



बंदो बरुडो  
Bank of Baroda

नाम

आशिष अशोक पौलेकर

Name

Ashish Ashok Paulekar

कार्यवाही कूट क्र.

E.C. No.

170284

कार्यवाही अधिकारी

Issuing Authority



धारक के हस्ताक्षर

Signature of Holder

Dr. Manasee Kulkarni



**PHYSICAL EXAMINATION REPORT**

Patient Name	Ashish Pawekar	Sex/Age	M / 34
Date	4/2/23	Location	Shane

**History and Complaints**

hyperacidity

**EXAMINATION FINDINGS:**

Height (cms):	162	Temp (0c):	Afebr
Weight (kg):	65	Skin:	NAD
Blood Pressure	110/80	Nails:	✓
Pulse	74 ✓	Lymph Node:	NP

**Systems :**

Cardiovascular:	
Respiratory:	
Genitourinary:	
GI System:	
CNS:	
Impression:	

↓ HDL, ↑ TG's, High Non HDL Chol.

022-6170-0000



**Advice:**

Low Fat Diet  
Reg. Exercise

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	

NO

No hyperacidity


NO

NAD

**PERSONAL HISTORY:**

1)	Alcohol	
2)	Smoking	
3)	Diet	
4)	Medication	

NO  
NO  
pure veg  
1 occ. Cap. med (20)



**Dr. Manasee Kulkarni**  
M.B.B.S

2005/09/3439



CID : 2303521397  
Name : MR.ASHISH ASHOK PAULEKAR  
Age / Gender : 34 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 04-Feb-2023 / 08:43  
Reported : 04-Feb-2023 / 11:40

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	15.3	13.0-17.0 g/dL	Spectrophotometric
RBC	5.18	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.9	40-50 %	Measured
MCV	87	80-100 fl	Calculated
MCH	29.5	27-32 pg	Calculated
MCHC	34.1	31.5-34.5 g/dL	Calculated
RDW	14.5	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	5500	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	45.4	20-40 %	
Absolute Lymphocytes	2497.0	1000-3000 /cmm	Calculated
Monocytes	8.8	2-10 %	
Absolute Monocytes	484.0	200-1000 /cmm	Calculated
Neutrophils	42.3	40-80 %	
Absolute Neutrophils	2326.5	2000-7000 /cmm	Calculated
Eosinophils	3.4	1-6 %	
Absolute Eosinophils	187.0	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	5.5	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	288000	150000-400000 /cmm	Elect. Impedance
MPV	7.6	6-11 fl	Calculated
PDW	12.3	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		







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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	95.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	99.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.52	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.2	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.32	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	26.0	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	38.2	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	25.3	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	60.0	40-130 U/L	PNPP
BLOOD UREA, Serum	13.6	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	6.4	6-20 mg/dl	Calculated
CREATININE, Serum	0.84	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	111	>60 ml/min/1.73sqm	Calculated

022-6170-0000



Authenticity Check



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Collected : 04-Feb-2023 / 11:35  
 Reported : 04-Feb-2023 / 15:45

URIC ACID, Serum	6.5	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 \*\*\*

AREAS OF SPECIAL EXPERTISE

OUR PRESENCE



*Amit Taori*

Dr.AMIT TAORI  
 M.D ( Path )  
 Pathologist

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Reported : 04-Feb-2023 / 12:00

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	105.4	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. Mujawar*  
**Dr. IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist





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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**EXAMINATION OF FAECES**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<b><u>PHYSICAL EXAMINATION</u></b>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<b><u>CHEMICAL EXAMINATION</u></b>		
Reaction (pH)	Acidic (6.0)	-
Occult Blood	Absent	Absent
<b><u>MICROSCOPIC EXAMINATION</u></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  
\*\*\* End Of Report \*\*\*



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Reported : 04-Feb-2023 / 16:13

**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 (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	50	-	-
<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	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	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

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



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Reported : 04-Feb-2023 / 13:38

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

PARAMETER	RESULTS
ABO GROUP	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.

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  
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*J. Mujawar*  
**Dr. IMRAN MUJAWAR**  
M.D ( Path )  
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Age / Gender : 34 Years / Male  
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Collected : 04-Feb-2023 / 08:43  
Reported : 04-Feb-2023 / 13:09

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	192.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	184.2	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	24.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	168	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	131.0	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	37.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	7.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	5.3	0-3.5 Ratio	Calculated

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

OUR PRESENCE



*J. Mujawar*

**Dr. IMRAN MUJAWAR**  
M.D ( Path )  
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Collected : 04-Feb-2023 / 08:43  
Reported : 04-Feb-2023 / 11:58

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**THYROID FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.1	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.8	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	4.64	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)



*Amit Taori*

**Dr.AMIT TAORI**  
M.D ( Path )  
Pathologist

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



AREAS OF SPECIAL EXPERTISE

OUR PRESENCE

022-6170-0000



Date:- 4/2/23 CID:  
Name:- Ashish Pawalekar Sex / Age: M - 34

**EYE CHECK UP**

Chief complaints: RCU

Systemic Diseases: xly

Past history: xly

Unaided Vision: 12/60 12/36

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

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**Age / Sex** : 34 Years/Male  
**Ref. Dr** :  
**Reg. Location** : G B Road, Thane West Main Centre

**Reg. Date** : 04-Feb-2023  
**Reported** : 04-Feb-2023 / 9:08

**USG WHOLE ABDOMEN**

**LIVER:** Liver appears normal in size (14.1 cm) and echotexture. 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 9.8 x 4.3 cm. Left kidney measures 10.7 x 4.6 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.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023020408420750>



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**Reg. Location** : G B Road, Thane West Main Centre

**Reg. Date** : 04-Feb-2023  
**Reported** : 04-Feb-2023 / 9:08

**IMPRESSION: USG ABDOMEN IS WITHIN NORMAL LIMITS.**

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-----

This report is prepared and physically checked by DR GAURI VARMA before dispatch.

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

AREAS OF SPECIAL EXPERTISE

OUR PRESENCE

022-6170-0000

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Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 04-Feb-2023  
Reported : 04-Feb-2023 / 10:30

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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-----

This report is prepared and physically checked by DR GAURI VARMA before dispatch.

