

Suburban Diagnostic Pvt. Ltd.
6th Floor, Gupke House,
81, S.V. Road, Khar (W), Mumbai - 400 062.
Tel.: 26484850 / 26484807

Dr. Rajat M. Parkar
M.B.B.S.
Regn. No. 072366

Issue Date: 09/10/2018



भारत सरकार
Government of India

श्रीमान् श्री
Manoj Jha
जन्म तिथि / DOB : 25/09/1979
पुंस्व / MALE

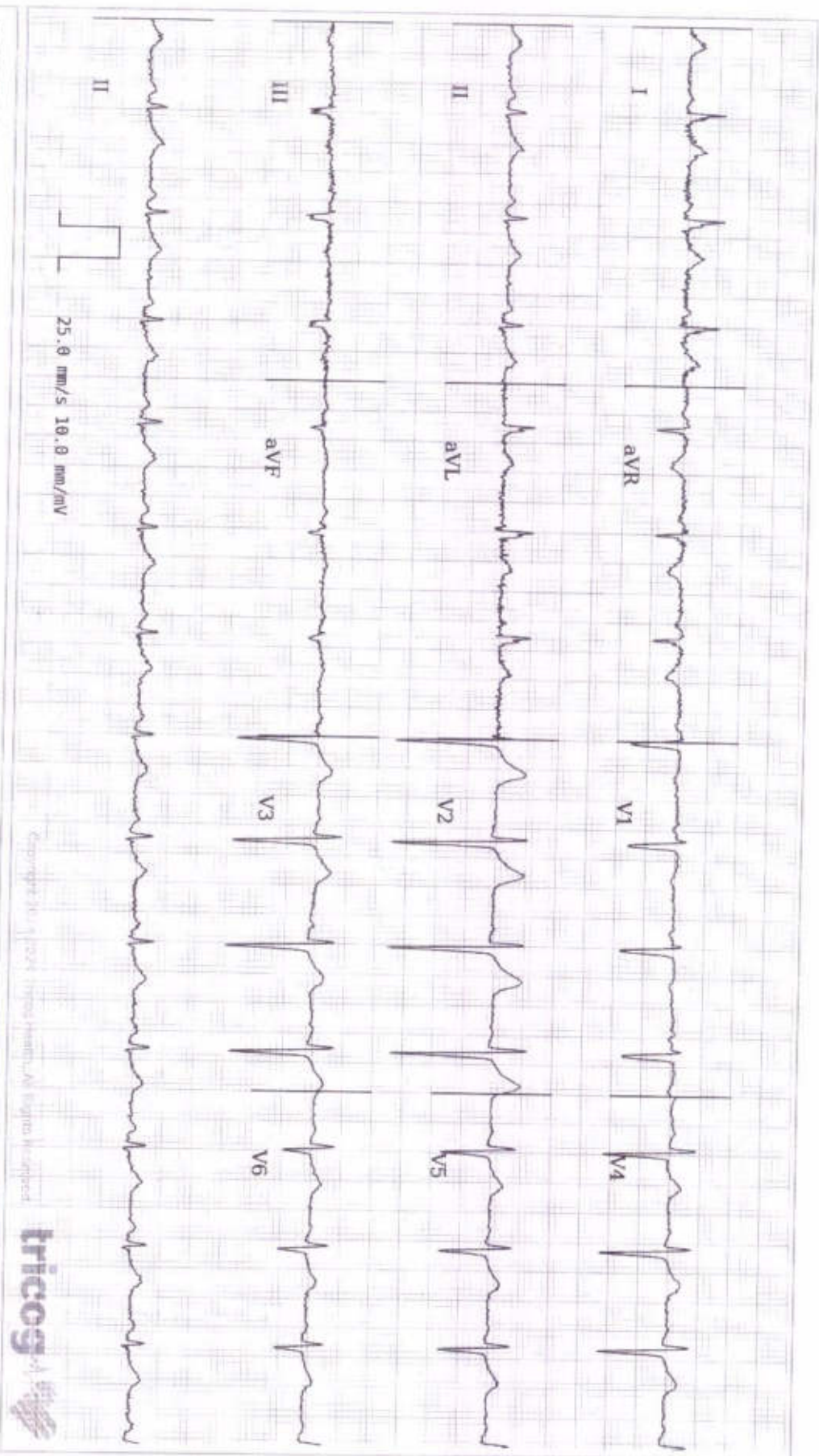
6433 6665 3650

मेरा आधार, मेरी पहचान

Patient Name: **MANOJ JHA**
Patient ID: **2427609703**

SUBURBAN DIAGNOSTICS - KHAR WEST

Date and Time: **2nd Oct 24 9:38 AM**



Age **45** NA NA
years months days

Gender **Male**

Heart Rate **86bpm**

Patient Vitals

BP: **130/80 mmHg**

Weight: **97 kg**

Height: **170 cm**

Pulse: **NA**

SpO2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **82ms**

QT: **370ms**

QTcB: **442ms**

PR: **132ms**

P-R-T: **53° -2° 27°**

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

REPORTED BY

Dr. Sonali Honrao

DR SONALI HONRAO
MD (General Medicine)
Physician
2001/06/1882



Disclaimer: It is advised to the report is based on ECG advice 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. All printed values are as entered by the clinician and not derived from the ECG.

SUBURBAN DIAGNOSTICS CENTER

NEAR GUPTA HOUSE, KHAR ROAD(WEST).

Patient: MR MANOJ JHA

Age : 45 Years

Gender : Male

Refd. By:

Height : 170 Cms

Smoker : No

Pred.Eqns: ERS 93

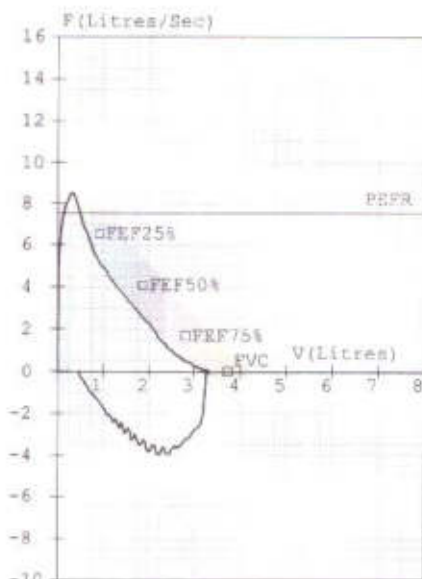
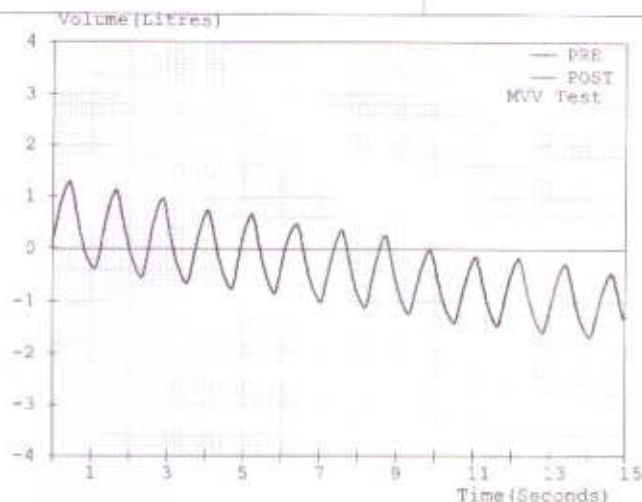
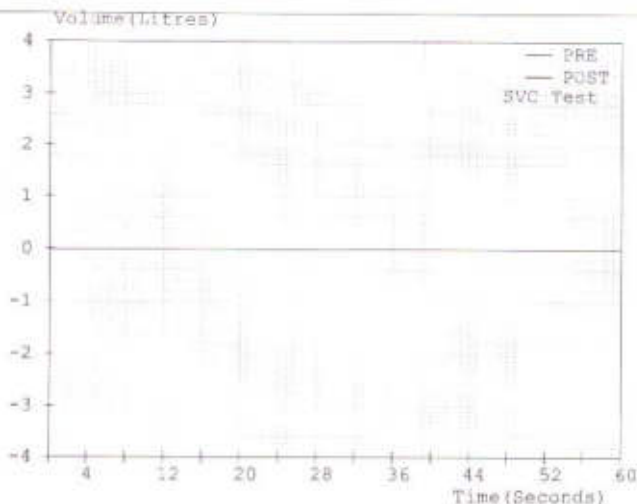
Weight : 97 Kgs

Eth. Corr: 87

Date : 02-Oct-2024 10:54 AM

ID: 78548141

Temp :



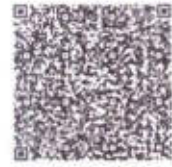
Spirometry Results							
Parameter		Pred	M.Pre	%Pred	M.Post	%Pred	%Imp
FVC	(L)	03.73	03.31	089	---	---	---
FEV1	(L)	03.06	02.68	088	---	---	---
FEV1/FVC	(%)	82.04	80.97	099	---	---	---
FEF25-75	(L/s)	03.53	02.54	072	---	---	---
PEFR	(L/s)	07.53	08.42	112	---	---	---
FIVC	(L)	03.88	02.81	072	---	---	---
FEV.5	(L)	---	02.12	---	---	---	---
FEV3	(L)	---	03.20	---	---	---	---
BIFR	(L/s)	---	03.93	---	---	---	---
FEF75-85	(L/s)	---	00.70	---	---	---	---
FEF.2-1.2	(L/s)	---	05.99	---	---	---	---
FEF 25%	(L/s)	06.53	05.50	084	---	---	---
FEF 50%	(L/s)	04.09	03.09	076	---	---	---
FEF 75%	(L/s)	01.68	01.02	061	---	---	---
FEV.5/FVC	(%)	---	64.05	---	---	---	---
FEV3/FVC	(%)	---	96.68	---	---	---	---
FET	(Sec)	---	04.57	---	---	---	---
ExpiTime	(Sec)	---	00.04	---	---	---	---
Lung Age	(Yrs)	045	050	111	---	---	---
FEV6	(L)	03.73	---	---	---	---	---
FIF 25%	(L/s)	---	02.53	---	---	---	---
FIF 50%	(L/s)	---	03.91	---	---	---	---
FIF 75%	(L/s)	---	03.00	---	---	---	---
SVC	(L)	---	---	---	---	---	---
ERV	(L)	01.14	---	---	---	---	---
IRV	(L)	---	---	---	---	---	---
VE	(L/min)	---	---	---	---	---	---
Rf	(l/min)	---	---	---	---	---	---
Ti	(sec)	---	---	---	---	---	---
Te	(sec)	---	---	---	---	---	---
VT	(L)	---	---	---	---	---	---
VT/Ti		---	---	---	---	---	---
Ti/Ttot		---	---	---	---	---	---
IC	(L)	---	---	---	---	---	---
MVV	(L/min)	111	075	068	---	---	---
MRF	(l/min)	---	52.09	---	---	---	---
MVT	(L)	---	01.45	---	---	---	---

Doctor's Notes
SPIROMETRY TEST IS WITHIN NORMAL LIMITS.

KIRAN GHAG
(Pulmonologist Technician)
Indian Chest Society (WHP)

DR. KINJAL D. MODI
M.B.B.S., M.D (PUL MED)
DNB, FCCP (USA),
HERMES DIPLOMATE, (EUROPE),
PGDHMM, PGDMLS,
CONSULTANT CHEST PHYSICIAN

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2427609703
Name : Mr MANOJ JHA
Age / Sex : 45 Years/Male
Ref. Dr :
Reg. Location : Khar West Main Centre

Reg. Date : 02-Oct-2024
Reported : 03-Oct-2024 / 9:54

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size is within normal limits.

The domes of diaphragm are normal in position and outlines.

The visualized bony thorax appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

SUGGEST CLINICAL CORRELATION.

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

Dr. Vishal Kumar Mulchandani
MD DMRE
REG No : 2006/03/1660
Consultant Radiologist

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024100209282018>

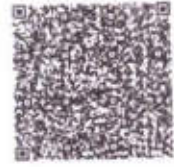
REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | CIN No.: L74899DL1995PLC065388

MUMBAI OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.

WEST REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar West, Mumbai - 400086.

HEALTHLINE: 022-61700000 | E-MAIL: customerservice@suburbandiagnosics.com | WEBSITE: www.suburbandiagnosics.com

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CID : 2427609703
Name : Mr MANOJ JHA
Age / Sex : 45 Years/Male
Ref. Dr :
Reg. Location : Khar West Main Centre

Reg. Date : 02-Oct-2024
Reported : 22-Oct-2024 / 9:15

USG WHOLE ABDOMEN

Limited scan due to gaseous abdomen.

LIVER: Liver is mildly enlarged in size (measures 15.9 cm). Liver shows bright echotexture suggestive of grade II fatty infiltration. There is no intra-hepatic biliary radical dilatation. Few focal areas of fat sparing are noted in right lobe of liver.

GALL BLADDER: Gall bladder is contracted with wall echo shadow sign suggestive of possibility of ?gallbladder calculi. (Suggest follow-up scan with fat free diet for gallbladder).

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

PANCREAS: Part of body of pancreas is visualized, shows mildly increased echogenicity. Rest of pancreas is obscured by bowel gases.

