



CID : 2405000742
Name : MR.RAVI PRAKASH VISHWAKARMA
Age / Gender : 41 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 19-Feb-2024 / 09:28
Reported : 19-Feb-2024 / 13:43

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	14.1	13.0-17.0 g/dL	Spectrophotometric
RBC	5.01	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.2	40-50 %	Calculated
MCV	86.2	80-100 fl	Measured
MCH	28.1	27-32 pg	Calculated
MCHC	32.6	31.5-34.5 g/dL	Calculated
RDW	13.8	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6780	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	31.7	20-40 %	
Absolute Lymphocytes	2140	1000-3000 /cmm	Calculated
Monocytes	8.6	2-10 %	
Absolute Monocytes	580	200-1000 /cmm	Calculated
Neutrophils	56.1	40-80 %	
Absolute Neutrophils	3770	2000-7000 /cmm	Calculated
Eosinophils	3.4	1-6 %	
Absolute Eosinophils	230	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	10	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	174000	150000-400000 /cmm	Elect. Impedance
MPV	10.8	6-11 fl	Measured
PDW	24.4	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 21 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
- Brigiden 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 CPL, Andheri 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	90.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	79.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.89	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.27	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.62	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.3	1 - 2	Calculated
SGOT (AST), Serum	32.6	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	39.7	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	40.2	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	104.8	40-130 U/L	Colorimetric
BLOOD UREA, Serum	25.0	12.8-42.8 mg/dl	Kinetic
BUN, Serum	11.7	6-20 mg/dl	Calculated
CREATININE, Serum	1.04	0.67-1.17 mg/dl	Enzymatic



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eGFR, Serum	93	(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	6.1	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 CPL, Andheri West
*** End Of Report ***



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	111.1	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.

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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)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	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	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	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

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	A
Rh TYPING	POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) 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 CPL, Andheri West
*** End Of Report ***



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Reported : 19-Feb-2024 / 14:20

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	178.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	181.8	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	30.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	147.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	112.0	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	35.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.7	0-3.5 Ratio	Calculated

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



J. Thakker

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M.D. (PATH), DPB
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CID : 2405000742
 Name : MR.RAVI PRAKASH VISHWAKARMA
 Age / Gender : 41 Years / Male
 Consulting Dr. : -
 Reg. Location : Malad West (Main Centre)

Collected : 19-Feb-2024 / 09:28
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.6	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.1	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.37	0.35-5.5 microIU/ml mIU/ml	ECLIA



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Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

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Reported : 19-Feb-2024 / 13:58

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)

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*** End Of Report ***



J Thakker

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



बैंक ऑफ बड़ोदा
Bank of Baroda



नाम रवि प्रकाश विश्वकर्मा
Name RAVI PRAKASH VISHWAKARMA

व्यक्तिगत कूट सं.
E.C. No 167356


प्रतिष्ठापक अधिकारी
Issuing Authority


धारक के हस्ताक्षर
Signature of Holder



Name : MR. RAVI PRAKASH VISHWAKARMA

Age / Gender : 41 Years/Male

Consulting Dr. :

Collected : 19-Feb-2024 / 09:13

Reg. Location : Malad West (Main Centre)

Reported : 19-Feb-2024 / 15:17

PHYSICAL EXAMINATION REPORT

History and Complaints:

Nil

EXAMINATION FINDINGS:

Height (cms):	174	Weight (kg):	84
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	110/80	Nails:	Normal
Pulse:	72/min	Lymph Node:	Not palpable

Systems

Cardiovascular: Normal
Respiratory: Normal
Genitourinary: Normal
GI System: Normal
CNS: Normal

IMPRESSION:

ADVICE:

Lifestyle modification

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 |

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- | | |
|------------------------------------------|--------------------------|
| 8) Thyroid/ Endocrine disorders | No |
| 9) Nervous disorders | No |
| 10) GI system | No |
| 11) Genital urinary disorder | Renal calculi in 2018-19 |
| 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 | Right humerus in 2017 |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