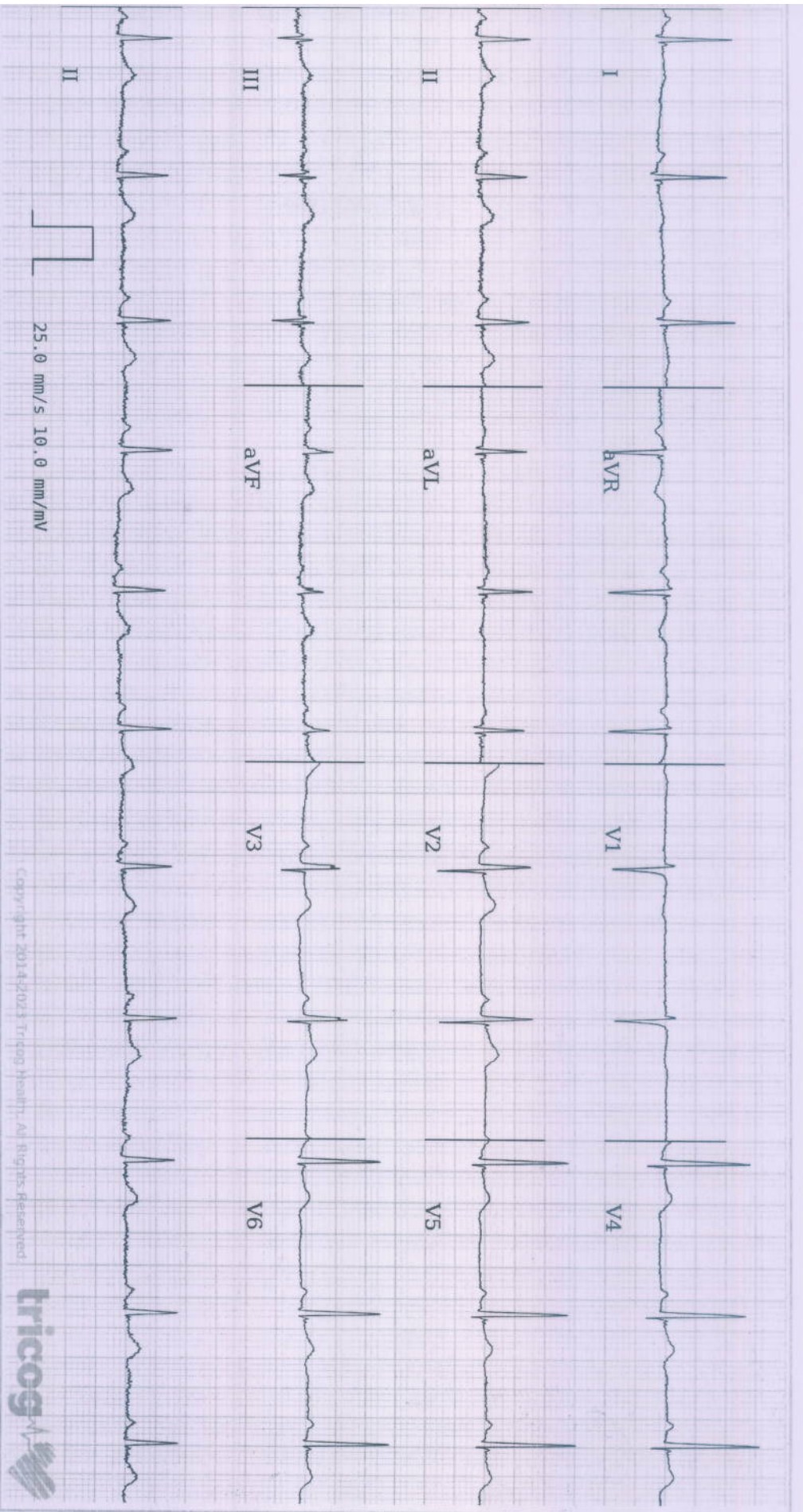
**Dr Gauri Varma**  
**Consultant Radiologist**  
**MBBS / DMRE**  
**MMC- 2007/12/4113**

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**SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST**  
 Patient Name: **ASHISH ASHOK PAULEKAR** Date and Time: **4th Feb 23 11:02 AM**  
 Patient ID: **2303521397**



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Age **34** 5 24  
 years months days

Gender **Male**

Heart Rate **67bpm**

Patient Vitals

BP: 110/80 mmHg  
 Weight: 65 kg  
 Height: 162 cm  
 Pulse: NA  
 Spo2: NA  
 Resp: NA  
 Others:

Measurements

QRSD: 70ms  
 QT: 366ms  
 QTc: 386ms  
 PR: 140ms  
 P-R-T: 24° 20° 64°

ECG Within Normal Limits: Sinus Rhythm. 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.



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Email:

342 (2303521397) / ASHISH PAULEKAR / 34 Yrs / M / 162 Cms / 65 Kg  
 Date: 04 / 02 / 2023 11:07:21 AM

Report



Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:11	0:11	00.0	00.0	01.0	087	47%	120/80	104	00	
Standing	00:19	0:08	00.0	00.0	01.0	078	42%	120/80	093	00	
HV	00:27	0:08	00.0	00.0	01.0	078	42%	120/80	093	00	
ExStart	00:36	0:09	00.0	00.0	01.0	079	42%	120/80	094	00	
BRUCE Stage 1	03:36	3:00	01.7	10.0	04.7	133	72%	130/80	172	00	
PeakEx	05:49	2:13	02.5	12.0	06.5	163	88%	150/80	244	00	
Recovery	06:49	1:00	00.0	00.0	01.0	126	68%	150/80	189	00	
Recovery	07:49	2:00	00.0	00.0	01.0	105	56%	150/80	157	00	
Recovery	09:49	4:00	00.0	00.0	01.0	100	54%	130/80	130	00	
Recovery	10:00				00.0	000	0%	---/---	000	00	

## FINDINGS :

Exercise Time : 05:13  
 Initial HR (ExStrt) : 79 bpm 42% of Target 186  
 Initial BP (ExStrt) : 120/80 (mm/Hg)  
 Max Workload Attained : 6.5 Fair response to induced stress  
 Max ST Dep Lead & Avg ST Value : avL & -0.5 mm in Recovery  
 Test End Reasons : Fatigue, Heart Rate Achieved

Max HR Attained 163 bpm 88% of Target 186  
 Max BP Attained 150/80 (mm/Hg)

**Dr. SHAILAJA PILLAI**

M.D. (GEN.MED)  
 R.NO. 49972

Doctor : DR SHAILAJA PILLAI





EMail: 342/ASHISH PAULEKAR / 34 Yrs / M / 162 Cms / 65 Kg Date: 04 / 02 / 2023 11:07:21 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 186.0. The BP increased at the time of generating report as 150/0/80.0 mmHg The Max Dep went upto 0.2. 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**

