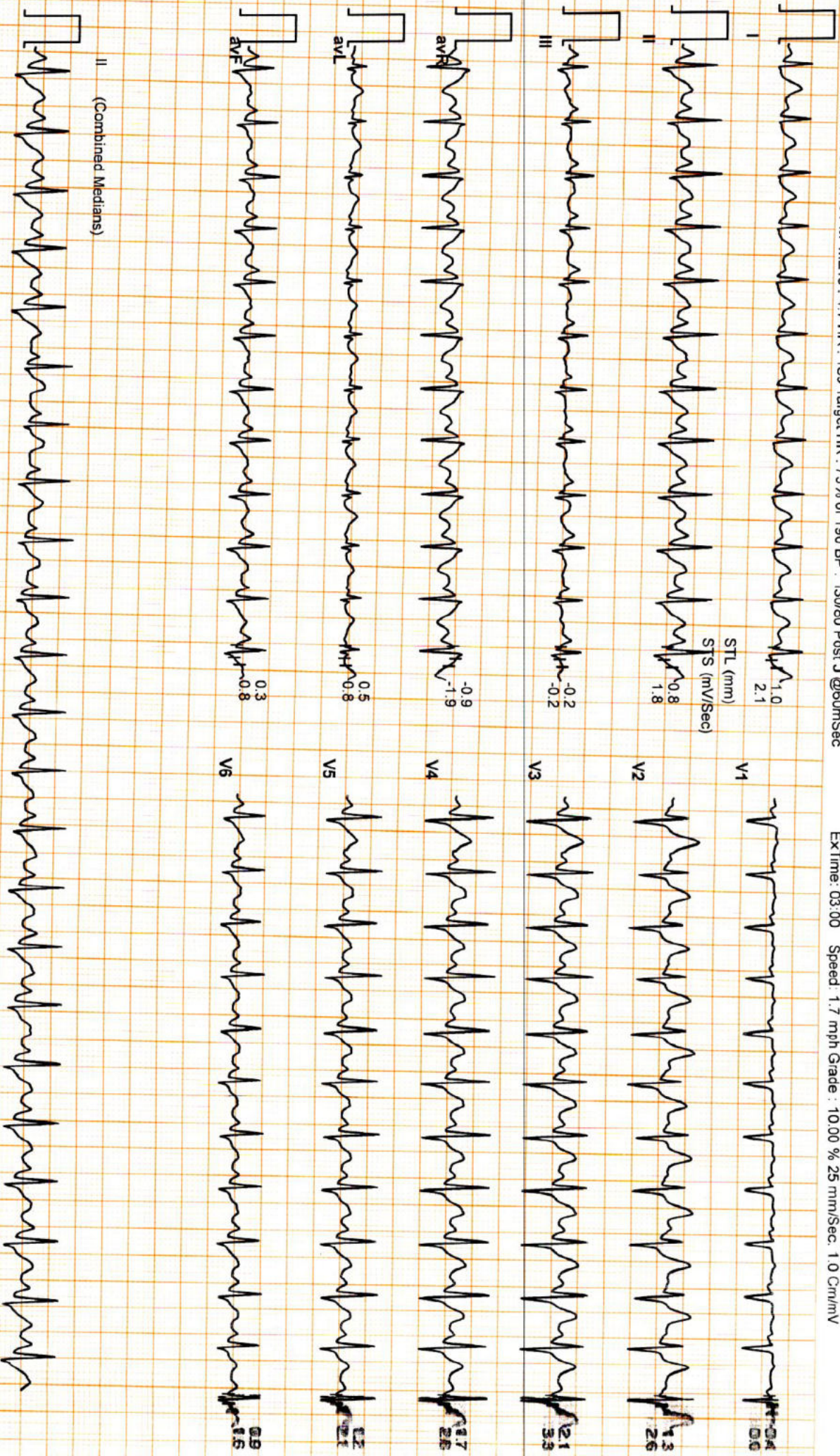
52 / VIVEK TIWARI / 30 Yrs / Male / 172 Cm / 73 Kg

Date: 15 / 10 / 2022 01:11:40 PM METs : 4.7 HR : 139 Target HR : 73% of 190 BP : 130/80 Post J @60mSec

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 BHAYANDER

52 / VIVEK TIWARI / 30 Yrs / Male / 172 Cm / 73 Kg

Date: 15 / 10 / 2022 01:11:40 PM METs : 7.1 HR : 178 Target HR : 94% of 190 BP : 140/80 Post: J @60mSec

