

3 4 5 6 7 8 9 10



Cardiology

3 4 5 6 7 8 9 10



आयकर विभाग  
INCOME TAX DEPARTMENT  
ANKIT VIJAYAN



भारत सरकार  
GOVT. OF INDIA

NARAYANAN VIJAYAN

03/02/1991  
Permanent Account Number  
BBZPV4811M



*Ankit V*

Signature

3 4 5 6 7 8 9 10



VAS

Dr. Manasee Kulkarni  
M.B.B.S

2005/09/3439



## PHYSICAL EXAMINATION REPORT

Patient Name	Ankit vijayan	Sex/Age	M / 30 yrs
Date	2/10/21	Location	Thane

### History and Complaints

Nil

### EXAMINATION FINDINGS:

Height (cms):	165	Temp (0c):	(N)
Weight (kg):	83	Skin:	Rashes on sides of chest & shoulders (post vaccine)
Blood Pressure	120/90	Nails:	NAD
Pulse	76/min	Lymph Node:	

### Systems :

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

NAD

### Impression:

Low HDL, Fatty Liver  
overweight

ADDRESS: 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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

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

- wt. Reduction  
- low fat, low sugar Diet  
- Regular Exercise

**Advice:**

1)	Hypertension:	
2)	IHD	Nil
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthama	
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders	
10)	GI system	Nil
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptoms	
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	
15)	Congenital disease	Nil
16)	Surgeries	
17)	Musculoskeletal System	

**PERSONAL HISTORY:**

1)	Alcohol	Occasional
2)	Smoking	No
3)	Diet	Mixed
4)	Medication	No

ADDRESS: 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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

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



Name : Ankit Vijayan  
Date : 2/10/21

**ENT Examination**

History: Nil

Examination : Right :- Left :-

External Ear : - (N) (N)

Middle Ear :- TM - Intact (+)

(Tympanic Membrane Eustachean Tube, Mastoid)

Rinnes, Webers :- -ve

Nose and Paranasal sinuses :- NAD

Throat :-

Speech :-

**Dr. Manasee Kulkarni**  
M.B.B.S  
2005/09/3439



ADDRESS: 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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

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



Use a QR Code Scanner  
Application To Scan the Code

CID : 2127553205  
Name : MR.ANKIT VIJAYAN  
Age / Gender : 30 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 02-Oct-2021 / 09:16  
Reported : 02-Oct-2021 / 12:27

**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>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	14.3	13.0-17.0 g/dL	Spectrophotometric
RBC	5.27	4.5-5.5 mil/cmm	Elect. Impedance
PCV	42.4	40-50 %	Measured
MCV	80	80-100 fl	Calculated
MCH	27.1	27-32 pg	Calculated
MCHC	33.6	31.5-34.5 g/dL	Calculated
RDW	14.6	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	7400	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	36.9	20-40 %	
Absolute Lymphocytes	2730.6	1000-3000 /cmm	Calculated
Monocytes	5.7	2-10 %	
Absolute Monocytes	421.8	200-1000 /cmm	Calculated
Neutrophils	55.3	40-80 %	
Absolute Neutrophils	4092.2	2000-7000 /cmm	Calculated
Eosinophils	2.1	1-6 %	
Absolute Eosinophils	155.4	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

**PLATELET PARAMETERS**

Platelet Count	351000	150000-400000 /cmm	Elect. Impedance
MPV	7.4	6-11 fl	Calculated
PDW	11.3	11-18 %	Calculated

**RBC MORPHOLOGY**

Hypochromia	-
Microcytosis	-
Macrocytosis	-



Use a QR Code Scanner  
Application To Scan the Code

CID : 2127553205  
Name : MR.ANKIT VIJAYAN  
Age / Gender : 30 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 02-Oct-2021 / 09:16  
Reported : 02-Oct-2021 / 11:00

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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 5 2-15 mm at 1 hr. Westergren

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



MC-2427



*Lynda Rodrigues*  
Dr.LYNDA RODRIGUES  
MD Pathology  
Pathologist





CID : 2127553205  
Name : MR.ANKIT VIJAYAN  
Age / Gender : 30 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 02-Oct-2021 / 09:16  
Reported : 02-Oct-2021 / 12:24

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	87.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma - PP/R	96.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.27	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.12	0.1-1.0 mg/dl	Calculated
SGOT (AST), Serum	23.4	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	40.0	5-45 U/L	IFCC without pyridoxal phosphate activation
ALKALINE PHOSPHATASE, Serum	76.3	40-130 U/L	PNPP
BLOOD UREA, Serum	17.2	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	8.0	6-20 mg/dl	Calculated
CREATININE, Serum	0.93	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	101	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.7	3.5-7.2 mg/dl	Uricase

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



MC-2427



*Lyndy Rodrigues*  
**Dr. LYNDA RODRIGUES**  
MD Pathology  
Pathologist



Use a QR Code Scanner  
Application To Scan the Code

CID : 2127553205  
Name : MR. ANKIT VIJAYAN  
Age / Gender : 30 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 02-Oct-2021 / 09:16  
Reported : 02-Oct-2021 / 15:21

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: > / = 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	116.9	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 \*\*\*



MC-2111

*Dr. Leena Salunkhe*  
**Dr. LEENA SALUNKHE**  
M.B.B.S, DPB (PATH)  
Pathologist





Use a QR Code Scanner  
Application To Scan the Code

CID : 2127553205  
Name : MR. ANKIT VIJAYAN  
Age / Gender : 30 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 02-Oct-2021 / 09:16  
Reported : 02-Oct-2021 / 11:46

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.025	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
<b>CHEMICAL EXAMINATION</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>MICROSCOPIC EXAMINATION</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	2-3	Less than 20/hpf	

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



MC-2427



*Lynda Rodrigues*  
**Dr. LYNDA RODRIGUES**  
MD Pathology  
Pathologist



Use a QR Code Scanner  
Application To Scan the Code

CID : 2127553205  
Name : MR. ANKIT VIJAYAN  
Age / Gender : 30 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 02-Oct-2021 / 09:16  
Reported : 02-Oct-2021 / 14:44

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

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

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

Note : This Sample has also been tested for Bombay group/Bombay phenotype /Oh using anti-H lectin.

