

**PHYSICAL EXAMINATION REPORT**

Patient Name	Badal Mendhe	Sex/Age	M/34
Date	12/6/23	Location	Thane

**History and Complaints**

H. c/o - ASD/VSD.  
(congenital)  
surgery done.

**EXAMINATION FINDINGS:**

Height (cms):	174	Temp (0c):	② NAD.
Weight (kg):	64	Skin:	
Blood Pressure	140/90	Nails:	
Pulse	76/min	Lymph Node:	

**Systems :**

Cardiovascular:	NAD
Respiratory:	
Genitourinary:	
GI System:	
CNS:	

**Impression:** Chest xray - ↑ B/L BV Prominence.  
USG - Lt. Kidney small in size.  
BSL (f) - Fairly normal.

low sugar Diet.  
Repeat sugar profile after 6 months

Advice:

- 1) Hypertension:
- 2) IHD
- 3) Arrhythmia
- 4) Diabetes Mellitus
- 5) Tuberculosis
- 6) Asthama
- 7) Pulmonary Disease
- 8) Thyroid/ Endocrine disorders
- 9) Nervous disorders
- 10) GI system
- 11) Genital urinary disorder
- 12) Rheumatic joint diseases or symptoms
- 13) Blood disease or disorder
- 14) Cancer/lump growth/cyst
- 15) Congenital disease
- 16) Surgeries
- 17) Musculoskeletal System

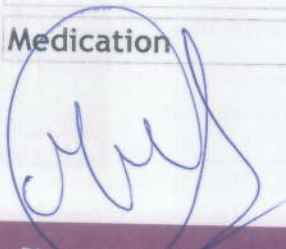
Nil  
  
Nil  
  
Heart surgery  
  
Nil

(1999) -

PERSONAL HISTORY:

- 1) Alcohol
- 2) Smoking
- 3) Diet
- 4) Medication

No  
No  
mixed  
No



**Dr. Manasee Kulkarni**  
M.B.B.S

2005/09/3439

Date: - 12/16/23

CID:

Name: - Badal Mendhe

Sex / Age: M-34

**EYE CHECK UP**

Chief complaints: RCN

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: BK 6/6 XIV 1/2 X 1/6

Aided Vision: -

**Refraction:**

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: Good Vision

**MR. PRAKASH KUDVA**  
*[Signature]*  
**SR. OPTOMETRIST**



CID : 2316300985  
Name : MR.MENDHE BADAL DNYANESHWAR  
Age / Gender : 34 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 12-Jun-2023 / 10:09  
Reported : 12-Jun-2023 / 11:30

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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	14.1	13.0-17.0 g/dL	Spectrophotometric
RBC	5.16	4.5-5.5 mil/cmm	Elect. Impedance
PCV	42.2	40-50 %	Measured
MCV	81.8	80-100 fl	Calculated
MCH	27.3	27-32 pg	Calculated
MCHC	33.3	31.5-34.5 g/dL	Calculated
RDW	13.4	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	4800	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	34.6	20-40 %	
Absolute Lymphocytes	1660.8	1000-3000 /cmm	Calculated
Monocytes	11.3	2-10 %	
Absolute Monocytes	542.4	200-1000 /cmm	Calculated
Neutrophils	52.2	40-80 %	
Absolute Neutrophils	2505.6	2000-7000 /cmm	Calculated
Eosinophils	1.9	1-6 %	
Absolute Eosinophils	91.2	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	227000	150000-400000 /cmm	Elect. Impedance
MPV	8.4	6-11 fl	Calculated
PDW	10.2	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 3 2-15 mm at 1 hr. Sedimentation

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

AREAS OF SPECIAL EXPERTISE

OUR PRESENCE



*J. Thakker*

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



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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	116.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	99.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.74	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.31	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.43	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.9	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
SGOT (AST), Serum	17.2	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	10.5	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	13.2	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	53.5	40-130 U/L	PNPP
BLOOD UREA, Serum	17.0	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	7.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.80	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	118	>60 ml/min/1.73sqm	Calculated



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Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation

URIC ACID, Serum	5.5	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	

\*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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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	114.0	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 \*\*\*



*J. Thakker*

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Pathologist and AVP (Medical Services)





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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)	Acidic (6.0)	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	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	0-1	Less than 20/hpf	

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

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

Reference: Pack insert

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

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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

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

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*J. Thakker*

**Dr.JYOT THAKKER**  
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Services)



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	156.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	62.1	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	58.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	97.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	85.0	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	12.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.4	0-3.5 Ratio	Calculated

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



*J. Thakker*

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Reported : 12-Jun-2023 / 12:02

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**THYROID FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.1	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.0	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.82	0.35-5.5 microIU/ml mIU/ml	ECLIA



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OUR PRESENCE

022-6170-0000



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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 \*\*\*



*Dr. Imran Mujawar*

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

Authenticity Check



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### X-RAY CHEST PA VIEW

#### Post operative status.

**There is evidence of mildly increased bilateral bronchovascular prominence.**

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The aorta shows normal radiological features.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

#### **Suggest clinico pathological co-relation.**

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

**Dr Gauri Varma**  
**Consultant Radiologist**  
**MBBS / DMRE**  
**MMC- 2007/12/4113**

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023061209521109>



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### USG WHOLE ABDOMEN

**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:** 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 4.3 cm. **Left kidney is slightly small in size and measures 8.0 x 3.5 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 . No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

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**IMPRESSION:**

- LEFT KIDNEY IS SLIGHTLY SMALL IN SIZE.

**Advice: Clinical co-relation sos further evaluation 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.

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

**Dr Gauri Varma**  
**Consultant Radiologist**  
**MBBS / DMRE**  
**MMC- 2007/12/4113**

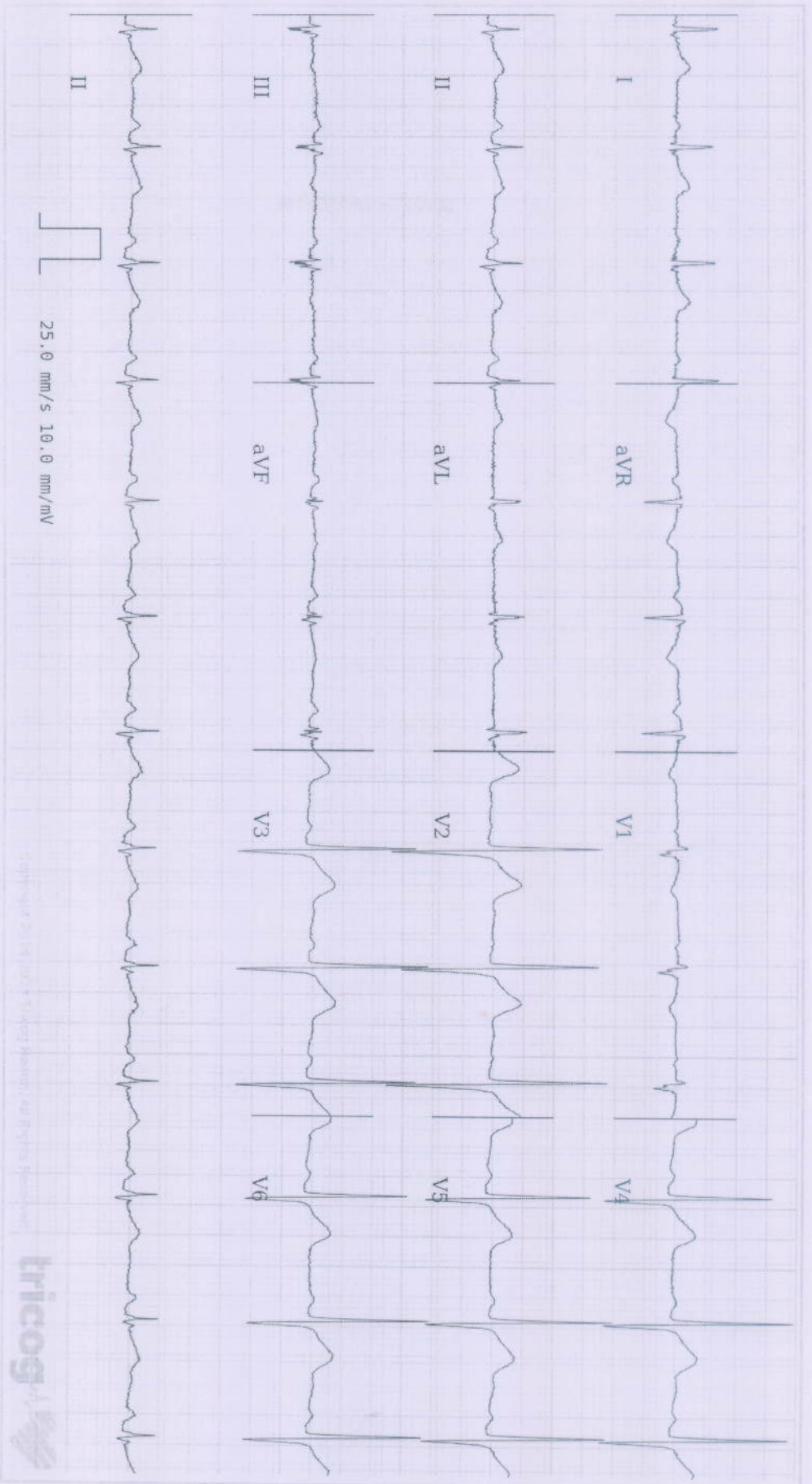
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Patient Name: **MENDHE BADAL DNYANESHWAR**  
Patient ID: **2316300985**

**SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST**  
Date and Time: **12th Jun 23 11:19 AM**



Age **34** **10** **1**  
years months days

Gender **Male**

Heart Rate **78bpm**

Patient Vitals

BP: **140/90 mmHg**

Weight: **64 kg**

Height: **174 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

**Measurements**

QRSD: **92ms**

QT: **388ms**

QTcB: **442ms**

PR: **158ms**

P-R-T: **61° 11° 37°**

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

REPORTED BY

**DR. SHIVALI A. PILLAI**  
MBBS, MD Physician  
MD Physician  
49972

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# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Report



E-Mail:

1148 (2316300985) / BADAL D MENDHE / 34 Yrs / M / 174 Cms / 64 Kg  
 Date: 12 / 06 / 2023 11:28:13 AM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:12	0:12	00.0	00.0	01.0	080	43 %	140/90	112	00	
Standing	00:22	0:10	00.0	00.0	01.0	083	45 %	140/90	116	00	
HV	00:32	0:10	00.0	00.0	01.0	084	45 %	140/90	117	00	
ExStart	00:42	0:10	00.0	00.0	01.0	078	42 %	140/90	109	00	
BRUCE Stage 1	03:42	3:00	01.7	10.0	04.7	124	67 %	150/90	186	00	
BRUCE Stage 2	06:42	3:00	02.5	12.0	07.1	154	83 %	160/90	246	00	
PeakEx	06:58	0:16	03.4	14.0	07.4	160	86 %	170/90	272	00	
Recovery	07:58	1:00	00.0	00.0	01.1	121	65 %	170/90	205	00	
Recovery	08:58	2:00	00.0	00.0	01.0	109	59 %	170/90	185	00	
Recovery	10:58	4:00	00.0	00.0	01.0	095	51 %	140/90	133	00	
Recovery	11:10				00.0	000	0 %	---/---	000	00	

**FINDINGS :**

Exercise Time : 06:16  
 Initial HR (ExStrt) : 78 bpm 42% of Target 186  
 Initial BP (ExStrt) : 140/90 (mm/Hg)  
 Max WorkLoad Attained : 7.4 Fair response to induced stress  
 Max ST Dep Lead & Avg ST Value : V1 & -0.4 mm in Recovery  
 Test End Reasons : Heart Rate Achieved , Fatigue,

Max HR Attained 160 bpm 86% of Target 186  
 Max BP Attained 170/90 (mm/Hg)

**Dr. SHAILAJA PILLAI**

M.D. (GEN MED)

R.NO. - 5512

Doctor : DR SHAILAJA PILLAI





<sup>1</sup>EM<sup>all</sup>:  
BADAL D MENDHE / 34 Yrs / M / 174 Cms / 64 Kg Date: 12 / 06 / 2023 11:28:13 AM

**REPORT :**

**PROCEDURE DONE:** Graded exercise treadmill stress test.

**STRESS ECG RESULTS:** The initial HR was recorded as 83.0 bpm, and the maximum predicted Target Heart Rate 186.0. The BP increased at the time of generating report as 170.0/90.0 mmHg The Max Dep went upto 0.4. 0.0 Ectopic Beats were observed during the Test.  
The Test was completed because of Heart Rate Achieved , Fatigue.

**CONCLUSIONS:**

1. TMT is negative for exercise induced ischemia.
2. Normal chronotropic and Normal inotropic response.
3. No significant ST T changes seen.

**DR. SHAILAJA PILLAI**

**M.D. (GENERAL MED)**

**RNO. 49972**

Doctor : DR SHAILAJA PILLAI



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

SUPINE ( 00:01 )

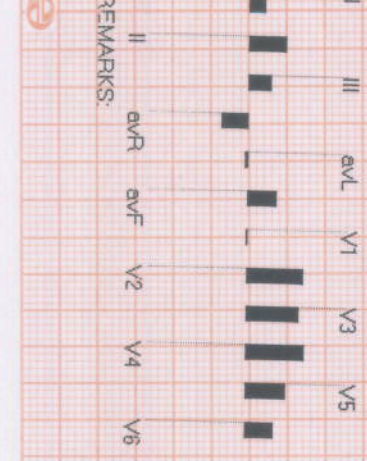
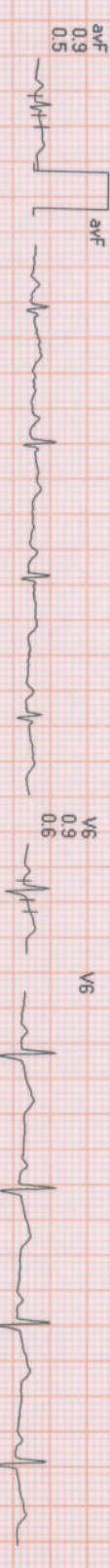
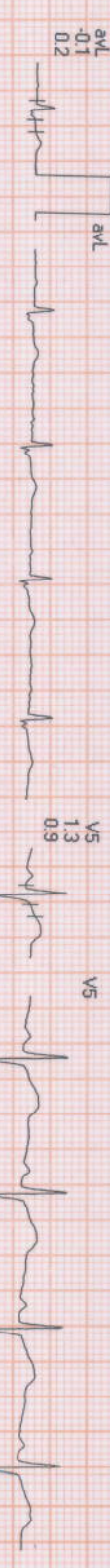
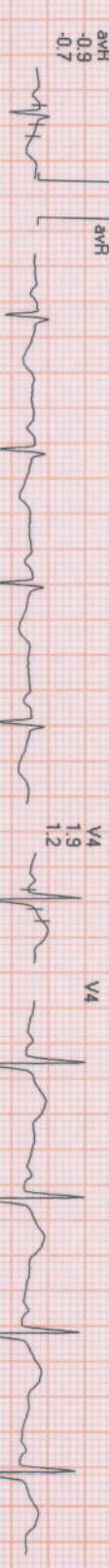
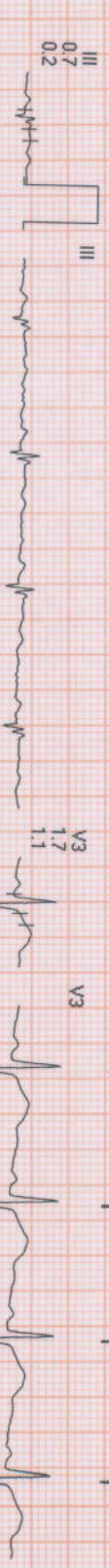
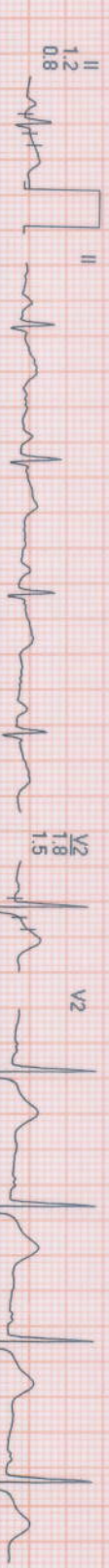
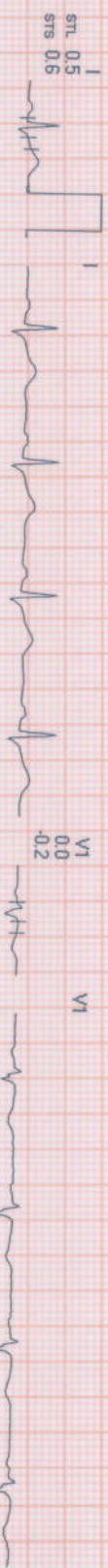
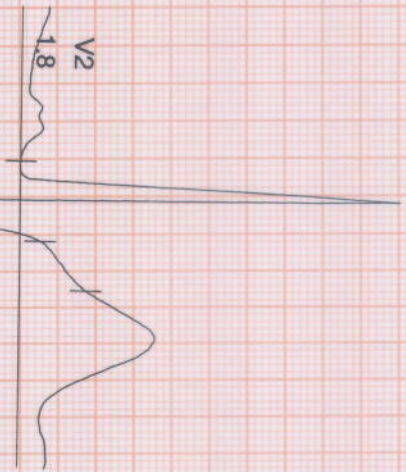


1148 (2316300985) / BADAL D MENDHE / 34 Yrs / M / 174 Cms / 64 Kg / HR : 80

Date: 12/06/2023 11:28:13 AM METS: 1.0/ 80 bpm 43% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 100 Hz

4X 80 ms Post J

EXTime: 00:00 0.0 mph, 0.0%  
25 mm/Sec. 1.0 Cm/mV



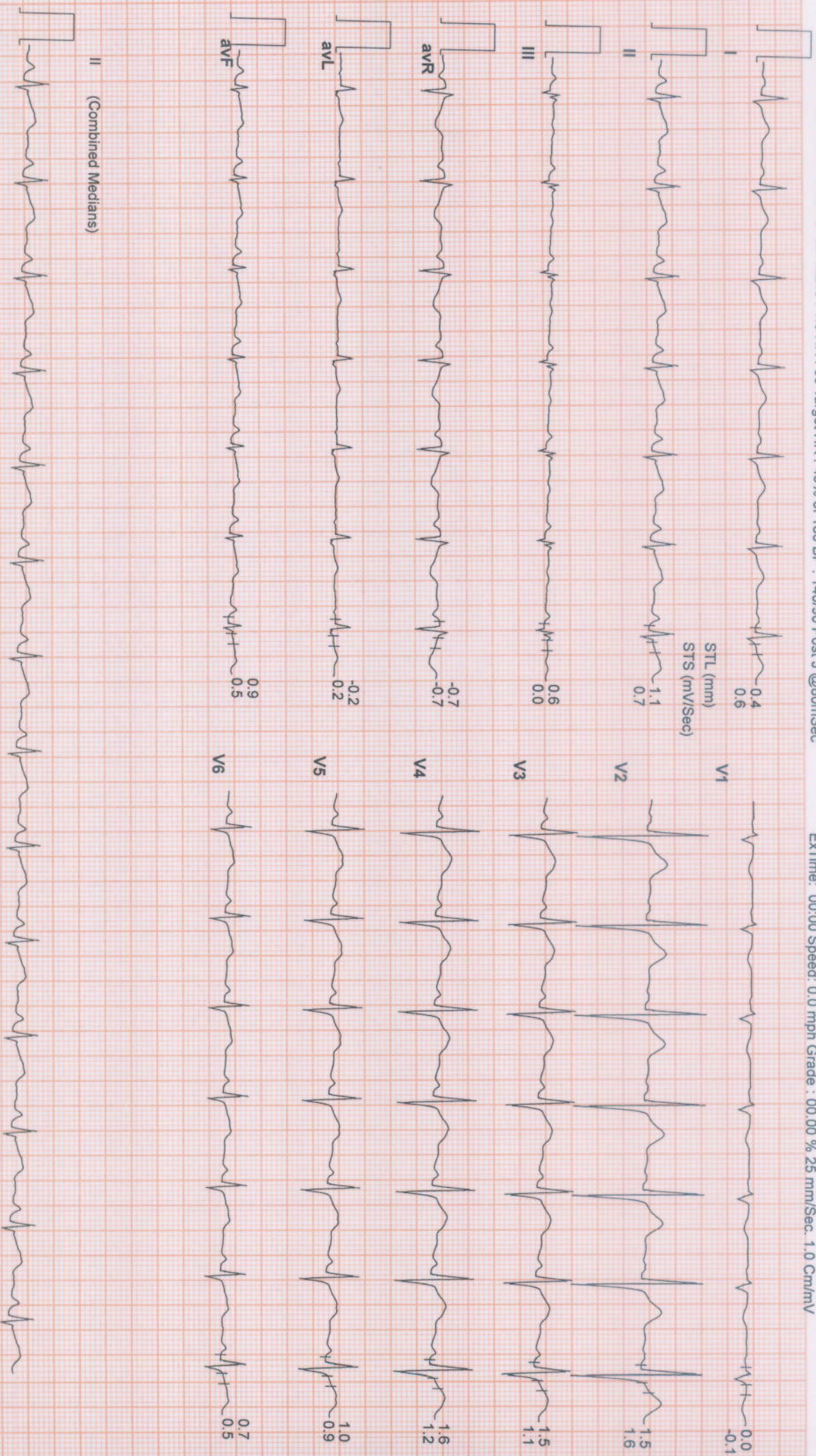
# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1148 / BADAL D MENDHE / 34 Yrs / Male / 174 Cm / 64 Kg

Date: 12 / 06 / 2023 11:28:13 AM METs : 1.0 HR : 83 Target HR : 45% of 186 BP : 140/90 Post J @80mSec

EXTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

## 6X2 Combine Medians + 1 Rhythm STANDING ( 00:00 )



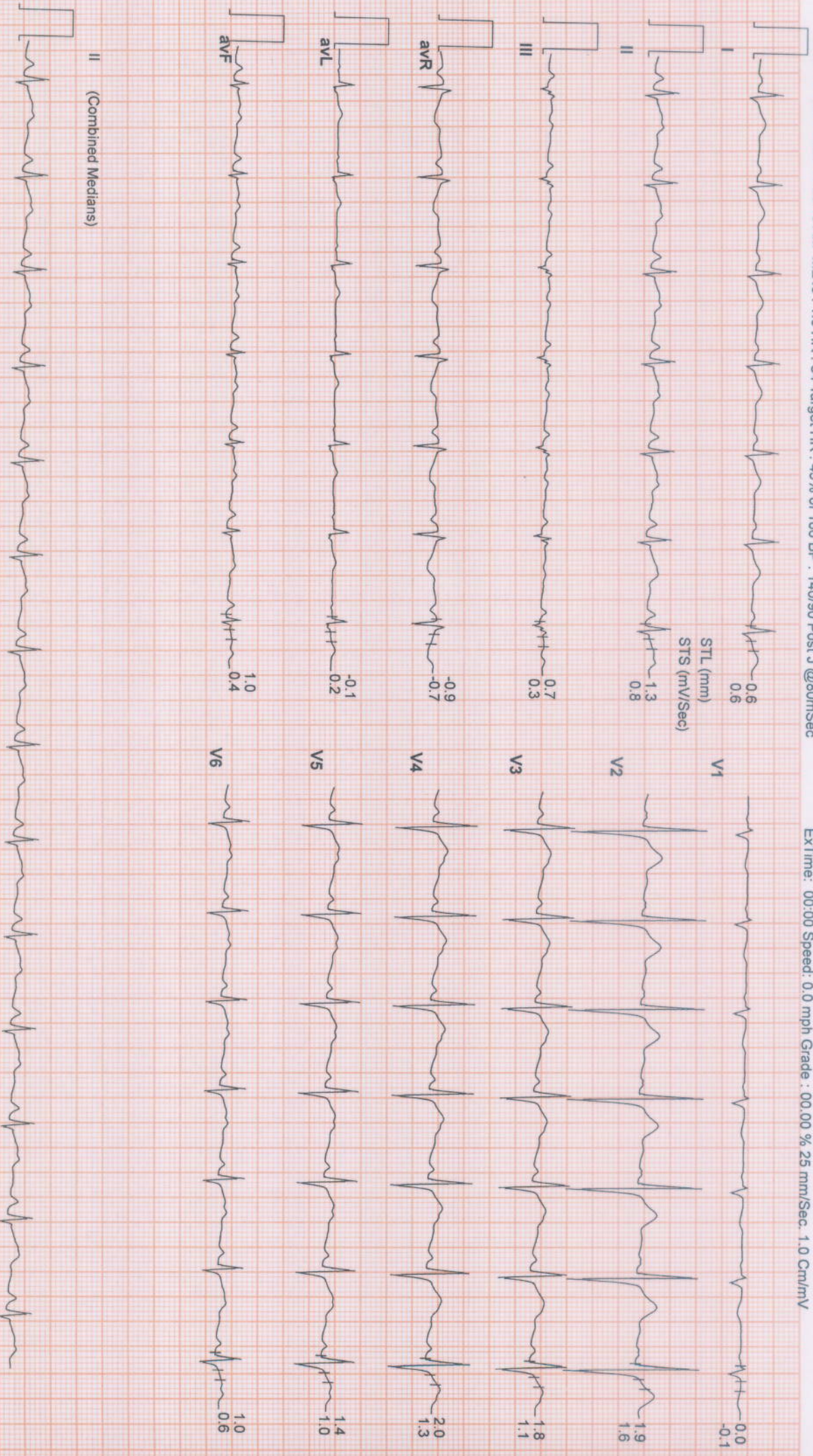
# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1148 / BADAL D MENDHE / 34 Yrs / Male / 174 Cm / 64 Kg

Date: 12 / 06 / 2023 11:28:13 AM METs : 1.0 HR : 84 Target HR : 45% of 186 BP : 140/90 Post J @80mSec

## 6X2 Combine Medians + 1 Rhythm HV ( 00:00 )

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

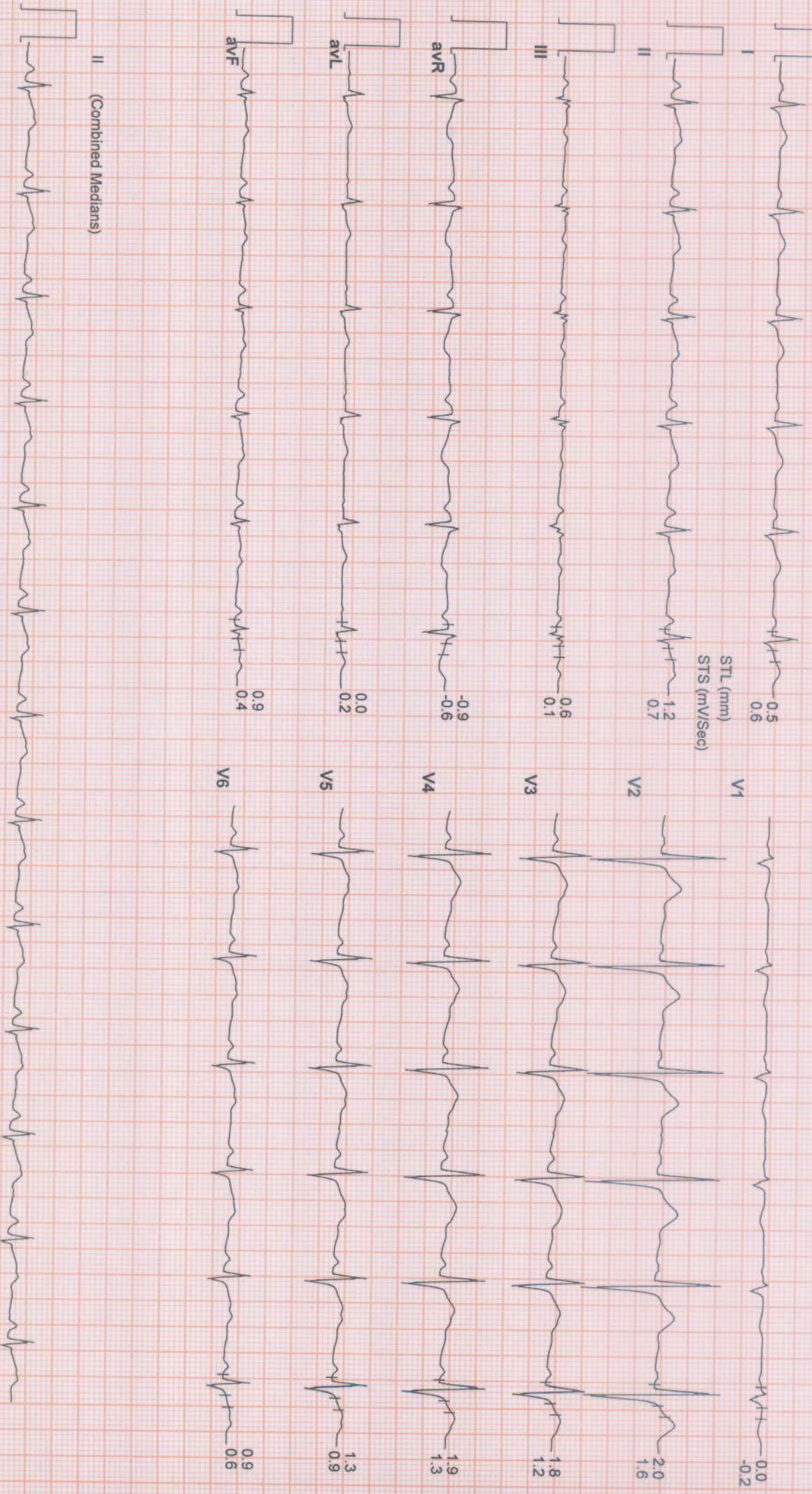
1148 / BADAL D MENDHE / 34 Yrs / Male / 174 Cm / 64 Kg

6X2 Combine Medians + 1 Rhythm  
ExStt



Date: 12 / 06 / 2023 11:28:13 AM METs : 1.0 HR : 78 Target HR : 42% of 186 BP : 140/90 Post J @80mSec

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



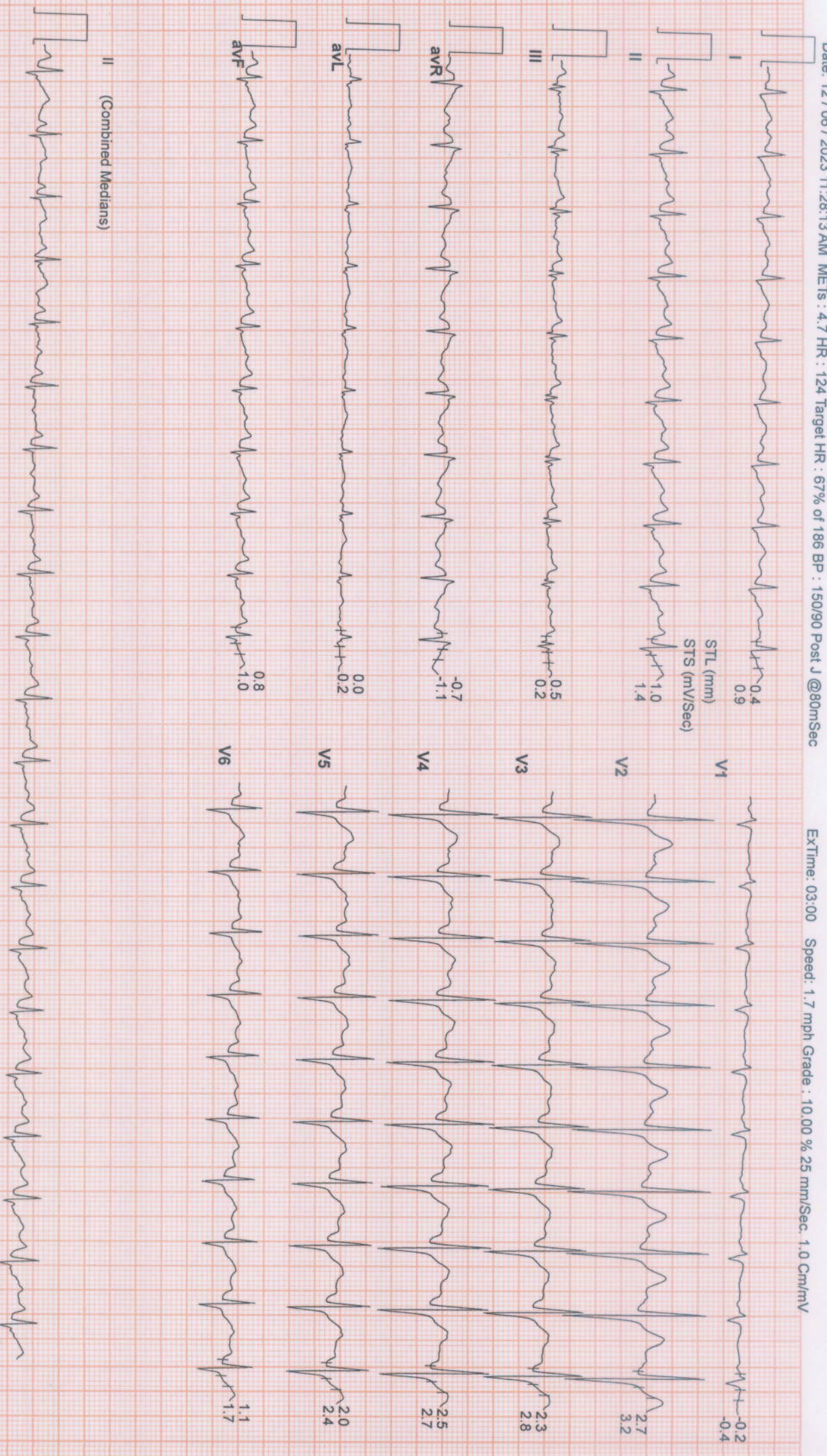
# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1148 / BADAL D MENDHE / 34 Yrs / Male / 174 Cm / 64 Kg

Date: 12/06/2023 11:28:13 AM METs : 4.7 HR : 124 Target HR : 67% of 186 BP : 150/90 Post J @80mSec

EXTime: 03:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec. 1.0 Cm/mV

## 6X2 Combine Medians + 1 Rhythm BRUCE : Stage 1 ( 03:00 )





# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

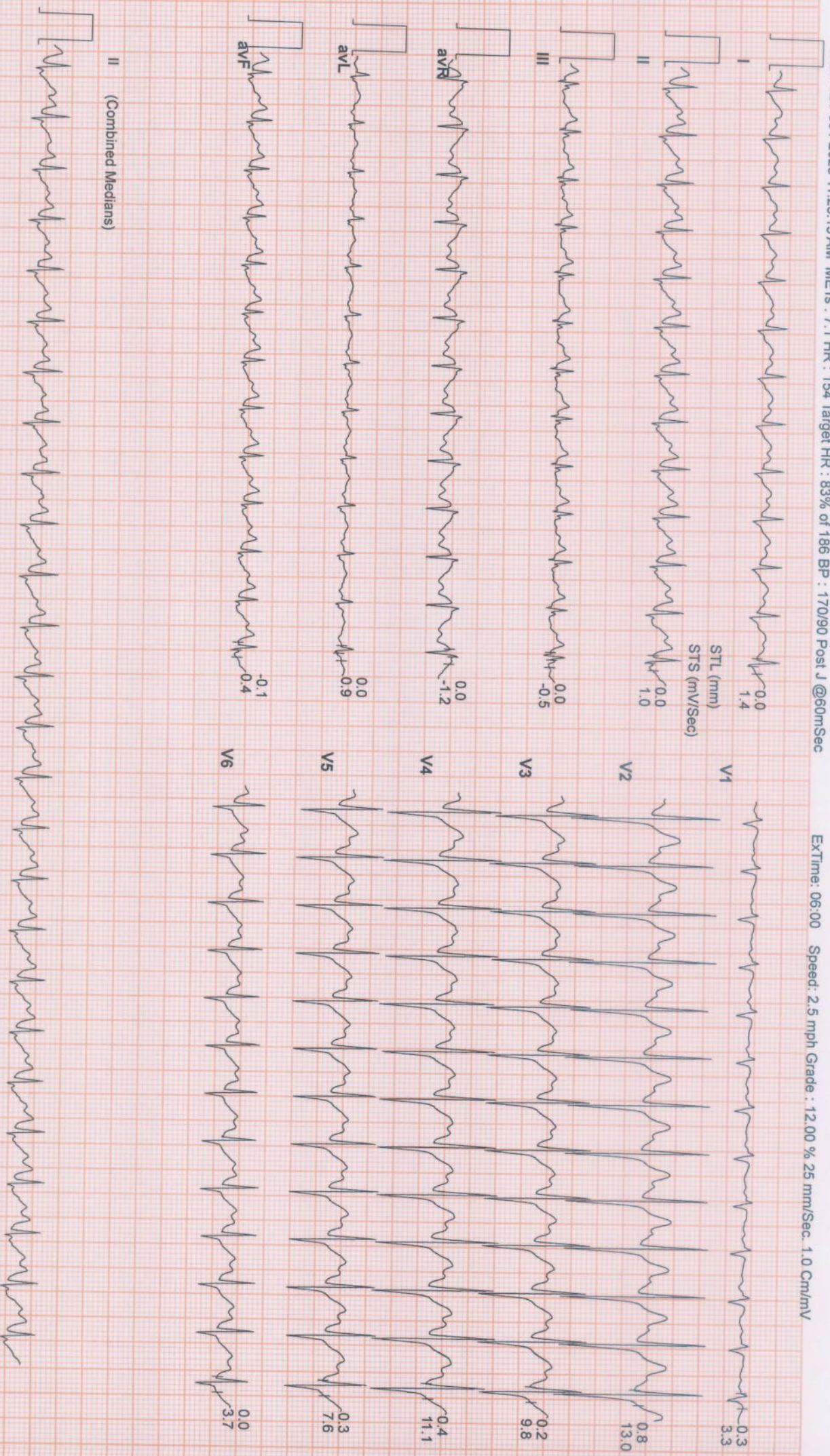
1148 / BADAL D MENDHE / 34 Yrs / Male / 174 Cm / 64 Kg

Date: 12 / 06 / 2023 11:28:13 AM METs : 7.1 HR : 154 Target HR : 83% of 186 BP : 170/90 Post J @60mSec

ExTime: 06:00 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV

## 6X2 Combine Medians + 1 Rhythm

BRUCE : Stage 2 ( 03:00 )



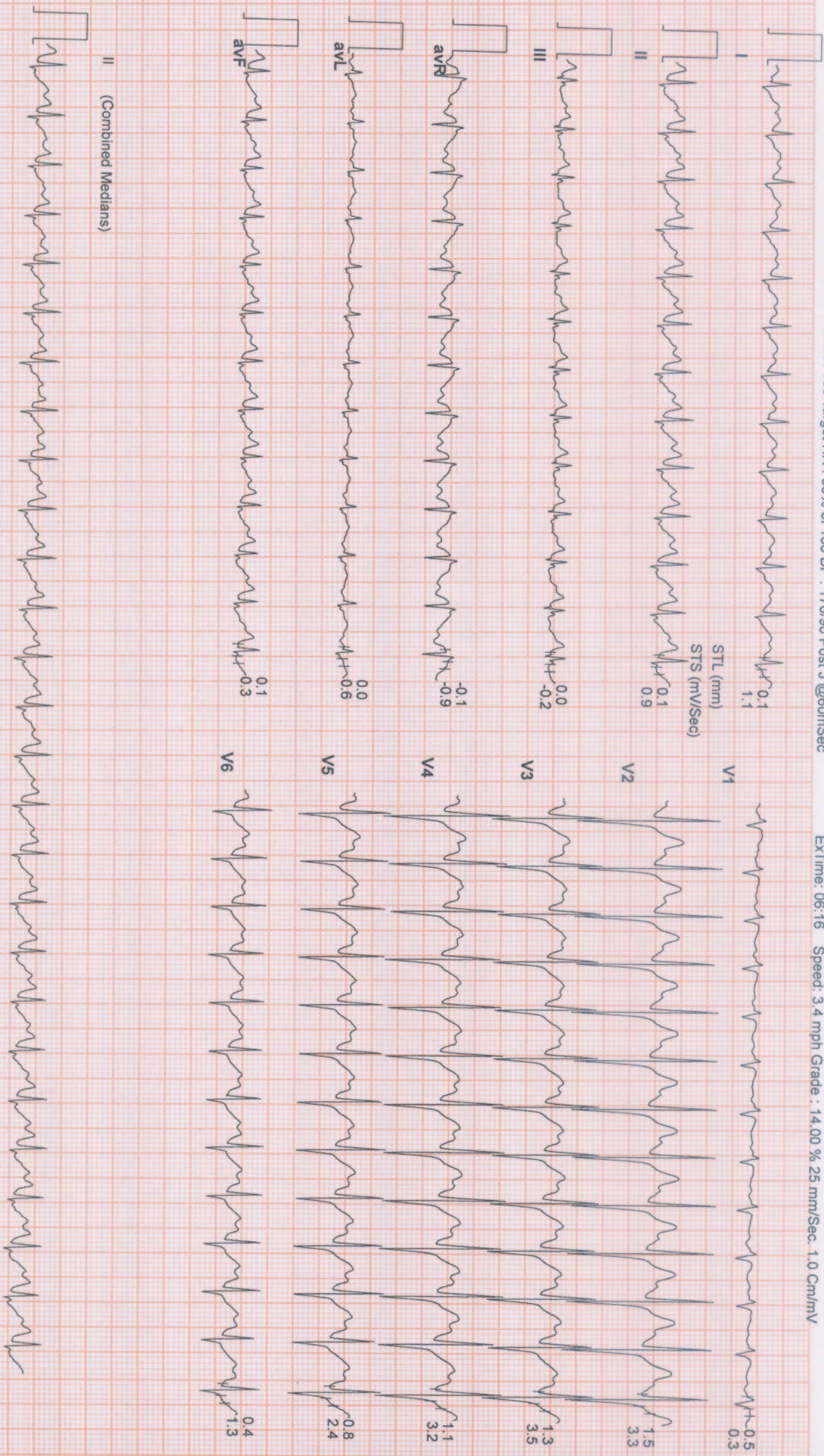
# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1148 / BADAL D MENDHE / 34 Yrs / Male / 174 Cm / 64 Kg

Date: 12 / 06 / 2023 11:28:13 AM METs : 7.4 HR : 160 Target HR : 86% of 186 BP : 170/90 Post J @60mSec

ExTime: 06:16 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV

## 6X2 Combine Medians + 1 Rhythm PeakEx



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1148 / BADAL D MENDHE / 34 Yrs / Male / 174 Cm / 64 Kg

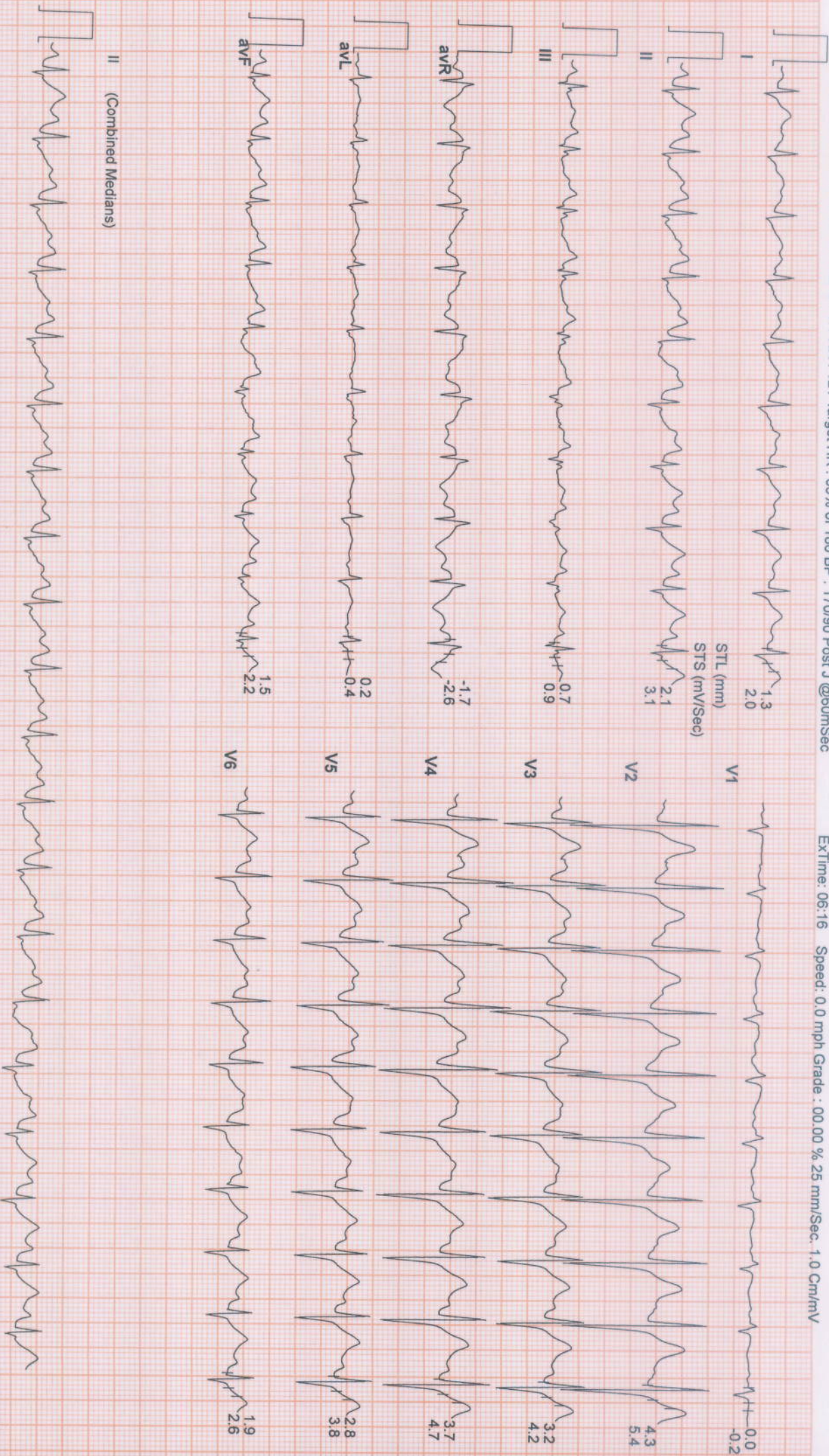
## 6X2 Combine Medians + 1 Rhythm

Recovery : ( 01:00 )



Date: 12 / 06 / 2023 11:28:13 AM METs : 1.1 HR : 121 Target HR : 65% of 186 BP : 170/90 Post J @60mSec

ExtTime: 06:16 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

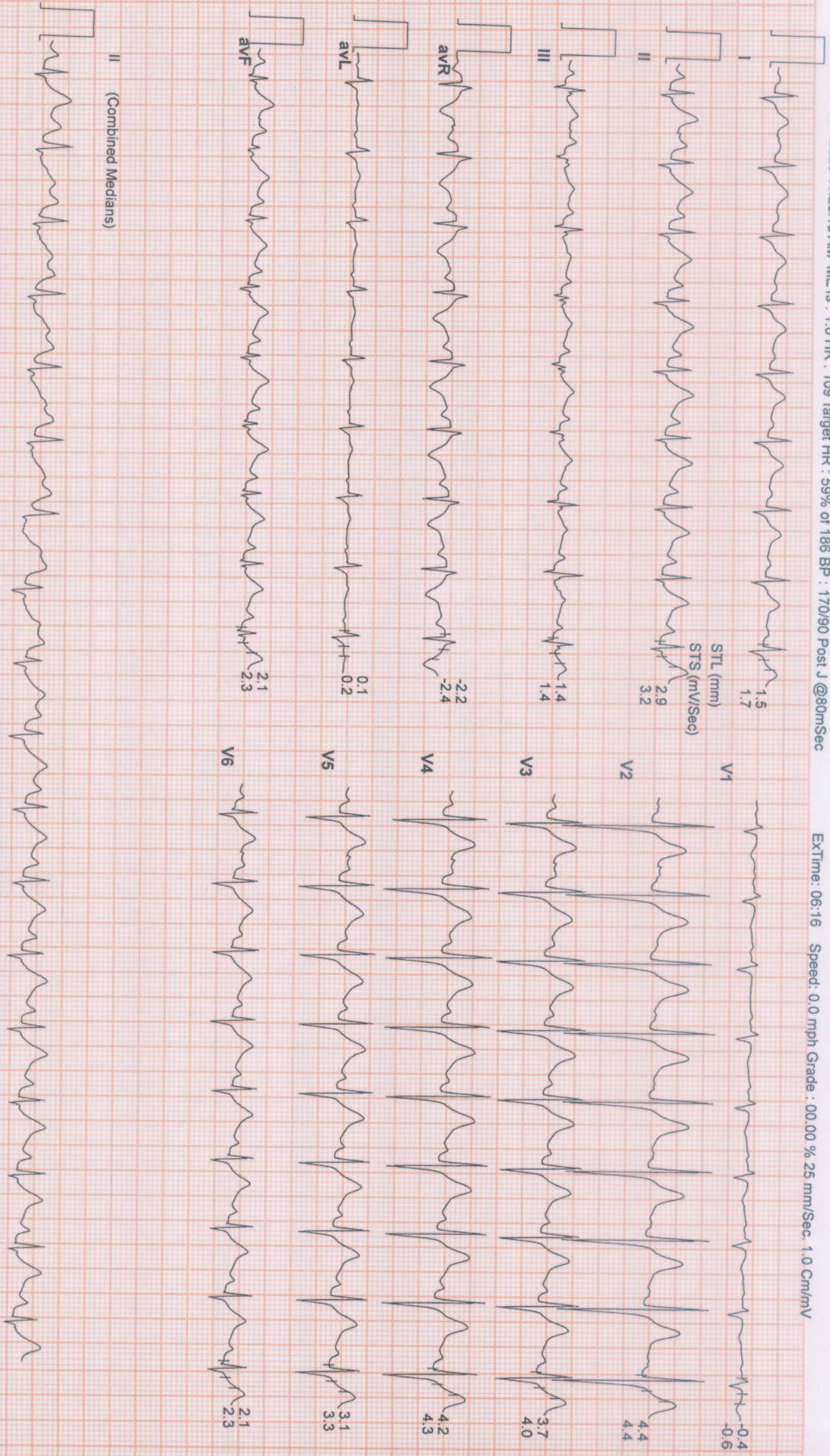
1148 / BADAL D MENDHE / 34 Yrs / Male / 174 Cm / 64 Kg

Date: 12/06/2023 11:28:13 AM METs : 1.0 HR : 109 Target HR : 59% of 166 BP : 170/90 Post J @80mSec

6X2 Combine Medians + 1 Rhythm  
Recovery : ( 02:00 )



ExTime: 06:16 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1148 / BADAL D MENDHE / 34 Yrs / Male / 174 Cm / 64 Kg

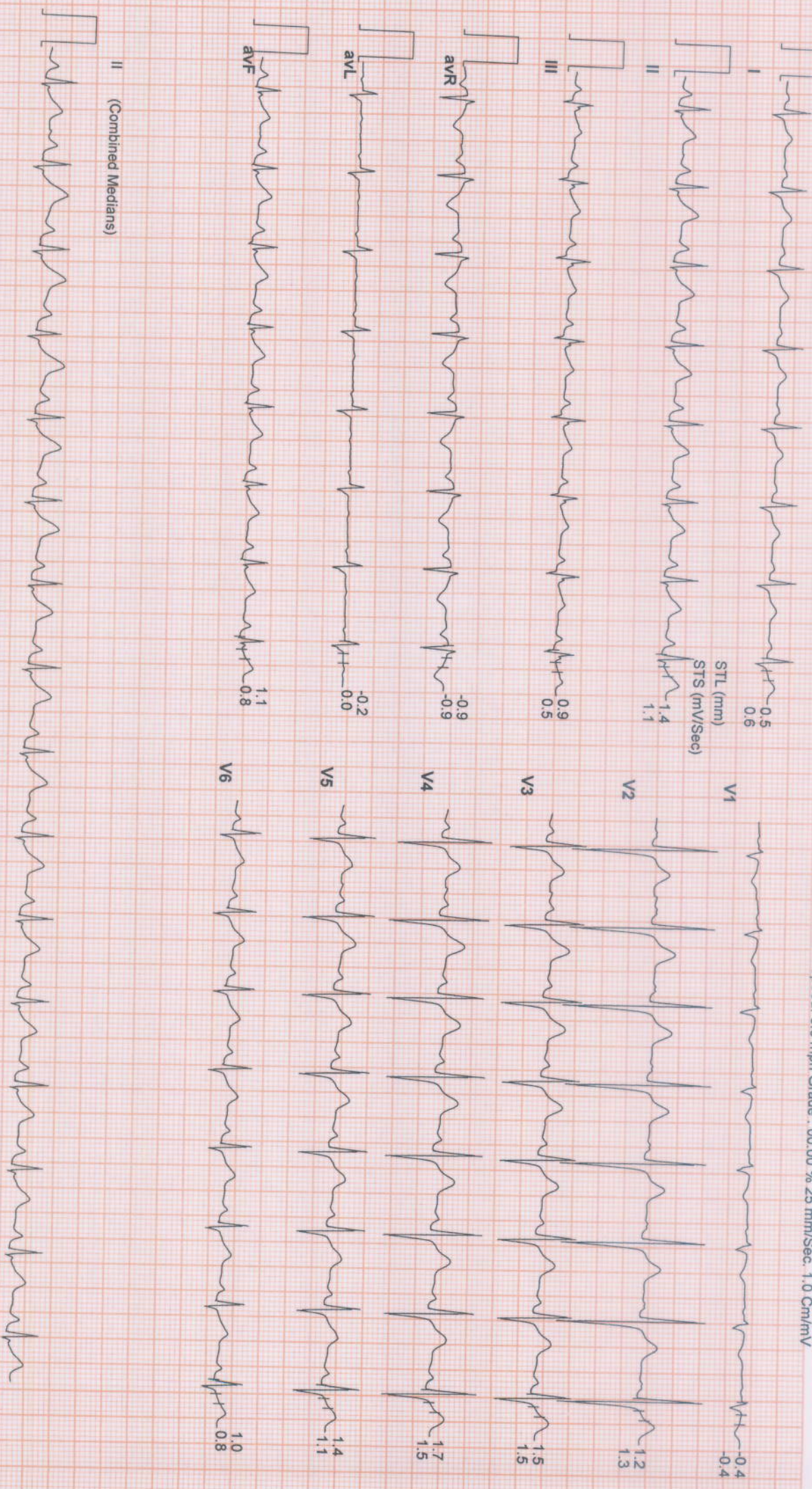
Date: 12 / 06 / 2023 11:28:13 AM METs : 1.0 HR : 95 Target HR : 51% of 186 BP : 140/90 Post J @80mSec

## 6X2 Combine Medians + 1 Rhythm

Recovery : ( 04:00 )



ExTime: 06:16 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1148 / BADAL D MENDHE / 34 Yrs / Male / 174 Cm / 64 Kg

Date: 12 / 06 / 2023 11:28:13 AM METs : 1.0 HR : 93 Target HR : 50% of 186 BP : 140/90 Post J @80mmSec

# 6X2 Combine Medians + 1 Rhythm

Recovery : ( 04:12 )



EXTime: 06:16 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

