



CID : 2408912629  
Name : MR.PRASHANT AMBADAS NIRMALE  
Age / Gender : 32 Years / Male  
Consulting Dr. : -  
Reg. Location : Lulla Nagar, Pune (Main Centre)

Collected : 29-Mar-2024 / 08:11  
Reported : 29-Mar-2024 / 12:44

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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	14.0	13.0-17.0 g/dL	Spectrophotometric
RBC	4.42	4.5-5.5 mil/cmm	Elect. Impedance
PCV	42.4	40-50 %	Calculated
MCV	96	80-100 fl	Calculated
MCH	31.7	27-32 pg	Calculated
MCHC	33.1	31.5-34.5 g/dL	Calculated
RDW	12.6	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6100	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	33.4	20-40 %	
Absolute Lymphocytes	2037.4	1000-3000 /cmm	Calculated
Monocytes	6.0	2-10 %	
Absolute Monocytes	366.0	200-1000 /cmm	Calculated
Neutrophils	55.0	40-80 %	
Absolute Neutrophils	3355.0	2000-7000 /cmm	Calculated
Eosinophils	5.3	1-6 %	
Absolute Eosinophils	323.3	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	18.3	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	203000	150000-400000 /cmm	Elect. Impedance
MPV	7.9	6-11 fl	Calculated
PDW	13.3	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		



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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                      **30**                      2-15 mm at 1 hr.                      Sedimentation

**Clinical Significance:** The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

**Interpretation:**

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

**Limitations:**

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

**Reflex Test:** C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

**Reference:**

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate  
\*\*\* End Of Report \*\*\*



**Dr. CHANDRAKANT PAWAR**  
M.D.(PATH)  
Pathologist



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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	93.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	98.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.73	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	<b>0.36</b>	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.37	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	23.8	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	23.6	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	41.0	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	71.0	40-130 U/L	Colorimetric
BLOOD UREA, Serum	20.8	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.83	0.67-1.17 mg/dl	Enzymatic



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Reported : 29-Mar-2024 / 14:50

eGFR, Serum	119	(ml/min/1.73sqm)	Calculated
		Normal or High: Above 90	
		Mild decrease: 60-89	
		Mild to moderate decrease: 45-59	
		Moderate to severe decrease: 30-44	
		Severe decrease: 15-29	
		Kidney failure: <15	

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

URIC ACID, Serum	6.1	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 Pune Lab, Pune Swargate  
\*\*\* End Of Report \*\*\*



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Pathologist



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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	5.3	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.

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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>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Yellow	Pale Yellow	-
Reaction (pH)	Neutral (7.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	+	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	0-1	0-5/hpf	
Red Blood Cells / hpf	Occasional	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	

**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 inert

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate

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



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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.

**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 Pune Lab, Pune Swargate

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



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**M.D.(PATH)**  
**Pathologist**



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	138.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	61.1	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	49.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	88.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	77.0	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	2.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.6	0-3.5 Ratio	Calculated

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate  
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M.D.(PATH)  
Pathologist





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Age / Gender : 32 Years / Male  
Consulting Dr. : -  
Reg. Location : Lulla Nagar, Pune (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	4.5	3.10-6.80 pmol/L	ECLIA
Note: Kindly note change in reference range and method w.e.f 12-07-2023			
Free T4, Serum	19.3	12-22 pmol/L	ECLIA
Note: Kindly note change in reference range and method w.e.f 12-07-2023			
sensitiveTSH, Serum	3.02	0.270-4.20 mIU/ml	ECLIA

Note: Kindly note change in reference range and method w.e.f 12-07-2023 TSH values between 5.5 to 15 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 & heart failure, severe burns, trauma & surgery etc.



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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 \*\*\*



**Dr.CHANDRAKANT PAWAR**  
M.D.(PATH)  
Pathologist

Name : MR.PRASHANT AMBADAS NIRMALE

Age / Gender : 32 Years/Male

Consulting Dr. :

Collected : 29-Mar-2024 / 08:08

Reg.Location : Lulla Nagar, Pune (Main Centre)

Reported : 29-Mar-2024 / 16:51

**PHYSICAL EXAMINATION REPORT****History and Complaints:**

No

**EXAMINATION FINDINGS:**

Height (cms):163

Weight (kg):75

Temp (0c): Afebrile

Skin: Normal

Blood Pressure (mm/hg):120/80

Nails: Healthy

Pulse:78/min

Lymph Node: Not Palpable

**Systems**

Cardiovascular: S1,S2 Normal No Murmurs

Respiratory: Air Entry Bilaterally Equal

Genitourinary: Normal

GI System: Soft non tender No Organomegaly

CNS: Normal

**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 |

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- |  |    |
|--|----|
| 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 |

**PERSONAL HISTORY:**

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

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

**Dr.Milind Shinde**  
MBBS, DNB, Consuling Physician,  
Diabetologist & Echocardiologist

All performed reports within  
page

**Dr. MILIND SHINDE**  
MBBS, DNB Medicine  
Reg. No. 2011/05/1544



Date:- 29/03/2024

CID: 2408912629

Name:- Mr Prashant  
Nirmale

Sex / Age: M / 32 Years.

**EYE CHECK UP**

Chief complaints:

NO from cornea.

Systemic Diseases:

Past history:

NO.

Unaided Vision:

Aided Vision:

Refraction:

Refractive error since last 4 months.


(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	←	←	←	6/9	←	←	←	6/6.
Near	←	←	←	N/G	←	←	←	N/G

Colour Vision: Normal / Abnormal

Remark:

  
Dr. MILIND SHINDE  
MBBS, DNB Medicine  
Reg. No. 2011/05/1544



Patient Name:  
Patient ID:

PRASHANT AMBADAS  
NIRMAL

Date and Time: 29th Mar 24 9:18 AM

**SUBURBAN DIAGNOSTICS - LULLANAGAR, PUNE**

Age: 32 years  
Sex: Male

Heart Rate: 83bpm

**Patient Vitals**

BP: 120/80 mmHg  
Weight: 75 kg  
Height: 163 cm  
Pulse: NA  
SpO2: NA  
Resp: NA  
Others:



ECG Within Normal Limits: sinus rhythm. Please correlate clinically.



Dr. Madhav Shinde  
NMB, DNB Medicine  
2411001344

REPERFIELD BY

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Age / Sex : 32 Years/Male  
Ref. Dr :  
Reg. Location : Lulla Nagar, Pune Main Centre  
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**USG (ABDOMEN + PELVIS)**

**LIVER** :The liver is normal in size, shape and smooth margins. It shows normal parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen.The main portal vein and CBD appears normal.

**GALL BLADDER** :The gall bladder is physiologically distended. The visualized gall bladder appears normal. No evidence of pericholecystic fluid is seen.

**PANCREAS** :The pancreas is well visualised and appears normal.No evidence of solid or cystic mass lesion is noted.

**KIDNEYS** :Both the kidneys are normal in size, shape and echotexture. No evidence of any calculus,hydronephrosis or mass lesion seen.

**SPLEEN** :The spleen is normal in size, shape and echotexture.No evidence of focal lesion is noted.

**URINARY BLADDER** :The urinary bladder is well distended.It shows thin walls and sharp mucosa. No evidence of calculus is noted.No mass or diverticulum is seen.

**PROSTATE** :The prostate is normal in size and echotexture.

Visualized small bowel loops appear non-dilated. Gaseous distension of large bowel loops. There is no evidence of any lymphadenopathy or ascitis.

**IMPRESSION :**

➤ No significant abnormality seen.

Advice - Clinical and lab correlation.

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

**DR. ANUPRIYA BATRA**  
MD Radiology  
Reg. No. 2021/12/8725

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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-----



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MD Radiology  
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## Suburban Diagnostics - Lullanagar

**Name: PRASHANT AMBADAS NIRMALE**

Date: 29-03-2024 Time: 09:58

Age: 32

Gender: M

Height: 163 cms

Weight: 75 Kg

ID: 2408912629

Clinical History: NO

Medications: NO

### Test Details:

Protocol: Bruce

Predicted Max HR: 188

Target HR: 159 (85% of Pr. MHR)

Exercise Time: 0:07:42

Achieved Max HR: 159 (85% of Pr. MHR)

Max BP: 138/98

Max BP x HR: 21942

Max Mets: 8.6

Test Termination Criteria:

### Protocol Details:

Stage Name	Stage Time	METS	Speed km/h	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	00:30	1	0	0	74	120/80	8800	-1.9 H	1.3 V/s
Standing	00:37	1	0	0	77	130/80	9200	-1.9 H	1.2 V/s
Hyper/Ventilation	00:00	1	0	0	68	130/80	8100	-2.1 H	1.6 V/s
Protocol	00:08	2	1.0	0	88	120/80	10500	-0.9 H	1.0 V/s
Stage 1	03:00	4.7	2.7	10	115	124/80	14060	-2.7 H	2.2 V/s
Stage 2	05:00	7	4	12	141	130/80	18330	-3.0 H	1.9 V/s
Peak Exercise	07:42	8.6	5.5	14	159	138/98	21942	-4.4 H	1.9 V/s
Recovery1	03:00	1	0	0	114	138/98	15732	-2.0 H	1.2 V/s
Recovery2	04:00	1	0	0	99	132/92	13068	-1.3 H	2.2 V/s
Recovery3	05:00	1	0	0	97	128/98	12616	-2.2 H	2.1 V/s
Recovery4	06:00	1	0	0	95	124/84	11780	-3.1 H	2.7 V/s
Recovery5	07:44	1	0	0	93	120/80	10920	-1.2 H	1.9 V/s

### Interpretation

The Patient Exercised according to Bruce Protocol for 07:42 achieving a work level of 8.6 METS.  
 Resting Heart Rate: Initially 74 bpm rose to a max. heart rate of 159bpm (85% of Predicted Maximum Heart Rate).  
 Resting Blood Pressure of 120/80 mmHg rose to a maximum Blood Pressure of 138/98 mmHg.  
 Good ECG Tolerance.  
 No Angina/Arrhythmia/Dyspnoea/significant ST-T changes during test/recovery.  
 Stress Test is **NEGATIVE** for Inducible Myocardial Ischemia.  
 Disclaimer: -  
 Negative Stress Test does not rule out Coronary Artery Disease.  
 Positive Test is suggestive but not confirmatory of Coronary Artery Disease.  
 Hence clinical correlation is mandatory.

Ref. Doctor: BOB

Doctor:  MILIND SHINDE

**SCHILLER**  
The Art of Diagnostics

(Summary Report edited by T-Scr)  
Standard C-N-10 Version 3.1.0



**Dr. MILIND SHINDE**  
MBBS, DNB Medicine  
Reg. No. 2011/05/1544

# Suburban Diagnostics - Lullanagar

**PRASHANT AMBADAS NIRMAL (32 M)**

Dr. Prashant  
S11, eastlawn, S11, Singapore, S11

ID: 24089726210  
Single - Supine

Date: 29-07-2024  
Speed: 0.1cmph

File Time: (1-01-30)  
Grade: 0%

Start Time: (09:39)  
HR: 154 bpm

**HR: 74 bpm**

PR: 26/80 mmHg  
S11, eastlawn, S11, Singapore, S11



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35Hz

Max. Filter: ON

Suburban Diagnostics - Lullanagar



# Suburban Diagnostics - Lohannagar

**PRASHANTI AMBADAS NIRMAL (32 M)**

Brush Protocol  
S1 (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

HR: 77 bpm  
BP: 108/80 mmHg  
S1 (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

Date: 24/05/2024  
Speed: 0.100 m/s  
S1 (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

Exeg Time: 0:00:01  
Grade: 1%  
S1 (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

Sage Time: 0:11:17  
TRK: 15% (pm)  
S1 (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)



### Suburban Diagnostics - Lullanagar

**PRASHANT ANIBADAS NIRMAL (32 M)**

Date: 29/03/2024

Physic Protocol

ID: 306991679

Date: 29/03/2024

Time: 0:20:00

Stage Time: 09:06

SI Location: SEShopanV61

Strip: HypoV4H1A001 Speed: 0 KmPH

Grade: 0%

THR: 150 bpm

HR: 68 bpm

Age: 32(S) (M) (M) (M)

SI Location: SEShopanV61

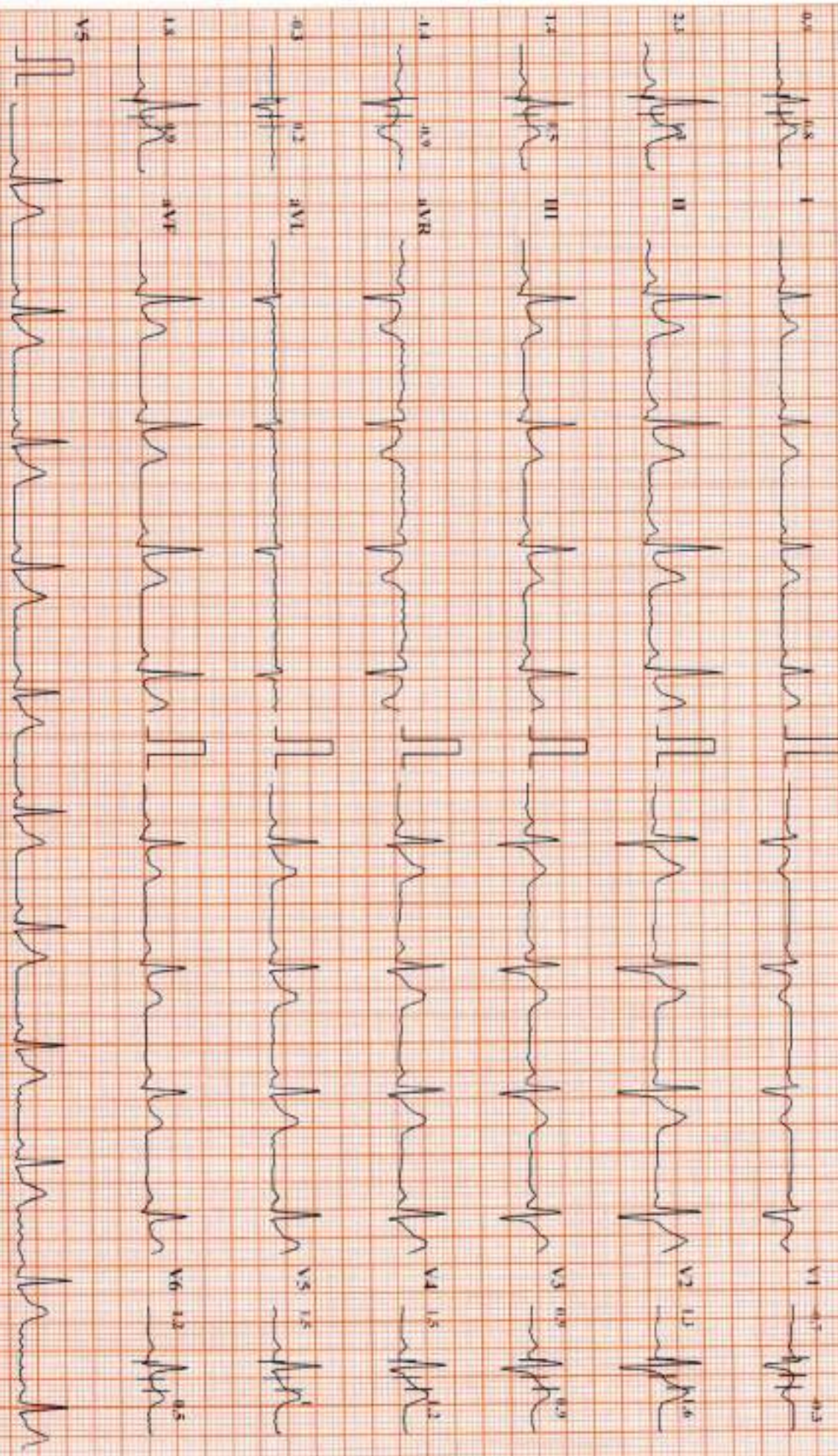


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 75 Hz

150 mm/sec, 10 mm/mV, 1 sec, 1 sec

Scatter: Sprinter V5.16 (Version 1.3)



# Suburban Diagnostics - Lullanagar

**PRAASHANT AMBADAS NIRMALJE (32 M)**

Block Protocol  
SI (normal) ST-Segment(V6)

ID: 2408912629

Date: 29-03-2024

Exam Time: 0:00:03

Scale: 1mm/0.1mV

HR: 88 bpm

PR: 120/80 (normal)

SI (normal) ST-Segment(V6)

Stage: P1 (cal)

Speed: 1.0 mm/s

Gain: 0.5

TRF: 159 bpm



# Suburban Diagnostics - Lullanagar

**PRASHANT AMBADAS NIRMAL (32 M)**

IPU# P00001  
SIT (exh)mu: S1-SloppantVx30

ID# 2009317929  
Stage: 1

Date: 29/03/2024  
Speed: 2.7 kmph

Exam Time: 0:03:00  
Grade: 100%

Stage Time: 0:03:00  
HR: 115 bpm

**HR: 115 bpm**

IPU: 124 S1 (exh)14  
SIT (exh)mu: S1-SloppantVx30



# Suburban Diagnostics - Lullanagar

**PRASHANT AMBADAS NIRMAL H (32 M)**

ID: 2408912629

Date: 29-03-2024

Exam Time: 0:06:00

Sample Time: 03:00

**HR: 141 bpm**

(P - 130 bpm) (M - 141 bpm)

Trace Protocol

Strip: 2

Speed: 4 mm/s

Grid: 12%

TRR: 159 bpm

SI (Lead II, ST Segment V5)



# Suburban Diagnostics - Lohianagar

**PRAASHANT AMBADAS NIRVALE (32 M)**

Brand: Protecol  
Model: S850901V50

ID: 2408012629

Signal: Peak Exercise

Date: 24/03/2024

Speed: 3.5 kmph

Case Time: 07:42

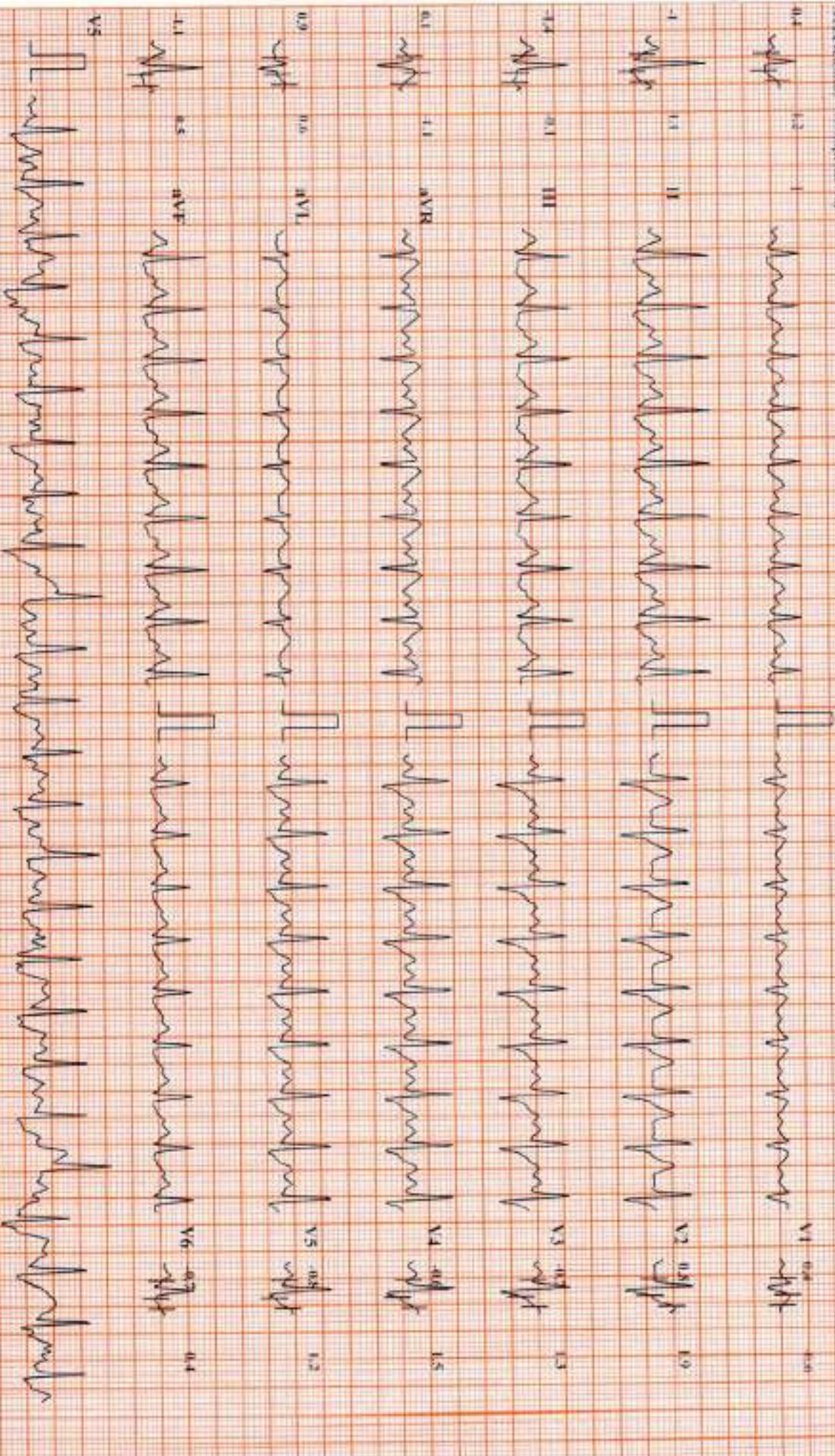
Channel: 12/6

Signal Time: 07:42

HR: 159 bpm

HR: 159 bpm

HR: 159 bpm





# Suburban Diagnostics - Lullanagar

**PRAASHANT AMBADAS NIRMAL (32 M)**

Physic Protocol  
SLE (Lead II, S1, S2, S3, aVR, aVL, aVF, V1, V2, V3, V4, V5, V6)

ID: 2408912629  
Single Recovery |

Date: 24-09-2024  
Speed: 25 mm/s

Time: 10:00:12  
Circle: 0%

Single Time: 01:10  
HR: 114 bpm

HR: 114 bpm

PR: 138/98 (mmHg)  
SLE (Lead II, S1, S2, S3, aVR, aVL, aVF, V1, V2, V3, V4, V5, V6)



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Paper: 35 Hz

ISO: 4.50 mm/s

Software: Spider ECG v1.0



# Suburban Diagnostics - Lohangar

**PRAASHANT AMBADAS NIRMAL E (32 M)**

Blue Protocol  
S1 (Lead II, ST segment V5)

ID: S100016679  
Single-lead V5

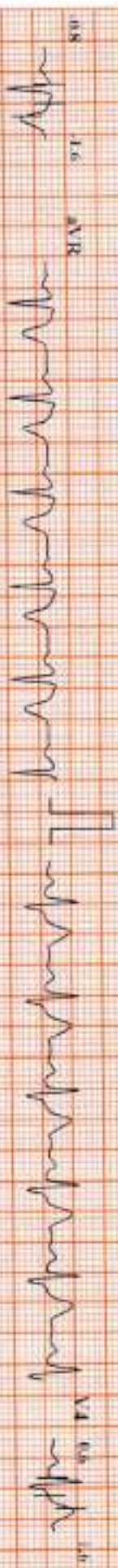
Time: 2023-07-14  
Speed: 100mm/s

Expire Time: 0:00:42  
Cable: 0%

Scale Time: 01:00  
HR: 159 bpm

**HR: 99 bpm**

PR: 132/92 mmHg  
S1 (Lead II, ST segment V5)



# Suburban Diagnostics - Lullaugar

**PRAASHANT AMBADAS NIRMAL (32 M)**

Bruch, Prakashol  
Sri Laxman, Sri Srinivas

Stage: Recovery 1

Date: 29/01/2024  
Speed: 0 kmph

Pass Time: 0:11:42  
Grade: 0%

Stage Time: 01:00  
THR: 150 bpm

**HR: 97 bpm**

HR: 128.88 (min) @  
Sri Laxman, Sri Srinivas

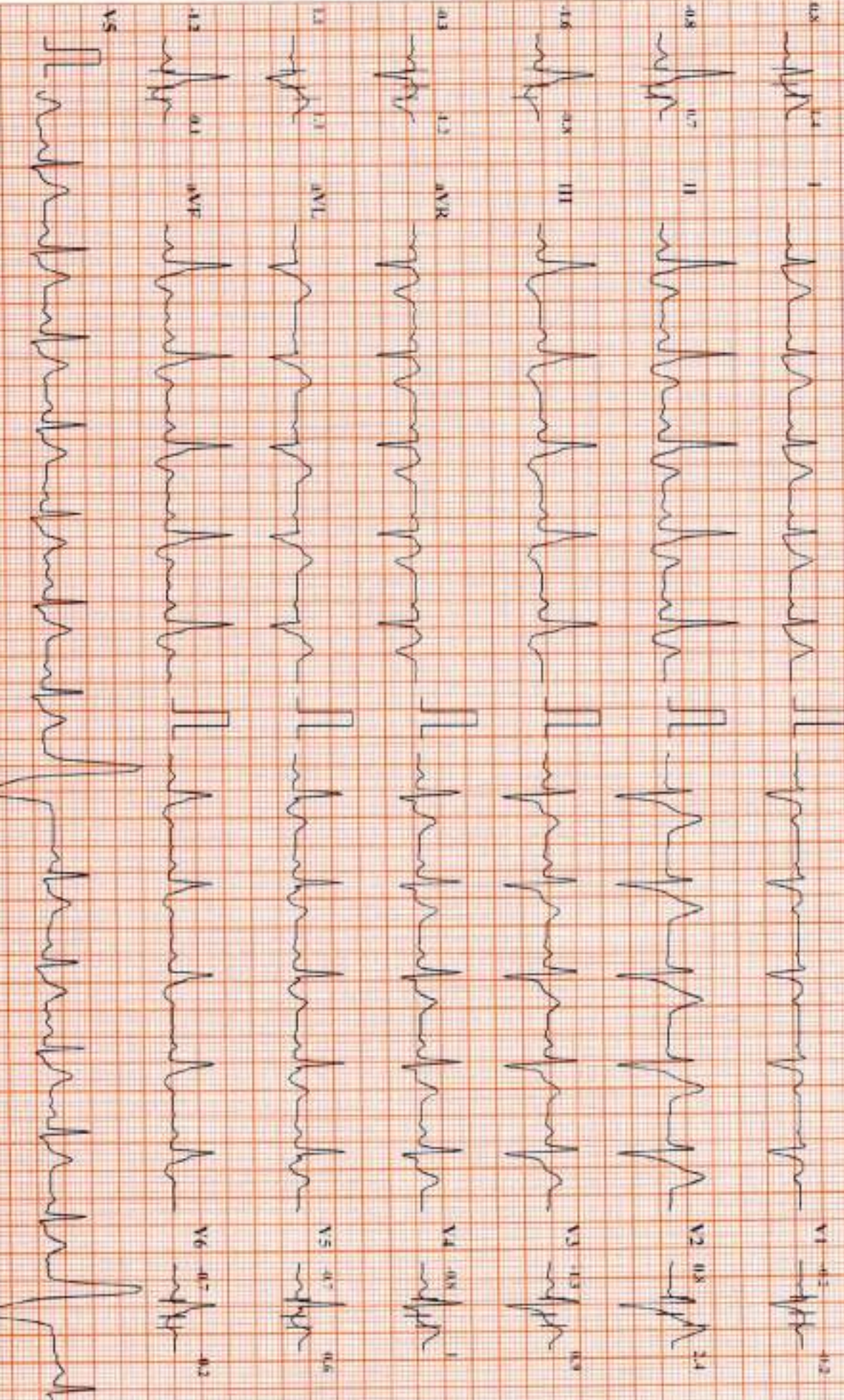


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Paper: 25 Hz

Matrix Filter: ON

Veritas Standard ECG Version 1.3



# Suburban Diagnostics - Lullanagar

**PRASHANT AMBADAS NIRMALE (32 M)**

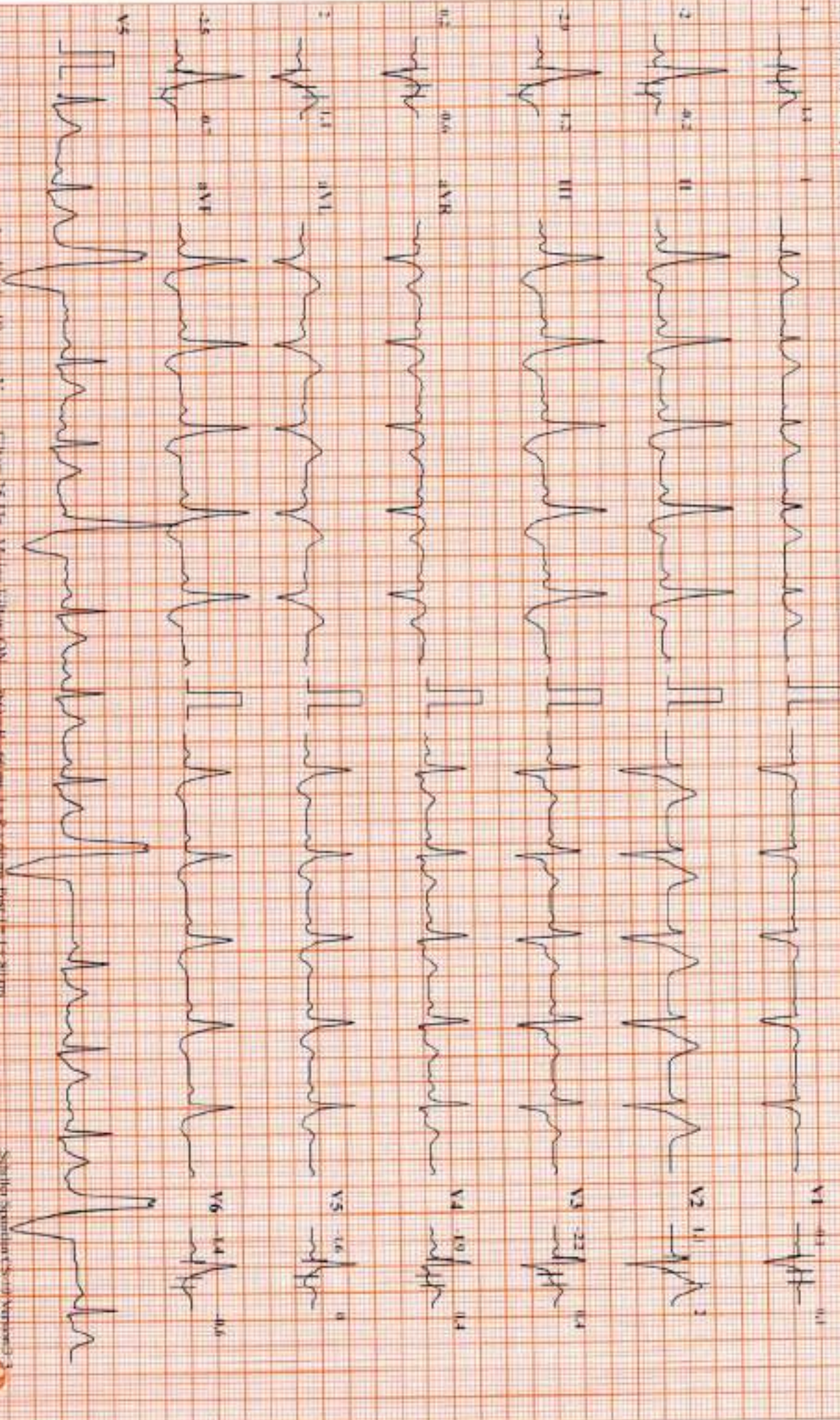
Female Protocol  
SfLecordium SfShogunVx3

Date: 29-03-2024  
Stage: Recovery 4

Trace Time: 0:11:42  
Gain: 0%  
Sweep Time: 0:00  
THC: 159 bpm

HR: 95 bpm

PR: 124.84 mmHg  
SfLecordium SfShogunVx3



# Suburban Diagnostics - Lullnagar

**PRAASHANT AMBADAS NIRMAL (32 M)**

Branch: Physiotherapy  
Student ID: 2108912029

Stage: Recovery 3

Date: 29/03/2024  
Speed: 1 kmph

Exam Time: 01:26  
Grade: 0%

Stage Time: 07:11  
HR: 91 bpm

BP: 21/84 mmHg  
ST (Lead II): S1 (Sagittal V6)

**HR: 91 bpm**

