

Date:- 26/11/22

CID: 2233020726

Name:- Rishav Thakur

Sex / Age: M / 28

**EYE CHECK UP**

Chief complaints: No

Systemic Diseases: No

Past history: No

Unaided Vision: w/g (R) 6/6 (L) 6/6

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	_____	_____	_____	6/6	_____	_____	_____	6/6
Near	_____	_____	_____	NIG	_____	_____	_____	NIG

Colour Vision:  Normal /  Abnormal

Remark:

**SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.**  
102-104, Bhoomi Castle,  
Opp. Goregaon Sports Club,  
Link Road, Malad (W), Mumbai - 400 064.

CID : 2233020726  
Name : Mr RISHAV THAKUR  
Age / Sex : 28 Years/Male  
Ref. Dr :  
Reg. Location : Malad West Main Centre

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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.**

**Kindly correlate clinically.**

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. X-ray is known to have inter-observer variations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Further / Follow-up imaging may be needed in some case for confirmation of findings. Please interpret accordingly.

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

**This report is prepared and physically checked by Dr Akash Chhari before dispatch.**



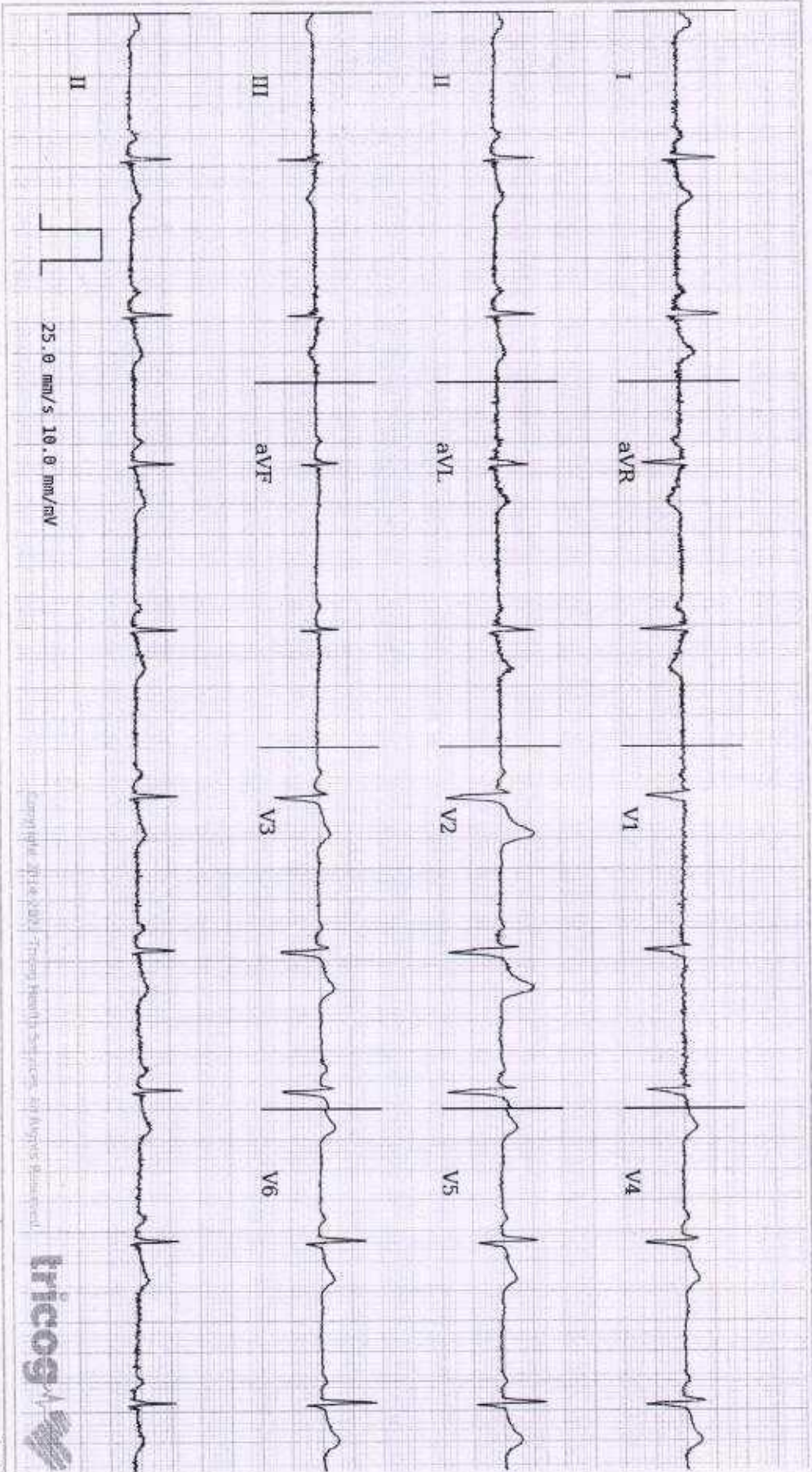
DR. Akash Chhari  
MBBS. MD. Radio-Diagnosis Mumbai  
MMC REG NO - 2011/08/2862

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Page no 1 of 1

Patient Name: **RISHAV THAKUR**  
Patient ID: **2233020726**

Date and Time: **26th Nov 22 10:28 AM**



25.0 mm/s 10.0 mm/mV

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Age **28** **1** **20**  
years months days

Gender **Male**

Heart Rate **59bpm**

Patient Vitals

BP: **120/80 mmHg**

Weight: **79 kg**

Height: **173 cm**

Pulse: **NA**

SpO2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **82ms**

QT: **390ms**

QTc: **386ms**

PR: **154ms**

P-R-T: **37° 13° 16°**

REPORTED BY

*Sonali Honrao*

DR. SONALI HONRAO  
MD (General Medicine)  
Physician  
2001/04/1882

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

Disclaimer: 1) Analytic in this report is based on ECG alone and should be used in 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 stats are as entered by the clinician and not derived from the ECG.

