



आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

SHIVAJI ANKUSHRAO SURWASE
ANKUSHRAO LAXMANRAO SURWASE
01/01/1994


Permanent Account Number
GHLPS4834J


Signature



Self Attested For
the purpose of
medical health card
UP.

09/08/2022


+

Suburban Diagnostics (P) Pvt. Ltd.
301 & 302, 3rd Floor, Vmi Elegance,
Above Tanisq Jeweller, L. T. Road,
Borival West, Mumbai - 400 092.

CID# : 2222105465
 Name : MR.SHIVAJI SURWASE
 Age / Gender : 28 Years/Male
 Consulting Dr. : -
 Reg.Location : Borivali West (Main Centre)

Collected : 09-Aug-2022 / 09:22
 Reported : 09-Aug-2022 / 13:17

PHYSICAL EXAMINATION REPORT

History and Complaints:

Asymptomatic

EXAMINATION FINDINGS:

Height (cms): 178 cms
Temp (0c): Afebrile
Blood Pressure (mm/hg): 110/70 mmhg
Pulse: 76/min

Weight (kg): 77.2 kg
Skin: Normal
Nails: Normal
Lymph Node: Not palpable

Systems

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

IMPRESSION: *USK*

ADVICE: *physician refⁿ.*

CHIEF COMPLAINTS:

- 1) **Hypertension:** NO
- 2) **IHD** NO
- 3) **Arrhythmia** NO
- 4) **Diabetes Mellitus** NO
- 5) **Tuberculosis** NO

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

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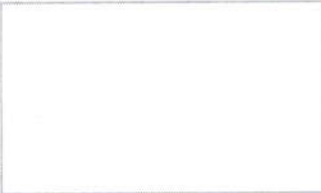
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- | | |
|--|----|
| 6) Asthama | NO |
| 7) Pulmonary Disease | NO |
| 8) Thyroid/ Endocrine disorders | NO |
| 9) Nervous disorders | NO |
| 10) GI system | NO |
| 11) Genital urinary disorder | NO |
| 12) Rheumatic joint diseases or symptoms | NO |
| 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 | VEG |
| 4) Medication | NO |

*** End Of Report ***




Dr.NITIN SONAVANE
PHYSICIAN

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.AFLH, D.DIAB, D.CARD.
CONSULTANT-CARDIOLOGIST
REGD. NO. : 87714

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Reported : 09-Aug-2022 / 12:01

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	16.7	13.0-17.0 g/dL	Spectrophotometric
RBC	6.05	4.5-5.5 mil/cmm	Elect. Impedance
PCV	50.6	40-50 %	Measured
MCV	84	80-100 fl	Calculated
MCH	27.6	27-32 pg	Calculated
MCHC	33.1	31.5-34.5 g/dL	Calculated
RDW	15.0	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	6900	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	44.6	20-40 %	
Absolute Lymphocytes	3077.4	1000-3000 /cmm	Calculated
Monocytes	7.3	2-10 %	
Absolute Monocytes	503.7	200-1000 /cmm	Calculated
Neutrophils	46.0	40-80 %	
Absolute Neutrophils	3174.0	2000-7000 /cmm	Calculated
Eosinophils	1.8	1-6 %	
Absolute Eosinophils	124.2	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	20.7	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
PLATELET PARAMETERS			
Platelet Count	236000	150000-400000 /cmm	Elect. Impedance
MPV	7.7	6-11 fl	Calculated

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Reported : 09-Aug-2022 / 10:51

PDW	12.8	11-18 %	Calculated
RBC MORPHOLOGY			
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 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

CID : 2222105465
Name : MR. SHIVAJI SURWASE
Age / Gender : 28 Years / Male
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	88.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	76.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.72	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.28	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.44	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.2	1 - 2	Calculated
SGOT (AST), Serum	17.2	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	28.3	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	36.4	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	71.1	40-130 U/L	Colorimetric
BLOOD UREA, Serum	20.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.5	6-20 mg/dl	Calculated

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CREATININE, Serum	0.78	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	126	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	6.0	3.5-7.2 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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



MC-2111

Anupa Dixit

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

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Collected : 09-Aug-2022 / 09:24
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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	5.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	96.8	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



MC-2111

Anupa

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

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	2-3	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	-		

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*** End Of Report ***



MC-2111

B. Mhaskar

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

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

PARAMETER	RESULTS
ABO GROUP	B
Rh TYPING	POSITIVE

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

Specimen: EDTA Whole Blood and/or serum

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

Limitations:

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

References:

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

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M.D.(PATH)
Pathologist

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	133.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	104.4	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	33.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	100.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	79.0	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	21.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.4	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

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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	5.6	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	19.0	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	0.803	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 microU/ml should be correlated clinically or repeat the test with new sample as physiological factors

can give falsely high TSH.

2)TSH values may be trasiently altered becuae of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation:TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

Reflex Tests:Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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*** End Of Report ***



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

Date:- 9/8/2022

CID: 2222105465

Name:- Mr Shivaji Surwase

Sex / Age: M / 28

EYE CHECK UP

Chief complaints: Nil

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: (RE) 6/5/N16

(LE) 6/5/N16

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: Normal

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Age / Sex : 28 Years/Male
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 09-Aug-2022
Reported : 09-Aug-2022 / 17:41

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-----

This report is prepared and physically checked by Dr Rohit before dispatch.

**DR. ROHIT MALIK
DNB, DMRD, DMRE (MUM)
RADIO DIAGNOSIS
REG. No. 82356**

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Page no 1 of 1

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• PATIENT NAME : MR. SHIVAJI SURWASE	• SEX : MALE
• REFERRED DR : -----	• AGE : 28 YEARS
• CID NO : 2222105465	• DATE : 09.08.2022

USG WHOLE ABDOMEN

LIVER:

It is normal in size, shape and shows smooth margins. It shows normal parenchymal echotexture. Intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. Main portal vein and CBD appears normal.

GALL BLADDER:

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

PANCREAS:

It 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. Corticomedullary differentiation is well maintained. Bilateral renal pelvicalyceal system appears normal.

Right kidney measures 10.4 x 4.6 cm. A 3.2 mm size calculus is seen at mid pole calyx.

Left kidney measures 11.1 x 5.3 cm. No evidence of any renal calculi.

SPLEEN:

It is normal in size and echotexture. No evidence of focal lesion is noted.

URINARY BLADDER:

It is well distended and reveal no intraluminal abnormality. Bilateral ureterovesical junction appears normal.

PROSTATE:

It appears normal in size and echotexture, measures 3.6 x 2.9 x 2.6 cm, corresponding weight is 14.3 gms. No evidence of any obvious focal lesion is seen.

No evidence of free fluid in abdomen or significant abdominal lymphadenopathy seen.

IMPRESSION:

Right renal small non obstructing calculus.

Rest of the study shows no significant abnormality.

Advice - clinical correlation

DR. MAHESH S KADAM.
CONSULTANT RADIOLOGIST
MMC REG NO -2011/08/2693

Note: 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 case for confirmation of findings Please interpret accordingly. Patient has been explained in detail about the USG findings, measurements and limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification.

