

PHYSICAL EXAMINATION REPORT

Patient Name	Lakavath ^{Murakoti}	Sex/Age	M/31
Date	18/12/23	Location	Thane.

History and Complaints

C/o - Back Pain.
- Chest Pain since 1 week.

EXAMINATION FINDINGS:

Height (cms):	160	Temp (0c):	(N)
Weight (kg):	58.4	Skin:	NAD
Blood Pressure	120/80	Nails:	
Pulse	72/min	Lymph Node:	

Systems :

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

NAD

Impression:

CBC - Eosinophilia, ↑ ESR (103)
↓ CeR, ↓ HDL

USG - CeB Polyp, L2 Renal cyst with calcification

Chest X-ray -
p.B.V
prominence.

- Treatment of Eosinophilia .

Advice:

- Reg. Exercise .

F/U - WSC (6 Months)

1)	Hypertension:	Nil	
2)	IHD		
3)	Arrhythmia		
4)	Diabetes Mellitus		
5)	Tuberculosis		
6)	Asthma		
7)	Pulmonary Disease		
8)	Thyroid/ Endocrine disorders		
9)	Nervous disorders		
10)	GI system		
11)	Genital urinary disorder		
12)	Rheumatic joint diseases or symptoms		
13)	Blood disease or disorder		Nil
14)	Cancer/lump growth/cyst		
15)	Congenital disease		
16)	Surgeries		
17)	Musculoskeletal System		Back Pain

PERSONAL HISTORY:

1)	Alcohol	No	occ. (twice a month)
2)	Smoking	No	
3)	Diet	mixed	
4)	Medication	No	

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

Date: 18/12/23

CID: 2335200607

Name: Lakshmi Muraham

Sex / Age: M-31

EYE CHECK UP

Chief complaints: RCU

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: 34/60 HVSU 4/6

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

MR. PRAKASH KUDVA
SR. OPTOMETRIST



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CID : 2335200603
Name : MR. LAKAVATH MURAHARI
Age / Gender : 31 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 18-Dec-2023 / 09:33
Reported : 18-Dec-2023 / 11:11

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CBC (Complete Blood Count), Blood			
RBC PARAMETERS			
Haemoglobin	15.0	13.0-17.0 g/dL	Spectrophotometric
RBC	5.12	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.8	40-50 %	Measured
MCV	87.4	80-100 fl	Calculated
MCH	29.3	27-32 pg	Calculated
MCHC	33.5	31.5-34.5 g/dL	Calculated
RDW	14.4	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	7470	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	29.7	20-40 %	Calculated
Absolute Lymphocytes	2218.6	1000-3000 /cmm	Calculated
Monocytes	6.8	2-10 %	Calculated
Absolute Monocytes	508.0	200-1000 /cmm	Calculated
Neutrophils	55.0	40-80 %	Calculated
Absolute Neutrophils	4108.5	2000-7000 /cmm	Calculated
Eosinophils	8.5	1-6 %	Calculated
Absolute Eosinophils	635.0	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	Calculated
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
PLATELET PARAMETERS			
Platelet Count	302000	150000-400000 /cmm	Elect. Impedance
MPV	8.6	6-11 fl	Calculated
PDW	11.0	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 103 2-15 mm at 1 hr. Sedimentation

Result Rechecked.

Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:
Factors that increase ESR: Old age, Pregnancy, Anemia
Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack Inert
- Bridgen ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct; 1:60(5):1443-50.



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

I. Mujawar
Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	92.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: > / = 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.51	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.11	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.40	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BGG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	20.3	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	21.6	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	30.7	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	108.8	40-130 U/L	PNPP
BLOOD UREA, Serum	26.4	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	12.3	6-20 mg/dl	Calculated
CREATININE, Serum	1.14	0.67-1.17 mg/dl	Enzymatic



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Reported : 18-Dec-2023 / 15:01

eGFR, Serum	88	(ml/min/1.73sqm)	Calculated
		Normal or High: Above 90	
		Mild decrease: 60-89	
		Mild to moderate decrease: 45-59	
		Moderate to severe decrease: 30-44	
		Severe decrease: 15-29	
		Kidney failure: <15	

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

URIC ACID, Serum	6.5	3.5-7.2 mg/dl	Uricase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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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	5.3	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 total 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 ***

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Collected : 18-Dec-2023 / 09:33
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
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	0-1	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	1-2	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 Inert

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*** End Of Report ***

Vandana Kulkarni
Dr. VANDANA KULKARNI
M.D (Path)
Pathologist



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

PARAMETER	RESULTS
ABO GROUP	O
Rh TYPING	Negative

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 isagglutinins are fully developed at 2 to 4 years of age. B 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 ABO antigens because of inheritance of hh genotype.

References:

1. Denise W Hammering, 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	150.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	110.3	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	34.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	116.0	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	94.0	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	22.0	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.7	0-3.5 Ratio	Calculated

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	6.1	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.8	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.79	0.35-5.5 microIU/ml mIU/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 upto 15 microU/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 tumours & 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 200%. Biological variation: 18.7% (with in subject variation)

Reflex Tests: Anti thyroid Antibodies, USG Thyroid, TSH receptor Antibody, Thyroglobulin, Calcitonin

Limitations:

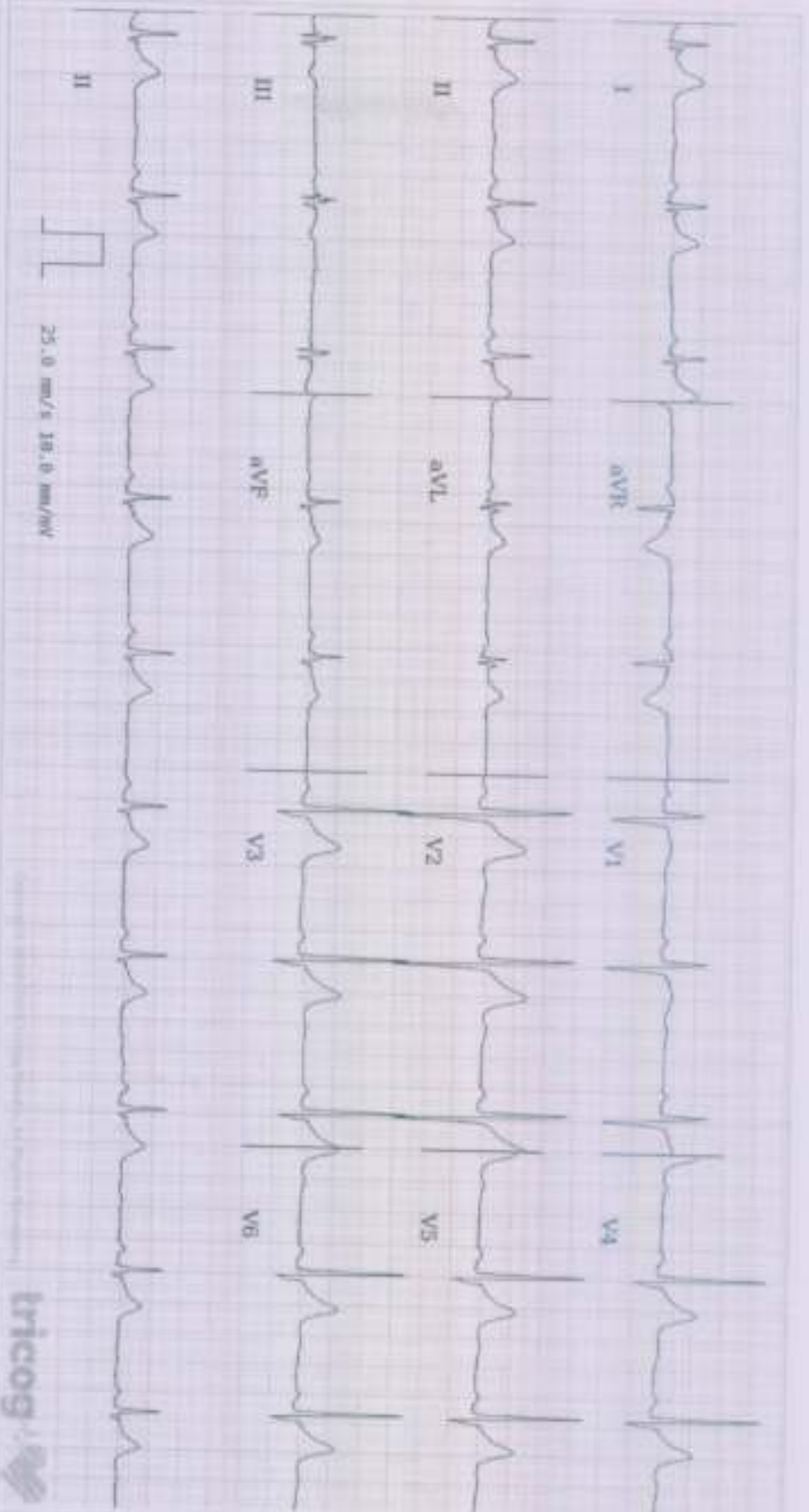
1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until at least 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. This assay is designed to minimize interference from heterophilic antibodies.

