



CID : 2309717392
Name : MR.AVISH PIMPLE
Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Collected : 07-Apr-2023 / 09:09
Reported : 07-Apr-2023 / 13:25

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	13.9	13.0-17.0 g/dL	Spectrophotometric
RBC	5.13	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.5	40-50 %	Measured
MCV	85	80-100 fl	Calculated
MCH	27.1	27-32 pg	Calculated
MCHC	32.0	31.5-34.5 g/dL	Calculated
RDW	14.2	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4570	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	33.4	20-40 %	
Absolute Lymphocytes	1526.4	1000-3000 /cmm	Calculated
Monocytes	12.4	2-10 %	
Absolute Monocytes	566.7	200-1000 /cmm	Calculated
Neutrophils	51.3	40-80 %	
Absolute Neutrophils	2344.4	2000-7000 /cmm	Calculated
Eosinophils	1.9	1-6 %	
Absolute Eosinophils	86.8	20-500 /cmm	Calculated
Basophils	1.0	0.1-2 %	
Absolute Basophils	45.7	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	296000	150000-400000 /cmm	Elect. Impedance
MPV	8.8	6-11 fl	Calculated
PDW	13.8	11-18 %	Calculated

RBC MORPHOLOGY



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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-ESR 7 2-15 mm at 1 hr. Sedimentation

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

J. Thakker

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





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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	104.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	108.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.46	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.20	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.26	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2	1 - 2	Calculated
SGOT (AST), Serum	23.5	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	23.3	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	36.3	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	97.1	40-130 U/L	Colorimetric
BLOOD UREA, Serum	15.7	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.86	0.67-1.17 mg/dl	Enzymatic



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eGFR, Serum	108	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	6.2	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 ***



Bmhasakar

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



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	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 Borivali Lab, Borivali 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
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 (5.0)	-
Occult Blood	Absent	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

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*** End Of Report ***

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	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	-		

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

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

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





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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 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.

Refernces:

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.VRUSHALI SHROFF
M.D.(PATH)
Pathologist





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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	177.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	57.8	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	57.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	120.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	109.0	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	11.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.9	0-3.5 Ratio	Calculated

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

J Thakker

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





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 Reg. Location : Bhayander East (Main Centre)

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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	5.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	19.1	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.05	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 Borivali Lab, Borivali West

*** End Of Report ***

Bmhaskar

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



SUBURBAN DIAGNOSTICS - BHAYANDER EAST

Patient Name: AVISH PIMPLE

Patient ID: 2309717392

Date and Time: 7th Apr 23 9:20 AM

Age **34** **5** **12**
years months days

Gender **Male**

Heart Rate **64bpm**

Patient Vitals

BP: 120/80 mmHg

Weight: 99 kg

Height: 173 cm

Pulse: NA

Spo2: NA

Resp: NA

Others: _____

Measurements

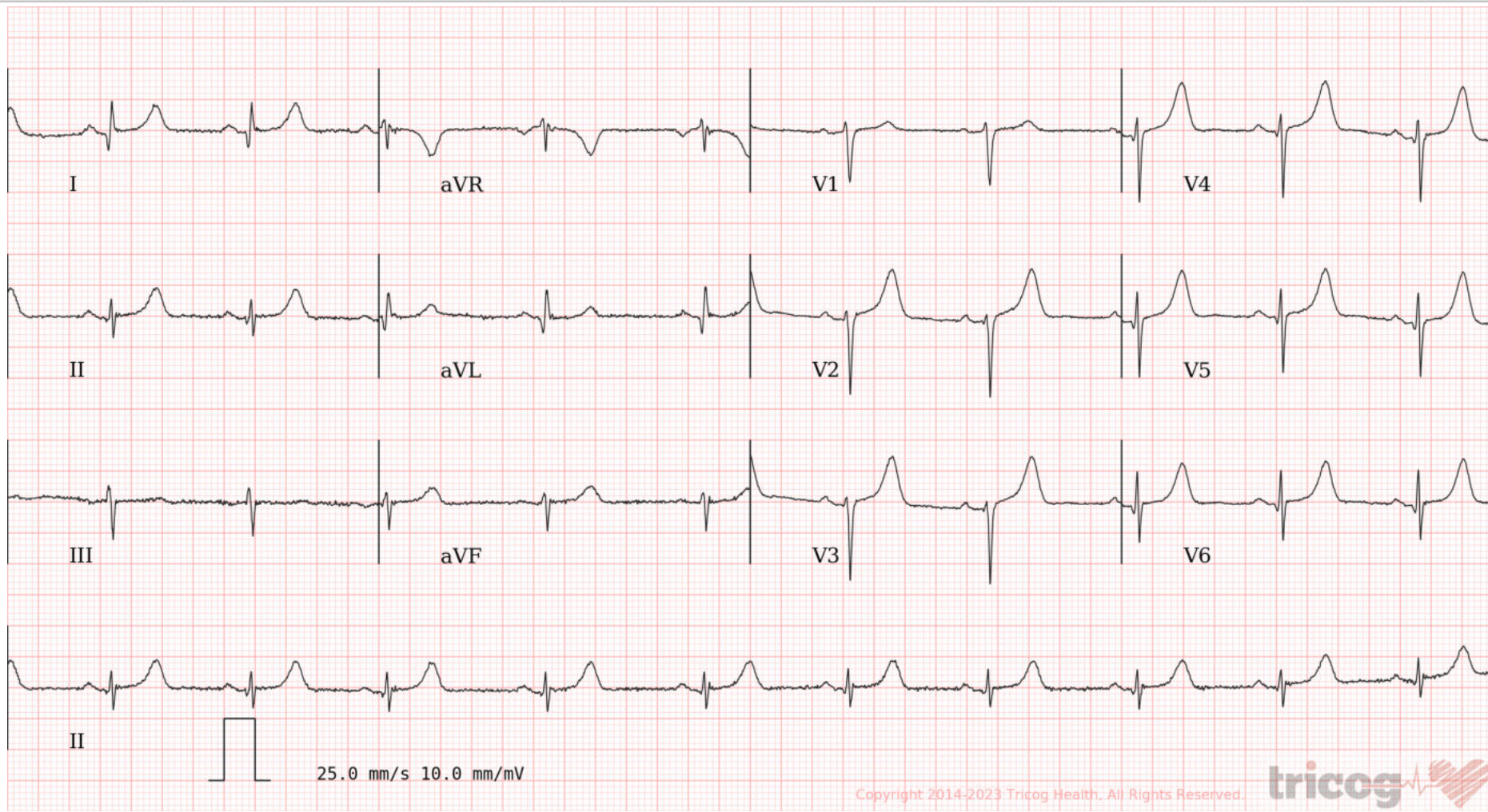
QRSD: 90ms

QT: 430ms

QTcB: 443ms

PR: 148ms

P-R-T: 20° -32° 33°



Sinus Rhythm, Left Axis Deviation. Poor "R" wave progression in anterior leads. ADV: 2D Echo. Please correlate clinically.