*** End Of Report ***

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

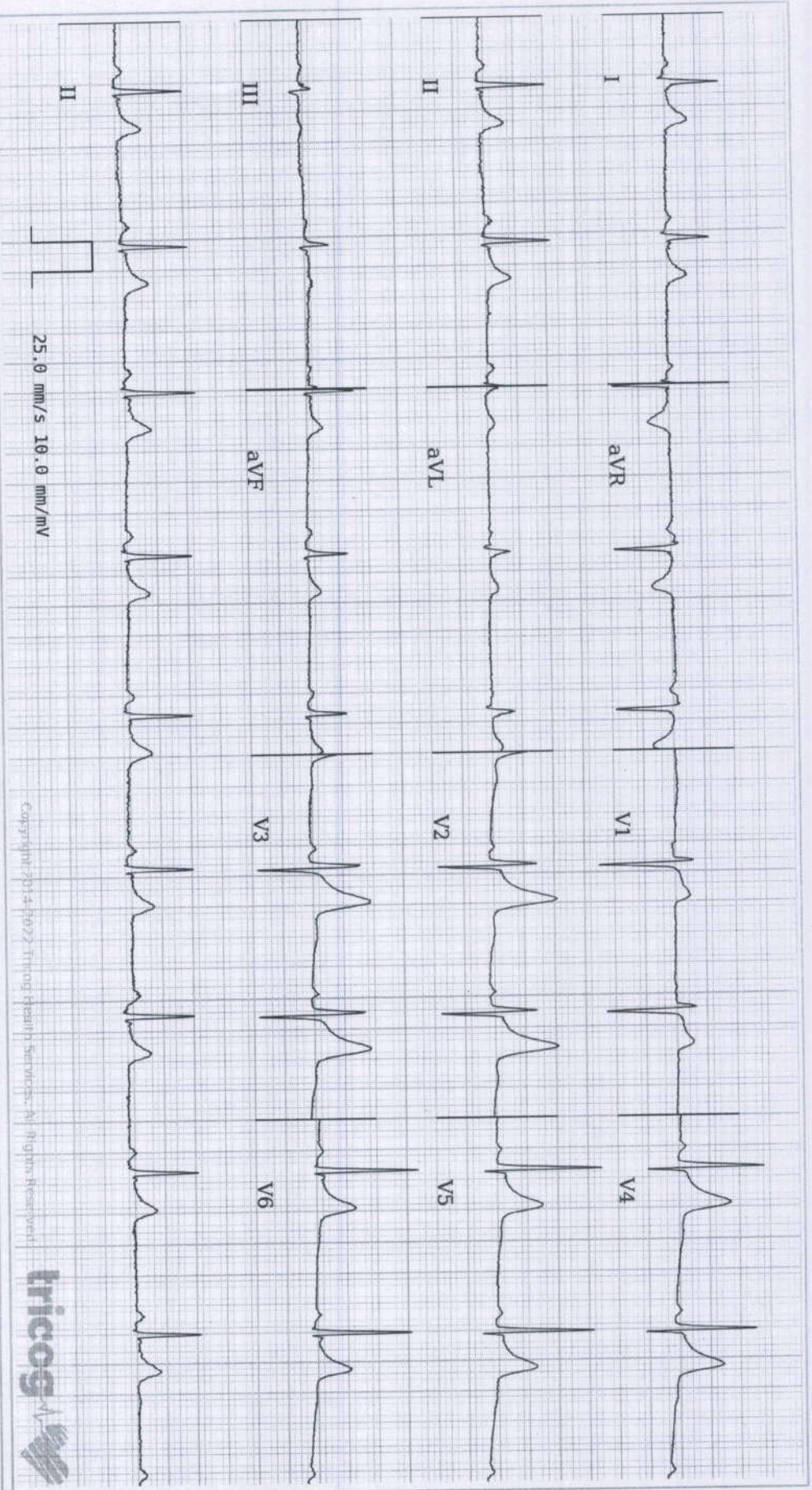
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SUBURBAN DIAGNOSTICS - BORIVALI WEST

Patient Name: SHIVAJI SURWASE
Patient ID: 2222105465

Date and Time: 9th Aug 22 10:04 AM



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Age **28** 7 8
years months days

Gender **Male**

Heart Rate **59bpm**

Patient Vitals

BP: 110/70 mmHg

Weight: 77 kg

Height: 178 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 80ms

QT: 372ms

QTc: 368ms

PR: 128ms

P-R-T: 53° 39° 35°

REPORTED BY

Dr Nisha Sonavane
M.B.B.S, A.F.L.H, D.DIAB.D.CARD
Consultant Cardiologist
87714

ECG Within Normal Limits: Sinus Bradycardia. Please correlate clinically.

Suburban Diagnostics (I) Pvt. Ltd.

301 & 302, 3rd Floor, Vmi Elegance,

Above Tanisq Jeweller, L. T. Road,

Borivali (West), Mumbai - 400 092.

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 PVT. LTD.

Patient Details Date: 09-Aug-22 Time: 10:21:16
Name: MR SHIVAJI SURWASE ID: 2222105465
Age: 28 y **Sex:** M **Height:** 178 cms **Weight:** 77 Kgs
Clinical History: NIL

Medications: NIL

Test Details

Protocol: Bruce **Pr.MHR:** 192 bpm **THR:** 172 (90 % of Pr.MHR) bpm
Total Exec. Time: 6 m 53 s **Max. HR:** 166 (86% of Pr.MHR)bpm **Max. Mets:** 10.20
Max. BP: 160 / 70 mmHg **Max. BP x HR:** 26560 mmHg/min **Min. BP x HR:** 4200 mmHg/min
Test Termination Criteria: TEST COMPLET

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 : 15	1.0	0	0	60	110 / 70	-0.85 aVR	3.18 V3
Standing	0 : 15	1.0	0	0	81	110 / 70	-1.27 aVR	3.18 V3
Hyperventilation	0 : 30	1.0	0	0	66	110 / 70	-1.70 V4	3.89 V3
1	3 : 0	4.6	1.7	10	123	130 / 70	-1.27 aVR	5.66 V3
2	3 : 0	7.0	2.5	12	144	140 / 70	-1.27 aVR	5.66 V3
Peak Ex	0 : 53	10.2	3.4	14	166	160 / 70	-1.49 aVR	5.66 V3
Recovery(1)	1 : 0	1.8	1	0	89	160 / 70	-2.76 V1	5.66 V3
Recovery(2)	1 : 0	1.0	0	0	72	140 / 70	-0.85 aVR	5.66 V3
Recovery(3)	1 : 0	1.0	0	0	68	120 / 70	-0.42 aVR	3.18 V4
Recovery(4)	0 : 4	1.0	0	0	75	120 / 70	-0.21 aVR	2.12 V4

Interpretation

The patient exercised according to the Bruce protocol for 6 m 53 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 60 bpm, rose to a max. heart rate of 166 (86% of Pr.MHR) bpm. Resting blood Pressure 110 / 70 mmHg, rose to a maximum blood pressure of 160 / 70 mmHg. GOOD EFFORT TOLERANCE
 NORMAL CHRONOTROPIC RESPONSE
 NO ANGINA/ANGINA EQUIVALENTS
 NO ARRHYTHMIAS
 NO SIGNIFICANT ST-T CHANGES FROM BASELINE
 IMPRESSION: STRESS TEST IS NEGATIVE FOR STRESS 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

Ref. Doctor: ARCOFEMI

(Summary Report edited by user)

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

Doctor: DR NITIN SONAVANE

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DR. NITIN SONAVANE
 M.B.B.S.AFLH, D.DIAB, M.CARD.
 CONSULTANT-CARDIOLOGIST
 REGD. NO. : 87714



SUBURBAN DIAGNOSTICS PVT. LTD.

