



CID : 2304923204  
Name : MR.PANKAJ DORLIKAR  
Age / Gender : 38 Years / Male  
Consulting Dr. : -  
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 18-Feb-2023 / 11:07  
Reported : 18-Feb-2023 / 14:47

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**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>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	15.5	13.0-17.0 g/dL	Spectrophotometric
RBC	5.42	4.5-5.5 mil/cmm	Elect. Impedance
PCV	48.6	40-50 %	Measured
MCV	90	80-100 fl	Calculated
MCH	28.6	27-32 pg	Calculated
MCHC	31.8	31.5-34.5 g/dL	Calculated
RDW	12.7	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	5270	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	36.1	20-40 %	
Absolute Lymphocytes	1902.5	1000-3000 /cmm	Calculated
Monocytes	7.6	2-10 %	
Absolute Monocytes	400.5	200-1000 /cmm	Calculated
Neutrophils	49.4	40-80 %	
Absolute Neutrophils	2603.4	2000-7000 /cmm	Calculated
Eosinophils	5.3	1-6 %	
Absolute Eosinophils	279.3	20-500 /cmm	Calculated
Basophils	1.6	0.1-2 %	
Absolute Basophils	84.3	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	309000	150000-400000 /cmm	Elect. Impedance
MPV	8.6	6-11 fl	Calculated
PDW	15.3	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			



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

Specimen: EDTA Whole Blood

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

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



**Dr.SHAMLA KULKARNI**  
**M.D.(PATH)**  
**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	81.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	92.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	1.02	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.39	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.63	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	1.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.3	1 - 2	Calculated
SGOT (AST), Serum	14.7	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	19.0	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	15.3	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	37.1	40-130 U/L	Colorimetric
BLOOD UREA, Serum	14.1	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.6	6-20 mg/dl	Calculated
CREATININE, Serum	0.93	0.67-1.17 mg/dl	Enzymatic



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Reported : 18-Feb-2023 / 17:43

eGFR, Serum	97	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.2	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 Baner Balewadi Lab  
\*\*\* 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)**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	108.3	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 \*\*\*

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



MC-2463



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

Collected : 18-Feb-2023 / 11:07  
Reported : 18-Feb-2023 / 19:49

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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	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	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	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	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 Baner Balewadi Lab

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



*Dr. Shamlam Kulkarni*

**Dr.SHAMLA KULKARNI**  
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**BLOOD GROUPING & Rh TYPING**

<b><u>PARAMETER</u></b>	<b><u>RESULTS</u></b>
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

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

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	176.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	112.7	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	39.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	136.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	113.0	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	23.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.9	0-3.5 Ratio	Calculated

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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	4.8	2.6-5.7 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
Free T4, Serum	14.0	9-19 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
sensitiveTSH, Serum	1.7	0.35-4.94 microu/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 microu/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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\*\*\* End Of Report \*\*\*

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



## Suburban Diagnostics Pvt. Ltd. India

### Patient Details

Name: PANKAJ DORLIKAR ID: 2304923204

Age: 38 y

Clinical History: NIL

Date: 18-Feb-23

Sex: M

Time: 11:40:52

Height: 179 cms

Weight: 85 Kgs

Medications: NIL

### Test Details

Protocol: Bruce

Total Exec. Time: 6 m 44 s

Max. BP: 160 / 90 mmHg

Test Termination Criteria: Fatigue

Pr.MHR: 182 bpm

Max. HR: 137 ( 75% of Pr.MHR )bpm

Max. BP x HR: 21920 mmHg/min

THR: 163 (90 % of Pr.MHR) bpm

Max. Mets: 10.20

Min. BP x HR: 6160 mmHg/min

### 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 : 26	1.0	0	0	77	110 / 80	-0.42 aVL	1.42 II
Standing	0 : 17	1.0	0	0	100	110 / 80	-0.42 aVR	1.42 II
Hyperventilation	0 : 10	1.0	0	0	84	110 / 80	-0.42 aVR	1.06 I
1	3 : 0	4.6	1.7	10	106	120 / 80	-0.64 I	1.42 II
2	3 : 0	7.0	2.5	12	130	160 / 90	-0.64 aVR	2.12 V4
Peak Ex	0 : 44	10.2	3.4	14	137	160 / 90	-0.85 III	2.48 V4
Recovery(1)	1 : 0	1.8	1	0	101	140 / 90	-0.64 III	2.48 II
Recovery(2)	1 : 0	1.0	0	0	95	130 / 80	-0.21 I	1.77 II
Recovery(3)	1 : 0	1.0	0	0	90	130 / 80	-0.21 II	1.42 II
Recovery(4)	1 : 0	1.0	0	0	87	130 / 80	-0.42 I	1.42 II
Recovery(5)	0 : 3	1.0	0	0	83	130 / 80	0.00 I	1.06 II

### Interpretation *sub-optimized*

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:

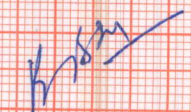
Negative stress test done not rule out coronary artery

Diseases

Positive stress test is suggestive but not confirmatory of coronary Artery

Disease.

Hence Clinical Correlation is mandatory.



Ref. Doctor: TPA

( Summary Report edited by user )

Doctor: DR.BAMB

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PANKAJ DORLIKAR (38 M)

Suburban Diagnostics Pvt. Ltd. India

Protocol: Bruce

ID: 2304923204

Date: 18-Feb-23

Exec Time: 0 m 0 s

Stage Time: 0 m 26 s HR: 77 bpm

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 163 bpm)