भारत सरकार  
GOVERNMENT OF INDIA

नाम / Name  
Rishav Thakur

जन्म वर्ष / Year of Birth : 1994

पुरुष / Male

7708 4055 9686

आधार - आम आदमी का अधिकार



SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.  
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Consulting Dr. : -  
Reg. Location : Malad West (Main Centre)

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## AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

### CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	17.1	13.0-17.0 g/dL	Spectrophotometric
RBC	5.38	4.5-5.5 mil/cmm	Elect. Impedance
PCV	50.6	40-50 %	Calculated
MCV	94.1	80-100 fl	Measured
MCH	31.8	27-32 pg	Calculated
MCHC	33.7	31.5-34.5 g/dL	Calculated
RDW	13.8	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	8340	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	25.0	20-40 %	
Absolute Lymphocytes	2080	1000-3000 /cmm	Calculated
Monocytes	7.5	2-10 %	
Absolute Monocytes	620	200-1000 /cmm	Calculated
Neutrophils	64.3	40-80 %	
Absolute Neutrophils	5340	2000-7000 /cmm	Calculated
Eosinophils	2.8	1-6 %	
Absolute Eosinophils	240	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	30	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	237000	150000-400000 /cmm	Elect. Impedance
MPV	9.9	6-11 fl	Measured
PDW	17.5	11-18 %	Calculated



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**RBC MORPHOLOGY**

Hypochromia -  
Microcytosis -  
Macrocytosis -  
Anisocytosis -  
Poikilocytosis -  
Polychromasia -  
Target Cells -  
Basophilic Stippling -  
Normoblasts -  
Others Normocytic, Normochromic

WBC MORPHOLOGY -

PLATELET MORPHOLOGY -

COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB 6 2-15 mm at 1 hr. Westergren

\*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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Reg. Location : Malad West (Main Centre)

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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	91.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	109.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	1.02	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	<b>0.46</b>	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.56	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	<b>45.6</b>	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	<b>92.3</b>	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	25.5	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	122.4	40-130 U/L	Colorimetric
BLOOD UREA, Serum	15.5	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.2	6-20 mg/dl	Calculated
CREATININE, Serum	1.19	0.67-1.17 mg/dl	Enzymatic



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eGFR, Serum	77	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.7	3.5-7.2 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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



*Anupa*

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





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Age / Gender : 28 Years / Male  
Consulting Dr. : -  
Reg. Location : Malad West (Main Centre)

Collected : 26-Nov-2022 / 09:52  
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE  
GLYCOSYLATED HEMOGLOBIN (HbA1c)**

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

**Intended use:**

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

**Clinical Significance:**

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

**Test Interpretation:**

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

**Factors affecting HbA1c results:**

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

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

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

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

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

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



*J. Thakker*

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



CID : 2233020726  
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Consulting Dr. : -  
Reg. Location : Malad West (Main Centre)

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**URINE EXAMINATION REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	8.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	10-15	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 insert



MC-2111

*J. Thakker*

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



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Reg. Location : Malad West (Main Centre)

Collected : 26-Nov-2022 / 09:52  
Reported : 26-Nov-2022 / 11:59

**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 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 CPL, Andheri West

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



*M Jain*

**Dr.MILLU JAIN**  
**M.D.(PATH)**  
**Pathologist**



CID : 2233020726  
Name : MR.RISHAV THAKUR  
Age / Gender : 28 Years / Male  
Consulting Dr. : -  
Reg. Location : Malad West (Main Centre)

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	107.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	46.7	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	35.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	71.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	63.0	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	8.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.8	0-3.5 Ratio	Calculated

\*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)



CID : 2233020726  
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 Reg. Location : Malad 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	5.6	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.7	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.29	0.35-5.5 microIU/ml	ECLIA



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**Consulting Dr.** : -  
**Reg. Location** : Malad West (Main Centre)

**Collected** : 26-Nov-2022 / 09:52  
**Reported** : 26-Nov-2022 / 12:57

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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 trasiently altered becuase of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

**Diurnal Variation:**TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

**Reflex Tests:**Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

**Limitations:**

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

**Reference:**

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

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



*Anupa*

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

CID# : 2233020726

Name : MR.RISHAV THAKUR

Age / Gender : 28 Years/Male

Consulting Dr. :-

Collected : 26-Nov-2022 / 09:28

Reg.Location : Malad West (Main Centre)

Reported : 26-Nov-2022 / 15:14

### PHYSICAL EXAMINATION REPORT

#### History and Complaints:

NIL

#### EXAMINATION FINDINGS:

Height (cms): 173 CMS  
Temp (0c): AFEBRILE  
Blood Pressure (mm/hg): 120/80  
Pulse: 60/MIN

