



CID : 2308912789  
Name : MR.SUSHIL SEHGAL  
Age / Gender : 39 Years / Male  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected : 30-Mar-2023 / 09:21  
Reported : 30-Mar-2023 / 12:34

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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	14.6	13.0-17.0 g/dL	Spectrophotometric
RBC	4.90	4.5-5.5 mil/cmm	Elect. Impedance
PCV	45.4	40-50 %	Measured
MCV	93	80-100 fl	Calculated
MCH	29.8	27-32 pg	Calculated
MCHC	32.1	31.5-34.5 g/dL	Calculated
RDW	13.2	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	7630	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	18.4	20-40 %	
Absolute Lymphocytes	1403.9	1000-3000 /cmm	Calculated
Monocytes	8.6	2-10 %	
Absolute Monocytes	656.2	200-1000 /cmm	Calculated
Neutrophils	70.0	40-80 %	
Absolute Neutrophils	5341.0	2000-7000 /cmm	Calculated
Eosinophils	2.4	1-6 %	
Absolute Eosinophils	183.1	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	
Absolute Basophils	45.8	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	216000	150000-400000 /cmm	Elect. Impedance
MPV	8.8	6-11 fl	Calculated
PDW	15.0	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			



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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-ESR 14 2-15 mm at 1 hr. Sedimentation

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

*Bmhasakar*

**Dr.KETAKI MHASKAR**  
**M.D. (PATH)**  
**Pathologist**



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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	102.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	87.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.44	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.23	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.21	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.3	1 - 2	Calculated
SGOT (AST), Serum	25.1	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	37.7	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	27.8	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	129.4	40-130 U/L	Colorimetric
BLOOD UREA, Serum	16.2	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.6	6-20 mg/dl	Calculated
CREATININE, Serum	0.90	0.67-1.17 mg/dl	Enzymatic



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eGFR, Serum	100	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.4	3.5-7.2 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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

*Bmhasakar*

**Dr.KETAKI MHASKAR**  
M.D. (PATH)  
Pathologist



MC-2111





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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	5.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	114.0	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 Borivali Lab, Borivali West

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



*Bmhasakar*

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**M.D. (PATH)**  
**Pathologist**



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Reported : 30-Mar-2023 / 15:32

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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	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
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	3-4	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

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West

*Bmhasakar*

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MC-2111



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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	AB
Rh TYPING	Negative

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) 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

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

*Dr. Leena Salunkhe*

**Dr.LEENA SALUNKHE**  
**M.B.B.S, DPB (PATH)**  
**Pathologist**







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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	203.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	69.5	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	62.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	141.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	127.0	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	14.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.0	0-3.5 Ratio	Calculated

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

*Bmhasakar*

**Dr.KETAKI MHASKAR**  
**M.D. (PATH)**  
**Pathologist**



MC-2111



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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	4.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.7	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.95	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 Borivali Lab, Borivali West

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

*Bmhaskar*

**Dr.KETAKI MHASKAR**  
M.D. (PATH)  
Pathologist



Name :- SUSHIL SEHGAL CID:- 2308912789

History and Complaints:

NIL

EXAMINATION FINDINGS:

Height (cms): 168cm

Temp (0c): Afebrile

Blood Pressure (mm/hg): 110/80 mmhg  
Normal

Pulse: 74/min

Weight (kg): 62kg

Skin: Normal

Nails:

Lymph Node: Not palpable

Systems:

Cardiovascular:- S1S2 audible

Respiratory:- AEBE

Genitourinary:- NAD

GI System:- Liver & Spleen Not Palpable

CNS:- NAD

IMPRESSION:

*Normal*

ADVICE:

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:- No
- 17) Musculoskeletal System:- No

**PERSONAL HISTORY:**

- 1) Alcohol:- No
- 2) Smoking:- No
- 3) Diet:- MIX
- 4) Medication:- No

**Suburban Diagnostics (I) Pvt. Ltd.**  
301 & 302, 3rd Floor, Vini Elegance,  
Above Tanisq Jeweller, L. T. Road,  
Borivali (West), Mumbai - 400 092.

