

**Patient Name :** Mr. Sachin Anil Devlekar  
**Age / Gender :** 30 Y / Male  
**Referred By :** Dr. Neelam Karande  
**SID No. :** 41009820

**Reg.Date / Time :** 29/08/2022 / 10:35:31  
**Report Date / Time :** 29/08/2022 / 18:24:30  
**MR No. :** 0468396

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**Final Test Report**

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
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**HAEMATOLOGY**

**CBC-Haemogram & ESR, blood**

**EDTA WHOLE BLOOD**

**HAEMOGLOBIN, RED CELL COUNT & INDICES**

HAEMOGLOBIN (Spectrophotometry)	16.8	gm%	13-17
PCV (Electrical Impedance)	49.9	%	40 - 50
MCV (Calculated)	90.3	fL	83-101
MCH (Calculated)	30.4	pg	27.0 - 32.0
MCHC (Calculated)	33.7	g/dl	31.5-34.5
RDW-CV (Calculated)	<b>15</b>	%	11.6-14.0
RDW-SD (Calculated)	42	fL	36 - 46
TOTAL RBC COUNT (Electrical Impedance)	<b>5.53</b>	Million/cmm	4.5-5.5
TOTAL WBC COUNT (Electrical Impedance)	8070	/cumm	4000-10000
<b>DIFFERENTIAL WBC COUNT</b>			
NEUTROPHILS (Flow cell)	62.9	%	40-80
LYMPHOCYTES (Flow cell)	27.2	%	20-40
EOSINOPHILS (Flow cell)	3.0	%	1-6
MONOCYTES (Flow cell)	6.3	%	2-10
BASOPHILS (Flow cell)	<b>0.6</b>	%	1-2
<b>ABSOLUTE WBC COUNT</b>			
ABSOLUTE NEUTROPHIL COUNT (Calculated)	5080	/cumm	2000-7000
ABSOLUTE LYMPHOCYTE COUNT (Calculated)	2190	/cumm	1000-3000

Contd ...

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**HAEMATOLOGY**

**ABSOLUTE WBC COUNT**

ABSOLUTE EOSINOPHIL COUNT (Calculated)	240	/cumm	200-500
ABSOLUTE MONOCYTE COUNT (Calculated)	500	/cumm	200-1000
ABSOLUTE BASOPHIL COUNT (Calculated)	50	/cumm	0-220
PLATELET COUNT (Electrical Impedance)	332000	/cumm	150000-410000
MPV (Calculated)	9.6	fL	6.78-13.46
PDW (Calculated)	15.5	%	11-18
PCT (Calculated)	0.320	%	0.15-0.50

**PERIPHERAL BLOOD SMEAR**

**COMMENTS** (Microscopic) Normocytic Normochromic RBCs

**Sample Collected at :** Khar  
**Sample Collected on :** 29 Aug 2022 10:38  
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**Barcode :** 



**Dr.Rahul Jain**

**MD,PATHOLOGY**

**Consultant Pathologist**

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**HAEMATOLOGY**

**EDTA Blood** **ABO BLOOD GROUP\***

BLOOD GROUP (Erythrocyte-Magnetized Technology)	B
Rh TYPE (Erythrocyte-Magnetized Technology)	POSITIVE

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**HAEMATOLOGY**

**CBC-Haemogram & ESR, blood**

**EDTA WHOLE BLOOD**

ESR(ERYTHROCYTE SEDIMENTATION RATE) (Photometric Capillary)	<b>20</b>	mm / 1 hr	0-15
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**Notes :** The given result is measured at the end of first hour.

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**BIOCHEMISTRY**

**COMPREHENSIVE LIVER PROFILE  
SERUM**

BILIRUBIN TOTAL (Diazotization)	<b>2.79</b>	mg/dl	0.2 - 1.3
BILIRUBIN DIRECT (Diazotization)	<b>0.56</b>	mg/dl	0.1-0.4
BILIRUBIN INDIRECT (Calculation)	<b>2.23</b>	mg/dl	0.2 - 0.7
ASPARTATE AMINOTRANSFERASE(SGOT) (IFCC)	21	U/L	<40
ALANINE TRANSAMINASE (SGPT) (IFCC without Peroxidase)	31	U/L	<41
ALKALINE PHOSPHATASE (Colorimetric IFCC)	78	U/L	40-129
GAMMA GLUTAMYL TRANSFERASE (GGT) (IFCC)	27	U/L	<70
TOTAL PROTEIN (Colorimetric)	7.80	gm/dl	6.6-8.7
ALBUMIN (Bromocresol Green)	4.80	gm/dl	3.5 - 5.2
GLOBULIN (Calculation)	3.00	gm/dl	2.0-3.5
A/G RATIO (Calculation)	1.6		1-2

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**BIOCHEMISTRY**

**COMPREHENSIVE RENAL PROFILE  
SERUM**

CREATININE (Jaffe Method)	0.8	mg/dl	0.6 - 1.3
BLOOD UREA NITROGEN (BUN) (Kinetic with Urease)	9.4	mg/dl	6 - 20
BUN/CREATININE RATIO (Calculation)	11.8		10 - 20
URIC ACID (Uricase Enzyme)	7.3	mg/dl	3.7 - 7.7
CALCIUM (Bapta Method)	9.8	mg/dl	8.6-10
PHOSPHORUS (Phosphomolybdate)	3.3	mg/dl	2.5-4.5

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**BIOCHEMISTRY**

**LIPID PROFILE**

SERUM	TOTAL CHOLESTEROL (Enzymatic colorimetric (PHOD))	<b>253</b>	mg/dl	Desirable : < 200 Borderline: 200-239 High : > 239
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**Notes :** Elevated concentrations of free fatty acids and denatured proteins may cause falsely elevated HDL cholesterol results.

Abnormal liver function affects lipid metabolism; consequently, HDL and LDL results are of limited diagnostic value. In some patients with abnormal liver function, the HDL cholesterol result may significantly differ from the DCM (designated comparison method) result due to the presence of lipoproteins with abnormal lipid distribution.

Reference: Dati F, Metzmann E. Proteins Laboratory Testing and Clinical Use, Verlag: DiaSys; 1. Auflage (September 2005), page 242-243; ISBN-10: 3000171665.

SERUM	TRIGLYCERIDES (Enzymatic Colorimetric GPO)	<b>167</b>	mg/dl	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >499
SERUM	CHOLESTEROL HDL - DIRECT (Homogenize Enzymatic Colorimetry)	40	mg/dl	Low:<40 High:>60
SERUM	LDL CHOLESTEROL (Calculation)	<b>180</b>	mg/dl	Optimal : <100 Near Optimal/ Above optimal :100-129 Borderline High: 130-159 High : 160-189 Very High : >= 190
SERUM	VLDL (Calculation)	33	mg/dl	15-40
SERUM	CHOL / HDL RATIO	<b>6.3</b>		3-5
SERUM	LDL /HDL RATIO (Calculation)	<b>4.0</b>		0 - 3.5

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**BIOCHEMISTRY**

FLOURIDE PLASMA	BLOOD GLUCOSE FASTING (Hexokinase)	97	mg/dl	70 - 110
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**Notes :** An early-morning increase in blood sugar (glucose) which occurs to some extent in all individuals, more relevant to people with diabetes can be seen (The dawn phenomenon) . Chronic Somogyi rebound is another explanation of phenomena of elevated blood sugars in the morning. Also called the Somogyi effect and posthypoglycemic hyperglycemia, it is a rebounding high blood sugar that is a response to low blood sugar.

References:

<http://www.ucdenver.edu/academics/colleges/medicalschool/centers/BarbaraDavis/Documents/book-understandingdiabetes/ud06.pdf>, Understanding Diabetes.

FLOURIDE PLASMA	BLOOD GLUCOSE POST PRANDIAL (Hexokinase)	120	mg/dl	70 - 140
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**EDTA WHOLE BLOOD GLYCOSYLATED HAEMOGLOBIN (HbA1C)**

HbA1C (High Performance Liquid Chromatography)	4.9	%(NGSP)	Non Diabetic Range: <= 5.6 Prediabetes :5.7-6.4 Diabetes: >= 6.5
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ESTIMATED AVERAGE BLOOD GLUCOSE (Calculated)	94	mg/dl	
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**Notes :** HbA1c reflects average plasma glucose over the previous eight to 12 weeks (1). The use of HbA1c can avoid the problem of day-to-day variability of glucose values, and importantly it avoids the need for the person to fast and to have preceding dietary preparations.

HbA1c can be used to diagnose diabetes and that the diagnosis can be made if the HbA1c level is =6.5% (2). Diagnosis should be confirmed with a repeat HbA1c test, unless clinical symptoms and plasma glucose levels >11.1mmol/l (200 mg/dl) are present in which case further testing is not required.

HbA1c may be affected by a variety of genetic, hematologic and illness-related factors (Annex 1, [https://www.who.int/diabetes/publications/report-hba1c\\_2011.pdf](https://www.who.int/diabetes/publications/report-hba1c_2011.pdf)) (3). The most common important factors worldwide affecting HbA1c levels are haemoglobinopathies (depending on the assay employed), certain anaemias, and disorders associated with accelerated red cell turnover such as malaria.

References: (1). Nathan DM, Turgeon H, Regan S. Relationship between glycated haemoglobin levels and mean glucose levels over time. Diabetologia, 2007, 50:2239-2244. (2). International Expert Committee report on the role of the A1C assay in the diagnosis of diabetes. Diabetes Care, 2009, 32:1327-1334. (3). Gallagher EJ, Bloomgarden ZT, Le Roith D. Review of hemoglobin A1c in the management of diabetes. Journal of Diabetes, 2009, 1:9-17.

Urine	URINE GLUCOSE FASTING (Urodip)	ABSENT		
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Contd ...

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\*Members only



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**BIOCHEMISTRY**

Urine	URINE GLUCOSE POST PRANDIAL (Urodip)	ABSENT		
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**IMMUNOLOGY**

**THYROID PROFILE - TOTAL SERUM**

TOTAL TRIIODOTHYRONINE (T3) (ECLIA)	1.16	ng/ml	0.7-2.04
TOTAL THYROXINE (T4) (ECLIA)	<b>11.41</b>	ug/dl	4.6 - 10.5
THYROID STIMULATING HORMONE (TSH) (ECLIA)	1.870	uIU/ml	0.27 - 4.20

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**IMMUNOLOGY**

**Notes :** TSH is formed in specific cells of the anterior pituitary gland and is subject to a circadian Variation. The Release of TSH is the central regulating mechanism for the biological action of thyroid hormones. TSH has a stimulating action in all stages of thyroid hormone (T3/T4) formation and secretion and it also has a growth effect on Thyroid gland. Even very slight changes in the concentrations of the free thyroid hormones (FT3/FT4) bring about much greater opposite changes in the TSH level. The determination of TSH serves as the initial test in thyroid diagnostics. (1)

Patterns of Thyroid Function Tests (2)

- Low TSH, Low FT4 - Central hypothyroidism.
- Low TSH, Normal FT4, Normal FT3- Subclinical hyperthyroidism.
- Low TSH, High FT4- Hashimoto's thyroiditis, Grave's disease, Molar pregnancy, Choriocarcinoma, Hyperemesis, Thyrotoxicosis, Lithium, Multinodular goiter, Toxic adenoma, Thyroid carcinoma, Iodine ingestion.
- Normal TSH, Low FT4- Hypothyroxinemia, Nonthyroidal illness, Possible secondary hypothyroidism, Medications.
- Normal TSH, High FT4- Euthyroid hyperthyroxinemia, Thyroid hormone resistance, Familial dysalbuminemic hyperthyroxinemia, Medications (Amiodarone, beta-blockers, Oral contrast), Hyperemesis, Acute psychiatric illness, Rheumatoid factor.
- High TSH, Low FT4- Primary hypothyroidism.
- High TSH, Normal FT4- Subclinical hypothyroidism, Nonthyroidal illness, Suggestive of follow-up and recheck.
- High TSH, High FT4- TSH mediated hyperthyroidism

Note:

1. Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness
2. Isolated High TSH especially in the range of 4.7 to 15 uIU/ml is commonly associated with Physiological & Biological TSH Variability.
3. Normal changes in thyroid function tests during pregnancy include a transient suppression of thyroid-stimulating hormone. T4 and total T3 steadily increase during pregnancy to approximately 1.5 times the non-pregnant level. Free T4 and Free T3 gradually decrease during pregnancy

References:

1. Pim-eservices.roche.com. (2018). Customer Self-Service Technical Documentation Portal.
2. "Interpretation of Thyroid Function Tests". 2018. Obfocus.Com.
3. Interpretation of thyroid function tests. Dayan et al. The Lancet, Vol 357, February 24, 2001.
4. Interpretation of thyroid function tests. Supit et al. South Med journal, 2002, 95, 481-485.

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**CLINICAL PATHOLOGY**

**Urine URINE ANALYSIS**

**PHYSICAL EXAMINATION**

VOLUME (Volumetric)	30		
COLOR (Visual Examination)	AMBER		
APPEARANCE (Visual Examination)	SLIGHTLY HAZY		

**CHEMICAL EXAMINATION**

SP.GRAVITY (Indicator System)	1.025		1.005 - 1.030
REACTION(pH) (Double indicator)	ACIDIC		
PROTEIN (Protein-error-of-Indicators)	PRESENT(+)		
GLUCOSE (GOD-POD)	ABSENT		Absent
KETONES (Legal's Test)	PRESENT(+)		Absent
OCCULT BLOOD (Peroxidase activity)	ABSENT		Absent
BILIRUBIN (Fouchets Test)	ABSENT		Absent
UROBILINOGEN (Ehrlich Reaction)	NORMAL		
NITRITE (Griess Test)	ABSENT		

**MICROSCOPIC EXAMINATION**

ERYTHROCYTES (Microscopy)	ABSENT	/hpf	0-2
PUS CELLS (Microscopy)	4-5	/hpf	0-5
EPITHELIAL CELLS (Microscopy)	1-2	/hpf	0-5
CASTS (Microscopy)	ABSENT		
CRYSTALS (Microscopy)	ABSENT		
ANY OTHER FINDINGS	NIL		

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**Dr.Rahul Jain**

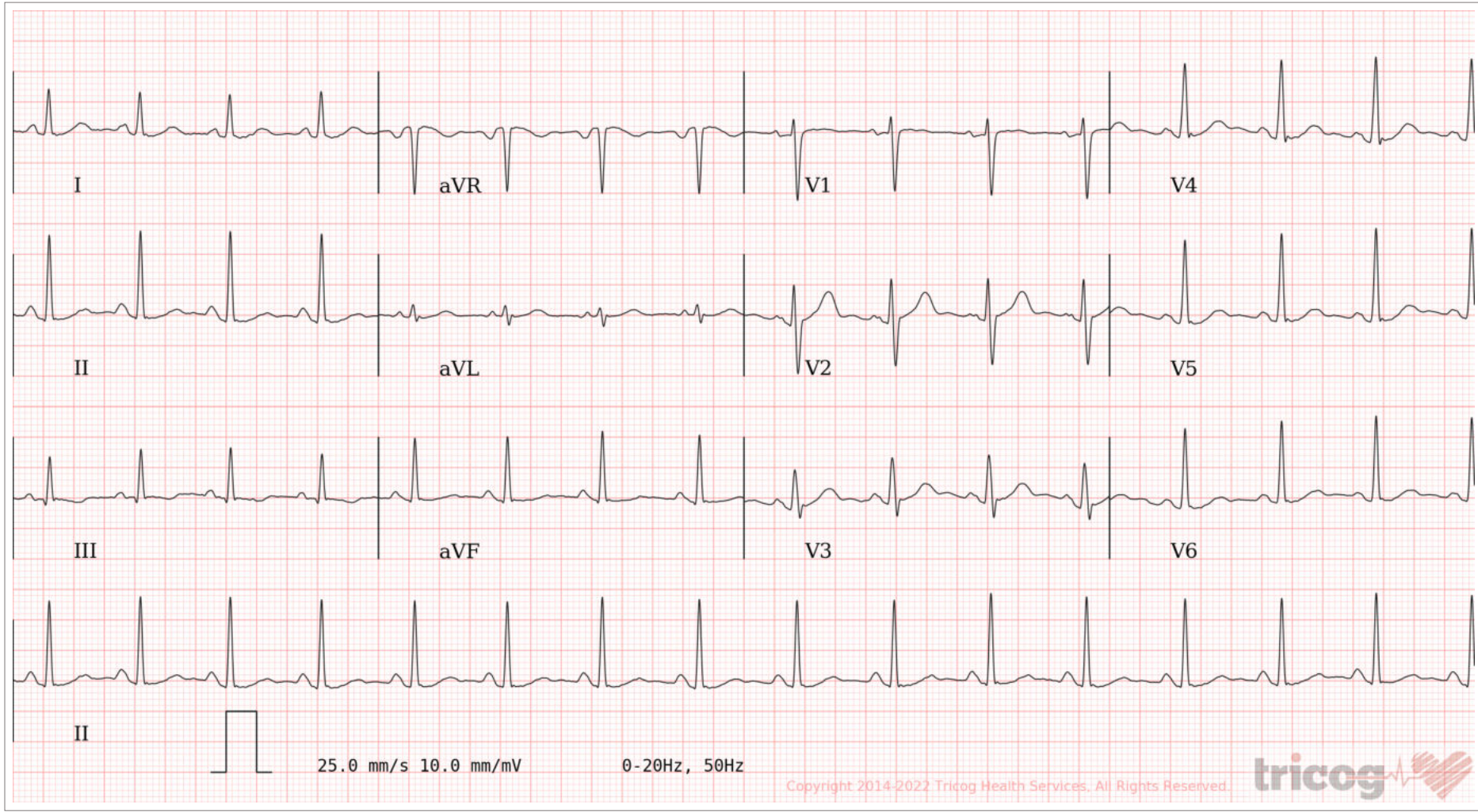
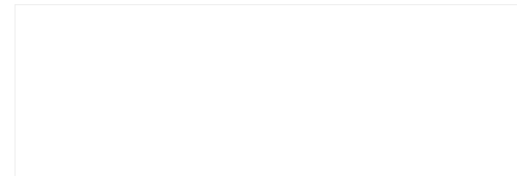
**MD,PATHOLOGY**

**Consultant Pathologist**

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Age / Gender: 30/Male  
 Patient ID: 0468396  
 Patient Name: Sachin Anil Devlekar

Date and Time: 29th Aug 22 10:35 AM



AR: NA    VR: 96bpm    QRSD: 84ms    QT: 316ms    QTc: 398ms    PRI: 124ms    P-R-T: 61° NA 19°

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

AUTHORIZED BY



Dr. Charit  
MD, DM: Cardiology

63382

REPORTED BY



Dr. Avinash K

76720



Family Doctor



Pathology



Radiology



Dental Service



Mental Health



Pharmacy



Diet & Nutrition



Physiotherapy



Chronic Care



Home Care



24x7 Emergency\*

\*Members only



HEALTHSPRING  
FAMILY HEALTH EXPERTS

Dt: 29-08-2022.

Dear Sir,

We are not doing Sonography & stool sample.  
My wife is pregnant & mine was already done  
last week.

Regards,

Sachin Devlekar



Certificate No. - MC-3200  
NABL Accredited  
ISO: 15189



FROST AND SULLIVAN AWARD  
OF BEST PRIMARY CARE  
PRACTICE IN SOUTH EAST ASIA 2017

BUSINESS MODEL  
INNOVATION AWARDS  
BEST BUILDING OF A BRAND





# HEALTHSPRING FAMILY HEALTH EXPERTS

KHAR (WEST)

**Patient Details**      **Date:** 29-Aug-22      **Time:** 10:49:56 AM  
**Name:** SACHIN DEVLEKAR    **ID:** 466118  
**Age:** 30 y      **Sex:** M      **Height:** 177 cms.      **Weight:** 82 Kg.  
**Clinical History:**    Routine Test

**Medications:**    NIL

## Test Details

**Protocol:** Bruce      **Pr.MHR:** 190 bpm      **THR:** 161 (85 % of Pr.MHR) bpm  
**Total Exec. Time:** 5 m 10 s      **Max. HR:** 187 ( 98% of Pr.MHR )bpm      **Max. Mets:** 10.20  
**Max. BP:** 170 / 80 mmHg      **Max. BP x HR:** 31790 mmHg/min      **Min. BP x HR:** 9200 mmHg/min  
**Test Termination Criteria:** Target HR Attained

## Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (Km/h)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	1 : 3	1.0	0	0	115	120 / 80	-0.51 I	1.27 V3
Standing	0 : 33	1.0	0	0	117	120 / 80	-1.01 I	5.06 V4
Hyperventilation	0 : 3	1.0	0	0	117	120 / 80	-0.51 III	0.84 I
1	0 : 8	4.6	2.7	10	115	120 / 80	-0.51 II	1.27 V3
2	3 : 0	7.0	4	12	173	130 / 80	-1.27 III	2.11 V2
Peak Ex	2 : 2	10.2	5.4	14	187	160 / 80	-2.28 III	3.80 V4
Recovery(1)	1 : 0	1.8	1.6	0	175	170 / 80	-1.52 aVF	5.06 V2
Recovery(2)	1 : 0	1.0	0	0	150	170 / 80	-1.77 aVR	5.91 V3
Recovery(3)	1 : 0	1.0	0	0	139	150 / 80	-1.52 aVR	4.64 V3
Recovery(4)	1 : 0	1.0	0	0	142	150 / 80	-0.51 aVR	2.95 V3
Recovery(5)	1 : 0	1.0	0	0	134	130 / 80	-0.51 III	2.53 V4
Recovery(6)	1 : 0	1.0	0	0	137	130 / 80	-0.76 aVR	1.69 V3
Recovery(7)	1 : 0	1.0	0	0	125	130 / 80	-0.76 III	1.69 V4
Recovery(8)	1 : 0	1.0	0	0	131	130 / 80	-0.51 III	1.69 V4
Recovery(9)	0 : 12	1.0	0	0	130	130 / 80	-0.51 III	1.27 V2

## Interpretation

The patient exercised according to the Bruce protocol for 5 m 10 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 115 bpm, rose to a max. heart rate of 187 ( 98% of Pr.MHR ) bpm. Resting blood Pressure 120 / 80 mmHg, rose to a maximum blood pressure of 170 / 80 mmHg.

Ref. Doctor: -----

( Summary Report edited by user )

Doctor: -----

Schiller CS-20 V 1.7

# HEALTHSPRING FAMILY HEALTH EXPERTS

SACHIN DEVLEKAR (30 M)

ID: 466118

Date: 29-Aug-22

Exec Time : 0 m 0 s

Stage Time : 0 m 12 s

HR: 112 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 Km/h

Grade: 0 %

(THR: 161 bpm)

B.P: 120 / 80



Schiller CS-20 V 1.6

# HEALTHSPRING FAMILY HEALTH EXPERTS

SACHIN DEVLEKAR (30 M)

ID: 466118

Date: 29-Aug-22

Exec Time : 0 m 0 s

Stage Time : 0 m 0 s

HR: 117 bpm

Protocol: Bruce

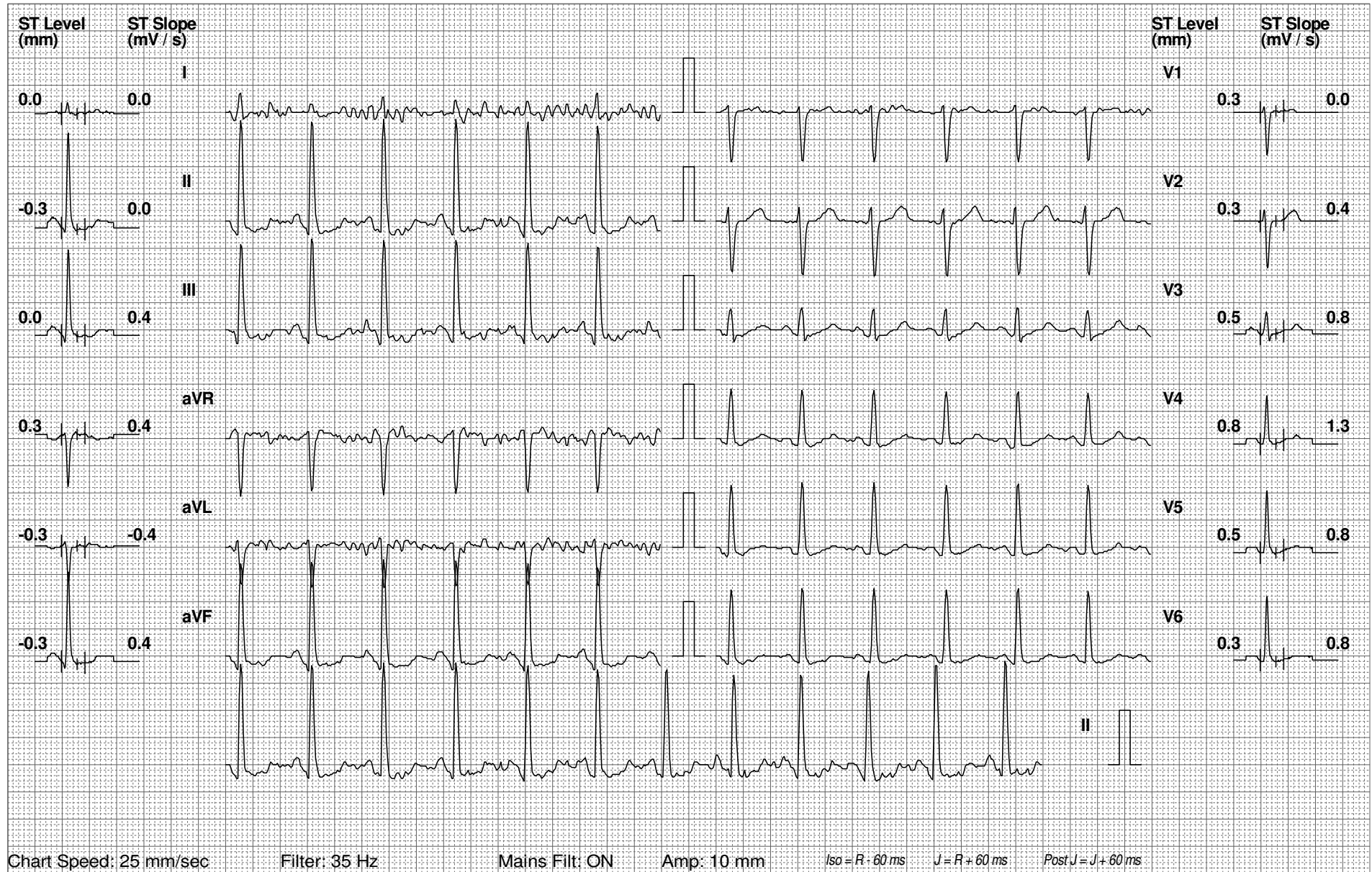
Stage: Pre Test

Speed: 1.6 Km/h

Grade: 0.5 %

(THR: 161 bpm)

B.P: 120 / 80



Schiller CS-20 V 1.6

# HEALTHSPRING FAMILY HEALTH EXPERTS

SACHIN DEVLEKAR (30 M)

ID: 466118

Date: 29-Aug-22

Exec Time : 0 m 0 s

Stage Time : 0 m 0 s

HR: 117 bpm

Protocol: Bruce

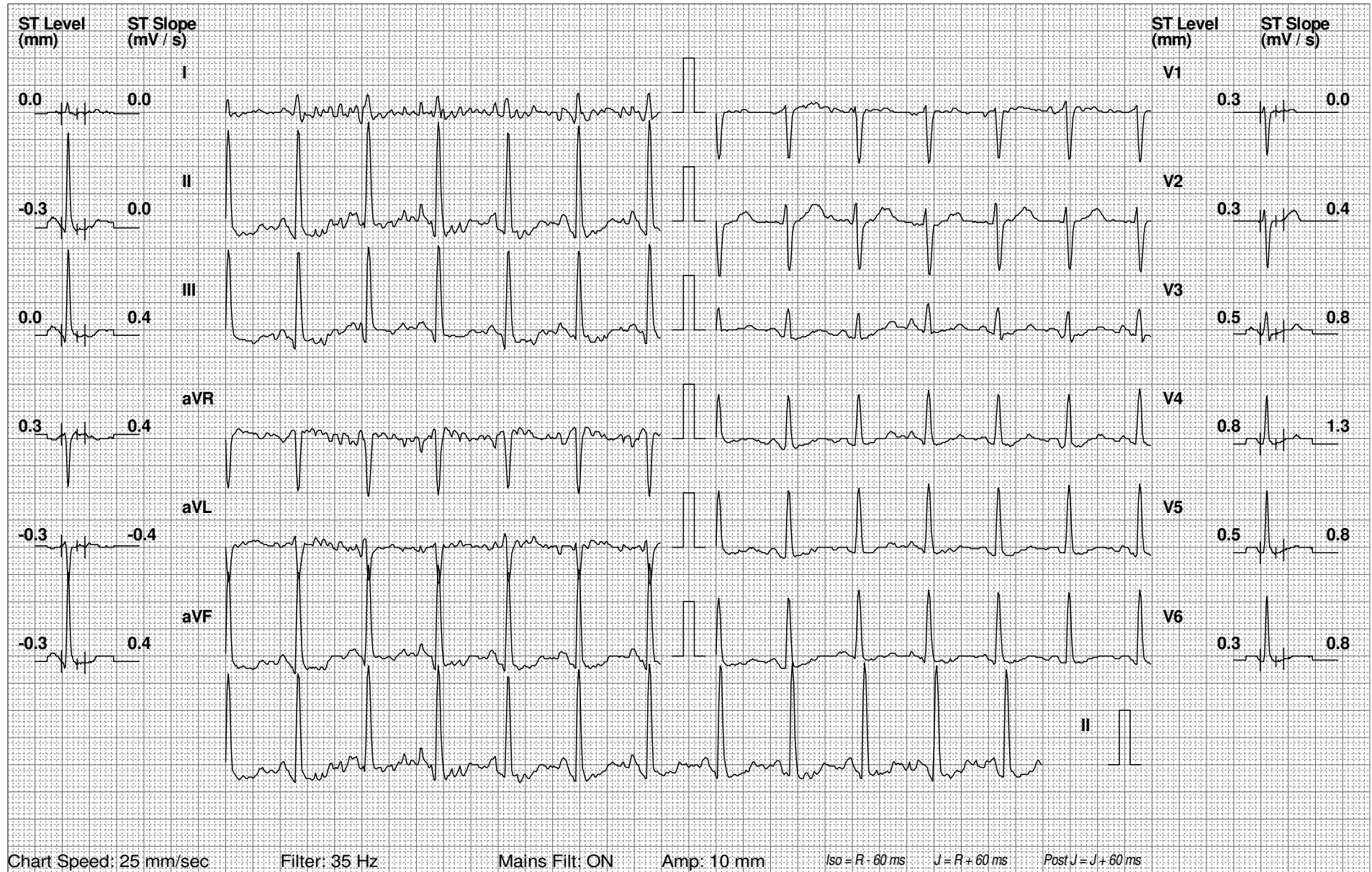
Stage:Hyperventilation

Speed: 0 Km/h

Grade: 0 %

(THR: 161 bpm)

B.P: 120 / 80



Schiller CS-20 V 1.6

# HEALTHSPRING FAMILY HEALTH EXPERTS

SACHIN DEVLEKAR (30 M)

ID: 466118

Date: 29-Aug-22

Exec Time : 0 m 0 s

Stage Time : 0 m 0 s

HR: 117 bpm

Protocol: Bruce

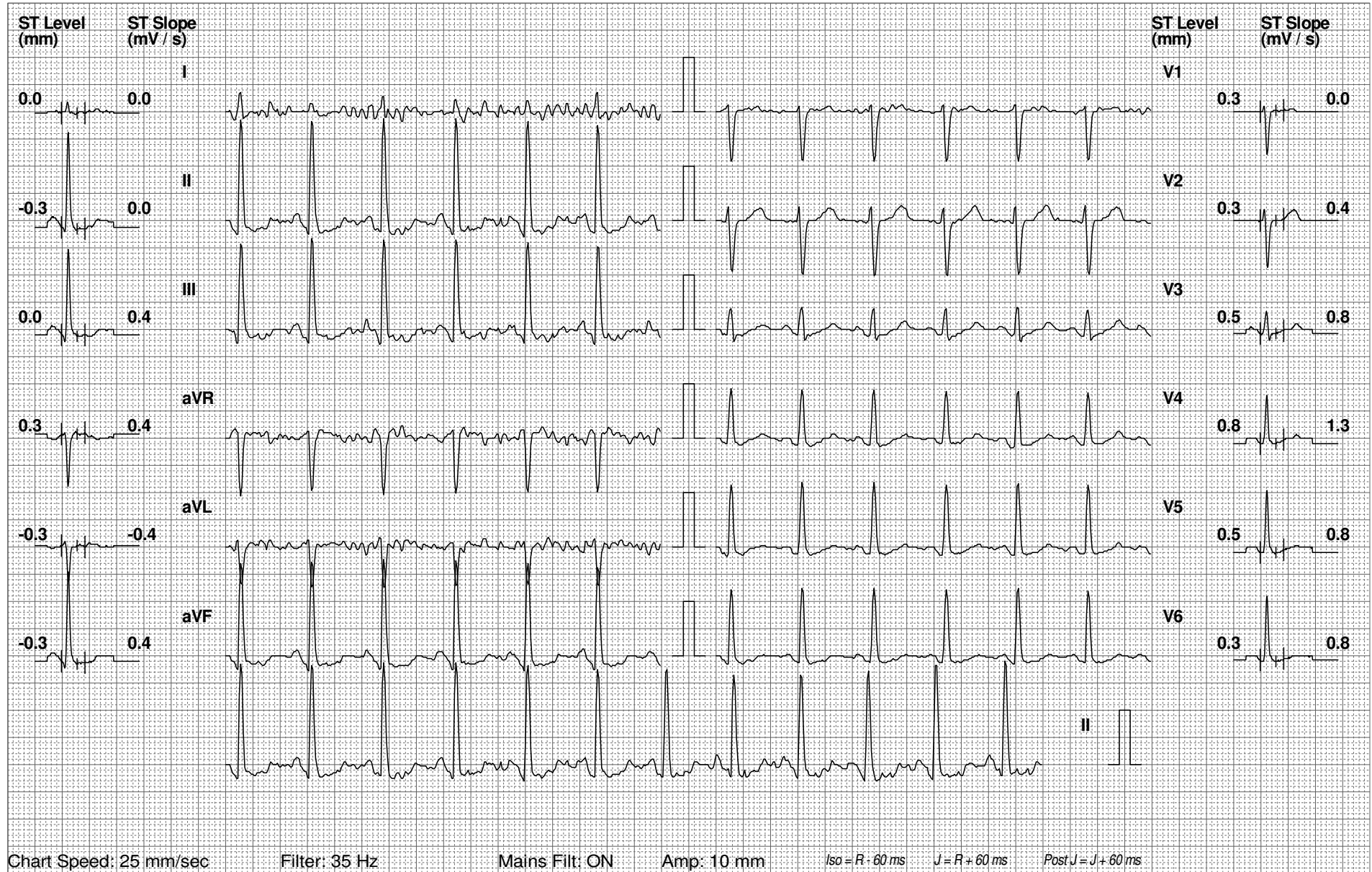
Stage: Pre Test

Speed: 1.6 Km/h

Grade: 0.5 %

(THR: 161 bpm)

B.P: 120 / 80



Schiller CS-20 V 1.6

# HEALTHSPRING FAMILY HEALTH EXPERTS

SACHIN DEVLEKAR (30 M)

ID: 466118

Date: 29-Aug-22

Exec Time : 0 m 0 s

Stage Time : 0 m 0 s

HR: 117 bpm

Protocol: Bruce

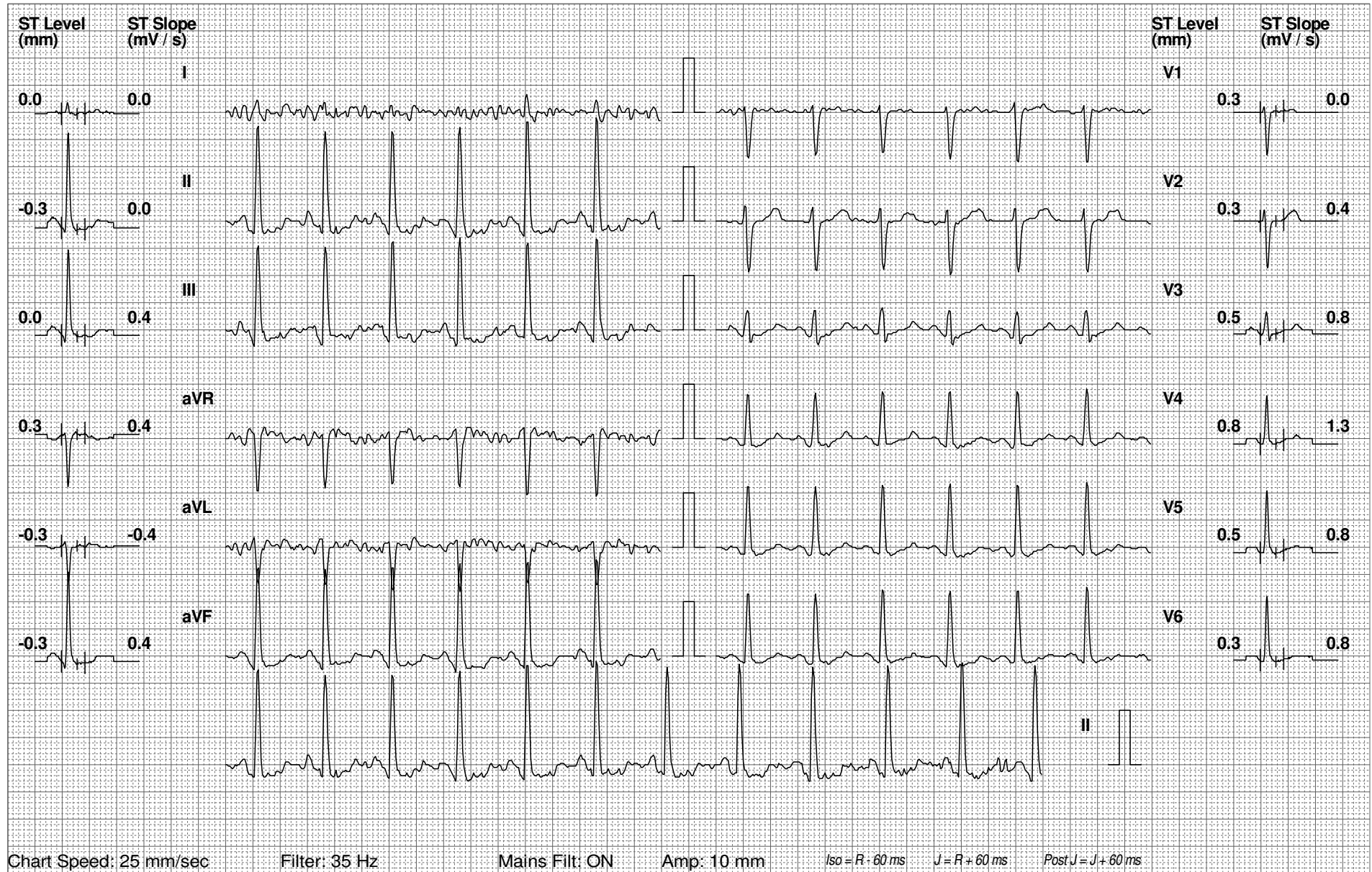
Stage:1

Speed: 2.7 Km/h

Grade: 10 %

(THR: 161 bpm)

B.P: 120 / 80



Schiller CS-20 V 1.6

# HEALTHSPRING FAMILY HEALTH EXPERTS

SACHIN DEVLEKAR (30 M)

ID: 466118

Date: 29-Aug-22

Exec Time : 0 m 8 s

Stage Time : 0 m 0 s

HR: 113 bpm

Protocol: Bruce

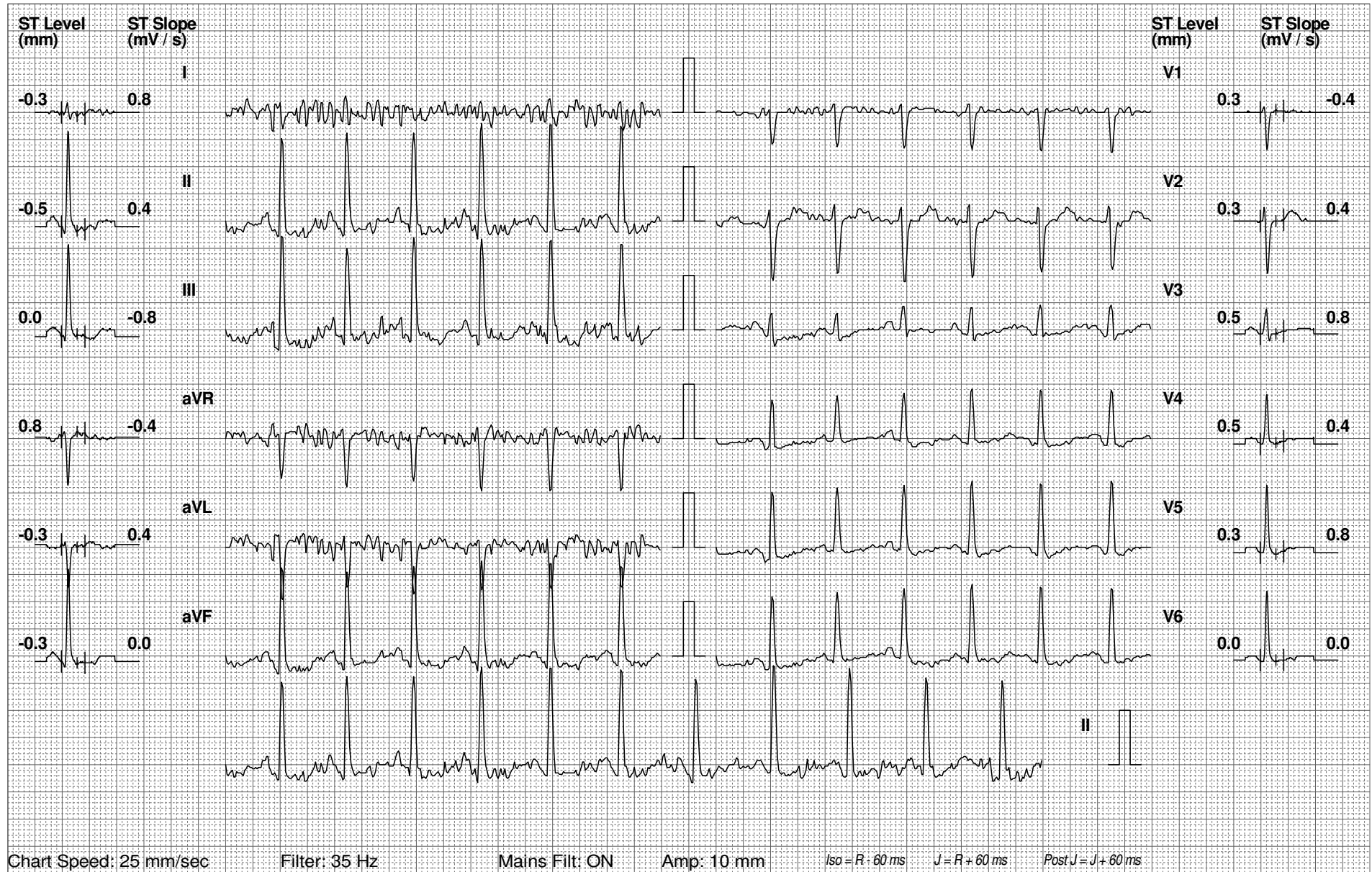
Stage:2

Speed: 4 Km/h

Grade: 12 %

(THR: 161 bpm)

B.P: 130 / 80



Schiller CS-20 V 1.6



# HEALTHSPRING FAMILY HEALTH EXPERTS

SACHIN DEVLEKAR (30 M)

ID: 466118

Date: 29-Aug-22

Exec Time : 3 m 8 s

Stage Time : 0 m 0 s

HR: 175 bpm

Protocol: Bruce

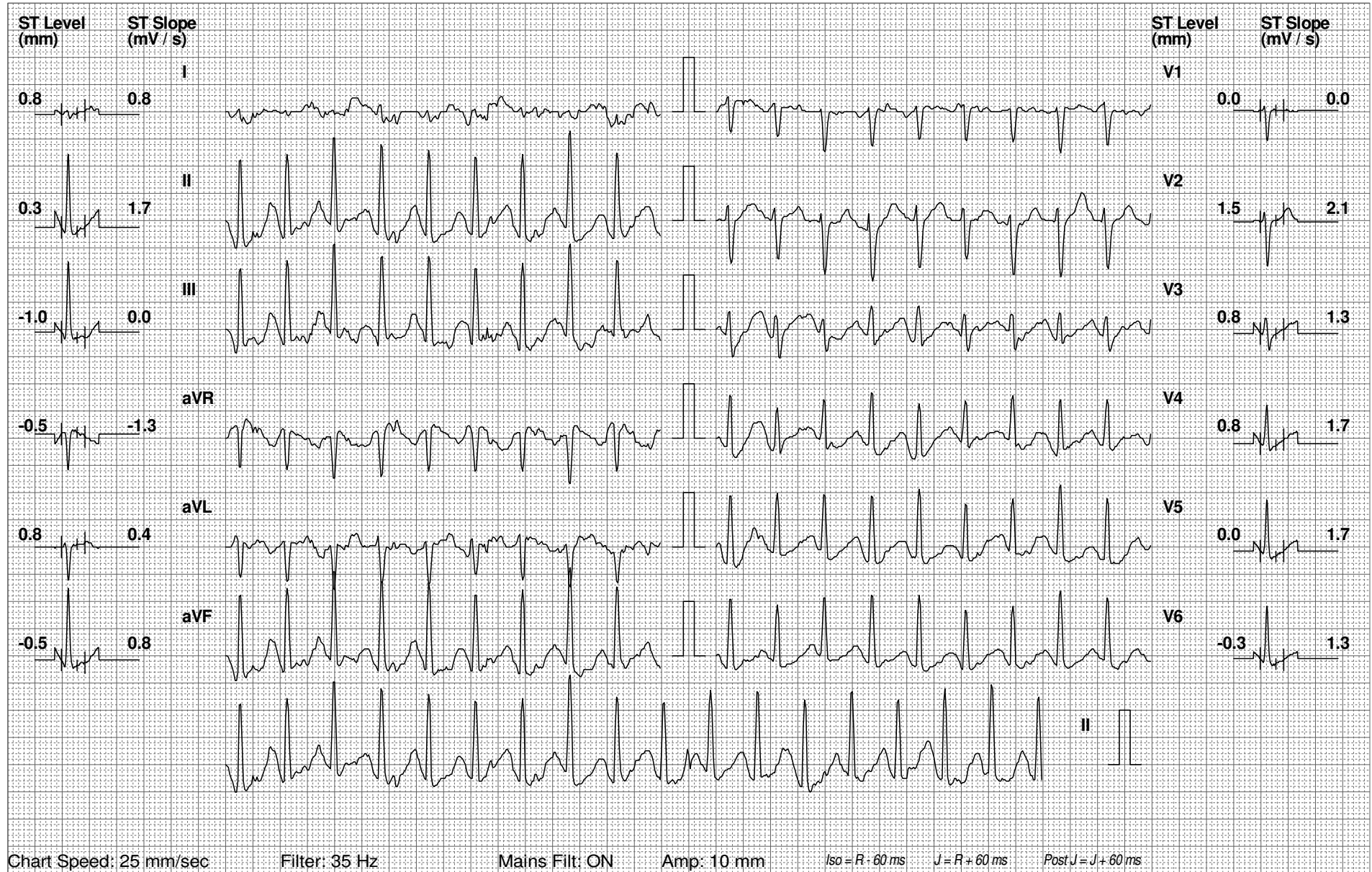
Stage: Peak Ex

Speed: 5.4 Km/h

Grade: 14 %

(THR: 161 bpm)

B.P: 160 / 80



Schiller CS-20 V 1.6

# HEALTHSPRING FAMILY HEALTH EXPERTS

SACHIN DEVLEKAR (30 M)

ID: 466118

Date: 29-Aug-22

Exec Time : 5 m 10 s

Stage Time : 0 m 0 s

HR: 188 bpm

Protocol: Bruce

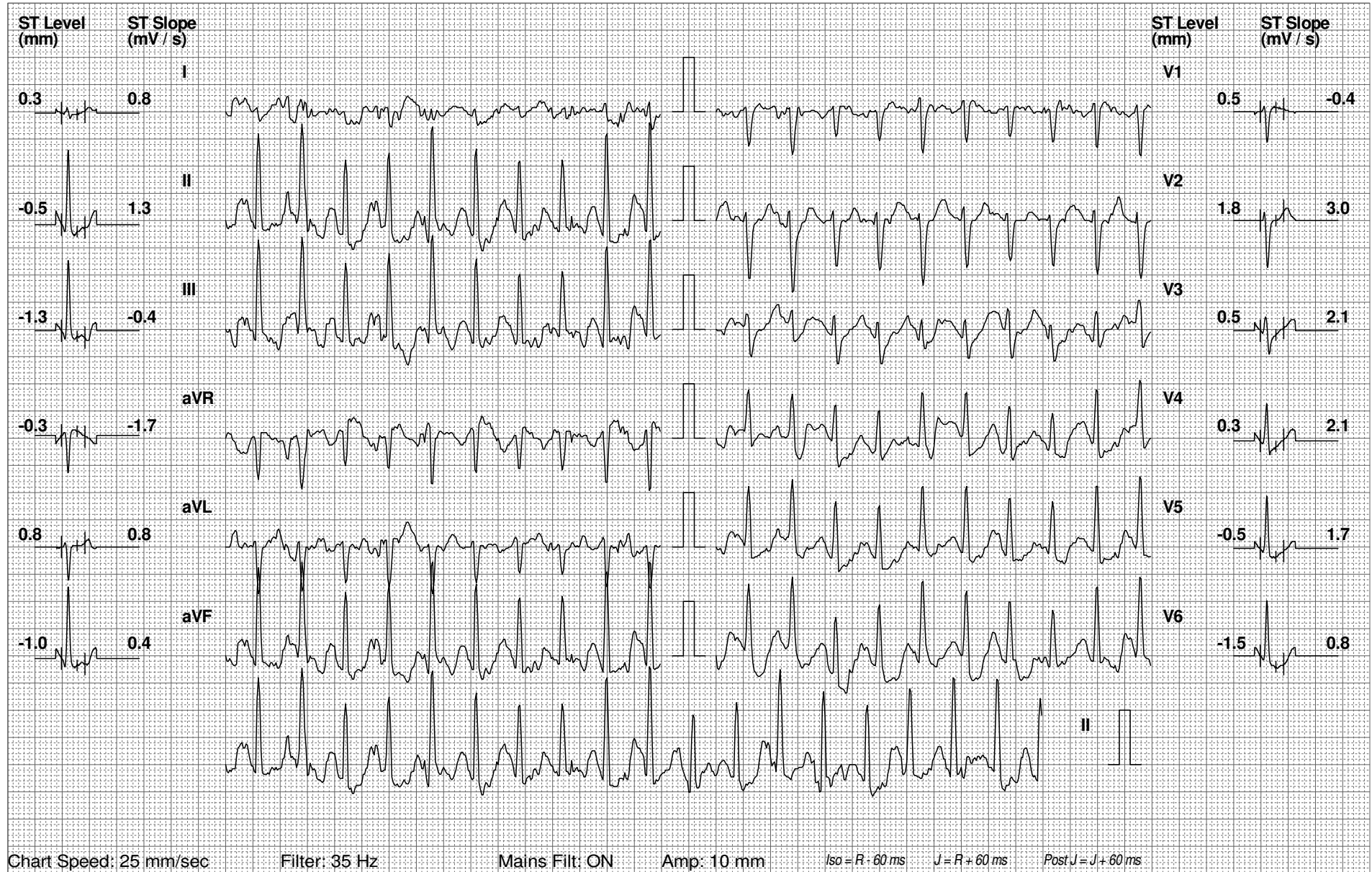
Stage: Recovery(1)

Speed: 1.6 Km/h

Grade: 0 %

(THR: 161 bpm)

B.P: 170 / 80



Schiller CS-20 V 1.6

# HEALTHSPRING FAMILY HEALTH EXPERTS

SACHIN DEVLEKAR (30 M)

ID: 466118

Date: 29-Aug-22

Exec Time : 5 m 10 s

Stage Time : 0 m 0 s

HR: 173 bpm

Protocol: Bruce

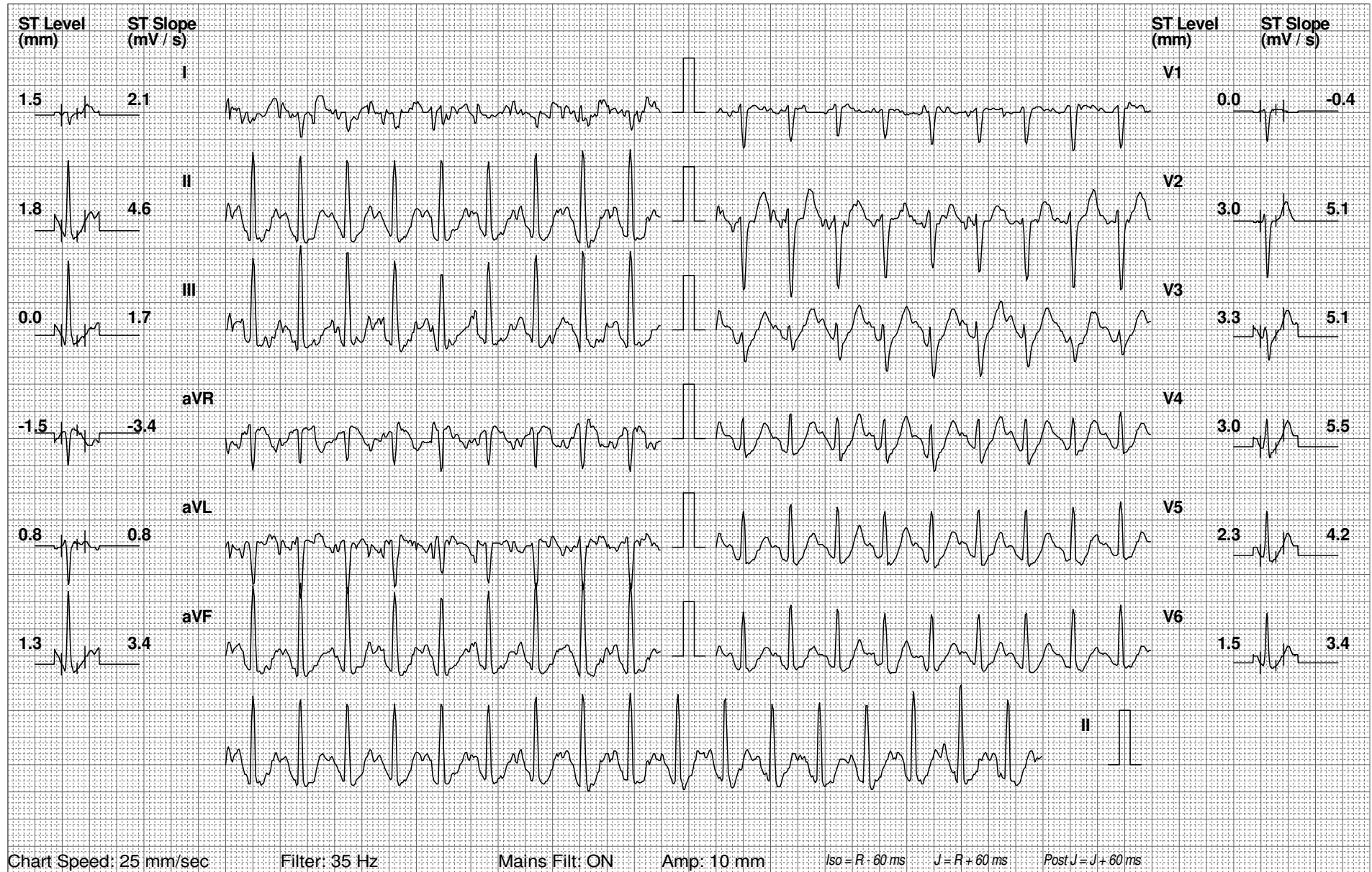
Stage:Recovery(2)

Speed: 0 Km/h

Grade: 0 %

(THR: 161 bpm)

B.P: 170 / 80



Schiller CS-20 V 1.6

# HEALTHSPRING FAMILY HEALTH EXPERTS

SACHIN DEVLEKAR (30 M)

ID: 466118

Date: 29-Aug-22

Exec Time : 5 m 10 s

Stage Time : 0 m 0 s

HR: 147 bpm

Protocol: Bruce

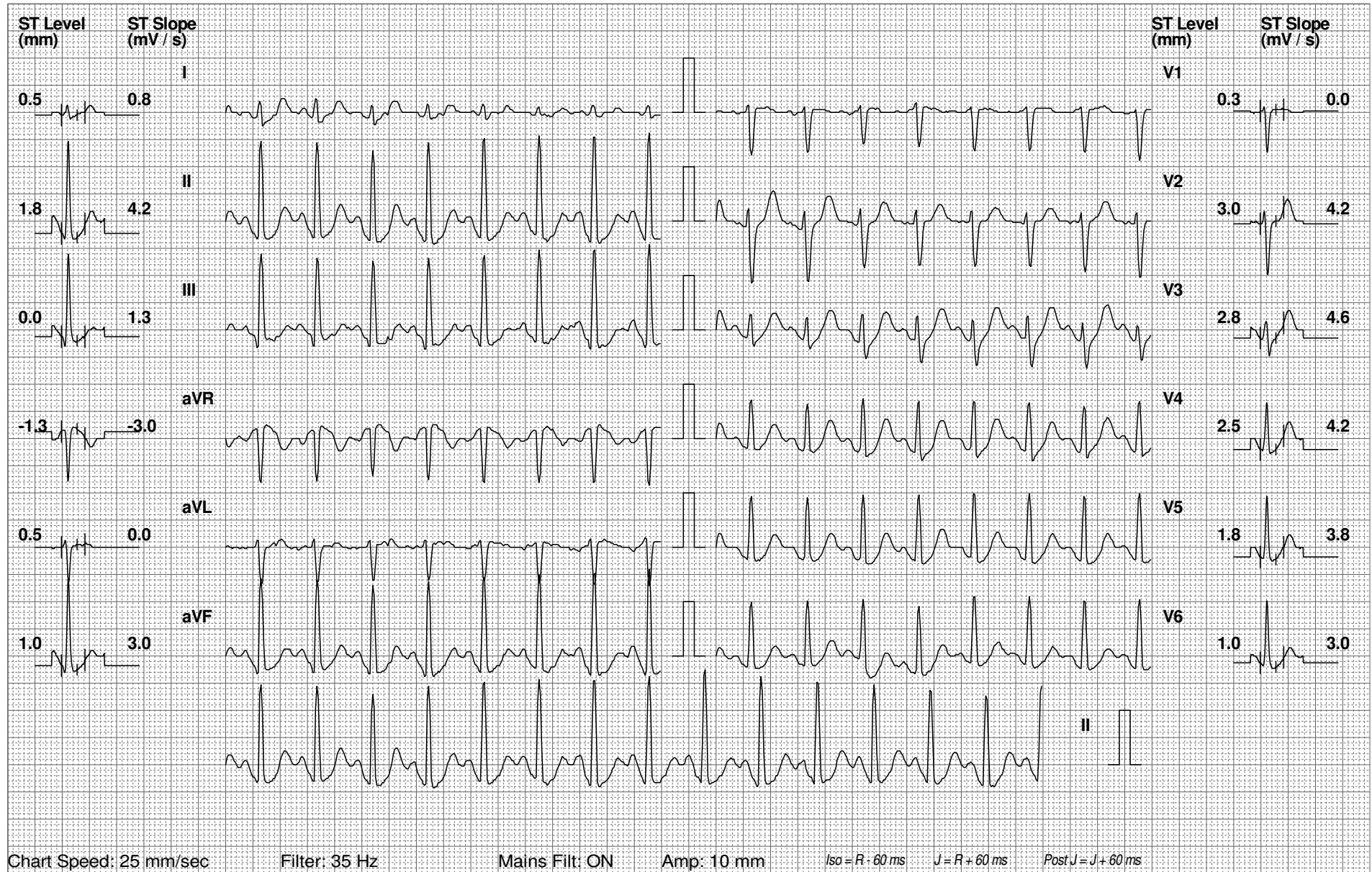
Stage:Recovery(3)

Speed: 0 Km/h

Grade: 0 %

(THR: 161 bpm)

B.P: 150 / 80



Schiller CS-20 V 1.6

# HEALTHSPRING FAMILY HEALTH EXPERTS

SACHIN DEVLEKAR (30 M)

ID: 466118

Date: 29-Aug-22

Exec Time : 5 m 10 s

Stage Time : 0 m 0 s

HR: 139 bpm

Protocol: Bruce

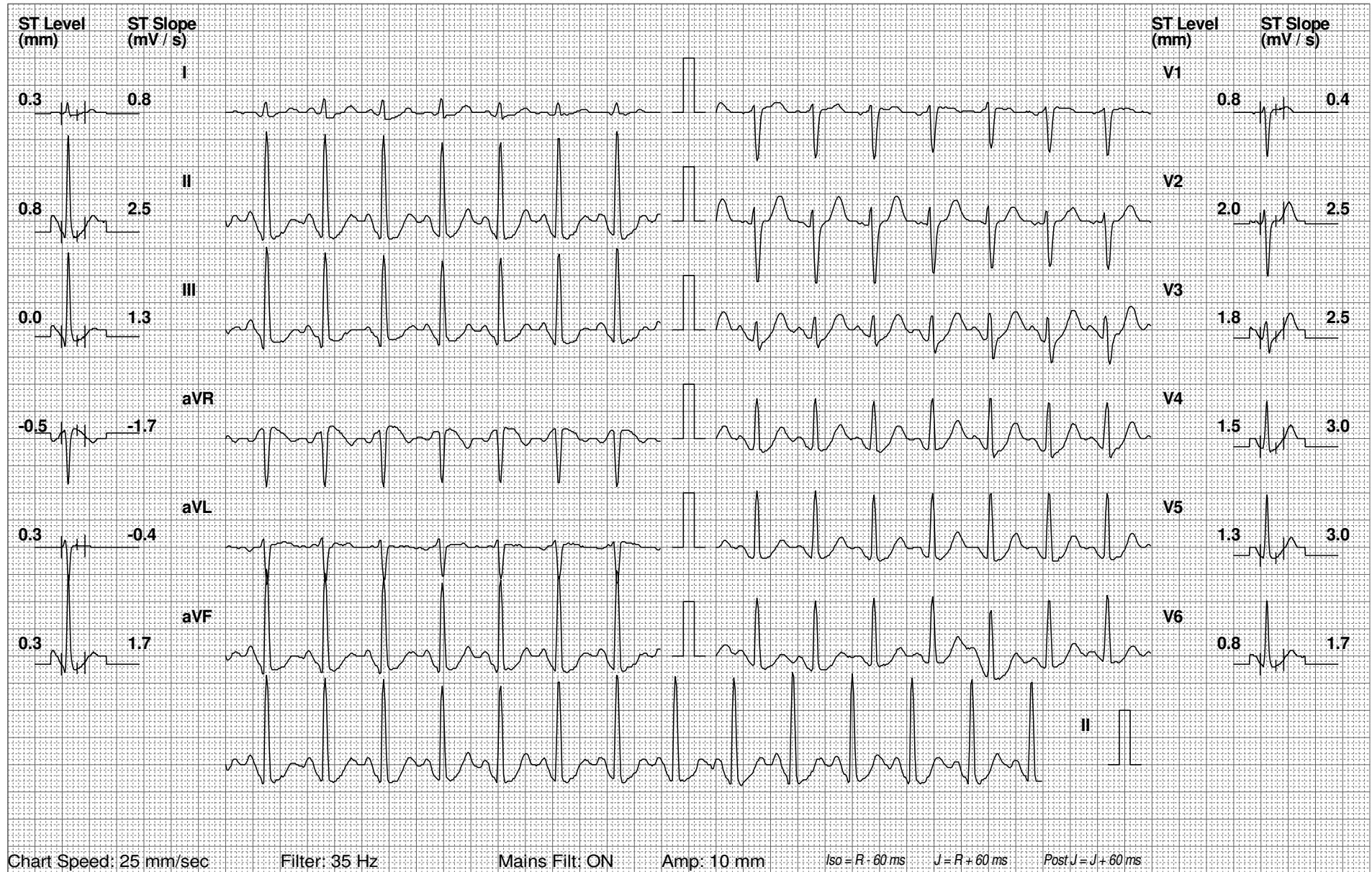
Stage:Recovery(4)

Speed: 0 Km/h

Grade: 0 %

(THR: 161 bpm)

B.P: 150 / 80



Schiller CS-20 V 1.6

# HEALTHSPRING FAMILY HEALTH EXPERTS

SACHIN DEVLEKAR (30 M)

ID: 466118

Date: 29-Aug-22

Exec Time : 5 m 10 s

Stage Time : 0 m 0 s

HR: 143 bpm

Protocol: Bruce

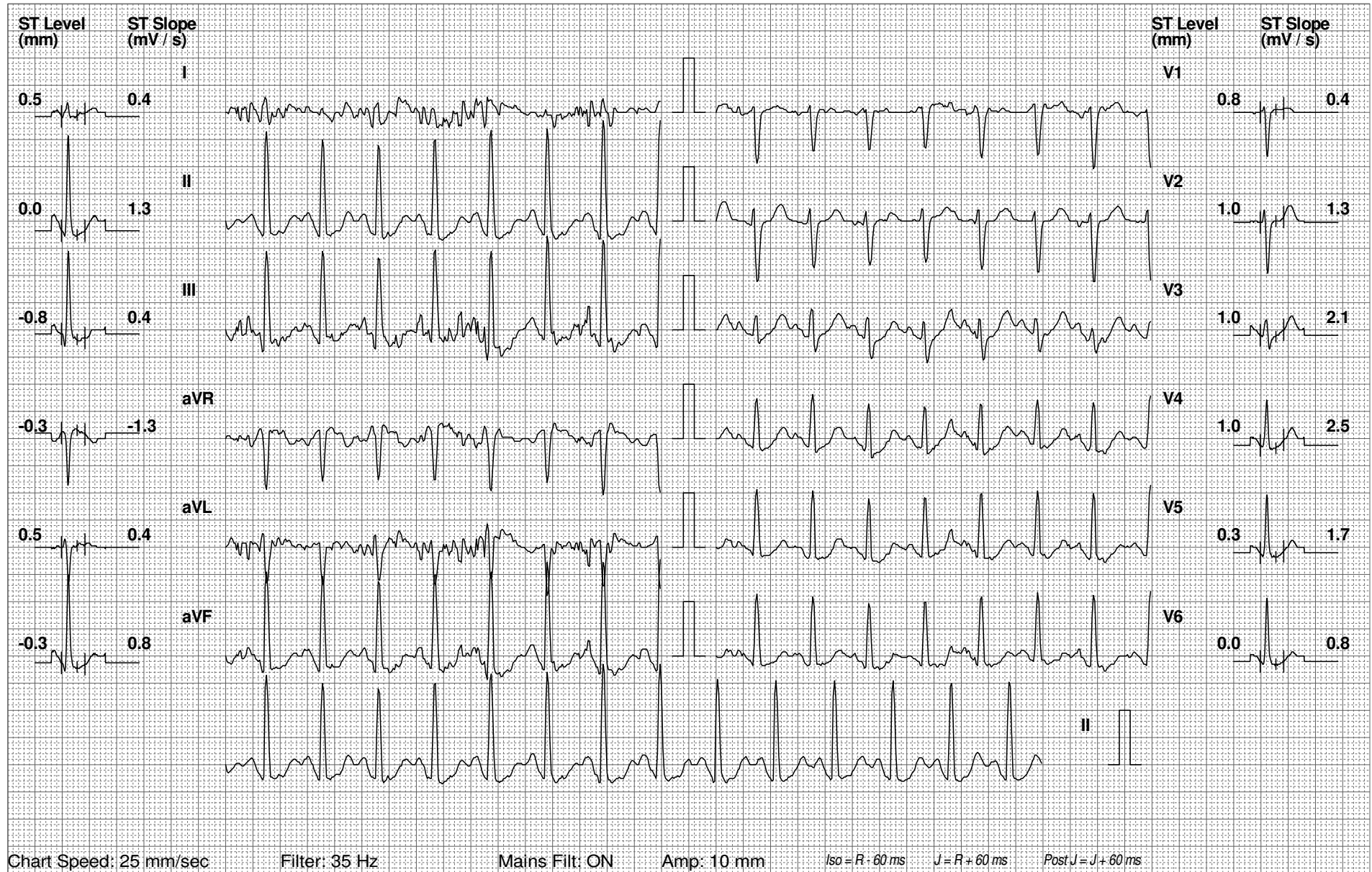
Stage: Recovery(5)

Speed: 0 Km/h

Grade: 0 %

(THR: 161 bpm)

B.P: 130 / 80



Schiller CS-20 V 1.6

# HEALTHSPRING FAMILY HEALTH EXPERTS

SACHIN DEVLEKAR (30 M)

ID: 466118

Date: 29-Aug-22

Exec Time : 5 m 10 s

Stage Time : 0 m 0 s

HR: 132 bpm

Protocol: Bruce

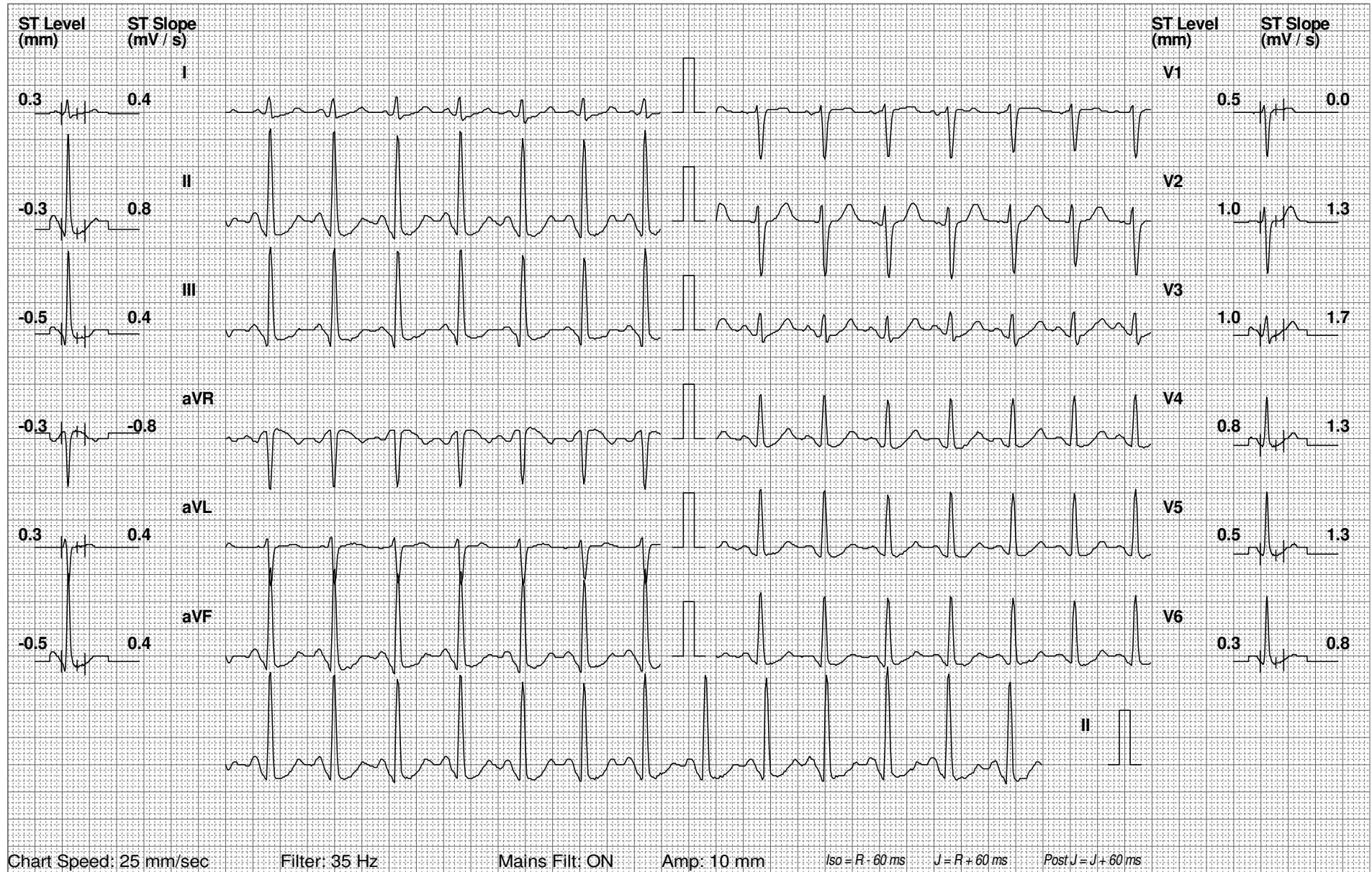
Stage: Recovery(6)

Speed: 0 Km/h

Grade: 0 %

(THR: 161 bpm)

B.P: 130 / 80



Schiller CS-20 V 1.6

# HEALTHSPRING FAMILY HEALTH EXPERTS

SACHIN DEVLEKAR (30 M)

ID: 466118

Date: 29-Aug-22

Exec Time : 5 m 10 s

Stage Time : 0 m 0 s

HR: 140 bpm

Protocol: Bruce

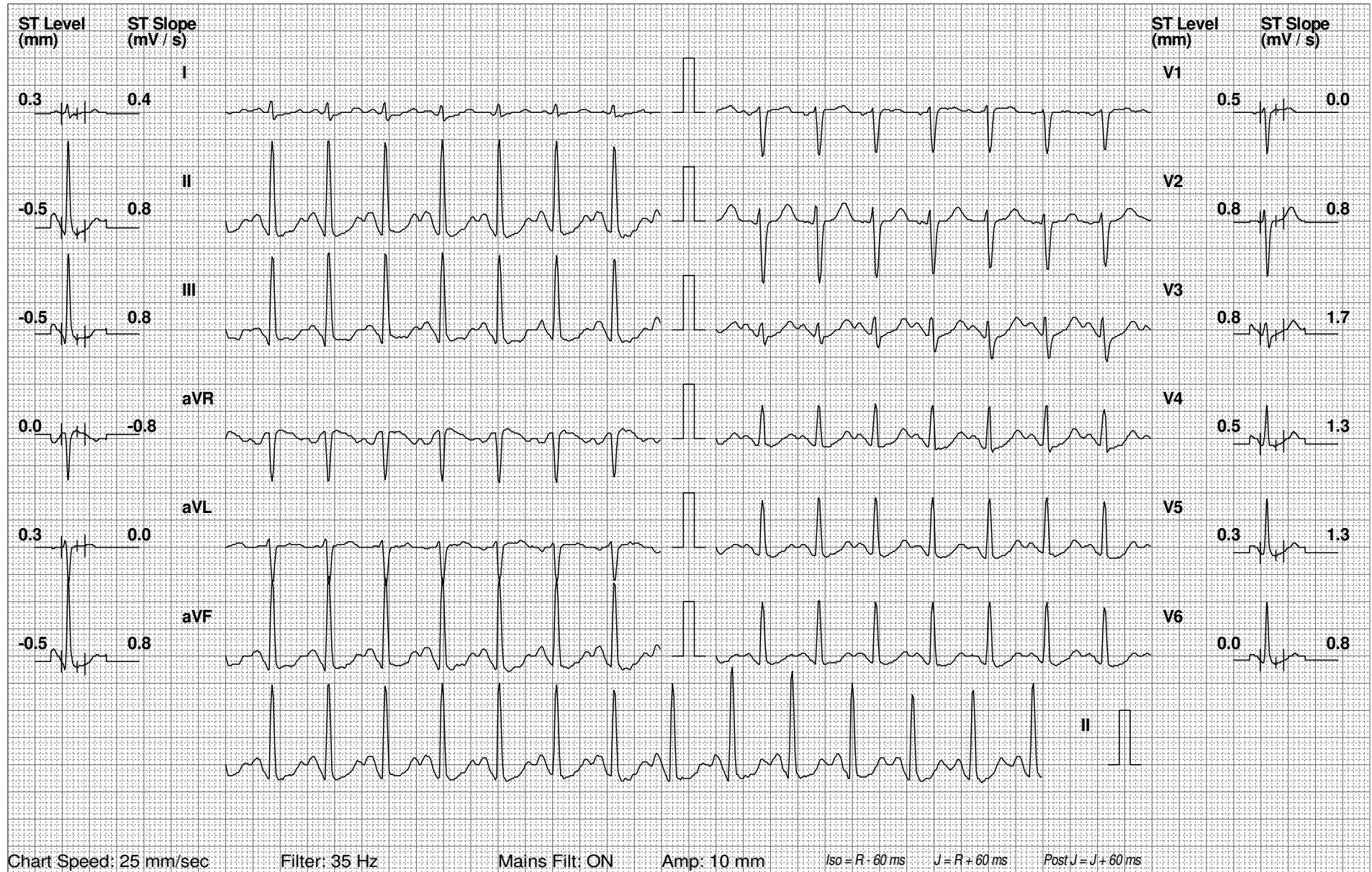
Stage:Recovery(7)

Speed: 0 Km/h

Grade: 0 %

(THR: 161 bpm)

B.P: 130 / 80



Schiller CS-20 V 1.6



# HEALTHSPRING FAMILY HEALTH EXPERTS

SACHIN DEVLEKAR (30 M)

ID: 466118

Date: 29-Aug-22

Exec Time : 5 m 10 s

Stage Time : 0 m 0 s

HR: 126 bpm

Protocol: Bruce

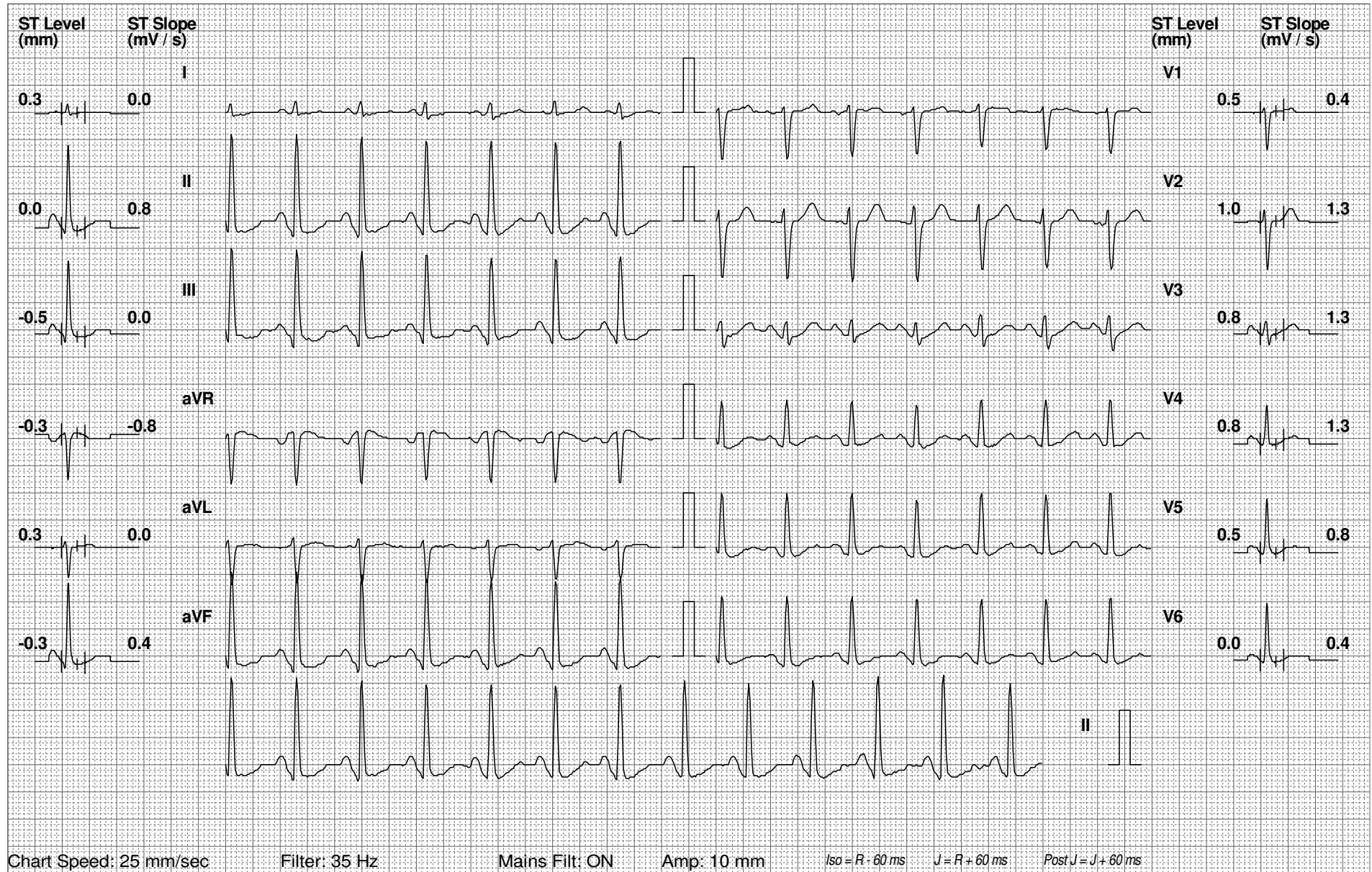
Stage: Recovery(8)

Speed: 0 Km/h

Grade: 0 %

(THR: 161 bpm)

B.P: 130 / 80



Schiller CS-20 V 1.6

# HEALTHSPRING FAMILY HEALTH EXPERTS

SACHIN DEVLEKAR (30 M)

ID: 466118

Date: 29-Aug-22

Exec Time : 5 m 10 s

Stage Time : 0 m 0 s

HR: 131 bpm

Protocol: Bruce

Stage:Recovery(9)

Speed: 0 Km/h

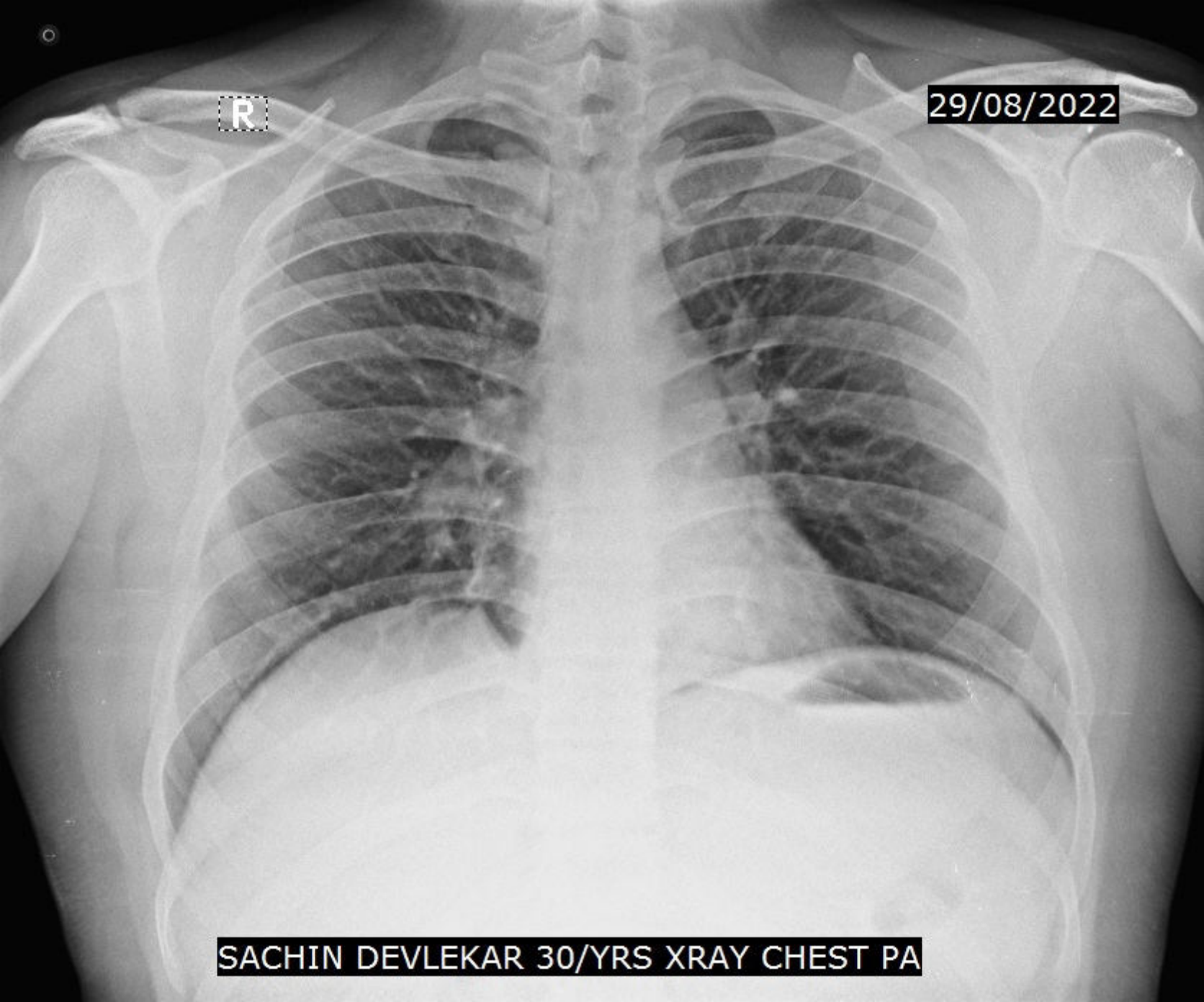
Grade: 0 %

(THR: 161 bpm)

B.P: 130 / 80



Schiller CS-20 V 1.6



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29/08/2022

SACHIN DEVLEKAR 30/YRS XRAY CHEST PA

# HEALTHSPRING

## TREADMILL STRESS TEST REPORT

DATE:29/08/2022

NAME:	SACHIN DEVLEKAR	AGE:(years)	30	SEX:	M
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PROTOCOL USED	BRUCE PROTOCOL		
ANGINA SCALE (0 – None, 1 – Non-Limiting, 2 – Limiting)	0	MAXIMUM ST DEPRESSION (mm)	0
WORKLOAD: MAXIMUM METS ACHIEVED (METS)	10.2	DOUBLE PRODUCT	31790 mmHg/Min
DUKES SCORE (High Risk Score $\leq$ -11, Low Risk Score $\geq$ 5)	5		

### CONCLUSION:

NORMAL INOTROPIC & CHRONOTROPIC RESPONSE  
BASELINE ECG SHOWS NO SIGNIFICANT ST-T CHANGES  
NO SYMPTOMS OR ARRHYTHMIAS SEEN DURING EXERCISE  
NO SIGNIFICANT ST-T CHANGES SEEN DURING EXERCISE  
GOOD EFFORT TOLERANCE AND FUNCTIONAL CAPACITY.

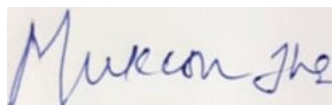
### **TARGET HR ACHIEVED**

STRESS TEST IS **NEGATIVE** FOR INDUCIBLE ISCHEMIA AT GIVEN WORKLOAD

### IMPRESSIO

STRESS TEST IS **NEGATIVE** FOR INDUCIBLE ISCHEMIA AT GIVEN WORKLOAD

**ADVISED- CLINICAL CORRELATION**



### **DR. MUKESH JHA**

MD (MEDICINE), DM (CARDIOLOGY)

REG NO- 2010/09/2935

### **NOTE-**

A NEGATIVE STRESS TEST DOES NOT CONCLUSIVELY RULE OUT CORONARY ARTERY DISEASE. A POSITIVE STRESS TEST IS NOT CONCLUSIVE EVIDENCE OF CORONARY ARTERY DISEASE. THERE IS A POSSIBILITY OF THE TEST BEING FALSE POSITIVE OR FALSE NEGATIVE DUE OTHER ASSOCIATED MEDICAL CONDITIONS. THESE REPORTS ARE FOR DOCTORS & PHYSICIANS AND NOT FOR MEDICO-LEGAL PURPOSES. KINDLY CO-RELATE THE REPORT WITH CLINICAL CONDITIONS.

THIS TMT/ ECG IS REPORTED ONLINE WITHOUT INTERACTING WITH PATIENTS AND THE RESULT SHOULD BE CLINICALLY CO-RELATED AND INDEPENDENTLY REVIEWED BY THE PATIENT'S CONSULTANT DOCTOR. THE PATIENT WAS NOT SEEN BY DOCTORS PERSONALLY AND THE ABOVE REPORT HAS BEEN REVIEWED BY THE DOCTOR BASED ON THE TMT/ECG RESULT AS PROVIDED TO THE DOCTOR.



भारत सरकार  
GOVERNMENT OF INDIA



सचिन अनिल देवळेकर  
Sachin Anil Devlekar

जन्म वर्ष / Year of Birth : 1991  
पुरुष / Male



2431 7743 1678

आधार – सामान्य माणसाचा अधिकार



PATIENT'S NAME - Sachin Devlekar

DATE - 29/8/2022

AGE/GENDER - M / 30

DOCTOR'S NAME - Neelam Kumbale

0468396

### VISION SCREENING

	RE	RE	LE	LE
	Glasses	UNAIDED	Glasses	UNAIDED
DISTANT	-	6/6	-	6/6
NEAR	-	14/6	-	14/6
COLOUR	Neelam			
Recommendations	-			

### VITALS

Pulse - 96/min	B.P- 120/84mmHg	SpO2 98%
Height 177	Weight - 82.2	BMI-
Waist - 98	Hip - 102	Waist/Hip Ratio-
Chest - 100	Inspiration-	Expiration-

CENTRE NAME -

SIGN & STAMP-





<b>Name : SACHIN DEVLEKAR</b>	<b>Age : 30 YRS</b>
<b>Gender : MALE</b>	<b>Date : 29/08/2022</b>

## **X- RAY CHEST PA VIEWA**

Lung fields show normal translucency.

Bronchovascular markings appear normal.

Pleural cavities are clear.

Heart, aorta and mediastinum are normal.

Hilar shadows show normal pulmonary vasculatures.

No evidence of any hilar lymphadenopathy

Both cardiophrenic and costophrenic angles are clear.

Both domes of diaphragm are normal.

Bone cage and soft tissue shadows are normal.

**IMPRESSION: NO SIGNIFICANT ABNORMALITY SEEN.**

***DR. NEIL C FERNANDES***

***D.N.B., D.M.R.D., D.M.R.E., M.B.***

***Consultant Radiologist And Sonologist.***

***Online reporting done hence no signature***