



CID : 2328724175  
Name : MR.IDE VAIBHAV VITTHAL  
Age / Gender : 29 Years / Male  
Consulting Dr. : -  
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 14-Oct-2023 / 08:20  
Reported : 14-Oct-2023 / 17:28

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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	12.8	13.0-17.0 g/dL	Spectrophotometric
RBC	5.49	4.5-5.5 mil/cmm	Elect. Impedance
PCV	40.1	40-50 %	Measured
MCV	73.1	80-100 fl	Calculated
MCH	23.4	27-32 pg	Calculated
MCHC	32.0	31.5-34.5 g/dL	Calculated
RDW	14.4	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	3290	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	44.7	20-40 %	
Absolute Lymphocytes	1470.6	1000-3000 /cmm	Calculated
Monocytes	7.7	2-10 %	
Absolute Monocytes	253.3	200-1000 /cmm	Calculated
Neutrophils	44.5	40-80 %	
Absolute Neutrophils	1464.0	2000-7000 /cmm	Calculated
Eosinophils	2.9	1-6 %	
Absolute Eosinophils	95.4	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	6.6	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

**PLATELET PARAMETERS**

Platelet Count	240000	150000-400000 /cmm	Elect. Impedance
MPV	8.8	6-11 fl	Calculated
PDW	12.6	11-18 %	Calculated

**RBC MORPHOLOGY**

Hypochromia	Mild
Microcytosis	Mild



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Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	-
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	Leucopenia

Specimen: EDTA Whole Blood

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

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



*J. Mujawar*

**Dr.IMRAN MUJAWAR**  
**M.D ( Path )**  
**Pathologist**



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Collected : 14-Oct-2023 / 08:20  
Reported : 14-Oct-2023 / 19:02

**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	118.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	100.8	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	Diazo
BILIRUBIN (DIRECT), Serum	0.3	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.66	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	5.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.2	1 - 2	Calculated
SGOT (AST), Serum	14.6	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	15.4	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	17.6	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	68.2	40-130 U/L	PNPP
BLOOD UREA, Serum	28.4	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	13.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.83	0.67-1.17 mg/dl	Enzymatic



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eGFR, Serum	122	(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	4.6	3.5-7.2 mg/dl	Uricase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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



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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	6.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	125.5	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 G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



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Collected : 14-Oct-2023 / 08:20  
Reported : 14-Oct-2023 / 19:24

**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)	Acidic (6.5)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<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	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
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 inert

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* 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 Semi- automated column agglutination technology (CAT)

Specimen: EDTA Whole Blood and/or serum

**Clinical significance:**

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

**Limitations:**

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

**References:**

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

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

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



*J. Mujawar*

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	169.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	52.5	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	44.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	124.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	114.0	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	10.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.6	0-3.5 Ratio	Calculated

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



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Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 14-Oct-2023 / 08:20  
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**THYROID FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	6.1	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	20.7	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.18	0.35-5.5 microIU/ml	ECLIA

**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)



*J. Mujawar*

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**M.D ( Path )**  
**Pathologist**



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



भारत सरकार  
Government of India

वैभव विठ्ठल ठेंगे  
Vaibhav Vitthal Ide  
जन्म तिथि/DOB: 21/12/1993  
लिंग/ GENDER: MALE



Download Date: 01/04/2020



Issue Date: 22/03/2019

3320 0976 3655

VID : 9113 6802 9069 4723

मेरा 3119117, मेरी पहचान

**PHYSICAL EXAMINATION REPORT**

Patient Name	Mr. Vaibhav Ide	Sex/Age	male / 29 yrs
Date	14.10.23	Location	KASARVADAVALI

**History and Complaints**

Nil

**EXAMINATION FINDINGS:**

Height	166 cm	Temp (0c):	NORMAL
Weight	57 kg	Skin:	NORMAL
Blood Pressure	140/80	Nails:	NORMAL
Pulse	80	Lymph Node:	NORMAL


**Systems :**

Cardiovascular:	NORMAL
Respiratory:	NORMAL
Genitourinary:	NORMAL
GI System:	NORMAL
CNS:	NORMAL

**Impression:**

1) Hb ↓ WBC count ↓ 2) RBS ↑ FBAR ↑ 3) LDL cholesterol ↑

**ADVICE :**

To follow up with primary physician & Ophthalmologist  


**CHIEF COMPLAINTS :**

1)	Hypertension:	No
2)	IHD	No
3)	Arrhythmia	No
4)	Diabetes Mellitus	No
5)	Tuberculosis	No
6)	Asthma	No
7)	Pulmonary Disease	No
8)	Thyroid/ Endocrine disorders	No
9)	Nervous disorders	No
10)	GI system	No Except H/O acidity
11)	Genital urinary disorder	No
12)	Rheumatic joint diseases or symptom	No
13)	Blood disease or disorder	No
14)	Cancer/lump growth/cyst	No
15)	Congenital disease	No
16)	Surgeries	Rt. Ear surgery 4 yrs back.

**PERSONAL HISTORY:**

1)	Alcohol	No
2)	Smoking	No
3)	Diet	Non-Veg.
4)	Medication	Nil



  
**DR. ANAND N. MOTWANI**  
 (GENERAL MEDICINE)  
 Reg. No. 39329 (M.M.C)

Date: 14.10.23

CID: 2328724175

Name: Mr. Vaibhav Ide

Sex/Age: male / 29 yrs.

