



भारत सरकार



आधार

भारतीय विशिष्ट ओळख प्राधिकरण

भारत सरकार

Unique Identification Authority of India
Government of India

नोंदविण्याचा क्रमांक / Enrollment No 1218/17729/03945

To,
विनोद वेंकटेश शानभाग
Vinod Venkatesh Shanbhag
A-1 ADITYA C.H.S.L FLAT NO 303
NEW LINK ROAD
CHIKU WADI
Borivali West S.O
Mumbai
Maharashtra 400092
9869073233

19/09/2011

Ref: 38 / 09E / 75285 / 75810 / P



UE430120590IN



आपला आधार क्रमांक / Your Aadhaar No. :

2051 5216 4051

आधार — सामान्य माणसाचा अधिकार



भारत सरकार
GOVERNMENT OF INDIA



विनोद वेंकटेश शानभाग
Vinod Venkatesh Shanbhag
जन्म वर्ष / Year of Birth : 1966
पुरुष / Male



2051 5216 4051

आधार *AP* सामान्य माणसाचा अधिकार

(Vinod V. Shanbhag)

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

CID# : 2305621658
Name : MR. VINOD V SHANBHAG
Age / Gender : 56 Years/Male
Consulting Dr. :
Reg.Location : Borivali West (Main Centre)

Collected : 25-Feb-2023 / 08:52
Reported : 02-Mar-2023 / 11:01

PHYSICAL EXAMINATION REPORT

History and Complaints:

EXAMINATION FINDINGS:

Height (cms):	171	Weight (kg):	77
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	110/70	Nails:	Healthy
Pulse:	88/min	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:

R E Correction.

ADVICE:

CHIEF COMPLAINTS:

- | | |
|------------------------|----|
| 1) Hypertension: | NO |
| 2) IHD: | NO |
| 3) Arrhythmia: | NO |
| 4) Diabetes Mellitus : | NO |
| 5) Tuberculosis : | NO |
| 6) Asthama: | NO |

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- | | |
|--|----|
| 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 : | NO |

PERSONAL HISTORY:

- | | |
|---------------|-----|
| 1) Alcohol | NO |
| 2) Smoking | NO |
| 3) Diet | Mix |
| 4) Medication | NO |

*** End Of Report ***


Dr.NITIN SONAVANE
PHYSICIAN

Suburban Diagnostics (I) Pvt. Ltd.
301 & 302, 3rd Floor, Vini Elegance,
Above Tanisq 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 : 2305621658
Name : Mr Vinod V Shanbhag
Age / Sex : 56 Years/Male
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 25-Feb-2023
Reported : 25-Feb-2023 / 12:56

USG WHOLE ABDOMEN

LIVER: Liver is normal in size with mild generalized increase in parenchymal echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. No obvious wall thickening is noted. There is no evidence of any calculus.

PORTAL VEIN: Portal vein is normal. **CBD:** CBD is normal.

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

KIDNEYS: Right kidney measures 9.3 x 4.6 cm. Left kidney measures 10.9 x 5.1 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

PROSTATE: Prostate is normal in size and echotexture. Prostate measures 3.8 x 2.7 x 4.0 cm and prostatic weight is 22 gm. No evidence of any obvious focal lesion.

No free fluid or size significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023022508522313>



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Age / Sex : 56 Years/Male
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 25-Feb-2023
Reported : 25-Feb-2023 / 12:56

Opinion:

➤ **Grade I fatty infiltration of liver .**

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.

Click here ^{to} view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023022508522313>

Date:- 25/02/23

CID: 2305621658

Name:- Vinod Shekhar

Sex / Age: 56/

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

NU
 NU

RT LT
 6/6 6/6
 N/24 N/24

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

≡
 N-E y

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Reg. Date : 25-Feb-2023
Reported : 25-Feb-2023 / 17:53

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 Rohit before dispatch.

Rohit

**DR. ROHIT MALIK
DNB, DMRD, DMRE (MUM)
RADIO DIAGNOSIS
REG. No. 82356**

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023022508522320>



CID : 2305621658
Name : MR.VINOD V SHANBHAG
Age / Gender : 56 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 25-Feb-2023 / 09:13
Reported : 25-Feb-2023 / 12:46

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	14.5	13.0-17.0 g/dL	Spectrophotometric
RBC	5.52	4.5-5.5 mil/cmm	Elect. Impedance
PCV	45.0	40-50 %	Measured
MCV	82	80-100 fl	Calculated
MCH	26.3	27-32 pg	Calculated
MCHC	32.2	31.5-34.5 g/dL	Calculated
RDW	15.1	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6410	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	32.1	20-40 %	
Absolute Lymphocytes	2057.6	1000-3000 /cmm	Calculated
Monocytes	7.4	2-10 %	
Absolute Monocytes	474.3	200-1000 /cmm	Calculated
Neutrophils	53.4	40-80 %	
Absolute Neutrophils	3422.9	2000-7000 /cmm	Calculated
Eosinophils	6.6	1-6 %	
Absolute Eosinophils	423.1	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	32.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	262000	150000-400000 /cmm	Elect. Impedance
MPV	8.1	6-11 fl	Calculated
PDW	13.2	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			



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Reported : 25-Feb-2023 / 12:20

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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 3 2-20 mm at 1 hr. Sedimentation

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



Bmhaskar

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



CID : 2305621658
Name : MR.VINOD V SHANBHAG
Age / Gender : 56 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

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Collected : 25-Feb-2023 / 09:13
Reported : 25-Feb-2023 / 15:42

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	103.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	90.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.49	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.21	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.28	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.3	1 - 2	Calculated
SGOT (AST), Serum	20.0	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	19.4	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	15.4	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	65.0	40-130 U/L	Colorimetric
BLOOD UREA, Serum	28.0	12.8-42.8 mg/dl	Kinetic
BUN, Serum	13.1	6-20 mg/dl	Calculated
CREATININE, Serum	1.04	0.67-1.17 mg/dl	Enzymatic



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Collected : 25-Feb-2023 / 09:13
Reported : 25-Feb-2023 / 19:58

eGFR, Serum	79	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	7.4	3.5-7.2 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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



Bmhasakar

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



CID : 2305621658
Name : MR.VINOD V SHANBHAG
Age / Gender : 56 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 25-Feb-2023 / 09:13
Reported : 25-Feb-2023 / 14:50

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	131.2	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.

