

 भारत सरकार  
GOVERNMENT OF INDIA



जोएल डेवीस चिराकल  
Joel Davis Chirakal  
जन्म वर्ष / Year of Birth : 1982  
पुरुष / Male



2575 6732 6940

आधार — सामान्य माणसाचा अधिकार

*[Handwritten Signature]*

*[Handwritten Signature]* DR. SHISHIR SHETTY  
M.B.B.S. 2003  
CONSULTANT CAPSULE & DRUGS  
REG.No. 2006/970250

CID# : 2136535042  
Name : MR.JOEL CHIRAKAL  
Age / Gender : 39 Years/Male  
Consulting Dr. : -  
Reg.Location : Vasai (Main Centre)

SID# : 177804679113  
Registered : 31-Dec-2021 / 09:12  
Collected : 31-Dec-2021 / 09:12  
Reported : 01-Jan-2022 / 10:20  
Printed : 01-Jan-2022 / 10:37

**PHYSICAL EXAMINATION REPORT**

**History and Complaints:**

Asymptomatic

**EXAMINATION FINDINGS:**

Height (cms):	178 cms	Weight (kg):	67 kgs
Temp (0c):	Aferile	Skin:	Normal
Blood Pressure (mm/hg):	120/80 mm of hg	Nails:	Normal
Pulse:	70/min	Lymph Node:	Not palpable

**Systems**

Cardiovascular: S1S2 audible  
Respiratory: AEBE  
Genitourinary: NAD  
GI System: Liver & Spleen not palpable  
CNS: NAD

**IMPRESSION:**

*Regular dynamic exercise.*

**ADVICE:**

**CHIEF COMPLAINTS:**

- |                      |    |
|----------------------|----|
| 1) Hypertension:     | No |
| 2) IHD               | No |
| 3) Arrhythmia        | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis      | No |

ADDRESS: 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053  
HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343  
For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

Brief Disclaimer: (1)SuburbanDiagnostics ensures that the tests are conducted with utmost care and safety and are performed on samples received as per the sample collection guide of Suburban Diagnostics.(2)Sample may be rejected if unacceptable for the requested tests.(3)Test results may vary from laboratory to laboratory and also in some parameters from time to time for the same patient.(4)Report must not be copied in part, only in full.(5)This report is not valid for medico-legal purposes.(6)Patient information or data will not be communicated to a third party except in the case of a notifiable disease to a Public Care Unit.(7)Suburban Diagnostics reserves the right to subcontract samples to other laboratories as required.(8)Suburban Diagnostics is not liable for any penalties or liabilities arising out of or relating in any way to these services and/or content or information provided herein.(9) For the elaborated disclaimer, please turn over the page or visit our website.

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- 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 Mixed
- 4) Medication No

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



  
**Dr.SHISHIR SHETTY**  
MBBS,D-CARD  
CARDIOLOGIST

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Reported : 31-Dec-2021 / 12:52

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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	15.4	13.0-17.0 g/dL	Spectrophotometric
RBC	5.52	4.5-5.5 mil/cmm	Elect. Impedance
PCV	45.8	40-50 %	Measured
MCV	83	80-100 fl	Calculated
MCH	27.9	27-32 pg	Calculated
MCHC	33.6	31.5-34.5 g/dL	Calculated
RDW	14.0	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	5710	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	28.7	20-40 %	
Absolute Lymphocytes	1638.8	1000-3000 /cmm	Calculated
Monocytes	7.3	2-10 %	
Absolute Monocytes	416.8	200-1000 /cmm	Calculated
Neutrophils	58.4	40-80 %	
Absolute Neutrophils	3334.6	2000-7000 /cmm	Calculated
Eosinophils	5.2	1-6 %	
Absolute Eosinophils	296.9	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	22.8	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	200000	150000-400000 /cmm	Elect. Impedance
MPV	8.9	6-11 fl	Calculated
PDW	17.9	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		



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Reported : 31-Dec-2021 / 11:54

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 5 2-15 mm at 1 hr. Westergren

\*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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Reported : 31-Dec-2021 / 12:33

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
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	124.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.57	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.25	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.32	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	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	20.5	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	18.3	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	15.1	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	56.2	40-130 U/L	Colorimetric
BLOOD UREA, Serum	28.8	12.8-42.8 mg/dl	Kinetic
BUN, Serum	13.4	6-20 mg/dl	Calculated
CREATININE, Serum	0.92	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	97	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.7	3.5-7.2 mg/dl	Enzymatic



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Collected : 31-Dec-2021 / 12:46  
Reported : 31-Dec-2021 / 17:50

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 \*\*\*



*Anupa*

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

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Reported : 31-Dec-2021 / 14:35

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE  
GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	102.5	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 CPL, Andheri West  
\*\*\* End Of Report \*\*\*



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



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Collected : 31-Dec-2021 / 09:12  
Reported : 31-Dec-2021 / 15:42

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**URINE EXAMINATION REPORT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
<b>CHEMICAL EXAMINATION</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>MICROSCOPIC EXAMINATION</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	4-5	Less than 20/hpf	
Others	-		

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



*Bmhasakar*  
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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

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



*J. Thakker*

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M.D. (PATH), DPB  
Pathologist & AVP (Medical Services)



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	154.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	72.6	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	44.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	109.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	95.0	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	14.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.1	0-3.5 Ratio	Calculated

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



MC-2111

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.6	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.83	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 5.5 to 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:**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.

**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 \*\*\*



MC-2111

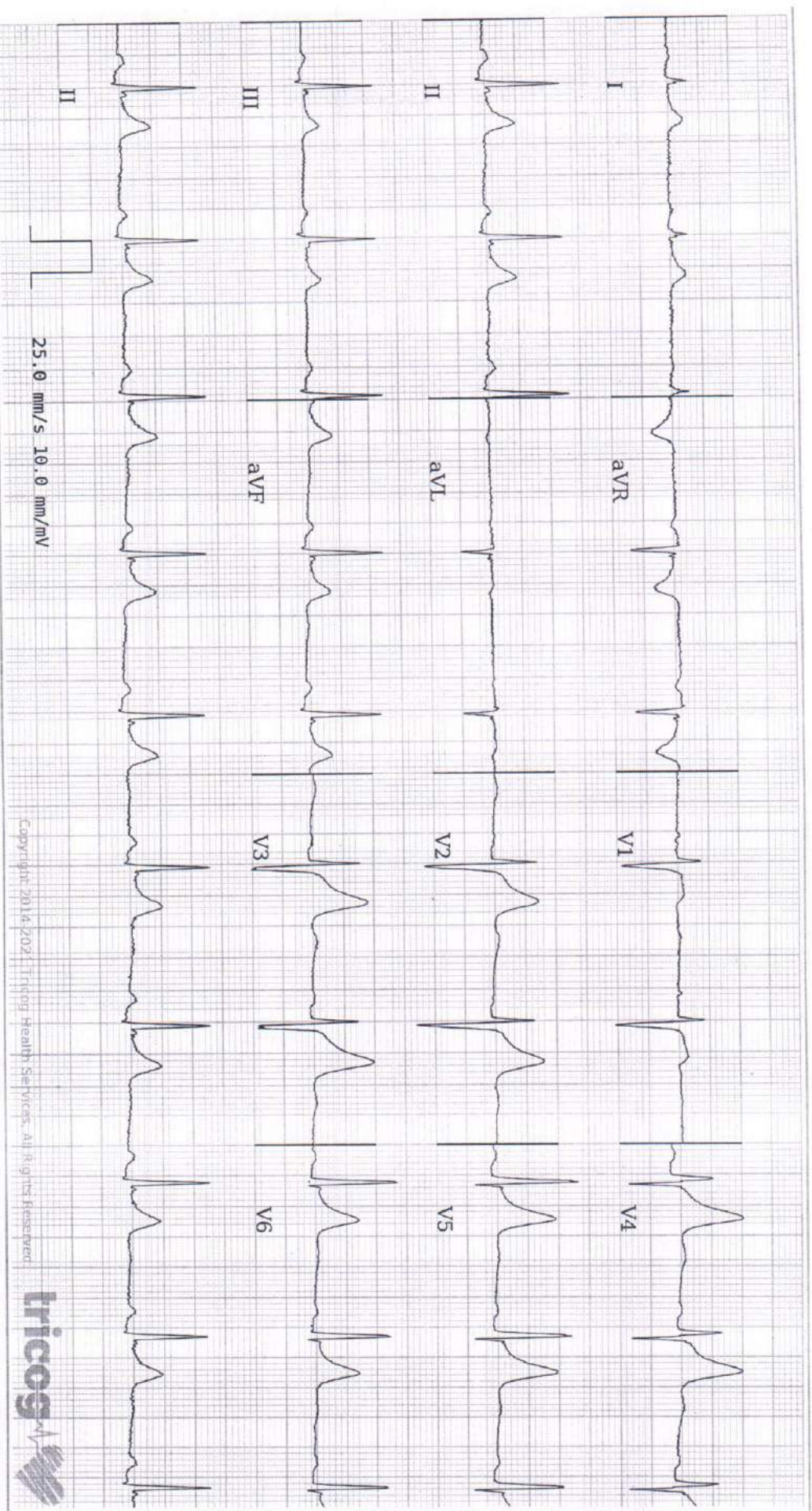
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25.0 mm/s 10.0 mm/mV