### EYE CHECK UP

Chief complaints: Nil

Systematic Diseases: Nil

Past History: Nil

Unaided Vision: Rt - 6/6

Lt - 6/6

Aided Vision: -

Refraction: -

Colour Vision: Normal

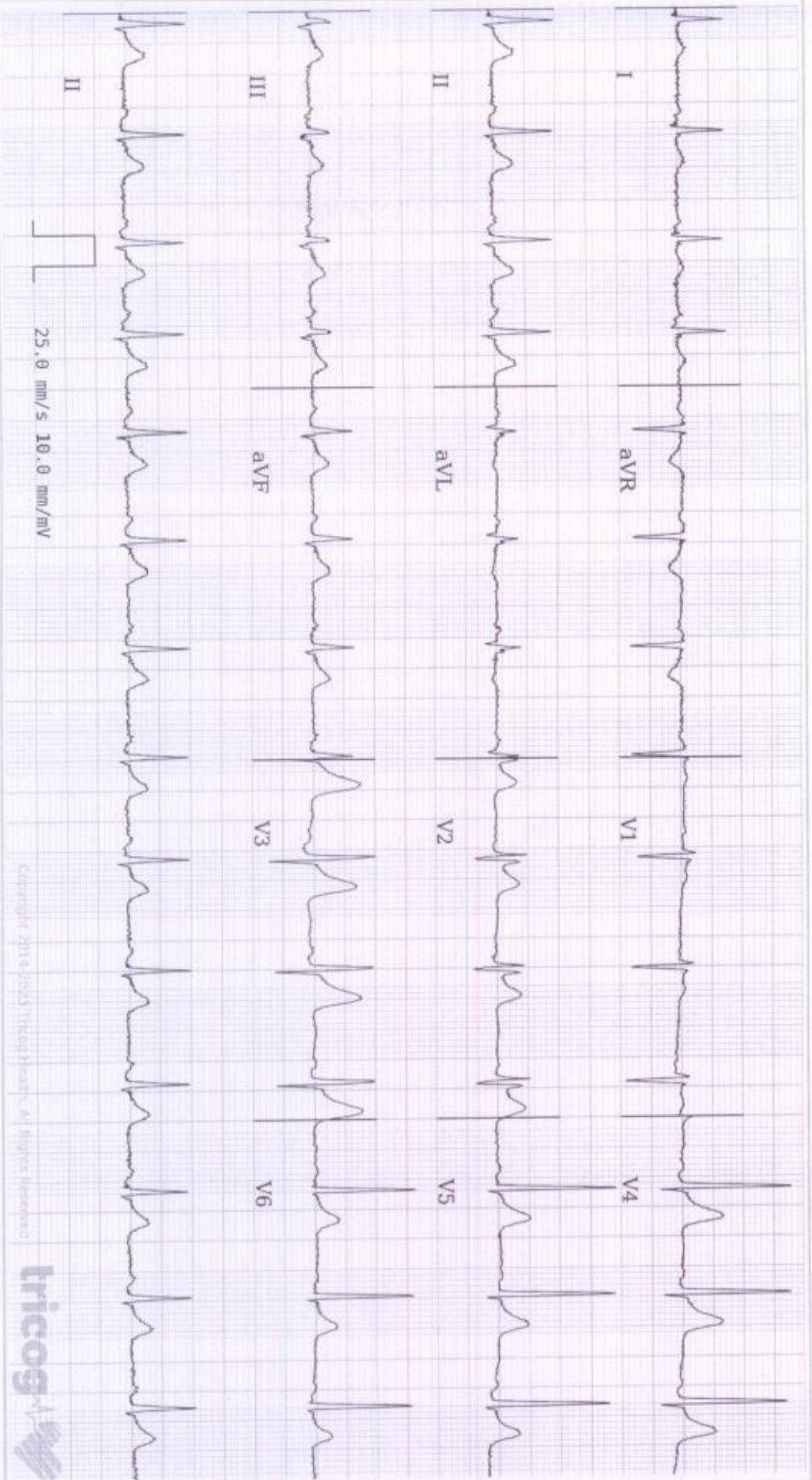
Remarks: -



Patient Name: IDE VAIBHAV VITTHAL  
Patient ID: 2328724175

Date and Time: 14th Oct 23 8:53 AM

**SUBURBAN DIAGNOSTICS - IHANE KASARAVADAVALLI**



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Age **29** NA NA  
years months days

Gender **Male**

Heart Rate **86bpm**

Patient Vitals

BP: 110/80 mmHg

Weight: 57 kg

Height: 166 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

**Measurements**

QRSD: 84ms

QT: 322ms

QTcB: 385ms

PR: 132ms

P-R-T: 50° 42° 69°

REPORTED BY

*Aravind*

Dr. Aravind N. Mohanani  
M.D (General Medicine)  
Reg No 39329 M.M.C

ECG Within Normal Limits: Sinus Rhythm, Sinus Arrhythmia Seen. rsr' Pattern in V1, V2. Otherwise. Please correlate clinically.

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vital signs are as entered by the admission and not derived from the ECG.

## SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

**Patient Details**

Date: 14-Oct-23

Time: 10:18:54 AM

Name: MR. VAIBHAV IDE ID: 2328724175

Age: 29 y

Sex: M

Height: 166 cms

Weight: 57 Kgs

Clinical History: NIL

Medications: NIL

**Test Details**

Protocol: Bruce

Pr.MHR: 191 bpm

THR: 162 (85 % of Pr.MHR) bpm

Total Exec. Time: 6 m 49 s

Max. HR: 166 ( 87% of Pr.MHR )bpm

Max. Mets: 10.20

Max. BP: 170 / 90 mmHg

Max. BP x HR: 28220 mmHg/min

Min. BP x HR: 6800 mmHg/min

Test Termination Criteria: THR ACHIEVED

**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 : 21	1.0	0	0	85	110 / 80	-0.42 aVR	4.95 V3
Standing	0 : 10	1.0	0	0	93	110 / 80	-0.42 aVR	5.31 V3
Hyperventilation	0 : 9	1.0	0	0	89	110 / 80	-0.42 aVR	4.95 V3
1	3 : 0	4.6	1.7	10	133	130 / 80	-3.40 aVL	5.66 V3
2	3 : 0	7.0	2.5	12	150	150 / 80	-0.42 I	5.66 V3
Peak Ex	0 : 49	10.2	3.4	14	166	170 / 90	-0.42 aVR	5.31 V3
Recovery(1)	1 : 0	1.8	1	0	133	170 / 90	-0.64 aVR	5.31 V3
Recovery(2)	1 : 0	1.0	0	0	108	160 / 90	-0.42 aVR	5.66 V4
Recovery(3)	1 : 0	1.0	0	0	105	140 / 90	-0.42 aVR	5.66 V3
Recovery(4)	0 : 10	1.0	0	0	106	140 / 90	-0.42 aVR	4.60 V3

**Interpretation**

FAIR EFFORT TOLERANCE  
 NORMAL HEART RATE AND BP RESPONSE  
 NO ARRHYTHMIAS  
 NO ANGINAL OR ANGINAL EQUIVALENT SYMPTOMS  
 NO SIGNIFICANT ST-T CHANGES FROM BASELINE SEEN DURING THE TEST


**IMPRESSION**

STRESS TEST IS NEGATIVE FOR STRESS INDUCIBLE MYOCARDIAL ISCHAEMIA

DISCLAIMER: Negative stress test does not rule out coronary artery disease and positive stress test is suggestive but not confirmatory of coronary artery disease. Hence clinical co-relation is mandatory.

Ref. Doctor: CORPORATE

( Summary Report edited by user )


  
**DR. ANAND N. MOTWANI**

M.D. (GENERAL MEDICINE)

Reg. No. 39329 (M.M.C)


**Doctor: Dr. Anand Motwani**

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# SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

MR. VAIBHAV IDE (29 M)

ID: 2328724175

Date: 14-Oct-23

Exec Time : 0 m 0 s

Stage Time : 0 m 15 s HR: 89 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P: 110 / 80

ST Level (mm)    ST Slope (mV/s)

ST Level (mm)    ST Slope (mV/s)

