



CID : 2308109688
Name : MR.KUMAR SAURABH
Age / Gender : 36 Years / Male
Consulting Dr. : -
Reg. Location : J B Nagar, Andheri East (Main Centre)

Collected : 22-Mar-2023 / 10:08
Reported : 22-Mar-2023 / 12:27

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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	15.6	13.0-17.0 g/dL	Spectrophotometric
RBC	5.22	4.5-5.5 mil/cmm	Elect. Impedance
PCV	47.2	40-50 %	Calculated
MCV	90.4	81-101 fl	Measured
MCH	29.9	27-32 pg	Calculated
MCHC	33.0	31.5-34.5 g/dL	Calculated
RDW	14.5	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6660	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	38.4	20-40 %	
Absolute Lymphocytes	2550	1000-3000 /cmm	Calculated
Monocytes	8.2	2-10 %	
Absolute Monocytes	550	200-1000 /cmm	Calculated
Neutrophils	51.8	40-80 %	
Absolute Neutrophils	3430	2000-7000 /cmm	Calculated
Eosinophils	1.0	1-6 %	
Absolute Eosinophils	70	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	
Absolute Basophils	40	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	176000	150000-410000 /cmm	Elect. Impedance
MPV	11.1	6-11 fl	Measured
PDW	23.7	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			



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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 SDRL, Vidyavihar Lab
*** End Of Report ***




Dr. TRUPTI SHETTY
M. D. (PATH)
Pathologist



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Reg. Location : J B Nagar, Andheri East (Main Centre)

Collected : 22-Mar-2023 / 10:08
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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	160.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	279.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.76	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.24	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.52	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.6	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	52.9	<34 U/L	Modified IFCC
SGPT (ALT), Serum	87.7	10-49 U/L	Modified IFCC
GAMMA GT, Serum	59.9	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	86.9	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	18.5	19.29-49.28 mg/dl	Calculated
BUN, Serum	8.6	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.67	0.60-1.10 mg/dl	Enzymatic



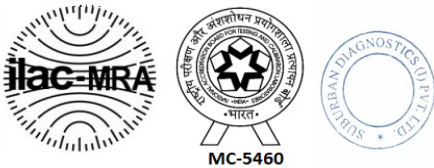
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eGFR, Serum	143	>60 ml/min/1.73sqm	Calculated
Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation			
URIC ACID, Serum	5.5	3.7-9.2 mg/dl	Uricase/ Peroxidase
Urine Sugar (Fasting)	+	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	+++	Absent	
Urine Ketones (PP)	Absent	Absent	

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



Anupa

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



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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	7.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	159.9	mg/dl	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

*** End Of Report ***



Namrata

Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



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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	Yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Trace	Absent	pH Indicator
Glucose	1+	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	-		

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 SDRL, Vidyavihar Lab



Dr. Vrushi Shroff

Dr.VRUSHALI SHROFF
M.D.(PATH)
Pathologist



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Collected :
Reported :

*** End Of Report ***



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
X-RAY CHEST PA VIEW

The lung fields are clear with no parenchymal lesion.

The cardiothoracic ratio is maintained and the cardiac outline is normal

The domes of the diaphragm are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

IMPRESSION:

No significant abnormality detected.



Dr.R K BHANDARI
M.D.,D.M.R.E
CONSULTANT RADIOLOGIST



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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
Rh TYPING	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

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

Limitations:

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

References:

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

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



Dr. Trupti Shetty

Dr. TRUPTI SHETTY
M. D. (PATH)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	161.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	233.3	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	33.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	127.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	80.9	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	46.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.4	0-3.5 Ratio	Calculated

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*** End Of Report ***



Namrata Raul

Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



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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	5.3	3.5-6.5 pmol/L	CLIA
Free T4, Serum	10.1	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	11.666	0.55-4.78 microIU/ml	CLIA



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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.VRUSHALI SHROFF
M.D.(PATH)
Pathologist



SUBURBAN DIAGNOSTICS - J B NAGAR, ANDHERI EAST



Patient Name: KUMAR SAURABH
Patient ID: 2308109688

Date and Time: 22nd Mar 23 10:26 AM

Age **36** **8** **20**
years months days

Gender **Male**

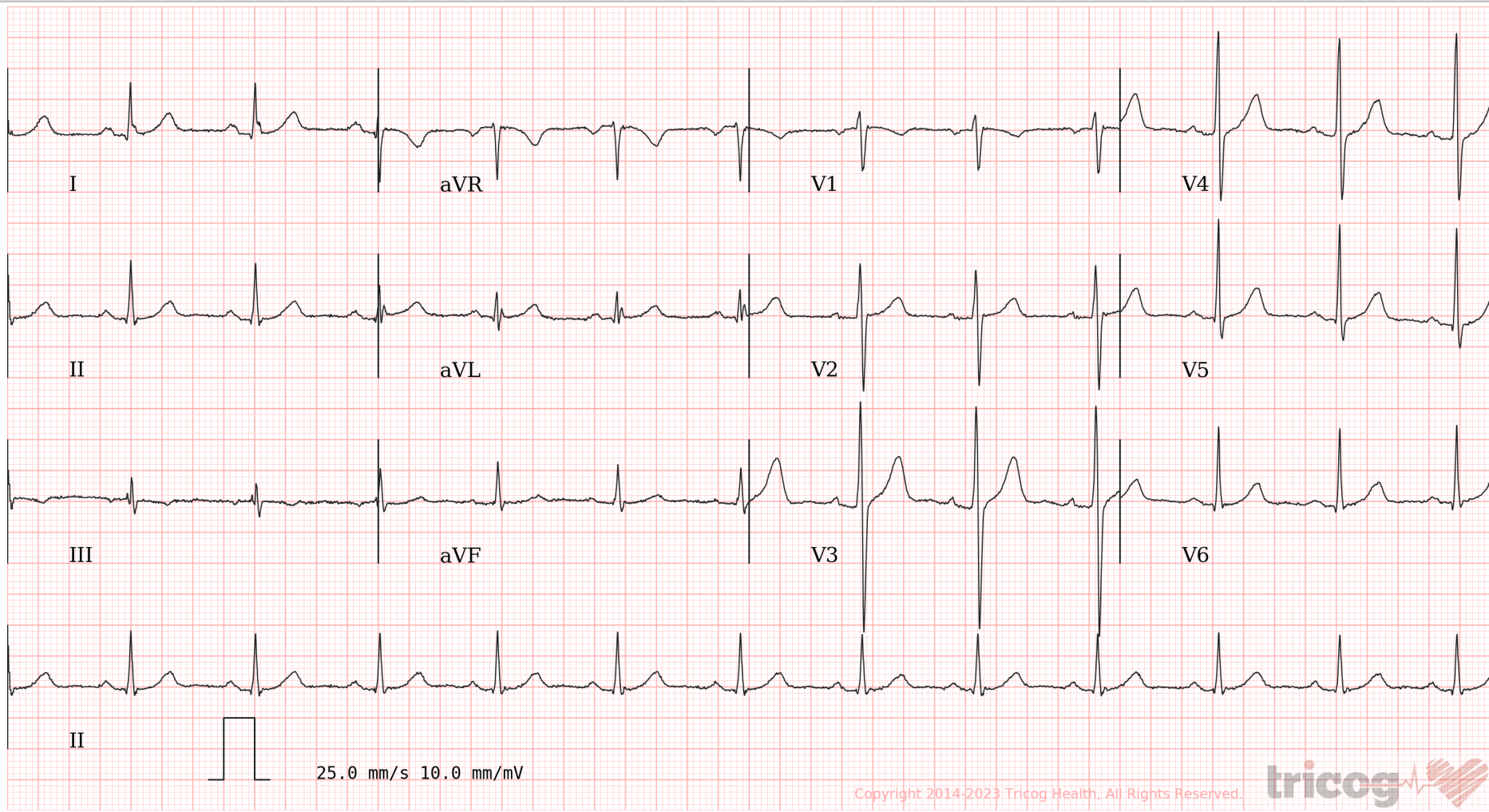
Heart Rate **77bpm**

Patient Vitals

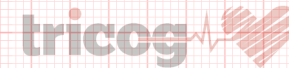
BP: 120/80 mmHg
Weight: 71 kg
Height: 169 cm
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 80ms
QT: 374ms
QTc: 423ms
PR: 174ms
P-R-T: 20° 38° 19°



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

REPORTED BY

Dr Ashish Deshmukh
M.B.B.S., MD (Medicine)
59997

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.



