

CID# : 2222105209

Name : MR.PREETAM .

Age / Gender : 32 Years/Male

Consulting Dr. : -

Collected : 09-Aug-2022 / 08:55

Reg.Location : Lulla Nagar, Pune (Main Centre)

Reported : 09-Aug-2022 / 16:03

## PHYSICAL EXAMINATION REPORT

a) Diet : Mixed

b)Addiction : Alcohol Occasional

### GENERAL EXAMINATION :

a)Height (cms) : 174

b)Weight (kgs) : 80

c)Lymph Nodes : Not Palpable

### 3) SYSTEMIC EXAMINATION

#### A) RESPIRATORY SYSTEM

a) Lungs : Clear

b) Trachea : Central

c ) Air Entry : Equal

d) Rales : No

d) Others : NAD

#### B) CARDIOVASCULAR SYSTEM ( CVS )

a) Heart Sounds : S1 S2 Normal

b) Murmurs : No

c ) Pulse/min : 74

d ) B/P ( mm of Hg ) : 120/80

e ) Miscellenous : NAD

**CENTRAL PROCESSING LAB:** 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@suburbandiagnositics.com | **www.suburbandiagnositics.com**

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C) ABDOMEN

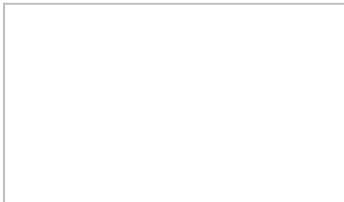
- a) Liver : Not Palpable
- b) Spleen : Not Palpable
- c) Any other Swelling : No

D) NERVOUS SYSTEM

- a) Ankle Reflex : Normal
- b) Plantars : Flexor

DOCTOR REMARKS :

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



**Dr.Milind Shinde**  
**MBBS, DNB, Consuling Physician,**  
**Diabetologist & Echocardiologist**

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Collected : 09-Aug-2022 / 08:59  
Reported : 09-Aug-2022 / 13:10

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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	14.9	13.0-17.0 g/dL	Spectrophotometric
RBC	4.73	4.5-5.5 mil/cmm	Elect. Impedance
PCV	45.2	40-50 %	Calculated
MCV	96	80-100 fl	Calculated
MCH	31.5	27-32 pg	Calculated
MCHC	33.0	31.5-34.5 g/dL	Calculated
RDW	13.1	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6800	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	37.1	20-40 %	
Absolute Lymphocytes	2522.8	1000-3000 /cmm	Calculated
Monocytes	7.4	2-10 %	
Absolute Monocytes	503.2	200-1000 /cmm	Calculated
Neutrophils	47.8	40-80 %	
Absolute Neutrophils	3250.4	2000-7000 /cmm	Calculated
Eosinophils	7.7	1-6 %	
Absolute Eosinophils	523.6	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	301000	150000-400000 /cmm	Elect. Impedance
MPV	9.3	6-11 fl	Calculated



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PDW	16.5	11-18 %	Calculated
<b>RBC MORPHOLOGY</b>			
Hypochromia	-		
Microcytosis	-		
Macrocytosis	-		
Anisocytosis	-		
Poikilocytosis	-		
Polychromasia	-		
Target Cells	-		
Basophilic Stippling	-		
Normoblasts	-		
Others	Normocytic, Normochromic		
WBC MORPHOLOGY	-		
PLATELET MORPHOLOGY	-		
COMMENT	Eosinophilia		

Specimen: EDTA Whole Blood

ESR, EDTA WB 13 2-15 mm at 1 hr. Westergren

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



*Gourav Agrawal*  
Dr.GOURAV AGRAWAL  
DCP, DNB (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	89.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	106.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.6	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.23	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.37	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	5.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	21.2	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	26.4	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	41.0	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	85.7	40-130 U/L	Colorimetric
BLOOD UREA, Serum	15.9	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.4	6-20 mg/dl	Calculated



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**Collected** : 09-Aug-2022 / 11:53  
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CREATININE, Serum	0.86	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	110	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	6.1	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 Pune Lab, Pune Swargate  
\*\*\* End Of Report \*\*\*



MC-2463



  
**Dr.SHAMLA KULKARNI**  
**M.D.(PATH)**  
**Pathologist**



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Collected : 09-Aug-2022 / 08:59  
Reported : 09-Aug-2022 / 15:27

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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	4.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	85.3	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 Pune Lab, Pune Swargate



MC-2463

**Dr.GOURAV AGRAWAL**  
DCP, DNB (Path)  
Pathologist



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Consulting Dr. : -  
Reg. Location : Lulla Nagar, Pune (Main Centre)

Collected :  
Reported :

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





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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	Yellow	Pale Yellow	-
Reaction (pH)	Alkaline (8.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
<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	4-5	Less than 20/hpf	

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\*\*\* 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	B
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

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate

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MC-2463



*Gourav Agrawal*

**Dr.GOURAV AGRAWAL**  
DCP, DNB (Path)  
Pathologist



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	193.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	125.3	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	38.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	155	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	130.0	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	25.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.4	0-3.5 Ratio	Calculated

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



MC-2463



*Signature*

Dr.GOURAV AGRAWAL  
DCP, DNB (Path)  
Pathologist



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 Reported : 09-Aug-2022 / 14:00

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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	2.6-5.7 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
Free T4, Serum	12.4	9-19 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
sensitiveTSH, Serum	1.03	0.35-4.94 microIU/ml	CMIA

Kindly note change in reference range and method w.e.f. 16/08/2019. NOTE: 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 & heart failure, severe burns, trauma & surgery etc.



