



CID : 2204606561
Name : MR.SHUBHAM GUPTA

Age / Gender : 27 Years / Male

Consulting Dr. : -

Reg. Location : Pimple Saudagar, Pune (Main Centre)

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Application To Scan the Code

Collected : 15-Feb-2022 / 08:52

Reported : 15-Feb-2022 / 13:05

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	15.1	13.0-17.0 g/dL	Spectrophotometric
RBC	5.14	4.5-5.5 mil/cmm	Elect. Impedance
PCV	46.3	40-50 %	Measured
MCV	90	80-100 fl	Calculated
MCH	29.4	27-32 pg	Calculated
MCHC	32.6	31.5-34.5 g/dL	Calculated
RDW	11.2	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6430	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	35.9	20-40 %	
Absolute Lymphocytes	2308.4	1000-3000 /cmm	Calculated
Monocytes	6.0	2-10 %	
Absolute Monocytes	385.8	200-1000 /cmm	Calculated
Neutrophils	54.7	40-80 %	
Absolute Neutrophils	3517.2	2000-7000 /cmm	Calculated
Eosinophils	2.1	1-6 %	
Absolute Eosinophils	135.0	20-500 /cmm	Calculated
Basophils	1.3	0.1-2 %	
Absolute Basophils	83.6	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	174000	150000-400000 /cmm	Elect. Impedance
MPV	10.7	6-11 fl	Calculated
PDW	19.3	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	-
Microcytosis	-



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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 Pune Baner Balewadi Lab
*** End Of Report ***



K.S. Wadgaonkar

Dr. Khushboo Wadgaonkar
M.B.B.S., M.D. (Path),
Consultant Pathologist

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

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Collected : 15-Feb-2022 / 08:52

Reported : 15-Feb-2022 / 14:10

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	91.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	66.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.45	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.19	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.26	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	1.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.8	1 - 2	Calculated
SGOT (AST), Serum	20.8	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	23.6	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	16.9	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	53.1	40-130 U/L	Colorimetric
BLOOD UREA, Serum	13.2	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.2	6-20 mg/dl	Calculated
CREATININE, Serum	0.95	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	101	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.4	3.5-7.2 mg/dl	Enzymatic



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Collected : 15-Feb-2022 / 12:30
Reported : 15-Feb-2022 / 15:52

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 Baner Balewadi Lab

*** End Of Report ***



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Collected : 15-Feb-2022 / 08:52

Reported : 15-Feb-2022 / 18:31

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	119.8	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 Pune Lab, Pune Swargate

*** End Of Report ***



MC-2463

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Page 5 of 10

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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>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.5)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
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	

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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	A
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.

Refernces:

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

*** End Of Report ***



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Collected : 15-Feb-2022 / 08:52
Reported : 15-Feb-2022 / 15:06

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	166.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	212.5	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	32.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	133.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	98.0	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	Colorimetric
VLDL CHOLESTEROL, Serum	35.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.0	0-3.5 Ratio	Calculated

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*** End Of Report ***



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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	4.5	2.6-5.7 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
Free T4, Serum	10.9	9-19 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
sensitiveTSH, Serum	2.65	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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Collected : 15-Feb-2022 / 08:52
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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 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

Limitations:Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.

Reference:

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

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*** End Of Report ***



MC-2463



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SUBURBAN DIAGNOSTICS

Patient Details

Date: 15-Feb-22

Time: 09:59:30

Name: SHUBHAM GUPTA ID: 2204606561

Age: 27 y

Sex: M

Height: 180 cms

Weight: 70 Kgs

Clinical History: NIL

Medications: NIL

Test Details

Protocol: Bruce

Pr.MHR: 193 bpm

THR: 164 (85 % of Pr.MHR) bpm

Total Exec. Time: 9 m 25 s

Max. HR: 169 (88% of Pr.MHR) bpm

Max. Mets: 13.50

Max. BP: 170 / 100 mmHg

Max. BP x HR: 28730 mmHg/min

Min. BP x HR: 6320 mmHg/min

Test Termination Criteria: TARGET HR ACHIEVED

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	89	110 / 80	-1.70 aVR	4.60 V2
Standing	0 : 28	1.0	0	0	83	110 / 80	-1.70 aVR	4.60 V2
Hyperventilation	0 : 21	1.0	0	0	79	110 / 80	-1.91 aVR	4.25 V2
1	3 : 0	4.6	1.7	10	111	120 / 80	-1.91 aVR	4.60 V2
2	3 : 0	7.0	2.5	12	134	130 / 80	-2.12 aVR	5.31 V2
3	3 : 0	10.2	3.4	14	157	150 / 96	-2.34 aVR	5.66 V2
Peak Ex	0 : 25	13.5	4.2	16	169	150 / 96	-2.55 V1	5.66 V2
Recovery(1)	1 : 0	1.8	1	0	136	170 / 100	-3.82 aVR	5.66 V2
Recovery(2)	1 : 0	1.0	0	0	113	160 / 90	-2.97 aVR	5.66 V2
Recovery(3)	1 : 0	1.0	0	0	102	160 / 90	-1.49 aVR	5.31 V2
Recovery(4)	0 : 23	1.0	0	0	103	130 / 80	-1.06 aVR	3.89 V2

Interpretation

Good Effort Tolerance .

No significant ST T Changes as compared to Baseline .

No chest pain/Arrhythmias noted during the test.

Stress Test is negative for Stress Induced Ischemia.

Disclaimer : Negative stress test done dose not rule out coronary artery Diseases

positive stress test is suggestive but not confirmatory of coronary Artery Disease.

Hence Clinical Correlation is mandatory.

Dr. I.U. BAMB
M.B.B.S., M.D. (Medicine)
Reg No: 39452

Doctor: DR.I.U.BAMB

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

Ref. Doctor: AROCOFEMI

(Summary Report edited by user)

SHUBHAM GUPTA (27 M)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2204606561

Date: 15-Feb-22

Exec Time : 0 m 0 s

Stage Time : 0 m 9 s

HR: 77 bpm

Stage: Supine

Speed: 0 mph

Grade: 0%

(THR: 164 bpm)

B.P: 110 / 80

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

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

1.5 1.1

0.0 -0.4



1.1 0.7

3.4 3.2



-0.2 -0.4

2.3 2.1



-1.3 -1.1

2.1 1.8



0.6 0.7

1.3 0.7



0.4 0.4

0.6 0.0

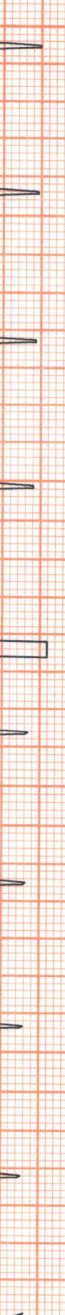


Chart Speed: 25 mm/sec
Schiller Spandan V-4-51

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SHUBHAM GUPTA (27 M)

ID: 2204606561

Date: 15-Feb-22

Exec Time : 0 m 0 s

Stage Time : 0 m 22 s **HR: 80 bpm**

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 164 bpm)

