



CID : 2127553585
Name : MR.SHUBHAM ARORA
Age / Gender : 29 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 02-Oct-2021 / 09:50
Reported : 02-Oct-2021 / 14:25

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	16.6	13.0-17.0 g/dL	Spectrophotometric
RBC	5.56	4.5-5.5 mil/cmm	Elect. Impedance
PCV	48.5	40-50 %	Measured
MCV	87	80-100 fl	Calculated
MCH	29.8	27-32 pg	Calculated
MCHC	34.2	31.5-34.5 g/dL	Calculated
RDW	13.4	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4000	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	46.8	20-40 %	
Absolute Lymphocytes	1872.0	1000-3000 /cmm	Calculated
Monocytes	5.0	2-10 %	
Absolute Monocytes	200.0	200-1000 /cmm	Calculated
Neutrophils	46.7	40-80 %	
Absolute Neutrophils	1868.0	2000-7000 /cmm	Calculated
Eosinophils	1.2	1-6 %	
Absolute Eosinophils	48.0	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	12.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	238000	150000-400000 /cmm	Elect. Impedance
MPV	9.5	6-11 fl	Calculated
PDW	17.3	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	-
Microcytosis	-
Macrocytosis	-



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Reported : 02-Oct-2021 / 12:57

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

Specimen: EDTA Whole Blood

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

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



MC-2111



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

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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

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Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 02-Oct-2021 / 09:50
Reported : 02-Oct-2021 / 12:39

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	85.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.82	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.29	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.53	0.1-1.0 mg/dl	Calculated
SGOT (AST), Serum	22.6	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	21.6	5-45 U/L	NADH (w/o P-5-P)
ALKALINE PHOSPHATASE, Serum	59.2	40-130 U/L	Colorimetric
BLOOD UREA, Serum	19.3	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.0	6-20 mg/dl	Calculated
CREATININE, Serum	0.79	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	123	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.5	3.5-7.2 mg/dl	Enzymatic

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*** End Of Report ***



MC-2111



Anupa

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Reported : 02-Oct-2021 / 13:35

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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	5.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	99.7	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 ***



MC-2111

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Consulting Dr. : -
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Collected : 02-Oct-2021 / 09:50
Reported : 02-Oct-2021 / 14:12

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	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)	30	-	-
<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	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	8-10	Less than 20/hpf	
Others	-		

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*** End Of Report ***



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Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 02-Oct-2021 / 09:50
Reported : 02-Oct-2021 / 15:09

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

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

NOTE: Test performed by automated 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

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*** End Of Report ***



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Reg. Location : Kandivali East (Main Centre)

Collected : 02-Oct-2021 / 09:50
Reported : 02-Oct-2021 / 14:02

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	203.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	56.5	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	61.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	141.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	131.0	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	10.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.1	0-3.5 Ratio	Calculated

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*** End Of Report ***



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Age / Gender : 29 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 02-Oct-2021 / 09:50
Reported : 02-Oct-2021 / 16:15

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.8	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.84	0.35-5.5 microIU/ml	ECLIA

Interpretation:

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

Clinical Significance:

- 1)TSH Values between 5.5 to 15 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: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.

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 ***



MC-2111

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CID	: 2127553585	SID	: 177804264091
Name	: MR.SHUBHAM ARORA	Registered	: 02-Oct-2021 / 09:42
Age / Gender	: 29 Years/Male	Collected	: 02-Oct-2021 / 09:42
Ref. Dr	: -	Reported	: 02-Oct-2021 / 18:32
Reg.Location	: Kandivali East (Main Centre)	Printed	: 02-Oct-2021 / 18:33

X-RAY CHEST PA VIEW

The lung fields are clear with no parenchymal lesion.

The cardiothoracic ratio is maintained and the cardiac outline is normal

The domes of the diaphragm are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

IMPRESSION:

No significant abnormality detected.

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. X ray is known to have inter-observer variations. Further / follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Please interpret accordingly.

*** End Of Report ***



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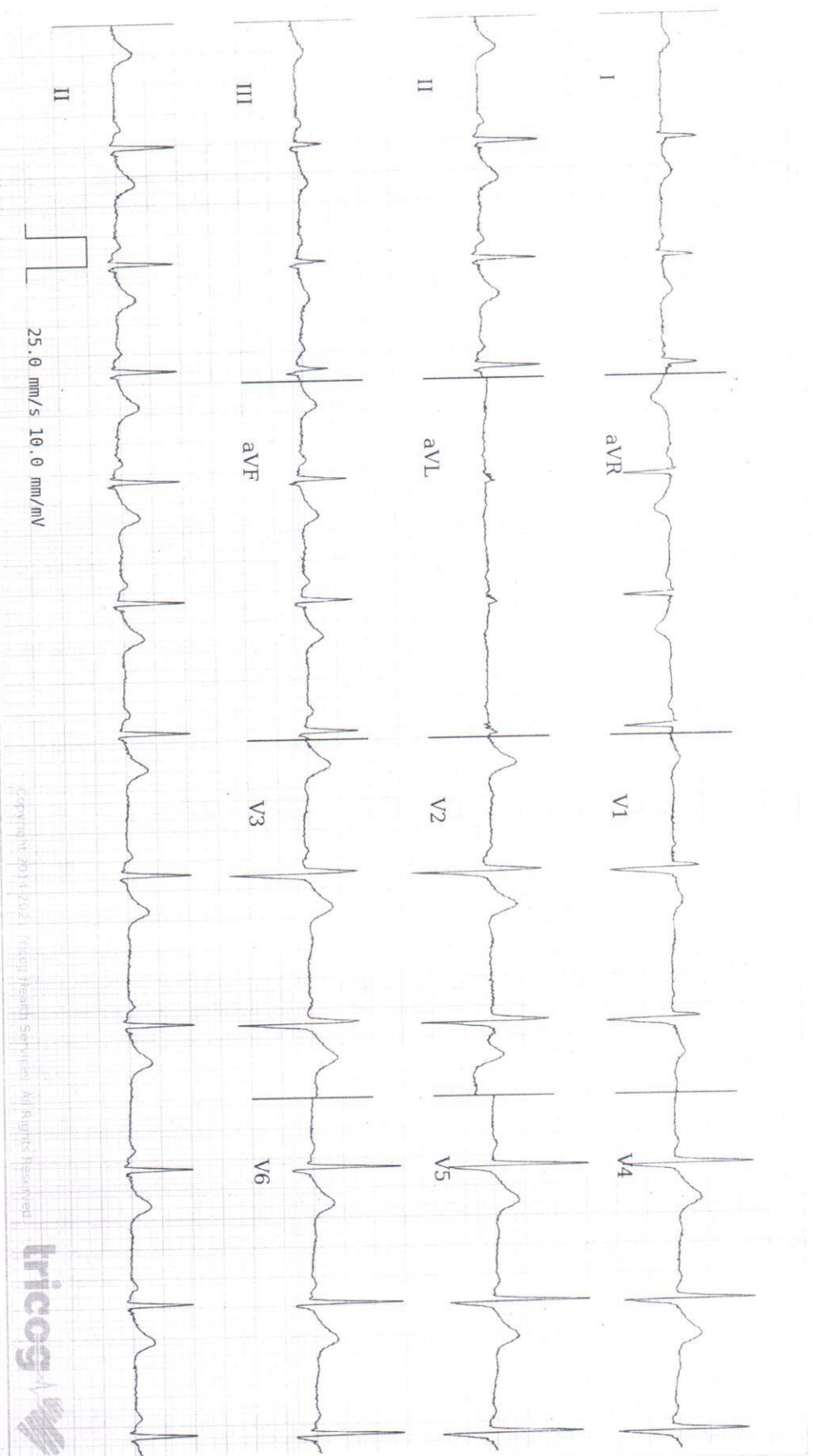
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SUBURBAN DIAGNOSTICS - KANDIVALI EAST

