



CID : 2308421698  
Name : MR.GOVIND KUMAR  
Age / Gender : 39 Years / Male  
Consulting Dr. : -  
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 25-Mar-2023 / 09:40  
Reported : 25-Mar-2023 / 14:32

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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>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	14.4	13.0-17.0 g/dL	Spectrophotometric
RBC	6.12	4.5-5.5 mil/cmm	Elect. Impedance
PCV	49.0	40-50 %	Measured
MCV	80.0	80-100 fl	Calculated
MCH	23.6	27-32 pg	Calculated
MCHC	29.5	31.5-34.5 g/dL	Calculated
RDW	16.9	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6370	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	25.8	20-40 %	
Absolute Lymphocytes	1643.5	1000-3000 /cmm	Calculated
Monocytes	7.3	2-10 %	
Absolute Monocytes	465.0	200-1000 /cmm	Calculated
Neutrophils	64.3	40-80 %	
Absolute Neutrophils	4095.9	2000-7000 /cmm	Calculated
Eosinophils	2.6	1-6 %	
Absolute Eosinophils	165.6	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	152000	150000-400000 /cmm	Elect. Impedance
MPV	12.0	6-11 fl	Calculated
PDW	19.4	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			



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Hypochromia	Mild
Microcytosis	Occasional
Macrocytosis	-
Anisocytosis	Mild
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Elliptocytes-occasional
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	Megaplatelets seen on smear
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR                          4                          2-15 mm at 1 hr.                          Sedimentation

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



*Amit Taori*  
**Dr. AMIT TAORI**  
**M.D ( Path )**  
**Pathologist**



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Collected : 25-Mar-2023 / 09:40  
Reported : 25-Mar-2023 / 13:26

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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	94.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	69.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.3	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.12	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.18	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	5.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	1.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.8	1 - 2	Calculated
SGOT (AST), Serum	27.0	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	53.6	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	32.3	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	107.3	40-130 U/L	PNPP
BLOOD UREA, Serum	19.2	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	9.0	6-20 mg/dl	Calculated



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Collected : 25-Mar-2023 / 13:38  
Reported : 25-Mar-2023 / 18:56

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CREATININE, Serum	0.89	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	101	>60 ml/min/1.73sqm	Calculated

Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation

URIC ACID, Serum	5.5	3.5-7.2 mg/dl	Uricase
------------------	-----	---------------	---------

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



*Amit Taori*

**Dr.AMIT TAORI**  
**M.D ( Path )**  
**Pathologist**



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Collected : 25-Mar-2023 / 09:40  
Reported : 25-Mar-2023 / 13:37

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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	5.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	105.4	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 G B Road Lab, Thane West

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



*Amit Taori*

**Dr.AMIT TAORI**  
**M.D ( Path )**  
**Pathologist**



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Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 25-Mar-2023 / 09:40  
Reported : 25-Mar-2023 / 17:07

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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)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<b>CHEMICAL EXAMINATION</b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b>MICROSCOPIC EXAMINATION</b>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	

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 G B Road Lab, Thane West

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

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Reported : 25-Mar-2023 / 14:50

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

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

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

Specimen: EDTA Whole Blood and/or serum

**Clinical significance:**

ABO system is most important of all blood group in transfusion medicine

**Limitations:**

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

**References:**

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

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

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

*Amit Taori*

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**M.D ( Path )**  
**Pathologist**





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Consulting Dr. : -  
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 25-Mar-2023 / 09:40  
Reported : 25-Mar-2023 / 13:27

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	216.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	168.6	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	37.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	179.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	145.0	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	34.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.9	0-3.5 Ratio	Calculated

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

*Amit Taori*

**Dr.AMIT TAORI**  
**M.D ( Path )**  
**Pathologist**



MC-5314





CID : 2308421698  
Name : MR.GOVIND KUMAR  
Age / Gender : 39 Years / Male  
Consulting Dr. : -  
Reg. Location : Thane Kasarvadavali (Main Centre)

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Reported : 25-Mar-2023 / 14:24

**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	5.1	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.3	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.72	0.35-5.5 microIU/ml	ECLIA



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Collected : 25-Mar-2023 / 09:40  
Reported : 25-Mar-2023 / 14:24

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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)

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



*Amit Taori*

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**Pathologist**

Issue Date: 27/09/2011



भारत सरकार  
Government of India



गोविन्द कुमार  
Govind Kumar  
जन्म तिथि/DOB: 06/01/1984  
लिंग/ GENDER: MALE

6828 9610 1962  
VMD : 9196 0008 8896 1118  
भारत सरकार, सशस्त्र बल



Date:

To,  
**Suburban Diagnostics (India) Private Limited**  
Shop No.6, Fenkin Belleza, Ghodbunder Rd,  
opp. M.K. Plaza, Kasarvadavali,  
Thane, Maharashtra 400607

**SUBJECT- TO WHOMSOEVER IT MAY CONCERN**

Dear Sir/ Madam,

This is to inform you that I, Myself Mr/ Mrs/ Ms. Govind Kumar  
don't want to performed the following tests:

- 1) Stool RIm
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_

CID No. & Date : 2308421698 / 25.03.23

Corporate/ TPA/ Insurance Client Name : Arcofemi Healthcare Ltd.

Thanking you.

Yours sincerely,

(Mr/Mrs/Ms. Govind Kumar)

**PHYSICAL EXAMINATION REPORT**

Patient Name	Mr. Govind Kumar	Sex/Age	M / 39 yrs
Date	25/03/2023	Location	KASARVADAVALI

**History and Complaints**

• No chest / respiratory symptoms  
 • No cough / cold  
 • No fever / HTN  
 • No HbSP / No Sx  
 • Durr during (on/off)  
 • Acidity & Bloating

**EXAMINATION FINDINGS:**

Height	166	Temp (0c):	} NAD
Weight	77	Skin:	
Blood Pressure	130 / 80	Nails:	
Pulse	70/min	Lymph Node:	

**Systems :**

Cardiovascular:	} NAD
Respiratory:	
Genitourinary:	
GI System:	
CNS:	

**Impression:**

↑ SGPT - 53.6  
 ↑ TC, TG, NonHDL & LDL  
 Hepatomegaly to mild fatty liver.

**ADVICE :**

• Regular exercise & wt loss of 10 kgs required  
 • Avoid fried, fatty food & Nonveg diet  
 • Consult physician

**CHIEF COMPLAINTS :**

1)	Hypertension:	} No	
2)	IHD		
3)	Arrhythmia		
4)	Diabetes Mellitus		
5)	Tuberculosis		
6)	Asthma	} Diet allergy	
7)	Pulmonary Disease		
8)	Thyroid/ Endocrine disorders		
9)	Nervous disorders		
10)	GI system		
11)	Genital urinary disorder		} No
12)	Rheumatic joint diseases or symptom		
13)	Blood disease or disorder		
14)	Cancer/lump growth/cyst		
15)	Congenital disease		
16)	Surgeries		

**PERSONAL HISTORY:**

1)	Alcohol	=	Occasionally
2)	Smoking	=	Stopped since 3 yrs
3)	Diet	=	Mixed
4)	Medication	=	None (no)

*Dr. Kavir H. Shah*  
M.B.B.S., D.CARD.  
No. 2488



Date : 25/03/2023

CID :

Name : Ms. Govind Kumar

Sex/Age : M/34yr

### EYE CHECK UP

Chief complaints : Nil

Systematic Diseases : Nil

Past History : Nil

Unaided Vision :  
} Rt Eye = 6/6  
} Lt Eye = 6/6

Aided Vision : Nil

Refraction : Nil

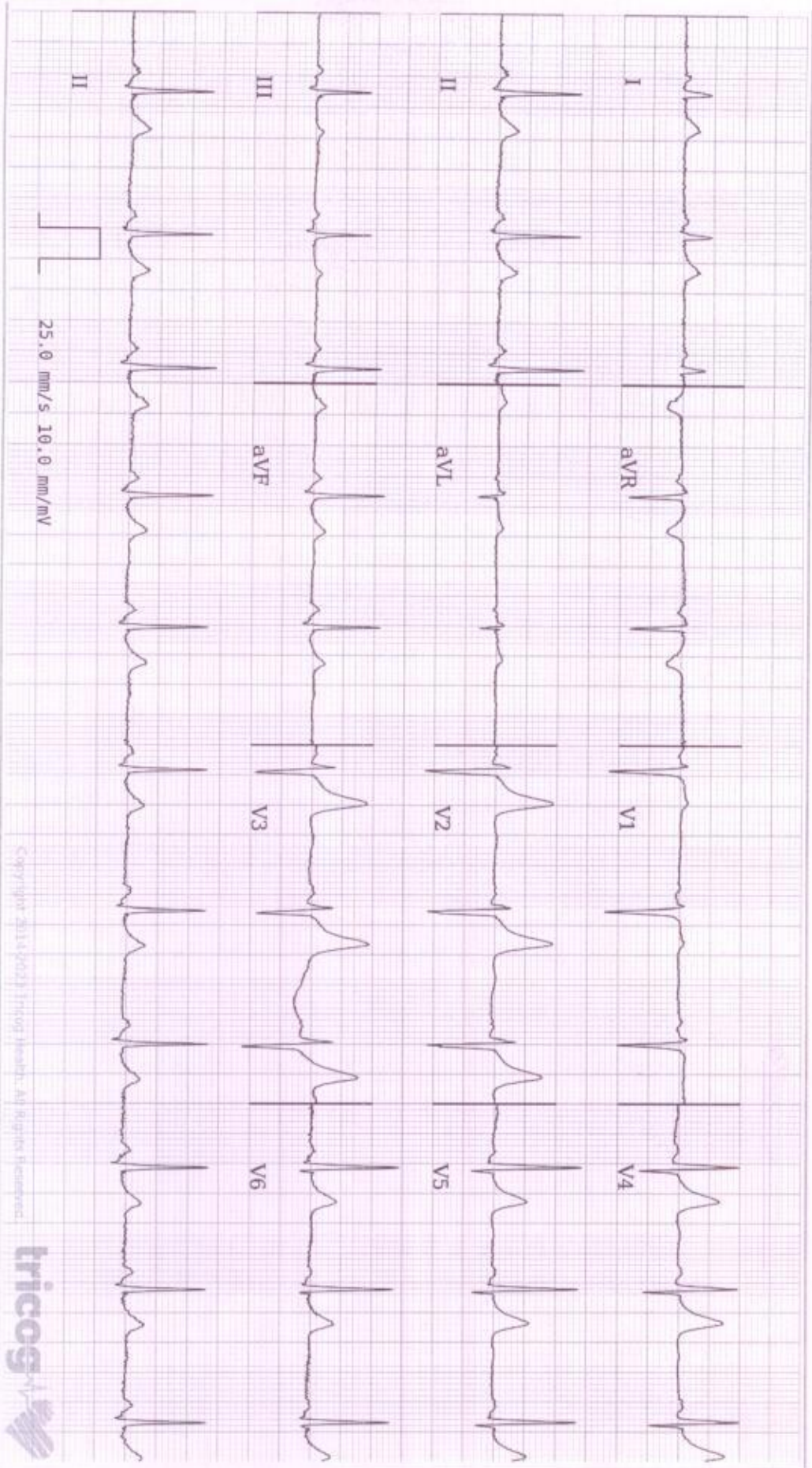
Colour Vision : Normal colour vision

Remarks : Normal vision



Patient Name: GOVIND KUMAR  
 Patient ID: 2308421698

**SUBURBAN DIAGNOSTICS - THANE KASARAVADAVALI**  
 Date and Time: 25th Mar 23 10:25 AM



25.0 mm/s 10.0 mm/mV

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Age **39** **2** **19**  
 years months days

Gender **Male**

Heart Rate **68bpm**

Patient Vitals

BP: 130/80 mmHg  
 Weight: 77 kg  
 Height: 166 cm  
 Pulse: NA  
 SpO2: NA  
 Resp: NA  
 Others:

Measurements

QRSD: 84ms  
 QT: 362ms  
 QTc: 384ms  
 PR: 136ms  
 P-R-T: 66° 71° 49°

ECG Within Normal Limits: Sinus Rhythm. Normal axis. Please correlate clinically.

REPORTED BY

Dr. Kavay Shah  
 MBBS, D.C.A.R.D  
 2009/103488

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are extracted by the clinician and not derived from the ECG.



## SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

**Patient Details**                      **Date:** 25-Mar-23                      **Time:** 10:51:13 AM  
**Name:** MR. GOVIND KUMAR ID: 2308421698  
**Age:** 39 y                                      **Sex:** M                                      **Height:** 166 cms                                      **Weight:** 77 Kgs  
**Clinical History:**    Acidity and bloating

**Medications:** Pan 40

### Test Details

**Protocol:** Bruce                                      **Pr.MHR:** 181 bpm                                      **THR:** 153 (85 % of Pr.MHR) bpm  
**Total Exec. Time:** 7 m 30 s                      **Max. HR:** 158 ( 87% of Pr.MHR )bpm                      **Max. Mets:** 10.20  
**Max. BP:** 170 / 80 mmHg                      **Max. BP x HR:** 26860 mmHg/min                      **Min. BP x HR:** 5280 mmHg/min  
**Test Termination Criteria:** THR achieved

### 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 : 15	1.0	0	0	94	130 / 80	-0.64 aVR	3.54 V3
Standing	0 : 11	1.0	0	0	66	130 / 80	-0.64 aVR	3.54 V3
Hyperventilation	0 : 26	1.0	0	0	67	130 / 80	-0.42 aVR	2.83 V3
1	3 : 0	4.6	1.7	10	112	150 / 80	-2.34 I	-5.66 I
2	3 : 0	7.0	2.5	12	137	160 / 80	-0.85 aVF	4.60 V3
Peak Ex	1 : 30	10.2	3.4	14	158	170 / 80	-1.49 V5	5.31 V3
Recovery(1)	1 : 0	1.8	1	0	131	170 / 80	-0.85 III	5.66 V3
Recovery(2)	1 : 0	1.0	0	0	119	160 / 80	-1.06 III	5.31 V4
Recovery(3)	1 : 0	1.0	0	0	93	150 / 80	-0.85 II	4.25 V4
Recovery(4)	1 : 0	1.0	0	0	91	140 / 80	-0.64 aVF	3.18 V4
Recovery(5)	0 : 31	1.0	0	0	92	130 / 80	-0.42 aVF	2.83 V4

### Interpretation

The patient exercised according to the Bruce protocol for 7 m 30 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 94 bpm, rose to a max. heart rate of 158 ( 87% of Pr.MHR ) bpm. Resting blood Pressure 130 / 80 mmHg, rose to a maximum blood pressure of 170 / 80 mmHg.

Baseline ECG s/o Normal Sinus Rhythm.  
 No significant ST - T changes during exercise and recovery.  
 No evidence of arrhythmias.  
 Normal haemodynamic response.  
 Good effort tolerance.

**IMPRESSION:** Stress test is **NEGATIVE** for inducible ischemia at moderate workload. **DISCLAIMER:** Negative stress test does not rule out coronary artery disease and positive stress test is suggestive but not confirmatory of coronary artery disease. Hence clinical co-relation is mandatory.