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

*** End Of Report ***



Bmhasakar

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



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Name : MR.VINOD V SHANBHAG
Age / Gender : 56 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 25-Feb-2023 / 09:13
Reported : 25-Feb-2023 / 18:49

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	-
Specific Gravity	1.020	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	Chemical Indicator
Volume (ml)	20	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Absent	
Others.	-	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 Borivali Lab, Borivali West



VIPUL JAIN

Dr.VIPUL JAIN
M.D. (PATH)
Pathologist

CID : 2305621658
Name : MR.VINOD V SHANBHAG
Age / Gender : 56 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

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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	Negative

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 ***



MC-54bu



Dr. Leena Salunkhe
Dr. LEENA SALUNKHE
M.B.B.S, DPB (PATH)
Pathologist



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Age / Gender : 56 Years / Male
Consulting Dr. : -
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Collected : 25-Feb-2023 / 09:13
Reported : 25-Feb-2023 / 16:10

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	184.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	70.5	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	71.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	113.5	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	99.0	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	14.5	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.4	0-3.5 Ratio	Calculated

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



Bmhasakar

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



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Reg. Location : Borivali West (Main Centre)

Collected : 25-Feb-2023 / 09:13
Reported : 25-Feb-2023 / 14:02

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	4.2	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.1	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.24	0.35-5.5 microIU/ml	ECLIA



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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, tyrosin 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)

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



Bmhasakar

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

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Name: vinod shanbhag

Date: 25-02-2023 **Time:** 09:03

Age: 56

Gender: M

Height: 171 cms

Weight: 77 Kg

ID: 2305621658

Clinical History: nil

Medications: nil

Test Details:

Protocol: Bruce

Predicted Max HR: 164

Target HR: 139

Exercise Time: 0:06:18

Achieved Max HR: 141 (86% of Predicted MHR)

Max BP: 150/70

Max BP x HR: 21150

Max Mets: 7.1

Test Termination Criteria: TEST COMPLET

Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	00:09	1	0	0	67	110/70	7370	0.4 aVR	-0.1 I
Standing	00:35	1	0	0	84	110/70	9240	1.2 V4	-0.3 V1
HyperVentilation	00:25	1	0	0	70	110/70	7700	-0.8 V3	0.2 V4
PreTest	00:10	1	1.6	0	72	110/70	7920	-1 V1	-0.8 V1
Stage: 1	03:00	4.7	2.7	10	118	130/70	15340	0.8 aVR	0.9 aVR
Stage: 2	03:00	7	4	12	139	130/70	18070	1.3 V2	1 V5
Peak Exercise	00:18	7.1	5.5	14	141	130/70	18330	3.1 V4	2.9 V5
Recovery1	01:00	1	0	0	86	150/70	12900	-0.9 aVR	-0.2 II
Recovery2	01:00	1	0	0	83	130/70	10790	0.5 I	-0.1 V2

Interpretation

The Patient Exercised according to Bruce Protocol for 0:06:18 achieving a work level of 7.1 METS.
 Resting Heart Rate, initially 67 bpm rose to a max. heart rate of 141bpm (86% of Predicted Maximum Heart Rate).
 Resting Blood Pressure of 110/70 mmHg, rose to a maximum Blood Pressure of 150/70 mmHg
 Good Effort tolerance Normal HR & BP Response No Angina or Arrhymias
 No Significant ST-T Change Noted During Exercise Stress test Negative for Stress inducible ischaemia.

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Ref. Doctor: ----


Doctor: DR. NITIN SONAVANE

SCHILLER
 The Art of Diagnostics

(Summary Report edited by User)
 Spandan CS-20 Version:2.14.0

SUBURBAN DIAGNOSTICS PVT. LTD. BORIVALI

Vinod shanbhag
Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2305621658
Stage: Supine

Date: 25-02-2023
Speed: 0 km/h

Exec Time : 0:00:00
Slope: 0%

Stage Time: 00:09
THR: 139 bpm

HR: 67 bpm

BP: 110/70 mmHg
STLevel(mm) STSlope(mV/s)

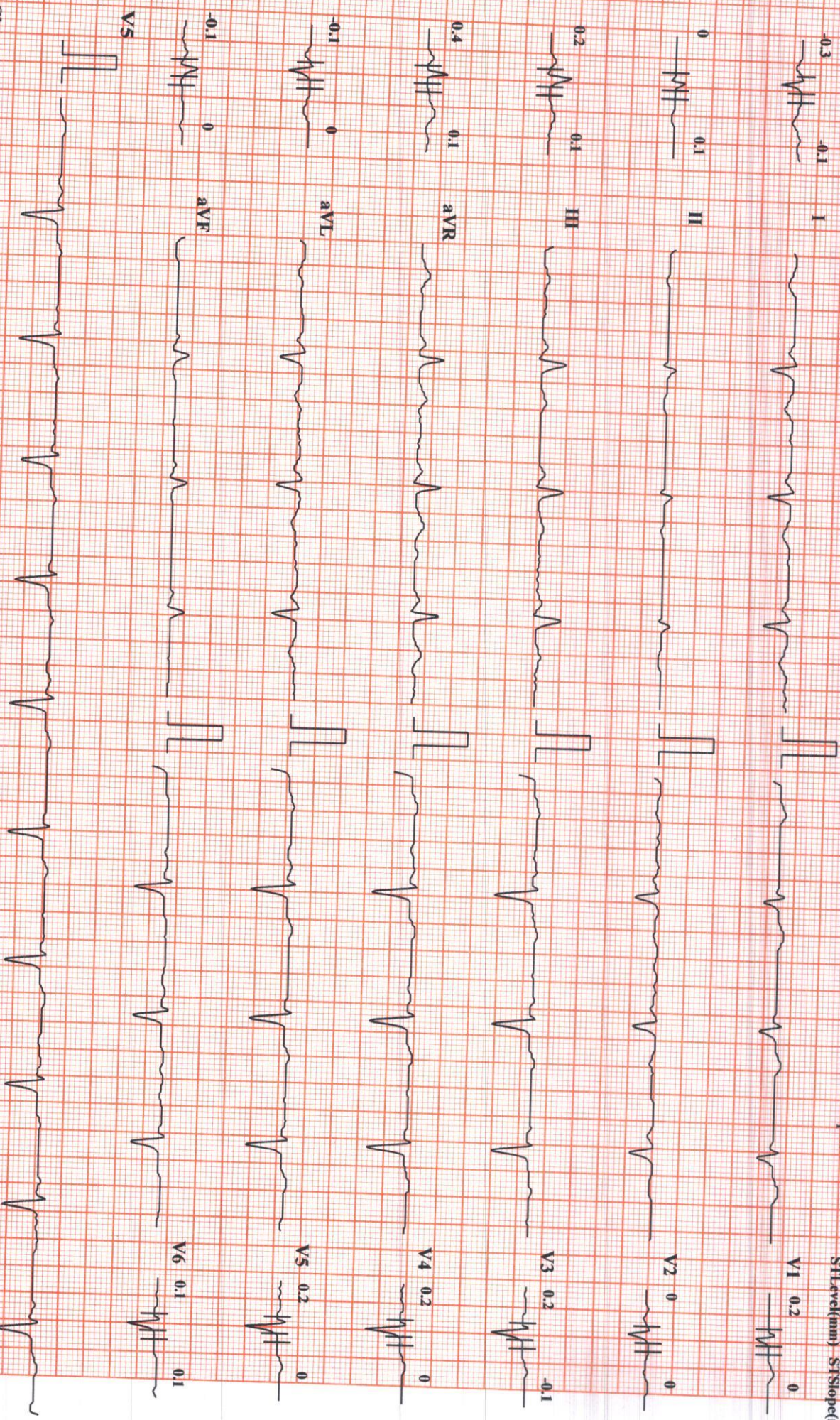


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Vinod shanbhag

Bruce Protocol
STL:ve(dmm) STSlope(mV/s)

