



CID : 2331802320
Name : MR.V P ARUN
Age / Gender : 32 Years / Male
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 14-Nov-2023 / 09:07
Reported : 14-Nov-2023 / 12:47

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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>
<u>RBC PARAMETERS</u>			
Haemoglobin	13.2	13.0-17.0 g/dL	Spectrophotometric
RBC	4.61	4.5-5.5 mil/cmm	Elect. Impedance
PCV	40.5	40-50 %	Measured
MCV	87.9	80-100 fl	Calculated
MCH	28.7	27-32 pg	Calculated
MCHC	32.6	31.5-34.5 g/dL	Calculated
RDW	14.6	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4650	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	47.7	20-40 %	
Absolute Lymphocytes	2218.1	1000-3000 /cmm	Calculated
Monocytes	5.9	2-10 %	
Absolute Monocytes	274.4	200-1000 /cmm	Calculated
Neutrophils	42.9	40-80 %	
Absolute Neutrophils	1994.8	2000-7000 /cmm	Calculated
Eosinophils	3.4	1-6 %	
Absolute Eosinophils	158.1	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	4.7	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	181000	150000-400000 /cmm	Elect. Impedance
MPV	9.7	6-11 fl	Calculated
PDW	11.6	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
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 6 2-15 mm at 1 hr. Sedimentation

*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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	91.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	92.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.4	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.2	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.20	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.4	1 - 2	Calculated
SGOT (AST), Serum	15.7	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	12.9	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	6.8	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	48.7	40-130 U/L	PNPP
BLOOD UREA, Serum	16.9	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	7.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.76	0.67-1.17 mg/dl	Enzymatic



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Reported : 14-Nov-2023 / 18:07

eGFR, Serum	122	(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	4.9	3.5-7.2 mg/dl	Uricase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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*** End Of Report ***



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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 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 ***



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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

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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>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Neutral (7.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
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 inert

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	A
Rh TYPING	Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

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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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	148.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	42.3	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	39.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	109.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	101.0	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	8.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.6	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	5.1	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.8	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.77	0.35-5.5 microIU/ml	ECLIA

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)



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Pathologist



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*** End Of Report ***

भारत सरकार
GOV. OF INDIA

व्यक्तिगत खाता संख्या कार्ड
Personal Account Number Card
DMLPP4419N

QR Code

नाम / Name
ARUN P

पिता का नाम / Father's Name
PURUSHOTHAMAN

व्यक्ति का तारीख / Date
29/08/1981

हस्ताक्षर / Signature



PHYSICAL EXAMINATION REPORT

Patient Name	Mr. V P Arun	Sex/Age	male / 32ys
Date	14.11.23	Location	KASARVADAVALI

History and Complaints

Nil

EXAMINATION FINDINGS:

Height	168 cm	Temp (0c):	NOBNDL
Weight	69 kg	Skin:	NOBNDL
Blood Pressure	110/70	Nails:	NOBNDL
Pulse	52b	Lymph Node:	NOBNDL

Systems :

Cardiovascular:	NOBNDL
Respiratory:	NOBNDL
Genitourinary:	NOBNDL
GI System:	NOBNDL
CNS:	NOBNDL

Impression:

1) Dyslipidemia

ADVICE :

To follow up with Family Physician

DR. ANAND N. MOTWANI
M.D. (GENERAL MEDICINE)
Reg. No. 39329 (M.M.C)

CHIEF COMPLAINTS :

1)	Hypertension:	No
2)	IHD	No
3)	Arrhythmia	No
4)	Diabetes Mellitus	No
5)	Tuberculosis	No
6)	Asthma	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 symptom	No
13)	Blood disease or disorder	No
14)	Cancer/lump growth/cyst	No
15)	Congenital disease	No
16)	Surgeries	Cataract Lt. operated in 2022

PERSONAL HISTORY:

1)	Alcohol	occasionally
2)	Smoking	No
3)	Diet	Non-veg-
4)	Medication	Nil



DR. ANAND N. MOTWANI
M.D. (GENERAL MEDICINE)
Reg. No. 39329 (M.M.C)

Date : 14.11.23

CID : 2331802320

Name : Mr. V P Arun

Sex/Age : male / 32ys

EYE CHECK UP

Chief complaints : No

Systematic Diseases : No

Past History : Lt - eye cataract operated
H/O

Unaided Vision : Rt - 6/60
Lt - 6/6

Aided Vision : Rt - 6/6
Lt - 6/6

Refraction : —

Colour Vision : Normal

Remarks : —

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Patient Details

Date: 14-Nov-23

Time: 12:07:03 PM

Name: MR. V P ARUN ID: 2331802320

Age: 32 y

Sex: M

Height: 168 cms

Weight: 69 Kgs

Clinical History: NIL

Medications: NIL

Test Details

Protocol: Bruce

Pr.MHR: 188 bpm

THR: 159 (85 % of Pr.MHR) bpm

Total Exec. Time: 8 m 19 s

Max. HR: 161 (86% of Pr.MHR)bpm

Max. Mets: 10.20

Max. BP: 190 / 80 mmHg

Max. BP x HR: 30590 mmHg/min

Min. BP x HR: 4760 mmHg/min

Test Termination Criteria: THR ACHIEVED

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 : 20	1.0	0	0	72	110 / 70	-0.21 aVR	1.77 V3
Standing	0 : 14	1.0	0	0	68	110 / 70	-0.21 I	1.77 V2
Hyperventilation	0 : 31	1.0	0	0	74	110 / 70	-0.21 I	1.77 V2
1	3 : 0	4.6	1.7	10	98	140 / 74	-4.46 I	4.60 II
2	3 : 0	7.0	2.5	12	129	170 / 80	-0.64 III	3.89 V3
Peak Ex	2 : 19	10.2	3.4	14	161	190 / 80	-1.27 V6	5.66 V3
Recovery(1)	1 : 0	1.8	1	0	120	190 / 80	-0.85 III	5.66 V5
Recovery(2)	1 : 0	1.0	0	0	96	190 / 80	-0.64 aVR	5.66 V4
Recovery(3)	1 : 0	1.0	0	0	83	170 / 80	-0.64 aVR	5.31 V3
Recovery(4)	0 : 11	1.0	0	0	80	160 / 80	-0.42 III	2.48 V3

Interpretation

GOOD EFFORT TOLERANCE
 NORMAL HEART RATE AND BP RESPONSE
 NO ARRHYTHMIAS
 NO ANGINAL OR ANGINAL EQUIVALENT SYMPTOMS
 NO SIGNIFICANT ST-T CHANGES FROM BASELINE SEEN DURING THE TEST

IMPRESSION

STRESS TEST IS NEGATIVE FOR STRESS INDUCIBLE MYOCARDIAL ISCHAEMIA

DISCLAIMER: Negative stress test does not rule out coronary artery disease and positive stress test is suggestive but not confirmatory of coronary artery disease. Hence clinical co-relation is mandatory.

