

CID# TESTING-NO: **2404122010**

Name : MR.MARGOOB AHMAD SIDDIQUI

Age / Gender : 35 Years/Male

Consulting Dr. :

Collected : 10-Feb-2024 / 09:18

Reg.Location : Andheri West (Main Centre)

Reported : 12-Feb-2024 / 12:20

PHYSICAL EXAMINATION REPORT**History and Complaints:**

Asymptomatic

EXAMINATION FINDINGS:

Height (cms): 183 cms

Weight (kg): 97 kgs

Temp (0c): Afebrile

Skin: Normal

Blood Pressure (mm/hg): 130/90 mm of Hg

Nails: Normal

Pulse: 76/min

Lymph Node: Not palpable

Systems

Cardiovascular: S1S2 audible

Respiratory: AEBE

Genitourinary: NAD

GI System: Liver & Spleen not palpable

CNS: NAD

IMPRESSION:

CBC shows E=8.2%, Eosinophilia,

USG shows Moderate hepatomegaly with Grade II-III fatty liver,

Rest reports appears to be in normal limits.

ADVICE:

Kindly consult your family physician with all your reports,

Therapeutic life style modification is advised.

CHIEF COMPLAINTS:

- | | |
|----------------------|----|
| 1) Hypertension: | No |
| 2) IHD | No |
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |

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- | | |
|--|----|
| 5) Tuberculosis | No |
| 6) Asthama | No |
| 7) Pulmonary Disease | No |
| 8) Thyroid/ Endocrine disorders | No |
| 9) Nervous disorders | No |
| 10) GI system | No |
| 11) Genital urinary disorder | No |
| 12) Rheumatic joint diseases or symptoms | No |
| 13) Blood disease or disorder | No |
| 14) Cancer/lump growth/cyst | No |
| 15) Congenital disease | No |
| 16) Surgeries | No |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

- | | |
|---------------|-------|
| 1) Alcohol | No |
| 2) Smoking | No |
| 3) Diet | Mixed |
| 4) Medication | No |

*** End Of Report ***

Date:- CID: 2404122010.
Name:- *Marghoob Ahmed Siddiqui* Sex / Age: / M / 35

EYE CHECK UP

Chief complaints:

Systemic Diseases: *NI*
Past history:

Unaided Vision:

Aided Vision: *Yes, using corrective glasses.*

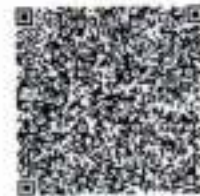
Refraction: *RE = -6.0, LE = -6.0 (sph)*
-4.0 (cyl) -4.0 (cyl)

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	<i>-4.0</i>	<i>-6.0</i>	<i>—</i>	<i>6/6</i>	<i>-4.0</i>	<i>-6.0</i>	<i>—</i>	<i>6/6</i>
Near	<i>—</i>	<i>—</i>	<i>—</i>	<i>NS</i>	<i>—</i>	<i>—</i>	<i>—</i>	<i>NS</i>

Colour Vision: *✓* Normal / Abnormal

Remark: *Continue same glasses.*

Suburban Diagnostics (I) Pvt. Ltd.
Aston, 2nd Floor, Opp. Sunshine Building
Sundervan Complex, Andheri (West)
Mumbai - 400 052, Tel.: 022-40274527



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Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 10-Feb-2024 / 09:29
Reported : 10-Feb-2024 / 12:28

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	14.4	13.0-17.0 g/dL	Spectrophotometric
RBC	5.13	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.5	40-50 %	Calculated
MCV	86.7	80-100 fl	Measured
MCH	28.0	27-32 pg	Calculated
MCHC	32.3	31.5-34.5 g/dL	Calculated
RDW	13.9	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	7370	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	23.2	20-40 %	
Absolute Lymphocytes	1709.8	1000-3000 /cmm	Calculated
Monocytes	7.0	2-10 %	
Absolute Monocytes	515.9	200-1000 /cmm	Calculated
Neutrophils	60.9	40-80 %	
Absolute Neutrophils	4488.3	2000-7000 /cmm	Calculated
Eosinophils	8.2	1-6 %	
Absolute Eosinophils	604.3	20-500 /cmm	Calculated
Basophils	0.7	0.1-2 %	
Absolute Basophils	51.6	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
PLATELET PARAMETERS			
Platelet Count	409000	150000-400000 /cmm	Elect. Impedance
MPV	8.4	6-11 fl	Measured
PDW	15.2	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		



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Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Normocytic, Normochromic
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	Eosinophilia

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 32 2-15 mm at 1 hr. Sedimentation

Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:
Factors that increase ESR: Old age, Pregnancy, Anemia
Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:
• It is a non-specific measure of inflammation.
• The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

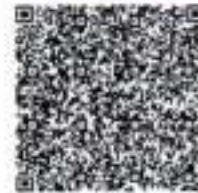
Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:
• Pack Inert
• Bridgen ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

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



J. Thakker
Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP(Medical Services)



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Collected : 10-Feb-2024 / 09:29
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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	100.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.25	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.12	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.13	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	8.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.2	1 - 2	Calculated
SGOT (AST), Serum	20.4	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	31.9	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	28.0	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	87.7	40-130 U/L	Colorimetric
BLOOD UREA, Serum	20.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.5	6-20 mg/dl	Calculated
CREATININE, Serum	0.85	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	116	(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

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Reported : 10-Feb-2024 / 15:43

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

URIC ACID, Serum	4.9	3.5-7.2 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

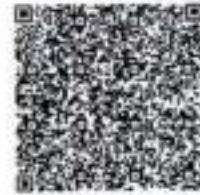
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	119.8	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/uptate 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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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 automated column agglutination technology (CAT) 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 Rh 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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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	137.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	127.6	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	25.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	111.7	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	86.0	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	25.7	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.4	0-3.5 Ratio	Calculated

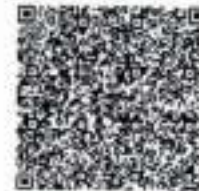
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Reg. Location : Andheri West (Main Centre)

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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	6.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.4	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.72	0.35-5.5 microIU/ml mIU/ml	ECLIA

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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 microU/mlt 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 200%. 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:

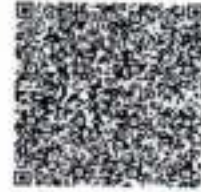
- 1.O.koulouri et al, / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al, THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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*** End Of Report ***



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.5	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
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 ***



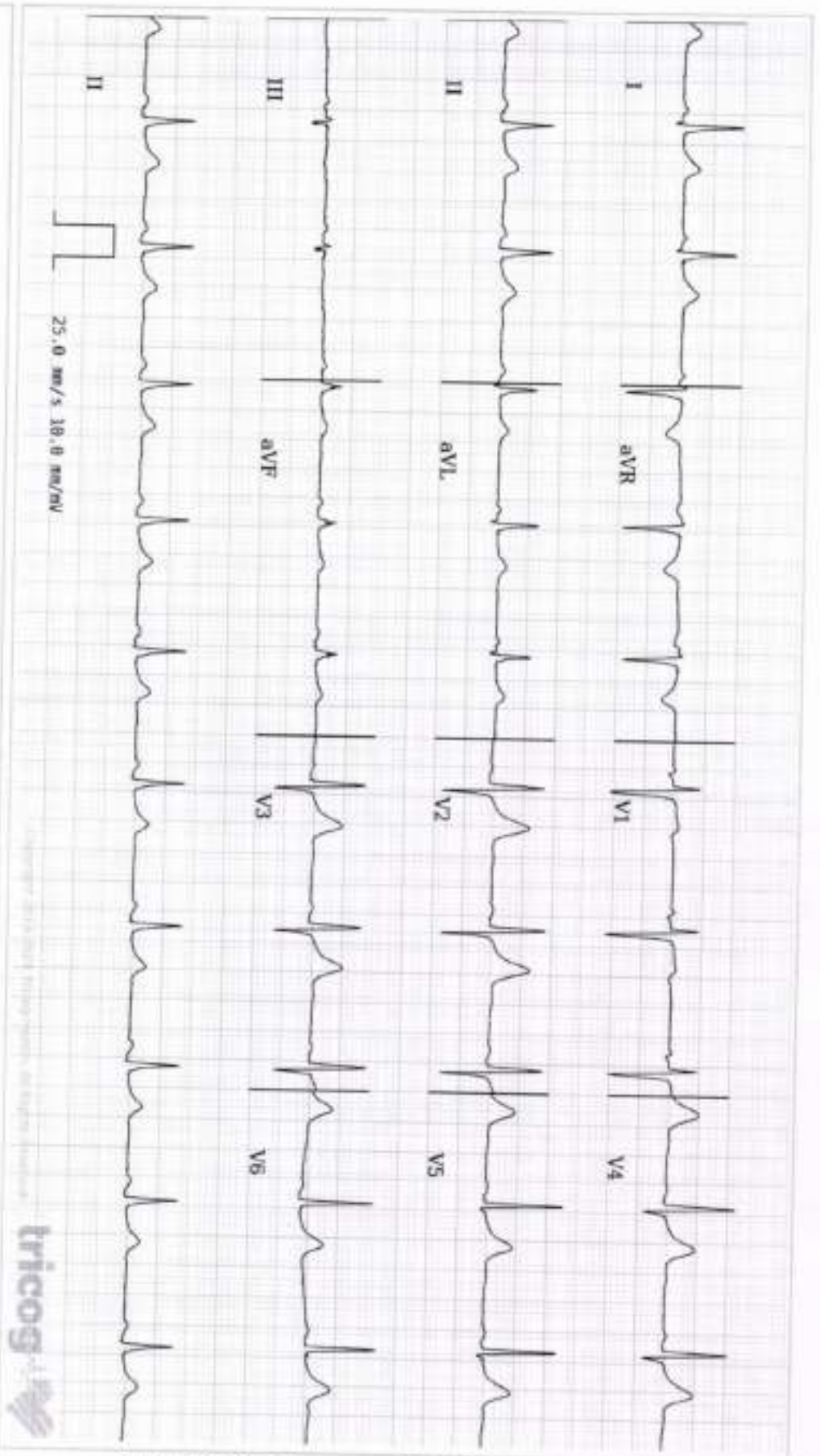
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SUBURBAN DIAGNOSTICS - ANDHERI WEST

Patient Name: **MARGOOB AHMAD SIDDIQUI** Date and Time: **10th Feb 24 10:19 AM**
 Patient ID: **2404122010**



Age: **35** NA NA
 years months days

Gender: **Male**

Heart Rate: **65bpm**

Patient Vitals

BP: NA
 Weight: NA
 Height: NA
 Pulse: NA
 SpO2: NA
 Resp: NA
 Others: NA

Measurements:

QRSd: 84ms
 QT: 412ms
 QTcB: 428ms
 PR: 138ms
 P-R-T: 34° 13° 28°

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



REPORTED BY

[Signature]

DR. RAVI CHAVAN
 MD, D. CARDI. D. DIAGNOSTICS
 Cardiologist & Diagnostician
 268002346

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Age / Sex : 35 Years/Male
Ref. Dr :
Reg. Location : Andheri West (Main Center) Reg. Date : 10-Feb-2024
Reported : 10-Feb-2024 / 14:51

USG WHOLE ABDOMEN

LIVER:

The liver is moderately enlarged in size (17.0cm) and shows bright echotexture. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or lesions seen

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 11.3 x 4.6cm. Left kidney measures 11.0 x 4.8cm.

SPLEEN:

The spleen is normal in size (10.6cm) and echotexture. 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.

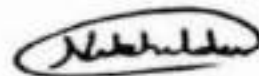
PROSTATE:

The prostate is normal in size measuring 3.0 x 2.8 x 2.8cm and volume is 13.1cc.

IMPRESSION:

Moderate hepatomegaly with Grade II-III fatty liver.

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



DR. NIKHIL DEV
M.B.B.S, MD (Radiology)
Reg No - 2014/11/4764
Consultant Radiologist

CID : 2404122010
Name : Mr MARGOOB AHMAD SIDDIQUI
Age / Sex : 35 Years/Male
Ref. Dr :
Reg. Location : Andheri West (Main Center)

Reg. Date : 10-Feb-2024
Reported : 10-Feb-2024 / 13:50

Use a QR Code Scanner
Application To Scan the Code

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-----

R K Bhandari
Dr R K Bhandari
M D , DMRE
MMC REG NO. 34078

Click here to view images <<ImageLink>>

SUBURBAN DIAGNOSTICS

Patient Details

Name: MARGOOB ID: 2404122010

Age: 35 y

Clinical History: NONE

Date: 10-Feb-24

Sex: M

Time: 12:22:36

Height: 183 cms

Weight: 97 Kgs

Medications: NONE

Test Details

Protocol: Bruce

Total Exec. Time: 7 m 25 s

Max. BP: 170 / 90 mmHg

Test Termination Criteria: Target HR attained

Pr.MHR: 185 bpm

Max. HR: 158 (85% of Pr.MHR)bpm

Max. BP x HR: 26860 mmHg/min

THR: 157 (85 % of Pr.MHR) bpm

Max. Mets: 10.20

Min. BP x HR: 7470 mmHg/min

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 : 17	1.0	0	0	83	130 / 90	-0.42 aVR	1.06 V2
Standing	0 : 7	1.0	0	0	87	130 / 90	-0.42 aVR	1.06 V2
Hyperventilation	1 : 0	1.0	0	0	87	130 / 90	-4.25 V4	3.54 V4
1	3 : 0	4.6	1.7	10	124	140 / 90	-0.64 III	1.42 I
2	3 : 0	7.0	2.5	12	145	150 / 90	-1.27 II	2.12 I
Peak Ex	1 : 25	10.2	3.4	14	158	170 / 90	-1.91 III	3.54 V3
Recovery(1)	1 : 0	1.8	1	0	133	150 / 90	-2.55 III	3.89 V2
Recovery(2)	1 : 0	1.0	0	0	109	140 / 90	-1.27 III	2.83 V2
Recovery(3)	1 : 0	1.0	0	0	112	130 / 90	-1.91 II	1.77 I
Recovery(4)	0 : 26	1.0	0	0	106	130 / 90	-0.85 V3	1.42 V2

Interpretation

GOOD EFFORT TOLERANCE
 NORMAL CHRONOTROPIC RESPONSE
 NORMAL INOTROPIC RESPONSE
 NO ANGINA/ ANGINA EQUIVALENTS
 NO ARRHYTHMIAS
 NO SIGNIFICANT ST-T CHANGES FROM BASELINE
 IMPRESSION: STRESS TEST IS NEGATIVE FOR STRESS INDUCIBLE
 ISCHAEMIA

