



CID : 2432015680  
Name : MR.SAURABH ARORA  
Age / Gender : 35 Years / Male  
Consulting Dr. : -  
Reg. Location : Andheri West (Main Centre)

Collected : 15-Nov-2024 / 08:28  
Reported : 15-Nov-2024 / 12:22

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**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>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	13.1	13.0-17.0 g/dL	Spectrophotometric
RBC	4.65	4.5-5.5 mil/cmm	Elect. Impedance
PCV	40.5	40-50 %	Calculated
MCV	87.1	80-100 fl	Measured
MCH	28.3	27-32 pg	Calculated
MCHC	32.4	31.5-34.5 g/dL	Calculated
RDW	13.9	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6260	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	35.5	20-40 %	
Absolute Lymphocytes	2222.3	1000-3000 /cmm	Calculated
Monocytes	6.4	2-10 %	
Absolute Monocytes	400.6	200-1000 /cmm	Calculated
Neutrophils	53.9	40-80 %	
Absolute Neutrophils	3374.1	2000-7000 /cmm	Calculated
Eosinophils	3.9	1-6 %	
Absolute Eosinophils	244.1	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	<b>18.8</b>	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	158000	150000-400000 /cmm	Elect. Impedance
MPV	<b>11.8</b>	6-11 fl	Measured
PDW	<b>24.4</b>	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR                      11                                      2-15 mm at 1 hr.                                      Sedimentation

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

\*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**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	88.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	80.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.54	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.18	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.36	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.5	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	28.8	<34 U/L	Modified IFCC
SGPT (ALT), Serum	47.4	10-49 U/L	Modified IFCC
GAMMA GT, Serum	28.5	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	105.2	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	31.5	19.29-49.28 mg/dl	Calculated
BUN, Serum	14.7	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.86	0.73-1.18 mg/dl	Enzymatic



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eGFR, Serum	116	(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

URIC ACID, Serum	5.8	3.7-9.2 mg/dl	Uricase/ Peroxidase
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\*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**  
**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	108.3	mg/dl	Calculated

Note: Variant window (18.0%) detected.  
Advice: Hb electrophoresis for confirmation of abnormal hemoglo

**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 Thakker*

**Dr. JYOT THAKKER**  
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**URINE EXAMINATION REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	Light scattering
Transparency	Clear	Clear	Light scattering
<b><u>CHEMICAL EXAMINATION</u></b>			
Specific Gravity	1.008	1.002-1.035	Refractive index
Reaction (pH)	5.5	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
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	Negative	Negative	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
(WBC)Pus cells / hpf	0.2	0-5/hpf	
Red Blood Cells / hpf	0.0	0-2 /hpf	
Epithelial Cells / hpf	0.0	0-5/hpf	
Hyaline Casts	0.0	0-1/hpf	
Pathological cast	0.0	0-0.3/hpf	
Calcium oxalate monohydrate crystals	0.0	0-1.4/hpf	
Calcium oxalate dihydrate crystals	0.0	0-1.4/hpf	
Triple phosphate crystals	0.0	0-1.4/hpf	
Uric acid crystals	0.0	0-1.4/hpf	
Amorphous debris	Absent	Absent	
Bacteria / hpf	5.4	0-29.5/hpf	
Yeast	Absent	Absent	



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Note: Microscopic examination performed by Automated Cuvette based technology. All the Abnormal results are confirmed by reagent strips and Manual method. The Microscopic examination findings are mentioned in decimal numbers as the arithmetic mean of the multiple fields scanned using microscopy. Reference: Pack Insert.

Others -

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

**Dr.ANUPA DIXIT**  
**M.D.(PATH)**  
**Consultant Pathologist**



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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
Rh TYPING	POSITIVE

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

Specimen: EDTA Whole Blood and/or serum

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

**Limitations:**

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

**References:**

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

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



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	175.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	73	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	50.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	124.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	110.1	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	14.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.2	0-3.5 Ratio	Calculated

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



*Anupa*

**Dr.ANUPA DIXIT**  
**M.D.(PATH)**  
**Consultant - Pathologist**



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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	4.9	3.5-6.5 pmol/L	CLIA
Free T4, Serum	14.1	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	2.100	0.55-4.78 microU/ml	CLIA



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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 trasiently altered becuae 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 \*\*\*



*Anupa*

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**Consultant - Pathologist**



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<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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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-----



Dr R K Bhandari  
M D , DMRE  
MMC REG NO. 34078

Authenticity Check



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**Reported** : 15-Nov-2024 / 9:10

## USG ABDOMEN AND PELVIS

Previous ultrasound reports- Not available at time of scan.

**LIVER:** Liver is normal in size (measures 12 cm), shape and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

**GALL BLADDER:** Gall bladder is partially distended. Wall thickness is within normal limits. An approximately 8mm mobile calculus is seen. No pericholecystic free fluid is seen.

**PORTAL VEIN:** Portal vein is normal . **CBD:** CBD is normal .

**PANCREAS:** Pancreas head and part of body is seen, appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

**KIDNEYS:** Right kidney measures 9.4 x 3.4 cm. Left kidney measures 9.5 x 5.4 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 (8.9 cm) 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. Prostate measures 4.1 x 2.8 x 2.6 cm and prostatic volume is 15.3 cc. (Prostate size measurements are subject to variations based on urinary bladder volume, inter observer variability, inter machine settings and statistical variations).

**SEMINAL VESICLES:** Seminal vesicles are normal.

No free fluid is seen.

The retroperitoneum is unremarkable.

**IMPRESSION: CHOLELITHIASIS WITHOUT CHOLECYSTITIS.**

SUGGEST: CLINICAL CORRELATION.

(Please note that the imaging conclusions need to be correlated with clinical findings and other investigations for a final diagnosis.)

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

Dr CHIRAG DESAI  
MBBS, DNB  
2014/08/3610  
Consultant Radiologist



## SUBURBAN DIAGNOSTICS

**Patient Details**      Date: 15-Nov-24      Time: 09:31:43  
**Name: SAURABH ARORA** ID: 2432015680  
 Age: 35 y      Sex: M      Height: 173 cms      Weight: 73 Kgs  
**Clinical History:** NONE

**Medications:** NONE

### Test Details

**Protocol:** Bruce      **Pr.MHR:** 185 bpm      **THR:** 157 (85 % of Pr.MHR) bpm  
**Total Exec. Time:** 9 m 40 s      **Max. HR:** 175 (95% of Pr.MHR) bpm      **Max. Mets:** 13.50  
**Max. BP:** 220 / 70 mmHg      **Max. BP x HR:** 38500 mmHg/min      **Min. BP x HR:** 4200 mmHg/min  
**Test Termination Criteria:** Target HR attained

### Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 14	1.0	0	0	60	140 / 90	-0.85 aVR	3.89 V4
Standing	0 : 7	1.0	0	0	61	140 / 90	-0.85 aVR	3.89 V4
Hyperventilation	0 : 42	1.0	0	0	85	140 / 90	4.88 V6	5.66 II
1	3 : 0	4.6	1.7	10	104	150 / 90	-1.70 aVR	5.66 V3
2	3 : 0	7.0	2.5	12	125	160 / 90	4.88 V3	5.66 II
3	3 : 0	10.2	3.4	14	147	170 / 90	-5.73 V1	5.66 II
Peak Ex	0 : 40	13.5	4.2	16	175	220 / 70	-5.62 II	5.66 aVF
Recovery(1)	1 : 0	1.8	1	0	126	200 / 70	-1.91 aVR	5.66 II
Recovery(2)	1 : 0	1.0	0	0	102	180 / 70	-1.91 aVR	5.66 III
Recovery(3)	1 : 0	1.0	0	0	98	160 / 70	-1.27 aVR	5.66 II
Recovery(4)	0 : 16	1.0	0	0	99	140 / 70	-1.06 aVR	5.66 II