**DR. NITIN SONAVANE**  
M.B.B.S, A.F.H., D.DIAB, D.CARD.  
CONSULTANT-CARDIOLOGIST  
REGD. NO. : 87714



सत्यमेव जयते

भारत निर्वाचन आयोग  
पहचान पत्र  
ELECTION COMMISSION OF INDIA  
IDENTITY CARD

SRF0057232



निर्वाचक का नाम : सुशील सहगल  
ELECTOR'S NAME : SUSHIL SEHGAL  
पिता का नाम : गंगा राम सहगल  
FATHER'S NAME : GANGA RAM SEHGAL  
लिंग/ Sex : पुरुष / Male  
जन्म की तारीख/ DATE OF BIRTH: X|X|X|1|9|8|3

*File for  
30/3/23  
Annual medical test*

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Date:- 30/03/2023  
Name:- Sushil Sehgal

CID: 2308912789  
Sex / Age: M / 39

**EYE CHECK UP**

Chief complaints: Nil  
Systemic Diseases: Nil

Past history: Nil  
Unaided Vision: Nil

Aided Vision: R/E L/E  
Refraction: 6/6 6/6  
                  N6 N6

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: Normal

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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.SUDHANSHU SAXENA  
Consultant Radiologist  
M.B.B.S DMRE (RadioDiagnosis)  
RegNo .MMC 2016061376.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023033008551558>





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**Reg. Location** : Borivali West

**Reg. Date** : 30-Mar-2023  
**Reported** : 30-Mar-2023 / 11:38

## USG WHOLE ABDOMEN

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

**GALL BLADDER:** Gall bladder is distended and appears normal. No obvious wall thickening is noted. There is no evidence of any calculus.

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

**PANCREAS:** Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

**KIDNEYS:** Right kidney measures 10.2 x 4.7 cm. Left kidney measures 9.0 x 4.0 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. Prostate measures 4.0 x 2.7 x 3.6 cm and prostatic weight is 21 gm. No evidence of any obvious focal lesion.

No free fluid or size significant lymphadenopathy is seen.

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**Opinion:**

- No significant abnormality is detected.

*For clinical correlation and follow up.*

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

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

DR.SUDHANSHU SAXENA  
Consultant Radiologist  
M.B.B.S DMRE (RadioDiagnosis)  
RegNo .MMC 2016061376.

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**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

**Name: SUSHIL SEHGAL**

Date: 30-03-2023 Time: 10:11

Age: 39

Gender: M

Height: 168 cms

Weight: 64 Kg

ID: 9418393148

Clinical History: NIL

Medications: NIL

**Test Details:**

Protocol: Bruce

Predicted Max HR: 181

Target HR: 153

Exercise Time: 0:07:33

Achieved Max HR: 174 (96% of Predicted MHR)

Max BP: 160/80

Max BP x HR: 27840

Max Mets: 8.5

Test Termination Criteria: TEST COMPLET

**Protocol Details:**

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	00:07	1	0	0	90	110/80	9900	0.5 V2	0.3 V2
Standing	00:13	1	0	0	72	110/80	7920	0.5 V2	-0.2 II
HyperVentilation	00:13	1	0	0	76	110/80	8360	0.8 V2	0.3 V2
PreTest	00:11	1	1.6	0	84	110/80	9240	0.7 V3	-0.7 aVR
Stage: 1	00:57	1.5	2.7	10	105	110/80	11550	0.5 II	0.6 V2
Stage: 2	03:00	4.6	4	12	132	130/80	17160	-0.8 V4	0.6 V2
Stage: 3	03:00	7.8	5.5	14	164	150/80	24600	0.9 aVR	-0.9 II
Peak Exercise	00:36	8.5	6.8	16	174	150/80	26100	-0.6 V3	0.9 V2
Recovery1	01:00	1	0	0	136	160/80	21760	0.6 V2	-0.8 III
Recovery2	01:00	1	0	0	111	140/80	15540	0.8 V2	0.7 V2

**Interpretation**

The Patient Exercised according to Bruce Protocol for 0:07:33 achieving a work level of 8.5 METS.  
 Resting Heart Rate, initially 90 bpm rose to a max. heart rate of 174bpm (96% of Predicted Maximum Heart Rate).  
 Resting Blood Pressure of 110/80 mmHg, rose to a maximum Blood Pressure of 160/80 mmHg  
 Good Effort tolerance Normal HR & BP Response No Angina or Arrhymias  
 No Significant ST-T Change Noted During Exercise Stress test Negative for Stress inducible ischaemia.

**Suburban Diagnostics (I) Pvt. Ltd.**  
 301& 302, 3rd Floor, Vini Elegance,  
 Above Tanisq Jeweller, L. T. Road,  
 Borivali (West), Mumbai - 400 092.

Ref. Doctor: ----

**SCHILLER**

The Art of Diagnostics

Doctor: DR. NITIN SONAVANE

**DR. NITIN SONAVANE**

(Summary Report Edited by User)  
 M.B.B.S AFCH D.D.I.B. (I) CARD.

