



CID : 2310417005  
Name : MR.SACHIKANTA NAIK  
Age / Gender : 38 Years / Male  
Consulting Dr. : -  
Reg. Location : Bhayander East (Main Centre)

Use a QR Code Scanner  
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Collected : 14-Apr-2023 / 09:00  
Reported : 14-Apr-2023 / 13:27

**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	13.3	13.0-17.0 g/dL	Spectrophotometric
RBC	5.15	4.5-5.5 mil/cmm	Elect. Impedance
PCV	41.7	40-50 %	Measured
MCV	81	80-100 fl	Calculated
MCH	25.8	27-32 pg	Calculated
MCHC	31.8	31.5-34.5 g/dL	Calculated
RDW	15.2	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6820	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	31.0	20-40 %	
Absolute Lymphocytes	2114.2	1000-3000 /cmm	Calculated
Monocytes	9.3	2-10 %	
Absolute Monocytes	634.3	200-1000 /cmm	Calculated
Neutrophils	53.5	40-80 %	
Absolute Neutrophils	3648.7	2000-7000 /cmm	Calculated
Eosinophils	5.8	1-6 %	
Absolute Eosinophils	395.6	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	27.3	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	264000	150000-400000 /cmm	Elect. Impedance
MPV	10.1	6-11 fl	Calculated
PDW	18.5	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	Mild		
Microcytosis	Occasional		



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Macrocytosis -  
Anisocytosis -  
Poikilocytosis -  
Polychromasia -  
Target Cells -  
Basophilic Stippling -  
Normoblasts -  
Others -  
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 Borivali Lab, Borivali West  
\*\*\* End Of Report \*\*\*



*Bmhasakar*

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



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Reported : 14-Apr-2023 / 15:00

**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	130.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	167.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.41	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.26	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.0	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.3	1 - 2	Calculated
SGOT (AST), Serum	21.1	<34 U/L	Modified IFCC
SGPT (ALT), Serum	23.1	10-49 U/L	Modified IFCC
GAMMA GT, Serum	17.2	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	95.2	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	23.8	19.29-49.28 mg/dl	Calculated
BUN, Serum	11.1	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.87	0.60-1.10 mg/dl	Enzymatic
eGFR, Serum	104	>60 ml/min/1.73sqm	Calculated

Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation



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URIC ACID, Serum	6.6	3.7-9.2 mg/dl	Uricase/ Peroxidase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	+++	Absent	
Urine Ketones (PP)	Absent	Absent	

\*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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Collected : 14-Apr-2023 / 09:00  
Reported : 14-Apr-2023 / 15:08

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	134.1	mg/dl	Calculated

Note: Variant window detected. In view of variant window, Hb electrophoresis is recommended to rule out haemoglobinopat

**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 \*\*\*



*Bmhasakar*

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**Pathologist**



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Reported : 14-Apr-2023 / 16:37

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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	1.005	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	+(>20/hpf)	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

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



MC-2111

*Bmhasakar*

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Reported : 14-Apr-2023 / 14:02

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**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. Vrushi Shroff*

**Dr.VRUSHALI SHROFF**  
**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	86.9	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	42.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	105.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	87.7	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	17.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.1	0-3.5 Ratio	Calculated

\*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**  
**THYROID FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.0	3.5-6.5 pmol/L	CLIA
Free T4, Serum	18.1	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	1.948	0.55-4.78 microIU/ml	CLIA

**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)



*Anupa*

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



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

# SUBURBAN DIAGNOSTICS - BHAYANDER EAST

Patient Name: SACHIKANTA NAIK

Date and Time: 14th Apr 23 9:32 AM

Patient ID: 2310417005

Age **38** **9** **18**  
years months days

Gender **Male**

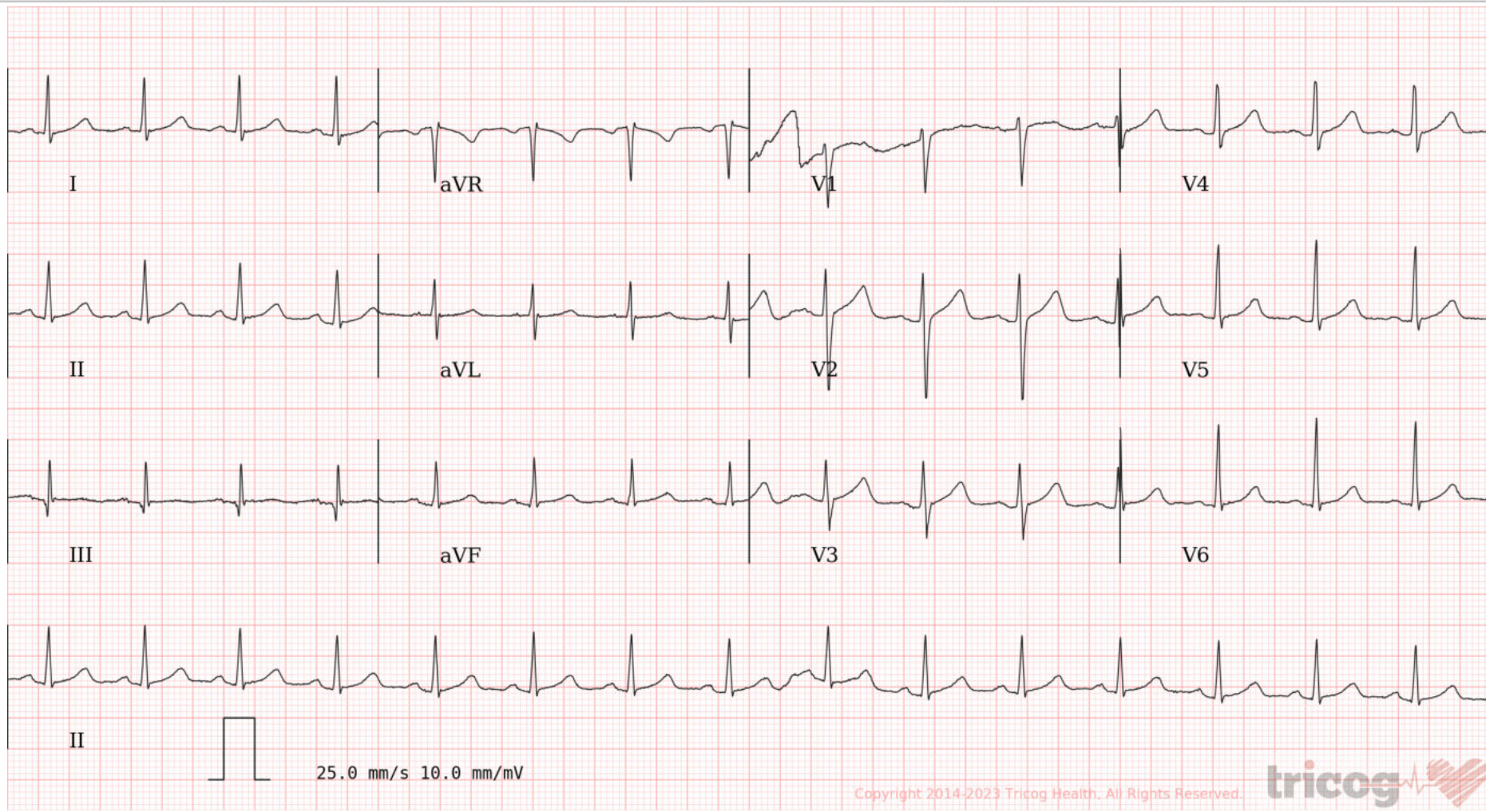
Heart Rate **95bpm**

### Patient Vitals

BP: 130/80 mmHg  
Weight: 76 kg  
Height: 163 cm  
Pulse: NA  
Spo2: NA  
Resp: NA  
Others: \_\_\_\_\_

### Measurements

QRSD: 76ms  
QT: 356ms  
QTcB: 447ms  
PR: 148ms  
P-R-T: 51° 47° 43°



ECG Within Normal Limits: Sinus Rhythm, Normal axis No significant ST-T changes. Please correlate clinically.

REPORTED BY

Dr. Smita Valani  
MBBS, D. Cardiology  
2011/03/0587

Date:- 14/4/23  
Name:- Sachi Kantanolk

CID: 23P417005  
Sex / Age: 38/M

**EYE CHECK UP**

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

NO

RE                      LE  
6/6                      6/6  
N/6                      N/6

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:


**SUBURBAN DIAGNOSTICS (I) PVT. LTD.**  
Shop No. 101-A, 1st Floor, Kshiti Building  
Above Raymond, Near Pooja Hospital  
Mira - Bhayander Road, Bhayander E  
Dist. Thane-401105.  
Phone No : 022 - 61700000


**DR. ANITA CHOUDHARY**  
CONSULTANT Ophthalmologist  
Reg. No. 2017/127553

**DRIVING LICENCE**



DL No. : GJ21 20130008064      DOI : 23/09/2013  
 CDOI : 23-09-2013

VALID THROUGHOUT INDIA


Form-7  COV : LMV      VALID FROM : 23/09/2013      VALID TILL : 22/09/2033(NT)




NAME : SACHIKANTA J NAIK  
 S/o : JHASAKETAN S NAIK  
 D.O.B : 27/06/1984      B.G. : O+  
 ADDRESS : ROOM NO-205, RAMA  
 PALACE, THALA, CHIKHLI, TA-CHIKHLI,  
 NAVSARI 396521


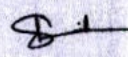
      

Holder's Sign      Licensing Authority  
 NAVSARI

 **बैंक ऑफ बड़ोदा**  
**Bank of Baroda**

नाम : सचिकान्त नाएक  
 Name : SACHIKANTA NAIK  
 खातेची संख्या :  
 E.C. No. : 77364



सचिकान्त नाएक  
 Issuing Authority      Signature of Holder

**DR. ANITA CHAUDHARY**  
 CONSULTANT Gynaecologist  
 Reg. No. 2011/12/5553





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 Shop No. 101-A, 1st Floor, Kshitij Building  
 Above Reymand, Near The Light Hospital,  
 Mira - Bhayander Road, Bhaynader (E)  
 Dist. Thane-401106.  
 Phone No : 022 - 61700000

Name : Mr. SACHIKANTA NAIK  
VID : 2310417005  
Ref By : Arcofemi Healthcare Limited

Reg Date : 14-Apr-2023 08:58  
Age/Gender : 38 Years  
Regn Centre : Bhayander East (Main Centre)

**History and Complaints:**

No Complaint

**EXAMINATION FINDINGS:**

Height (cms):	163	Weight (kg):	76
Temp (0c):	Afebrile	Skin:	NAD
Blood Pressure (mm/hg):	130/80	Nails:	NAD
Pulse:	86/min	Lymph Node:	Not Palpable

**Systems**

Cardiovascular: S1S2-Normal  
Respiratory: Chest-Clear  
Genitourinary: NAD  
GI System: NAD  
CNS: NAD

(0 +ve)

**IMPRESSION:**

R/E of Urine → Bacteriuria + (220 / hpt).  
Bacteriuria.  
Diabetic Profile -  
TMT, CXR

**ADVICE:**

USG in H/O. G-I Fatty Liver

**CHIEF COMPLAINTS:**

- |  |  |
|--|--|
| 1) Hypertension:                         | No   |
| 2) IHD                                   | No   |
| 3) Arrhythmia                            | No   |
| 4) Diabetes Mellitus                     | Yes , 1.5yr ,                                    |
| 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                            | Yes , Laprotomy done 20yrs back for septicemia - |
| 17) Musculoskeletal System               | No   |

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**PERSONAL HISTORY:**

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

Anita

**DR. ANITA CHOUDHARY**  
M.D.S.  
CONSULTANT PHYSICIAN  
Reg. No. 2017/12/5553

**DR. ANITA CHOUDHARY**  
M.D.S.  
CONSULTANT PHYSICIAN  
Reg. No. 2017/12/5553

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Dist. Thane-401105.  
Phone No : 022 - 61700000

# SUBURBAN DIGNOSTICS BHAYANDER

E-Mail:

12346045 (2310417005) / SACHIKANTA NAIK / 38 Yrs / M / 163 Cms / 76 Kg  
 Date: 14 / 04 / 2023 09:05:29 AM

Report



Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:03	0:03	00.0	00.0	01.0	092	51 %	130/80	119	00	
Standing	00:10	0:07	00.0	00.0	01.0	092	51 %	130/80	119	00	
HV	00:16	0:06	00.0	00.0	01.0	094	52 %	130/80	122	00	
ExStart	00:20	0:04	00.0	00.0	01.0	094	52 %	130/80	122	00	
BRUCE Stage 1	03:20	3:00	01.7	10.0	04.7	129	71 %	140/80	180	00	
BRUCE Stage 2	06:20	3:00	02.5	12.0	07.1	142	78 %	150/80	213	00	
PeakEx	07:26	1:06	03.4	14.0	08.3	161	88 %	150/80	241	00	
Recovery	08:26	1:00	01.1	00.0	01.2	134	74 %	160/80	214	00	
Recovery	09:26	2:00	00.0	00.0	01.0	105	58 %	150/80	157	00	
Recovery	11:26	4:00	00.0	00.0	01.0	097	53 %	130/80	126	00	
Recovery	11:35	4:09	00.0	00.0	01.0	099	54 %	130/80	128	00	

## FINDINGS :

Exercise Time : 07:06  
 Initial HR (ExSirt) : 94 bpm 52% of Target 182  
 Initial BP (ExStrt) : 130/80 (mm/Hg)  
 Max WorkLoad Attained : 8.3 Fair response to induced stress  
 Max ST Dep Lead & Avg ST Value : avF & -1.0 mm in Stage 2  
 Duke Treadmill Score : -01.1  
 Test End Reasons : , Test Complete

Max HR Attained 161 bpm 88% of Target 182  
 Max BP Attained 160/80 (mm/Hg)

SUBURBAN DIGNOSTICS (I) PVT. LTD  
 Shop No. 101/102, 1st Floor, Kashitij Building  
 Above Raymond, Near Mangga Hospital  
 Above Reymond Road, Bhayander (E)  
 Mira - Bhayander Road, Bhayander (E)  
 Dist. Thane-401106.  
 phone No : 022 - 61700000

DR. SMITA VALANI  
 MBBS, D. CARDIOLOGY  
 2011/03/0587

*Smita Valani*  
 Doctor : DR SMITA VALANI





# SUBURBAN DIGNOSTICS BHAYANDER

EMail:  
12346045

SACHIKANTA NAIK / 38 Yrs / M / 163 Cms / 76 Kg Date: 14 / 04 / 2023 09:05:29 AM

REPORT




## REPORT :

REASON FOR TERMINATION : TARGET HR ACHIEVED  
EXERCISE TOLERANCE : GOOD EFFORT TOLERANCE  
EXERCISE INDUCED ARRYTHMIAS : NO ANGINA AND ANGINA EQUIVALENT  
NO SIGNIFICANT ST-T CHANGES DURING EXERCISE AND RECOVERY  
HAEMODYNAMIC RESPONSE : GOOD INOTROPIC RESPONSE  
CHRONOTROPIC RESPONSE : GOOD CHRONOTROPIC RESPONSE  
FINAL IMPRESION : NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA AT THIS WORKLOAD.