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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 Pune Lab, Pune Swargate  
\*\*\* End Of Report \*\*\*



MC-2463

*Shamla Kulkarni*

Dr.SHAMLA KULKARNI  
M.D.(PATH)  
Pathologist



## Suburban Diagnostics Lullanagar

**Patient Details**
**Date:** 09-Aug-22

**Time:** 11:03:51 AM

**Name:** PREETAM . ID: 2222105209

**Age:** 32 y

**Sex:** M

**Height:** 174 cms

**Weight:** 80 Kgs

**Clinical History:** NIL

**Medications:** NIL

**Test Details**
**Protocol:** Bruce

**Pr.MHR:** 188 bpm

**THR:** 169 (90 % of Pr.MHR) bpm

**Total Exec. Time:** 6 m 25 s

**Max. HR:** 169 ( 90% of Pr.MHR )bpm

**Max. Mets:** 10.20

**Max. BP:** 136 / 94 mmHg

**Max. BP x HR:** 22984 mmHg/min

**Min. BP x HR:** 6480 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 : 11	1.0	0	0	0	120 / 80	0.00 I	0.00 II
Standing	0 : 7	1.0	0	0	82	120 / 80	-0.85 aVR	1.42 II
Hyperventilation	0 : 6	1.0	0	0	81	120 / 80	-0.85 aVR	1.42 II
1	3 : 0	4.6	1.7	10	126	120 / 80	-1.49 aVR	2.12 II
2	3 : 0	7.0	2.5	12	164	130 / 88	-2.55 III	3.54 II
Peak Ex	0 : 25	10.2	3.4	14	169	136 / 94	-1.06 V6	2.83 V2
Recovery(1)	1 : 0	1.8	1	0	138	136 / 94	-1.70 aVR	3.18 II
Recovery(2)	1 : 0	1.0	0	0	124	136 / 94	-1.49 aVR	2.83 II
Recovery(3)	1 : 0	1.0	0	0	115	136 / 94	-1.06 aVR	2.12 II
Recovery(4)	0 : 14	1.0	0	0	118	136 / 94	-0.64 aVR	1.77 II

**Interpretation**

The patient exercised according to the Bruce protocol for 6 m 25 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 0 bpm, rose to a max. heart rate of 169 ( 90% of Pr.MHR ) bpm. Resting blood Pressure 120 / 80 mmHg, rose to a maximum blood pressure of 136 / 94 mmHg.

Good Effort Tolerance.

No Angina/Arrhythmia/Dyspnea/significant ST T changes during test/recovery.

Stress Test is NEGATIVE for Inducible Myocardial Ischemia .

Disclaimer :

Negative Stress Test does not rule out Coronary Artery Diseases.

Positive Test is suggestive but not confirmatory of Coronary Artery Disease.

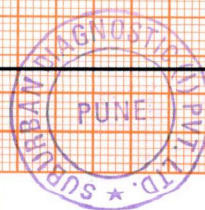
Hence clinical correlation is mandatory.

Ref. Doctor: BOB

( Summary Report edited by user )

Doctor: DR. MILIND SHINDE

(c) Schiller Healthcare India Pvt. Ltd. V 4.51



**Dr. MILIND SHINDE**  
 MBBS, DNB Medicine  
 Reg. No. 2011/05/1544





PREETAM . (32 M)

ID: 2222105209

Date: 09-Aug-22

Exec Time : 0 m 0 s

Stage Time : 0 m 5 s

HR: 78 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 169 bpm)

