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CID : 2234420292  
Name : MR.HARSHAD V GHARAT  
Age / Gender : 36 Years / Male  
Consulting Dr. : -  
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 10-Dec-2022 / 10:03  
Reported : 10-Dec-2022 / 14:27

**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	16.6	13.0-17.0 g/dL	Spectrophotometric
RBC	5.74	4.5-5.5 mil/cmm	Elect. Impedance
PCV	48.9	40-50 %	Measured
MCV	85	80-100 fl	Calculated
MCH	28.8	27-32 pg	Calculated
MCHC	33.9	31.5-34.5 g/dL	Calculated
RDW	14.2	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	5970	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	23.1	20-40 %	
Absolute Lymphocytes	1379.1	1000-3000 /cmm	Calculated
Monocytes	8.0	2-10 %	
Absolute Monocytes	477.6	200-1000 /cmm	Calculated
Neutrophils	61.8	40-80 %	
Absolute Neutrophils	3689.5	2000-7000 /cmm	Calculated
Eosinophils	6.3	1-6 %	
Absolute Eosinophils	376.1	20-500 /cmm	Calculated
Basophils	0.8	0.1-2 %	
Absolute Basophils	47.8	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	297000	150000-400000 /cmm	Elect. Impedance
MPV	8.5	6-11 fl	Calculated
PDW	15.1	11-18 %	Calculated



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**RBC MORPHOLOGY**

Hypochromia -  
Microcytosis -  
Macrocytosis -  
Anisocytosis -  
Poikilocytosis -  
Polychromasia -  
Target Cells -  
Basophilic Stippling -  
Normoblasts -  
Others Normocytic, Normochromic

WBC MORPHOLOGY -

PLATELET MORPHOLOGY -

COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB 5 2-15 mm at 1 hr. Sedimentation

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

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



*J. Thakker*

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



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**Reg. Location** : Mahavir Nagar, Kandivali West (Main Centre)

**Collected** : 10-Dec-2022 / 10:03  
**Reported** : 10-Dec-2022 / 15:15

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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	146.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	194.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.59	0.3-1.2 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (DIRECT), Serum	0.21	0-0.3 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (INDIRECT), Serum	0.38	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.6	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2	1 - 2	Calculated
SGOT (AST), Serum	23.6	<34 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
SGPT (ALT), Serum	52.4	10-49 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			



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**Collected** : 10-Dec-2022 / 13:04  
**Reported** : 10-Dec-2022 / 16:40

GAMMA GT, Serum	35.3	<73 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALKALINE PHOSPHATASE, Serum	62.4	46-116 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
BLOOD UREA, Serum	19.4	19.29-49.28 mg/dl	Calculated
Kindly note change in Ref range and method w.e.f.11-07-2022			
BUN, Serum	9.1	9.0-23.0 mg/dl	Urease with GLDH
Kindly note change in Ref range and method w.e.f.11-07-2022			
CREATININE, Serum	0.7	0.60-1.10 mg/dl	Enzymatic
Kindly note change in Ref range and method w.e.f.11-07-2022			
eGFR, Serum	136	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.6	3.7-9.2 mg/dl	Uricase/ Peroxidase
Kindly note change in Ref range and method w.e.f.11-07-2022			
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	++	Absent	
Urine Ketones (PP)	Absent	Absent	

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



MC-2111

*Bmhaskar*

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





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Collected : 10-Dec-2022 / 10:03  
Reported : 10-Dec-2022 / 16:25

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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	7.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	159.9	mg/dl	Calculated

**Intended use:**

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

**Clinical Significance:**

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

**Test Interpretation:**

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

**Factors affecting HbA1c results:**

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

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

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

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

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

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



*Dr. Trupti Shetty*  
**Dr. TRUPTI SHETTY**  
**M. D. (PATH)**  
**Pathologist**



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Reported : 10-Dec-2022 / 15:41

**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)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.025	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Proteins	Trace	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	<b>Trace</b>	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	1-2	0-5/hpf	
Red Blood Cells / hpf	Occasional	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	4-5	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 insert



MC-2111

*J. Thakker*

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



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



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Collected : 10-Dec-2022 / 10:03  
Reported : 10-Dec-2022 / 17:36

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

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

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

Specimen: EDTA Whole Blood and/or serum

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

**Limitations:**

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

**References:**

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

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



*Dr. Vrushi Shroff*  
**Dr.VRUSHALI SHROFF**  
**M.D.(PATH)**  
**Pathologist**





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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	181.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	82.1	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	30.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	150.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	134.5	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	16.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.4	0-3.5 Ratio	Calculated

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



*Dr. Leena Salunkhe*  
**Dr.LEENA SALUNKHE**  
**M.B.B.S, DPB (PATH)**  
**Pathologist**



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Reported : 10-Dec-2022 / 15:15

**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	6.1	3.5-6.5 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
Free T4, Serum	16.1	11.5-22.7 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
sensitiveTSH, Serum	2.104	0.55-4.78 microu/ml	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			



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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 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)

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



*Anupa*

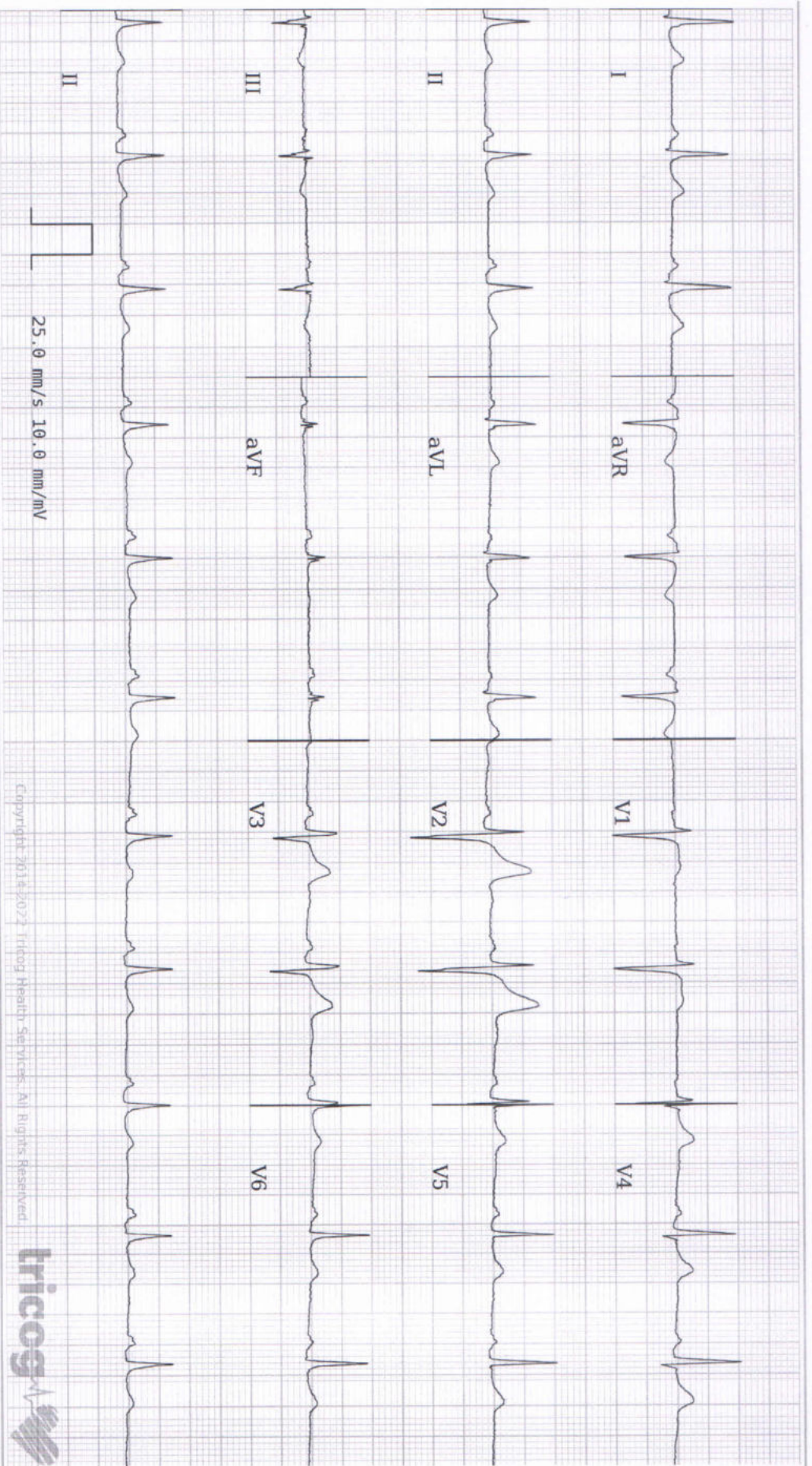
**Dr.ANUPA DIXIT**  
**M.D.(PATH)**  
**Consultant Pathologist & Lab**  
**Director**



Patient Name: HARSHAD V GHARAT  
Patient ID: 2234420292

Date and Time: 10th Dec 22 10:35 AM

**SUBURBAN DIAGNOSTICS - MAHAVIR NAGAR, KANDIVALI WEST**



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

Age 36 7 5  
years months days

Gender **Male**

Heart Rate **68bpm**

Patient Vitals

BP: 130/80 mmHg

Weight: 88 kg

Height: 179 cm

Pulse: 68 bpm

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 98ms

QT: 380ms

QTc: 404ms

PR: 150ms

P-R-T: 34° 12° 12°

REPORTED BY

Dr. Ajita Bhosale  
M.B.B.S.P.G.D.C.C (DIP. Cardiology)  
2013062200

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.





CID# : 2234420292  
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 Age / Gender : 36 Years/Male  
 Consulting Dr. : - Collected : 10-Dec-2022 / 09:48  
 Reg.Location : Mahavir Nagar, Kandivali West (Main Centre) Reported : 12-Dec-2022 / 11:00

**PHYSICAL EXAMINATION REPORT**

<b>History and Complaints: NIL</b>			
<b>EXAMINATION FINDINGS:</b>			
Height (cms):	179	Weight (kg):	88
Temp :	Afebrile	Skin:	Normal
Blood Pressure (mm/Hg):	130/80	Nails:	Healthy
Pulse:	68/MIN	Lymph Node:	Not Palpable
<b>Systems</b>			
Cardiovascular: S1,S2 Normal No Murmurs			
Respiratory: Air Entry Bilaterally Equal			
Genitourinary: NAD			
GI System: Soft non tender No Organomegaly			
CNS: NAD			
<b>IMPRESSION: HEALTHY.</b>			
<b>ADVICE: REGULAR EXERCISE. HEALTHY DIET.</b>			

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Reported : 12-Dec-2022 / 11:00

**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 :	NO
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 :	NO

**PERSONAL HISTORY:**

1)	Alcohol	NO
2)	Smoking	NO
3)	Diet	MIXED
4)	Medication	NIL

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



  
Dr. Ajita Bhosale  
PHYSICIAN

**Dr. AJITA BHOSALE**  
Reg. No. 2013/062200  
MBBS/D. Cardiology



Date:- 10/12/22

CID: 2234420292

Name:- Mr. Harshad Ghazat

Sex / Age: M/36

**EYE CHECK UP**

Chief complaints: — No

Systemic Diseases: — No

Past history: — No

Unaided Vision: — No

Aided Vision: — No

Refraction:  $\text{R } 6/6$   $\text{L } 6/6$

(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

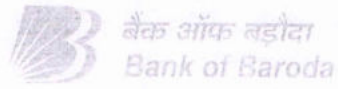
Remark: Normal vision-



ADDRESS: 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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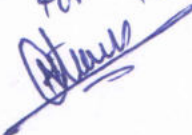
नाम हर्षद विष्णू घरात  
Name HARSHAD VISHNU GHARAT

कर्मचारी कुट अ.  
E. C. No. 162127

  
(Assistant General Manager)  
जातीयता प्राधिकारी  
Insuring Authority



  
धारक के हस्ताक्षर  
Signature of Holder

For Health checkup  




# SUBURBAN DIAGNOSTICS PVT LTD.

**Patient Details**                      Date: 10-Dec-22                      Time: 11:19:15 AM  
**Name:** HARSHAD GHARAT ID: 2234420292  
**Age:** 36 y                      **Sex:** M                      **Height:** 179 cms                      **Weight:** 88 Kgs  
**Clinical History:** ANNUAL CHECK UP

**Medications:** NIL

## Test Details

**Protocol:** Bruce                      **Pr.MHR:** 184 bpm                      **THR:** 156 (85 % of Pr.MHR) bpm  
**Total Exec. Time:** 9 m 47 s                      **Max. HR:** 157 (85% of Pr.MHR) bpm                      **Max. Mets:** 13.50  
**Max. BP:** 180 / 80 mmHg                      **Max. BP x HR:** 28260 mmHg/min                      **Min. BP x HR:** 7200 mmHg/min  
**Test Termination Criteria:** FATIGUE

## 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	1 : 41	1.0	0	0	91	130 / 80	-3.82 V4	5.66 V3
Standing	0 : 59	1.0	0	0	94	130 / 80	-2.76 V3	-2.48 V3
Hyperventilation	0 : 8	1.0	0	0	90	130 / 80	-0.64 aVR	1.77 I
1	3 : 0	4.6	1.7	10	108	150 / 80	-1.91 III	-2.12 III
2	3 : 0	7.0	2.5	12	129	160 / 80	-1.27 III	3.18 V2
3	3 : 0	10.2	3.4	14	143	170 / 80	-2.55 III	5.66 V2
Peak Ex	0 : 47	13.5	4.2	16	157	180 / 80	-2.12 III	4.95 V2
Recovery(1)	3 : 0	1.8	1	0	115	160 / 80	-4.03 III	5.66 V2
Recovery(2)	1 : 8	1.0	0	0	107	130 / 80	-1.06 aVR	3.89 V2

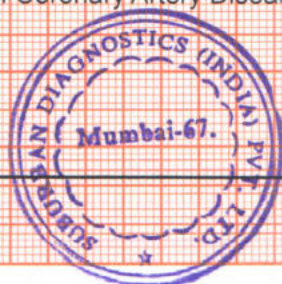
## Interpretation

GOOD EFFORT TOLERANCE.  
 HIGH WORKLOAD ACHIEVED.  
 APPROPRIATE CHRONOTROPIC AND INOTROPIC RESPONSE.  
 NO SIGNIFICANT ST-T CHANGES AT PEAK EXERCISE.  
 NO SIGNIFICANT ST-T CHANGES AT RECOVERY.  
 NO ARRHYTHMIAS NOTED.

**IMPRESSION:** THIS EXERCISE STRESS TEST IS NEGATIVE FOR REVERSIBLE INDUCIBLE ISCHEMIA.

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

Ref. Doctor: ARCOFEMI  
 ( Summary Report edited by user )



Doctor: DR AJITA BHOSALE  
 (c) Schiller Healthcare India Pvt. Ltd. V 4.53

**Dr. AJITA BHOSALE**  
 Reg. No. 2013/062200  
 MBBS/D. Cardiology



HARSHAD GHARAT (36 M)

ID: 2234420292

Date: 10-Dec-22

Exec Time : 0 m 0 s

Stage Time : 1 m 35 s HR: 87 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 130 / 80

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

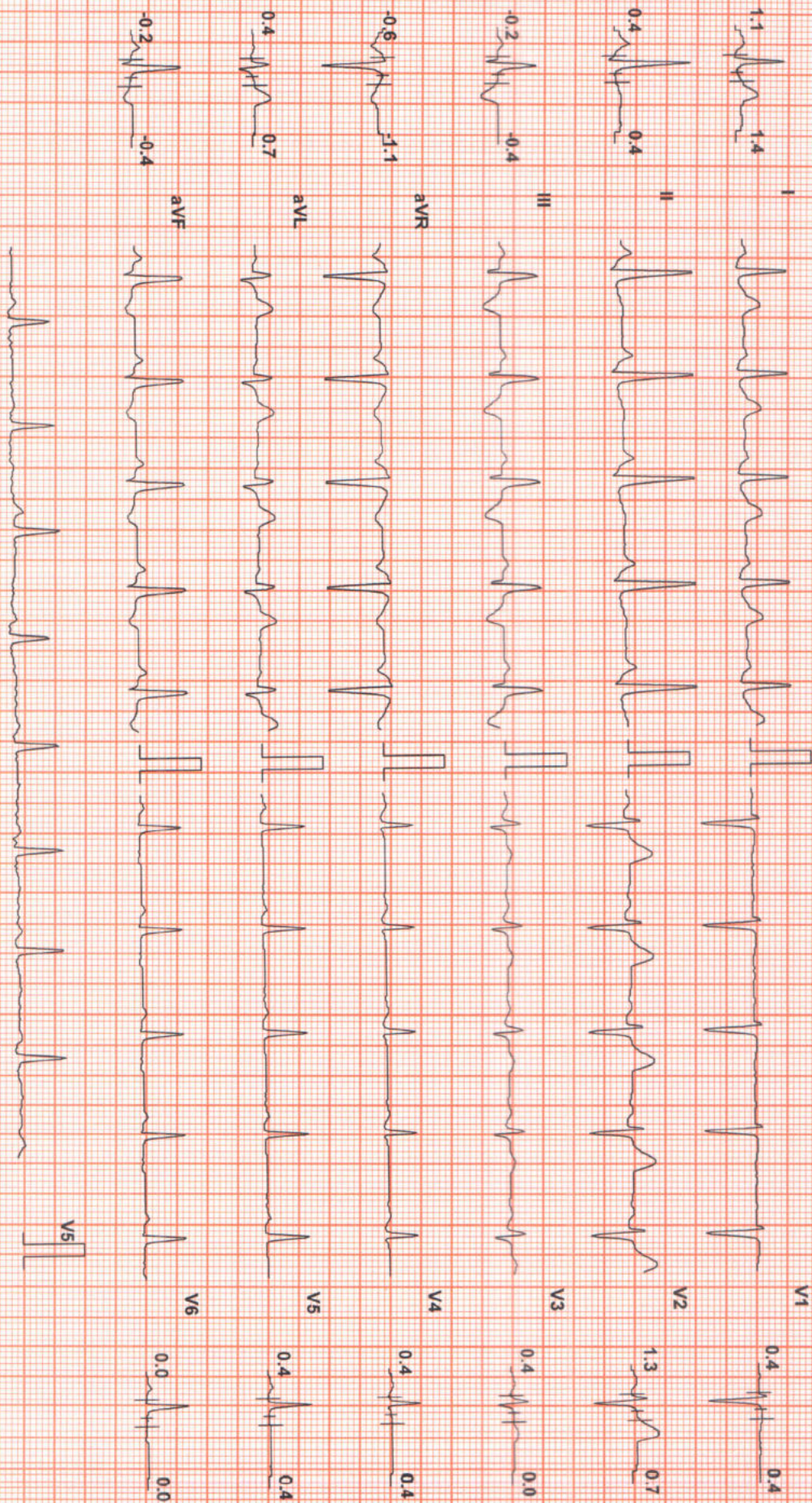


Chart Speed: 25 mm/sec  
Schlier-Spenden V 4.52

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median





**HARSHAD GHARAT (36 M)**

ID: 2234420292

Date: 10-Dec-22 Exec Time : 0 m 0 s

Stage Time : 0 m 53 s **HR: 91 bpm**

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0%

(THR: 156 bpm)

B.P: 130/80

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

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

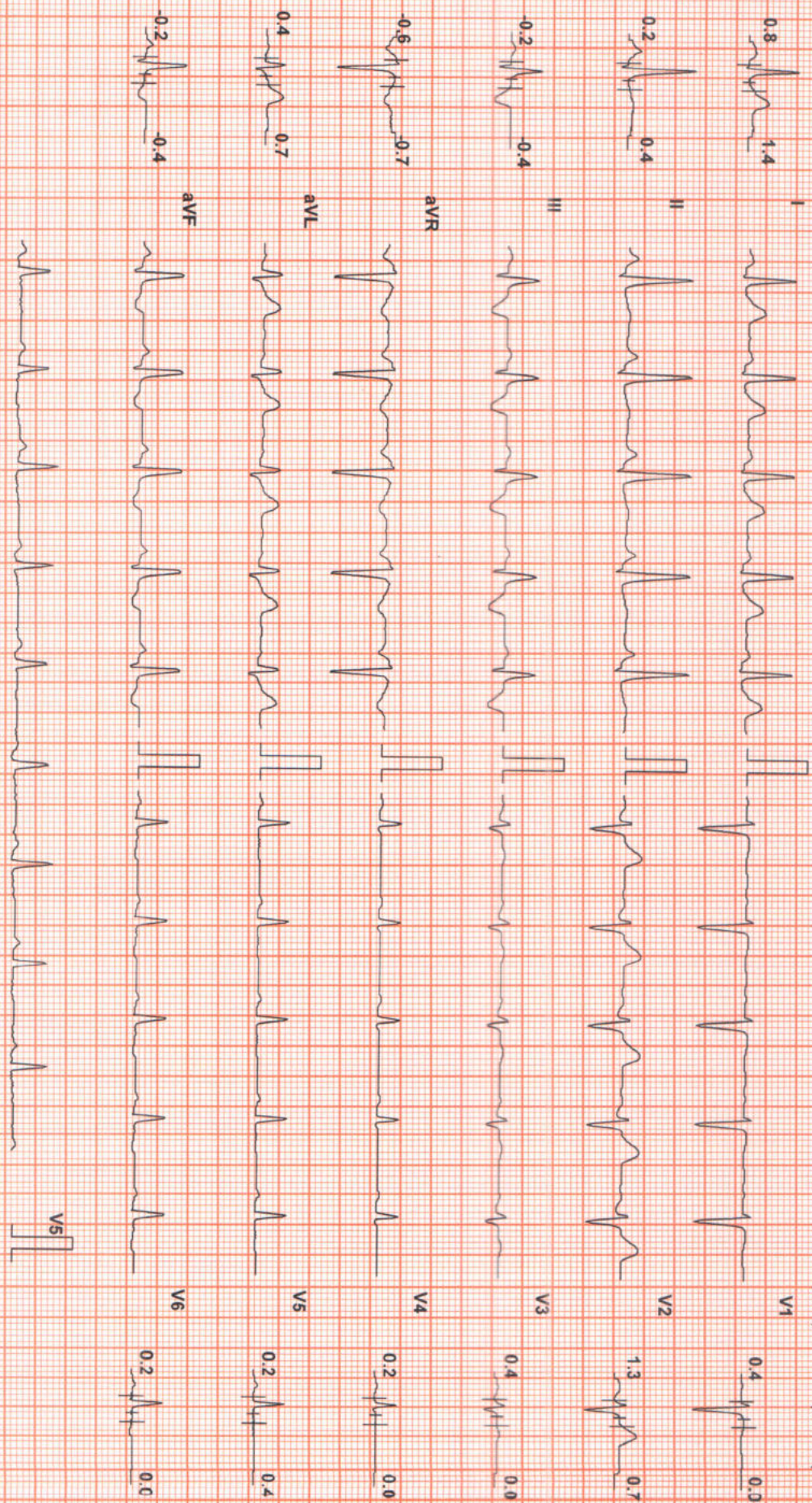


Chart Speed: 25 mm/sec  
Schiller Spandan V 4.52

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median





HARSHAD GHARAT (36 M)

ID: 2234420292

Date: 10-Dec-22

Exec Time : 0 m 0 s

Stage Time : 0 m 2 s

HR: 88 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 130 / 80

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

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

0.8 1.4

0.4 0.0

0.2 0.0

1.5 1.1

-0.2 -0.4

0.4 0.0

-0.4 -0.7

0.4 0.0

0.4 0.7

0.2 0.0

-0.2 -0.7

0.2 0.0

0.4 0.7

0.2 0.0

-0.2 -0.7

0.2 0.0

0.4 0.7

0.2 0.0

Chart Speed: 25 mm/sec  
Schiller Standan V 4.52

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median





HARSHAD GHARAT (36 M)

ID: 2234420292

Date: 10-Dec-22

Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 108 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 156 bpm)

B.P: 150 / 80

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

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

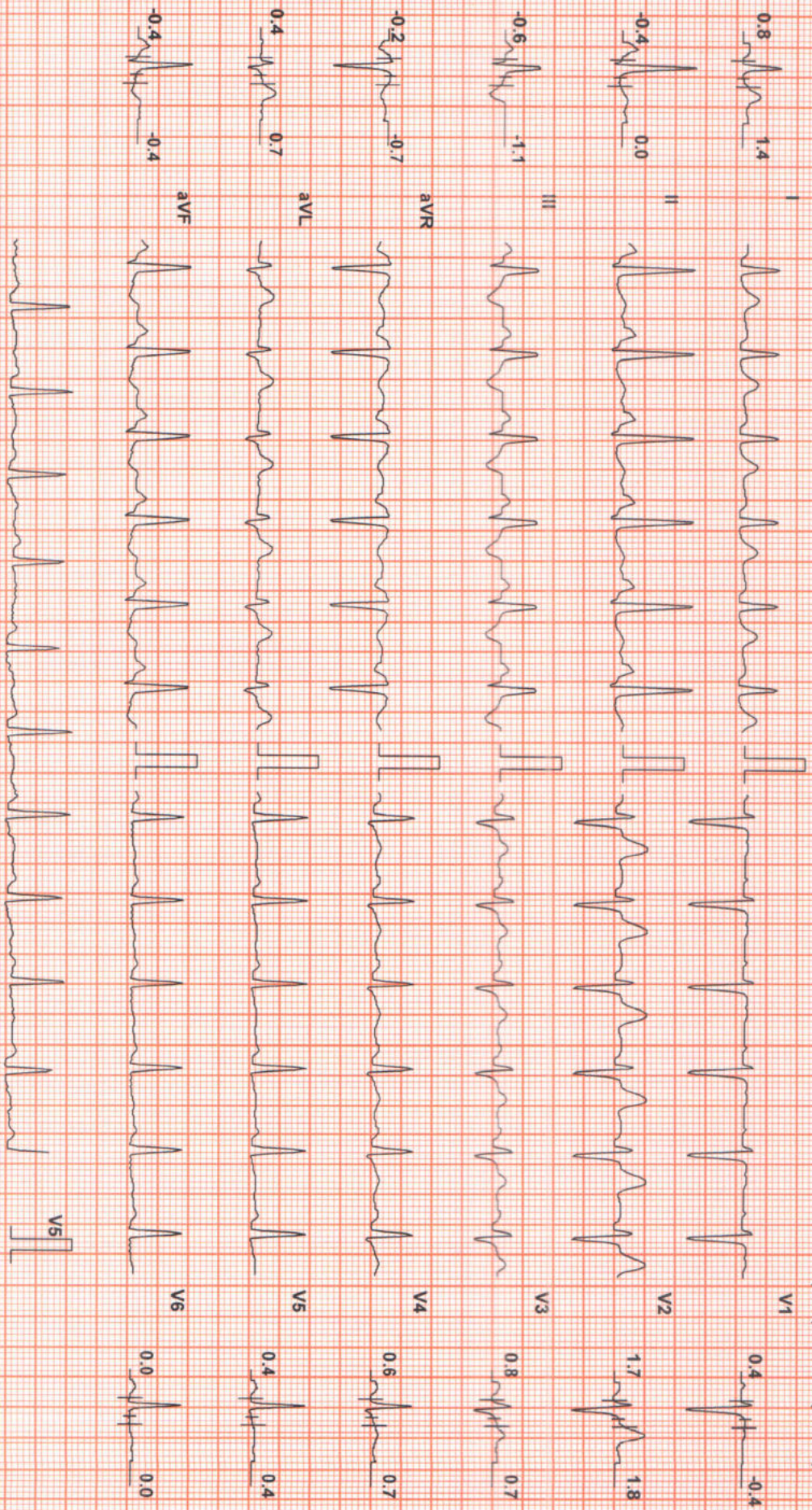


Chart Speed: 25 mm/sec  
Schlitz Spandau V 4.52

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median





HARSHAD GHARAT (36 M)

ID: 2234420292

Date: 10-Dec-22

Exec Time: 5 m 54 s

Stage Time: 2 m 54 s

HR: 129 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 156 bpm)

B.P: 160 / 80

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

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

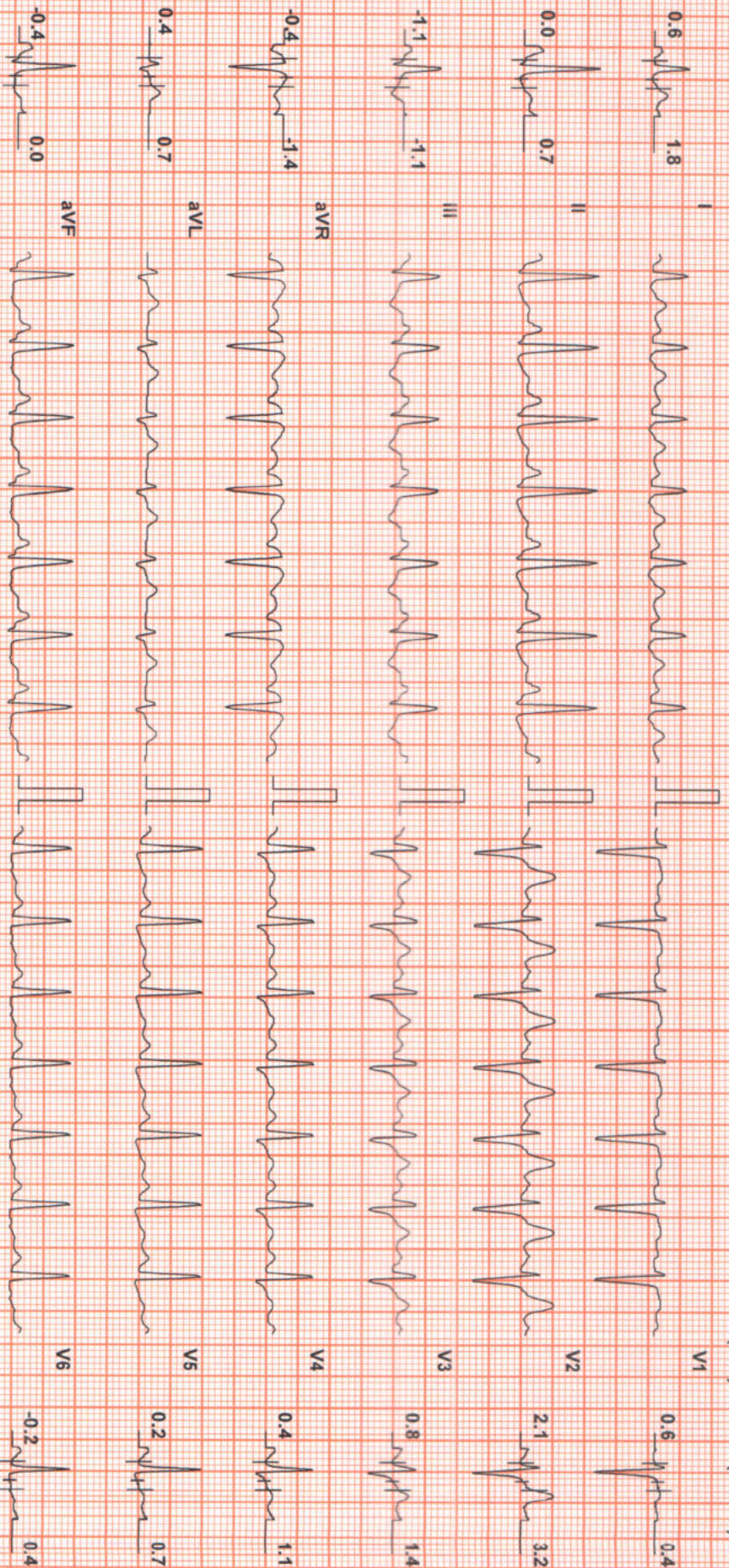


Chart Speed: 25 mm/sec  
Schlars Spandan V 4.52

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median





HARSHAD GHARAT (36 M)

ID: 2234420292

Date: 10-Dec-22

Exec Time: 8 m 54 s

Stage Time: 2 m 54 s

HR: 143 bpm

B.P: 170 / 80

Protocol: Bruce

Stage: 3

Speed: 3.4 mph

Grade: 14 %

(THR: 156 bpm)

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

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

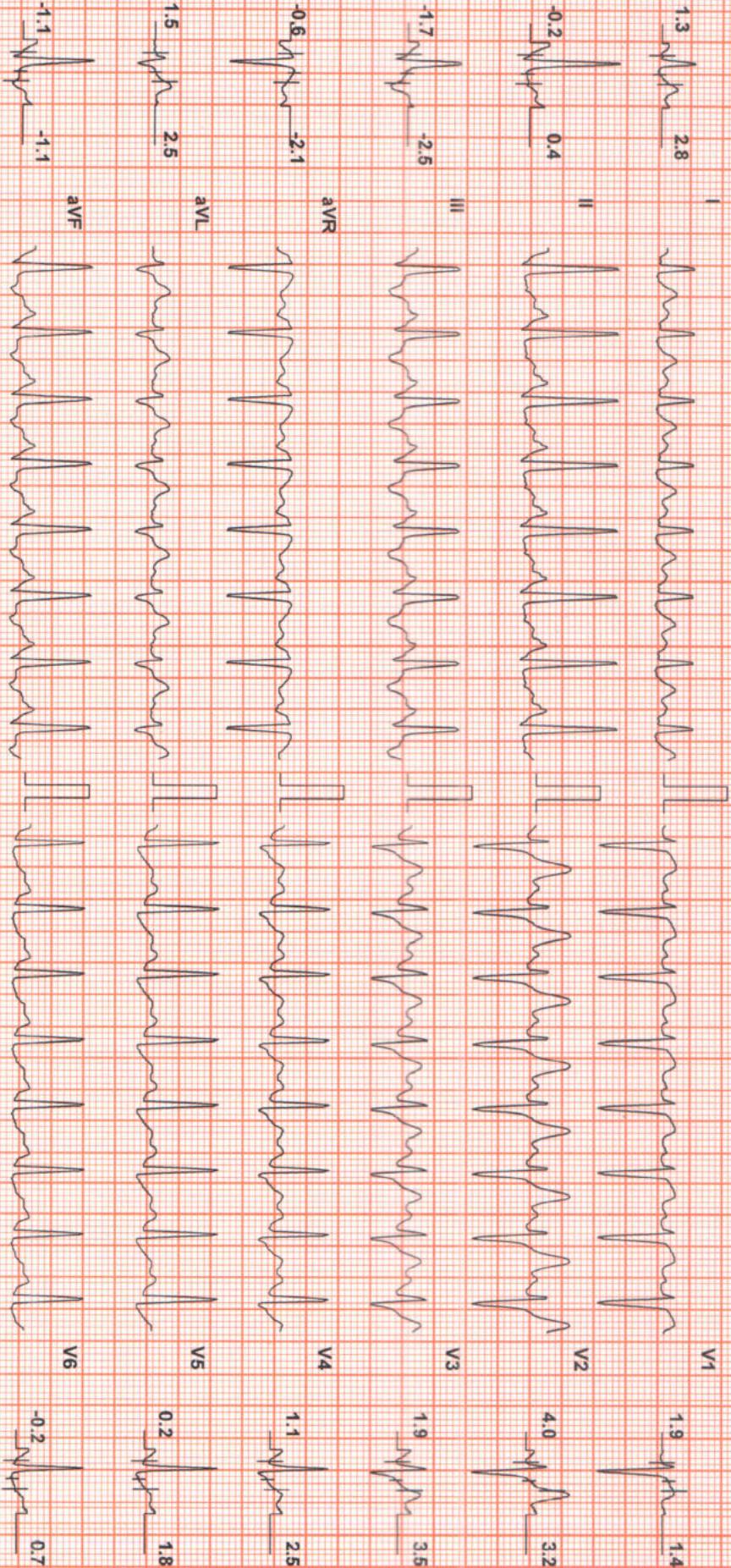


Chart Speed: 25 mm/sec  
Schlier Spandan V 4.52

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median





HARSHAD GHARAT (36 M)

ID: 2234420292

Date: 10-Dec-22

Exec Time : 9 m 41 s Stage Time : 0 m 41 s HR: 158 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 4.2 mph

Grade: 16 %

(THR: 156 bpm)

B.P: 180 / 80

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

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

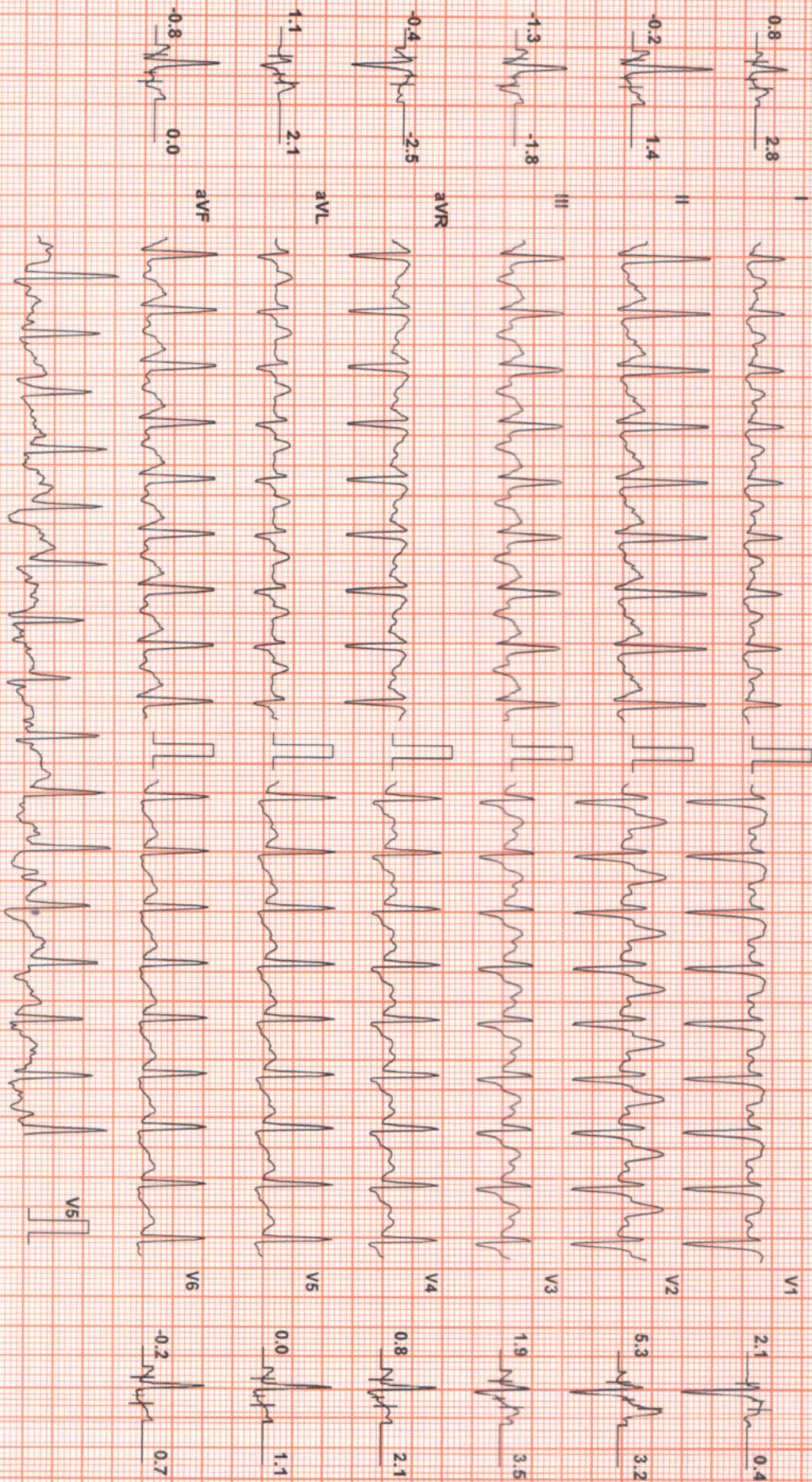


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.52

Linked Median





HARSHAD GHARAT (36 M)

ID: 2234420292

Date: 10-Dec-22

Exec Time : 9 m 47 s Stage Time : 2 m 54 s HR: 114 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0%

(THR: 156 bpm)

B.P: 160/80

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

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

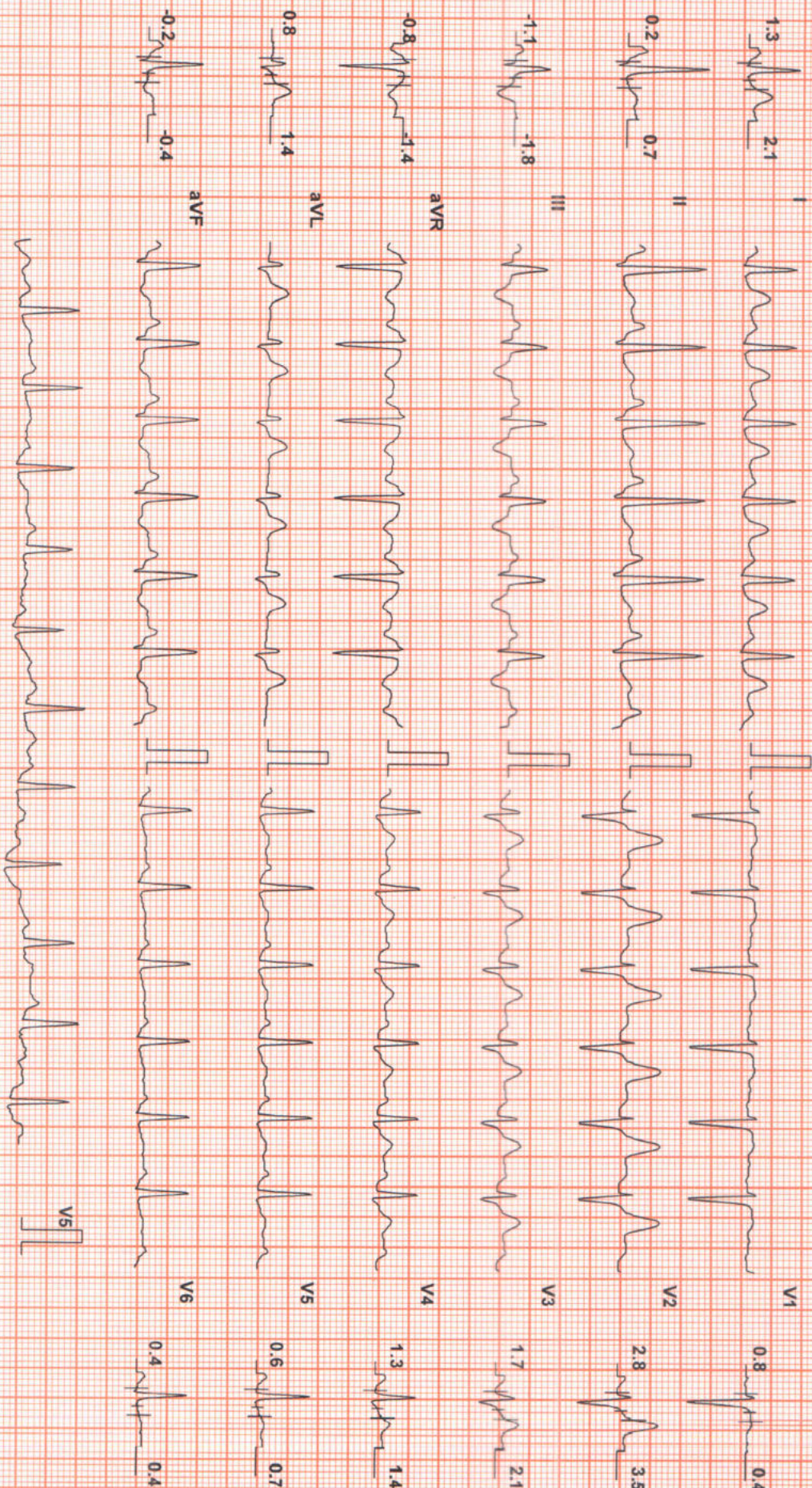


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.52

Linked Median





HARSHAD GHARAT (36 M)

ID: 2234420292

Date: 10-Dec-22

Exec Time : 9 m 47 s Stage Time: 1 m 2 s

HR: 108 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0%

(THR: 156 bpm)

B.P: 130/80

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

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

0.6 1.4



0.8 0.4

0.2 0.7



1.7 2.1

0.4 0.7



1.1 1.1

0.4 0.7



0.8 1.1

0.6 1.1



0.4 0.7

0.4 1.1



0.2 0.4

0.2 0.4



0.4 0.7

0.4 1.1



0.8 1.1

0.4 1.1



0.4 0.7

0.2 0.4



0.2 0.4

0.2 0.4



0.2 0.4

0.2 0.4



0.2 0.4

Chart Speed: 25 mm/sec  
Schlier-Spendan V 4.52

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median







**CID** : 2234420292  
**Name** : Mr HARSHAD V GHARAT  
**Age / Sex** : 36 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Mahavir Nagar, Kandivali West Main Centre  
**Reg. Date** : 10-Dec-2022  
**Reported** : 10-Dec-2022/12:26

## **USG WHOLE ABDOMEN**

### **LIVER:**

The liver is normal in size (13.7 cm), echotexture, shape and smooth margins. It shows **raised parenchymal echogenicity**. 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 10.7 x 5.2 cm. Left kidney measures 11.6 x 5.8 cm.

### **SPLEEN:**

The spleen is normal in size (10.3 cm) and echotexture. No evidence of focal lesion is noted.

### **URINARY BLADDER:**

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

### **PROSTATE:**

The prostate is normal in size measuring 2.4 x 3.4 x 2.2 cm and weighs 10.0 gms.  
There is no evidence of any lymphadenopathy or ascites.

### **IMPRESSION:-**

- **Grade I fatty liver.**

### **ADVICE: Clinical correlation**

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





Use a QR Code Scanner  
Application To Scan the Code

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**Name** : Mr HARSHAD V GHARAT  
**Age / Sex** : 36 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Mahavir Nagar, Kandivali West Main  
Centre

**Reg. Date** : 10-Dec-2022  
**Reported** : 10-Dec-2022/12:26

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**Dr. Chirag Patel**  
**Consultant Radiologist**  
**M.B.B.S, MD (Radiologist)**  
**Reg. No. MMC 20170773319**



**CID** : 2234420292  
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**Reg. Date** : 10-Dec-2022  
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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-----

**This report is prepared and physically checked by Dr. Chirag Patel before dispatch.**

**Dr. Chirag Patel**  
**Consultant Radiologist**  
**M.B.B.S, MD (Radiologist)**  
**Reg. No. MMC 20170773319**



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