



**CID** : 2302819367  
**Name** : Mrs SUMAN MUKHERJEE  
**Age / Sex** : 36 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Malad West Main Centre

**Reg. Date** : 28-Jan-2023  
**Reported** : 28-Jan-2023/12:07

## **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.**

### **To be correlated clinically**

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. X- ray is known to have inter-observer variations. FThey only help in diagnosing the disease in correlation to clinical symptoms and other related tests.Further / Follow-up imaging may be needed in some case for confirmation of findings. Please interpret accordingly.

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

**This report is prepared and physically checked by Dr Vivek Singh before dispatch.**

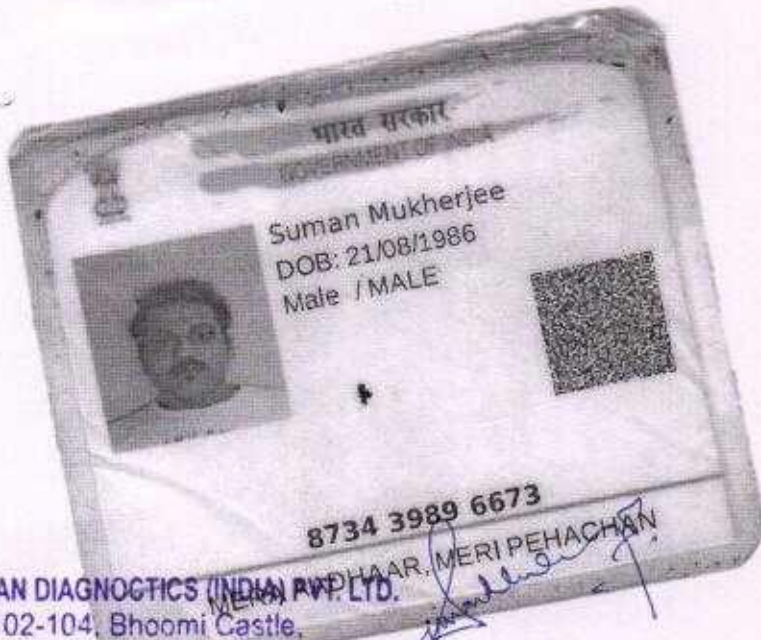
**Dr. Vivek Singh**  
**MD Radiodiagnosis**  
**Reg No: 2013/03/0388**



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भारत सरकार  
GOVERNMENT OF INDIA



Suman Mukherjee  
DOB: 21/08/1986  
Male / MALE



8734 3989 6673

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.  
102-104, Bhoomi Castle,  
Opp. Goregaon Sports Club,  
Link Road, Malad (W), Mumbai - 400 064.

मेरी पहचान  
*[Handwritten Signature]*

Date:- 28/11/23

CID: 2302819367

Name:- Suman Mukherjee Sex / Age: M / 36

**EYE CHECK UP**

Chief complaints: NO

Systemic Diseases: NO

Past history: NO.

Unaided Vision:

Aided Vision: Both eye - NV - N6.

Refraction: DV - G/G.

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—	—	—	G/G	—	—	—	G/G
Near	—	—	—	N6	—	—	—	N6

✓  
Colour Vision: Normal / Abnormal

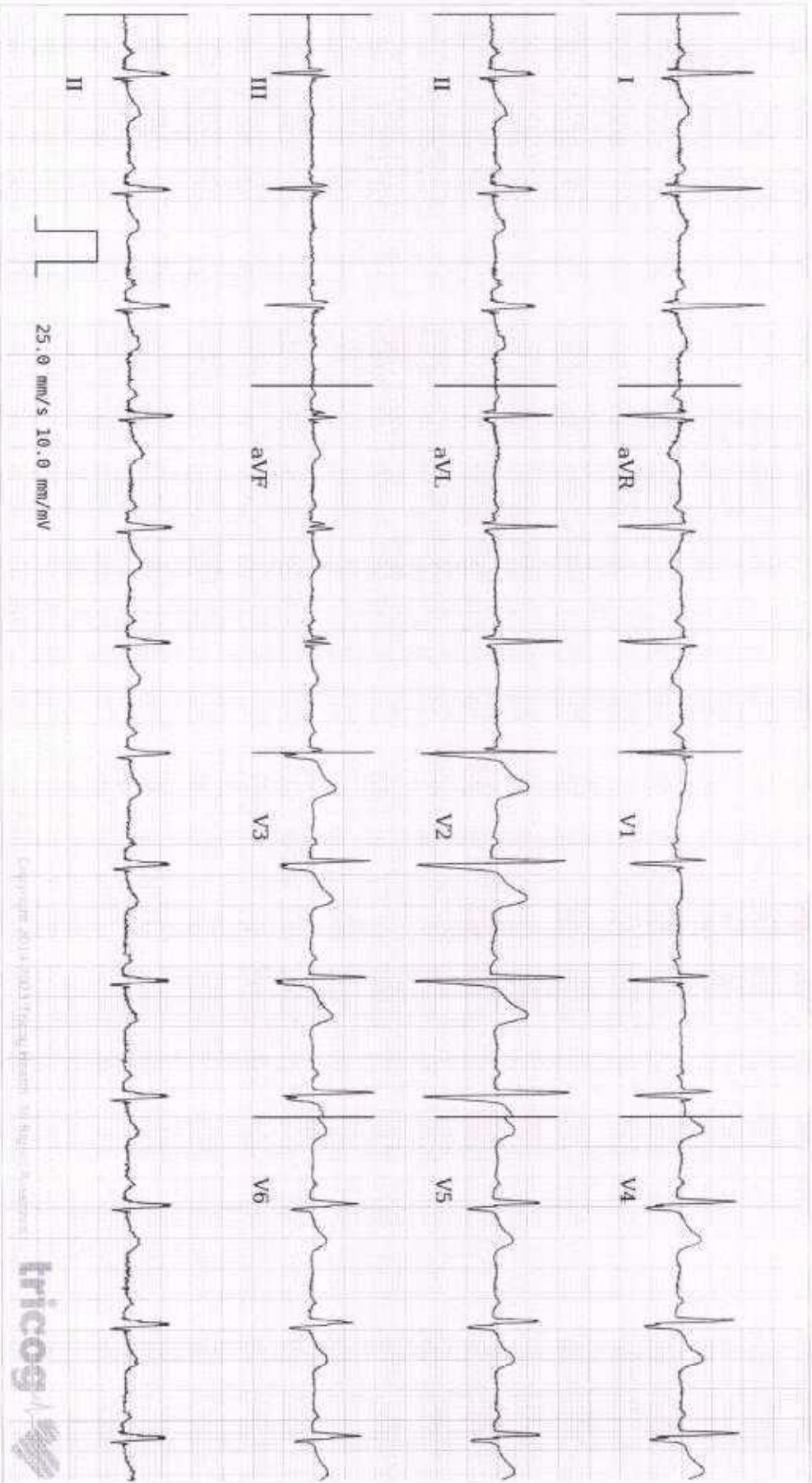
Remark:

**SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.**  
102-104, Bhoomi Castle,  
Opp. Goregaon Sports Club,  
Link Road, Malad (W), Mumbai - 400 064.