KIDNEYS: Both kidneys are normal in size and echotexture. Corticomedullary differentiation is maintained. No obvious mass lesion is noted at present scan.

Right kidney measures 10.8 x 5.9 cm.

Left kidney measures 12.2 x 5.5 cm.

SPLEEN: Spleen is mildly enlarged in size (measures 13.5 cm). No focal lesion is seen.

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

PROSTATE: Prostate is normal in size and measures 4.0 x 3.0 x 2.9 cm and prostatic volume is 17.7 cc.

No evidence of ascites is noted at present scan.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024100209282034>

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Name : Mr MANOJ JHA
Age / Sex : 45 Years/Male
Ref. Dr :
Reg. Location : Khar West Main Centre

Reg. Date : 02-Oct-2024
Reported : 22-Oct-2024 / 9:15

IMPRESSION:

- Mild hepatomegaly with fatty liver(grade II).
- Gall bladder is contracted with wall echo shadow sign suggestive of possibility of ?gallbladder calculi.(Suggest follow-up scan with fat free diet for gallbladder).
- Mild splenomegaly.

**Suggest SOS CECT abdomen for further evaluation.
Suggest clinicopathological 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. USG is known to have inter-observer variations. Further/Follow-up imaging may be needed in some cases for confirmation/exclusion of diagnosis. Patient was explain in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification. Please interpret accordingly. of diagnosis. Patient was explain in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification. Please interpret accordingly.

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

Dr. Vishal Kumar Mulchandani
MD DMRE
REG No : 2006/03/1660
Consultant Radiologist

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Name : MR.MANOJ JHA
Age / Gender : 45 Years / Male
Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

Collected : 02-Oct-2024 / 10:07
Reported : 02-Oct-2024 / 13:52

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	13.0	13.0-17.0 g/dL	Spectrophotometric
RBC	4.48	4.5-5.5 mil/cmm	Elect. Impedance
PCV	40.1	40-50 %	Calculated
MCV	89.5	81-101 fl	Measured
MCH	29.0	27-32 pg	Calculated
MCHC	32.4	31.5-34.5 g/dL	Calculated
RDW	14.9	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6480	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	27.8	20-40 %	
Absolute Lymphocytes	1800.0	1000-3000 /cmm	Calculated
Monocytes	9.6	2-10 %	
Absolute Monocytes	620.0	200-1000 /cmm	Calculated
Neutrophils	58.5	40-80 %	
Absolute Neutrophils	3790.0	2000-7000 /cmm	Calculated
Eosinophils	3.8	1-6 %	
Absolute Eosinophils	250.0	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	20.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	211000	150000-410000 /cmm	Elect. Impedance
MPV	11.2	6-11 fl	Measured
PDW	24.0	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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Collected : 02-Oct-2024 / 10:07
Reported : 02-Oct-2024 / 14:08

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 **29** 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. VRUSHALI SHROFF
M.D.(PATH)
Pathologist



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Name : MR.MANOJ JHA
Age / Gender : 45 Years / Male
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Reg. Location : Khar West (Main Centre)

Collected : 02-Oct-2024 / 10:07
Reported : 02-Oct-2024 / 14:04

**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
BLOOD SUGAR REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	108.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase

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



Anupa

Dr.ANUPA DIXIT
M.D.(PATH)
Consultant - Pathologist



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Name : MR.MANOJ JHA
Age / Gender : 45 Years / Male
Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

Collected : 02-Oct-2024 / 10:07
Reported : 02-Oct-2024 / 14:56

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
KIDNEY FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	23.9	19.29-49.28 mg/dl	Calculated
BUN, Serum	11.2	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.86	0.73-1.18 mg/dl	Enzymatic
eGFR, Serum	109	(ml/min/1.73sqm) 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	Calculated

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation

TOTAL PROTEINS, Serum	7.6	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.5	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
URIC ACID, Serum	4.1	3.7-9.2 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	2.8	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	9.9	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	141	136-145 mmol/l	IMT
POTASSIUM, Serum	4.4	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	105	98-107 mmol/l	IMT

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



Anupa

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Collected : 02-Oct-2024 / 10:07
Reported : 02-Oct-2024 / 15:00

VITAMIN B12

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
VITAMIN B12, Serum	240	211-911 pg/ml	CLIA

Intended Use:

- Vitamin B12 is also referred to as cyanocobalamin/cobalmin.
- It is essential in DNA synthesis, haematopoiesis & CNS integrity.
- It cannot be synthesized in the human body & is seldom found in products of plant origin.
- The absorption of Vit B12 depends on the presence of Intrinsic factor (IF) & may be due to lack of IF secretion by the gastric mucosa (e.g. gastrectomy, gastric atrophy) or intestinal malabsorption (e.g. ileal resection, small intestinal diseases).
- Dietary Sources of vitamin B12 are meat, fish, eggs & dairy products.

Clinical Significance:

- Vitamin B12 or folate are both of diagnostic importance for the recognition of vitamin B12 or folate deficiency, especially in the context of the differential diagnosis of megaloblastic anemia.
- Untreated deficiencies will lead to megaloblastic anemia, irreversible central nervous system degeneration, peripheral neuropathies, dementia, poor cognitive performance & depression.

Interpretation:

Increased In- Vit B12 supplements, chronic granulocytic leukemia, COPD, Chronic renal failure, diabetes, leucocytosis, hepatitis, cirrhosis, obesity, polycythemia vera, protein malnutrition, severe CHF, uremia, Vit A intake, estrogens, drugs such as chloral hydrate.
Decreased In- Inflammatory bowel disease, pernicious anaemia, strict vegetarians, malabsorption due to gastrectomy, smoking, pregnancy, multiple myeloma & haemodialysis. Alcohol & drugs like aminosalicic acid, anticonvulsants, cholestyramine, cimetidine, colchicine, metformin, neomycin, oral contraceptives, ranitidine & triamterine also cause a decrease in Vit B12 levels.

Reflex Tests: Active B12 (holotranscobalamin), Folate, Homocysteine, Methylmalonic acid (MMA) and Intrinsic factor antibody & parietal cell antibody.

Limitations: Preservatives, such as fluoride and ascorbic acid may cause interference

Reference: Vitamin B12 Pack insert

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



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Collected : 02-Oct-2024 / 10:07
Reported : 02-Oct-2024 / 15:09

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
GLYCOSYLATED HEMOGLOBIN (HbA1c)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	142.7	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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Reg. Location : Khar West (Main Centre)

Collected : 02-Oct-2024 / 10:07
Reported : 02-Oct-2024 / 14:16

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
PROSTATE SPECIFIC ANTIGEN (PSA)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
TOTAL PSA, Serum	0.324	<4.0 ng/ml	CLIA

Clinical Significance:

- PSA is detected in the serum of males with normal, benign hyper-plastic, and malignant prostate tissue.
- Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment.
- Prostate cancer screening 4. The percentage of Free PSA (FPSA) in serum is described as being significantly higher in patients with BPH than in patients with prostate cancer. 5. Calculation of % free PSA (ie. FPSA/TPSA x 100), has been suggested as way of improving the differentiation of BPH and Prostate cancer.

Interpretation:

Increased In- Prostate diseases, Cancer, Prostatitis, Benign prostatic hyperplasia, Prostatic ischemia, Acute urinary retention, Manipulations like Prostatic massage, Cystoscopy, Needle biopsy, Transurethral resection, Digital rectal examination, Radiation therapy, Indwelling catheter, Vigorous bicycle exercise, Drugs (e.g., testosterone), Physiologic fluctuations. Also found in small amounts in other cancers (sweat and salivary glands, breast, colon, lung, ovary) and in Skene glands of female urethra and in term placenta, Acute renal failure, Acute myocardial infarction,

Decreased In- Ejaculation within 24-48 hours, Castration, Antiandrogen drugs (e.g., finasteride), Radiation therapy, Prostatectomy, PSA falls 17% in 3 days after lying in hospital, Artfactual (e.g., improper specimen collection; very high PSA levels). Finasteride (5- α -reductase inhibitor) reduces PSA by 50% after 6 months in men without cancer.

Reflex Tests: % FREE PSA , USG Prostate

Limitations:

- tPSA values determined on patient samples by different testing procedures cannot be directly compared with one another and could be the cause of erroneous medical interpretations. If there is a change in the tPSA assay procedure used while monitoring therapy, then the tPSA values obtained upon changing over to the new procedure must be confirmed by parallel measurements with both methods. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels.
- Patients who have been regularly exposed to animals or have received immunotherapy or diagnostic procedures utilizing immunoglobulins or immunoglobulin fragments may produce antibodies, e.g. HAMA, that interferes with immunoassays.
- PSA results should be interpreted in light of the total clinical presentation of the patient, including: symptoms, clinical history, data from additional tests, and other appropriate information.
- Serum PSA concentrations should not be interpreted as absolute evidence for the presence or absence of prostate cancer.

Note : The concentration of PSA in a given specimen, determined with assay from different manufacturers, may not be comparable due to differences in assay methods and reagent specificity.

Reference:

- Wallach's Interpretation of diagnostic tests
- Total PSA Pack insert



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Application To Scan the Code

CID : 2427609703
Name : MR.MANOJ JHA
Age / Gender : 45 Years / Male
Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

Collected : 02-Oct-2024 / 10:07
Reported : 02-Oct-2024 / 14:16

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



Dr.ANUPA DIXIT
M.D.(PATH)
Consultant - Pathologist



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Application To Scan the Code

CID : 2427609703
Name : MR.MANOJ JHA
Age / Gender : 45 Years / Male
Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

Collected : 02-Oct-2024 / 10:07
Reported : 02-Oct-2024 / 15:00

VITAMIN D TOTAL (25-OH VITAMIN D)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
25-hydroxy Vitamin D, Serum	14.5	Deficiency: < 20 ng/ml Insufficiency: 20 - < 30 ng/ml Sufficiency: 30 - 100 ng/ml Toxicity: > 100 ng/ml	CLIA

Intended Use:

- Diagnosis of vitamin D deficiency
- Differential diagnosis of causes of rickets and osteomalacia
- Monitoring vitamin D replacement therapy
- Diagnosis of hypervitaminosis D

Clinical Significance: Vitamin D is a steroid hormone known for its important role in regulating body levels of calcium and phosphorus and in the mineralization of bone. Measured 25-OH vitamin D includes D3 (Cholecalciferol) and D2 (Ergocalciferol) where D2 is absorbed from food and D3 is produced by the skin on exposure to sunlight. The major storage form of vitamin D is 25-OH vitamin D and is present in the blood at up to 1,000 fold higher concentration compared to the active 1,25-OH vitamin D; and has a longer half life making it an analyte of choice for determination of the vitamin D status.

Interpretation:

Increased In- D intoxication & Excessive exposure to sunlight
Decreased In: Lack of sunlight, Steatorrhea, Biliary and Portal cirrhosis, Pancreatic insufficiency, Inflammatory bowel disease, Alzheimer's disease, Malabsorption, Thyrotoxicosis, Dietary osteomalacia, Anticonvulsant osteomalacia, Celiac disease and Rickets

Reflex Tests: Serum Calcium, PTH and BMD

Limitation:

- For diagnostic purposes, results should be used in conjunction with other data; e.g. symptoms, results of other tests, clinical impressions, etc.
- Heterophilic antibodies in human serum can react with reagent immunoglobulins, interfering with in vitro immunoassays. Patients routinely exposed to animals or to animal serum products can be prone to this interference and anomalous values may be observed.
- Patients routinely exposed to animals or to animal serum products can be prone to this interference and anomalous values may be observed.
- Various methods for measuring vitamin D are available but correlate with significant differences.

Reference:

- Wallach's interpretation of diagnostic tests
- Vitamin D kit insert

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



Anupa

Dr. ANUPA DIXIT
M.D.(PATH)
Consultant - Pathologist



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CID : 2427609703
Name : MR.MANOJ JHA
Age / Gender : 45 Years / Male
Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

Collected : 02-Oct-2024 / 10:07
Reported : 02-Oct-2024 / 14:55

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Yellow	Pale Yellow	Light scattering
Transparency	Clear	Clear	Light scattering
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.018	1.002-1.035	Refractive index
Reaction (pH)	5	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
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	Negative	Negative	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
(WBC)Pus cells / hpf	0.2	0-5/hpf	
Red Blood Cells / hpf	0.0	0-2 /hpf	
Epithelial Cells / hpf	0.0	0-5/hpf	
Hyaline Casts	0.1	0-1/hpf	
Pathological cast	0.0	0-0.3/hpf	
Calcium oxalate monohydrate crystals	0.0	0-1.4/hpf	
Calcium oxalate dihydrate crystals	0.0	0-1.4/hpf	
Triple phosphate crystals	0.0	0-1.4/hpf	
Uric acid crystals	0.0	0-1.4/hpf	
Amorphous debris	Absent	Absent	
Bacteria / hpf	11.3	0-29.5/hpf	
Yeast	Absent	Absent	



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Name : MR.MANOJ JHA
Age / Gender : 45 Years / Male
Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

Collected : 02-Oct-2024 / 10:07
Reported : 02-Oct-2024 / 14:55

Note: Microscopic examination performed by Automated Cuvette based technology. All the Abnormal results are confirmed by reagent strips and Manual method. The Microscopic examination findings are mentioned in decimal numbers as the arithmetic mean of the multiple fields scanned using microscopy. Reference: Pack Insert.

Others -

*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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CID : 2427609703
Name : MR.MANOJ JHA
Age / Gender : 45 Years / Male
Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

Collected : 02-Oct-2024 / 10:07
Reported : 02-Oct-2024 / 14:57

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	AB
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 : 2427609703
Name : MR.MANOJ JHA
Age / Gender : 45 Years / Male
Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

Collected : 02-Oct-2024 / 10:07
Reported : 02-Oct-2024 / 14:56

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	184.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	198	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	37.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	147.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	107.5	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	39.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.9	0-3.5 Ratio	Calculated

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



Anupa

Dr.ANUPA DIXIT
M.D.(PATH)
Consultant - Pathologist



Use a QR Code Scanner
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CID : 2427609703
 Name : MR.MANOJ JHA
 Age / Gender : 45 Years / Male
 Consulting Dr. : -
 Reg. Location : Khar West (Main Centre)

Collected : 02-Oct-2024 / 10:07
 Reported : 02-Oct-2024 / 15:00

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	5.3	3.5-6.5 pmol/L	CLIA
Free T4, Serum	15.7	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	3.032	0.55-4.78 microU/ml	CLIA



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Age / Gender : 45 Years / Male
Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

Collected : 02-Oct-2024 / 10:07
Reported : 02-Oct-2024 / 15:00

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 SDRL, Vidyavihar Lab
*** End Of Report ***



Anupa

Dr.ANUPA DIXIT
M.D.(PATH)
Consultant - Pathologist



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CID : 2427609703
Name : MR.MANOJ JHA
Age / Gender : 45 Years / Male
Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

Collected : 02-Oct-2024 / 10:07
Reported : 02-Oct-2024 / 15:34

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
LIVER FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.65	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.19	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.46	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.6	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.5	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	18.0	<34 U/L	Modified IFCC
SGPT (ALT), Serum	18.2	10-49 U/L	Modified IFCC
GAMMA GT, Serum	24.8	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	80.7	46-116 U/L	Modified IFCC

*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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CID : 2427609703
Name : MR.MANOJ JHA
Age / Gender : 45 Years / Male
Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

Collected : 02-Oct-2024 / 10:07
Reported : 02-Oct-2024 / 16:17

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
FUS and KETONES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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



Dr. Vrushi Shroff

Dr.VRUSHALI SHROFF
M.D.(PATH)
Pathologist

SUBURBAN DIAGNOSTICS KHAR-W

Name: MR MANOJ JHA

Date: 19-10-2024 Time: 10:29

Age: 45

Gender: M

Height: 170 cms

Weight: 97 Kg

ID: 2427609703

Clinical History: NIL

Medications: NONE

Test Details:

Protocol: Bruce

Predicted Max HR: 175

Target HR: 148 (85% of Pr. MHR)

Exercise Time: 0:07:01

Achieved Max HR: 163 (93% of Pr. MHR)

Max BP: 190/100

Max BP x HR: 30970

Max Mets: 7.9

Test Termination Criteria: Target HR attained

Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	00:10	1	0	0	85	130/80	11050	0.7 V2	0.4 II
Standing	00:12	1	0	0	86	140/80	12040	0.8 V2	0.4 V2
HyperVentilation	00:19	1	0	0	97	150/80	14550	0.8 V2	0.4 II
PreTest	00:25	1	1.6	0	93	160/80	14880	0.7 V2	0.5 II
Stage: 1	03:00	4.7	2.7	10	130	170/80	22100	0.6 V2	0.8 II
Stage: 2	03:00	7	4	12	149	180/90	26820	0.4 V2	0.5 II
Peak Exercise	01:01	7.9	5.5	14	163	190/100	30970	-0.8 III	0.5 II
Recovery1	01:00	1	0	0	135	180/100	24300	0.8 V3	0.7 II
Recovery2	01:00	1	0	0	114	170/100	19380	0.7 V3	0.5 V3
Recovery3	00:48	1	0	0	106	160/90	16960	0.4 V2	0.4 V3

Interpretation

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

IMPRESSION:
STRESS TEST IS NEGATIVE FOR 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.

Ref. Doctor: ----

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6th Floor, Gupta House,
81, S.V. Road, Khar (W), Mumbai - 400 052
Tel.: 26484805 / 26484807

Doctor: DR DISHA SHETH

(Summary Report edited by User)

Dr. Dishu Sheth
MBBS, DNB MEDICINE
Consultant Physician and
Diabetologist
Reg. No. 2017084116



SUBURBAN DIAGNOSTICS KHAR-W

MR MANOJ JHA (45 M)

HR: 85 bpm

Bruce Protocol

ID: 2427609703

Date: 19-10-2024

Exec Time : 0:00:00

Stage Time: 00:10

STLevel(mm) STISlope(mV/s)

Stage: Supine

Speed: 0 kmph

Grade: 0%

THR: 148 bpm

BP: 130/80 mmHg

STLevel(mm) STISlope(mV/s)



V1 -0.1 -0.2



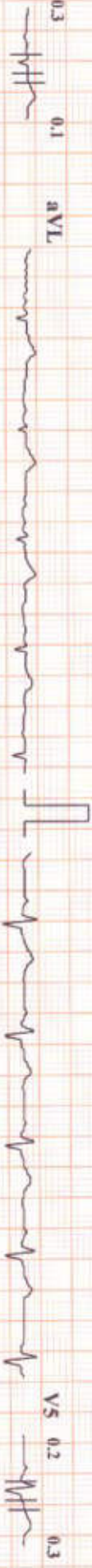
V2 0.7 0.3



V3 0.4 0.3



V4 0.3 0.3



V5 0.2 0.3



V6 0.2 0.1



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-20 Version 3.4



MR MANOJ JHA (45 M)

SUBURBAN DIAGNOSTICS KHAR-W

Bruce Protocol

ID: 2427609703

Date: 19-10-2024

Exec Time : 0:00:00

Stage Time: 00:12

STLevel(mm) STSlope(mV/s)

Stage: Standing

Speed: 0 kmph

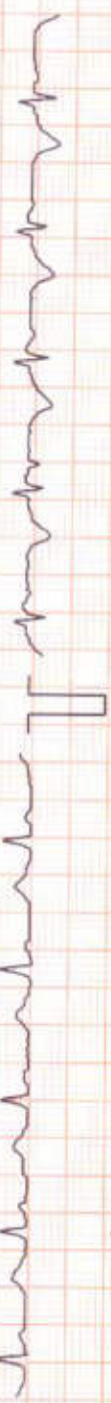
Grade: 0%

THR: 148 bpm

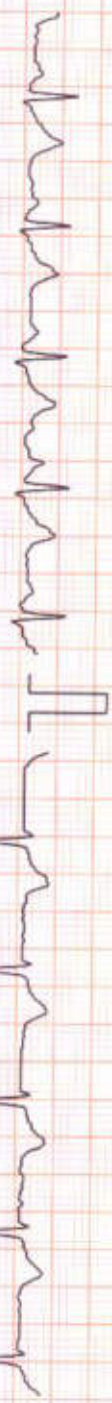
HR: 86 bpm

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)



V1 0 -0.2



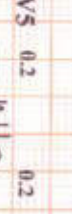
V2 0.8 0.4



V3 0.4 0.2



V4 0.4 0.2



V5 0.2 0.2



V6 0.3 0.1



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-20 Version 3.4



SUBURBAN DIAGNOSTICS KHAR-W

MR MANOJ JHA (45 M)

Bruce Protocol

STLevel(mm) STISlope(mV/s)

ID: 2427609703

Date: 19-10-2024

Exec Time : 0:00:00

Stage Time: 00:19

Stage: HyperVentilation

Speed: 0 kmph

Grade: 0%

THR: 148 bpm

HR: 97 bpm

BP: 150/80 mmHg

STLevel(mm) STISlope(mV/s)

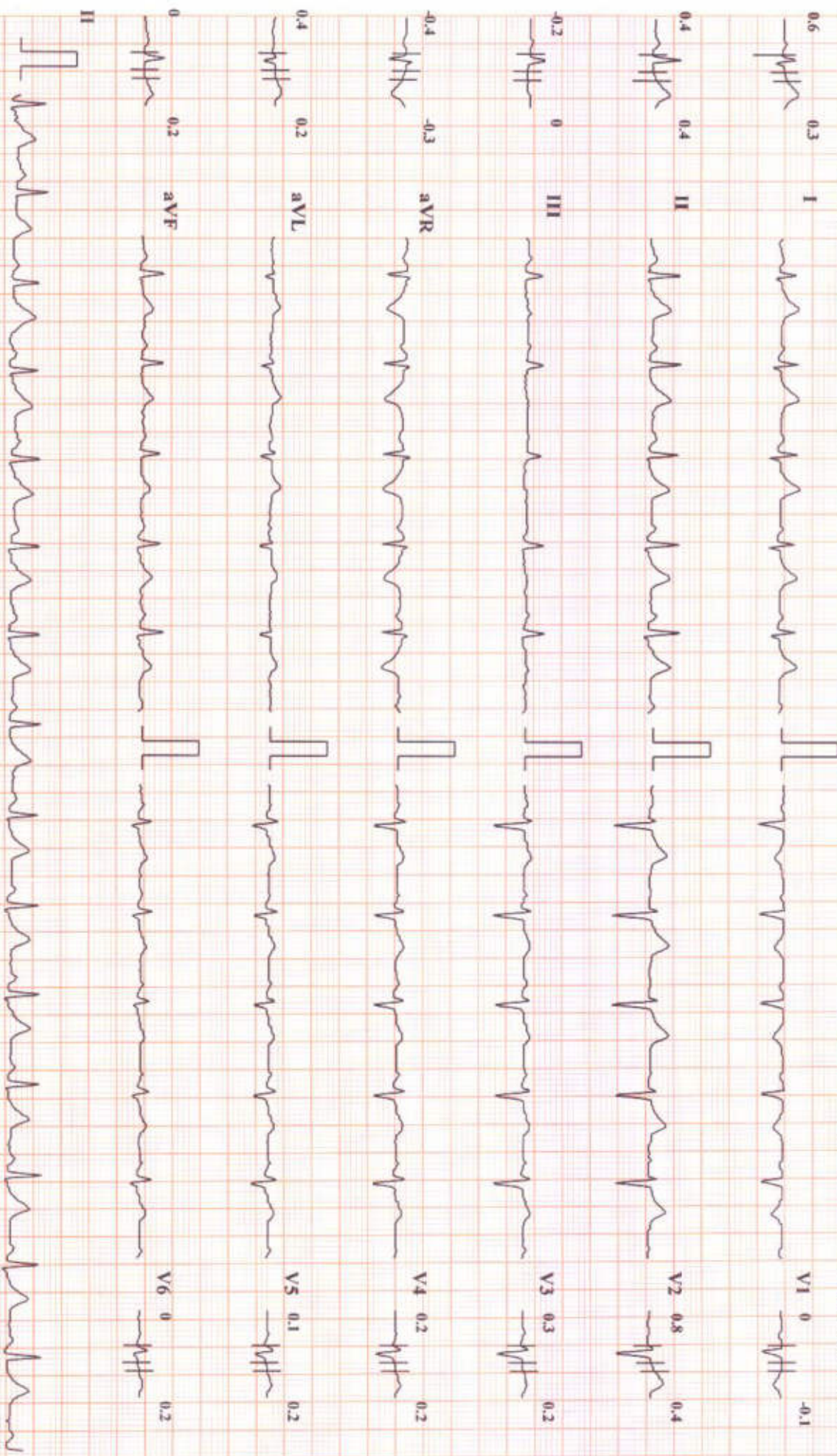


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-20 Version:3.4



SUBURBAN DIAGNOSTICS KHAR-W

MIR MANOJ JHA (45 M)

HR: 93 bpm

Bruce Protocol
STLevel(mm) STSlope(mV/s)

BP: 160/80 mmHg
STLevel(mm) STSlope(mV/s)

ID: 2427609703

Date: 19-10-2024

Exec Time : 0:00:00

Stage Time: 00:25

Stage: PreTest

Speed: 1.6 kmph

Grade: 0%

THR: 148 bpm

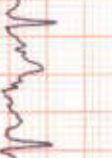
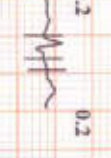
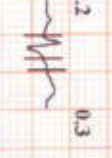
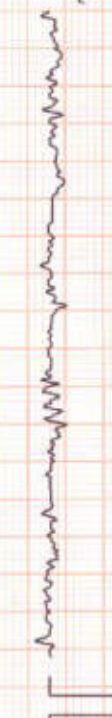
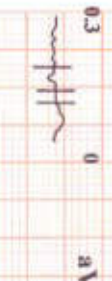
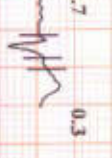
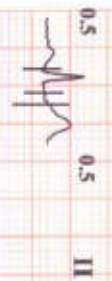
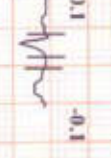
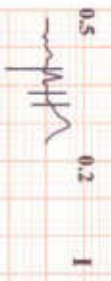