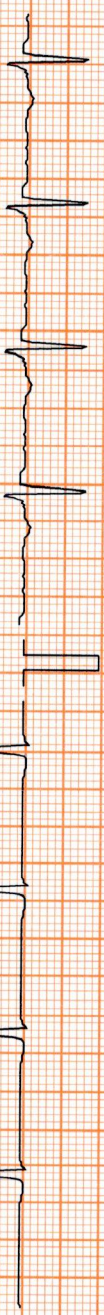
E.P.: 120 / 80

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

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

0.6 0.7

I

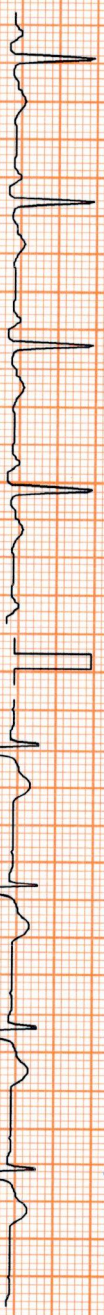


0.0 -0.4

V1

1.1 1.1

II

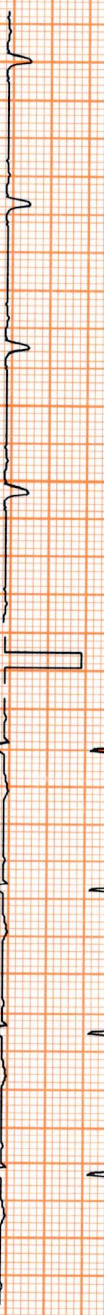


1.1 1.1

V2

0.2 0.0

III

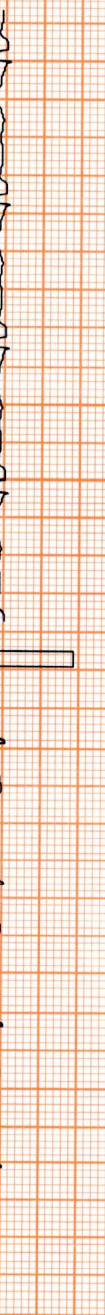


0.0 0.0

V3

-0.8 -0.7

aVR

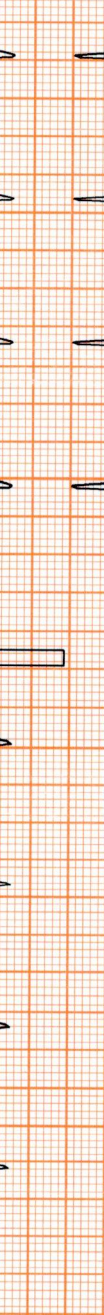


0.2 0.0

V4

0.0 0.0

aVL

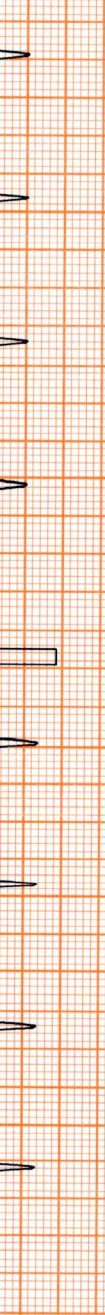


0.2 0.0

V5

0.6 0.4

aVF



0.4 0.4

V6

Chart Speed: 25 mm/sec  
Schiller Spardan V 4.51

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median





**PREETAM . (32 M)**

Protocol: Bruce

ID: 2222105209  
Stage: Standing

Date: 09-Aug-22 Exec Time : 0 m 0 s Stage Time : 0 m 1 s  
Speed: 0 mph Grade: 0 % (THR: 169 bpm)

B.P: 120 / 80  
HR: 82 bpm

# Suburban Diagnostics Lullanagar

# Test Report

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

I      0.4      0.7

V1      0.2      -0.4

II      1.1      1.4

V2      0.8      1.1

III      0.2      0.0

V3      0.2      0.0

aVR      -0.8      -1.1

V4      0.2      0.0

aVL      0.0      0.0

V5      0.2      0.0

aVF      0.6      0.7

V6      0.2      0.7

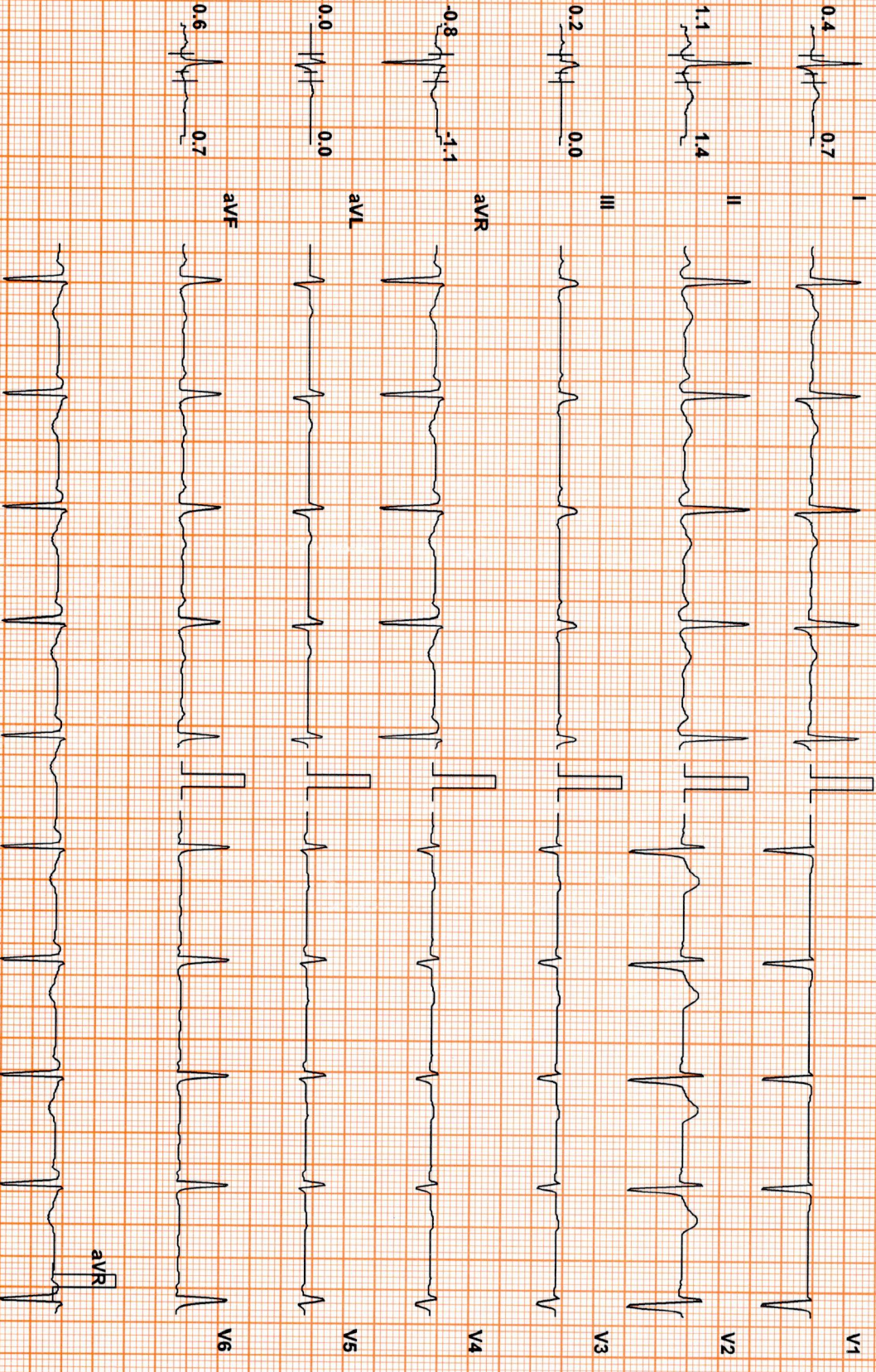


Chart Speed: 25 mm/sec  
Schiller Spandax V 4.51

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median





**PREETAM . (32 M)**

**Suburban Diagnostics Lullianagar**

**Test Report**

Protocol: Bruce

ID: 2222105209

Date: 09-Aug-22

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

HR: 81 bpm

ST Level (mm)      ST Slope (mV/s)

