



CID : 2235820223
Name : MR.ANAND VIKASH
Age / Gender : 38 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 24-Dec-2022 / 09:09
Reported : 24-Dec-2022 / 14:54

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	10.8	13.0-17.0 g/dL	Spectrophotometric
RBC	5.67	4.5-5.5 mil/cmm	Elect. Impedance
PCV	33.7	40-50 %	Measured
MCV	59	80-100 fl	Calculated
MCH	19.0	27-32 pg	Calculated
MCHC	32.0	31.5-34.5 g/dL	Calculated
RDW	16.4	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7780	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	34.9	20-40 %	
Absolute Lymphocytes	2715.2	1000-3000 /cmm	Calculated
Monocytes	8.5	2-10 %	
Absolute Monocytes	661.3	200-1000 /cmm	Calculated
Neutrophils	55.0	40-80 %	
Absolute Neutrophils	4279.0	2000-7000 /cmm	Calculated
Eosinophils	1.3	1-6 %	
Absolute Eosinophils	101.1	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	23.3	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	140000(Manual method)	150000-400000 /cmm	Elect. Impedance
MPV	9.2	6-11 fl	Calculated
PDW	15.1	11-18 %	Calculated



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RBC MORPHOLOGY

Hypochromia ++
Microcytosis +++
Macrocytosis -
Anisocytosis Mild
Poikilocytosis Mild
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Elliptocytes-occasional, Schistocytes-occasional

WBC MORPHOLOGY -

PLATELET MORPHOLOGY Platelets reduced on smear. megaplatelets seen on smear

COMMENT -

Note : Features suggest thalassemia trait.
Advice : Hb analysis (HPLC) & Reticulocyte count

Specimen: EDTA Whole Blood

ESR, EDTA WB, EDTA WB-ESR 7 2-15 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



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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	90.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	85.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
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 ***



Bmhaskar

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



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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
KIDNEY FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BLOOD UREA, Serum	17.1	19.29-49.28 mg/dl	Calculated
Kindly note change in Ref range and method w.e.f.11-07-2022			
BUN, Serum	8.0	9.0-23.0 mg/dl	Urease with GLDH
Kindly note change in Ref range and method w.e.f.11-07-2022			
CREATININE, Serum	0.60	0.60-1.10 mg/dl	Enzymatic
Kindly note change in Ref range and method w.e.f.11-07-2022			
eGFR, Serum	160	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	6.7	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.4	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
URIC ACID, Serum	6.5	3.7-9.2 mg/dl	Uricase/ Peroxidase
Kindly note change in Ref range and method w.e.f.11-07-2022			
PHOSPHORUS, Serum	2.8	2.4-5.1 mg/dl	Phosphomolybdate
Kindly note change in Ref range and method w.e.f.11-07-2022			
CALCIUM, Serum	8.9	8.7-10.4 mg/dl	Arsenazo
Kindly note change in Ref range and method w.e.f.11-10-2022			
SODIUM, Serum	140	136-145 mmol/l	IMT
Kindly note change in Ref range and method w.e.f.11-07-2022			



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POTASSIUM, Serum 3.8 3.5-5.1 mmol/l IMT

Kindly note change in Ref range and method w.e.f.11-07-2022

CHLORIDE, Serum 106 98-107 mmol/l IMT

Kindly note change in Ref range and method w.e.f.11-07-2022

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*** End Of Report ***



Dr. Vrushi Shroff

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



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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	122.6	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 ***



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



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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
PROSTATE SPECIFIC ANTIGEN (PSA)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
TOTAL PSA, Serum	0.826	<4.0 ng/ml	CLIA

Kindly note change in Ref range and method w.e.f.11-07-2022



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Clinical Significance:

- PSA is detected in the serum of males with normal, benign hyper-plastic, and malignant prostate tissue.
- Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment.
- Prostate cancer screening 4.The percentage of Free PSA (FPSA) in serum is described as being significantly higher in patients with BPH than in patients with prostate cancer. 5.Calculation of % free PSA (ie. FPSA/TPSA x 100), has been suggested as way of improving the differentiation of BPH and Prostate cancer.

Interpretation:

Increased In- Prostate diseases,Cancer,Prostatitis, Benign prostatic hyperplasia, Prostatic ischemia, Acute urinary retention, Manipulations like Prostatic massage, Cystoscopy, Needle biopsy, Transurethral resection,Digital rectal examination, Radiation therapy, Indwelling catheter, Vigorous bicycle exercise, Drugs (e.g., testosterone), Physiologic fluctuations. Also found in small amounts in other cancers (sweat and salivary glands, breast, colon, lung, ovary) and in Skene glands of female urethra and in term placenta ,Acute renal failure, Acute myocardial infarction,

Decreased In- Ejaculation within 24-48 hours, Castration, Antiandrogen drugs (e.g., finasteride), Radiation therapy, Prostatectomy, PSA falls 17% in 3 days after lying in hospital, Artfactual (e.g., improper specimen collection; very high PSA levels).Finasteride (5- α -reductase inhibitor) reduces PSA by 50% after 6 months in men without cancer.

Reflex Tests: % FREE PSA , USG Prostate

Limitations:

- tPSA values determined on patient samples by different testing procedures cannot be directly compared with one another and could be the cause of erroneous medical interpretations. If there is a change in the tPSA assay procedure used while monitoring therapy, then the tPSA values obtained upon changing over to the new procedure must be confirmed by parallelmeasurements with both methods. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels.
- Patients who have been regularly exposed to animals or have received immunotherapy or diagnostic procedures utilizing immunoglobulins or immunoglobulin fragments may produce antibodies, e.g. HAMA, that interferes with immunoassays.
- PSA results should be interpreted in light of the total clinical presentation of the patient, including: symptoms, clinical history, data from additional tests, and other appropriate information.
- Serum PSA concentrations should not be interpreted as absolute evidence for the presence or absence of prostate cancer.

Reference:

- Wallach's Interpretation of diagnostic tests
- Total PSA Pack insert

*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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Collected : 24-Dec-2022 / 09:09
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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
URINE EXAMINATION REPORT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
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)	30	-	-
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	5-6	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



MC-2111

Bmhaskar

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



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*** End Of Report ***



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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
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. Vrushi Shroff

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



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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	143.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	87.8	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	26.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	117.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	100.2	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	17.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.9	0-3.5 Ratio	Calculated

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*** End Of Report ***



Dr. Vrushali Shroff

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



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 Age / Gender : 38 Years / Male
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 Reg. Location : Kandivali East (Main Centre)

Collected : 24-Dec-2022 / 09:09
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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	5.2	3.5-6.5 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
Free T4, Serum	10.6	11.5-22.7 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
sensitiveTSH, Serum	4.636	0.55-4.78 microu/ml	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			



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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 ***



Namrata Raul
Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
LIVER FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.50	0.3-1.2 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (DIRECT), Serum	0.19	0-0.3 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (INDIRECT), Serum	0.31	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.7	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.4	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
SGOT (AST), Serum	21.7	<34 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
SGPT (ALT), Serum	29.9	10-49 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
GAMMA GT, Serum	21.1	<73 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALKALINE PHOSPHATASE, Serum	111.8	46-116 U/L	Modified IFCC

Kindly note change in Ref range and method w.e.f.11-07-2022

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Dr. Vrushali Shroff

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



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Collected :
Reported :

*** End Of Report ***



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Age / Sex : 38 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 24-Dec-2022
Reported : 24-Dec-2022 / 13:42

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 Akash Chhari before dispatch.

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

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CID : 2235820223
Name : Mr Anand Vikash
Age / Sex : 38 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 24-Dec-2022
Reported : 24-Dec-2022 / 10:18

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, 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 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 visualized and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Both the kidneys are normal in size shape and echotexture.

A 4.5mm sized calculus is seen in the lower pole of left kidney.

Right kidney measures 10.6 x 4.5 cm. Left kidney measures 10.7 x 5.0 cm.

SPLEEN:

The spleen is normal in size 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 volume is 20.9 cc.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2022122409020736>

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.

CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Page no 1 of 2

HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnosics.com | WEBSITE: www.suburbandiagnosics.com

Corporate Identity Number (CIN): U85110MH2002PTC136144

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2235820223
Name : Mr Anand Vikash
Age / Sex : 38 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 24-Dec-2022
Reported : 24-Dec-2022 / 10:18

IMPRESSION:

Grade I fatty liver.
Left renal calculus.

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

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

Khilji FA

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

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the centre for rectification. Please interpret accordingly.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2022122409020736>

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CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Page no 2 of 2

HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnosics.com | WEBSITE: www.suburbandiagnosics.com

Corporate Identity Number (CIN): U85110MH2002PTC136144

Date:- 24/12/22

CID:
2235820213

Name:- Mr. Vikash Anand

Sex/Age: m/38

EYE CHECK UP

Chief complaints: Routine check up

Systemic Diseases: No H/O SB

Past history: No trauma or injury

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 H.
KAJAL NAGRECHA
 OPTOMETRIST

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

DENTAL CHECK - UP

Name:- *Vikas Anand*

CID : *2235820223* Sex / Age : *M/38*

Occupation:-

Date: *24/12/2022*

Chief complaints:- *Sensitivity*

Medical / dental history:- *Root Canal treatment & Crown*

GENERAL EXAMINATION:

1) Extra Oral Examination:

- a) TMJ: *Normal movements*
- b) Facial Symmetry: *Bilateral symmetrical*

2) Intra Oral Examination:

- a) Soft Tissue Examination: *Normal*
- b) Hard Tissue Examination: *Evaluate 678*
- c) Calculus: *+*
- Stains: *+*

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

<input type="radio"/>	Missing	#	Fractured
<input type="radio"/>	Filled/Restored	RCT	Root Canal Treatment
<input type="radio"/>	Cavity/Caries	RP	Root Piece

Advised: a) *Xray to evaluate Caries 678*
 b) *Scaling & Polishing [cleaning]*

Provisional Diagnosis:-

- NIL -

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 Tel : 61700900

DR. BHUMIK PATEL
 (B.D.S) A-11178

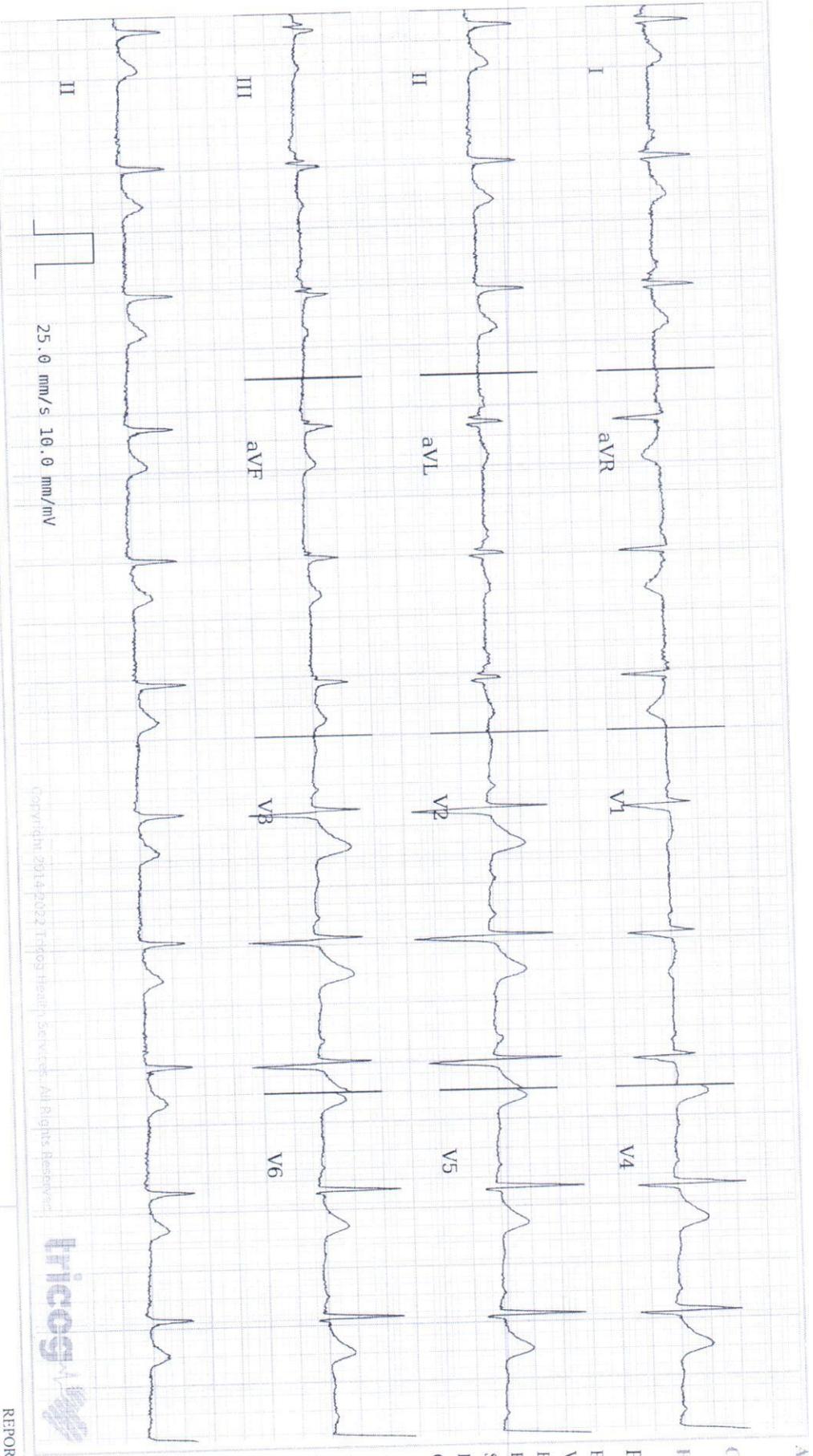
Dr Bhumik Patel



Patient Name: ANAND VIKASH
Patient ID: 2235820223

SUBURBAN DIAGNOSTICS - KANDIVALI EAST

Date and Time: 24th Dec 22 10:54 AM



Age 38 9 6
years months days

Gender Male

Heart Rate 70bpm

Patient Vitals

BP: 110/80 mmHg

Weight: 84 kg

Height: 162 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

Measurements

QRSD: 86ms
QT: 382ms
QTc: 412ms
PR: 134ms
P-R-T: -14° 45° 34°

REPORTED BY

[Signature]

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

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

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Thakur Village, Kandivalli (east),
Mumbai - 400101.
Tel : 617009900

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.



CID : 2235820223
Name : MR.ANAND VIKASH
Age / Gender : 38 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 24-Dec-2022 / 09:09
Reported : 25-Dec-2022 / 13:54

Use a QR Code Scanner
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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<u>PHYSICAL EXAMINATION</u>		
Colour	Yellow	Brown
Form and Consistency	Liquid	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

*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

SUBURBAN DIAGNOSTICS KANDIVALI EAST

Report



Email:

652 (2235820223) / ANAND VIKASH / 38 Yrs / M / 162 Gms / 84 Kg

Date: 24 / 12 / 2022 01:55:03 PM Refd By : MEDIWHEEL Examined By: DR.SNEHA SHETTY

Stage	Time	Duration	Speed(Kmph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
Supine	01:29	1:29	00.0	00.0	01.0	085	47 %	110/80	093	00	
Standing	01:51	0:22	00.0	00.0	01.0	062	34 %	110/80	068	00	
HV	02:04	0:13	00.0	00.0	01.0	059	32 %	110/80	064	00	
ExStart	02:25	0:21	00.0	00.0	01.0	077	42 %	110/80	084	00	
BRUCE Stage 1	05:25	3:00	02.7	10.0	04.7	113	62 %	110/80	124	00	
BRUCE Stage 2	08:25	3:00	04.0	12.0	07.1	140	77 %	130/80	182	00	
PeakEx	10:27	2:02	05.5	14.0	09.2	163	90 %	140/80	228	00	
Recovery	11:27	1:00	00.2	00.0	01.1	127	70 %	140/80	177	00	
Recovery	12:27	2:00	00.0	00.0	01.0	105	58 %	130/80	136	00	
Recovery	13:27	3:00	00.0	00.0	01.0	095	52 %	120/80	114	00	
Recovery	13:43				00.0	000	0 %	---/---	000	00	

FINDINGS :

Exercise Time : 08:02
 Initial HR (ExStrt) : 77 bpm 42% of Target 182
 Initial BP (ExStrt) : 110/80 (mm/Hg)
 Max WorkLoad Attained : 9.2 Good response to induced stress
 Duke Treadmill Score : 07.8
 Test End Reasons : Test Complete

Max HR Attained 163 bpm 90% of Target 182
 Max BP Attained 140/80 (mm/Hg)

SUBURBAN DIAGNOSTICS (INDIA) PVT LTD
 Row House No. 3, Aangan,
 Thakur Village, Kandivali (east),
 Mumbai - 400101.
 Tel : 017000060

Sneha Shetty
Dr. Sneha Shetty
 MBBS, PGDCC
 Clinical Cardiology
 Reg. No. 2008/03/0660

Doctor : DR.SNEHA SHETTY





Email:

652 / ANAND VIKASH / 38 Yrs / M / 162 Cms / 84 Kg Date: 24 / 12 / 2022 01:55:03 PM Refd By : MEDIWHEEL

REPORT :

Heart Rate 163.0 bpm
 Systolic BP 140.0 mmHg Diastolic BP 80.0 mmHg
 Exercise Time 08:02 Mins. Ectopic Beats 0.0
 METS 9.2 Test End Reason , Test Complete Target Heart Rate 90% of 182

TEST OBJECTIVE	ROUTINE CHECK UP
RISK FACTOR	NONE
ACTIVITY	MODERATE ACTIVE
MEDICATION	NONE
REASON FOR TERMINATION	HEART RATE ACHIEVED
EXERCISE TOLERANCE	GOOD
EXERCISE INDUCED ARRHYTHMIAS	NO
HAEMODYNAMIC RESPONSE	NORMAL
CHRONOTROPIC RESPONSE	NORMAL
ECH CHANGES	NO SIGNIFICANT ST T CHANGES NOTED DURING EXERCISE AND RECOVERY PHASE.
FINAL IMPRESSION	STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHEMIC HEART DISEASE AT GOOD EFFORT TOLERANCE.

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

Medwheels

Dr. Sneha Shetty

MBBS, PGDCC

Clinical Cardiology

Reg. No. 2008/05/0667

Doctor : DR.SNEHA SHETTY

SUBURBAN DIAGNOSTICS (INDIA) PVT.LTD.

Row House No. 3, 4th floor,

Thakar Village, Kandivali (East),

Mumbai - 400101.

Tel : 61700900



SUBURBAN DIAGNOSTICS KANDIVALI EAST

SUPINE (01:29)

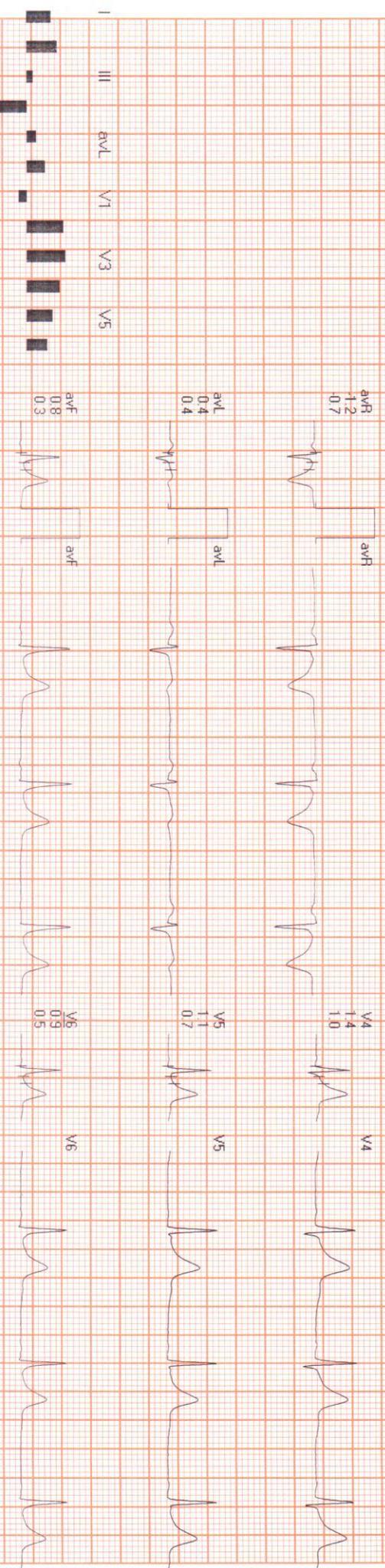


652 / 22358202231 / ANAND VIKASH / 38 Yrs / M / 162 Cms / 84 Kg / HR : 85

Date: 24/12/2022 01:55:03 PM METS: 1.0/85 bpm 47% of THR BP: 110/80 mmHg P_{aw} ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

ExTime: 00:00 0.0 Km/h, 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:



SUBURBAN DIAGNOSTICS KANDIVALI EAST

STANDING (00:22)

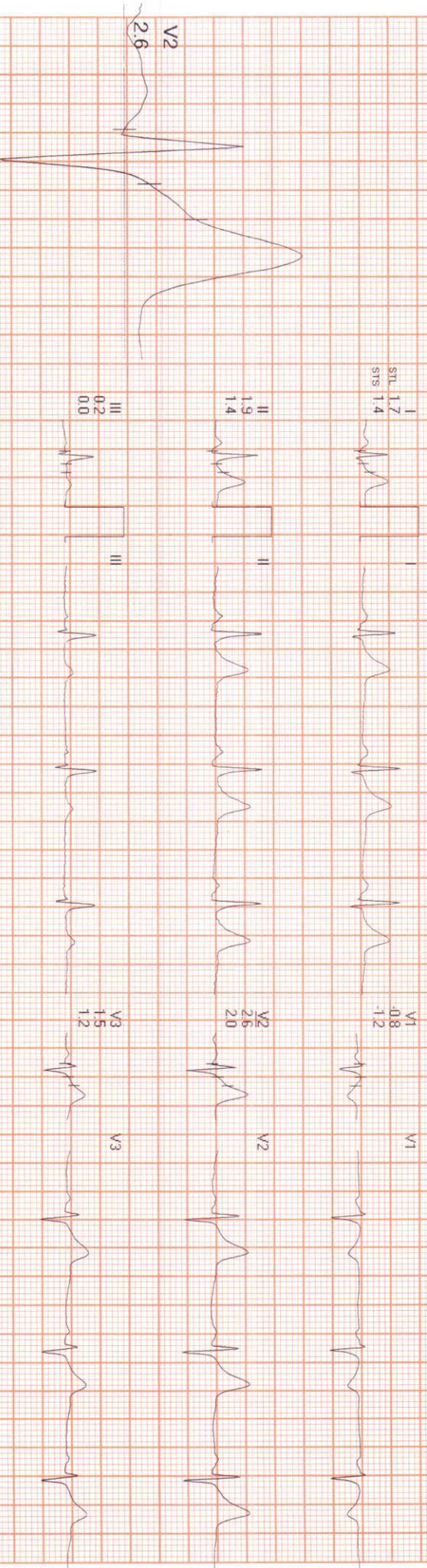


652 (22358202223) / ANAND VIKASH / 38 Yrs / M / 162 Cms / 84 Kg / HR : 62

Date: 24 / 12 / 2022 01:55:03 PM METS: 1.0 / 82 bpm 34% of THR BP: 110/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J

ExTime: 00:00 0.0 Kmph. 0.0%
25 mm/Sec 1.0 Cm/mV



REMARKS:
I aVR aVL V1 V2 V3 V4 V5 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

HV (00:13)

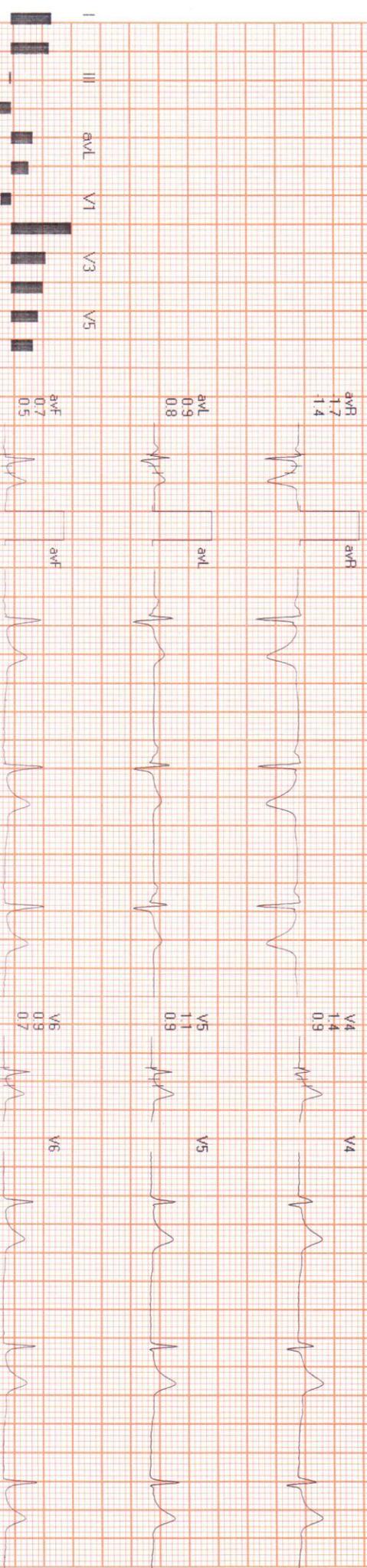
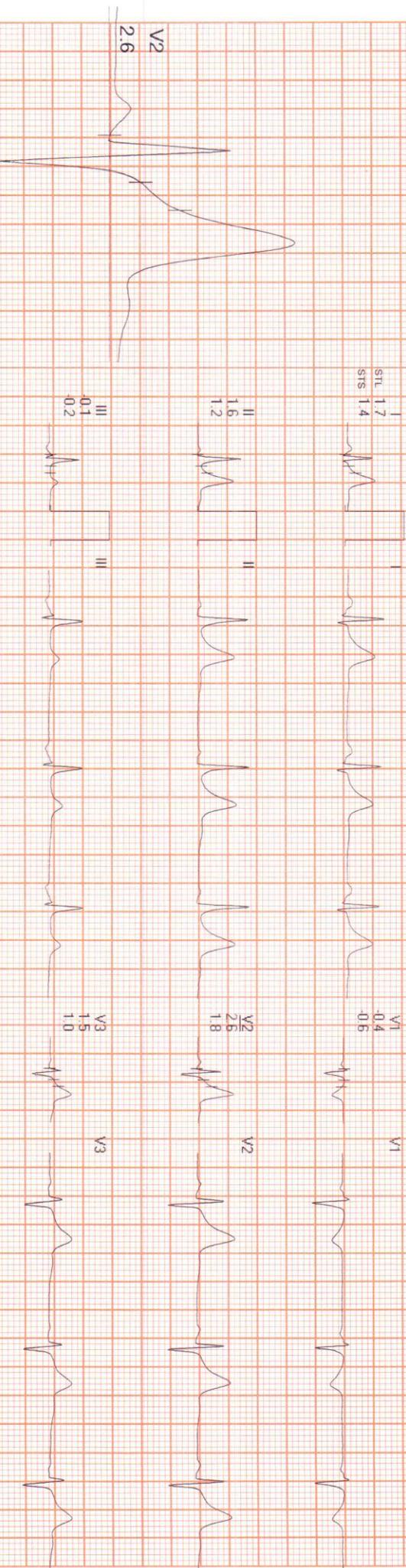


652 (2235820223) / ANAND VIKASH / 38 Yrs / M / 162 Cms / 84 kg / HR : 59

Date: 24/12/2022 01:55:03 PM METS: 1.0f, 59 bpm, 32% of THR, BP: 110/80 mmHg, Raw ECG/BLIC On/Notch On/HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

EXTime: 00:00 0.0 KmPh, 0.0%
25 mm/Sec 1.0 Cm/mV



REMARKS: II aVR aVF V2 V4 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

ExStit

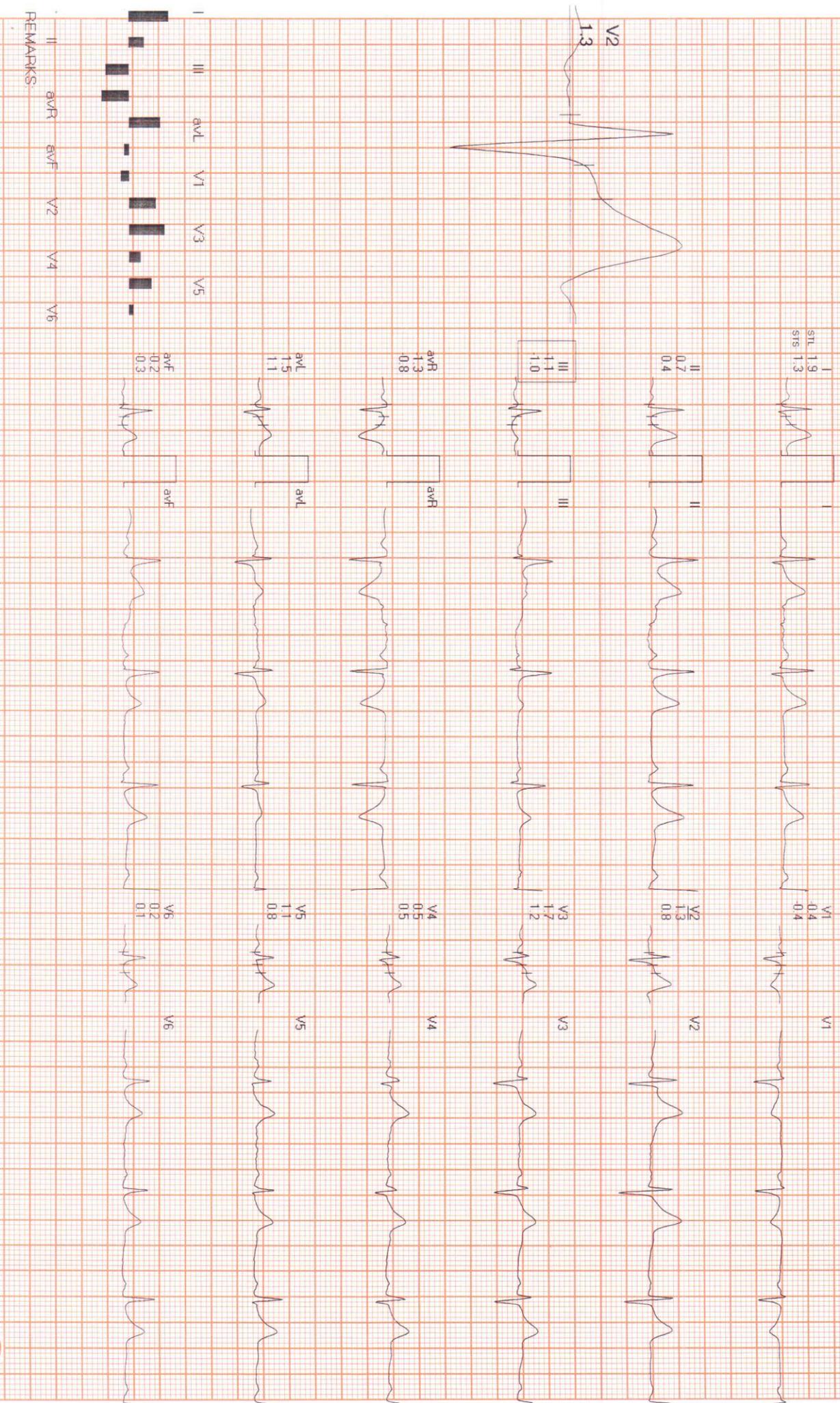


652 (2285820223) / ANAND VIKASH / 38 Yrs / M / 162 Cms / 84 Kg / HR : 77

Date: 24/12/2022 01:55:03 PM METS: 1.0/77 bpm 42% of THR BP: 110/80 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

ExTime: 00:00 0.0 Km/h, 0.0%
25 mm/Sec 1.0 Cm/mV



REMARKS:



SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 1 (03:00)



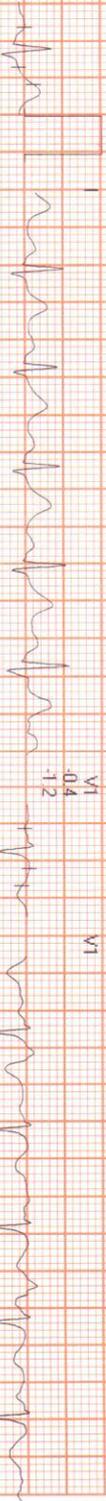
652 (2235820223) / ANAND VIKASH / 38 Yrs / M / 162 Cms / 84 Kg / HR : 113

Date: 24 / 12 / 2022 01:55:03 PM METS: 4.7 / 113 bpm 62% of THR BP: 110/80 mmHg Paw: ECG/ BLC On/ Natch On/ HF: 0.05 Hz/ LF: 35 Hz

4X 80 ms Post J

ExTime: 03:00 2.7 Km/h, 10.0%
25 mm/Sec 1.0 Cm/mV

STL 1.1
STS 2.5



I V1

0.4
-1.2

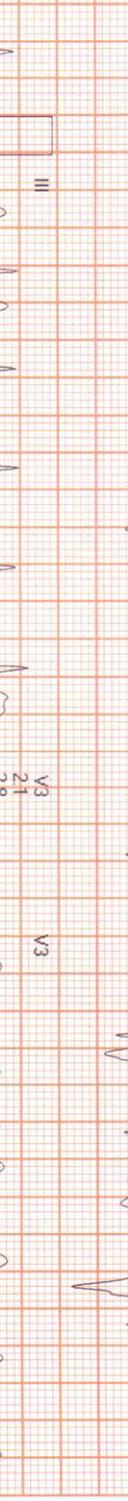
II 1.7
3.4



II V2

3.8
4.1

III 0.6
1.0



III V3

2.1
2.8

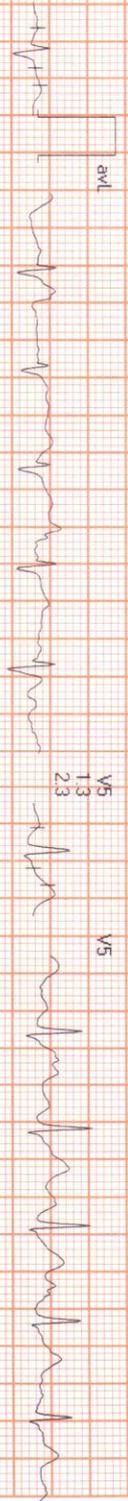
aVR -1.4
3.0



aVR V4

2.8
3.5

aVL 0.3
0.8



aVL V5

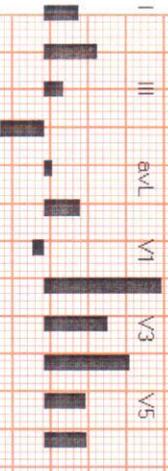
1.3
2.3

aVF 1.2
2.2



aVF V6

1.4
2.3



REMARKS



SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 2 (03:00)



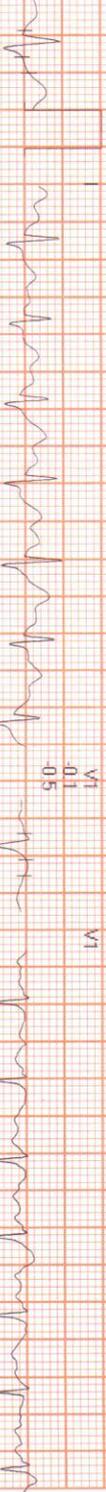
652 (2235820223) / ANAND VIKASH / 38 Yrs / M / 162 Cms / 84 Kg / HR : 140

Date: 24 / 12 / 2022 01:55:03 PM METS: 7.1 / 140 bpm 77% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 60 ms Post J

EXTime: 06:00 4.0 Kmph, 12.0%
25 mm/Sec 1.0 Cm/mV

I STL 0.6
STS 1.5



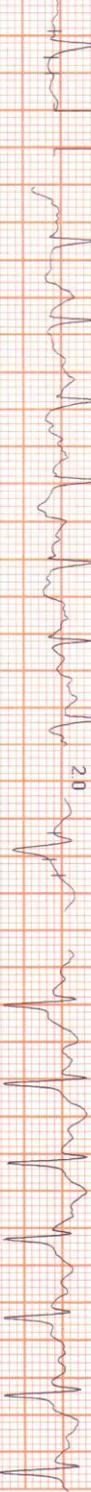
II 0.3
1.7



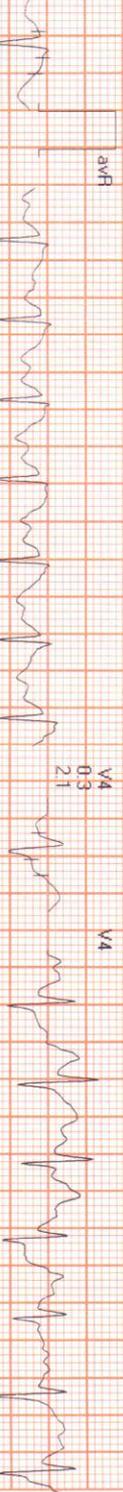
V2 0.1



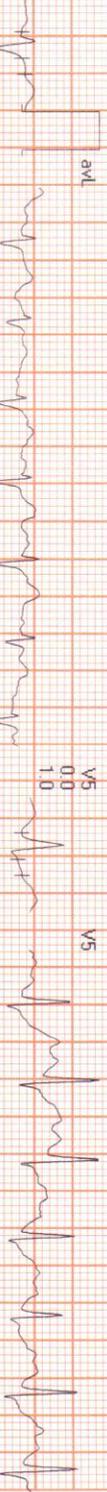
III 0.3
0.3



aVR -0.4
1.6



aVL 0.4
0.6



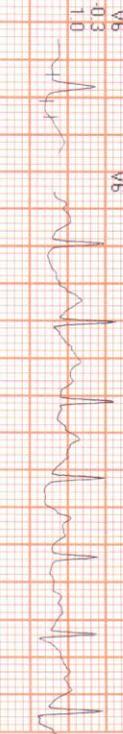
V1 -0.1
-0.5



aVF 0.0
1.0



V6 -0.3
1.0



REMARKS
I aVR aVL V1 V2 V3 V4 V5
II aVF V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

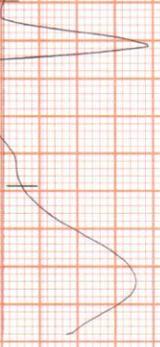


652 / 22358202231 / ANAND VIKASH / 38 Yrs / M / 162 Cms / 84 Kg / HR : 163

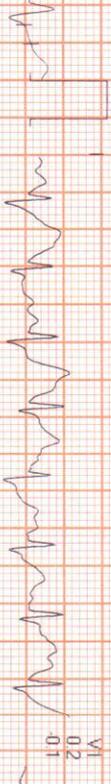
Date: 24/12/2022 01:55:03 PM METS: 9.2 / 163 bpm 90% of THR BP: 140/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz
4X 60 ms Post J

ExTime: 08:02 5.5 Km/h, 14.0%
25 mm/Sec. 1.0 Cm/mV

V2
0.5



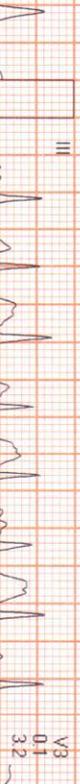
I
STL 0.1
STS 1.5



II
1.1
0.9



III
1.2
0.7



aVR
0.5
1.2



aVL
0.6
1.1



aVF
1.2
0.1



V1
0.2
0.1



V2
0.5
0.5



V3
0.1
3.2



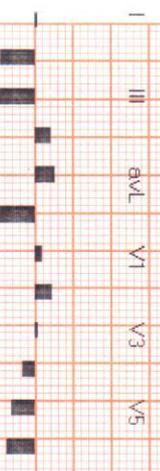
V4
0.4
2.4



V5
0.8
1.5



V6
0.9
0.4



REMARKS



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:00)

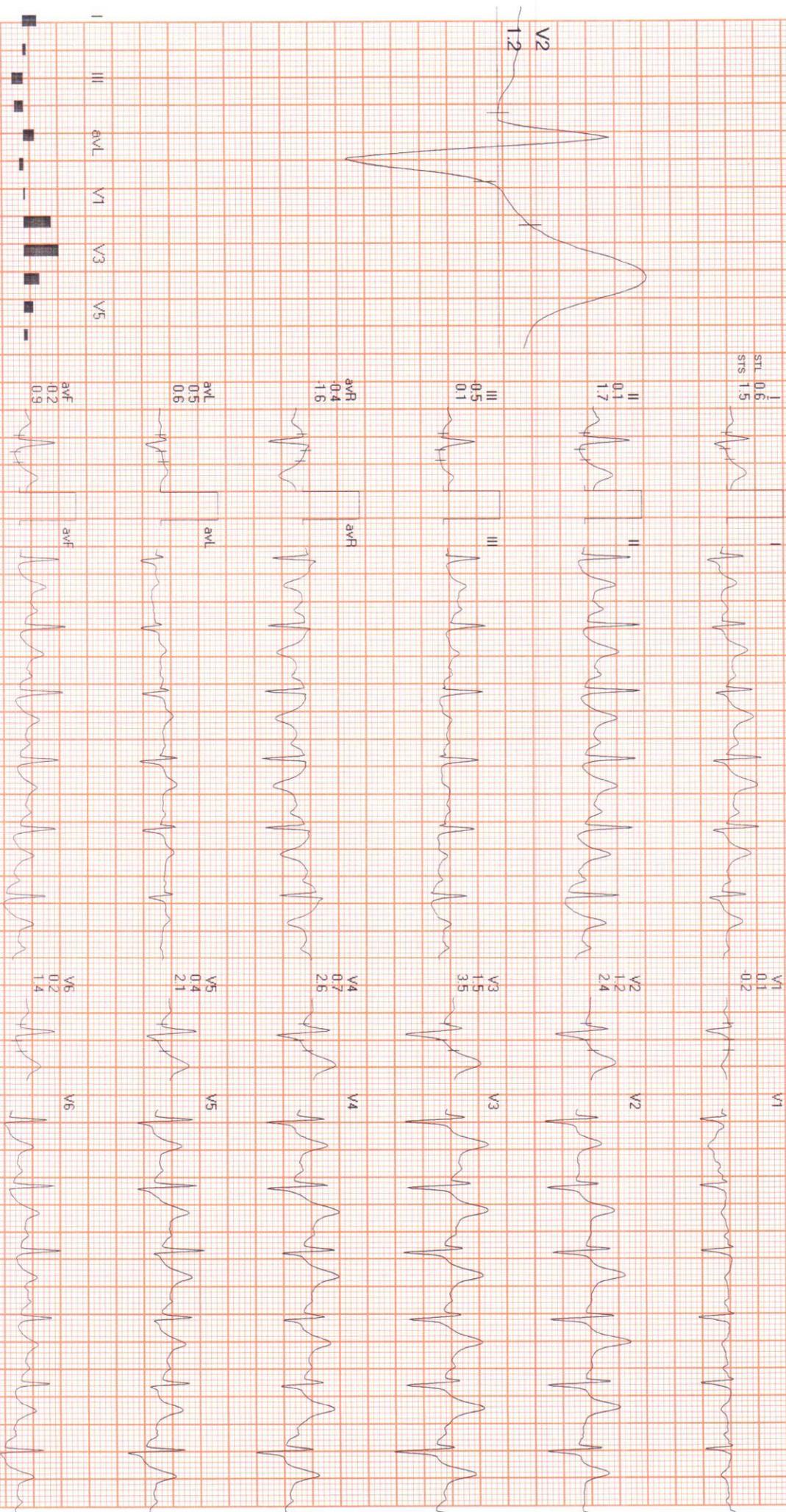


652 (2235820223) / ANAND VIKASH / 38 Yrs / M / 162 Cms / 84 Kg / HR - 127

Date: 24 / 12 / 2022 01:55:03 PM METS: 1 / 127 bpm 70% of THR BP: 140/80 mmHg Raw ECG/ BLC Ony Notch Ony HF 0.05 Hz/LF 35 Hz

4X 60 ms Post J

EXTime: 08:02 0.2 Km/Ph. 0.0%
25 mm/Sec 1.0 Cm/mV



REMARKS: aVR aVL aVF V1 V2 V3 V4 V5 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (02:00)

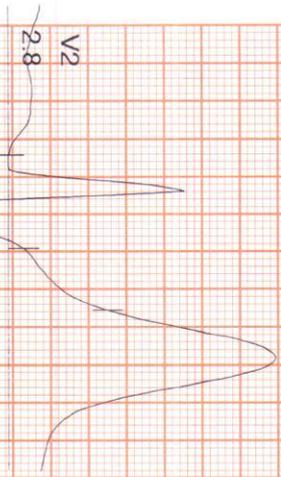


652 (2235820223) / ANAND VIKASH / 38 Yrs / M / 162 Cms / 84 kg / HR : 105

Date: 24 / 12 / 2022 01:55:03 PM METS: 1.0 / 105 bpm 58% of THR BP: 130/80 mmHg Pwv ECG/BLG On/ Notch On/ HF: 0.05 Hz/LF: 35 Hz

4X 80 ms Post J

ExTime: 08:02 0.0 Km/h, 0.0%
25 mm/Sec 1.0 Cm/mV



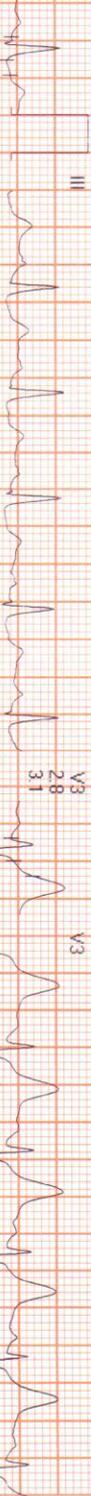
STL 1.3
STS 1.6



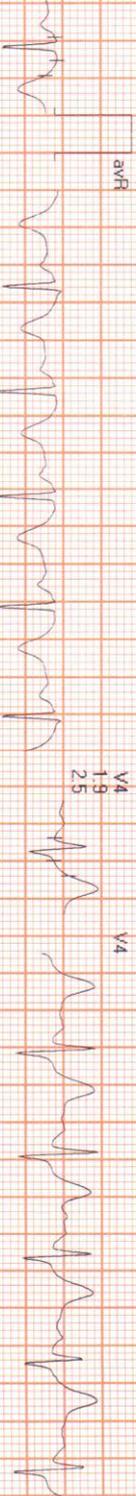
II 1.2
III 0.2
aVR -1.3
aVL 0.7
aVF 0.5



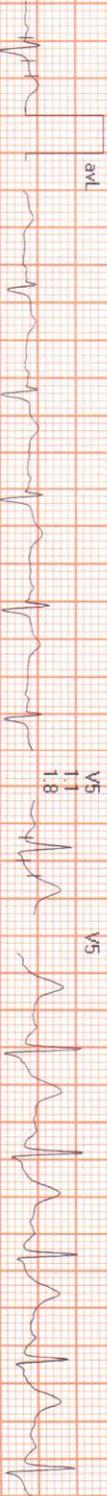
III 0.2
aVR -1.3
aVL 0.7
aVF 0.5



aVR -1.3
aVL 0.7
aVF 0.5



aVL 0.7
aVF 0.5



aVF 0.5
V1 0.3
V2 2.8
V3 2.8
V4 1.9
V5 1.1
V6 0.8



REMARKS: I II III aVR aVL aVF V1 V2 V3 V4 V5 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (03:00)



