



CID : 2300408412
Name : Mr bhola shankar
Age / Sex : 30 Years/Male
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 04-Jan-2023
Reported : 04-Jan-2023/13:08

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 Vivek Singh before dispatch.

Dr. Vivek Singh
MD Radiodiagnosis
Reg No: 2013/03/0388




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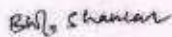
CID : 2300408412
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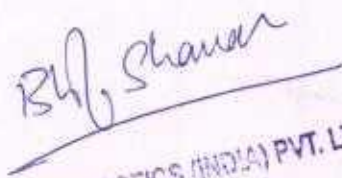
Reg. Date : 04-Jan-2023
Reported : 04-Jan-2023/13:08



नाम भोला शंकर
Name Bholu Shankar
कार्यकारी कुट क्र. E.C. No. 116541


जाचोकार्ता प्राधिकारी
Issuing Authority


धारक के हस्ताक्षर
Signature of Holder



SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
102-104, Bhooni Castle,
Opp. Goregaon Sports Club,
Link Road, Malad (W), Mumbai - 400 064.

Date:- 04/01/2023

CID: 2300408412

Name:- Shankar bhole

Sex / Age: M/

EYE CHECK UP

Chief complaints: No

Systemic Diseases: No

Past history: No

Unaided Vision:

wo/g @ 6/6 @ 6/6

Aided Vision:

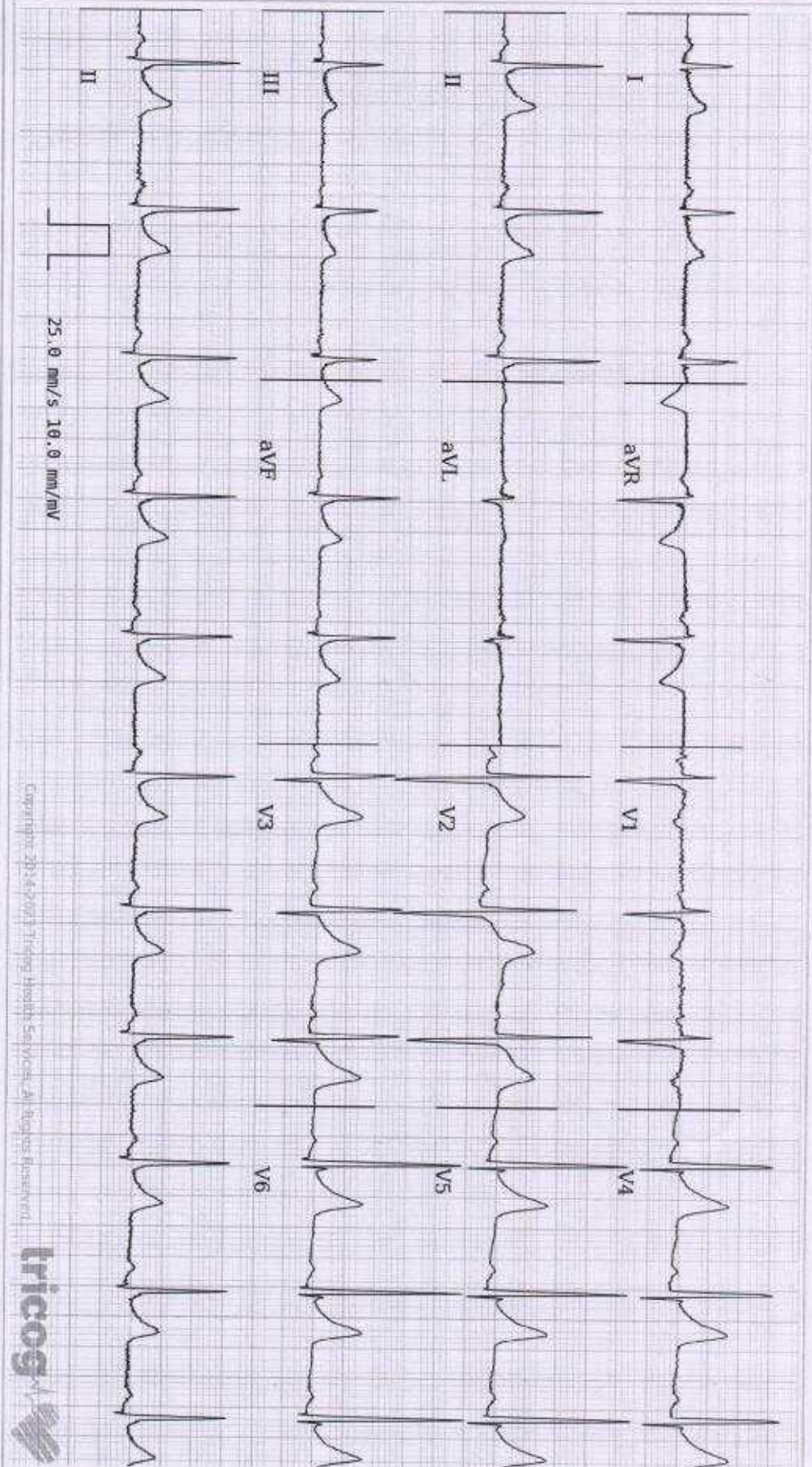
Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—	—	—	6/6	—	—	—	6/6
Near	—	—	—	N6	—	—	—	N6

Colour Vision: Normal / Abnormal

Remark:

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
102-104, Emerald Castle,
Opp. Congress Sports Club,
Link Road, Malad (W), Mumbai - 400 064.



25.0 mm/s 10.0 mm/mV

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Age **29** NA NA
years months days

Gender **Male**

Heart Rate **67bpm**

Patient Vitals

BP: **120/84 mmHg**

Weight **95 kg**

Height **175 cm**

Pulse: **NA**

SpO2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **86ms**

QT: **400ms**

QTc: **422ms**

PR: **146ms**

P-R-T: **37° 61° 52°**

Sinus Rhythm, Normal Axis, Early Repolarization Pattern. This is a normal variant for Healthy Individuals. LVH noted. Please correlate clinically.

REPORTED BY

[Signature]

DR SONALI HONRAO
MD (General Medicine)
Physician
2001/04/1882

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.

LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. SHANKAR BHOLA
EC NO.	116541
DESIGNATION	FRAUD MONITORING CELL
PLACE OF WORK	MUMBAI,BKC, BARODA CORPORATE C
BIRTHDATE	29-12-1992
PROPOSED DATE OF HEALTH CHECKUP	04-01-2023
BOOKING REFERENCE NO.	22M116541100035084E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **28-12-2022** till **31-03-2023** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



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Name : MR.BHOLA SHANKAR
Age / Gender : 30 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

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Reported : 04-Jan-2023 / 12:50

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	13.8	13.0-17.0 g/dL	Spectrophotometric
RBC	4.60	4.5-5.5 mil/cmm	Elect. Impedance
PCV	40.8	40-50 %	Calculated
MCV	88.5	80-100 fl	Measured
MCH	30.0	27-32 pg	Calculated
MCHC	33.8	31.5-34.5 g/dL	Calculated
RDW	14.0	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6460	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	30.4	20-40 %	
Absolute Lymphocytes	1963.8	1000-3000 /cmm	Calculated
Monocytes	10.8	2-10 %	
Absolute Monocytes	697.7	200-1000 /cmm	Calculated
Neutrophils	48.9	40-80 %	
Absolute Neutrophils	3158.9	2000-7000 /cmm	Calculated
Eosinophils	9.0	1-6 %	
Absolute Eosinophils	581.4	20-500 /cmm	Calculated
Basophils	0.9	0.1-2 %	
Absolute Basophils	58.1	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	126000	150000-400000 /cmm	Elect. Impedance
MPV	13.3	6-11 fl	Measured
PDW	28.9	11-18 %	Calculated



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RBC MORPHOLOGY

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

WBC MORPHOLOGY -

PLATELET MORPHOLOGY Megaplatelets seen on smear

COMMENT Eosinophilia, Thrombocytopenia

Result rechecked.
Kindly correlate clinically.

Specimen: EDTA Whole Blood

ESR, EDTA WB, EDTA WB-ESR 14 2-15 mm at 1 hr. Sedimentation

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West

*** End Of Report ***



J. Thakker

Dr.JYOT THAKKER

Pathologist & AVP(Medical
Services)



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Collected : 04-Jan-2023 / 08:54
Reported : 04-Jan-2023 / 19:04

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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	91.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.98	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.34	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.64	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	30.7	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	45.0	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	38.0	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	70.3	40-130 U/L	Colorimetric
BLOOD UREA, Serum	17.9	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.4	6-20 mg/dl	Calculated
CREATININE, Serum	0.72	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	136	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	7.6	3.5-7.2 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	



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Urine Ketones (Fasting) Absent Absent

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



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	5.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	116.9	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 CPL, Andheri West

*** End Of Report ***



J. Thakker

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



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Reported : 04-Jan-2023 / 15:39

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
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	-	-
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	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



MC-2111



J. Thakker

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



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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 GROUP	O
Rh TYPING	POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Note: This sample is not tested for Bombay blood group.

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 CPL, Andheri West

*** End Of Report ***



M Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	167.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	126.4	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high: >/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	33.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	134.2	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	109.0	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	25.2	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.3	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri 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
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.9	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.95	0.35-5.5 microIU/ml	ECLIA



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Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

- 1)TSH Values between high abnormal 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 CPL, Andheri West
*** End Of Report ***



Anupa

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

CID# : 2300408412

Name : MR.BHOLA SHANKAR

Age / Gender : 30 Years/Male

Consulting Dr. :-

Collected : 04-Jan-2023 / 08:38

Reg.Location : Malad West (Main Centre)

Reported : 04-Jan-2023 / 11:25

PHYSICAL EXAMINATION REPORT

History and Complaints:

NIL

EXAMINATION FINDINGS:

Height (cms):	175	Weight (kg):	95.7
Temp (0c):	NORMAL	Skin:	NORMAL
Blood Pressure (mm/hg):	120/84	Nails:	NORMAL
Pulse:	68 MIN	Lymph Node:	NORMAL

Systems

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

IMPRESSION:

Impaired lipids. Mild dyslipidemia

ADVICE:

*Lifestyle modifications.
Repeat lipid count.*

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CHIEF COMPLAINTS:

- | | |
|--|--------------------------|
| 1) Hypertension: | NO |
| 2) IHD | NO |
| 3) Arrhythmia | NO |
| 4) Diabetes Mellitus | NO |
| 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 | HYDROCELE 10 -12 YRS AGO |
| 17) Musculoskeletal System | NO |

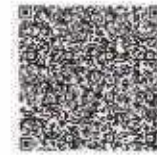
PERSONAL HISTORY:

- | | |
|---------------|--------------|
| 1) Alcohol | OCCASIONALLY |
| 2) Smoking | OCCASIONALLY |
| 3) Diet | NON - VEG |
| 4) Medication | NO |

*** End Of Report ***

Dr.Sonali Honrao
MD physician
Sr. Manager-Medical Services
(Cardiology)

Authenticity Check



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USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (13.4 cm), shape and smooth margins. It shows bright parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen.

PANCREAS:

The pancreas head and partial body is visualized and appears normal. No evidence of solid or cystic mass lesion. Rest of the pancreas is obscured due to bowel gas shadows.

KIDNEYS:

Both the kidneys are normal in size, shape and echotexture. No evidence of any calculus, hydronephrosis or mass lesion seen. Right kidney measures 10.4 x 4.6 cm. Left kidney measures 10.1 x 4.9 cm.

SPLEEN:

The spleen is normal in size (10.2 cm), and echotexture. No evidence of focal lesion is noted. There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

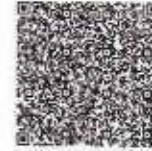
PROSTATE:

The prostate is normal in size and volume is 13.0 cc.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023010408391262>

Page no 1 of 2

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2300408412
Name : Mr bhola shankar
Age / Sex : 30 Years/Male
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 04-Jan-2023
Reported : 04-Jan-2023 / 10:19

IMPRESSION:

- Grade I / II fatty infiltration of liver.

Suggestion: Clinicopathological correlation.

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 interobserver variations. Further / Follow-up imaging may be needed in some case for confirmation of findings. Patient has been explained in detail about the USG findings including its limitations and need for further imaging if clinically indicated. Please interpret accordingly. All the possible precaution have been taken under covid-19 pandemic.

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

This report is prepared and physically checked by Dr Vivek Singh before dispatch.

Dr. Vivek Singh
MD Radiodiagnosis
Reg No: 2013/03/0388

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023010408391262>

Page no 2 of 2

SUBURBAN DIAGNOSTICS

Station

--
Malad West

Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: BHOLA, SHANKAR
 Patient ID: 2300408412
 Height: 175 cm
 Weight: 95.7 kg

DOB: 29.12.1992
 Age: 30yrs
 Gender: Male
 Race: Asian

Study Date: 04.01.2023
 Test Type: --
 Protocol: BRUCE

Referring Physician: --
 Attending Physician: DR SONALI HONRAO
 Technician: --

Medications:
 --

Medical History:
 --

Reason for Exercise Test:
 --

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:18	0.00	0.00	75	120/84	
	STANDING	00:16	0.00	0.00	76	120/84	
	HYPERV.	00:22	0.00	0.00	81	120/84	
	WARM-UP	00:20	1.00	0.00	83		
EXERCISE	STAGE 1	03:00	1.70	10.00	101	130/84	
	STAGE 2	03:00	2.50	12.00	134	142/84	
	STAGE 3	01:37	3.40	14.00	169		
RECOVERY		03:04	0.00	0.00	84	142/84	

The patient exercised according to the BRUCE for 7:36 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 75 bpm rose to a maximal heart rate of 171 bpm. This value represents 90 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/84 mmHg, rose to a maximum blood pressure of 142/84 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.
 Functional Capacity: normal.
 HR Response to Exercise: appropriate.
 BP Response to Exercise: normal resting BP - appropriate response.
 Chest Pain: none.
 Arrhythmias: none.
 ST Changes: none.
 Overall impression: Normal stress test.

Conclusions

Good effort tolerance. No Significant ST- T changes as compared to baseline. No chest pain / arrhythmia noted. Stress test is negative for inducible ischemia.

Disclaimer : Negative stress test does not rule out possibility of Coronary Artery Disease. Positive stress test is suggestive but not confirmatory of Coronary Artery Disease. Hence clinical correlation is mandatory.

Sonali P.

Physician

Technician

DR. SONALI HONRAO
MD (G.MED)
CONSULTING PHYSICIAN
REG. NO.2001/04/1882

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Shreeji Castle
Opp. Goregaon Sports Club
Link Road, Malad (W), Mumbai - 400 064.

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
102-104, Shreeji Castle,
Opp. Goregaon Sports Club,
Link Road, Malad (W), Mumbai - 400 064.

BHOLA, SHANKAR
 Patient ID: 2300408412
 04.01.2023
 9:44:53am

12-Lead Report

75 bpm
 120/84 mmHg

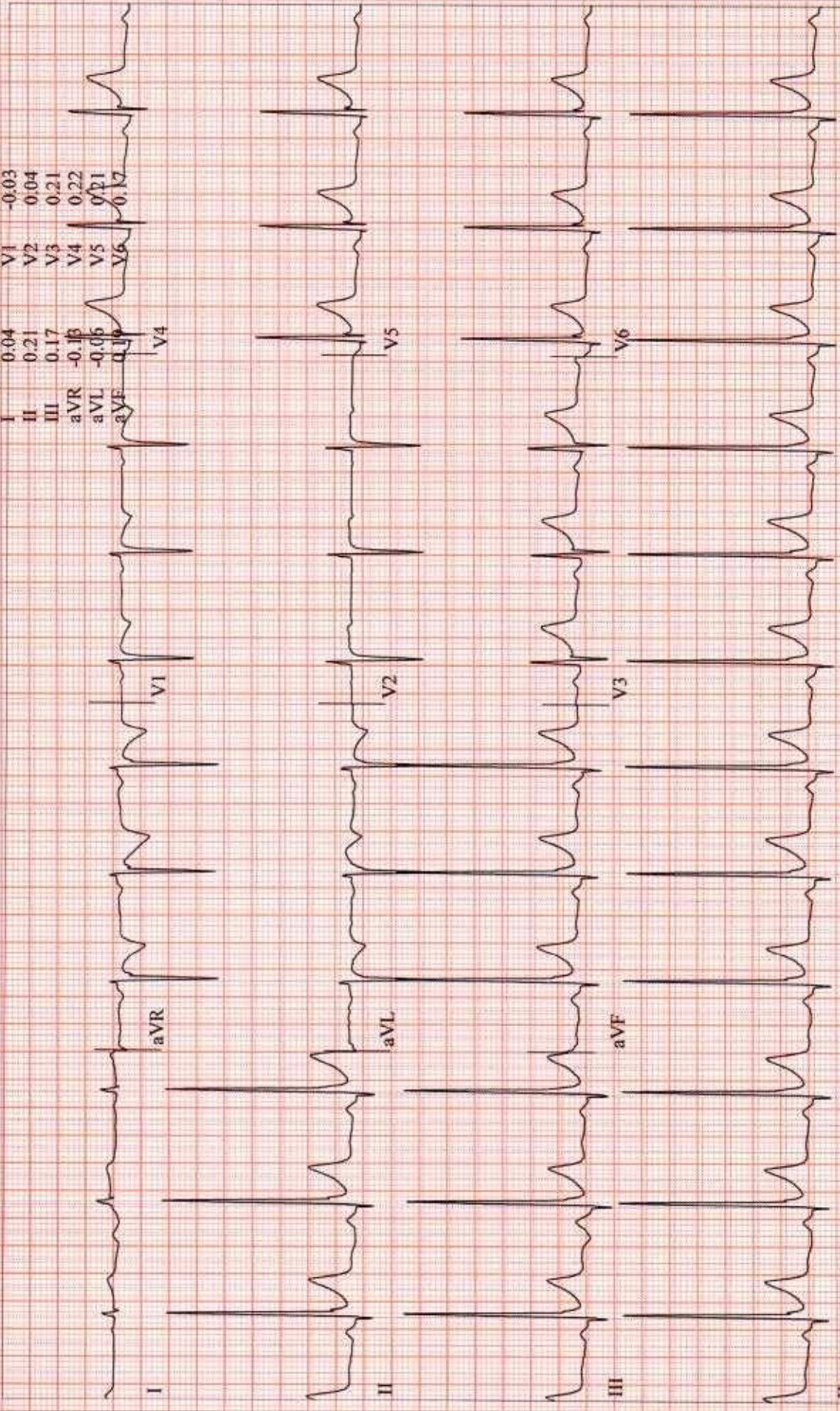
PRETEST
 SUPINE
 00:14

BRUCE
 0.0 mph
 0.0 %

SUBURBAN DIAGNOSTICS

Measured at 60ms Post J
 Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.04	V1	-0.03
II	0.21	V2	0.04
III	0.17	V3	0.21
aVR	-0.16	V4	0.22
aVL	-0.06	V5	0.01
aVF	0.10	V6	0.12



BHOLA, SHANKAR
Patient ID 2300408412
04.01.2023
9:45:09am

12-Lead Report

PRETEST
STANDING
00:30

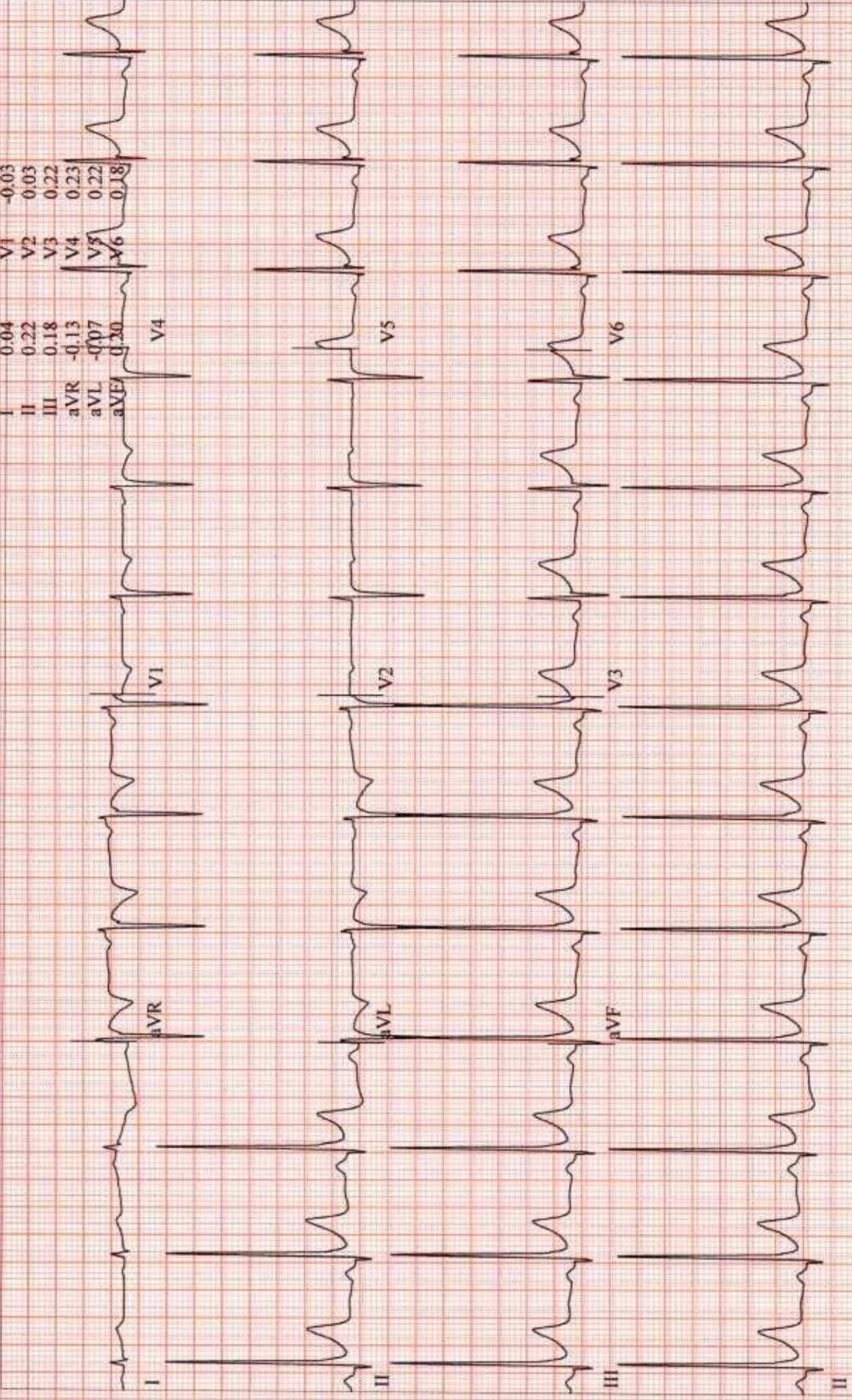
76 bpm
120/84 mmHg

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOSTICS

Measured at 60ms Post J
Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.04	V1	-0.03
II	0.22	V2	0.03
III	0.18	V3	0.22
aVR	-0.13	V4	0.23
aVL	-0.07	V5	0.22
aVF	0.20	V6	0.18



BHOLA, SHANKAR
Patient ID 2300408412
04-01-2023
9:45:23am

12-Lead Report

PRETEST
HYPERV.
00:45

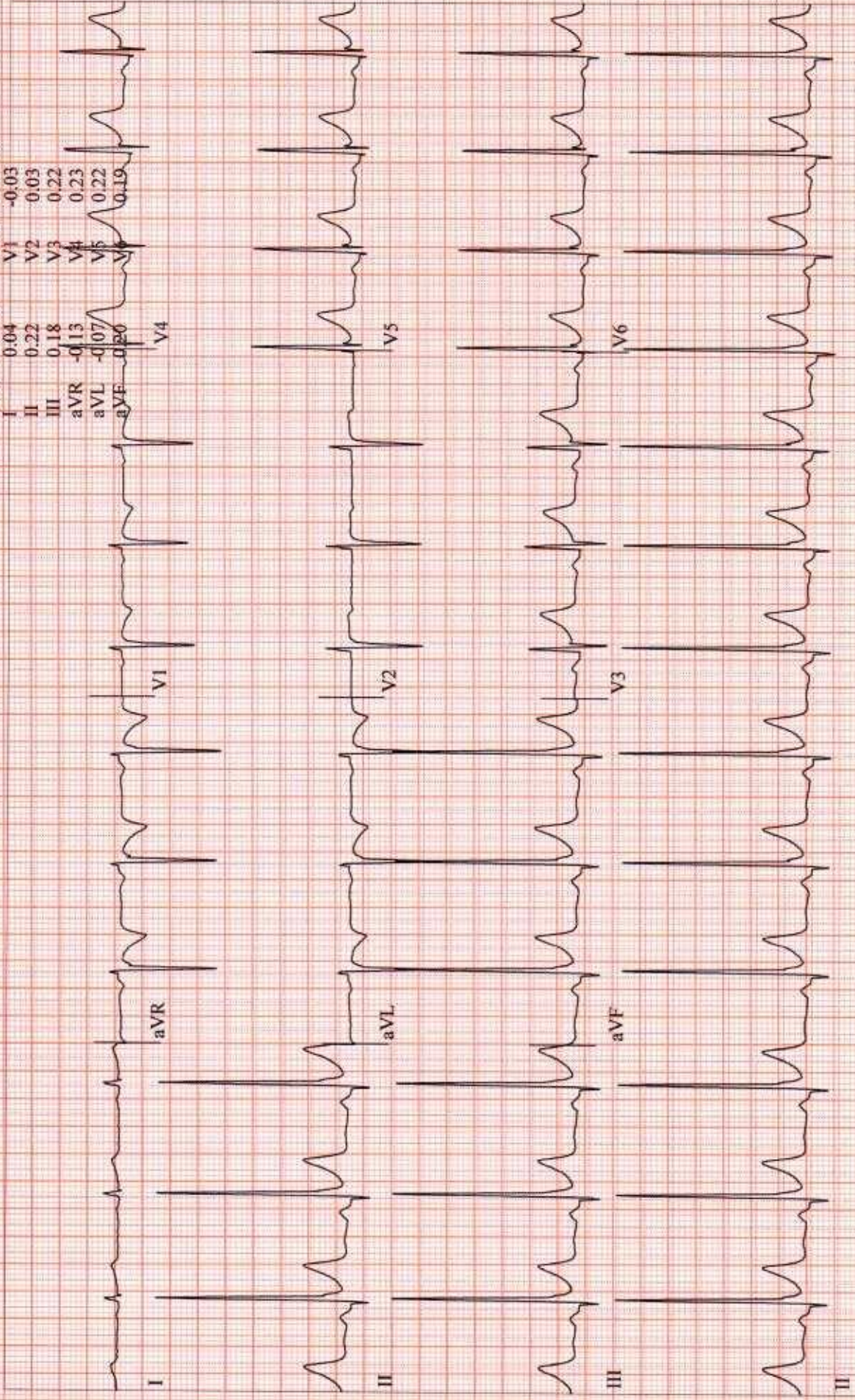
78 bpm
120/84 mmHg

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOSTICS

Measured at 60ms Post J
Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.04	V1	-0.03
II	0.22	V2	0.03
III	0.18	V3	0.22
aVR	-0.13	V4	0.23
aVL	-0.07	V5	0.22
aVF	0.26	V6	0.19



BHOLA, SHANKAR
Patient ID 2300408412
04.01.2023
9:48:37am

Linked Medians

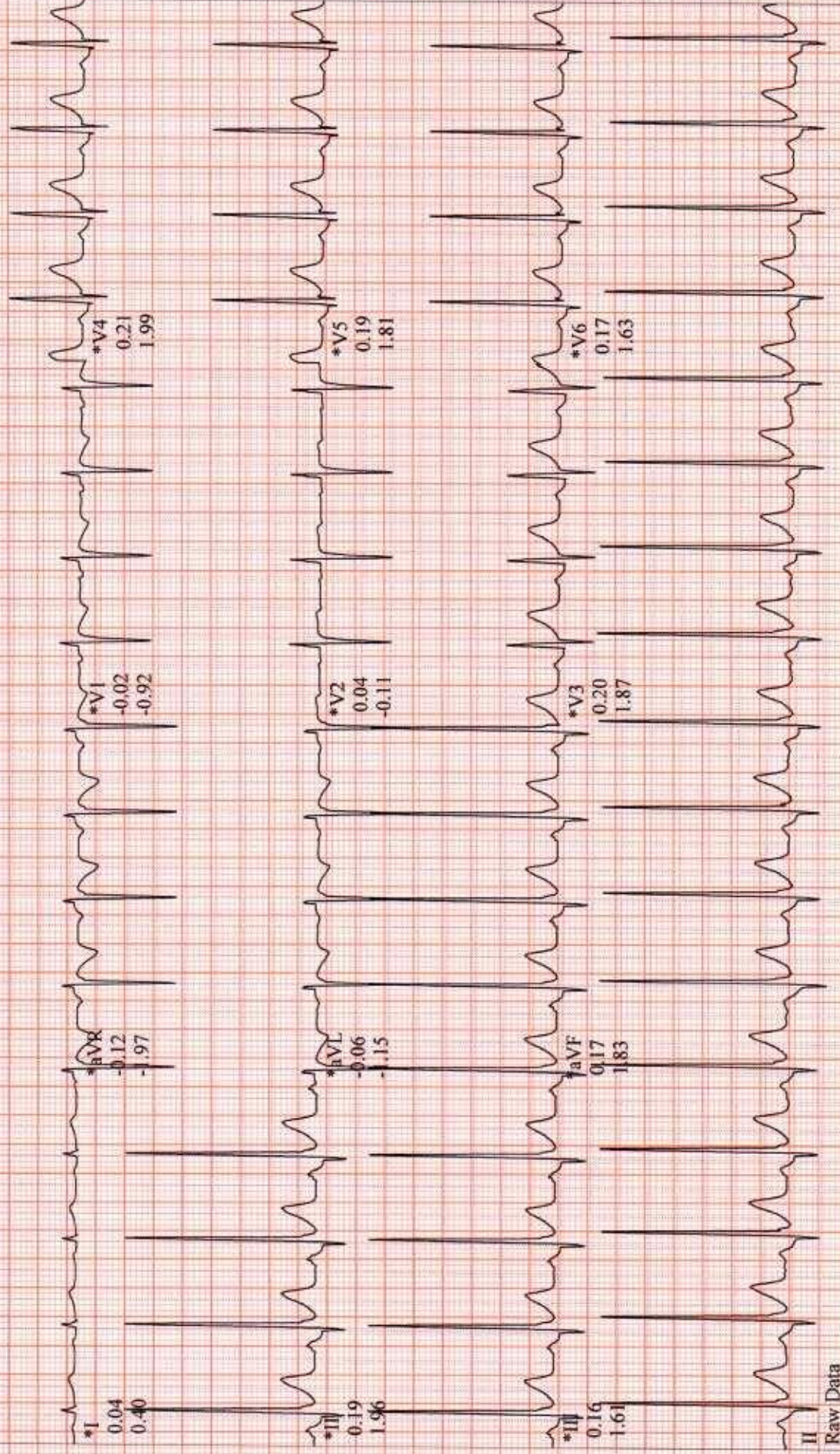
101 bpm
130/84 mmHg

EXERCISE
STAGE 1
02:50

BRUCE
1.7 mph
10.0 %

SUBURBAN DIAGNOSTICS

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



II
Raw Data

*Computer Synthesized Rhythms

BHOLA, SHANKAR
Patient ID 2300408412
04:01:2023
9:51:36am

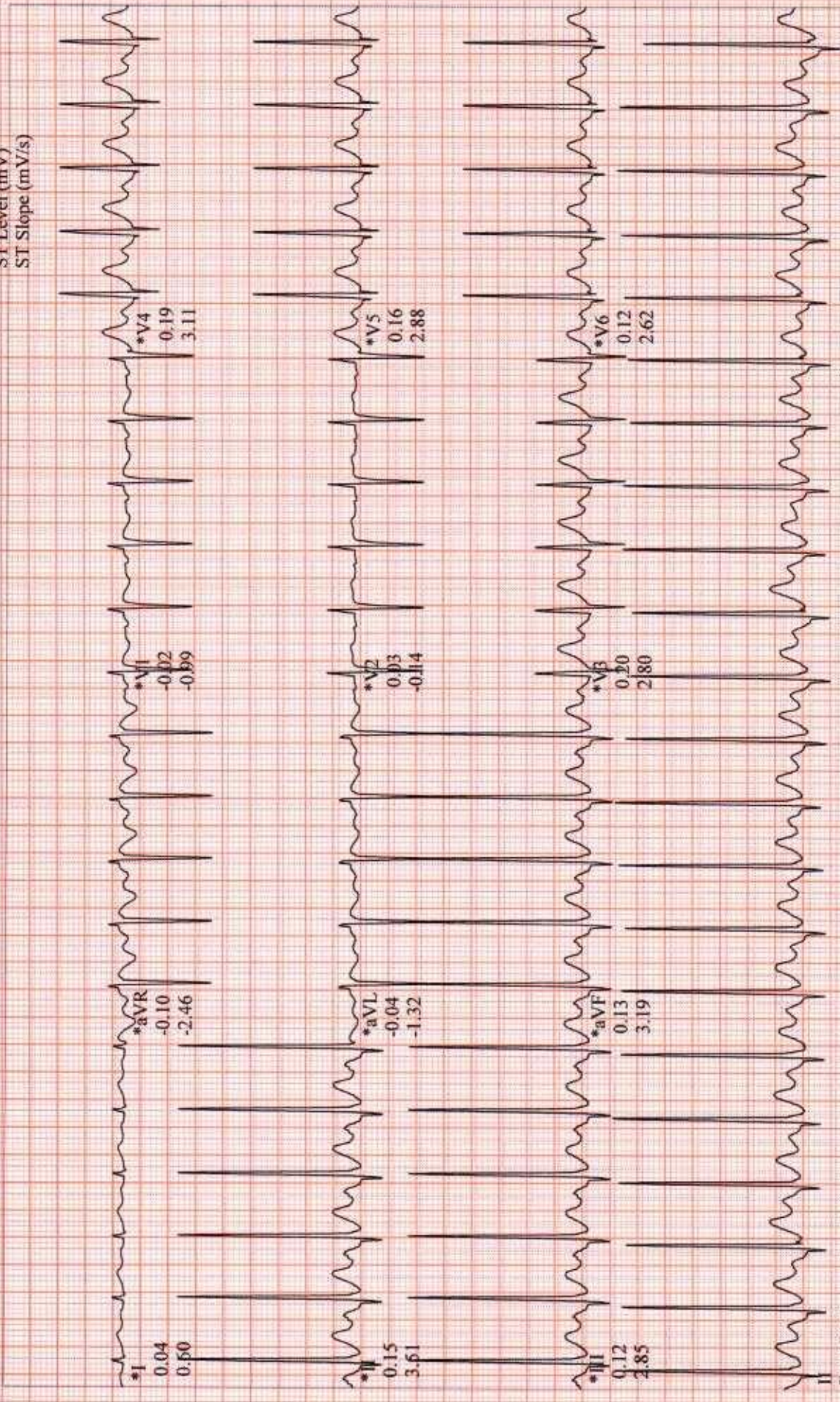
Linked Medians
EXERCISE
STAGE 2
05:50

131 bpm
142/84 mmHg

BRUCE
2.5 mph
12.0 %

SUBURBAN DIAGNOSTICS

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



Raw Data

*Computer Synthesized Rhythms

BHOLA, SHANKAR
Patient ID 2300408412
04-01-2023
9:53:28am

12-Lead Report (PEAK EXERCISE)
EXERCISE
STAGE-3
07:37

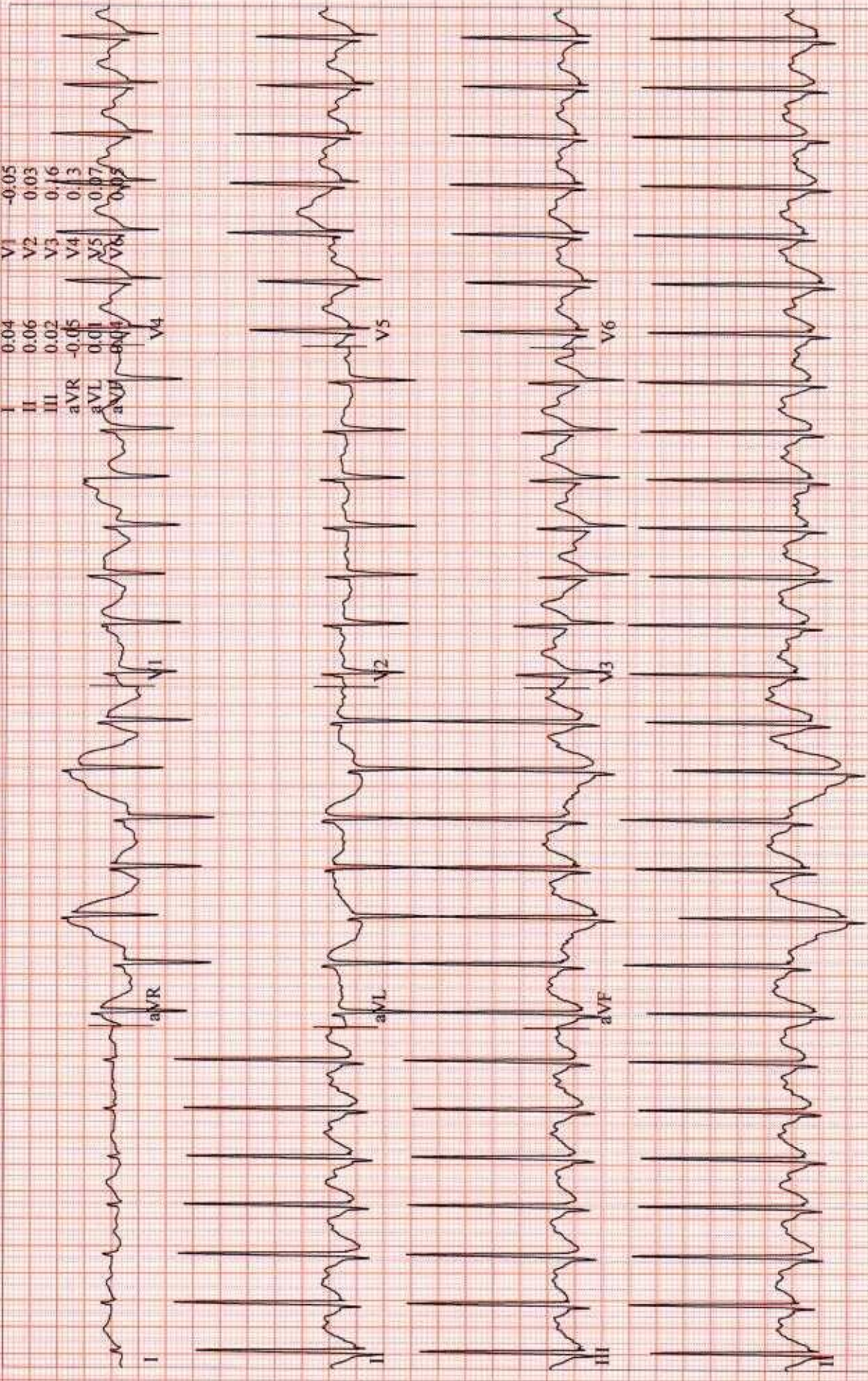
169 bpm

BRUCE
3.4 mph
14.0 %

SUBURBAN DIAGNOSTICS

Measured at 60ms Post J
Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.04	V1	-0.05
II	0.06	V2	0.03
III	0.02	V3	0.16
aVR	-0.05	V4	0.3
aVL	0.01	V5	0.07
aVF	0.05	V6	0.05



BHOLA, SHANKAR
Patient ID: 2300408412
04-01-2023
9:55:22am

Linked Medians

RECOVERY

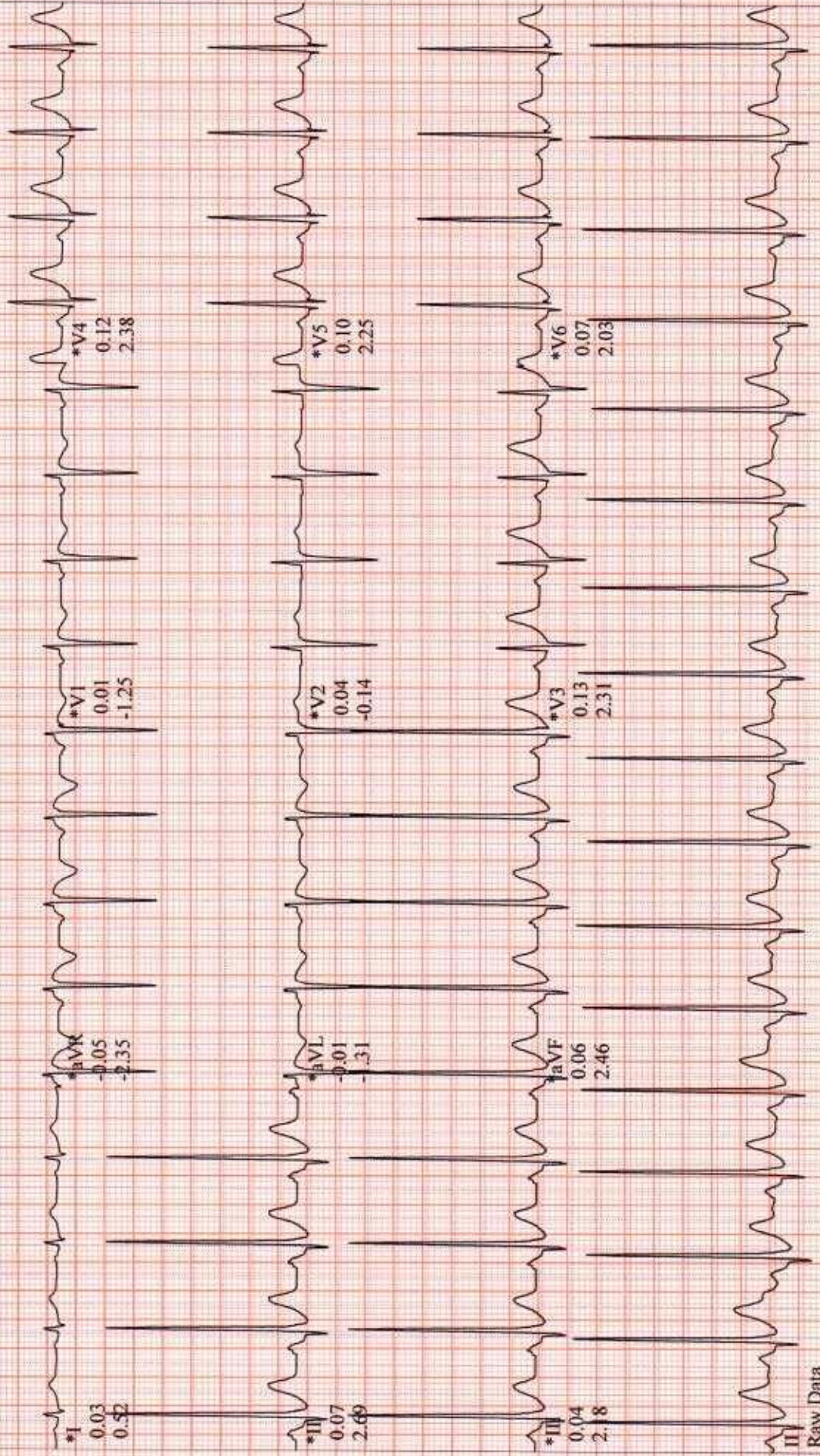
#1
02:00

101 bpm

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOSTICS

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



Raw Data

*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,II)

Start of Test: 9:44:33am

Page 8

BHOLA, SHANKAR
Patient ID 2300408412
04.01.2023
9:56:22am

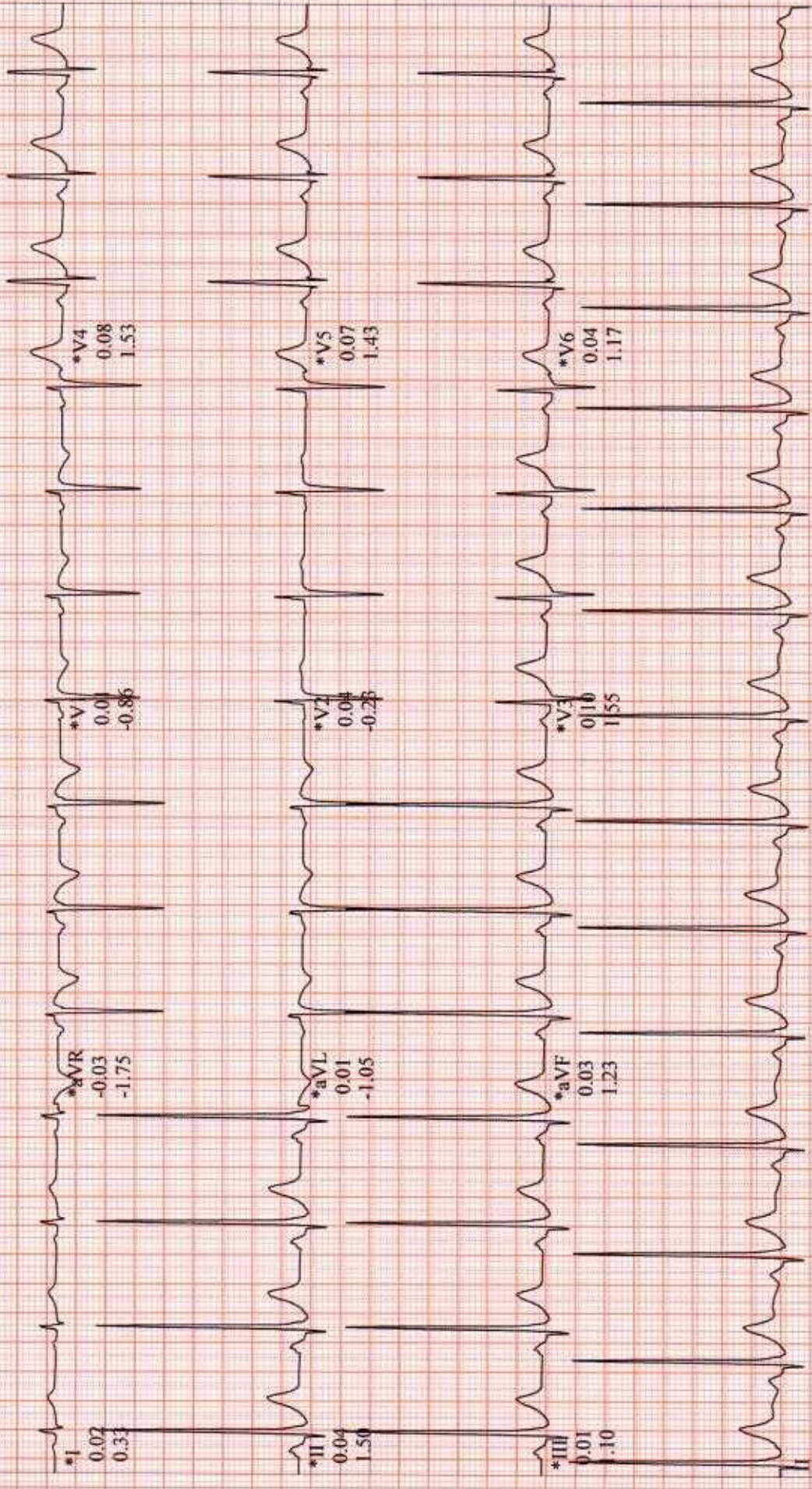
Linked Medians
RECOVERY
#1
03:00

84 bpm
142/84 mmHg

BRUCE
0.0 mph
0.0%

SUBURBAN DIAGNOSTICS

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



Raw Data

*Computer Synthesized Rhythms