



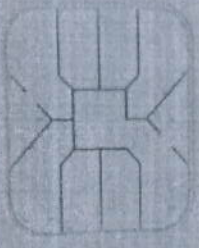
MAHARASHTRA STATE MOTOR DRIVING LICENCE

DL No : MH04 20210037238  
Valid Till : 06-03-2034 (NT)

DOI : 22-10-2021

22-10-2021  
AUTHORISATION TO DRIVE FOLLOWING CLASS  
OF VEHICLES THROUGHOUT INDIA

COV  
LMV 22-10-2021  
MCWG 22-10-2021



DOB : 07-03-1994

BG : B+

Name : SALMAN RASHIDSAYED  
SDMW of : RASHID RAZZAKSAYED

Add : 230B  
Vashind (CT) HOSPITAL SAVARKAR NAGAR  
NEAR GOVT  
PIN : 421601

Signature of Issuing Authority  
Pr. Mandasee Kulkarni  
M.H.O.  
M.B.S.

2005/09/3439

Signature Impression of Holder



FORM 1  
RUE 16/17

**PHYSICAL EXAMINATION REPORT**

Patient Name	Salman Sayyed	Sex/Age	M, 28
Date	28/1/23	Location	Home

**History and Complaints**

Neck pain 1 1/2 months

**EXAMINATION FINDINGS:**

Height (cms):	160	Temp (0c):	Afb
Weight (kg):	51.2	Skin:	NAD
Blood Pressure	120/82	Nails:	TL
Pulse	72/4'	Lymph Node:	NP

**Systems :**

Cardiovascular:	NAD
Respiratory:	
Genitourinary:	
GI System:	
CNS:	

**Impression:**

- mild Hypochromia, OCC-Microcytosis.  
- ↑ S/GPT, ↑ A/G Ratio, ↑ Albumin.  
- ↓ HDL

- Reg. Exercise

**Advice:**

- Low Fat, ↓ Protein Diet.
- ↑ Intake of green Vegetables, Beet etc.

1)	<b>Hypertension:</b>	
2)	<b>IHD</b>	
3)	<b>Arrhythmia</b>	
4)	<b>Diabetes Mellitus</b>	
5)	<b>Tuberculosis</b>	
6)	<b>Asthama</b>	
7)	<b>Pulmonary Disease</b>	
8)	<b>Thyroid/ Endocrine disorders</b>	
9)	<b>Nervous disorders</b>	
10)	<b>GI system</b>	
11)	<b>Genital urinary disorder</b>	
12)	<b>Rheumatic joint diseases or symptoms</b>	
13)	<b>Blood disease or disorder</b>	
14)	<b>Cancer/lump growth/cyst</b>	
15)	<b>Congenital disease</b>	
16)	<b>Surgeries</b>	
17)	<b>Musculoskeletal System</b>	

NO

NAD

NO

neck pain - 1/2 times

**PERSONAL HISTORY:**

1)	<b>Alcohol</b>	
2)	<b>Smoking</b>	
3)	<b>Diet</b>	
4)	<b>Medication</b>	

NO

NO

NO

NO



**Dr. Manasee Kulkarni**  
M.B.B.S  
2006/09/3439

022-6170-0000

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2302819121  
Name : MR.SAYYED SALMAN RASHID  
Age / Gender : 28 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 28-Jan-2023 / 09:14  
Reported : 28-Jan-2023 / 11:35

**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	14.7	13.0-17.0 g/dL	Spectrophotometric
RBC	5.71	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.8	40-50 %	Measured
MCV	77	80-100 fl	Calculated
MCH	25.7	27-32 pg	Calculated
MCHC	33.5	31.5-34.5 g/dL	Calculated
RDW	15.1	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6100	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	37.2	20-40 %	
Absolute Lymphocytes	2269.2	1000-3000 /cmm	Calculated
Monocytes	6.7	2-10 %	
Absolute Monocytes	408.7	200-1000 /cmm	Calculated
Neutrophils	52.2	40-80 %	
Absolute Neutrophils	3184.2	2000-7000 /cmm	Calculated
Eosinophils	3.8	1-6 %	
Absolute Eosinophils	231.8	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	6.1	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	243000	150000-400000 /cmm	Elect. Impedance
MPV	9.3	6-11 fl	Calculated
PDW	17.0	11-18 %	Calculated

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Reg. Location : G B Road, Thane West (Main Centre)

Collected : 28-Jan-2023 / 09:14  
Reported : 28-Jan-2023 / 10:54

**RBC MORPHOLOGY**

Hypochromia	Mild
Microcytosis	Occasional
Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	-
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB, EDTA WB-ESR 6 2-15 mm at 1 hr. Sedimentation

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*

AREAS OF SPECIAL EXPERTISE

OUR PRESENCE



*Amit Taori*

Dr. AMIT TAORI  
M.D ( Path )  
Pathologist



CID : 2302819121  
Name : MR.SAYYED SALMAN RASHID  
Age / Gender : 28 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 28-Jan-2023 / 09:14  
Reported : 28-Jan-2023 / 11:37

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	91.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	67.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.51	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.20	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.31	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	5.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.5	1 - 2	Calculated
SGOT (AST), Serum	26.2	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	48.1	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	25.8	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	62.7	40-130 U/L	PNPP
BLOOD UREA, Serum	15.1	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	7.1	6-20 mg/dl	Calculated



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Reported : 28-Jan-2023 / 15:17

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CREATININE, Serum	0.75	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	132	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.5	3.5-7.2 mg/dl	Uricase
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 G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*

AREA OF SPECIAL EXPERTISE

OUR PRESENCE



*Amit Taori*

Dr.AMIT TAORI  
M.D ( Path )  
Pathologist



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Name : MR.SAYYED SALMAN RASHID  
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Reg. Location : G B Road, Thane West (Main Centre)

Collected : 28-Jan-2023 / 09:14  
Reported : 28-Jan-2023 / 11:56

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	102.5	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 G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



*Amit Taori*

**Dr.AMIT TAORI**  
M.D ( Path )  
Pathologist





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CID : 2302819121  
Name : MR.SAYYED SALMAN RASHID  
Age / Gender : 28 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 28-Jan-2023 / 09:14  
Reported : 28-Jan-2023 / 12:19

**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)	Acidic (6.5)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<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	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	

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

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

Reference: Pack insert

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West



*Amid Taori*

Dr. AMIT TAORI  
M.D ( Path )  
Pathologist

Authenticity Check



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Name : MR.SAYYED SALMAN RASHID  
Age / Gender : 28 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected :  
Reported :

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Age / Gender : 28 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 28-Jan-2023 / 09:14  
Reported : 28-Jan-2023 / 13:04

**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 Semi- automated column agglutination technology (CAT)

Specimen: EDTA Whole Blood and/or serum

Clinical significance:  
ABO system is most important of all blood group in transfusion medicine

**Limitations:**

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

**References:**

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
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AREAS OF SPECIAL EXPERTISE

OUR PRESENCE



*Amit Taori*

Dr.AMIT TAORI  
M.D ( Path )  
Pathologist



CID : 2302819121  
Name : MR.SAYYED SALMAN RASHID  
Age / Gender : 28 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

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Reported : 28-Jan-2023 / 11:37

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	164.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	95.8	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	36.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	128.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	109.0	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	19.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.0	0-3.5 Ratio	Calculated

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



*Amit Taori*

Dr.AMIT TAORI  
M.D ( Path )  
Pathologist



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Name : MR.SAYYED SALMAN RASHID  
Age / Gender : 28 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 28-Jan-2023 / 09:14  
Reported : 28-Jan-2023 / 12:06