Reference:

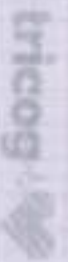
1. O'Keefe et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
 2. Interpretation of the thyroid function tests, Dayan et al. THE LANCET, Vol. 357
 3. Tietz, Text Book of Clinical Chemistry and Molecular Biology - 5th Edition
 4. Biological Variation: From principles to Practice-Callum G Fraser (AACC Press)
- *Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***

J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



25.0 mm/s 18.0 mm/mV



Age: **31** years NA NA
Gender: **Male**
Heart Rate: **61bpm**
Patient Vitals
BP: NA
Weight: NA
Height: NA
Pulse: NA
SpO2: NA
Resp: NA
Others: NA

Measurements
QRSD: 94ms
QT: 376ms
QTcB: 378ms
PR: 187ms
P-R-T: 21° 41° 23°

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

REPORTED BY

DR. SATHYA MURUGAN
MBBS, MD, DNB
Cardiology



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Ref. Dr :
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USG WHOLE ABDOMEN

LIVER: Liver appears normal in size (14.3 cm) and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended, Shows an echogenic lesion attached to wall, measuring 3 mm s/o polyp. No peri-cholecystic collection seen.

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 9.1 x 4.1 cm. Left kidney measures 9.3 x 4.4 cm. Shows 1.9 x 1.7 cm sized cyst with calcification in mid pole of left kidney. 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 and measures 3.1 x 2.8 x 4.6 cm in dimension and 21 cc in volume. 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/RISViewer/NormalViewer?AccessionNo=2023121809090571>

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IMPRESSION:
GALL BLADDER POLYP.
LEFT RENAL CYST WITH CALCIFICATION.

Advice: Clinical co-relation, further evaluation and follow up.

505

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-----

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

Click here to view images <http://3.111.232.119/IRISViewer/NeoradViewer?AccessionNo=2023121809090571>

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X-RAY CHEST PA VIEW

Rotation +

There is evidence of mildly increased bilateral bronchovascular prominence.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

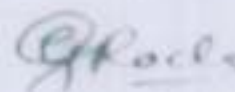
The aorta shows normal radiological features.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

Suggest clinico pathological co-relation.

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



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

Click here to view images <<ImageLink>>

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Report



Email:

377 (2335200603) / LAKAVATH MURAHARI / 31 Yrs / M / 160 Cms / 68 Kg
 Date: 18 / 12 / 2023 12:07:11 PM

Stage	Time	Duration	Speed(imph)	Elevation	METS	Rate	% THR	BP	PPV	PVC	Comments
Supine	00:15	0:15	00.0	00.0	01.0	069	37 %	120/80	082	00	
Standing	00:26	0:11	00.0	00.0	01.0	062	33 %	120/80	074	00	
HV	00:37	0:11	00.0	00.0	01.0	067	35 %	120/80	080	00	
ExStart	00:47	0:10	00.0	00.0	01.0	068	36 %	120/80	081	00	
BRUCE Stage 1	03:47	3:00	01.7	10.0	04.7	102	54 %	130/80	132	00	
BRUCE Stage 2	06:47	3:00	02.5	12.0	07.1	124	66 %	140/80	173	00	
PeakX	08:44	1:57	03.4	14.0	09.1	161	85 %	150/80	241	00	
Recovery	09:44	1:00	00.0	00.0	01.1	119	63 %	150/80	178	00	
Recovery	10:44	2:00	00.0	00.0	01.0	108	57 %	150/80	162	00	
Recovery	11:44	3:00	00.0	00.0	01.0	095	50 %	150/80	142	00	
Recovery	12:44	4:00	00.0	00.0	01.0	104	55 %	150/80	156	00	
Recovery	13:02				00.0	000	0 %	135/80	000	00	

FINDINGS :

Exercise Time : 07:57
 Initial HR (ExStrt) : 68 bpm 36% of Target 189
 Initial BP (ExStrt) : 120/80 (mm/Hg)
 Max Workload Attained : 9.1 Good response to induced stress
 Max ST Dep Lead & Avg ST Value: V1 & -0.6 mm in Stage 2
 Test End Reasons : Heart Rate Achieved

Max HR Attained 161 bpm 85% of Target 189
 Max BP Attained 150/80 (mm/Hg)

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

Doctor : DR. SHAILAJA PILLAI



EMail: 377/LAKSHMATH MURAHARI / 31 Yrs / M / 160 Cms / 68 Kg Date: 18 / 12 / 2023 12:07:11 PM

REPORT :

Sample Name: Stress Test Graded Exercise Treadmill

PROCEDURE DONE: Graded exercise treadmill stress test.

STRESS ECG RESULTS: The initial HR was recorded as 62.0 bpm, and the maximum predicted Target Heart Rate 189.0. The BP increased at the time of generating report as 160/80.0 mmHg. The Max Dep went upto 0.4. 0.0 Ectopic Beats were observed during the Test.

CONCLUSIONS:

1. Stress test is negative for ischemia.
2. No significant ST T changes seen.
3. HR and Blood pressure response to exercise is normal.

Disclaimer : Negative stress test does not rule out CAD.

