



CID : 2305621588
Name : MR.SANDEEP G KHANVILKAR
Age / Gender : 47 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 25-Feb-2023 / 08:58
Reported : 25-Feb-2023 / 12:45

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	14.6	13.0-17.0 g/dL	Spectrophotometric
RBC	4.42	4.5-5.5 mil/cmm	Elect. Impedance
PCV	45.4	40-50 %	Measured
MCV	103	80-100 fl	Calculated
MCH	33.1	27-32 pg	Calculated
MCHC	32.2	31.5-34.5 g/dL	Calculated
RDW	15.8	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	9810	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	17.4	20-40 %	
Absolute Lymphocytes	1706.9	1000-3000 /cmm	Calculated
Monocytes	8.6	2-10 %	
Absolute Monocytes	843.7	200-1000 /cmm	Calculated
Neutrophils	68.9	40-80 %	
Absolute Neutrophils	6759.1	2000-7000 /cmm	Calculated
Eosinophils	4.5	1-6 %	
Absolute Eosinophils	441.4	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	
Absolute Basophils	58.9	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	253000	150000-400000 /cmm	Elect. Impedance
MPV	8.2	6-11 fl	Calculated
PDW	12.4	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 4 2-15 mm at 1 hr. Sedimentation

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

Bmhasakar

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



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Reported : 25-Feb-2023 / 19:59

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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	97.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	92.1	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	

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*** End Of Report ***

Bmhaskar

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Pathologist





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Reg. Location : Borivali West (Main Centre)

Collected : 25-Feb-2023 / 08:58
Reported : 25-Feb-2023 / 17:07

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	17.2	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.0	6-20 mg/dl	Calculated
CREATININE, Serum	0.74	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	120	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
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
URIC ACID, Serum	3.1	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.4	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	8.8	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	139	135-148 mmol/l	ISE
POTASSIUM, Serum	4.3	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	102	98-107 mmol/l	ISE

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

Bmhasakar

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Reported : 25-Feb-2023 / 14:27

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	105.4	mg/dl	Calculated

Intended use:

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

Clinical Significance:

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

Test Interpretation:

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

Factors affecting HbA1c results:

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

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

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

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

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

*** End Of Report ***



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



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Collected : 25-Feb-2023 / 08:58
Reported : 25-Feb-2023 / 15:44

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	0.485	<4.0 ng/ml	CLIA

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, Artifactual (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 parallel measurements 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

Anupa

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





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Collected : 25-Feb-2023 / 08:58
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*** End Of Report ***



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Collected : 25-Feb-2023 / 08:58
Reported : 25-Feb-2023 / 18:36

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	8.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	6-8	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 Borivali Lab, Borivali West

NR Jain

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



MC-2111



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Age / Gender : 47 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected :
Reported :

*** End Of Report ***



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Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 25-Feb-2023 / 08:58
Reported : 25-Feb-2023 / 16:31

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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	O
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. Leena Salunkhe

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





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Reg. Location : Borivali West (Main Centre)

Collected : 25-Feb-2023 / 08:58
Reported : 25-Feb-2023 / 16:04

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	160.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	89.6	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	40.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	119.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	102.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	17.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.5	0-3.5 Ratio	Calculated

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

Bmhaskar

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Pathologist



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Reg. Location : Borivali West (Main Centre)

Collected : 25-Feb-2023 / 08:58
Reported : 25-Feb-2023 / 17:08

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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	4.1	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	20.7	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.26	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 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 ***

Bmhaskar

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Pathologist



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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	0.95	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.34	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.61	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
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	16.4	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	10.9	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	17.9	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	66.4	40-130 U/L	Colorimetric

