



Handwritten:
R
Ravi
17-09-2022

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

Suburban Diagnostics (I) Pvt. Ltd.
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Above Tansiq Jeweller, L.T. Road,
Borivali (West), Mumbai - 400 092

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

CID# : 2226024704

Name : MR. VIPUL RAUT

Age / Gender : 35 Years/Male

Consulting Dr. :-

Collected : 17-Sep-2022 / 09:50

Reg. Location : Borivali West (Main Centre)

Reported : 19-Sep-2022 / 08:44

- | | |
|--|--|
| 5) Tuberculosis | NO |
| 6) Asthama | NO |
| 7) Pulmonary Disease | NO |
| 8) Thyroid/ Endocrine disorders | NO |
| 9) Nervous disorders | NO |
| 10) GI system | NO |
| 11) Genital urinary disorder | NO |
| 12) Rheumatic joint diseases or symptoms | NO |
| 13) Blood disease or disorder | NO |
| 14) Cancer/lump growth/cyst | NO |
| 15) Congenital disease | NO |
| 16) Surgeries | ASD <i>started in</i>
<i>not since 2004</i> |
| 17) Musculoskeletal System | NO |

PERSONAL HISTORY:

- | | |
|---------------|-----------------------|
| 1) Alcohol | NO |
| 2) Smoking | NO |
| 3) Diet | MIX |
| 4) Medication | Tab telmisartan 40 mg |

*** End Of Report ***

AS
Dr. NITIN SONAVANE
PHYSICIAN

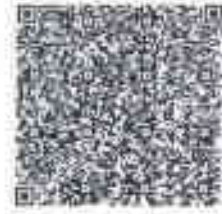
Suburban Diagnostics (I) Pvt. Ltd.
301& 302, 3rd Floor, Vini Elegance,
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Borivali (West), Mumbai - 400 092.

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

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

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

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com



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CID : 2226024704
Name : MR. VIPUL RAUT
Age / Gender : 35 Years / Male
Consulting Dr. :
Reg. Location : Borivali West (Main Centre)

Collected : 17-Sep-2022 / 09:54
Reported : 17-Sep-2022 / 11:12

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	15.6	13.0-17.0 g/dL	Spectrophotometric
RBC	5.73	4.5-5.5 mil/cmm	Elect. Impedance
PCV	45.9	40-50 %	Measured
MCV	80	80-100 fl	Calculated
MCH	27.1	27-32 pg	Calculated
MCHC	33.9	31.5-34.5 g/dL	Calculated
RDW	15.0	11.6-14.0 %	Calculated

WBC PARAMETERS

WBC Total Count	8930	4000-10000 /cmm	Elect. Impedance
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WBC DIFFERENTIAL AND ABSOLUTE COUNTS

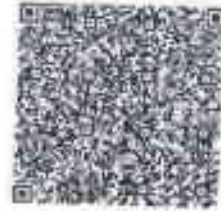
Lymphocytes	33.8	20-40 %	
Absolute Lymphocytes	3018.3	1000-3000 /cmm	Calculated
Monocytes	5.8	2-10 %	
Absolute Monocytes	517.9	200-1000 /cmm	Calculated
Neutrophils	50.8	40-80 %	
Absolute Neutrophils	4536.4	2000-7000 /cmm	Calculated
Eosinophils	9.1	1-6 %	
Absolute Eosinophils	812.6	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	44.7	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	250000	150000-400000 /cmm	Elect. Impedance
MPV	8.4	6-11 fl	Calculated
PDW	14.5	11-18 %	Calculated

Authenticity Check



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Reg. Location : Borivali West (Main Centre)

Collected : 17-Sep-2022 / 09:54
Reported : 17-Sep-2022 / 10:51

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RBC MORPHOLOGY

Hypochromia : +
Microcytosis : +
Macrocytosis : -
Anisocytosis : -
Poikilocytosis : -
Polychromasia : -
Target Cells : -
Basophilic Stippling : -
Normoblasts : -
Others : Normocytic, Normochromic

WBC MORPHOLOGY

PLATELET MORPHOLOGY

COMMENT : Eosinophilia

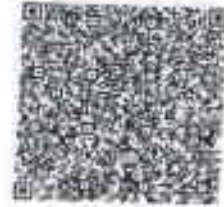
Specimen: EDTA Whole Blood

ESR, EDTA WB : 3 : 2-15 mm at 1 hr. : Westergren

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



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



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Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 17-Sep-2022 / 09:54
Reported : 17-Sep-2022 / 14:06

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	94.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	120.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.51	0.3-1.2 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (DIRECT), Serum	0.17	0-0.3 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (INDIRECT), Serum	0.34	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.8	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	32.0	<34 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
SGPT (ALT), Serum	51.3	10-49 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			



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Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 17-Sep-2022 / 13:32
Reported : 17-Sep-2022 / 17:25

GAMMA GT, Serum	31.0	<73 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALKALINE PHOSPHATASE, Serum	109.9	46-116 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
BLOOD UREA, Serum	27.2	19.29-49.28 mg/dl	Calculated
Kindly note change in Ref range and method w.e.f.11-07-2022			
BUN, Serum	12.7	9.0-23.0 mg/dl	Urease with GLDH
Kindly note change in Ref range and method w.e.f.11-07-2022			
CREATININE, Serum	0.84	0.60-1.10 mg/dl	Enzymatic
Kindly note change in Ref range and method w.e.f.11-07-2022			
eGFR, Serum	111	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	8.4	3.7-9.2 mg/dl	Uricase/ Peroxidase
Kindly note change in Ref range and method w.e.f.11-07-2022			
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

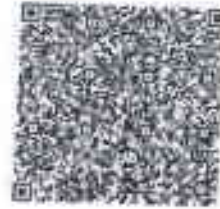
*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
*** End Of Report ***



MC 2111

Anupa Dixit

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



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Reg. Location : Borivali West (Main Centre)

Collected : 17-Sep-2022 / 09:54
Reported : 17-Sep-2022 / 16:21

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	128.4	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 SDRL, Vidyavihar Lab
*** End Of Report ***



J. Thakker
Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP (Medical Services)



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Reg. Location : Borivali West (Main Centre)

Collected : 17-Sep-2022 / 09:54
Reported : 17-Sep-2022 / 16:55

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

PARAMETER	RESULTS
ABO GROUP	O
Rh TYPING	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 ***



Thakker
Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP (Medical Services)



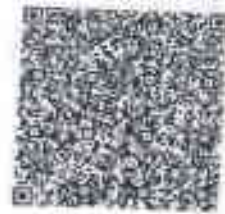
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Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 17-Sep-2022 / 09:54
Reported : 17-Sep-2022 / 15:28

**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	4.7	3.5-6.5 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
Free T4, Serum	16.2	11.5-22.7 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
sensitiveTSH, Serum	1.608	0.55-4.78 microu/ml	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			



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Reg. Location : Borivali West (Main Centre)

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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.

References:

1. O koulour 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 SDRL, Vidyavihar Lab
*** End Of Report ***



J. Thakker
Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP (Medical Services)

Authenticity Check



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Age / Sex : 35 Years/Male
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 17-Sep-2022
Reported : 17-Sept-2022 / 14:22

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.

Authenticity Check



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Age / Sex : 35 Years/Male
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 17-Sep-2022
Reported : 17-Sept-2022 / 13:46

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Opinion:

- Cholelithiasis without cholecystitis.

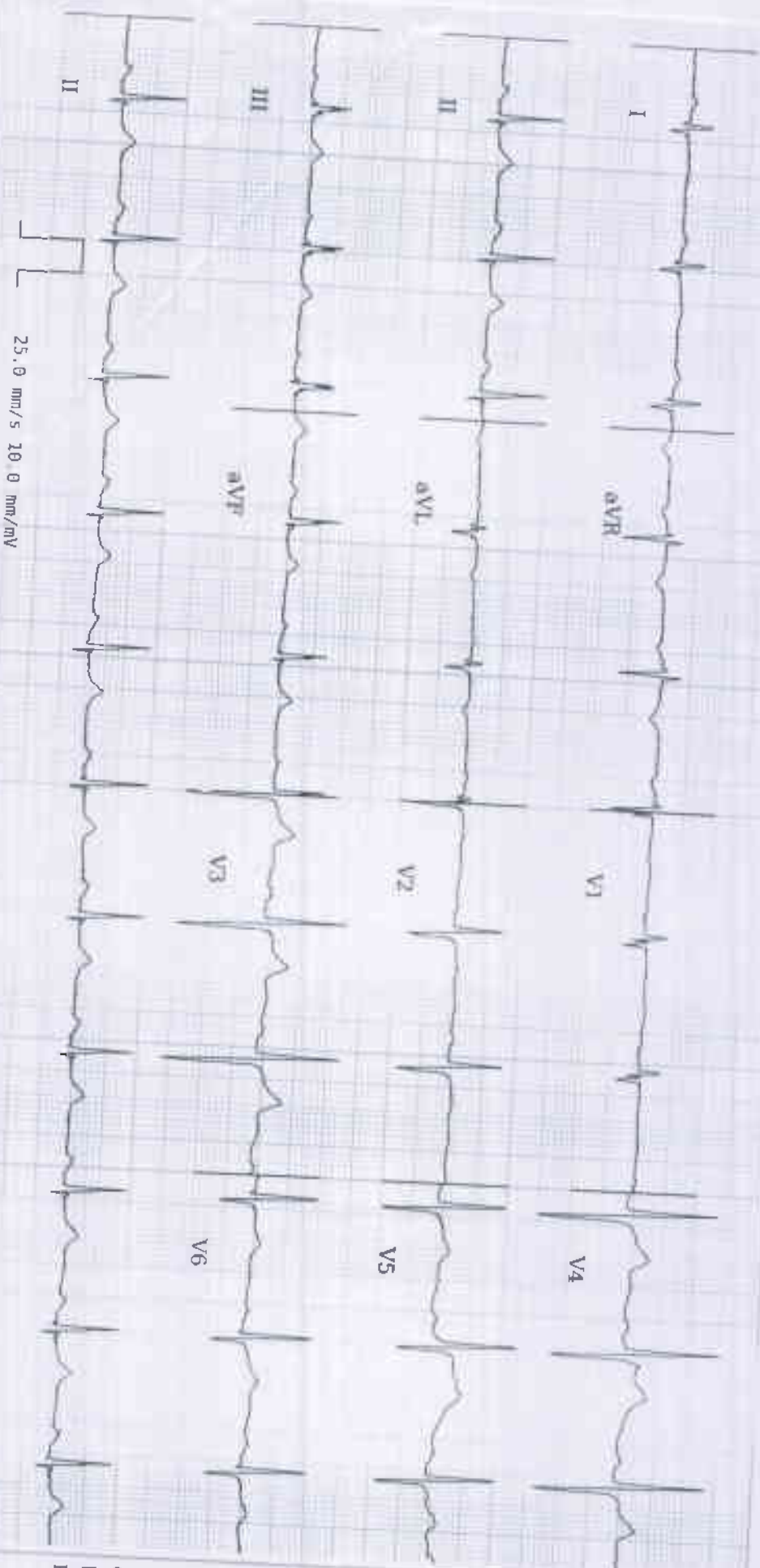
For clinical correlation and follow up.

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

-----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.



Sinus Rhythm, Normal Axis. R wave in V1. Adv. 2d echo. Please correlate clinically.

Suburban Diagnostics (I) Pvt. Ltd.

3018, 302, 3rd Floor, Vithi Elegance,
Above Tanishq Jeweller, L. T. Road,
Borivali (West), Mumbai - 400 092

Age **35** 9 3
years months days

Gender **Male**

Heart Rate **70bpm**

Patient Vitals

BP: **130/90 mmHg**

Weight: **73 kg**

Height: **164 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **94ms**

QT: **418ms**

QTc: **451ms**

PR: **180ms**

P-R-T: **61° 80° 68°**

REPORTED BY

Dr. Niran Saravante
M.B.B.S., A.F.I.C., D.D.I.A.R., D.C.A.R.D.
Consultant Cardiologist
87714

Suburban Diagnostics Pvt. Ltd.

Patient Details

Name: **VIPUL RAUT** ID: 2226024704

Date: 17-Sep-22

Time: 11:55:33

Age: 35 y

Sex: M

Height: 164 cms

Weight: 73 Kgs

Clinical History: ASD CLOSER IN 2004

Medications: TELMIKIND AM 40

Test Details

Protocol: Bruce

Pr.MHR: 185 bpm

THR: 157 (85 % of Pr.MHR) bpm

Total Exec. Time: 3 m 14 s

Max. HR: 169 (91% of Pr.MHR)bpm

Max. Mets: 7.00

Max. BP: 160 / 90 mmHg

Max. BP x HR: 27040 mmHg/min

Min. BP x HR: 6390 mmHg/min

Test Termination Criteria: BREATHLESS

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	2 : 3	1.0	0	0	79	130 / 90	-0.85 V1	3.54 V6
Standing	0 : 25	1.0	0	0	71	130 / 90	-0.21 III	0.71 V3
Hyperventilation	0 : 58	1.0	0	0	78	130 / 90	-2.12 V1	-4.25 V1
1	3 : 0	4.6	1.7	10	153	150 / 90	-3.61 V3	5.66 V4
Peak Ex	0 : 14	7.0	2.5	12	169	150 / 90	-0.42 III	3.54 V5
Recovery(1)	1 : 0	1.8	1	0	133	160 / 90	-1.06 V1	3.54 V4
Recovery(2)	1 : 0	1.0	0	0	106	140 / 90	-0.85 aVR	5.31 V3
Recovery(3)	1 : 0	1.0	0	0	96	130 / 90	-0.64 aVR	5.66 V3
Recovery(4)	0 : 9	1.0	0	0	100	130 / 90	-0.42 aVR	1.42 V3

Interpretation

The patient exercised according to the Bruce protocol for 3 m 14 s achieving a work level of Max. METS : 7.00. Resting heart rate initially 79 bpm, rose to a max. heart rate of 169 (91% of Pr.MHR) bpm. Resting blood Pressure 130 / 90 mmHg, rose to a maximum blood pressure of 160 / 90 mmHg. **POOR EFFORT TOLERANCE**

NORMAL CHRONOTROPIC RESPONSE

NO ANGINA/ANGINA EQUIVALENTS

NO ARRHYTHMIAS

NO SIGNIFICANT ST-T CHANGES FROM BASELINE

IMPRESSION: STRESS TEST IS INCONCLUSIVE FOR STRESS INDUCIBLE ISCHEMIA.

CARDIOLOGIST REF

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 HEALTH LTD

(Summary Report edited by user)

Doctor: DR NITIN SONAVANE

Suburban Diagnostics (P) Pvt. Ltd.

301& 302, 3rd Floor, Vini Elegance,

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DR. NITIN SONAVANE

M.B.B.S.AFLH, D.DIAB, D.CARD.

CONSULTANT-CARDIOLOGIST

Protocol: Bruce

ID: 2226024704

Date: 17-Sep-22

Exec Time: 0 m 0 s

Stage Time: 2 m 3 s

HR: 79 bpm

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

Stage: Supine

Speed: 0 mph

Grade: 0%

(THR: 157 bpm)

B.P: 130/90

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

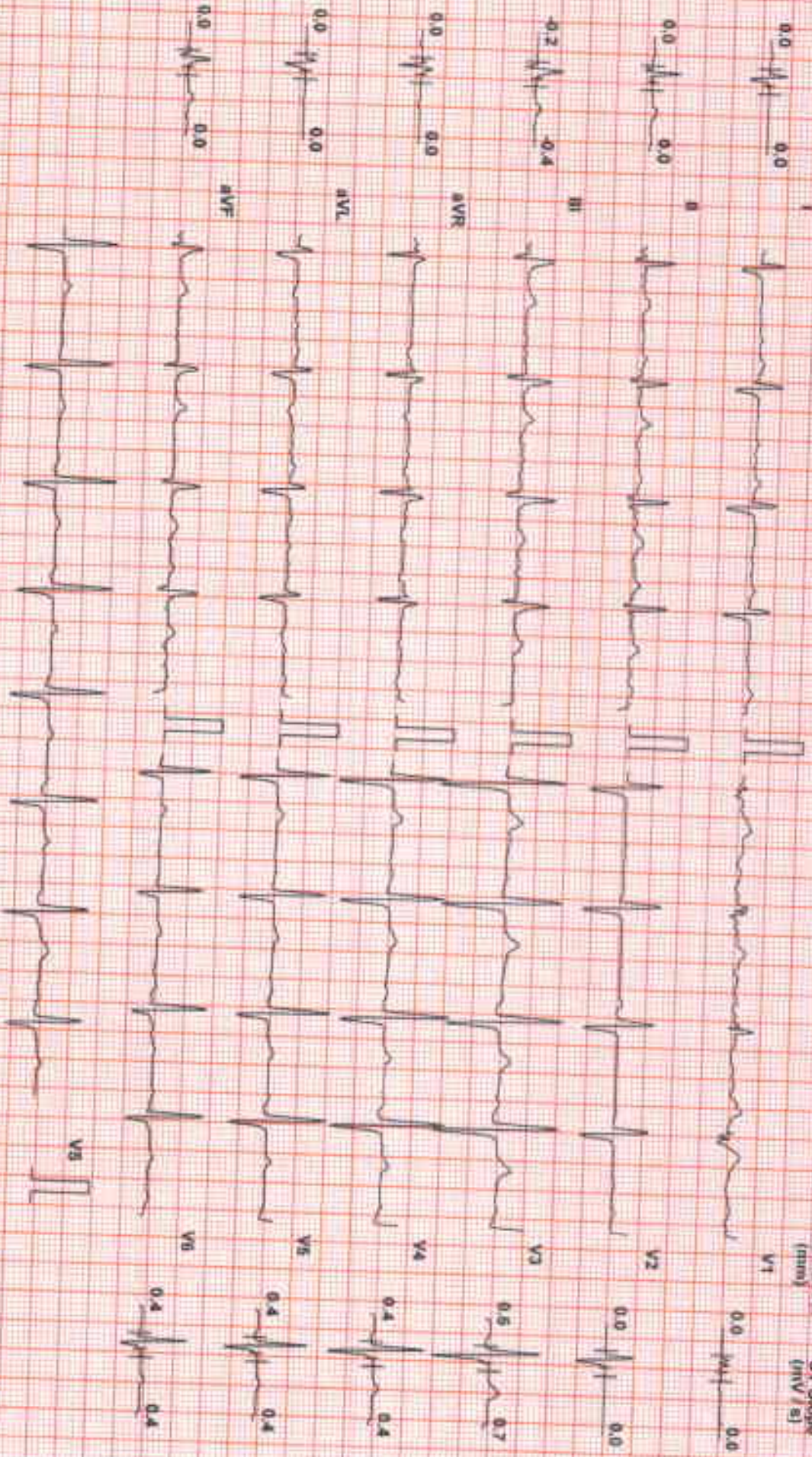


Chart Speed: 25 mm/sec
Scale: Standard V4.7

Filter: 35 Hz

Main: Filtr ON

Ampl: 10 mm

No - R 50 mm

J - R + 40 mm

Pos J = J + 60 mm

Proficient Bruce

ID: 2226024704

Date: 17-Sep-22

Exec Time: 0 m 0 s

Stage Time: 0 m 25 s **HR: 71 bpm**

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

Stage: Standing

Speed: 0 mph

Grade: 0%

(HR: 157 bpm)

B.P: 130/90

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

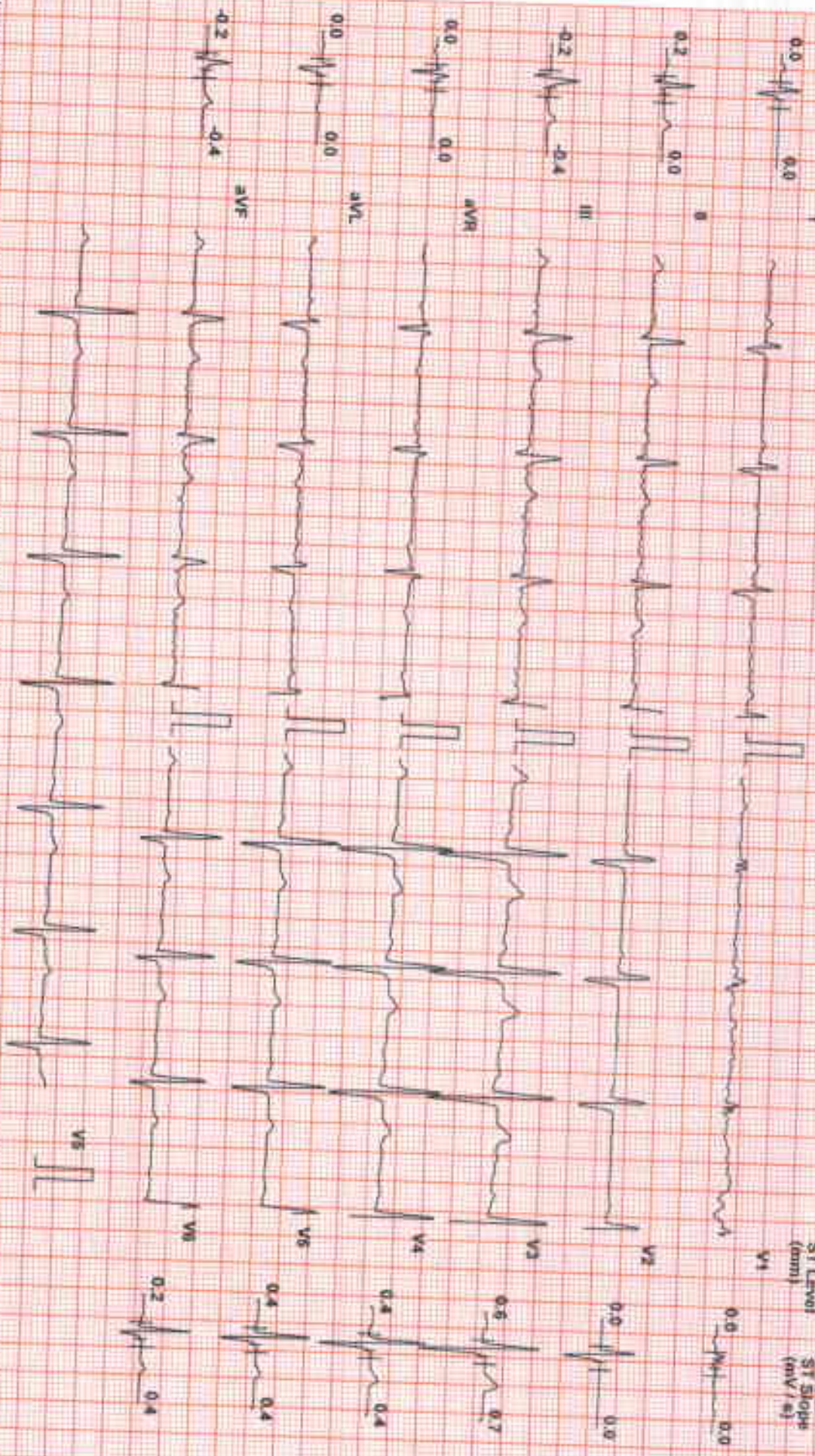


Chart Speed: 25 mm/sec

Filter: 35 Hz

Means Filter: ON

Ampl: 10 mm

100 = 0 - 60 ms

J = 0 - 60 ms

Post J = 0 - 60 ms

Protocol: Bruce

ID: 2226024704

Date: 17-Sep-22

Exec Time: 0 m 0 s

Stage Time: 0 m 58 s

ST Level (mm)

ST Slope (mV/s)

Stage: Hyperventilation

Speed: 0 mph

Grade: 0%

(THR: 157 bpm)

HR: 78 bpm

R.P.: 130 / 90

ST Level (mm)

ST Slope (mV/s)

Chart Speed: 25 mm/sec
Scale: Standard V & T

Filter: 35 Hz

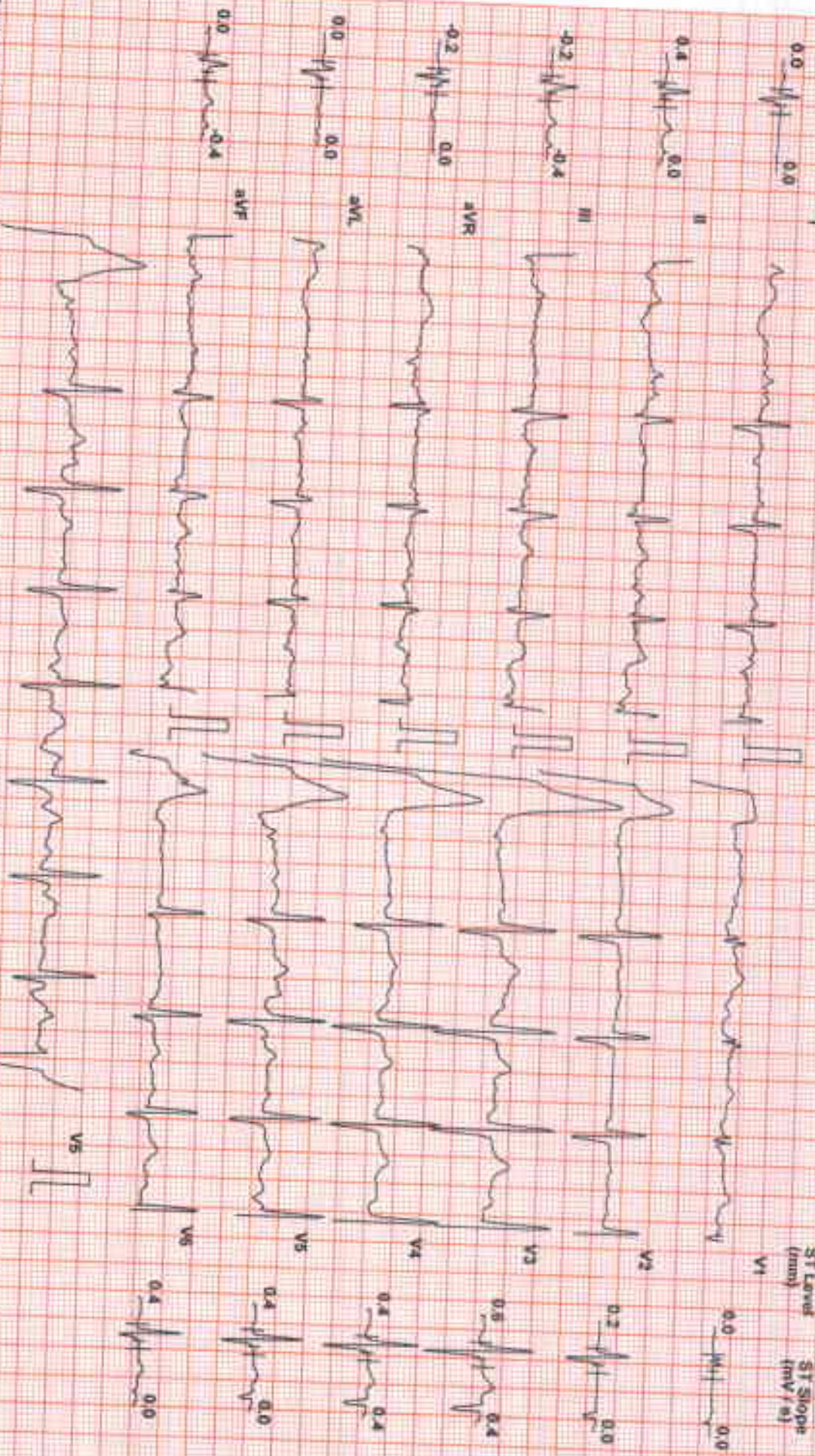
Main: Filter ON

Amp: 10 mm

AV - 10 mm

V - 10 mm

Paper: 1 x 50 mm



Protocol: Bruce

ID: 2226024704

Date: 17-Sep-22

Exec Time: 3 m 0 s

Stage Time: 3 m 0 s

HR: 153 bpm

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

Stage 1

Speed: 1.7 mph

Grade: 10%

(THR: 157 bpm)

B.P: 150/90

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



Chart Speed: 25 mm/sec
Schlifer Spanden V 4.7

Filter: 35 Hz

Mains: Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Protocol Bruce

ID: 2226024704

Date: 17-Sep-22

Exec Time

3 m 14 s

Stage Time : 0 m 14 s

HR: 169 bpm

ST Level (mm)

ST Slope (mV/s)

Stage Peak Ex

Speed: 2.5 mph

Grade: 12 %

(THR 157 bpm)

B.P 150 / 90

ST Level (mm)

ST Slope (mV/s)

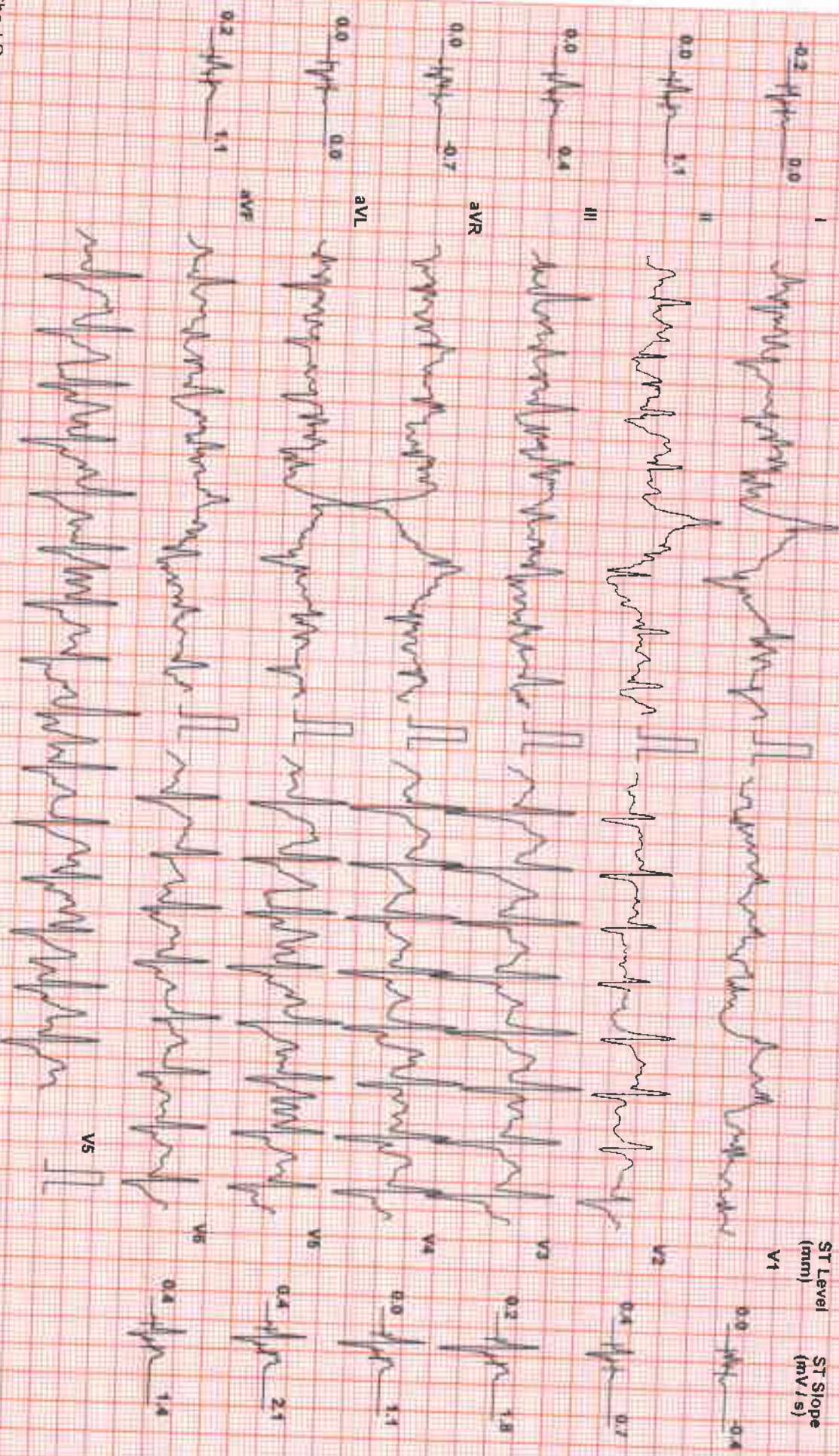


Chart Speed: 25 mm/sec
Schlier Spanden V47

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Isr = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Protocol: Biphas

ID: 2226024704

Date: 17-Sep-22

Exec Time: 3 m 14 s

HR: 133 bpm

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

Stage: Recovery(1)

Speed: 0 mph

Grade: 0 %

CHFR: 157 bpm

B.P: 100 / 90

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

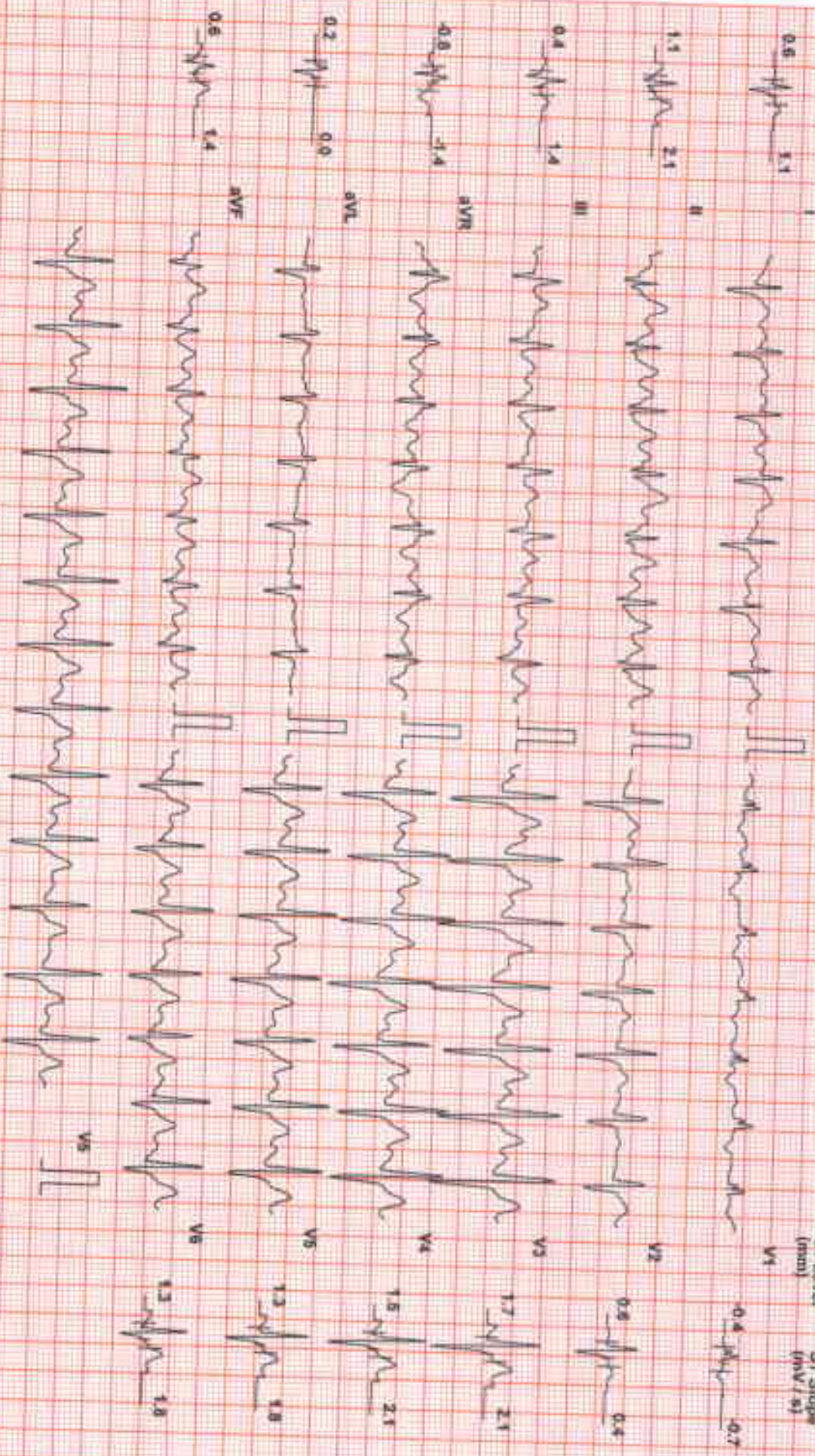


Chart Speed: 25 mm/sec

Filter: 35 Hz

Margins Fill: ON

Amp: 10 mm

Box = R-30mm

J = R-30mm

Print J = J + E / mm

VIPUL RAUT (35 M)

Suburban Diagnostics Pvt. Ltd.

Protocol: Blance

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

ID: 2228024704

Date: 17-Sep-22

Exam Time: 3 m 14 s Stage Time: 1 m 0 s

HR: 106 bpm

Stage: Recovery(2)

Speed: 0 mph

Grade: 0%

(THR: 167 bpm)

B.P.: 140 / 90

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



Chart Speed: 25 mm/sec
Sensitization: V4.7

Filter: 35 Hz

Main Filter: ON

Amp: 10 mm

200 = R = 60 mm

J = R = 50 mm

Post J = J + 60 mm

Protocol: Exercise

ID: 2225024704

Date: 17-Sep-22

Exec Time: 3 m 14 s Stage Time: 1 m 0 s

HR: 98 bpm

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

Stage: Recovery(3)

Speed: 0 mph

Grade: 0%

(TMR: 157 bpm)

B.P: 130/50

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

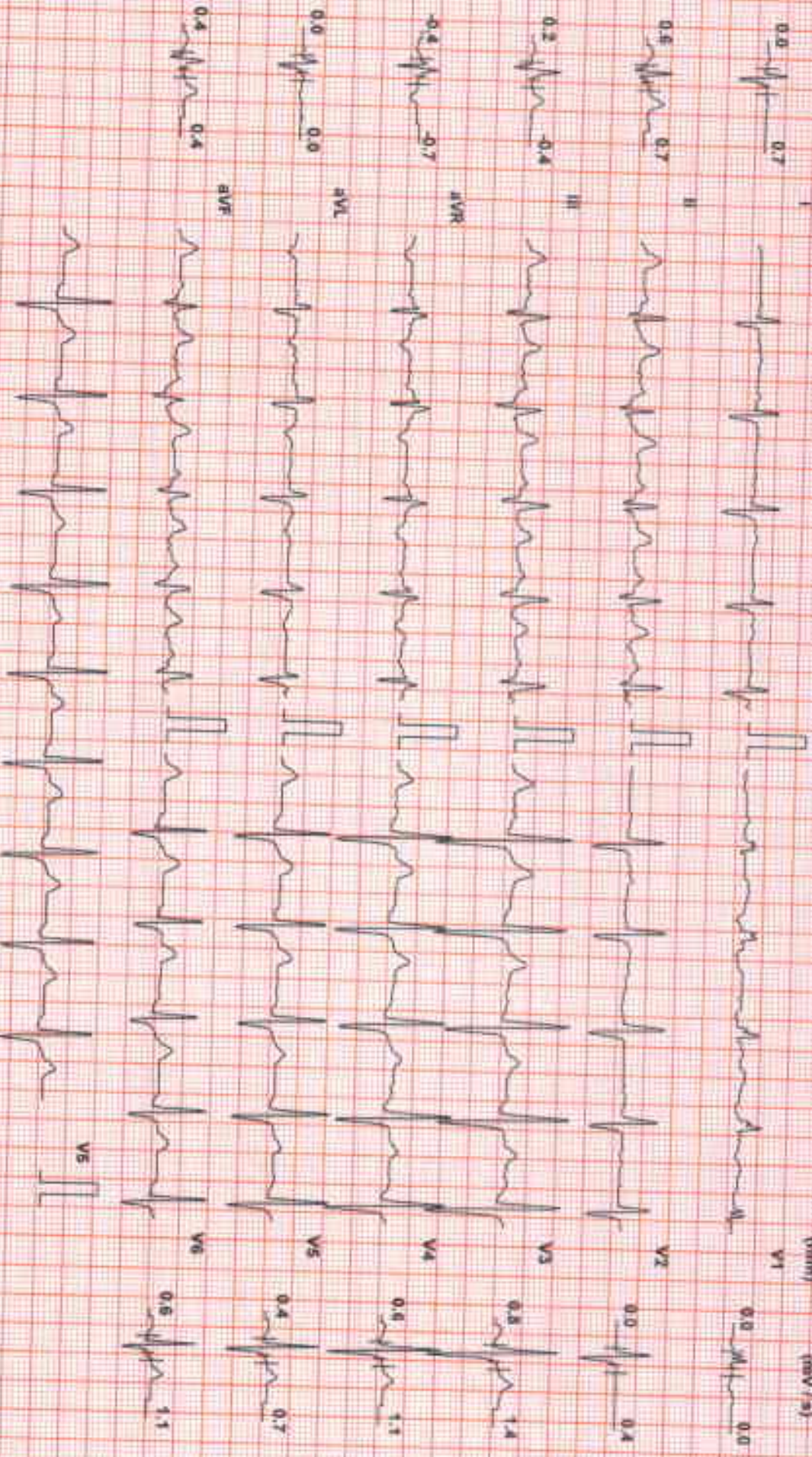


Chart Speed: 25 mm/sec
Scale: Standard V4.7

Filter: 35 Hz

Marble's Fil: ON

Ampl: 10 mm

25 = R - 60 ms

J = R - 60 ms

Post J = J - 60 ms

VPUL RAUT (35 M)

Protocol: Bruce

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

ID: 2226024704

Stage Recovery(Y/N)

Speed: 0 mph

Grade: 0%

Exec Time: 3 m 14 s

Stage Time: 0 m 2 s

HR: 95 bpm

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

(THR: 157 bpm)

BP: 130/90



Chart Speed: 25 mm/sec
Sensitv Quantize P 4.7

Filter: 30 Hz

Manags Filtr: ON

Amp: 10 mm

Cal = R - 60 ms

J = R + 50 ms

Pod J = J + 80 ms