ID: 2305621658
Stage: Standing

Date: 25-02-2023
Speed: 0

Exec Time : 0:00:00
Slope: 0%

Stage Time: 00:35
THR: 139 bpm

HR: 84 bpm

BP: 110/70 mmHg
STL:ve(dmm) STSlope(mV/s)

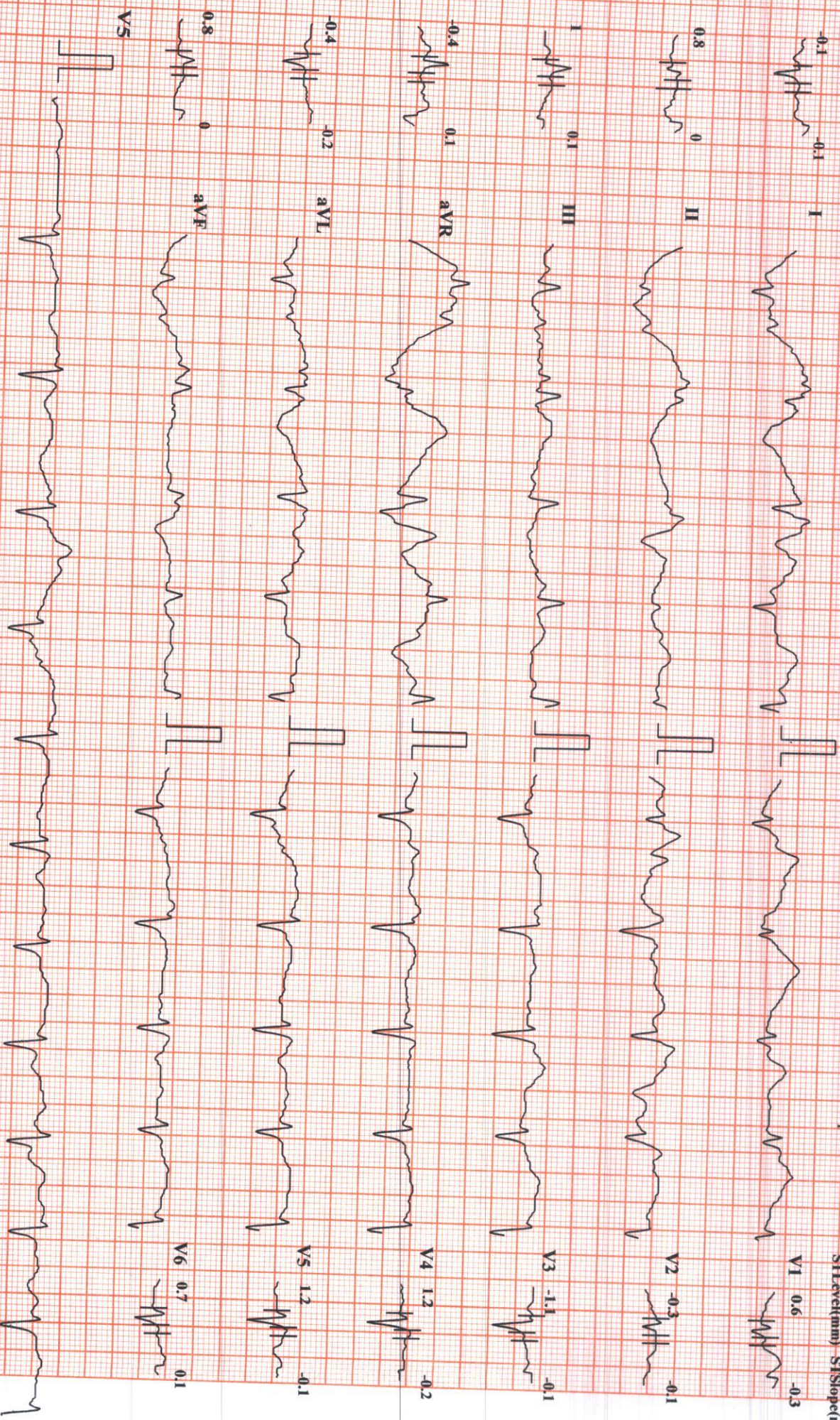


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Spandan CS-20 Version:2.14

Vinod Shanbhag

Bruce Protocol

STLevel(mm) STSlope(mV/s)

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ID: 2305621658

Date: 25-02-2023

Stage: Hyper Ventilation

Speed: 0

Exec Time: 0:00:00

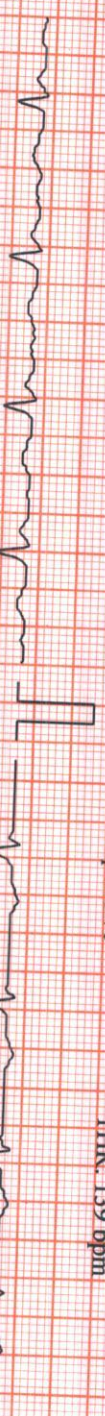
Stage Time: 00:25

HR: 70 bpm

BP: 110/70 mmHg

STLevel(mm) STSlope(mV/s)