REPORTED BY

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

Date:-

7/4/23

CID:

2309717392

Name:-

Anish Pimple

Sex / Age:

34/m

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

} NO

RE LE
6/6 6/6
N/G N/G

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

SUBURBAN DIAGNOSTICS (I) PVT. LTD
Shop No. 101-4, 1st Floor, Skyline Building
300/5, Prem Road, Vidyavihar Hospital
Mira - Bhamburda Road, Mira (E), (E)
Dist. Thane-401303
Phone No : 022 - 61700000




आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

AVISH KAMALAKAR PIMPLE
KAMALAKAR DADU PIMPLE
26/10/1988

Permanent Account Number
BFZPP6495K

Akimple
Signature



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

Akimple
For Medical Tests

DR. ANITA CHOUDHARY
M.B.B.S.
CONSULTANT PHYSICIAN
Reg. No. 2017/12/5553

Name : Mr. AVISH PIMPLE
VID : 2309717392
Ref By : Arcofemi Healthcare Limited

Reg Date : 07-Apr-2023 09:03
Age/Gender : 34 Years
Regn Centre : Bhayander East (Main Centre)

History and Complaints:

No Complaint

A case of Haemophilia Type - A.
(Factor VIII)

EXAMINATION FINDINGS:

Height (cms):	173	Weight (kg):	99
Temp (0c):	Afebrile	Skin:	NAD
Blood Pressure (mm/hg):	120/80	Nails:	NAD
Pulse:	76/min	Lymph Node:	Not Palpable

Systems

Cardiovascular: S1S2-Normal
Respiratory: Chest-Clear
Genitourinary: NAD
GI System: NAD
CNS: NAD

(+ve)

IMPRESSON: USG, TMT, CXR, CBC and Biochemistry
all WNL

ADVICE: Weight Reduction.

CHIEF COMPLAINTS:

- 1) Hypertension: No
- 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

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Regn Centre : Bhayander East (Main Centre)

PERSONAL HISTORY:

- | | |
|---------------|--|
| 1) Alcohol | Yes <input checked="" type="checkbox"/> Occasionally |
| 2) Smoking | No |
| 3) Diet | Mixed |
| 4) Medication | Yes |

factor VIII weekly - 3 yrs.

Anita

DR. ANITA CHOUDHARY
CONSULTANT PHYSICIAN
Reg. No. 2017/12/5553

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

SUBURBAN DIAGNOSTICS BHAYANDER

Email:

12346030 (2309717392) / AVISH PIMPLE / 34 Yrs / M / 173 Cms / 99 Kg
 Date: 07 / 04 / 2023 09:39:45 AM

Report



Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:09	0:09	00.0	00.0	01.0	066	35 %	120/80	079	00	
Standing	00:17	0:08	00.0	00.0	01.0	072	39 %	120/80	086	00	
HV	00:31	0:14	00.0	00.0	01.0	072	39 %	120/80	086	00	
EXStart	02:10	1:39	00.0	00.0	01.0	075	40 %	120/80	090	00	
BRUCE Stage 1	05:10	3:00	01.7	10.0	04.7	117	63 %	130/80	152	00	
BRUCE Stage 2	08:10	3:00	02.5	12.0	07.1	149	80 %	140/80	208	00	
PeakEx	09:11	1:01	03.4	14.0	08.2	169	91 %	140/80	236	00	
Recovery	10:11	1:00	01.1	00.0	01.2	149	80 %	150/80	223	00	
Recovery	11:11	2:00	00.0	00.0	01.0	120	65 %	140/80	168	00	
Recovery	13:11	4:00	00.0	00.0	01.0	094	51 %	120/80	112	00	
Recovery	13:20	4:09	00.0	00.0	01.0	095	51 %	120/80	114	00	

FINDINGS :

Exercise Time : 07:01
 Initial HR (ExStrt) : 75 bpm 40% of Target 186
 Initial BP (ExStrt) : 120/80 (mm/Hg)
 Max Workload Attained : 8.2 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : III & -1.3 mm in Supine
 Duke Treadmill Score : -01.8
 Test End Reasons : ., Test Complete

Max HR Attained 169 bpm 91% of Target 186
 Max BP Attained 150/80 (mm/Hg)

SUBURBAN DIAGNOSTICS (I) PVT. LTD

Shop No. 101-A, 1st Floor, Kasturji Building
 Above Raymond, Near Thangra Hospital
 Mira - Bhayander Road, Dhayradeer (E)
 Dist. Thane-401105
 Phone No : 022 - 61700000

DR. SMITA VALANI
MBBS, D. CARDIOLOGY
 2011/03/01/37

Doctor : *Smita Valani*
DR SMITA VALANI



EMail: 12346030 / AVISH PIMPLE / 34 Yrs / M / 173 Cms / 99 Kg Date: 07 / 04 / 2023 09:39:45 AM

REPORT :

REASON FOR TERMINATION : TARGET HR ACHIEVED
EXERCISE TOLERANCE : GOOD EFFORT TOLERANCE
EXERCISE INDUCED ARRHYTHMIAS : NO ANGINA AND ANGINA EQUIVALENT
HAEMODYNAMIC RESPONSE : GOOD INOTROPIC RESPONSE
CHRONOTROPIC RESPONSE : GOOD CHRONOTROPIC RESPONSE
FINAL IMPRESSION : NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA AT THIS WORKLOAD.
ADV: 2D ECHO

SUBURBAN DIAGNOSTICS (I) PVT. LTD
Shop No. 101-A, 1st Floor, Kshitij Building
Above Raymond, Near Thyagar Hospital
Mira - Bhayander Road, Chaynadar (E)

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DR. SMITA VALANI
MBBS, D. CARDIOLOGY
2011/03/0337

Doctor: DR. SMITA VALANI



SUBURBAN DIAGNOSTICS BHAYANDER

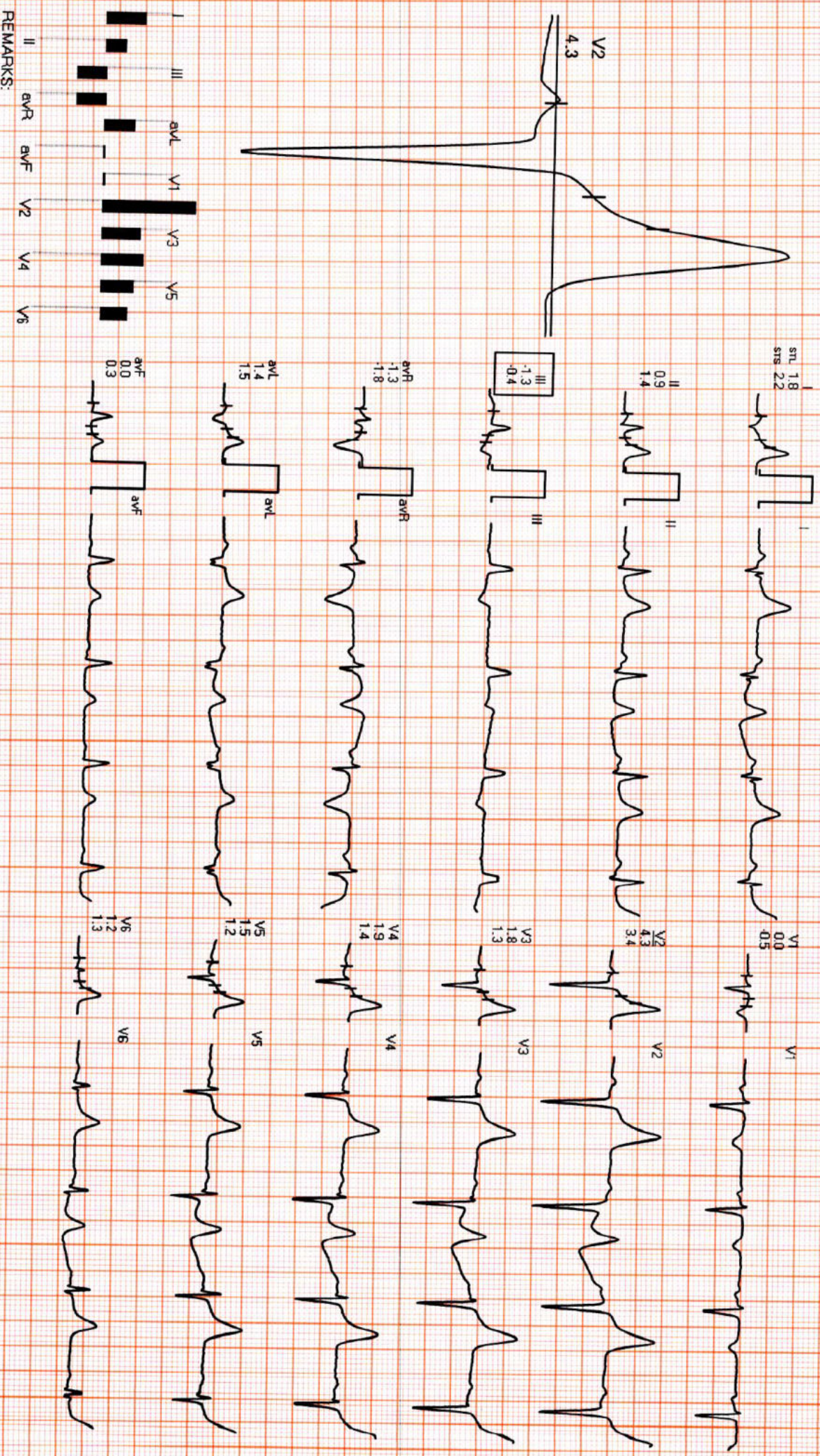
12346030 (2309717392) / AVISH PIMPLE / 34 Yrs / M / 173 Cms / 99 Kg / HR : 66