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*** End Of Report ***

Bmhasakar

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



SUBURBAN DIAGNOSTICS - BORIVALI WEST



Patient Name: SANDEEP G KHANVILKAR

Date and Time: 25th Feb 23 10:26 AM

Patient ID: 2305621588

Age **47** **8** **17**
years months days

Gender **Male**

Heart Rate **99bpm**

Patient Vitals

BP: NA

Weight: NA

Height: NA

Pulse: NA

Spo2: NA

Resp: NA

Others: _____

Measurements

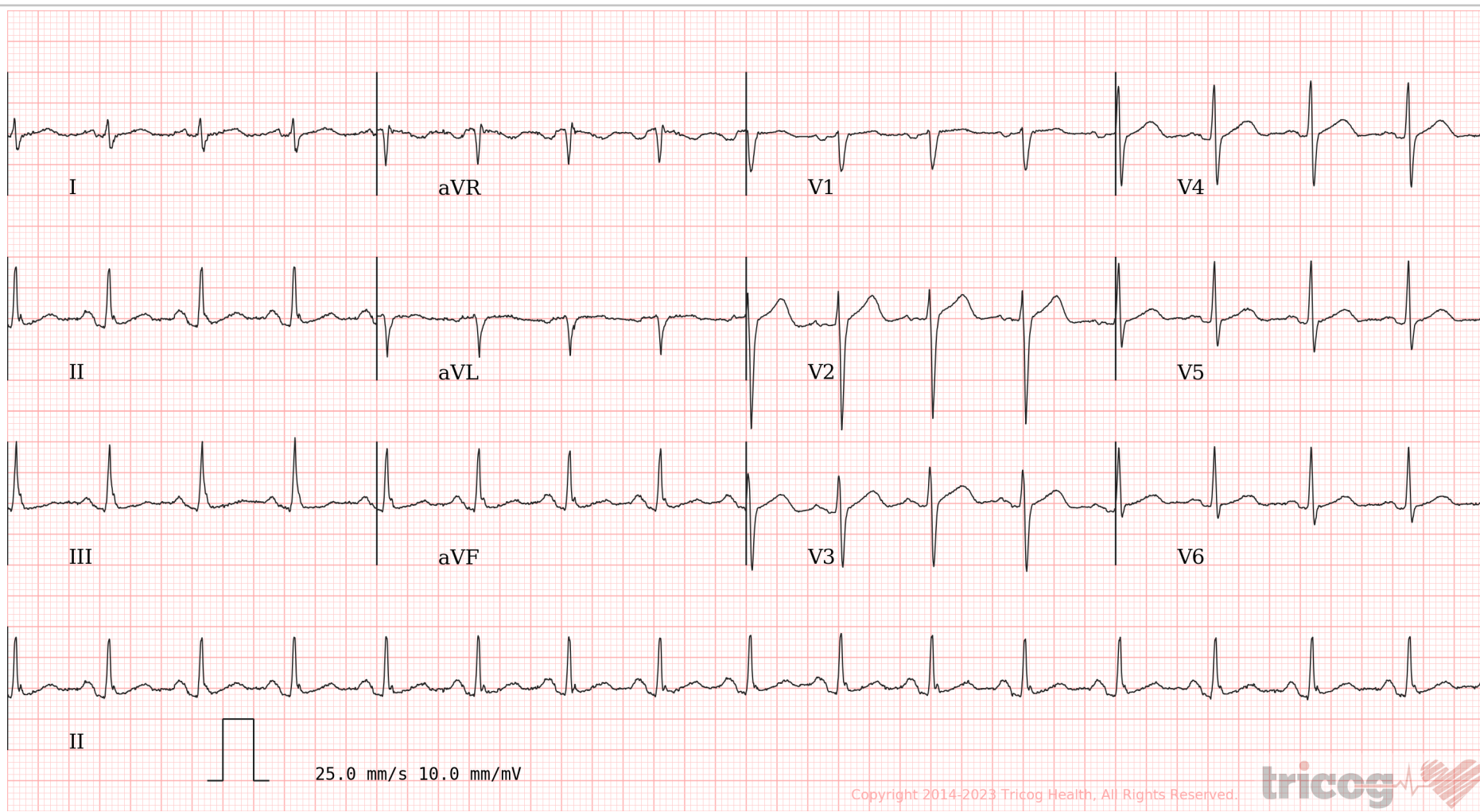
QRSD: 80ms

QT: 348ms

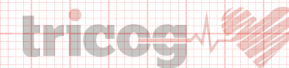
QTc: 446ms

PR: 154ms

P-R-T: 67° 90° 62°



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

REPORTED BY

Dr Nitin Sonavane
M.B.B.S.AFLH, D.DIAB,D.CARD
Consultant Cardiologist
87714

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.

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Name: SANDEEP KHANVILKAR

Date: 25-02-2023 Time: 09:19

Age: 47

Gender: M

Height: 178 cms

Weight: 81 Kg

ID: 2305621588

Clinical History: NIL

Medications: NIL

Test Details:

Protocol: Bruce

Predicted Max HR: 173

Target HR: 147

Exercise Time: 0:05:03

Achieved Max HR: 166 (96% of Predicted MHR)

Max BP: 170/90

Max BP x HR: 28220

Max Mets: 5.9

Test Termination Criteria: TEST COMPLET

Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	00:30	1	0	0	107	140/90	14980	0.8 V3	0.3 V3
Standing	00:13	1	0	0	103	140/90	14420	0.8 V4	0.4 V5
HyperVentilation	00:12	1	0	0	100	140/90	14000	1.4 V6	0.4 V5
PreTest	00:08	1	1.6	0	100	140/90	14000	0.8 V3	0.3 V2
Stage: 1	00:38	1	2.7	10	115	140/90	16100	-1 III	0.7 V6
Stage: 2	03:00	4.3	4	12	156	150/90	23400	-1.4 V1	1 V3
Peak Exercise	01:25	5.9	5.5	14	166	170/90	28220	-2.1 V5	1.2 V4
Recovery1	01:00	1	0	0	145	150/90	21750	2 V4	1.2 V4
Recovery2	01:00	1	0	0	124	150/90	18600	1.7 V3	0.9 V3
Recovery3	01:00	1	0	0	109	150/90	16350	1 V3	0.6 V4

Interpretation

The Patient Exercised according to Bruce Protocol for 0:05:03 achieving a work level of 5.9 METS.
Resting Heart Rate, initially 107 bpm rose to a max. heart rate of 166bpm (96% of Predicted Maximum Heart Rate).
Resting Blood Pressure of 140/90 mmHg, rose to a maximum Blood Pressure of 170/90 mmHg
Good Effort tolerance Normal HR & BP Response No Angina or Arrhythmias
No Significant ST-T Change Noted During Exercise Stress test Negative for Stress inducible ischaemia.

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

DR. NITIN SONAVANE
M.B.B.S.AFLH, D.DIAB, D.CARD.
CONSULTANT-CARDIOLOGIST
REGD. NO. : 87714

Ref. Doctor: ----

Doctor: **DR. NITIN SONAVANE**

SCHILLER
The Art of Diagnostics

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



SANDEEP KHANVILKAR

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Bruce Protocol

ID: 2305621588

Date: 25-02-2023

Exec Time : 0:00:00

Stage Time: 00:30

STL:ve(m) ST:Stop(mV/s)

Stage: Supine

Speed: 0 km/h

Slope: 0%

THR: 147 bpm

HR: 107 bpm

BP: 140/90 mmHg

STL:ve(m) ST:Stop(mV/s)