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 169 bpm)

B.P: 120 / 80

ST Level (mm)      ST Slope (mV/s)

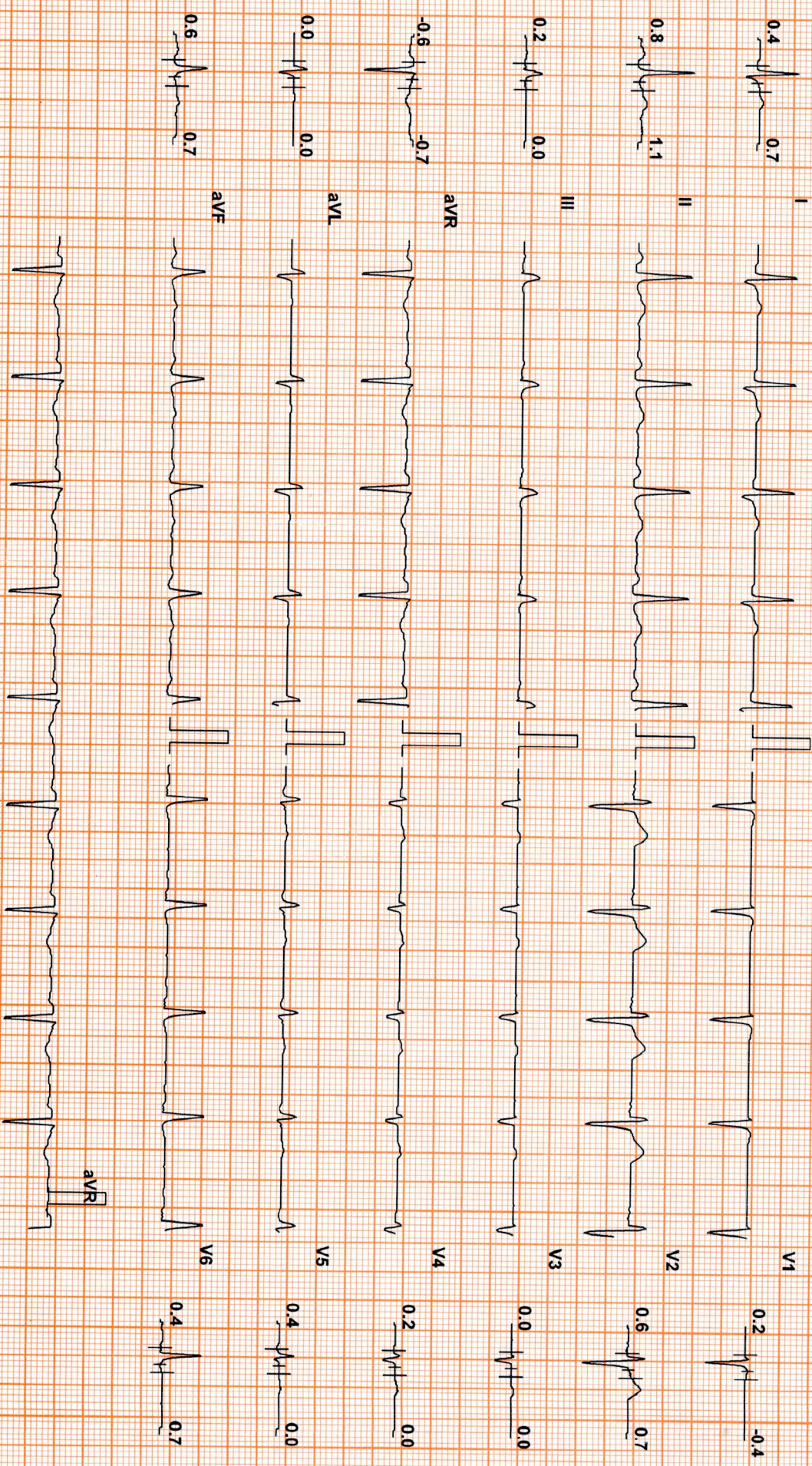


Chart Speed: 25 mm/sec  
Schiller Spandem V.4.51

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median





**PREETAM . (32 M)**

ID: 2222105209

Date: 09-Aug-22

Exec Time : 2 m 54 s Stage Time : 2 m 54 s

HR: 126 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 169 bpm)

B.P: 120 / 80

ST Level (mm)    ST Slope (mV/s)

ST Level (mm)    ST Slope (mV/s)