Date: 07 / 04 / 2023 09:39:45 AM METS: 1.0/ 66 bpm 35% of THR BP: 120/80 mmHg Raw ECG/ ELC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

SUPINE (00:01)
ACHPD

ExtTime: 00:00 0.0 mph, 0.0%

4X 80 ms Post J



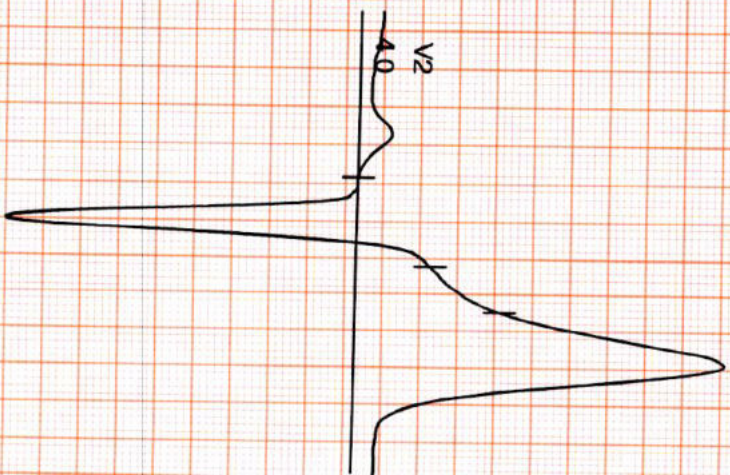
REMARKS:



4X 80 mS Post J

ExTime: 00:00 0.0 mph, 0.0%

25 mm/Sec 1.0 Ch/My



REMARKS:

I 1.5
STL 1.5
STB 1.1

II 0.7
0.6

III -0.8
-0.5

aVR -1.1
-0.9

aVL 1.1
0.8

aVF 0.0
0.0
0.1

V1 0.4
-0.1

V2 4.0
2.5

V3 3.0
1.9

V4 2.3
1.6

V5 1.8
1.2

V6 1.8
0.7



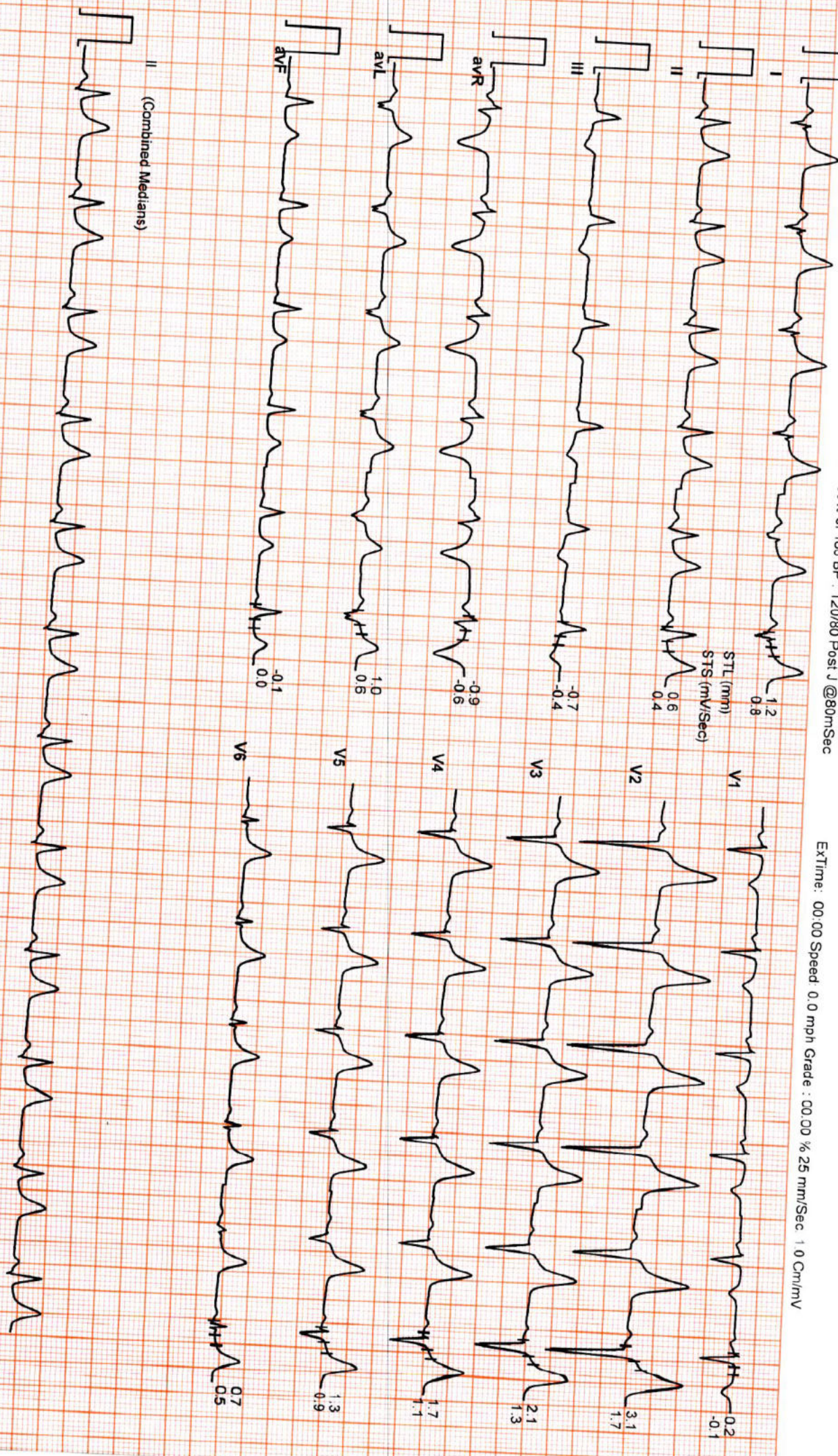
SUBURBANDIGNOSTICS BHAYANDER

12346030 / AVISH PIMPLE / 34 Yrs / Male / 173 Cm / 99 Kg

Date: 07 / 04 / 2023 09:39:45 AM METS : 1.0 HR : 72 Target HR : 39% of 186 BP : 120/80 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