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

*** End Of Report ***

DR. SONALI HONRAO
MD (C.M.D.)
CONSULTING PHYSICIAN
REG NO.2001/04/1882

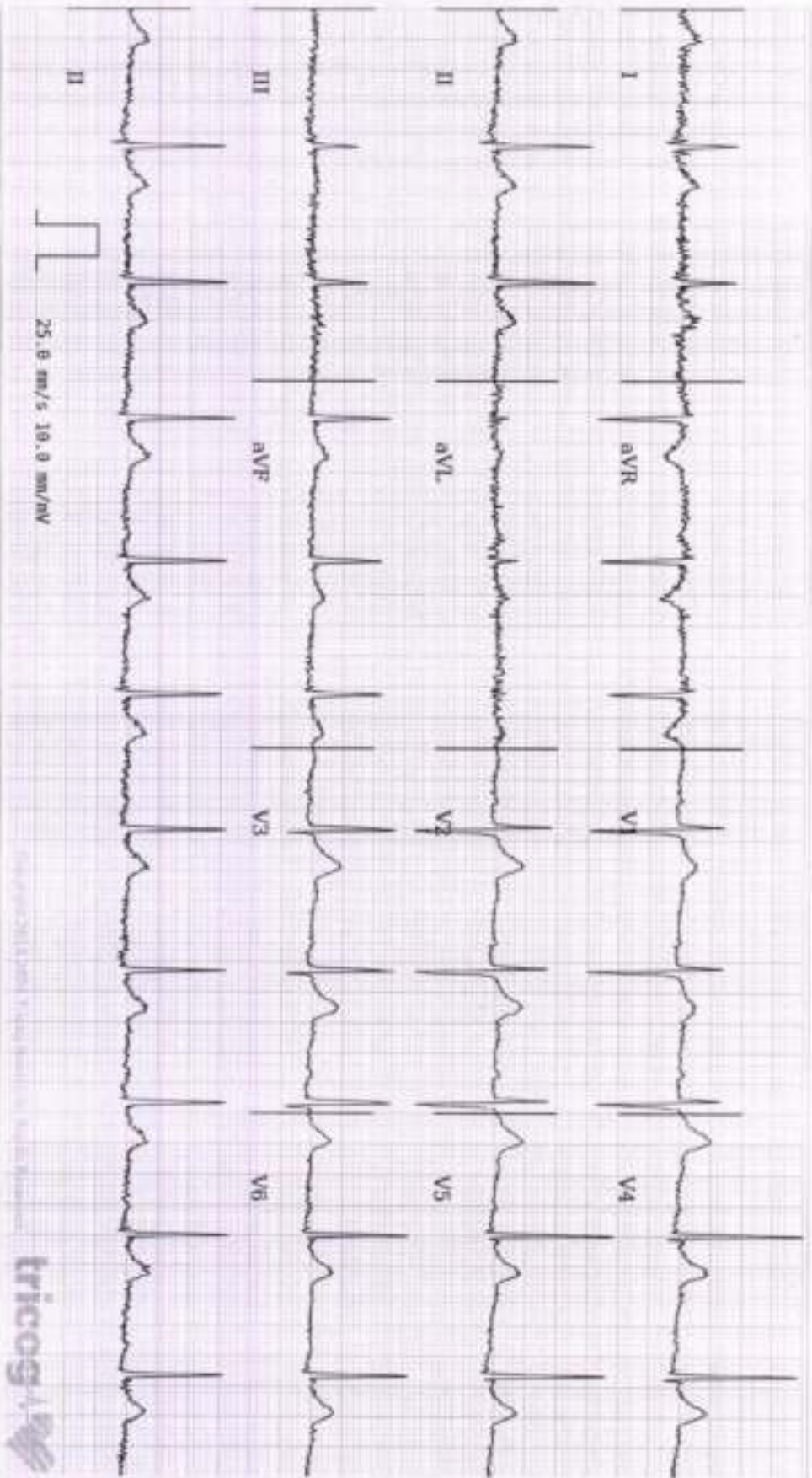
Dr.Sonali Honrao
MD physician
Sr. Manager-Medical Services
(Cardiology)

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102-104, 20th Street, Malad West,
Opp. Corporation Bus Stand, No. 10,
Link Road, Malad (W), Mumbai - 400 064.

Patient Name: **Prakash Ravi Vishwakarma**
Patient ID: **2405000742**

SUBURBAN DIAGNOSTICS - MALAD WEST

Date and Time: **19th Feb 24 10:39 AM**



Age **41** years

Gender **Male**

Heart Rate **67**

Patient Vitals

BP: **110/50**

Weight: **84 kg**

Height: **174 cm**

Pulse: **NA**

SpO2: **NA**

Resp: **NA**

Others: **NA**

Measurements

QRSd:	84ms
QT:	390ms
QTcB:	412ms
PR:	186ms
P-R-T:	NA 58°

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

REPORTED BY

[Signature]

DR SONALI HIRKAD
MD (General Medicine)
Physician
2007/04/1982

Disclaimer: (1) Analysis is done using a brand on ECGs done and should be used as an aid to assist in clinical decision making, and results of other analysis and non-ECG data and should be interpreted by a qualified physician. (2) Patient's name are not printed by the technician and are derived from the ECG.

Date:- 19/2/24

CID: 2405000742

Name:- Ravi pratash vishwaka^{son} Sex/Age: M/41

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

DV
RE - 6/6
LE - 6/6

NV
RE - N/6
LE - N/6

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	_____				_____			
Near	_____				_____			

Colour Vision: Normal Abnormal

Remark:

SUBURBAN DIAGNOSTICS (PVT) LTD.
B-14, Bhoomi Co-
Operative Housing Society,
Link Road, Connaught Place, New Delhi.

Authenticity Check



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CID : 2405000742
Name : Mr RAVI PRAKASH
VISHWAKARMA
Age / Sex : 41 Years/Male
Ref. Dr :
Reg. Location : Malad West Main Centre
Reg. Date : 19-Feb-2024
Reported : 19-Feb-2024 / 15:02

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.

Kindly correlate clinically.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. X- ray is known to have inter-observer variations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests further / follow-up imaging may be needed in some case for confirmation of findings. Please interpret accordingly.

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

DR. Akash Chhari
MBBS, MD, Radio-Diagnosis Mumbai
MMC REG NO - 2011/08/2862

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024021909141008>

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Reg. Date : 19-Feb-2024
Reported : 19-Feb-2024 / 10:06

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USG WHOLE ABDOMEN

LIVER:

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

GALL BLADDER:

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

PANCREAS:

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

KIDNEYS:

Both the kidneys are normal in size, shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.
Right kidney measures 9.6 x 5.1 cm.
Left kidney measures 9.6 x 4.9 cm.

SPLEEN:

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

URINARY BLADDER:

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

PROSTATE:

The prostate is normal in size and echotexture.

Click here to view images <http://3.111.232.119:8181/Viewer/NeoralViewer?AccessionNo=2024021909140990>

Authenticity Check



CID : 2405000742
Name : Mr RAVI PRAKASH
VISHWAKARMA
Age / Sex : 41 Years/Male
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 19-Feb-2024
Reported : 19-Feb-2024 / 10:06

Use a QR Code Scanner
Application To Scan the Code

IMPRESSION:

No significant abnormality is seen.

Suggestion: 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 case for confirmation of findings. Patient has been explained in detail about the USG findings including its limitations and need for further imaging if clinically indicated. Please interpret accordingly. All the possible precaution have been taken under covid-19 pandemic.

