

PHYSICAL EXAMINATION REPORT

Patient Name	Amol Kumar	Sex/Age	M/31
Date	27/3/23	Location	Thane

History and Complaints

cl - cough, cold.

EXAMINATION FINDINGS:

Height (cms):	181	Temp (0c):	37.2
Weight (kg):	91	Skin:	NAD.
Blood Pressure	130/80	Nails:	
Pulse	72/regular	Lymph Node:	

Systems :

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

Impression: ↑ ESR

Chest X-ray
↑ B/V prominence

Urine - (trace) Blood
occ. RBC's
Dyslipidaemia

Advice: - Low Fat Diet
- Drink Plenty of Liquids.

1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthama	Nil
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders	
10)	GI system	No-GEB stones (2 yrs back)
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptoms	
13)	Blood disease or disorder	Nil
14)	Cancer/lump growth/cyst	
15)	Congenital disease	
16)	Surgeries	- cholecystectomy
17)	Musculoskeletal System	Nil

PERSONAL HISTORY:

1)	Alcohol	NO
2)	Smoking	NO
3)	Diet	- mixed
4)	Medication	- for cough, cold





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CID : 2308601345
Name : MR.AMOL KUMAR
Age / Gender : 31 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 27-Mar-2023 / 10:16
Reported : 27-Mar-2023 / 11:55

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	13.0	13.0-17.0 g/dL	Spectrophotometric
RBC	4.80	4.5-5.5 mil/cmm	Elect. Impedance
PCV	42.0	40-50 %	Measured
MCV	87.6	80-100 fl	Calculated
MCH	27.1	27-32 pg	Calculated
MCHC	30.9	31.5-34.5 g/dL	Calculated
RDW	17.7	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7890	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	29.3	20-40 %	
Absolute Lymphocytes	2311.8	1000-3000 /cmm	Calculated
Monocytes	6.7	2-10 %	
Absolute Monocytes	528.6	200-1000 /cmm	Calculated
Neutrophils	62.1	40-80 %	
Absolute Neutrophils	4899.7	2000-7000 /cmm	Calculated
Eosinophils	1.9	1-6 %	
Absolute Eosinophils	149.9	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	170000	150000-400000 /cmm	Elect. Impedance
MPV	12.1	6-11 fl	Calculated
PDW	23.8	11-18 %	Calculated

RBC MORPHOLOGY



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Hypochromia -
Microcytosis -
Macrocytosis -
Anisocytosis Mild
Poikilocytosis Mild
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Elliptocytes-occasional
WBC MORPHOLOGY -
PLATELET MORPHOLOGY Megaplatelets seen on smear
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR **36** 2-15 mm at 1 hr. Sedimentation

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



J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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

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Reported : 27-Mar-2023 / 12:04

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	83.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	110.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.37	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.13	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.24	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	26.8	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	31.7	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	24.3	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	78.5	40-130 U/L	PNPP
BLOOD UREA, Serum	26.4	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	12.4	6-20 mg/dl	Calculated

Authenticity Check



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Collected : 27-Mar-2023 / 13:23
Reported : 27-Mar-2023 / 15:38

CREATININE, Serum	0.87	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	109	>60 ml/min/1.73sqm	Calculated
Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation			
URIC ACID, Serum	5.5	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 ***

AREAS OF SPECIAL EXPERTISE

OUR PRESENCE



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.5	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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*** End Of Report ***



Dr. Imran Mujawar
Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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Collected : 27-Mar-2023 / 10:16
Reported : 27-Mar-2023 / 17:36

AERFOCAMI HEALTHCARE BELOW 40 MALF/FEMALE
EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<u>PHYSICAL EXAMINATION</u>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<u>CHEMICAL EXAMINATION</u>		
Reaction (pH)	Acidic (6.0)	-
Occult Blood	Absent	Absent
<u>MICROSCOPIC EXAMINATION</u>		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Absent	Absent
Yeast Cells	Absent	-
Undigested Particles	Present +	-
Concentration Method (for ova)	No ova detected	Absent

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



J. Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



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Age / Gender : 31 Years / Male
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Reg. Location : G B Road, Thane West (Main Centre)

Collected : 27-Mar-2023 / 10:16
Reported : 27-Mar-2023 / 13:24

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	30	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Trace	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Occasional	0-2/hpf	
Epithelial Cells / hpf	3-4		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	4-5	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
*** End Of Report ***



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Authenticity Check



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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	AB
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
*** End Of Report ***

AREAS OF SPECIAL EXPERTISE

OUR PRESENCE



J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist

CID : 2308601345
Name : MR.AMOL KUMAR
Age / Gender : 31 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)



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Collected : 27-Mar-2023 / 10:16
Reported : 27-Mar-2023 / 12:16

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	208.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	158.7	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	39.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	168.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	136.0	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	32.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.4	0-3.5 Ratio	Calculated

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*** End Of Report ***

OUR PRESENCE



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M.D (Path)
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Collected : 27-Mar-2023 / 10:16
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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	4.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.6	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.56	0.35-5.5 microIU/ml	ECLIA

AREAS OF SPECIAL EXPERTISE

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

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 upto 15 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)

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



Amir Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist

Date: 27/3/23

CID:

Name: Amol Kumar

Sex / Age: M / 31

EYE CHECK UP

Chief complaints: RCU

Systemic Diseases: All

Past history: All

Unaided Vision: BK 6/6 21/32 16/6

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
[Signature]
SR. OPTOMETRIST



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Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 27-Mar-2023
Reported : 27-Mar-2023 / 14:01

R
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X-RAY CHEST PA VIEW

There is evidence of mildly increased bilateral bronchovascular prominence.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The aorta shows normal radiological features.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

Suggest clinico pathological co-relation.

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

Dr Gauri Varma
Consultant Radiologist
MBBS / DMRE
MMC- 2007/12/4113

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032710141540>

Page no 1 of 1

SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST
 Date and Time: 27th Mar 23 11:32 AM

Patient Name: AMOL KUMAR
 Patient ID: 2308601345



Age **31** years **0** months **23** days

Gender **Male**

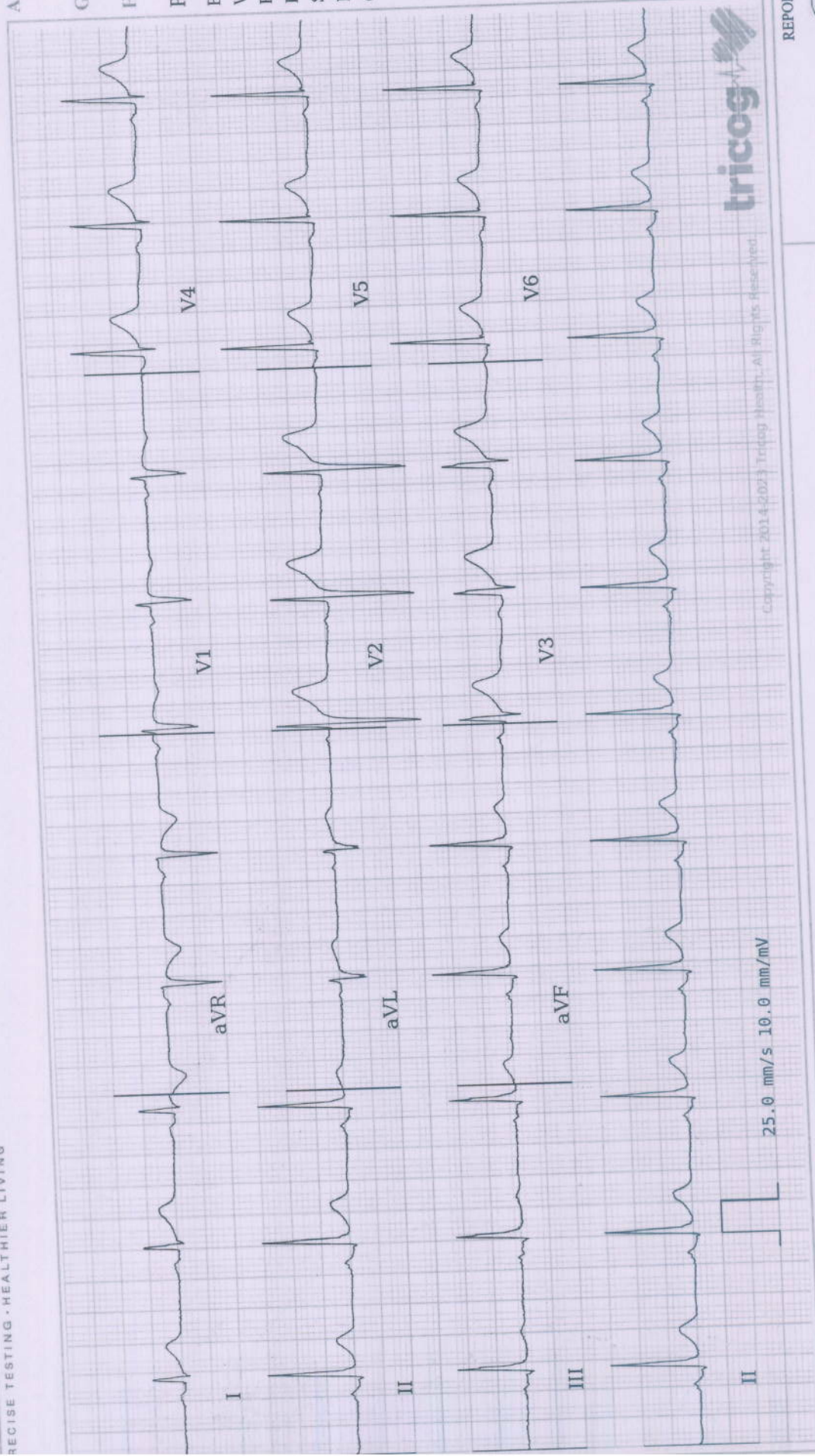
Heart Rate **70bpm**

Patient Vitals

BP: 130/80 mmHg
 Weight: 91 kg
 Height: 181 cm
 Pulse: NA
 Spo2: NA
 Resp: NA
 Others:

Measurements

QRSd: 80ms
 QT: 364ms
 QTc: 393ms
 PR: 162ms
 P-R-T: 42° 72° 41°



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REPORTED BY

[Signature]

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.



Report

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

E-Mail:

767 (2308601345) / AMOL KUMAR / 31 Yrs / M / 181 Cms / 91 Kg

Date: 27 / 03 / 2023 12:01:05 PM

Stage	Time	Duration	Speed(mph)	Elevation	MEIs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:10	0:10	00.0	00.0	01.0	103	54 %	130/80	133	00	
Standing	00:18	0:08	00.0	00.0	01.0	093	49 %	130/80	120	00	
HV	00:26	0:08	00.0	00.0	01.0	093	49 %	130/80	120	00	
ExStart	00:33	0:07	00.0	00.0	01.0	083	44 %	130/80	107	00	
BRUCE Stage 1	03:33	3:00	01.7	10.0	04.7	137	72 %	140/80	191	00	
PeakEx	04:52	1:19	02.5	12.0	05.8	162	86 %	150/80	243	00	
Recovery	05:52	1:00	00.0	00.0	01.0	124	66 %	150/80	186	00	
Recovery	06:52	2:00	00.0	00.0	01.0	104	55 %	150/80	156	00	
Recovery	08:52	4:00	00.0	00.0	01.0	095	50 %	130/80	123	00	
Recovery	08:55				00.0	000	0 %	---/---	000	00	

FINDINGS :

Exercise Time : 04:19
 Initial HR (ExStrt) : 83 bpm 44% of Target 189
 Initial BP (ExStrt) : 130/80 (mm/Hg)
 Max WorkLoad Attained : 5.8 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : III & -1.1 mm in PeakEX
 Test End Reasons : , Fatigue, Heart Rate Achieved

Max HR Attained 162 bpm 86% of Target 189
 Max BP Attained 150/80 (mm/Hg)

Dr. SHAILAJA PILLAI
 M.D. (GEN.MED)
 R.NO. 49972

Doctor : DR SHAILAJA PILLAI



REPORT

REPORT :

PROCEDURE DONE: Graded exercise treadmill stress test.
STRESS ECG RESULTS: The initial HR was recorded as 93.0 bpm, and the maximum predicted Target Heart Rate 189.0. 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.
The Test was completed because of , Fatigue, Heart Rate Achieved.

CONCLUSIONS:

1. TMT is negative for exercise induced ischemia.
2. Normal chronotropic and Normal inotropic response.
3. No significant ST T changes seen.
4. Vibrations seen interpretation difficult.

Dr. SHAILAJA PILLAI
M.D. (GEN.MED)
R.NO. 49972

Doctor : DR SHAILAJA PILLAI



SUPINE (00:01)