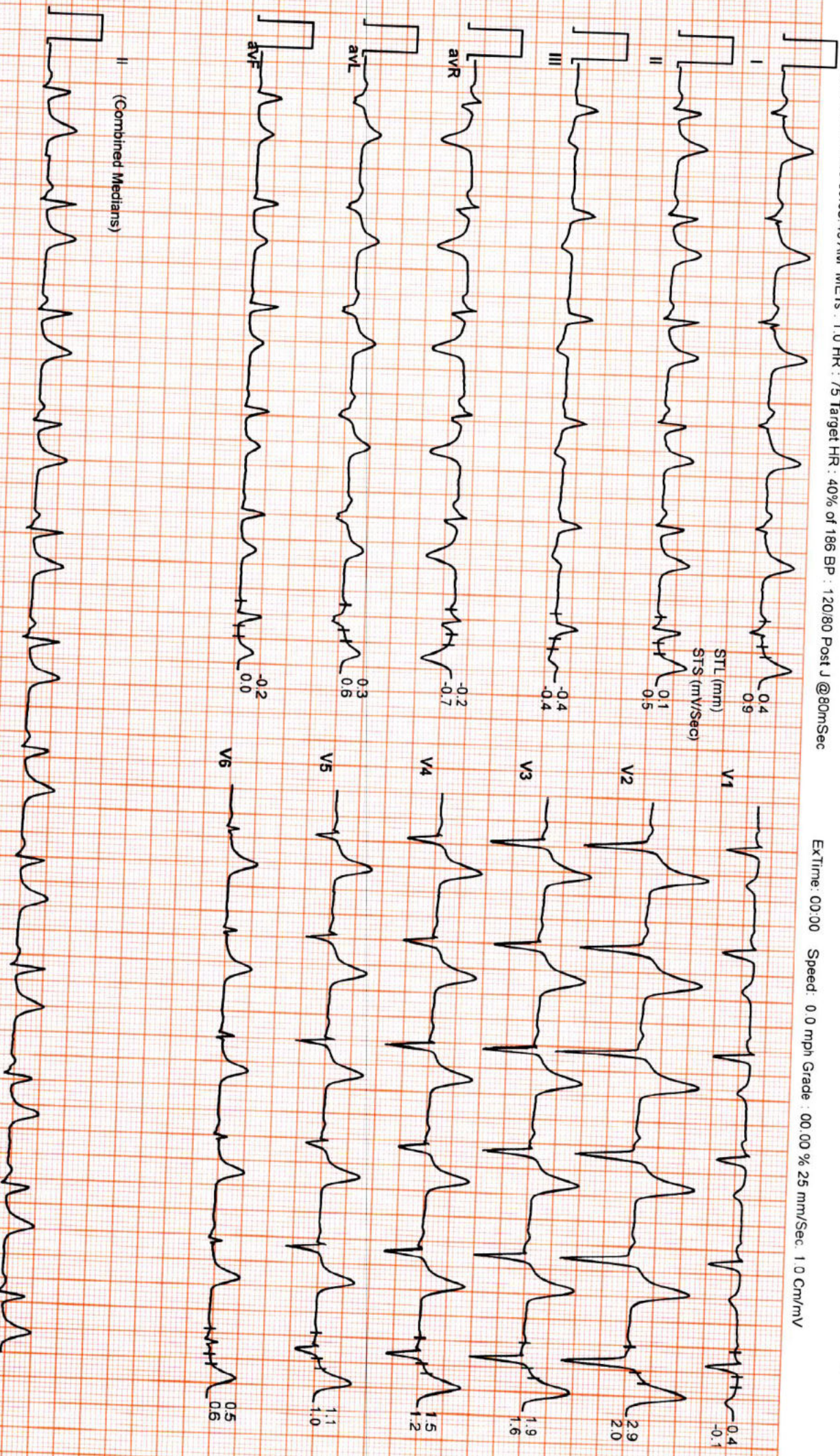
12346030 / AVISH PIMPLE / 34 Yrs / Male / 173 Cm / 99 Kg

Date: 07 / 04 / 2023 09:39:45 AM METs : 1.0 HR : 75 Target HR : 40% of 186 BP : 120/80 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