B.P: 110 / 80

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

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

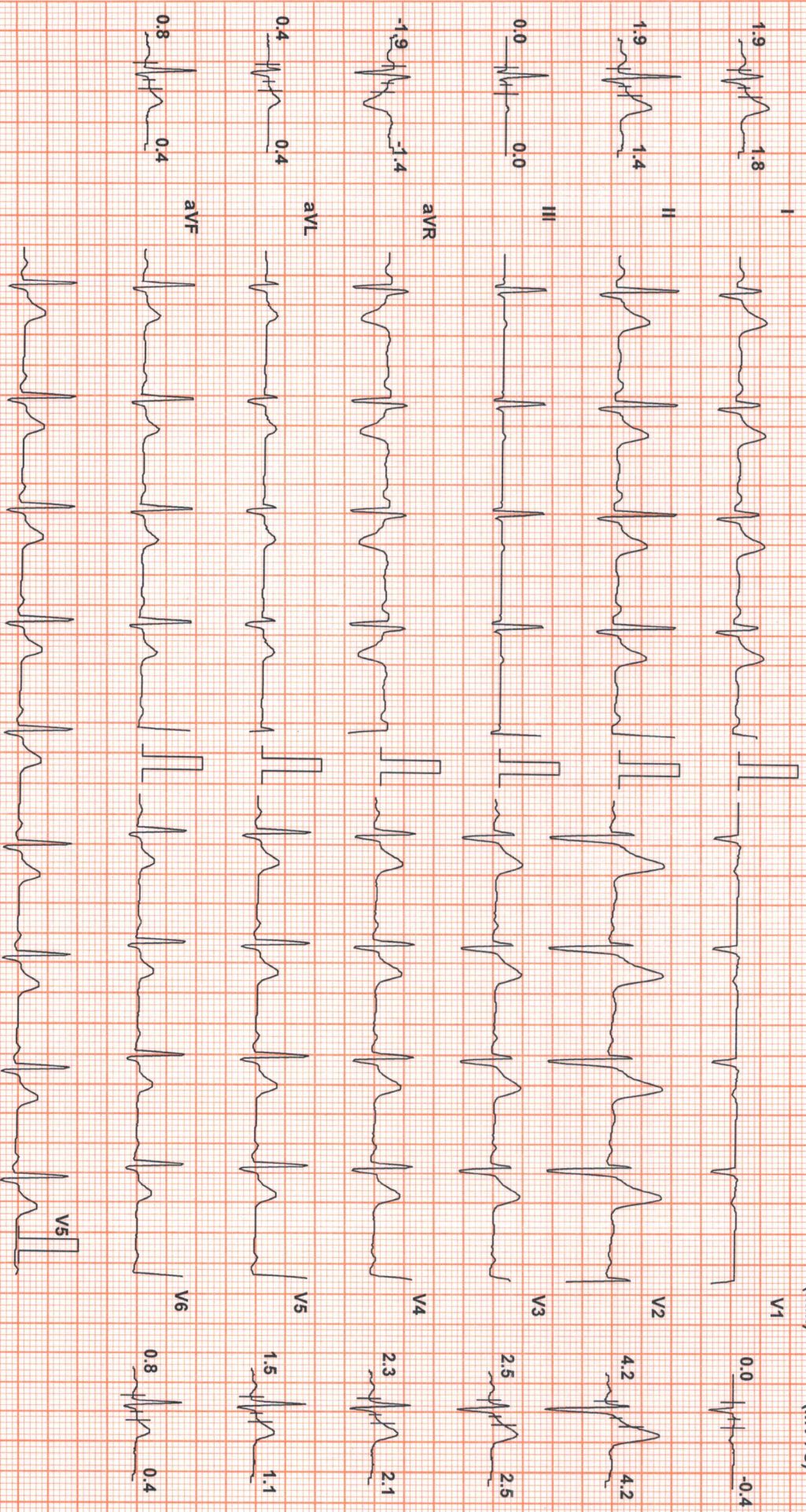


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R + 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandam V 4.5f

Linked Median



SHUBHAM GUPTA (27 M)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2204606561

Date: 15-Feb-22

Exec Time : 0 m 0 s

Stage Time : 0 m 15 s HR: 76 bpm

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 164 bpm)

B.P: 110 / 80

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

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

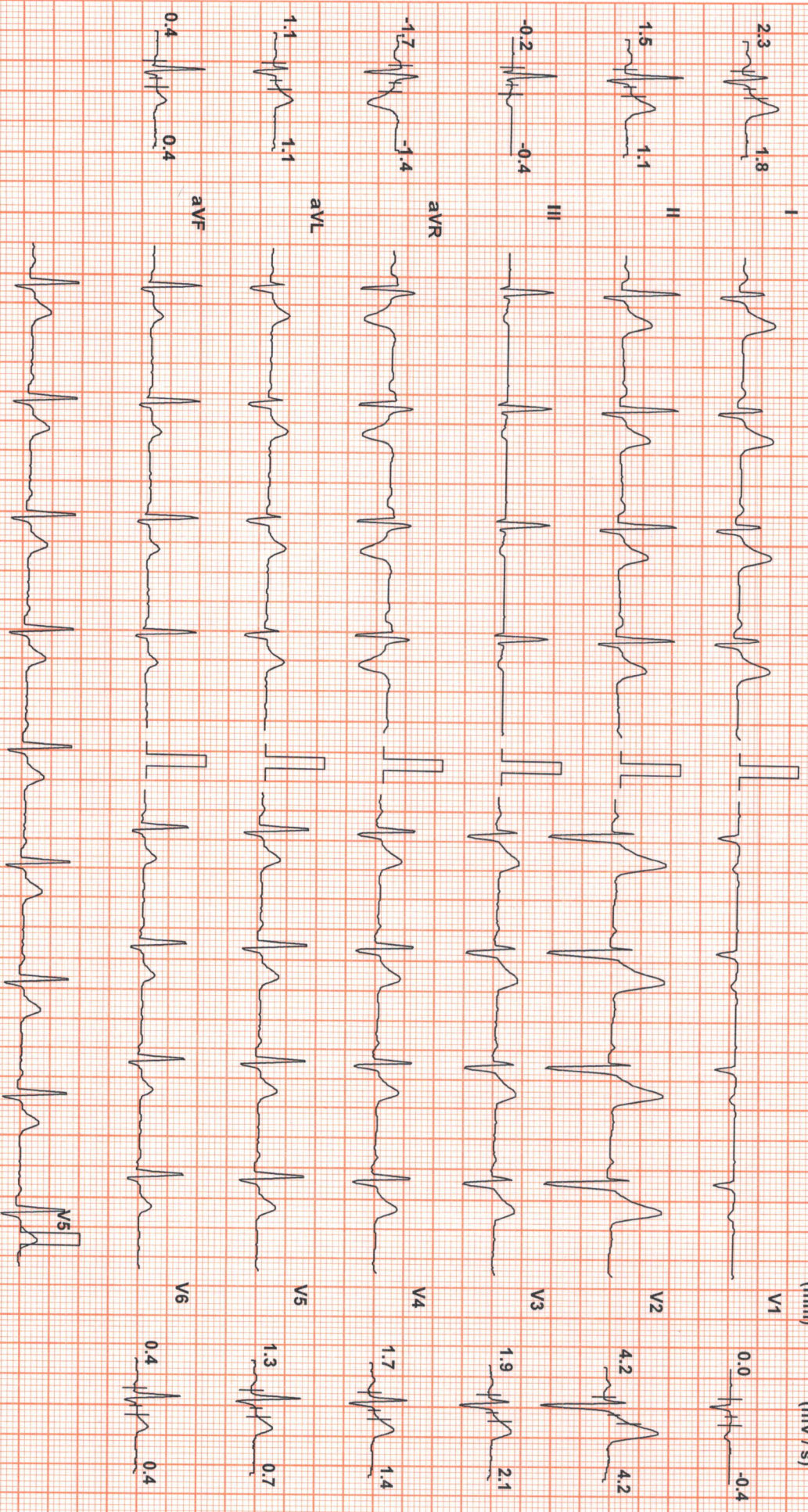


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R + 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Schiller-Standard V 4.51



SHUBHAM GUPTA (27 M)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2204606561

Date: 15-Feb-22

Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 114 bpm

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 164 bpm)

