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CID : 2234419423  
Name : MR.REYNOLD AYINIKKAL  
Age / Gender : 31 Years / Male  
Consulting Dr. : -  
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 10-Dec-2022 / 08:30  
Reported : 10-Dec-2022 / 14:38

**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	14.6	13.0-17.0 g/dL	Spectrophotometric
RBC	4.85	4.5-5.5 mil/cmm	Elect. Impedance
PCV	42.8	40-50 %	Calculated
MCV	88.4	80-100 fl	Measured
MCH	30.2	27-32 pg	Calculated
MCHC	34.2	31.5-34.5 g/dL	Calculated
RDW	13.8	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6170	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	29.9	20-40 %	
Absolute Lymphocytes	1840	1000-3000 /cmm	Calculated
Monocytes	8.4	2-10 %	
Absolute Monocytes	520	200-1000 /cmm	Calculated
Neutrophils	54.9	40-80 %	
Absolute Neutrophils	3380	2000-7000 /cmm	Calculated
Eosinophils	<b>6.5</b>	1-6 %	
Absolute Eosinophils	400	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	20	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	247000	150000-400000 /cmm	Elect. Impedance
MPV	9.2	6-11 fl	Measured
PDW	16.1	11-18 %	Calculated



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**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 11 2-15 mm at 1 hr. Sedimentation

\*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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**Reg. Location** : Kalina, Santacruz East (Main Centre)

**Collected** : 10-Dec-2022 / 08:30  
**Reported** : 10-Dec-2022 / 15:31

**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	90.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	71.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.94	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.30	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.64	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	20.4	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	17.0	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	15.8	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	67.2	40-130 U/L	Colorimetric
BLOOD UREA, Serum	17.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.1	6-20 mg/dl	Calculated
CREATININE, Serum	<b>0.62</b>	0.67-1.17 mg/dl	Enzymatic



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Collected : 10-Dec-2022 / 11:57  
Reported : 10-Dec-2022 / 17:59

eGFR, Serum	161	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.9	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 CPL, Andheri West

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



*Anupa*

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



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Reported : 10-Dec-2022 / 19:56

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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	5.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	119.8	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 \*\*\*



*J. Thakker*

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



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.5	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<b>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	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	
Others	-		

**Interpretation:** The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein:(1+ -25 mg/dl, 2+ -75 mg/dl, 3+ - 150 mg/dl, 4+ - 500 mg/dl)
- Glucose:(1+ - 50 mg/dl, 2+ -100 mg/dl, 3+ -300 mg/dl,4+ -1000 mg/dl)
- Ketone:(1+ -5 mg/dl, 2+ -15 mg/dl, 3+ - 50 mg/dl, 4+ - 150 mg/dl)

Reference: Pack insert



MC-2111

*M. Jain*

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



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



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Reported : 10-Dec-2022 / 15:16

**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 automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Note: This sample is not tested for Bombay blood group.

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 \*\*\*



*M Jain*

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





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Age / Gender : 31 Years / Male  
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	180.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	114.3	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	23.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	156.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	134.0	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	Calculated
VLDL CHOLESTEROL, Serum	22.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	7.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	5.7	0-3.5 Ratio	Calculated

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



*M. Jain*

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



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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	4.6	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	12.4	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	<b>18.5</b>	0.35-5.5 microIU/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 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 CPL, Andheri West  
 \*\*\* End Of Report \*\*\*



*M. Jain*

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

10/12/22

Reynold Ayinikkal. 13yrs.

Mixed diet.

OLE Ht 166. BMI 26.4  
WT 65.4 kg loose 4 kg.  
BP: 110/80

E 6-5.

NHDL 157.

LDL 134.

TSH 18.5 micro IU/ml.

Rst ws MAD

PA 87

Adv - Diet

- Exercise
- Relaxation techniques.
- Refer to Physician.

**Suburban Diagnostics (I) Pvt. Ltd.**  
1st Floor, Harbhajan, Above HDFC Bank,  
Opp. Nafa Petrol Pump, Kalina, CST Road,  
Santacruz (East),  
Tel. No. 022-61700000

*D.G. Hatakalkar*  
**Dr. D.G. HATAALKAR**  
R.No. 61067 M.D. (Ob.Gy)

Age **31** **7** **25**  
years months days

Gender **Male**

Heart Rate **54bpm**

**Patient Vitals**

BP: 110/80 mmHg

Weight: 65 kg

Height: 166 cm

Pulse: NA

Spo2: NA

Resp: NA

Others: \_\_\_\_\_

**Measurements**

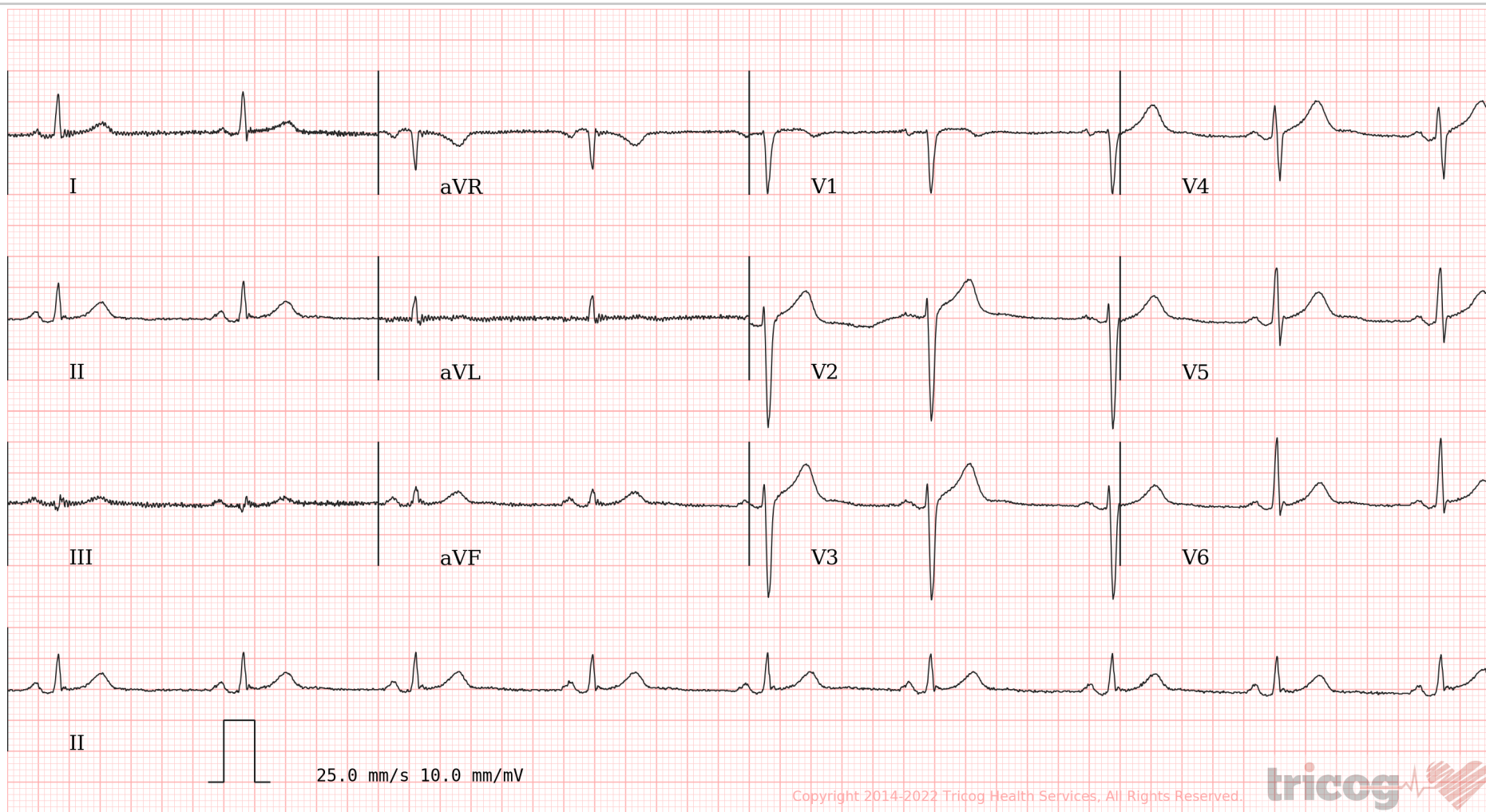
QRSD: 80ms

QT: 422ms

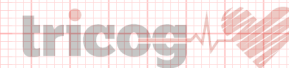
QTc: 400ms

PR: 162ms

P-R-T: 66° 34° 54°



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

REPORTED BY

Dr. Girish Agarwal  
MD Medicine  
2002/02/478

Date:- 10.12.2022 CID: 2234419423  
Name:- Mrs. Reynold Ayinikkal Sex / Age: / 31yrs / Male.

**EYE CHECK UP**

Chief complaints: Nil

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: N.V.  $\left. \begin{matrix} R \rightarrow \\ L \rightarrow \\ B \rightarrow \end{matrix} \right\} NLS$  D.V.  $\left. \begin{matrix} R \rightarrow \\ L \rightarrow \\ B \rightarrow \end{matrix} \right\} 6/6$

Aided Vision: -

Refraction: -

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—————→			6/6	—————→			6/6
Near	—————→			NLS	—————→			NLS

Colour Vision:  Normal /  Abnormal

Remark: WNL

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*DGH*  
**Dr. D.G. HATALKAR**  
R.No. 61067 M.D. (Ob.Gy)



सत्यमेव जयते  
भारत सरकार



आधार

भारत सरकार  
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

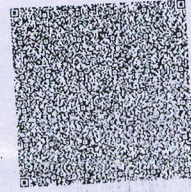
नामांकन क्रम / Enrollment No. : 0102/02989/19936

To  
Reynold Jose Ayinikkal  
रेयनॉल्ड जॉस आईनिककल  
C-101, Regal Complex,  
New Link Road,  
Near Sheth Vidya Mandir School,  
Sector-6, Vasant Nagari, Vasai East,  
VTC: Vasai, PO: Vasai East le,  
Sub District: Vasai, District: Thane,  
State: Maharashtra, PIN Code: 401208,  
Mobile: 7057097256

72331844



KF723318445FI



आपका आधार क्रमांक / Your Aadhaar No. :

7797 0600 0167

मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India



आधार

Issue Date: 15/04/2013



रेयनॉल्ड जॉस आईनिककल  
Reynold Jose Ayinikkal  
जन्म तिथि / DOB: 16/04/1991  
पुरुष / Male

7797 0600 0167

मेरा आधार, मेरी पहचान

Suburban Diagnostics (I) Pvt. Ltd.  
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7057097256



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Consulting Dr. :-

Reg.Location : Kalina, Santacruz East (Main Centre)

Collected : 10-Dec-2022 / 08:22

Reported : 12-Dec-2022 / 13:01

### PHYSICAL EXAMINATION REPORT

#### History and Complaints:

Asymptomatic

#### EXAMINATION FINDINGS:

Height (cms):	166 cms	Weight (kg):	65.4 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	110/80 mmHg	Nails:	Normal
Pulse:	70 bpm	Lymph Node:	Not palpable

#### Systems

Cardiovascular: S1S2 audible No murmur  
Respiratory: AEBE  
Genitourinary: NAD  
GI System: Liver and Splewen not palpable  
CNS: NAD

#### IMPRESSION:

- Eosinophils-6.5, NonHDL- 15.7, LDL-134, TSH-18.5

#### ADVICE:

- Diet
- Exercise
- Relaxation Technics
- Refer to Physician

#### CHIEF COMPLAINTS:

1) Hypertension: No





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2) IHD	No
3) Arrhythmia	No
4) Diabetes Mellitus	No
5) Tuberculosis	No
6) Asthama	No
7) Pulmonary Disease	No
8) Thyroid/ Endocrine disorders	No
9) Nervous disorders	No
10) GI system	No
11) Genital urinary disorder	No
12) Rheumatic joint diseases or symptoms	No
13) Blood disease or disorder	No
14) Cancer/lump growth/cyst	No
15) Congenital disease	No
16) Surgeries	No
17) Musculoskeletal System	No

**PERSONAL HISTORY:**

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

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

  
Dr. Dhanwanti Hatakhar  
PHYSICIAN

**Dr. D.G. HATAKAR**  
R.No. 61067 M.D. (Ob.Gy)

**Suburban Diagnostics (I) Pvt. Ltd.**  
1st Floor, Harbhajan, Above HDFC Bank,  
Opp. Nafa Petrol Pump, Kalina, CST Road,  
Santacruz (East),  
Tel. No. 022-61700000

# Suburban Diagnostics Kalina

**Patient Details**      **Date:** 10-Dec-22      **Time:** 11:21:53 AM  
**Name:** MR. REYNOLD AYINIKKAL ID: 2234419423  
**Age:** 31 y      **Sex:** M      **Height:** 166 cms      **Weight:** 65 Kgs  
**Clinical History:** NO COMORBIDITIES NO SIGNIFICANT SYMPTOMS

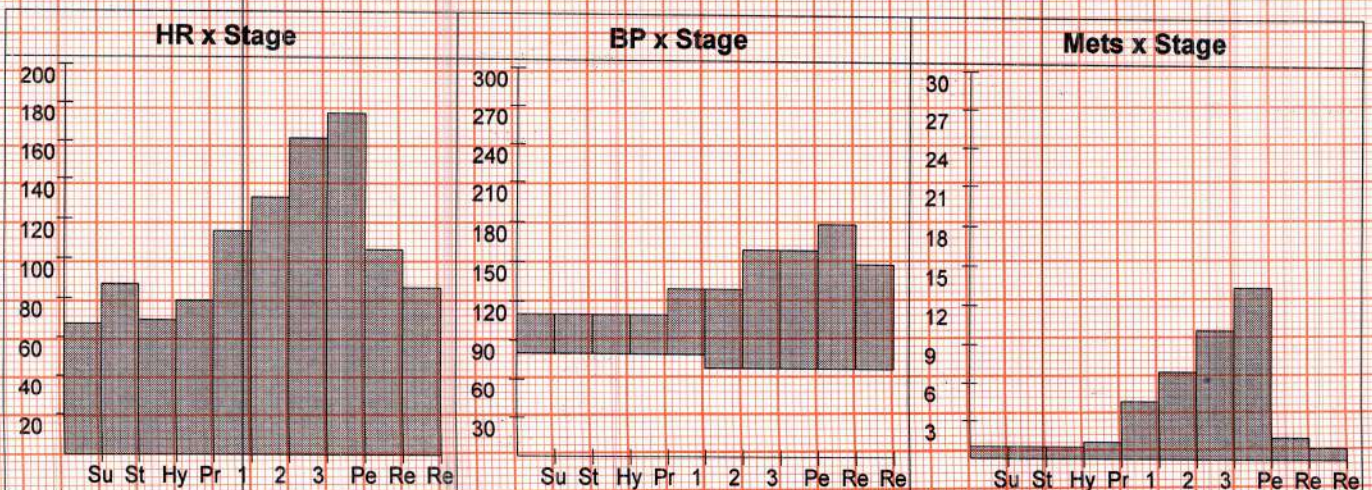
**Medications:** NIL

## Test Details

**Protocol:** Bruce      **Pr.MHR:** 189 bpm      **THR:** 160 (85 % of Pr.MHR) bpm  
**Total Exec. Time:** 10 m 31 s      **Max. HR:** 175 (93% of Pr.MHR) bpm      **Max. Mets:** 13.50  
**Max. BP:** 180 / 70 mmHg      **Max. BP x HR:** 31500 mmHg/min      **Min. BP x HR:** 4690 mmHg/min  
**Test Termination Criteria:** ACHIEVED THR

## 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 : 16	1.0	0	0	67	110 / 80	-0.85 aVR	2.48 V3
Standing	0 : 10	1.0	0	0	87	110 / 80	-1.49 III	2.48 V3
Hyperventilation	1 : 4	1.0	0	0	69	110 / 80	-1.49 III	4.60 II
1	3 : 0	4.6	1.7	10	114	130 / 80	-1.91 aVR	3.89 V1
2	3 : 0	7.0	2.5	12	131	130 / 70	-1.70 I	3.18 V2
3	3 : 0	10.2	3.4	14	162	160 / 70	-2.55 III	5.31 V2
Peak Ex	1 : 31	13.5	4.2	16	175	160 / 70	-2.12 III	5.66 V2
Recovery(1)	2 : 0	1.8	1	0	105	180 / 70	-2.55 III	5.66 V2
Recovery(2)	1 : 11	1.0	0	0	86	150 / 70	-0.85 aVR	4.60 V2



## Suburban Diagnostics Kalina

### Patient Details

Date: 10-Dec-22

Time: 11:21:53 AM

Name: MR. REYNOLD AYINIKKAL ID: 2234419423

Age: 31 y

Sex: M

Height: 166 cms

Weight: 65 Kgs

### Interpretation

The patient exercised according to the Bruce protocol for 10 m 31 s achieving a work level of Max. METS : 13.50. Resting heart rate initially 67 bpm, rose to a max. heart rate of 175 ( 93% of Pr.MHR ) bpm. Resting blood Pressure 110 / 80 mmHg, rose to a maximum blood pressure of 180 / 70 mmHg.

GOOD EFFORT TOLEREANCE

NORMAL HEART RATE RESPONSE

NORMAL BLOOD PRESSURE RESPONSE

NO ANGINA/ANGINA EQUIVALENTS

NO ARRTHYMIAS

NO SIGNIFICANT ST-T CHANGES NOTED AS COMPARED TO BASELINE

ECG. Movement Artifacts seen - *Scan*

IMPRESSION : STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHAEMIA

Disclaimer: Negative stress test does not rule out Coronary Artery Disease  
Positive stress test is suggestive but not confirmatory of coronary artery disease

Hence clinical correlation is mandatory

*Kaveri*  
DR. KAVERI.V. D.NB MEDICINE  
MMC REG NO 65845

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Ref. Doctor: .....

Doctor: .....

( Summary Report edited by user )

# Suburban Diagnostics Kalina

MR. REYNOLD AYINIKKAL (31 M)

ID: 2234419423

Date: 10-Dec-22

B.P: 110 / 80

Protocol: Bruce

Stage: Supine

Speed: 0 mph

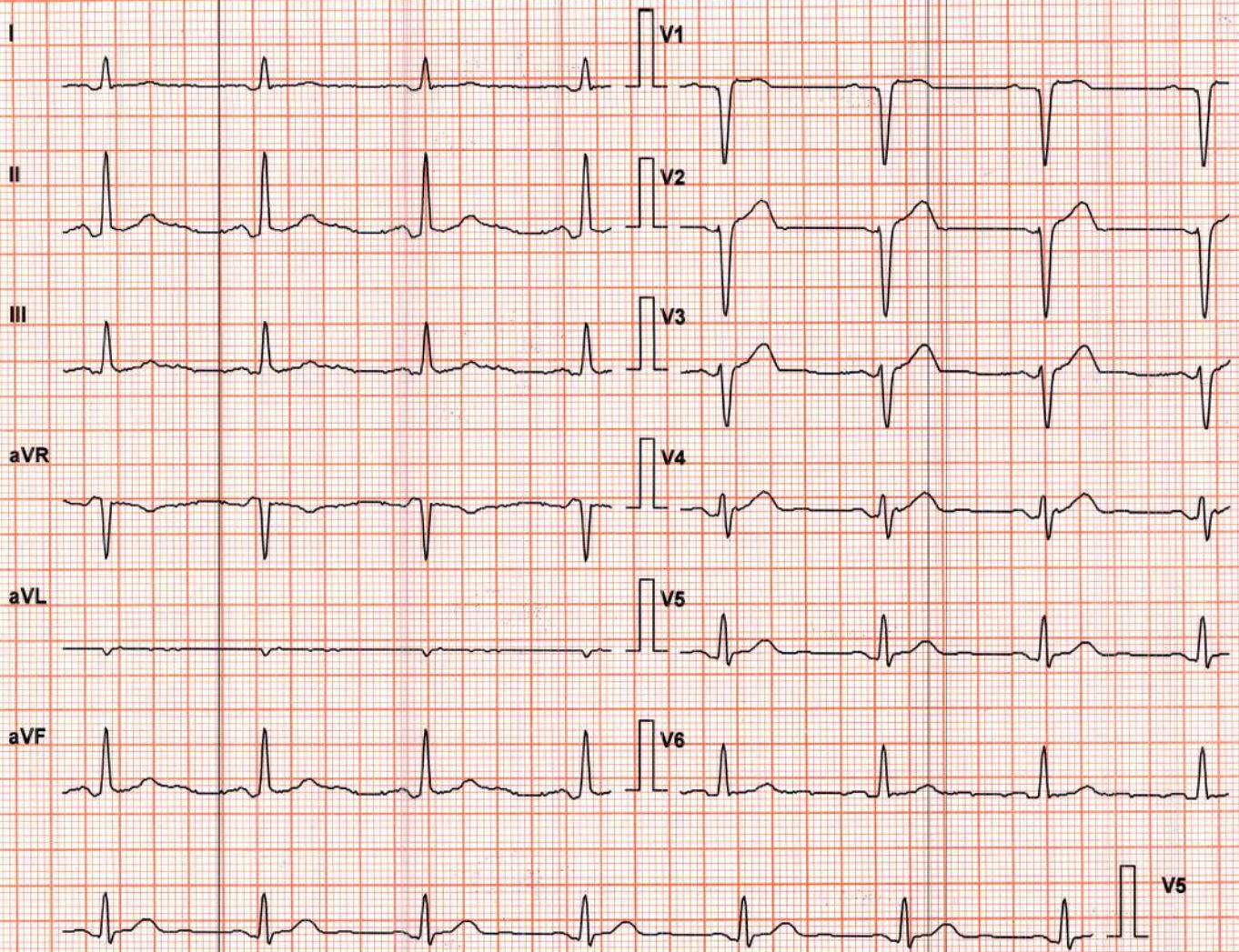
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 10 s

HR: 63 bpm

(THR: 160 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.6	0.0
II	1.1	0.4
III	0.4	0.4
aVR	-0.8	-0.4
aVL	0.0	0.0
aVF	0.6	0.0
V1	0.8	0.4
V2	1.9	1.4
V3	1.7	1.4
V4	1.1	0.4
V5	0.8	0.4
V6	0.6	0.4

Chart Speed: 25 mm/sec

Schiller Spandan V4.51

Filter: 35 Hz

Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON

Post J = J + 60 ms

Amp: 10 mm

Linked Median

# Suburban Diagnostics Kalina

**MR. REYNOLD AYINIKKAL (31 M)**

ID: 2234419423

Date: 10-Dec-22

B.P: 110 / 80

Protocol: Bruce

Stage: Standing

Speed: 0 mph

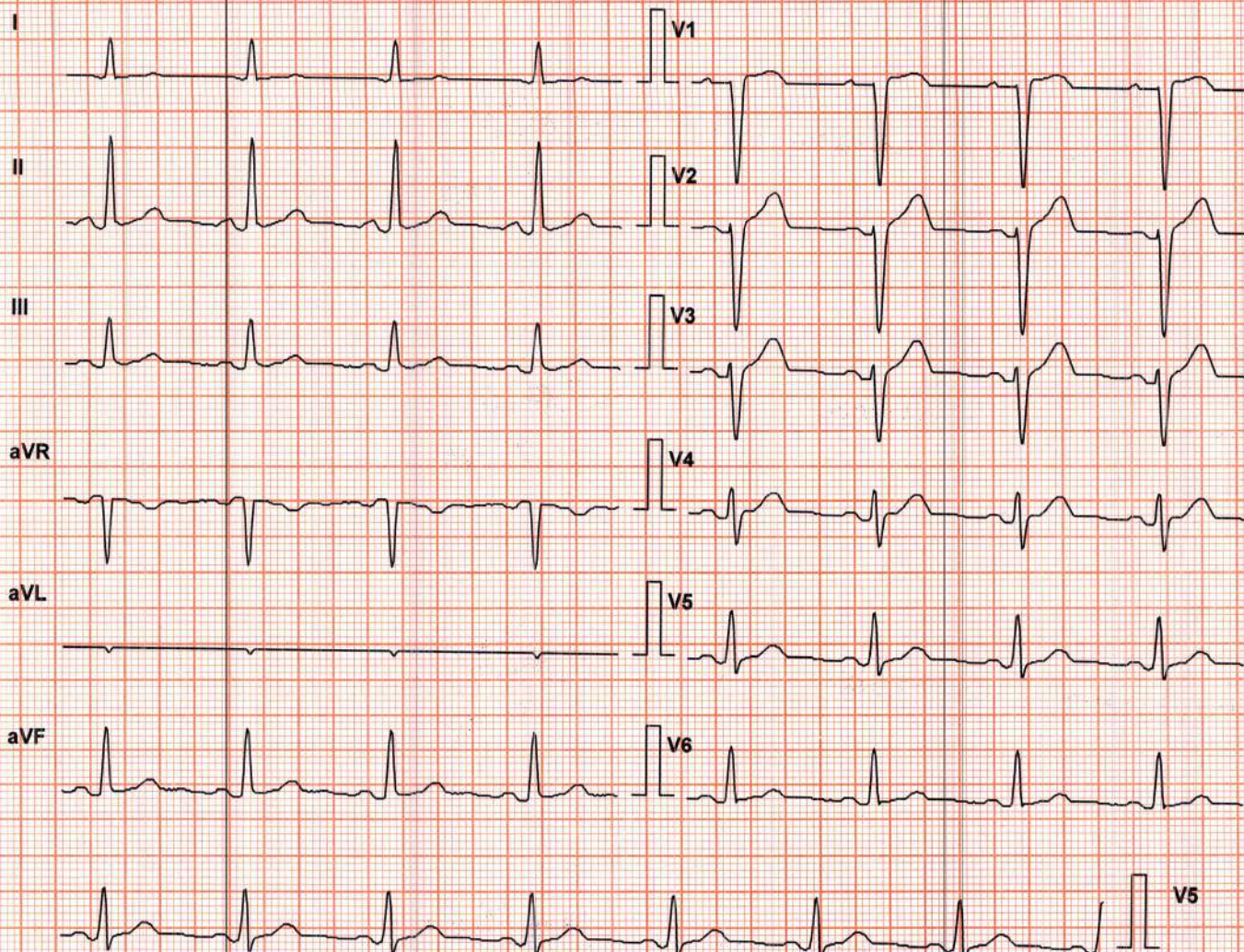
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 4 s

**HR: 71 bpm**

(THR: 160 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.4	0.4
II	1.1	0.7
III	0.6	0.4
aVR	-0.6	-0.4
aVL	0.0	0.0
aVF	0.8	0.4
V1	1.3	0.7
V2	2.8	2.1
V3	2.1	1.8
V4	1.3	0.4
V5	0.8	0.4
V6	0.8	0.7

Chart Speed: 25 mm/sec  
Schiller Spandan V 4.51

Filter: 35 Hz  
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON  
Post J = J + 60 ms

Amp: 10 mm  
Linked Median

# Suburban Diagnostics Kalina

MR. REYNOLD AYINIKKAL (31 M)

ID: 2234419423

Date: 10-Dec-22

B.P: 110 / 80

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

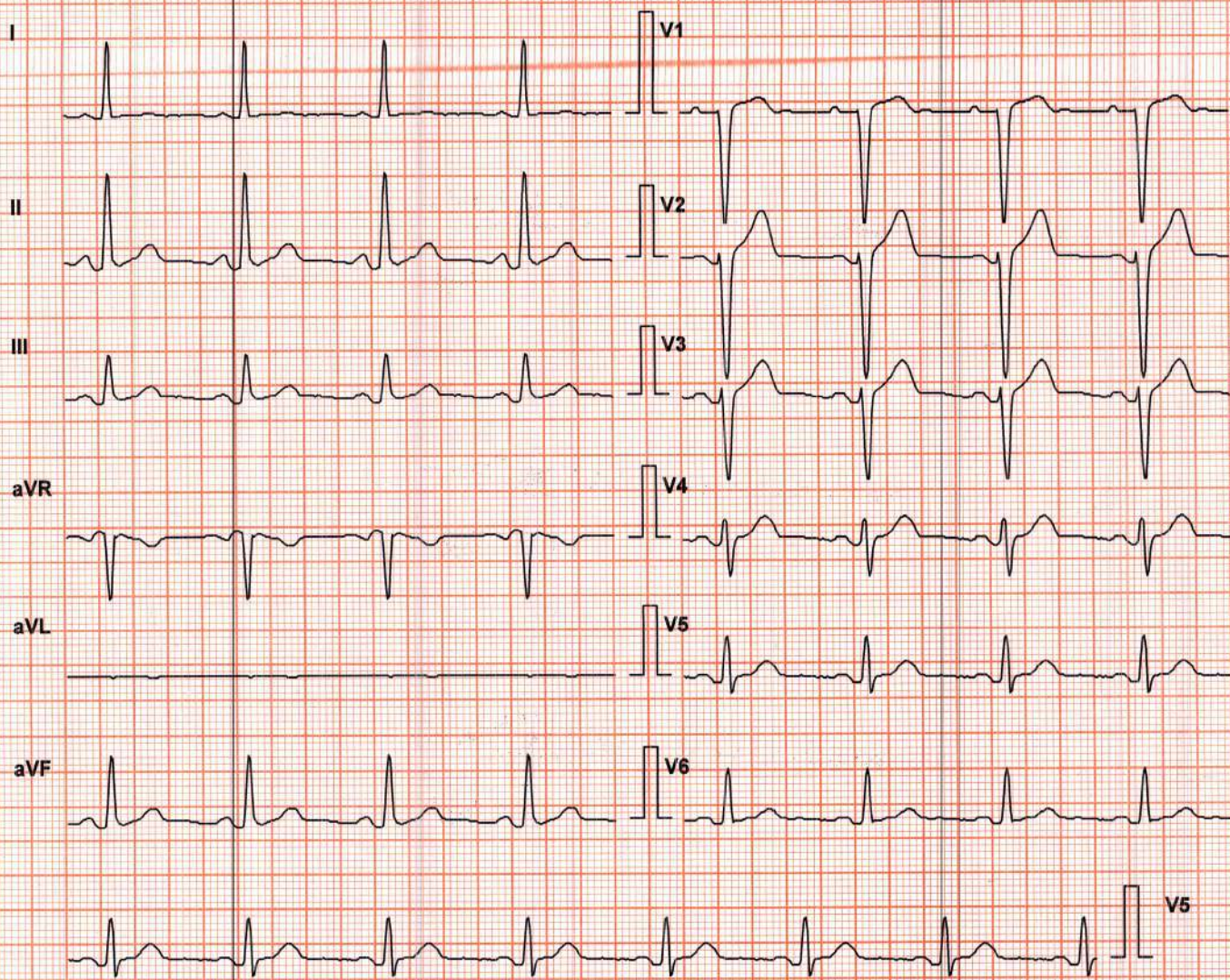
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 58 s

HR: 72 bpm

(THR: 160 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.4	0.4
II	1.5	1.1
III	1.1	0.7
aVR	-0.8	-0.7
aVL	0.0	0.0
aVF	1.1	0.7
V1	1.3	0.7
V2	3.4	2.5
V3	2.8	2.1
V4	1.5	0.4
V5	1.1	0.4
V6	0.8	0.7

Chart Speed: 25 mm/sec  
Schiller Spandan V 4.51

Filter: 35 Hz  
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON  
Post J = J + 60 ms

Amp: 10 mm  
Linked Median

# Suburban Diagnostics Kalina

MR. REYNOLD AYINIKKAL (31 M)

ID: 2234419423

Date: 10-Dec-22

B.P: 130 / 70

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

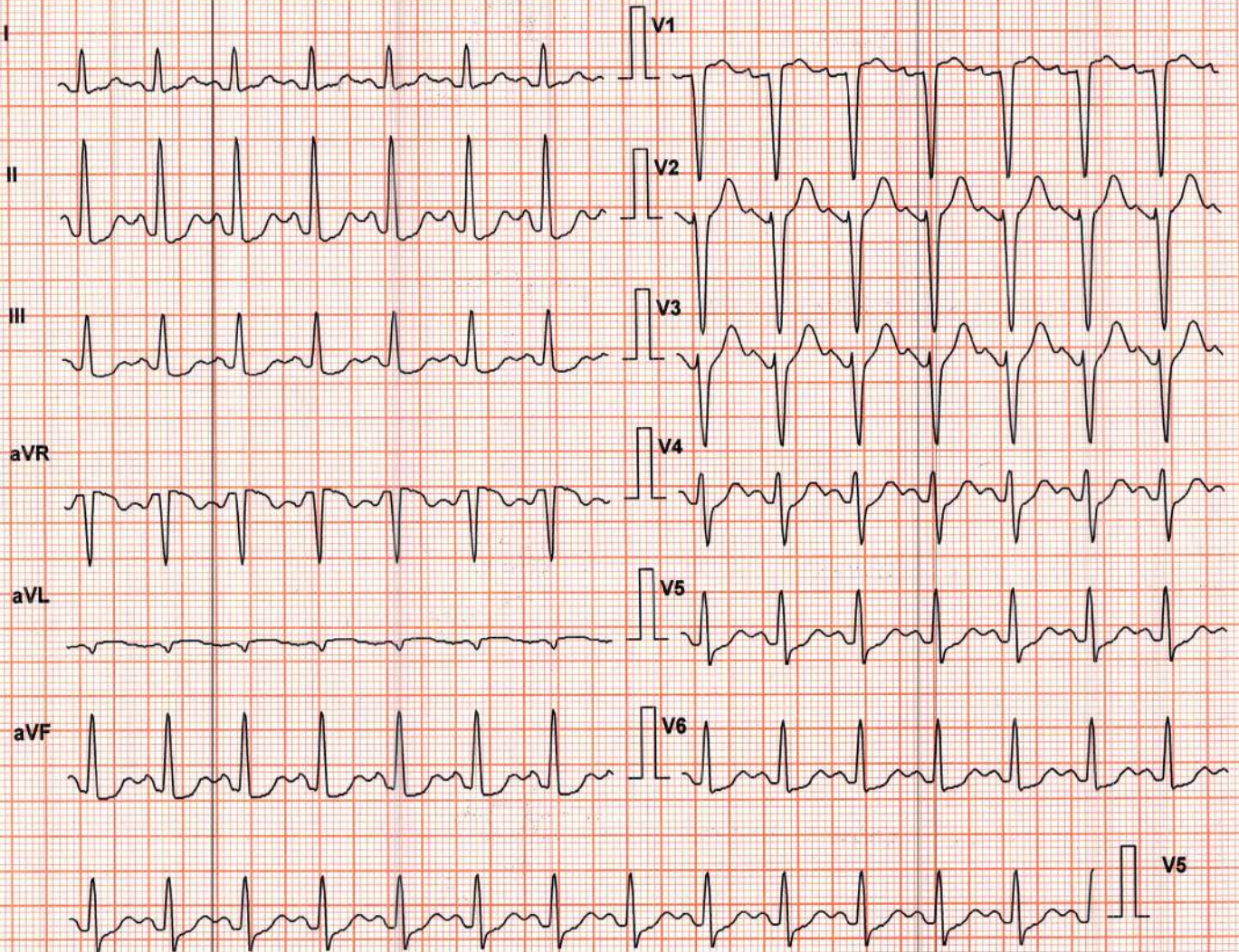
Grade: 12 %

Exec Time : 5 m 54 s

Stage Time : 2 m 54 s

HR: 131 bpm

(THR: 160 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.6	0.7
II	-0.2	1.4
III	-0.8	0.4
aVR	-0.2	-1.1
aVL	0.4	0.4
aVF	-0.6	0.7
V1	1.7	0.7
V2	2.8	3.2
V3	2.8	3.2
V4	0.6	1.8
V5	0.0	1.1
V6	-0.4	0.7

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller Spandan V 4.51

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

MR. REYNOLD AYINIKKAL (31 M)

ID: 2234419423

Date: 10-Dec-22

B.P: 160/70

Speed: 4.2 mph

Grade: 16 %

Protocol: Bruce

Exec Time : 10 m 25 s

Stage: Peak EX

HR: 176 bpm

(THR: 160 bpm)

Stage Time: 1 m 25 s

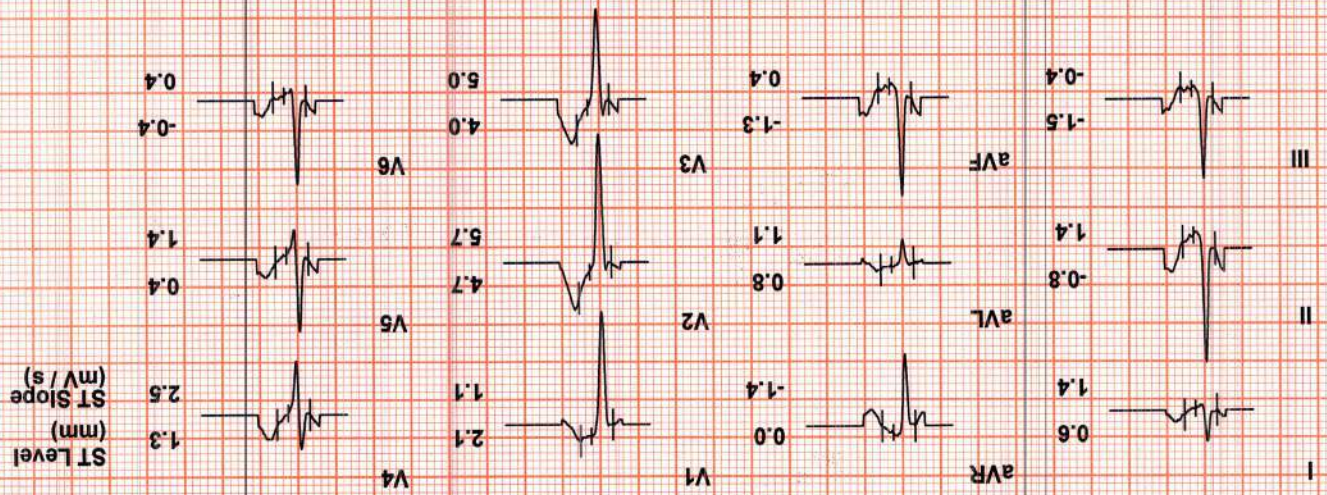
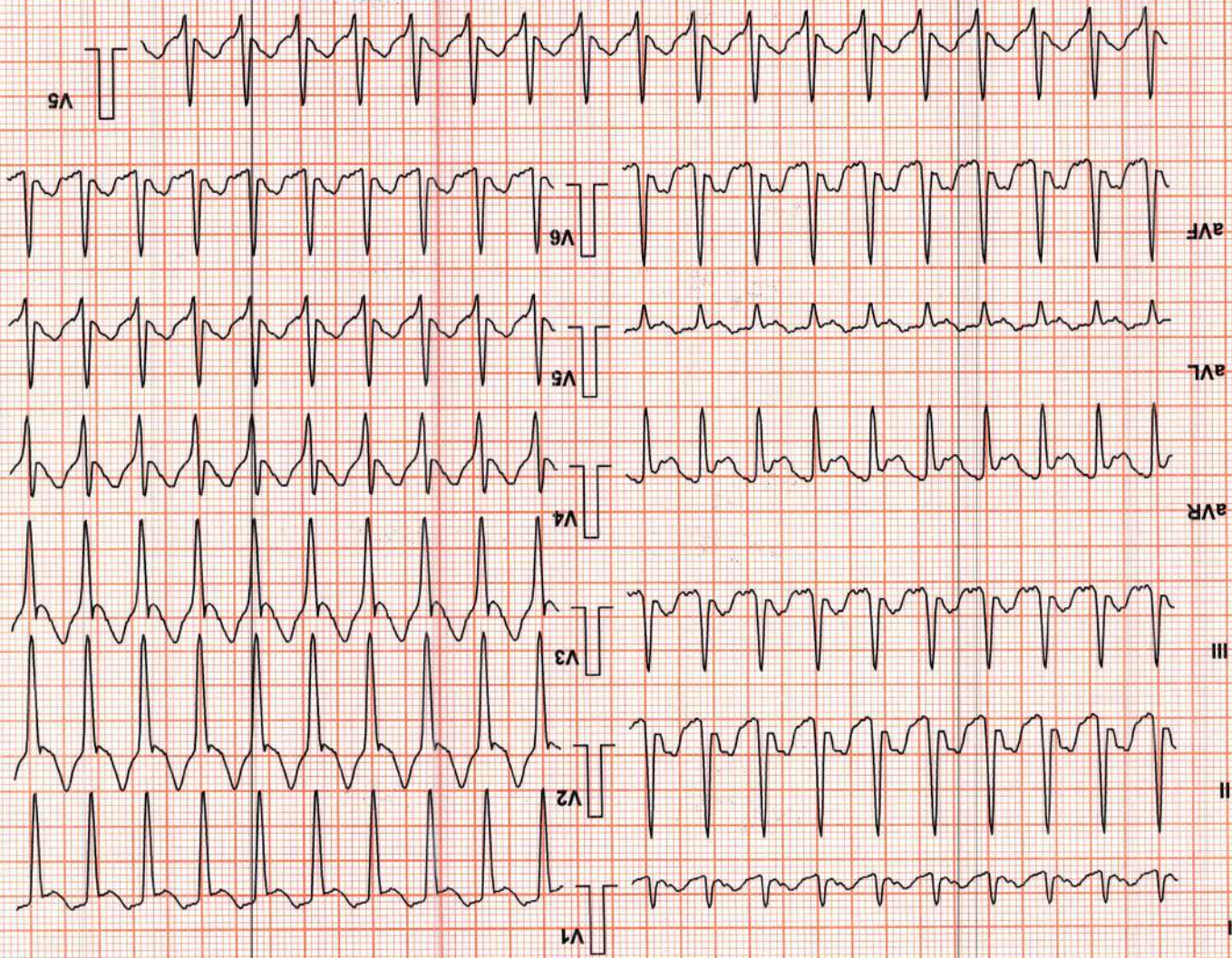


Chart Speed: 25 mm/sec  
Schiller Spandan V 4.51

Filter: 35 Hz  
Mains Fil: ON  
Amp: 10 mm  
ISO = R - 60 ms  
J = R + 60 ms  
Post J = J + 60 ms  
Linked Median



MR. REYNOLD AYINIKKAL (31 M)

ID: 2234419423

Date: 10-Dec-22

B.P.: 160 / 70

Speed: 3.4 mph

Grade: 14 %

HR: 160 bpm

(THR: 160 bpm)

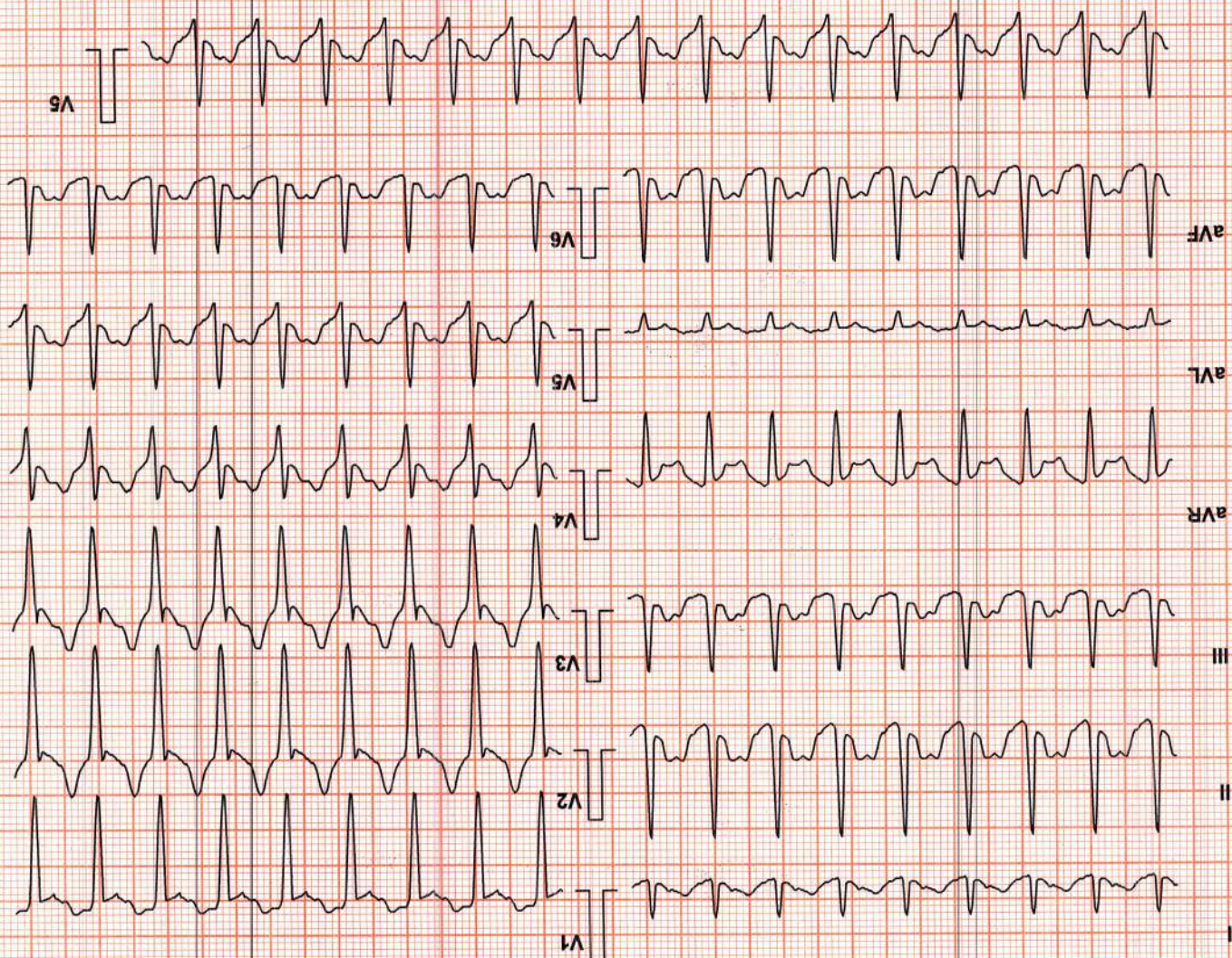
Protocol: Bruce

Exec Time : 8 m 54 s

Stage: 3

Stage Time : 2 m 54 s

HR: 160 bpm



ST Level (mm)  
1.1

ST Slope (mV/s)  
2.5

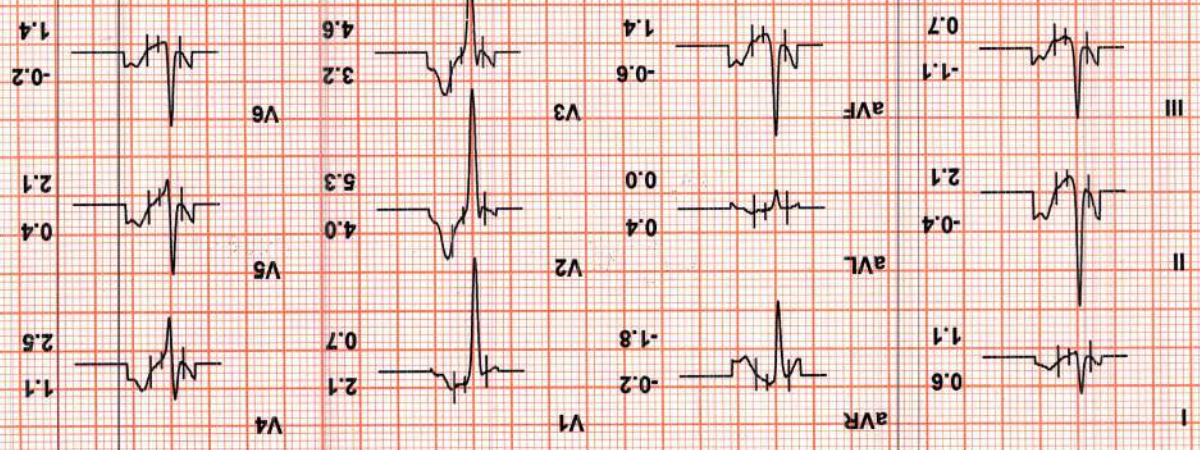


Chart Speed: 25 mm/sec  
 Schiller Spandan V4.51  
 Filter: 35 Hz  
 Mains Filtr: ON  
 Amp: 10 mm  
 ISO = R - 60 ms  
 J = R + 60 ms  
 Post J = J + 60 ms  
 Linked Median

MR. REYNOLD AYINIKAL (31 M)

ID: 2234419423

Date: 10-Dec-22

B.P. 130/80

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

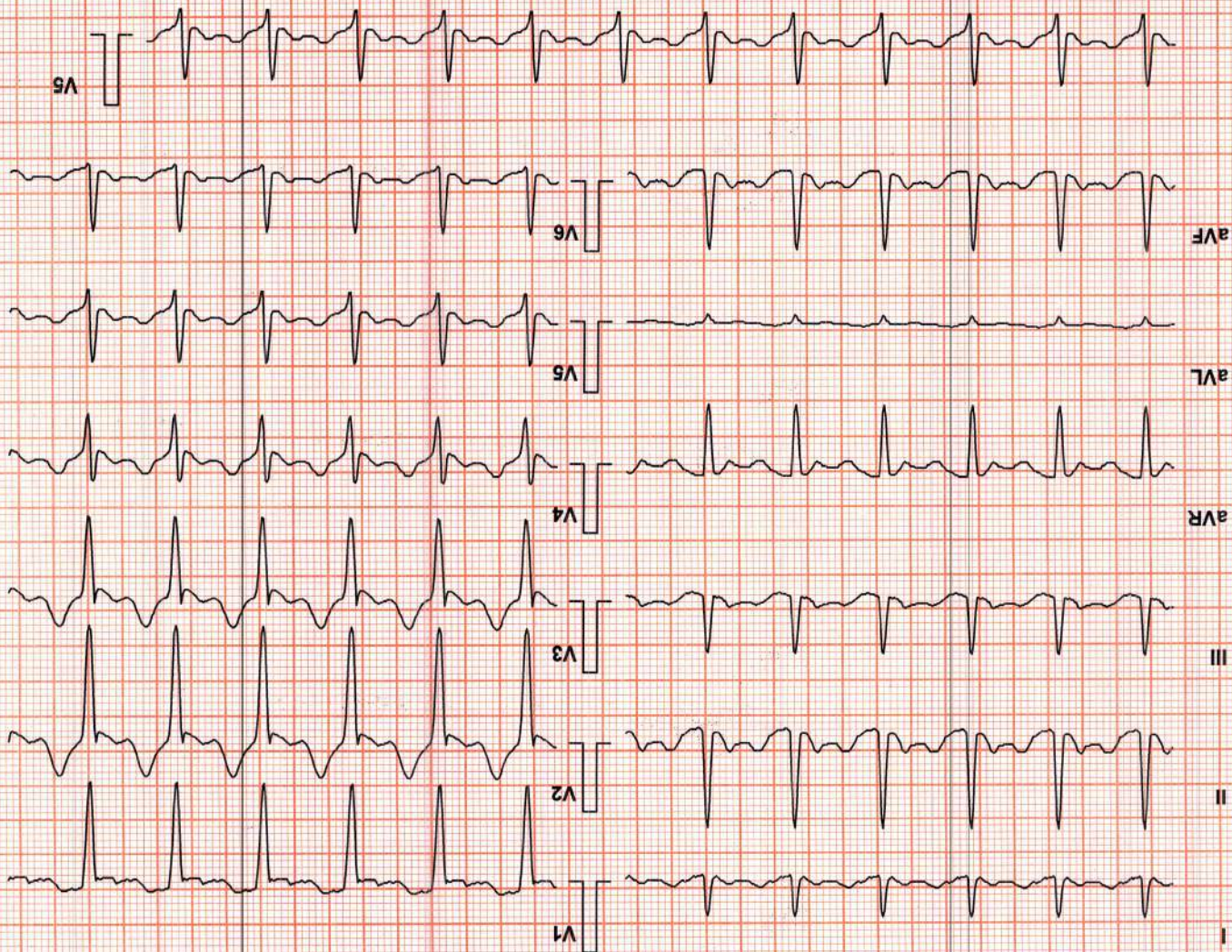
Grade: 10 %

Exec Time : 2 m 54 s

Stage Time : 2 m 54 s

HR: 115 bpm

(THR: 160 bpm)



ST Level (mm)  
1.1

ST Slope (mV/s)  
1.4

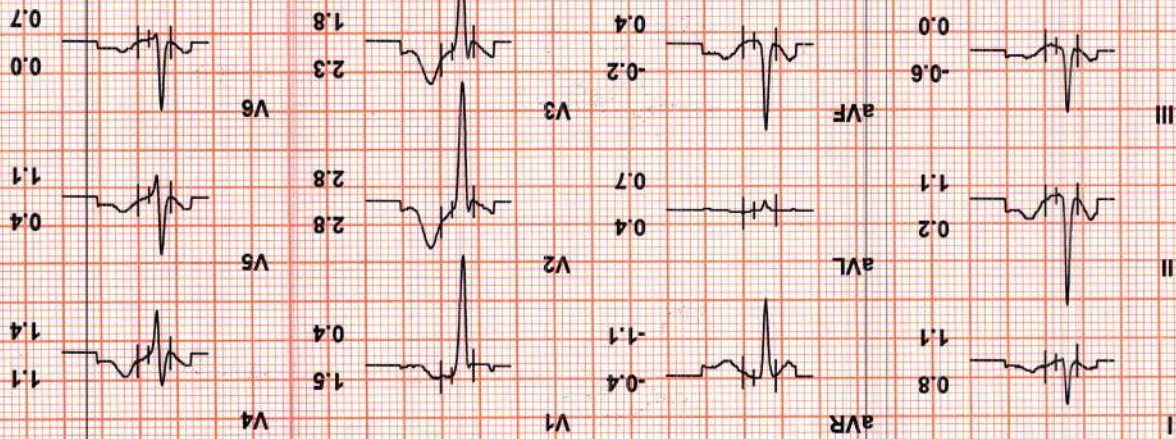


Chart Speed: 25 mm/sec  
Schiller Spanden V4.51  
Filter: 35 Hz  
ISO = R - 60 ms  
J = R + 60 ms  
Mains Filt: ON  
Amp: 10 mm  
Linked Median

# Suburban Diagnostics Kalina

MR. REYNOLD AYINIKKAL (31 M)

ID: 2234419423

Date: 10-Dec-22

B.P: 150 / 70

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

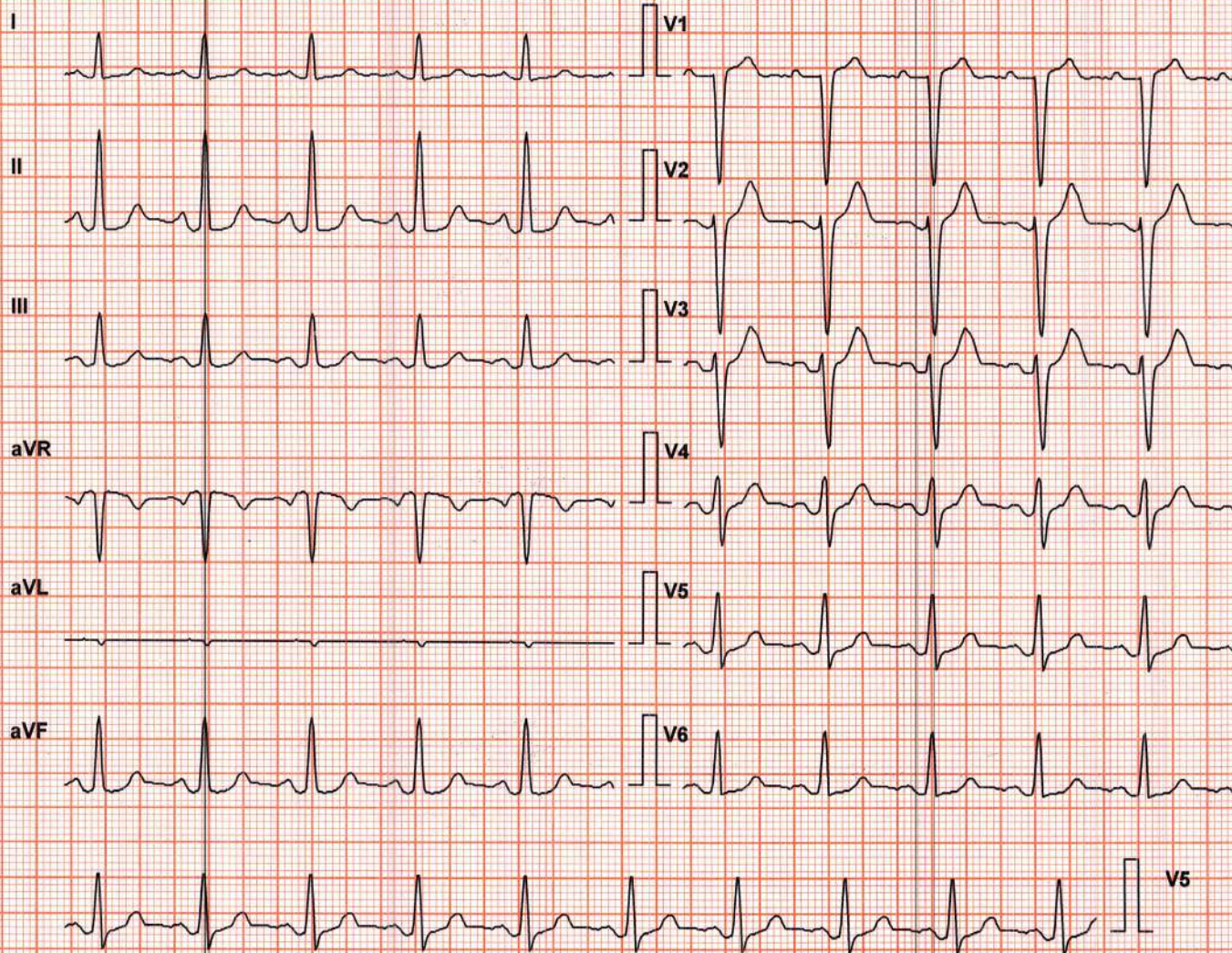
Grade: 0 %

Exec Time : 10 m 31 s

Stage Time : 1 m 5 s

HR: 95 bpm

(THR: 160 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.2	0.4
II	0.2	0.4
III	0.0	0.4
aVR	-0.2	-0.4
aVL	0.0	0.0
aVF	0.2	0.4
V1	1.5	1.1
V2	2.5	2.5
V3	2.3	1.8
V4	1.3	1.1
V5	0.6	0.7
V6	0.4	0.4