Dr. SHAILAJA PILLAI

M.D. (GEN.MED)

R.NO. 49972

Doctor : DR. SHAILAJA PILLAI

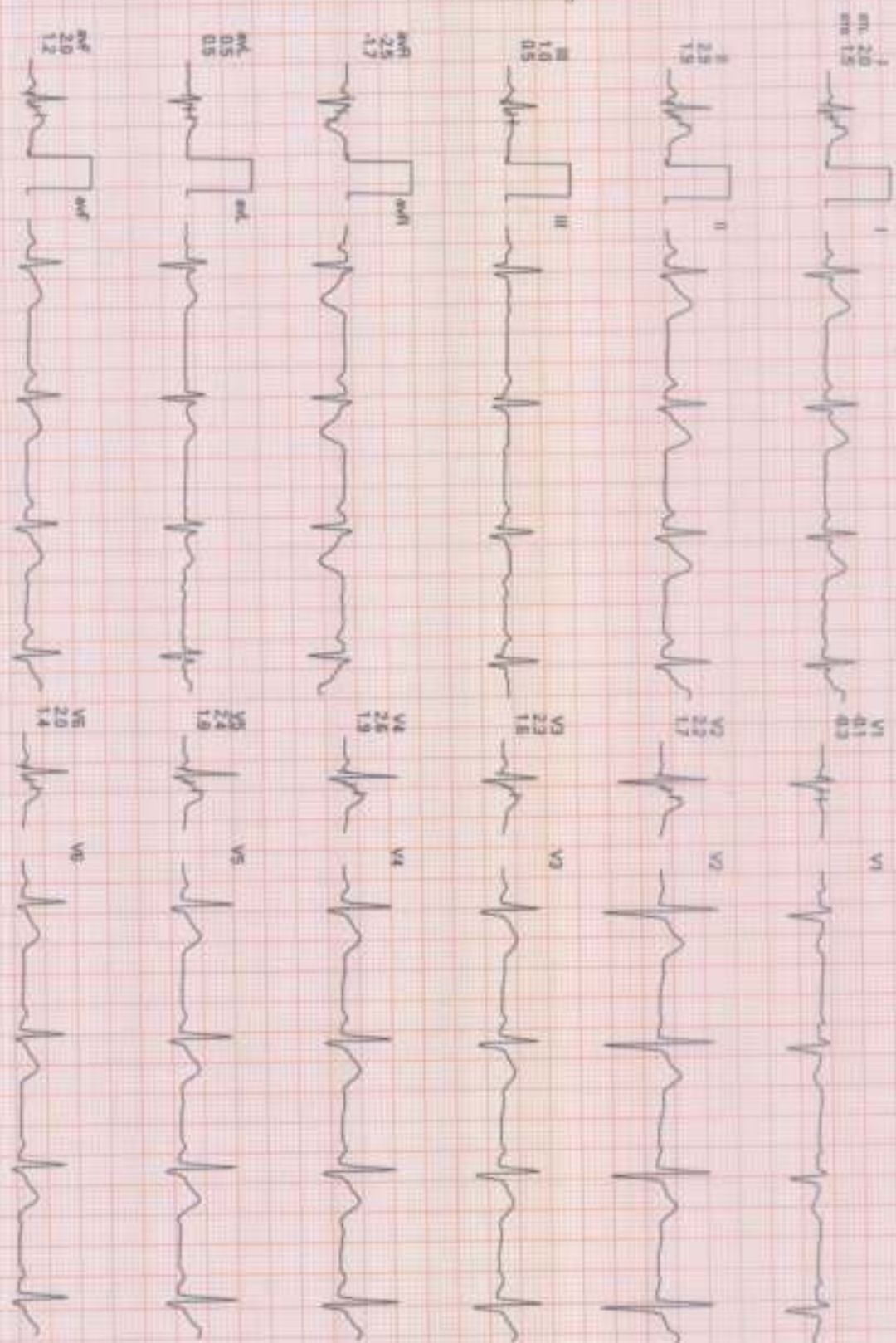


377 (2335200003) / LAKAVATH MURAHARI / 31 Yrs / M / 160 Cms / 68 Kg / HR : 69

Date: 18/12/2023 12:07:11 PM METS: 1.0/69 bpm 37% of THR BP: 120/80 mmHg Raw ECG/BLC On/Notch On/HR 0.05 Hz/LS 35 Hz

4X 00 sec Pwd J

ExTime: 00:00:0.0 mph: 0.0N
ZTime/Sec: 1.0 Cal/W

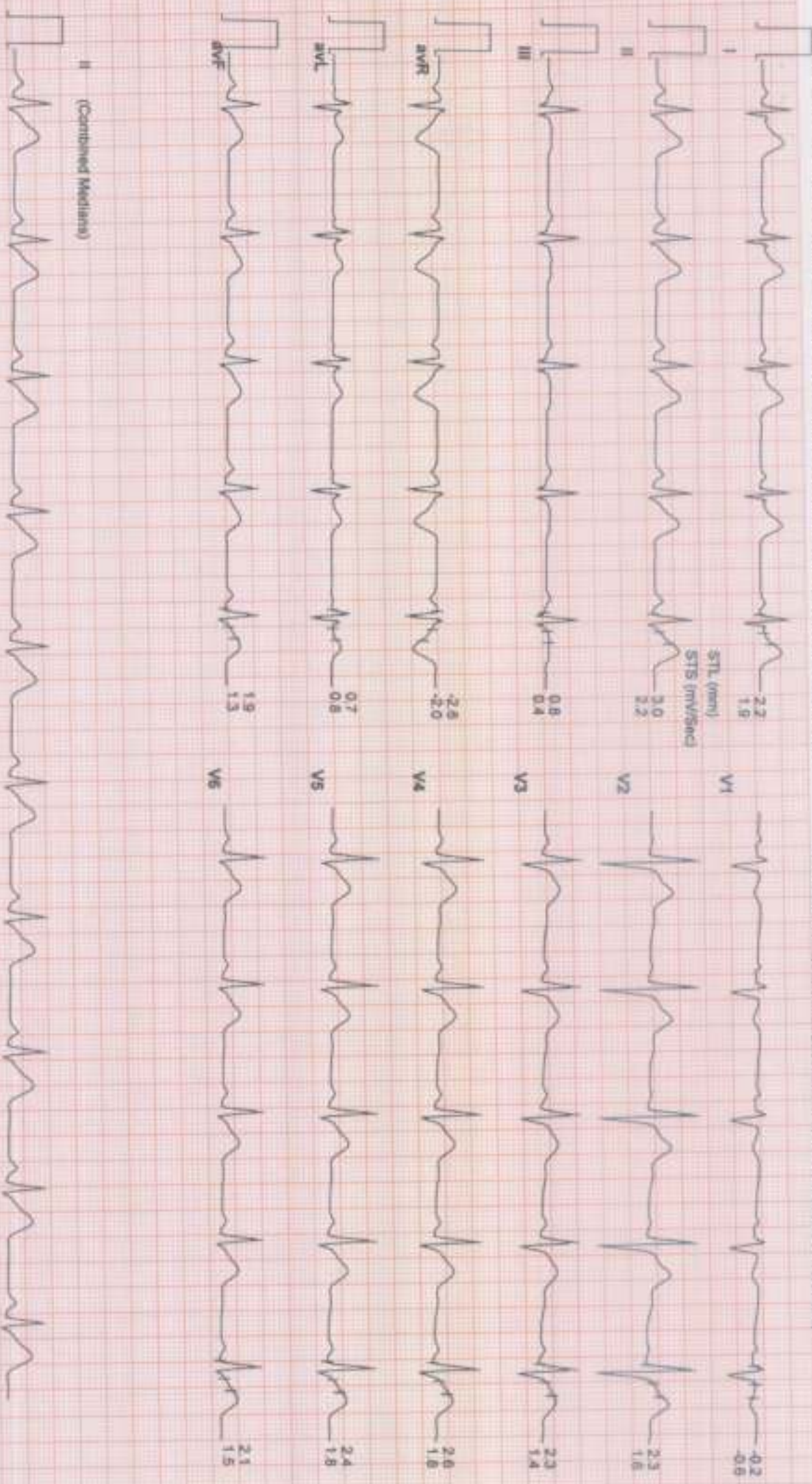


REMARKS:



Date: 18 / 12 / 2023 12:07:11 PM METs : 1.0 HR : 62 Target HR : 30% of 169 BP : 120/80 Post J @90mSec

