

**PHYSICAL EXAMINATION REPORT**

Patient Name	AMIT MODI	Sex/Age	33 / M
Date	29/2/25	Location	Thane Ghodbundar road

**History and Complaints**

Nil

**EXAMINATION FINDINGS:**

Height (cms):	180	Temp (0c):	37.5
Weight (kg):	74	Skin:	NAD
Blood Pressure	130/80	Nails:	
Pulse	72 min	Lymph Node:	

**Systems :**

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

NAD

**Impression:** ↓ GFR, ↑ Uric Acid  
Dyslipidemia, ↑ TSH (0.924)  
Sinus Bradycardia, Fatty Liver

**Advice:** Low Fat, Low sugar Diet  
Reg. Exercise

Repeat Lipid Profile Uric Acid, Thyroid

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1)	<b>Hypertension:</b>	
2)	<b>IHD</b>	
3)	<b>Arrhythmia</b>	
4)	<b>Diabetes Mellitus</b>	N/A
5)	<b>Tuberculosis</b>	
6)	<b>Asthama</b>	
7)	<b>Pulmonary Disease</b>	
8)	<b>Thyroid/ Endocrine disorders</b>	
9)	<b>Nervous disorders</b>	
10)	<b>GI system</b>	
11)	<b>Genital urinary disorder</b>	
12)	<b>Rheumatic joint diseases or symptoms</b>	N/A
13)	<b>Blood disease or disorder</b>	
14)	<b>Cancer/lump growth/cyst</b>	
15)	<b>Congenital disease</b>	
16)	<b>Surgeries</b>	
17)	<b>Musculoskeletal System</b>	

**PERSONAL HISTORY:**

1)	Alcohol	No occ. mixed
2)	Smoking	
3)	Diet	
4)	Medication	

*[Handwritten Signature]*  
13/25

**Dr. Manasee Kulkarni**  
2005/09/3439

Date: 29/12/24  
Name: Anil K. Modi

CID: 240612795  
Sex / Age: M-35

**EYE CHECK UP**

Chief complaints: RCV

Systemic Diseases: xAD

Past history: UG

Unaided Vision: 13/60 NVA 7/10

Aided Vision:

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Ax	Vn	Sph	Cyl	Ax	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: Near Vision

MR. PRAKASH KODVA  
SR. OPTOMETRIST



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CID : 2406012795  
Name : MR. AMIT MOJI  
Age / Gender : 33 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 29-Feb-2024 / 08:45  
Reported : 29-Feb-2024 / 11:37

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**CBC (Complete Blood Count), Blood**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>RBC PARAMETERS</b>			
Haemoglobin	14.4	13.0-17.0 g/dL	Spectrophotometric
RBC	5.37	4.5-5.5 mil/cmm	Elect. Impedance
PCV	45.2	40-50 %	Measured
MCV	84.2	80-100 fl	Calculated
MCH	26.8	27-32 pg	Calculated
MCHC	31.8	31.5-34.5 g/dL	Calculated
RDW	13.9	11.6-14.0 %	Calculated
<b>WBC PARAMETERS</b>			
WBC Total Count	8010	4000-10000 /cmm	Elect. Impedance
<b>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</b>			
Lymphocytes	42.3	20-40 %	
Absolute Lymphocytes	3388.2	1000-3000 /cmm	Calculated
Monocytes	5.5	2-10 %	
Absolute Monocytes	440.6	200-1000 /cmm	Calculated
Neutrophils	45.8	40-80 %	
Absolute Neutrophils	3668.6	2000-7000 /cmm	Calculated
Eosinophils	6.2	1-6 %	
Absolute Eosinophils	504.6	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	8.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

**PLATELET PARAMETERS**

Platelet Count	311000	150000-400000 /cmm	Elect. Impedance
MPV	8.2	6-11 fl	Calculated
PDW	10.6	11-18 %	Calculated

**RBC MORPHOLOGY**

Hypochromia	Mild
Microcytosis	Occasional



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Reported : 29-Feb-2024 / 14:44

Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	-
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 12 2-15 mm at 1 hr. Sedimentation

Result Rechecked.

**Clinical Significance:** The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

**Interpretation:**

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities: Sickle cell disease

**Limitations:**

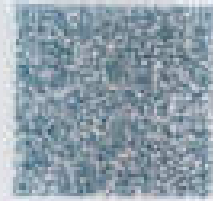
- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

**Reflex Test:** C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

**Reference:**

- Pack insect
- Briden AL. Clinical utility of the erythrocyte sedimentation rate. *American family physician.* 1995 Oct 1;52(10):1443-50.

Authenticity Check



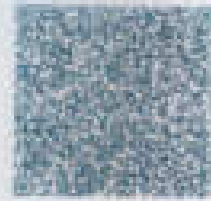
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\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*

**Dr. IMRAN MUJAWAR**  
MD ( Path )  
Pathologist



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Reported : 29-Feb-2024 / 12:44

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	88.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: ≥/≧ 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PPR	75.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: ≥/≧ 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.54	0.1-1.2 mg/dl	Diazot
BILIRUBIN (DIRECT), Serum	0.2	0-0.3 mg/dl	Diazot
BILIRUBIN (INDIRECT), Serum	0.34	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Buret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1-2	Calculated
SGOT (AST), Serum	20.5	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	18.5	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	15.0	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	76.6	40-130 U/L	PNPP
BLOOD UREA, Serum	18.6	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	8.7	6-20 mg/dl	Calculated
CREATININE, Serum	1.14	0.67-1.17 mg/dl	Enzymatic



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eGFR, Serum	<b>87</b>	(ml/min/1.73sqm)	Calculated
		Normal or High: Above 90	
		Mild decrease: 60-89	
		Mild to moderate decrease: 45-59	
		Moderate to severe decrease: 30-44	
		Severe decrease: 15-29	
		Kidney failure: <15	

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 14-08-2023.

URIC ACID, Serum	<b>7.6</b>	3.5-7.2 mg/dl	Uricase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West.  
\*\*\* End Of Report \*\*\*

*J. Mujawar*  
**Dr. IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist



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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	5.4	Non-Diabetic Level: <math>\le 5.7\%</math> Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	108.3	mg/dl	Calculated

**Intended use:**

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year.
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly.
- For macrovascular 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 by: High total hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salkytala treatment.

