


FORM 7
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Tr. Valid upto

Signature of Holder
Ashok Kumar

Endorsements

CLA: HR-29 License No.: 1967/B/2011 Date of Issue: 14/03/2011

Name: **ASHOK KUMAR**

S/w/d of: **HARI CHAND**

Date of Birth: **11/07/1982** Blood Group: **B+**

Address: **A/MCF- 124 LANE -1 ARWA NAGAR BALLABGARH FARIDABAD**

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BALLABGARH (HARYANA)

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

Regd. Office:-
SUBURBAN DIAGNOSTICS INDIA PVT. LTD.
2nd Floor, Aston, Sundervan Complex,
Lokhandwala Road, Andheri (West),
Mumbai-400053.

Ashok Kumar
15/01/23
For medical purpose.



Authenticity Check
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Application To Scan the Code

CID : 2301525275
Name : MR.ASHOK KUMAR TANWAR
Age / Gender : 40 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected
Reported

: 15-Jan-2023 / 08:46
: 15-Jan-2023 / 12:23

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	15.8	13.0-17.0 g/dL	Spectrophotometric
RBC	5.37	4.5-5.5 mil/cmm	Elect. Impedance
PCV	47.8	40-50 %	Measured
MCV	89	80-100 fl	Calculated
MCH	29.5	27-32 pg	Calculated
MCHC	33.1	31.5-34.5 g/dL	Calculated
RDW	12.6	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	7900	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	36.1	20-40 %	Calculated
Absolute Lymphocytes	2851.9	1000-3000 /cmm	Calculated
Monocytes	5.6	2-10 %	Calculated
Absolute Monocytes	442.4	200-1000 /cmm	Calculated
Neutrophils	56.1	40-80 %	Calculated
Absolute Neutrophils	4431.9	2000-7000 /cmm	Calculated
Eosinophils	2.2	1-6 %	Calculated
Absolute Eosinophils	173.8	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	Calculated
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
PLATELET PARAMETERS			
Platelet Count	257000	150000-400000 /cmm	Elect. Impedance
MPV	9.5	6-11 fl	Calculated
PDW	15.5	11-18 %	Calculated



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 : 15-Jan-2023 / 11:57

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

2-15 mm at 1 hr.

Sedimentation

ESR, EDTA WB, EDTA WB-ESR 5

*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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: 15-Jan-2023 / 11:54

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	90.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	86.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.55	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.21	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.34	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2	1 - 2	Calculated
SGOT (AST), Serum	23.2	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	24.1	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	16.7	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	91.4	40-130 U/L	Colorimetric
BLOOD UREA, Serum	23.8	12.8-42.8 mg/dl	Kinetic
BUN, Serum	11.1	6-20 mg/dl	Calculated
CREATININE, Serum	0.76	0.67-1.17 mg/dl	Enzymatic



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: 15-Jan-2023 / 12:06
: 15-Jan-2023 / 15:19

Test Name	Result	Reference Range	Method
eGFR, Serum	121	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	7.0	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 Borivali Lab, Borivali West
*** End Of Report ***



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



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Collected : 15-Jan-2023 / 08:46
Reported : 15-Jan-2023 / 13:19

CID : 2301525275
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Consulting Dr. : -
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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	5.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: > / = 6.5 % mg/dl	HPLC Calculated
Estimated Average Glucose (eAG), EDTA WB - CC	122.6		

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 Borivali Lab, Borivali West
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Reported : 15-Jan-2023 / 16:44

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
EXAMINATION OF FAECES

BIOLOGICAL REF RANGE

PARAMETER

RESULTS

PHYSICAL EXAMINATION

Colour
Form and Consistency
Mucus
Blood

Brown
Semi Solid
Absent
Absent

Brown
Semi Solid
Absent
Absent

CHEMICAL EXAMINATION

Reaction (pH)
Occult Blood

Acidic (6.0)
Absent

-
Absent

MICROSCOPIC EXAMINATION

Protozoa
Flagellates
Ciliates
Parasites
Macrophages
Mucus Strands
Fat Globules
RBC/hpf
WBC/hpf
Yeast Cells
Undigested Particles
Concentration Method (for ova)
Reducing Substances

Absent
Absent
Absent
Absent
Absent
Absent
Absent
Absent
Absent
Absent
Absent
Present +
No ova detected
-

Absent
Absent
Absent
Absent
Absent
Absent
Absent
Absent
Absent
Absent
Absent
Absent
Absent
Absent

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
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M.D. (PATH)
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: 15-Jan-2023 / 14:17

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER

RESULTS

BIOLOGICAL REF RANGE

METHOD

PHYSICAL EXAMINATION

Color : Pale yellow
Reaction (pH) : 5.0
Specific Gravity : 1.020
Transparency : Clear
Volume (ml) : 50

Pale Yellow
4.5 - 8.0
1.001-1.030
Clear
-

-
Chemical Indicator
Chemical Indicator
-

CHEMICAL EXAMINATION

Proteins : Absent
Glucose : Absent
Ketones : Absent
Blood : Absent
Bilirubin : Normal
Urobilinogen : Absent
Nitrite : Absent

Absent
Absent
Absent
Absent
Absent
Normal
Absent

pH Indicator
GOD-POD
Legals Test
Peroxidase
Diazonium Salt
Diazonium Salt
Griess Test

MICROSCOPIC EXAMINATION

Leukocytes(Pus cells)/hpf : 1-2
Red Blood Cells / hpf : Absent
Epithelial Cells / hpf : 0-1
Casts : Absent
Crystals : Absent
Amorphous debris : Absent
Bacteria / hpf : 2-3
Others : -

0-5/hpf
0-2/hpf
Absent
Absent
Absent
Less than 20/hpf

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



Bmhaskar
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
Rh TYPING

B
Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) 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 SDRL, Vidyavihar Lab
*** End Of Report ***



Dr. Trupti Shetty
Dr. TRUPTI SHETTY
M. D. (PATH)
Pathologist



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: 15-Jan-2023 / 08:46
: 15-Jan-2023 / 12:03

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	160.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: \geq 240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	165.1	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high: \geq 500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	27.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	132.9	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: \geq 190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	100.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: \geq 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	32.9	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.6	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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Collected : 15-Jan-2023 / 08:46
 Reported : 15-Jan-2023 / 15:54

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	5.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.1	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.17	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 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 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 Borivali Lab, Borivali West
*** End Of Report ***



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

Date:- 15/1/23
 Name:- Ashak Tanwar

CID:
 Sex / Age: 40 / m

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

} NO
 →

RE LE
 N/G N/G
 6/6 6/6

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

(M)
 J

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 2nd Floor, Aston, Sundervan Complex,
 Lokhandwala Road, Andheri (West),
 Mumbai-400053.

CID NO: 2301525275		
NAME: MR. ASHOK KUMAR TANWAR	AGE: 40 YRS	SEX: MALE
REF. BY : ----	DATE: 15/01/2023	

USG WHOLE ABDOMEN

LIVER: Liver is normal in size 13.7 cm with mild generalized increase in parenchymal echotexture with pericholecystic fat sparing. There is no intra-hepatic biliary radical dilatation.

GALL BLADDER: Gall bladder is distended and appears normal. No obvious wall thickening is noted. There is no evidence of any calculus.

PORTAL VEIN: Portal vein is 12 mm normal. **CBD:** CBD is normal.

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

KIDNEYS: Right kidney measures 12.2 x 4.3 cm. Right kidney mid pole calculus measuring 3.8 mm. Left kidney measures 11.1 x 5.5 cm. Left kidney mid pole concretion 2.3 mm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter.

SPLEEN: Spleen is normal in size 8.6 cm, 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. Prostate measures 2.7 x 3.8 x 3.2 cm and prostatic weight is 18.3 gm. No evidence of any obvious focal lesion.

No free fluid or size significant lymphadenopathy is seen.

Opinion:

- Grade I fatty infiltration of liver with pericyclic fat sparing.
- Bilateral small renal non obstructive calculus.

For clinical correlation and follow up.


Dr. Ravi Kumar, MD
Consultant Radiologist
Reg no.2008041721

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

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Age / Sex : 40 Years/Male
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 15-Jan-2023
Reported : 16-Jan-2023 / 16:09

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.