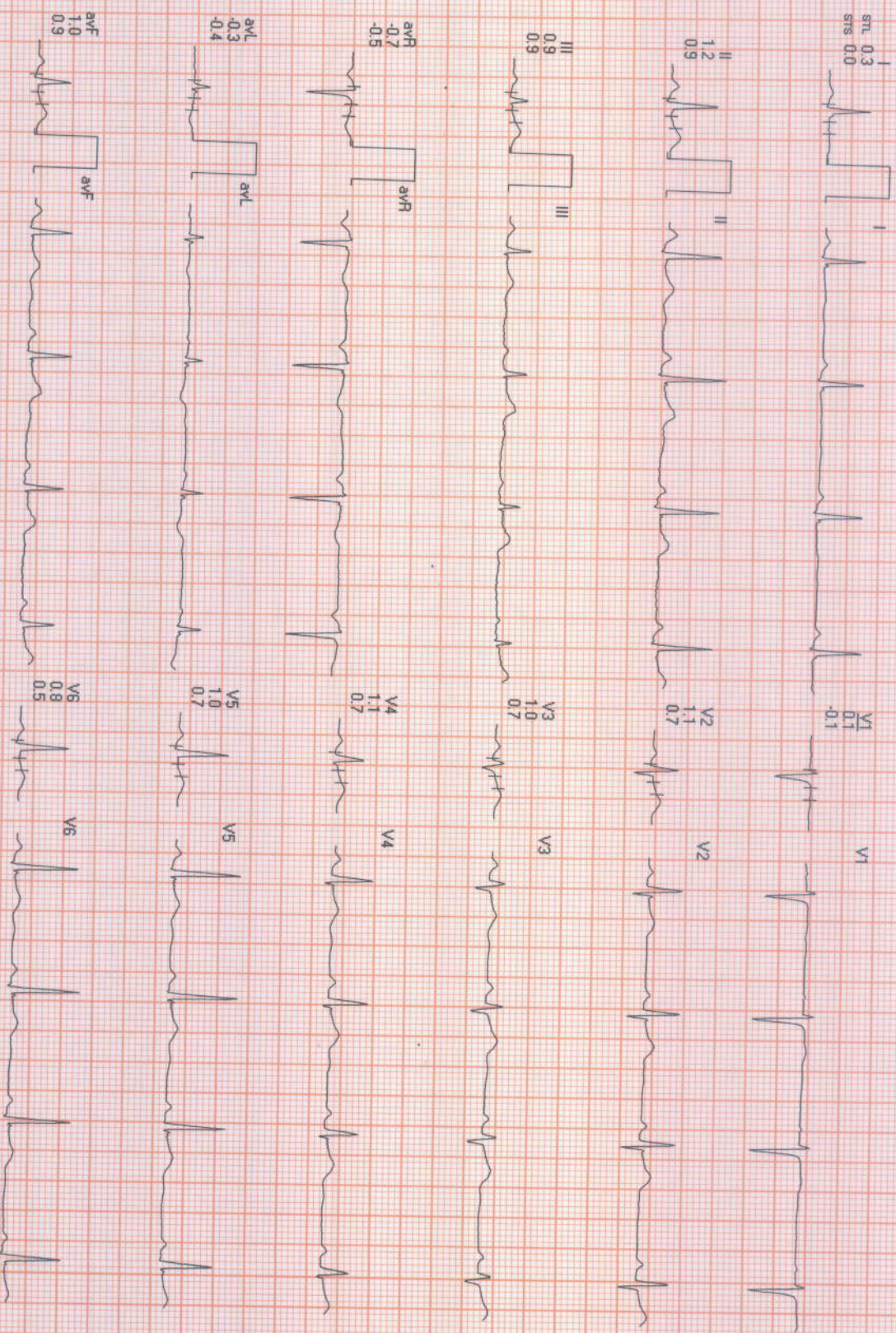
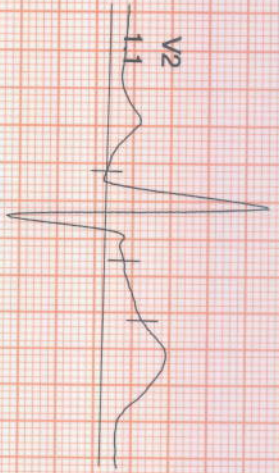
**M.D. (GEN.MED)**