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 G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



MC-2427



*Lynda Rodrigues*  
**Dr. LYNDA RODRIGUES**  
MD Pathology  
Pathologist





Use a QR Code Scanner  
Application To Scan the Code

CID : 2127553205  
Name : MR. ANKIT VIJAYAN  
Age / Gender : 30 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 02-Oct-2021 / 09:16  
Reported : 02-Oct-2021 / 12:35

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	107.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	50.1	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	38.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	69.2	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	59.0	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	Homogeneous enzymatic colorimetric assay
VLDL CHOLESTEROL, Serum	10.2	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.5	0-3.5 Ratio	Calculated

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



MC-2427



*Lynda Rodrigues*  
**Dr. LYNDA RODRIGUES**  
MD Pathology  
Pathologist



Use a QR Code Scanner  
Application To Scan the Code

CID : 2127553205  
Name : MR.ANKIT VIJAYAN  
Age / Gender : 30 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 02-Oct-2021 / 09:16  
Reported : 02-Oct-2021 / 13:06

**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	5.7	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.5	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.2	0.35-5.5 microIU/ml	ECLIA

**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)

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



MC-2427

*Lynda Rodrigues*  
**Dr.LYNDA RODRIGUES**  
MD Pathology  
Pathologist



CID	: 2127553205	SID	: 177804263889
Name	: MR.ANKIT VIJAYAN	Registered	: 02-Oct-2021 / 09:15
Age / Gender	: 30 Years/Male	Collected	: 02-Oct-2021 / 09:15
Ref. Dr	: -	Reported	: 02-Oct-2021 / 13:42
Reg.Location	: G B Road, Thane West (Main Centre)	Printed	: 02-Oct-2021 / 14:58

### **USG WHOLE ABDOMEN**

**LIVER:** Liver appears enlarged in size (17.2 cm) and shows increased echorefectivity. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

**GALL BLADDER:** Gall bladder is contracted.(Not evaluated)

**PORTAL VEIN:** Portal vein is normal. **CBD:** CBD is normal.

**PANCREAS:** Visualised head of pancreas appears normal in size & echotexture. Rest is obscured by excessive bowel gas.

**KIDNEYS:** Right kidney measures 9.8 x 4.1 cm. Left kidney measures 9.9 x 4.9 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

**SPLEEN:** Spleen is normal in size, shape and echotexture. No focal lesion is seen.

**URINARY BLADDER:** Urinary bladder is distended and normal. Wall thickness is within normal limits.

**PROSTATE:** Prostate is normal in size and echotexture and measures 3.1 x 3.4 x 4.0 cm in dimension and 22.7 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen. **Bowel gas++**

#### **IMPRESSION:**

- **MILD HEPATOMEGALY WITH GRADE I FATTY INFILTRATION .**

**Advice: Clinical co-relation and further evaluation.**

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

*Dr. Patil*

**Dr.DEVENDRA PATIL**  
**M.D(RADIO DIAGNOSIS)**  
**RADIOLOGIST**

CID	: 2127553205	SID	: 177804263889
Name	: MR.ANKIT VIJAYAN	Registered	: 02-Oct-2021 / 09:15
Age / Gender	: 30 Years/Male	Collected	: 02-Oct-2021 / 09:15
Ref. Dr	: -	Reported	: 02-Oct-2021 / 13:42
Reg.Location	: G B Road, Thane West (Main Centre)	Printed	: 02-Oct-2021 / 14:59

**X-RAY CHEST PA VIEW**

Both lung fields are clear.  
Both costo-phrenic angles are clear.  
No hilar abnormality is seen.  
The cardiac size and shape are within normal limits.  
The aorta shows normal radiological features.  
The trachea is central.  
The domes of diaphragm are normal in position and outlines.  
The skeleton under review appears normal.

**IMPRESSION:**

**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

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

*Dr. Patil*  
**Dr.DEVENDRA PATIL**  
**M.D(RADIO DIAGNOSIS)**  
**RADIOLOGIST**

**ADDRESS:** 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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

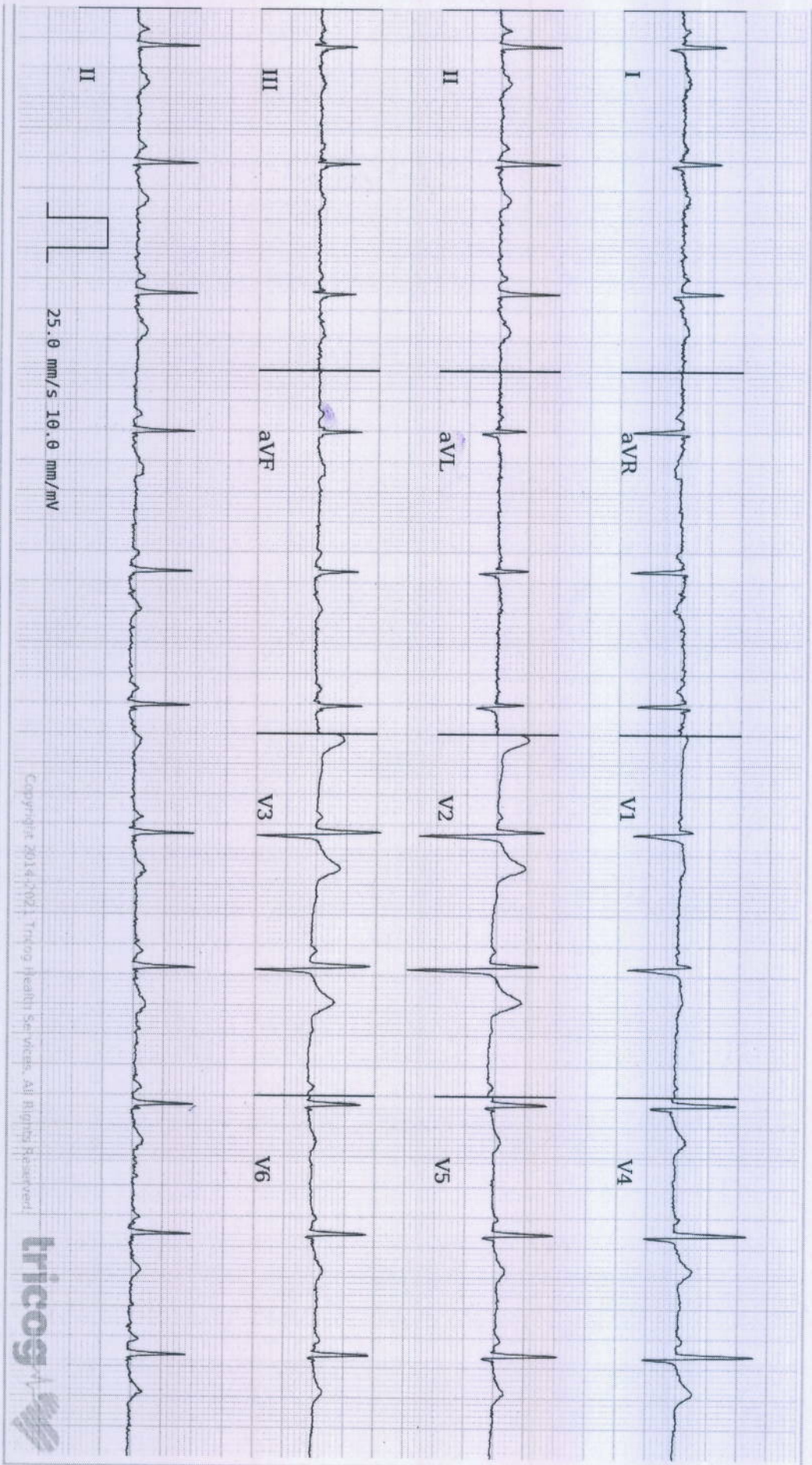
**For Feedback -** customerservice@suburbandiagnosics.com | **www.suburbandiagnosics.com**



Patient Name: ANKIT VIJAYAN

Patient ID: 2127553205

Date and Time: 2nd Oct 21 11:08 AM



Age **30** 7 30  
years months days

Gender **Male**

Heart Rate **69 bpm**

Patient Vitals

BP: 110/80 mmHg

Weight: 83 kg

Height: 165 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

**Measurements**

QSQRD: 82 ms

QT: 378 ms

QTc: 405 ms

PR: 110 ms

P-R-T: 47° 56° 46°

REPORTED BY

DR SHAILAJA PILLAI

MBBS, MD Physician

MD Physician

49972

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

Copyright © 2014 Tricog, Tricog Health Services. All Rights Reserved.





## SUBURBAN DIAGNOSTICS GB RD THANE

**Patient Details**                      **Date:** 02-Oct-21                      **Time:** 11:36:56 AM  
**Name:** ANKIT VIJAYAN ID: 2127552956  
**Age:** 35 y                      **Sex:** M                      **Height:** 165 cms                      **Weight:** 83 Kgs  
**Clinical History:** NIL

**Medications:** NIL

### Test Details

**Protocol:** Bruce                      **Pr.MHR:** 185 bpm                      **THR:** 166 (90 % of Pr.MHR) bpm  
**Total Exec. Time:** 5 m 5 s                      **Max. HR:** 158 ( 85% of Pr.MHR )bpm                      **Max. Mets:** 7.00  
**Max. BP:** 160 / 80 mmHg                      **Max. BP x HR:** 25280 mmHg/min                      **Min. BP x HR:** 7600 mmHg/min  
**Test Termination Criteria:** Fatigue, 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 : 20	1.0	0	0	95	140 / 80	-0.21 aVR	2.12 V2
Standing	0 : 3	1.0	0	0	95	140 / 80	-0.21 aVR	1.77 V2
Hyperventilation	0 : 2	1.0	0	0	97	140 / 80	-0.21 aVR	1.77 V2
1	3 : 0	4.6	1.7	10	151	150 / 80	-0.64 III	3.89 V2
Peak Ex	2 : 5	7.0	2.5	12	158	160 / 80	-0.21 aVR	4.60 V2
Recovery(1)	2 : 0	1.8	1	0	111	140 / 80	-0.85 III	5.66 V2
Recovery(2)	2 : 0	1.0	0	0	109	140 / 80	-0.42 III	3.18 V2
Recovery(3)	0 : 6	1.0	0	0	108	140 / 80	0.00 I	1.42 V2

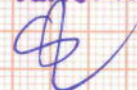
### Interpretation

The patient exercised according to the Bruce protocol for 5 m 5 s achieving a work level of Max. METS : 7.00. Resting heart rate initially 95 bpm, rose to a max. heart rate of 158 ( 85% of Pr.MHR ) bpm. Resting blood Pressure 140 / 80 mmHg, rose to a maximum blood pressure of 160 / 80 mmHg. FAIR EFFORT TOLERANCE , NORMAL CHRONOTROPIC RESPONSE , NORMAL INOTROPIC RESPONSE , NO ANGINA/ANGINA EQUIVALENTS , NO ARRHYTHMIAS , NO SIGNIFICANT ST-T CHANGES FROM BASELINE

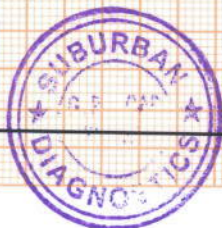
REMARKS: Test is Negative for inducible ischemia .

