



CID : 2410422259
Name : MR.ABHINAV PATIL
Age / Gender : 37 Years / Male
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Use a QR Code Scanner
Application To Scan the Code
Collected : 13-Apr-2024 / 11:40
Reported : 13-Apr-2024 / 16:15

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	15.0	13.0-17.0 g/dL	Spectrophotometric
RBC	5.01	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.4	40-50 %	Measured
MCV	89	80-100 fl	Calculated
MCH	29.9	27-32 pg	Calculated
MCHC	33.7	31.5-34.5 g/dL	Calculated
RDW	15.1	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4810	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	41.8	20-40 %	
Absolute Lymphocytes	2010.6	1000-3000 /cmm	Calculated
Monocytes	5.6	2-10 %	
Absolute Monocytes	269.4	200-1000 /cmm	Calculated
Neutrophils	48.2	40-80 %	
Absolute Neutrophils	2318.4	2000-7000 /cmm	Calculated
Eosinophils	3.1	1-6 %	
Absolute Eosinophils	149.1	20-500 /cmm	Calculated
Basophils	1.3	0.1-2 %	
Absolute Basophils	62.5	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	341000	150000-400000 /cmm	Elect. Impedance
MPV	6.8	6-11 fl	Calculated
PDW	10.7	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 5 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- 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 Borivali Lab, Borivali West

*** End Of Report ***



J Thakker

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



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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	102.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	88.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.49	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.23	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.26	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.1	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	25.0	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	34.2	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	35.8	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	88.4	40-130 U/L	Colorimetric
BLOOD UREA, Serum	23.1	12.8-42.8 mg/dl	Kinetic
BUN, Serum	10.8	6-20 mg/dl	Calculated
CREATININE, Serum	0.86	0.67-1.17 mg/dl	Enzymatic



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Reported : 13-Apr-2024 / 20:08

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eGFR, Serum	114	(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	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 Borivali Lab, Borivali West
*** End Of Report ***



Bmhasakar

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



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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	5.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	114.0	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 Borivali Lab, Borivali West

*** End Of Report ***



J. Thakker

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



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

Collected : 13-Apr-2024 / 15:19
Reported : 13-Apr-2024 / 19:00

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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	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	4-5	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 Borivali Lab, Borivali West
*** End Of Report ***



Dr. Jageshwar Mandal

Dr.JAGESHWAR MANDAL
CHOUPAL
MBBS, DNB PATH
Pathologist



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Application To Scan the Code
Collected : 13-Apr-2024 / 11:40
Reported : 13-Apr-2024 / 17:18

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



CID : 2410422259
Name : MR.ABHINAV PATIL
Age / Gender : 37 Years / Male
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Use a QR Code Scanner Application To Scan the Code
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Reported : 13-Apr-2024 / 16:22

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	221.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	223.0	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	38.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	182.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	142.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	40.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.7	0-3.5 Ratio	Calculated

Note : LDL test is performed by direct measurement.

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



J Thakker

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



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 Reg. Location : Bhayander East (Main Centre)

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 Collected : 13-Apr-2024 / 11:40
 Reported : 13-Apr-2024 / 16:58

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	6.1	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.8	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.98	0.35-5.5 microIU/ml	ECLIA



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Reported : 13-Apr-2024 / 16:58

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)

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

*** End Of Report ***



Bmhasakar

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

SUBURBAN DIAGNOSTICS - BHAYANDER EAST

Patient Name: ABHINAV PATIL

Date and Time: 13th Apr 24 11:39 AM

Patient ID: 2410422259

Age **37** **NA** **NA**
years months days

Gender **Male**

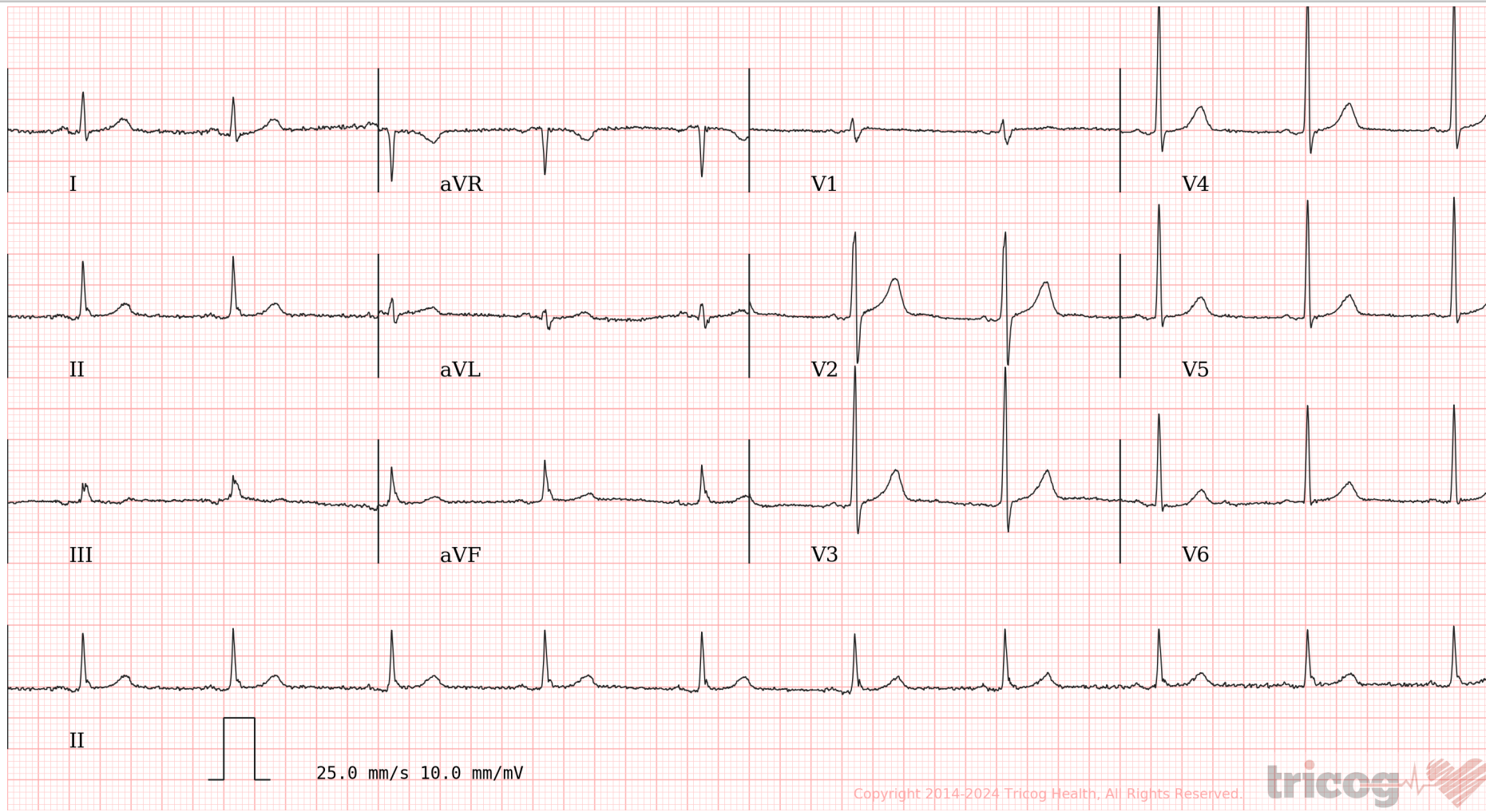
Heart Rate **61bpm**

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 78ms
QT: 394ms
QTcB: 396ms
PR: 138ms
P-R-T: -14° 53° 33°



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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:- 13/4/24
Name:- Abhinav Patil

CID: 2410422259
Sex / Age: 37/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 PVT. LTD.
Kirti
New
Mira Road
Phone: 022 - 61700000

SUBURBAN DIAGNOSTICS BHAYANDER

Report

EMail:

RGHPL

12347506 (2410422259) / ABHINAV PATIL / 37 Yrs / M / 161 Cms / 62 Kg
 Date: 13 / 04 / 2024 01:10:21 PM Refd By : -- Examined By: DR.SMITA VALANI

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:04	0:04	00.0	00.0	01.0	070	38 %	110/80	077	00	
Standing	00:09	0:05	00.0	00.0	01.0	070	38 %	110/80	077	00	
HV	00:12	0:03	00.0	00.0	01.0	070	38 %	110/80	077	00	
ExStart	00:15	0:03	01.7	10.0	01.1	071	39 %	110/80	078	00	
BRUCE Stage 1	03:15	3:00	01.7	10.0	04.7	105	57 %	120/80	125	00	
BRUCE Stage 2	06:15	3:00	02.5	12.0	07.1	116	63 %	130/80	150	00	
BRUCE Stage 3	09:15	3:00	03.4	14.0	10.2	138	75 %	140/80	193	00	
PeakEx	09:55	0:40	04.2	16.0	11.0	155	85 %	140/80	217	00	
Recovery	10:55	1:00	01.1	00.0	04.2	130	71 %	150/80	195	00	
Recovery	11:55	2:00	00.0	00.0	01.0	091	50 %	140/80	127	00	
Recovery	13:55	4:00	00.0	00.0	01.0	086	47 %	130/80	111	00	
Recovery	14:01	4:07	00.0	00.0	01.0	086	47 %	120/80	103	00	

FINDINGS :

Exercise Time : 09:40
 Initial HR (ExStrt) : 71 bpm 39% of Target 183
 Initial BP (ExStrt) : 110/80 (mm/Hg)
 Max WorkLoad Attained : 11 Good response to induced stress
 Max ST Dep Lead & Avg ST Value : avL & -0.7 mm in PeakEx
 Duke Treadmill Score : 05.4
 Test End Reasons : , , Test Complete

Max HR Attained 155 bpm 85% of Target 183
 Max BP Attained 150/80 (mm/Hg)

SUBURBAN DIAGNOSTICS (I) PVT. LTD.
 Shop No. 101, 1st Floor,
 Kshiti Building, Bhayander,
 Near Thurgadi, Mira-City Road,
 Mira Road (East), Dist. Thane - 401 105
 Phone : 022 - 61700000

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

Salam
 Doctor : DR.SMITA VALANI

PORT :

REASON FOR TERMINATION : TARGET HR NOT ACHIEVED

TARGET WORKLOAD 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 IMPRESSION : NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA AT THIS WORKLOAD.