**R.NO. 49972**

**Doctor : DR SHAILAJA PILLAI**







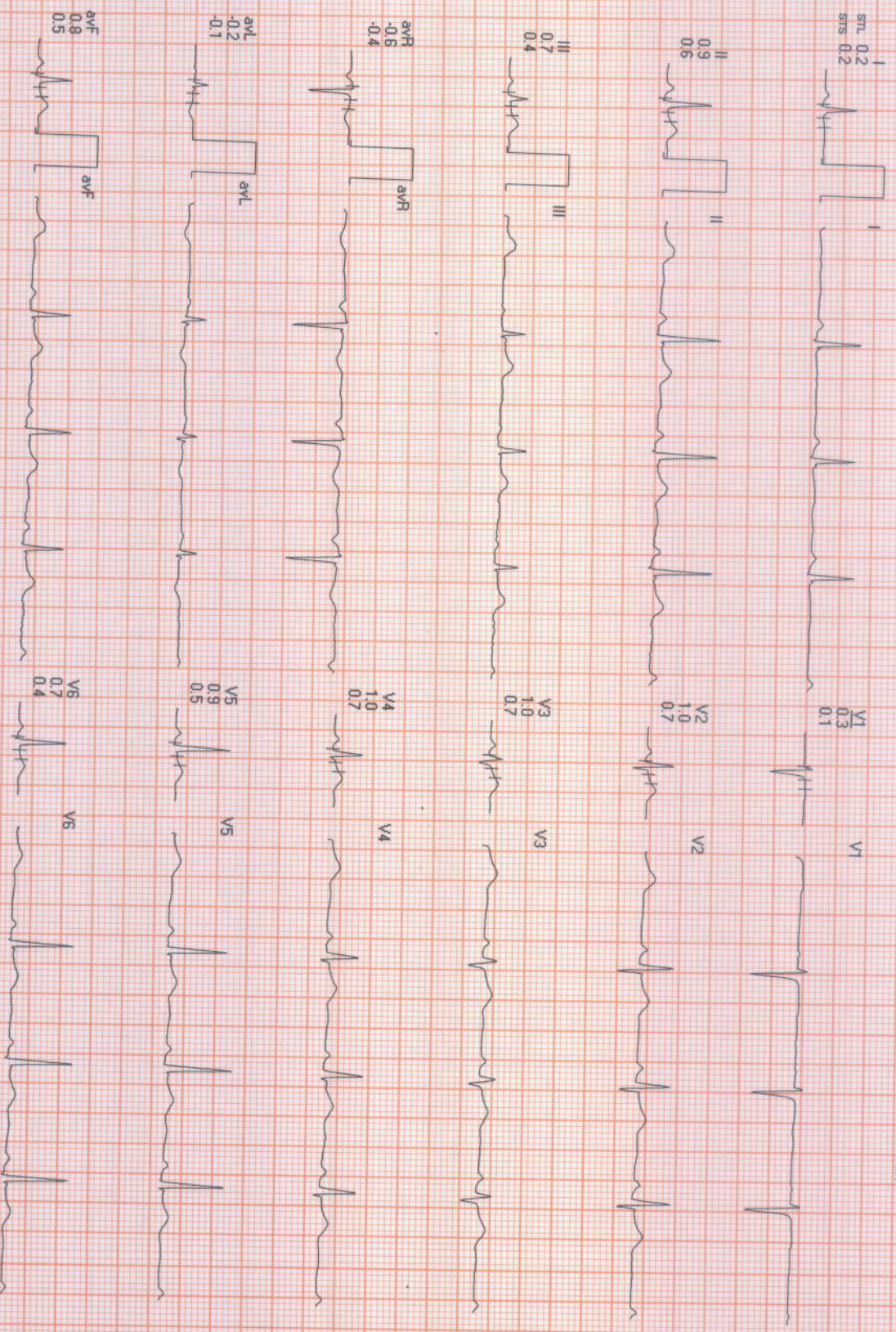
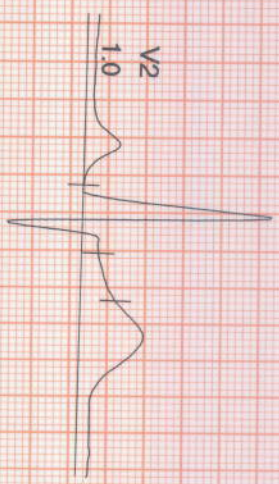
I	II	III	aVR	aVL	aVF	V1	V2	V3	V4	V5	V6
ST: 0.3	ST: 1.2	ST: 0.9	ST: -0.7	ST: -0.3	ST: 1.0	ST: 1.1	ST: 1.1	ST: 1.0	ST: 1.1	ST: 1.0	ST: 0.8
TS: 0.0	TS: 0.9	TS: 0.9	TS: -0.5	TS: -0.4	TS: 0.9	TS: 0.7	TS: 0.7	TS: 0.7	TS: 0.7	TS: 0.7	TS: 0.5

REMARKS:





4X 80ms Post J



REMARKS: I II III aVR aVL aVF V1 V2 V3 V4 V5 V6





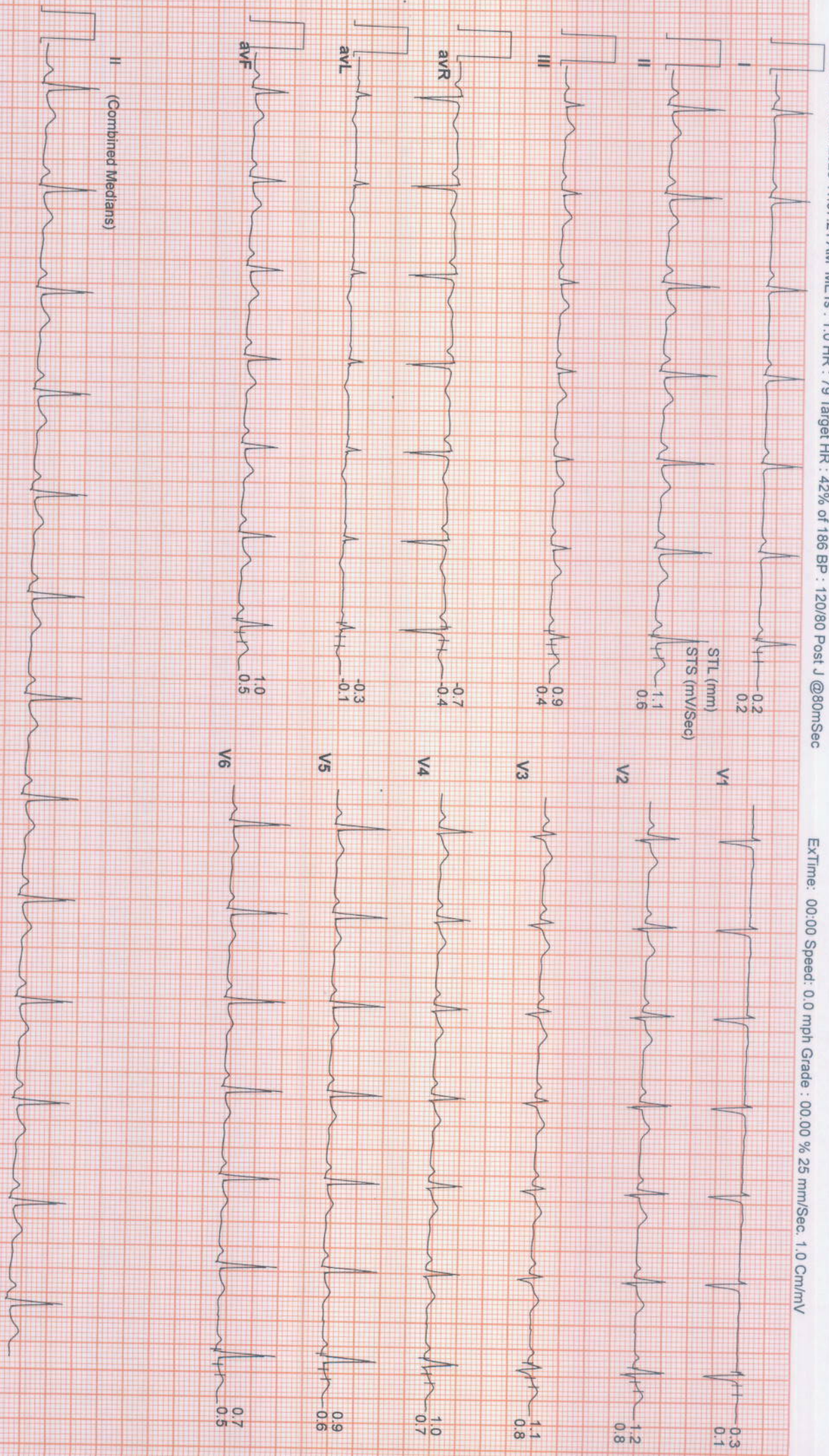
# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

342 / ASHISH PAULEKAR / 34 Yrs / Male / 162 Cm / 65 Kg

Date: 04 / 02 / 2023 11:07:21 AM METs : 1.0 HR : 79 Target HR : 42% of 186 BP : 120/80 Post J @80mSec

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

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





# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

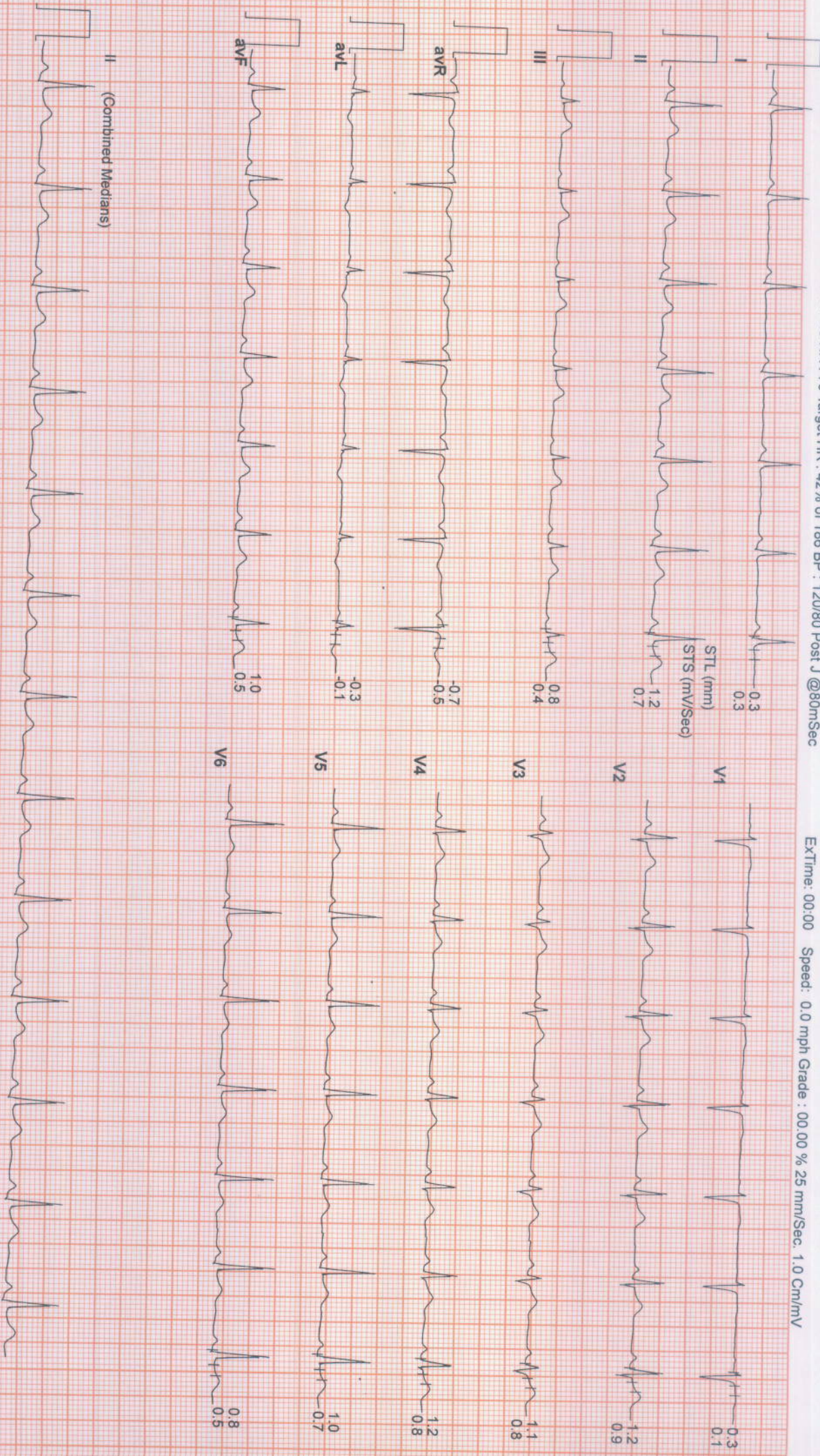
342 / ASHISH PAULEKAR / 34 Yrs / Male / 162 Cm / 65 Kg

Date: 04 / 02 / 2023 11:07:21 AM METs : 1.0 HR : 79 Target HR : 42% of 186 BP : 120/80 Post J @80mSec