Decreased by: Shortened RBC lifespan (hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin C or Vitamin E and Hemoglobinopathy.

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

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

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

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M.D ( Path )  
Pathologist

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Collected : 29-Feb-2024 / 08:45  
Reported : 29-Feb-2024 / 12:41

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**URINE EXAMINATION REPORT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.030	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	25	-	-
<b>CHEMICAL EXAMINATION</b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOO-POD
Ketones	Absent	Absent	Legal's Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griggs Test
<b>MICROSCOPIC EXAMINATION</b>			
Leukocytes(Pus cells)/hpf	3-4	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	
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 G B Road Lab, Thane West  
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Reported : 29-Feb-2024 / 14:08

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

PARAMETER	RESULTS
ABO GROUP	B
Rh TYPING	Negative

NOTE: Test performed by Semi-automated column agglutination technology (CAT)

Specimen: EDTA Whole Blood and/or serum

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

**Limitations:**

- ABO blood group of new born is performed only by cell (forward) grouping because all 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 isoenzymes are fully developed at 2 to 4 years of age. It remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result.
- The Rh 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 ABO antigens because of inheritance of hh genotype.

**References:**

1. Dettler M. Hemming, Modern Blood Banking and Transfusion Practices- 6th Edition 2002, F.A. Davis company, Philadelphia
2. ABO technical manual.

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	191.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-PGD
TRIGLYCERIDES, Serum	257.8	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high>=500 mg/dl	GPO-PGD
HDL CHOLESTEROL, Serum	31.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	160.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	121.2	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	39.4	< 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	6.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.9	0-3.5 Ratio	Calculated

Kindly correlate clinically.  
Note : LDL test is performed by direct measurement.

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

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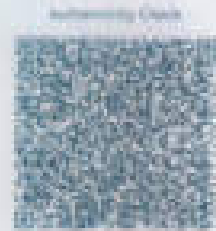
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Consulting Dr. : -  
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**THYROID FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	3.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.8	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	0.029	0.35-5.5 microIU/ml	ECLIA



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**Interpretation:**

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

**Clinical Significance:**

1) TSH Values between high abnormal upto 15 microU/ml should be correlated clinically or repeat the test with new sample as physiological factors

can give falsely high TSH.

2) TSH values may be falsely altered because of non thyroidal illness like severe infections, liver disease, renal and heart severe failure, trauma and surgery etc.

TSH	FT4 / Y4	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 200%. Biological variation: 15.7% (with in subject variation)

**Refer Tests:** Anti thyroid Antibodies, USG Thyroid, TSH receptor Antibody, Thyroglobulin, Calcium

**Limitations:**

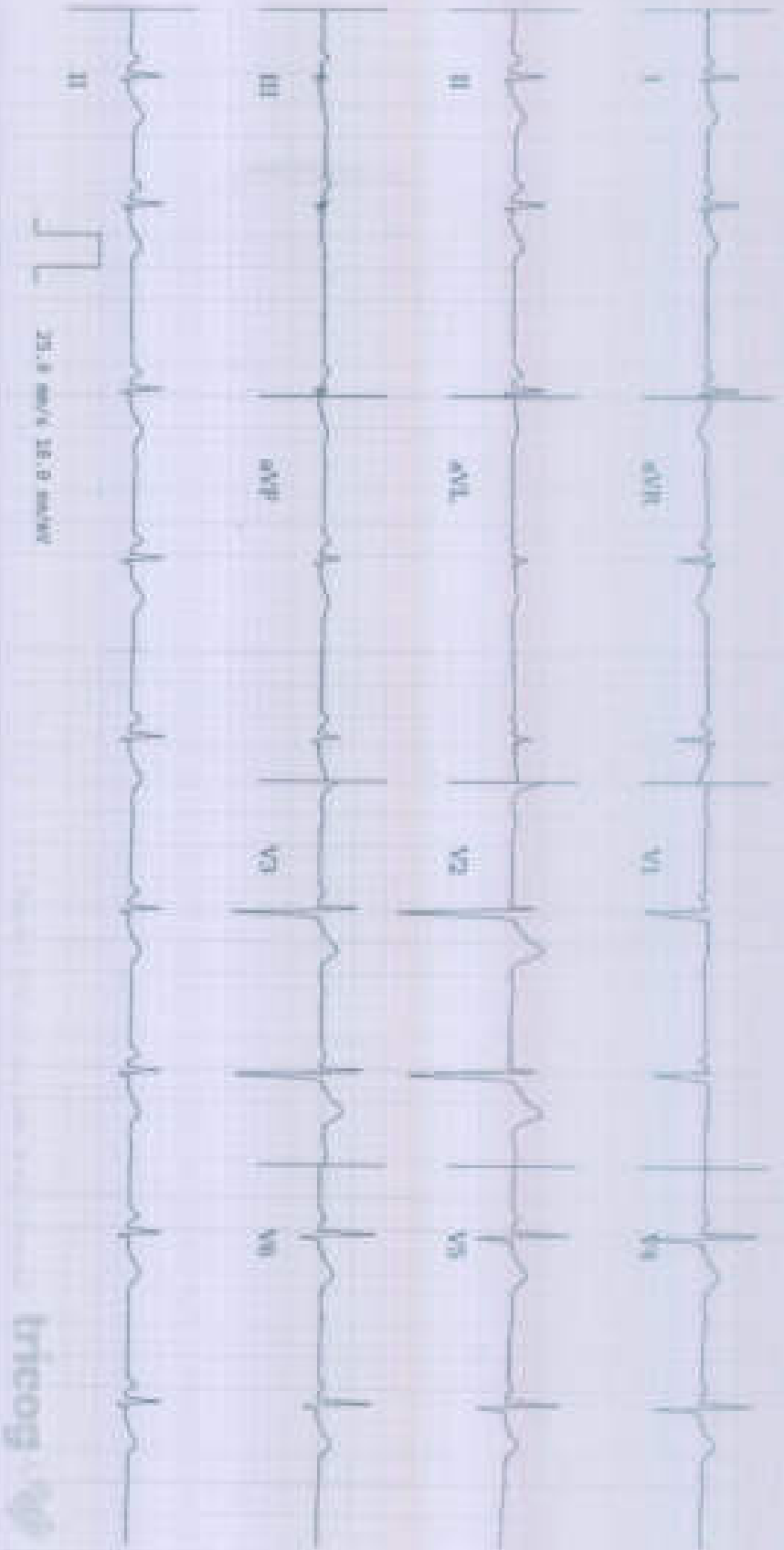
1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. This assay is designed to minimize interference from heterophilic antibodies.

**Reference:**

1. D. Koukoulis 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, Test Book of Clinical Chemistry and Molecular Biology -5th Edition
4. Biological Variation From principles to Practice-Callum G Fraser (AACF Press)

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

**Dr. JMIRAN MUJAWAR**  
MD ( Path )  
Pathologist



HR: **50** **NA** **NA**  
 YPR: **NA** **NA**

Gender: **Male**

Weight: **55kg**


Patient Status: **Stable**

BP: **120/80**  
 Weight: **75 kg**  
 Height: **170 cm**  
 Pulse: **NA**  
 SpO2: **NA**  
 Temp: **NA**  
 O2Sat: **NA**

**Measurements**

QRSd: **80ms**  
 QT: **370ms**  
 QTcB: **38ms**  
 PR: **170ms**  
 P-R-T: **34° 32° 47°**

Sinus Arrhythmia Seen, Sinus Bradycardia. Please correlate clinically.

Signature:   
 Dr. Suburban  
 Director of Cardiology  
 Suburban Hospital

Authenticity Check



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Reg. Date : 29-Feb-2024  
Reported : 29-Feb-2024 / 15:36

**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 —————

*G. R. Fartade*  
Dr. GAURAV FARTADE  
MBBS, DMRE  
Reg No -2014/04/1786  
Consultant Radiologist

Click here to view images [http://3.141.232.119/IBISViewer/NormalViewer?](http://3.141.232.119/IBISViewer/NormalViewer?Access)  
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 Reported : 29-Feb-2024 / 10:06

**USG WHOLE ABDOMEN**

**LIVER:** Liver appears normal in size (14.3 cm) and *shows increased echorefectivity*. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

**GALL BLADDER:** Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

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

**PANCREAS:** Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

**KIDNEYS:** Right kidney measures 9.5 x 4.4 cm. Left kidney measures 9.5 x 4.1 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

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

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

**PROSTATE:** Prostate is normal in size and echotexture and measures 2.9 x 3.3 x 3.0 cm in dimension and 16.2 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/IRISViewer/NormalViewer?AccessionNo=2024022908410551>

HEAD OFFICE: Dr. Lal Pathlabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085 | CIN No: 27090931920190023017

MUMBAI OFFICE: Suburban Diagnostics Private, Pvt. Ltd., 2nd Floor, Sahakar Complex, Above Marathi Bhawan, Andheri West, Mumbai - 400052

WEST REFERENCE LABORATORY: Shop No. 7, 1st to 3rd, Shree Bhairav Temple Building, Near Court, Prabhakar Road, Vashi, West, Mumbai - 400030

HEALTHLINE: 022-61711000 | E-MAIL: [customercare@suburbandiagnostics.com](mailto:customercare@suburbandiagnostics.com) | WEBSITE: [www.suburbandiagnostics.com](http://www.suburbandiagnostics.com)

Authenticity Check



Scan a QR Code to verify  
Authenticity of your test result

CID : 2406012795  
Name : Mr AMIT MODI  
Age / Sex : 33 Years/Male  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre

Reg. Date : 29-Feb-2024  
Reported : 29-Feb-2024 / 10:06

**IMPRESSION:**

- **GRADE I FATTY INFILTRATION OF LIVER.**

*Advice: Clinical co-relation and further evaluation and follow up.*

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.

————— End of Report —————

**Dr Gauri Varma**  
**Consultant Radiologist**  
**MBBS / DMRE**  
**MMC- 2007/12/4113**

Click here to view images <http://3.111.232.119/015Viewer/NormalViewer?AccessionNo=2024022908410551>

REGD. OFFICE: Dr. G.P. Path Lab Ltd., Shop E, Sector-18, Kurla, New Delhi - 110005 | CIN No. : U10102DL19020240229084

MUMBAI OFFICE: Suburban Diagnostics India Pvt. Ltd., A-104, 2<sup>nd</sup> Floor, Sahakar Complex, Alton Towers, Shivajinagar, Andheri West, Mumbai - 400054

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HEALTHLINE: 022-4170-0000 | E-MAIL: [customer@suburbanindia.com](mailto:customer@suburbanindia.com) | WEBSITE: [www.suburbanindia.com](http://www.suburbanindia.com)

# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

EMAIL:

Report

882 (2400012795) / AMT MODI / 33 Yrs / M / 180 Cms / 74 Kg  
 Date: 29 / 02 / 2024 10:05:49 AM



Stage	Time	Duration	Speed(wpm)	Elevation	METS	Rate	% THR	BP	HR	RVC	Comments
Supine	00:05	0:05	00.0	00.0	01.0	054	45%	130/80	109	00	
Standing	00:12	0:07	00.0	00.0	01.0	064	45%	130/80	109	00	
HV	00:23	0:11	00.0	00.0	01.0	080	43%	130/80	104	00	
ExStart	00:35	0:12	00.0	00.0	01.0	092	44%	130/80	106	00	
BRUCE Stage 1	00:36	0:00	01.7	10.0	04.7	120	64%	130/80	106	00	
BRUCE Stage 2	00:36	0:00	02.5	12.0	07.1	131	70%	140/80	103	00	
Pause	00:02	1:27	03.4	14.0	09.0	189	89%	150/90	249	00	
Recovery	00:02	1:00	00.0	00.0	01.1	151	81%	150/80	229	00	
Recovery	10:02	2:00	00.0	00.0	01.0	126	67%	130/80	183	00	
Recovery	10:06		00.0	00.0	00.0	000	0%		000	00	

**FINDINGS :**

Exercise Time : 07:27  
 Initial HR (ExStart) : 82 bpm 44% of Target 187  
 Initial BP (ExStart) : 130/80 (mmHg)  
 Max Workload Attained : 8.8 from response to induced stress  
 Max ST Dep Lead & Avg ST Value : 0.5 -2.2 mm in P leads  
 History : No  
 Test End Reasons : Heart Rate Achieved

Max HR Attained 186 bpm 89% of Target 187  
 Max BP Attained 150/80 (mmHg)

Dr. SHALAJA PILLAI  
 M.D. (GENMED)  
 RNO. 49972

Doctor : DR. SHALAJA PILLAI



REPORT :

Sample Name: Shreea Test: Graded Exercise Treadmill  
PROCEDURE DONE: Graded exercise treadmill stress test  
WITNESS ECG RESULTS: The initial HR was recorded as 64.0 bpm, and the maximum predicted Target Heart Rate 187.0. The BP increased at the time of  
generating report as 150/85/0 mmHg. The Max HR went upto 152.0. ECGic Beats were observed during the Test.  
The Test was completed because of 'Heart Rate Achieved'.  
CONCLUSIONS:  
1. Stress test is negative for ischemia.  
2. No significant ST-T changes seen.  
3. HR and Blood pressure response to exercise is normal.

Dr. SHAILAJA PILLAI  
M.D. (GEN.MED.)  
R.NO. 49872

Doctor : DR. SHAILAJA PILLAI

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

REG: 2000012729 / AMIT KOOJ / 33 Yrs / M / 160 Cms / 74 Kg / HR: 84

Date: 28/05/2024 10:55 AM

NETS: 1.50 Hz, 65% (THAN) SP: 1000 mmHg

ECG: ECG/BLD/CO/RESP/HR/HRV/HRV-MS

ECG: 1000/1000/1000/1000

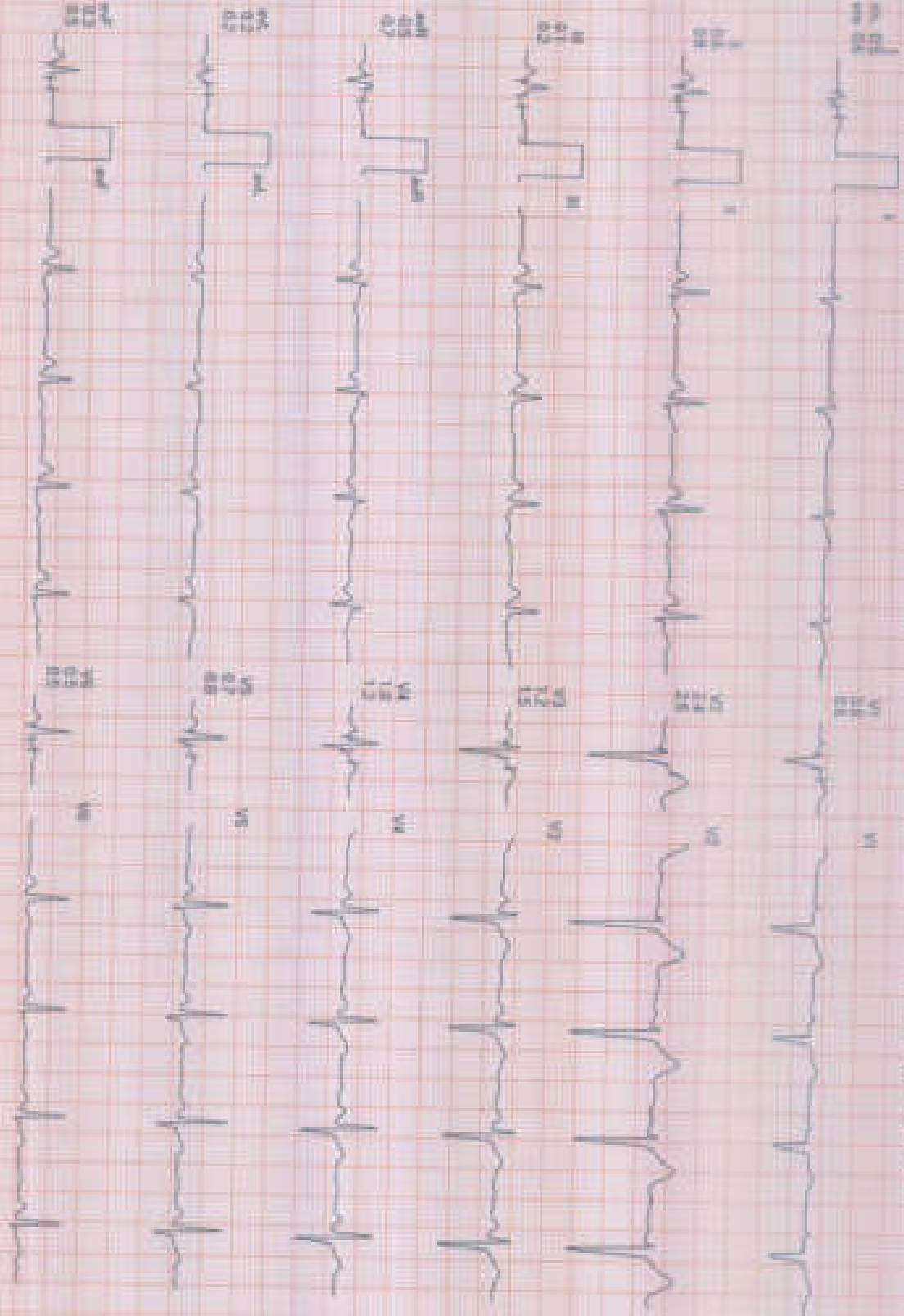
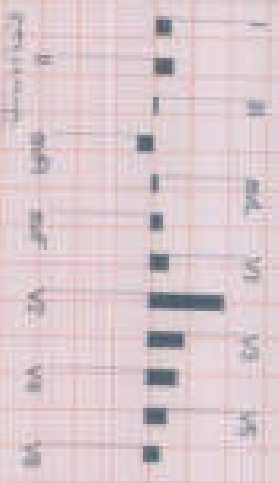
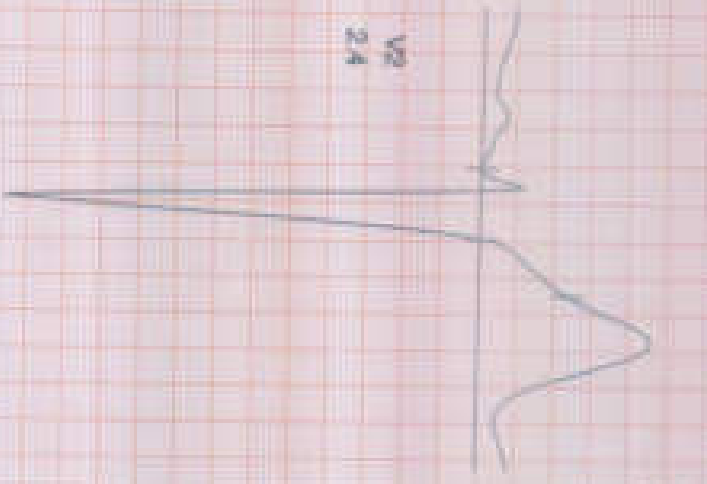
Speed: 25.00mm

SUPINE ( 00:01 )



DR: DR. P. S. P. S.

V2  
2.4





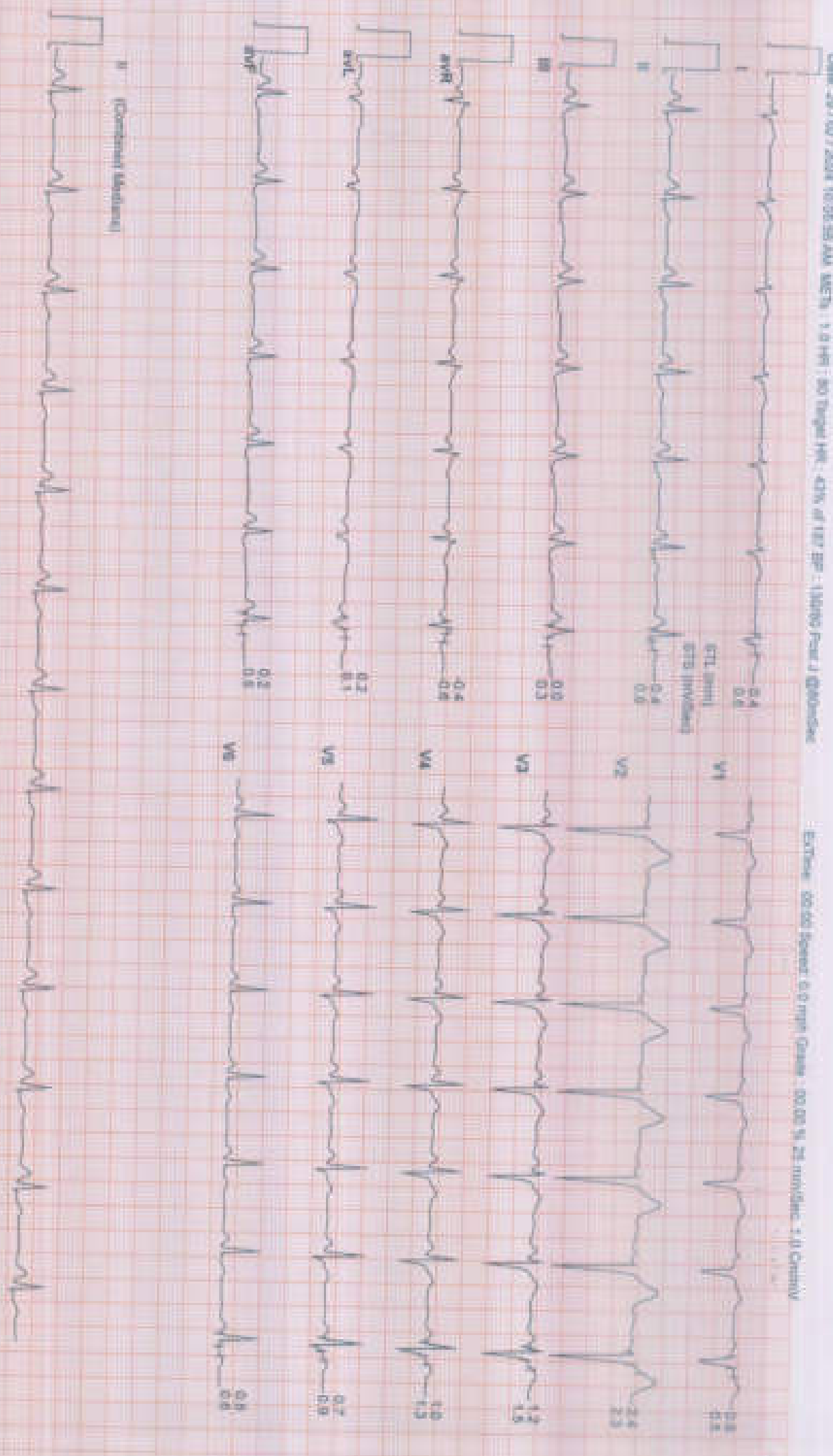
# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

982 / AMIT MODI / 33 Yrs / Male / 160 Cm / 74 Kg

Date: 29 / 03 / 2024 16:05:59 AM (ECG) 1.0 Hz | 50 Paper Hz | 40% of 100 bpm | 10000 Pips / 1000000

Estimate: 60:00 Speed: 6.0 mm/s (Scale: 10:00 S, 25 mm/sec, 1.5 cm/sec)

6X2 Combine Medians + 1 Rhythm  
HV ( 00:00 )