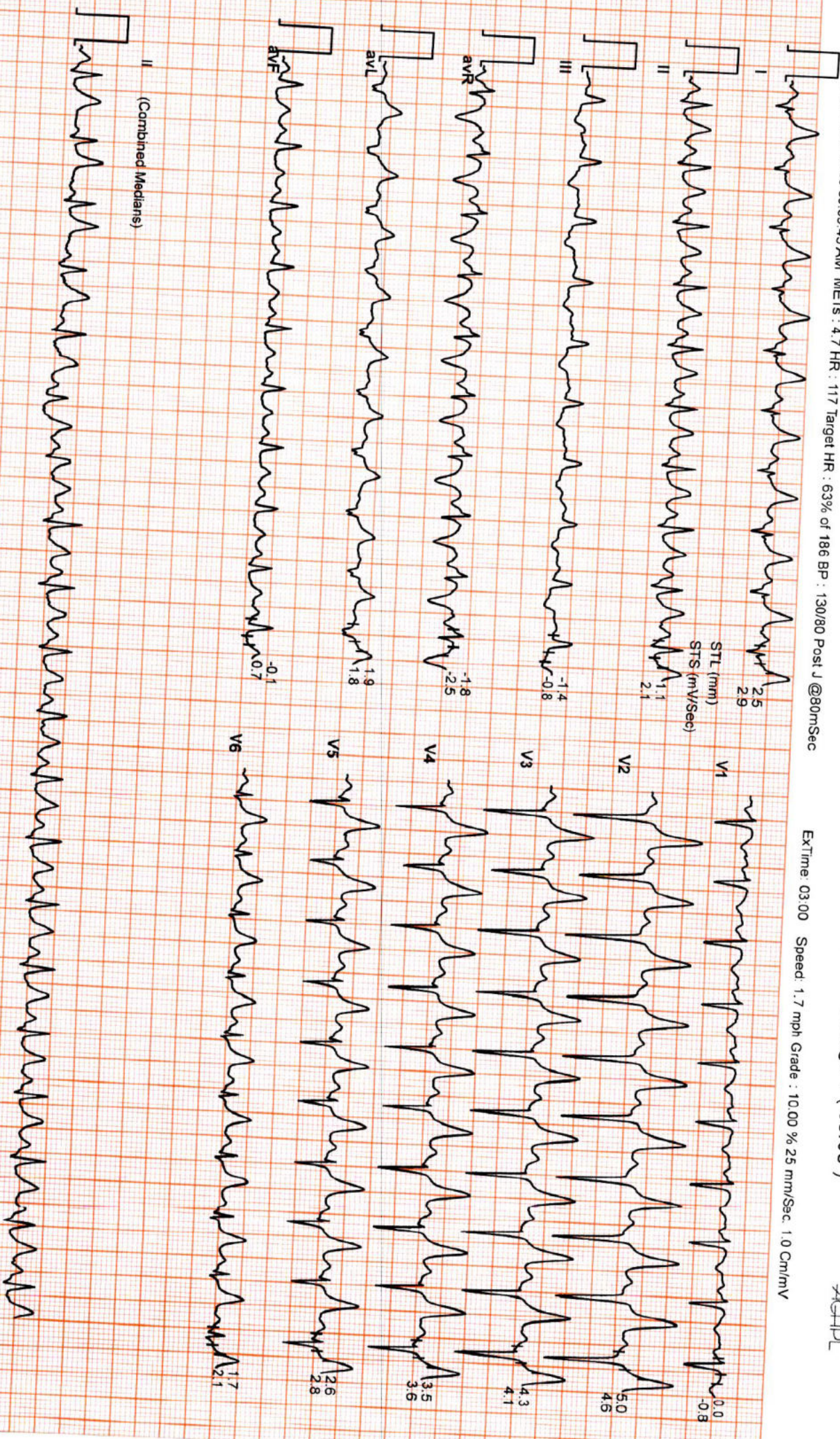
SUBURBAN DIAGNOSTICS BHAYANDER

12346030 / AVISH PIMPLE / 34 Yrs / Male / 173 Cm / 99 Kg

Date: 07 / 04 / 2023 09:39:45 AM METs : 4.7 HR : 117 Target HR : 63% of 186 BP : 130/80 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



SUBURBAN DIAGNOSTICS BHAYANDER

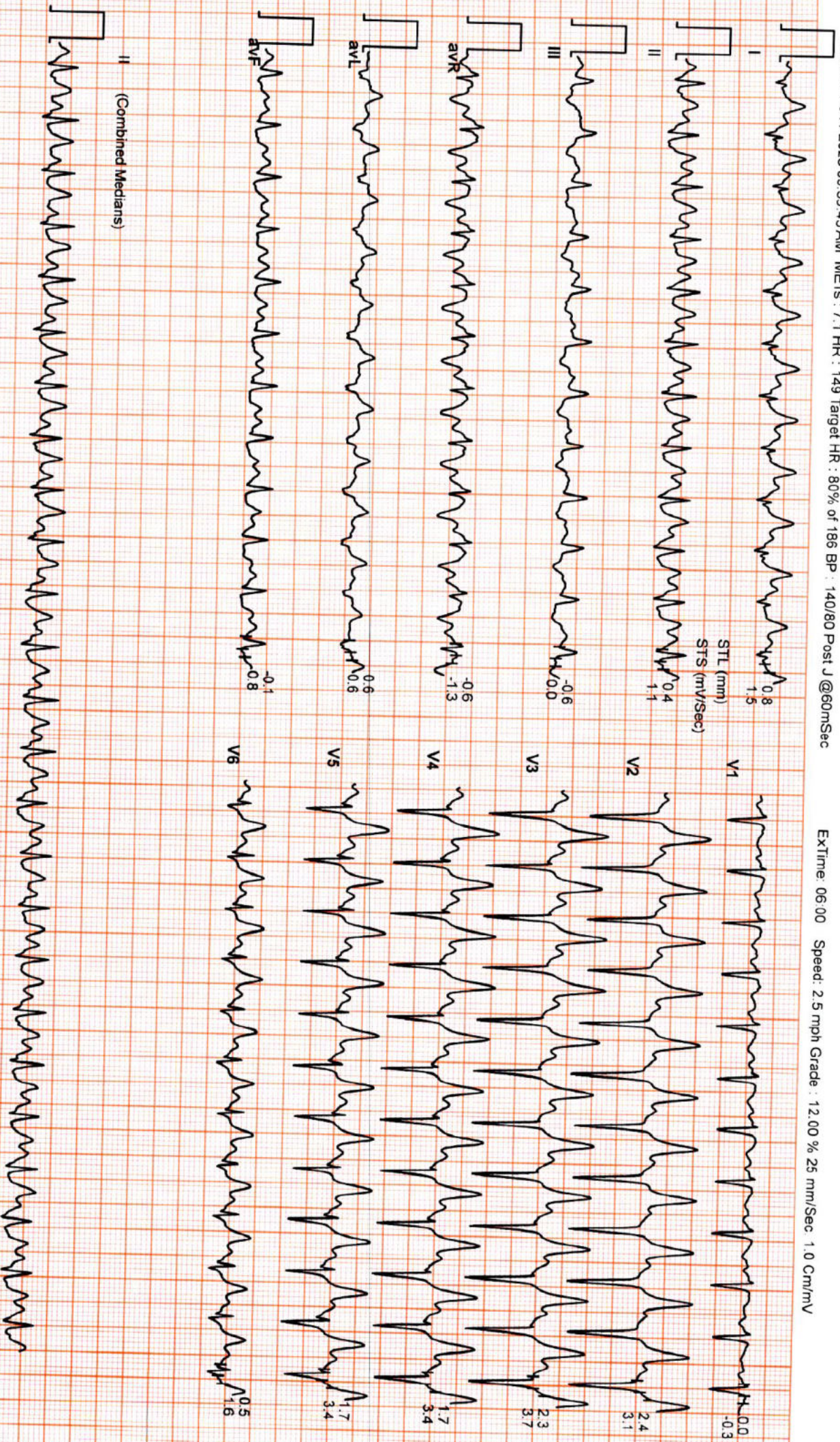
12346030 / AVISH PIMPLE / 34 Yrs / Male / 173 Cm / 99 Kg

Date: 07 / 04 / 2023 09:39:45 AM METs : 7.1 HR : 149 Target HR : 80% of 186 BP : 140/80 Post J @60mSec

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

6X2 Combine Medians + 1 Rhythm

BRUCE : Stage 2 (03:00)



