

PHYSICAL EXAMINATION REPORT

Patient Name	Prithish Sardar	Sex/Age	M/33
Date	11/3/23	Location	Thane

History and Complaints

C/O - Neck Pain (Restriction of Move)
- Back Pain

EXAMINATION FINDINGS:

Height (cms):	183	Temp (0c):	
Weight (kg):	75	Skin:	Rashes on upper arms. (D)
Blood Pressure	170/100	Nails:	
Pulse	26/min	Lymph Node:	

Systems :

Cardiovascular:	NAD
Respiratory:	
Genitourinary:	
GI System:	
CNS:	

Impression:

↑ BIP.
↓ HB.
USG - cholelithiasis w/o cholelithiasis.

Physician's Consultation for ↑ B.P.
- Iron Supplement
- USG - F/U (6) Months.

Advice:

1)	Hypertension:	H/O - ↑ B.P. (3-4 yrs. Back), 3 Months R taken.
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthama	
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders	
10)	GI system	
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptoms	
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	
15)	Congenital disease	
16)	Surgeries	
17)	Musculoskeletal System	do - Neck Pain, Back Pain.

PERSONAL HISTORY:

1)	Alcohol	occ.
2)	Smoking	(No)
3)	Diet	Mixed
4)	Medication	(No)

[Signature]
Dr. Manasee Kulkarni
M.B.B.S
2005/09/3439

0000-0576-5507



CID : 2307019334
Name : MR.SARDAR PRITHISH
Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 11-Mar-2023 / 10:02
Reported : 11-Mar-2023 / 14:19

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	12.9	13.0-17.0 g/dL	Spectrophotometric
RBC	5.45	4.5-5.5 mil/cmm	Elect. Impedance
PCV	40.6	40-50 %	Measured
MCV	74.5	80-100 fl	Calculated
MCH	23.6	27-32 pg	Calculated
MCHC	31.7	31.5-34.5 g/dL	Calculated
RDW	20.0	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6030	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	17.3	20-40 %	
Absolute Lymphocytes	1043.2	1000-3000 /cmm	Calculated
Monocytes	9.5	2-10 %	
Absolute Monocytes	572.9	200-1000 /cmm	Calculated
Neutrophils	72.3	40-80 %	
Absolute Neutrophils	4359.7	2000-7000 /cmm	Calculated
Eosinophils	0.9	1-6 %	
Absolute Eosinophils	54.3	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.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	284000	150000-400000 /cmm	Elect. Impedance
MPV	11.0	6-11 fl	Calculated
PDW	24.5	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			



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Hypochromia	Mild
Microcytosis	Mild
Macrocytosis	-
Anisocytosis	+
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Elliptocytes-occasional
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	Megaplatelets seen on smear
COMMENT	-

Specimen: EDTA Whole Blood

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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***

AREAS OF SPECIAL EXPERTISE

EXPERTISE



J. Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



CID : 2307019334
Name : MR.SARDAR PRITHISH
Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 11-Mar-2023 / 10:02
Reported : 11-Mar-2023 / 15:02

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	100.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.61	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.27	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.34	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	9.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	4.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.0	1 - 2	Calculated
SGOT (AST), Serum	21.9	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	18.5	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	20.0	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	106.3	40-130 U/L	PNPP
BLOOD UREA, Serum	24.4	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	11.4	6-20 mg/dl	Calculated
CREATININE, Serum	0.95	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	97	>60 ml/min/1.73sqm	Calculated

Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation

Authenticity Check



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Collected : 11-Mar-2023 / 10:02
Reported : 11-Mar-2023 / 22:46

URIC ACID, Serum	6.6	3.5-7.2 mg/dl	Uricase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist

Authenticity Check



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Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 11-Mar-2023 / 10:02
Reported : 11-Mar-2023 / 15:55

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	4.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	91.1	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 G B Road Lab, Thane West

*** End Of Report ***



J. Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



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Collected : 11-Mar-2023 / 10:02
Reported : 11-Mar-2023 / 21:25

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	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
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	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	2-3	Less than 20/hpf	
Others	-		

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein:(1+ -25 mg/dl, 2+ -75 mg/dl, 3+ - 150 mg/dl, 4+ - 500 mg/dl)
- Glucose:(1+ - 50 mg/dl, 2+ -100 mg/dl, 3+ -300 mg/dl,4+ -1000 mg/dl)
- Ketone:(1+ -5 mg/dl, 2+ -15 mg/dl, 3+ - 50 mg/dl, 4+ - 150 mg/dl)

Reference: Pack insert

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



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

Authenticity Check



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Reg. Location : G B Road, Thane West (Main Centre)

Collected :
Reported :

*** End Of Report ***





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Age / Gender : 33 Years / Male
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Reg. Location : G B Road, Thane West (Main Centre)

Collected : 11-Mar-2023 / 10:02
Reported : 11-Mar-2023 / 16:16

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

PARAMETER	RESULTS
ABO GROUP	O
Rh TYPING	Positive

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

Note : This Sample has also been tested for Bombay group/Bombay phenotype /Oh using anti H lectin

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 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

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	139.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	76.1	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	43.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	96.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	81.0	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	15.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.9	0-3.5 Ratio	Calculated

*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



CID : 2307019334
Name : MR.SARDAR PRITHISH
Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 11-Mar-2023 / 10:02
Reported : 11-Mar-2023 / 15:58

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	5.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.0	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.09	0.35-5.5 microIU/ml	ECLIA





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Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 11-Mar-2023 / 10:02
Reported : 11-Mar-2023 / 15:58

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 upto 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:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until at least 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)

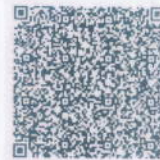
*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

*** End Of Report ***



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist



CID : 2307019334
Name : Mr SARDAR PRITHISH
Age / Sex : 0 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 11-Mar-2023
Reported : 11-Mar-2023 / 11:11

USG WHOLE ABDOMEN

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 shows few calculi largest measuring 12 to 13 mm. No peri-cholecystic collection seen.