B.P: 110 / 80

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

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

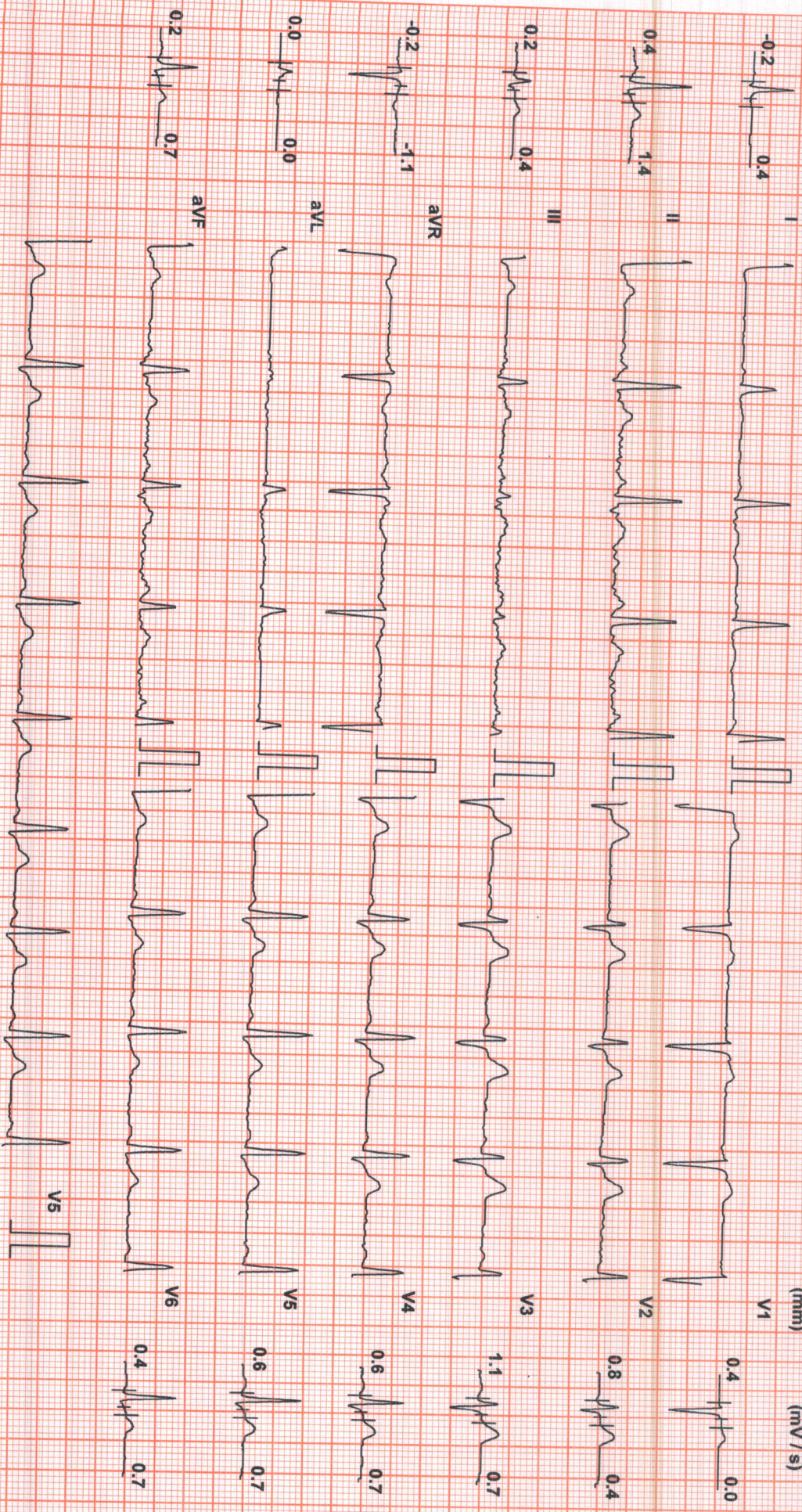


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Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

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

Post J = J + 60 ms



PANKAJ DORLIKAR (38 M)

Suburban Diagnostics Pvt. Ltd. India

Protocol: Bruce

ID: 2304923204

Date: 18-Feb-23

Exec Time : 0 m 0 s

Stage Time : 0 m 17 s HR: 100 bpm

Stage: Standing

Speed: 0 mph

Grade: 0%

(THR: 163 bpm)

B.P: 110 / 80

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

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

0.2 1.1



0.4 0.0

0.6 1.1



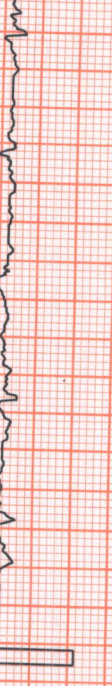
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0.0 0.0



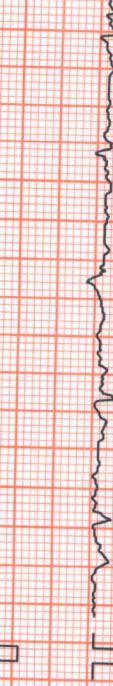
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-0.2 -1.1



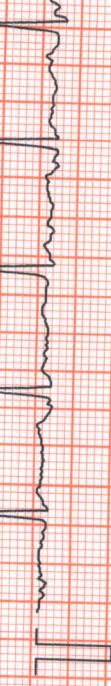
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0.0 0.4



0.6 0.7

0.2 0.4



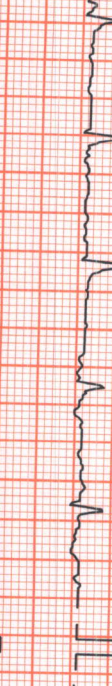
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0.0 0.4



0.6 0.7

0.2 0.4



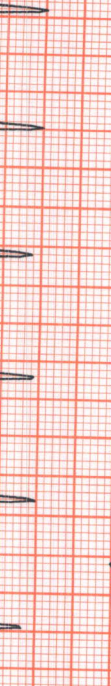
0.6 0.7

0.0 0.4



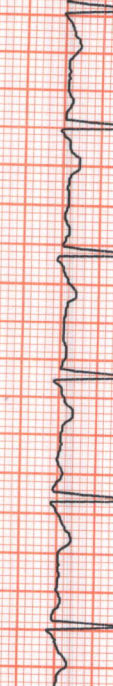
0.6 0.7

0.2 0.4



0.2 0.7

0.0 0.4



0.2 0.7

0.2 0.4



0.2 0.7

Chart Speed: 25 mm/sec  
Schiller Spandana V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



PANKAJ DORLIKAR (38 M)

Suburban Diagnostics Pvt. Ltd. India

Protocol: Bruce

ID: 2304923204

Date: 18-Feb-23

Exec Time : 0 m 0 s

Stage Time : 0 m 10 s HR: 84 bpm

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 163 bpm)