### Interpretation

GOOD EFFORT TOLERANCE  
 NORMAL CHRONOTROPIC RESPONSE  
 EXAGGERATED INOTROPIC RESPONSE  
 NO ANGINA/ ANGINA EQUIVALENTS  
 NO ARRHYTHMIAS  
 NO SIGNIFICANT ST-T CHANGES FROM BASELINE  
 IMPRESSION: STRESS TEST IS NEGATIVE FOR STRESS INDUCIBLE ISCHAEMIA

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

**Dr. Ravi Chavan**  
 MD: D Card  
 Consultant Cardiologist  
 Reg. No. 2004/06/2468





**SAURABH ARORA (35 M)**

**SUBURBAN DIAGNOSTICS**

**Test Report**

Protocol: Bruce

ID: 2432015680

Date: 15-Nov-24

Exec Time: 0 m 0 s

Stage Time: 0 m 8 s

HR: 61 bpm

ST Level (mm)      ST Slope (mV/s)

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 157 bpm)

B.P.: 140/90

ST Level (mm)      ST Slope (mV/s)

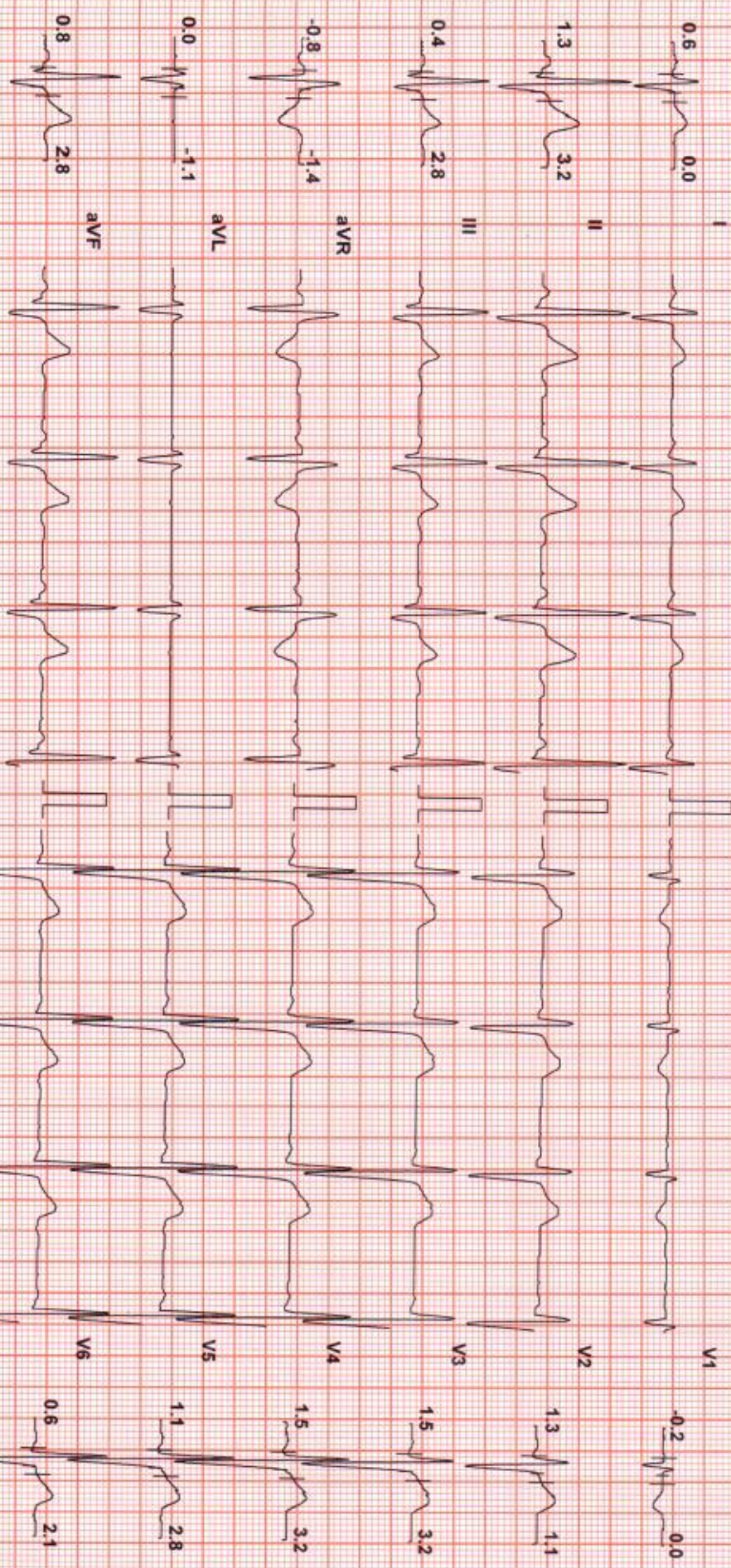


Chart Speed: 25 mm/sec  
Schlifer Spandan V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median





**SAURABH ARORA (35 M)**

**SUBURBAN DIAGNOSTICS**

**Test Report**

Protocol: Bruce

ID: 2432015680

Date: 15-Nov-24

Exec Time : 0 m 0 s Stage Time : 0 m 1 s

HR: 59 bpm

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 157 bpm)