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

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS: Right kidney measures 11.6 x 4.8 cm. Left kidney measures 11.1 x 4.7 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

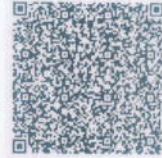
URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

PROSTATE: Prostate is normal in size and echotexture . No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023031109511524>

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Ref. Dr :
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Reg. Date : 11-Mar-2023
Reported : 11-Mar-2023 / 11:11

IMPRESSION:

- **CHOLELITHIASIS WITHOUT CHOLECYSTITIS.**

Advice: Clinical co-relation sos further evaluation and follow up.

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 cases for confirmation / exclusion of diagnosis.

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

This report is prepared and physically checked by DR GAURI VARMA before dispatch.

Dr Gauri Varma
Consultant Radiologist
MBBS / DMRE
MMC- 2007/12/4113

022-6170-0000

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SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Report



Email:

615 (2307019334) / PRITHISH SARDAR / 33 Yrs / M / 183 Cms / 75 Kg
Date: 11 / 03 / 2023 11:36:56 AM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:11	0:11	00.0	00.0	01.0	102	55 %	120/70	122	00	
Standing	00:20	0:09	00.0	00.0	01.0	103	55 %	120/70	123	00	
HV	00:28	0:08	00.0	00.0	01.0	100	53 %	120/70	120	00	
ExStart	00:35	0:07	00.0	00.0	01.0	102	55 %	120/70	122	00	
BRUCE Stage 1	03:35	3:00	01.7	10.0	04.7	144	77 %	140/80	201	00	
PeakX	04:36	1:01	02.5	12.0	05.5	162	87 %	150/80	243	00	
Recovery	05:36	1:00	00.0	00.0	01.0	134	72 %	150/80	201	00	
Recovery	06:36	2:00	00.0	00.0	01.0	127	68 %	130/80	165	00	
Recovery	08:36	4:00	00.0	00.0	01.0	116	62 %	130/80	150	00	
Recovery	08:43	4:08	00.0	00.0	01.0	116	62 %	130/80	150	00	

FINDINGS :

Exercise Time : 04:01
 Initial HR (ExStrt) : 102 bpm 55% of Target 187
 Initial BP (ExStrt) : 120/70 (mm/Hg)
 Max Workload Attained : 5.5 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : II & -2.1 mm in PeakEX
 Test End Reasons : Fatigue, Heart Rate Achieved

Max HR Attained 162 bpm 87% of Target 187
 Max BP Attained 150/80 (mm/Hg)

Dr. SHAILAJA PILLAI
 M.D.(GERIATRY)
 R.NO. 49972
 Doctor : DR SHAILAJA PILLAI



EMail: 615/PRIITHISH SARDAR / 33 Yrs / M / 183 Cms / 75 Kg Date: 11 / 03 / 2023 11:36:56 AM

REPORT :

PROCEDURE DONE: Graded exercise treadmill stress test.

STRESS ECG RESULTS: The Initial HR was recorded as 103.0 bpm, and the maximum predicted Target Heart Rate 187.0. The BP increased at the time of generating report as 150.0/80.0 mmHg The Max Dep went upto 0.5. 0.0 Ectopic Beats were observed during the Test.

CONCLUSIONS:

1. TMT is negative for exercise induced ischemia.
2. Accelerated chronotropic and Normal inotropic response.
3. No significant ST T changes seen.

Dr. SHALAJA PILLAI

M.D. (GEN.MED)

R.NO. 49972

Doctor : DR SHALAJA PILLAI



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

615 (2307019334) / PRITHISH SARDAR / 33 Yrs / M / 183 Cms / 75 Kg / HR : 102

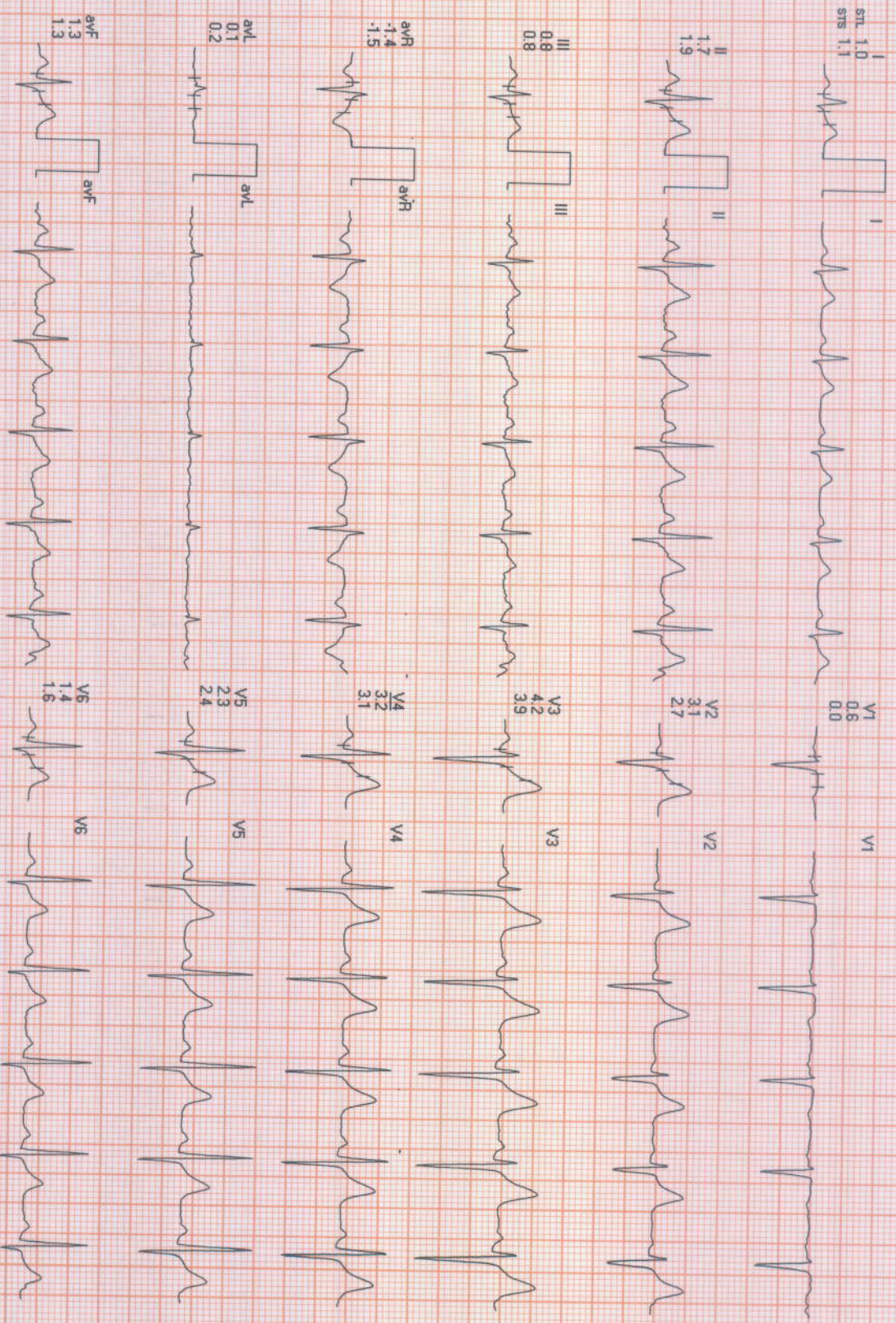
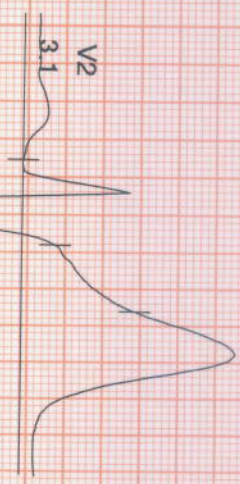
SUPINE (00:01)



