

CID# : 2302819034  
Name : MR.RAVI SAMPAT JAGTAP  
Age / Gender : 37 Years/Male  
Consulting Dr. : -  
Reg.Location : Lulla Nagar, Pune (Main Centre)

Collected : 28-Jan-2023 / 09:03  
Reported : 28-Jan-2023 / 16:46

## PHYSICAL EXAMINATION REPORT

### PHYSICAL EXAMINATION

- a) Diet : Mixed
- b) Addiction : Alcohol-Occasional

#### GENERAL EXAMINATION :

- a) Height (cms) : 165
- b) Weight (kgs) : 98
- c) Lymph Nodes : Not Palpable

#### 3) SYSTEMIC EXAMINATION

##### A) RESPIRATORY SYSTEM

- a) Lungs : Clear
- b) Trachea : Central
- c) Air Entry : Equal
- d) Rales : No
- d) Others : NAD

##### B) CARDIOVASCULAR SYSTEM ( CVS )

- a) Heart Sounds : S1 S2 Normal
- b) Murmurs : No
- c) Pulse/min : 78
- d) B/P ( mm of Hg ) : 130/80
- e) Miscellenous : NAD



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C) ABDOMEN

- a) Liver : Not Palpable
- b) Spleen : Not Palpable
- c) Any other Swelling : No

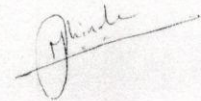
D) NERVOUS SYSTEM

- a) Ankle Reflex : Normal
- b) Plantars : Flexor

DOCTOR REMARKS :

Overweight  
Uric acid 8.8  
Triglycerides: 278.3  
RQ to primary  
physician.

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



**Dr. Milind Shinde**  
MBBS, DNB, Consuling Physician,  
Diabetologist & Echocardiologist



**Dr. MILIND SHINDE**  
MBBS, DNB Medicine  
Reg. No. 2011/05/1544





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Reported : 28-Jan-2023 / 12:31

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>CBC (Complete Blood Count), Blood</b>			
<b>RBC PARAMETERS</b>			
Haemoglobin	14.8	13.0-17.0 g/dL	Spectrophotometric
RBC	4.98	4.5-5.5 mil/cmm	Elect. Impedance
PCV	42.9	40-50 %	Calculated
MCV	86	80-100 fl	Calculated
MCH	29.7	27-32 pg	Calculated
MCHC	34.5	31.5-34.5 g/dL	Calculated
RDW	14.1	11.6-14.0 %	Calculated
<b>WBC PARAMETERS</b>			
WBC Total Count	7200	4000-10000 /cmm	Elect. Impedance
<b>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</b>			
Lymphocytes	44.7	20-40 %	Calculated
Absolute Lymphocytes	3218.4	1000-3000 /cmm	Calculated
Monocytes	7.9	2-10 %	Calculated
Absolute Monocytes	568.8	200-1000 /cmm	Calculated
Neutrophils	41.1	40-80 %	Calculated
Absolute Neutrophils	2959.2	2000-7000 /cmm	Calculated
Eosinophils	6.2	1-6 %	Calculated
Absolute Eosinophils	446.4	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	Calculated
Absolute Basophils	7.2	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b>PLATELET PARAMETERS</b>			
Platelet Count	349000	150000-400000 /cmm	Elect. Impedance
MPV	7.4	6-11 fl	Calculated
PDW	11.8	11-18 %	Calculated





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**RBC MORPHOLOGY**

Hypochromia -  
Microcytosis -  
Macrocytosis -  
Anisocytosis Mild  
Poikilocytosis -  
Polychromasia -  
Target Cells -  
Basophilic Stippling -  
Normoblasts -  
Others -  
WBC MORPHOLOGY -  
PLATELET MORPHOLOGY -  
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB, EDTA WB-ESR 5 2-15 mm at 1 hr. Sedimentation

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate  
\*\*\* End Of Report \*\*\*



*Shamla Kulkarni*  
**Dr.SHAMLA KULKARNI**  
MD (PATH)  
Consultant Pathologist





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**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	99.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	100.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.36	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.1	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.26	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	28.7	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	26.4	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	21.2	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	70.1	40-130 U/L	Colorimetric
BLOOD UREA, Serum	20.8	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.9	0.67-1.17 mg/dl	Enzymatic





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eGFR, Serum	101	>60 ml/min/1.73sqm	Calculated by MDRD equation (Modification of Diet)
URIC ACID, Serum	8.8	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 Pune Lab, Pune Swargate  
 \*\*\* End Of Report \*\*\*



*Shamla Kulkarni*  
**Dr. SHAMLA KULKARNI**  
 M.D.(PATH)  
 Pathologist





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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	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	111.2	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.

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



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Collected : 28-Jan-2023 / 09:10  
Reported : 29-Jan-2023 / 12:11

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**EXAMINATION OF FAECES**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE
<b>PHYSICAL EXAMINATION</b>		
Colour	Yellowish	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Trace	Absent
Blood	Absent	Absent
<b>CHEMICAL EXAMINATION</b>		
Reaction (pH)	Acidic (6.5)	-
Occult Blood	Absent	Absent
<b>MICROSCOPIC EXAMINATION</b>		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Flakes +	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Occasional	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present +	-
Concentration Method (for ova)	No ova detected	Absent
Reducing Substances	- -	Absent

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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>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
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
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	

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

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

**Reference:** Pack insert

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate



MC-2463

**Dr.SHAMLA KULKARNI**  
M.D.(PATH)  
Pathologist





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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.

**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 Pune Lab, Pune Swargate

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



MC-2463

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	164.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	278.3	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	30.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	134.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	88.5	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	45.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.0	0-3.5 Ratio	Calculated

LDL test is performed by direct measurement.

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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	4.0	2.6-5.7 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
Free T4, Serum	9.8	9-19 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
sensitiveTSH, Serum	1.82	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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**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 upto15 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)

