



CID : 2410004046
Name : MR.GAUTAM SUBHASH
Age / Gender : 31 Years / Male
Consulting Dr. : -
Reg. Location : J B Nagar, Andheri East (Main Centre)

Collected : 09-Apr-2024 / 08:26
Reported : 09-Apr-2024 / 13:57

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	15.7	13.0-17.0 g/dL	Spectrophotometric
RBC	5.26	4.5-5.5 mil/cmm	Elect. Impedance
PCV	47.9	40-50 %	Calculated
MCV	91.1	81-101 fl	Measured
MCH	29.8	27-32 pg	Calculated
MCHC	32.7	31.5-34.5 g/dL	Calculated
RDW	13.5	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4890	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	26.2	20-40 %	
Absolute Lymphocytes	1280	1000-3000 /cmm	Calculated
Monocytes	9.8	2-10 %	
Absolute Monocytes	480	200-1000 /cmm	Calculated
Neutrophils	53.3	40-80 %	
Absolute Neutrophils	2610	2000-7000 /cmm	Calculated
Eosinophils	9.6	1-6 %	
Absolute Eosinophils	470	20-500 /cmm	Calculated
Basophils	1.1	0.1-2 %	
Absolute Basophils	50	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	243000	150000-410000 /cmm	Elect. Impedance
MPV	8.6	6-11 fl	Measured
PDW	15.3	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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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 3 2-15 mm at 1 hr. Sedimentation

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- Sick 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. Vrushi Shroff

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	97.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.65	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.28	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.37	<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	30.7	<34 U/L	Modified IFCC
SGPT (ALT), Serum	57.1	10-49 U/L	Modified IFCC
GAMMA GT, Serum	18.9	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	90.2	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	20.8	19.29-49.28 mg/dl	Calculated
BUN, Serum	9.7	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.74	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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eGFR, Serum	124	(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	5.7	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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Reported : 09-Apr-2024 / 15:34

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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 ***



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Collected : 09-Apr-2024 / 08:26
Reported : 09-Apr-2024 / 16:11

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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>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	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	10-15	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

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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 ***



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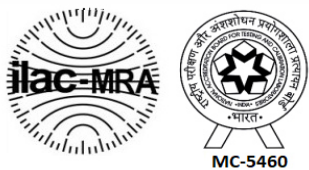
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	118.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	54.0	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	53.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	64.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	53.9	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	10.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.0	0-3.5 Ratio	Calculated

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 Collected : 09-Apr-2024 / 08:26
 Reported : 09-Apr-2024 / 14:12

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	5.8	3.5-6.5 pmol/L	CLIA
Free T4, Serum	15.7	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	2.167	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

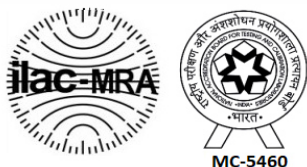
Limitations:

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

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SUBURBAN DIAGNOSTICS - J B NAGAR, ANDHERI EAST



Patient Name: GAUTAM SUBHASH
Patient ID: 2410004046

Date and Time: 9th Apr 24 8:44 AM

Age **31** NA NA
years months days

Gender **Male**

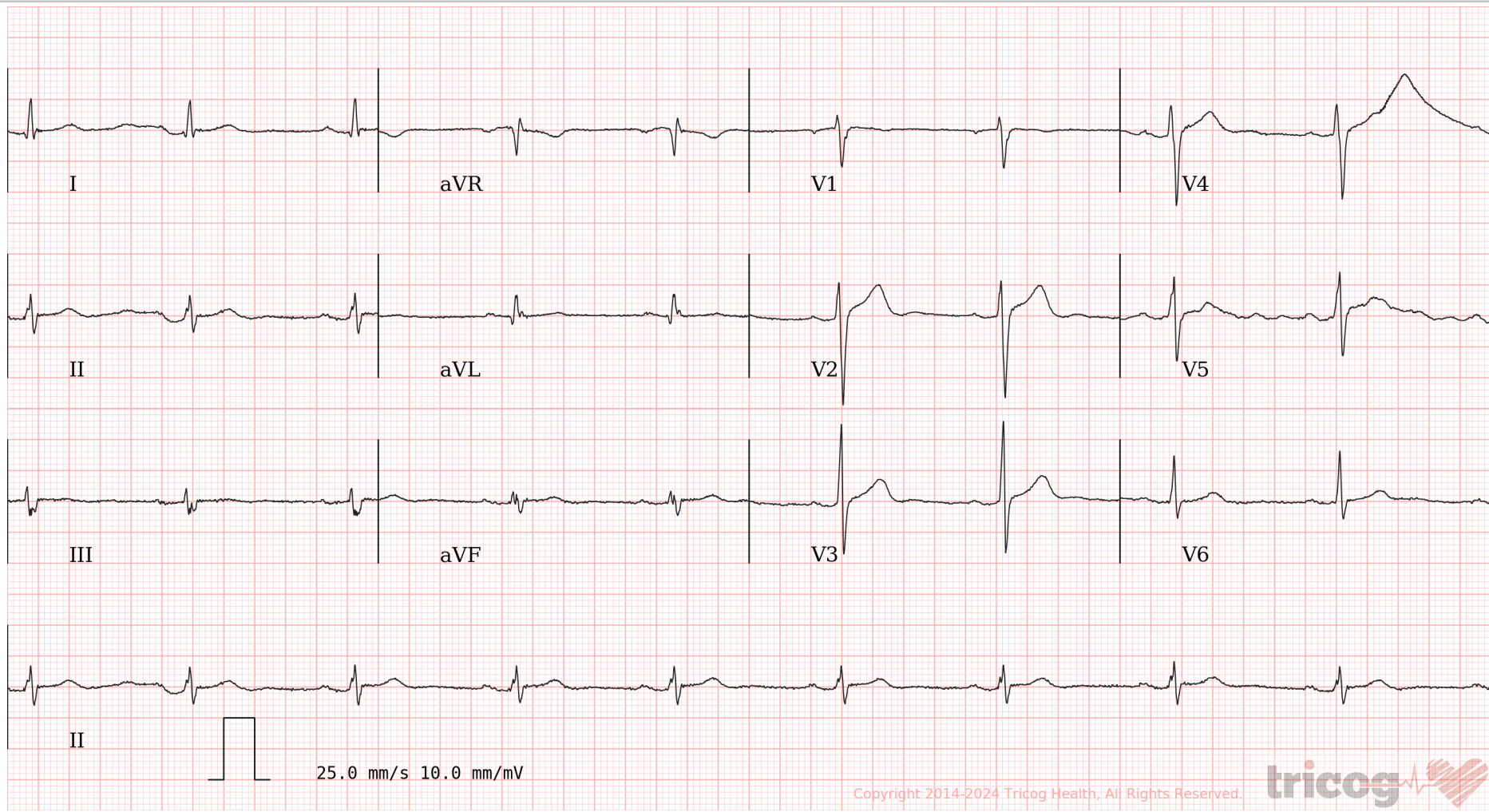
Heart Rate **57bpm**

Patient Vitals

BP: 130/80 mmHg
Weight: 76 kg
Height: 171 cm
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 114ms
QT: 388ms
QTcB: 377ms
PR: 178ms
P-R-T: 20° 9° 38°



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ECG Within Normal Limits: Sinus Bradycardia. Please correlate clinically.

REPORTED BY

Dr Ashish Deshmukh
M.B.B.S., MD (Medicine)
59997

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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नाम सुभाष गोतम
Name Subhash Gautam
कर्मचारी कूट क्र.
E.C. No. SG179888

dt
जारीकर्ता प्राधिकारी
Issuing Authority

Subhash
धारक के हस्ताक्षर
Signature of Holder

7903688878

Subhash

Suburban Diagnostics India Pvt Ltd
Shop No. S/10/19/20, Wing -A, Bonanza Building,
Sahar Plaza, Near Kohinoor Hotel,
Below J B Nagar Metro Station,
Andheri -Kurla Road, Andheri East, Mumbai -400059

Date:- 9-4-24

CID: 2410004046

Name:- Mr. Yashwanth Subhesh

Sex / Age: M / 31

EYE CHECK UP

Chief complaints: vision less since per 6 month.

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: D < 6/6

N < N/10
N/10

Aided Vision: D < 6/6
6/6

N < N/10
N/10

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	_____	_____	_____	6/6 N/10	_____	_____	_____	6/6
Near	_____	_____	_____	N/10	_____	_____	_____	N/10

Colour Vision: Normal / Abnormal

Remark:

Suburban Diagnostics India Pvt Ltd
 Shop No. 9/10/19/20, Wing -A, Bonanza Building,
 Sahar Plaza, Near Kohincor Hotel,
 Below J B Nagar Metro Station,
 Andheri -Kurla Road, Andheri East, Mumbai -400059

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Consulting Dr. : Collected : 09-Apr-2024 / 08:18
Reg.Location : J B Nagar, Andheri East (Main Centre) Reported : 10-Apr-2024 / 11:47

PHYSICAL EXAMINATION REPORT

History and Complaints:

NIL

EXAMINATION FINDINGS:

Height (cms):	171 CMS	Weight (kg):	76 KGS
Temp (0c):	AFBERILE	Skin:	NAD
Blood Pressure (mm/hg):	130/80 MMHG	Nails:	NAD
Pulse:	74/MIN	Lymph Node:	NOT PALPABLE

Systems

Cardiovascular: S1 S2 HEARD

Respiratory: AEBE

Genitourinary: NAD

GI System: NAD

CNS: NAD

IMPRESSION:

USG- GRDE 1 FATTY LIVER

ADVICE:

DIET AD EXERCISE

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 |

CENTRAL PROCESSING LAB: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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

For Feedback - customerservice@suburbandiagnositics.com | **www.suburbandiagnositics.com**

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Reported : **10-Apr-2024 / 11:47**

- | | |
|---|----|
| 8) Thyroid/ Endocrine disorders | NO |
| 9) Nervous disorders | NO |
| 10) GI system | NO |
| 11) Genital urinary disorder | NO |
| 12) Rheumatic joint diseases or symptoms | NO |
| 13) Blood disease or disorder | NO |
| 14) Cancer/lump growth/cyst | NO |
| 15) Congenital disease | NO |
| 16) Surgeries | NO |
| 17) Musculoskeletal System | NO |

PERSONAL HISTORY:

- | | |
|----------------------|-----|
| 1) Alcohol | NO |
| 2) Smoking | NO |
| 3) Diet | VEG |
| 4) Medication | NO |

*** End Of Report ***

Dr.Anjana Maheshwari

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2765 (2410004046) / GAUTAM SUBHASH / 31 Yrs / M / 171 Cms / 76 Kg Date: 09-Apr-2024

Stage	Time	Duration	Speed(imp/h)	Elevation	MEts	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:03	0:03	00.0	00.0	01.0	065	34 %	130/80	084	00	
Standing	00:36	0:33	00.0	00.0	01.0	071	38 %	130/80	092	00	
HV	01:09	0:33	00.0	00.0	01.0	070	37 %	130/80	091	00	
Warm Up	01:28	0:19	00.0	00.0	01.0	066	35 %	130/80	085	00	
ExStart	01:47	0:19	01.0	00.0	01.0	088	47 %	130/80	114	00	
BRUCE Stage 1	04:47	3:00	01.7	10.0	04.7	118	62 %	150/80	176	00	
BRUCE Stage 2	07:47	3:00	02.5	12.0	07.1	147	78 %	170/80	249	00	
PeakEx	08:56	1:09	03.4	14.0	08.3	161	85 %	190/80	305	00	
Recovery	09:56	1:00	01.1	00.0	01.2	142	75 %	170/80	241	00	
Recovery	10:56	2:00	00.0	00.0	01.0	121	64 %	150/80	181	00	
Recovery	11:56	3:00	00.0	00.0	01.0	104	55 %	130/80	135	00	
Recovery	12:05	3:09	00.0	00.0	01.0	109	58 %	130/80	141	00	

FINDINGS :

Exercise Time : 07:09
 Max HR Attained : 161 bpm 85% of Target 189
 Max BP Attained : 190/80
 Max Workload Attained : 8.3 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : avf & -4.1 mm in Stage 2
 History : Nil
 Test End Reasons : Test Complete, Heart Rate Achieved

Suburban Diagnostics India Pvt Ltd
 Shop No.9/10/16/21/ Wing A, Bonanza Building,
 Sahar Plaza, Near Kothrud Hotel,
 Below J B Nagar Metro Station,
 Andheri, Kurda Road, Andheri East, Mumbai, 400059

DR. ASHISH V. DESHMUKH
 MD. (MEDICINE)
 CONSULTING PHYSICIAN
 REG. NO. 59997



Doctor : Dr Ashish V Deshmukh

REPORT :

Interpretation :

GOOD EFFORT TOLERANCE
NORMAL CHRONOTROPIC RESPONSE
NORMAL INOTROPIC RESPONSE
NO ANGINA / ANGINAL EQUIVALENTS
NO ARRHYTHMIAS
NO SIGNIFICANT ST-T CHANGES FROM BASELINE

IMPRESSION : STRESS TEST IS NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA

Disclaimer : Negative Stress test does not rule out Coronary Artery Disease
Positive Stress Test is suggestive but not confirmatory of Coronary Artery Disease
Hence Clinical Correlation is mandatory.

Suburban Diagnostics India Pvt Ltd
Shop No 100/101/102, Wing A, Bonanza Building,
Sahar Plaza, Near Kollinor Hotel,
Below JB Nagar Metro Station,
Andheri -Kurla Road Andheri East, Mumbai-400059

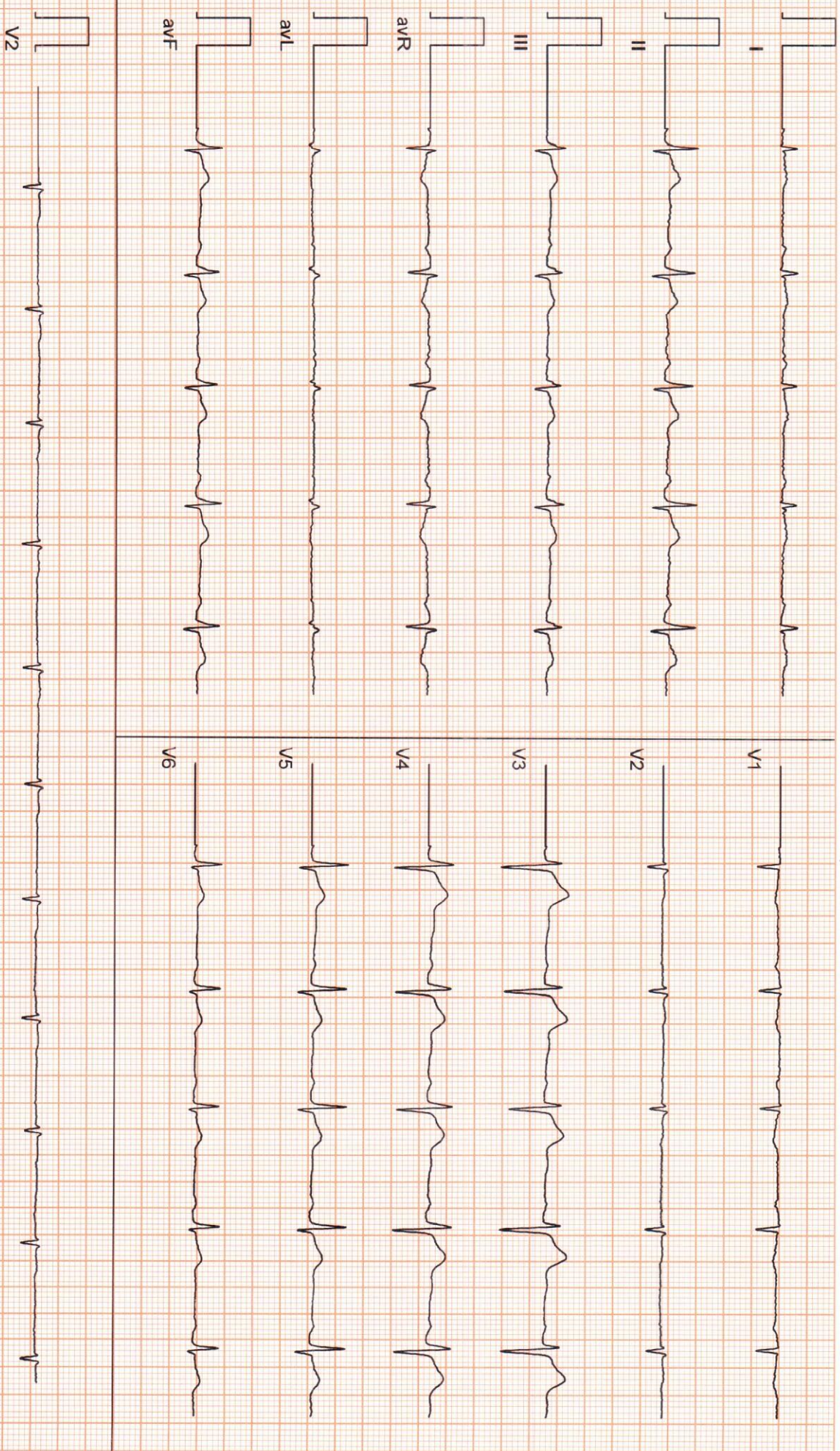
DR. ASHISH V. DESHMUKH
MD. (MEDICINE)
CONSULTING PHYSICIAN
REG. NO. 59307



Doctor : Dr Ashish V Deshmukh

Date: 09 - 04 - 2024 09:30:23 AM METs : 1.0 HR : 65 Target HR : 34% of 189 BP : 130/80

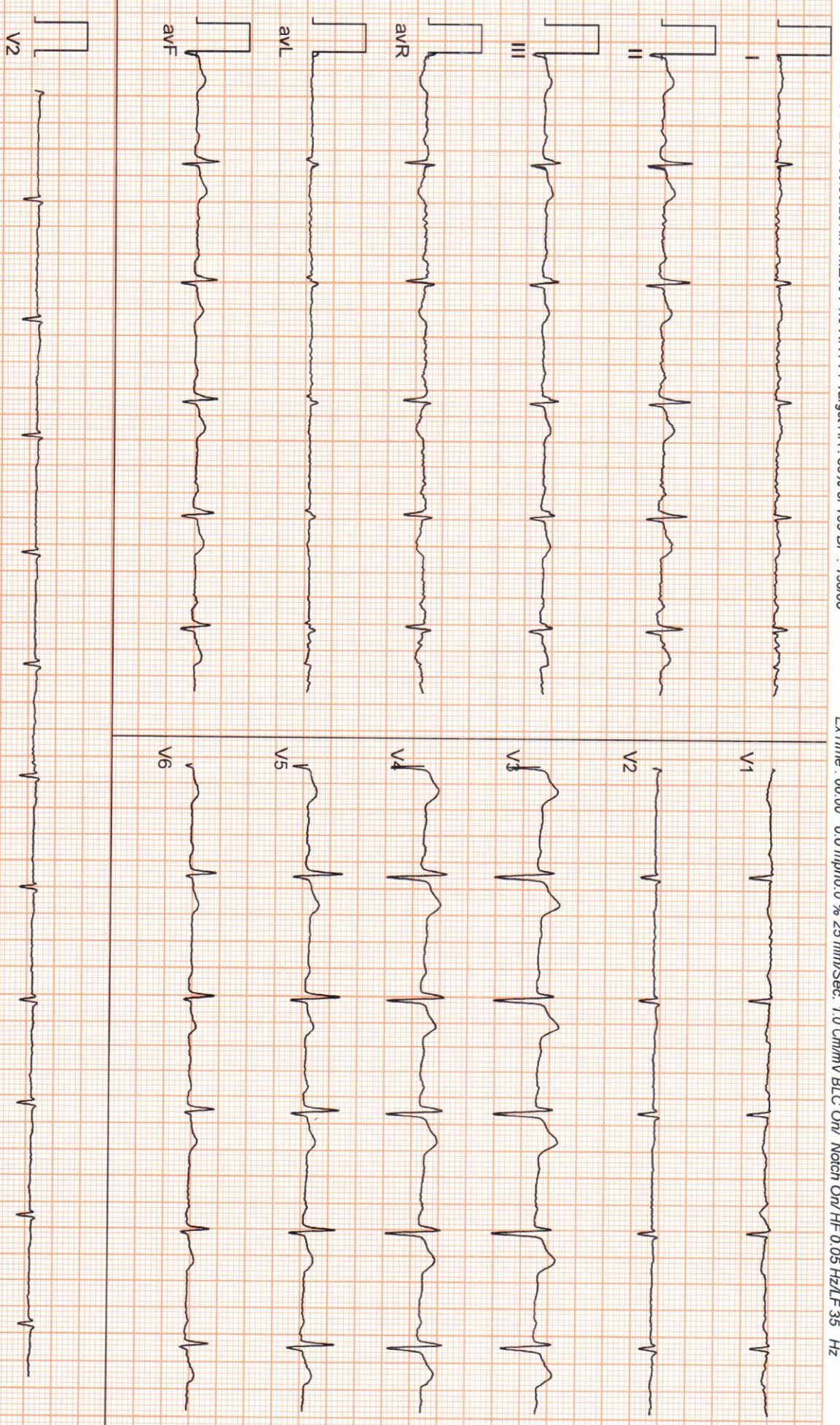
ExTime : 00:00 0.0 mph 0.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz



Date: 09 - 04 - 2024 09:30:23 AM METs : 1.0 HR : 71 Target HR : 38% of 189 BP : 130/80

ExTime : 00:00 0.0 mph/0.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz LF 35 Hz

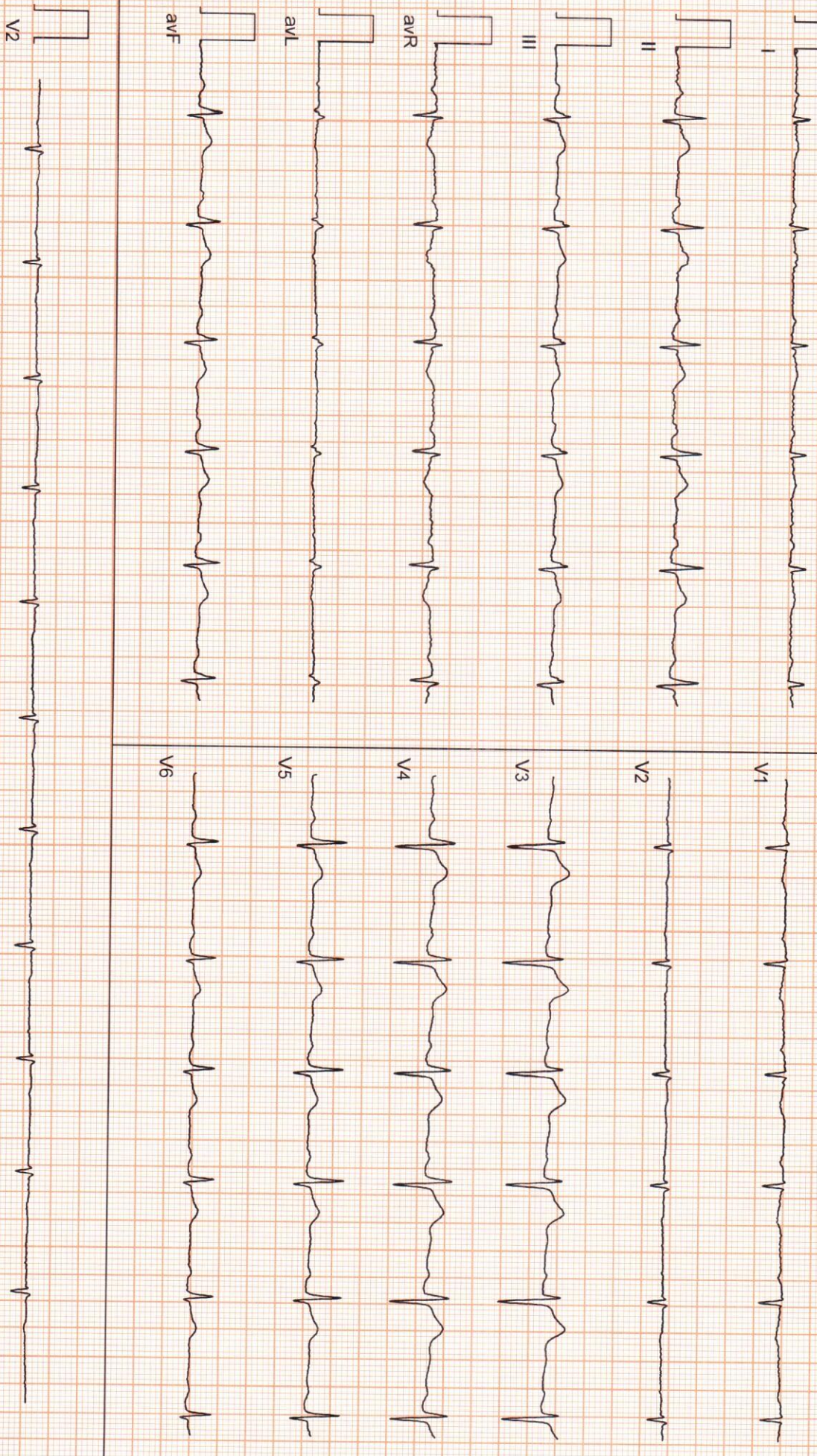
6 x 2 + Rhythm
BRUCE: Standing(0:33)



Date: 09 - 04 - 2024 09:30:23 AM METs : 1.0 HR : 70 Target HR : 37% of 189 BP : 130/80

ExTime : 00:00 0.0 mph 0.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/HF 0.05 Hz/LF 35 Hz

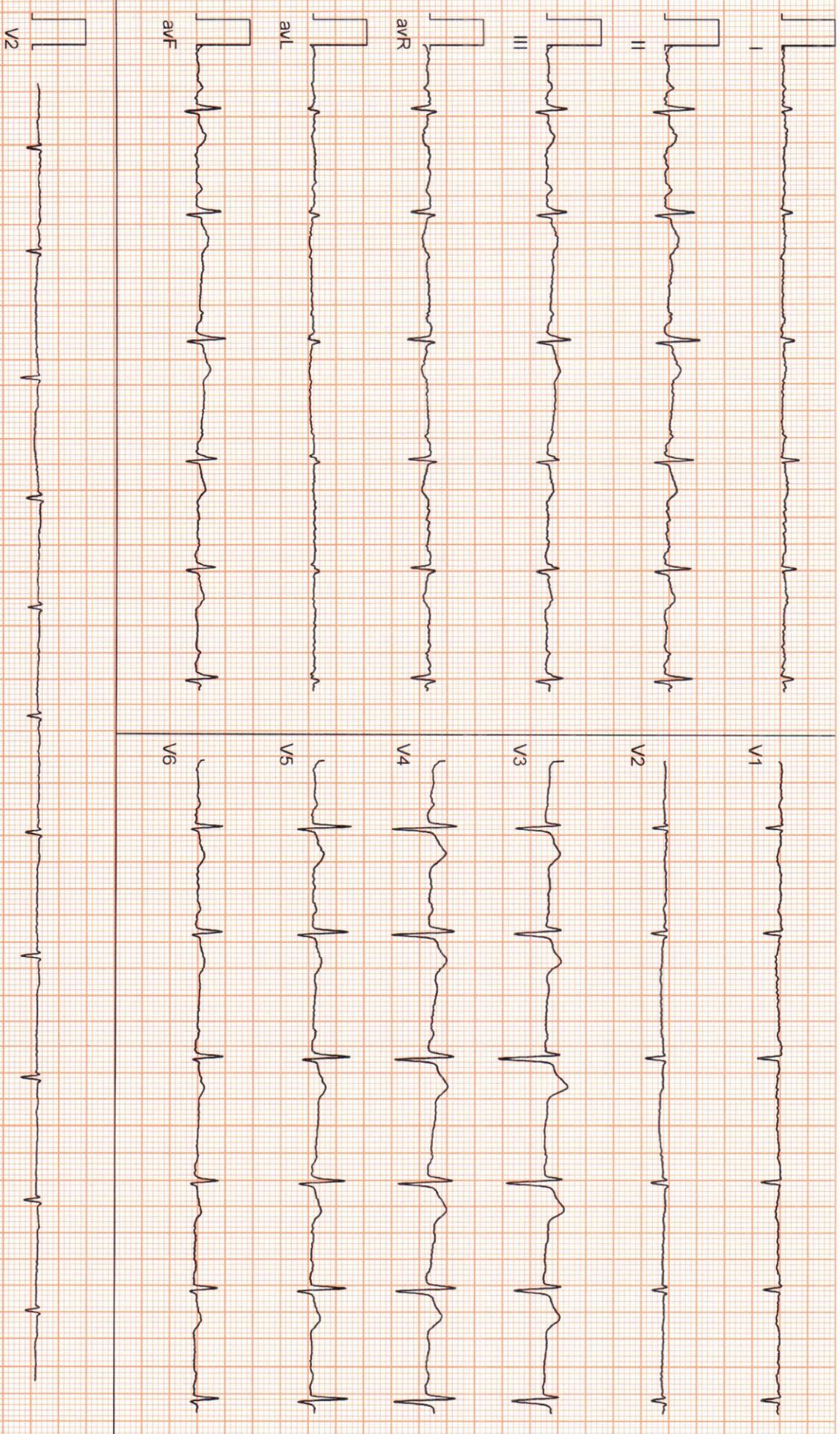
6 x 2 + Rhythm
BRUCE:HV(0:33)



Date: 09 - 04 - 2024 09:30:23 AM METs : 1.0 HR : 66 Target HR : 35% of 189 BP : 130/80

ExTime : 00:00 0.0 mph/0.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On HF 0.05 Hz/LF 35 Hz

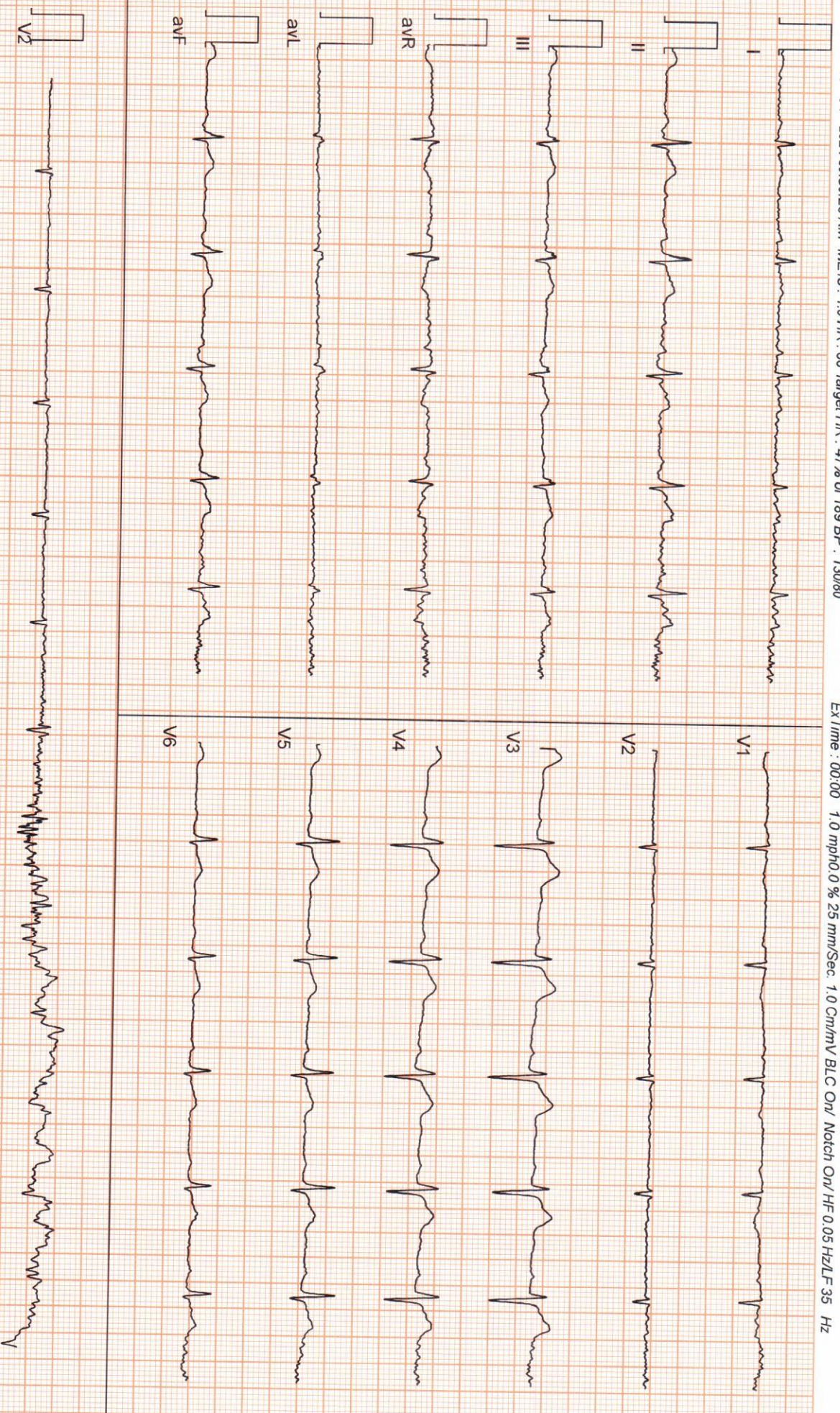
6 x 2 + Rhythm
BRUCE: Warm Up(0:19)





Date: 09 - 04 - 2024 09:30:23 AM METs : 1.0 HR : 88 Target HR : 47% of 189 BP : 130/80

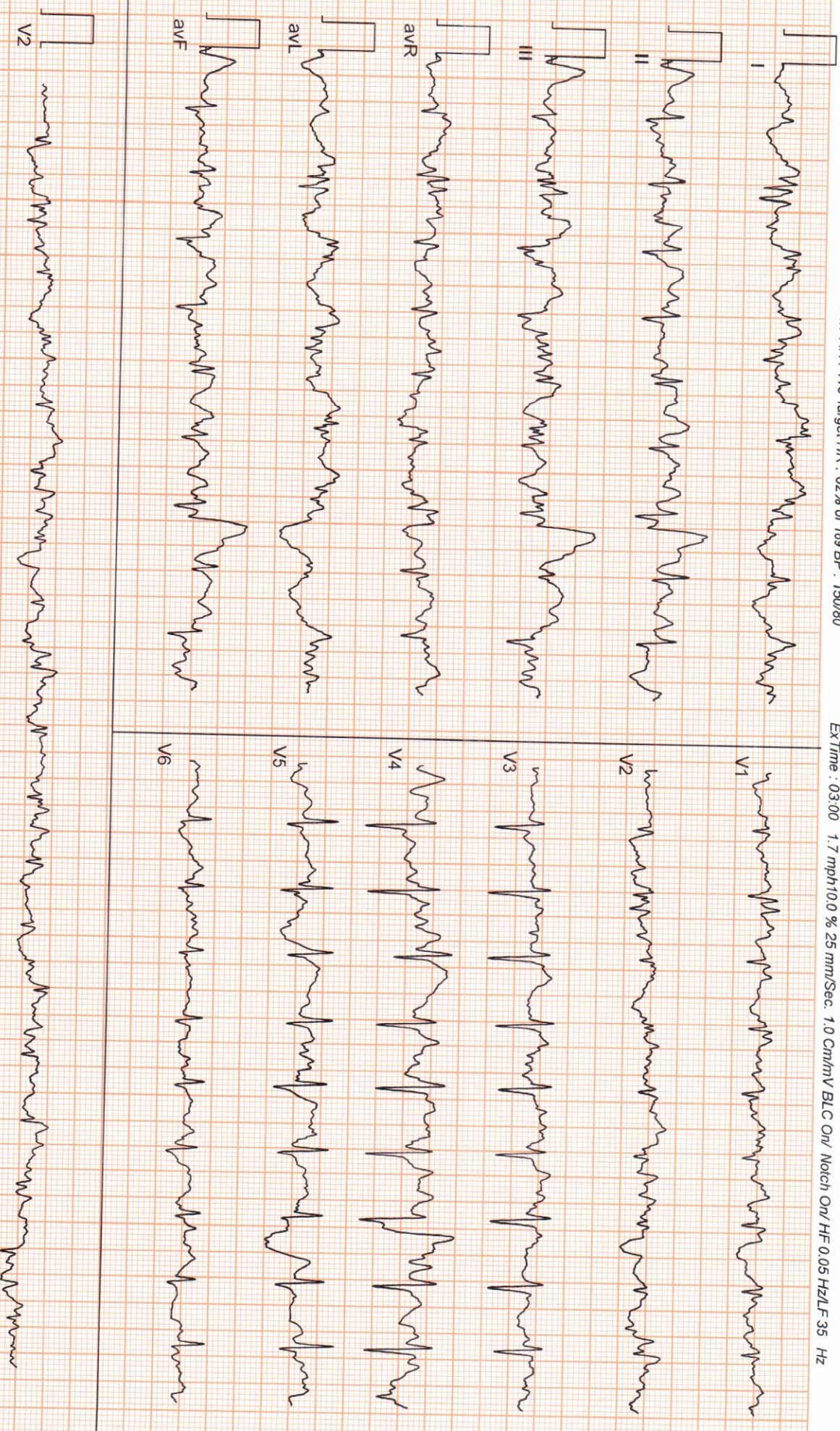
ExTime : 00:00 1.0 mph 0.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz



Date: 09 - 04 - 2024 09:30:23 AM METS : 4.7 HR : 118 Target HR : 62% of 189 BP : 150/80

ExTime : 03:00 1.7 mph 10.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 HZ LF 35 Hz

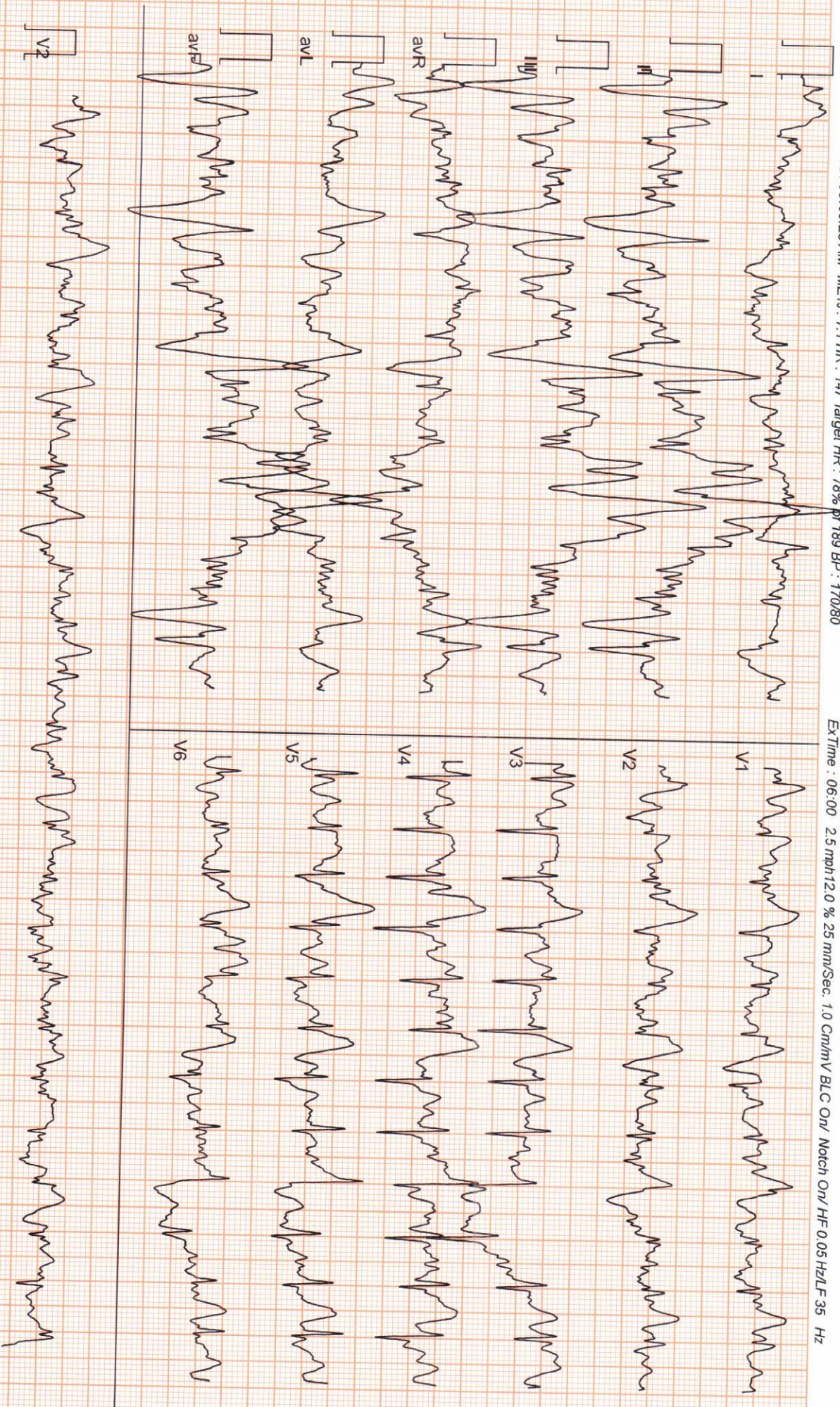
6 x 2 + Rhythm
BRUCE: Stage 1 (3:00)



Date: 09 - 04 - 2024 09:30:23 AM METS : 7.1 HR : 147 Target HR : 78% pt 189 BP : 170/80

ExTime : 06:00 2.5 mph 12.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz LF 35 Hz

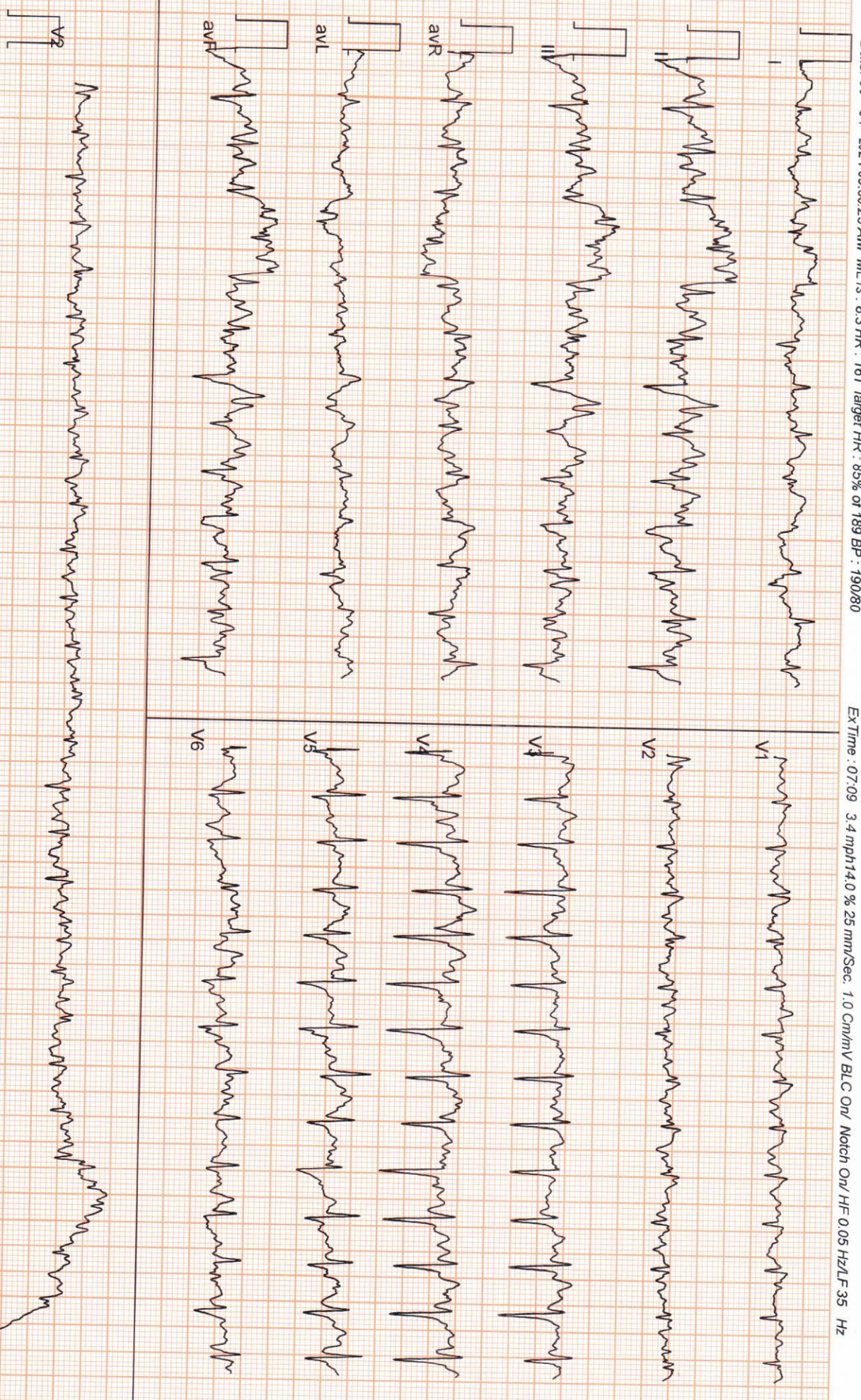
6 x 2 + Rhythm
BRUCE: Stage 2(3:00)



Date: 09 - 04 - 2024 09:30:23 AM MET's : 83 HR : 161 Target HR : 85% of 189 BP : 190/80

ExTime : 07:09 3.4 mph 14.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Natch On/ HF 0.05 HZ LF 35 Hz

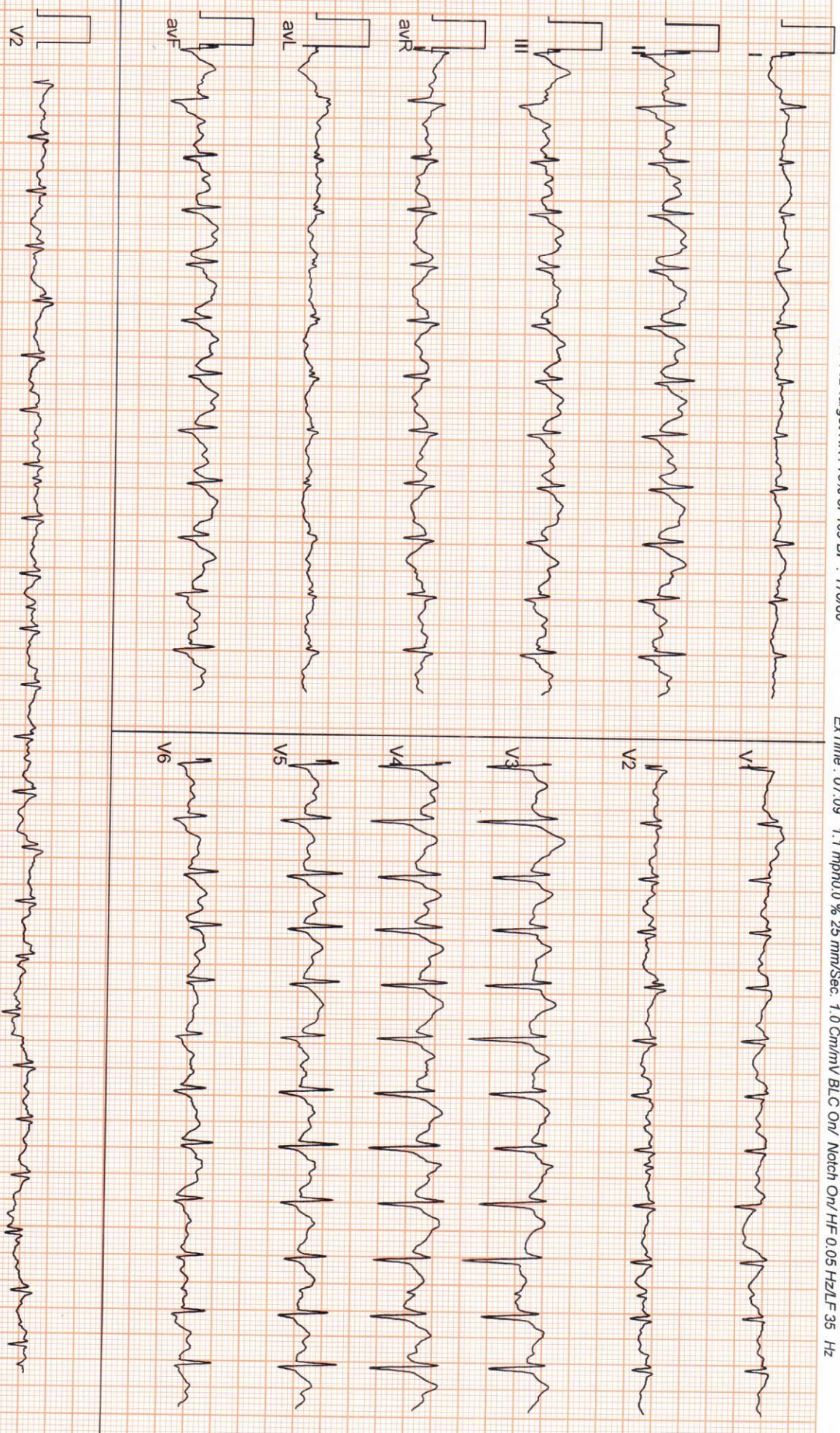
6 x 2 + Rhythm
PeakEx



Date: 09 - 04 - 2024 09:30:23 AM METS : 1.2 HR : 142 Target HR : 75% of 189 BP : 170/80

ExTime : 07:09 1.1 mph 0.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/HF 0.05 Hz/LF 35 Hz

6 x 2 + Rhythm
Recovery(1:00)



Date: 09 - 04 - 2024 09:30:23 AM METs : 1.0 HR : 121 Target HR : 64% of 189 BP : 150/80

ExTime : 07:09 0.0 mph 0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz LF 35 Hz

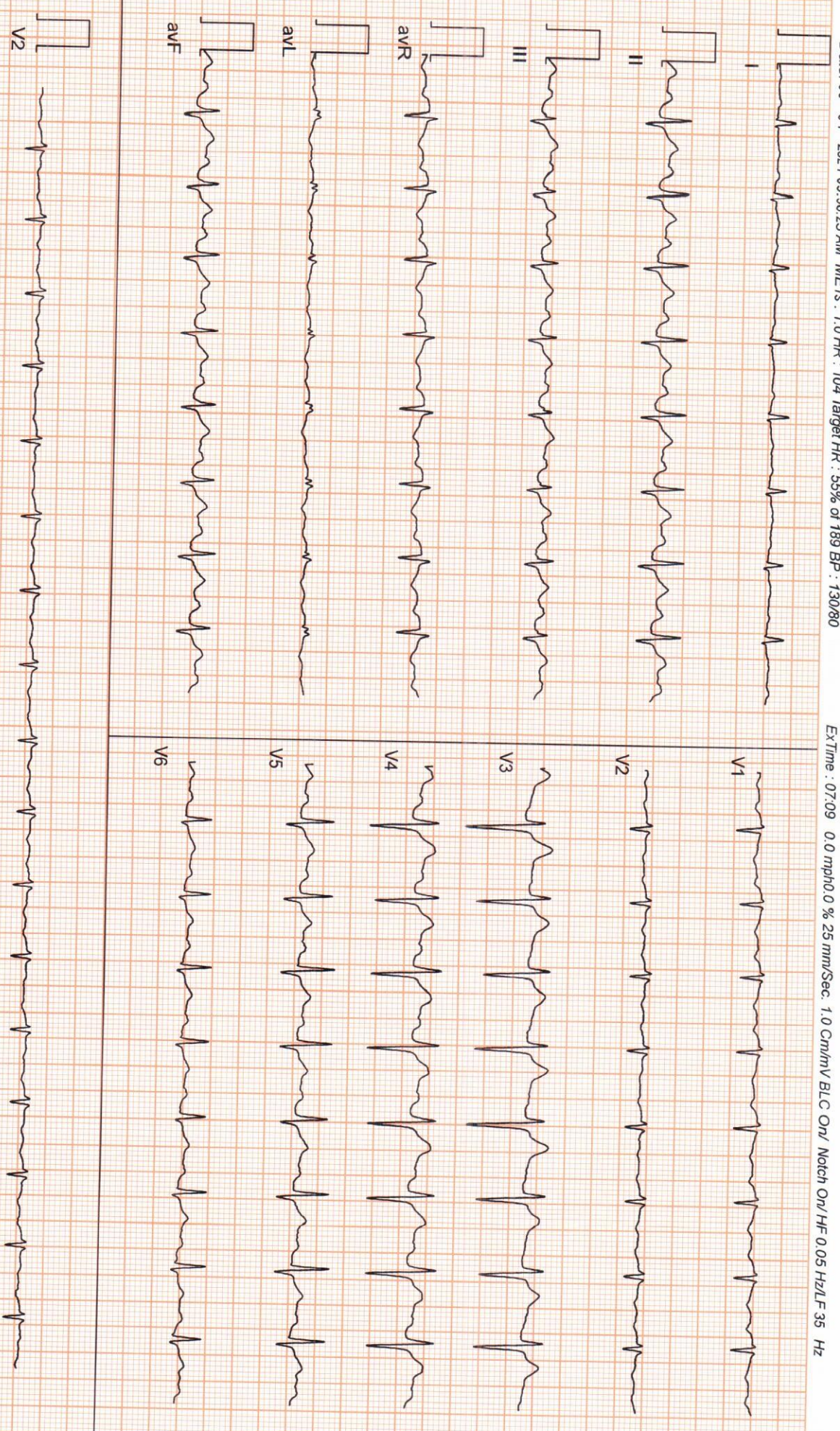
6 x 2 + Rhythm
Recovery(2:00)



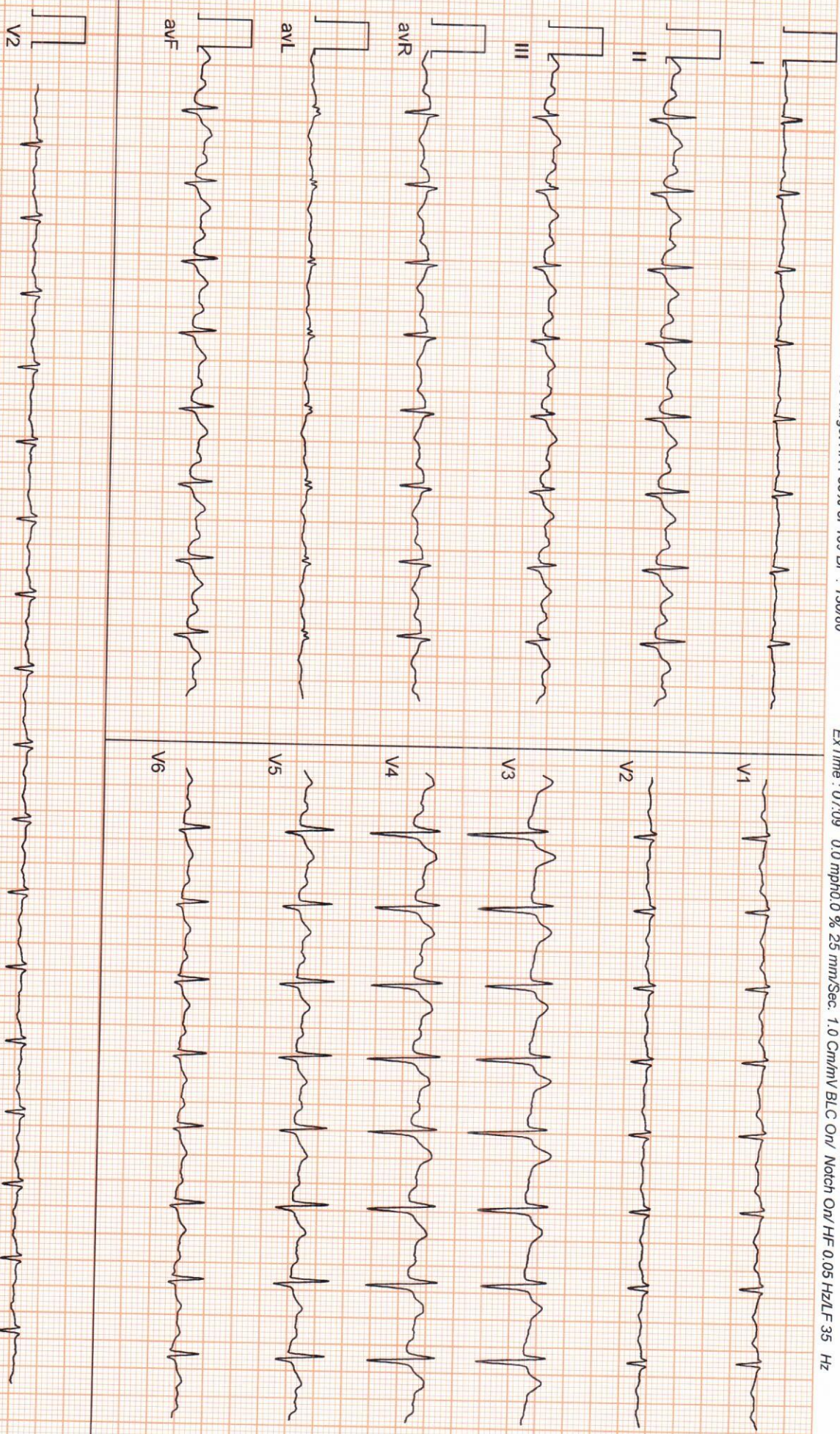
Date: 09 - 04 - 2024 09:30:23 AM METs : 1.0 HR : 104 Target HR : 55% of 189 BP : 130/80

ExTime : 07:09 0.0 mph 0.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz LF 35 Hz

6 x 2 + Rhythm
Recovery(3:00)



6 x 2 + Rhythm
Recovery(3:09)





CID : 2410004046
Name : Mr GAUTAM SUBHASH
Age / Sex : 31 Years/Male
Ref. Dr : **Reg. Date** : 09-Apr-2024
Reg. Location : J B Nagar, Andheri East Main Centre **Reported** : 09-Apr-2024/09:07

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (13.9 cm), shape and smooth margins. It shows **raised** parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen.

PANCREAS:

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

KIDNEYS:

Both the kidneys are normal in size, shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.
Right kidney measures 10.5 x 5.1 cm.
Left kidney measures 9.9 x 4.0 cm.

SPLEEN:

The spleen is normal in size (11.8 cm) and echotexture. No evidence of focal lesion is noted. There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

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

PROSTATE:

The prostate is normal in size, measures 2.8 x 2.9 x 3.3 cm and volume is 14.8 cc.



CID : 2410004046
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Age / Sex : 31 Years/Male
Ref. Dr :
Reg. Location : J B Nagar, Andheri East Main Centre

Reg. Date : 09-Apr-2024
Reported : 09-Apr-2024/09:07

IMPRESSION:
Grade I fatty liver.

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

Dr. Swapnil Nisal
MBBS, DMRE
MMC Reg. No.2015/06/3297



CID : 2410004046
Name : Mr GAUTAM SUBHASH
Age / Sex : 31 Years/Male
Ref. Dr :
Reg. Location : J B Nagar, Andheri East Main Centre
Reg. Date : 09-Apr-2024
Reported : 09-Apr-2024/12:36

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. Swapnil Nisal
MBBS, DMRE
MMC Reg. No.2015/06/3297



Use a QR Code Scanner
Application To Scan the Code

CID : 2410004046
Name : Mr GAUTAM SUBHASH
Age / Sex : 31 Years/Male
Ref. Dr :
Reg. Location : J B Nagar, Andheri East Main Centre

Reg. Date : 09-Apr-2024
Reported : 09-Apr-2024/12:36