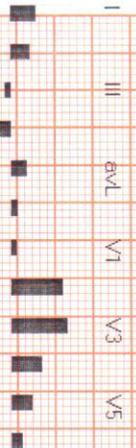
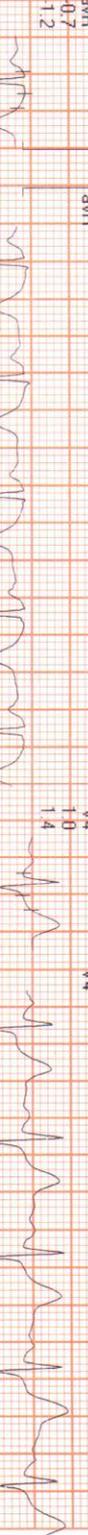
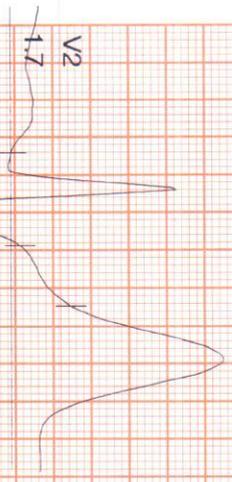
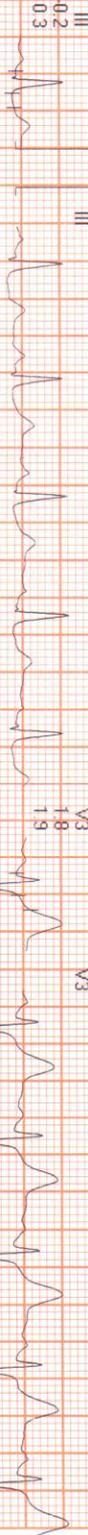
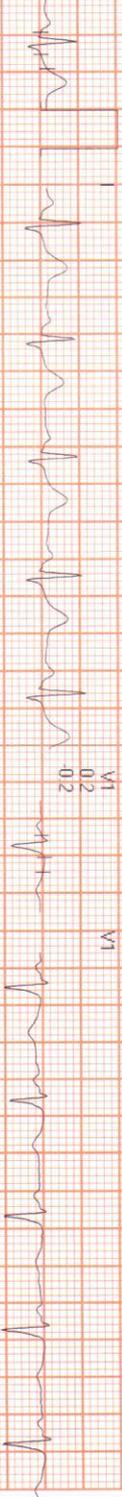
652 (22358202231) / ANAND VIKASH / 38 Yrs / M / 162 Cms / 84 Kg / HR . 95

Date: 24 / 12 / 2022 01:55:03 PM METS: 1.0, 95 bpm, 52% of THR, BP- 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

4X 80 ms Post J

EXTime: 08:02 0.0 Km/h, 0.0%
25 mm/Sec 1.0 Cm/mV

STL 0.8
STS 1.1



REMARKS



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (03:16)

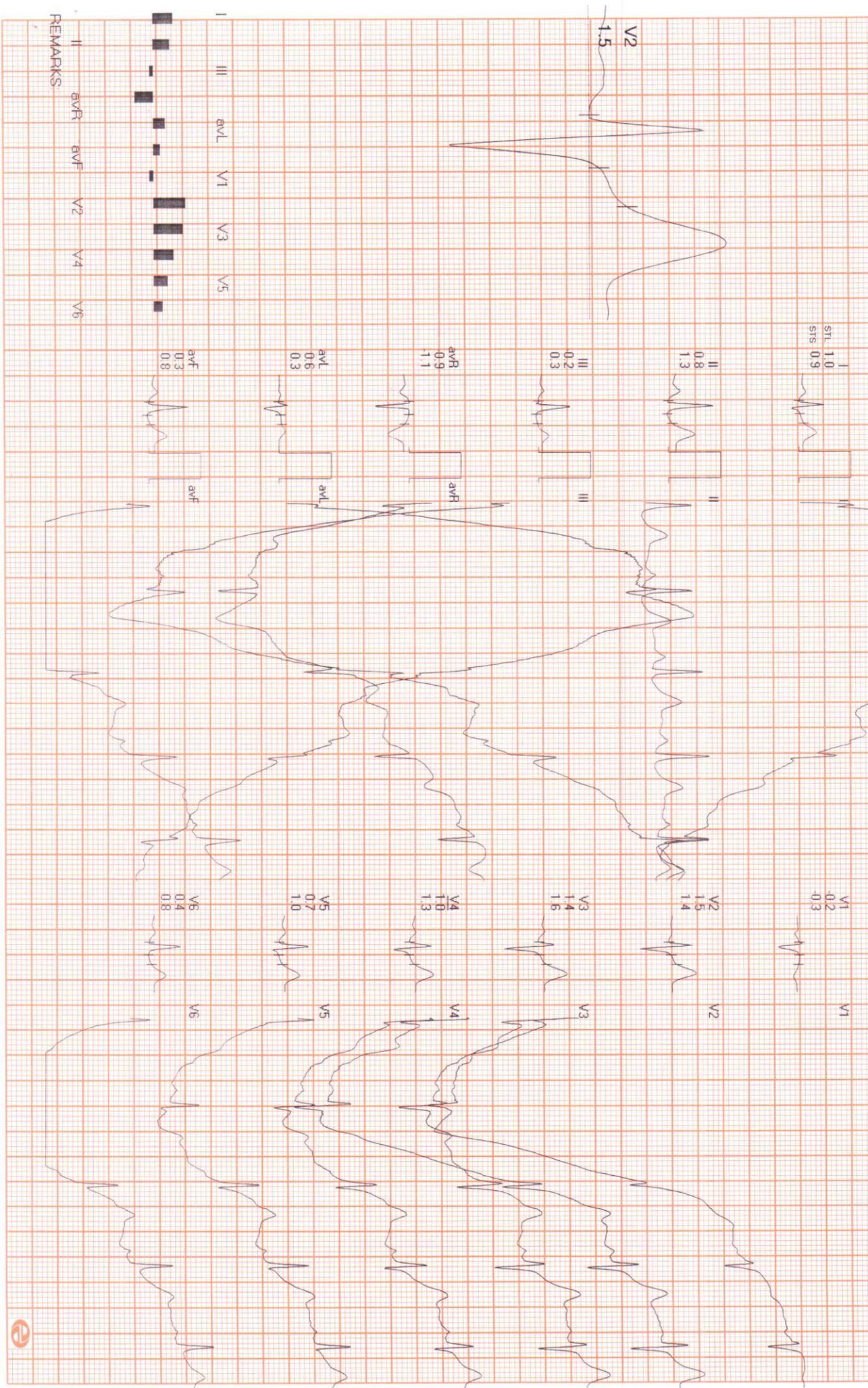


652 (2235820223) / ANAND VIKASH / 38 Yrs / M / 162 Cms / 84 Kg / HR 91

Date: 24 / 12 / 2022 01:55:03 PM METS: 1.07 91 bpm 50% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF: 0.05 Hz/LF: 35 Hz

4X 80 mS Post J

EXTime: 08:02 0.0 Km/ph, 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS