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

Dr. Sunil Bhutka
DMRD DNB
MMC REG NO:2011051101

Click here to view images <http://3.111.232.119/IRISViewer/NeoradViewer?AccessionNo=2024021909140990>

Malad West

Station
Telephone:**EXERCISE STRESS TEST REPORT**

Patient Name: RAVI PRAKASH, VISHWAKARMA
 Patient ID: 2405000742
 Height: 174 cm
 Weight: 84 kg

DOB: 02.03.1982
 Age: 41yrs
 Gender: Male
 Race: Asian

Study Date: 19.02.2024
 Test Type: --
 Protocol: BRUCE

Referring Physician: --
 Attending Physician: DR SONALI HONRAO
 Technician: --

Medications: --

Medical History: --

Reason for Exercise Test: --Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:14	0.00	0.00			
	STANDING	00:05	0.00	0.00	79	110/80	
	HYPERV.	00:05	0.00	0.00	79	110/80	
EXERCISE	WARM-UP	00:16	1.00	0.00	80	110/80	
	STAGE 1	03:00	1.70	0.00	76	110/80	
	STAGE 2	03:00	2.50	10.00	125	120/80	
	STAGE 3	01:38	3.40	12.00	144	130/80	
RECOVERY		03:06	0.00	0.00	166	130/80	
					111	130/80	

The patient exercised according to the BRUCE for 7:37 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 79 bpm rose to a maximal heart rate of 166 bpm. This value represents 92 % of the maximal, age-predicted heart rate. The resting blood pressure of 110/80 mmHg, rose to a maximum blood pressure of 130/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

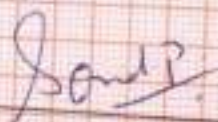
Summary: Resting ECG: normal.
 Functional Capacity: normal.
 HR Response to Exercise: appropriate.
 BP Response to Exercise: normal resting BP - appropriate response.
 Chest Pain: none.
 Arrhythmias: none.
 ST Changes: none.
 Overall impression: Normal stress test.

Conclusions

Good effort tolerance. No Significant ST- T changes as compared to baseline. No chest pain / arrhythmia noted. Stress test is negative for inducible ischemia.

Disclaimer : Negative stress test does not rule out possibility of Coronary Artery Disease. Positive stress test is suggestive but not confirmatory of Coronary Artery Disease. Hence clinical correlation is mandatory.

Physician



Technician

DR. SONALI HONRAO
MD (G.MED)
CONSULTING PHYSICIAN
REG NO.2001/04/1882

SURVIVAM DIAGNOSTICS (INDIA) PVT. LTD.
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78 bpm
110/80 mmHg

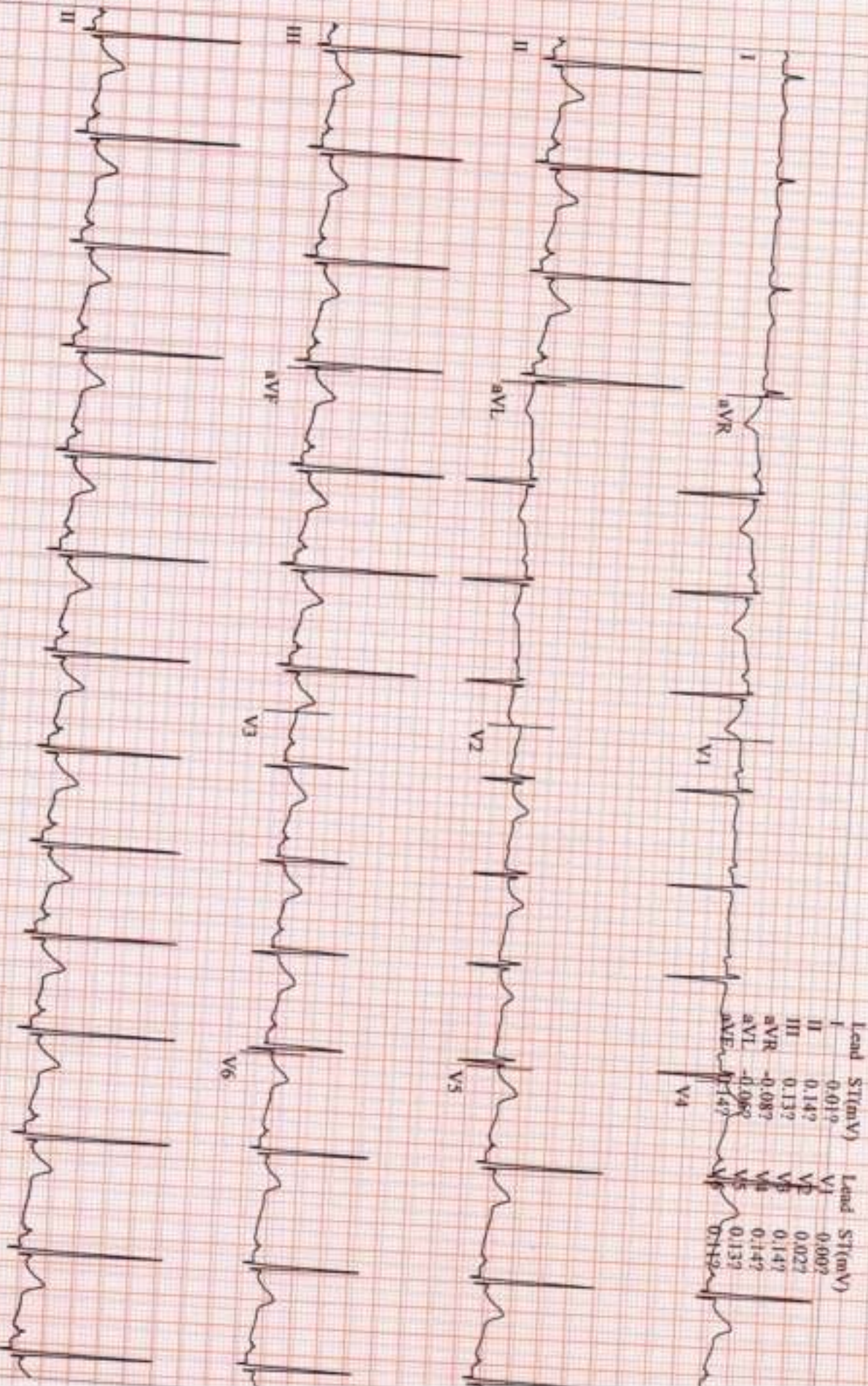
PRETEST
SUPINE
00:12

12-Lead Report

BRUCE
0.0 mph
0.0 %

Measured at 60ms Post J
Auto Points

SUBURBAN DIAGNOS



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(LL,V5)

