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CID : 2432016450
Name : MR.AMAN SRIVASTAVA
Age / Gender : 31 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 15-Nov-2024 / 09:53
Reported : 15-Nov-2024 / 12:57

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	15.0	13.0-17.0 g/dL	Spectrophotometric
RBC	4.60	4.5-5.5 mil/cmm	Elect. Impedance
PCV	45.4	40-50 %	Calculated
MCV	98.7	80-100 fl	Measured
MCH	32.5	27-32 pg	Calculated
MCHC	32.9	31.5-34.5 g/dL	Calculated
RDW	13.8	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	8080	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	30.2	20-40 %	
Absolute Lymphocytes	2440.0	1000-3000 /cmm	Calculated
Monocytes	5.8	2-10 %	
Absolute Monocytes	470.0	200-1000 /cmm	Calculated
Neutrophils	60.9	40-80 %	
Absolute Neutrophils	4920.0	2000-7000 /cmm	Calculated
Eosinophils	2.8	1-6 %	
Absolute Eosinophils	220.0	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	30.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	244000	150000-400000 /cmm	Elect. Impedance
MPV	10.3	6-11 fl	Measured
PDW	18.8	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR **18** 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 Insert
- Brigden 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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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 Fasting	87.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	99.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.97	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.24	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.73	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	44.7	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	72.8	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	36.9	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	120.3	40-130 U/L	Colorimetric
BLOOD UREA, Serum	15.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.2	6-20 mg/dl	Calculated
CREATININE, Serum	0.73	0.67-1.17 mg/dl	Enzymatic



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Collected : 15-Nov-2024 / 09:53
Reported : 15-Nov-2024 / 11:58

eGFR, Serum	125	(ml/min/1.73sqm)	Calculated
		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	

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation

URIC ACID, Serum	8.5	3.5-7.2 mg/dl	Enzymatic
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*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
*** End Of Report ***



M Jain

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



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	4.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	82.5	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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*** End Of Report ***



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Collected : 15-Nov-2024 / 09:53
Reported : 15-Nov-2024 / 15:06

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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>
<u>PHYSICAL EXAMINATION</u>			
Color	Yellow	Pale Yellow	Light scattering
Transparency	Clear	Clear	Light scattering
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.007	1.002-1.035	Refractive index
Reaction (pH)	5.5	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
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	Negative	Negative	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
(WBC)Pus cells / hpf	0.3	0-5/hpf	
Red Blood Cells / hpf	0.0	0-2/hpf	
Epithelial Cells / hpf	0.2	0-5/hpf	
Hyaline Casts	0.0	0-1/ hpf	
Pathological cast	0.0	0-0.3/hpf	
Calcium oxalate monohydrate crystals	0.0	0-1.4/hpf	
Calcium oxalate dihydrate crystals	0.0	0-1.4/hpf	
Triple phosphate crystals	0.0	0-1.4/hpf	
Uric acid crystals	0.0	0-1.4/hpf	
Amorphous debris	Absent	Absent	
Bacteria / hpf	5.3	0-29.5/hpf	
Yeast	Absent	Absent	



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Note: Microscopic examination performed by Automated Cuvette based technology. All the Abnormal results are confirmed by reagent strips and Manual method. The Microscopic examination findings are mentioned in decimal numbers as the arithmetic mean of the multiple fields scanned using microscopy. Reference: Pack Insert.

Others -

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

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	A
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 ***



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Collected : 15-Nov-2024 / 09:53
Reported : 15-Nov-2024 / 16:10

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	258.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	237.8	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	46.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	212.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	177.2	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	34.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.8	0-3.5 Ratio	Calculated

Note : LDL test is performed by direct measurement.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
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Collected : 15-Nov-2024 / 09:53
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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	3.7	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.6	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.34	0.35-5.5 microIU/ml microU/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 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 becuae of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

Limitations:

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

Reference:

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

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

*** End Of Report ***



M Jain

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



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Collected : 15-Nov-2024 / 13:05
 Reported : 15-Nov-2024 / 16:33

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

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

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भारत सरकार
Government of India

जन्म शिवरत्न
Anur Shivratna
जन्म तिथि: DOB: 26/09/1993
पुरुष / MALE

6676 0704 3887

मेरा आधार, मेरी पहचान



Amay



CID# : 2432016450

Name : MR. AMAN SRIVASTAVA

Age / Gender : 31 Years/Male

Consulting Dr. :

Reg. Location : Malad West (Main Centre)

Collected : 15-Nov-2024 / 09:44

Reported : 15-Nov-2024 / 13:13

R
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PHYSICAL EXAMINATION REPORT

History and Complaints:

Nil

EXAMINATION FINDINGS:

Height (cms): 175

Temp (0c): Afebrile

Blood Pressure (mm/hg): 110/80

Pulse: 74/min

Weight (kg): 82

Skin: Normal

Nails: Normal

Lymph Node: No Palpable

Systems

Cardiovascular: Normal

Respiratory: Normal

Genitourinary: Normal

GI System: Normal

CNS: Normal

IMPRESSION:

Dyslipidemia

High Uric Acid

ADVICE:

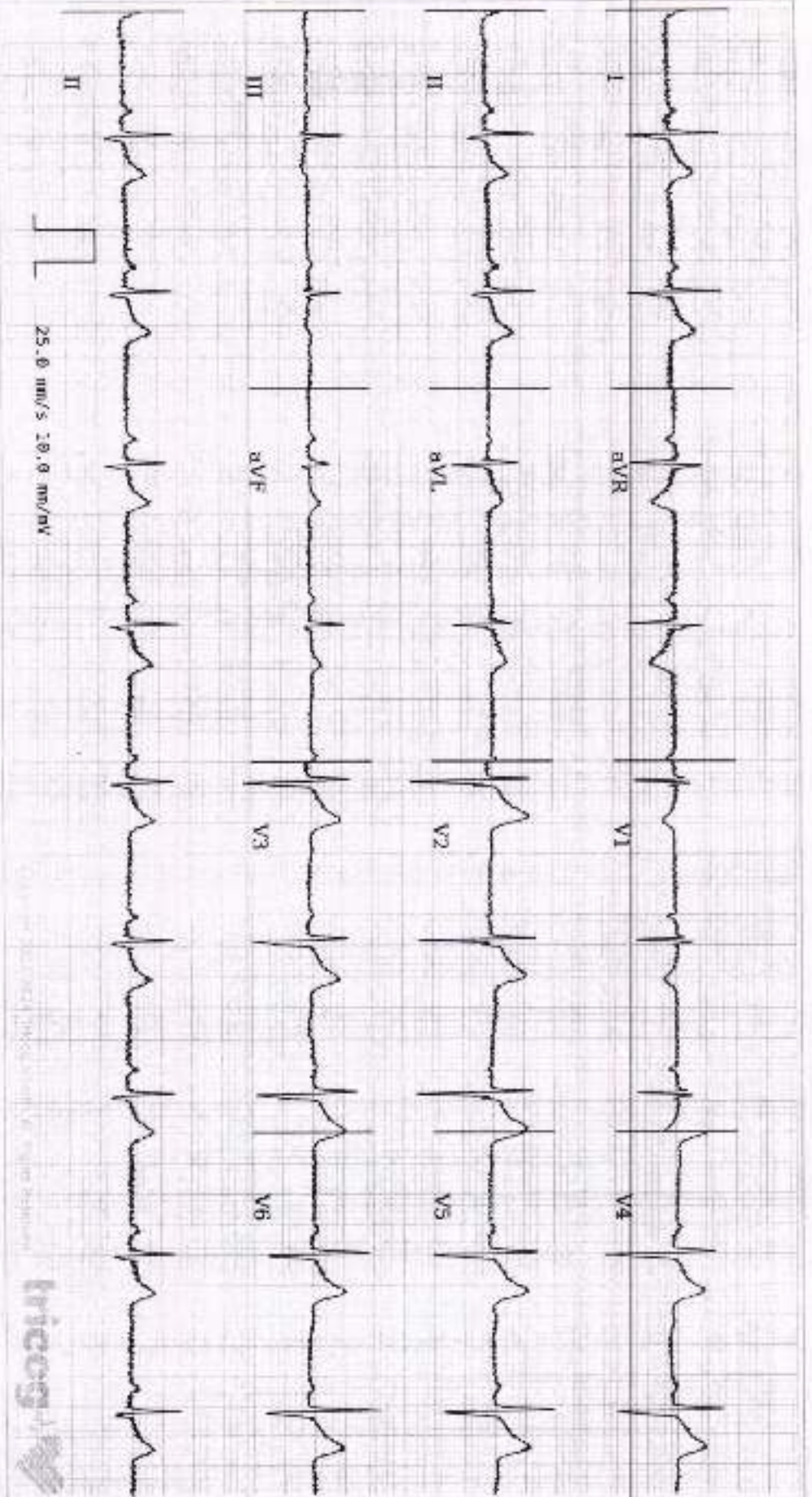
Lifestyle modifications

Needs Rx for dyslipidemia and high uric acid.

SUBURBAN DIAGNOSTICS - MALAD WEST

Patient Name: AMAN SRIVASTAVA
Patient ID: 2432016450

Date and Time: 15th Nov 24 10:13 AM



25.0 mm/s 10.0 mm/mV



Age: 31 NA
years months

Gender: Male

Heart Rate: 58bpm

Patient Vitals

BP: 110/80 mm

Weight: 82 kg

Height: 175 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

Measurements

QRSD: 82ms

QTc: 384ms

QTcB: 376ms

PR: 148ms

P-R-T: 52° 79° 26°

REPORTED BY

[Signature]

Dr. SONALI HONRAO
MD (General Medicine)
Assistant
2011/MC/1842

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

Disclaimer: This report is based on ECG data and should not be used for clinical diagnosis. Please correlate with patient history and symptoms. This report is for informational purposes only and should not be used for clinical decision making.

Authenticity Check



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 Ref. Dr :
 Reg. Location : Malad West Main Centre

Reg. Date : 15-Nov-2024
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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-----


 Dr. Sunil Bhutka
 DMRD DNB
 MMC REG NO:2011051101

Click here to view images <http://3.111.232.119/RISViewer/NeuradViewer?AccessionNo=2024111509463987>

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USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, shape and smooth margins. It shows bright parenchymal echo pattern. 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 10.7 x 4.9 cm.
Left kidney measures 11.0 x 5.2 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 volume is 12 cc.

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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 cases 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-----

Dr. Sunil Bhutka
DMRD DNB
MMC REG NO:2011051101

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Page no 2 of 2

Malad West

Station
Telephone:**EXERCISE STRESS TEST REPORT**

Patient Name: AMAN, SRIVASTAVA
 Patient ID: 2432016450
 Height: 175 cm
 Weight: 82 kg

DOB: 25.05.1993
 Age: 31 yrs
 Gender: Male
 Race: Asian

Study Date: 15.11.2024
 Test Type: --
 Protocol: BRUCE

Referring Physician: --
 Attending Physician: DR SONALI HONKAO
 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	00:15	0.00	0.00	70	110/80	
	STANDING	00:22	0.00	0.00	68	110/80	
	HYPERV.	00:10	0.00	0.00	69	110/80	
	WARM-UP	00:08	1.00	0.30	69	110/80	
EXERCISE	STAGE 1	03:00	1.70	10.00	117	126/80	
	STAGE 2	03:00	2.50	12.00	141	130/80	
	STAGE 3	03:00	3.40	14.00	166	140/80	
	STAGE 4	00:20	4.20	16.00	173		
RECOVERY		03:08	0.00	0.00	108	140/80	

The patient exercised according to the BRUCE for 9:19 min's, achieving a work level of Max. METS: 11.10. The resting heart rate of 74 bpm rose to a maximal heart rate of 176 bpm. This value represents 93 % of the maximal, age-predicted heart rate. The resting blood pressure of 110/80 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 / arrhythmia 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

Technician _____

Dr. SONALI HONRAO
MD PHYSICIAN
REG. NO. 2001/04/1882

SUREDRUGS PRIVATE LIMITED, LTD.

100, ...