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

**Dr. SHAILAJA PILLAI**  
**M.D. (GEN.MED)**  
**R.NO. 49972**



Ref. Doctor: \_\_\_\_\_  
( Summary Report edited by user )



**Doctor: DR.SHAILAJA PILLAI**  
(c) Schiller Healthcare India Pvt. Ltd. V 4.7



**ANKIT VIJAYAN (35 M)**

**SUBURBAN DIAGNOSTICS GB RD THANE**

ID: 2127552956

Date: 02-Oct-21

Exec Time : 0 m 0 s

Stage Time : 0 m 20 s

HR: 95 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 166 bpm)

B.P.: 140 / 80

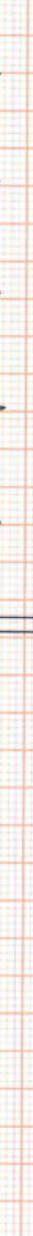
ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

0.2

0.4

I



V1

0.4

0.7

II

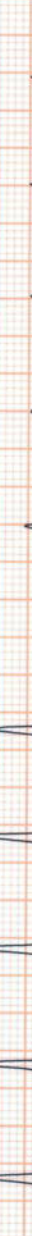


V2

0.4

0.0

III



V3

0.0

-0.4

aVR



V4

0.0

0.0

aVL

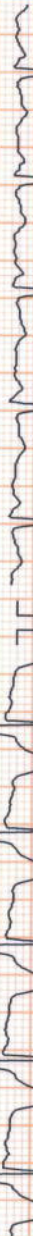


V5

0.2

0.4

aVF



V6

0.4

0.7

V5



V6

0.4

0.7

V6



V6

Chart Speed: 25 mm/sec  
Schlier Spanden V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms      J = R + 60 ms

Post J = J + 60 ms





**ANKIT VIJAYAN (35 M)**

**SUBURBAN DIAGNOSTICS GB RD THANE**

Protocol: Bruce

ID: 2127552956

Date: 02-Oct-21

Exec Time : 0 m 0 s

Stage Time : 0 m 3 s

HR: 95 bpm

ST Level (mm)    ST Slope (mV/s)

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 166 bpm)

B.P.: 140 / 80

ST Level (mm)    ST Slope (mV/s)

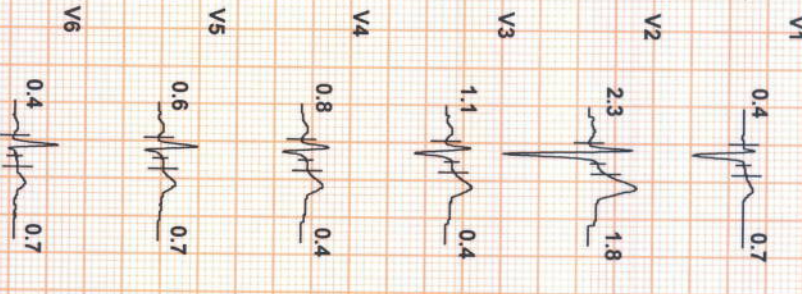
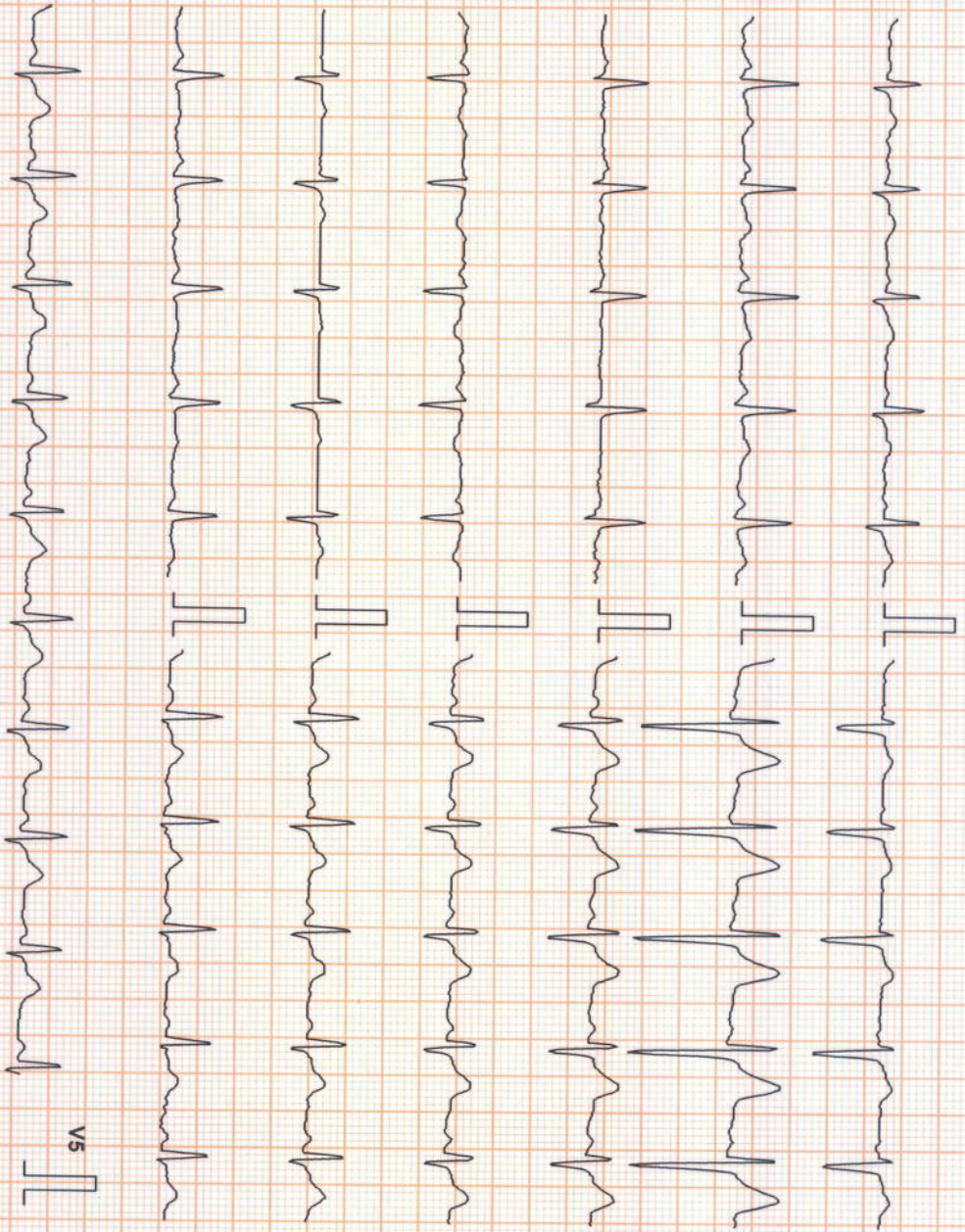
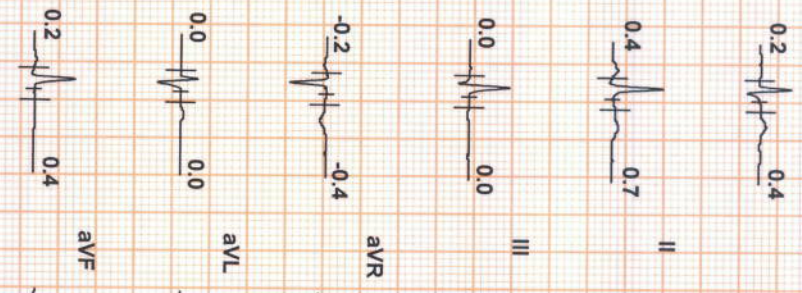


Chart Speed: 25 mm/sec  
Schiller Spanden V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms





**ANKIT VIJAYAN (35 M)**

**SUBURBAN DIAGNOSTICS GB RD THANE**

Protocol: Bruce

ID: 2127552956

Date: 02-Oct-21

Exec Time : 0 m 0 s

Stage Time : 0 m 2 s

HR: 97 bpm

ST Level (mm)    ST Slope (mV/s)

Stage: Hyperventilation

Speed: 0 mph

Grade: 0%

(THR: 166 bpm)

B.P.: 140 / 80

ST Level (mm)    ST Slope (mV/s)

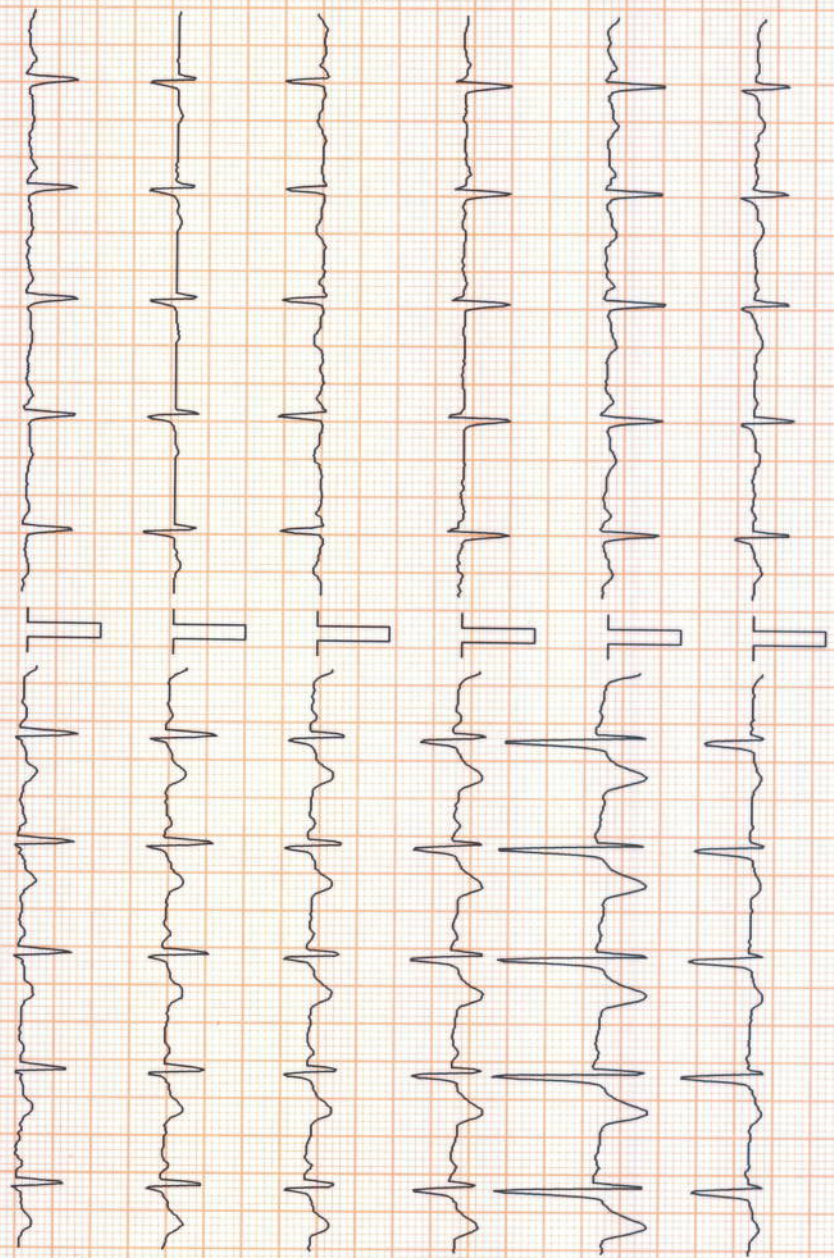
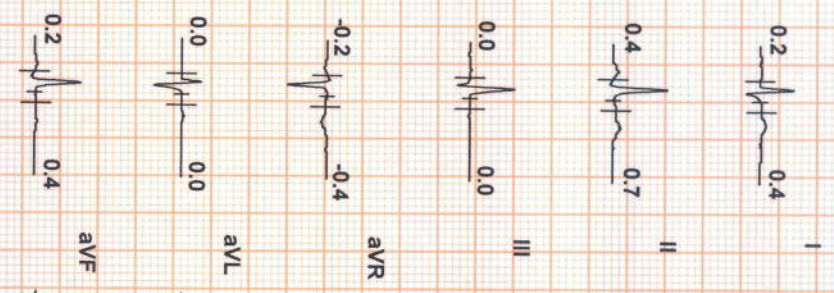


Chart Speed: 25 mm/sec  
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms





**ANKIT VIJAYAN (35 M)**

**SUBURBAN DIAGNOSTICS GB RD THANE**

Protocol: Bruce

ID: 2127552956

Date: 02-Oct-21

Exec Time : 3 m 0 s

Stage Time : 3 m 0 s

HR: 151 bpm

ST Level (mm)      ST Slope (mV/s)

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 166 bpm)

B.P.: 150 / 80

ST Level (mm)      ST Slope (mV/s)

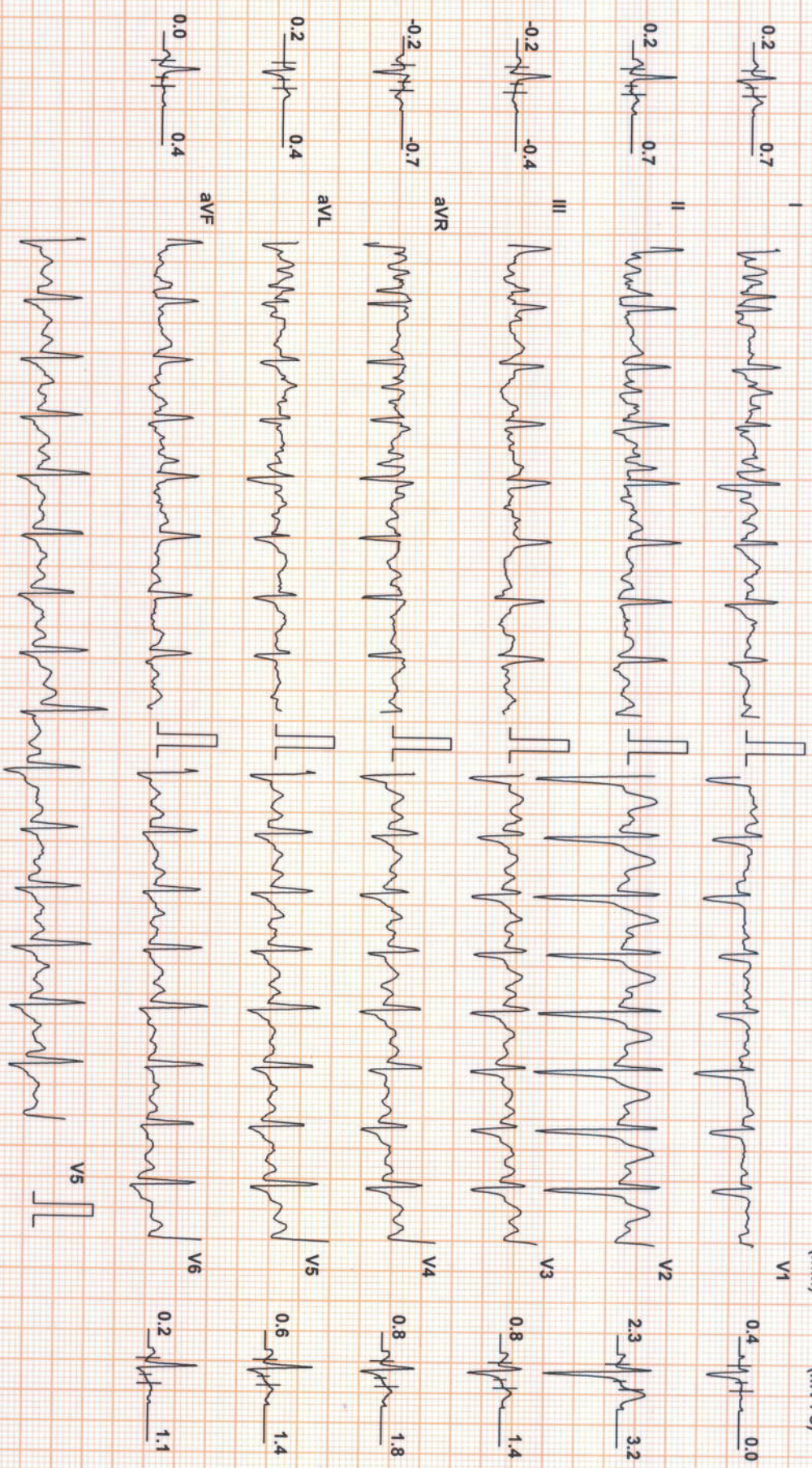


Chart Speed: 25 mm/sec  
Schiller Standard V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

fs = R + 60 ms

J = R + 60 ms

Post J = J + 60 ms





ANKIT VIJAYAN (35 M)

SUBURBAN DIAGNOSTICS GB RD THANE

Protocol: Bruce

ID: 2127552956

Date: 02-Oct-21

Exec Time : 5 m 5 s

Stage Time : 2 m 5 s

HR: 158 bpm

Stage: Peak Ex

Speed: 2.5 mph

Grade: 12 %

(THR: 166 bpm)

B.P.: 160 / 80

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

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

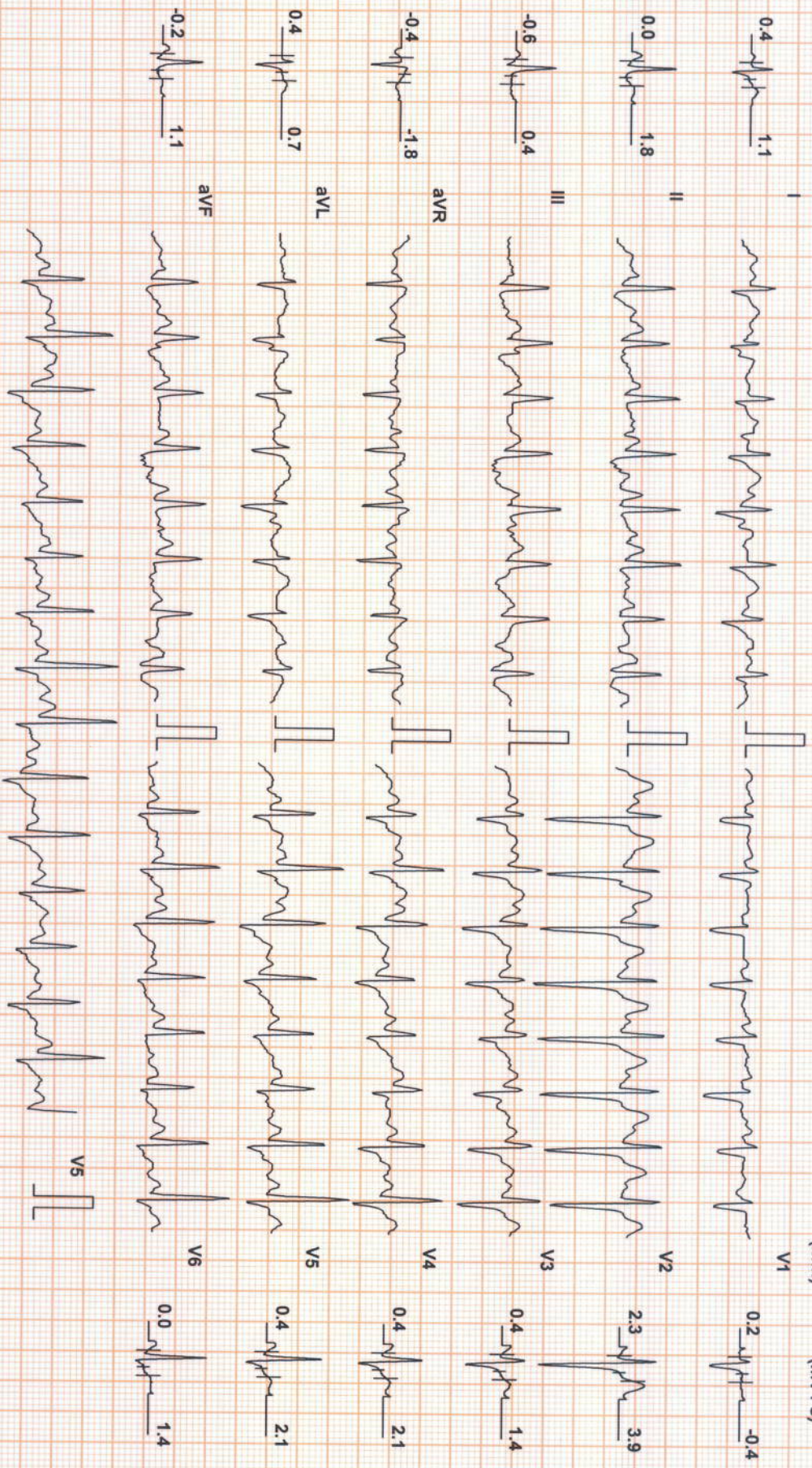


Chart Speed: 25 mm/sec  
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Isr = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms





**ANKIT VIJAYAN (35 M)**

**SUBURBAN DIAGNOSTICS GB RD THANE**

Protocol: Bruce

ID: 2127552956

Date: 02-Oct-21

Exec Time : 5 m 5 s

Stage Time : 2 m 0 s

HR: 111 bpm

ST Level (mm)    ST Slope (mV/s)

Stage: Recovery(1)

Speed: 0 mph

Grade: 0 %

(THR: 166 bpm)

B.P.: 140 / 80

ST Level (mm)    ST Slope (mV/s)

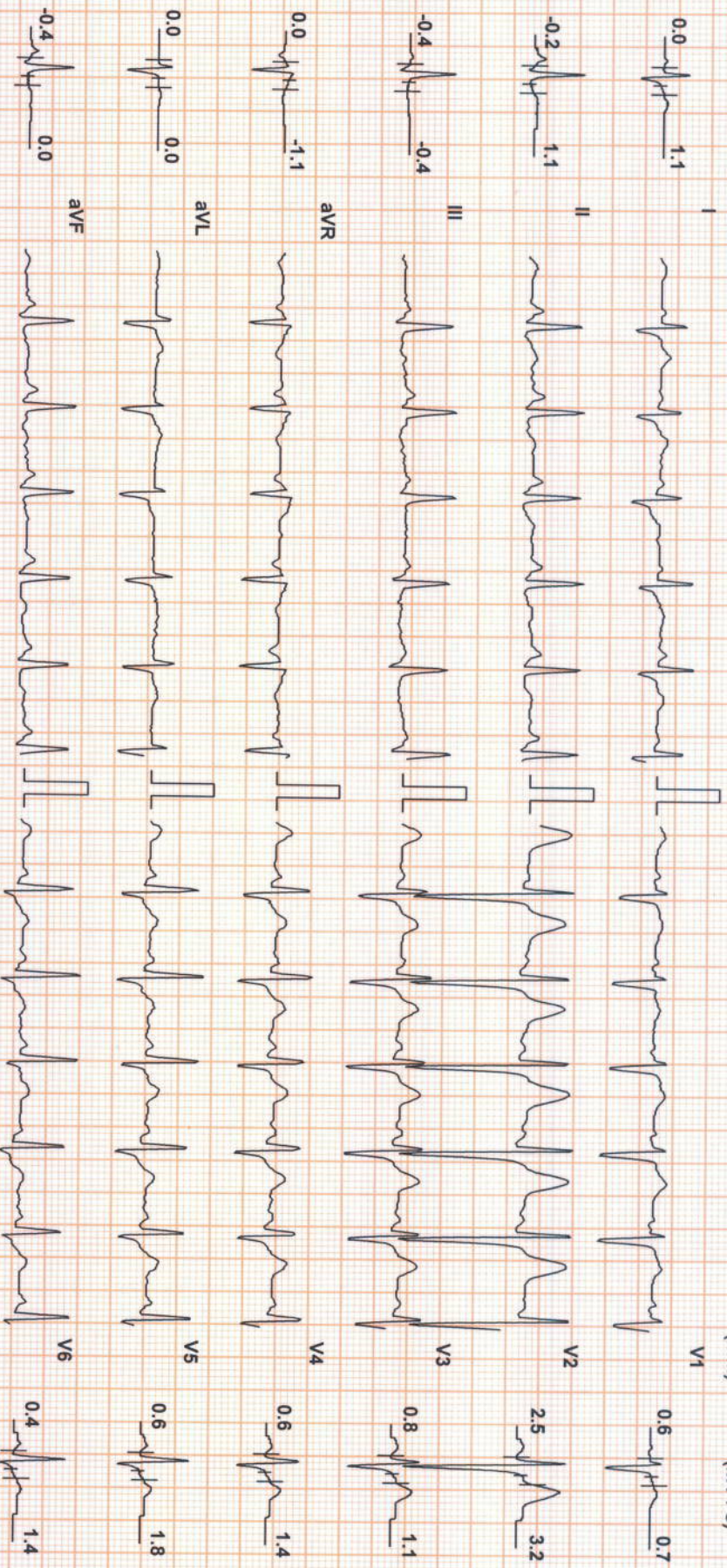


Chart Speed: 25 mm/sec  
Schlier: Spandan V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R + 60 ms

J = R + 60 ms

Post J = J + 60 ms





**ANKIT VIJAYAN (35 M)**

**SUBURBAN DIAGNOSTICS GB RD THANE**

Protocol: Bruce

ID: 2127552956

Date: 02-Oct-21

Exec Time : 5 m 5 s

Stage Time : 2 m 0 s

HR: 109 bpm

ST Level (mm)      ST Slope (mV/s)

Stage: Recovery(2)

Speed: 0 mph

Grade: 0%

(THR: 166 bpm)

B.P: 140 / 80

ST Level (mm)      ST Slope (mV/s)

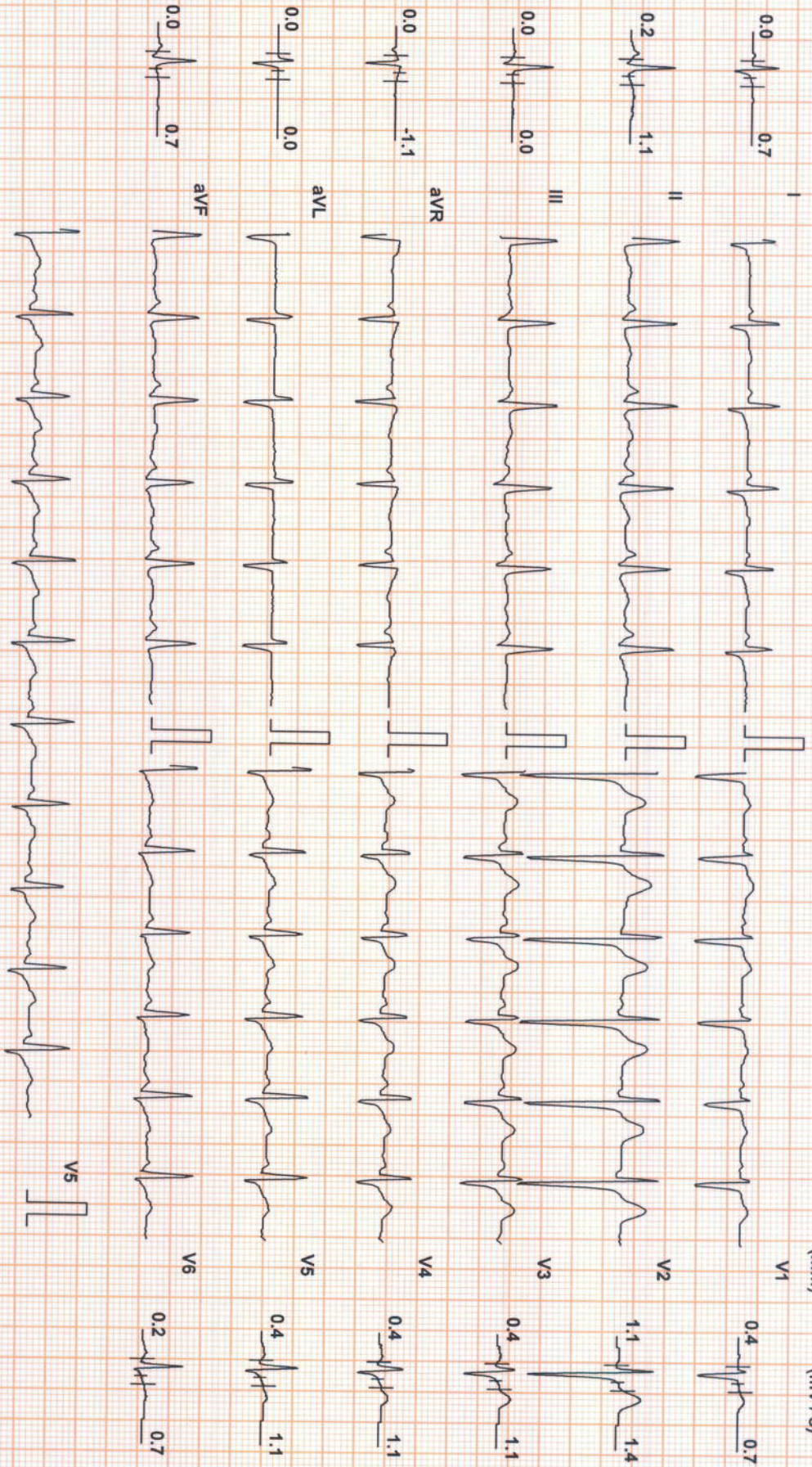


Chart Speed: 25 mm/sec  
Schiller Spandax V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Isr = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

