

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

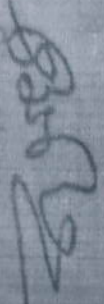
SHARDUL RAJKUMAR BORKAR

RAJKUMAR BORKAR

11/07/1991

Permanent Account Number

BPDDPB2783Q


Signature



Dr. Manassee Kulkarni
M.B.B.S

2005/09/3439



PHYSICAL EXAMINATION REPORT

Patient Name	Shardul Borkar	Sex/Age	M / 31
Date	14/1/23	Location	Thane

History and Complaints

NIL
No indigestion

EXAMINATION FINDINGS:

Height (cms):	173	Temp (0c):	Acb
Weight (kg):	72.9	Skin:	NAD
Blood Pressure	120/80	Nails:	NIL
Pulse	80/min	Lymph Node:	not palpable

Systems :

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

Impression: ↓ HDL, ↑ Non HDL.

- Regular Exercise.
- Low Fat Diet

Advice:

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	n/a in Digestion
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	NAD

PERSONAL HISTORY:

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

N/D
N/D
Mixed
N/D



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

0000-0518-0000



Use a QR Code Scanner
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CID : 2301420973
Name : MR.BORKAR SHARDUL RAJKUMAR
Age / Gender : 31 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 14-Jan-2023 / 08:48
Reported : 14-Jan-2023 / 11:26

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	14.4	13.0-17.0 g/dL	Spectrophotometric
RBC	4.88	4.5-5.5 mil/cmm	Elect. Impedance
PCV	41.6	40-50 %	Measured
MCV	85	80-100 fl	Calculated
MCH	29.6	27-32 pg	Calculated
MCHC	34.7	31.5-34.5 g/dL	Calculated
RDW	13.5	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6700	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	37.7	20-40 %	
Absolute Lymphocytes	2525.9	1000-3000 /cmm	Calculated
Monocytes	4.3	2-10 %	
Absolute Monocytes	288.1	200-1000 /cmm	Calculated
Neutrophils	54.3	40-80 %	
Absolute Neutrophils	3638.1	2000-7000 /cmm	Calculated
Eosinophils	3.7	1-6 %	
Absolute Eosinophils	247.9	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	299000	150000-400000 /cmm	Elect. Impedance
MPV	8.8	6-11 fl	Calculated
PDW	15.3	11-18 %	Calculated



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Reported : 14-Jan-2023 / 10:51

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RBC MORPHOLOGY

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

Specimen: EDTA Whole Blood

ESR, EDTA WB, EDTA WB-ESR 5 2-15 mm at 1 hr. Sedimentation

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

AREAS OF SPECIAL EXPERTISE

OUR PRESENCE



Amid Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist



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Age / Gender : 31 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 14-Jan-2023 / 11:18
Reported : 14-Jan-2023 / 16:40

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	1.05	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.38	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.67	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2	1 - 2	Calculated
SGOT (AST), Serum	26.9	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	33.7	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	31.6	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	93.5	40-130 U/L	PNPP
BLOOD UREA, Serum	20.9	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	9.8	6-20 mg/dl	Calculated
CREATININE, Serum	0.89	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	106	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.1	3.5-7.2 mg/dl	Uricase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	

Authenticity Check



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Urine Ketones (PP) Absent Absent

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Amit Taori

Dr.AMIT TAORI
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Pathologist



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Reported : 14-Jan-2023 / 12:53

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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	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	111.2	mg/dl	Calculated

Note : Variant window detected (37.9%)

Advice : Serum fructosamine and Hb Electrophoresis for the confirmation of Haemoglobin pattern.

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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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>
<u>PHYSICAL EXAMINATION</u>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<u>CHEMICAL EXAMINATION</u>		
Reaction (pH)	Acidic (6.0)	-
Occult Blood	Absent	Absent
<u>MICROSCOPIC EXAMINATION</u>		
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
Reducing Substances	-	Absent

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

OUR PRESENCE



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist



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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	1.015	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
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	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	4-5	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



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist

Authenticity Check



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

Collected :
Reported :

*** 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 Semi- automated column agglutination technology (CAT)

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

Specimen: EDTA Whole Blood and/or serum

Clinical significance:
ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

References:

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

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



Ami Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist



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Collected : 14-Jan-2023 / 08:48
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	165.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	109.8	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	34.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	131.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	110.0	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	21.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.2	0-3.5 Ratio	Calculated

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



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist



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Collected : 14-Jan-2023 / 08:48
Reported : 14-Jan-2023 / 11:18

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.8	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.8	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.05	0.35-5.5 microlU/ml	ECLIA



AREAS OF SPECIAL EXPERTISE

OUR PRESENCE





Use a QR Code Scanner Application To Scan the Code

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Age / Gender : 31 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 14-Jan-2023 / 08:48
Reported : 14-Jan-2023 / 11:18

Interpretation:

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

Clinical Significance:

- 1) TSH Values between high abnormal upto 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2) TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine, Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation: TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am, and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation: 19.7% (with in subject variation)

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

Limitations:

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

Reference:

1. O. Koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
2. Interpretation of the thyroid function tests, Dayan et al. THE LANCET. Vol 357
3. Tietz, Text Book of Clinical Chemistry and Molecular Biology -5th Edition
4. Biological Variation: From principles to Practice-Callum G Fraser (AACC Press)

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*** End Of Report ***



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist

Date:- 14/1/23 CID:
Name:- Sharad Borlus. Sex / Age: M / 31

EYE CHECK UP

Chief complaints: PCV

Systemic Diseases: All

Past history: All

Unaided Vision: 3/6 6/6 NVBNA/6

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

Reg. No. : 2301420973	Sex : MALE
Name : MR.BORKAR SHARDUL RAJKUMAR	Age : 31 YRS
Ref. By : -----	Date : 14.01.2023

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.



DR.GAURI RODA
MBBS,DMRE
(CONSULTANT RADIOLOGIST)

Reg. No. : 2301420973	Sex : MALE
Name : MR. SHARDUL BORKAR	Age : 31 YRS
Ref. By : -----	Date : 14.01.2023

USG ABDOMEN AND PELVIS

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

GALL BLADDER: Gall bladder is contracted.(Not evaluated).

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 8.8 x 4.1 cm. Left kidney measures 10.0 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 and measures 2.2 x 3.4 x 3.1 cm in dimension and 12.8 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

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.

Advice: Clinical co-relation and further evaluation.

DR.DEVENDRA PATIL
MD (RADIO DIAGNOSIS)
CONSULTANT RADIOLOGIST



202 (2301420973) / SHARDUL RAJKUMAR BORKAR / 31 Yrs / M / 173 Cms / 72 Kg
 Date: 14 / 01 / 2023 10:28:53 AM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:05	0:05	00.0	00.0	01.0	078	41%	120/80	093	00	
Standing	00:13	0:08	00.0	00.0	01.0	078	41%	120/80	093	00	
HV	00:22	0:09	00.0	00.0	01.0	081	43%	120/80	097	00	
ExStart	00:30	0:08	00.0	00.0	01.0	082	43%	120/80	098	00	
BRUCE Stage 1	03:30	3:00	01.7	10.0	04.7	126	67%	130/80	163	00	
BRUCE Stage 2	06:30	3:00	02.5	12.0	07.1	153	81%	140/80	214	00	
PeakEx	06:46	0:16	03.4	14.0	07.4	158	84%	150/80	237	00	
Recovery	07:46	1:00	00.0	00.0	01.1	128	68%	150/80	192	00	
Recovery	08:46	2:00	00.0	00.0	01.0	112	59%	120/80	134	00	
Recovery	10:46	4:00	00.0	00.0	01.0	102	54%	120/80	122	00	
Recovery	11:16	4:31	00.0	00.0	01.0	105	56%	120/80	125	00	

FINDINGS :

Exercise Time : 06:16
 Initial HR (ExStrt) : 82 bpm 43% of Target 189
 Initial BP (ExStrt) : 120/80 (mm/Hg)
 Max Workload Attained : 7.4 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : II & -2.5 mm in Stage 2
 Test End Reasons : Fatigue, Heart Rate Achieved

Max HR Attained 158 bpm 84% 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: 202 / SHARDUL RAJKUMAR BORKAR / 31 Yrs / M / 173 Cms / 72 Kg Date: 14 / 01 / 2023 10:28:53 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 189.0. The BP increased at the time of generating report as 150.0/80.0 mmHg. The Max Dep went upto 0.3. 0.0 Ectopic Beats were observed during the Test. The Test was completed because of , Fatigue, Heart Rate Achieved.

