

CID# : 2225009842
Name : MR.MANEESH VERMA
Age / Gender : 36 Years/Male
Consulting Dr. : - Collected : 07-Sep-2022 / 08:39
Reg.Location : Andheri West (Main Centre) Reported : 08-Sep-2022 / 09:28

PHYSICAL EXAMINATION REPORT

History and Complaints:

C/O Lethargy on & off

EXAMINATION FINDINGS:

Height (cms):	180 cms	Weight (kg):	75 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	130 / 90	Nails:	Normal
Pulse:	72 / min	Lymph Node:	Not palpable

Systems

Cardiovascular: S1S2 audible
Respiratory: AEBE
Genitourinary: NAD
GI System: Liver and Spleen not palpable
CNS: NAD

IMPRESSION:

CBC features are suggestive of Thalassemia trait,
High triglycerides,USG shows Grade I fatty liver,
Rest reports appears to be in normal limits.

ADVICE:

Kindly consult your family physician with all your reports,
Therapeutic life style modification is advised,
Regular exercise for 30-40 minutes is recommended.
Avoid fatty and fried foods.

CHIEF COMPLAINTS:

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | **OTHER CITIES:** 1800-266-4343

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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

PERSONAL HISTORY:

1) Alcohol	NO
2) Smoking	NO
3) Diet	MIXED
4) Medication	NO

*** End Of Report ***

Sangeeta Manwani

Dr.Sangeeta Manwani
M.B.B.S. Reg.No.71083

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Reported : 07-Sep-2022 / 13:59

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	14.1	13.0-17.0 g/dL	Spectrophotometric
RBC	6.94	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.9	40-50 %	Calculated
MCV	63.2	80-100 fl	Measured
MCH	20.3	27-32 pg	Calculated
MCHC	32.1	31.5-34.5 g/dL	Calculated
RDW	20.5	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	6050	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	25.0	20-40 %	
Absolute Lymphocytes	1512.5	1000-3000 /cmm	Calculated
Monocytes	10.4	2-10 %	
Absolute Monocytes	629.2	200-1000 /cmm	Calculated
Neutrophils	61.8	40-80 %	
Absolute Neutrophils	3738.9	2000-7000 /cmm	Calculated
Eosinophils	2.3	1-6 %	
Absolute Eosinophils	139.2	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	30.3	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

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PLATELET PARAMETERS

Platelet Count	462000	150000-400000 /cmm	Elect. Impedance
MPV	8.2	6-11 fl	Measured
PDW	14.8	11-18 %	Calculated

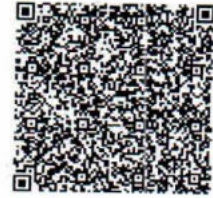
RBC MORPHOLOGY

Hypochromia	+	
Microcytosis	++	
Macrocytosis	-	
Anisocytosis	+	
Poikilocytosis	Mild	
Polychromasia	-	
Target Cells	-	
Basophilic Stippling	-	
Normoblasts	-	
Others	Elliptocytes-occasional	
WBC MORPHOLOGY	-	
PLATELET MORPHOLOGY	-	
COMMENT	-	

Note : Features are suggestive of thalassemia trait.
Advice : Hemoglobin studies by HPLC, Reticulocyte count.
Result rechecked.

Specimen: EDTA Whole Blood

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ESR, EDTA WB 3 2-15 mm at 1 hr. Westergren

*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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Collected : 07-Sep-2022 / 08:45
Reported : 07-Sep-2022 / 14:12

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	86.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	102.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.51	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.23	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.28	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.9	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
SGOT (AST), Serum	17.9	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	29.2	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	23.4	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	104.4	40-130 U/L	Colorimetric

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Reported : 07-Sep-2022 / 19:46

BLOOD UREA, Serum	16.6	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.8	6-20 mg/dl	Calculated
CREATININE, Serum	0.96	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	94	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	6.5	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	

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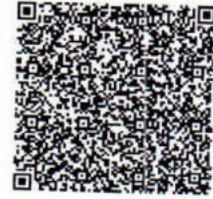


MC-2111

Anupa

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

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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	5.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	114.0	mg/dl	Calculated

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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.

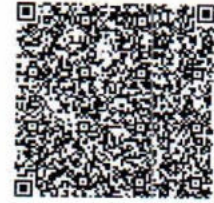
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
BLOOD GROUPING & Rh TYPING

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

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

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

Limitations:

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

References:

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

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Reported : 07-Sep-2022 / 16:40

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	195.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	255.0	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	45.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	149.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	128.7	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	Colorimetric
VLDL CHOLESTEROL, Serum	20.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.8	0-3.5 Ratio	Calculated

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*** End Of Report ***



Anupa

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M.D.(PATH)
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Collected : 07-Sep-2022 / 08:45
Reported : 07-Sep-2022 / 12:42

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	4.7	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.9	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.51	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 upto 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 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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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATION			
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	-		

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Reported : 07-Sep-2022 / 15:50

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
EXAMINATION OF FAECES

PARAMETER **RESULTS** **BIOLOGICAL REF RANGE**

PHYSICAL EXAMINATION

Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent

CHEMICAL EXAMINATION

Reaction (pH)	Acidic (6.5)	-
Occult Blood	Absent	Absent

MICROSCOPIC EXAMINATION

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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X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

No hilar abnormality is seen.

The cardiac size and shape are within normal limits.

The aorta shows normal radiological features.

The trachea is central.

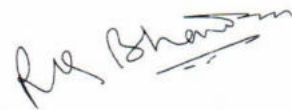
The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

*** End Of Report ***

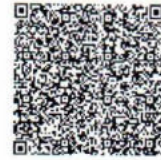


Dr.R K BHANDARI
M.D.,D.M.R.E
CONSULTANT RADIOLOGIST

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USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (14.7cm) and **shows bright echotexture**. 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 and appears normal. No evidence of gall stones or lesions seen

PANCREAS:

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

KIDNEYS:

Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.
Right kidney measures 9.2 x 4.5cm. Left kidney measures 10.7 x 4.9cm.

SPLEEN:

The spleen is normal in size (9.9cm) and echotexture. No evidence of focal lesion is noted.
There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

PROSTATE:

The prostate is normal in size measuring 3.5 x 3.5 x 3.4cm and volume is 22.1cc.

IMPRESSION:

Grade II fatty liver.