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



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



II (Combined Medians)



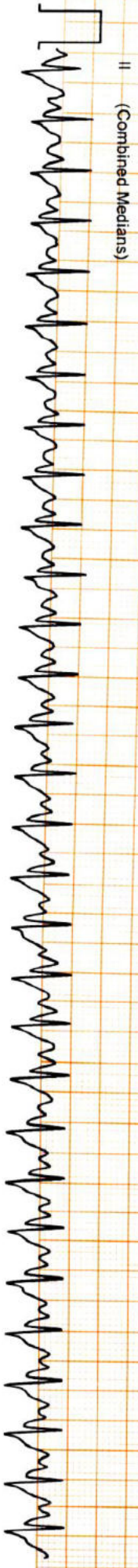
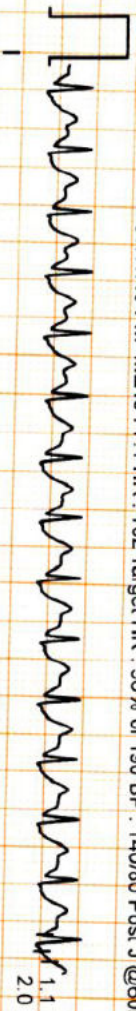
SUBURBAN DIAGNOSTICS BHAYANDER

52 / VIVEK TIWARI / 30 Yrs / Male / 172 Cm / 73 Kg

Date: 15 / 10 / 2022 01:11:40 PM METs : 7.4 HR : 182 Target HR : 96% of 190 BP : 140/80 Post J @60mSec