Patient Name: SHUBHAM ARORA

Date and Time: 2nd Oct 21 11:17 AM

Patient ID: 2127553585



25.0 mm/s 10.0 mm/mV

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Age 29 4 23
years months days

Gender Male

HeartRate 69 bpm

Patient Vitals

BP: 130/90 mmHg

Weight: 66 kg

Height 172 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QSRD: 94 ms

QT: 388 ms

QTc: 415 ms

PR: 138 ms

P-R-T: 72° 56° 67°

REPORTED BY

DR AKHIL PARULEKAR

MBBS, MD, MEDICINE, DNB Cardiology
Cardiologist
2012082483

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

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Aangan,
Thakur Village, Kandivali (East),
Mumbai - 400701.
Tel: 61700000

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 investigations. (2) Patient vitals are as entered by the clinician and not derived from the ECG.

ENT Examination

Name :- *Shubham Asora* Age :- *29/M*

History — *NIL*

Examination	Right	Left
External Ear	— <i>NAD</i>	— <i>NAD</i>
Middle Ears (Tympanic, membrane, Eustachian Tube, mastoid)	<i>NAD</i>	— <i>NAD</i>
Rinnes, Webers	—	—

Nose and paranasal Sinuses-(airwy, septum, polyp)

Throat *Normal*

Speech *Normal*

Audiometry (when done) —

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

Patient Details **Date:** 02-Oct-21 **Time:** 11:41:50 AM
Name: SHUBHAM ARORA **ID:** 2127553585
Age: 29 y **Sex:** M **Height:** 172 cms **Weight:** 66 Kgs
Clinical History:

Medications:

Test Details

Protocol: Bruce **Pr.MHR:** 191 bpm **THR:** 171 (90 % of Pr.MHR) bpm
Total Exec. Time: 8 m 41 s **Max. HR:** 166 (87% of Pr.MHR)bpm **Max. Mets:** 10.20
Max. BP: 160 / 90 mmHg **Max. BP x HR:** 26560 mmHg/min **Min. BP x HR:** 6750 mmHg/min
Test Termination Criteria: Target HR attained

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 16	1.0	0	0	86	130 / 90	-0.64 aVR	3.18 V3
Standing	0 : 31	1.0	0	0	102	130 / 90	-2.76 aVR	4.60 V6
Hyperventilation	0 : 11	1.0	0	0	75	130 / 90	-0.42 aVR	3.18 V3
1	3 : 0	4.6	1.7	10	120	130 / 90	-3.82 V6	5.66 V5
2	3 : 0	7.0	2.5	12	142	130 / 90	-1.06 aVR	5.66 V3
Peak Ex	2 : 41	10.2	3.4	14	166	150 / 90	-0.85 III	5.66 V3
Recovery(1)	1 : 0	1.8	1	0	139	160 / 90	-2.76 II	5.66 V3
Recovery(2)	0 : 10	1.0	0	0	130	160 / 90	-0.85 aVR	5.66 V3
Recovery(3)	0 : 16	1.0	0	0	134	160 / 90	-0.64 aVR	5.66 V3

Interpretation

The patient exercised according to the Bruce protocol for 8 m 41 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 86 bpm, rose to a max. heart rate of 166 (87% of Pr.MHR) bpm. Resting blood Pressure 130 / 90 mmHg, rose to a maximum blood pressure of 160 / 90 mmHg.

Good Effort Tolerance.
 No significant ST T changes as compared to Baseline.
 No Chest pain/ Arrhythmias noted during the test.
 Stress Test is Negative for Stress Induced Ischemia..

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

Ref. Doctor: BOB
 (Summary Report edited by user)

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 Tel : 61700000

Dr. Akhil P. Parulekar.
 MBBS, MD, Medicine
 DNB Cardiology
 Reg. No. 2012082483

Doctor: DR.AKHIL PARULEKAR
 (c) Schiller Healthcare India Pvt. Ltd. V 4.7



SHUBHAM ARORA (29 M)

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

Protocol: Bruce

ID: 2127553585

Date: 02-Oct-21

Exec Time: 0 m 0 s

Stage Time: 0 m 16 s

HR: 86 bpm

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

Stage: Supine

Speed: 0 mph

Grade: 0%

(THR: 171 bpm)