SUBURBAN DIGNOSTICS BHAYANDER

12346030 / AVISH PIMPLE / 34 Yrs / Male / 173 Cm / 99 Kg

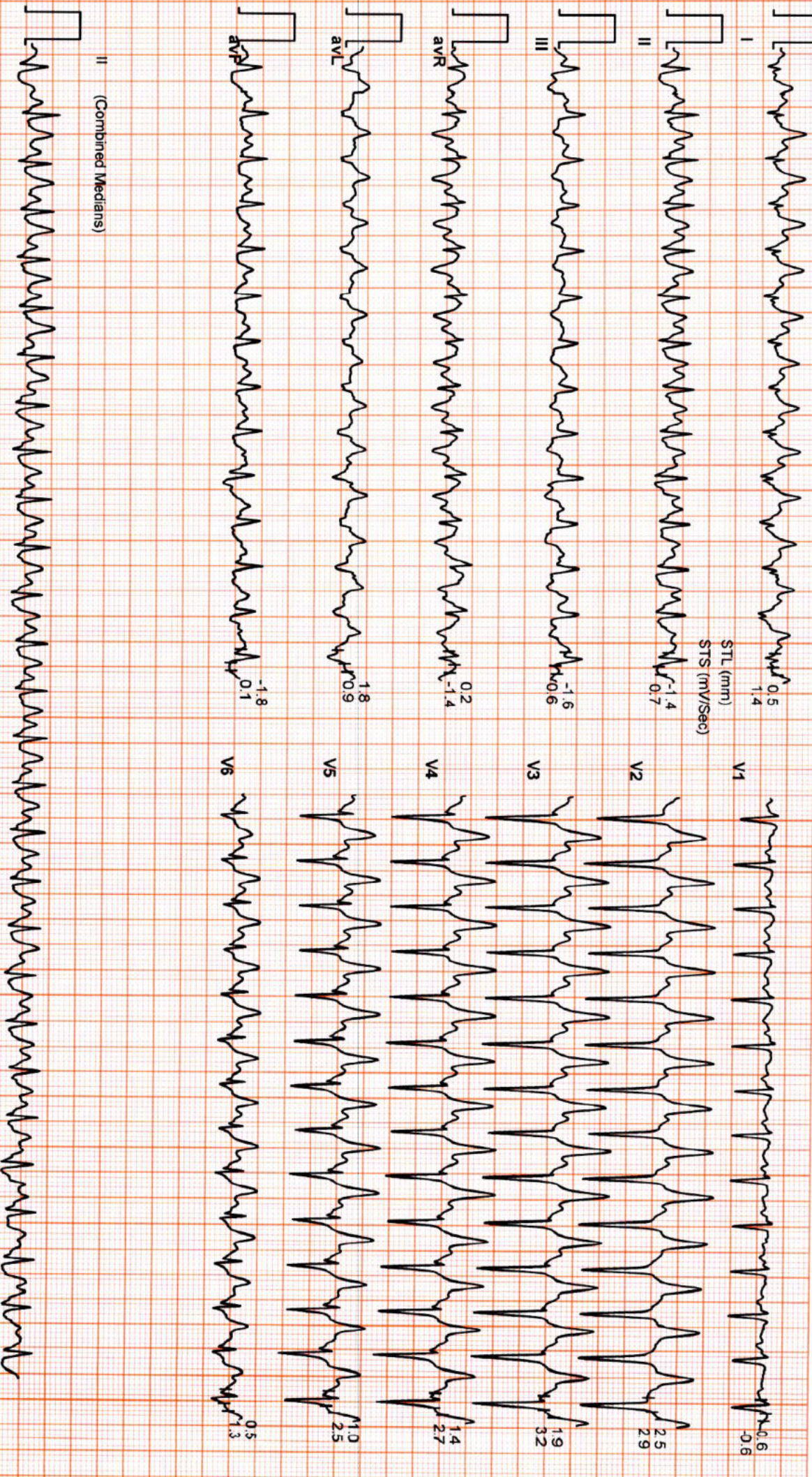
6X2 Combine Medians + 1 Rhythm

PeakEx



Date: 07 / 04 / 2023 09:39:45 AM METs : 8.2 HR : 169 Target HR : 91% of 186 BP : 140/80 Post J @60mSec

ExTime: 07:01 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec 1.0 Cm/mv



SUBURBAN DIGNOSTICS BHAYANDER

12346030 / AVISH PIMPLE / 34 Yrs / Male / 173 Cm / 99 Kg

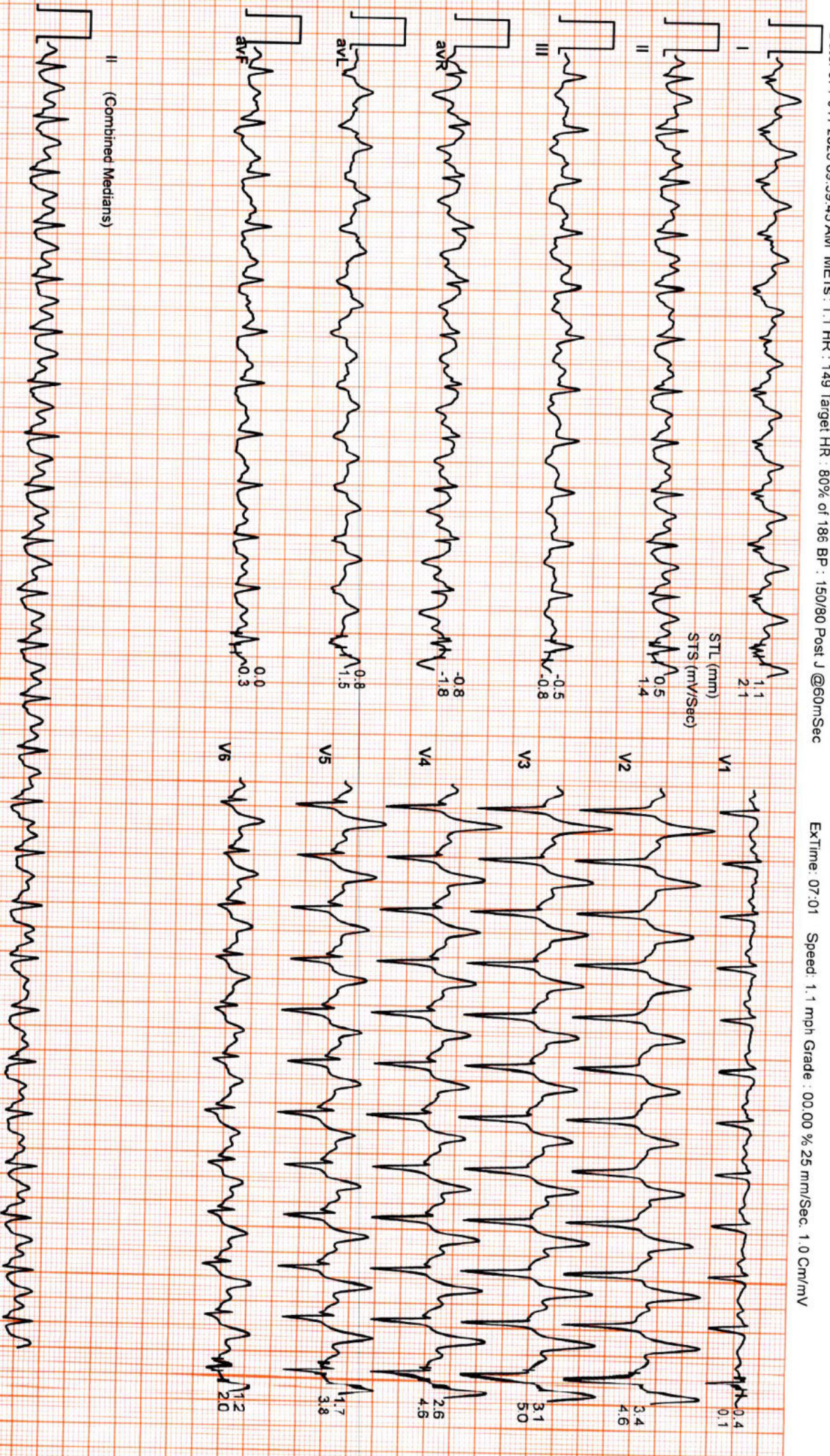
6X2 Combine Medians + 1 Rhythm

Recovery : (01:00)



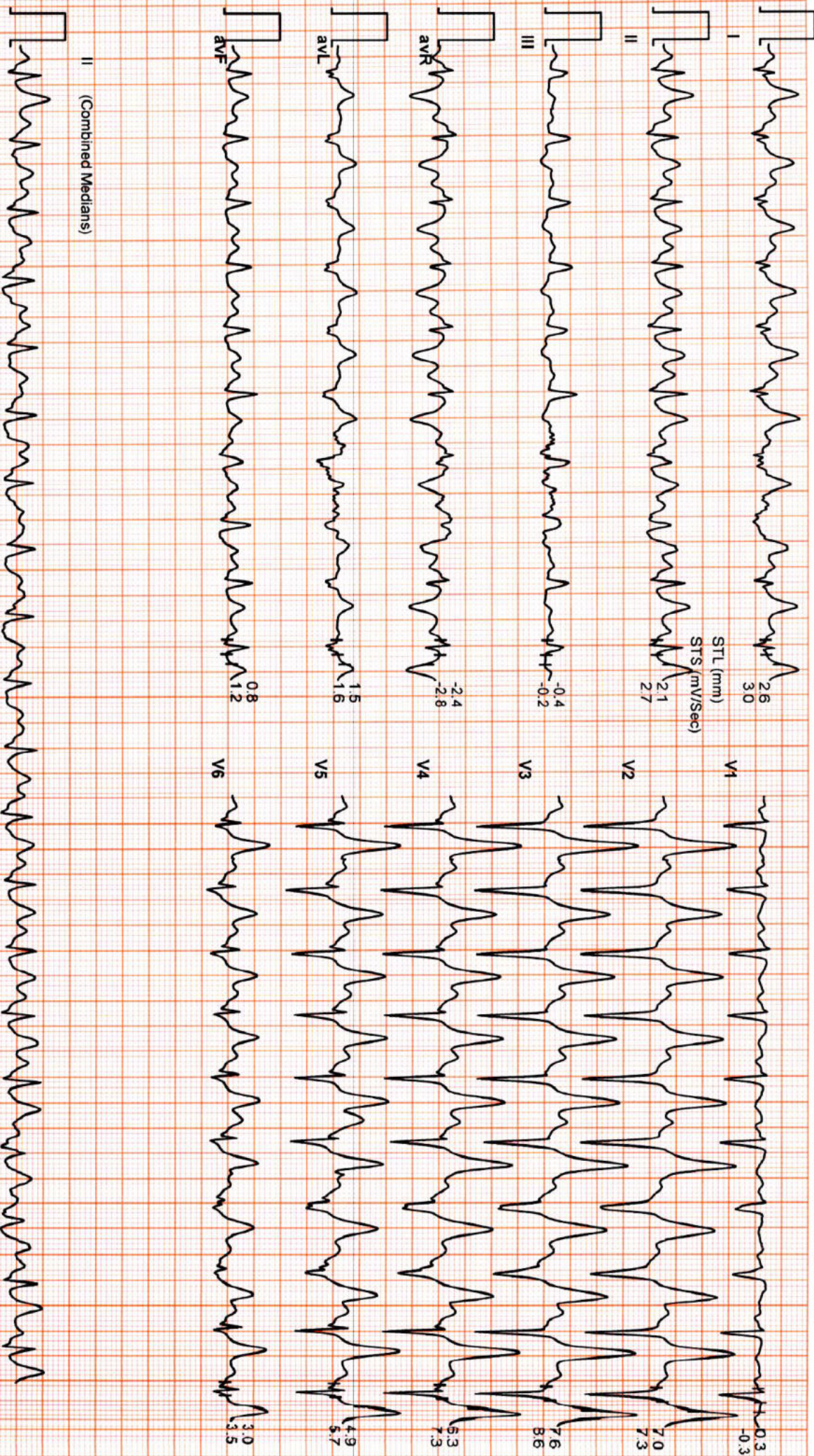
Date: 07 / 04 / 2023 09:39:45 AM METS : 1.1 HR : 149 Target HR : 80% of 186 BP : 150/80 Post J @60mSec

ExTime: 07:01 Speed: 1.1 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



Date: 07 / 04 / 2023 09:39:45 AM METs : 1.0 HR : 120 Target HR : 65% of 186 BP : 140/80 Post J @80mSec

ExTime: 07:01 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIGNOSTICS BHAYANDER

12346030 / AVISH PIMPLE / 34 Yrs / Male / 173 Cm / 99 Kg

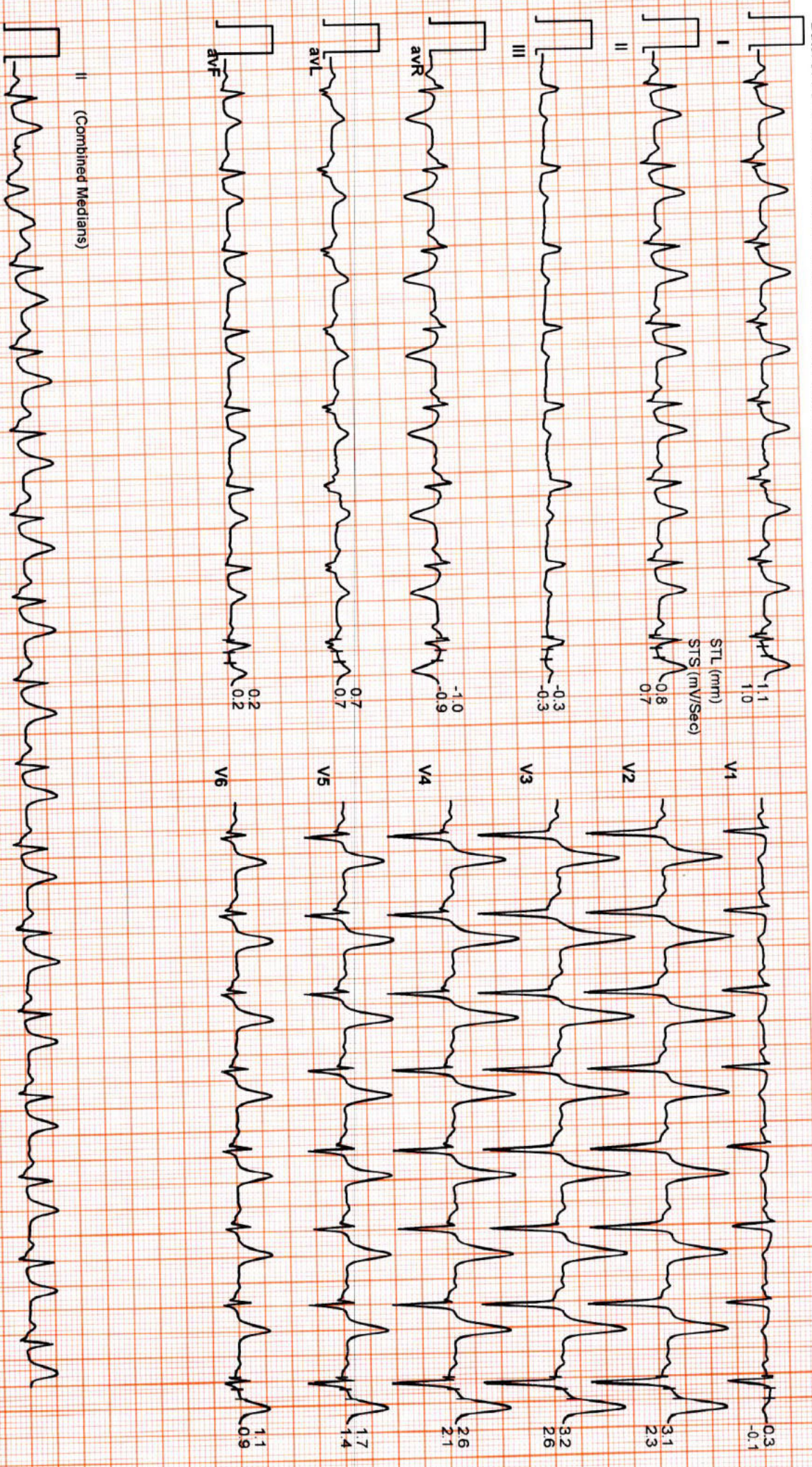
6X2 Combine Medians + 1 Rhythm

Recovery : (04:00)



Date: 07 / 04 / 2023 09:39:45 AM METs : 1.0 HR : 94 Target HR : 51% of 186 BP : 120/80 Post J @80mSec

EXTime: 07:01 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV



SUBURBAN DIAGNOSTICS BHAYANDER

12346030 / AVISH PIMPLE / 34 Yrs / Male / 173 Cm / 99 Kg

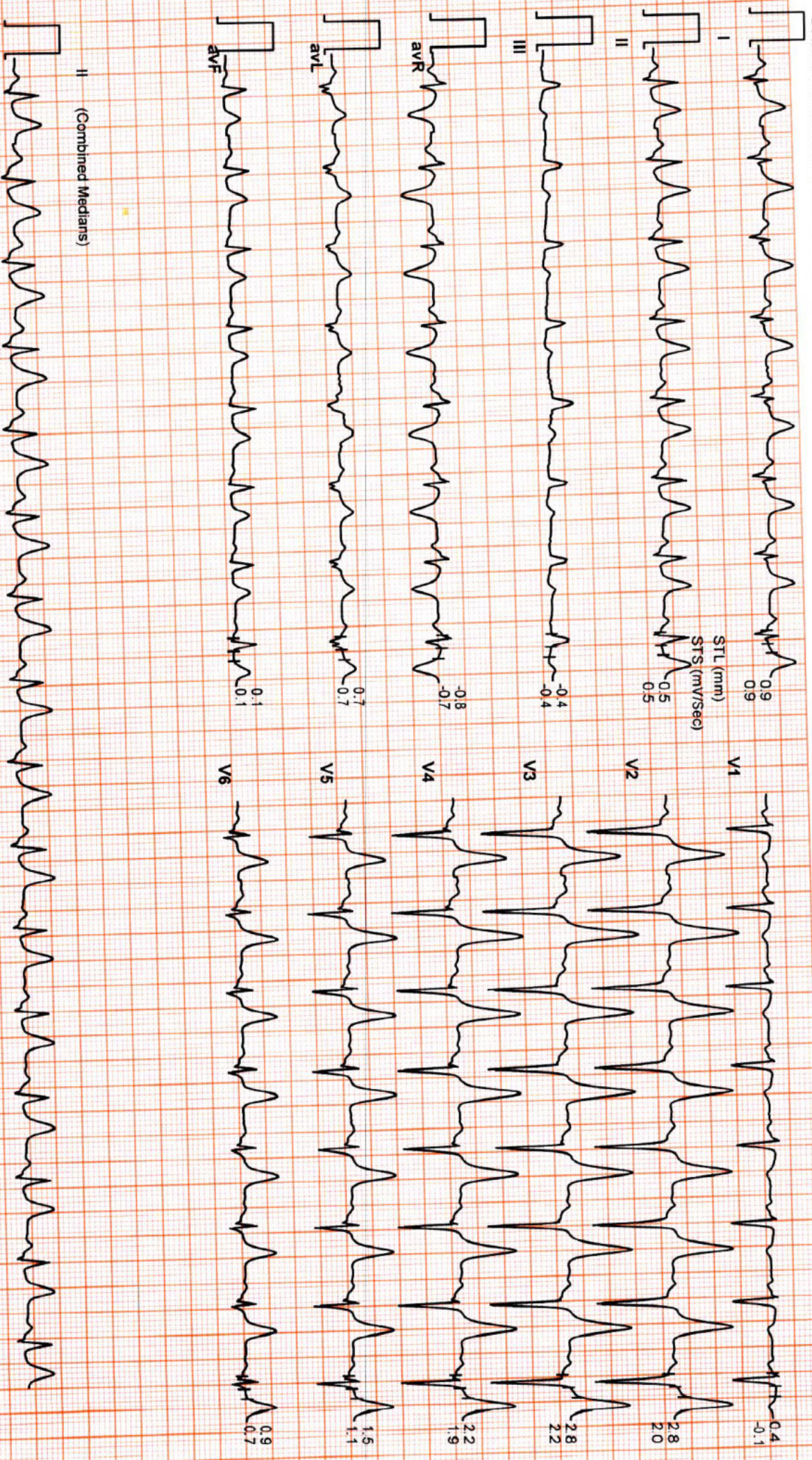
Date: 07 / 04 / 2023 09:39:45 AM METs : 1.0 HR : 97 Target HR : 52% of 166 BP : 120/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm

Recovery : (04:09)



ExtTime: 07:01 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec: 1.0 Cm/mV





CID : 2309717392
Name : Mr AVISH PIMPLE
Age / Sex : 34 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 07-Apr-2023
Reported : 07-Apr-2023/11:52

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (14.9 cm), shape and shows smooth margins. It shows normal parenchymal echotexture. No obvious cystic or solid lesion made out in the parenchyma. The intra hepatic biliary and portal radicals appear normal. The main portal vein appears normal.

GALL BLADDER:

The gall bladder is folded and physiologically distended. Neck region is not well visualised. Gall bladder wall appears normal. No evidence of calculus or mass lesions seen in the visualised lumen.

COMMON BILE DUCT:

The visualized common bile duct is normal in calibre. Terminal common bile duct is obscured due to bowel gas artefacts.

PANCREAS:

Head and body of pancreas appears normal. Tail region is obscured due to overlying bowel gas shadows. No evidence of solid or cystic mass lesion seen in the visualised pancreas.

KIDNEYS:

Right kidney measures 11.2 x 4.9 cm. Left kidney measures 11.3 x 6.0 cm. Both the kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. No evidence of any calculus, hydronephrosis or mass lesion seen on both sides.

SPLEEN:

The spleen is normal in size (10.7 cm) and echotexture. No evidence of focal lesion is noted.

URINARY BLADDER:

The urinary bladder is well distended and reveals no intraluminal abnormality. Bladder wall appears normal. No obvious calculus or mass lesion made out in the lumen.

PROSTATE:

The prostate is normal in size, measures 3.8 x 2.9 x 3.3 cms and weighs 19.9 gms. Parenchymal echotexture is normal. No obvious mass or calcification made out.

There is no evidence of any lymphadenopathy or ascites.



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IMPRESSION:

➤ **No significant abnormality made out.**

Kindly correlate clinically.

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

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

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



Use a QR Code Scanner
Application To Scan the Code

CID : 2309717392
Name : Mr AVISH PIMPLE
Age / Sex : 34 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 07-Apr-2023
Reported : 07-Apr-2023/11:52



CID : 2309717392
Name : Mr AVISH PIMPLE
Age / Sex : 34 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 07-Apr-2023
Reported : 07-Apr-2023/10:48

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-----

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



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CID : 2309717392
Name : Mr AVISH PIMPLE
Age / Sex : 34 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 07-Apr-2023
Reported : 07-Apr-2023/10:48