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

DR. NIKHIL DEV
M.B.B.S, MD (Radiology)
Reg No – 2014/11/4764
Consultant Radiologist

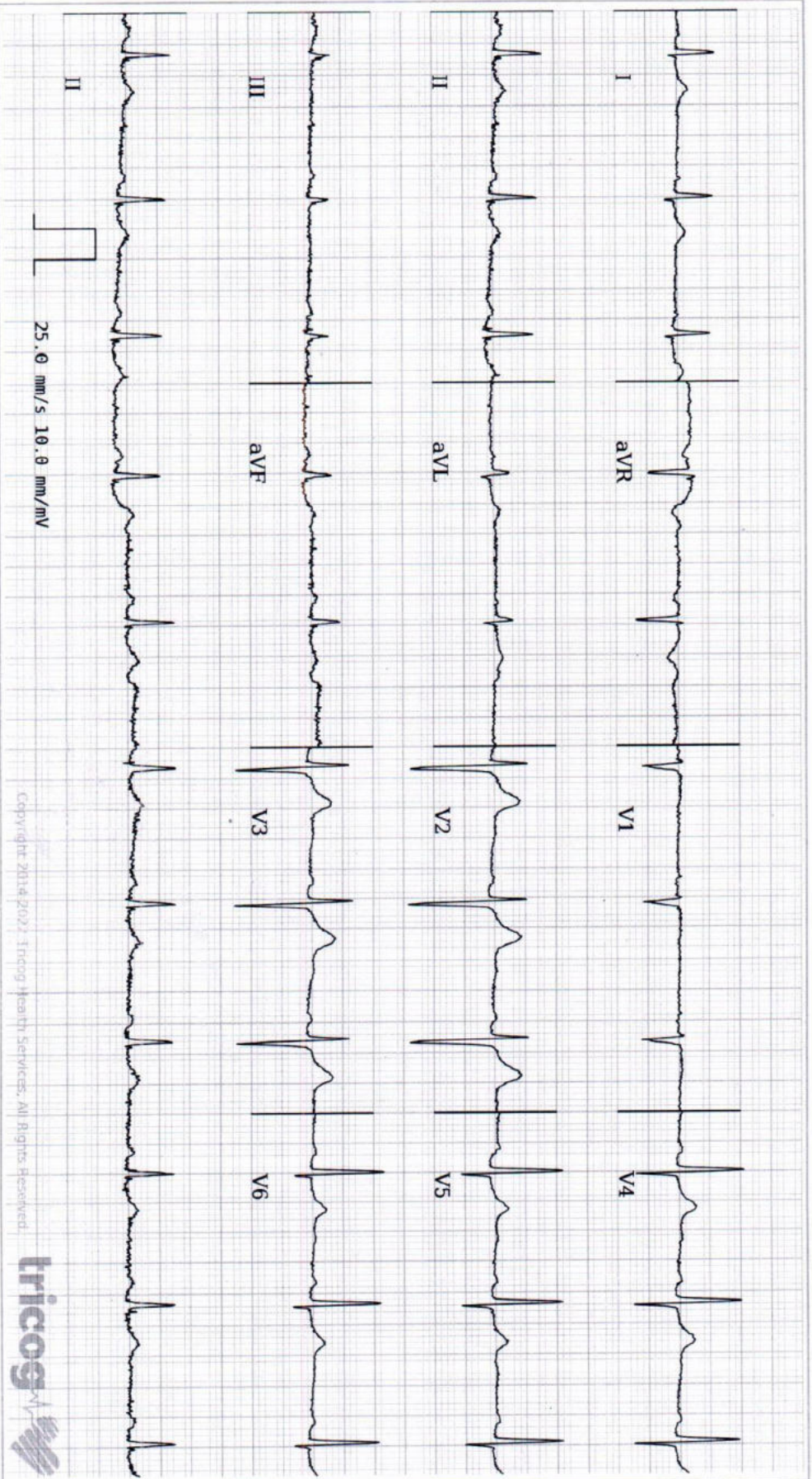
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HEALTHLINE - MUMBAI: 022-6170-0000 | **OTHER CITIES:** 1800-266-4343

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Age **36** **10** **17**
years months days

Gender **Male**

Heart Rate **66bpm**

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
Spo2: NA
Resp: NA
Others:

Measurements

QRSD: 78ms
QT: 384ms
QTc: 402ms
PR: 142ms
P-R-T: 34° 51° 35°

ECG Within Normal Limits: Sinus Rhythm, Normal Axis. Please correlate clinically.

REPORTED BY

DR RAVI CHAVAN
MD, D.CARD, D. DIABETES
Cardiologist & Diabetologist
2004/06/24/68

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified

SUBURBAN DIAGNOSTICS

Patient Details **Date:** 07-Sep-22 **Time:** 10:23:39
Name: MANEESH VERMA. **ID:** 2225009842
Age: 36 y **Sex:** M **Height:** 180 cms. **Weight:** 75 Kg.
Clinical History: NONE

Medications: NONE

Test Details

Protocol: Bruce **Pr.MHR:** 184 bpm **THR:** 156 (85 % of Pr.MHR) bpm
Total Exec. Time: 10 m 5 s **Max. HR:** 167 (91% of Pr.MHR)bpm **Max. Mets:** 13.50
Max. BP: 170 / 90 mmHg **Max. BP x HR:** 28390 mmHg/min **Min. BP x HR:** 7380 mmHg/min
Test Termination Criteria: Target HR attained

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	82	130 / 90	-0.64 aVR	-1.06 aVR
Standing	0 : 8	1.0	0	0	82	130 / 90	-0.64 aVR	-1.06 aVR
Hyperventilation	0 : 8	1.0	0	0	90	130 / 90	-0.42 aVR	1.42 V2
1	3 : 0	4.6	1.7	10	109	140 / 90	-0.64 III	1.42 V2
2	3 : 0	7.0	2.5	12	121	150 / 90	-2.12 III	2.83 V2
3	3 : 0	10.2	3.4	14	147	160 / 90	-2.12 III	3.54 V2
Peak Ex	1 : 5	13.5	4.2	16	167	170 / 90	-3.61 III	4.95 V2
Recovery(1)	1 : 0	1.8	1	0	153	160 / 90	-4.46 V1	5.66 V2
Recovery(2)	1 : 0	1.0	0	0	120	150 / 90	-1.06 aVR	5.66 V2
Recovery(3)	1 : 0	1.0	0	0	117	140 / 90	-0.64 aVR	3.89 V2
Recovery(4)	0 : 43	1.0	0	0	109	130 / 90	-0.42 III	2.12 V2

Interpretation

GOOD EFFORT TOLERANCE
 NORMAL CHRONOTROPIC RESPONSE
 NORMAL INOTROPIC RESPONSE
 NO ANGINA/ ANGINA EQUIVALENTS, NO ARRHYTHMIAS
 MILD ST DEPRESSIONS NOTED IN INFEROLATERAL LEADS DURING PEAK EXERCISE
 WHICH REVERTED TO BASELINE IN EARLY RECOVERY
 IMPRESSION: STRESS TEST IS NEGATIVE FOR STRESS 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.

NOTE: STRESS TEST PARAMETERS ARE IMPROVED AS COMPARED TO REPORT DATED
 19.03.2022

Dr. Ravi Chavan
 MD; D Card
 Consultant Cardiologist
 Reg. No : 2004/06/2468

Ref. Doctor: ARCOFEMI
 (Summary Report edited by user)

Doctor: DR. RAVI CHAVAN
 (c) Schiller Healthcare India Pvt. Ltd. V 4.7



SUBURBAN DIAGNOSTICS

Test Report

MANEESH VERMA, (36 M)

ID: 2225009842

Date: 07-Sep-22

Exec Time : 0 m 0 s

Stage Time : 0 m 10 s

HR: 83 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 130 / 90

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

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

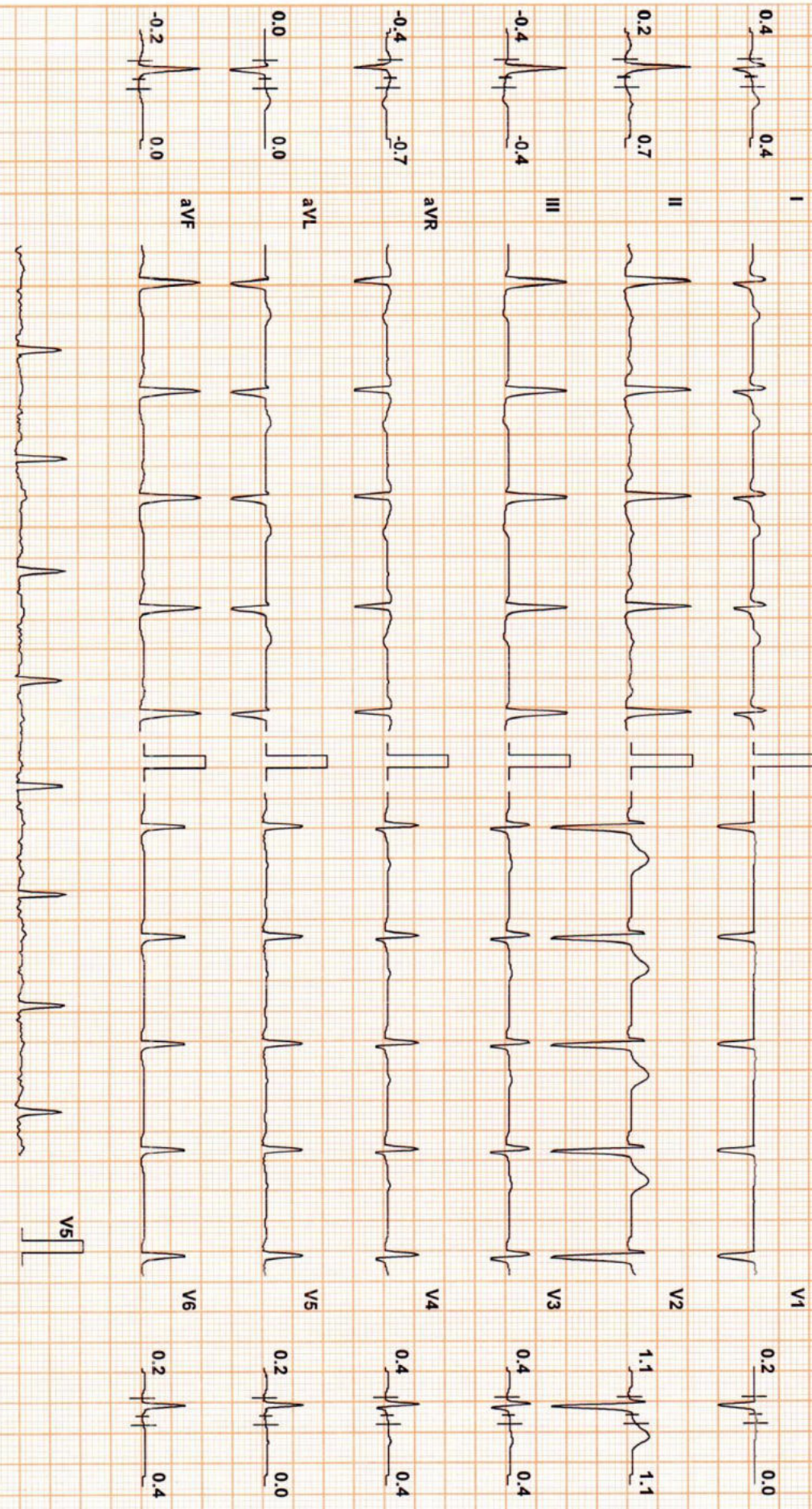


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms
Linked Median



SUBURBAN DIAGNOSTICS

Test Report

MANEESH VERMA, (36 M)

ID: 2225009842

Date: 07-Sep-22

Exec Time : 0 m 0 s

Stage Time : 0 m 2 s

HR: 82 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 130 / 90

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

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

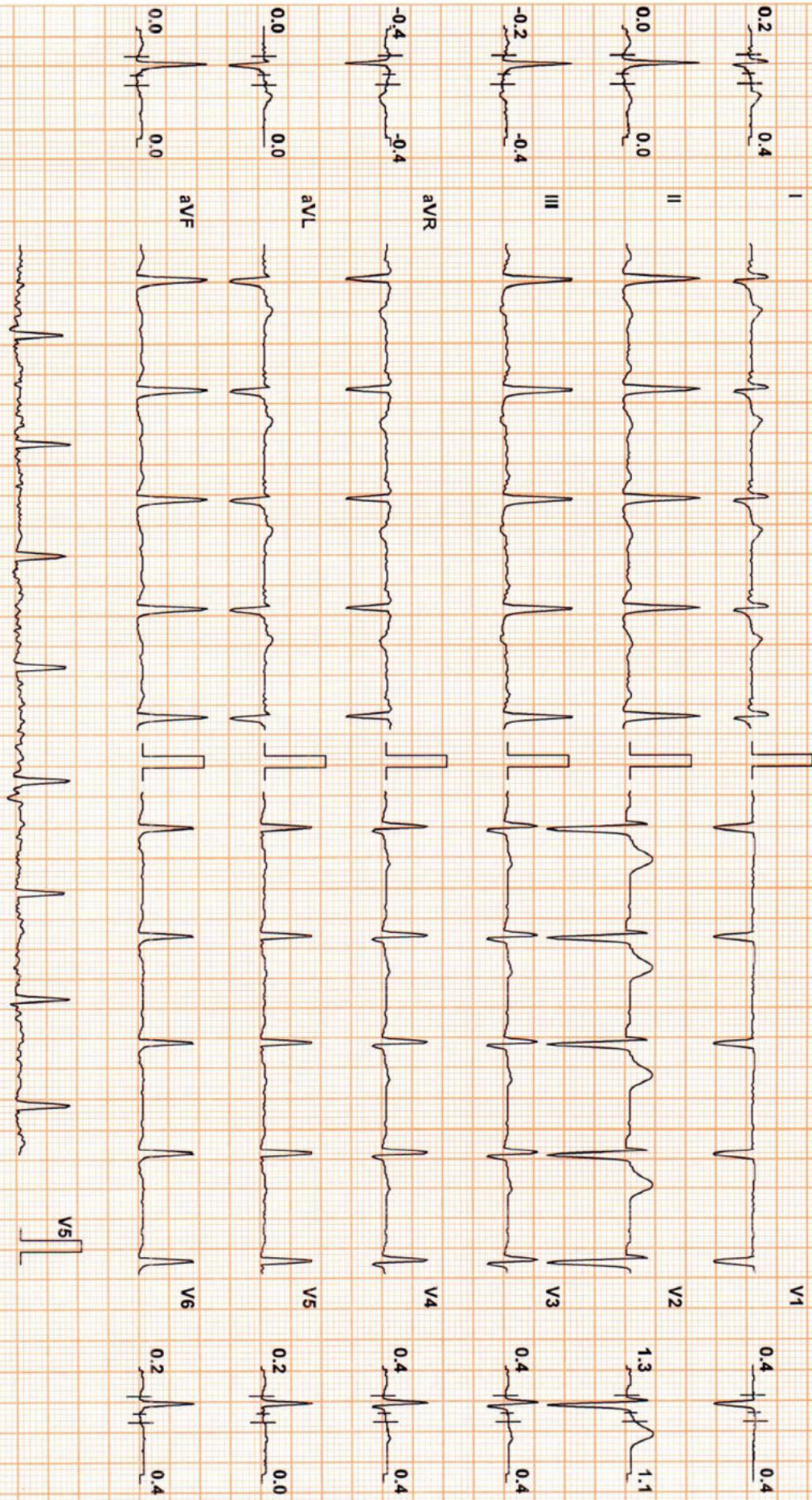


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms
Linked Median



SUBURBAN DIAGNOSTICS

Test Report

MANEESH VERMA (36 M)

ID: 2225009842

Date: 07-Sep-22

Exec Time : 0 m 0 s

Stage Time : 0 m 2 s

HR: 90 bpm

Protocol: Bruce

Stage: Hyperventilation Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 130 / 90

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

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

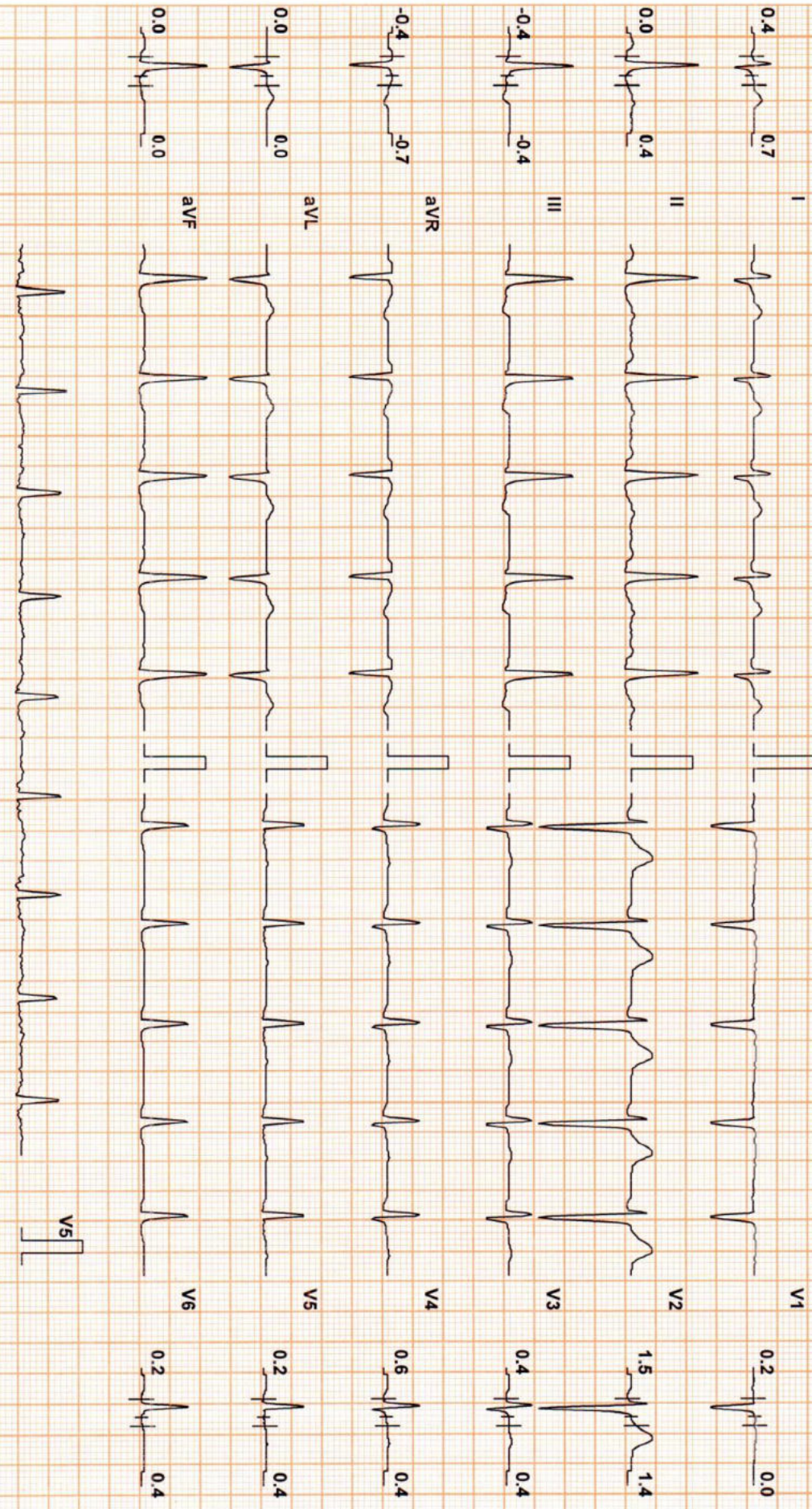


Chart Speed: 25 mm/sec
Schiller Spandau V 47

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUBURBAN DIAGNOSTICS

Test Report

MANEESH VERMA, (36 M)

ID: 2225009842

Date: 07-Sep-22

Exec Time : 2 m 54 s Stage Time : 2 m 54 s **HR: 109 bpm**

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 156 bpm)

B:P: 140 / 90

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

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

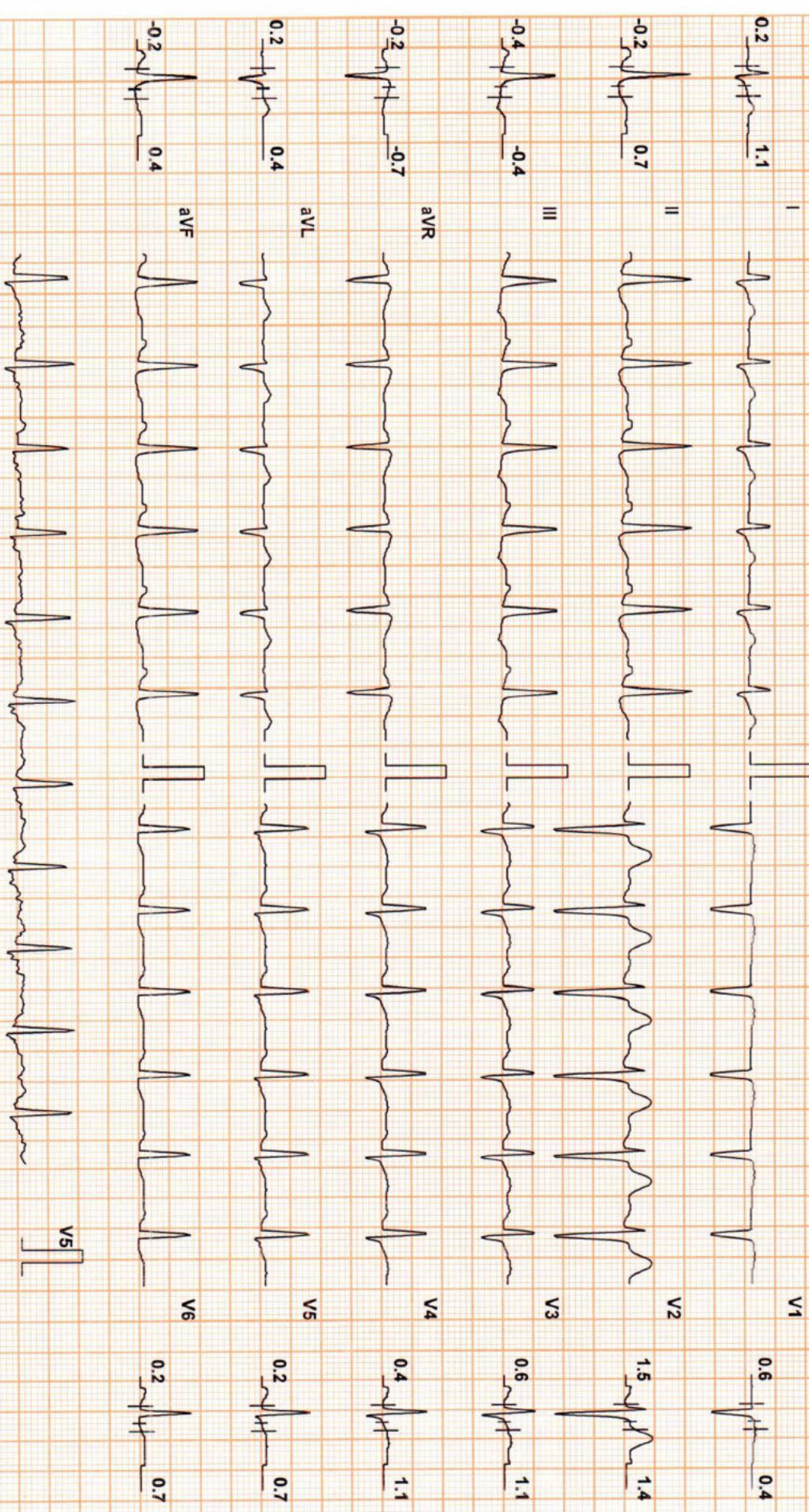


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Schiller Spandan V4.7



SUBURBAN DIAGNOSTICS

Test Report

MANEESH VERMA. (36 M)

ID: 2225009842

Date: 07-Sep-22

Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 121 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 156 bpm)

B.P: 150 / 90

ST Level (mm)

ST Level (mm)

ST Slope (mV/s)

0.4 1.1

V1

0.8 0.4

0.4 1.1

V2

1.9 1.8

-0.2 1.4

V3

0.6 1.4

-0.8 0.0

V4

0.4 1.4

-0.2 1.4

V5

0.0 1.1

0.4 0.7

V6

0.0 1.4

-0.4 0.4

V5

0.0 1.1

0.4 0.7

V4

0.4 1.4

-0.2 1.4

V3

0.6 1.4

0.4 0.7

V2

1.9 1.8

-0.2 1.4

V1

0.8 0.4

0.4 0.7

V6

0.0 1.4

-0.4 0.4

V5

0.0 1.1

0.4 0.7

V4

0.4 1.4

-0.2 1.4

V3

0.6 1.4

0.4 0.7

V2

1.9 1.8

-0.4 0.4

V1

0.8 0.4

Chart Speed: 25 mm/sec
Schiller Spanden V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUBURBAN DIAGNOSTICS

Test Report

MANEESH VERMA, (36 M)

ID: 2225009842

Date: 07-Sep-22

Exec Time : 8 m 54 s Stage Time : 2 m 54 s HR: 145 bpm

Protocol: Bruce

Stage: 3

Speed: 3.4 mph

Grade: 14 %

(THR: 156 bpm)

B.P: 160 / 90

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

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

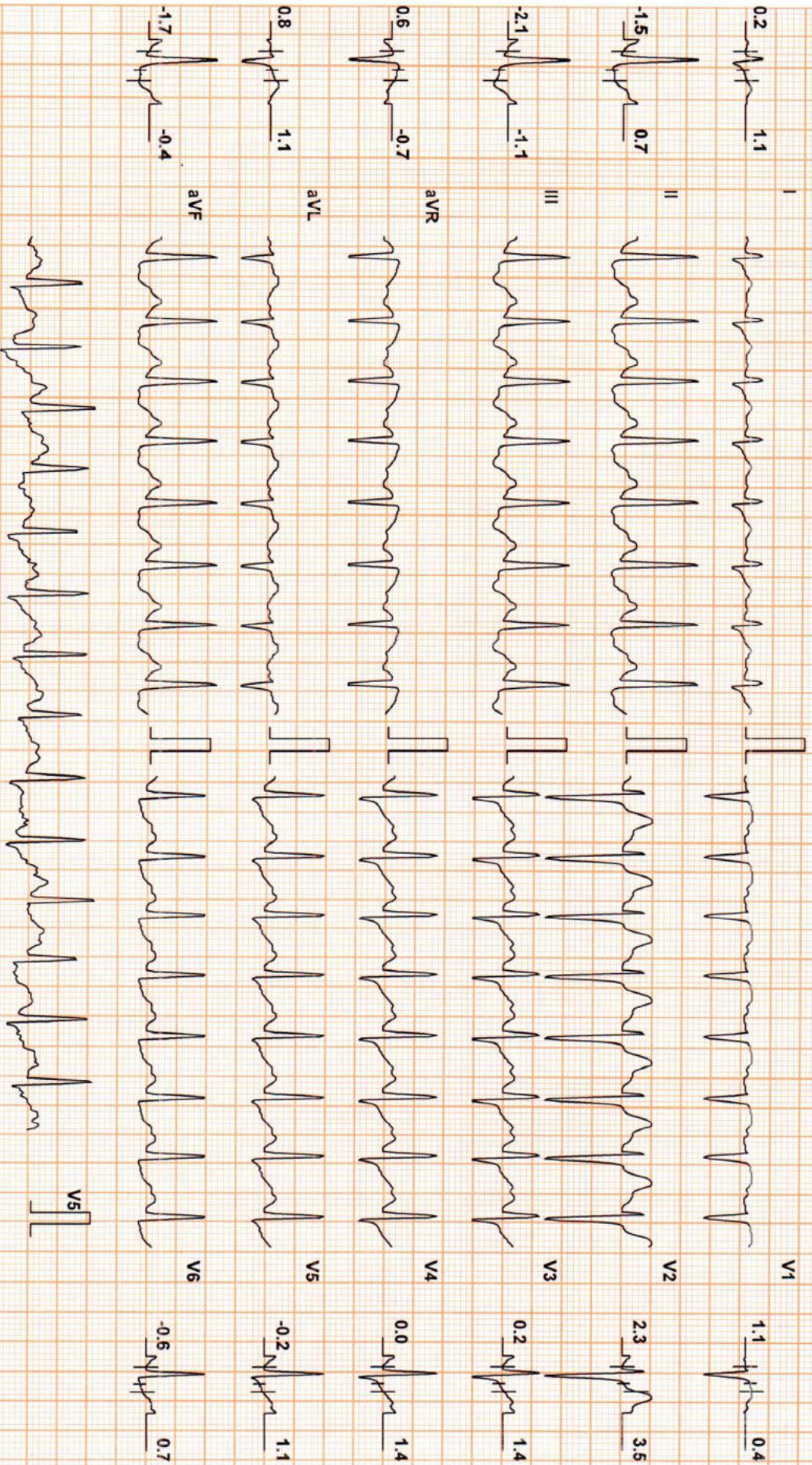


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spenden V 4.7

Linked Median



SUBURBAN DIAGNOSTICS

Test Report

MANEESH VERMA. (36 M)

ID: 2225009842

Date: 07-Sep-22 Exec Time : 9 m 59 s Stage Time : 0 m 59 s HR: 164 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 4.2 mph

Grade: 16 %

(THR: 156 bpm)

B.P: 170 / 90

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

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

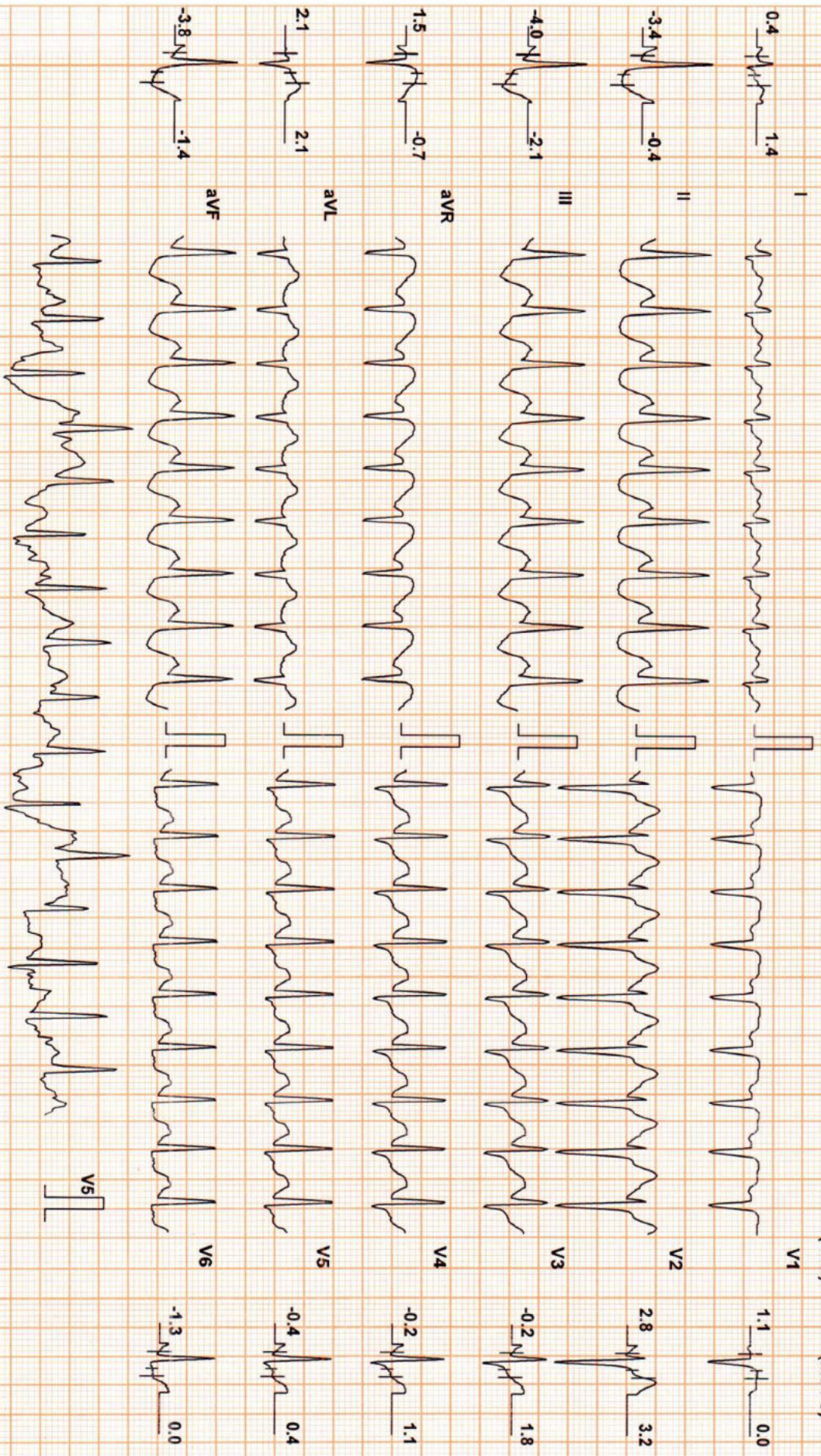


Chart Speed: 25 mm/sec
Schiller Spindler V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUBURBAN DIAGNOSTICS

Test Report

MANEESH VERMA. (36 M)

ID: 2225009842

Date: 07-Sep-22

Exec Time : 10 m 5 s Stage Time : 0 m 54 s **HR: 162 bpm**

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 156 bpm)

B.P.: 160 / 90

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

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

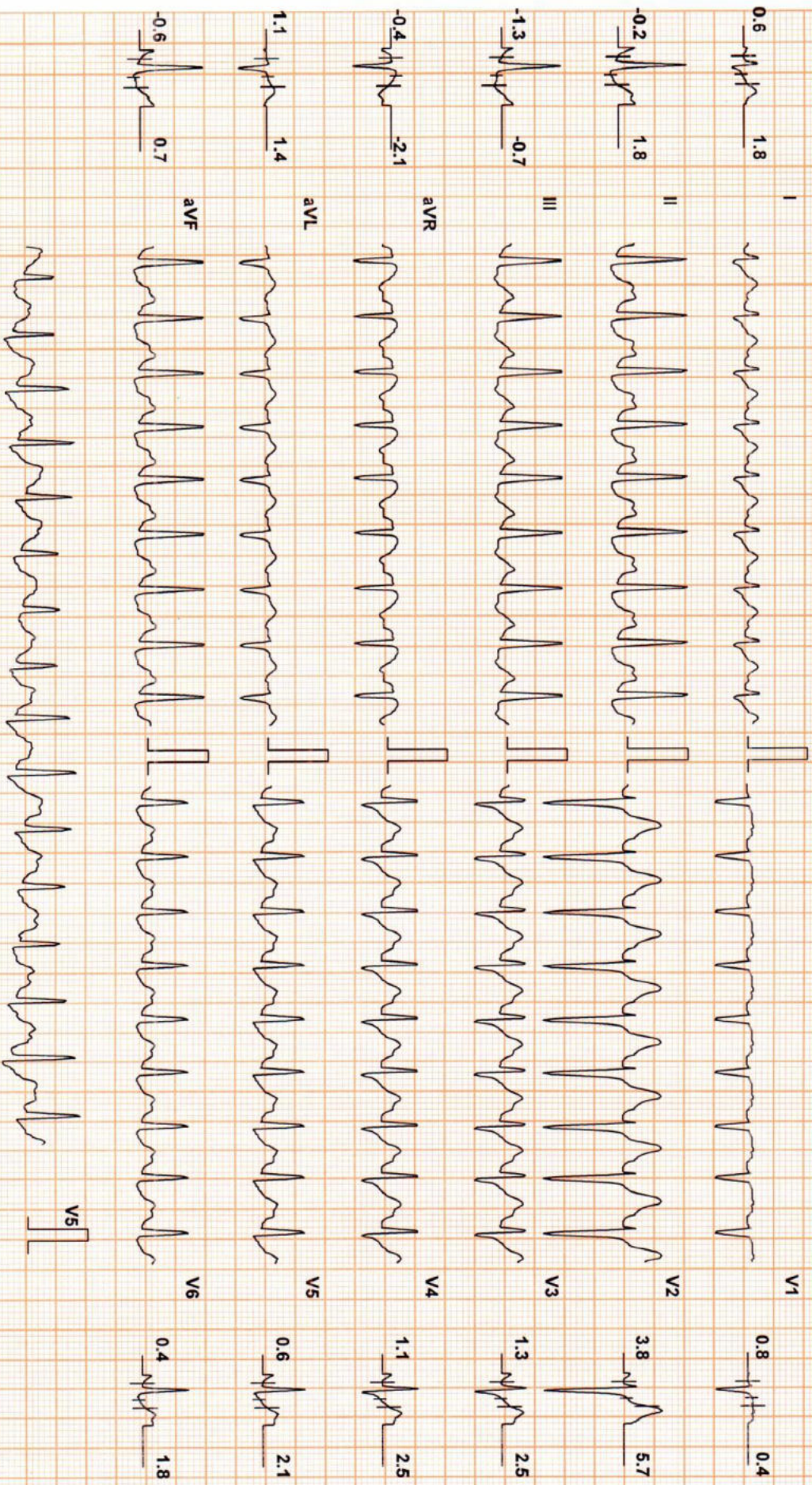


Chart Speed: 25 mm/sec
Schiller Spandian V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms
Linked Median



SUBURBAN DIAGNOSTICS

Test Report

MANESH VERMA. (36 M)

ID: 2225009842

Date: 07-Sep-22

Exec Time : 10 m 5 s Stage Time : 0 m 54 s HR: 120 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0%

(THR: 156 bpm)

B.P: 150 / 90

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

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

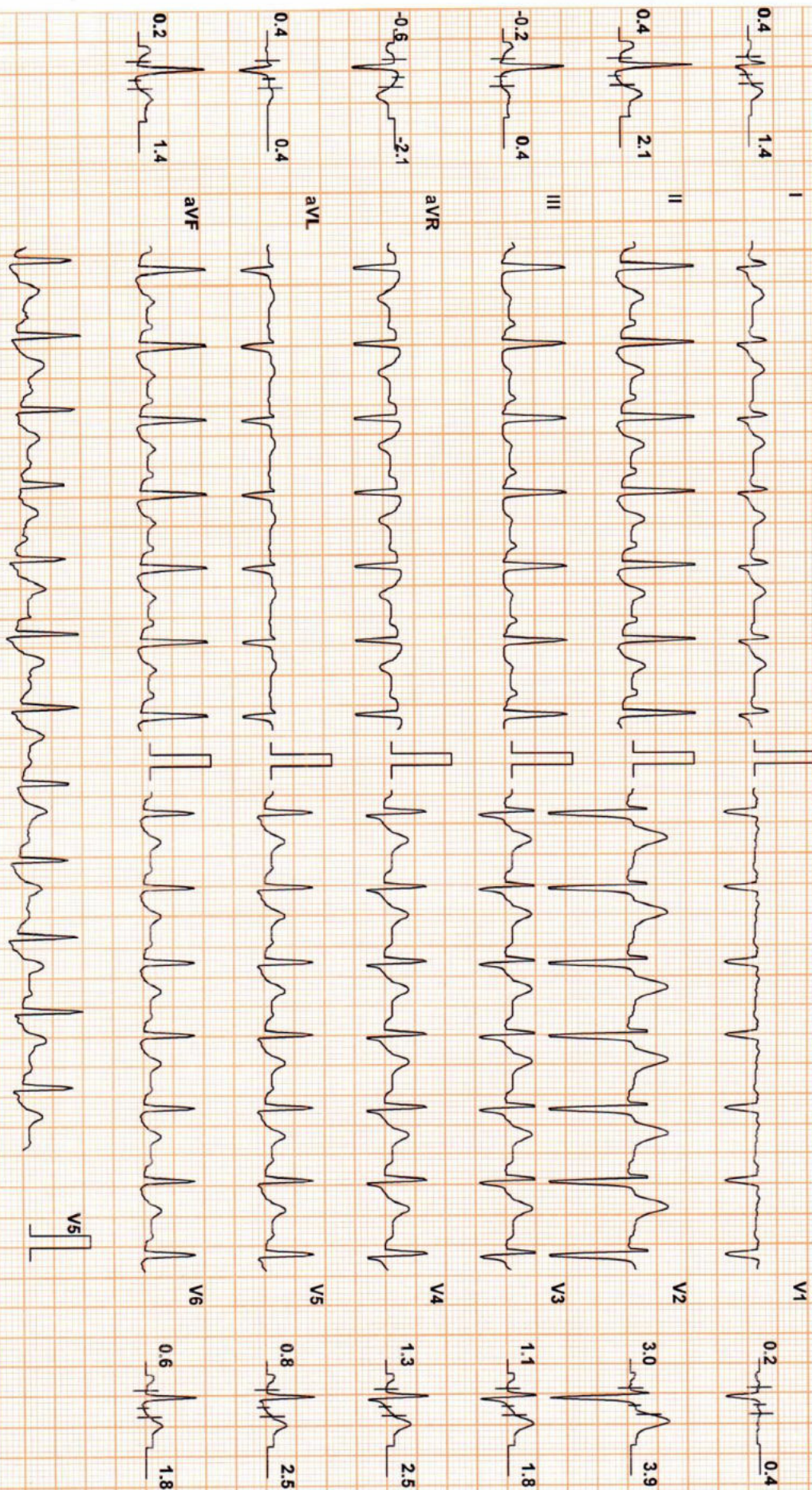


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spändan V 4.7

Linked Median



SUBURBAN DIAGNOSTICS

Test Report

MANEESH VERMA. (36 M)

ID: 2225009842

Date: 07-Sep-22

Exec Time : 10 m 5 s

Stage Time : 0 m 54 s

HR: 117 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 140 / 90

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

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

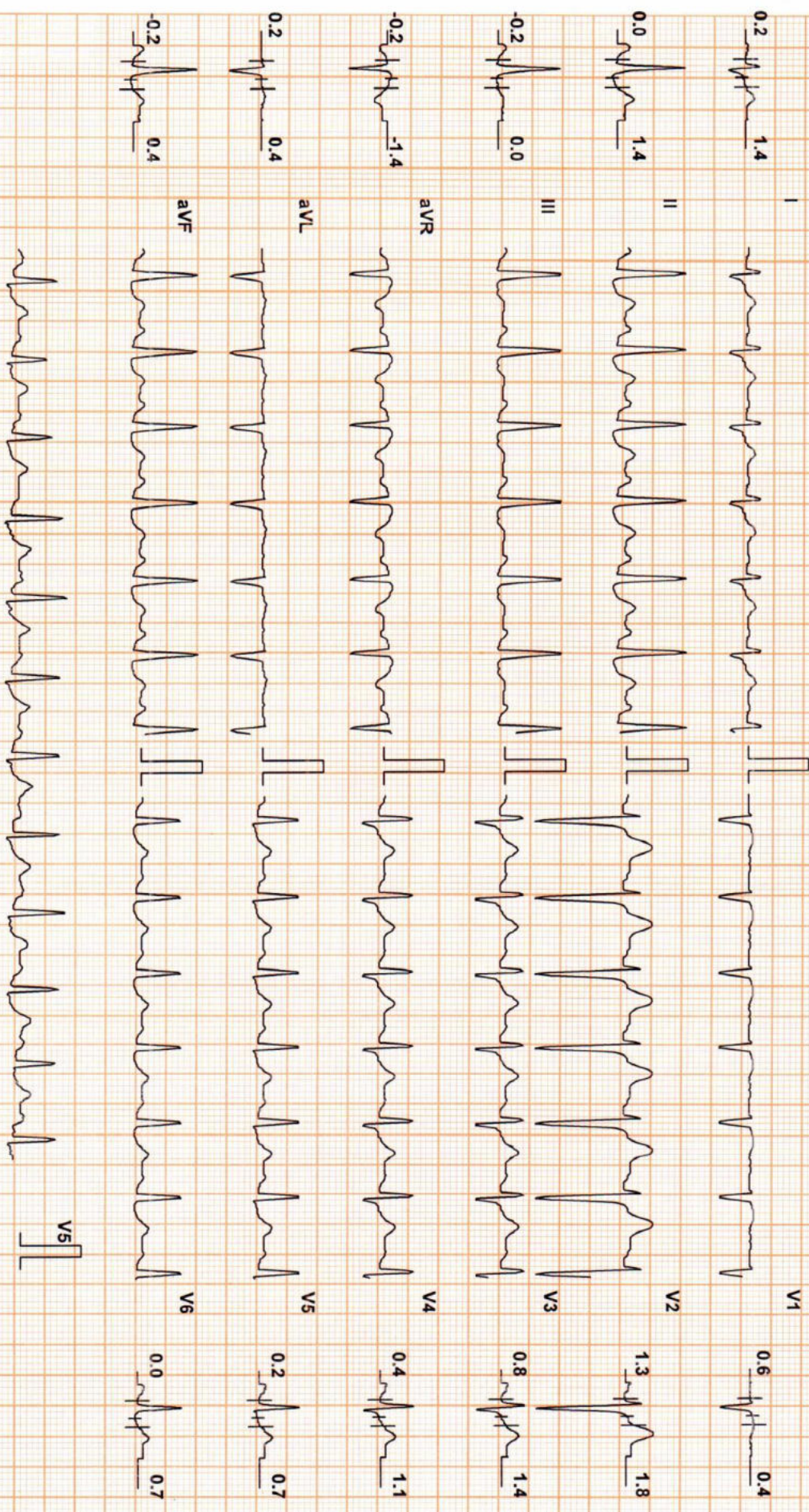


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Schiller Spandau V 47



SUBURBAN DIAGNOSTICS

Test Report

MANEESH VERMA (36 M)

ID: 2225009842

Date: 07-Sep-22

Exec Time : 10 m 5 s Stage Time : 0 m 37 s HR: 109 bpm

Protocol: Bruce

Stage: Recovery(4)

Speed: 0 mph

Grade: 0%

(THR: 156 bpm)

B.P.: 130 / 90

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

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

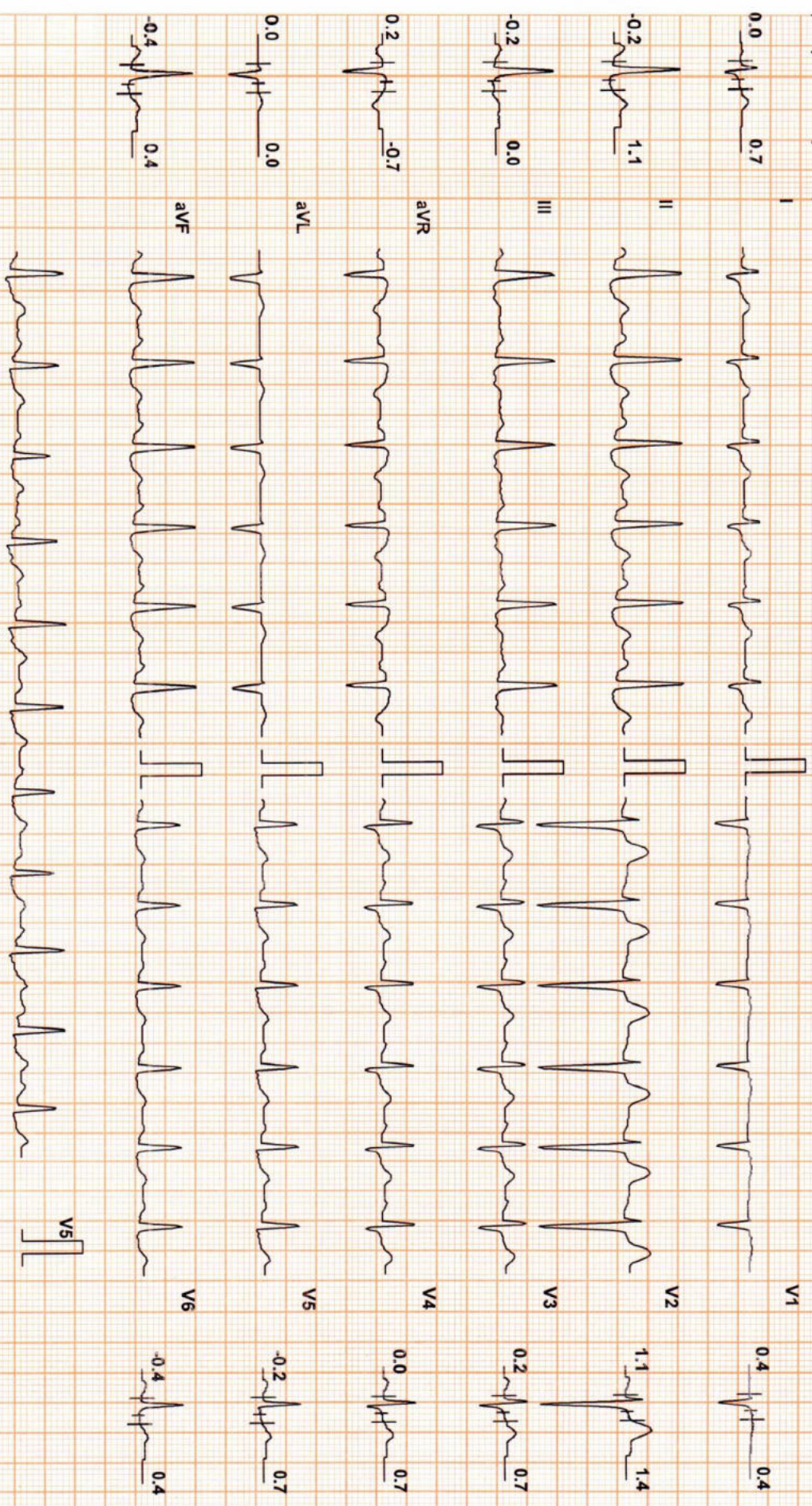


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

Linked Median