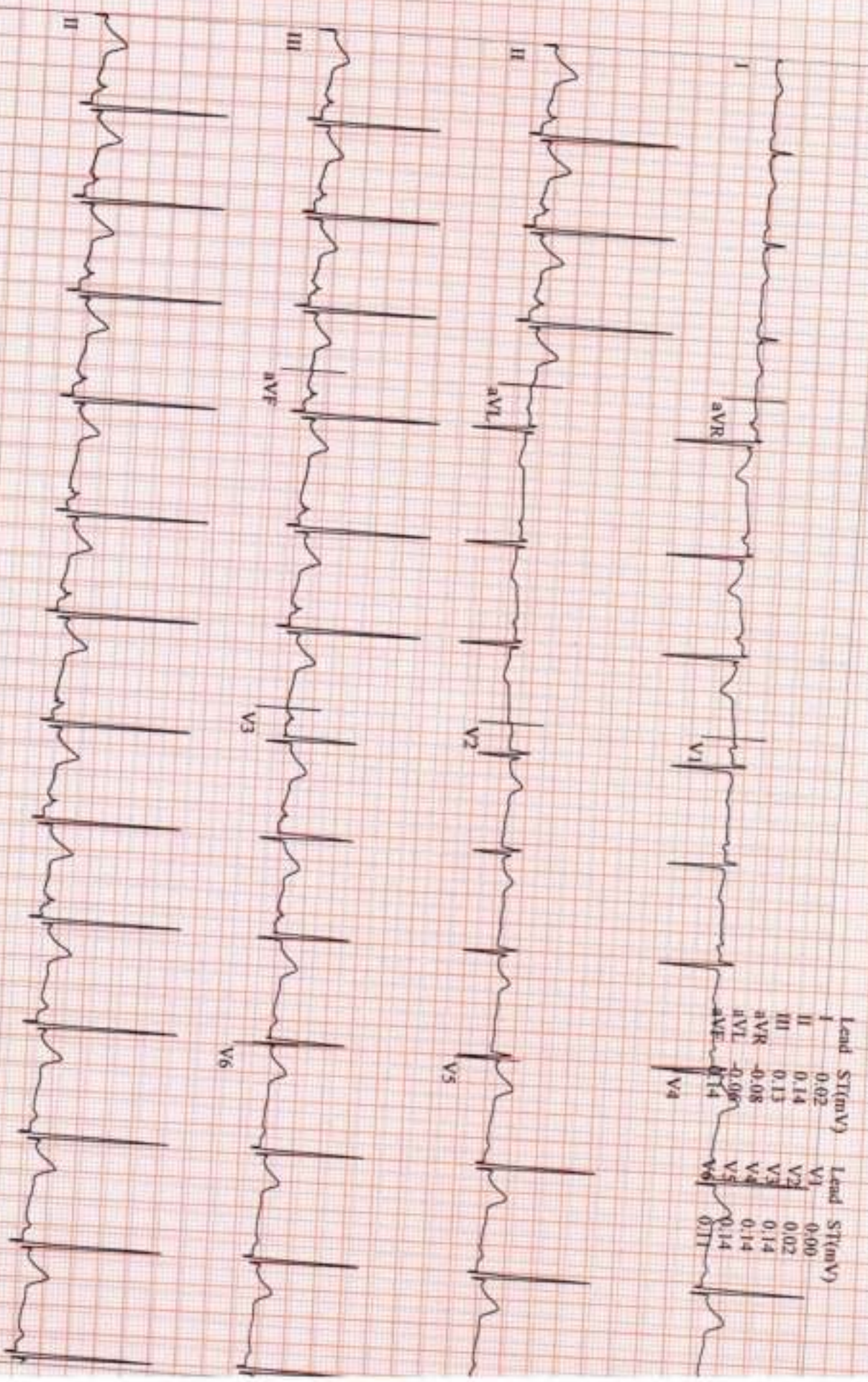
Start of Test: 11:12:43am

80 bpm
 110/80 mmHg

12-Lead Report
 PRETEST
 STANDING
 00:18

BRUCE
 0.0 mph
 0.0 %

Measured at 60ms Post J
 Auto Points
 SUBURBAN DIAGNOS



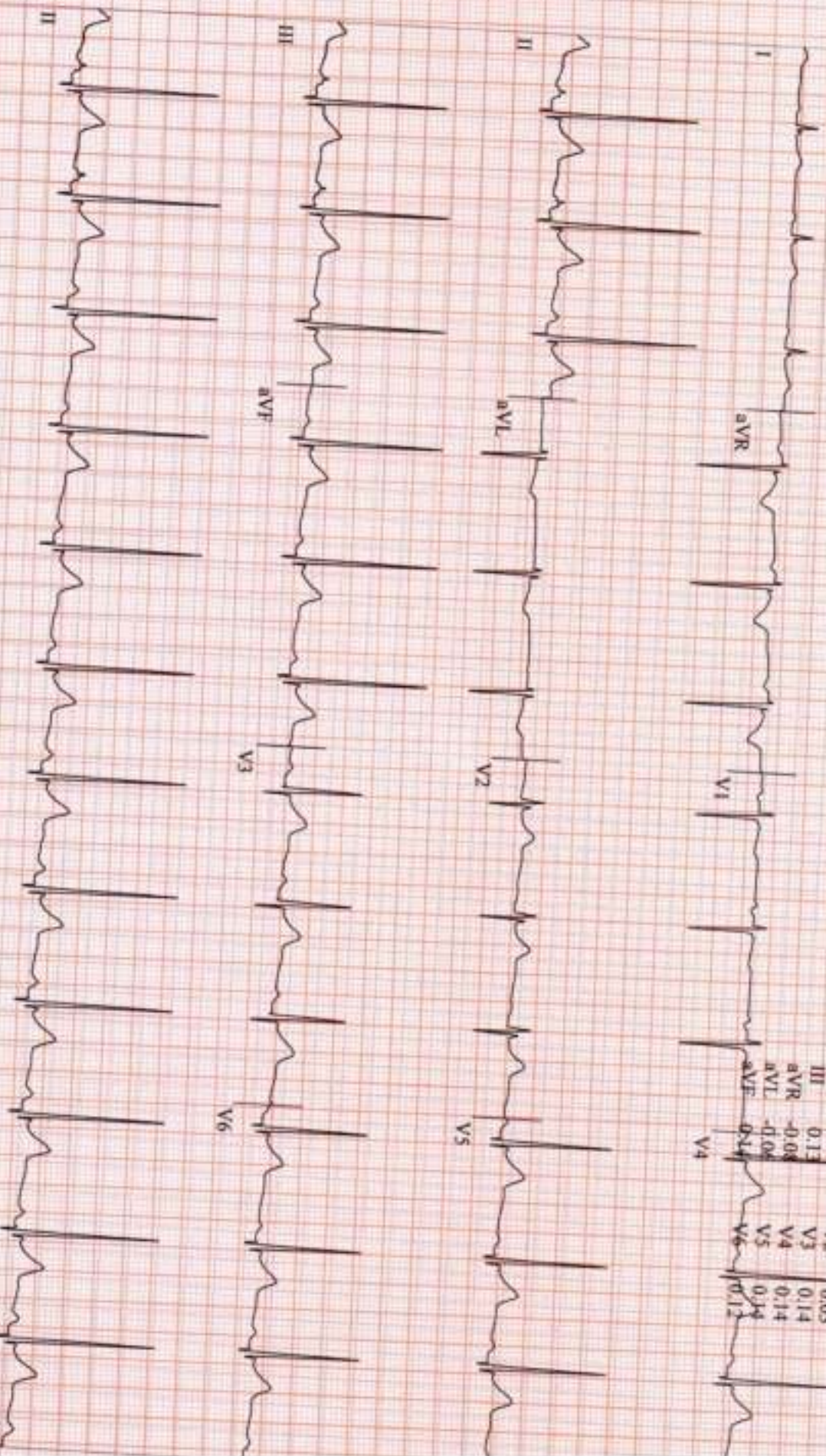
GE CardioSoft V6.73 (2)
 25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(DL,VS)

Start of Test: 11:12:43am

Measured at 60ms Post J

Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	-0.02	V1	0.00
II	0.14	V2	0.03
III	0.13	V3	0.14
aVR	-0.08	V4	0.14
aVL	-0.06	V5	0.14
aVF	0.14	V6	0.12



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(LV5)

Start of Test: 11:12:43am

RAVI PRAKASH, VISHWAKARMA

Patient ID 2405000742

19.02.2024

11:16:12am

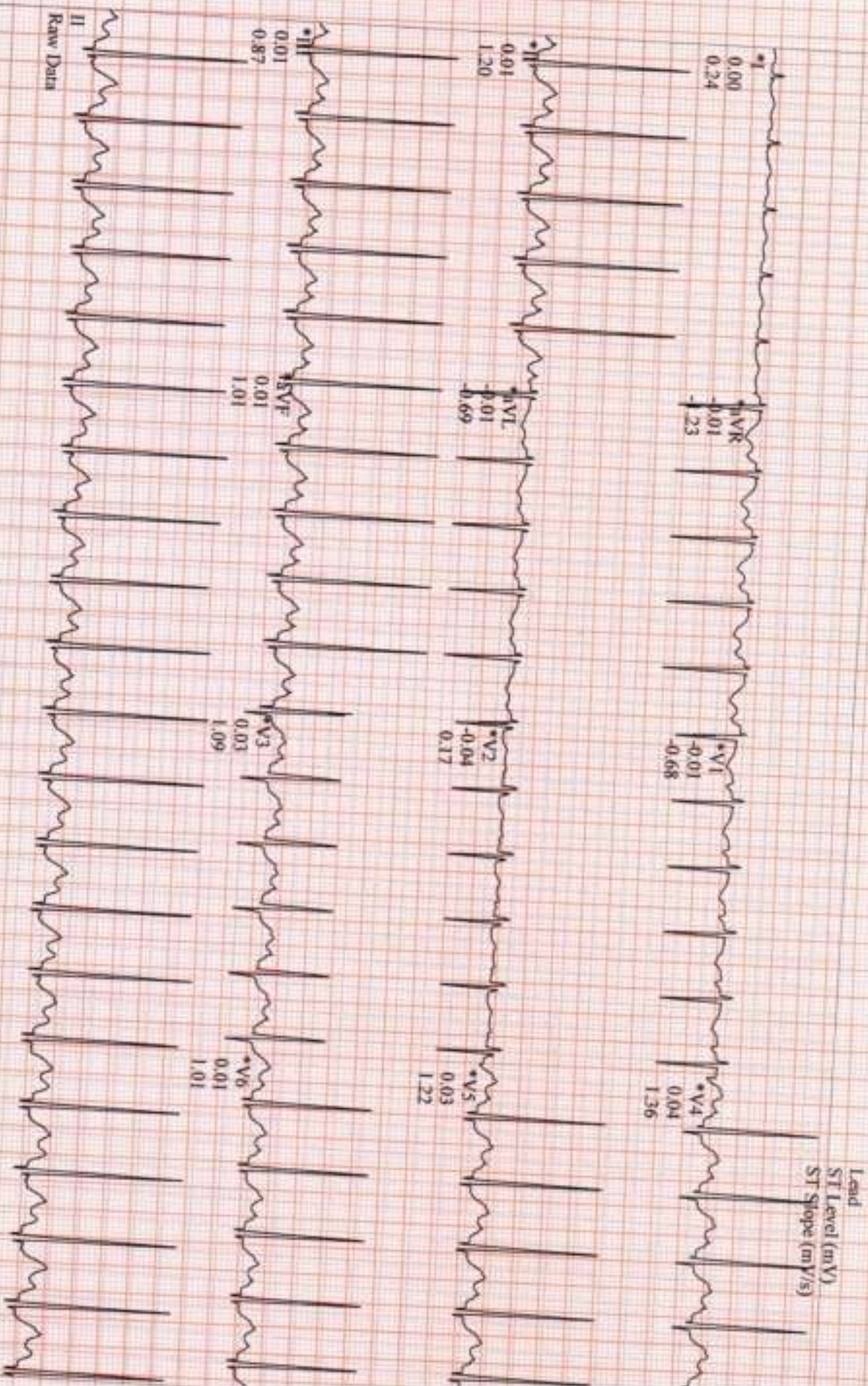
Linked Medians

125 bpm
120/80 mmHg

EXERCISE
STAGE 1
02:50

BRUCE
1.7 mph
10.0%

SUBURBAN DIAGNOS



Raw Data

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(QLV5)