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller Spandan V 4.51

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

# Suburban Diagnostics Kalina

MR. REYNOLD AYINIKKAL (31 M)

ID: 2234419423

Date: 10-Dec-22

B.P: 180 / 70

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

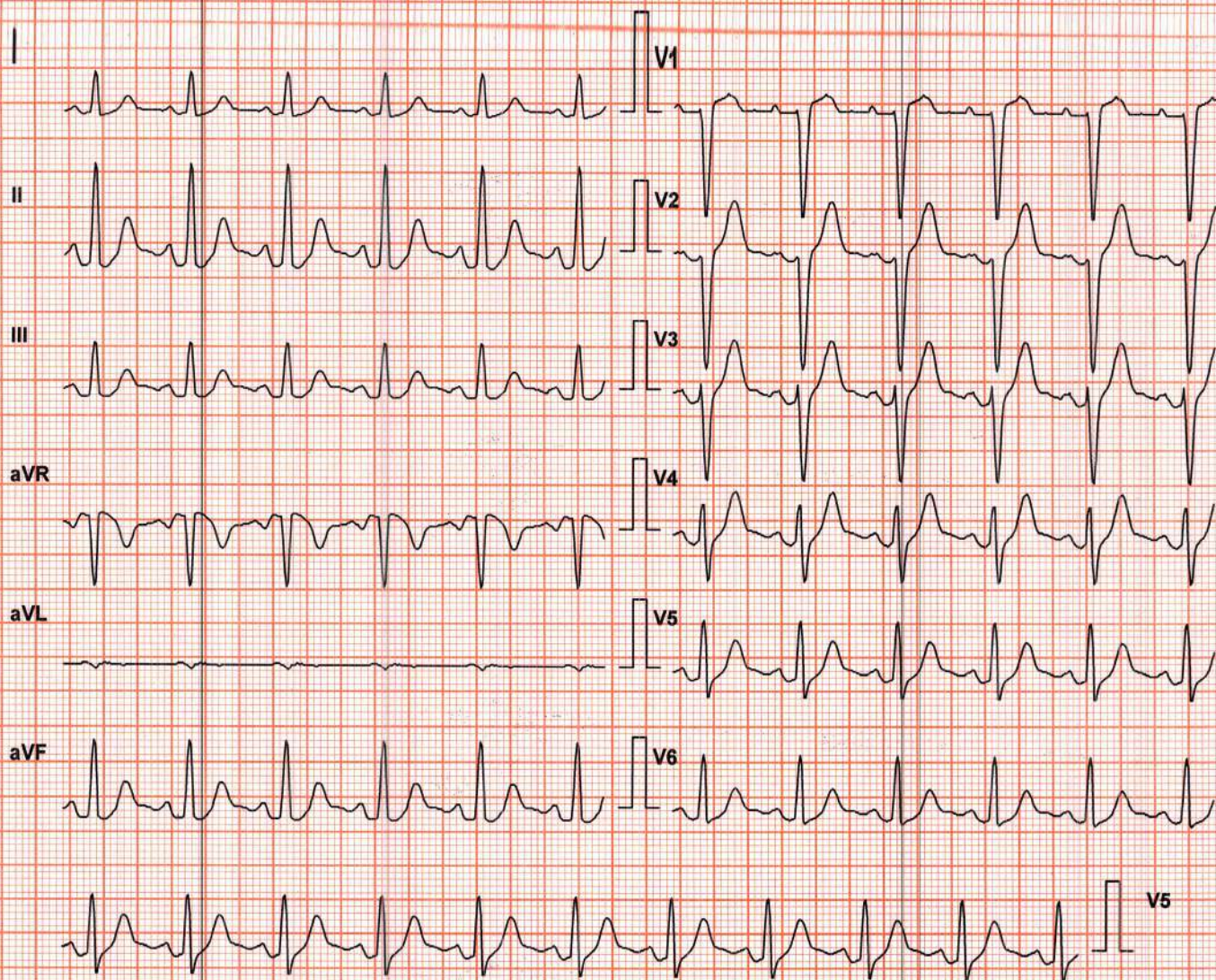
Grade: 0 %

Exec Time : 10 m 31 s

Stage Time : 1 m 54 s

HR: 103 bpm

(THR: 160 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.4	1.1
II	1.6	2.8
III	0.8	1.4
aVR	-0.8	-1.8
aVL	-0.2	-0.4
aVF	1.1	2.1
V1	2.1	1.1
V2	4.7	5.3
V3	4.2	4.6
V4	2.5	3.2
V5	1.7	2.5
V6	1.1	1.8

Chart Speed: 25 mm/sec  
Schiller Spandan V 4.51

Filter: 35 Hz

Iso = R - 60 ms J = R + 60 ms

Mains Filtr: ON

Post J = J + 60 ms

Amp: 10 mm

Linked Median



Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2234419423  
**Name** : Mr REYNOLD AYINIKKAL  
**Age / Sex** : 31 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Kalina, Santacruz East Main Centre  
**Reg. Date** : 10-Dec-2022  
**Reported** : 10-Dec-2022/09:28

## USG OF WHOLE ABDOMEN

**Clinical profile:** for routine checkup. History of ?polymyositis in childhood, treatment taken. Patient denies any health related issues at present with no history of medical or surgical problems in the past. No previous reports provided at the time of ultrasound study.

Real time ultrasonography of whole abdomen was performed using transabdominal approach.

### Liver:

Liver is normal in size (13.2 cm) and echopattern. No focal mass lesion is seen. The intrahepatic biliary radicals are normal. Hepatic veins & IVC are normal in caliber. Portal vein is normal in caliber and measures 11.9 mm.

### Gallbladder:

**Gallbladder** is well distended and reveals normal wall thickness. No evidence of calculus or mass lesion seen. No obvious pericholecystic collection visualized.

**CBD** is normal in caliber (3.9 mm).

### Spleen:

Spleen is normal in size (8.9 cm), shape and echotexture. No focal lesions seen. Splenic vein appears normal in caliber.

### Pancreas:

Pancreas is visualized and is normal in size shape and echopattern. No focal lesions seen. Part of pancreatic tail and adjacent retroperitoneum obscured due to bowel gases.

### Kidneys:

Both kidneys are normal in size, shape and position. No evidence of hydronephrosis, calculi or scarring.

Right Kidney measures: 9.6 x 4.3 cm.

Left Kidney measures: 9.1 x 4.1 cm.

Corticomedullary differentiation appears preserved.

No evidence of free fluid in abdomen and pelvis.

Visualized retroperitoneum appears unremarkable with no obvious lymphadenopathy.

### Urinary bladder:

Urinary bladder is distended and shows normal wall thickness. No evidence of any calculi or focal mass lesion is seen within it.



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**Prostate:**

Prostate is normal in size & measures 3.2 x 2.8 x 2.3 cm (volume ~11.3 cc)

**IMPRESSION:**

No significant abnormality detected in ultrasound study of whole abdomen.

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

**This report is prepared and physically checked by Dr Vaseem Anjum Ansari before dispatch.**

**Dr Vaseem Anjum Ansari**  
**Radiologist (MBBS,DMRD)**  
**Reg No. 2003/06/2275**

Investigations have their limitations. Solitary Pathological / Radiological and other investigations never confirm the final diagnosis of disease. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.



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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.**

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

**This report is prepared and physically checked by Dr Vaseem Anjum Ansari before dispatch.**

**Dr Vaseem Anjum Ansari**  
**Radiologist (MBBS,DMRD)**  
**Reg No. 2003/06/2275**





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