6X2 Combine Medians + 1 Rhythm PeakEX

ExtTime: 06:19 Speed: 3.4 mph Grade: 14.00 % 25 mm/Sec. 1.0 Cm/rV



SUBURBAN DIAGNOSTICS BHAYANDER

52 / VIVEK TIWARI / 30 Yrs / Male / 172 Cm / 73 Kg

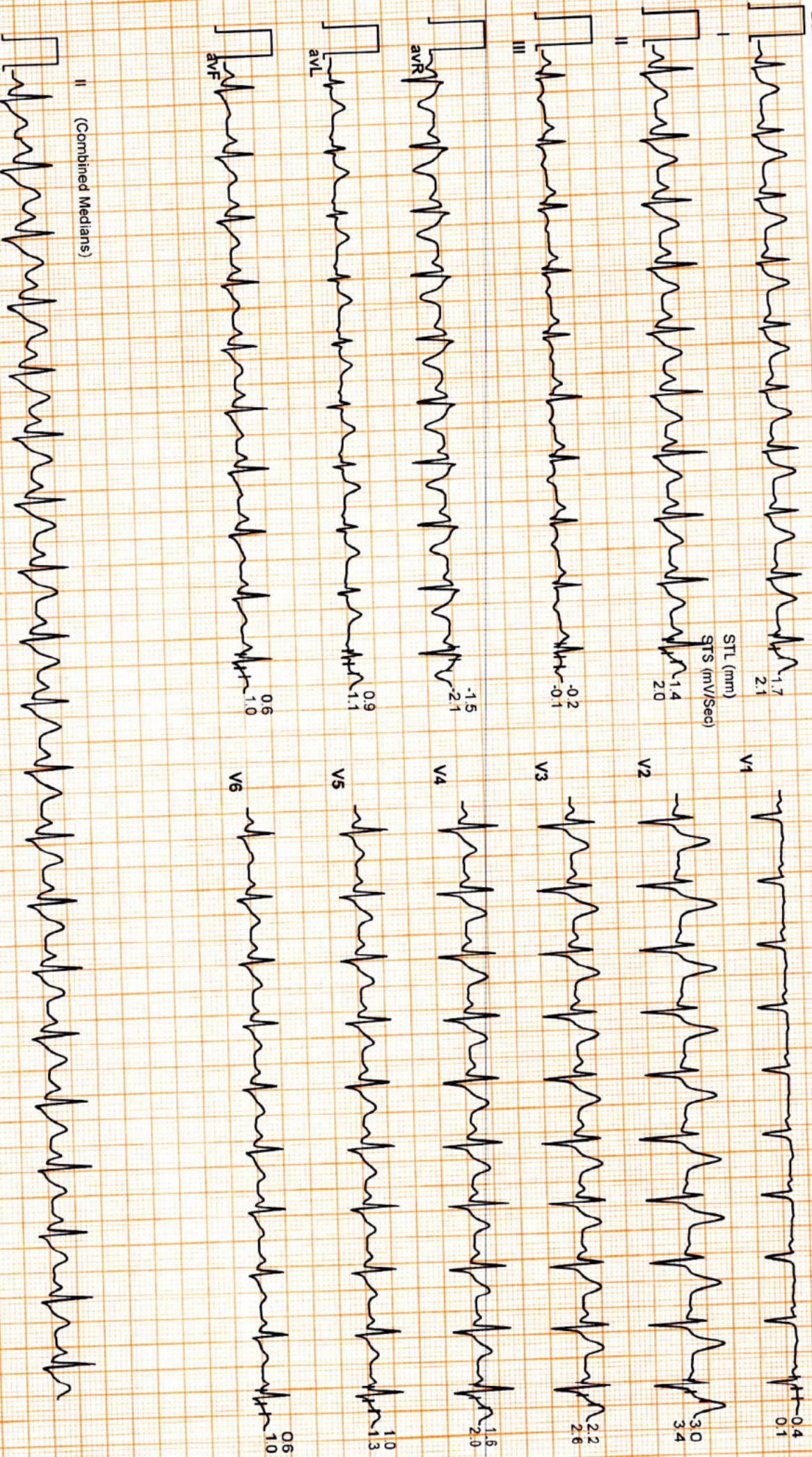
6X2 Combine Medians + 1 Rhythm

Recovery : (04:06)



Date: 15 / 10 / 2022 01:11:40 PM METs : 1.0 HR : 119 Target HR : 63% of 190 BP : 120/80 Post J @80mSec

ExTime: 06:19 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





CID : 2228823547
Name : Mr VIVEK TIWARI
Age / Sex : 30 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 15-Oct-2022
Reported : 15-Oct-2022/12:37

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (11.9 cm), shape and shows smooth margins. It shows increased parenchymal echotexture. No evidence of any intra hepatic cystic or solid lesion seen. 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:

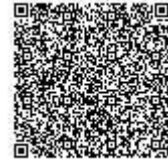
Right kidney measures 9.5 x 4.3 cm. Left kidney measures 10.0 x 4.1 cm. Both the kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. No evidence of any calculus, hydronephrosis or mass lesion seen on both sides.

SPLEEN:

The spleen is normal in size (10.7 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.



Use a QR Code Scanner
Application To Scan the Code

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Name : Mr VIVEK TIWARI
Age / Sex : 30 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 15-Oct-2022
Reported : 15-Oct-2022/12:37

PROSTATE:

The prostate is normal in size, measures 3.6 x 2.5 x 2.3 cms and weighs 11.3 gms. Parenchymal echotexture is normal. No obvious mass or calcification made out.

There is no evidence of any lymphadenopathy or ascites.

IMPRESSION:

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

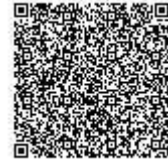
Kindly correlate clinically.

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-----

This report is prepared and physically checked by DR VIBHA S KAMBLE before dispatch.

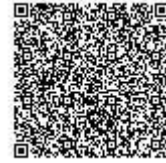
DR.VIBHA S KAMBLE
MBBS ,DMRD
Reg No -65470
Consultant Radiologist



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Application To Scan the Code

CID : 2228823547
Name : Mr VIVEK TIWARI
Age / Sex : 30 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 15-Oct-2022
Reported : 15-Oct-2022/12:37



CID : 2228823547
Name : Mr VIVEK TIWARI
Age / Sex : 30 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 15-Oct-2022
Reported : 15-Oct-2022/12:09

X-RAY CHEST PA VIEW

Both the lung fields are clear with no active parenchymal lesion.

The cardiothoracic ratio is maintained and the cardiac outline is normal.

The domes of the diaphragm and hila are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

IMPRESSION:

- **No obvious active parenchymal lesion made out.**

Kindly correlate clinically.

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

This report is prepared and physically checked by DR VIBHA S KAMBLE before dispatch.

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



Use a QR Code Scanner
Application To Scan the Code

CID : 2228823547
Name : Mr VIVEK TIWARI
Age / Sex : 30 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 15-Oct-2022
Reported : 15-Oct-2022/12:09