AMAN, SRIVASTAVA
 Patient ID: 3432016450
 15.11.2024
 12:01:29pm

69 bpm
 110/80 mmHg

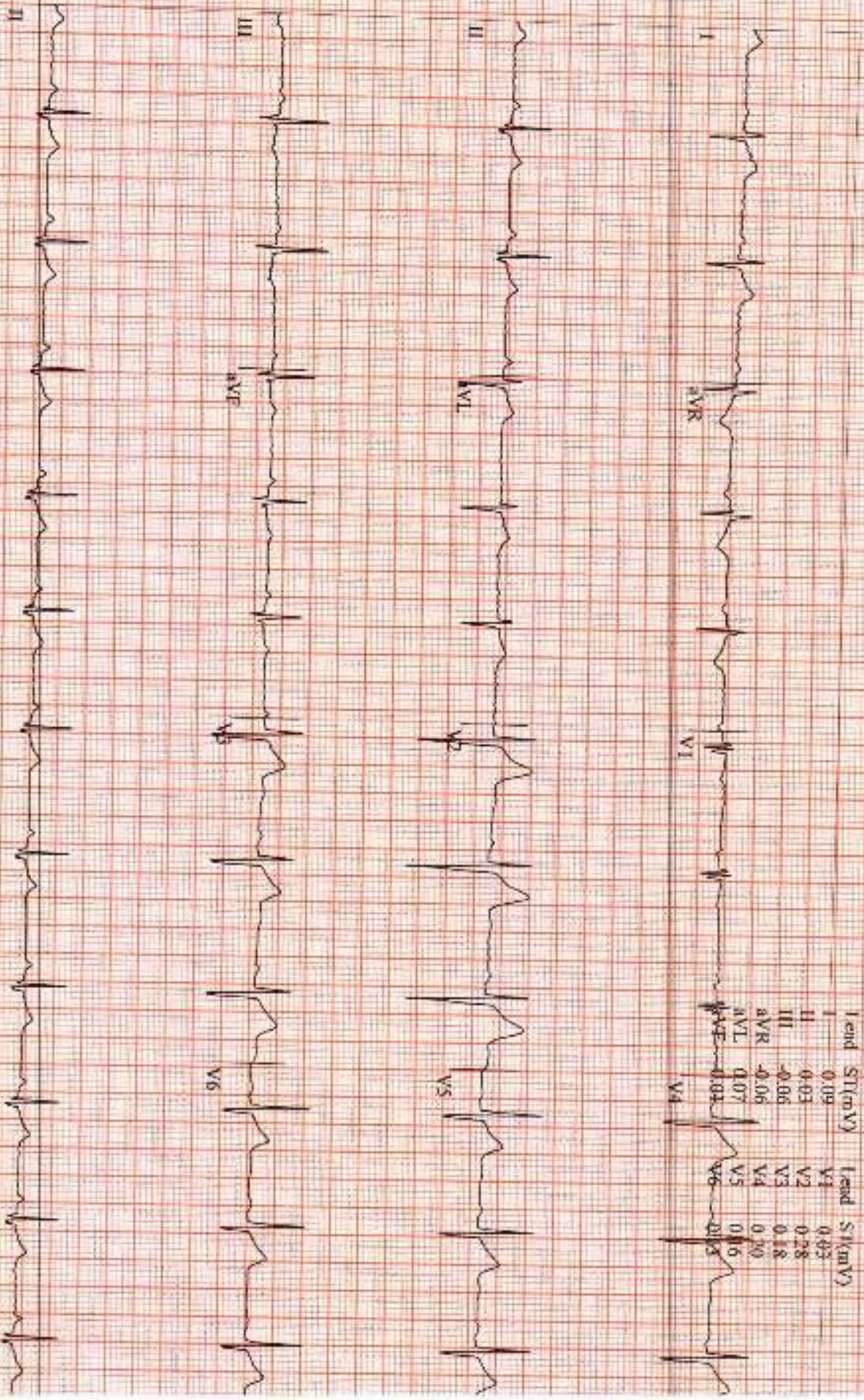
PRETEST
 ST P/NL
 00-13

BRICE
 0.0 mph
 0.0%

12-Lead Report

Measured at 60ms Post J
 Auto Points

SUBURBAN DIAGNOSTIC



Lead	ST(mV)	Lead	ST(mV)
I	0.09	V4	0.03
II	0.03	V2	0.28
III	-0.06	V3	0.18
aVR	-0.06	V4	0.20
aVL	0.07	V5	0.06
aVF	0.08	V6	0.03

GE CardioSoft V6.73 (2)
 25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V4,V2)