0290749733
9460249733
म -

Suburban Diagnostics India Pvt Ltd
Shop No.9/10/19/20, Wing -A, Bonanza Building,
Sahar Plaza, Near Kohinoor Hotel,
Below J B Nagar Metro Station,
Andheri -Kurla Road, Andheri East, Mumbai -400059

Date:- 22/3/23

CID: 2308109688

Name:- Kunaaw Sawasbi.

Sex / Age: 36/M

EYE CHECK UP

Chief complaints: Nil

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: Distance < RT 6/6
 CT 6/6 Near < RT 4.5
 LT 4.5

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—	—	—	6/6	—	—	—	6/6
Near	—	—	—	N/4.5	—	—	—	N/4.5

Colour Vision: Normal / Abnormal

Remark: Both eyes Normal.

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PHYSICAL EXAMINATION REPORT

History and Complaints:

H/O DM 2 YR & HYPERLIPIDEMIA 6 MONTHS

EXAMINATION FINDINGS:

Height (cms):	169 CMS	Weight (kg):	71 KGS
Temp (0c):	AFBERILE	Skin:	NAD
Blood Pressure (mm/hg):	120/80 MMHG	Nails:	NAD
Pulse:	74/MIN	Lymph Node:	NOT PALPABLE

Systems

Cardiovascular: S1 S2 HEARD

Respiratory: AEBE

Genitourinary: NAD

GI System: NAD

CNS: NAD

IMPRESSION:

CLIENT IS IN GOOD GENERAL HEALTH

FBS-160 mg/dl, PPBS-279.6mg/dl, HbA1C-7.2%,SGOT-52.9U/L,SGPT-87.7 U/L,
URINE GLUCOSE 1+ , HYPERLIPIDEMIA, S.TSH-11,66mIU/ml.

ADVICE:

CONSULT TO PHYSICIAN.

CHIEF COMPLAINTS:

- | | |
|-----------------------------|--------------------|
| 1) Hypertension: | NO |
| 2) IHD | NO |
| 3) Arrhythmia | NO |
| 4) Diabetes Mellitus | H/O DM SINCE 2 YRS |

CENTRAL PROCESSING LAB: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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

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- | | |
|--|----|
| 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 | NO |
| 17) Musculoskeletal System | NO |

PERSONAL HISTORY:

- | | |
|---------------|------------------|
| 1) Alcohol | OCCASIONALLY |
| 2) Smoking | NO |
| 3) Diet | MIXED |
| 4) Medication | DM ON MEDICATION |

*** End Of Report ***

Dr.Anjana Maheshwari

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
X-RAY CHEST PA VIEW

The lung fields are clear with no parenchymal lesion.

The cardiothoracic ratio is maintained and the cardiac outline is normal

The domes of the diaphragm are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

IMPRESSION:

No significant abnormality detected.



Dr.R K BHANDARI
M.D.,D.M.R.E
CONSULTANT RADIOLOGIST



1347 (2308109688) / KUMAR SAURABH / 36 Yrs / M / 169 Cms / 71 Kg Date: 22-Mar-2023

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:03	0:03	00.0	00.0	01.0	092	50%	120/80	110	00	
Standing	00:24	0:21	00.0	00.0	01.0	085	46%	120/80	102	00	
HV	00:44	0:20	00.0	00.0	01.0	088	48%	120/80	105	00	
Warm Up	01:04	0:20	00.0	00.0	01.0	095	52%	120/80	114	00	
ExStart	01:24	0:20	01.0	00.0	01.0	105	57%	120/80	125	00	
BRUCE Stage 1	04:24	3:00	01.7	10.0	04.7	125	68%	140/80	175	00	
BRUCE Stage 2	07:24	3:00	02.5	12.0	07.1	148	80%	160/80	236	00	
PeakEx	07:53	0:29	03.4	14.0	07.6	157	85%	180/80	282	00	
Recovery	08:53	1:00	01.1	00.0	01.2	136	74%	160/80	217	00	
Recovery	09:53	2:00	00.0	00.0	01.0	114	62%	160/80	182	00	
Recovery	11:53	4:00	00.0	00.0	01.0	106	58%	140/80	148	00	
Recovery	13:53	6:00	00.0	00.0	01.0	105	57%	120/80	125	00	
Recovery	14:07	6:14	00.0	00.0	01.0	100	54%	120/80	120	00	

FINDINGS :

Exercise Time : 06:29
 Max HR Attained : 157 bpm 85% of Target 184
 Max BP Attained : 180/80
 Max Workload Attained : 7.6 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : III & -1.1 mm in PeakEx
 History : Dm & Cholesterol On Medication
 Test End Reasons : Test Complete, Heart Rate Achieved

Suburban Diagnostics India Pvt Ltd
 Sahar Plaza, Wing-A, Borivala Building,
 Sahar Plaza, Near Konjivkar Hotel,
 Behind J B Nagar Metro Station,
 Andheri, Kurla Road, Andheri East, Mumbai-400059

DR. ASHISH V. DESHMUKH
 MD (MEDICINE)
 CONSULTING PHYSICIAN
 REG. NO. 59997

Doctor : Dr Ashish V Deshmukh

REPORT :

Interpretation :

GOOD EFFORT TOLERANCE
NORMAL CHRONOTROPIC RESPONSE
NORMAL INOTROPIC RESPONSE
NO ANGINA / ANGINAL EQUIVALENTS
NO ARRHYTHMIAS
NO SIGNIFICANT ST-T CHANGES FROM BASELINE

IMPRESSION : STRESS TEST IS NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA

Disclaimer : Negative Stress test does not rule out Coronary Artery Disease
Positive Stress Test is suggestive but not confirmatory of Coronary Artery Disease
Hence Clinical Correlation is mandatory.

Suburban Diagnostics India Pvt Ltd
Sahar Plaza, Unit 101, Wing SA, Bandra West Building,
Bandra JB Nagar, Andheri (E),
Mumbai - 400059