Patient Name: **SUMAN MUKHERJEE**  
Patient ID: **2302819367**

Date and Time: **28th Jan 23 11:31 AM**



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

Age **36** 5 7  
years months days

Gender **Female**

Heart Rate **81 bpm**

Patient Vitals

BP: **120/80 mmHg**

Weight: **77 kg**

Height: **167 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

**Measurements**

QRSd: **90ms**

QT: **372ms**

QTc: **432ms**

PR: **136ms**

P-R-T: **32° 3° 32°**

REPORTED BY

*[Signature]*

DR SONALI HONKAO  
MD (General Medicine)  
Physician  
2001041882

Disclaimer: If Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other diagnostic and non-invasive tests, and must be interpreted by a qualified physician. All relevant tests are generated by the clinician and not derived from the ECG.



To  
The Incharge  
Suburban Diagnostics  
Malad

28 / 1 / 23

Sub: Declaration for stool test.

I, Suman Mukherjee, do hereby declare that I want to skip the stool test and the hospital/diagnostic centre is not responsible for the same.





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Age / Gender : 36 Years / Male  
Consulting Dr. : -  
Reg. Location : Malad West (Main Centre)

Collected : 28-Jan-2023 / 09:48  
Reported : 28-Jan-2023 / 13:51

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## AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

### CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	14.6	13.0-17.0 g/dL	Spectrophotometric
RBC	5.08	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.1	40-50 %	Calculated
MCV	86.9	80-100 fl	Measured
MCH	28.8	27-32 pg	Calculated
MCHC	33.2	31.5-34.5 g/dL	Calculated
RDW	13.5	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	5900	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	21.3	20-40 %	
Absolute Lymphocytes	1250	1000-3000 /cmm	Calculated
Monocytes	7.2	2-10 %	
Absolute Monocytes	430	200-1000 /cmm	Calculated
Neutrophils	69.8	40-80 %	
Absolute Neutrophils	4110	2000-7000 /cmm	Calculated
Eosinophils	1.7	1-6 %	
Absolute Eosinophils	100	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	265000	150000-400000 /cmm	Elect. Impedance
MPV	9.7	6-11 fl	Measured
PDW	16.9	11-18 %	Calculated



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**RBC MORPHOLOGY**

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

Specimen: EDTA Whole Blood

ESR, EDTA WB, EDTA WB-ESR 5 2-15 mm at 1 hr. Sedimentation

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West  
\*\*\* End Of Report \*\*\*



*M. Jain*

**Dr. MILLU JAIN**  
**M.D.(PATH)**  
**Pathologist**





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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	104.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	96.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.58	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	0.23	0-0.3 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (INDIRECT), Serum	0.35	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.7	3.2-4.8 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	41.3	<34 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
SGPT (ALT), Serum	34.5	10-49 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			



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**Collected** : 28-Jan-2023 / 12:53  
**Reported** : 28-Jan-2023 / 15:44

GAMMA GT, Serum	46.9	<73 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALKALINE PHOSPHATASE, Serum	97.5	46-116 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
BLOOD UREA, Serum	24.5	19.29-49.28 mg/dl	Calculated
Kindly note change in Ref range and method w.e.f.11-07-2022			
BUN, Serum	11.4	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	0.83	0.60-1.10 mg/dl	Enzymatic
Kindly note change in Ref range and method w.e.f.11-07-2022			
eGFR, Serum	111	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	6.6	3.7-9.2 mg/dl	Uricase/ Peroxidase
Kindly note change in Ref range and method w.e.f.11-07-2022			
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 SDRL, Vidyavihar Lab  
\*\*\* End Of Report \*\*\*



*Anupa*

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



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE  
GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.4	Non-Diabetic Level: < 5.7 % 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 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 CPL, Andheri West

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



*J. Thakker*

**Dr. JYOT THAKKER**  
M.D. (PATH), DPB  
Pathologist & AVP( Medical Services)



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
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
<b><u>MICROSCOPIC EXAMINATION</u></b>			
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	2-3	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



*J. Thakker*

**Dr.JYOT THAKKER**  
**M.D. (PATH), DPB**  
**Pathologist & AVP( Medical Services)**





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



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

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

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

Specimen: EDTA Whole Blood and/or serum

**Clinical significance:**

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

**Limitations:**

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

**References:**

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

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West

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



MC-2111

*M Jain*

**Dr.MILLU JAIN**  
**M.D.(PATH)**  
**Pathologist**



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	173.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	100.2	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	37.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	136.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	116.6	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	20.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.1	0-3.5 Ratio	Calculated

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



*Anupa*

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**THYROID FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	5.4	3.5-6.5 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
Free T4, Serum	15.5	11.5-22.7 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
sensitiveTSH, Serum	2.070	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 trasiently altered becuase 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)

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



*Anupa*

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M.D.(PATH)  
Consultant Pathologist & Lab  
Director

CID# : 2302819367

Name : MR.SUMAN MUKHERJEE

Age / Gender : 36 Years/Male

Consulting Dr. :-

Collected : 28-Jan-2023 / 09:32

Reg.Location : Malad West (Main Centre)

Reported : 28-Jan-2023 / 13:02

### PHYSICAL EXAMINATION REPORT

#### History and Complaints:

NIL

#### EXAMINATION FINDINGS:

Height (cms): 167 CMS

Weight (kg): 77.5 KGS

Temp (0c): AFEBRILE

Skin: PSORIASIS

Blood Pressure (mm/hg): 120/80

Nails: NAD

Pulse: 86/MIN

Lymph Node: NOT PALPABLE

#### Systems

Cardiovascular: NAD

Respiratory: NAD

Genitourinary: NAD

GI System: NAD

CNS: NAD

#### IMPRESSION:

*Mild dyslipidemia*

#### ADVICE:

*Lifestyle modification*

#### CHIEF COMPLAINTS:

CID# : 2302819367

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Age / Gender : 36 Years/Male

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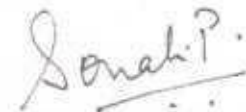
Reported : 28-Jan-2023 / 13:02

1) Hypertension:	NO
2) IHD	NO
3) Arrhythmia	NO
4) Diabetes Mellitus	NO
5) Tuberculosis	NO
6) Asthama	NO
7) Pulmonary Disease	NO
8) Thyroid/ Endocrine disorders	NO
9) Nervous disorders	NO
10) GI system	NO
11) Genital urinary disorder	NO
12) Rheumatic joint diseases or symptoms	NO
13) Blood disease or disorder	NO
14) Cancer/lump growth/cyst	NO
15) Congenital disease	NO
16) Surgeries	NO
17) Musculoskeletal System	NO

**PERSONAL HISTORY:**

1) Alcohol	NO
2) Smoking	NO
3) Diet	NON VEG
4) Medication	NO

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



**Dr.Sonali Honrao**  
MD physician  
Sr. Manager-Medical Services  
(Cardiology)



SUBURBAN DIAGNOSTICS

Station

Malad West

Telephone:

**EXERCISE STRESS TEST REPORT**

Patient Name: SUMAN, MUKHERJEE

DOB: 21.08.1986

Patient ID: 2302819367

Age: 36yrs

Height: 167 cm

Gender: Male

Weight: 77 kg

Race: Asian

Study Date: 28.01.2023

Referring Physician: --

Test Type: --

Attending Physician: DR SONALI HONRAO

Protocol: BRUCE

Technician: --

Medications:

--

Medical History:

--

Reason for Exercise Test:

--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:16	0.00	0.00	78	120/80	
	STANDING	00:13	0.00	0.00	77	120/80	
	HYPERV.	00:13	0.00	0.00	81	120/80	
EXERCISE	WARM-UP	00:19	1.00	0.00	89		
	STAGE 1	03:00	1.70	10.00	113	130/80	
	STAGE 2	03:00	2.50	12.00	130	144/80	
	STAGE 3	03:00	3.40	14.00	151	156/80	
	STAGE 4	00:48	4.20	16.00	162		
RECOVERY		03:01	0.00	0.00	114	156/80	

The patient exercised according to the BRUCE for 9:47 min:s, achieving a work level of Max. METS: 12.60. The resting heart rate of 80 bpm rose to a maximal heart rate of 162 bpm. This value represents 88 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 156/80 mmHg. The exercise test was stopped due to Fatigue.

Interpretation

Summary: Resting ECG: normal.

Functional Capacity: normal.

HR Response to Exercise: appropriate.

BP Response to Exercise: normal resting BP - appropriate response.

Chest Pain: none.

Arrhythmias: none.

ST Changes: none.

Overall impression: Normal stress test.

Conclusions

Good effort tolerance. No Significant ST- T changes as compared to baseline. No chest pain / arrythmia noted. Stress test is negative for inducible ischemia.



Disclaimer : Negative stress test does not rule out possibility of Coronary Artery Disease. Positive stress test is suggestive but not confirmatory of Coronary Artery Disease. Hence clinical correlation is mandatory.

Physician

*Sonali P.*

Technician

**Dr. SONALI HONRAO**  
MD PHYSICIAN  
REG. NO. 2001/04/1382

**SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.**  
102-104, Bhoomi Castle  
Opp. Goregaon Sports Club,  
Link Road, Malad (W), Mumbai - 400 064



SUMAN, MUKHERJEE  
Patient ID 2302819367  
28.01.2023  
12:01:13pm

78 bpm  
120/80 mmHg

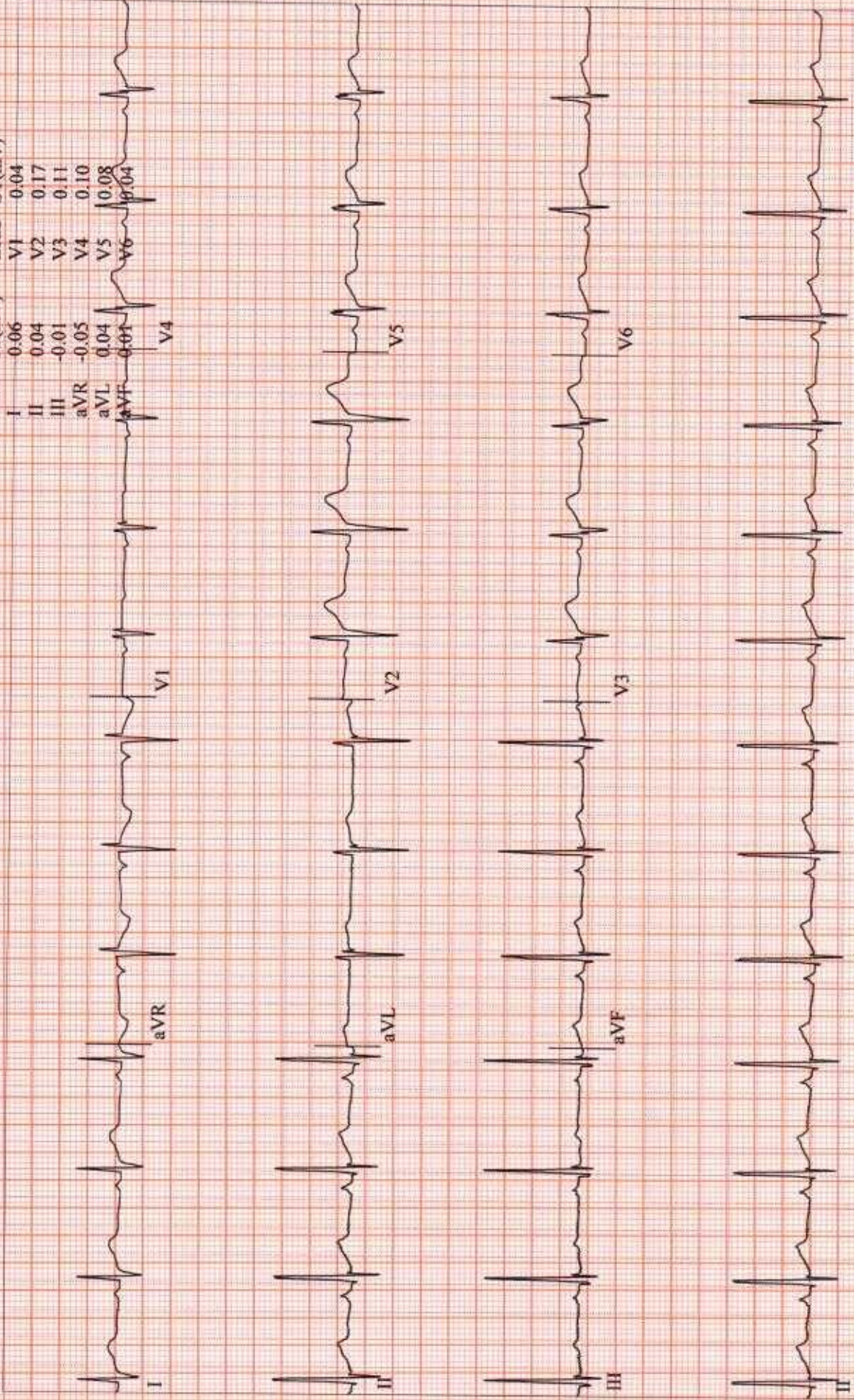
12-Lead Report  
PRETEST  
SUPINE  
00:14

BRUCE  
0.0 mph  
0.0 %

SUBURBAN DIAGNOSTICS

Measured at 60ms Post J  
Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	-0.06	V1	0.04
II	0.04	V2	0.17
III	-0.01	V3	0.11
aVR	-0.05	V4	0.10
aVL	0.04	V5	0.08
aVF	0.01	V6	0.04





SUMAN, MUKHERJEE  
Patient ID: 2302819367  
28.01.2023  
12:01:25pm

12-Lead Report  
PRETEST  
STANDING  
00:26

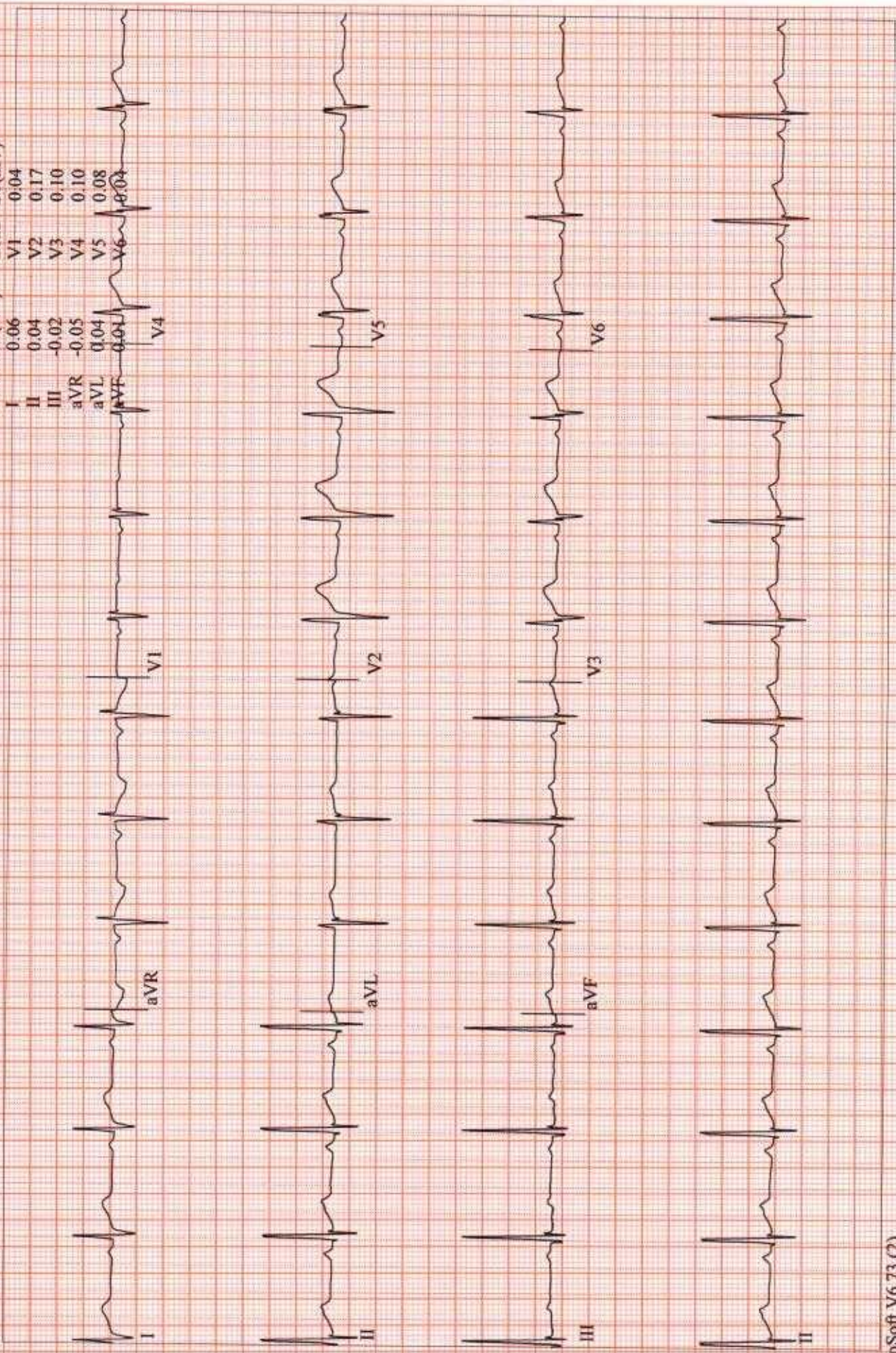
77 bpm  
120/80 mmHg

BRUCE  
0.0 mph  
0.0 %

SUBURBAN DIAGNOSTICS

Measured at 60ms Post J  
Auto-Points

Lead	ST(mV)	Lead	ST(mV)
I	0.06	V1	0.04
II	0.04	V2	0.17
III	-0.02	V3	0.10
aVR	-0.05	V4	0.10
aVL	0.04	V5	0.08
aVF	0.01	V6	0.04





SUMAN, MUKHERJEE  
Patient ID 2302819367  
28.01.2023  
12:01:37pm

12-Lead Report

PRETEST  
HYPERV.  
00:38

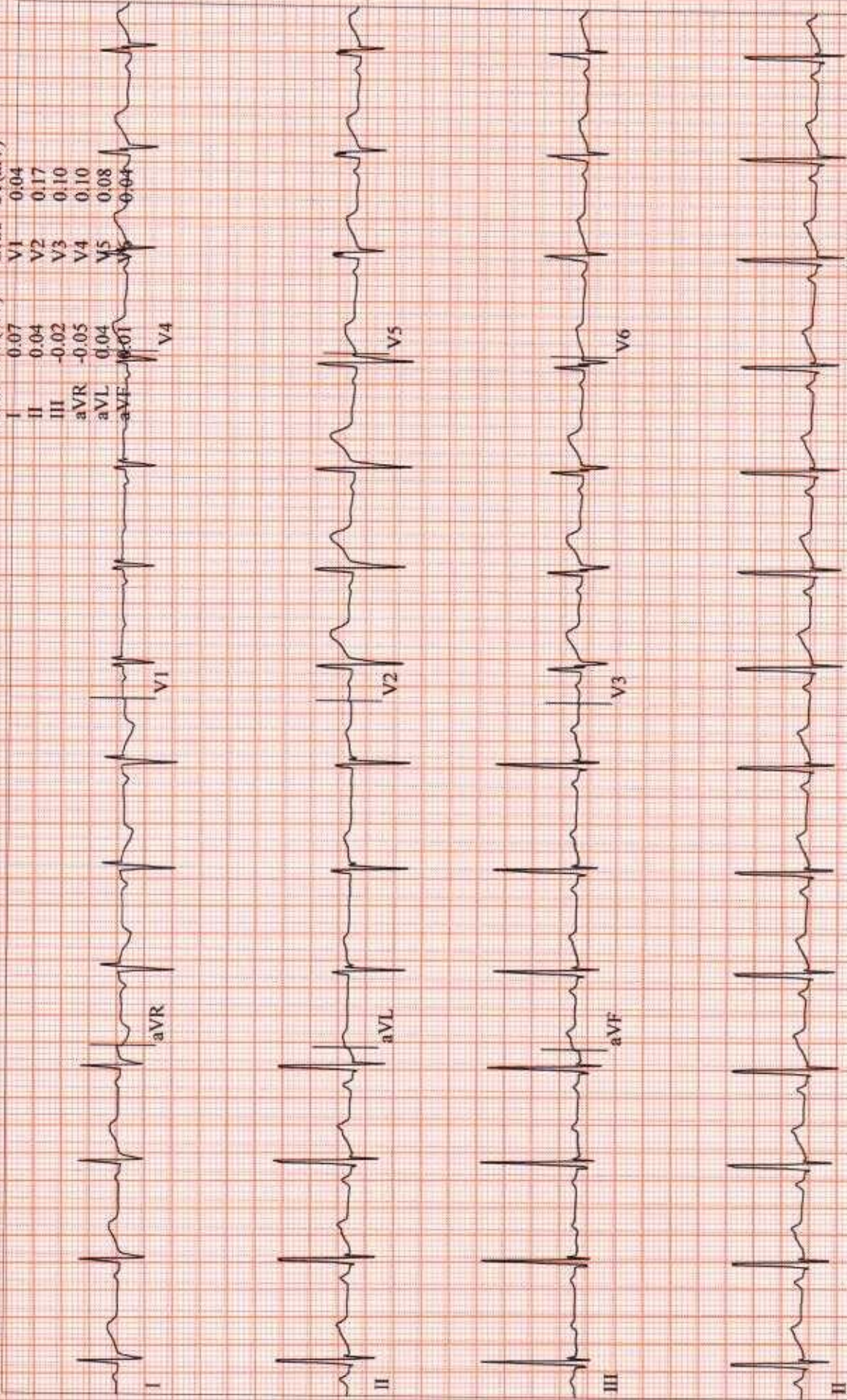
81 bpm  
120/80 mmHg

BRUCE  
0.0 mph  
0.0 %

SUBURBAN DIAGNOSTICS

Measured at 60ms Post J  
Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.07	V1	0.04
II	0.04	V2	0.17
III	-0.02	V3	0.10
aVR	-0.05	V4	0.10
aVL	0.04	V5	0.08
aVF	0.01	V6	0.04





SUMAN, MUKHERJEE

Patient ID: 2302819367

28.01.2023

12:04:41pm

Linked Medians

EXERCISE

STAGE 1

02:50

113 bpm

130/80 mmHg

BRUCE

1.7 mph

10.0 %

SUBURBAN DIAGNOSTICS

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



Raw Data

\*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)

25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V2)

Start of Test: 12:00:54pm

Page 4



**SUMAN, MUKHERJEE**  
 Patient ID 2302819367  
 28.01.2023  
 12:07:41pm

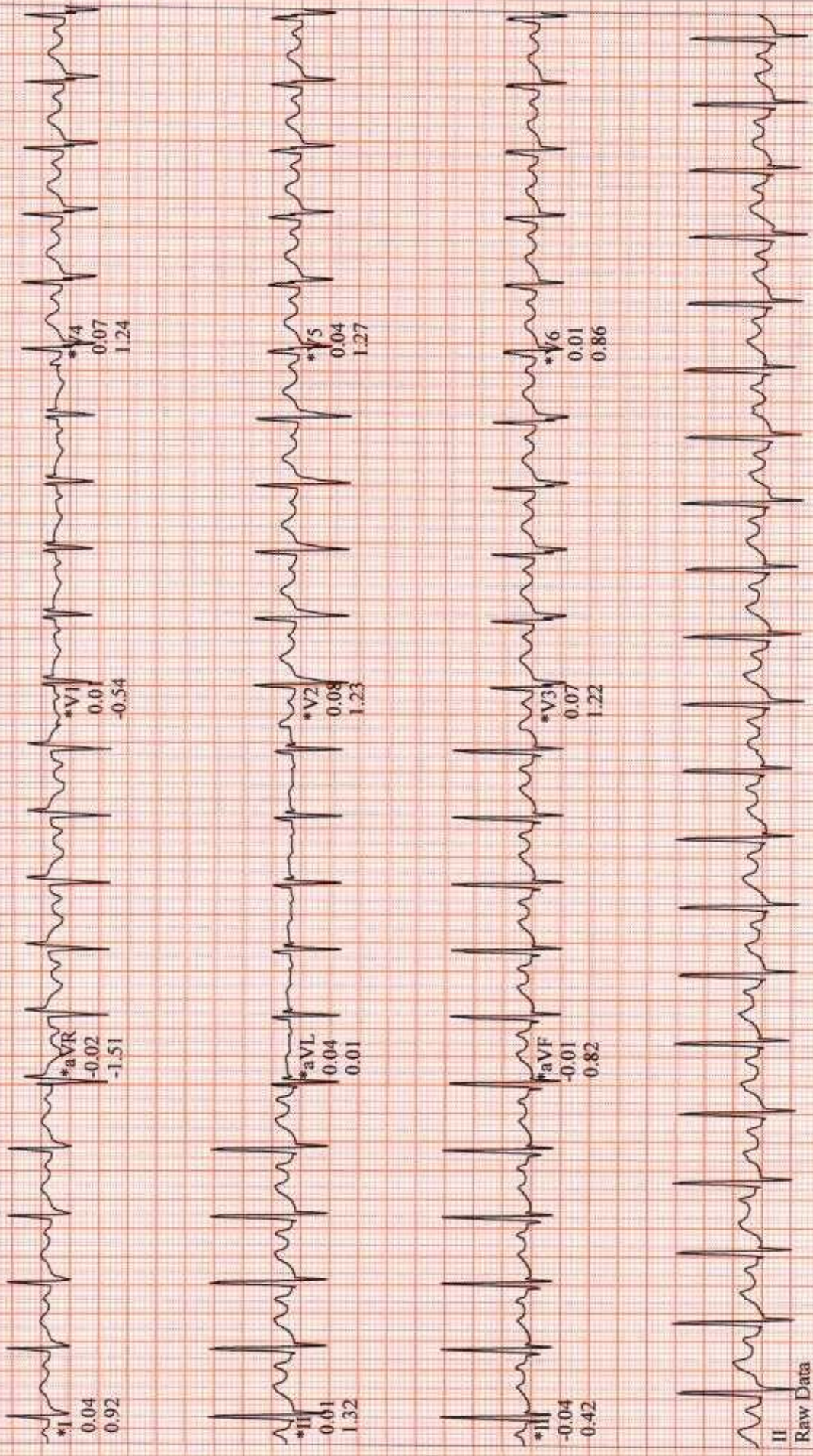
127 bpm  
 144/80 mmHg

Linked Medians  
 EXERCISE  
 STAGE 2  
 05:50

BRUCE  
 2.5 mph  
 12.0 %

SUBURBAN DIAGNOSTICS

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



II  
 Raw Data

\*Computer Synthesized Rhythms



SUMAN, MUKHERJEE

Patient ID 2302819367

28.01.2023

12:10:41pm

151 bpm  
156/80 mmHg

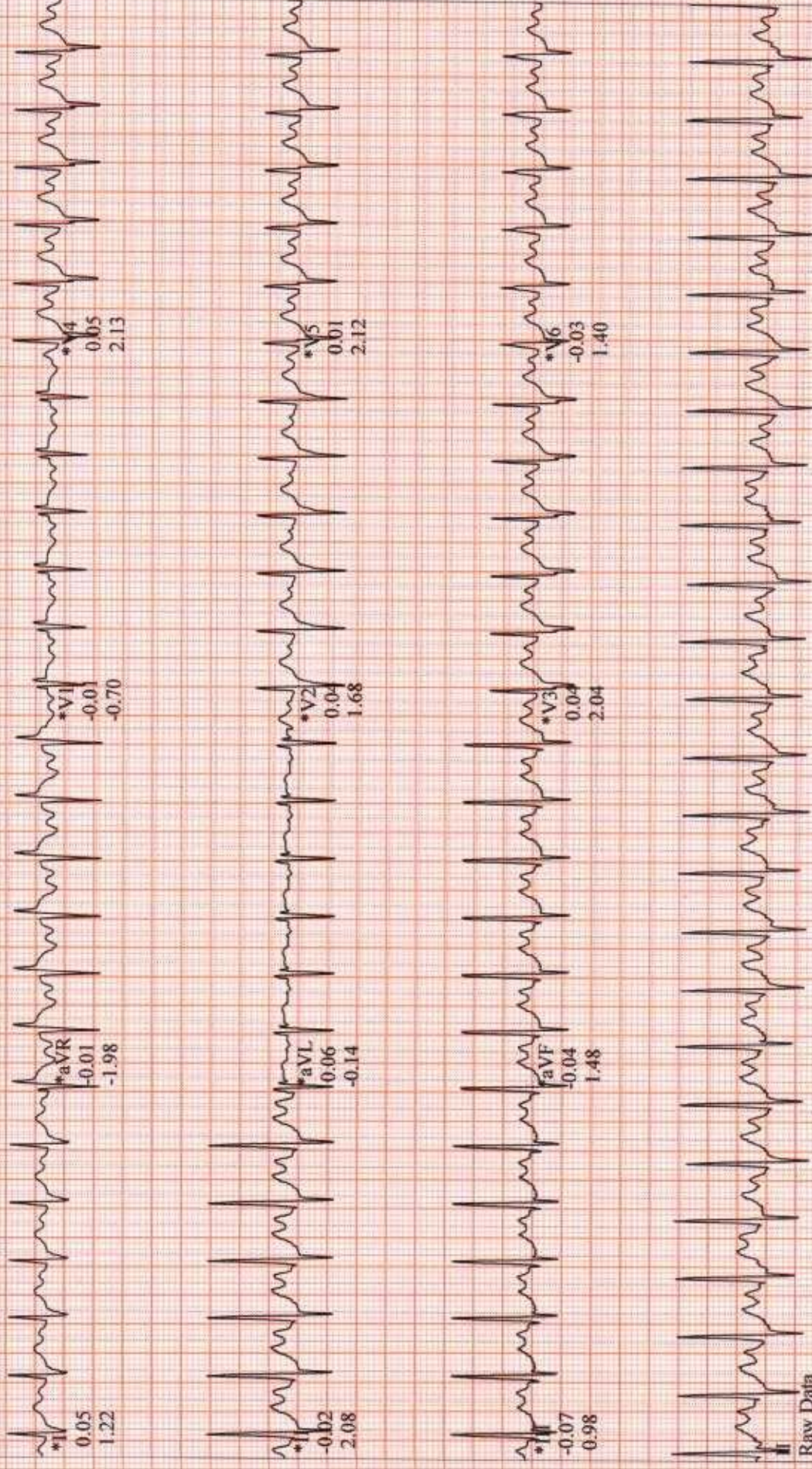
Linked Medians

EXERCISE  
STAGE 3  
08:50

BRUCE  
3.4 mph  
14.0 %

SUBURBAN DIAGNOSTICS

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



Raw Data

\*Computer Synthesized Rhythms



SUMAN, MUKHERJEE  
Patient ID: 2302819367  
28.01.2023  
12:11:44pm

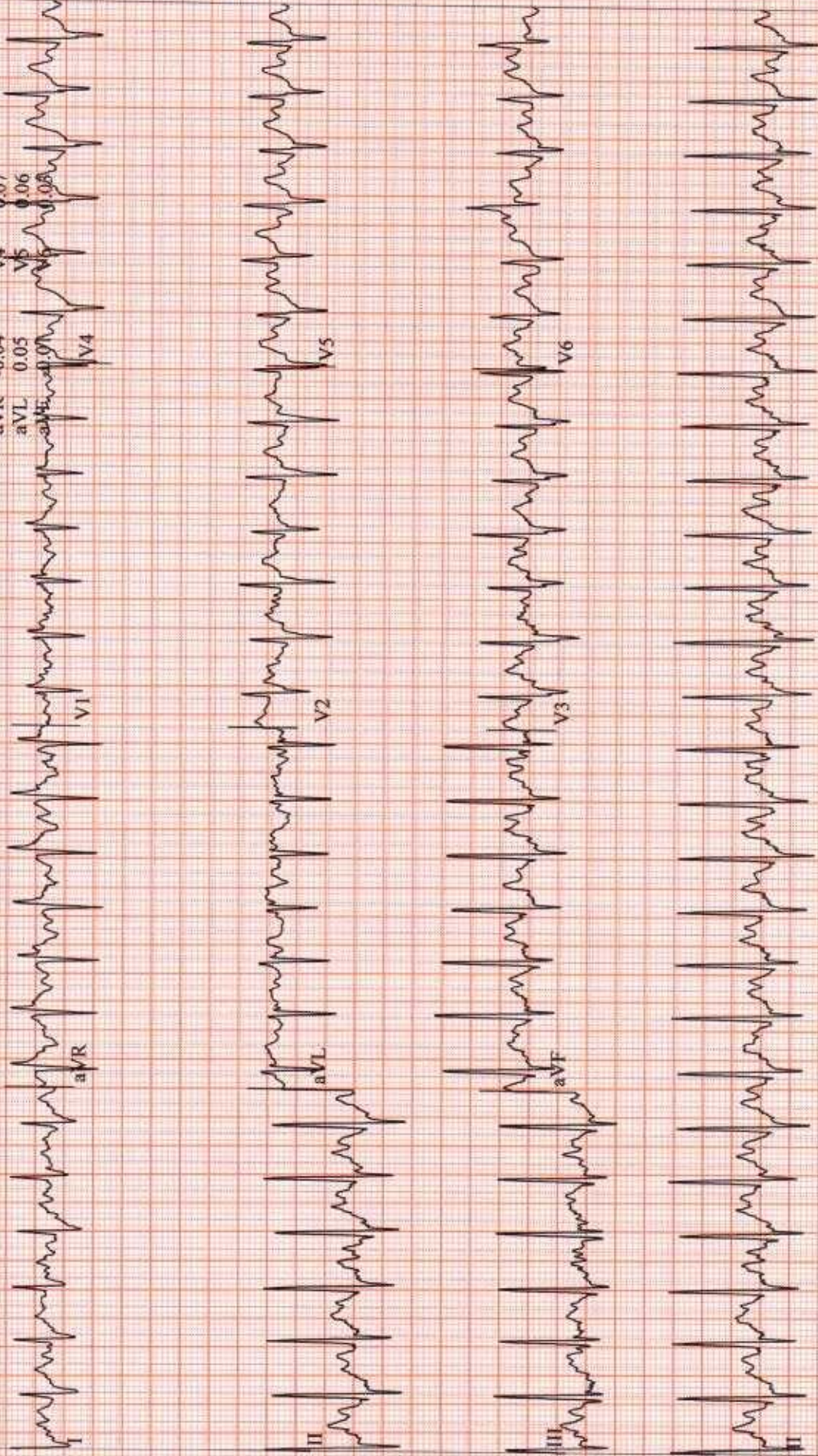
12-Lead Report (PEAK EXERCISE )  
EXERCISE  
STAGE 4  
09:48  
BRUCE  
4.2 mph  
16.0 %

162 bpm

SUBURBAN DIAGNOSTICS

Measured at 60ms Post J  
Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.06	V1	-0.01
II	0.01	V2	0.07
III	-0.04	V3	0.08
aVR	-0.04	V4	0.07
aVL	0.05	V5	0.06
aVF	0.08	V6	0.08





SUMAN, MUKHERJEE  
Patient ID: 2302819367  
28.01.2023  
12:12:38pm

137 bpm

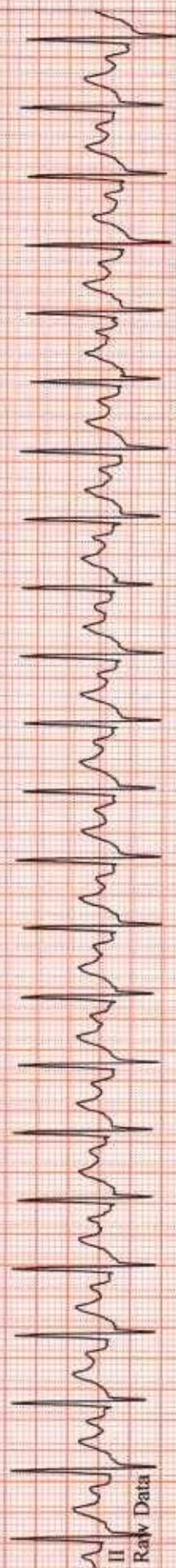
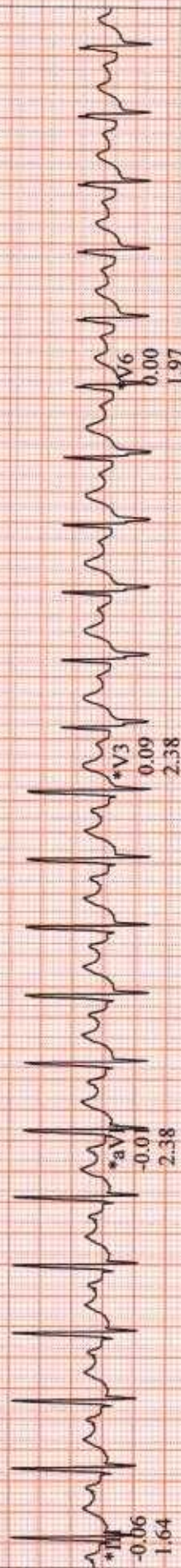
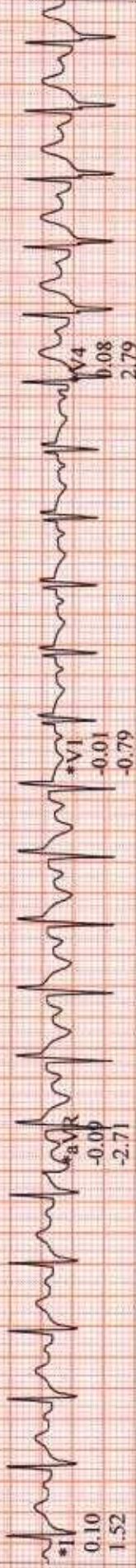
Linked Medians

RECOVERY  
#1  
01:00

BRUCE  
0.0 mph  
0.0 %

SUBURBAN DIAGNOSTICS

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



\*Computer Synthesized Rhythms



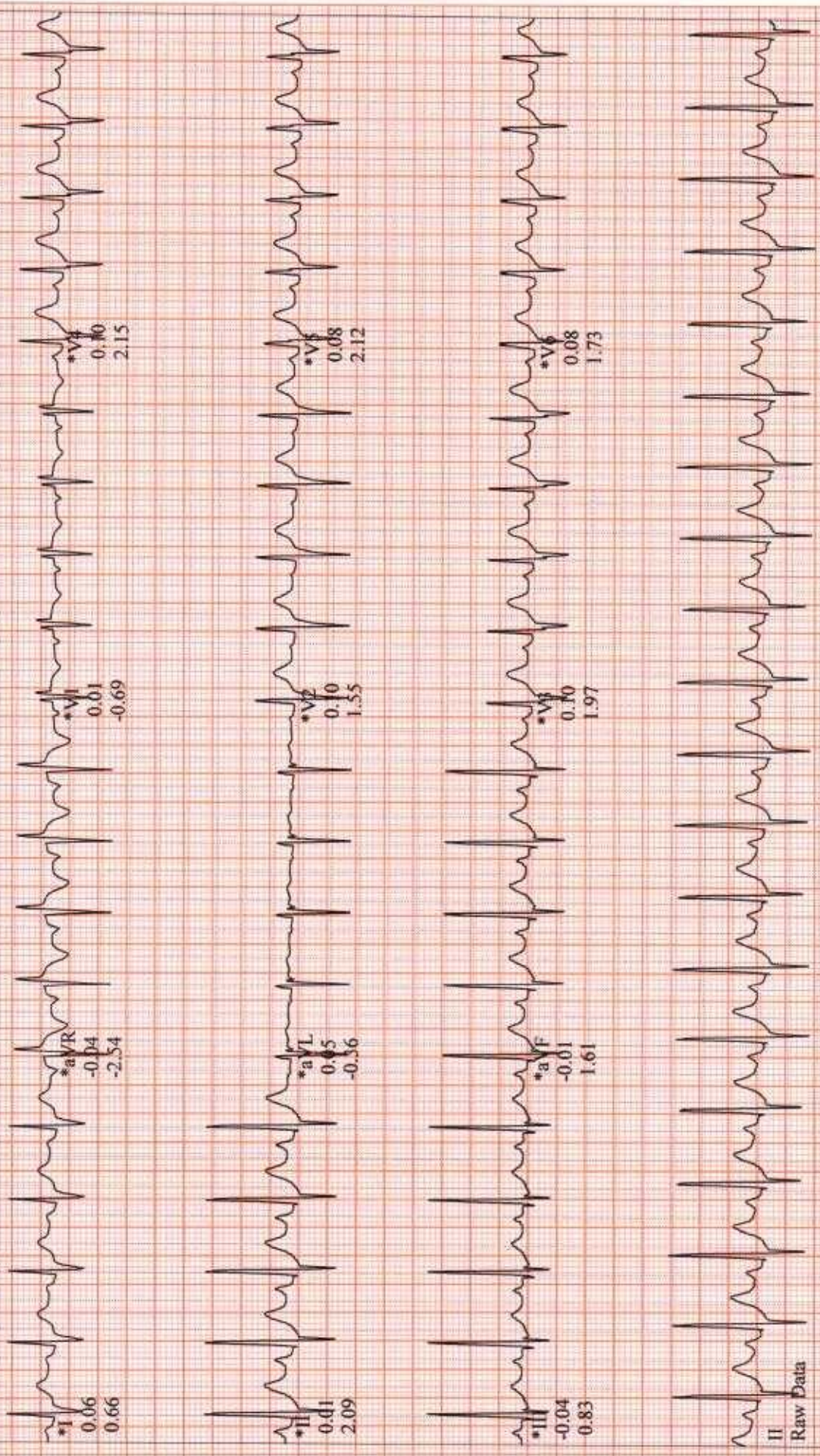
SUMAN, MUKHERJEE  
Patient ID: 2302819367  
28.01.2023  
12:13:38pm

Linked Medians  
RECOVERY  
#1  
02:00

BRUCE  
0.0 mph  
0.0 %

SUBURBAN DIAGNOSTICS

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



II  
Raw Data

\*Computer Synthesized Rhythms



SUMAN, MUKHERJEE  
Patient ID 2302819367  
28.01.2023  
12:14:38pm

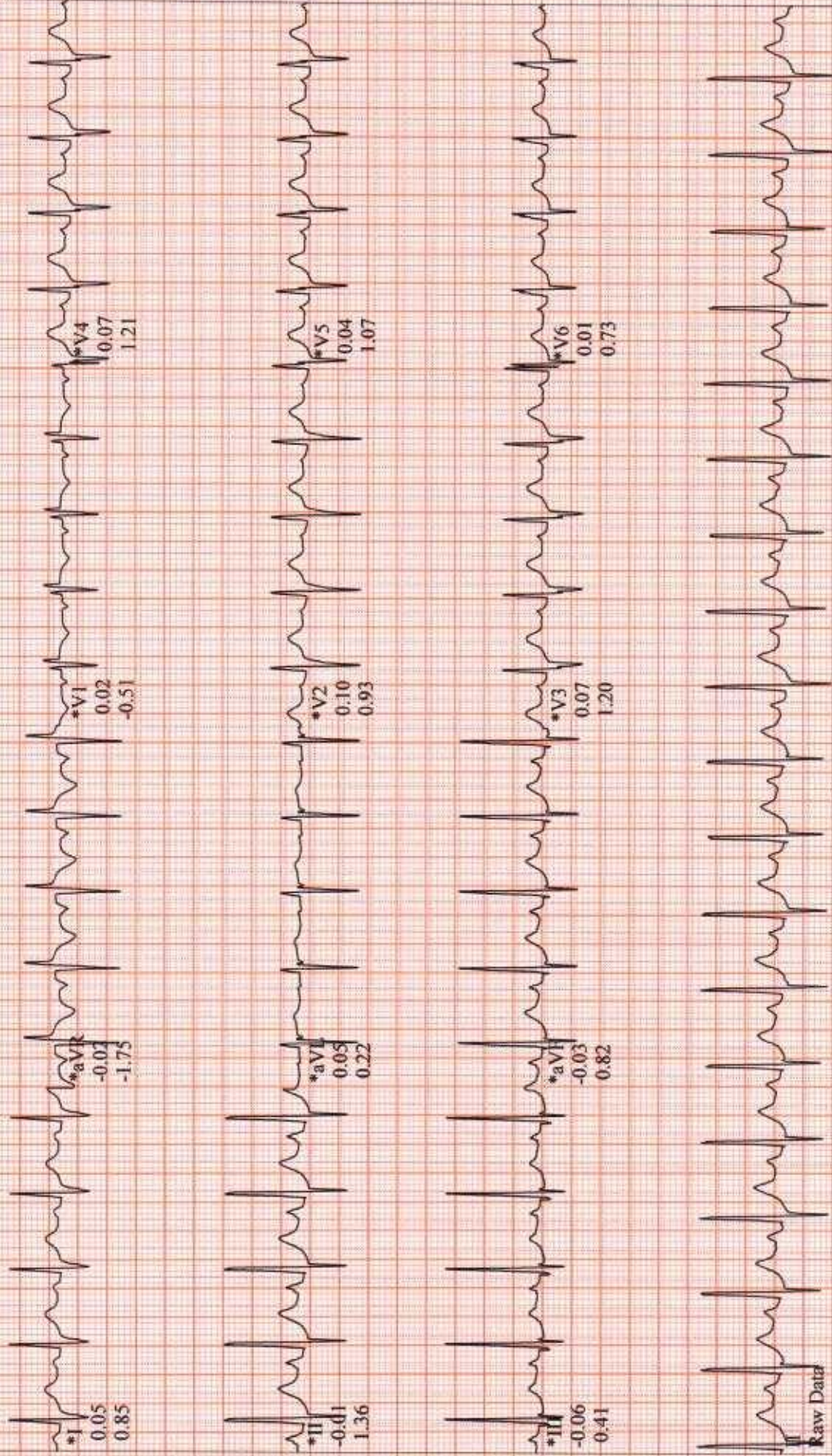
Linked Medians  
RECOVERY  
#1  
03:00

115 bpm  
156/80 mmHg

BRUCE  
0.0 mph  
0.0 %

SUBURBAN DIAGNOSTICS

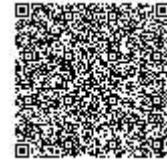
Lead  
ST Level (mV)  
ST Slope (mV/s)



Raw Data

\*Computer Synthesized Rhythms





**CID** : 2302819367  
**Name** : Mrs SUMAN MUKHERJEE  
**Age / Sex** : 36 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Malad West Main Centre

**Reg. Date** : 28-Jan-2023  
**Reported** : 28-Jan-2023/11:14

## **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 partially distended and appears normal. No evidence of gall stones or mass lesions seen.

### **PANCREAS:**

The pancreas head and partial body is visualized and appears normal. No evidence of solid or cystic mass lesion. Rest of the pancreas is obscured due to bowel gas shadows.

### **KIDNEYS:**

Both the kidneys are normal in size, shape and echotexture.  
No evidence of any calculus, hydronephrosis or mass lesion seen.  
Right kidney measures 10.4 x 4.1 cm.  
Left kidney measures 10.7 x 4.2 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.

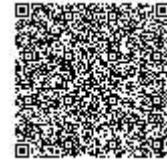
### **URINARY BLADDER:**

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

### **PROSTATE:**

The prostate is normal in size and volume is 16.0 cc.





**CID** : 2302819367  
**Name** : Mrs SUMAN MUKHERJEE  
**Age / Sex** : 36 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Malad West Main Centre

**Reg. Date** : 28-Jan-2023  
**Reported** : 28-Jan-2023/11:14

**IMPRESSION:-**

- **Grade II fatty infiltration of liver.**

**Suggestion: Clinicopathological correlation.**

**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 case for confirmation of findings. Patient has been explained in detail about the USG findings including its limitations and need for further imaging if clinically indicated. Please interpret accordingly. All the possible precaution have been taken under covid-19 pandemic.

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

**This report is prepared and physically checked by Dr Vivek Singh before dispatch.**

**Dr. Vivek Singh**  
**MD Radiodiagnosis**  
**Reg No: 2013/03/0388**





Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2302819367  
**Name** : Mrs SUMAN MUKHERJEE  
**Age / Sex** : 36 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Malad West Main Centre

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