B.P: 110 / 80

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

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

I 0.0 0.7

V1 0.4 0.4

II 0.6 1.1

V2 0.8 0.4

III 0.0 0.0

V3 0.8 0.4

aVR -0.4 -1.1

V4 0.6 0.4

aVL 0.0 0.0

V5 0.6 0.4

aVF 0.2 0.7

V6 0.4 0.7

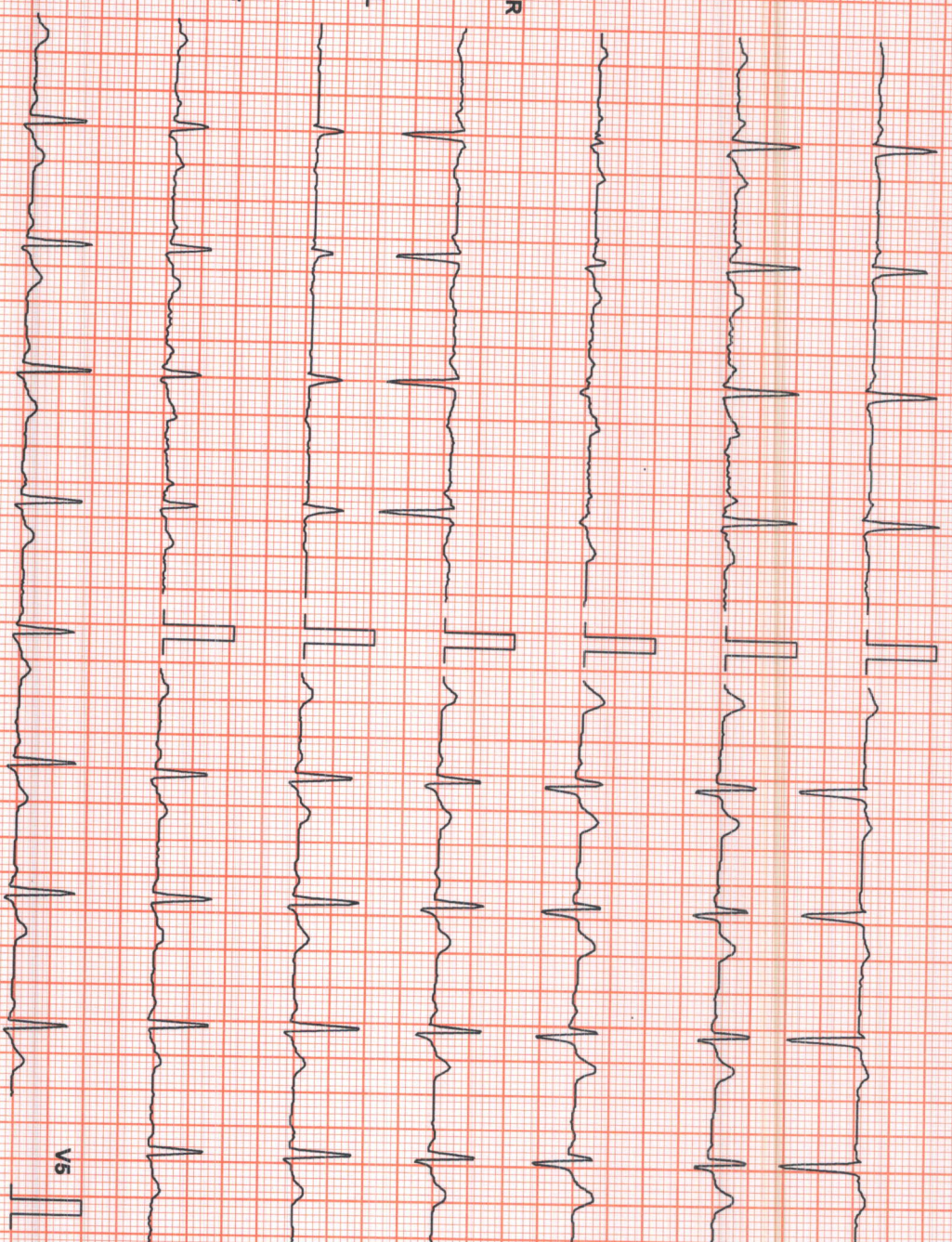


Chart Speed: 25 mm/sec  
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



PANKAJ DORLIKAR (38 M)

Suburban Diagnostics Pvt. Ltd. India

Protocol: Bruce

ID: 2304923204

Date: 18-Feb-23

Exec Time : 3 m 0 s

Stage Time : 3 m 0 s

HR: 106 bpm

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 163 bpm)

B.P: 120 / 80

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

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

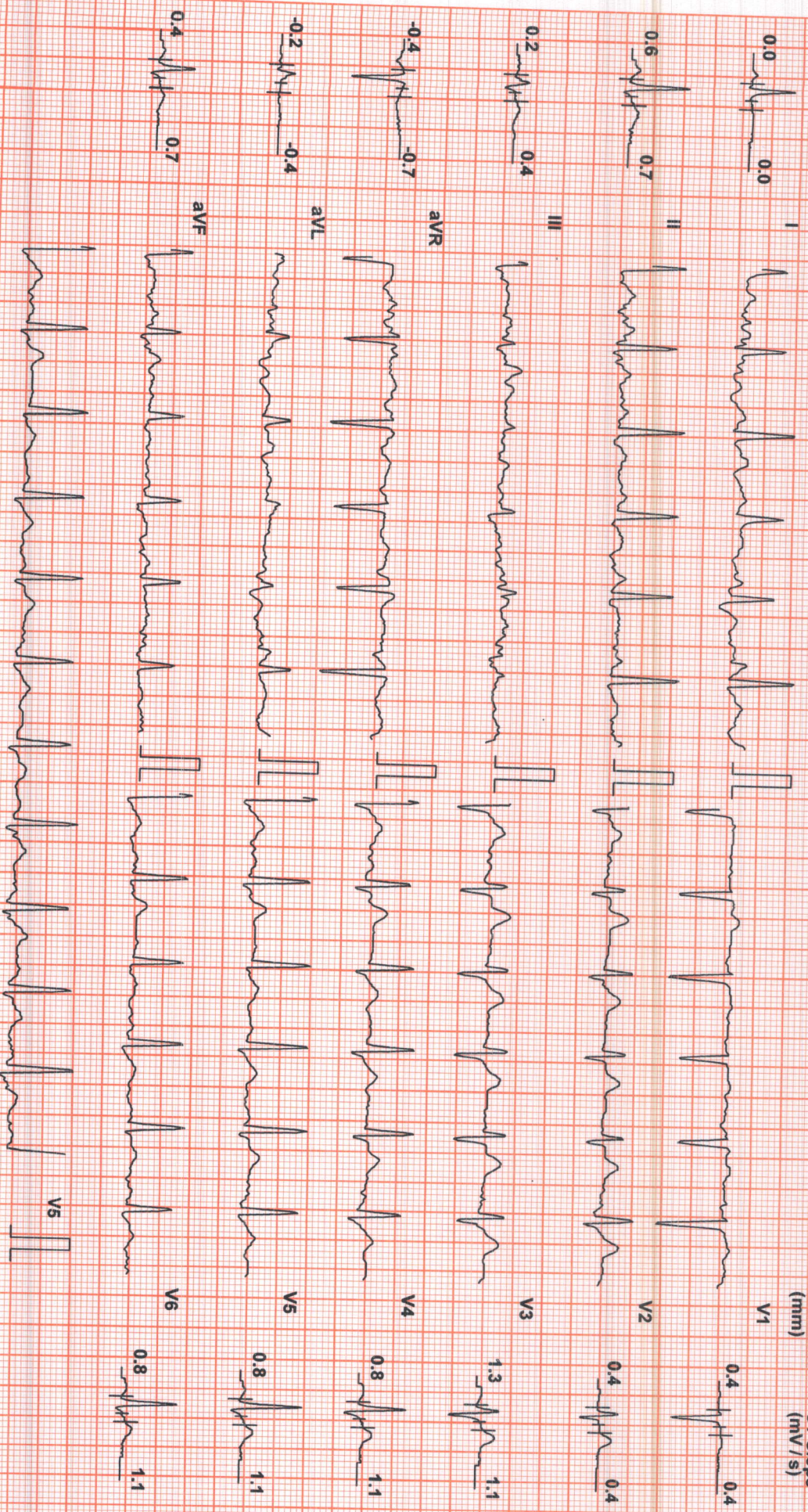


Chart Speed: 25 mm/sec  
Schlifer Standard V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



PANKAJ DORLIKAR (38 M)

Suburban Diagnostics Pvt. Ltd. India

Protocol: Bruce

ID: 2304923204

Date: 18-Feb-23

Exec Time : 6 m 0 s

Stage Time : 3 m 0 s

HR: 130 bpm

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 163 bpm)

