



CID : 2408913463  
Name : MR.KALPESH SADRANI  
Age / Gender : 36 Years / Male  
Consulting Dr. : -  
Reg. Location : Juhu, Vile Parle West (Main Centre)

Collected : 29-Mar-2024 / 09:57  
Reported : 29-Mar-2024 / 16:15

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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	14.5	13.0-17.0 g/dL	Spectrophotometric
RBC	5.53	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.4	40-50 %	Calculated
MCV	80.3	81-101 fl	Measured
MCH	26.2	27-32 pg	Calculated
MCHC	32.6	31.5-34.5 g/dL	Calculated
RDW	15.2	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	4890	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	24.2	20-40 %	
Absolute Lymphocytes	1183.4	1000-3000 /cmm	Calculated
Monocytes	8.2	2-10 %	
Absolute Monocytes	401.0	200-1000 /cmm	Calculated
Neutrophils	37.1	40-80 %	
Absolute Neutrophils	1814.2	2000-7000 /cmm	Calculated
Eosinophils	30.1	1-6 %	
Absolute Eosinophils	1471.9	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	19.6	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	173000	150000-410000 /cmm	Elect. Impedance
MPV	8.7	6-11 fl	Measured
PDW	15.2	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		



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

Note: Collected sample received  
 Result rechecked.  
 Kindly correlate clinically.

Note : In view of high absolute eosiniphil count , advice serum Ig E levels , Chest X-ray , Stool routine , allergy test , test for Microfilaria and follow up CBC.

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR	9	2-15 mm at 1 hr.	Sedimentation
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**Clinical Significance:** The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

**Interpretation:**

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

**Limitations:**

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

**Reflex Test:** C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

**Reference:**

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

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

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



**Dr. VRUSHALI SHROFF**  
**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	86.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	109.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.35	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.13	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.22	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.4	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	30.4	<34 U/L	Modified IFCC
SGPT (ALT), Serum	33.2	10-49 U/L	Modified IFCC
GAMMA GT, Serum	19.1	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	83.3	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	27.5	19.29-49.28 mg/dl	Calculated
BUN, Serum	12.8	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.71	0.73-1.18 mg/dl	Enzymatic

Note: Kindly note in change in reference range w.e.f. 07-09-2023



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Reported : 29-Mar-2024 / 17:20

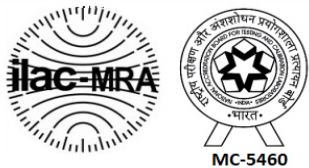
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eGFR, Serum	122	(ml/min/1.73sqm)	Calculated
		Normal or High: Above 90	
		Mild decrease: 60-89	
		Mild to moderate decrease: 45-59	
		Moderate to severe decrease: 30-44	
		Severe decrease: 15-29	
		Kidney failure: <15	

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

URIC ACID, Serum	4.4	3.7-9.2 mg/dl	Uricase/ Peroxidase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	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 SDRL, Vidyavihar Lab

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



*J. Thakker*

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



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

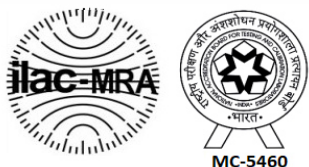
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale Yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<b>CHEMICAL EXAMINATION</b>			
Proteins	Absent	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>MICROSCOPIC EXAMINATION</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	6-8	Less than 20/hpf	
Others	-		

**Interpretation:** The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein ( 1+ = 25 mg/dl , 2+ =75 mg/dl , 3+ = 150 mg/dl , 4+ = 500 mg/dl )
- Glucose(1+ = 50 mg/dl , 2+ =100 mg/dl , 3+ =300 mg/dl ,4+ =1000 mg/dl )
- Ketone (1+ =5 mg/dl , 2+ = 15 mg/dl , 3+= 50 mg/dl , 4+ = 150 mg/dl )

Reference: Pack inert

\*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**  
**BLOOD GROUPING & Rh TYPING**

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
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	154.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	63.0	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	49.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	105.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	92.5	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	12.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.9	0-3.5 Ratio	Calculated

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



*J Thakker*

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



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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	5.1	3.5-6.5 pmol/L	CLIA
Free T4, Serum	11.5	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	1.690	0.55-4.78 microIU/ml	CLIA



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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 becuae of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

**Diurnal Variation:**TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

**Reflex Tests:**Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

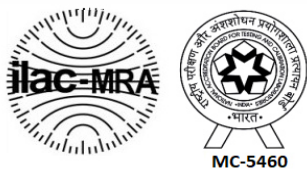
**Limitations:**

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

**Reference:**

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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



*Anupa*

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

## PHYSICAL EXAMINATION REPORT

### History and Complaints:

Asymptomatic

### EXAMINATION FINDINGS:

Height (cms): 167 cms.  
Temp (0c): Afebrile  
Blood Pressure (mm/hg): 130/80 mmHg  
Pulse: 72/min

Weight (kg): 74 kg  
Skin: Normal  
Nails: Normal  
Lymph Node: Not palpable

### Systems

Cardiovascular: S1S2 audible, no murmurs  
Respiratory: AEBE, No added sound  
Genitourinary: Normal  
GI System: Normal  
CNS: Normal

### IMPRESSION:

eosinophils-30.1, usg abdoemn - gall bladder polyp

### ADVICE:

kindly visit family physician with reports for follow up.

### 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   |
| 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                            | Left wrist fracture surgery 2yrs ago plate in situ |
| 17) Musculoskeletal System               | No   |

**PERSONAL HISTORY:**

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

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

Dr. (Mrs.) PRIYANKA WADHWANI  
M.B.B.S.(MUM)  
Reg No 82607

Dr. PRIYANKA WADHWANI  
M.B.B.S  
Consultant - Corporate Services

Suburban Diagnostics (I) Pvt. Ltd.  
"Anabika" Plot No. 54, Jal Hind CHS,  
NS Road, 10 Juhu Scheme,  
Vile Parle (W), Mumbai - 400 040.  
Tel.: 26705076 / 26705015

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**Reg. Location** : Juhu, Vile Parle West Main Centre  
**Reg. Date** : 29-Mar-2024  
**Reported** : 29-Mar-2024 / 13:32

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### USG ABDOMEN AND PELVIS

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

**GALL BLADDER:** Gall bladder is distended and appears normal. Tiny echogenic polyp (2.3 mm) seems to be arising wall of gallbladder. No pericholecystic free fluid is seen. There is no evidence of any obvious calculus.

**PANCREAS:** Pancreas head and part of body is seen, appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

**KIDNEYS:** Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.  
Right kidney measures 10.6 x 3.6 cm.  
Left kidney measures 9.8 x 4.0 cm.