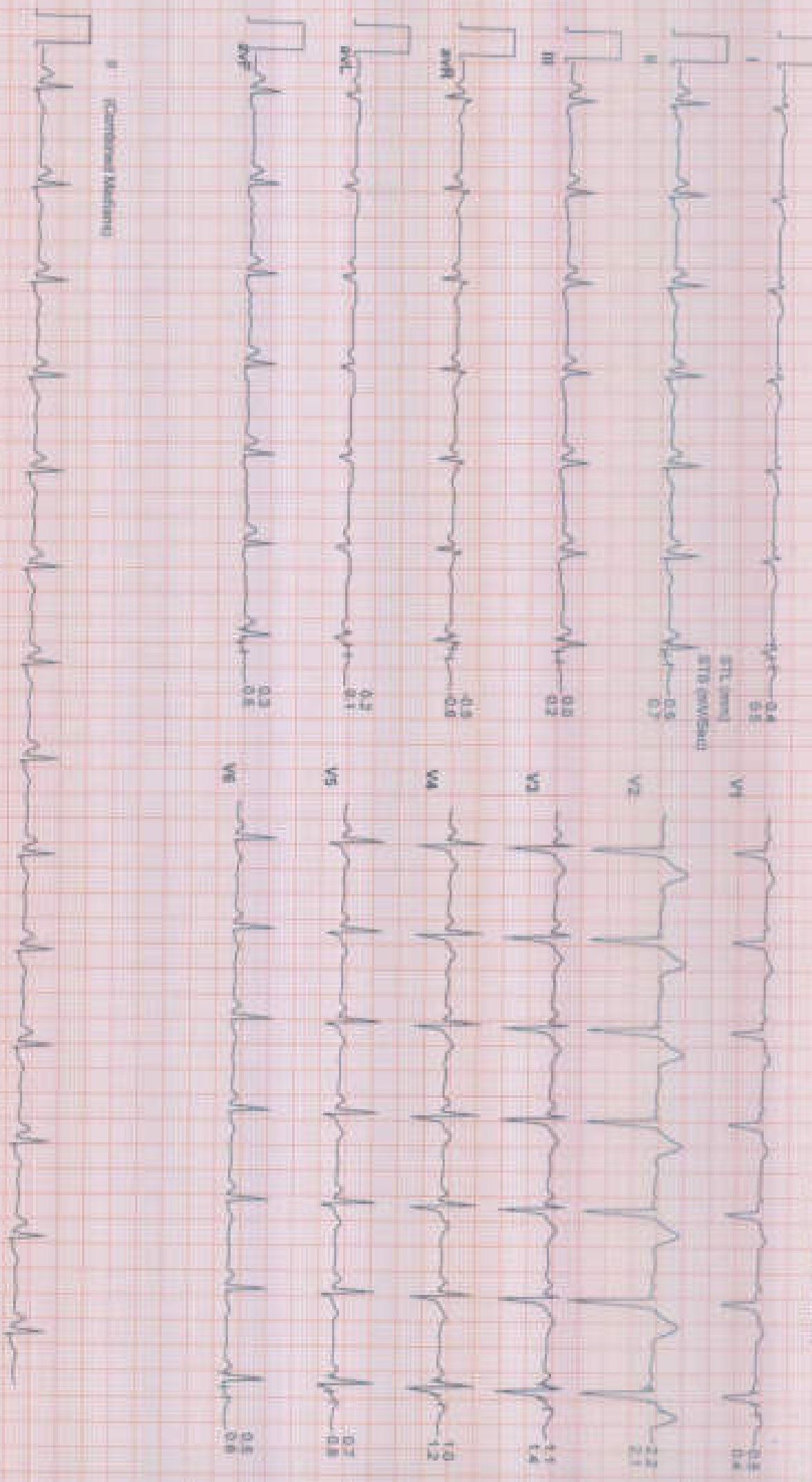






Date: 29 / 02 / 2024 10:08:56 AM METS : 1.0 HR : 82 Temp:HR : 44% of 187 bpm (3200 Pwd) / QRS:Qrs

ExTime: 01:00 Speed: 0.011100 Ours: 00:01:25 Sample: 1.0 (mm/s)





# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

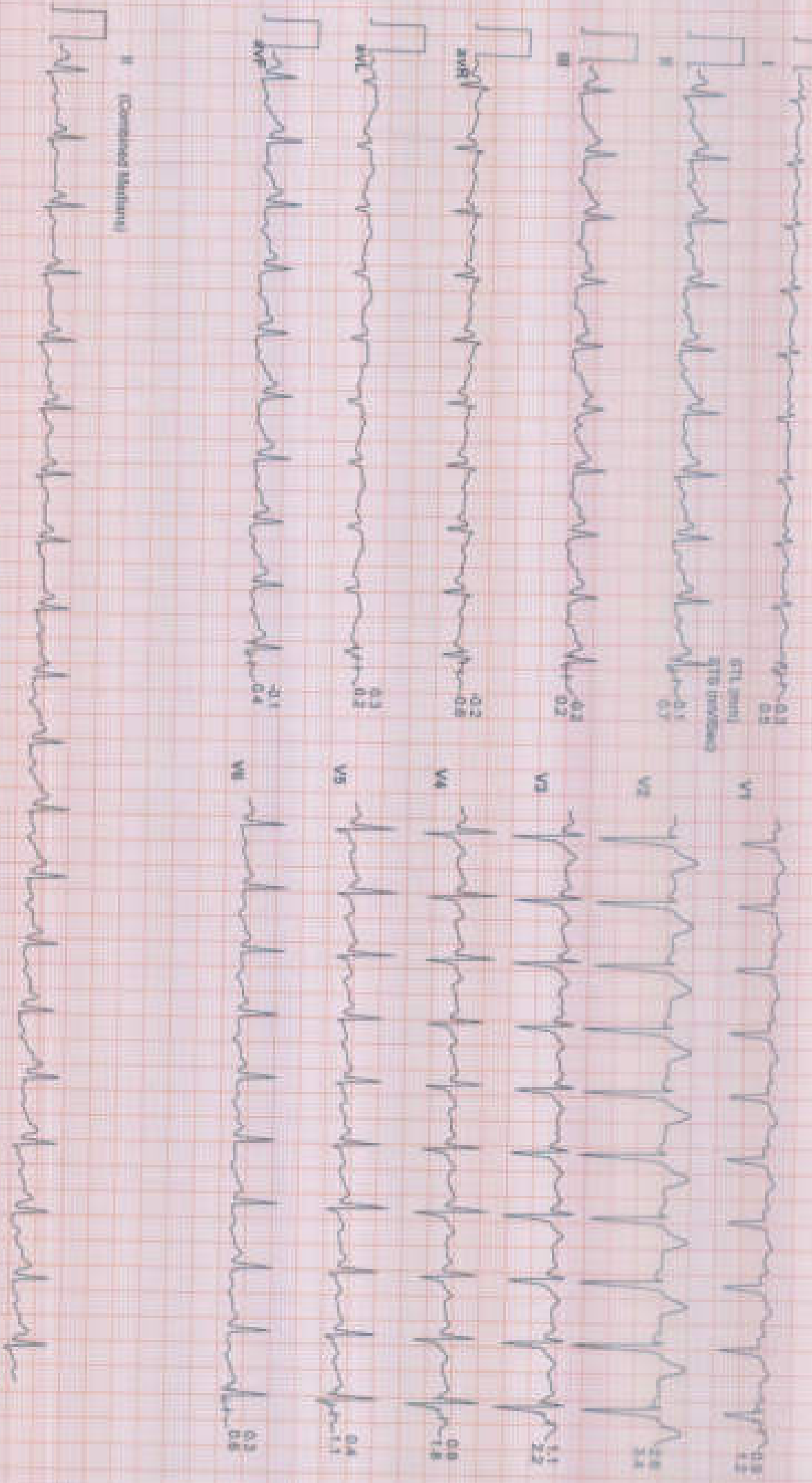
982 / AMIT MODI / 33 Yrs / Male / 180 Cm / 74 Kg

Date: 29 / 03 / 2024 10:58:54AM SETS: 4.7 HR: 128 Reg'd HR: 64% of 187 BPM: 120MM Flow / 2 @ 60/min

6X2 Combine Medians + 1 Rhythm  
BRUCE: Stage 1 ( 03:00 )



Exhaust: 03:50 Speed: 1.7 mph Grade: 10.00 % 26 minutes, 1.0 Gmax



**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

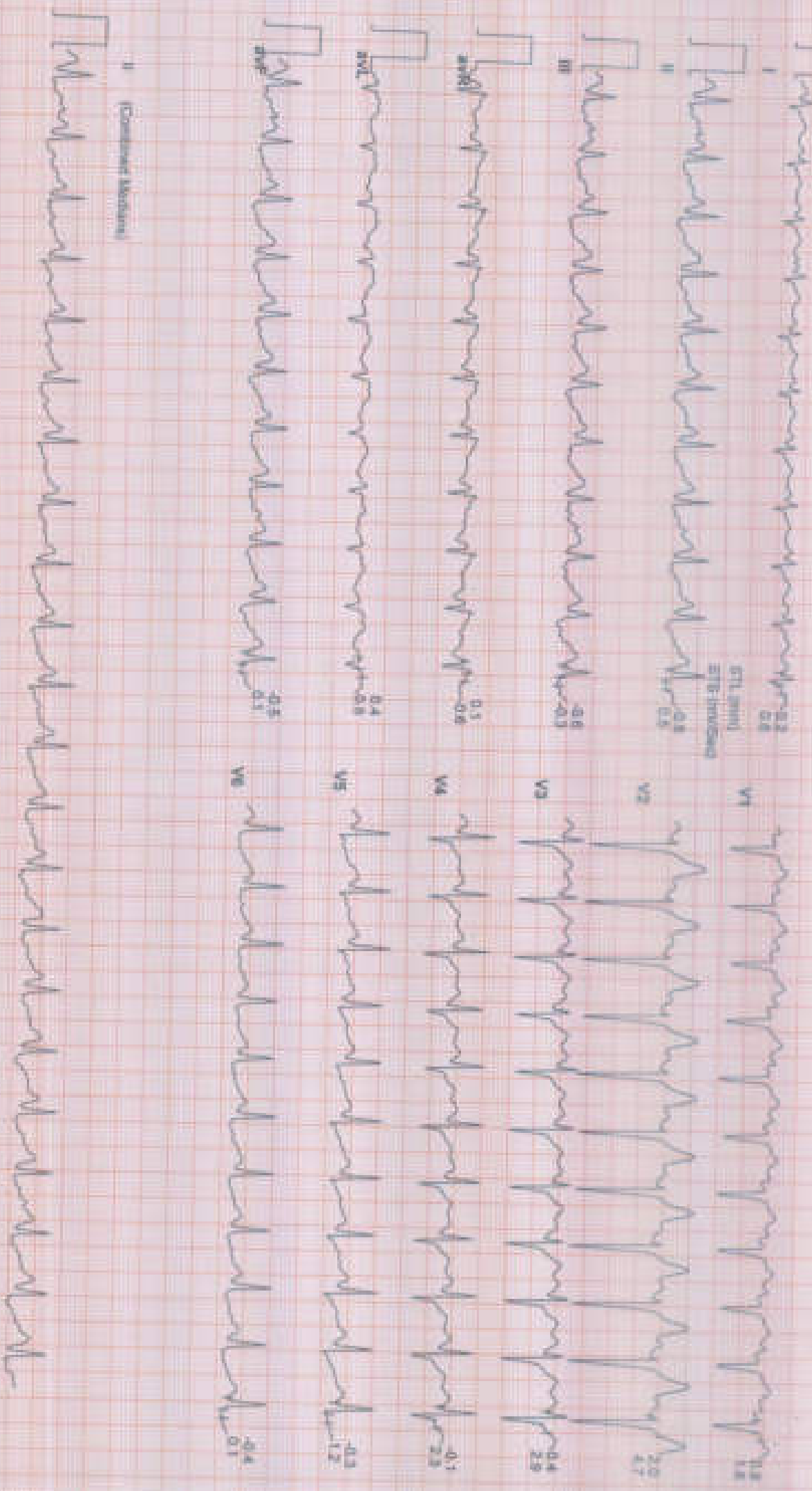
562 / AMT MOD / 33 Yrs / Male / 160 Cms / 74 Kg

Date: 20/12/2024 10:55:56AM WETS: 71 (HR) 131 (Tempt HR) 70% of 187 BPM 149MM Hout / @GorDae

**6X2 Combine Modians + 1 Rhythm**  
BRUCE : Stage 2 ( 03:00 )



Extra: 08:00 Speed: 2.8 mph Grade: 12.00 % 25 minSec: 1.0 Count



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

682 / AMNT MOD / 33 Yrs / Male / 180 Cm / 74 Kg

6X2 Combine Medians + 1 Rhythm  
PeakEx



Date: 29 / 02 / 2024 10:00:00 AM MCTA : 6.6 Hz : 1000 Sample / sec : 10000 Paced / 600000

ECG: 0132 Speed: 2.5 mm/Sec : 14.00 % 25 Samples : 1.6 Sec



54 bpm



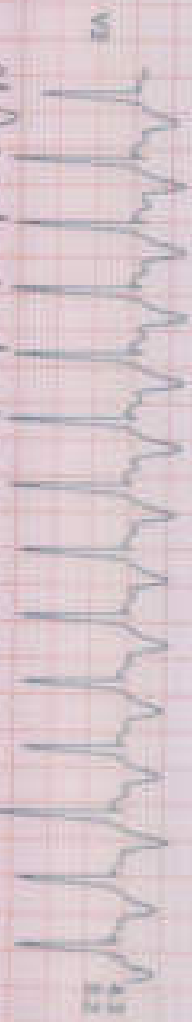
54 bpm



54 bpm



54 bpm



54 bpm



54 bpm



54 bpm



54 bpm



54 bpm



54 bpm



54 bpm

(Continued Unknown)



54 bpm

**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

982 / AMIT MODI / 33 Yrs / Male / 160 CM / 74 KG

Date: 20 / 02 / 2024 Tech: SSM (MTR) : 1.1 (M) : 151 Temp (M) : 37.5 Wt (M) BP : 100/60 PUL / @60/min

**6X2 Combine Medians + 1 Rhythm**  
Recovery : ( 01:00 )



Filter: 0.125 Speed: 0.25mm/Sec Date: 00:00 V: 20mm/Div 1.0 Gain



II (Completed Medians)



**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

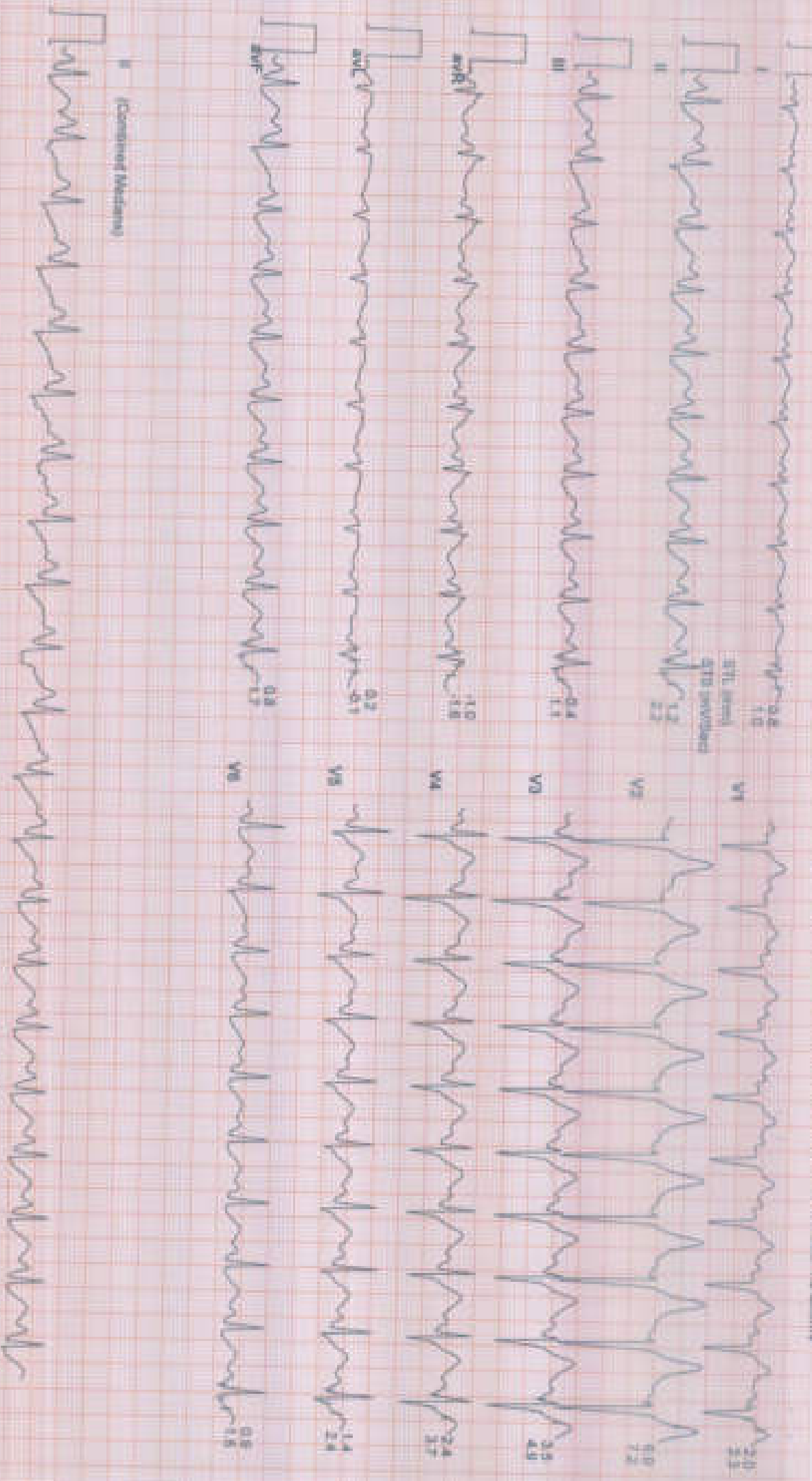
982 / AARTI MODI / 33 Yrs / Male / 160 Cm / 74 Kg

Date: 20 / 02 / 2024 10:05:34AM Wed, 1.2 Hz, 500 Samples, 87% of 187 Be, 13000 Paced, 4 Seconds

**6X2 Combine Medians + 1 Rhythm**  
Recovery : ( 02:00 )



Filter: 0.25 Speed: 0.0 min. Gain: 00.00 % 20 mm/sec 1.0 Cm/Div





**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

962 / AMIT MODI / 33 Yrs / Male / 180 Cm / 74 Kg

Date: 25/02/2024 10:55:30 AM Wets: 1.8 mmHg, 126 Temp: 36.8°C HR: 67bpm RR: 18.7 bpm (3000 Puff) @ 20/min

Expiry: 07/27 Speed: 0.0 mm/Divisor: 20.00 S/25 mm/sec: 1.0 Count

**6X2 Combine Modials + 1 Rhythm**  
Recovery: ( 02:04 )