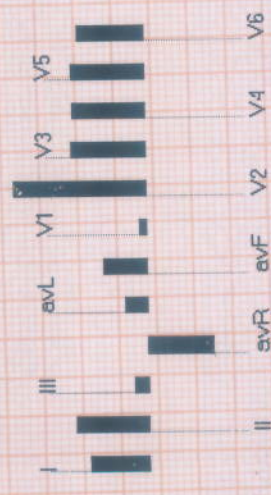
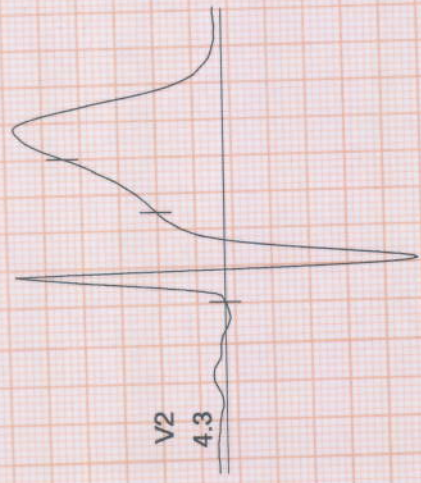
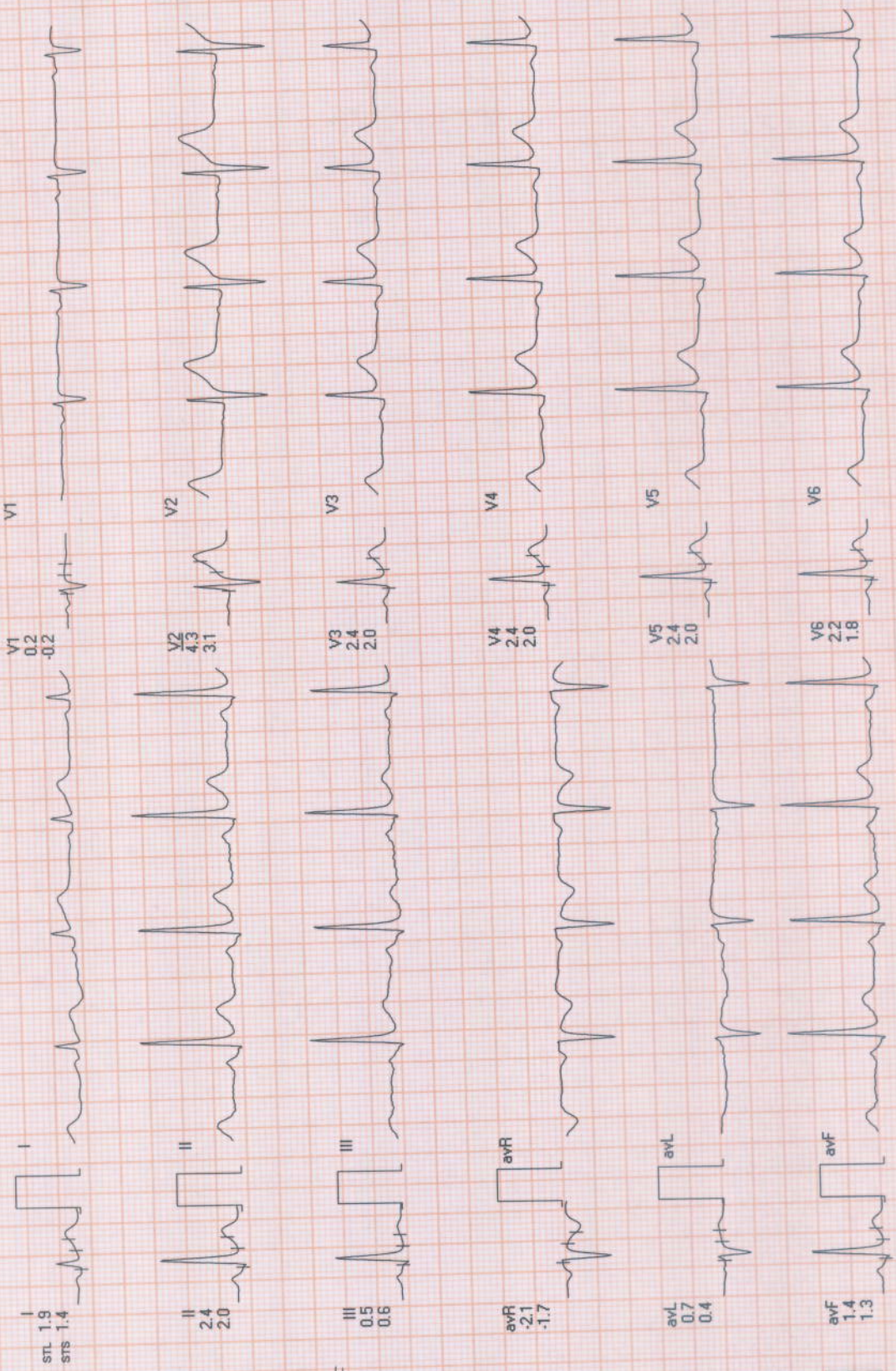
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

767 (2308601345) / AMOL KUMAR / 31 Yrs / M / 181 Cms / 91 Kg / HR : 103

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

Date: 27 / 03 / 2023 12:01:05 PM METS: 1.0/ 103 bpm 54% of THR BP: 130/80 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

4X 80 mS Post J



REMARKS:



STANDING (00:00)

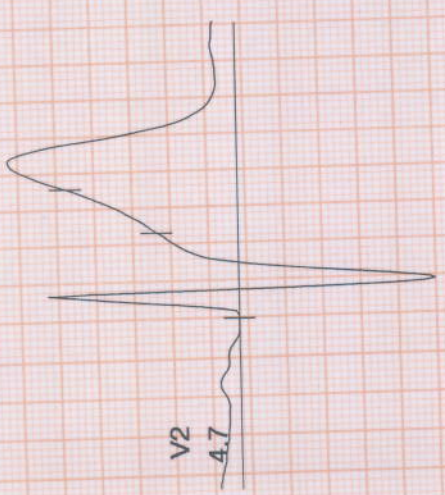
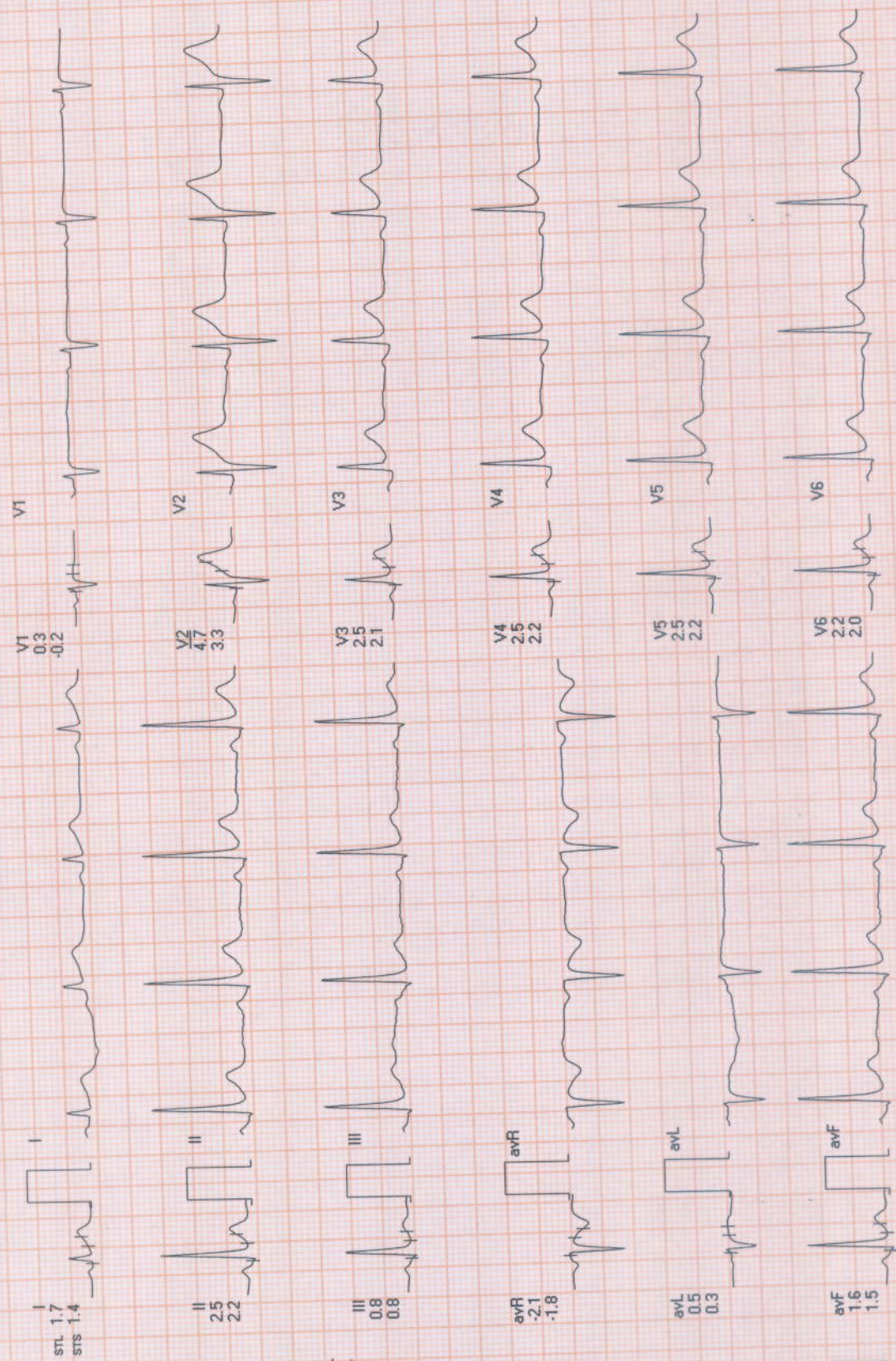
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

767 (2308601345) / AMOL KUMAR / 31 Yrs / M / 181 Cms / 91 Kg / HR : 93

ExTime: 00:00 0.0 mph. 0.0%

Date: 27/03/2023 12:01:05 PM METS: 1.0/93 bpm 49% of THR BP: 130/80 mmHg Raw ECG/BLC OrI/ Natch OrI/ HF 0.05 Hz/LF 100 Hz

4X 70 mS Post J



REMARKS:

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

767 / AMOL KUMAR / 31 Yrs / Male / 181 Cm / 91 Kg

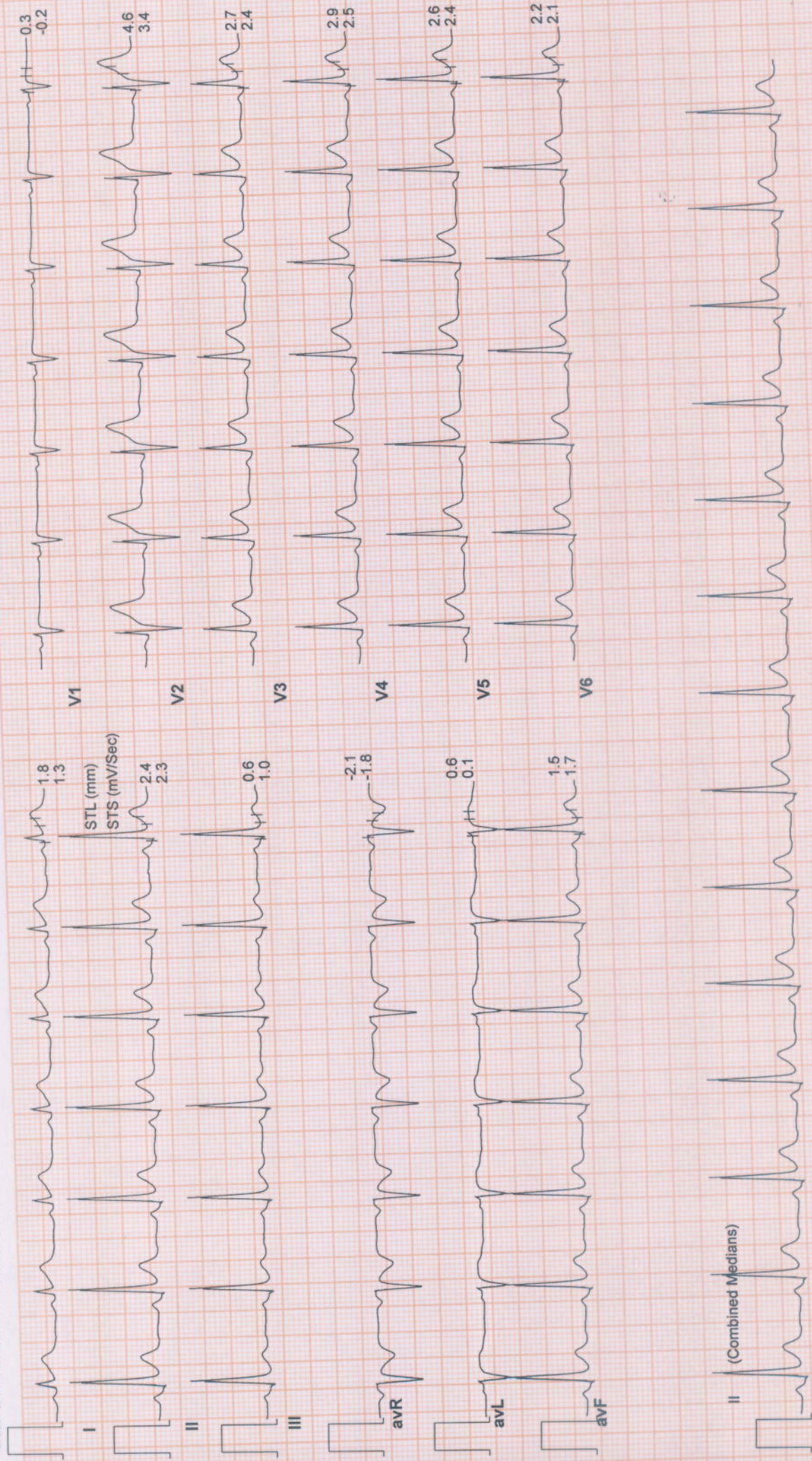
6X2 Combine Medians + 1 Rhythm

HV (00:00)



ExTime: 00:00 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec. 1.0 Cm/mV

Date: 27 / 03 / 2023 12:01:05 PM METs : 1.0 HR : 83 Target HR : 44% of 189 BP : 130/80 Post J @70mSec



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

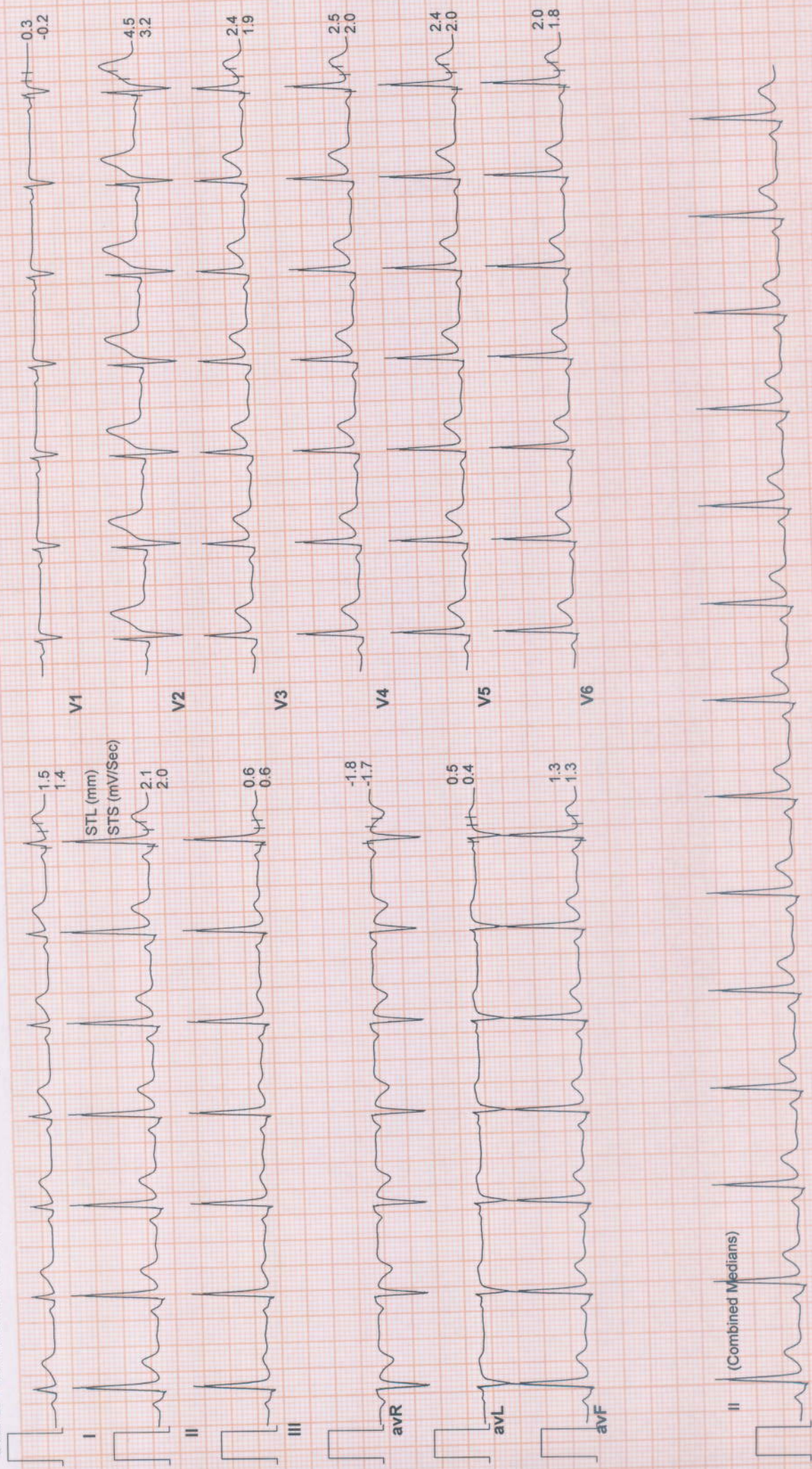
767 / AMOL KUMAR / 31 Yrs / Male / 181 Cm / 91 Kg

6X2 Combine Medians + 1 Rhythm ExStrt



ExTime: 00:00 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec. 1.0 Cm/mV

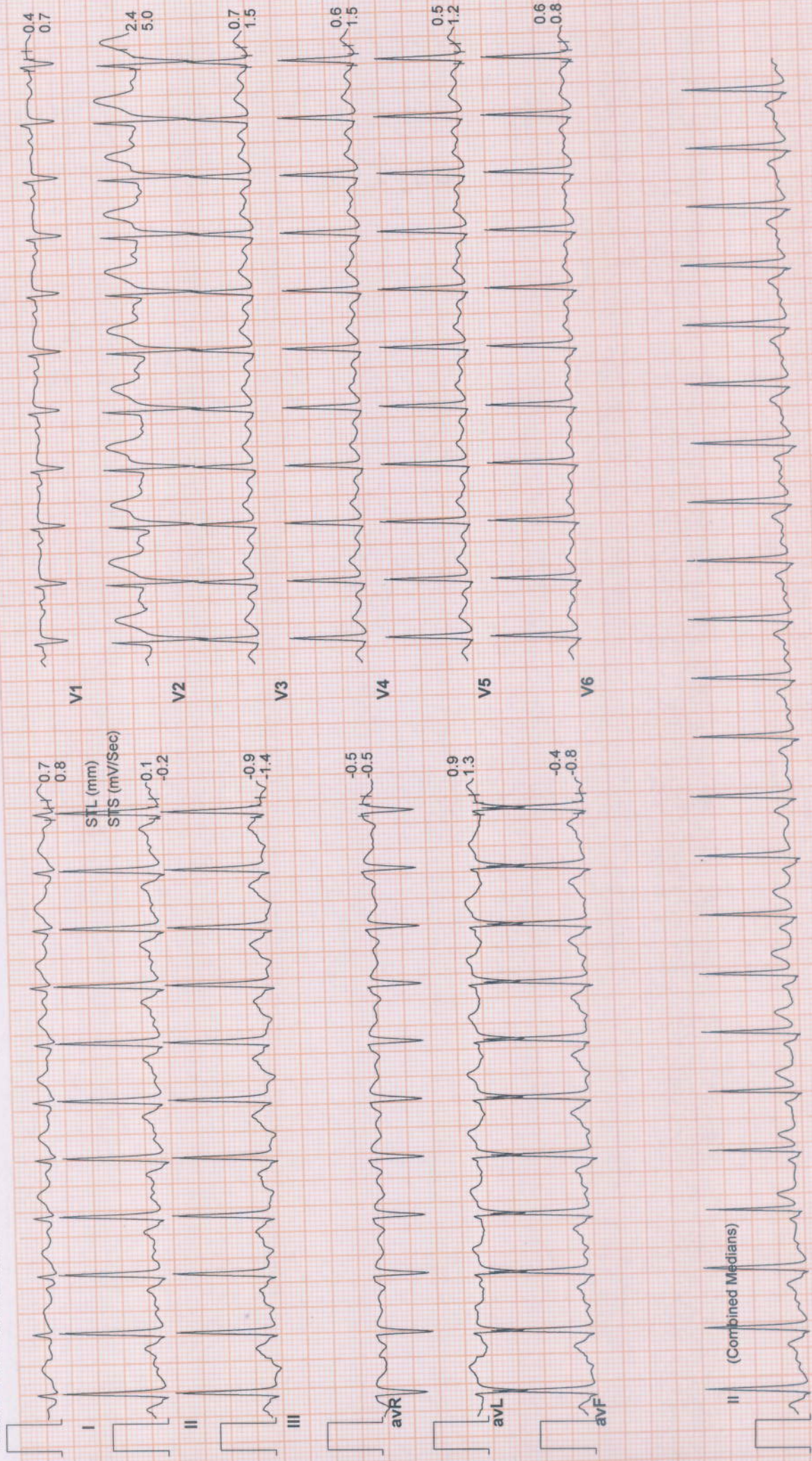
Date: 27 / 03 / 2023 12:01:05 PM METs : 1.0 HR : 83 Target HR : 44% of 189 BP : 130/80 Post J @70mSec





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

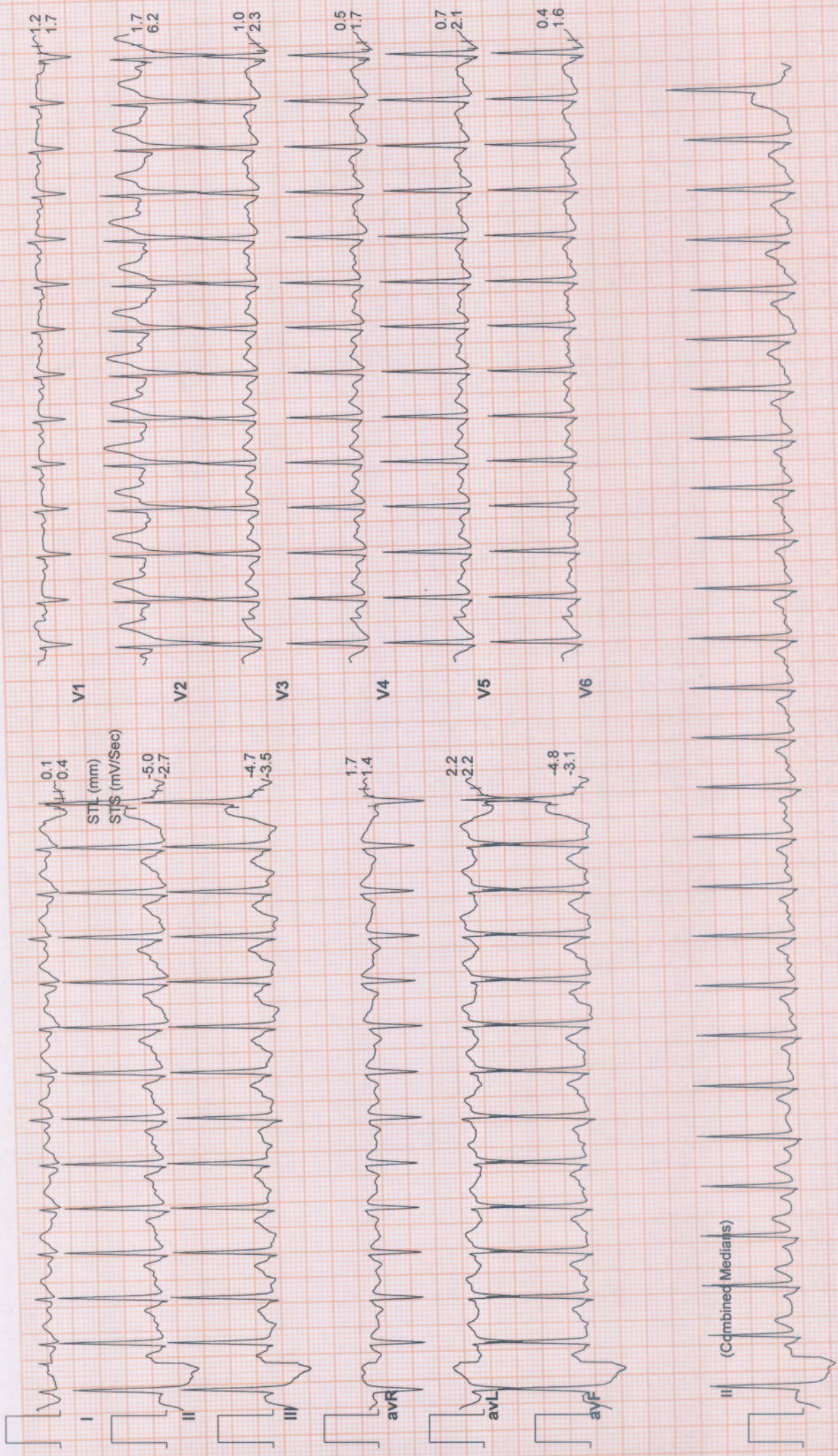
Date: 27 / 03 / 2023 12:01:05 PM METs : 4.7 HR : 137 Target HR : 72% of 189 BP : 140/80 Post J @60mSec





ExTime: 04:19 Speed: 2.5 mph Grade: 12.00 % 25 mm/Sec. 1.0 Cm/mV

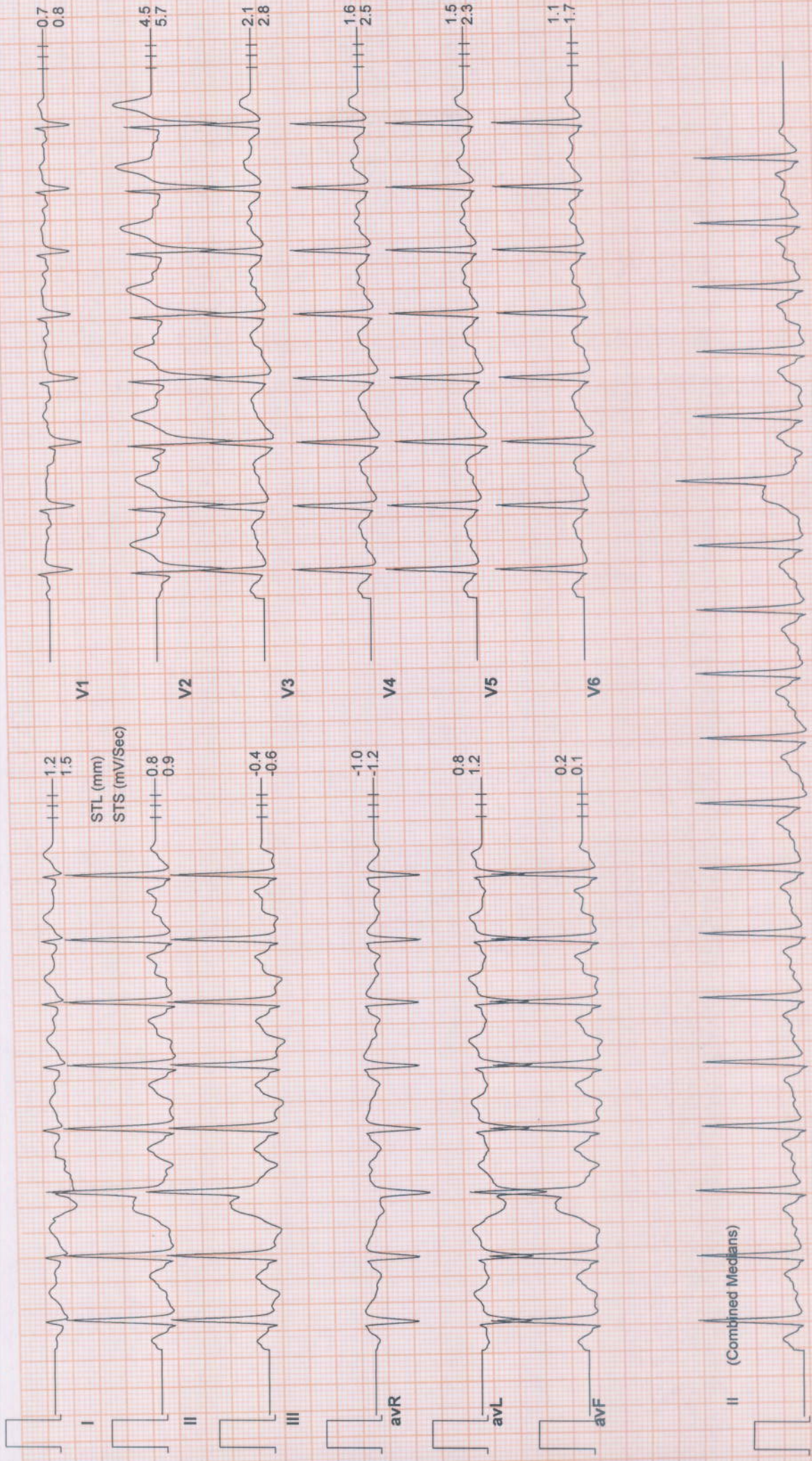
Date: 27 / 03 / 2023 12:01:05 PM METs : 5.8 HR : 162 Target HR : 86% of 189 BP : 150/80 Post J @60mSec





ExTime: 04:19 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

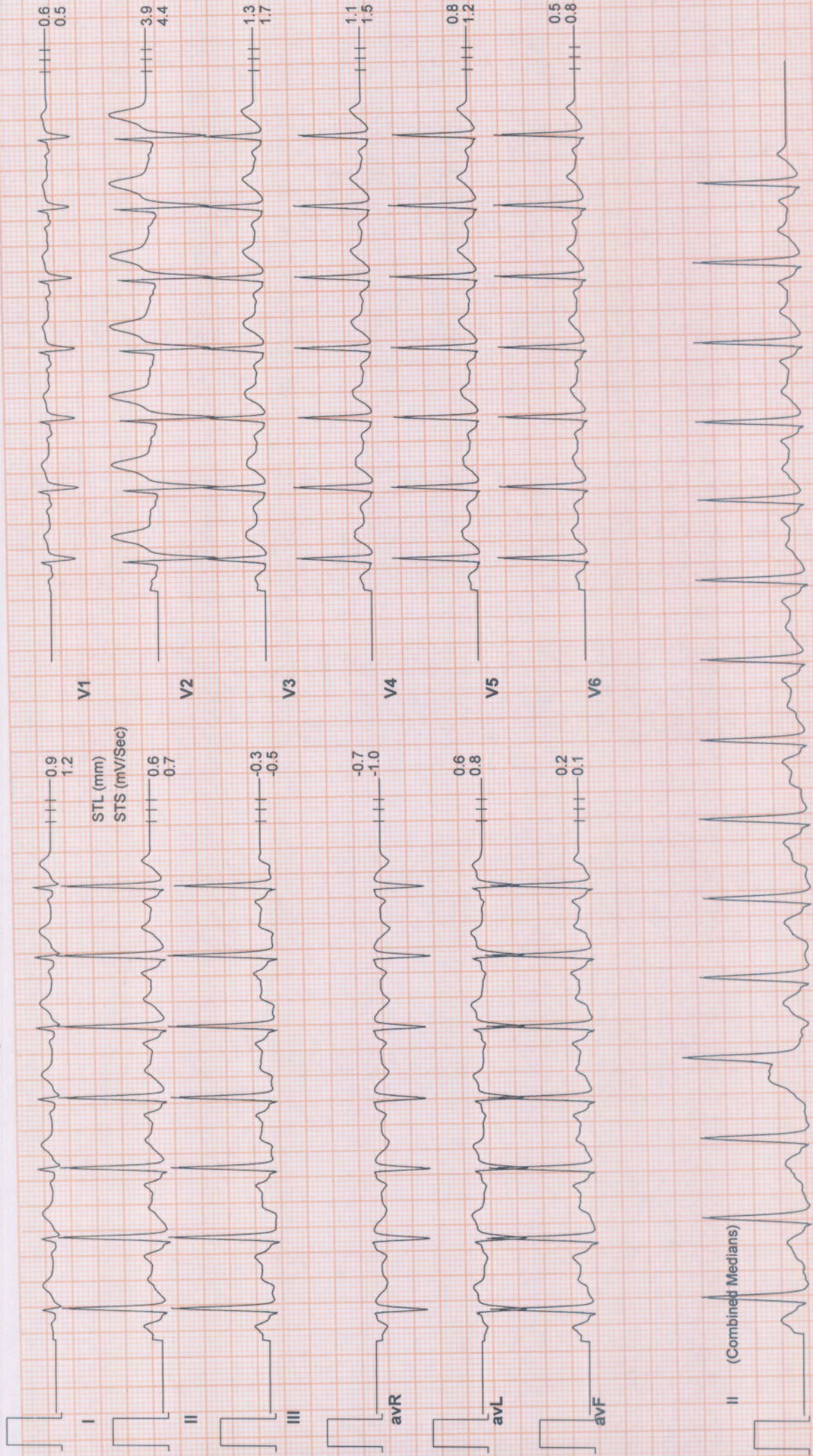
Date: 27 / 03 / 2023 12:01:05 PM METs : 1.0 HR : 124 Target HR : 66% of 189 BP : 150/80 Post J @80mSec





ExTime: 04:19 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

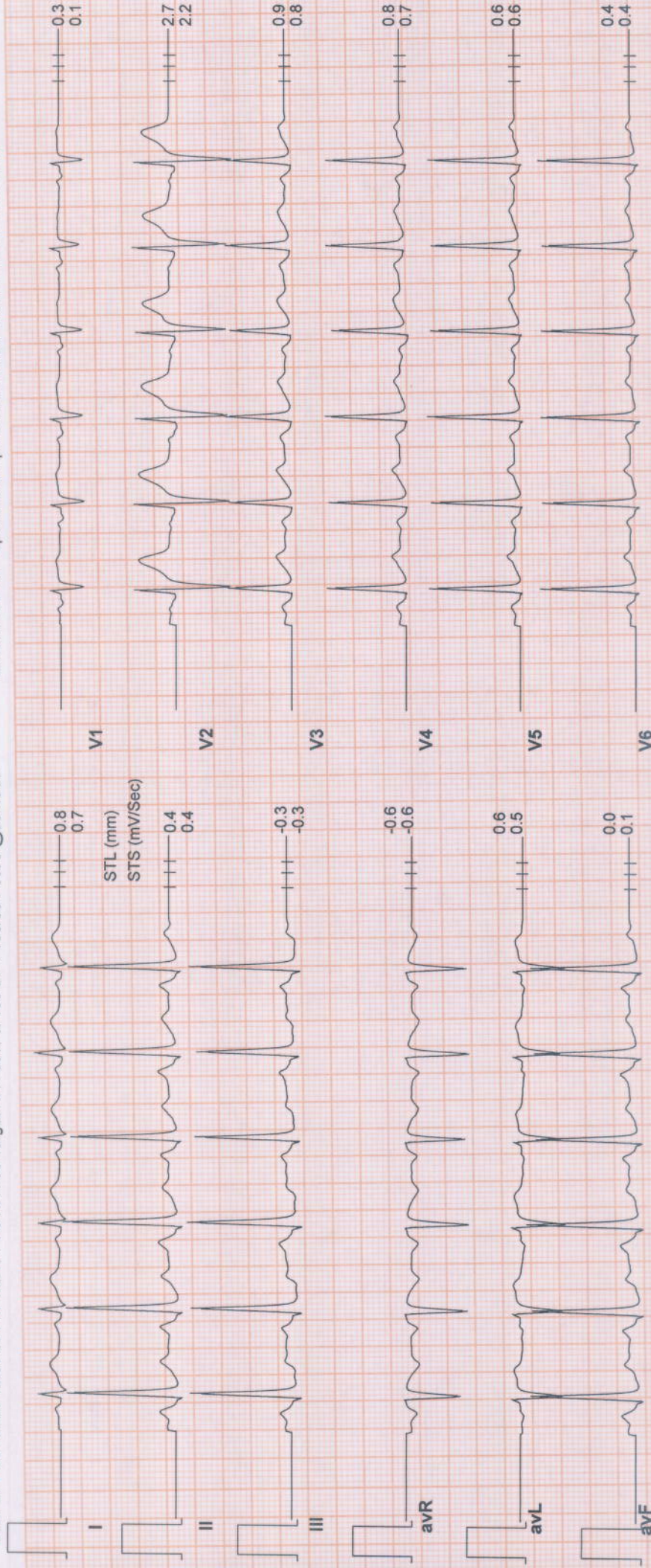
Date: 27 / 03 / 2023 12:01:05 PM METs : 1.0 HR : 104 Target HR : 55% of 189 BP : 150/80 Post J @80mSec





Date: 27 / 03 / 2023 12:01:05 PM METs : 1.0 HR : 95 Target HR : 50% of 189 BP : 130/80 Post J @80mSec

ExTime: 04:19 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

767 / AMOL KUMAR / 31 Yrs / Male / 181 Cm / 91 Kg

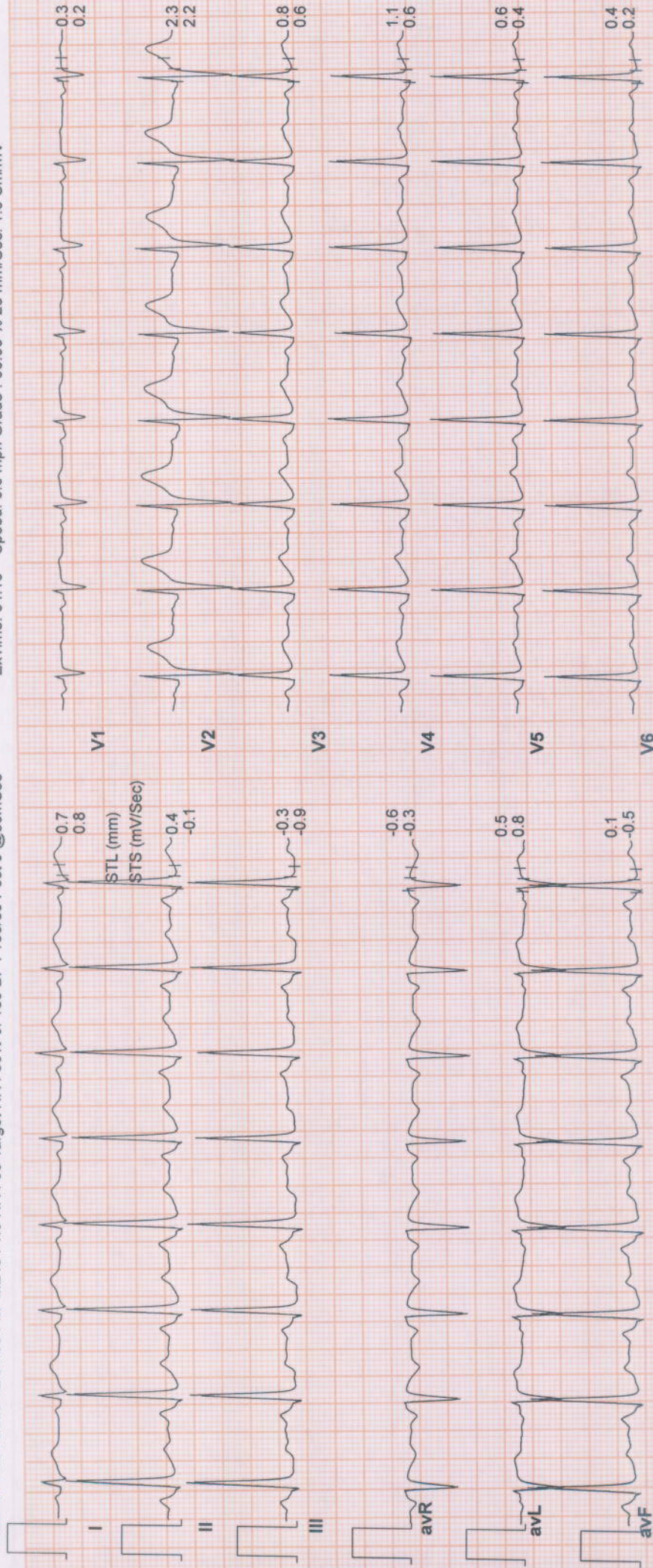
6X2 Combine Medians + 1 Rhythm

Recovery : (04:03)



Date: 27 / 03 / 2023 12:01:05 PM METs : 1.0 HR : 95 Target HR : 50% of 189 BP : 130/80 Post J @80mSec

ExTime: 04:19 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)