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CID#

: 2203208792

SID#

: 177801301043

Name

: MR.SUNIL KUMAR

Registered

: 01-Feb-2022 / 10:48

Age / Gender : 38 Years/Male

Collected

Reported

: 01-Feb-2022 / 10:48 : 03-Feb-2022 / 13:43

Consulting Dr. : -

Reg.Location : Andheri West (Main Centre)

Printed

: 03-Feb-2022 / 15:42

# PHYSICAL EXAMINATION REPORT

# **History and Complaints:**

Asymptomatic H/O Covid 2020

# **EXAMINATION FINDINGS:**

Height (cms):

165 cms

Weight (kg):

80 kgs

Temp (0c):

**Afebrile** 

Skin:

Normal

Blood Pressure (mm/hg):

110/70 mm of Hg

Nails:

Normal

Pulse:

72/min

Lymph Node:

Not palpable

# **Systems**

Cardiovascular: S1S2 audible

Respiratory:

**AEBE** 

Genitourinary:

NAD

GI System:

Liver & Spleen not palpable

CNS:

NAD

### **IMPRESSION:**

platelet -117000, SGPT-60.0, CHOL-211.6, NON HDL-166.1, LDL-147.0, USG ABDOMEN - GRADE 2 FATTY LIVER, GALL BLADDER POLYP, ECG-ATTACHED

# ADVICE:

KINDLY VISIT FAMILY PHYSICIAN WITH REPORTS FOR FOLLOW UP.

# **CHIEF COMPLAINTS:**

1) Hypertension:

NO

2) **IHD** 

NO

3) Arrhythmia

NO

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



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**Diabetes Mellitus** NO 5) Tuberculosis NO 6) Asthama NO 8) Thyroid/ Endocrine disorders NO 9) Nervous disorders NO 10) GI system NO 11) Genital urinary disorder NO

: MR.SUNIL KUMAR

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 Mixed 4) Medication NO

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

P.R. Washerais Dr.PRIYANKA WADHWANI

M.B.B.S **Consultant - Corporate Services** 

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:01-Feb-2022 / 10:58 :01-Feb-2022 / 16:42

# **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER		te Blood Count), Blood	
	RESULTS	<b>BIOLOGICAL REF RANGE</b>	METHOD
RBC PARAMETERS			
Haemoglobin	14.1	13.0-17.0 g/dL	Spectrophotometric
RBC	4.95	4.5-5.5 mil/cmm	The state of the s
PCV	42.4	40-50 %	Elect. Impedance Measured
MCV	85.6	80-100 fl	Calculated
MCH	28.5	27-32 pg	Calculated
MCHC	33.3	31.5-34.5 g/dL	Calculated
RDW	14.7	11.6-14.0 %	President Victoria Control Con
WBC PARAMETERS		7.70 7.10 70	Calculated
WBC Total Count	4160	4000 40000 /	
WBC DIFFERENTIAL AND		4000-10000 /cmm	Elect. Impedance
Lymphocytes	30.1	20-40 %	
Absolute Lymphocytes	1252.2	1000-3000 /cmm	6.1.1.1
Monocytes	8.0	2-10 %	Calculated
Absolute Monocytes	332.8	200-1000 /cmm	
Neutrophils	57.6	40-80 %	Calculated
Absolute Neutrophils	2396.2	2000-7000 /cmm	
Eosinophils	3.3	1-6 %	Calculated
Absolute Eosinophils	137.3		
Basophils	1.0	20-500 /cmm	Calculated
Absolute Basophils	41.6	0.1-2 %	
Immature Leukocytes	-	20-100 /cmm	Calculated
- Lound Loundby tos	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

# **PLATELET PARAMETERS**

Platelet Count MPV PDW	117000	150000-400000 /cmm	Elect. Impedance
	14.3	6-11 fl	Calculated
	29.0	11-18 %	Calculated
RBC MORPHOLOGY			Catcatated

Microcytosis

Hypochromia

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:01-Feb-2022 / 12:48

Macrocytosis

Anisocytosis

Poikilocytosis

Polychromasia

**Target Cells** 

Basophilic Stippling

Normoblasts

Others

Normocytic, Normochromic

WBC MORPHOLOGY

Few atypical/reactive lymphocytes present

PLATELET MORPHOLOGY

Platelet count may not be representative due to presence of megaplatelets on smear

COMMENT

Result rechecked.

Kindly correlate clinically.