Weight (kg): 79.8 KGS  
Skin: NAD  
Nails: NAD  
Lymph Node: NOT PALPABLE

#### Systems

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

#### IMPRESSION:

*WNL*

#### ADVICE:

*Regular exercise*

#### CHIEF COMPLAINTS:

- |                      |    |
|----------------------|----|
| 1) Hypertension:     | NO |
| 2) IHD               | NO |
| 3) Arrhythmia        | NO |
| 4) Diabetes Mellitus | NO |
| 5) Tuberculosis      | NO |



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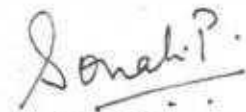
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6) Asthama	NO
7) Pulmonary Disease	NO
8) Thyroid/ Endocrine disorders	NO
9) Nervous disorders	NO
10) GI system	NO
11) Genital urinary disorder	NO
12) Rheumatic joint diseases or symptoms	NO
13) Blood disease or disorder	NO
14) Cancer/lump growth/cyst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

**PERSONAL HISTORY:**

1) Alcohol	OCCASIONAL
2) Smoking	NO
3) Diet	MIXED
4) Medication	NO

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



**Dr.Sonali Honrao**  
**MD physician**  
**Sr. Manager-Medical Services**  
**(Cardiology)**

SUBURBAN DIAGNOSTICS

Station

--  
Malad West

Telephone:

**EXERCISE STRESS TEST REPORT**

Patient Name: RISHAV, THAKUR  
 Patient ID: 2233020726  
 Height: 173 cm  
 Weight: 79 kg

DOB: 06.10.1994  
 Age: 28yrs  
 Gender: Male  
 Race: Asian

Study Date: 26.11.2022  
 Test Type: --  
 Protocol: BRUCE

Referring Physician: --  
 Attending Physician: DR SONALI HONRAO  
 Technician: --

Medications:  
 --

Medical History:  
 --

Reason for Exercise Test:  
 --

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:39	0.00	0.00	83	120/80	
	STANDING	00:16	0.00	0.00	82	120/80	
	HYPERV.	00:17	0.00	0.00	81	120/80	
EXERCISE	WARM-UP	00:11	1.00	0.00	88		
	STAGE 1	03:00	1.70	10.00	118	130/80	
	STAGE 2	03:00	2.50	12.00	150	136/80	
	STAGE 3	01:23	3.40	14.00	173	140/80	
RECOVERY		03:06	0.00	0.00	121	140/80	

The patient exercised according to the BRUCE for 7:22 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 82 bpm rose to a maximal heart rate of 176 bpm. This value represents 91 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 140/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.

Functional Capacity: normal.

HR Response to Exercise: appropriate.

BP Response to Exercise: normal resting BP - appropriate response.

Chest Pain: none.

Arrhythmias: none.

ST Changes: none.

Overall impression: Normal stress test.

Conclusions

Good effort tolerance. No Significant ST- T changes as compared to baseline. No chest pain / arrythmia noted. Stress test is negative for inducible ischemia.

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

Physician

*Sonali P.*

Technician

**DR. SONALI PONRAO**  
MD (G.MED)  
CONSULTING PHYSICIAN  
REG. NO.2001/04/1882

**SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.**  
102-104, Bhandari Castle,  
Opp. Goregaon Sports Club,  
Link Road, Malad (W), Mumbai - 400 064.

Measured at 60ms Post J

Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	-0.09	V1	-0.03
II	0.14	V2	0.12
III	0.04	V3	0.12
aVR	-0.11	V4	0.12
aVL	0.02	V5	0.10
aVF	0.09	V6	0.08



RISHAV, THAKUR

Patient ID 2233020726

26.11.2022

10:50:04am

12-Lead Report

PRETEST  
STANDING

00:51

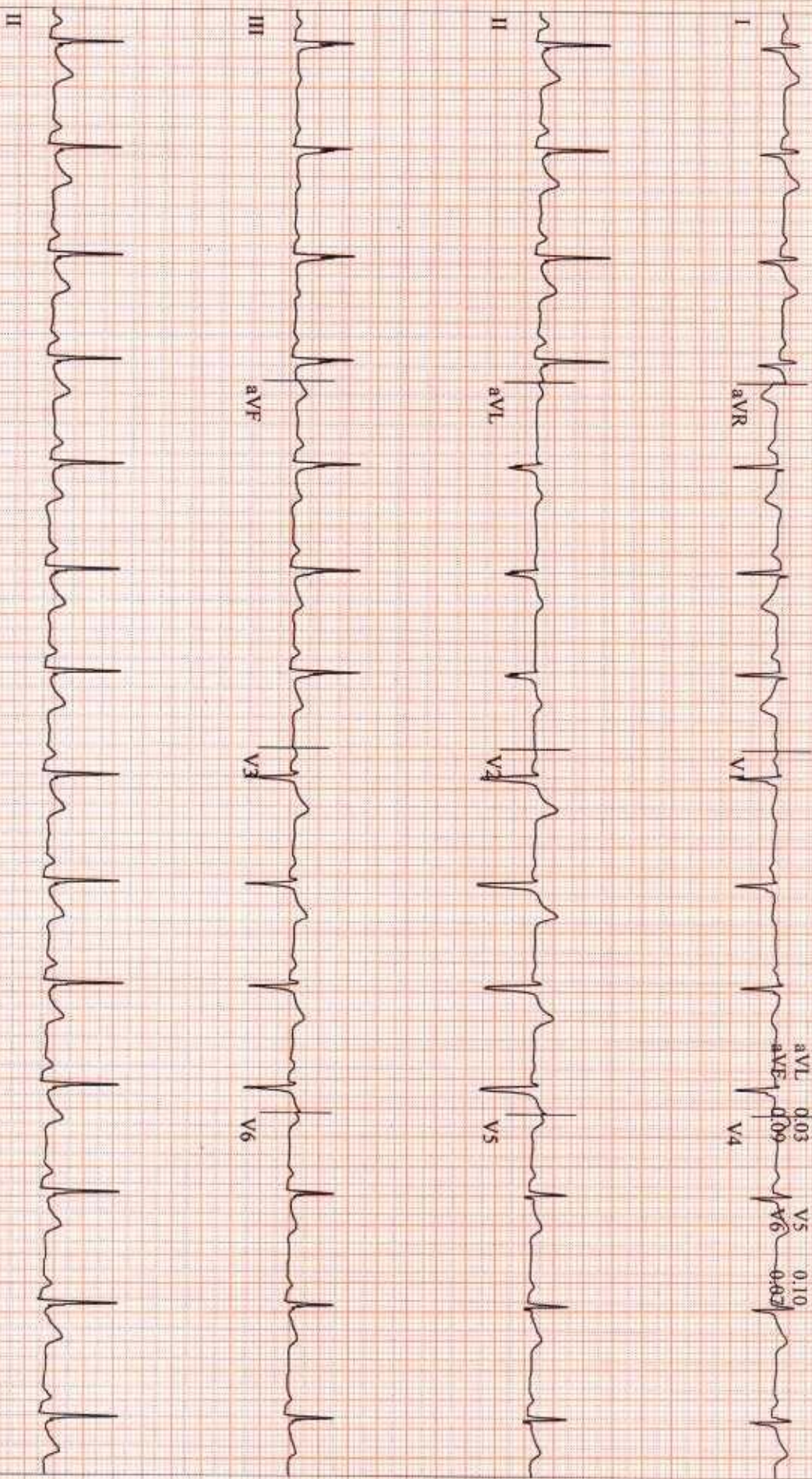
BRUCE  
0.0 mph  
0.0 %

SUBURBAN DIAGNOSTICS

Measured at 60ms Post J  
Auto Points

Lead ST(mV)      Lead ST(mV)

I	0.09	V1	-0.03
II	0.14	V2	0.12
III	0.04	V3	0.11
aVR	-0.11	V4	0.11
aVL	0.03	V5	0.10
aVF	0.09	V6	0.07



GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V3)

Start of Test: 10:49:07am

**RISHAV, THAKUR**  
 Patient ID 2233020726  
 26.11.2022  
 10:50:19am

80 bpm  
 120/80 mmHg

PRETEST  
 HYPERV.  
 01:06

BRUCE  
 0.0 mph  
 0.0%

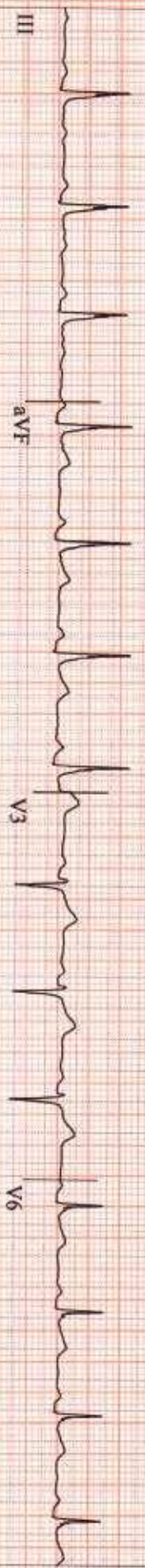
Measured at 60ms Post J  
 Auto Points

SUBURBAN DIAGNOSTICS

12-Lead Report



Lead	ST(mV)	Lead	ST(mV)
I	-0.10	V1	-0.03
II	0.14	V2	0.12
III	0.04	V3	0.11
aVR	-0.12	V4	0.11
aVL	0.03	V5	0.10
aVF	0.08	V6	0.08



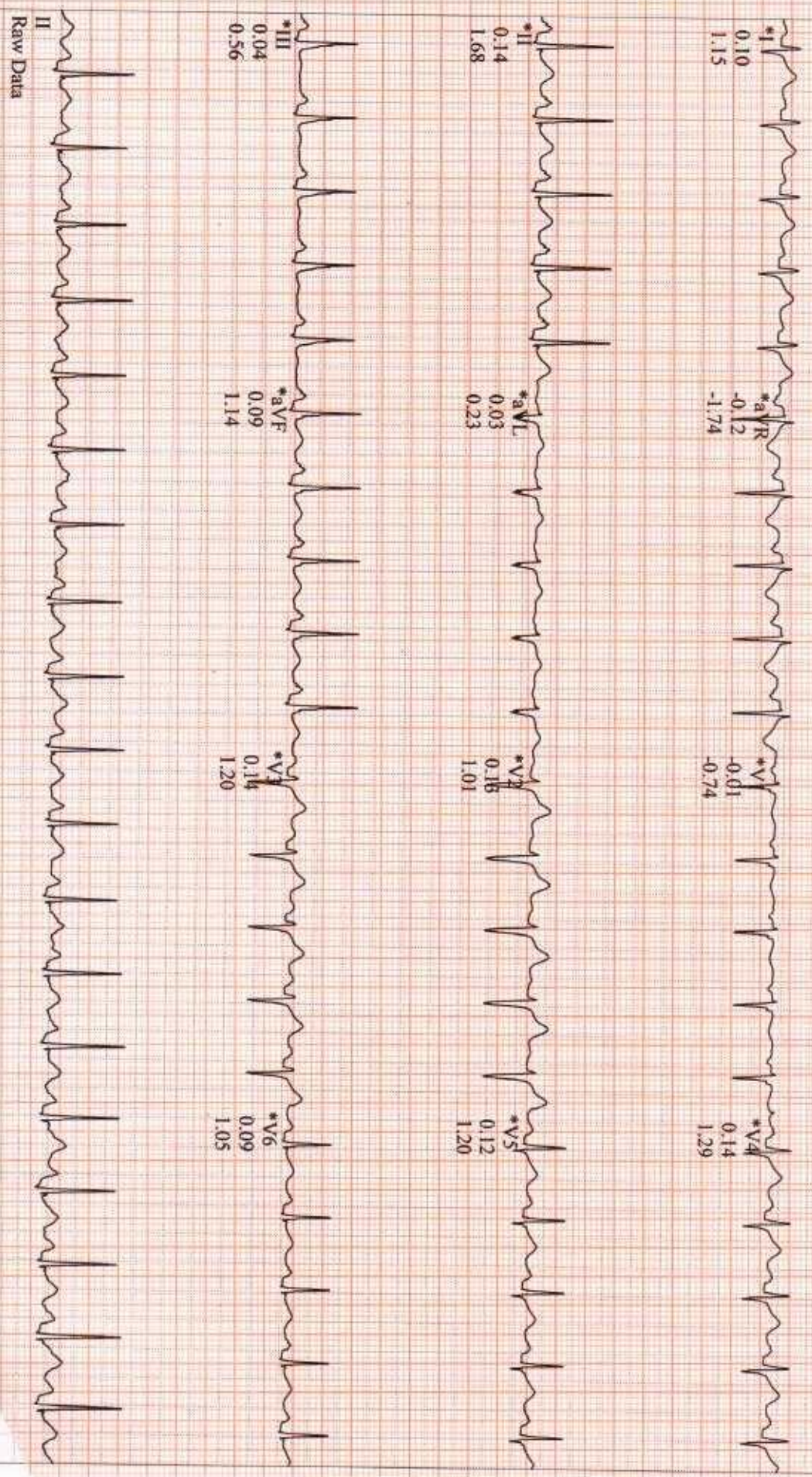
RISHAV, THAKUR  
Patient ID 2233020726  
26-11-2022  
10:53:16am

Linked Medians  
EXERCISE  
STAGE 1  
117 bpm  
130/80 mmHg

BRUCE  
1.7 mph  
10.0%

SUBURBAN DIAGNOSTICS

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



Raw Data

\*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V3)

Start of Test: 10:49:07am

RISHAV, THAKUR

Patient ID 2233020726

26.11.2022

10:56:16am

Linked Medians

EXERCISE

STAGE 2

05:50

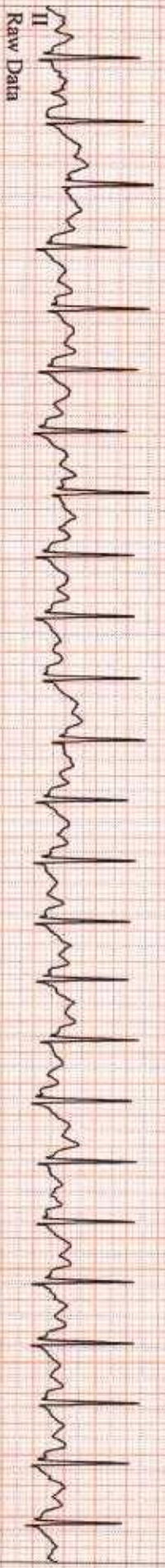
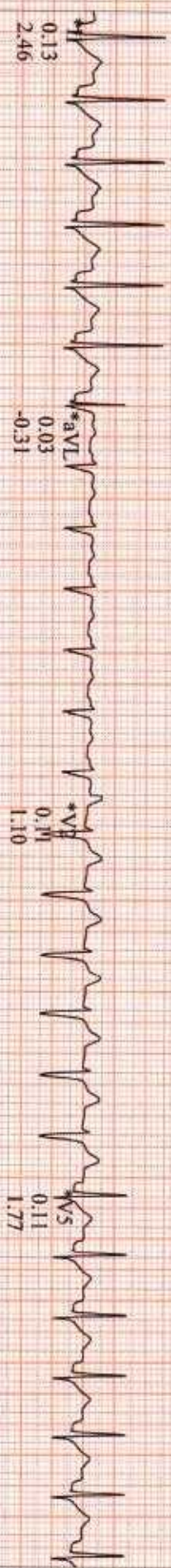
BRUCE

2.5 mph

12.0%

SUBURBAN DIAGNOSTICS

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



\*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V3,II)

Start of Test: 10:49:07am



RISHAV, THAKUR

Patient ID: 2233020726

26.11.2022

10:57:54am

12-Lead Report ( PEAK EXERCISE )

EXERCISE

STAGE 3

07:23

BRUCE

3.4 mph

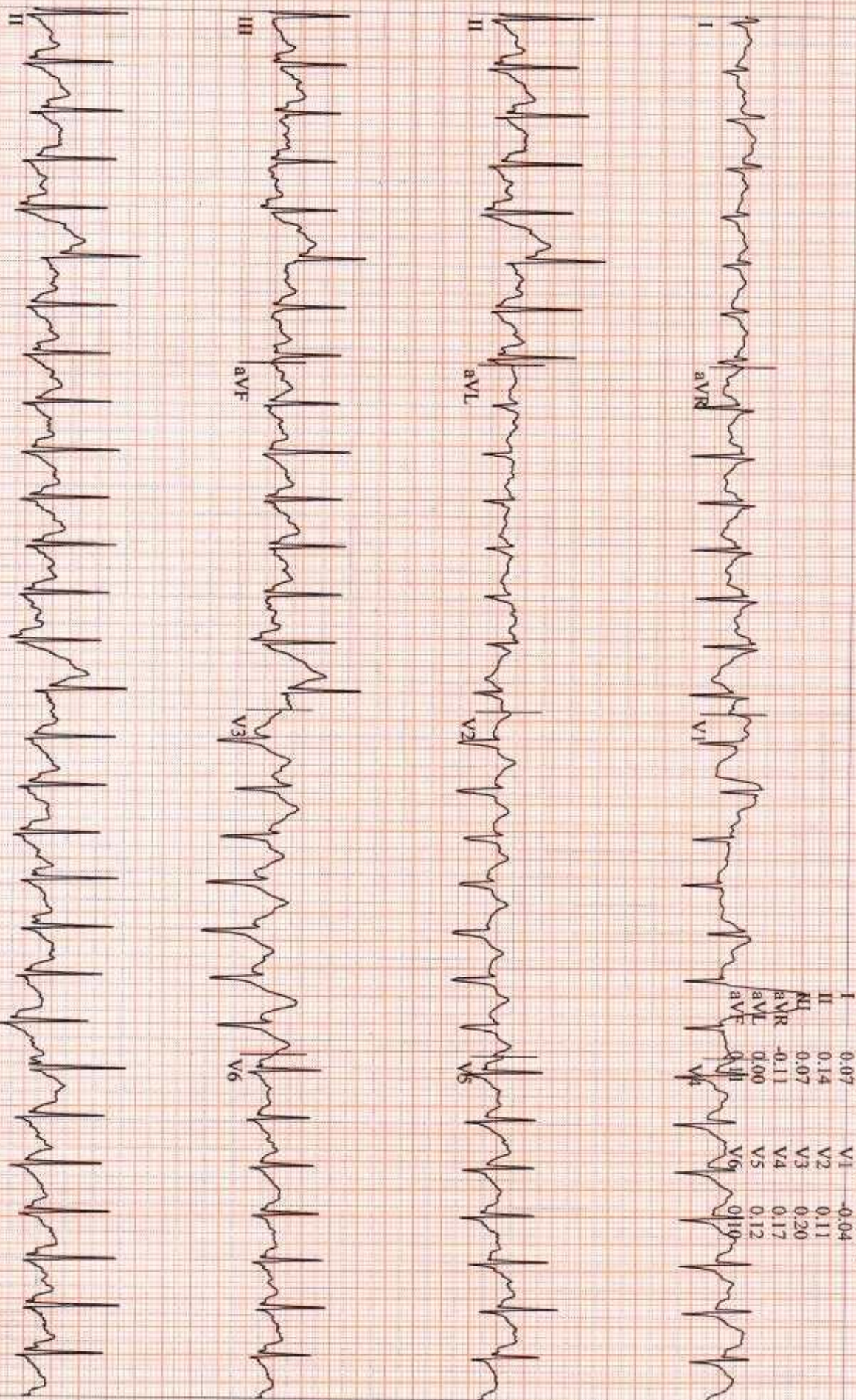
14.0 %

SUBURBAN DIAGNOSTICS

Measured at 60ms Post J

Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.07	V1	-0.04
II	0.14	V2	0.11
III	0.07	V3	0.20
aVR	-0.11	V4	0.17
aVL	0.00	V5	0.12
aVF	0.00	V6	0.10



GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V3,II)

Start of Test: 10:49:07am

RISHAV, THAKUR

Patient ID 2233020726

26.11.2022

10:58:48am

Linked Medians

RECOVERY

#1

01:00

SUBURBAN DIAGNOSTICS

BRUCE

0.0 mph

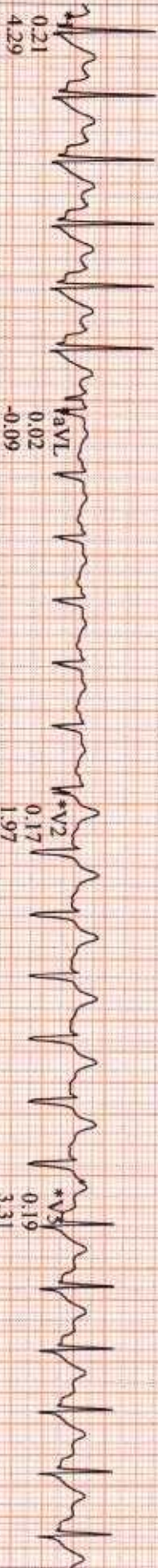
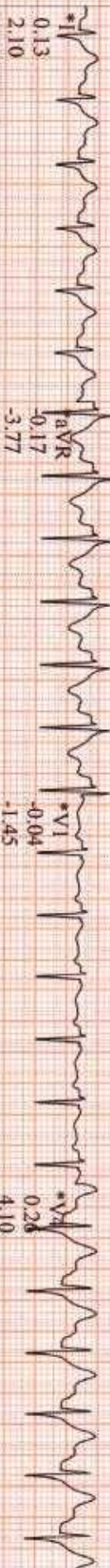
0.0 %

Lead

ST Level (mV)

ST Slope (mV/s)

150 bpm



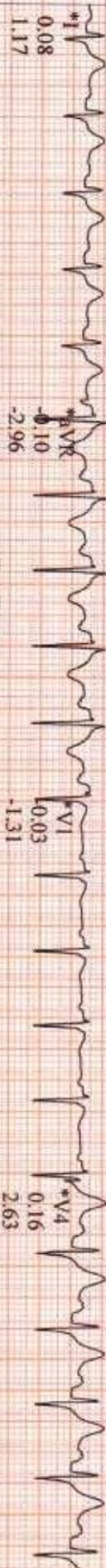
\*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V3,II)

Start of Test: 10:49:07am

125 bpm

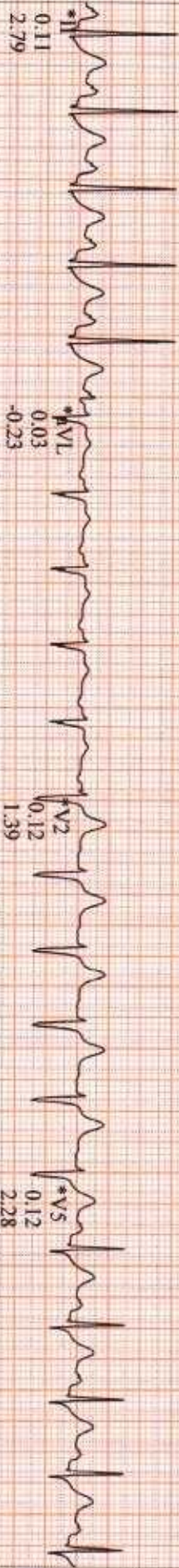
Lead  
ST Level (mV)  
ST Slope (mV/s)



\*aVR  
-0.10  
-2.96

\*V1  
0.03  
-1.31

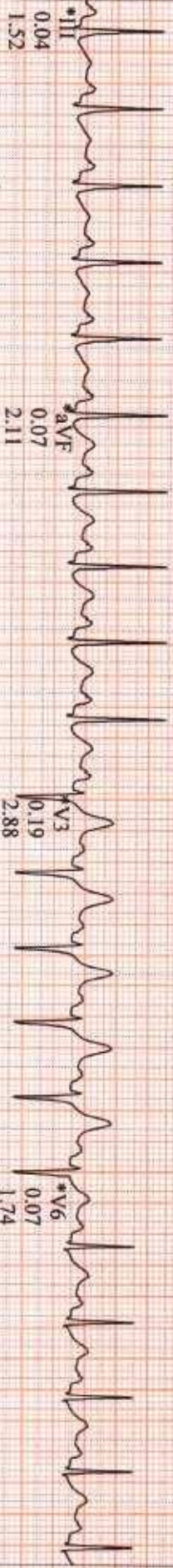
\*V4  
0.16  
2.63



\*aVL  
0.03  
-0.23

\*V2  
0.12  
1.39

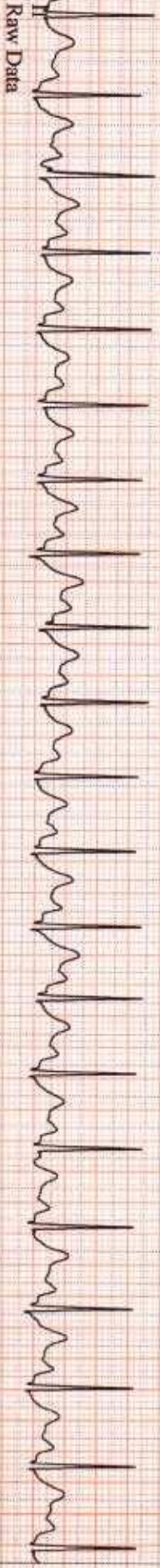
\*V5  
0.12  
2.28



\*aVF  
0.07  
2.11

\*V3  
0.19  
2.88

\*V6  
0.07  
1.74



\*Computer Synthesized Rhythms

RISHAV, THAKUR

Patient ID 2233020726

26.11.2022

11:00:48am

Linked Medians

RECOVERY #1

03:00

SUBURBAN DIAGNOSTICS

BRUCE

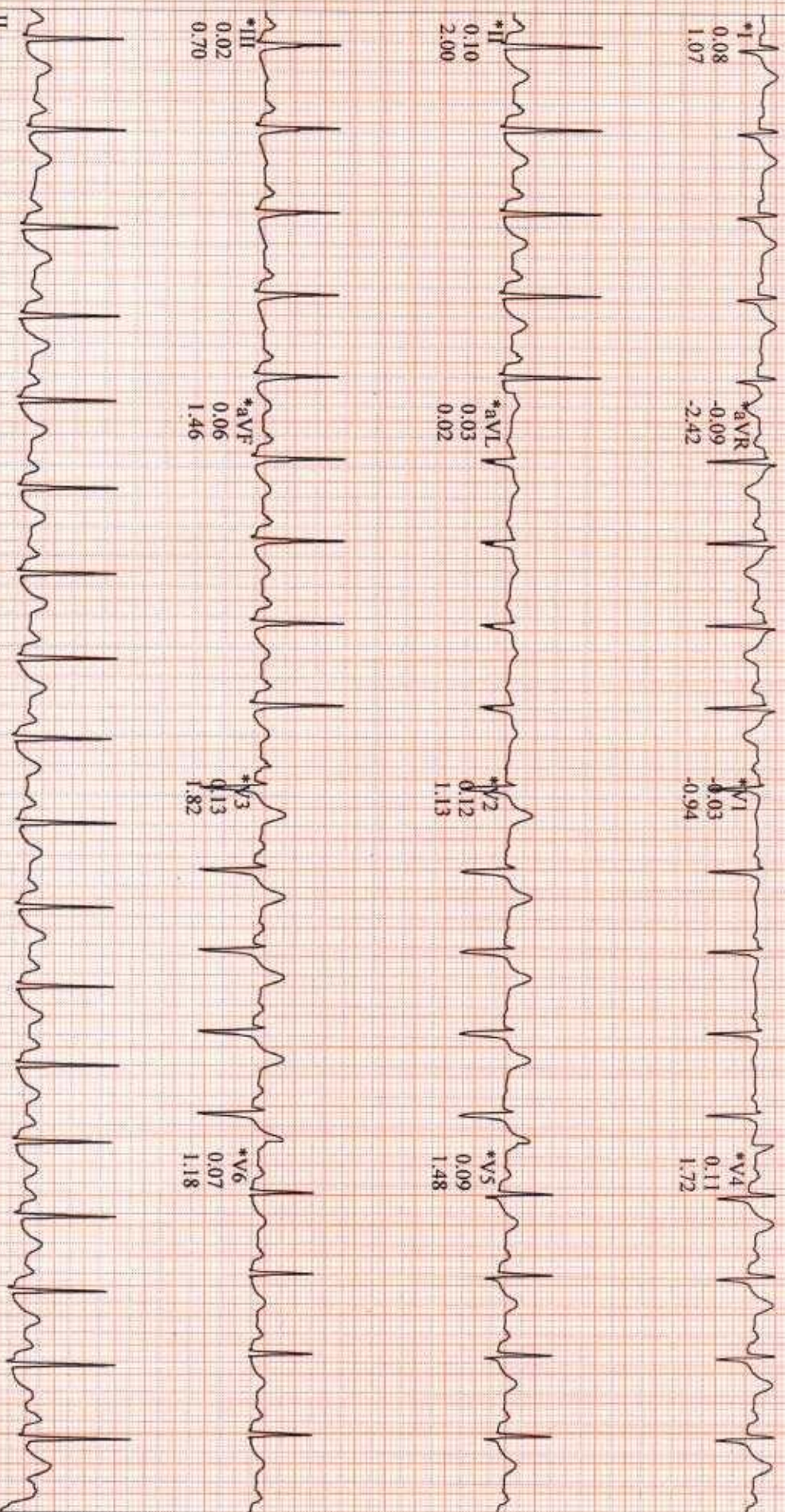
0.0 mph

0.0%

109 bpm

140/80 mmHg

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



Raw Data

\*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V3,II)

Start of Test: 10:49:07am



**CID** : 2233020726  
**Name** : Mr RISHAV THAKUR  
**Age / Sex** : 28 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Malad West Main Centre

**Reg. Date** : 26-Nov-2022  
**Reported** : 26-Nov-2022/11:15

## **USG WHOLE ABDOMEN**

### **LIVER:**

The liver is normal in size, shape and smooth margins. It shows mild diffuse bright parenchymal echo pattern suggest fatty liver. 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 mass 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 11.1 x 3.6 cm.  
Left kidney measures 11.0 x 3.8 cm.

### **SPLEEN:**

The spleen is normal in size 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 and measures 3.9 x 2.7 x 2.5 cm and volume is 14.6 cc.



Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2233020726  
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**Ref. Dr** :  
**Reg. Location** : Malad West Main Centre

**Reg. Date** : 26-Nov-2022  
**Reported** : 26-Nov-2022/11:15

**IMPRESSION:**

**Fatty liver.**  
**No other significant abnormality is seen.**

**Suggestion: Clinicopathological correlation.**

**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 case for confirmation of findings. Patient has been explained in detail about the USG findings including its limitations and need for further imaging if clinically indicated. Please interpret accordingly. All the possible precaution have been taken under covid-19 pandemic.

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

**This report is prepared and physically checked by DR SUNIL before dispatch.**

Dr. Sunil Bhutka  
DMRD DNB  
MMC REG NO:2011051101



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Application To Scan the Code

**CID** : 2233020726  
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