Ref. Doctor: CORPORATE

(Summary Report edited by user)


DR. ANAND N. MOTWANI
 M.D. (GENERAL MEDICINE)
 Reg. No. 30329 (M.M.C)



Doctor: Dr. Anand Motwani

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MR. V P ARUN (32 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2331802820
Stage: Supine

Date: 14-Nov-23
Speed: 0 mph
Exec Time: 0 m 0 s
Grade: 0 %

Stage Time: 0 m 14 s
(THR: 159 bpm)

HR: 68 bpm
B.P.: 110 / 70

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

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

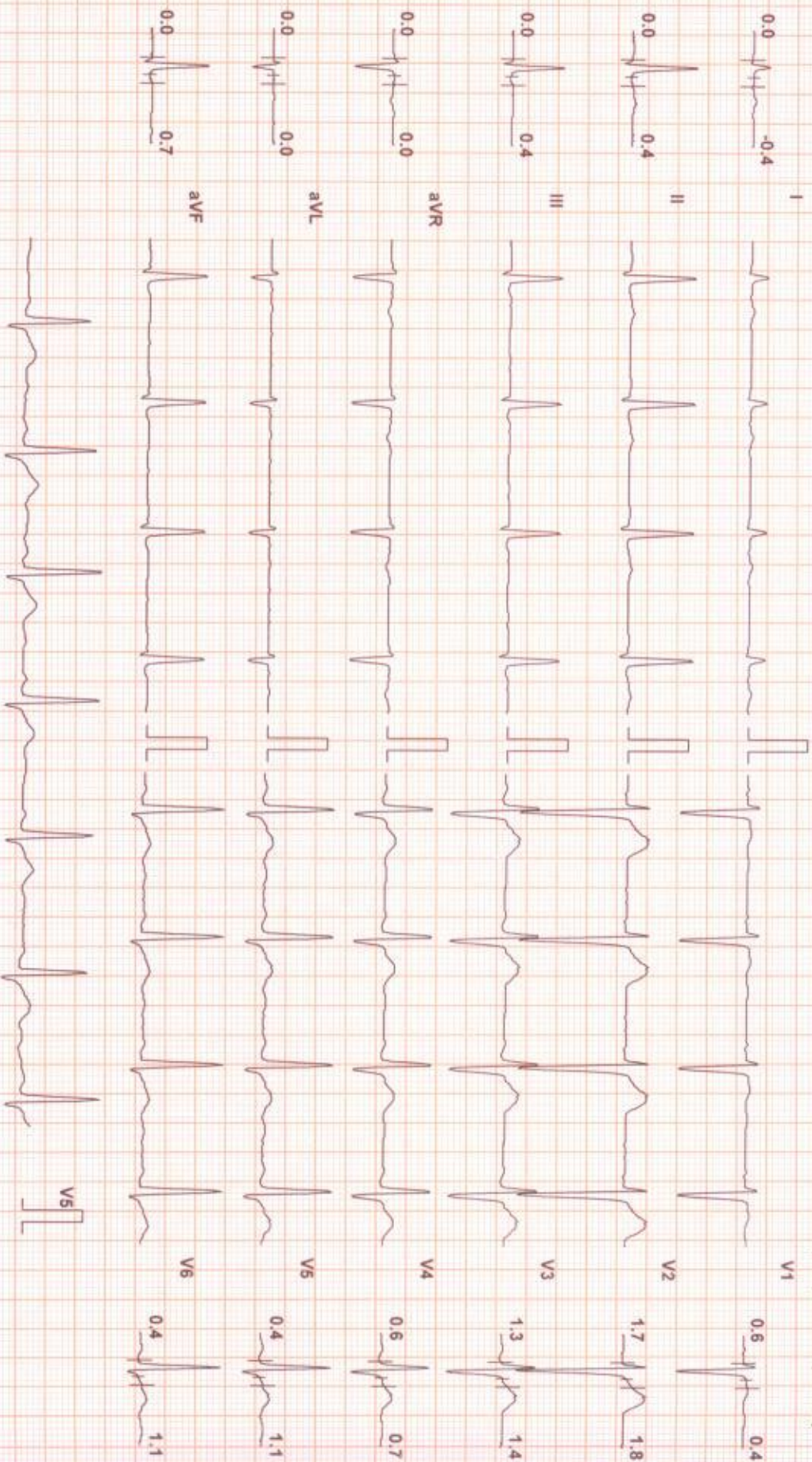


Chart Speed: 25 mm/sec
Schluter Spandan V.4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

150 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MR. V P ARUN (32 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

ID: 2331802320

Date: 14-Nov-23

Exec Time : 0 m 0 s

Stage Time : 0 m 8 s

HR: 69 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0%

(THR: 159 bpm)

