



CID : 2308420720
Name : MR.BANGAR YOGESH TUKARAM
Age / Gender : 29 Years / Male
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 25-Mar-2023 / 08:04
Reported : 25-Mar-2023 / 11:15

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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>
<u>RBC PARAMETERS</u>			
Haemoglobin	14.9	13.0-17.0 g/dL	Spectrophotometric
RBC	5.41	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.9	40-50 %	Measured
MCV	82.9	80-100 fl	Calculated
MCH	27.5	27-32 pg	Calculated
MCHC	33.2	31.5-34.5 g/dL	Calculated
RDW	17.6	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4690	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	33.2	20-40 %	
Absolute Lymphocytes	1557.1	1000-3000 /cmm	Calculated
Monocytes	8.7	2-10 %	
Absolute Monocytes	408.0	200-1000 /cmm	Calculated
Neutrophils	56.2	40-80 %	
Absolute Neutrophils	2635.8	2000-7000 /cmm	Calculated
Eosinophils	1.8	1-6 %	
Absolute Eosinophils	84.4	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	4.7	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	279000	150000-400000 /cmm	Elect. Impedance
MPV	8.7	6-11 fl	Calculated
PDW	10.0	11-18 %	Calculated

RBC MORPHOLOGY



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Hypochromia	-
Microcytosis	-
Macrocytosis	-
Anisocytosis	Mild
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Elliptocytes-occasional
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

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 ***



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist



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Consulting Dr. : -
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Reported : 25-Mar-2023 / 11:47

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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	94.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.48	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.19	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.29	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	1.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.6	1 - 2	Calculated
SGOT (AST), Serum	32.9	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	43.6	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	37.0	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	94.6	40-130 U/L	PNPP
BLOOD UREA, Serum	15.8	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	7.4	6-20 mg/dl	Calculated
CREATININE, Serum	0.68	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	147	>60 ml/min/1.73sqm	Calculated

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



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Reported : 25-Mar-2023 / 12:12

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URIC ACID, Serum	5.5	3.5-7.2 mg/dl	Uricase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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



Amit Taori

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Pathologist



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Collected : 25-Mar-2023 / 08:04
Reported : 25-Mar-2023 / 15:55

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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	4.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	93.9	mg/dl	Calculated

Intended use:

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

Clinical Significance:

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

Test Interpretation:

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

Factors affecting HbA1c results:

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

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

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

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

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

*** End Of Report ***



Namrata Raul

Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



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Collected : 25-Mar-2023 / 08:04
Reported : 25-Mar-2023 / 12:33

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	50	-	-
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	3-4	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	4-5	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

*** End Of Report ***

Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist





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Collected : 25-Mar-2023 / 08:04
Reported : 25-Mar-2023 / 13:46

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

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

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Note : This Sample has also been tested for Bombay group/Bombay phenotype /Oh using anti H lectin

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 ***



MC-5314

Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	129.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	58.4	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	39.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	89.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	77.0	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	12.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.9	0-3.5 Ratio	Calculated

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

Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist





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Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 25-Mar-2023 / 08:04
Reported : 25-Mar-2023 / 11:36

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	5.2	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.3	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.7	0.35-5.5 microIU/ml	ECLIA



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Reported : 25-Mar-2023 / 11:36

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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)

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

*** End Of Report ***



MC-5314

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Dr.AMIT TAORI
M.D (Path)
Pathologist

 भारत सरकार
Government of India

 योगेश तुकाराम बांगर
Yogesh Tukaram Bangar
जन्म तिथि / DOB : 20/11/1993
पुरुष / Male



3472 6422 8945

मेरा आधार, मेरी पहचान

Bangar.

 आधार
सर्वोच्च शिष्ट पहचान प्रधिकरण
Unique Identification Authority of India

पता:
S/O तुकाराम बांगर, दुले चांदगांव,
पाथडी, दुले चांदगांव, अहमदनगर,
पाथडी, महाराष्ट्र, 414102

Address:
S/O Tukaram Bangar, dule
chandgaon, pathardi,
Dulechandgaon, Ahmadnagar,
Pathardi, Maharashtra, 414102

3472 6422 8945

 1947
 help@uidai.gov.in
 www.uidai.gov.in



1

Date:

To,
Suburban Diagnostics (India) Private Limited
Shop No.6, Fenkin Belleza, Ghodbunder Rd,
opp. M.K. Plaza, Kasarvadavali,
Thane, Maharashtra 400607

SUBJECT- TO WHOMSOEVER IT MAY CONCERN

Dear Sir/ Madam,

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

- 1) Stool: Stool R / PPBS
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

CID No. & Date

: 2308420720 / 25/03/23

Corporate/ TPA/ Insurance Client Name :

Arcofemi Healthcare Ltd

Thanking you.



Yours sincerely,

(Mr/Mrs/Ms. Yogesh Bangar)



PHYSICAL EXAMINATION REPORT

Patient Name	Mr. Yogesh Bahigar	Sex/Age	M / 29 y 35
Date	25/03/2023	Location	KASARVADAVALI

History and Complaints

- No symptoms / No meds
- No family history
- No hosp / no sx

EXAMINATION FINDINGS:

Height	168	Temp (0c):	} NAD
Weight	72.6	Skin:	
Blood Pressure	120 / 80	Nails:	
Pulse	70 / min	Lymph Node:	

Systems :

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

Impression:

- All reports are normal.

ADVICE :

• Nil

CHIEF COMPLAINTS :

1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	No
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthma	Dust allergy
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	No alt
9)	Nervous disorders	
10)	GI system	
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptom	
13)	Blood disease or disorder	- No
14)	Cancer/lump growth/cyst	
15)	Congenital disease	
16)	Surgeries	

PERSONAL HISTORY:

1)	Alcohol	No
2)	Smoking	
3)	Diet	Veg
4)	Medication	No

Dr. Karin H. Shah
M.B.B.S., D.CARD.



Date : 25/03/2023

CID :

Name : Mr. Yogesh Bahgar

Sex/Age : M/29yr

EYE CHECK UP

Chief complaints : Nil

Systematic Diseases : Nil

Past History : Nil

Unaided Vision :
} RE Eye = 6/9
} Lt Eye = 6/12

Aided Vision :
Yes } RE Eye = 6/6
} Lt Eye = 6/6

Refraction :
Yes

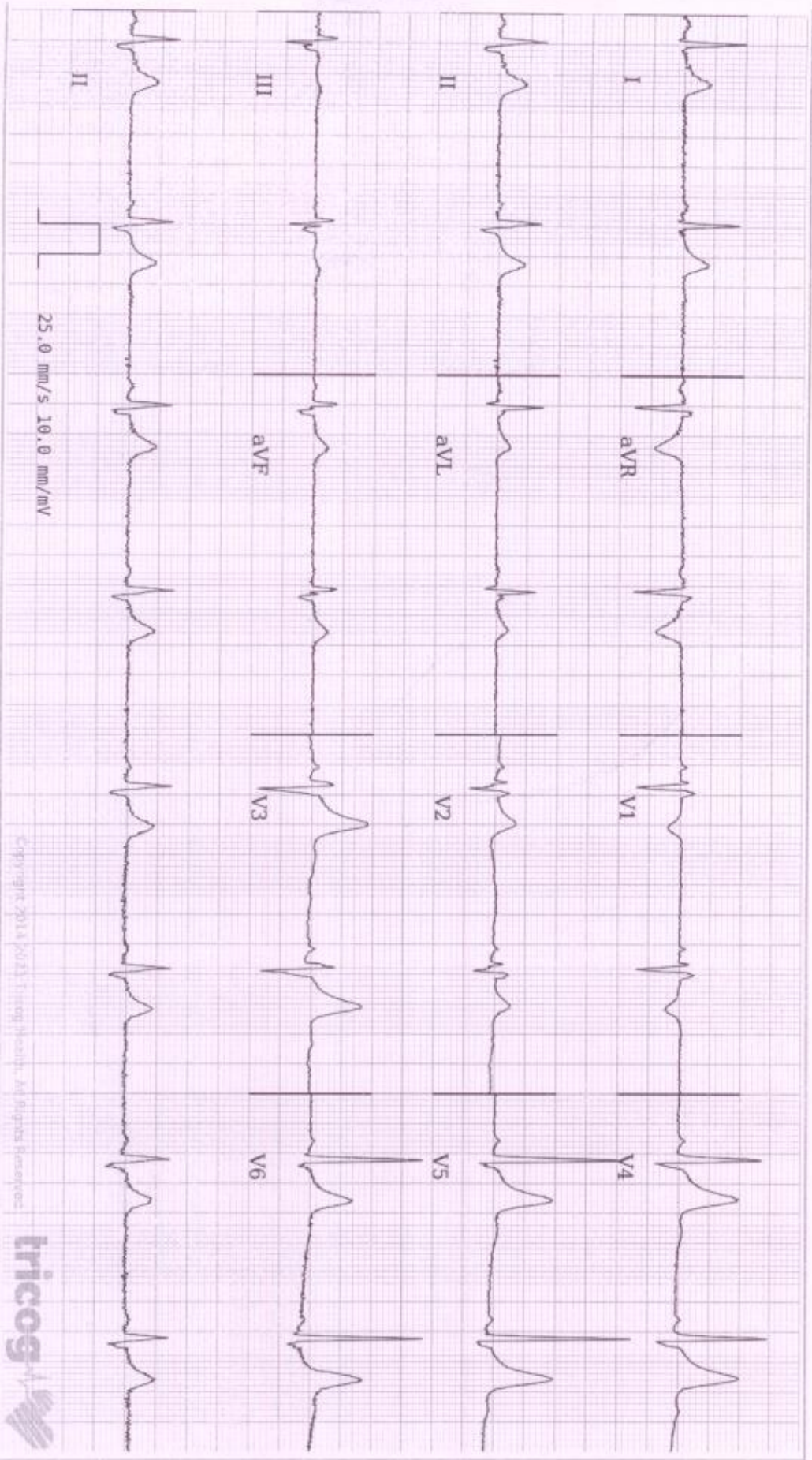
Colour Vision : Normal colour vision

Remarks : RE of Both Eyes

(Corrected w/ spectacles)



SUBURBAN DIAGNOSTICS - IHANE KASARAVADAVALLI
 Patient Name: **BANGAR YOGESH TUKARAM** Date and Time: **25th Mar 23 8:28 AM**
 Patient ID: **2308420720**



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Age **29** 4 5
 years months days

Gender **Male**

Heart Rate **49bpm**

Patient Vitals

BP: **120/80 mmHg**
 Weight: **72 kg**
 Height: **168 cm**
 Pulse: **NA**
 SpO2: **NA**
 Resp: **NA**
 Others:

Measurements

QRSD: **112ms**
 QT: **412ms**
 QTc: **372ms**
 PR: **130ms**
 P-R-T: **22° 11° 31°**

Marked Sinus Bradycardia, Incomplete Right Bundle Branch Block. Please correlate clinically.

REPORTED BY

Dr. Kavita Shah
 MBBS, D.CARD
 2009/10/3488

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 clinician and not derived from the ECG.

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Patient Details

Date: 25-Mar-23 **Time:** 9:14:57 AM
Name: MR. YOGESH TUKARAM BAHGAR ID: 2308420720
Age: 29 y **Sex:** M **Height:** 168 cms **Weight:** 72 Kgs
Clinical History: NIL

Medications: NIL

Test Details

Protocol: Bruce **Pr.MHR:** 191 bpm **THR:** 162 (85 % of Pr.MHR) bpm
Total Exec. Time: 8 m 0 s **Max. HR:** 171 (90% of Pr.MHR) bpm **Max. Mets:** 10.20
Max. BP: 150 / 80 mmHg **Max. BP x HR:** 25650 mmHg/min **Min. BP x HR:** 4480 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 : 15	1.0	0	0	68	120 / 80	-0.64 aVR	2.48 V4
Standing	0 : 14	1.0	0	0	62	120 / 80	-0.64 aVR	2.48 V4
Hyperventilation	0 : 23	1.0	0	0	56	120 / 80	-0.64 aVR	2.48 V4
1	3 : 0	4.6	1.7	10	101	130 / 80	-4.88 aVL	4.60 V4
2	3 : 0	7.0	2.5	12	138	140 / 80	-0.85 aVR	5.66 V5
Peak Ex	2 : 0	10.2	3.4	14	171	150 / 80	-1.27 V6	5.66 V5
Recovery(1)	1 : 0	1.8	1	0	125	150 / 80	-1.27 aVR	5.31 V3
Recovery(2)	1 : 0	1.0	0	0	106	140 / 80	-1.06 aVR	5.66 V3
Recovery(3)	1 : 0	1.0	0	0	102	130 / 80	-1.06 aVR	5.66 V3
Recovery(4)	1 : 0	1.0	0	0	81	120 / 80	-0.64 aVR	4.95 V4
Recovery(5)	0 : 30	1.0	0	0	88	120 / 80	-0.64 aVR	3.18 V4

Interpretation

The patient exercised according to the Bruce protocol for 8 m 0 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 68 bpm, rose to a max. heart rate of 171 (90% of Pr.MHR) bpm. Resting blood Pressure 120 / 80 mmHg, rose to a maximum blood pressure of 150 / 80 mmHg

Baseline ECG s/o Normal Sinus Rhythm.
 No significant ST - T changes during exercise and recovery.
 No evidence of arrhythmias.
 Normal haemodynamic response.
 Good effort tolerance.

IMPRESSION: Stress test is **NEGATIVE** for inducible ischemia at moderate workload. **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. Kavın H. Shah
 M.B.B.S., D.CARD.
 MMC Regd. No.3488

Doctor: Dr. Kavın Shah

(c) Schiller Healthcare India Pvt. Ltd. V 4.7



MR. YOGESH TUKARAM BAHGAR (29 M)
Protocol: Bruce

Date: 25-Mar-23
Stage: Supine
Speed: 0 mph
Grade: 0%Exec Time : 0 m 0 s
Stage Time : 0 m 9 s
(THR: 162 bpm)

Test Report
HR: 68 bpm
B.P: 120/80

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

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

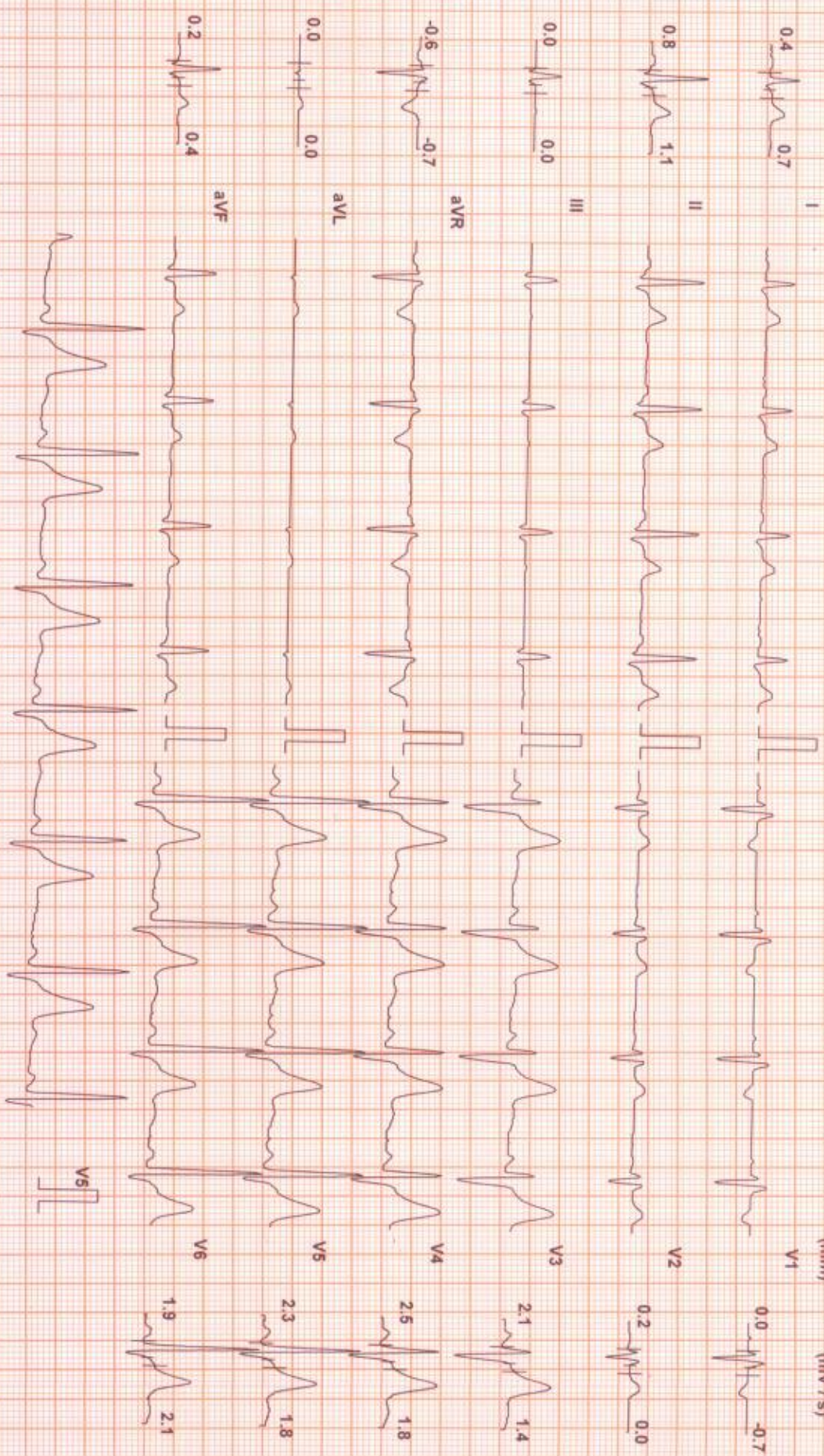


Chart Speed: 25 mm/sec
Schiller Standard V47

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. YOGESH TUKARAM BAHGAR (29 M/D): 2308420720

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

Stage: Standing

Date: 25-Mar-23

Exec Time : 0 m 0 s

Stage Time : 0 m 8 s

HR: 64 bpm

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

Speed: 0 mph

Grade: 0 %

(THR: 182 bpm)

B.P.: 120 / 80

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

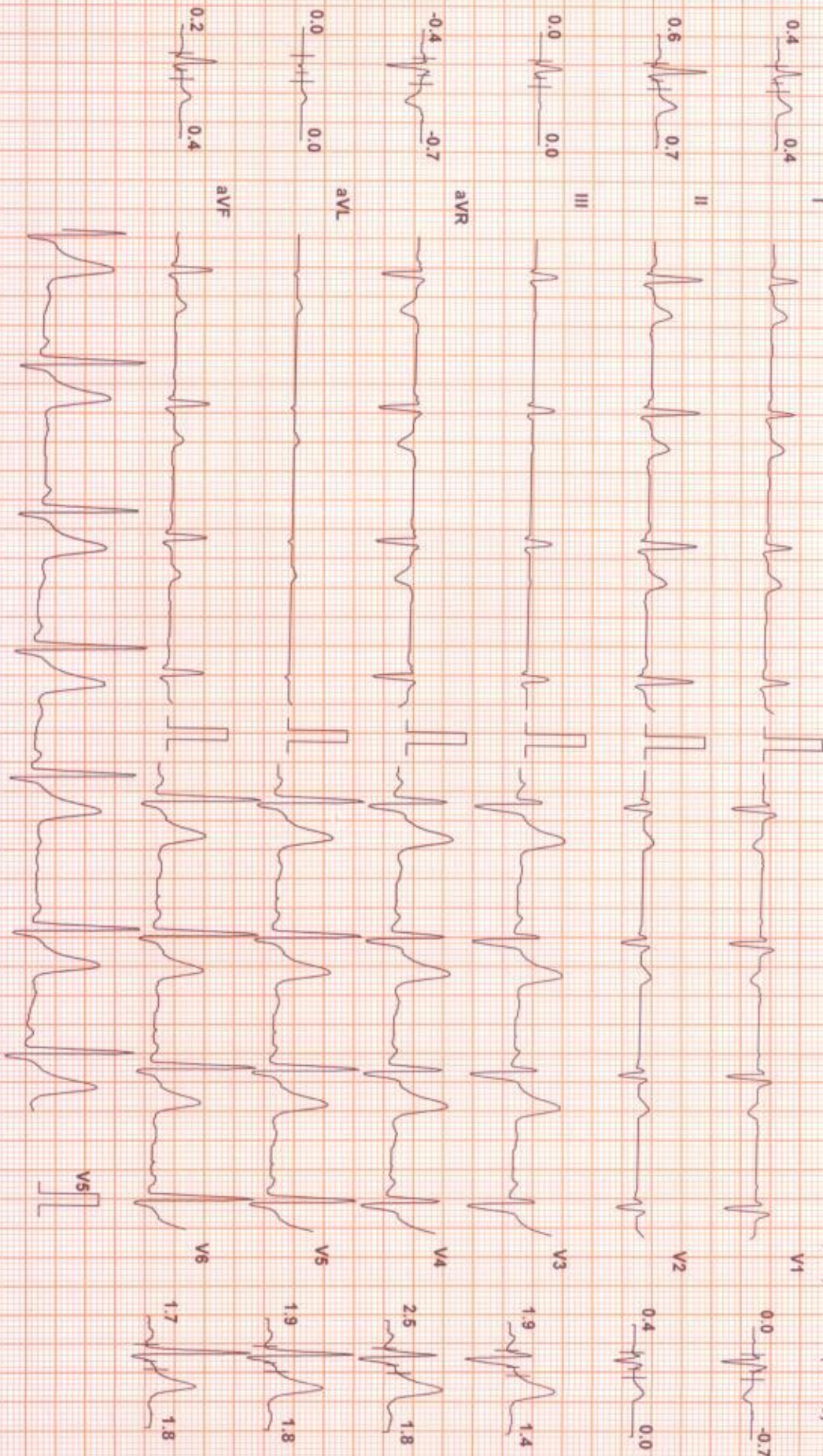


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

Linked Median



MR. YOGESH TUKARAM BAHGAR (29 M)D: 2308420720

Date: 25-Mar-23 Exec Time : 0 m 0 s Stage Time : 0 m 17 s HR: 64 bpm

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P: 120 / 80

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

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



Chart Speed: 25 mm/sec
Schiller Standard V4.7

Filter: 35 Hz

Mains Filtr. ON

Amp: 10 mm

f50 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MR. YOGESH TUKARAM BAHGAR (29 M/D: 2308420720

Date: 25-Mar-23 Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 108 bpm

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

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)

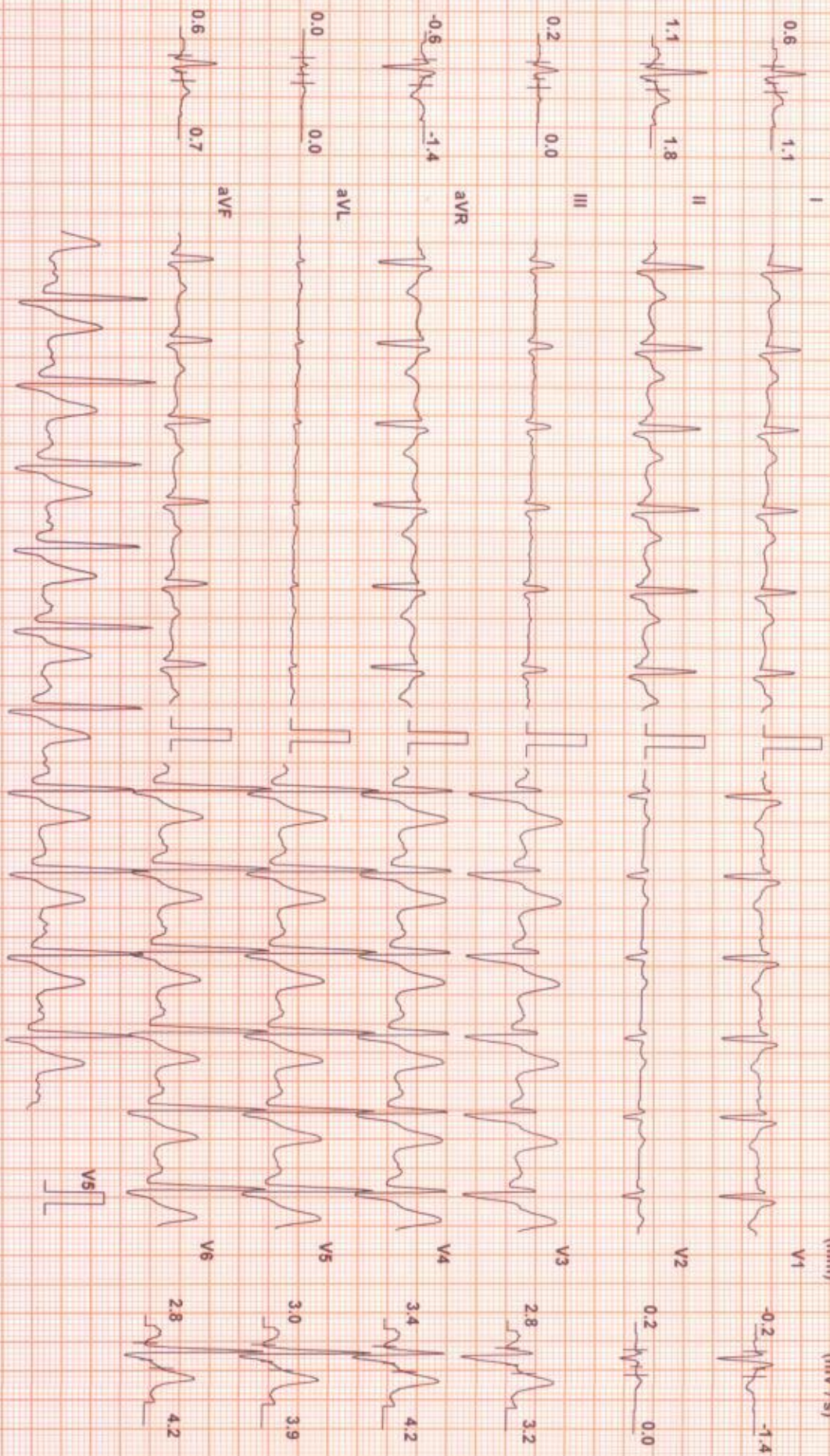


Chart Speed: 25 mm/sec
Schiller Standard V4.7

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. YOGESH TUKARAM BAHGAR (29 M/D: 2308420720)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Gruce

Stage: 2

Date: 25-Mar-23

Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 142 bpm

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

Speed: 2.5 mph

Grade: 12 %

(THR: 162 bpm)

B.P: 140/80

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

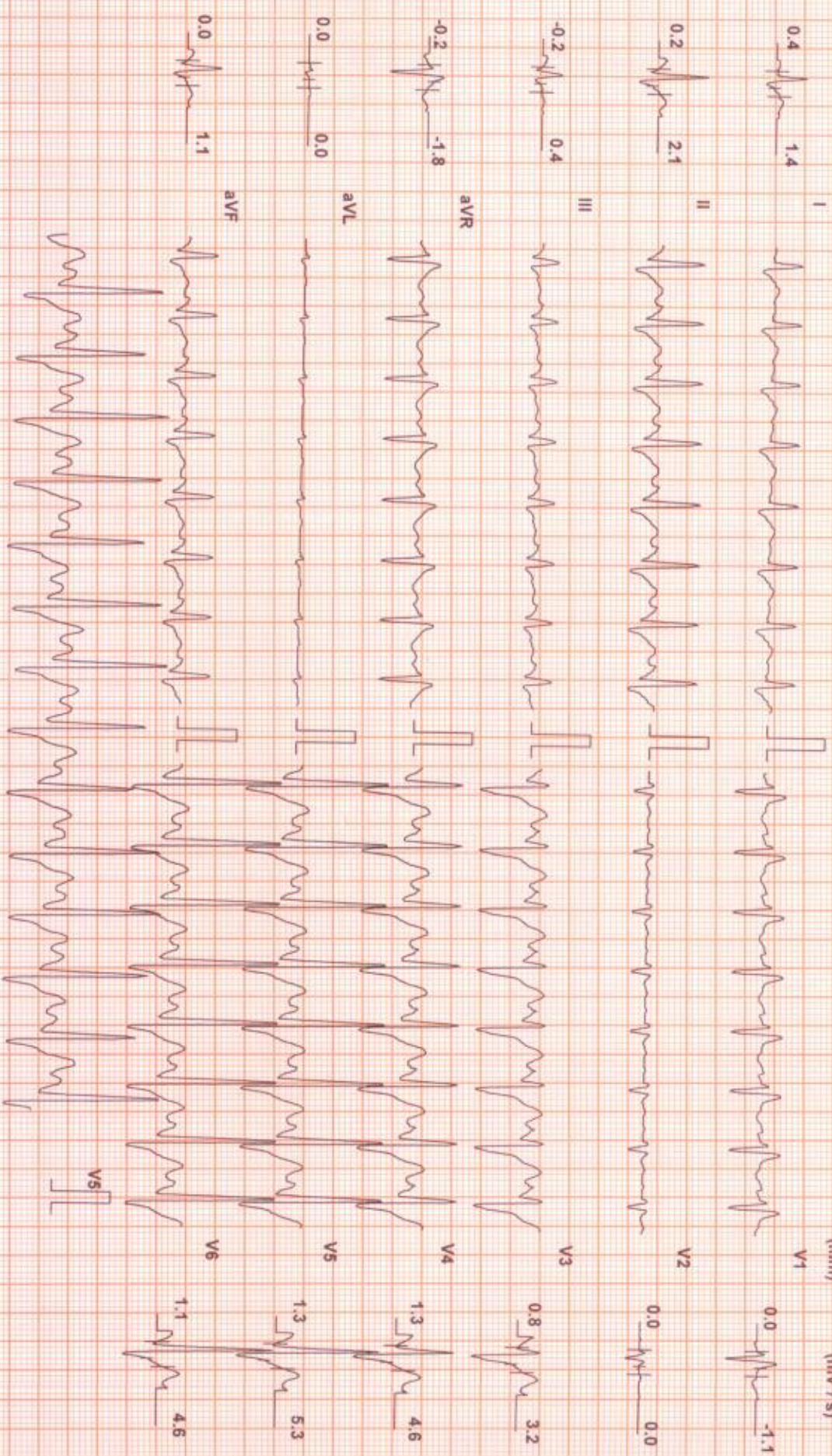


Chart Speed: 25 mm/sec

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 Spardien V 4.7



MR. YOGESH TUKARAM BAHGAR (29 MJD 2308420720

Date: 25-Mar-23 Exec Time : 7 m 54 s Stage Time : 1 m 54 s HR: 171 bpm

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph Grade: 14 %

(THR: 162 bpm)

B.P.: 150 / 80

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

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

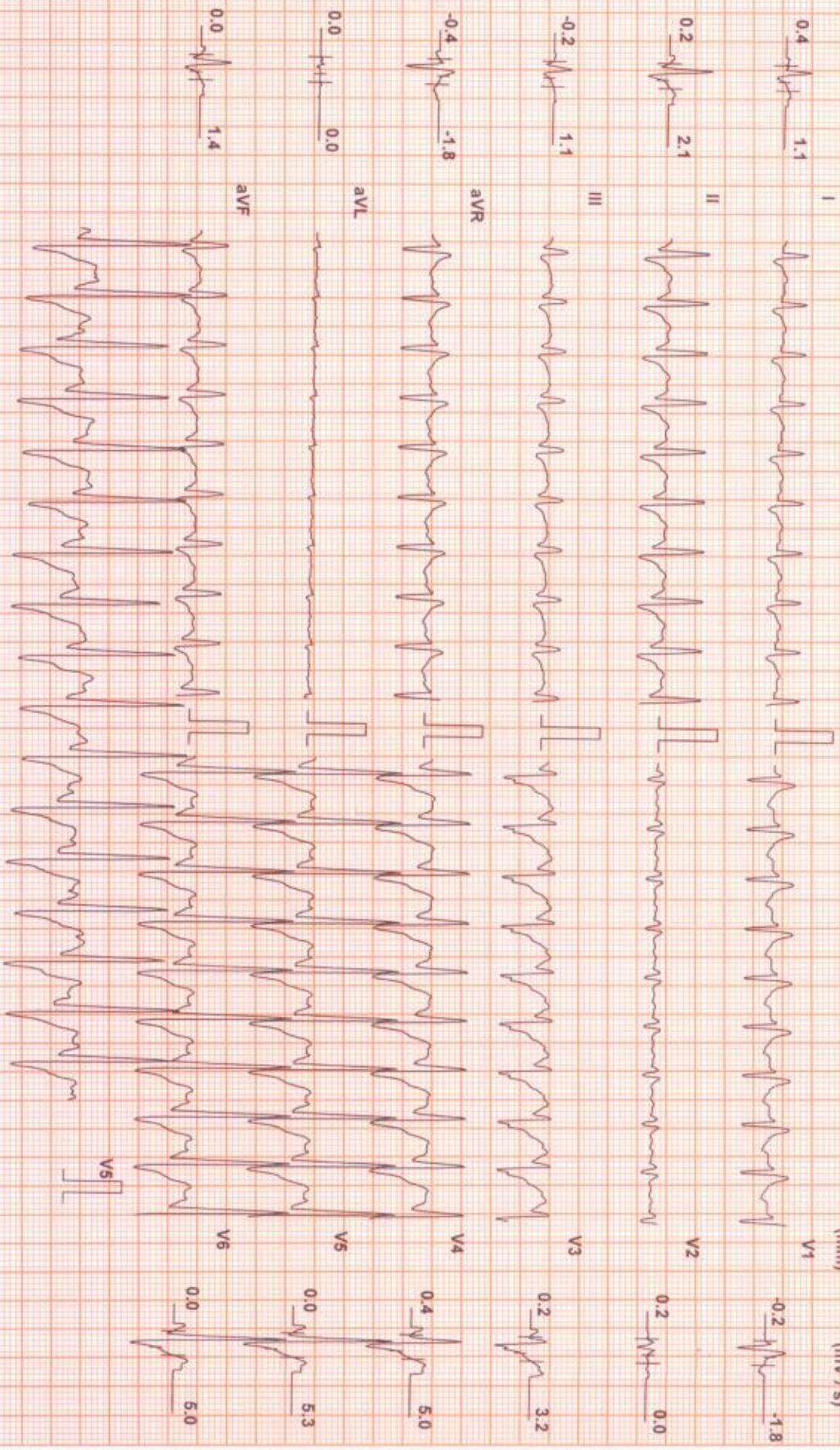


Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

I = R + 60 ms

Post J = J + 60 ms

Linked Median



MR. YOGESH TUKARAM BAHGAR (29 M/D: 2308420720

Date: 25-Mar-23

Exec Time : 8 m 0 s

Stage Time : 0 m 54 s HR: 123 bpm

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0%

(THR: 162 bpm)

B.P: 150 / 80

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

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

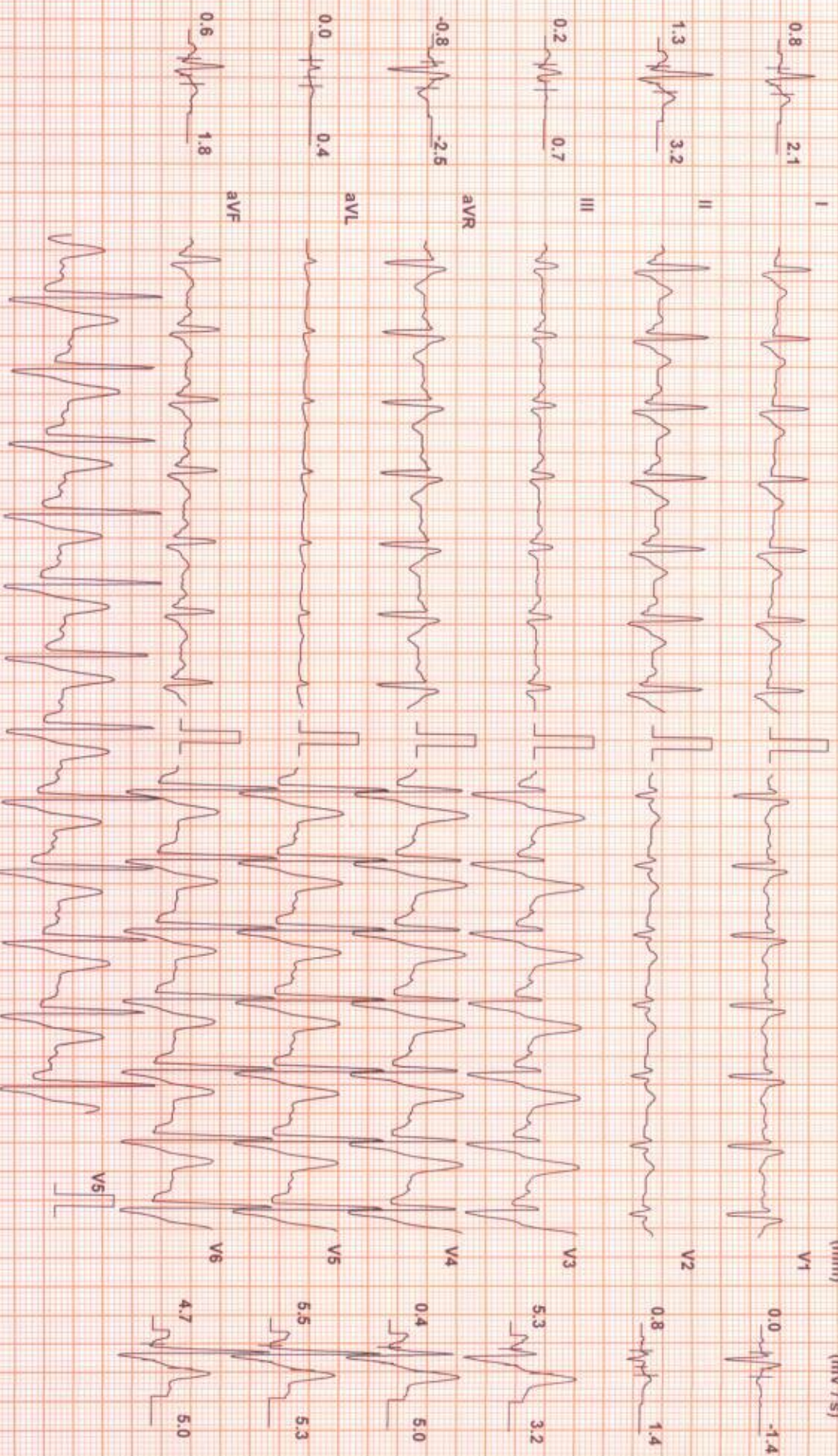


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

fs = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Standard V 4.7

Linked Median



MR. YOGESH TUKARAM BAHGAR (29 M) 2308420720

Date: 25-Mar-23 Exec Time : 8 m 0 s Stage Time : 0 m 54 s HR: 108 bpm

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P: 140 / 80

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

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

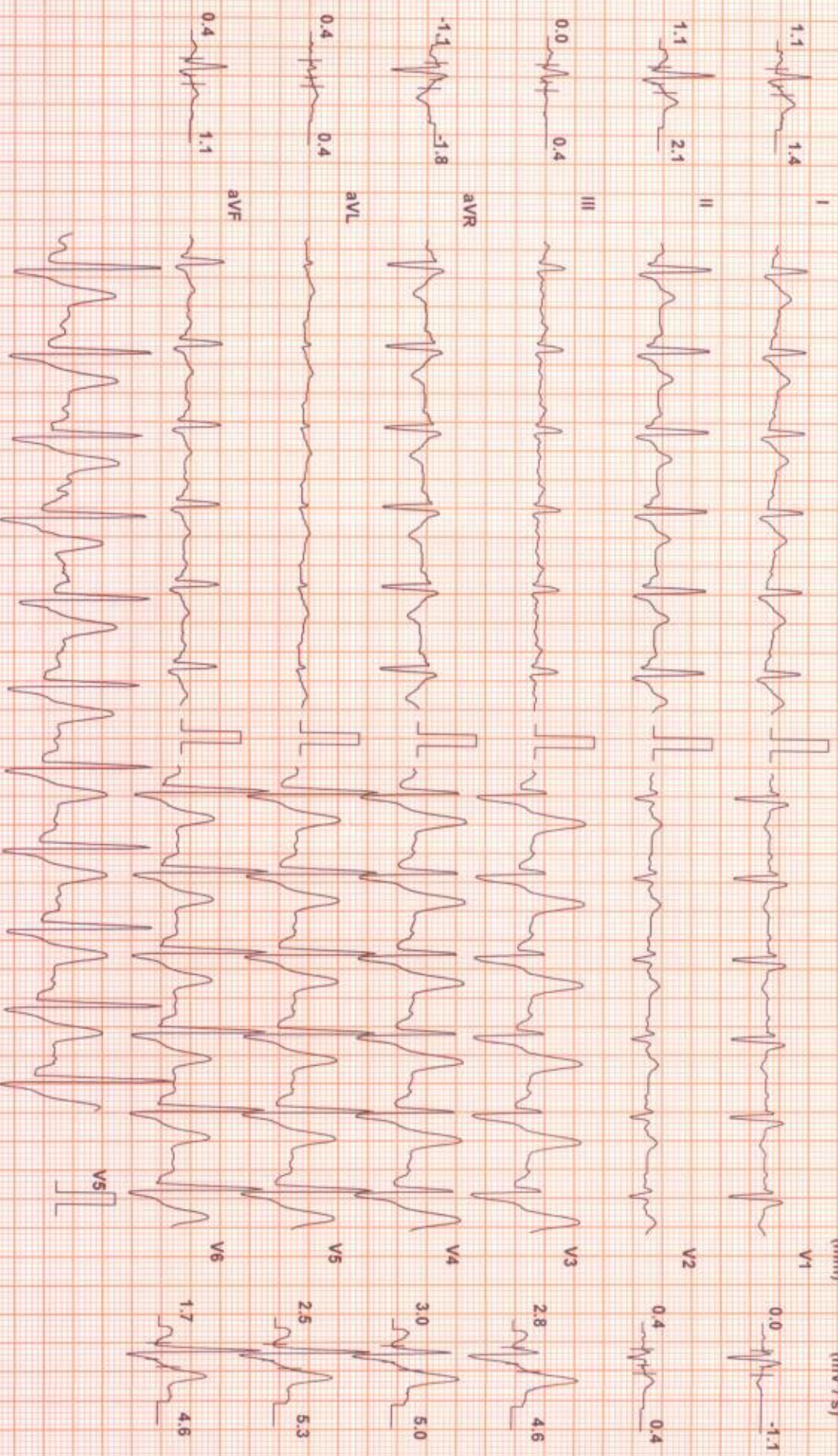


Chart Speed: 25 mm/sec
Schlitz Standard V 4.7

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. YOGESH TUKARAM BAHGAR (29 M/D-2308420720

Date: 25-Mar-23 Exec Time : 8 m 0 s Stage Time : 0 m 54 s HR: 95 bpm

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

Stage Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P: 130 / 80

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

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

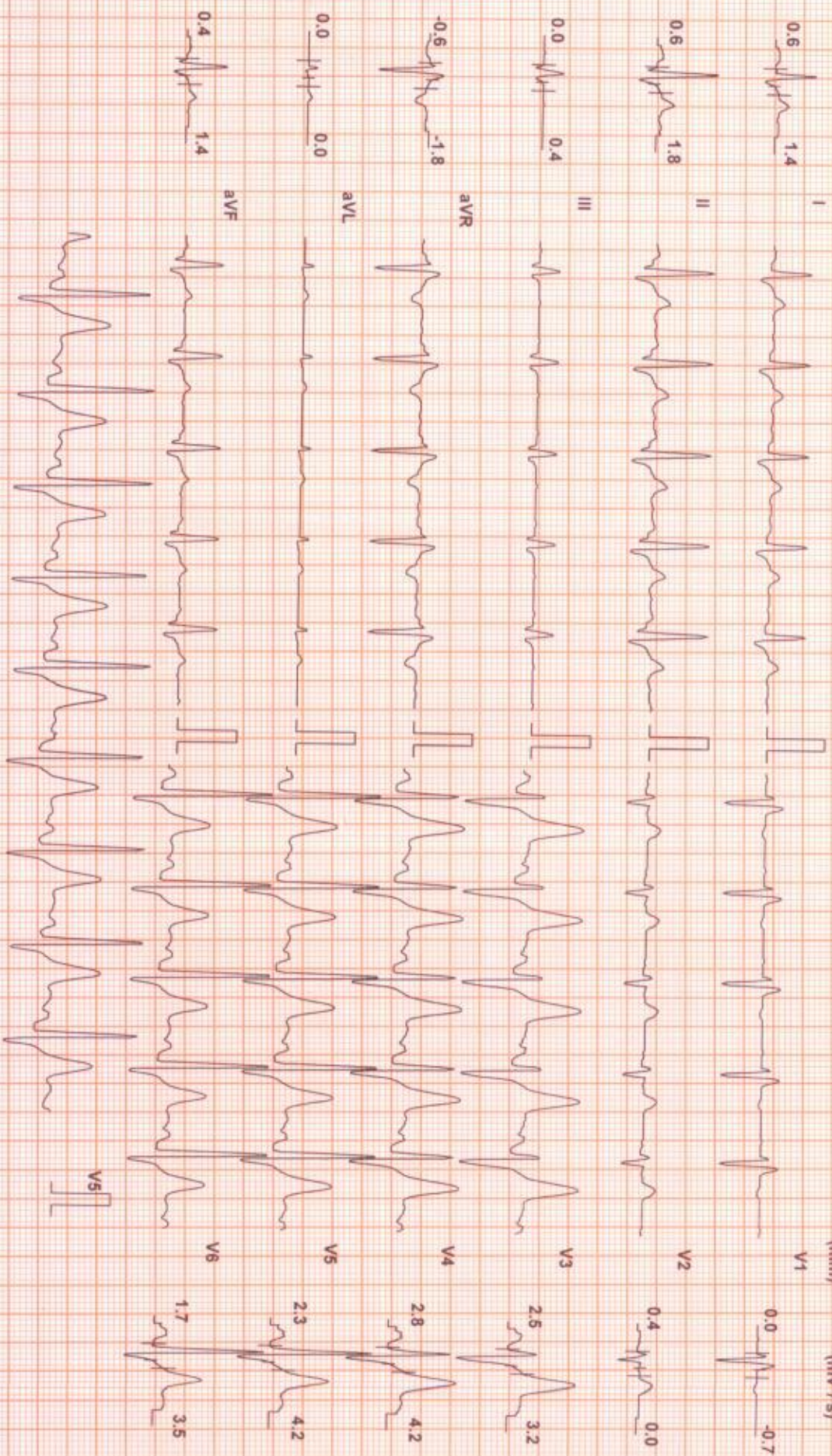


Chart Speed: 25 mm/sec
Schlier Standard V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

60 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MR. YOGESH TUKARAM BAHGAR (29 M/D: 2308420720

Date: 25-Mar-23 Exec Time : 8 m 0 s

Stage Time : 0 m 54 s HR: 96 bpm

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

Stage: Recovery(4)

Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P.: 120 / 80

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

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

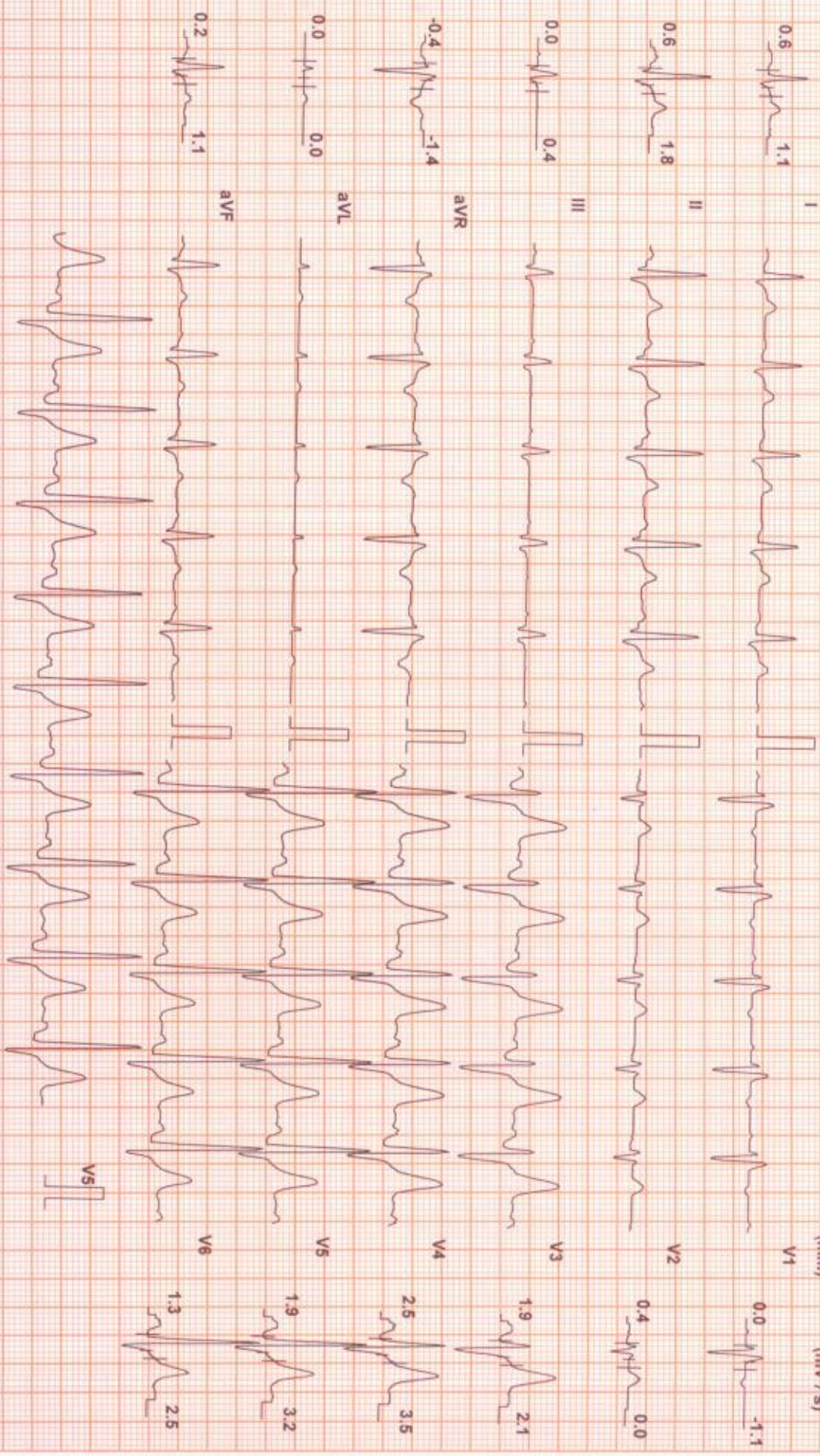


Chart Speed: 25 mm/sec
Schlier Standard V4.7

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. YOGESH TUKARAM BAHGAR (29 M/D: 2308420720

Date: 25-Mar-23

Exec Time : 8 m 0 s

Stage Time : 0 m 54 s HR: 96 bpm

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

Stage: Recovery(5)

Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P: 120 / 80

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

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

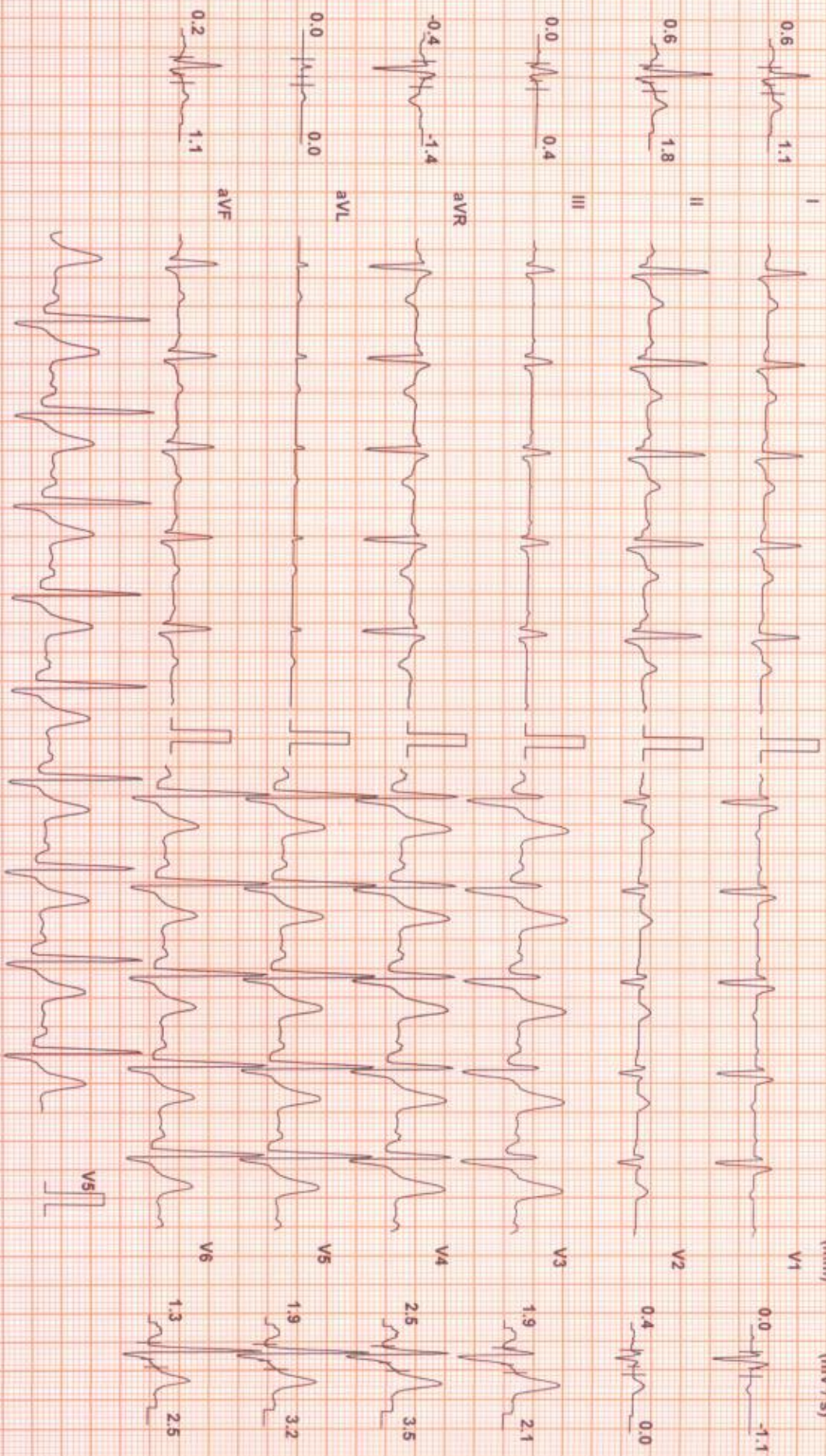


Chart Speed: 25 mm/sec
Schlier Spandan V 4.7

Filter: 35 Hz

Mains Filtr. ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



CID : 2308420720
Name : Mr BANGAR YOGESH TUKARAM
Age / Sex : 29 Years/Male
Ref. Dr :
Reg. Location : Thane Kasarvadavali Main Centre
Reg. Date : 25-Mar-2023
Reported : 25-Mar-2023 / 10:22

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 10.1 x 4.1 cm. Left kidney measures 10.7 x 4.3 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, echotexture and measures 2.8 x 3.4 x 2.9 cm in dimension and 15.2 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

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CID : 2308420720
Name : Mr BANGAR YOGESH TUKARAM
Age / Sex : 29 Years/Male
Ref. Dr :
Reg. Location : Thane Kasarvadavali Main Centre

Reg. Date : 25-Mar-2023
Reported : 25-Mar-2023 / 10:22

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

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Use a QR Code Scanner
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CID : 2308420720
Name : Mr BANGAR YOGESH TUKARAM
Age / Sex : 29 Years/Male
Ref. Dr :
Reg. Location : Thane Kasarvadavali Main Centre
Reg. Date : 25-Mar-2023
Reported : 25-Mar-2023 / 10:38

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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