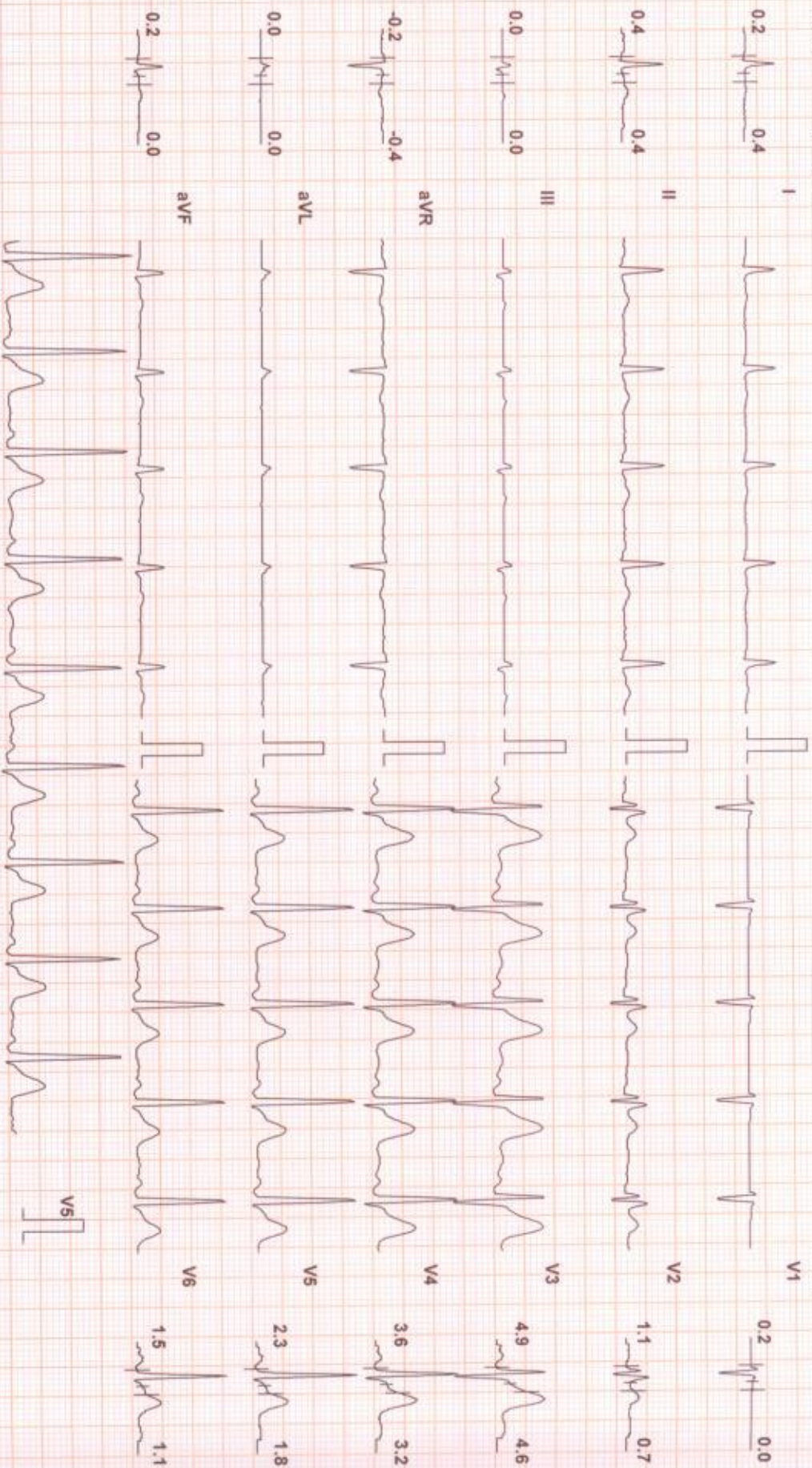


Chart Speed: 25 mm/sec  
Schiller Spandam V 4.7

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. VAIBHAV IDE (29 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

ID: 2328724175

Date: 14-Oct-23

Exec Time : 0 m 0 s

Stage Time : 0 m 4 s

HR: 92 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P: 110 / 80

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

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

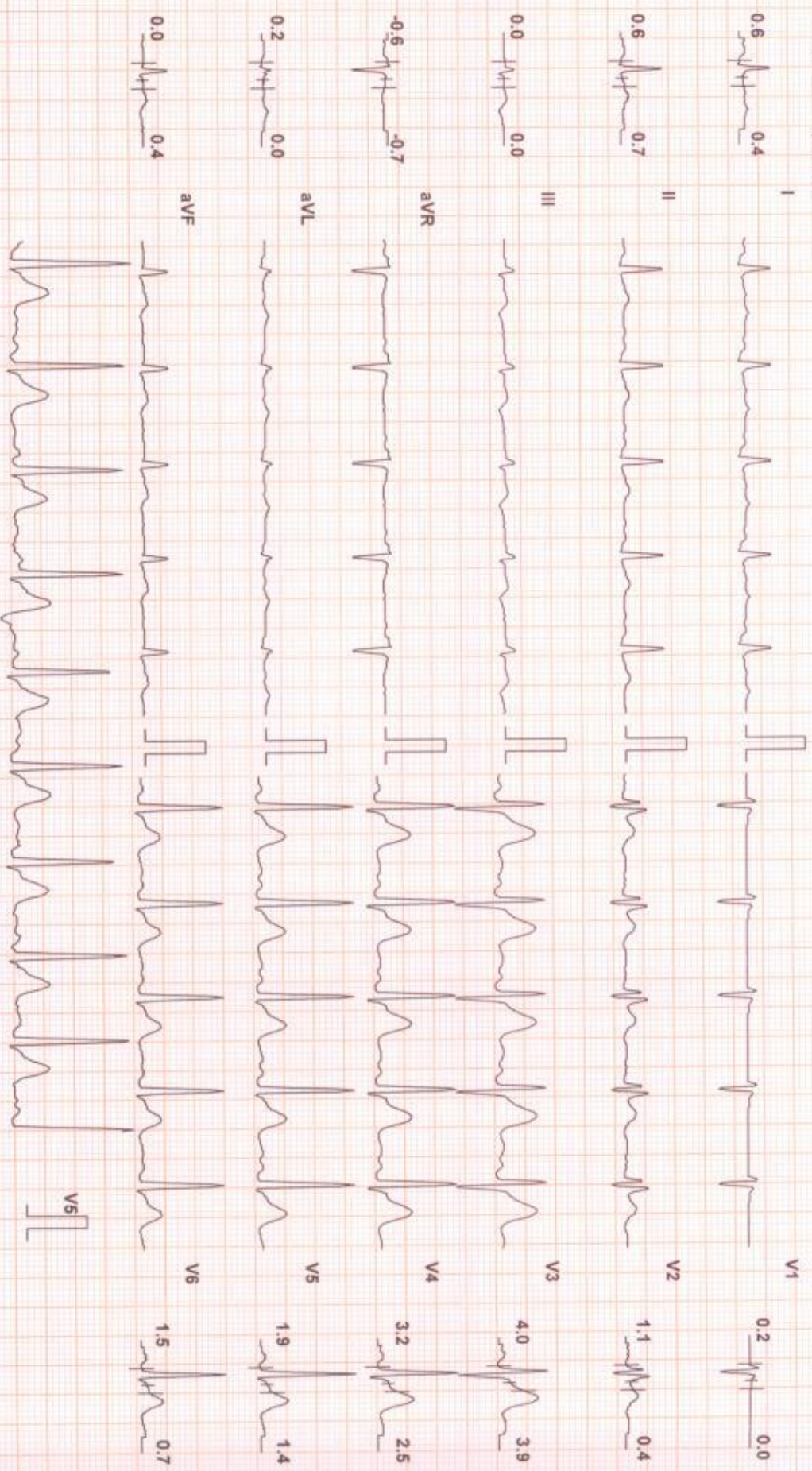


Chart Speed: 25 mm/sec  
 Filter: 35 Hz  
 Mains Flt: ON  
 Amp: 10 mm  
 Iso = R - 60 ms  
 J = R + 60 ms  
 Post J = J + 60 ms  
 Linked Median



MR. VAIBHAV IDE (29 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2328724175

Date: 14-Oct-23

Exec Time : 0 m 0 s

Stage Time : 0 m 3 s

HR: 89 bpm

Stage: Hyperventilation

Speed: 0 mph

Grade: 0%

(THR: 162 bpm)

B.P: 110 / 80

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

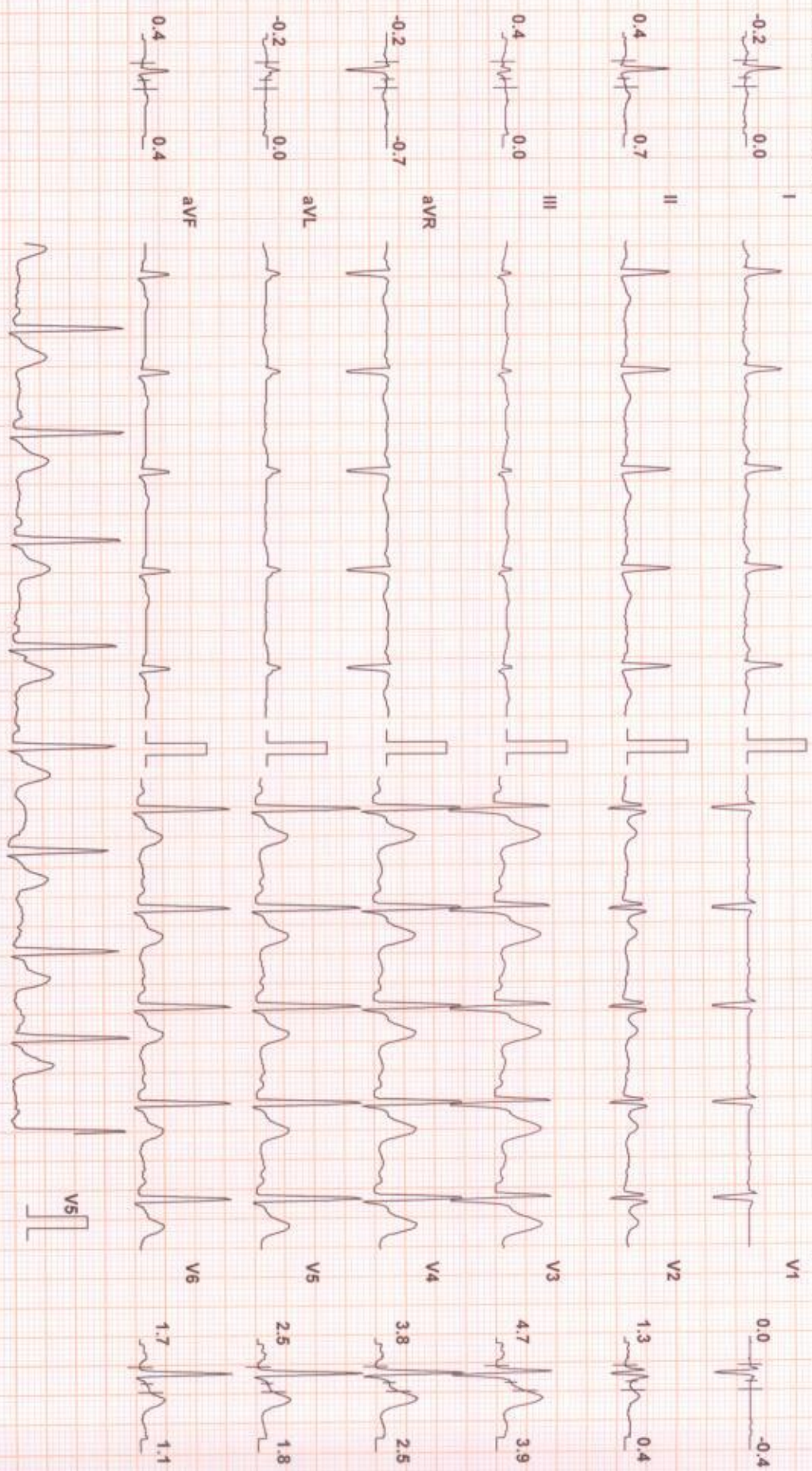


Chart Speed: 25 mm/sec  
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

50 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MR. VAIBHAV IDE (29 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

ID: 2328724175

Date: 14-Oct-23

Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 134 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 162 bpm)

B.P: 130 / 80

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

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

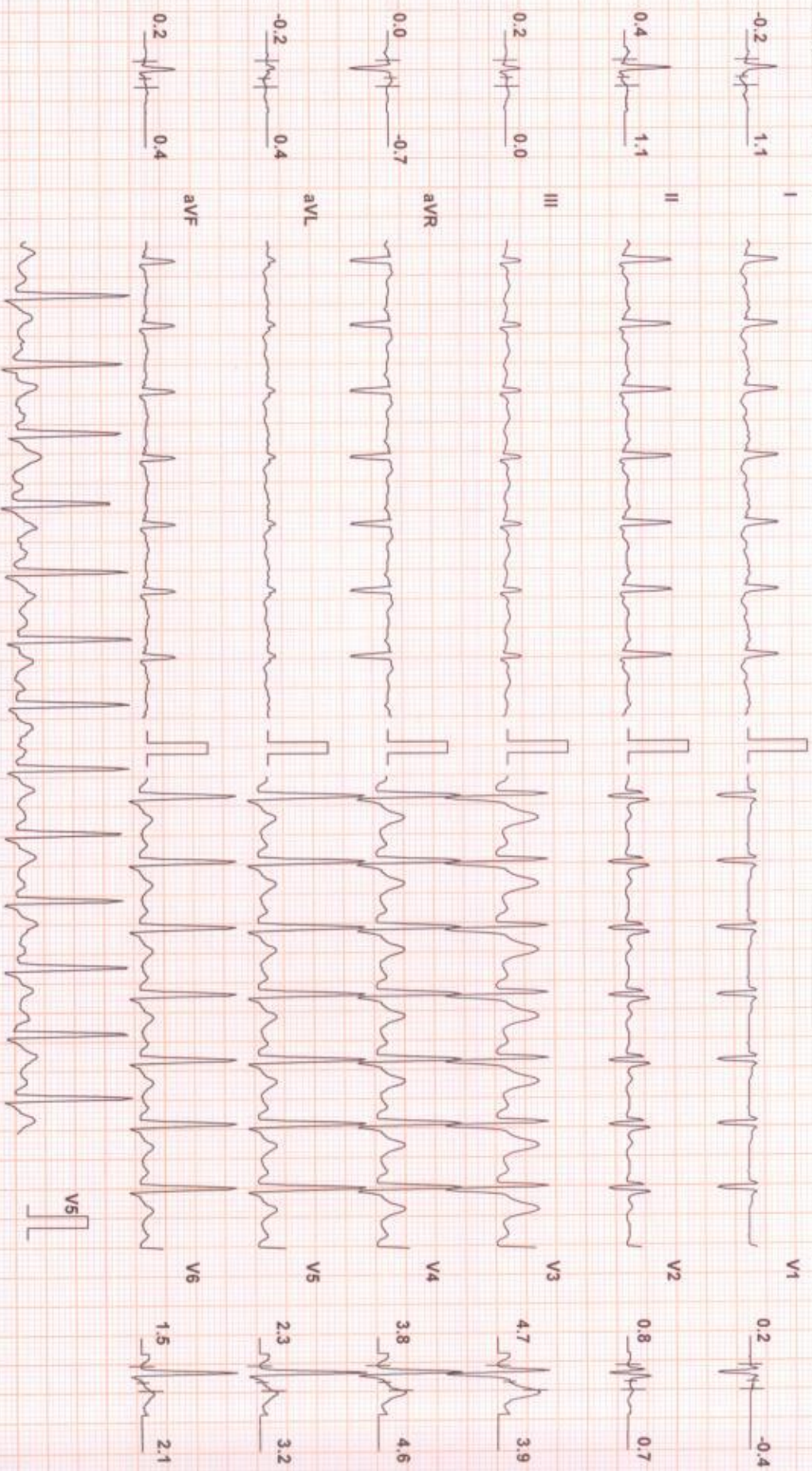


Chart Speed: 25 mm/sec  
Schiller Spädan V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

50 = R - 60 ms

J = R - 60 ms

Post J = J + 60 ms

Linked Median



MR. VAIBHAV IDE (29 M)

ID: 2328724175

Date: 14-Oct-23

Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 149 bpm

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 162 bpm)

B.P: 150 / 80

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

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

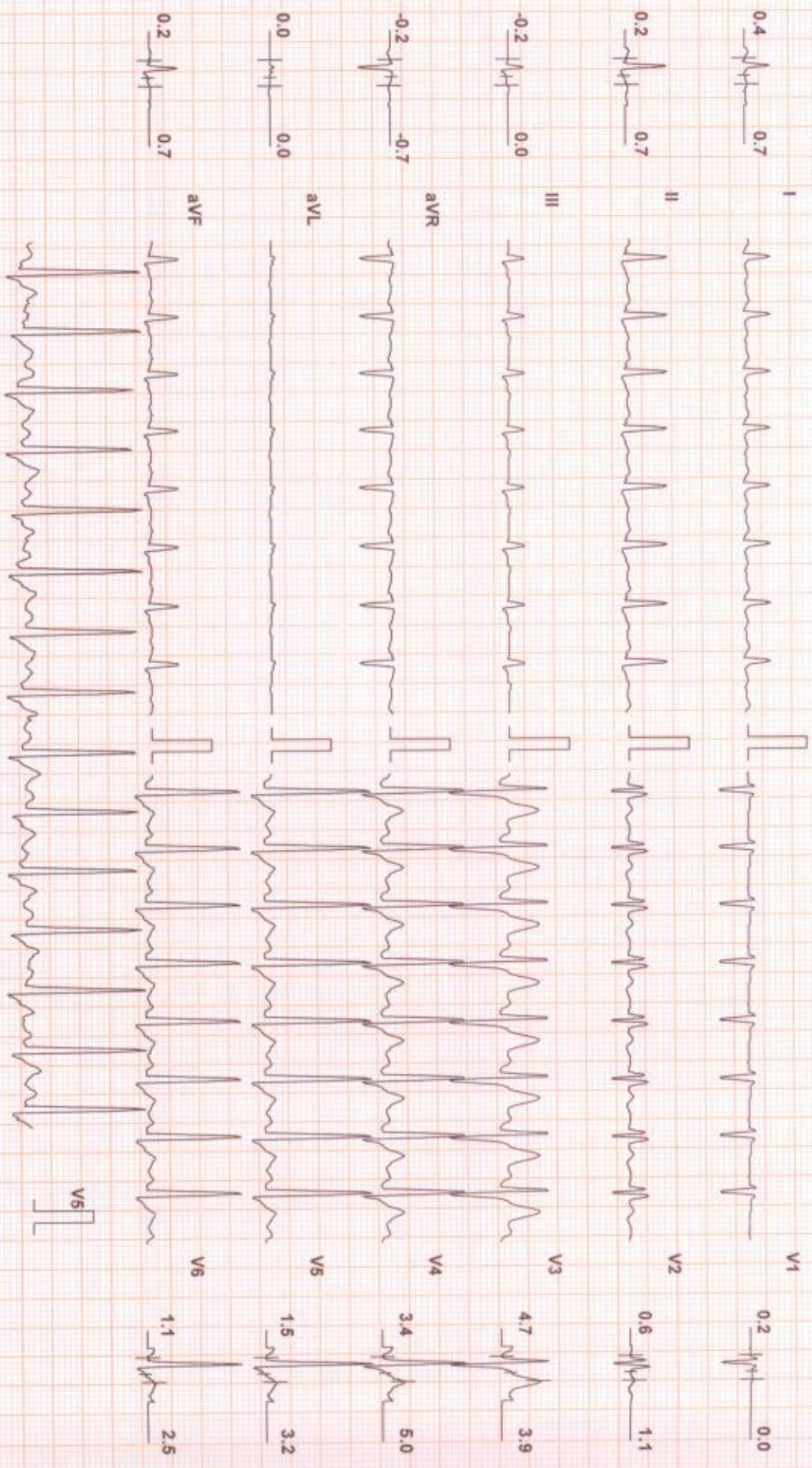


Chart Speed: 25 mm/sec  
Schiller Spandani V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms  
Linked Median



# SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

## Test Report

MR. VAIBHAV IDE (29 M)

ID: 2328724175

Date: 14-Oct-23

Exec Time : 6 m 43 s Stage Time : 0 m 43 s HR: 165 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 162 bpm)

B.P: 170 / 90

ST Level (mm)    ST Slope (mv/s)

ST Level (mm)    ST Slope (mv/s)

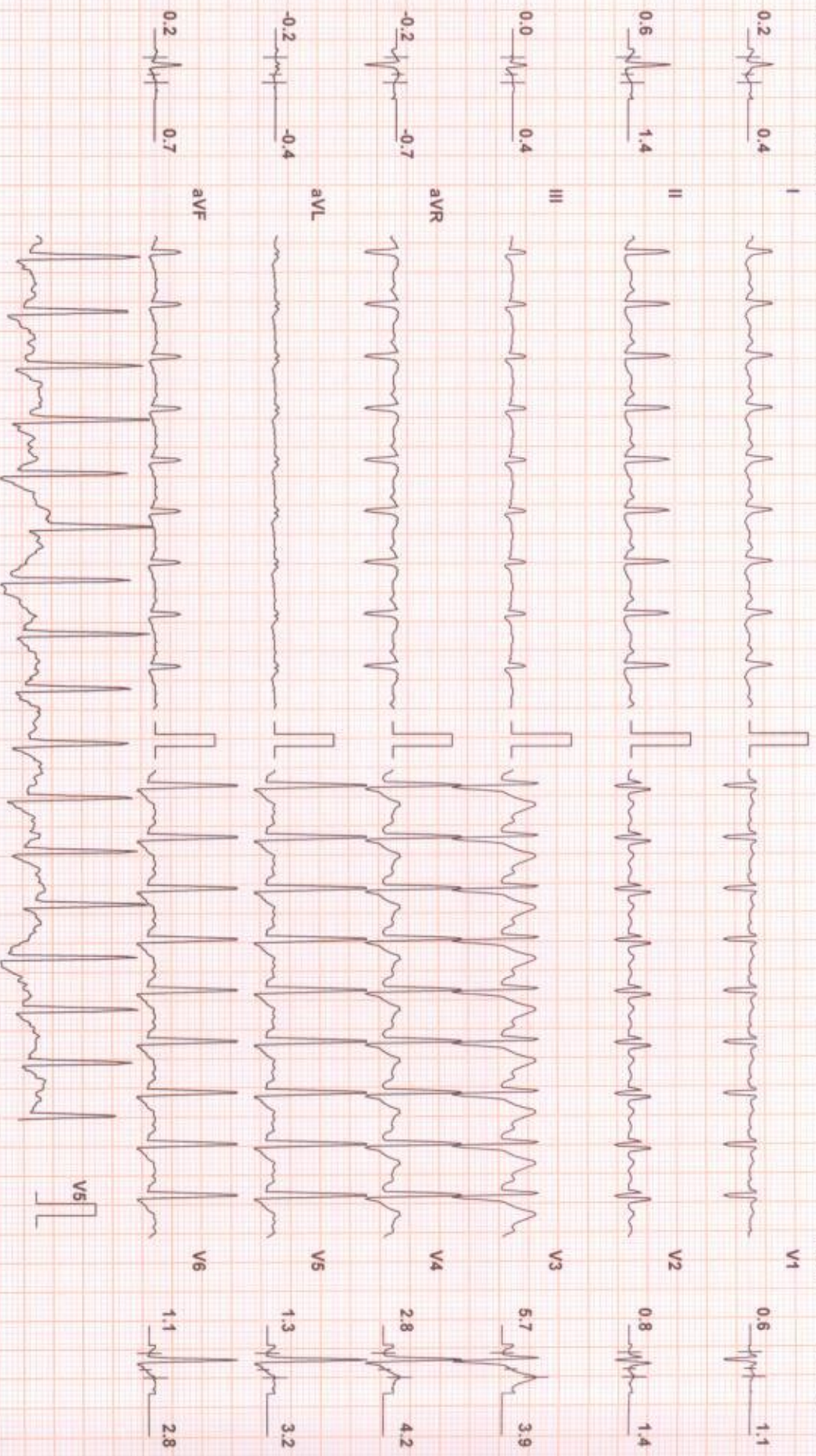


Chart Speed: 25 mm/sec  
Schlier Spanden V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

150 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MR. VAIBHAV IDE (29 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

ID: 2328724175

Date: 14-Oct-23

Exec Time : 6 m 49 s Stage Time : 0 m 54 s HR: 127 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 162 bpm)

B.P: 170 / 90

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

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

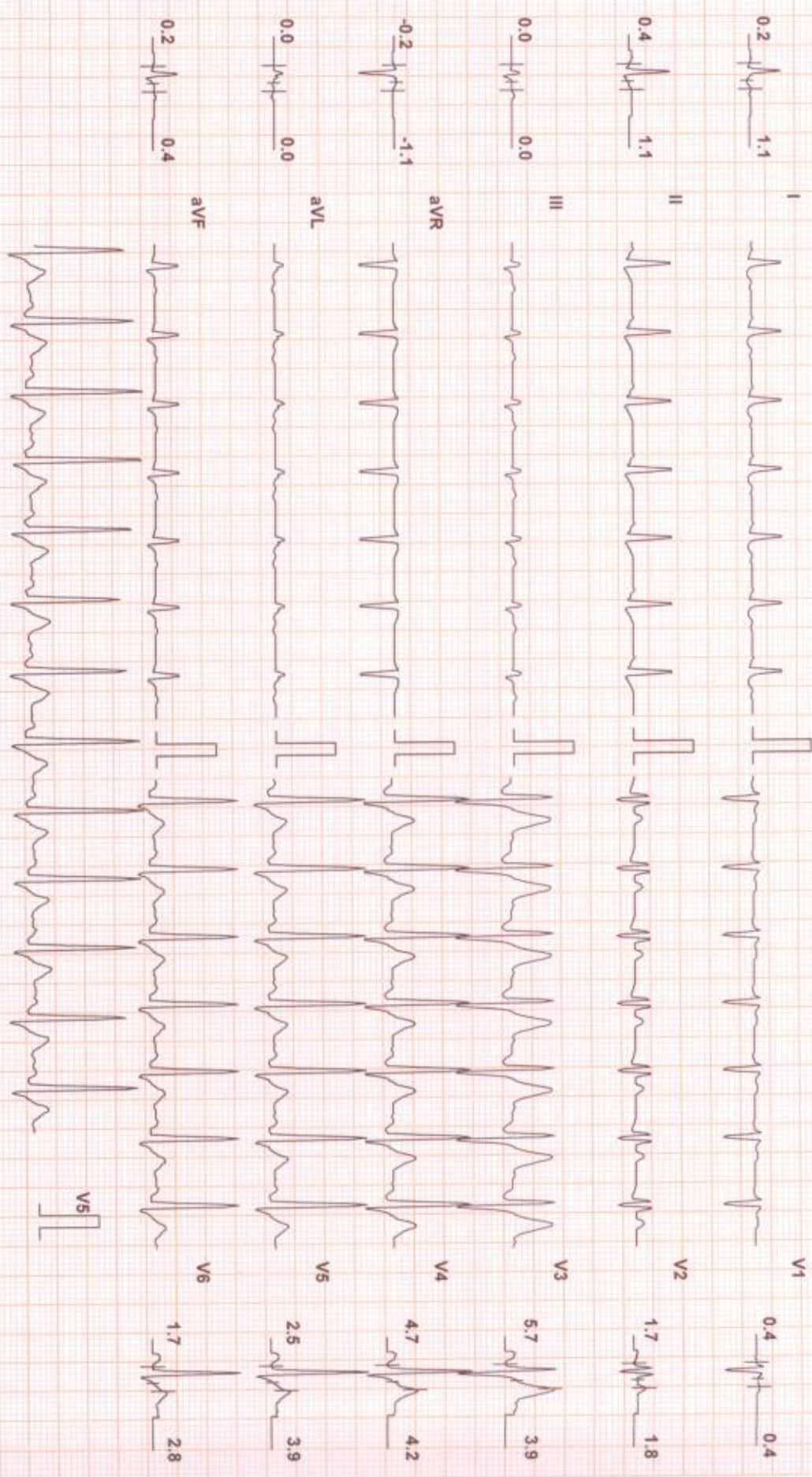


Chart Speed: 25 mm/sec  
 Filter: 35 Hz  
 Mains Fil: ON  
 Amp: 10 mm  
 Iso = R - 60 ms  
 J = R = 60 ms  
 Post J = J + 60 ms  
 Linked Median

Schiller Spandan V 4.7



MR. VAIBHAV IDE (29 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

ID: 2328724175

Date: 14-Oct-23

Exec Time : 6 m 49 s Stage Time : 0 m 54 s HR: 103 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P: 160 / 90

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

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

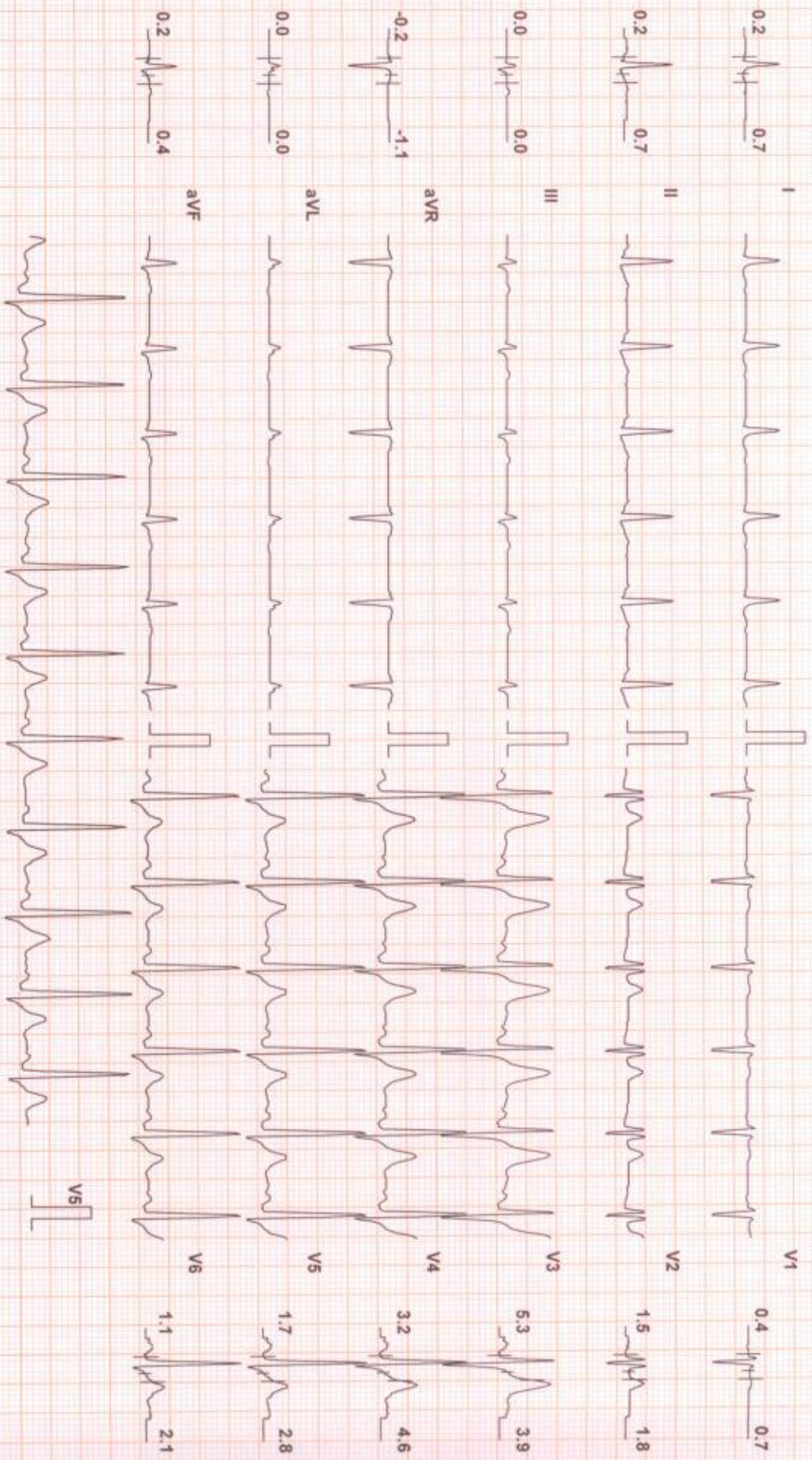


Chart Speed: 25 mm/sec  
Schiller Spandien V 4.7

Filter: 35 Hz

Mains Filtr. ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median





MR. VAIBHAV IDE (29 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

ID: 2328724175

Date: 14-Oct-23

Exec Time : 6 m 49 s Stage Time : 0 m 54 s HR: 110 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0%

(THR: 162 bpm)

B.P: 140/90

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

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

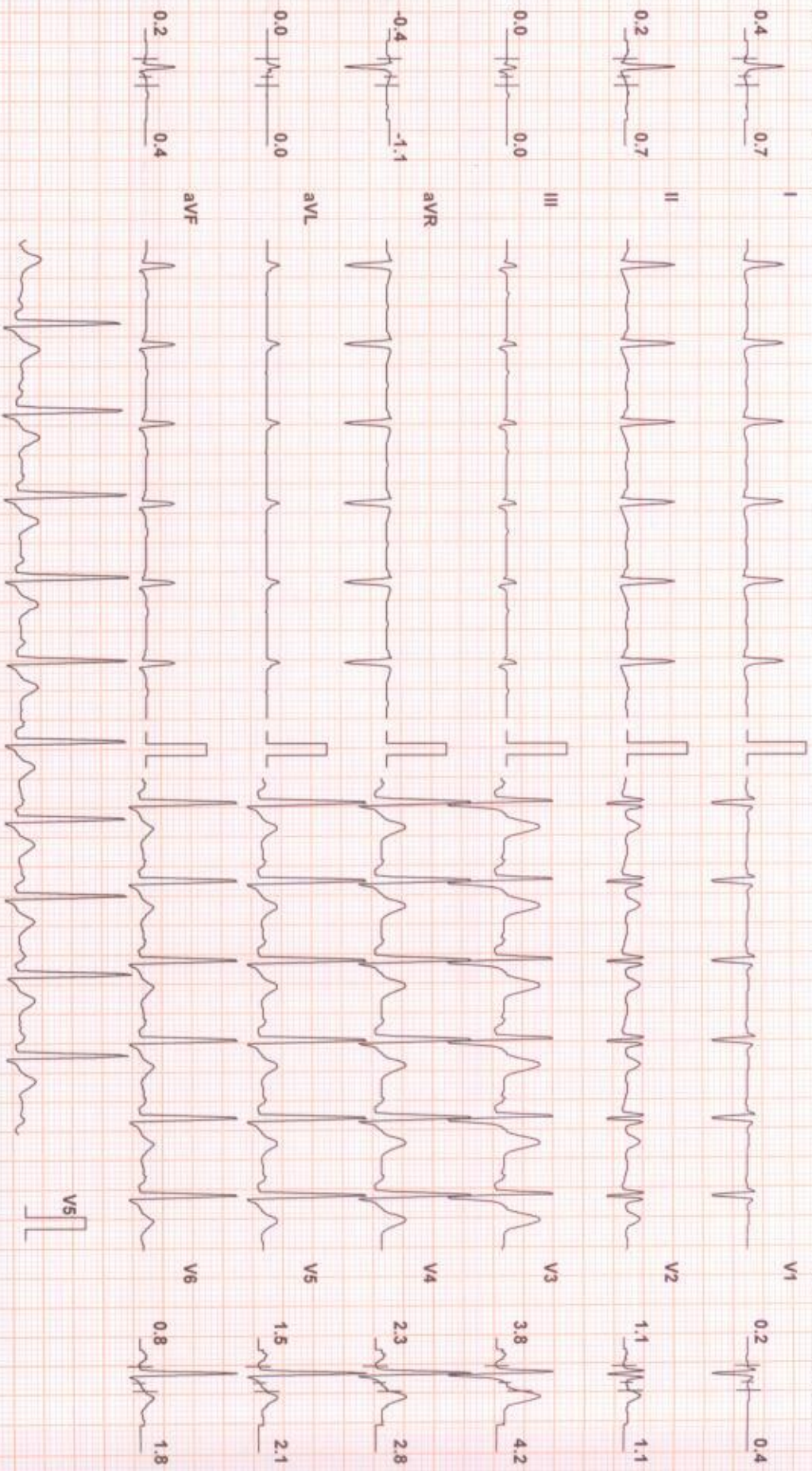


Chart Speed: 25 mm/sec  
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MR. VAIBHAV IDE (29 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

ID: 2328724175

Date: 14-Oct-23

Exec Time : 6 m 49 s Stage Time : 0 m 54 s HR: 110 bpm

Protocol: Bruce

Stage: Recovery(4)

Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P: 140 / 90

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

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

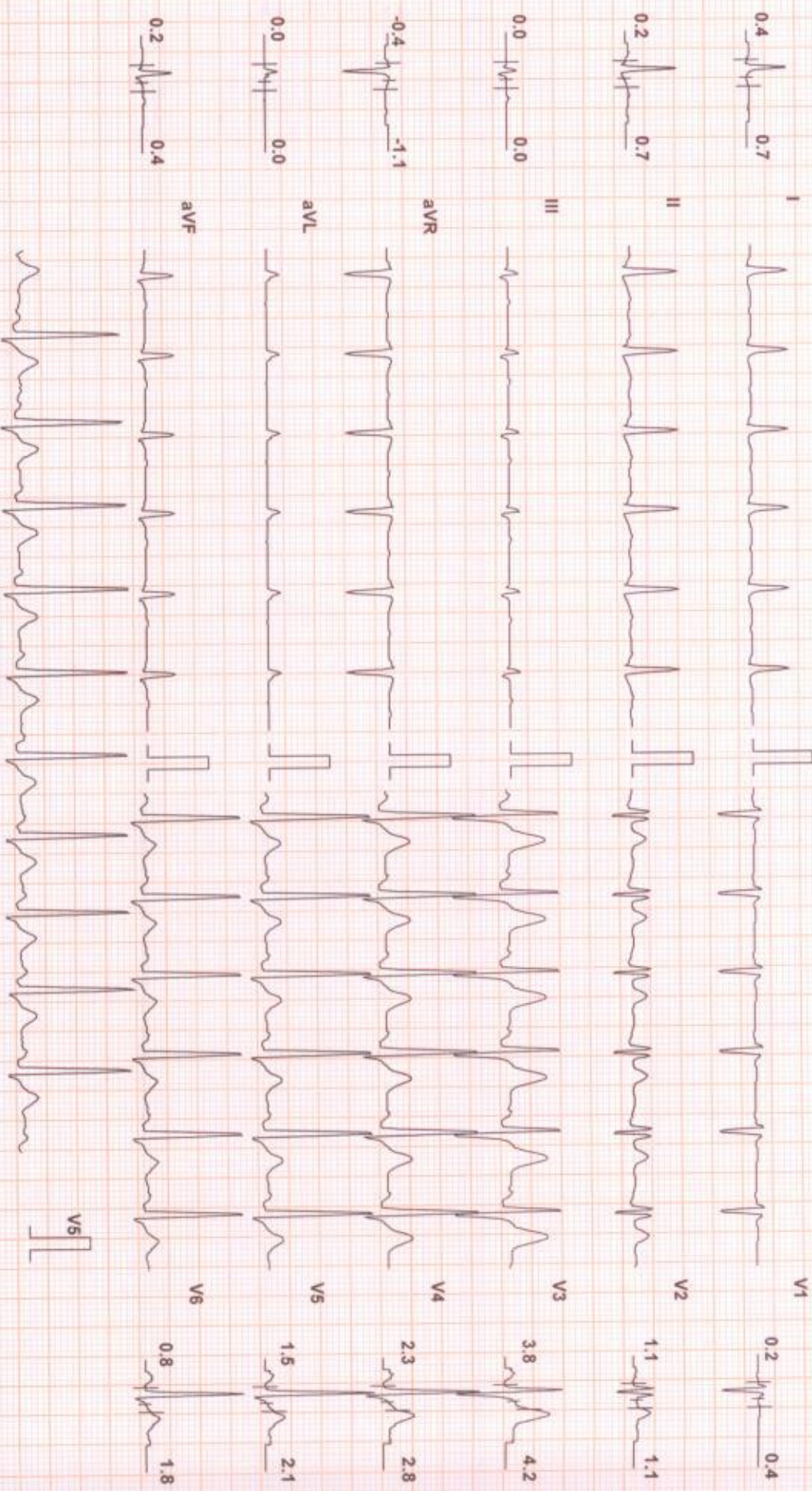


Chart Speed: 25 mm/sec  
Schlifer Spandani V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms  
Linked Median



Use a QR Code Scanner  
Application To Scan the Code

CID : 2328724175  
Name : Mr IDE VAIBHAV VITTHAL  
Age / Sex : 29 Years/Male  
Ref. Dr :  
Reg. Location : Thane Kasarvadavali Main Centre

Reg. Date : 14-Oct-2023  
Reported : 14-Oct-2023 / 9:42

**USG ABDOMEN AND PELVIS**

**LIVER:** Liver appears normal in size and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

**GALL BLADDER:** Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

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

**PANCREAS:** Visualised pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

**KIDNEYS:** Right kidney measures 10.4 x 4.4 cm. Left kidney measures 10.2 x 5.9 cm. Both kidneys are normal in size, 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, normal echotexture and measures 2.6 x 3.7 x 3.1 cm in dimension and 16.2 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

**IMPRESSION:**  
**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

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.

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

*G. R. Fartade*  
Dr. GAURAV FARTADE  
MBBS, DMRE  
Reg No -2014/04/1786  
Consultant Radiologist

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023101407561092>

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CID : 2328724175  
Name : Mr IDE VAIBHAV VITTHAL  
Age / Sex : 29 Years/Male  
Ref. Dr :  
Reg. Location : Thane Kasarvadavali Main Centre  
Reg. Date : 14-Oct-2023  
Reported : 14-Oct-2023 / 9:55

**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-----

*G. R. Fartade*

Dr.GAURAV FARTADE  
MBBS, DMRE  
Reg No -2014/04/1786  
Consultant Radiologist

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