**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	5.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	19.0	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.91	0.35-5.5 microlU/ml	ECLIA

Authenticity Check



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Age / Gender : 28 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 28-Jan-2023 / 09:14  
Reported : 28-Jan-2023 / 12:06

**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)

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



*Amit Taori*

Dr.AMIT TAORI  
M.D ( Path )  
Pathologist

Date:-

20/12/23

CID:

Name:-

Salman Sayyed

Sex / Age:

M 28

**EYE CHECK UP**

Chief complaints:

R CV

Systemic Diseases:

Nil

Past history:

Nil

Unaided Vision:

3k 6/6 AD 3/4 N/G

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

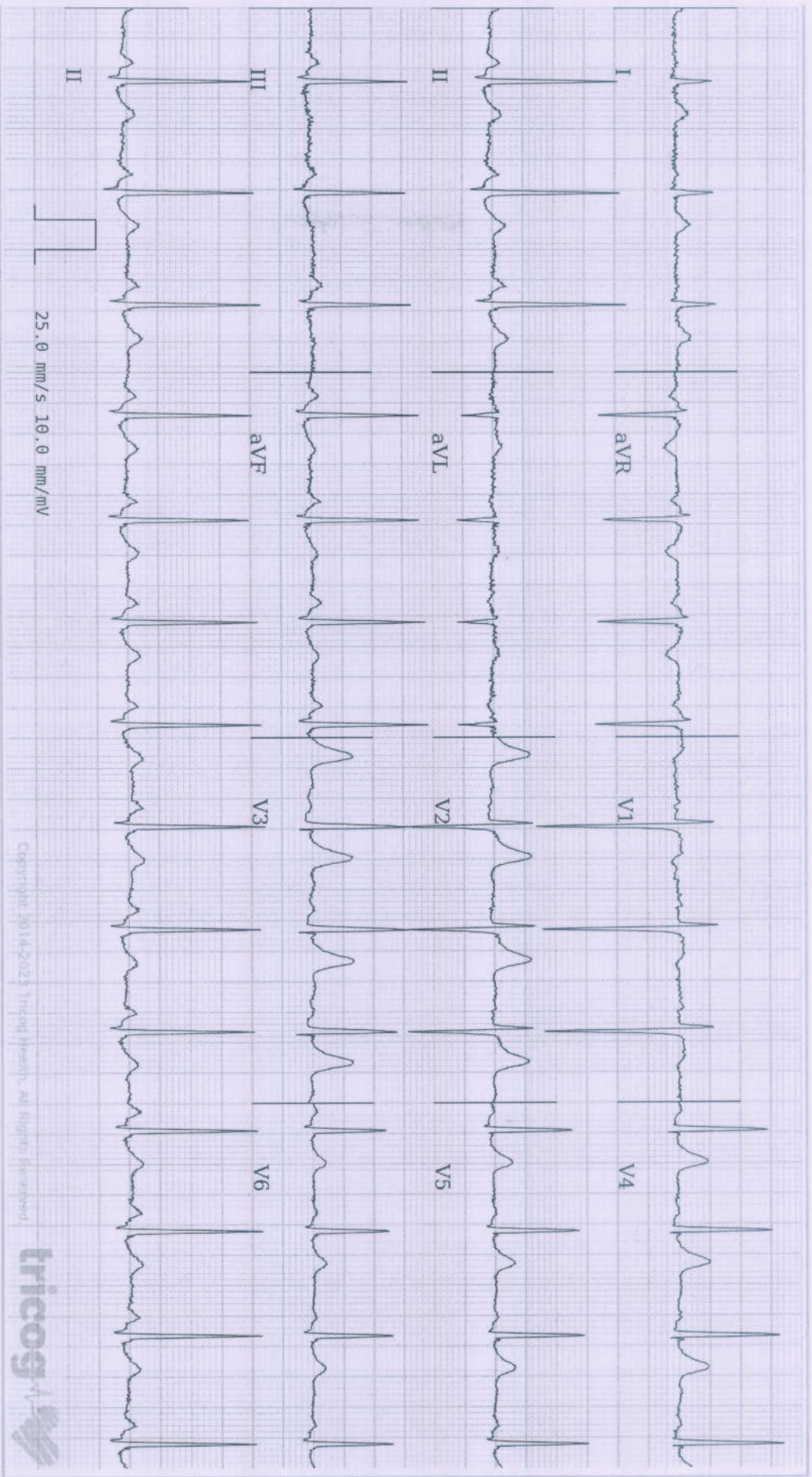
Remark:

Good Vision

**MR. PRAKASH KUDVA**  
*Prakash*  
**SR. OPTOMETRIST**



**SUBURBAN DIAGNOSTICS - G B ROAD, IHANE WEST**  
 Patient Name: SAYYED SALMAN RASHID Date and Time: 28th Jan 23 10:58 AM  
 Patient ID: 2302819121



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Age **28** 10 21  
 years months days

Gender **Male**

Heart Rate **87bpm**

**Patient Vitals**

BP: 120/80 mmHg  
 Weight: 51 kg  
 Height: 160 cm  
 Pulse: NA  
 SpO2: NA  
 Resp: NA  
 Others: NA

**Measurements**

QRSD: 84ms  
 QT: 338ms  
 QTc: 406ms  
 PR: 136ms  
 P-R-T: 75° 76° 51°

REPORTED BY

DR. SHAILAJA PILLAI  
 MBBS, MD Physician  
 MD Physician  
 49972

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

Disclaimer: (1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. (2) Patient vitals are as entered by the clinician and not derived from the ECG.





Email:

301 (2302819121) / SAYYED SALMAN RASHID / 28 Yrs / M / 160 Cms / 51 Kg  
 Date: 28 / 01 / 2023 01:21:46 PM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:06	0:06	00.0	00.0	01.0	070	36 %	---/---	000	00	
Standing	00:11	0:05	00.0	00.0	01.0	083	43 %	---/---	000	00	
HV	00:15	0:04	00.0	00.0	01.0	088	46 %	---/---	000	00	
Warm Up	00:21	0:06	00.0	00.0	01.0	088	46 %	---/---	000	00	
ExStart	00:32	0:11	01.0	00.0	01.0	099	52 %	---/---	000	00	
BRUCE Stage 1	03:32	3:00	01.7	10.0	04.7	153	80 %	128/84	195	00	
PeakEx	05:43	2:11	02.5	12.0	06.5	170	89 %	130/82	221	00	
Recovery	06:43	1:00	00.0	00.0	01.0	160	83 %	140/80	224	00	
Recovery	07:43	2:00	00.0	00.0	01.0	135	70 %	134/80	180	00	
Recovery	07:54	2:12	00.0	00.0	01.0	133	69 %	134/80	178	00	

**FINDINGS :**

Exercise Time : 05:11  
 Initial HR (ExStrt) : 99 bpm 52% of Target 192  
 Initial BP (ExStrt) : 0/0 (mm/Hg)  
 Max Workload Attained : 6.5 Fair response to induced stress  
 Max ST Dep Lead & Avg ST Value : V1 & -0.9 mm in Recovery  
 Test End Reasons : Heart Rate Achieved

Max HR Attained 170 bpm 89% of Target 192  
 Max BP Attained 140/80 (mm/Hg)

Doctor : DR. SAMEER DUMIR  
  
 DR. SAMEER R. DUMIR  
 M.D.  
 Reg No. 073827



EMail: 307 / SAHYED SALMAN RASHID / 28 Yrs / M / 160 Cms / 51 Kg Date: 28 / 01 / 2023 01:21:46 PM

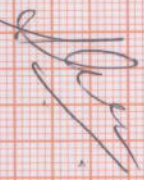
**REPORT :**

**PROCEDURE DONE:** Graded exercise treadmill stress test.

**STRESS ECG RESULTS:** The initial HR was recorded as 91.0 bpm, and the maximum predicted Target Heart Rate 177.0. The BP increased at the time of generating report as 150.0/80.0 mmHg. The Max Dep went upto 0.4. 0.0 Ectopic Beats were observed during the Test.

**CONCLUSIONS:**

1. TMT is negative for exercise induced ischemia.
2. Normal chronotropic and Normal Inotropic response.
3. No significant ST T changes seen.

  
**DR. SAMEER R. DUMIR**  
M.D.  
Reg. No. 073827  
Doctor : DR. SAMEER DUMIR



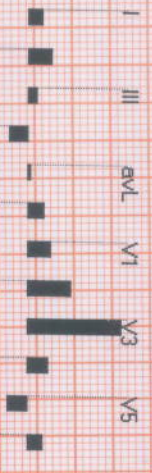
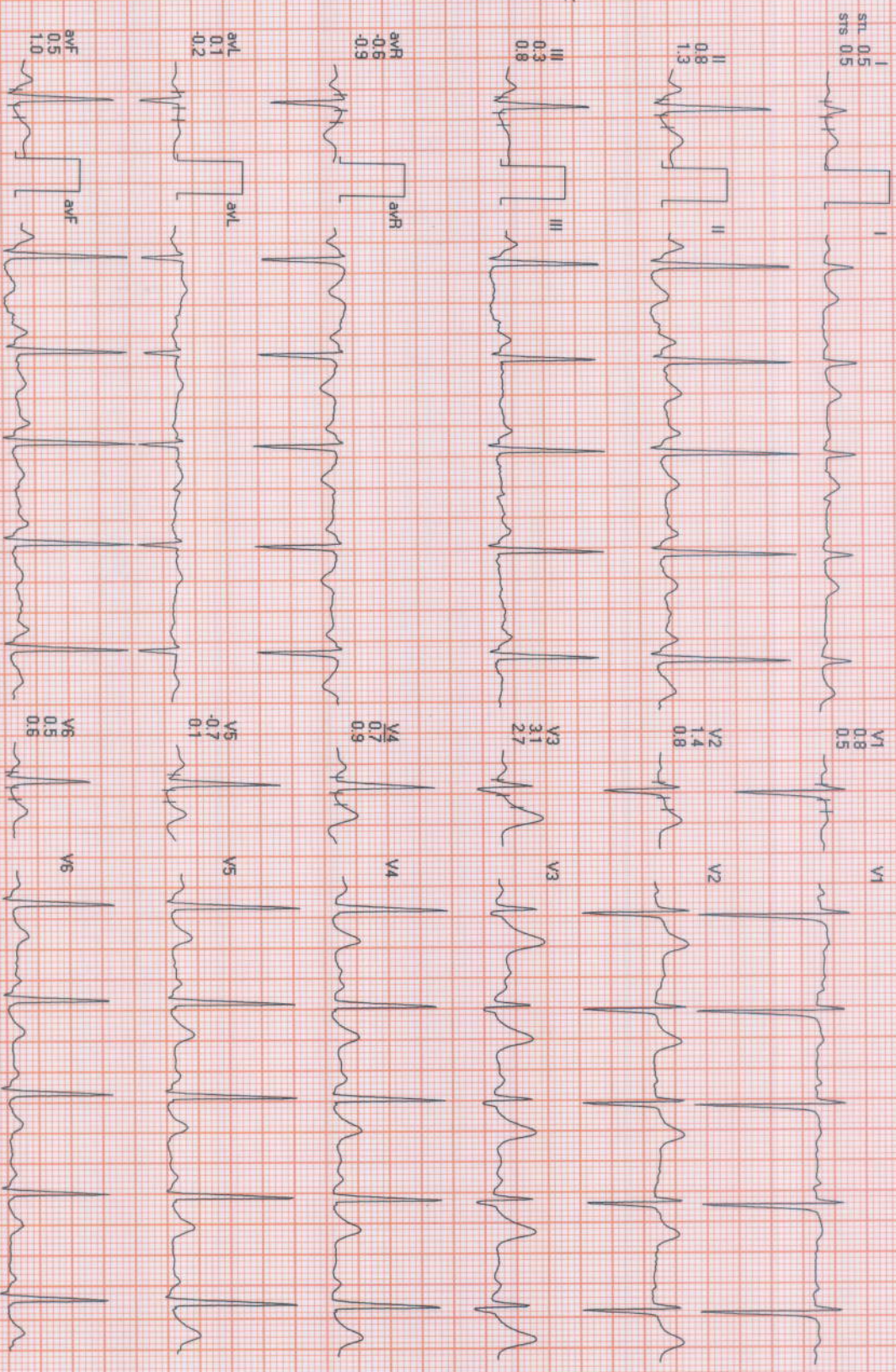
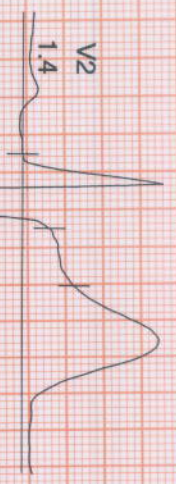


301 (2302819121) / SAYYED SALMAN RASHID / 28 Yrs / M / 160 Cms / 51 Kg / HR : 70

Date: 28 / 01 / 2023 01:21:46 PM METS: 1.0/ 70 bpm 36% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

4X 80 ms Post J

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



REMARKS:



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

STANDING ( 00:00 )

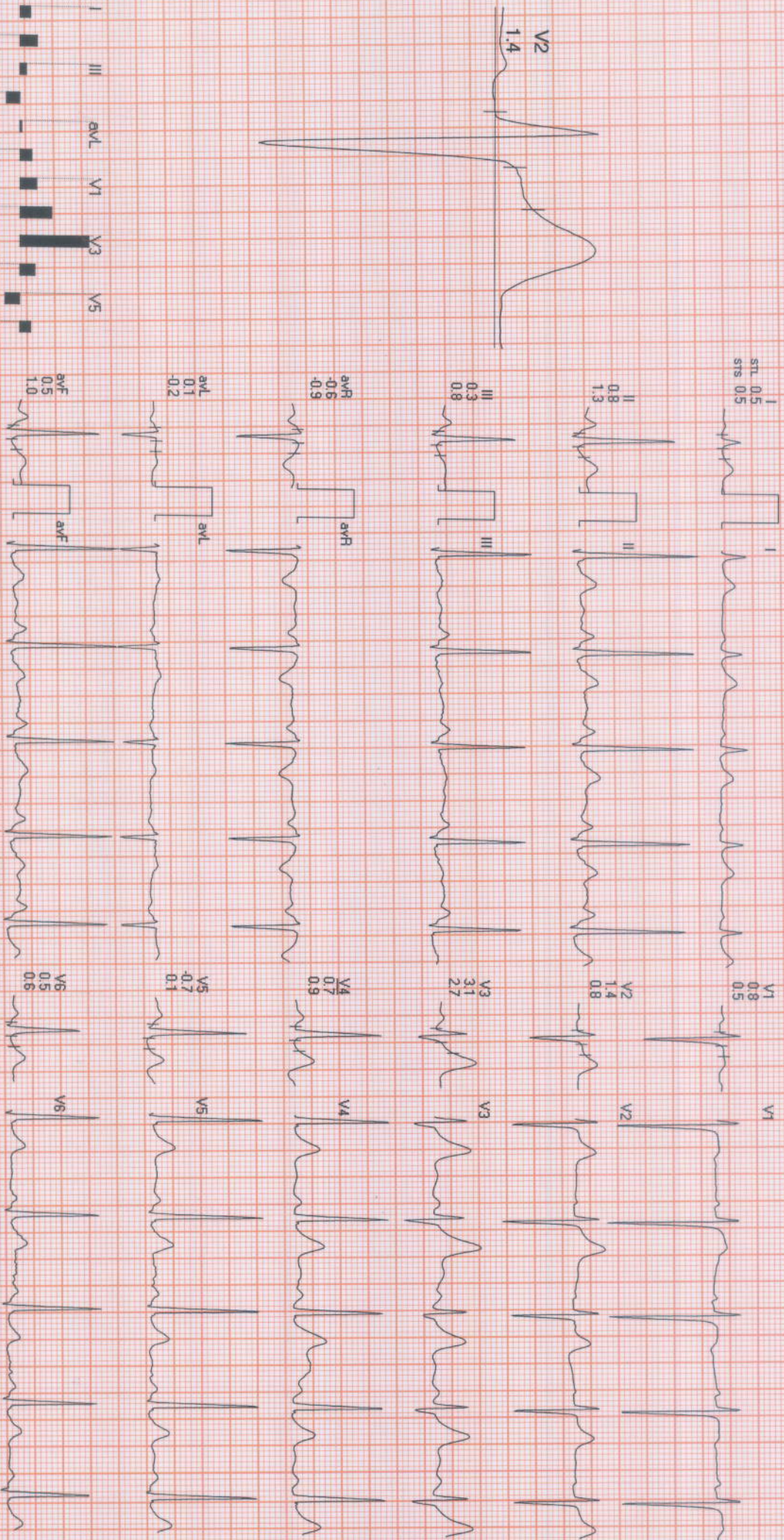


301 (2302819121) / SAYYED SALMAN RASHID / 28 Yrs / M / 160 Cms / 51 Kg / HR : 83

Date: 28 / 01 / 2023 01:21:46 PM METS: 1.0/ 83 bpm 43% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 100 Hz

4X 80 mS Post J

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



REMARKS:  
I II aVR aVL aVF V1 V2 V3 V4 V5 V6



**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

HV ( 00:00 )

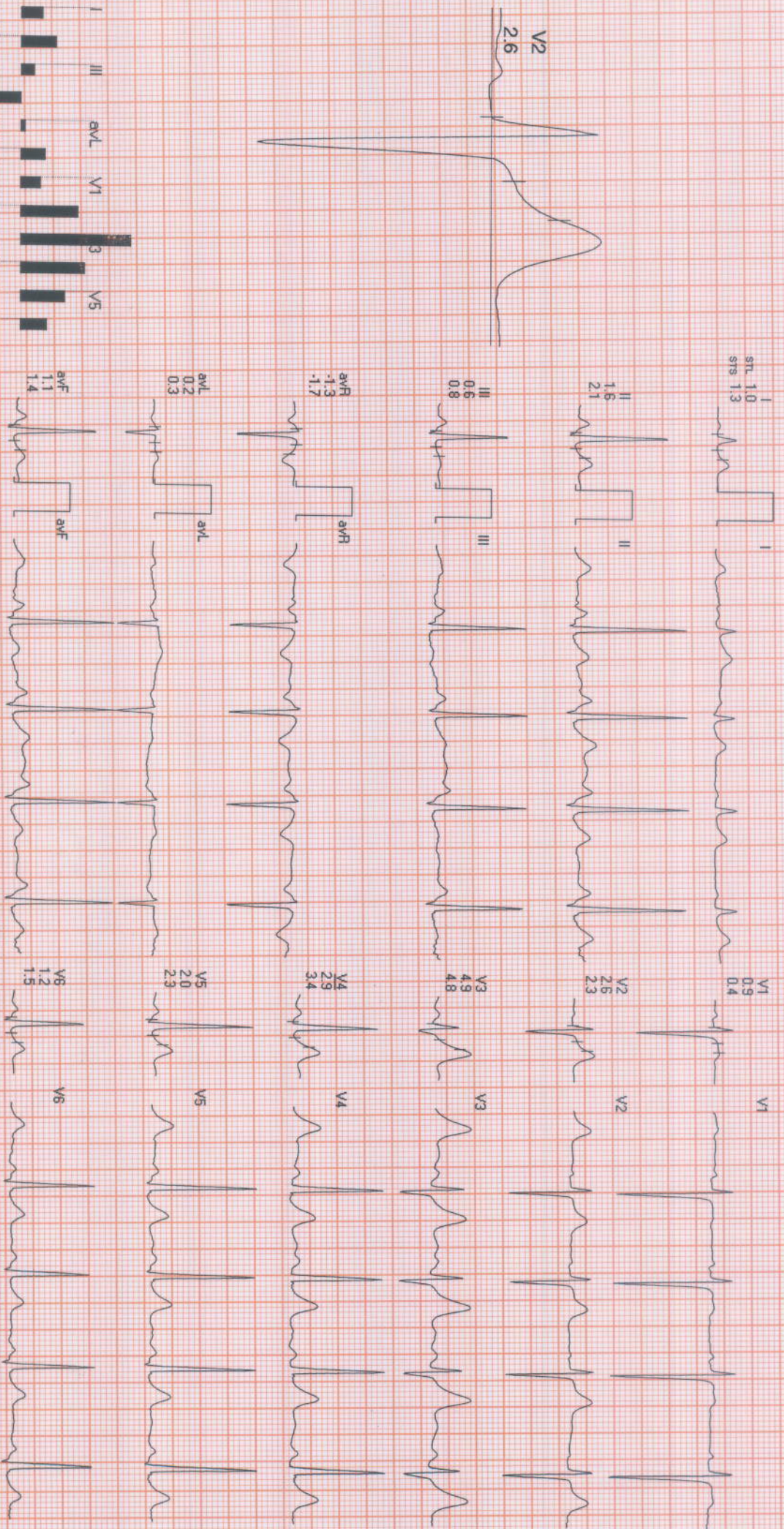
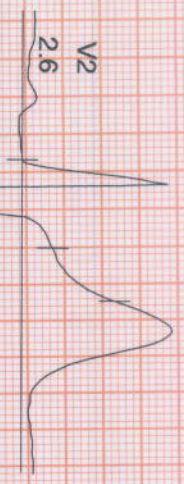


301 (2302819121) / SAYYED SALMAN RASHID / 28 Yrs / M / 160 Cms / 51 Kg / HR : 83

Date: 28 / 01 / 2023 01:21:48 PM METS: 1.0/ 83 bpm 43% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/ LF 100 Hz

4X 80 MS Post J

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



REMARKS:  
I II aVR aVL aVF V1 V2 V3 V4 V5 V6



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

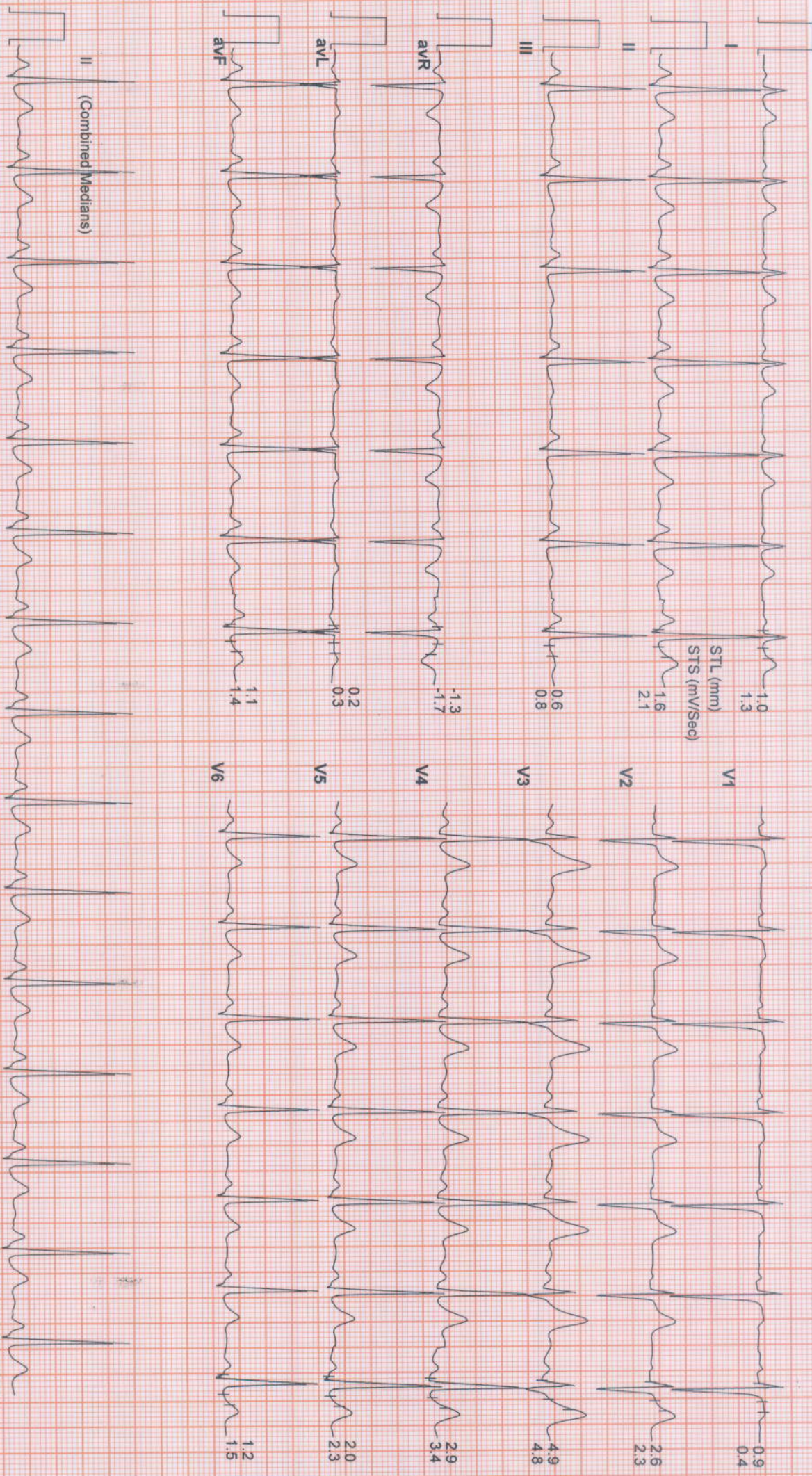
301 / SAYYED SALMAN RASHID / 28 Yrs / Male / 160 Cm / 51 Kg

6X2 Combine Medians + 1 Rhythm  
WARM UP ( 00:00 )



Date: 28 / 01 / 2023 01:21:46 PM METs : 1.0 HR : 88 Target HR : 46% of 192 BP : 120/80 Post J @80mSec

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



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

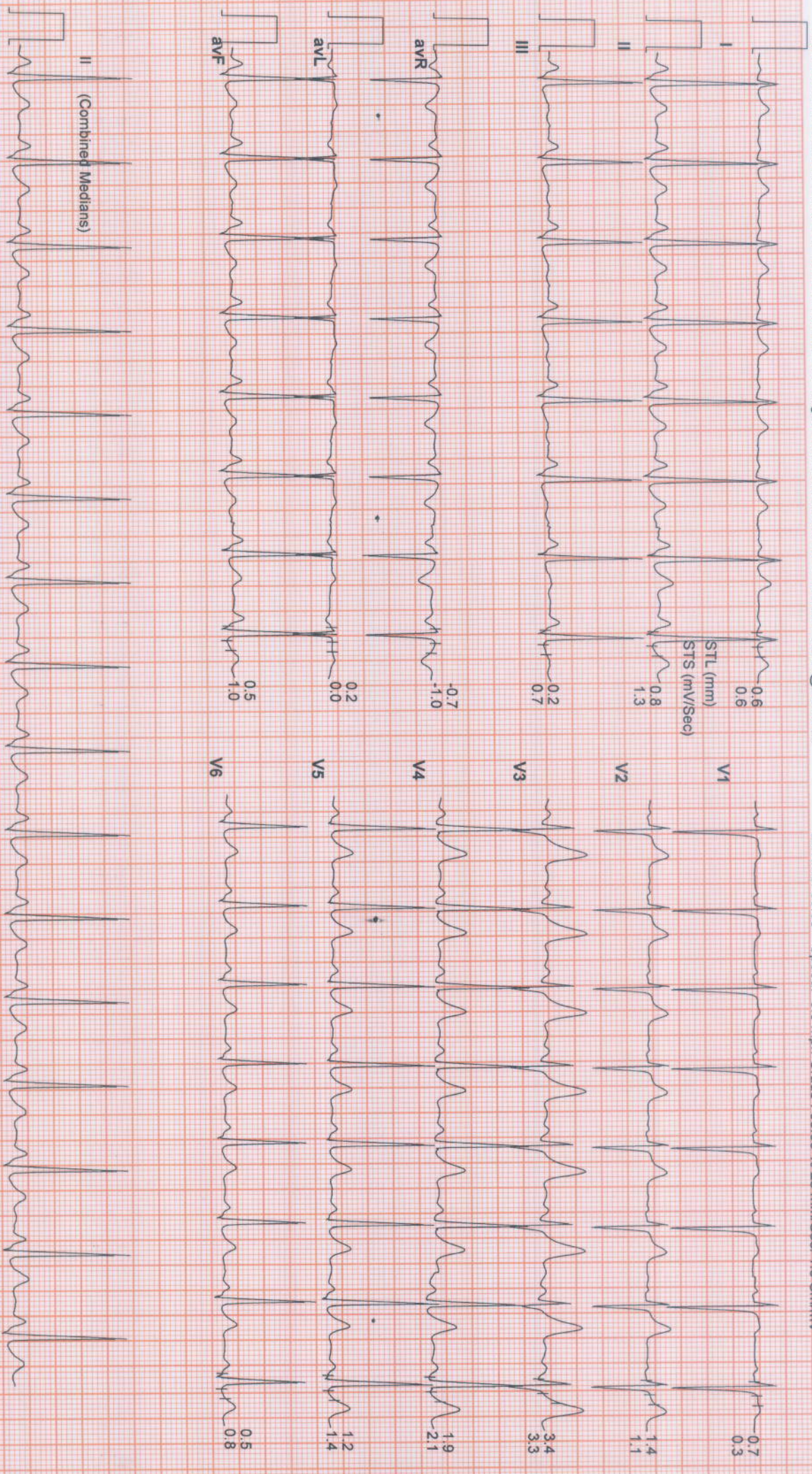
301 / SAYYED SALMAN RASHID / 28 Yrs / Male / 160 Cm / 51 Kg

# 6X2 Combine Medians + 1 Rhythm



Date: 28 / 01 / 2023 01:21:46 PM METs : 1.0 HR : 99 Target HR : 52% of 192 BP : 120/80 Post J @80mSec

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



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

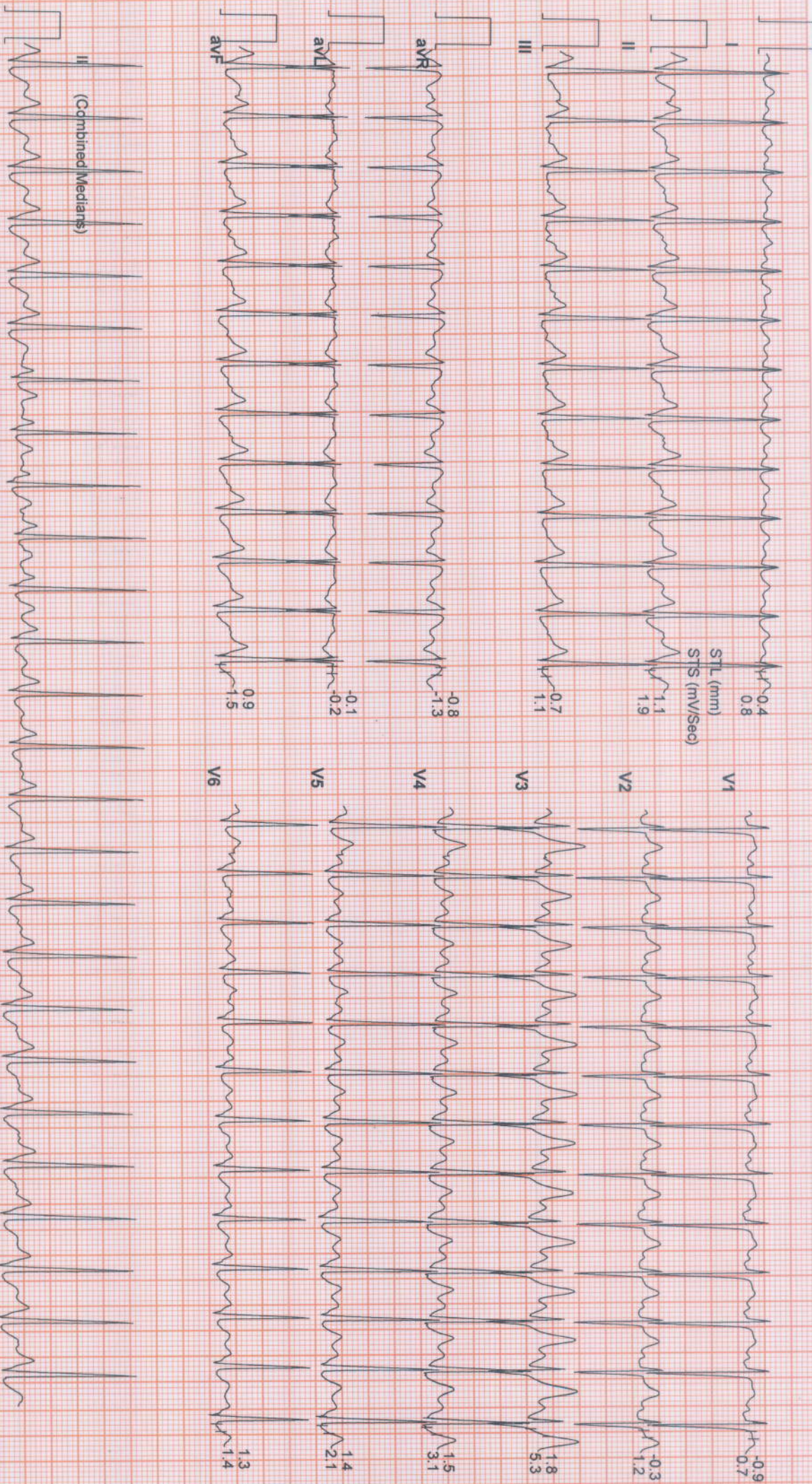
301 / SAYYED SALMAN RASHID / 28 Yrs / Male / 160 Cm / 51 Kg

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



Date: 28 / 01 / 2023 01:21:46 PM METs : 4.7 HR : 153 Target HR : 80% of 192 BP : 128/64 Post J @60mSec

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





# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

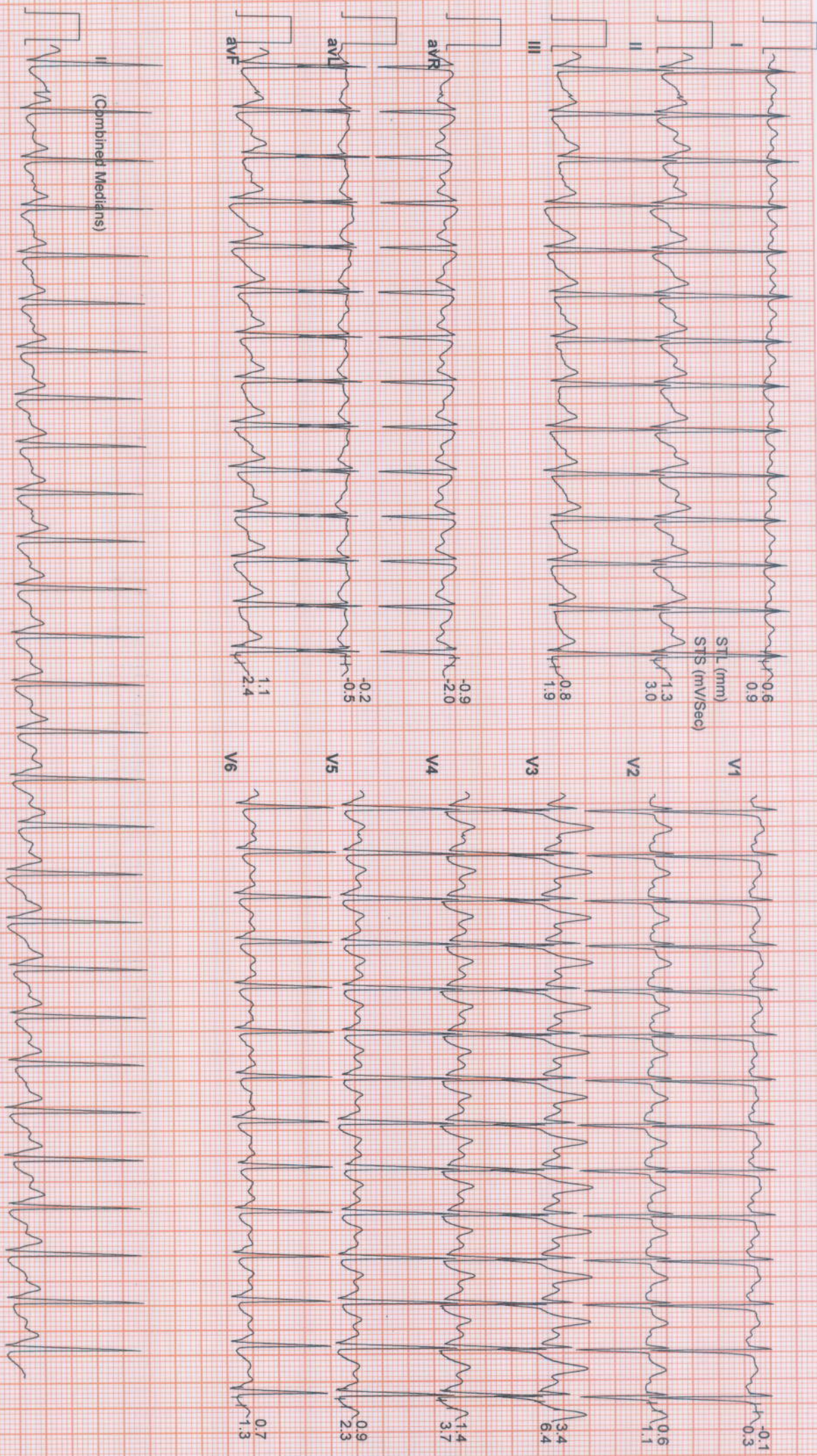
301 / SAYYED SALMAN RASHID / 28 Yrs / Male / 160 Cm / 51 Kg

6X2 Combine Medians + 1 Rhythm  
PeakEx



Date: 28 / 01 / 2023 01:21:46 PM METs : 6.5 HR : 170 Target HR : 89% of 192 BP : 130/82 Post J @60mSec

EXTime: 05:11 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

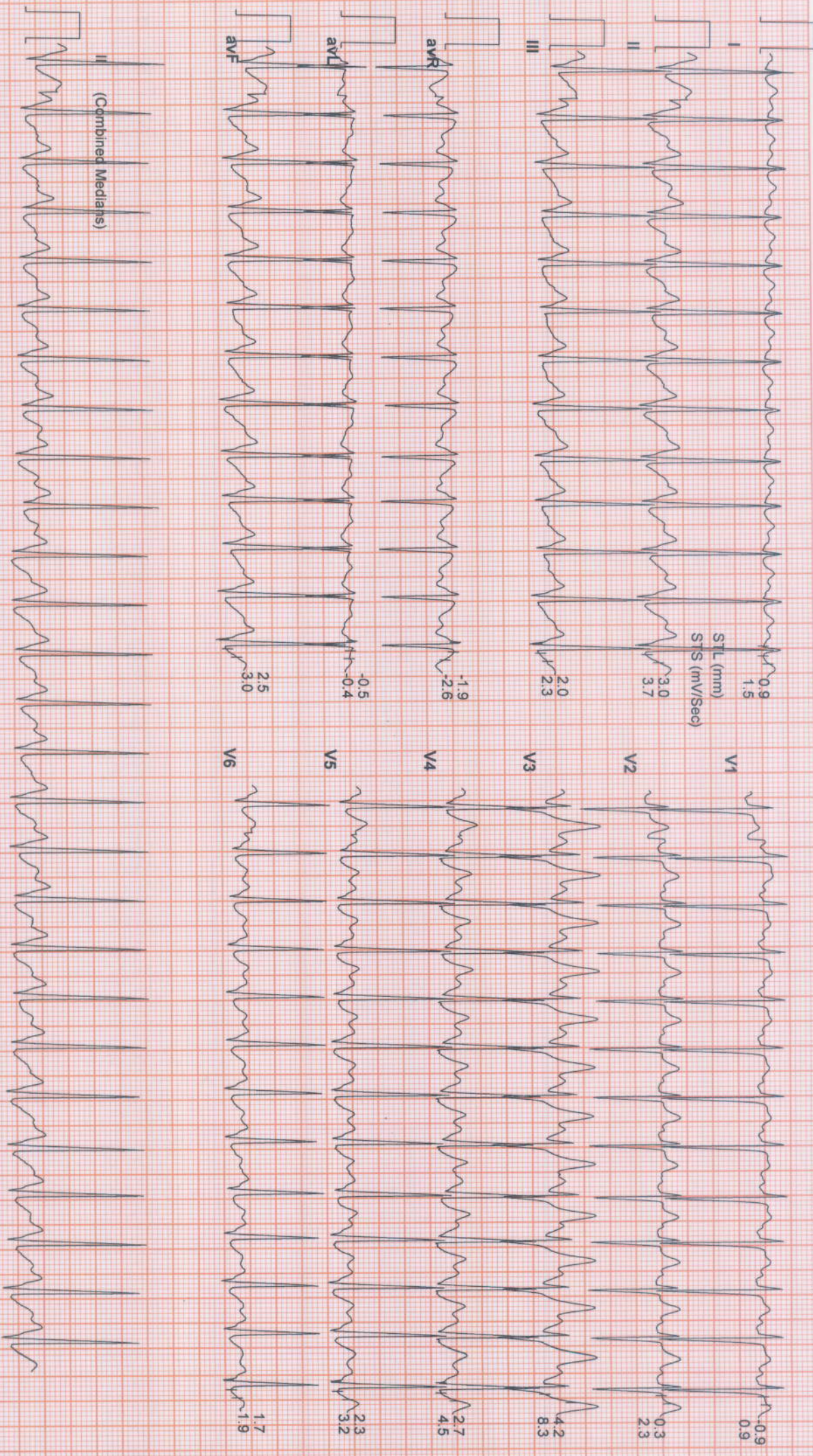
301 / SAYYED SALMAN RASHID / 28 Yrs / Male / 160 Cm / 51 Kg

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



Date: 28 / 01 / 2023 01:21:46 PM METs : 1.0 HR : 160 Target HR : 83% of 192 BP : 140/80 Post J @60mSec

ExTime: 05:11 Speed: 1.1 mph Grade: 00.00 % 25 mm/Sec. 1.0 Cm/mV



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

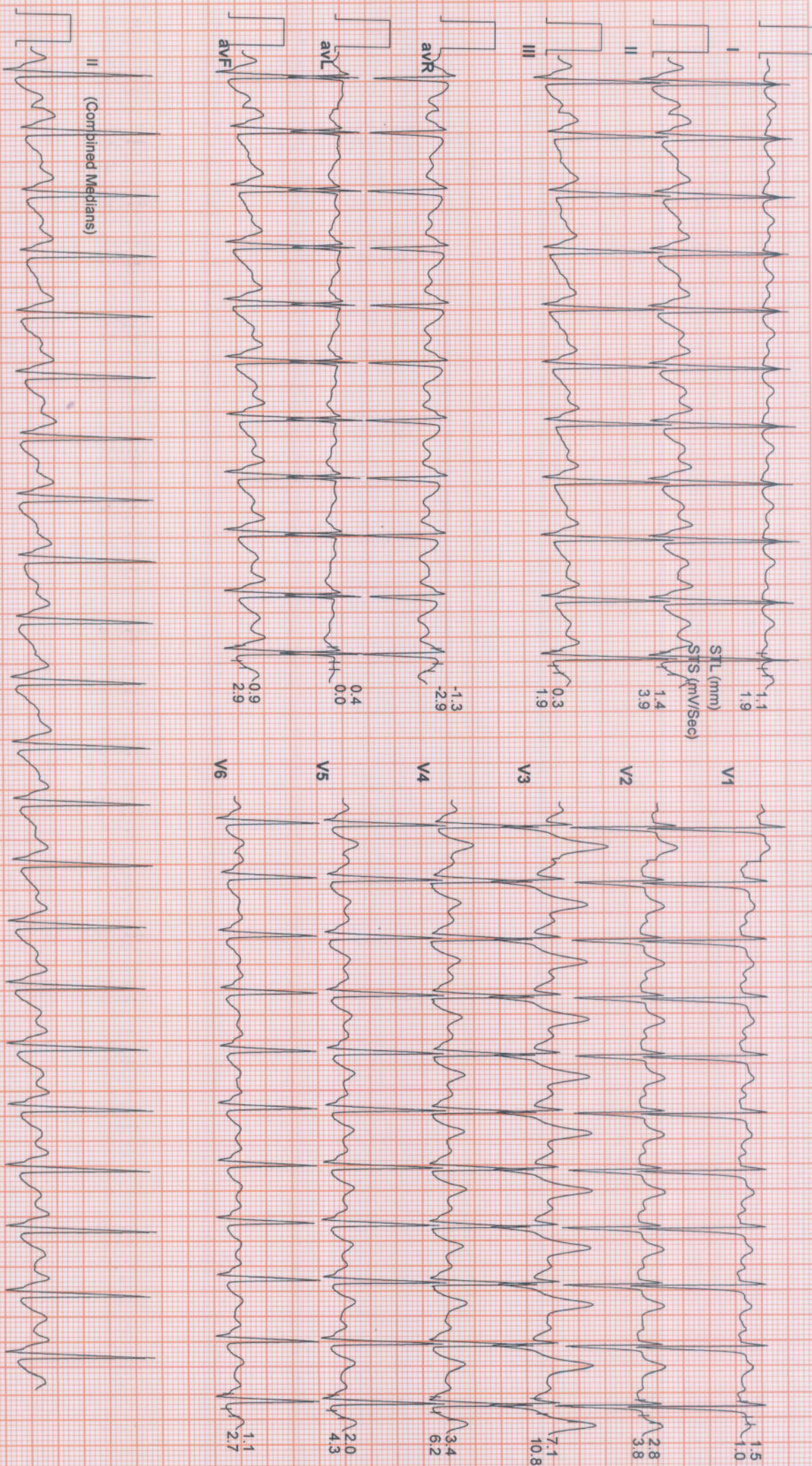
301 / SAYYED SALMAN RASHID / 28 Yrs / Male / 160 Cm / 51 Kg

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



Date: 28 / 01 / 2023 01:21:46 PM METs : 1.0 HR : 135 Target HR : 70% of 192 BP : 134/80 Post J @50mSec

EXTime: 05:11 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec. 1.0 Cm/mV



**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

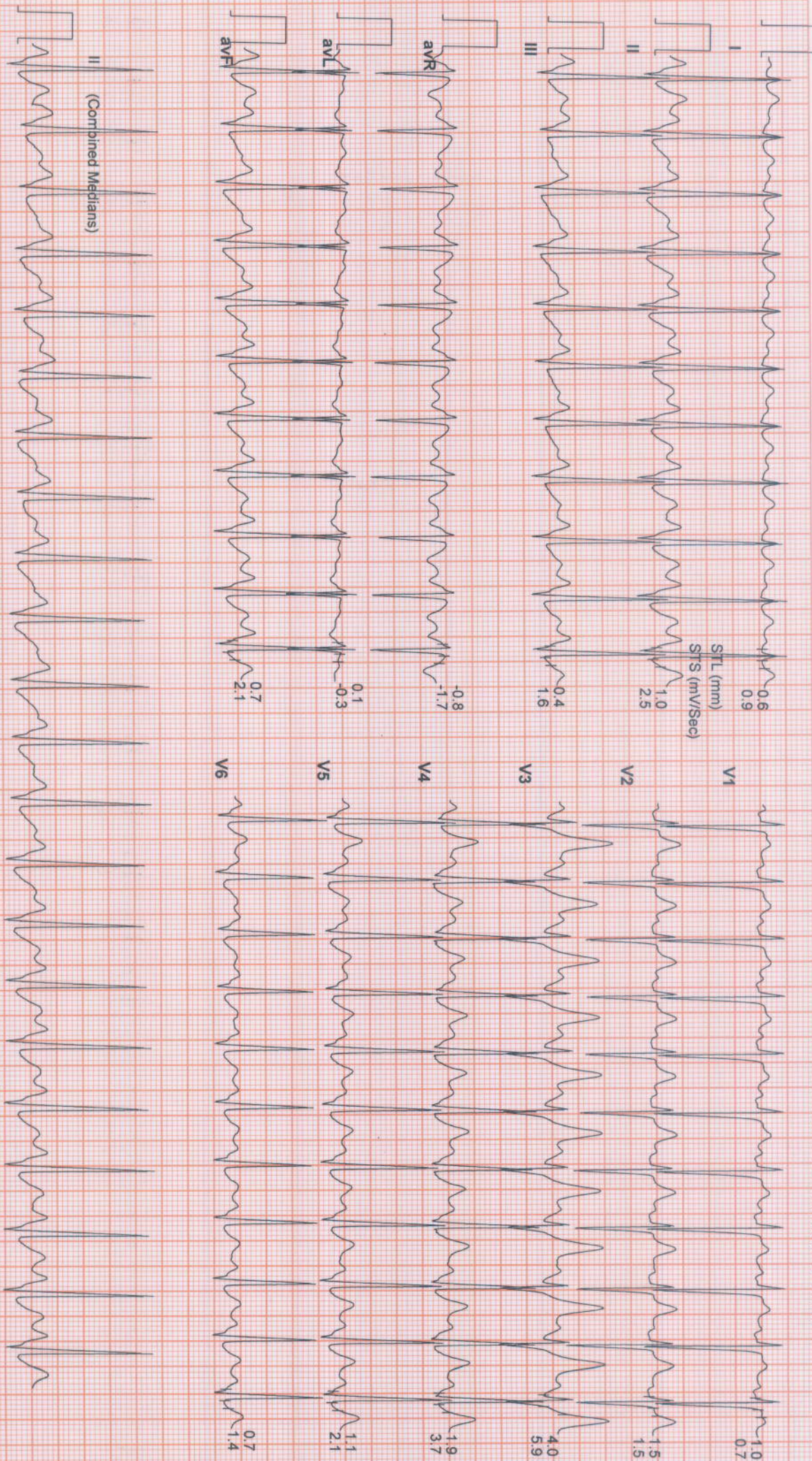
301 / SAYYED SALMAN RASHID / 28 Yrs / Male / 160 Cm / 51 Kg

**6X2 Combine Medians + 1 Rhythm**  
Recovery : ( 02:11 )



Date: 28 / 01 / 2023 01:21:46 PM METs : 1.0 HR : 133 Target HR : 69% of 192 BP : 134/80 Post J @60mSec

ExtIme: 05:11 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



Reg. No. : 2302819121	Sex : MALE
Name : MR.SAYYED SALMAN RASHID	Age : 28 YRS
Ref. By : -----	Date : 28.01.2023

**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.**



**DR.GAURI RODA**  
**MBBS,DMRE**  
**(CONSULTANT RADIOLOGIST)**

Reg. No. : 2302819121	Sex : MALE
Name : MR. SAYYED SALMAN RASHID	Age : 28 YRS
Ref. By : -----	Date : 28.01.2023

**USG ABDOMEN AND PELVIS**

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

**GALL BLADDER:** Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

**PORTAL VEIN:** Portal vein is normal. **CBD:** CBD is normal.

**PANCREAS:** Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

**KIDNEYS:** Right kidney measures 9.6 x 3.6 cm. Left kidney measures 9.2 x 4.5 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

**SPLEEN:** Spleen is normal in size, shape and echotexture. No focal lesion is seen.

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

**PROSTATE:** Prostate is normal in size and echotexture. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

**IMPRESSION: USG ABDOMEN IS WITHIN NORMAL LIMITS.**

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. USG is known to have inter-observer variations. Further/follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis.



**DR. GAURI RODA**  
**MBBS, DMRE**  
**(CONSULTANT RADIOLOGIST)**