B.P: 110 / 70

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

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

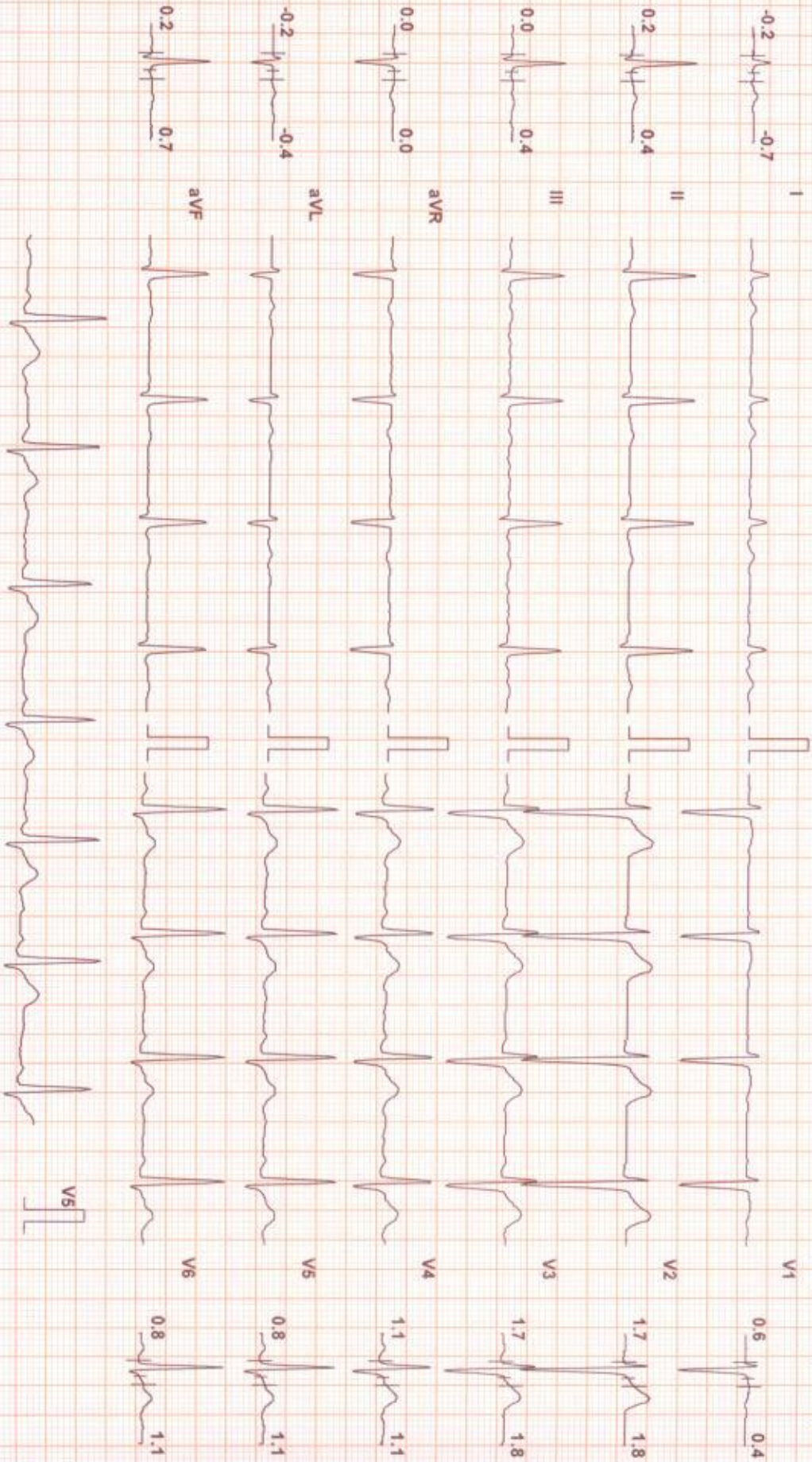


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

150 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandar V 4.7

Linked Median



MR. V P ARUN (32 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2331802320

Date: 14-Nov-23

Exec Time : 0 m 0 s

Stage Time : 0 m 25 s

HR: 73 bpm

ST Level (mm)

ST Slope (mV/s)

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 159 bpm)

B.P: 110/70

ST Level (mm)

ST Slope (mV/s)

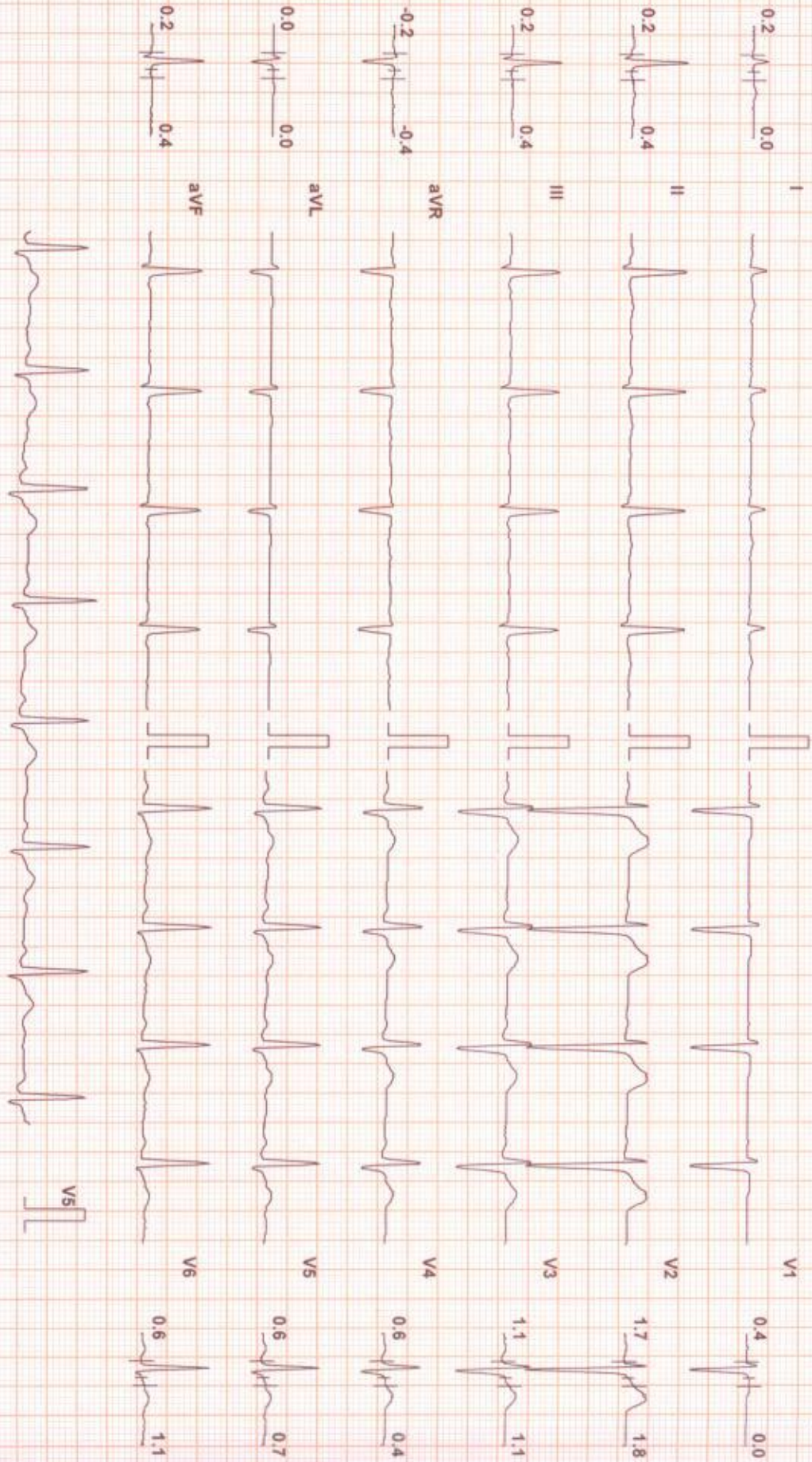


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

150 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandau V 4.7

Linked Median



MR. V P ARUN (32 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

ID: 2331802320

Date: 14-Nov-23 Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 100 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph Grade: 10 %

(THR: 159 bpm)

B.P: 140 / 74

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

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

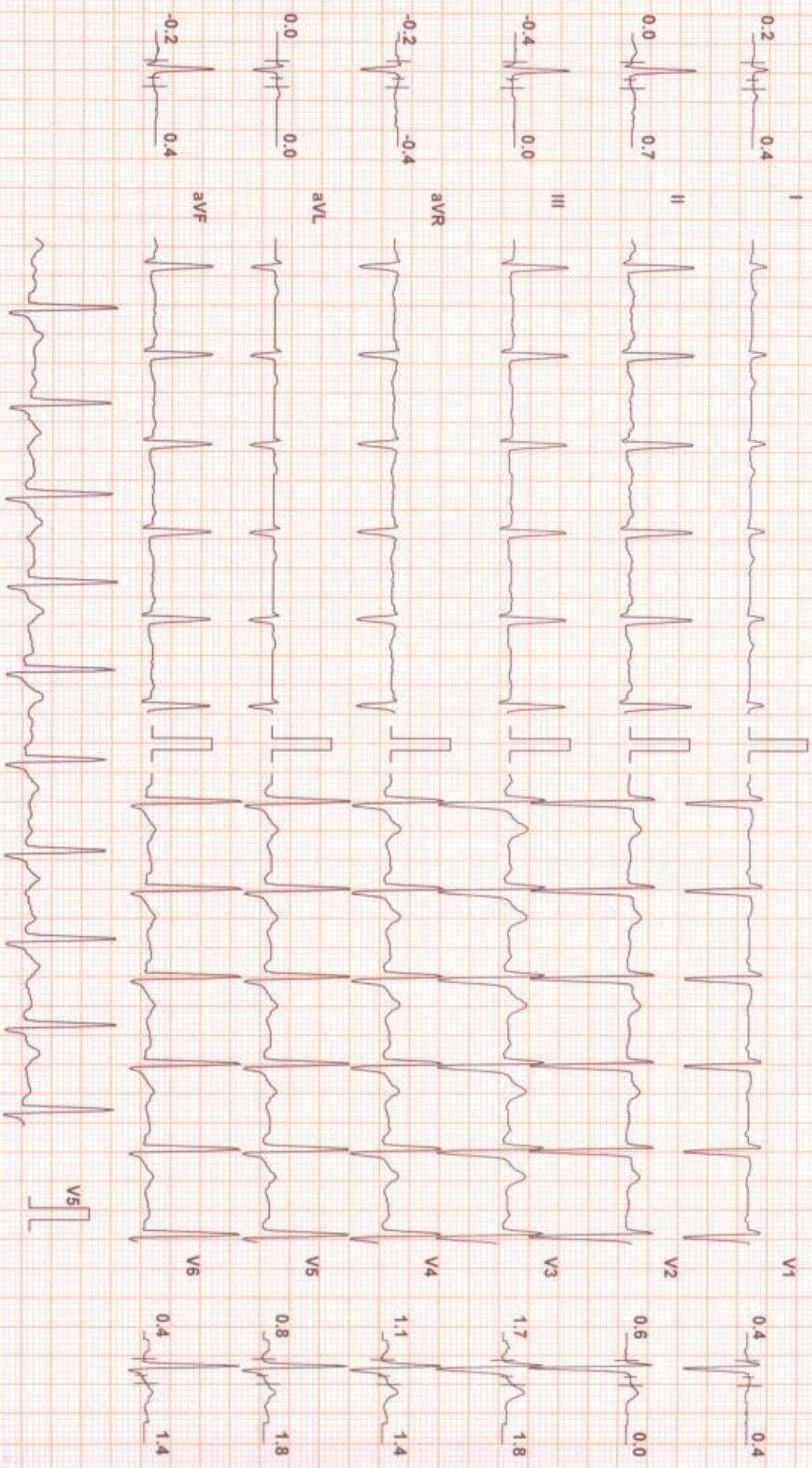


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

50 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MR. V P ARUN (32 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

ID: 2331802320

Date: 14-Nov-23 Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 129 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph Grade: 12 % (THR: 159 bpm) B.P: 170/80