SUBURBAN DIAGNOSTICS (I) PVT. LTD.
 Shop No. 10, 1st Floor,
 Kshatri Building, Govind Road,
 Near Thane Railway Station,
 Mira Road East, Thane - 401 105
 Phone No. 022 - 27700000

DR. SMITA VALANI

MBBS, B. CARDIOLGY

20/11/23/0587

Doctor : DR. SMITA VALANI

BURBAN DIAGNOSTICS BHAYANDER

SUPINE (00:01)

AGHPDL

47506 (2410422259) / ABHINAV PATIL / 37 Yrs / M / 161 Cms / 62 Kg / HR . 70

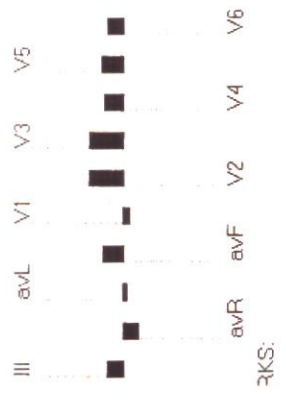
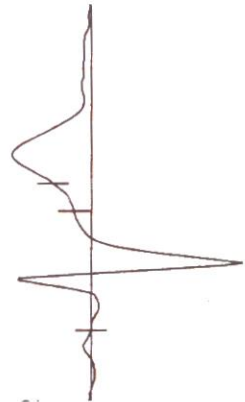
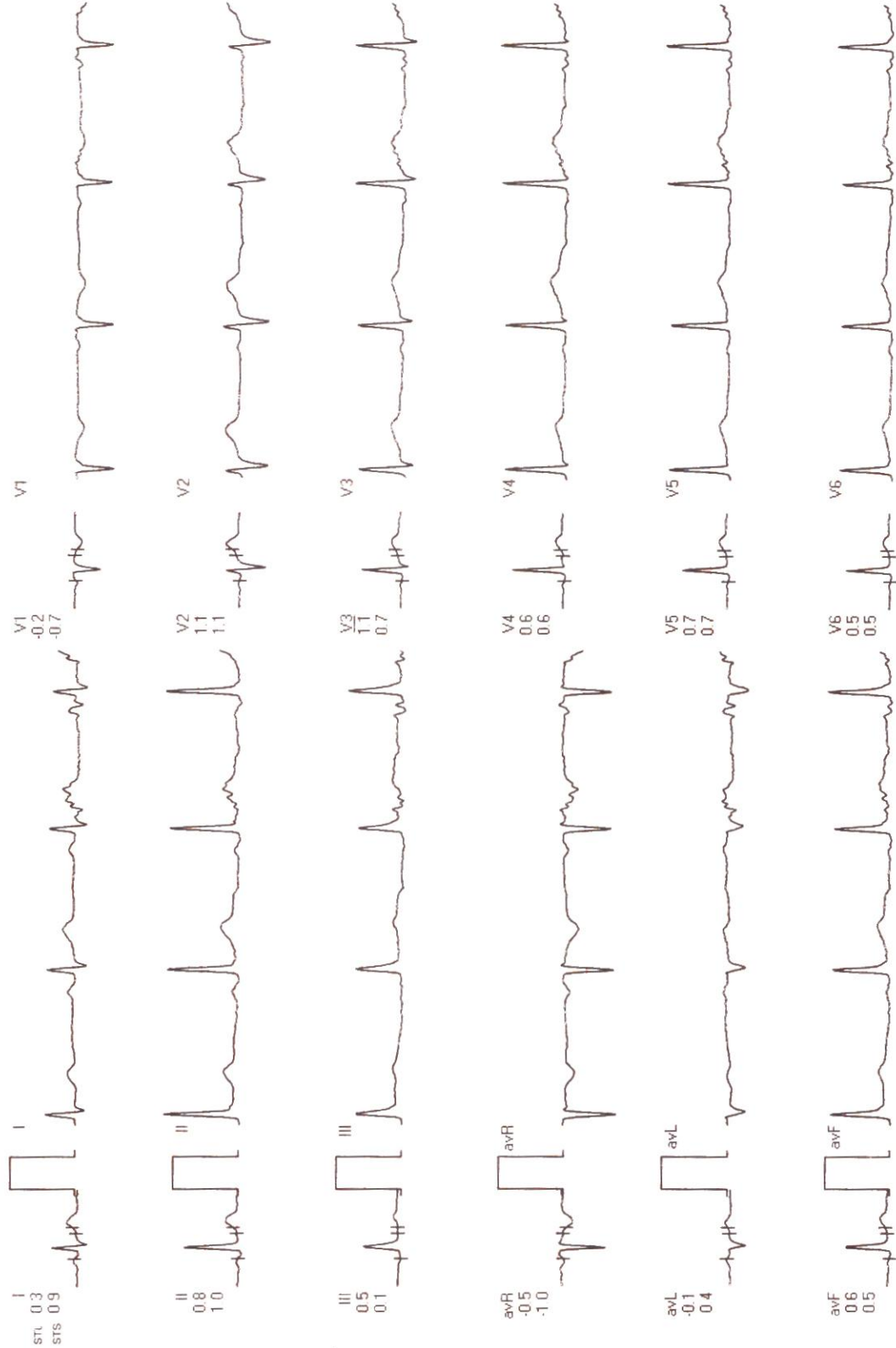
13 / 04 / 2024 01:10:21 PM

METS: 1.0 / 70 bpm 38% at THR BP: 110/80 mmHg P_{raw} ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

Ex Time: 00:00 0.0 mph 0.0%

60 ms Post J

25 mm/Sec. 1.0 Cm/mv



AKS:

BURBAN DIAGNOSTICS BHAYANDER

STANDING (00:00)

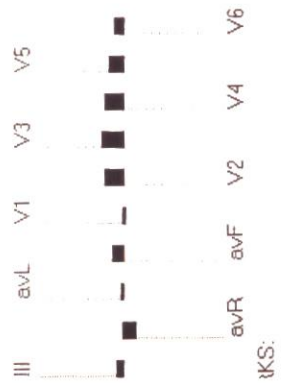
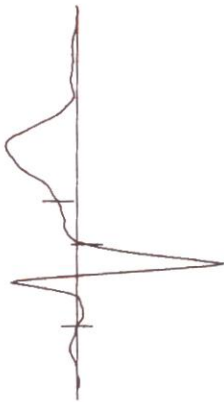
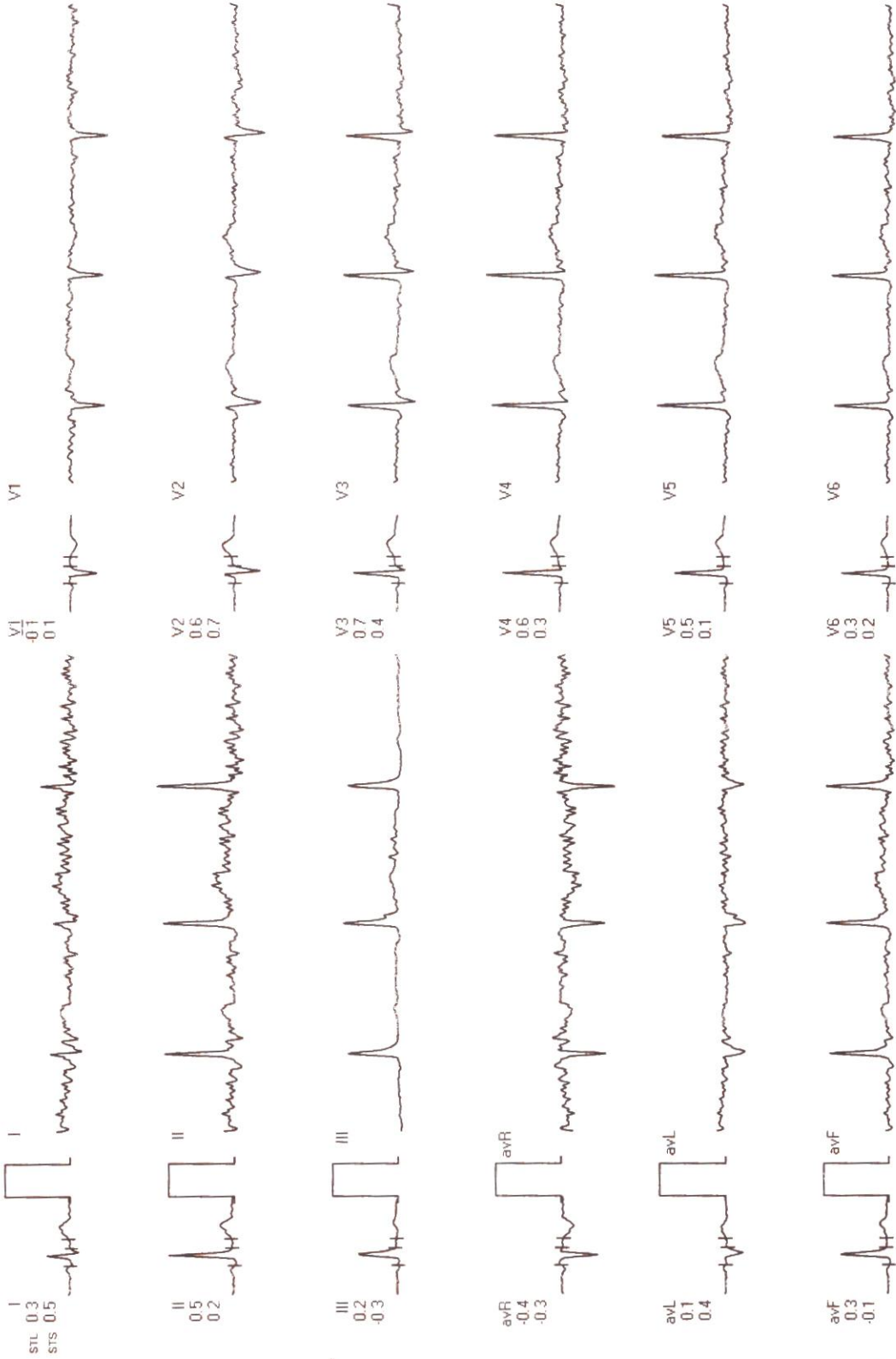
44444

A7506 (2410422259) / ABHINAV PATIL / 37 Yrs / M / 161 Cms / 62 Kg / HR 70

13/04/2024 01:10:21 PM METS: 1.0/70 bpm 38% of THR BP: 110/80 mmHg Raw ECG/BLC 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



BURBAN DIAGNOSTICS BHAYANDER

HV (00:00)

ASAPL

47506 (2410422259) / ABHINAV PATIL / 37 Yrs / M / 161 Cms / 62 Kg / HR : 71

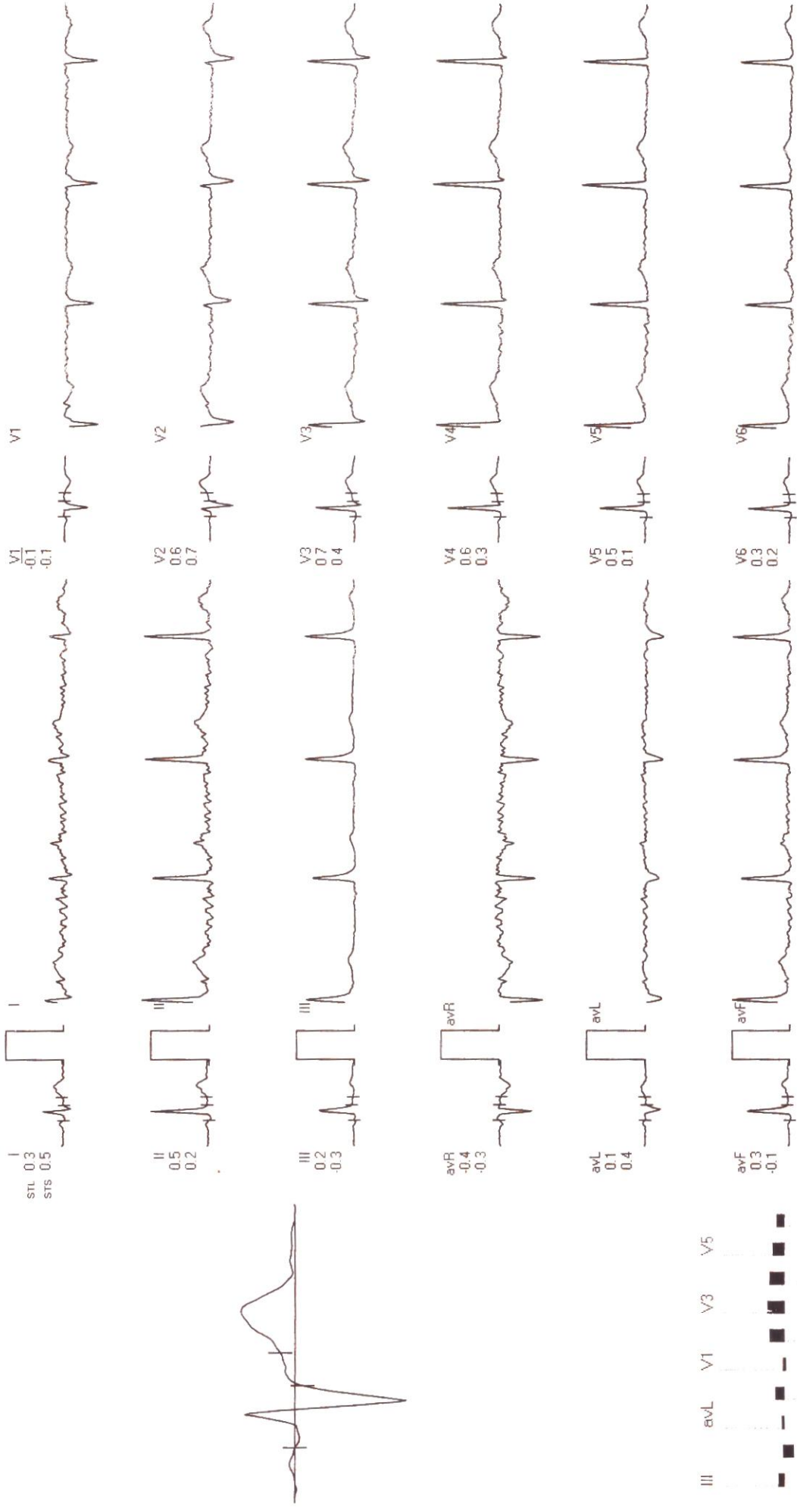
13 / 04 / 2024 01:10:21 PM

METS: 1.0 / 71 bpm 39% of THR BP: 110/80 mmHg Raw ECG/ BLD On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

Ex Time: 00:00 0.0 mph 0.0%

80 mS Post J

25 mm/Sec. 1.0 Cm/mV



avR avF V2 V4 V6

3KS:

SUBURBAN DIAGNOSTICS BHAYANDER

2347506 / ABHINAV PATIL / 37 Yrs / Male / 161 Cm / 62 Kg

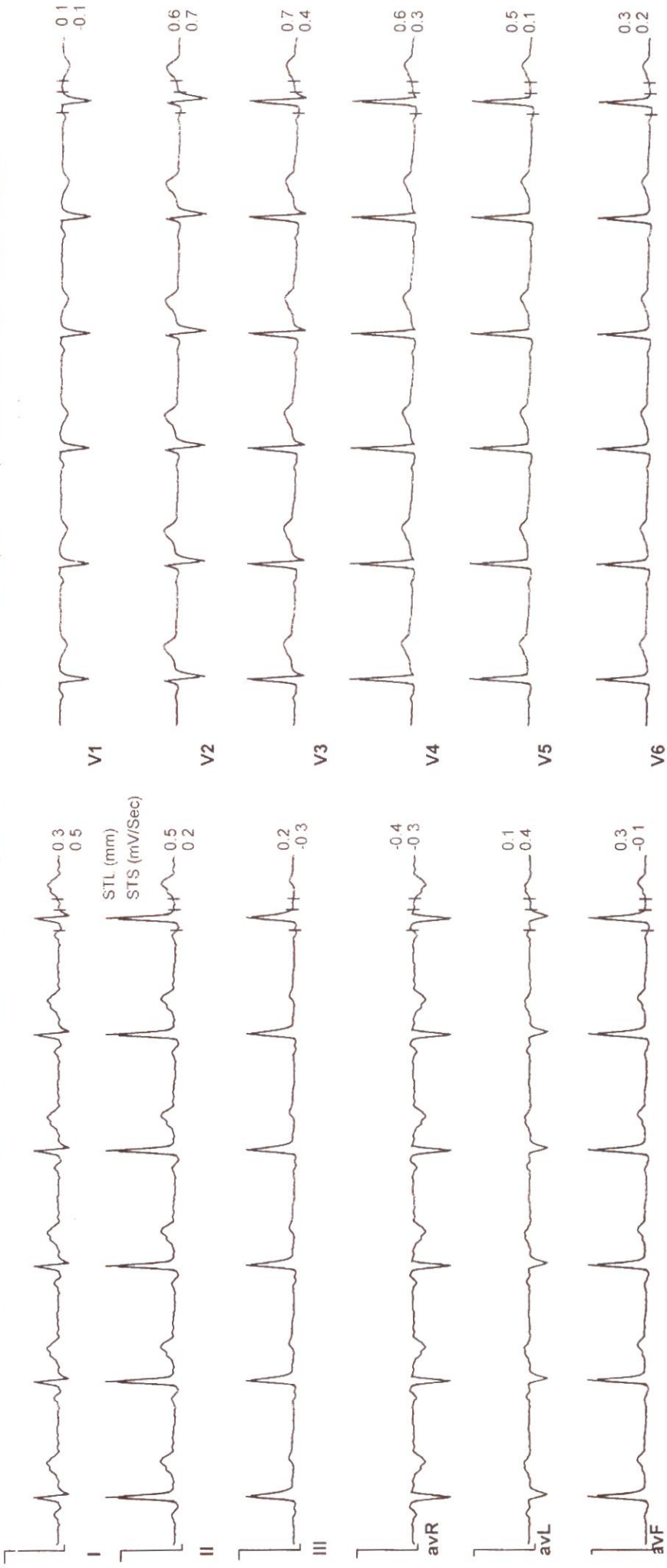
6X2 Combine Medians + 1 Rhythm

ExStrt

AGHPD

ate: 13 / 04 / 2024 01 10:21 PM METs : 1.0 HR : 71 Target HR : 39% of 183 BP : 110/80 Post J @80mSec