Specimen: EDTA Whole Blood

ESR, EDTA WB

12

2-15 mm at 1 hr.

Westergren

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West \*\*\* End Of Report \*\*\*





Dr. AMAR DASGUPTA, MD, PhD Consultant Hematopathologist **Director - Medical Services** 

Dr.SHASHIKANT DIGHADE M.D. (PATH) **Pathologist** 



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# **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

	PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
	GLUCOSE (SUGAR) FASTING, Fluoride Plasma	96.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
	GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	91.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
	BILIRUBIN (TOTAL), Serum	0.57	0.1-1.2 mg/dl	Colorimetric
	BILIRUBIN (DIRECT), Serum	0.26	0-0.3 mg/dl	Diazo
	BILIRUBIN (INDIRECT), Serum	0.31	0.1-1.0 mg/dl	Calculated
	TOTAL PROTEINS, Serum	8.1	6.4-8.3 g/dL	Biuret
	ALBUMIN, Serum	5.0	3.5-5.2 g/dL	BCG
	GLOBULIN, Serum	3.1	2.3-3.5 g/dL	Calculated
	A/G RATIO, Serum	1.6	1 - 2	Calculated
	SGOT (AST), Serum	34.8	5-40 U/L	NADH (w/o P-5-P)
	SGPT (ALT), Serum	60.0	5-45 U/L	NADH (w/o P-5-P)
	GAMMA GT, Serum	18.6	3-60 U/L	Enzymatic
)	ALKALINE PHOSPHATASE, Serum	88.6	40-130 U/L	Colorimetric
	BLOOD UREA, Serum	25.7	12.8-42.8 mg/dl	Kinetic
	BUN, Serum	12.0		Calculated
	CREATININE, Serum eGFR, Serum	0.83		Enzymatic
		110	>60 ml/min/1.73sqm	Calculated
	URIC ACID, Serum	6.1	3.5-7.2 mg/dl	Enzymatic

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: 02-Feb-2022 / 10:04 : 02-Feb-2022 / 14:08

Urine Sugar (Fasting)

Absent

Absent

Urine Ketones (Fasting)

Absent

Absent

Urine Sugar (PP)
Urine Ketones (PP)

Absent Absent

Absent Absent

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
\*\*\* End Of Report \*\*\*







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

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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

5.2

Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 %

HPLC

Estimated Average Glucose (eAG), EDTA WB - CC

102.5

Diabetic Level: >/= 6.5 % 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:

HDA1c, 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.

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Dr.JYOT THAKKER

M.D. (PATH), DPB Pathologist & AVP( Medical Services)

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

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

**PARAMETER** 

**RESULTS** 

**ABO GROUP** 

AB

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.

## Refernces:

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

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West \*\*\* End Of Report \*\*







**Dr.ANUPA DIXIT** M.D.(PATH)

Consultant Pathologist & Lab Director

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: 01-Feb-2022 / 10:58 :01-Feb-2022 / 14:28

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

			<u>ILL</u>	
PARAMETER	<b>RESULTS</b>		<b>BIOLOGICAL REF RANGE</b>	<b>METHOD</b>
CHOLESTEROL, Serum	211.6		Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	93.0		Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl	Enzymatic
			High: 200 - 499 mg/dl Very high:>/=500 mg/dl	
HDL CHOLESTEROL, Serum	45.5		Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	166.1		Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	147.0		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	19.1			Calculated
CHOL / HDL CHOL RATIO, Serum	4.7			Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.2	(	0-3.5 Ratio	Calculated

<sup>\*</sup>Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West \*\*\* End Of Report \*\*\*







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: 01-Feb-2022 / 10:58 :01-Feb-2022 / 13:12

# **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE** THYROID FUNCTION TESTS

<u>PARAMETER</u>	<b>RESULTS</b>	<b>BIOLOGICAL REF RANGE</b>	<b>METHOD</b>
Free T3, Serum	5.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.3	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.44	0.35-5.5 microIU/ml	ECLIA

### 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 trasiently altered becuase 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.

1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)

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 CPL, Andheri West \*\* End Of Report \*\*\*





**Dr.ANUPA DIXIT** M.D.(PATH)

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Consulting Dr.

: -

Reg. Location

**PARAMETER** 

: Andheri West (Main Centre)



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**BIOLOGICAL REF RANGE** 

: 01-Feb-2022 / 10:58 : 02-Feb-2022 / 13:49

# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE EXAMINATION OF FAECES

PHYSICAL EXAMINATION		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
CHEMICAL EXAMINATION		
Reaction (pH)	Acidic (6.5)	
Occult Blood	Absent	Absent
MICROSCOPIC EXAMINATI	ON	
Protozoa	Absent	Absent

RESULTS

Flagellates Absent Absent Ciliates **Absent** Absent **Parasites** Absent Absent Macrophages Absent Absent Mucus Strands Absent Absent **Fat Globules** Absent Absent RBC/hpf Absent Absent WBC/hpf Absent Absent Yeast Cells Absent Absent

Undigested Particles Present ++ 
Concentration Method (for ova) No ova detected Absent

Reducing Substances - Absent







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Pathologist

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Age / Gender : 38 Years / Male

Consulting Dr. : -

DADAMETED

Amorphous debris

Bacteria / hpf

Others

Reg. Location

: Andheri West (Main Centre)



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Reported :01-Feb-2022 / 17:00

# **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE** URINE EXAMINATION REPORT

	PAKAMETEK	RESULTS	BIOLOGICAL REF RANGE	METHOD
	PHYSICAL EXAMINATION			
	Color	Pale yellow	Pale Yellow	<u>.</u>
	Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
	Specific Gravity	1.005	1.001-1.030	Chemical Indicator
000	Transparency	Clear	Clear	-
	Volume (ml)	30	<u>~</u>	-
	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	

Absent

Less than 20/hpf

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Absent

2-3





Gashi D Dr.SHASHIKANT DIGHADE M.D. (PATH) **Pathologist** 

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Ref. Dr

Reg. Location: Andheri West (Main Center)

Reg. Date

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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-----

Dr R K Bhandari

Ris Shana

M D, DMRE

MMC REG NO. 34078

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Date:- 6/02/2022 CID: 2203208792 Name:- M. June Munon Sex/Age: M/38ys.

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision: befocal spucs

Refraction:

(Right Eye)

(Left Eye)

_	Sph	Cyl	Axis	Vn	Sph	СуІ	Axis	Vn
Distance	•			6/6			7	6/6
Near				N-10				N-10

cout spees

Colour Vision: Normal / Abnormal

Update specs for near visia.

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

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: 2203208792

Name

: Mr SUNIL KUMAR

Age / Sex

: 38 Years/Male

Ref. Dr

Reg. Location: Andheri West (Main Center)

Reg. Date

Reported

Authenticity Check



Use a QR Code Scanner Application To Scan the Code

: 01-Feb-2022 / 13:03

: 01-Feb-2022 / 13:40

# **USG WHOLE ABDOMEN**

# LIVER:

The liver is normal in size (13.1cm) and shows bright echotexture. 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. No evidence of gall stones seen A well defined, hyperechoic le In is noted adherent to the wall of the gall bladder measuring 3.4mm. Features are suggestive of Gall bladder polyp

# **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 9.4 x 5.5cm. Left kidney measures 9.0 x 4.9cm.

The spleen is normal in size (9.9cm) 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.



The prostate is normal in size measuring 4.0 x 3.4 x 3.2cm and volume is 24.1cc.

# **IMPRESSION:**

Grade II fatty liver.

Gall bladder polyp as described above.

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

DR. NIKHIL DEV M.B.B.S, MD (Radiology) Reg No - 2014/11/4764 Consultant Radiologist

Click here to view images http://202.143.96.162/Suburban/Viewer?ViewerType=3&AccessionNo=2022020110492139

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# SUBURBAN DIAGNOSTICS - ANDHERI WEST

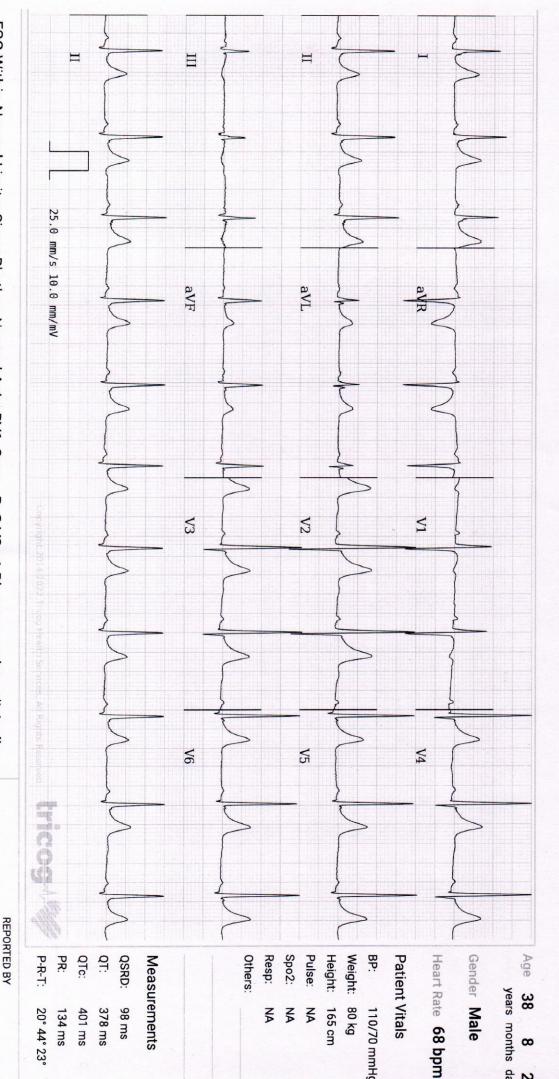
Patient ID: Patient Name: SUNIL KUMAR 2203208792

Date and Time: 1st Feb 22 11:20 AM

years months days

œ

22



165 cm

NA

NA

110/70 mmHg

ECG Within Normal Limits: Sinus Rhythm, Normal Axis, RV1 8mm, R: S V2 >1.Please correlate clinically.

98 ms

378 ms

134 ms 401 ms

20° 44° 23°

Cardiologist & Diabetologist 2004/05/2468 MD, D.CARD, D. DIABETES DR RAVI CHAVAN

# SUBURBAN DIAGNOSTICS

**Patient Details** 

Clinical History:

Date: 01-Feb-22

Time: 1:09:46 PM

Name: SUNIL KUMAR ID: 2203208792

Age: 38 y

Sex: M

Height: 165 cms

25120 mmHg/min

Weight: 80 Kgs

Medications: NONE

NONE

# **Test Details**

Protocol: Bruce

Pr.MHR: 182 bpm

THR: 154 (85 % of Pr.MHR) bpm

Total Exec. Time:

9 m 1 s

Max. HR: 157 (86% of Pr.MHR)bpm Max. BP x HR:

Max. Mets: 13.50 Min. BP x HR:

4970 mmHg/min

Max. BP: 160 / 70 mmHg Test Termination Criteria:

Target HR attained

# **Protocol Details**

Stage Name	Stage Time	Mets	Speed	Grade	Heart	Max. BP	Max. ST	Max. ST
	(min : sec)		(mph)	(%)	Rate	(mm/Hg)	Level	Slope
					(bpm)		(mm)	(mV/s)
Supine	0:12	1.0	0	0	71	110 / 70	-0.85 aVR	1.77 V5
Standing	1:7	1.0	0	0	74	110 / 70	-4.88 aVL	-5.31 V1
Hyperventilation	0:7	1.0	0	0	77	110 / 70	-0.85 aVR	2.12 V2
1	3:0	4.6	1.7	10	111	120 / 70	-2.76 aVR	4.95 V4
2	3:0	7.0	2.5	12	132	130 / 70	-4.88 aVR	4.25 11
3	3:0	10.2	3.4	14	157	140 / 70	-3.18 aVR	4.60 V3
Peak Ex	0:1	13.5	4.2	16	157	160 / 70	-1.06 III	3.89 V3
Recovery(1)	1:0	1.8	1	0	134	140 / 70	-1.91 III	5.31 V3
Recovery(2)	1:0	1.0	0	0	108	120 / 70	-1.49 aVR	4.95 V3
Recovery(3)	0:10	1.0	0	0	107	110 / 70	-0.64 aVR	4.25 V3

# Interpretation

GOOD EFFORT TOLERANCE

NORMAL CHRONOTROPIC RESPONSE

NORMAL INOTROPIC RESPONSE

NO ANGINA ANGINA EQUIVALENTS

NO ARRHYTHMIAS

NO SIGNIFICANT ST-T CHANGES FROM BASELINE

IMPRESSION: STRESS TEST IS NEGATIVE FOR STRESS INDUCIBLE

ISCHAEMIA

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 HEALTHCARE

(Summary Report edited by user)

Dr. Rayl Chavan MD; D Zard Consultant Cardiologist 1004/06/2018

Doctor: DR. RAVI CHAVAN

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