CONCLUSIONS:

1. TMT is negative for exercise induced ischemia.
2. Normal chronotropic and Normal inotropic response.
3. No significant ST T changes seen.

Dr. SHAILAJA PILLAI

M.D. (GEN.MED)

R.NO. 49972

Doctor : DR SHAILAJA PILLAI



202 (2301420973) / SHARDUL RAJKUMAR BORKAR / 31 Yrs / M / 173 Cms / 72 Kg / HR : 78

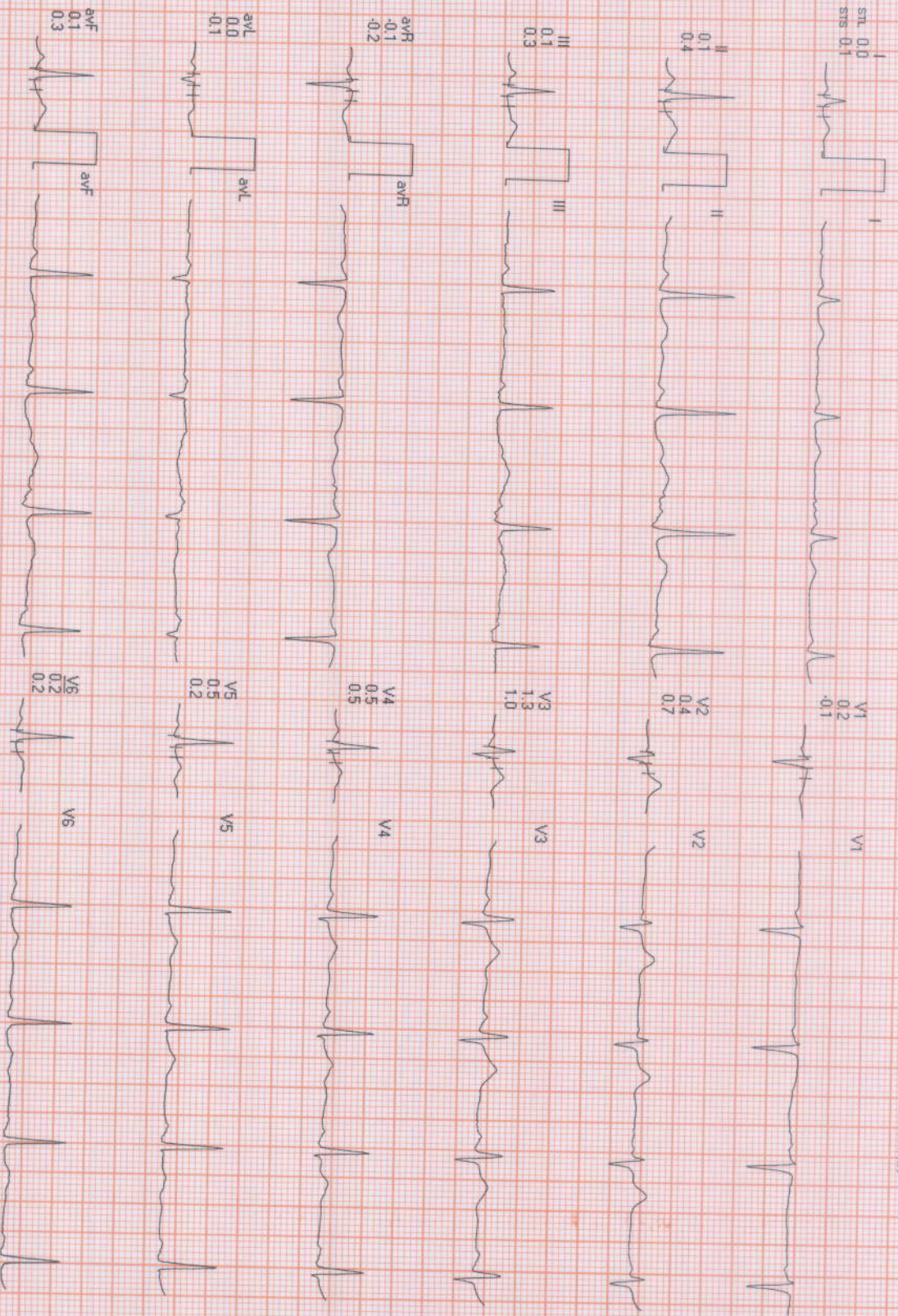
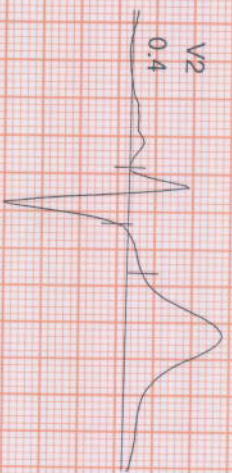
Date: 14/01/2023 10:28:53 AM

METS: 1.0/ 78 bpm 41% of THRA BP: 120/80 mmHg Raw ECG/ BLD On/ Notch On/ HF 0.05 Hz/LF 100 Hz

4X 80 ms Post U

EXTime: 00:00 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV



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



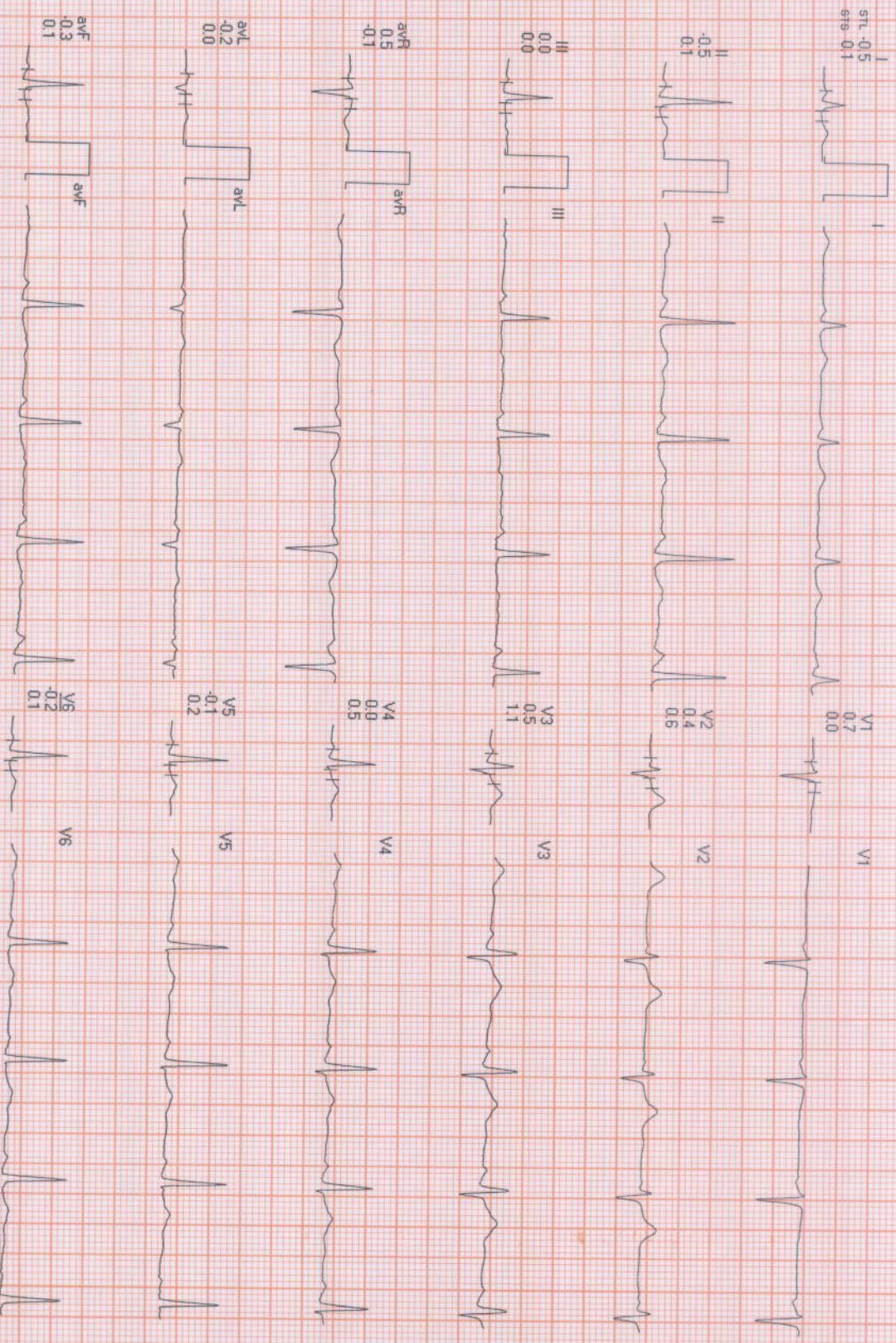
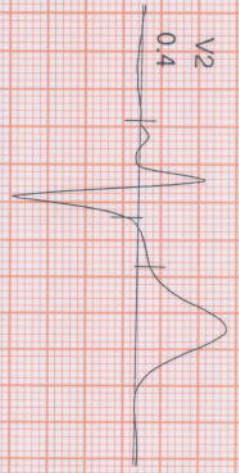


202 (2301420973) / SHARDUL RAJKUMAR BORKAR / 31 Yrs / M / 173 Cms / 72 Kg / HR : 78

Date: 14/01/2023 10:28:53 AM METS: 1.0/ 78 bpm 41% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 100 Hz

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

4X 80ms Paper



REMARKS:



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

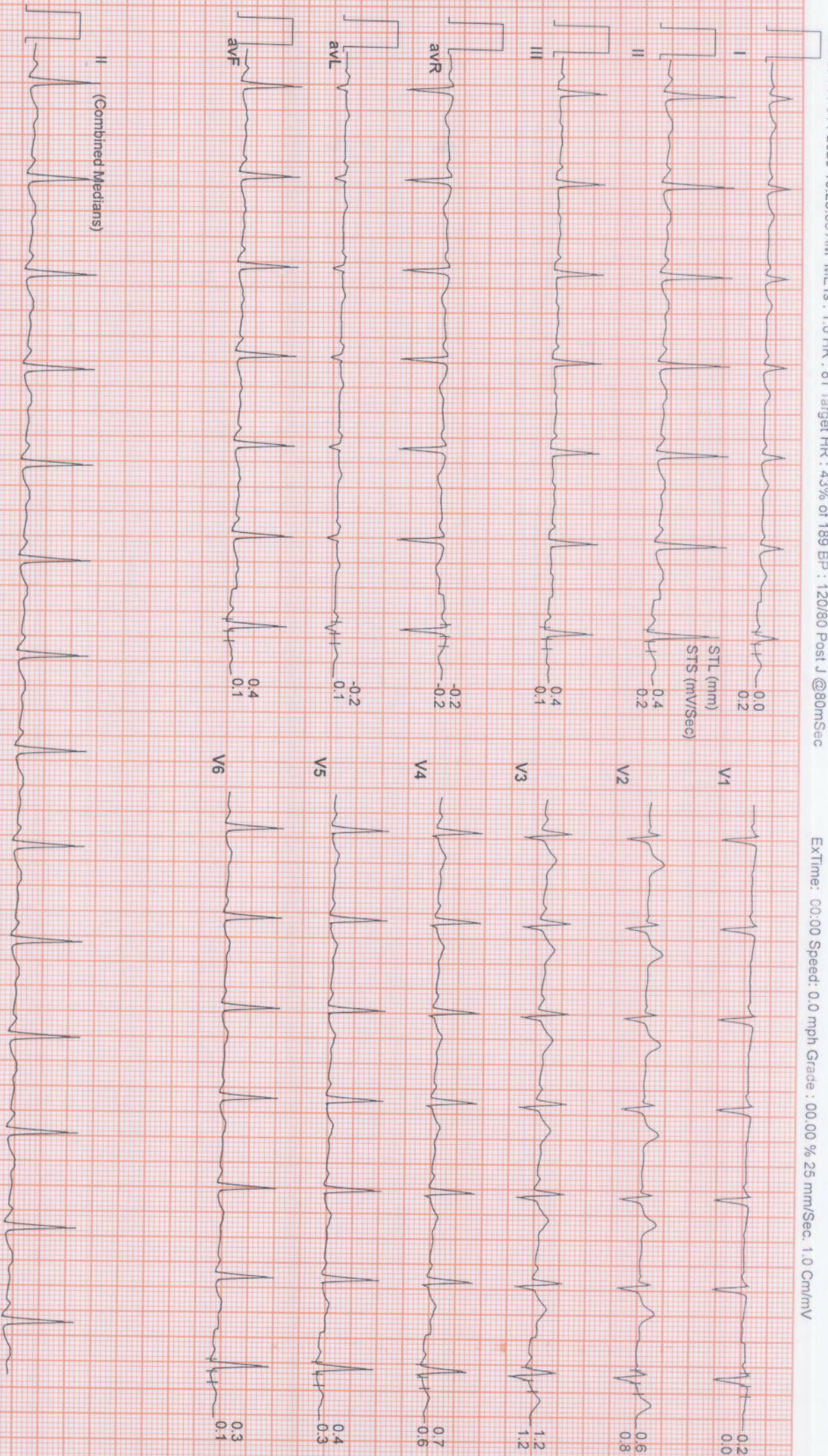
202 / SHARDUL RAJKUMAR BORKAR / 31 Yrs / Male / 173 Cm / 72 Kg

Date: 14 / 01 / 2023 10:28:53 AM METs : 1.0 HR : 81 Target HR : 43% of 189 BP : 120/80 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

HV (00:00)



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

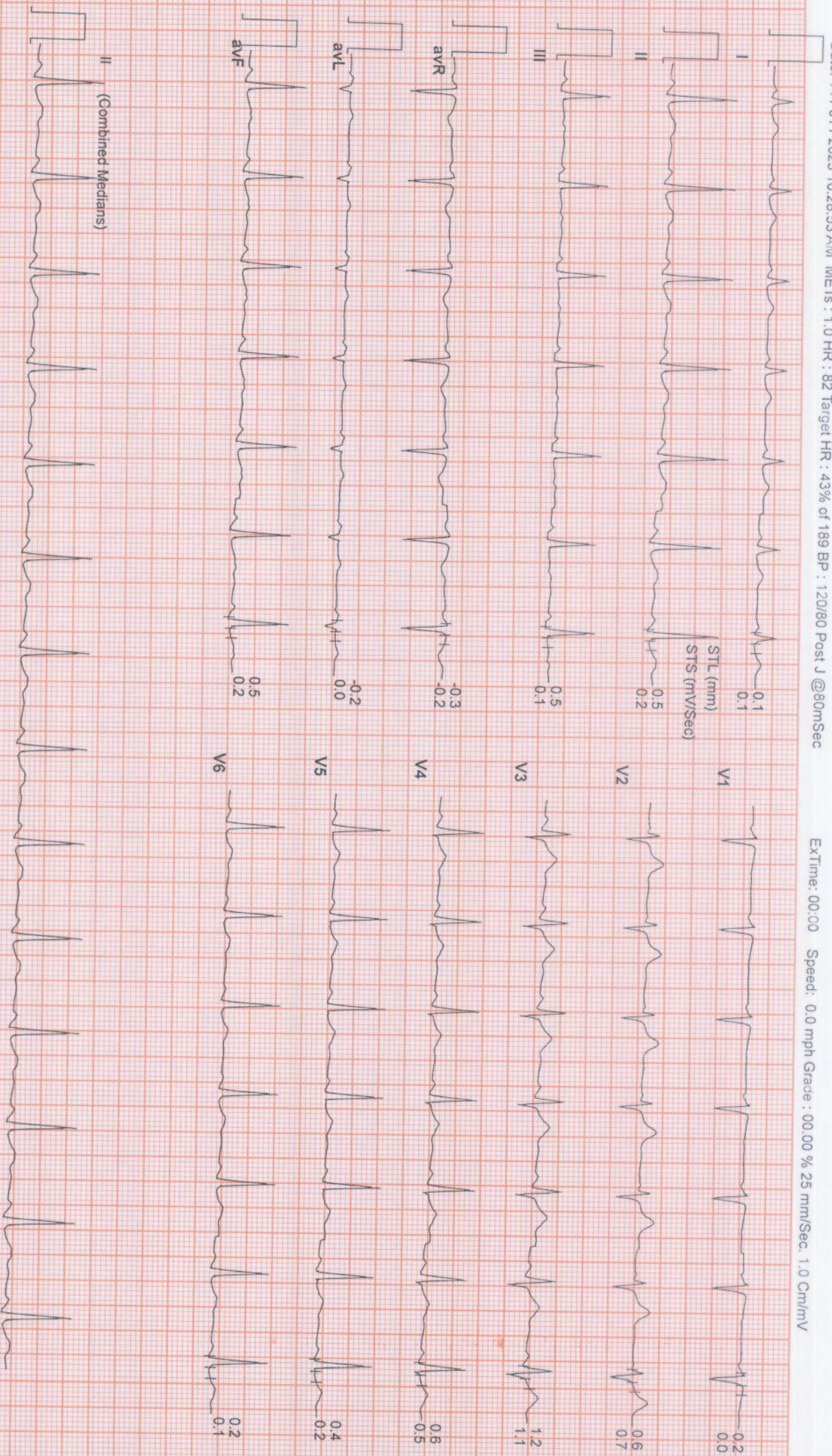
202 / SHARDUL RAJKUMAR BORKAR / 31 Yrs / Male / 173 Cm / 72 Kg

Date: 14 / 01 / 2023 10:28:53 AM METs : 1.0 HR : 82 Target HR : 43% of 189 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



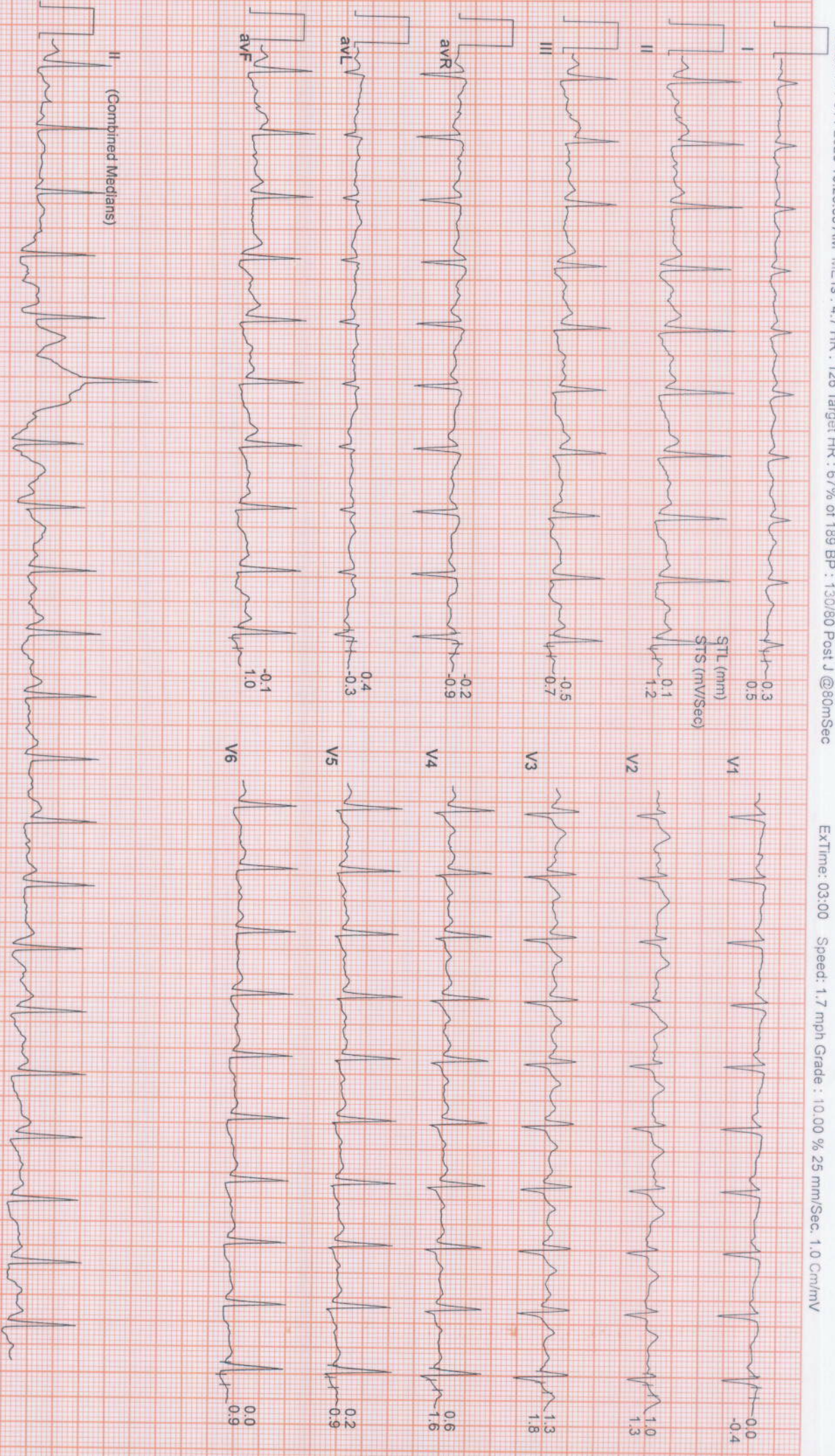
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

202 / SHARDUL RAJKUMAR BORKAR / 31 Yrs / Male / 173 Cm / 72 Kg

Date: 14 / 01 / 2023 10:28:53 AM METs : 4.7 HR : 126 Target HR : 67% of 188 BP : 130/80 Post J @80mSec

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)



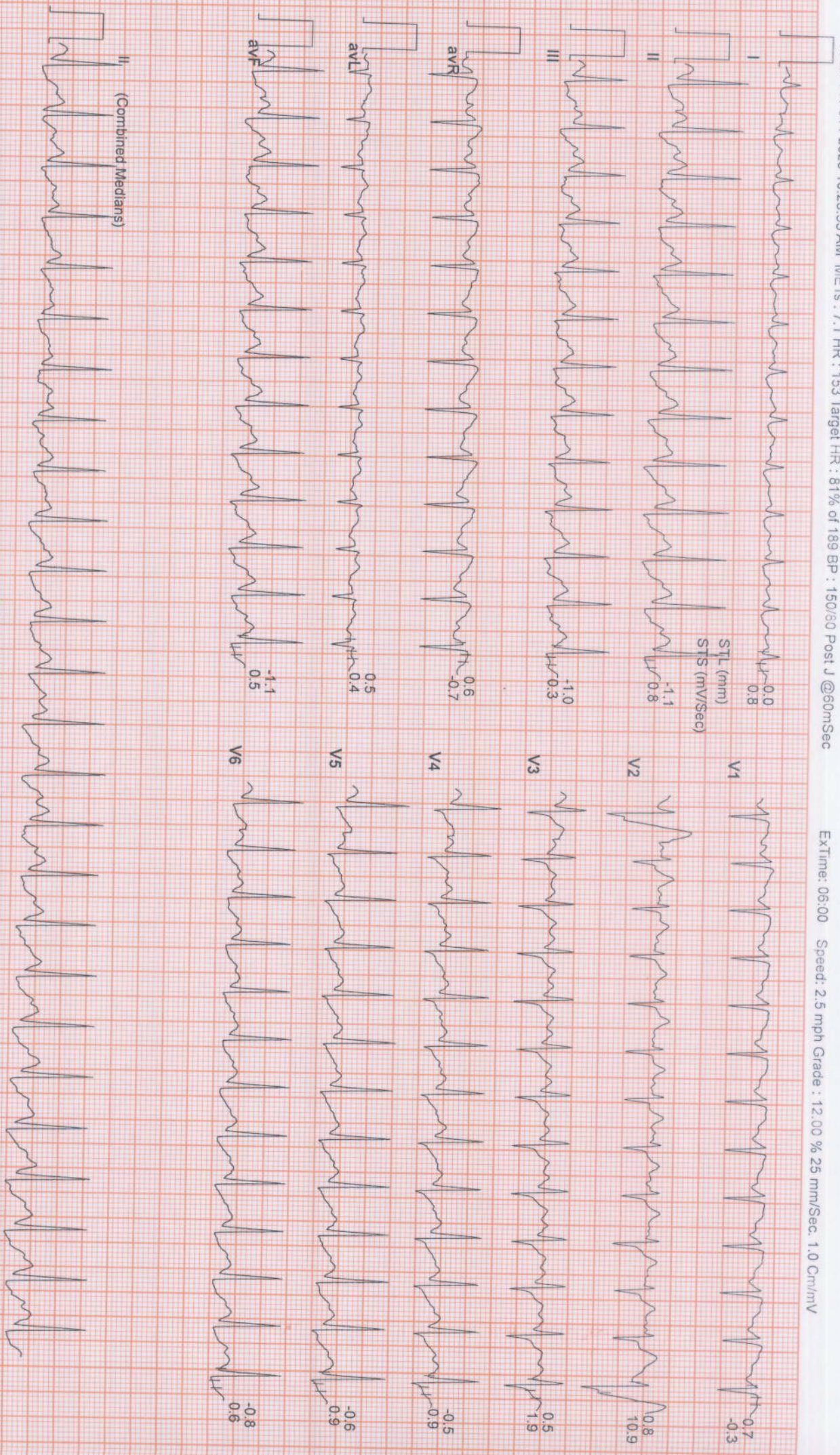
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

202 / SHARDUL RAJKUMAR BORKAR / 31 Yrs / Male / 173 Cm / 72 Kg

Date: 14 / 01 / 2023 10:28:53 AM METs : 7.1 HR : 153 Target HR : 81% of 189 BP : 150/80 Post J @50mSec

ExTime: 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)



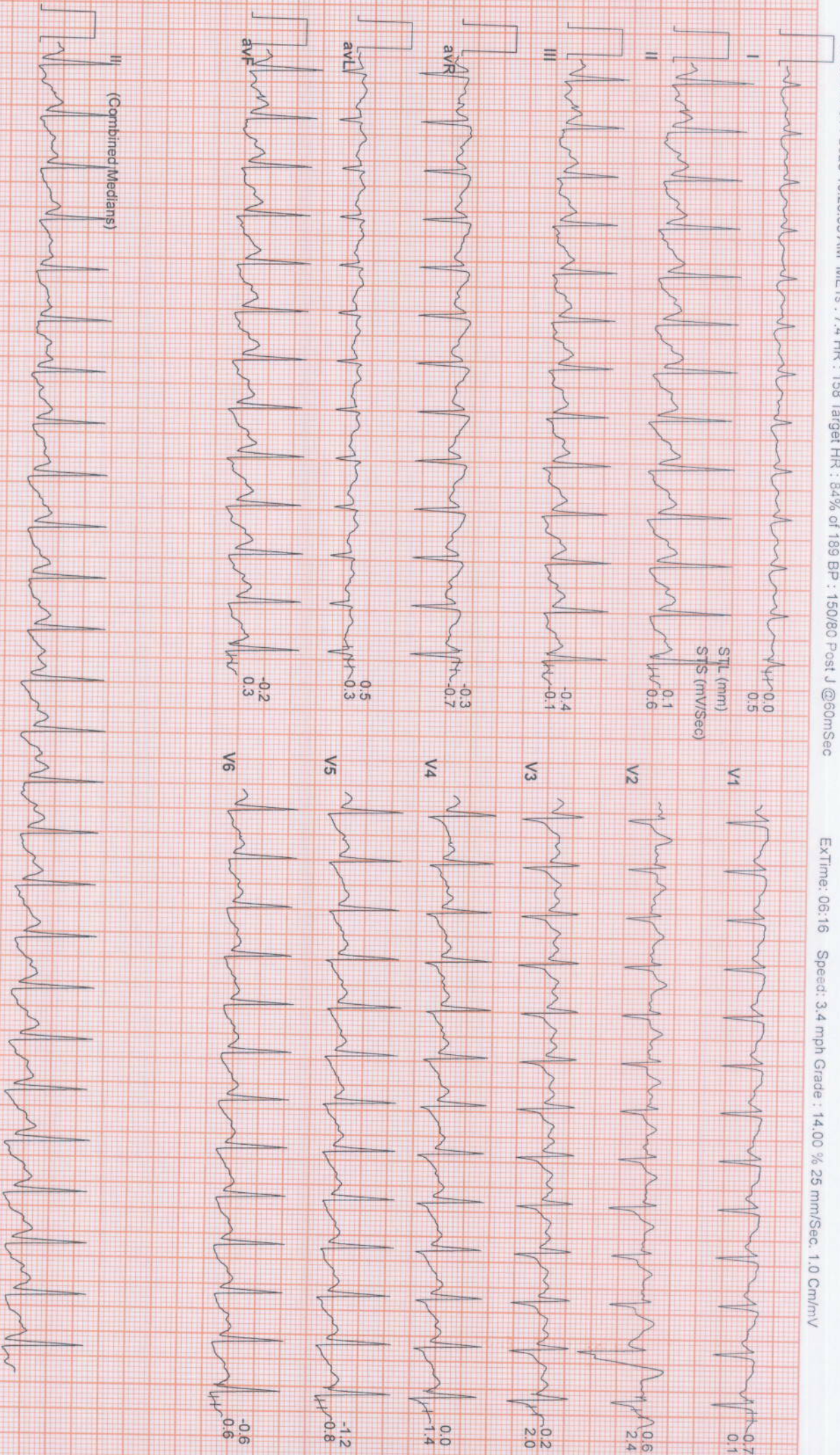
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

