



CID : 2305621979
Name : MR. UMESHKUMAR SURESH NINAWA
Age / Gender : 38 Years / Male
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Collected : 25-Feb-2023 / 09:25
Reported : 25-Feb-2023 / 16:25

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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	13.4	13.0-17.0 g/dL	Spectrophotometric
RBC	4.57	4.5-5.5 mil/cmm	Elect. Impedance
PCV	42.5	40-50 %	Measured
MCV	93	80-100 fl	Calculated
MCH	29.4	27-32 pg	Calculated
MCHC	31.6	31.5-34.5 g/dL	Calculated
RDW	15.1	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4470	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	32.2	20-40 %	
Absolute Lymphocytes	1439.3	1000-3000 /cmm	Calculated
Monocytes	7.6	2-10 %	
Absolute Monocytes	339.7	200-1000 /cmm	Calculated
Neutrophils	52.1	40-80 %	
Absolute Neutrophils	2328.9	2000-7000 /cmm	Calculated
Eosinophils	6.7	1-6 %	
Absolute Eosinophils	299.5	20-500 /cmm	Calculated
Basophils	1.4	0.1-2 %	
Absolute Basophils	62.6	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	157000	150000-400000 /cmm	Elect. Impedance
MPV	11.7	6-11 fl	Calculated
PDW	21.7	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			



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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	87.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	116.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.96	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.33	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.63	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	1.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.5	1 - 2	Calculated
SGOT (AST), Serum	14.7	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	13.5	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	20.5	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	68.3	40-130 U/L	Colorimetric
BLOOD UREA, Serum	16.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.84	0.67-1.17 mg/dl	Enzymatic



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eGFR, Serum	109	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	6.2	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 Panvel Lab, Panvel East
*** End Of Report ***



J. Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



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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	5.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	102.5	mg/dl	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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*** End Of Report ***



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AERFOCAMI HEALTHCARE BELOW 40 MALE/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 (6.5)	-
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	Absent
Undigested Particles	Present ++	-
Concentration Method (for ova)	No ova detected	Absent

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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)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	1-2	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	Absent	0-5/hpf	
Red Blood Cells / hpf	2-3	0-2/hpf	
Epithelial Cells / hpf	Absent		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	

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

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

Reference: Pack insert

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East

*** End Of Report ***



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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
Rh TYPING	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

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

Limitations:

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

References:

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

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

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





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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	199.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	152.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	44.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	154.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	125.0	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	29.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.8	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East
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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	4.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.7	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.46	0.35-5.5 microIU/ml	ECLIA



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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 at least 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 Panvel Lab, Panvel East

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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.

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

Dr R K Bhandari
M D , DMRE
MMC REG NO. 34078



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भारत सरकार
Government of India





उमेश कुमार सुरेश निनावे
Umesh Kumar Suresh Ninawe
जन्म वर्ष / Year of Birth: 1984
पुंस / Male

3429 4787 2649



अध्यापक - सामान्य माणसांचा अधिकार


DR. Alka Patnaik
M.B.B.S., C.G.O.-Nagpur Reg. No. 7221
Dip. Psyseotherapy-U.K. Reg. No. OF395


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भारतवर्षी जवळ, शीराम नगर तसेच
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Bhamburda Chakki, Shiram nagar
Tumser, Bhavata, Bhandara Tumser,
Maharashtra 441912

3429 4787 2649

PHYSICAL EXAMINATION REPORT

Patient Name	Mr Umeshkumar Ninawe	Sex/Age	M/82
Date	25/02/23	CID	2305621979

History and Complaints

No clc. Clo Tremors in Rt hand since signature

EXAMINATION FINDINGS:

Height (cms):	173	Temp (0c):	Normal
Weight (kg):	76	Skin:	Normal
Blood Pressure	120/80	Nails:	White pigmentation of nail bed
Pulse	72	Lymph Node:	NP -
BMI	25.4		

Systems :

Cardiovascular:	S. S. Loud, NO MURMUR
Respiratory:	AEBS
Genitourinary:	Normal
GI System:	Normal
CNS:	Hand tremors (+)

Impression: Dystrophia

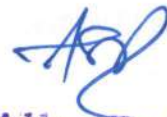
Advice:- Refer to Neurophysiologist for further management
or M.D physician
- Dietary Restrictions
- Lifestyle modifications

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.
8)	Thyroid/ Endocrine disorders	No
9)	Nervous disorders	No.
10)	GI system	No.
11)	Genital urinary disorder	Normal
12)	Rheumatic joint diseases or symptoms	Normal
13)	Blood disease or disorder	No
14)	Cancer/lump growth/cyst	No, Lipoma ⊕
15)	Congenital disease	No.
16)	Surgeries	No
17)	Musculoskeletal System	NAD.

PERSONAL HISTORY:

1)	Alcohol	No
2)	Smoking	Occasionally
3)	Diet	MRP
4)	Medication	No.



Dr. Alka Patnaik
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HEALTHLINE - MUMBAI: 022-6170-0000 | **OTHER CITIES:** 1800-266-4343

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

Date:- 25/02/23

CID: 2305621979

Name:- Mr Umeshkumar Nirao Sex / Age: m / 38

EYE CHECK UP

Chief complaints: NO

Systemic Diseases: - NO

Past history: - NO

Unaided Vision: - Yes

Aided Vision: - No.

Refraction: Normal in both eyes for near and distant vision

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—————→			6/6	—————→			6/6
Near	—————→			N/6	—————→			N/6

Colour Vision: Normal / Abnormal

Remark:

ASD
Dr. Atka Patnaik
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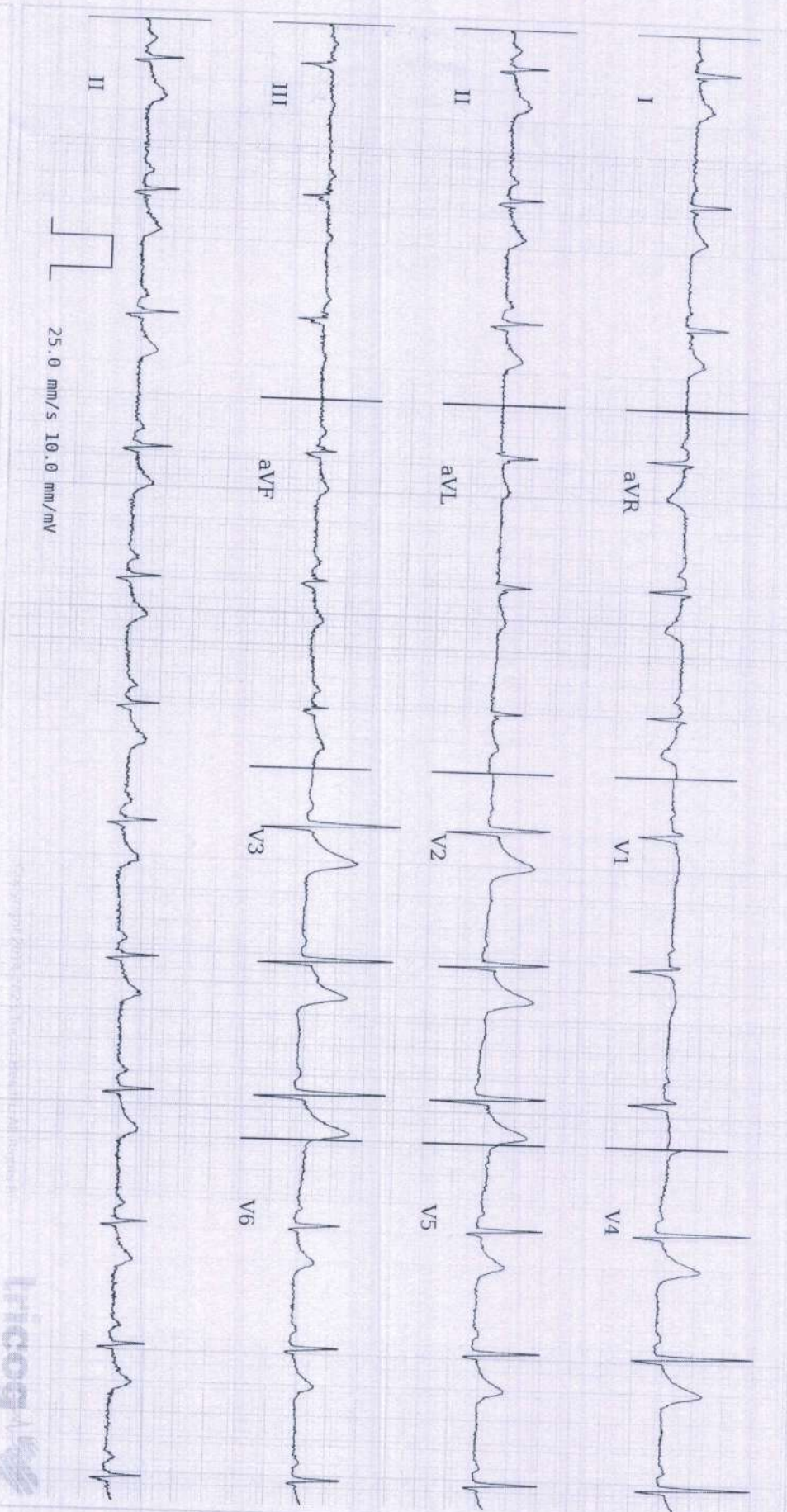
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Patient Name: **UMESHKUMAR SURESH NINNAWE**
Patient ID: **2305621979**

SUBURBAN DIAGNOSTICS - VASHI

Date and Time: **25th Feb 23 10:29 AM**



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

Age **38** **9** **23**
years months days

Gender **Male**

Heart Rate **72bpm**

Patient Vitals

BP: **120/80 mmHg**
Weight: **76 kg**
Height: **173 cm**
Pulse: **NA**
Spo2: **NA**
Resp: **NA**
Others:

Measurements

QRSD: **76ms**
QT: **364ms**
QTc: **398ms**
PR: **144ms**
P-R-T: **67° -5° 27°**

REPORTED BY
Aravind

Dr. Aravind N. Motwani
M.D. (General Medicine)
Reg. No. 30329 M.M.C.

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Ref. Dr :
Reg. Location : Vashi Main Centre

Reg. Date : 25-Feb-2023
Reported : 27-Feb-2023 / 11:16

Use a QR Code Scanner
Application To Scan the Code

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 11.0 x 5.0 cm. Left kidney measures 10.3 x 5.0 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 measures 3.9 x 2.4 x 2.9 cm volume is 15.2 cc.

IMPRESSION:

No significant abnormality is seen.

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

Dr Shilpa Beri
MBBS DMRE
Reg No 2002/05/2302
Consultant Radiologist

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023022509201637>

SUBURBAN DIAGNOSTICS

Patient Details

Name: MR UMESHKUMAR SURESH NINAWAE
 Age: 38 Y
 Clinical History: NIL
 Medications: NIL

Date: 25-Feb-23
 Sex: M

Time: 1:36:10 PM
 ID: 2305621979
 Height: 173 cms

Weight: 76 Kgs

Test Details

Protocol: Bruce
 Total Exec. Time: 9 m 50 s
 Max. BP: 170 / 80 mmHg
 Test Termination Criteria: THR ACHIEVED

Pr.MHR: 182 bpm
 Max. HR: 156 (86% of Pr.MHR) bpm
 Max. BP x HR: 26520 mmHg/min

THR: 154 (85 % of Pr.MHR) bpm
 Max. Mets: 13.50
 Min. BP x HR: 6640 mmHg/min

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 30	1.0	0	0	87	120/80	-1.06 aVR	1.06 II
Standing	0 : 14	1.0	0	0	83	120/80	-1.06 aVR	1.06 II
Hyperventilation	0 : 14	1.0	0	0	90	120/80	-1.06 aVR	1.06 II
1	3 : 0	4.6	1.7	10	112	140/80	-1.49 aVR	2.12 II
2	3 : 0	7.0	2.5	12	124	150/80	-1.06 aVR	2.48 II
3	3 : 0	10.2	3.4	14	142	150/80	-0.64 II	2.83 II
Peak Ex	0 : 50	13.5	4.2	16	156	160/80	-1.06 III	2.83 II
Recovery(1)	1 : 0	1.8	1	0	116	160/80	-1.27 V4	3.18 II
Recovery(2)	1 : 0	1.0	0	0	100	170/80	-0.64 aVR	2.83 II
Recovery(3)	1 : 0	1.0	0	0	95	150/80	-0.42 II	1.42 V4
Recovery(4)	1 : 0	1.0	0	0	103	140/80	-0.42 II	1.06 I
Recovery(5)	0 : 9	1.0	0	0	94	140/80	-0.21 II	0.71 I

SUBURBAN DIAGNOSTICS

Patient Details

Name: MR UMESHKUMAR SURESH NINAWNE
 Age: 38 Y

Date: 25-Feb-23

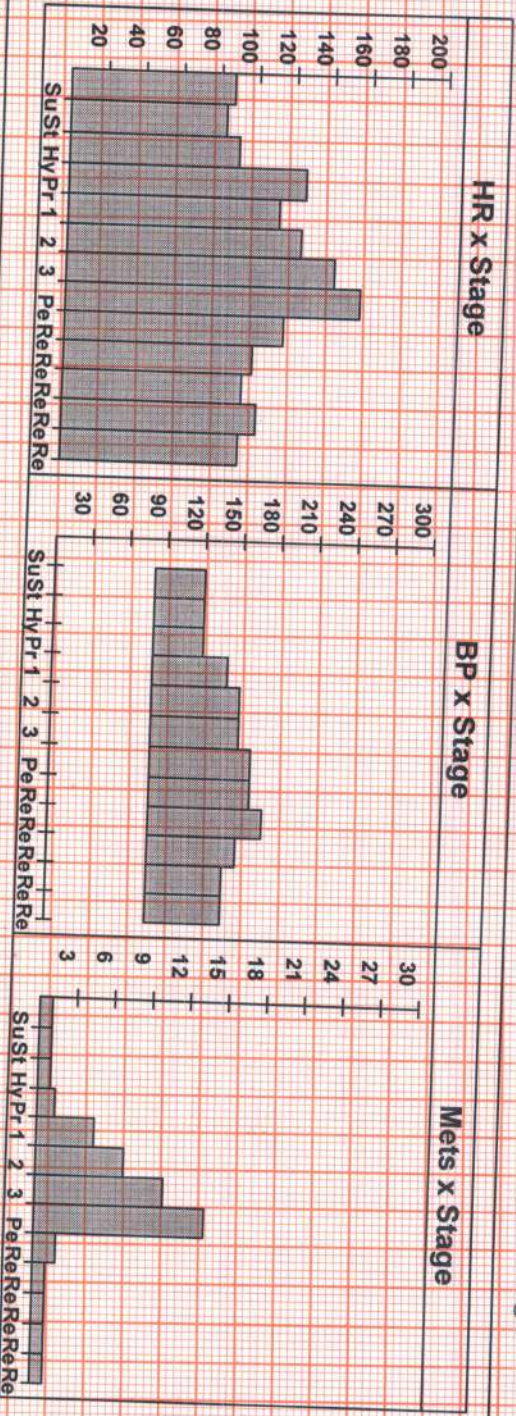
Time: 1:36:10 PM

Sex: M

ID: 2306621979

Height: 173 cms

Weight: 76 Kgs



Interpretation

GOOD EFFORT TOLERANCE
 NORMAL CHRONOTROPIC RESPONSE
 NORMAL INOTROPIC RESPONSE
 NO ANGINA / ANGINA EQUIVALENTS
 NO ARRHYTHMIAS
 NO SIGNIFICANT ST-T CHANGES FROM BASELINE SEEN DURING THE TEST

IMPRESSION:

STRESS TEST IS NEGATIVE FOR STRESS INDUCIBLE ISCHAEMIA.

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.

SUBURBAN DIAGNOSTICS (I) PVT. LTD.
 Shop No 22, Ground Floor, Raikar Bhavan,
 Sector-17, Vashi, Navi Mumbai - 400 703

Ref. Doctor:
 Tel 27884547 / 27884548

DR. ANAND N. MOTWANI
 M.D. (GENERAL MEDICINE)
 Doctor: Dr. Anand Motwani



MR UMESHKUMAR SURESH NINAWAE (3B: MDP5621979)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

Stage: Supine

Date: 25-Feb-23

Exec Time : 0 m 0 s

Stage Time : 0 m 24 s

HR: 84 bpm

ST Level (mm) ST Slope (mV/s)

Speed: 0 mph

Grade: 0 %

(THR: 154 bpm)

B.P: 0 / 0

ST Level (mm) ST Slope (mV/s)

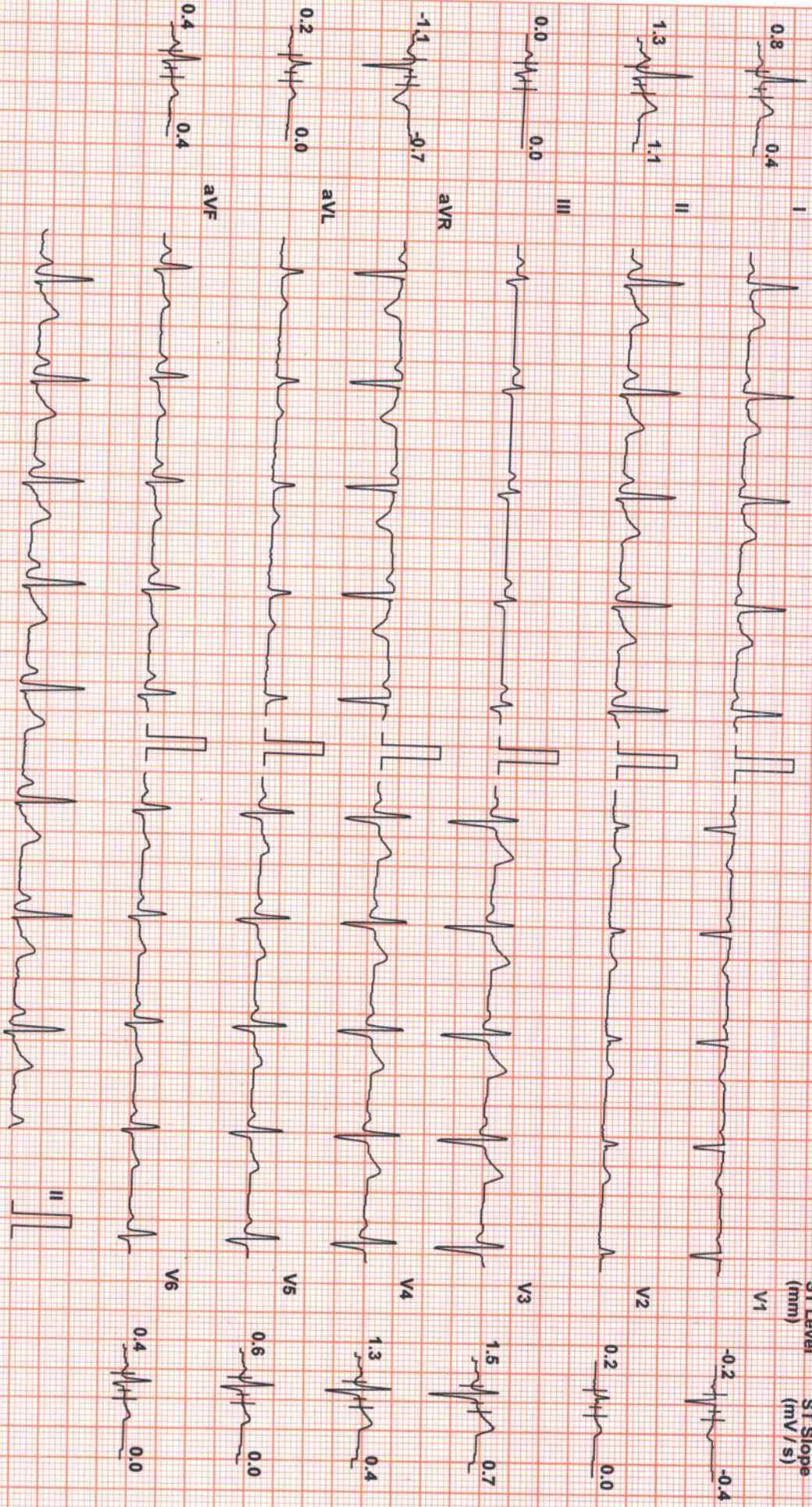


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MR UMESHKUMAR SURESH NINAVE

(3B: MD5621979)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

Date: 25-Feb-23

Exec Time : 0 m 0 s

Stage Time : 0 m 8 s

HR: 82 bpm

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 154 bpm)

B.P: 120 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)



V1



V2



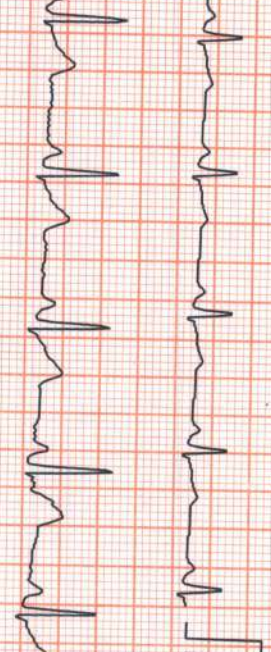
V3



V4



V5



V6



Chart Speed: 25 mm/sec
Schiller Spandah V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MR UMESHKUMAR SURESH NINAVE

(3B: MJD5621979)

Date: 25-Feb-23

Exec Time : 0 m 0 s

Stage Time : 0 m 8 s

HR: 82 bpm

SUBURBAN DIAGNOSTICS

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 154 bpm)

B.P: 120 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

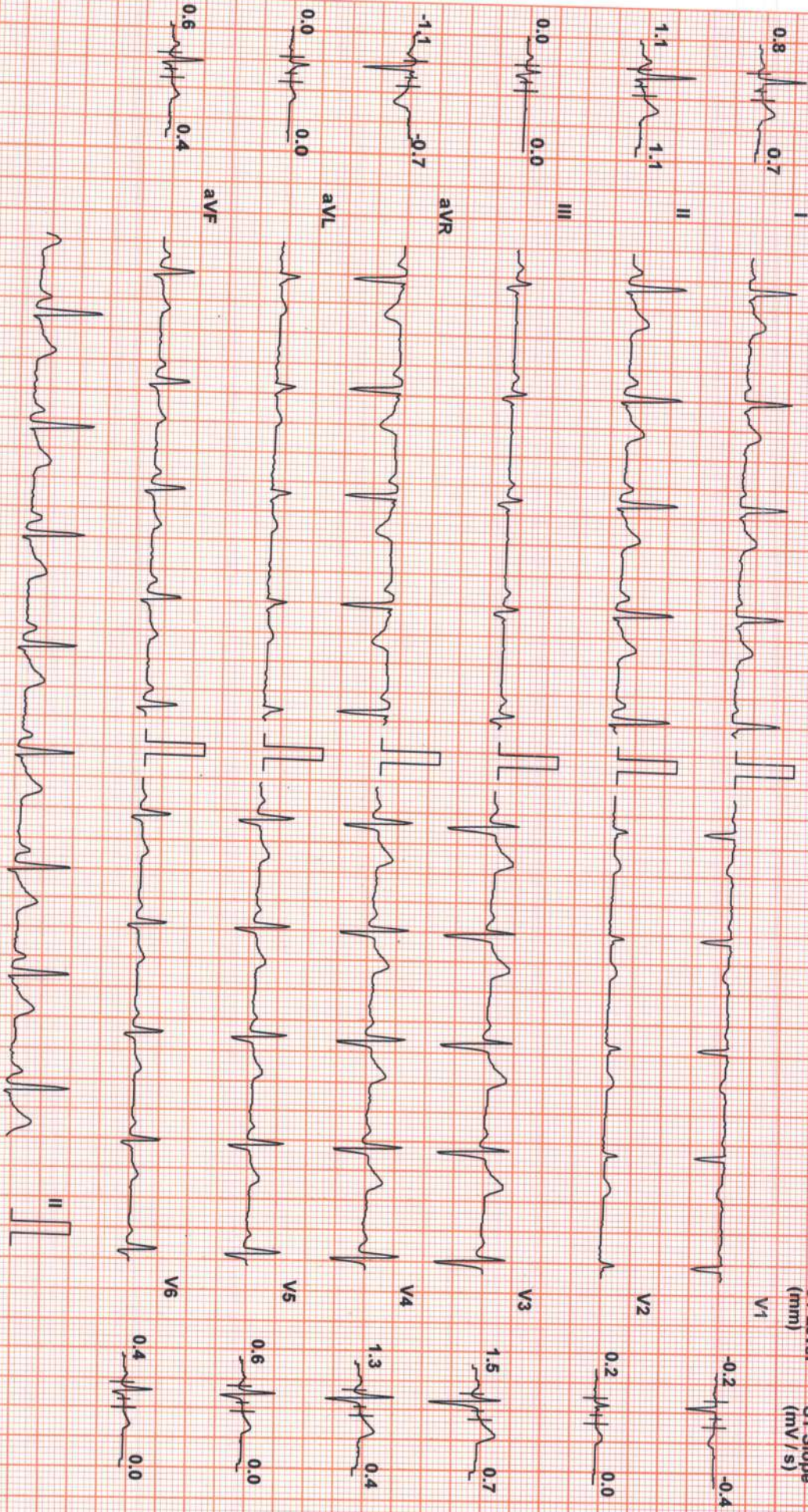


Chart Speed: 25 mm/sec
Schiller Spandah V47

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MR UMESHKUMAR SURESH NINAWAE

(3B: 8005621979)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

Date: 25-Feb-23

Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 111 bpm

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 154 bpm)

B.P: 140 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

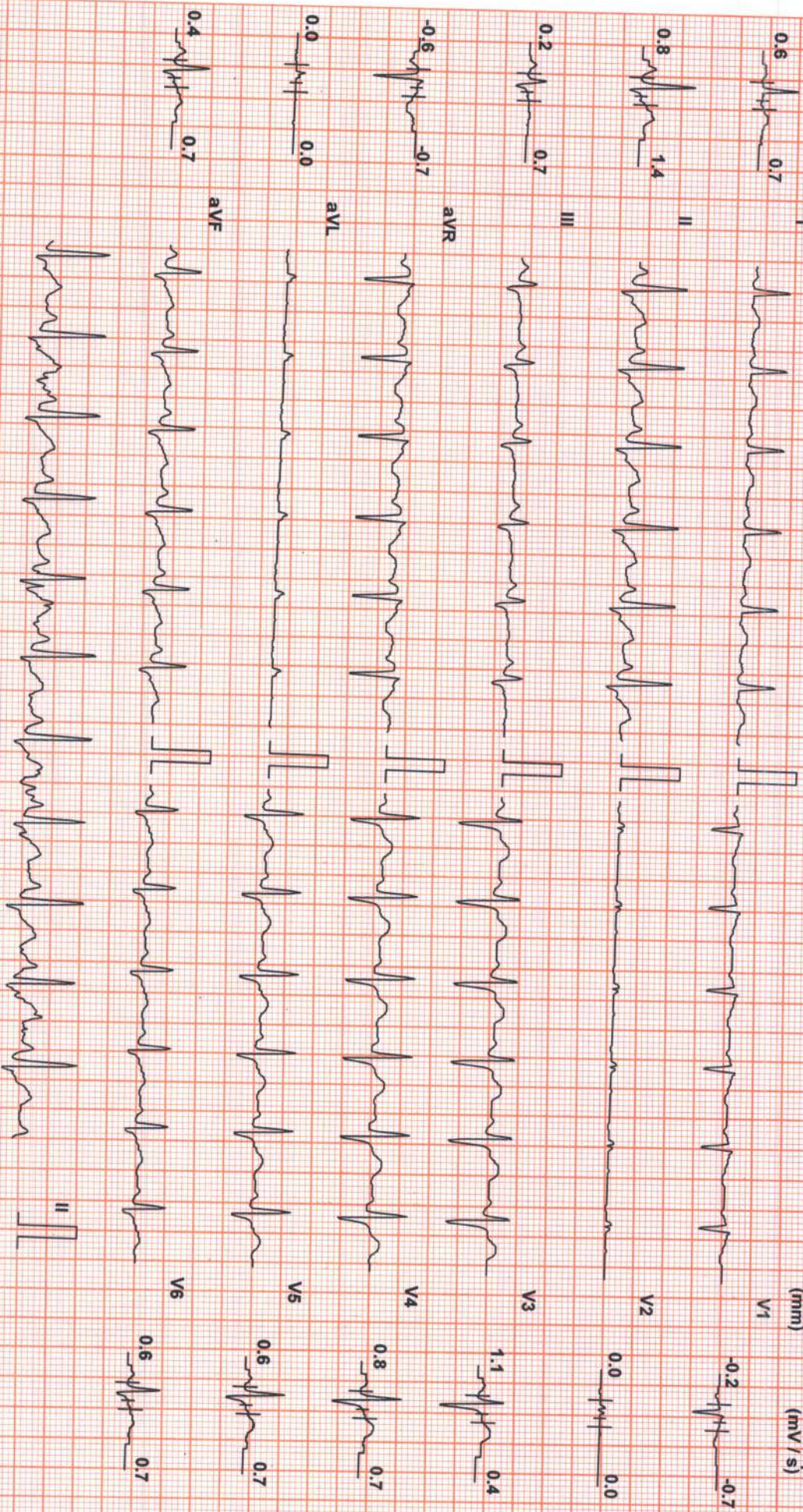


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Protocol: Bruce Stage: 2

Date: 25-Feb-23 Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 126 bpm

Speed: 2.5 mph Grade: 12 % (THR: 154 bpm) B.P: 150 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

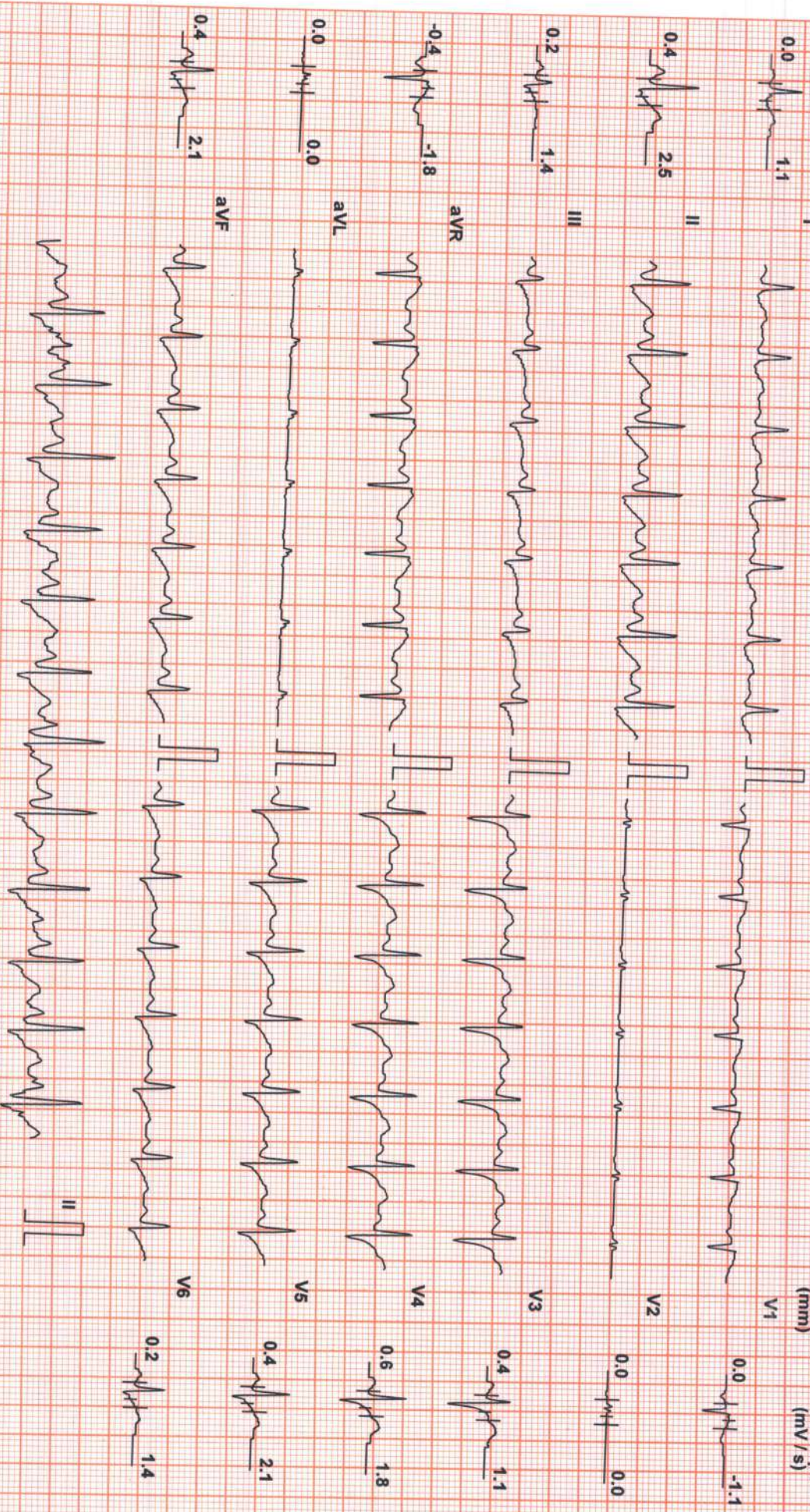


Chart Speed: 25 mm/sec
Schiller Spandax V 47

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post V = J + 60 ms

Linked Median



MR UMESHKUMAR SURESH NINAWA

(3B: 2005621979)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

Date: 25-Feb-23

Exec Time : 8 m 54 s Stage Time : 2 m 54 s HR: 147 bpm

Stage: 3

Speed: 3.4 mph

Grade: 14 %

(THR: 154 bpm)

B.P: 150 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)



Chart Speed: 25 mm/sec
Schiller Spandah V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Protocol: Bruce

Stage: Peak Ex

Date: 25-Feb-23

Exec Time : 9 m 44 s Stage Time : 0 m 44 s HR: 158 bpm

Speed: 4.2 mph

Grade: 16 %

(THR: 154 bpm)

B.P: 160 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

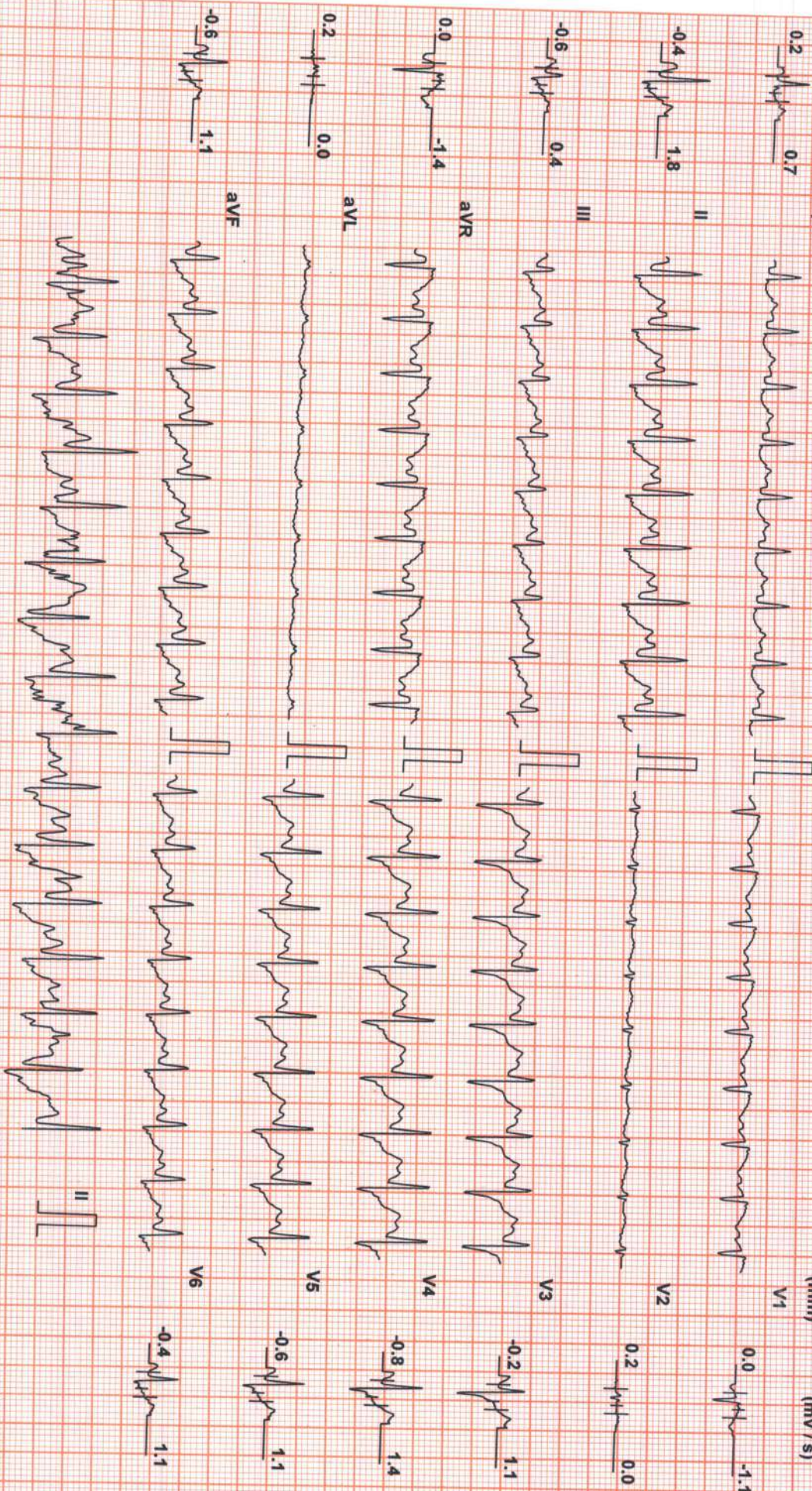


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Schiller Spandan V 4.7



MR UMESHKUMAR SURESH NINAWAE (3B: MJD5621979)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

Date: 25-Feb-23

Exec Time : 9 m 50 s Stage Time : 0 m 54 s HR: 113 bpm

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 154 bpm)

B.P: 160 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

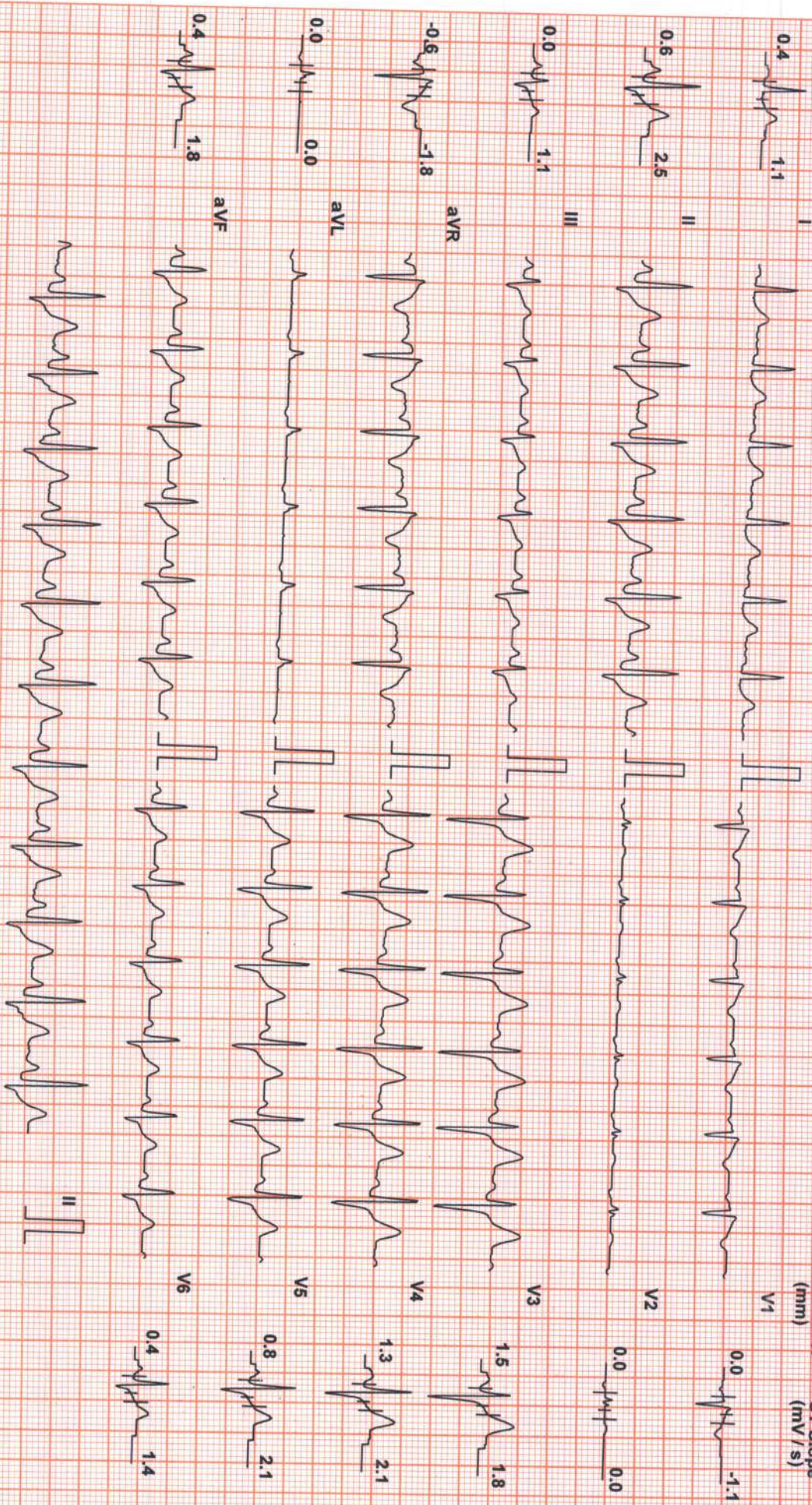


Chart Speed: 25 mm/sec
Schiller Spandán V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post V = J + 60 ms

Linked Median

MR UMESHKUMAR SURESH NINAWNE (38: M)5621979
Protocol: Bruce
Stage: Recovery(2)

Date: 25-Feb-23
Exec Time : 9 m 50 s
Stage Time : 0 m 54 s
HR: 100 bpm
Speed: 0 mph
Grade: 0 %
(THR: 154 bpm)
B.P: 170 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

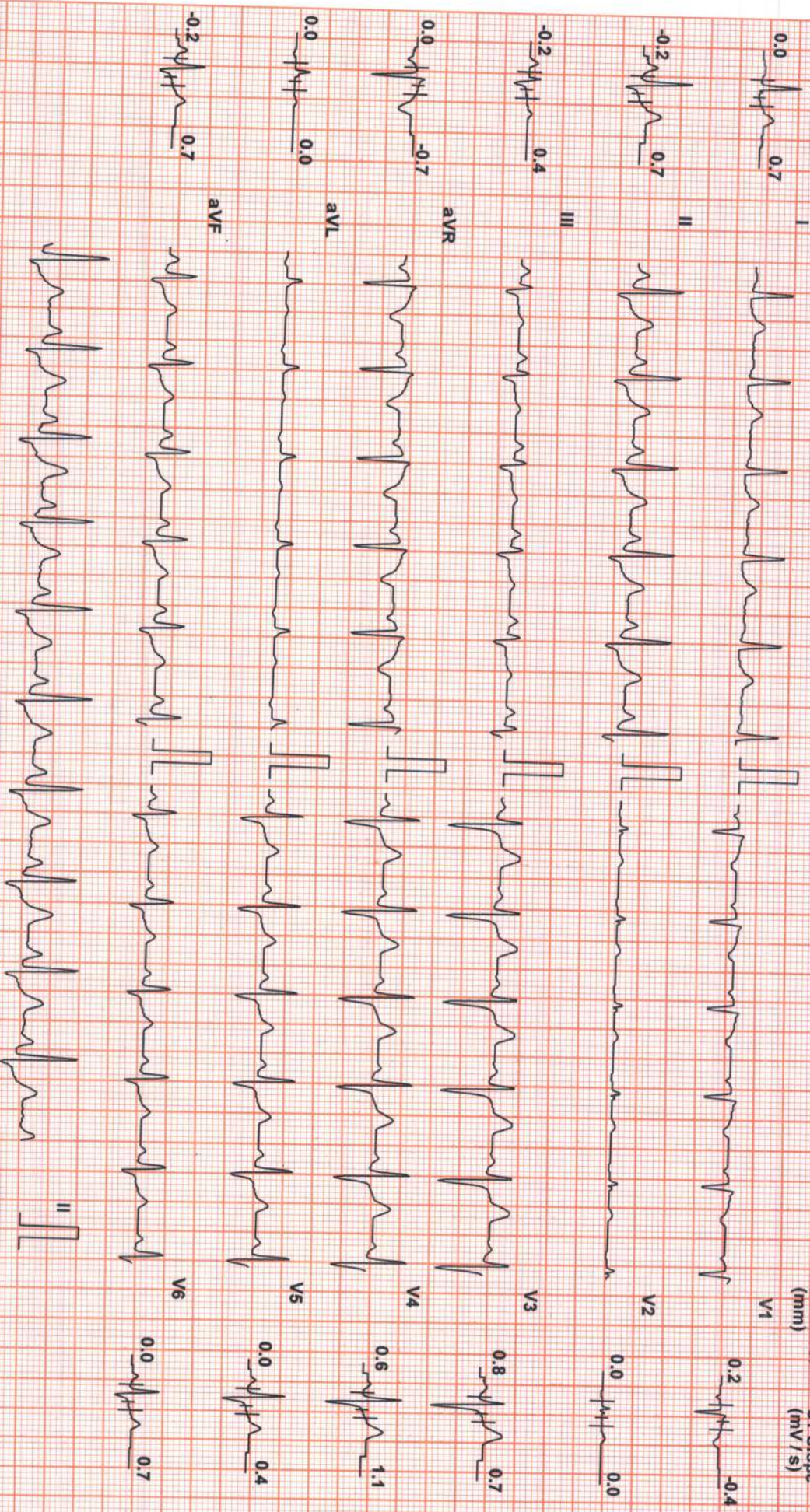


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Protocol: Bruce

Date: 25-Feb-23

Exec Time : 9 m 50 s Stage Time : 0 m 54 s HR: 104 bpm

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 154 bpm)

B.P: 150 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

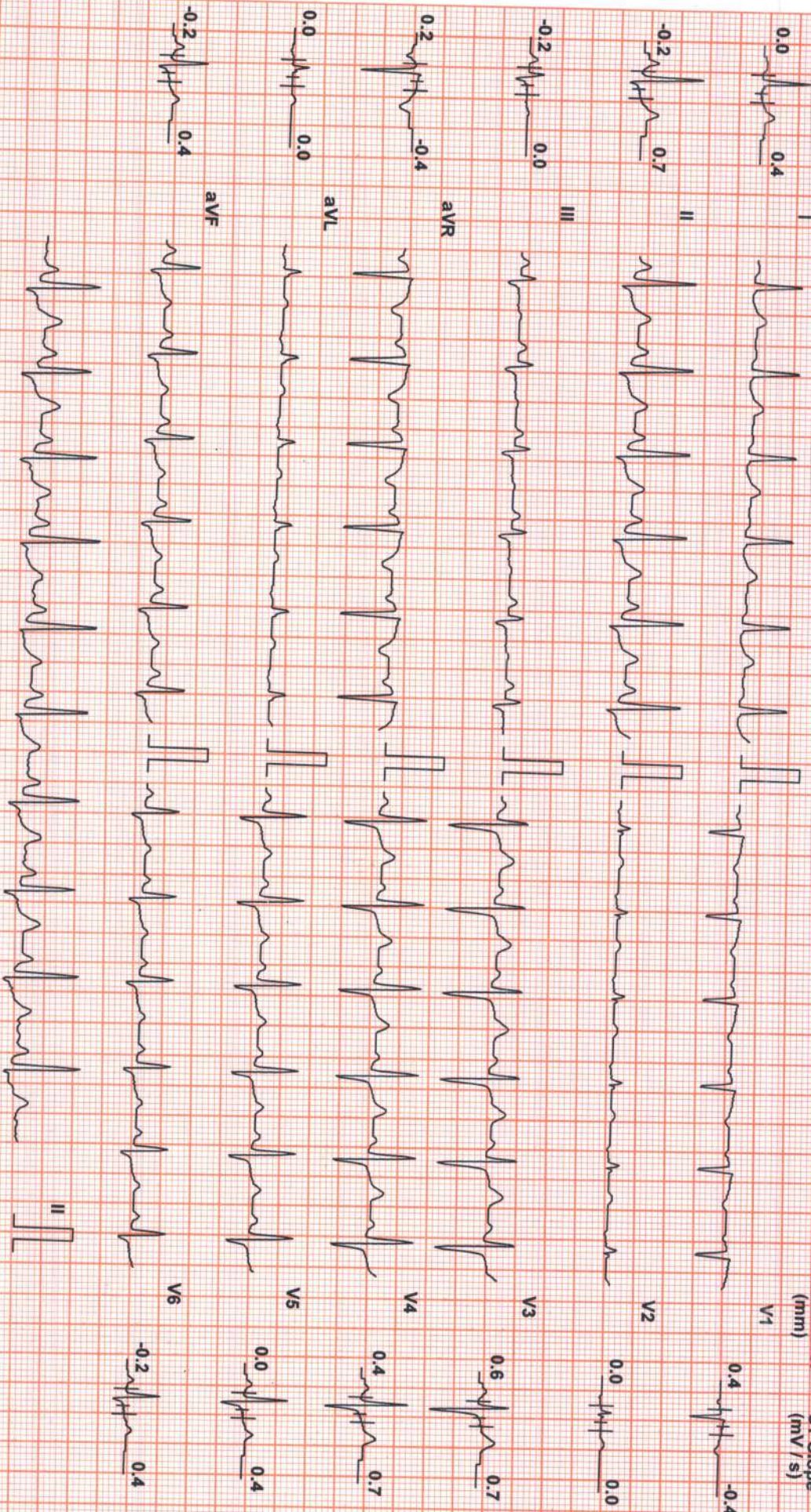


Chart Speed: 25 mm/sec
Schiller Spändan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

SUBURBAN DIAGNOSTICS

Test Report

MR UMESHKUMAR SURESH NINAWAE (3B: 2005621979)

Protocol: Bruce

Stage: Recovery(4)

Date: 25-Feb-23

Exec Time : 9 m 50 s Stage Time : 0 m 54 s HR: 92 bpm

ST Level (mm) ST Slope (mV/s)

Speed: 0 mph

Grade: 0 %

(THR: 154 bpm)

B.P: 140 / 80

ST Level (mm) ST Slope (mV/s)

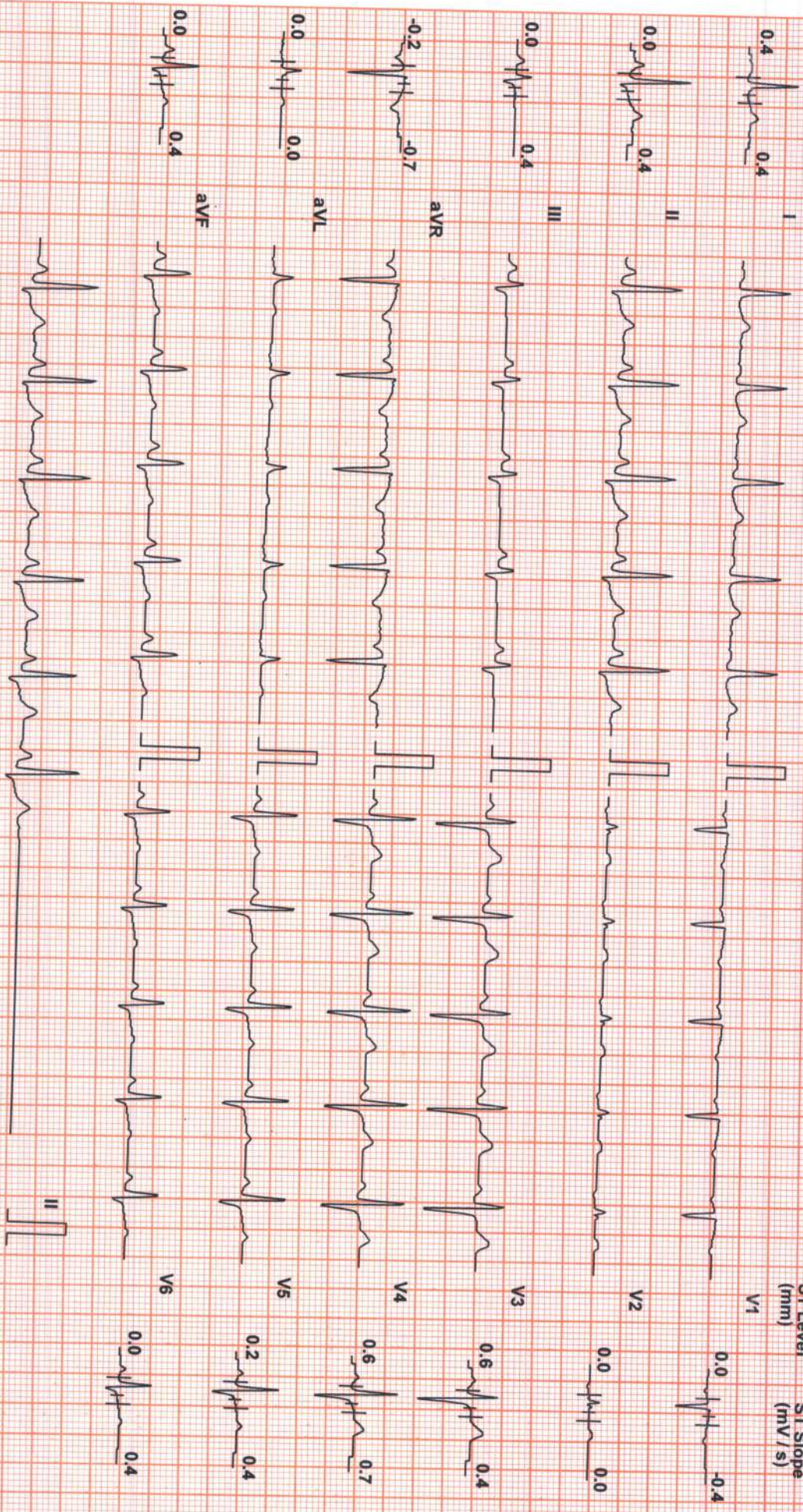


Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

SUBURBAN DIAGNOSTICS

MR UMESHKUMAR SURESH NINAWAE (3B: MDD5621979)

Test Report

Protocol: Bruce

Date: 25-Feb-23

Exec Time : 9 m 50 s Stage Time : 0 m 54 s HR: 92 bpm

Stage: Recovery(5)

Speed: 0 mph

Grade: 0%

(THR: 154 bpm)

B.P.: 140 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

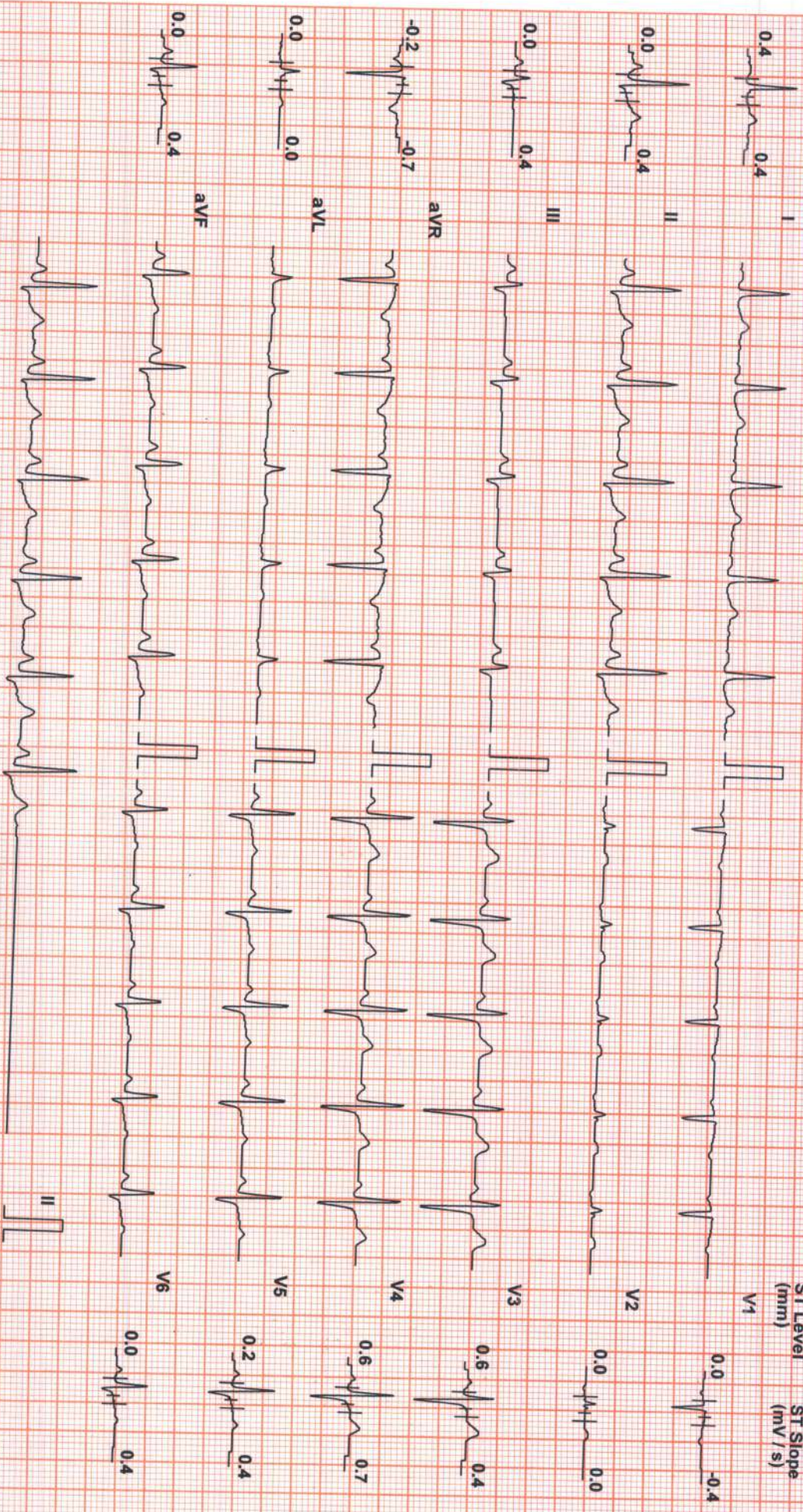


Chart Speed: 25 mm/sec
Schlier Spandan V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median