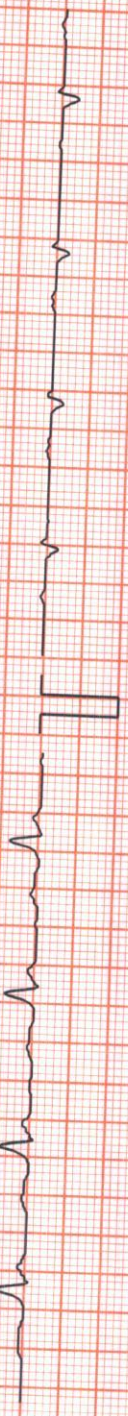
I -0.3 0



V1 0.1 0.1

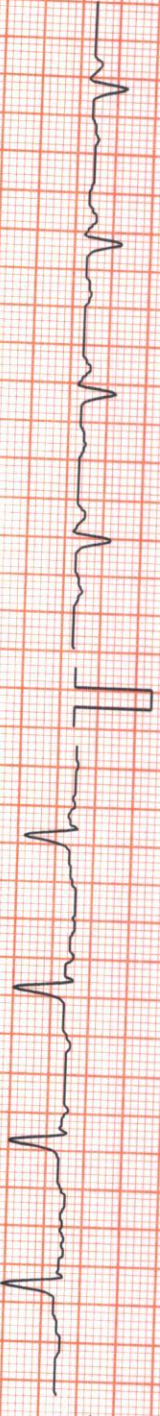


II -0.3 -0.1



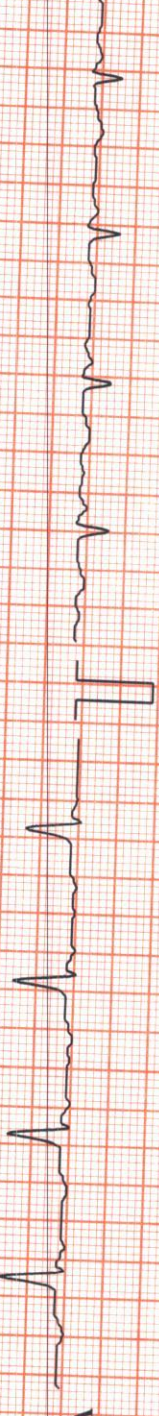
V2 -0.1 0.1

III 0.2 0



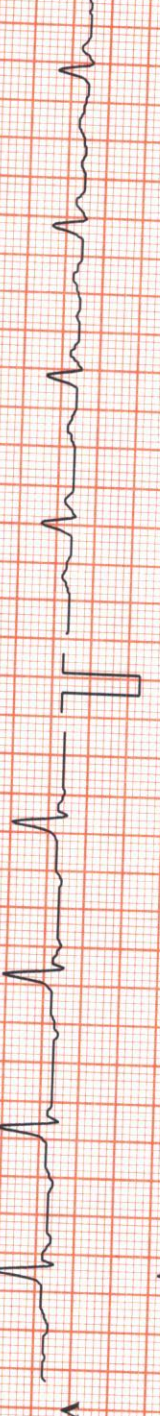
V3 -0.8 0

aVR 0.5 0



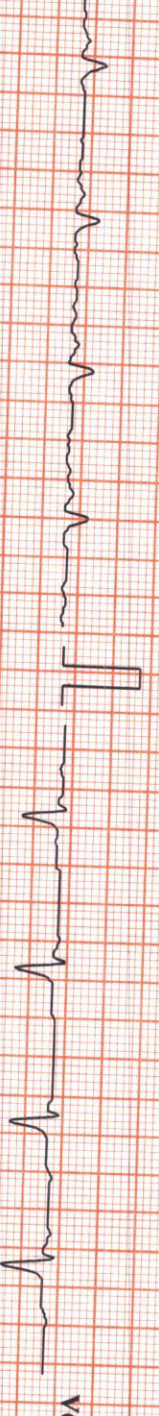
V4 0 0.2

aVL 0.2 0



V5 -0.1 0.2

aVF -0.2 -0.1



V6 0.1 0.2

V5



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

vinod shanbhag

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2305621658
Stage: 1

Date: 25-02-2023
Speed: 2.7 kmph

Exec Time: 0:03:00
Slope: 10 %

Stage Time: 03:00
THR: 139 bpm

HR: 118 bpm

BP: 130/70 mmHg
STLevel(mm) STSlope(m

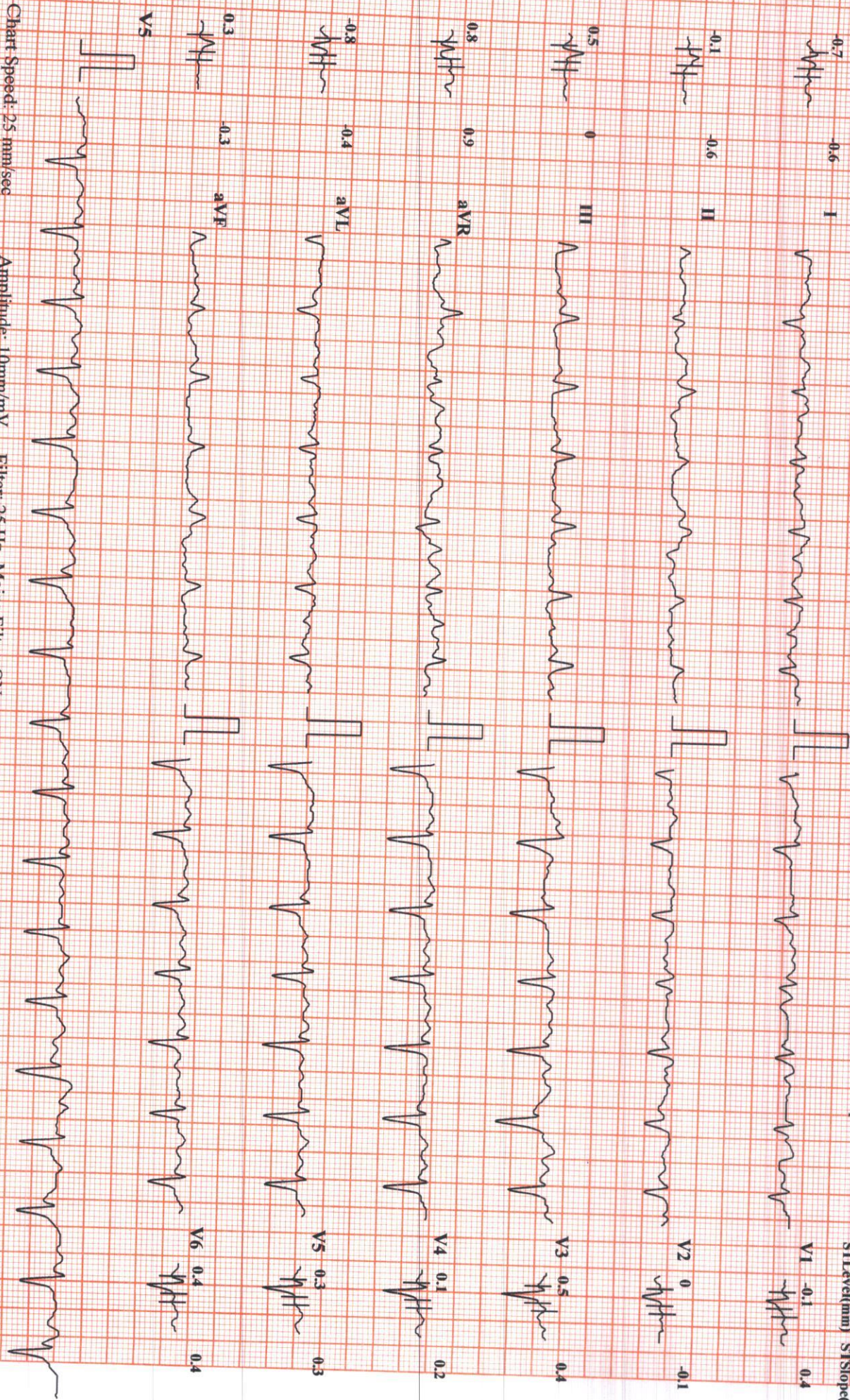


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

vinod shanbhag

Bruce Protocol
STLevel(mm) STISlope(mV/s)

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ID: 2305621658

Stage: 2

Date: 25-02-2023

Speed: 4 kmph

Exec Time: 0:06:00

Slope: 12 %

Stage Time: 03:00

THR: 139 bpm

HR: 139 bpm

Bp: 130/70 mmHg

STLevel(mm) STISlope(mV/s)

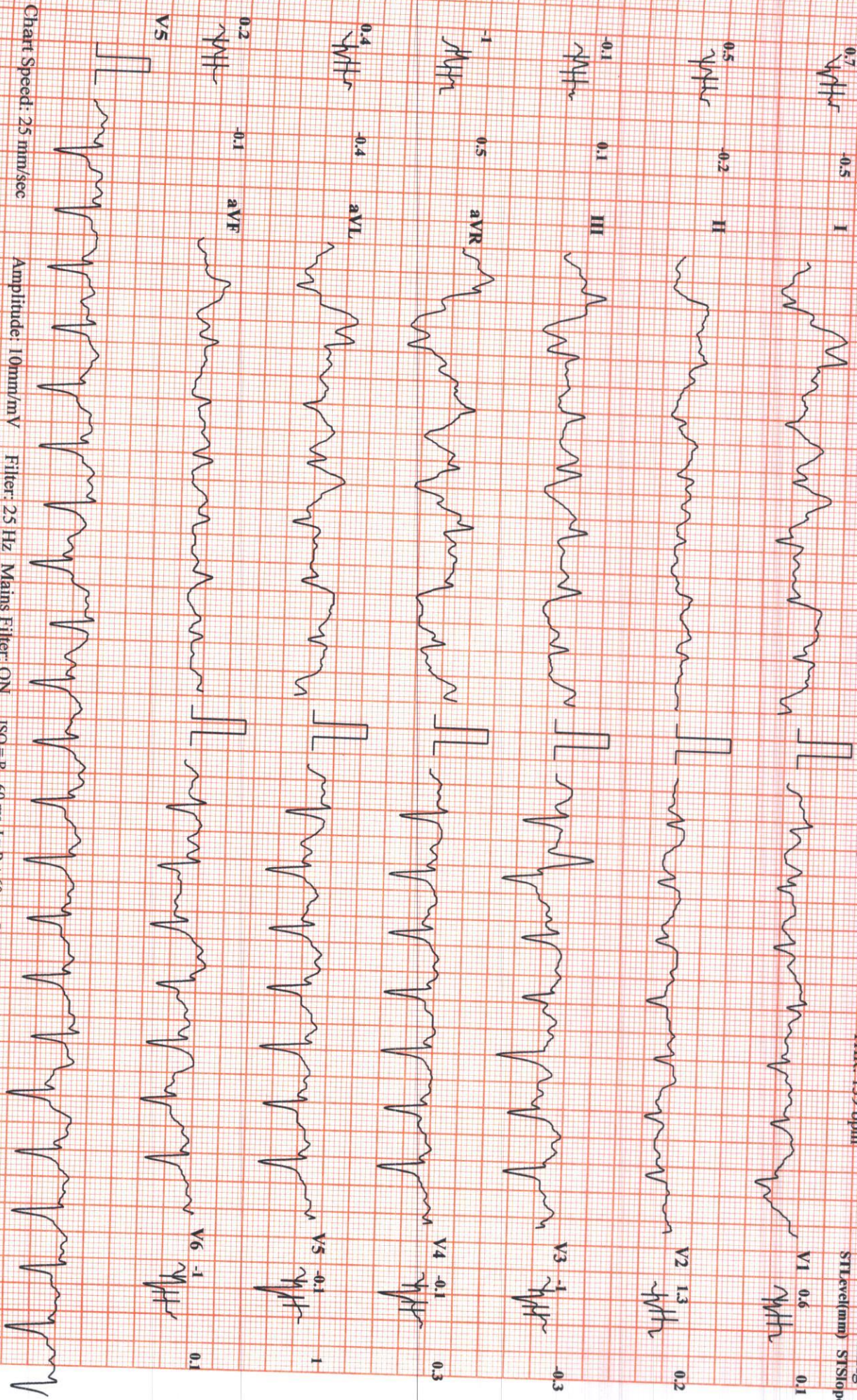


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz

Mains Filter: ON

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

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

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Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2305621658
Stage: 3 Peak Exercise
Date: 25-02-2023
Speed: 5.5 kmph

Exec Time : 0:06:18
Slope: 14 %
Stage Time: 00:18
THR: 139 bpm

HR: 141 bpm

Bp: 130/70 mmHg

STLevel(mm) STSlope(mV/s)

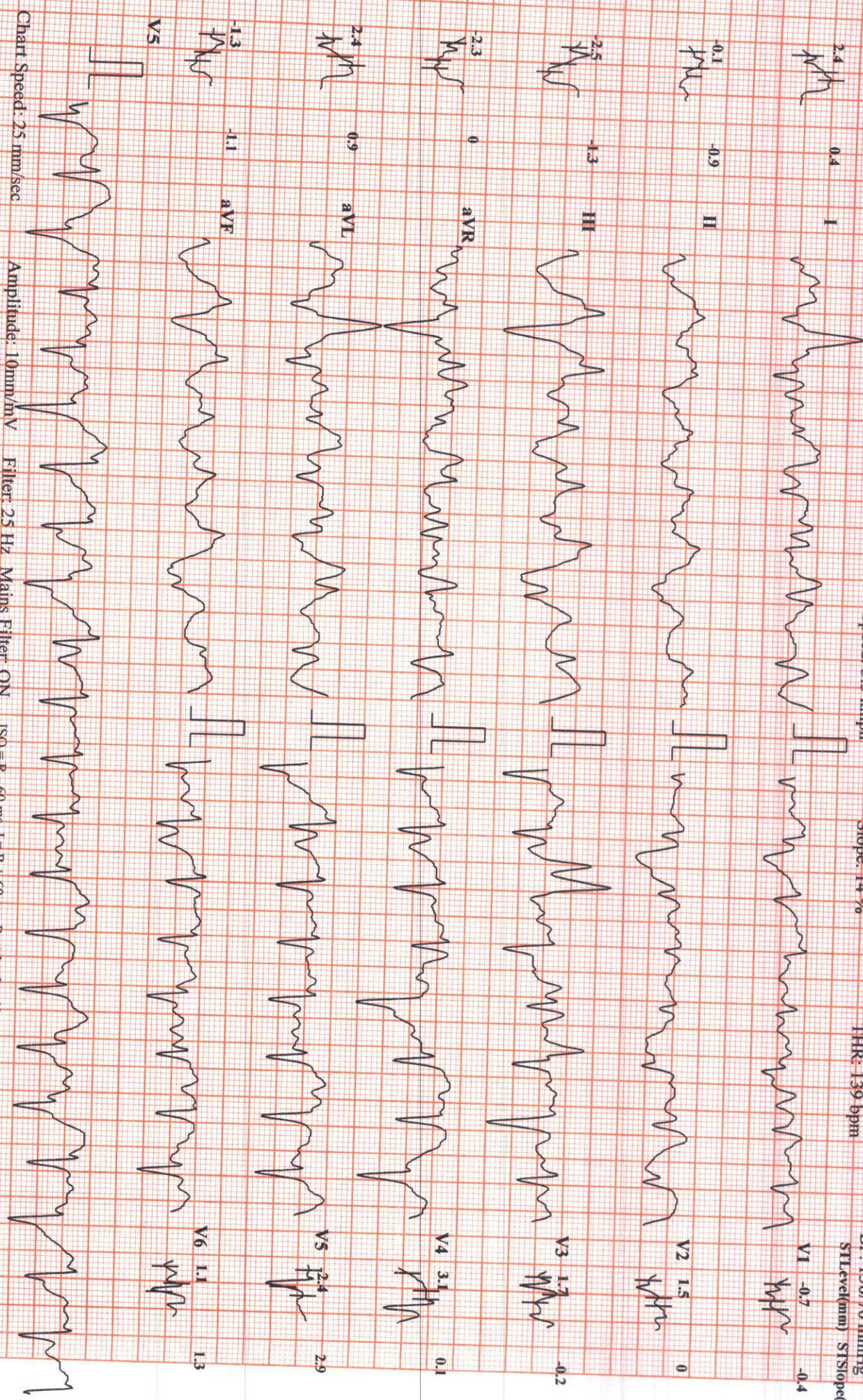


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Vinod Shanbhag

Bruce Protocol

STLevel(mm) STSlope(mV/s)

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ID: 2305621658

Stage: Recovery 1

Date: 25-02-2023

Speed: 0 kmph

Exec Time: 00:00

Slope: 0%

Stage Time: 00:49

THR: 139 bpm

HR: 106 bpm

Bp: 150/70 mmHg

STLevel(mm) STSlope(mV/s)

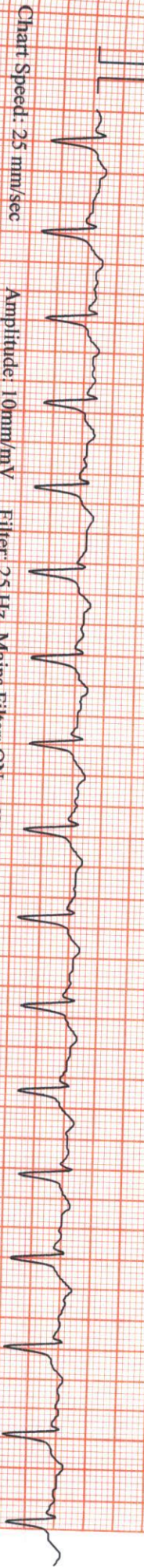
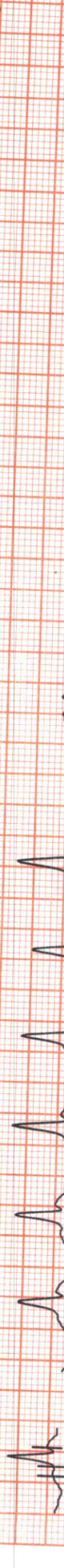


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

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Bruce Protocol
STLevel(mm) STISlope(mV/s)

ID: 2305621658
Stage: Recovery/1

Date: 25-02-2023
Speed: 0 kmph

Exec Time : 00:00
Slope: 0%

Stage Time: 01:00
THR: 139 bpm

HR: 86 bpm

BP: 150/70 mmHg
STLevel(mm) STISlope(mV/s)

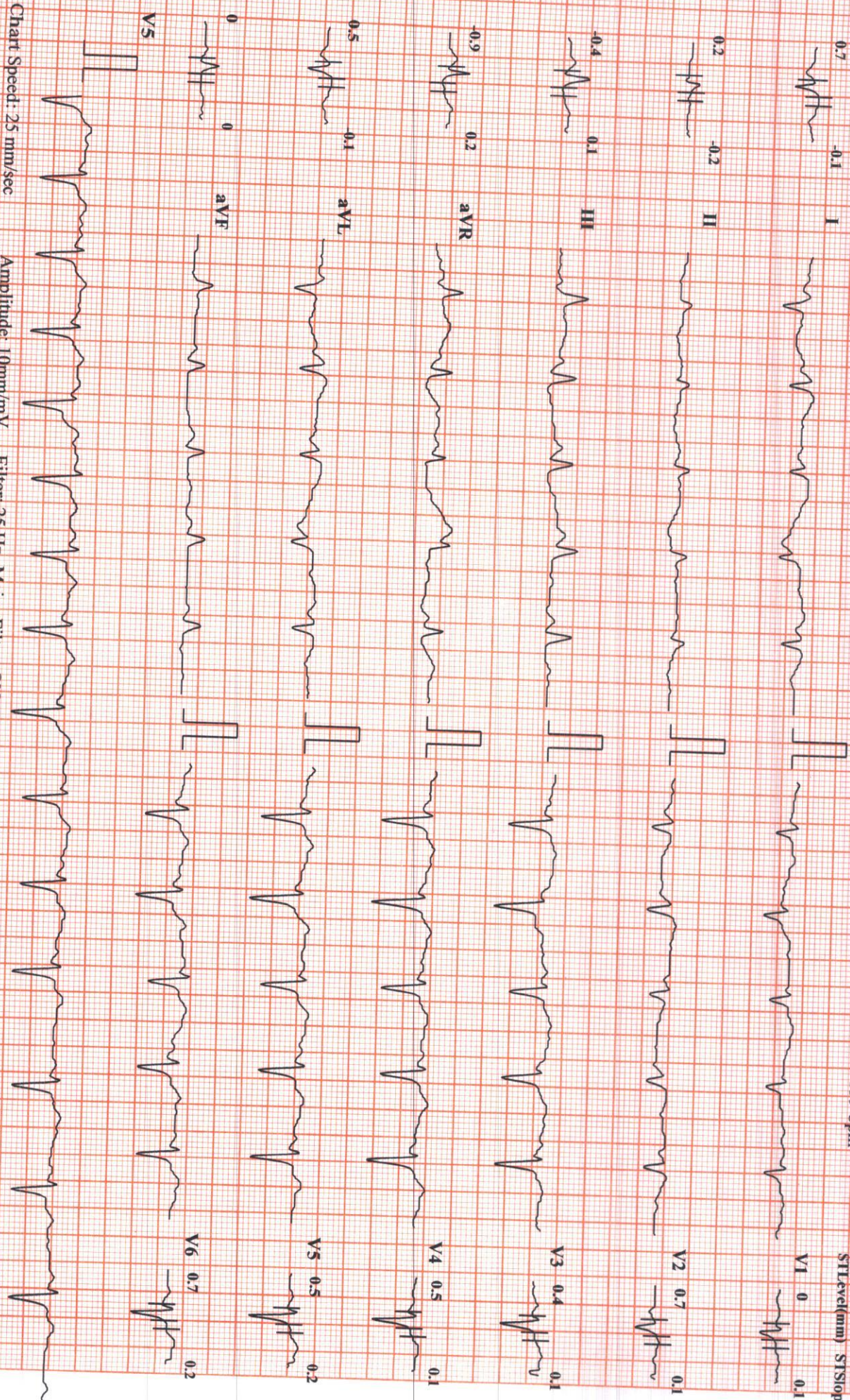


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

vinod shanbhag

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2305621658

Stage: Recovery2

Date: 25-02-2023

Speed: 0 kmph

Exec Time: 00:00

Slope: 0%

Stage Time: 00:13

THR: 139 bpm

HR: 97 bpm

BP: 130/70 mmHg

STLevel(mm) STSlope(m

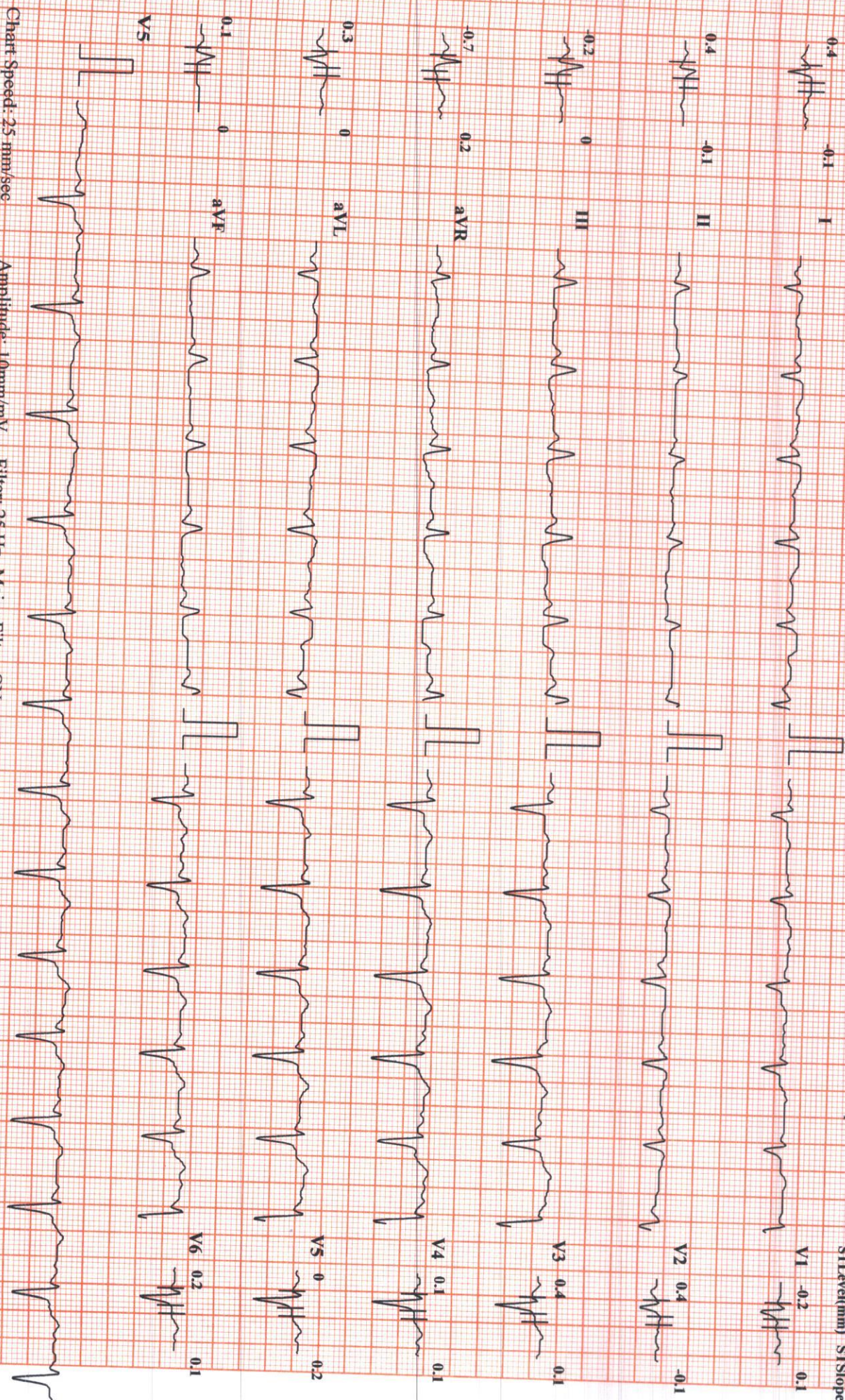


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

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Bruce Protocol
STLevel(mm) STSlope(mV/s)

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ID: 2305621658
Stage: Recovery2

Date: 25-02-2023
Speed: 0 kmph

Exec Time: 00:00
Slope: 0 %

Stage Time: 01:00
THR: 139 bpm

HR: 83 bpm

Bp: 130/70 mmHg
STLevel(mm) STSlope(mV/s)

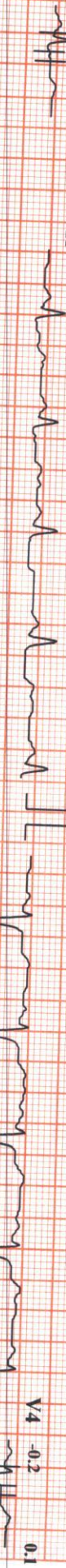
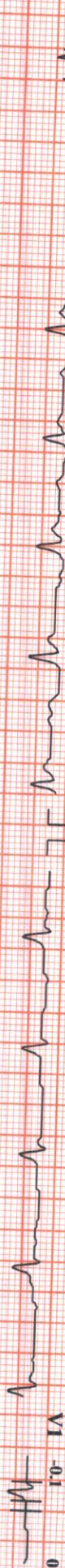


