



CID : 2131734679  
Name : MR.LONKAR RAJESHWAR RAO BHIM RAO  
Age / Gender : 39 Years / Male  
Consulting Dr. : -  
Reg. Location : Lulla Nagar, Pune (Main Centre)

Collected : 13-Nov-2021 / 10:05  
Reported : 13-Nov-2021 / 12:23

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## MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

### CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	16.5	13.0-17.0 g/dL	Spectrophotometric
RBC	<b>6.11</b>	4.5-5.5 mil/cmm	Elect. Impedance
PCV	<b>50.4</b>	40-50 %	Calculated
MCV	82	80-100 fl	Calculated
MCH	27.0	27-32 pg	Calculated
MCHC	32.8	31.5-34.5 g/dL	Calculated
RDW	<b>14.6</b>	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	5500	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	34.0	20-40 %	
Absolute Lymphocytes	1870.0	1000-3000 /cmm	Calculated
Monocytes	7.7	2-10 %	
Absolute Monocytes	423.5	200-1000 /cmm	Calculated
Neutrophils	51.8	40-80 %	
Absolute Neutrophils	2849.0	2000-7000 /cmm	Calculated
Eosinophils	<b>6.4</b>	1-6 %	
Absolute Eosinophils	352.0	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	<b>5.5</b>	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	225000	150000-400000 /cmm	Elect. Impedance
MPV	9.6	6-11 fl	Calculated
PDW	<b>19.0</b>	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		
Macrocytosis	-		



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR                      4                      2-15 mm at 1 hr.                      Westergren

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate  
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MC-2463



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**Dr.SHRUTI RAMTEKE**  
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**Pathologist**

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**For Feedback -** customerservice@suburbandiagnosics.com | **www.suburbandiagnosics.com**



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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	105.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	123.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT**  
**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	102.5	mg/dl	Calculated

**Intended use:**

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

**Clinical Significance:**

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

**Test Interpretation:**

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

**Factors affecting HbA1c results:**

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

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

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

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

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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT**  
**PROSTATE SPECIFIC ANTIGEN (PSA)**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
TOTAL PSA, Serum	0.205	0.03-2.5 ng/ml	ECLIA

1. PSA is detected in the serum of males with normal, benign hyper-plastic, and malignant prostate tissue.
2. The percentage of Free PSA (FPSA) in serum is described as being significantly higher in patients with BPH than in patients with prostate cancer.
3. Calculation of the ratio of Free to Total PSA (ie. FPSA/TPSA), has been suggested as way of improving the differentiation of BPH and Prostate cancer.

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



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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT  
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)	Acidic (6.5)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<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	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	1-2	Less than 20/hpf	

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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT**  
**BLOOD GROUPING & Rh TYPING**

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	A
Rh TYPING	Positive

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

Specimen: EDTA Whole Blood and/or serum

**Clinical significance:**

ABO system is most important of all blood group in transfusion medicine

**Limitations:**

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

**Refernces:**

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	226.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	217.3	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	37.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	189.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	163.7	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	Colorimetric
VLDL CHOLESTEROL, Serum	25.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	6.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.4	0-3.5 Ratio	Calculated

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BLOOD UREA, Serum	21.0	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.8	6-20 mg/dl	Calculated
CREATININE, Serum	0.81	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	113	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
URIC ACID, Serum	4.6	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	4.4	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.3	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	138	135-148 mmol/l	ISE
POTASSIUM, Serum	4.5	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	100	98-107 mmol/l	ISE

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.9	2.6-5.7 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
Free T4, Serum	11.6	9-19 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
sensitiveTSH, Serum	2.09	0.35-4.94 microIU/ml	CMIA

Kindly note change in reference range and method w.e.f. 16/08/2019. NOTE: 1) TSH values between 5.5 to 15 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 & heart failure, severe burns, trauma & surgery etc.



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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 5.5 to 15 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:**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.

**Reference:**

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

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.41	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.17	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.24	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	14.7	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	17.6	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	31.6	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	90.8	40-130 U/L	Colorimetric

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**PPUS and KETONES**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

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## Suburban Diagnostics Lullanagar

### Patient Details

**Date:** 13-Nov-21      **Time:** 10:30:17 AM  
**Name:** LONKAR RAJESHWAR RAO BHIMRAO ID: 2131734679  
**Age:** 39 y      **Sex:** M      **Height:** 163 cms.      **Weight:** 65 Kg.  
**Clinical History:** NIL

**Medications:** NIL

### Test Details

**Protocol:** Bruce      **Pr.MHR:** 181 bpm      **THR:** 162 (90 % of Pr.MHR) bpm  
**Total Exec. Time:** 6 m 18 s      **Max. HR:** 162 (90% of Pr.MHR) bpm      **Max. Mets:** 10.20  
**Max. BP:** 160 / 108 mmHg      **Max. BP x HR:** 25920 mmHg/min      **Min. BP x HR:** 8118 mmHg/min  
**Test Termination Criteria:** Target HR attained

### 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 : 34	1.0	0	0	99	122 / 82	-0.42 III	1.42 V2
Standing	0 : 7	1.0	0	0	102	122 / 82	-0.42 III	1.06 V2
Hyperventilation	0 : 10	1.0	0	0	103	122 / 82	-0.42 aVR	1.42 V2
1	3 : 0	4.6	1.7	10	134	132 / 88	-3.61 V6	3.18 V2
2	3 : 0	7.0	2.5	12	160	154 / 104	-4.46 V6	5.31 V6
Peak Ex	0 : 18	10.2	3.4	14	162	160 / 108	-2.55 III	4.25 V2
Recovery(1)	1 : 0	1.8	1	0	136	160 / 108	-2.12 III	5.66 V2
Recovery(2)	1 : 0	1.0	0	0	121	160 / 108	-1.70 aVR	5.66 V2
Recovery(3)	1 : 0	1.0	0	0	114	160 / 108	-1.06 aVR	3.89 V2
Recovery(4)	1 : 0	1.0	0	0	113	160 / 108	-0.85 aVR	2.83 V2
Recovery(5)	1 : 0	1.0	0	0	107	160 / 108	-0.64 aVR	2.12 V2
Recovery(6)	0 : 10	1.0	0	0	111	160 / 108	-0.42 aVR	2.12 V2

### Interpretation

The patient exercised according to the Bruce protocol for 6 m 18 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 99 bpm, rose to a max. heart rate of 162 (90% of Pr.MHR) bpm. Resting blood Pressure 122 / 82 mmHg, rose to a maximum blood pressure of 160 / 108 mmHg.

Good Effort Tolerance.

No Angina/Arrhythmia/Dyspnea/significant ST T changes during test/recovery.

Stress Test is **NEGATIVE** for Inducible Myocardial Ischemia.

Disclaimer :

Negative Stress Test does not rule out Coronary Artery Diseases.

Positive Test is suggestive but not confirmatory of Coronary Artery Disease.

Hence clinical correlation is mandatory.

Ref. Doctor: BOB

( Summary Report edited by user )

Doctor: **DR. MILIND SHINDE**

(c) Schiller Healthcare India Pvt. Ltd. V 4.51



**Dr. MILIND SHINDE**  
 MBBS, DNB Medicine  
 Reg. No. 2011/05/1544



Protocol: Bruce

Date: 13-Nov-21

Exec Time : 0 m 0 s

Stage Time : 0 m 28 s HR: 101 bpm

ST Level (mm)

Stage: Supine

Speed: 0 mph

Grade: 0%

(THR: 162 bpm)

B.P: 122 / 82

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

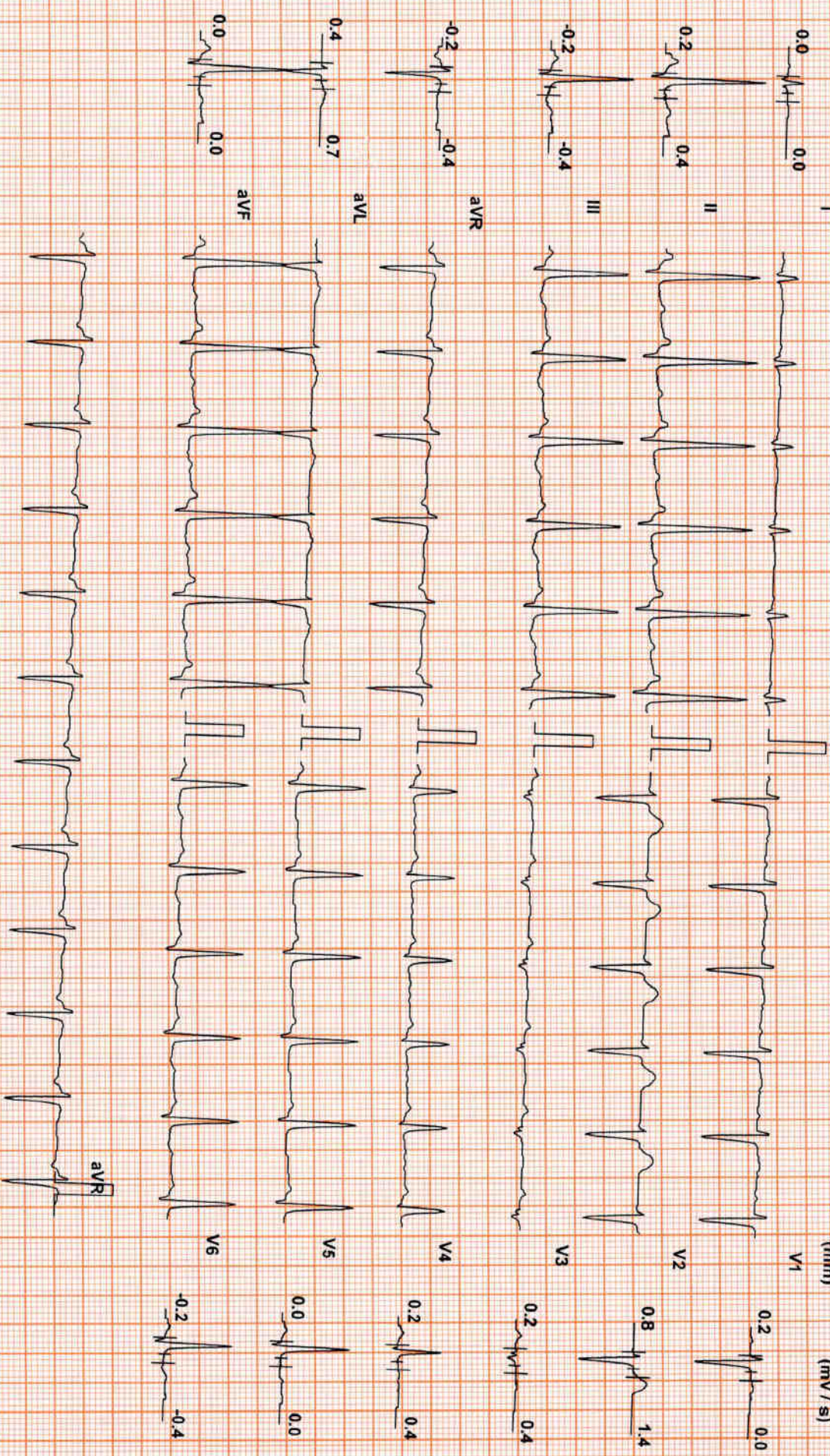


Chart Speed: 25 mm/sec  
Schiller Spandax V4.51

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



Protocol: Bruce

Stage: Standing

Date: 13-Nov-21

Exec Time : 0 m 0 s

HR: 106 bpm

Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P: 122 / 82

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

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

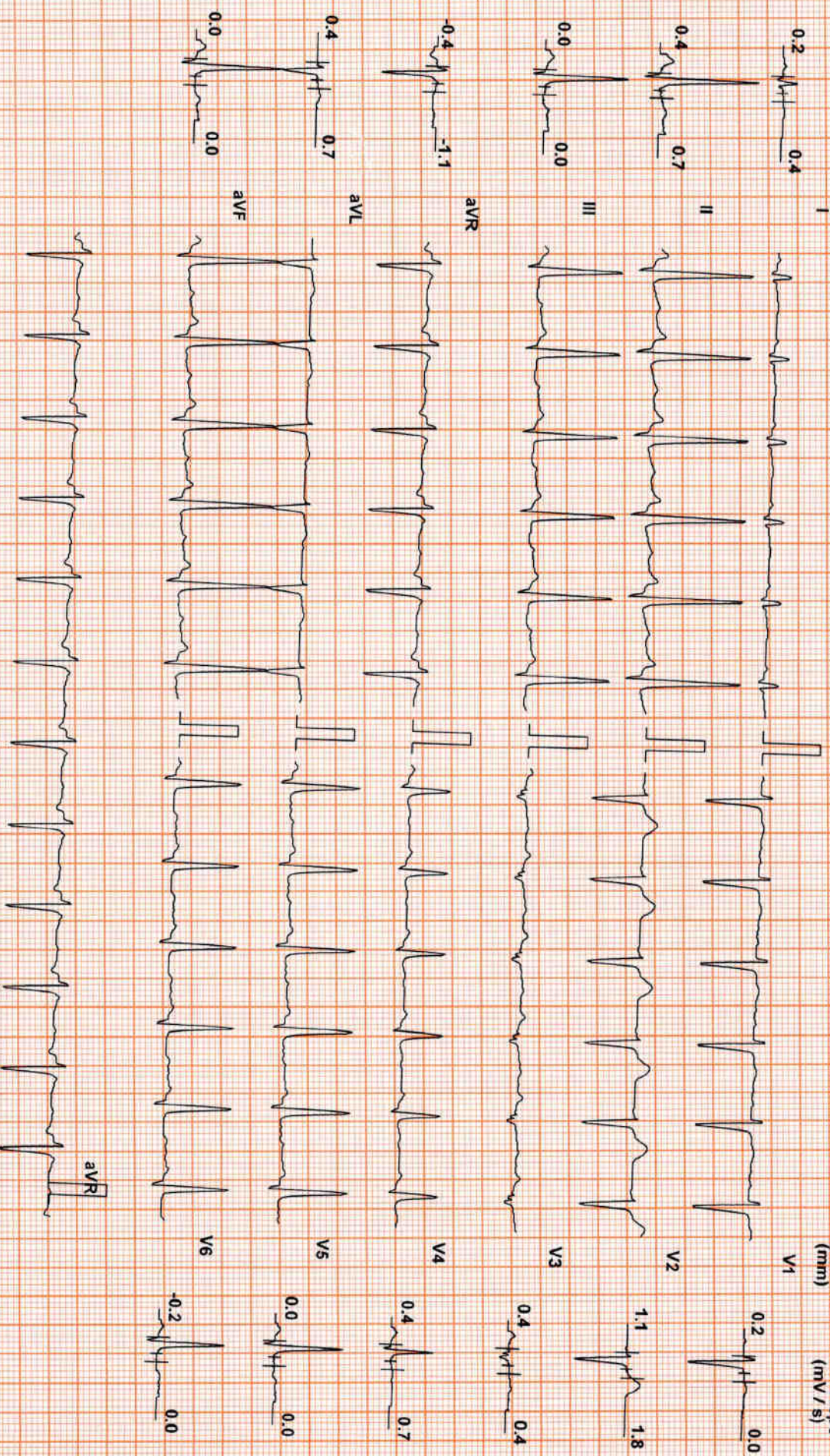


Chart Speed: 25 mm/sec  
Schlifer Spandan V 4.5f

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

150 = R - 60 ms

J = R + 60 ms

Pos J = J + 60 ms

Linked Median



LONKAR RAJESHWAR RAO BHIMRAO (39: MB1734679)

Date: 13-Nov-21 Exec Time : 0 m 0 s Stage Time : 0 m 4 s HR: 110 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P.: 122 / 82

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

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

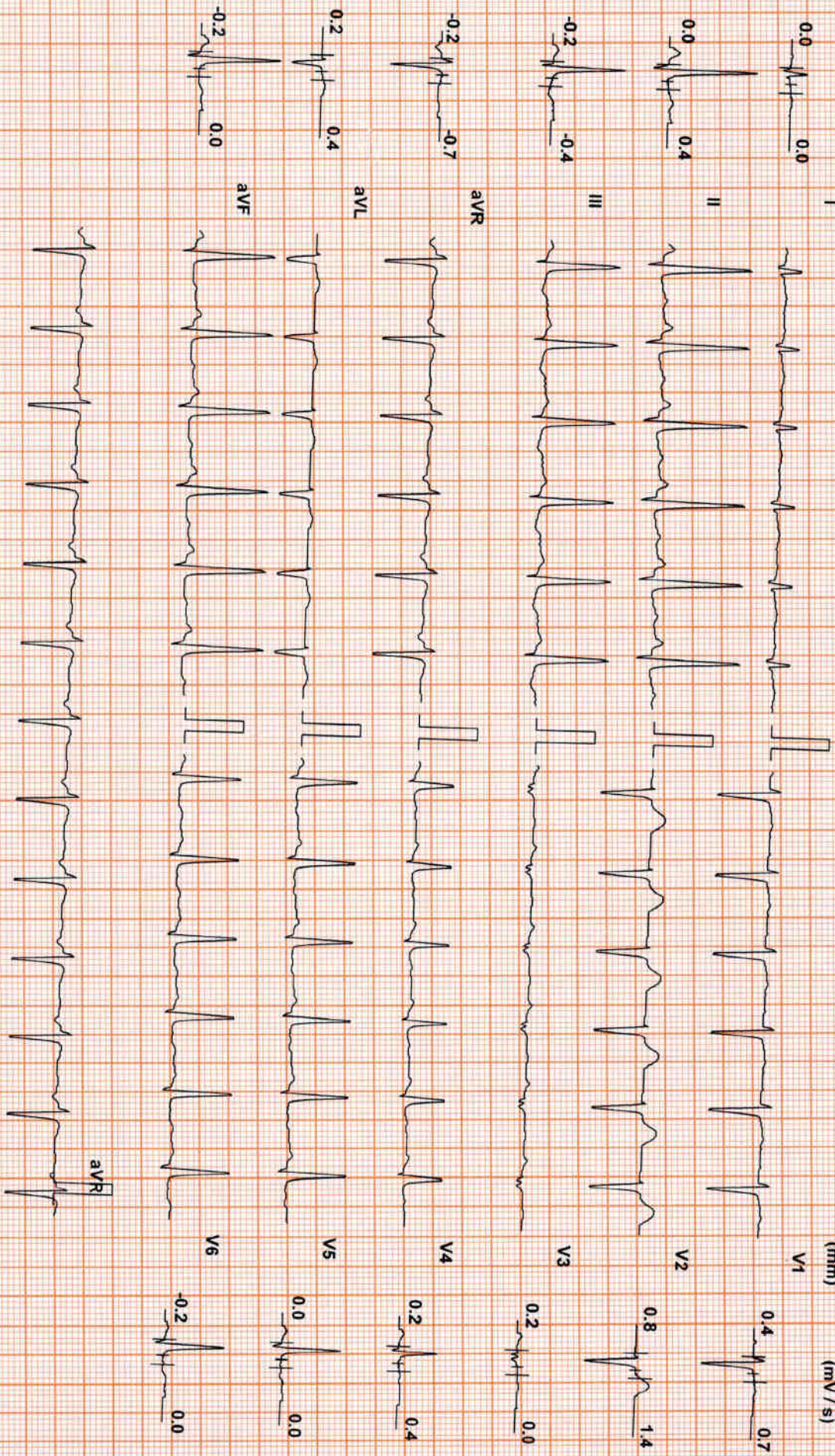


Chart Speed: 25 mm/sec  
Schiller Spandon V 4.51

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

150 = R - 50 ms

J = R + 50 ms

Post J = J + 50 ms

Linked Median



LONKAR RAJESHWAR RAO BHIMRAO (39) MJB1734679

Protocol: Bruce

Stage: 1

Date: 13-Nov-21 Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 134 bpm

Speed: 1.7 mph Grade: 10 %

(THR: 162 bpm)

B.P.: 132 / 88

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

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

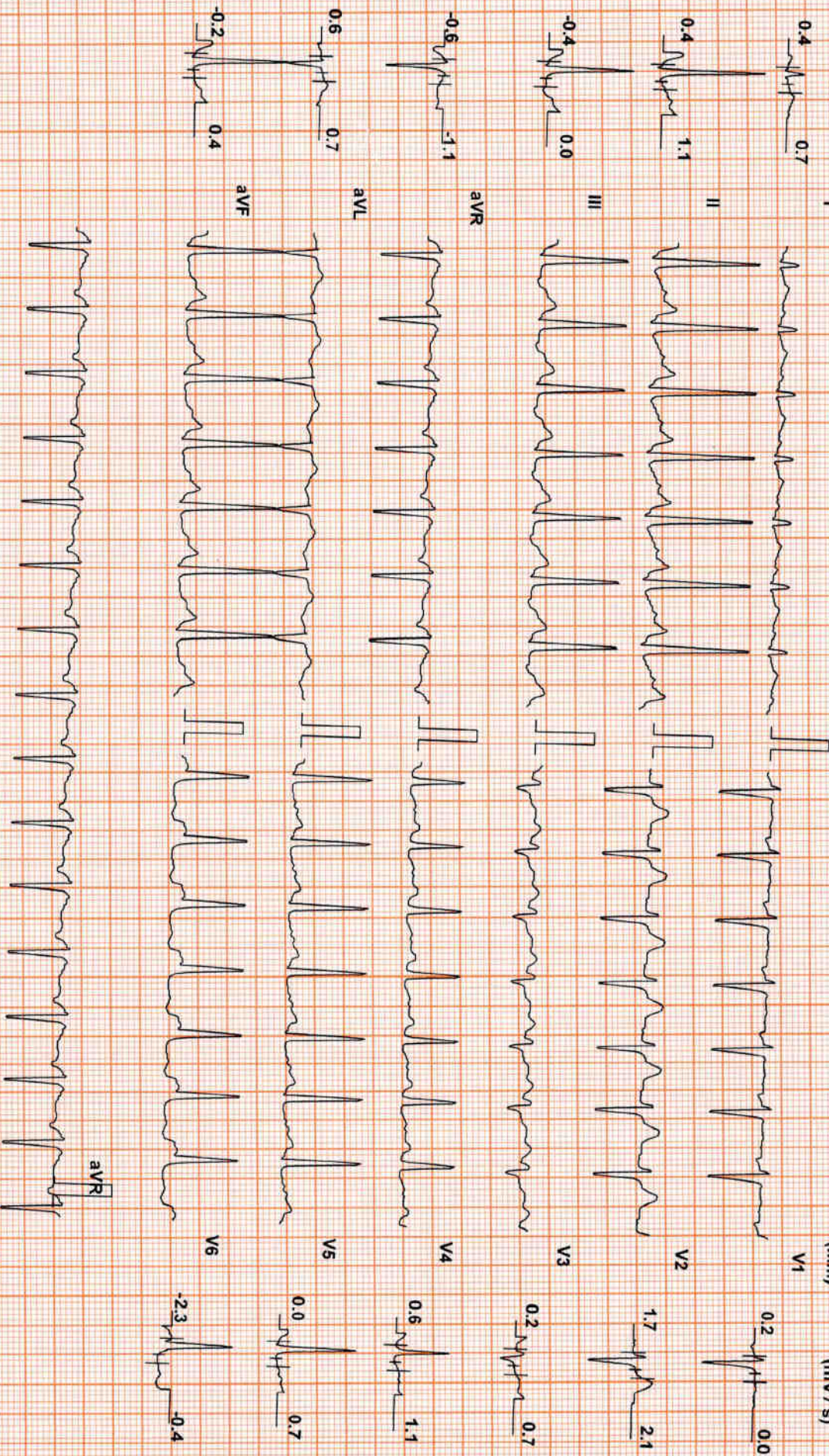


Chart Speed: 25 mm/sec  
Schiller Spandon V4.5f

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



Protocol: Bruce

Stage: 2

Date: 13-Nov-21 Exec Time : 5 m 54 s Stage Time : 2 m 54 s **HR: 158 bpm**  
 Speed: 2.5 mph Grade: 12 % (THR: 162 bpm) B.P: 154 / 104

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

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

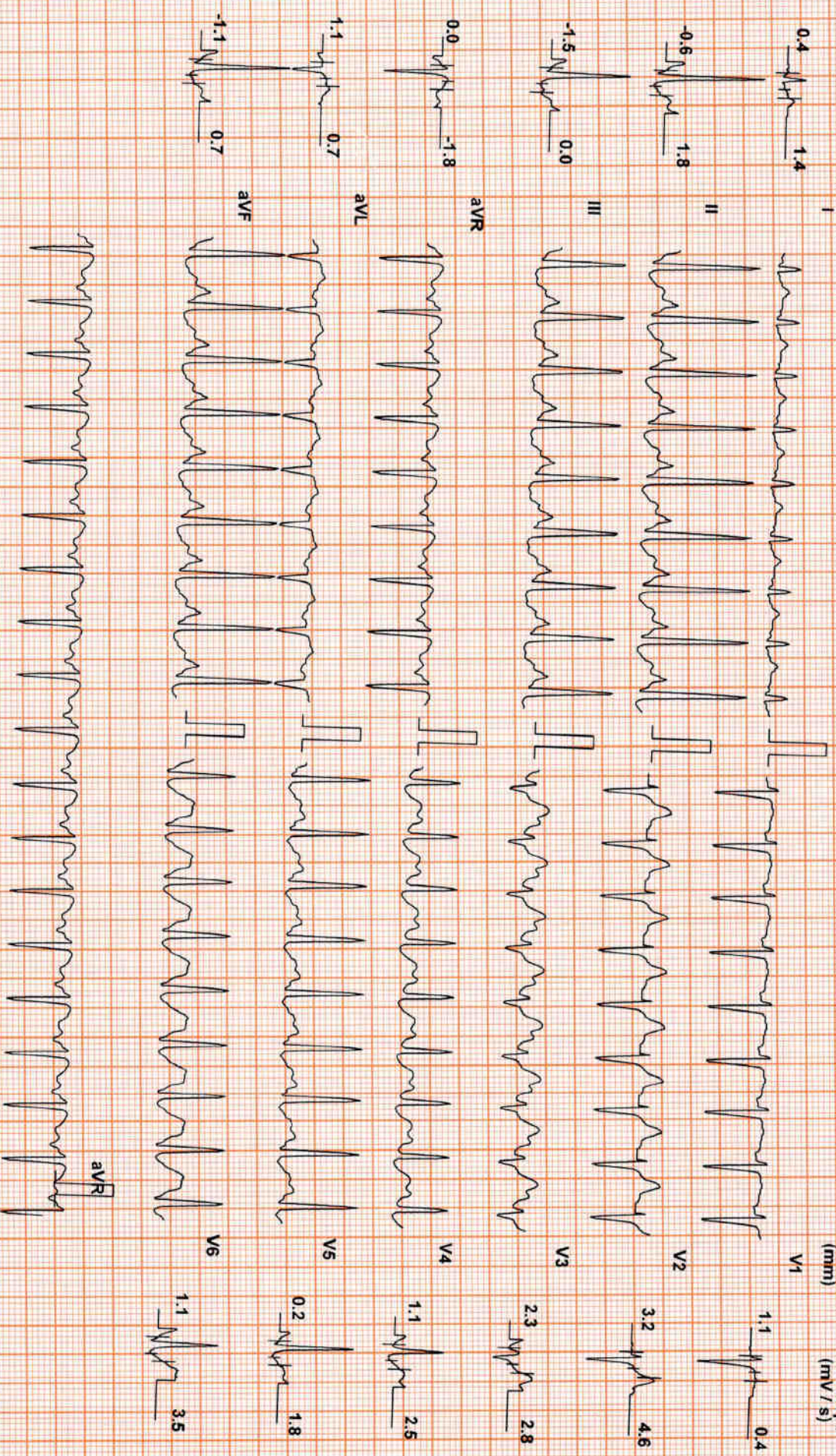


Chart Speed: 25 mm/sec  
 Schlier Spandan V4 5f

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



Protocol: Bruce

Stage: Peak Ex

Date: 13-Nov-21

Exec Time : 6 m 12 s Stage Time : 0 m 12 s HR: 161 bpm

Speed: 3.4 mph

Grade: 14 %

(THR: 162 bpm)

B.P: 160 / 108

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

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

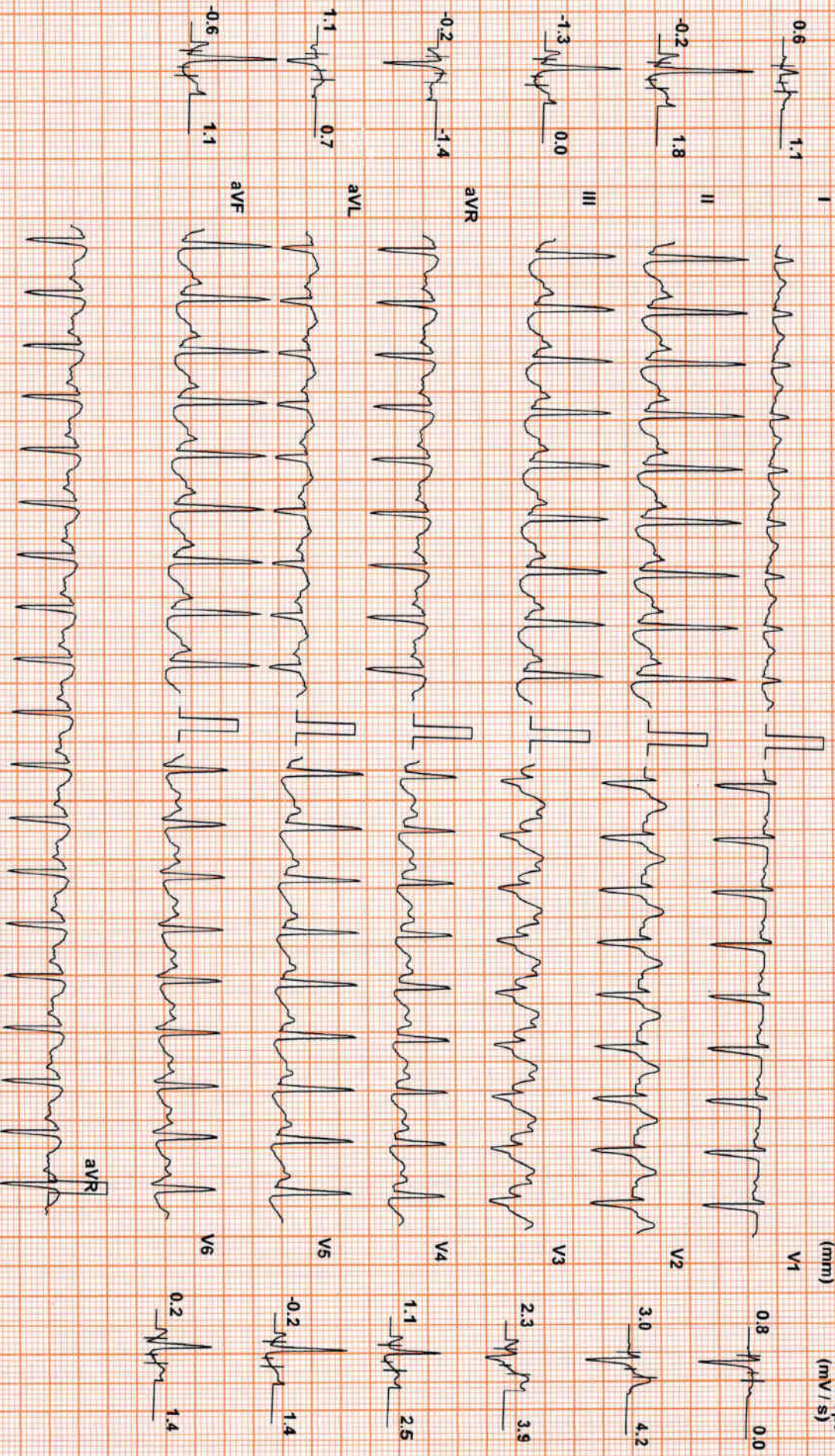


Chart Speed: 25 mm/sec  
Schiller Spandari V.4.5f

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



Protocol: Bruce

Stage: Recovery(1)

Date: 13-Nov-21 Exec Time : 6 m 18 s Stage Time : 0 m 54 s HR: 137 bpm

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

Speed: 1 mph Grade: 0 % (THR: 162 bpm) B.P.: 160 / 108

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

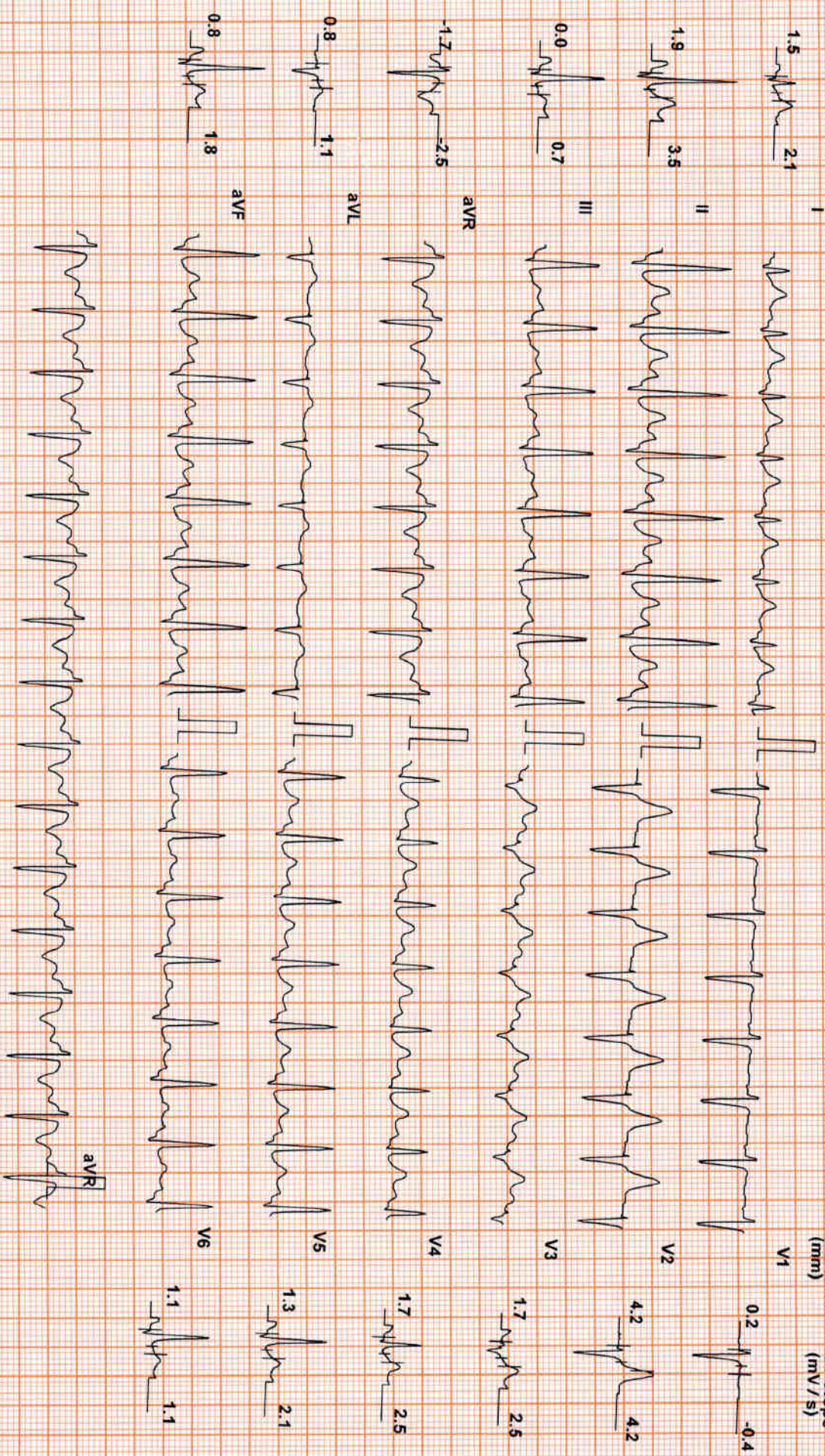


Chart Speed: 25 mm/sec  
Schlter Spandau V4.5f

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



**LONKAR RAJESHWAR RAO BHIMRAO (39)** MB1734679

Date: 13-Nov-21 Exec Time : 6 m 18 s Stage Time : 0 m 54 s HR: 121 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P.: 160 / 108

ST Level (mm)    ST Slope (mV/s)

ST Level (mm)    ST Slope (mV/s)

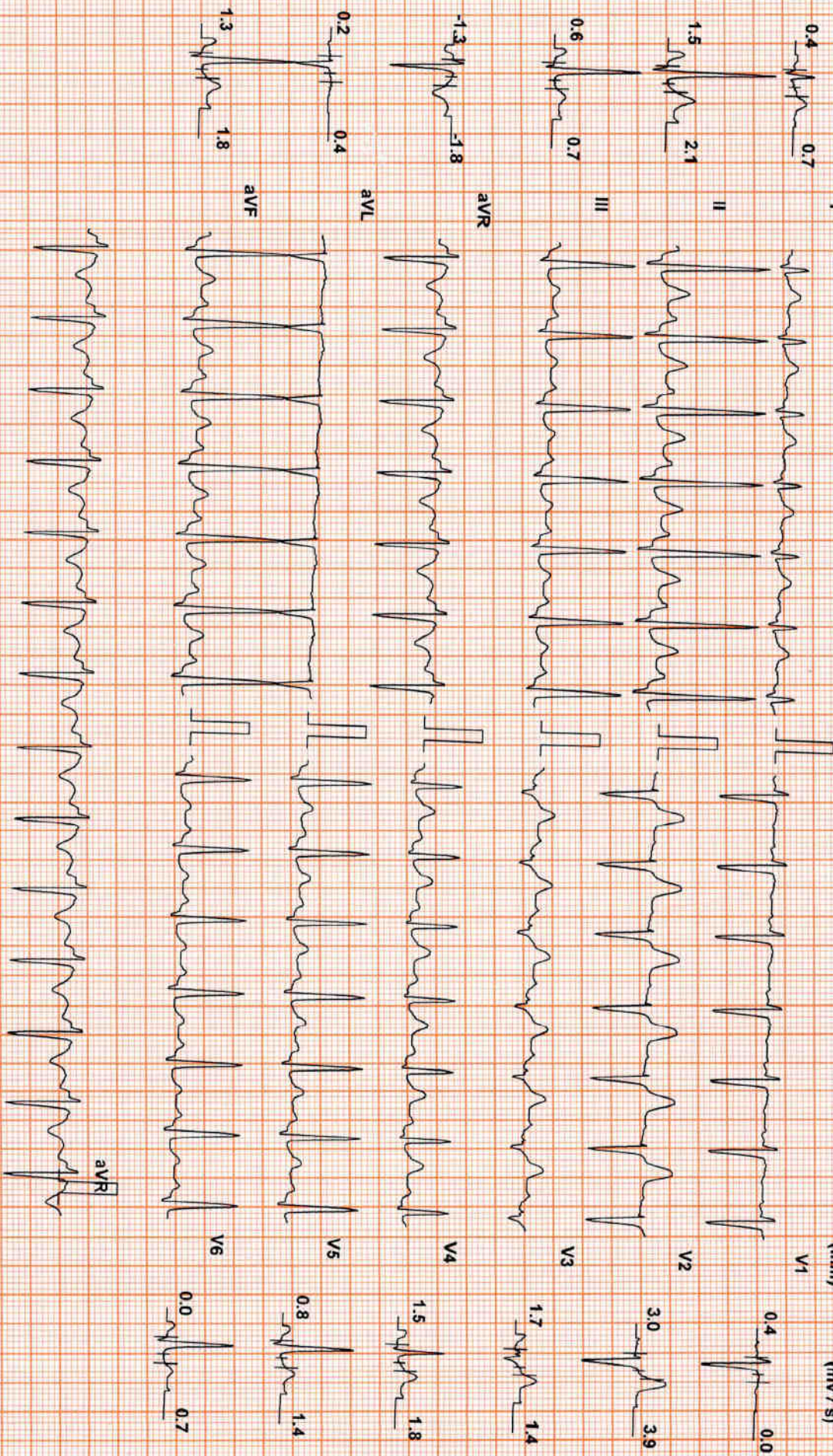


Chart Speed: 25 mm/sec  
Schiller Spandam V 4.51

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

150 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



Protocol: Bruce  
 Patient: LONKAR RAJESHWAR RAO BHIMRAO (39) MB1734679

Date: 13-Nov-21

Exec Time : 6 m 18 s Stage Time : 0 m 54 s HR: 115 bpm

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P.: 160 / 108

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

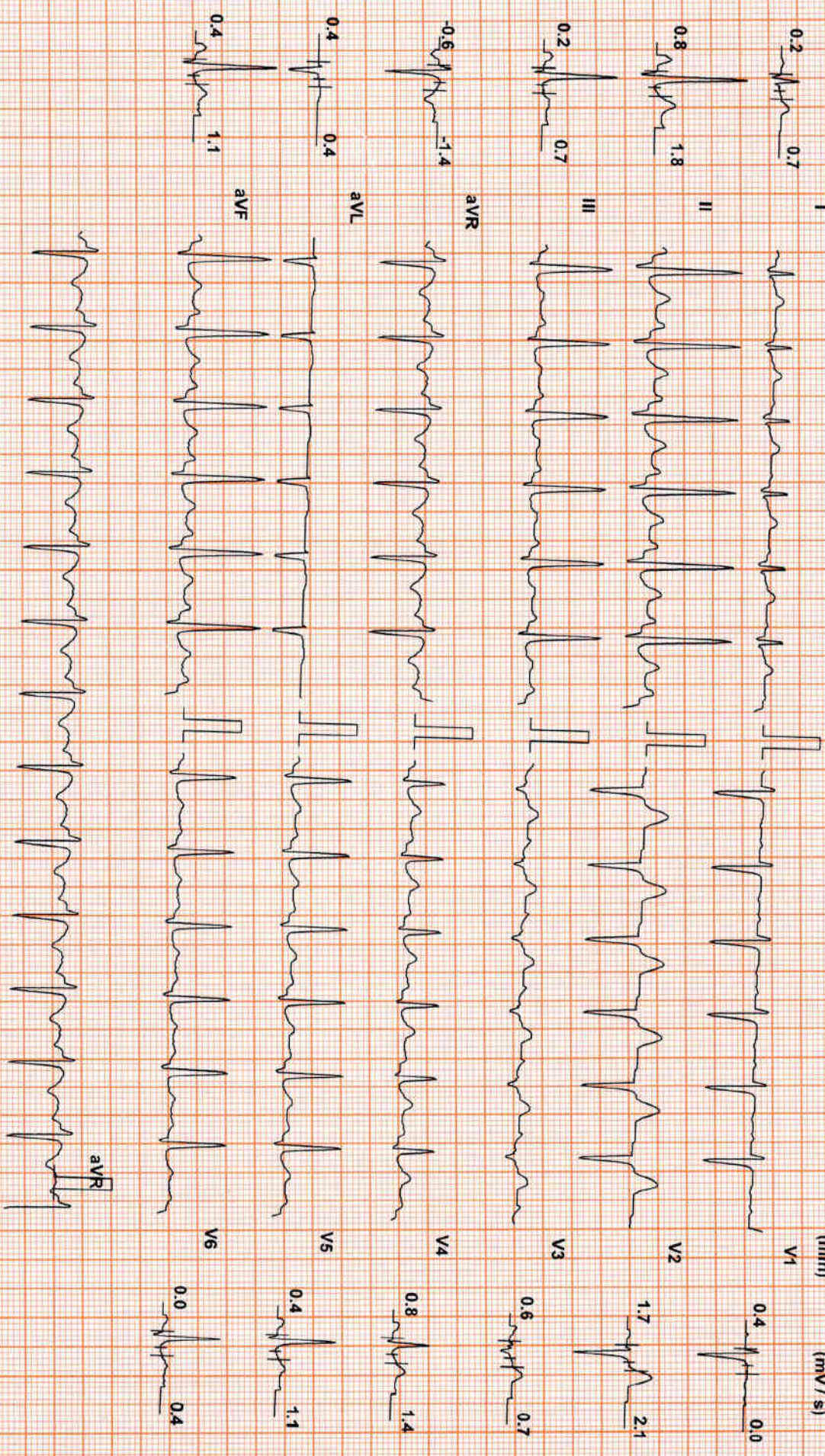


Chart Speed: 25 mm/sec  
 Schiller Spandan V 4.51

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



Protocol: Bruce

Stage: Recovery(4)

Date: 13-Nov-21 Exec Time : 6 m 18 s Stage Time : 0 m 54 s HR: 113 bpm

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

Speed: 0 mph Grade: 0 %

(THR: 162 bpm)

B.P.: 160 / 108

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

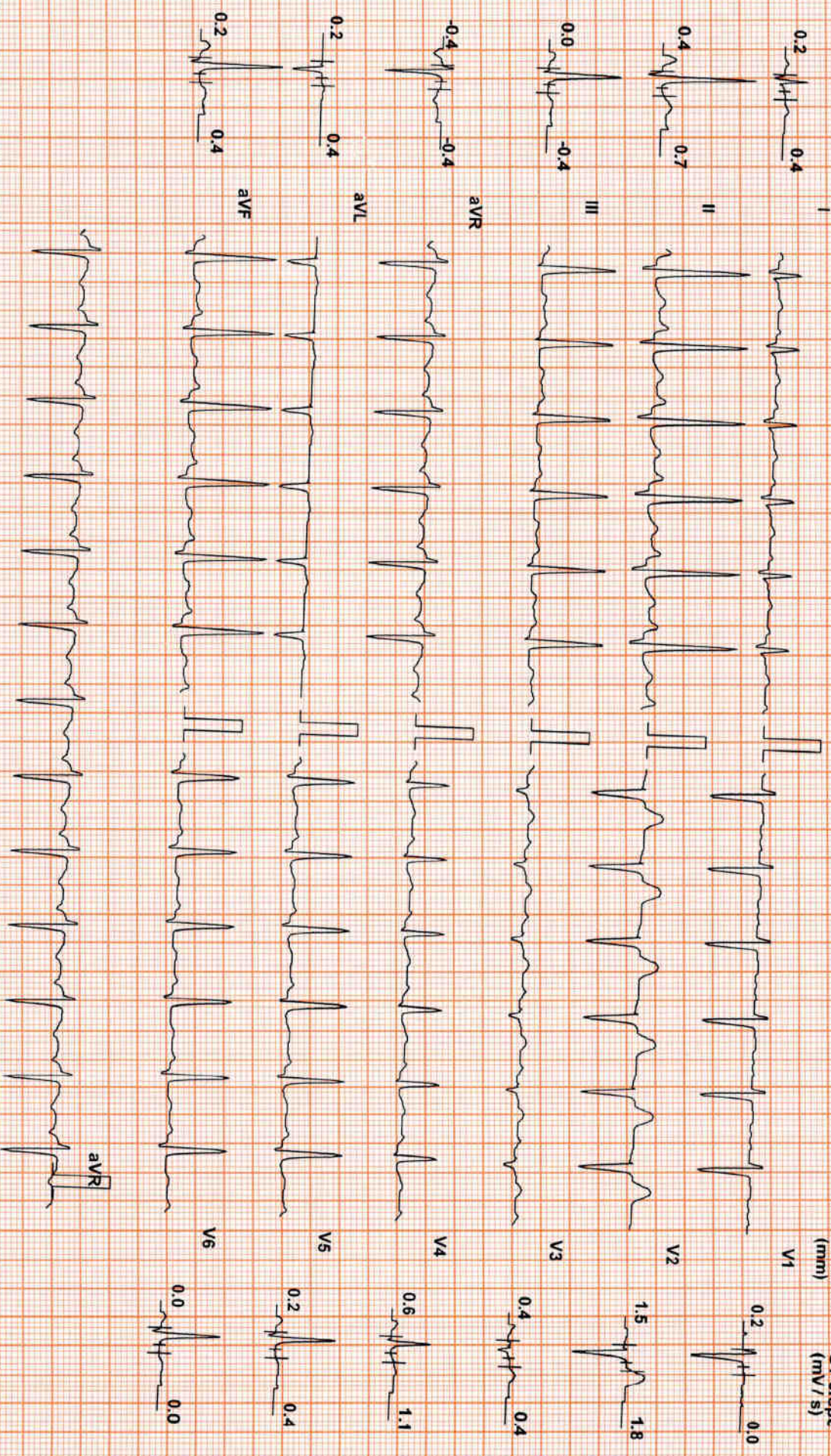


Chart Speed: 25 mm/sec  
Schlier-Standard V 4 51

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



Protocol: Bruce

Stage: Recovery(5)

Date: 13-Nov-21

Exec Time : 6 m 18 s

Stage Time : 0 m 54 s

HR: 110 bpm

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

Speed: 0 mph

Grade: 0%

(THR: 162 bpm)

B.P.: 160 / 108

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

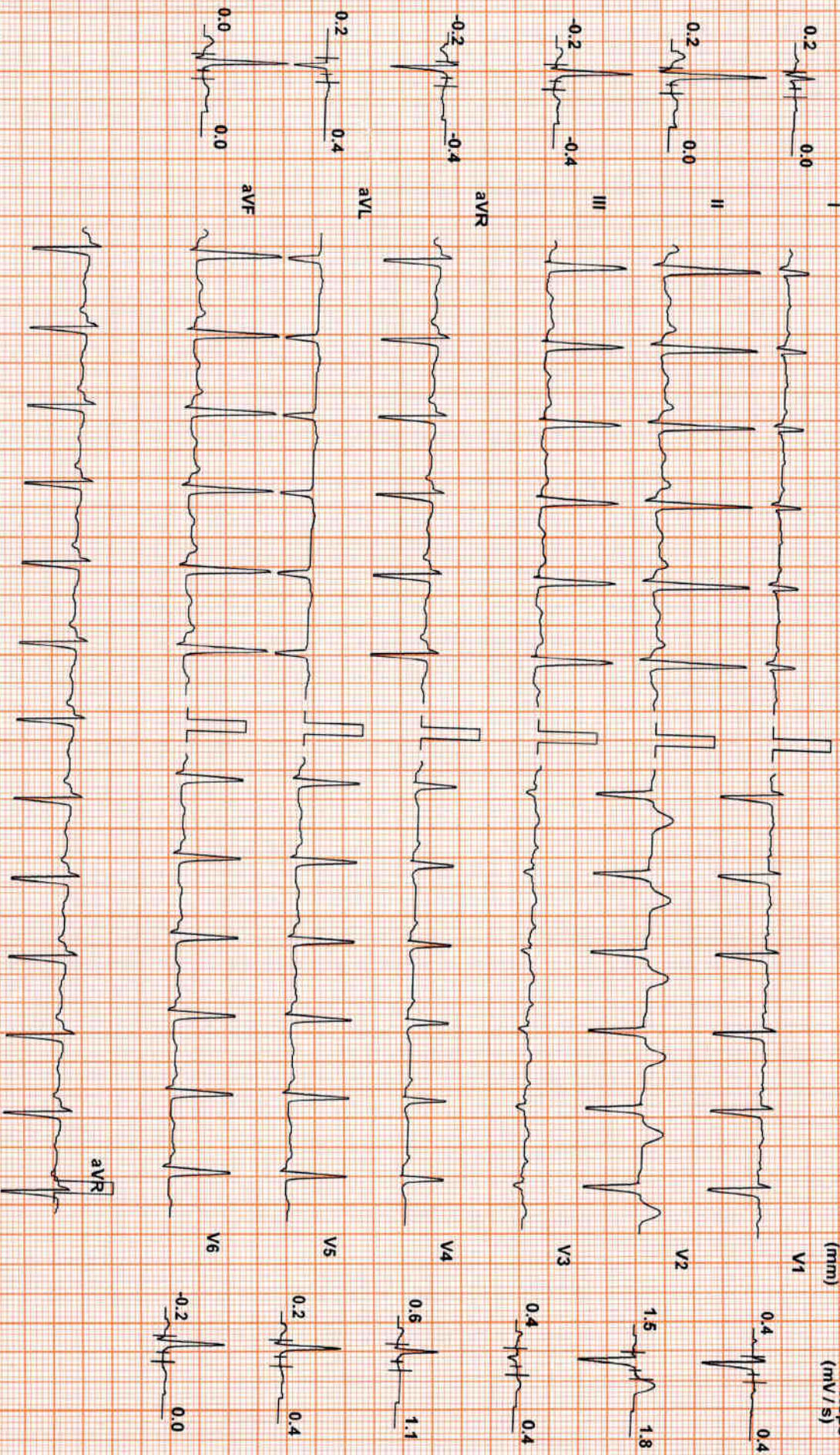


Chart Speed: 25 mm/sec  
Schlifer Spartan V.4.5T

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



Protocol: Bruce

Stage: Recovery(6)

Date: 13-Nov-21

Exec Time : 6 m 18 s Stage Time : 0 m 4 s

HR: 106 bpm

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

Speed: 0 mph

Grade: 0%

(THR: 162 bpm)

B.P: 160 / 108

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

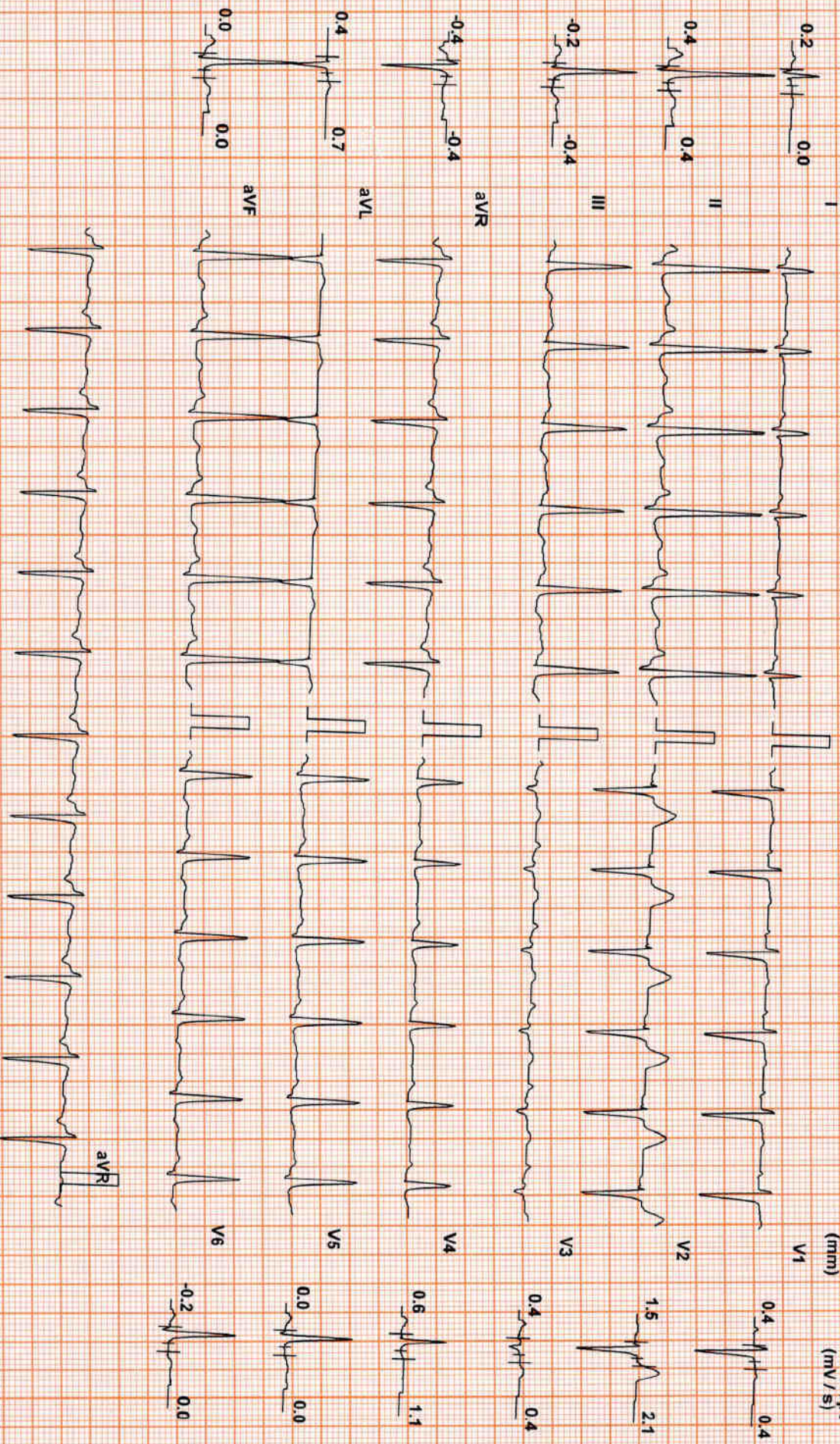


Chart Speed: 25 mm/sec  
Schlier Spanden V4.51

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

180 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



Lonkar Rajeshwar Rao Bhimrao

39yrs/m.

15/11/21

Cholesterol: 226.7

Triglycerides 217.2

LDL: 163.7

chol/HDL ratio 6.1

USG AFP : hyperechoegenic ill defined lesion in right lobe of liver.

Bb fibator 145/10 X 1 1/2 mm.

Gastroenterologist Ref-

& CT Scan Abdomen + pelvis

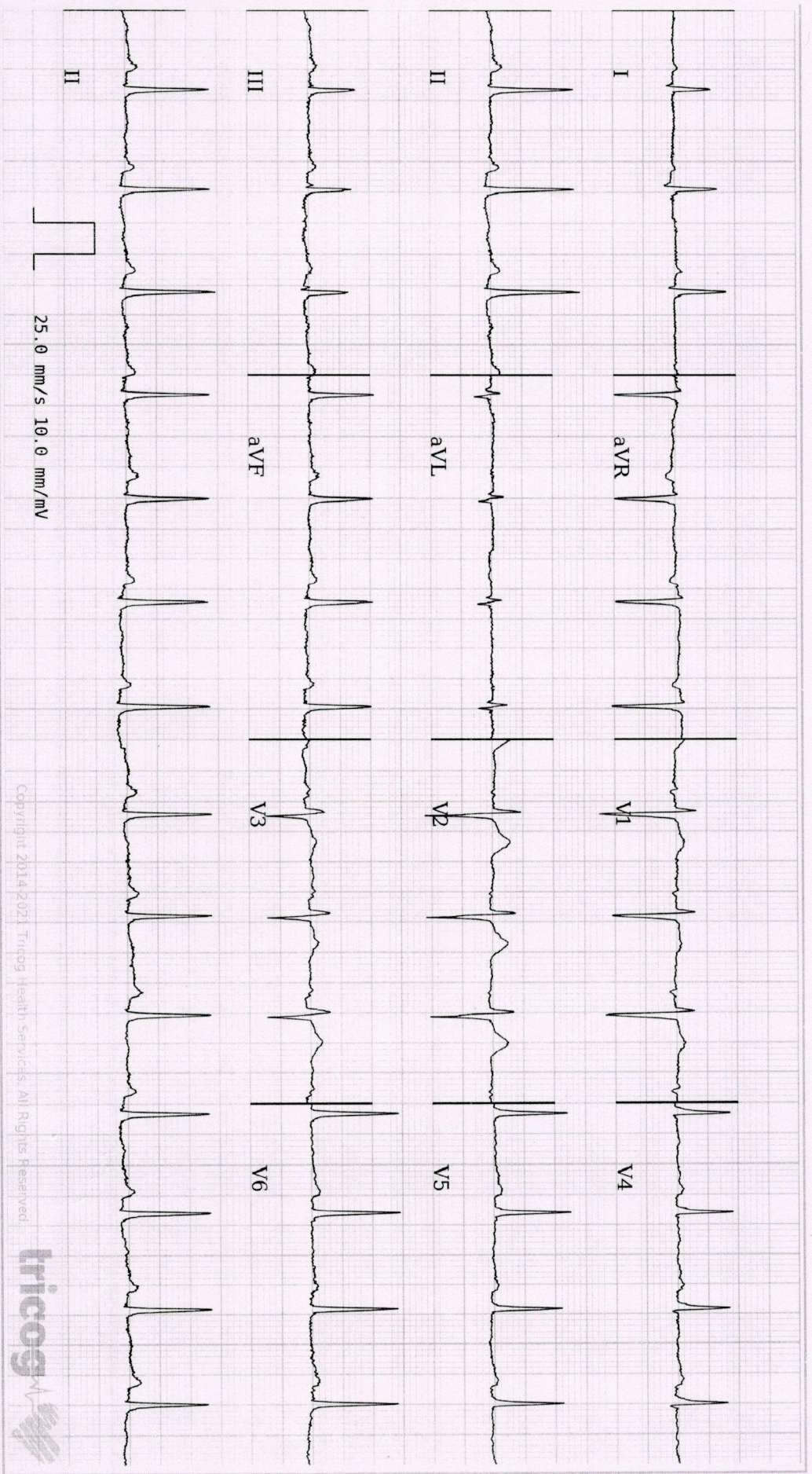
Dr. MILIND SHINDE  
MBBS, DNB Medicine  
Reg. No. 2011/05/1544





**SUBURBAN DIAGNOSTICS - LULLANAGAR, PUNE**

Patient Name: **LONKAR RAJESHWAR RAO BHIM** Date and Time: **13th Nov 21 10:11 AM**  
 Patient ID: **2131734679**



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Age **39** **3** **16**  
years months days

Gender **Male**

Heart Rate **90 bpm**

**Patient Vitals**

BP: **122/82 mmHg**  
 Weight: **65 kg**  
 Height: **163 cm**  
 Pulse: **NA**  
 SpO2: **NA**  
 Resp: **NA**  
 Others: \_\_\_\_\_

**Measurements**

QSRD: **82 ms**  
 QT: **332 ms**  
 QTc: **406 ms**  
 PR: **150 ms**  
 P-R-T: **70° 63° 19°**

REPORTED BY

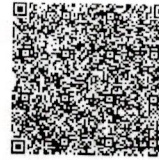
*[Signature]*

Dr. Milind Shinde  
 MBBS, DNB Medicine  
 2011/05/1544

**Sinus Rhythm, Normal Axis, Nonspecific T wave Abnormality. Please correlate clinically.**

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 vitals are as entered by the clinician and not derived from the ECG.





CID : 2131734679  
Name : Mr LONKAR RAJESHWAR RAO  
BHIM RAO  
Age / Sex : 39 Years/Male  
Ref. Dr :  
Reg.Location : Lulla Nagar, Pune Main Centre

Reg. Date : 13-Nov-2021 / 10:51

Report Date : 13-Nov-2021 / 10:54

Printed : 13-Nov-2021 / 10:54

### USG WHOLE ABDOMEN (SCREENING-Only Corporates)

**LIVER** : The liver is normal in size, shape and smooth margins. **There is evidence of hyper echogenic ill-defined lesion of approximate size 5.6 x 5.6 cm is seen in right lobe of liver.** The intra hepatic biliary and portal radical appear normal. The main portal vein and CBD appears normal.

**GALL BLADDER** : The gall bladder is physiologically distended. The visualized gall bladder appears normal. No evidence of pericholecystic fluid is seen.

**PANCREAS** : The pancreas is well visualised and appears normal. No evidence of solid or cystic mass lesion is noted.

**KIDNEYS** : Right kidney measures 10.1 x 5.4 cm. Left kidney measures 10.1 x 4.9 cm. Both the kidneys are normal in size, shape and echotexture. No evidence of any calculus, hydronephrosis or mass lesion seen.

**SPLEEN** : The spleen is normal in size, shape and echotexture. No evidence of focal lesion is noted.

**URINARY BLADDER** : The urinary bladder is well distended. It shows thin walls and sharp mucosa. No evidence of calculus is noted. No mass or diverticulum is seen.

**PROSTATE** : The prostate is normal in size and echotexture.

Visualized small bowel loops appear non-dilated. Gaseous distension of large bowel loops. There is no evidence of any lymphadenopathy or ascitis.

#### IMPRESSION :

- Evidence of hyper echogenic ill-defined lesion in right lobe of liver... differentials could be
  - 1) Hemangioma.
  - 2) Geographical fatty infiltration.

**Advice - CECT Abdomen and pelvis for better evaluation.**

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

*R. Rawal.*  
Dr. PALLAVI RAWAL  
MBBS, MD Radiology  
Reg No 2013/04/1170

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CID#	: 2131734679	SID#	: 177804458443
Name	: MR.LONKAR RAJESHWAR RAO BHIM RAO	Registered	: 13-Nov-2021 / 09:47
Age / Gender	: 39 Years/Male	Collected	: 13-Nov-2021 / 09:47
Ref. Dr	: -	Reported	: 13-Nov-2021 / 10:56
Reg.Location	: Lulla Nagar, Pune (Main Centre)	Printed	: 13-Nov-2021 / 10:57

### **X-RAY CHEST PA VIEW**

The lung fields are clear with no parenchymal lesion.

The cardiothoracic ratio is maintained and the cardiac outline is normal

The domes of the diaphragm are normal.

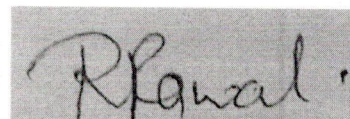
The cardio and costophrenic angles are clear.

Bony thorax is normal.

#### **IMPRESSION:**

No significant abnormality detected.

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



**Dr.Pallavi Rawal**  
**MD. RADIODIAGNOSIS**  
**RADIOLOGIST**

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