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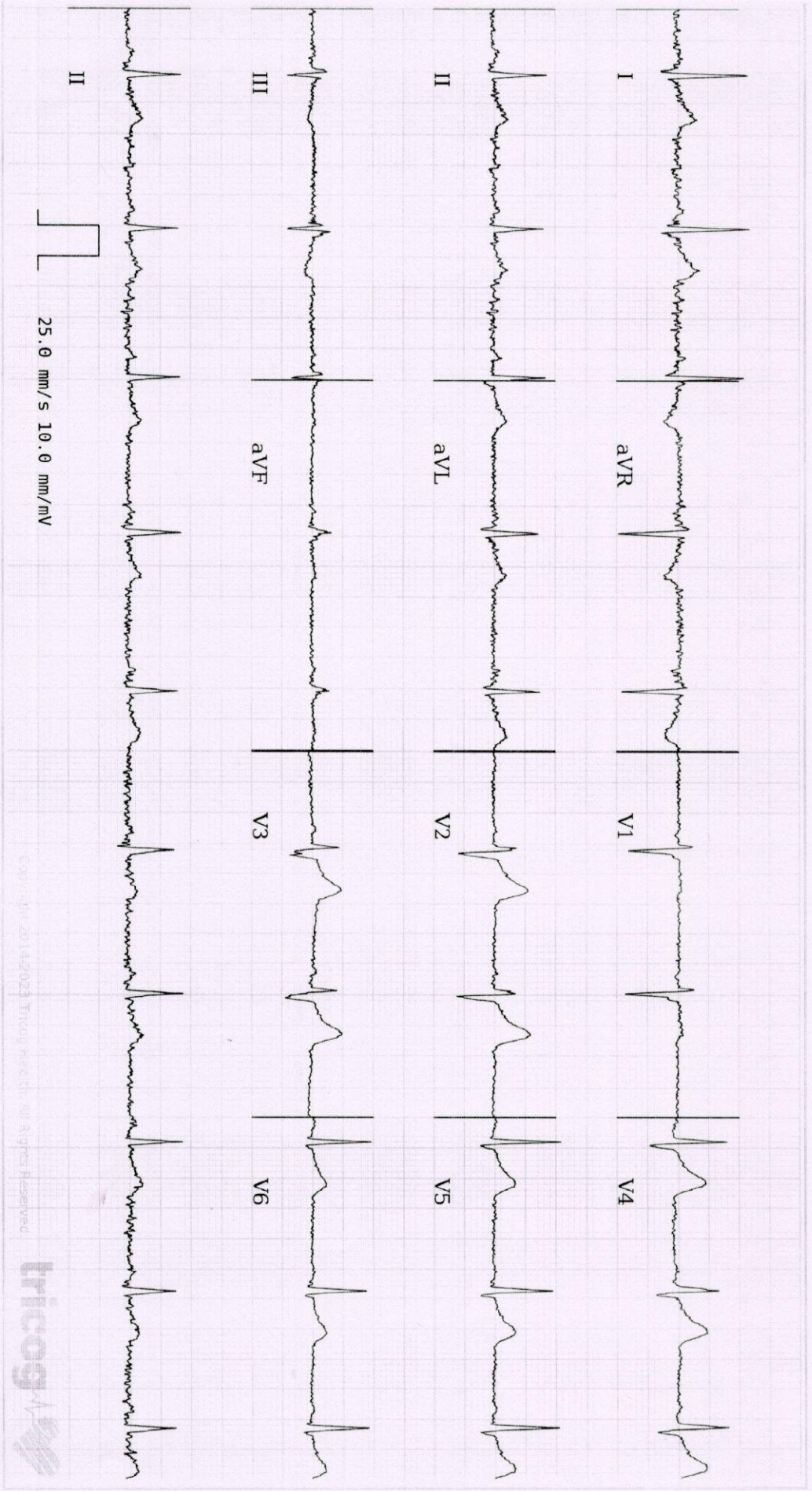


*Dr. Shamla Kulkarni*  
**Dr.SHAMLA KULKARNI**  
M.D.(PATH)  
Pathologist



Patient Name: RAVI SAMPAT JAGTAP  
Patient ID: 2302819034

Date and Time: 28th Jan 23 1:20 PM



Age **37** 8 17  
years months days

Gender **Male**

Heart Rate **61bpm**

**Patient Vitals**

BP: NA  
Weight: NA  
Height: NA  
Pulse: NA  
Spo2: NA  
Resp: NA  
Others:

**Measurements**

QRSD: 94ms  
QT: 410ms  
QTc: 412ms  
PR: 138ms  
P-R-T: 31° 19' 12°

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

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REPORTED BY

*[Signature]*



DR SONALI HONRAO  
M.D. (General Medicine)  
Physician  
2001/04/1882

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 entered by the clinician and not derived from the ECG.



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**X-RAY CHEST PA VIEW**

Mid expiratory film.

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.

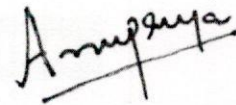
The skeleton under review appears normal.

**IMPRESSION:**

**No significant abnormality is detected.**

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

**This report is prepared and physically checked by Dr. Anupriya Batra before dispatch.**



**DR. ANUPRIYA BATRA**  
MD Radiology  
Reg. No. 2021/12/8725

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**USG (ABDOMEN + PELVIS)**

**LIVER** : The liver is normal in size, shape and smooth margins.  
**It shows raised parenchymal echo pattern s/o grade I fatty infiltration.**  
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.  
The visualized gall bladder appears normal.  
No evidence of pericholecystic fluid is seen.

**PANCREAS** : The pancreas is obscured due to bowel gases.

**KIDNEYS** : Both the kidneys are normal in size, shape and echotexture.  
No evidence of any calculus, hydronephrosis or mass lesion seen.

**SPLEEN** : The spleen is normal in size, shape and echotexture. No evidence of focal lesion is noted.

**URINARY BLADDER** : The urinary bladder is well distended. It shows thin walls and sharp mucosa.  
No evidence of calculus is noted. No mass or diverticulum is seen.

**PROSTATE** : The prostate is normal in size and echotexture.

Visualized small bowel loops appear non-dilated. Gaseous distension of large bowel loops.

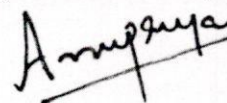
**IMPRESSION** :

➤ Grade I fatty liver.

**Advice - Clinical and lab correlation.**

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

This report is prepared and physically checked by Dr. Anupriya Batra before dispatch.



**DR. ANUPRIYA BATRA**  
MD Radiology  
Reg. No. 2021/12/8725

Click here to view images <<ImageLink>>



## Suburban Diagnostics Lullanagar

**Patient Details**

Date: 28-Jan-23

Time: 11:08:22 AM

Name: RAVI JAGTAP ID: 2302819034

Age: 37 y

Sex: M

Height: 165 cms

Weight: 98 Kgs

Clinical History: HO

Medications: NO

**Test Details**

Protocol: Bruce

Pr.MHR: 183 bpm

THR: 164 (90 % of Pr.MHR) bpm

Total Exec. Time: 6 m 28 s

Max. HR: 165 (90% of Pr.MHR) bpm

Max. Mets: 10.20

Max. BP: 146 / 94 mmHg

Max. BP x HR: 24090 mmHg/min

Min. BP x HR: 5680 mmHg/min

Test Termination Criteria: Target HR attained

**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 : 16	1.0	0	0	86	130 / 80	-0.42 aVR	1.42 V3
Standing	0 : 14	1.0	0	0	76	130 / 80	-0.42 aVR	2.83 V3
Hyperventilation	0 : 8	1.0	0	0	71	130 / 80	-0.42 aVR	2.83 V3
1	3 : 0	4.6	1.7	10	120	130 / 80	-1.06 aVR	3.18 V3
2	3 : 0	7.0	2.5	12	153	142 / 90	-1.27 aVR	5.31 V3
Peak Ex	0 : 28	10.2	3.4	14	165	146 / 94	-1.06 aVR	5.66 V3
Recovery(1)	1 : 0	1.8	1	0	133	146 / 94	-1.91 aVR	4.95 II
Recovery(2)	1 : 0	1.0	0	0	116	146 / 94	-2.55 aVR	5.66 II
Recovery(3)	1 : 0	1.0	0	0	107	146 / 94	-1.70 aVR	4.95 V3
Recovery(4)	1 : 0	1.0	0	0	103	146 / 94	-1.27 aVR	2.83 V3
Recovery(5)	0 : 42	1.0	0	0	99	146 / 94	-0.85 aVR	1.42 II

**Interpretation**

The patient exercised according to the Bruce protocol for 6 m 28 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 86 bpm, rose to a max. heart rate of 165 (90% of Pr.MHR) bpm. Resting blood Pressure 130 / 80 mmHg, rose to a maximum blood pressure of 146 / 94 mmHg.

Good Effort Tolerance.

No Angina/Arrhythmia/Dyspnea/significant ST T changes during test/recovery.

Stress Test is NEGATIVE for Inducible Myocardial Ischemia.

Disclaimer :

Negative Stress Test does not rule out Coronary Artery Diseases.

Positive Test is suggestive but not confirmatory of Coronary Artery Disease.

Hence clinical correlation is mandatory.

Ref. Doctor: BOB

( Summary Report edited by user )

  
 Doctor: DR.MILIND SHINDE

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

**Dr. MILIND SHINDE**  
 MBBS, DNB Medicine  
 Reg. No. 2011/05/1544





RAVI JAGTAP (37 M)

Protocol: Bruce

ID: 2302819034

Stage: Supine

Date: 28-Jan-23

Speed: 0 mph

Exec Time : 0 m 0 s

Grade: 0 %

Stage Time : 0 m 10 s

(THR: 164 bpm)

HR: 86 bpm

B.P: 130 / 80

Suburban Diagnostics Lullianagar

Test Report

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

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

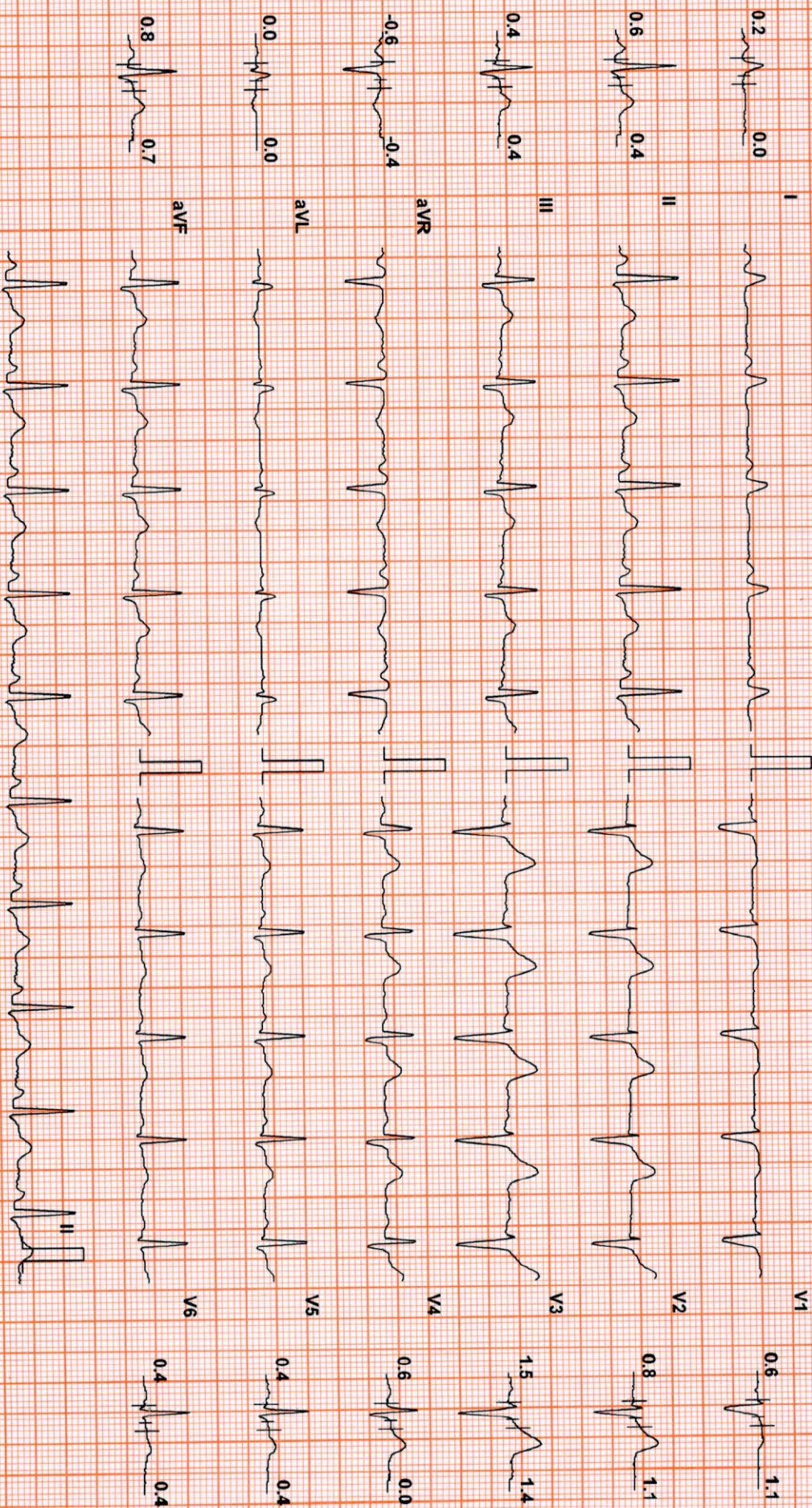


Chart Speed: 25 mm/sec  
Schiller Spandem V 4.51

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Past J = J + 60 ms

Linked Median





**RAVI JAGTAP (37 M)**

Protocol: Bruce

ID: 2302819034  
Stage: Standing

Date: 28-Jan-23  
Speed: 0 mph  
Grade: 0 %

Exec Time : 0 m 0 s  
Stage Time : 0 m 8 s  
(THR: 164 bpm)

B.P: 130 / 80  
HR: 76 bpm

**Suburban Diagnostics Lullanagar**

**Test Report**

ST Level (mm)    ST Slope (mV/s)

ST Level (mm)    ST Slope (mV/s)