B.P: 120 / 80

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

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

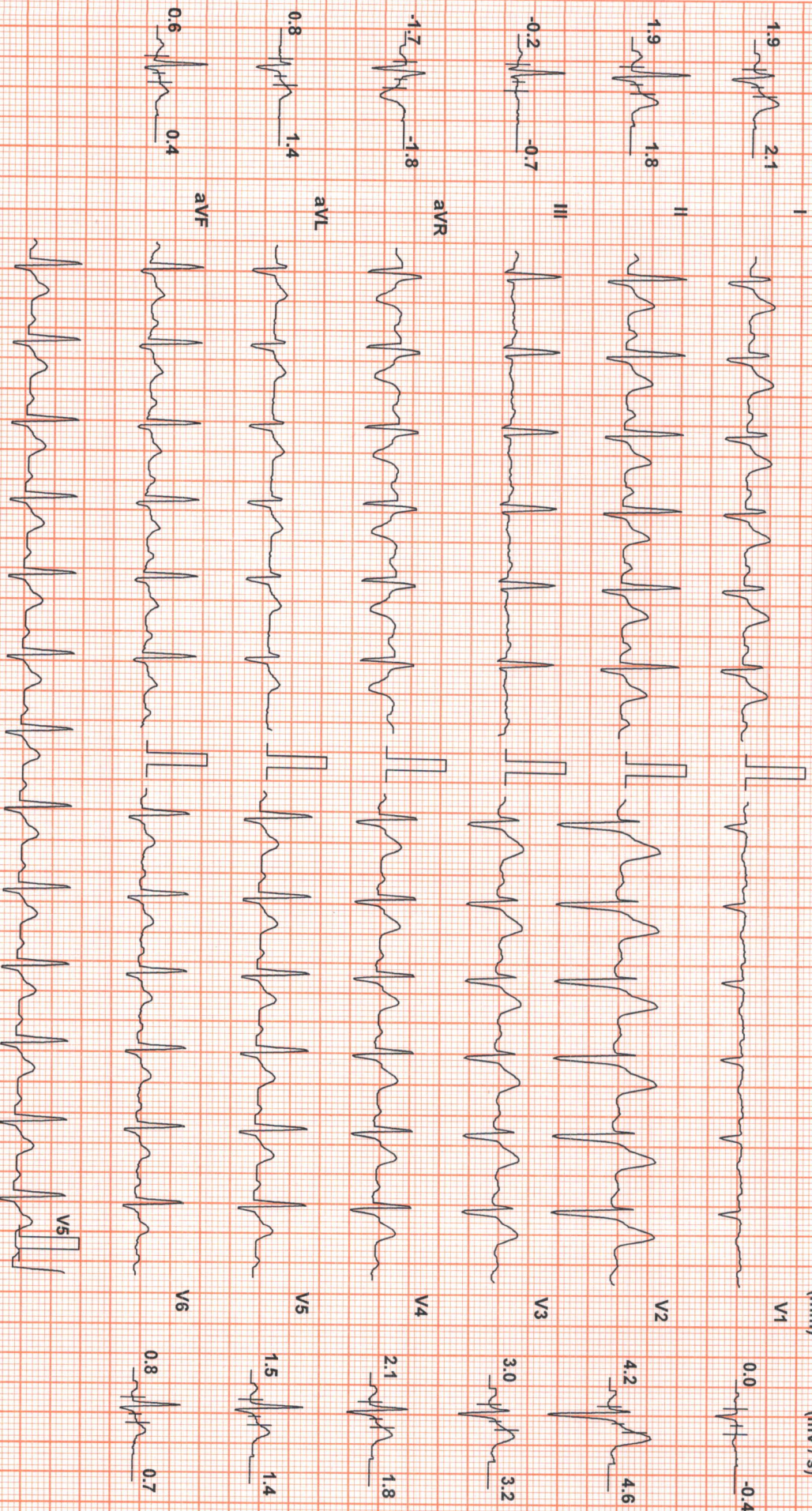


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Schiller Standard V 4.51



SHUBHAM GUPTA (27 M)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2204606561

Date: 15-Feb-22

Exec Time : 5 m 54 s

Stage Time : 2 m 54 s

HR: 133 bpm

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 164 bpm)

B.P: 130 / 80

ST Level (mm)

ST Level (mm)

ST Slope (mV/s)

ST Slope (mV/s)

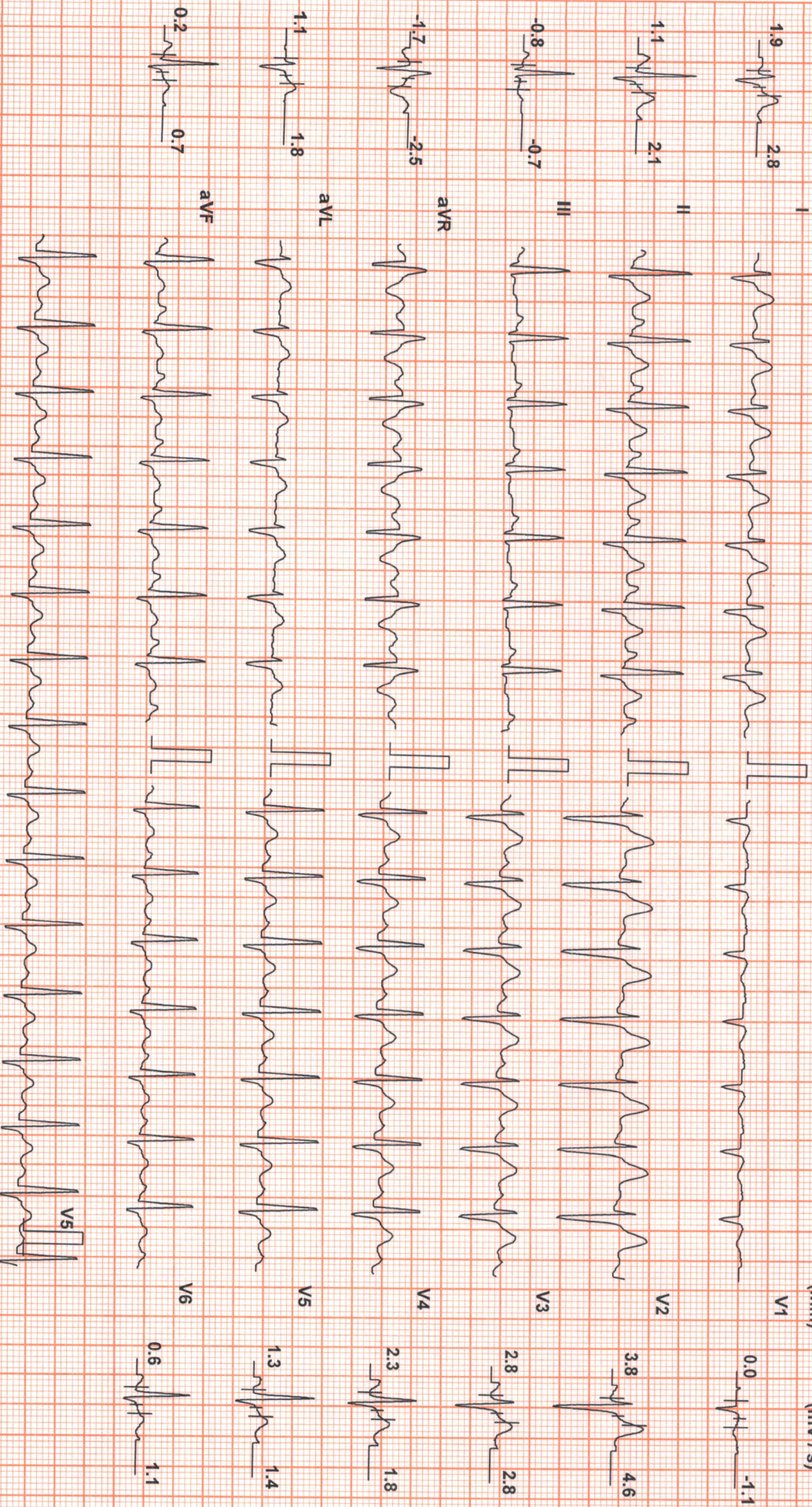


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schlier-Spenden V 4.5f

Linked Median



SHUBHAM GUPTA (27 M)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2204606561

Date: 15-Feb-22

Exec Time : 8 m 54 s Stage Time : 2 m 54 s HR: 158 bpm

Stage: 3

Speed: 3.4 mph

Grade: 14 %

(THR: 164 bpm)