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Above Reymond, Suburban Hospital  
Mira - Bheysajder Road, Chhatrapati (E)  
Dist. Thane-401105.  
Phone No : 022 - 61700000

DR. SMITA VALANI  
MBBS, D. CARDIOLOGY  
2011/03/0587

  
Doctor: DR SMITA VALANI



**SUJBURBAN DIGNOSTICS BHAYANDER**

**SUPINE ( 00:01 )**



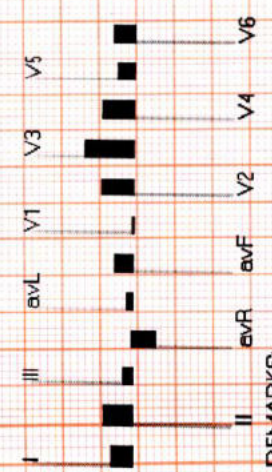
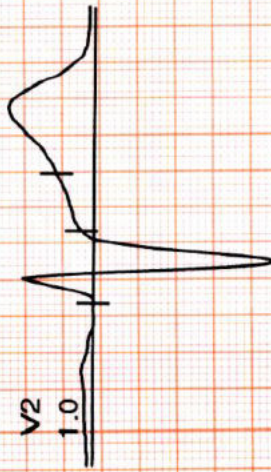
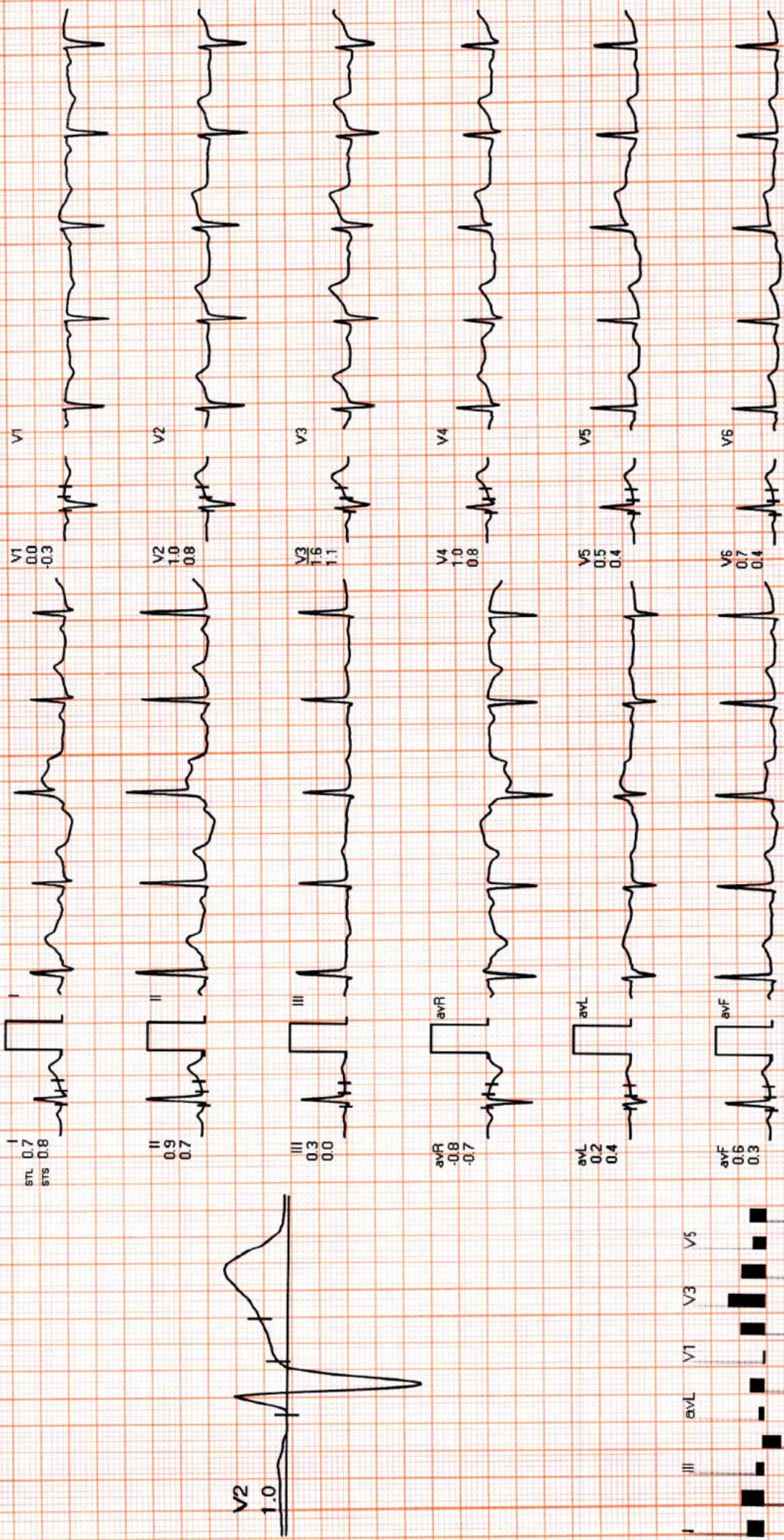
12346045 (2310417005) / SACHIKANTA NAIK / 38 Yrs / M / 163 Cms / 76 Kg / HR : 93

Date: 14/04/2023 09:05:29 AM METS: 1.0/ 93 bpm 51% of THR BP: 130/80 mmHg Rew ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

ExTime: 00:00 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

80 ms Post J



REMARKS





STANDING ( 00:00 )