Start of Test: 12:01:10pm

AMAN, SRIVASTAVA
Patient ID 2432016450

15.11.2024
12:01:44pm

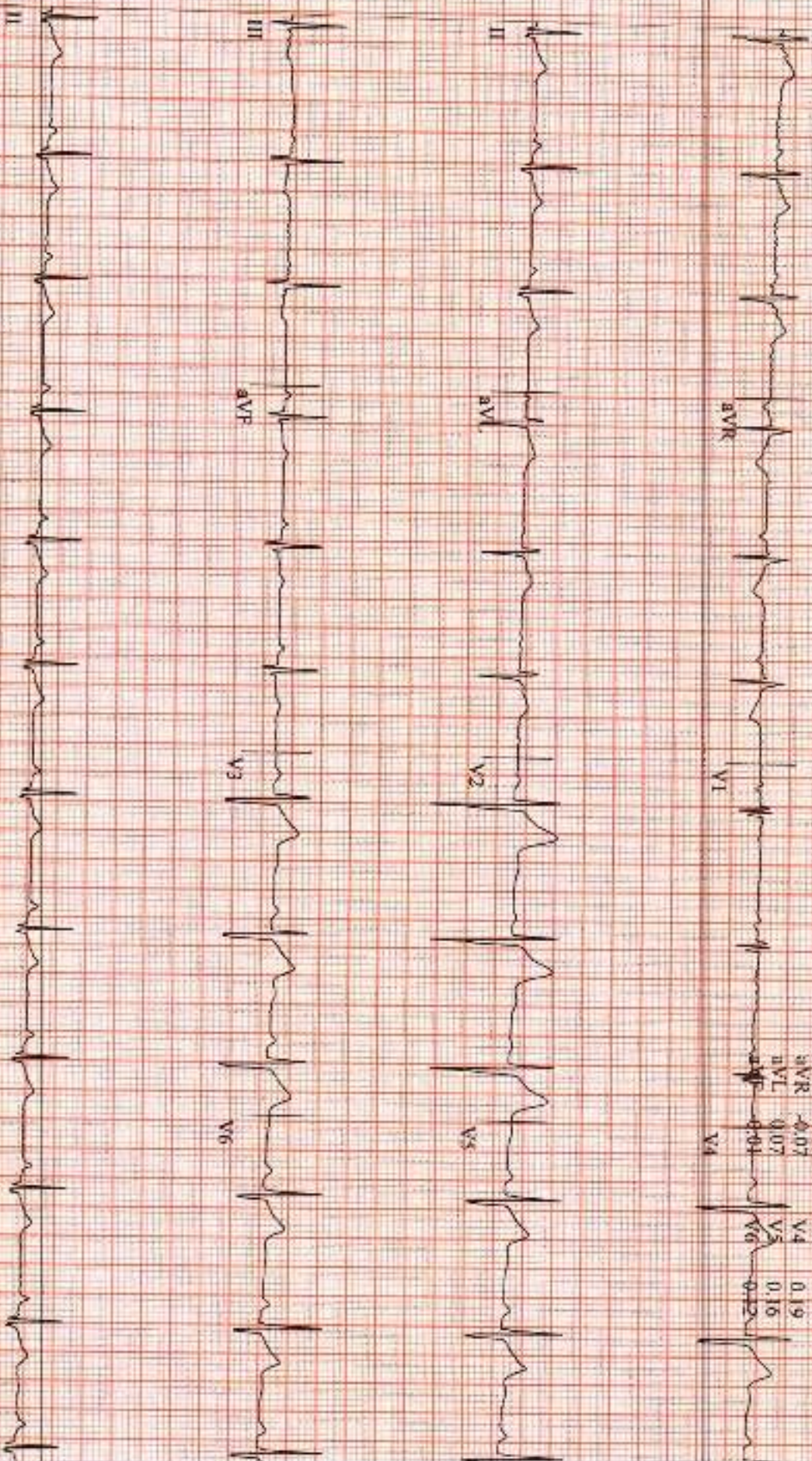
70 bpm
110.80 mmHg

12-Lead Report
PRETEST:
STANDING
00:28

BRIEF
0.1 mph
0.0%

Measured at 66ms Post-J
Aortic Points

SUBURBAN DIAGNOSTIC



Lead	ST(mV)	Lead	ST(mV)
I	-0.09	V1	0.04
II	0.03	V2	0.29
III	-0.06	V3	0.17
aVR	-0.07	V4	0.19
aVL	0.07	V5	0.16
aVF	-0.01	V6	0.22

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF HR(V4,V2)

Start of Test: 12:01:10pm

AMAN, SRIVASTAVA
 Patient ID 23320164450
 18.11.2024
 12:01:57pm

69 bpm
 110-80 mmHg

PRETEST
 HYPERV.

12-Lead Report

BRUCE
 0.0 mph
 0.0 %

Measured at 60ms Post J
 Auto Points

STURBURBAN DIAGNOSIS



Lead	ST(mV)	Lead	ST(mV)
I	0.08	V1	0.04
II	0.03	V2	0.28
III	-0.04	V3	0.17
aVR	-0.06	V4	0.19
aVL	0.07	V5	0.14
		V6	0.13



aVR

V1

V3

V6



II

GE Cardiosoft V6.73 (2)
 25 mm/s 10 mm/mV 50Hz 0.01Hz F(R)+ (HR)(V4,V2)

Start of Test: 12:01:10pm

AMAN, SRIVASTAVA

Patient ID: 2432016450

15.11.2024

12:04:53 pm

Linked Medians

114 bpm

120/80 mmHg

EXERCISE

STAGE 1

02:50

BRL:GF

1.7 mph

10.0 %

SUBURBAN DIAGNOSTI

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



GE CardioSoft V6.73 (2)

25 mm/s 10 mm/mV 50Hz 0.01Hz FRI - HR(V4,V2)

Start of Test: 12:01:10pm

*Computer Synthesized Rhythms

141 bpm

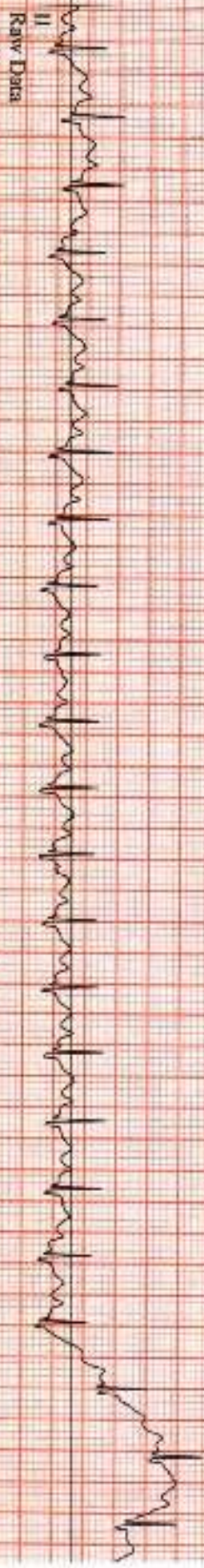
136/80 mmHg

EXERCISE
STAGE 2

05:50

BRUCE
2.5 mph
12.0%

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



Raw Data

*Computer Synthesized Rhythms

GE CardioSoft V6.71 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz PRF HR(V4,V2)

Start of Test 12:01:10pm

AMAN SRIVASTAVA

Patient ID 2432016450

15.11.2024

12:10:53pm

Linked Medians

SIBURBAN DIAGNOSTIC

166 bpm
140/80 mmHg

EXERCISE
STAGE 3
08:50

HRUC
3.4 mph
14.0 %

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



GH (CardioSoft V6.73 (2))
25 mm/s 10 mm/mV 50Hz 0.01Hz PRF LHR(V4,V2)

*Computer Synthesized Rhythms

Start of Test: 12:01:10pm

AMAN, SRIVASTAVA

Patient ID 2432016450

15:11:2024

12:11:28pm

173 bpm

12-Lead Report (PEAK EXERCISE)

EXERCISE

STAGE 4

09:20

BRIDGE

4.2 mph

16.0 %

SLUBURBAN DIAGNOSTIC

Measured at films Post J
Auro Points

Lead ST(mV) Lead ST(mV)

I -0.06 V4 -0.07

II -0.10 V2 -0.16

III -0.03 V3 -0.18

aVR -0.07 V6 -0.19

aVL -0.07 V5 -0.18

aVF -0.07 V1 -0.18

V1 -0.18 V4 -0.18

V2 -0.18 V5 -0.18

V3 -0.18 V6 -0.18

V4 -0.18 V7 -0.18

V5 -0.18 V8 -0.18

V6 -0.18 V9 -0.18

V7 -0.18 V10 -0.18

V8 -0.18 V11 -0.18

V9 -0.18 V12 -0.18

V10 -0.18 V13 -0.18

V11 -0.18 V14 -0.18

V12 -0.18 V15 -0.18

V13 -0.18 V16 -0.18

V14 -0.18 V17 -0.18

V15 -0.18 V18 -0.18

V16 -0.18 V19 -0.18

V17 -0.18 V20 -0.18

V18 -0.18 V21 -0.18

V19 -0.18 V22 -0.18

V20 -0.18 V23 -0.18

V21 -0.18 V24 -0.18

V22 -0.18 V25 -0.18

V23 -0.18 V26 -0.18

V24 -0.18 V27 -0.18

V25 -0.18 V28 -0.18

V26 -0.18 V29 -0.18

V27 -0.18 V30 -0.18

V28 -0.18 V31 -0.18

V29 -0.18 V32 -0.18

V30 -0.18 V33 -0.18

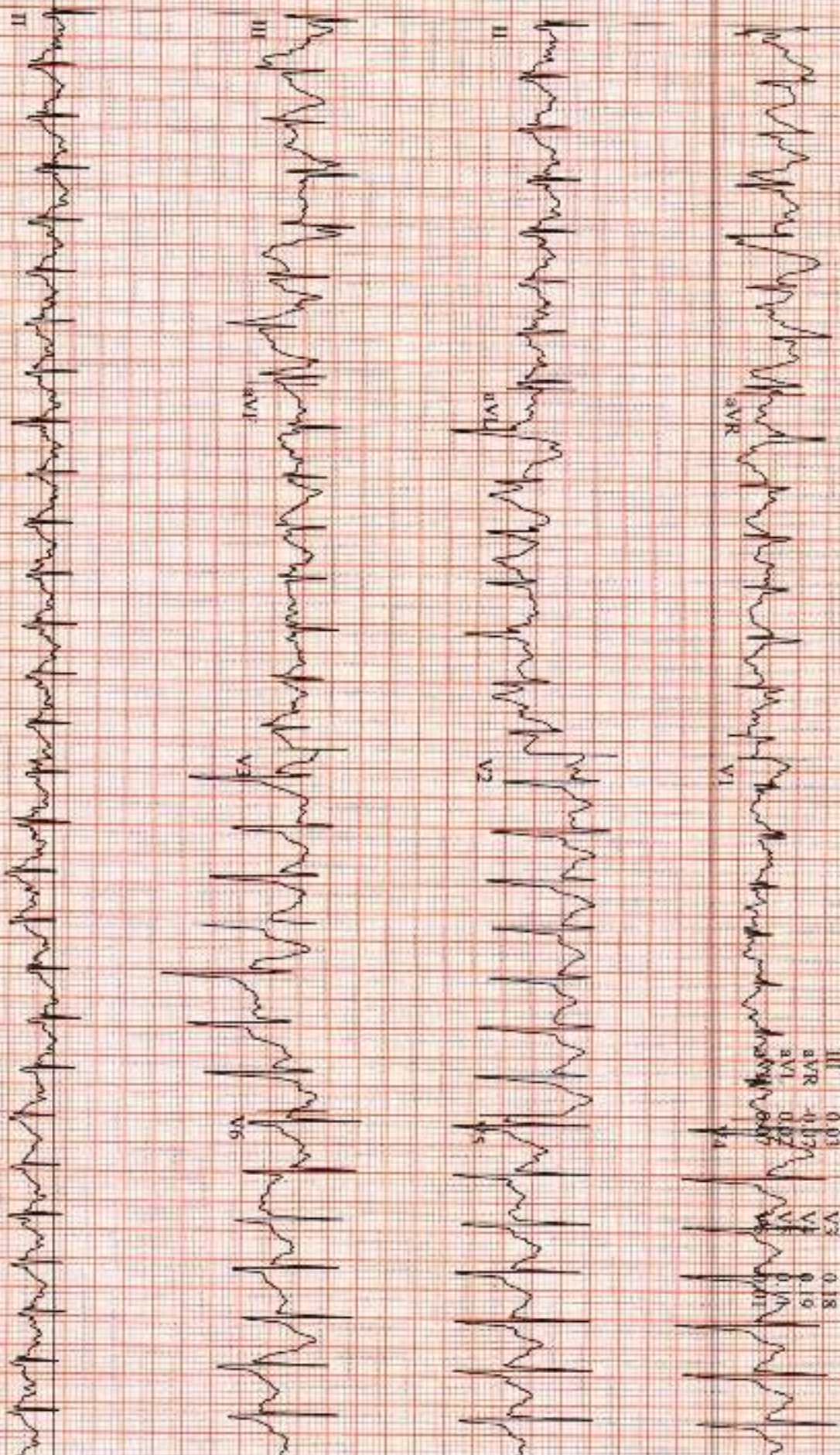
V31 -0.18 V34 -0.18

V32 -0.18 V35 -0.18

V33 -0.18 V36 -0.18

V34 -0.18 V37 -0.18

V35 -0.18 V38 -0.18



142 bpm

RECOVERY

#1

01-300

SUBURBAN DIAGNOSIS

BRUCE

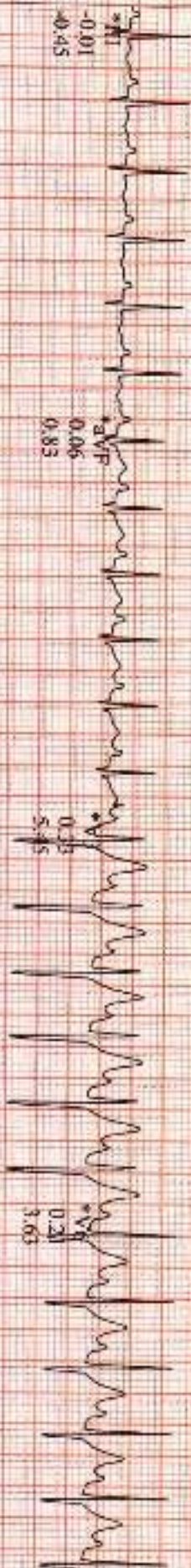
0.0 mph

0.0 %

Lead

ST Level (mV)

ST Slope (mV/s)