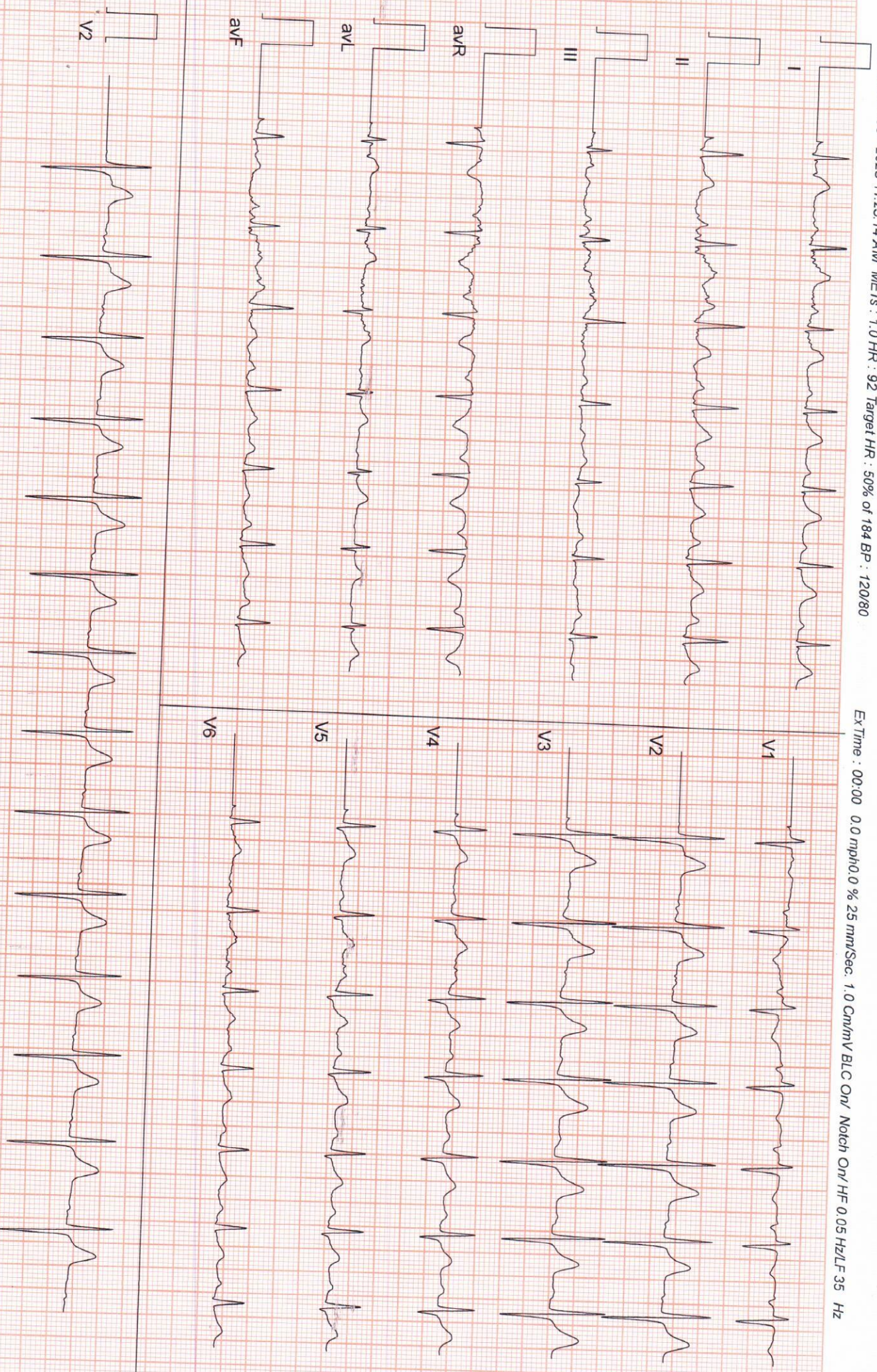
DR. ASHISH V. DESHMUKH
MD. (MEDICINE)
CONSULTING PHYSICIAN
REG. NO. 59897

Doctor : Dr Ashish V Deshmukh

Date: 22 - 03 - 2023 11:25:14 AM METs : 1.0 HR : 92 Target HR : 50% of 184 BP : 120/80

ExTime : 00:00 0.0 mph 0.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

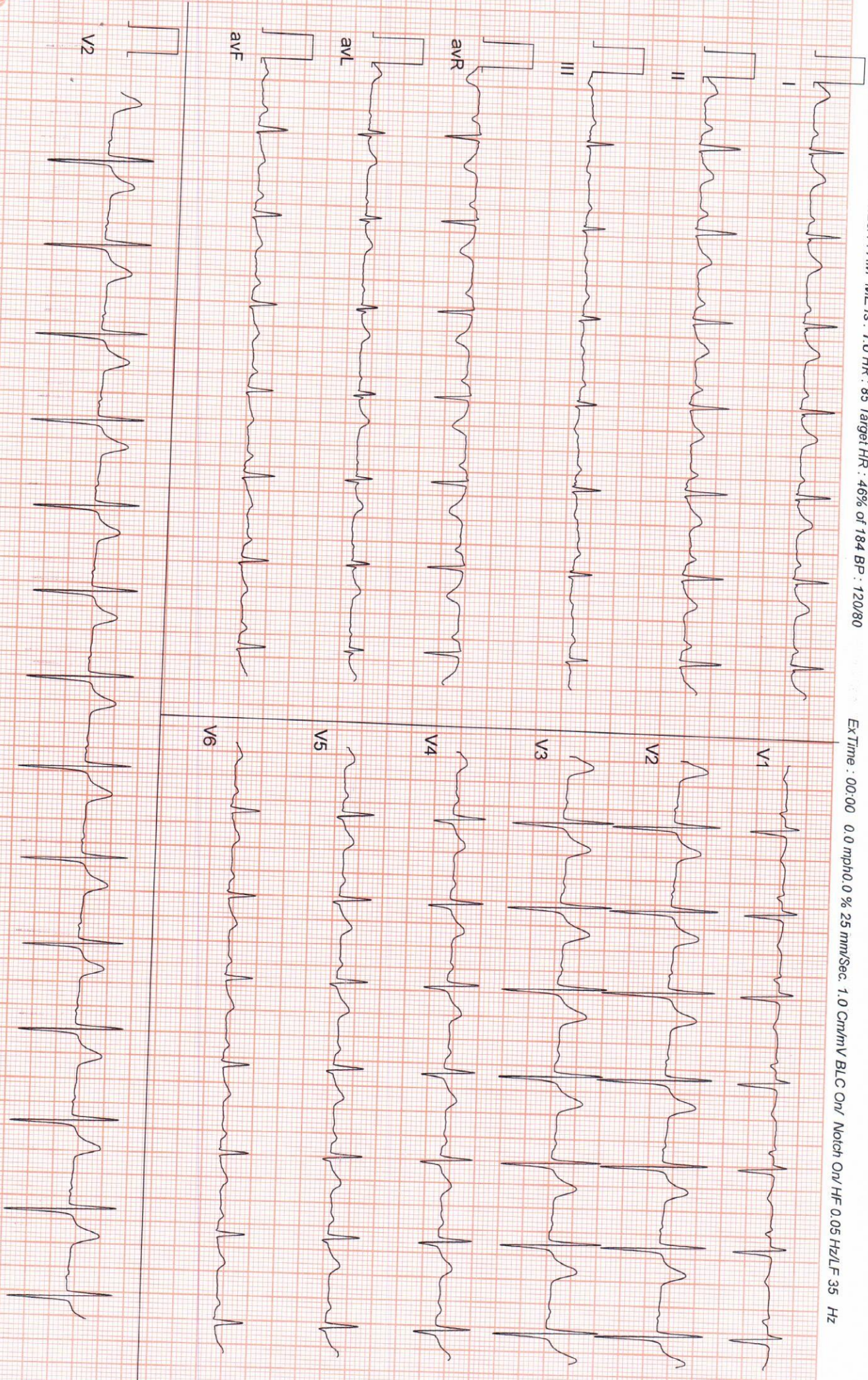
6 x 2 + Rhythm
BRUCE:Supine(0:07)



Date: 22 - 03 - 2023 11:25:14 AM METS : 1.0 HR : 85 Target HR : 46% of 184 BP : 120/80

ExTime : 00:00 0.0 mph/0.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

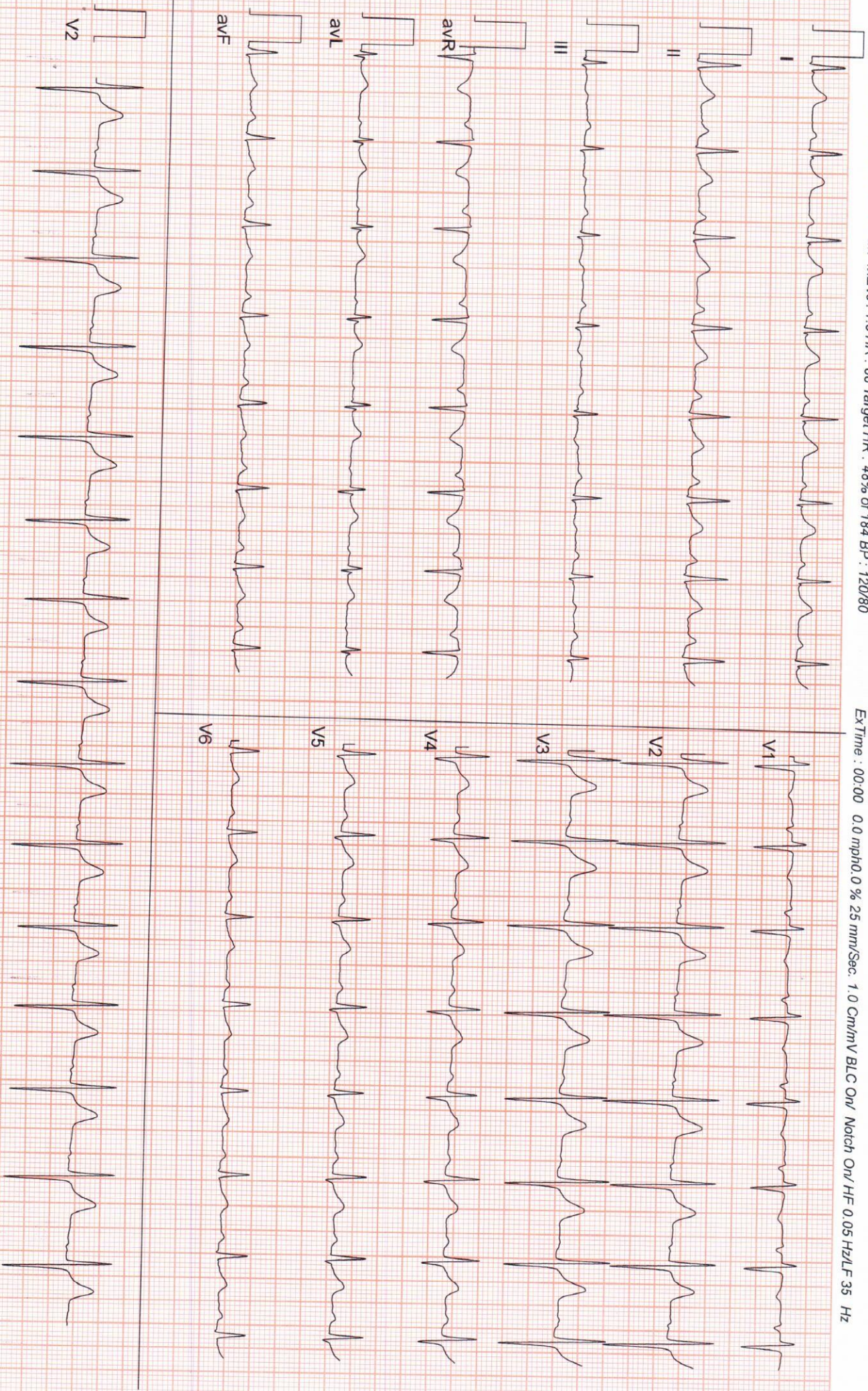
6 x 2 + Rhythm
BRUCE: Standing(0:21)



Date: 22 - 03 - 2023 11:25:14 AM METs : 1.0 HR : 88 Target HR : 48% of 184 BP : 120/80

ExTime : 00:00 0.0 mph, 0.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

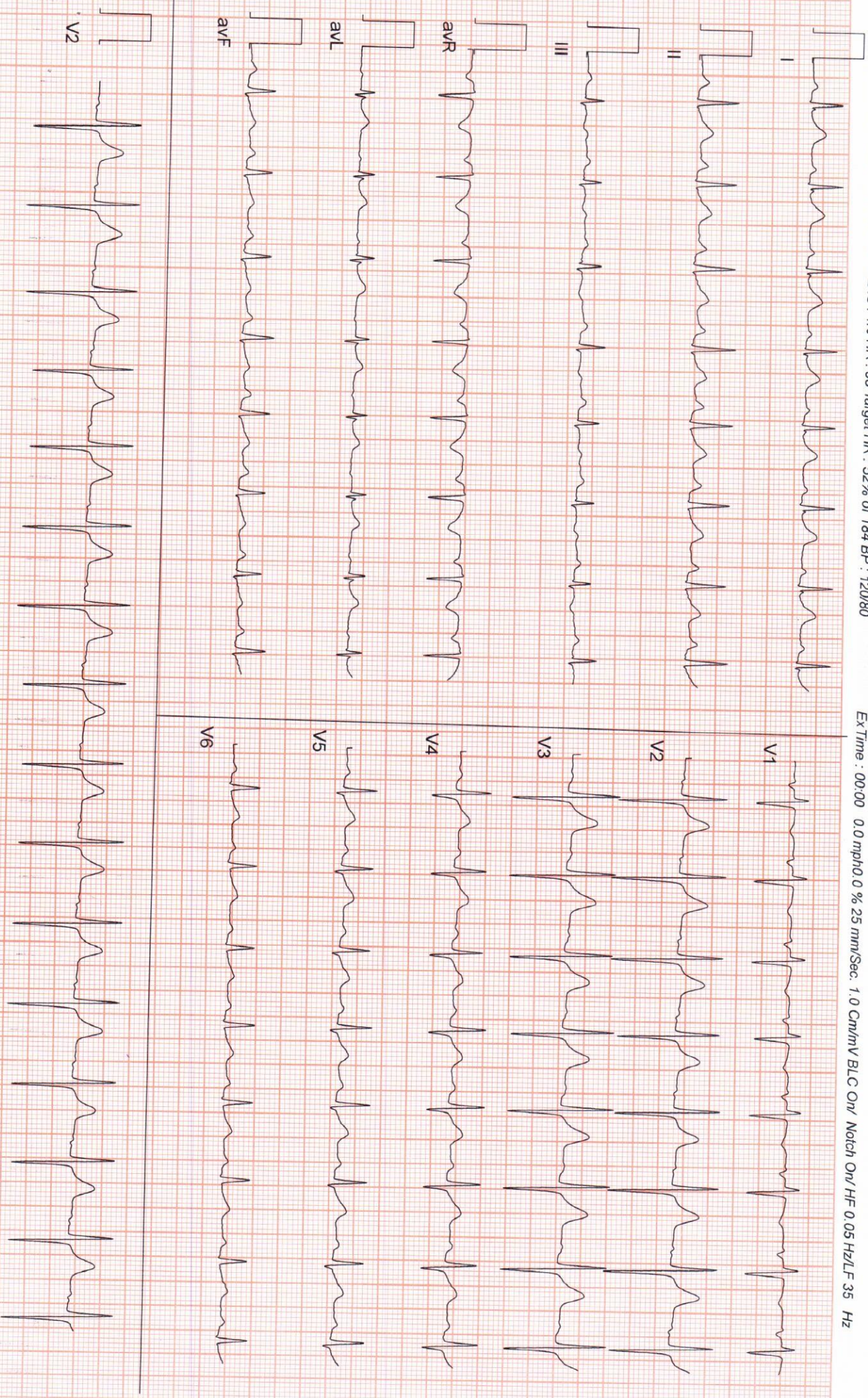
6 x 2 + Rhythm
BRUCE:HV(0:20)



Date: 22 - 03 - 2023 11:25:14 AM METs : 1.0 HR : 95 Target HR : 52% of 184 BP : 120/80

Ex Time : 00:00 0.0 mph 0.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

6 x 2 + Rhythm
BRUCE: Warm Up(0:20)



Suburban Diagnostics India Pvt. Ltd.

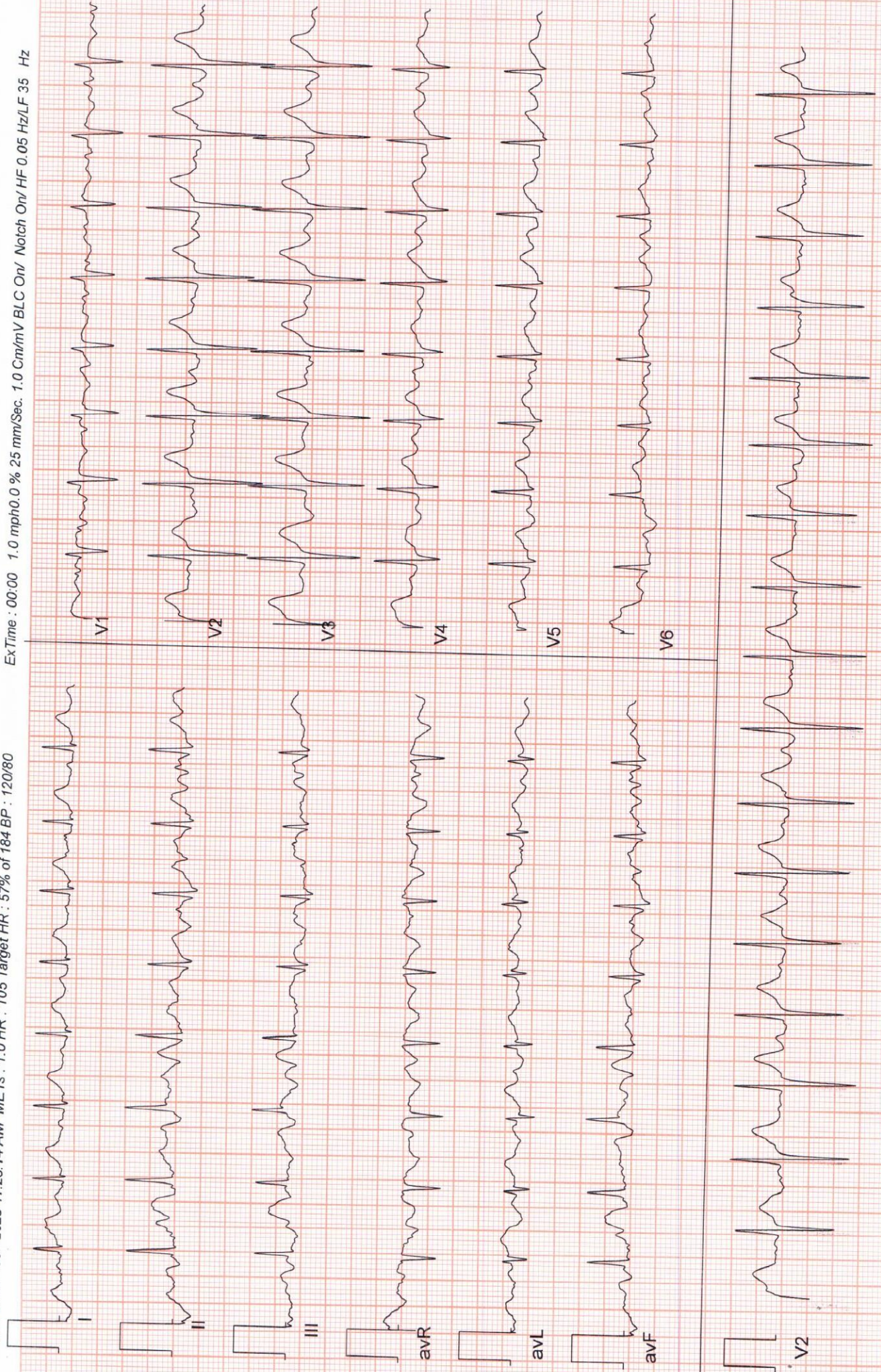
Sahar Plaza JB Nagar Andheri(E) Mumbai-400059
1347 / KUMAR SAURABH / 36 Yrs / Male / 169 Cm / 71 Kg

6 x 2 + Rhythm
ExStart



Date: 22 - 03 - 2023 11:25:14 AM METs : 1.0 HR : 105 Target HR : 57% of 184 BP : 120/80

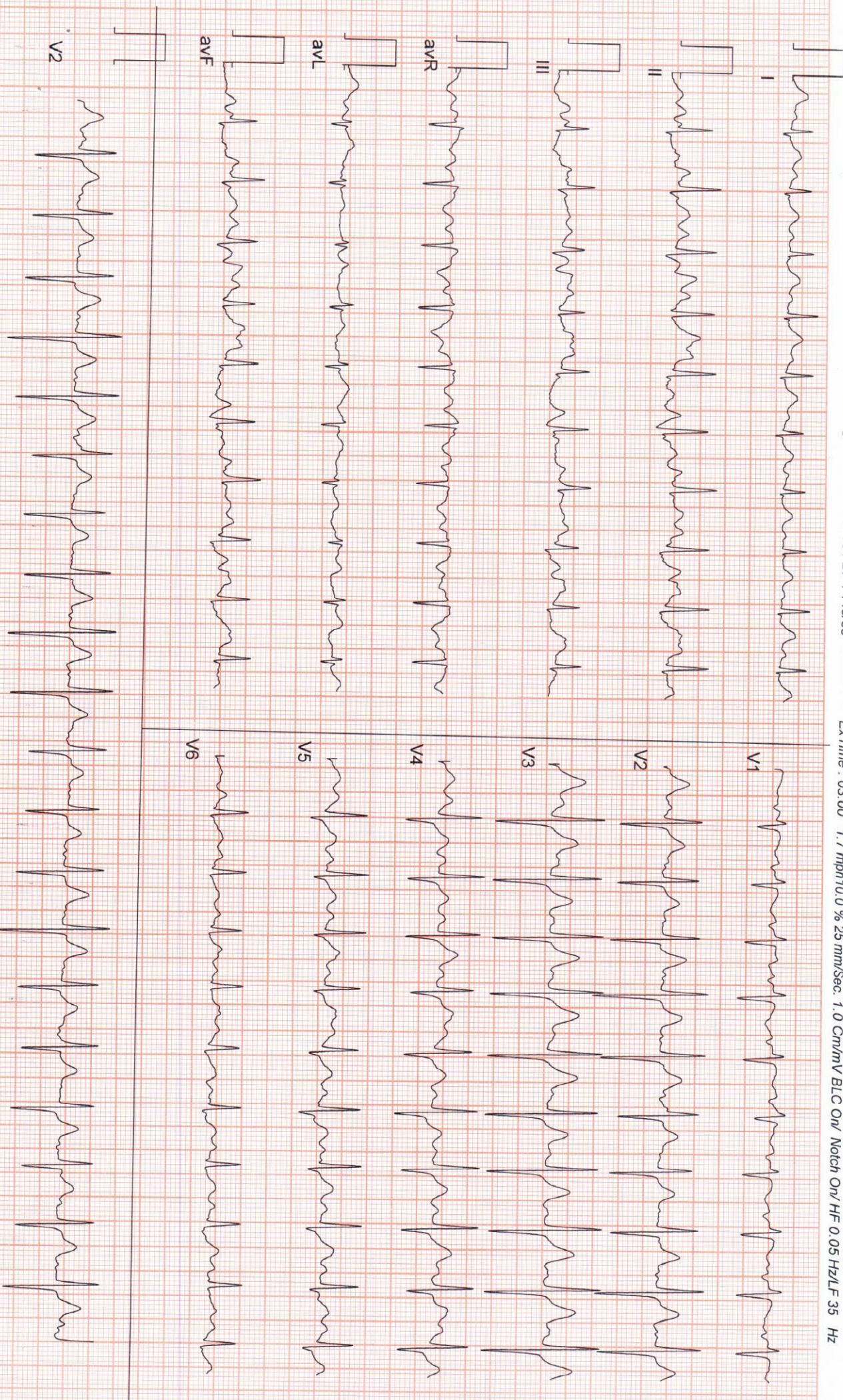
ExTime : 00:00 1.0 mph 0.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz



Date: 22 - 03 - 2023 11:25:14 AM METs : 4.7 HR : 125 Target HR : 68% of 184 BP : 140/80

EX Time : 03:00 1.7 mph 10.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

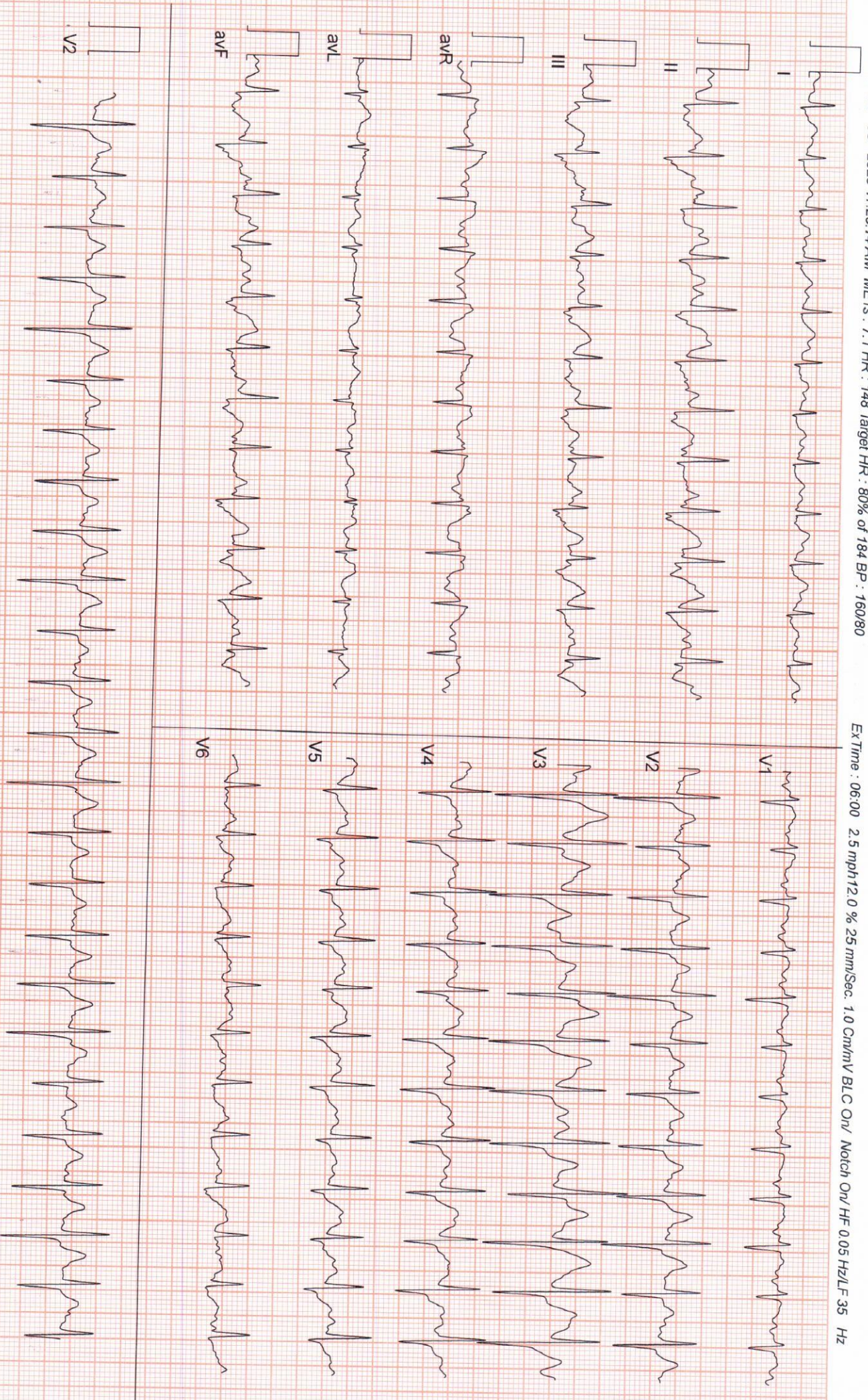
6 x 2 + Rhythm
BRUCE: Stage 1(3:00)



Date: 22 - 03 - 2023 11:25:14 AM METS : 7.1 HR : 148 Target HR : 80% of 184 BP : 160/80

Ex Time : 06:00 2.5 mph 12.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz LF 35 Hz

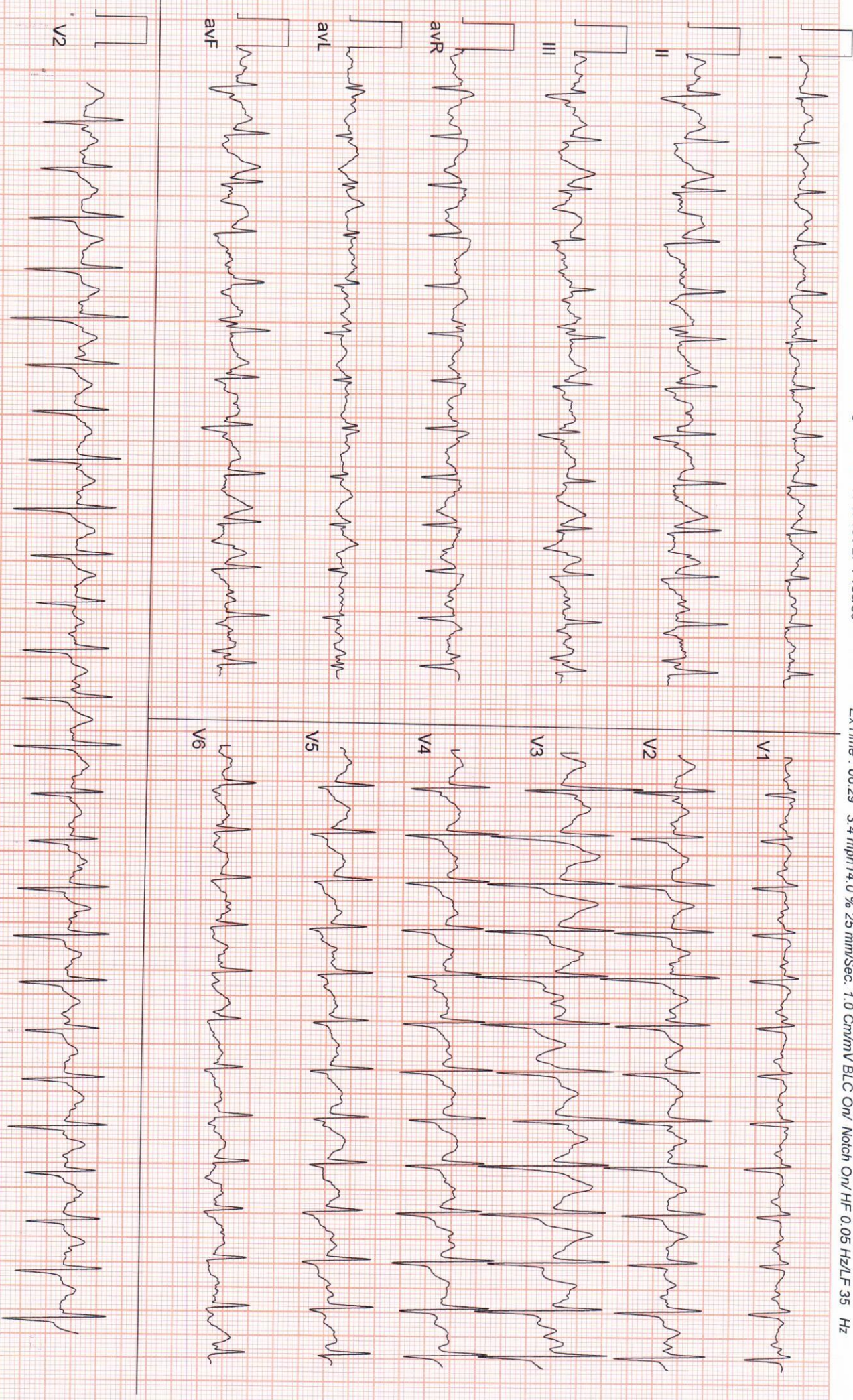
6 x 2 + Rhythm
BRUCE: Stage 2(3:00)



Date: 22 - 03 - 2023 11:25:14 AM METS : 7.6 HR : 157 Target HR : 85% of 184 BP : 180/80

EX Time : 06:29 3.4 mph 14.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/HF 0.05 Hz/LF 35 Hz

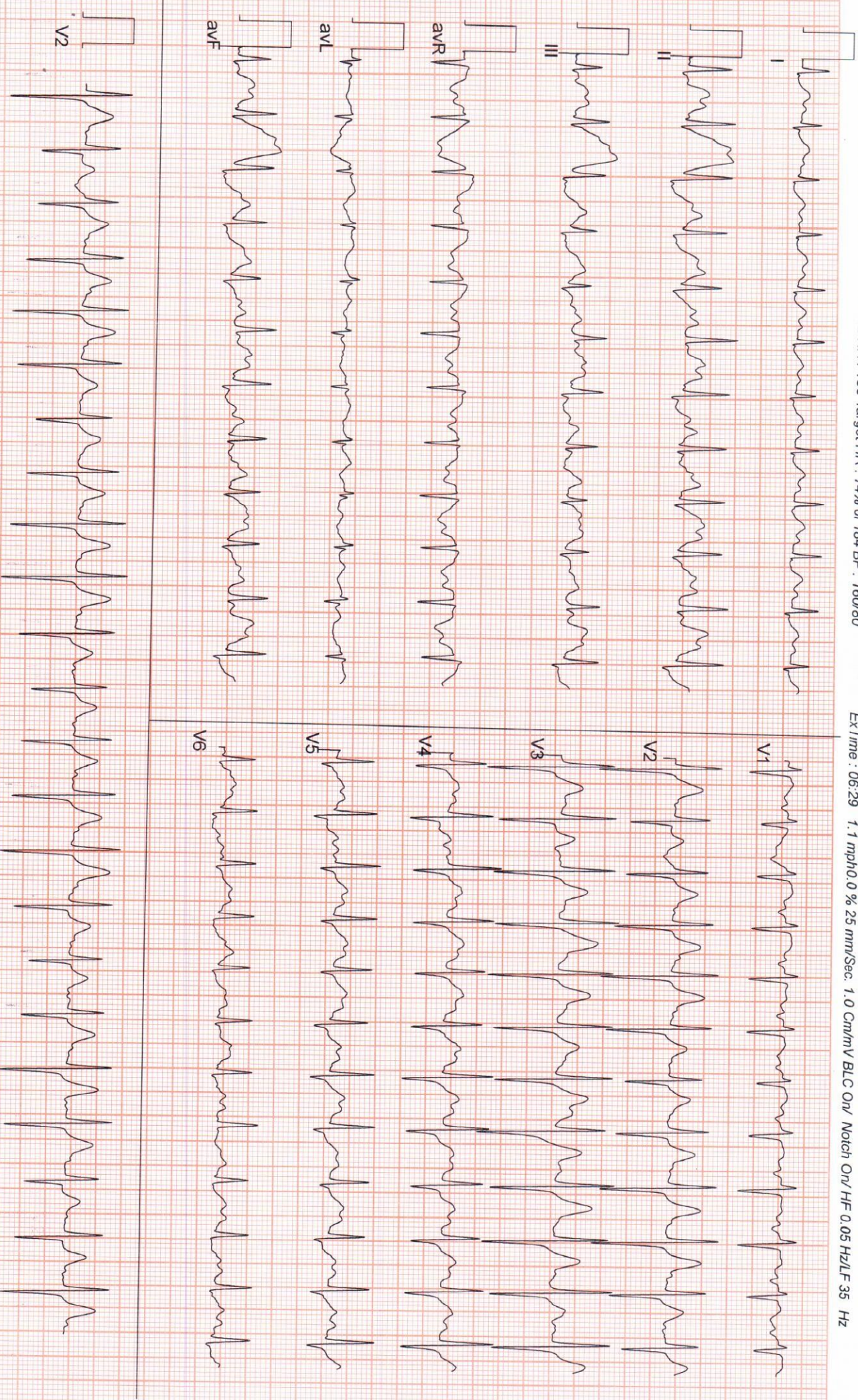
6 x 2 + Rhythm
PeaKEx



Date: 22-03-2023 11:25:14 AM METs : 1.2 HR : 136 Target HR : 74% of 184 BP : 160/80

ExTime : 06:29 1.1 mph 0.0 % 25 mm/Sec. 1.0 cm/mV BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

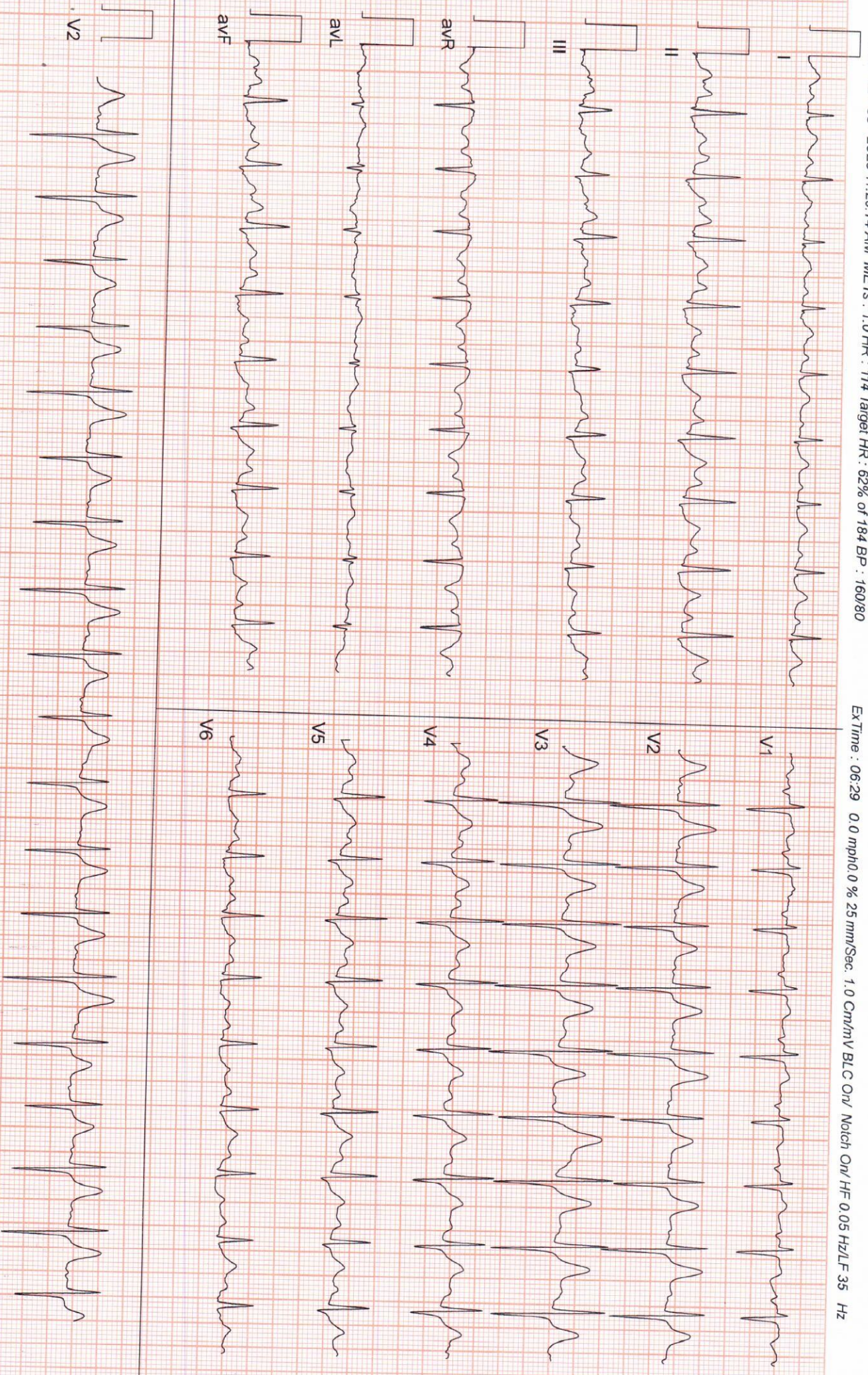
6 x 2 + Rhythm
Recovery(1:00)



Date: 22 - 03 - 2023 11:25:14 AM METs : 1.0 HR : 114 Target HR : 62% of 184 BP : 160/80

ExTime : 06:29 0.0 mph 0.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz LF 35 Hz

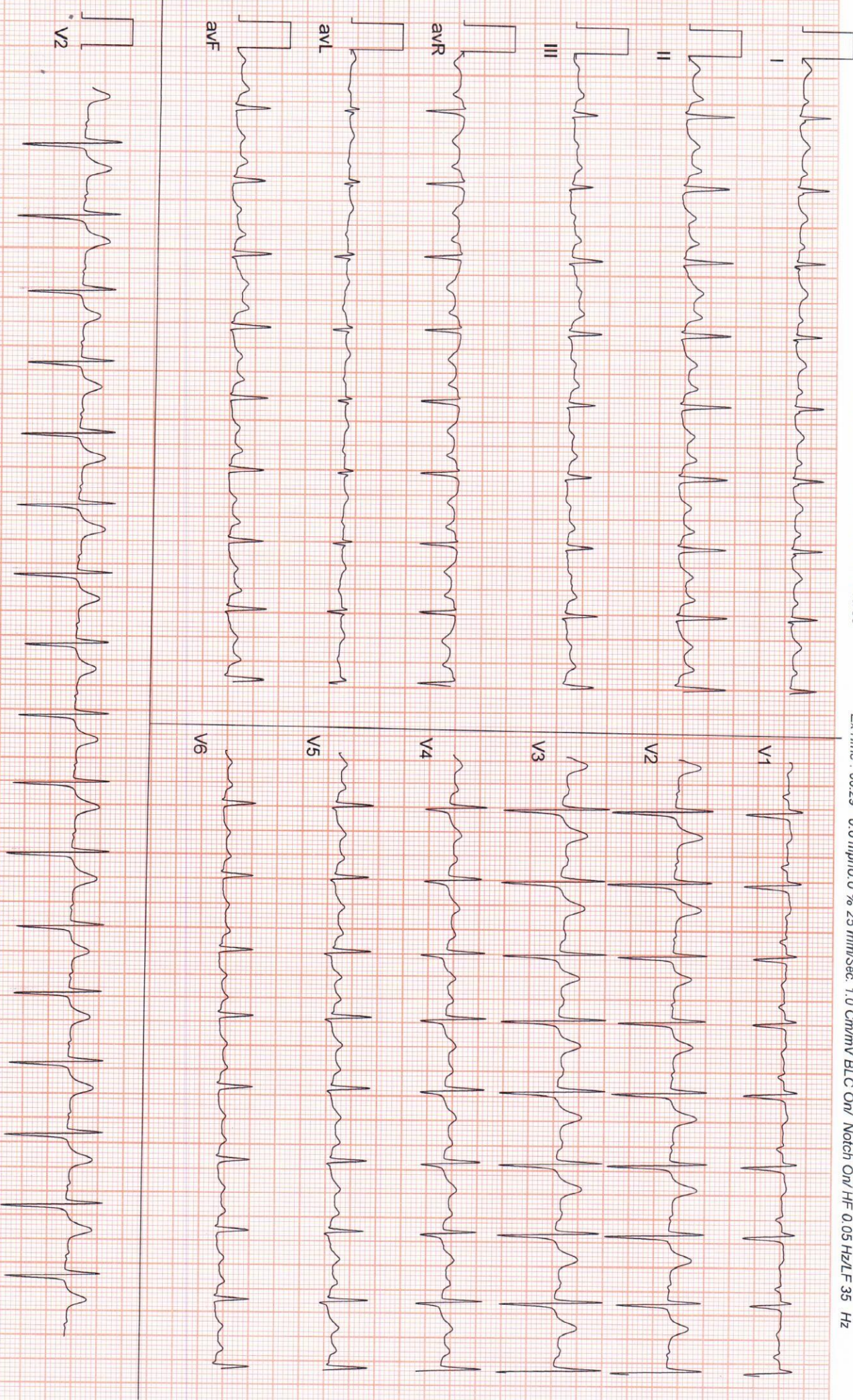
6 x 2 + Rhythm
Recovery(2:00)



Date: 22-03-2023 11:25:14 AM METs : 1.0 HR : 106 Target HR : 58% of 184 BP : 140/80

ExTime : 06:29 0.0 mph 0.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz LF 35 Hz

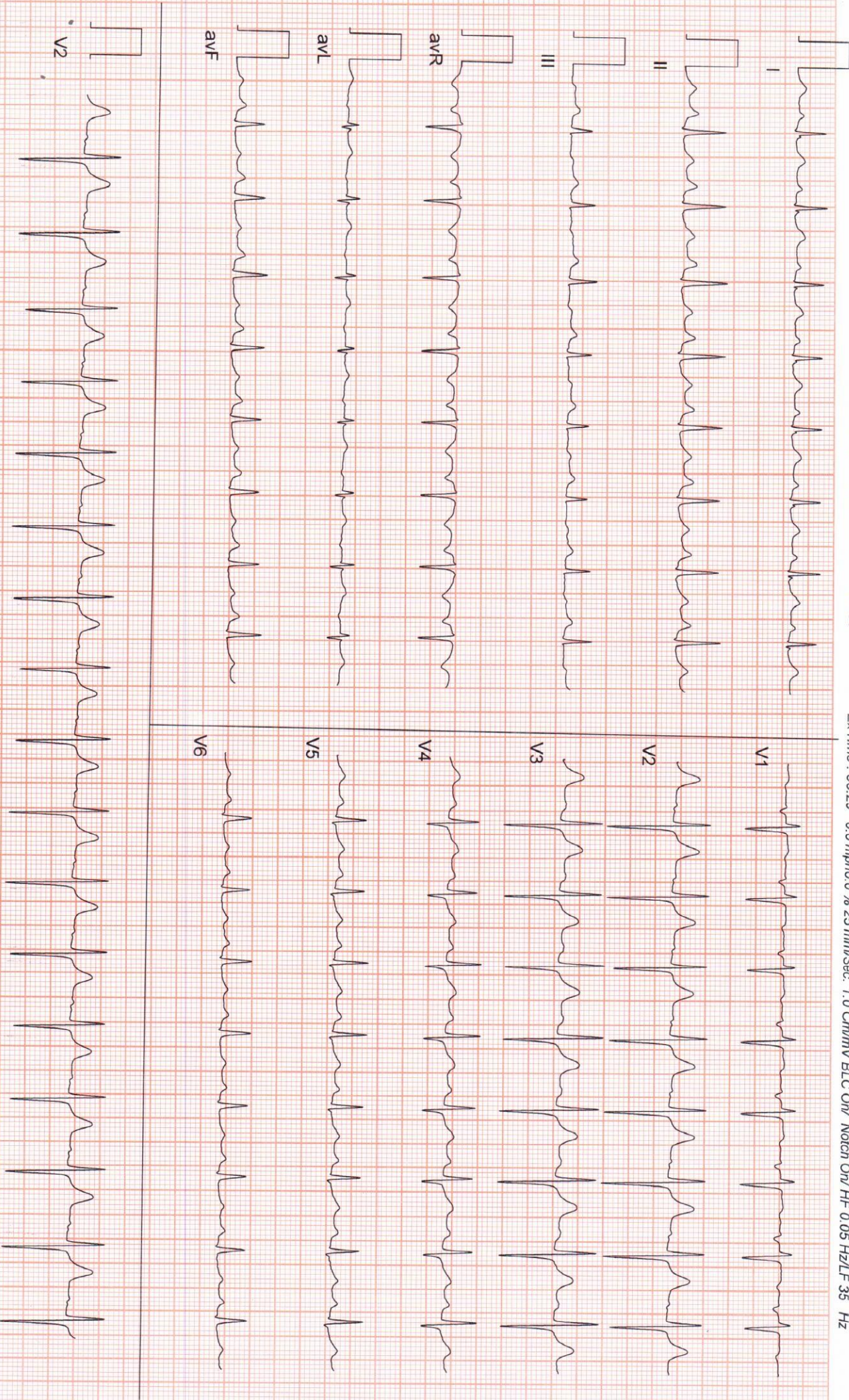
6 x 2 + Rhythm
Recovery(4:00)





Date: 22 - 03 - 2023 11:25:14 AM METs : 1.0 HR : 105 Target HR : 57% of 184 BP : 120/80

Ex Time : 06:29 0.0 mph 0.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 HZ LF 35 Hz



Date: 22 - 03 - 2023 11:25:14 AM METS : 1.0 HR : 100 Target HR : 54% of 184 BP : 120/80

Ex Time : 06:29 0.0 mph 0.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

6 x 2 + Rhythm
Recovery(6:14)