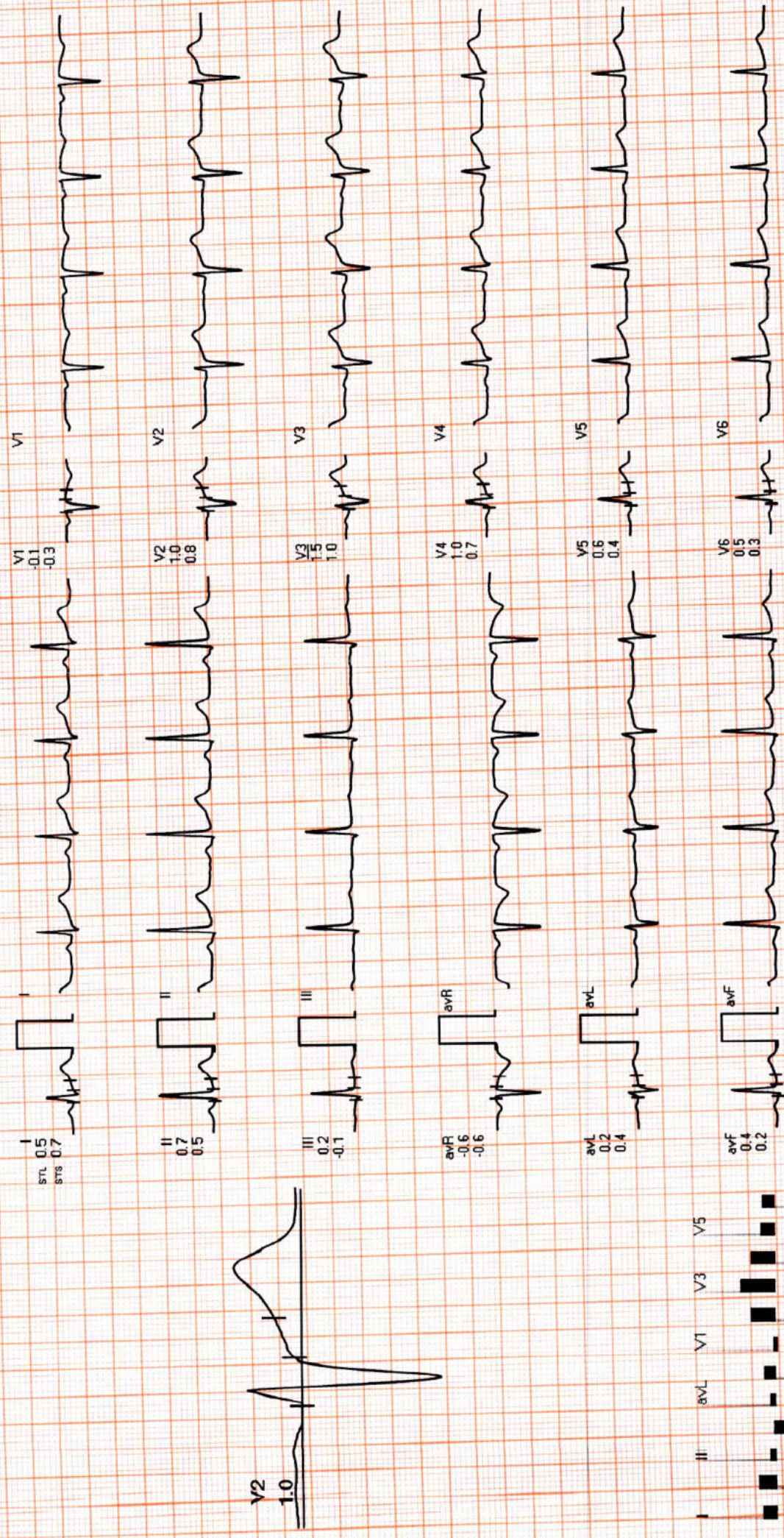
SUBURBAN DIGNOSTICS BHAYANDER

12346045 (2310417005) / SACHIKANTA NAIK / 38 Yrs / M / 163 Cms / 76 Kg / HR : 92

Date: 14/04/2023 09:05:29 AM METS: 1.0/92 bpm 51% of THR BP: 130/80 mmHg Raw ECGs/BLC On/Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 mph. 0.0%  
25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:



**SUBURBAN DIGNOSTICS BHAYANDER**

12346045 (2310417005) / SACHIKANTA NAIK / 38 Yrs / M / 163 Cms / 76 Kg / HR : 94

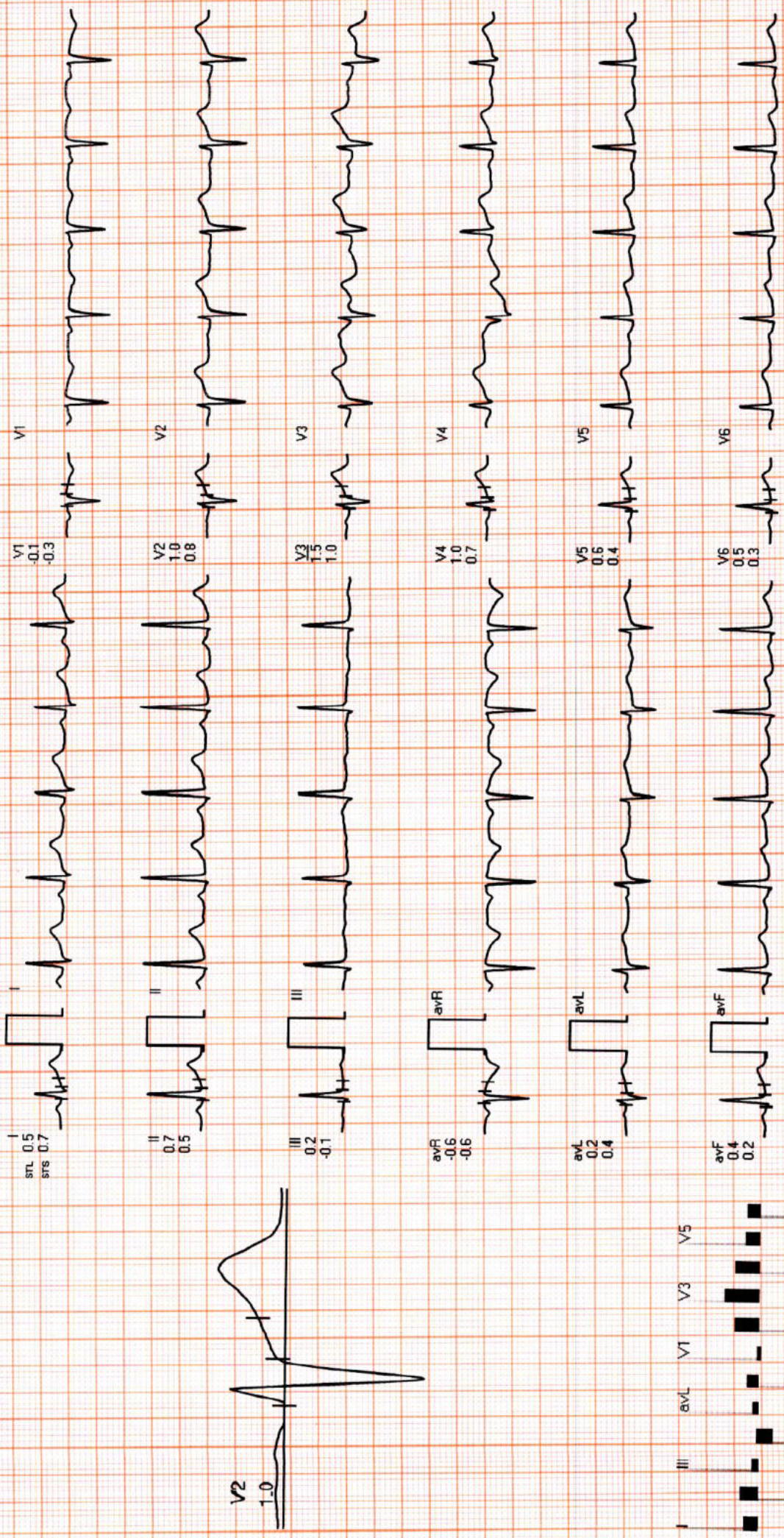
HV ( 00:00 )



Dev: 14/04/2023 09:05:29 AM METS: 1.0/94 bpm 52% of THR BP: 130/80 mmHg P<sub>raw</sub> ECG/BLC On/ Natch On/HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 mph, 0.0%

4X 80 ms Post J



REMARKS:



# SUBURBAN DIGNOSTICS BHAYANDER

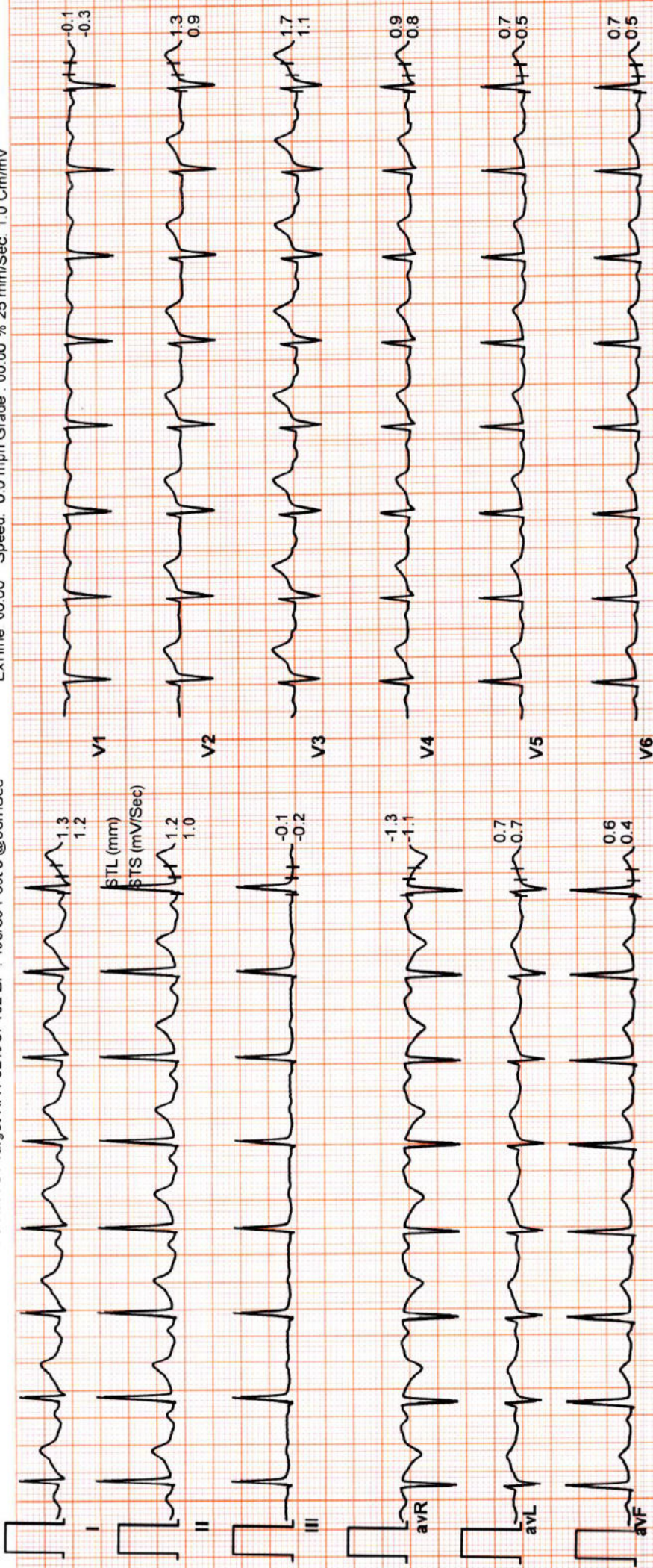
12346045 / SACHIKANTA NAIK / 38 Yrs / Male / 163 Cm / 76 Kg

# 6X2 Combine Medians + 1 Rhythm ExStrt



Date: 14/04/2023 09:05:29 AM METs : 1.0 HR : 94 Target HR : 52% of 182 BP : 130/80 Post J @80mSec

ExTime 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV



II (Combined Medians)

# SUBURBAN DIGNOSTICS BHAYANDER

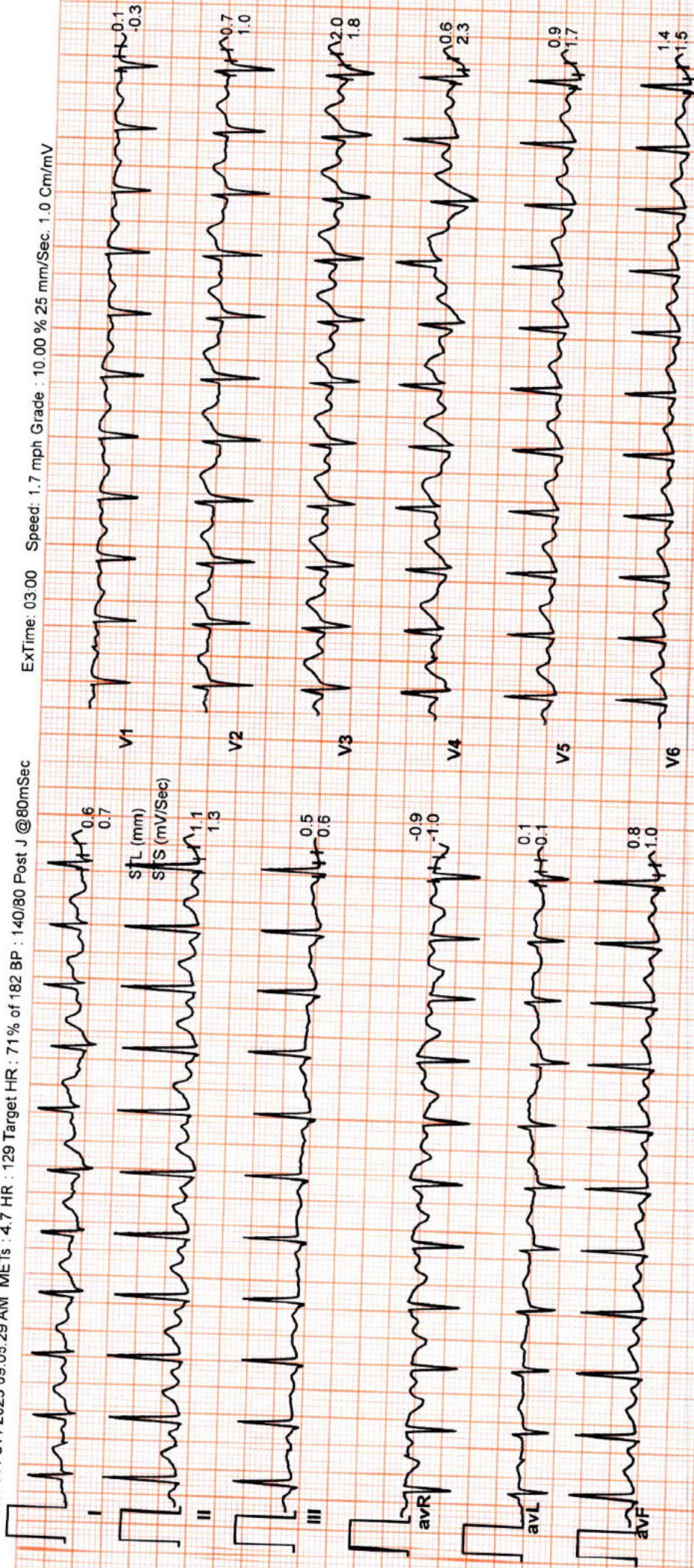
12346045 / SACHIKANTA NAIK / 38 Yrs / Male / 163 Cm / 76 Kg

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



Date: 14 / 04 / 2023 09:05:29 AM METs : 4.7 HR : 129 Target HR : 71% of 182 BP : 140/80 Post J @80mSec

ExTime: 03:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)

# SUBURBAN DIGNOSTICS BHAYANDER

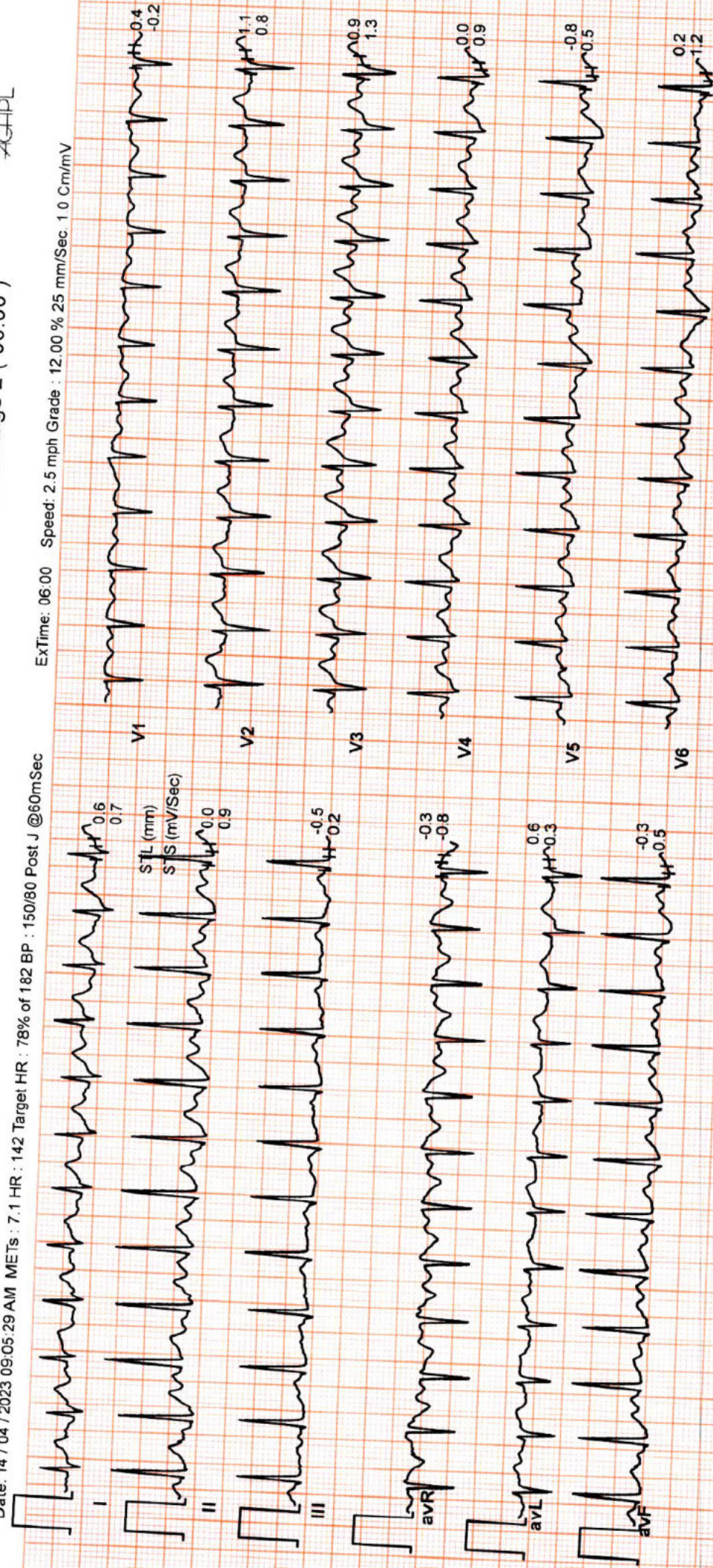
12346045 / SACHIKANTA NAIK / 38 Yrs / Male / 163 Cm / 76 Kg

## 6X2 Combine Medians + 1 Rhythm BRUCE : Stage 2 ( 03:00 )



Date: 14 / 04 / 2023 09:05:29 AM METs : 7.1 HR : 142 Target HR : 78% of 182 BP : 150/80 Post J @60mSec

ExTime: 06:00 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)

# SUBURBAN DIGNOSTICS BHAYANDER

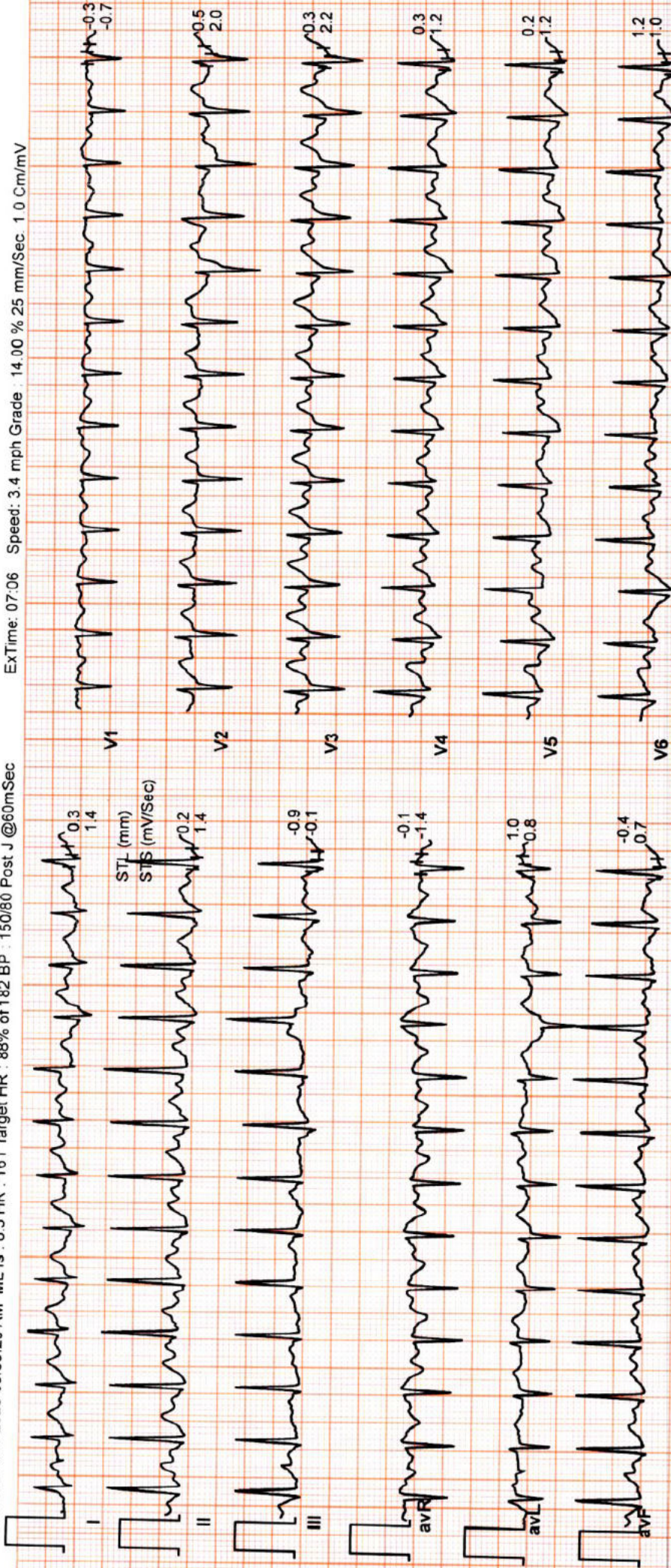
12346045 / SACHIKANTA NAIK / 38 Yrs / Male / 163 Cm / 76 Kg

# 6X2 Combine Medians + 1 Rhythm PeakEx



Date: 14 / 04 / 2023 09:05:29 AM METs : 8.3 HR : 161 Target HR : 88% of 182 BP : 150/80 Post J @60mSec

ExTime: 07:06 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)



# SUBURBAN DIGNOSTICS BHAYANDER

12346045 / SACHIKANTA NAIK / 38 Yrs / Male / 163 Cm / 76 Kg

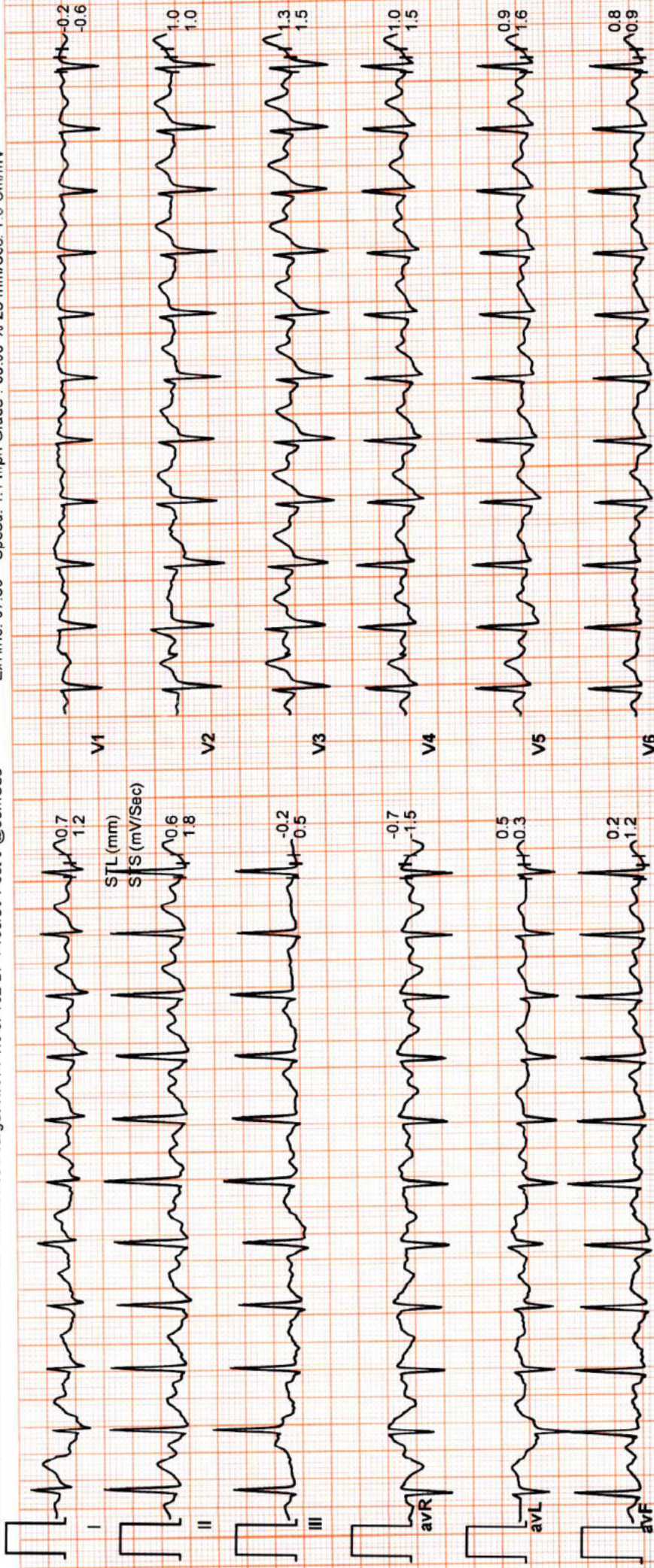
# 6X2 Combine Medians + 1 Rhythm

Recovery : ( 01:00 )



Date: 14 / 04 / 2023 09:05:29 AM METs : 1.1 HR : 134 Target HR : 74% of 182 BP : 160/80 Post J @60mSec

ExTime: 07:06 Speed: 1.1 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)

# SUBURBAN DIGNOSTICS BHAYANDER

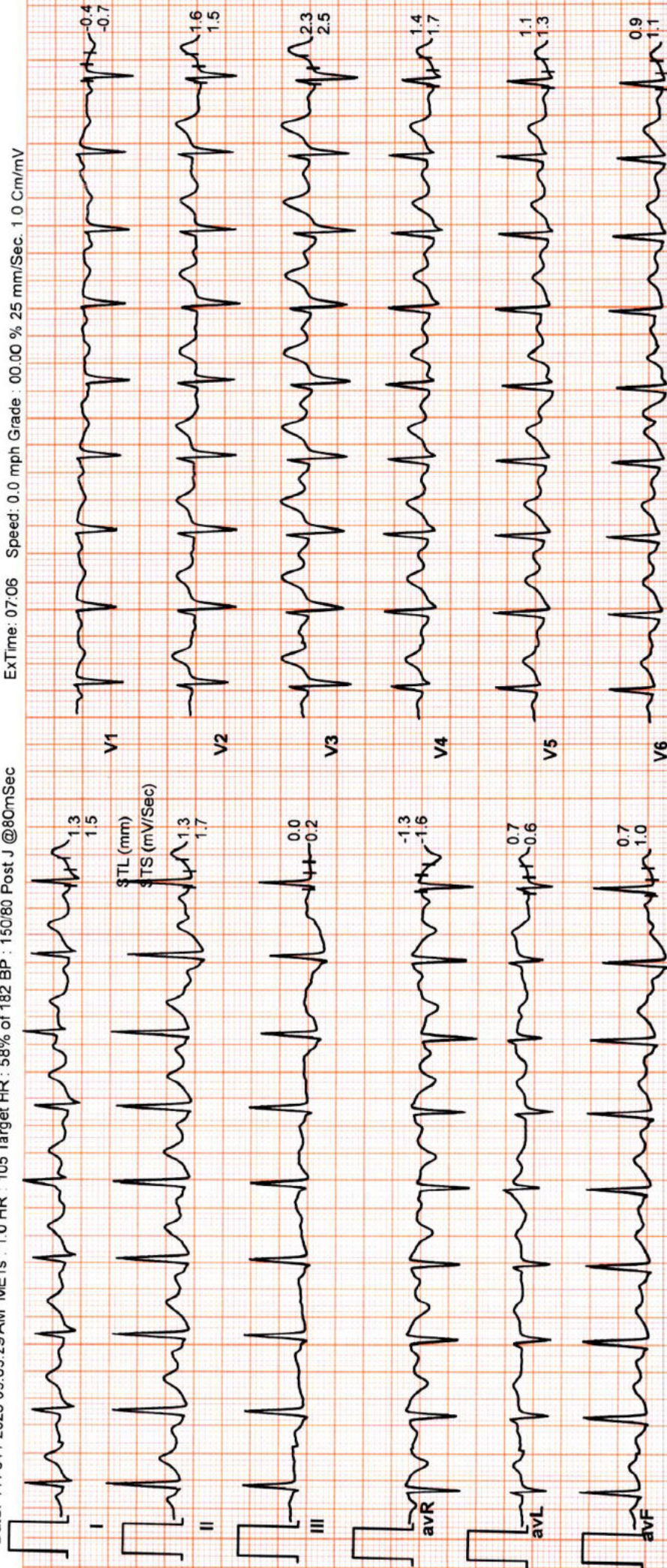
12346045 / SACHIKANTA NAIK / 38 Yrs / Male / 163 Cm / 76 Kg

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



Date: 14 / 04 / 2023 09:05:29 AM METs : 1.0 HR : 105 Target HR : 58% of 182 BP : 150/80 Post J @80mSec

ExTime: 07:06 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)

# SUBURBAN DIGNOSTICS BHAYANDER

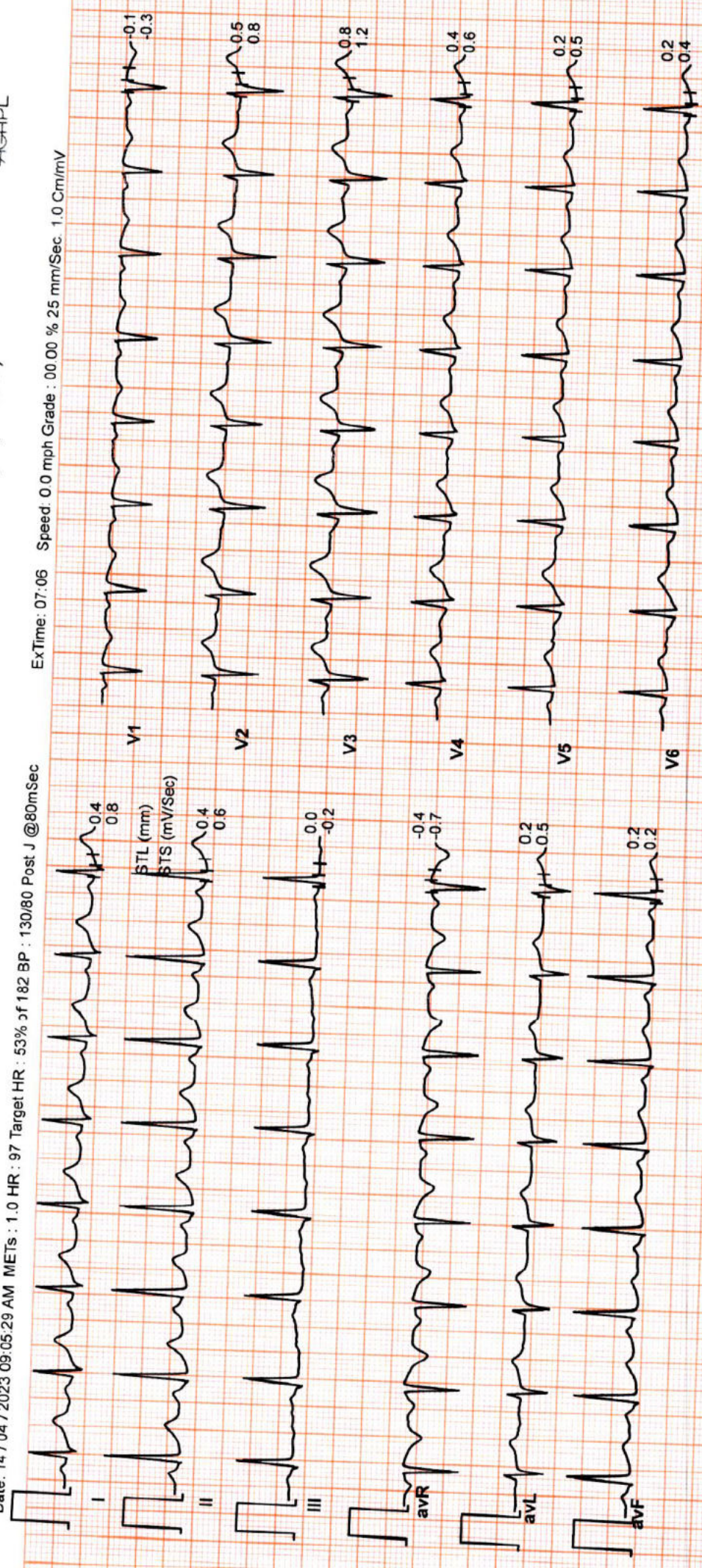
12346045 / SACHIKANTA NAIK / 38 Yrs / Male / 163 Cm / 76 Kg

## 6X2 Combine Medians + 1 Rhythm Recovery : ( 04:00 )



Date: 14 / 04 / 2023 09:05:29 AM METs : 1.0 HR : 97 Target HR : 53% of 182 BP : 130/80 Post J @80mSec

ExTime: 07:06 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)



# SUBURBAN DIGNOSTICS BHAYANDER

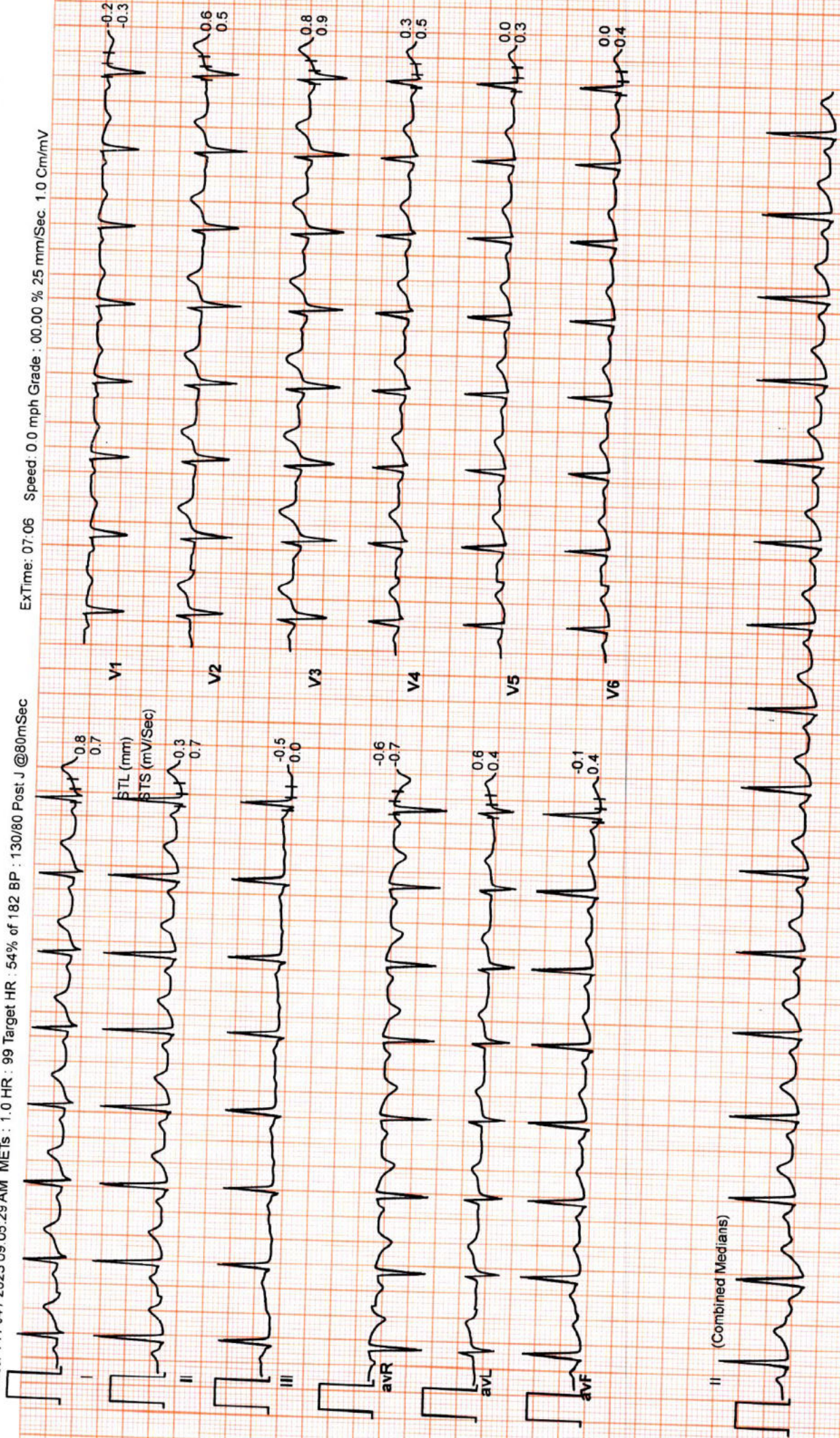
12346045 / SACHIKANTA NAIK / 38 Yrs / Male / 163 Cm / 76 Kg

## 6X2 Combine Medians + 1 Rhythm Recovery : ( 04:09 )



Date: 14 / 04 / 2023 09:05:29 AM METs : 1.0 HR : 99 Target HR : 54% of 182 BP : 130/80 Post J @80mSec

ExTime: 07:06 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





**CID** : 2310417005  
**Name** : Mr SACHIKANTA NAIK  
**Age / Sex** : 38 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

**Reg. Date** : 14-Apr-2023  
**Reported** : 14-Apr-2023/10:46

## **USG WHOLE ABDOMEN**

### **LIVER:**

The liver is normal in size ( 13.0 cm), shape and shows smooth margins. It shows increased parenchymal echotexture. No obvious cystic or solid lesion made out in the parenchyma. The intra hepatic biliary and portal radicals appear normal. The main portal vein appears normal.

### **GALL BLADDER:**

The gall bladder is folded and physiologically distended. Neck region is not well visualised. Gall bladder wall appears normal. No evidence of calculus or mass lesions seen in the visualised lumen.

### **COMMON BILE DUCT:**

The visualized common bile duct is normal in calibre. Terminal common bile duct is obscured due to bowel gas artefacts.

### **PANCREAS:**

The pancreas appears normal. No evidence of solid or cystic mass lesion seen.

### **KIDNEYS:**

Right kidney measures 9.6 x 4.3 cm. Left kidney measures 9.9 x 5.9 cm. Both the kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. No evidence of any calculus, hydronephrosis or mass lesion seen on both sides.

### **SPLEEN:**

The spleen is normal in size (10.3 cm) and echotexture. No evidence of focal lesion is noted.

### **URINARY BLADDER:**

The urinary bladder is well distended and reveals no intraluminal abnormality. Bladder wall appears normal. No obvious calculus or mass lesion made out in the lumen.

### **PROSTATE:**

The prostate is normal in size, measures 2.9 x 2.6 x 2.6 cms and weighs 11.0 gms. Parenchymal echotexture is normal. No obvious mass or calcification made out.

There is no evidence of any lymphadenopathy or ascites.



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**Reg. Date** : 14-Apr-2023  
**Reported** : 14-Apr-2023/10:46

**IMPRESSION:**

- **Grade I fatty infiltration of liver.**
- **No other significant abnormality made out.**

**Kindly correlate clinically.**

Investigations have their limitation. Solitary pathological/Radiological & other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms & other related tests. Please interpret accordingly.

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

**DR. VIBHA S KAMBLE**  
**MBBS ,DMRD**  
**Reg No -65470**  
**Consultant Radiologist**



Use a QR Code Scanner  
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**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

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**Reg. Location** : Bhayander East Main Centre

**Reg. Date** : 14-Apr-2023  
**Reported** : 14-Apr-2023/10:00

**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-----

**DR.VIBHA S KAMBLE**  
**MBBS ,DMRD**  
**Reg No -65470**  
**Consultant Radiologist**





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**Age / Sex** : 38 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

**Reg. Date** : 14-Apr-2023  
**Reported** : 14-Apr-2023/10:00