Ref. Doctor: CORPORATE

( Summary Report edited by user )



**Dr. Kavin H. Shah**  
 M.B.B.S., D.CARD.  
 MMC Regd. No.3488

**Doctor: Dr. Kavin Shah**

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MR. GOVIND KUMAR (39 M)

ID: 2308421698

Date: 25-Mar-23

Exec Time : 0 m 0 s

Stage Time : 0 m 9 s

HR: 74 bpm

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0%

(THR: 153 bpm)

B.P: 130 / 80

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

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

0.4 0.7

0.2 0.0

0.4 1.1

0.6 0.7

0.0 0.0

2.3 2.1

-0.2 -0.7

2.3 2.1

0.0 0.0

1.9 2.1

0.2 0.4

1.5 1.4

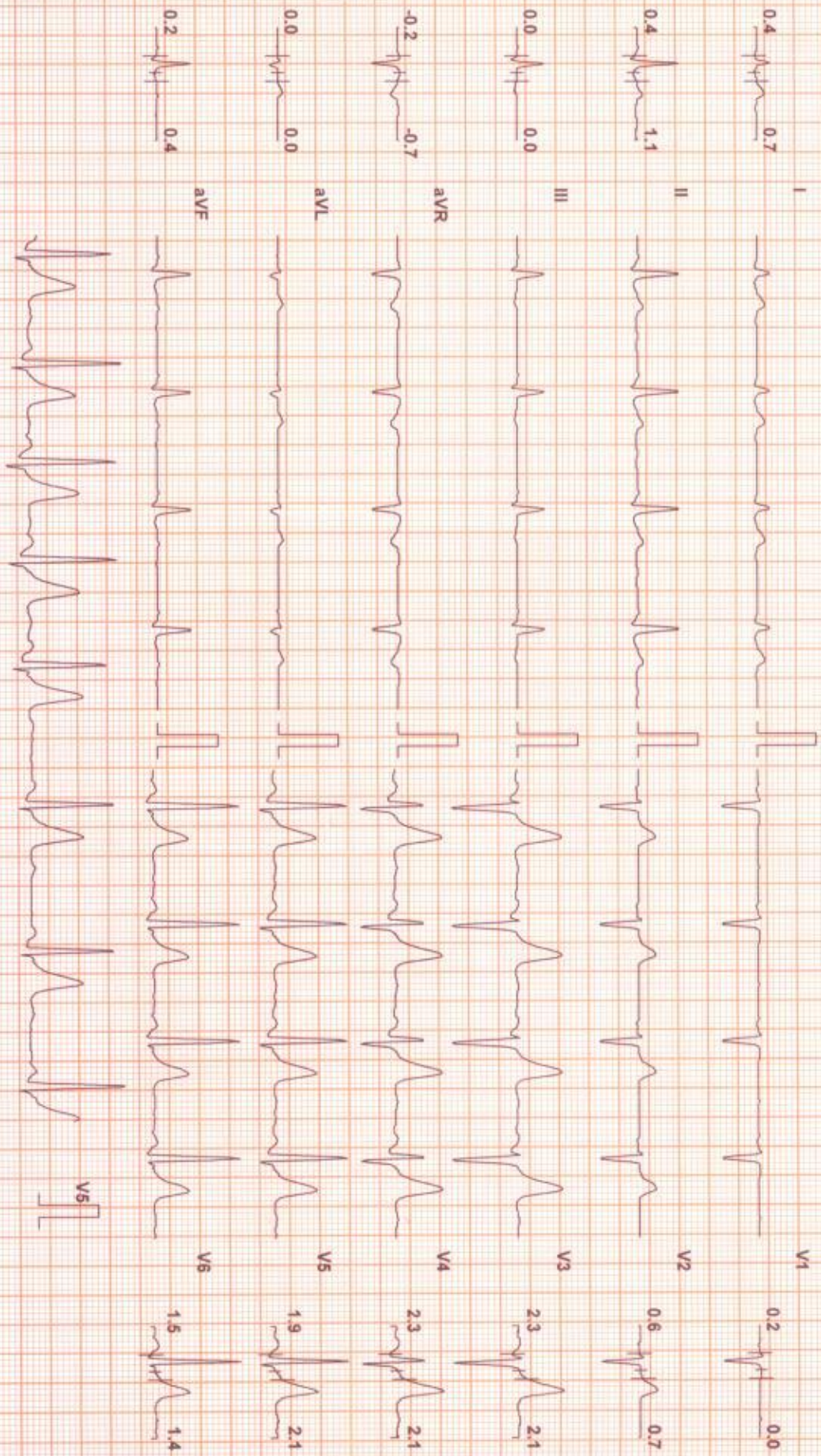


Chart Speed: 25 mm/sec  
Schmitt Spandah V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

150 = R - 50 ms

J = R + 50 ms

Post J = J + 60 ms  
Linked Median



MR. GOVIND KUMAR (39 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2308421698

Date: 25-Mar-23

Exec Time : 0 m 0 s

Stage Time : 0 m 5 s

HR: 66 bpm

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

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 153 bpm)

R.P: 130 / 80

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

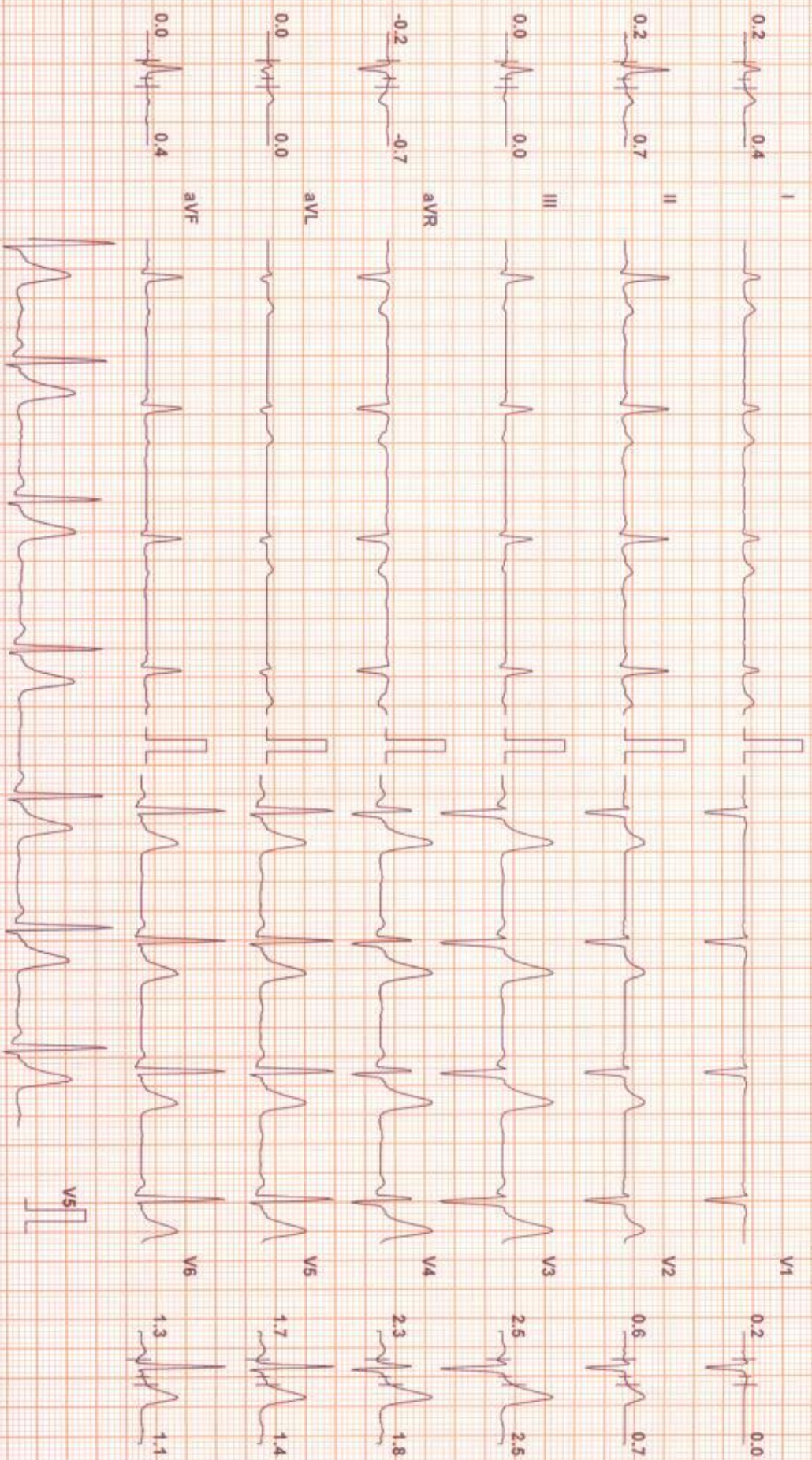


Chart Speed: 25 mm/sec  
Schuler Spandan V 4.7

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. GOVIND KUMAR (39 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2308421698

Date: 25-Mar-23

Exec Time : 0 m 0 s

Stage Time : 0 m 20 s

HR: 75 bpm

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

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 153 bpm)

B.P: 130 / 80

I



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

II



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

III



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

avR



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

avL



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

avF



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

V1



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

V2



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

V3



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

V4



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

V5



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

V6



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

Chart Speed: 25 mm/sec  
Schiller Spandén V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R + 50 ms

J = R + 50 ms

Post J = J + 50 ms

Linked Median



MR. GOVIND KUMAR (39 M)

ID: 2308421698

Date: 25-Mar-23

Exec Time : 2 m 54 s Stage Time : 2 m 54 s

HR: 117 bpm

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 153 bpm)

B.P: 150 / 80

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

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

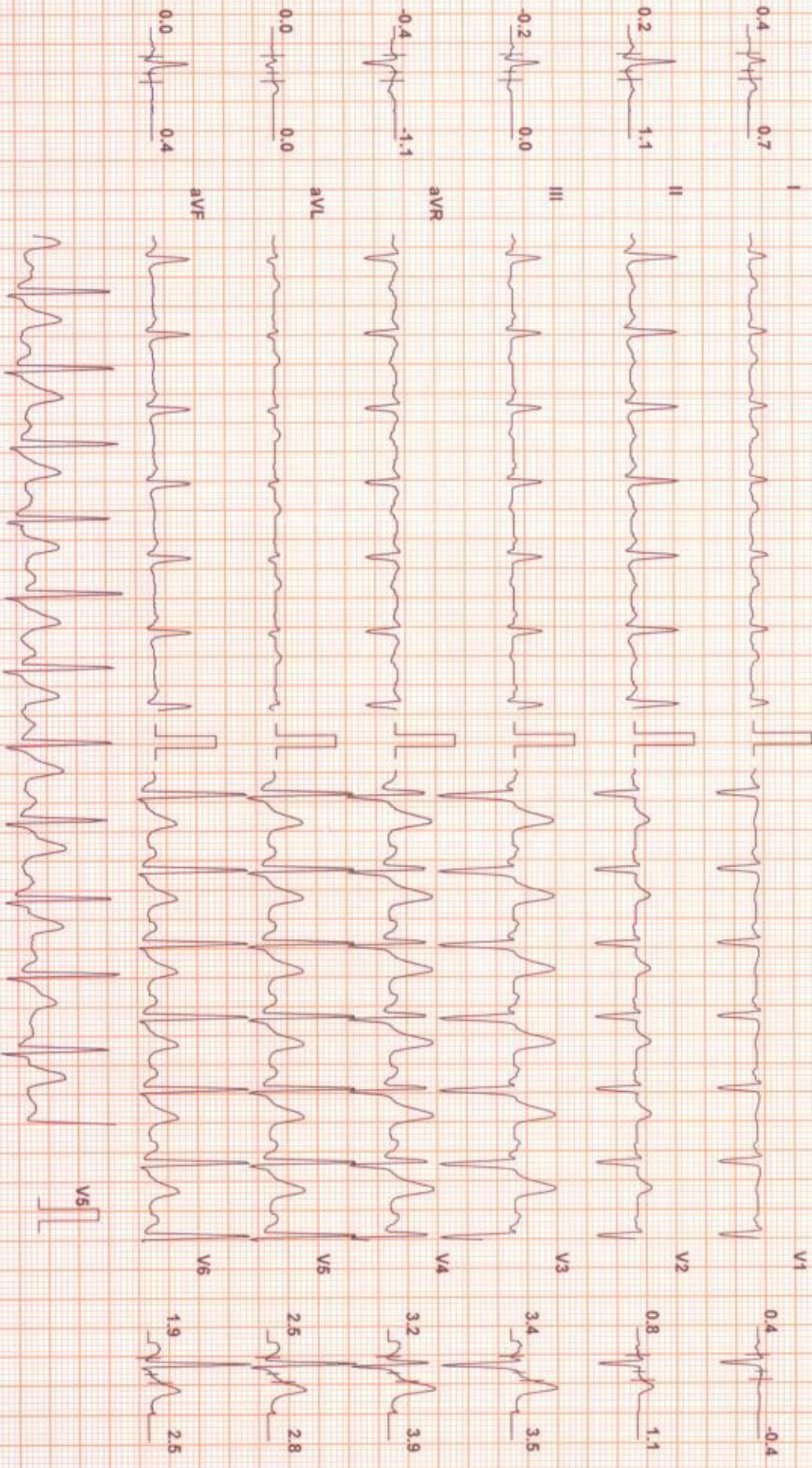


Chart Speed: 25 mm/sec  
Schiller Standard V & 7

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. GOVIND KUMAR (39 M)

ID: 2308421698

Date: 25-Mar-23

Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 138 bpm

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

Stage: 2

Speed 2.5 mph

Grade: 12 %

(THR: 153 bpm)

B.P: 160 / 80

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

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

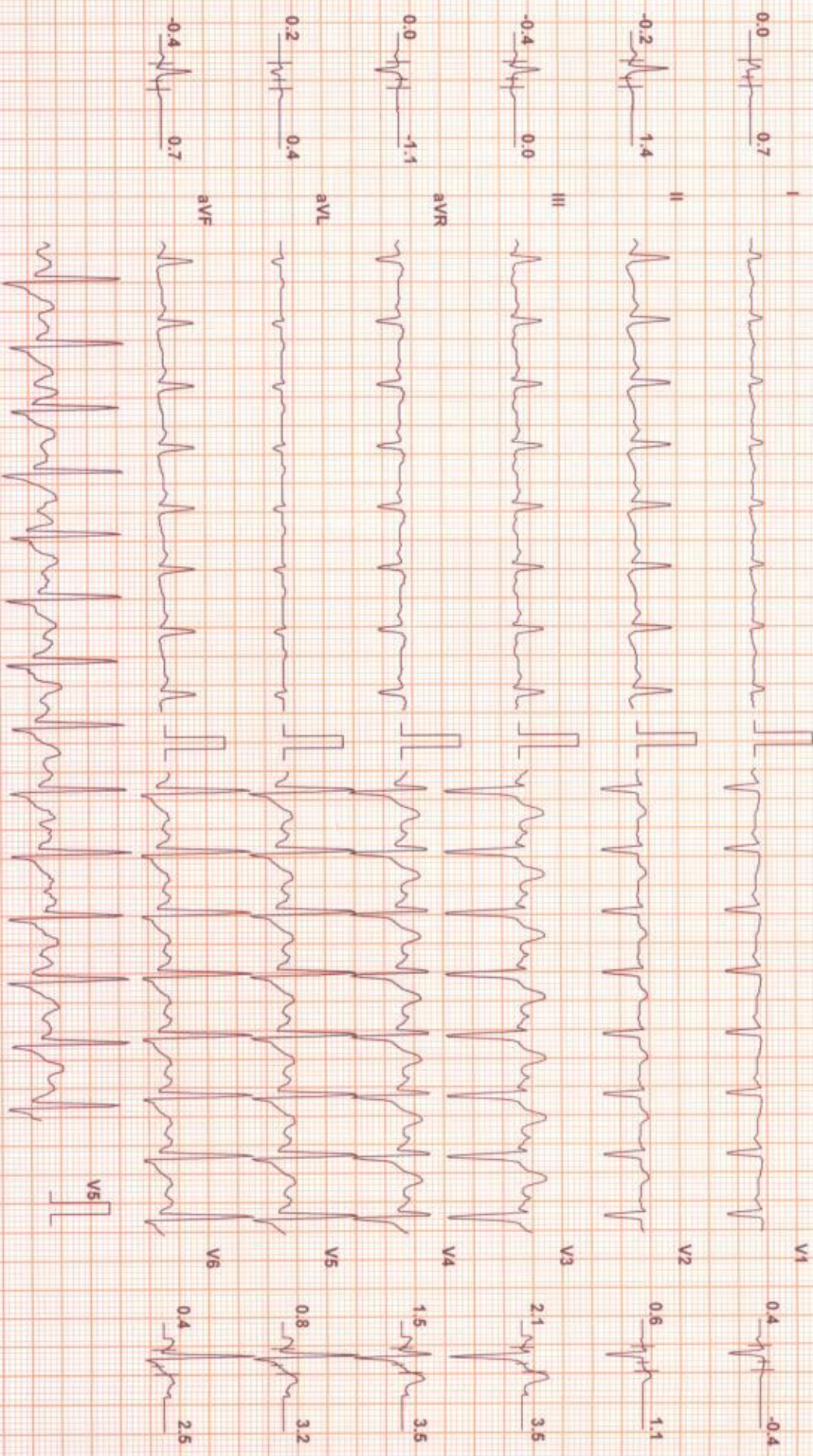


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = L + 60 ms

Linked Median



MR. GOVIND KUMAR (39 M)

ID: 2308421698

Date: 26-Mar-23

Exec Time : 7 m 24 s Stage Time : 1 m 24 s HR: 161 bpm

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 153 bpm)

B.P: 170 / 80

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

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

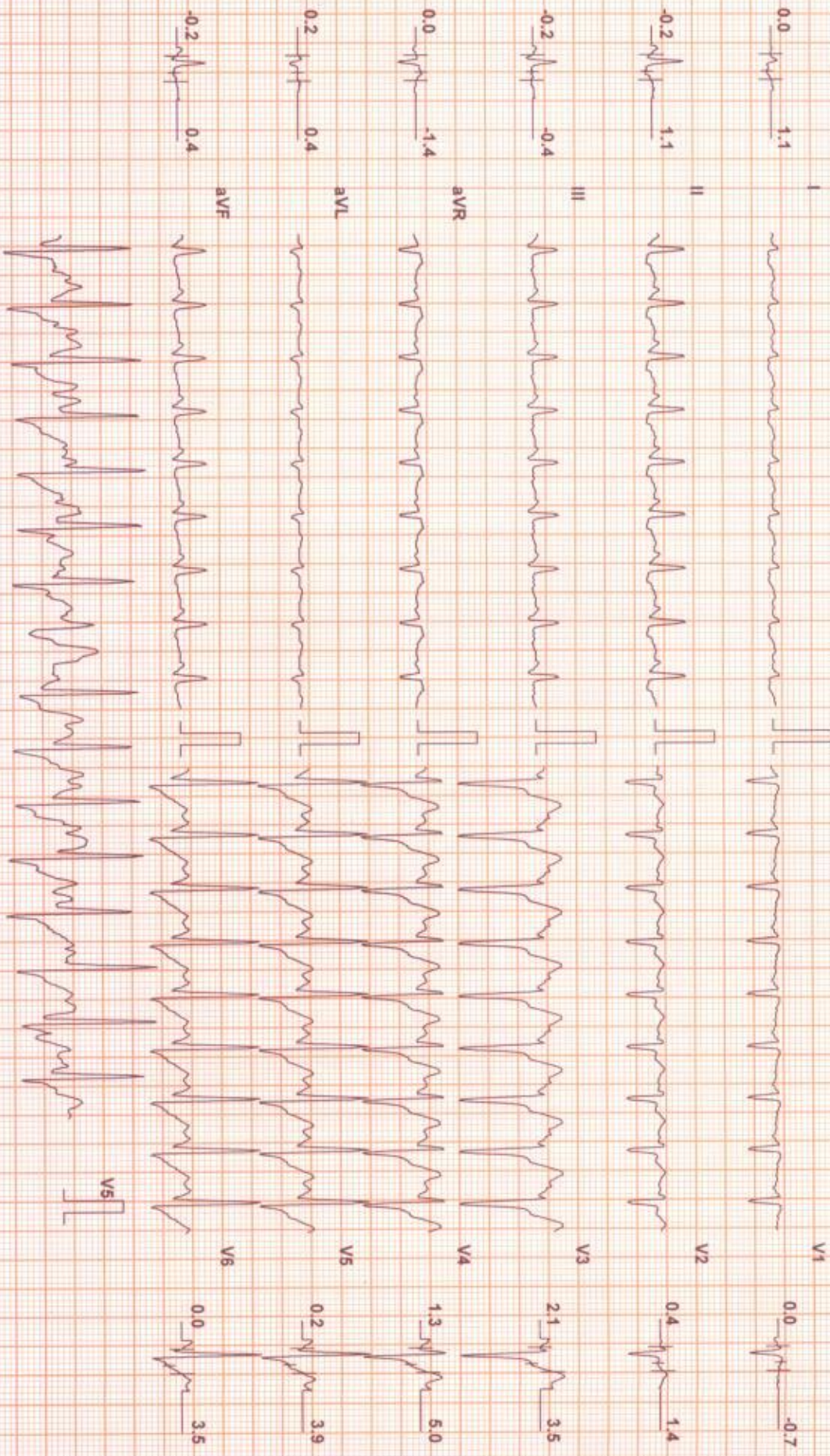


Chart Speed: 25 mm/sec  
 Filter: 35 Hz  
 Mains Fil: ON  
 Amp: 10 mm  
 Iso = R - 60 ms  
 J = R + 60 ms  
 Post J = J + 60 ms  
 Schiller Standard V 4.7  
 Linked Median



MR. GOVIND KUMAR (39 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

ID: 2308421698

Date: 25-Mar-23

Exec Time : 7 m 30 s Stage Time : 0 m 54 s

HR: 135 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 153 bpm)

B.P: 170 / 80

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

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

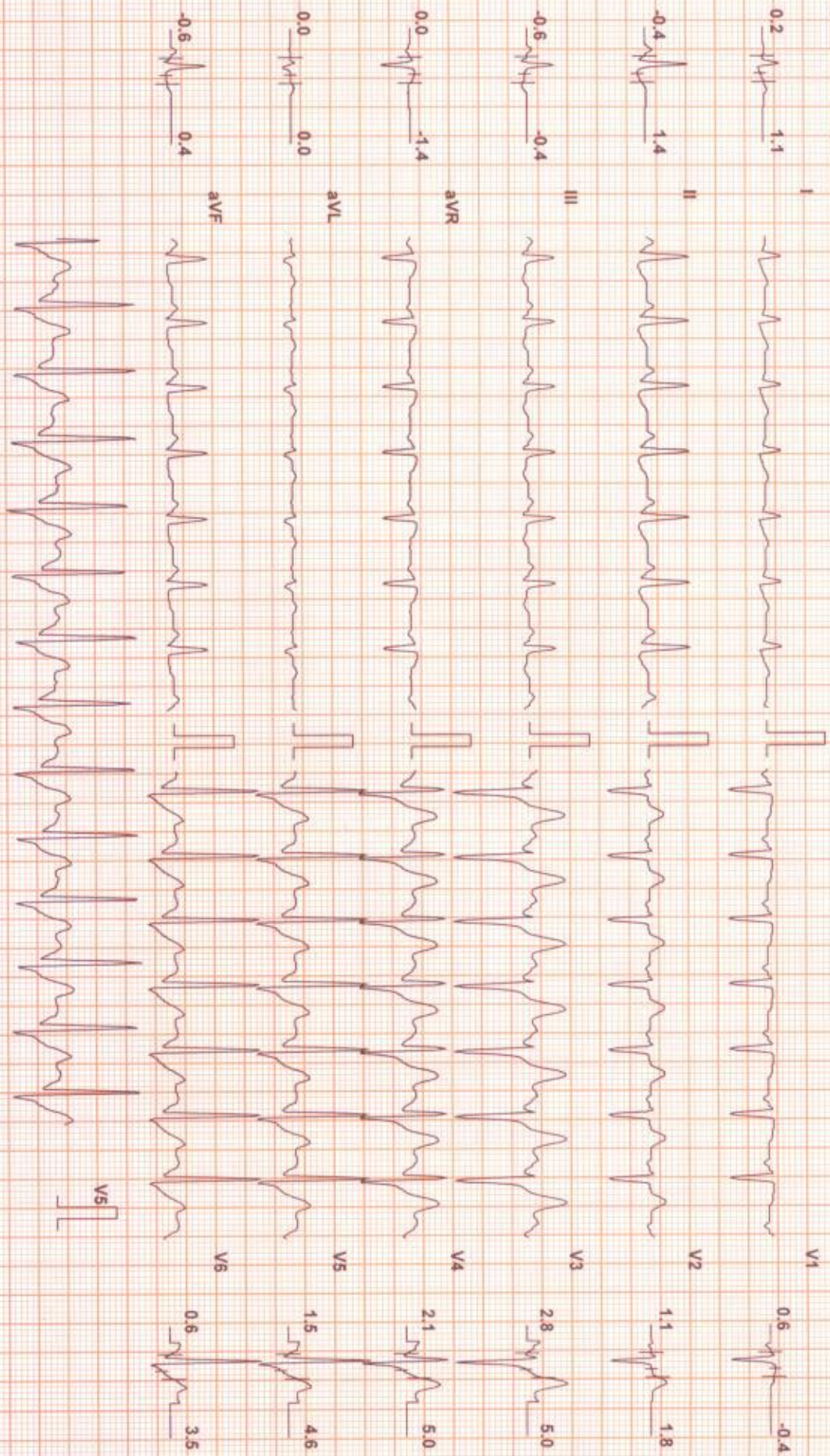


Chart Speed: 25 mm/sec  
 Filter: 35 Hz  
 Mains Filtr: ON  
 Amp: 10 mm  
 Iso = R - 60 ms  
 J = R - 60 ms  
 Post J = J + 60 ms  
 Linked Median





MR. GOVIND KUMAR (39 M)

ID: 2308421698

Date: 25-Mar-23

Exec Time : 7 m 30 s Stage Time : 0 m 54 s HR: 111 bpm

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0%

(THR: 153 bpm)

B.P: 160 / 80

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

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

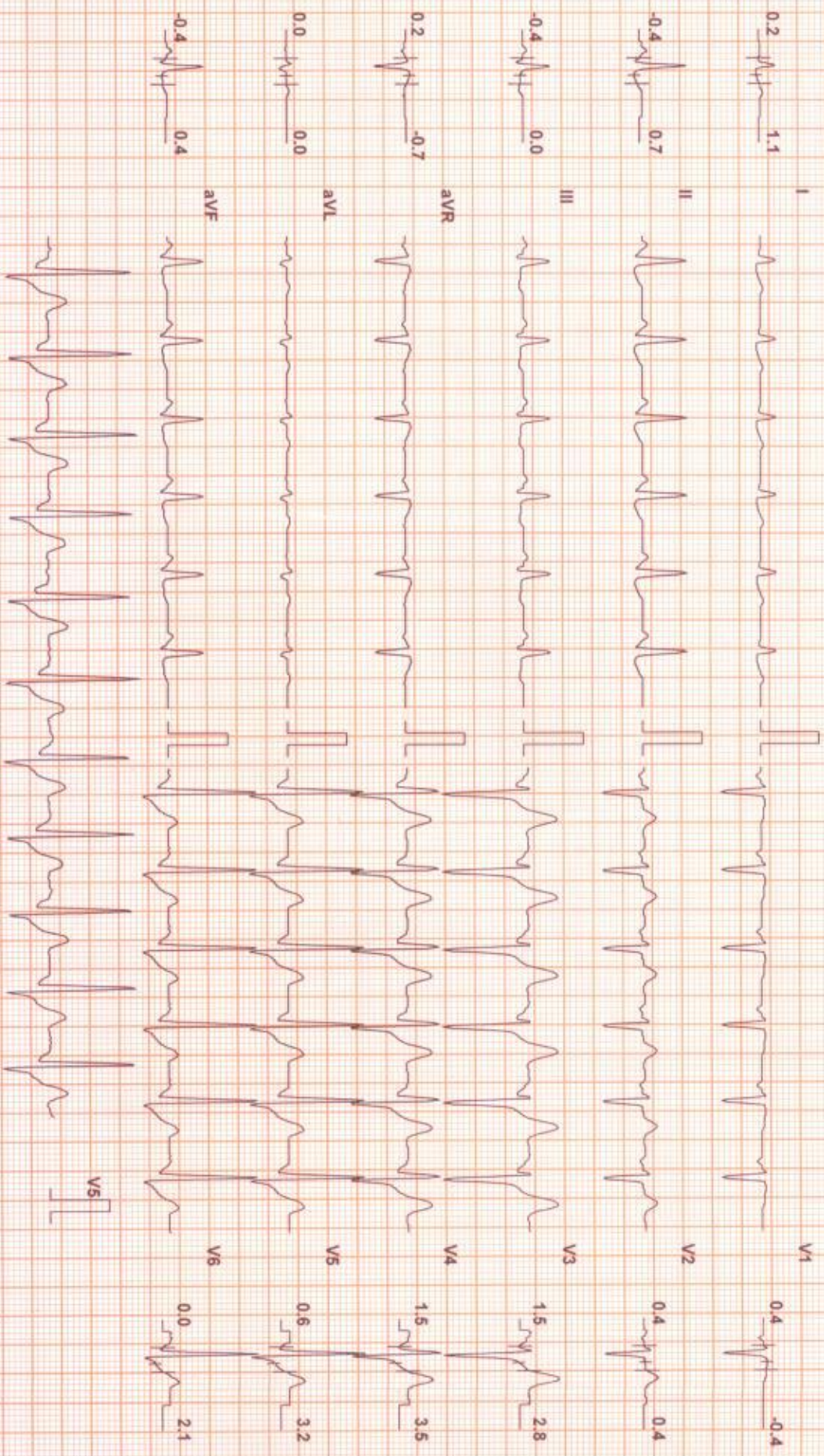


Chart Speed: 25 mm/sec  
Schlier Spandan V 4.7

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. GOVIND KUMAR (39 M)

ID: 2308421698

Date: 25-Mar-23

Exec Time : 7 m 30 s

Stage Time : 0 m 54 s

HR: 91 bpm

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0%

(THR: 153 bpm)

B.P: 150 / 80

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

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

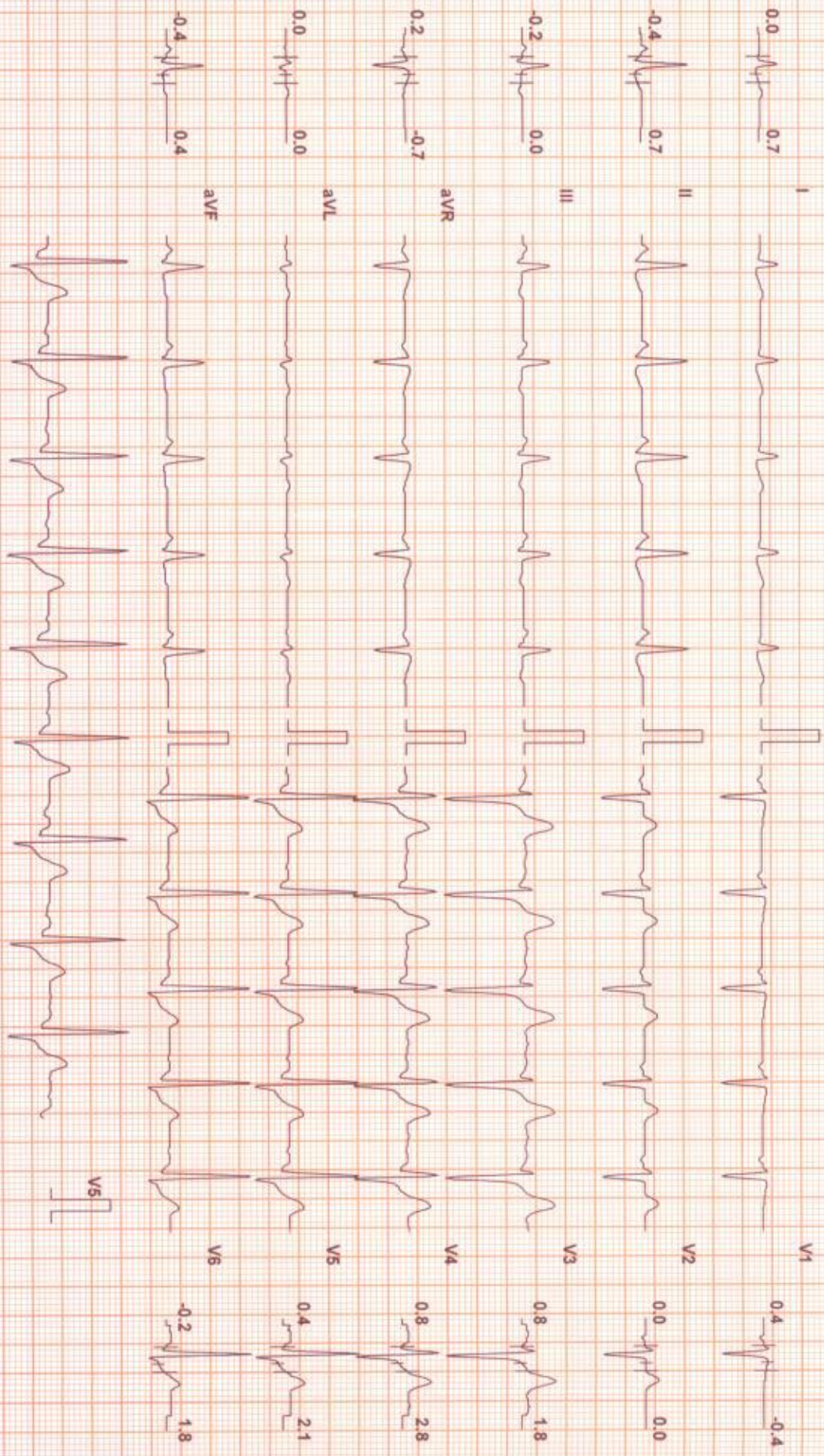


Chart Speed: 25 mm/sec  
Schlier Spanden V47

Filter: 35 Hz

Main Filter: ON

Amp: 10 mm

150 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MR. GOVIND KUMAR (39 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

ID: 2308421698

Date: 25-Mar-23

Exec Time : 7 m 30 s

Stage Time : 0 m 54 s

HR: 89 bpm

Protocol: Bruce

Stage: Recovery(4)

Speed: 0 mph

Grade: 0 %

(THR: 153 bpm)

B.P: 140 / 80

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

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

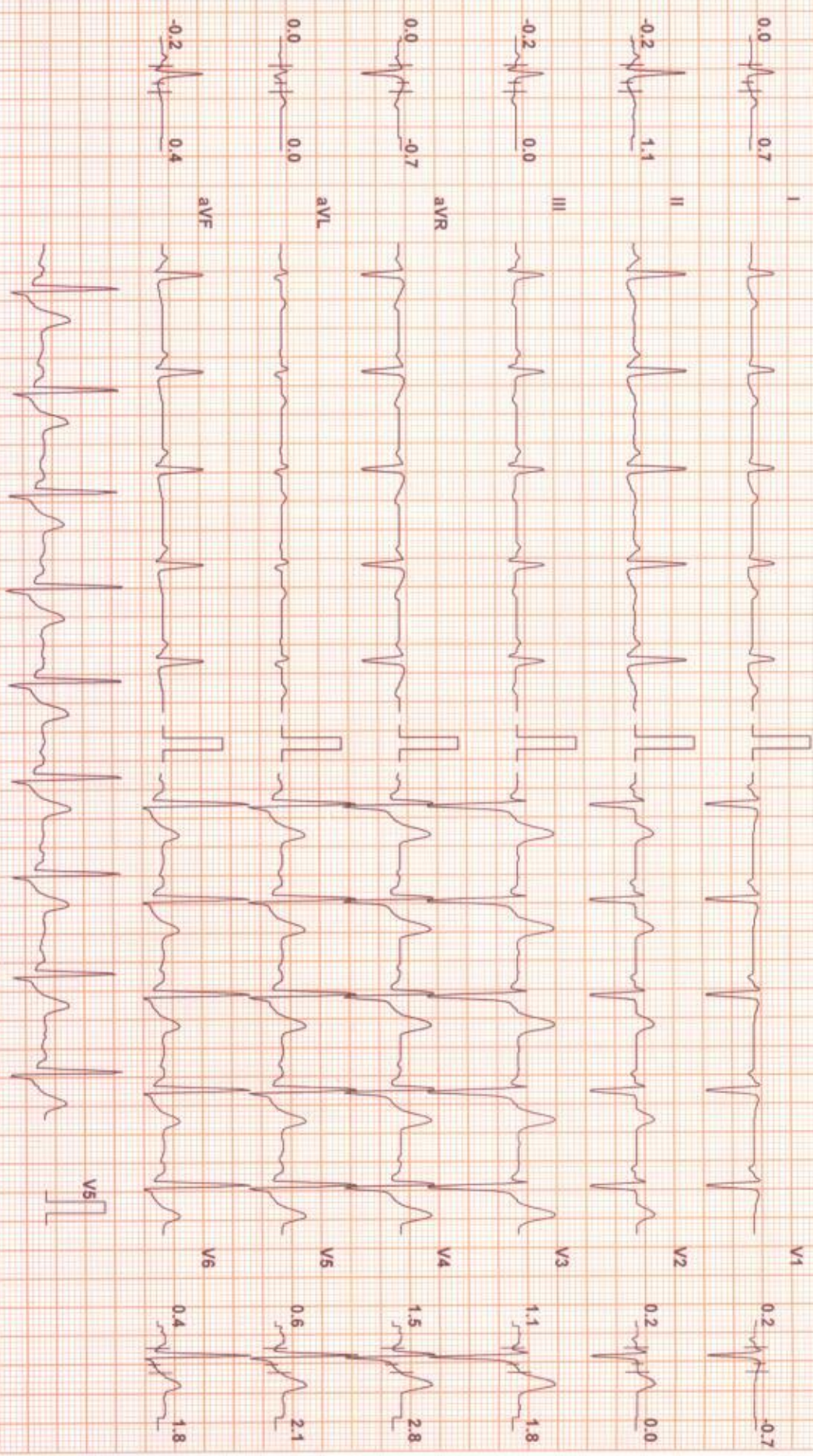


Chart Speed: 25 mm/sec  
Schlier Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Isa = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MR. GOVIND KUMAR (39 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

ID: 2308421698

Date: 25-Mar-23

Exec Time : 7 m 30 s Stage Time : 0 m 8 s

HR: 88 bpm

Protocol: Bruce

Stage: Recovery(5)

Speed: 0 mph

Grade: 0%

(THR: 153 bpm)

B.P: 130/80

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

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

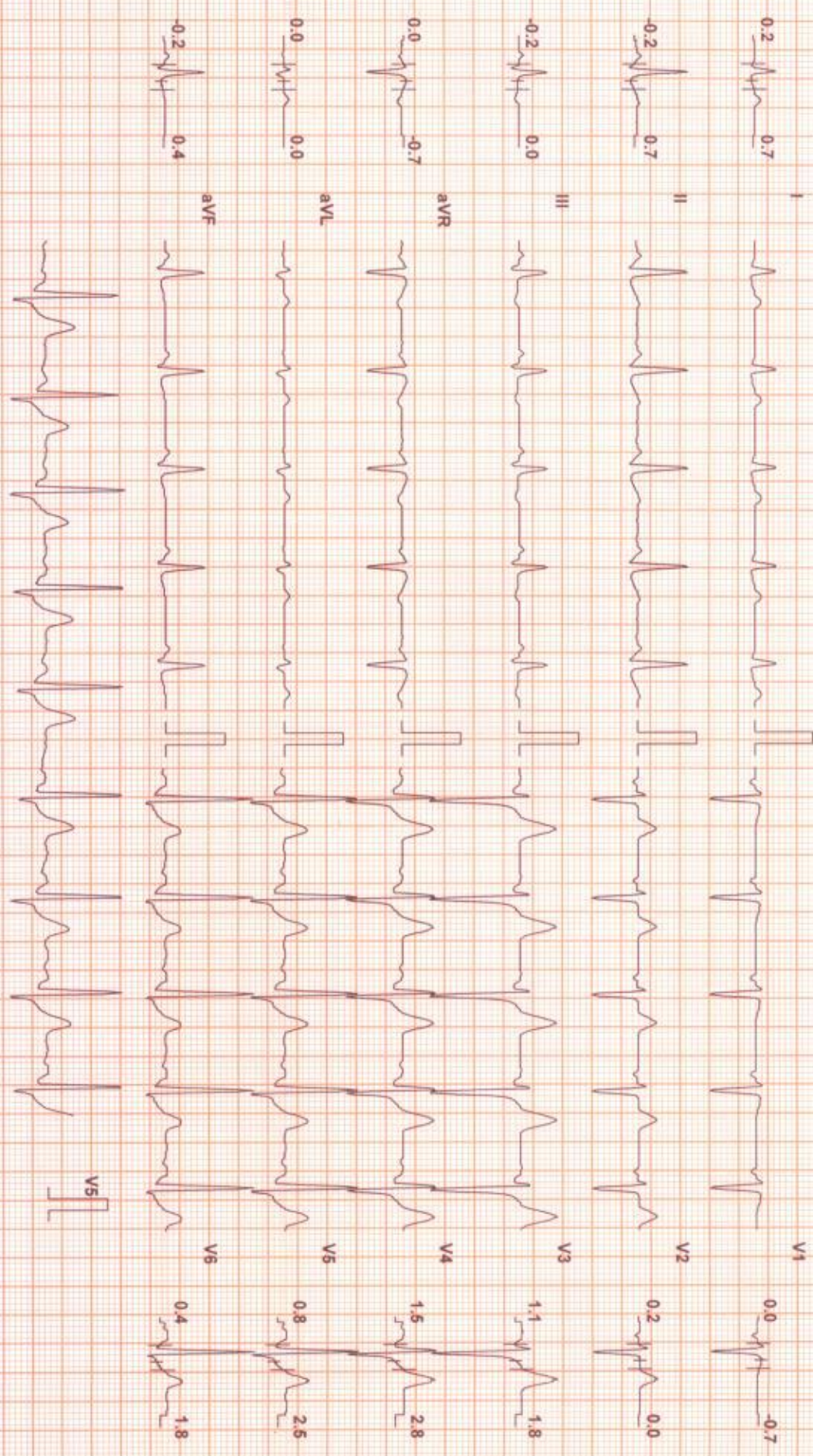


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

50 + R - 60 ms

J + R + 60 ms

Post J = J + 60 ms

Schick Standard V.4.7

Linked Median



Use a QR Code Scanner  
Application To Scan the Code

CID : 2308421698  
Name : Mr GOVIND KUMAR  
Age / Sex : 39 Years/Male  
Ref. Dr :  
Reg. Location : Thane Kasarvadavali Main Centre  
Reg. Date : 25-Mar-2023  
Reported : 25-Mar-2023 / 11:08

**USG ABDOMEN AND PELVIS**

**LIVER:**

Liver is enlarged in size (16.0 cm) and shows mild fatty infiltrations. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

**GALL BLADDER:**

Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

**PORTAL VEIN:**

Portal vein is normal. CBD: CBD is normal.

**PANCREAS:**

Visualised pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

**KIDNEYS:**

Right kidney measures 10.0 x 4.1 cm. Left kidney measures 10.6 x 5.3 cm. Both kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

**SPLEEN:**

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

**URINARY BLADDER:**

Urinary bladder is distended and normal. Wall thickness is within normal limits.

**PROSTATE:**

Prostate is normal in size, echotexture and measures 2.8 x 4.4 x 2.9 cm in dimension and 19.5 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

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Access

sionNo=2023032509280767

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CID : 2308421698  
Name : Mr GOVIND KUMAR  
Age / Sex : 39 Years/Male  
Ref. Dr :  
Reg. Location : Thane Kasarvadavali Main Centre  
Reg. Date : 25-Mar-2023  
Reported : 25-Mar-2023 / 11:08

**IMPRESSION:**  
**HEPATOMEGALY WITH MILD FATTY LIVER.**

Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further/follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis.

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

*G. R. Fartade*

Dr.GAURAV FARTADE  
MBBS, DMRE  
Reg No -2014/04/1786  
Consultant Radiologist

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Page no 2 of 2

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2308421698  
Name : Mr GOVIND KUMAR  
Age / Sex : 39 Years/Male  
Ref. Dr :  
Reg. Location : Thane Kasarvadavali Main Centre  
Reg. Date : 25-Mar-2023  
Reported : 25-Mar-2023 / 10:41

**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-----

*G. R. Fartade*  
Dr. GAURAV FARTADE  
MBBS, DMRE  
Reg No -2014/04/1786  
Consultant Radiologist

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