MR SHIVAJI SURWASE (28 M)

ID: 2222105465

Date: 09-Aug-22

Exec Time : 0 m 0 s

Stage Time : 0 m 15 s

HR: 60 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 172 bpm)

B.P: 110/70

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

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

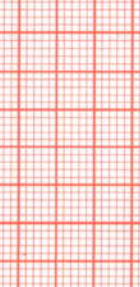
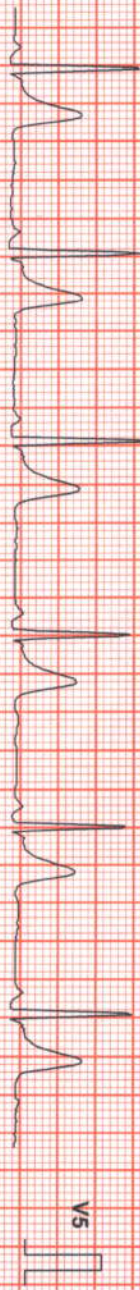
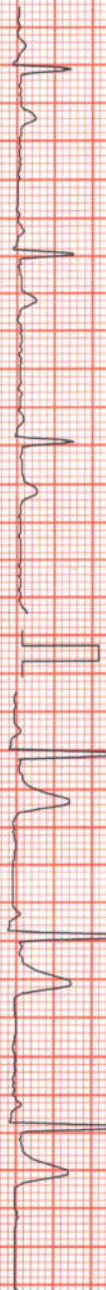
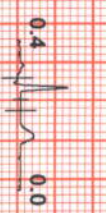
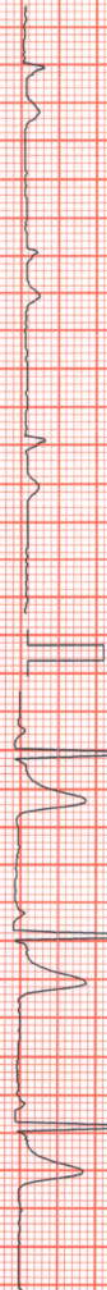
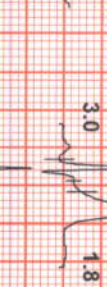
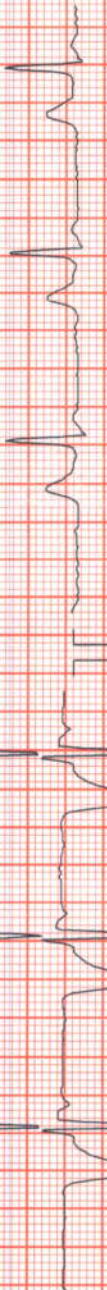
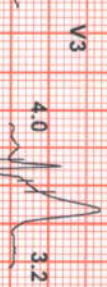
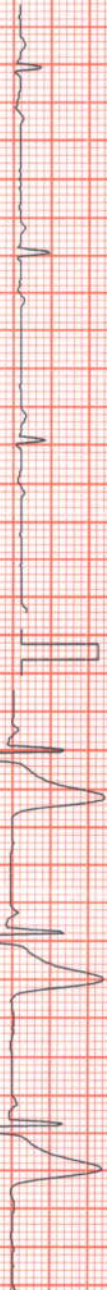
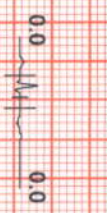
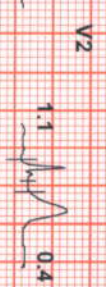
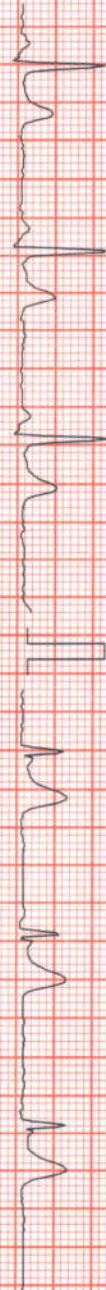
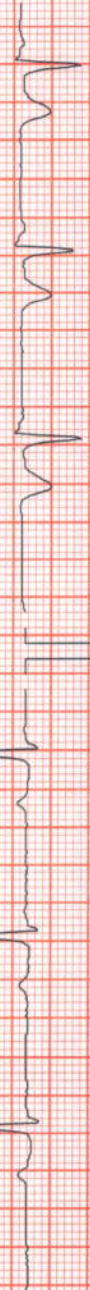


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Schlter Standard V 4.52

Filter: 35 Hz

Mains Filc: ON

Amp: 10 mm

Isd = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



SUBURBAN DIAGNOSTICS PVT. LTD.

MR SHIVAJI SURWASE (28 M)

ID: 2222105465

Date: 09-Aug-22

Exec Time : 0 m 0 s

Stage Time : 0 m 15 s

HR: 81 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 172 bpm)

B.P: 110/70

ST Level (mm)

ST Level (mm)

ST Slope (mV/s)

ST Slope (mV/s)

1.1 0.7

0.0 0.0

1.1 0.7

1.3 0.0

1.1 0.7

3.8 2.8

0.0 0.0

3.0 1.8

-1.3 -0.7

2.1 0.7

0.4 0.0

1.9 0.7

0.4 0.0

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

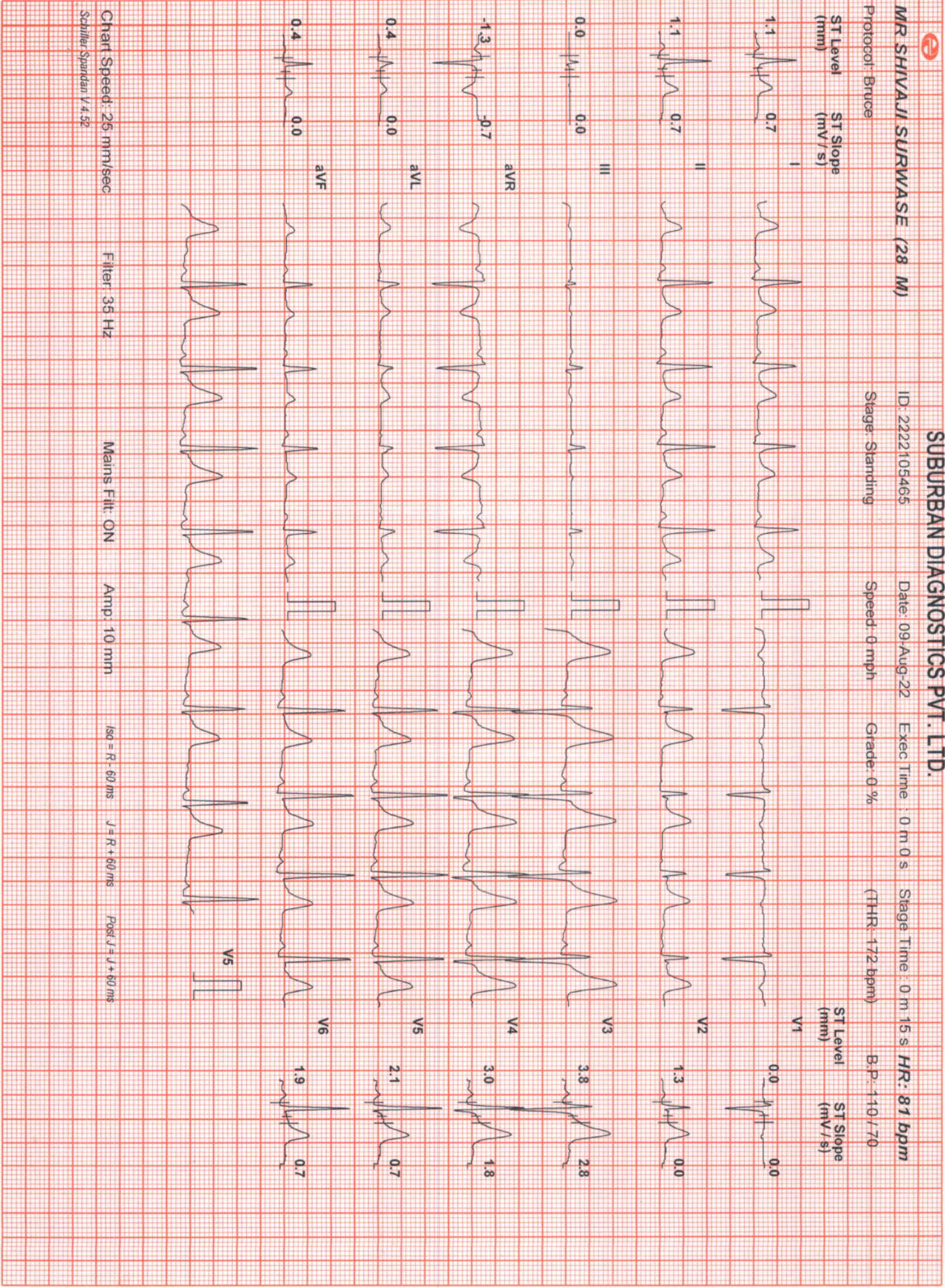
Amp: 10 mm

Isd = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Standard V 4.52





SUBURBAN DIAGNOSTICS PVT. LTD.

MR SHIVAJI SURWASE (28 M)

ID: 2222 105465

Date: 09-Aug-22

Exec Time : 0 m 0 s

Stage Time : 0 m 30 s

HR: 66 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 172 bpm)

B.P: 110 / 70

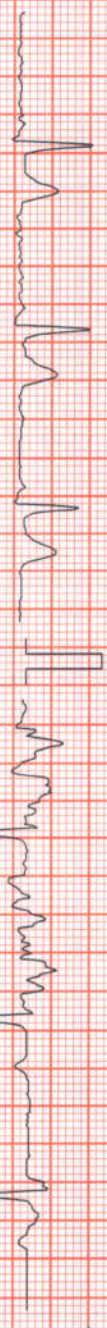
ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

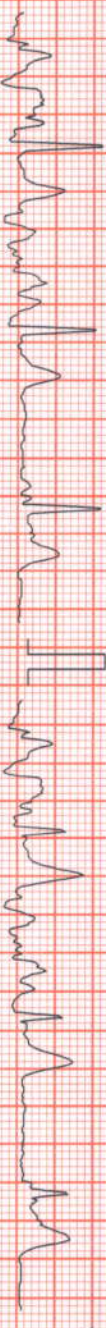
ST Slope (mV/s)

1.1 0.0



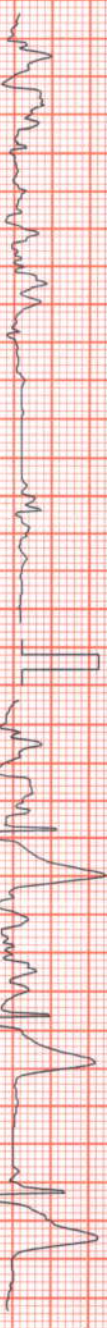
-0.2 0.0

1.1 0.7



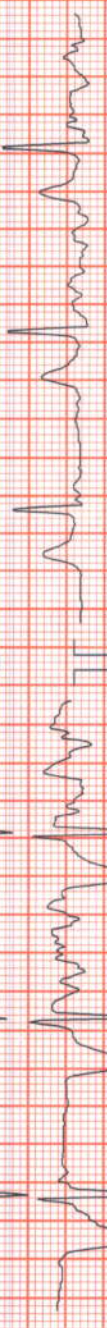
1.3 0.4

0.0 0.4



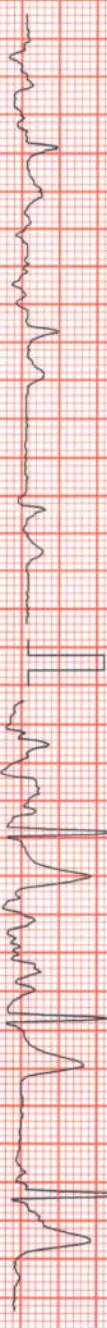
3.6 2.8

-1.1 -0.4



3.0 1.4

0.4 0.0



2.1 0.7

0.4 0.4



1.5 0.7

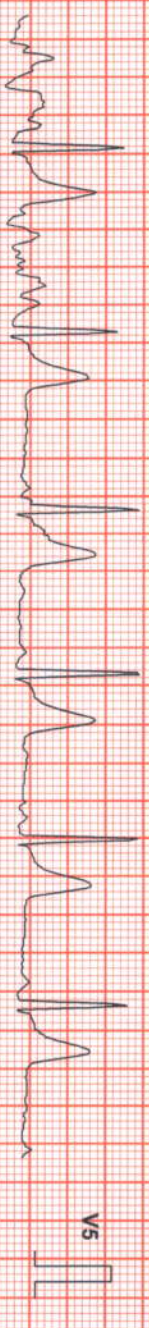


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Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Isd = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spardan V 4.52



SUBURBAN DIAGNOSTICS PVT. LTD.

MR SHIVAJI SURWASE (28 M)

ID: 2222105465

Date: 09-Aug-22

Exec Time : 3 m 0 s

Stage Time : 3 m 0 s

HR: 123 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10%

(THR: 172 bpm)

B.P.: 130/70

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

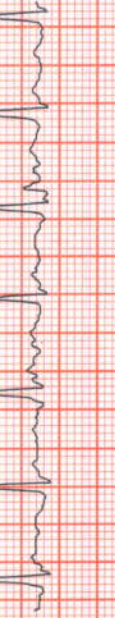
ST Slope (mV/s)



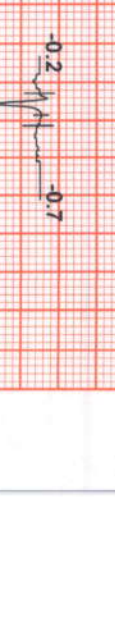
I



II



III



aVR



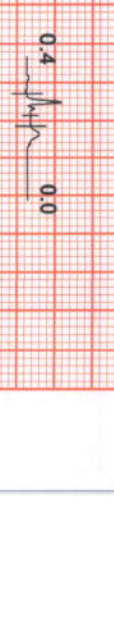
aVL



aVF



V1



V2



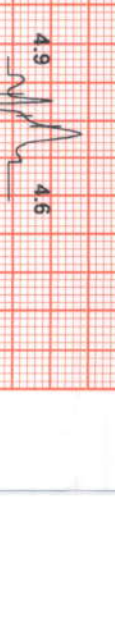
V3



V4



V5



V6

Chart Speed: 25 mm/sec
Schlter Standard V 4.52

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Isd = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



SUBURBAN DIAGNOSTICS PVT. LTD.

MR SHIVAJI SURWASE (28 M)

ID: 2222105465

Date: 09-Aug-22

Exec Time: 6 m 0 s

Stage Time: 3 m 0 s

HR: 144 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 172 bpm)

B.P.: 140/70

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

I

0.6

1.1



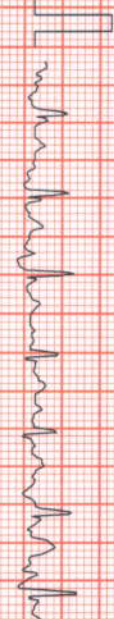
-0.2

-1.1

II

1.3

2.8



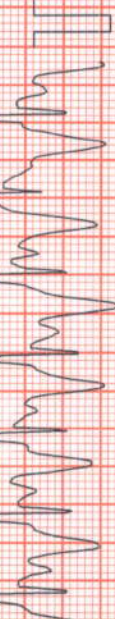
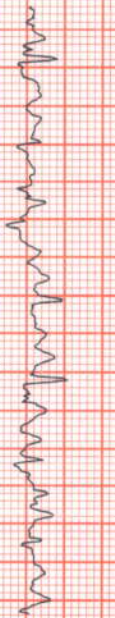
0.6

0.7

III

0.4

1.1



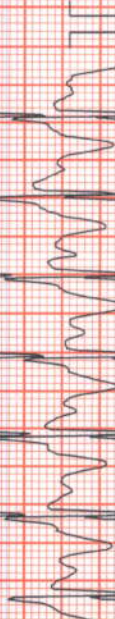
5.9

5.7

aVR

-0.8

-2.1



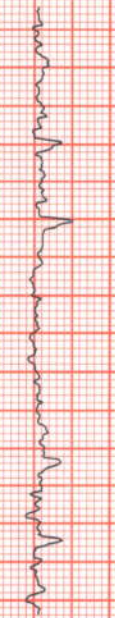
4.7

5.3

aVL

0.2

0.0



3.0

5.0

aVF

0.6

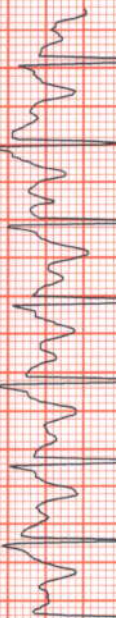
1.8



2.1

4.2

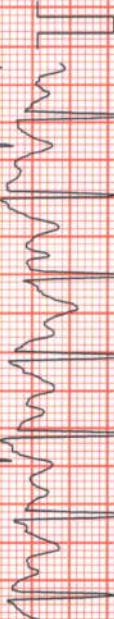
V5



2.1

4.2

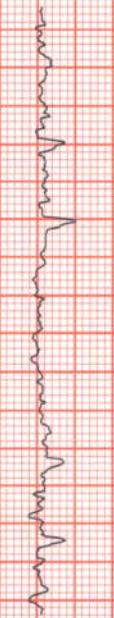
V6



3.0

5.0

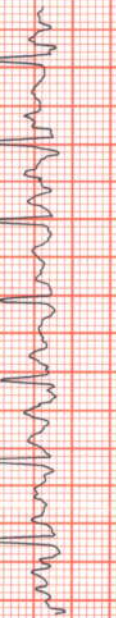
V5



4.7

5.3

V4



5.9

5.7

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Isd = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Standard V 4.52



SUBURBAN DIAGNOSTICS PVT. LTD.

MR SHIVAJI SURWASE (28 M)

ID: 2222105465

Date: 09-Aug-22

Exec Time : 6 m 53 s

Stage Time : 0 m 53 s

HR: 166 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 172 bpm)

B.P: 160/70

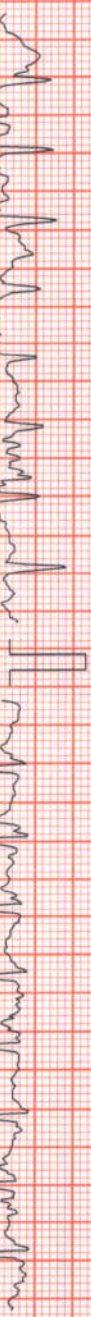
ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

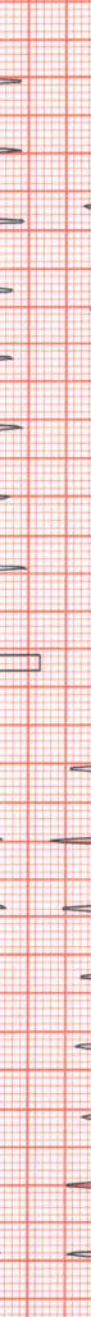
ST Slope (mV/s)

0.4 1.8



0.0 -0.7

1.1 2.8



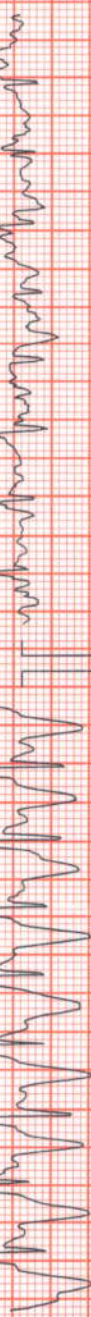
0.4 0.7

0.4 0.7



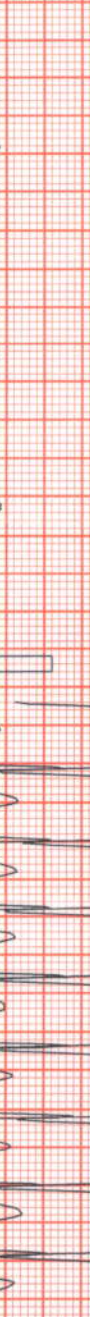
5.7 5.7

-0.6 -2.1



5.3 5.7

0.0 0.4



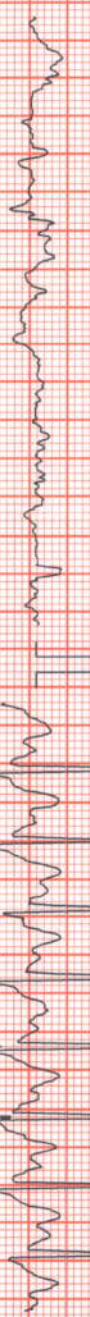
2.8 5.0

0.6 1.8



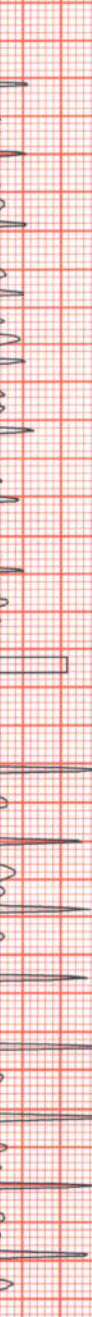
1.9 3.9

0.0 0.4



0.0 -0.7

0.6 1.8



0.4 0.7

0.0 0.4



5.7 5.7

0.6 1.8



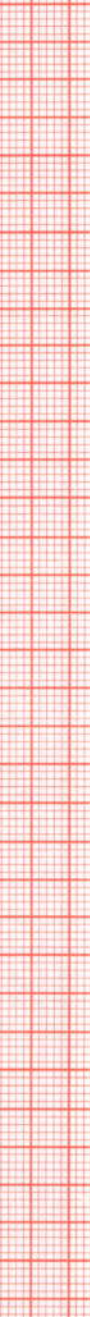
5.3 5.7

0.0 0.4



2.8 5.0

0.6 1.8



1.9 3.9

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Isd = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandam V 4 52



SUBURBAN DIAGNOSTICS PVT. LTD.

MR SHIVAJI SURWASE (28 M)

ID: 2222105465

Date: 09-Aug-22

Exec Time : 6 m 53 s

Stage Time : 1 m 0 s

HR: 89 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 0 mph

Grade: 0 %

(THR: 172 bpm)

B.P.: 160 / 70

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

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

I 0.6 1.1

V1 0.0 -1.1

II 1.1 1.1

V2 0.8 1.1

III 0.4 1.1

V3 4.5 5.7

aVR -0.8 -1.8

V4 5.3 5.7

aVL 0.0 0.0

V5 3.8 5.7

aVF 0.6 1.8

V6 2.8 4.2

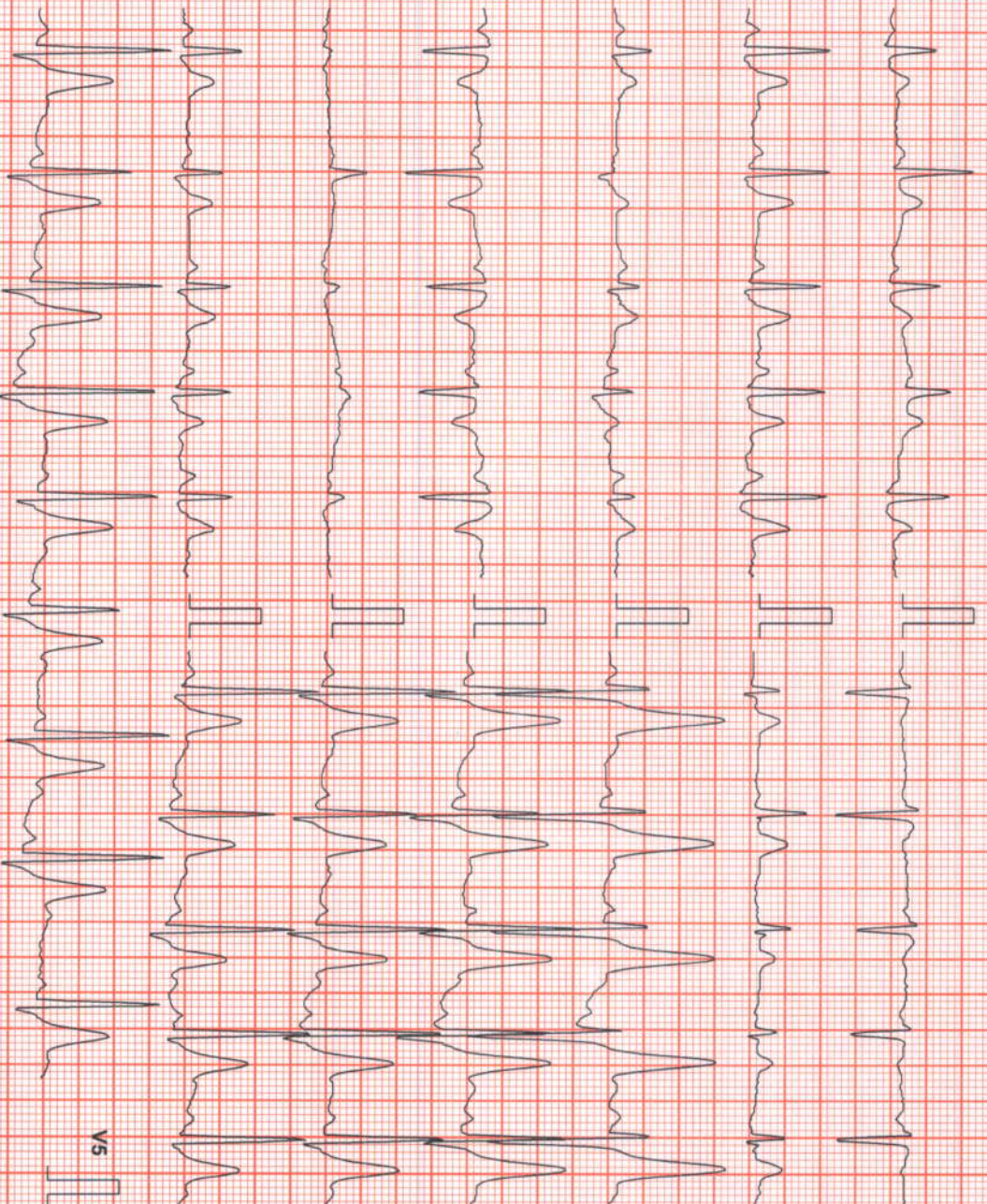


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Isr = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spardan V 4.52



SUBURBAN DIAGNOSTICS PVT. LTD.

MR SHIVAJI SURWASE (28 M)

ID: 2222105465

Date: 09-Aug-22

Exec Time : 6 m 53 s

Stage Time : 0 m 20 s

HR: 77 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 172 bpm)

B.P.: 140 / 70

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

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

I

V1

0.4 1.1

0.2 -0.7

II

V2

0.8 1.8

0.6 0.4

III

V3

0.2 0.4

4.9 5.0

aVR

V4

-0.6 -1.4

3.2 4.2

aVL

V5

0.0 0.4

2.1 3.5

aVF

V6

0.6 1.1

1.5 3.2

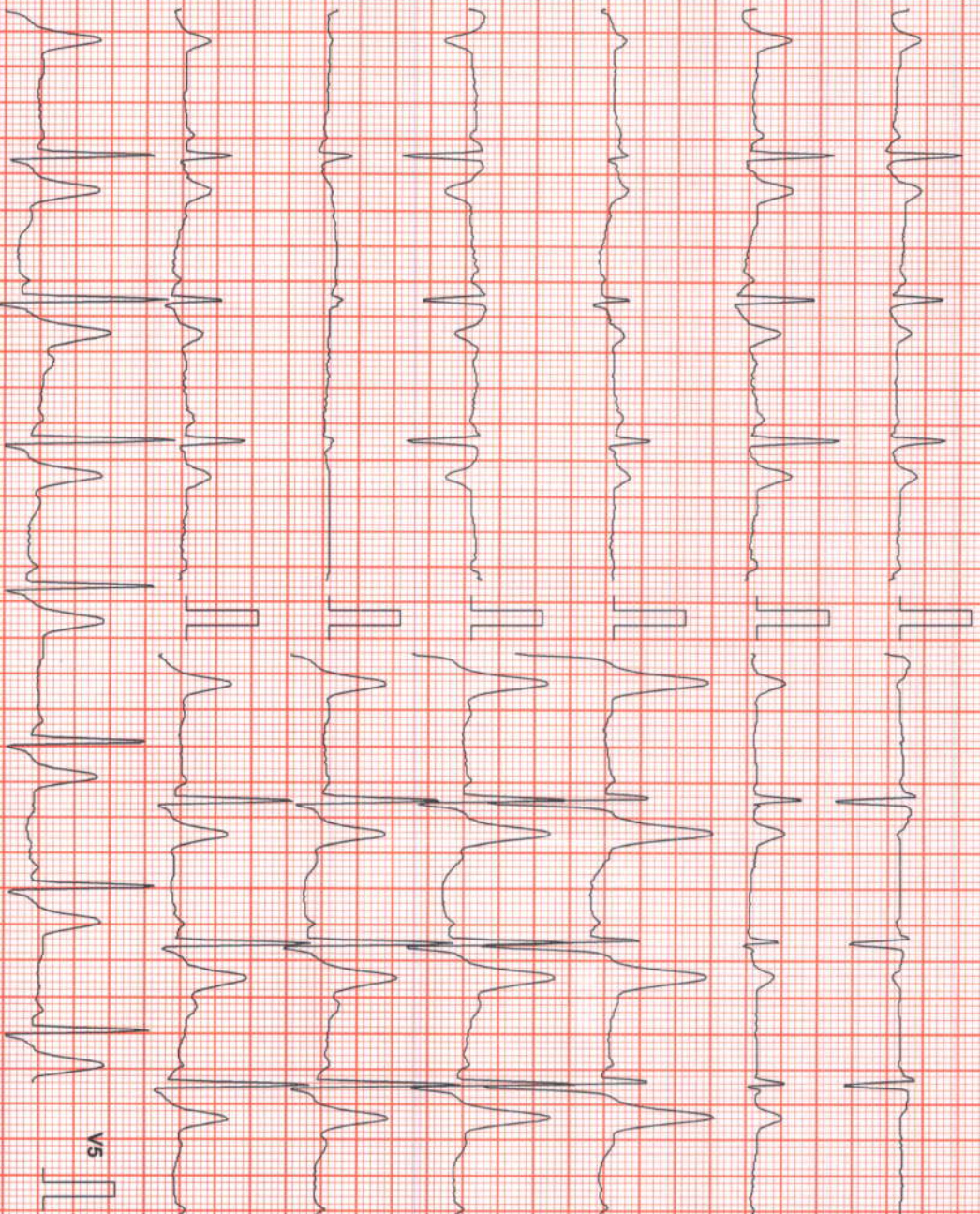


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Isd = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandau V 4.52



SUBURBAN DIAGNOSTICS PVT. LTD.

MR SHIVAJI SURWASE (28 M)

ID: 2222105465

Date: 09-Aug-22

Exec Time

6 m 53 s Stage Time: 1 m 0 s

HR: 72 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 172 bpm)

B.P.: 140/70

ST Level (mm)

ST Slope (mV/s)

0.0

0.6

0.7

0.0

1.1

0.7

0.2

0.6

0.4

3.0

-0.2

1.9

-0.2

1.3

0.0

0.8

1.1

2.8

1.1

2.5

I

V1

II

V2

III

V3

aVR

V4

aVL

V5

aVF

V6

V5

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

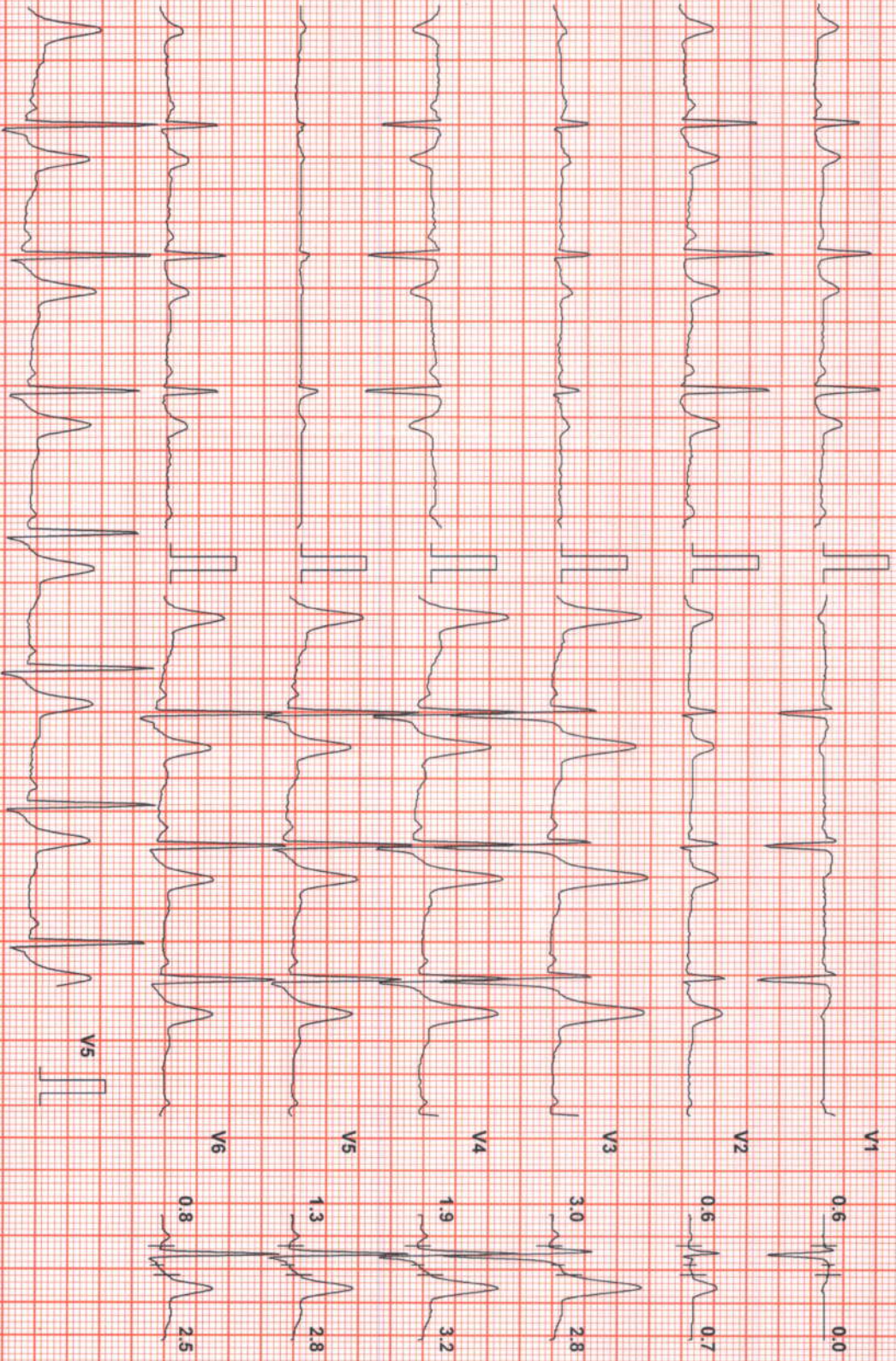
Amp: 10 mm

Isd = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandax V 4.52





SUBURBAN DIAGNOSTICS PVT. LTD.

MR SHIVAJI SURWASE (28 M)

ID: 2222105465

Date: 09-Aug-22

Exec Time : 6 m 53 s Stage Time : 1 m 0 s

HR: 68 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 172 bpm)

B.P.: 120/70

ST Level (mm)

ST Level (mm)

ST Slope (mV/s)

ST Slope (mV/s)

0.0 0.4 I

0.6 0.0 V1

0.0 1.1 II

0.4 0.4 V2

0.0 0.4 III

2.1 1.8 V3

0.0 -0.4 aVR

1.5 2.1 V4

0.0 0.0 aVL

0.8 1.8 V5

-0.2 0.4 aVF

0.6 1.8 V6

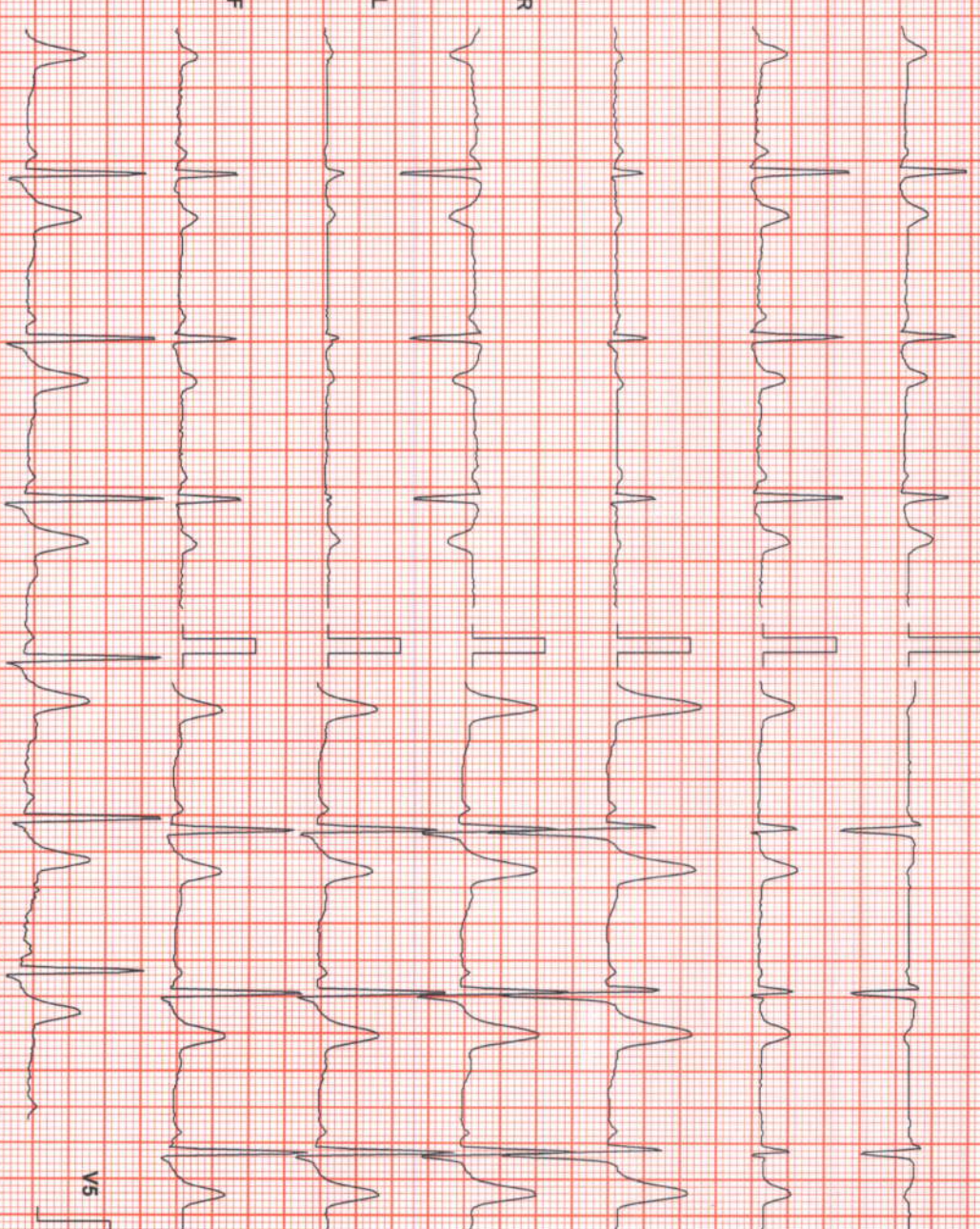


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Isr = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schlier Spandan V 4.52



SUBURBAN DIAGNOSTICS PVT. LTD.

MR SHIVAJI SURWASE (28 M)

ID: 2222105465

Date: 09-Aug-22

Exec Time : 6 m 53 s

Stage Time : 0 m 1 s

HR: 68 bpm

Protocol: Bruce

Stage: Recovery(4)

Speed: 0 mph

Grade: 0 %

(THR: 172 bpm)

B.P.: 120 / 70

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

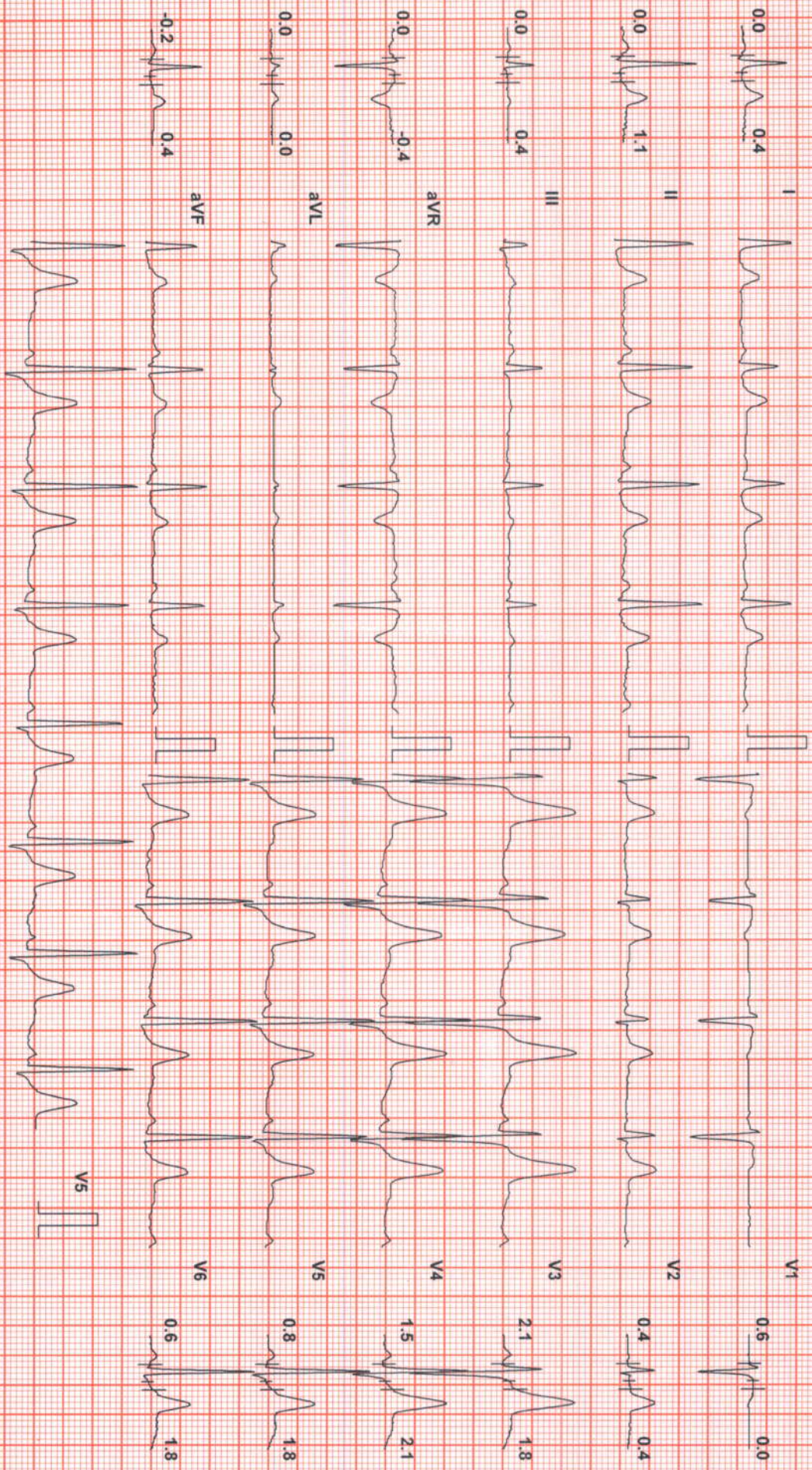


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Isr = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandau V 4.52