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Age **39** **11** **30**  
years months days

Gender **Male**

Heart Rate **60 bpm**

Patient Vitals

BP: **120/80 mmHg**

Weight: **67 kg**

Height: **178 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

**Measurements**

QSQRD: **96 ms**

QT: **392 ms**

QTc: **392 ms**

PR: **174 ms**

P-R-T: **71° 79° 62°**

REPORTED BY

*Dr. Shishir Shetty*

**DR. SHISHIR SHETTY**  
MBBS-D-CARD  
2006/01/0250



**ECG Within Normal Limits: Sinus Rhythm, Normal Axis, Early Repolarization Pattern. This is a normal variant for Healthy Individuals. Please correlate clinically.**

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.

Suburban Diagnostics  
Opp. St. Augustine School  
Vasai(West)

## STRESS TEST REPORT

Patient Name: MR. JOEL , CHIRAKAL  
Patient ID: 2136535042  
Height: 178 cm  
Weight: 67 kg

DOB: 02.01.1982  
Age: 39yrs  
Gender: Male  
Race:

Study Date: 31.12.2021  
Test Type: --  
Protocol: BRUCE

Referring Physician: --  
Attending Physician: --  
Technician: --

Medications:  
--

Medical History:  
--

Reason for Exercise Test:  
--

### Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:23	0.00	0.00	62	120/80	
	STANDING	00:13	0.00	0.00	61	120/80	
	HYPERV.	00:55	0.50	0.00	69	120/80	
EXERCISE	STAGE 1	03:00	1.70	10.00	81	130/80	
	STAGE 2	03:00	2.50	12.00	99	140/80	
	STAGE 3	03:00	3.40	14.00	129	150/80	
	STAGE 4	01:49	4.20	16.00	157	160/80	
RECOVERY		03:44	0.00	0.00	78	120/80	

The patient exercised according to the BRUCE for 10:49 min:s, achieving a work level of Max. METS: 13.40. The resting heart rate of 63 bpm rose to a maximal heart rate of 157 bpm. This value represents 86 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg , rose to a maximum blood pressure of 160/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

### Interpretation

Summary: Resting ECG: normal.  
Functional Capacity: normal.  
HR Response to Exercise: appropriate.  
BP Response to Exercise: normal resting BP - appropriate response.  
Chest Pain: none.  
Arrhythmias: none.  
ST Changes: none.  
Overall impression: Normal stress test.

### Conclusions

GOOD EFFORT TOLERANCE.  
NO SIGNIFICANT ST- T CHANGES AS COMPARED TO BASELINE.  
NO CHEST PAIN / ARRHYTHMIA NOTED.  
STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA.

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.

Physician \_\_\_\_\_



Technician \_\_\_\_\_

**DR. SHIKHAR SHETTY**  
M.D. (D-CARD)  
CONSULTANT CARDIOLOGIST  
REG.No. 2005/01/0250

Patient ID 2136535042

31.12.2021  
9:42:47am  
Male 178 cm 67 kg  
39yrs  
Meds:

Test Reason:  
Medical History:

Ref. MD: Ordering MD:  
Technician: Test Type:  
Comment:

BRUCE: Total Exercise Time 10:49  
Max HR: 157 bpm 86% of max predicted 181 bpm HR at rest: 63  
Max BP: 160/80 mmHg BP at rest: 120/80 Max RPP: 24160 mmHg\*bpm  
Maximum Workload: 13.40 METS  
Max. ST: -0.07 mV, 0.00 mV/s in III; EXERCISE STAGE 4 10:00  
ST/HR index: 0.51  $\mu$ V/bpm  
Reasons for Termination: Target heart rate achieved

Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall impression: Normal stress test.  
Conclusion: GOOD EFFORT TOLERANCE.  
NO SIGNIFICANT ST-T CHANGES AS COMPARED TO BASELINE.  
NO CHEST PAIN / ARRHYTHMIA NOTED.  
STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA.

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.

CARDIO BEATS

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METs)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (l/min)	ST Level (III mV)	Comment
PRETEST	SUPINE	00:23	0.00	0.00	1.0	62	120/80	7440	0	0.09	
	STANDING	00:13	0.00	0.00	1.0	61	120/80	7320	0	0.09	
	HYPERV.	00:55	0.50	0.00	1.2	69	120/80	8280	0	0.09	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	81	130/80	10530	0	0.06	
	STAGE 2	03:00	2.50	12.00	7.0	99	140/80	13860	0	0.05	
	STAGE 3	03:00	3.40	14.00	10.1	129	150/80	19350	0	-0.01	
	STAGE 4	01:49	4.20	16.00	13.4	157	160/80	25120	0	-0.04	
RECOVERY		03:44	0.00	0.00	1.0	78	120/80	9360	0	0.01	