B.P: 140 / 90

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

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

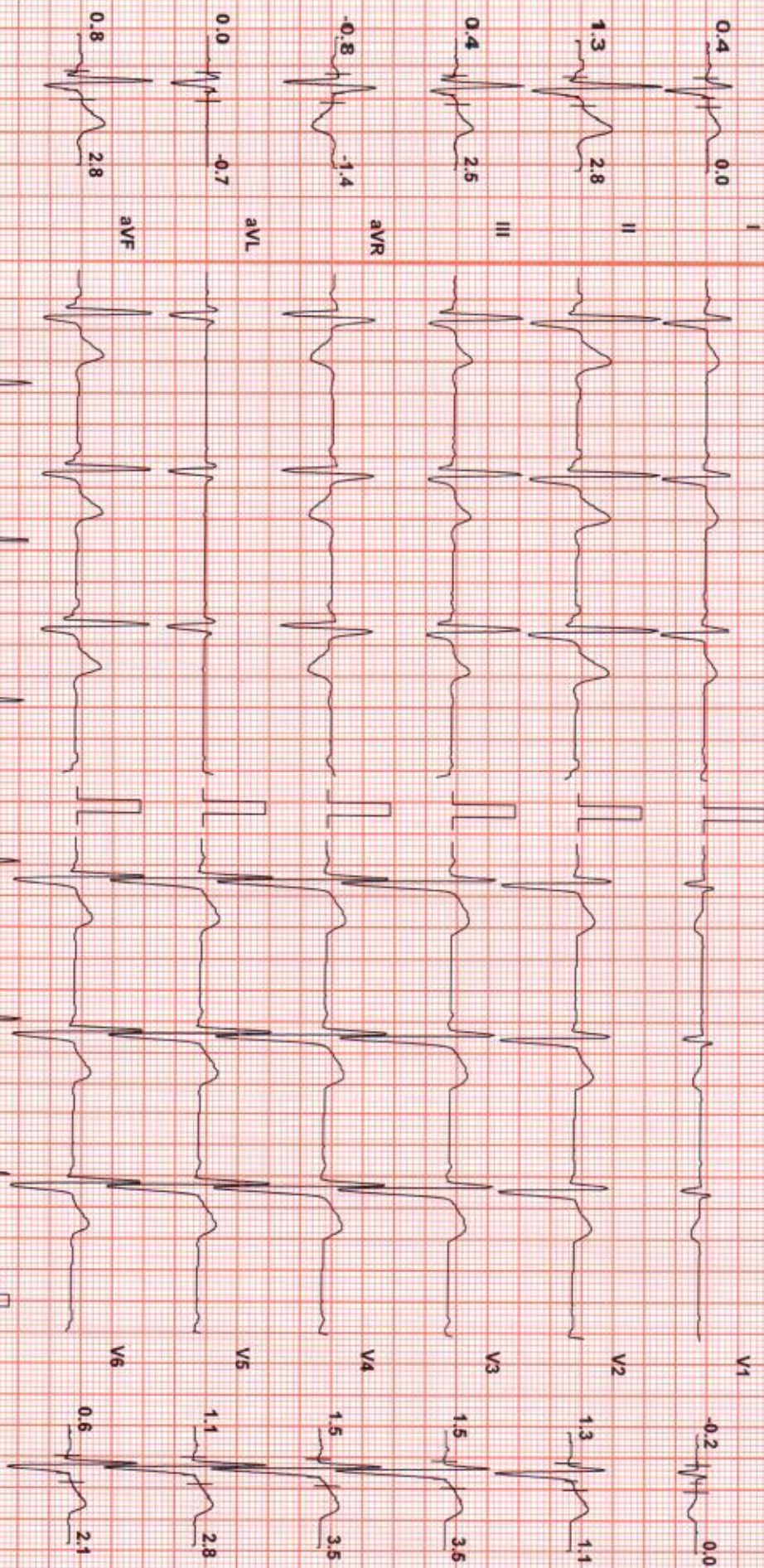


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R · 60 ms

J = R · 60 ms

Post J = J + 60 ms

Linked Median

Schlier-Spandau V4.7





**SAURABH ARORA (35 M)**

**SUBURBAN DIAGNOSTICS**

**Test Report**

Protocol: Bruce

ID: 2432015680

Date: 15-Nov-24

Exec Time : 0 m 0 s

Stage Time : 0 m 36 s

HR: 82 bpm

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 157 bpm)

B.P.: 140 / 90

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

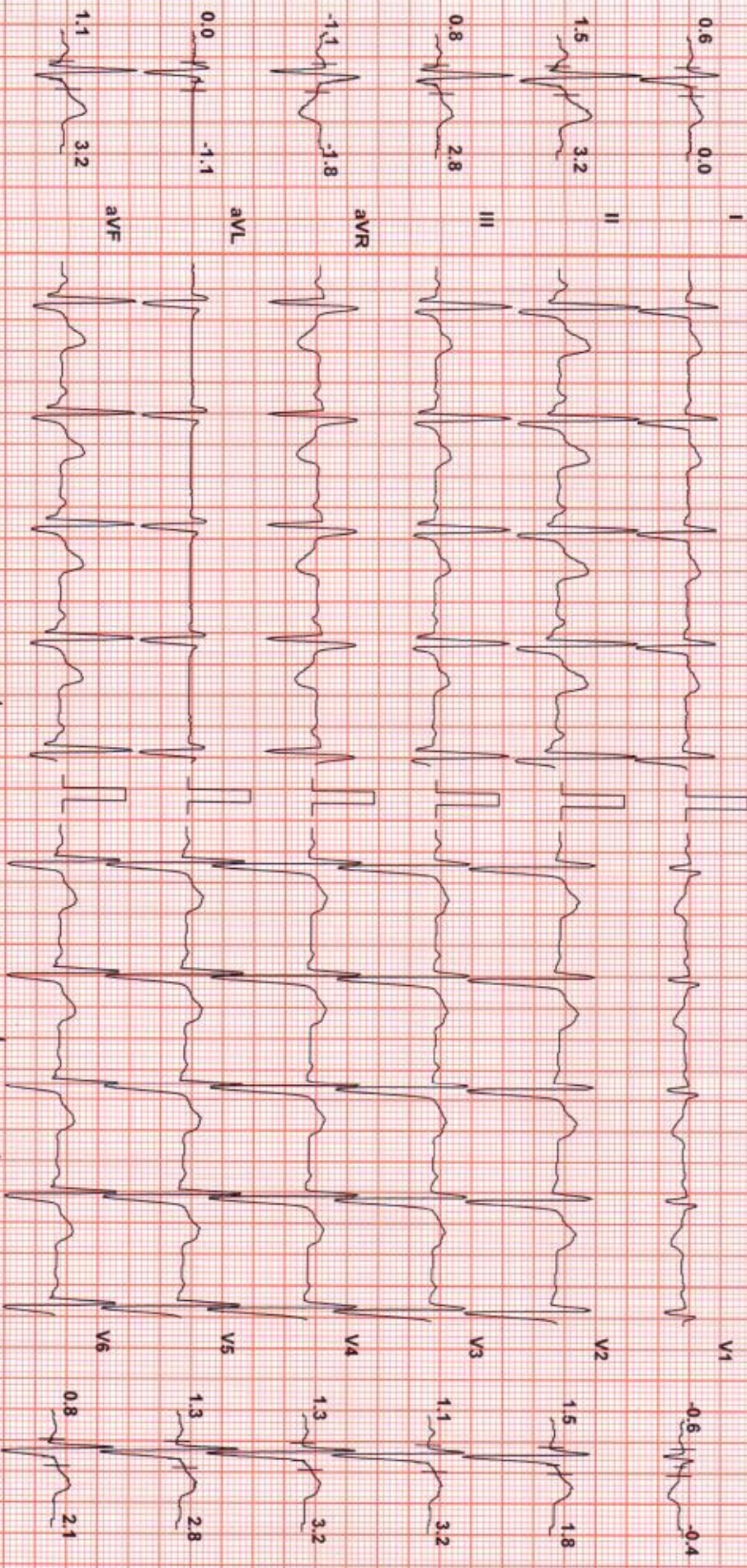


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Schiller Spandau V.4.7





**SAURABH ARORA (35 M)**

**SUBURBAN DIAGNOSTICS**

**Test Report**

Protocol: Bruce

ID: 2432015680

Date: 15-Nov-24

Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 105 bpm

Stage: 1

Speed: 1.7 mph

Grade: 10%

(THR: 157 bpm)

B.P.: 150/90

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

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

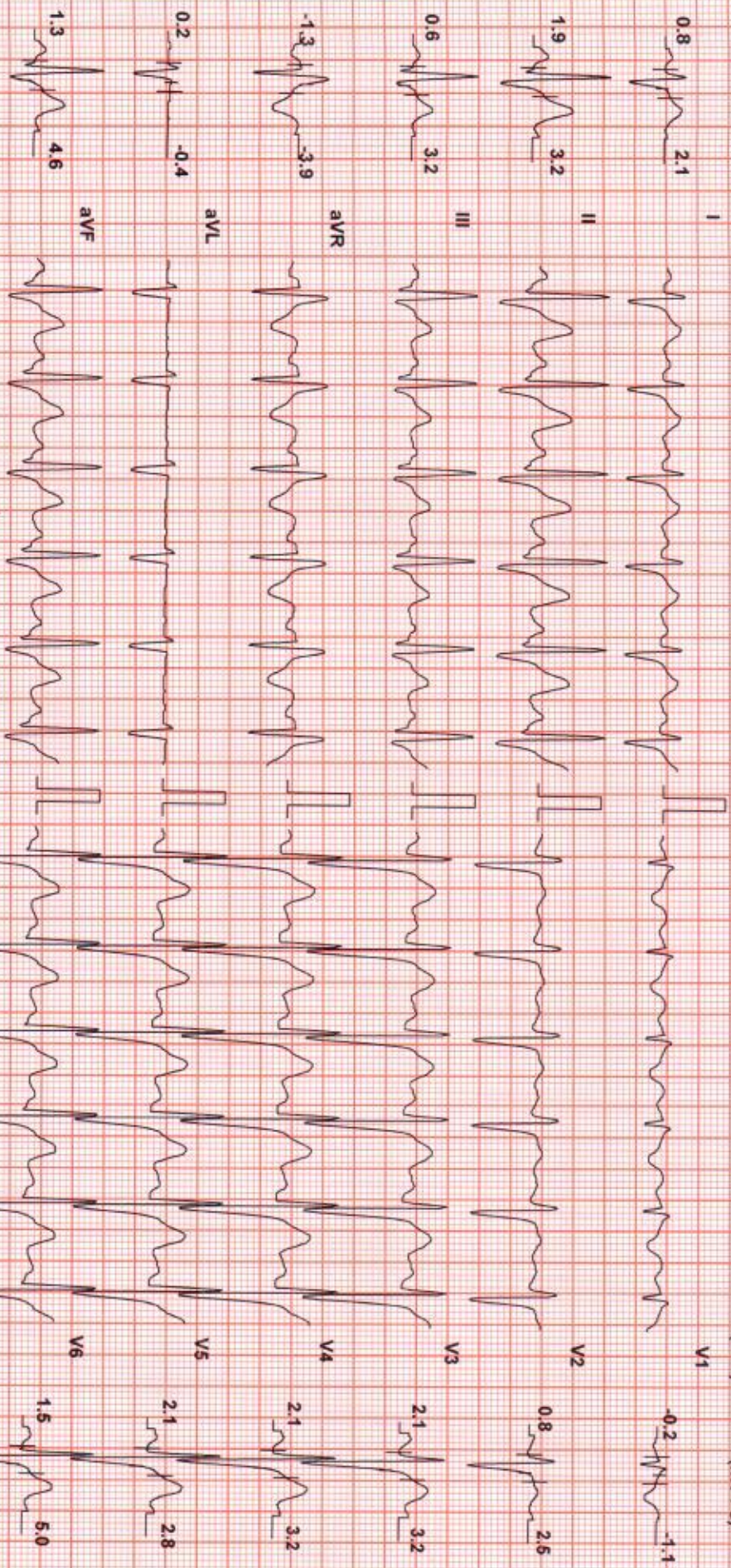


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Isb = R - 40 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Schlier Spandan V 4.7





**SAURABH ARORA (35 M)**

**SUBURBAN DIAGNOSTICS**

**Test Report**

Protocol: Bruce

ID: 2432015680

Date: 15-Nov-24 Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 125 bpm

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 157 bpm)

B.P: 160 / 90

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

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

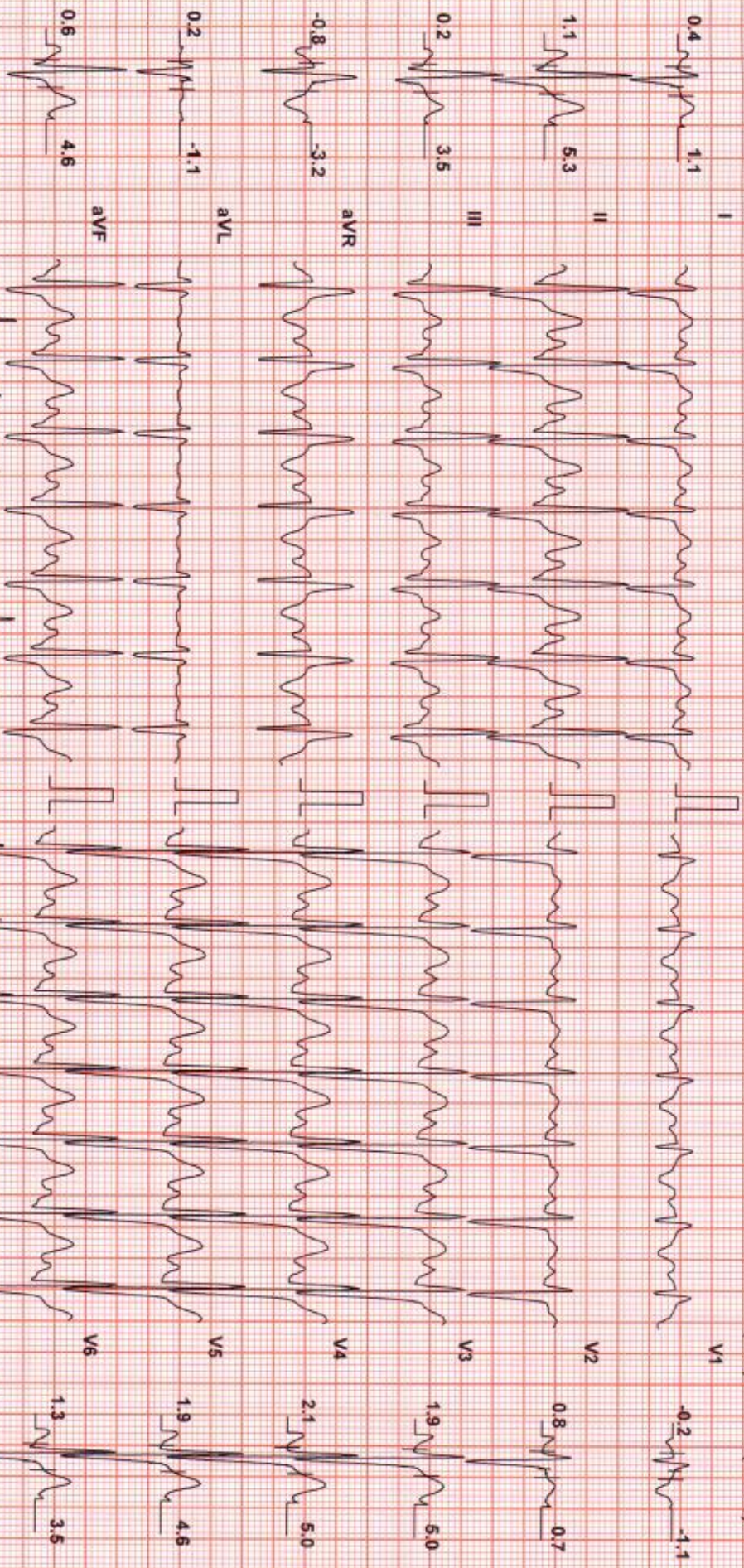


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr ON

Amp: 10 mm

ISO = R - 60 ms

I = R + 60 ms

Post I = J + 60 ms

Schiller Spanden V 4 7

Linked Median





**SAURABH ARORA (35 M)**

Protocol: Bruce

ID: 2432015680

Stage: 3

Date: 15-Nov-24

Speed: 3.4 mph

Exec Time: 8 m 54 s Stage Time: 2 m 54 s HR: 148 bpm

Grade: 14 %

(THR: 157 bpm)

B.P.: 170 / 90

### SUBURBAN DIAGNOSTICS

### Test Report

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

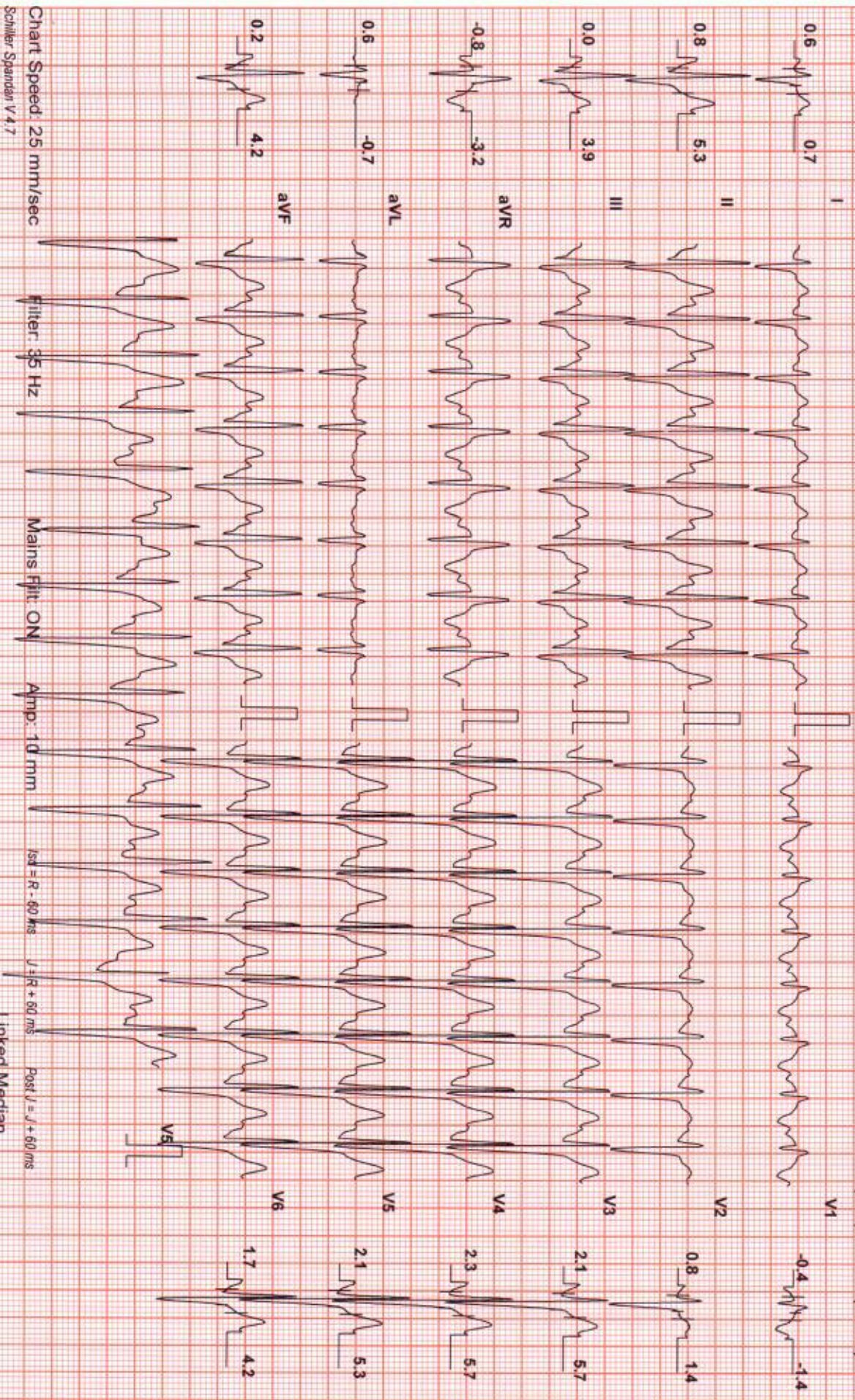


Chart Speed: 25 mm/sec  
Schiller Spandax V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Std = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median





# SUBURBAN DIAGNOSTICS

**SAURABH ARORA (35 M)**

ID: 2432015680

Date: 15-Nov-24

Exec Time : 9 m 15 s Stage Time : 0 m 15 s **HR: 150 bpm**

Protocol: Bruce

Stage: Peak Ex

Speed: 4.2 mph

Grade: 16 %

(THR: 157 bpm)

B.P.: 220 / 70

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

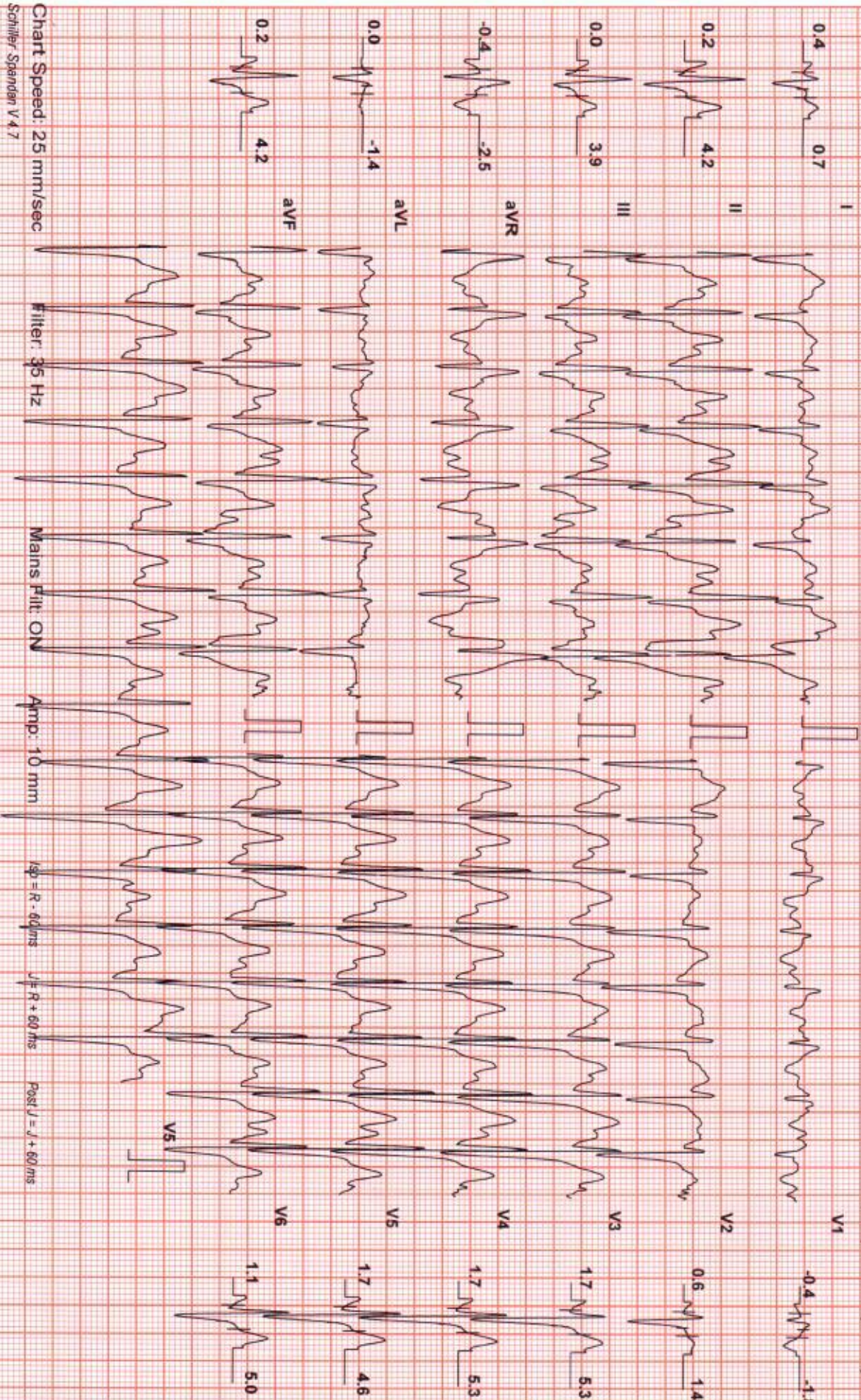


Chart Speed: 25 mm/sec  
Schiller-Spenden V4.7





# SUBURBAN DIAGNOSTICS

**SAURABH ARORA (35 M)**

Protocol: Bruce

ID: 2432015680

Date: 15-Nov-24

Exec Time : 9 m 27 s

Stage Time : 0 m 27 s

HR: 160 bpm

ST Level (mm)