B.P: 150 / 96

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

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

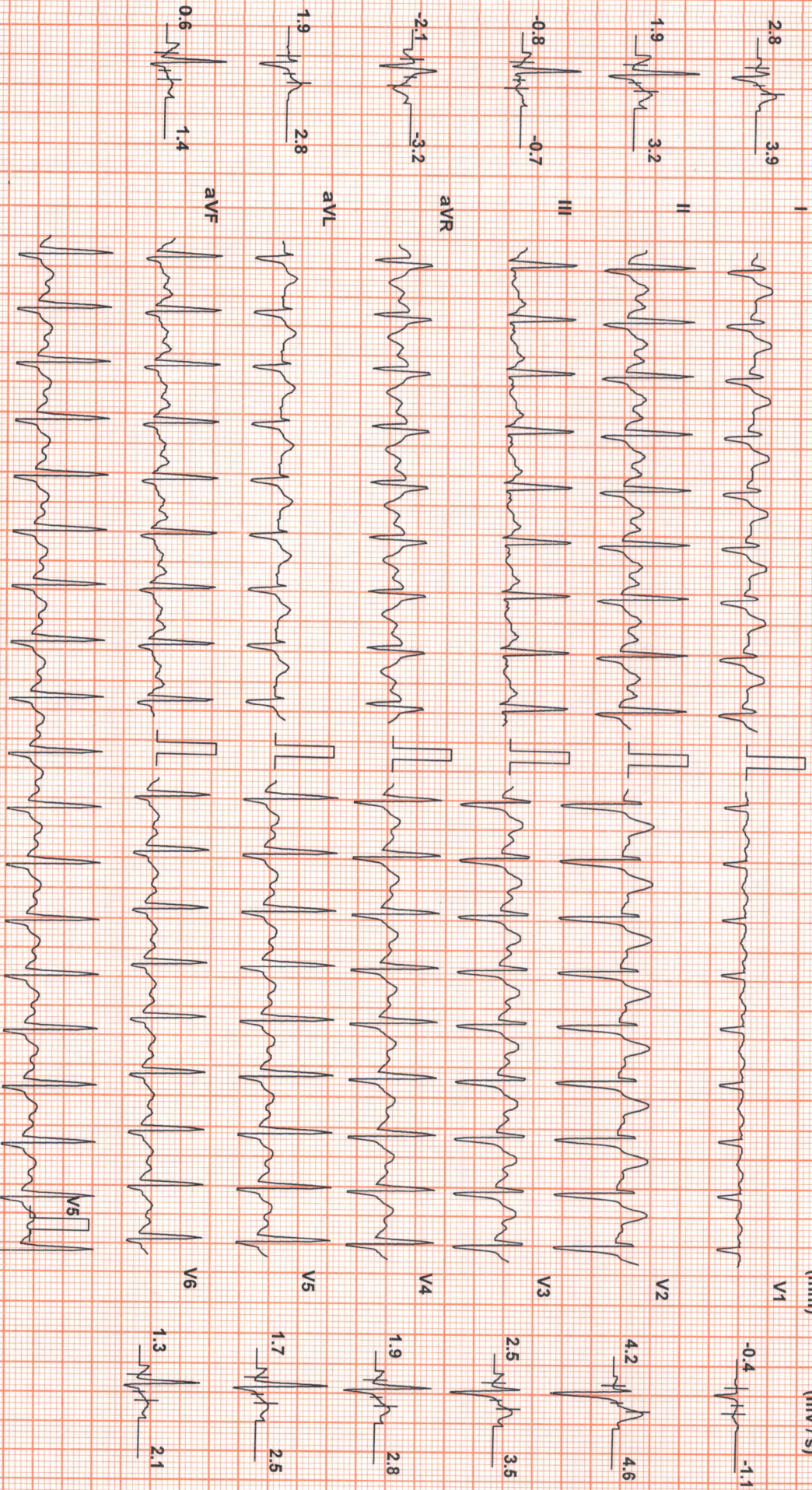


Chart Speed: 25 mm/sec
Schlitz-Spanden V 4.5f

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SHUBHAM GUPTA (27 M)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2204606561

Date: 15-Feb-22

Exec Time : 9 m 19 s

Stage Time : 0 m 19 s

HR: 173 bpm

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

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

Stage: Peak Ex

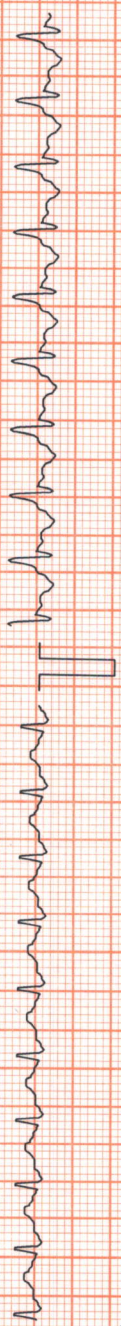
Speed: 4.2 mph

Grade: 16 %

(THR: 164 bpm)

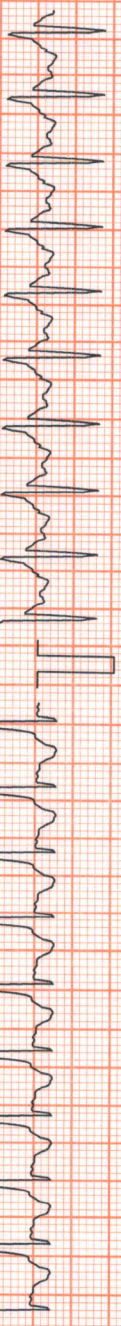
B.P.: 150 / 96

1.7 3.2



1.5 -1.1

1.1 2.1



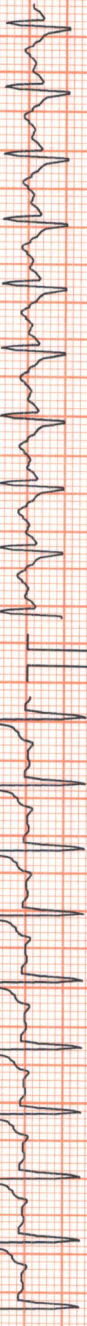
2.5 4.2

-0.6 -0.7



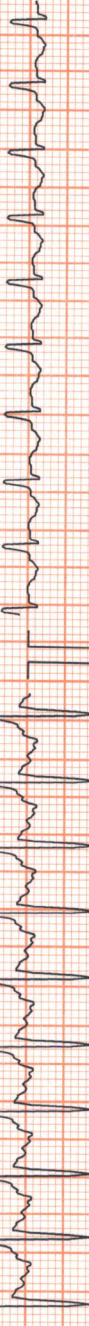
1.5 2.1

-1.1 -2.5



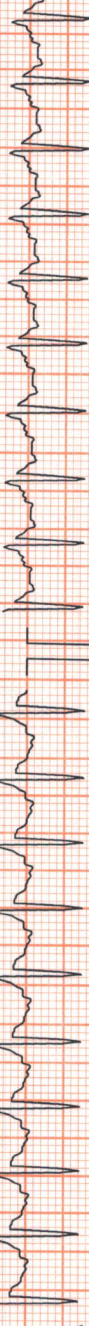
0.4 3.2

1.1 1.8



1.5 3.5

0.2 1.1



1.7 1.8



Chart Speed: 25 mm/sec
Schiller Spanden 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



SHUBHAM GUPTA (27 M)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2204606561

Date: 15-Feb-22

Exec Time : 9 m 25 s Stage Time : 0 m 54 s HR: 128 bpm

Stage: Recovery(1)

Speed: 1 mph

Grade: 0%

(THR: 164 bpm)