B.P.: 130/90

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

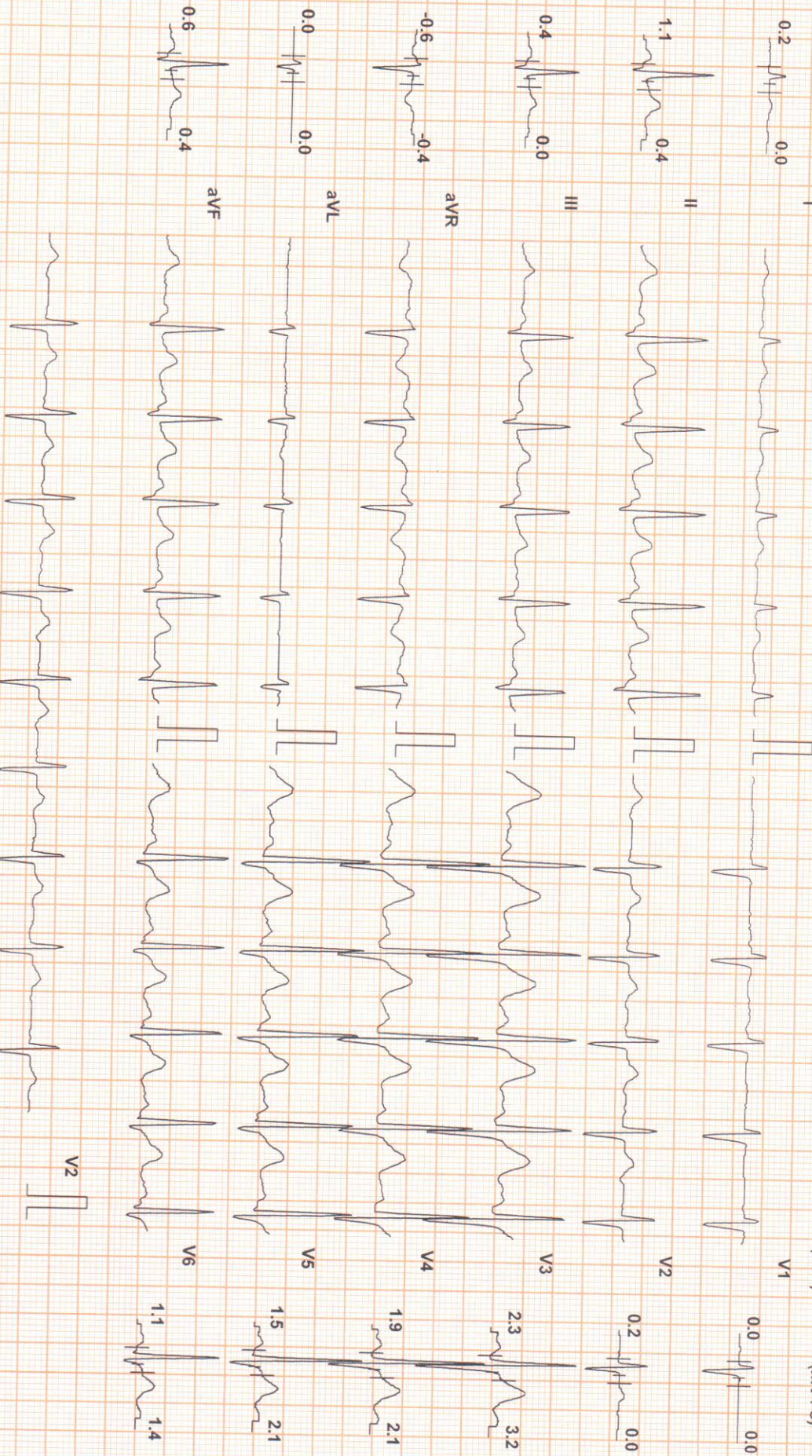


Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



SHUBHAM ARORA (29 M)

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

Protocol: Bruce

ID: 2127553585

Date: 02-Oct-21

Exec Time: 0 m 0 s

Stage Time: 0 m 31 s

HR: 102 bpm

ST Level (mm)

ST Slope (mV/s)

Stage: Standing

Speed: 0 mph

Grade: 0%

(THR: 174 bpm)

B-P: 130/90

ST Level (mm)

ST Slope (mV/s)

