



CID : 2405521947
Name : MR.SONAWANE YOGESH UTTAM
Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Collected : 24-Feb-2024 / 09:45
Reported : 24-Feb-2024 / 15:52

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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>
<u>RBC PARAMETERS</u>			
Haemoglobin	16.8	13.0-17.0 g/dL	Spectrophotometric
RBC	5.24	4.5-5.5 mil/cmm	Elect. Impedance
PCV	48.1	40-50 %	Measured
MCV	92	80-100 fl	Calculated
MCH	32.1	27-32 pg	Calculated
MCHC	34.9	31.5-34.5 g/dL	Calculated
RDW	13.6	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7910	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	33.4	20-40 %	
Absolute Lymphocytes	2641.9	1000-3000 /cmm	Calculated
Monocytes	6.9	2-10 %	
Absolute Monocytes	545.8	200-1000 /cmm	Calculated
Neutrophils	40.3	40-80 %	
Absolute Neutrophils	3187.7	2000-7000 /cmm	Calculated
Eosinophils	18.6	1-6 %	
Absolute Eosinophils	1471.3	20-500 /cmm	Calculated
Basophils	0.8	0.1-2 %	
Absolute Basophils	63.3	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	236000	150000-400000 /cmm	Elect. Impedance
MPV	9.2	6-11 fl	Calculated
PDW	15.8	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
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 Panvel Lab, Panvel East

*** End Of Report ***

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	90.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	81.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.6	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.23	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.37	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	5.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
SGOT (AST), Serum	21.7	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	38.8	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	25.5	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	96.4	40-130 U/L	Colorimetric
BLOOD UREA, Serum	19.0	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.77	0.67-1.17 mg/dl	Enzymatic



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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	3.4	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 Panvel Lab, Panvel East
*** End Of Report ***

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
GLYCOSYLATED HEMOGLOBIN (HbA1c)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	105.4	mg/dl	Calculated

Intended use:

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

Clinical Significance:

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

Test Interpretation:

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

Factors affecting HbA1c results:

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

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

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

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

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

*** End Of Report ***



Namrata Raul

Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



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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>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	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 Panvel Lab, Panvel East

*** End Of Report ***

Sonia Kher

Dr.SONIA KHER
M.D. (PATH)
Pathologist



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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 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. Vrushi Shroff

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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	198.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	130.2	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	42.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	155.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	130.0	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	25.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.1	0-3.5 Ratio	Calculated

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*** End Of Report ***

Sonia Kher
Dr.SONIA KHER
M.D. (PATH)
Pathologist



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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	5.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.7	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.10	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 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)

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East

*** End Of Report ***

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



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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 10.3 x 4.4 cm. Left kidney measures 10.9 x 3.9 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. It measures 4.6 x 2.5 x 3.0 cm and volume is 19 cc.

IMPRESSION:

No significant abnormality is seen.

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

Dr Shilpa Beri
MBBS DMRE
Reg No 2002/05/2302
Consultant Radiologist



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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.

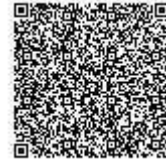
The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

Dr. Swapnil Nisal
MBBS, DMRE
MMC Reg. No.2015/06/3297



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सत्यमेव जयते
भारत सरकार



आधार

भारतीय विशिष्ट ओळख प्राधिकरण

भारत सरकार

Unique Identification Authority of India
Government of India

नोंदणी क्रमांक/Enrolment No.: 1218/17082/00103

To: Yogesh Uttam Sonawane
(योगेश उत्तम सोनवणे)
C/O Yogesh Uttam Sonawane
462
AT, Po. Chahardi
Chopda
Jalgaon
Maharashtra - 425107

Date: 12/08/2011

Ref. No : 00006455-00065760-00067657-



UB 03810172 9 IN

आपला आधार क्रमांक / Your Aadhaar No. :

7488 6902 2476

आधार - सामान्य माणसाचा अधिकार



भारत सरकार
GOVERNMENT OF INDIA



योगेश उत्तम सोनवणे
Yogesh Uttam Sonawane
जन्म वर्ष / Year of Birth : 1989
पुरुष / Male

7488 6902 2476



आधार - सामान्य माणसाचा अधिकार

SUBURBAN DIAGNOSTIC (I) PVT LTD.
FLAT NO. 101 ANAND SAGAR CHS
ABOVE RAJKAMAL SHOP
SECTOR - 17, VASHI,
NAVI MUMBAI - 400703

Y. Sonawane



DATE :- 24/2

To,

Suburban Diagnostics (India) Private Limited

101 ANAND SAGAR CHS

NEAR BY RAJKAMAL HANDLOOM HOUSE

SECTOR 17 VASHI NAVI MUMBAI 400703

Phone No :- 022 6170 0000

SUBJECT- TO WHOMSOEVER IT MAY CONCERN

Dear Sir/ Madam,

This is to inform you that I, Myself Mr/ Mrs/ Ms.

*Yogesh U S
Sondwane*

don't want to performed the following tests:

- 1) Stool sample
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

CID No. & Date

: 2405521947

Corporate/ TPA/ Insurance Client Name :

Arcofemi

Thanking you.

Yours sincerely,

Yogesh U S

(Mr/Mrs/Ms. _____)

PHYSICAL EXAMINATION REPORT

Patient Name	Mr. Yogesh Sonawane	Sex/Age	male / 34
Date	24/02/2024	CID	2405521947

History and Complaints

None

EXAMINATION FINDINGS:

Height (cms):	171	Temp (0c):	Normal
Weight (kg):	72	Skin:	Dry, .
Blood Pressure	100/60	Nails:	clubbing (+)
Pulse	60	Lymph Node:	NP
BMI	24.6		

Systems :

Cardiovascular:	S & Lued, No murmur
Respiratory:	ARDS
Genitourinary:	Normal
GI System:	Indigestion
CNS:	Normal

Impression: ECG - Sinus Bradycardia

OK

Advice: All available reports are within normal
— Referral to physician for ECG changes

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	Normal
11)	Genital urinary disorder	NO.
12)	Rheumatic joint diseases or symptoms	Hi off foot and back
13)	Blood disease or disorder	NO.
14)	Cancer/lump growth/cyst	NO
15)	Congenital disease	NO
16)	Surgeries	NO
17)	Musculoskeletal System	NAD

PERSONAL HISTORY:		
1)	Alcohol	Occasionally
2)	Smoking	NO
3)	Diet	Nonveg
4)	Medication	NO



Dr. Alka Patnaik

M.B.B.S. C.G.O., Nagpur Reg. No.73367
Dip. Psysextherapy-U.K. Reg. No.OF395
PGDHM

SUBURBAN DIAGNOSTIC (I) PVT LTD.
FLAT NO.101 ANAND SAGAR CHS
177 ABOVE RAJAWADI ROAD
SECTOR - 17, VASHI,
NAVI MUMBAI - 400703

Date:- 24/02/2024

CID: 2405521947

Name:- Mr. Sonawane Yogesh
Sex / Age: m / 34

EYE CHECK UP

Chief complaints: NO

Systemic Diseases: NO

Past history: - MY

Unaided Vision: - 9/6

Aided Vision: - NO

Refraction: Without glasses


(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn	
Distance	—————				6/6	—————			6/6
Near	—————				NB	—————			NB

Colour Vision: Normal / Abnormal ✓

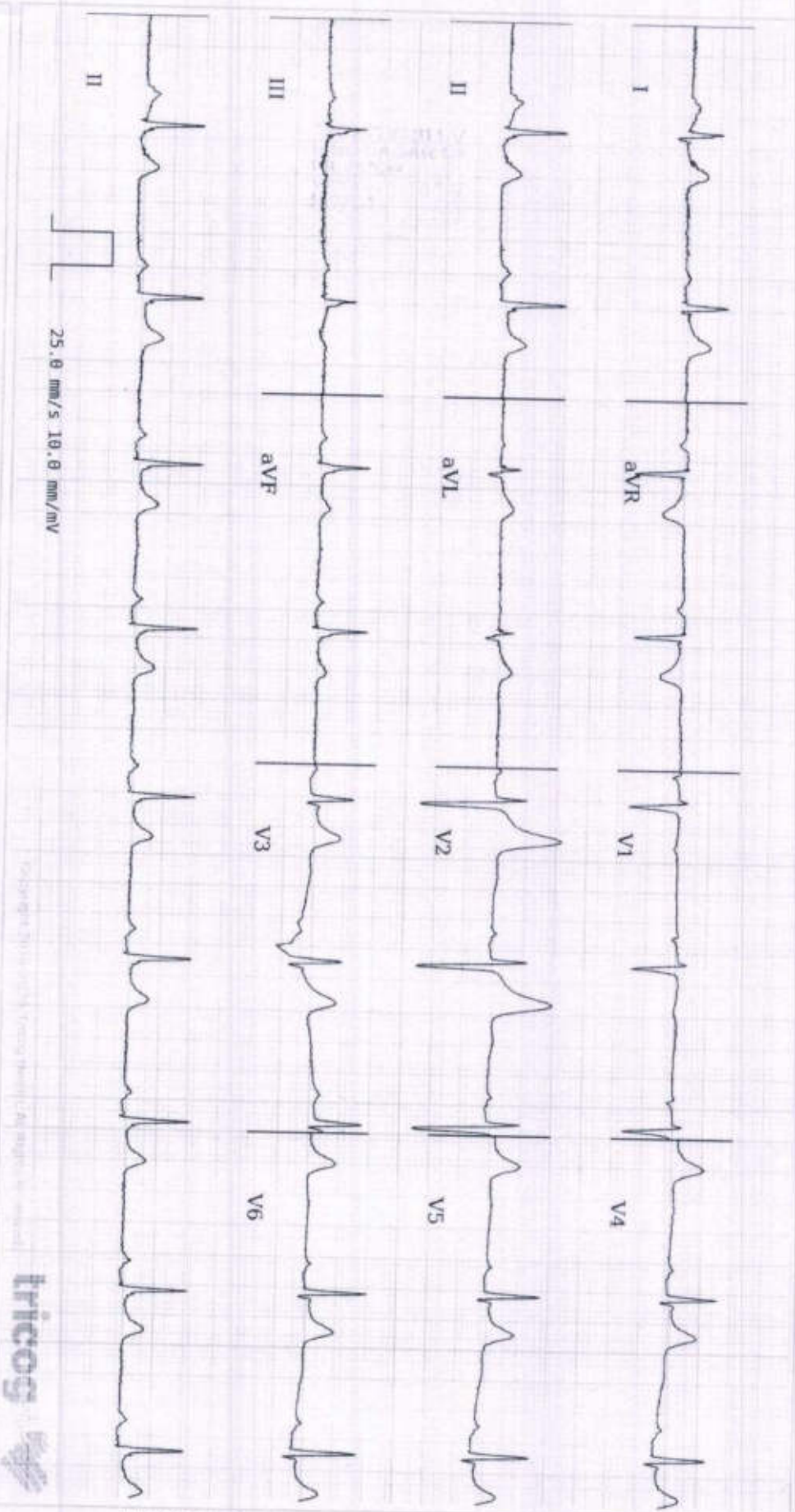
Remark:


Dr. Alka Patnaik
M.B.B.S. C.G.O., Nagpur Reg. No. 73107
Dip. Psysextherapy-U.K. Reg. No. OF-5
PGDHM

SUBURBAN DIAGNOSTIC (I) PVT LTD.
FLAT NO. 101 ANAND SAGAR CHS
ABOVE RAJKAMAL SHOP
SECTOR - 17, VASHI,
NAVI MUMBAI - 400703



SUBURBAN DIAGNOSTICS - VASHI



Age **34** NA NA
years months days

Gender **Male**

Heart Rate **56bpm**

Patient Vitals

BP: 100/80 mmHg

Weight: 72 kg

Height: 171 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

Measurements

QRSD: 80ms

QT: 386ms

QTcB: 372ms

PR: 202ms

P-R-T: 51° 59° 25°

Sinus Bradycardia. Please correlate clinically.

REPORTED BY

Yogesh

Dr Anshu Dasgupta
MBBS DNB
Reg. 2005 02 0929



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

SUBURBAN DIAGNOSTICS VASHI

Email:

Report

423 (2405521947) / MR.YOGESH SONAWANE / 34 Yrs / M / 171 Cms / 72 Kg
 Date: 24 / 02 / 2024 12:51:57 PM Refd By : ARCOFEMI HEALTHCARE LIMITED

Examined By:



Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	Bp	RPP	PVC	Comments
Supine	00:09	0:09	00.0	00.0	01.0	077	41%	100/80	077	00	
Standing	00:10	0:01	00.0	00.0	01.0	077	41%	100/80	077	00	
HV	00:12	0:02	00.0	00.0	01.0	077	41%	100/80	077	00	
Warm Up	06:25	6:13	00.0	00.0	01.0	071	38%	100/80	071	00	
ExStart	06:26	0:01	00.0	00.0	01.0	071	38%	100/80	071	00	
BRUCE NEW Stage 1	09:26	3:00	01.9	10.0	05.1	097	52%	110/80	106	00	
BRUCE NEW Stage 2	12:26	3:00	02.7	12.0	07.5	115	62%	120/80	138	00	
BRUCE NEW Stage 3	15:26	3:00	03.6	14.0	10.7	133	72%	130/80	172	00	
PeakEx	17:55	2:29	04.5	16.0	12.5	165	89%	140/80	231	00	
Recovery	18:55	1:00	00.0	00.0	04.8	123	66%	150/80	184	00	
Recovery	19:09	1:14	00.0	00.0	03.3	119	64%	150/80	178	00	

FINDINGS :

Exercise Time : 11:29
 Initial HR (ExStrt) : 71 bpm 38% of Target 186
 Initial BP (ExStrt) : 100/80 (mm/Hg)
 Max WorkLoad Attained : 12.5 Good response to induced stress
 Max ST Dep Lead & Avg ST Value : V1 & -1.7 mm in Recovery
 Test End Reasons : Test Complete, Heart Rate Achieved

Max HR Attained 165 bpm 89% of Target 186
 Max BP Attained 150/80 (mm/Hg)

Dr. Anirban Dasgupta

SUBURBAN DIAGNOSTIC (PVT) LTD.
 FLAT NO. 101 ANAND SAGAR CHS
 ABOVE PAKKAMM SHOP
 SECTOR - 42, VASHI,
 NAVI MUMBAI - 400703

Dr. Anirban Dasgupta
 MBBS DNB
 Reg. No. 2005/02/0920

Doctor : DR ANIRBAN DASGUPTA

SUBURBAN DIAGNOSTICS VASHI

REPORT

EMRI: 423 / MR.

YOGESH SONAWANE / 34 Yrs / M / 171 Cms / 72 Kg Date: 24 / 02 / 2024 12:51:57 PM Refd By : ARCOFEMI HEALTHCARE LIMITED



REPORT :

FAIR EFFORT TOLERANCE
NORMAL HEART RATE AND BP RESPONSE
NO ANGINA / ANGINA EQUIVALENTS NO ARRHYTHMIAS
NO SIGNIFICANT ST-T CHANGES FROM BASELINE SEEN
DURING THE EXERCISE AND RECOVERY OF THE TEST

IMPRESSION:
STRESS TEST IS NEGATIVE FOR STRESS INDUCIBLE MYOCARDIAL ISHAEMIA

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 DIAGNOSTIC (I) PVT LTD
FLAT NO 101 ANAND SAGAR CHS
ABOVE RAJKUMAR SHOP
SECTOR - 17, VASHI,
NAVI MUMBAI - 400703

Dr. Anirban Dasgupta

MBS DMB

Reg. No. 200560210920

Doctor : DR ANIRBAN DASGUPTA

SUBURBAN DIAGNOSTICS VASHI

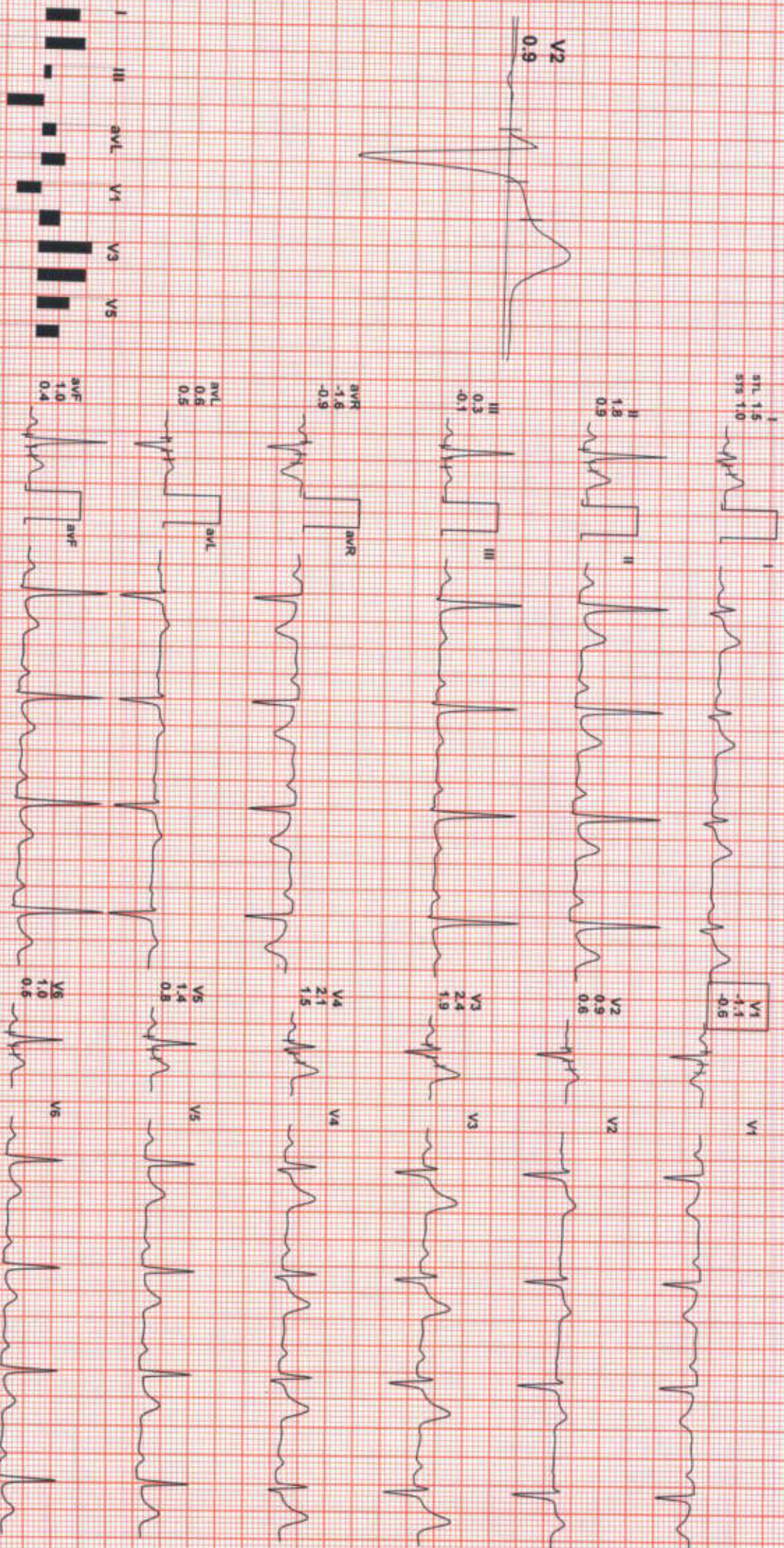
423 (2405521947) / MR. YOGESH SONAWANE / 34 YRS / M / 171 Cms / 72 Kg / HR : 77

SUPINE (00:01)



Date: 24 / 02 / 2024 12:51:57 PM METS: 1.0 / 77 bpm 41% of THR BP: 100/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

EXTime: 00:00 0.0 mpph 0.0%
25 mm/Sec 1.0 Cm/mV



REMARKS:

SUBURBAN DIAGNOSTICS VASHI

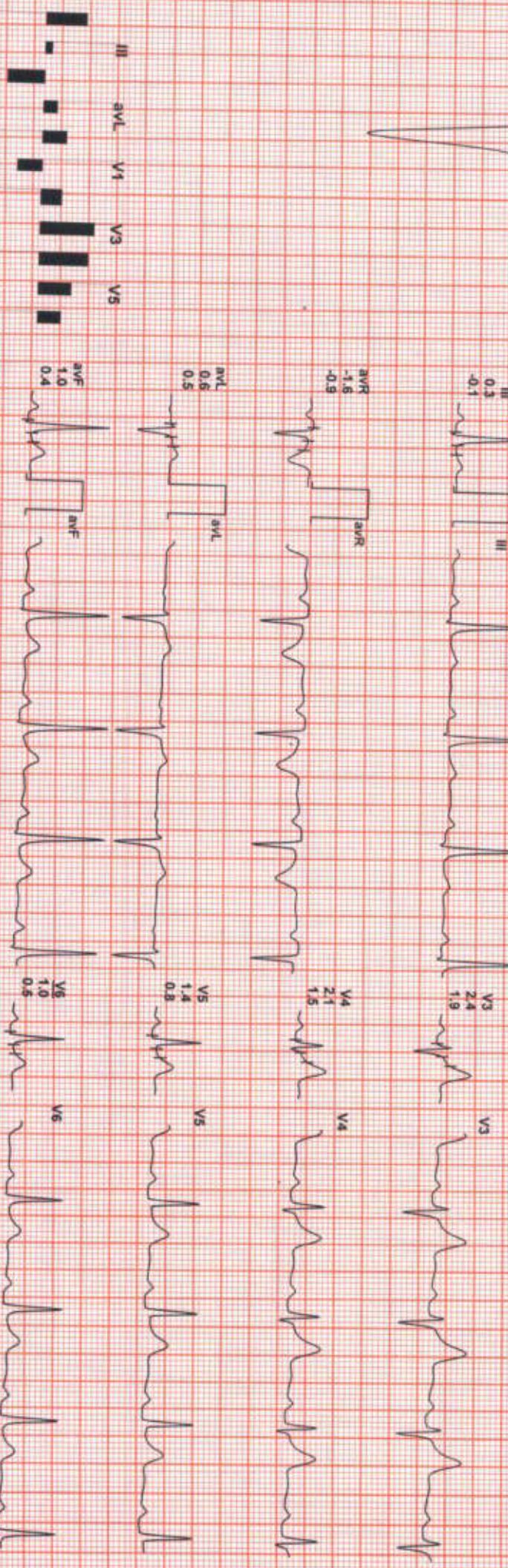
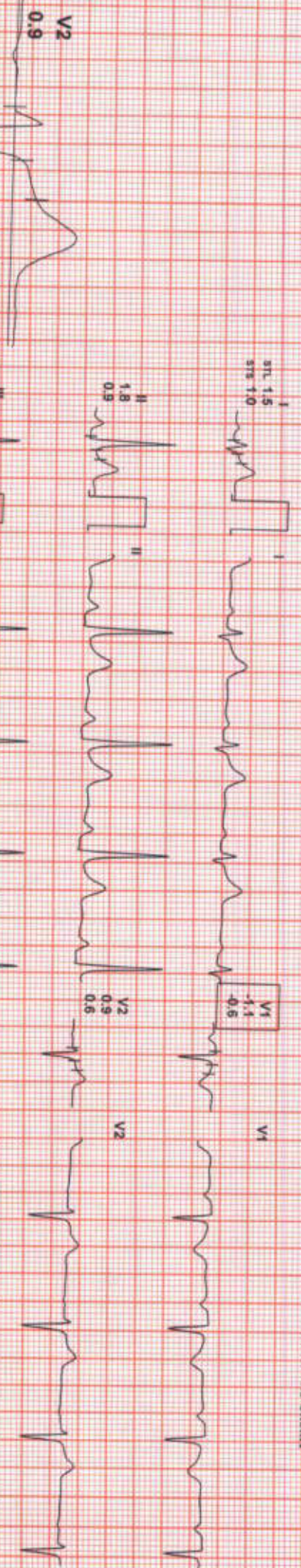
STANDING (00:00)

423 (2405521947) / MR.YOGESH SONAWANE / 34 YRS / M / 171 Cms / 72 Kg / HR : 77



Date: 24 / 02 / 2024 12:51:57 PM METS: 1.0/ 77 bpm 41% of THR BP: 100/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

AX 80 MS Pos: J ExTime: 00:00 0.0 mpph 0.0% 25 mm/Sec 1.0 Cm/mV



REMARKS:

SUBURBAN DIAGNOSTICS VASHI

HV (00:00)

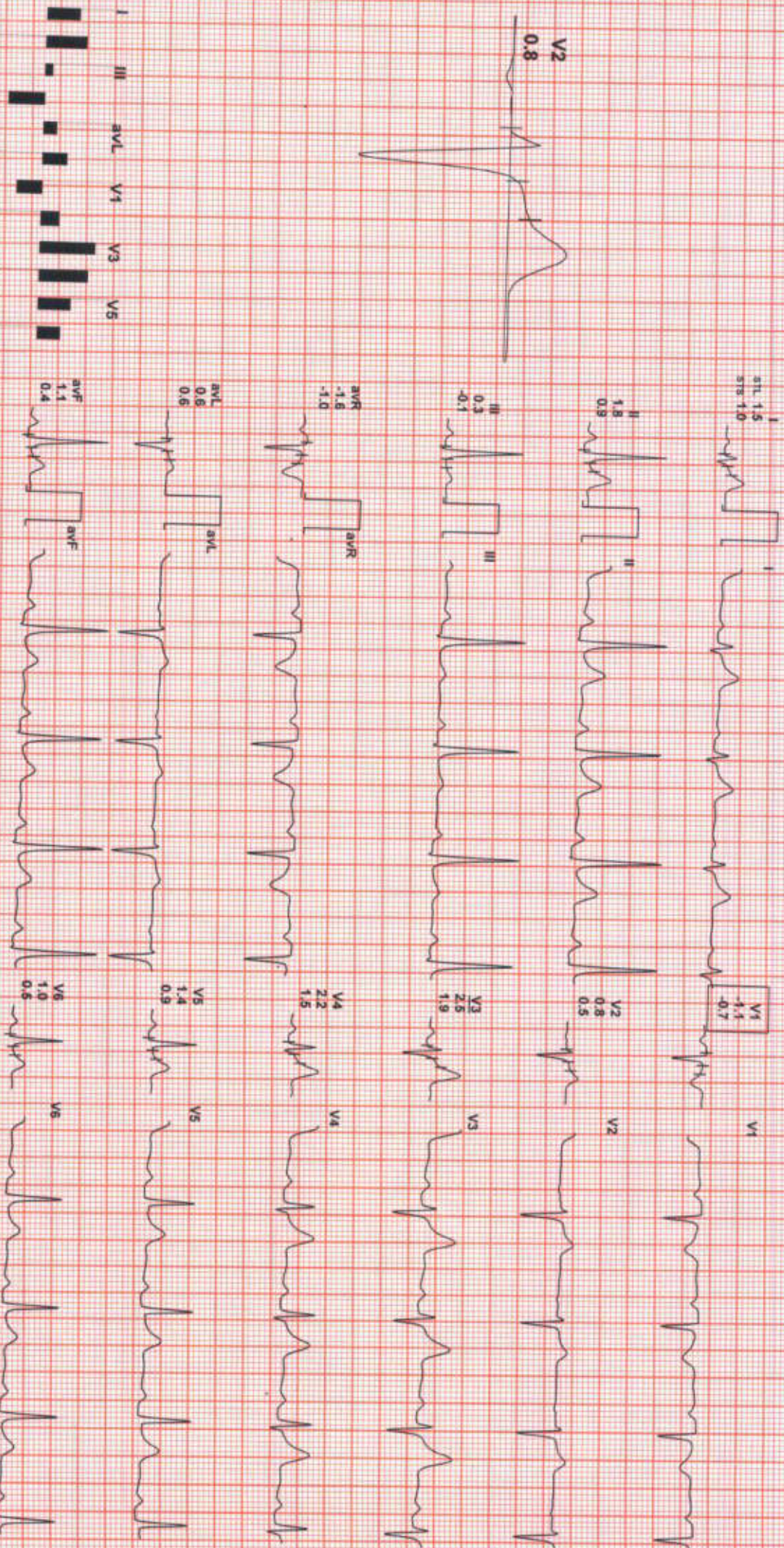
423 (2405521947) / MR YOGESH SONAWANE / 34 YRS / M / 171 Cms / 72 Kg / HR : 77



Date: 24 / 02 / 2024 12:51:57 PM METS: 1.0/ 77 bpm 41% of THR BP: 100/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

EXTime: 00:00 0.0 mpm, 0.0%
25 mm/Sec - 1.0 Cm/mV

4X 80 ms Post J



REMARKS:
I II III aVR aVL aVF V1 V2 V3 V4 V5 V6

SUBURBAN DIAGNOSTICS VASHI

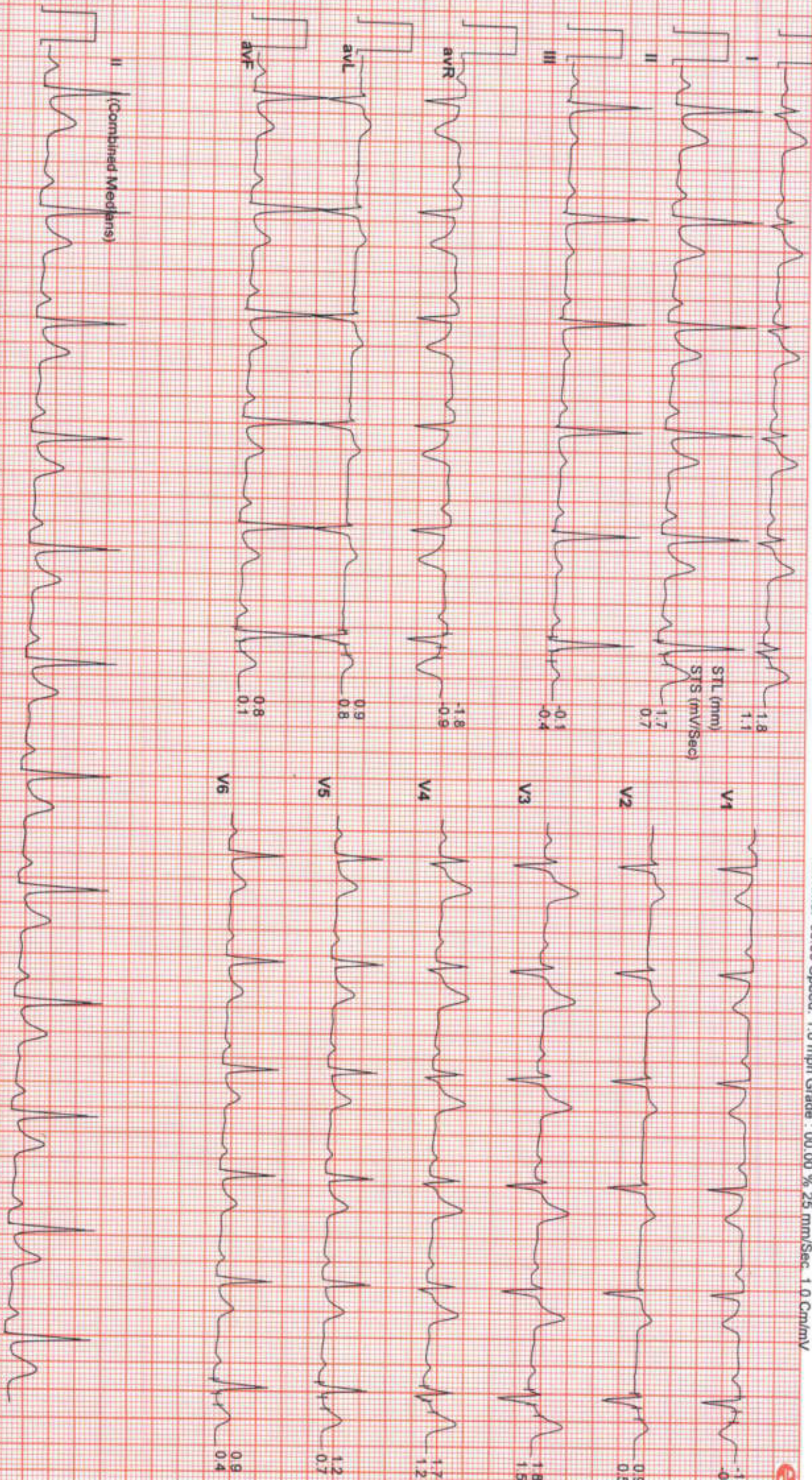
423 / MR. YOGESH SONAWANE / 34 Yrs / Male / 171 Cm / 72 Kg

Date: 24 / 02 / 2024 12:51:57 PM METs : 1.0 HR : 71 Target HR : 38% of 186 BP : 100/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm
WARM UP (00:00)



ExTime: 00:00 Speed: 1.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV



SUBURBAN DIAGNOSTICS VASHI

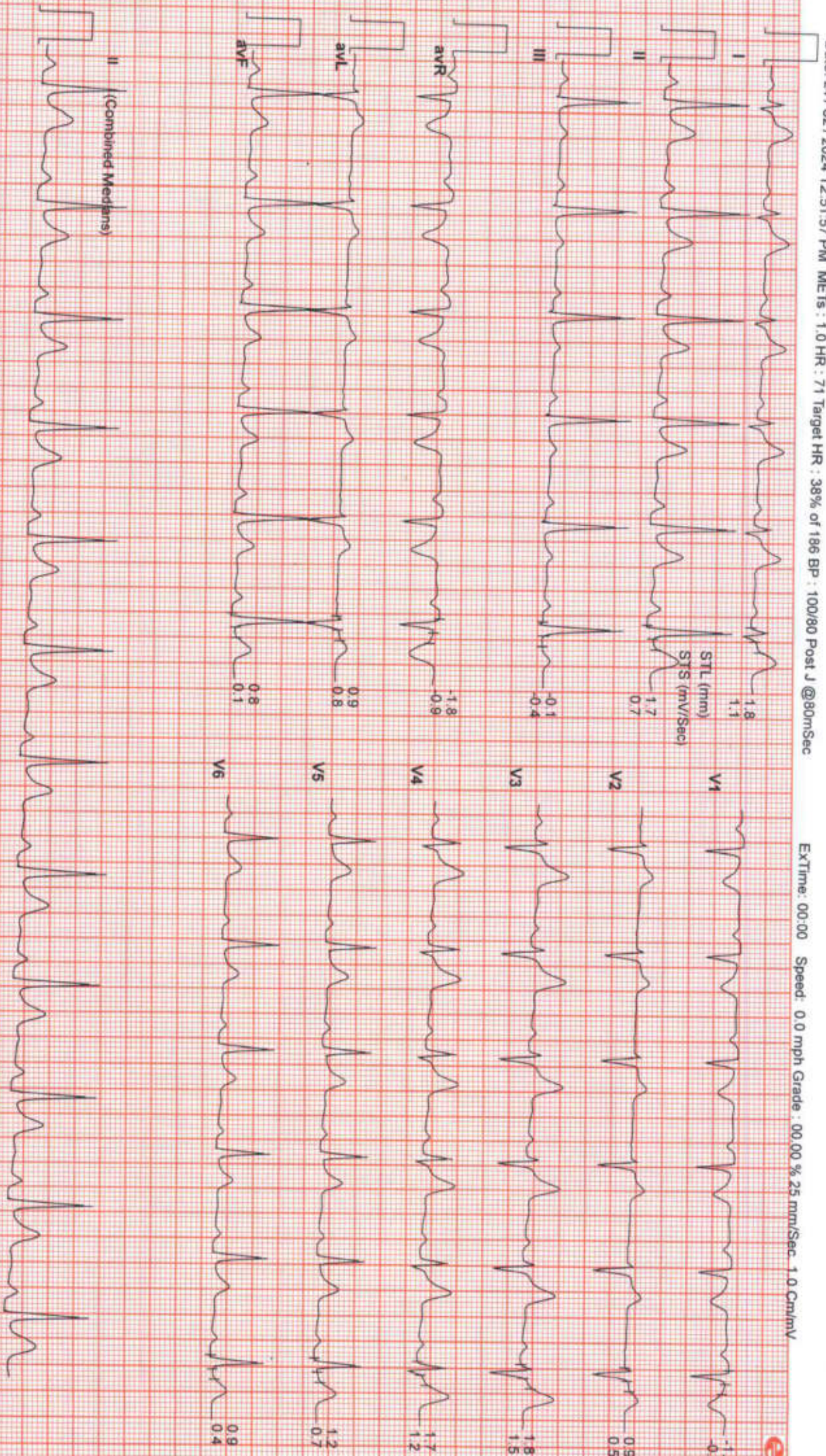
423 / MR. YOGESH SONAWANE / 34 Yrs / Male / 171 Cm / 72 Kg

Date: 24 / 02 / 2024 12:51:57 PM METs : 1.0 HR : 71 Target HR : 38% of 186 BP : 100/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm
ExStr



ExTime: 00:00 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS VASHI

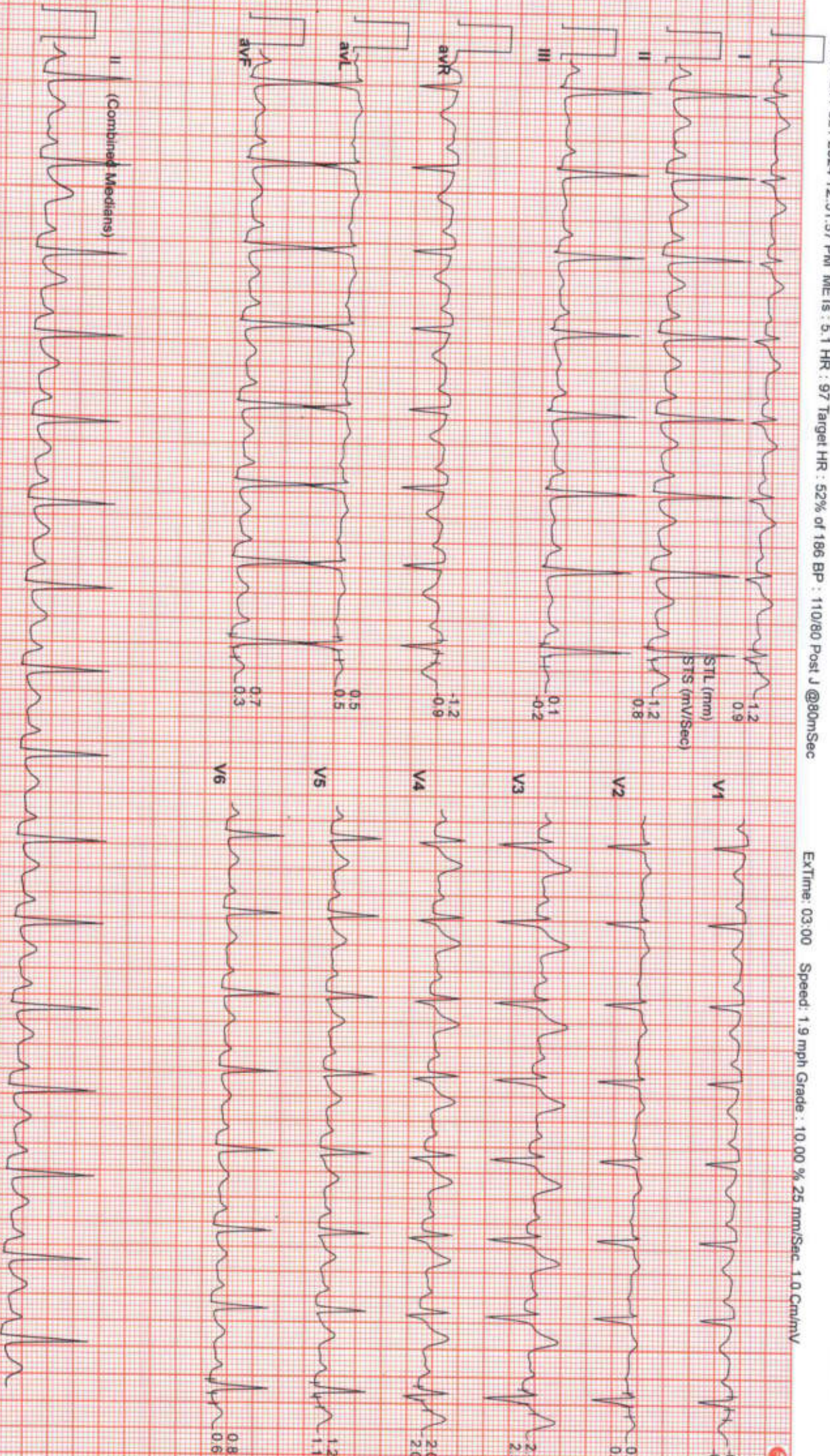
423 / MR. YOGESH SONAWANE / 34 Yrs / Male / 171 Cm / 72 Kg

Date: 24 / 02 / 2024 12:51:57 PM METs : 5.1 HR : 97 Target HR : 52% of 186 BP : 110/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm
BRUCE NEW : Stage 1 (03:00)



EXTime: 03:00 Speed: 1.9 mph Grade: 10.00 % 25 mm/Sec 1.0 Cm/mV



SUBURBAN DIAGNOSTICS VASHI

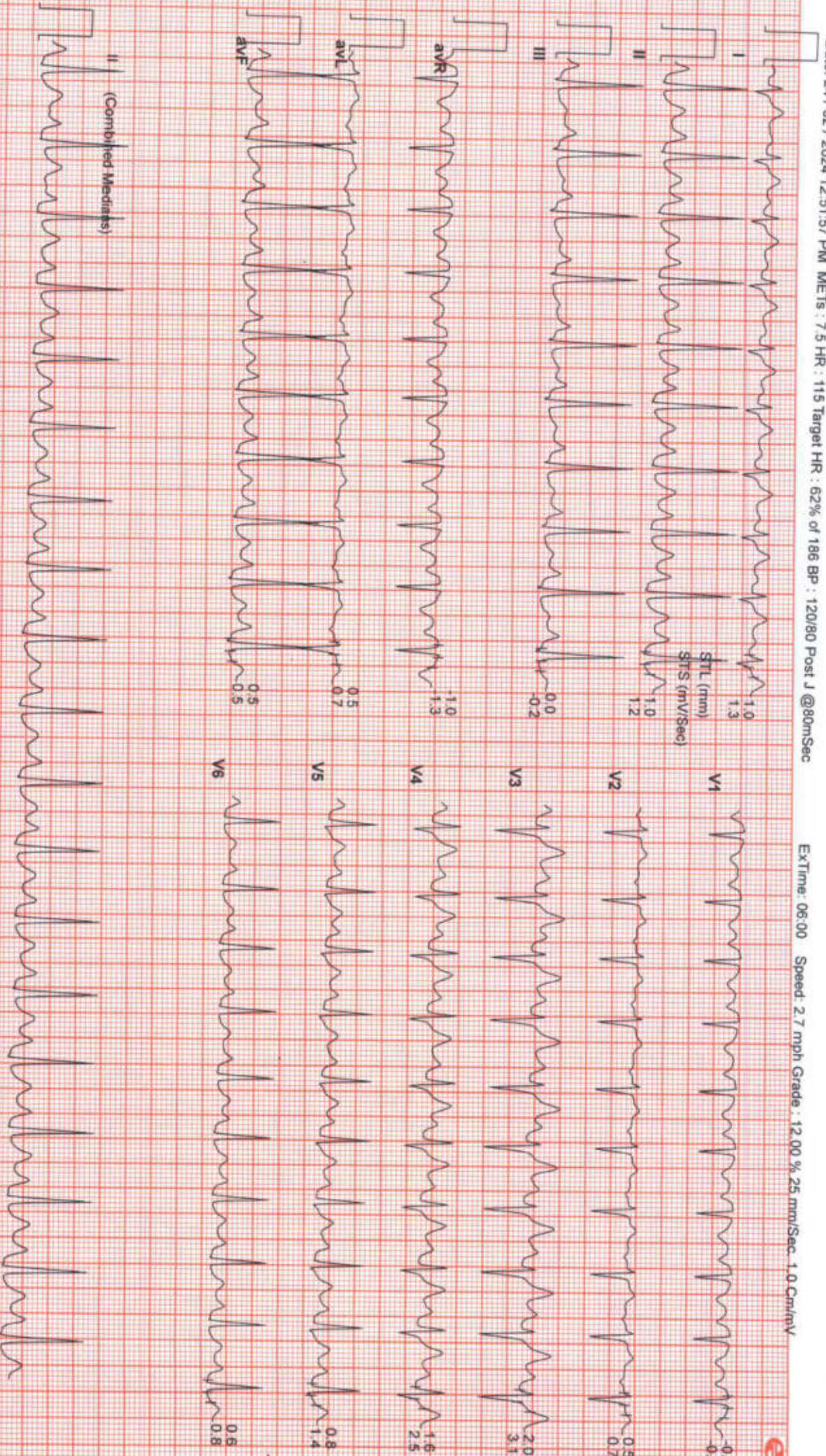
423 / MR. YOGESH SONAWANE / 34 Yrs / Male / 171 Cm / 72 Kg

Date: 24 / 02 / 2024 12:51:57 PM METs : 7.5 HR : 115 Target HR : 62% of 166 BP : 120/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm
BRUCE NEW : Stage 2 (03:00)



ExTime: 06:00 Speed: 2.7 mph Grade: 12.00 % 25 mm/Sec. 1.0 Cm/mV



(Combined Medians)

SUBURBAN DIAGNOSTICS VASHI

423 / MR. YOGESH SONAWANE / 34 Yrs / Male / 171 Cm / 72 Kg

Date: 24 / 02 / 2024 12:51:57 PM METs : 10.7 HR : 133 Target HR : 72% of 186 BP : 130/80 Post J @60mSec

6X2 Combine Medians + 1 Rhythm
BRUCE NEW : Stage 3 (03:00)



ExTime: 09:00 Speed: 3.6 mph Grade: 14.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS VASHI

423 / MR.YOGESH SONAWANE / 34 Yrs / Male / 171 Cm / 72 Kg

Date: 24 / 02 / 2024 12:51:57 PM METs : 12.5 HR : 165 Target HR : 89% of 186 BP : 140/80 Post J @60mSec

6X2 Combine Medians + 1 Rhythm
PeakEx



ExTime: 11:29 Speed: 4.5 mph Grade: 16.00 % 25 mm/Sec. 1.0 Cm/mV



(Combine Medians)

SUBURBAN DIAGNOSTICS VASHI

423 / MR. YOGESH SONAWANE / 34 Yrs / Male / 171 Cm / 72 Kg

Date: 24 / 02 / 2024 12:51:57 PM METs : 9.6 HR : 165 Target HR : 89% of 186 BP : 140/80 Post J @60mSec

6X2 Combine Medians + 1 Rhythm
Recovery : (00:10)



EXTime: 11:29 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV



SUBURBAN DIAGNOSTICS VASHI

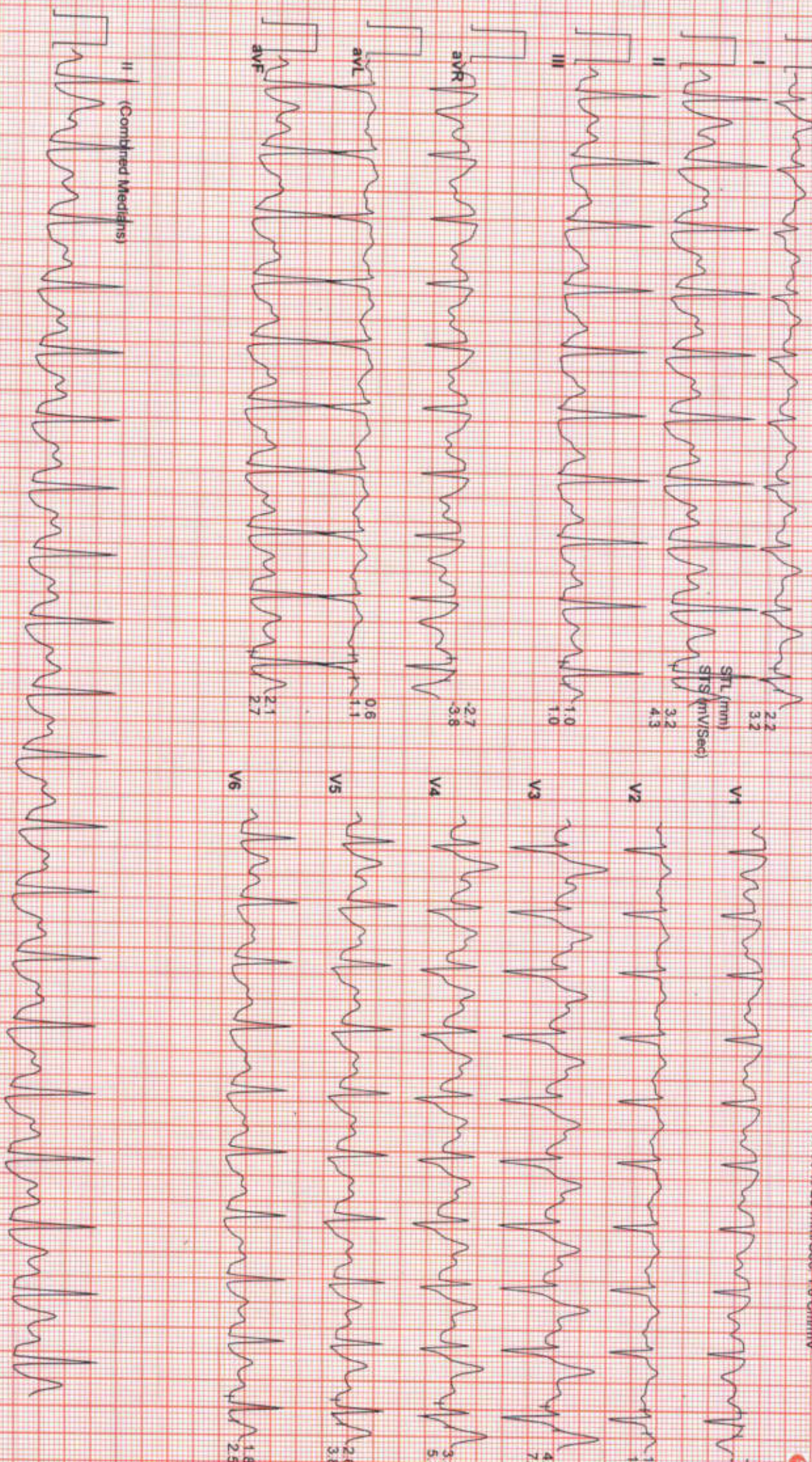
423 / MR. YOGESH SONAWANE / 34 Yrs / Male / 171 Cm / 72 Kg

Date: 24 / 02 / 2024 12:51:57 PM METs : 4.7 HR : 123 Target HR : 66% of 186 BP : 150/80 Post J @90mSec

6X2 Combine Medians + 1 Rhythm
Recovery : (01:00)



ExtTime: 11:29 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec-1.0 Cm/mV



SUBURBAN DIAGNOSTICS VASHI

423 / MR. YOGESH SONAWANE / 34 Yrs / Male / 171 Cm / 72 Kg

Date: 24/02/2024 12:51:57 PM METs : 1.0 HR : 119 Target HR : 64% of 196 BP : 150/90 Post: J @80mSec

6X2 Combine Medians + 1 Rhythm
Recovery : (01:14)

ExTime: 11:29 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV