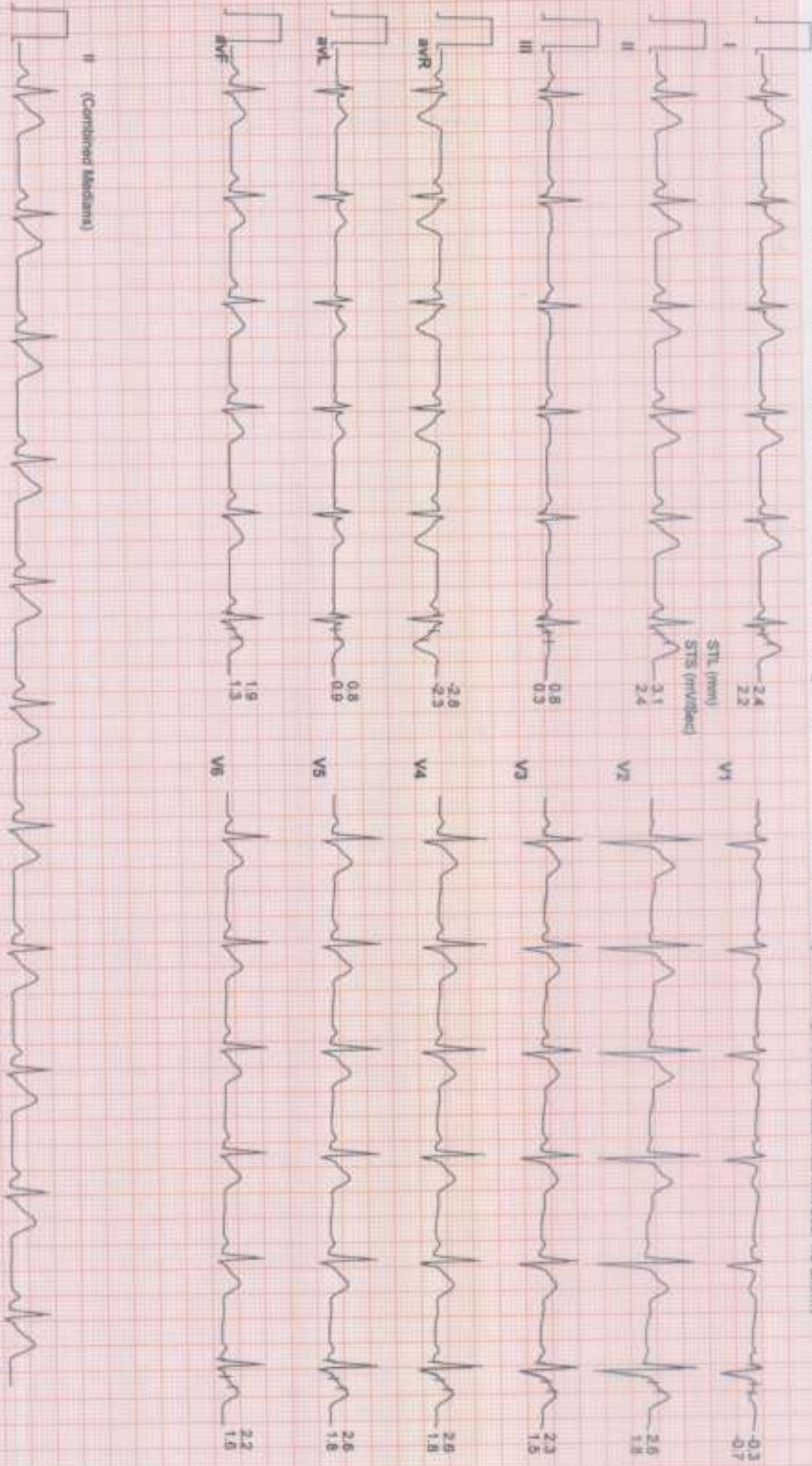
ExTime : 00:00 Speed : 0.0 mph Grade : 00.00 % 25 mm/Sec, 1.0 Cm/mV





Date: 18 / 12 / 2023 12:07:11 PM METs : 1.0 HR : 57 Target HR : 35% of 189 BP : 120/80 Post J @80ms/Sec

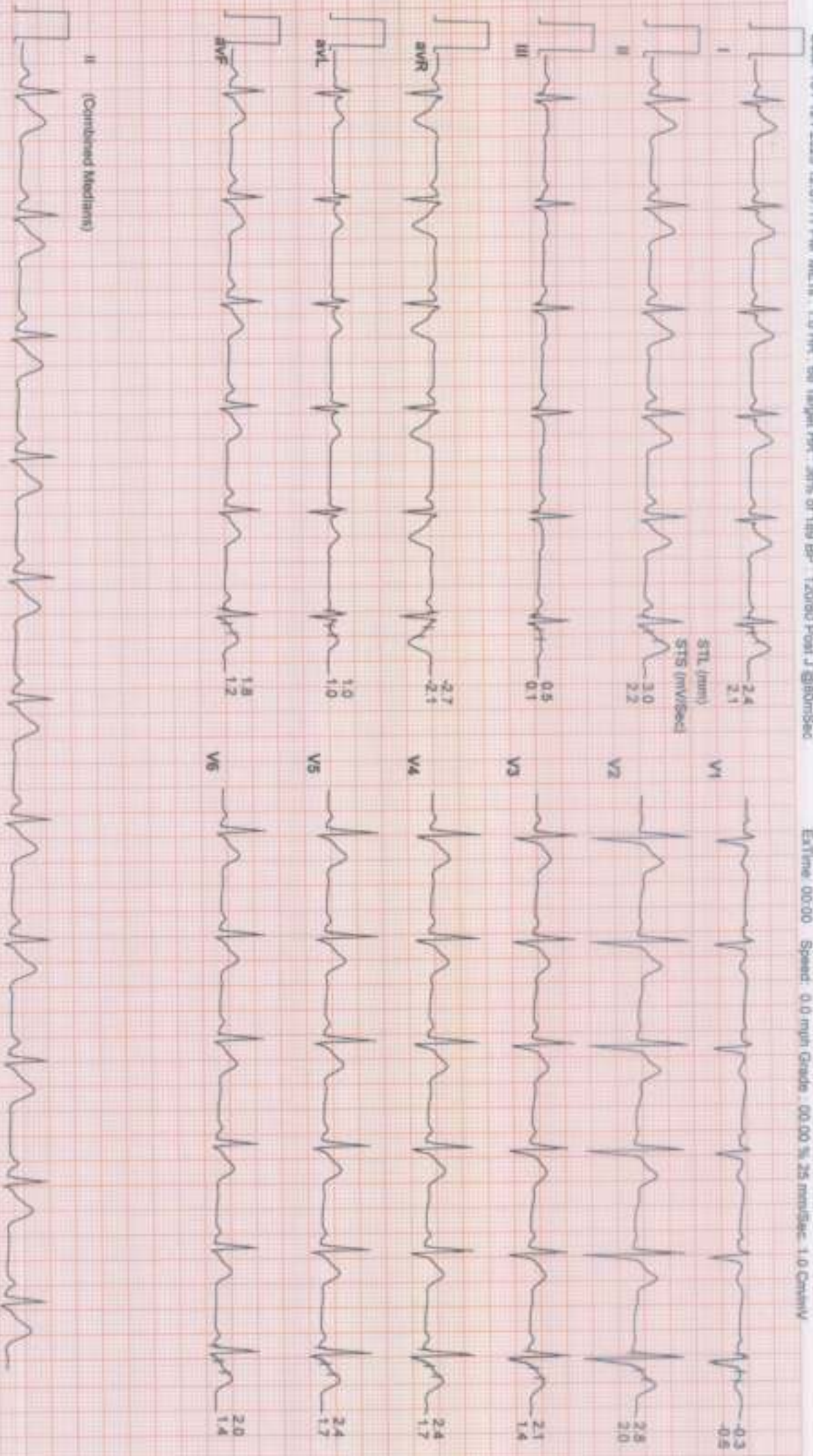
ExTime: 00:00 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV





Date: 16 / 12 / 2023 12:07:11 PM METs : 1.0 HR : 68 Target HR : 36% of 149 BP : 120/80 Post J @60mmSec

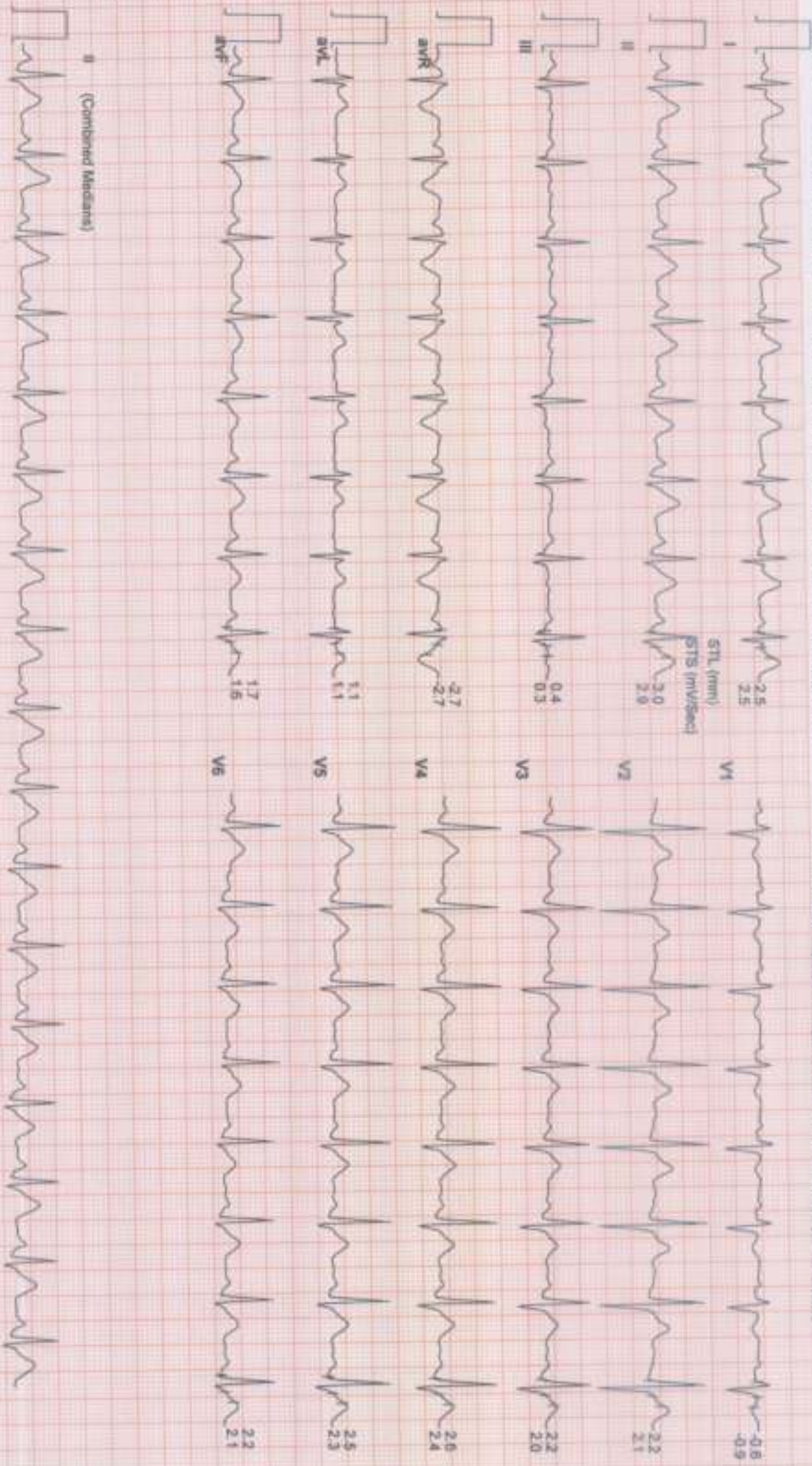
ExTime: 00:00 Speed: 0.0 mnt/Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV





Date: 18 / 12 / 2023 12:07:11 PM METs : 4.7 HR : 102 Target HR : 64% of 168 BP : 130/80 Post J @100mgac

ExTime: 03:00 Speed: 1.7 mph Grade : 10.00 % 25 min/Sec: 1.0 Cm/min



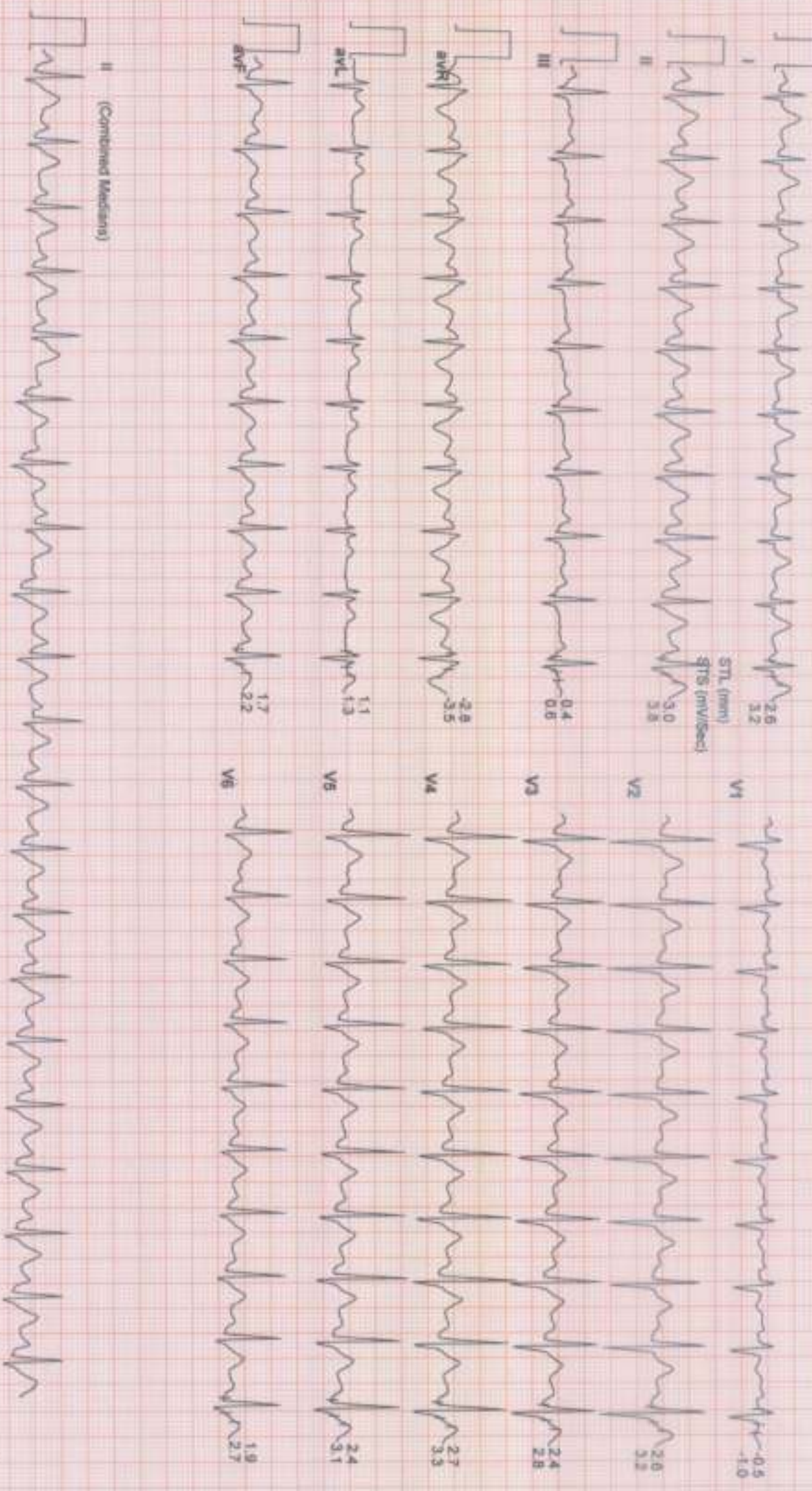
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