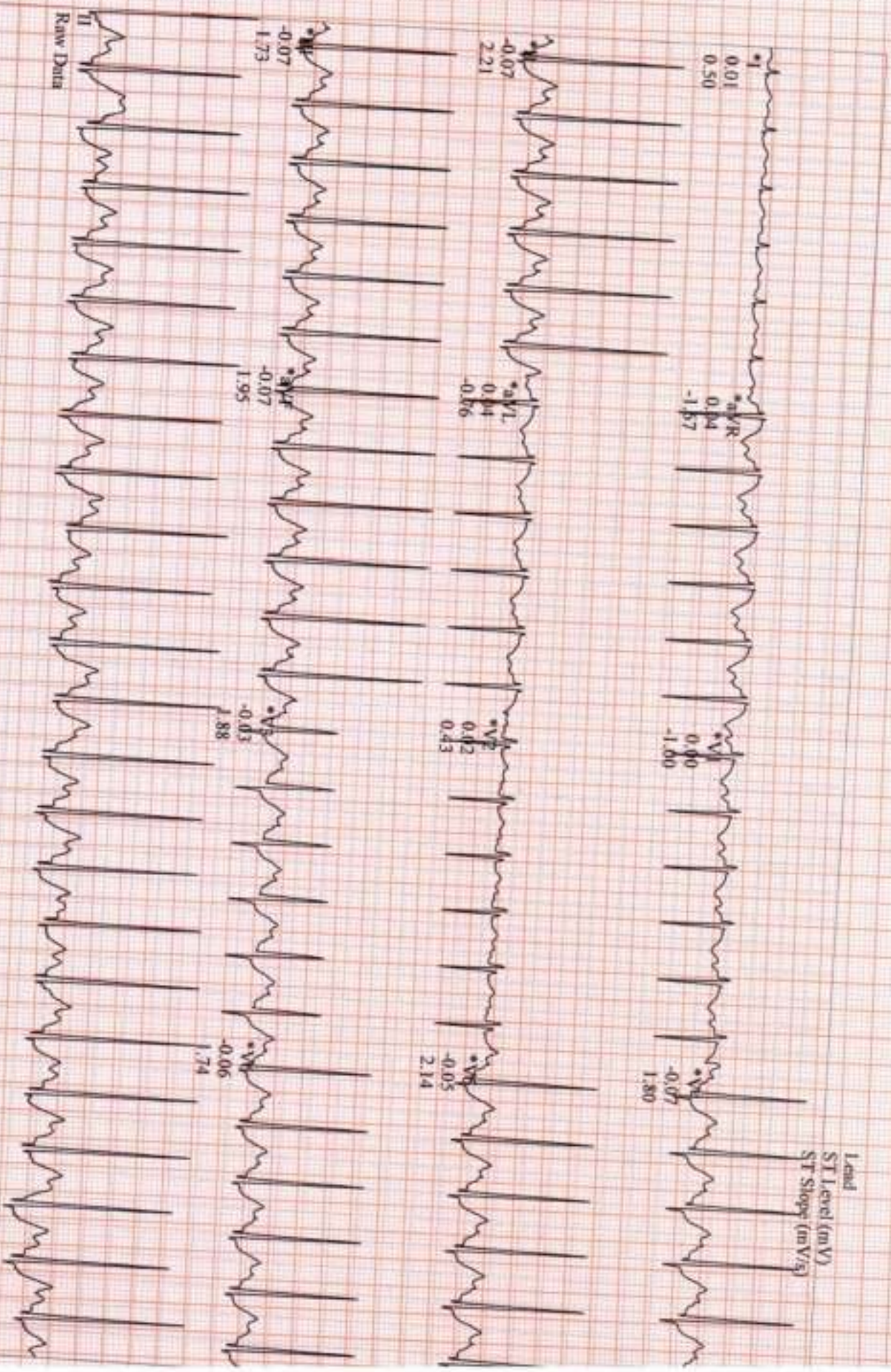
*Computer Synthesized Rhythms

Start of Test: 11:12:43am

Linked Medians
EXERCISE STAGE 2
142 bpm
130/80 mmHg
05:50

BRUCE
2.5 mph
12.0 %

SUBURBAN DIAGNOS



Raw Data

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(QL.V5)