AMAN, SRIVASTAVA
Patient ID: 2432016450
15.11.2024
12:13:23pm

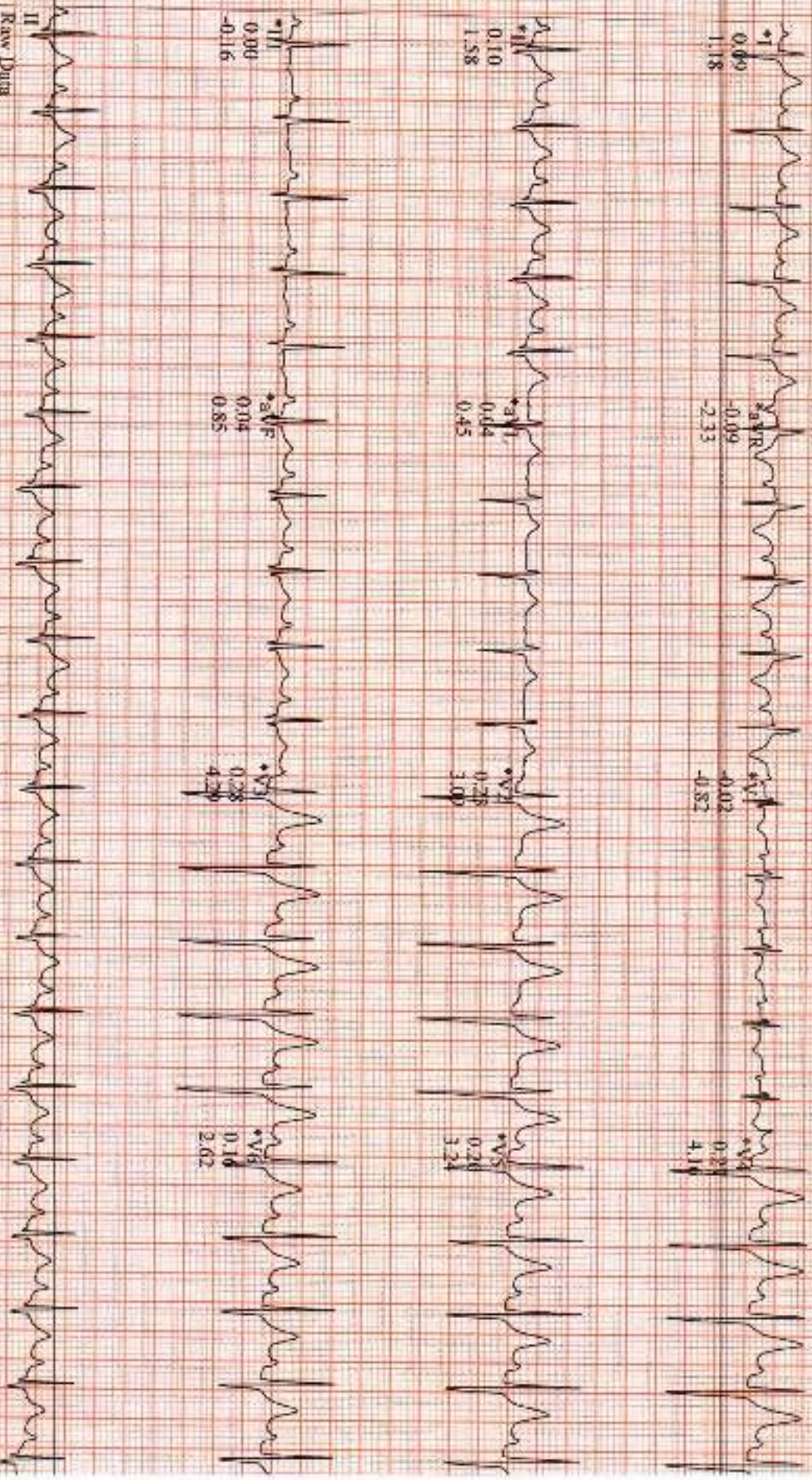
118 bpm

RECOVERY
µl
02:00

BRIEF
0.0 m/s
0.0 %

SUBURBAN DIAGNOSTIC

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



Raw Data

*Computer Synthesized Rhythms

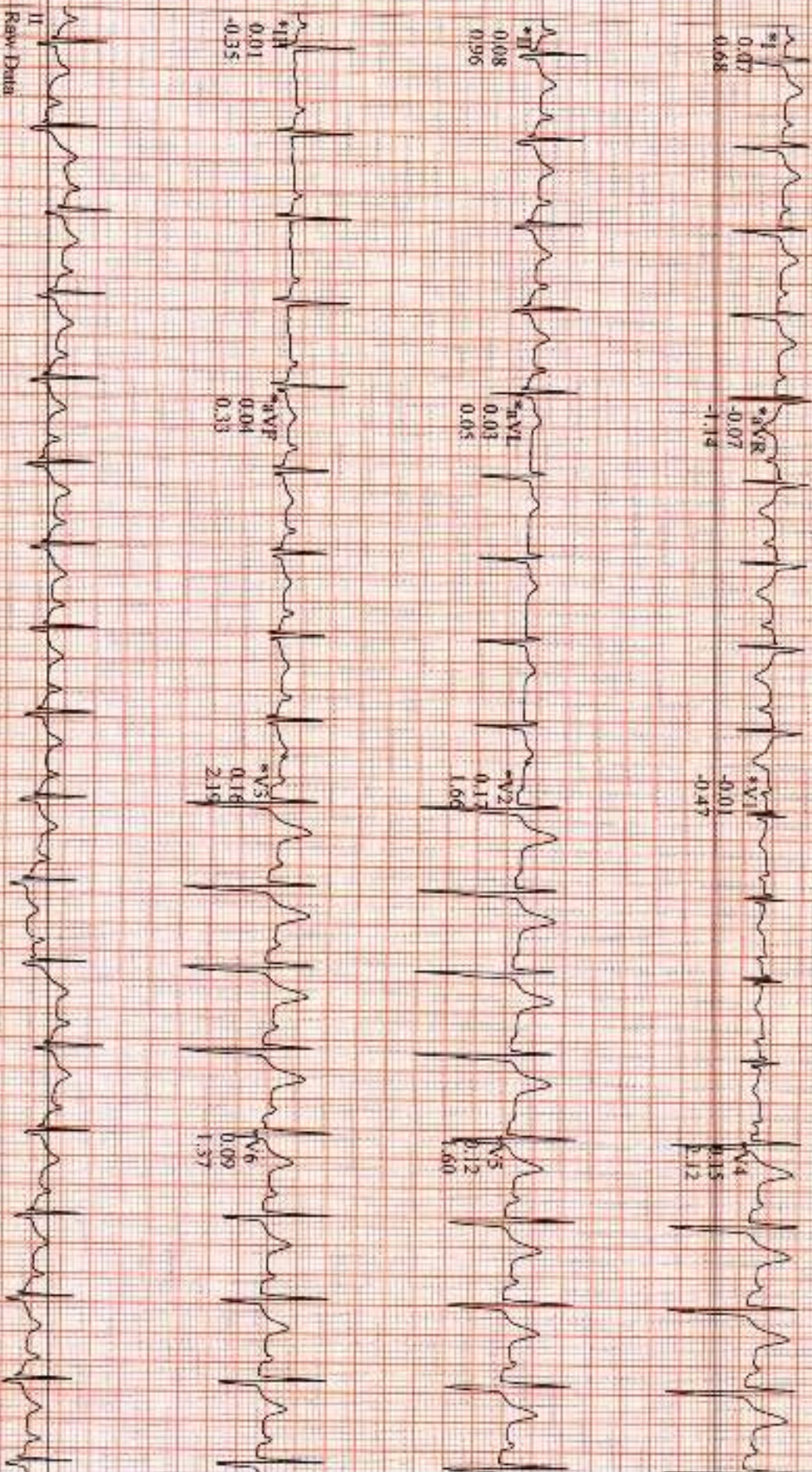
GE CardioSoft V6.73 (2)
25 mm/s - 10 mm/mV 50Hz 0.01Hz FRT + HR (V4 V2)

Start of Test: 2:01:10pm

Lead

ST Level (mV)

ST Slope (mV/s)



Raw Data

GE CardioSoft V6.73 (2)

25 mm/s 10 mm/mV 50Hz 0.01Hz FRR+ HR(V4,V2)

Start of Test: 12:01:10pm

*Computer Synthesized Rhythms