377 / LAKAVATH MURAHARI / 31 Yrs / Male / 180 Cm / 68 Kg

Date: 18 / 12 / 2023 12:07:11 PM METs : 7.1 HR : 124 Target HR : 66% of 189 BP : 140/80 Post J @Gondar

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

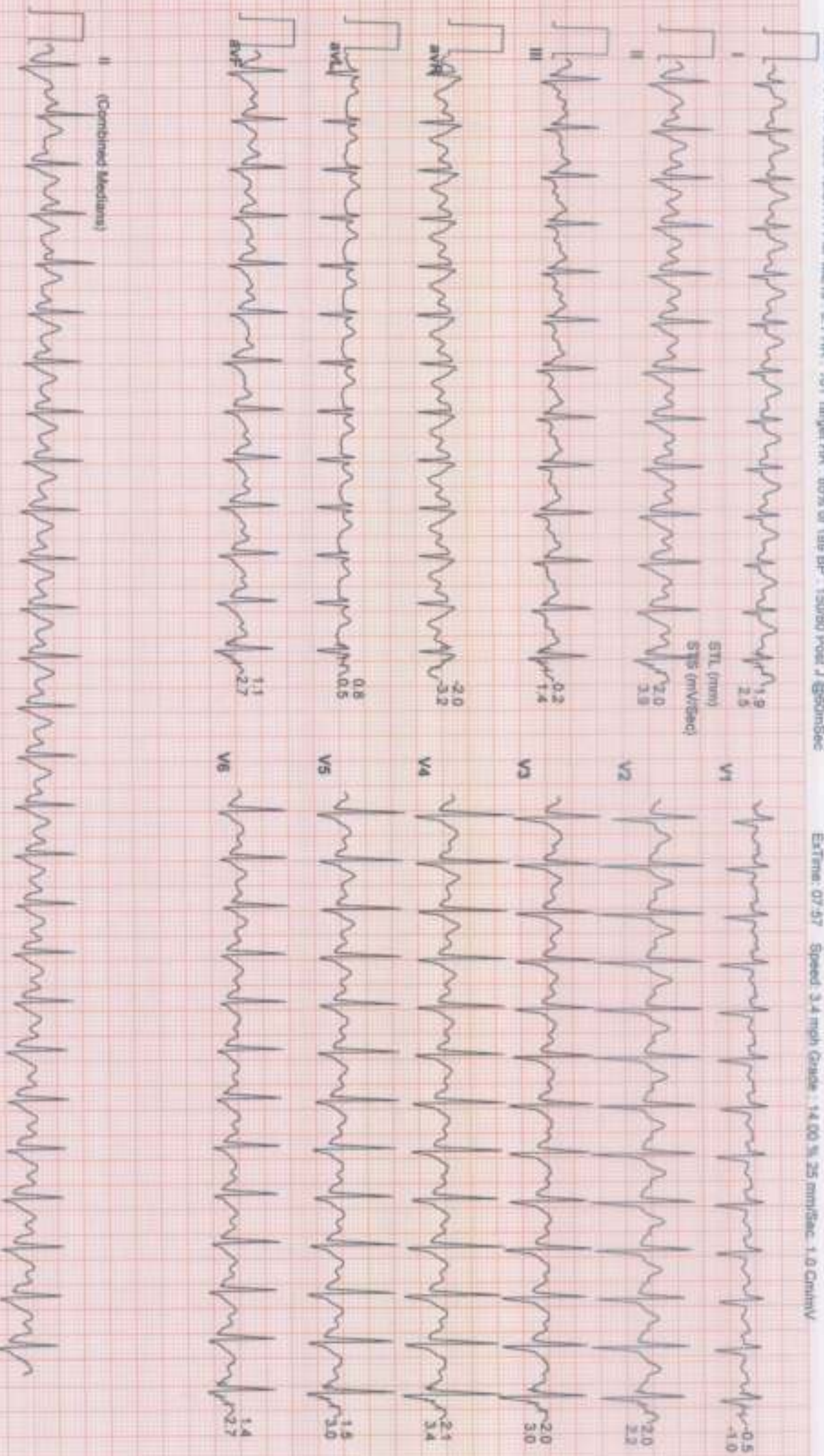
6X2 Combine Medians + 1 Rhythm
BRUCE : Stage 2 (03:00)





Date: 16 / 12 / 2023 12:07:11 PM METs : 9.1 HR : 161 Target HR : 80% of 166 BP : 150/90 Post J @500Sec

ExTime: 07:57 Speed: 3.4 mph Grade: 14.00 % 25 mm/Sec 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