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

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

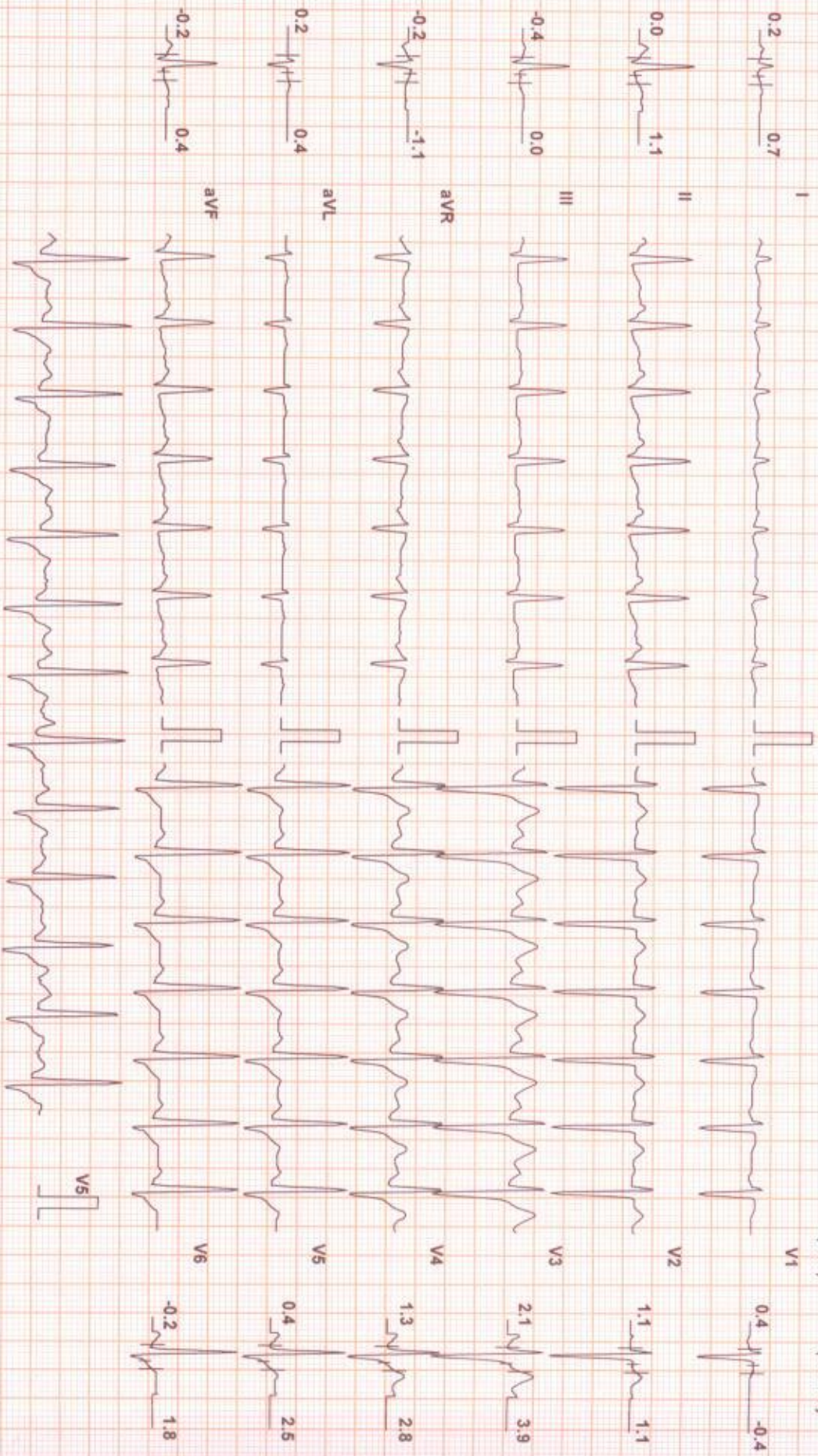


Chart Speed: 25 mm/sec
Schiller Spandian V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MR. V P ARUN (32 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2331802320

Date: 14-Nov-23

Exec Time : 8 m 13 s Stage Time : 2 m 13 s

HR: 161 bpm

ST Level (mm)

ST Slope (mV/s)

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 159 bpm)

B.P: 190 / 80

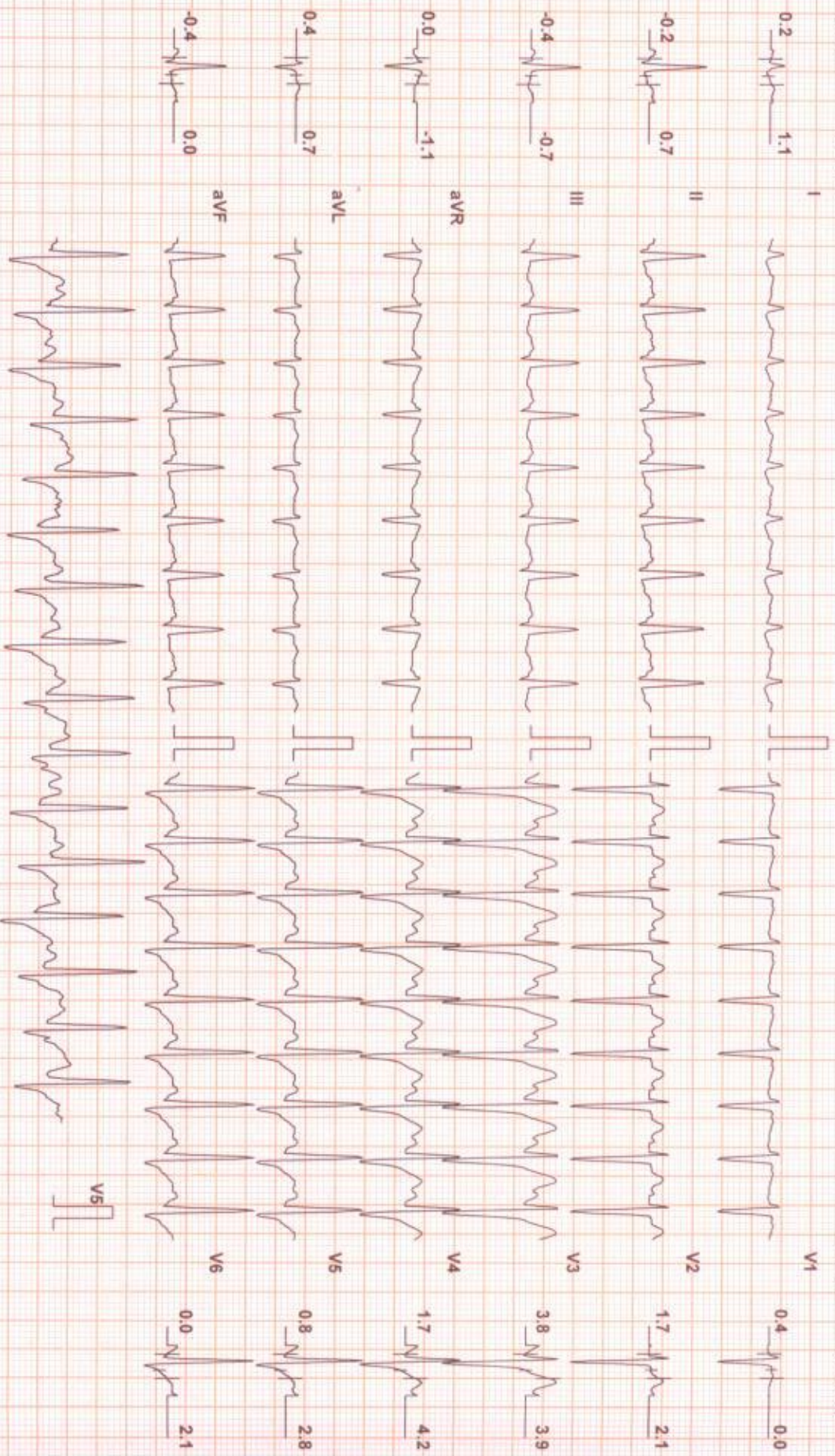


Chart Speed: 25 mm/sec
Sphiler Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MR. V P ARUN (32 M)

Protocol: Bruce

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

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

ID: 2331802320

Date: 14-Nov-23 Exec Time : 8 m 19 s Stage Time : 0 m 54 s HR: 109 bpm

Stage: Recovery(1)

Speed: 1 mph Grade: 0 %

(THR: 159 bpm)

B.P.: 190 / 80

Test Report

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

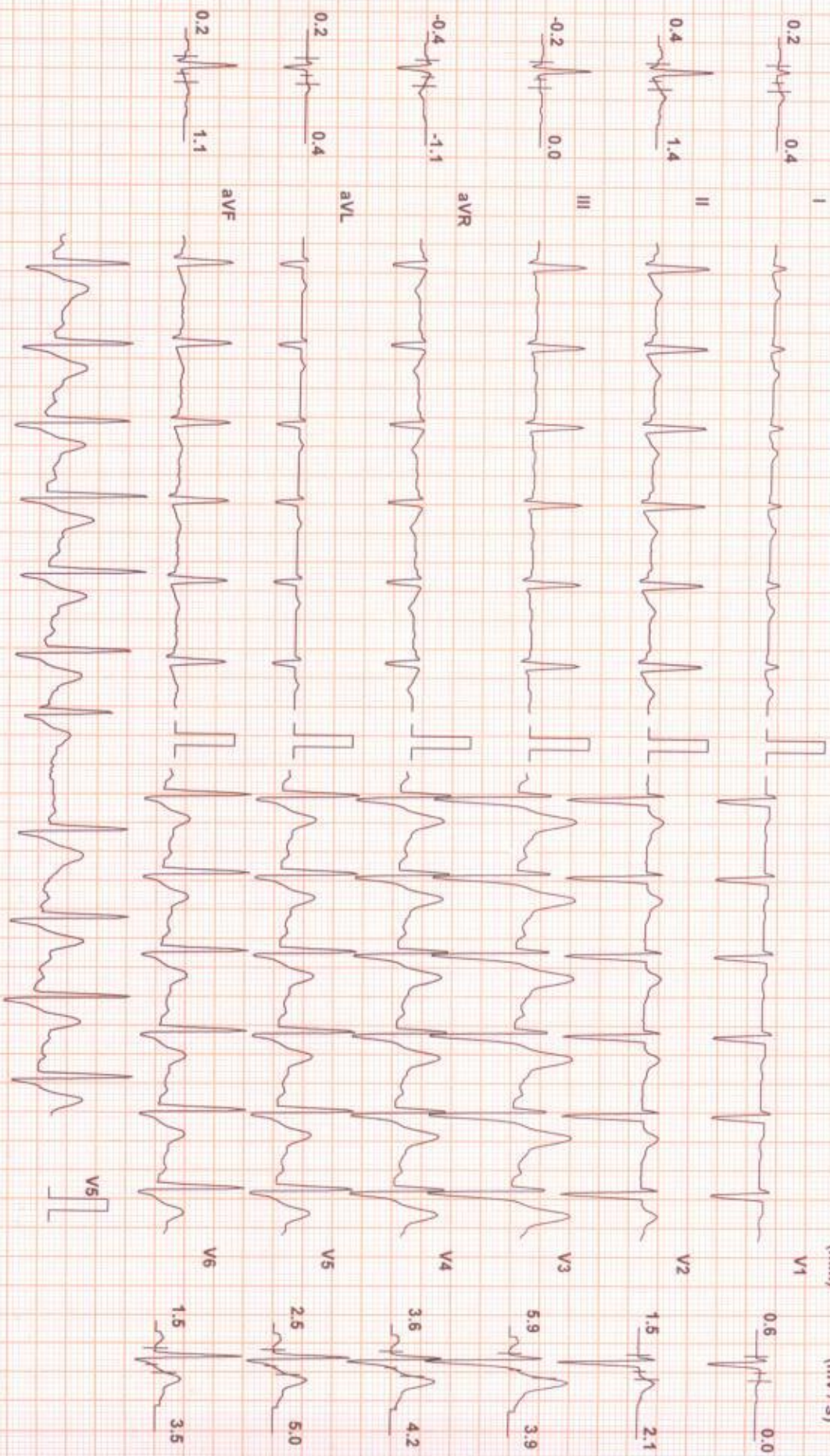


Chart Speed: 25 mm/sec
Schlifer Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

50 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MR. V P ARUN (32 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2331802320

Date: 14-Nov-23

Exec Time : 8 m 19 s Stage Time : 0 m 54 s HR: 86 bpm

Stage: Recovery(2)

Speed: 0 mph

Grade: 0%

(THR: 159 bpm)

B.P: 190/80

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

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

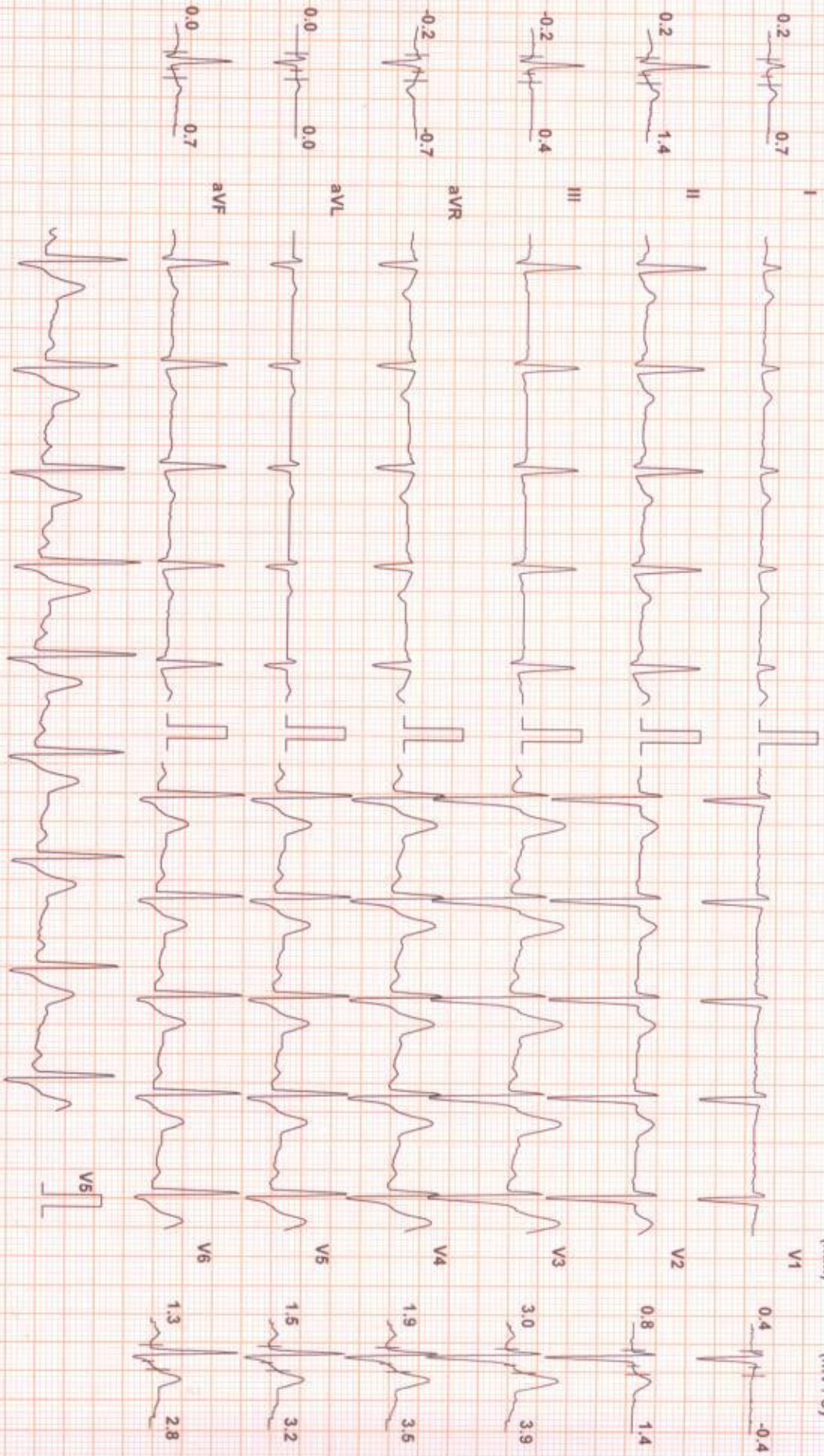


Chart Speed: 25 mm/sec
Schuler Spandan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

150 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MR. V P ARUN (32 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2331802320

Date: 14-Nov-23

Exec Time : 8 m 19 s Stage Time : 0 m 54 s HR: 80 bpm

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

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR-159 bpm)

B.P: 170 / 80

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

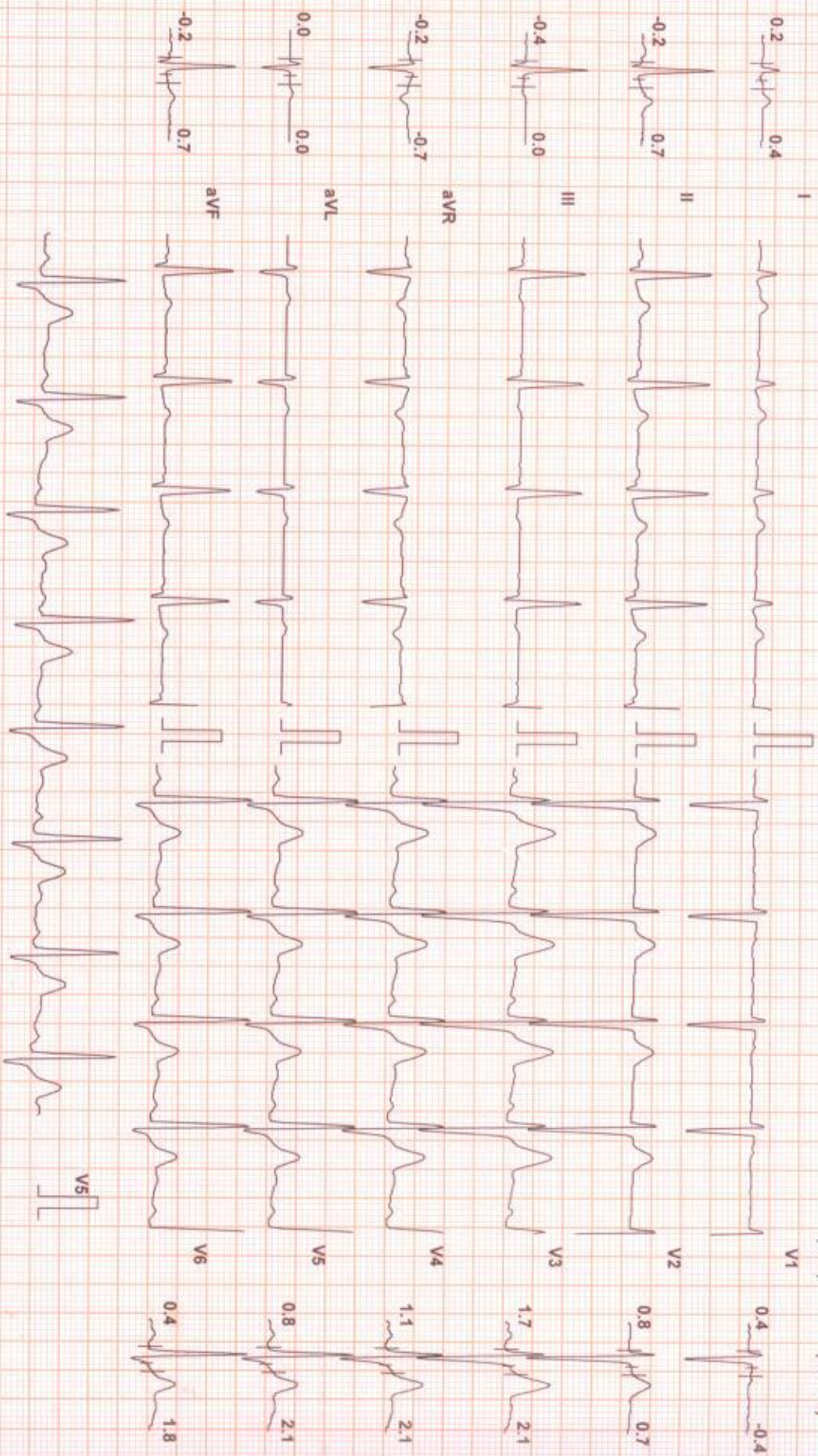


Chart Speed: 25 mm/sec
Schluter Standard V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Pos J = J + 60 ms

Linked Median



MR. V P ARUN (32 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2331802320

Date: 14-Nov-23

Exec Time : 8 m 19 s Stage Time : 0 m 54 s

HR: 80 bpm

ST Level (mm)

ST Slope (mV/s)

Stage: Recovery(4)

Speed: 0 mph

Grade: 0%

(THR: 159 bpm)

B.P: 170/80

ST Level (mm)

ST Slope (mV/s)

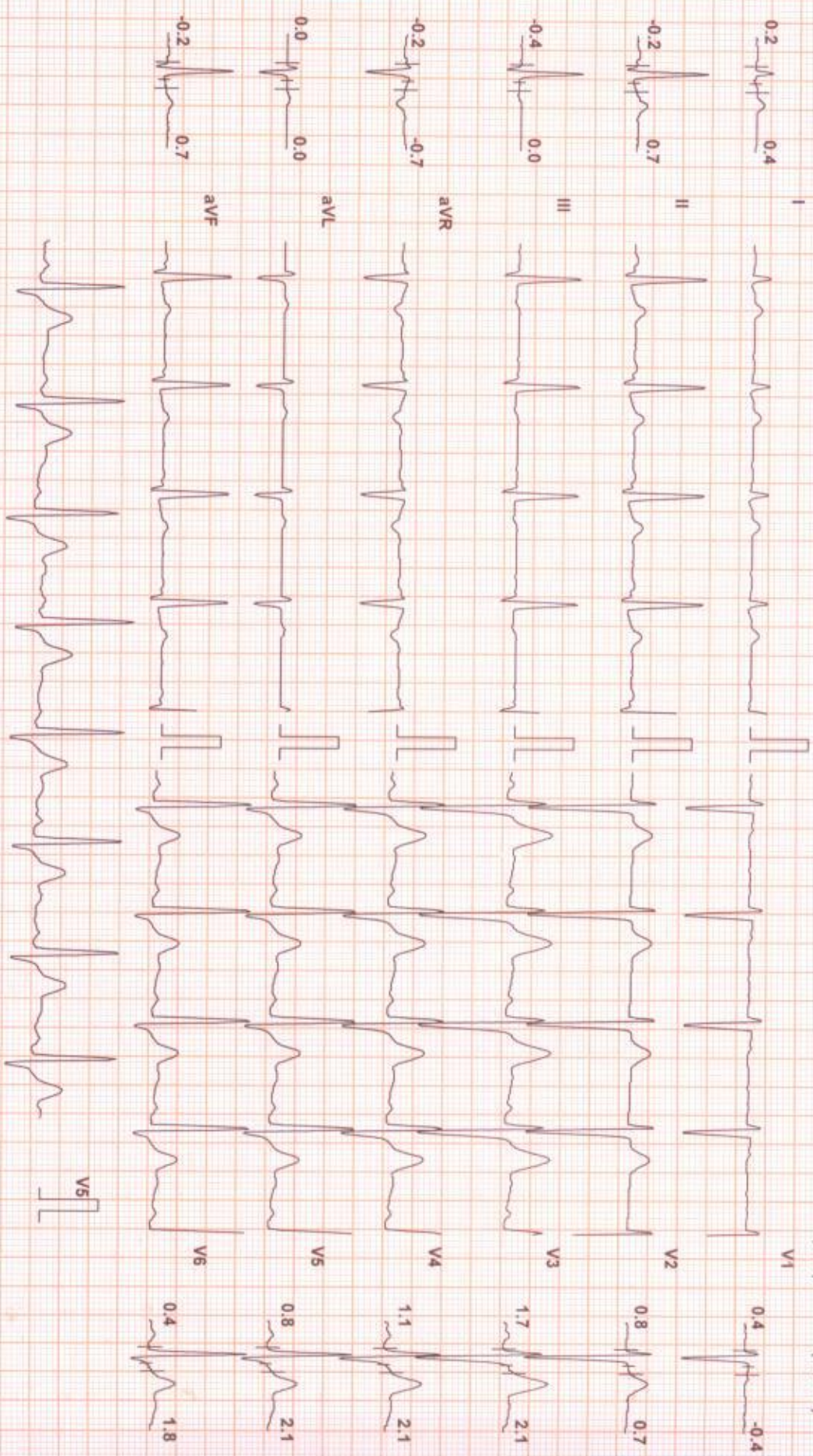


Chart Speed: 25 mm/sec
Schlitz Spandan V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

50 = R - 60 ms

J = R + 60 ms

Pos: J = J + 60 ms

Linked Median



CID : 2331802320
Name : Mr V P ARUN
Age / Sex : 32 Years/Male
Ref. Dr :
Reg. Location : Thane Kasarvadavali Main Centre

Reg. Date : 14-Nov-2023
Reported : 14-Nov-2023 / 10:26

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 distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

PORTAL VEIN:

Portal vein is normal. CBD: CBD is normal.

PANCREAS:

Visualised pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS:

Right kidney measures 11.2 x 3.9 cm. Left kidney measures 10.1 x 4.9 cm. Both kidneys are normal in size, 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, normal echotexture and measures 2.5 x 4.5 x 3.1 cm in dimension and 18.8 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

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Use a QR Code Scanner
Application To Scan the Code

CID : 2331802320
Name : Mr V P ARUN
Age / Sex : 32 Years/Male
Ref. Dr :
Reg. Location : Thane Kasarvadavali Main Centre

Reg. Date : 14-Nov-2023
Reported : 14-Nov-2023 / 10:26

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IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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-----

G. R. Fartade

Dr. GAURAV FARTADE
MBBS, DMRE
Reg No -2014/04/1786
Consultant Radiologist

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Page no 2 of 2



CID : 2331802320
Name : Mr V P ARUN
Age / Sex : 32 Years/Male
Ref. Dr :
Reg. Location : Thane Kasarvadavali Main Centre
Reg. Date : 14-Nov-2023
Reported : 14-Nov-2023 / 10:05

Use a QR Code Scanner
Application To Scan the Code

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-----

G. R. Fartade
Dr. GAURAV FARTADE
MBBS, DMRE
Reg No -2014/04/1786
Consultant Radiologist

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