**SPLEEN:** Spleen is normal in size, shape and echotexture. No focal lesion is seen.  
No free fluid or significant lymphadenopathy is seen.  
Bowel loops are grossly normal.

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

**PROSTATE:** Prostate is normal in size and measures 3.9 x 3.3 x 3.1 cm - volume is 21.9 g.

**SEMINAL VESICLES:** Seminal vesicles are normal.

**IMPRESSION: GALLBLADDER POLYP.**

CLINICAL CORRELATION IS SUGGESTED.

(Please note that the imaging conclusions need to be correlated with clinical findings and other investigations for a final diagnosis.)

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

  
DR. ZARNA SHAH  
M.B.B.S DMRE  
CONSULTANT RADIOLOGIST  
REG NO. 90639

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### X-RAY CHEST PA VIEW

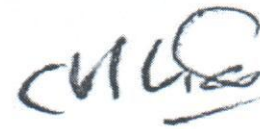
Both lung fields are clear.  
Both costo-phrenic angles are clear.  
The cardiac size and shape are within normal limits.  
The domes of diaphragm are normal in position and outlines.  
The skeleton under review appears normal.

**IMPRESSION:**  
**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

**SUGGEST: CLINICAL 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. X-rays are known to have inter-observer variations. Further follow-up imaging may be needed in some cases for confirmation/exclusion of diagnosis. Not all fractures may be visible in given X-ray views; hence clinical correlation is suggested in cases of swelling and restricted movements. Please interpret accordingly. Thanks for your reference.*

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



DR. MANOHAR MUTTEPAR  
MBBS DMRD  
CONSULTANT RADIOLOGIST  
2007/12/3989

Click here to view images <<ImageLink>>

Date:- 29.3.24  
Name:- Kalpesh Sadrani

CID: 8408913463  
Sex / Age: / 36 / m

**EYE CHECK UP**

Chief complaints:

Systemic Diseases:

Nil

Past history:

Unaided Vision:

Aided Vision:

wears specs for distance vision

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—	—	—	6/6	—	—	—	6/6
Near	—	—	—	NG	—	—	—	NG

Colour Vision: Normal / Abnormal

Remark:

Continue same specs

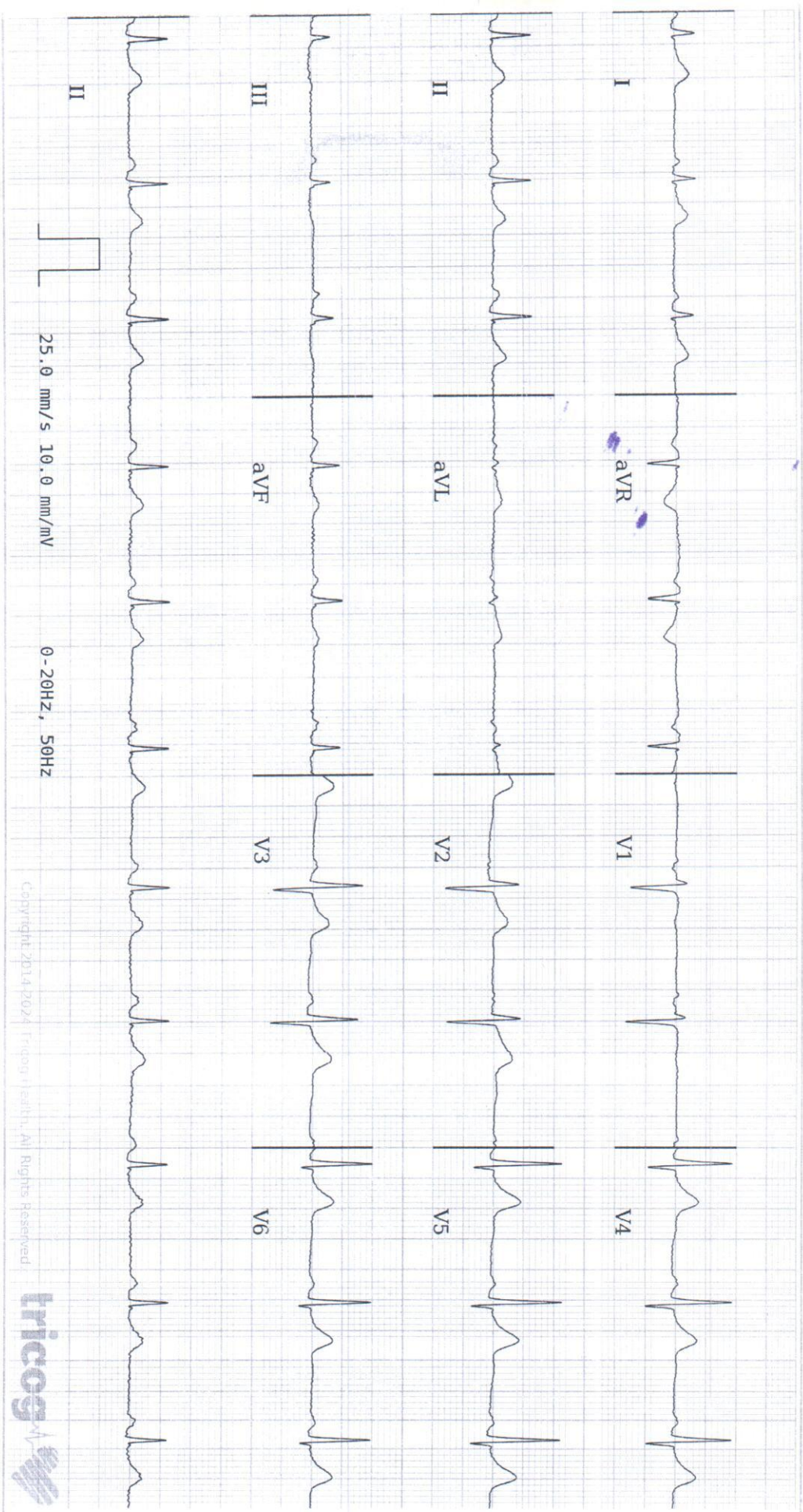
*PLW*  
Dr. (Mrs.) PRIYANKA WADHWANI  
M.B.B.S. (MUM)  
Reg No 52507

Suburban Diagnostics (I) Pvt. Ltd.  
"A" Wing, Plot No. 54, Jai Hind  
Road, 10 Juhu Scheme  
Vikhroli (W), Mumbai - 400049  
Tel: 26705076 / 26705077



