



CID : 2406921652  
Name : MR.ANUJ KUMAR GARG  
Age / Gender : 36 Years / Male  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected : 09-Mar-2024 / 08:31  
Reported : 09-Mar-2024 / 13:51

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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>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	16.0	13.0-17.0 g/dL	Spectrophotometric
RBC	5.50	4.5-5.5 mil/cmm	Elect. Impedance
PCV	46.4	40-50 %	Measured
MCV	84	80-100 fl	Calculated
MCH	29.1	27-32 pg	Calculated
MCHC	34.5	31.5-34.5 g/dL	Calculated
RDW	13.9	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	7110	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	30.5	20-40 %	
Absolute Lymphocytes	2168.6	1000-3000 /cmm	Calculated
Monocytes	7.3	2-10 %	
Absolute Monocytes	519.0	200-1000 /cmm	Calculated
Neutrophils	58.9	40-80 %	
Absolute Neutrophils	4187.8	2000-7000 /cmm	Calculated
Eosinophils	2.8	1-6 %	
Absolute Eosinophils	199.1	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	35.5	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	267000	150000-400000 /cmm	Elect. Impedance
MPV	8.2	6-11 fl	Calculated
PDW	14.5	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
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                      8                      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
- 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 Borivali Lab, Borivali West

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



*Bmhasakar*

**Dr.KETAKI MHASKAR**  
M.D. (PATH)  
Pathologist



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**Reg. Location** : Borivali West (Main Centre)

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**Reported** : 09-Mar-2024 / 20:27

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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	92.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	96.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.36	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.12	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.24	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.1	1 - 2	Calculated
SGOT (AST), Serum	27.0	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	29.6	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	12.2	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	88.2	40-130 U/L	Colorimetric
BLOOD UREA, Serum	27.1	12.8-42.8 mg/dl	Kinetic
BUN, Serum	12.7	6-20 mg/dl	Calculated
CREATININE, Serum	1.00	0.67-1.17 mg/dl	Enzymatic



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Collected : 09-Mar-2024 / 12:44  
Reported : 09-Mar-2024 / 18:04

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eGFR, Serum	100	(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	6.3	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 Borivali Lab, Borivali West  
\*\*\* End Of Report \*\*\*



*Bmhasakar*

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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.

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West

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



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Collected : 09-Mar-2024 / 08:31  
Reported : 09-Mar-2024 / 17:16

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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>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	1-2	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

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West  
\*\*\* End Of Report \*\*\*



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Reported : 09-Mar-2024 / 17:30

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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 \*\*\*



*Anupa*

**Dr.ANUPA DIXIT**  
**M.D.(PATH)**  
**Consultant Pathologist & Lab Director**



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	222.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	197.0	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	38.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	183.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	144.0	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	39.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.7	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 Borivali Lab, Borivali West  
\*\*\* End Of Report \*\*\*



**Dr.JAGESHWAR MANDAL**  
**CHOUPAL**  
**MBBS, DNB PATH**  
**Pathologist**





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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	4.8	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.5	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.59	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 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 \*\*\*



*Bmhasakar*

**Dr.KETAKI MHASKAR**  
M.D. (PATH)  
Pathologist

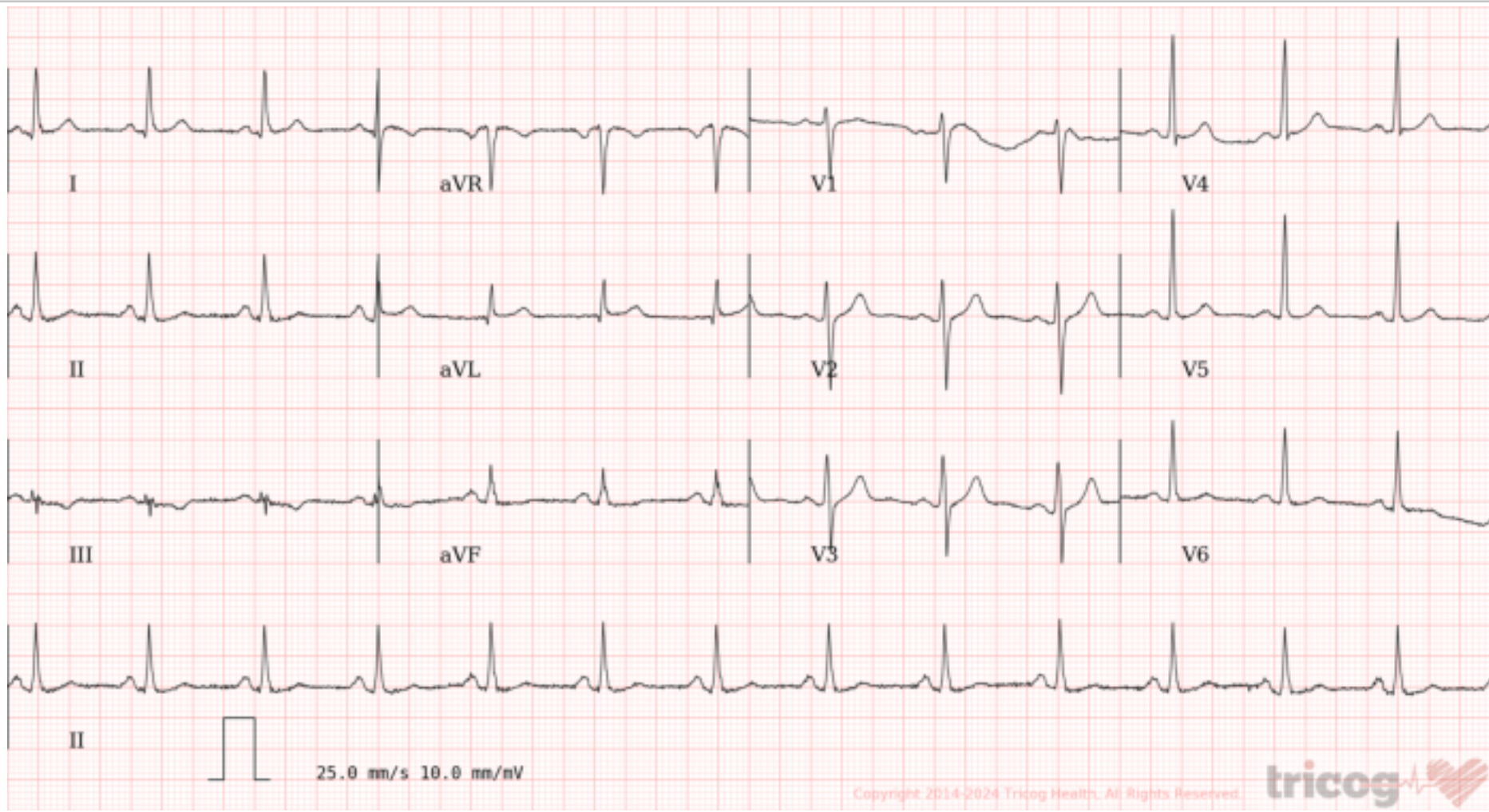
# SUBURBAN DIAGNOSTICS - BORIVALI WEST



Patient Name: ANUJ KUMAR GARG

Date and Time: 9th Mar 24 8:31 AM

Patient ID: 2406921652



Age **36** **NA** **NA**  
years months days

Gender **Male**

Heart Rate **82bpm**

### Patient Vitals

BP: NA  
Weight: NA  
Height: NA  
Pulse: NA  
Spo2: NA  
Resp: NA  
Others: \_\_\_\_\_