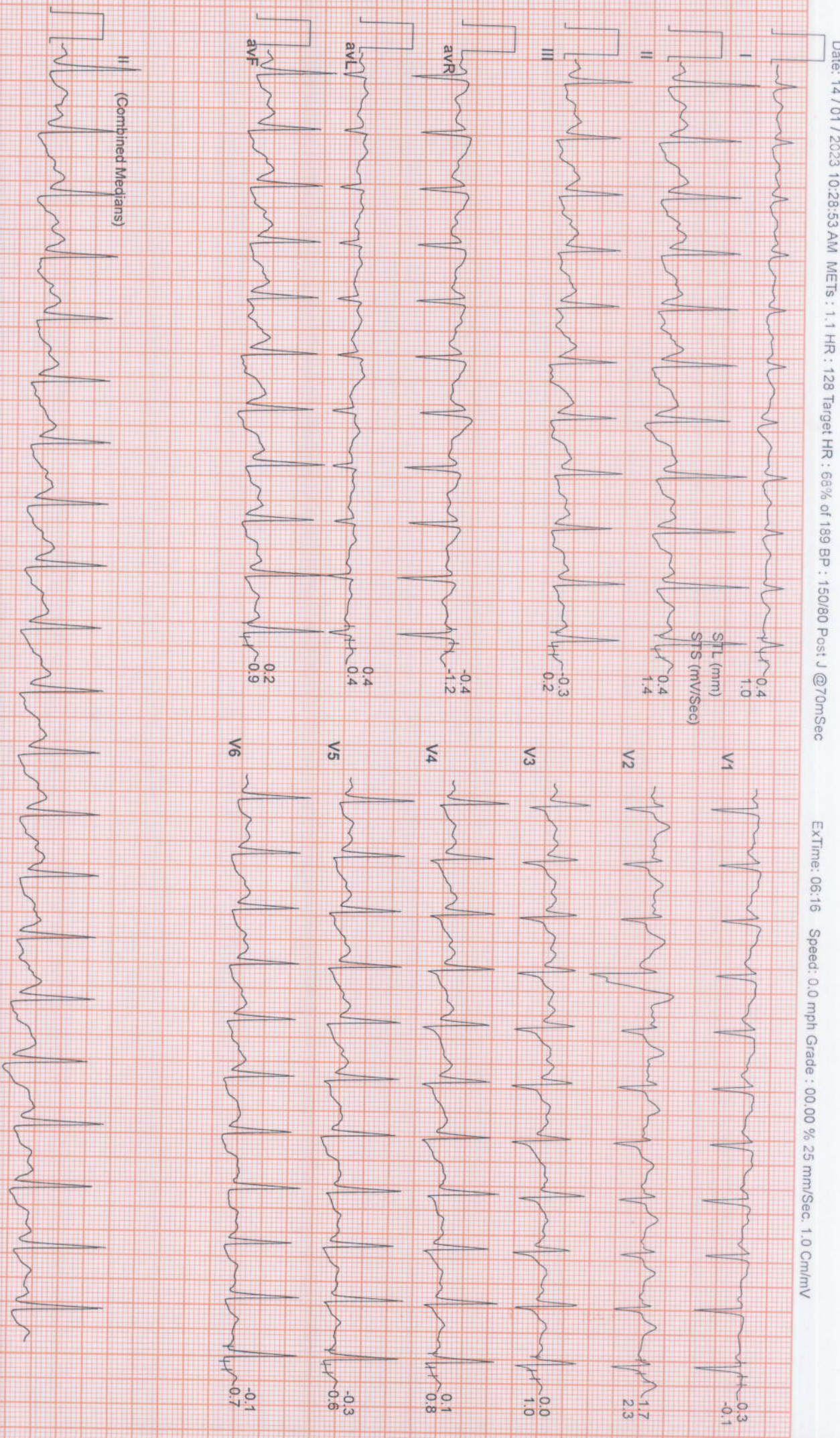
202 / SHARDUL RAJKUMAR BORKAR / 31 Yrs / Male / 173 Cm / 72 Kg

Date: 14 / 01 / 2023 10:28:53 AM METs : 7.4 HR : 158 Target HR : 84% of 189 BP : 150/80 Post J @50mSec

6X2 Combine Medians + 1 Rhythm PeakX

ExTime: 06:16 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV





STL (mm) 0.4
STS (mV/Sec) 1.0
0.4
1.4

-0.3
0.2

-0.4
-1.2

0.4
0.4

0.2
0.9

0.3
-0.1

1.7
2.3

0.0
1.0

0.1
0.8

-0.3
0.6

-0.1
0.7

II
(Combined Medians)



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

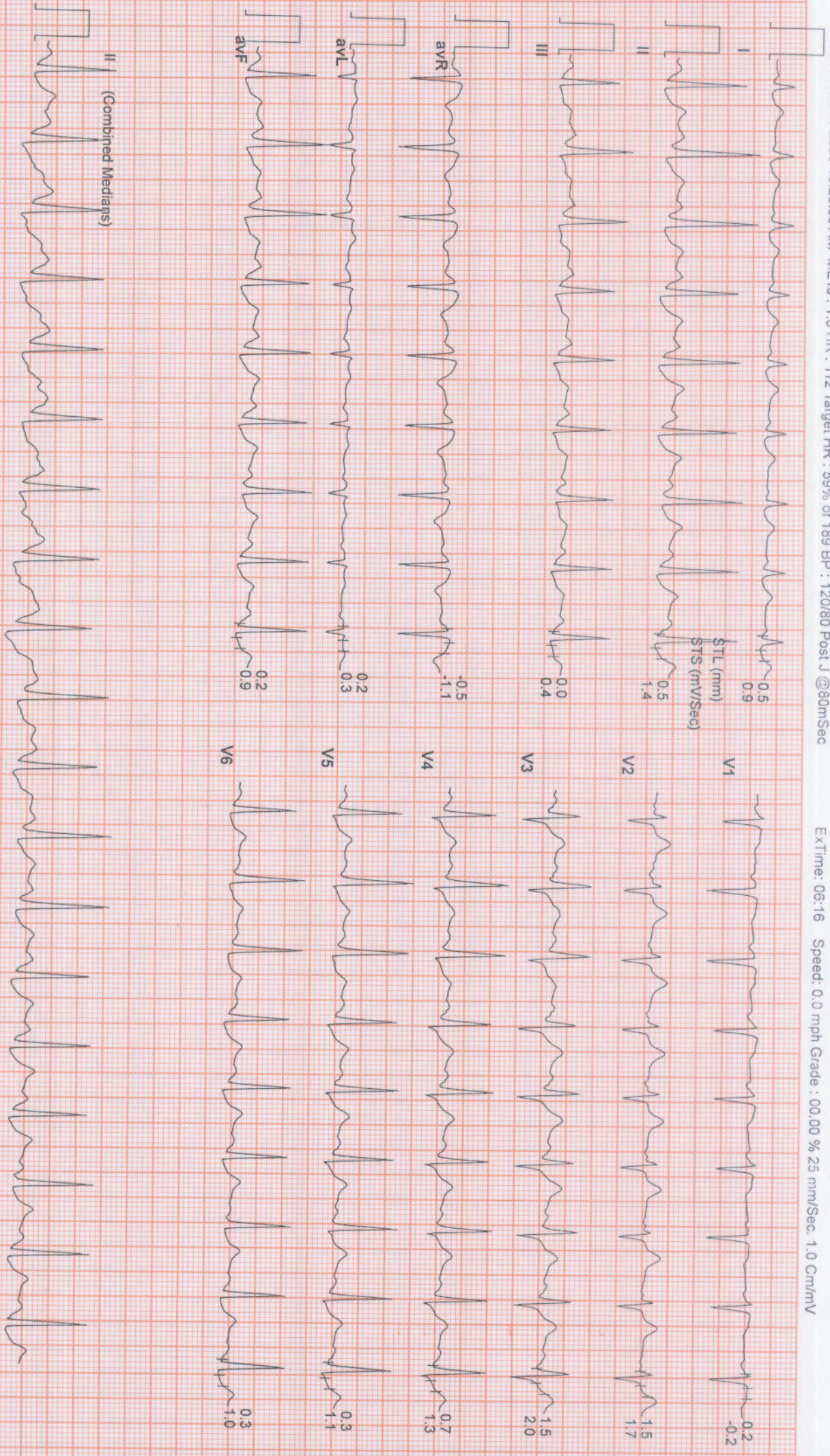
202 / SHARDUL RAJKUMAR BORKAR / 31 Yrs / Male / 173 Cm / 72 Kg

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



Date: 14 / 01 / 2023 10:28:53 AM METs : 1.0 HR : 112 Target HR : 59% of 189 BP : 120/80 Post J @80mSec

ExTime: 06:16 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



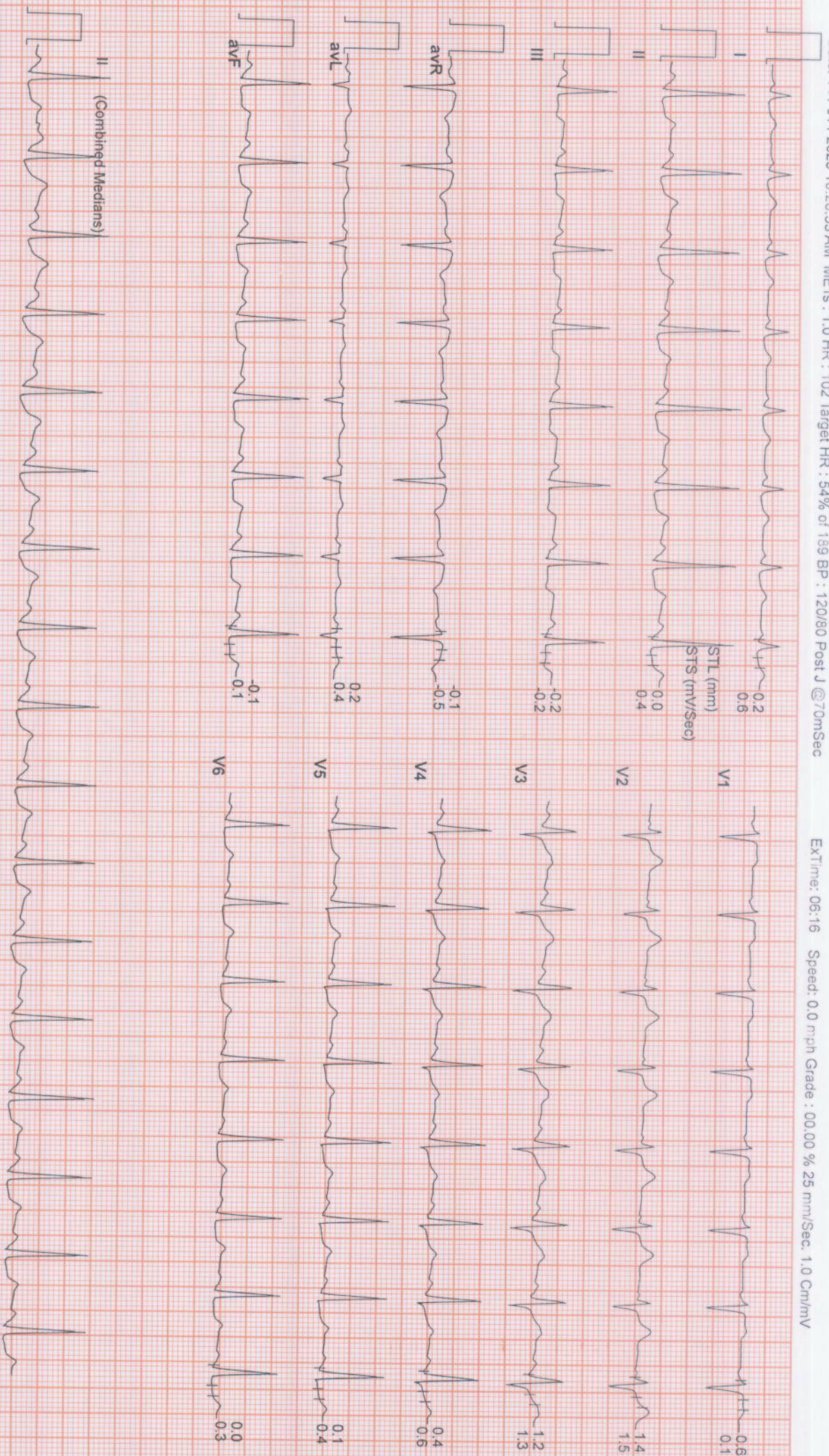
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

202 / SHARDUL RAJKUMAR BORKAR / 31 Yrs / Male / 173 Cm / 72 Kg

Date: 14 / 01 / 2023 10:28:53 AM METs : 1.0 HR : 102 Target HR : 54% of 199 BP : 120/80 Post J @70mSec

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

EXTime: 06:16 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



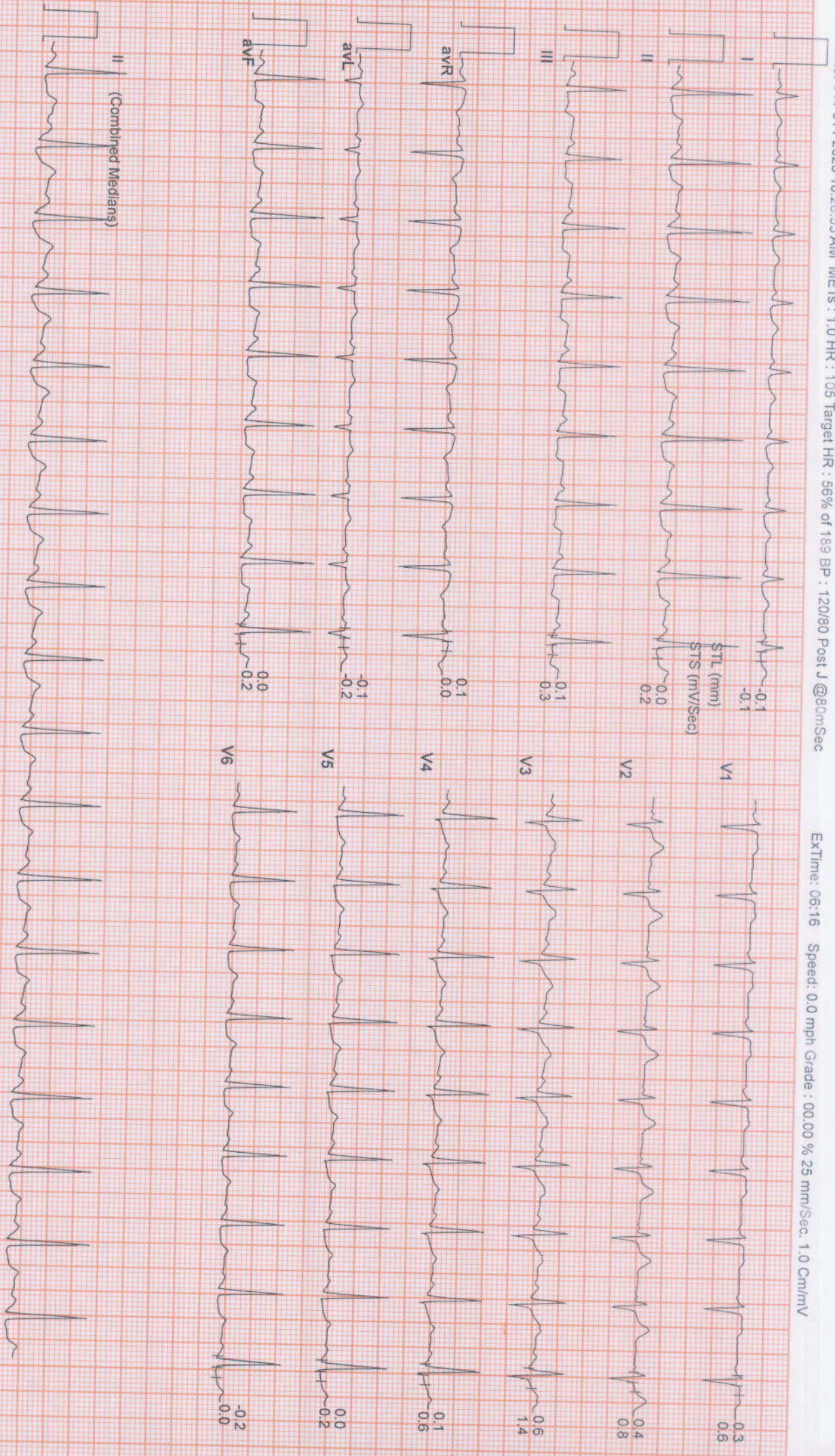
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

202 / SHARDUL RAJKUMAR BORKAR / 31 Yrs / Male / 173 Cm / 72 Kg

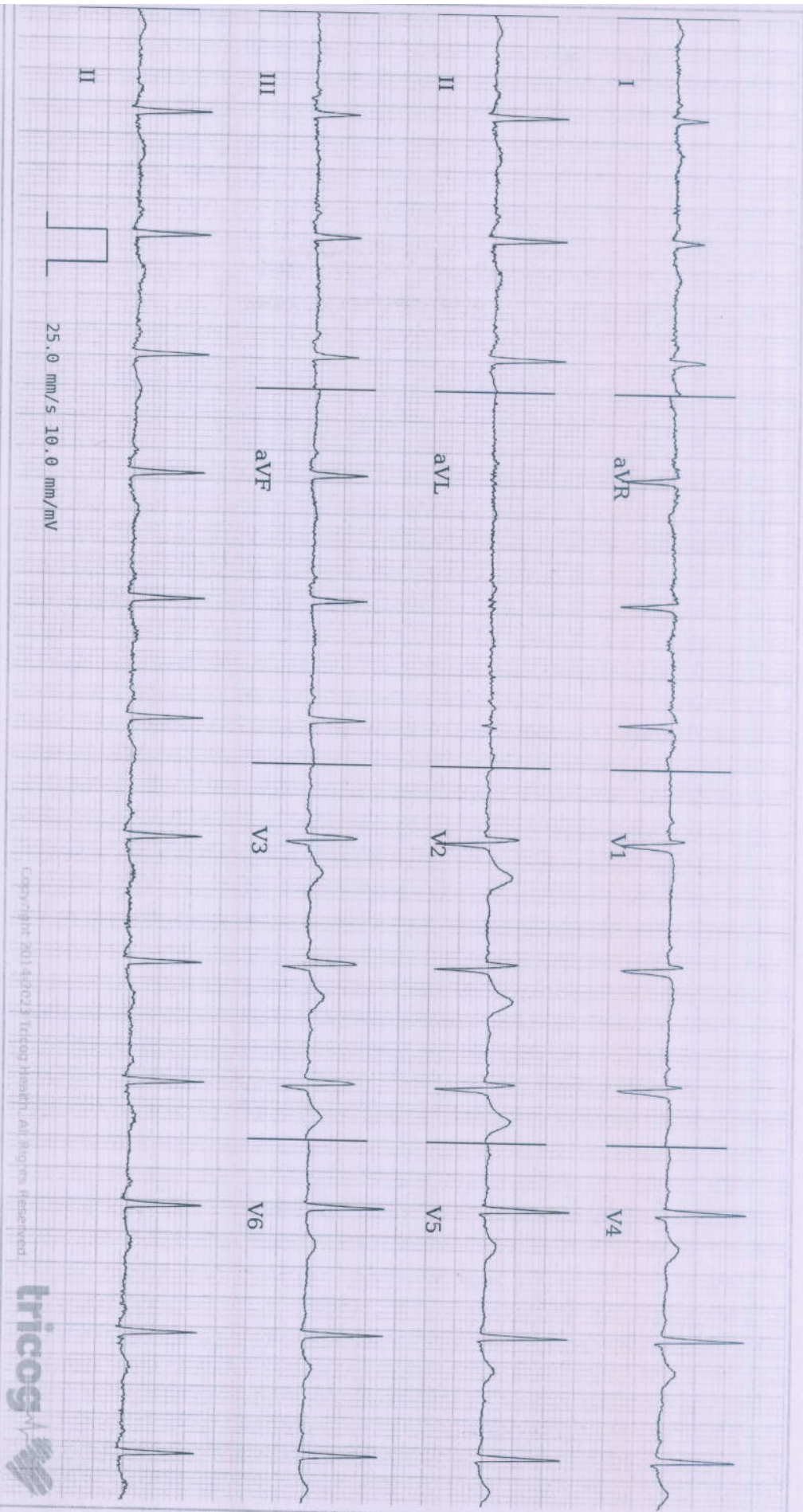
Date: 14/01/2023 10:23:53 AM METs : 1.0 HR : 105 Target HR : 56% of 189 BP : 120/80 Post J @80mSec

EXTime: 06:16 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm Recovery : (04:30)



SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST
 Patient Name: **BORKAR SHARDUL RAJKUMAR** Date and Time: **14th Jan 23 9:39 AM**
 Patient ID: **2301420973**



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Age **31** **6** **3**
 years months days

Gender **Male**

Heart Rate **77bpm**

Patient Vitals

BP: **120/80 mmHg**
 Weight: **72 kg**
 Height: **173 cm**
 Pulse: **NA**
 SpO2: **NA**
 Resp: **NA**
 Others:

Measurements

QRSD: **78ms**
 QT: **384ms**
 QTc: **434ms**
 PR: **134ms**
 P-R-T: **51° 64° 50°**

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

REPORTED BY

DR SHALAJA PILLAI
 MBBS, MD Physician
 MD Physician
 499772

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.