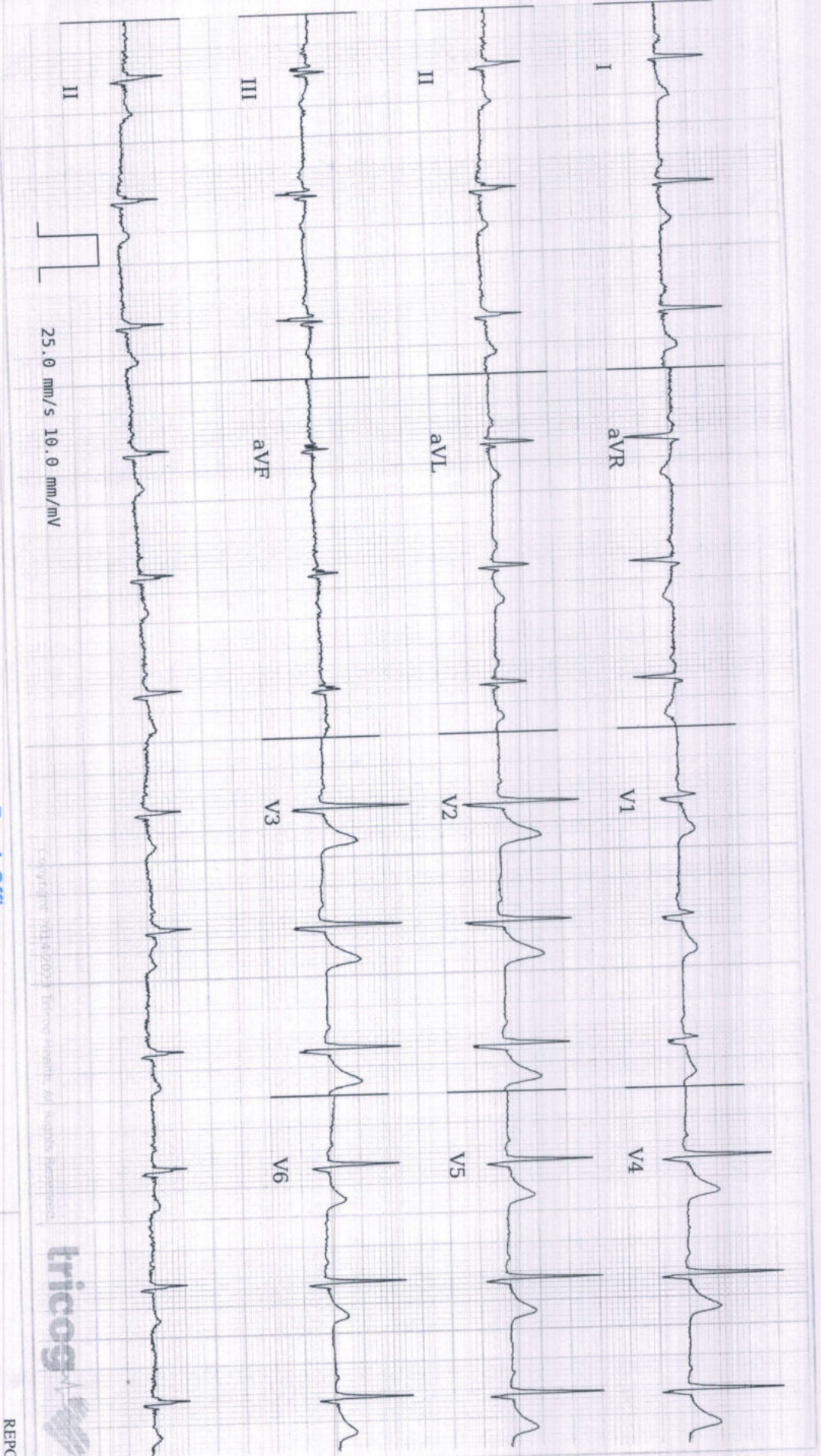
-----End of Report-----

This report is prepared and physically checked by DR SUDHANSHU SAXENA before dispatch.

DR.SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
RegNo .MMC 2016061376.

Patient Name: **ASHOK KUMAR TANWAR**
Patient ID: **2301525275**

Date and Time: **15th Jan 23 8:59 AM**



Age **40** years mo

Gender **Male**

Heart Rate **74**

Patient Vitals

BP: **140/80**

Weight: **93 kg**

Height: **168 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

Measurement

QRSD: **94ms**

QT: **348ms**

QTc: **386ms**

PR: **122ms**

P-R-T: **-7° 1**

REPORTED BY

[Signature]

ECG Within Normal Limits: Sinus Rhythm. Normal axis. Please correlate clinically.

DR. NITIN SONAVANE

M.F. AFH, D.DIAB, D.CARD.

CON. T-CARDIOLOGIST

REG. NO.: 87714

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Dr Nitin Sonavane
M.B.B.S AFH, D.DIAB, D.CARD
Consultant Cardiologist
87714

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 observed by the clinician and not derived from the ECG.

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Name: ASHOK KUMAR TANWAR

Date: 15-01-2023 Time: 10:01

Age: 40 Gender: M Height: 168 cms Weight: 93 Kg ID: 2301525275

Clinical History:

Medications:

Test Details:

Protocol: Bruce Predicted Max HR: 180 Target HR: 153
Exercise Time: 0:06:12 Achieved Max HR: 168 (93% of Predicted MHR)
Max BP: 170/80 Max BP x HR: 28560 Max Mets: 6.9
Test Termination Criteria: TEST COMPLET

Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	00:16	1	0	0	90	140/80	12600	0.4 V2	2 V4
Standing	00:06	1	0	0	99	140/80	13860	0.6 V2	1.9 V4
HyperVentilation	00:07	1	0	0	87	140/80	12180	0.5 V2	1.5 V4
PreTest	00:06	1	1.6	0	95	140/80	13300	0.3 V1	1.7 V4
Stage: 1	00:09	0.2	2.7	10	102	140/80	14280	0.7 V1	1.4 V4
Stage: 2	03:00	3.7	4	12	139	150/80	20850	2.2 V2	1.9 V4
Stage: 3	03:00	6.9	5.5	14	168	150/80	25200	-1.9 V2	2.2 V4
Peak Exercise	00:03	6.9	6.8	16	168	150/80	25200	-1.9 V2	2.2 V4
Recovery1	01:00	1	0	0	143	170/80	24310	1.6 aVR	2.2 V4
Recovery2	01:00	1	0	0	118	160/80	18880	0.6 V3	0.8 III
Recovery3	01:00	1	0	0	116	160/80	18560	-0.5 II	0.7 V5
Recovery4	01:00	1	0	0	115	150/80	17250	-0.7 V4	1.7 V4

Interpretation

The Patient Exercised according to Bruce Protocol for 0:06:12 achieving a work level of 6.9 METS.
 Resting Heart Rate, initially 90 bpm rose to a max. heart rate of 168bpm (93% of Predicted Maximum Heart Rate).
 Resting Blood Pressure of 140/80 mmHg, rose to a maximum Blood Pressure of 170/80 mmHg
 Good Effort tolerance Normal HR & BP Response No Angina or Arrhythmias
 No Significant ST-T Change Noted During Exercise Stress test Negative for Stress inducible ischaemia.

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Ref. Doctor: ----



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ASHOK KUMAR TANWAR

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2301525275
Stage: Supine

Date: 15-01-2023
Speed: 0 km/h

Exec Time : 0:00:00
Slope: 0%

Stage Time: 00:16
THR: 153 bpm

HR: 90 b

BP: 140/80 mm
STLevel(mm)

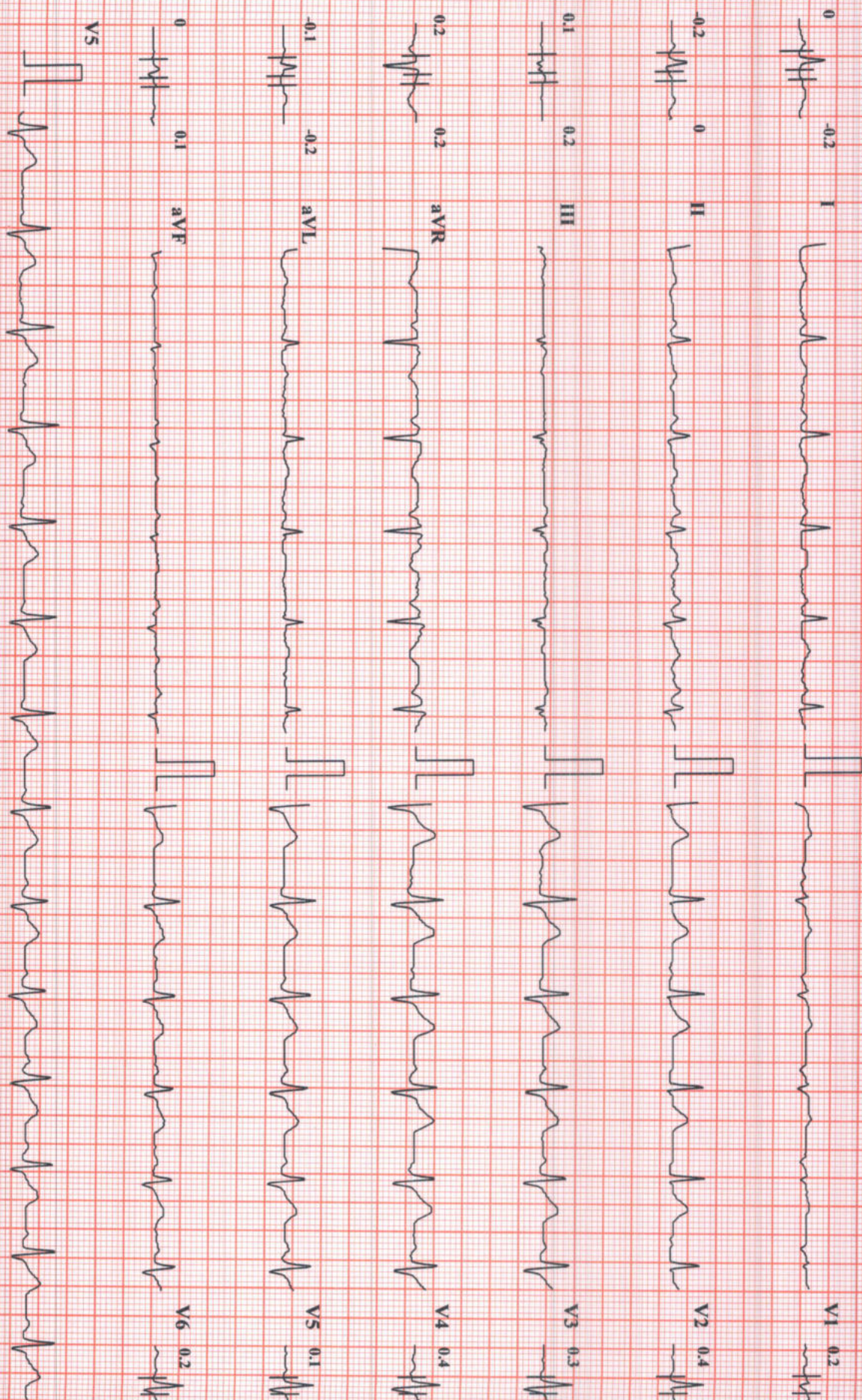


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spardan CS-22



ASHOK KUMAR TANWAR

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Bruce Protocol

ID: 2301525275

Date: 15-01-2023

Exec Time: 0:00:00

Stage Time: 00:06

HR: 99 bpm

STLevel(mm) STSlope(mV/s)

Stage: Standing

Speed: 0

Slope: 0%

THR: 153 bpm

BP: 140/80 mmHg
STLevel(mm)

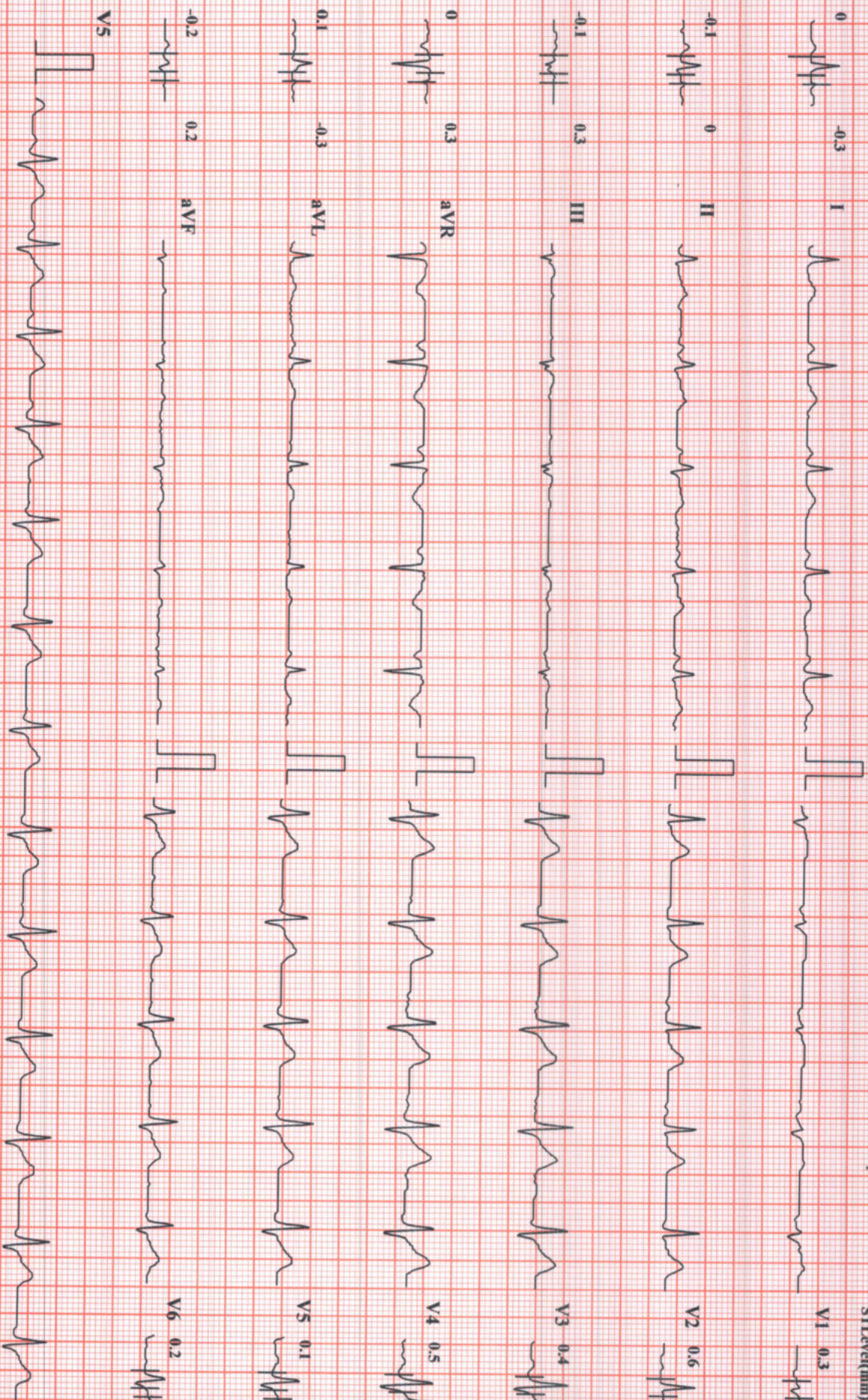


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = I + 60 ms

Schiller Spandau CS-20



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ASHOK KUMAR TANWAR

ID: 2301525275

Date: 15-01-2023

Exec Time: 0:00:00

Stage Time: 00:07

HR: 87 b

Bruce Protocol

Stage: Hyper Ventilation

Speed: 0

Slope: 0 %

THR: 153 bpm

BP: 140/80 mm

STLevel(mm) STSlope(mV/s)

