



CID : 2326618995
Name : MR.ABHAY MORE
Age / Gender : 51 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 23-Sep-2023 / 09:51
Reported : 23-Sep-2023 / 13:22

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	12.6	13.0-17.0 g/dL	Spectrophotometric
RBC	4.84	4.5-5.5 mil/cmm	Elect. Impedance
PCV	38.2	40-50 %	Measured
MCV	79	80-100 fl	Calculated
MCH	26.1	27-32 pg	Calculated
MCHC	33.1	31.5-34.5 g/dL	Calculated
RDW	15.0	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7400	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	39.8	20-40 %	
Absolute Lymphocytes	2945.2	1000-3000 /cmm	Calculated
Monocytes	8.0	2-10 %	
Absolute Monocytes	592.0	200-1000 /cmm	Calculated
Neutrophils	47.6	40-80 %	
Absolute Neutrophils	3522.4	2000-7000 /cmm	Calculated
Eosinophils	4.6	1-6 %	
Absolute Eosinophils	340.4	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.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	234000	150000-400000 /cmm	Elect. Impedance
MPV	10.6	6-11 fl	Calculated
PDW	18.0	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	Mild		
Microcytosis	Occasional		



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 6 2-20 mm at 1 hr. Sedimentation

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



Bmhasakar

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



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Reported : 23-Sep-2023 / 18:29

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	123.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	207.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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MC-2111

Bm haskar

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Pathologist



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	16.7	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.8	6-20 mg/dl	Calculated
CREATININE, Serum	0.80	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	107	(ml/min/1.73sqm) 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	Calculated
Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023			
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
URIC ACID, Serum	4.9	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.0	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.5	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	140	135-148 mmol/l	ISE
POTASSIUM, Serum	4.6	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	107	98-107 mmol/l	ISE

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*** End Of Report ***



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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	6.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	145.6	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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*** End Of Report ***



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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	0.832	<4.0 ng/ml	CLIA

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

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



Anupa

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



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATION			
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	2-3	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

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*** End Of Report ***



MC-2111

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Dr.KETAKI MHASKAR
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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	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.

Refernces:

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	164.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	66.5	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	38.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	126.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	113.0	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	13.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.9	0-3.5 Ratio	Calculated

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.0	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.04	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)



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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	0.34	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.18	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
SGOT (AST), Serum	24.8	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	43.2	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	36.9	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	89.6	40-130 U/L	Colorimetric

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USG WHOLE ABDOMEN

LIVER:

Liver is normal in size with mild generalized increase in parenchymal echotexture it measures 13.3 cm . There is no intra-hepatic biliary radical dilatation.No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. No obvious wall thickening is noted. There is no evidence of any calculus.

PORTAL VEIN: Portal vein is normal 8.9 mm. CBD: CBD is normal 3.3 mm.

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 9.7 x 4.0 cm and Left kidney measures 9.1 x 4.6 cm.

SPLEEN:

The spleen is normal in size and echotexture.it measures 9.5 cm No evidence of focal lesion is noted. There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

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

PROSTATE:

The prostate is normal in size 3.8 x 3.8 x 2.6 cm and volume is 20.5 cc.

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Reg. Location : Borivali West

Reg. Date : 23-Sep-2023
Reported : 23-Sept-2023 / 11:55

IMPRESSION:

- Grade I fatty infiltration of liver .
For clinical correlation and follow up.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification. Please interpret accordingly.

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

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

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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.

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. X ray is known to have inter-observer variations. Further / follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Please interpret accordingly. In case of any typographical error / spelling error in the report, patient is requested to immediately contact the centre within 7 days post which the center will not be responsible for any rectification.

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



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

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SUBURBAN DIAGNOSTICS - BORIVALI WEST

Patient Name: ABHAY MORE
Patient ID: 2326618995

Date and Time: 23rd Sep 23 12:23 PM



Age 51 years 0 months 17 days

Gender Male

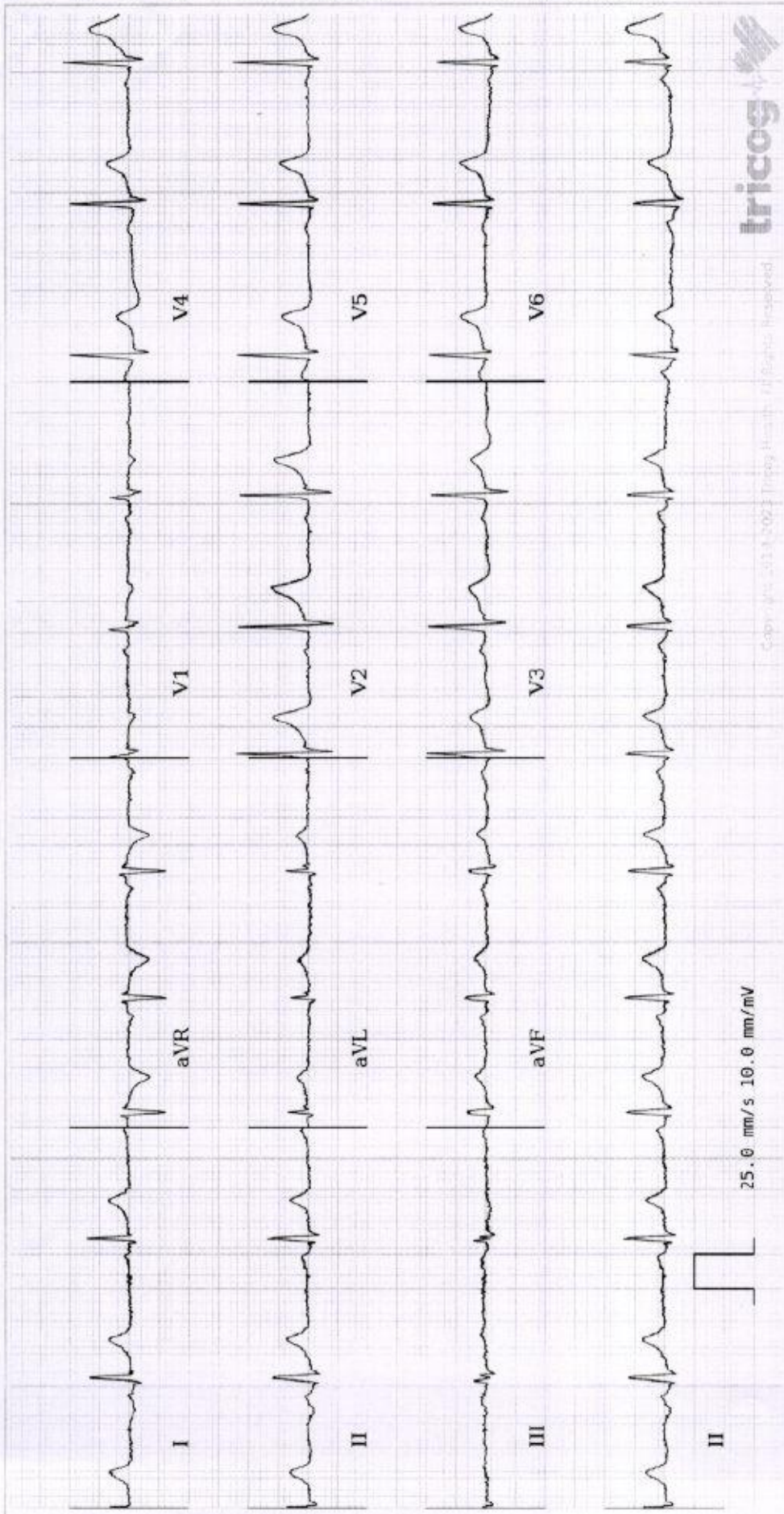
Heart Rate 71bpm

Patient Vitals

BP: NA
Weight: 60 kg
Height: NA
Pulse: NA
Spo2: NA
Resp: NA
Others:

Measurements

QRSD: 84ms
QT: 362ms
QTcB: 393ms
PR: 142ms
P-R-T: 61° 37° 32°



REPORTED BY

Dr. Nitin Sonavane
M.B.B.S., A.F.L.H., D.DIAB., D.C.A.R.D.
Consultant Cardiologist
87714

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

Ex-claims: 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 investigations and reports and not to be interpreted by a qualified physician. 2) Interpretations are entered by the clinicians and not derived from the ECG.

Date:

To,
Suburban Diagnostics (India) Private Limited
301, 302 3rd Floor, Vini Eligance,
Above Tanushq Jewellers,
Borivali (W), Mumbai- 400092

SUBJECT- TO WHOMSOEVER IT MAY CONCERN

Dear Sir/ Madam,

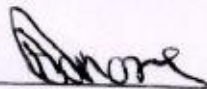
This is to inform you that I, Myself Mr/ Mrs/ Ms.
Abhinav Dwarakanath More
don't want to performed the following tests:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

CID No. & Date :

Corporate/ TPA/ Insurance Client Name :

Thanking you.


Yours sincerely,

(Mr/Mrs/Ms. _____)

Date:-
Name:- **Abhay more**
CID:
Sex / Age: /

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

} NO

RE LE
6/6 6/6
M/6 N/6

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: ~~Normal~~ / Abnormal

Remark:

Suburban Diagnostics (I) Pvt. Ltd.
301 & 302 3rd Floor, Vini Elaan, Above Television Tower, L.T. Road,
Borivli (West), Mumbai - 400 092.

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Date: 23-09-2023 Time: 11:36

Name: ABHAY MORE

Age: 51

Gender: M

Height: 160 cms

Weight: 60 Kg

ID: 2326618995

Clinical History: DM

Medications: DM RX

Test Details:

Protocol: Bruce

Predicted Max HR: 169

Target HR: 143 (85% of Pr. MHR)

Exercise Time: 0:06:13

Achieved Max HR: 144 (85% of Pr. MHR)

Max BP: 160/80

Max BP x HR: 23040

Max Mets: 7

Test Termination Criteria: TEST COMPLET

Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	00:20	1	0	0	83	110/80	9130	-0.5 V5	1 V2
Standing	00:14	1	0	0	69	110/80	7590	0.7 V1	1.2 V2
HyperVentilation	00:10	1	0	0	75	110/80	8250	1.8 V1	1.4 V2
PreTest	00:10	1	1.6	0	114	110/80	12540	-0.9 II	0.9 V5
Stage: 1	03:00	4.7	2.7	10	104	130/80	13520	-1.5 V5	2.6 V5
Stage: 2	03:00	7	4	12	126	160/80	20160	-1.1 V5	1.5 I
Peak Exercise	00:13	7	5.5	14	144	160/80	23040	-1.6 V5	1.4 V3
Recovery1	01:00	1	0	0	85	160/80	13600	-0.6 V5	1.3 V3
Recovery2	01:00	1	0	0	70	140/80	9800	-0.5 II	1.4 V3
Recovery3	01:00	1	0	0	66	120/80	7920	-0.4 V3	1.4 V3
Recovery4	00:44	1	0	0	69	110/80	7590	-0.3 II	1.3 V3

Interpretation

The Patient Exercised according to Bruce Protocol for 0:06:13 achieving a work level of 7 METS.
Resting Heart Rate, initially 83 bpm rose to a max. heart rate of 144bpm (85% of Predicted Maximum Heart Rate).
Resting Blood Pressure of 110/80 mmHg, rose to a maximum Blood Pressure of 160/80 mmHg
Good Effort tolerance Normal HR & BP Response No Angina or Arrhythmias
No Significant ST-T Change Noted During Exercise Stress test Negative for Stress inducible ischaemia.

DR. NITIN SONAVANE
M.B.B.S AFLH, D. DIAB, D. CARD.
CONSULTANT-CARDIOLOGIST
REGD. NO. : 87714

Ref. Doctor: ---

Doctor: DR. NITIN SONAVANE

SCHILLER
The Art of Diagnostics

Suburban Diagnostics (I) Pvt. Ltd.
301 & 302, 3rd Floor, Vini Elegance,
Above Taxis Stand, L. T. Road,
Borivali (West), Mumbai - 400 092.

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

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ABHAY MORE (51 M)

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2326618995

Stage: Supine

Date: 23-09-2023

Speed: 0 km/h

Exec Time : 0:00:00

Slope: 0%

Stage Time: 00:20

THR: 143 bpm

HR: 83 bpm

BP: 110/80 mmHg

STLevel(mm) STSlope(mV/s)

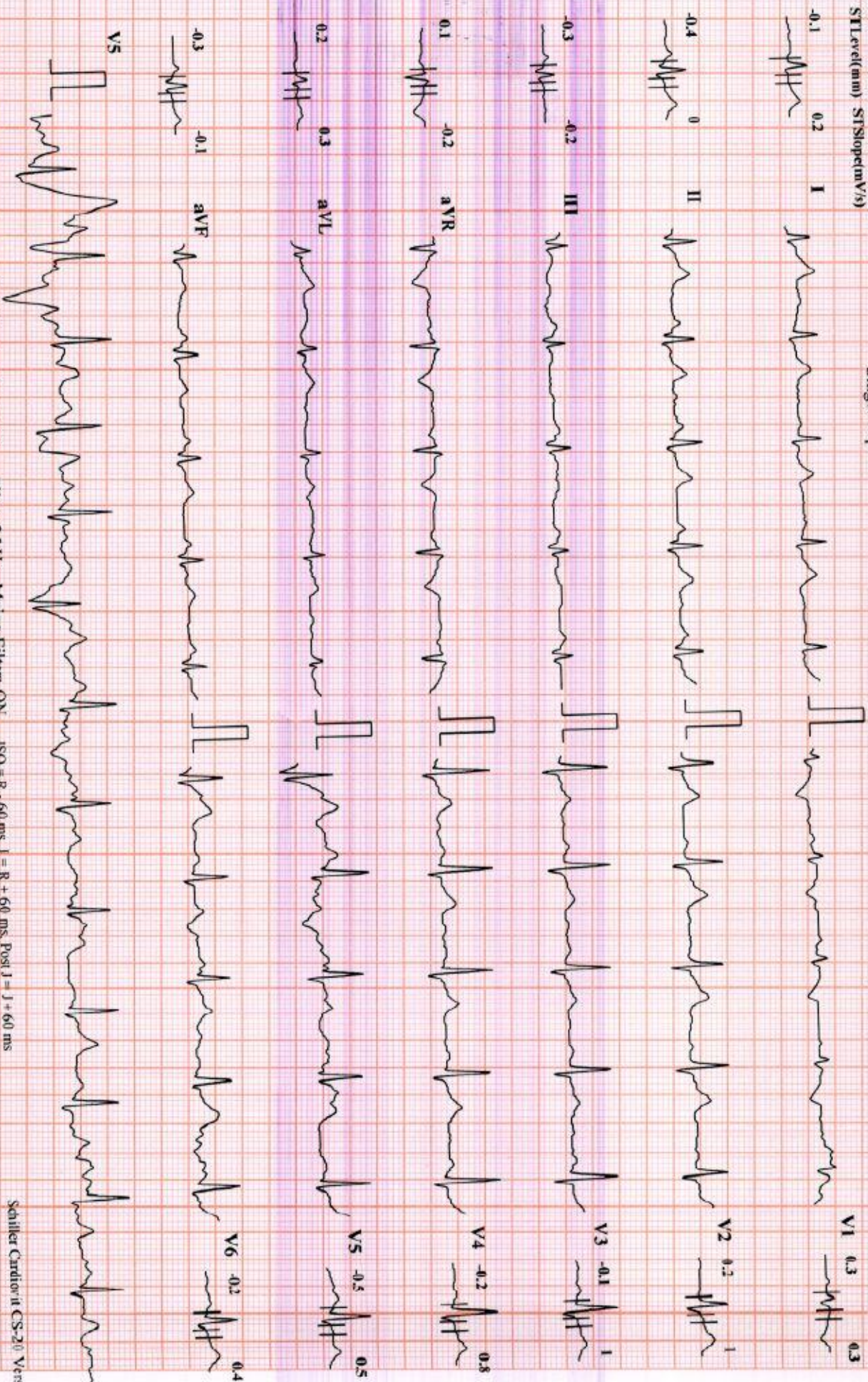


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ABHAY MORE (51 M)

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2226618995
Stage: Standing

Date: 23-09-2023
Speed: 0

Exec Time : 0:00:00
Slope: 0%

Stage Time: 00:14
THR: 143 bpm

HR: 69 bpm

BP: 110/80 mmHg

STLevel(mm) STSlope(mV/s)

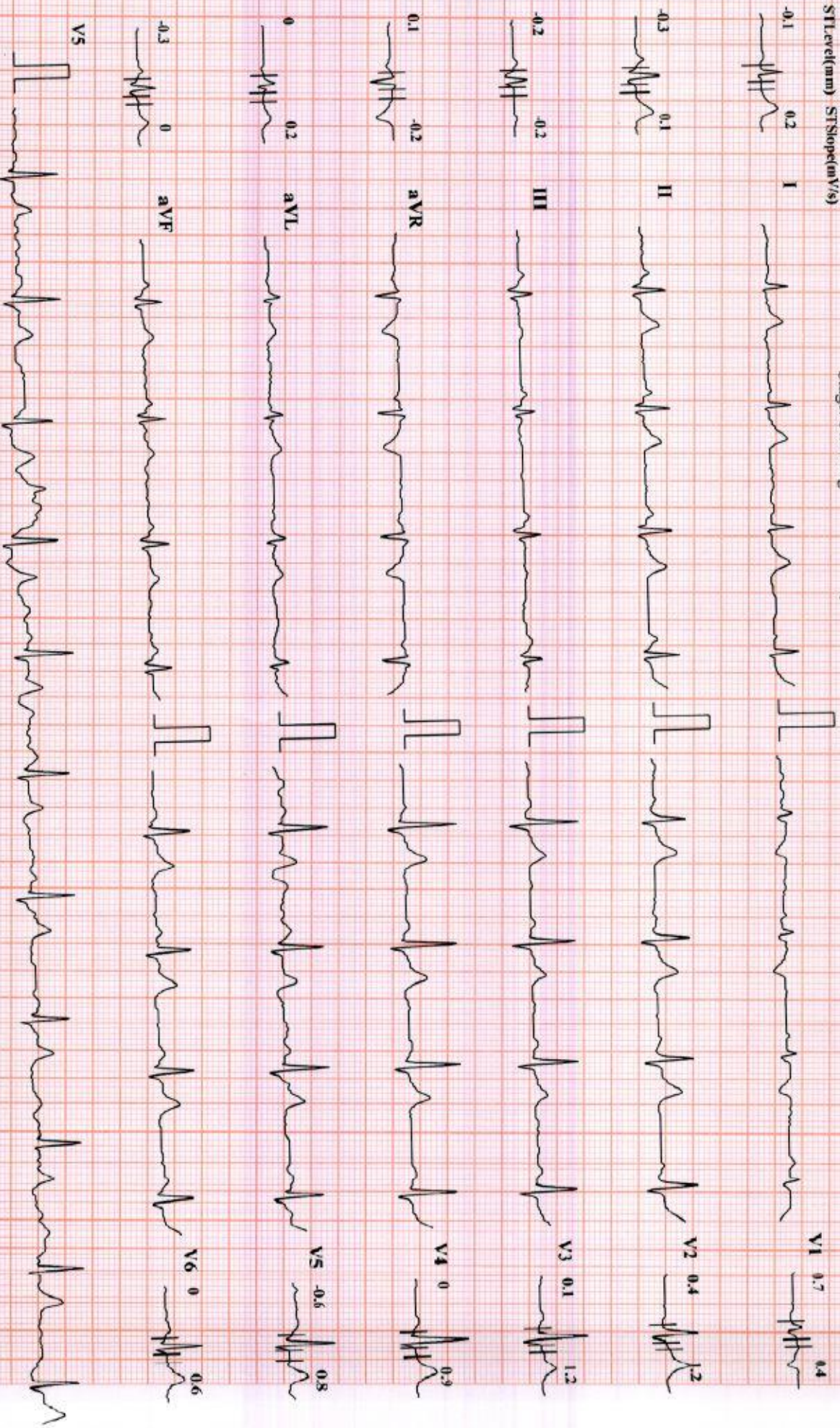


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ABHAY MORE (51 M)

Bruce Protocol
STLevel(mV) STSlope(mV/s)

ID: 2326618995

Date: 23-09-2023

Exec Time: 0:00:00

Stage Time: 00:10

HR: 75 bpm

BP: 110/80 mmHg
STLevel(mV) STSlope(mV/s)

Stage: Hyperventilation Speed: 0

Slope: 0%

THR: 143 bpm

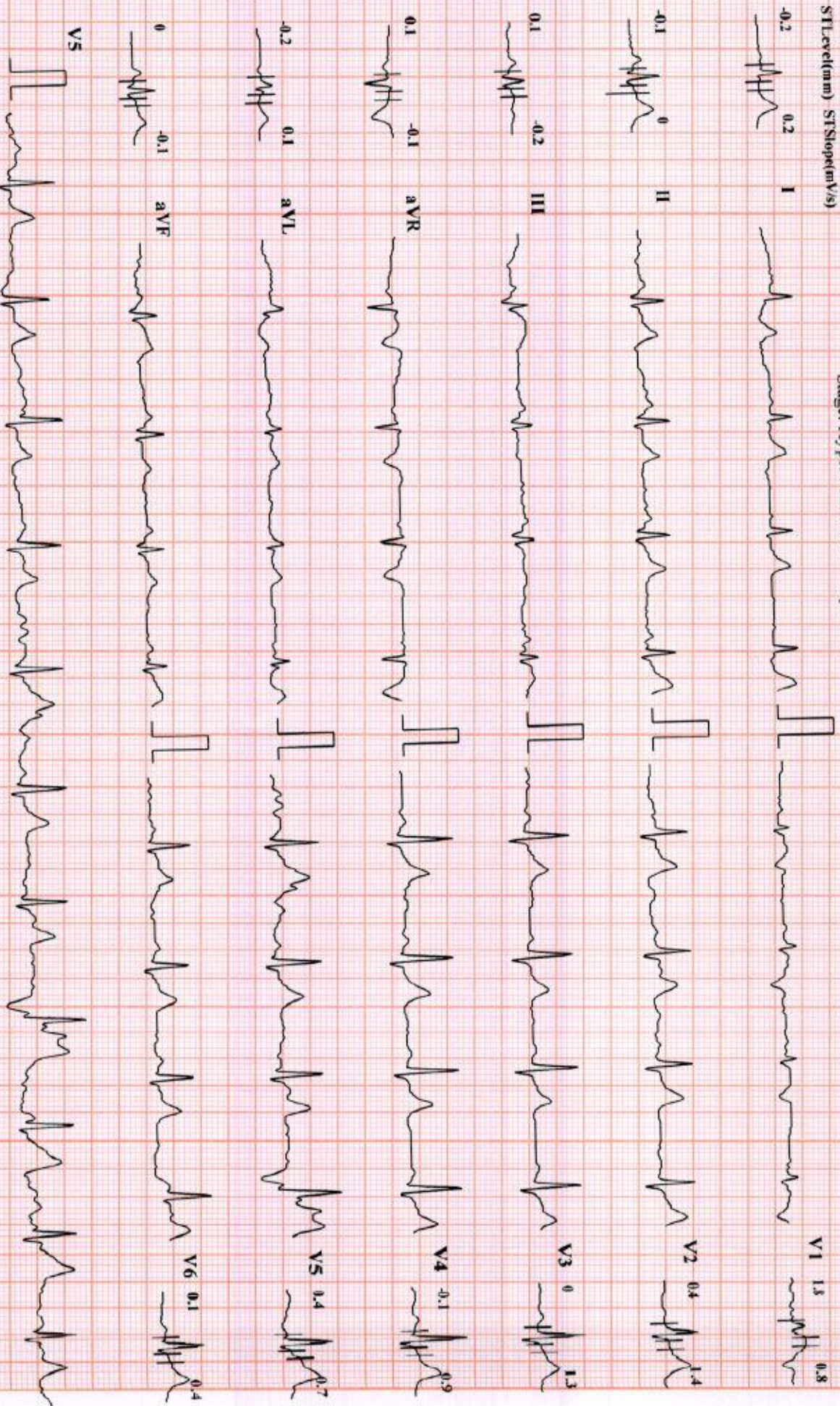


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

HR: 104 bpm

ABHAY MORE (51 M)

ID: 2326618995

Date: 23-09-2023

Exec Time: 0:03:00

Stage Time: 03:00

BP: 130/80 mmHg

Bruce Protocol

Stage: 1

Speed: 2.7 kmph

Slope: 10 %

THR: 143 bpm

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Cardiovit (CS-2) Version 3.4



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ABHAY MORE (51 M)

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2326618995
Stage: 2

Date: 23-09-2023
Speed: 4 kmph

Exec Time: 0:06:00
Slope: 12 %

Stage Time: 03:00
THR: 143 bpm

HR: 126 bpm

Bp: 160/80 mmHg
STLevel(mm) STSlope(mV/s)

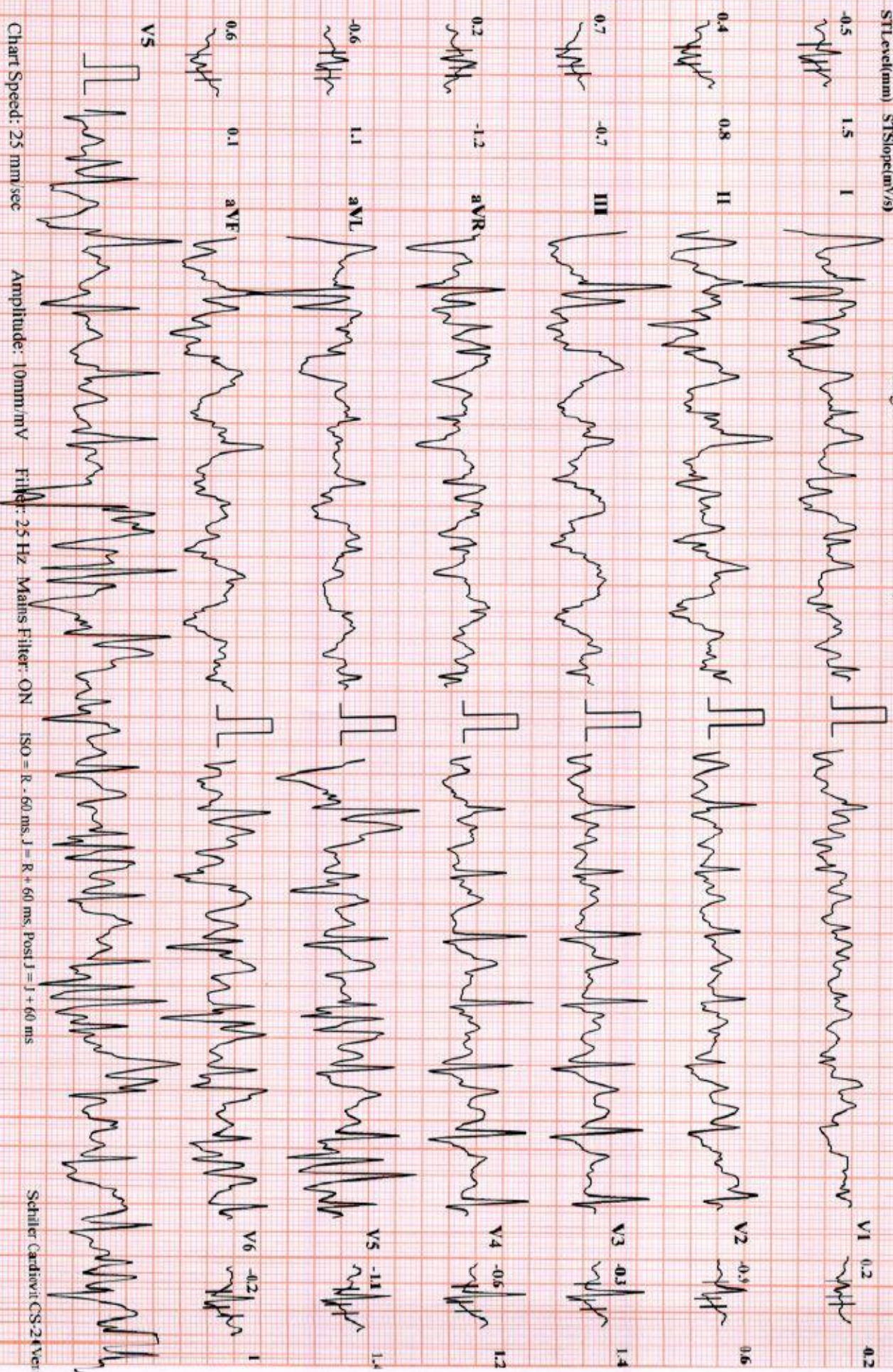


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

HR: 144 bpm

ABHAY MORE (51 M)

ID: 2326618995

Date: 23-09-2023

Exec Time : 0:06:13

Stage Time: 00:13

BP: 160/80 mmHg

STLslope(mm) STSlope(mV/s)

Stage: 3 Peak Exercise

Speed: 5.5 kmph

Slope: 14%

THR: 143 bpm

STLslope(mm) STSlope(mV/s)

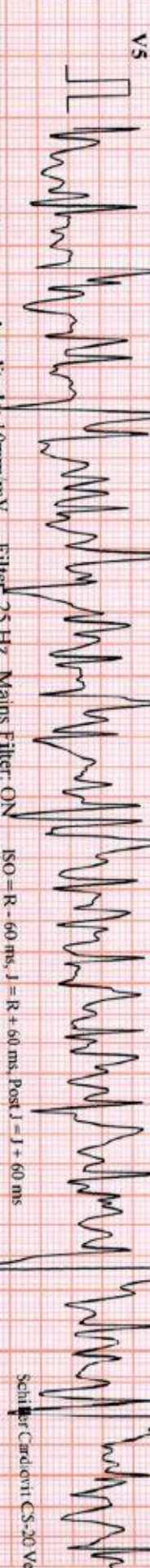
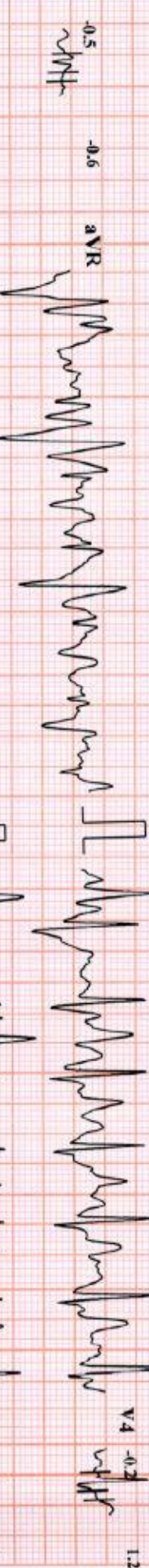
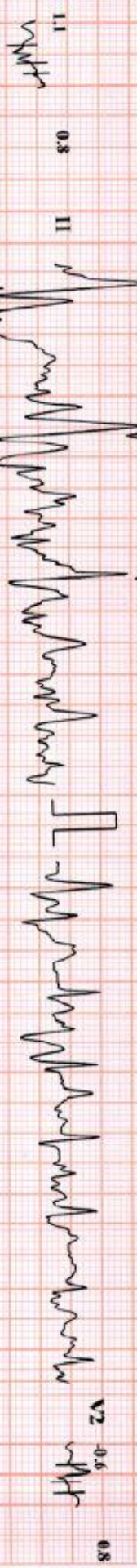
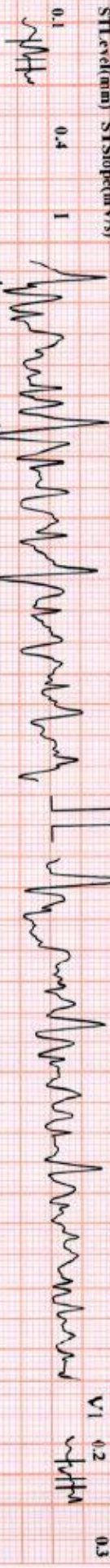


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ABHAY MORE (51 M)

Bruce Protocol

STLev(mm) STSlope(mV/s)

ID: 2326618995
Stage: Recovery 1

Date: 23-09-2023
Speed: 0 kmph

Exec Time : 00:00
Slope: 0%

Stage Time: 01:00
THR: 143 bpm

HR: 85 bpm

Bp: 160/80 mmHg
STLev(mm) STSlope(mV/s)

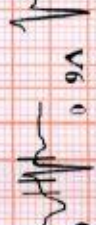
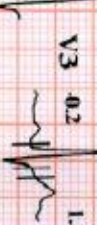
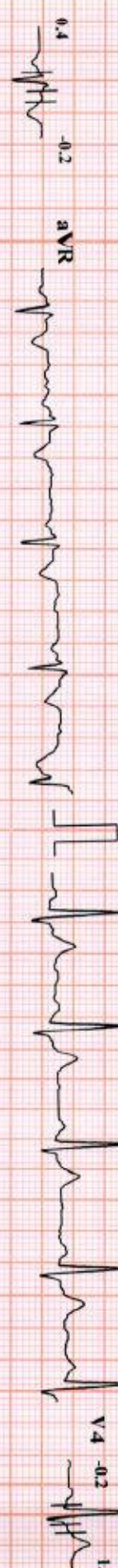


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

HR: 70 bpm

ABHAY MORE (51 M)

ID: 2326618995

Date: 23-09-2023

Exec Time : 00:00

Stage Time: 01:00

BP: 140/80 mmHg

Bruce Protocol

Stage: Recovery2

Speed: 0 kmph

Slope: 0%

THR: 143 bpm

STLevel(mm) STSlope(mV/s)

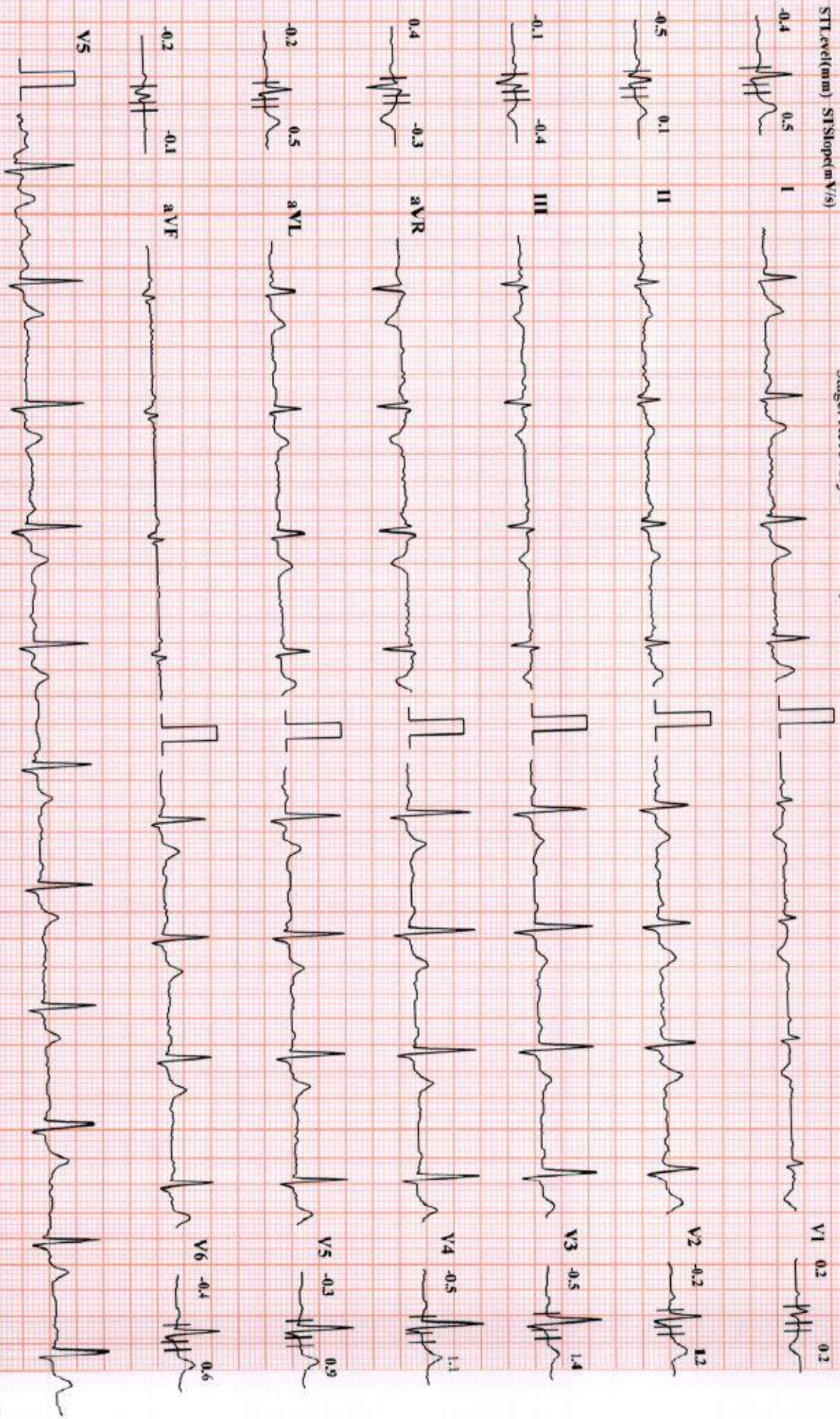


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ABHAY MORE (51 M)

Bruce Protocol

STLevel(mm) STISlope(mV/s)

ID: 2326618995

Stage: Recovery3

Date: 23-09-2023

Speed: 0 kmph

Exec Time : 00:00

Slope: 0%

Stage Time: 01:00

THR: 143 bpm

HR: 66 bpm

BP: 120/80 mmHg

STLevel(mm) STISlope(mV/s)

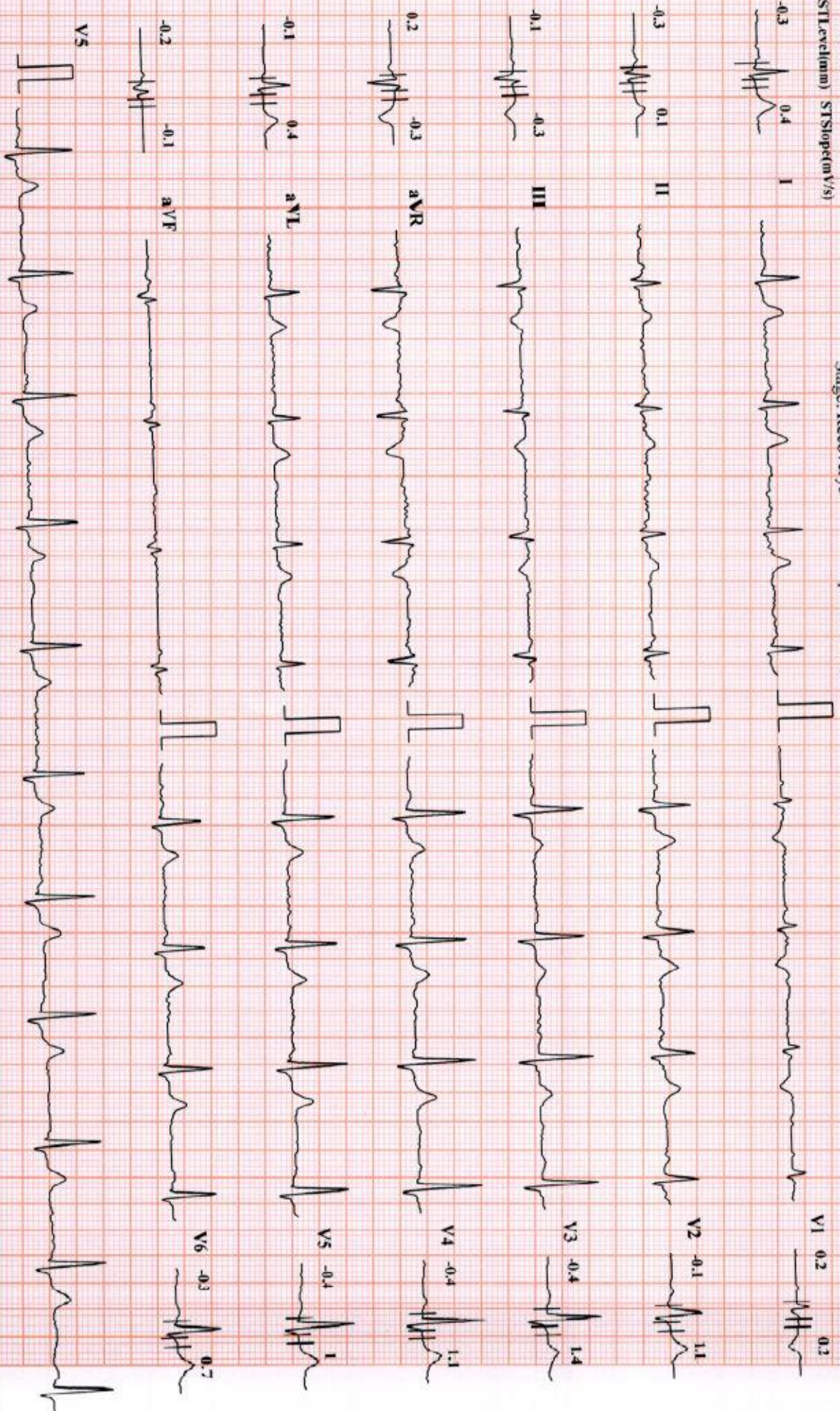


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller-Cardiart CS-20 V cars on 3.4



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ABHAY MORE (51 M)

HR: 69 bpm

Bruce Protocol

ID: 2326618995

Date: 23-09-2023

Stage: Recovery 4

Speed: 0 kmph

Exec Time : 00:00

Stage Time: 00:40

THR: 143 bpm

STLevel(mm) STSlope(mV/s)

BP: 110/80 mmHg
STLevel(mm) STSlope(mV/s)

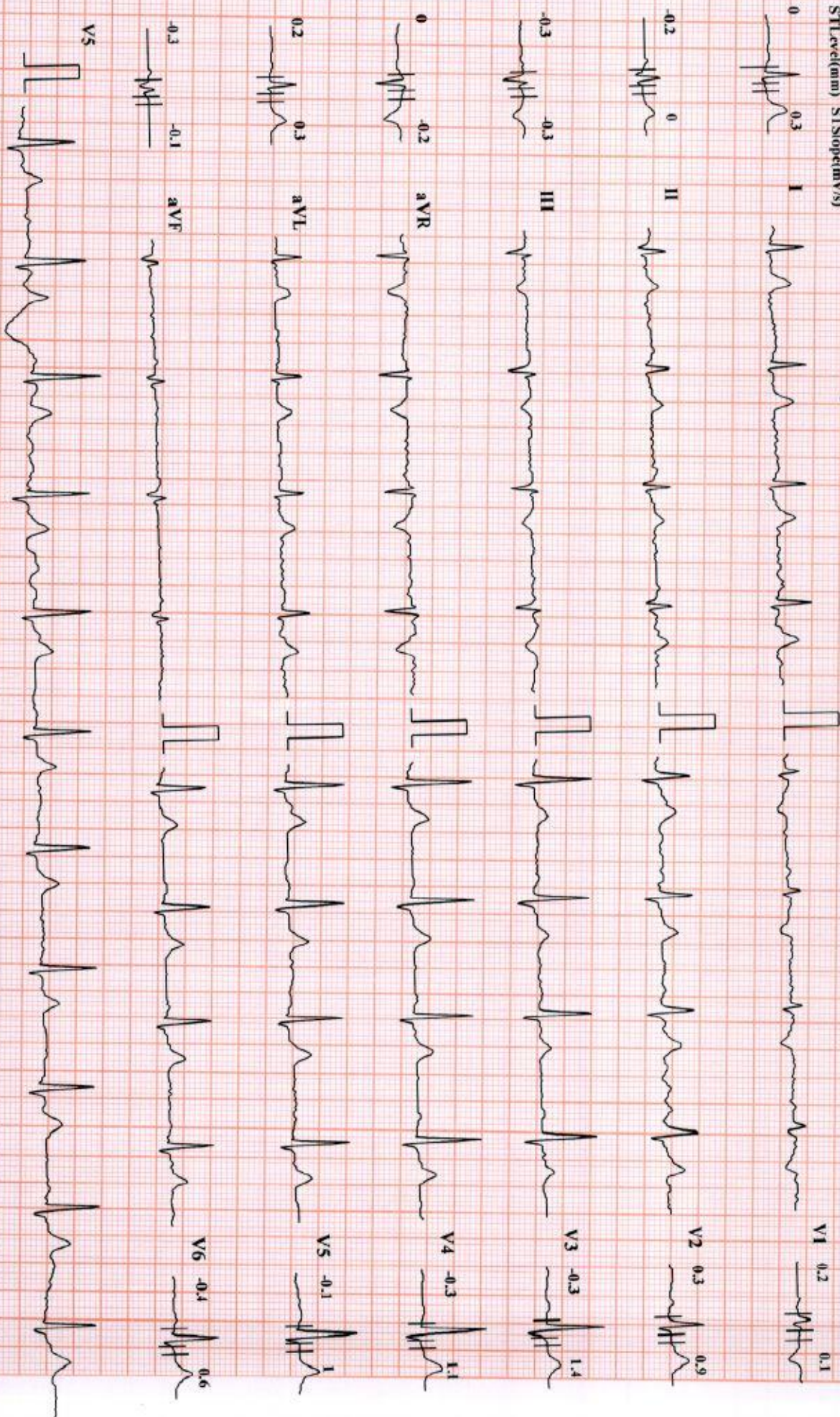


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter ON

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

Schiller CardioTr CS-20 Version:3.4