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



II (Combined Medians)



SUBURBAN DIAGNOSTICS BHAYANDER

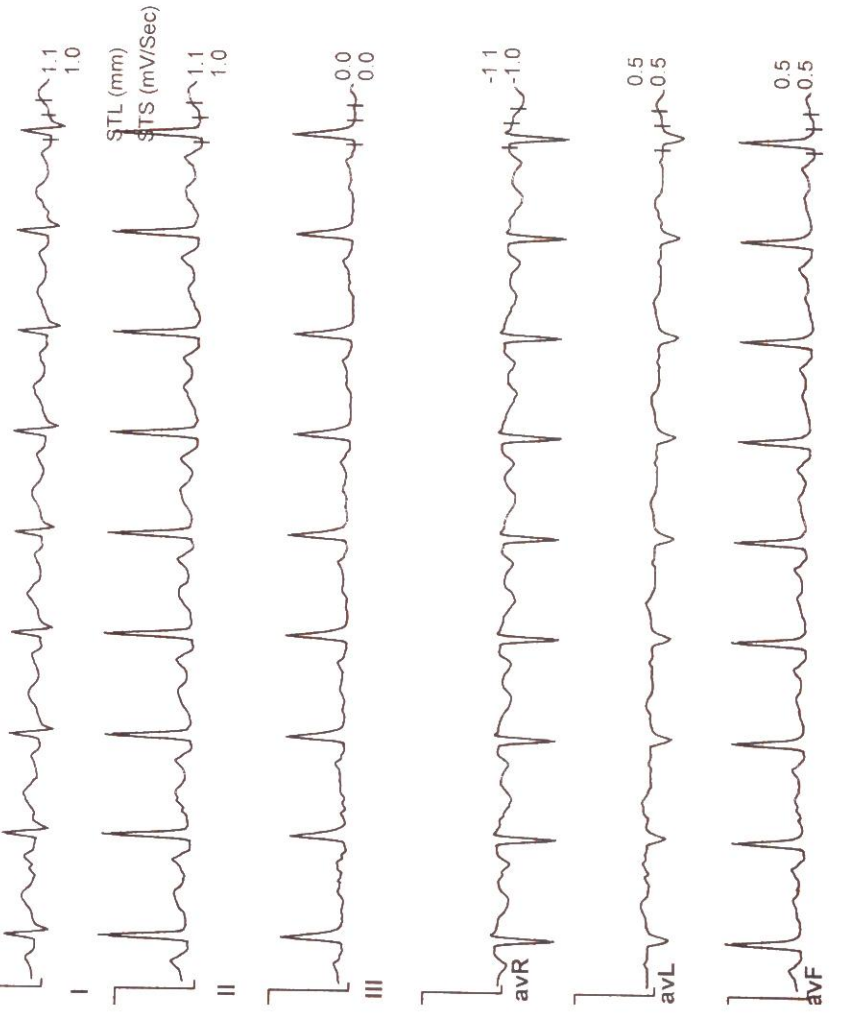
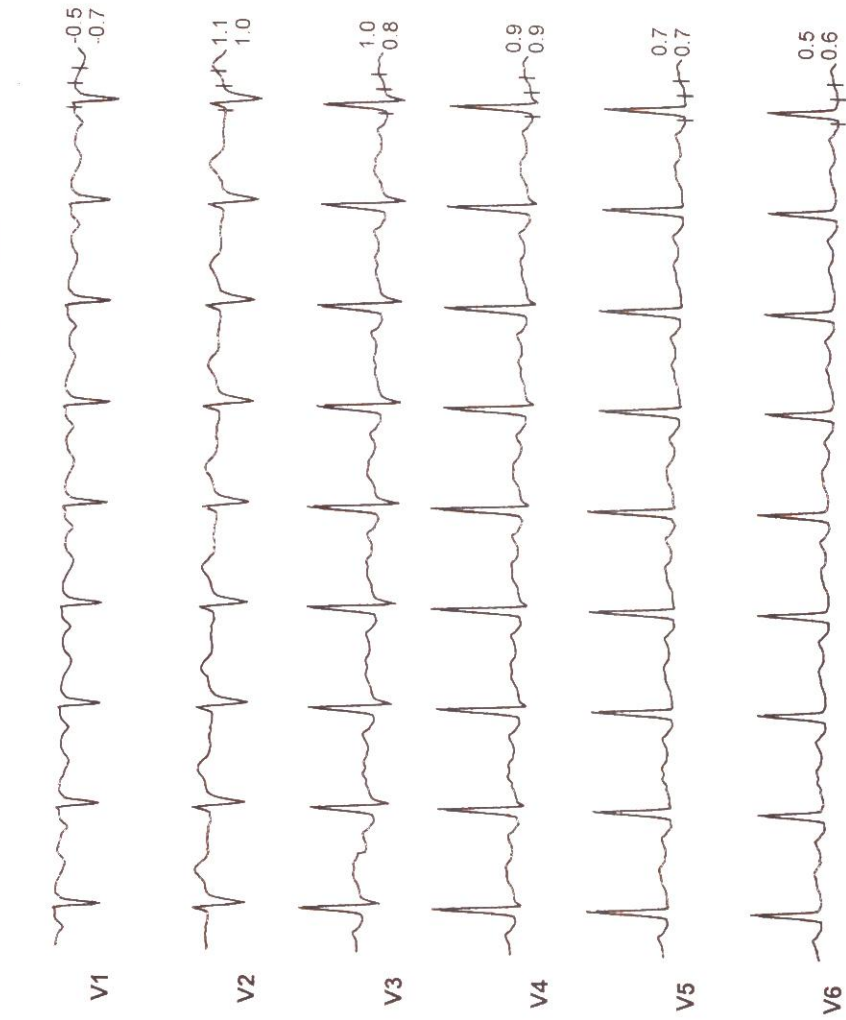
2347506 / ABHINAV PATIL / 37 Yrs / Male / 161 Cm / 62 Kg

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

ACHPL

Date: 13 / 04 / 2024 01:10:21 PM METs : 4.7 HR : 105 Target HR : 57% of 183 BP : 120/80 Post J @80mSec

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



II (Combined Medians)