### Measurements

QRSD: 80ms  
QT: 338ms  
QTcB: 394ms  
PR: 148ms  
P-R-T: 70° 31° 15°

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

REPORTED BY

Dr Nitin Sonavane  
M.B.B.S.AFLH, D.DIAB, D.CARD  
Consultant Cardiologist  
87714

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.

**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

**Name: ANUJ GARG**

Date: 09-03-2024 Time: 09:19

Age: 36

Gender: M

Height: 175 cms

Weight: 75 Kg

ID: 2406921652

Clinical History: NIL

Medications: NIL

**Test Details:**

Protocol: Bruce

Predicted Max HR: 184

Target HR: 156 (85% of Pr. MHR)

Exercise Time: 0:09:03

Achieved Max HR: 157 (85% of Pr. MHR)

Max BP: 160/80

Max BP x HR: 25120

Max Mets: 10.2

Test Termination Criteria: TEST COMPLET

**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	00:07	1	0	0	85	120/80	10200	0.3 V2	-2.2 II
Standing	00:50	1	0	0	88	120/80	10560	0.3 V2	2.3 V1
HyperVentilation	00:10	1	0	0	87	120/80	10440	0.4 V2	2.9 V1
PreTest	00:11	1	1.6	0	90	120/80	10800	0.3 V2	-2.6 II
Stage 1	03:00	4.7	2.7	10	120	120/80	14400	-0.5 V4	2.4 V1
Stage 2	03:00	7	4	12	133	140/80	18620	-0.7 V4	-2.3 II
Stage 3	03:00	10.1	5.5	14	157	160/80	25120	-1 V4	2.2 V1
Peak Exercise	00:03	10.2	6.8	16	157	160/80	25120	-1 V4	2.2 V1
Recovery1	01:00	1	0	0	126	140/80	17640	0.5 V1	2.3 V1
Recovery2	00:05	1	0	0	125	140/80	17500	0.5 V1	2.8 V1

**Interpretation**

The Patient Exercised according to Bruce Protocol for 0:09:03 achieving a work level of 10.2 METS.  
Resting Heart Rate, initially 85 bpm rose to a max. heart rate of 157bpm (85% of Predicted Maximum Heart Rate).  
Resting Blood Pressure of 120/80 mmHg, rose to a maximum Blood Pressure of 160/80 mmHg  
Good Effort tolerance Normal HR & BP Response No Angina or Arrhythmias  
No Significant ST-T Change Noted During Exercise Stress test Negative for Stress inducible ischaemia.

Suburban Diagnostics (P) Pvt. Ltd.  
301A, 302, 3rd Floor, V.K. Road - Borivali  
Above Tanta Junction, L.T. Road,  
Borivali West, Mumbai - 400 802

**DR. NITIN SONAVANE**  
M.B.B.S., F.I.C.C., D.D.I.P., D.SARO.  
CONSULTANT-CARDIOLOGIST

REC'D. NO. : 87714

Doctor: DR. NITIN SONAVANE

Ref. Doctor: —

**SCHILLER**

The Art of Diagnostics

(Summary Report edited by User)  
Cardiovit CS-20 Version:3.4

**ANUJ GARG (36 M)**

**SUBURBAN DIAGNOSTICS PVT. LTD. BORIVALI**

Bruce Protocol

ID: 2406921652

Date: 09-03-2024

Exec Time: 0:00:00

Stage Time: 00:07

**HR: 85 bpm**

ST1:(v1) ST2:(v1) ST3:(v1) ST4:(v1) ST5:(v1) ST6:(v1) ST7:(v1) ST8:(v1) ST9:(v1) ST10:(v1) ST11:(v1) ST12:(v1) ST13:(v1) ST14:(v1) ST15:(v1) ST16:(v1) ST17:(v1) ST18:(v1) ST19:(v1) ST20:(v1) ST21:(v1) ST22:(v1) ST23:(v1) ST24:(v1) ST25:(v1) ST26:(v1) ST27:(v1) ST28:(v1) ST29:(v1) ST30:(v1) ST31:(v1) ST32:(v1) ST33:(v1) ST34:(v1) ST35:(v1) ST36:(v1) ST37:(v1) ST38:(v1) ST39:(v1) ST40:(v1) ST41:(v1) ST42:(v1) ST43:(v1) ST44:(v1) ST45:(v1) ST46:(v1) ST47:(v1) ST48:(v1) ST49:(v1) ST50:(v1) ST51:(v1) ST52:(v1) ST53:(v1) ST54:(v1) ST55:(v1) ST56:(v1) ST57:(v1) ST58:(v1) ST59:(v1) ST60:(v1) ST61:(v1) ST62:(v1) ST63:(v1) ST64:(v1) ST65:(v1) ST66:(v1) ST67:(v1) ST68:(v1) ST69:(v1) ST70:(v1) ST71:(v1) ST72:(v1) ST73:(v1) ST74:(v1) ST75:(v1) ST76:(v1) ST77:(v1) ST78:(v1) ST79:(v1) ST80:(v1) ST81:(v1) ST82:(v1) ST83:(v1) ST84:(v1) ST85:(v1) ST86:(v1) ST87:(v1) ST88:(v1) ST89:(v1) ST90:(v1) ST91:(v1) ST92:(v1) ST93:(v1) ST94:(v1) ST95:(v1) ST96:(v1) ST97:(v1) ST98:(v1) ST99:(v1) ST100:(v1)

