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CID : 2227421715
Name : MR.RAMACHANDRAN MODHINI
Age / Gender : 58 Years / Male
Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 01-Oct-2022 / 09:49
Reported : 01-Oct-2022 / 15:13

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	18.5	13.0-17.0 g/dL	Spectrophotometric
RBC	6.08	4.5-5.5 mil/cmm	Elect. Impedance
PCV	55.6	40-50 %	Measured
MCV	91	80-100 fl	Calculated
MCH	30.4	27-32 pg	Calculated
MCHC	33.3	31.5-34.5 g/dL	Calculated
RDW	14.2	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7850	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	32.3	20-40 %	
Absolute Lymphocytes	2535.6	1000-3000 /cmm	Calculated
Monocytes	8.6	2-10 %	
Absolute Monocytes	675.1	200-1000 /cmm	Calculated
Neutrophils	53.7	40-80 %	
Absolute Neutrophils	4215.5	2000-7000 /cmm	Calculated
Eosinophils	5.0	1-6 %	
Absolute Eosinophils	392.5	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	31.4	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	240000	150000-400000 /cmm	Elect. Impedance
MPV	8.3	6-11 fl	Calculated
PDW	13.2	11-18 %	Calculated



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Reported : 01-Oct-2022 / 14:54

RBC MORPHOLOGY

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

WBC MORPHOLOGY -

PLATELET MORPHOLOGY -

COMMENT -

Result rechecked.

Kindly correlate clinically.

Specimen: EDTA Whole Blood

ESR, EDTA WB 5 2-20 mm at 1 hr. Westergren

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

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MC-2111

Bmhaskar

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



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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	157.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	186.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	+++	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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Anupa

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



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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
KIDNEY FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BLOOD UREA, Serum	25.3	19.29-49.28 mg/dl	Calculated
Kindly note change in Ref range and method w.e.f.11-07-2022			
BUN, Serum	11.8	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	0.81	0.60-1.10 mg/dl	Enzymatic
Kindly note change in Ref range and method w.e.f.11-07-2022			
eGFR, Serum	104	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.0	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.5	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
URIC ACID, Serum	4.0	3.7-9.2 mg/dl	Uricase/ Peroxidase
Kindly note change in Ref range and method w.e.f.11-07-2022			
PHOSPHORUS, Serum	3.7	2.4-5.1 mg/dl	Phosphomolybdate
Kindly note change in Ref range and method w.e.f.11-07-2022			
CALCIUM, Serum	9.7	8.3-10.6 mg/dl	CPC
Kindly note change in Ref range and method w.e.f.11-07-2022			
SODIUM, Serum	137	136-145 mmol/l	IMT
Kindly note change in Ref range and method w.e.f.11-07-2022			



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POTASSIUM, Serum 4.1 3.5-5.1 mmol/l IMT

Kindly note change in Ref range and method w.e.f.11-07-2022

CHLORIDE, Serum 101 98-107 mmol/l IMT

Kindly note change in Ref range and method w.e.f.11-07-2022

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*** End Of Report ***



Dr. Vrushi Shroff

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



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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	151.3	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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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
PROSTATE SPECIFIC ANTIGEN (PSA)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
TOTAL PSA, Serum	1.01	<4.0 ng/ml	CLIA

Kindly note change in Ref range and method w.e.f.11-07-2022



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Clinical Significance:

- PSA is detected in the serum of males with normal, benign hyper-plastic, and malignant prostate tissue.
- Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment.
- Prostate cancer screening 4.The percentage of Free PSA (FPSA) in serum is described as being significantly higher in patients with BPH than in patients with prostate cancer. 5.Calculation of % free PSA (ie. FPSA/TPSA x 100), has been suggested as way of improving the differentiation of BPH and Prostate cancer.

Interpretation:

Increased In- Prostate diseases,Cancer,Prostatitis, Benign prostatic hyperplasia, Prostatic ischemia, Acute urinary retention, Manipulations like Prostatic massage, Cystoscopy, Needle biopsy, Transurethral resection,Digital rectal examination, Radiation therapy, Indwelling catheter, Vigorous bicycle exercise, Drugs (e.g., testosterone), Physiologic fluctuations. Also found in small amounts in other cancers (sweat and salivary glands, breast, colon, lung, ovary) and in Skene glands of female urethra and in term placenta ,Acute renal failure, Acute myocardial infarction,

Decreased In- Ejaculation within 24-48 hours, Castration, Antiandrogen drugs (e.g., finasteride), Radiation therapy, Prostatectomy, PSA falls 17% in 3 days after lying in hospital, Artfactual (e.g., improper specimen collection; very high PSA levels).Finasteride (5- α ;-reductase inhibitor) reduces PSA by 50% after 6 months in men without cancer.

Reflex Tests: % FREE PSA , USG Prostate

Limitations:

- tPSA values determined on patient samples by different testing procedures cannot be directly compared with one another and could be the cause of erroneous medical interpretations. If there is a change in the tPSA assay procedure used while monitoring therapy, then the tPSA values obtained upon changing over to the new procedure must be confirmed by parallelmeasurements with both methods. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels.
- Patients who have been regularly exposed to animals or have received immunotherapy or diagnostic procedures utilizing immunoglobulins or immunoglobulin fragments may produce antibodies, e.g. HAMA, that interferes with immunoassays.
- PSA results should be interpreted in light of the total clinical presentation of the patient, including: symptoms, clinical history, data from additional tests, and other appropriate information.
- Serum PSA concentrations should not be interpreted as absolute evidence for the presence or absence of prostate cancer.

Reference:

- Wallach's Interpretation of diagnostic tests
- Total PSA Pack insert

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
EXAMINATION OF FAECES

PARAMETER RESULTS BIOLOGICAL REF RANGE

PHYSICAL EXAMINATION

Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent

CHEMICAL EXAMINATION

Reaction (pH)	Acidic (5.5)	-
Occult Blood	Absent	Absent

MICROSCOPIC EXAMINATION

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
Reducing Substances	-	Absent

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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
URINE EXAMINATION REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	3+	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	5-6	Less than 20/hpf	
Others	-		

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*** End Of Report ***



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Pathologist



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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
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

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	104.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	95.5	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	30.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	73.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	54.8	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	19.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.8	0-3.5 Ratio	Calculated

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.9	3.5-6.5 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
Free T4, Serum	17.7	11.5-22.7 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
sensitiveTSH, Serum	2.833	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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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
LIVER FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	1.47	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	0.62	0-0.3 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (INDIRECT), Serum	0.85	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.5	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	25.4	<34 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
SGPT (ALT), Serum	50.1	10-49 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
GAMMA GT, Serum	32.0	<73 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALKALINE PHOSPHATASE, Serum	56.5	46-116 U/L	Modified IFCC

Kindly note change in Ref range and method w.e.f.11-07-2022

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M.D.(PATH)
Pathologist

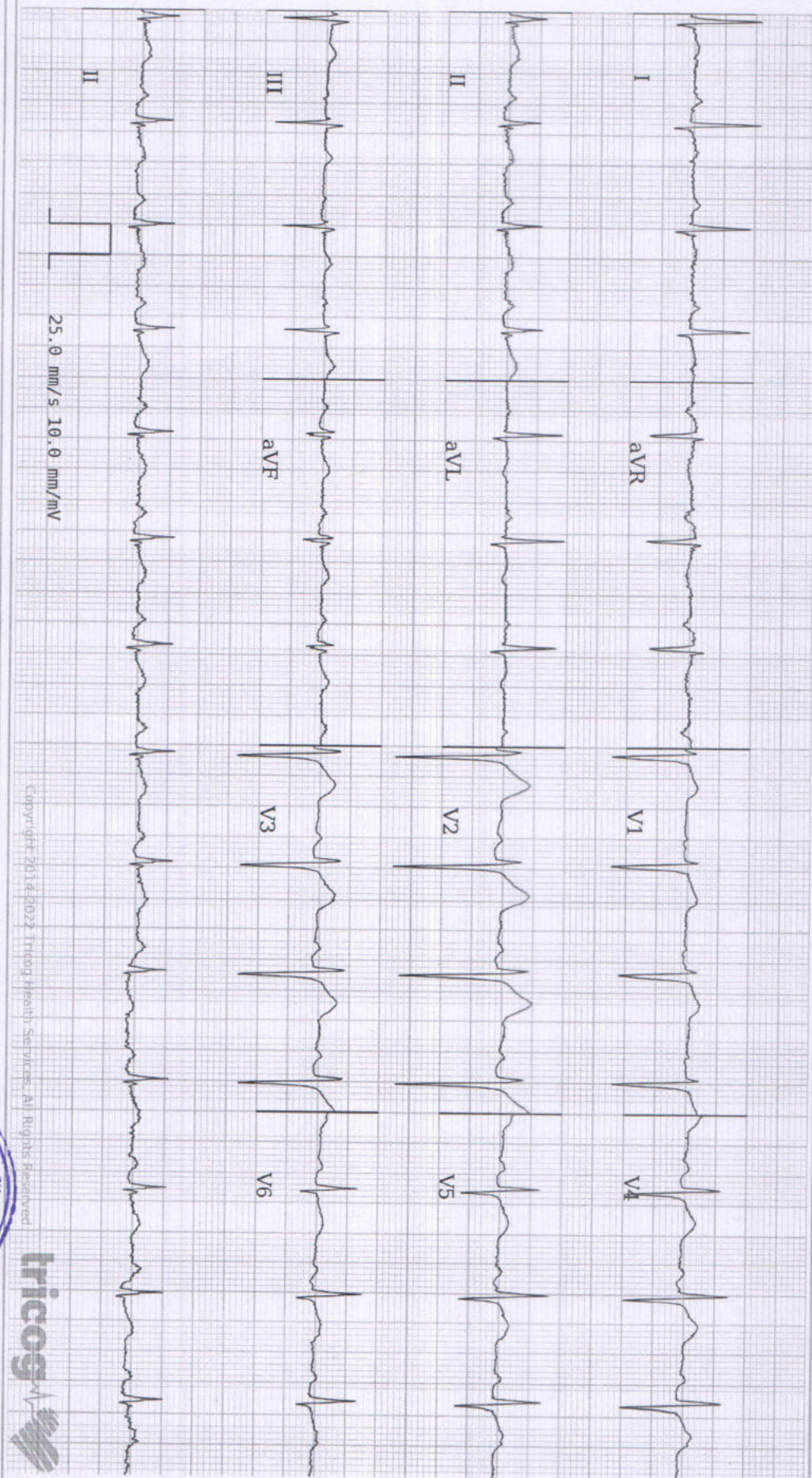


Use a QR Code Scanner
Application To Scan the Code

CID : 2227421715
Name : MR.RAMACHANDRAN MODHINI
Age / Gender : 58 Years / Male
Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected :
Reported :

*** End Of Report ***



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Age **58** 6 4
years months days

Gender **Male**

Heart Rate **86bpm**

Patient Vitals

BP: 130/80 mmHg

Weight: 75 kg

Height: 162 cm

Pulse: 84 bpm

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 90ms

QT: 368ms

QTc: 440ms

PR: 172ms

P-R-T: 44° 1° 60°

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

REPORTED BY

Dr. Ajita Biswas
M.B.B.S/R.G.D.C.C (DIP Cardiology)
2013062200



Date:- 01/10/22.

CID: 2227421715

Name:- Mr Ramachandran

Sex / Age: /

EYE CHECK UP

Chief complaints: — No

Systemic Diseases: — H/O HTN, DM.

Past history: — No

Unaided Vision: —

Aided Vision: — Yes

Refraction: (R) 6/9 (L) 6/9 with Spects.

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance				6/9				6/9
Near				N/E				N/E

Colour Vision: Normal / Abnormal

Remark: Normal vision

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

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

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



सत्यमेव जयते

भारत सरकार, वित्त मंत्रालय, राजस्व विभाग,
केन्द्रीय बस्तु व सेवा कर तथा केन्द्रीय उत्पाद शुल्क,
प्रधान आयुक्तालय, मुंबई मध्य
GOVERNMENT OF INDIA, MINISTRY OF FINANCE, DEPARTMENT OF REVENUE OFFICE OF
THE PRINCIPAL COMMISSIONER OF CGST & CENTRAL EXCISE,
MUMBAI CENTRAL

पहचान पत्र क्र :
Identity Card No.: 62/2022
पुरा नाम :
Name in full : M. I. RAMACHANDRAN
पदनाम :
Designation : SUPDT. CGST & CENTRAL EXCISE
जन्म तिथि :
Date of Birth : 28.03.1964



प्राधिकारी / Authority
Jt. / Addl. Commr. (P & V)

M. I. Ramachandran
01/10/2022

SUBURBAN DIAGNOSTIC CENTRE

Patient Details Date: 01-Oct-22 Time: 11:34:01 AM
Name: RAMACHANDRAN MODHINI ID: 2227421715
Age: 58 y **Sex:** M **Height:** 162 cms **Weight:** 75 Kgs
Clinical History: ANNUAL CHECK UP, K/C/O DM/HTN
Medications: TAB. GEMER 1, TAB.PIOPAR 15MG, TAB. TENAMET 20, TAB. REMO 100,
 TAB. TELTEL H, STATIN

Test Details
Protocol: Bruce **Pr.MHR:** 162 bpm **THR:** 137 (85 % of Pr.MHR) bpm
Total Exec. Time: 8 m 1 s **Max. HR:** 151 (93% of Pr.MHR) bpm **Max. Mets:** 10.20
Max. BP: 200 / 80 mmHg **Max. BP x HR:** 30200 mmHg/min **Min. BP x HR:** 6720 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 : 16	1.0	0	0	84	130 / 80	-1.70 III	3.89 V2
Standing	1 : 19	1.0	0	0	93	130 / 80	-1.70 III	3.54 V2
Hyperventilation	0 : 8	1.0	0	0	93	130 / 80	-1.91 III	-3.18 III
1	3 : 0	4.6	1.7	10	117	150 / 80	-2.12 III	3.89 V2
2	3 : 0	7.0	2.5	12	134	170 / 80	-1.70 III	3.89 V2
Peak Ex	2 : 1	10.2	3.4	14	151	200 / 80	-2.55 III	4.60 V2
Recovery(1)	3 : 0	1.8	1	0	103	150 / 80	-2.12 III	5.66 V2
Recovery(2)	1 : 17	1.0	0	0	98	130 / 80	-1.27 III	2.48 V2

Interpretation

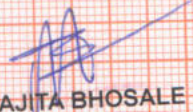
GOOD EFFORT TOLERANCE.
 MODERATE WORKLOAD ACHIEVED.
 APPROPRIATE CHRONOTROPIC AND EXAGGERATED INOTROPIC RESPONSE.
 NO SIGNIFICANT ST-T CHANGES AT PEAK EXERCISE.
 NO SIGNIFICANT ST-T CHANGES AT RECOVERY.
 NO ARRYTHMIAS NOTED.

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

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



SUBURBAN DIAGNOSTIC CENTRE

RAMACHANDRAN MODHINI (58 M)

ID: 2227421715

Date: 01-Oct-22

Exec Time : 0 m 0 s

Stage Time : 1 m 10 s

HR: 87 bpm

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 137 bpm)

B.P: 130 / 80

Protocol: Bruce

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

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

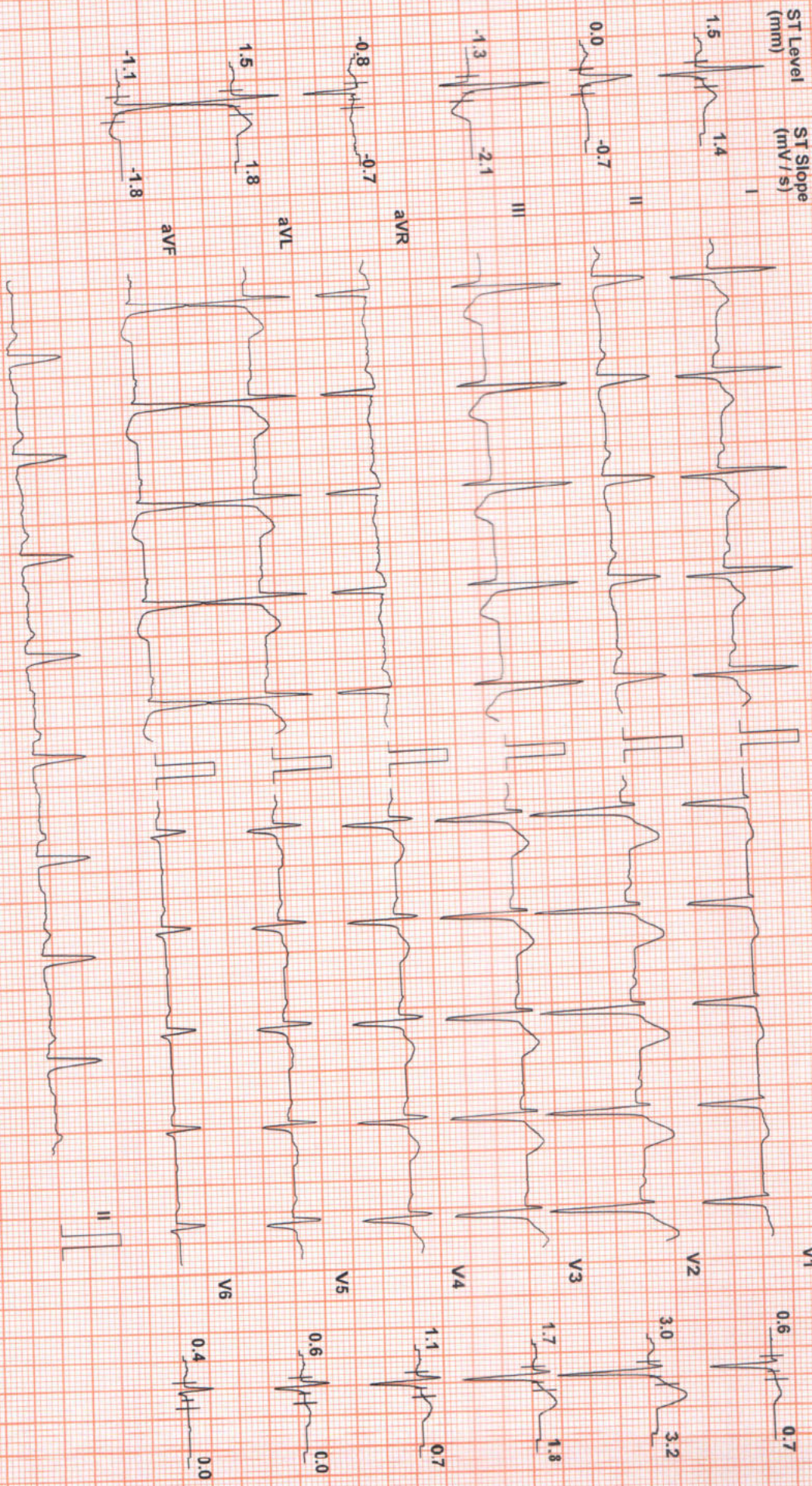


Chart Speed: 25 mm/sec
Schiller Spandan V 4.52

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



RAMACHANDRAN MODHINI (58 M)

ID: 2227421715

Date: 01-Oct-22

Exec Time: 0 m 0 s

Stage Time: 1 m 13 s

HR: 93 bpm

B.P: 130/80

SUBURBAN DIAGNOSTIC CENTRE

Test Report

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0%

(THR: 137 bpm)

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

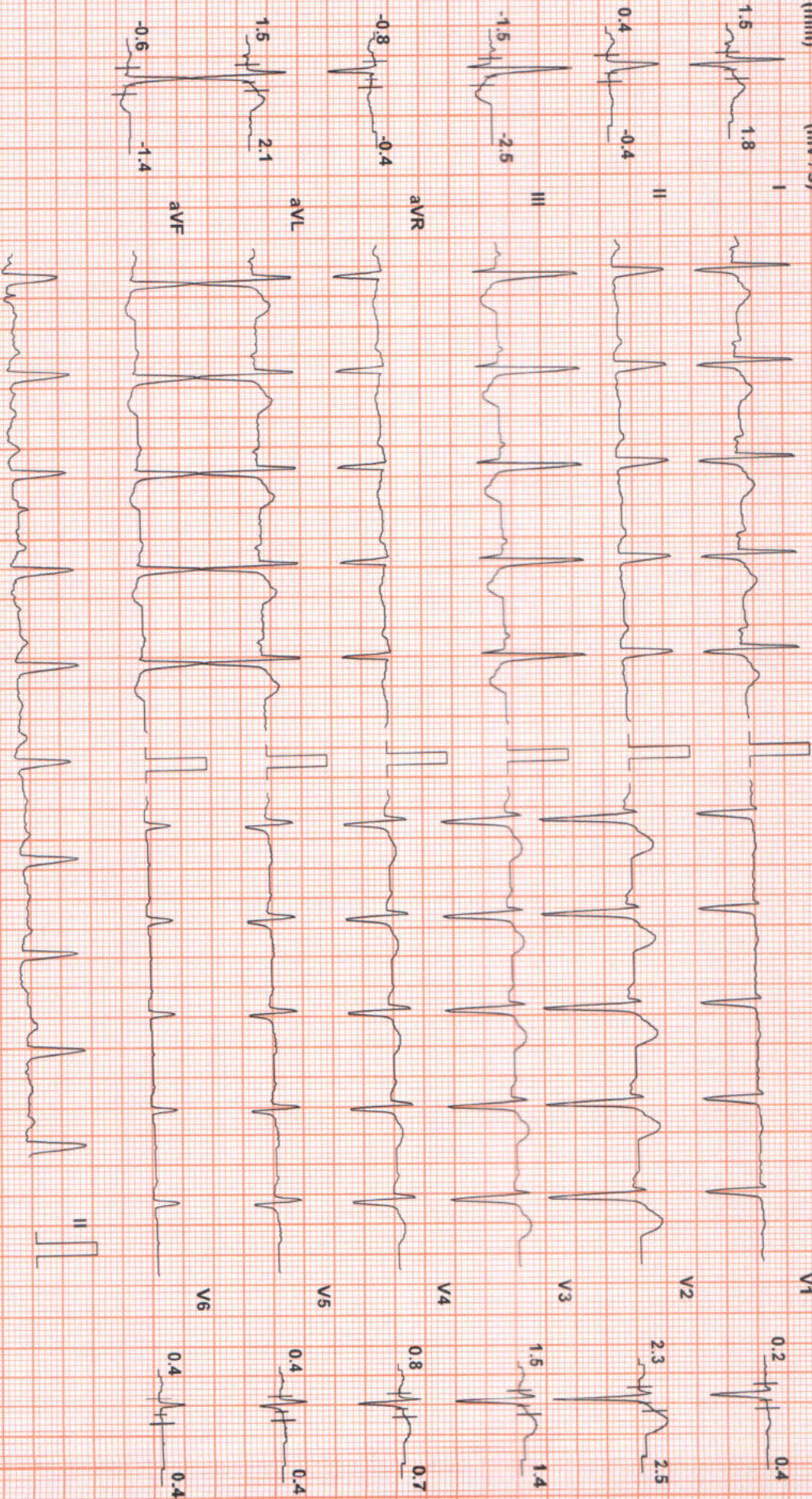


Chart Speed: 25 mm/sec
Schiller Standard V & 52

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Is_o = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUBURBAN DIAGNOSTIC CENTRE

Test report

RAMACHANDRAN MODHINI (58 M)

ID: 2227421715

Date: 01-Oct-22

Exec Time : 0 m 0 s

Stage Time : 0 m 2 s

HR: 89 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 137 bpm)

B.P.: 130 / 80

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

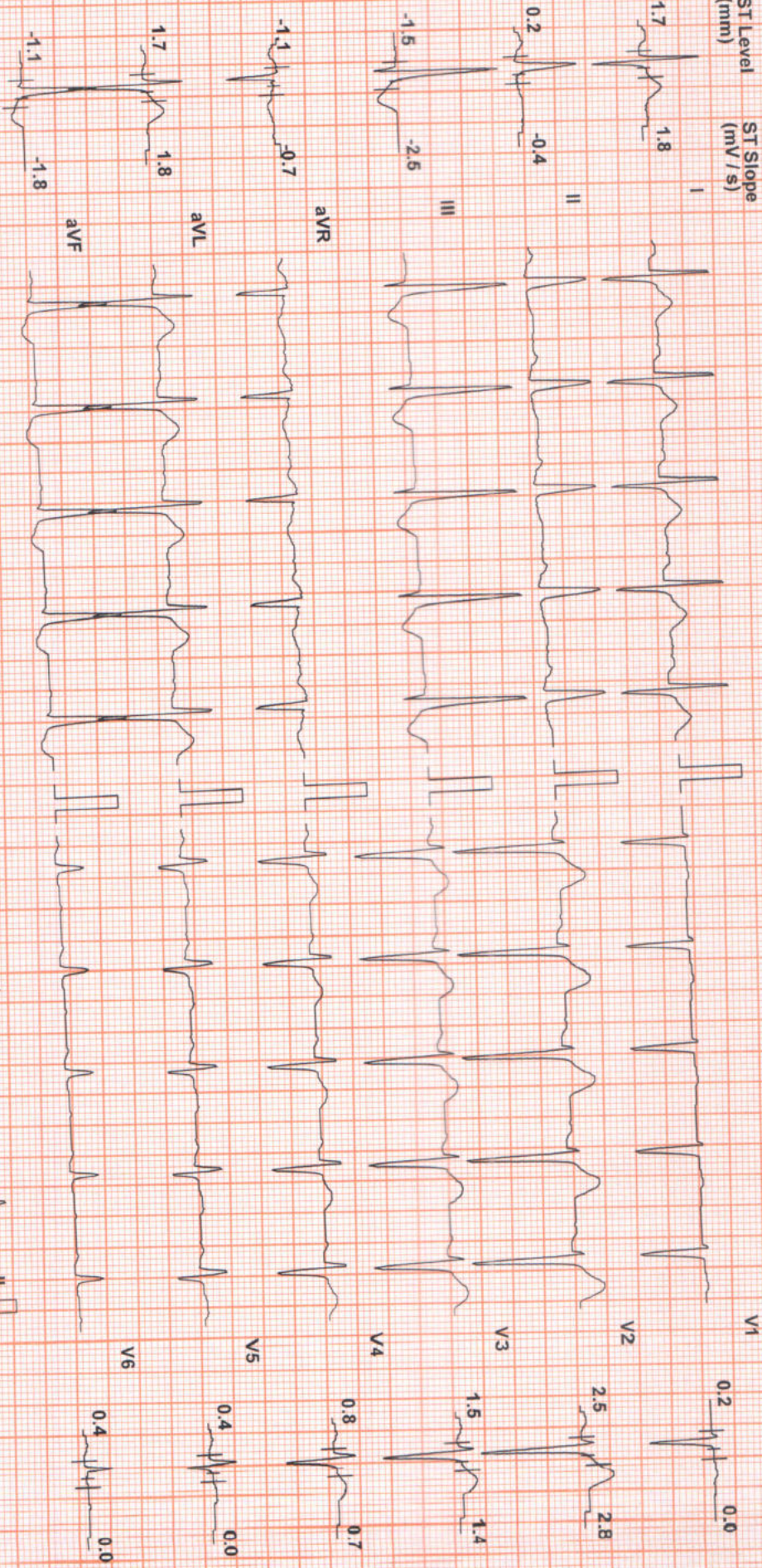


Chart Speed: 25 mm/sec

Schiller Spandan V 4.52

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUBURBAN DIAGNOSTIC CENTRE

Test Report

RAMACHANDRAN MODHINI (58 M)

ID: 2227421715

Date: 01-Oct-22

Exec Time : 2 m 54 s

Stage Time : 2 m 54 s

HR: 116 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 137 bpm)

B.P: 150 / 80

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

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

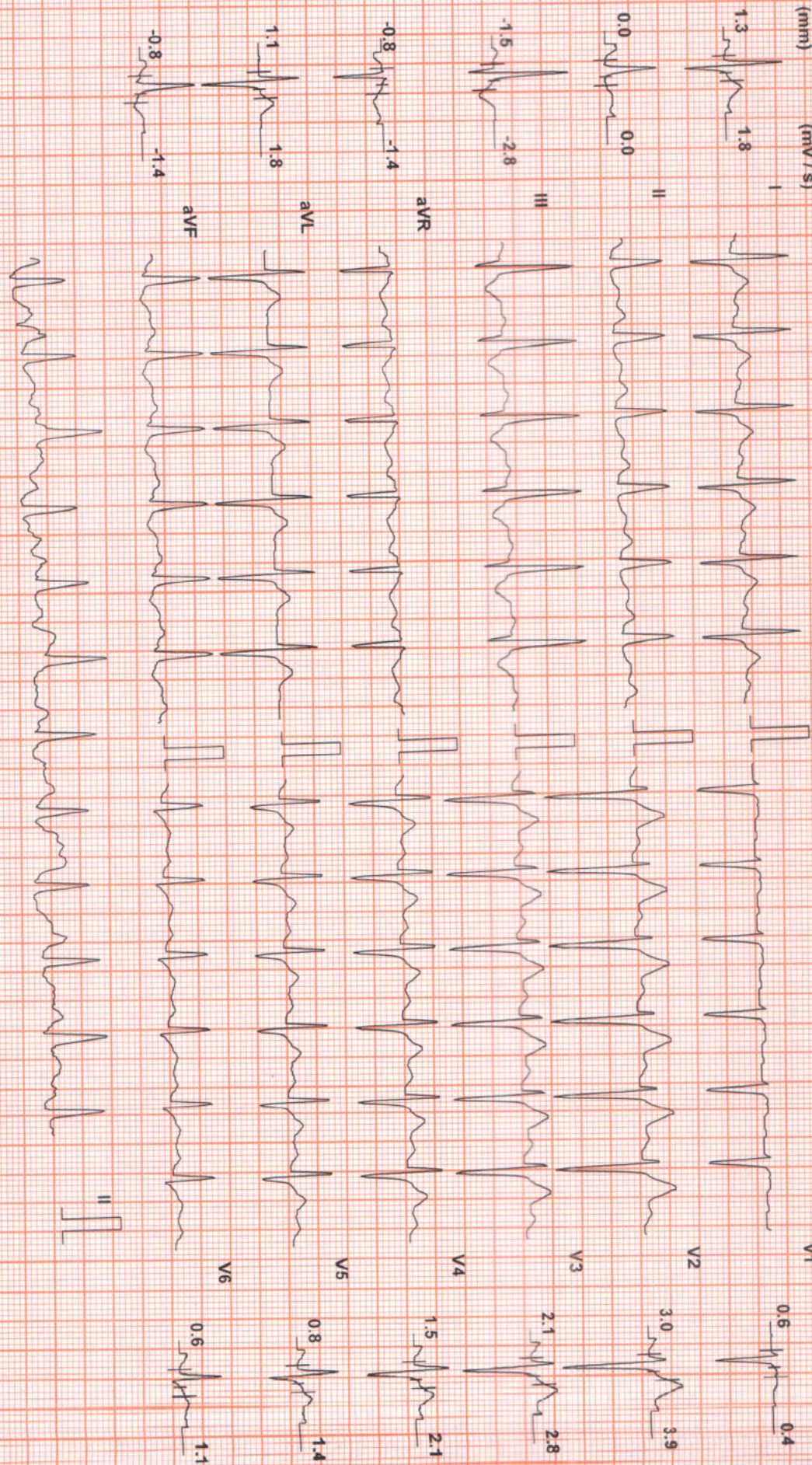


Chart Speed: 25 mm/sec
Schiller Sparden V 4 52

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

SUBURBAN DIAGNOSTIC CENTRE

RAMACHANDRAN MODHINI (58 M)

ID: 2227421715 Date: 01-Oct-22 Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 134 bpm
Stage: 2 Speed: 2.5 mph Grade: 12 % (THR: 137 bpm) B.P: 170 / 80

Protocol: Bruce

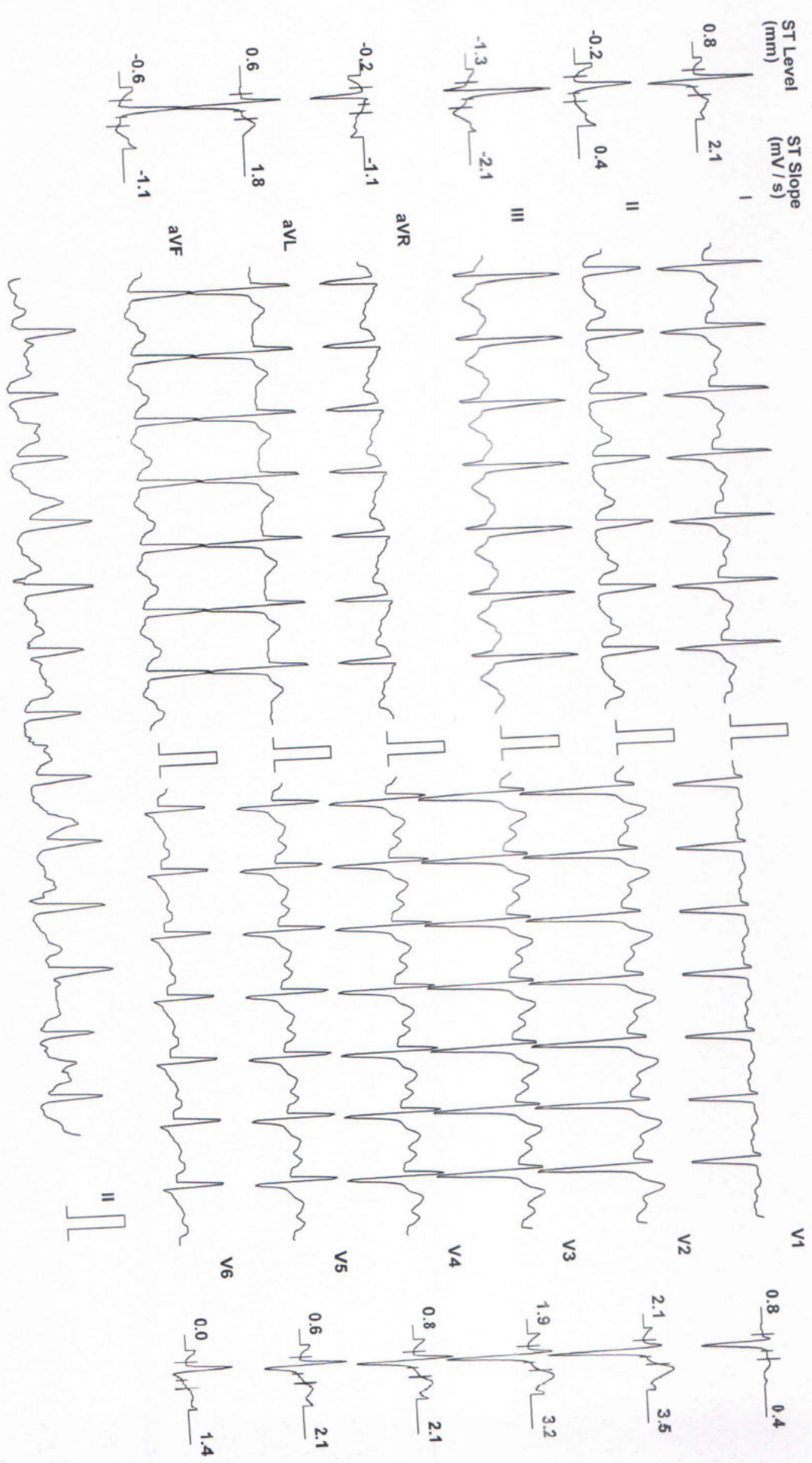


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Fil: ON Amp: 10 mm Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms
Schiller Spandan V 4.52 Linked Median



RAMACHANDRAN MODHINI (58 M)

ID: 2227421715
Stage: Peak Ex

Date: 01-Oct-22
Speed: 3.4 mph

Exec Time: 7 m 55 s
Grade: 14 %

Stage Time: 1 m 55 s
(THR: 137 bpm)
HR: 150 bpm
B.P: 200/80

Protocol: Bruce

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

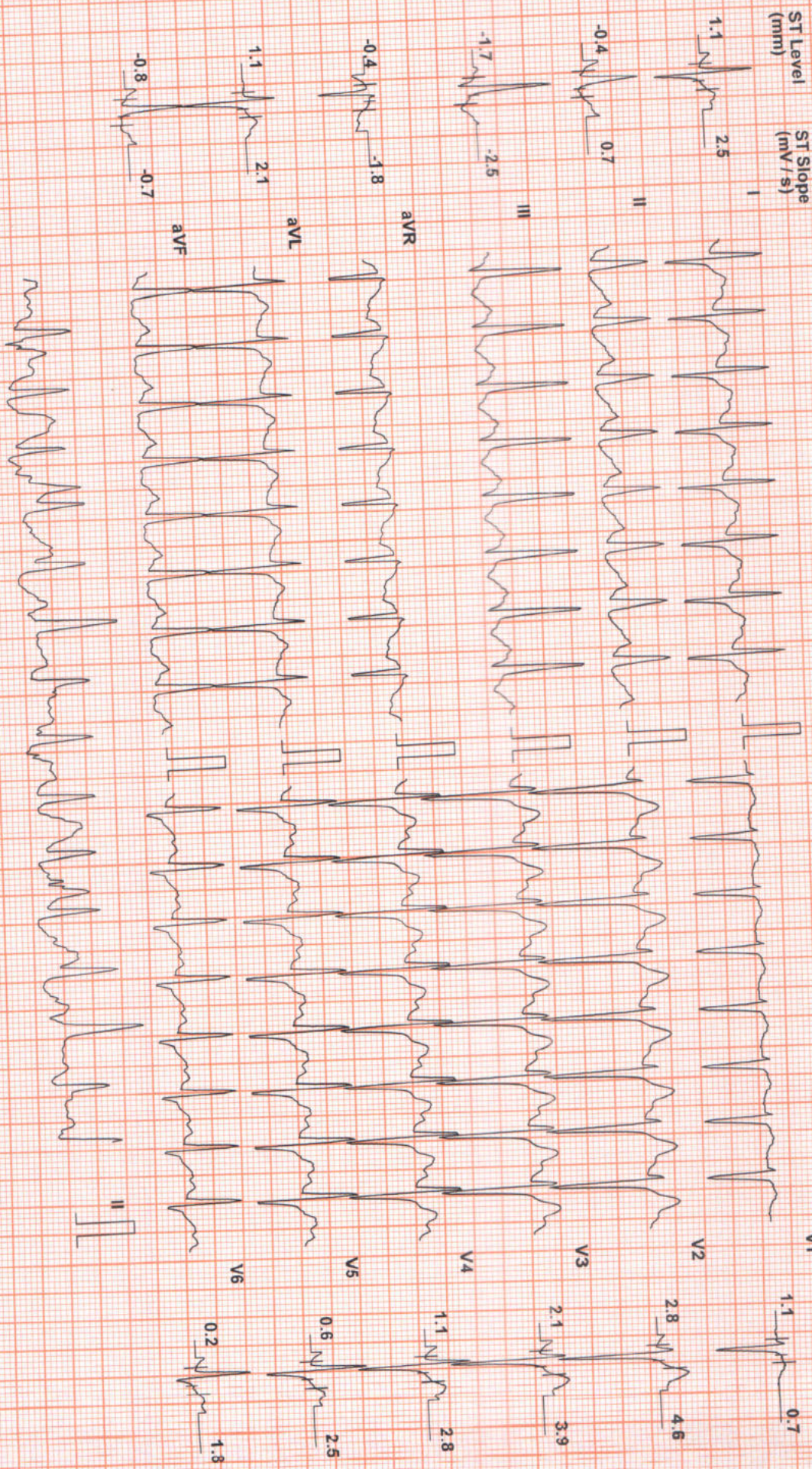


Chart Speed: 25 mm/sec
Schiller Spanden V 4.52

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



RAMACHANDRAN MODHINI (58 M)

SUBURBAN DIAGNOSTIC CENTRE

Test Report

ID: 2227421715

Date: 01-Oct-22

Exec Time : 8 m 1 s

Stage Time : 2 m 54 s **HR: 103 bpm**

Stage: Recovery(1)

Speed: 1 mph

Grade: 0%

(THR: 137 bpm)

B.P: 150 / 80

Protocol: Bruce

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

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

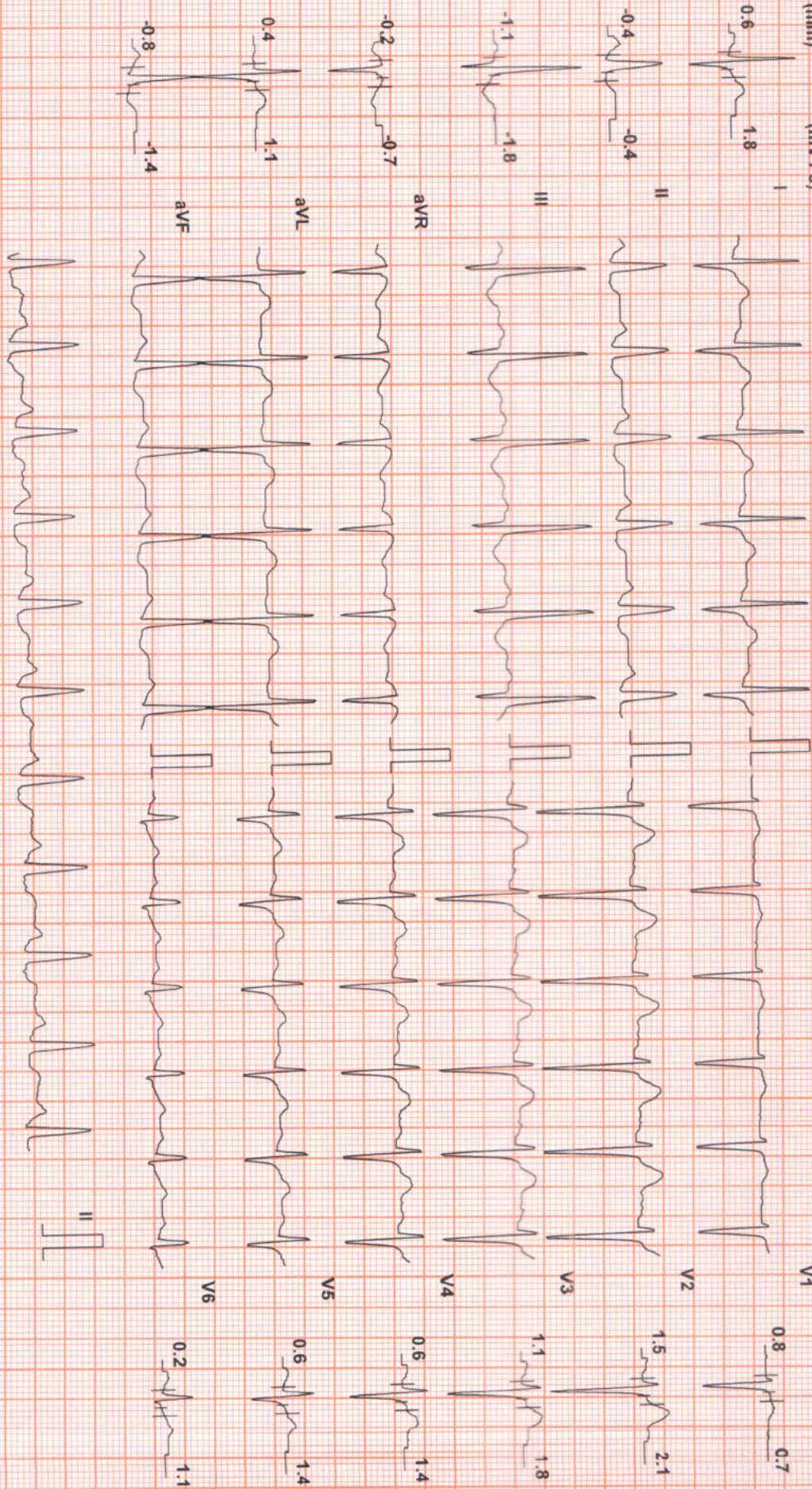


Chart Speed: 25 mm/sec
Schlifer Spandani V 4 52

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



RAMACHANDRAN MODHINI (58 M)

SUBURBAN DIAGNOSTIC CENTRE

Test Report

Protocol: Bruce

ID: 2227421715

Date: 01-Oct-22

Exec Time: 8 m 1 s

Stage Time: 1 m 11 s

HR: 98 bpm

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 137 bpm)

B.P: 130/80

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

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

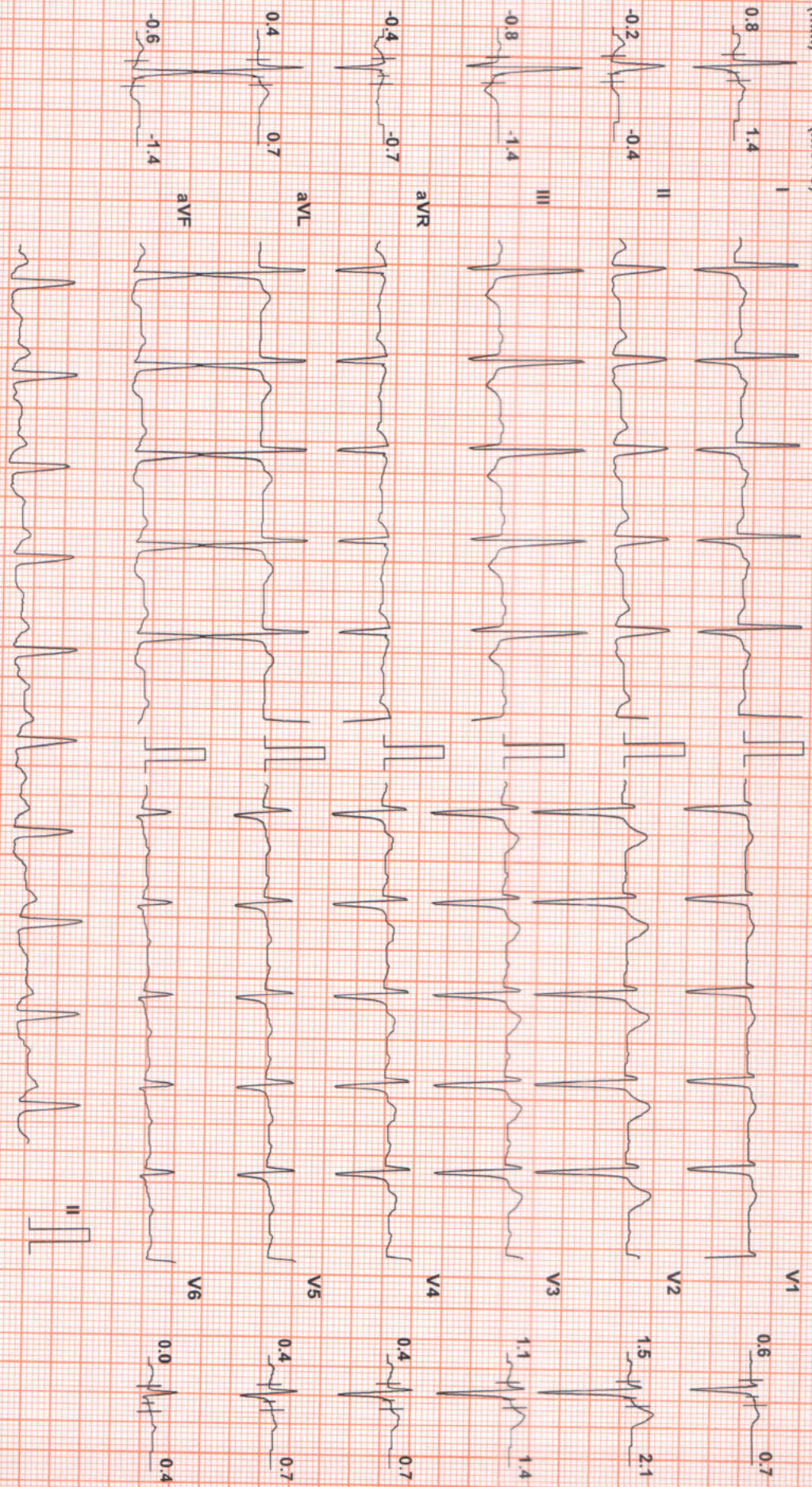


Chart Speed: 25 mm/sec
Schiller Spandan V.4.52

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



Use a QR Code Scanner
Application To Scan the Code

CID : 2227421715
Name : Mr RAMACHANDRAN MODHINI
Age / Sex : 58 Years/Male
Ref. Dr :
Reg. Location : Mahavir Nagar, Kandivali West Main Centre
Reg. Date : 01-Oct-2022
Reported : 01-Oct-2022/14:10

USG WHOLE ABDOMEN

LIVER:

It is normal in size, shape and shows smooth margins. It shows normal parenchymal echotexture. Intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. Main portal vein and CBD appears normal.

GALL BLADDER:

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

PANCREAS:

It 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. Corticomedullary differentiation is well maintained. Bilateral renal pelvicalyceal system appears normal. No evidence of any renal calculi.

Right kidney measures 10.0 x 5.4 cm. Left kidney measures 10.3 x 5.1 cm.

SPLEEN:

It is normal in size and echotexture. No evidence of focal lesion is noted.

URINARY BLADDER:

It is well distended and reveal no intraluminal abnormality. Bilateral ureterovesical junction appears normal.

Prevoid bladder volume: 229 cc. Postvoid bladder volume : 46.0cc.(significant)

PROSTATE:

It appears enlarged in size and echotexture, measures **4.9 x 3.7 x 3.3 cm**, corresponding weight is **33.0 gms**. No evidence of any obvious focal lesion is seen.

No evidence of free fluid in abdomen or significant abdominal lymphadenopathy seen.

IMPRESSION:

Mild prostatomegaly significant post void residue.

No significant abnormality seen.

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

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



Use a QR Code Scanner
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CID : 2227421715
Name : Mr RAMACHANDRAN MODHINI
Age / Sex : 58 Years/Male
Ref. Dr :
Reg. Location : Mahavir Nagar, Kandivali West Main
Centre

Reg. Date : 01-Oct-2022
Reported : 01-Oct-2022/14:10



CID : 2227421715
Name : Mr RAMACHANDRAN MODHINI
Age / Sex : 58 Years/Male
Ref. Dr :
Reg. Location : Mahavir Nagar, Kandivali West Main Centre
Reg. Date : 01-Oct-2022
Reported : 01-Oct-2022/12:24

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.

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



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Application To Scan the Code

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Age / Sex : 58 Years/Male
Ref. Dr :
Reg. Location : Mahavir Nagar, Kandivali West Main
Centre

Reg. Date : 01-Oct-2022
Reported : 01-Oct-2022/12:24