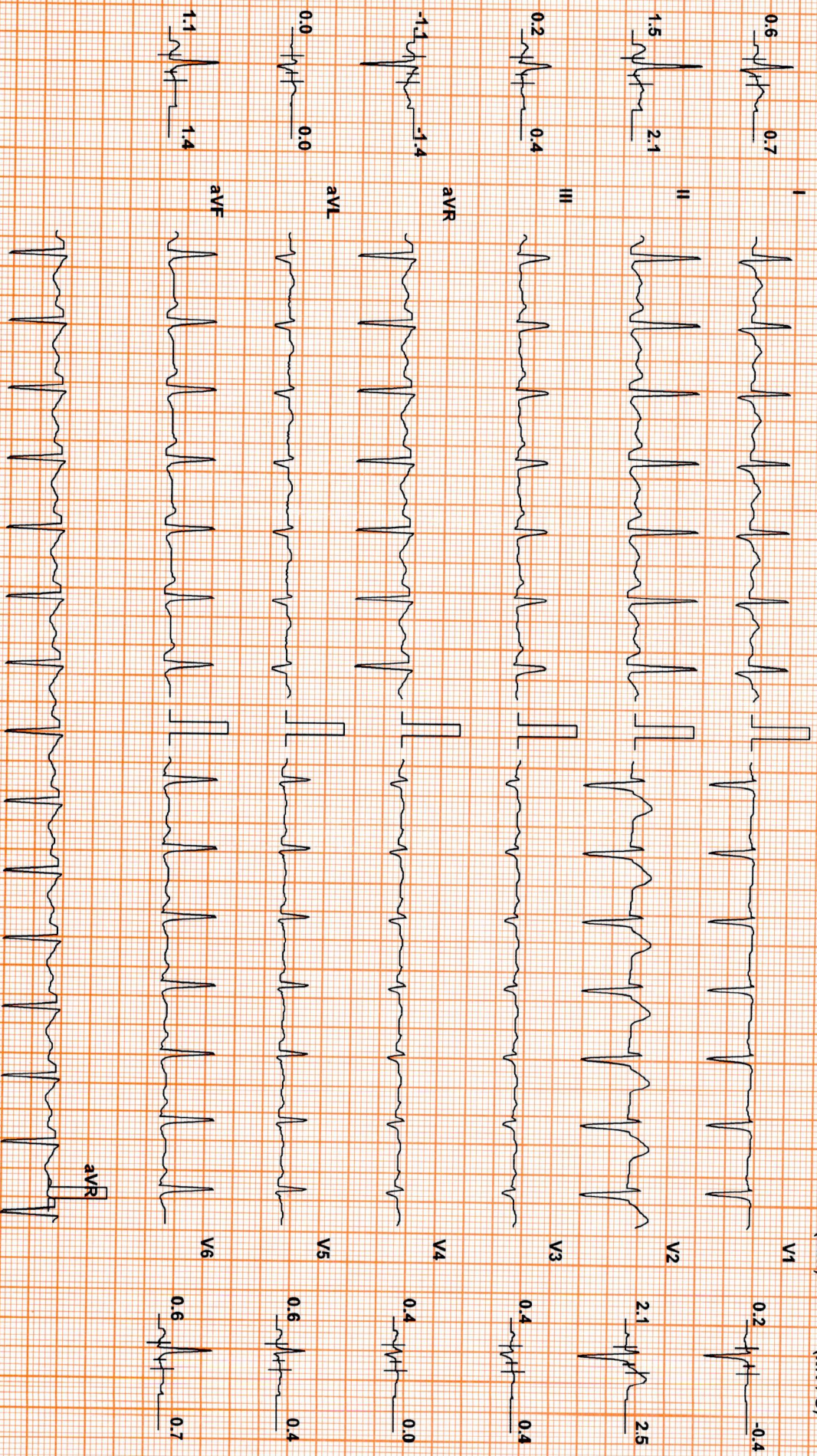


Chart Speed: 25 mm/sec  
Schlier Spandan V 4.51

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post L = J + 60 ms

Linked Median





PREETAM . (32 M)

ID: 2222105209

Date: 09-Aug-22

Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 163 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 169 bpm)

B.P.: 130 / 88

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

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

0.2 1.1



0.2 -0.7

0.8 2.8



1.9 3.2

0.2 1.1



0.0 0.4

0.6 -1.8



0.4 0.7

0.0 0.0



0.2 0.7

0.4 1.8



0.6 1.1

0.4 1.8



0.6 1.1

0.4 1.8



0.6 1.1

0.4 1.8



0.6 1.1

0.4 1.8



0.6 1.1

0.4 1.8



0.6 1.1

0.4 1.8



0.6 1.1

Chart Speed: 25 mm/sec  
Schiller-Standard V 4.51

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median





**PREETAM , (32 M)**

**Suburban Diagnostics Lullianagar**

**Test Report**

Protocol: Bruce

ID: 2222105209

Date: 09-Aug-22

Exec Time : 6 m 19 s Stage Time : 0 m 19 s

HR: 167 bpm

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 169 bpm)

B.P: 136 / 94

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

I      0.6      1.1

V1

II      0.8      2.5

V2

III      0.0      1.1

V3

aVR      -0.6      -1.4

V4

aVL      0.2      0.4

V5

aVF      0.4      1.8

V6

avR      -0.8      1.1

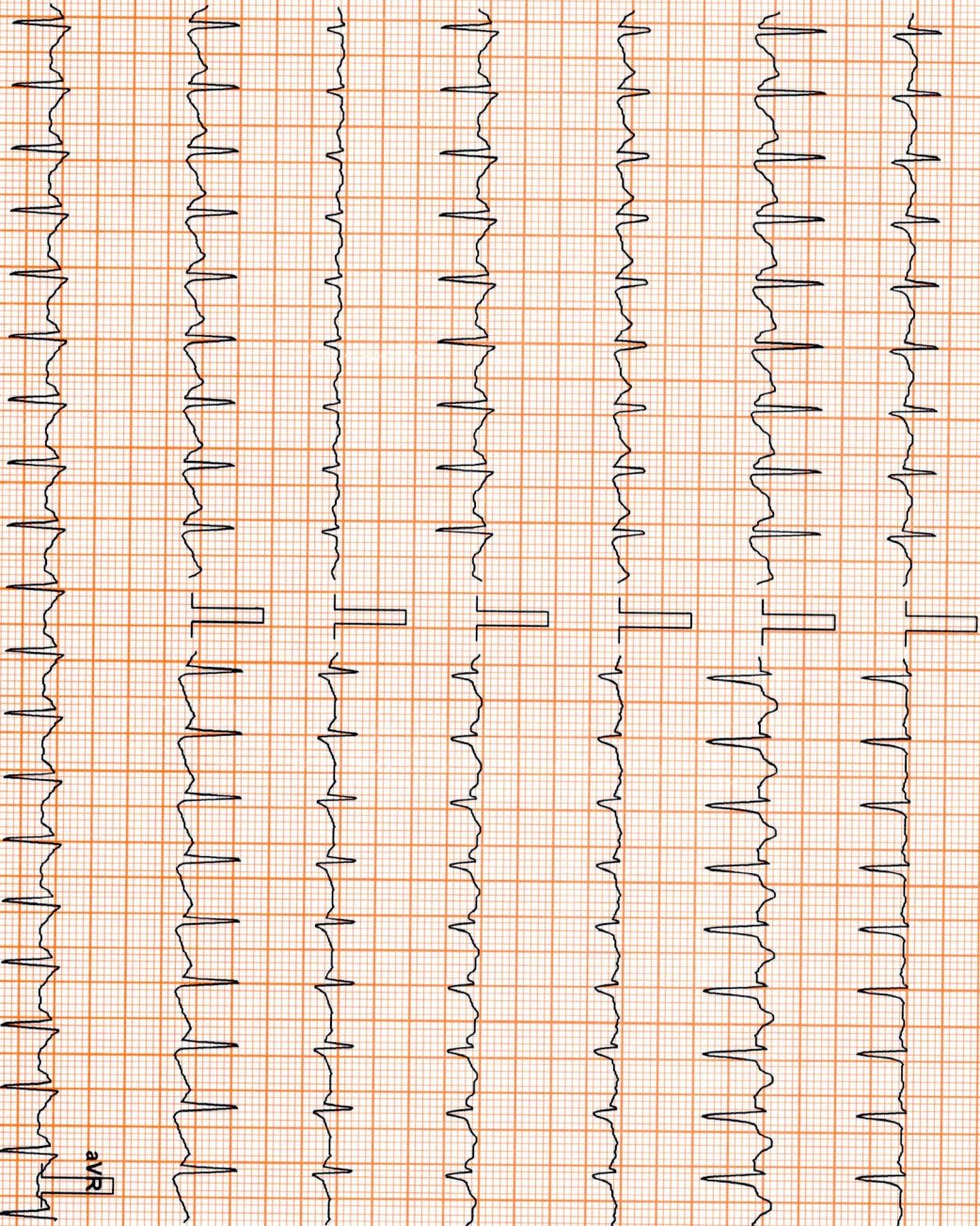


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.5f

Linked Median





**PREETAM . (32 M)**

Protocol: Bruce

ST Level (mm)      ST Slope (mV/s)

ID: 2222105209

Date: 09-Aug-22

Exec Time : 6 m 25 s

Stage: Recovery(1)

Speed: 1 mph      Grade: 0 %      (THR: 169 bpm)

B.P: 136 / 94

# Suburban Diagnostics Lullanagar

# Test Report

ST Level (mm)      ST Slope (mV/s)

I

1.5      1.8

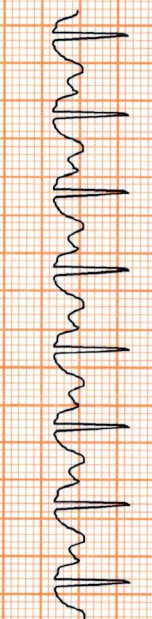


V1

0.2      -0.4

II

1.5      2.8

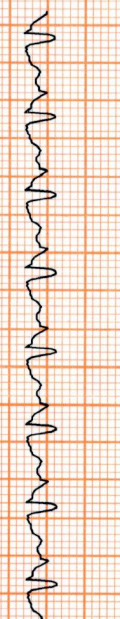


V2

2.1      2.5

III

0.0      0.7



V3

1.5      1.8

aVR

-1.5      -2.1

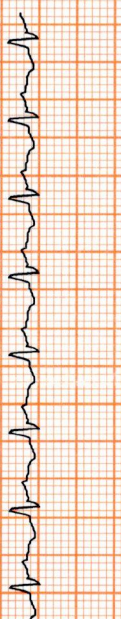


V4

1.3      1.4

aVL

0.6      1.1

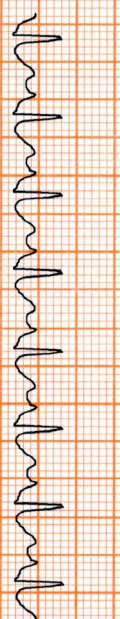


V5

0.8      1.4

aVF

0.6      1.8



V6

0.4      1.1

aVR



Chart Speed: 25 mm/sec  
Schlier-Spendan V4.51

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Pos: J = J + 60 ms

Linked Median





**PREETAM . (32 M)**

ID: 2222105209

Date: 09-Aug-22 Exec Time : 6 m 25 s Stage Time : 0 m 54 s HR: 126 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 169 bpm)

B.P: 136 / 94

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

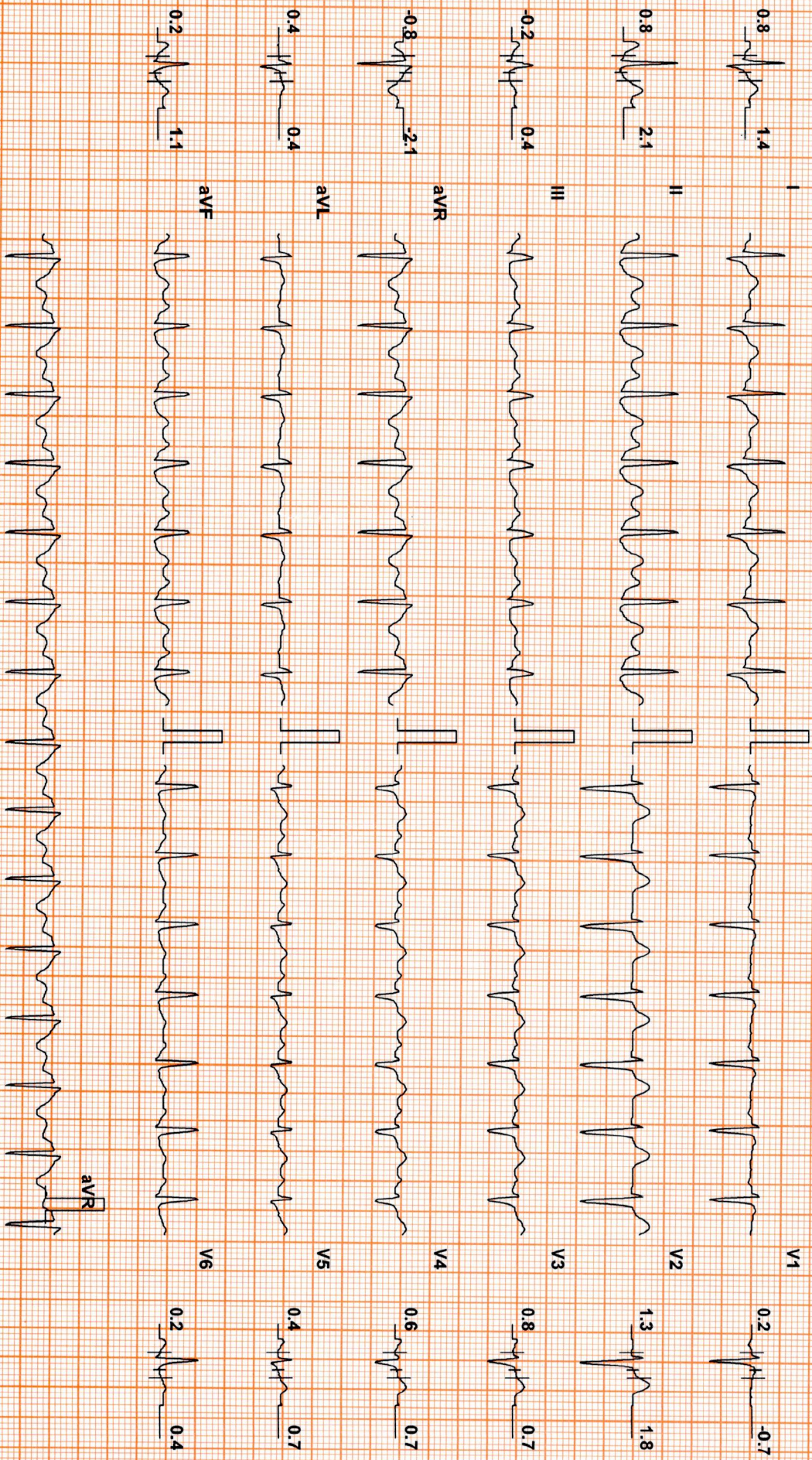


Chart Speed: 25 mm/sec  
Schiller Spender V 4 51

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median





**PREETAM . (32 M)**

**Suburban Diagnostics Lullanagar**

**Test Report**

Protocol: Bruce

ID: 2222105209  
Stage: Recovery(3)

Date: 09-Aug-22  
Speed: 0 mph

Exec Time : 6 m 25 s  
Grade: 0 %  
(THR: 169 bpm)

B.P: 136 / 94

ST Level (mm)      ST Slope (mV / s)

ST Level (mm)      ST Slope (mV / s)

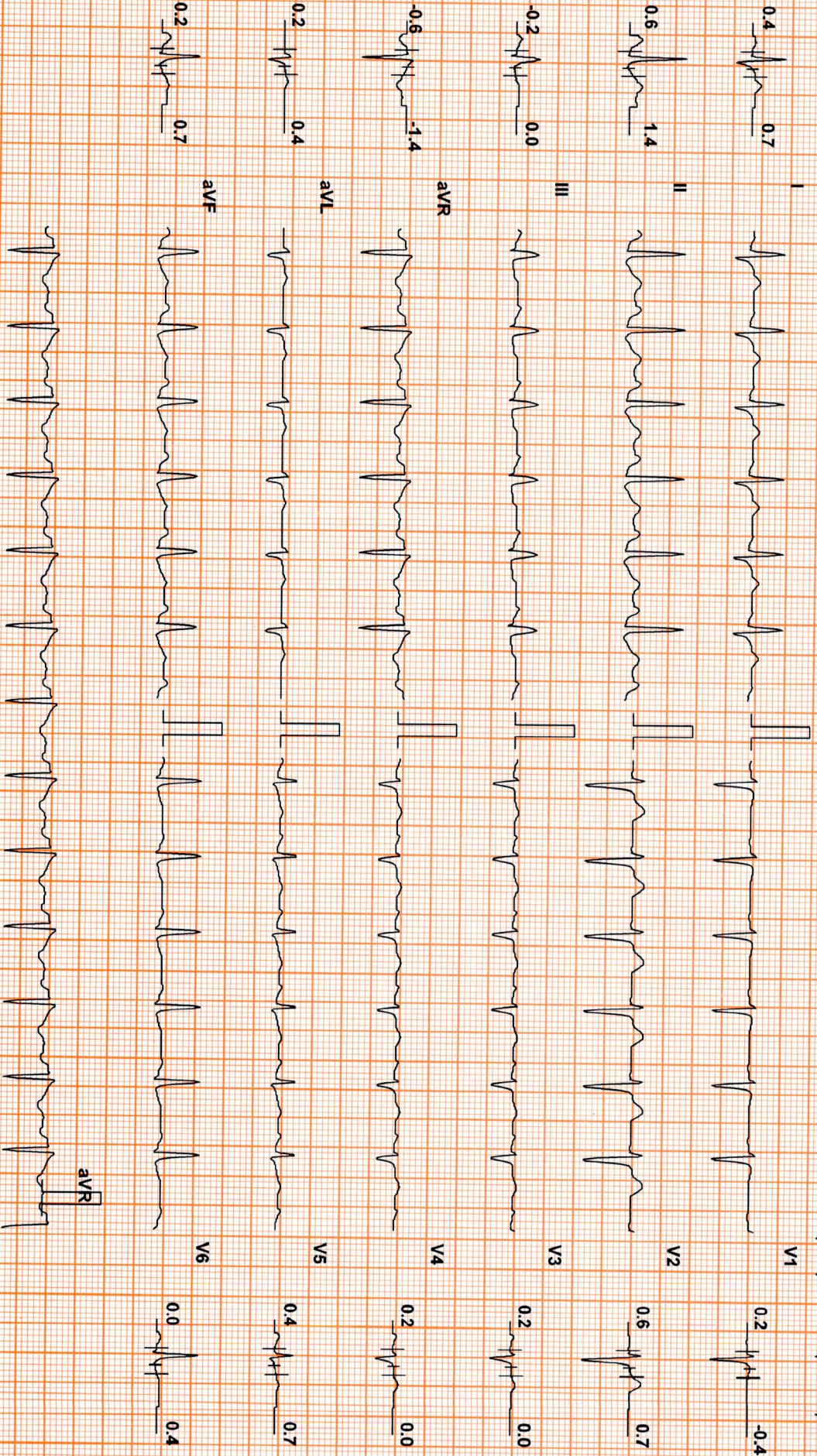


Chart Speed: 25 mm/sec  
Schiller Spandax V 4.51

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median





PREETAM . (32 M)

ID: 2222105209

Date: 09-Aug-22

Exec Time : 6 m 25 s Stage Time : 0 m 8 s

HR: 114 bpm

Protocol: Bruce

Stage: Recovery(4)

Speed: 0 mph

Grade: 0 %

(THR: 169 bpm)

B.P: 136 / 94

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

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

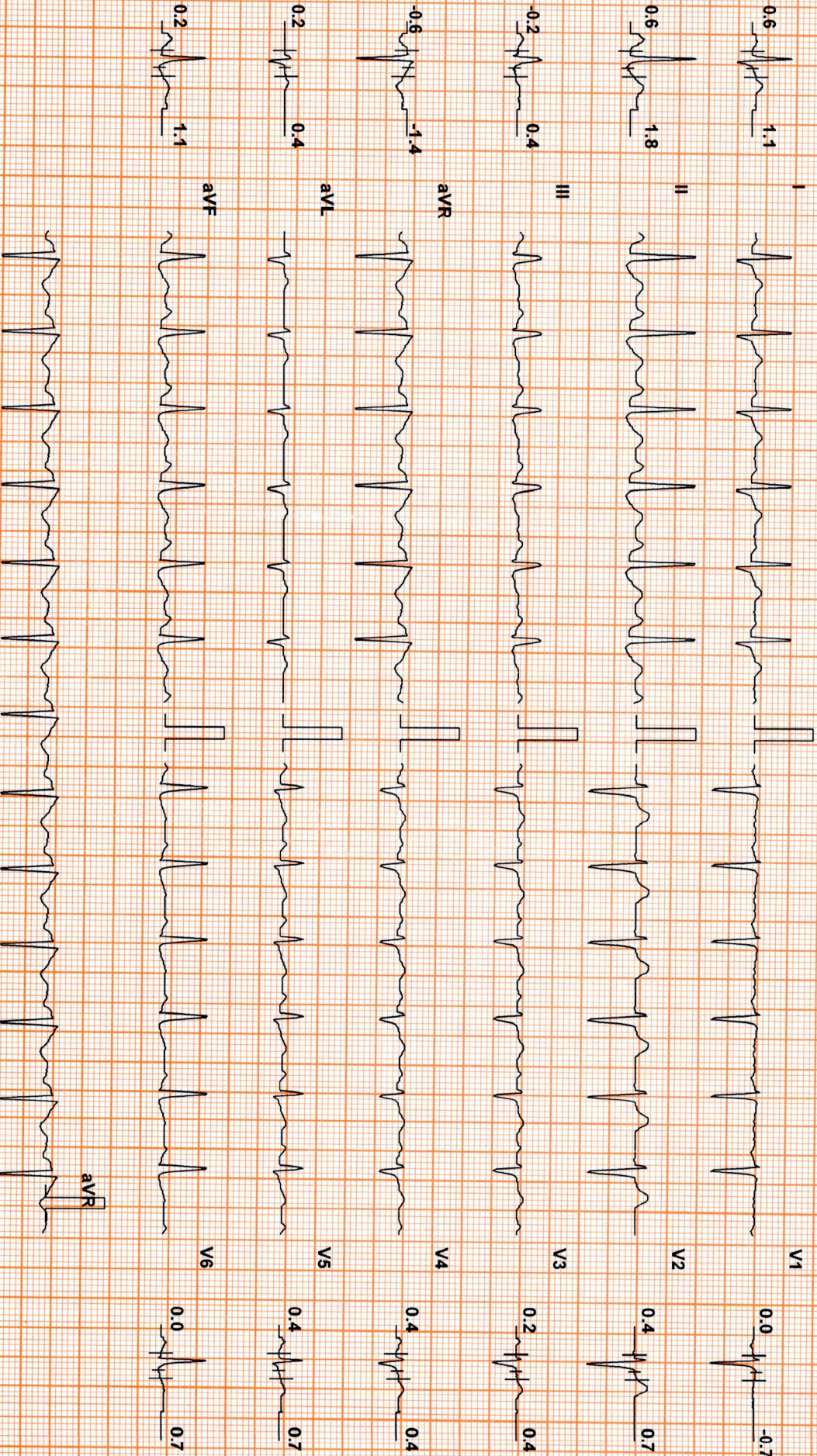


Chart Speed: 25 mm/sec  
Schiller Spandon V 4.51

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median