

CID# : 2305621611

Name : MR.PRASHANT A NIRMALE

Age / Gender : 31 Years/Male

Consulting Dr. :

Collected : 25-Feb-2023 / 08:48

Reg.Location : Lulla Nagar, Pune (Main Centre)

Reported : 25-Feb-2023 / 12:35

## PHYSICAL EXAMINATION REPORT

### History and Complaints:

No

### EXAMINATION FINDINGS:

Height (cms): 163

Weight (kg): 74

Temp (0c): Afebrile

Skin: Normal

Blood Pressure (mm/hg): 130/80

Nails: Healthy

Pulse: 74/min

Lymph Node: Not Palpable

### Systems

Cardiovascular: S1, S2 Normal No Murmurs

Respiratory: Air Entry Bilaterally Equal

Genitourinary: Normal

GI System: Soft non tender No Organomegaly

CNS: Normal

### CHIEF COMPLAINTS:

- |                                   |    |
|-----------------------------------|----|
| 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 |

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- |  |    |
|--|----|
| 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 |

**PERSONAL HISTORY:**

- |               |       |
|---------------|-------|
| 1) Alcohol    | No    |
| 2) Smoking    | No    |
| 3) Diet       | Mixed |
| 4) Medication | No    |

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

All performed reports within  
range.

  
Dr. Milind Shinde  
MBBS, DNB, Consulting Physician,  
Diabetologist & Echocardiologist

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Reg. Location : Lulla Nagar, Pune (Main Centre)

Collected : 25-Feb-2023 / 08:52  
Reported : 25-Feb-2023 / 14:53

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	15.8	13.0-17.0 g/dL	Spectrophotometric
RBC	4.93	4.5-5.5 mil/cmm	Elect. Impedance
PCV	46.6	40-50 %	Calculated
MCV	95	80-100 fl	Calculated
MCH	32.0	27-32 pg	Calculated
MCHC	33.9	31.5-34.5 g/dL	Calculated
RDW	14.0	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	7500	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	23.6	20-40 %	
Absolute Lymphocytes	1770.0	1000-3000 /cmm	Calculated
Monocytes	5.4	2-10 %	
Absolute Monocytes	405.0	200-1000 /cmm	Calculated
Neutrophils	64.9	40-80 %	
Absolute Neutrophils	4867.5	2000-7000 /cmm	Calculated
Eosinophils	6.1	1-6 %	
Absolute Eosinophils	457.5	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	209000	150000-400000 /cmm	Elect. Impedance
MPV	8.2	6-11 fl	Calculated
PDW	13.8	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			

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Reported : 25-Feb-2023 / 15:06

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-ESR 6 2-15 mm at 1 hr. Sedimentation

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



*Shamla Kulkarni*

Dr.SHAMLA KULKARNI  
M.D.(PATH)  
Pathologist

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	93.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	99.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.7	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.28	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.42	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	8.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	23.4	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	26.8	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	48.1	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	85.0	40-130 U/L	Colorimetric
BLOOD UREA, Serum	19.7	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.2	6-20 mg/dl	Calculated
CREATININE, Serum	0.78	0.67-1.17 mg/dl	Enzymatic

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Reported : 25-Feb-2023 / 20:21

eGFR, Serum	123	>60 ml/min/1.73sqm	Calculated by MDRD equation (Modification of Diet in Renal Disease)
URIC ACID, Serum	6.3	3.5-7.2 mg/dl	Enzymatic
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 Pune Lab, Pune Swargate  
\*\*\* End Of Report \*\*\*



*Shamla Kulkarni*  
**Dr. SHAMLA KULKARNI**  
M.D.(PATH)  
Pathologist

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Reported : 25-Feb-2023 / 14:10

**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 Pune Lab, Pune Swargate

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



MC-2463

**Dr.SHAMLA KULKARNI**  
M.D.(PATH)  
Pathologist

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Consulting Dr. : -  
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Collected : 25-Feb-2023 / 08:52  
Reported : 25-Feb-2023 / 13:38

**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	Yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	++	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	1-2	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	

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 Pune Lab, Pune Swargate  
\*\*\* End Of Report \*\*\*



*Shamla Kulkarni*  
**Dr.SHAMLA KULKARNI**  
MD (PATH)  
Consultant Pathologist



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Collected : 25-Feb-2023 / 08:52  
Reported : 25-Feb-2023 / 14:01

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	A
Rh TYPING	Positive

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 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 Pune Lab, Pune Swargate  
\*\*\* End Of Report \*\*\*



*Shamla Kulkarni*

**Dr.SHAMLA KULKARNI**  
M.D.(PATH)  
Pathologist

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	147.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	79.9	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	46.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	100.6	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	85	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	16	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.8	0-3.5 Ratio	Calculated

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



MC-2493

*Shamla Kulkarni*

**Dr.SHAMLA KULKARNI**  
MD (PATH)  
Consultant Pathologist

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Collected : 25-Feb-2023 / 08:52  
Reported : 25-Feb-2023 / 13:14

**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	4.5	2.6-5.7 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
Free T4, Serum	12.4	9-19 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
sensitiveTSH, Serum	1.67	0.35-4.94 microIU/ml	CMIA

Kindly note change in reference range and method w.e.f. 16/08/2019. NOTE: 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 & heart failure, severe burns, trauma & surgery etc.

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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)

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate

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

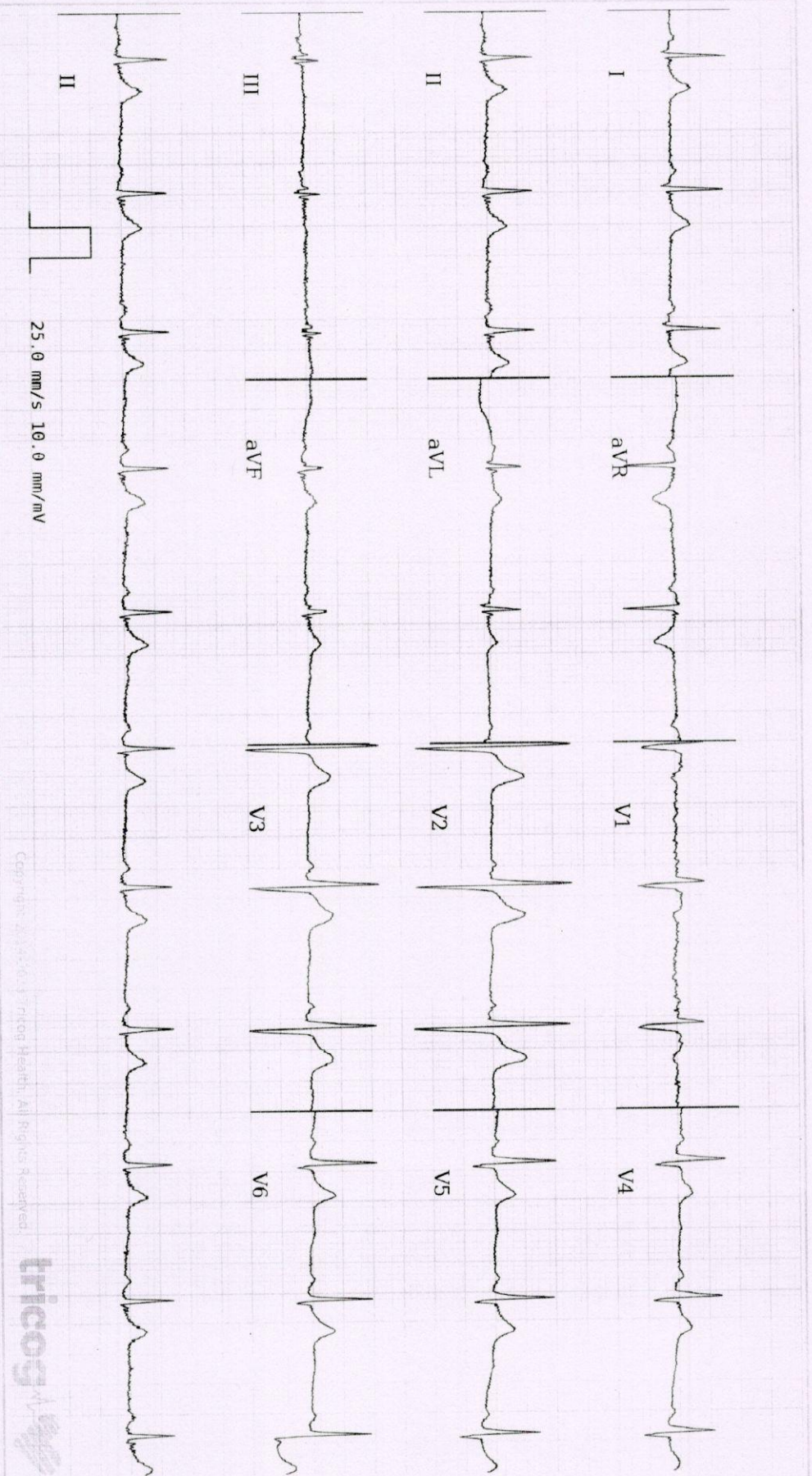


MC-2463

**Dr.SHAMLA KULKARNI**  
M.D.(PATH)  
Pathologist

Patient Name: **PRASHANT A NIRMALE**  
Patient ID: **2305621611**

**SUBURBAN DIAGNOSTICS - LULLANAGAR, PUNE**  
Date and Time: **25th Feb 23 9:06 AM**



25.0 mm/s 10.0 mm/mV

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Age **31** **10** **25**  
years months days

Gender **Male**

Heart Rate **66bpm**

Patient Vitals

BP: **130/80 mmHg**  
Weight: **74 kg**  
Height: **163 cm**  
Pulse: **NA**  
SpO2: **NA**  
Resp: **NA**  
Others:

Measurements

QRSD: **92ms**  
QT: **350ms**  
QTc: **366ms**  
PR: **126ms**  
P-R-T: **28° 34° 42°**

REPORTED BY

*[Signature]*

Dr. Milind Shirude  
MBBS, DNB Medicine  
2011/05/1544



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

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.

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Reported : 25-Feb-2023 / 10:00

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### USG (ABDOMEN + PELVIS)

**LIVER** : The liver is normal in size, shape and smooth margins.  
It shows raised parenchymal echo pattern s/o grade I fatty infiltration.  
The intra hepatic biliary and portal radical appear normal.  
No evidence of any intra hepatic cystic or solid lesion seen.  
The main portal vein and CBD appears normal.

**GALL BLADDER** : The gall bladder is physiologically distended.  
The visualized gall bladder appears normal.  
No evidence of pericholecystic fluid is seen.

**PANCREAS** : The pancreas is well visualised and appears normal.  
No evidence of solid or cystic mass lesion is noted.

**KIDNEYS** : Both the kidneys are normal in size, shape and echotexture.  
No evidence of any calculus, hydronephrosis or mass lesion seen.

**SPLEEN** : The spleen is normal in size, shape and echotexture.  
No evidence of focal lesion is noted.

**URINARY BLADDER** : The urinary bladder is well distended.  
It shows thin walls and sharp mucosa.  
No evidence of calculus is noted.  
No mass or diverticulum is seen.

**PROSTATE** : The prostate is normal in size and echotexture.

Visualized small bowel loops appear non-dilated.  
Gaseous distension of large bowel loops.  
There is no evidence of any lymphadenopathy or ascitis.

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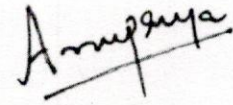
**IMPRESSION :**

➤ No significant abnormality seen.

Advice - Clinical and lab correlation.

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

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



**DR. ANUPRIYA BATRA**  
MD Radiology  
Reg. No. 2021/12/8725

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Page no 2 of 2

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### X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

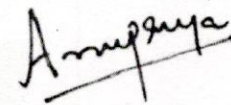
The skeleton under review appears normal.

### IMPRESSION:

**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

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

*This report is prepared and physically checked by Dr. Anupriya Batra before dispatch.*



**DR. ANUPRIYA BATRA**  
MD Radiology  
Reg. No. 2021/12/8725

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## Suburban Diagnostics Lullanagar

**Patient Details**                      Date: 25-Feb-23                      Time: 9:25:10 AM  
**Name:** PRASHANT A NIRMALE ID: 2305621611  
**Age:** 31 y                      Sex: M                      Height: 163 cms                      Weight: 74 Kgs  
**Clinical History:** NIL

**Medications:** NIL

### Test Details

**Protocol:** Bruce                      Pr.MHR: 189 bpm                      THR: 170 (90 % of Pr.MHR) bpm  
**Total Exec. Time:** 8 m 28 s                      Max. HR: 158 (84% of Pr.MHR) bpm                      Max. Mets: 10.20  
**Max. BP:** 152 / 100 mmHg                      Max. BP x HR: 24016 mmHg/min                      Min. BP x HR: 6160 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 : 26	1.0	0	0	78	130 / 80	-0.85 aVR	2.12 V2
Standing	0 : 6	1.0	0	0	77	130 / 80	-0.85 aVR	2.12 V2
Hyperventilation	0 : 10	1.0	0	0	80	130 / 80	-1.06 aVR	2.12 V2
1	3 : 0	4.6	1.7	10	135	130 / 80	-2.55 aVR	4.95 II
2	3 : 0	7.0	2.5	12	138	142 / 92	-2.76 aVR	5.31 II
Peak Ex	2 : 28	10.2	3.4	14	158	152 / 100	-2.76 aVR	5.31 II
Recovery(1)	1 : 0	1.8	1	0	126	152 / 100	-2.55 aVR	5.66 II
Recovery(2)	1 : 0	1.0	0	0	121	152 / 100	-2.12 aVR	5.31 V2
Recovery(3)	1 : 0	1.0	0	0	116	152 / 100	-1.27 aVR	3.18 II
Recovery(4)	1 : 0	1.0	0	0	108	152 / 100	-0.85 aVR	2.12 V2
Recovery(5)	0 : 5	1.0	0	0	107	152 / 100	-0.42 aVR	1.77 II

### Interpretation

The patient exercised according to the Bruce protocol for 8 m 28 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 78 bpm, rose to a max. heart rate of 158 (84% of Pr.MHR) bpm. Resting blood Pressure 130 / 80 mmHg, rose to a maximum blood pressure of 152 / 100 mmHg.

Good Effort Tolerance.

No Angina/Arrhythmia/Dyspnoea/significant ST T changes during test/recovery.

Stress Test is NEGATIVE for Inducible Myocardial Ischemia .

#### Disclaimer :

Negative Stress Test does not rule out Coronary Artery Diseases.

Positive Test is suggestive but not confirmatory of Coronary Artery Disease.

Hence clinical correlation is mandatory.

Ref. Doctor: BOB

( Summary Report edited by user )

  
 Doctor: DR.MILIND SHINDE

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**Dr. MILIND SHINDE**  
 MBBS, DNB Medicine  
 Reg. No. 2011/05/1544



**PRASHANT A NIRMALE (31 M)**

ID: 23056216-11

Date: 25-Feb-23

Exec Time : 0 m 0 s

Stage Time : 0 m 20 s

HR: 79 bpm

**Suburban Diagnostics Lullanagar**

**Test Report**

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 170 bpm)

B.P: 130 / 80

ST Level (mm)    ST Slope (mV/s)

ST Level (mm)    ST Slope (mV/s)

0.6    0.4

0.0    -0.4

1.5    1.1

1.9    1.8

0.6    0.4

0.4    0.0

-1.1    -0.7

0.8    0.4

0.0    0.0

0.8    0.4

1.1    0.7

0.6    0.4

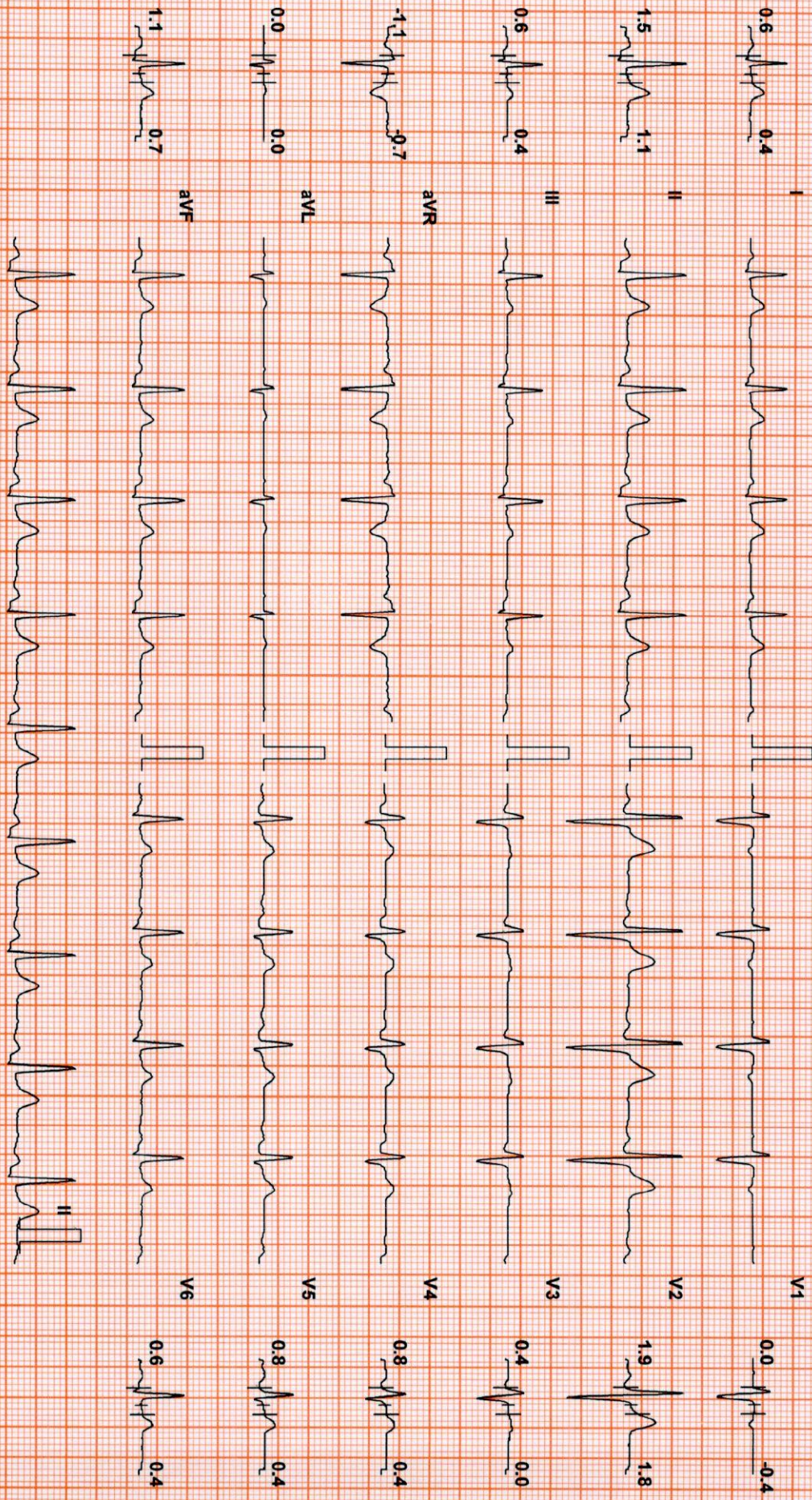


Chart Speed: 25 mm/sec  
Schlier-Spandan V 4.51

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



PRASHANT A NIRMALE (31 M)

ID: 2305621611

Date: 25-Feb-23

Exec Time : 0 m 0 s

Stage Time : 0 m 0 s

HR: 77 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 170 bpm)

B.P: 130 / 80

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

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

0.2 0.4



0.0 0.0

1.3 1.1



1.7 1.8

0.6 0.0



0.4 0.0

-0.6 -0.4



0.6 0.0

0.0 0.0



0.6 0.0

1.1 0.7



0.4 0.4

0.0 0.0



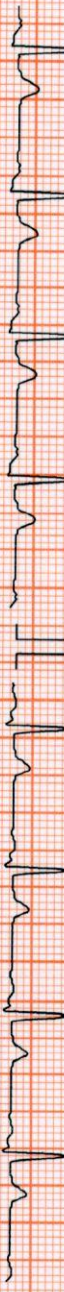
0.6 0.4

0.0 0.0



0.6 0.0

0.0 0.0



0.6 0.0

0.0 0.0



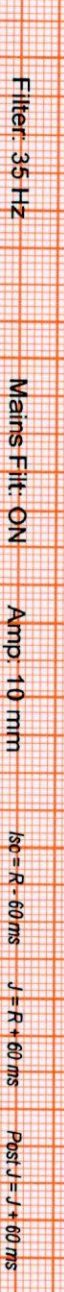
0.6 0.0

0.0 0.0



0.6 0.0

0.0 0.0



0.4 0.4

Chart Speed: 25 mm/sec  
Schiller Standard V 4.51

Filter: 35 Hz

Mains Fit: ON

Amp: 10 mm

Isc = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



**PRASHANT A NIRMALE (31 M)**

ID: 2305621611

Date: 25-Feb-23

Exec Time : 0 m 0 s

Stage Time : 0 m 4 s

HR: 107 bpm

Protocol: Bruce

Stage: Hyperventilation Speed: 0 mph

Grade: 0%

(THR: 170 bpm)

B.P: 130 / 80

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

1.9      -0.7

0.2      0.4

1.7      0.4

1.5      1.1

0.0      1.1

0.2      -0.4

-1.7      0.4

0.6      -0.4

1.1      -0.7

0.4      0.0

0.6      0.7

0.4      -0.4

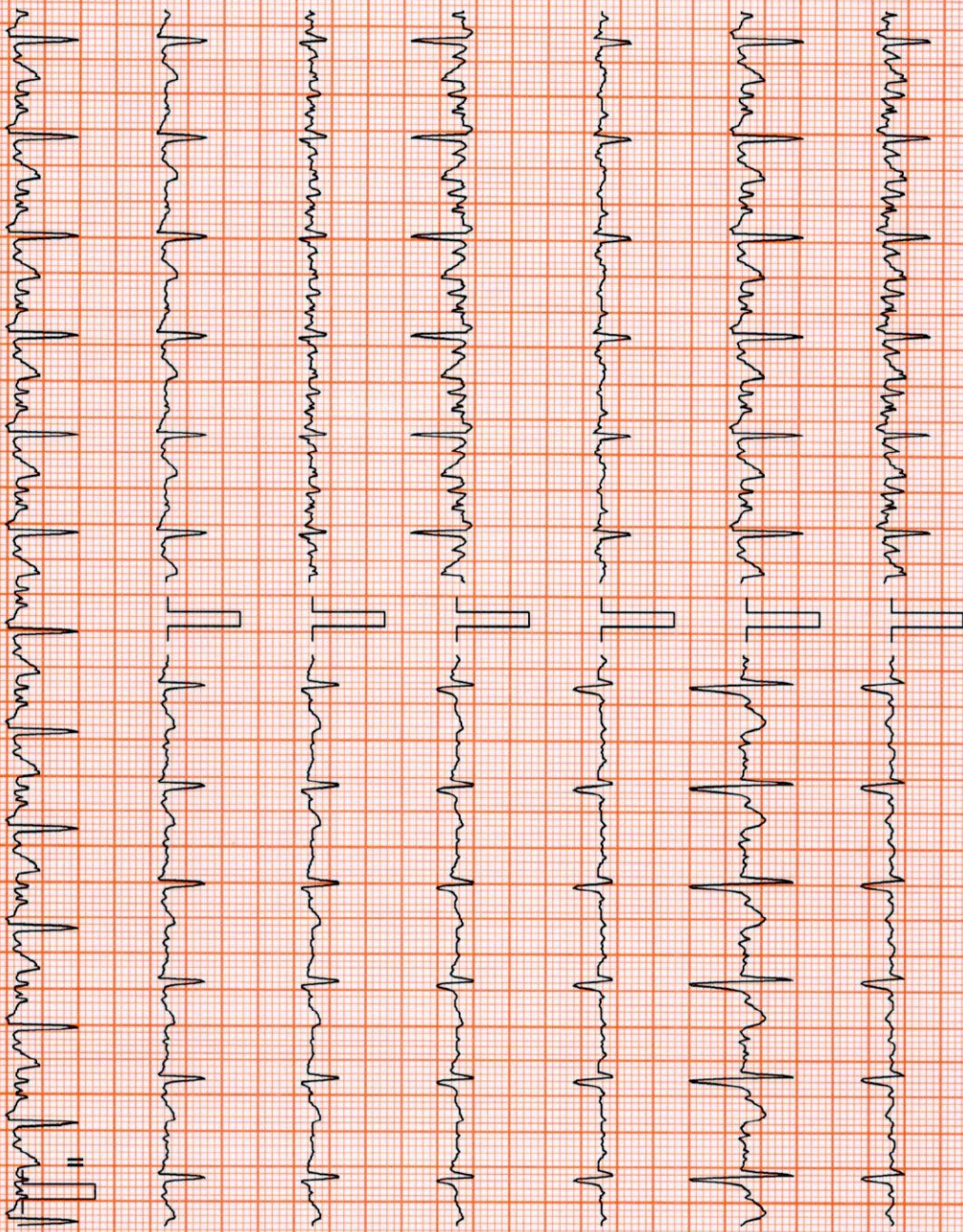


Chart Speed: 25 mm/sec  
Schiller Spandan V 4.57

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO - R - 60 ms

J - R + 60 ms

Post J - J + 60 ms  
Linked Median



**PRASHANT A NIRMALE (31 M)**

Protocol: Bruce

ID: 2305621611  
Stage: 1

Date: 25-Feb-23 Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 114 bpm  
Speed: 1.7 mph Grade: 10 % (THR: 170 bpm) B.P: 130 / 80

**Suburban Diagnostics Lullianagar**

**Test Report**

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

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

0.4 0.7



V1 -0.4 -0.7

1.7 2.5



V2 1.5 1.8

0.8 0.7



V3 0.6 0.7

-1.1 -1.4



V4 0.6 1.1

-0.2 0.0



V5 0.8 1.1

1.5 1.8



V6 0.8 1.1



Chart Speed: 25 mm/sec  
Schiller Spandax V 4 51

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



**PRASHANT A NIRMAL (31 M)**

Protocol: Bruce

ID: 230621611  
Stage: 2

Date: 25-Feb-23 Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 140 bpm  
Speed: 2.5 mph Grade: 12% (THR: 170 bpm) B.P: 142 / 92

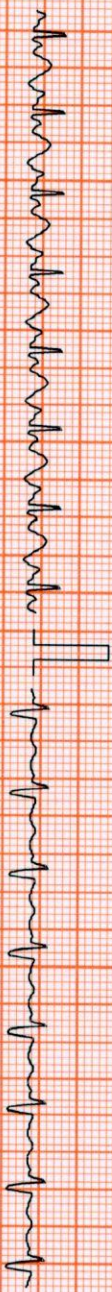
**Suburban Diagnostics Lullanagar**

**Test Report**

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

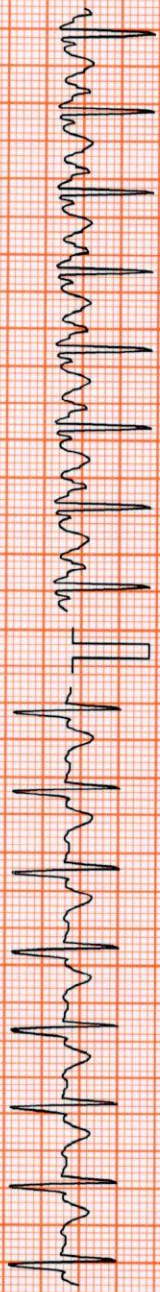
ST Level (mm) ST Slope (mV/s)

0.4 0.4



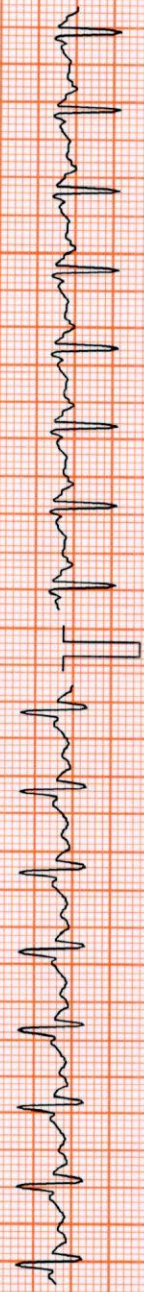
-0.2 -0.7

1.1 1.1



2.5 3.9

0.2 0.4



0.6 1.1

-0.6 -0.4



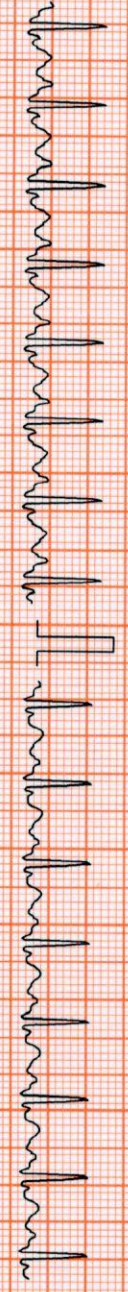
0.6 1.8

0.4 0.4



0.8 1.4

0.6 0.7



0.6 1.1



Chart Speed: 25 mm/sec  
Schiller Spandan V 4.57

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J + R + 60 ms

Post J = J + 60 ms

Linked Median



**PRASHANT A NIRMAL (31 M)**

Protocol: Bruce

ID: 2305621611

Date: 25-Feb-23 Exec Time : 8 m 22 s Stage Time : 2 m 22 s HR: 160 bpm

Stage: Peak EX

Speed: 3.4 mph

Grade: 14 %

(THR: 170 bpm)

B.P: 152 / 100

**Suburban Diagnostics Lullanagar**

**Test Report**

ST Level (mm)    ST Slope (mV/s)

ST Level (mm)    ST Slope (mV/s)

1.7    2.1

0.2    0.0

1.5    3.2

3.4    4.6

0.0    1.1

1.1    2.1

-1.5    -2.8

1.3    2.8

0.8    1.1

1.3    2.8

0.6    2.1

0.8    2.5

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

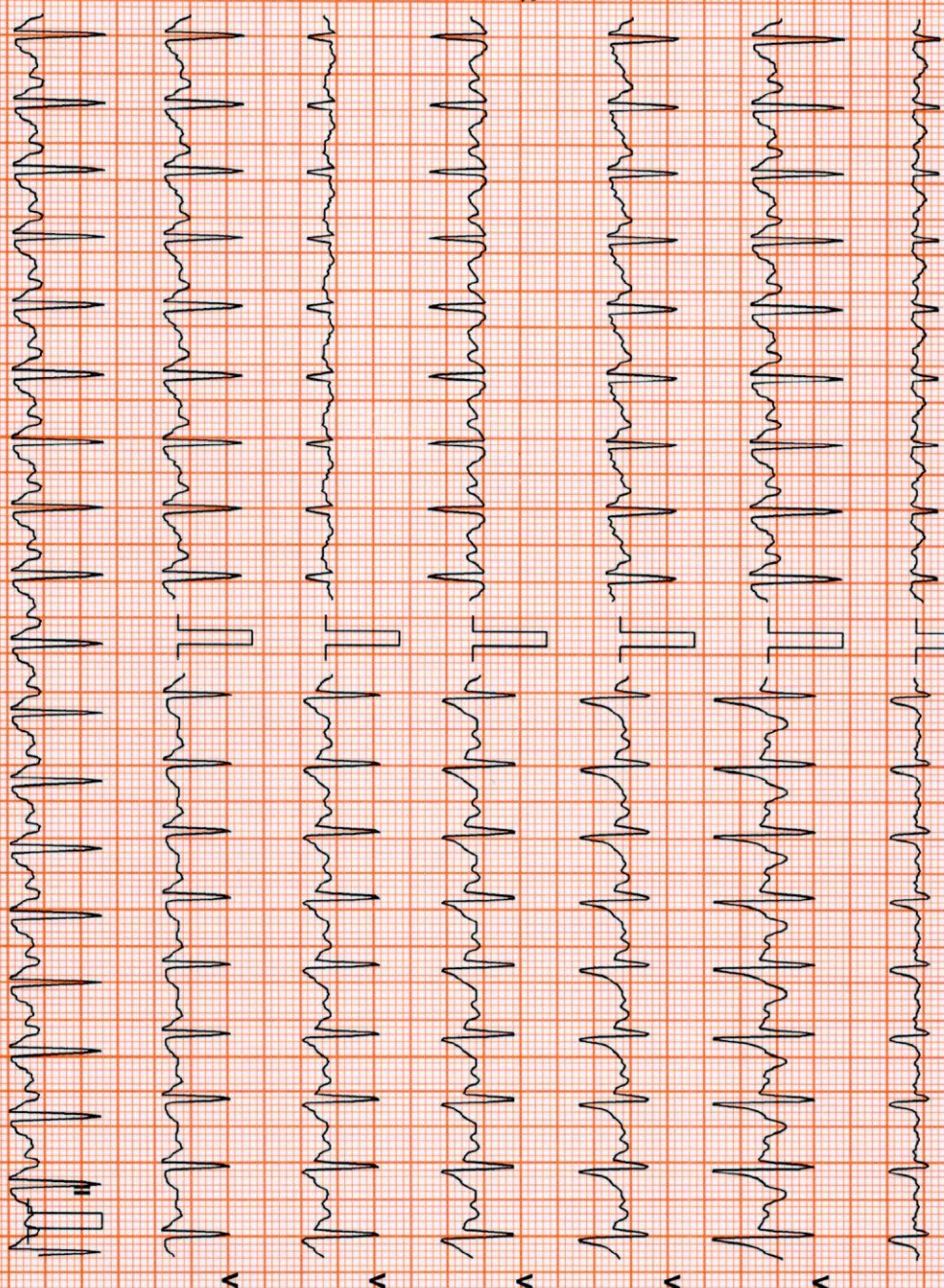


Chart Speed: 25 mm/sec  
Schiller Spandan V.4.51

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



PRASHANT A NIRMAL (31 M)

ID: 2305621611

Date: 26-Feb-23

Exec Time : 8 m 28 s Stage Time : 0 m 54 s HR: 125 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 170 bpm)

B.P.: 152 / 100

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

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

1.7 2.1

V1

2.8 4.6

V2

0.8 2.1

V3

-2.4 -3.5

V4

0.4 0.4

V5

1.5 3.2

V6

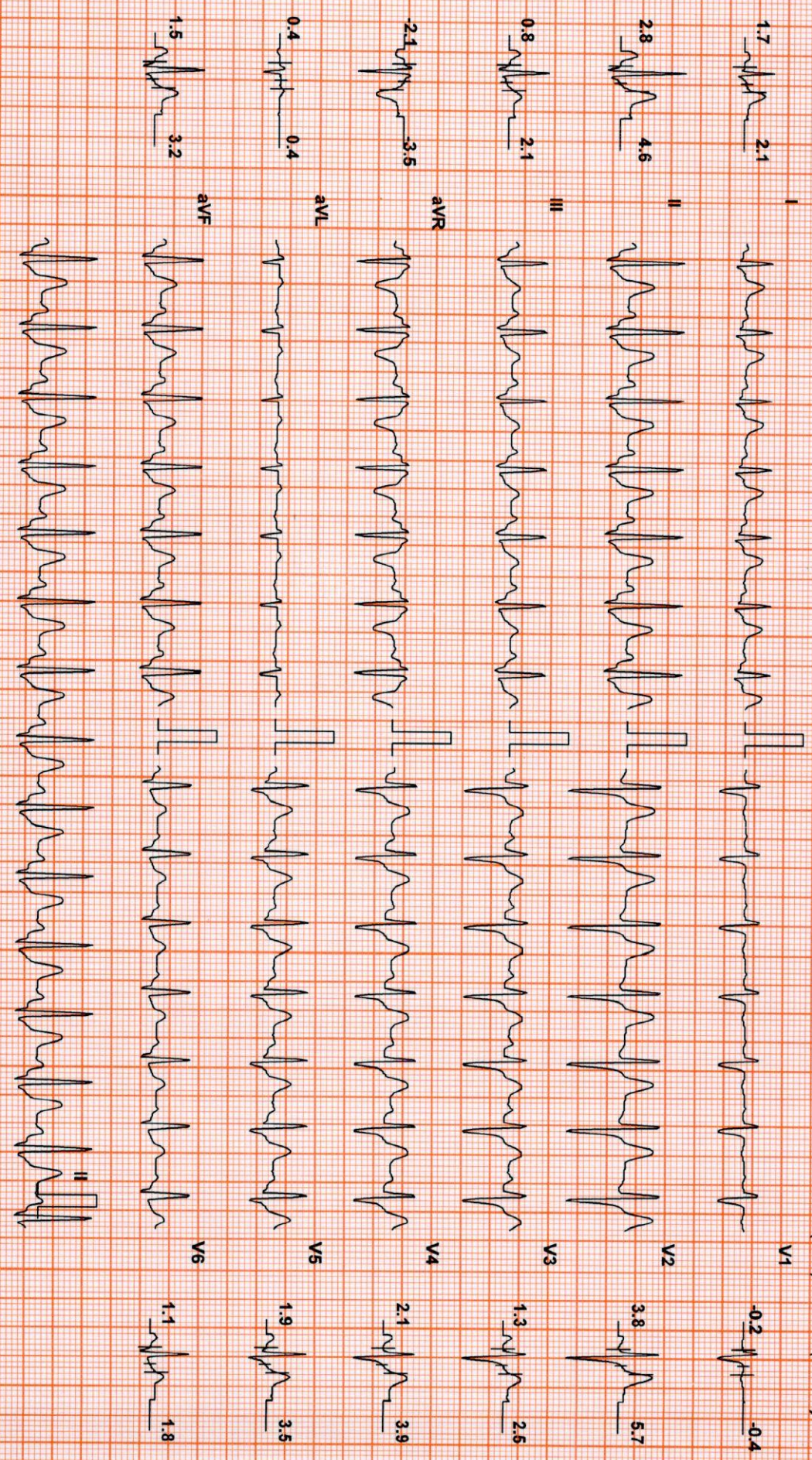


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spenden V.4.5f

Linked Median





**PRASHANT A NIRMALE (31 M)**

**Suburban Diagnostics Lullanagar**

**Test Report**

Protocol: Bruce

ID: 2305621611

Date: 25-Feb-23

Exec Time : 8 m 28 s

Stage Time : 0 m 54 s **HR: 116 bpm**

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 170 bpm)

B.P.: 152 / 100

ST Level (mm)    ST Slope (mV/s)

ST Level (mm)    ST Slope (mV/s)

0.8    1.4

I

V1

0.2    0.0

1.7    3.2

II

V2

1.9    3.2

0.6    1.8

III

V3

0.4    1.4

-1.3    -2.1

AVR

V4

0.8    2.1

0.2    0.0

AVL

V5

1.1    1.8

1.1    2.1

AVF

V6

0.4    1.1

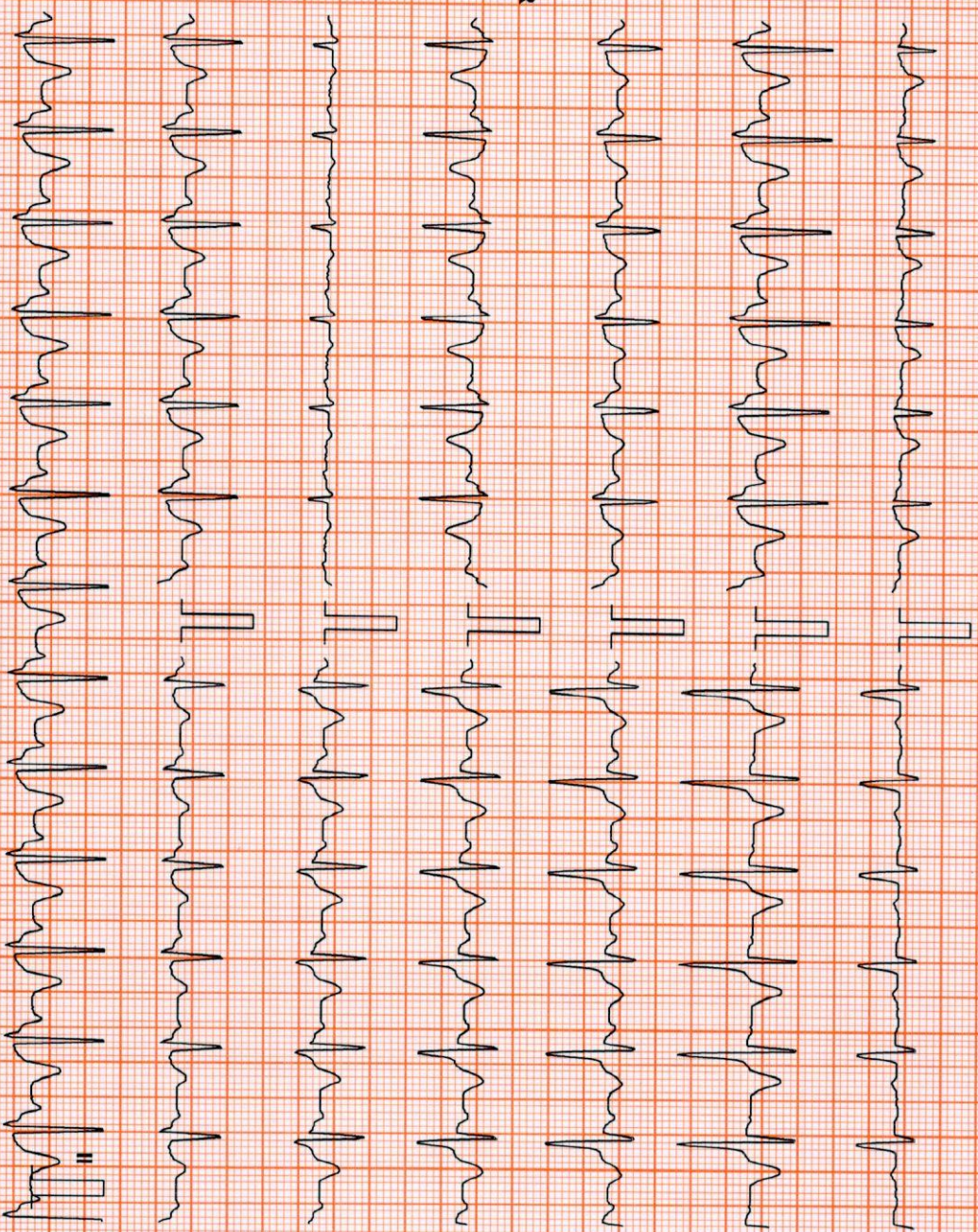


Chart Speed: 25 mm/sec  
Schiller Spandon V 4.51

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



**PRASHANT A NIRMAL (31 M)**

**Suburban Diagnostics Lullanagar**

**Test Report**

Protocol: Bruce

ID: 230621611

Date: 25-Feb-23 Exec Time : 8 m 28 s Stage Time : 0 m 54 s HR: 111 bpm

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 170 bpm)

B.P: 152 / 100

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

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

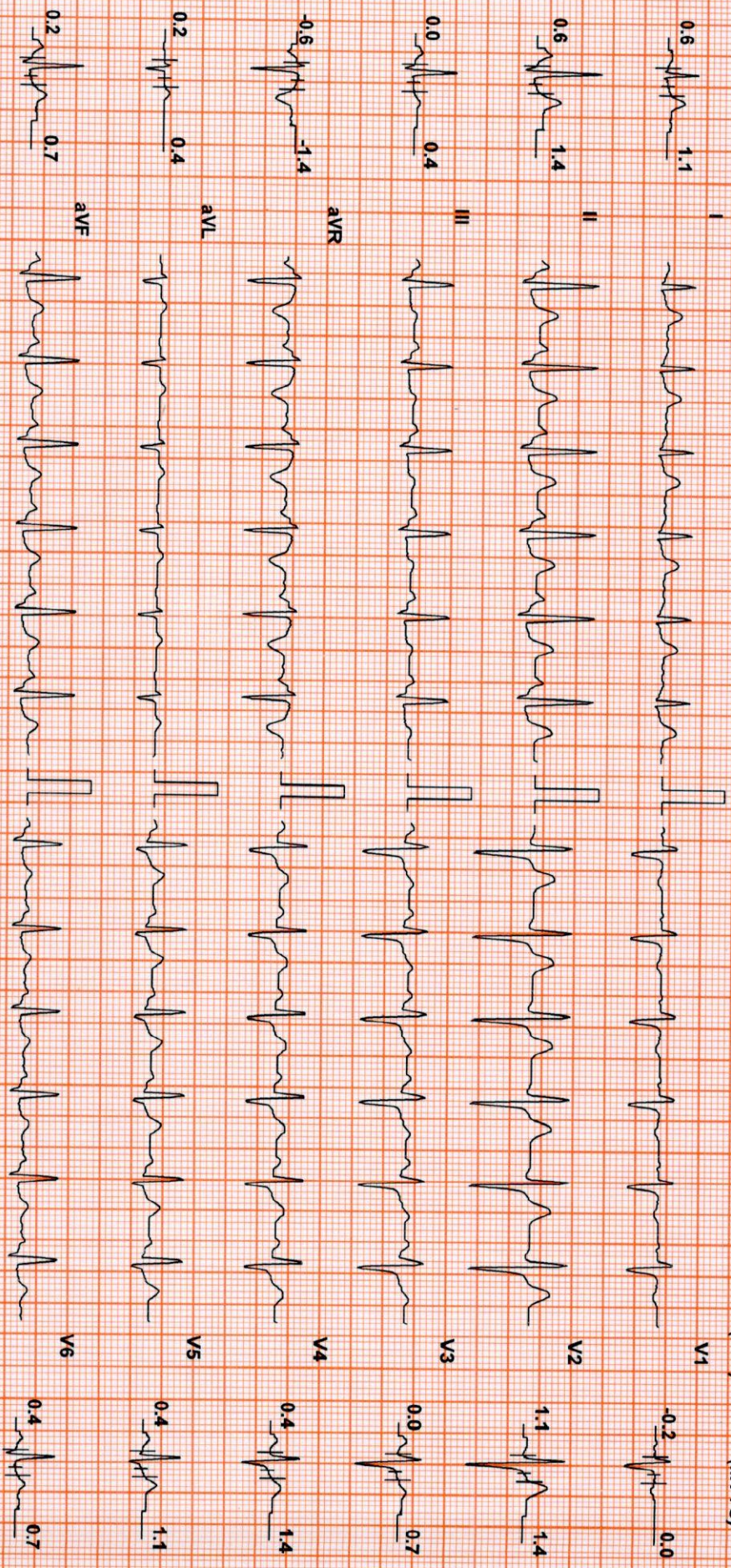


Chart Speed: 25 mm/sec  
Schlier Spandan V 4.51

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



PRASHANT A NIRMAL (31 M)

ID: 2306621611

Date: 25-Feb-23

Exec Time : 8 m 28 s Stage Time : 0 m 54 s

HR: 108 bpm

Protocol: Bruce

Stage: Recover(4)

Speed: 0 mph

Grade: 0 %

(THR: 170 bpm)

B.P.: 152 / 100

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

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

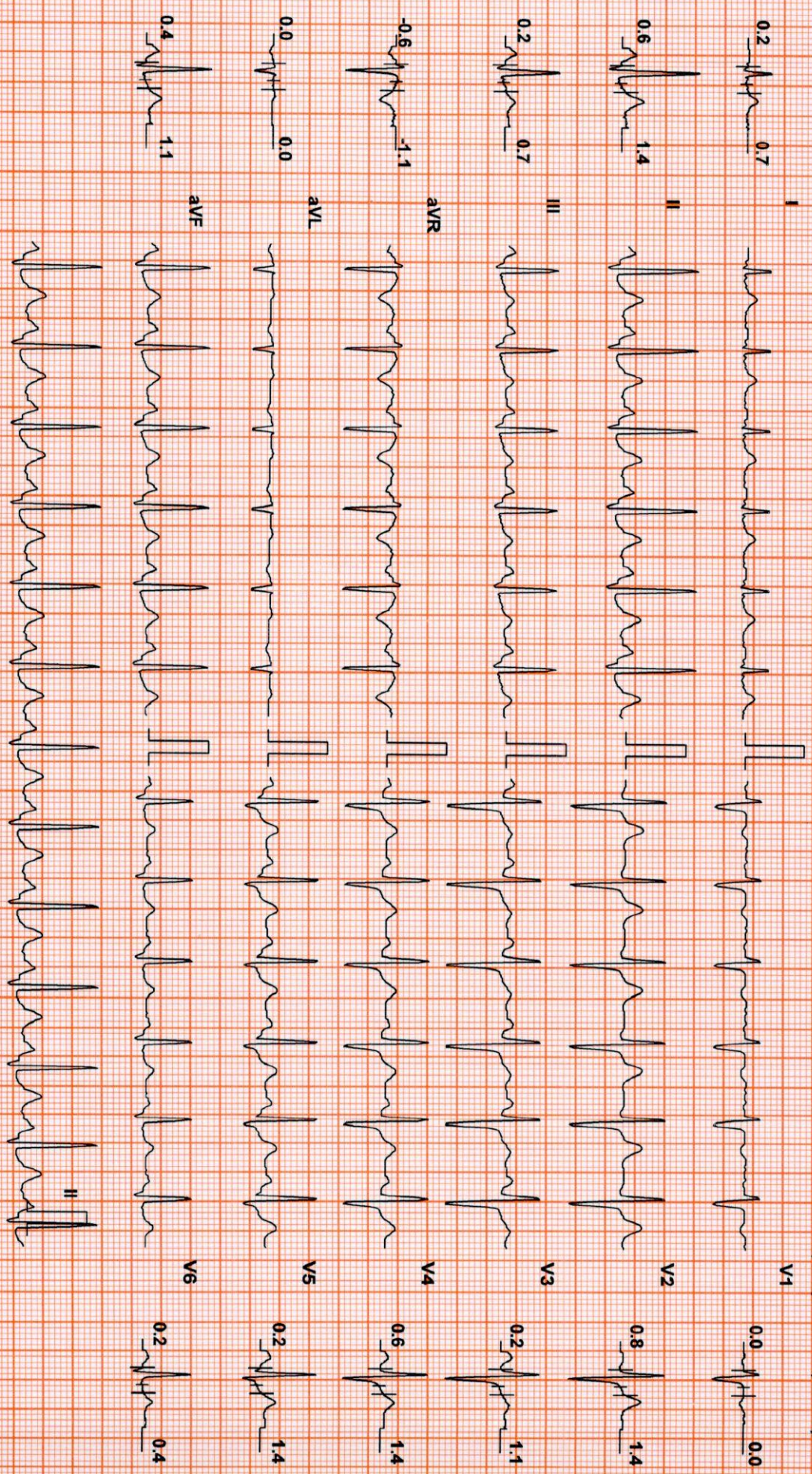


Chart Speed: 25 mm/sec  
Schiller Spandam V 4.51

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



# Suburban Diagnostics Lullanagar

# Test Report

**PRASHANT A NIRMALE (31 M)**

ID: 2305621611

Date: 25-Feb-23

Exec Time : 8 m 28 s Stage Time : 0 m 59 s **HR: 108 bpm**

Protocol: Bruce

Stage: Recovery(5)

Speed: 0 mph

Grade: 0%

(THR: 170 bpm)

B.P: 152 / 100

ST Level (mm)    ST Slope (mV/s)

ST Level (mm)    ST Slope (mV/s)

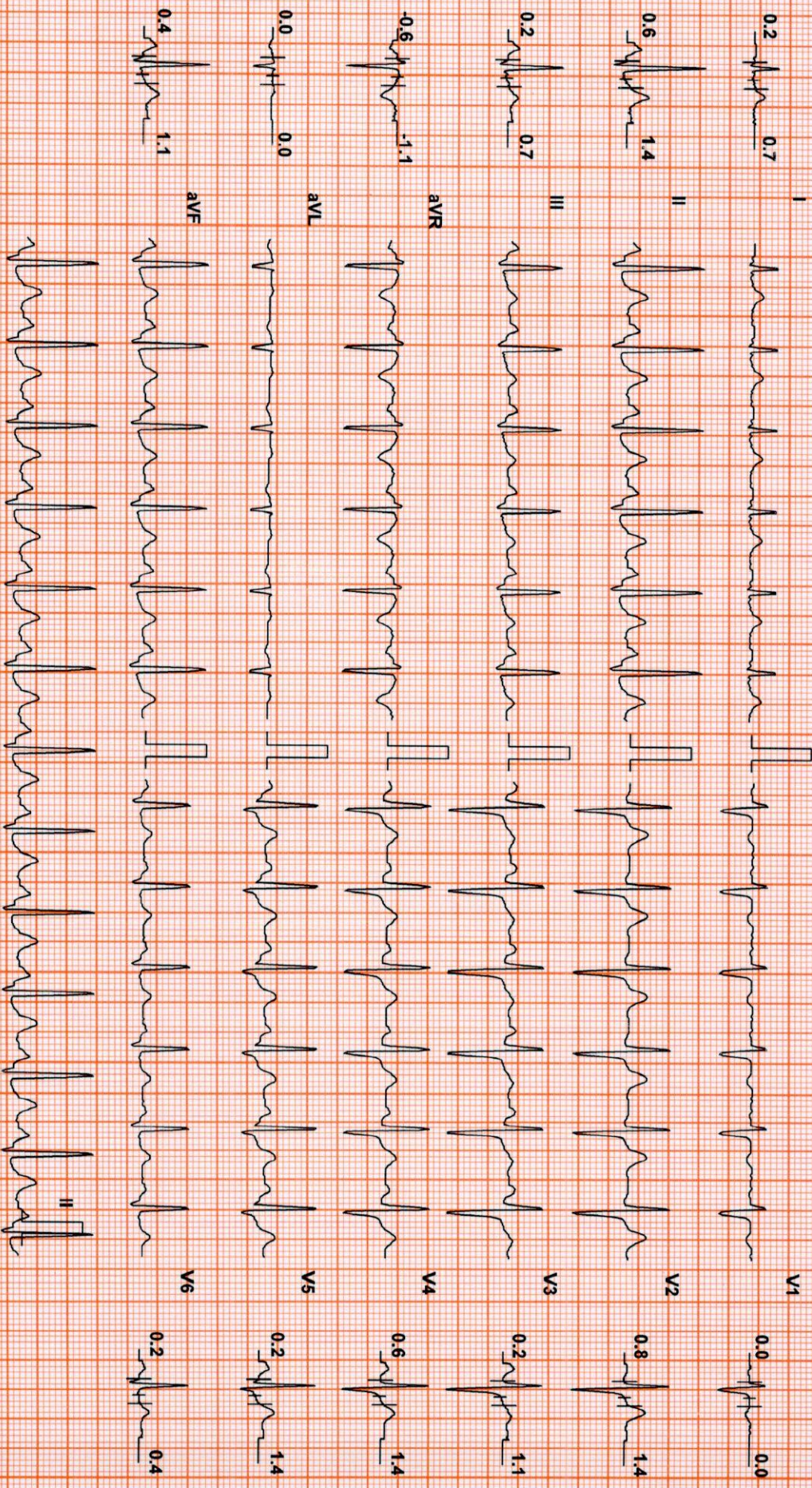


Chart Speed: 25 mm/sec  
Schiller Spandian V 4.51

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

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

Linked Median