B.P: 160 / 90

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

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

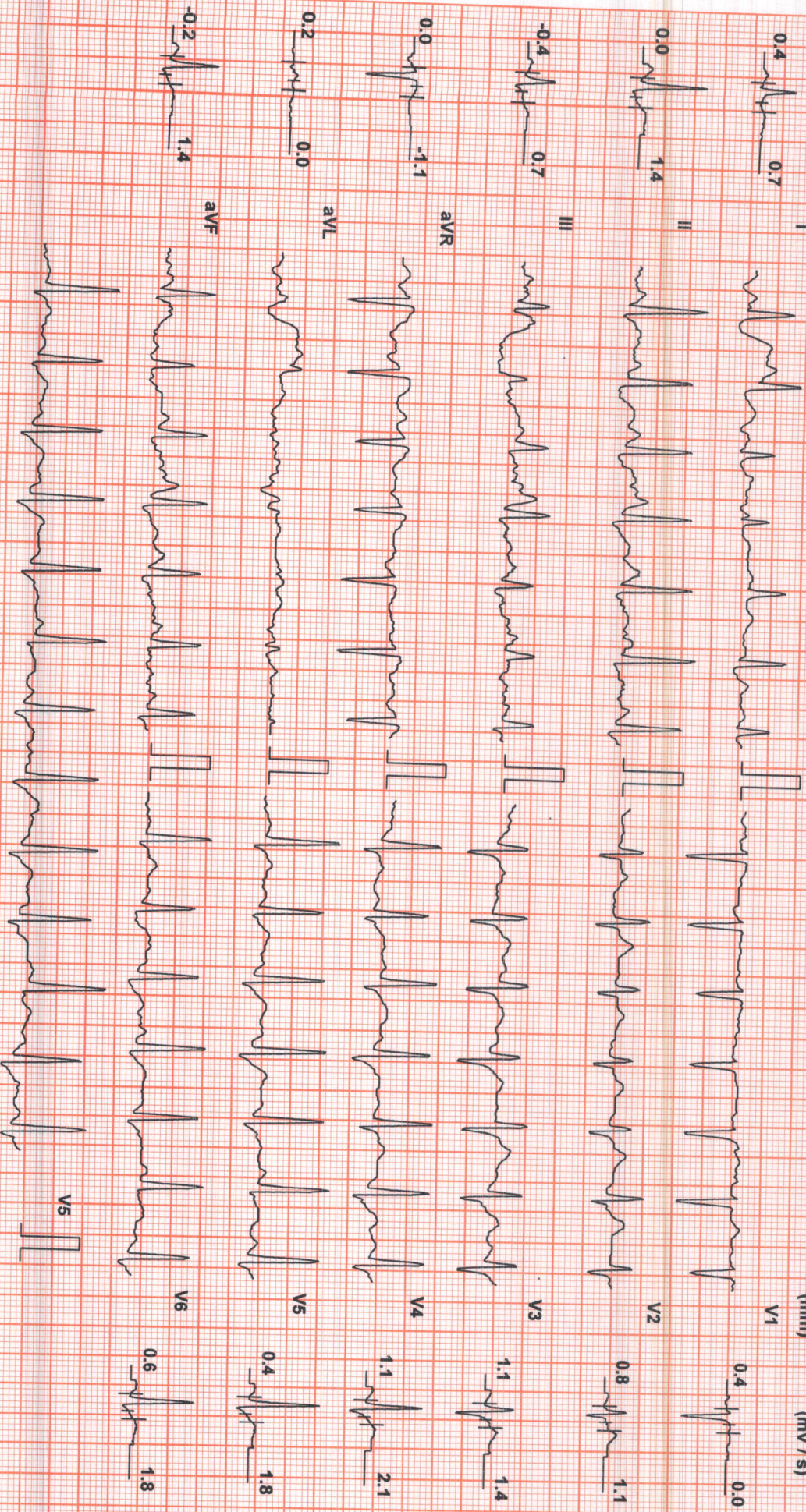


Chart Speed: 25 mm/sec  
Schiller Spandart V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms





PANKAJ DORLIKAR (38 M)

Suburban Diagnostics Pvt. Ltd. India

Protocol: Bruce

ID: 2304923204

Date: 18-Feb-23

Exec Time : 6 m 44 s

Stage Time : 0 m 44 s HR: 137 bpm

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

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 163 bpm)