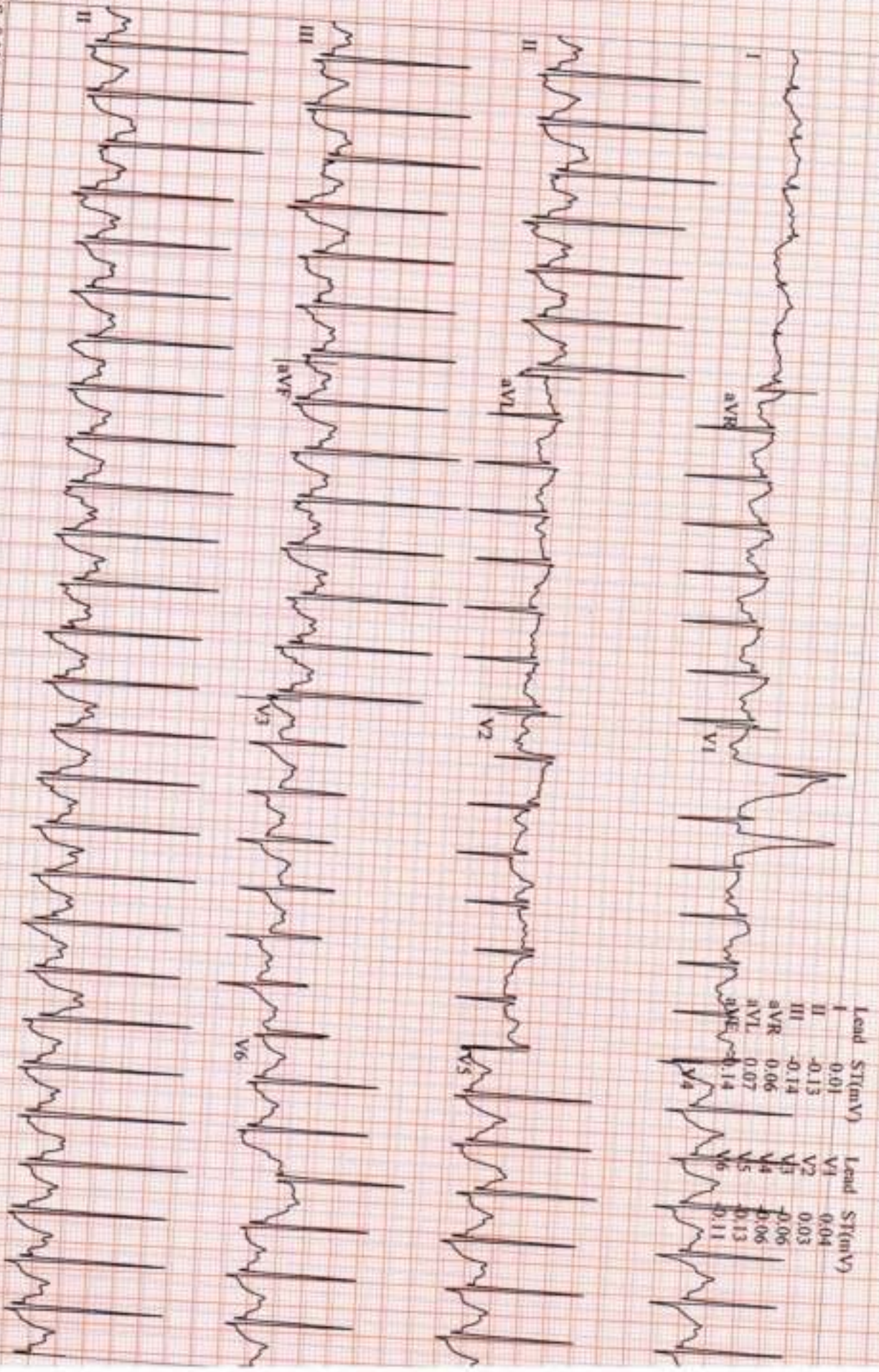
Start of Test: 11:12:43am

*Computer Synthesized Rhythms

166 bpm

12-Lead Report (PEAK EXERCISE)
 EXERCISE STAGE 3
 07:38
 BRUCE
 3.4 mph
 14.0%

SUBURBAN DIAGNOSIS
 Measured at 60ms Post J
 Auto Points



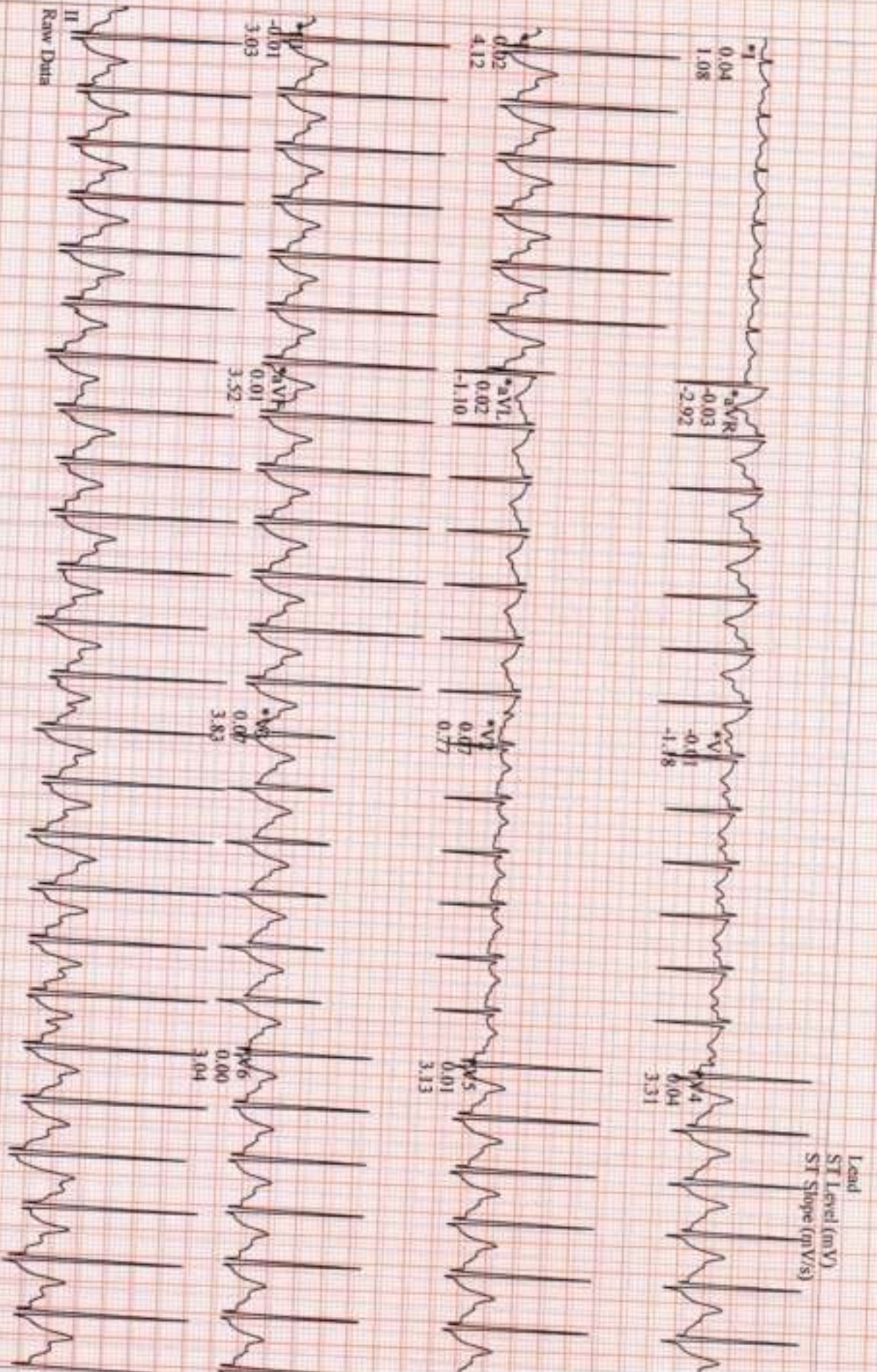
RAVI PRAKASH, VISHWAKARMA
Patient ID 2405000742
19.02.2024
11:21:59am

153 bpm

Linked Medians
RECOVERY #1
01:00

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOSIS



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II, V5)

Start of Test: 11:12:43am

*Computer Synthesized Rhythms

125 bpm
 RECOVERY #1
 02:00

BRUCE
 0.0 mph
 0.0 %

SUBURBAN DIAGNOS



Raw Data

GE CardioSoft V6.73 (2)
 25 mm/s 10 mm/m V 50Hz 0.01Hz FRF+ HR(QI,V5)

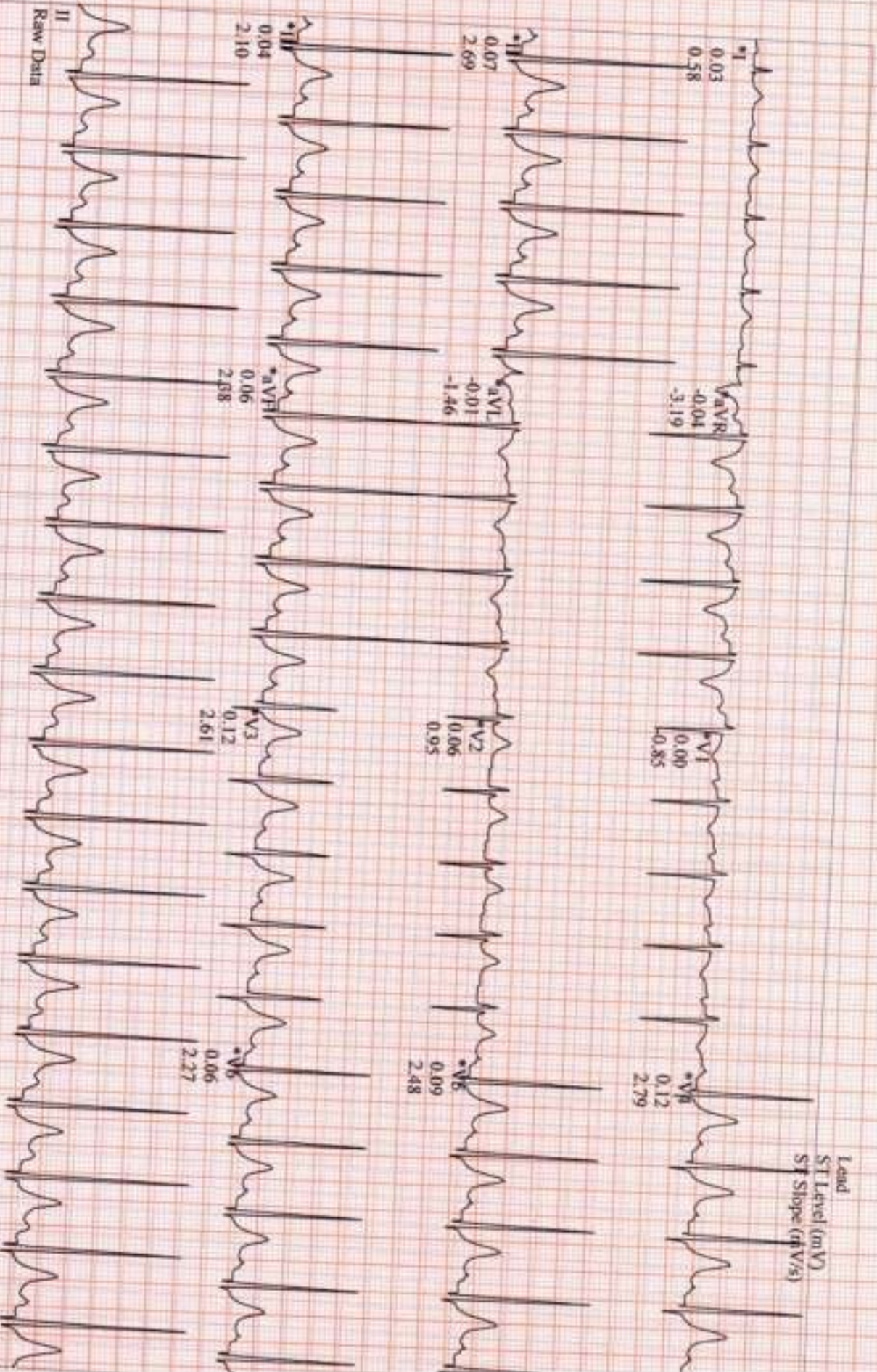
Start of Test: 11:12:43am

*Computer Synthesized Rhythms

Linked Medians
 RECOVERY #1
 112 bpm
 130/80 mmHg
 03:00

BRUCE
 0.0 mph
 0.0 %

SUBURBAN DIAGNOS



Raw Data

GE CardioSoft V6.73 (2)
 25 mm/s 10 mm/mV 50Hz FRF+ HR(LV5)

Start of Test: 11:12:43am

*Computer Synthesized Rhythms