ST Slope (mV / s)

B.P. 220 / 70

(THR: 157 bpm)

Grade: 16 %

Speed: 4.2 mph

Stage: Peak Ex

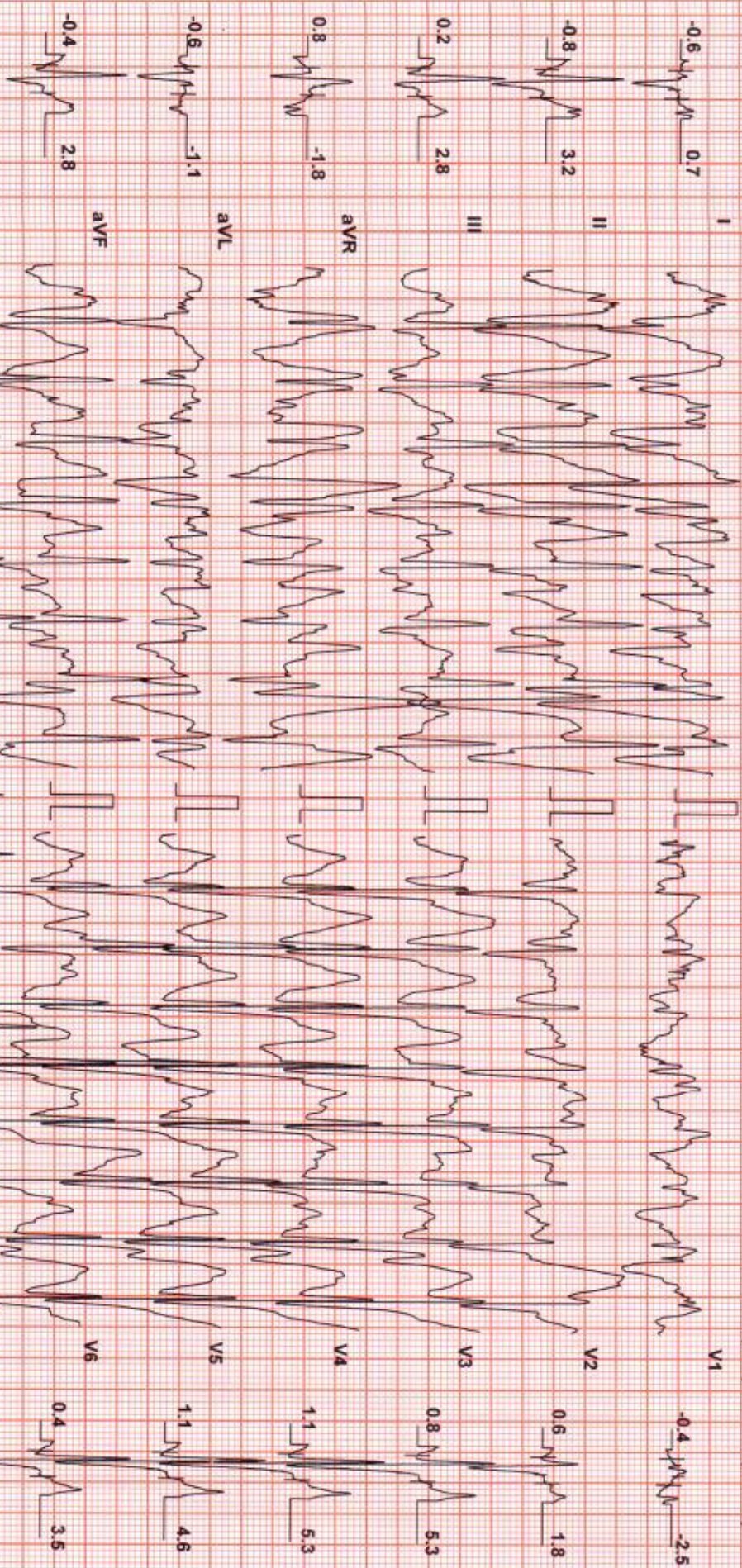


Chart Speed: 25 mm/sec

Filter: 35 Hz

Marks Fil: ON

Amp: 10 mm

/scl = R - 60 ms

└ R \* 60 ms

Post J = J + 60 ms

Schiller Standard V4.7





**SAURABH ARORA (35 M)**

**SUBURBAN DIAGNOSTICS**

**Test Report**

Protocol: Bruce

ID: 2432915680

Date: 15-Nov-24

Exec Time : 9 m 40 s Stage Time : 0 m 54 s HR: 126 bpm

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 157 bpm)

B.P: 200 / 70

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

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

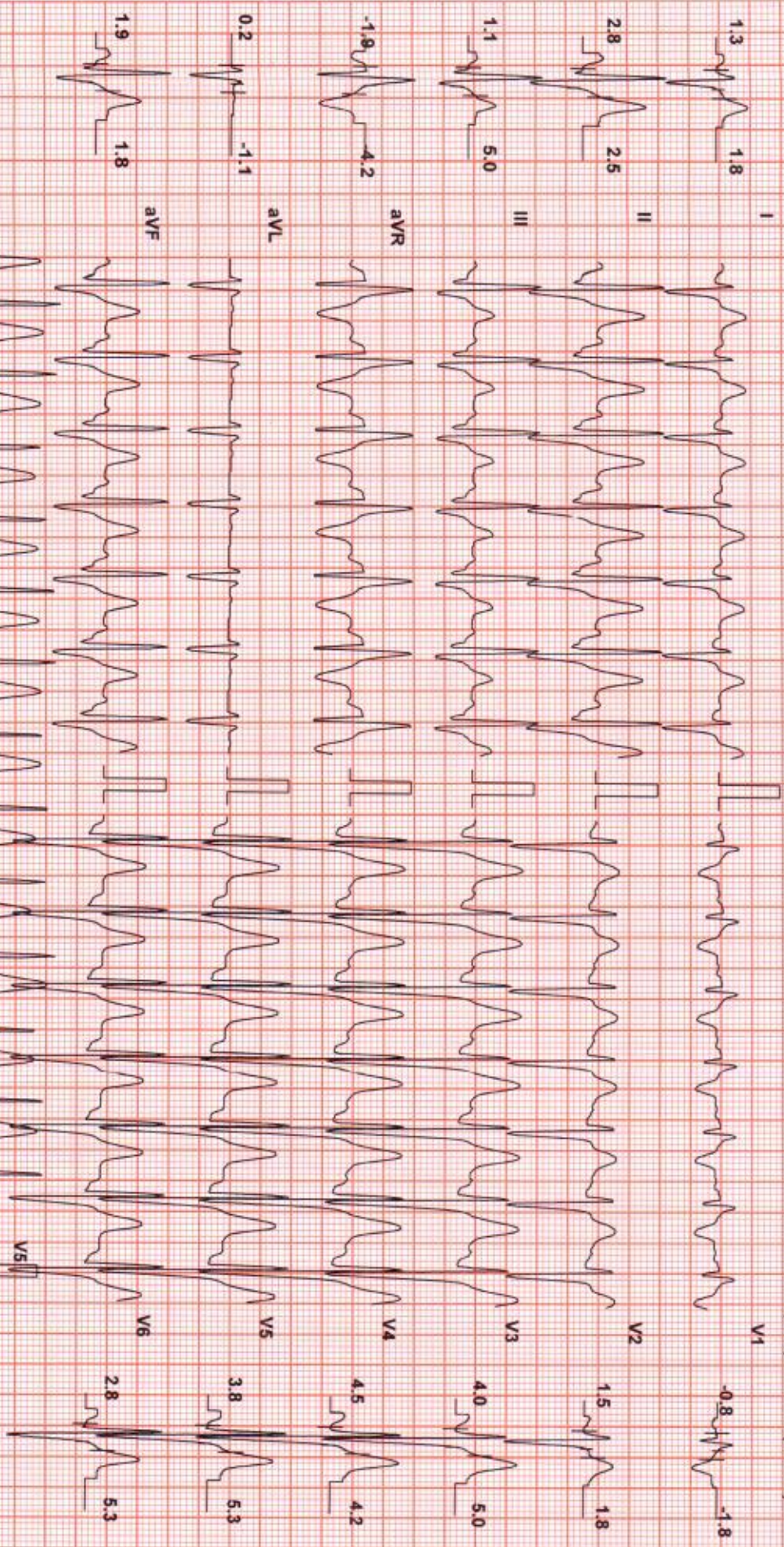


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Scale R - 60 ms

J - R + 50 ms

Post V - J + 60 ms

Schiller Spender V 47

Linked Median





**SAURABH ARORA (35 M)**

**SUBURBAN DIAGNOSTICS**

**Test Report**

Protocol: Bruce

ID: 2432015680  
Stage: Recovery(2)

Date: 15-Nov-24  
Speed: 0 mph

Exec Time: 9 m 40 s  
Grade: 0 %  
(THR: 157 bpm)

HR: 110 bpm  
B.P: 180 / 70

ST Level (mm)    ST Slope (mV/s)

ST Level (mm)    ST Slope (mV/s)

Chart Speed: 25 mm/sec  
Schlier Standard V 4.7

Filter: 35 Hz

Mains Filt: ON

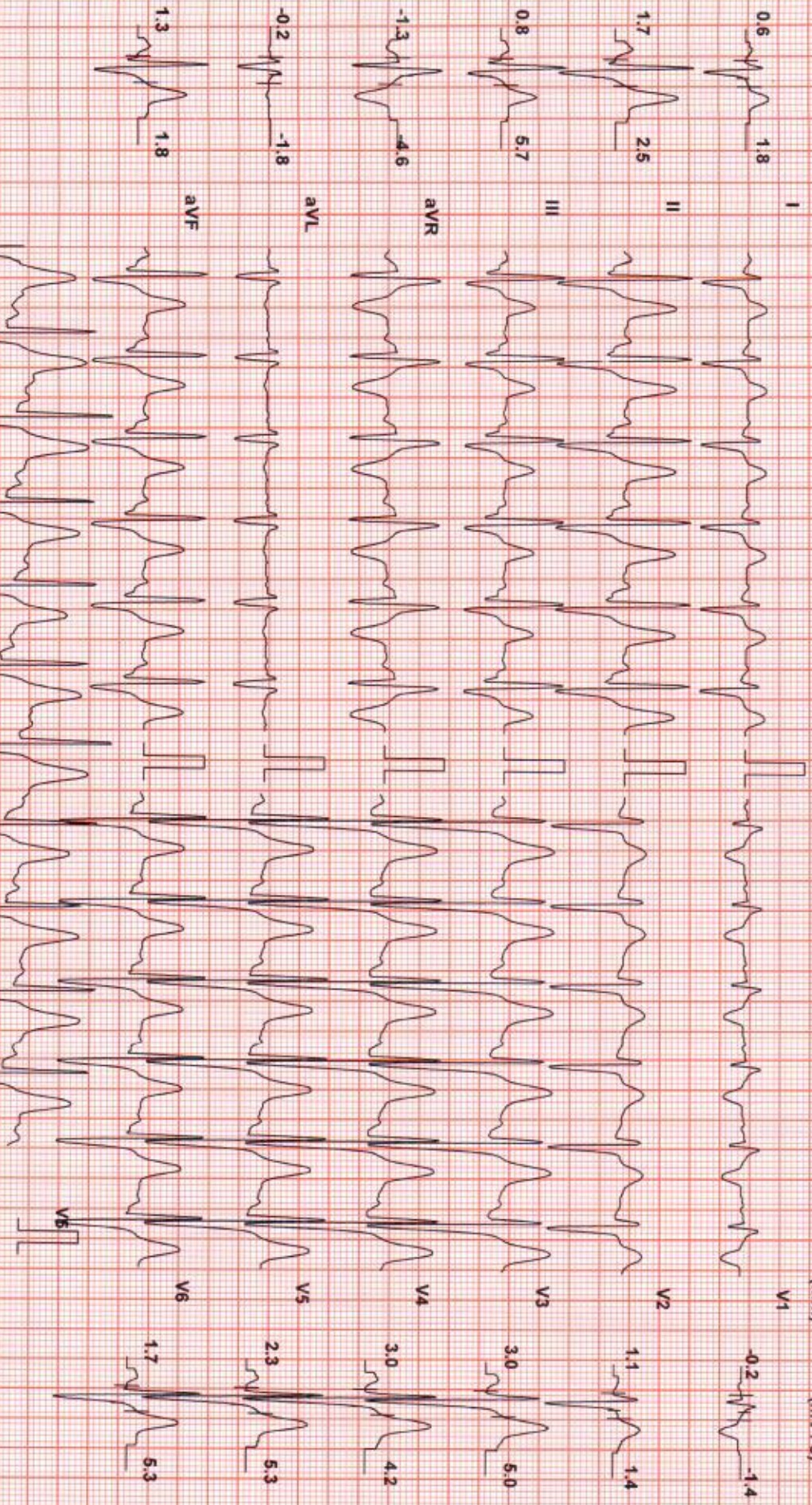
Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median







**SAURABH ARORA (35 M)**

**SUBURBAN DIAGNOSTICS**

**Test Report**

Protocol: Bruce

ID: 2432015680

Date: 15-Nov-24

Exec Time : 9 m 40 s Stage Time : 0 m 54 s HR: 97 bpm

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 157 bpm)

B.P: 160/70

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

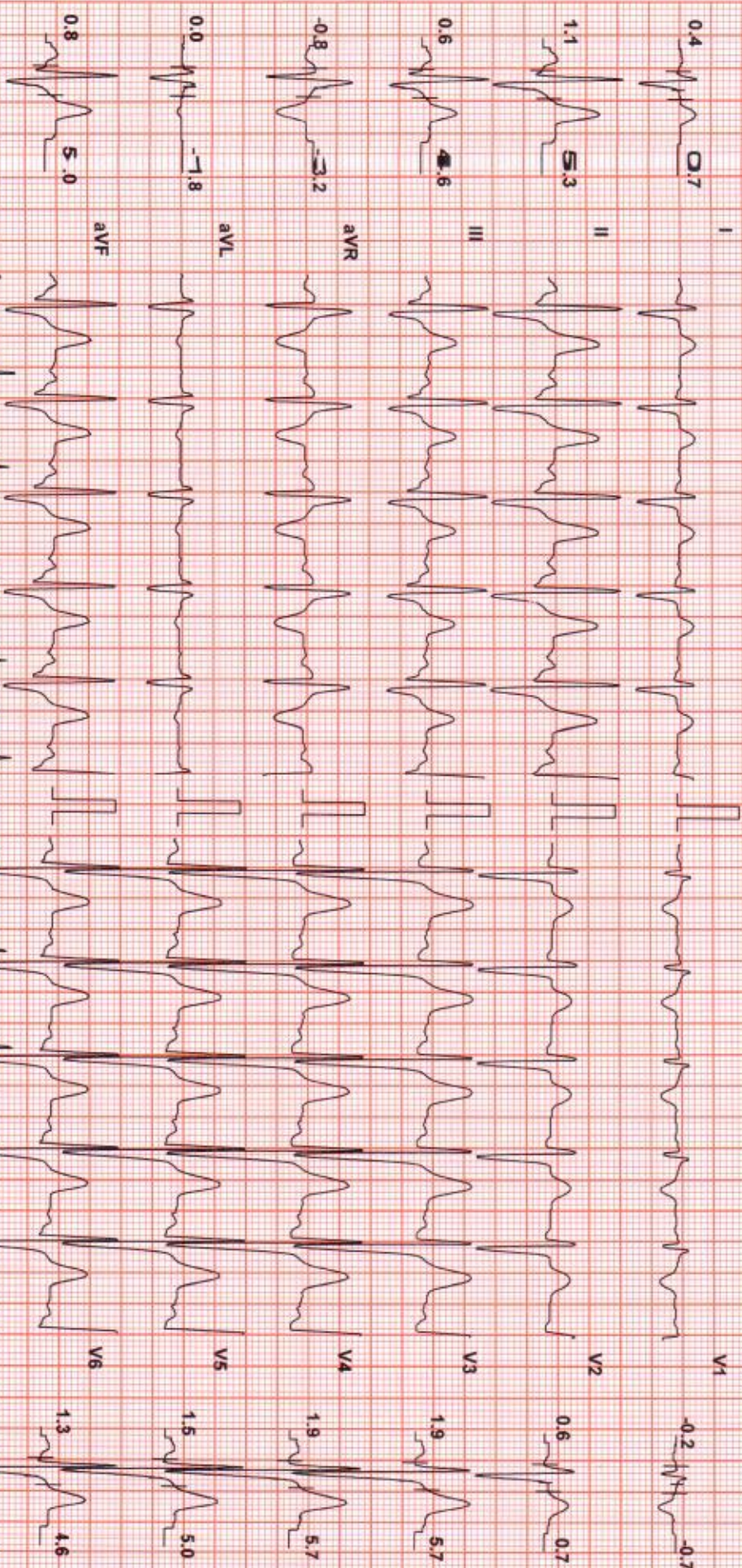


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10mm

ISO = R - 60 ms

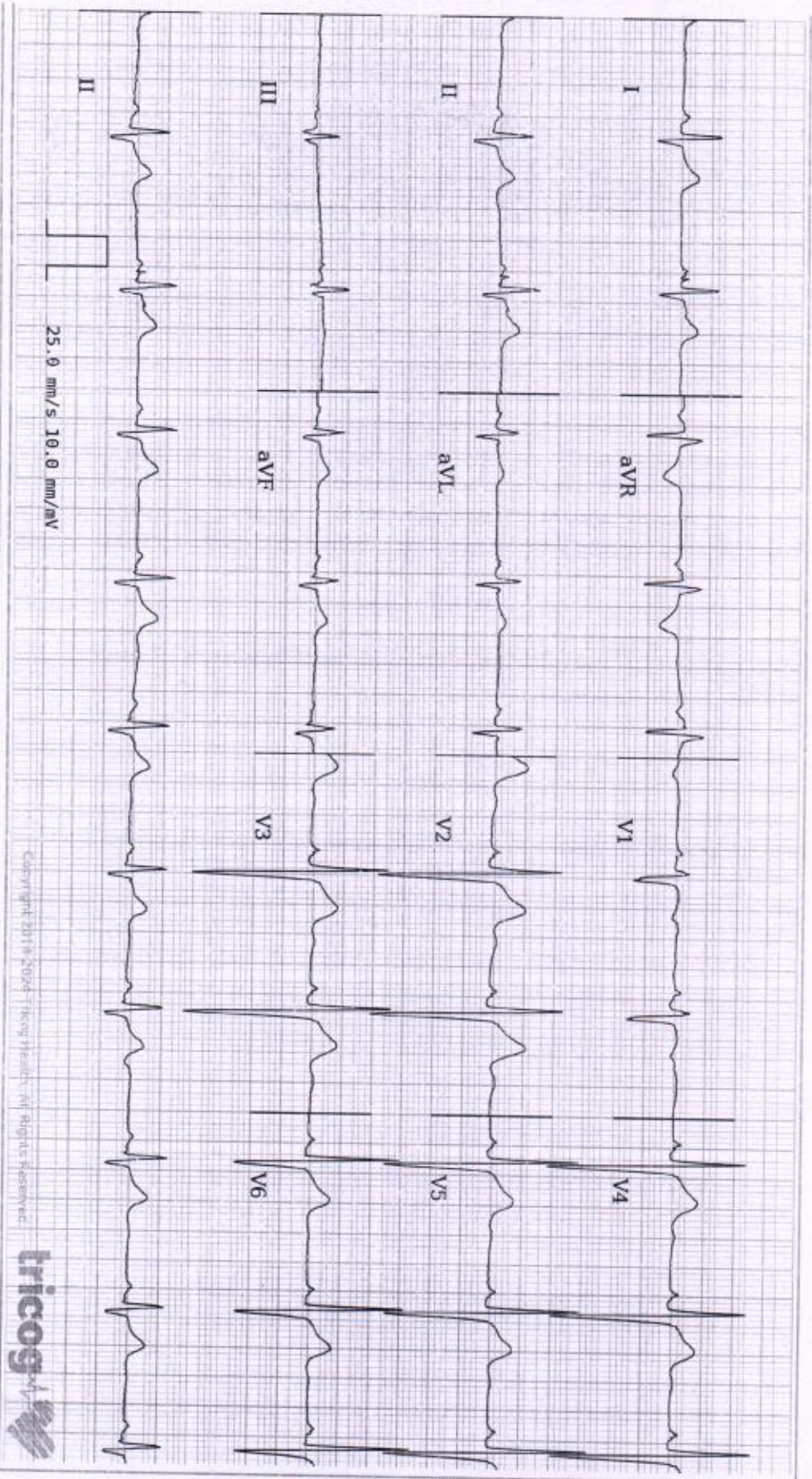
J = R + 64 ms

Post J = J + 60 ms

Schiller Standart V4.7

Linked Median





Sinus Rhythm, Intraventricular Conduction Delay. Please correlate clinically.

Disclaimer: This analysis 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 entered by the clinician and not derived from the ECG.

REPORTED BY

*[Signature]*

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MD, D.CARD, D. DIAGNOSTICS  
Cardiologist & Diabetologist  
2004/06/24/68