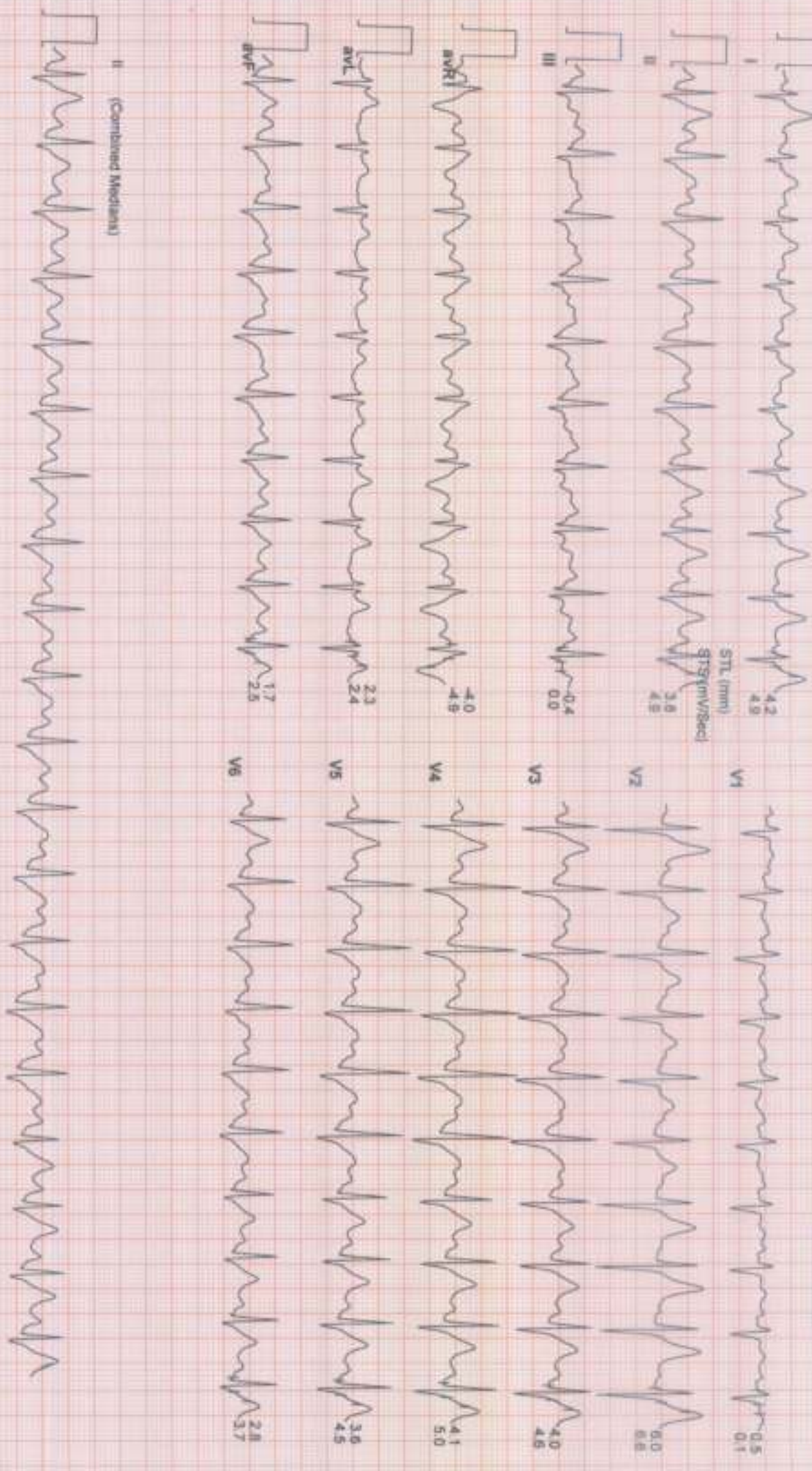
377 / LAKAVATH MURAHARI / 31 Yrs / Male / 180 Cm / 68 Kg

Date: 18 / 12 / 2023 12:07:11 PM METs : 1.1 HR : 119 Target HR : 63% of 189 BP : 150/80 Post J @70mSec

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



ExTime: 07:57 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV



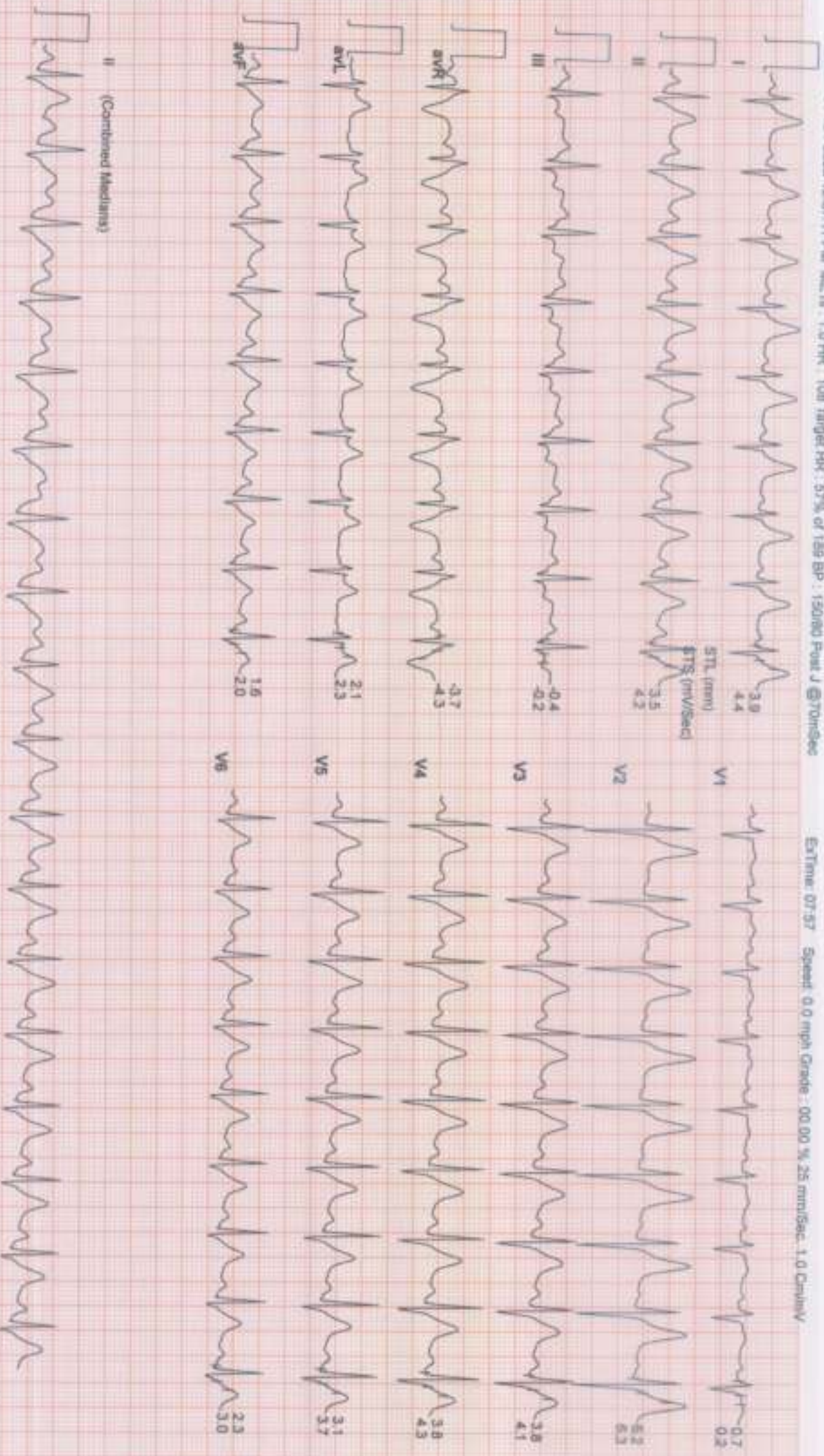
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

377 / LAKAVATH MURAHARI / 31 Yrs / Male / 160 Cm / 68 Kg

Date: 10 / 12 / 2023 12:07:11 PM METR : 1.0 HR : 108 Target HR : 57% of 188 BP : 150/90 Post J @TonSec

EstTime: 07:57 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/Div

6X2 Combine Medians + 1 Rhythm
Recovery : (02:00)



