



CID : 2308912765  
Name : MR.SANDEEP TRIPATHI  
Age / Gender : 34 Years / Male  
Consulting Dr. : -  
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 30-Mar-2023 / 08:58  
Reported : 30-Mar-2023 / 15:22

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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	13.9	13.0-17.0 g/dL	Spectrophotometric
RBC	4.40	4.5-5.5 mil/cmm	Elect. Impedance
PCV	41.8	40-50 %	Calculated
MCV	95.1	80-100 fl	Measured
MCH	31.6	27-32 pg	Calculated
MCHC	33.2	31.5-34.5 g/dL	Calculated
RDW	14.4	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	7210	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	29.4	20-40 %	
Absolute Lymphocytes	2110	1000-3000 /cmm	Calculated
Monocytes	6.2	2-10 %	
Absolute Monocytes	450	200-1000 /cmm	Calculated
Neutrophils	56.9	40-80 %	
Absolute Neutrophils	4080	2000-7000 /cmm	Calculated
Eosinophils	6.9	1-6 %	
Absolute Eosinophils	500	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	
Absolute Basophils	50	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	183000	150000-400000 /cmm	Elect. Impedance
MPV	12.4	6-11 fl	Measured
PDW	23.3	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			



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Hypochromia	-
Microcytosis	-
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                      7                      2-15 mm at 1 hr.                      Sedimentation

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



*M. Jain*

**Dr. MILLU JAIN**  
**M.D.(PATH)**  
**Pathologist**



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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	91.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	110.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.49	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.18	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.31	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	19.2	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	17.0	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	18.7	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	79.6	40-130 U/L	Colorimetric
BLOOD UREA, Serum	20.3	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.5	6-20 mg/dl	Calculated
CREATININE, Serum	1.01	0.67-1.17 mg/dl	Enzymatic



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eGFR, Serum 90 >60 ml/min/1.73sqm Calculated

Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation

URIC ACID, Serum 5.2 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 CPL, Andheri West  
\*\*\* End Of Report \*\*\*



MC-2111

*Anupa*

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



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.3	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)

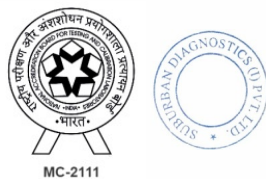
**References:** ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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

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

*J Thakker*

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





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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)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	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	2-3	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 insert

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



*Dr. Leena Salunkhe*

**Dr.LEENA SALUNKHE**  
**M.B.B.S, DPB (PATH)**  
**Pathologist**



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

<b>PARAMETER</b>	<b>RESULTS</b>
ABO GROUP	A
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 \*\*\*

*J Thakker*

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





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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	160.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	89.1	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	40.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	120.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	102.0	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	3.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.5	0-3.5 Ratio	Calculated

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

*M Jain*

**Dr.MILLU JAIN**  
**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	4.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.3	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.85	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 transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

**Diurnal Variation:**TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

**Reflex Tests:**Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

**Limitations:**

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

**Reference:**

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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

*Anupa*

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



MC-2111



# SUBURBAN DIAGNOSTICS - KALINA, SANTACRUZ EAST



Patient Name: SANDEEP TRIPATHI  
Patient ID: 2308912765

Date and Time: 30th Mar 23 9:14 AM

Age **34** **9** **27**  
years months days

Gender **Male**

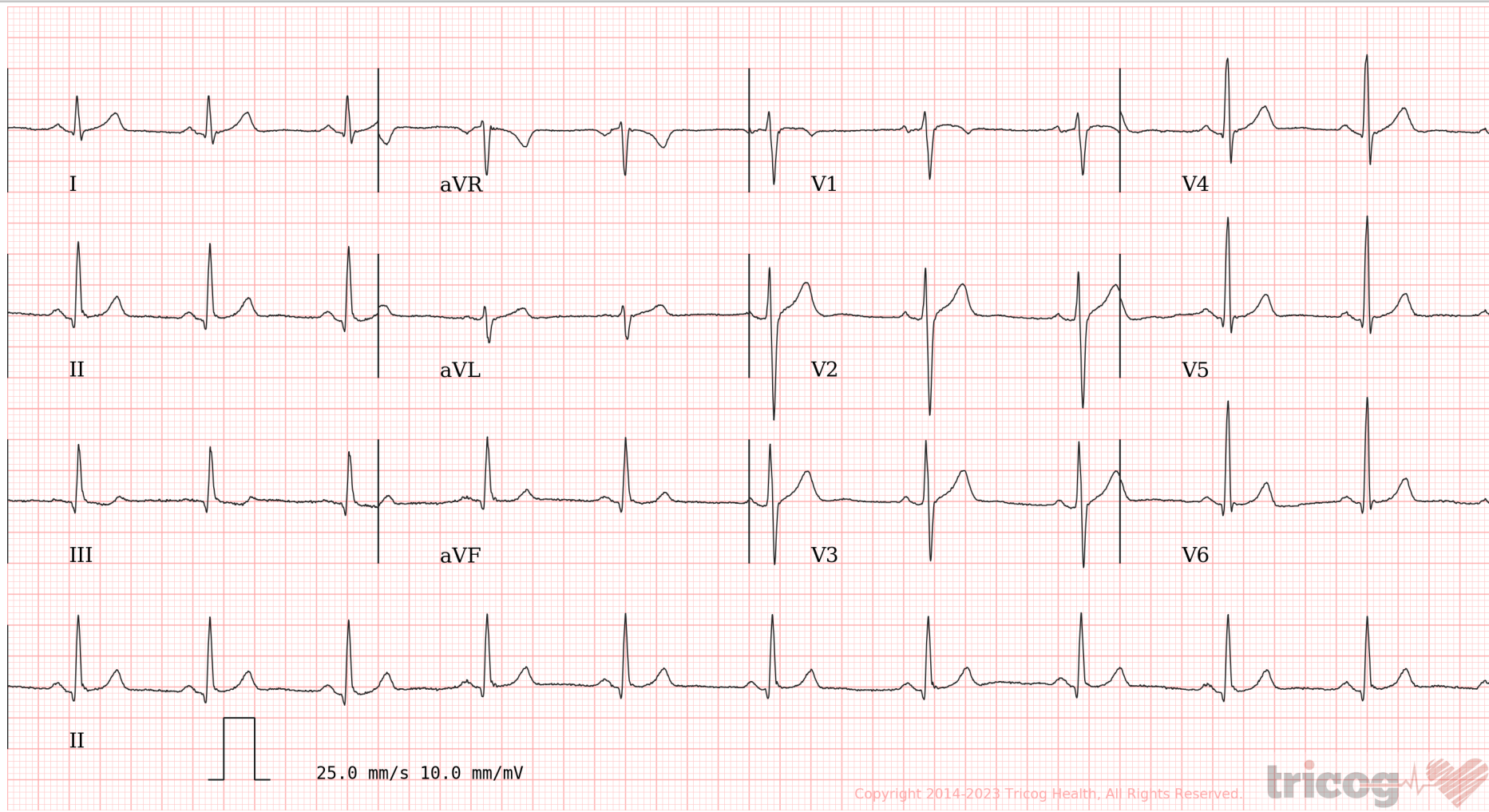
Heart Rate **65bpm**

### Patient Vitals

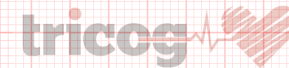
BP: NA  
Weight: NA  
Height: NA  
Pulse: NA  
Spo2: NA  
Resp: NA  
Others: \_\_\_\_\_

### Measurements

QRSD: 92ms  
QT: 376ms  
QTc: 391ms  
PR: 146ms  
P-R-T: 46° 70° 36°



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

REPORTED BY

Dr Naveed Sheikh  
PGDCC  
2016/11/4694

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.



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**Reg. Date** : 30-Mar-2023  
**Reported** : 30-Mar-2023/10:00

## USG OF WHOLE ABDOMEN

**Clinical profile:** for routine checkup. Patient denies any health related issues with no history of medical or surgical problems in the past. No previous reports provided at the time of ultrasound study.

Real time ultrasonography of whole abdomen was performed using transabdominal approach.

### Liver:

Liver is normal in size (13.2 cm) and echopattern. No focal mass lesion is seen. The intrahepatic biliary radicals are normal. Hepatic veins & IVC are normal in caliber. Portal vein is normal in caliber and measures 11.8 mm.

### Gallbladder:

**Gallbladder** is well distended and reveals normal wall thickness. There is evidence of a tiny 4 mm polyp attached to anterior wall to the right. No evidence of calculus or mass lesion seen. No obvious pericholecystic collection visualized.

**CBD** is normal in caliber (3.9 mm).

### Spleen:

Spleen is normal in size (8.6 cm), shape and echotexture. No focal lesions seen. Splenic vein appears normal in caliber.

### Pancreas:

Pancreas is visualized and is normal in size shape and echopattern. No focal lesions seen. Part of pancreatic tail and adjacent retroperitoneum obscured due to bowel gases.

### Kidneys:

Both kidneys are normal in size, shape and position. No evidence of hydronephrosis, calculi or scarring.

Right Kidney measures: 9.1 x 3.7 cm.

Left Kidney measures: 10.3 x 4.8 cm.

Corticomedullary differentiation appears preserved.

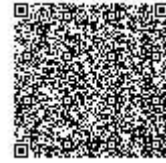
No evidence of free fluid in abdomen and pelvis.

Visualized retroperitoneum appears unremarkable with no obvious lymphadenopathy.

### Urinary bladder:

Urinary bladder is well distended and shows normal wall thickness. No evidence of any calculi or focal mass lesion is seen within it.

**Click here to view images** <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023033008520879>



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**Prostate:**

Prostate is normal in size & measures 3.9 x 3.1 x 2.7 cm (volume ~17.8 cc)

**IMPRESSION:**

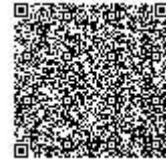
*Tiny gall bladder polyp.*

*No other significant abnormality detected in ultrasound study of whole abdomen.*

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

**Dr Vaseem Anjum Ansari**  
**Radiologist (MBBS,DMRD)**  
**Reg No. 2003/06/2275**

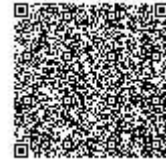
Investigations have their limitations. Solitary Pathological / Radiological and other investigations never confirm the final diagnosis of disease. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.



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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.

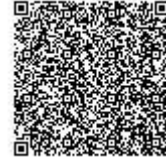
**IMPRESSION:**

**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

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

**Dr Vaseem Anjum Ansari**  
**Radiologist (MBBS,DMRD)**  
**Reg No. 2003/06/2275**





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**Reg. Date** : 30-Mar-2023  
**Reported** : 30-Mar-2023/13:06

## Suburban Diagnostics Kalina

### Patient Details

Date: 30-Mar-23

Time: 10:30:09 AM

Name: MR. SANDEEP TRIPATHI ID: 2308912765

Age: 35 y

Sex: M

Height: 176 cms.

Weight: 79 Kg.

Clinical History: Routine Test

Medications: NONE

### Test Details

Protocol: Bruce

Pr.MHR: 185 bpm

THR: 157 (85 % of Pr.MHR) bpm

Total Exec. Time: 7 m 26 s

Max. HR: 162 ( 88% of Pr.MHR )bpm

Max. Mets: 10.20

Max. BP: 180 / 80 mmHg

Max. BP x HR: 29160 mmHg/min

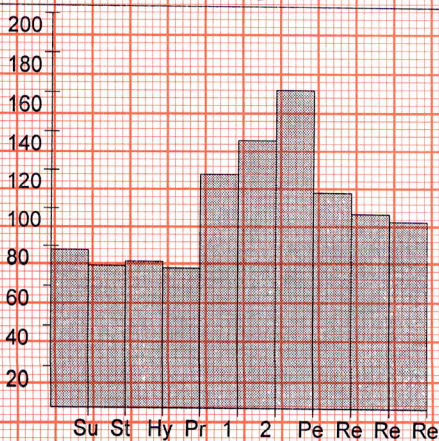
Min. BP x HR: 5600 mmHg/min

Test Termination Criteria: Target HR attained

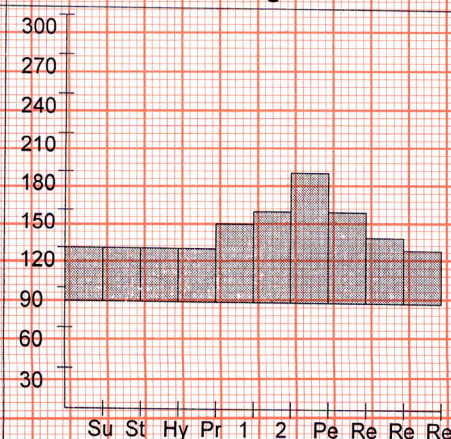
### Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 40	1.0	0	0	78	120 / 80	-1.27 aVR	3.18 V3
Standing	0 : 6	1.0	0	0	70	120 / 80	-1.27 aVR	1.42 II
Hyperventilation	0 : 7	1.0	0	0	72	120 / 80	-1.06 aVR	1.42 V2
1	3 : 0	4.6	1.7	10	118	140 / 80	-1.27 aVR	3.54 V2
2	3 : 0	7.0	2.5	12	136	150 / 80	-1.27 III	4.95 V2
Peak Ex	1 : 26	10.2	3.4	14	162	180 / 80	-2.55 III	5.66 V2
Recovery(1)	2 : 0	1.8	1	0	109	150 / 80	-4.88 V3	5.66 V2
Recovery(2)	2 : 0	1.0	0	0	98	130 / 80	-1.06 III	4.60 V2
Recovery(3)	1 : 3	1.0	0	0	94	120 / 80	-1.06 III	2.12 V2

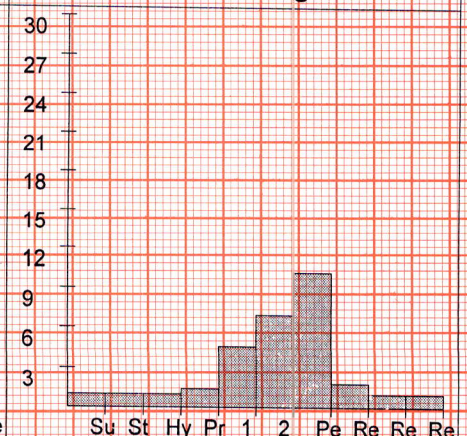
HR x Stage



BP x Stage



Mets x Stage



## Suburban Diagnostics Kalina

### Patient Details

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Name: MR. SANDEEP TRIPATHI ID: 2308912765

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### Interpretation

AVERAGE EFFORT TOLEREANCE  
NORMAL HEART RATE RESPONSE  
NORMAL BLOOD PRESSURE RESPONSE  
NO ANGINA/ANGINA EQUIVALENTS  
NO ARRHYMIAS  
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. Naga Petrol Pump, Kalina, CST Road,  
Santaacruz (East),  
Tel. No. 022-61700000

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



Doctor: NAVEED SHEIKH

Ref. Doctor: .....

( Summary Report edited by user )

# Suburban Diagnostics Kalina

MR. SANDEEP TRIPATHI (35 M)

ID: 2308912765

Date: 30-Mar-23

B.P: 120/80

Protocol: Bruce

Stage: Supine

Speed: 0 mph

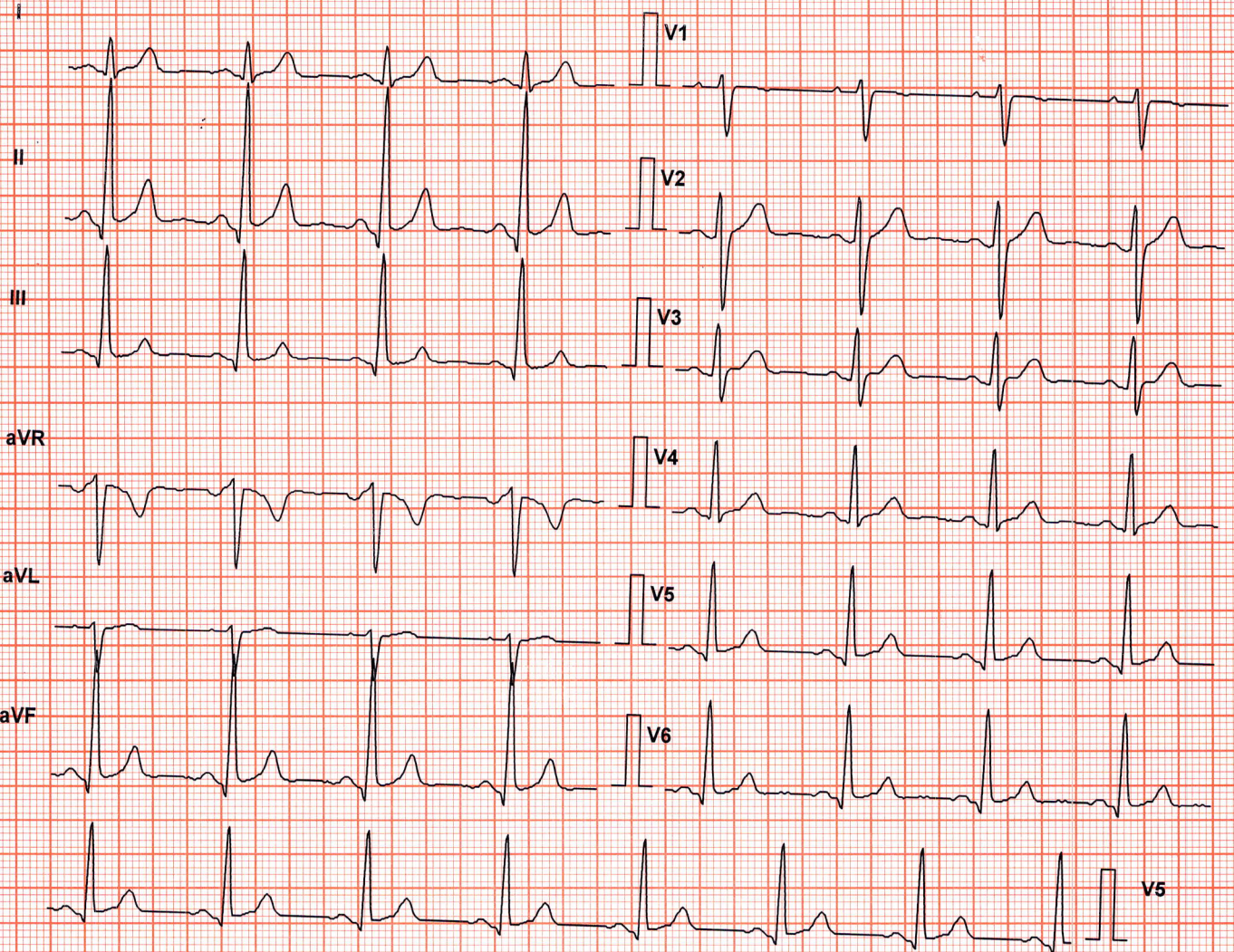
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 34 s

HR: 72 bpm

(THR: 157 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.6	0.4
II	1.5	1.4
III	0.2	0.0
aVR	-1.3	-1.4
aVL	0.2	0.4
aVF	0.8	0.7
V1	0.2	0.0
V2	1.9	1.8
V3	0.8	0.0
V4	1.1	0.7
V5	1.1	1.1
V6	0.6	0.7

Chart Speed: 25 mm/sec  
Schiller Spandan 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. SANDEEP TRIPATHI (35 M)

ID: 2308912765

Date: 30-Mar-23

B.P: 120 / 80

Protocol: Bruce

Stage: Standing

Speed: 0 mph

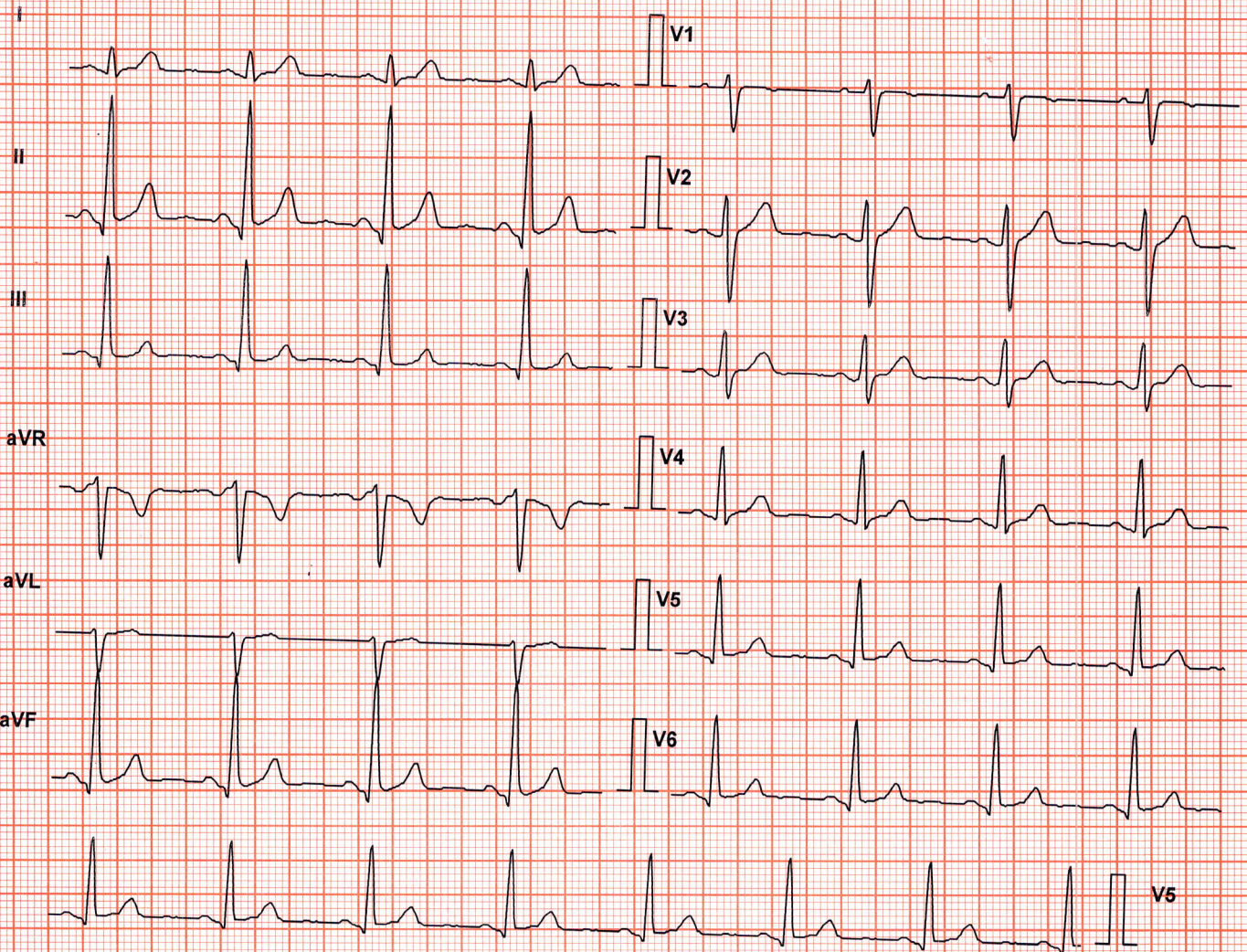
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 0 s

HR: 72 bpm

(THR: 157 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.6	0.4
II	1.3	1.4
III	0.2	0.0
aVR	-1.1	-1.1
aVL	0.2	0.4
aVF	0.8	0.7
V1	0.2	0.0
V2	1.9	1.8
V3	1.1	0.7
V4	0.8	0.7
V5	0.8	0.7
V6	0.6	0.4

Chart Speed: 25 mm/sec  
Schiller Spandan V 4.51

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

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

Post J = J + 60 ms

Linked Median

# Suburban Diagnostics Kalina

MR. SANDEEP TRIPATHI (35 M)

ID: 2308912765

Date: 30-Mar-23

B.P: 120 / 80

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

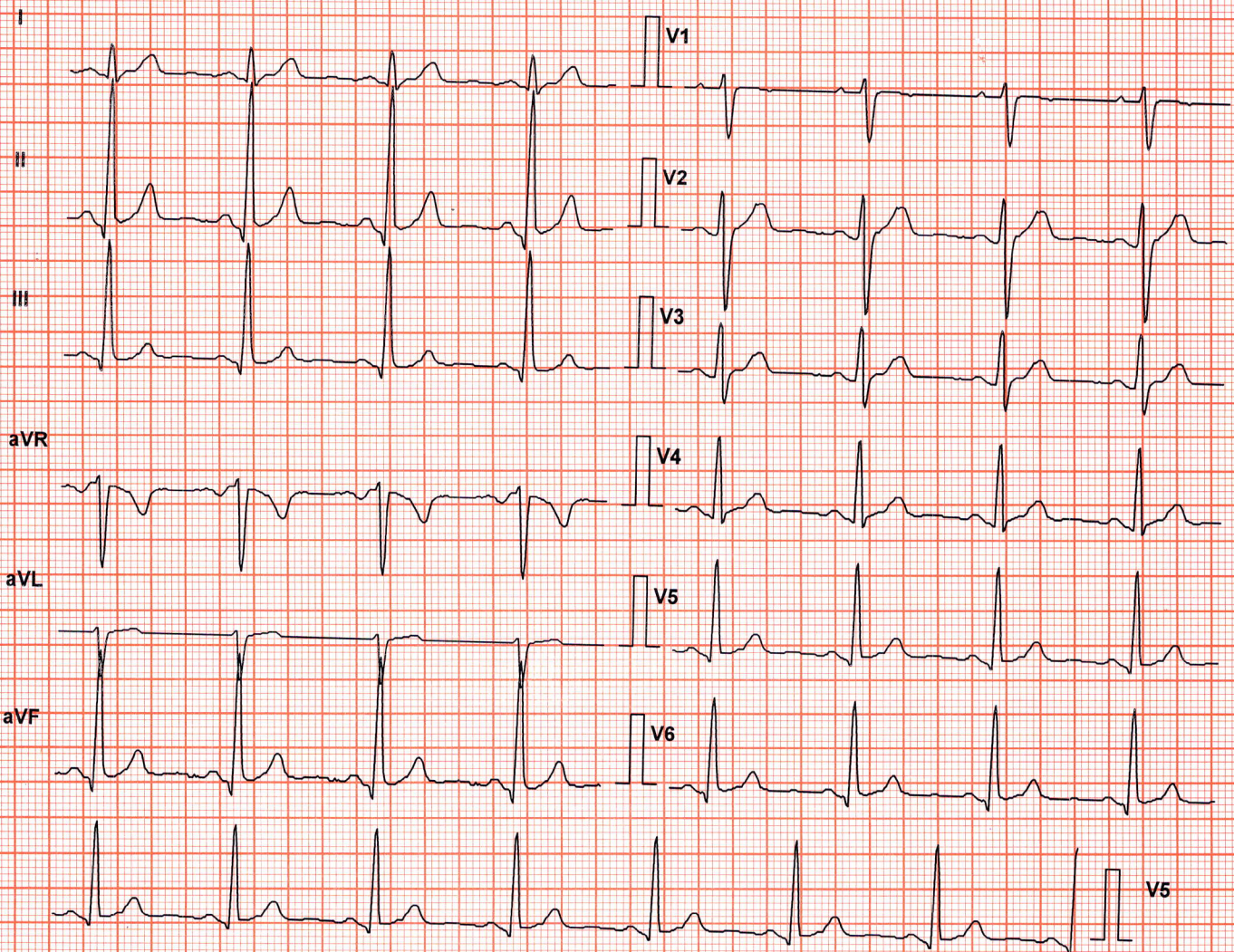
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 1 s

HR: 71 bpm

(THR: 157 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.6	0.4
II	1.3	1.4
III	0.2	0.4
aVR	-1.3	-1.4
aVL	0.2	0.4
aVF	0.6	0.7
V1	0.2	0.0
V2	2.1	1.8
V3	1.1	0.4
V4	1.1	0.7
V5	1.1	1.1
V6	0.8	0.7

Chart Speed: 25 mm/sec  
Schiller Spandan 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. SANDEEP TRIPATHI (35 M)

ID: 2308912765

Date: 30-Mar-23

B.P: 140 / 80

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

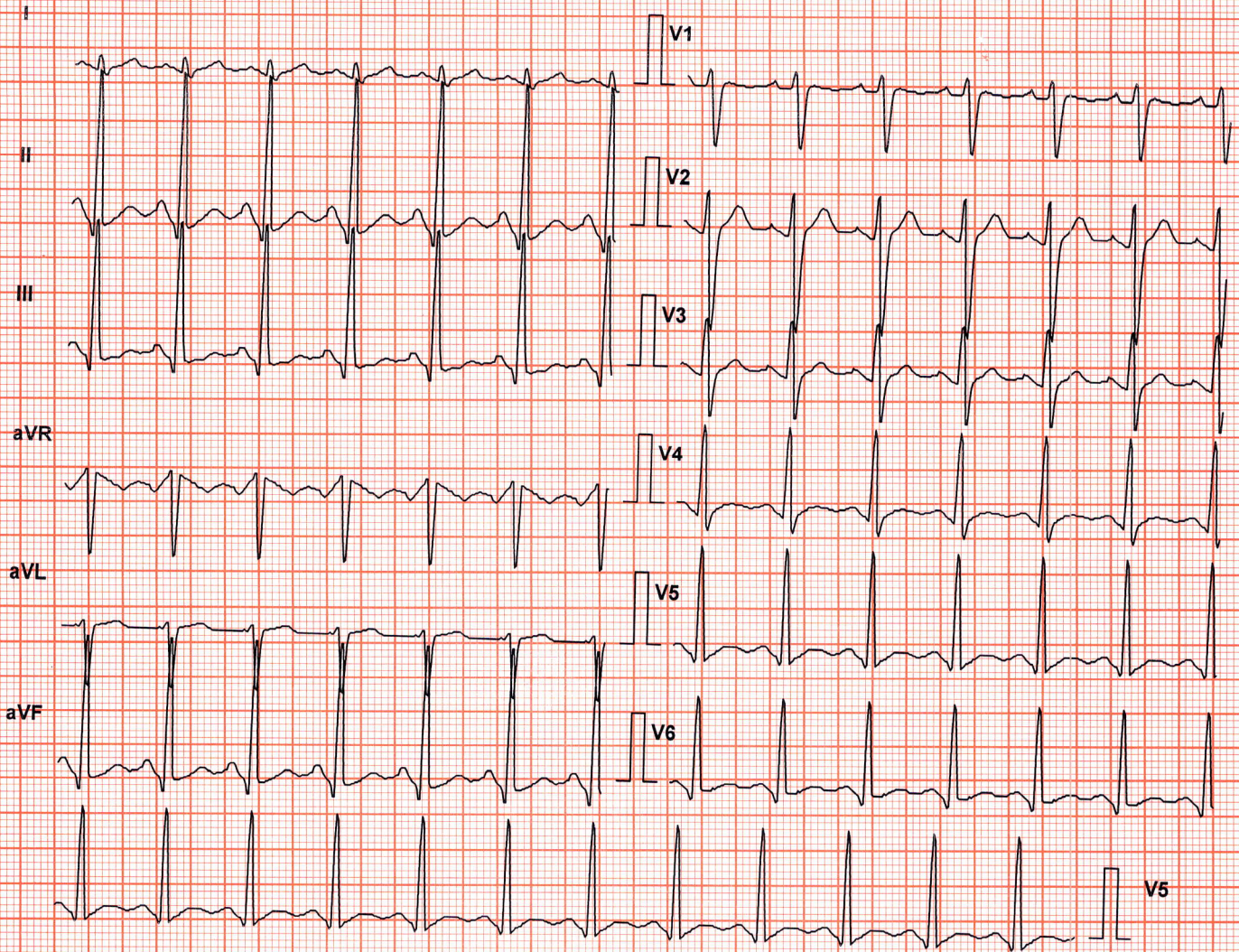
Grade: 10 %

Exec Time : 2 m 54 s

Stage Time : 2 m 54 s

HR: 118 bpm

(THR: 157 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.6	0.7
II	0.8	2.1
III	-0.2	0.4
aVR	-0.8	-1.8
aVL	0.6	0.7
aVF	0.2	1.4
V1	0.2	-0.4
V2	3.0	3.5
V3	1.3	1.4
V4	1.1	1.4
V5	0.8	1.4
V6	0.4	1.1

Chart Speed: 25 mm/sec  
Schiller Spandan 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. SANDEEP TRIPATHI (35 M)

ID: 2308912765

Date: 30-Mar-23

B.P: 150 / 80

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

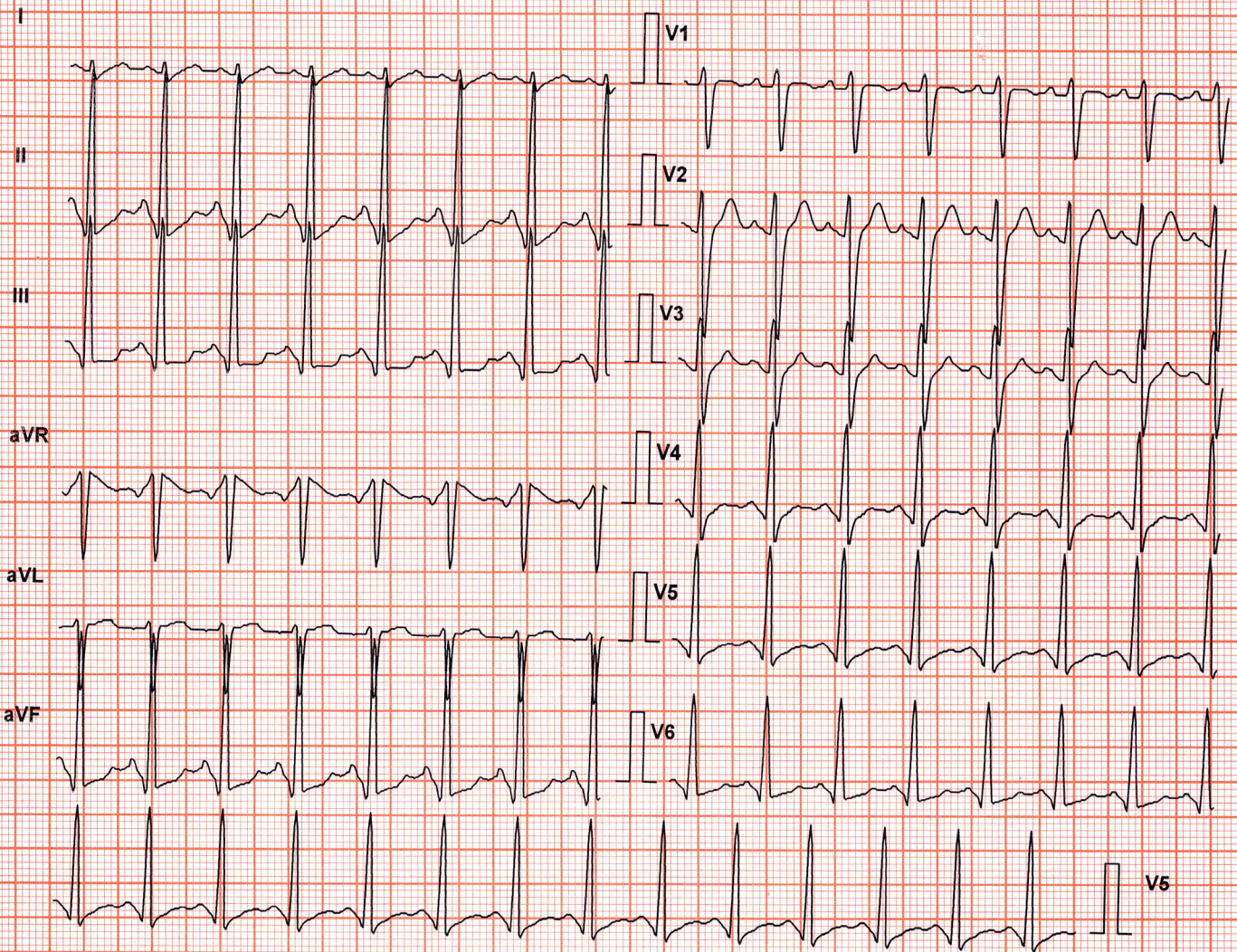
Grade: 12 %

Exec Time : 5 m 54 s

Stage Time : 2 m 54 s

HR: 137 bpm

(THR: 157 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.4	1.1
II	0.0	2.1
III	-1.1	0.0
aVR	-0.6	-2.1
aVL	1.1	1.1
aVF	-0.6	1.1
V1	0.6	0.0
V2	3.8	5.0
V3	2.1	2.8
V4	1.1	2.1
V5	0.2	1.4
V6	-0.2	0.7

Chart Speed: 25 mm/sec  
Schiller Spandan V 4.51

Filter: 35 Hz

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

Mains Fil: ON

Post J = J + 60 ms

Amp: 10 mm

Linked Median



# Suburban Diagnostics Kalina

MR. SANDEEP TRIPATHI (23 M)

ID: 2308912765

Date: 30-Mar-23

B.P: 180 / 80

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

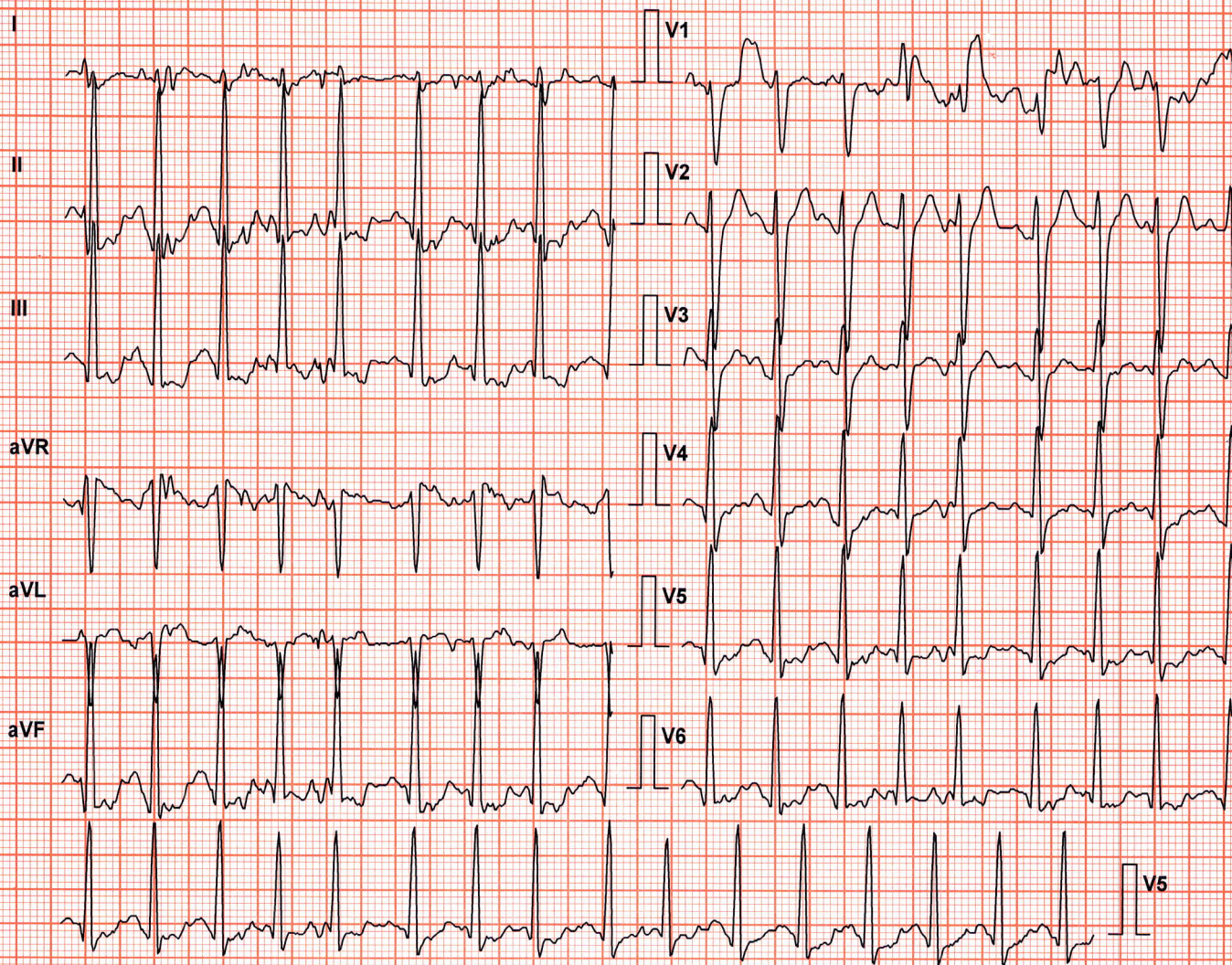
Grade: 14 %

Exec Time : 7 m 15 s

Stage Time : 1 m 15 s

HR: 160 bpm

(THR: 157 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.2	0.7
II	-1.9	0.4
III	-2.5	-1.4
aVR	0.6	-0.7
aVL	1.3	1.1
aVF	-2.1	-0.4
V1	0.8	0.0
V2	4.2	1.8
V3	1.3	2.8
V4	0.2	1.8
V5	-1.1	0.4
V6	-1.1	0.4

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller Spandan V 4.51

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

# Suburban Diagnostics Kalina

MR. SANDEEP TRIPATHI (35 M)

ID: 2308912765

Date: 30-Mar-23

B.P: 150 / 80

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

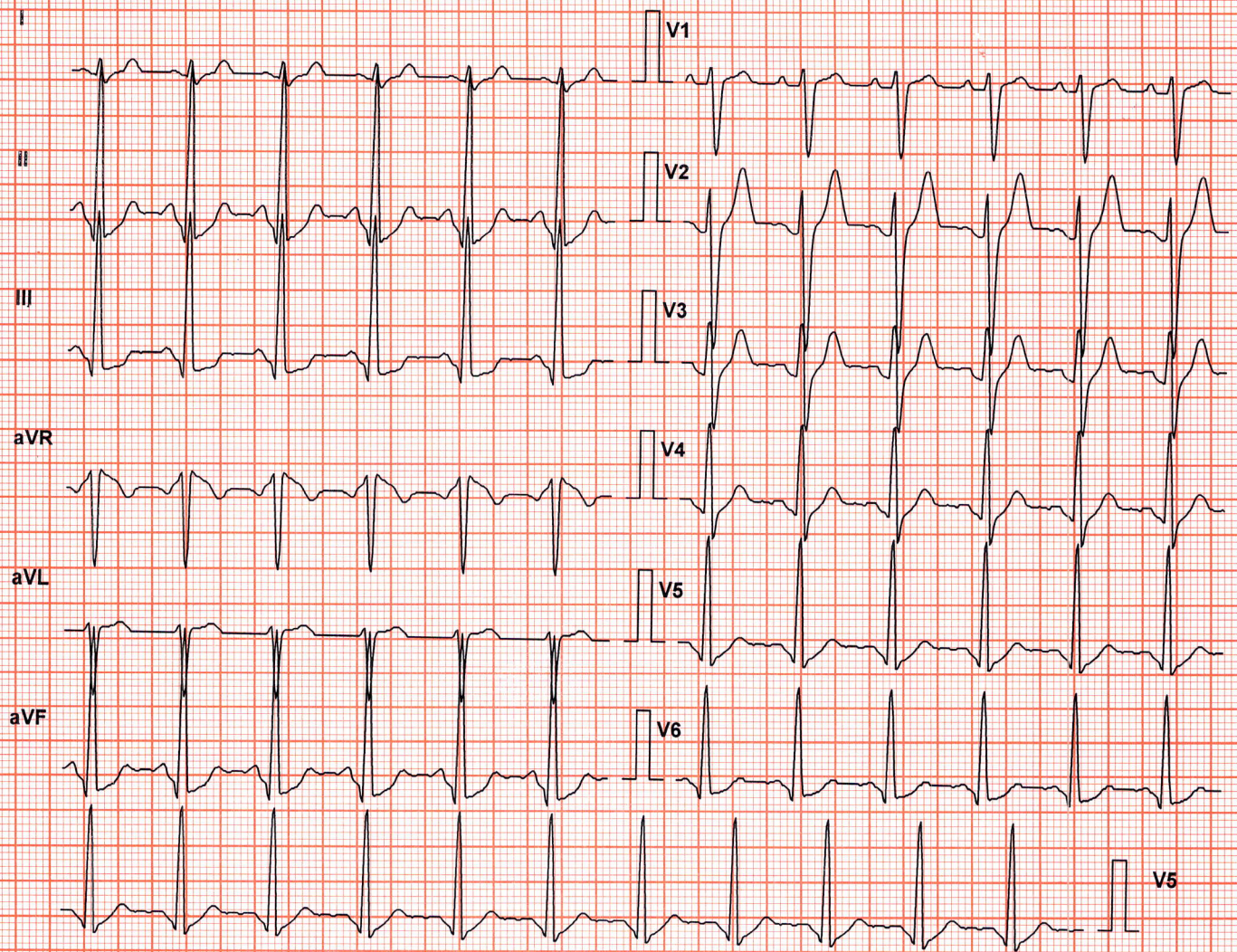
Grade: 0 %

Exec Time : 7 m 26 s

Stage Time : 1 m 54 s

HR: 109 bpm

(THR: 157 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.4	0.7
II	0.0	2.5
III	-0.8	0.7
aVR	-0.2	-1.8
aVL	0.8	0.4
aVF	-0.6	1.4
V1	1.3	1.1
V2	4.5	5.0
V3	2.8	3.5
V4	1.3	2.5
V5	0.6	2.1
V6	-0.2	1.1

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. SANDEEP TRIPATHI (35 M)

ID: 2308912765

Date: 30-Mar-23

B.P: 130 / 80

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

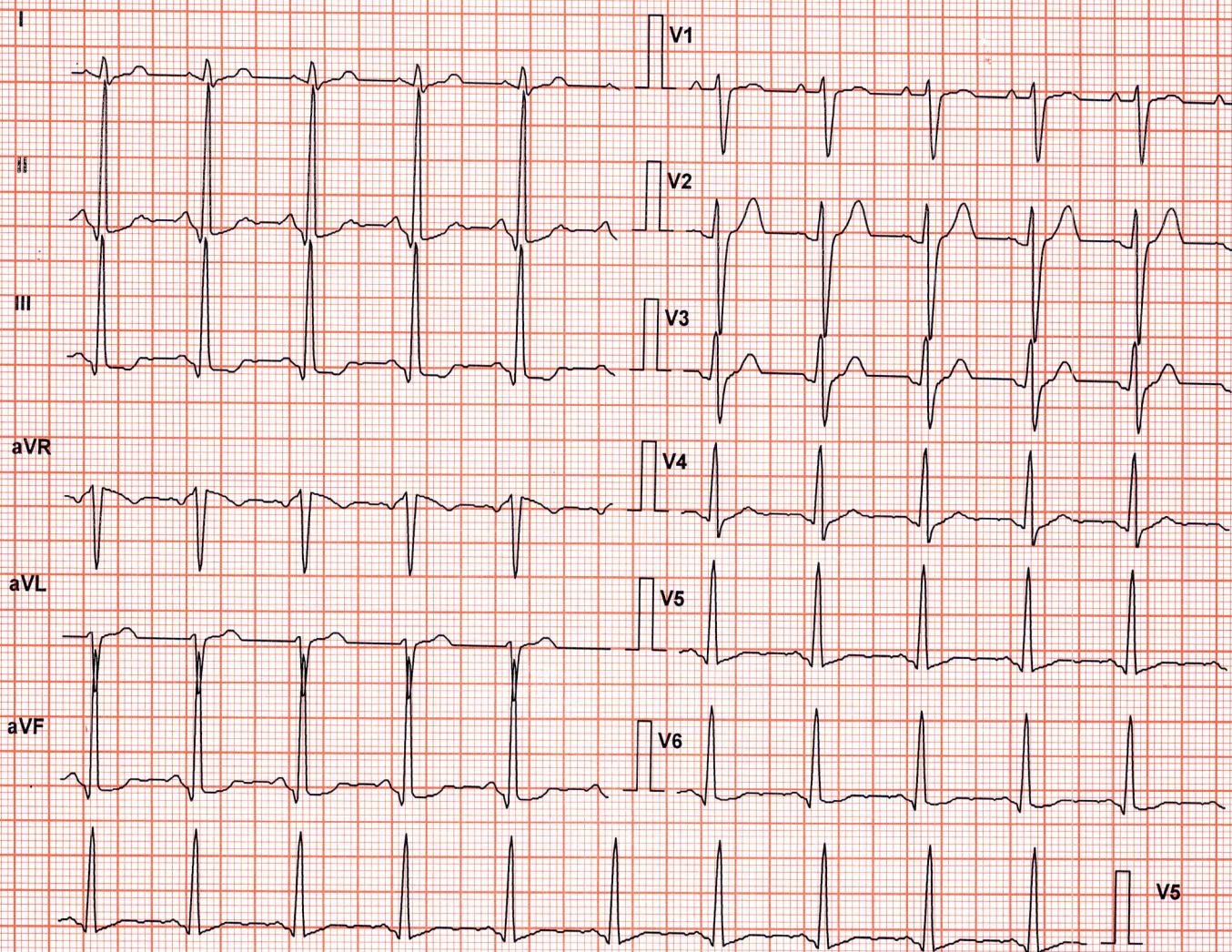
Grade: 0 %

Exec Time : 7 m 26 s

Stage Time : 1 m 54 s

HR: 97 bpm

(THR: 157 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.4	0.7
II	-0.2	1.1
III	-0.8	0.0
aVR	-0.2	-1.1
aVL	0.6	0.7
aVF	-0.4	0.4
V1	0.4	0.7
V2	1.9	1.8
V3	0.8	1.1
V4	0.8	1.8
V5	0.2	0.7
V6	-0.2	0.4

Chart Speed: 25 mm/sec  
Schiller Spandan 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. SANDEEP TRIPATHI (35 M)

ID: 2308912765

Date: 30-Mar-23

B.P: 120 / 80

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

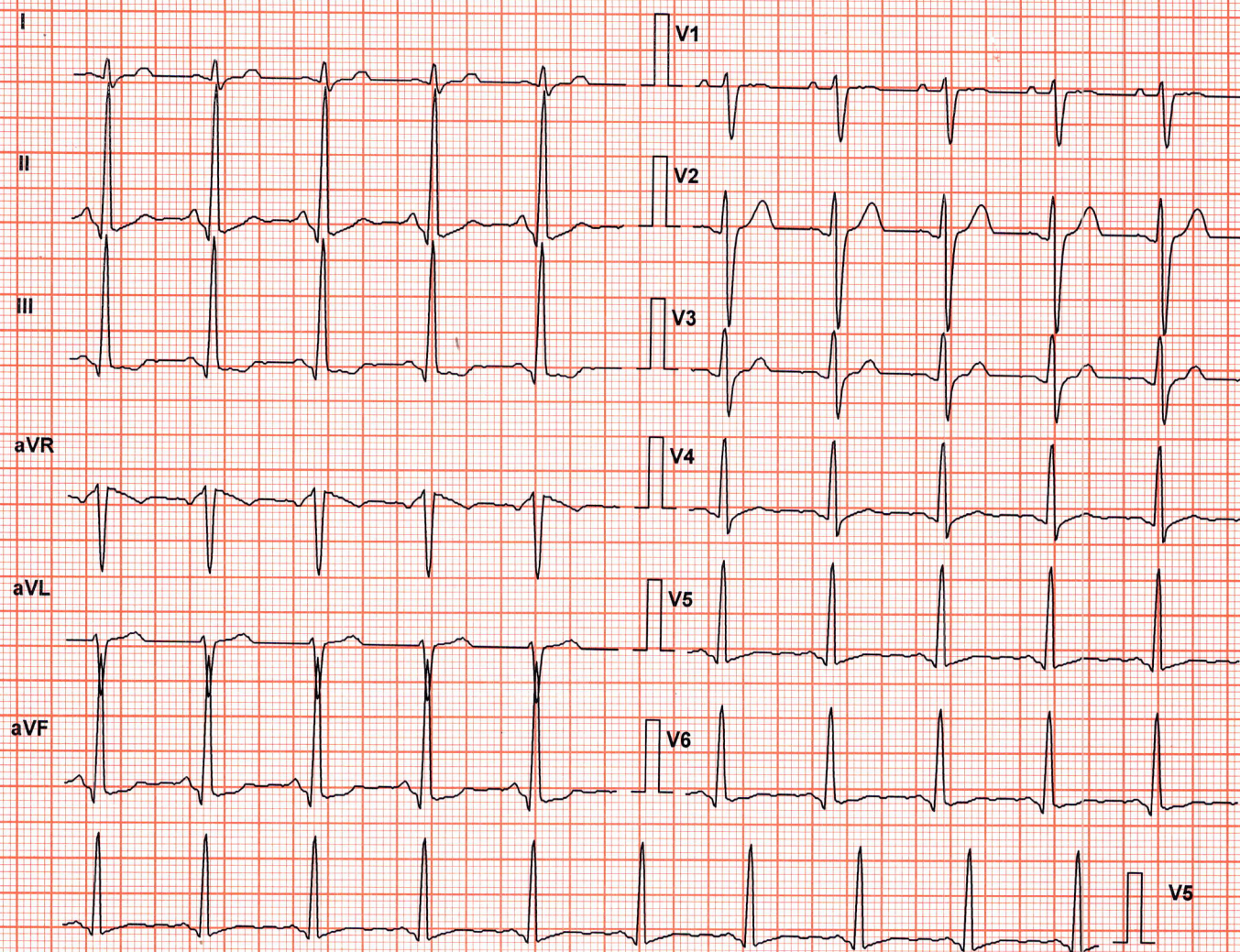
Grade: 0 %

Exec Time : 7 m 26 s

Stage Time : 0 m 57 s

HR: 94 bpm

(THR: 157 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.2	0.4
II	0.0	1.1
III	-0.6	0.0
aVR	-0.2	-1.1
aVL	0.4	0.4
aVF	-0.2	0.7
V1	0.2	0.0
V2	1.7	1.4
V3	0.8	1.1
V4	0.4	1.1
V5	0.2	1.1
V6	0.0	0.7

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller Spandan V 4.51

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median