



CID : 2228120781  
Name : MR.ANKIT DUBY  
Age / Gender : 34 Years / Male  
Consulting Dr. : -  
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 08-Oct-2022 / 10:58  
Reported : 08-Oct-2022 / 19:04

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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	12.4	13.0-17.0 g/dL	Spectrophotometric
RBC	6.46	4.5-5.5 mil/cmm	Elect. Impedance
PCV	39.9	40-50 %	Calculated
MCV	61.7	80-100 fl	Measured
MCH	19.2	27-32 pg	Calculated
MCHC	31.2	31.5-34.5 g/dL	Calculated
RDW	21.1	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	4830	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	29.4	20-40 %	
Absolute Lymphocytes	1420.0	1000-3000 /cmm	Calculated
Monocytes	7.8	2-10 %	
Absolute Monocytes	376.7	200-1000 /cmm	Calculated
Neutrophils	53.8	40-80 %	
Absolute Neutrophils	2598.5	2000-7000 /cmm	Calculated
Eosinophils	8.2	1-6 %	
Absolute Eosinophils	396.1	20-500 /cmm	Calculated
Basophils	0.8	0.1-2 %	
Absolute Basophils	38.6	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

### **PLATELET PARAMETERS**

Platelet Count	178000	150000-400000 /cmm	Elect. Impedance
MPV	8.7	6-11 fl	Measured
PDW	15.5	11-18 %	Calculated



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**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 and/or iron deficiency anemia.  
Advice : Hemoglobin studies by HPLC, Reticulocyte count, Iron studies & Ferritin.  
Result rechecked.

Specimen: EDTA Whole Blood

ESR, EDTA WB 6 2-15 mm at 1 hr. Westergren

\*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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Collected : 08-Oct-2022 / 10:58  
Reported : 08-Oct-2022 / 15:39

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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	94.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	115.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.85	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.24	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.61	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2	1 - 2	Calculated
SGOT (AST), Serum	23.1	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	25.5	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	13.7	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	75.4	40-130 U/L	PNPP
BLOOD UREA, Serum	19.2	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	9.0	6-20 mg/dl	Calculated



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Reported : 08-Oct-2022 / 18:28

CREATININE, Serum	0.72	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	133	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.3	3.5-7.2 mg/dl	Uricase
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 G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



*Amit Taori*

Dr.AMIT TAORI  
M.D ( Path )  
Pathologist





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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	128.4	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 CPL, Andheri West

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



*Anupa*

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



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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)	Acidic (6.5)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	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	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



*Amit Taori*

**Dr.AMIT TAORI**  
**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	A
Rh TYPING	Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Specimen: EDTA Whole Blood and/or serum

**Clinical significance:**

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

**Limitations:**

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

**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 G B Road Lab, Thane West

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



*Amit Taori*

**Dr.AMIT TAORI**  
**M.D ( Path )**  
**Pathologist**



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Collected : 08-Oct-2022 / 10:58  
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	147.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	91.7	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	33.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	114	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	96.0	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	18.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.8	0-3.5 Ratio	Calculated

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



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Pathologist





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 Reported : 08-Oct-2022 / 15:06

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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	5.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.4	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	4.27	0.35-5.5 microIU/ml	ECLIA



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**Age / Gender** : 34 Years / Male  
**Consulting Dr.** : -  
**Reg. Location** : Thane Kasarvadavali (Main Centre)

**Collected** : 08-Oct-2022 / 10:58  
**Reported** : 08-Oct-2022 / 15:06

**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 becuase 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 G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



*Amit Taori*

**Dr.AMIT TAORI**  
**M.D ( Path )**  
**Pathologist**



भारत सरकार  
Government of India



Ankit Dubey  
DOB : 21/04/1988  
Male



6566 2358 0464

आधार - आम आदमी का अधिकार



## PHYSICAL EXAMINATION REPORT

Patient Name	MR. ANKIT DUBEY	Sex/Age	MALE/ 34 YRS
Date	08/10/22	Location	KASARVADAVALI

### History and Complaints

No complaints  
Family history – Mother having NIDDM.  
Past History – Nil

### EXAMINATION FINDINGS:

Height	166.5 cm	Temp (0c):	Afebrile
Weight	51.6 kg	Skin:	NAD
Blood Pressure	110/70 mm of Hg	Nails:	NAD
Pulse	76/min	Lymph Node:	NAD

### Systems :

Cardiovascular:	S1S2 +, No murmur
Respiratory:	NAD
Genitourinary:	NAD
GI System:	NAD
CNS:	NAD

### Impression:

Slightly low Hemoglobin levels. Raised Eosinophils  
HbA1C on Pre-diabetic levels.

### ADVICE :

**Regular exercise & walking.**  
**Avoid fried, fatty food & sweets.**

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

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### CHIEF COMPLAINTS :

1)	<b>Hypertension:</b>	Nil
2)	<b>IHD</b>	Nil
3)	<b>Arrhythmia</b>	Nil
4)	<b>Diabetes Mellitus</b>	Nil
5)	<b>Tuberculosis</b>	Nil
6)	<b>Asthma</b>	Nil
7)	<b>Pulmonary Disease</b>	Nil
8)	<b>Thyroid/ Endocrine disorders</b>	Nil
9)	<b>Nervous disorders</b>	Nil
10)	<b>GI system</b>	Nil
11)	<b>Genital urinary disorder</b>	Nil
12)	<b>Rheumatic joint diseases or symptom</b>	Nil
13)	<b>Blood disease or disorder</b>	Nil
14)	<b>Cancer/lump growth/cyst</b>	Nil
15)	<b>Congenital disease</b>	Nil
16)	<b>Surgeries</b>	Nil

### PERSONAL HISTORY:

1)	<b>Alcohol</b>	No
2)	<b>Smoking</b>	No
3)	<b>Diet</b>	Veg
4)	<b>Medication</b>	Nil



*Dr. Kavin H. Shah*  
M.B.B.S., D.CARD.  
MMC Regd. No.3488

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

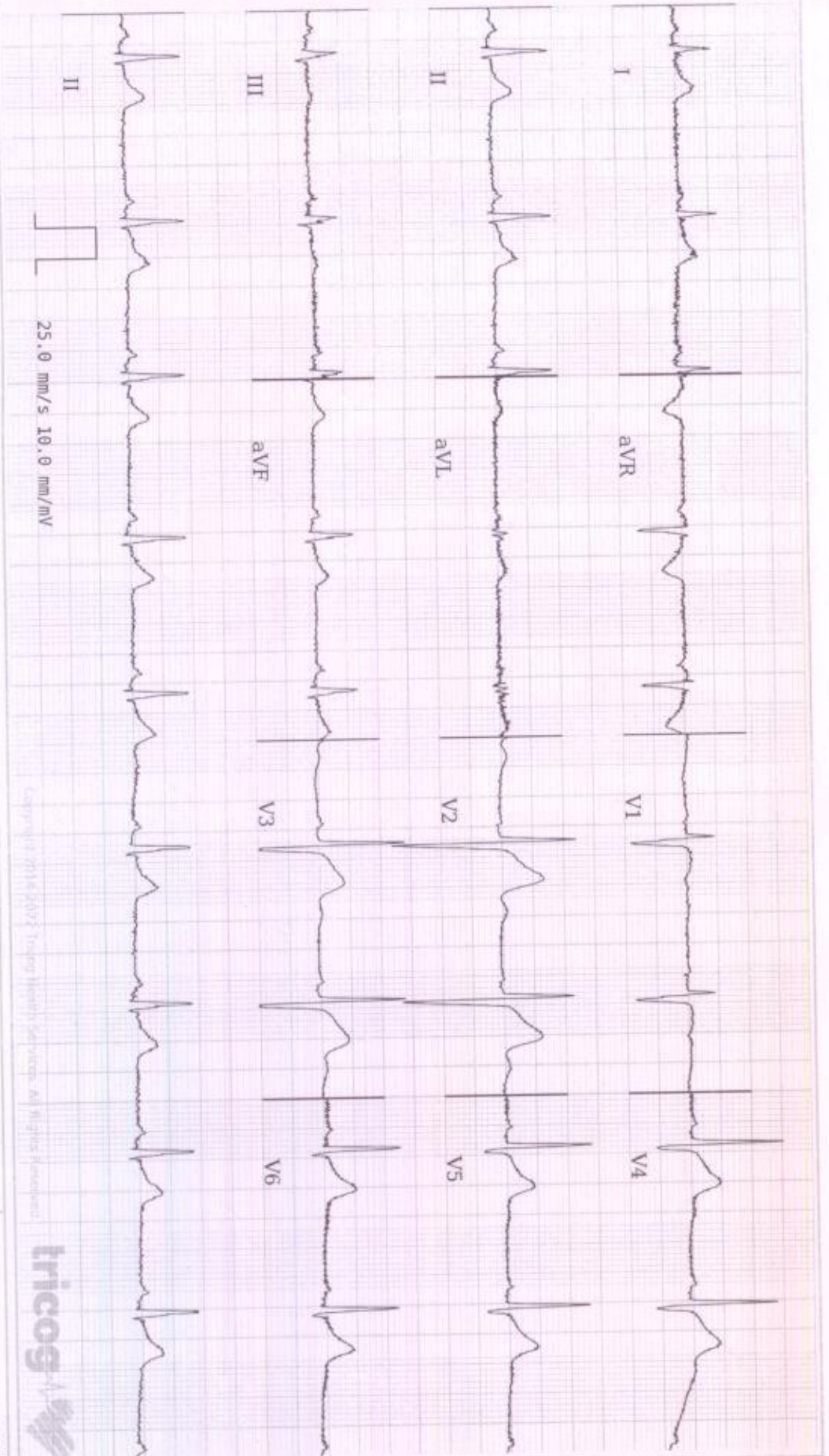
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Patient Name: ANKIT DUBY

Date and Time: 8th Oct 22 12:06 PM

Patient ID: 2228120781



Age **34** 5 18  
years months days

Gender **Male**

Heart Rate **57bpm**

Patient Vitals

BP: 110/70 mmHg

Weight: 51 Kg

Height: 166 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 94ms

QT: 406ms

QTc: 395ms

PR: 156ms

P-R-T: 68° 54° 50°

REPORTED BY

Dr. Kavin Shah  
MBBS, D.CARD  
2009/103488

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



Date : 08/10/2022

CID :

Name : Mr. Ankit Dubey

Sex/Age : M/34yrs

EYE CHECK UP

Chief complaints : Nil

Systematic Diseases : Nil

Past History : Nil

Unaided Vision :  
} Rt Eyes 6/6  
} Lt Eyes 6/6

Aided Vision : No

Refraction : No

Colour Vision : Normal colour vision

Remarks : Normal vision



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## SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

**Patient Details**

Date: 08-Oct-22

Time: 12:09:51 PM

Name: MR. ANKIT DUBEY ID: 2228120781

Age: 34 y

Sex: M

Height: 166 cms

Weight: 51 Kgs

Clinical History: NIL

Medications: NIL

**Test Details**

Protocol: Bruce

Pr.MHR: 186 bpm

THR: 158 (85 % of Pr.MHR) bpm

Total Exec. Time: 10 m 30 s

Max. HR: 163 (88% of Pr.MHR) bpm

Max. Mets: 13.50

Max. BP: 170 / 70 mmHg

Max. BP x HR: 27710 mmHg/min

Min. BP x HR: 4690 mmHg/min

Test Termination Criteria: THR achieved

**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 : 15	1.0	0	0	67	110 / 70	-0.21 III	2.83 V3
Standing	0 : 13	1.0	0	0	68	110 / 70	-0.85 aVR	2.83 V3
Hyperventilation	0 : 10	1.0	0	0	68	110 / 70	-0.21 aVR	2.83 V3
1	3 : 0	4.6	1.7	10	103	130 / 70	-5.52 I	-4.95 I
2	3 : 0	7.0	2.5	12	112	150 / 70	-1.06 aVR	3.54 V3
3	3 : 0	10.2	3.4	14	139	160 / 70	-1.27 III	4.60 V3
Peak Ex	1 : 30	13.5	4.2	16	163	170 / 70	-1.27 V3	5.31 I
Recovery(1)	1 : 0	1.8	1	0	124	170 / 70	-2.55 V5	5.31 V3
Recovery(2)	1 : 0	1.0	0	0	97	150 / 70	-0.64 aVR	5.66 V3
Recovery(3)	0 : 55	1.0	0	0	91	130 / 70	-0.42 aVR	3.89 V3

**Interpretation**

The patient exercised according to the Bruce protocol for 10 m 30 s achieving a work level of Max. METS : 13.50. Resting heart rate initially 67 bpm, rose to a max. heart rate of 163 (88% of Pr.MHR) bpm. Resting blood Pressure 110 / 70 mmHg, rose to a maximum blood pressure of 170 / 70 mmHg.

No significant ST - T changes.  
 No evidence of arrhythmias.  
 Normal haemodynamic response.  
 Good effort tolerance.

IMPRESSION: Stress test is negative for inducible ischemia at moderate workload. DISCLAIMER: Negative stress test does not rule out coronary artery disease and positive stress test is suggestive but not confirmatory of coronary artery disease. Hence clinical co-relation is mandatory.



*Dr. Kavın H. Shah*  
 M.B.B.S., D.CARD.  
 MMC Regd. No.3488

Ref. Doctor: CORPORATE

( Summary Report edited by user )

Doctor: Dr. Kavın Shah

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MR. ANKIT DUBEY (34 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

B.P: 110 / 70

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

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

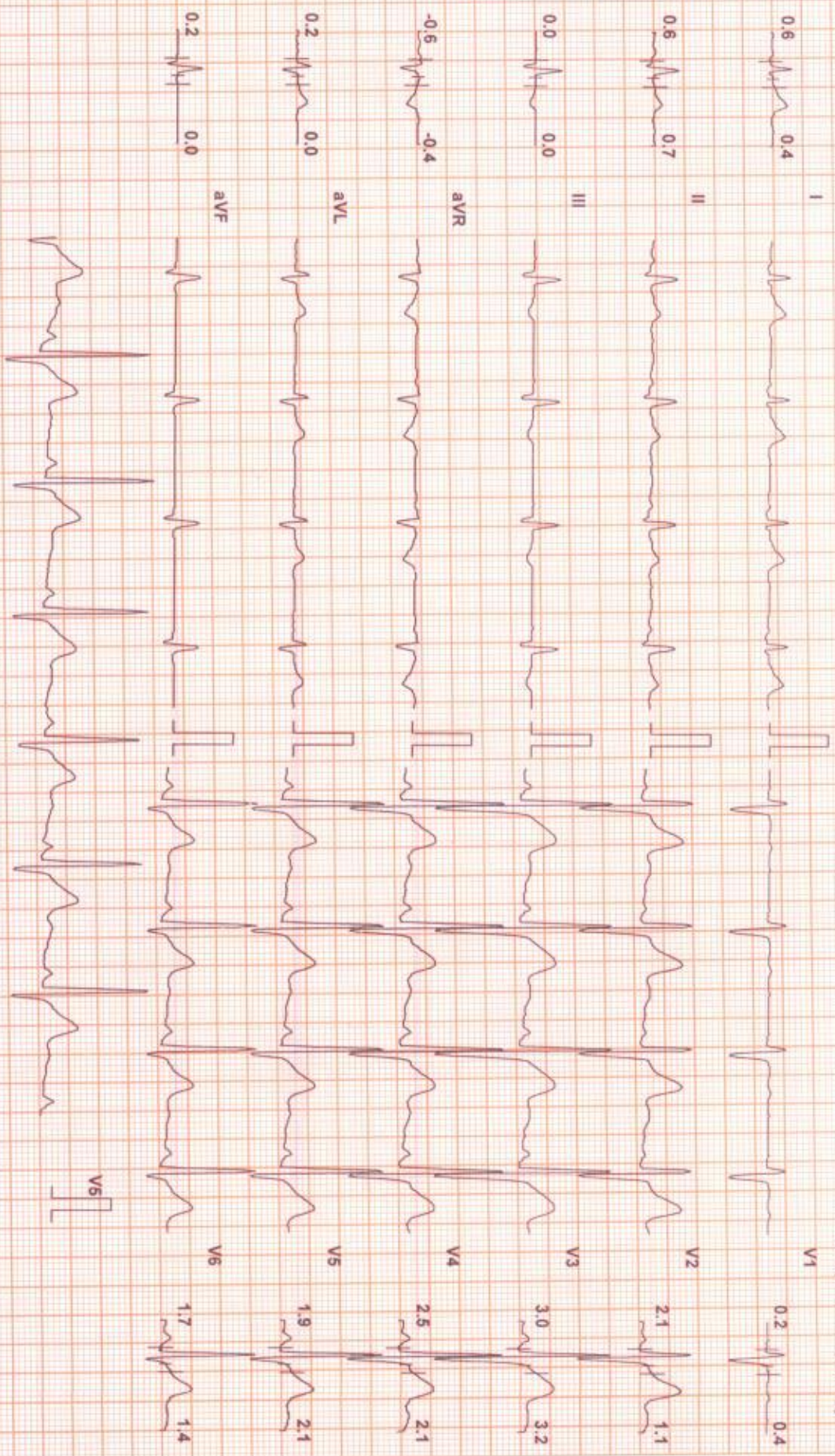


Chart Speed: 25 mm/sec  
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

60 = R - 60 ms

J = R + 60 ms

Pos J = J + 60 ms

Linked Median





MR. ANKIT DUBEY (34 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2228120781

Date: 08-Oct-22

Exec Time : 0 m 0 s

Stage Time : 0 m 7 s

HR: 67 bpm

ST Level (mm)

ST Slope (mV/s)

Stage: Standing

Speed: 0 mph

Grade: 0%

(THR: 158 bpm)

B.P.: 110/70

ST Level (mm)

ST Slope (mV/s)

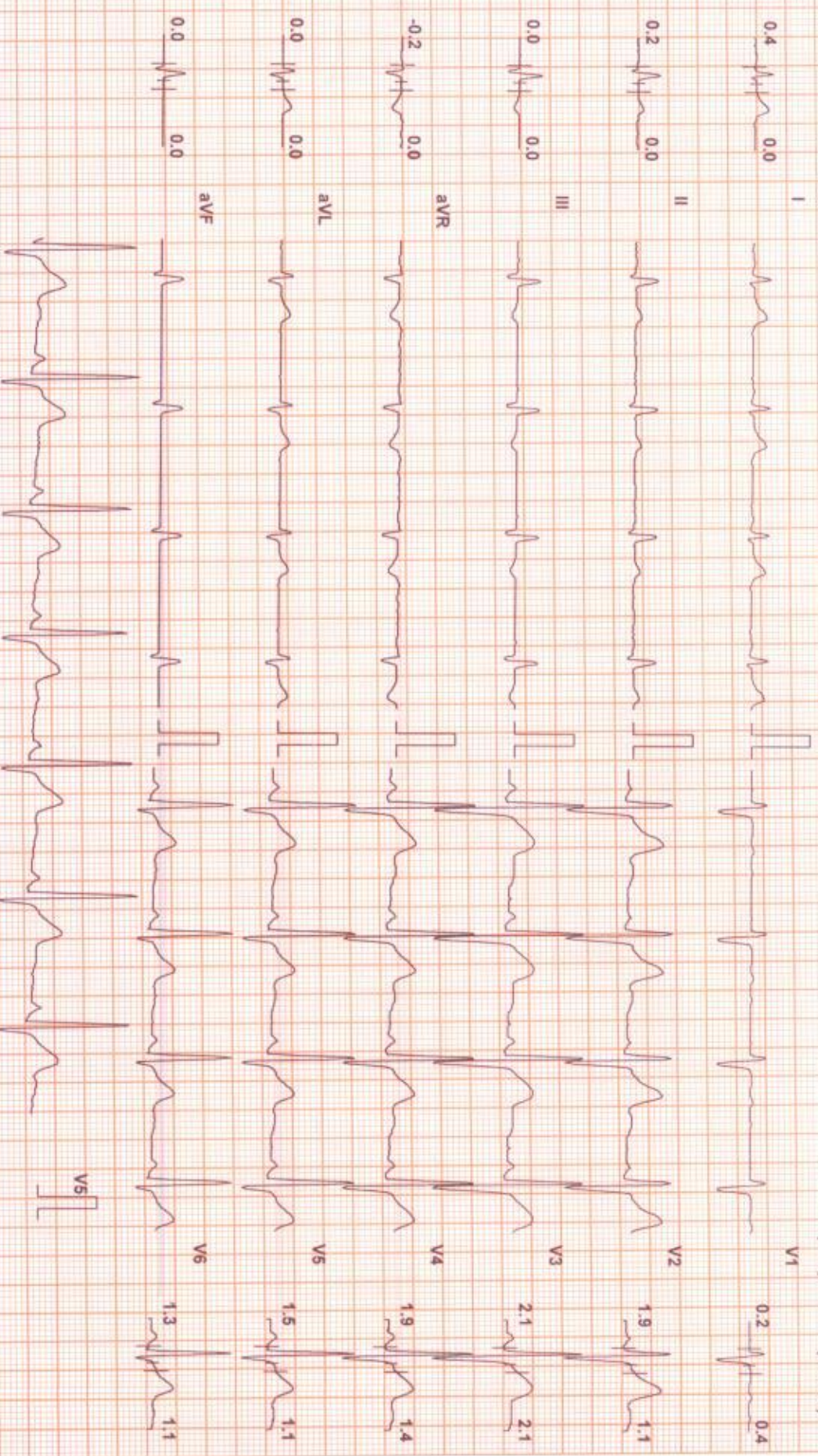


Chart Speed: 25 mm/sec  
Schiller Spandari V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

100 = R - 50 ms

J = R - 60 ms

Post J = J + 60 ms

Linked Median



MR. ANKIT DUBEY (34 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

ID: 2228120781

Date: 08-Oct-22

Exec Time: 0 m 0 s

Stage Time: 0 m 4 s

HR: 75 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 110 / 70

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

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

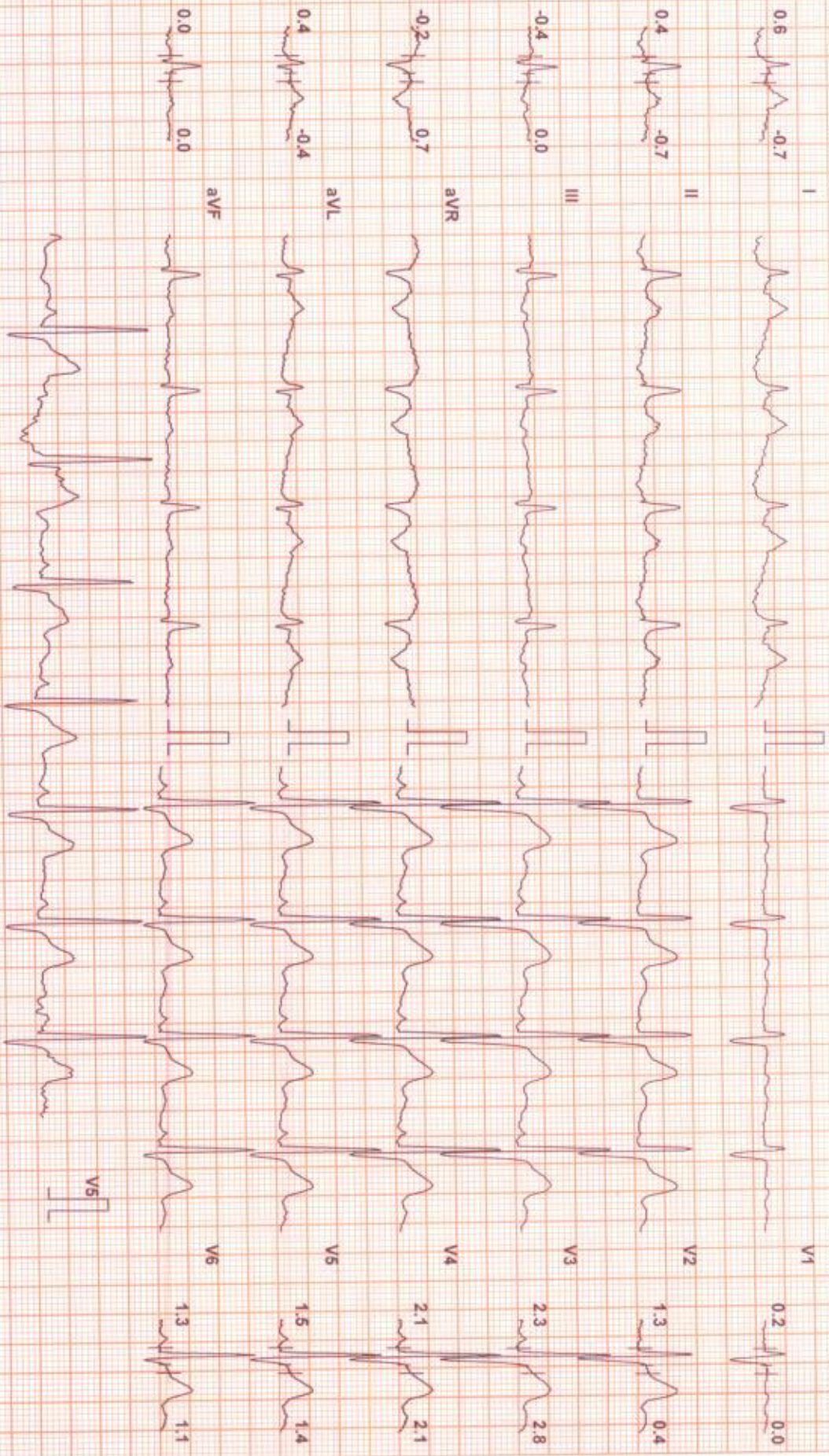


Chart Speed: 25 mm/sec  
Schiller Spandah V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO + R = 50 ms

J = R = 60 ms

Post J = J = 50 ms

Linked Median



SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

MR. ANKIT DUBEY (34 M)

ID: 2228120781

Date: 08-Oct-22 Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 103 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph Grade: 10% (THR: 158 bpm) B-P: 130/70

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

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

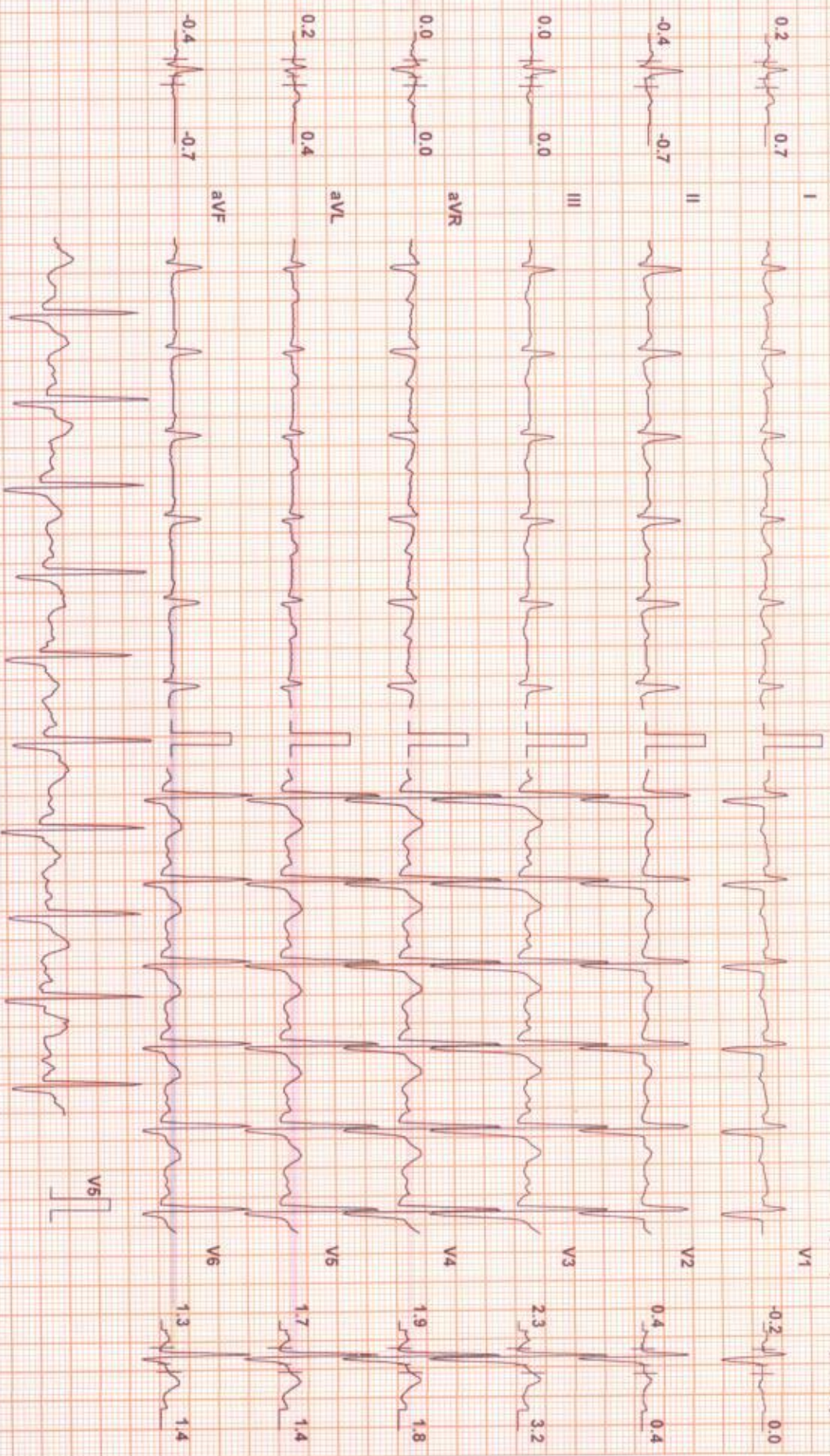


Chart Speed: 25 mm/sec  
Sphulok Spandan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

150 + R - 50 ms

J - R - 60 ms

Post J = J + 60 ms

Linked Median



# SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

## Test Report

MR. ANKIT DUBEY (34 M)

ID: 2228120781

Date: 08-Oct-22

Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 110 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 158 bpm)

B.P: 150 / 70

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

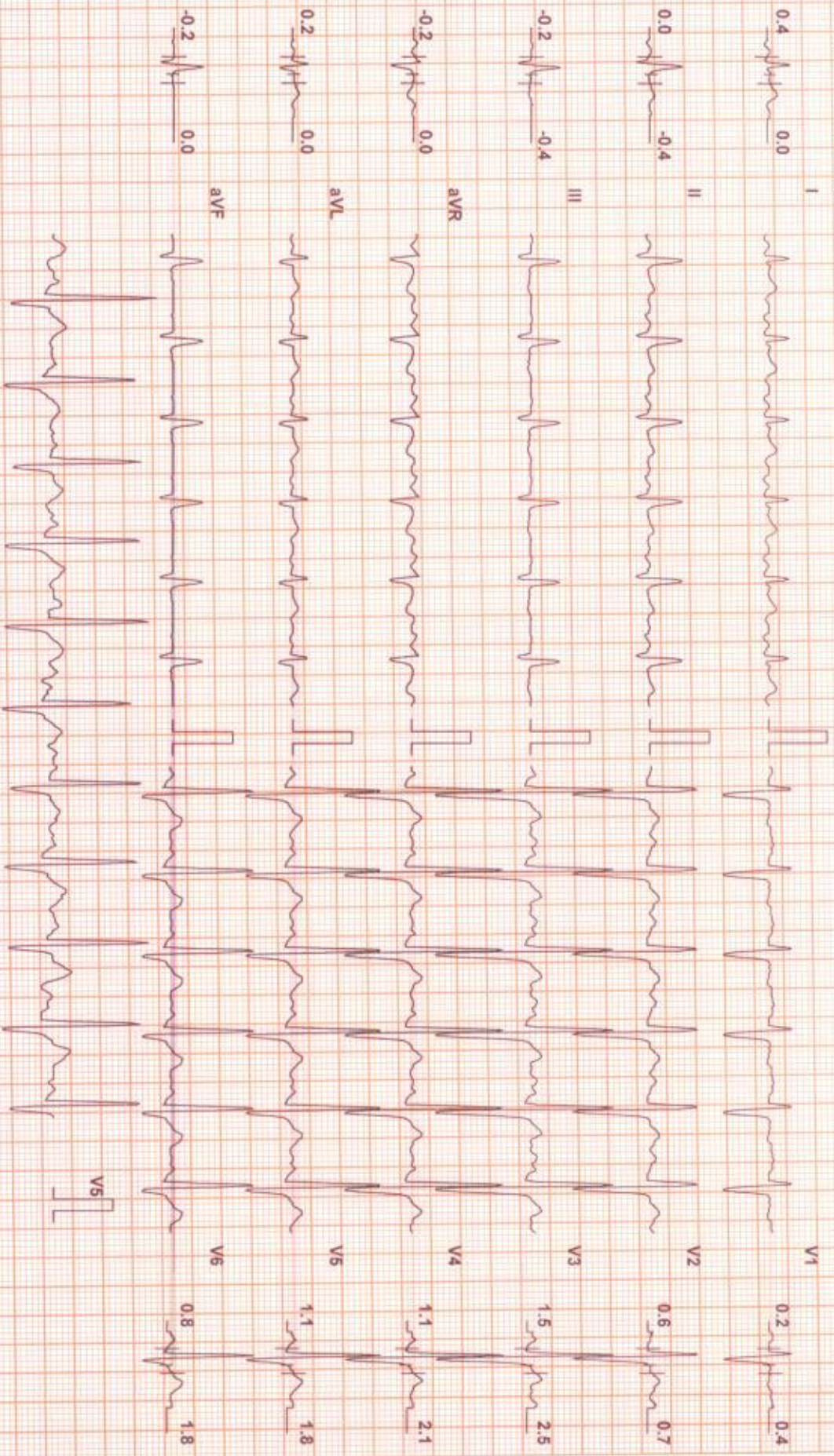


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

iso + R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

MR. ANKIT DUBEY (34 M)

ID: 2228120781

Date: 08-Oct-22

Exec Time: 8 m 54 s Stage Time: 2 m 54 s HR: 141 bpm

Protocol: Bruce

Stage: 3

Speed: 3.4 mph

Grade: 14 %

(THR: 156 bpm)

B.P.: 160 / 70

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

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

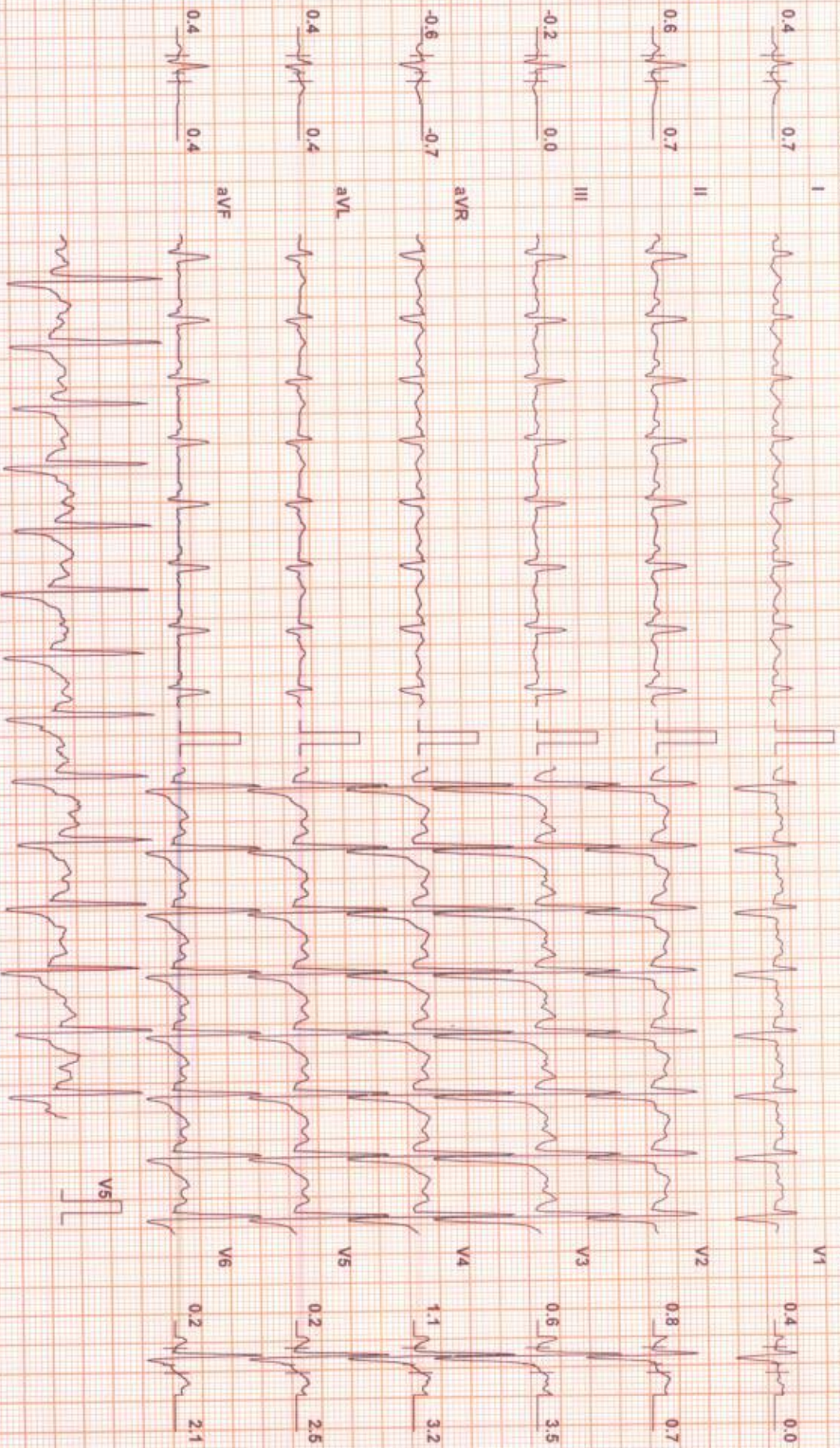


Chart Speed: 25 mm/sec  
Schiller Spacelab V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R = 60 ms

J = R = 60 ms

Post J = J = 60 ms  
Linked Median



# SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

MR. ANKIT DUBEY (34 M)

ID: 2228120781

Date: 08-Oct-22

Exec Time : 10 m 24 s Stage Time : 1 m 24 s HR: 163 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 4.2 mph

Grade: 16 %

(THR: 158 bpm)

B.P: 170 / 70

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

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

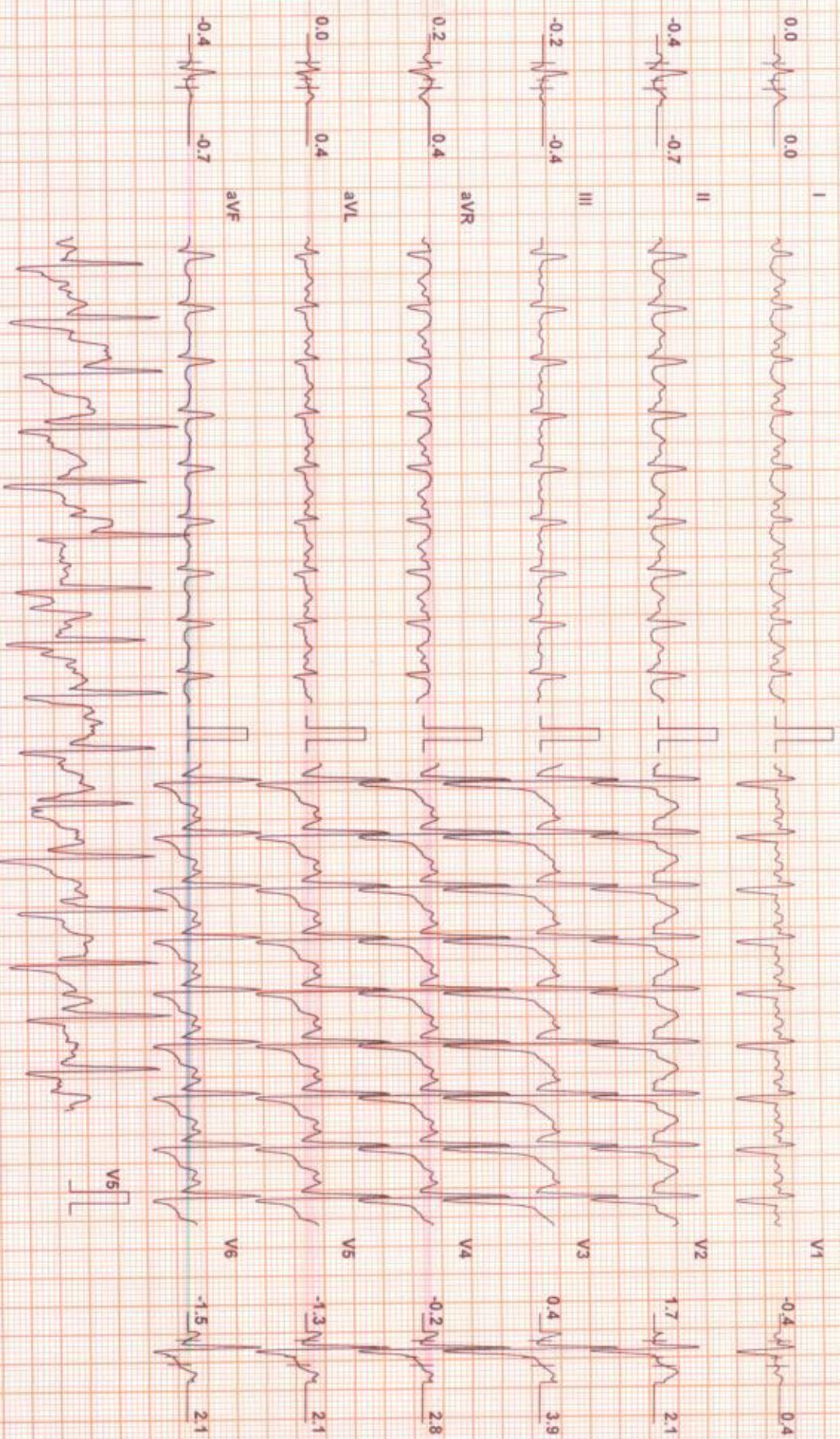


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Fil: ON Amp: 10 mm Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms  
Schuler Spandani V 4.7 Linked Median





MR. ANKIT DUBEY (34 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

ID: 2228120781

Date: 08-Oct-22 Exec Time: 10 m 30 s Stage Time: 0 m 54 s HR: 117 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0%

(THR: 158 bpm)

B.P.: 170 / 70

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

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

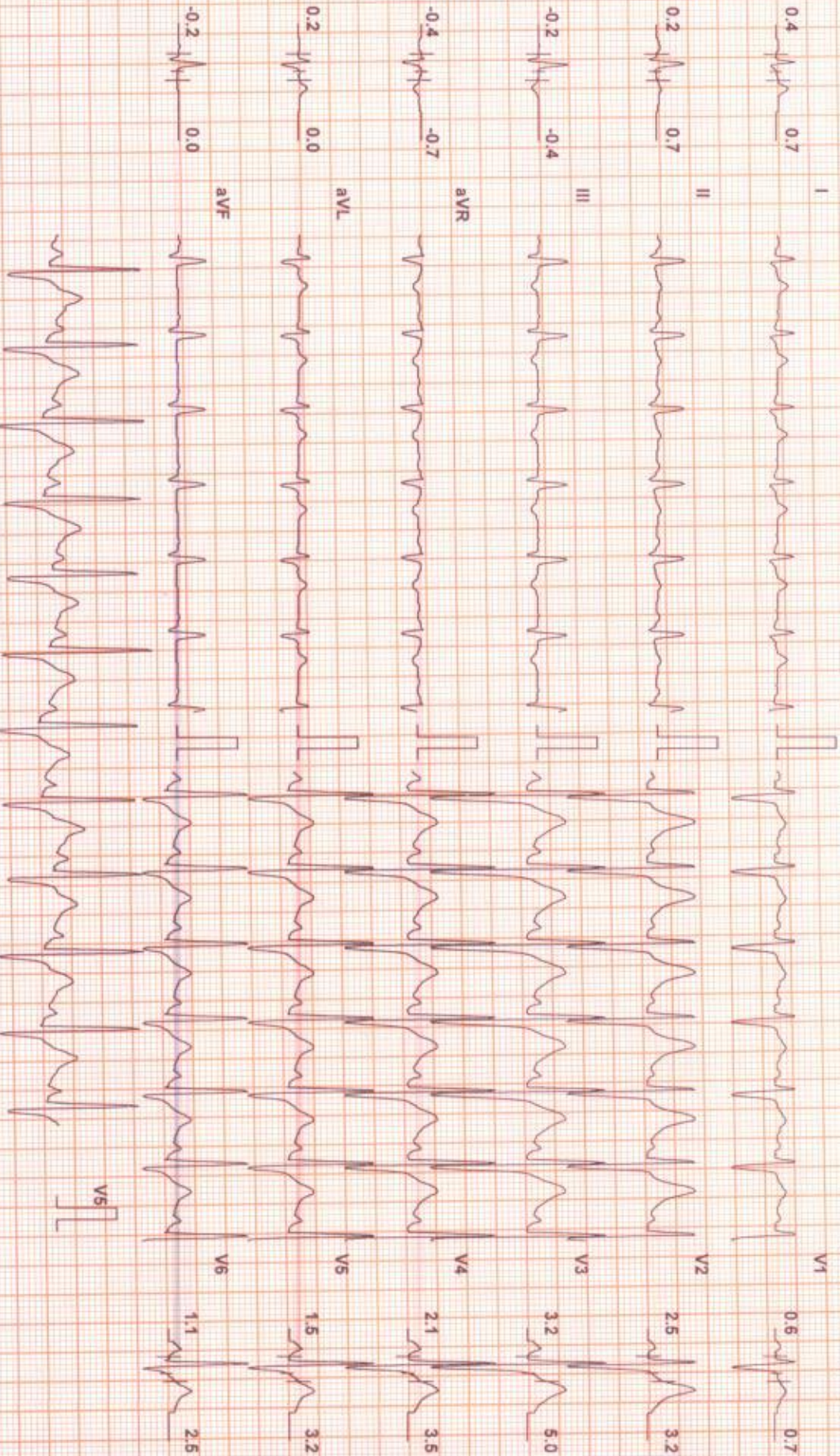


Chart Speed: 25 mm/sec  
Schiller Spandari V4.7

Filter: 35 Hz

Mans Filtr. ON

Amp: 10 mm

160 + R - 60 ms

J - R + 60 ms

Post J - J + 60 ms

Linked Median



SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

MR. ANKIT DUBEY (34 M)

ID: 2228120781

Date: 08-Oct-22

Exec Time: 10 m 30 s Stage Time: 0 m 54 s HR: 93 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0%

(THR: 158 bpm)

B.P.: 150/70

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

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

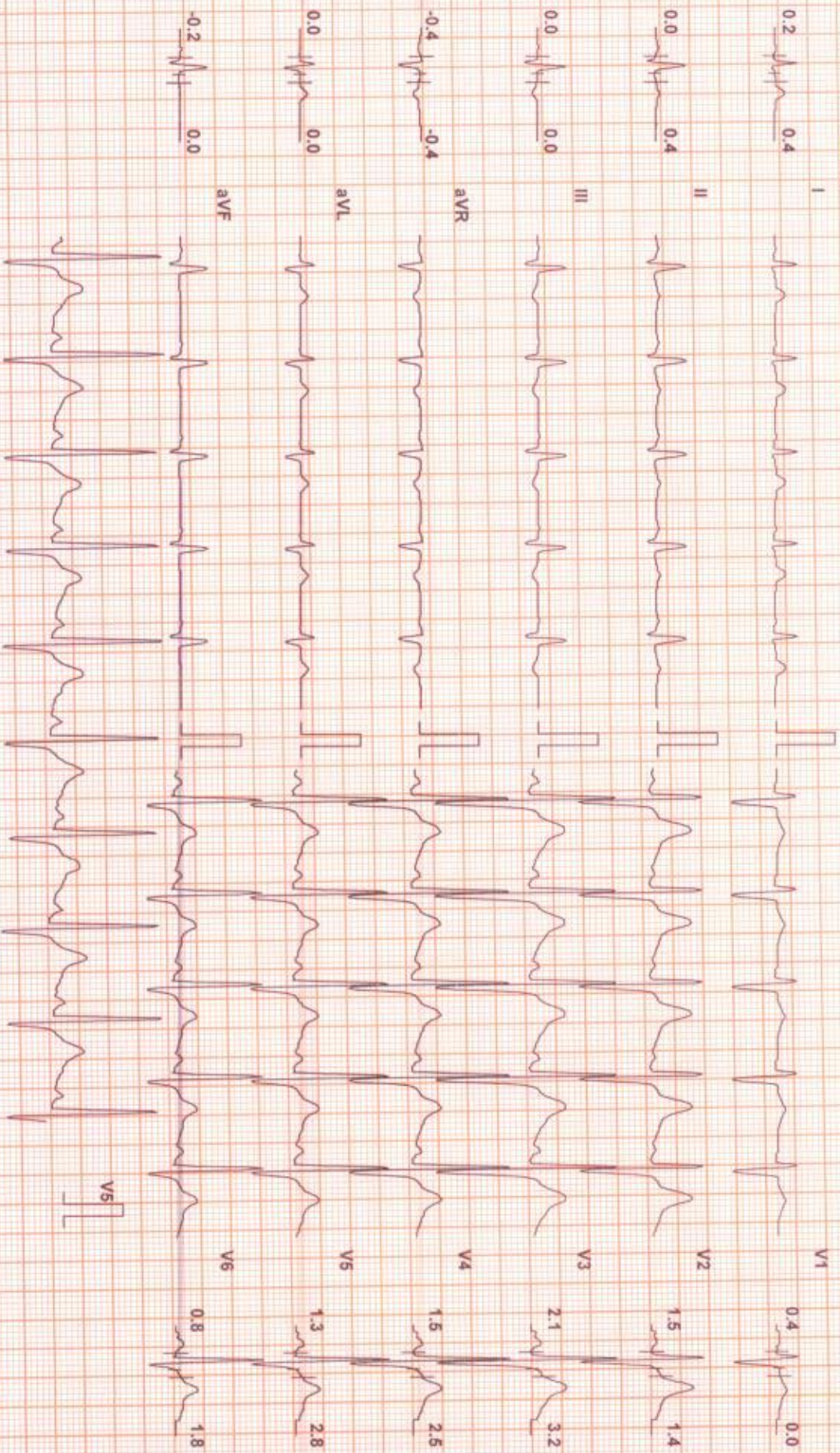


Chart Speed: 25 mm/sec  
Schlier Spendari V 4.7

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 THANE KASARVADAVALI

Test Report

MR. ANKIT DUBEY (34 M)

ID: 2228120781

Date: 08-Oct-22

Exec Time : 10 m 30 s Stage Time : 0 m 54 s HR: 93 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

B.P: 150/70

ST Level (mm)    ST Slope (mV/s)

ST Level (mm)    ST Slope (mV/s)



Chart Speed: 25 mm/sec  
Schlief Spander V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R + 60 ms    J = R + 60 ms    Post J = J + 60 ms

Linked Median





CID : 2228120781  
Name : Mr ANKIT DUBY  
Age / Sex : 34 Years/Male  
Ref. Dr :  
Reg. Location : Thane Kasarvadavali Main Centre

Reg. Date : 08-Oct-2022  
Reported : 08-Oct-2022 / 11:33

### USG ABDOMEN AND PELVIS

#### LIVER:

Liver appears normal in size and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

#### GALL BLADDER:

Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

#### PORTAL VEIN:

Portal vein is normal. CBD: CBD is normal.

#### PANCREAS:

Visualised pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

#### KIDNEYS:

Right kidney measures 9.2 x 3.2 cm. Left kidney measures 9.3 x 4.5cm. Both kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

#### SPLEEN:

Spleen is normal in size, shape and echotexture. No focal lesion is seen.

#### URINARY BLADDER:

Urinary bladder is distended and normal. Wall thickness is within normal limits.

#### PROSTATE:

Prostate is normal in size, echotexture and measures 2.6 x 3.4 x 2.8 cm in dimension and 13.5 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

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Use a QR Code Scanner  
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CID : 2228120781  
Name : Mr ANKIT DUBY  
Age / Sex : 34 Years/Male  
Ref. Dr :  
Reg. Location : Thane Kasarvadavali Main Centre

Reg. Date : 08-Oct-2022  
Reported : 08-Oct-2022 / 11:33

**IMPRESSION:**  
**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

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 cases for confirmation / exclusion of diagnosis.

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

**This report is prepared and physically checked by DR GAURAV FARTADE before dispatch.**

*G. R. Fartade*

Dr. GAURAV FARTADE  
MBBS, DMRE  
Reg No -2014/04/1786  
Consultant Radiologist

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CID : 2228120781  
Name : Mr ANKIT DUBY  
Age / Sex : 34 Years/Male  
Ref. Dr :  
Reg. Location : Thane Kasarvadavali Main Centre

Reg. Date : 08-Oct-2022  
Reported : 08-Oct-2022 / 12:24

**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-----

**This report is prepared and physically checked by DR GAURAV FARTADE before dispatch.**

*G. R. Fartade*

**Dr. GAURAV FARTADE**  
**MBBS, DMRE**  
**Reg No -2014/04/1786**  
**Consultant Radiologist**

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