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

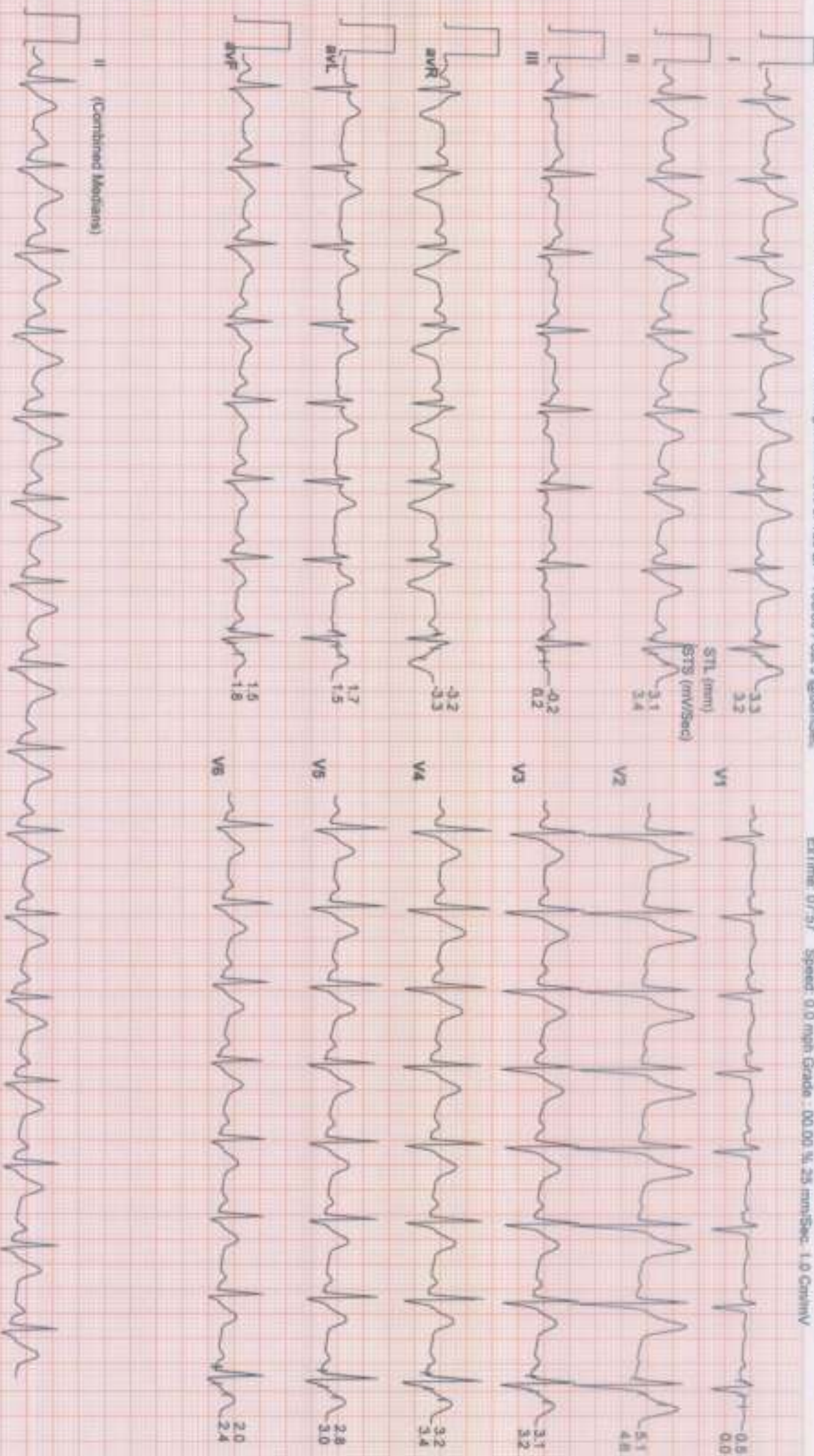
377 / LAKAVATH MURAHARI / 31 Yrs / Male / 160 Cm / 68 Kg

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

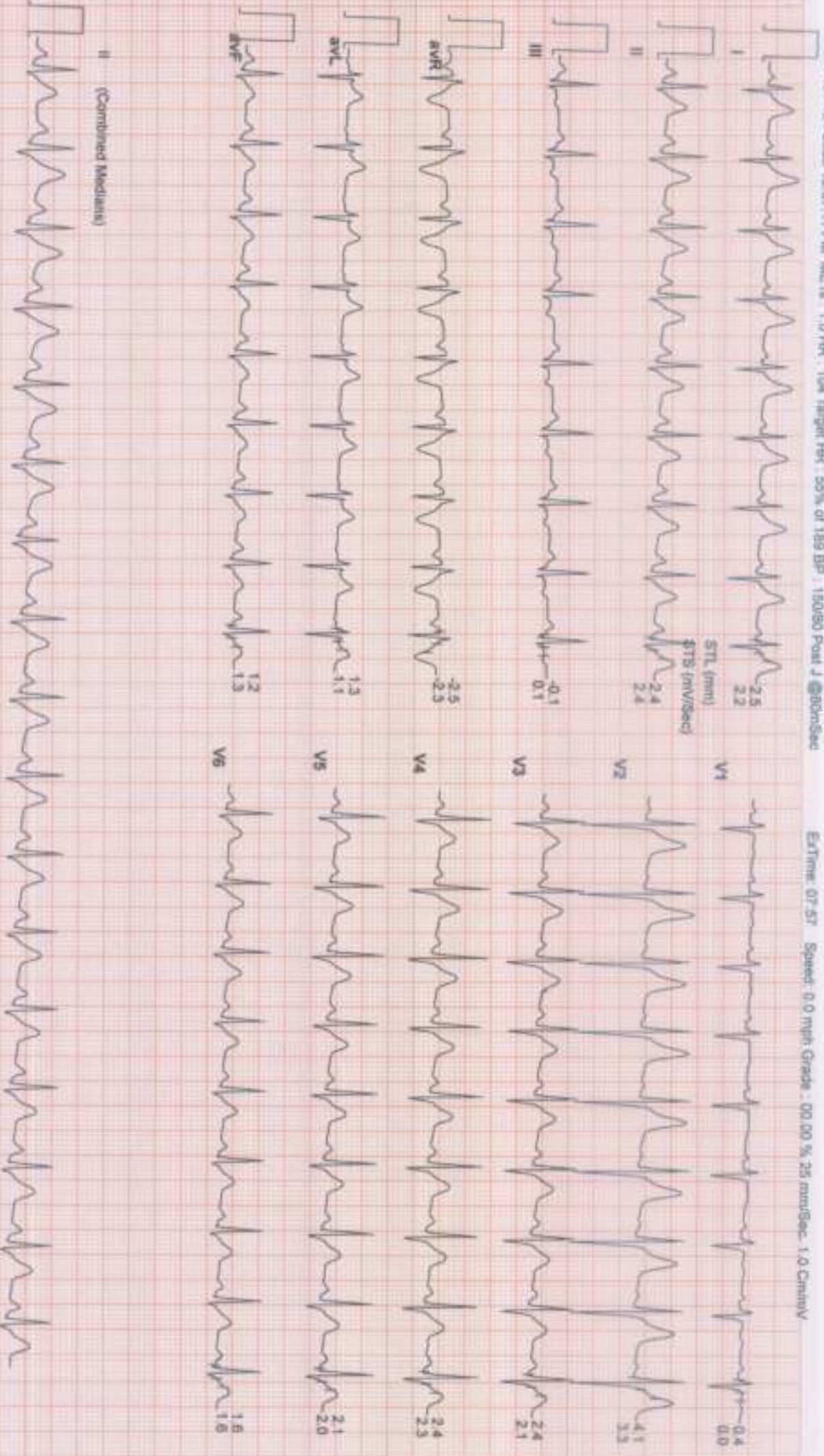


Date: 18 / 12 / 2023 12:07:11 PM METs : 1.0 HR : 95 Target HR : 50% of 169 BP : 150/80 Post J @Bonsac

ExTime : 07:57 Speed : 0.0 mph Grade : 00.00 % 25 mm/Sec : 1.0 Cm/mV



6X2 Combine Medians + 1 Rhythm
Recovery : (04:00)





Date: 18 / 12 / 2023 12:07:11 PM METs : 1.0 HR : 88 Target HR : 47% of 188 BP : 100/60 Post J @50mSec

ExTime: 07:57 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/IV