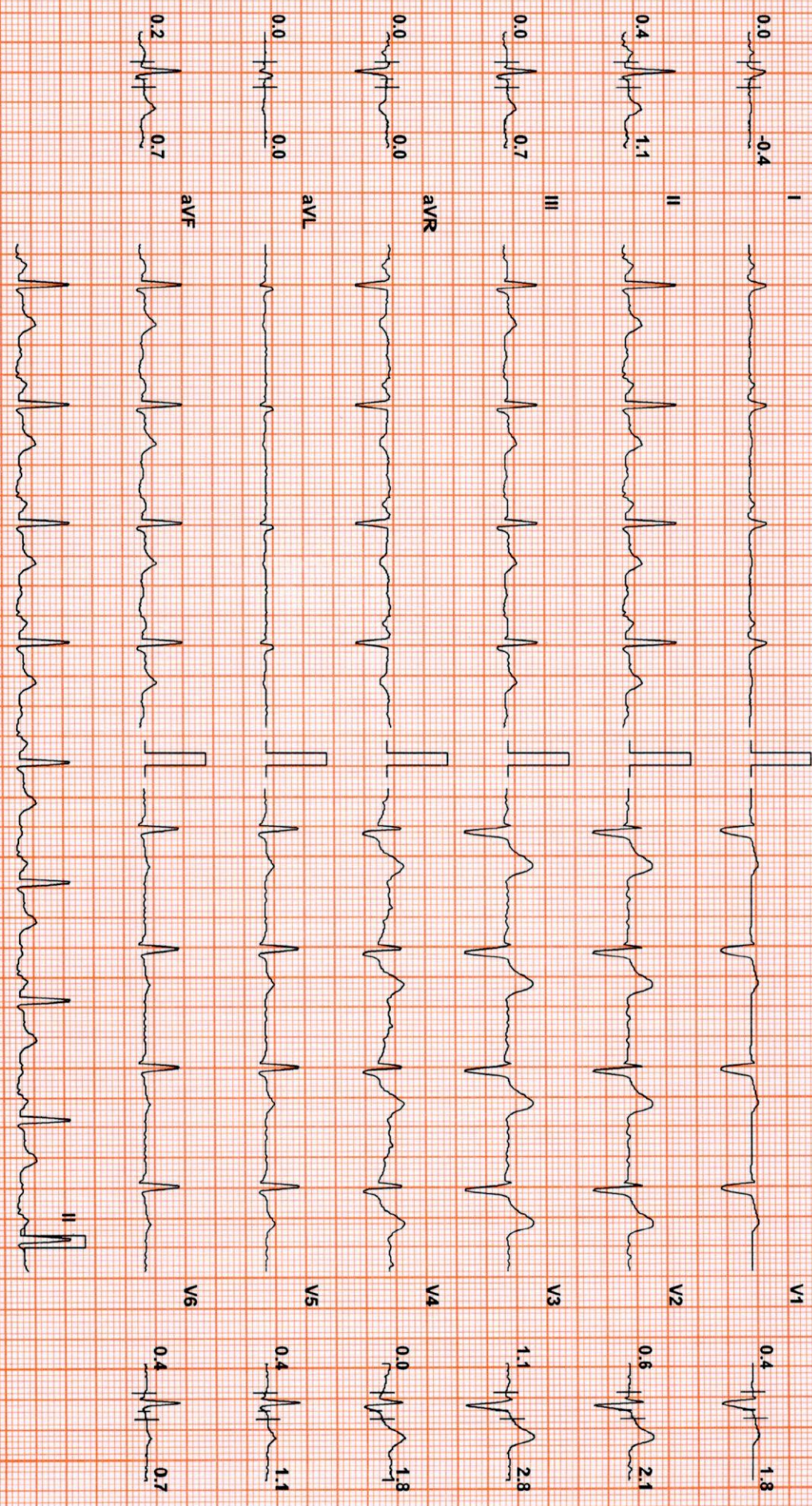


Chart Speed: 25 mm/sec  
Schiller Spanden V 4.5f

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Isr = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median





**RAVI JAGTAP (37 M)**

Protocol: Bruce

ID: 2302819034

Date: 28-Jan-23

Exec Time : 0 m 0 s Stage Time : 0 m 2 s

HR: 64 bpm

**Suburban Diagnostics Lullanagar**

**Test Report**

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 164 bpm)

B.P: 130 / 80

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

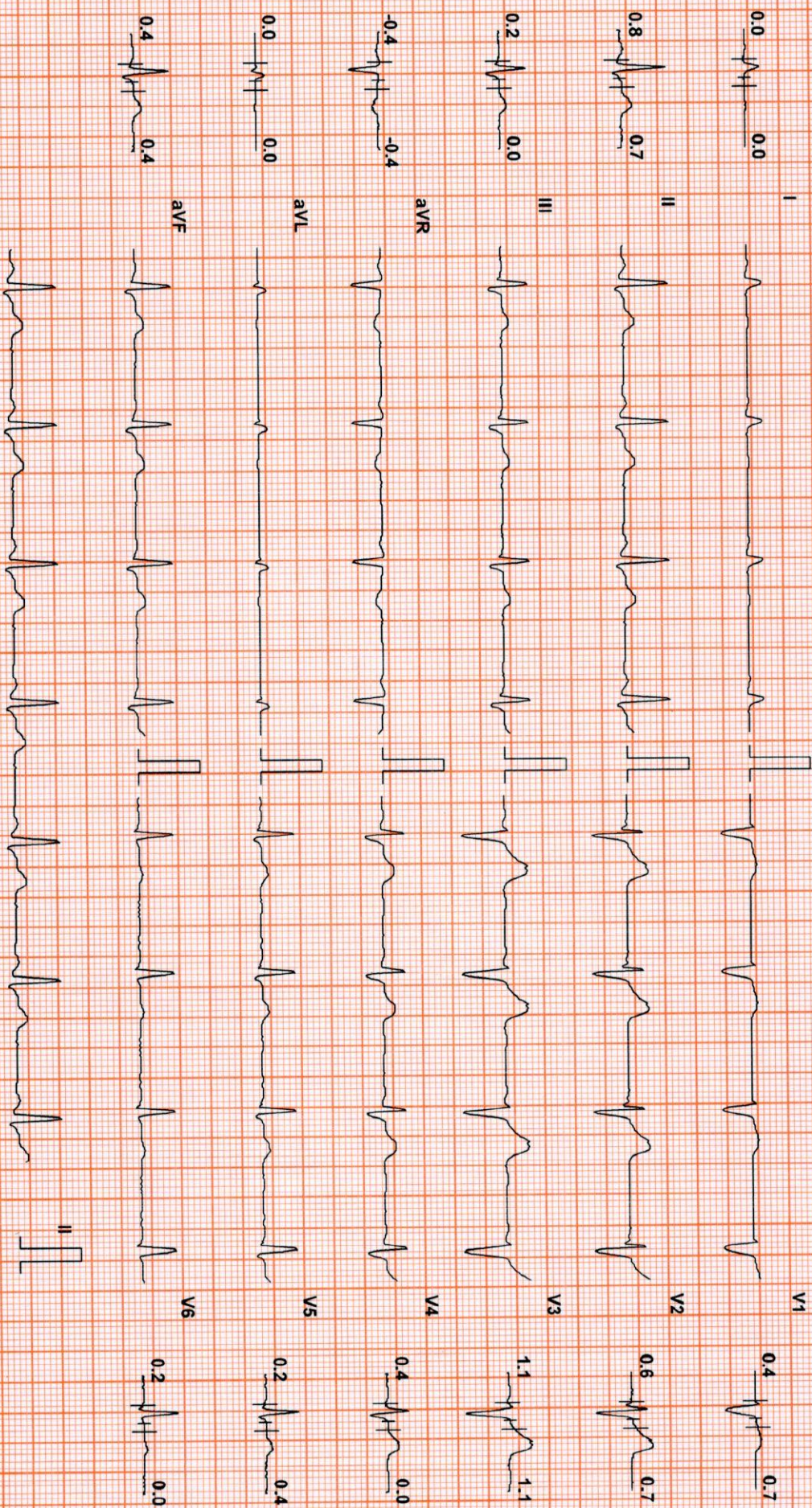


Chart Speed: 25 mm/sec  
Schiller Spandian V 4.51

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median





**RAVI JAGTAP (37 M)**

Protocol: Bruce

ID: 2302819034

Date: 28-Jan-23

Exec Time : 2 m 54 s Stage Time : 2 m 54 s

HR: 120 bpm

**Suburban Diagnostics Lullianagar**

**Test Report**

Stage: 1

Speed: 1.7 mph

Grade: 10%

(THR: 164 bpm)

B.P: 130 / 80

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

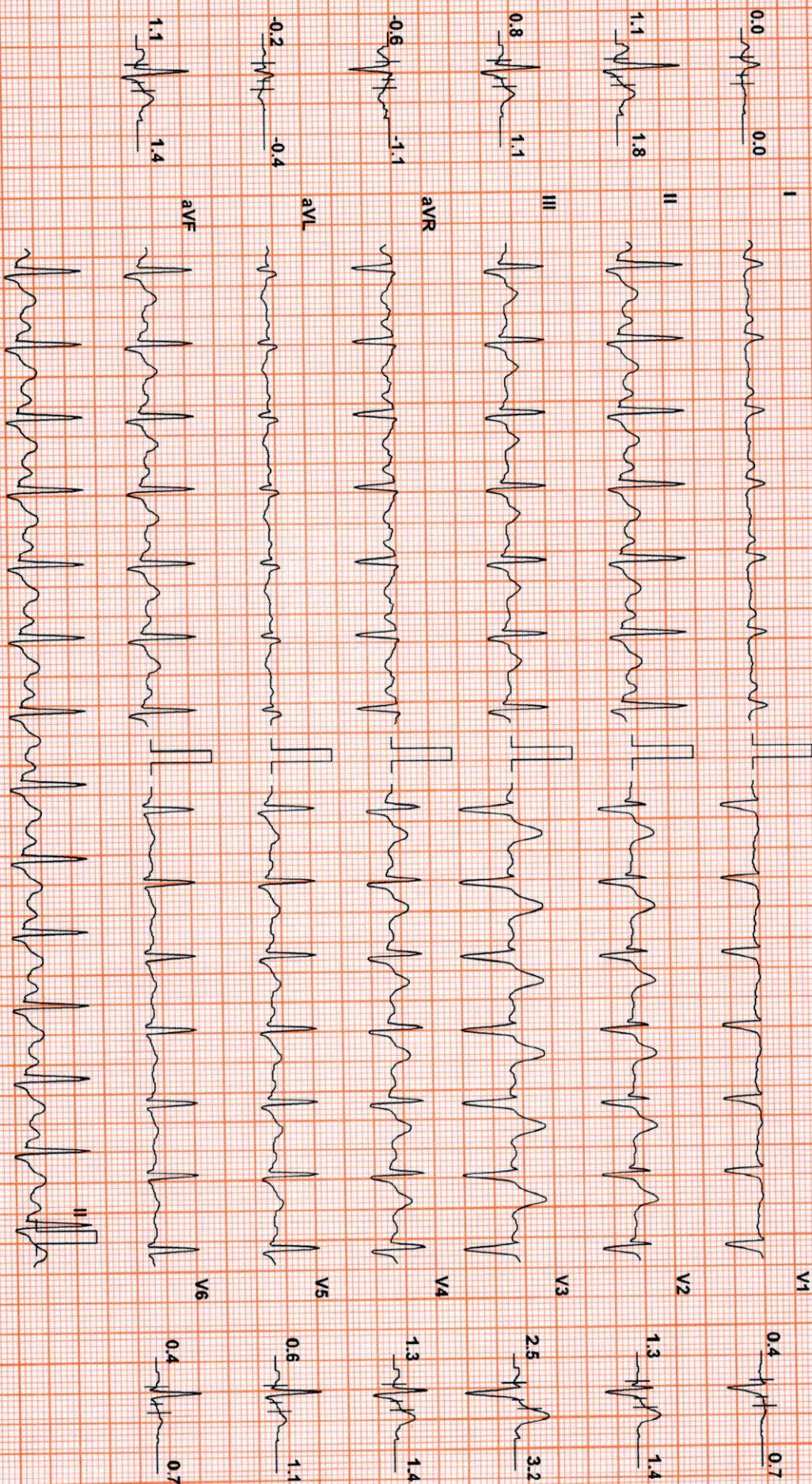


Chart Speed: 25 mm/sec  
Schiller Standard V 4.51

Filter: 35 Hz

Mains Filtr. ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median





**RAVI JAGTAP (37 M)**

Protocol: Bruce

ID: 2302819034

Stage: 2

Date: 28-Jan-23

Speed: 2.5 mph

**Suburban Diagnostics Lullianagar**

Exec Time : 5 m 54 s

Grade: 12 %

Stage Time : 2 m 54 s

(THR: 164 bpm)

**Test Report**

HR: 152 bpm

B.P: 142 / 90

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

0.2      0.7

0.4      0.0

1.7      3.2

1.7      2.5

1.3      1.8

3.0      4.2

-0.8      -2.1

2.1      3.2

-0.6      -1.1

1.1      1.4

1.5      2.5

0.6      0.7

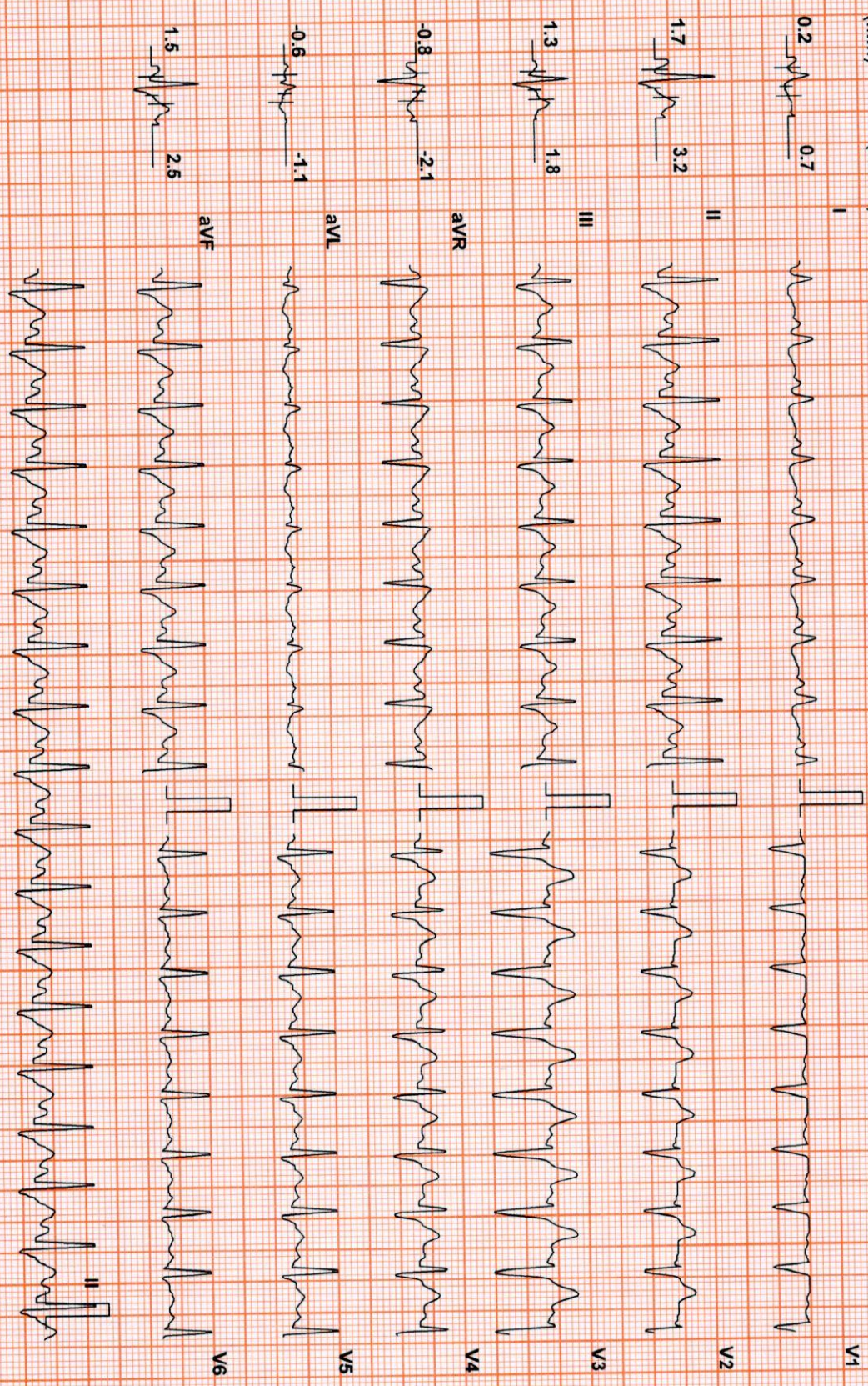


Chart Speed: 25 mm/sec  
Schiller Standard V 4.51

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median





**RAVI JAGTAP (37 M)**

Protocol: Bruce

ID: 2302819034

Date: 28-Jan-23

Exec Time : 6 m 22 s Stage Time : 0 m 22 s HR: 164 bpm

**Suburban Diagnostics Lullanagar**

**Test Report**

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 164 bpm)

B.P: 146 / 94

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

I

V1

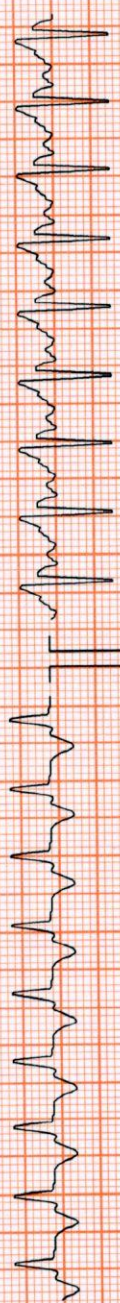
0.2      1.1



0.2      0.0

II

0.8      2.5



1.5      2.1

III

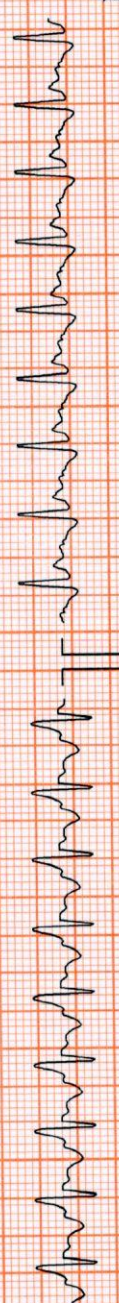
0.6      1.1



2.1      3.5

aVR

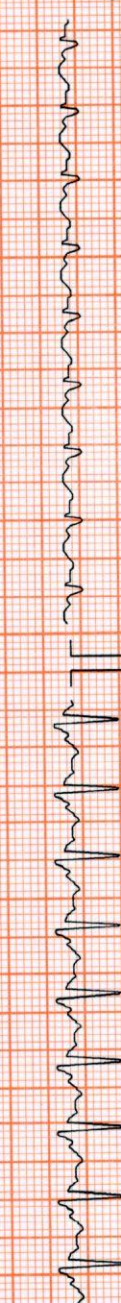
-0.6      -2.1



1.3      2.1

aVL

-0.4      -0.4



0.8      1.1

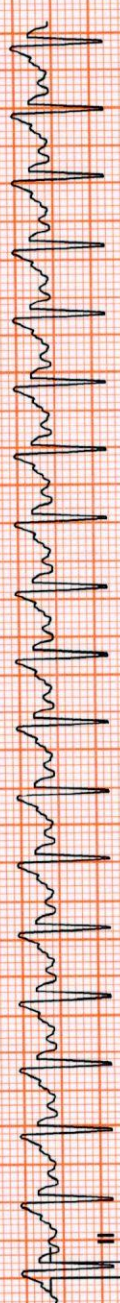
aVF

0.6      1.8



0.2      0.7

V6



0.2      0.7

Chart Speed: 25 mm/sec  
Schiller Spandax V 4 51

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median





**RAVI JAGTAP (37 M)**

Protocol: Bruce

ST Level (mm)      ST Slope (mV/s)

**Suburban Diagnostics Lullanagar**

ID: 2302819034      Date: 28-Jan-23      Exec Time : 6 m 28 s      Stage Time : 0 m 54 s      HR: 136 bpm

Stage: Recovery(1)      Speed: 1 mph      Grade: 0%      (THR: 164 bpm)      B.P: 146 / 94

ST Level (mm)      ST Slope (mV/s)

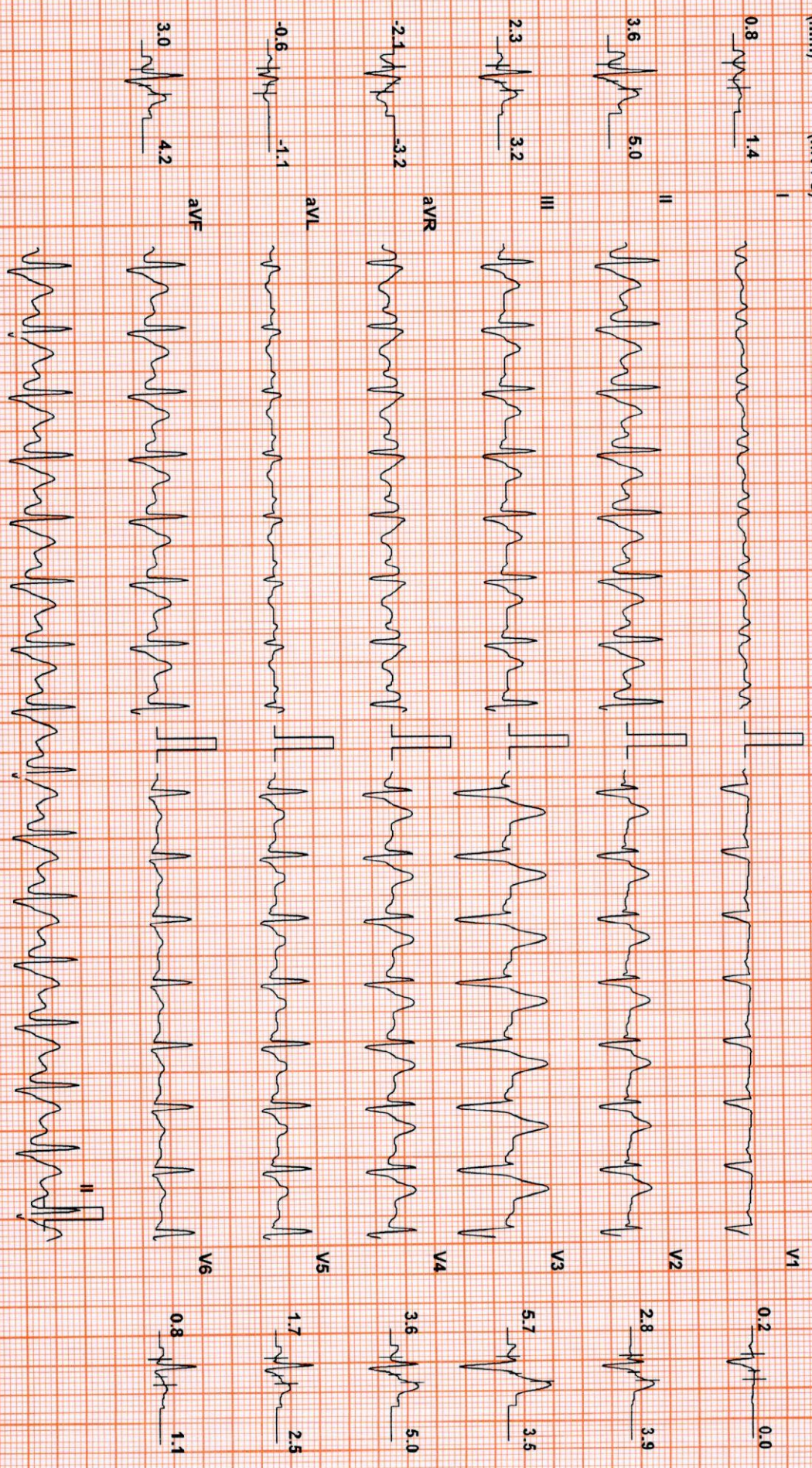


Chart Speed: 25 mm/sec  
Schiller Standard V 4.51

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

**Test Report**





**RAVI JAGTAP (37 M)**

Protocol: Bruce

ID: 2302819034

Date: 28-Jan-23

Exec Time : 6 m 28 s

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

ST Level (mm)    ST Slope (mV/s)

Speed: 0 mph

Grade: 0 %

(THR: 164 bpm)

B.P: 146 / 94

HR: 115 bpm

**Suburban Diagnostics Lullanagar**

**Test Report**

ST Level (mm)    ST Slope (mV/s)

ST Level (mm)    ST Slope (mV/s)

I

V1

0.8    1.1

0.4    0.4

II

V2

2.1    2.8

2.1    2.8

III

V3

1.3    1.8

3.6    5.0

aVR

V4

-1.5    -1.8

2.1    2.8

aVL

V5

-0.2    -0.4

1.1    1.1

aVF

V6

1.7    2.1

0.6    0.4

Chart Speed: 25 mm/sec  
Schiller Spanden V 4.51

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R . 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median





**RAVI JAGTAP (37 M)**

Protocol: Bruce

ID: 2302819034

Date: 28-Jan-23

Exec Time : 6 m 28 s Stage Time : 0 m 54 s HR: 106 bpm

**Suburban Diagnostics Lullianagar**

**Test Report**

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 164 bpm)

B.P: 146 / 94

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

0.6      0.4

0.2      0.4

1.7      2.1

1.3      1.8

0.4      0.7

1.9      2.8

-1.3      -1.4

1.1      1.4

0.0      0.0

0.8      0.7

1.1      1.4

0.6      0.7

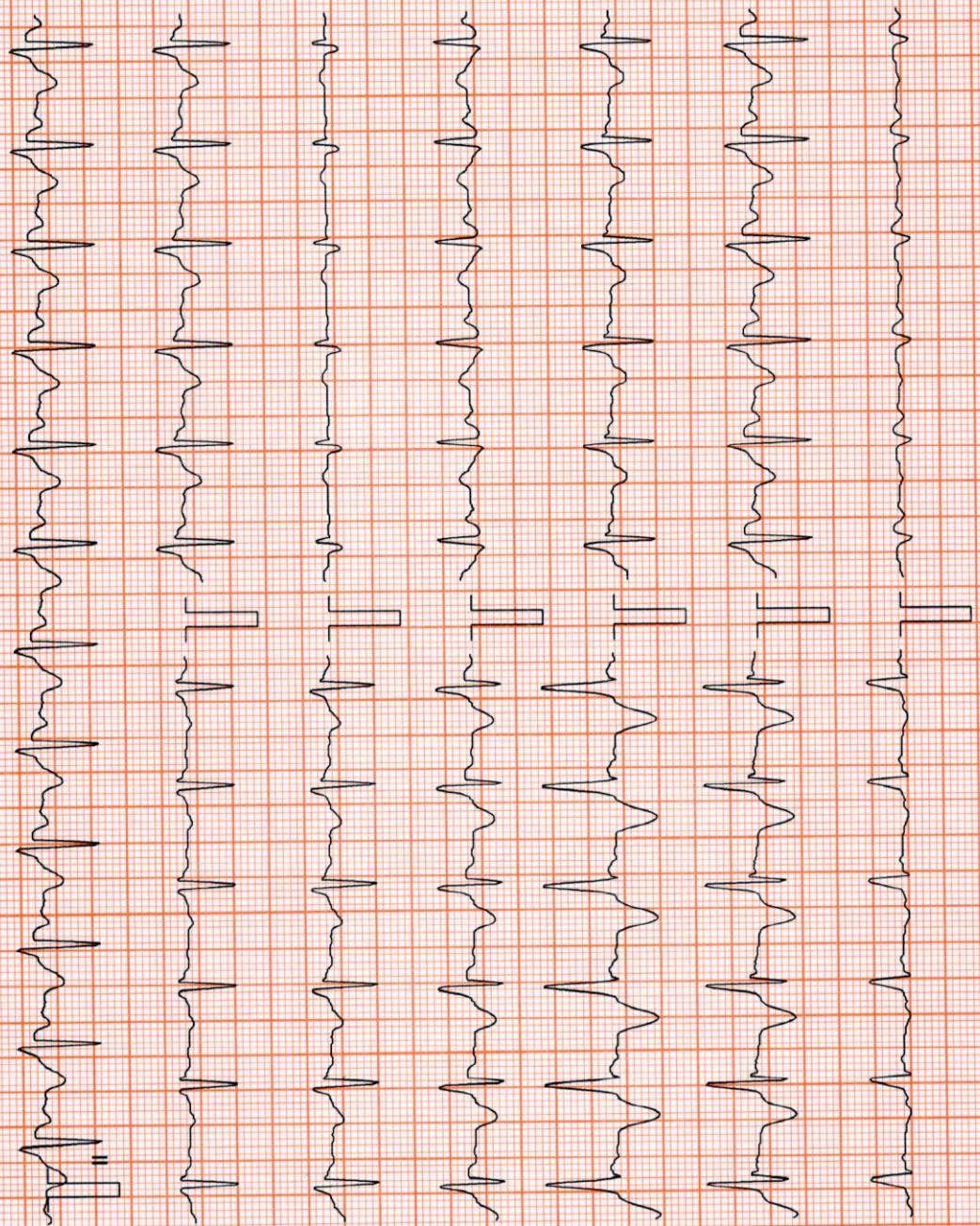


Chart Speed: 25 mm/sec  
Schlier Standard V 4.51

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 50 ms

Post J = J + 60 ms

Linked Median





**RAVI JAGTAP (37 M)**

Protocol: Bruce

ID: 2302819034  
Stage: Recovery(4)

Date: 28-Jan-23  
Speed: 0 mph

Exec Time: 6 m 28 s  
Grade: 0 %  
(THR: 164 bpm)

HR: 103 bpm  
B.P: 146 / 94

**Suburban Diagnostics Lullanagar**

**Test Report**

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

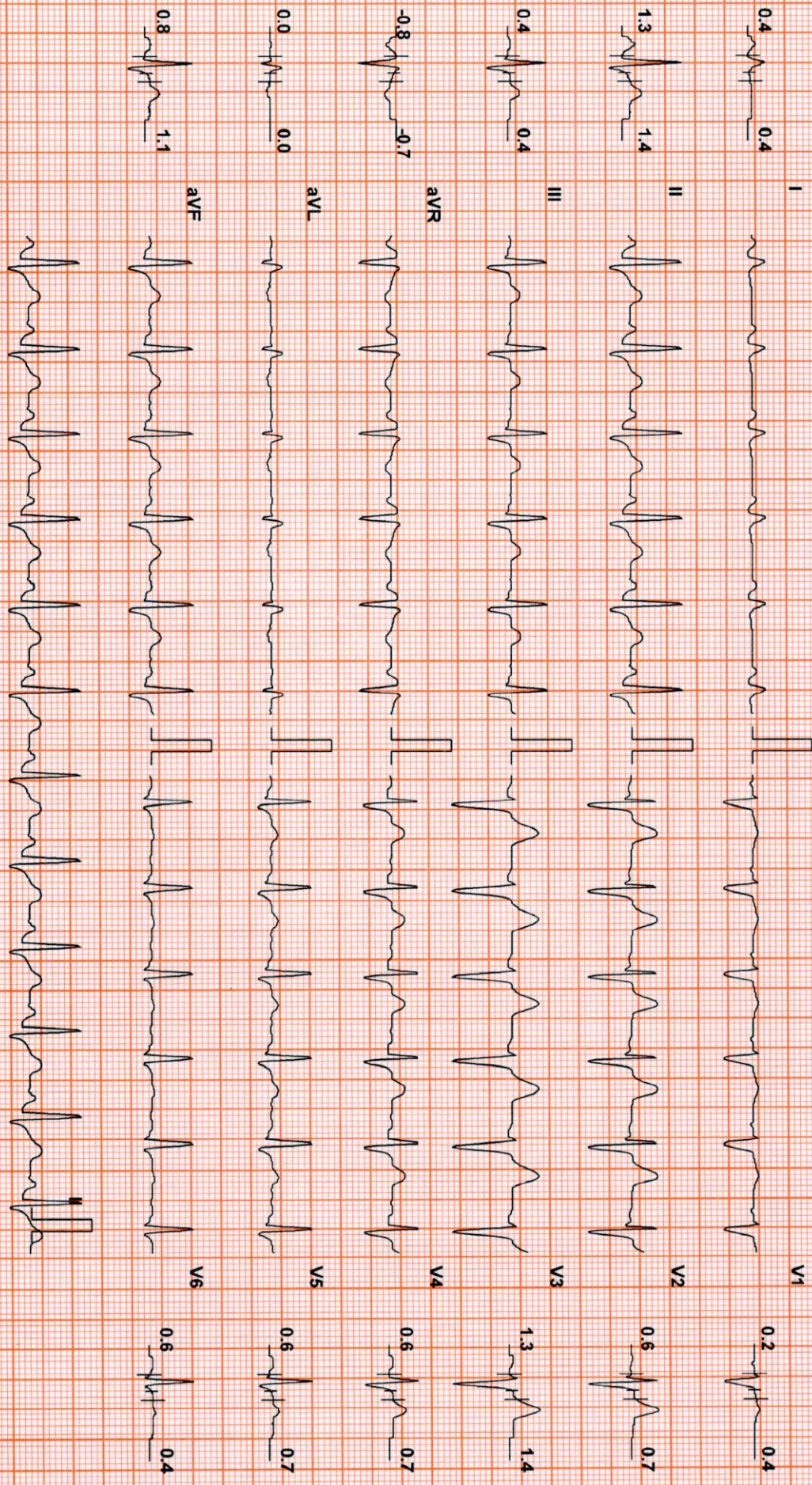


Chart Speed: 25 mm/sec  
Schiller-Spendan V 4.51

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median