B.P: 160 / 90

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

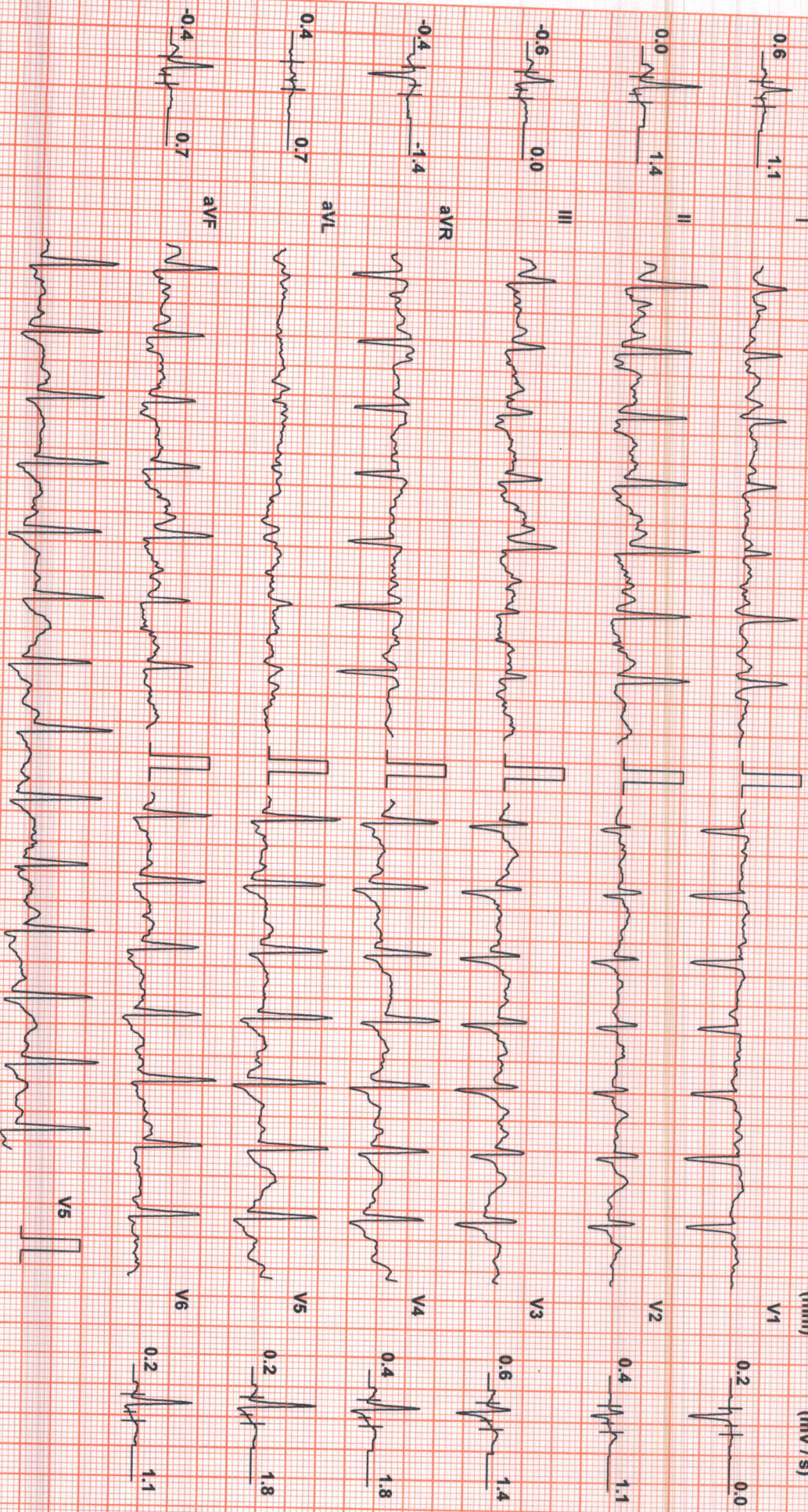


Chart Speed: 25 mm/sec  
Schiller Standard V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



PANKAJ DORLIKAR (38 M)

Suburban Diagnostics Pvt. Ltd. India

Protocol: Bruce

ID: 2304923204

Date: 18-Feb-23

Exec Time : 6 m 44 s Stage Time : 1 m 0 s

HR: 101 bpm

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

Stage: Recovery(1)

Speed: 0 mph

Grade: 0 %

(THR: 163 bpm)

B.P: 140 / 90

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

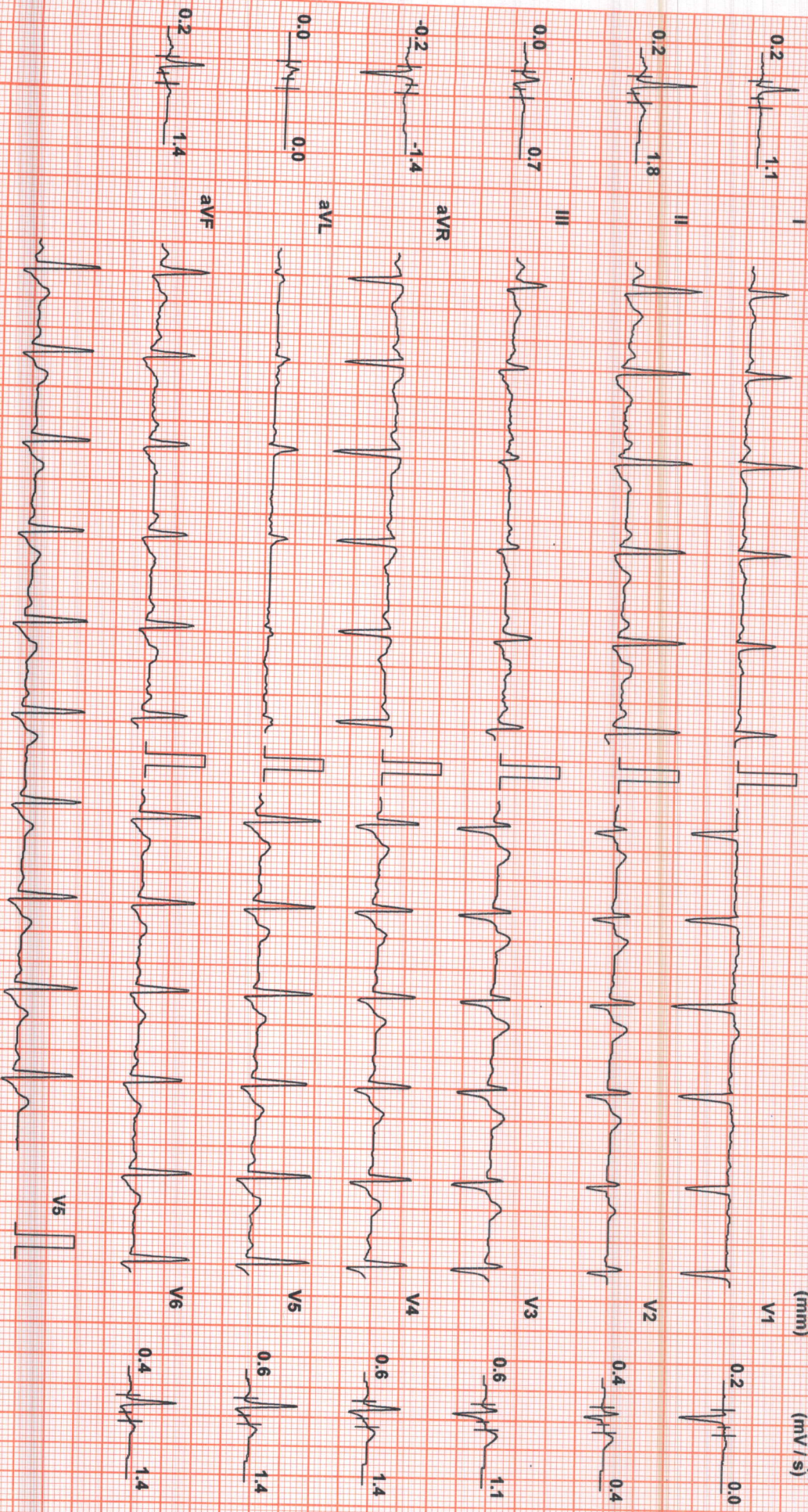


Chart Speed: 25 mm/sec  
Schiller Spandan V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



PANKAJ DORLIKAR (38 M)

Suburban Diagnostics Pvt. Ltd. India

Protocol: Bruce

ID: 2304923204

Date: 18-Feb-23

Exec Time : 6 m 44 s Stage Time : 1 m 0 s

HR: 95 bpm

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

Stage: Recovery(2)

Speed: 0 mph

Grade: 0%

(THR: 163 bpm)