Stage: Supine

Speed: 0 km/h

Slope: 0%

THR: 156 bpm

BP: 120/80 mmHg

ST1:(v1) ST2:(v1) ST3:(v1) ST4:(v1) ST5:(v1) ST6:(v1) ST7:(v1) ST8:(v1) ST9:(v1) ST10:(v1) ST11:(v1) ST12:(v1) ST13:(v1) ST14:(v1) ST15:(v1) ST16:(v1) ST17:(v1) ST18:(v1) ST19:(v1) ST20:(v1) ST21:(v1) ST22:(v1) ST23:(v1) ST24:(v1) ST25:(v1) ST26:(v1) ST27:(v1) ST28:(v1) ST29:(v1) ST30:(v1) ST31:(v1) ST32:(v1) ST33:(v1) ST34:(v1) ST35:(v1) ST36:(v1) ST37:(v1) ST38:(v1) ST39:(v1) ST40:(v1) ST41:(v1) ST42:(v1) ST43:(v1) ST44:(v1) ST45:(v1) ST46:(v1) ST47:(v1) ST48:(v1) ST49:(v1) ST50:(v1) ST51:(v1) ST52:(v1) ST53:(v1) ST54:(v1) ST55:(v1) ST56:(v1) ST57:(v1) ST58:(v1) ST59:(v1) ST60:(v1) ST61:(v1) ST62:(v1) ST63:(v1) ST64:(v1) ST65:(v1) ST66:(v1) ST67:(v1) ST68:(v1) ST69:(v1) ST70:(v1) ST71:(v1) ST72:(v1) ST73:(v1) ST74:(v1) ST75:(v1) ST76:(v1) ST77:(v1) ST78:(v1) ST79:(v1) ST80:(v1) ST81:(v1) ST82:(v1) ST83:(v1) ST84:(v1) ST85:(v1) ST86:(v1) ST87:(v1) ST88:(v1) ST89:(v1) ST90:(v1) ST91:(v1) ST92:(v1) ST93:(v1) ST94:(v1) ST95:(v1) ST96:(v1) ST97:(v1) ST98:(v1) ST99:(v1) ST100:(v1)

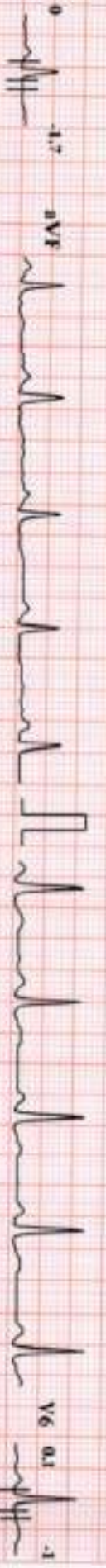
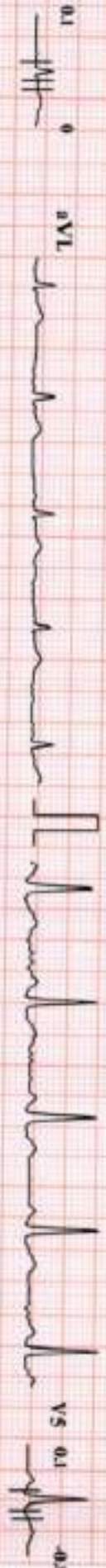
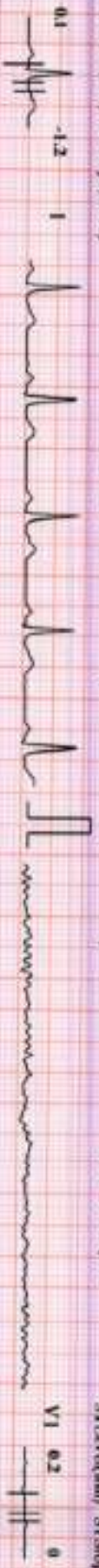


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Main Filter: ON

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

**ANUJ GARG (36 M)**

**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

Bruce Protocol

ID: 2406921652

Date: 09-03-2024

Exec Time: 0:00:00

Sage Time: 00:50

**HR: 88 bpm**

ST1 (red) ST Slope (uV/s)

Stage: Standing

Speed: 0

Slope: 0%

THR: 156 bpm

BP: 120/80 mmHg

ST1 (red) ST Slope (uV/s)

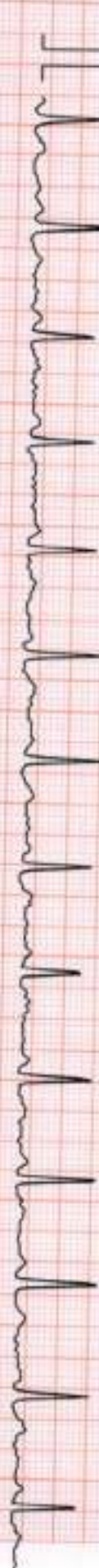
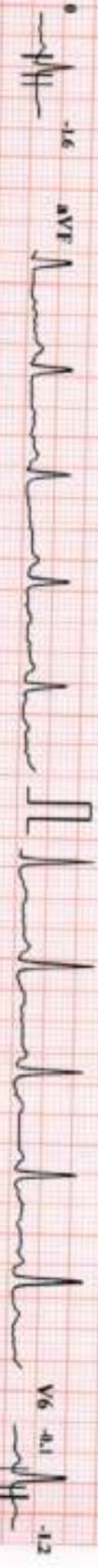
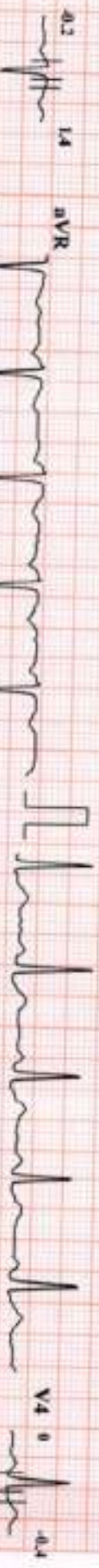


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Main Filter ON

ISO - R - 60 ms, J - R + 60 ms, Pst J - J + 60 ms

**ANUJ GARG (36 M)**

**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

Bruce Protocol

ID: 2406921652

Date: 09-03-2024

Exec Time: 0:00:00

Stage Time: 00:10

**HR: 87 bpm**

STLead(mn) STSlope(mV/s)

Stage: HyperVentilation Speed: 0

Slope: 0.9%

THR: 156 bpm

Bp: 120/80 mmHg

STLead(mn) STSlope(mV/s)

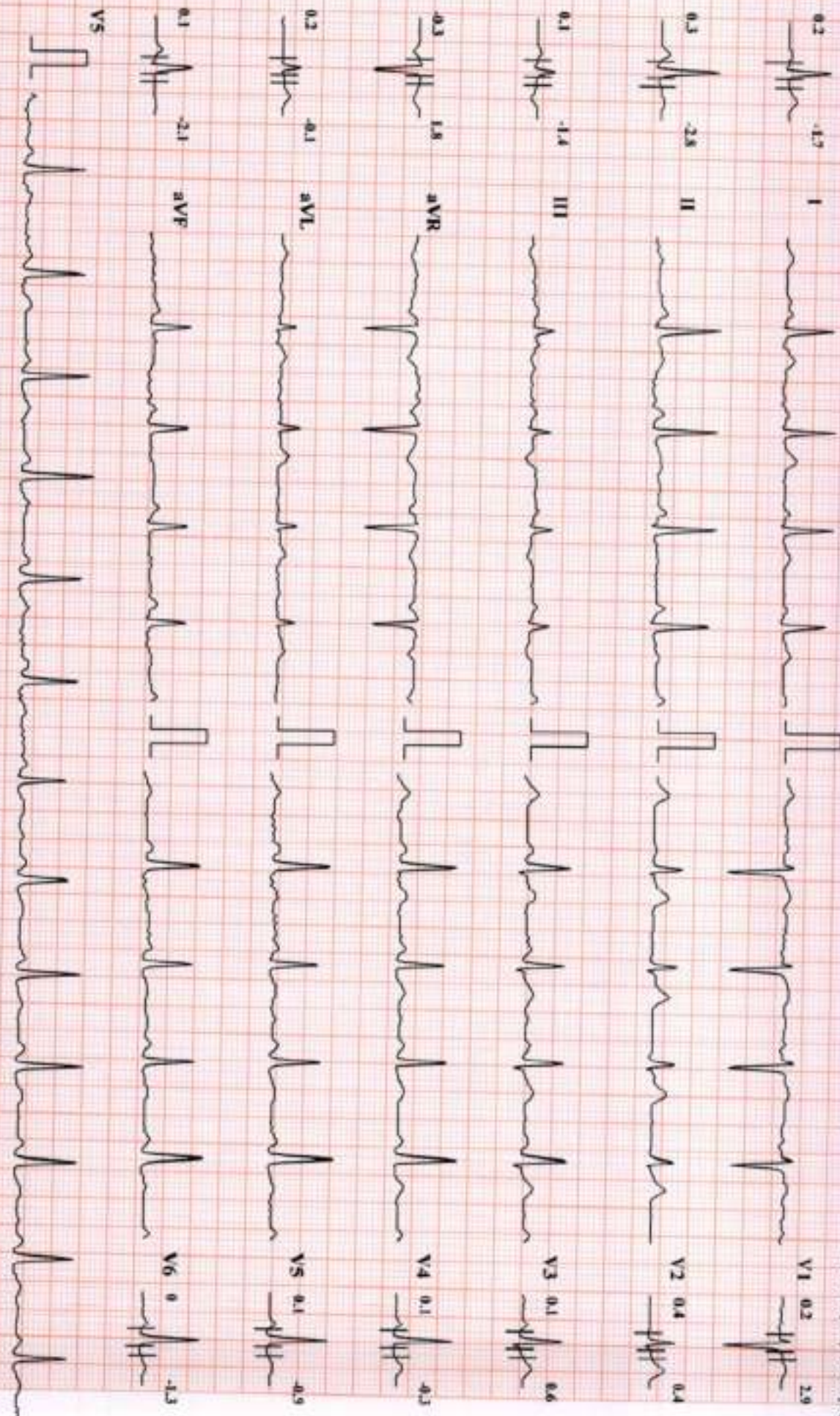


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz - Minus Filter: ON

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

Schiller CardioSite CS-20 Version 3.4

# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**ANUJ GARG (36 M)**

Bruce Protocol  
ST1 (red) ST5 (green) V4

ID: 2406921652

Date: 09-05-2024

Exec Time: 0:03:00

Stage Time: 03:00

**HR: 120 bpm**

BP: 120/80 mmHg

ST1 (red) ST5 (green) V4

Stage: 1

Speed: 2.7 kmph

Slope: 10 %

THR: 156 bpm

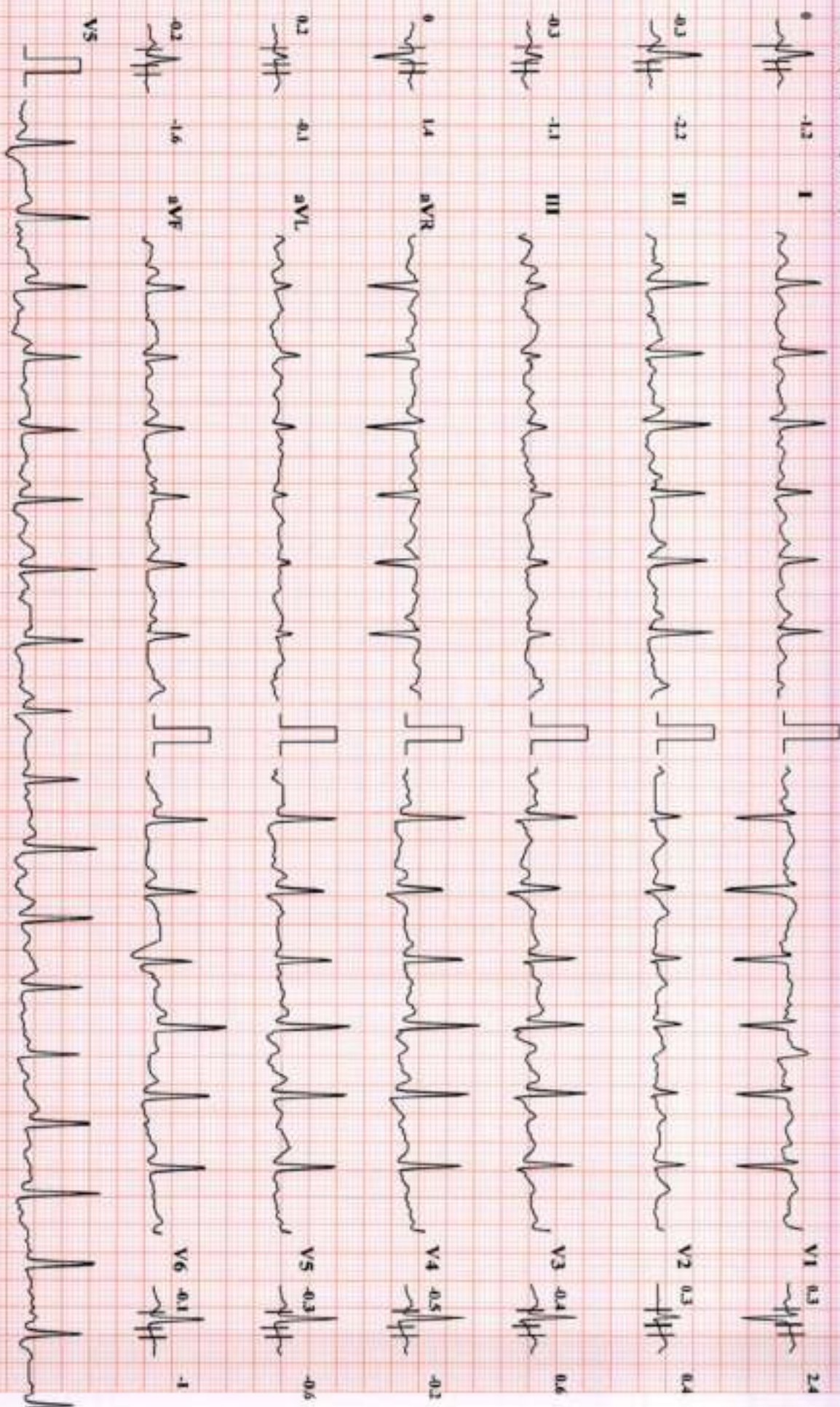


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz

Main Filter: ON

Schiller Cardioit CS-20 Version 3.4



# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**ANUJ GARG (36 M)**