Patient Name: **KALPESH SADRANI**  
Patient ID: **2408913463**

Date and Time: **29th Mar 24 10:17 AM**



25.0 mm/s 10.0 mm/mV

0-20Hz, 50Hz

Copyright 2014-2024 Tricog Health. All Rights Reserved



Age **36** NA NA  
years months days

Gender **Male**

HeartRate **67bpm**

Patient Vitals

BP: **130/80 mmHg**

Weight: **74 kg**

Height: **167 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

**Measurements**

QRSD: **80ms**

QT: **386ms**

QTcB: **407ms**

PR: **144ms**

P-R-T: **57° 58° 25°**

REPORTED BY

*ALP*

Dr. Raj Amber  
MBBS, DNB Medicine  
2015053015

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



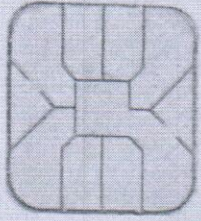
THE UNION OF INDIA  
MAHARASHTRA STATE MOTOR DRIVING LICENCE

DL No. MH03 20120000608  
Valid Till : 22-12-2031 (NT)

DOI : 23-12-2011

DLD 13-04-2018  
AUTHORISATION TO DRIVE FOLLOWING CLASS  
OF VEHICLES THROUGHOUT INDIA

COV  
LMV  
DOI  
23-12-2011



DOB : 30-01-1988  
BG : B+

Name : KALPESH SADRANI  
S/DW of BHIKHALAL SADRANI  
Add T3/B, THE FAIR LIFE CO. OP. HSG. SOC,  
M.G. ROAD, GHATKOPAR (E), MUMBAI.  
MUMBAI  
PIN : 400077

Signature & ID of  
Issuing Authority : MH03

*K.R. Sadran*



FORM 7  
RULE 16 (2)

Signature/Thumb  
Impression of Holder

*K.R. Sadran*

Suburban Diagnostics (I) Pvt. Ltd.  
"Aaribike" P.I. No. 09, Jai Hind CHS.  
NS Road, Vile Parle Scheme,  
Vile Parle (W), Mumbai - 400 040.  
Tel.: 26705076 / 26705015

*Sadrani*

# SUBURBAN DIAGNOSTICS (JUHU)

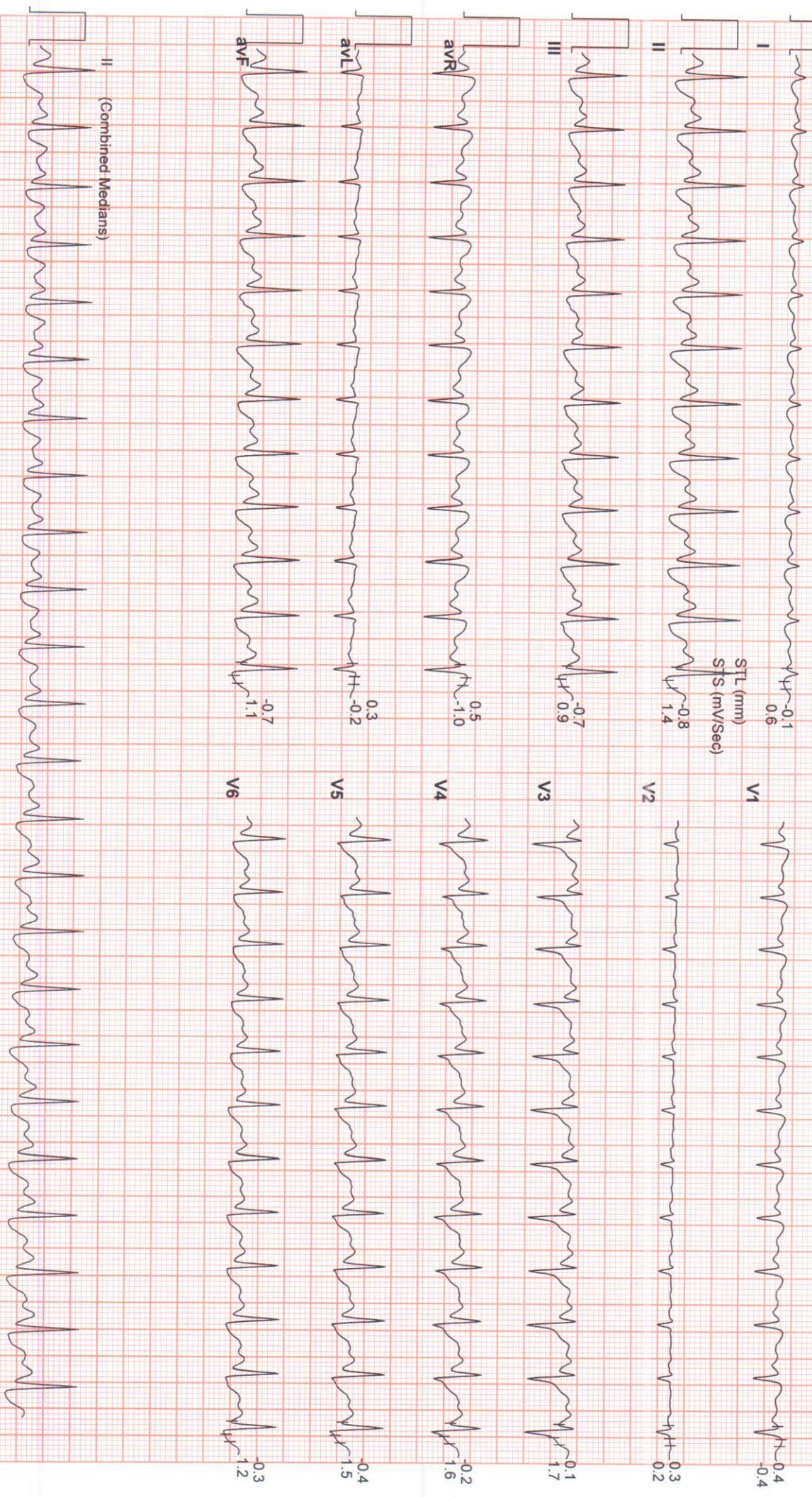
996 / KALPESH SADRANI / 36 Yrs / Male / 167 Cm / 74 Kg

Date: 29 - 03 - 2024 10:26:15 AM METs : 10.2 HR : 147 Target HR : 80% of 184 BP : 144/90 Post J @60mSec

**6X2 Combine Medians + 1 Rhythm**  
BRUCE : Stage 3 (03:00)



EXTime: 09:00 Speed: 3.4 mph Grade : 14:00 % 25 mm/Sec: 1.0 Cm/mV



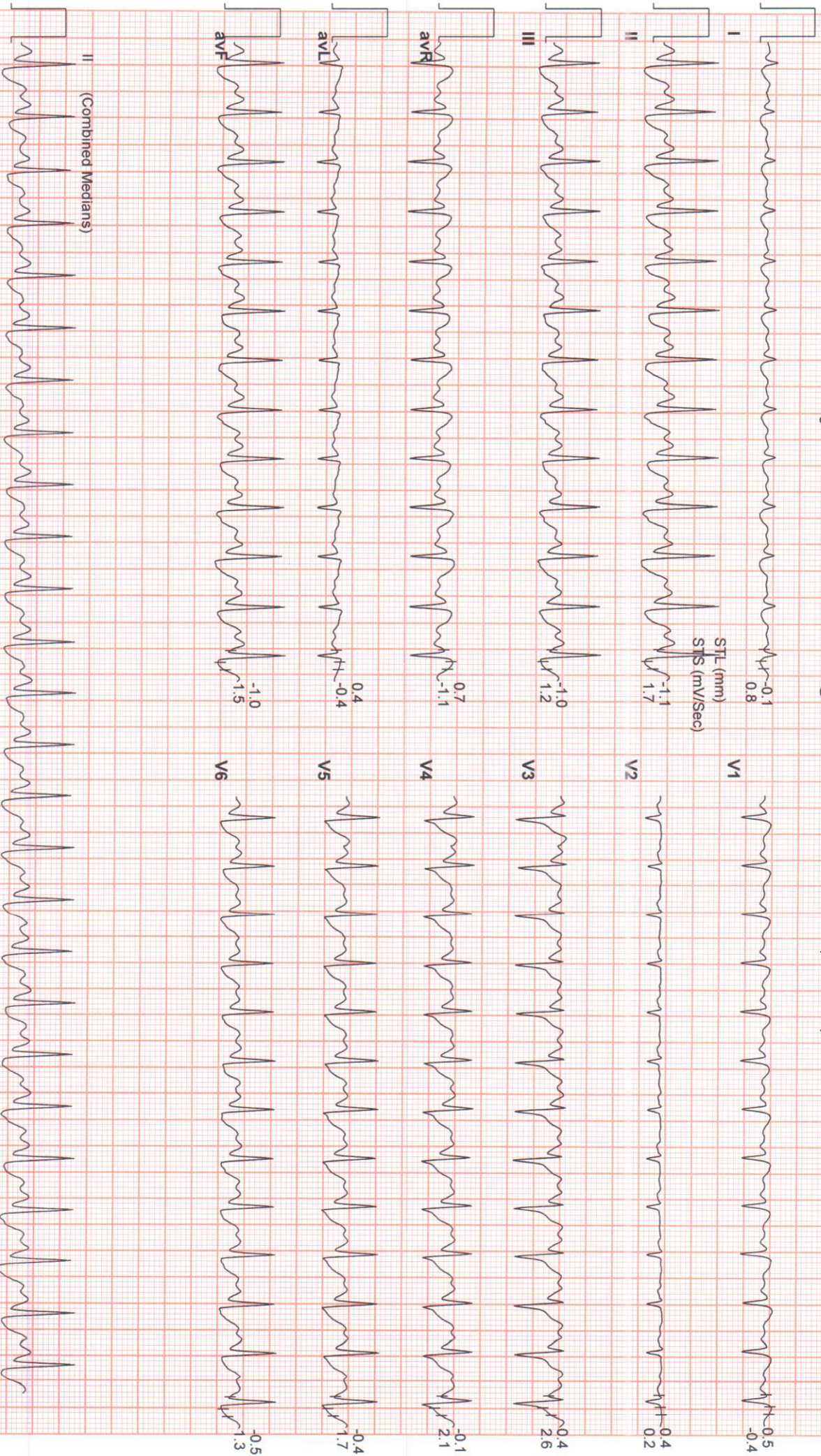
# SUBURBAN DIAGNOSTICS (JHHU)

996 / KALPESH SADRANI / 36 Yrs / Male / 167 Cm / 74 Kg

Date: 29 - 03 - 2024 10:26:15 AM METs : 12.4 HR : 158 Target HR : 86% of 184 BP : 150/90 Post J @60mSec

## 6X2 Combine Medians + 1 Rhythm PeakEX

ExTime: 10:57 Speed: 4.2 mph Grade : 16.00 % 25 mm/Sec. 1.0 Cm/mV



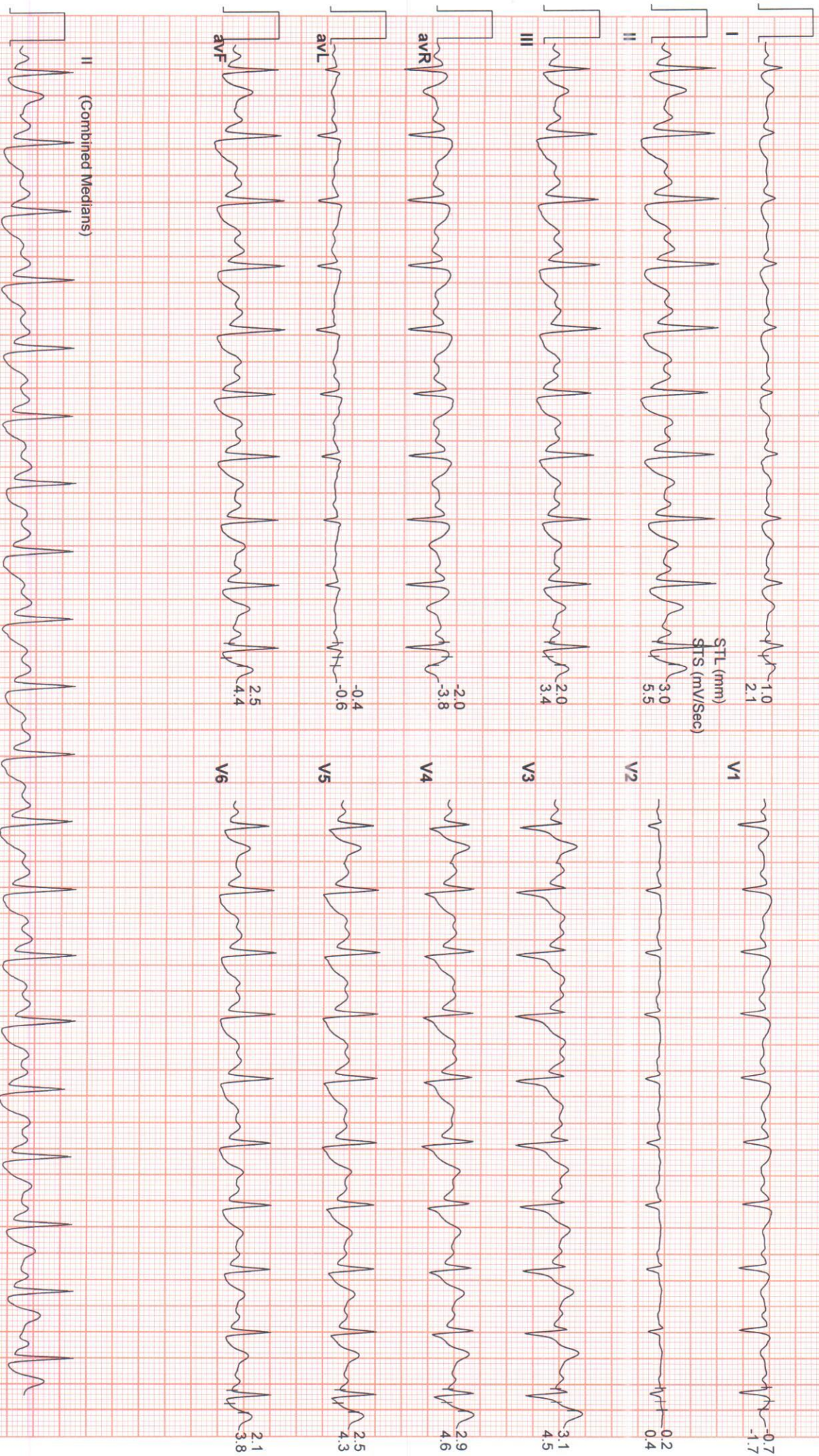
# SUBURBAN DIAGNOSTICS (JUHU)

996 / KALPESH SADRANI / 36 Yrs / Male / 167 Cm / 74 Kg

Date: 29 - 03 - 2024 10:26:15 AM METs : 4.2 HR : 120 Target HR : 65% of 184 BP : 140/90 Post J @70mSec

## 6X2 Combine Medians + 1 Rhythm Recovery : ( 01:00 )

ExTime: 10:57 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



# SUBURBAN DIAGNOSTICS (JUHU)

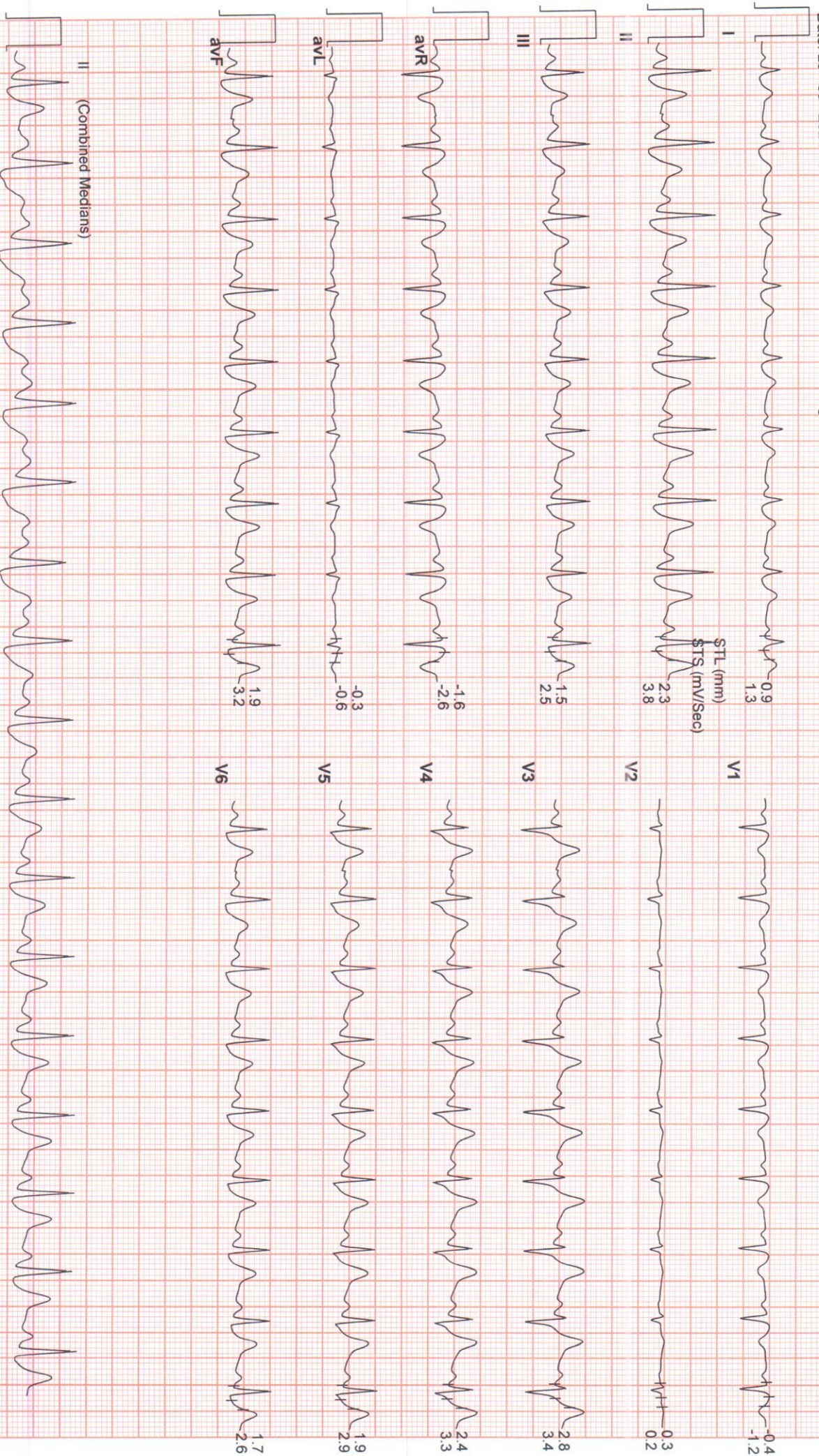
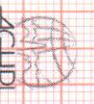
996 / KALPESH SADRANI / 36 Yrs / Male / 167 Cm / 74 Kg

Date: 29 - 03 - 2024 10:26:15 AM METs : 1.0 HR : 103 Target HR : 56% of 184 BP : 140/80 Post J @80mSec

## 6X2 Combine Medians + 1 Rhythm

Recovery : ( 02:00 )