STLevel(mm) S

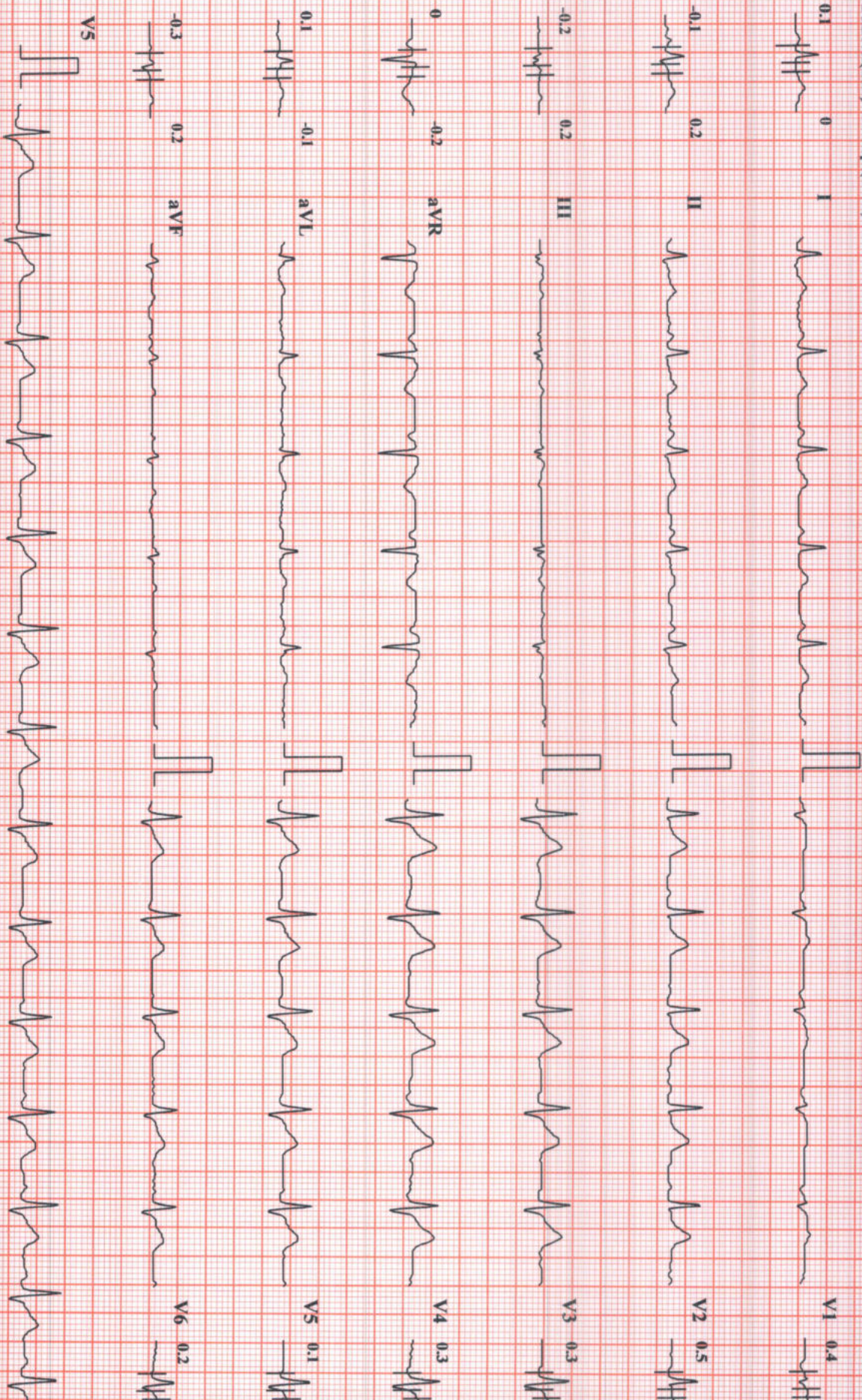


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spandau CS-2



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ASHOK KUMAR TANWAR

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2301525275
Stage: 1

Date: 15-01-2023
Speed: 2.7 kmph

Exec Time : 0:00:09
Slope: 10%

Stage Time: 00:09
THR: 153 bpm

HR: 102

BP: 140/80 mm

STLevel(mm)

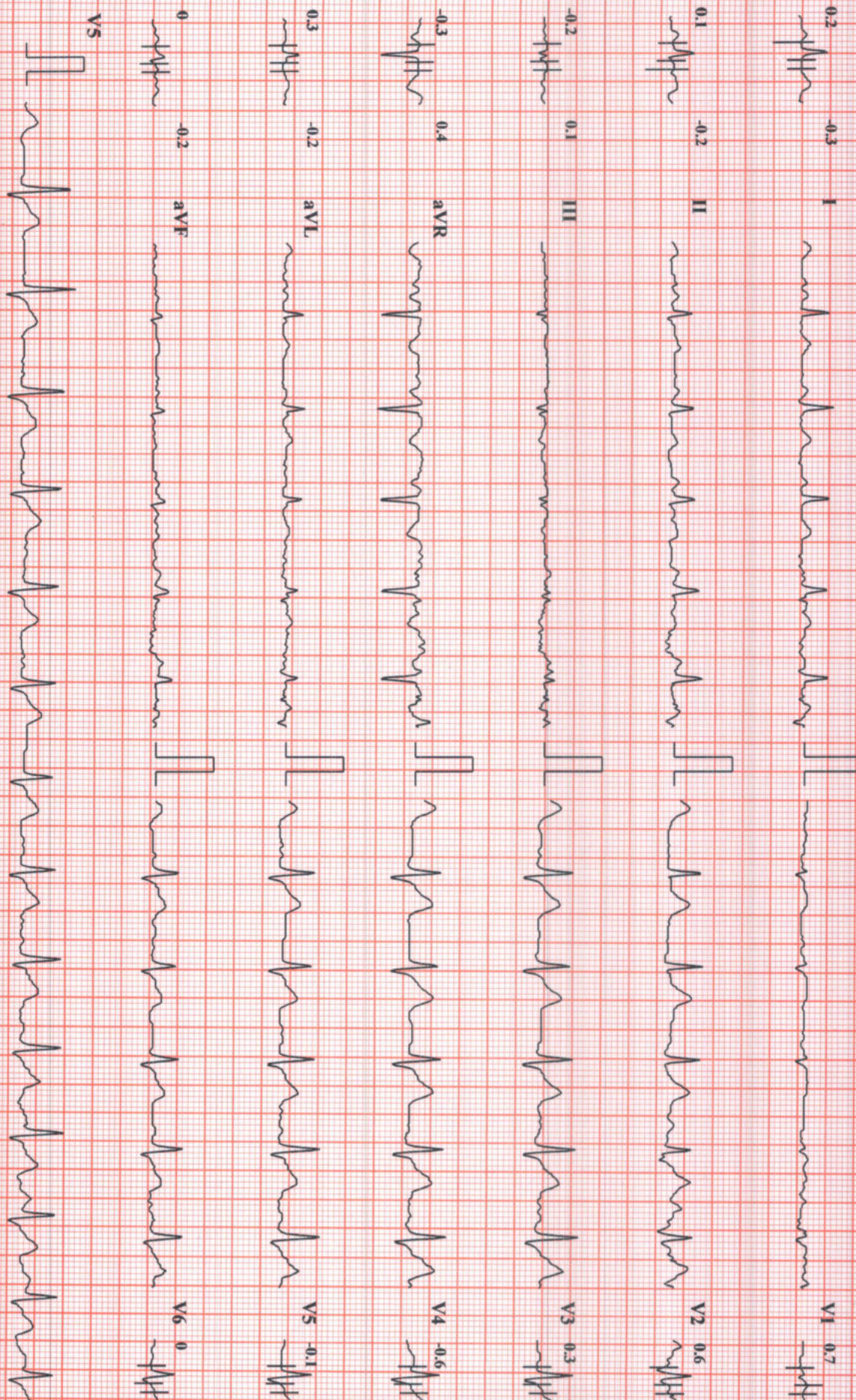


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz - Mains Filter: ON

ISO - R - 60 ms - J - R + 60 ms - Post J - J + 60 ms

Schiller Spandam CS-20



ASHOK KUMAR TANWAR

Bruce Protocol
STLevel(mm) STSlope(mV/s)

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ID: 2301525275
Stage: 2

Date: 15-01-2023
Speed: 4 kmph

Exec Time : 0:03:09
Slope: 12 %

Stage Time: 03:00
THR: 153 bpm

HR: 139

BP: 150/80 mm
STLevel(mm) S

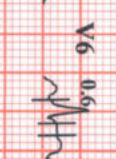
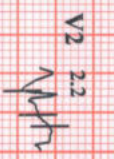
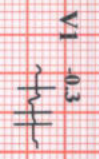
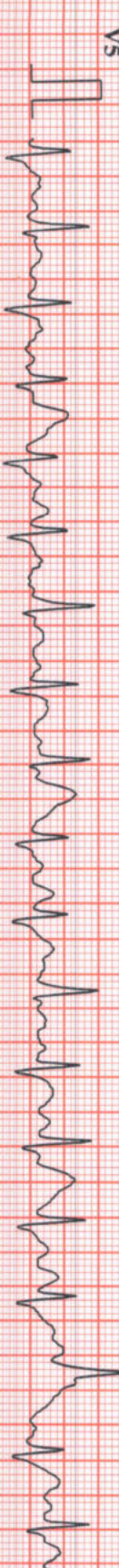
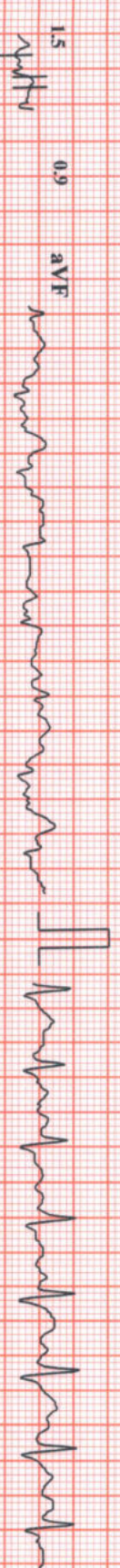
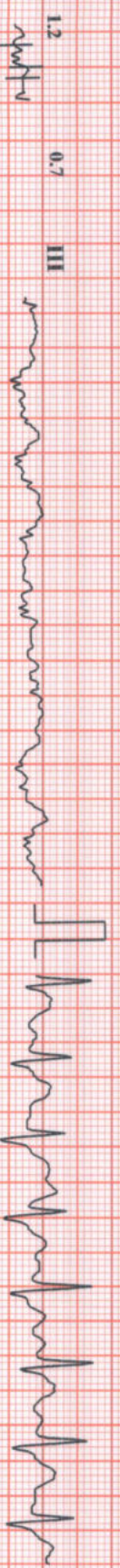


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spandax CS-5



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ASHOK KUMAR TANWAR

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2301525275

Stage: 3

Date: 15-01-2023

Speed: 5.5 kmph

Exec Time : 0:06:09

Slope: 14 %

Stage Time: 03:00

THR: 153 bpm

HR: 168

BP: 150/80 mm

STLevel(mm) S

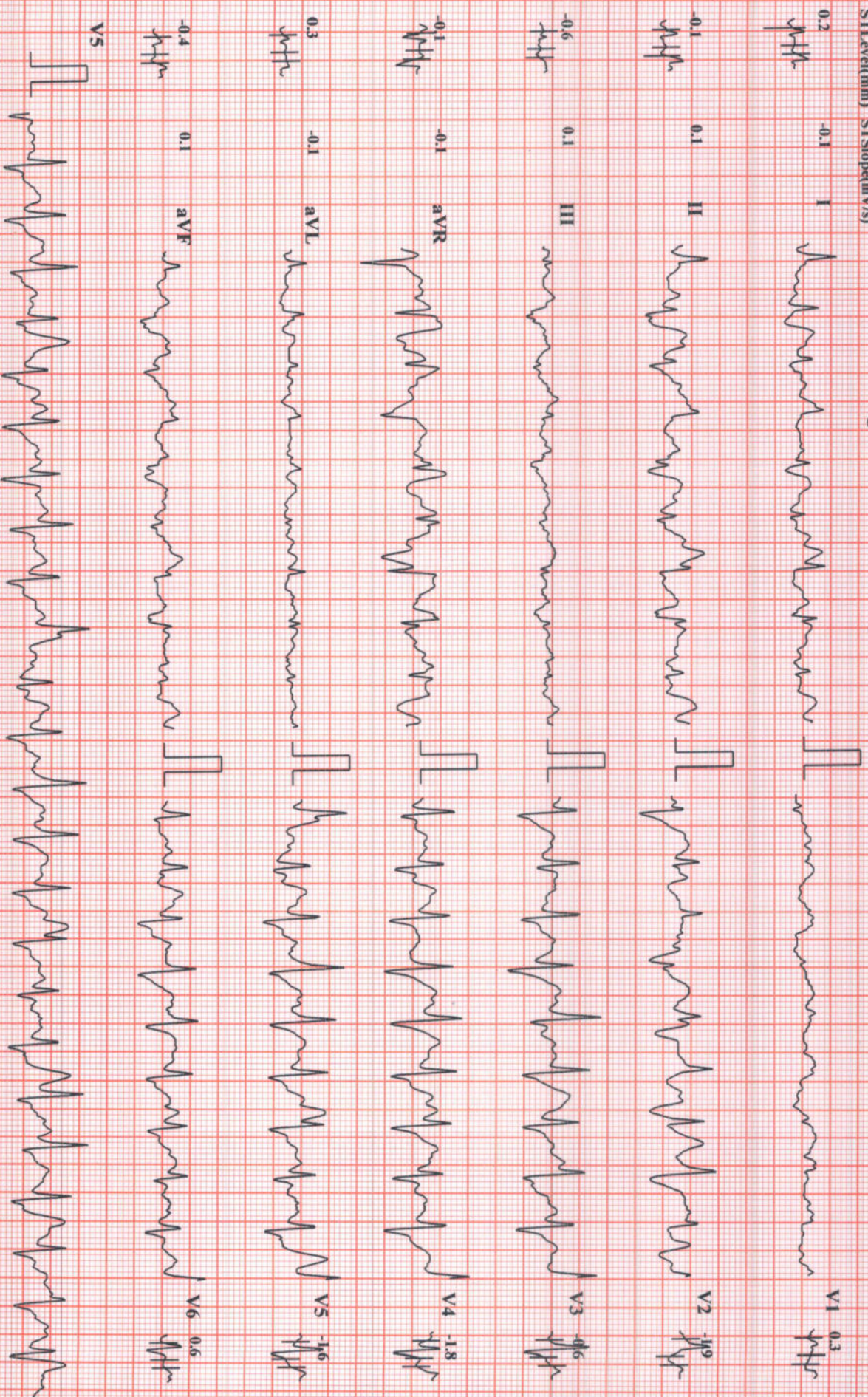


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spandau CS2



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ASHOK KUMAR TANWAR

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2301525275

Date: 15-01-2023

Exec Time : 0:06:12

Stage Time: 00:03

HR: 168

Stage: 4 Peak Exercise

Speed: 6.8 kmph

Slope: 16%

THR: 153 bpm

BP: 150/80 mm
STLevel(mm)



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spandam CS-2



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ASHOK KUMAR TANWAR

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2301525275
Stage: Recovery 1

Date: 15-01-2023
Speed: 0 kmph

Exec Time : 00:00
Slope: 0 %

Stage Time: 01:00
THR: 153 bpm

HR: 143

BP: 170/80 mm
STLevel(mm)



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R + 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spandao CSS-20



ASHOK KUMAR TANWAR

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2301525275
Stage: Recovery2

Date: 15-01-2023
Speed: 0 kmph

Exec Time : 00:00
Slope: 0 %

Stage Time: 01:00
THR: 153 bpm

HR: 118
BP: 160/80 mmHg
STLevel(mm) S

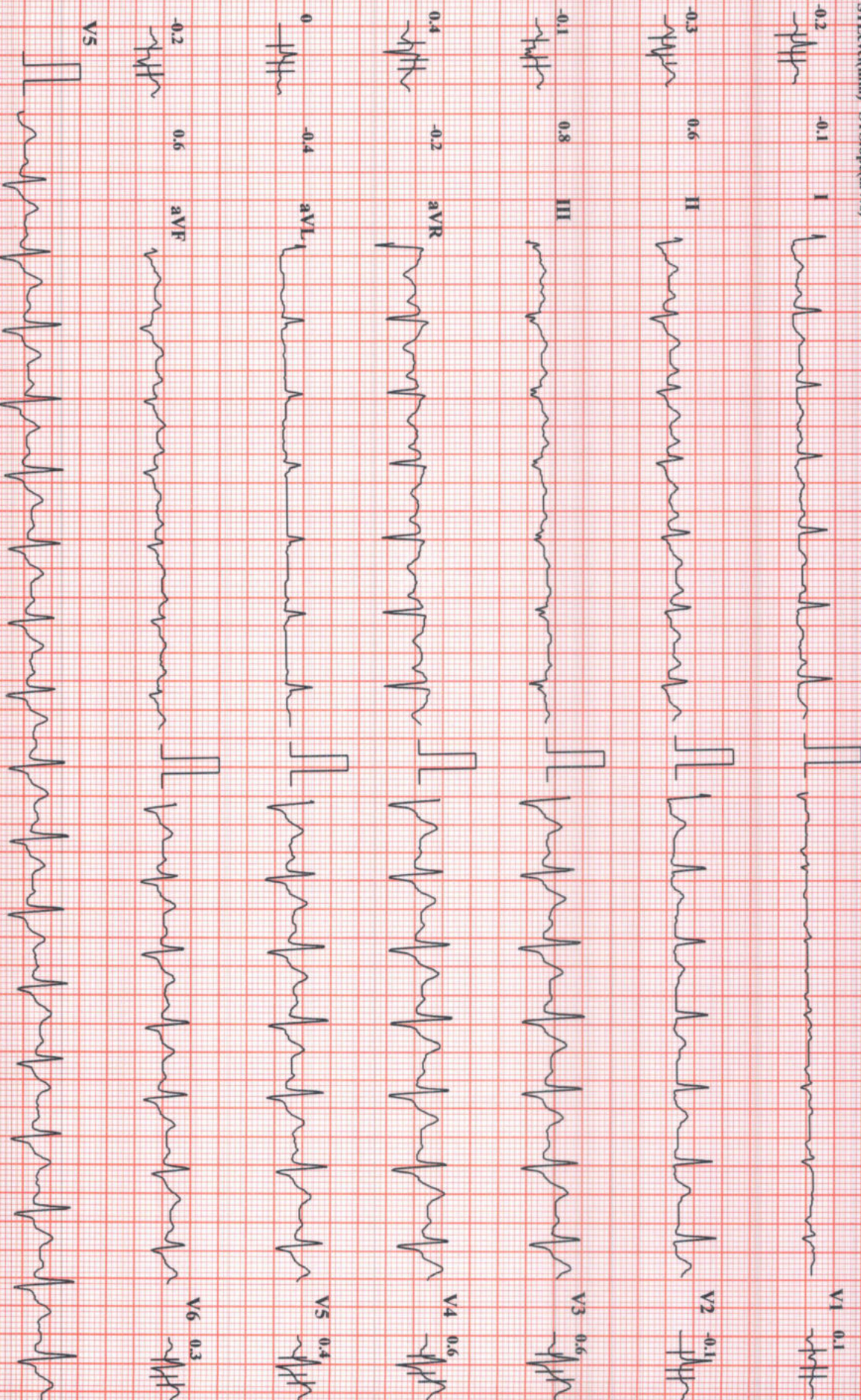


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms J = R + 60 ms Post J = J + 60 ms

Schiller Spandau CS-2



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ASHOK KUMAR TANWAR

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2301525275

Stage: Recovery/3

Date: 15-01-2023

Speed: 0 kmph

Exec Time : 00:00

Slope: 0%

Stage Time: 00:13

THR: 153 bpm

HR: 124

BP: 160/80 mm

STLevel(mm)

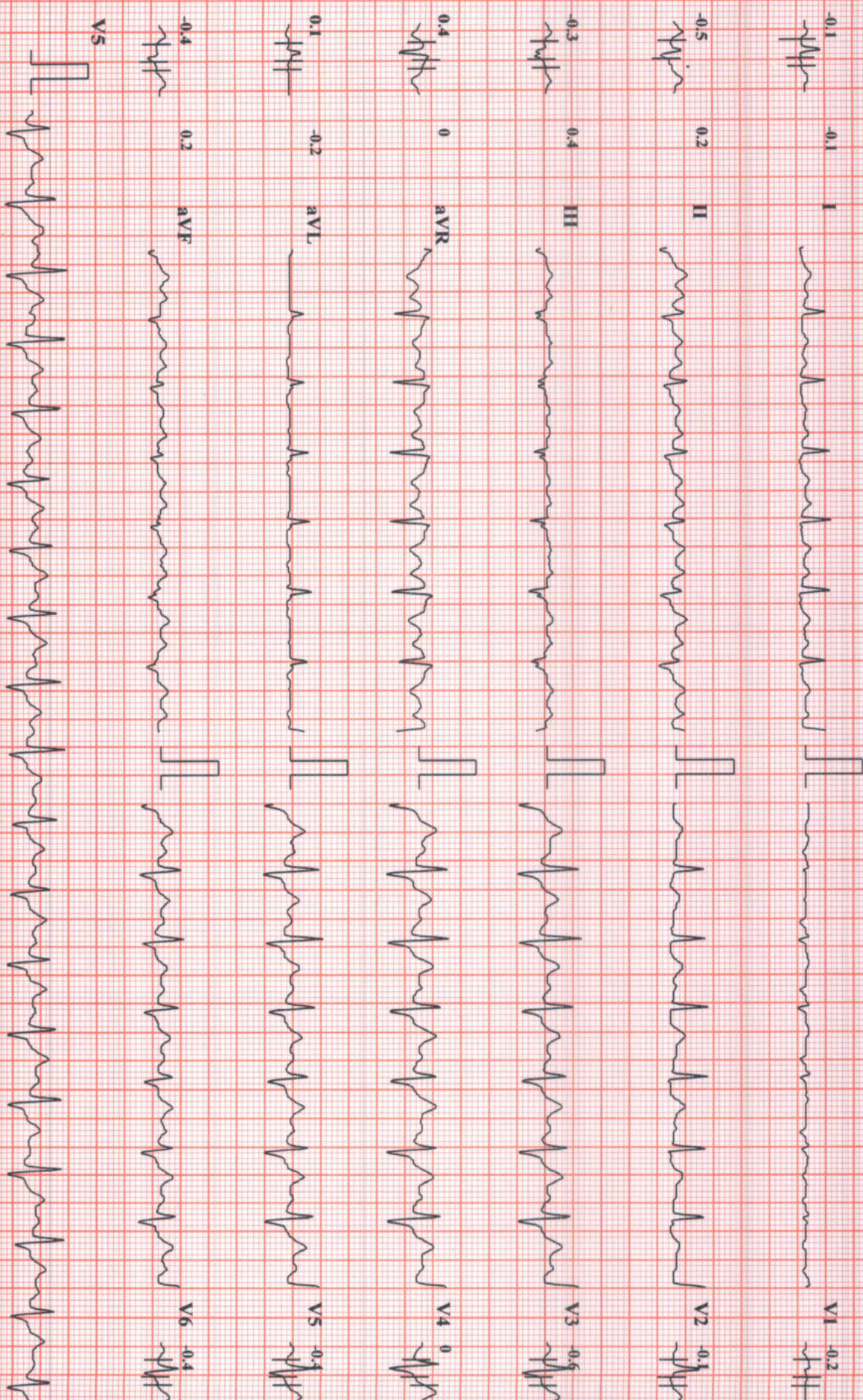


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spandian CS-24



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ASHOK KUMAR TANWAR

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2301525275
Stage: Recovery3

Date: 15-01-2023
Speed: 0 kmph

Exec Time : 00:00
Slope: 0%

Stage Time: 01:00
THR: 153 bpm

HR: 116

BP: 160/80 mm
STLevel(mm)

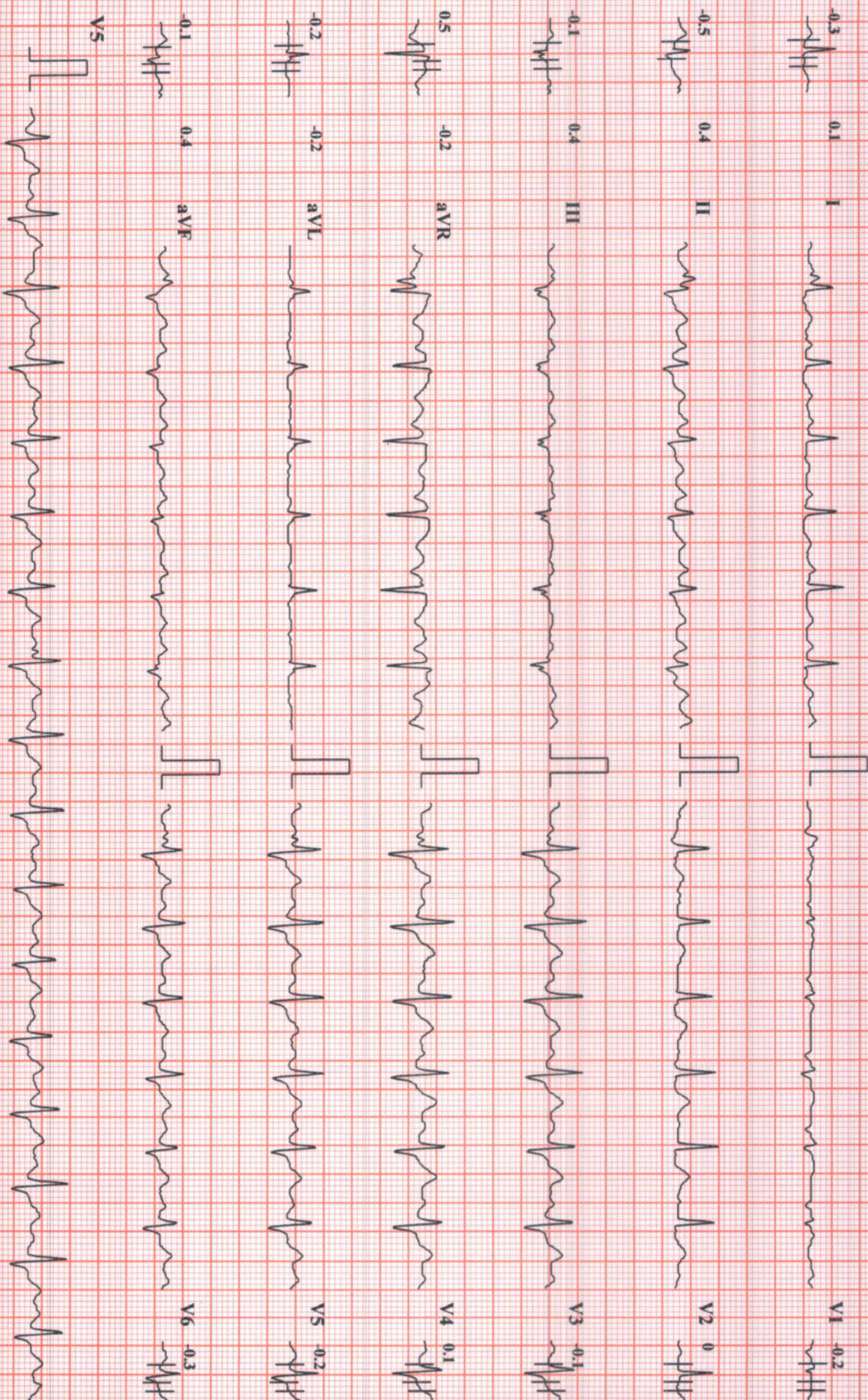


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spanian CS-2



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ASHOK KUMAR TANWAR

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2301525275
Stage: Recovery/4

Date: 15-01-2023
Speed: 0 kmph

Exec Time : 00:00
Slope: 0%

Stage Time: 00:19
THR: 153 bpm

HR: 115

BP: 150/80 mm
STLevel(mm)

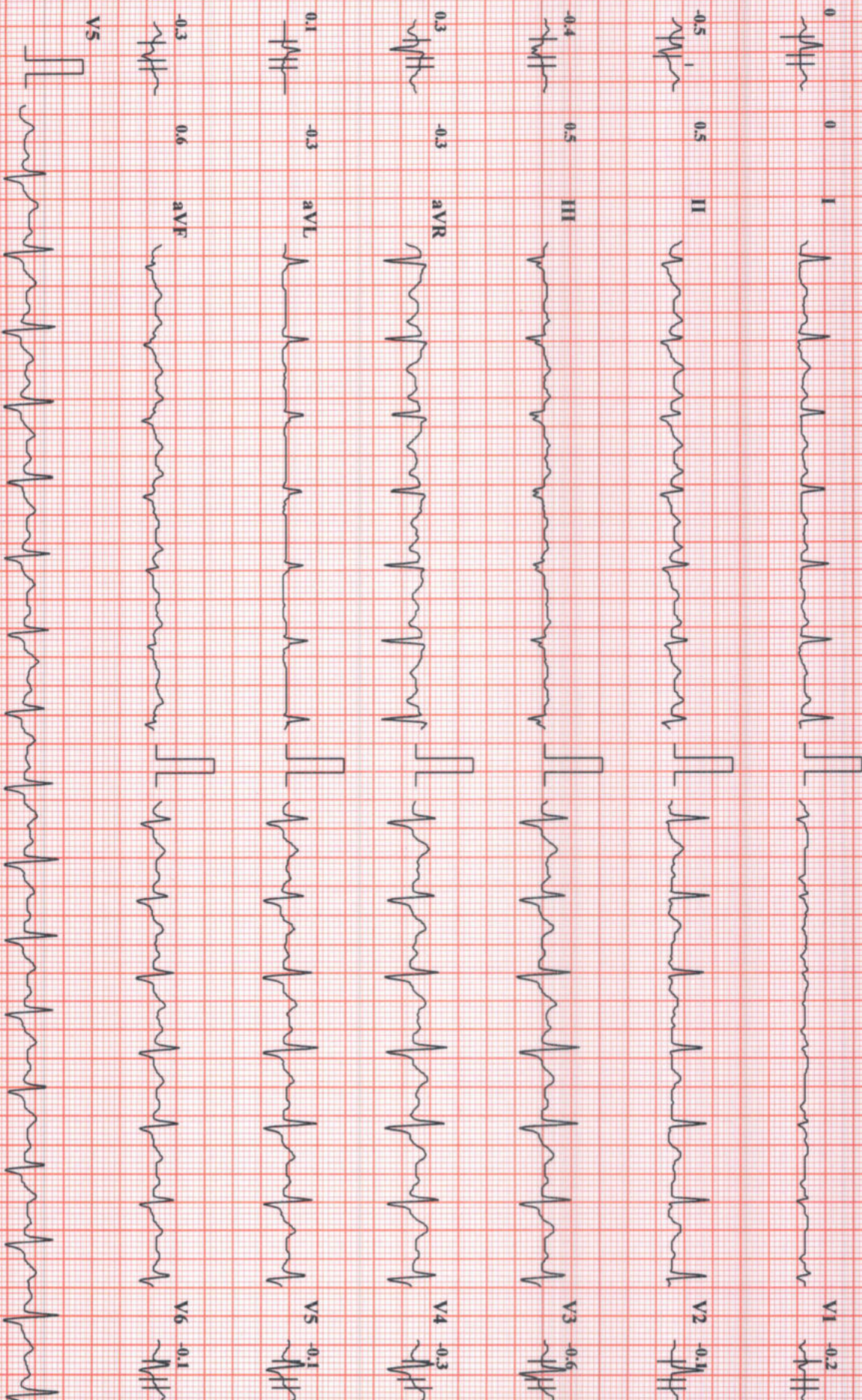


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spandian CS-2C



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ASHOK KUMAR TANWAR

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2301525275
Stage: Recovery4

Date: 15-01-2023
Speed: 0 kmph

Exec Time: 00:00
Slope: 0%

Stage Time: 01:00
THR: 153 bpm

HR: 115

BP: 150/80 mmHg
STLevel(mm) 3

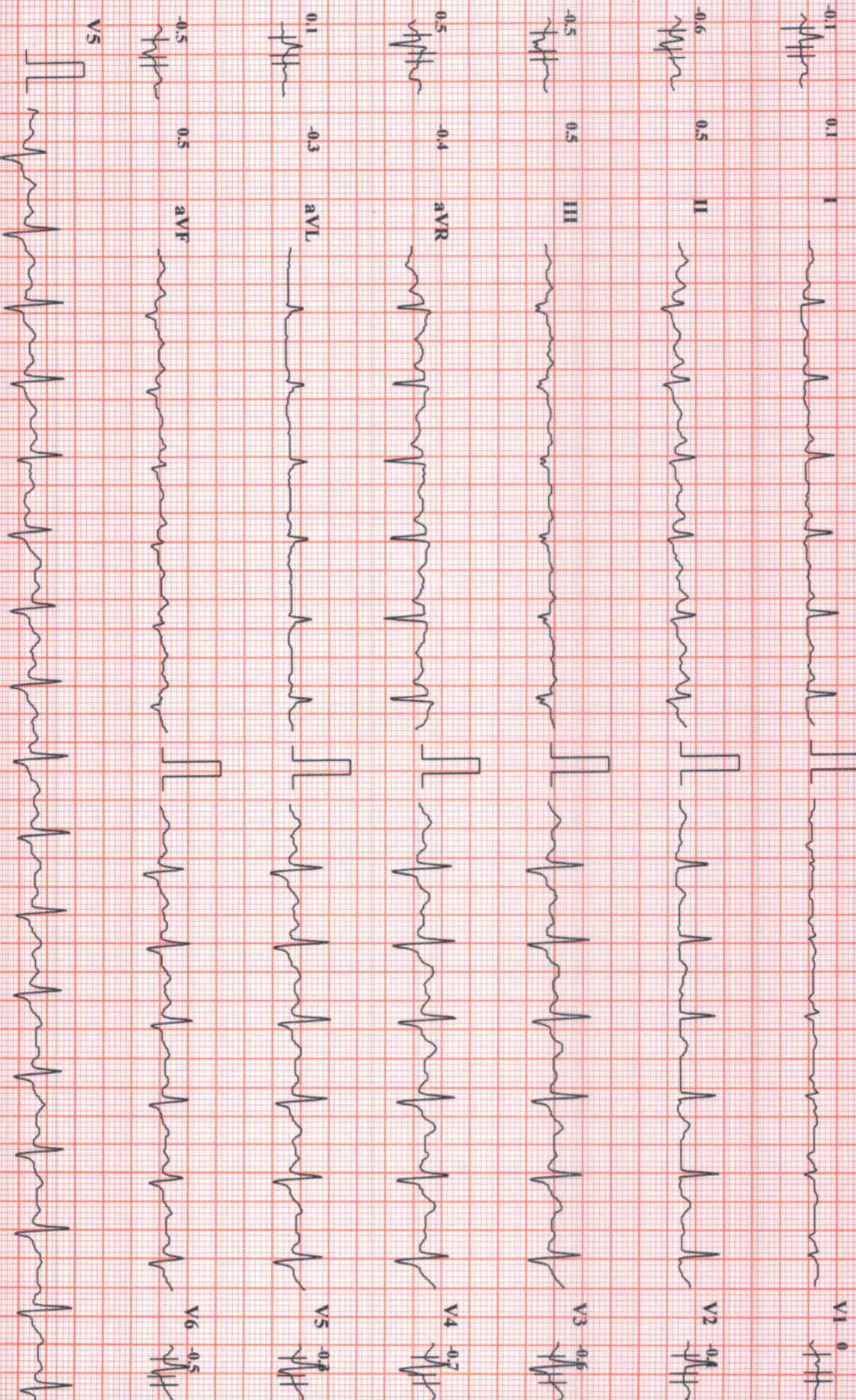


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO - R - 60 ms, J - R + 60 ms, Post J - J + 60 ms

Schiller Spandian CS2



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ASHOK KUMAR TANWAR

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2301525275
Stage: Recovery5

Date: 15-01-2023
Speed: 0 kmph

Exec Time : 00:00
Slope: 0%

Stage Time: 00:09
THR: 153 bpm

HR: 113

Bp: 140/80 mm
STLevel(mm) S

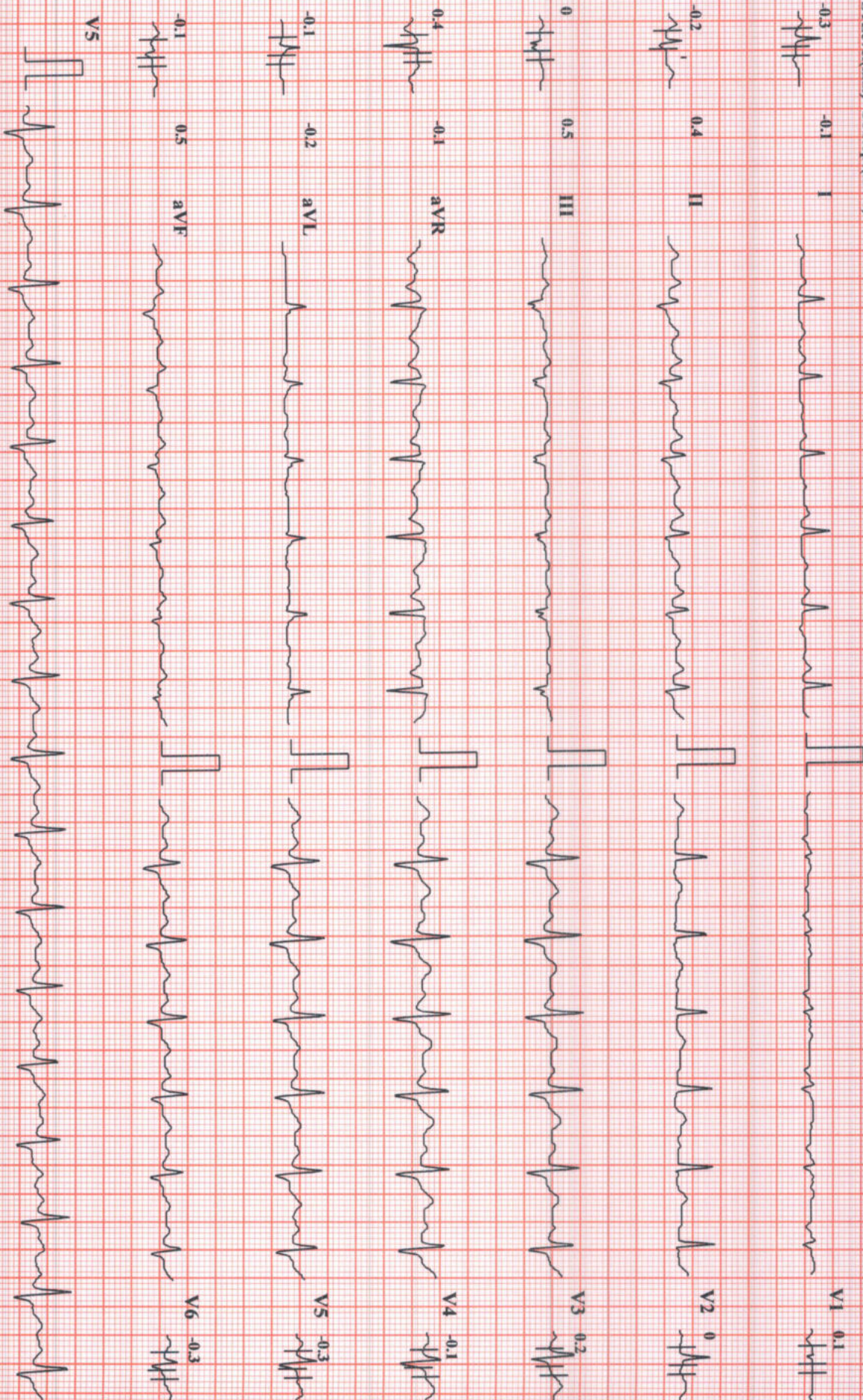


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO - R - 60 ms, J - R + 60 ms, Post J - J + 60 ms

Schiller Spandan CS-2



ASHOK KUMAR TANWAR

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2301525275
Stage: Recovery5

Date: 15-01-2023
Speed: 0 kmph

Exec Time: 00:00
Slope: 0%

Stage Time: 00:17
THR: 153 bpm

HR: 113

BP: 140/80 mm
STLevel(mm)

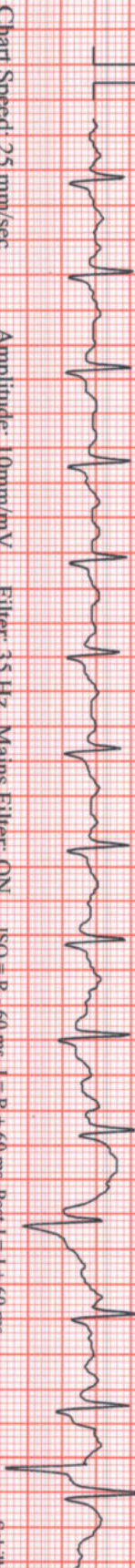


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spandau CS 20