B.P: 130 / 80

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

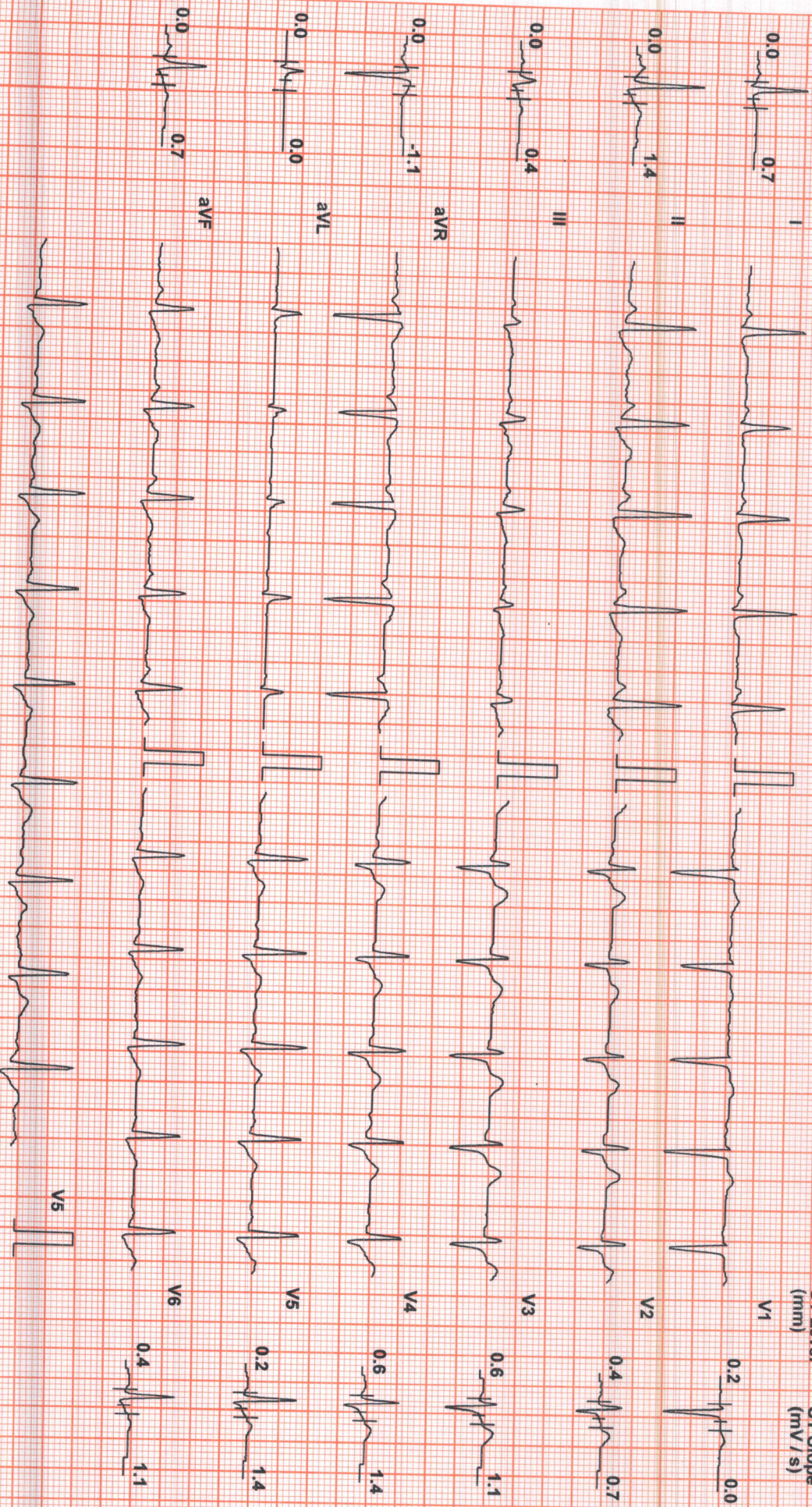


Chart Speed: 25 mm/sec  
Schiller Spandax V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



PANKAJ DORLIKAR (38 M)

Suburban Diagnostics Pvt. Ltd. India

Protocol: Bruce

ID: 2304923204

Date: 18-Feb-23

Exec Time: 6 m 44 s Stage Time: 1 m 0 s

HR: 90 bpm

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

Stage: Recovery(3)

Speed: 0 mph

Grade: 0%

(THR: 163 bpm)

B.P: 130 / 80

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

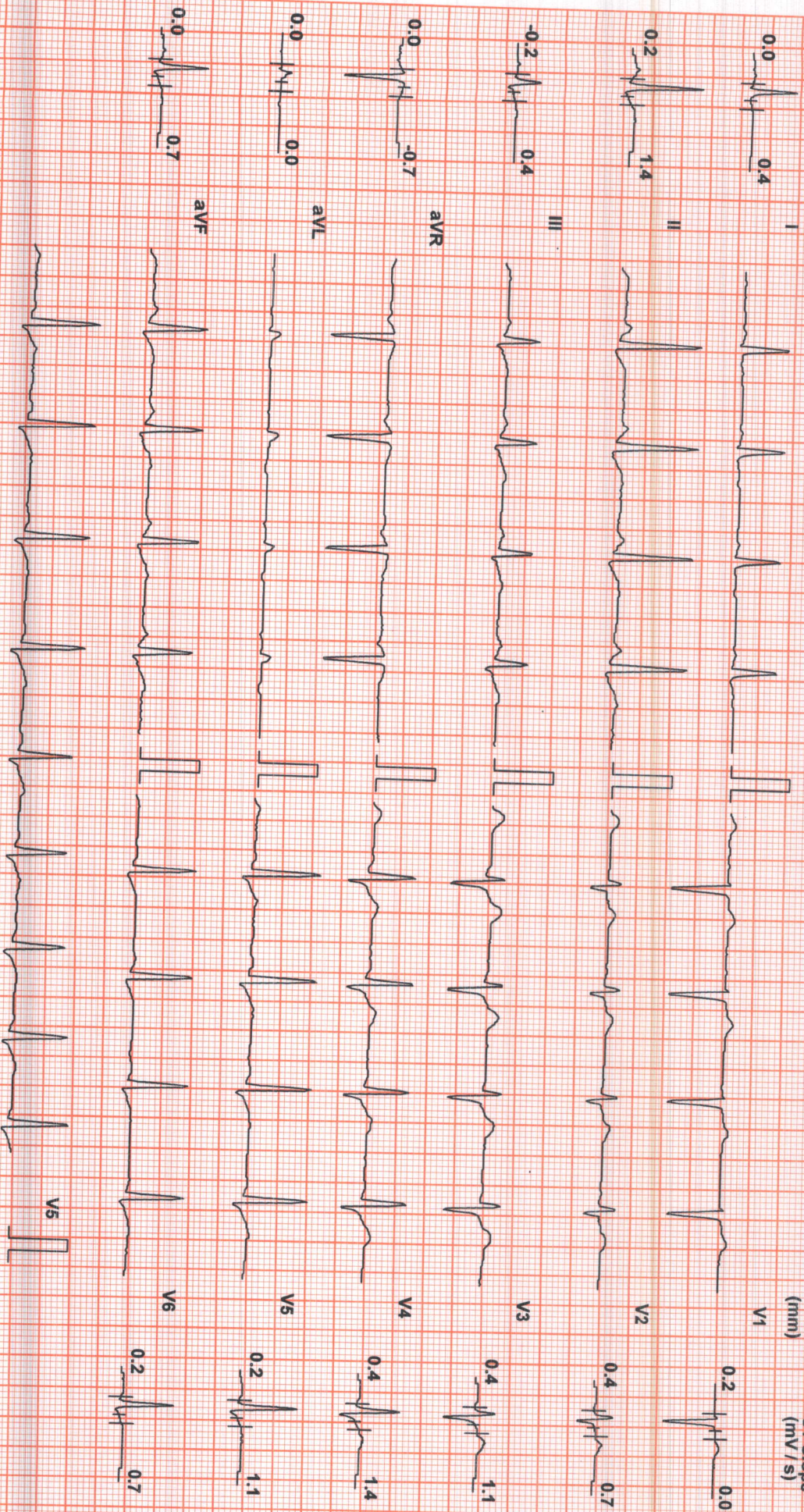


Chart Speed: 25 mm/sec  
Schiller Spandau V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



PANKAJ DORLIKAR (38 M)

Protocol: Bruce

Suburban Diagnostics Pvt. Ltd. India

ID: 2004020204

Date: 18 Feb 23

Exec Time: 6 m 44 s Stage Time: 1 m 0 s

HR: 87 bpm

Stage: Recovery(4)

Speed: 0 mph

Grade: 0%

(THR: 163 bpm)

B.P: 130 / 80

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

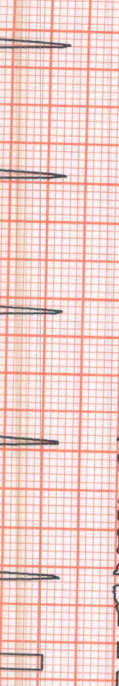
ST Level (mm) ST Slope (mV/s)

0.0 0.4



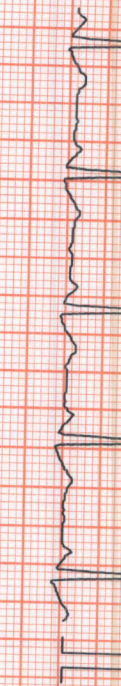
0.2 0.4

0.0 0.7



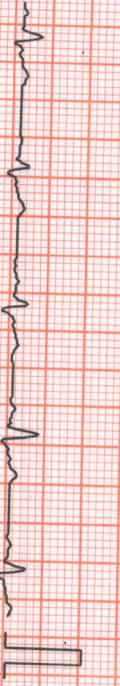
0.4 0.4

0.0 0.4



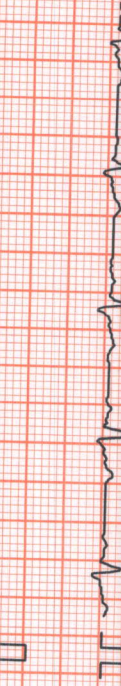
0.4 0.4

0.0 -1.1



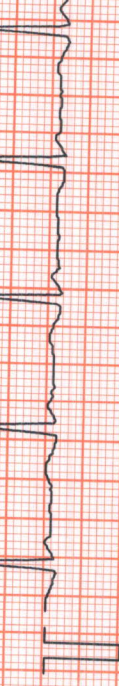
0.4 0.7

0.0 0.0



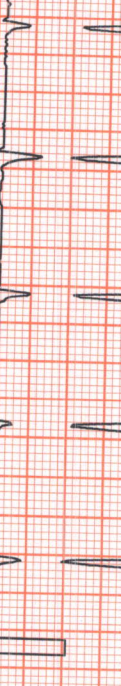
0.4 0.7

0.0 0.4



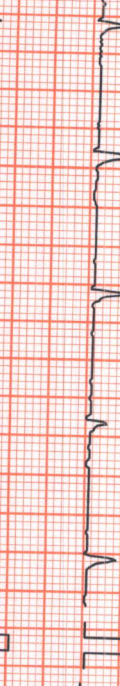
0.2 0.7

0.0 0.0



0.4 0.7

0.0 0.0



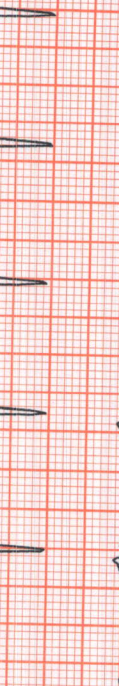
0.4 0.7

0.0 0.4



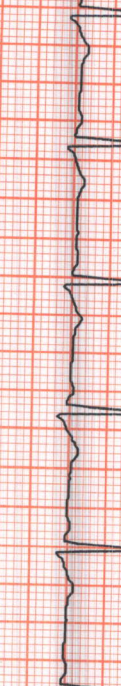
0.4 0.7

0.0 0.4



0.4 0.7

0.0 0.4



0.2 0.7

0.0 0.4



0.2 0.7

Chart Speed: 25 mm/sec  
Schiller Spandan V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R + 60 ms

J = R + 60 ms

Post J = J + 60 ms





Pombaj D

TMT

PHY2.

38/M

18-2-23

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R  
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**History and Complaints:**

NIL

**EXAMINATION FINDINGS:**

Height (cms):	178	Weight (kg):	85	BMI
Temp (0c):	Afebrile	Skin:	Normal	J MAD
Blood Pressure (mm/hg):	110/80	Nails:	Healthy	
Pulse:	78	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:**

FIT  
Reports war

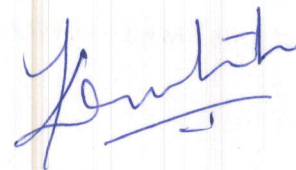
**ADVICE:**

- NIL

**CHIEF COMPLAINTS:**

1)	Hypertension:	J NIL
2)	IHD:	
3)	Arrhythmia:	
4)	Diabetes Mellitus :	
5)	Tuberculosis :	
6)	Asthama:	
7)	Pulmonary Disease :	
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 :	ml
16)	Surgeries :	
<b>PERSONAL HISTORY:</b>		
1)	Alcohol	} NIL
2)	Smoking	}
3)	Diet	veg
4)	Medication	ml



Dr. KRUTIKA INGLE

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



CID : 2304923204  
Name : Mr PANKAJ DORIKAR  
Age / Sex : 38 Years/Male  
Ref. Dr :  
Reg. Location : Pimple Saudagar, Pune Main Centre

Reg. Date : 18-Feb-2023  
Reported : 18-Feb-2023 / 10:50

Use a QR Code Scanner  
Application To Scan the Code

**ULTRASOUND ABDOMEN AND PELVIS**

**Liver-** Normal in size (14.7 cm), shape and raised echo pattern. No focal lesion. Intrahepatic biliary and portal radicals appear normal. Visualized portion of CBD appears normal in calibre. Portal vein appears normal.

**Gall bladder-** partially distended with normal wall thickness. No calculus or mass lesion is visualized. No pericholecystic collection.

**Pancreas-** Head and body are visualized and appear normal in size, shape and echo pattern. No focal lesion seen. No peripancreatic collection noted.

**Spleen -** Appears normal in size (9.9cm), shape & echo pattern. No focal lesion seen.

**Kidneys-** Right kidney -10.1 x 4.2cm, Left kidney - 10.4 x 4.4cm, both kidneys appear normal in size, shape, position & echo pattern with maintained corticomedullary differentiation. No hydronephrosis, hydroureter or calculus noted.

**Urinary bladder-** Is partially distended & shows normal wall thickness. No calculus or mass lesion is noted.

**Prostate -** appears normal in size, shape and echo-pattern for age. No focal lesion .

No free fluid in abdomen and pelvis. Visualized bowel loops are well distended appear grossly normal and show normal peristalsis. No evidence of enlarged lymph nodes.

**IMPRESSION:**

**No significant abnormality except for grade 1 fatty changes.**

*Advice - Clinical correlation and further evaluation if clinically indicated.*

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

This report is prepared and physically checked by Dr. Divya Chaudhary before dispatch.

*Divya.*

Dr. Divya Chaudhary  
MBBS, M.D. RADIODIAGNOSIS,  
DNB, RADIOLOGIST  
MMC Reg - 2016/01/0064

Click here to view images <<ImageLink>>

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

Date:- 19-2-23

CID:

Name:- Pankaj D

Sex / Age: 38 / M

**EYE CHECK UP**

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

g.m  
\_\_\_\_\_ - WNL

g corrected c specs

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	_____			6/b	_____			6/b
Near	_____			N/b	_____			N/b

Colour Vision: Normal / ~~Abnormal~~

Remark:

WNL

*[Signature]*

**Dr. KRUTIKA INGLE**

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

Patient Name: PANKAJ DORIKAR  
Patient ID: HE-4F2B1CE7

Age 38 years NA months NA days  
Gender Male

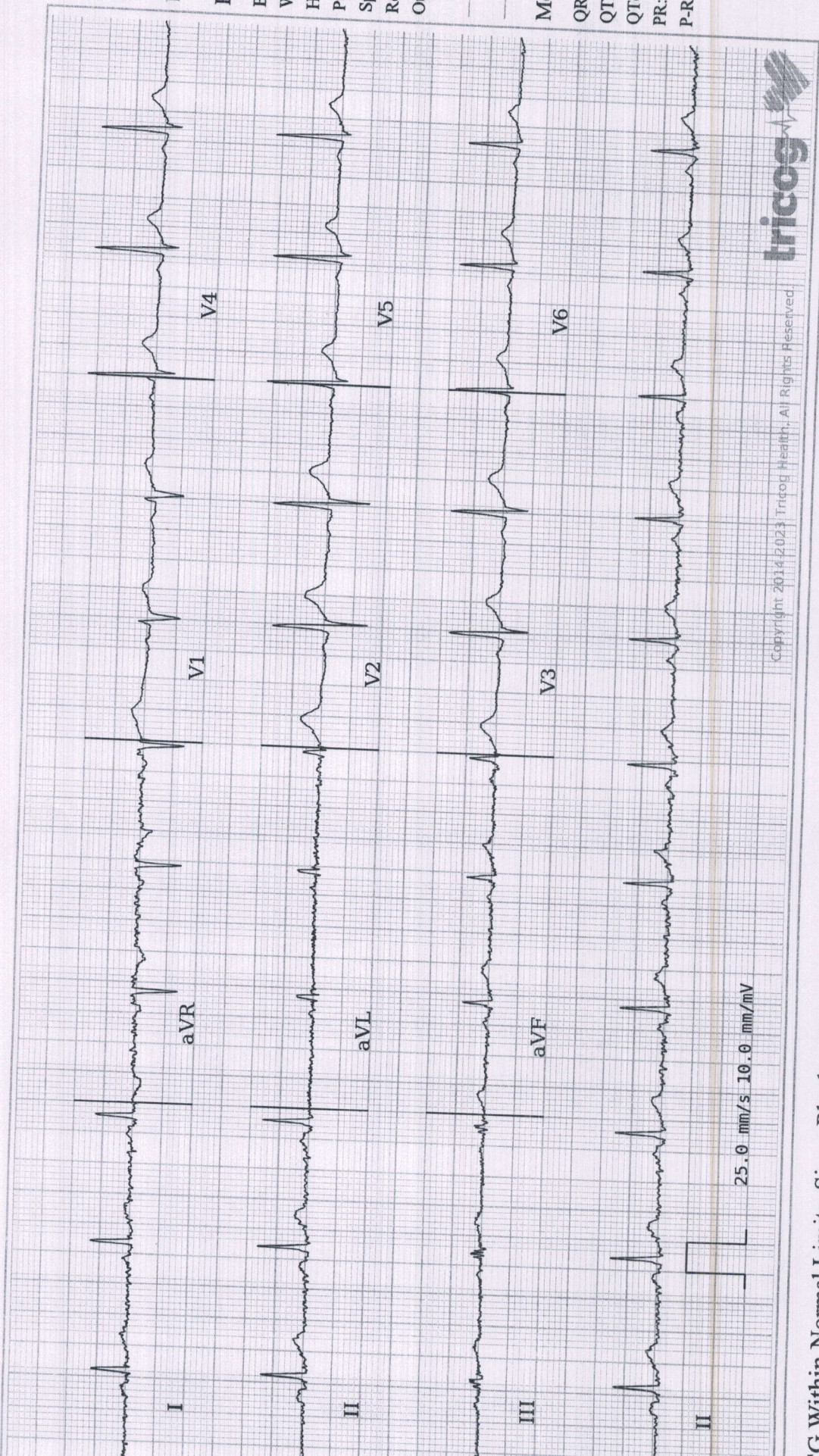
Heart Rate 73bpm

**Patient Vitals**

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

**Measurements**

QRSD: 78ms  
QT: 348ms  
QTc: 383ms  
PR: 142ms  
P-R-T: 51° 38° 52°



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**ECG Within Normal Limits: Sinus Rhythm. Baseline artefacts. Please correlate clinically.**

REPORTED BY

*[Signature]*

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

Note: 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 clinician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

R  
E  
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R  
T

CID : 2304923204  
Name : Mr PANKAJ DORIKAR  
Age / Sex : 38 Years/  
Ref. Dr :  
Reg. Location : Pimple Saudagar, Pune Main Centre  
Reg. Date : 18-Feb-2023  
Reported : 18-Feb-2023 / 11:47

**X-RAY CHEST PA VIEW**

Bilateral basal haziness due to expiration film.  
Trachea is central.  
Slightly prominent bronchovascular markings are noted bilaterally.  
Visualized bilateral lung fields otherwise appear grossly normal.  
Both hila appear normal.  
Cardiac silhouette has grossly normal appearance for age.  
Bilateral costophrenic and cardiophrenic angles appear grossly normal.  
Visualized bony thorax and soft-tissues are grossly normal for age.

**IMPRESSION :**

- Normal CXR.

*Advice - Clinical correlation and further evaluation if clinically indicated.*

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

This report is prepared and physically checked by Dr. Divya Chaudhary before dispatch.

Dr. Divya Chaudhary  
MBBS, M.D. RADIODIAGNOSIS,  
DNB, RADIOLOGIST  
MMC Reg - 2016/01/0064

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023021810432895>

R

MR PANKAJ DORIKAR M/38 YRS 2304923204 CHEST PA 2/18/2023  
SUBURBAN DIAGNOSTICS PIMPLE SAUDAGAR