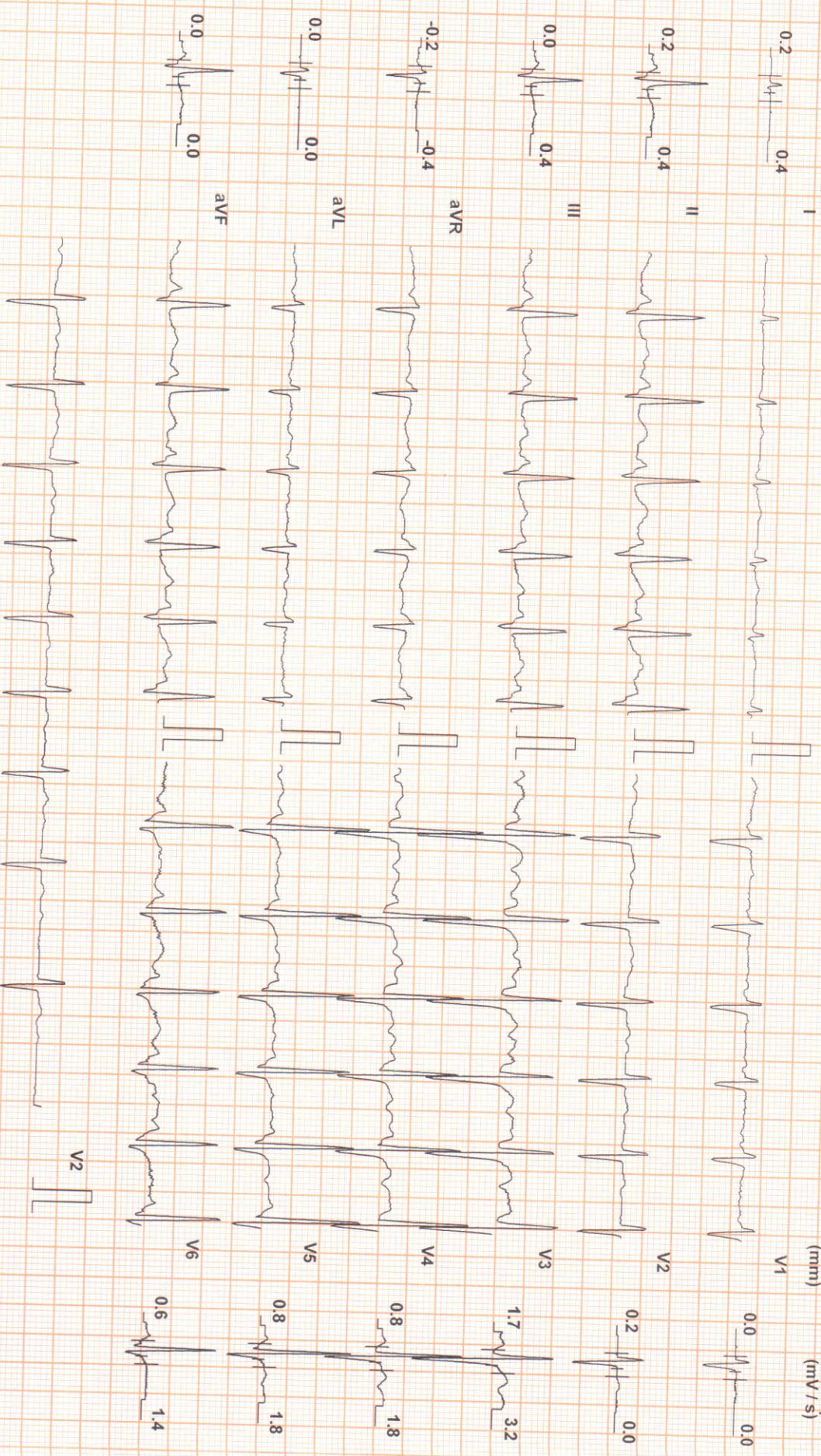


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



SHUBHAM ARORA (29 M)

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

Protocol: Bruce

ID: 2127553585

Date: 02-Oct-21

Exec Time : 0 m 0 s

Stage Time : 0 m 11 s

HR: 75 bpm

Stage: Hyperventilation

Speed: 0 mph

Grade: 0%

(THR: 171 bpm)

B.P.: 130/90

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

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

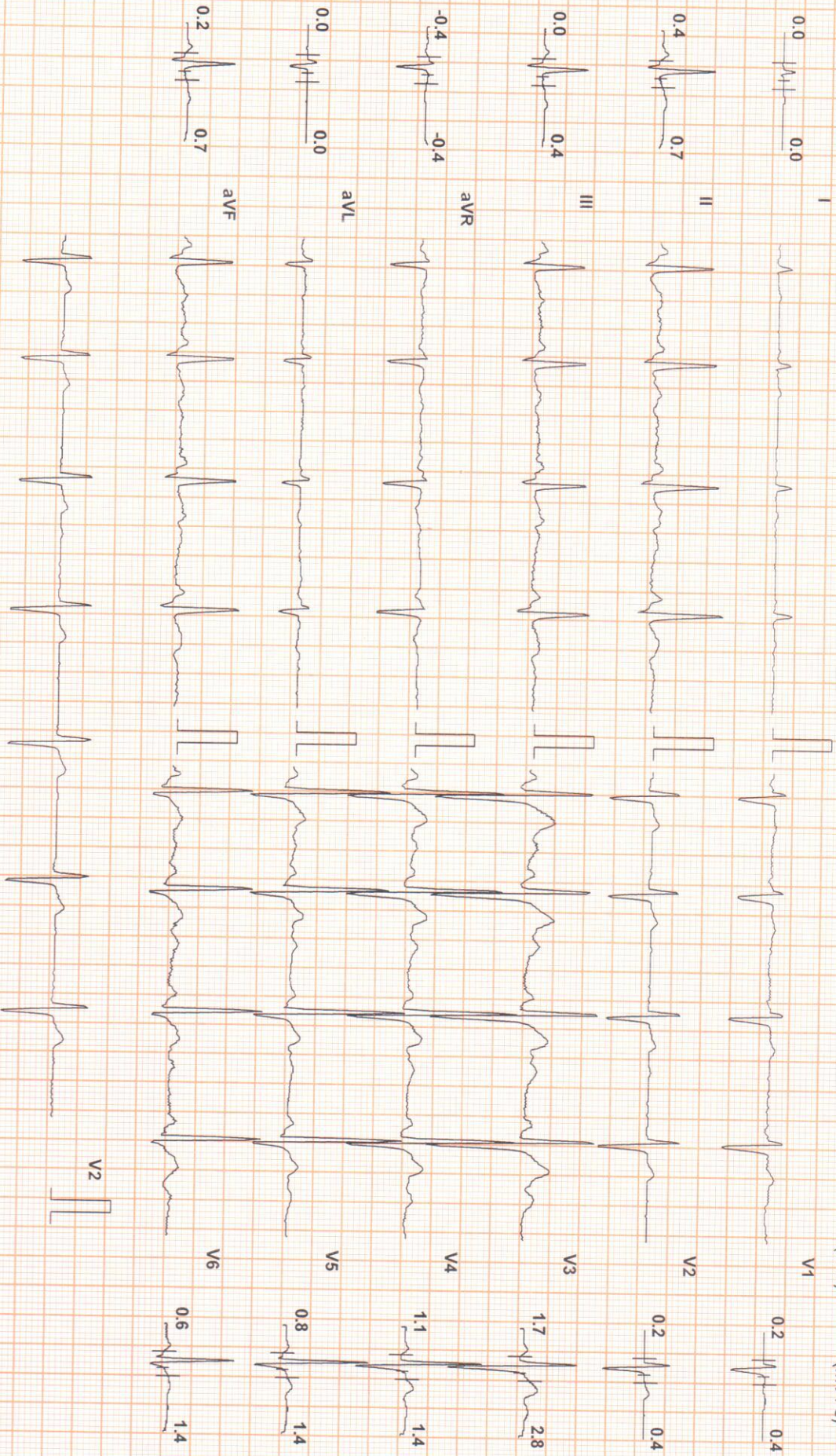


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms



SHUBHAM ARORA (29 M)

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

ID: 2127553585

Date: 02-Oct-21

Exec Time: 3 m 0 s

Stage Time: 3 m 0 s

HR: 120 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10%

(THR: 171 bpm)

B.P.: 130/90

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

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

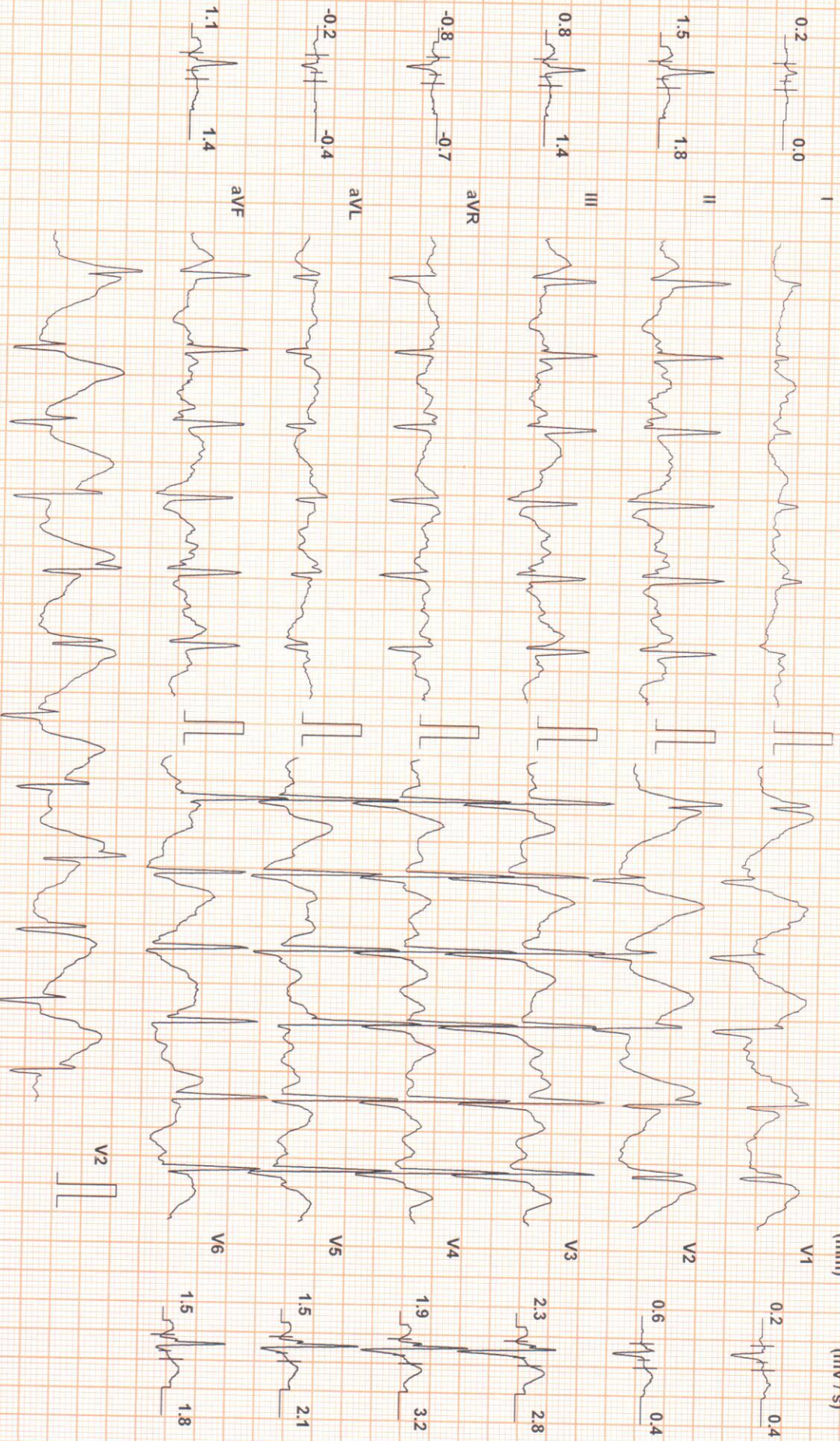


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso ± R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

Protocol: Bruce

ID: 2127553585

Date: 02-Oct-21 Exec Time: 6 m 0 s

Stage Time: 3 m 0 s

HR: 142 bpm

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 171 bpm)