B.P: 170 / 100

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

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

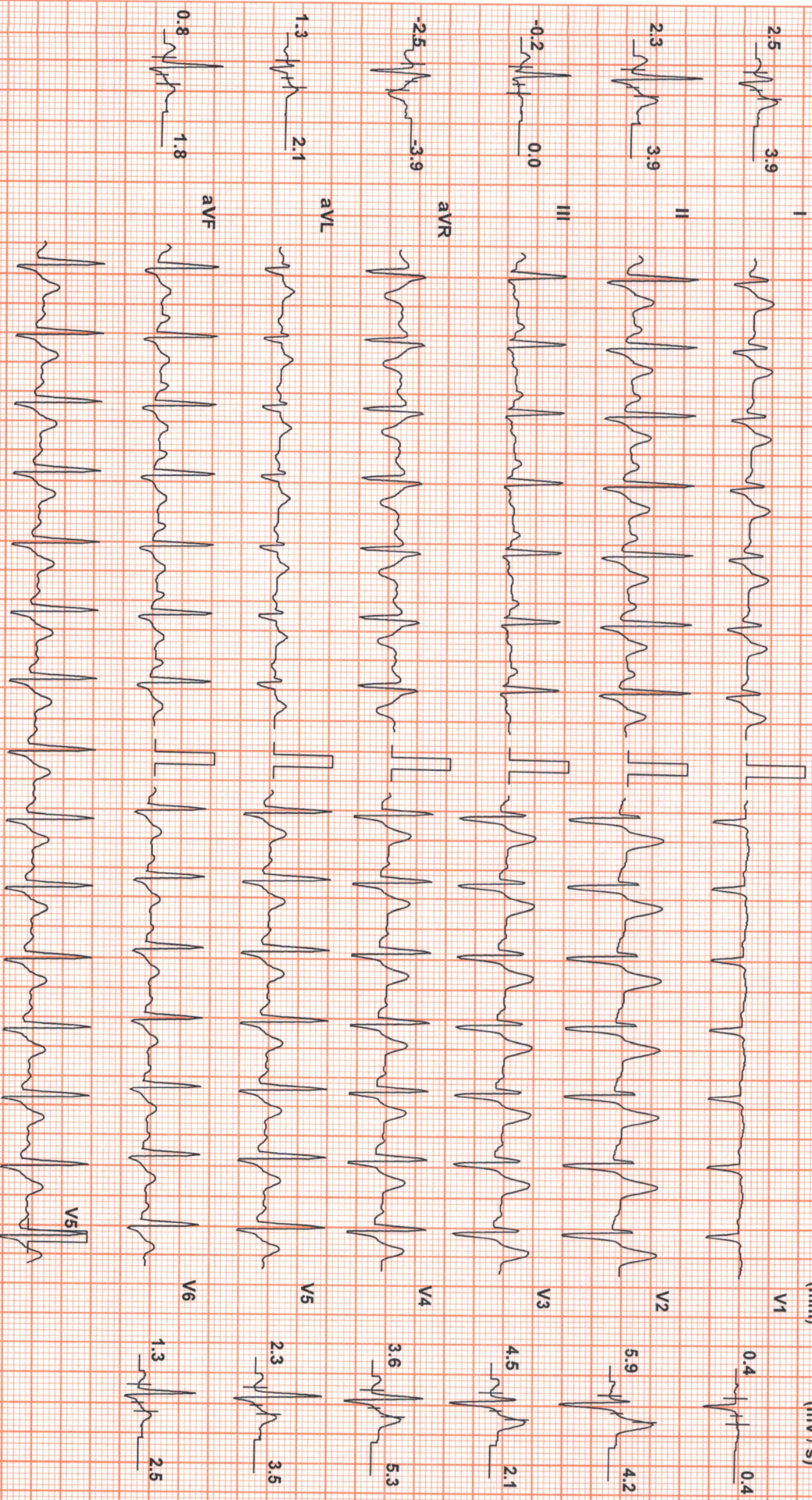


Chart Speed: 25 mm/sec
Schiller Spandan V 4.51

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SHUBHAM GUPTA (27 M)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2204606561

Date: 15-Feb-22

Exec Time : 9 m 25 s Stage Time : 0 m 54 s HR: 110 bpm

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 164 bpm)

B.P: 160 / 90

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

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

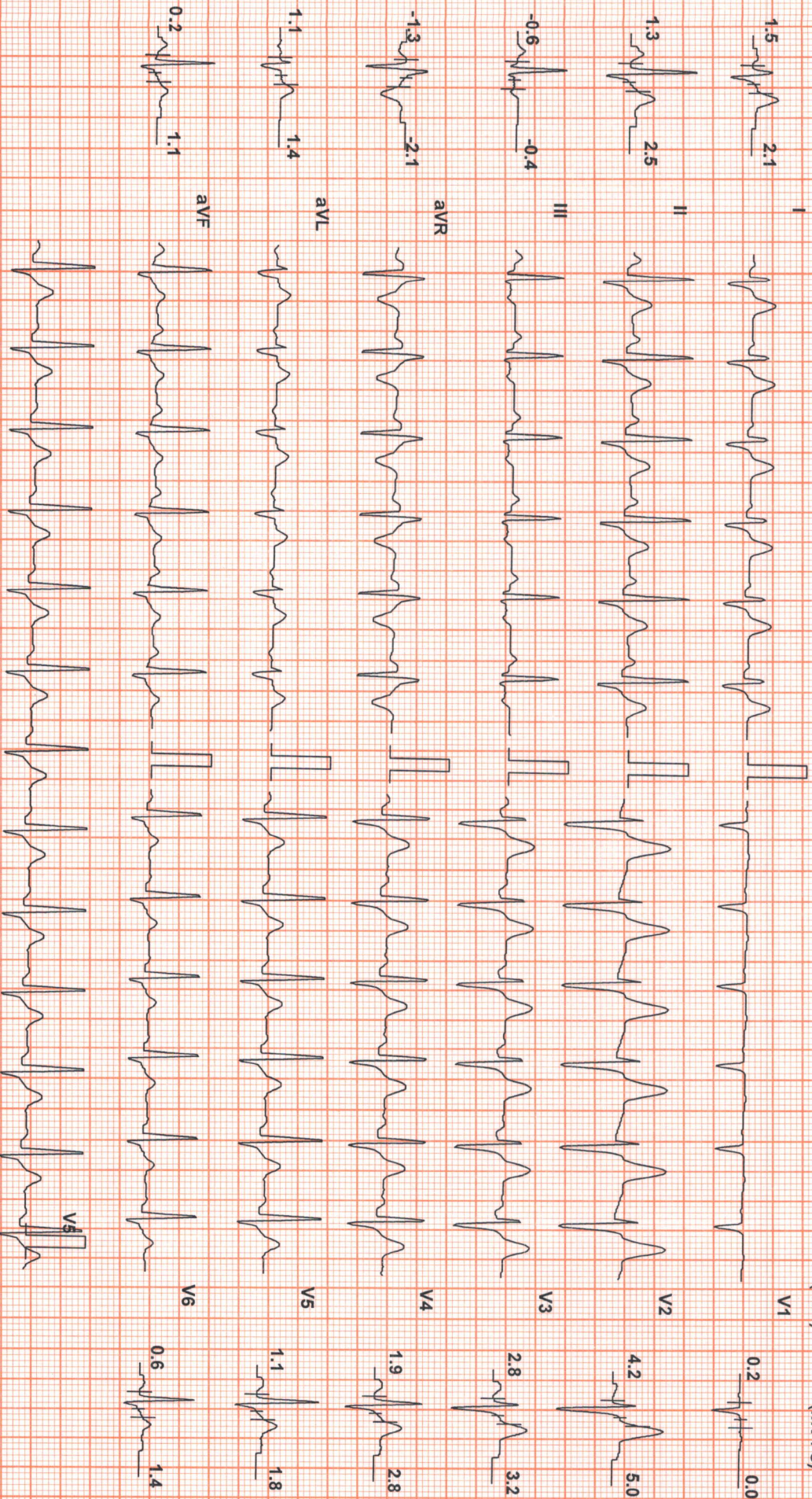


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Standard V 4.51

Linked Median



SHUBHAM GUPTA (27 M)

SUBURBAN DIAGNOSTICS

Test Report

ID: 2204606561

Date: 15-Feb-22

Exec Time : 9 m 25 s Stage Time : 0 m 54 s

HR: 104 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 164 bpm)

B.P: 160 / 90

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

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

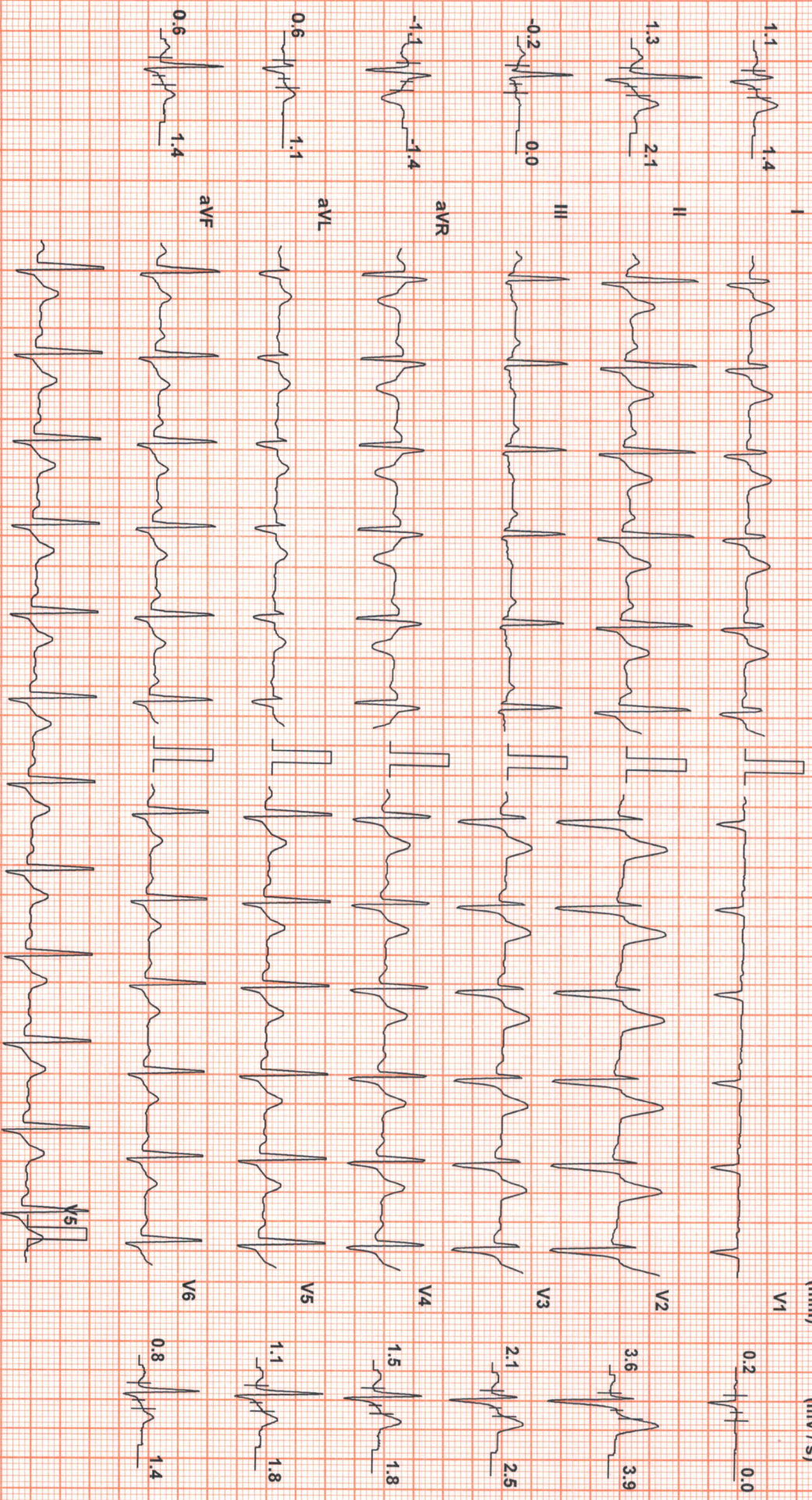


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fit: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Schlier-Spandan V 4.51



SHUBHAM GUPTA (27 M)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2204606561

Date: 15-Feb-22

Exec Time : 9 m 25 s Stage Time : 0 m 54 s HR: 104 bpm

Stage: Recovery(4)

Speed: 0 mph

Grade: 0 %

(THR: 164 bpm)

B.P: 160 / 90

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

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

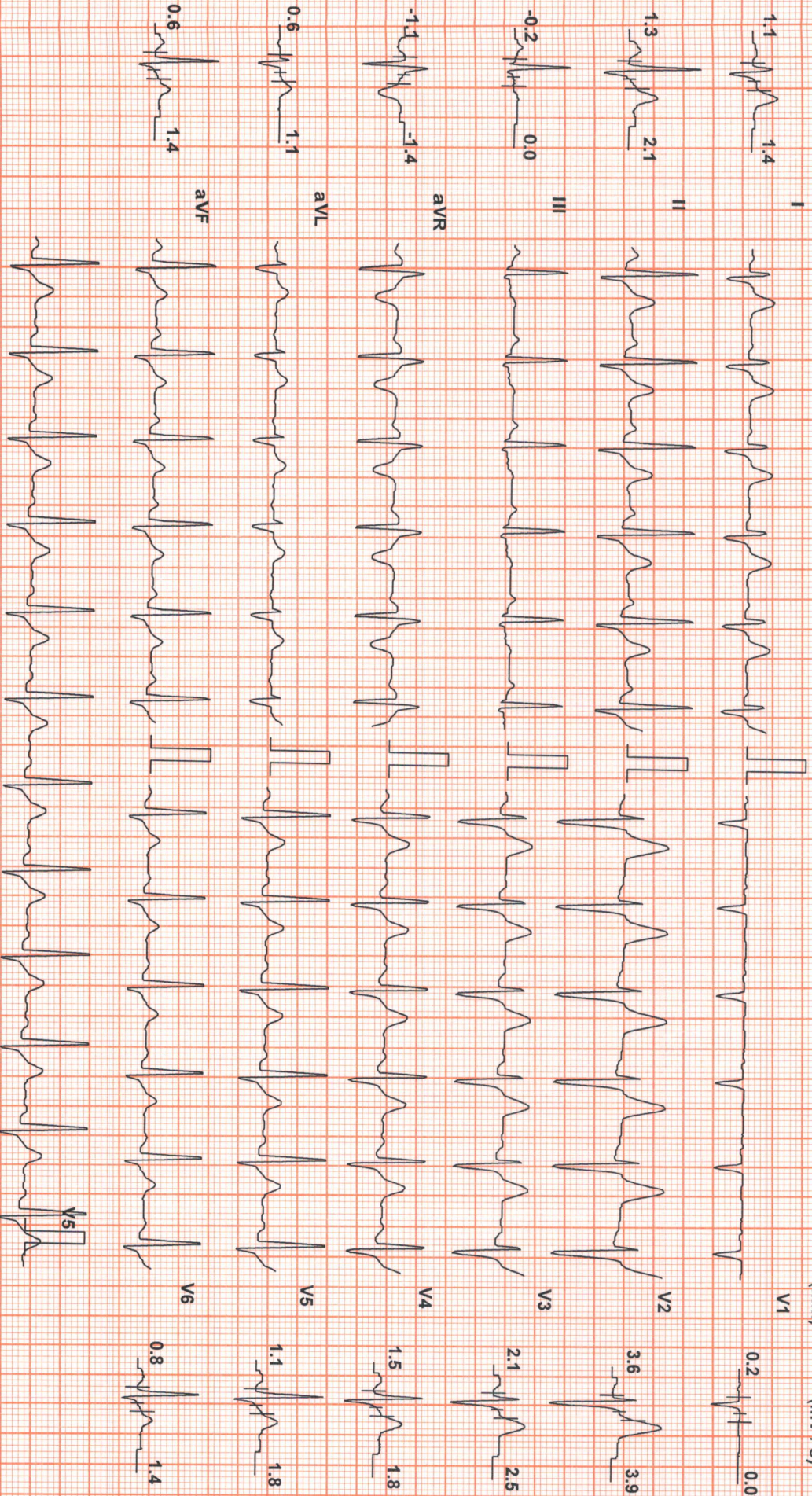


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

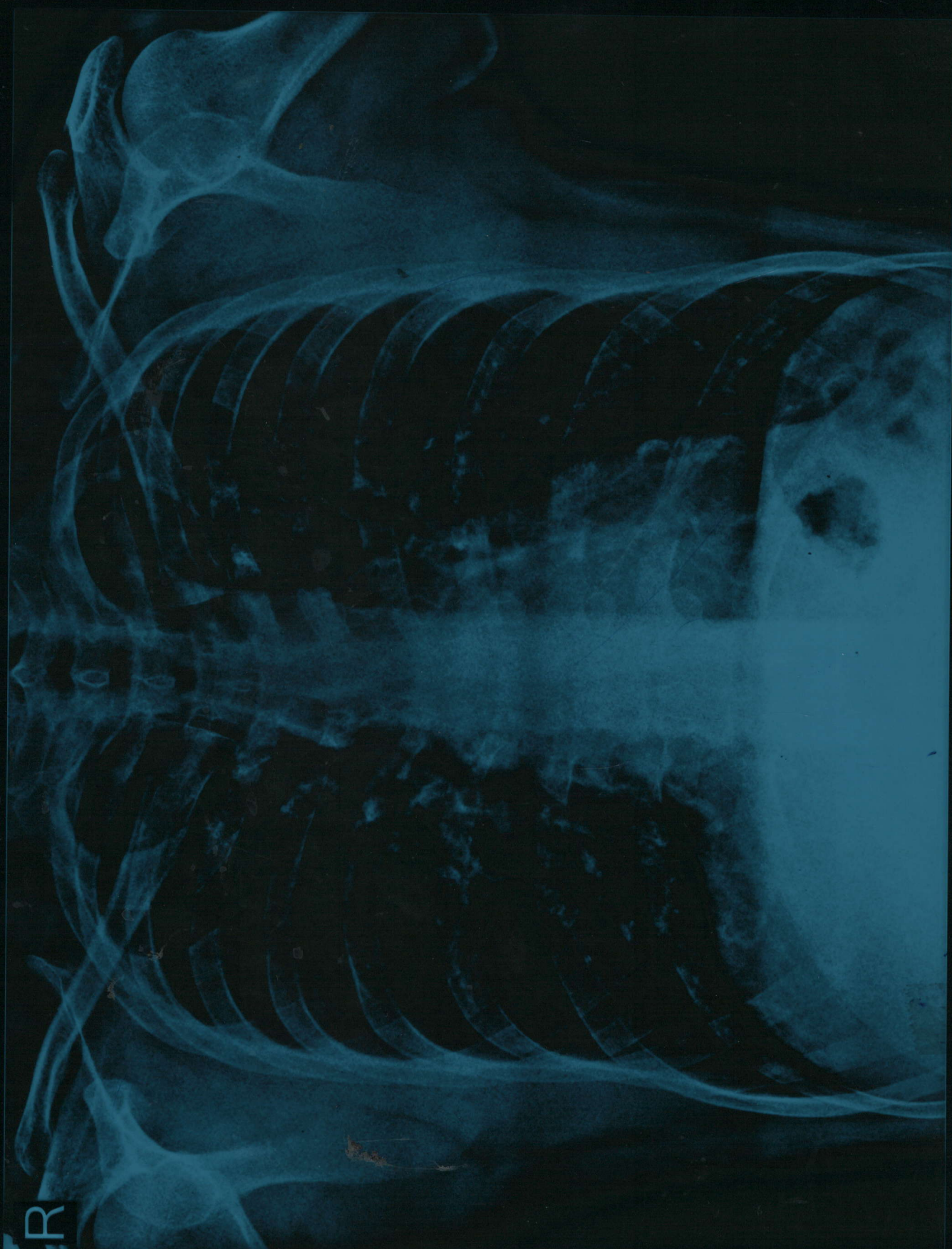
Pos J = J + 60 ms

Schiller Spandax V 4.51

Linked Median



R

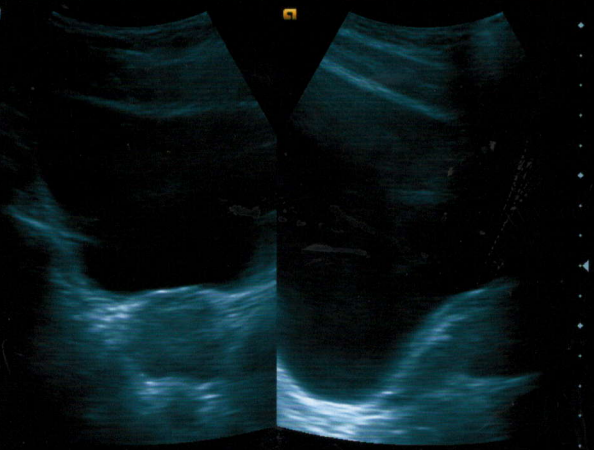


Mr Shubham Gupta M 27 YRS 2204606561 CHEST PA 2/15/2022

SUBURBAN DIAGNOSTICS 10:24:35 Tu 15/02/2022

Mr Shubham Gupta M 2204606561

CH5-2
ABDOMEN-NE
0 dB
THI 3.6 MHz
DR 60 dB
Edge 1
Persist 2
R/S 3
Map E
Tint 1
ASC 5
DTCE Low
25 fps



P 100% MI 1.24 TIS 0.5 TIB 0.5

SUBURBAN DIAGNOSTICS 10:25:18 Tu 15/02/2022

Mr Shubham Gupta M 2204606561

CH5-2
ABDOMEN-NE
3 dB
THI 3.6 MHz
DR 60 dB
Edge 1
Persist 2
R/S 3
Map E
Tint 1
ASC 5
DTCE Low
25 fps

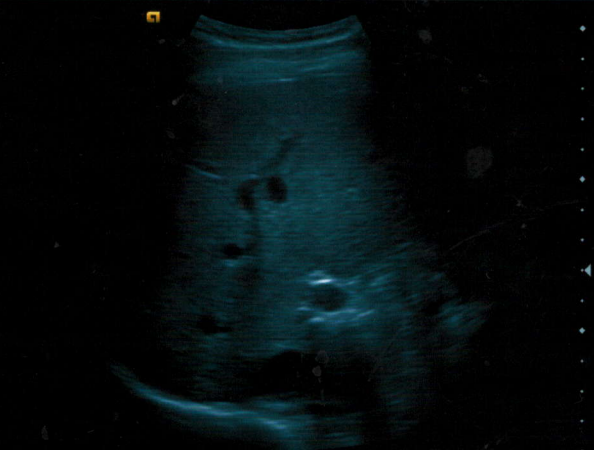


P 100% MI 1.24 TIS 0.5 TIB 0.5

SUBURBAN DIAGNOSTICS 10:25:23 Tu 15/02/2022

Mr Shubham Gupta M 2204606561

CH5-2
ABDOMEN-NE
3 dB
THI 3.6 MHz
DR 60 dB
Edge 1
Persist 2
R/S 3
Map E
Tint 1
ASC 5
DTCE Low
25 fps

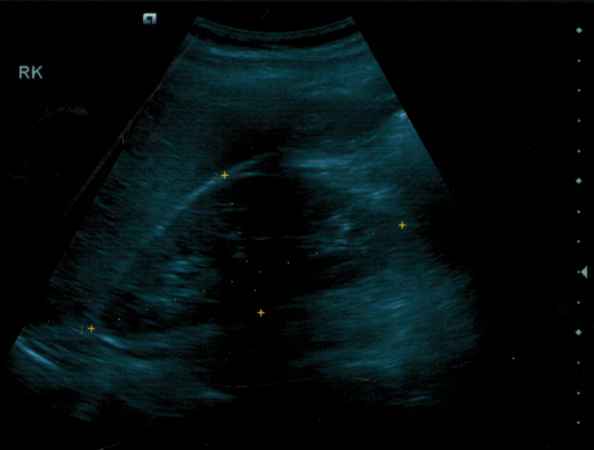


P 100% MI 1.24 TIS 0.5 TIB 0.5

SUBURBAN DIAGNOSTICS 10:25:43 Tu 15/02/2022

Mr Shubham Gupta M 2204606561

CH5-2
ABDOMEN-NE
2 dB
THI 3.6 MHz
DR 60 dB
Edge 1
Persist 2
R/S 3
Map E
Tint 1
ASC 5
DTCE Low
25 fps

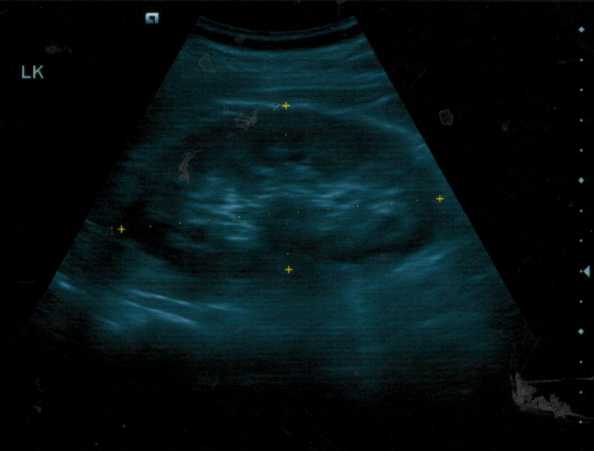


P 100% MI 1.24 TIS 0.5 TIB 0.5

SUBURBAN DIAGNOSTICS 10:26:52 Tu 15/02/2022

Mr Shubham Gupta M 2204606561

CH5-2
ABDOMEN-NE
2 dB
THI 3.6 MHz
DR 60 dB
Edge 1
Persist 2
R/S 3
Map E
Tint 1
ASC 5
DTCE Low
25 fps

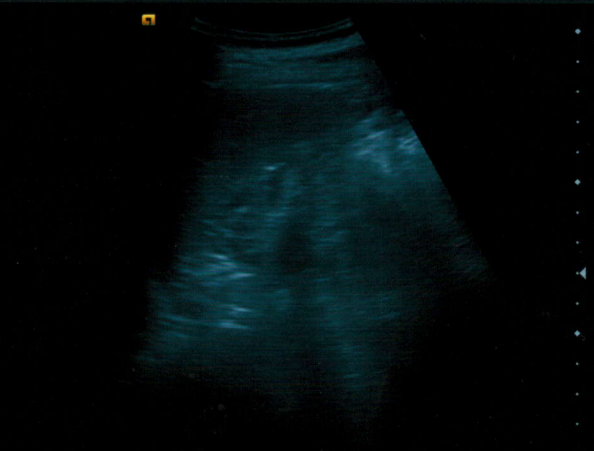


P 100% MI 1.24 TIS 0.5 TIB 0.5

SUBURBAN DIAGNOSTICS 10:26:57 Tu 15/02/2022

Mr Shubham Gupta M 2204606561

CH5-2
ABDOMEN-NE
-5 dB
THI 3.6 MHz
DR 60 dB
Edge 1
Persist 2
R/S 3
Map E
Tint 1
ASC 5
DTCE Low
25 fps



P 100% MI 1.24 TIS 0.5 TIB 0.5

Shubham Gupta
27/M

TMT

15/2/22

PHY2.

History and Complaints:

nr

EXAMINATION FINDINGS:

Height (cms): 180	Weight (kg): 70	BMI
Temp (0c): Afebrile	Skin: Normal	J G P A S
Blood Pressure (mm/hg): 110/80	Nails: Healthy	
Pulse: 84	Lymph Node: Not Palpable	

Systems

Cardiovascular: S1,S2 Normal No Murmurs
Respiratory: Air Entry Bilaterally Equal
Genitourinary: Normal
GI System: Soft non tender No Organomegaly
CNS: Normal

IMPRESSION:

FET
↑ non HDL TG.

ADVICE:

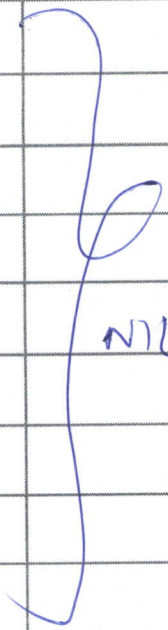
Diet + Exercise.

CHIEF COMPLAINTS:

- 1) Hypertension:
- 2) IHD:
- 3) Arrhythmia:
- 4) Diabetes Mellitus :
- 5) Tuberculosis :
- 6) Asthama:

PUNE LAB ADDRESS: Seraph Centre, Opp. BSNL Exchange, Shahu College Road, Off Pune-Satara Road, Behind Panchami Hotel, Pune - 411009

CENTRAL PROCESSING LAB: 2nd Floor, Aston, Sundeivan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053

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 :	

PERSONAL HISTORY:

1)	Alcohol	25ml / 15 days x 3 years.
2)	Smoking	no
3)	Diet	mixed
4)	Medication	no.



Dr. KRUTIKA INGLE

MBBS, D.DM, PG in Diabetology (USA)
MMC Regd - 2012 103018

Preventive Health Check-up | Pathology | Digital X-Ray | Sonography | Colour Doppler | Mammography | BMD (DXA Scan) | OPD | Stress Test/TMT | 2D Echo | Spirometry | Eye Examination | Dental Examination | Diet Consultation | Audiometry | OT Sterility | Water Sterility | Clinical Research

Date:- 15/2/22

CID:

Name:- Shubham Gupta

Sex / Age: 127 km

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

Nil

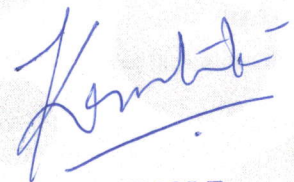
— WNL —

NA

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

Colour Vision: Normal / ~~Abnormal~~

Remark: Nil



Dr. KRUTIKA INGLE

MBBS, D.DM, PG in Diabetology (USA)
MMC Regd - 2012 103018

MBBS
MMC Regd - 2012 103018



CID : 2204606561
Name : Mr Shubham Gupta
Age / Sex : 27 Years/Male
Ref. Dr :
Reg. Location : Pimple Saudagar, Pune Main Centre
Reg. Date : 15-Feb-2022 / 10:19
Reported : 15-Feb-2022 / 10:21

USG WHOLE ABDOMEN

LIVER:

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

GALL BLADDER:

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

PANCREAS:

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

KIDNEYS:

Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.
Right kidney measures- 10.8 x 4.7 cm. Left kidney measures- 10.6 x 5.4 cm.

SPLEEN:

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

URINARY BLADDER:

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

PROSTATE:

The prostate is normal in size

IMPRESSION:

No significant abnormality is seen.

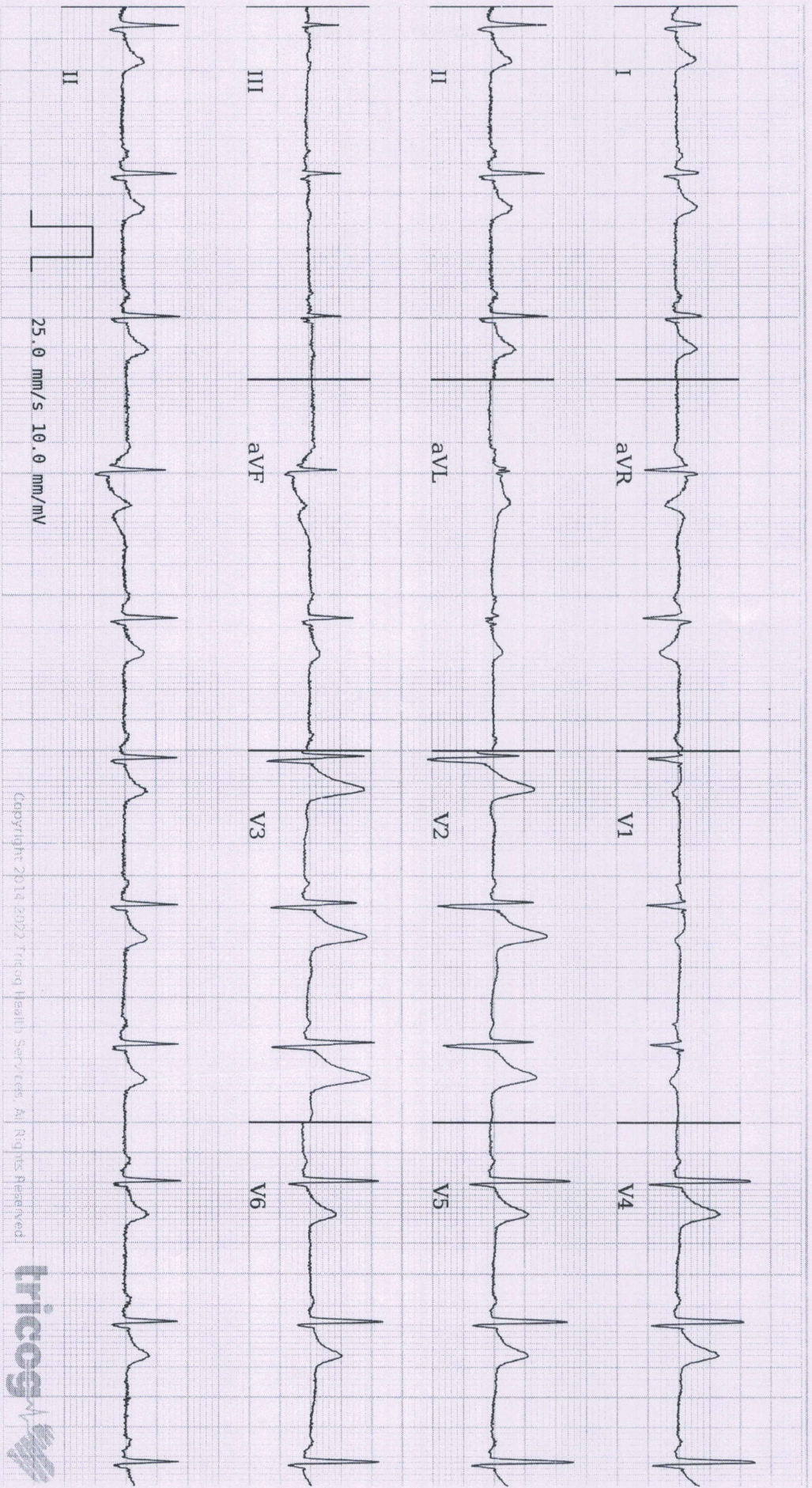
-----End of Report-----

DR. RUJUTA SAWANT
MBBS DMRE
Regd. No. 2011/11/3329
Consultant Radiologist

Click here to view images <http://202.143.96.162/Suburban/Viewer?ViewerType=3&AccessionNo=2022021508511799>

Patient Name: SHUBHAM GUPTA
Patient ID: 2204606561

Date and Time: 15th Feb 22 9:12 AM



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Age **27** **11** **NA**
years months days

Gender **Male**

Heart Rate **64 bpm**

Patient Vitals

BP: 110/80 mmHg

Weight: 70 kg

Height: 180 cm

Pulse: 80 bpm

SpO2: NA

Resp: NA

Others:

Measurements

OSRD: 76 ms

QT: 348 ms

QTc: 359 ms

PR: 136 ms

P-R-T: 32° 65° 33°

REPORTED BY

Dr. Krutika Ingole
MBBS, D.DM, PG in Diabetology (USA)
2012103018

ECG Within Normal Limits: Sinus Rhythm, Normal Axis. Please correlate clinically.

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2204606561
Name : Mr Shubham Gupta
Age / Sex : 27 Years/Male
Ref. Dr :
Reg. Location : Pimple Saudagar, Pune Main Centre

Reg. Date : 15-Feb-2022 / 09:29
Reported : 15-Feb-2022 / 11:22

R
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P
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R
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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-----

Rujuta Sawant
DR. RUJUTA SAWANT
MBBS DMRE
Regd. No. 2011/11/3329
Consultant Radiologist

Click here to view images <http://202.143.96.162/Suburban/Viewer?ViewerType=3&AccessionNo=2022021508511809>

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CENTRAL PROCESSING LAB: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | **OTHER CITIES:** 1800-266-4343 | **For Feedback** - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

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