EXTime: 10:57 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



# SUBURBAN DIAGNOSTICS (JUHU)

996 / KALPESH SADRANI / 36 Yrs / Male / 167 Cm / 74 Kg

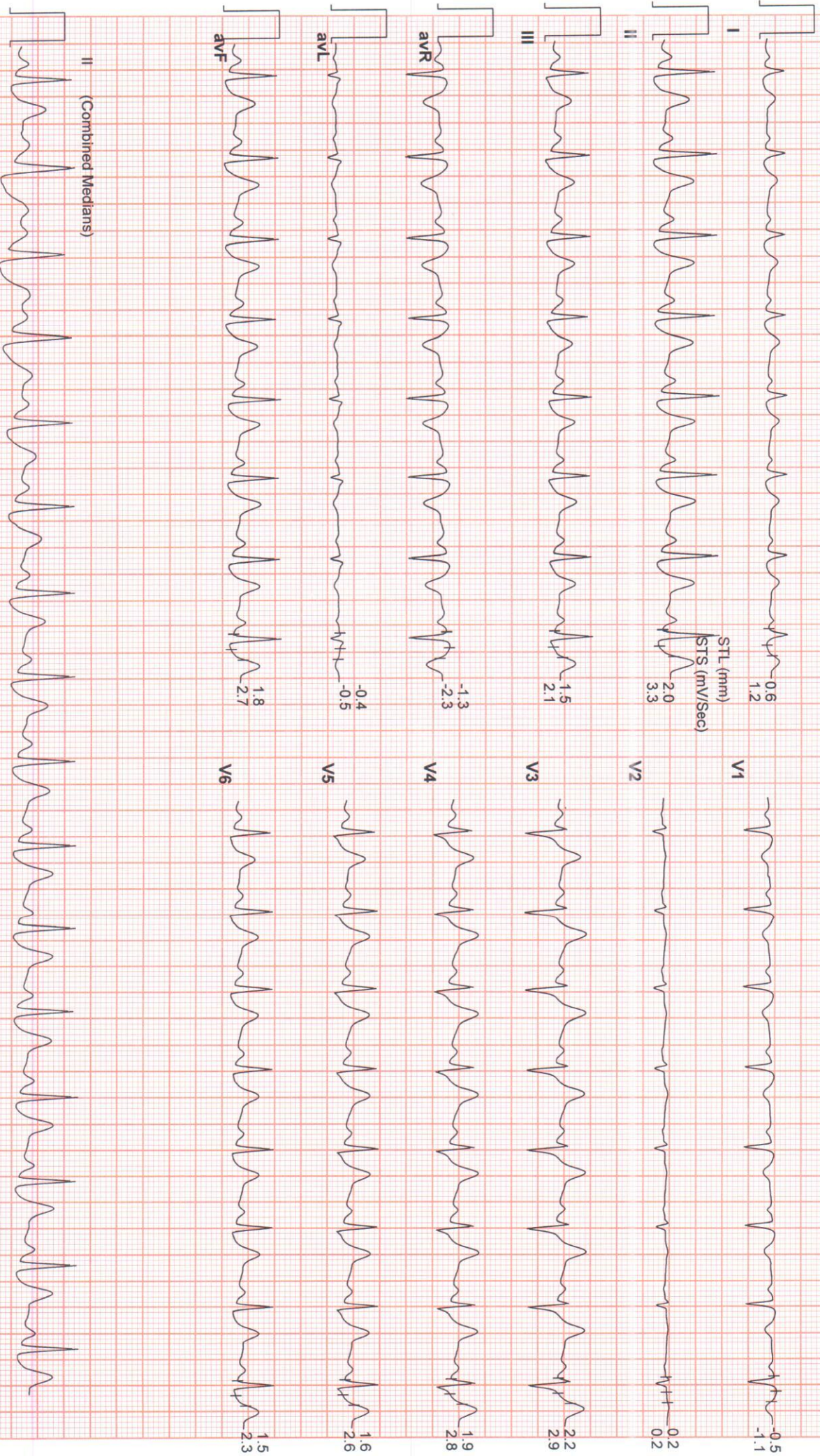
Date: 29 - 03 - 2024 10:26:15 AM METS : 1.0 HR : 95 Target HR : 52% of 184 BP : 130/80 Post J @80mSec

## 6X2 Combine Medians + 1 Rhythm

Recovery : ( 02:33 )



EXTime: 10:57 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



# SUBURBAN DIAGNOSTICS (JUHU)

Report



ACHPL

Email:

996 (2408913463) / KALPESH SADRANI / 36 Yrs / M / 167 Cms / 74 Kg  
 Date: 29 - 03 - 2024 10:26:15 AM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:03	0:03	00.0	00.0	01.0	161	88 %	124/80	199	00	
Standing	00:10	0:07	00.0	00.0	01.0	161	88 %	124/80	199	00	
HV	00:14	0:04	00.0	00.0	01.0	161	88 %	134/80	215	00	
ExStart	00:17	0:03	01.7	10.0	01.1	141	77 %	134/80	188	00	
BRUCE Stage 1	03:17	3:00	01.7	10.0	04.7	107	58 %	140/80	149	00	
BRUCE Stage 2	06:17	3:00	02.5	12.0	07.1	123	67 %	144/80	177	00	
BRUCE Stage 3	09:17	3:00	03.4	14.0	10.2	147	80 %	144/90	211	00	
PeakX	11:14	1:57	04.2	16.0	12.4	158	86 %	150/90	237	00	
Recovery	12:14	1:00	00.0	00.0	04.2	120	65 %	140/90	168	00	
Recovery	13:14	2:00	00.0	00.0	01.0	103	56 %	140/80	144	00	
Recovery	13:47				00.0	000	0 %	130/80	000	00	

## FINDINGS :

Exercise Time : 10:57  
 Initial HR (ExStrt) : 141 bpm 77% of Target 184  
 Initial BP (ExStrt) : 134/80 (mm/Hg)  
 Max WorkLoad Attained : 12.4 Good response to induced stress  
 Max ST Dep Lead & Avg ST Value : II & -1.1 mm in PeakEX  
 Duke Treadmill Score : 11.0  
 Test End Reasons : Heart Rate Achieved  
 Max HR Attained 161 bpm 88% of Target 184  
 Max BP Attained 150/90 (mm/Hg)  
 VO2Max : 43.4 ml/Kg/min (Good)

Doctor : DR. AMBAR RAJ





# SUBURBAN DIAGNOSTICS (JUHU)

# REPORT



Email: 996 / KALPESH SADRANI / 36 Yrs / M / 167 Cms / 74 Kg Date: 29 - 03 - 2024 10:26:15 AM

## REPORT :

GOOD EFFORT TOLERANCE  
NORMAL CHRONOTROPIC RESPONSE  
NORMAL INOTROPIC RESPONSE  
NO ANGINA/ANGINA EQUIVALENTS  
NO ARRHYTHMIAS  
ST CHANGES FROM BASELINE: NOT SIGNIFICANT  
IMPRESSION: STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

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

**DR. AMBAR RAJ**

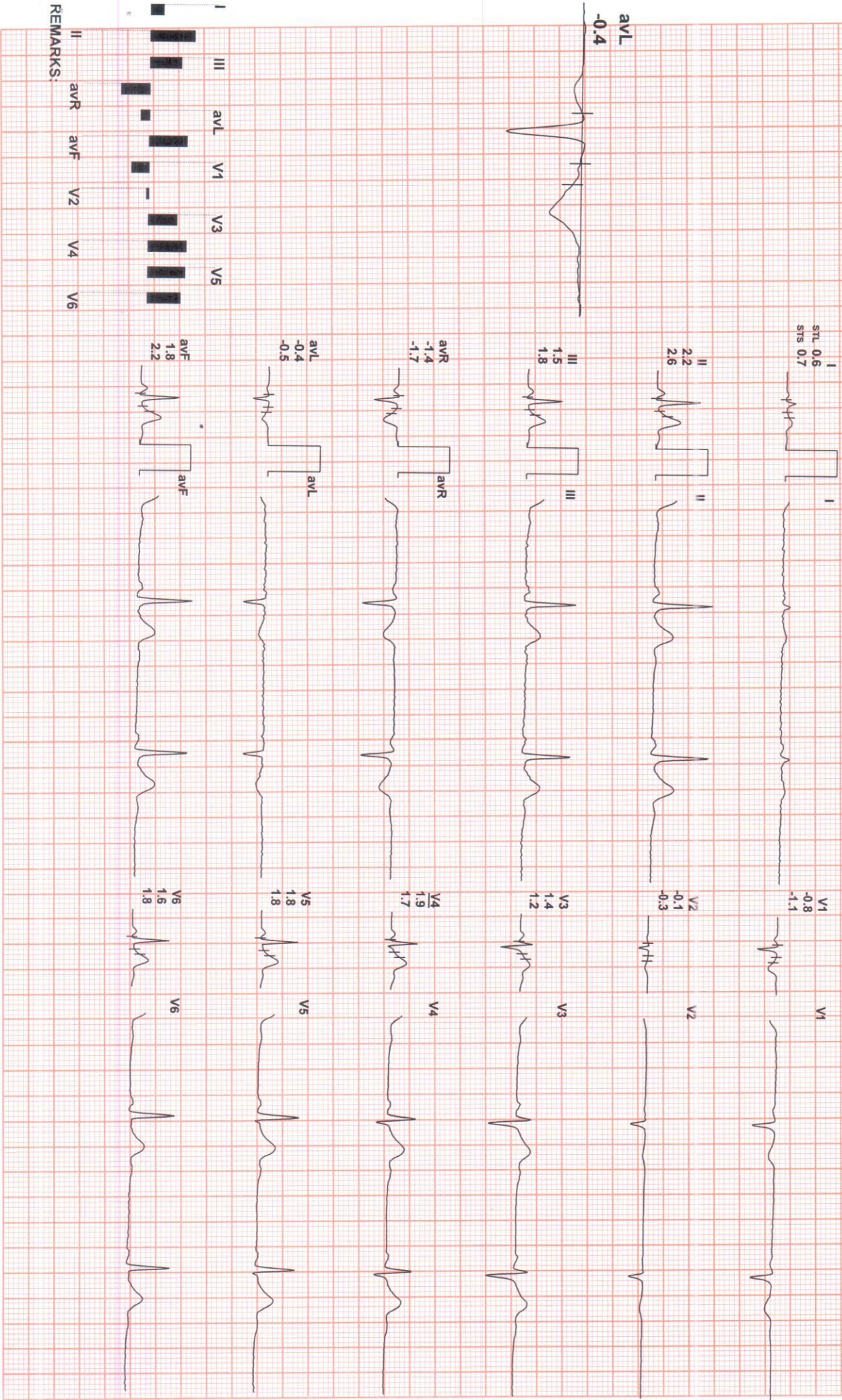
MBBS, DNB (MEDICINE)

MMC 2015053015

Doctor : DR. AMBAR RAJ

Suburban Diagnostics (P) Private Limited  
"Amika" Plot No. 11, Juhu, Mumbai - 400 049  
NS Road, Juhu, Mumbai - 400 049  
Vile Pate (W), Mumbai - 400 040  
Tel : 26705076 / 26705015





REMARKS:

**SUBURBAN DIAGNOSTICS (JUHU)**

996 (2408913463) / KALPESH SADRANI / 36 Yrs / M / 167 Cms / 74 Kg / HR : 161

Date: 29 - 03 - 2024 10:26:15 AM METS: 1.0/ 161 bpm 88% of THR BP: 124/80 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

4X 60 mS Post J

STANDING ( 00:00 )



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



REMARKS:



**SUBURBAN DIAGNOSTICS (JUHU)**

996 (2408913463) / KALPESH SADRANI / 36 Yrs / M / 167 Cms / 74 Kg / HR : 141

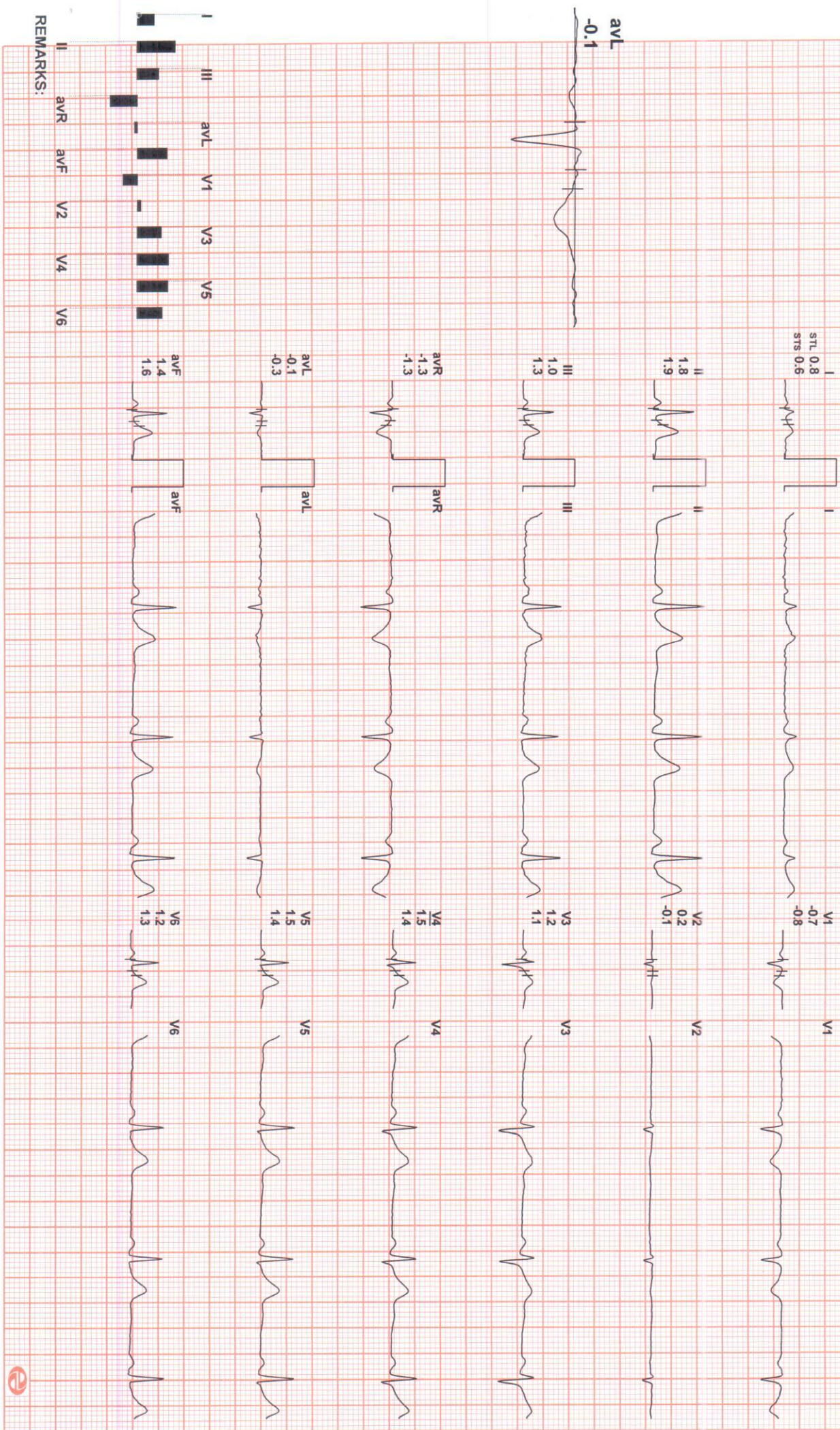
Date: 29 - 03 - 2024 10:26:15 AM METS: 1.0/ 141 bpm 77% of THR BP: 134/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

4X 60 ms Post J

HV ( 00:00 )



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



REMARKS:



# SUBURBAN DIAGNOSTICS (JUHU)

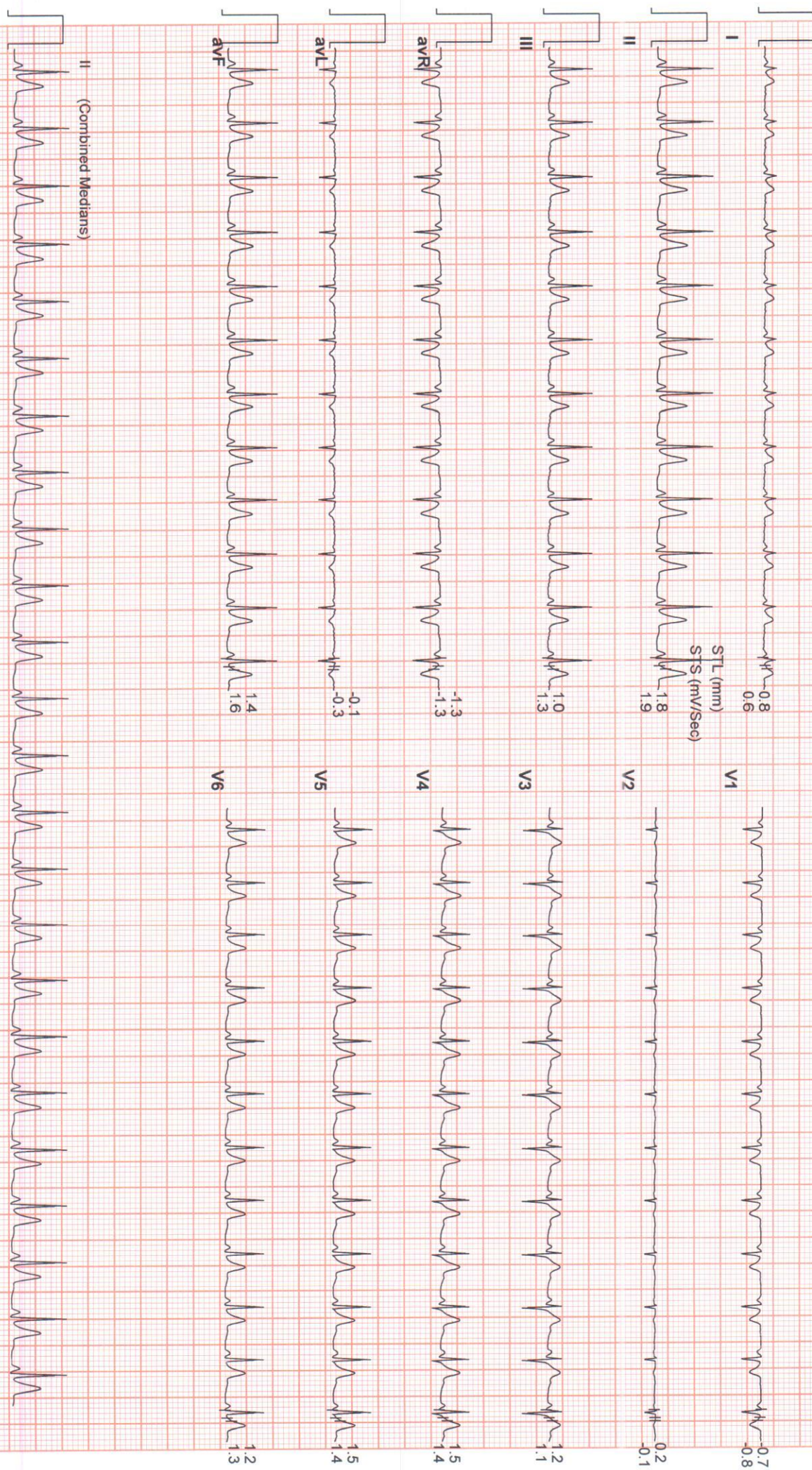
996 / KALPESH SADRANI / 36 Yrs / Male / 167 Cm / 74 Kg

Date: 29 - 03 - 2024 10:26:15 AM METs : 1.0 HR : 141 Target HR : 77% of 184 BP : 134/80 Post J @66mSec

## 6X2 Combine Medians + 1 Rhythm



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



# SUBURBAN DIAGNOSTICS (JUHU)

996 / KALPESH SADRANI / 36 Yrs / Male / 167 Cm / 74 Kg

Date: 29 - 03 - 2024 10:26:15 AM METs : 4.7 HR : 107 Target HR : 58% of 184 BP : 140/80 Post J @80mSec

## 6X2 Combine Medians + 1 Rhythm

BRUCE : Stage 1 ( 03:00 )



ExTime: 03:00 Speed: 1.7 mph Grade : 10:00 % 25 mm/Sec. 1.0 Cm/mV