B.P.: 130/90

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

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

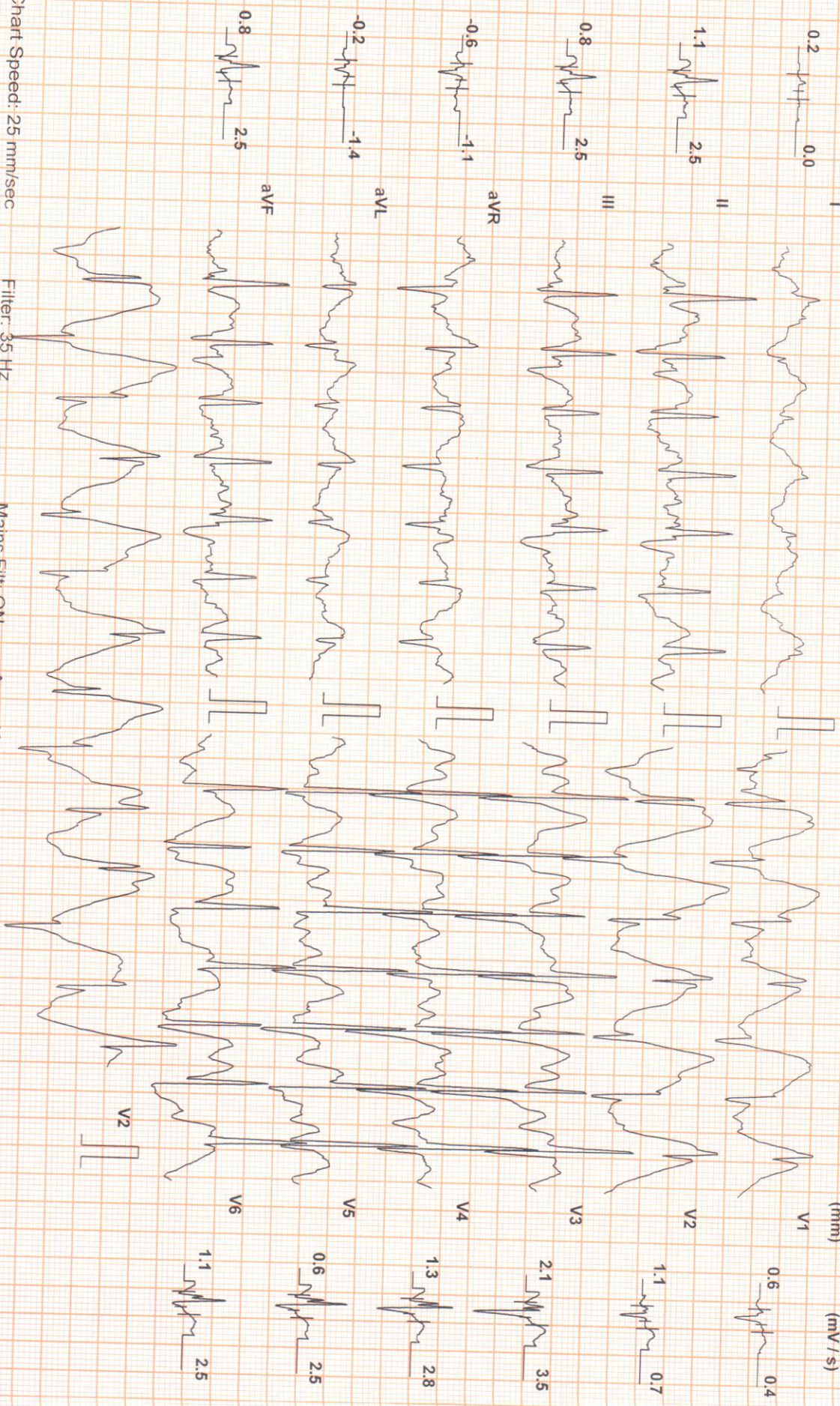


Chart Speed: 25 mm/sec
Schiller Spandah V4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Protocol: Bruce

ID: 2127553585

Date: 02-Oct-21

Exec Time: 8 m 41 s

Stage Time: 2 m 41 s **HR: 166 bpm**

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

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 171 bpm)

B.P.: 150/90

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

Chart Speed: 25 mm/sec
Schiller-Standard V 47

Filter: 35 Hz

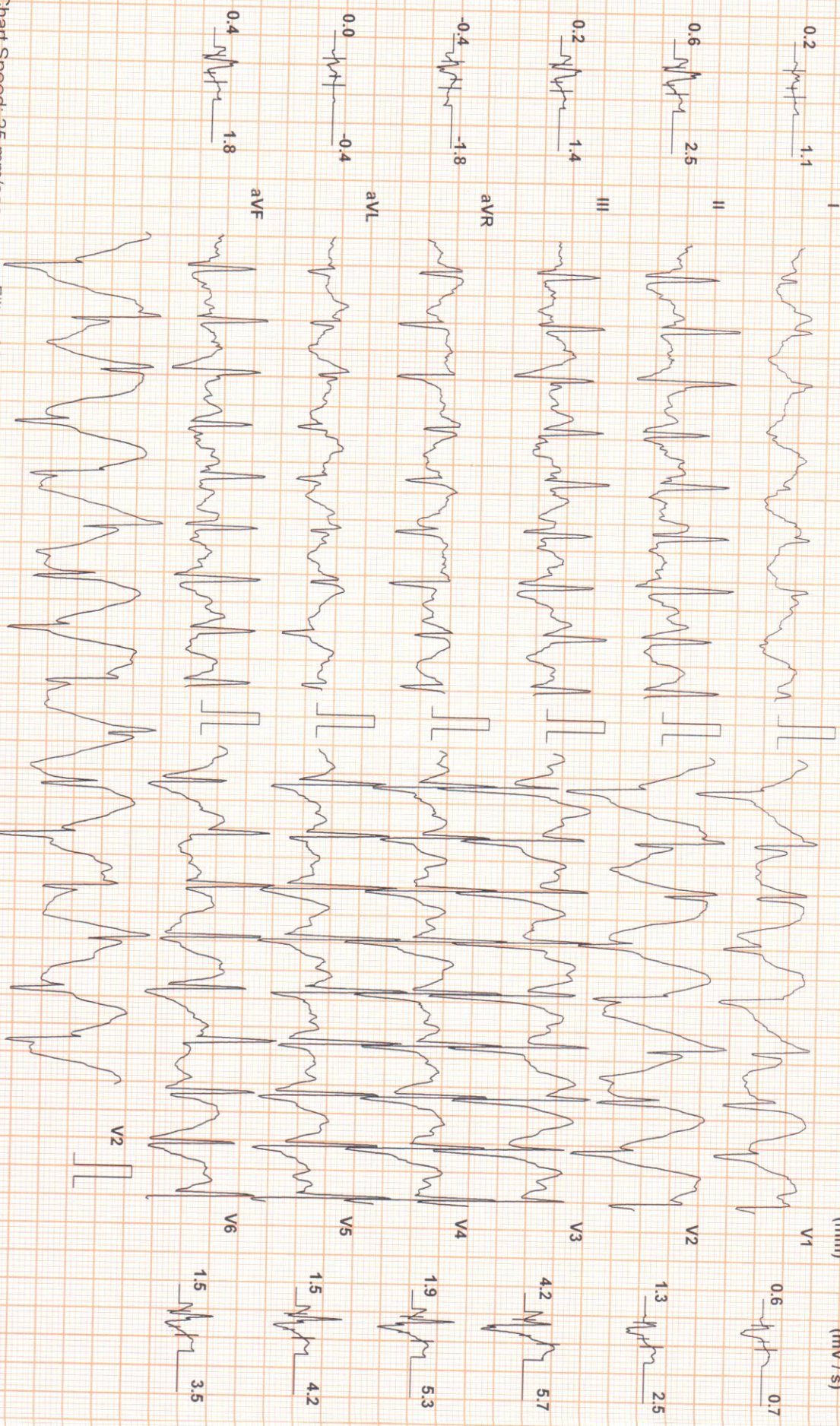
Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post V = J + 60 ms





SHUBHAM ARORA (29 M)

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

ID: 2127553585

Date: 02-Oct-21

Exec Time: 8 m 41 s

Stage Time: 1 m 0 s

HR: 139 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 0 mph

Grade: 0 %

(THR: 171 bpm)

B.P.: 160/90

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

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

I

V1

0.4 1.1

0.6 0.7

II

V2

1.3 3.2

1.3 1.8

III

V3

0.4 1.1

5.1 5.7

aVR

V4

-0.8 -1.8

3.6 5.7

aVL

V5

0.0 0.0

2.5 4.6

aVF

V6

1.1 2.1

2.1 3.5

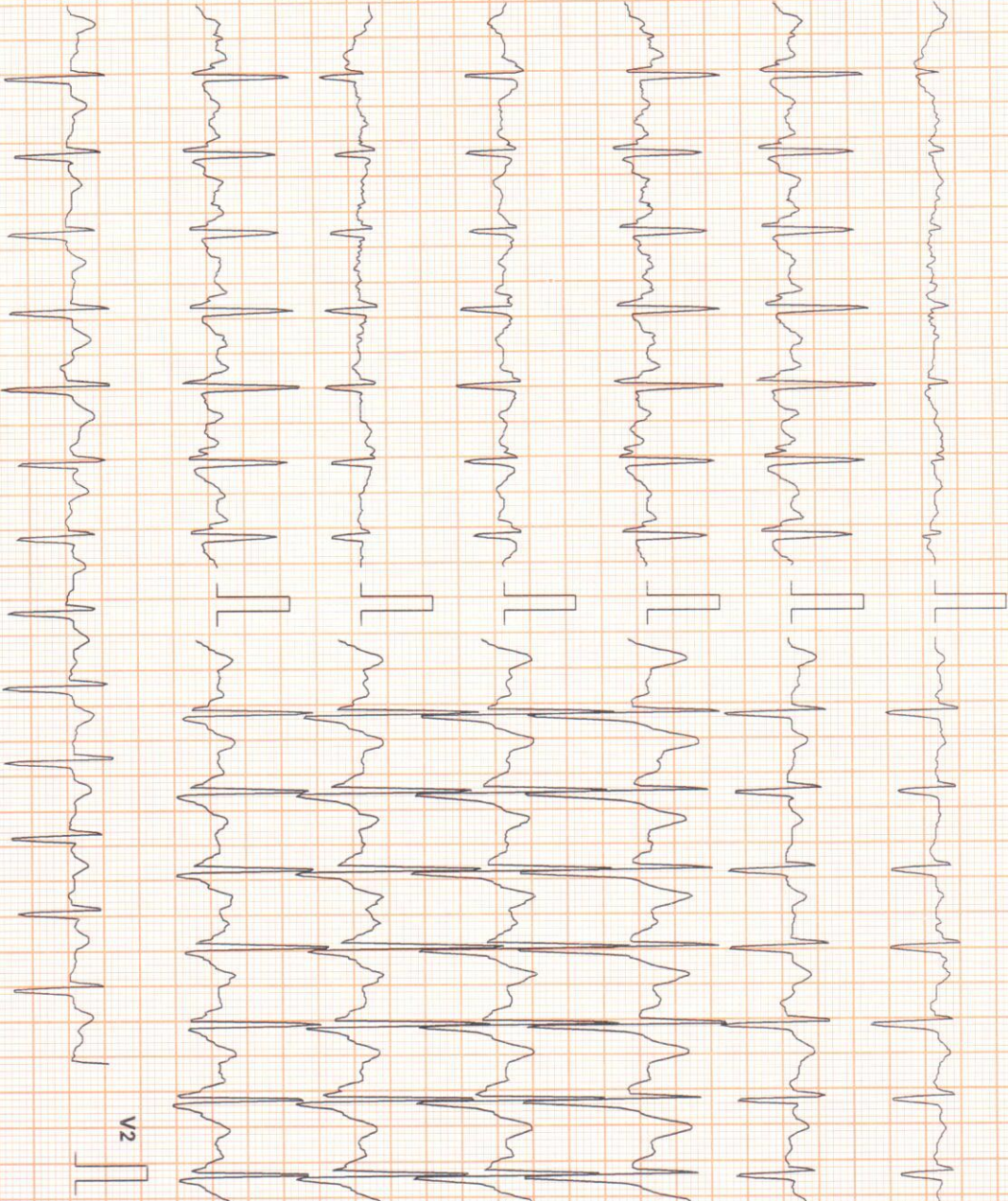


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7



SHUBHAM ARORA (29 M)

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

Protocol: Bruce

ID: 2127553585

Date: 02-Oct-21

Exec Time : 8 m 41 s

Stage Time : 0 m 10 s

HR: 130 bpm

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

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR- 171 bpm)

B.P- 160 / 90

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

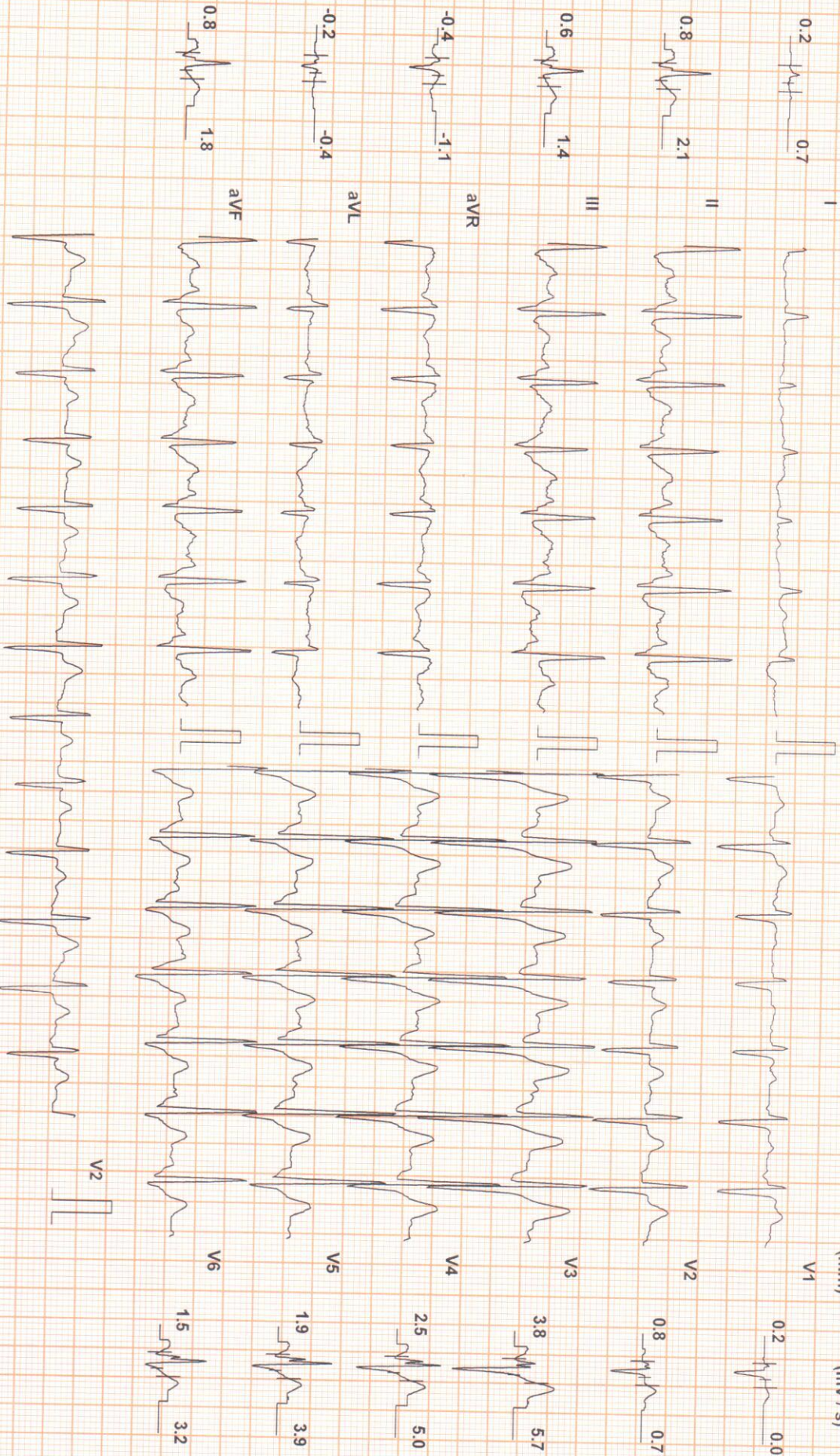


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R + 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7



SHUBHAM ARORA (29 M)

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

Protocol: Bruce

ID: 2127553585

Date: 02-Oct-21

Exec Time : 8 m 41 s Stage Time : 0 m 6 s

HR: 137 bpm

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

Stage: Recovery(3)

Speed: 0 mph

Grade: 0%

(THR: 171 bpm)

B.P.: 160/90

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

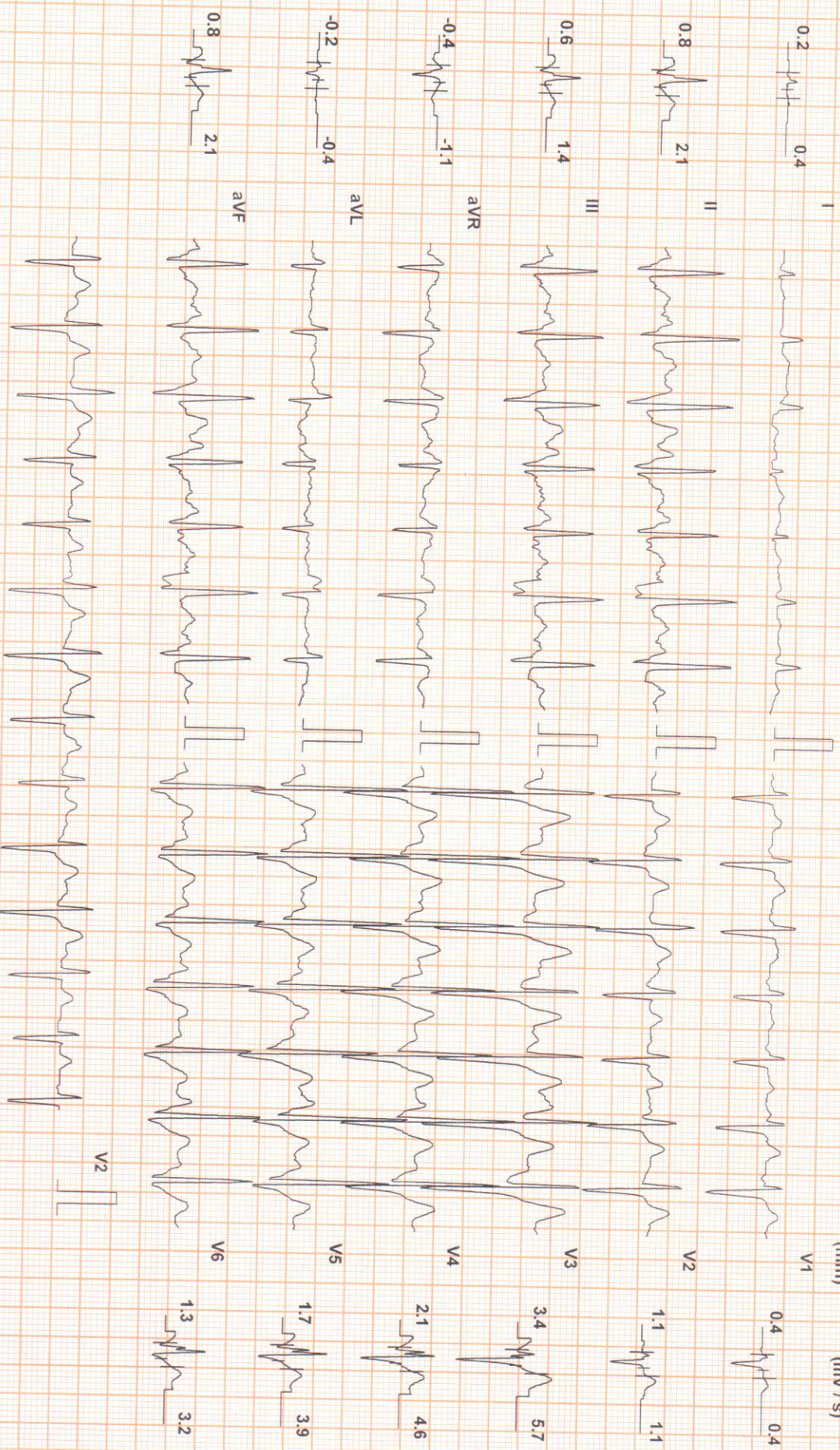


Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Mains Filt ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms