



CID : 2225321865
Name : MR.ABHAY ISHWAR VAIDYA
Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Collected : 10-Sep-2022 / 09:11
Reported : 10-Sep-2022 / 14:28

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	16.2	13.0-17.0 g/dL	Spectrophotometric
RBC	5.14	4.5-5.5 mil/cmm	Elect. Impedance
PCV	47.8	40-50 %	Measured
MCV	93	80-100 fl	Calculated
MCH	31.5	27-32 pg	Calculated
MCHC	33.8	31.5-34.5 g/dL	Calculated
RDW	12.5	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6600	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	37.3	20-40 %	
Absolute Lymphocytes	2461.8	1000-3000 /cmm	Calculated
Monocytes	8.1	2-10 %	
Absolute Monocytes	534.6	200-1000 /cmm	Calculated
Neutrophils	51.9	40-80 %	
Absolute Neutrophils	3425.4	2000-7000 /cmm	Calculated
Eosinophils	2.2	1-6 %	
Absolute Eosinophils	145.2	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	33.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	259000	150000-400000 /cmm	Elect. Impedance
MPV	8.3	6-11 fl	Calculated
PDW	14.5	11-18 %	Calculated



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Reported : 10-Sep-2022 / 14:15

RBC MORPHOLOGY

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

WBC MORPHOLOGY -

PLATELET MORPHOLOGY -

COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB 10 2-15 mm at 1 hr. Westergren

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West

*** End Of Report ***



Bmhaskar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



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Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Collected : 10-Sep-2022 / 09:11
Reported : 10-Sep-2022 / 15:21

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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	88.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	84.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	1.99	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.57	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	1.42	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	5.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.3	1 - 2	Calculated
SGOT (AST), Serum	33.4	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	59.1	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	24.8	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	58.0	40-130 U/L	Colorimetric
BLOOD UREA, Serum	16.5	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.77	0.67-1.17 mg/dl	Enzymatic



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Reported : 10-Sep-2022 / 18:33

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eGFR, Serum	124	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.4	3.5-7.2 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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



Anupa

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



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Collected : 10-Sep-2022 / 09:11
Reported : 10-Sep-2022 / 15:51

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.2	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.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

*** End Of Report ***



Anupa

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



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Collected : 10-Sep-2022 / 09:11
Reported : 10-Sep-2022 / 17:35

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
EXAMINATION OF FAECES**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<u>PHYSICAL EXAMINATION</u>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<u>CHEMICAL EXAMINATION</u>		
Reaction (pH)	Acidic (5.5)	-
Occult Blood	Trace	Absent
<u>MICROSCOPIC EXAMINATION</u>		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Absent	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present +	-
Concentration Method (for ova)	No ova detected	Absent
Reducing Substances	-	Absent

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West

*** End Of Report ***



MC-2111

Bmhaskar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



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Use a QR Code Scanner
Application To Scan the Code
Collected : 10-Sep-2022 / 09:11
Reported : 10-Sep-2022 / 15:04

**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	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	
Others	-		

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



Bmhaskar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



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Collected : 10-Sep-2022 / 09:11
Reported : 10-Sep-2022 / 14:58

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

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

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) 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 SDRL, Vidyavihar Lab
*** End Of Report ***



Dr. Vrushi Shroff

Dr.VRUSHALI SHROFF
M.D.(PATH)
Pathologist



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Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Collected : 10-Sep-2022 / 09:11
Reported : 10-Sep-2022 / 18:14

Use a QR Code Scanner
Application To Scan the Code

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	195.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	262.9	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	30.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	164.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	116.9	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	47.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	6.4	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 Borivali Lab, Borivali West

*** End Of Report ***



MC-2111

J. Thakker

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



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Collected : 10-Sep-2022 / 09:11
Reported : 10-Sep-2022 / 20:54

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	6.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.2	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.84	0.35-5.5 microIU/ml	ECLIA



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Collected : 10-Sep-2022 / 09:11
Reported : 10-Sep-2022 / 20:54

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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 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:

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 Borivali Lab, Borivali West
 *** End Of Report ***



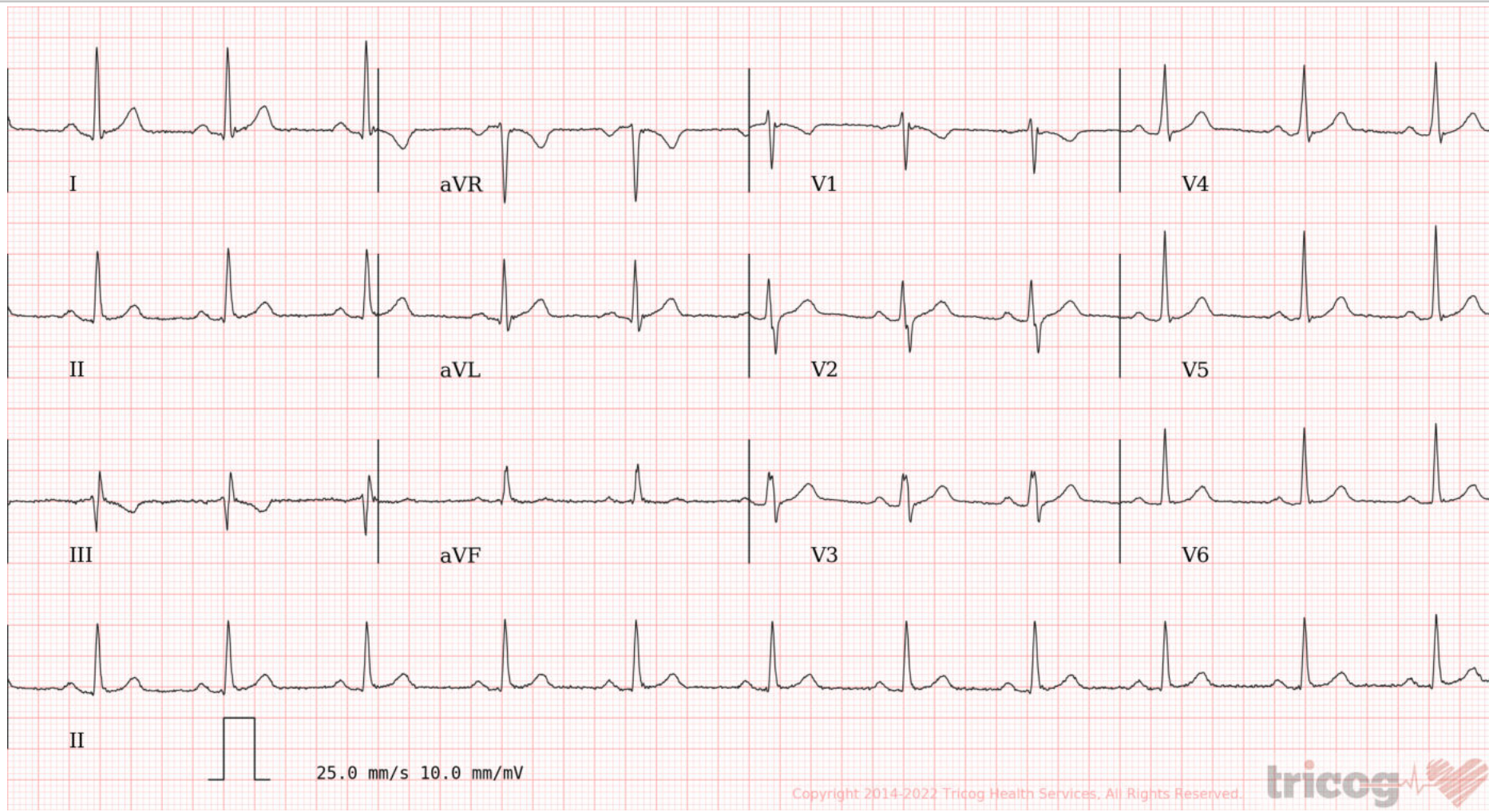
Anupa Dixit

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

Patient Name: ABHAY ISHWAR VAIDYA

Date and Time: 10th Sep 22 9:27 AM

Patient ID: 2225321865



Age **33** **8** **28**
years months days

Gender **Male**

Heart Rate **69bpm**

Patient Vitals

BP: 130/80 mmHg
Weight: 78 kg
Height: 177 cm
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 104ms
QT: 380ms
QTc: 407ms
PR: 176ms
P-R-T: 21° 24° 4°

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ECG Within Normal Limits: Sinus Rhythm, Normal Axis. No significant ST-T changes. Please correlate clinically.

REPORTED BY

Smita Valani

Dr. Smita Valani
MBBS, D. Cardiology
2011/03/0587

SUBURBAN DIAGNOSTICS (BHAYANDER)

Report



E-Mail:

175 (2225321867) / ABHAY ISHWAR / 33 Yrs / M / 177 Cms / 78 Kg

Date: 10 / 09 / 2022 10:03:38 AM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:15	0:15	00.0	00.0	01.0	107	57 %	130/80	139	00	
Standing	00:21	0:06	00.0	00.0	01.0	097	52 %	130/80	126	00	
HV	00:28	0:07	00.0	00.0	01.0	097	52 %	130/80	126	00	
ExStart	00:31	0:03	00.0	00.0	01.0	097	52 %	130/80	126	00	
BRUCE Stage 1	03:31	3:00	01.7	10.0	04.7	114	61 %	140/80	159	00	
BRUCE Stage 2	06:31	3:00	02.5	12.0	07.1	124	66 %	150/80	186	00	
PeakEx	09:28	2:57	03.4	14.0	10.2	163	87 %	150/80	244	00	
Recovery	10:28	1:00	01.1	00.0	01.1	140	75 %	160/80	224	00	
Recovery	11:28	2:00	00.0	00.0	01.0	121	65 %	160/80	193	00	
Recovery	13:28	4:00	00.0	00.0	01.0	104	56 %	140/80	145	00	
Recovery	13:32	4:05	00.0	00.0	01.0	104	56 %	140/80	145	00	

FINDINGS :

Exercise Time : 08:57
 Initial HR (ExStrt) : 97 bpm 52% of Target 187
 Initial BP (ExStrt) : 130/80 (mm/Hg)
 Max Workload Attained : 10.2 Good response to induced stress
 Max ST Dep Lead & Avg ST Value : V1 & -2.6 mm in PeakEx
 Duke Treadmill Score : 06.7
 Test End Reasons : Test Complete

VO2Max : 35.7 ml/Kg/min (Fair)

Max HR Attained 163 bpm 87% of Target 187
 Max BP Attained 160/80 (mm/Hg)

SUBURBAN DIAGNOSTICS (I) PVT. LTD
 Shop No. 101-A, 1st Floor, South Building,
 Above Keyrond, Near Thane Hospital,
 Mira - Bhayander Road, Bhayander (E)
 Dist. Thane-401105,
 Phone No : 022 - 61700000

DR. SMITA VALANI
M.B.B.S. D. CARDIOLOGY
 Doctor : SMITA VALANI
 022-61700000



SUBURBAN DIAGNOSTICS (BHAYANDER)

REPORT



EMail: 175/ABHAY ISHWAR / 33 Yrs / M / 177 Cms / 78 Kg Date: 10 / 09 / 2022 10:03:38 AM

REPORT :

TERMINATION	:	TEST COMPLETE
EXERCISE TOLERANCE	:	GOOD EFFORT TOLERANCE
EXERCISE INDUCED ARRHYTHMIAS	:	NO ANGINA OR ANGINA EQUIVALENT . NO SIGNIFICANT ST-T CHANGES DURING EXERCISE AND RECOVERY.
HAEMODYNAMIC RESPONSE	:	GOOD INOTROPIC RESPONSE
CHRONOTROPIC RESPONSE	:	GOOD CHRONOTROPIC RESPONSE
FINAL IMPRESSION	:	NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA AT THIS WORKLOAD.

SUBURBAN DIAGNOSTICS (I) PVT. LTD
 Shop No. 101-A, 1st Floor, Keshavnagar Building,
 Above Raymond, Near Keshavnagar Hospital,
 Mira - Bhayander Road, Mira, Mumbai (E)
 Dist. Thane-401105.
 Phone No : 022 - 61700000

DR. SMITA VALANI
MBBS, D. CARDIOLOGY
 Doctor : SMITA VALANI



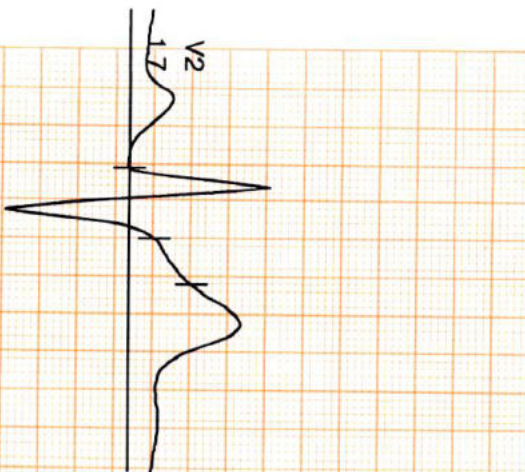
SUBURBAN DIAGNOSTICS (BHAVANDER)

175 (2225321867) / ABHAY ISHWAR / 33 Yrs / M / 177 Cms / 78 Kg / HR : 107

Date: 10/09/2022 10:03:38 AM METS: 1.0/1.07 bpm 57% of THR BP: 130/80 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz
4X 80 ms Post J

SUPINE (00:01)

ExTime: 00:00:00 0.0mph 0.0%
25 mm/Sec 1.0 Cm/mV



STL 2.6
STB 2.1

I 1.7
II 1.3

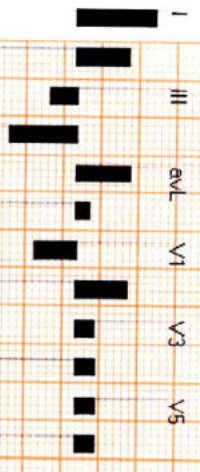
III -0.9
aVR -1.7

aVL 2.2
aVF 0.3

V1 -1.4
V2 -1.1

V3 0.6
V4 0.6

V5 0.6
V6 0.6



REMARKS:



SUBURBAN DIAGNOSTICS (BHAYANDER)

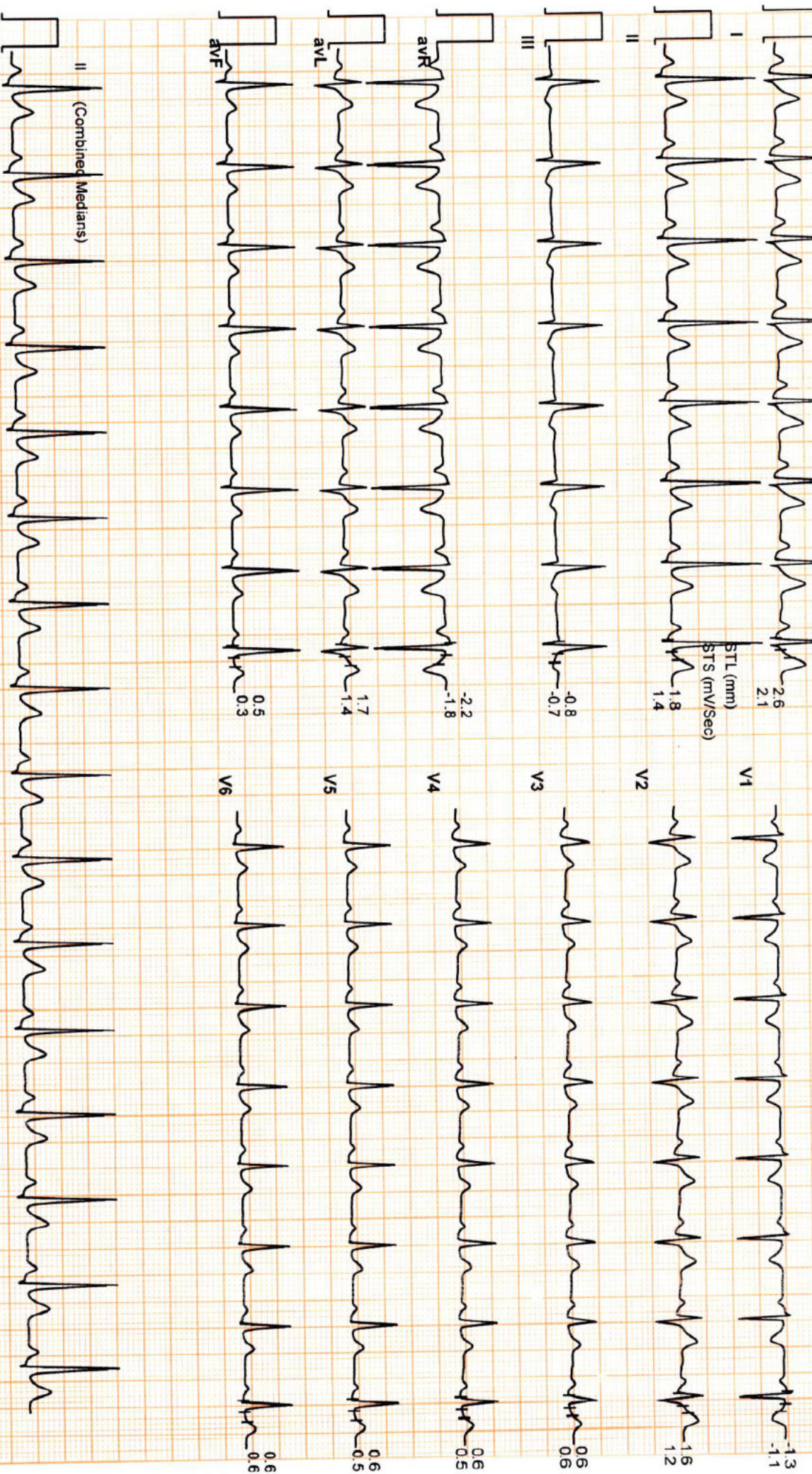
175 / ABHAY ISHWAR / 33 Yrs / Male / 177 Cm / 78 Kg

Date: 10 / 09 / 2022 10:03:38 AM METs : 1.0 HR : 97 Target HR : 52% of 187 BP : 130/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm

HV (00:00)

ExTime: 00:00 Speed 0.0 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (BHAYANDER)

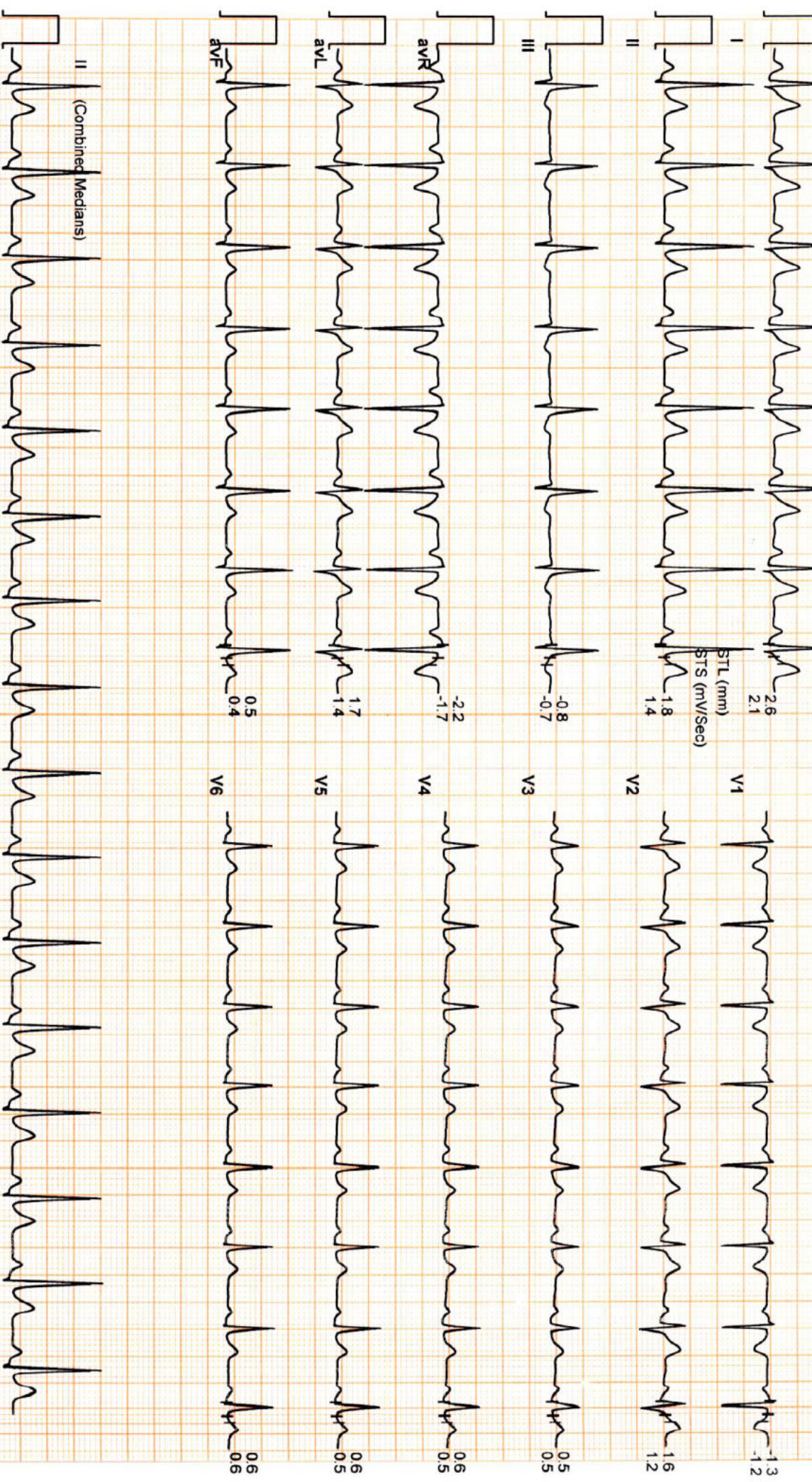
175 / ABHAY ISHWAR / 33 Yrs / Male / 177 Cm / 78 Kg

Date: 10 / 09 / 2022 10:03:38 AM METs : 1.0 HR : 97 Target HR : 52% of 187 BP : 130/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm

ExStt

ExTime: 00:00 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV



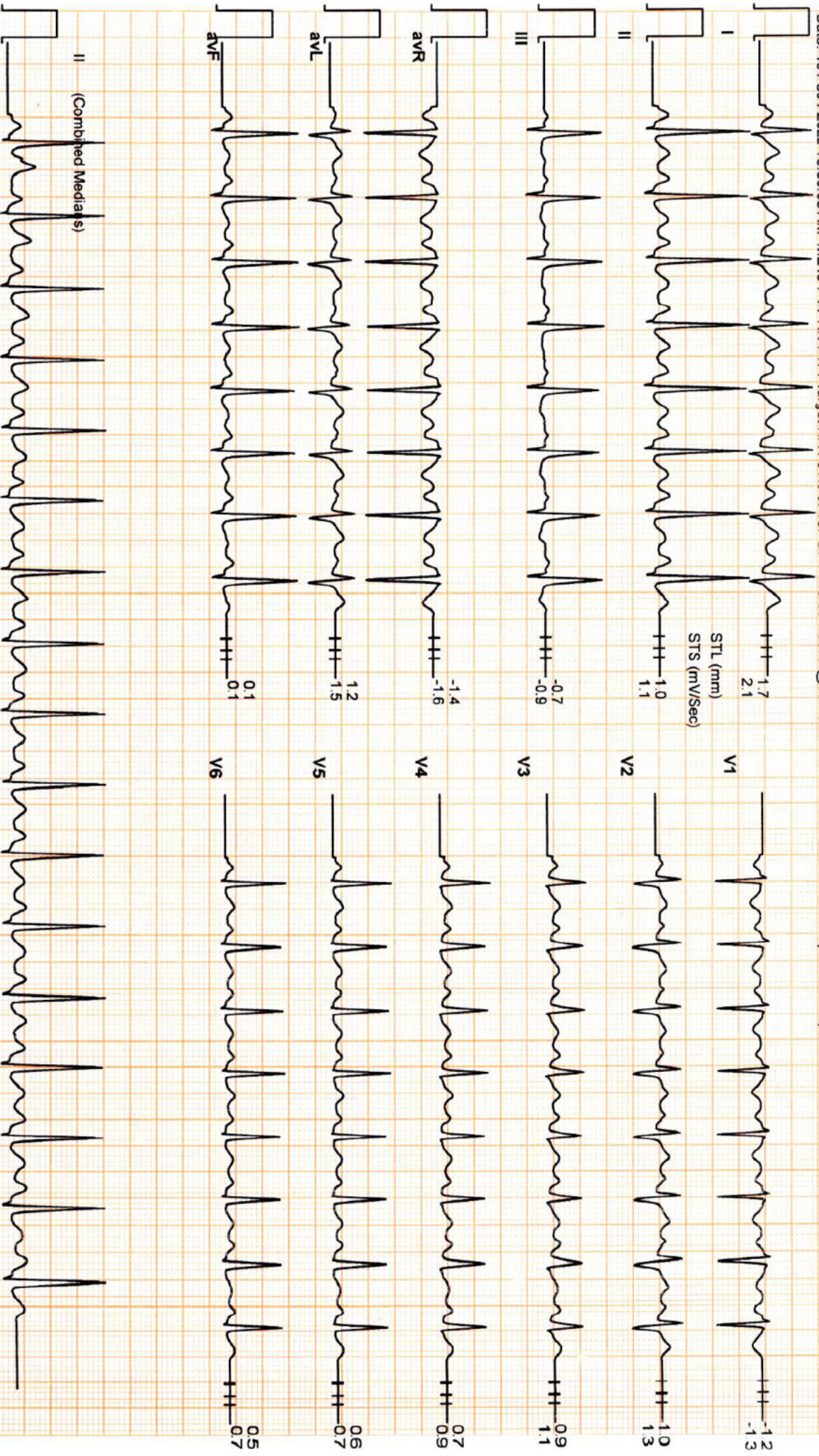
SUBURBAN DIAGNOSTICS (BHAYANDER)

175 / ABHAY ISHWAR / 33 Yrs / Male / 177 Cm / 78 Kg

Date: 10 / 09 / 2022 10:03:38 AM METs : 4.7 HR : 114 Target HR : 61% of 187 BP : 140/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm
BRUCE : Stage 1 (03:00)

EXTime: 03:00 Speed 1.7 mph Grade : 10.00 % 25 mm/Sec: 1.0 Cm/mV



II (Combined Medians)

SUBURBAN DIAGNOSTICS (BHAYANDER)

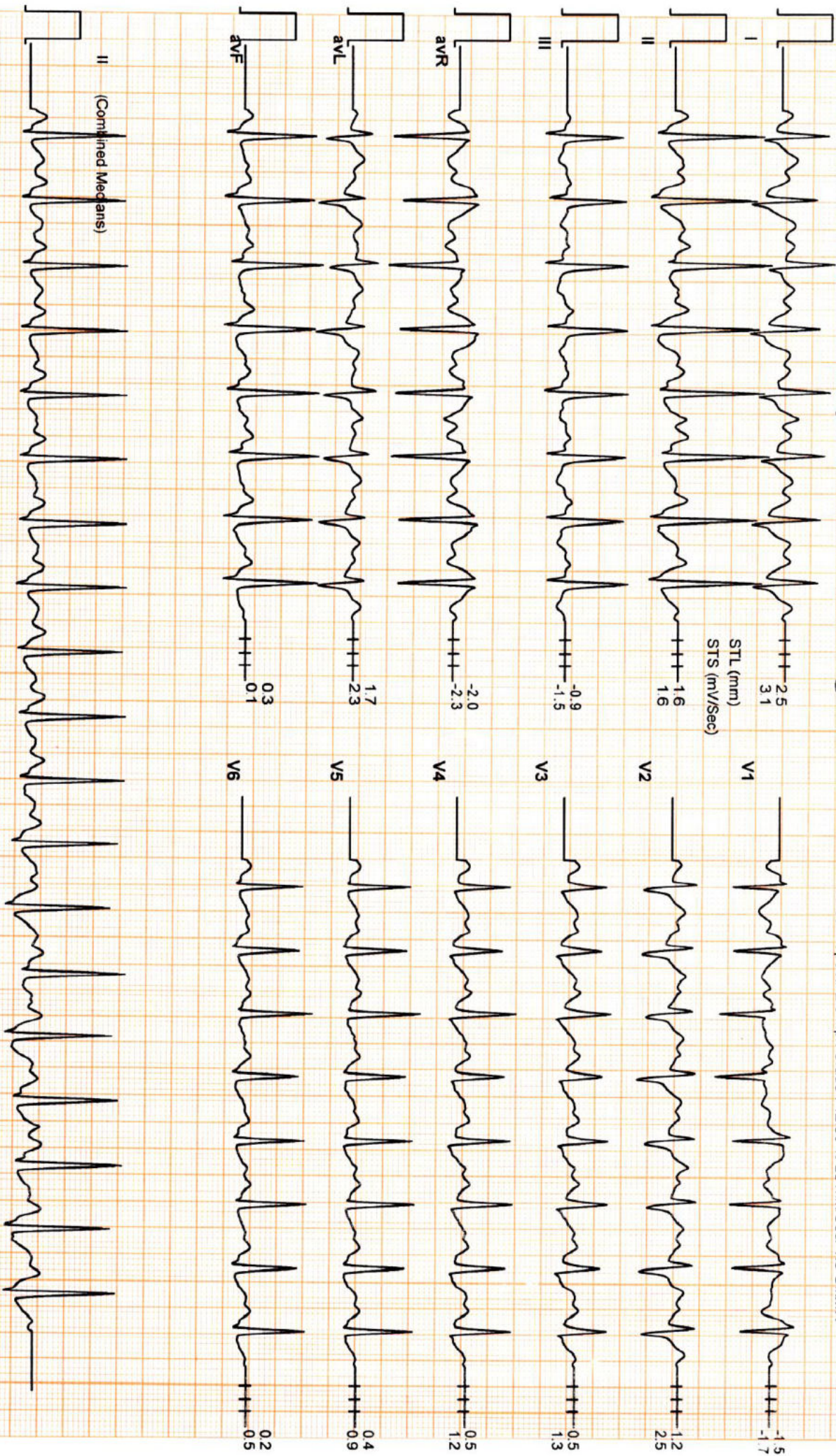
175 / ABHAY ISHWAR / 33 Yrs / Male / 177 Cm / 78 Kg

Date: 10 / 09 / 2022 10:03:38 AM METs : 7.1 HR : 124 Target HR : 66% of 187 BP : 150/80 Post J @90mSec

6X2 Combine Medians + 1 Rhythm

BRUCE : Stage 2 (03:00)

ExTime: 06:00 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec: 1.0 Cm/mV



II (Combined Medians)



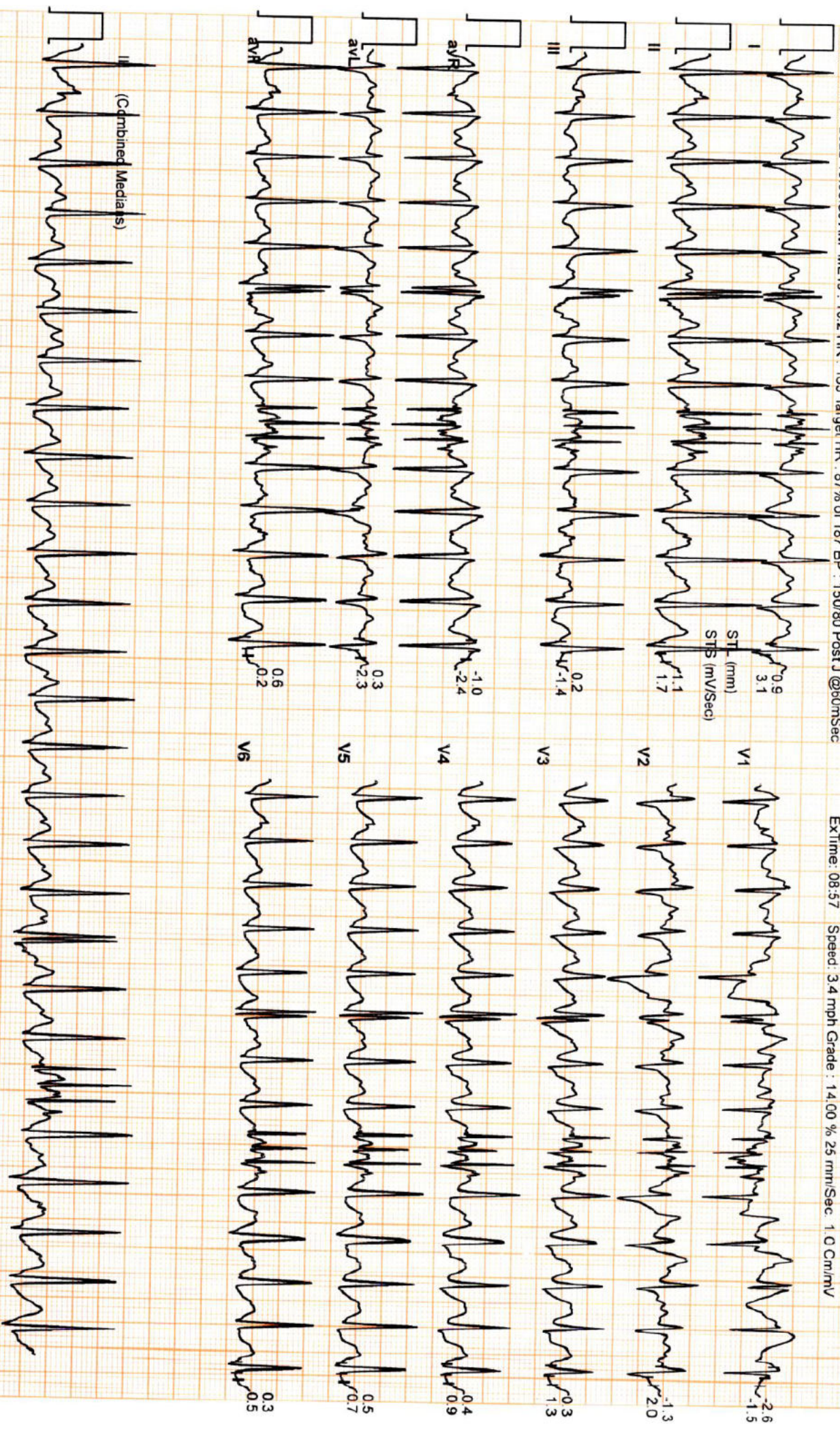
SUBURBAN DIAGNOSTICS (BHAYANDER)

175 / ABHAY ISHWAR / 33 Yrs / Male / 177 Cm / 78 Kg

Date: 10 / 09 / 2022 10:03:38 AM METs : 10.2 HR : 163 Target HR : 87% of 187 BP : 150/80 Post J @60mSec

6X2 Combine Medians + 1 Rhythm PeakEX

ExTime: 08:57 Speed: 3.4 mph Grade: 14.00 % 25 mm/Sec 1.0 Cm/mv



SUBURBAN DIAGNOSTICS (BHAYANDER)

175 / ABHAY ISHWAR / 33 Yrs / Male / 177 Cm / 78 Kg

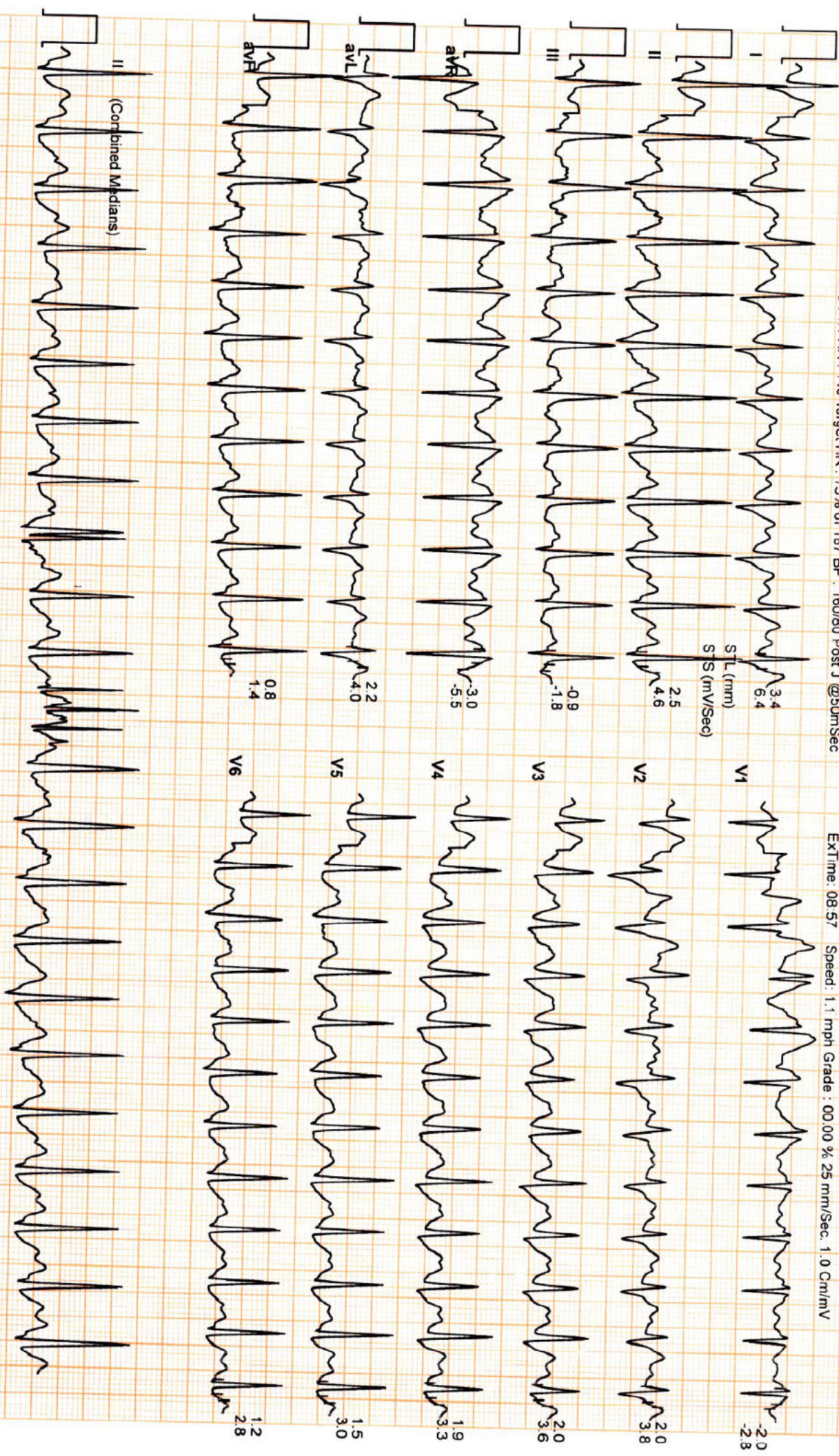
Date: 10 / 09 / 2022 10:03:38 AM METs : 1.1 HR : 140 Target HR : 75% of 187 BP : 160/80 Post J @50mSec

6X2 Combine Medians + 1 Rhythm

Recovery : (01:00)



ExTime: 08 57 Speed: 1.1 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



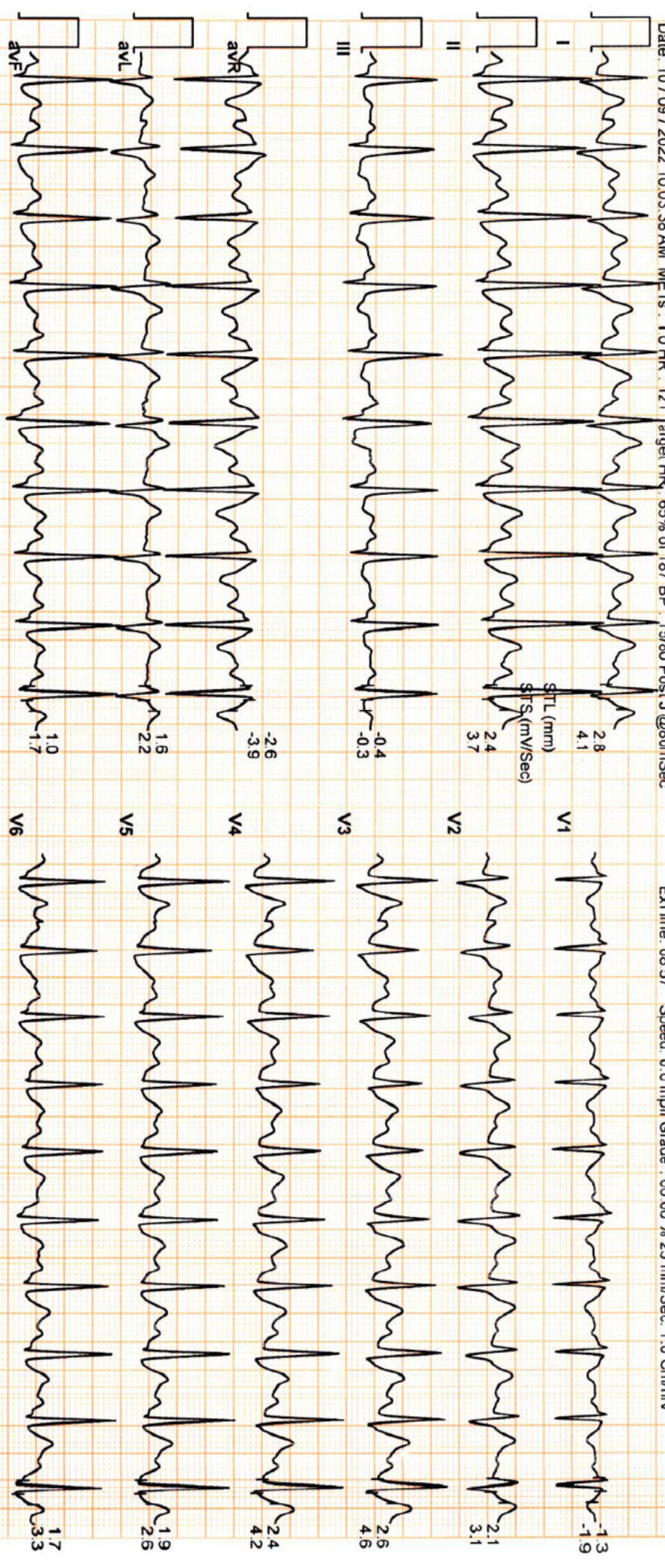
SUBURBAN DIAGNOSTICS (BHAYANDER)

175 / ABHAY ISHWAR / 33 Yrs / Male / 177 Cm / 78 Kg

Date: 10 / 09 / 2022 10:03:38 AM METs : 1.0 HR : 121 Target HR : 65% of 187 BP : 15/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm
Recovery : (02:00)

EXTime: 08:57 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



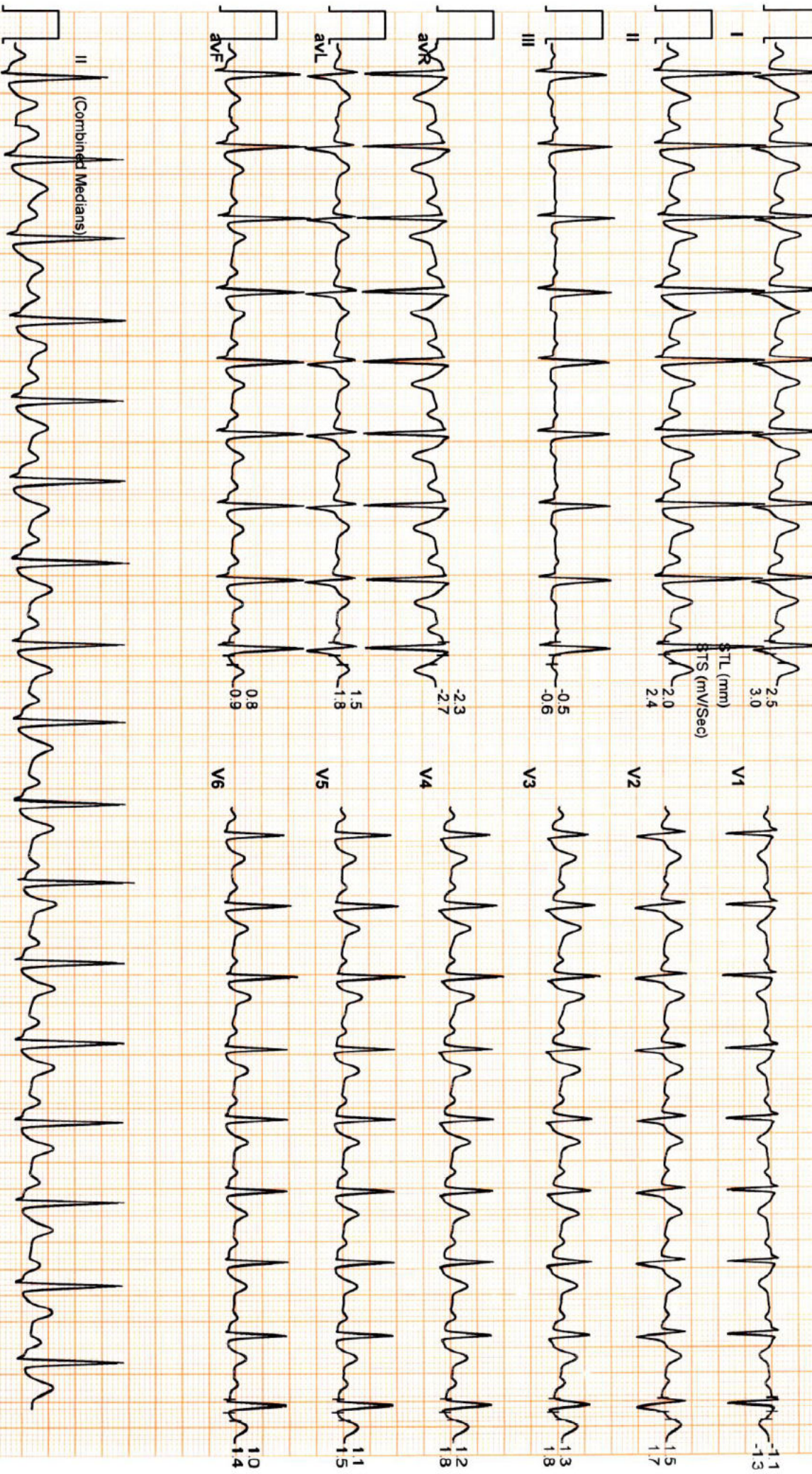
SUBURBAN DIAGNOSTICS (BHAYANDER)

175 / ABHAY ISHWAR / 33 Yrs / Male / 177 Cm / 78 Kg

Date: 10 / 09 / 2022 10:03:38 AM METs : 1.0 HR : 104 Target HR : 56% of 187 BP : 140/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm
Recovery : (04:00)

ExTime: 08:57 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)



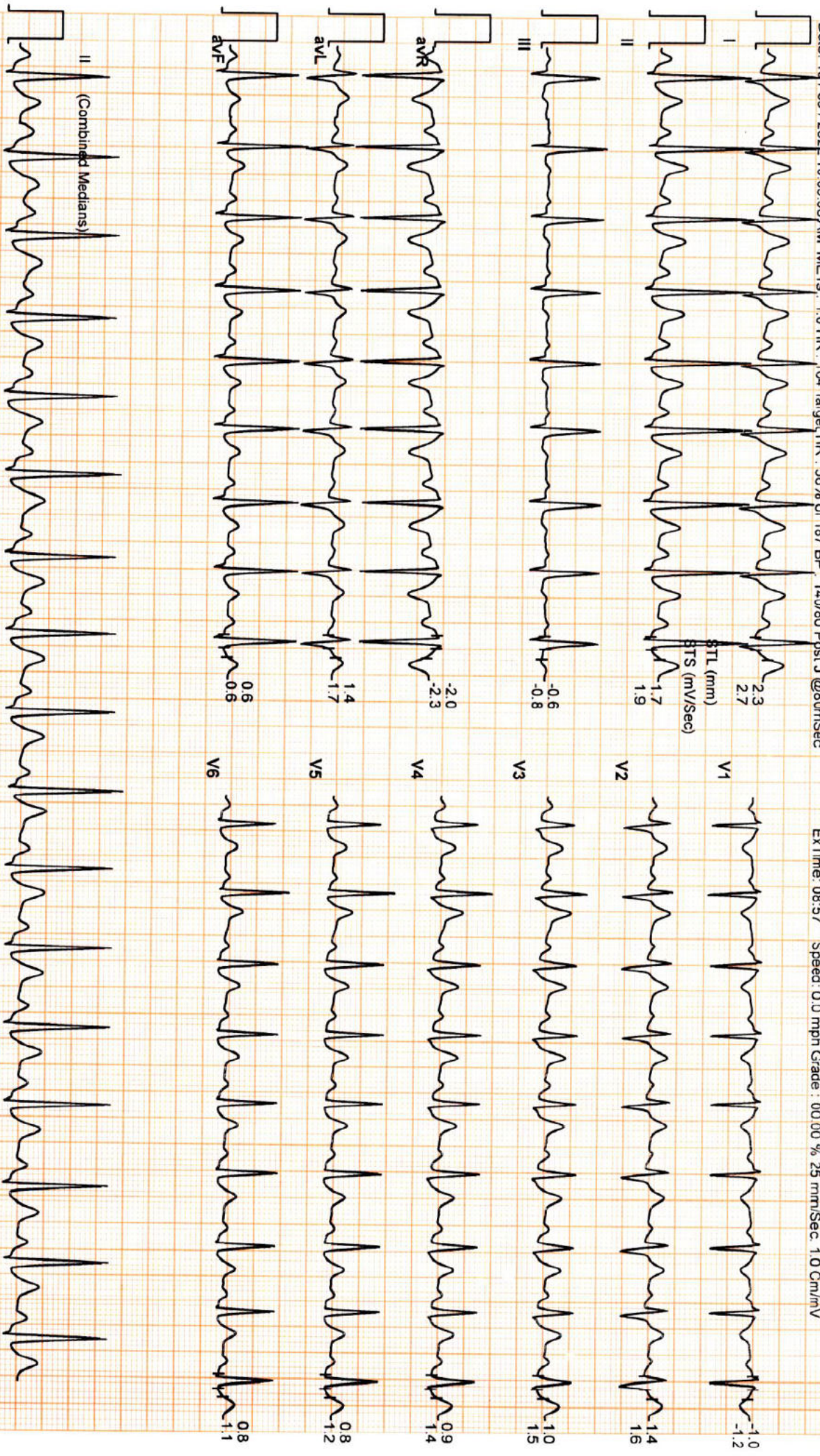
SUBURBAN DIAGNOSTICS (BHAYANDER)

175 / ABHAY ISHWAR / 33 Yrs / Male / 177 Cm / 78 Kg

Date: 10 / 09 / 2022 10:03:38 AM METS : 1.0 HR : 104 Target HR : 56% of 187 BP : 140/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm
Recovery : (04:04)

EXTime: 08:57 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (BHAYANDER)

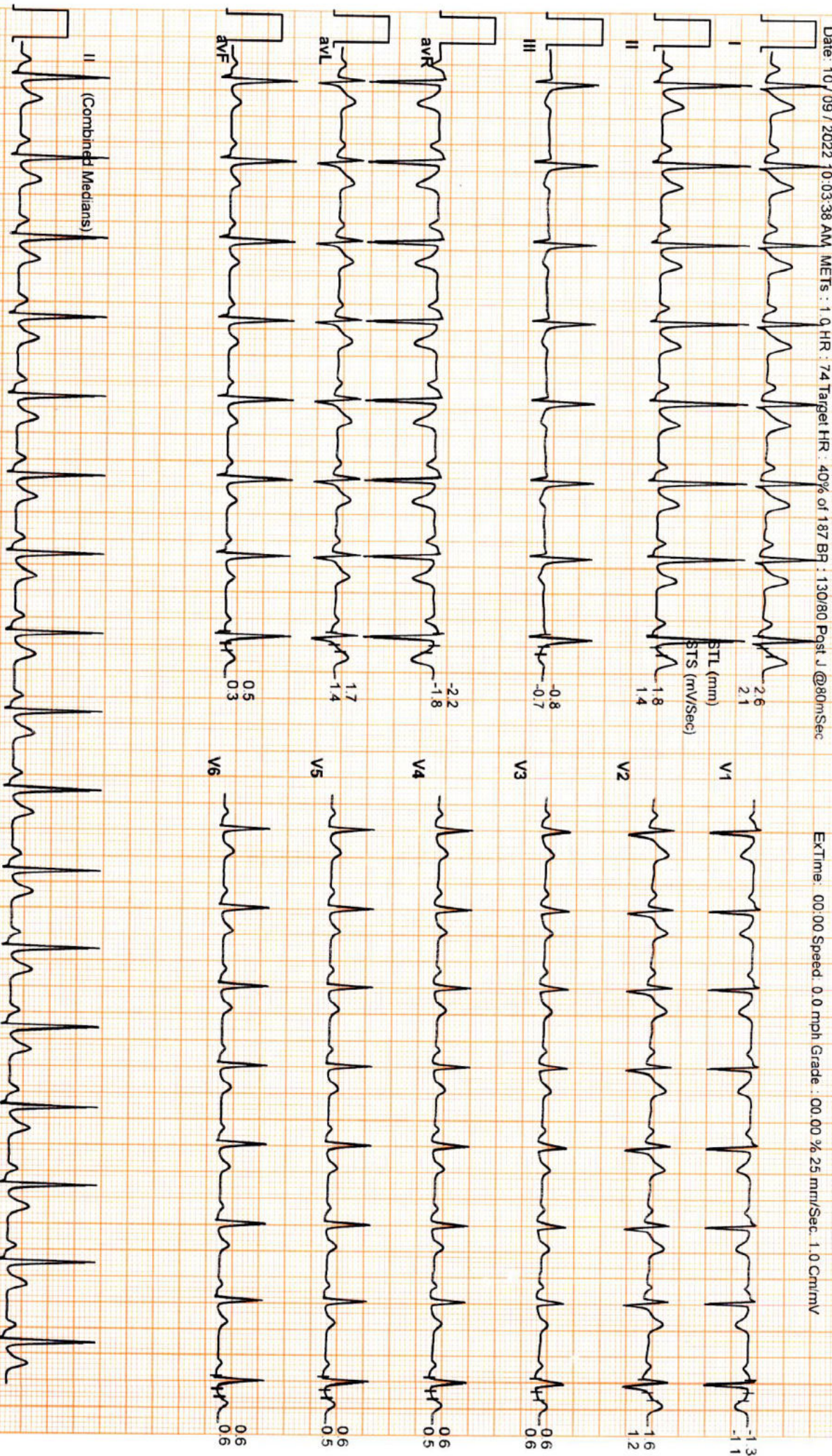
175 / ABHAY ISHWAR / 33 Yrs / Male / 177 Cm / 78 Kg

Date: 10/09/2022 10:03:38 AM METs : 1.0 HR : 74 Target HR : 40% of 187 BF : 130/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm STANDING (00:04)

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

AGHPL





Use a QR Code Scanner
Application To Scan the Code

CID : 2225321865
Name : Mr ABHAY ISHWAR VAIDYA
Age / Sex : 33 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 10-Sep-2022
Reported : 10-Sep-2022/12:51

X-RAY CHEST PA VIEW

Positional rotation seen.

Both the lung fields are clear with no active parenchymal lesion.

The cardiothoracic ratio is maintained and the cardiac outline is normal.

The domes of the diaphragm and hila are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

IMPRESSION:

- **No significant abnormality detected.**

Kindly correlate clinically.

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

This report is prepared and physically checked by DR VIBHA S KAMBLE before dispatch.

DR. VIBHA S KAMBLE
MBBS ,DMRD
Reg No -65470
Consultant Radiologist



Use a QR Code Scanner
Application To Scan the Code

CID : 2225321865
Name : Mr ABHAY ISHWAR VAIDYA
Age / Sex : 33 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 10-Sep-2022
Reported : 10-Sep-2022/12:51