Bruce Protocol

STLere(hmm) STSageptmV/9

ID: 2406921652

Stage: 2

Date: 09-03-2024

Speed: 4 kmph

Exercise Time: 0:06:00

Slope: 12.9%

Stage Time: 03:00

THR: 156 bpm

**HR: 133 bpm**

BP: 140/80 mmHg

STLere(hmm) STSageptmV/9

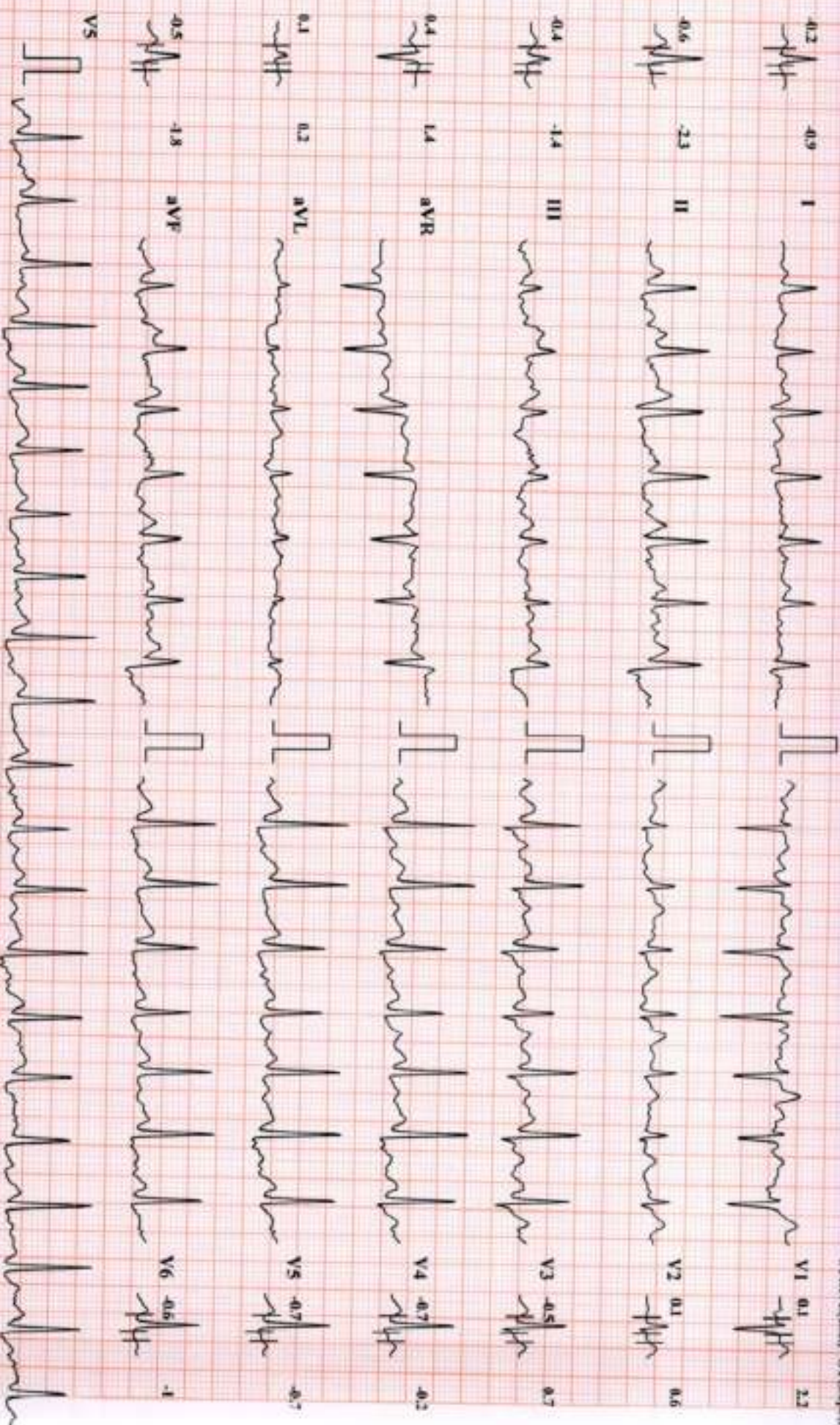


Chart Speed: 25 mm/Sec

Amplitude: 1mm/mV

Filter: 25 Hz - Mains Filter: ON

ISO - R - 60 mm, J - R - 60 mm, Post J - J + 40 mm

**ANUJ GARG (36 M)**

**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

Bruce Protocol

ID: 2406921652

Date: 09-03-2024

Exec Time: 0:09:00

Stage Time: 03:00

**HR: 157 bpm**

STLevel(mm) STSlope(mV/s)

Stage: 3

Speed: 5.5 kmph

Slope: 14 %

THR: 156 bpm

BP: 160/80 mmHg

STLevel(mm) STSlope(mV/s)

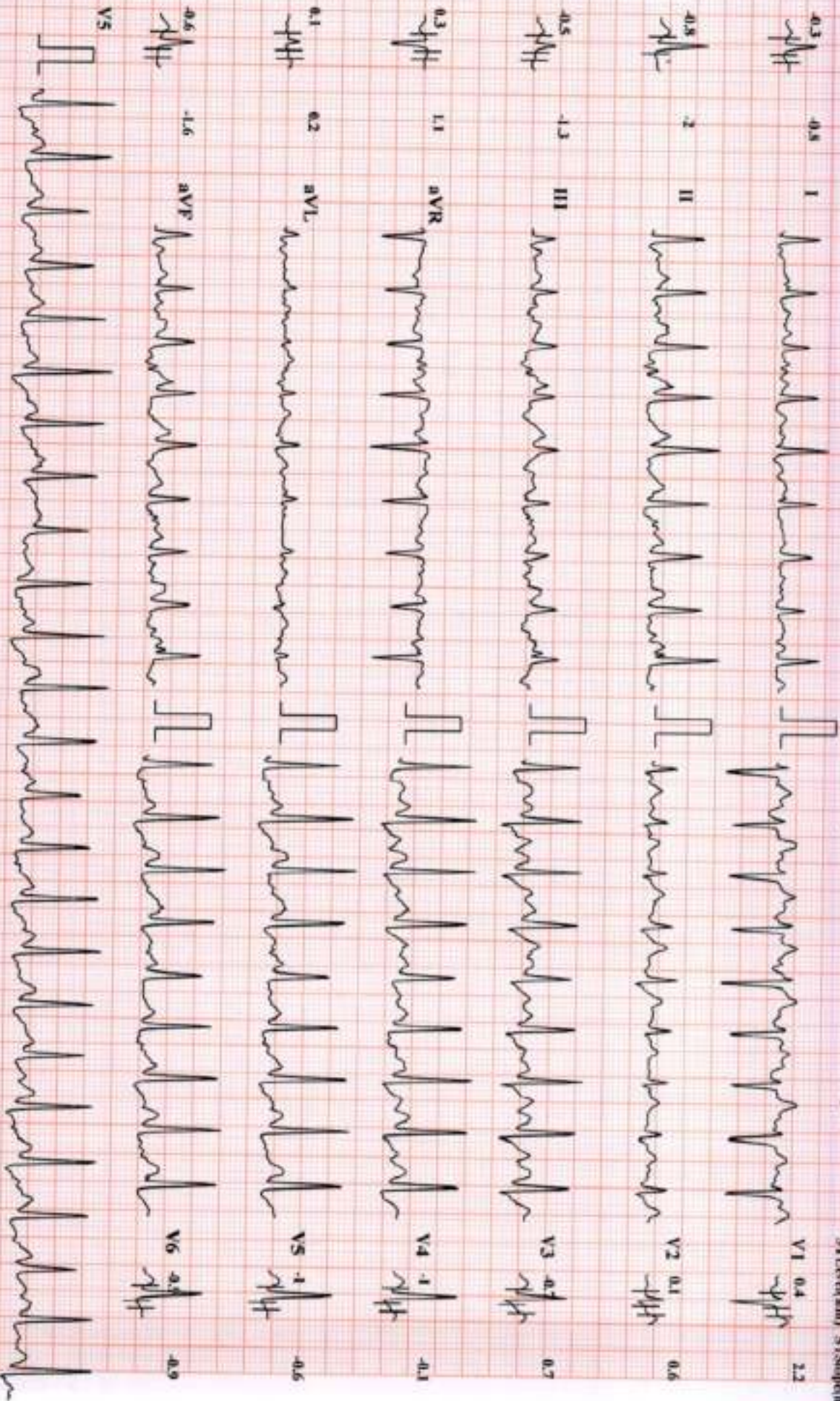


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz, Main Filter ON

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

**ANUJ GARG (36 M)**

**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

Bruce Protocol

ID: 2446921652

Date: 09-03-2024

Exec Time: 00:09:03

Stage Time: 00:03

**HR: 157 bpm**

STLead(mV) STISlope(mV/s)

Stage: 4 Peak Exercise

Speed: 6.8 kmph

Slope: 16 %

THR: 156 bpm

BP: 160/80 mmHg

STLead(mV) STISlope(mV/s)



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Main Filter ON

ISO - R - 60 ms, J - R - 60 ms, Psec J = J - 60 ms

**ANUJ GARG (36 M)**

**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

Bruce Protocol

ID: 2406921652

Date: 09-03-2024

Exec Time: 00:00

Stage Time: 00:20

**HR: 156 bpm**

STLead(mn) STSlope(mV/s)

Stage: Recovery1

Speed: 0 kmph

Slope: 0%

THR: 156 bpm

BP: 160/80 mmHg

STLead(mn) STSlope(mV/s)

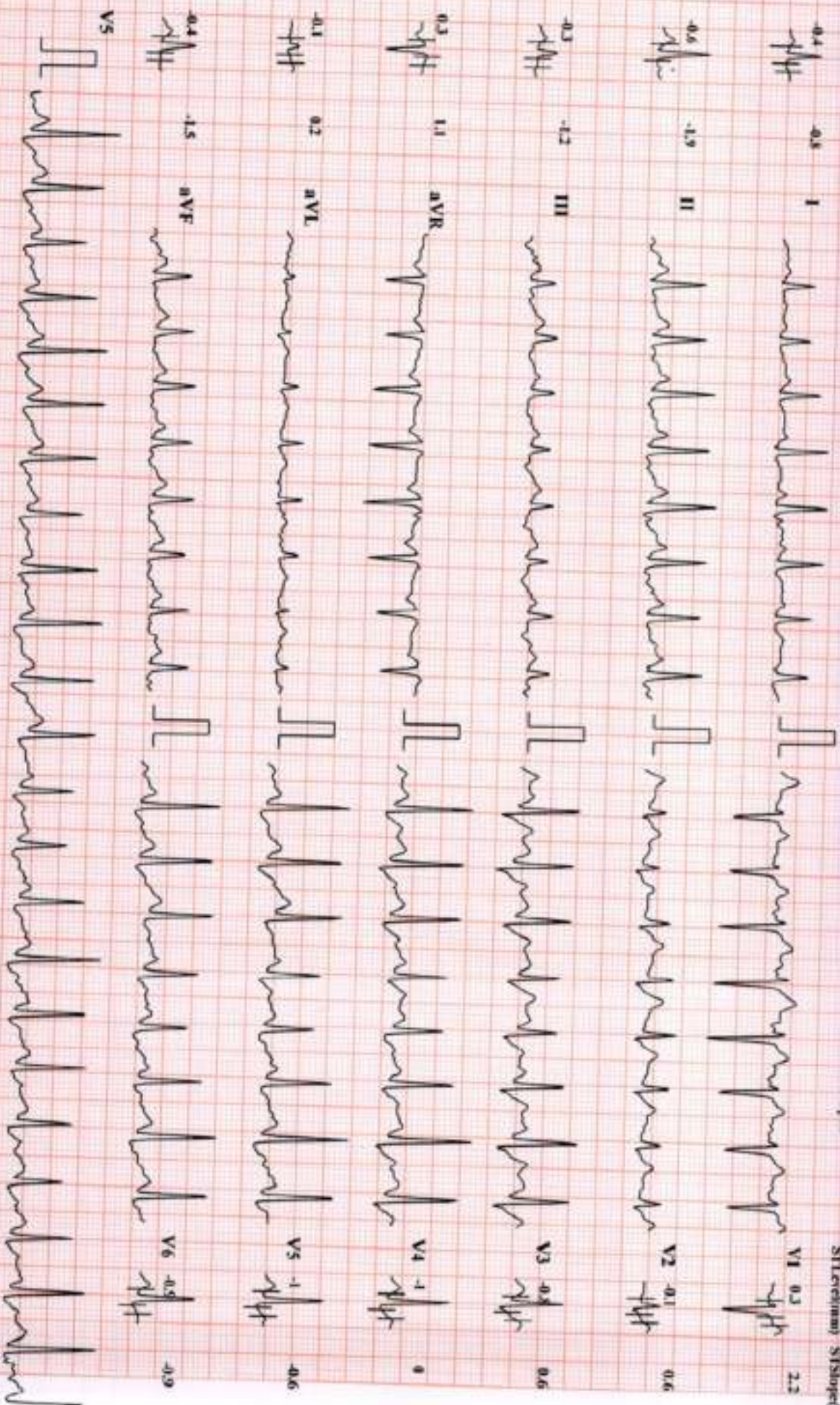


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Main Filter: ON

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

**ANUJ GARG (36 M)**

**SUBURBAN DIANOSTICS PVT. LTD. BORIVALJI**

Brace Protocol

ID: 2406921652

Date: 09-03-2024

Exec Time: 00:00

Stage Time: 01:00

HR: 126 bpm

STLead(mn) STSeg(mV/s)

Stage: Recovery/1

Speed: 0 kmph

Slope: 0%

THR: 156 bpm

BP: 140/80 mmHg

STLead(mn) STSeg(mV/s)

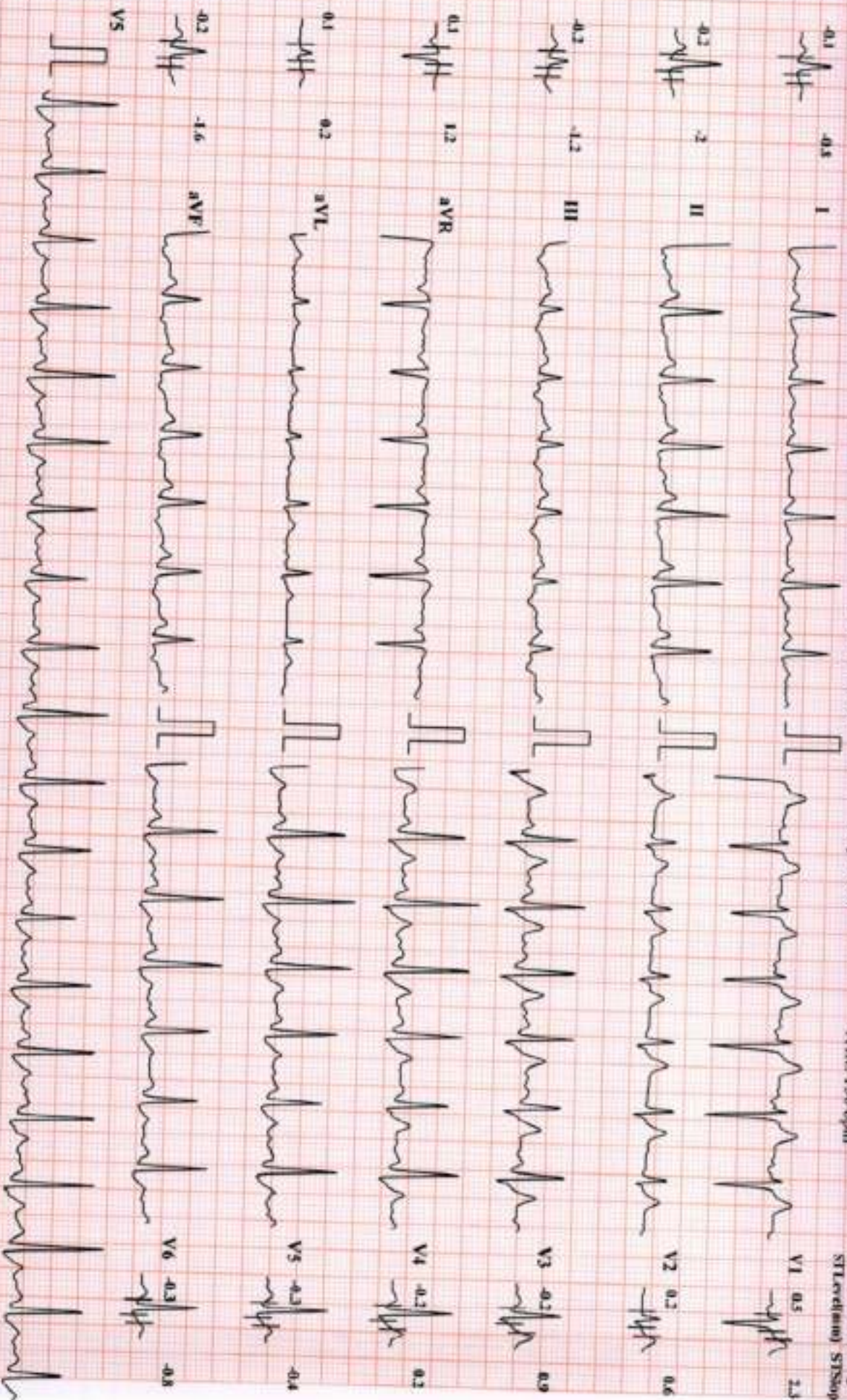


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

ANUJ GARG (36 M)

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Brute Protocol  
STLeads(m) STSlope(mV/s)

ID: 2406921652  
Stage: Recovery2  
Date: 09-03-2024  
Speed: 0 kmph

Exec Time: 00:00  
Slope: 0 %  
Stage Time: 00:03  
THR: 156 bpm

HR: 125 bpm  
BP: 140/80 mmHg  
STLeads(m) STSlope(mV/s)

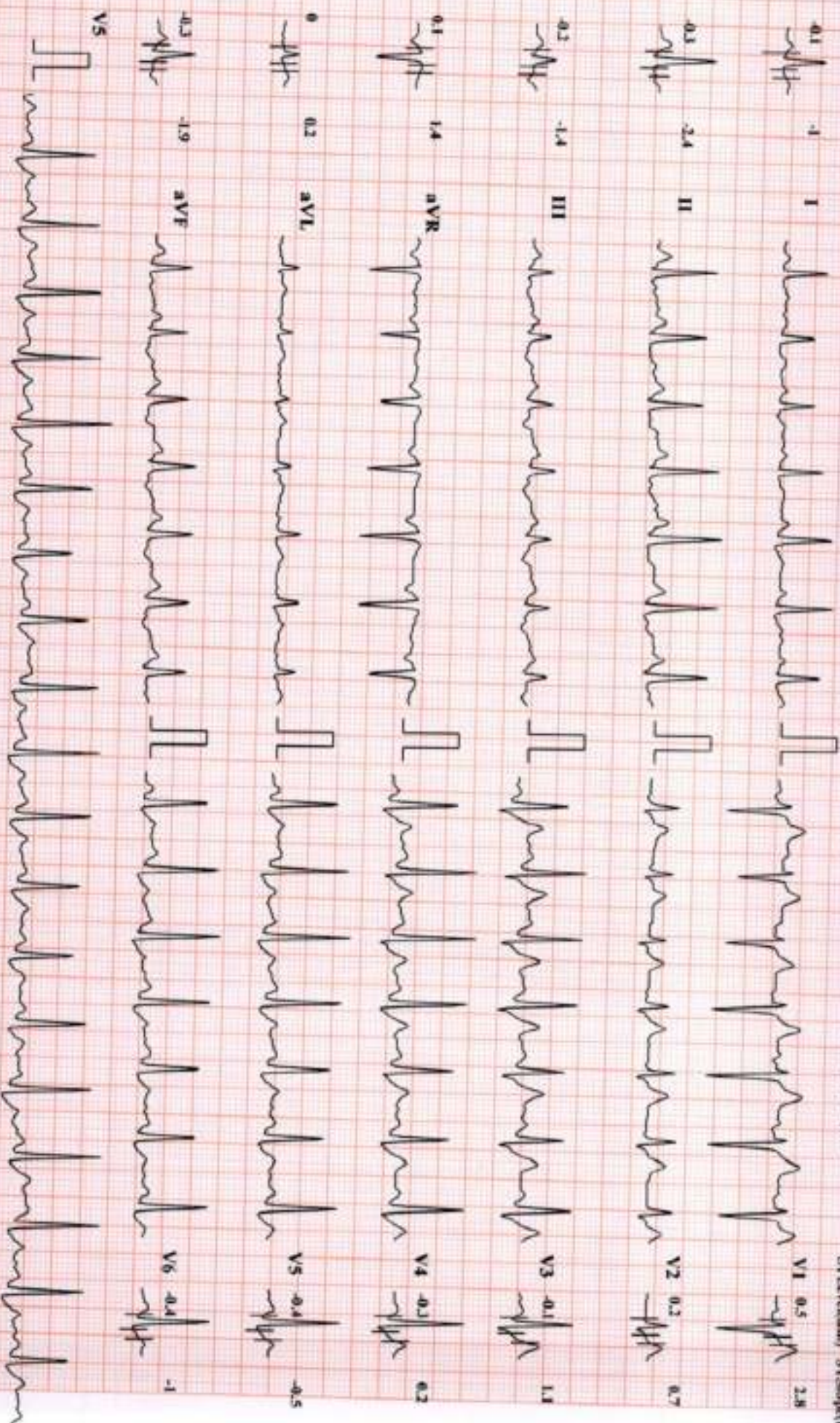


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Main Filter: ON

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

Schiller CardioVital CS-20 Version 3.4



**CID** : 2406921652  
**Name** : Mr Anuj Kumar Garg  
**Age / Sex** : 36 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Borivali West

**Reg. Date** : 09-Mar-2024  
**Reported** : 09-Mar-2024/10:26

## **USG WHOLE ABDOMEN**

**LIVER:** Liver is normal in size 12.3 cm, with mild generalized increase in parenchymal echotexture. There is no intra-hepatic biliary radical dilatation.No evidence of any focal lesion.

**GALL BLADDER:** Gall bladder is partially distended. No obvious wall thickening is noted. There is no evidence of any calculus.  
(Tiny polyps/calculi may be missed due to technical limitations, sub-optimal distension of GB, adjacent gases and inter-machine variability in resolution settings)

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

**PANCREAS:** Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

**KIDNEYS:** Right kidney measures 8.7 x 3.9 cm. Left kidney measures 9.7 x 4.7 cm.  
Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

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

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

**PROSTATE:** Prostate is normal in size and echotexture. Prostate measures 2.9 x 2.3 x 2.8 cm and prostatic weight is 10 gm. No evidence of any obvious focal lesion.

No free fluid or size significant lymphadenopathy is seen.



Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2406921652  
**Name** : Mr Anuj Kumar Garg  
**Age / Sex** : 36 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Borivali West

**Reg. Date** : 09-Mar-2024  
**Reported** : 09-Mar-2024/10:26

**Opinion:**

**Grade I fatty infiltration of liver.**

**For clinical correlation and follow up.**

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 explained 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 within 7 days post which the center will not be responsible for any rectification. Please interpret accordingly.

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

**DR.SUDHANSHU SAXENA**  
**Consultant Radiologist**  
**M.B.B.S DMRE (RadioDiagnosis)**  
**RegNo .MMC 2016061376.**





Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2406921652  
**Name** : Mr Anuj Kumar Garg  
**Age / Sex** : 36 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Borivali West

**Reg. Date** : 09-Mar-2024  
**Reported** : 09-Mar-2024/10:26

Name : MR. ANUJ KUMAR GARG

Age / Gender : 36 Years/Male

Consulting Dr. :

Collected : 09-Mar-2024 / 08:17

Reg. Location : Borivali West (Main Centre)

Reported : 11-Mar-2024 / 08:39

## PHYSICAL EXAMINATION REPORT

### History and Complaints:

Nil

### EXAMINATION FINDINGS:

Height (cms): 175

Weight (kg): 75

Temp (0c): Afebrile

Skin: Normal

Blood Pressure (mm/hg): 120/80

Nails: Normal

Pulse: 72/min

Lymph Node: Not palpable

### Systems

Cardiovascular: Normal

Respiratory: Normal

Genitourinary: Normal

GI System: Normal

CNS: Normal

### IMPRESSION:

*Lipid*

### ADVICE:

*Low oily diet.*

### CHIEF COMPLAINTS:

- |                  |    |
|------------------|----|
| 1) Hypertension: | No |
| 2) IHD           | No |
| 3) Arrhythmia    | No |

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code!

CID : 2406921652  
Name : Mr Anuj Kumar Garg  
Age / Sex : 36 Years/Male  
Ref. Dr :  
Reg. Location : Borivali West

Reg. Date : 09-Mar-2024  
Reported : 11-Mar-2024 / 11:05

### 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. SUDHANSHU SAXENA**  
Consultant Radiologist  
M.B.B.S DMRE (RadioDiagnosis)  
RegNo .MMC 2016061376.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024030908181179>