CONSULTANT-CARDIOLOGIST

REGD. NO. : 87714



**SUSHIL SEHGAL**

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 9418393148

Stage: Supine

Date: 30-03-2023

Speed: 0 km/h

Exec Time: 0:00:00

Slope: 0%

Stage Time: 00:07

THR: 153 bpm

**HR: 90 bpm**

BP: 110/80 mmHg

STLevel(mm) STSlope

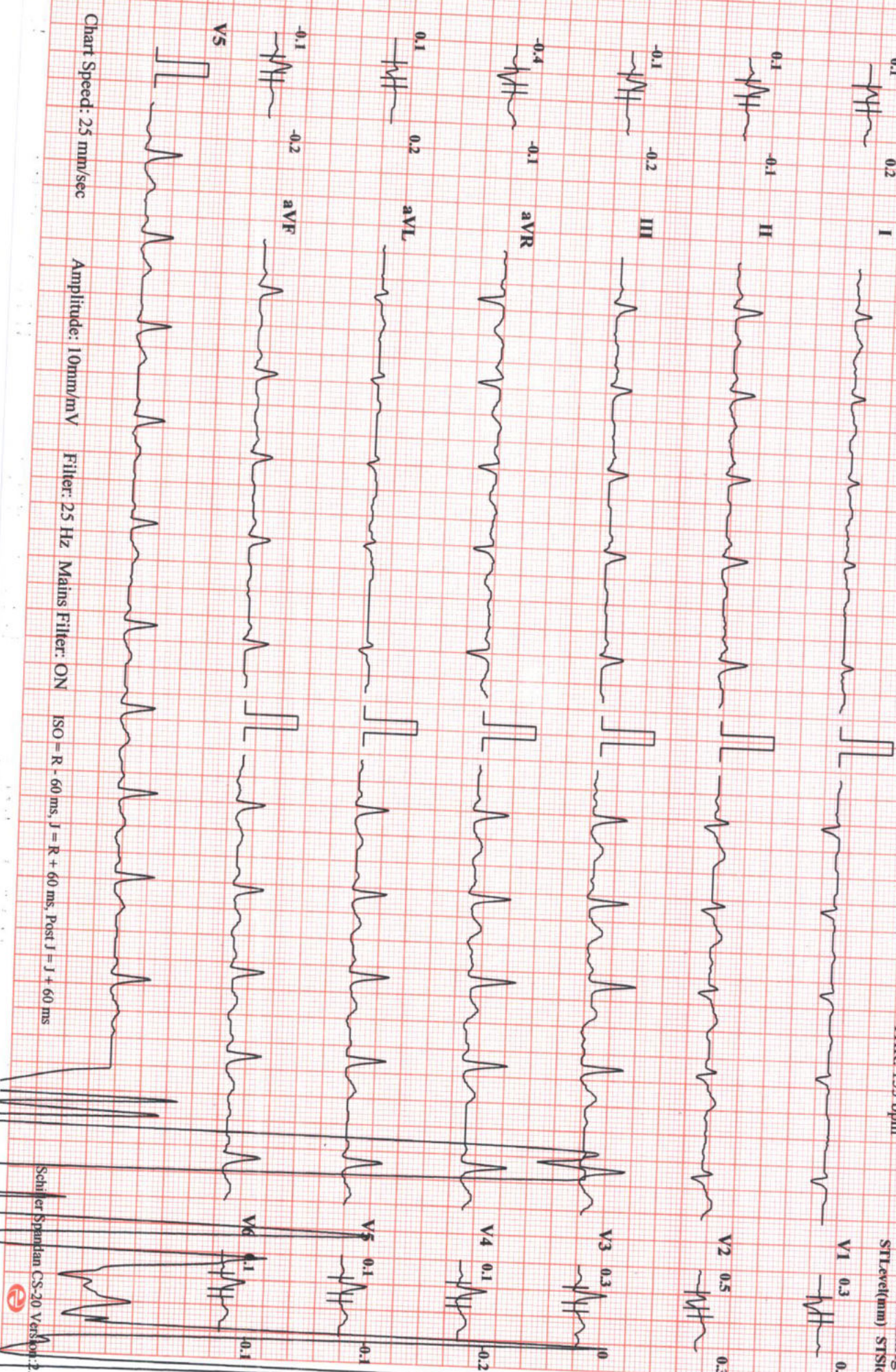


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms



**SUSHIL SEHGAL**

Bruce Protocol  
STLevel(mm) STSlope(mV/s)

ID: 9418393148  
Stage: Standing

Date: 30-03-2023  
Speed: 0

Exec Time: 0:00:00  
Slope: 0 %

Stage Time: 00:13  
THR: 153 bpm

**HR: 72 bpm**

BP: 110/80 mmHg  
STLevel(mm) STSlope

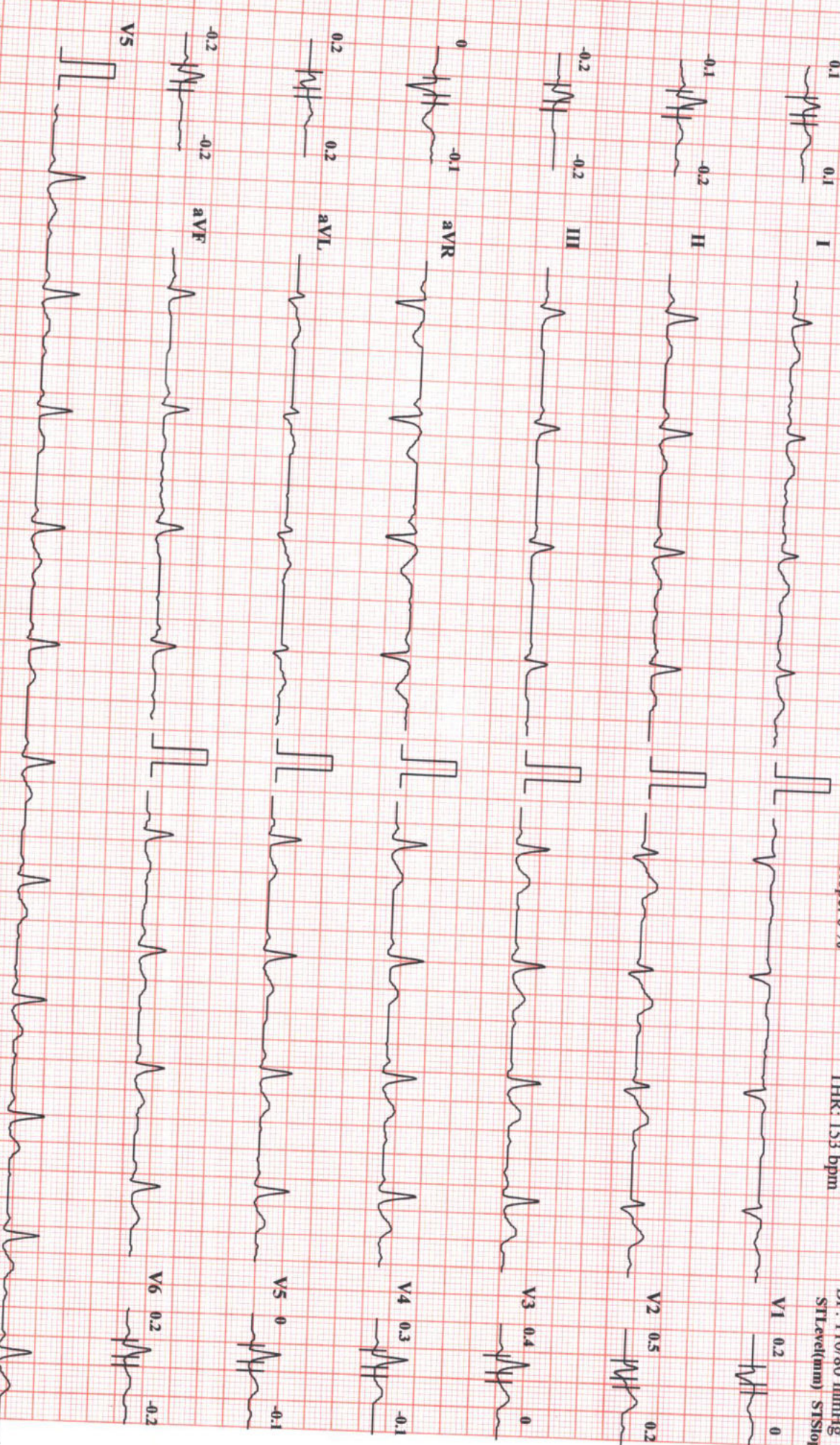


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms





**SUSHIL SEHGAL**

Bruce Protocol

STLevel(mm) STSlope(mV/s)

**SUBURBAN DIANOSTICS PVT. LTD. BORIVAILI**

ID: 9418393148

Stage: HyperVentilation

Date: 30-03-2023

Exec Time : 0:00:00

Stage Time: 00:13

**HR: 76 bpm**

BP: 110/80 mmHg

STLevel(mm) STSlope

0.1 0.2 I



V1 0.1 0.1

-0.1 -0.1 II



V2 0.8 0.3

-0.2 -0.2 III



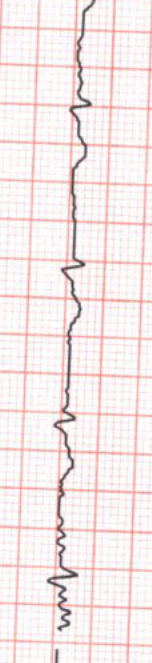
V3 0.5 0.1

-0.1 -0.1 aVR



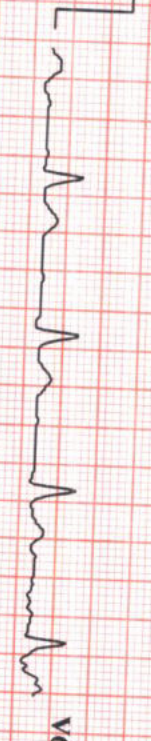
V4 0.6 -0.1

0.2 0.2 aVL



V5 0.3 -0.1

0 -0.1 aVF



V6 0.1 -0.1

V5

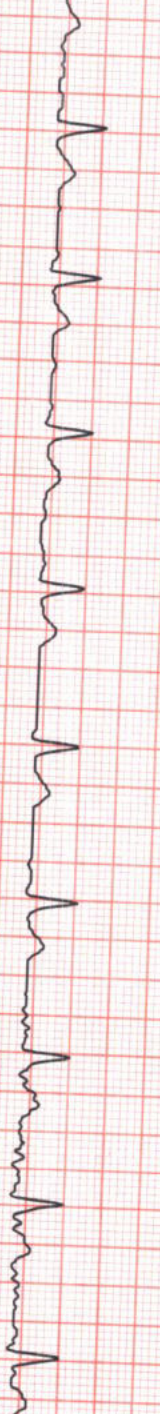


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms





**SUSHIL SEHGAL**

Bruce Protocol

STLevel(mm) STSlope(mV/s)

**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

ID: 9418393148

Stage: 1

Date: 30-03-2023

Speed: 2.7 kmph

Exec Time: 0:00:57

Slope: 10 %

Stage Time: 00:57

THR: 153 bpm

**HR: 105 bpm**

BP: 110/80 mmHg

STLevel(mm) STSlope



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R + 60 ms, J = R + 60 ms, Post J = J + 60 ms



# SUSHIL SEHGAL

Bruce Protocol  
STLevel(mm) STSlope(mV/s)

ID: 9418393148  
Stage: 2

Date: 30-03-2023  
Speed: 4 kmph

Exec Time: 0:03:57  
Slope: 12 %

Stage Time: 03:00  
THR: 153 bpm

HR: 132 bpm

BP: 130/80 mmHg  
STLevel(mm) STSlope

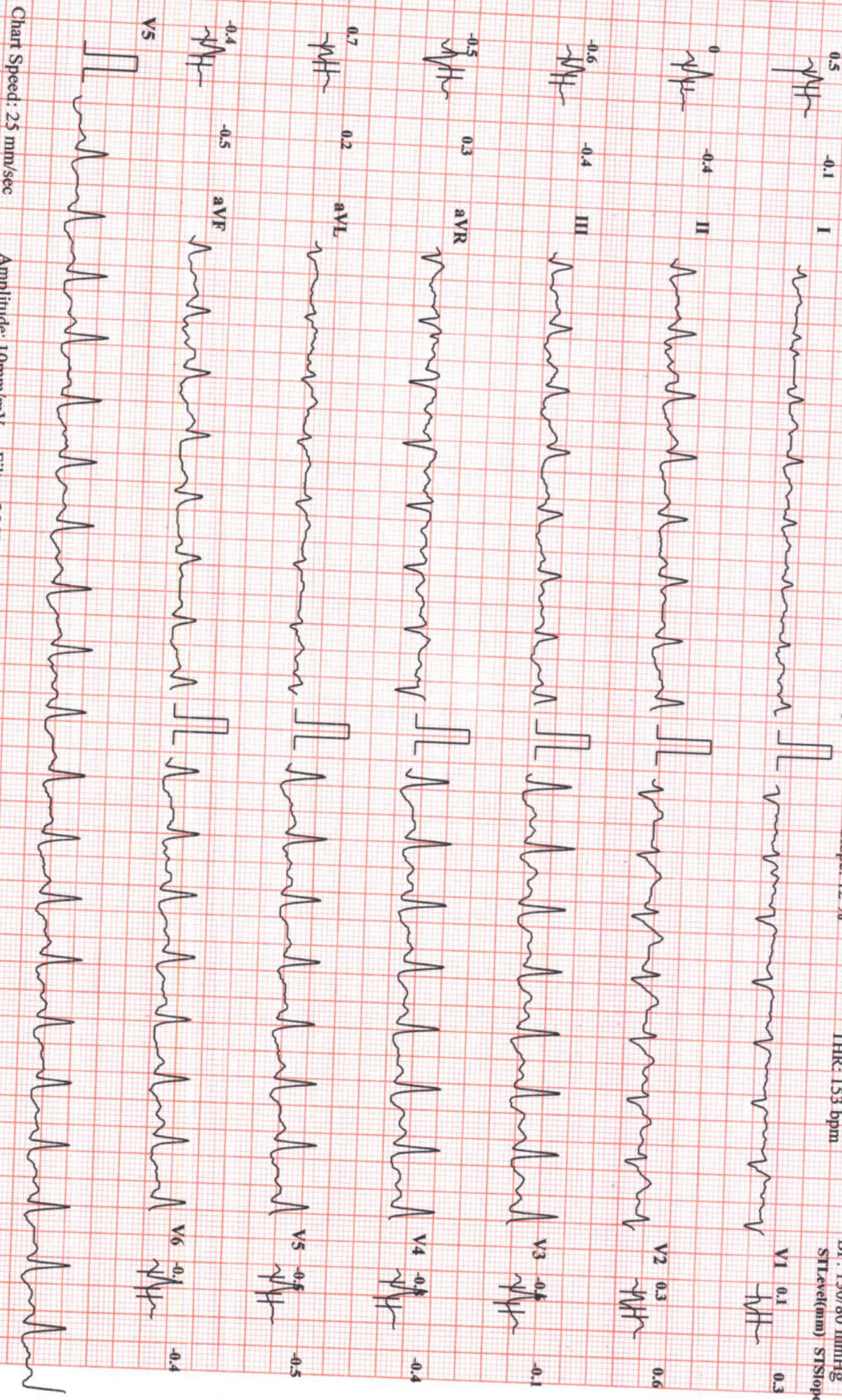


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms



**SUSHIL SEHGAL**

**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 9418393148

Stage: 3

Date: 30-03-2023

Speed: 5.5 kmph

Exec Time : 0:06:57

Slope: 14 %

Stage Time: 03:00

THR: 153 bpm

**HR: 164 bpm**

BP: 150/80 mmHg

STLevel(mm) STSlope

0.5  
0.1  
I



V1 -0.3

0.5

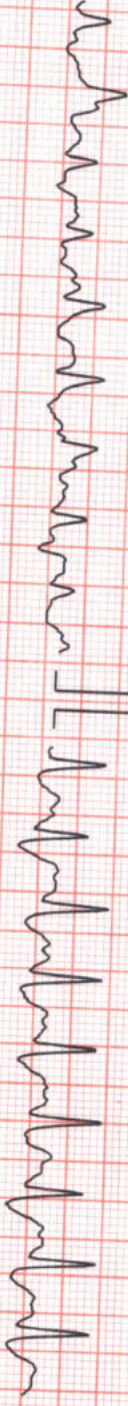
-0.7  
-0.9  
II



V2 -0.3

0.9

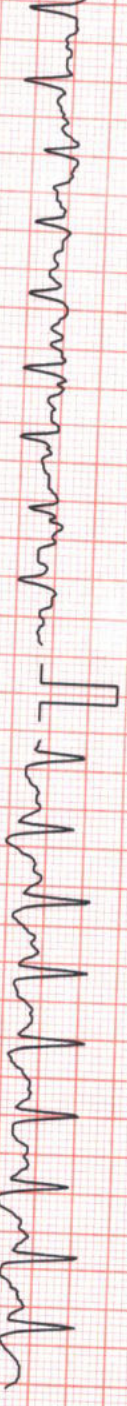
-0.3  
-0.9  
III



V3 -0.8

-0.2

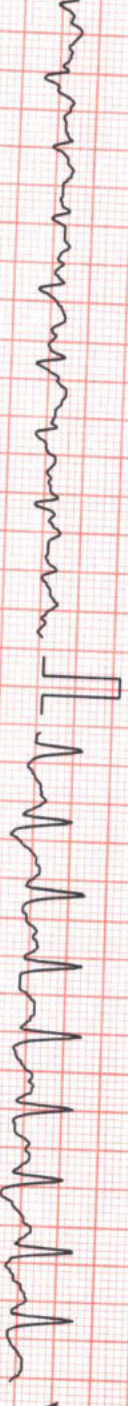
0.9  
0.5  
aVR



V4 -0.1

-0.7

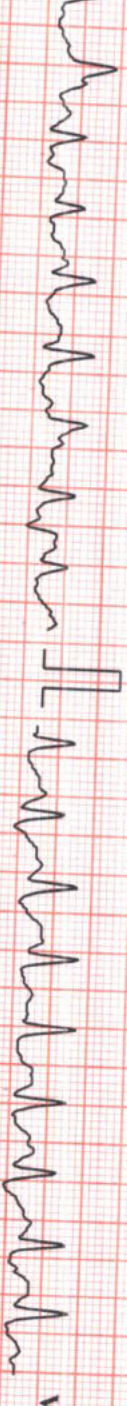
-0.1  
0.4  
aVL



V5 -0.8

-0.8

-0.4  
-0.8  
aVF



V6 -0.8

-0.6

V5

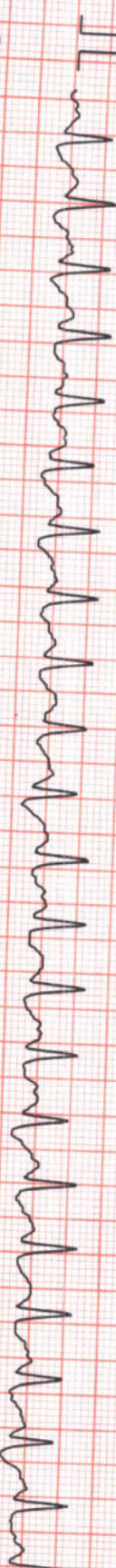


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms





**SUSHIL SEHGAL**

Bruce Protocol

STISlope(mm) STISlope(mV/s)

**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

ID: 9418393148

Stage: 4 Peak Exercise

Date: 30-03-2023  
Speed: 6.8 kmph

Exec Time: 0:07:33  
Slope: 16 %

Stage Time: 00:36  
THR: 153 bpm

**HR: 174 bpm**

BP: 150/80 mmHg

STISlope(mm) STISlope



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms



**SUSHIL SEHGAL**

Bruce Protocol  
ST1Level(mm) ST1Slope(mV/s)

ID: 9418393148  
Stage: Recovery1

Date: 30-03-2023  
Speed: 0 kmph

Exec Time: 00:00  
Slope: 0 %

Stage Time: 01:00  
THR: 153 bpm

**HR: 136 bpm**

BP: 160/80 mmHg  
ST1Level(mm) ST1Slope

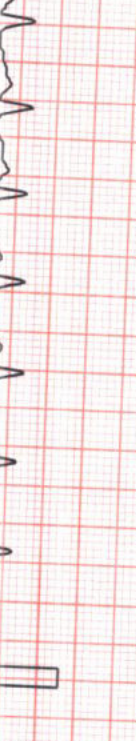
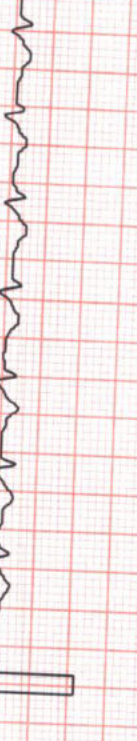
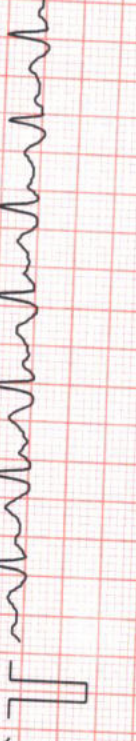
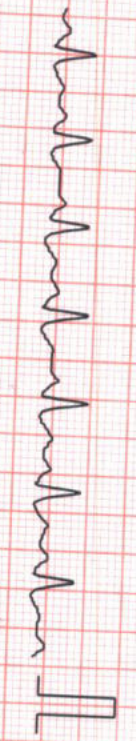


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms



# SUSHIL SEHGAL

Bruce Protocol

STLevel(mm) STSlope(mV/s)

# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ID: 9418393148

Stage: Recovery2

Date: 30-03-2023

Speed: 0 kmph

Exec Time : 00:00

Slope: 0%

Stage Time: 01:00

THR: 153 bpm

HR: 111 bpm

Bp: 140/80 mmHg

STLevel(mm) STSlope(mV/s)

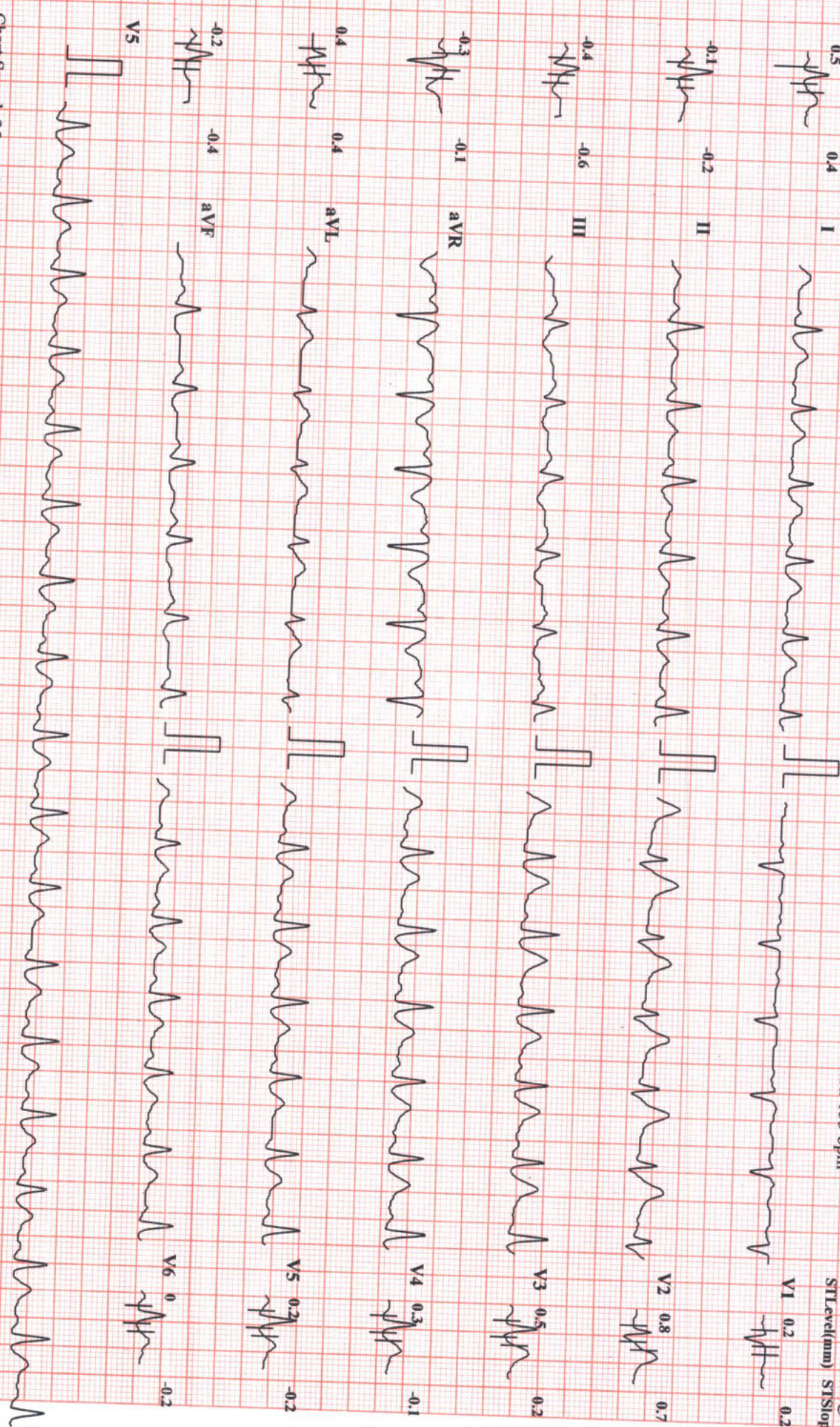


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms





**SUSHIL SEHGAL**

Bruce Protocol  
STLevel(mm) STSlope(mV/s)

**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

ID: 9418393148  
Stage: Recovery3

Date: 30-03-2023  
Speed: 0 kmph

Exec Time: 00:00  
Slope: 0%

Stage Time: 00:13  
THR: 153 bpm

**HR: 112 bpm**

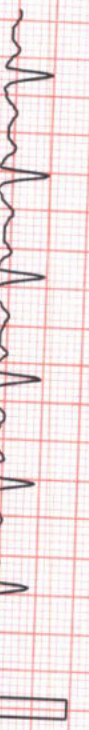
BP: 120/80 mmHg  
STLevel(mm) STSlope

0.3  
0.1  
I



V1 0.3  
0.4

-0.1  
-0.5  
II



V2 0.9  
0.7

-0.3  
-0.7  
III



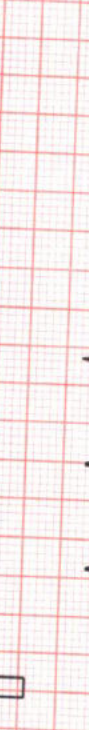
V3 0.3  
0.1

-0.1  
0.2  
aVR



V4 0.2  
-0.3

0.4  
0.5  
aVL



V5 0.2  
-0.4

-0.1  
-0.7  
aVF



V6 0.2  
-0.4

V5



V6 0.2  
-0.4

Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms