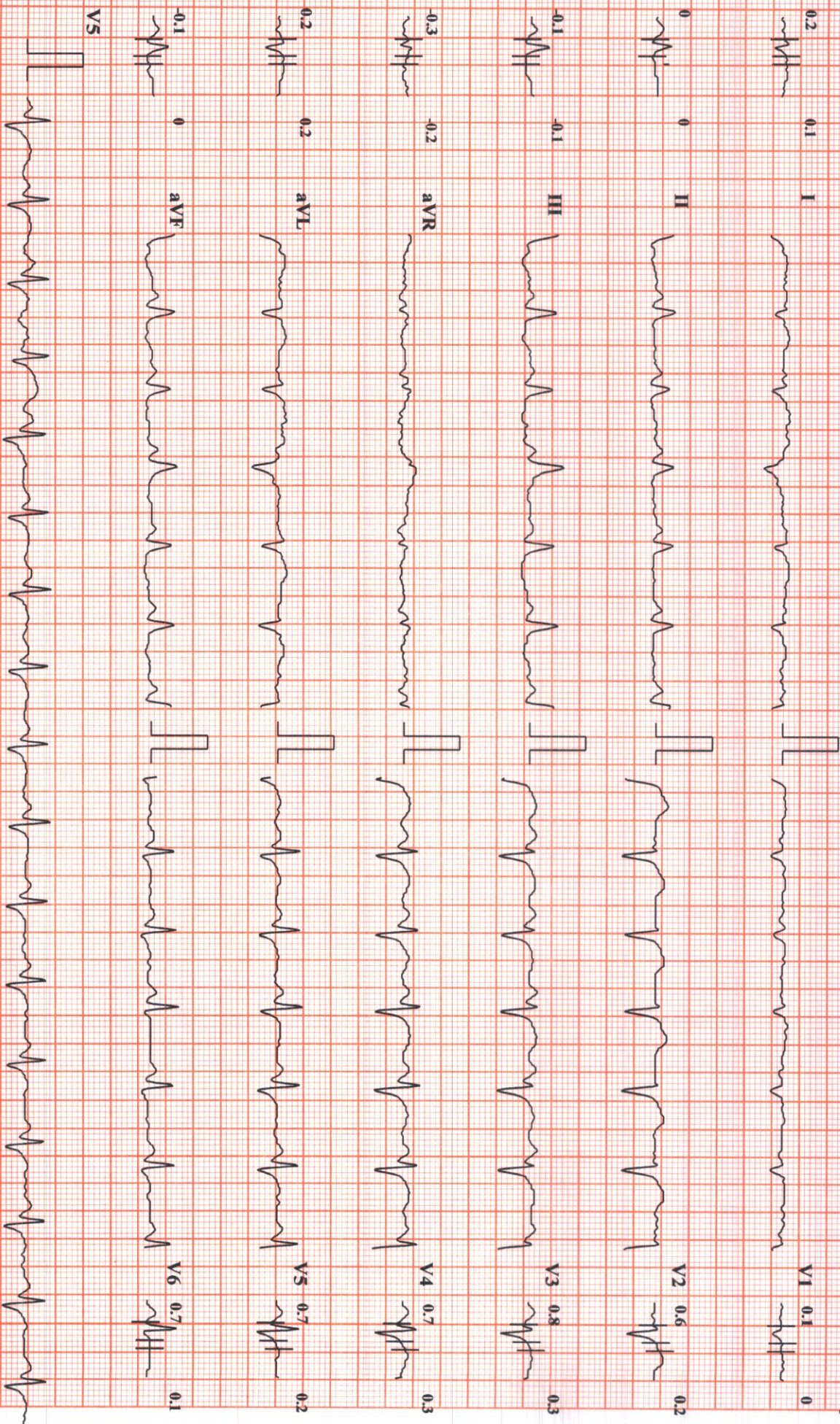


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Spandart CS-20 Version:2.14

SANDEEP KHANVILKAR

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Bruce Protocol

ID: 2305621588

Date: 25-02-2023

Exec Time : 0:00:00

Stage Time: 00:13

HR: 103 bpm

STLevel(mV) STSlope(mV/s)

Stage: Standing

Speed: 0

Slope: 0%

THR: 147 bpm

BP: 140/90 mmHg

STLevel(mV) STSlope(mV/s)

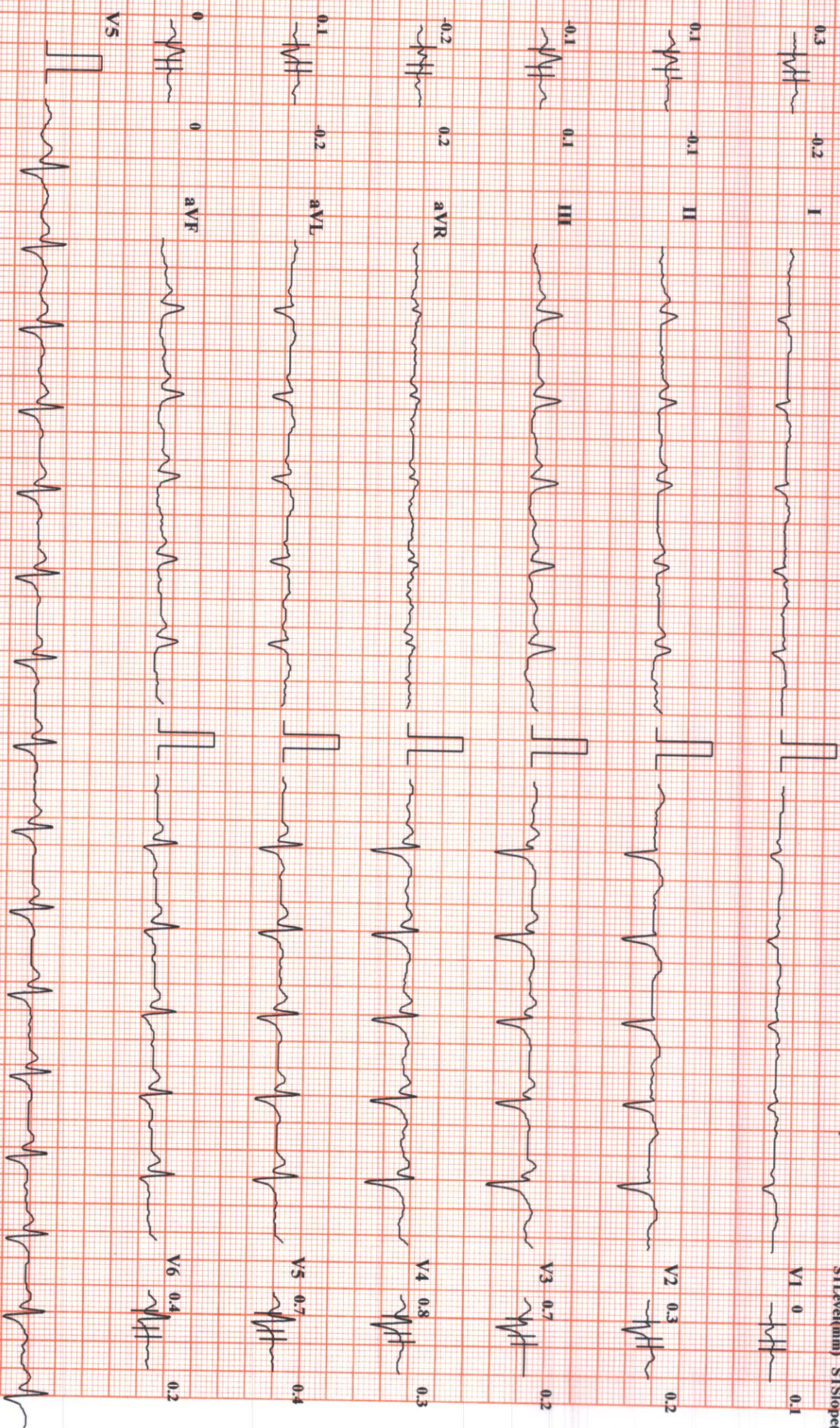


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Spandan CS-20 Version: 2.14

SANDEEP KHANVILKAR

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Bruce Protocol

ID: 2305621588

Date: 25-02-2023

HR: 100 bpm

STLevel(mm) STISlope(mV/s)

Stage: HyperVentilation

Speed: 0

Exec Time: 0:00:00

Stage Time: 00:12

BP: 140/90 mmHg

0.2 0.1 I

0.2 0.1 II

Slope: 0%

STLevel(mm) STISlope(m

0.2 0.1 I

0.2 0.1 II

Slope: 0%

V1 -0.1 0.1

0 0 II

0 0 III

Slope: 0%

V2 0.5 0.1

0 0 II

0 0 III

Slope: 0%

V3 0.9 0.3

-0.2 -0.1 III

-0.2 -0.1 III

Slope: 0%

V4 1 0.3

-0.2 -0.1 III

-0.2 -0.1 III

Slope: 0%

V5 1 0.4

-0.2 0.1 aVR

-0.2 0.1 aVR

Slope: 0%

V6 1.4 0.2

-0.2 0.1 aVR

-0.2 0.1 aVR

Slope: 0%

V6 1.4 0.2

0.1 0 aVL

0.1 0 aVL

Slope: 0%

V6 1.4 0.2

0.1 0 aVL

0.1 0 aVL

Slope: 0%

V6 1.4 0.2

-0.3 -0.1 aVF

-0.3 -0.1 aVF

Slope: 0%

V6 1.4 0.2

-0.3 -0.1 aVF

-0.3 -0.1 aVF

Slope: 0%

V6 1.4 0.2

-0.3 -0.1 aVF

-0.3 -0.1 aVF

Slope: 0%

V6 1.4 0.2

Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Spandan CS:20 Version:2.14

SANDEEP KHANVILKAR

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Bruce Protocol

ID: 2305621588

Date: 25-02-2023

Exec Time: 0:00:38

Stage Time: 00:38

HR: 115 bpm

STLevel(mm) STSlope(mV/s)

Stage: 1

Speed: 2.7 kmph

Slope: 10%

THR: 147 bpm

BP: 140/90 mmHg
STLevel(mm) STSlope(m

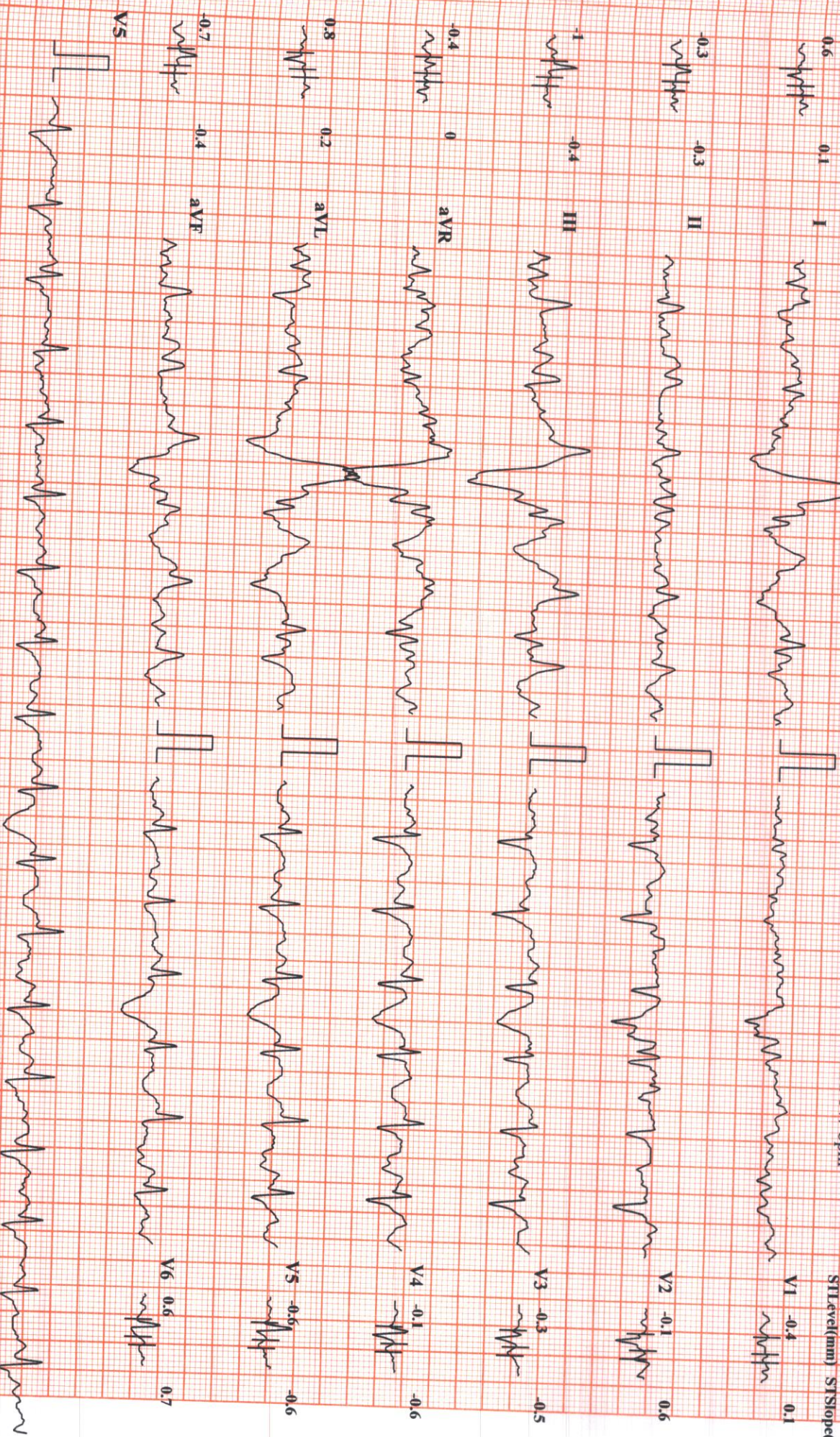


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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



SUBURBAN DIAGNOSTICS PVT. LTD. BORIVALI

SANDEEP KHANVIKAR

Bruce Protocol

STLevel(mm) STISlope(mV/s)

ID: 2305621588

Stage: 2

Date: 25-02-2023

Speed: 4 kmph

Exec Time : 0:03:38

Slope: 12 %

Stage Time: 03:00

THR: 147 bpm

HR: 156 bpm

Bp: 150/90 mmHg

STLevel(mm) STISlope(mV/s)

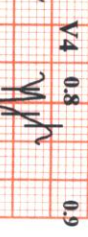
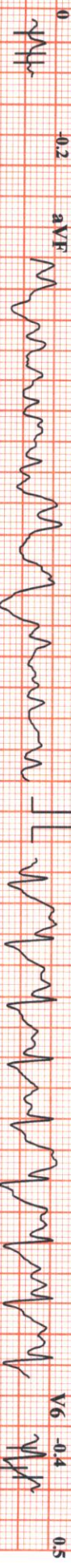
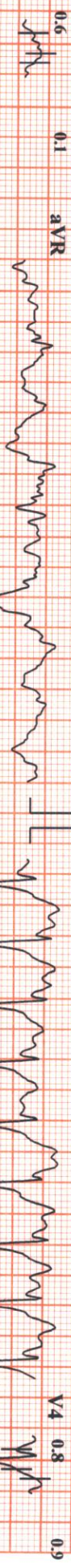


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Spandan CS-20 Version: 2.14

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

SANDEEP KHANVILKAR

Bruce Protocol

ID: 2305621588

Date: 25-02-2023

Exec Time : 0:05:03

Stage Time: 01:25

HR: 166 bpm

STLevel(mm) STISlope(mV/s)

Stage: 3 Peak Exercise

Speed: 5.5 kmph

Slope: 14 %

THR: 147 bpm

BP: 170/90 mmHg

STLevel(mm) STISlope(mV/s)

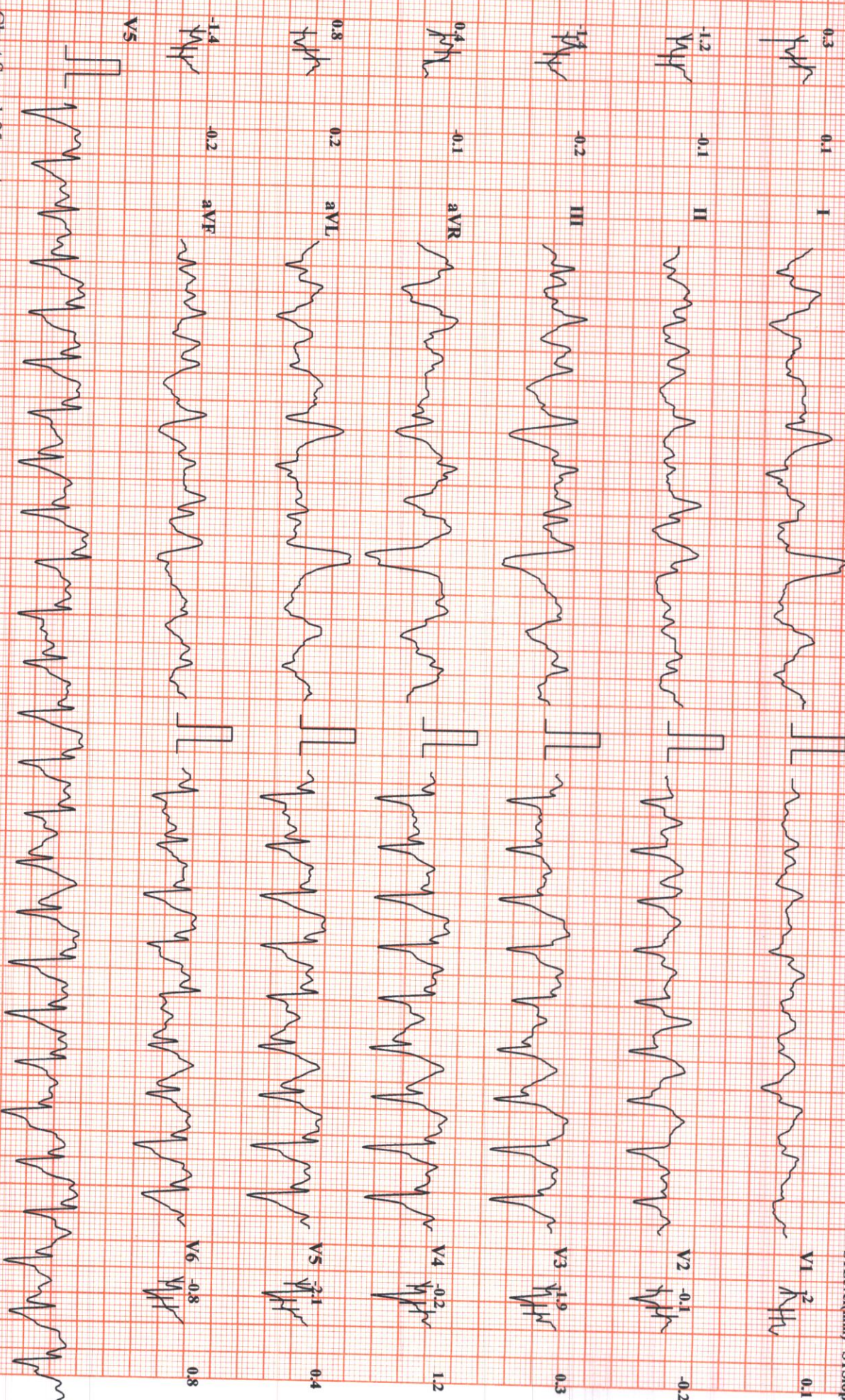


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

SANDEEP KHANVILKAR

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2305621588

Date: 25-02-2023

Exec Time : 00:00

Stage Time: 00:59

HR: 147 bpm

Stage: Recovery1

Speed: 0 kmph

Slope: 0%

THR: 147 bpm

BP: 150/90 mmHg

STLevel(mm) STSlope(mV/s)

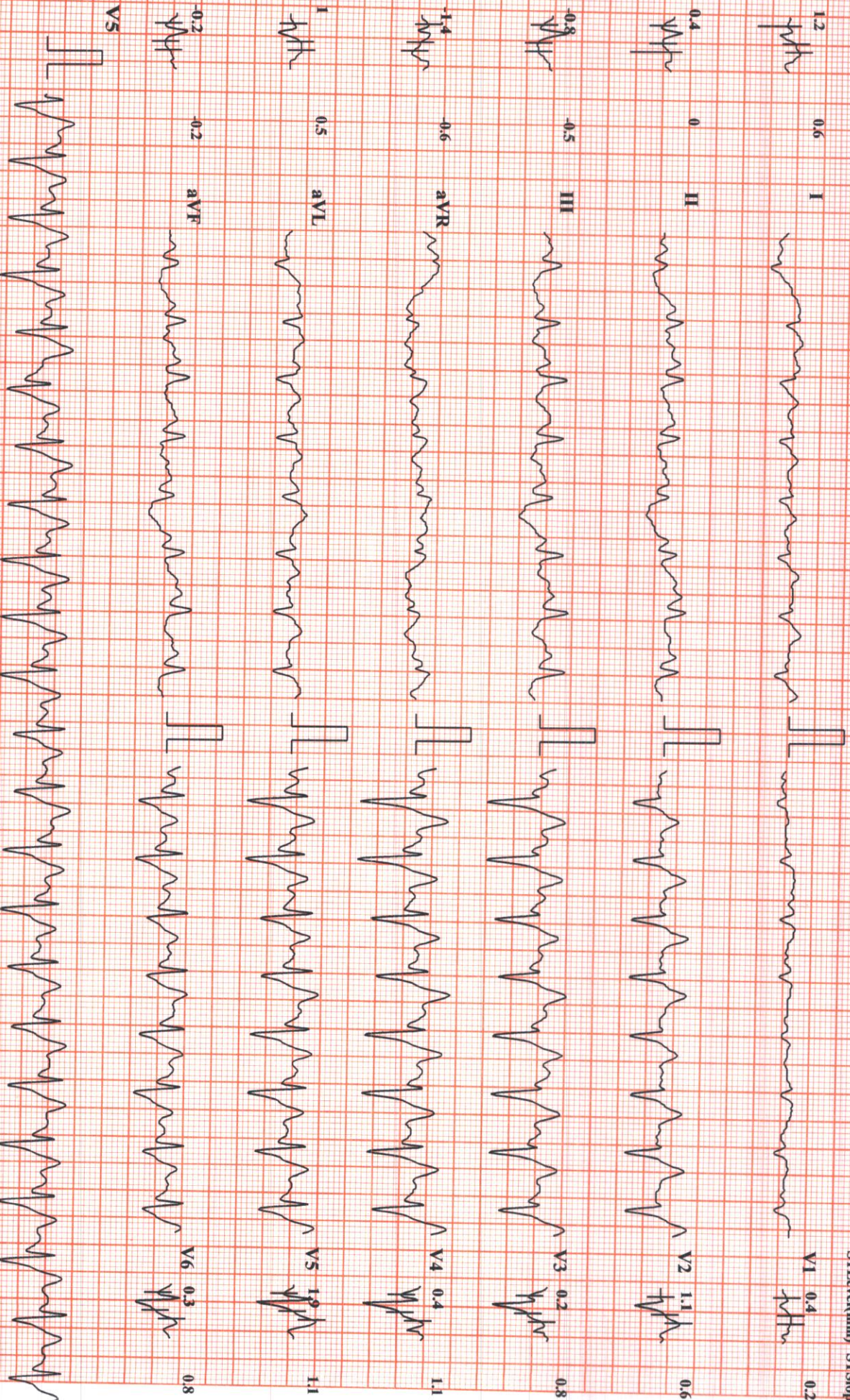


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Spandau CS-20 Version:2.14

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

SANDEEP KHANVILKAR

Bruce Protocol
ST1Level(mm) ST1Slope(mV/s)

ID: 2305621588
Stage: Recovery 1

Date: 25-02-2023
Speed: 0 kmph

Exec Time : 00:00
Slope: 0%

Stage Time: 01:00
THR: 147 bpm

HR: 145 bpm

BP: 150/90 mmHg
ST1Level(mm) ST1Slope(mV)

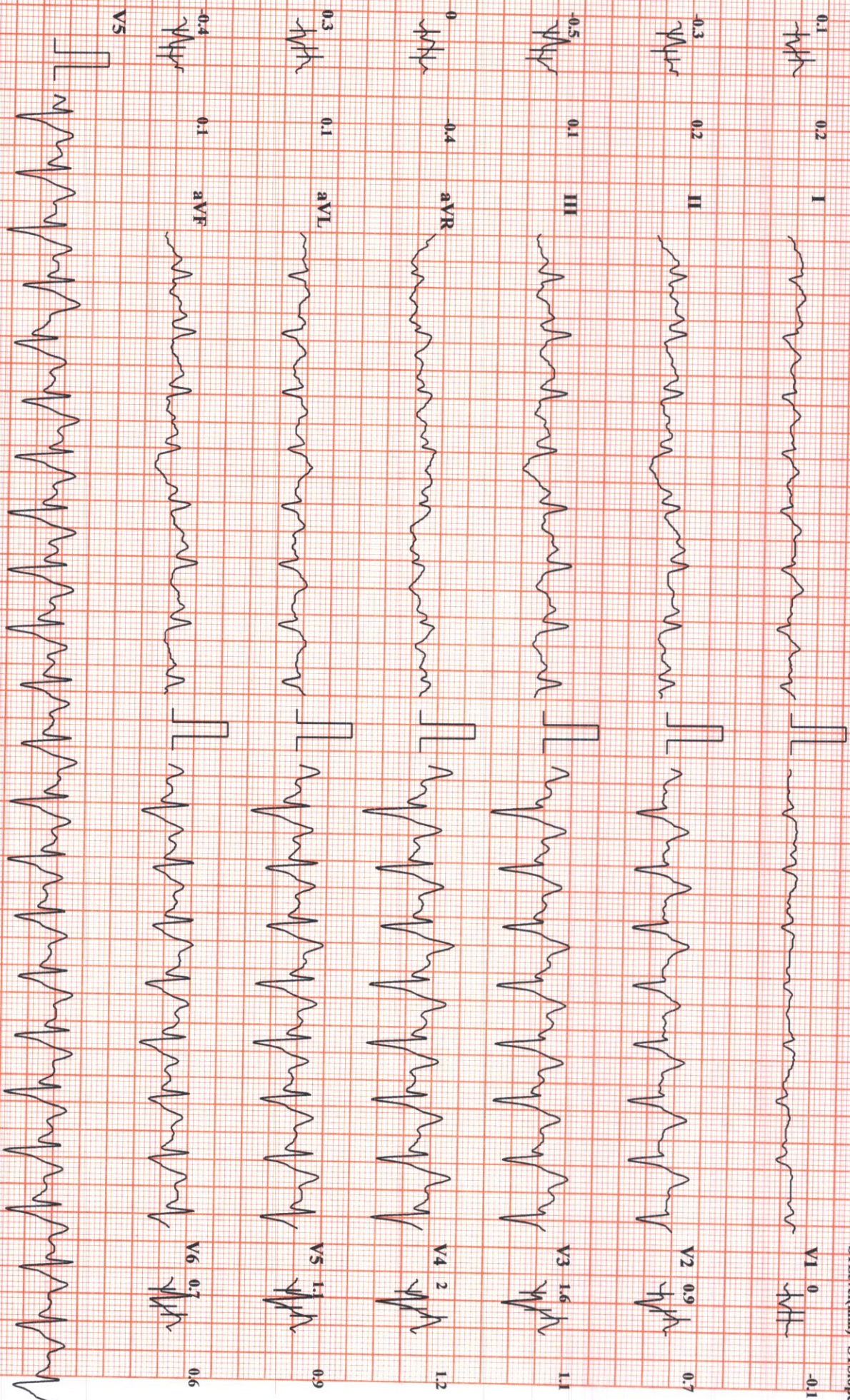


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Spandian CS-20 Version:2.14

SANDEEP KHANVILKAR

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2305621588

Stage: Recovery2

Date: 25-02-2023

Speed: 0 kmph

Exec Time : 00:00

Slope: 0%

Stage Time: 01:00

THR: 147 bpm

HR: 124 bpm

BP: 150/90 mmHg

STLevel(mm) STSlope(mV/s)

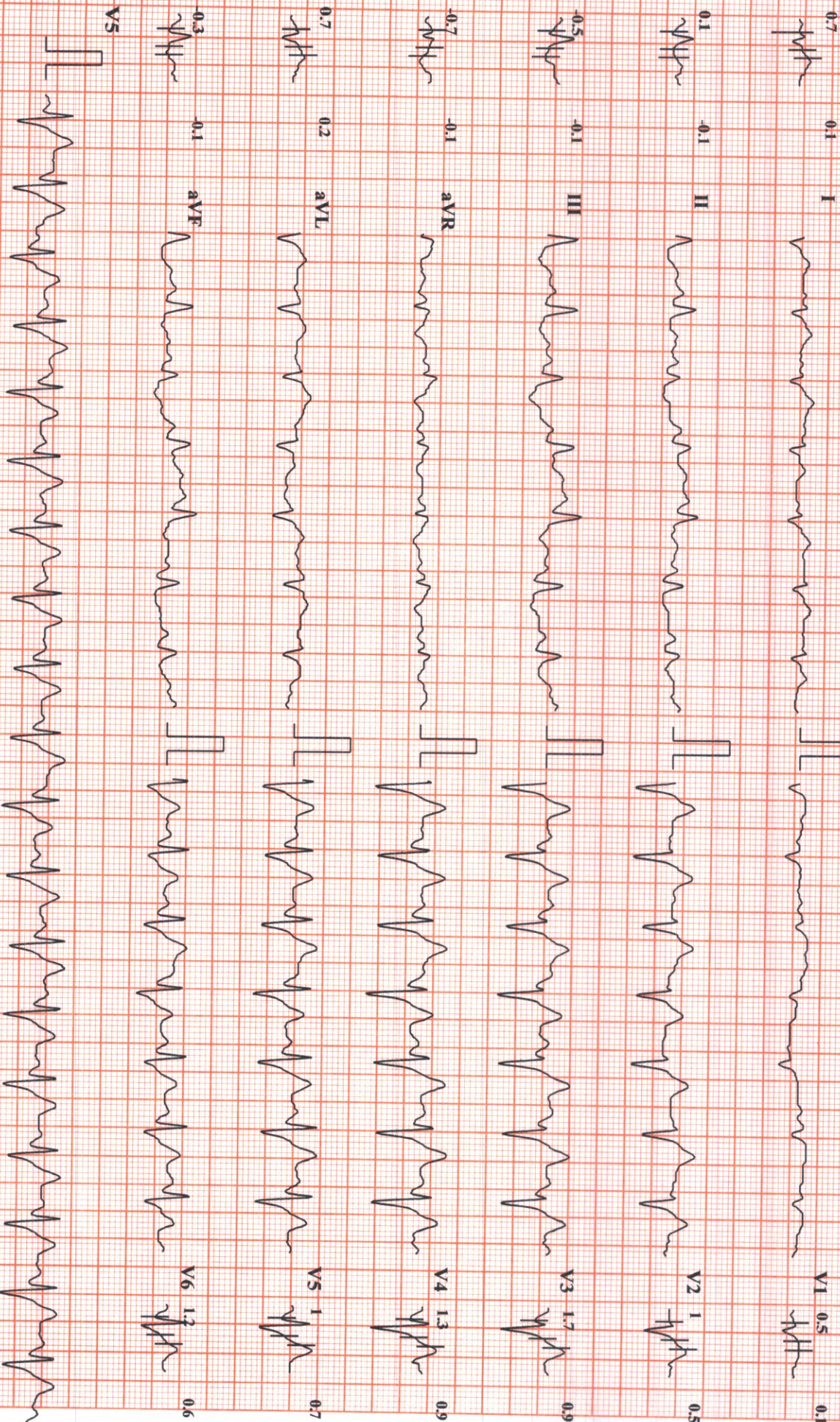


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

SANDEEP KHANVILKAR

SIBURBAN DIANOSTICS PVT. LTD. BORIVALI

Bruce Protocol

ID: 2305621588

Date: 25-02-2023

Exec Time : 00:00

Stage Time: 01:00

HR: 109 bpm

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

Stage: Recovery3

Speed: 0 kmph

Slope: 0%

THR: 147 bpm

BP: 150/90 mmHg

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

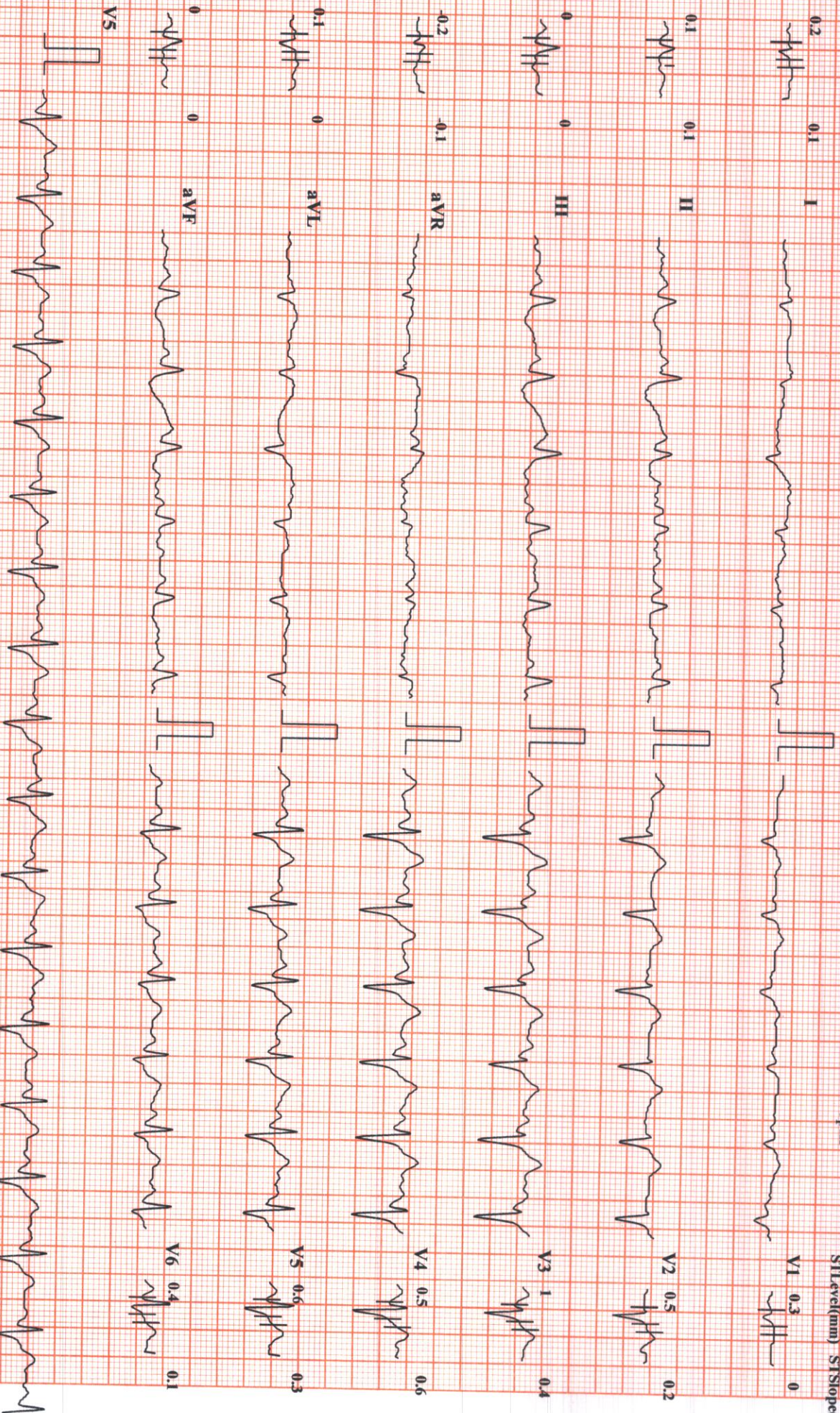


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Spandart CS-20 Version:2.14

SUBRBAN DIANOSTICS PVT. LTD. BORIVALI

SANDEEP KHANVILKAR

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2305621588

Stage: Recovery4

Date: 25-02-2023

Speed: 0 kmph

Exec Time : 00:00

Slope: 0%

Stage Time: 00:27

THR: 147 bpm

HR: 110 bpm

BP: 140/90 mmHg

STLevel(mm) STSlope(mV/s)

