

# SUBURBAN DIAGNOSTICS - KALINA, SANTACRUZ EAST



Patient Name: BHUPESH SAHU

Date and Time: 9th Mar 24 9:28 AM

Patient ID: 2406921868

Age **33** **NA** **NA**  
years months days

Gender **Male**

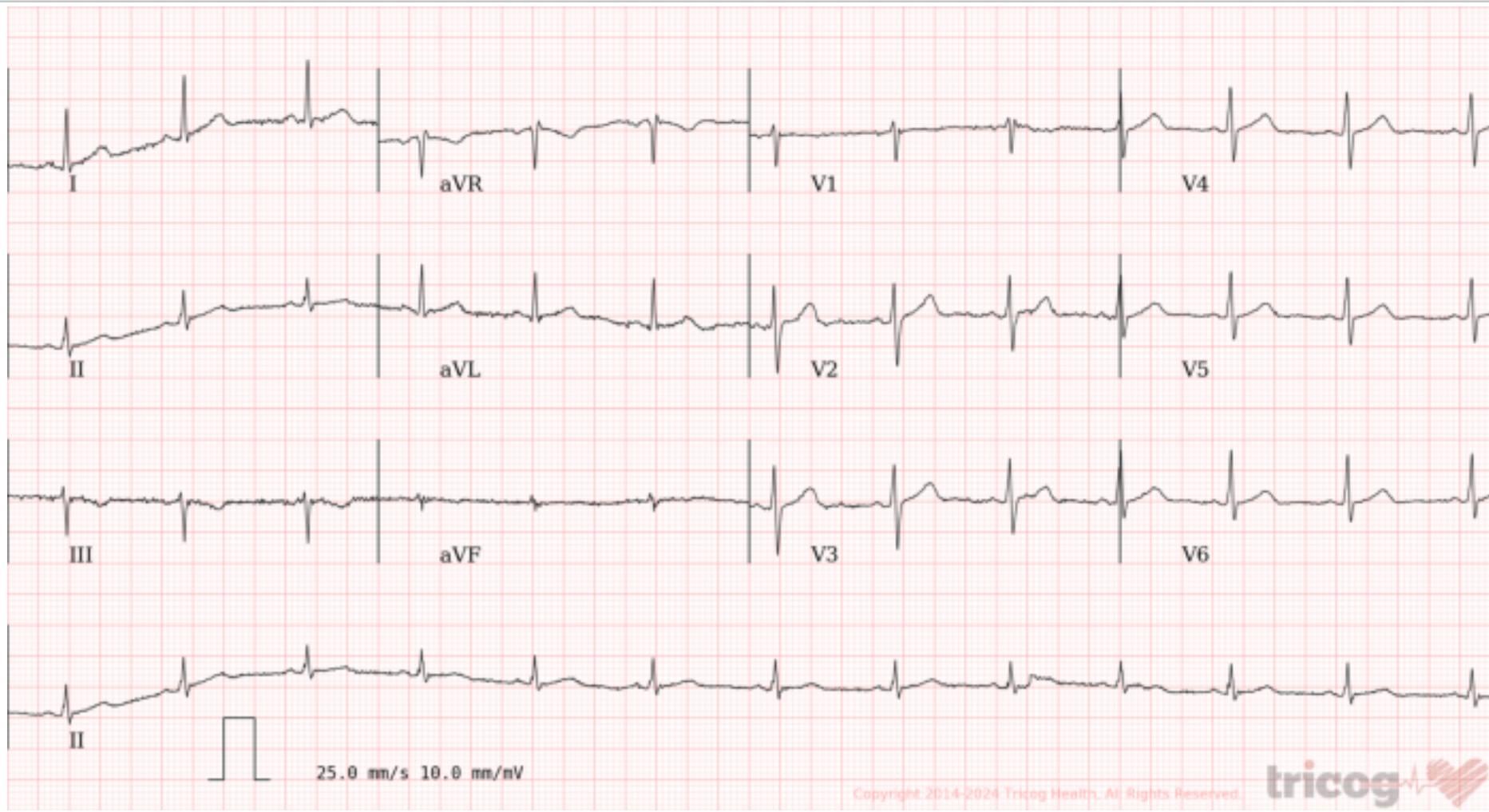
Heart Rate **79bpm**

### Patient Vitals

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

### Measurements

QRSD: 78ms  
QT: 352ms  
QTcB: 403ms  
PR: 114ms  
P-R-T: 8° -7° -2°



Sinus Rhythm Short PR Interval. Please correlate clinically.

REPORTED BY

Dr Naveed Sheikh  
PGDCC  
2016/11/4694



CID : 2406921868  
Name : MR.BHUPESH SAHU  
Age / Gender : 33 Years / Male  
Consulting Dr. : -  
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 09-Mar-2024 / 09:10  
Reported : 09-Mar-2024 / 12:52

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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	4.76	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.9	40-50 %	Calculated
MCV	92.1	81-101 fl	Measured
MCH	30.3	27-32 pg	Calculated
MCHC	32.9	31.5-34.5 g/dL	Calculated
RDW	14.4	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6900	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	38.3	20-40 %	
Absolute Lymphocytes	2642.7	1000-3000 /cmm	Calculated
Monocytes	6.4	2-10 %	
Absolute Monocytes	441.6	200-1000 /cmm	Calculated
Neutrophils	52.3	40-80 %	
Absolute Neutrophils	3608.7	2000-7000 /cmm	Calculated
Eosinophils	2.7	1-6 %	
Absolute Eosinophils	186.3	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	20.7	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	287000	150000-410000 /cmm	Elect. Impedance
MPV	7.6	6-11 fl	Measured
PDW	12.9	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		



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Reported : 09-Mar-2024 / 13:12

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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                      5                                      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 SDRL, Vidyavihar Lab  
\*\*\* End Of Report \*\*\*



**Dr. VRUSHALI SHROFF**  
M.D.(PATH)  
Pathologist



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Age / Gender : 33 Years / Male  
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Reg. Location : Kalina, Santacruz East (Main Centre)

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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	99.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	102.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.52	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.37	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.7	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.8	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	1.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.5	1 - 2	Calculated
SGOT (AST), Serum	28.1	<34 U/L	Modified IFCC
SGPT (ALT), Serum	60.1	10-49 U/L	Modified IFCC
GAMMA GT, Serum	42.9	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	31.2	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	27.4	19.29-49.28 mg/dl	Calculated
BUN, Serum	12.8	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.79	0.73-1.18 mg/dl	Enzymatic

Note: Kindly note in change in reference range w.e.f. 07-09-2023



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Collected : 09-Mar-2024 / 12:04  
Reported : 09-Mar-2024 / 15:01

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eGFR, Serum	120	(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	6.0	3.7-9.2 mg/dl	Uricase/ Peroxidase
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 SDRL, Vidyavihar Lab  
\*\*\* End Of Report \*\*\*



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



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

Collected : 09-Mar-2024 / 09:10  
Reported : 09-Mar-2024 / 13:38

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

**Intended use:**

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

**Clinical Significance:**

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

**Test Interpretation:**

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

**Factors affecting HbA1c results:**

**Increased in:** High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

**Decreased in:** Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

**Reflex tests:** Blood glucose levels, CGM (Continuous Glucose monitoring)

**References:** ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

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



*Namrata Raul*

**Dr.NAMRATA RAUL**  
**M.D (Biochem)**  
**Biochemist**



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Name : MR. BHUPESH SAHU  
Age / Gender : 33 Years / Male  
Consulting Dr. : -  
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 09-Mar-2024 / 09:10  
Reported : 09-Mar-2024 / 15:45

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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	Pale Yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	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	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	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	6-8	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 inert

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



*Dr. Vrushi Shroff*

**Dr. VRUSHALI SHROFF**  
**M.D.(PATH)**  
**Pathologist**



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

Collected : 09-Mar-2024 / 09:10  
Reported : 09-Mar-2024 / 13:11

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

<b><u>PARAMETER</u></b>	<b><u>RESULTS</u></b>
ABO GROUP	B
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.

**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 SDRL, Vidyavihar Lab

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



**Dr. VRUSHALI SHROFF**  
**M.D.(PATH)**  
**Pathologist**





CID : 2406921868  
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Age / Gender : 33 Years / Male  
Consulting Dr. : -  
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 09-Mar-2024 / 09:10  
Reported : 09-Mar-2024 / 13:25

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	212.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	136	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	47.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	165.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	137.9	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	27.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.9	0-3.5 Ratio	Calculated

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



*[Signature]*

**Dr. NAMRATA RAUL**  
**M.D (Biochem)**  
**Biochemist**



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 Collected : 09-Mar-2024 / 09:10  
 Reported : 09-Mar-2024 / 12:48

**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	5.7	3.5-6.5 pmol/L	CLIA
Free T4, Serum	16.9	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	2.386	0.55-4.78 microIU/ml	CLIA



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**Age / Gender** : 33 Years / Male  
**Consulting Dr.** : -  
**Reg. Location** : Kalina, Santacruz East (Main Centre)

**Collected** : 09-Mar-2024 / 09:10  
**Reported** : 09-Mar-2024 / 12:48

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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 trasiently altered becuae 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 \*\*\*



*Anupa*

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

## Suburban Diagnostics Kalina

**Patient Details**      Date: 09-Mar-24      Time: 11:10:21 AM  
 Name: MR., BHUPESH SAHU ID: 2406921868  
 Age: 33 y      Sex: M      Height: 173 cms      Weight: 92 Kgs  
 Clinical History: Routine Test

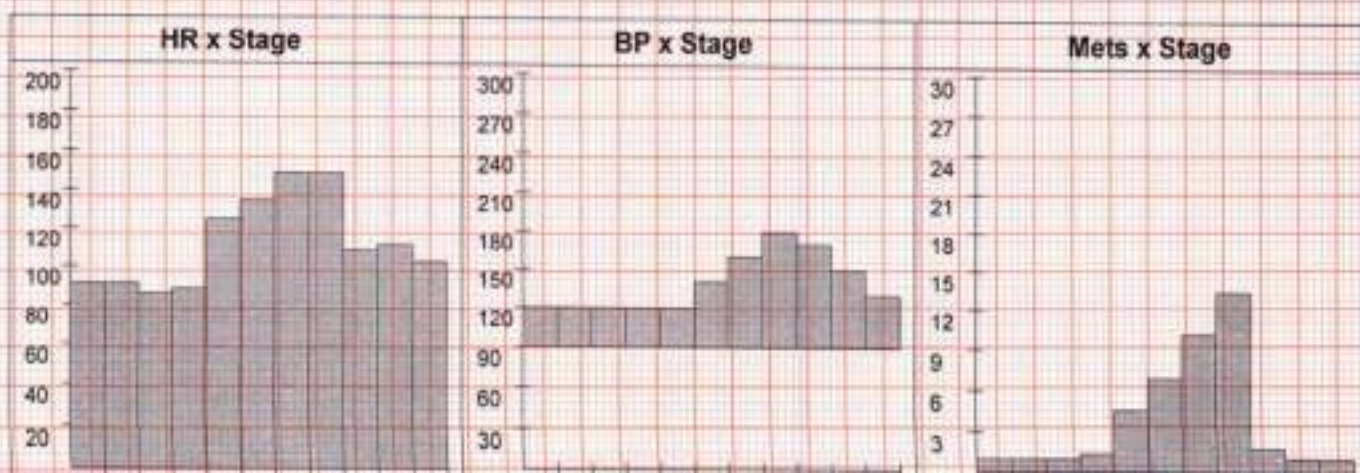
Medications: NONE

### Test Details

Protocol: Bruce      Pr.MHR: 187 bpm      THR: 158 (85 % of Pr.MHR) bpm  
 Total Exec. Time: 9 m 10 s      Max. HR: 149 (80% of Pr.MHR) bpm      Max. Mets: 13.50  
 Max. BP: 180 / 90 mmHg      Max. BP x HR: 26820 mmHg/min      Min. BP x HR: 7740 mmHg/min  
 Test Termination Criteria: Fatigue

### 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 : 25	1.0	0	0	91	120 / 90	-1.06 aVR	1.77 II
Standing	0 : 16	1.0	0	0	91	120 / 90	-0.42 aVR	0.71 I
Hyperventilation	0 : 10	1.0	0	0	88	120 / 90	-0.42 aVR	0.71 I
1	3 : 0	4.6	1.7	10	125	120 / 90	-0.85 aVR	1.42 I
2	3 : 0	7.0	2.5	12	135	140 / 90	-0.64 aVR	2.12 II
3	3 : 0	10.2	3.4	14	149	160 / 90	-0.85 II	1.77 I
Peak Ex	0 : 10	13.5	4.2	16	149	180 / 90	-0.85 II	2.12 II
Recovery(1)	2 : 0	1.8	1	0	109	170 / 90	-0.85 II	2.12 II
Recovery(2)	2 : 0	1.0	0	0	112	150 / 90	-0.42 aVR	1.42 II
Recovery(3)	1 : 14	1.0	0	0	103	130 / 90	-2.55 V5	-2.48 III



## Suburban Diagnostics Kalina



### Patient Details

Date: 09-Mar-24

Time: 11:10:21 AM

Name: MR., BHUPESH SAHU ID: 2406921868

Age: 33 y

Sex: M

Height: 173 cms

Weight: 92 Kgs

### Interpretation

AVERAGE EFFORT TOLERENCE  
NORMAL HEART RATE RESPONSE  
NORMAL BLOOD PRESSURE RESPONSE  
NO ANGINA/ANGINA EQUIVALENTS  
NO ARRTHYMIAS  
NO SIGNIFICANT ST-T CHANGES NOTED AS COMPARED TO BASELINE  
ECG  
IMPRESSION : STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHAEMIA

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

### Suburban Diagnostics (I) Pvt. Ltd.

1st Floor, Harbhajan, Above HDFC Bank,  
Opp. Kala Petrol Pump, Kalina, CST Road,  
Santacruz (East),  
Tel. No. 022-61700000

**DR. SHEIKH NAVEED**  
MBBS/PGDCC  
Clinical Cardiologist  
Reg. No. 2016/11/4694

Ref. Doctor: .....

Doctor: NAVEED SHEIKH

# Suburban Diagnostics Kalina

MR., BHUPESH SAHU (33 M)

ID: 2406921868

Date: 09-Mar-24

B.P: 120 / 90

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 19 s

HR: 91 bpm

(THR: 158 bpm)



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

Chart Speed: 25 mm/sec  
Schiller Spandit V 4.51

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

Mains Filt: ON  
Post J = J + 60 ms

Amp: 10 mm  
Linked Median

# Suburban Diagnostics Kalina

MR., BHUPESH SAHU (33 M)

ID: 2406921868

Date: 09-Mar-24

B.P: 120 / 90

Protocol: Bruce

Stage: Standing

Speed: 0 mph

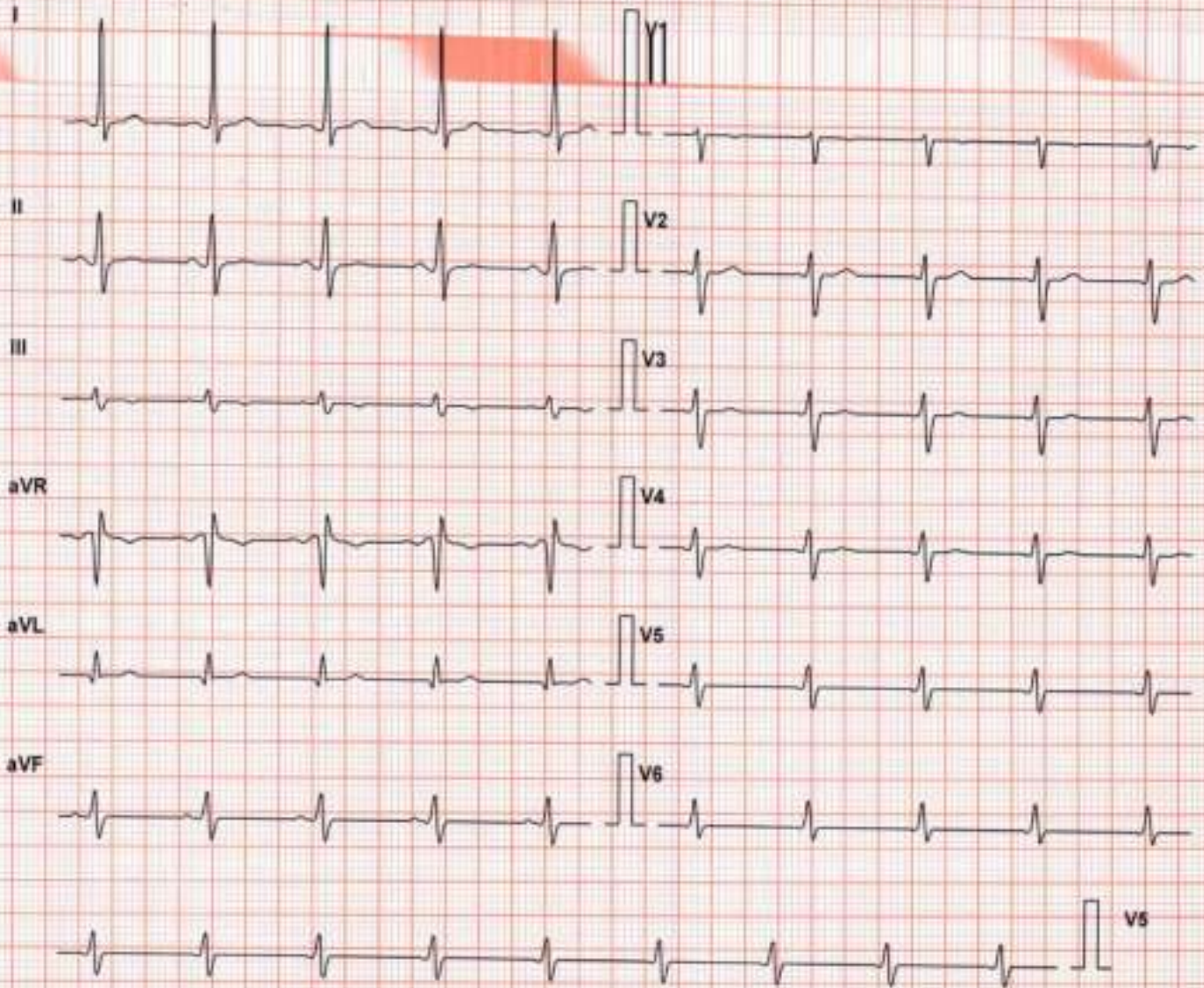
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 10 s

HR: 87 bpm

(THR: 158 bpm)



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

Chart Speed: 25 mm/sec  
Schiller Spandan V 4.51

Filter: 35-Hz  
Iso = R - 50 ms J = R + 60 ms

Mains Fil: ON  
Post J = J + 60 ms

Amp: 10 mm  
Linked Median

# Suburban Diagnostics Kalina

MR., BHUPESH SAHU (33 M)

ID: 2406921868

Date: 09-Mar-24

B.P: 120 / 90

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 4 s

HR: 87 bpm

(THR: 158 bpm)



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

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller Spandian V4.51

Isr = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median



# Suburban Diagnostics Kalina

MR., BHUPESH SAHU (33 M)

ID: 2406921868

Date: 09-Mar-24

B.P: 120 / 90

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

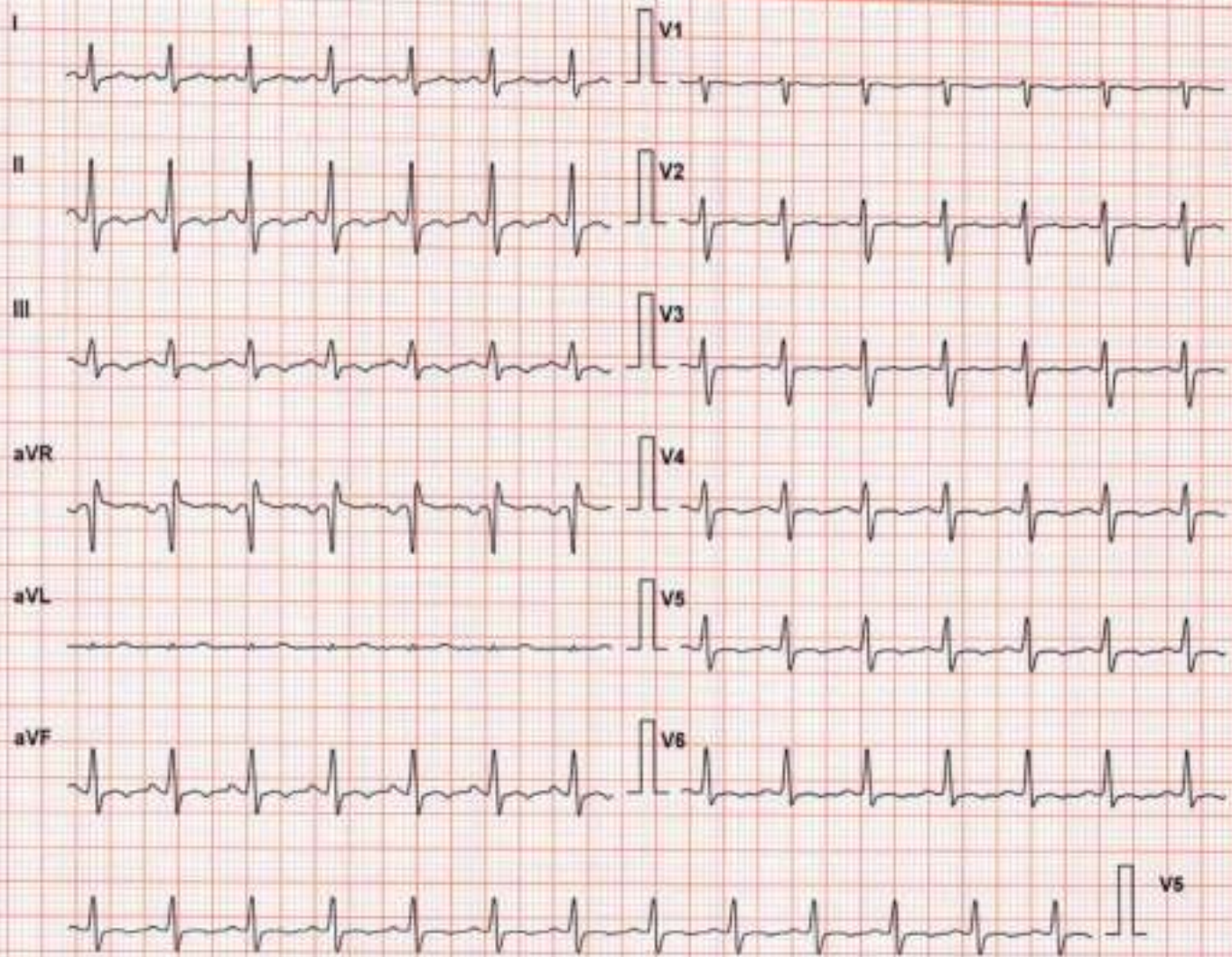
Grade: 10 %

Exec Time : 2 m 54 s

Stage Time : 2 m 54 s

HR: 125 bpm

(THR: 158 bpm)



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

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Schiller Spandao V4.51

iso - R - 60 ms J - R - 60 ms

Pool J - J - 60 ms

Linked Median

# Suburban Diagnostics Kalina

MR., BHUPESH SAHU (33 M)

ID: 2406921868

Date: 09-Mar-24

B.P: 140 / 90

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

Exec Time : 5 m 54 s

Stage Time : 2 m 54 s

HR: 137 bpm

(THR: 158 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.2	1.1
II	-0.4	1.1
III	-0.4	-0.4
aVR	0.2	-1.1
aVL	0.0	0.4
aVF	-0.4	0.4
V1	0.0	-0.4
V2	0.0	0.0
V3	0.2	0.0
V4	0.2	0.0
V5	-0.2	0.0
V6	-0.2	0.4

# Suburban Diagnostics Kalina

MR., BHUPESH SAHU (33 M)

ID: 2406921868

Date: 09-Mar-24

B.P: 160 / 90

Protocol: Bruce

Stage: 3

Speed: 3.4 mph

Grade: 14 %

Exec Time : 8 m 54 s

Stage Time : 2 m 54 s

HR: 150 bpm

(THR: 158 bpm)



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

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller Spandan V4.51

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

Post J = J + 60 ms

Linked Median

# Suburban Diagnostics Kalina

MR., BHUPESH SAHU (33 M)

ID: 2408921868

Date: 09-Mar-24

B.P: 180 / 90

Protocol: BRUCE

Stage: Peak Ex

Speed: 4.2 mph

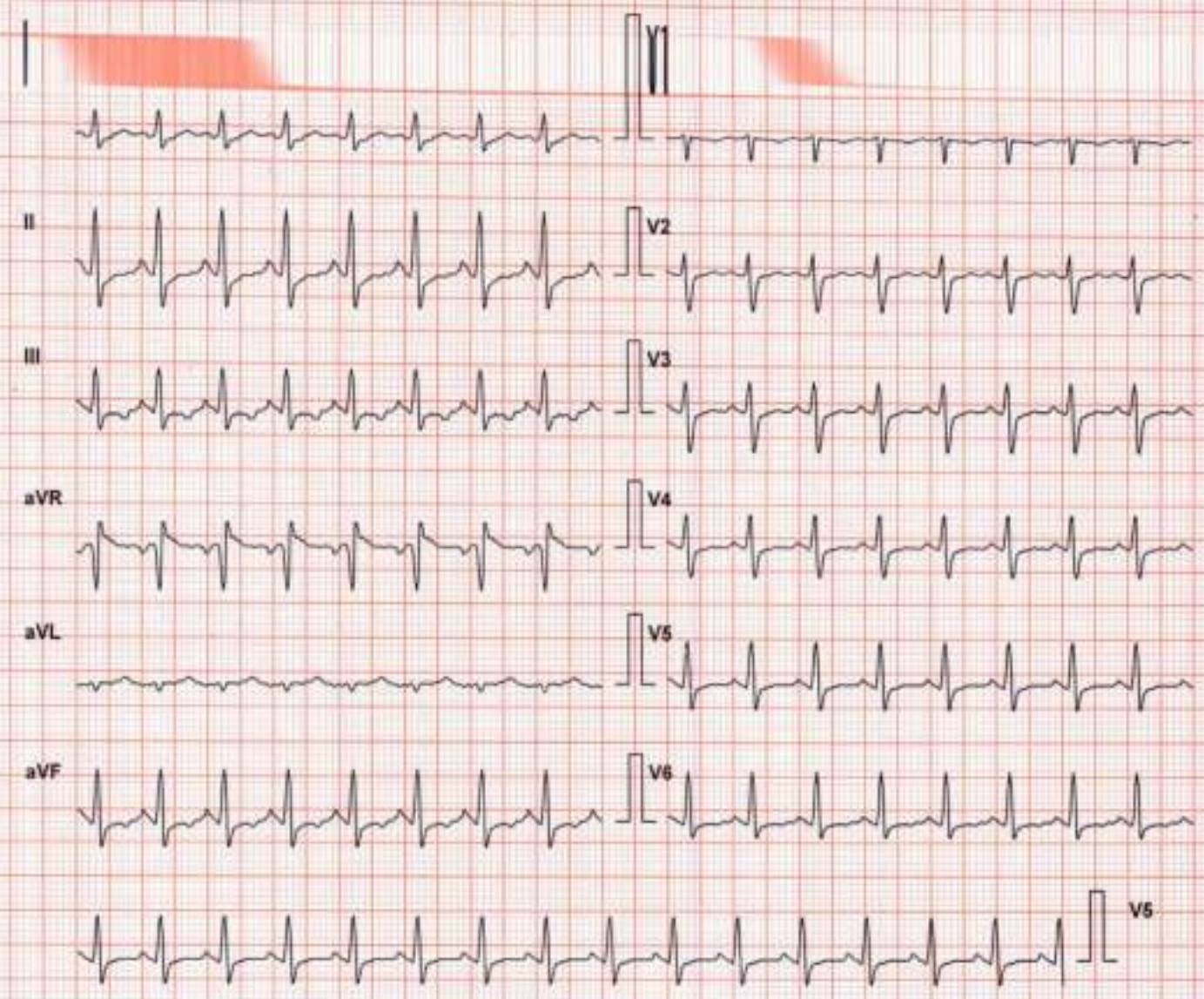
Grade: 16 %

Exec Time : 9 m 4 s

Stage Time : 0 m 4 s

HR: 150 bpm

(THR: 158 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.4	1.4
II	-0.4	1.8
III	-0.6	0.4
aVR	-0.2	-2.1
aVL	0.4	0.4
aVF	-0.4	1.1
V1	-0.2	-0.4
V2	0.0	0.4
V3	0.0	0.7
V4	0.0	0.7
V5	0.2	1.1
V6	-0.2	0.7

# Suburban Diagnostics Kalina

MR., BHUPESH SAHU (33 M)

ID: 2408921868

Date: 09-Mar-24

B.P: 170 / 90

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

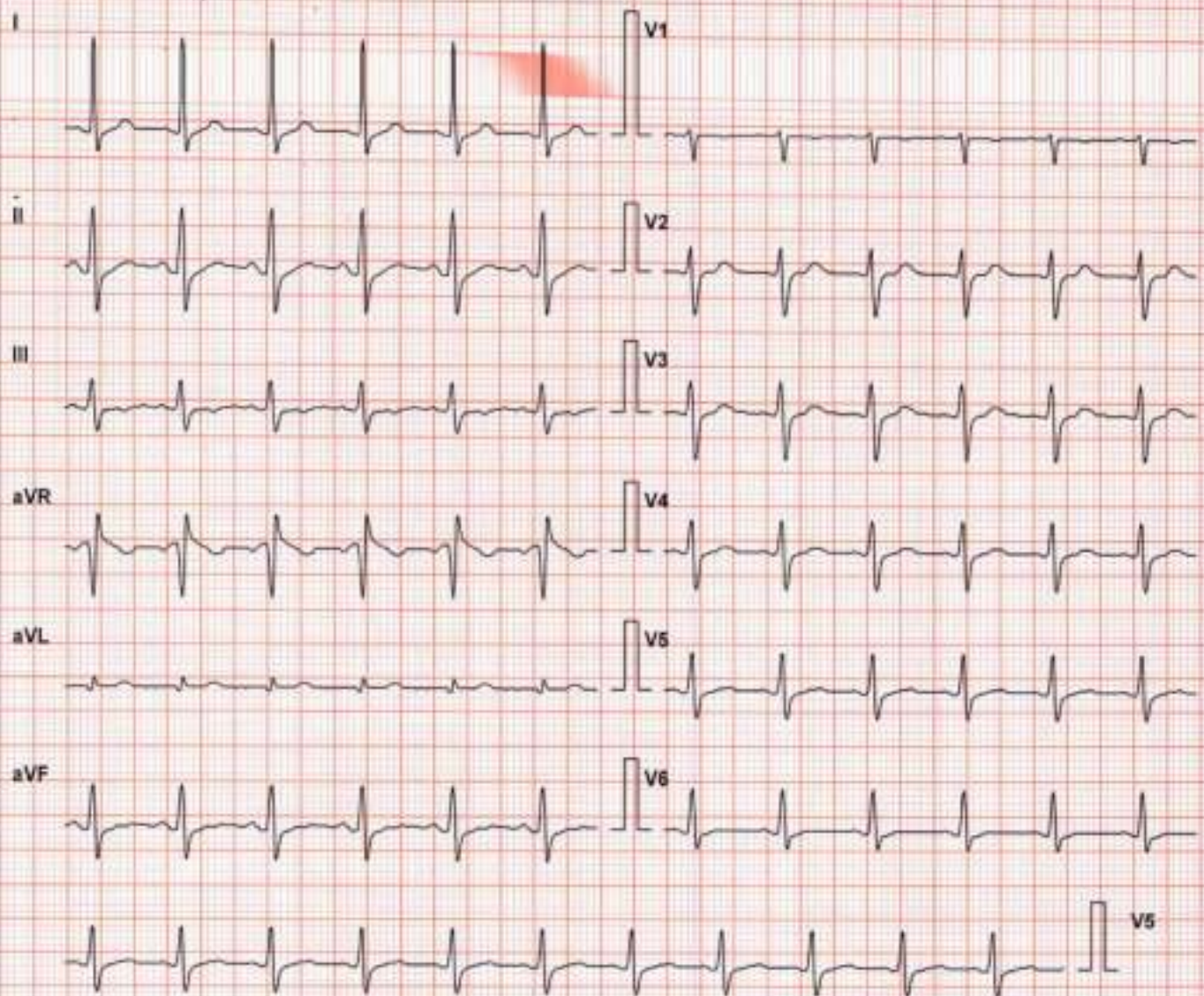
Grade: 0 %

Exec Time : 9 m 10 s

Stage Time : 1 m 54 s

HR: 110 bpm

(THR: 158 bpm)



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

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller Spandan V4.5f

100 = R - 60 ms J - R + 60 ms

Post J = J + 60 ms

Linked Median

# Suburban Diagnostics Kalina

MR. BHUPESH SAHU (33 M)

ID: 2406921868

Date: 09-Mar-24

B.P: 150 / 90

Protocol: BRUCE

Stage: Recovery(2)

Speed: 0 mph

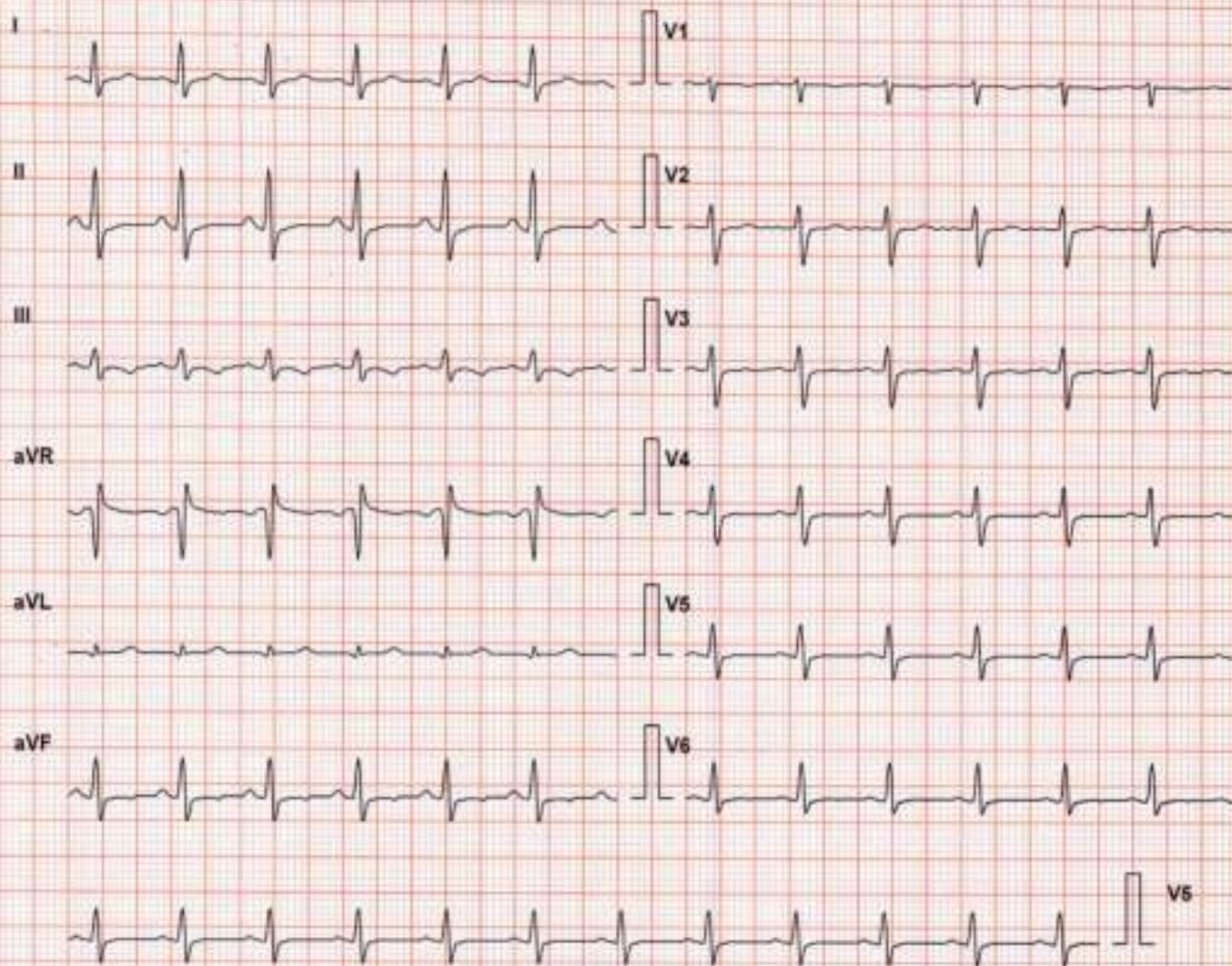
Grade: 0 %

Exec Time : 9 m 10 s

Stage Time : 1 m 54 s

HR: 114 bpm

(THR: 158 bpm)



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

Chart Speed: 25 mm/sec

Schiller Spandari V4.51

Filter: 35 Hz

100 = R = 60 ms J = R = 60 ms

Mains Filt: ON

Post J = J = 60 ms

Amp: 10 mm

Linked Median

# Suburban Diagnostics Kalina

MR., BHUPESH SAHU (33 M)

ID: 2406921868

Date: 09-Mar-24

B.P: 130 / 90

Protocol: Grube

Stage: Recovery(3)

Speed: 0 mph

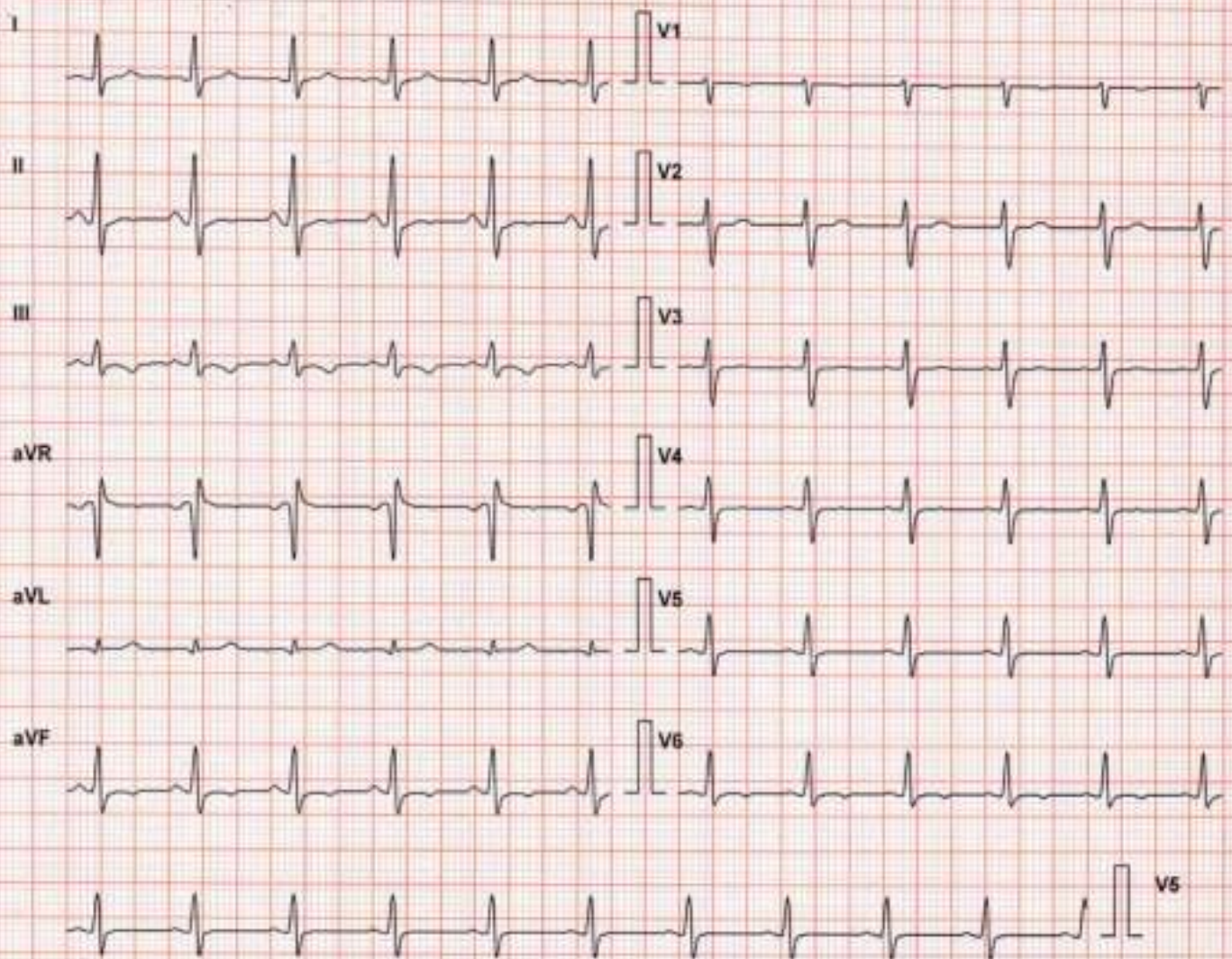
Grade: 0 %

Exec Time : 9 m 10 s

Stage Time : 1 m 8 s

HR: 102 bpm

(THR: 158 bpm)



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

Chart Speed: 25 mm/sec

Schiller Spender V4.51

Filter: 35 Hz

ISO = R = 60 ms J = R = 60 ms

Mains Filt: ON

Post J = J = 60 ms

Amp: 10 mm

Linked Median



**CID** : 2406921868  
**Name** : Mr Bhupesh Sahu  
**Age / Sex** : 33 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Kalina, Santacruz East Main Centre

**Reg. Date** : 09-Mar-2024  
**Reported** : 09-Mar-2024/09:37

## USG WHOLE ABDOMEN

### LIVER:

The liver measures 17.4 cm , enlarge in size , is normal in shape and smooth margins.

It shows **bright 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 and appears normal. No evidence of gall stones or mass 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: 10.0 x 5.4 cm. Left kidney measures: 11.0 x 6.4 cm.

### SPLEEN:

The spleen is normal in size 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 2.9 x 2.8 x 2.6 cm and volume is 11.4 cc.

### IMPRESSION:

**Mild hepatomegaly with fatty Liver.**

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

*Asham*  
**DR. ASHA DHAVAN**  
MBBS ; D.M.R.E  
CONSULTANT RADIOLOGIST





Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2406921868  
**Name** : Mr Bhupesh Sahu  
**Age / Sex** : 33 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Kalina, Santacruz East Main Centre

**Reg. Date** : 09-Mar-2024  
**Reported** : 09-Mar-2024/09:37



**CID** : 2406921868  
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**Ref. Dr** :  
**Reg. Location** : Kalina, Santacruz East Main Centre

**Reg. Date** : 09-Mar-2024  
**Reported** : 09-Mar-2024/13:34

**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-----

*Arshwan*

**DR.ASHA DHAVAN**  
**MBBS ; D.M.R.E**  
**CONSULTANT RADIOLOGIST**



Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2406921868  
**Name** : Mr Bhupesh Sahu  
**Age / Sex** : 33 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Kalina, Santacruz East Main Centre

**Reg. Date** : 09-Mar-2024  
**Reported** : 09-Mar-2024/13:34