



CID : 2405000967  
Name : MR.NARESH TIRUMALI  
Age / Gender : 35 Years / Male  
Consulting Dr. : -  
Reg. Location : Malad West (Main Centre)

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Collected : 19-Feb-2024 / 09:50  
Reported : 19-Feb-2024 / 13:43

**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	16.4	13.0-17.0 g/dL	Spectrophotometric
RBC	5.85	4.5-5.5 mil/cmm	Elect. Impedance
PCV	49.8	40-50 %	Calculated
MCV	85.3	80-100 fl	Measured
MCH	28.1	27-32 pg	Calculated
MCHC	33.0	31.5-34.5 g/dL	Calculated
RDW	14.6	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	8050	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	31.2	20-40 %	
Absolute Lymphocytes	2511.6	1000-3000 /cmm	Calculated
Monocytes	8.8	2-10 %	
Absolute Monocytes	708.4	200-1000 /cmm	Calculated
Neutrophils	44.4	40-80 %	
Absolute Neutrophils	3574.2	2000-7000 /cmm	Calculated
Eosinophils	14.7	1-6 %	
Absolute Eosinophils	1183.3	20-500 /cmm	Calculated
Basophils	0.9	0.1-2 %	
Absolute Basophils	72.5	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	180000	150000-400000 /cmm	Elect. Impedance
MPV	9.9	6-11 fl	Measured
PDW	18.7	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	Eosinophilia

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 CPL, Andheri West

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



*J Thakker*

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



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	88.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	88.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	1.01	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.29	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.72	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	20.6	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	28.4	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	19.5	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	104.7	40-130 U/L	Colorimetric
BLOOD UREA, Serum	19.2	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.0	6-20 mg/dl	Calculated
CREATININE, Serum	0.81	0.67-1.17 mg/dl	Enzymatic



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eGFR, Serum	118	(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	4.9	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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\*\*\* End Of Report \*\*\*



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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.

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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	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<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	3-4	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

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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

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West

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



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	171.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	111.6	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	38.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	133.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	111.0	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	22.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.9	0-3.5 Ratio	Calculated

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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	4.6	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.3	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.21	0.35-5.5 microIU/ml mIU/ml	ECLIA



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**Interpretation:**

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

**Clinical Significance:**

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be 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 \*\*\*



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*Naresh*  
*19/02/2024*

 *શ્રી ગણેશાય નમઃ*  
Bank of Baroda

TIRUMALI NARESH

104758

*Naresh*  
Signature

*Naresh*  
Signature

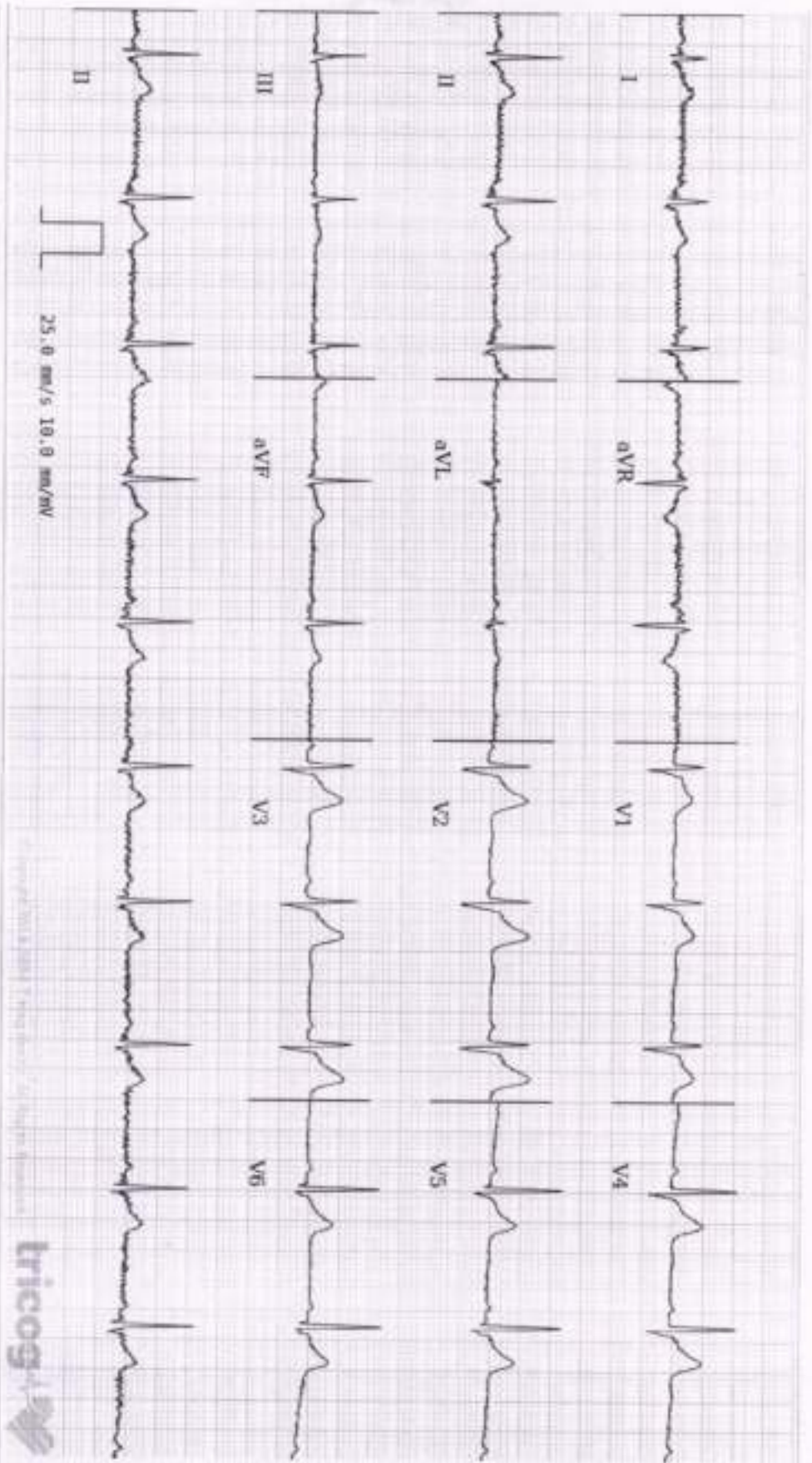
Department of Member





Patient Name: NARESH TIRUMALI  
Patient ID: 24050009967

**SUBURBAN DIAGNOSTICS - MALAD WEST**  
Date and Time: 19th Feb 24 10:02 AM



25.0 mm/s 10.0 mm/mV



Age **35** years m  
Gender **Male**  
Heart Rate **60**  
Patient Vitals  
BP: 120/80  
Weight: 75 kg  
Height: 175 cm  
Pulse: NA  
SpO2: NA  
Resp: NA  
Others:

Measurements  
QRSD: 96ms  
QT: 372ms  
QTcB: 383ms  
PR: 128ms  
P-R-T: 69° 76

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

REPORTED BY

*[Signature]*

DR. SIVANIL HEERKAR  
MD (General Medicine)  
2005/07/12

This report is based on ECG strip and should be read in conjunction with clinical history, symptoms, and results of other investigations and non-invasive tests and used for comparison by a qualified physician. All future strips are to be read by the physician and not directly from the ECG.

Date:- 19/02/24  
Name:- Navesh - Tirumali

CID: 2405000967  
Sex / Age: 38y / M

**EYE CHECK UP**

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

DV-RE - 6/6  
LE - 6/6

NV-RE - N/G  
LE - N/G

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	/				/			
Near	/				/			

Colour Vision: Normal / Abnormal

Remark:

**SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.**  
102-103, Shrihari Centre,  
Opp. Government Sports Club,  
Link Road, Sector 29, Gurgaon - Haryana, India.





Authenticity Check



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## USG WHOLE ABDOMEN

### 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 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 5.8 cm.  
Left kidney measures 10.3 x 5.8 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 and echotexture.

Click here to view images <http://3.111.232.119/IRISViewer/NeoradViewer?AccessionNo=2024021909380981>

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**IMPRESSION:**

*No significant abnormality is seen.*

**Suggestion: Clinicopathological correlation.**

Note: 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 case for confirmation of findings. Patient has been explained in detail about the USG findings including its limitations and need for further imaging if clinically indicated. Please interpret accordingly. All the possible precaution have been taken under covid-19 pandemic.

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

Dr. Sunil Bhutka  
DMRD DNB  
MMC REG NO:2011051101

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Malad West

Station  
Telephone:**EXERCISE STRESS TEST REPORT**

Patient Name: NARESH, TIRUMALI  
 Patient ID: 2405000967  
 Height: 175 cm  
 Weight: 75 kg

DOB: 19.11.1988  
 Age: 35yrs  
 Gender: Male  
 Race: Asian

Study Date: 19.02.2024  
 Test Type: --  
 Protocol: BRUCE

Referring Physician: --  
 Attending Physician: DR SONALI HONRAG  
 Technician: --

Medications:

Medical History:

Reason for Exercise Test:Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	02:20	0.00	0.00	88	120/80	
	STANDING	00:05	0.00	0.00	90	120/80	
	HYPERV.	00:05	0.00	0.00	86	120/80	
	WARM-UP	00:07	0.00	0.00	81	120/80	
EXERCISE	STAGE 1	03:00	1.70	10.00	109	130/80	
	STAGE 2	03:00	2.50	12.00	136	140/80	
	STAGE 3	02:21	3.40	14.00	169	150/80	
RECOVERY		03:06	0.00	0.00	108	150/80	

The patient exercised according to the BRUCE for 8:20 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 82 bpm rose to a maximal heart rate of 171 bpm. This value represents 92 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 150/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

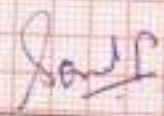
Summary: Resting ECG: normal.  
 Functional Capacity: normal.  
 HR Response to Exercise: appropriate.  
 BP Response to Exercise: normal resting BP - appropriate response.  
 Chest Pain: none.  
 Arrhythmias: none.  
 ST Changes: none.  
 Overall impression: Normal stress test.

Conclusions

Good effort tolerance. No Significant ST- T changes as compared to baseline. No chest pain / arrythmia noted. Stress test is negative for inducible ischemia.

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

Physician



Technician

**DR. SONALI HONRAO**  
MD (G.MED)  
CONSULTING PHYSICIAN  
REG NO.2001/04/1882

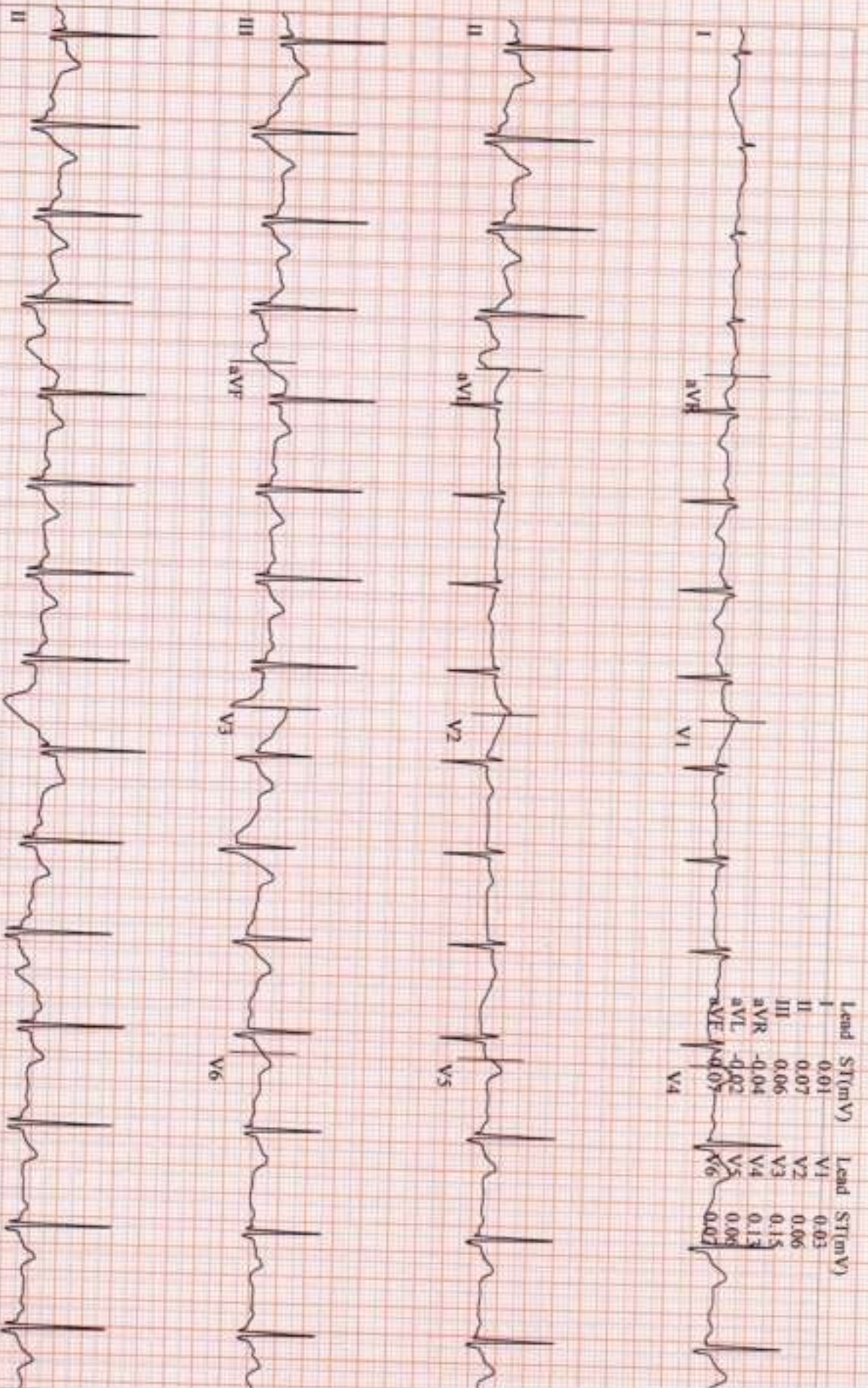
**SUBLEKAM DIAGNOSTICS (INDIA) PVT. LTD.**  
102/119, Bhandari Centre,  
Opp. Chhatrapati Sports Club,  
Link Road, Wadgaon (W), Mumbai - 400 064.

**NARESH, TIRUMALI**  
 Patient ID 2405000967  
 19.02.2024  
 12:48:32pm

12-Lead Report  
 PRETEST  
 SUPINE  
 02:18  
 85 bpm  
 120/80 mmHg

BRIDGE  
 0.0 mph  
 0.0 %

SUBURBAN DIAGNOSTIC  
 Measured at 60bpm Post J  
 Auto Points



Lead	ST(mV)	Lead	ST(mV)
I	0.01	V1	0.03
II	0.07	V2	0.06
III	0.06	V3	0.15
aVR	-0.04	V4	0.13
aVL	-0.02	V5	0.06
aVF	0.05	V6	0.07

GE CardioSoft V6.73 (2)  
 25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II, I)

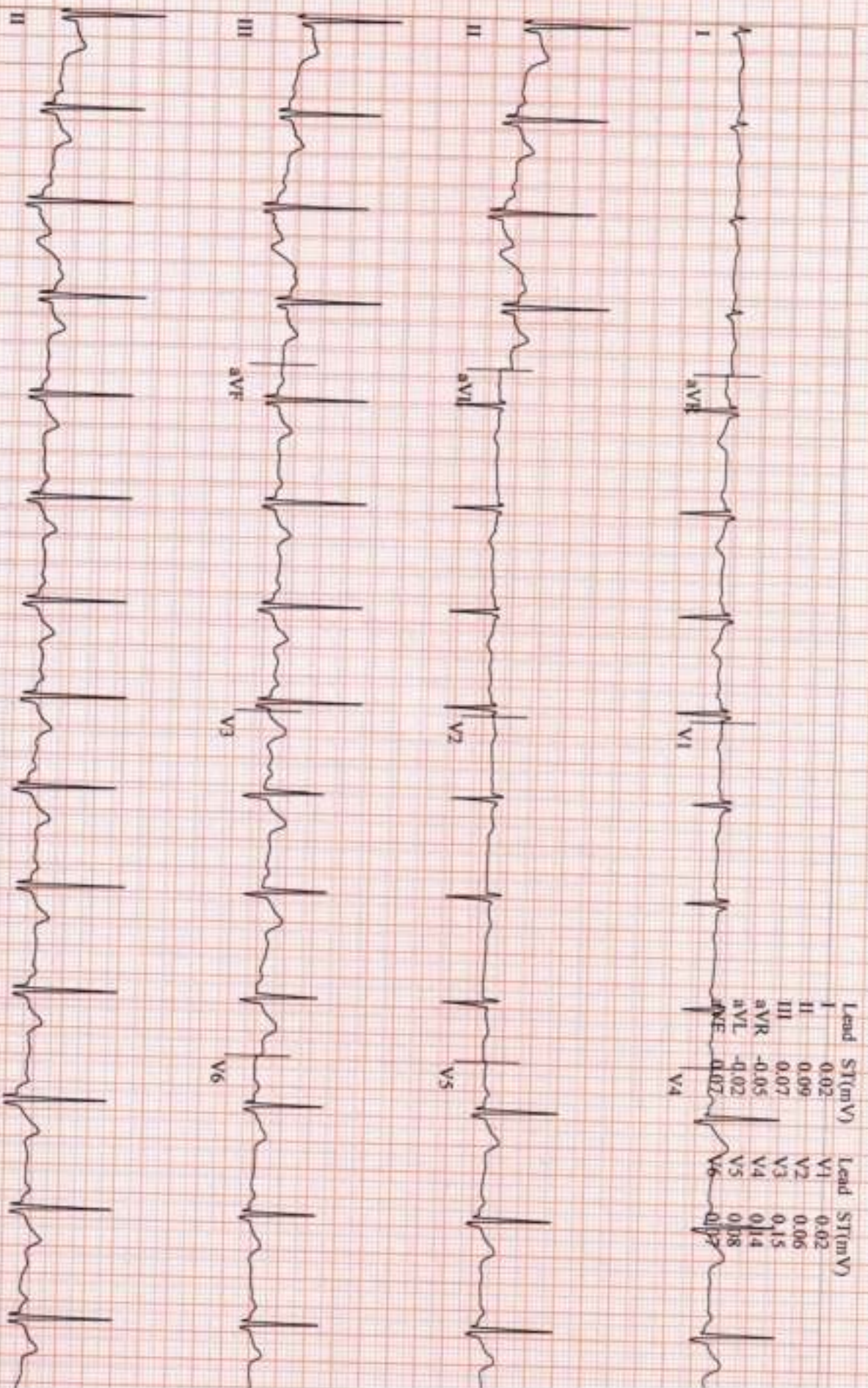
Start of Test: 12:46:09pm

**NARESH, TIRUMALI**  
 Patient ID 2405000967  
 19-02-2024  
 12:48:37pm

12-Lead Report  
 PRETEST  
 STANDING  
 02-23  
 91 bpm  
 120/80 mmHg

BRUCE  
 0.0 mph  
 0.0 %

SUBURBAN DIAGNOSTIC  
 Measured at 60ms Post J  
 Auto Points



GE CardioSoft V6.73 (2)  
 25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HRQILD

Start of Test: 12:46:09pm

NARESH, TIRUMALI  
Patient ID 2405000967

19:02:2024  
12:48:43pm

86 bpm  
120/80 mmHg

PRETEST  
WARM-UP  
02:28

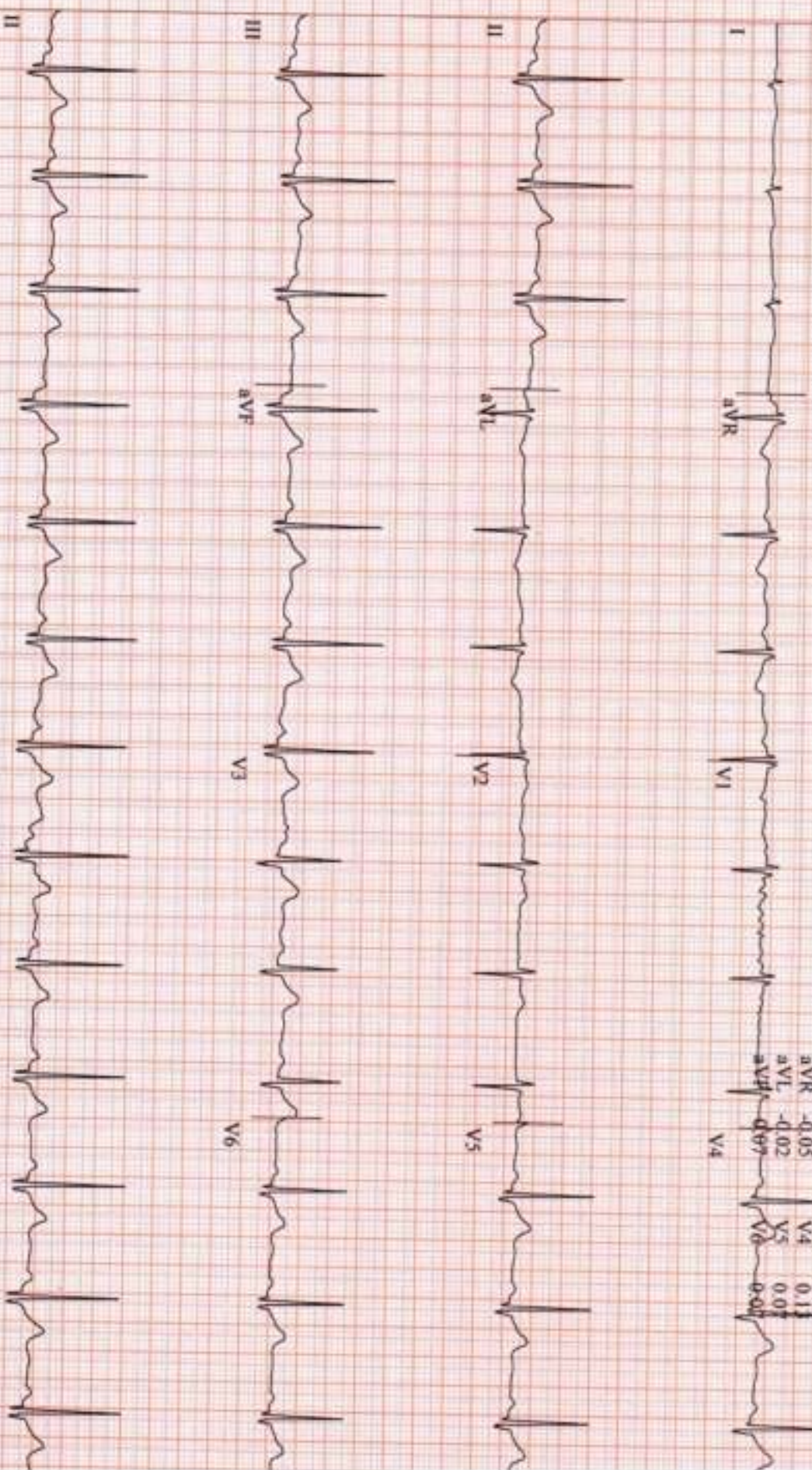
BRUCE  
0.0 mph  
0.0 %

12-Lead Report

SUBURBAN DIAGNOSTIC

Measured at 60ms Post J  
Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.03	V1	0.01
II	0.09	V2	0.06
III	0.07	V3	0.14
aVR	-0.05	V4	0.11
aVL	-0.02	V5	0.07
aVF	0.09	V6	0.04



GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(ILD)

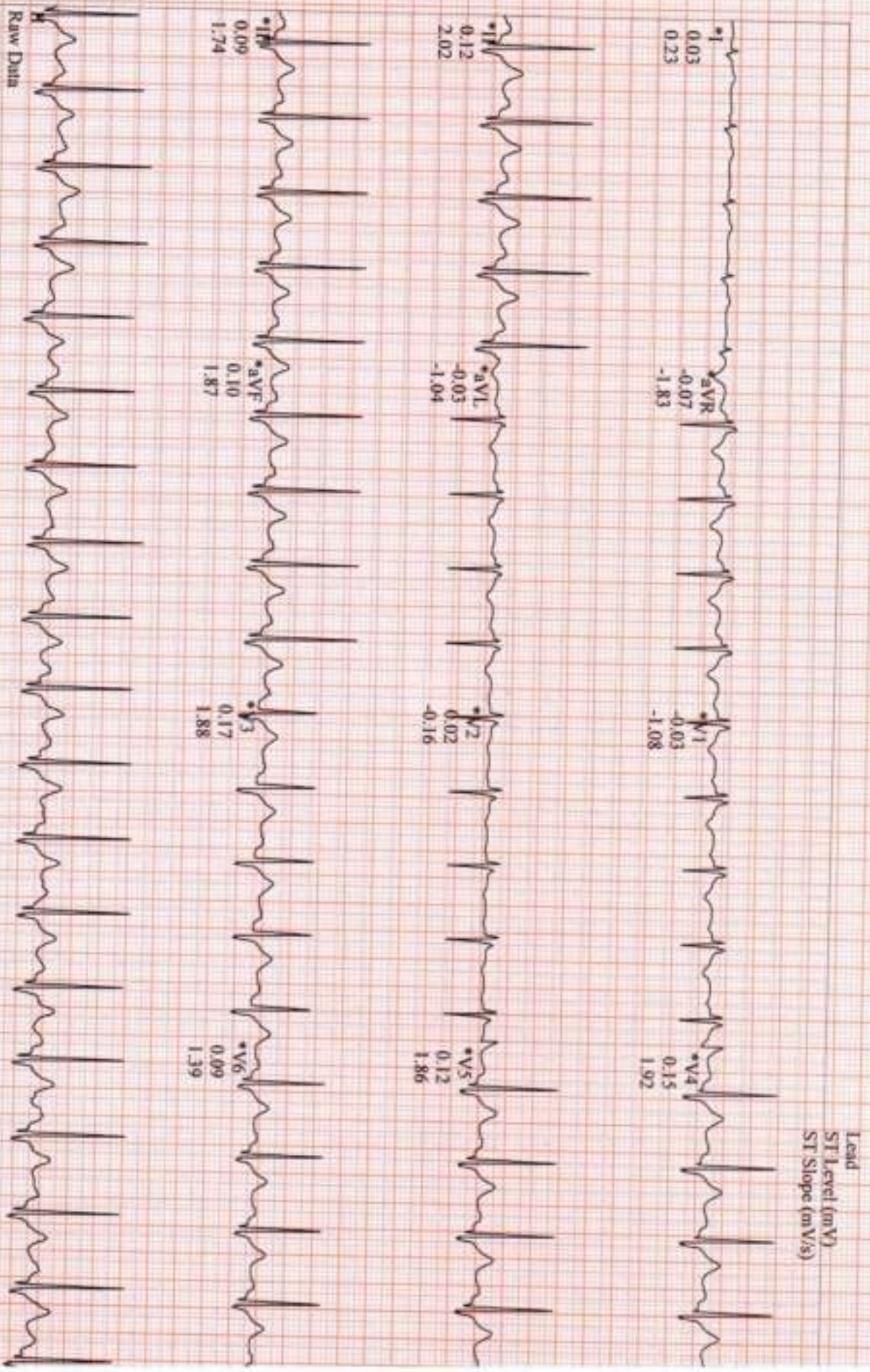
Start of Test: 12:46:09pm

NARESH, TIRUMALI  
Patient ID 2405000967  
19.02.2024  
12:51:32pm

Linked Medians  
EXERCISE  
STAGE 1  
110 bpm  
130/80 mmHg

BRUCE  
1.7 mph  
10.0 %

SUBURBAN DIAGNOSTIC



GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,V5)

Start of Test: 12:46:09pm

\*Computer Synthesized Rhythms

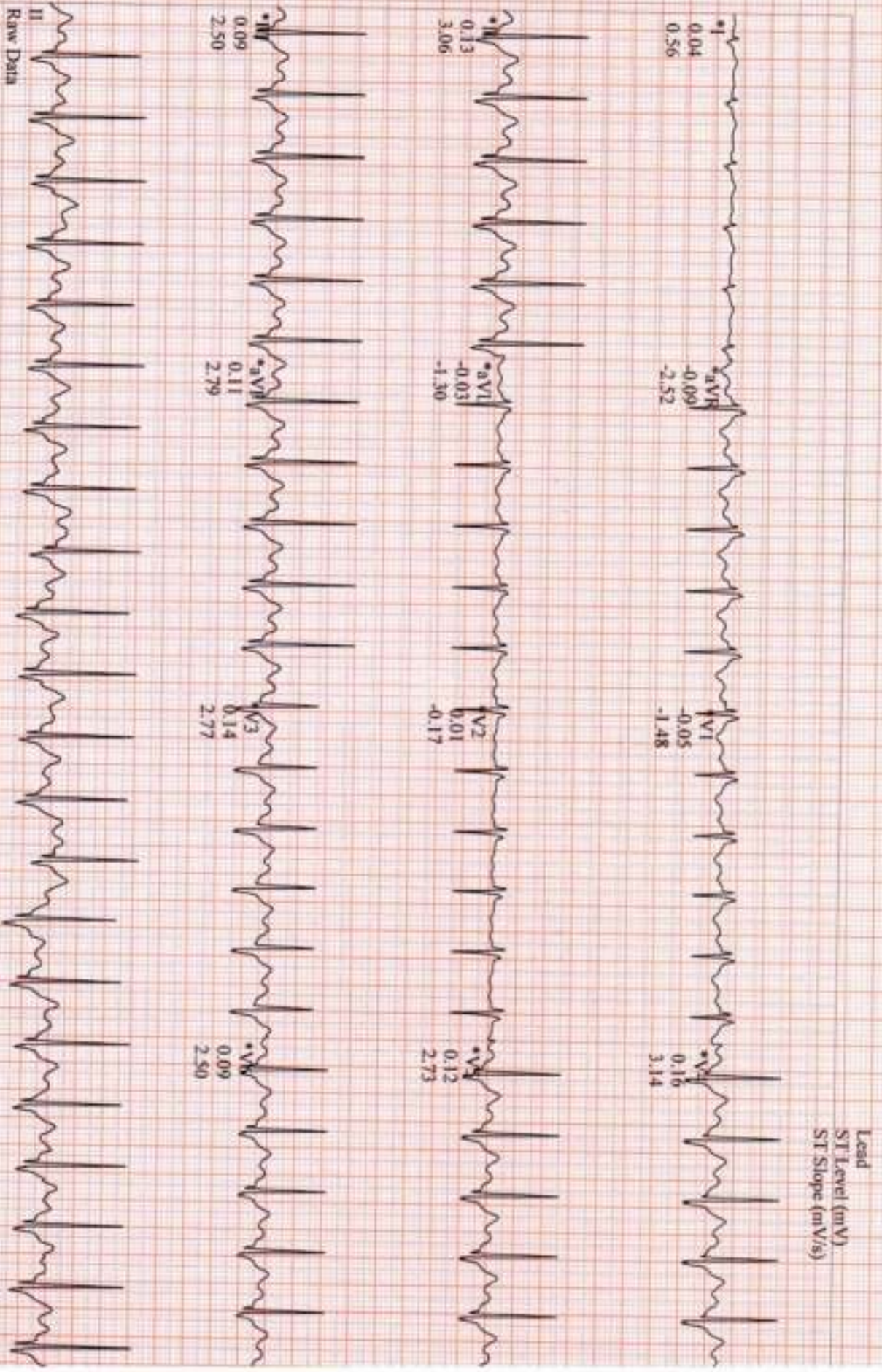


NARESH, TIRUMALI  
Patient ID: 2405000967  
19.02.2024  
12:54:32pm

Linked Medians  
EXERCISE  
STAGE 2  
134 bpm  
140/80 mmHg

BRUCE  
2.5 mph  
12.0%

SUBURBAN DIAGNOSTIC



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

\*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FR+ HR(V6,V5)

Start of Test: 12:46:09pm

**NARESH, TIRUMALI**  
 Patient ID 2405000967  
 19.02.2024  
 12-57:08pm

169 bpm  
 150.80 mmHg

EXERCISE  
 STAGE 3  
 08:21

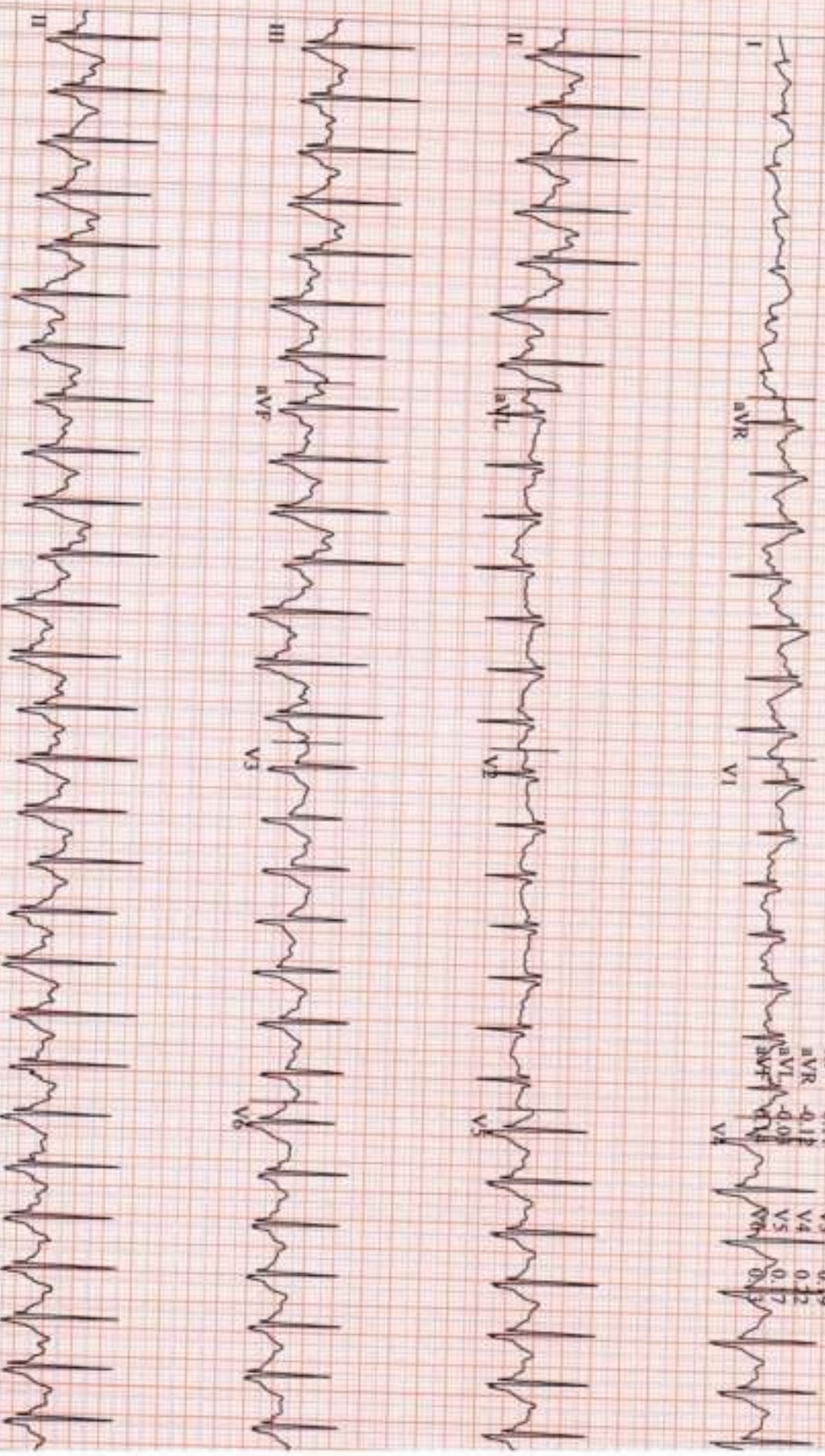
BRUCE  
 3.4 mph  
 14.0 %

12-Lead Report ( PEAK EXERCISE )

Measured at 60ms Post J  
 Auto Points

SUBURBAN DIAGNOSTI

Lead	ST(mV)	Lead	ST(mV)
I	0.07	V1	-0.08
II	0.17	V2	0.02
III	0.11	V3	0.19
aVR	-0.12	V4	0.12
aVL	-0.05	V5	0.17
aVF	0.14	V6	0.13



GE CardioSoft V6.73 (2)  
 25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,V5)

Start of Test: 12:46:09pm

NARESH, TIRUMALI  
Patient ID 2405000967

19.02.2024  
12:58:02pm

150 bpm

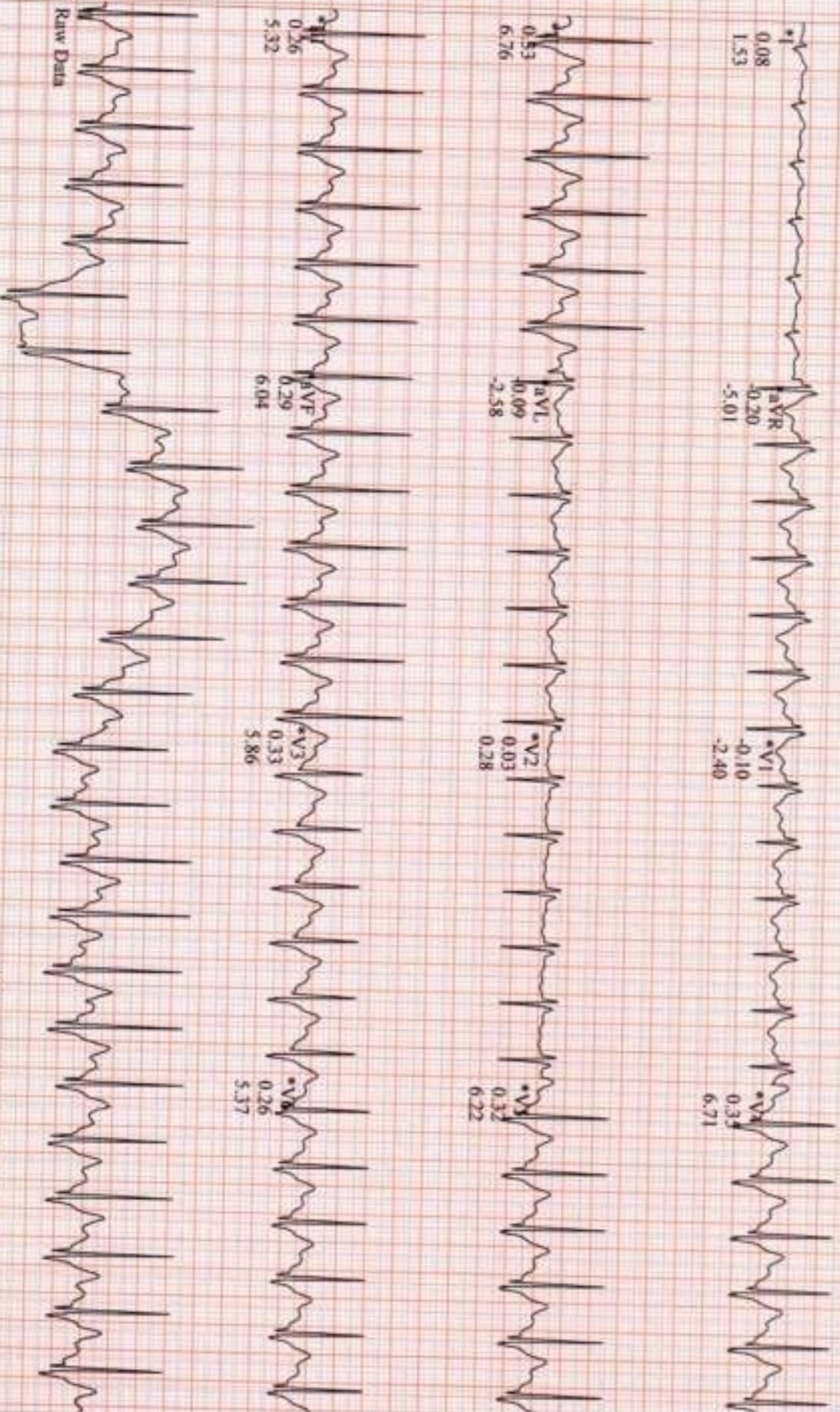
Linked Medians

RECOVERY #1  
01:00

BRUCE  
0.0 mph  
0.0 %

SLIBURBAN DIAGNOSTIC

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



Raw Data

GE CardioSoft V6.73 (2)  
25 mm/s, 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,V5)

Start of Test: 12:46:09pm

\*Computer Synthesized Rhythms

NARESH, TIRUMALI  
Patient ID 2405000967

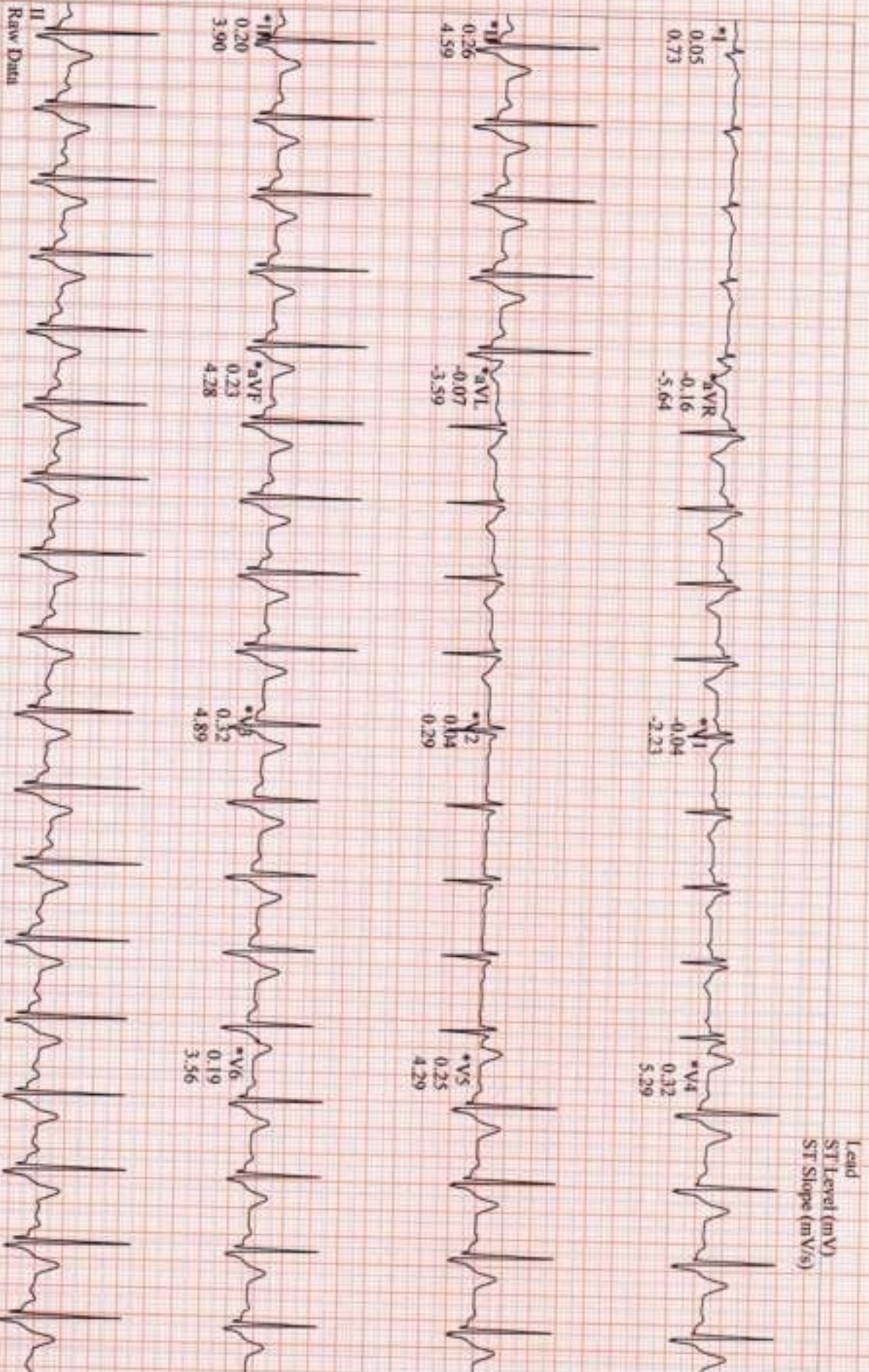
19.02.2024  
12:59:02pm

109 bpm

RECOVERY #1  
02:00

BRUCE  
0.0 mph  
0.0%

SUBURBAN DIAGNOSTIC



GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,V5)

Start of Test: 12:46:09pm

\*Computer Synthesized Rhythms

NARESH, TIRUMALI  
Patient ID 2405000967

19.02.2024  
1:00-02pm

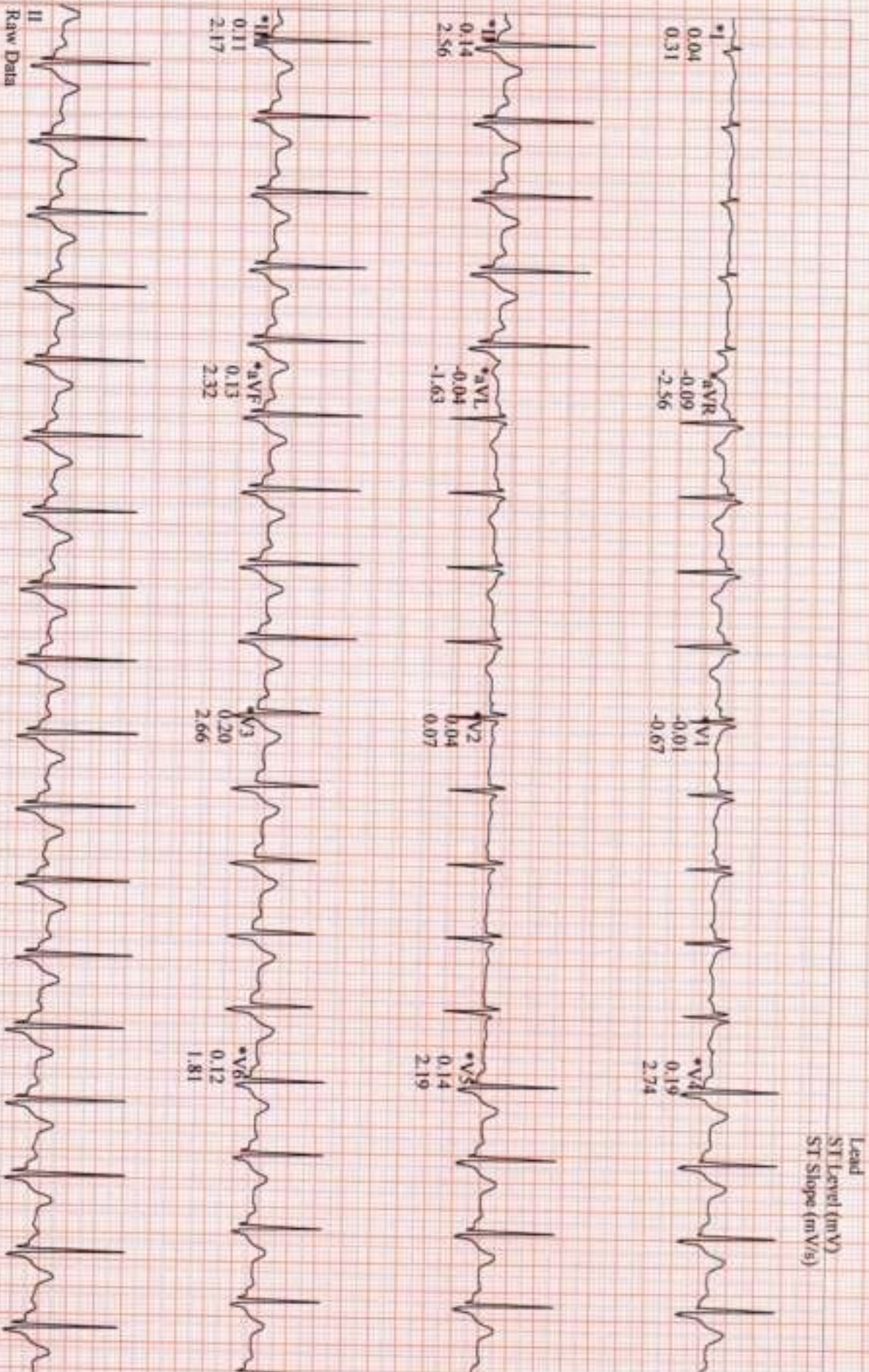
Linked Medians

111 bpm  
150/80 mmHg

RECOVERY  
#1  
03:00

BRUCE  
0.0 mph  
0.0 %

SUBURBAN DIAGNOSTIC



Raw Data

GE CardioSoft V6.73 (2)

25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,V5)

\*Computer Synthesized Rhythms

Start of Test: 12:46:09pm