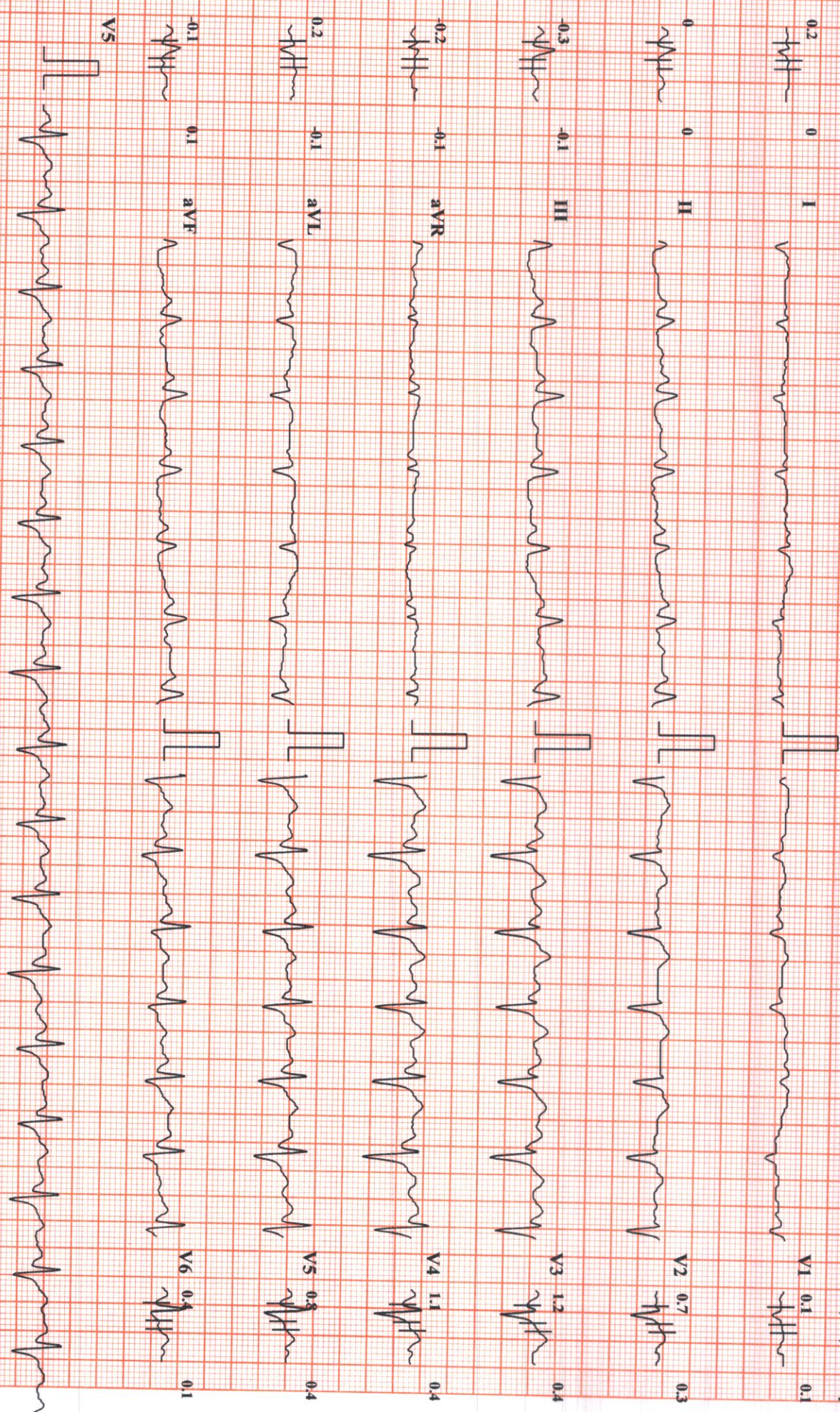


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Spandan CS-20 Version:2.14

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA

SANDEEP G KHANVILKAR

GANGARAM KHANVILKAR

08/06/1975

Permanent Account Number

AIQPK0941E

Khanvilkar

Signature



for testing
[Signature]
25/02/2023

Date:-

CID:

Name:- Sandeep G

Sex / Age: /

EYE CHECK UP

Chief complaints:

NIL

Systemic Diseases:

Past history:

NA

Unaided Vision:

RT

LT

Aided Vision:

6/9

6/9.

Refraction:

N/6

N/6.

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

→

Remark:

Normal

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



Use a QR Code Scanner
Application To Scan the Code

CID : 2305621588
Name : Mr SANDEEP G KHANVILKAR
Age / Sex : 47 Years/Male
Ref. Dr :
Reg. Location : Borivali West
Reg. Date : 25-Feb-2023
Reported : 25-Feb-2023 / 12:57

USG WHOLE ABDOMEN

LIVER: Liver is normal in size, shape and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any obvious focal lesion.

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

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

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

KIDNEYS: Right kidney measures 11.1 x 4.1 cm. Left kidney measures 9.6 x 4.8 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

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

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

PROSTATE: Prostate is normal in size and echotexture. Prostate measures 4.1x 2.7 x 3.5 cm and prostatic weight is 21 gm. No evidence of any obvious focal lesion.

No free fluid or size significant lymphadenopathy is seen.



Use a QR Code Scanner
Application To Scan the Code

CID : 2305621588
Name : Mr SANDEEP G KHANVILKAR
Age / Sex : 47 Years/Male
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 25-Feb-2023
Reported : 25-Feb-2023 / 12:57

Opinion:

- No significant abnormality is detected.

For clinical correlation and follow up.

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

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

This report is prepared and physically checked by DR SUDHANSHU SAXENA before dispatch.

DR.SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
RegNo .MMC 2016061376.

CID : 2305621588
Name : Mr SANDEEP G KHANVILKAR
Age / Sex : 47 Years/Male
Ref. Dr :
Reg. Location : Borivali West
Reg. Date : 25-Feb-2023
Reported : 25-Feb-2023 / 16:43

Use a QR Code Scanner
Application To Scan the Code

X-RAY CHEST PA VIEW

Fibro calcific old pulmonary Koch's infiltrates seen in the right upper zone,

Both lung fields appear hyperinflated and hypertranslucent suggestive of asthenic built to rule out chronic obstructive pulmonary disease (COPD).

Rest of the lung fields are clear.

Both costo-phrenic angles are clear.

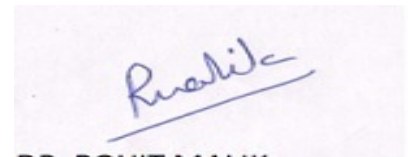
The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

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

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



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