Patient ID 2136535042  
31.12.2021  
9:43:09am

63 bpm  
120/80 mmHg

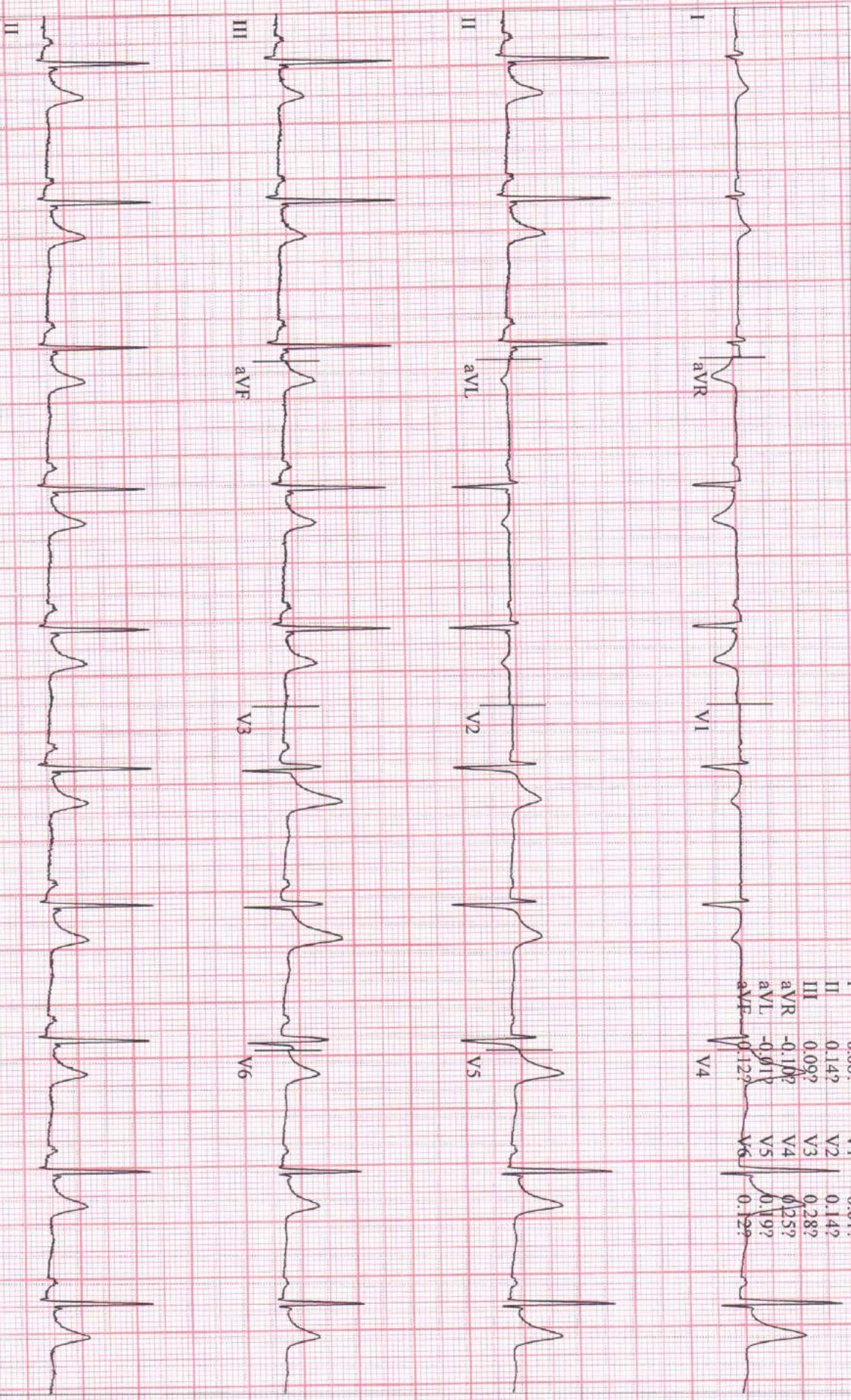
PRETEST  
SUPINE  
00:16

BRUCE  
0.0 mph  
0.0%

Measured at 60ms Post J  
Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.06?	V1	-0.01?
II	0.14?	V2	0.14?
III	0.09?	V3	0.28?
aVR	-0.10?	V4	0.25?
aVL	-0.01?	V5	0.19?
aVF	0.12?	V6	0.12?

CARDIO BEATS



Patient ID 2136535042  
31.12.2021  
9:43:14am

62 bpm  
120/80 mmHg

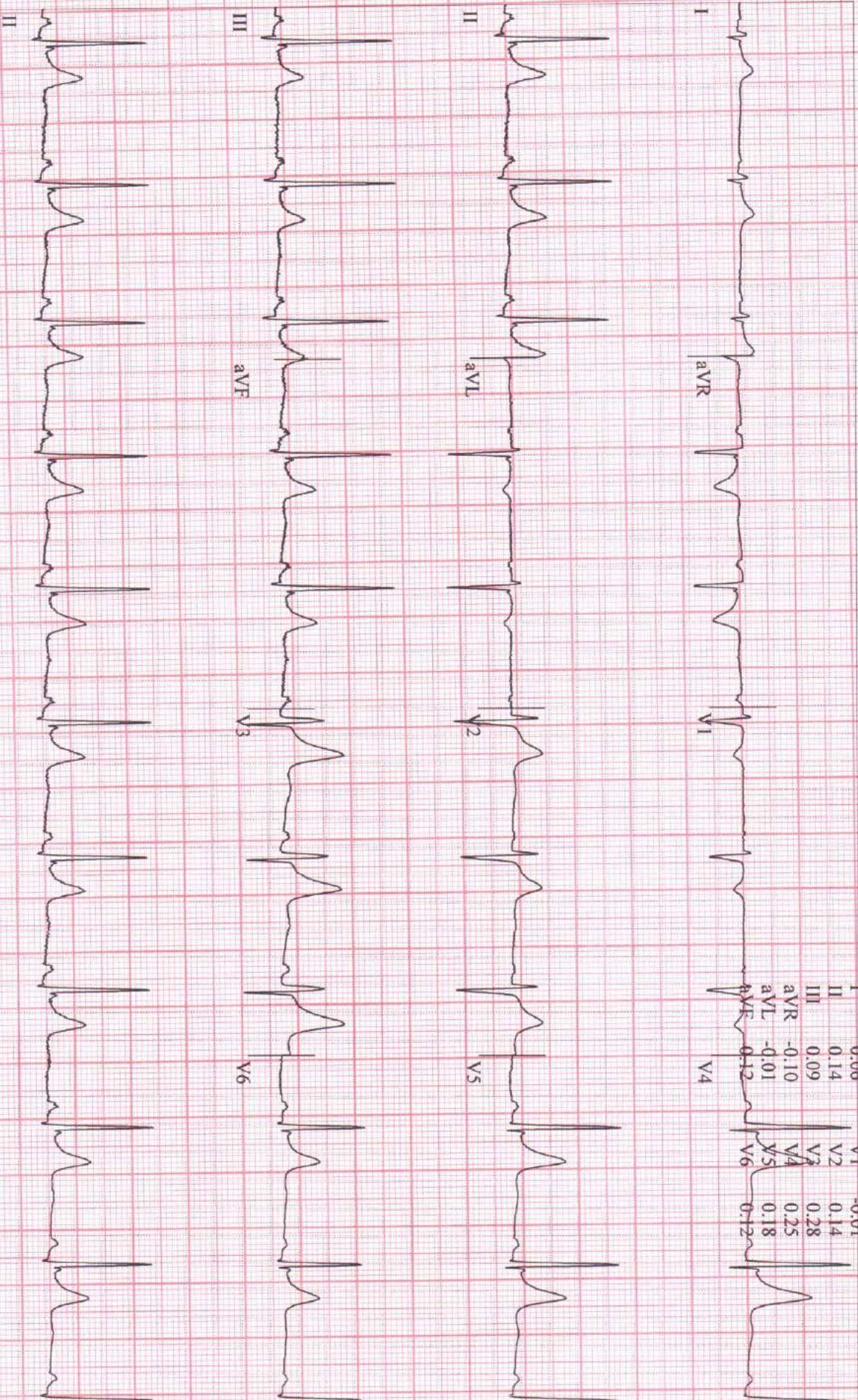
PRETEST  
SUPINE  
00:21

BRUCE  
0.0 mph  
0.0%

Measured at 60ms Post J  
Auto Points

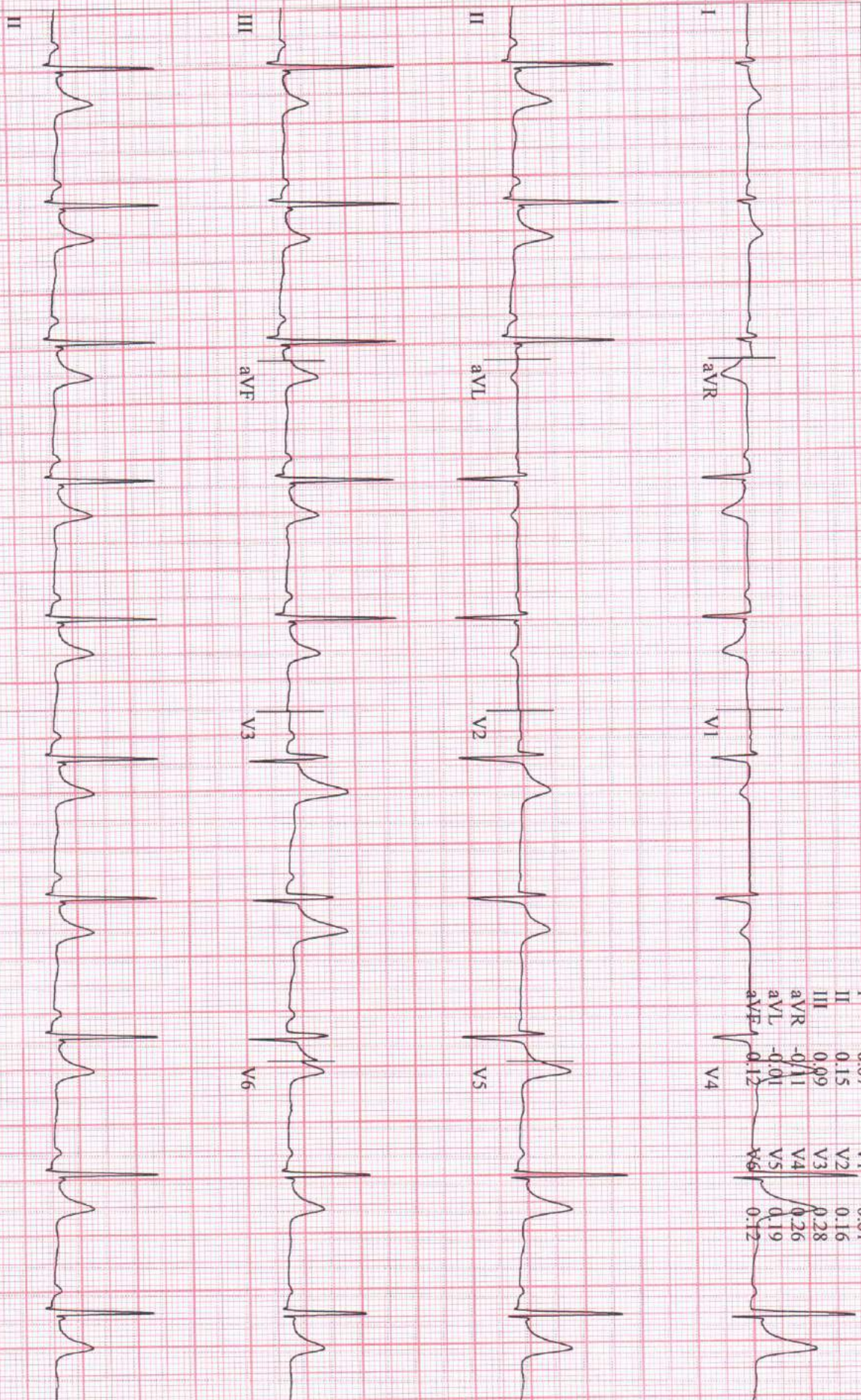
Lead	ST(mV)	Lead	ST(mV)
I	0.06	V1	-0.01
II	0.14	V2	0.14
III	0.09	V3	0.28
aVR	-0.10	V4	0.25
aVL	-0.01	V5	0.18
aVF	0.12	V6	0.12

CARDIO BEATS



Measured at 60ms Post J  
Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	-0.07	V1	-0.01
II	0.15	V2	0.16
III	0.09	V3	0.28
aVR	-0.11	V4	0.26
aVL	-0.01	V5	0.19
aVF	0.12	V6	0.12



CARDIO BEATS

GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz PRF+ HR(V5,II)

Start of Test: 9:42:47am

Patient ID 2136535042

31.12.2021

9:43:36am

61 bpm  
120/80 mmHg

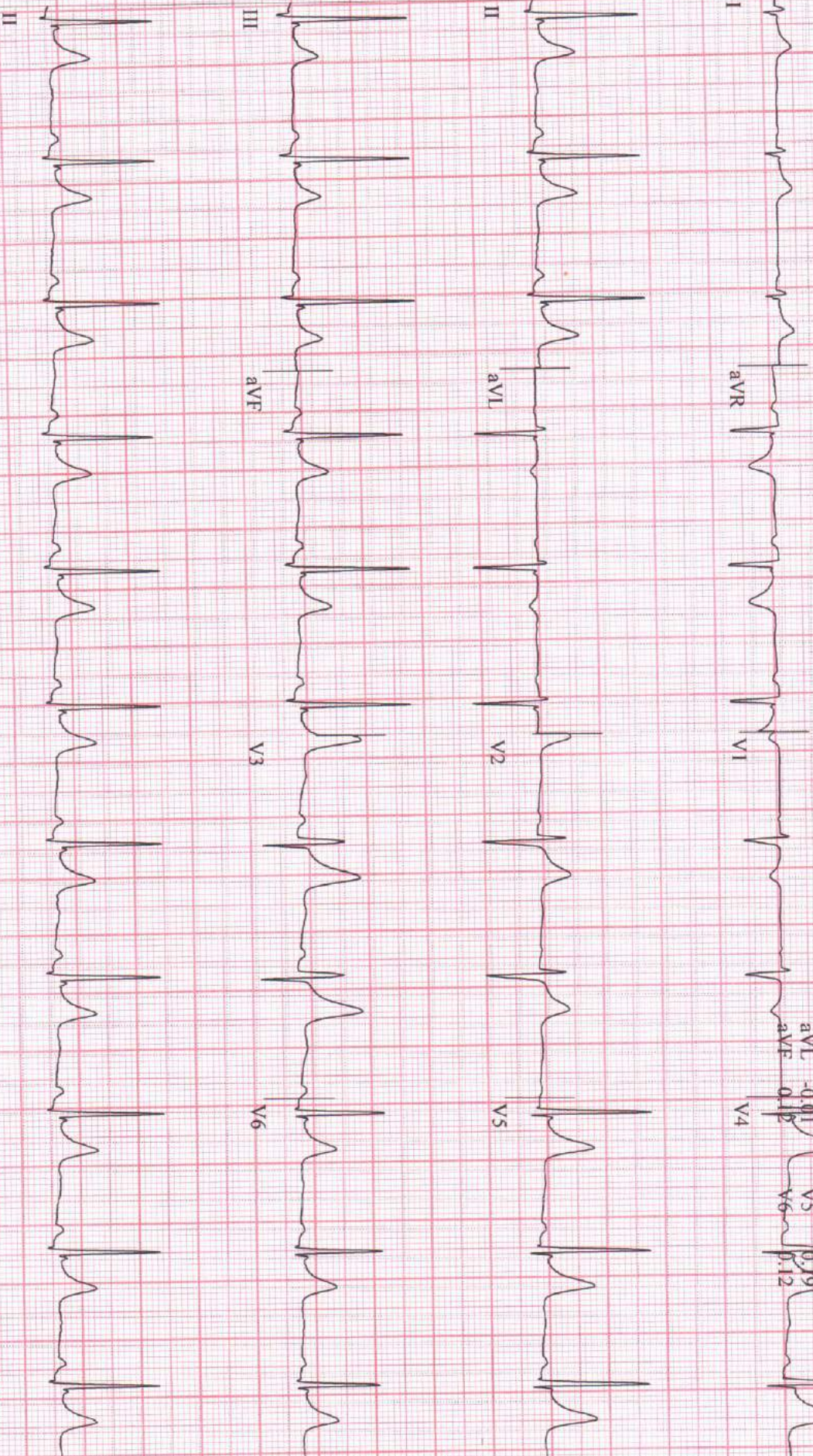
PRETEST  
HYPERV.  
00:42

BRUCE  
0.0 mph  
0.0 %

Measured at 60ms Post J  
Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.07	V1	0.00
II	0.15	V2	0.16
III	0.09	V3	0.28
aVR	-0.11	V4	0.26
aVL	-0.01	V5	0.19
aVF	0.15	V6	0.12

CARDIO BEATS



Patient ID 2136535042

31.12.2021

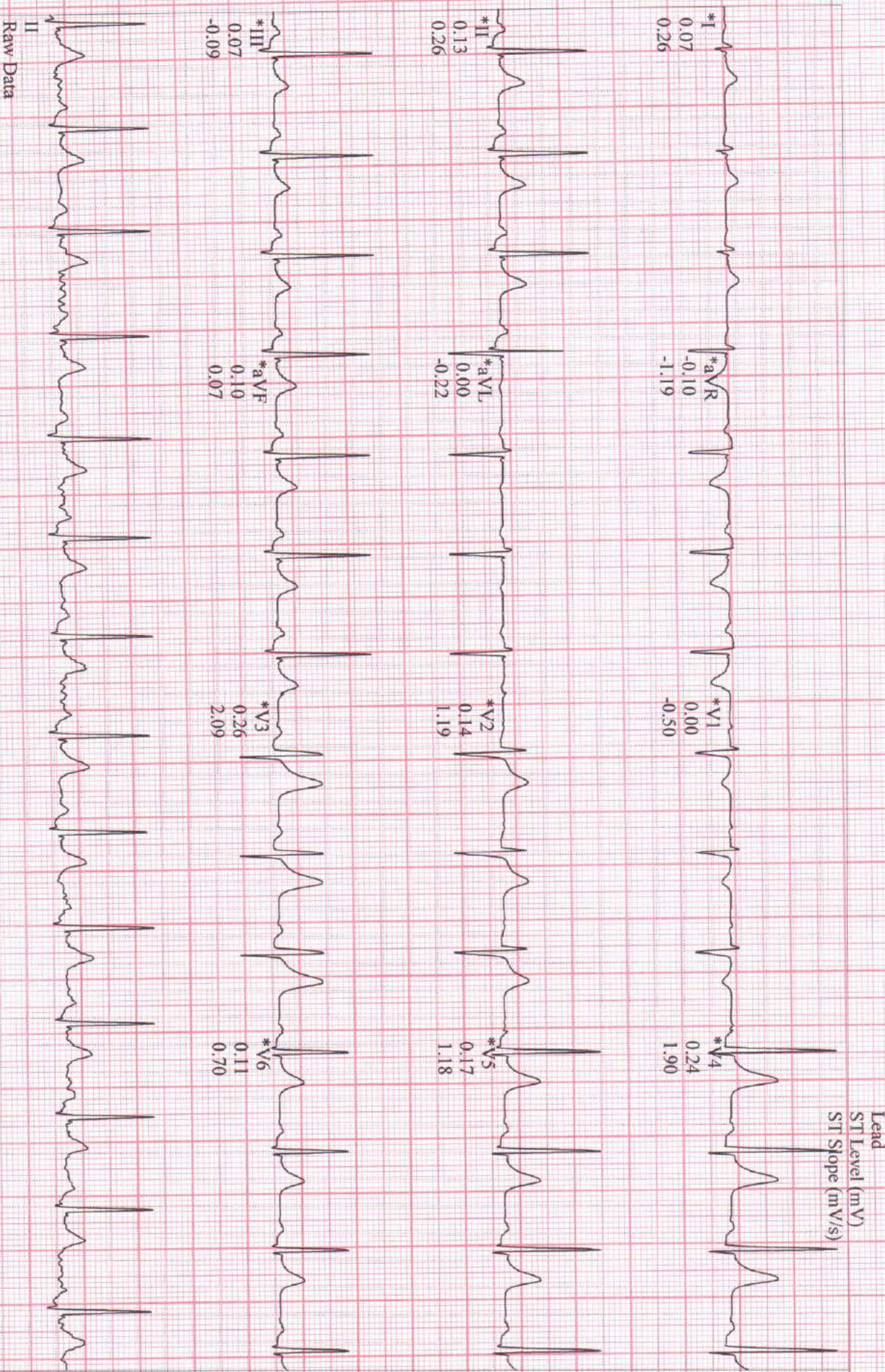
9:47:07 am

81 bpm  
130/80 mmHg

EXERCISE  
STAGE 1  
02:50

BRUCE  
1.7 mph  
10.0 %

CARDIO BEATS



GE CardioSoft V6.73 (2)  
25 mm/s, 10 mm/mV 50Hz 0.01Hz FRR+ HR(V5,II)

\*Computer Synthesized Rhythms

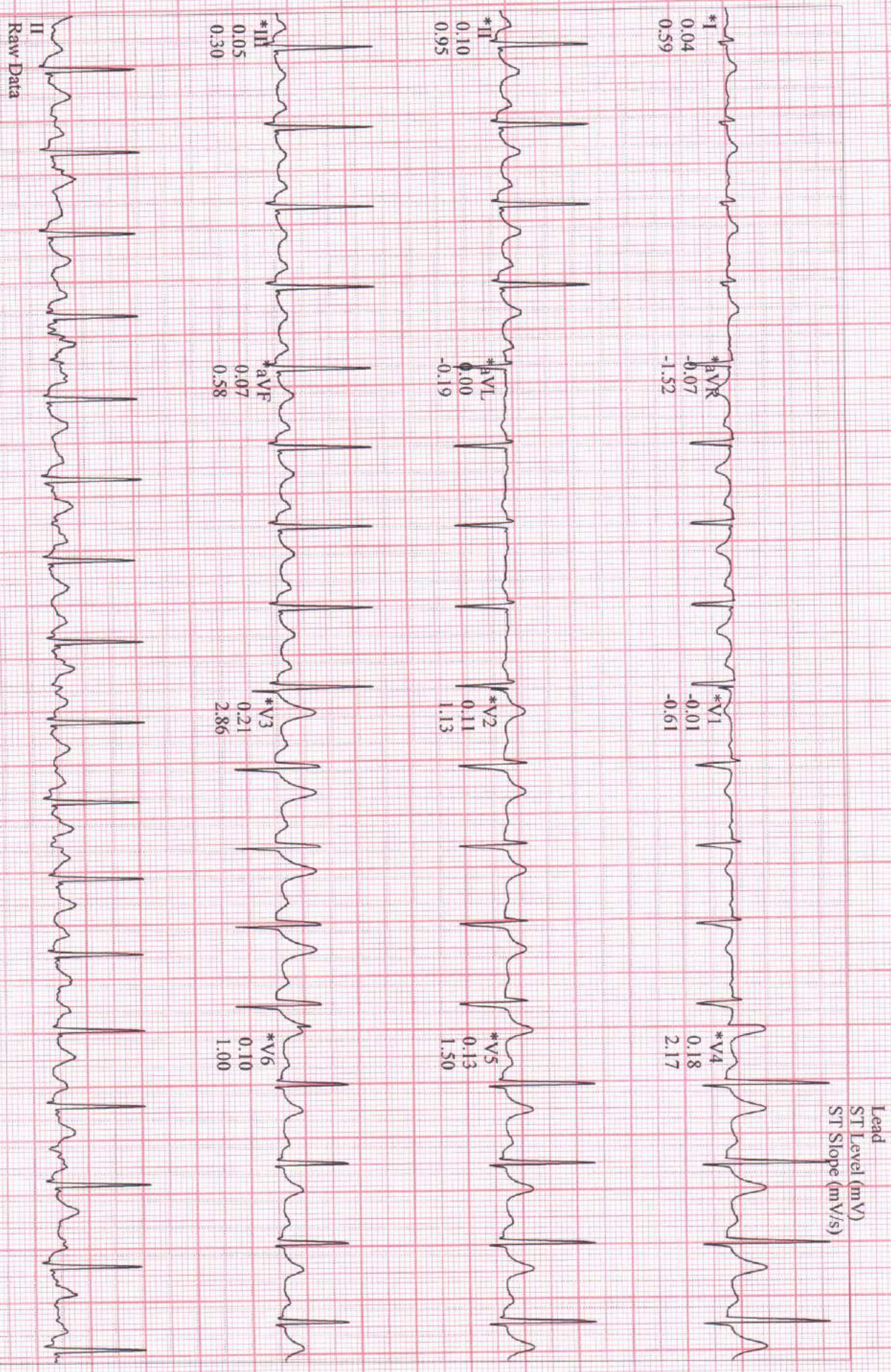
Start of Test: 9:42:47am

MR. JOEL, CHIRAKAL  
Patient ID 2136535042  
31.12.2021  
9:50:07am

EXERCISE  
STAGE 2  
101 bpm  
140/80 mmHg  
05:50

BRUCE  
2.5 mph  
12.0%

CARDIO BEATS



GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz ERF+ HR(V5,JD)

Start of Test: 9:42:47am

\*Computer Synthesized Rhythms

Patient ID 2136535042

31.12.2021

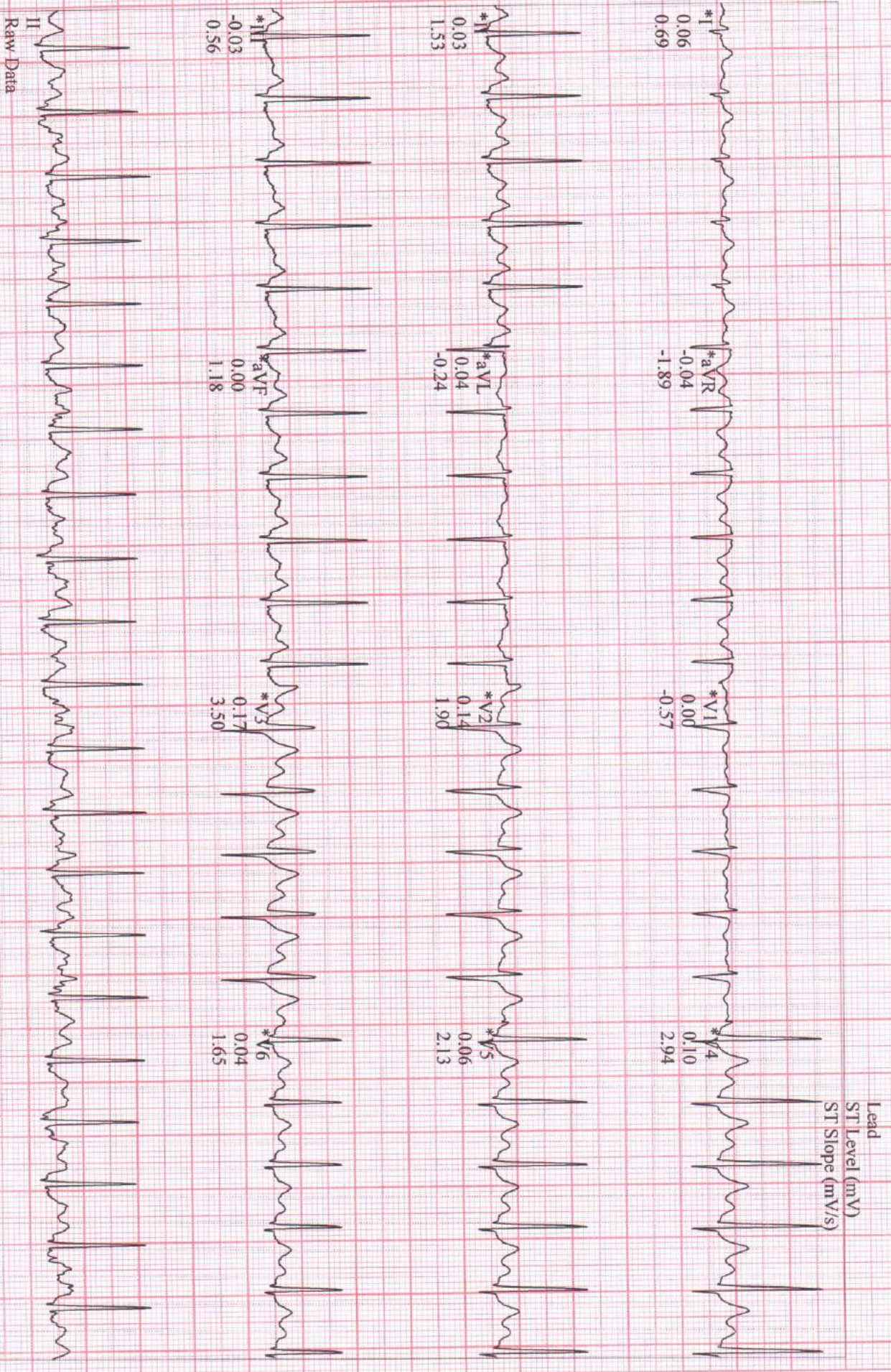
9:53:07am

129 bpm  
150/80 mmHg

EXERCISE  
STAGE 3  
08:50

BRUCE  
3.4 mph  
14.0 %

CARDIO BEATS



GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz FRR+ HR(V5,1D)

Start of Test: 9:42:47am

\*Computer Synthesized Rhythms

Patient ID 2136535042  
31.12.2021  
9:55:11am

157 bpm  
160/80 mmHg

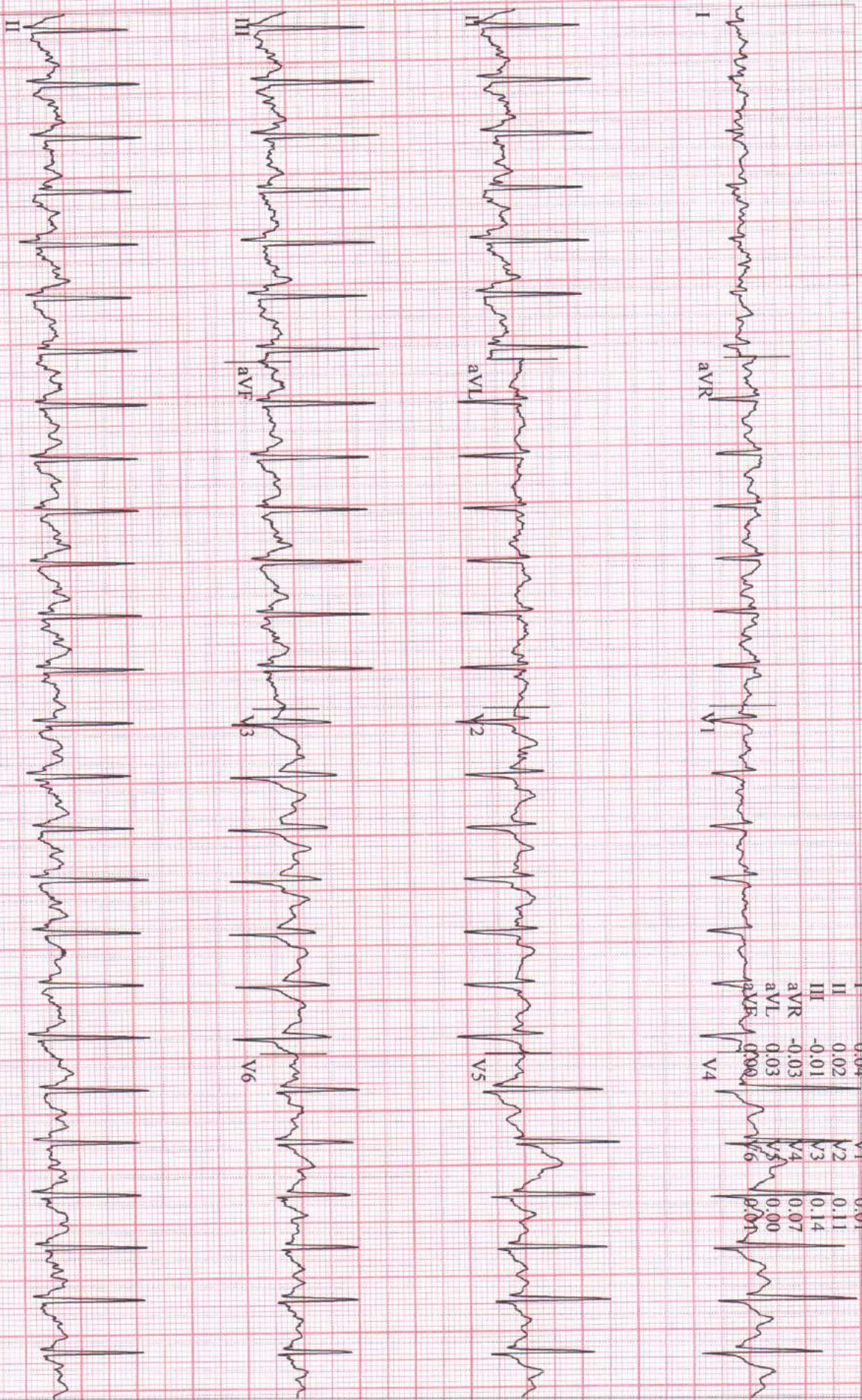
EXERCISE  
STAGE 4  
10:49

BRUCE  
4.2 mph  
16.0 %

Measured at 60ms Post J  
Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.04	V1	0.01
II	0.02	V2	0.11
III	-0.01	V3	0.14
aVR	-0.03	V4	0.07
aVL	0.03	V5	0.00
aVF	0.00	V6	0.00

CARDIO BEATS





Patient ID 2136535042

31.12.2021

9:56:06am

RECOVERY

#1

01:00

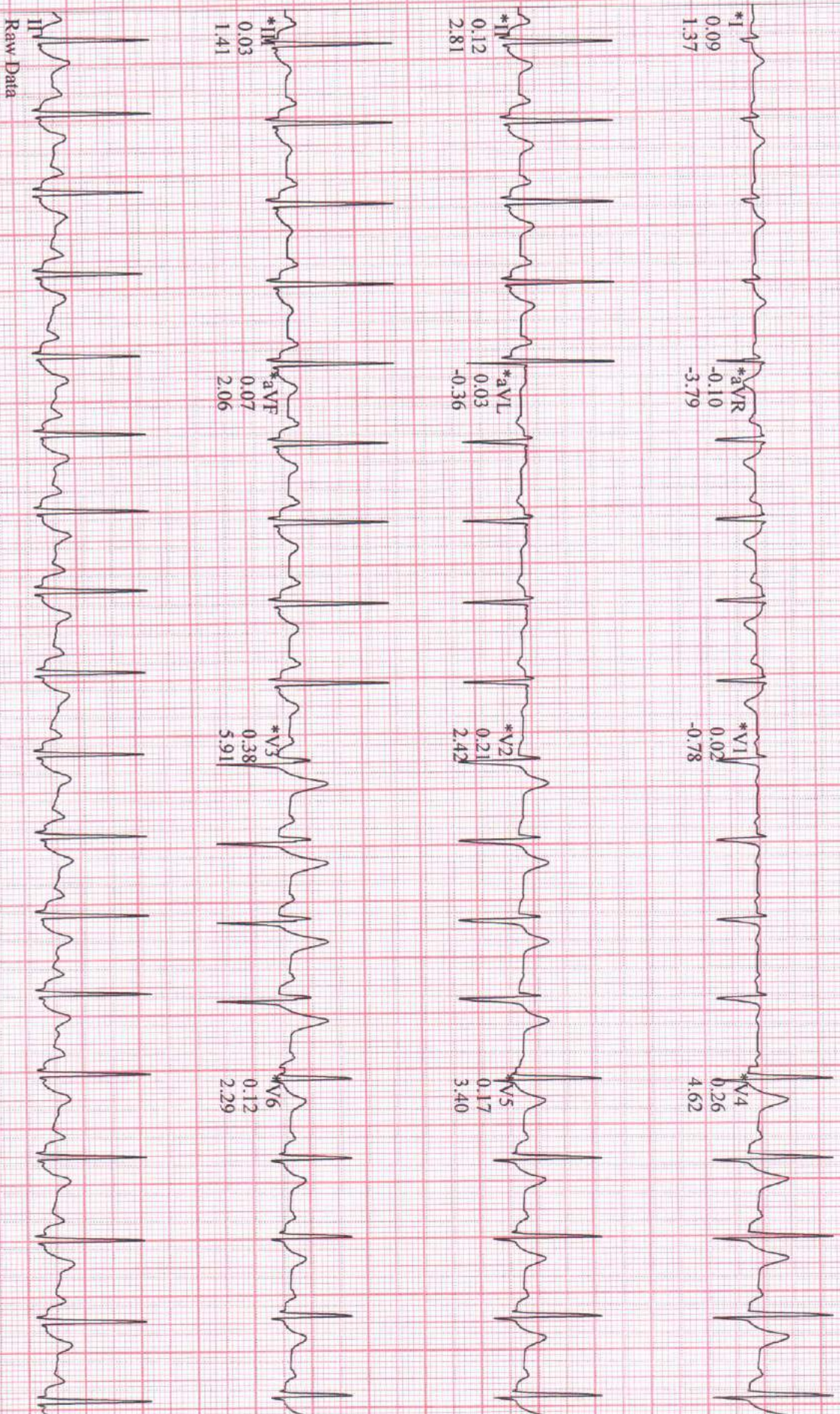
BRUCE

0.0 mph

0.0 %

106 bpm  
150/80 mmHg

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



CARDIO BEATS

Raw Data

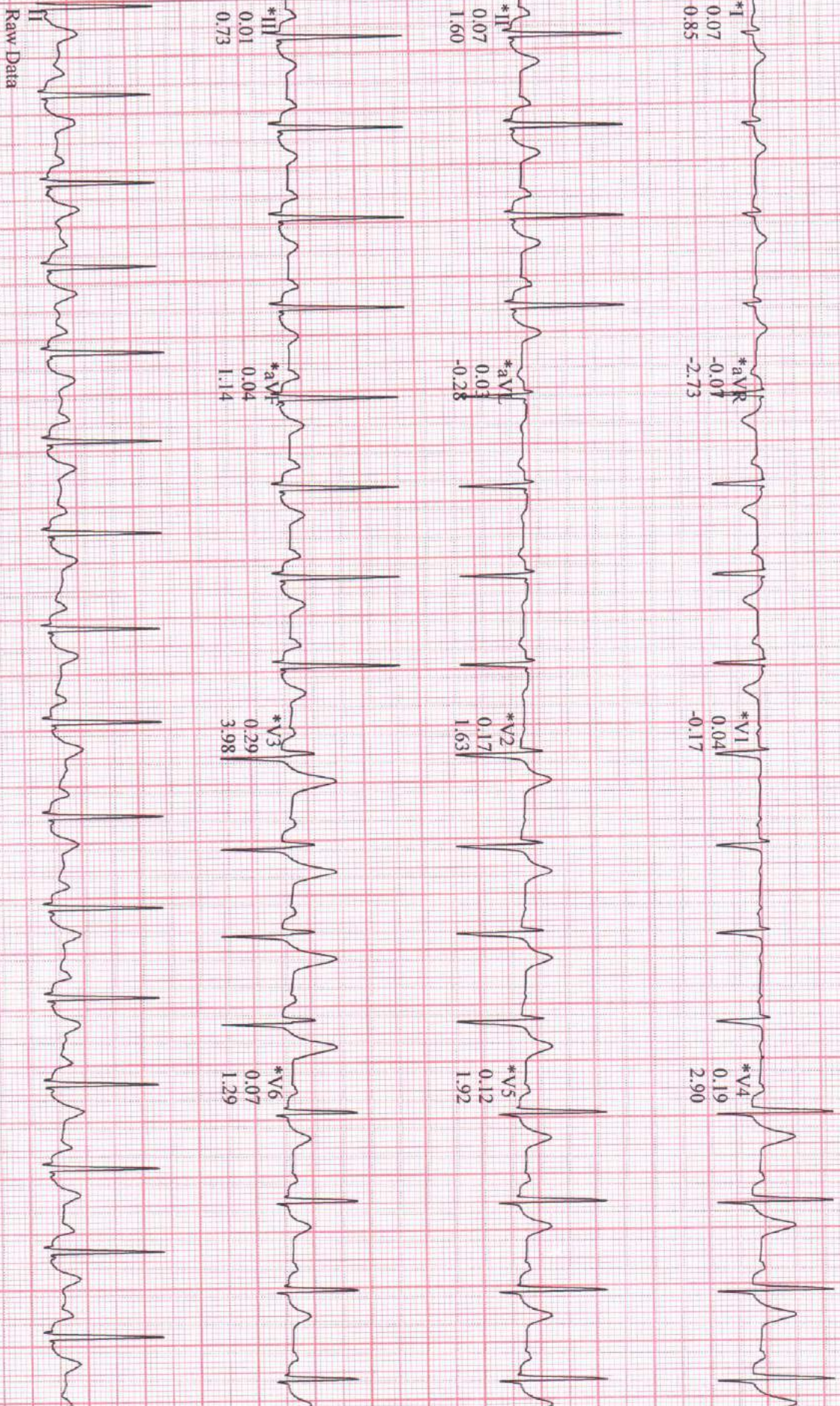
GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V5, V4)

Start of Test: 9:42:47am

\*Computer Synthesized Rhythms

CARDIO BEATS

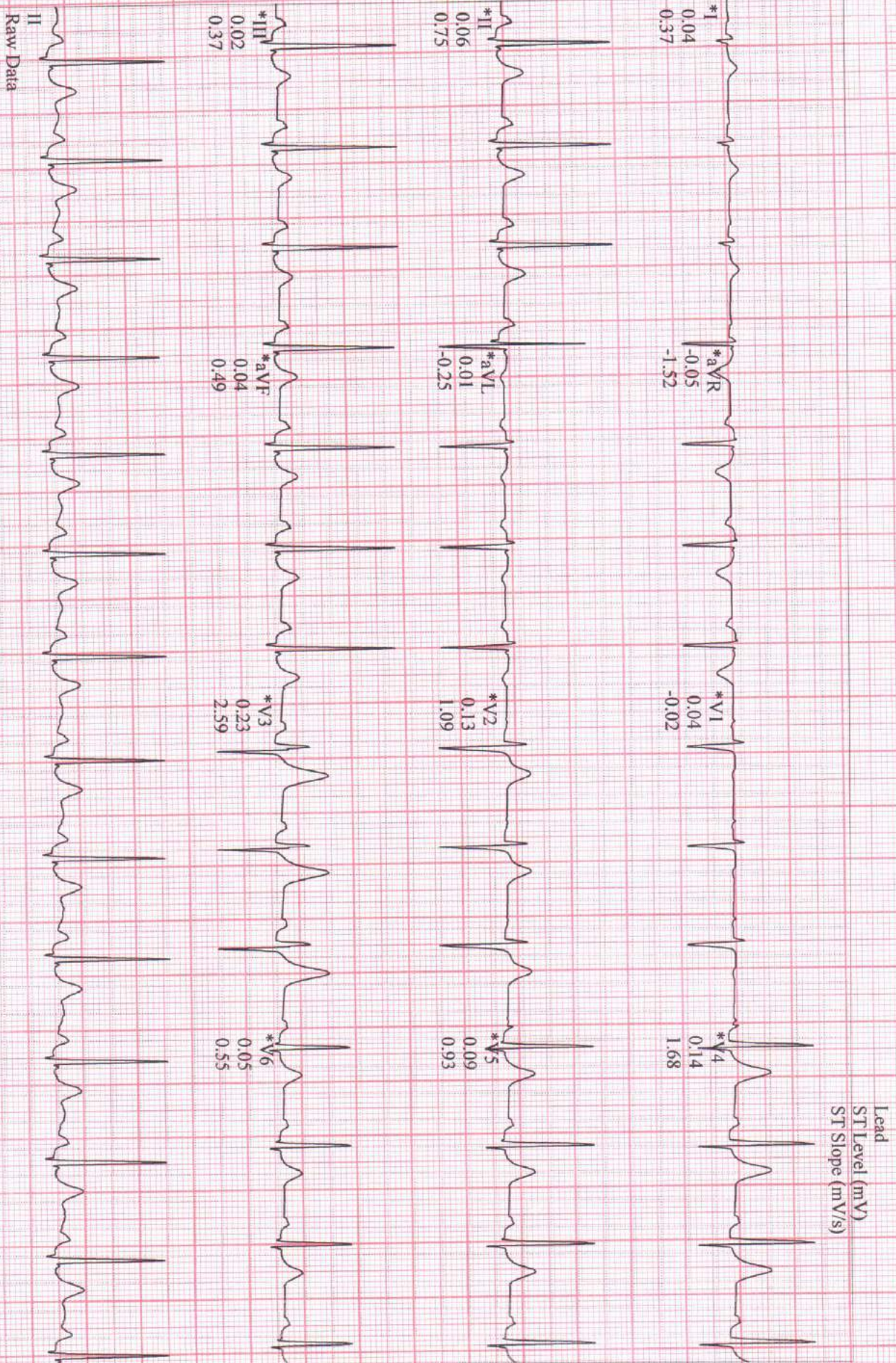
Lead  
ST Level (mV)  
ST Slope (mV/s)



Raw Data

\*Computer Synthesized Rhythms

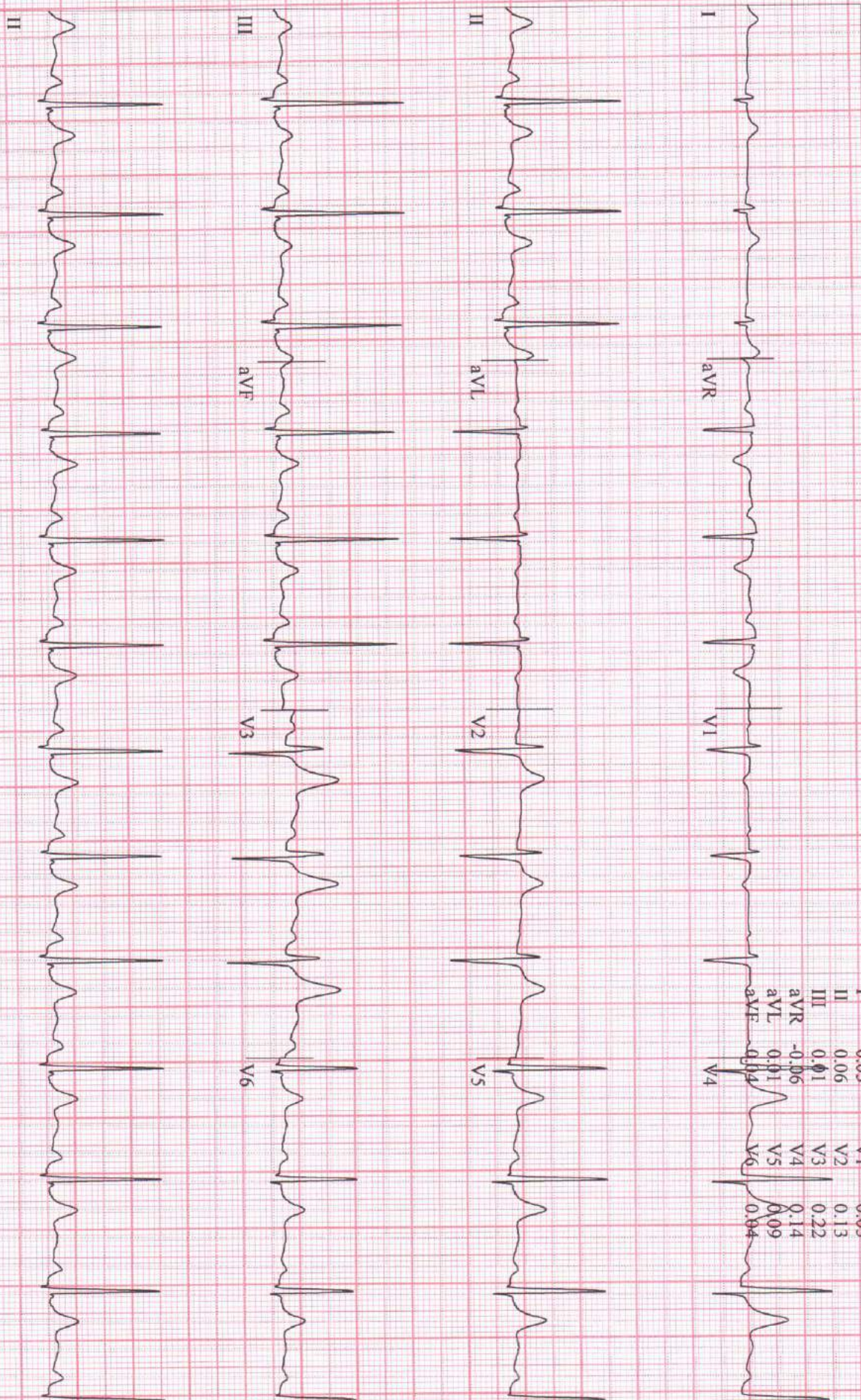
CARDIO BEATS



Measured at 60ms Post J  
Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.05	V1	0.03
II	0.06	V2	0.13
III	0.01	V3	0.22
aVR	-0.06	V4	0.14
aVL	0.01	V5	0.09
aVF	0.01	V6	0.04

CARDIO BEATS





CID : 2136535042  
Name : Mr Joel Chirakal  
Age / Sex : 39 Years/Male  
Ref. Dr :  
Reg.Location : Vasai Main Centre

Reg. Date : 31-Dec-2021 / 09:45  
Reported : 31-Dec-2021 / 09:50

**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-----

*Khila Faiz*

**Dr.FAIZUR KHILJI**  
**MBBS,RADIO DIAGNOSIS**  
**Reg No-74850**  
**Consultant Radiologist**

Click here to view images <http://202.143.96.162/Suburban/Viewer?ViewerType=3&AccessionNo=2021123109132000>



Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2136535042  
**Name** : Mr Joel Chirakal  
**Age / Sex** : 39 Years/Male  
**Ref. Dr** :  
**Reg.Location** : Vasai Main Centre

**Reg. Date** : 31-Dec-2021 / 10:18  
**Reported** : 31-Dec-2021 / 10:35

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## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size (13 cms), shape and smooth margins. It shows normal parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

### GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen.

### PANCREAS:

The pancreas is well visualised and appears normal. No evidence of solid or cystic mass lesion.

### KIDNEYS:

Both the kidneys are normal in size shape and echotexture.  
No evidence of any calculus, hydronephrosis or mass lesion seen.  
Right kidney measures 11.5 x 4.0 cm. Left kidney measures 11.5 x 4.0 cm.

### SPLEEN:

The spleen is normal in size (8 cms) and echotexture. No evidence of focal lesion is noted.  
There is no evidence of any lymphadenopathy or ascites.

### URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

### PROSTATE:

The prostate is normal in size and it measures 3.6 x 2.3 x 2.1 cms volume is 9.8 cc.

### IMPRESSION:

**No significant abnormality is seen.**

NOTE: USG FINDINGS ARE TO BE CORELATED WITH CLINICAL, LABORATORY AND OTHER INVESTIGATION FINDINGS FOR FINAL DIAGNOSIS AND FOR THEIR MANAGEMENT.

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

*Khilji*

**Dr. FAIZUR KHILJI**  
**MBBS, RADIO DIAGNOSIS**  
**Reg No-74850**  
**Consultant Radiologist**

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Page 1 of 1

**ADDRESS:** 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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