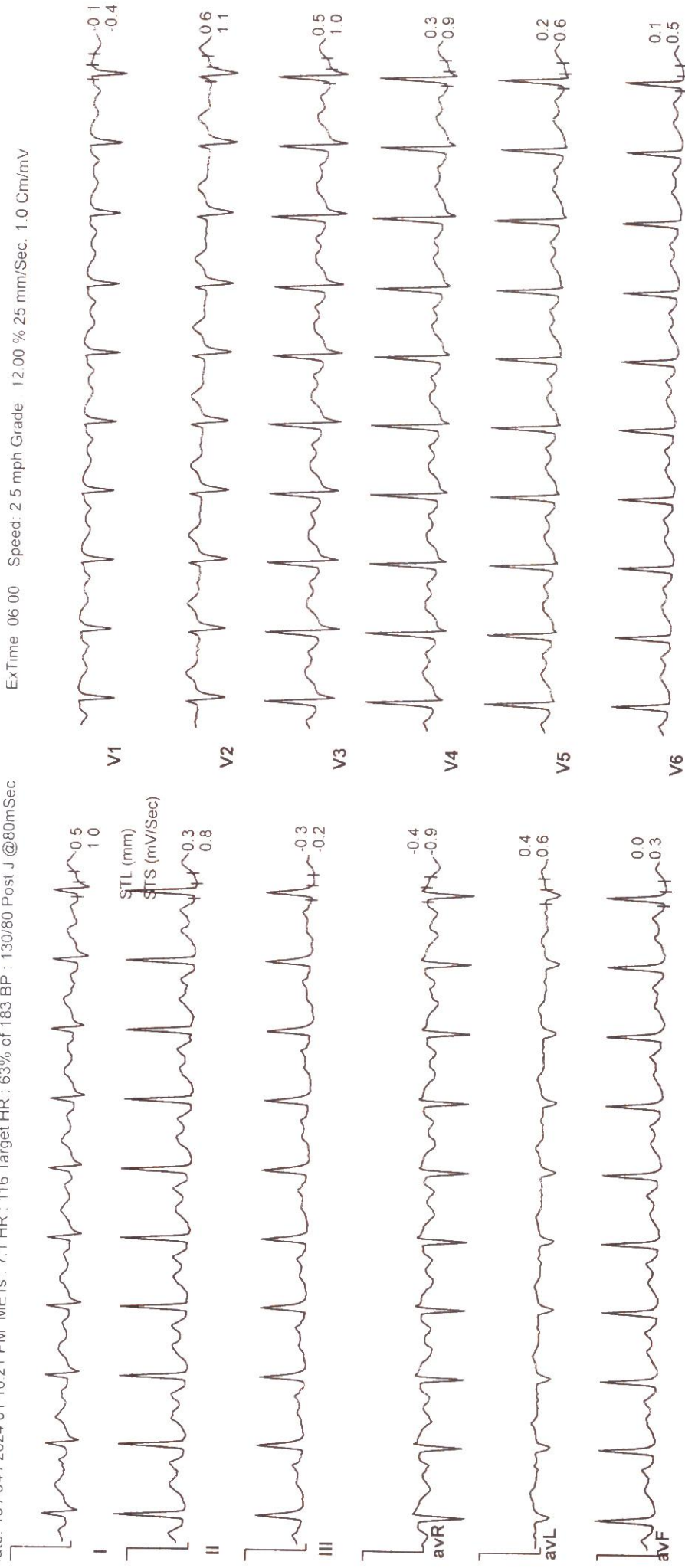
SUBURBAN DIAGNOSTICS BHAYANDER

2347506 / ABHINAV PATIL / 37 Yrs / Male / 161 Cm / 62 Kg

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

AGIPL

Date: 13 / 04 / 2024 01:10:21 PM METs: 7.1 HR: 116 Target HR: 63% of 183 BP: 130/80 Post J @80mSec



II (Combined Medians)



SUBURBAN DIAGNOSTICS BHAYANDER

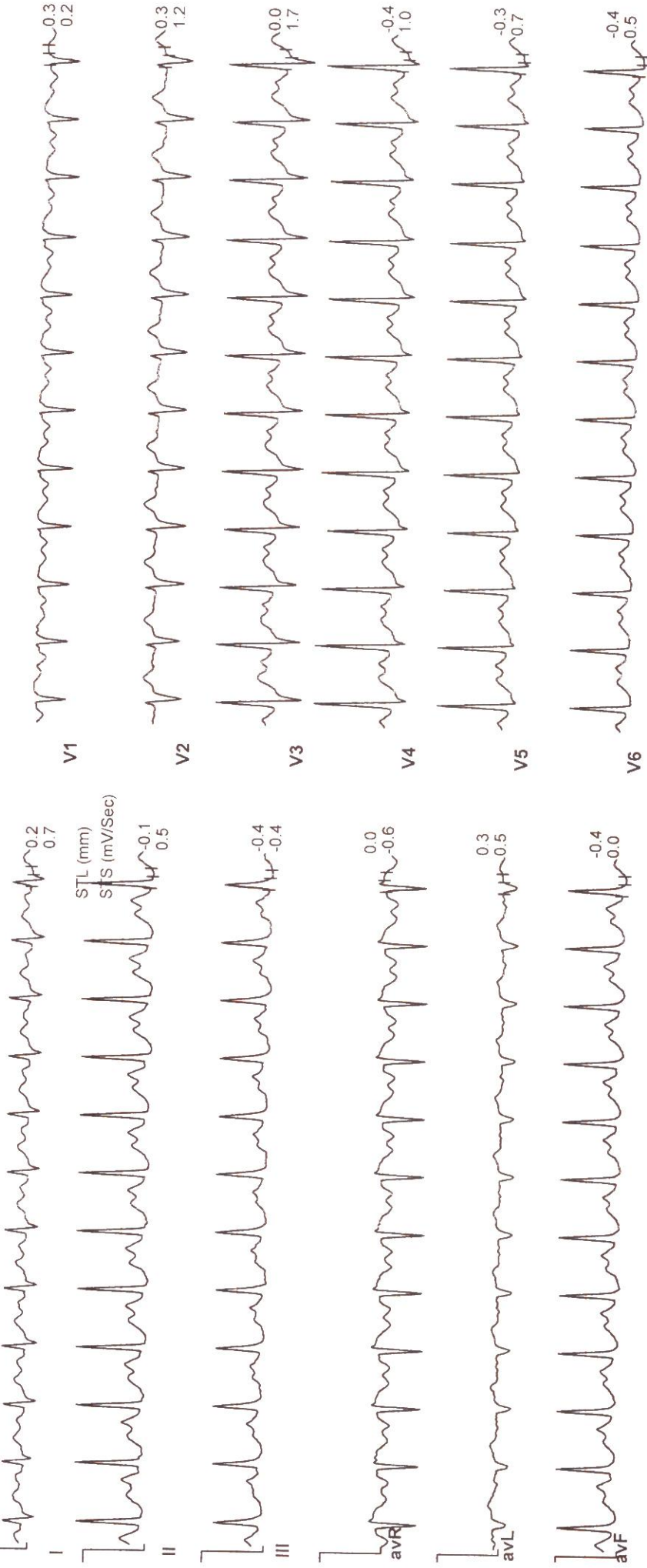
2347506 / ABHINAV PATIL / 37 Yrs / Male / 161 Cm / 62 Kg

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

AGI IPL

Date: 13 / 04 / 2024 01:10:21 PM METs : 10.2 HR : 138 Target HR : 75% of 183 BP : 140/80 Post J @60mSec

ExTime 09:00 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)



SUBURBAN DIAGNOSTICS BHAYANDER

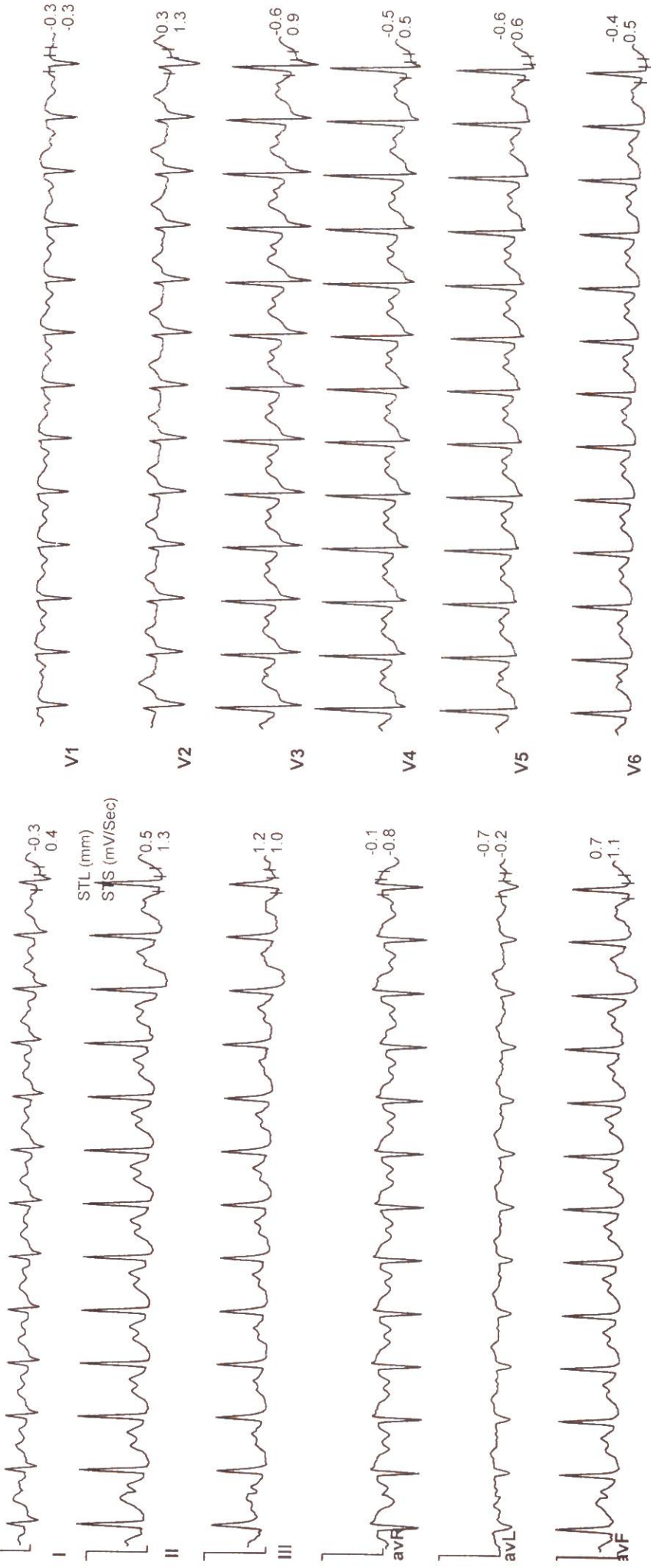
2347506 / ABHINAV PATIL / 37 Yrs / Male / 161 Cm / 62 Kg

6X2 Combine Medians + 1 Rhythm PeakEx

ACLDL

ate: 13 / 04 / 2024 01:10:21 PM METs : 11.0 HR : 155 Target HR : 85% of 183 BP : 140/80 Post J @60mSec

ExTime 09:40 Speed: 4.2 mph Grade 16.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)



URBAN DIAGNOSTICS BHAYANDER

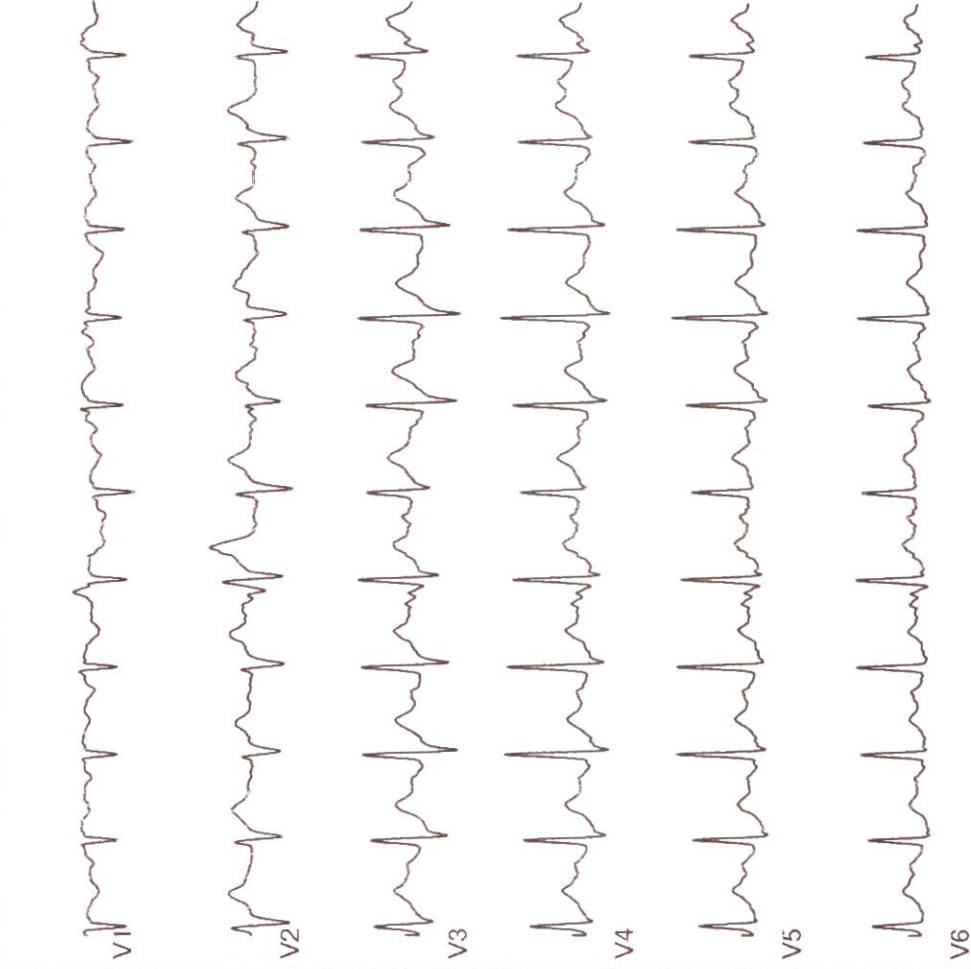
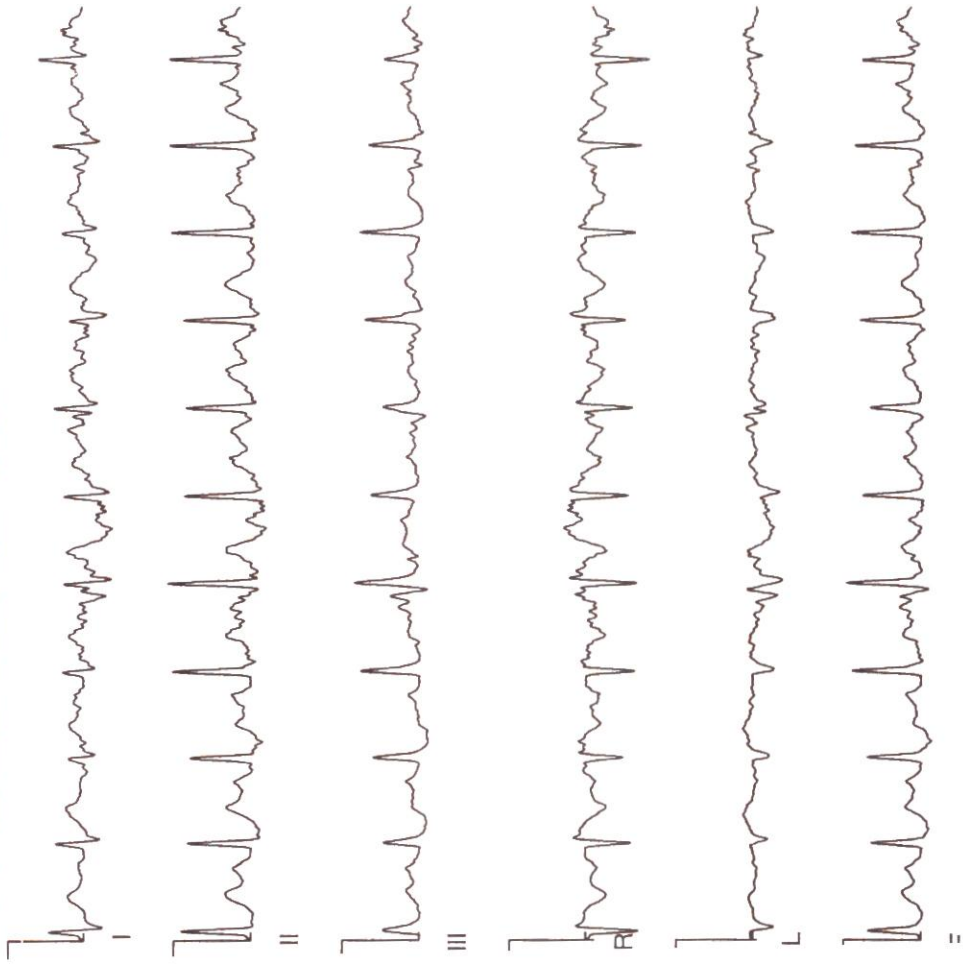
2347506 / ABHINAV PATIL / 37 Yrs / Male / 161 Cm / 62 Kg

6 x 2 + Rhythm
Recovery : (00:59)

ACLDPL

Date: 13 / 04 / 2024 01:10:21 PM METs : 4.2 HR : 156 Target HR : 85% of 183 BP : 150/80

ExTime : 09:40 1 1 mph 0.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz



URBAN DIAGNOSTICS BHAYANDER

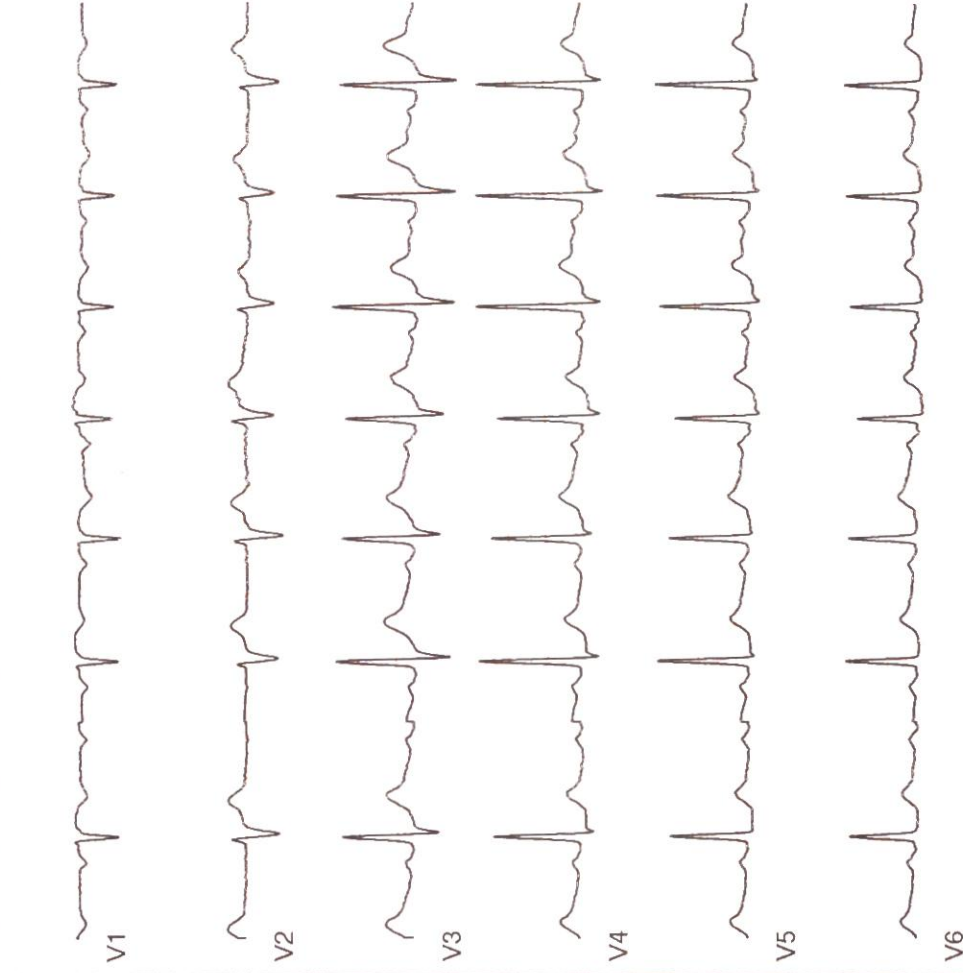
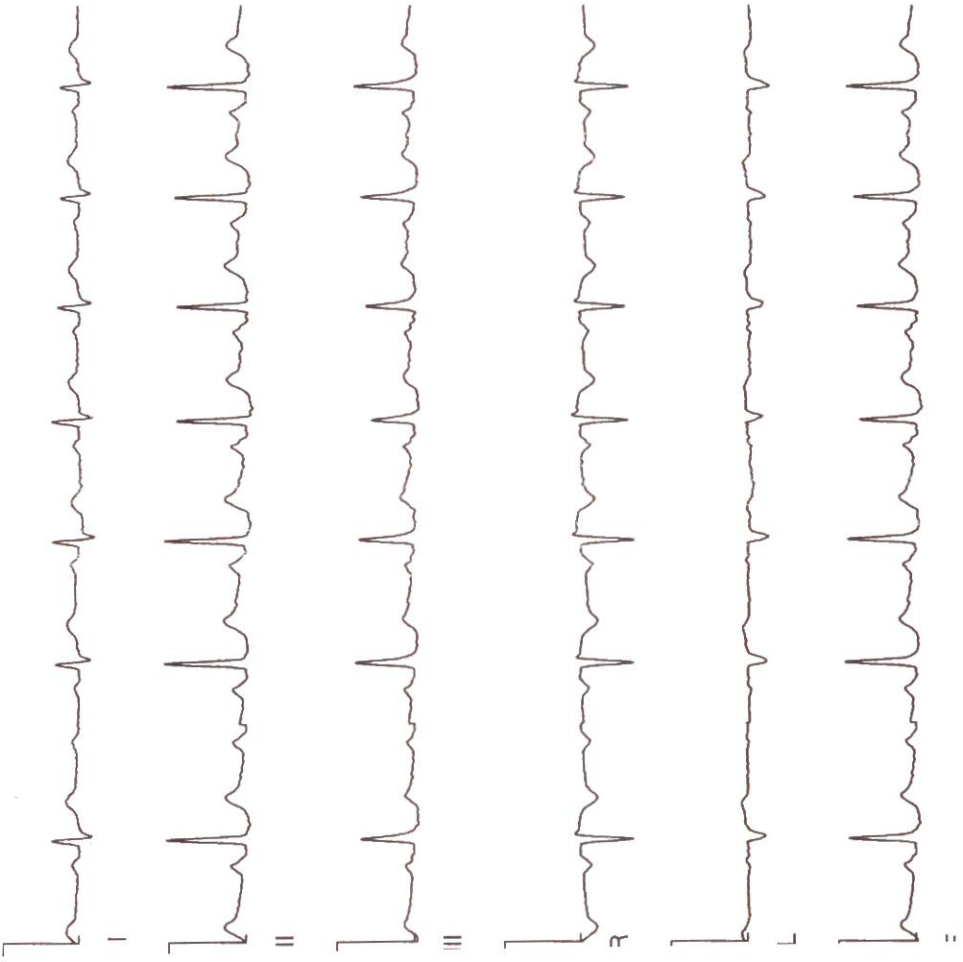
2347506 / ABHINAV PATIL / 37 Yrs / Male / 161 Cm / 62 Kg

6 x 2 + Rhythm
Recovery : (02:00)

ACHPL

Date: 13/04/2024 01:10:21 PM METs : 1.0 HR 91 Target HR : 50% of 183 BP : 140/80

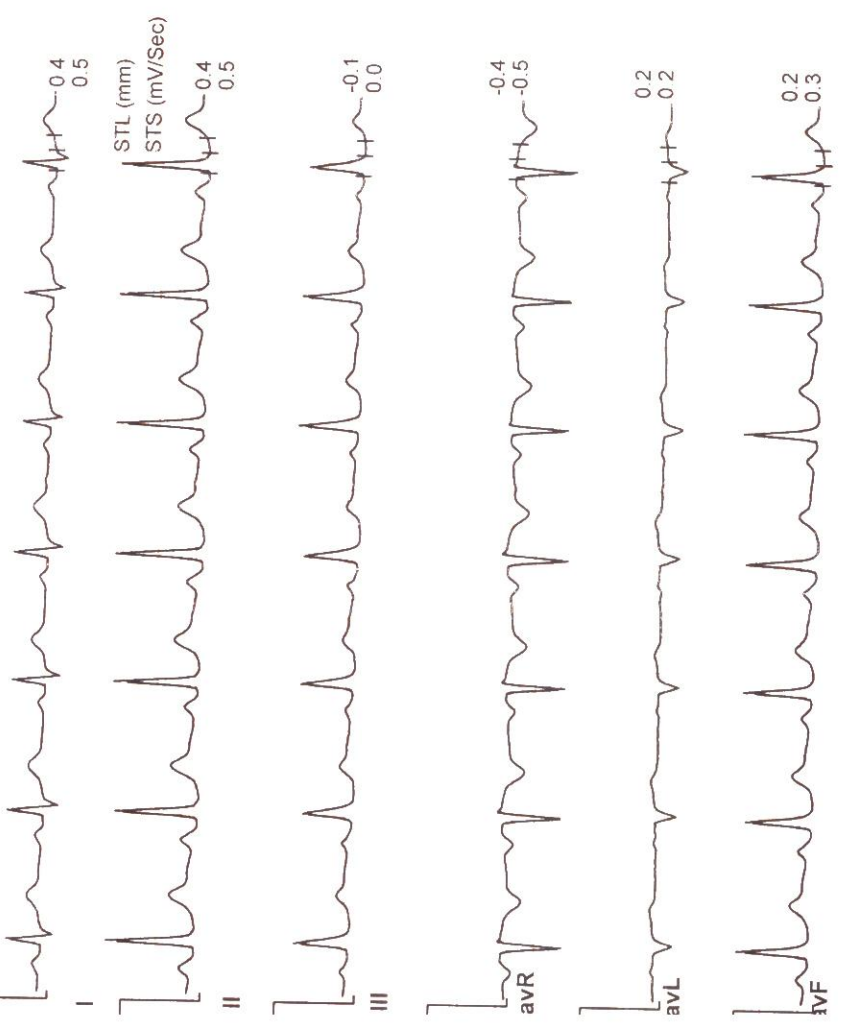
Ex Time : 09:40 0.0 mph 0.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz



SUBURBAN DIAGNOSTICS BHAYANDER

2347506 / ABHINAV PATIL / 37 Yrs / Male / 161 Cm / 62 Kg

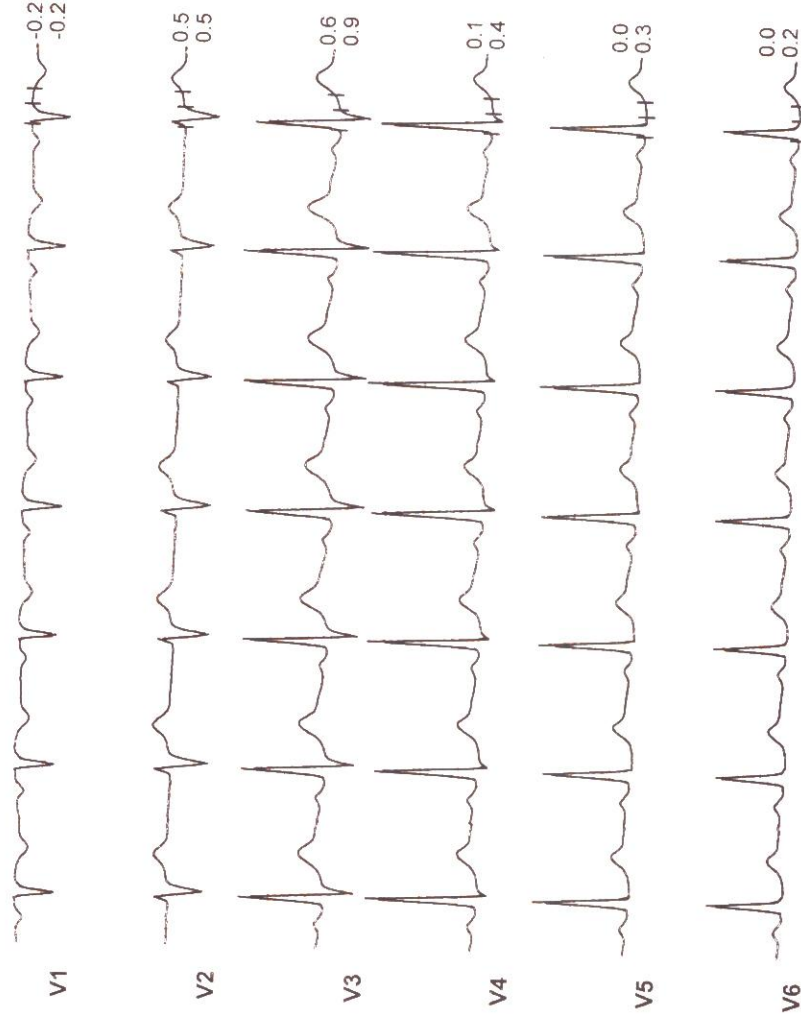
Date: 13 / 04 / 2024 01:10:21 PM METs: 1.0 HR: 86 Target HR: 47% of 183 BP: 130/80 Post J @80mSec



6X2 Combine Medians + 1 Rhythm

Recovery : (04:00)

ExTime 09:40 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)



SUBURBAN DIAGNOSTICS BHAYANDER

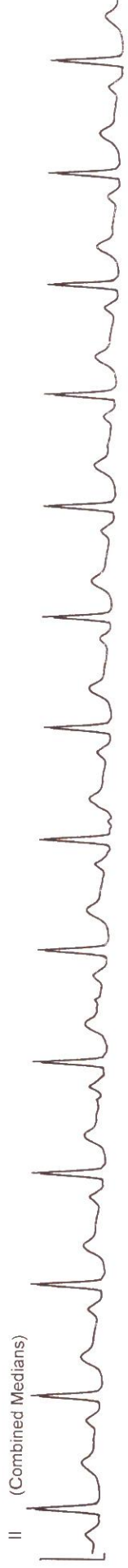
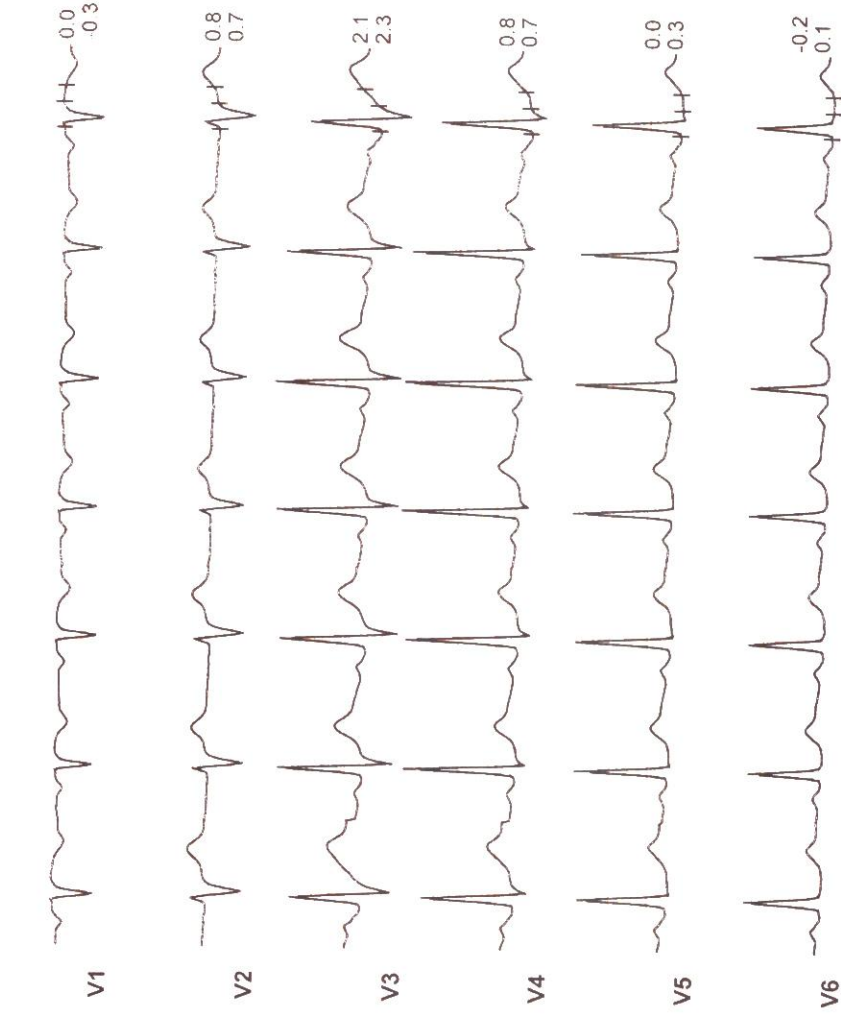
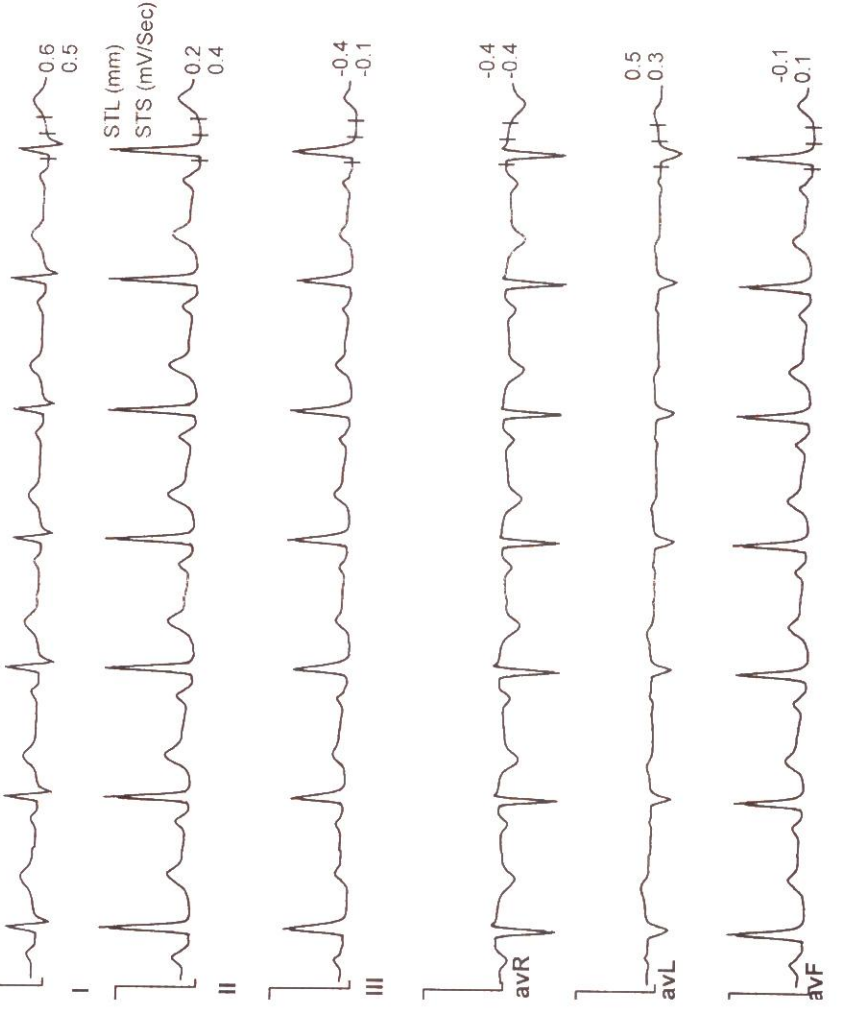
2347506 / ABHINAV PATIL / 37 Yrs / Male / 161 Cm / 62 Kg

6X2 Combine Medians + 1 Rhythm Recovery : (04:06)

AGIPL

ate: 13 / 04 / 2024 01:10:21 PM METs : 1.0 HR : 86 Target HR : 47% of 183 BP : 120/80 Post J @80mSec

ExTime: 09:40 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec. 1.0 Cm/mV



PHYSICAL EXAMINATION REPORT

History and Complaints:

No Complaint
Always to sample Drugs -

EXAMINATION FINDINGS:

Height (cms): 161
Weight (kg): 62
Temp (0c): Afebrile
Blood Pressure (mm/hg): 110/80
Pulse: 76/min
Skin: NAD
Nails: NAD
Lymph Node: Not Palpable

Systems

Cardiovascular: S1S2-Normal

Respiratory: Chest-Clear

Genitourinary: NAD

GI System: NAD

CNS: NAD

IMPRESSION:

Normal profile - ECG in MNL
Bacterium

ADVICE:

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

P
O
R
T

P Name : MR.ABHINAV PATIL
O Age / Gender : 37 Years/Male
R Consulting Dr. :
T Reg.Location : Bhayander East (Main Centre)
 Reported : 13-Apr-2024 / 15:14
 Collected : 13-Apr-2024 / 11:25

- 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

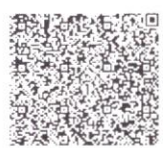
PERSONAL HISTORY:

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

*** End Of Report ***

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 Mumbai - 401 105
 Phone: 022 - 61700090

DE
 CONT
 Reg.



Use a QR Code Scanner Application To Scan the Code

CID	: 2410422259	Reg. Location	: Bhayander East Main Centre
Name	: Mr ABHINAV PATIL	Ref. Dr	:
Age / Sex	: 37 Years/Male	Reg. Date	: 13-Apr-2024
		Reported	: 15-Apr-2024 / 12:28

X-RAY CHEST PA VIEW

Both the lung fields are clear with no active parenchymal lesion.

The cardiothoracic ratio is maintained and the cardiac outline is normal.

The domes of the diaphragm and hila are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

IMPRESSION:

- No obvious active parenchymal lesion made out.

Kindly correlate clinically.

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

Skatkar

Dr. Aisha Lakhani
Mbbs, Md (Radio
Diagnosis)
Bhayander center

Click here to view images <http://3.111.232.119/RISViewer/NeoradViewer?AccessionNo=2024041311362316>

MIRZA ...
...

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...

...



CID : 2410422259
Name : Mr ABHINAV PATIL
Age / Sex : 37 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 13-Apr-2024
Reported : 15-Apr-2024/12:28

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Bony thorax is normal.

IMPRESSION:

- **No obvious active parenchymal lesion made out.**

Kindly correlate clinically.

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

Dr. Aisha Lakhani
Mbbs, Md (Radio
Diagnosis)
Bhayander center



Use a QR Code Scanner
Application To Scan the Code

CID : 2410422259
Name : Mr ABHINAV PATIL
Age / Sex : 37 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 13-Apr-2024
Reported : 15-Apr-2024/12:28