Date: 11 / 03 / 2023 11:36:56 AM METS: 1.0/102 bpm 55% of THR BP: 120/70 mmHg Raw ECG/BLC On/ Natch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 00:00 0.0 mph, 0.0%
25 mm/Sec 1.0 Cm/mV

4X 80 mS Post J



REMARKS: I II III aVR aVL aVF V1 V2 V3 V4 V5 V6



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

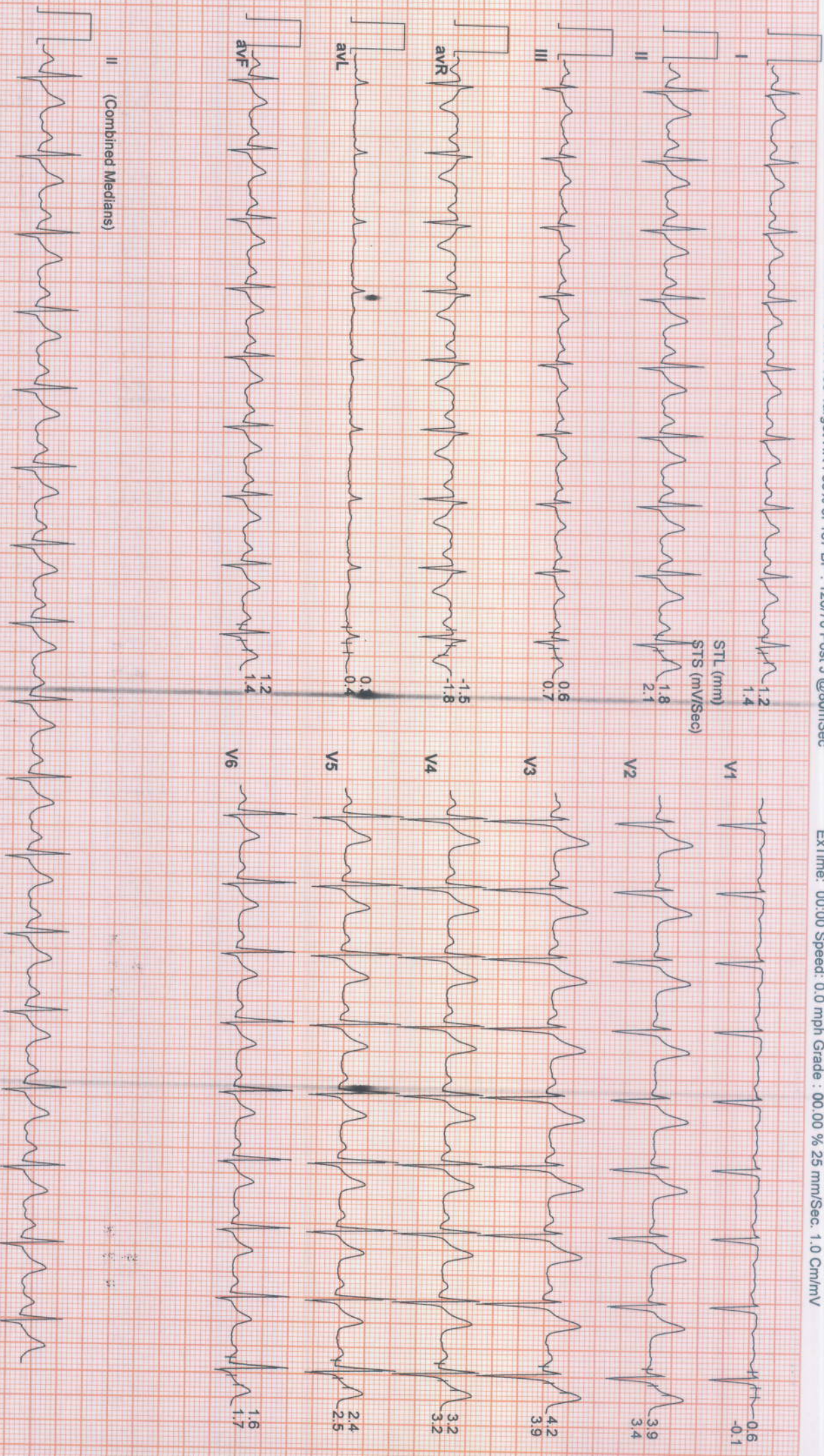
615 / PRITHISH SARDAR / 33 Yrs / Male / 183 Cm / 75 Kg

6X2 Combine Medians + 1 Rhythm
STANDING (00:00)



Date: 11 / 03 / 2023 11:36:56 AM METs : 1.0 HR : 103 Target HR : 55% of 187 BP : 120/70 Post J @80mSec

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

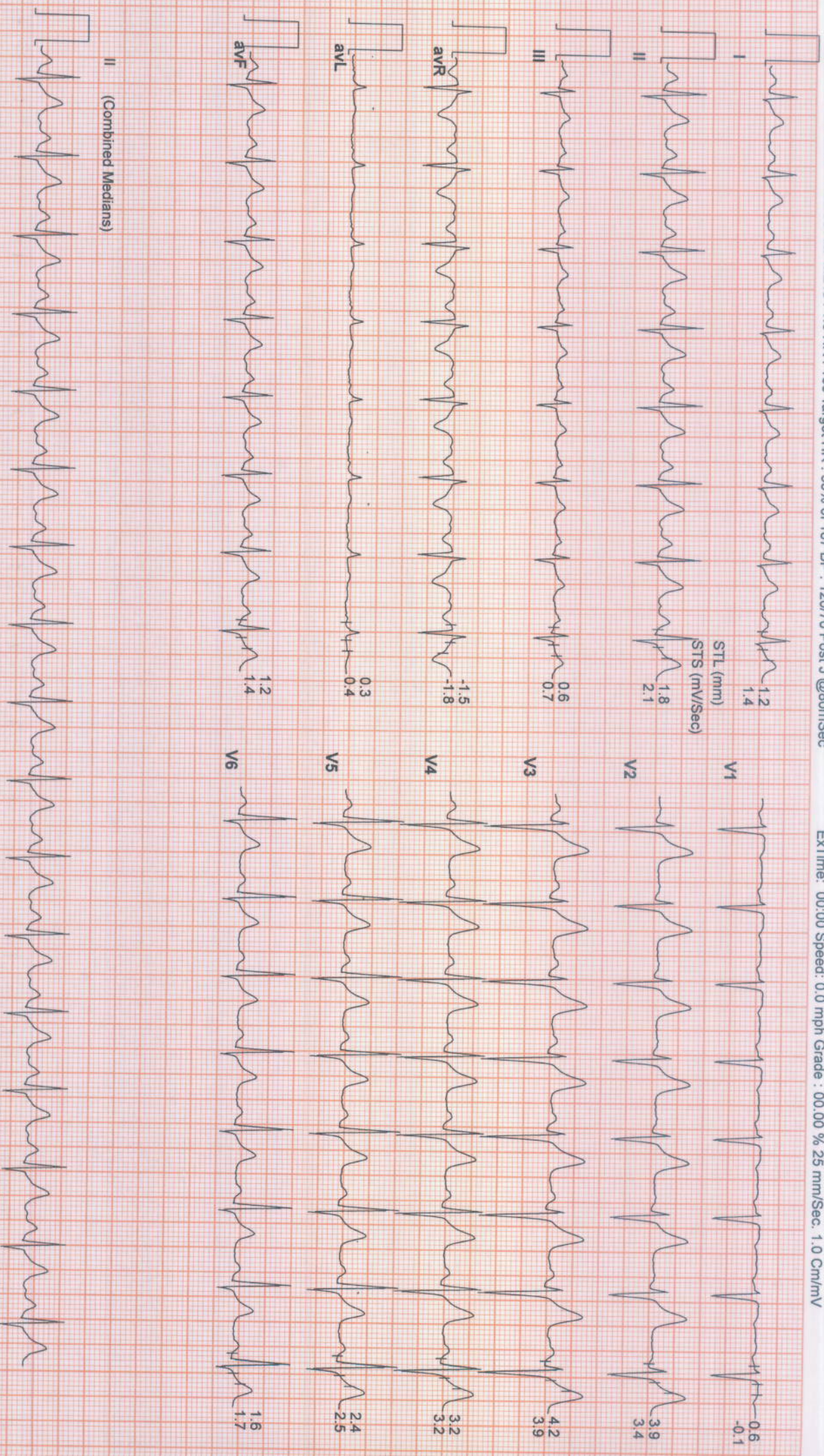
615 / PRITHISH SARDAR / 33 Yrs / Male / 183 Cm / 75 Kg

6X2 Combine Medians + 1 Rhythm
HV (00:00)



Date: 11 / 03 / 2023 11:36:56 AM METs : 1.0 HR : 100 Target HR : 53% of 187 BP : 120/70 Post J @80mSec

EXTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

615 / PRITHISH SARDAR / 33 Yrs / Male / 183 Cm / 75 Kg

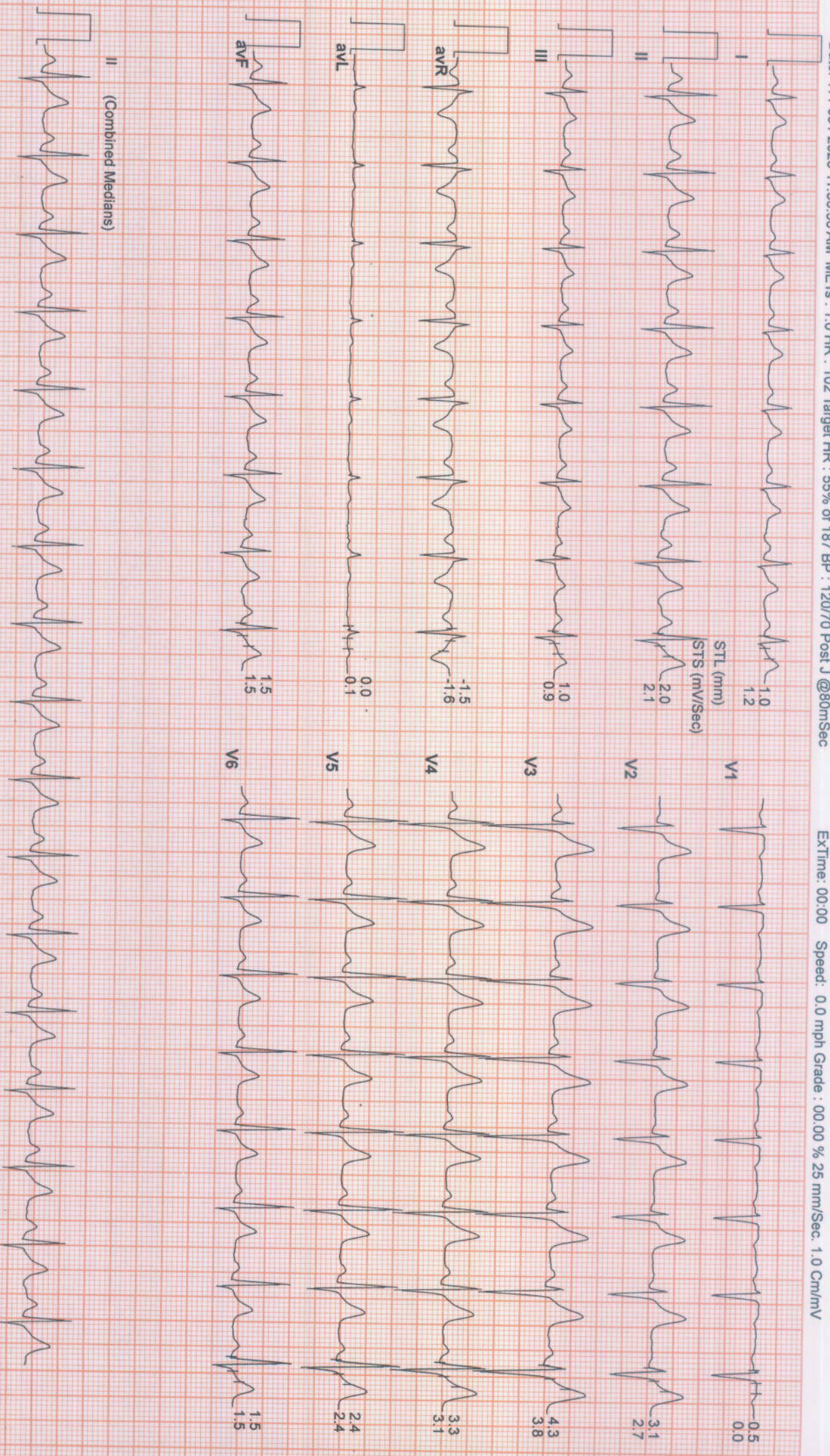
6X2 Combine Medians + 1 Rhythm

EXStt



Date: 11 / 03 / 2023 11:36:56 AM METs : 1.0 HR : 102 Target HR : 55% of 187 BP : 120/70 Post J @80mSec

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

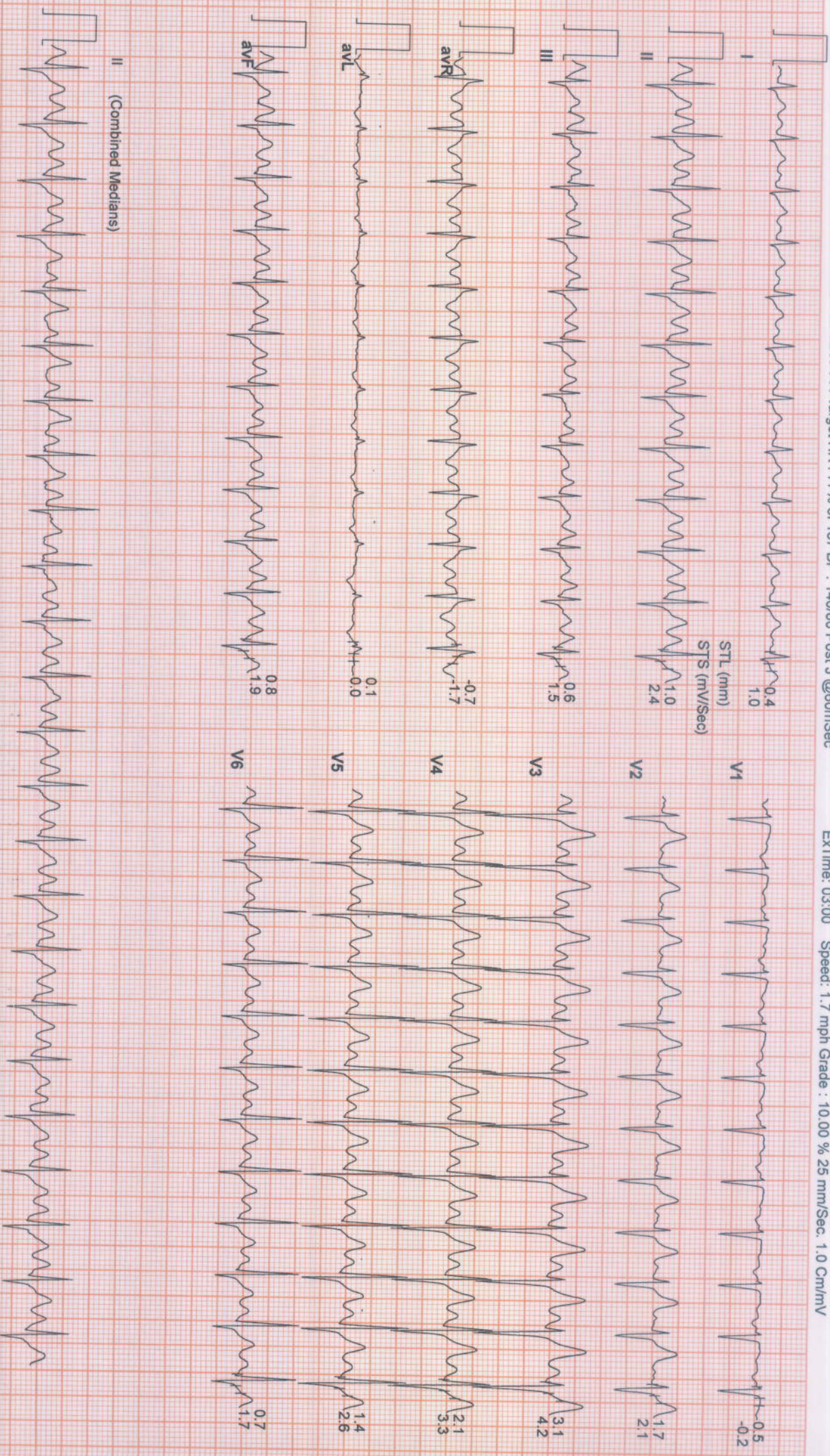
615 / PRITHISH SARDAR / 33 Yrs / Male / 183 Cm / 75 Kg

6X2 Combine Medians + 1 Rhythm
BRUCE : Stage 1 (03:00)



Date: 11 / 03 / 2023 11:36:56 AM METs : 4.7 HR : 144 Target HR : 77% of 187 BP : 140/80 Post J @60mSec

ExTime: 03:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

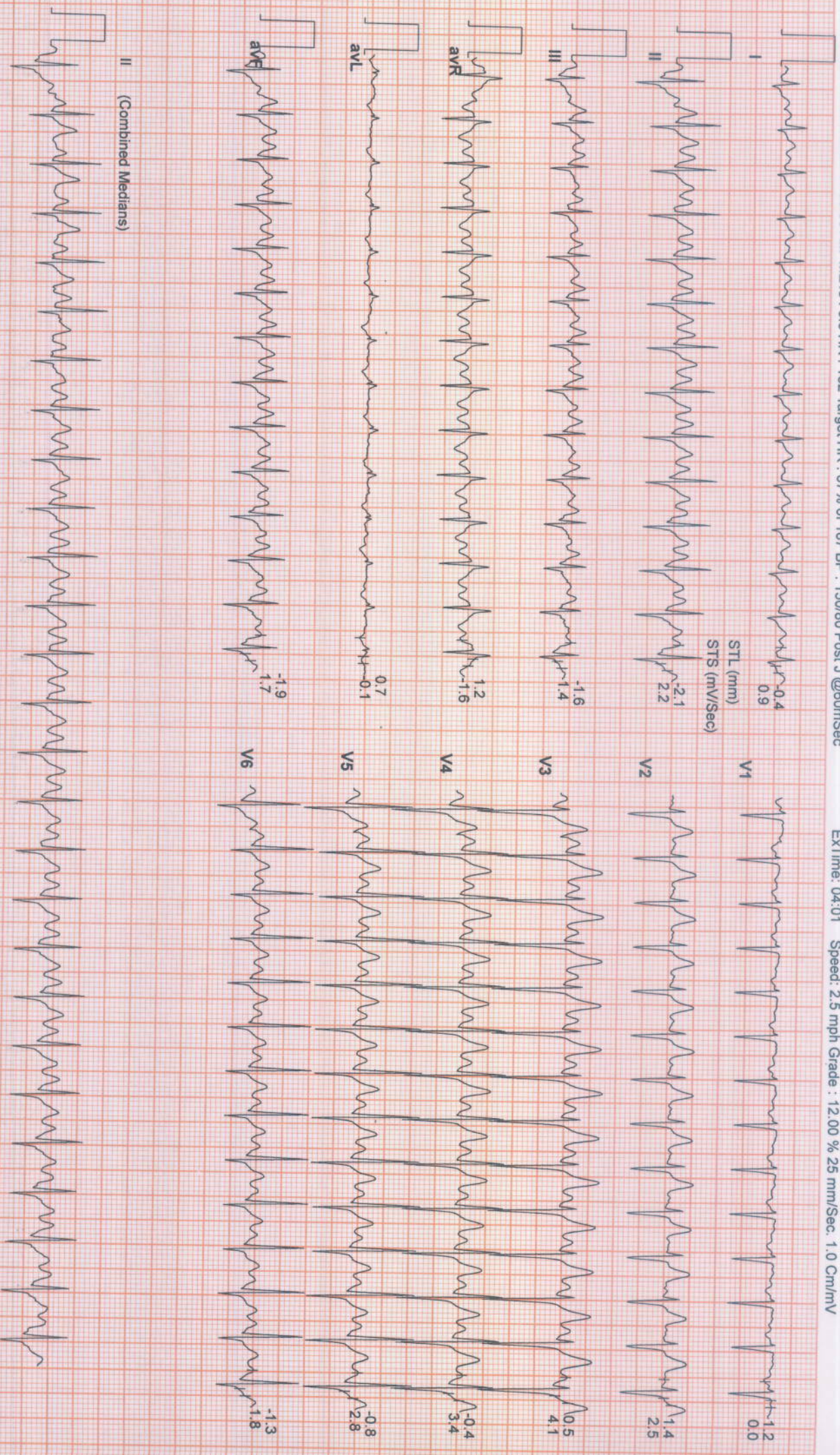
615 / PRITHISH SARDAR / 33 Yrs / Male / 183 Cm / 75 Kg

6X2 Combine Medians + 1 Rhythm
PeakEX



Date: 11 / 03 / 2023 11:36:56 AM METs : 5.5 HR : 162 Target HR : 87% of 187 BP : 150/80 Post J @60mSec

ExTime: 04:01 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

615 / PRITHISH SARDAR / 33 Yrs / Male / 183 Cm / 75 Kg

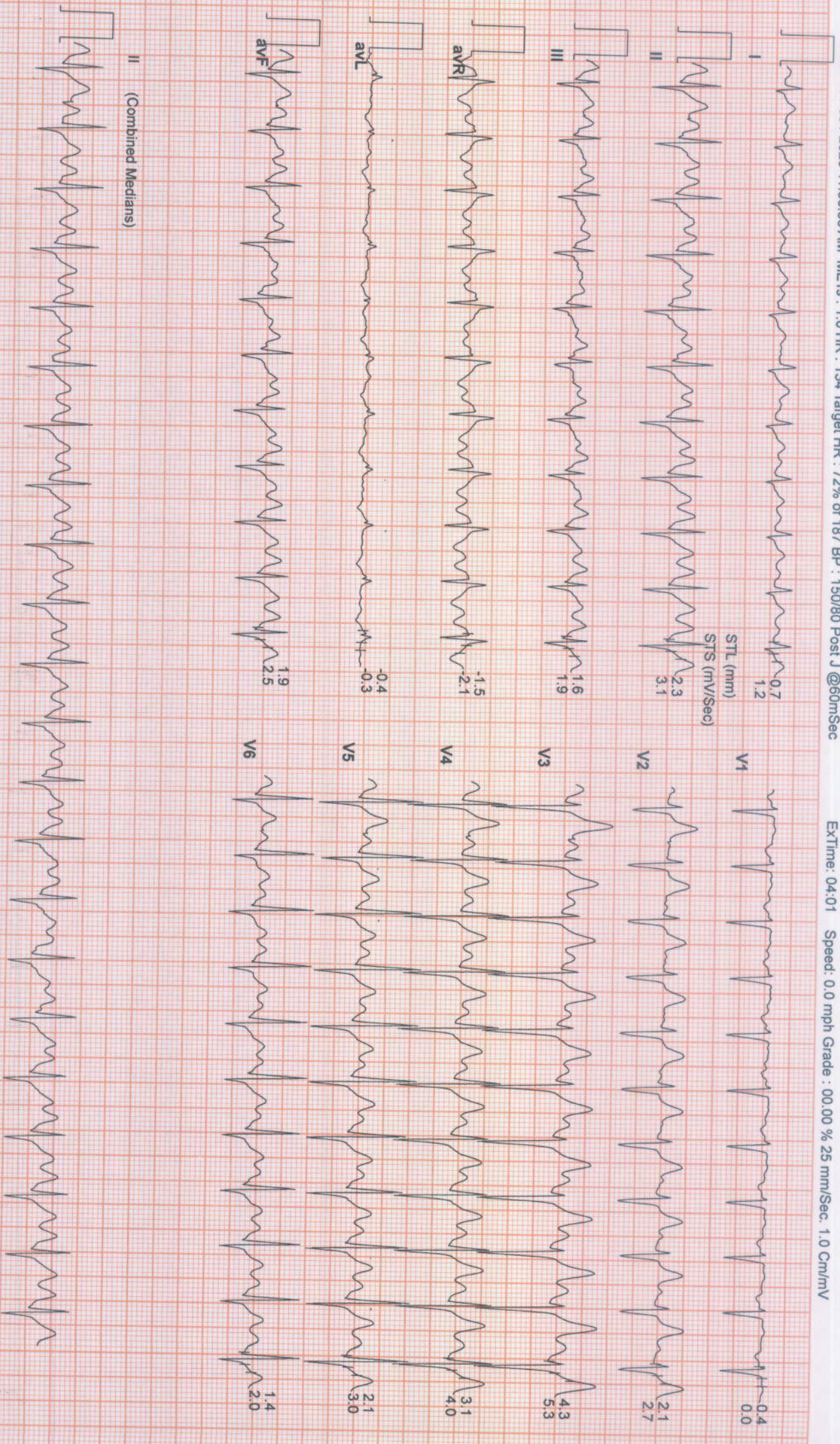
6X2 Combine Medians + 1 Rhythm

Recovery : (01:00)



Date: 11 / 03 / 2023 11:36:56 AM METS : 1.0 HR : 134 Target HR : 72% of 187 BP : 150/80 Post J @60mSec

ExTime: 04:01 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

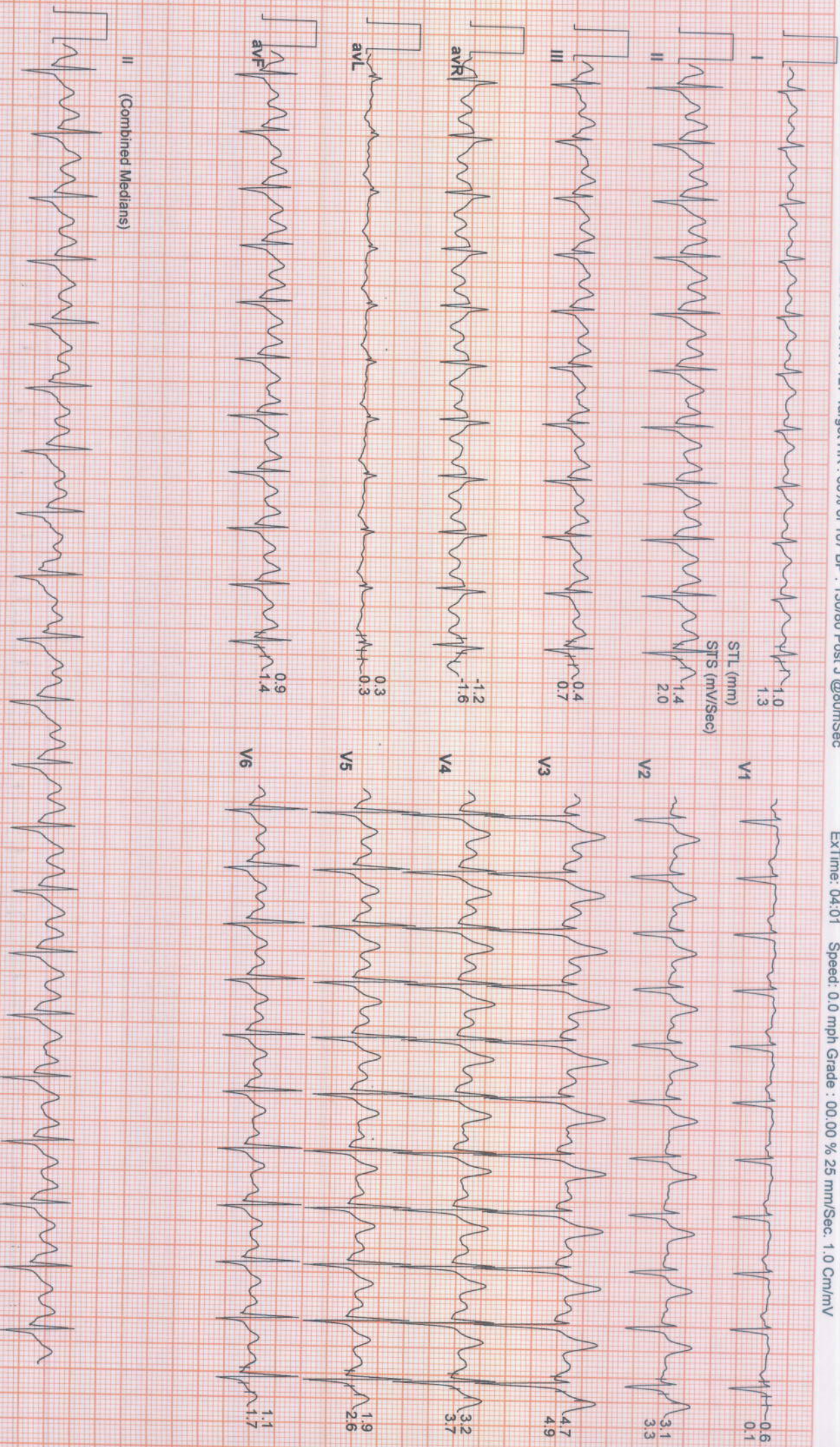
615 / PRITHISH SARDAR / 33 Yrs / Male / 183 Cm / 75 Kg

6X2 Combine Medians + 1 Rhythm
Recovery : (02:00)



Date: 11 / 03 / 2023 11:36:56 AM METs : 1.0 HR : 127 Target HR : 68% of 187 BP : 130/80 Post J @80mSec

ExTime: 04:01 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

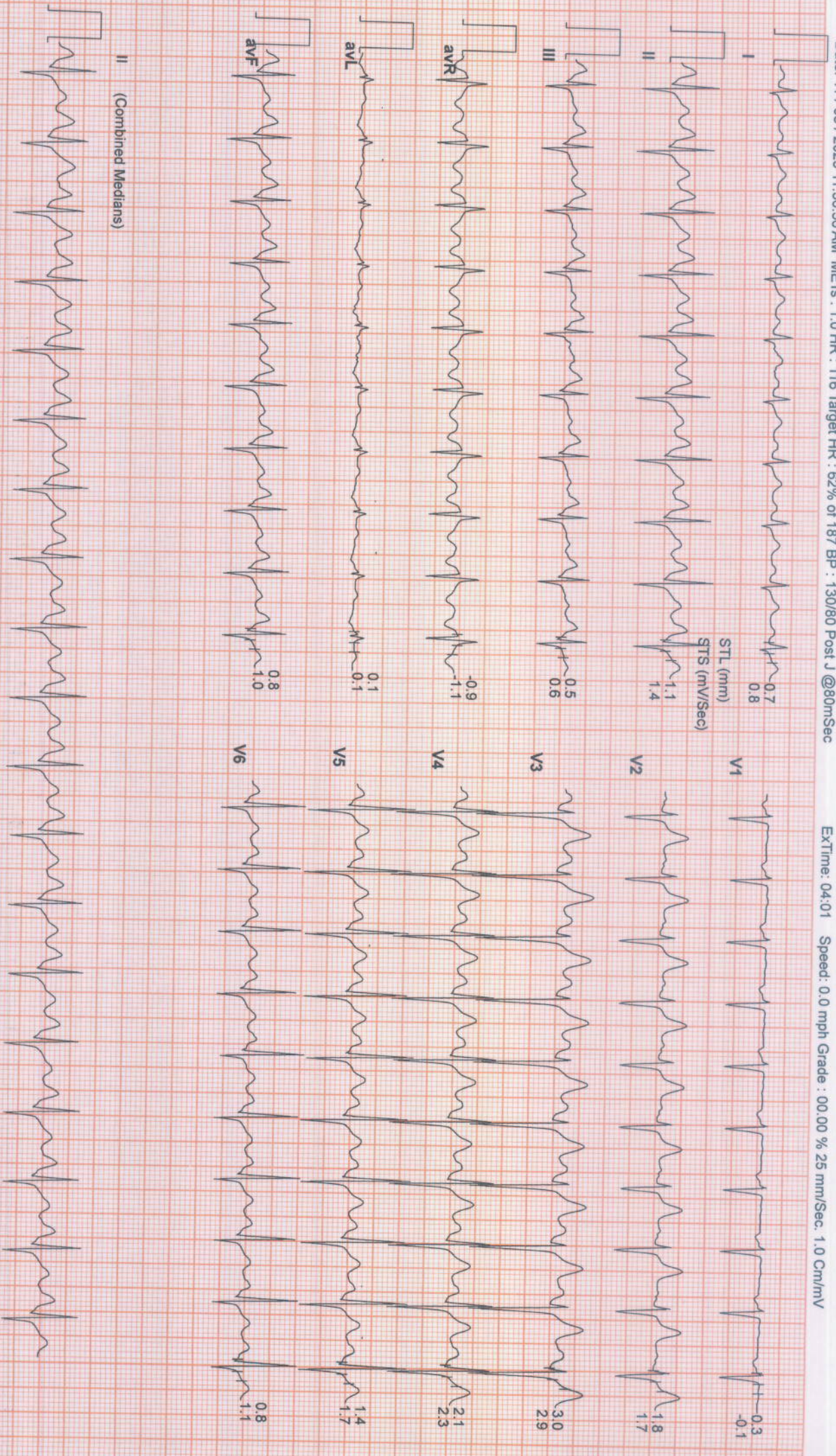
615 / PRITHISH SARDAR / 33 Yrs / Male / 183 Cm / 75 Kg

6X2 Combine Medians + 1 Rhythm
Recovery : (04:00)



Date: 11 / 03 / 2023 11:36:56 AM METs : 1.0 HR : 116 Target HR : 62% of 187 BP : 130/80 Post J @80mSec

ExTime: 04:01 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

615 / PRITHISH SARDAR / 33 Yrs / Male / 183 Cm / 75 Kg

6X2 Combine Medians + 1 Rhythm

Recovery : (04:07)



Date: 11 / 03 / 2023 11:36:56 AM METs : 1.0 HR : 116 Target HR : 62% of 187 BP : 130/80 Post J @80mSec

ExTime: 04:01 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

