



CID : 2205031160
Name : MR.NEERAJ KUMAR DAYAL
Age / Gender : 30 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 19-Feb-2022 / 10:25
Reported : 19-Feb-2022 / 15:03

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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>
<u>RBC PARAMETERS</u>			
Haemoglobin	15.8	13.0-17.0 g/dL	Spectrophotometric
RBC	5.18	4.5-5.5 mil/cmm	Elect. Impedance
PCV	47.1	40-50 %	Measured
MCV	91	80-100 fl	Calculated
MCH	30.5	27-32 pg	Calculated
MCHC	33.6	31.5-34.5 g/dL	Calculated
RDW	15.9	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4950	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	39.2	20-40 %	
Absolute Lymphocytes	1940.4	1000-3000 /cmm	Calculated
Monocytes	9.1	2-10 %	
Absolute Monocytes	450.5	200-1000 /cmm	Calculated
Neutrophils	48.7	40-80 %	
Absolute Neutrophils	2410.7	2000-7000 /cmm	Calculated
Eosinophils	2.4	1-6 %	
Absolute Eosinophils	118.8	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	
Absolute Basophils	29.7	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	176000	150000-400000 /cmm	Elect. Impedance
MPV	11.9	6-11 fl	Calculated
PDW	27.4	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	-
Microcytosis	-



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Macrocytosis -
Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Normocytic, Normochromic
WBC MORPHOLOGY -
PLATELET MORPHOLOGY Megaplatelets seen on smear
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB 6 2-15 mm at 1 hr. Westergren

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

*** End Of Report ***



MC-2111



Bmhaskar

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



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Reg. Location : Kandivali East (Main Centre)

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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	89.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	69.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.63	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.27	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.36	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.9	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
SGOT (AST), Serum	25.1	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	47.6	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	19.4	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	113.1	40-130 U/L	Colorimetric
BLOOD UREA, Serum	13.8	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.4	6-20 mg/dl	Calculated
CREATININE, Serum	0.95	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	99	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.6	3.5-7.2 mg/dl	Enzymatic



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Urine Sugar (Fasting)	Absent	Absent
Urine Ketones (Fasting)	Absent	Absent
Urine Sugar (PP)	Absent	Absent
Urine Ketones (PP)	Absent	Absent

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*** End Of Report ***



MC-2111

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Consultant Pathologist & Lab
Director

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

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<u>PHYSICAL EXAMINATION</u>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<u>CHEMICAL EXAMINATION</u>		
Reaction (pH)	Acidic (5.0)	-
Occult Blood	Absent	Absent
<u>MICROSCOPIC EXAMINATION</u>		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Absent	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present +	-
Concentration Method (for ova)	No ova detected	Absent
Reducing Substances	-	Absent

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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)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
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	1-2	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	4-5	Less than 20/hpf	
Others	-		

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	AB
Rh TYPING	NEGATIVE

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

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 ***



MC-2111



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	148.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	128.9	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	32.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	116.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	90.0	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	26.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.8	0-3.5 Ratio	Calculated

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.2	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.4	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2	0.35-5.5 microIU/ml	ECLIA

Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

- 1)TSH Values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be 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: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.

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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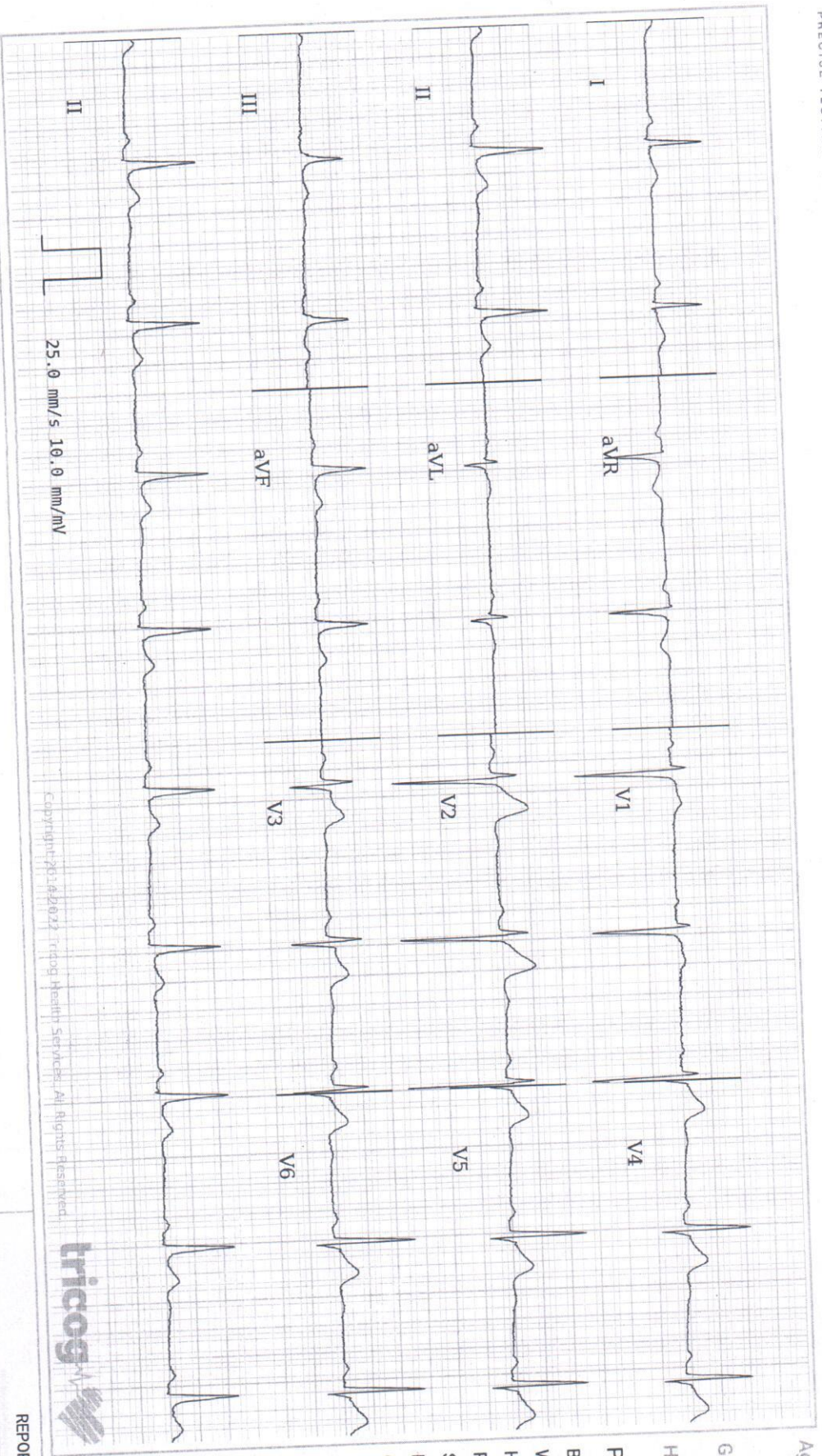
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SUBURBAN DIAGNOSTICS - KANDIVALI EAST

Patient Name: **NEERAJ KUMAR DAYAL**
Patient ID: **2205031160**

Date and Time: **19th Feb 22 1:26 PM**



25.0 mm/s 10.0 mm/mV

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Age **30** **3** **17**
years months days

Gender **Male**

Heart Rate **57** bpm

Patient Vitals

BP: **130/80** mmHg

Weight: **81** kg

Height: **163** cm

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others: _____

Measurements

QS RD: **90** ms

QT: **366** ms

QTc: **356** ms

PR: **172** ms

P-R-T: **47° 58° 46°**

REPORTED BY

(Signature)

DR AKHIL PARULEKAR
MBBS, MD, MEDICINE, DNB Cardiology
Cardiologist
2012082483

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

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

Date:- 19/2/22

CID: 2205031160

Name:- Mr. Neeraj Dayal

Sex/Age: M/31

EYE CHECK UP

Chief complaints: Routine check-up

Systemic Diseases: No H/O S/G

Past history: No H/O Ocular sx/ing/wry

Unaided Vision: 6/6 6/6

Aided Vision: - -

Refraction: Coms: Normal

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	- Plano			6/6	- Plano			6/6
Near				6/6				6/6

Colour Vision: Normal / Abnormal

Remark: Vn within normal limit

KAJAL NAGRECHA
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Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 19-Feb-2022 / 10:25
Reported : 19-Feb-2022 / 11:41

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (13.5 cm) shape and smooth margins. It shows bright parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein measures 10 mm and CBD appears measures 2.1 mm . The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen

PANCREAS:

The pancreas is well visualised and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Right kidney measures 11.8 x 4.8 cm. Left kidney measures 8.5 x 3.5 cm.
Left kidney is not seen in left renal fossa and seen in the pelvis region adjacent to left para umbilical region, suggestive of ectopic kidney.
No evidence of any calculus, hydronephrosis or mass lesion seen.

SPLEEN:

The spleen is normal in size (11.2 cm) and echotexture. No evidence of focal lesion is noted. There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

PROSTATE:

The prostate is normal in size and It measures 4.1 x 2.8 x 2.7 cm and volume is 16.7 cc.

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IMPRESSION:

Grade I fatty liver.

Left ectopic kidney seen adjacent to left para umbilical region in the pelvis.

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

This report is prepared and physically checked by Dr Akash Chhari before dispatch.

DR. Akash Chhari
MBBS. MD. Radio-Diagnosis Mumbai
MMC REG NO - 2011/08/2862

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X-RAY CHEST PA VIEW

Both lung fields are clear.
Both costo-phrenic angles are clear.
The cardiac size and shape are within normal limits.
The domes of diaphragm are normal in position and outlines.
The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

This report is prepared and physically checked by DR. FAIZUR KHILJI before dispatch.

Dr. Faizur Khilji

Dr.FAIZUR KHILJI
MBBS,RADIO DIAGNOSIS
Reg No-74850
Consultant Radiologist

Click here to view images <http://202.143.96.162/Suburban/Viewer?ViewerType=3&AccessionNo=2022021910250645>

CID#	: 2205031160	SID#	: 177804786337
Name	: MR.NEERAJ KUMAR DAYAL	Registered	: 19-Feb-2022 / 10:24
Age / Gender	: 30 Years/Male	Collected	: 19-Feb-2022 / 10:24
Consulting Dr.	: -	Reported	: 20-Feb-2022 / 09:07
Reg.Location	: Kandivali East (Main Centre)	Printed	: 20-Feb-2022 / 14:07

PHYSICAL EXAMINATION REPORT

History and Complaints:

COVID jan-22

EXAMINATION FINDINGS:

Height (cms):	163 cms	Weight (kg):	81 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	130/80	Nails:	Normal
Pulse:	72/min	Lymph Node:	Not Palpable

Systems

Cardiovascular: Normal
Respiratory: Normal
Genitourinary: Normal
GI System: Normal
CNS: Normal

IMPRESSION:

*usu fatty liver
 usu - (R) ectopic kidney seen in
 (L) Paraumbilical ~~area~~
 region in pelvis*

ADVICE:

*- low fatty diet
 Surgical opinion*

CID#	: 2205031160	SID#	: 177804786337
Name	: MR.NEERAJ KUMAR DAYAL	Registered	: 19-Feb-2022 / 10:24
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Consulting Dr.	: -	Reported	: 20-Feb-2022 / 09:07
Reg.Location	: Kandivali East (Main Centre)	Printed	: 20-Feb-2022 / 14:07

CHIEF COMPLAINTS:

- | | |
|--|------------------------------|
| 1) Hypertension: | No |
| 2) IHD | No |
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |
| 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 | umbilical herniotomy-5-6 yrs |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

- | | |
|---------------|-------------|
| 1) Alcohol | Occasioonly |
| 2) Smoking | Occasioonly |
| 3) Diet | Mixed |
| 4) Medication | No |

*** End Of Report ***

Dr. Jagruti Dhale
MBBS
Consultant Physician
Reg. No. 69548

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Aangan,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700000

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

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

Page:2 of 2

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

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

Patient Details

Name: NEERAJ DAYAL ID: 2205031160
 Age: 30 y
 Clinical History: NIL

Date: 19-Feb-22

Sex: M

Time: 2:56:26 PM

Height: 163 cms

Weight: 81 Kgs

Medications: NIL

Test Details

Protocol: Bruce

Total Exec. Time: 10 m 45 s

Max. BP: 180 / 80 mmHg

Test Termination Criteria: THR ACHIEVED

Pr.MHR: 190 bpm

Max. HR: 163 (86% of Pr.MHR)bpm

Max. BP x HR: 29340 mmHg/min

THR: 171 (90 % of Pr.MHR) bpm

Max. Mets: 13.50

Min. BP x HR: 5200 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 : 14	1.0	0	0	66	130 / 80	-0.64 aVR	2.83 V3
Standing	0 : 28	1.0	0	0	84	130 / 80	-5.52 III	5.31 V3
Hyperventilation	0 : 10	1.0	0	0	65	130 / 80	-0.85 aVR	2.12 V3
1	3 : 0	4.6	1.7	10	97	140 / 80	-2.34 V1	5.66 I
2	3 : 0	7.0	2.5	12	115	150 / 80	-1.49 III	4.95 V3
3	3 : 0	10.2	3.4	14	138	150 / 80	-1.91 III	5.31 V3
Peak Ex	1 : 45	13.5	4.2	16	163	170 / 80	-2.12 III	5.66 V3
Recovery(1)	1 : 0	1.8	1	0	114	180 / 80	-2.12 III	5.66 V2
Recovery(2)	1 : 0	1.0	0	0	100	170 / 80	-1.27 III	5.66 V3
Recovery(3)	1 : 0	1.0	0	0	91	140 / 80	-1.06 III	4.25 V3
Recovery(4)	0 : 5	1.0	0	0	94	140 / 80	-0.85 III	2.12 V4

Interpretation

The patient exercised according to the Bruce protocol for 10 m 45 s achieving a work level of Max. METS : 13.50. Resting heart rate initially 66 bpm, rose to a max. heart rate of 163 (86% of Pr.MHR) bpm. Resting blood Pressure 130 / 80 mmHg, rose to a maximum blood pressure of 180 / 80 mmHg.

Excellent Effort Tolerance. Normal chronotropic and ionotropic response.

No significant ST T changes as compared to Baseline.

No Chest pain/ Arrhythmias noted during the test.

IMPRESSION:

Stress Test is Negative for Stress Induced Ischemia.

DR. SNEHA SHETTY

D. CARD

CONSULTANT - CARDIOLOGIST

REGD. No. 2008030660

Disclaimer : Negative stress test does 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: AERFOCAMI

(Summary Report edited by user)

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
 Row House No. 3, Aangan,
 Thakur Village, Kandivali (east),
 Mumbai - 400101.
 Tel : 61700000

Doctor: DR SNEHA SHETTY

(c) Schiller Healthcare India Pvt. Ltd. V 4.7

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

NEERAJ DAYAL (30 M)

ID: 2205031160

Date: 19-Feb-22 Exec Time: 0 m 0 s

Stage Time: 0 m 14 s HR: 66 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0%

(THR: 171 bpm)

B.P.: 130/80

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

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

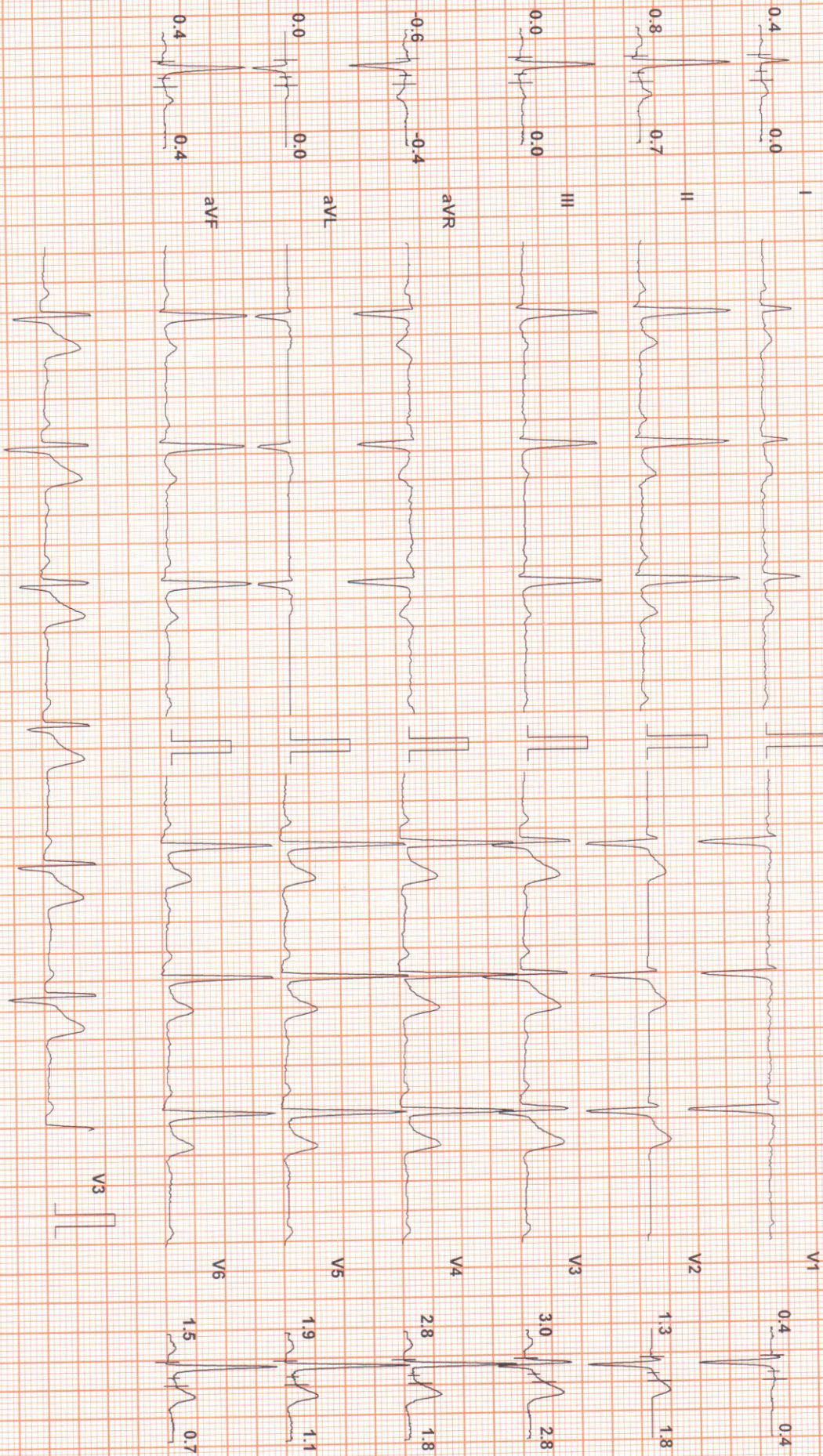


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

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

Post J = J + 60 ms

Schiller Standard V 47



SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

NEERAJ DAYAL (30 M)

Protocol: Bruce

ID: 2205031160

Date: 19-Feb-22

Exec Time: 0 m 0 s

Stage Time: 0 m 28 s

HR: 84 bpm

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 171 bpm)

B.P.: 130/80

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

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

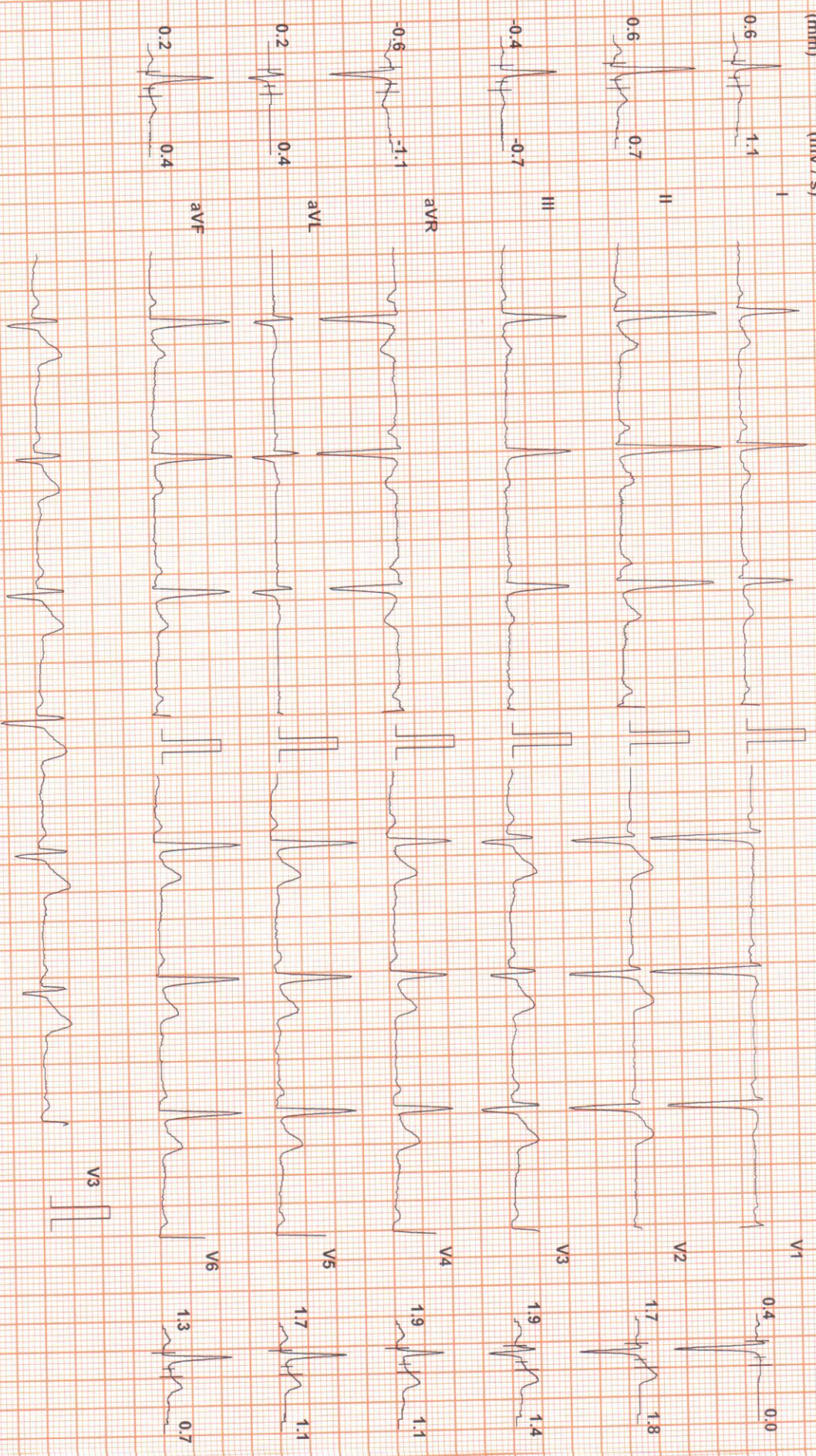


Chart Speed: 25 mm/sec
Schiller Standard V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

NEERAJ DAYAL (30 M)

ID: 2205031160

Date: 19 Feb 22

Exec Time : 0 m 0 s

Stage Time : 0 m 10 s

HR: 65 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0%

(THR: 171 bpm)

B.P: 130/80

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

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

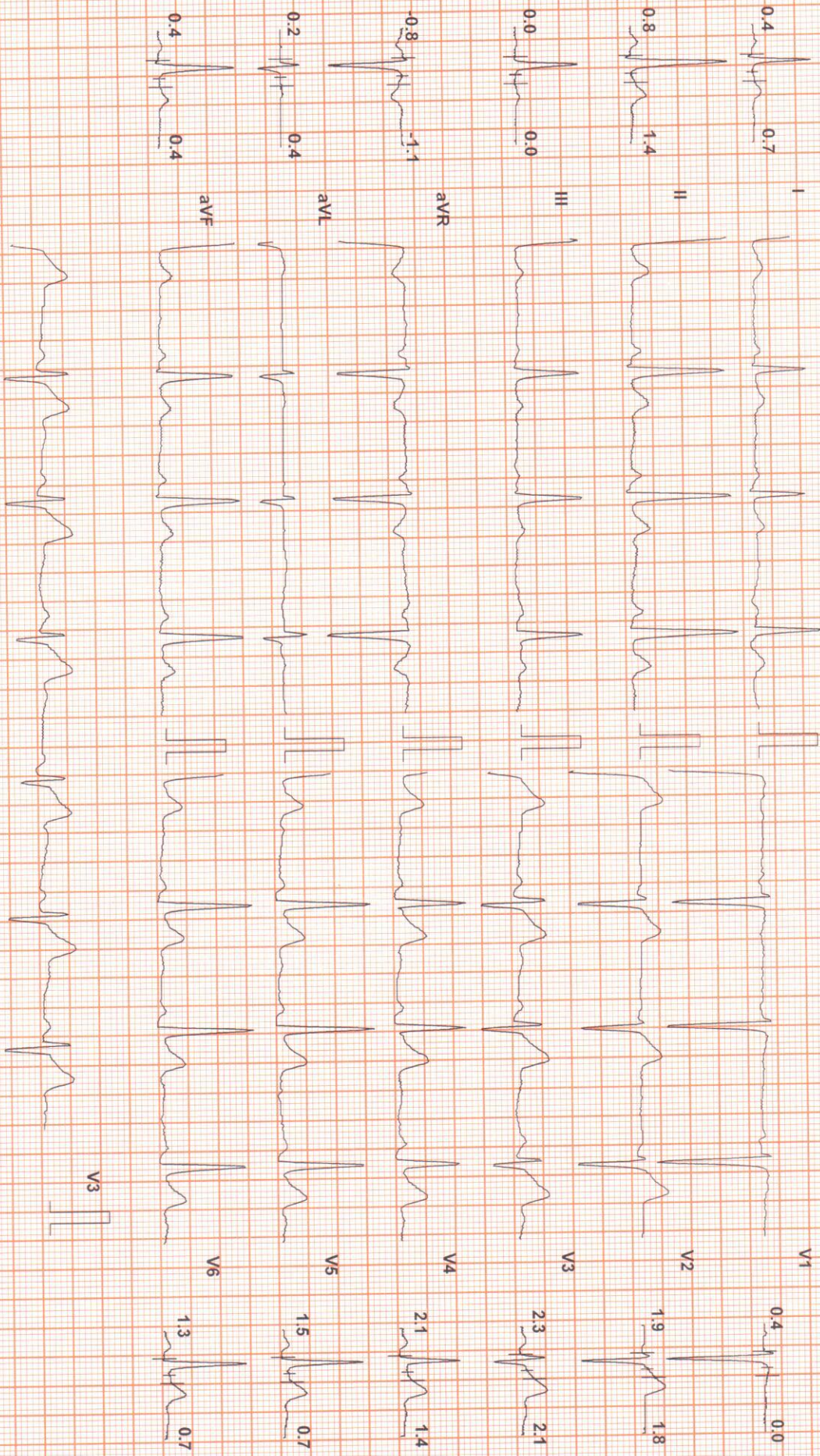


Chart Speed: 25 mm/sec
Schiller Standard V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

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

Post J = J + 60 ms



SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

NEERAJ DAYAL (30 M)

ID: 2205031160

Date: 19-Feb-22

Exec Time: 3 m 0 s

Stage Time: 3 m 0 s

HR: 97 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10%

(THR: 174 bpm)

B.P.: 140/80

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

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

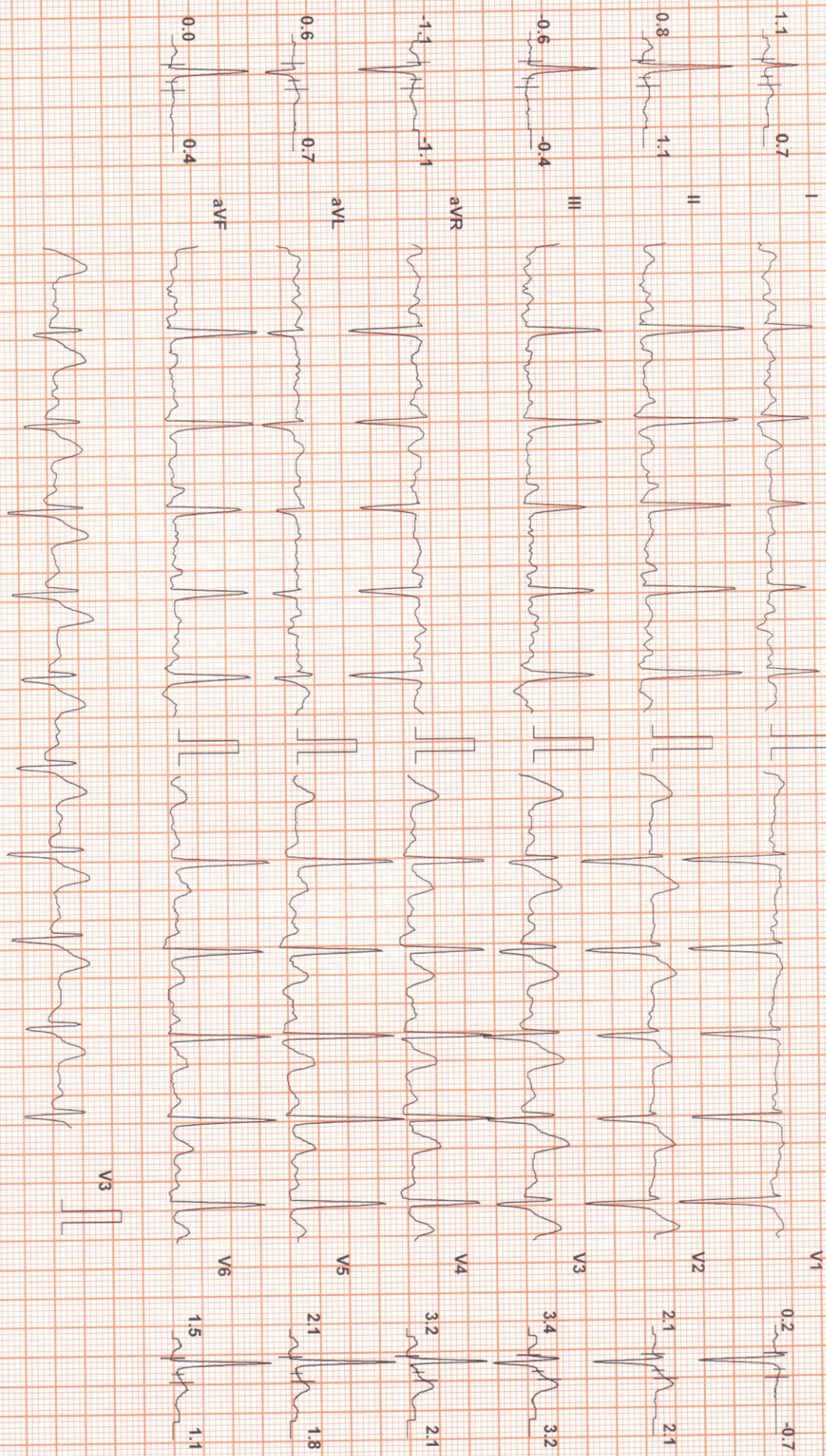


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO ± R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Schiller Spandau V4.7



SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

NEERAJ DAYAL (30 M)

ID: 2205031160

Date: 19-Feb-22

Exec Time : 6 m 0 s

Stage Time : 3 m 0 s

HR: 115 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 171 bpm)

B.P.: 150/80

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

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

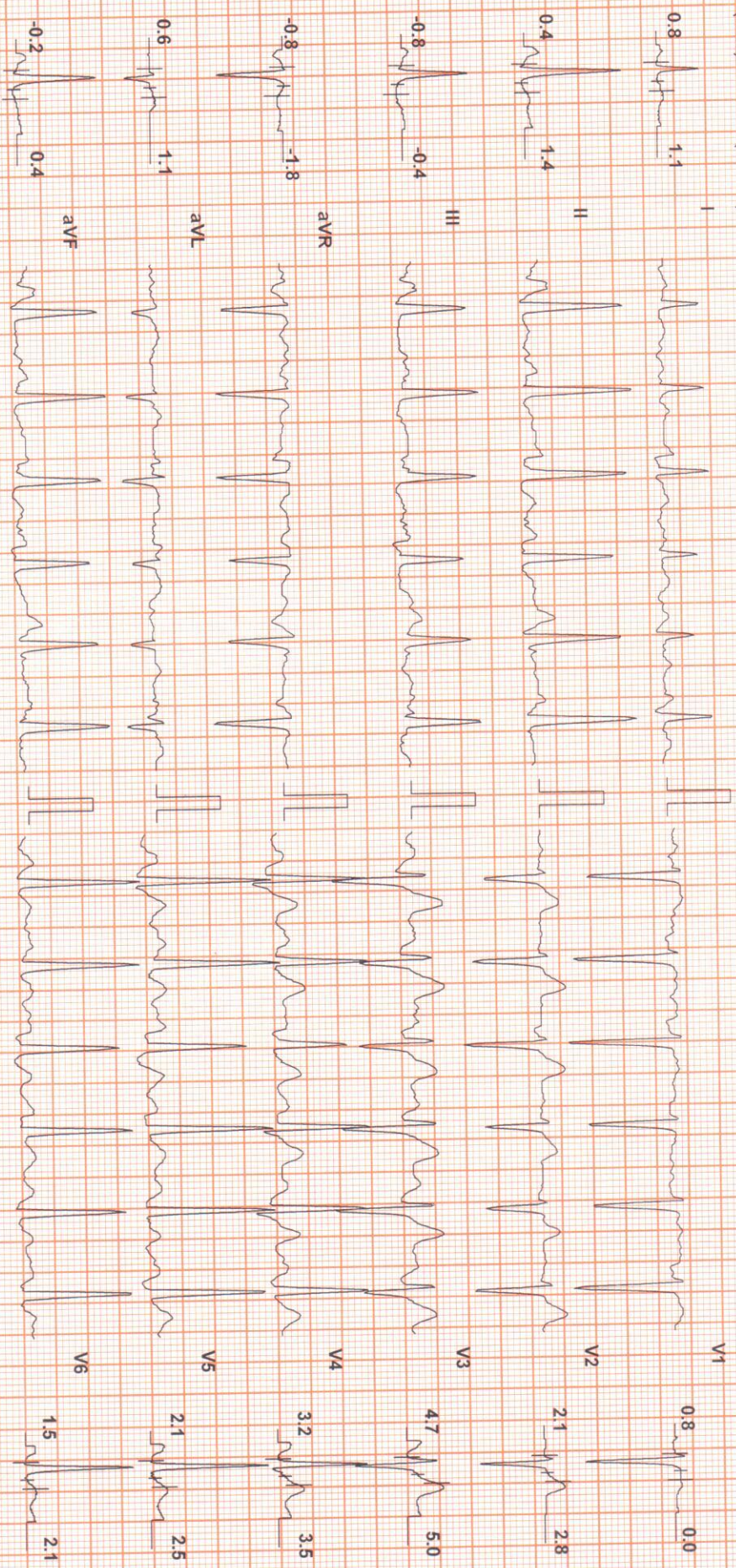


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr ON

Amp: 10 mm

ISO = R: 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandari V 4.7



SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

ID: 2205031160 Date: 19-Feb-22 Exec Time: 9 m 0 s Stage Time: 3 m 0 s HR: 138 bpm
Stage: 3 Speed: 3.4 mph Grade: 14 % (THR: 171 bpm) B.P.: 150/80

NEERAJ DAYAL (30 M)

Protocol: Bruce

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

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

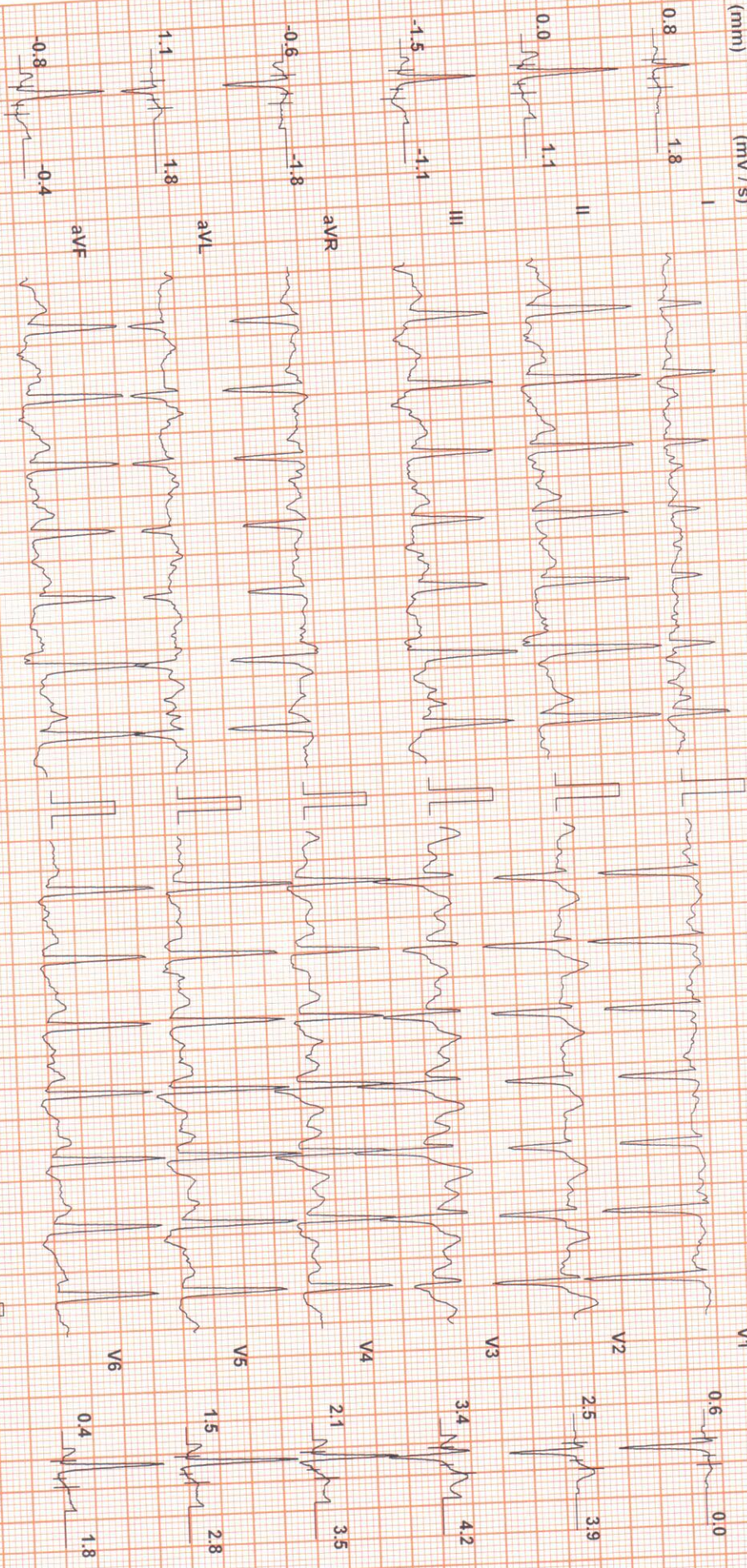


Chart Speed: 25 mm/sec
Schiller Spandau V4.7

Filter: 35 Hz

Main Filter: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

NEERAJ DAYAL (30 M)

ID: 2205031160

Date: 19-Feb-22

Exec Time : 10 m 45 s Stage Time : 1 m 45 s

HR: 163 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 4.2 mph

Grade: 16 %

(THR: 171 bpm)

B.P.: 170 / 80

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)



Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandah V47



SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

NEERAJ DAYAL (30 M)

Protocol: Bruce

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

ID: 2205031160

Date: 19-Feb-22

Exec Time: 10 m 45 s Stage Time: 1 m 0 s

HR: 114 bpm

Stage: Recovery(1)

Speed: 0 mph

Grade: 0 %

(THR: 174 bpm)

B.P.: 180 / 80

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

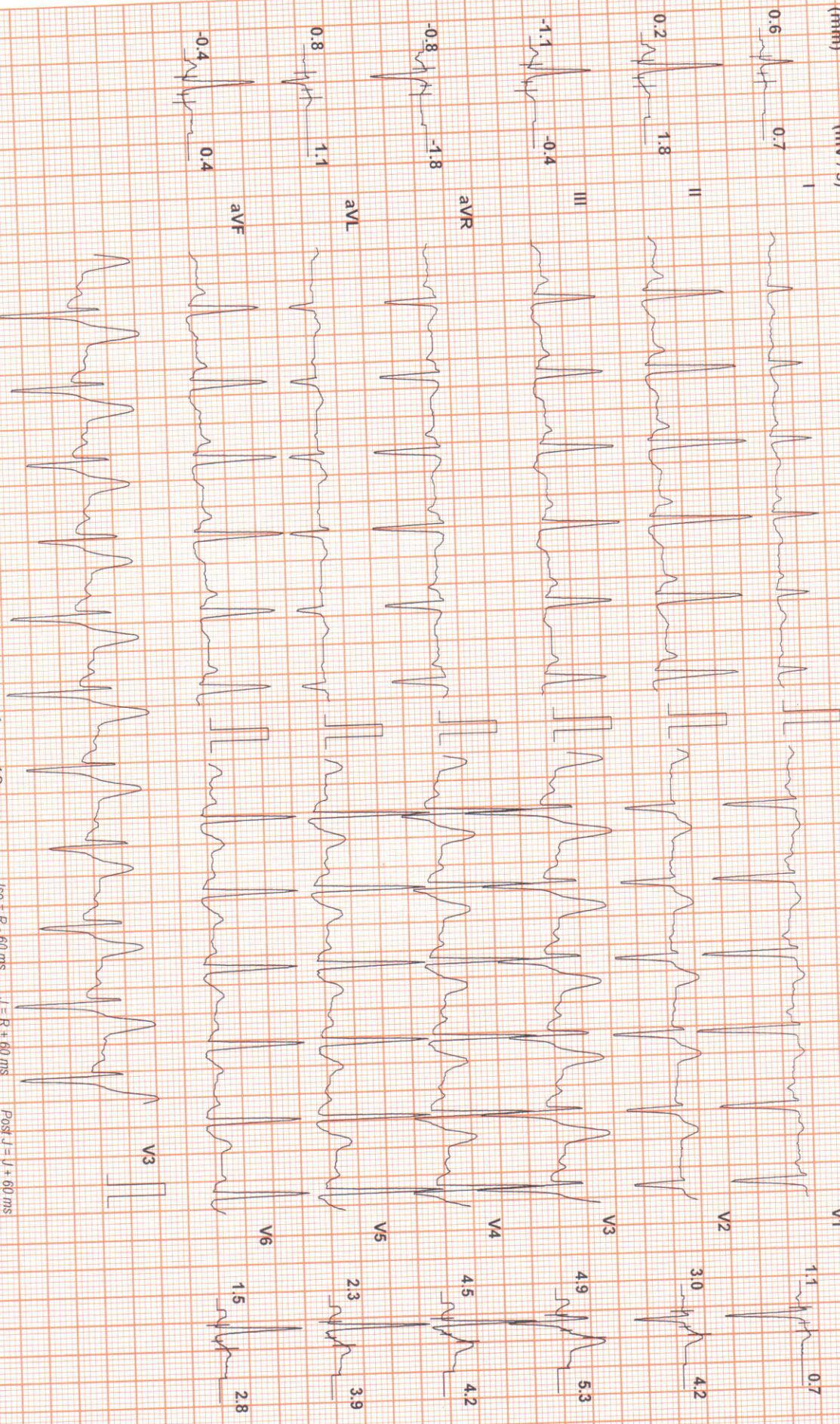


Chart Speed: 25 mm/sec
Schiller Spandau V47

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO ± R: 60 ms

J = R + 60 ms

Post J = J + 60 ms



SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

NEERAJ DAYAL (30 M)

ID: 2205031160

Date: 19-Feb-22

Exec Time

10 m 45 s Stage Time: 1 m 0 s

HR: 100 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 171 bpm)

B.P.: 160/80

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

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

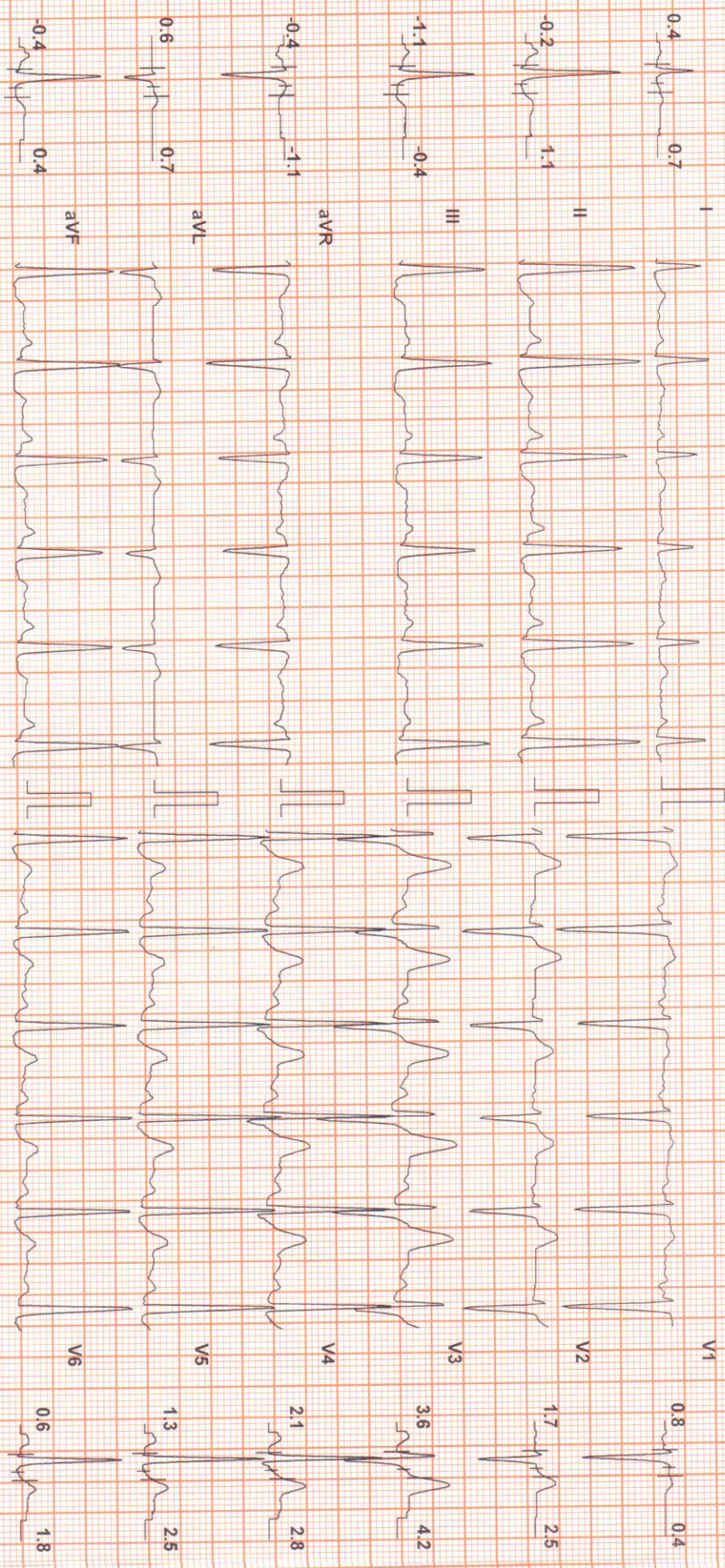


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Standard V 47

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

NEERAJ DAYAL (30 M)

ID: 2205031160

Date: 19-Feb-22

Exec Time : 10 m 45 s Stage Time : 1 m 0 s

HR: 91 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0%

(THR: 171 bpm)

B.P.: 140/80

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

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

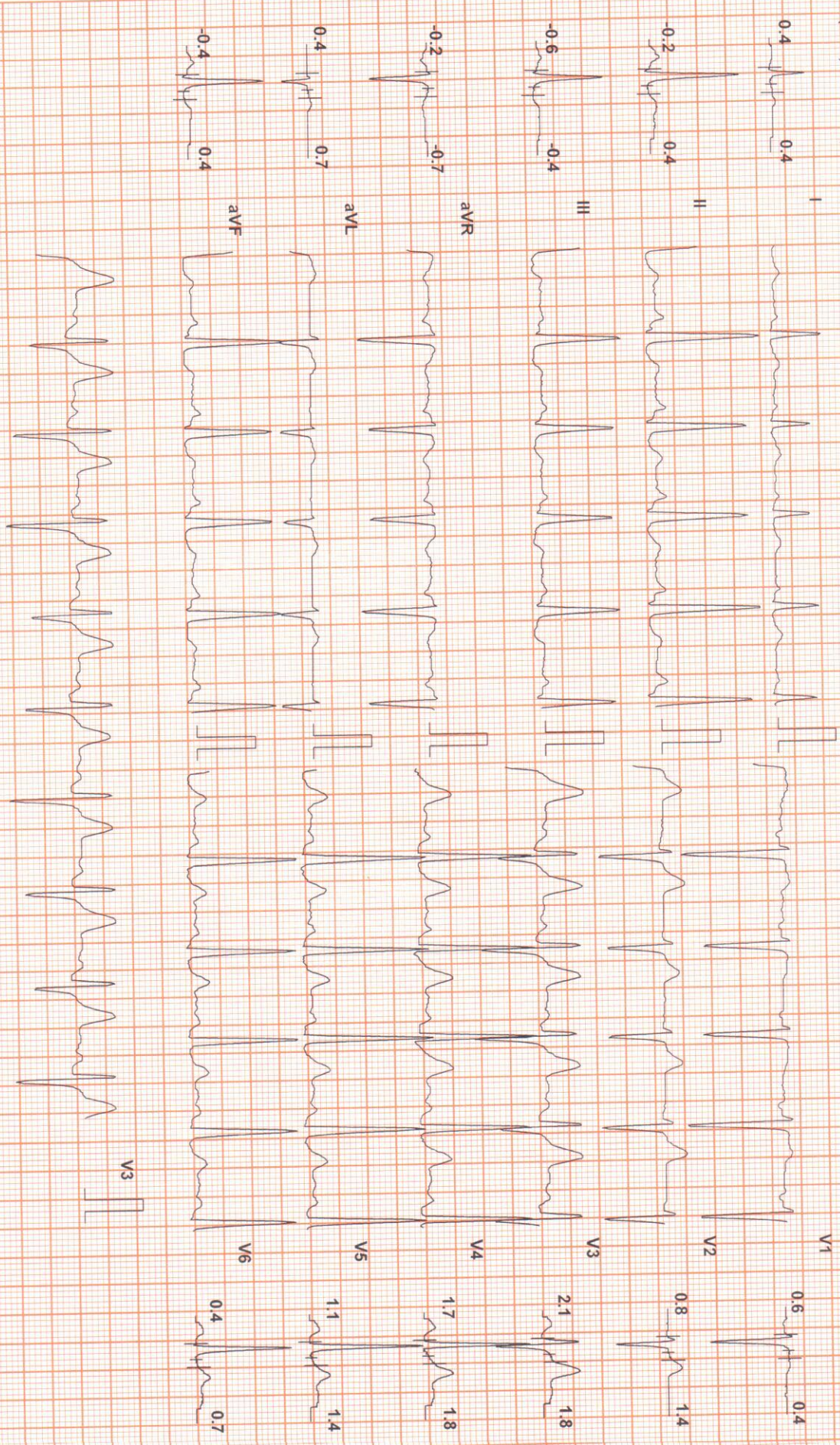


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spander V 4.7