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R · 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-20 Version:3.4



SUBURBAN DIAGNOSTICS KHAR-W

MIR MANOJ JHA (45 M)

Bruce Protocol
STLevel(mm) STISlope(mV/s)

ID: 2427609703
Stage: 1

Date: 19-10-2024
Speed: 2.7 kmph

Exec Time : 0:03:00
Grade: 10%

Stage Time: 03:00
THR: 148 bpm

HR: 130 bpm

BP: 170/80 mmHg
STLevel(mm) STISlope(mV/s)

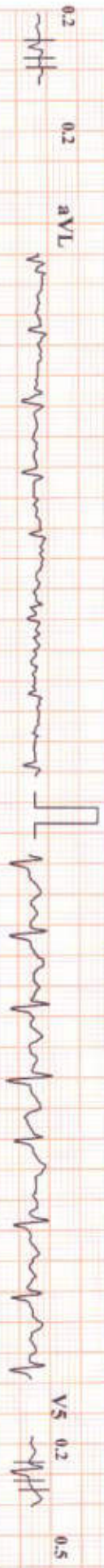
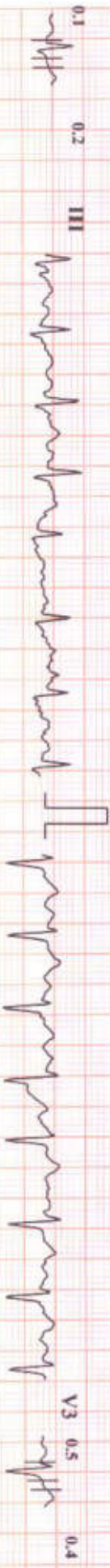
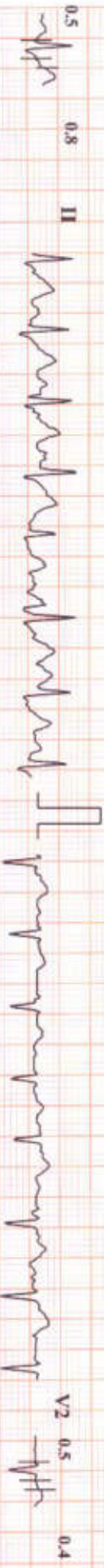
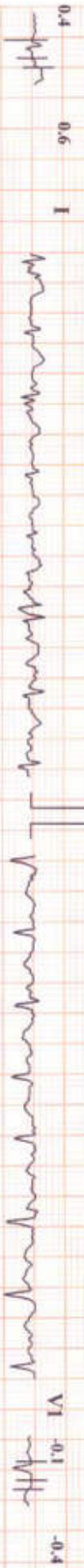


Chart Speed: 25 mm/sec Amplitude: 10mm/mV Filter: 25 Hz Mains Filter: ON ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-20 Version:3.4



MIR MANOJ JHA (45 M)

SUBURBAN DIAGNOSTICS KHAR-W

Bruce Protocol

ID: 2427609703

Date: 19-10-2024

Exec Time : 0:06:00

Stage Time: 03:00

STLevel(mm) STSlope(mV/s)

Stage: 2

Speed: 4 kmph

Grade: 12%

THR: 148 bpm

HR: 149 bpm

BP: 180/90 mmHg

STLevel(mm) STSlope(mV/s)

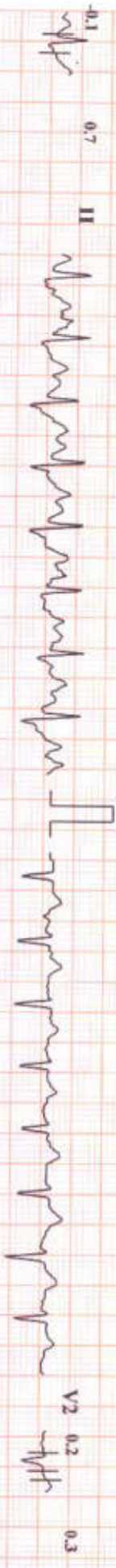


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Pos J = J + 60 ms

Schiller Cardiovit CS-20 Version 3.4



MR MANOJ JHA (45 M)

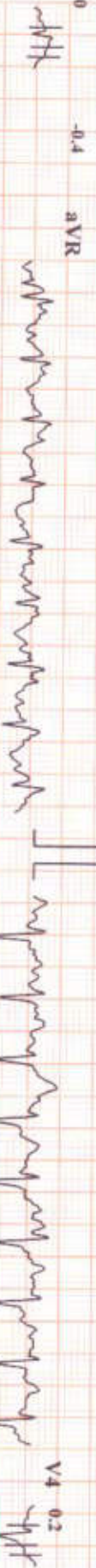
SUBURBAN DIAGNOSTICS KHAR-W

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2427609703
Stage: Peak Exercise
Date: 19-10-2024
Speed: 5.5 kmph

Exec Time : 0:07:01
Grade: 14%
Stage Time: 01:01
THR: 148 bpm

HR: 163 bpm
BP: 190/100 mmHg
STLevel(mm) STSlope(mV/s)





SUBURBAN DIAGNOSTICS KHAR-W

MIR MANOJ JHA (45 M)

Bruce Protocol
STISlope(mm) STISlope(mV/s)

ID: 2427609703
Stage: Recovery 1
Date: 19-10-2024
Speed: 0 kmph

Exec Time : 0:08:01
Grade: 0%
Stage Time: 01:00
THR: 148 bpm

HR: 135 bpm
BP: 180/100 mmHg
STISlope(mm) STISlope(mV/s)

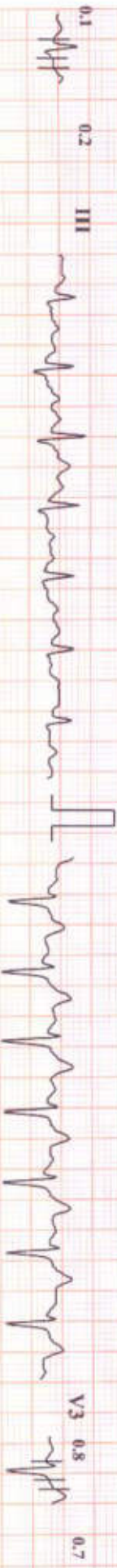
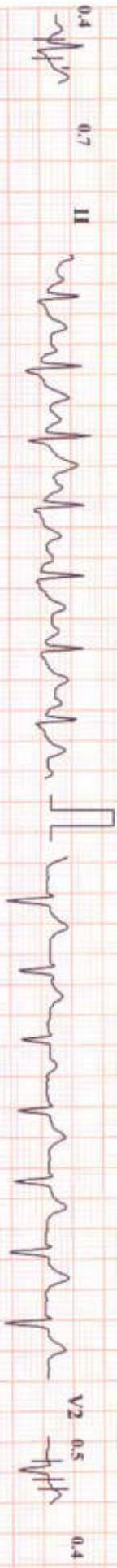


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-20 Version 3.4



MR MANOJ JHA (45 M)

SUBURBAN DIAGNOSTICS KHAR-W

ID: 2427609703

Date: 19-10-2024

Exec Time : 0:09:01

Stage Time: 01:00

Bruce Protocol
STLevel(mm) STSlope(mV/s)

Stage: Recovery2

Speed: 0 kmph

Grade: 0%

THR: 148 bpm

HR: 114 bpm

BP: 170/100 mmHg
STLevel(mm) STSlope(mV/s)

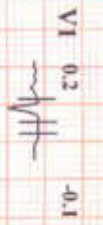
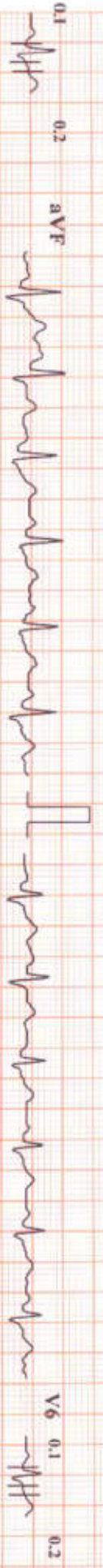
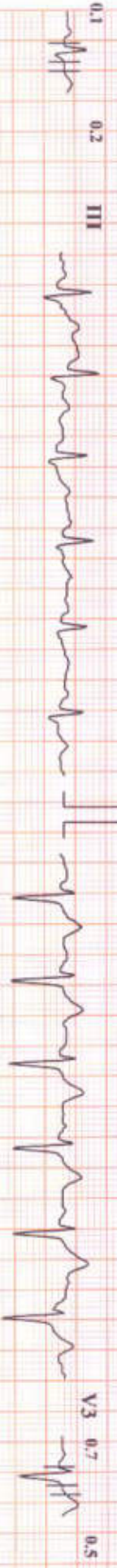


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R · 60 ms, J = R + 60 ms, Pos J = J + 60 ms

Schiller Cardiovit CS-20 Version 3.4

SUBURBAN DIAGNOSTICS KHAR-W

MR MANOJ JHA (45 M)

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2427609703

Stage: Recovery/3

Date: 19-10-2024

Speed: 0 kmph

Exec Time : 0:09:49

Grade: 0%

Stage Time: 00:48

THR: 148 bpm

HR: 106 bpm

BP: 160/90 mmHg

STLevel(mm) STSlope(mV/s)

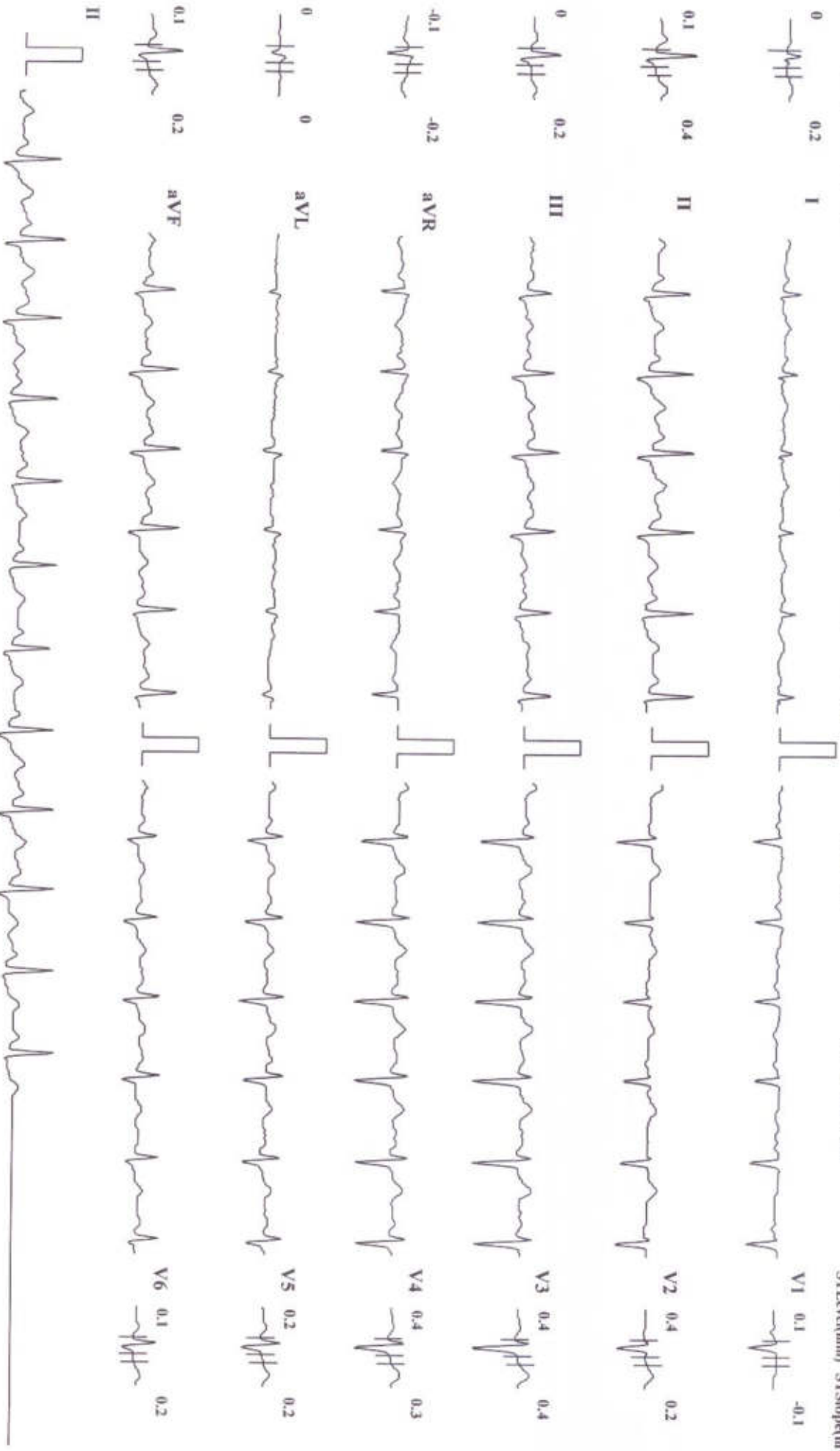


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms