


Patient ID	: P23000076918		Lab Id No	: NDC016057
PATIENT NAME	: Mr. SANJIVKUMAR SURVASE		Registered On	: 24/3/2023 8:03:57AM
AGE	: 39 Y Gender : MALE		Collected On	:
Reffered By	: BANK OF BARODA		Authorised On	: 24/3/2023 1:06:10PM
Ward	: Other		Printed On	: 24/3/2023 6:44:07PM
UID	:	Report Status	: FINAL	

Biochemistry

BANK OF BARODA HEALTH CHECK UP (MALE)

Test Name	Value	Unit	Biological Ref Range
			
LIVER FUNCTION TEST			
SGOT,serum Method-IFCC Kinetic	14.41	U/L	0-45
SGPT,serum Method-IFCC Kinetic	17.99	U/L	0 - 45
Bilirubin (Total)serum Method-Diazo end Point	0.82	mg/dL	0.1 - 1.2
Bilirubin (Direct),serum Method-Diazo	0.23	mg/dL	0 - 0.3
Bilirubin (Indirect),serum Serum, Calculated	0.59	mg/dL	0.10-1.0
Alk. Phosphatase,serum Method-IFCC Kinetic	86.19	U/L	41-137
Total Protein,serum Method-Biuret end Point	7.44	g/dl	6-8.3
Albumin, Serum Method-Bromocresol Green (BCG)	4.21	g/dL	3.2 - 5
Globulin,serum	3.23	g/dl	2.3-3.5
A/G Ratio	1.30		1-2
GAMMA Glutamyl Transpeptidase, Method-IFCC Std	30.8	U/L	0 - 50



yadav_Kanchan
Verified By

Pallavi

DR PALLAVI SAXENA
M.D (PATH)
CONSULTANT PATHOLOGIST



Patient ID : P23000076918		Lab Id No : NDC016057
PATIENT NAME : Mr. SANJIVKUMAR SURVASE		Registered On : 24/3/2023 8:03:57AM
AGE : 39 Y Gender : MALE		Collected On :
Reffered By : BANK OF BARODA		Authorised On : 24/3/2023 1:06:17PM
Ward : Other		Printed On : 24/3/2023 6:44:07PM
UID :		Report Status : FINAL

Biochemistry

BANK OF BARODA HEALTH CHECK UP (MALE)

Test Name	Value	Unit	Biological Ref Range
LIPID PROFILE			
Triglycerides	131.50	mg/dL	Desirable : < 200 Borderline : 200-400 Elevated : > 400
Method- GPO Trinder's End Point			
Total Cholesterol	168.13	mg/dL	Desirable <200 Borderline High Risk 200-240 High risk >240
Method-Trinder's End Point			
HDL CHOLESTROL,SERUM	35.00	mg/dL	30 - 60
Method- Direct			
LDL CHOLESTEROL,serum	106.83	mg/dL	Desirable :<= 130.9 Borderline :131-159.9 High :>160
calculated			
VLDL CHOLESTROL,serum	26.30	mg/dL	0-30
METHOD : Calculated			
LDL/HDL Ratio	3.05	Ratio	
Calculated			
T Chol /HDL Ratio	4.80	Ratio	
Calculated			



Pallavi

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PATIENT NAME	: Mr. SANJIVKUMAR SURVASE		Registered On	: 24/3/2023 8:03:57AM
AGE	: 39 Y Gender : MALE		Collected On	:
Reffered By	: BANK OF BARODA		Authorised On	: 24/3/2023 1:06:20PM
Ward	: Other		Printed On	: 24/3/2023 6:44:07PM
UID	:		Report Status	: FINAL

Biochemistry

BANK OF BARODA HEALTH CHECK UP (MALE)

Test Name	Value	Unit	Biological Ref Range
 CREATININE, SERUM Serum, Enzymatic	1.16	mg/dL	0.6 - 1.4
INTERPRETATION: The concentration of creatinine in plasma of a healthy individual is fairly constant, independent from water intake, exercise and rate of urine production. Therefore, increased plasma creatinine values always indicate decreased excretion, i.e. impaired kidney function.			
Uric Acid, Serum Method- Uricase - Trinder End Point	5.16	mg/dL	3.6-7.2
Blood Urea,serum Method - Urease-GLDH Fixed Time	18.51	mg/dL	13 - 45
BUN,serum Method:BUN calculated	8.65	mg/dL	4-21
FASTING BLOOD GLUCOSE			
Blood Sugar Fasting, Plasma GOD-POD Trinder's Method ,End Point	122.26	mg /dL	0-100 mg/dl
Urine sugar	Present +		
Urine Ketones	Absent		
Blood Sugar (PP),plasma GOD-POD Trinder'Method, End point	126.76	mg/dL	120 - 140
Urine Sugar.	Present ++		
Urine Ketones. GLUCOSE OXIDASE-PEROXIDASE (GOD/POD)	Absent		

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CONSULTANT PATHOLOGIST

Patient ID	: P23000076918		Lab Id No	: NDC016057
PATIENT NAME	: Mr. SANJIVKUMAR SURVASE		Registered On	: 24/3/2023 8:03:57AM
AGE	: 39 Y Gender : MALE		Collected On	:
Reffered By	: BANK OF BARODA		Authorised On	: 24/3/2023 2:00:46PM
Ward	: Other		Printed On	: 24/3/2023 6:44:07PM
UID	:		Report Status	: FINAL

Clinical Pathology

BANK OF BARODA HEALTH CHECK UP (MALE)

Test Name	Value	Unit	Biological Ref Range
URINE ROUTINE			
Quantity	30		
Color	Pale Yellow		
Appearance	Slightly Hazy		
Deposit	Absent		
pH	Acidic		4.7-7.5
Specific Gravity	1.015		
METHOD : Bromthymol blue			
CHEMICAL EXAMINATION			
Urine sugar	Present +		
Proteins	Absent		
Ketones	Absent		
Blood	Absent		
Bile Pigments	Absent		
Bile Salts	Absent		
Urobilinogen	Absent		
MICROSCOPIC EXAMINATION OF CENTRIFUGALISED DEPOSIT			
Pus Cells	Pr. 10 - 15		
Epithelial Cells	Pr. 5 - 6		
Red Blood Cells	Absent		
Casts	Absent		
Crystals	Absent		
Amorphous Materials	Absent		
Bacteria	Present		
Yeasts	Absent		

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Verified By


DR PALLAVI SAXENA
M.D (PATH)
CONSULTANT PATHOLOGIST

Patient ID	: P23000076918		Lab Id No	: NDC016057
PATIENT NAME	: Mr. SANJIVKUMAR SURVASE		Registered On	: 24/3/2023 8:03:57AM
AGE	: 39 Y Gender : MALE		Collected On	:
Reffered By	: BANK OF BARODA		Authorised On	: 24/3/2023 1:59:30PM
Ward	: Other		Printed On	: 24/3/2023 6:44:07PM
UID	:		Report Status	: FINAL

Haematology

BANK OF BARODA HEALTH CHECK UP (MALE)

Test Name	Value	Unit	Biological Ref Range
COMPLETE BLOOD COUNT WITH ESR (COMPLETE BLOOD COUNT WITH ESR)			
Haemoglobin (Hb) Method - Cyanmethemoglobin	13.7	gm/dL	13-17
RBC Count EDTA, Dc detection method	4.60	mill/cumm	4.5-5.5
PCV EDTA, Calculated	42.70	%	40-50
MCV EDTA Calculated	92.83	fL	81-96
MCH EDTA ,Calculated	29.78	pg	27.0-32.0
MCHC EDTA ,Calculated	32.08	g/dl	31-36
RDW EDTA ,Calculated	11.9	%	11.6 -14.0
Total Leucocytes count EDTA, Dc detection method	6600	cells/cumm	4000 - 10000
DIFFERENTIAL COUNT			
Neutrophils Manual stained, smear Microscopy	62.00	%	40-80
Lymphocytes manual stained smear microscopy	30.00	%	20-40
Monocytes Manual stained smear microscopy	4.00	%	2-10
Eosinophils manual stained smear microscopy	4.00	%	1-6
Basophils manual stained smear microscopy	0.00	%	0-2



Pallavi

VAISHALI NIKAM
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DR PALLAVI SAXENA
M.D (PATH)
CONSULTANT PATHOLOGIST



Patient ID	: P23000076918		Lab Id No	: NDC016057
PATIENT NAME	: Mr. SANJIVKUMAR SURVASE		Registered On	: 24/3/2023 8:03:57AM
AGE	: 39 Y Gender : MALE		Collected On	:
Reffered By	: BANK OF BARODA		Authorised On	: 24/3/2023 1:59:30PM
Ward	: Other		Printed On	: 24/3/2023 6:44:07PM
UID	:	Report Status	: FINAL	

Haematology

BANK OF BARODA HEALTH CHECK UP (MALE)

Test Name	Value	Unit	Biological Ref Range
 Platelet Count EDTA, Dc detecton method	206	thou/mm3	150 - 410
ESR Westergren Method	05	mm/hr	0-20

- 1) It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test..
- 2) It is a prognostic test and used to monitor the course or response to treatment of disease like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica..
- 3) It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.



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Patient ID	: P23000076918		Lab Id No	: NDC016057
PATIENT NAME	: Mr. SANJIVKUMAR SURVASE		Registered On	: 24/3/2023 8:03:57AM
AGE	: 39 Y Gender : MALE		Collected On	:
Referred By	: BANK OF BARODA		Authorised On	: 24/3/2023 6:39:32PM
Ward	: Other		Printed On	: 24/3/2023 6:44:07PM
UID	:	Report Status	: FINAL	

Haematology

BANK OF BARODA HEALTH CHECK UP (MALE)

Test Name	Value	Unit	Biological Ref Range
BLOOD GROUP			
ABO Group	A		
RhD Typing	Negative		


Pallavi

VAISHALI NIKAM
 Verified By

DR PALLAVI SAXENA
 M.D (PATH)
 CONSULTANT PATHOLOGIST

Patient ID	: P23000077526		Lab Id No	: TNDC011428
PATIENT NAME	: Mr. SANJIV KUMAR SURVASE		Registered On	: 24/3/2023 3:09:28PM
AGE	: 39 Y Gender : MALE		Collected On	: 24/3/2023 3:12:18PM
Referred By	: NDC SEAWOODS		Authorised On	: 24/3/2023 4:43:40PM
Ward	: Other		Printed On	: 24/3/2023 8:17:38PM
UID	:		Report Status	: FINAL

Biochemistry

Test Name	Value	Unit	Biological Ref Range
 GLYCOSYLATED HAEMOGLOBIN	7.3	%	Normal : <5.7 % Prediabetic: 5.7% to 6.4% Diabetic : 6.5% or Higher
Method-HPLC			
Estimated Average Glucose	162.8	mg/dL	

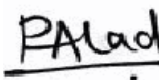
Interpretation & Remark:

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$
- Interference of Haemoglobinopathies in HbA1c estimation.
 - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - Heterozygous state detected (D10/ Tosho G8 is corrected for HbS and HbC trait).
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control.

Excellent Control - 6 to 7 %,
Fair to Good Control - 7 to 8 %,
Unsatisfactory Control - 8 to 10 %



VIKASH VISHWAKARMA
Verified By


Dr Priyanka Lad
MD, Consultant Pathologist
Reg.No 2015/05/2476

Patient ID : P23000077481		Lab Id No : KNDC012217
PATIENT NAME : SANJIVKUMAR SURVASE		Registered On : 24/3/2023 2:45:04PM
AGE : 39 Y Gender : MALE		Collected On : 24/3/2023 2:49:09PM
Reffered By : SELF		Authorised On : 24/3/2023 3:45:44PM
Ward : Other		Printed On : 24/3/2023 8:11:54PM
UID :	Report Status : FINAL	

Immunology

Test Name	Value	Unit	Biological Ref Range
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Thyroid Function Test -T3, T4, TSH (Ultrasensitive)

TOTAL T3 Serum, CLIA	101.43	ng/dL	60 - 181
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T3 INTERPRETATION: Serum T3 determination can be a valuable component of a thyroid screening panel in the diagnosis of thyroid disorders. In some serious and chronicity thyroid illness, the concentration of free T4 increase or decrease with high TSH and low T3. Normal concentration of free T4 and elevated concentration of T3 will give rise to hyperthyroidism. Depression concentration of T3 is caused by primary hypothyroidism or secondary cases hypothyroidism caused by loss of hypothalamo or hypophyseal functions, such as Hashimoto's thyroiditis.

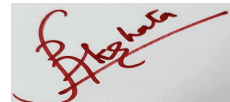
TOTAL T4 Serum, CLIA	10.60	µg/dL	3.2 - 12.6
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T4 INTERPRETATION: In most patients the normal T4 level indicates good thyroid status, however, T4 level can be affected by the change in binding proteins while the level of unbound hormone unchanged . Drugs that compete for protein binding sites, such as phenylbutazone, diphenylhydantoin or salicylates, can result in a depressed T4 measurement. Thus, the final definition of thyroid status should be determined in conjunction with other thyroid function tests such as TSH, FT4, T3, FT3 and clinical evaluation


TSH Ultra Sensitive Serum, CLIA	3.62	mIU/L	0.55-4.78
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TSH is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free,T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production The ability to quantitate circulating levels of TSH is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low. TRH stimulation differentiates secondary and tertiary hypothyroidism by observing the change in patient TSH levels. Typically, the TSH response to TRH stimulation is absent in cases of secondary hypothyroidism, and normal to exaggerated in tertiary hypothyroidism.

H KHUSHNUMASHAH KHUSHNI
Verified By



DR AKSHATA PARAB
MD DNB PATHOLOGY

Patient ID : P23000077481		Lab Id No : KNDC012217
PATIENT NAME : SANJIVKUMAR SURVASE		Registered On : 24/3/2023 2:45:04PM
AGE : 39 Y Gender : MALE		Collected On : 24/3/2023 2:49:09PM
Referred By : SELF		Authorised On : 24/3/2023 3:45:51PM
Ward : Other		Printed On : 24/3/2023 8:11:54PM
UID :		Report Status : FINAL

Immunology

Test Name	Value	Unit	Biological Ref Range
PROSTATE SPECIFIC ANTIGEN(PSA)			
TOTAL PSA	0.67	ng/mL	Normal:0.0 - 4.0 Borderline:4.0 - 10.0 High:> 10.0

Serum, CLIA

INTERPRETATION Prostate Specific Antigen (PSA), a member of the human kallikrein gene family, is a serine protease with chymotrypsin – like activity;produced in the glandular epithelium of the prostate & secreted in the seminal fluid. A major function of PSA is proteolytic cleavage of gel forming proteins in the seminal fluid resulting in liquefaction of seminal fluid and increased sperm mobility.PSA is found in blood as PSA - Immunocomplexed - Active form & Free PSA.High levels of PSA are associated with Prostatitis, Benign Prostatic Hyperplasia and Cancer of Prostate.Prostate Cancer an early detection requires a safe non-invasive blood test and DRE (Digital Rectal Examination).PSA testing has a significant value in detecting metastatic or persistent disease in patients following surgical or medical treatment of Prostate Cancer. Persistent elevation of PSA level is indicative of recurrent or residual disease.In patients with PSA values between (gray zone) 4-10 ng/mL. The ratio of FPSA/PSA is significant. FPSA levels are lower in patients having prostate cancer than those with benign disease or normal controls.USG of Prostate, Prostatic Massage and needle biopsy may cause clinically significant elevations of PSA. PSA levels may also be increased following ejaculation.Hence PSA value should be used in conjunction with information available from clinical evaluation and other diagnostic procedures such as DRE (Digital Rectal Examination).Heterophilic antibodies in human serum can react with reagent immunoglobulins,interfering with in vitro immunoassays. Patients routinely exposed to animals or to animal serum products can be prone to this interference and anomalous values may be observed. Factors affecting PSA,FPSA & P2PSA is increased in ejaculation,DRE,Bicycling,Prostatic Massage & Cystoscopy. Decreased in patients on bed rest. Effect is not known in case of exercise.

H KHUSHNUMASHAH KHUSHNI
Verified By



DR AKSHATA PARAB
MD DNB PATHOLOGY

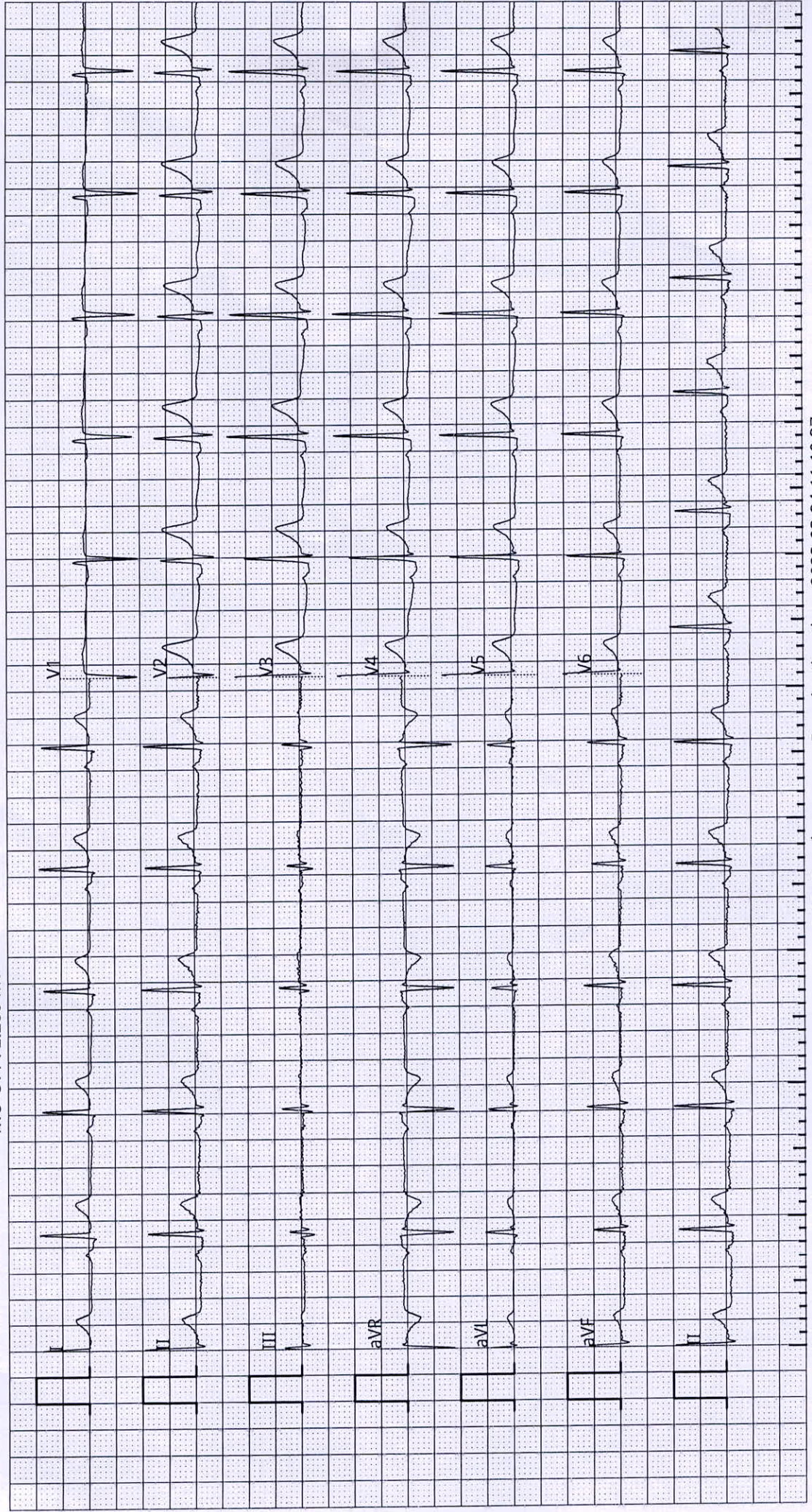
NDC DIAGNOSTIC CENTRE ECG report

Reporting time : 2023-03-25 17:02:30
Confirm and sign:

ID : 20230324111037
Name : SANJKUMAR SURVASE
Gender : M
Age : 39 Years
Dept :
Bed No :
HR : 67 bpm
PR : 158 ms
QRS : 90 ms
QT/QTc : 366/378 ms
P/QRS/T : 36/36/39 °
RV5/SV1 : 1.396/0.892 mv
RV5+SV1 : 2.288 mv

Interpretations :
DR. NILIMA PAWAR
M.B.B.S., D.N.B. (MEDICINE)
CONSULTANT PHYSICIAN AND
DIABETOLOGIST
REG NO. 2007/05/1307

Normal
[Signature]



NDC DIAGNOSTIC CENTRE ECG report

Reporting time : 2023-03-25 17:02:25

Confirm and sign:

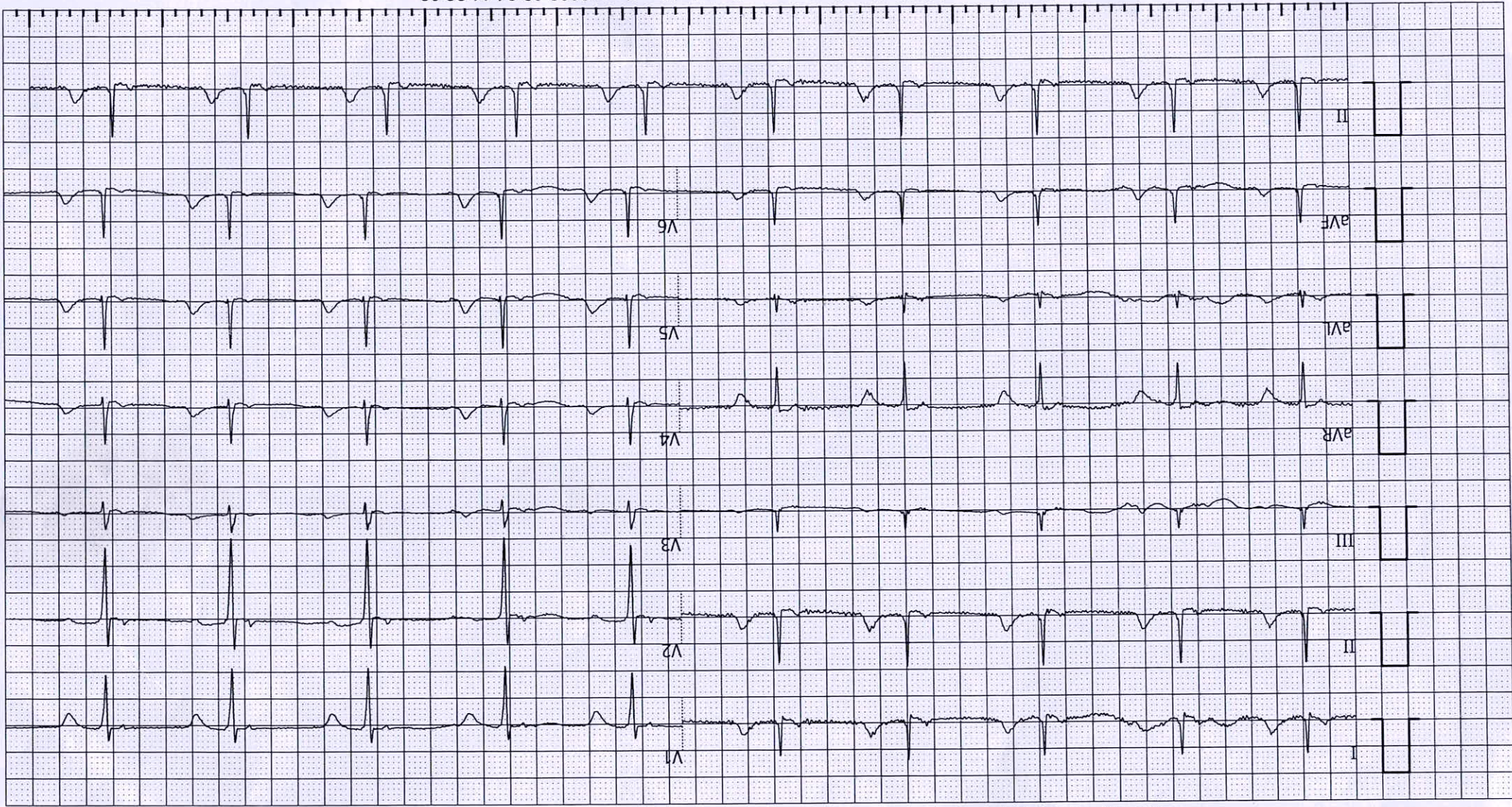
Normal

DR. NILIMA PAWAR
M.B.B.S., D.N.B. (MEDICINE)
CONSULTANT PHYSICIAN AND
DIABETOLOGIST

REG NO. 2007/05/1307

Interpretations :

ID	: 20230324112808
Name	: SHAMBALA SURVASE
Gender	: F
Age	: 33 Years
Dept	:
Bed No	:
HR	: 60 bpm
PR	: 140 ms
QRS	: 80 ms
QT/QTc	: 402/402 ms
P/QRS/T	: 3/51/41 °
RVS/SV1	: 0.912/1.102 mv
RV5+SV1	: 2.014 mv



0.30HZ -35HZ - AC 50HZ 25mm/s 10mm/mv 1.0.25 Simultaneous Examination time: 2023-03-24 11:28:08



NDC DIAGNOSTIC CENTRE

2nd Floor, Neurogen Brain & Spine Institute, Plot No. 19, Sector 40,
Opp. Rail Vihar, Seawood (West), Navi Mumbai - 400 706.
T : 022 27725661 | 7718802447 / 7718802436
Email : ndc.seawood@gmail.com • www.ndcdiagnostic.com

Patient ID:-	139719	Regn No:-	NDC016057
Patient Name:-	Mr. Sanjivkumar survase	Reg. On:-	24/03/2023 08:03:57
Age/Gender:-	39 Yrs / Male	Rep. On :-	24/03/2023 12:22:00
Referred By:-	BANK OF BARODA		

X-RAY CHEST PA VIEW

OBSERVATION:

Bilateral lung fields are clear.
The trachea is central.
Cardiac shadow appears normal.
Aorta appears normal.
The mediastinal and cardiac silhouette are normal.
Bilateral Cardiophrenic and costophrenic angles are normal.
Both hila are normal.
Soft tissues of the chest wall are normal.
Bony thorax is normal.

IMPRESSION:

- **No significant abnormality seen.**

Checked By
MAYUR CHAVAN

DR. ASHWIN YEWALE
MD (Radiology)
REG.NO 2011/03/0462
(CONSULTANT RADIOLOGIST & SONOLOGIST)

MEDICAL EXAMINATION REPORT

Date: 25/3/23

Name: Sanjivkumar Survase		Employee ID:
Age: 39 years	Gender: m	NDC Sr. No. 016057
Height (in cms): 177	Weight (in Kgs): 88.8 kg	Pulse (per min): 72/m
Blood Pressure: 118/70 mmHg	BMI:	R R (per min): 12/m

Present complaints: No present comp.

K/C/O - DM/HTN/IHD/T. B. /Hypothyroidism

Tab Depavel. m 5/500. 1/2 tab.

Personal History: - Vegetarian / Non-vegetarian / Smoker / Non-smoker / Alcoholic / Non-Alcoholic / TobaccoPast History: - Medical illness

- Surgical illness NAD

Family History: Father - HTN / DM / IHD
Mother - HTN / DM / IHDHistory of Allergies: NADHistory of Medication: NADGeneral conditions

Conjunctiva -

Sclera-

Tongue-

Skin-

Lymph nodes-

Oedema-

Varicose veins-

Joints -

Systemic Examination:

PA -

CVS -

RS-

CNS -

REMARKS:

Dr. Sneha Ravirao
MBBS.
Reg. No. 2014/02/0458

NDC DIAGNOSTIC CENTRE
NEUROGEN BRAIN & SPINE INSTITUTE
2ND, FLOOR, PLOT NO. 19,
SECTOR - 40, SEAWOODS (W),
NAVI MUMBAI - 400 706.

NDC DIAGNOSTIC CENTRE

Patient Details **Date: 24-Mar-23** **Time: 11:36:29 AM**
Name: SANJEEVKUMAR SURVASE ID: 674
Age: 39 y **Sex: M** **Height: 177 cms** **Weight: 88 Kgs**
Clinical History: NO

Medications: NO

Test Details

Protocol: Bruce **Pr.MHR: 181 bpm** **THR: 153 (85 % of Pr.MHR) bpm**
Total Exec. Time: 8 m 4 s **Max. HR: 155 (86% of Pr.MHR)bpm** **Max. Mets: 10.20**
Max. BP: 140 / 70 mmHg **Max. BP x HR: 21700 mmHg/min** **Min. BP x HR: 4760 mmHg/min**
Test Termination Criteria:

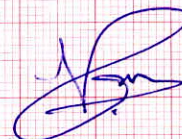
Protocol Details

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 : 19	1.0	0	0	73	118 / 70	-0.85 aVR	0.71 II
Standing	0 : 8	1.0	0	0	72	118 / 70	-0.85 aVR	0.71 II
Hyperventilation	0 : 6	1.0	0	0	68	118 / 70	-0.64 aVR	0.71 II
1	3 : 0	4.6	1.7	10	103	130 / 70	-1.70 aVR	2.12 II
2	3 : 0	7.0	2.5	12	129	140 / 70	-1.27 aVR	2.83 II
Peak Ex	2 : 4	10.2	3.4	14	155	140 / 70	-2.12 V4	3.54 II
Recovery(1)	1 : 0	1.8	1	0	123	140 / 70	-1.49 III	3.89 II
Recovery(2)	1 : 0	1.0	0	0	104	140 / 70	-1.06 aVR	3.54 II
Recovery(3)	0 : 48	1.0	0	0	96	140 / 70	-0.64 aVR	2.83 V3

Interpretation

The patient exercised according to the Bruce protocol for 8 m 4 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 73 bpm, rose to a max. heart rate of 155 (86% of Pr.MHR) bpm. Resting blood Pressure 118 / 70 mmHg, rose to a maximum blood pressure of 140 / 70 mmHg. TEST IS NEGATIVE FOR INDUCIBLE MYOCARDIAL ISCHAEMIA

DR. NILIMA PAWAR .
M.B.B.S., D.N.B. (MEDICINE)
CONSULTANT PHYSICIAN AND
DIABETOLOGIST
REG NO. 2007/05/1307



Ref. Doctor:

(Summary Report edited by user)

Doctor: -----DR NILIMA PAWAR

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

NDC DIAGNOSTIC CENTRE

SANJEEVKUMAR SURVASE (39 M)

ID: 674

Date: 24-Mar-23

Exec Time : 8 m 4 s

Stage Time : 0 m 44 s HR: 106 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 153 bpm)

B.P: 140 / 70

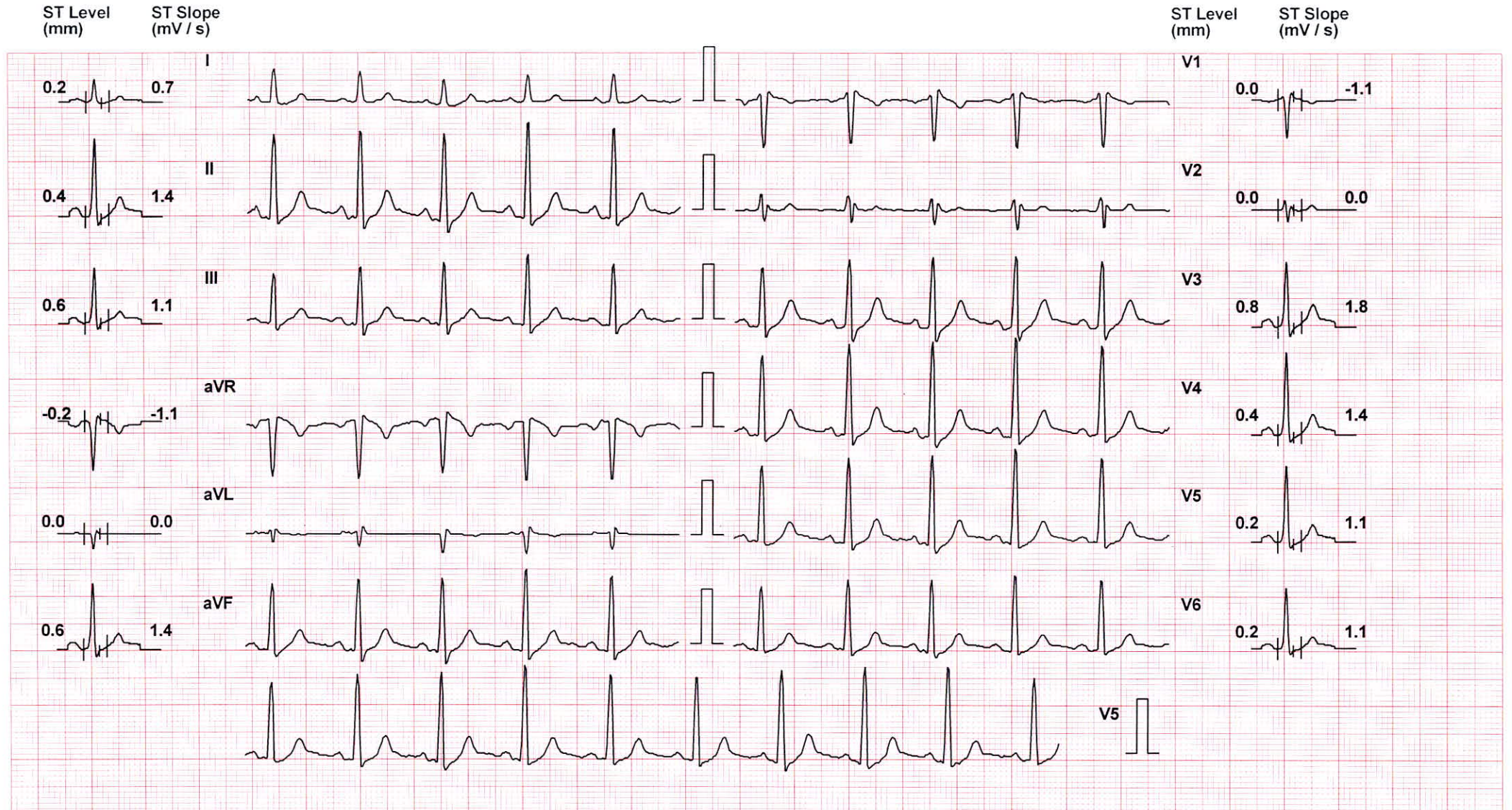


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

NDC DIAGNOSTIC CENTRE

SANJEEVKUMAR SURVASE (39 M)

ID: 074

Date: 24-Mar-23

Exec Time: 18 m 4 s

Stage Time: 1 m 0 s

HR: 104 bpm

Protocol: Bruce

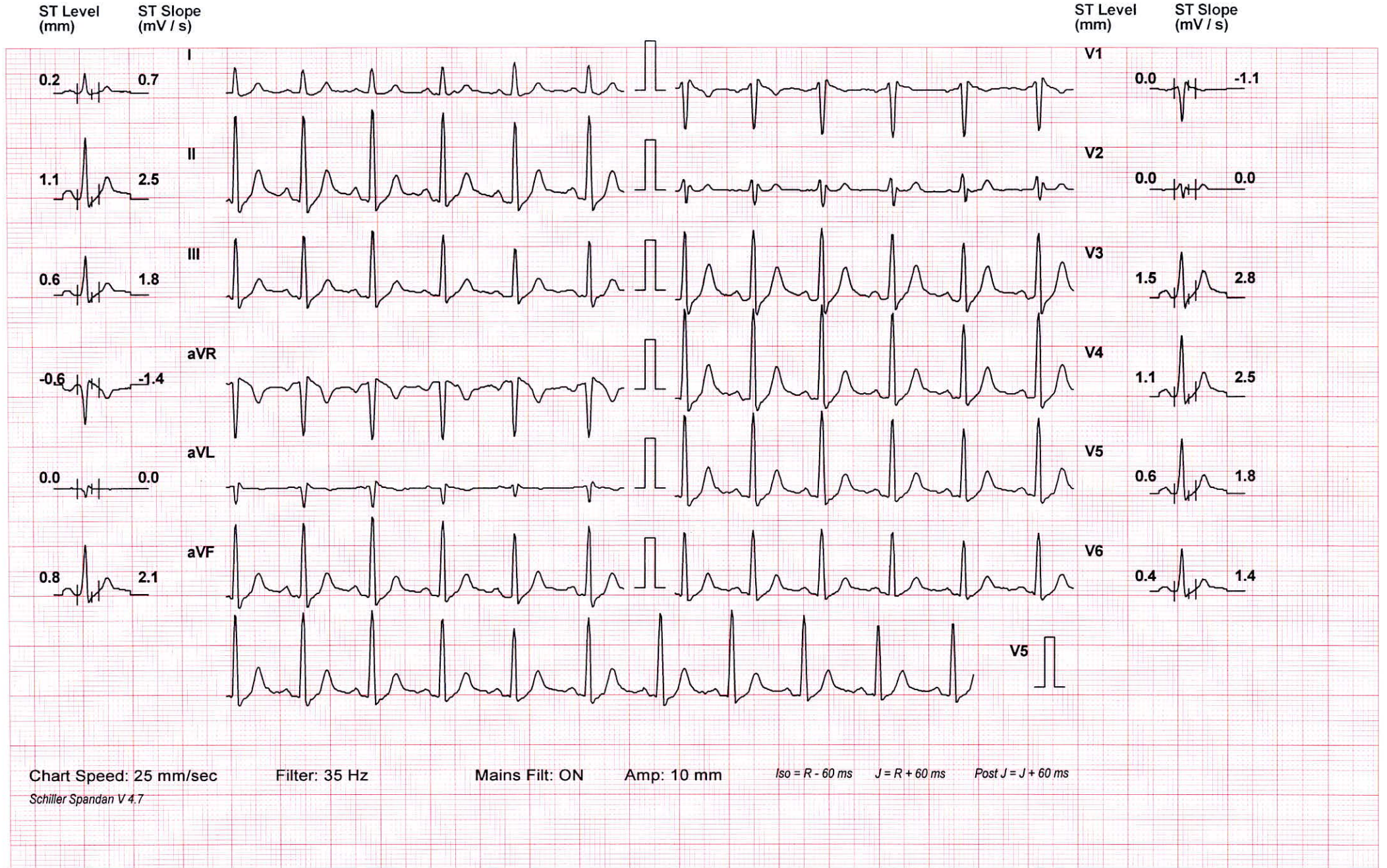
Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 153 bpm)

B.P: 140 / 70



NDC DIAGNOSTIC CENTRE

SANJEEVKUMAR SURVASE (39 M)

ID: 674

Date: 24-Mar-23

Exec Time : 8 m 4 s

Stage Time : 1 m 0 s

HR: 123 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 0 mph

Grade: 0 %

(THR: 153 bpm)

B.P: 140 / 70

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

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

NDC DIAGNOSTIC CENTRE

SANJEEVKUMAR SURVASE (39 M)

ID: 674

Date: 24-Mar-23

Exec Time : 8 m 4 s

Stage Time: 2 m 4 s

HR: 155 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 153 bpm)

B.P: 140 / 70

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

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

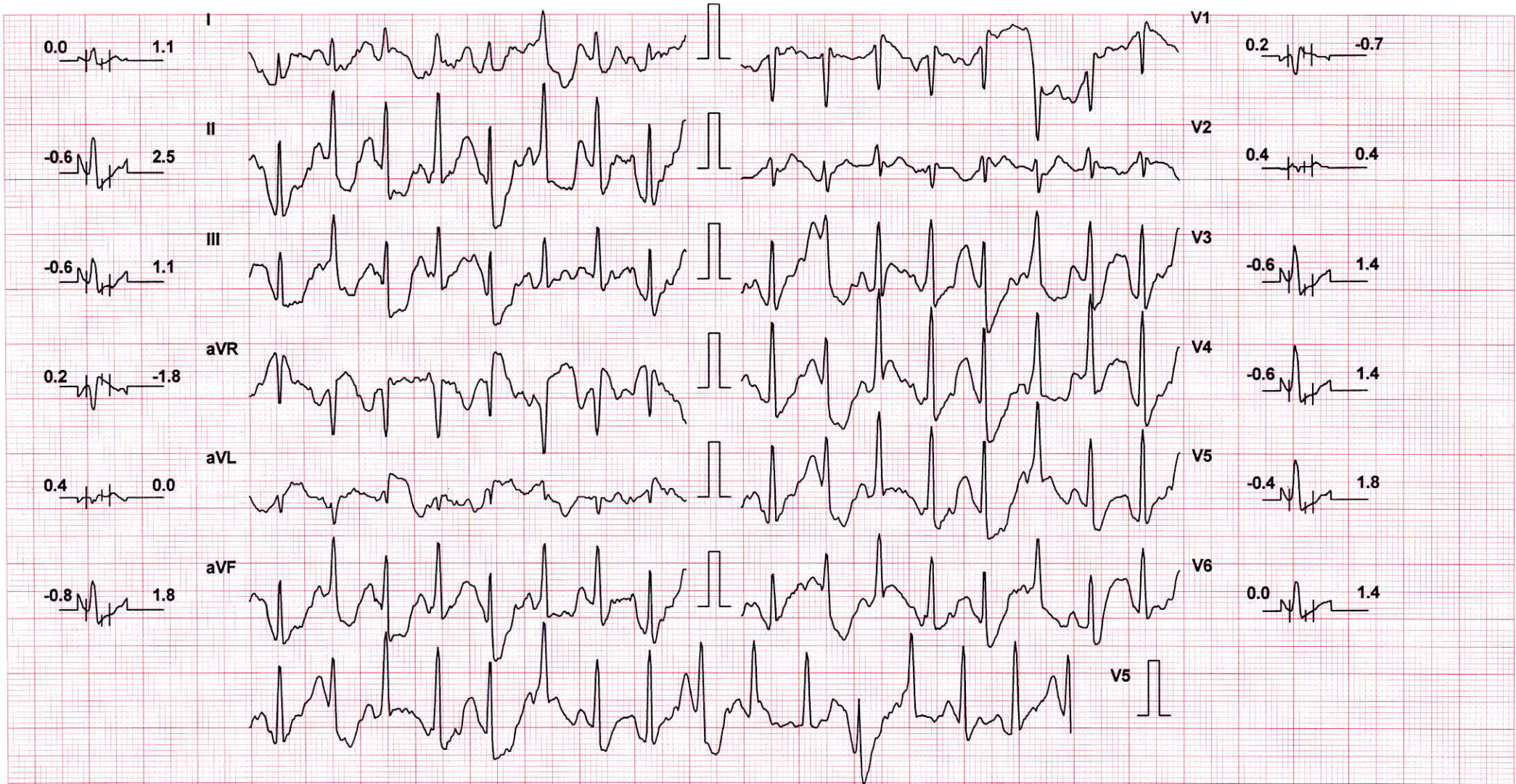


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

NDC DIAGNOSTIC CENTRE

SANJEEVKUMAR SURVASE (39 M)

ID: 674

Date: 24-Mar-23

Exec Time : 6 m 0 s

Stage Time : 3 m 0 s

HR: 129 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 153 bpm)

B.P: 140 / 70

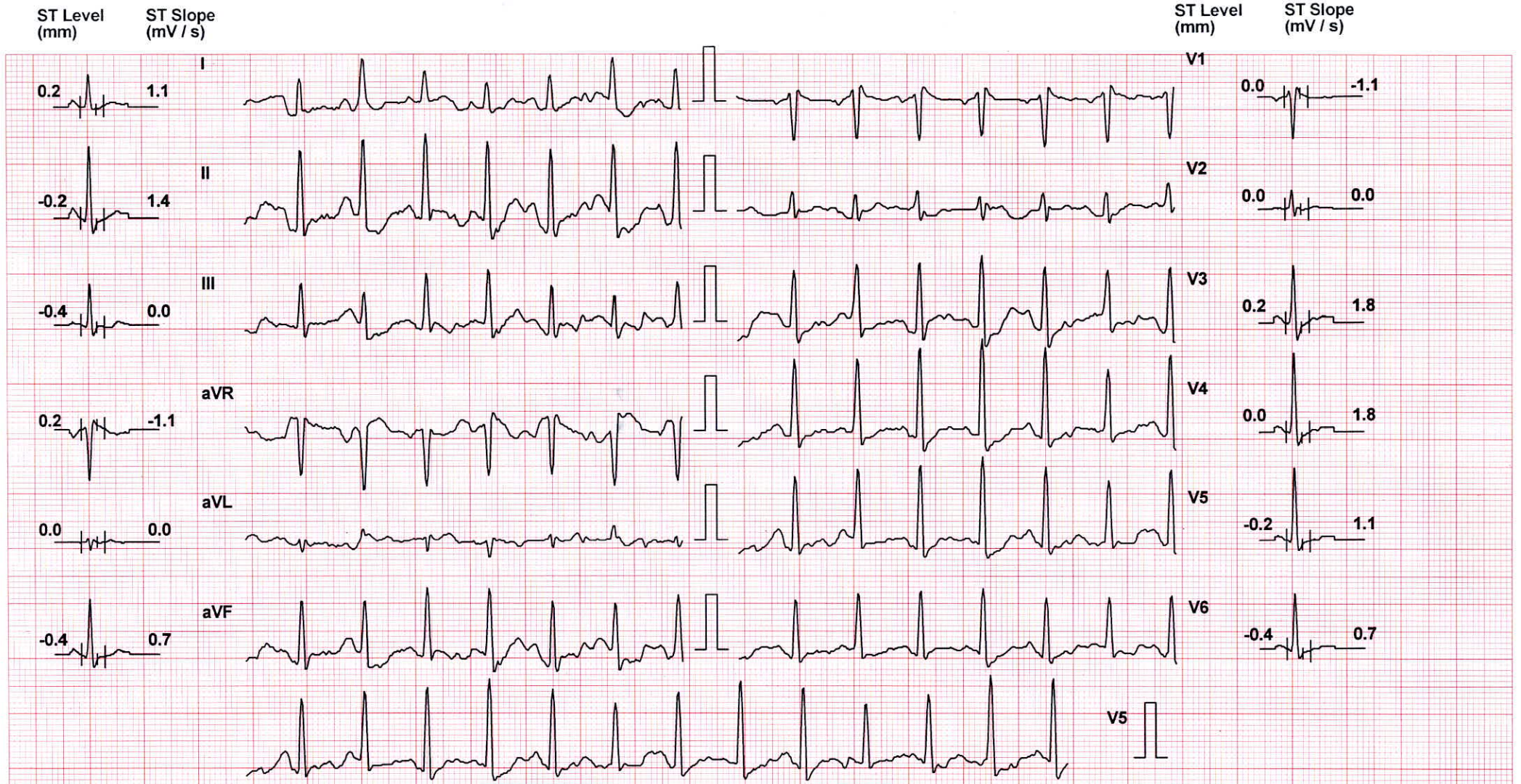


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

NDC DIAGNOSTIC CENTRE

SANJEEVKUMAR SURVASE (39 M)

ID: 674

Date: 24-Mar-23

Exec Time : 3 m 0 s

Stage Time : 3 m 0 s

HR: 103 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 153 bpm)

B.P: 130 / 70

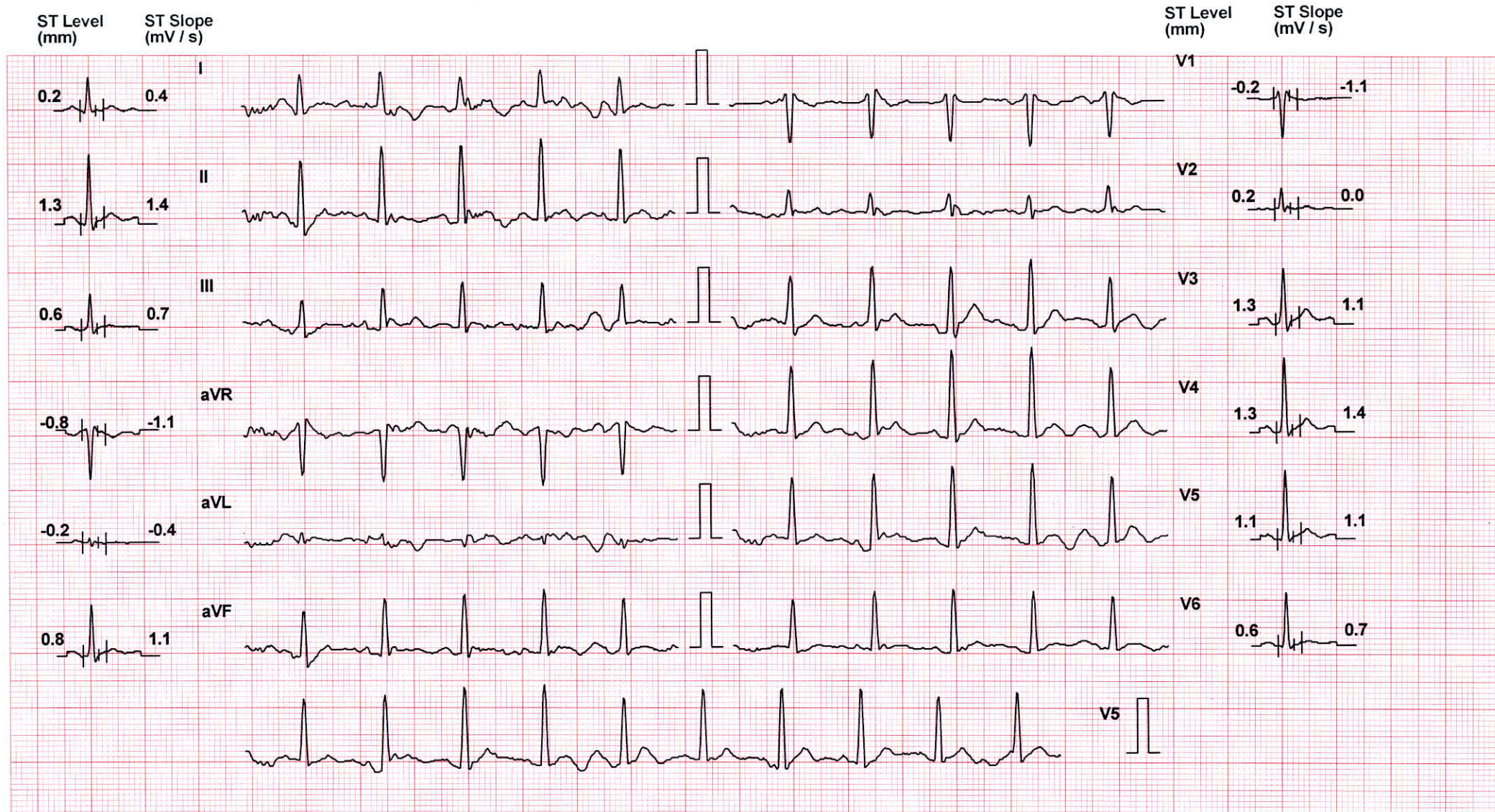


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

NDC DIAGNOSTIC CENTRE

SANJEEVKUMAR SURVASE (39 M)

ID: 674

Date: 24-Mar-23 Exec Time : 0 m 0 s Stage Time : 0 m 6 s HR: 68 bpm

Protocol: Bruce

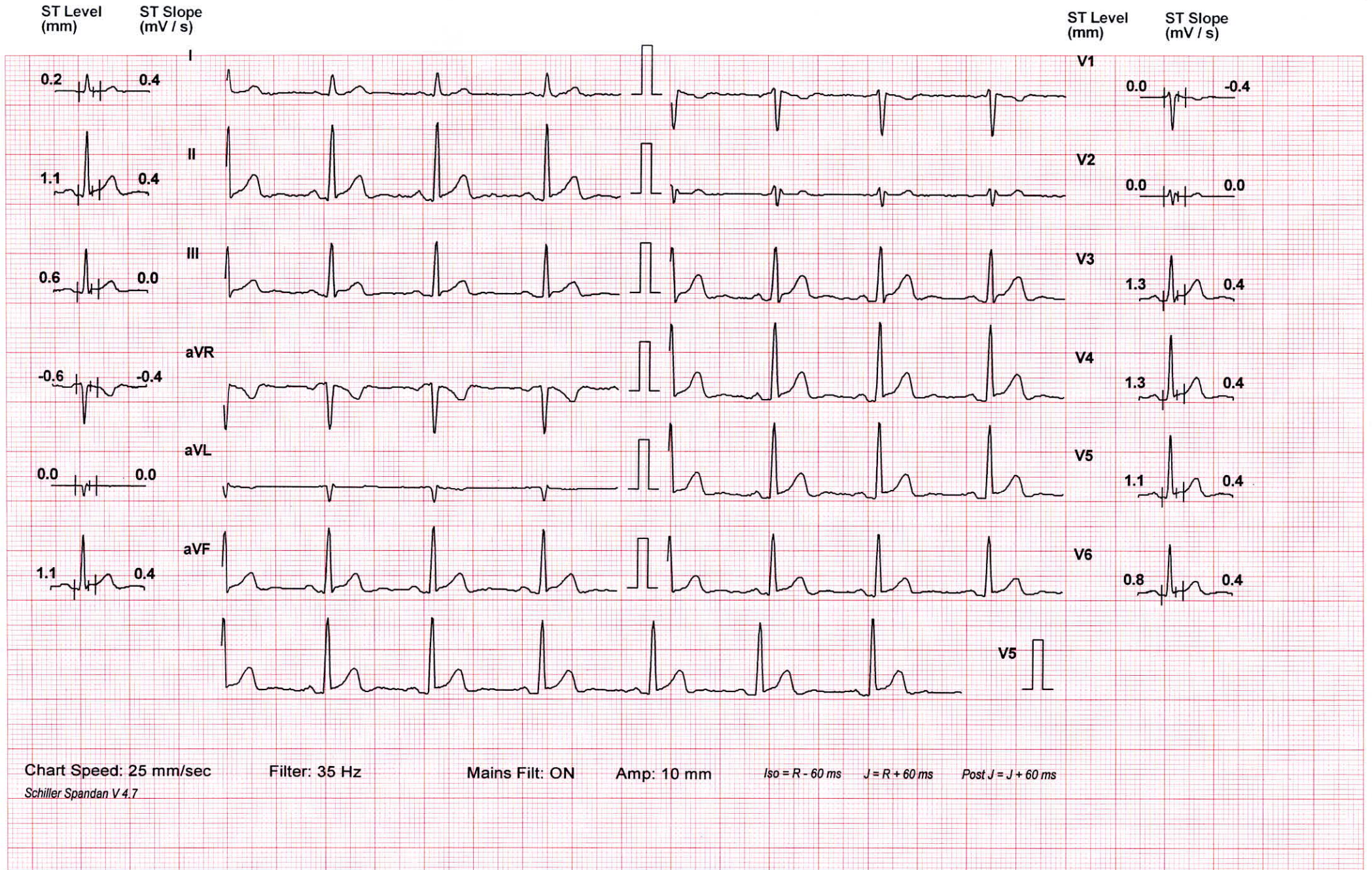
Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 153 bpm)

B.P: 118 / 70



NDC DIAGNOSTIC CENTRE

SANJEEVKUMAR SURVASE (39 M)

ID: 674

Date: 24-Mar-23

Exec Time: 0 m 0 s

Stage Time: 0 m 8 s

HR: 72 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 153 bpm)

B.P: 118 / 70

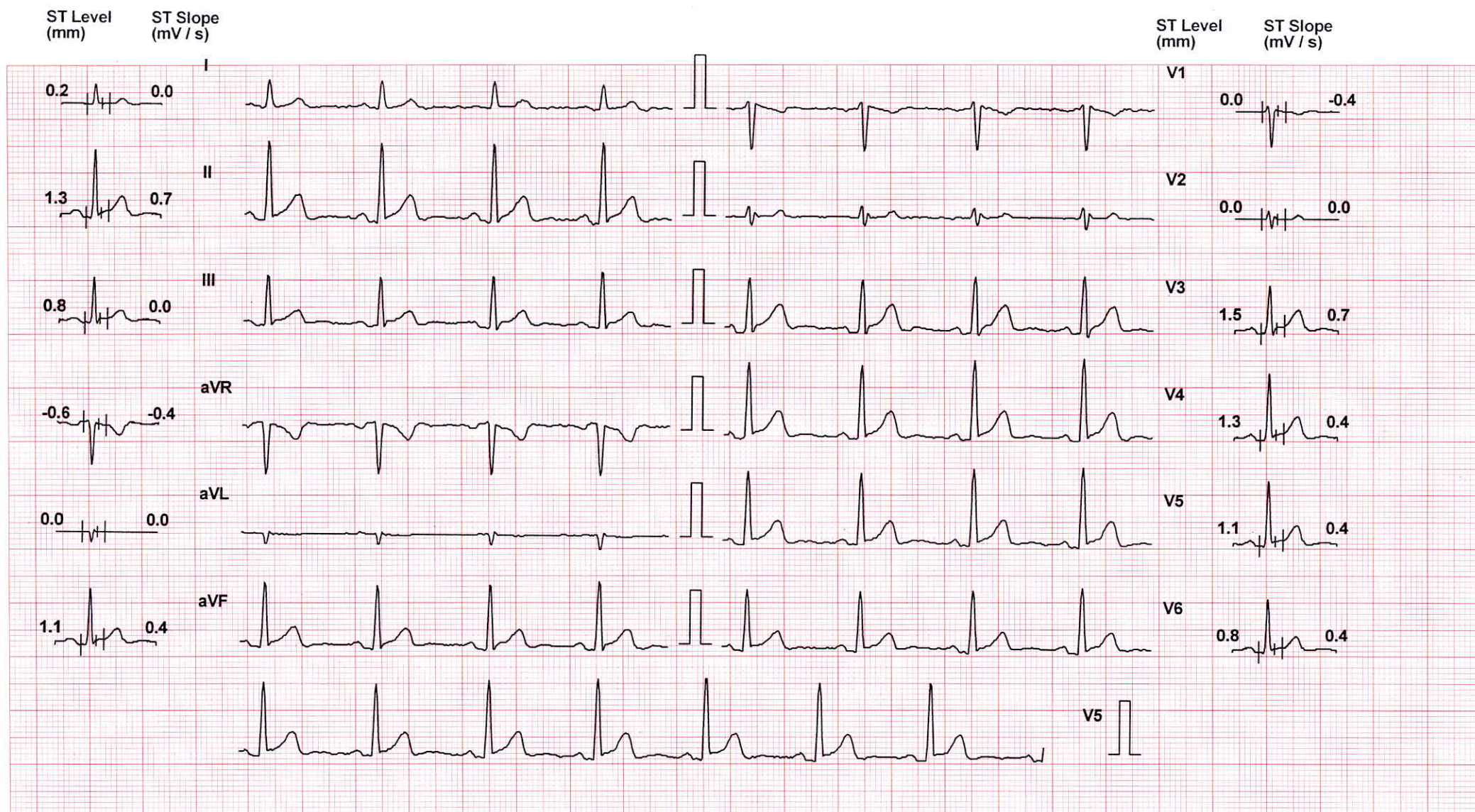


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

NDC DIAGNOSTIC CENTRE

SANJEEVKUMAR SURVASE (39 M)

ID: 674

Date: 24-Mar-23

Exec Time: 0 m 0 s

Stage Time: 0 m 19 s HR: 73 bpm

Protocol: Bruce

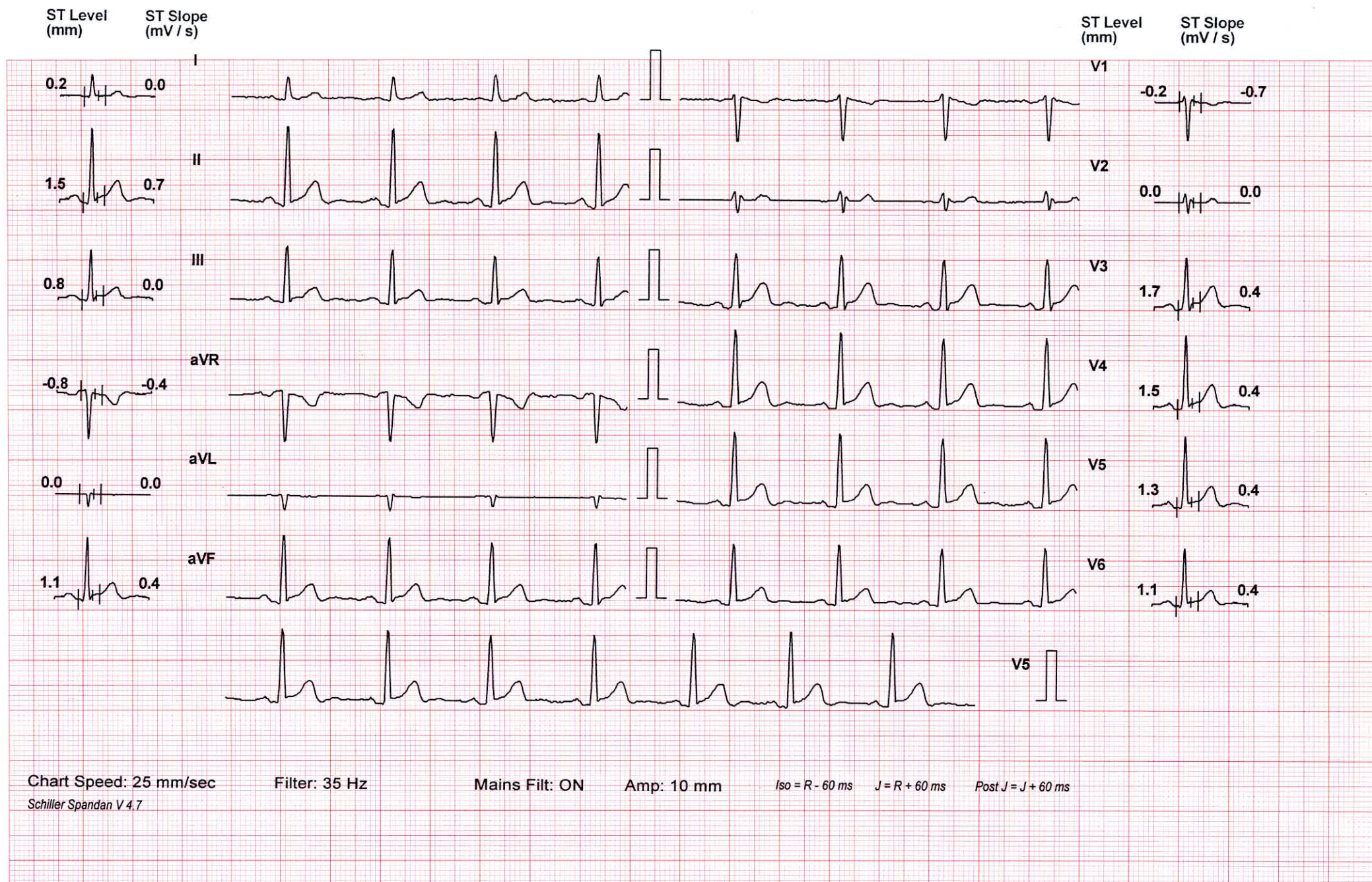
Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 153 bpm)

B.P: 118 / 70




TEST REPORT

2D ECHOCARDIOGRAPHY & COLOR DOPPLER STUDY

Name : Mr. SANJIVKUMAR SURVASE
Age / Sex : 39Y/M
Date of study : 24/03/2023
Ref Dr. Name : BANK OF BARODA

SUMMARY:-

- All cardiac chambers are normal in size.
- All cardiac valves are normal.
- No regional wall motion abnormality at rest.
- Good biventricular systolic function.
- LVEF - 55%
- Normal diastolic function present.
- No pulmonary arterial hypertension.
- No clot/vegetation/pericardial effusion.
- IVC is Normal.


Dr. RAKESH TIRMALE
DM (Cardiology), MD (Med), MBBS
FSCAI (USA), AFESC (EUROPE)
Consultant &
Interventional Cardiologist

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DR. RAKESH TIRMALE
DM (CARDIO), M.D. (MED), AFESC
REG NO. 2008/04/1352

TEST REPORT

2D Echo & M Mode:-

- All cardiac chambers are normal in size.
- NO concentric LV Hypertrophy present.
- All Cardiac valves are normal.
- No regional wall motion abnormality at rest.
- Normal LV/RV Contractility.
- No clots or vegetations or pericardial effusion.
- Pericardial Space and pericardium normal.

Color Flow & Doppler Study:-

Diastolic function:-

- Mitral E> A DT- 180 msec
- Pulmonary venous flow-Normal

CFM:-

- Flow across all valves-
- PASP by TR jet- 18 mmHg
- Aortic valve gradient (peak) - 5 mmHg

Measurements:-

Dimensions:

LA	: 30 mm
AO	: 17 mm
LVID (d)	: 47 mm
LVID(s)	: 27 mm
IVS (d)	: 11 mm
PW (d)	: 10 mm
RVID (d)	: 24 mm
LVEF	: 55%