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

vinod shanbhag

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2305621658
Stage: Recovery3

Date: 25-02-2023
Speed: 0 kmph

Exec Time : 00:00
Slope: 0%

Stage Time: 00:03
THR: 139 bpm

HR: 83 bpm

BP: 130/70 mmHg
STLevel(mm) STSlope(m

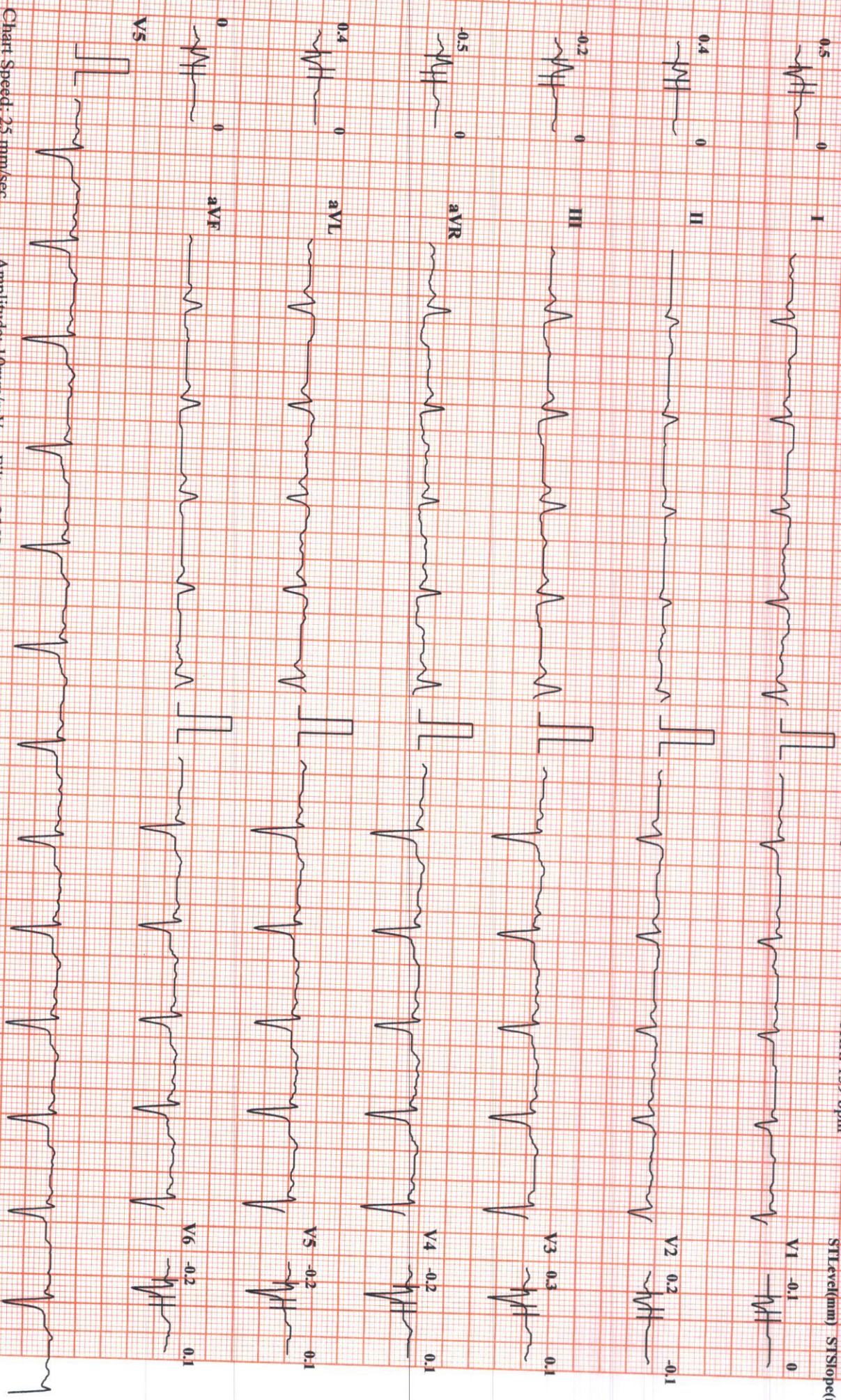


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

vinod shanbhag

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2305621658
Stage: Recovery3

Date: 25-02-2023
Speed: 0 kmph

Exec Time: 00:00
Slope: 0%

Stage Time: 00:08
THR: 139 bpm

HR: 88 bpm

BP: 130/70 mmHg
STLevel(mm) STSlope(mV/s)

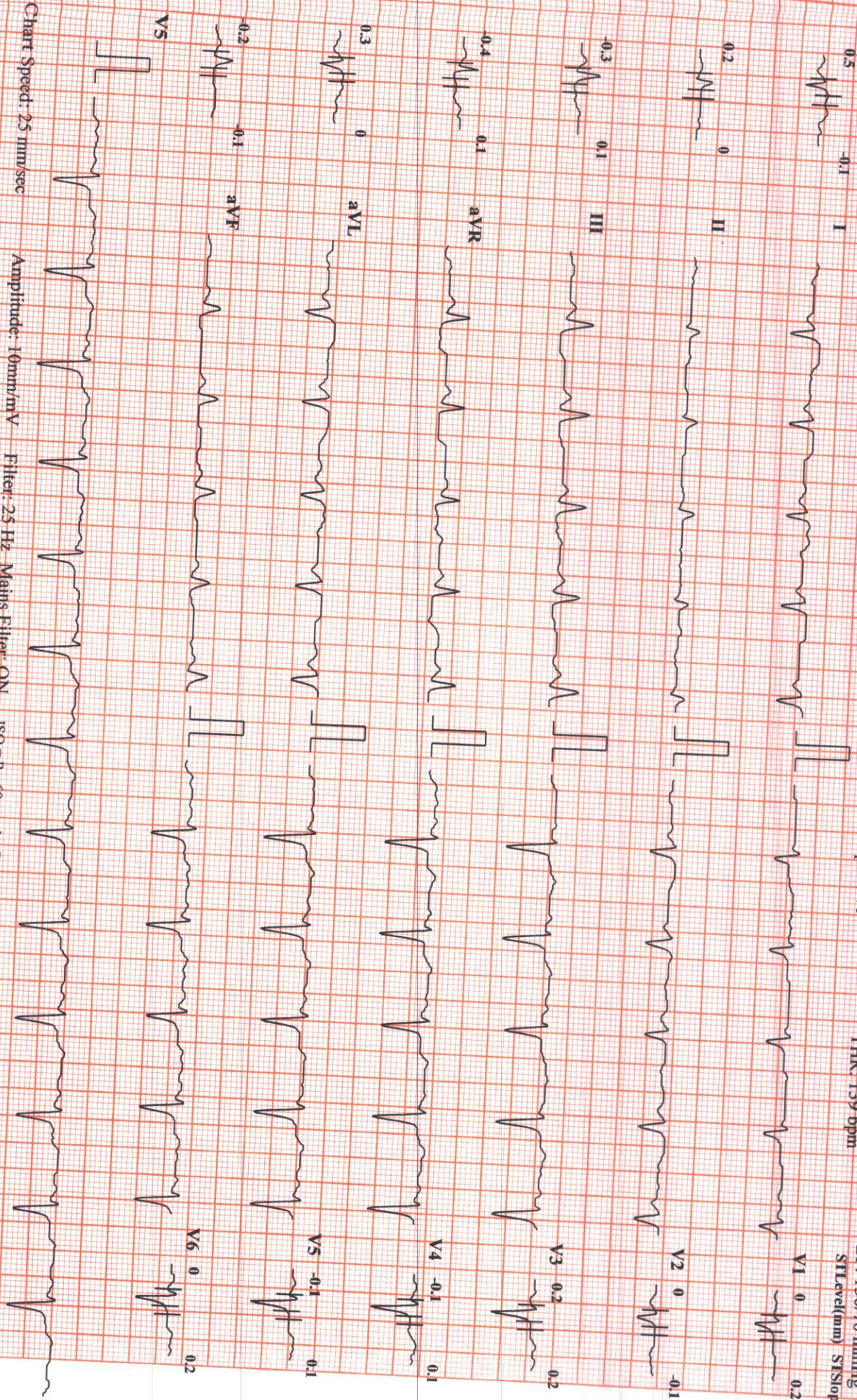


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Main Filter: ON

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