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

## 6X2 Combine Medians + 1 Rhythm

ExStt





# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

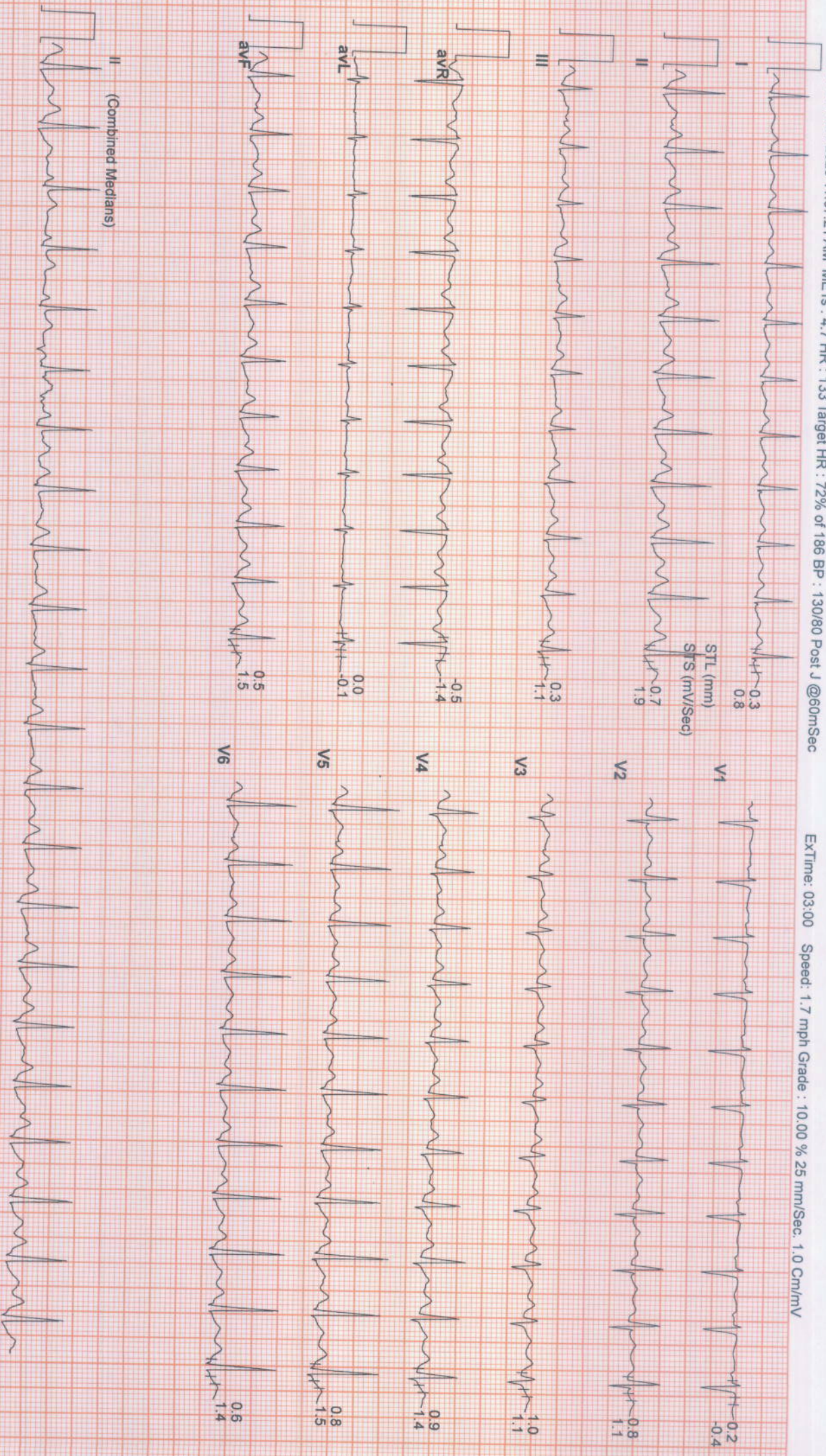
342 / ASHISH PAULEKAR / 34 Yrs / Male / 162 Cm / 65 Kg

Date: 04 / 02 / 2023 11:07:21 AM METs : 4.7 HR : 133 Target HR : 72% of 186 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)





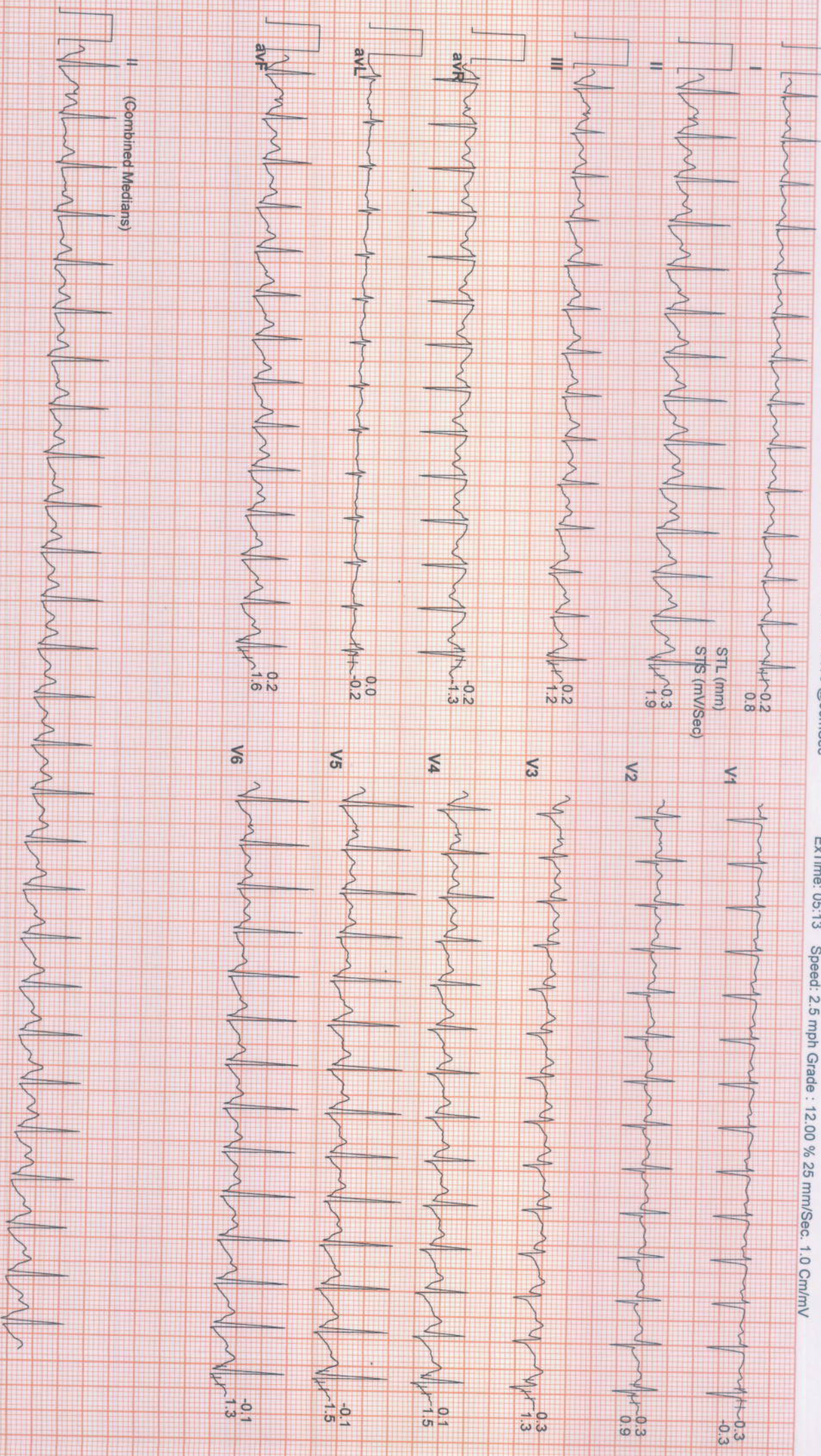
# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

342 / ASHISH PAULEKAR / 34 Yrs / Male / 162 Cm / 65 Kg

Date: 04 / 02 / 2023 11:07:21 AM METs : 6.5 HR : 163 Target HR : 88% of 186 BP : 150/80 Post J @60mSec

EXTime: 05:13 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV

## 6X2 Combine Medians + 1 Rhythm PeakEx





**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

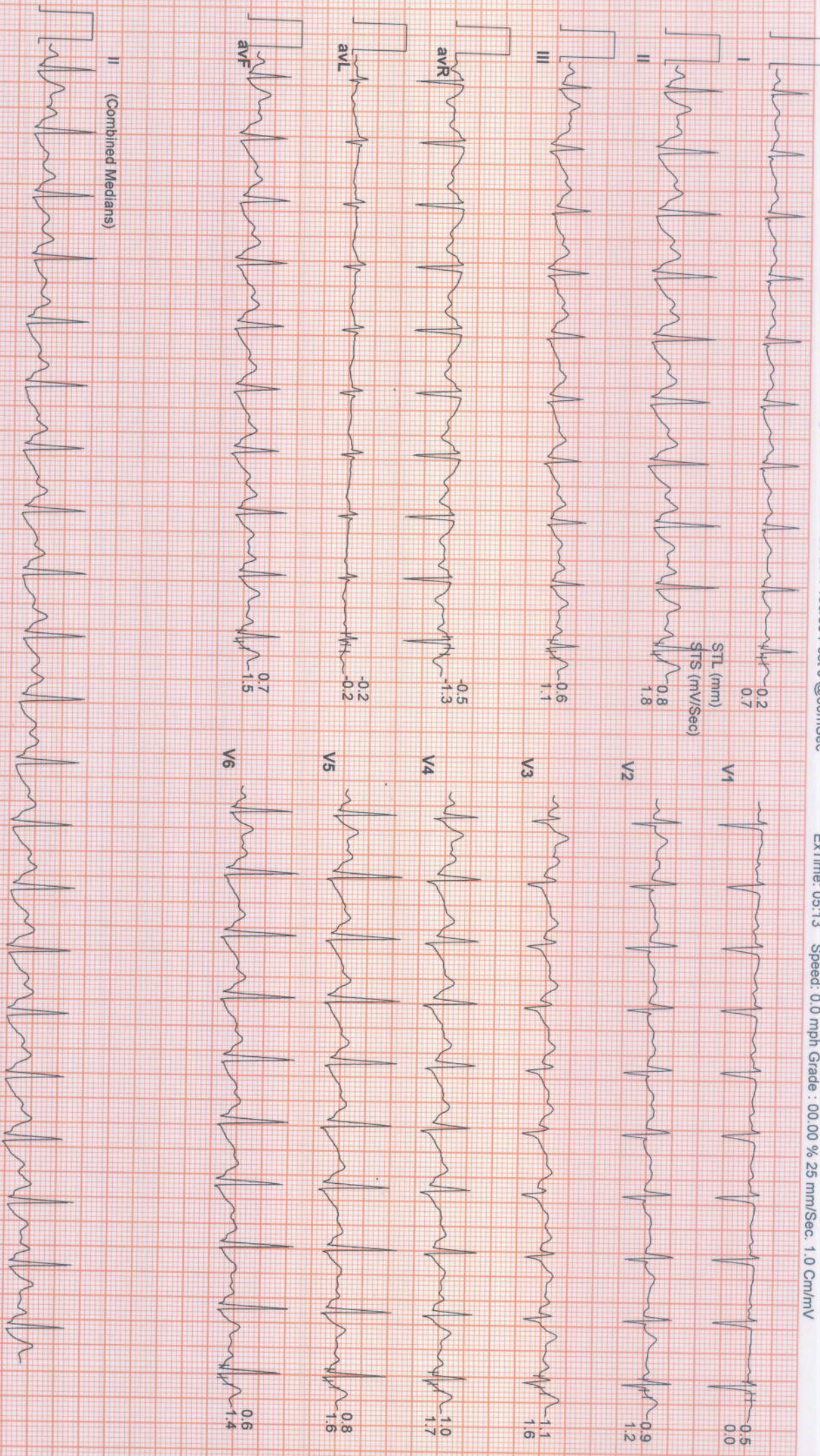
342 / ASHISH PAULEKAR / 34 Yrs / Male / 162 Cm / 65 Kg

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



Date: 04 / 02 / 2023 11:07:21 AM METs : 1.0 HR : 126 Target HR : 68% of 186 BP : 150/80 Post J @60mSec

ExTime: 05:13 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

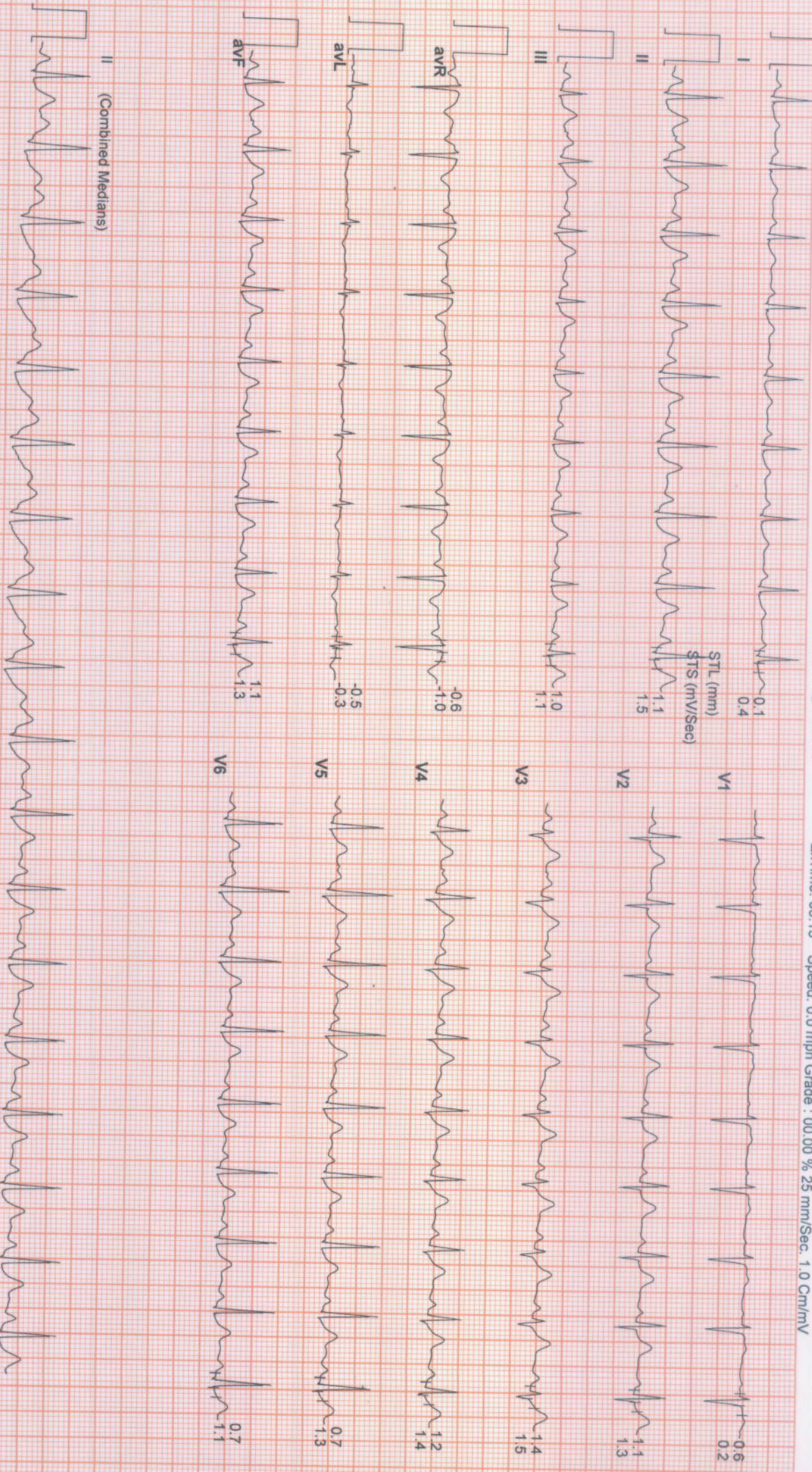






Date: 04 / 02 / 2023 11:07:21 AM METs : 1.0 HR : 105 Target HR : 56% of 186 BP : 150/80 Post J @80m/Sec

ExTime : 05:13 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

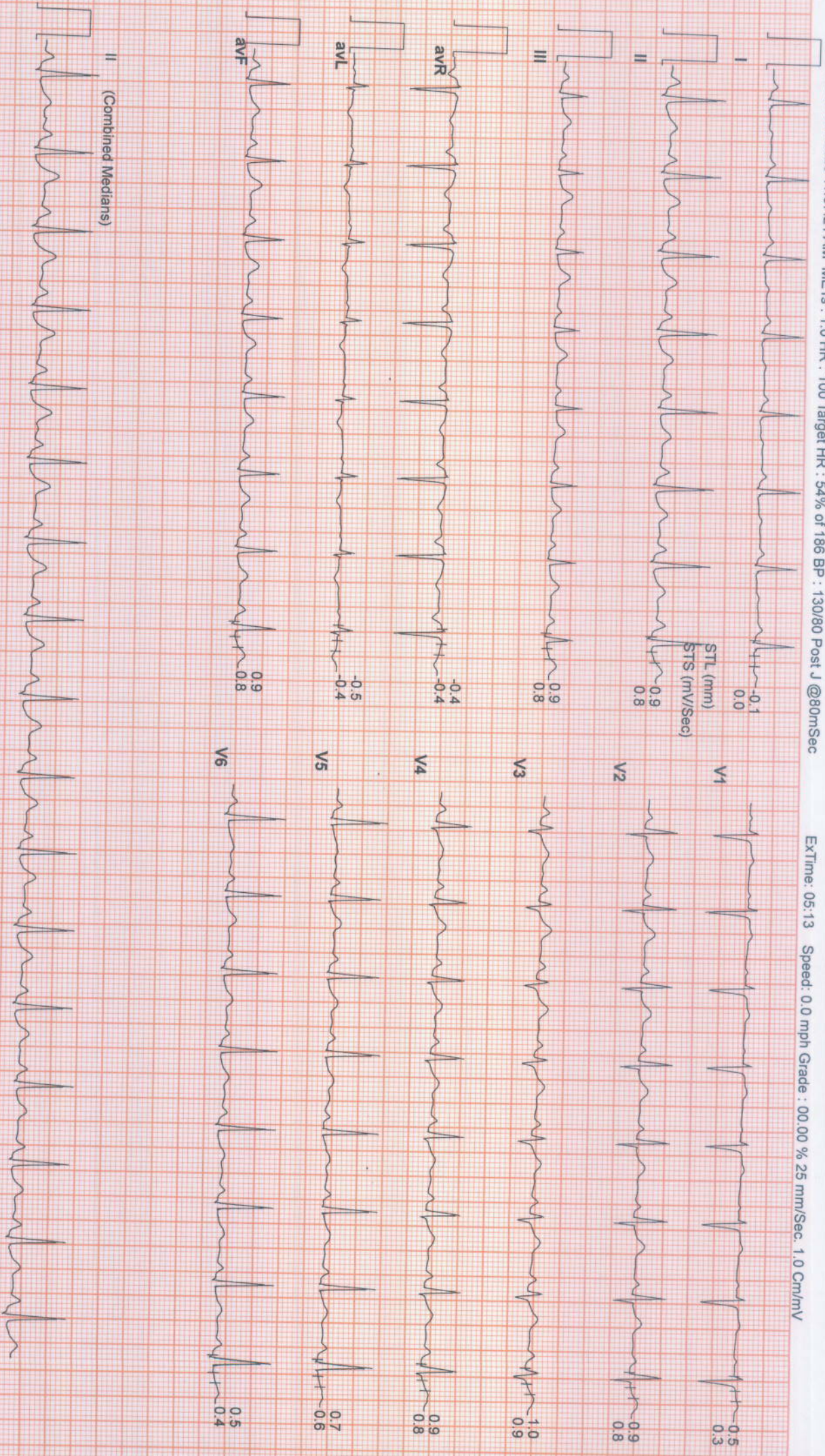
342 / ASHISH PAULEKAR / 34 Yrs / Male / 162 Cm / 65 Kg

Date: 04 / 02 / 2023 11:07:21 AM METs : 1.0 HR : 100 Target HR : 54% of 186 BP : 130/80 Post J @80mSec

ExTime: 05:13 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

## 6X2 Combine Medians + 1 Rhythm

Recovery : ( 04:00 )





# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

342 / ASHISH PAULEKAR / 34 Yrs / Male / 162 Cm / 65 Kg

Date: 04 / 02 / 2023 11:07:21 AM METs : 1.0 HR : 99 Target HR : 53% of 186 BP : 130/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm  
Recovery : ( 04:11 )



EXTime: 05:13 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