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

Dr. Ravi Chavan

MD: D Card

Consultant Cardiologist

Reg. No: 2009/06/2468

Ref. Doctor: ARCOFEMI HEALTHCARE

(Summary Report edited by user)

Doctor: DR. RAVI CHAVAN

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

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

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

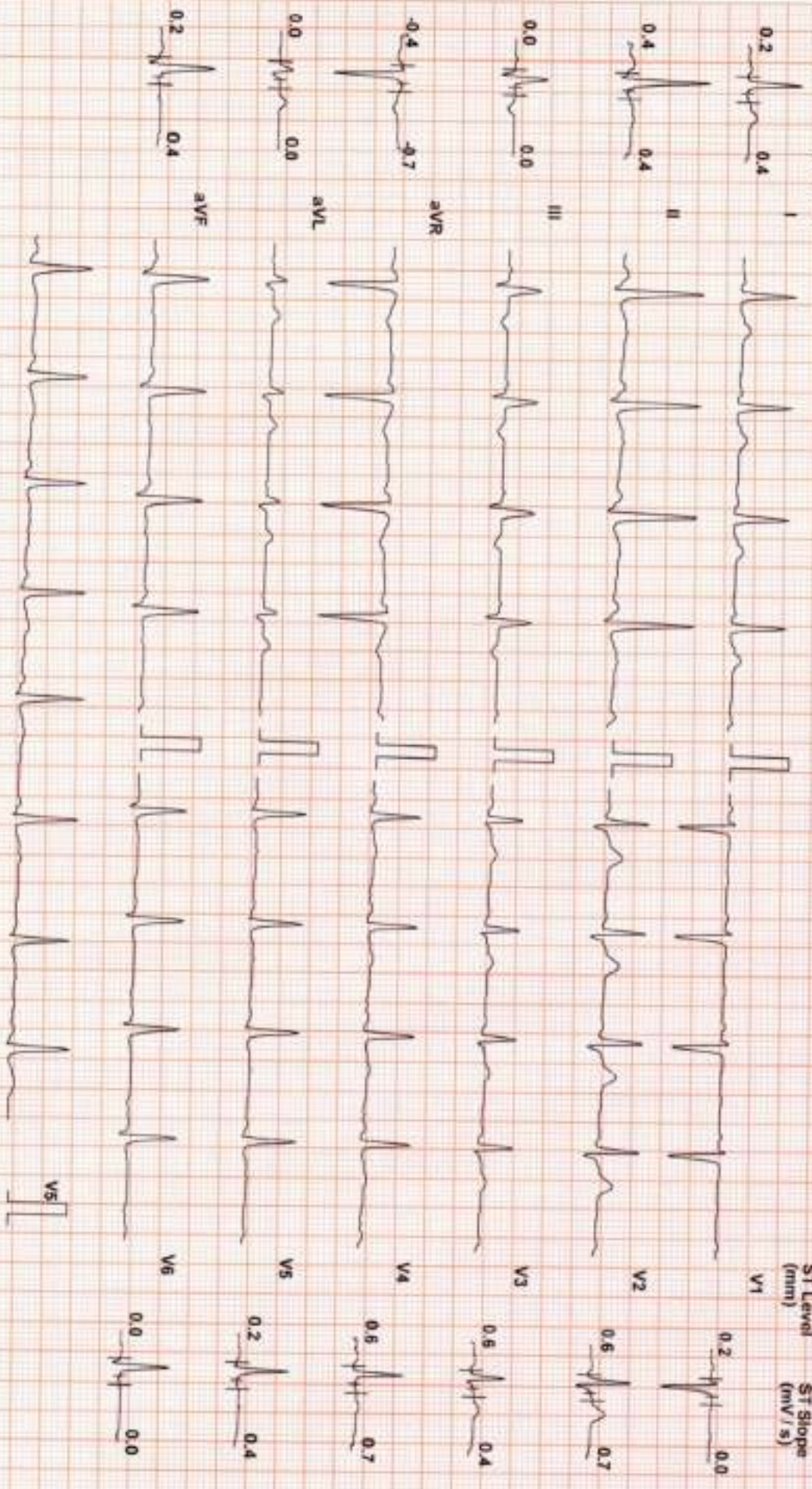


Chart Speed: 25 mm/sec
Scale: Standard V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

80 + R - 60 ms

J = R + 60 ms

Pink L = J + 60 ms

Linked Median

MARGOOB (35 M)

Protocol: Bruce

SUBURBAN DIAGNOSTICS

Test Report

ID: 2404122010

Date: 10-Feb-24

Exec Time: 0 m 0 s

Stage Time: 0 m 1 s

HR: 87 bpm

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 157 bpm)

B.P.: 130 / 90

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

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

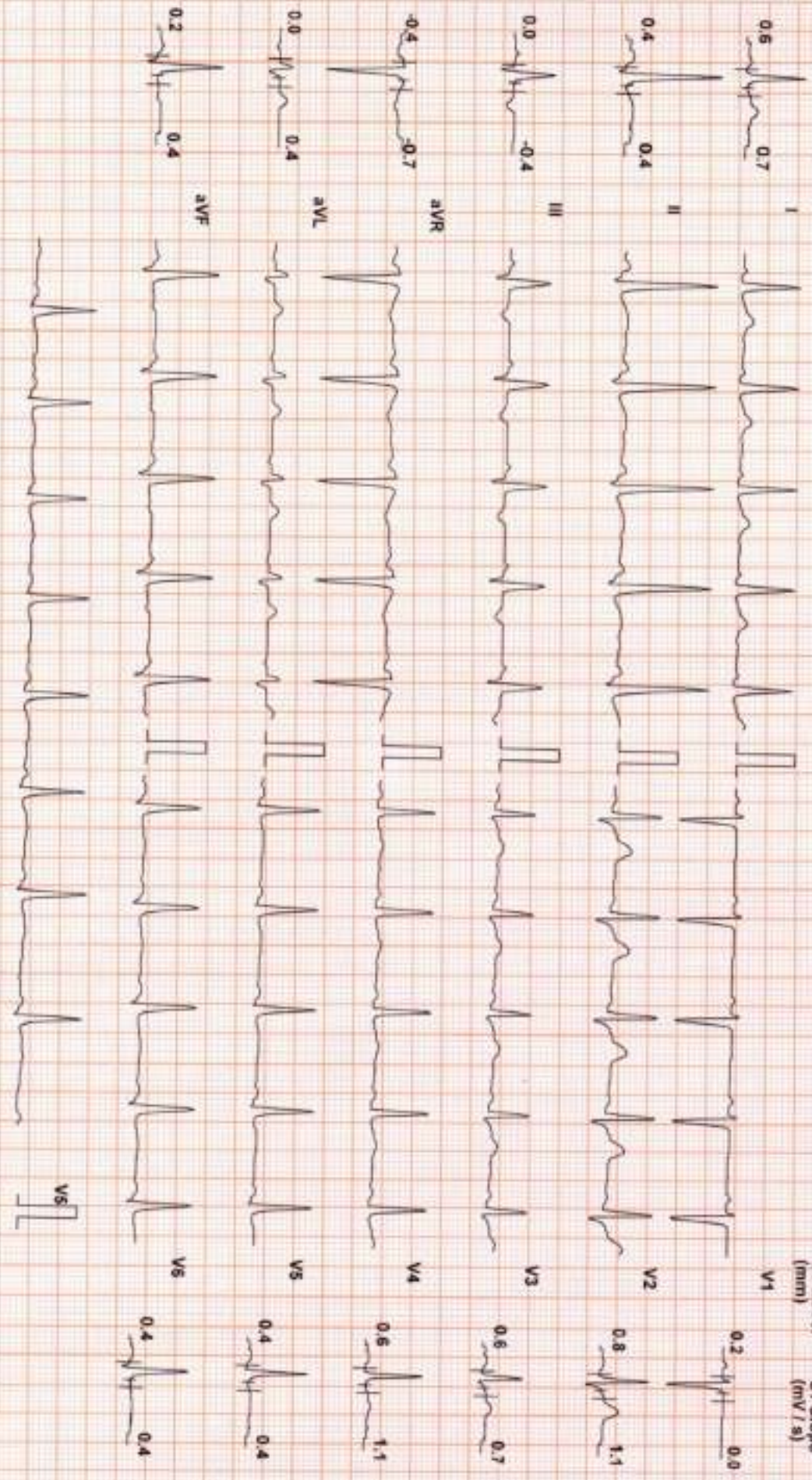


Chart Speed: 25 mm/sec
Scale: Standard V & T

Filter: 35 Hz

Mains Filter: ON

Ampl: 10 mm

50 = R - 50 ms

1 = R + 40 ms

Fast I = J + 60 ms

Linked Median

SUBURBAN DIAGNOSTICS

Test Report

MARGOGB (35 M)

ID: 2404122010

Date: 10-Feb-24

Exec Time : 0 m 0 s

Stage Time : 0 m 54 s HR: 87 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 157 bpm)

B.P.: 130 / 90

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

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

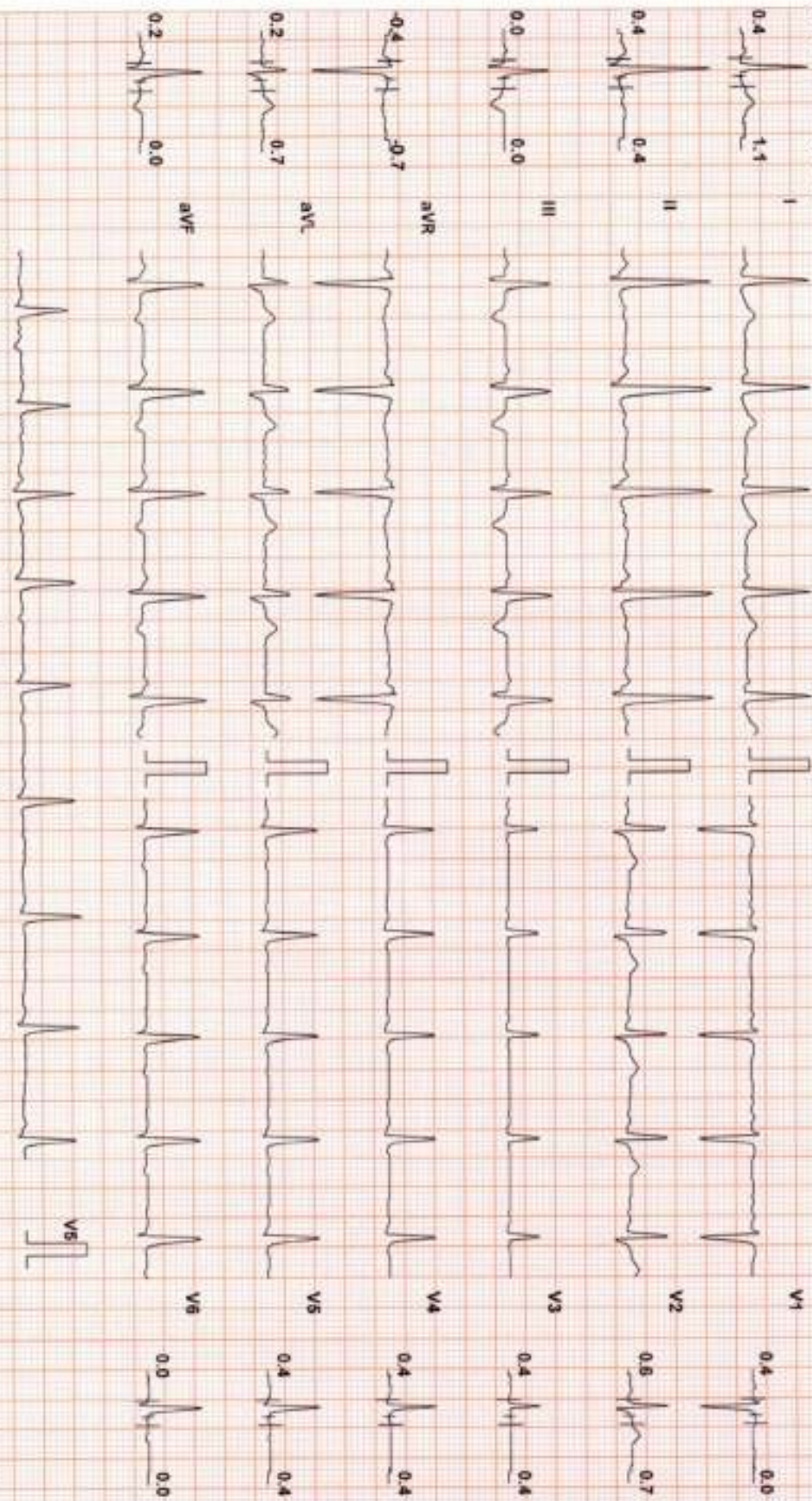


Chart Speed: 25 mm/sec

Filter: 35 Hz

Main Filter: ON

Amp: 10 mm

30 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Scatter Standard V47

Linked Median





SUBURBAN DIAGNOSTICS

Test Report

MARGGOB (35 M)

ID: 2404122010

Date: 10-Feb-24

Exec Time : 2 m 54 s

Stage Time : 2 m 54 s

HR: 124 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 157 bpm)

B.P: 140 / 90

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

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

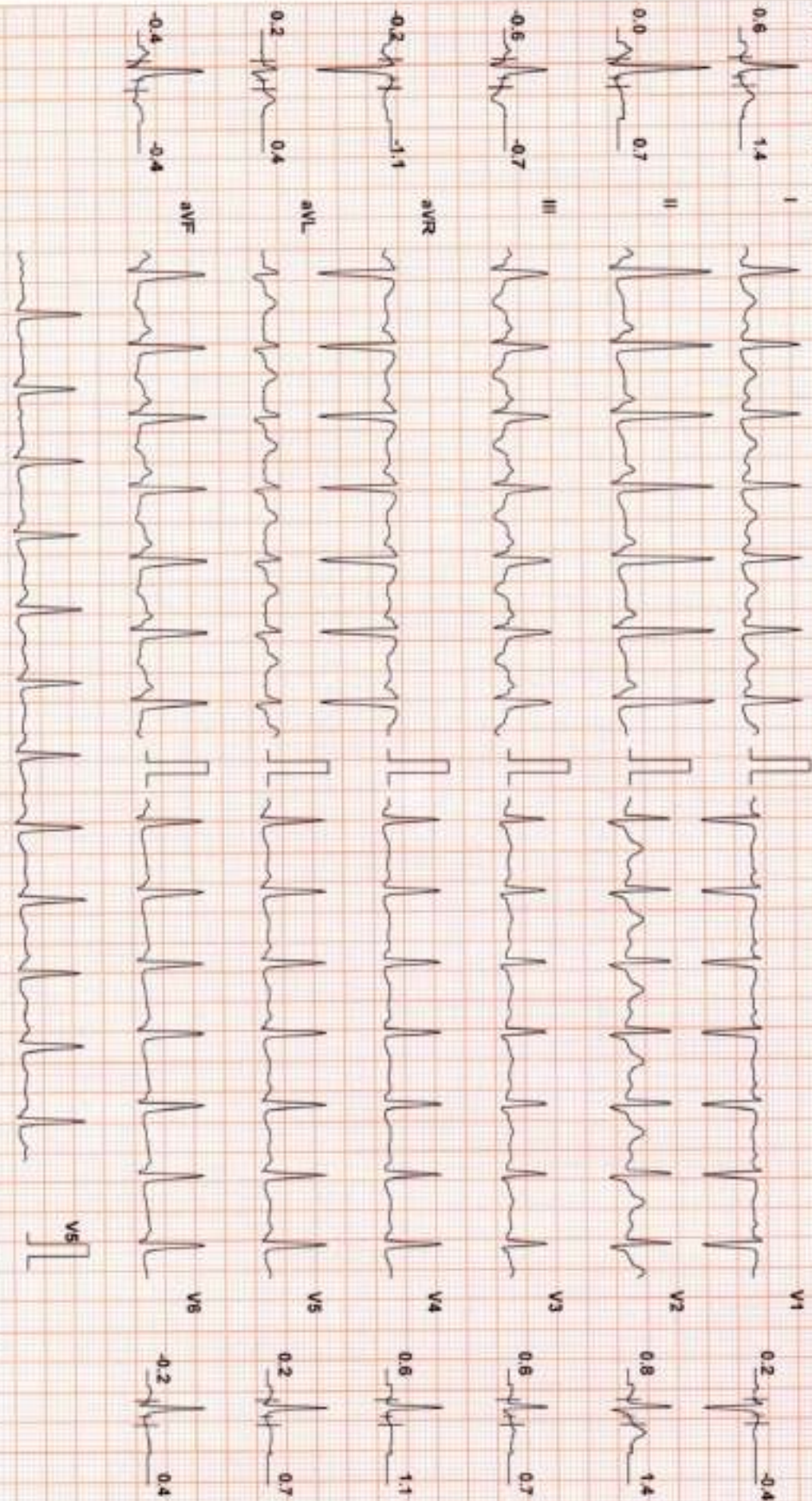


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Fil: ON Amp: 10 mm 100 = R - 60 ms J = R + 60 ms Post J = J + 60 ms

Scale: Standard V4 J Linked Median

MARGOGB (35 M)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

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

ID: 2404122010
Stage: 2

Date: 10-Feb-24
Speed 2.5 mph
Grade: 12%
Exec Time : 5 m 54 s
Stage Time : 2 m 54 s
HR: 145 bpm
B.P. 150/90
(THR: 157 bpm)

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

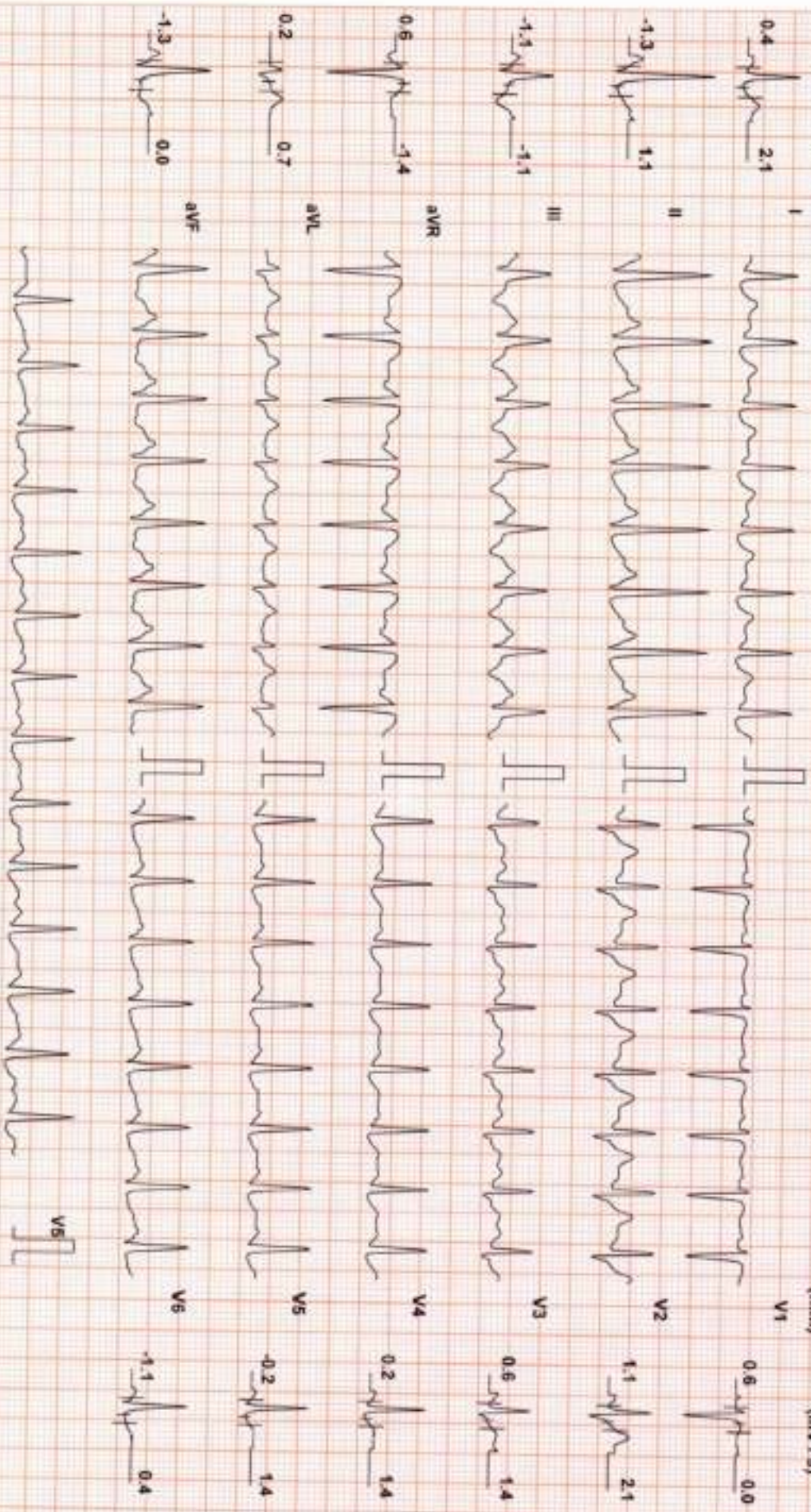


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

fs = R - 60 ms

J = R + 60 ms

Pos 7 = J + 60 ms

Scale: Standard V47

Linked Median



SUBURBAN DIAGNOSTICS

MARGGOB (35 M)

ID: 2404122010

Date: 10-Feb-24

Exec Time: 16 m 24 s Stage Time: 0 m 24 s **HR: 147 bpm**

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 157 bpm)

B.P.: 170 / 90

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

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

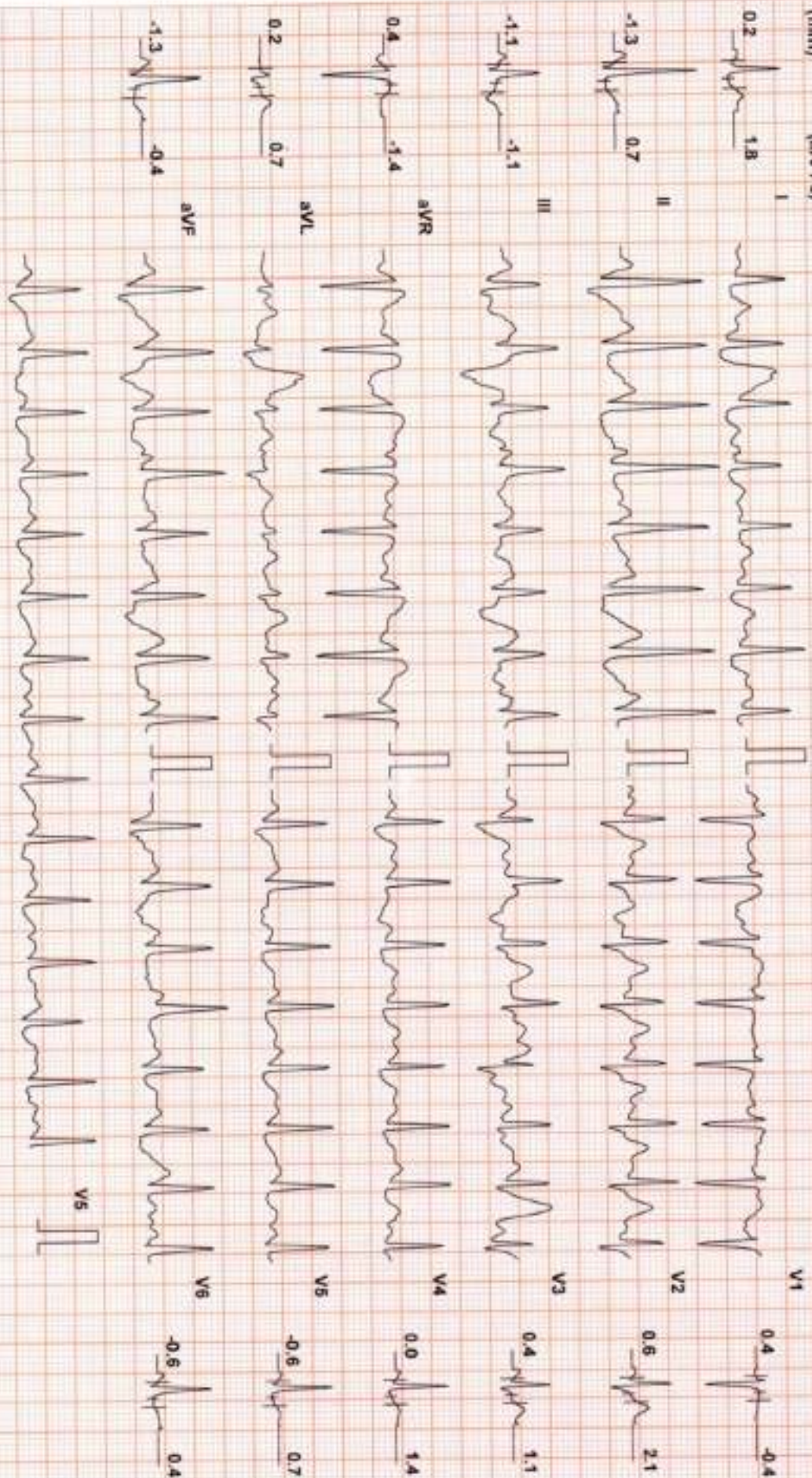


Chart Speed: 25 mm/sec
Scale: Standard V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Reg - R: 60 ms

J - R: 80 ms

Post J: J + 60 ms

MARGOGB (35 M)

SUBURBAN DIAGNOSTICS

ID: 2404122010

Date: 10-Feb-24

Exec Time: 7 m 25 s Stage Time: 0 m 54 s HR: 135 bpm

Test Report

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0%

(THR: 157 bpm)

HR: 150 / 90

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

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

0.8 2.1

0.8 0.7

-0.4 1.1

1.7 2.8

-1.3 -1.4

0.8 1.8

-0.2 -1.4

0.8 1.8

0.6 1.1

0.4 1.4

-1.1 -0.4

-0.4 0.4

Chart Speed: 25 mm/sec
Schenker Spacard V 4.7

Filter: 35 Hz

Mains Filtr: ON

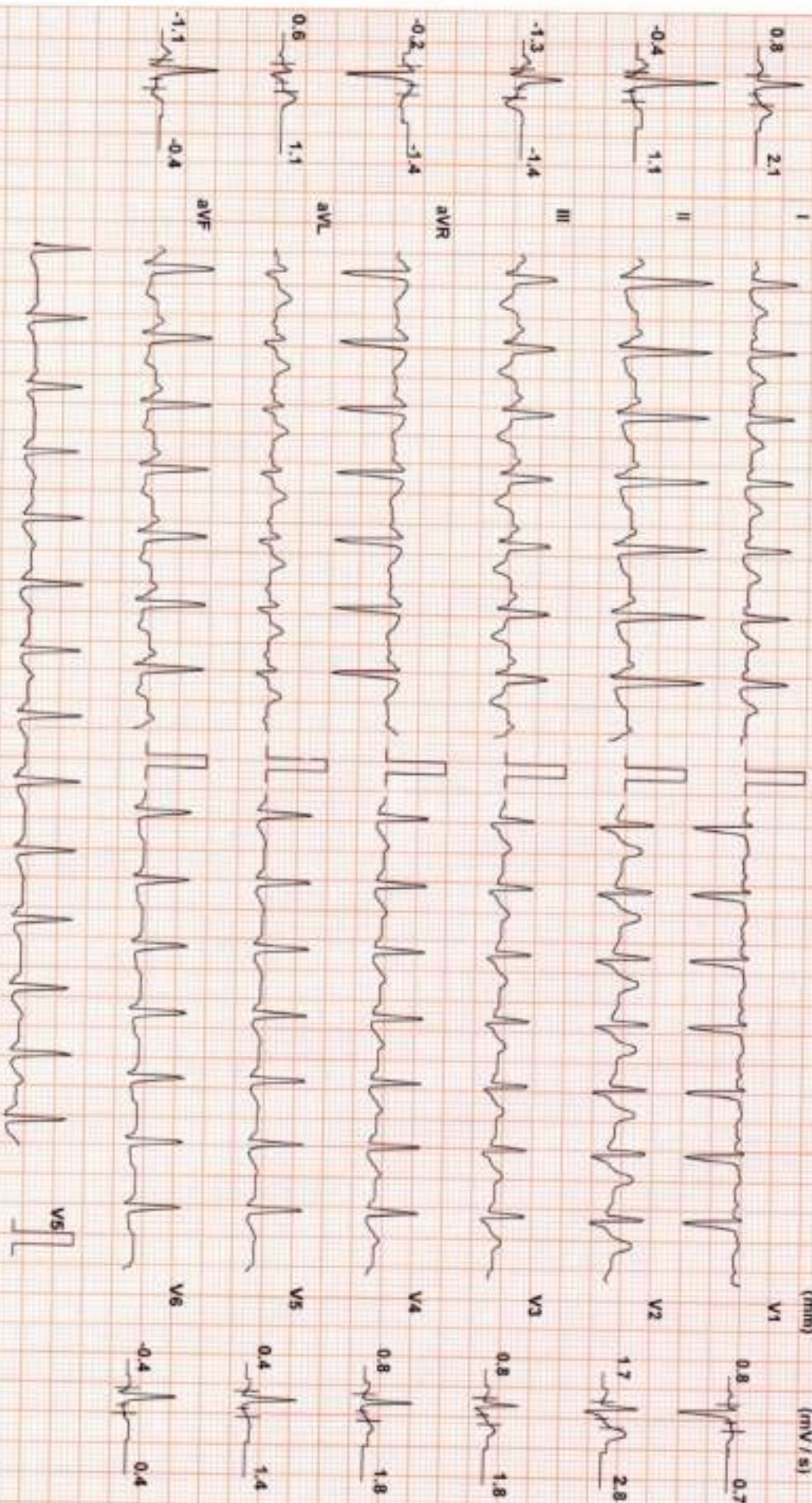
Amp: 10 mm

Imp = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median





SUBURBAN DIAGNOSTICS

Test Report

MARGGOB (35 M)

ID: 2404122010

Date: 10-Feb-24

Exec Time: 7 m 25 s

Stage Time: 0 m 54 s **HR: 108 bpm**

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 157 bpm)

B.P.: 140 / 90

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

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

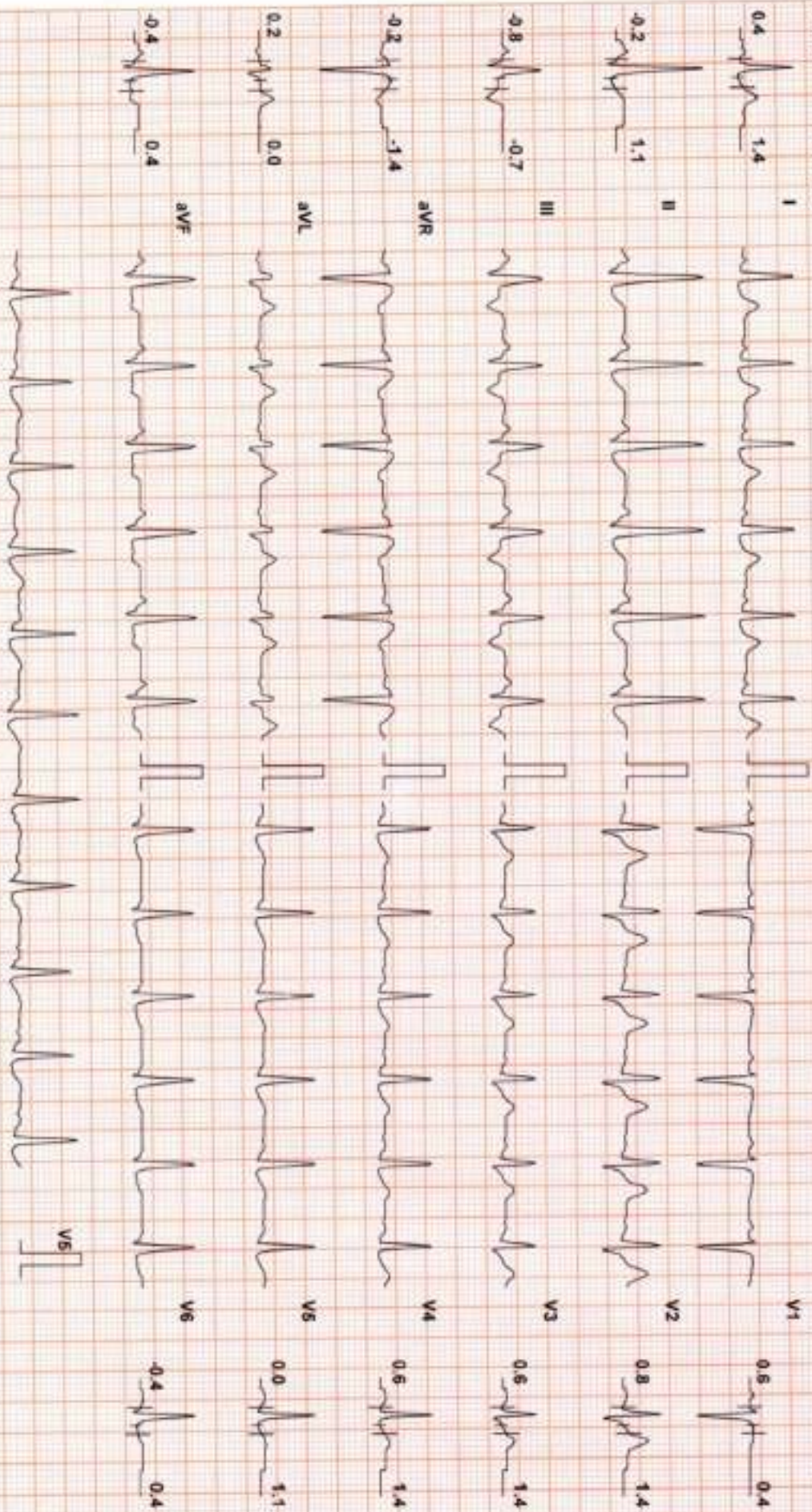


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Arrip: 10 mm

Rep: R - 50 mm

J: R - 60 mm

Post J: J - 60 mm

Spalter: Standard V47

Linked Median



MARGOGB (35 M)

SUBURBAN DIAGNOSTICS

Protocol: Bruce

ID: 2404122010
Stage: Recovery(3)

Date: 10-Feb-24 Exec Time: 7 m 25 s Stage Time: 0 m 17 s **HR: 105 bpm**
Speed: 0 mph Grade: 0% (THR: 157 bpm) B.P.: 130 / 90

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

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

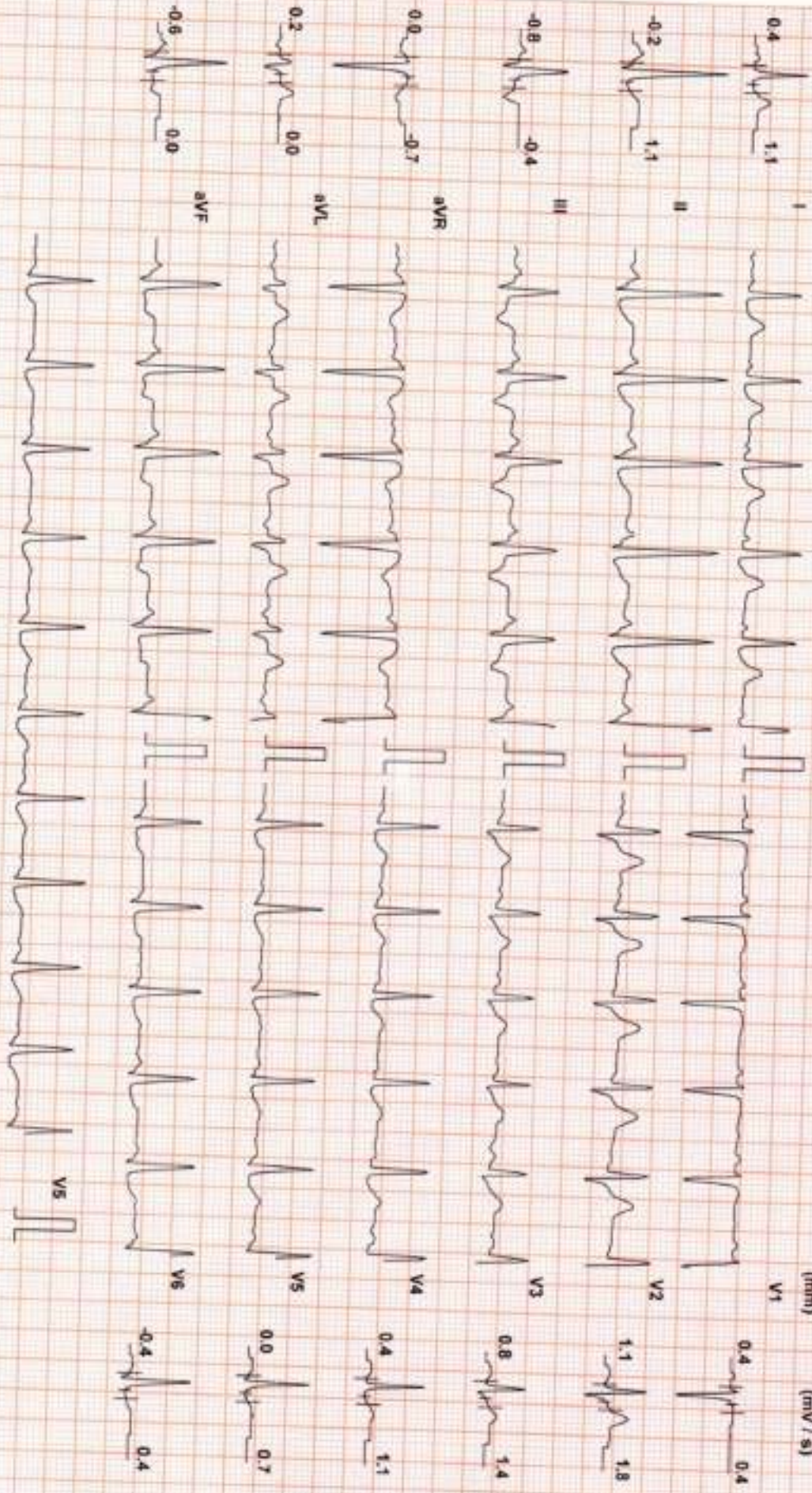


Chart Speed: 25 mm/sec
Scale: Standard V4,7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Box = R: 50 ms

J = R + 50 ms

Print J = J + 50 ms

MARGOGB (35 M)

SUBURBAN DIAGNOSTICS

Protocol: Bruce

ID: 2404122010

Date: 10-Feb-24

Exec Time: 7 m 25 s Stage Time: 0 m 28 s HR: 106 bpm

Stage: Recovery/(4)

Speed: 0 mph

Grade: 0 %

(THR: 157 bpm)

B.P.: 130 / 90

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

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

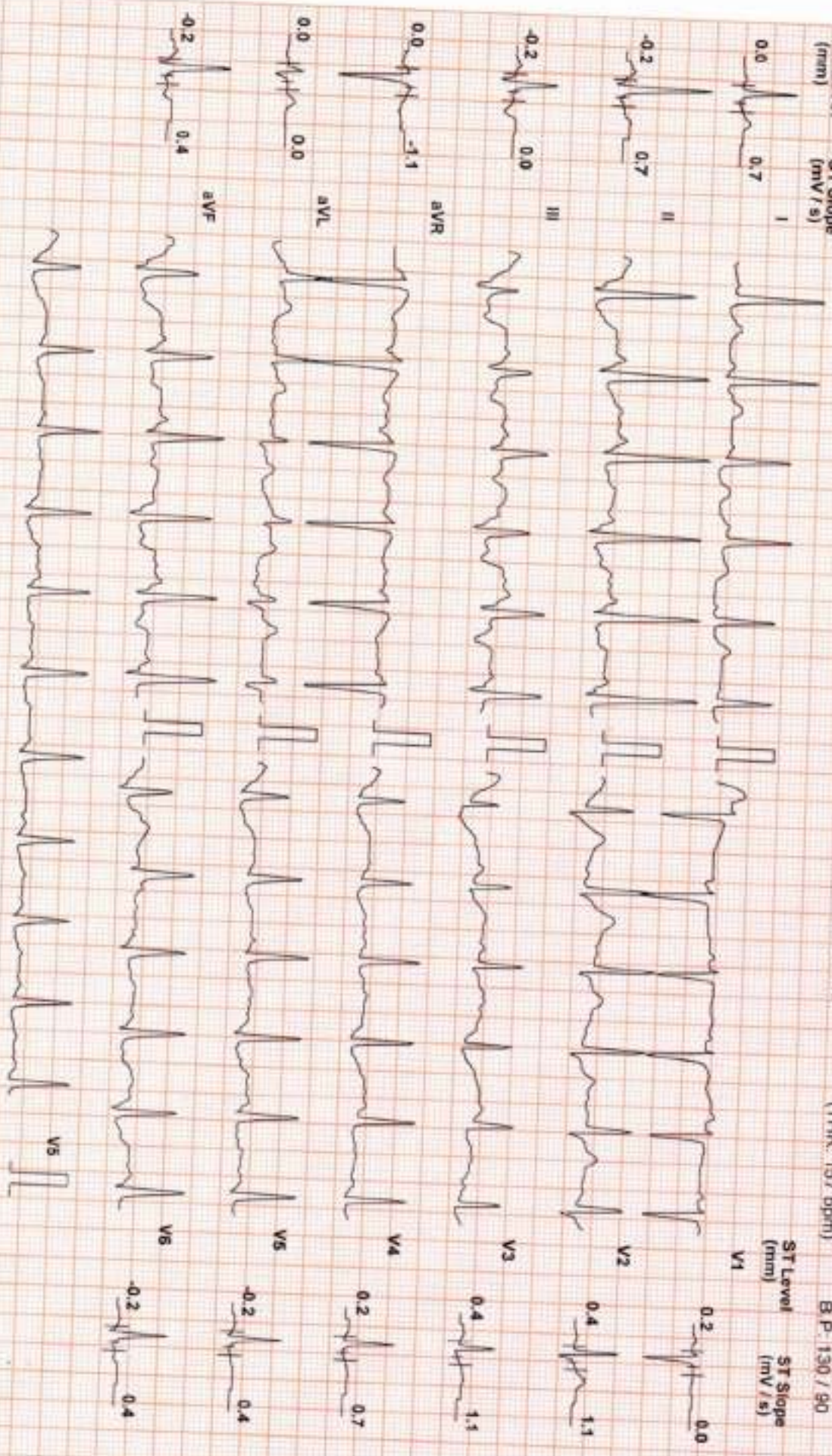


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Ampl: 10 mm

60 = R - 80 ms

J = R + 80 ms

PdL J = J + 60 ms

Scholer Standard V47