

# HEALTHSPRING

## TREADMILL STRESS TEST REPORT

DATE: 02/04/2024

NAME:	ASHWANI KUMAR SRIVASTAVA	AGE:(years)	40	SEX:	M
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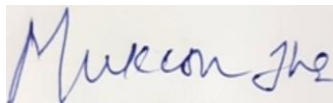
PROTOCOL USED	BRUCE PROTOCOL		
ANGINA SCALE (0 – None, 1 – Non-Limiting, 2 – Limiting)	0	MAXIMUM ST DEPRESSION (mm)	0
WORKLOAD: MAXIMUM METS ACHIEVED (METS)	13.5	DOUBLE PRODUCT	28336 mm Hg/Min
DUKES SCORE (High Risk Score $\leq$ -11, Low Risk Score $\geq$ 5)	9		

### CONCLUSION:

NORMAL INOTROPIC & CHRONOTROPIC RESPONSE  
BASELINE ECG SHOWS NO SIGNIFICANT ST-T CHANGES  
NO SYMPTOMS AND ARRHYTHMIAS WERE SEEN DURING THE EXERCISE AND RECOVERY  
NO SIGNIFICANT ST-T CHANGES WERE SEEN DURING THE EXERCISE AND RECOVERY  
EXCELLENT EFFORT TOLERANCE AND FUNCTIONAL CAPACITY  
**TARGET HEART RATE ACHIEVED**  
THE STRESS TEST IS **NEGATIVE** FOR INDUCIBLE ISCHEMIA AT THE GIVEN WORKLOAD

### IMPRESSION:

**THE STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA AT THE GIVEN WORKLOAD**  
**ADVISED- CLINICAL CORRELATION**



**DR. MUKESH JHA**  
MD (MEDICINE), DM (CARDIOLOGY)  
REG NO- 2010/09/2935

### **NOTE-**

A NEGATIVE STRESS TEST DOES NOT CONCLUSIVELY RULE OUT CORONARY ARTERY DISEASE. A POSITIVE STRESS TEST IS NOT CONCLUSIVE EVIDENCE OF CORONARY ARTERY DISEASE. THERE IS A POSSIBILITY OF THE TEST BEING FALSE POSITIVE OR FALSE NEGATIVE DUE TO OTHER ASSOCIATED MEDICAL CONDITIONS. THESE REPORTS ARE FOR DOCTORS & PHYSICIANS AND NOT FOR MEDICO-LEGAL PURPOSES. KINDLY CO-RELATE THE REPORT WITH CLINICAL CONDITIONS.

THIS TMT/ ECG IS REPORTED ONLINE WITHOUT INTERACTING WITH PATIENTS AND THE RESULT SHOULD BE CLINICALLY CO-RELATED AND INDEPENDENTLY REVIEWED BY THE PATIENT'S CONSULTANT DOCTOR. THE PATIENT WAS NOT SEEN BY THE DOCTOR PERSONALLY AND THE ABOVE REPORT HAS BEEN REVIEWED BY THE DOCTOR BASED ON THE TMT/ECG RESULT AS PROVIDED TO THE DOCTOR.

LK

HD

+ Length = 10.1 cm  
X Length = 5.05 cm

T  
P R  
2.1 4.2

NEW ABDOM  
C5-2  
< MI 1.1  
TIS 0.7  
H3 Gn 79  
232dB/60dB  
< G /3 /3

18Hz 16cm



\*Members only



**Patient Name:** MR. ASHWANI KUMAR SRIVASTAVA      **MALE/ 39 Years**  
**Ref. by:** SELF      **Date: 06/04/2024**

### SONOGRAPHY OF ABDOMEN AND PELVIS

**TECHNIQUE:** Real time, B mode, gray scale sonography of the abdominal and pelvic organs was performed with convex transducer.

**LIVER:** The liver is normal in size 13.1 cm, shape and has smooth margins. **The hepatic parenchyma shows homogeneous increase in echotexture** without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

**PORTAL VEIN:** It measures normal in diameter.

**GALL BLADDER:** The gall bladder is well distended. There is no evidence of calculus, wall thickening or pericholecystic collection.

**COMMON BILE DUCT:** The visualized common bile duct is normal in caliber. No evidence of calculus is seen in the common bile duct. Terminal common bile duct is obscured due to bowel gas artifacts.

**PANCREAS:** The head and body of pancreas is normal in size, shape, contours and echo texture. Rest of the pancreas is obscured due to bowel gas artifacts.

**SPLEEN:** The spleen measures 10.9 cm normal in size and shape. Its echotexture is homogeneous.

**KIDNEYS:**

Right kidney	Left kidney
101 X 52 mm	101 X 50 mm

Both the kidneys are normal in size and have smooth renal margins. Cortical echotexture is normal. The central echo complex does not show evidence of hydronephrosis. No evidence of hydroureter or calculus on right side. **Left Kidney shows few tiny crystals at lower pole.**

**P.T.O**



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INNOVATION AWARDS  
BEST BUILDING OF A BRAND





### URINARY BLADDER:

The urinary bladder is well distended. It shows uniformly thin walls and sharp mucosa. No evidence of calculus is seen. No evidence of mass or diverticulum is noted.

### PROSTATE:

It measures about 3.9 x 2.8 x 3.0 cms; volume is 18 grams. The prostate gland shows well defined and smooth margins. The prostatic echotexture is normal and homogeneous.

There is no ascites.

### IMPRESSION:

- **Grade I fatty liver.**
- **Left renal tiny crystals.**

Clinical and lab correlation is recommended.

**DR.ADNAN SHAIKH**  
**CONSULTANT RADIOLOGIST**  
**(MBBS,DMRE)**

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



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**Mumbai Maharashtra India**

**31°C**

**19a, Captain Prakash Pethe Marg, Badhwar Park, Apollo  
Bandar, Cuffe Parade, Mumbai, Maharashtra 400005,**

**Lat: 18.92 | Long: 72.82**

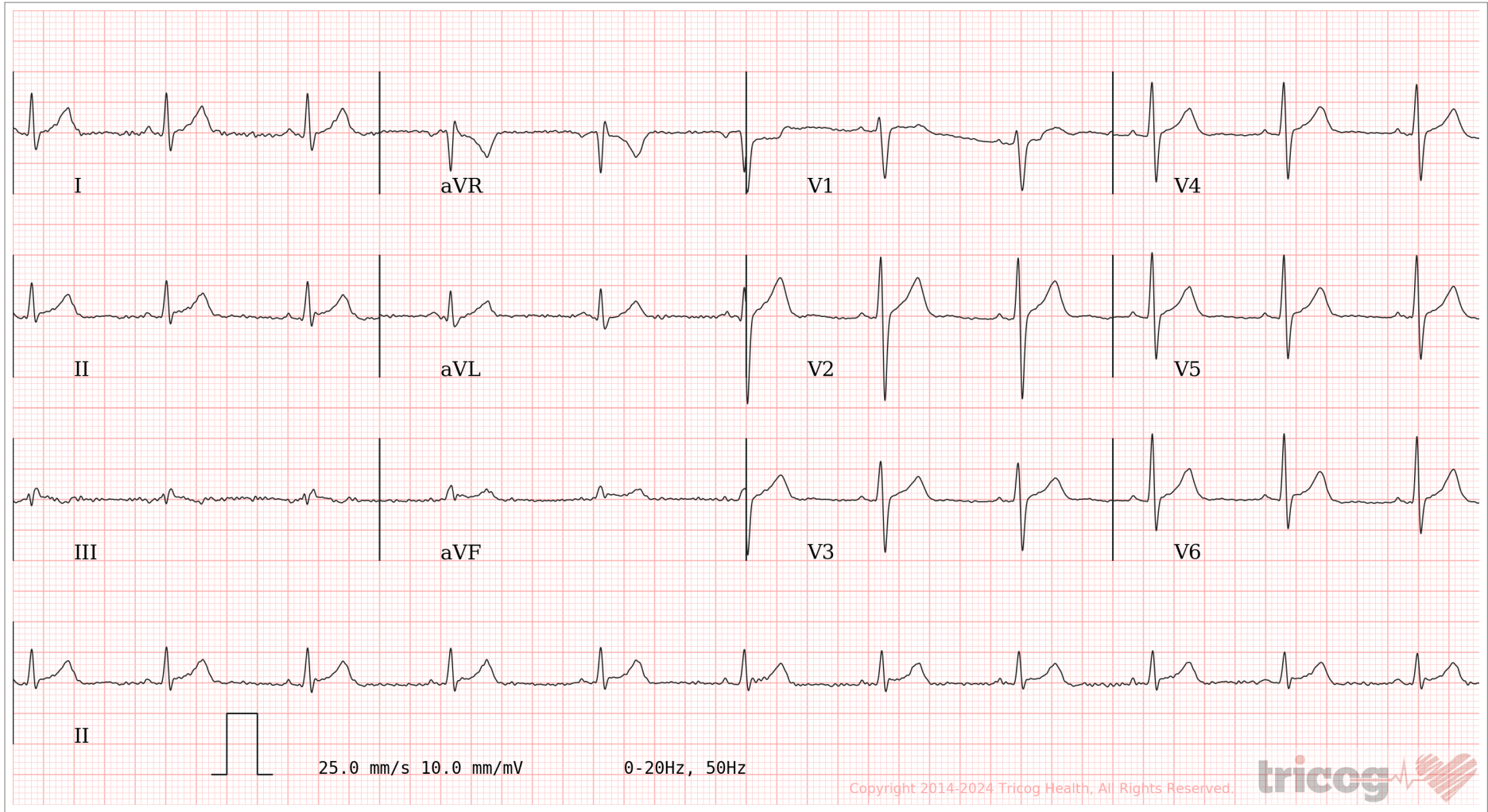
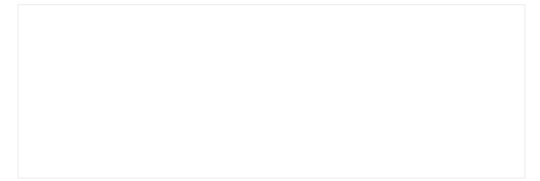
**02/04/2024 0:44 pm, GMT+05:30**

**Tue, 2 Apr**



Age / Gender: 39/Male  
 Patient ID: 1330638  
 Patient Name: Ashwani Kumar Srivastava

Date and Time: 2nd Apr 24 12:57 PM



AR: 67bpm    VR: 65bpm    QRSD: 104ms    QT: 360ms    QTcB: 374ms    PRI: 124ms    P-R-T: 36° NA 19°

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

AUTHORIZED BY



Dr. Charit  
MD, DM: Cardiology

63382

REPORTED BY



Dr. Manjunatha Gosikere Chikkarangappa

**Patient Name :** Mr. Ashwani Kumar Srivastava  
**Age / Gender :** 39 Y / Male  
**Referred By :** Dr. Irfan Mamawala  
**SID No. :** 15013465

**Reg.Date / Time :** 02/04/2024 / 13:42:25  
**Report Date / Time :** 02/04/2024 / 17:33:41  
**MR No. :** 1330638

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**Final Test Report**

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
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**HAEMATOLOGY**

**CBC-Haemogram & ESR, blood**

**EDTA WHOLE BLOOD**

**HAEMOGLOBIN, RED CELL COUNT & INDICES**

HAEMOGLOBIN (Spectrophotometry)	14.5	gm%	13-17
PCV (Electrical Impedance)	42.6	%	40 - 50
MCV (Calculated)	91.6	fL	83-101
MCH (Calculated)	31.3	pg	27.0 - 32.0
MCHC (Calculated)	34.1	g/dl	31.5-34.5
RDW-CV (Calculated)	<b>15</b>	%	11.6-14.0
RDW-SD (Calculated)	<b>55</b>	fL	36 - 46
TOTAL RBC COUNT (Electrical Impedance)	4.65	Million/cmm	4.5-5.5
TOTAL WBC COUNT (Electrical Impedance)	8020	/cumm	4000-10000

**DIFFERENTIAL WBC COUNT**

NEUTROPHILS (Flow cell)	59.3	%	40-80
LYMPHOCYTES (Flow cell)	26.7	%	20-40
EOSINOPHILS (Flow cell)	4.6	%	1-6
MONOCYTES (Flow cell)	8.5	%	2-10
BASOPHILS (Flow cell)	<b>0.9</b>	%	1-2

**ABSOLUTE WBC COUNT**

ABSOLUTE NEUTROPHIL COUNT (Calculated)	4740	/cumm	2000-7000
ABSOLUTE LYMPHOCYTE COUNT (Calculated)	2140	/cumm	1000-3000

Contd ...

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**HAEMATOLOGY**


**ABSOLUTE WBC COUNT**

ABSOLUTE EOSINOPHIL COUNT (Calculated)	370	/cumm	200-500
ABSOLUTE MONOCYTE COUNT (Calculated)	680	/cumm	200-1000
ABSOLUTE BASOPHIL COUNT (Calculated)	70	/cumm	0-220
PLATELET COUNT (Electrical Impedance)	279000	/cumm	150000-410000
MPV (Calculated)	11.3	fL	6.78-13.46
PDW (Calculated)	<b>18.8</b>	%	11-18
PCT (Calculated)	0.320	%	0.15-0.50

**PERIPHERAL BLOOD SMEAR**

COMMENTS  
(Microscopic)

Normocytic Normochromic RBCs

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**Dr.Rahul Jain**

**MD,PATHOLOGY**

**Consultant Pathologist**

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**HAEMATOLOGY**

**EDTA Blood**      **ABO BLOOD GROUP**

BLOOD GROUP (Erythrocyte-Magnetized Technology)	B
Rh TYPE (Erythrocyte-Magnetized Technology)	POSITIVE

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**HAEMATOLOGY**

**CBC-Haemogram & ESR, blood**

**EDTA WHOLE BLOOD**

ESR(ERYTHROCYTE SEDIMENTATION RATE) (Photometric Capillary)	<b>19</b>	mm / 1 hr	0-15
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**Notes :** The given result is measured at the end of first hour.

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**Healthspring Corporate Office**, 5th Floor, East Wing Forbes Building, Charanjit Rai Marg, Fort, Mumbai- 400001

\*Members only

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**BIOCHEMISTRY**

**COMPREHENSIVE LIVER PROFILE  
SERUM**

BILIRUBIN TOTAL (Diazotization)	0.96	mg/dl	0.2 - 1.3
BILIRUBIN DIRECT (Diazotization)	0.18	mg/dl	0.1-0.4
BILIRUBIN INDIRECT (Calculation)	<b>0.78</b>	mg/dl	0.2 - 0.7
ASPARTATE AMINOTRANSFERASE(SGOT) (IFCC)	31	U/L	<40
ALANINE TRANSAMINASE (SGPT) (IFCC without Peroxidase)	<b>56</b>	U/L	<41
ALKALINE PHOSPHATASE (Colorimetric IFCC)	<b>143</b>	U/L	40-129
GAMMA GLUTAMYL TRANSFERASE (GGT) (IFCC)	68	U/L	<70
TOTAL PROTEIN (Colorimetric)	7.50	gm/dl	6.6-8.7
ALBUMIN (Bromocresol Green)	4.60	gm/dl	3.5 - 5.2
GLOBULIN (Calculation)	2.90	gm/dl	2.0-3.5
A/G RATIO (Calculation)	1.6		1-2

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**BIOCHEMISTRY**

**COMPREHENSIVE RENAL PROFILE  
SERUM**

CREATININE (Jaffe Method)	0.8	mg/dl	0.6 - 1.3
BLOOD UREA NITROGEN (BUN) (Kinetic with Urease)	16.0	mg/dl	6 - 20
BUN/CREATININE RATIO (Calculation)	20.0		10 - 20
URIC ACID (Uricase Enzyme)	7.7	mg/dl	3.7 - 7.7
CALCIUM (Bapta Method)	9.3	mg/dl	8.6-10
PHOSPHORUS (Phosphomolybdate)	2.5	mg/dl	2.5-4.5

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**BIOCHEMISTRY**

**LIPID PROFILE**


SERUM	TOTAL CHOLESTEROL (Enzymatic colorimetric (PHOD))	176	mg/dl	Desirable : < 200 Borderline: 200-239 High : > 239
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**Notes :** Elevated concentrations of free fatty acids and denatured proteins may cause falsely elevated HDL cholesterol results.

Abnormal liver function affects lipid metabolism; consequently, HDL and LDL results are of limited diagnostic value. In some patients with abnormal liver function, the HDL cholesterol result may significantly differ from the DCM (designated comparison method) result due to the presence of lipoproteins with abnormal lipid distribution.

Reference: Dati F, Metzmann E. Proteins Laboratory Testing and Clinical Use, Verlag: DiaSys; 1. Auflage (September 2005), page 242-243; ISBN-10: 3000171665.

SERUM	TRIGLYCERIDES (Enzymatic Colorimetric GPO)	83	mg/dl	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >499
SERUM	CHOLESTEROL HDL - DIRECT (Homogenize Enzymatic Colorimetry)	55	mg/dl	Low:<40 High:>60
SERUM	LDL CHOLESTEROL (Calculation)	104	mg/dl	Optimal : <100 Near Optimal/ Above optimal :100-129 Borderline High: 130-159 High : 160-189 Very High : >= 190
SERUM	VLDL (Calculation)	17	mg/dl	15-40
SERUM	CHOL / HDL RATIO	3.2		3-5
SERUM	LDL /HDL RATIO (Calculation)	1.9		0 - 3.5

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**BIOCHEMISTRY**

FLOURIDE PLASMA	BLOOD GLUCOSE FASTING (Hexokinase)	94	mg/dl	70 - 110
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**Notes :** An early-morning increase in blood sugar (glucose) which occurs to some extent in all individuals, more relevant to people with diabetes can be seen (The dawn phenomenon) . Chronic Somogyi rebound is another explanation of phenomena of elevated blood sugars in the morning. Also called the Somogyi effect and posthypoglycemic hyperglycemia, it is a rebounding high blood sugar that is a response to low blood sugar.

References:

<http://www.ucdenver.edu/academics/colleges/medicalschool/centers/BarbaraDavis/Documents/book-understandingdiabetes/ud06.pdf>, Understanding Diabetes.

FLOURIDE PLASMA	BLOOD GLUCOSE POST PRANDIAL (Hexokinase)	89	mg/dl	70 - 140
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**BIOCHEMISTRY**

**EDTA WHOLE BLOOD** **GLYCOSYLATED HAEMOGLOBIN (HbA1C)**

HbA1C (High Performance Liquid Chromatography)	5.3	%(NGSP)	Non Diabetic Range: <= 5.6 Prediabetes :5.7-6.4 Diabetes: >= 6.5
ESTIMATED AVERAGE BLOOD GLUCOSE (Calculated)	105	mg/dl	

**Notes :** HbA1c reflects average plasma glucose over the previous eight to 12 weeks (1). The use of HbA1c can avoid the problem of day-to-day variability of glucose values, and importantly it avoids the need for the person to fast and to have preceding dietary preparations. HbA1c can be used to diagnose diabetes and that the diagnosis can be made if the HbA1c level is =6.5% (2). Diagnosis should be confirmed with a repeat HbA1c test, unless clinical symptoms and plasma glucose levels >11.1mmol/l (200 mg/dl) are present in which case further testing is not required. HbA1c may be affected by a variety of genetic, hematologic and illness-related factors (Annex 1, [https://www.who.int/diabetes/publications/report-hba1c\\_2011.pdf](https://www.who.int/diabetes/publications/report-hba1c_2011.pdf)) (3). The most common important factors worldwide affecting HbA1c levels are haemoglobinopathies (depending on the assay employed), certain anaemias, and disorders associated with accelerated red cell turnover such as malaria. References: (1). Nathan DM, Turgeon H, Regan S. Relationship between glycated haemoglobin levels and mean glucose levels over time. Diabetologia, 2007, 50:2239-2244. (2). International Expert Committee report on the role of the A1C assay in the diagnosis of diabetes. Diabetes Care, 2009, 32:1327-1334. (3). Gallagher EJ, Bloomgarden ZT, Le Roith D. Review of hemoglobin A1c in the management of diabetes. Journal of Diabetes, 2009, 1:9-17.

Urine	URINE GLUCOSE FASTING (Urodip)	ABSENT
Urine	URINE GLUCOSE POST PRANDIAL (Urodip)	ABSENT

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**IMMUNOLOGY**

**THYROID PROFILE - TOTAL SERUM**

TOTAL TRIIODOTHYRONINE (T3) (ECLIA)	1.57	ng/ml	0.7-2.04
TOTAL THYROXINE (T4) (ECLIA)	11.75	ug/dl	4.6 - 10.5
THYROID STIMULATING HORMONE (TSH) (ECLIA)	2.298	uIU/ml	0.27 - 4.20

Contd ...

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**IMMUNOLOGY**

**Notes :** TSH is formed in specific cells of the anterior pituitary gland and is subject to a circadian Variation. The Release of TSH is the central regulating mechanism for the biological action of thyroid hormones. TSH has a stimulating action in all stages of thyroid hormone (T3/T4) formation and secretion and it also has a growth effect on Thyroid gland. Even very slight changes in the concentrations of the free thyroid hormones (FT3/FT4) bring about much greater opposite changes in the TSH level. The determination of TSH serves as the initial test in thyroid diagnostics. (1)

Patterns of Thyroid Function Tests (2)

- Low TSH, Low FT4 - Central hypothyroidism.
- Low TSH, Normal FT4, Normal FT3- Subclinical hyperthyroidism.
- Low TSH, High FT4- Hashimoto's thyroiditis, Grave's disease, Molar pregnancy, Choriocarcinoma, Hyperemesis, Thyrotoxicosis, Lithium, Multinodular goiter, Toxic adenoma, Thyroid carcinoma, Iodine ingestion.
- Normal TSH, Low FT4- Hypothyroxinemia, Nonthyroidal illness, Possible secondary hypothyroidism, Medications.
- Normal TSH, High FT4- Euthyroid hyperthyroxinemia, Thyroid hormone resistance, Familial dysalbuminemic hyperthyroxinemia, Medications (Amiodarone, beta-blockers, Oral contrast), Hyperemesis, Acute psychiatric illness, Rheumatoid factor.
- High TSH, Low FT4- Primary hypothyroidism.
- High TSH, Normal FT4- Subclinical hypothyroidism, Nonthyroidal illness, Suggestive of follow-up and recheck.
- High TSH, High FT4- TSH mediated hyperthyroidism

Note:

1. Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness
2. Isolated High TSH especially in the range of 4.7 to 15 uIU/ml is commonly associated with Physiological & Biological TSH Variability.
3. Normal changes in thyroid function tests during pregnancy include a transient suppression of thyroid-stimulating hormone. T4 and total T3 steadily increase during pregnancy to approximately 1.5 times the non-pregnant level. Free T4 and Free T3 gradually decrease during pregnancy

References:

1. Pim-eservices.roche.com. (2018). Customer Self-Service Technical Documentation Portal.
2. "Interpretation of Thyroid Function Tests". 2018. Obfocus.Com.
3. Interpretation of thyroid function tests. Dayan et al. The Lancet, Vol 357, February 24, 2001.
4. Interpretation of thyroid function tests. Supit et al. South Med journal, 2002, 95, 481-485.

Contd ...

\*Tests not included in NABL accredited scope



**Patient Name :** Mr. Ashwani Kumar Srivastava  
**Age / Gender :** 39 Y / Male  
**Referred By :** Dr. Irfan Mamawala  
**SID No. :** 15013465

**Reg.Date / Time :** 02/04/2024 / 13:42:25  
**Report Date / Time :** 02/04/2024 / 17:33:41  
**MR No. :** 1330638

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**Final Test Report**

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
----------	--------------------	--------	-------	-------------------------------

**Sample Collected at :** Cuffe Parade

**Sample Collected on :** 02 Apr 2024 13:50

**Sample Received on :** 02 Apr 2024 15:24

**Barcode :** 



**Dr.Rahul Jain**

**MD,PATHOLOGY**

**Consultant Pathologist**

Contd ...

\*Tests not included in NABL accredited scope

**Patient Name :** Mr. Ashwani Kumar Srivastava  
**Age / Gender :** 39 Y / Male  
**Referred By :** Dr. Irfan Mamawala  
**SID No. :** 15013465

**Reg.Date / Time :** 02/04/2024 / 13:42:25  
**Report Date / Time :** 02/04/2024 / 17:33:41  
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**Final Test Report**

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
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**IMMUNOLOGY**

SERUM	TOTAL PROSTATE SPECIFIC ANTIGEN (PSA) (ECLIA)	0.470	ng/ml	0 - 4
-------	---	-------	-------	-------

**Notes :** This assay, a quantitative in vitro diagnostic test for total (free + complexed) prostate specific antigen (tPSA) in human serum and plasma, is indicated for the measurement of total PSA in conjunction with digital rectal examination (DRE) as an aid in the detection of prostate cancer in men aged 50 years or older.(1)  
Prostate biopsy is required for diagnosis of prostate cancer. The test is further indicated for serial measurement of tPSA to aid in the management of cancer patients.  
For diagnostic purposes, the results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings. (1)  
Note: Benign conditions such as BPH, acute prostatitis, and infarction can also be correlated with elevated serum PSA levels. (2)

**References:**

1. Pim-eservices.roche.com. (2018). Roche Diagnostics Customer Self-Service Technical Documentation Portal.
2. Expertconsult.inkling.com. (2018). Expert Consult.

**Sample Collected at :** Cuffe Parade  
**Sample Collected on :** 02 Apr 2024 13:50  
**Sample Received on :** 02 Apr 2024 15:24  
**Barcode :** 



**Dr.Rahul Jain**

**MD,PATHOLOGY**

**Consultant Pathologist**

Contd ...

\*Tests not included in NABL accredited scope

**Patient Name :** Mr. Ashwani Kumar Srivastava  
**Age / Gender :** 39 Y / Male  
**Referred By :** Dr. Irfan Mamawala  
**SID No. :** 15013465

**Reg.Date / Time :** 02/04/2024 / 13:42:25  
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**Final Test Report**

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
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**CLINICAL PATHOLOGY**

**Urine URINE ANALYSIS**

**PHYSICAL EXAMINATION**

VOLUME (Volumetric)	30		
COLOR (Visual Examination)	PALE YELLOW		
APPEARANCE (Visual Examination)	CLEAR		

**CHEMICAL EXAMINATION**

SP.GRAVITY (Indicator System)	1.020		1.005 - 1.030
REACTION(pH) (Double indicator)	ACIDIC		
PROTEIN (Protein-error-of-Indicators)	ABSENT		
GLUCOSE (GOD-POD)	ABSENT		Absent
KETONES (Legal's Test)	ABSENT		Absent
OCCULT BLOOD (Peroxidase activity)	ABSENT		Absent
BILIRUBIN (Fouchets Test)	ABSENT		Absent
UROBILINOGEN (Ehrlich Reaction)	NORMAL		
NITRITE (Griess Test)	ABSENT		

**MICROSCOPIC EXAMINATION**

ERYTHROCYTES (Microscopy)	ABSENT	/hpf	0-2
PUS CELLS (Microscopy)	3-4	/hpf	0-5
EPITHELIAL CELLS (Microscopy)	1-2	/hpf	0-5
CASTS (Microscopy)	ABSENT		
CRYSTALS (Microscopy)	ABSENT		
ANY OTHER FINDINGS	NIL		

Contd ...

\*Tests not included in NABL accredited scope



**Patient Name :** Mr. Ashwani Kumar Srivastava  
**Age / Gender :** 39 Y / Male  
**Referred By :** Dr. Irfan Mamawala  
**SID No. :** 15013465

**Reg.Date / Time :** 02/04/2024 / 13:42:25  
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Page 15 of 15

**Final Test Report**

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
----------	--------------------	--------	-------	-------------------------------

**Sample Collected at :** Cuffe Parade

**Sample Collected on :** 02 Apr 2024 13:50

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**Dr.Rahul Jain**

**MD,PATHOLOGY**

**Consultant Pathologist**

\*Tests not included in NABL accredited scope





सत्यमेव जयते

भारत सरकार

GOVERNMENT OF INDIA



अश्वनी कुमार श्रीवास्तवा

Ashwani Kumar Srivastava

जन्म तिथि / DOB: 01/07/1984

पुरुष / MALE

Mobile No.: 9987730274



8249 2801 9360

मेरा आधार, मेरी पहचान



\*Members only



<b>Name : ASHWANI SRIVASTAVA</b>	<b>Age : 39 YRS</b>
<b>Gender : MALE</b>	<b>Date : 02/04/2024</b>

## **X-RAY CHEST PA VIEW**

The bony thorax is normal.

Lung fields and pleural spaces are clear on both sides.

The silhouettes of the heart and aorta are normal in size and configuration.

Both domes of the diaphragm are normal in position, contour and outline.

**IMPRESSION: NO EVIDENCE OF ANY DISEASE IS SEEN IN THE CHEST.**

**DR.NITISH KOTWAL**  
**MBBS, DMRD (Bom)**  
**Consultant Radiologist And Sonologist.**  
**Online reporting done hence no signature**



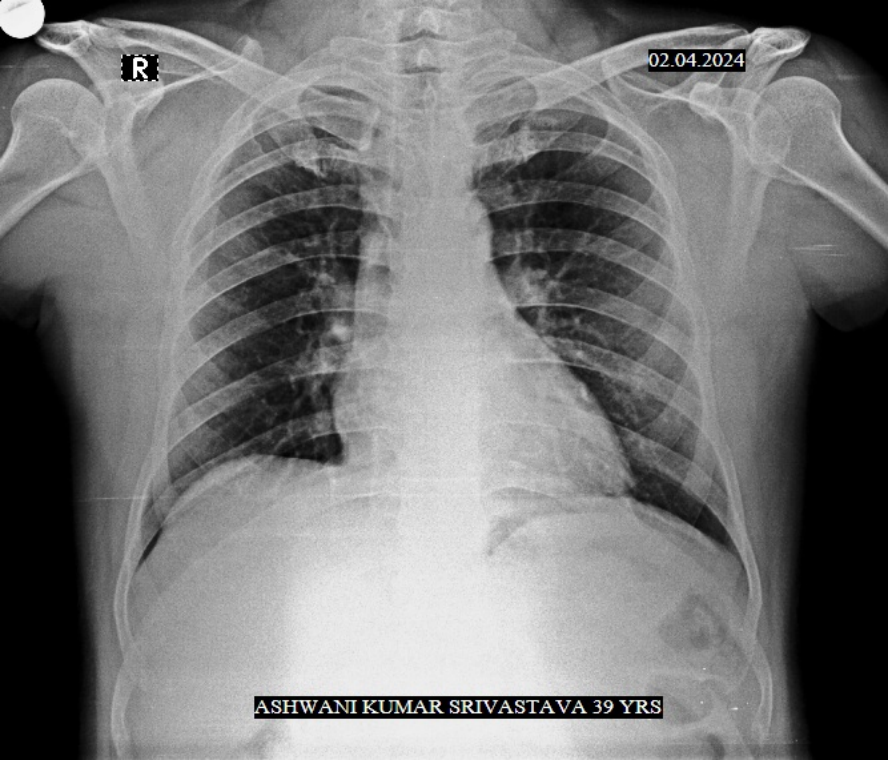
Certificate No.: MC-3200  
NABL Accredited  
ISO: 15189



FROST AND SULLIVAN AWARD  
OF BEST PRIMARY CARE  
PRACTICE IN SOUTH EAST ASIA 2017

BUSINESS MODEL  
INNOVATION AWARDS  
BEST BUILDING OF A BRAND





R

02.04.2024

ASHWANI KUMAR SRIVASTAVA 39 YRS

## Healthspring Cuffe Parade

### Patient Details

Date: 02-Apr-24

Time: 1:11:40 PM

Name: ASHWANI KUMAR SRIVASTAVA ID: 786

Age: 40 y

Sex: M

Height: 163 cms.

Weight: 76 Kg.

Clinical History: NIL

Medications: NIL

### Test Details

Protocol: Bruce

Pr.MHR: 180 bpm

THR: 152 (85 % of Pr.MHR) bpm

Total Exec. Time: 9 m 0 s

Max. HR: 154 ( 86% of Pr.MHR )bpm

Max. Mets: 13.50

Max. BP: 184 / 100 mmHg

Max. BP x HR: 28336 mmHg/min

Min. BP x HR: 6300 mmHg/min

Test Termination Criteria: TARGET HR ACHIEVED

### Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (Km/h)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 17	1.0	0	0	76	130 / 84	-0.85 aVR	-1.42 aVR
Standing	0 : 4	1.0	0	0	75	130 / 84	-0.85 aVR	-1.42 aVR
Hyperventilation	0 : 3	1.0	0	0	75	130 / 84	-0.64 aVR	1.06 V2
1	3 : 0	4.6	2.7	10	106	136 / 84	-0.85 aVR	1.42 V2
2	3 : 0	7.0	4	12	127	146 / 90	-0.64 aVR	1.77 V2
3	3 : 0	10.2	5.4	14	153	160 / 90	-0.64 III	2.48 V5
Peak Ex	0 : 0	13.5	6.7	16	154	160 / 90	-0.42 III	2.12 V4
Recovery(1)	1 : 0	1.8	1.6	0	119	184 / 100	-0.64 aVR	2.48 V5
Recovery(2)	1 : 0	1.0	0	0	88	184 / 100	-0.64 aVR	1.77 II
Recovery(3)	1 : 0	1.0	0	0	98	148 / 90	-0.42 aVR	1.42 I
Recovery(4)	1 : 0	1.0	0	0	91	148 / 90	-0.42 aVR	1.42 I
Recovery(5)	1 : 0	1.0	0	0	104	138 / 86	-0.42 aVR	1.06 I
Recovery(6)	0 : 1	1.0	0	0	104	138 / 86	-0.85 aVR	-1.42 aVR

### Interpretation

The patient exercised according to the Bruce protocol for 9 m 0 s achieving a work level of Max. METS : 13.50. Resting heart rate initially 76 bpm, rose to a max. heart rate of 154 ( 86% of Pr.MHR ) bpm. Resting blood Pressure 130 / 84 mmHg, rose to a maximum blood pressure of 184 / 100 mmHg.

Ref. Doctor: -----

( Summary Report edited by user )

Doctor: -----

Schiller CS-20 V 1.4



# Healthspring Cuffe Parade

**ASHWANI KUMAR SRIVASTAVA (40 M)** ID: 786

Date: 02-Apr-24

B.P: 130 / 84

Protocol: Bruce

Stage: Supine

Speed: 0 Km/h

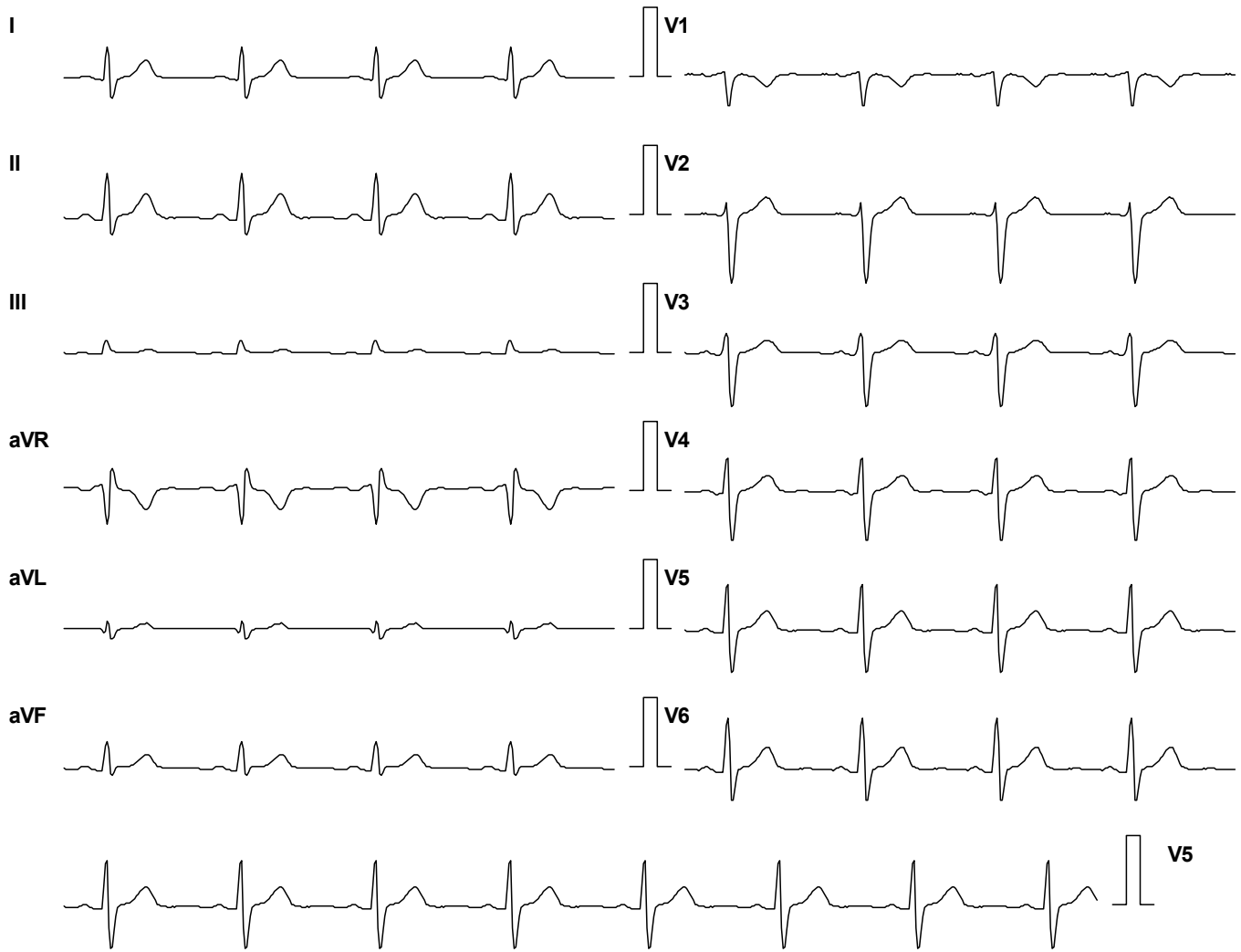
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 11 s

**HR: 75 bpm**

(THR: 152 bpm)



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

Chart Speed: 25 mm/sec  
Schiller CS-20 V 1.4

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

Mains Filt: ON  
Post J = J + 60 ms

Amp: 10 mm  
Linked Median



# Healthspring Cuffe Parade

**ASHWANI KUMAR SRIVASTAVA (40 M)**

ID: 786

Date: 02-Apr-24

B.P: 130 / 84

Protocol: Bruce

Stage: Standing

Speed: 0 Km/h

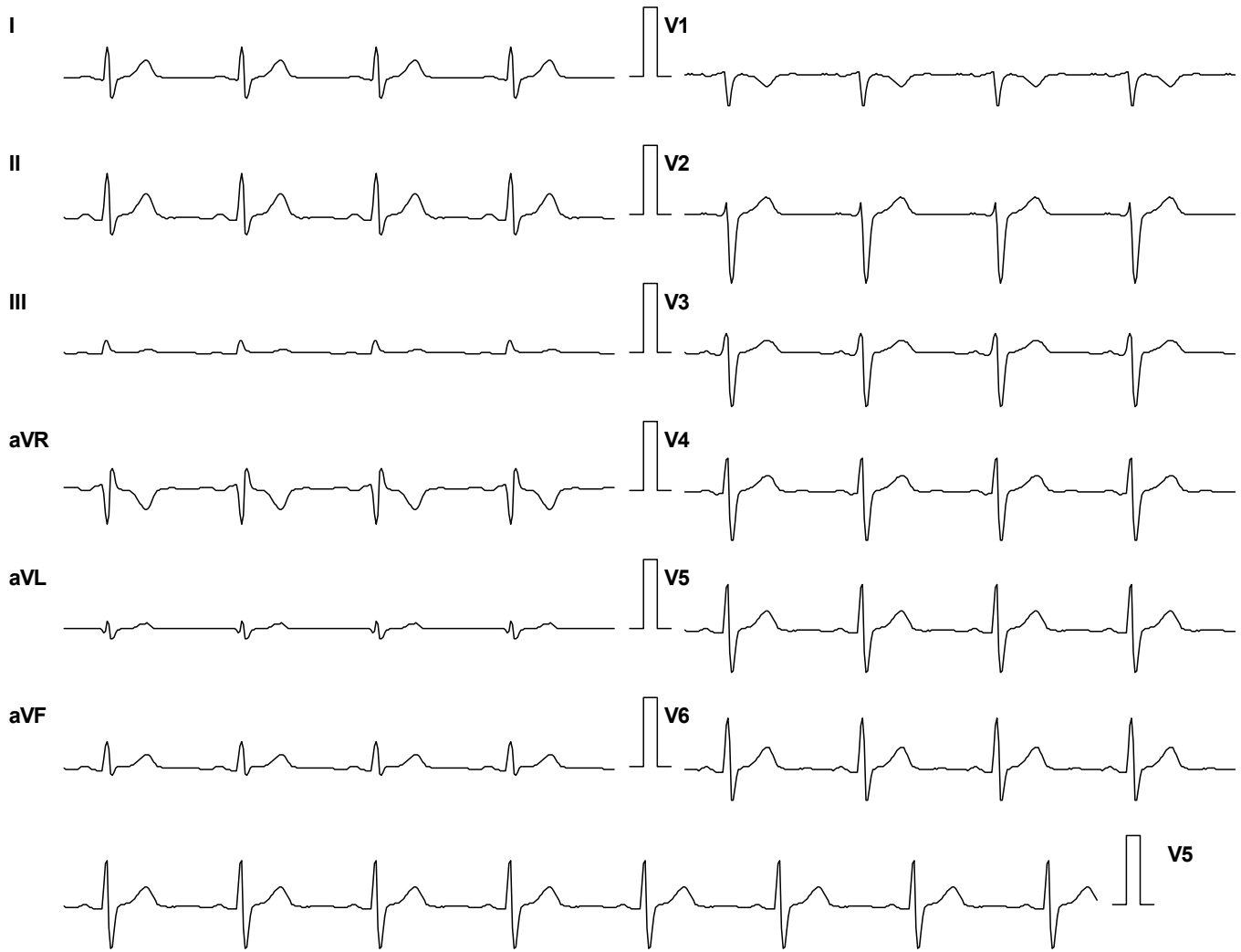
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 15 s

**HR: 75 bpm**

(THR: 152 bpm)



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

Chart Speed: 25 mm/sec  
Schiller CS-20 V 1.4

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

Mains Filt: ON  
Post J = J + 60 ms

Amp: 10 mm  
Linked Median

# Healthspring Cuffe Parade

**ASHWANI KUMAR SRIVASTAVA (40 M)**

ID: 786

Date: 02-Apr-24

B.P: 130 / 84

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 Km/h

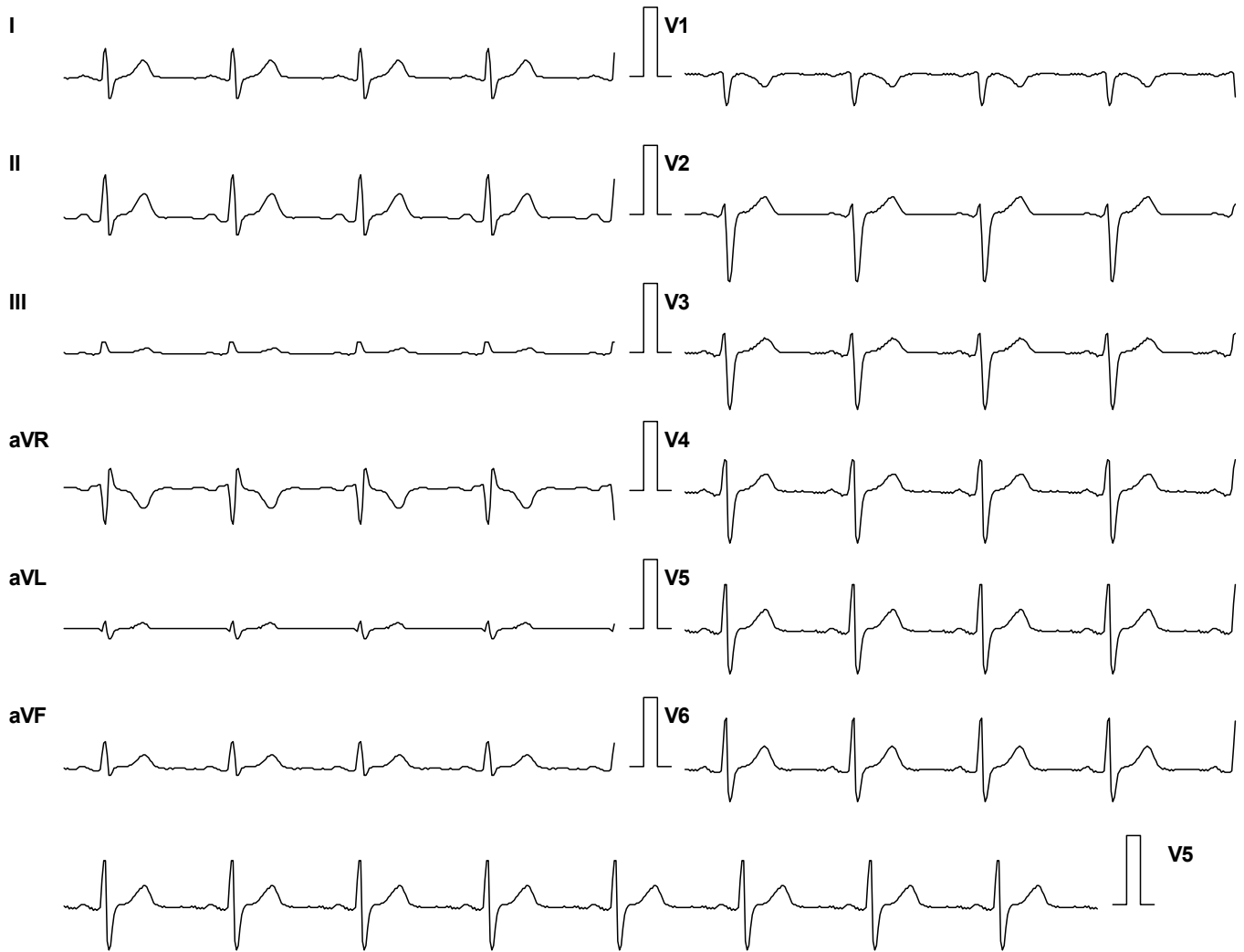
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 1 s

**HR: 79 bpm**

(THR: 152 bpm)



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

Chart Speed: 25 mm/sec  
Schiller CS-20 V 1.4

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

Mains Filt: ON  
Post J = J + 60 ms

Amp: 10 mm  
Linked Median

# Healthspring Cuffe Parade

**ASHWANI KUMAR SRIVASTAVA (40 M)** ID: 786

Date: 02-Apr-24

B.P: 136 / 84

Protocol: Bruce

Stage: 1

Speed: 2.7 Km/h

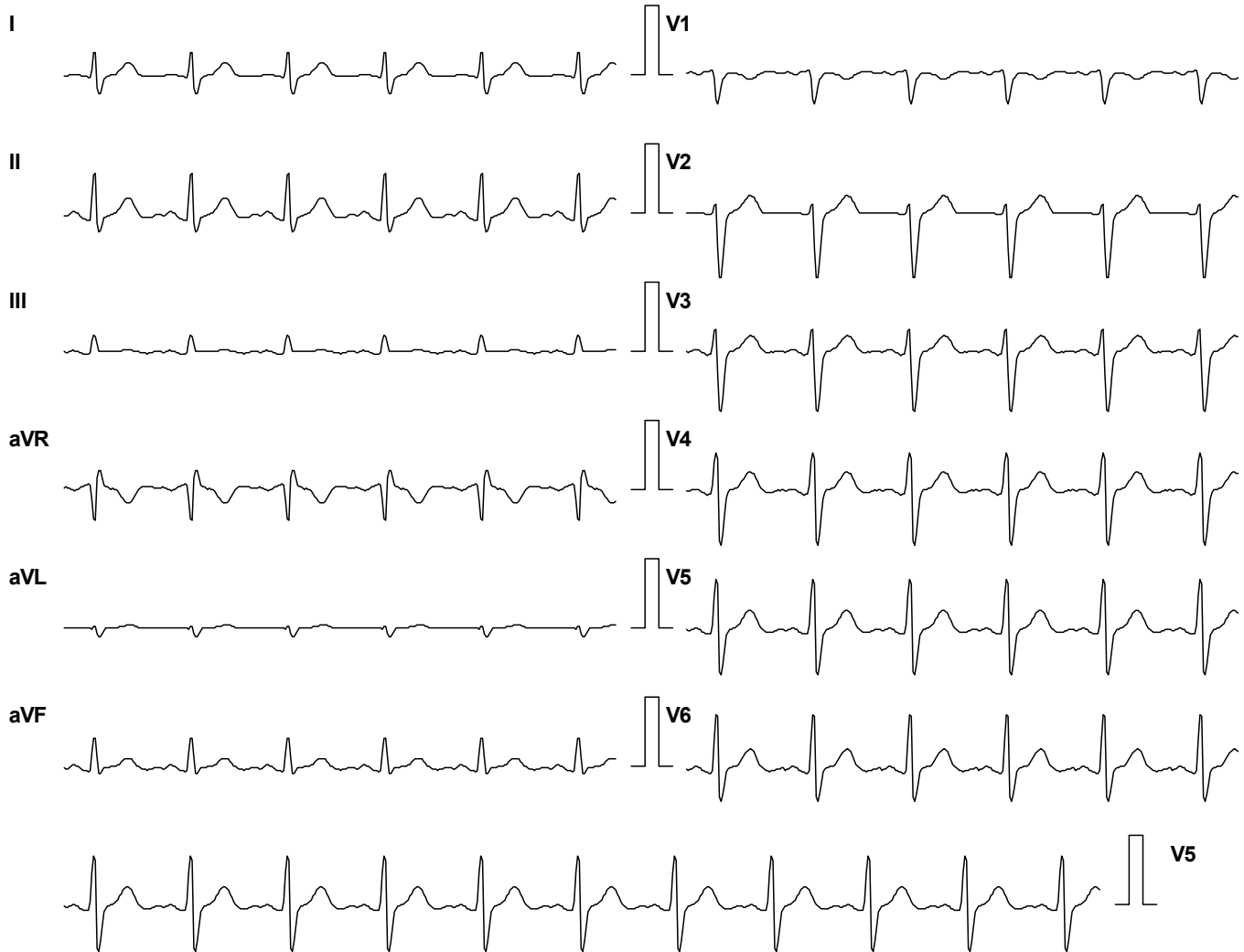
Grade: 10 %

Exec Time : 2 m 54 s

Stage Time : 2 m 54 s

**HR: 105 bpm**

(THR: 152 bpm)



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

Chart Speed: 25 mm/sec  
Schiller CS-20 V 1.4

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

Mains Filt: ON  
Post J = J + 60 ms

Amp: 10 mm  
Linked Median

# Healthspring Cuffe Parade

**ASHWANI KUMAR SRIVASTAVA (40 M)** ID: 786

Date: 02-Apr-24

B.P: 146 / 90

Protocol: Bruce

Stage: 2

Speed: 4 Km/h

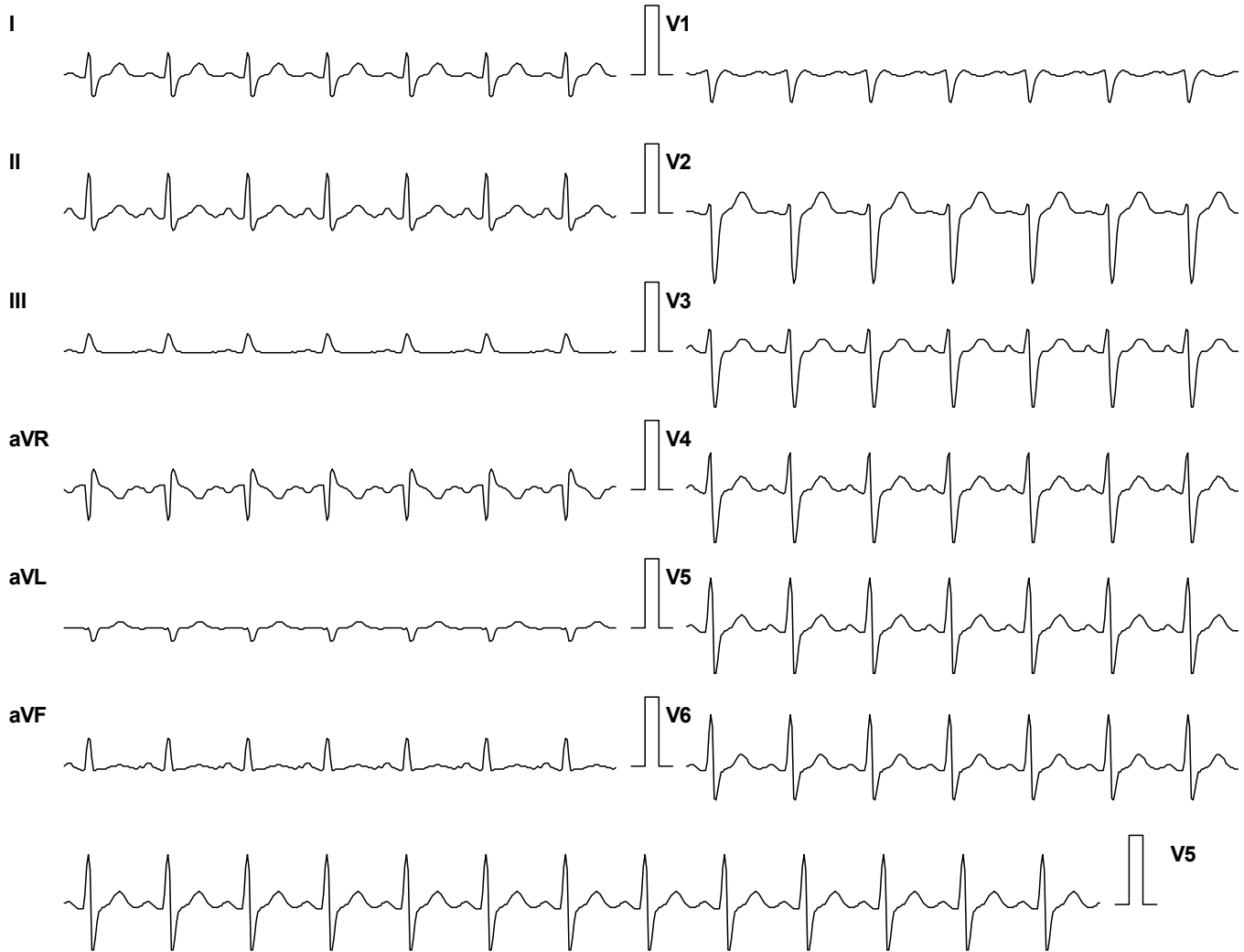
Grade: 12 %

Exec Time : 5 m 54 s

Stage Time : 2 m 54 s

**HR: 127 bpm**

(THR: 152 bpm)



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

Chart Speed: 25 mm/sec  
Schiller CS-20 V 1.4

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

Mains Filt: ON  
Post J = J + 60 ms

Amp: 10 mm  
Linked Median

# Healthspring Cuffe Parade

**ASHWANI KUMAR SRIVASTAVA (40 M)**

ID: 786

Date: 02-Apr-24

B.P: 160 / 90

Protocol: Bruce

Stage: 3

Speed: 5.4 Km/h

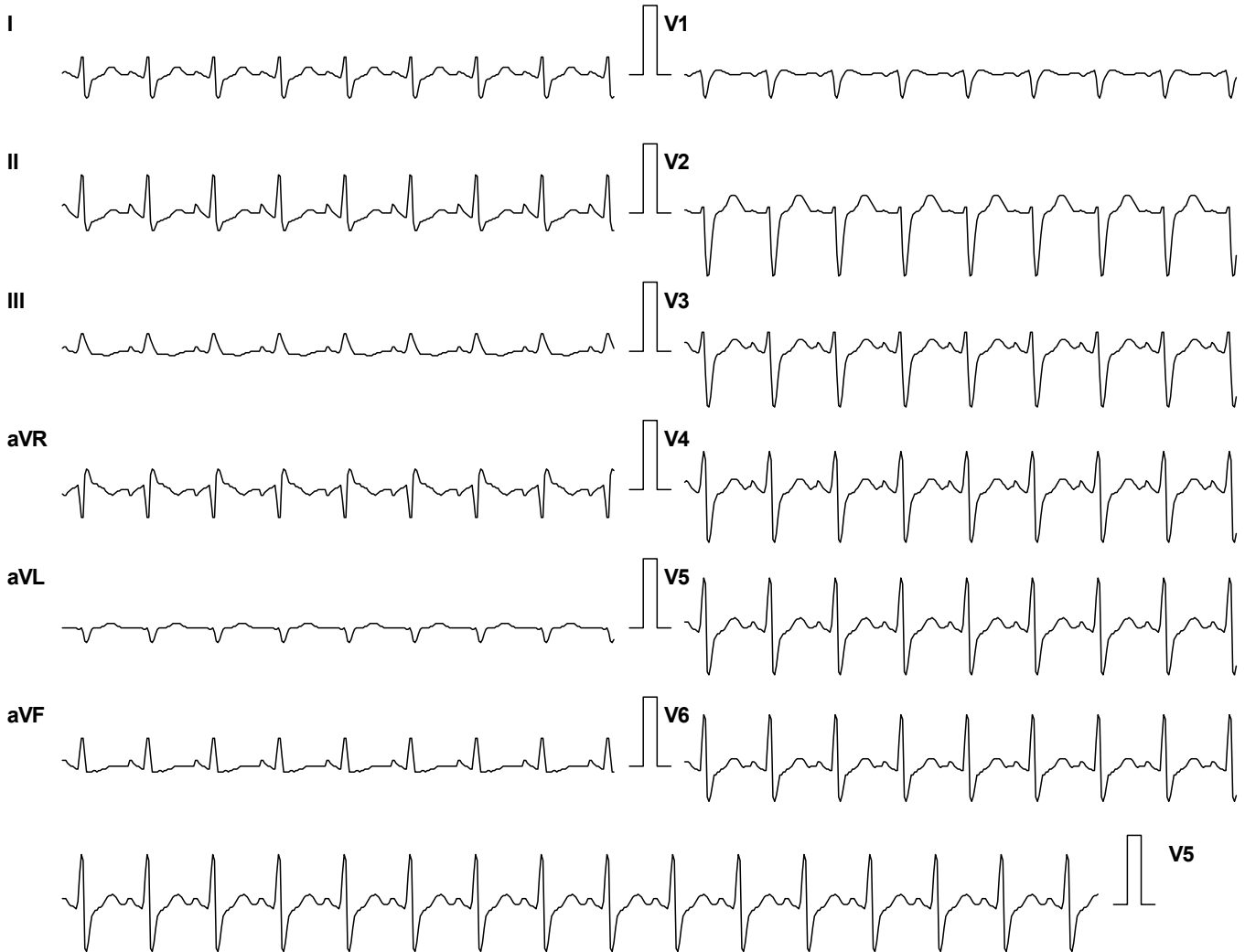
Grade: 14 %

Exec Time : 8 m 54 s

Stage Time : 2 m 54 s

**HR: 154 bpm**

(THR: 152 bpm)



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

Chart Speed: 25 mm/sec  
Schiller CS-20 V 1.4

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

Mains Filt: ON  
Post J = J + 60 ms

Amp: 10 mm  
Linked Median

# Healthspring Cuffe Parade

**ASHWANI KUMAR SRIVASTAVA (40 M)**

ID: 786

Date: 02-Apr-24

B.P: 160 / 90

Protocol: Bruce

Stage: Peak Ex

Speed: 5.4 Km/h

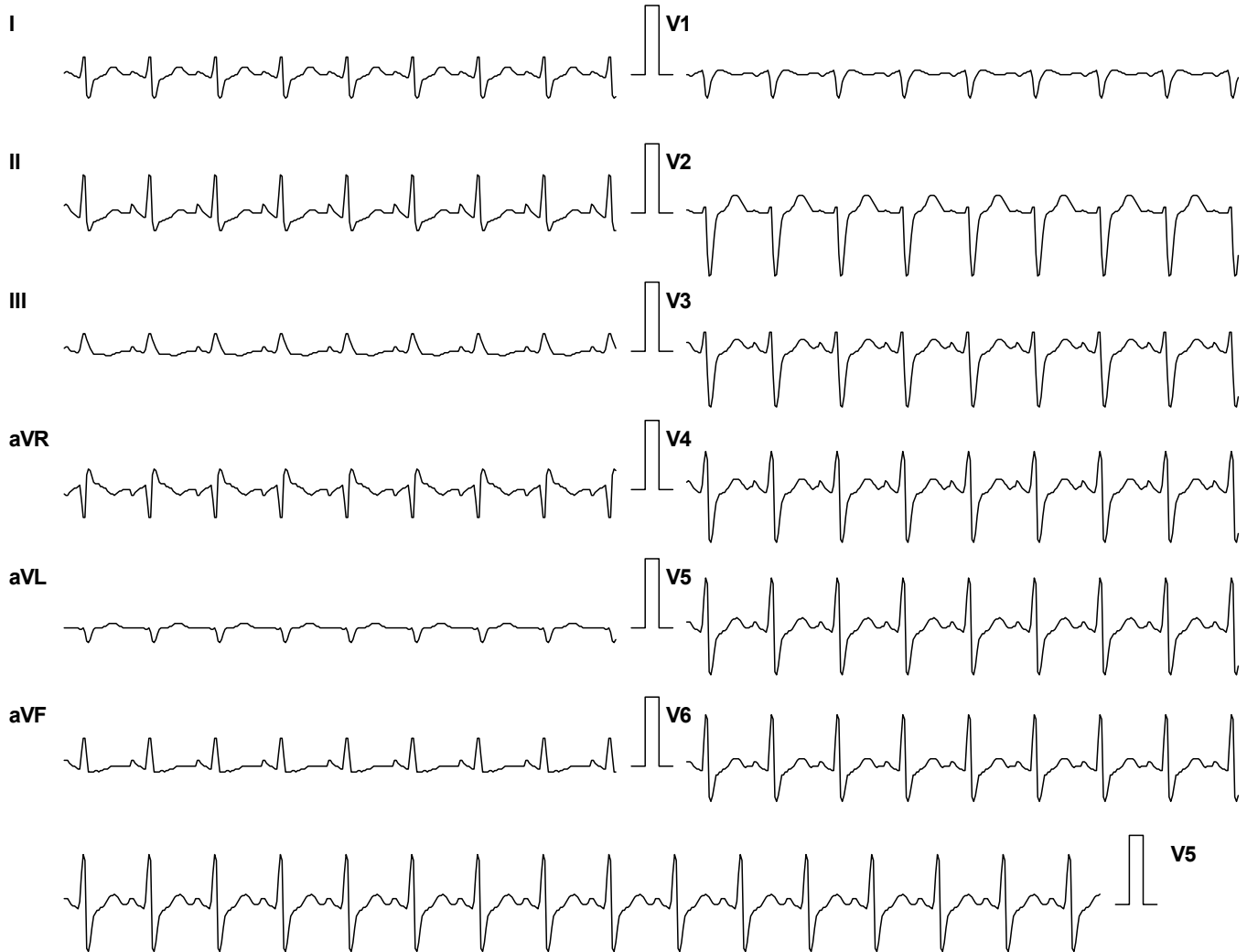
Grade: 14 %

Exec Time : 8 m 54 s

Stage Time : 2 m 54 s

**HR: 154 bpm**

(THR: 152 bpm)



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

Chart Speed: 25 mm/sec  
Schiller CS-20 V 1.4

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

Mains Filt: ON  
Post J = J + 60 ms

Amp: 10 mm  
Linked Median

# Healthspring Cuffe Parade

**ASHWANI KUMAR SRIVASTAVA (40 M)** ID: 786

Date: 02-Apr-24

B.P: 184 / 100

Protocol: Bruce

Stage: Recovery(1)

Speed: 1.6 Km/h

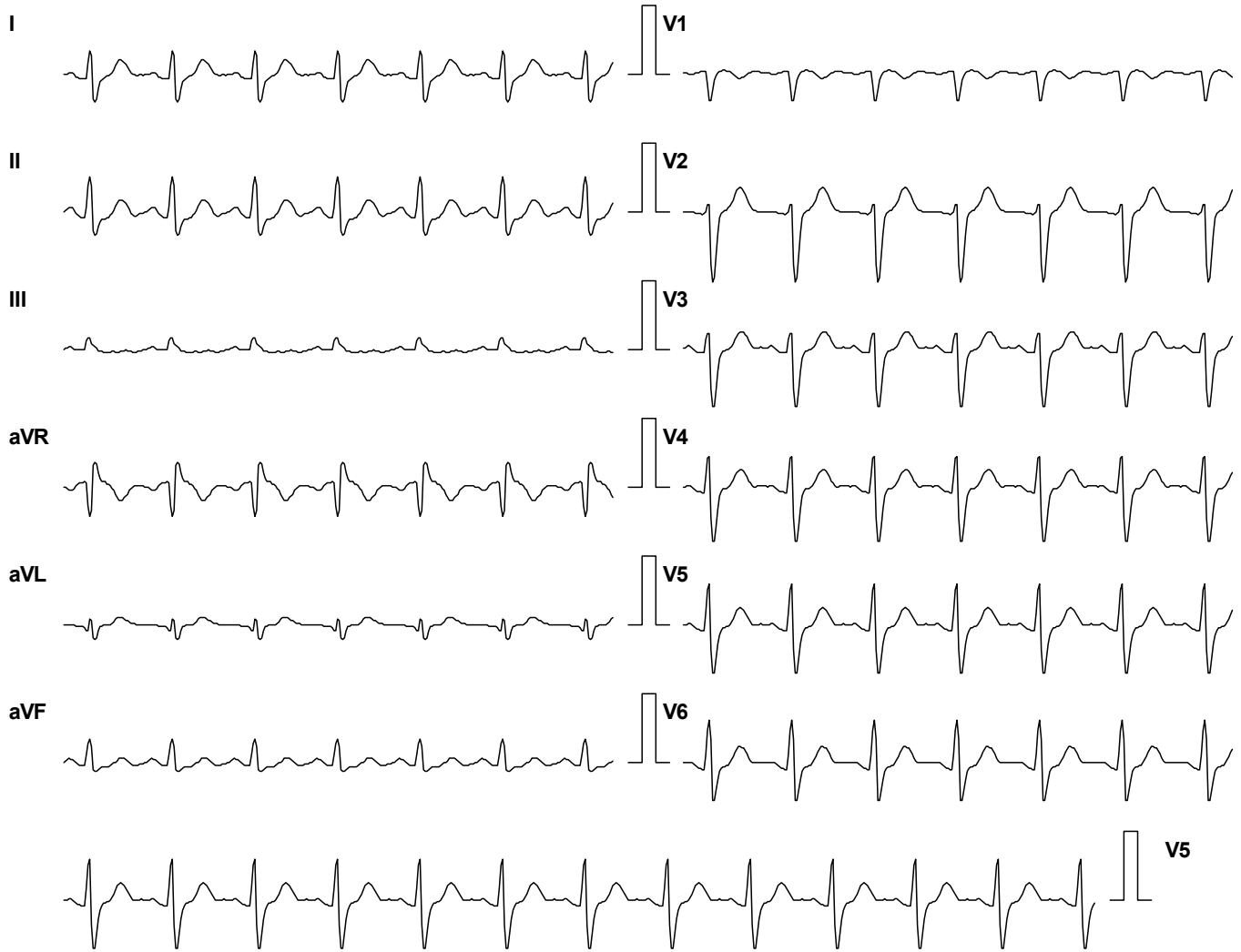
Grade: 0 %

Exec Time : 9 m 0 s

Stage Time : 0 m 54 s

**HR: 122 bpm**

(THR: 152 bpm)



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

Chart Speed: 25 mm/sec  
Schiller CS-20 V 1.4

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

Mains Filt: ON  
Post J = J + 60 ms

Amp: 10 mm  
Linked Median



# Healthspring Cuffe Parade

**ASHWANI KUMAR SRIVASTAVA (40 M)**

ID: 786

Date: 02-Apr-24

B.P: 184 / 100

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 Km/h

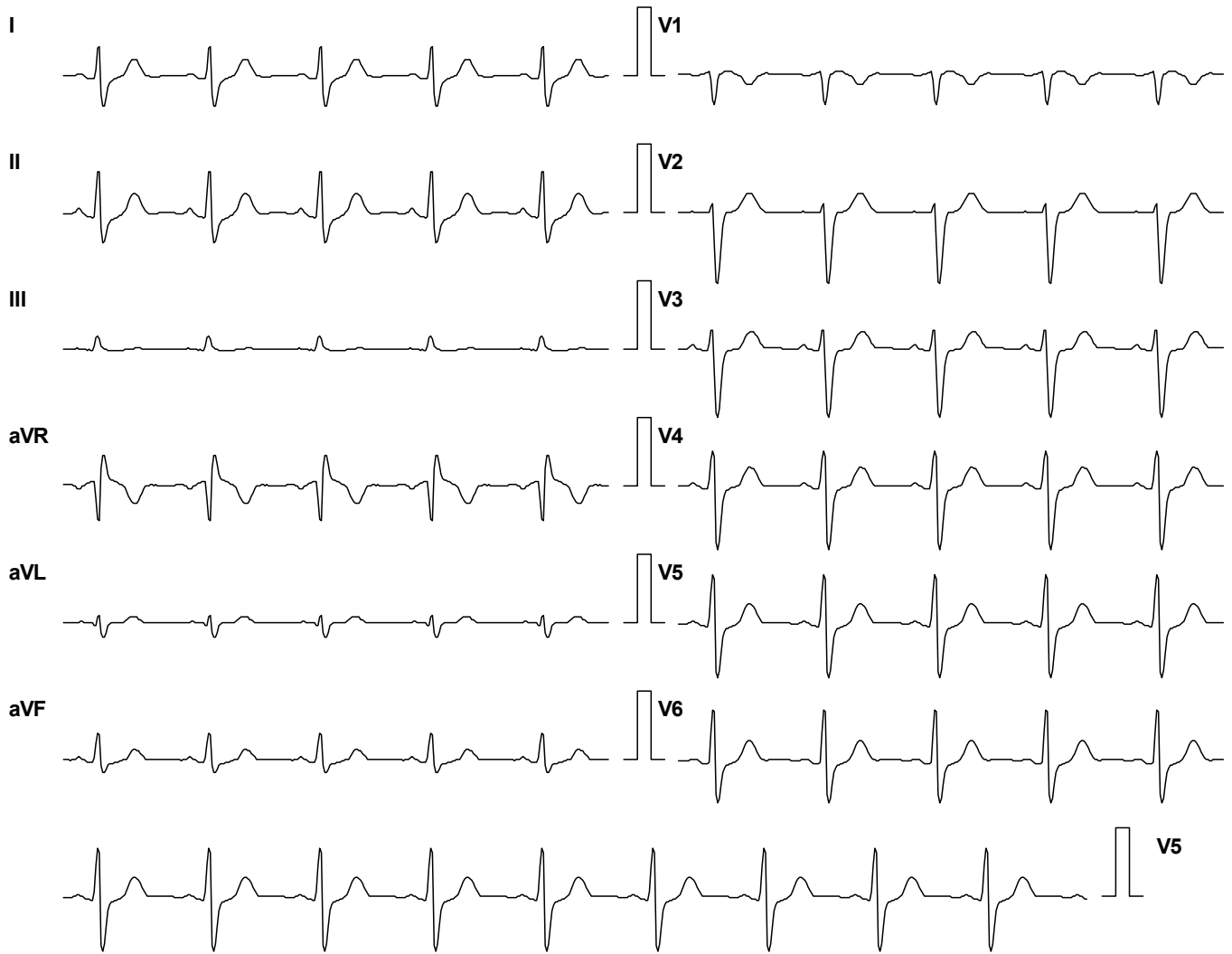
Grade: 0 %

Exec Time : 9 m 0 s

Stage Time : 0 m 54 s

**HR: 91 bpm**

(THR: 152 bpm)



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

Chart Speed: 25 mm/sec  
Schiller CS-20 V 1.4

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

Mains Filt: ON  
Post J = J + 60 ms

Amp: 10 mm  
Linked Median

# Healthspring Cuffe Parade

**ASHWANI KUMAR SRIVASTAVA (40 M)**

ID: 786

Date: 02-Apr-24

B.P: 148 / 90

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 Km/h

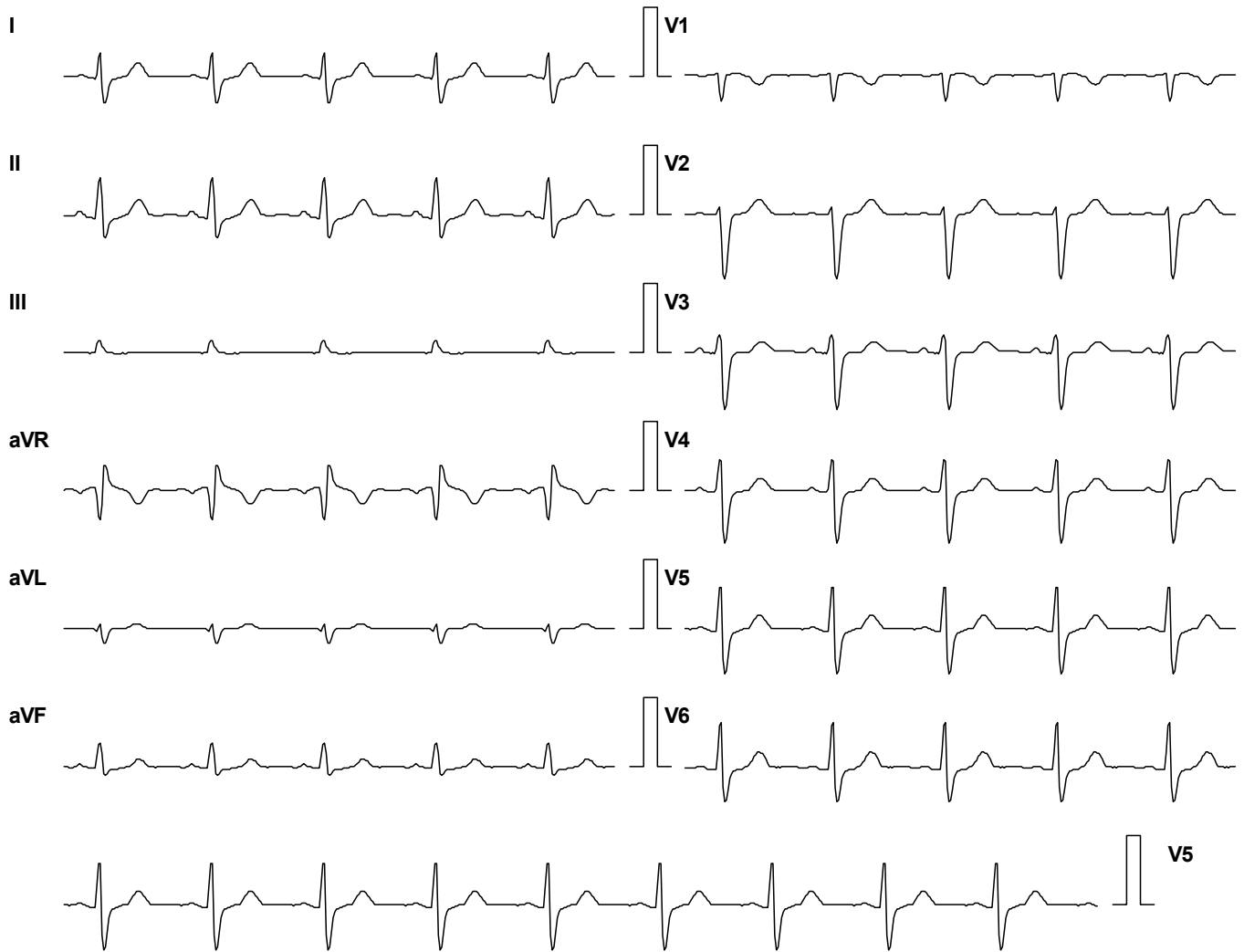
Grade: 0 %

Exec Time : 9 m 0 s

Stage Time : 0 m 54 s

**HR: 90 bpm**

(THR: 152 bpm)



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

Chart Speed: 25 mm/sec  
Schiller CS-20 V 1.4

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

Mains Filt: ON  
Post J = J + 60 ms

Amp: 10 mm  
Linked Median

# Healthspring Cuffe Parade

**ASHWANI KUMAR SRIVASTAVA (40 M)**

ID: 786

Date: 02-Apr-24

B.P: 148 / 90

Protocol: Bruce

Stage: Recovery(4)

Speed: 0 Km/h

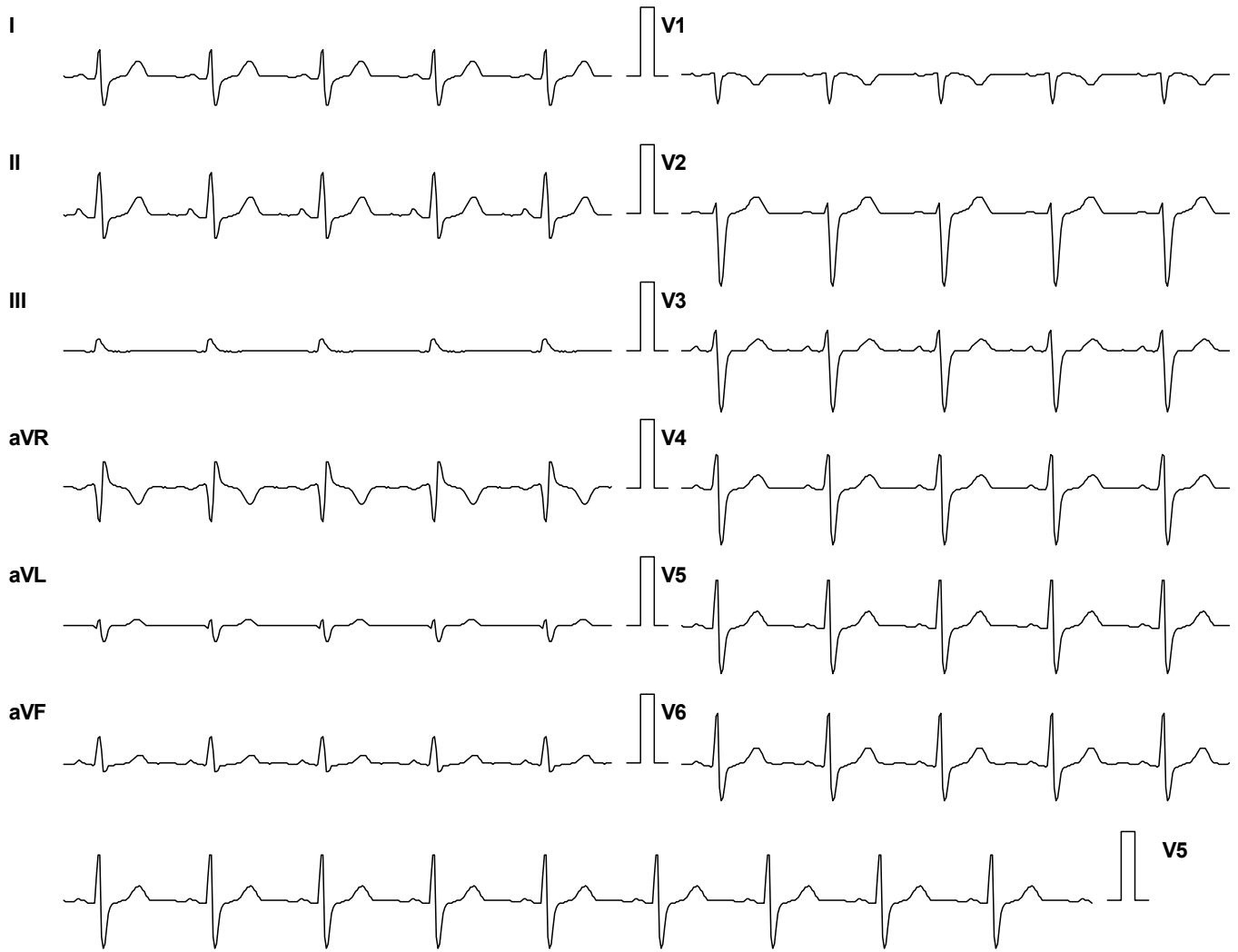
Grade: 0 %

Exec Time : 9 m 0 s

Stage Time : 0 m 54 s

**HR: 90 bpm**

(THR: 152 bpm)



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

Chart Speed: 25 mm/sec  
Schiller CS-20 V 1.4

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

Mains Filt: ON  
Post J = J + 60 ms

Amp: 10 mm  
Linked Median

# Healthspring Cuffe Parade

**ASHWANI KUMAR SRIVASTAVA (40 M)**

ID: 786

Date: 02-Apr-24

B.P: 138 / 86

Protocol: Bruce

Stage: Recovery(5)

Speed: 0 Km/h

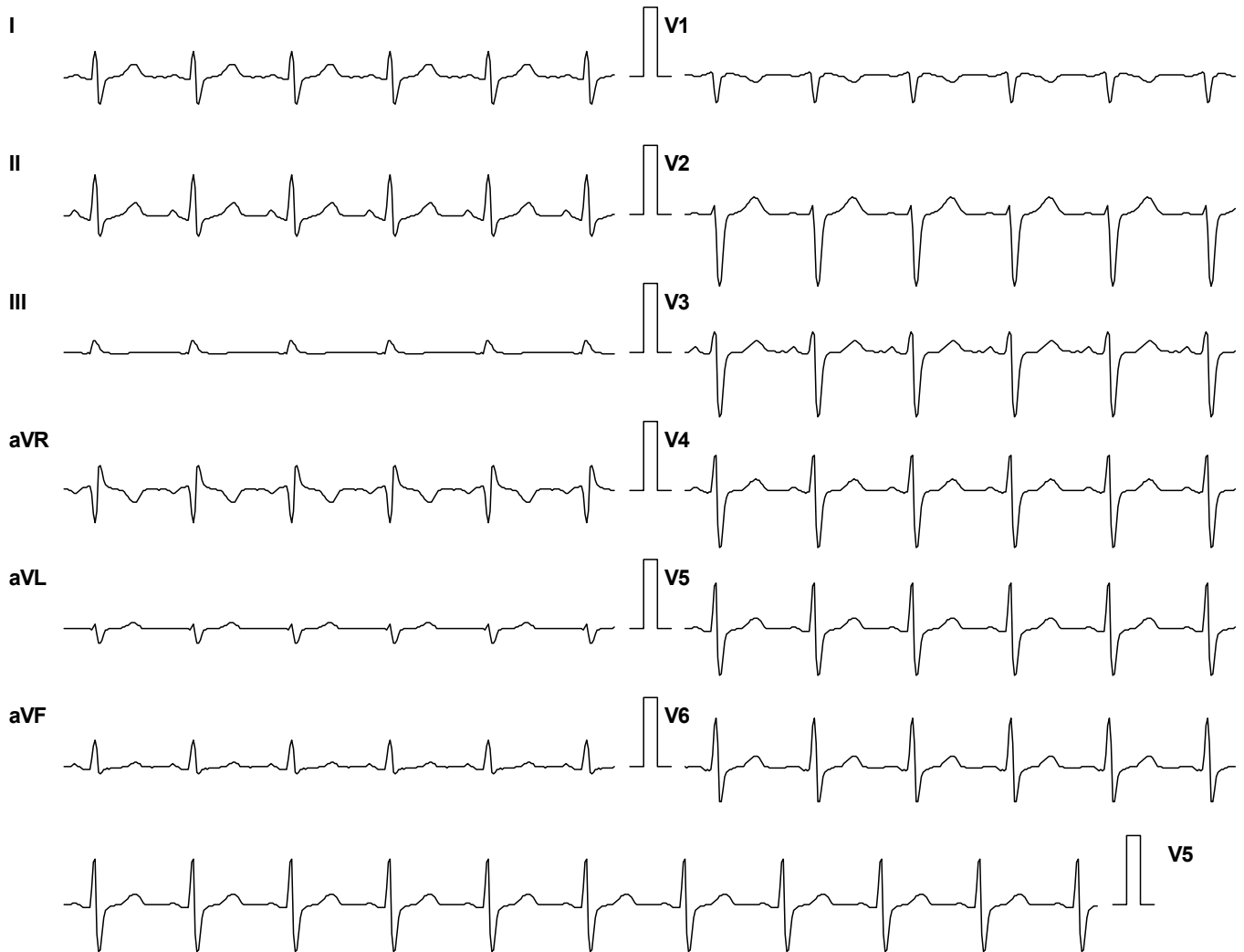
Grade: 0 %

Exec Time : 9 m 0 s

Stage Time : 0 m 54 s

**HR: 103 bpm**

(THR: 152 bpm)



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

Chart Speed: 25 mm/sec  
Schiller CS-20 V 1.4

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

Mains Filt: ON  
Post J = J + 60 ms

Amp: 10 mm  
Linked Median

# Healthspring Cuffe Parade

**ASHWANI KUMAR SRIVASTAVA (40 M)** ID: 786

Date: 02-Apr-24

B.P: 138 / 86

Protocol: Bruce

Stage: Recovery(6)

Speed: 0 Km/h

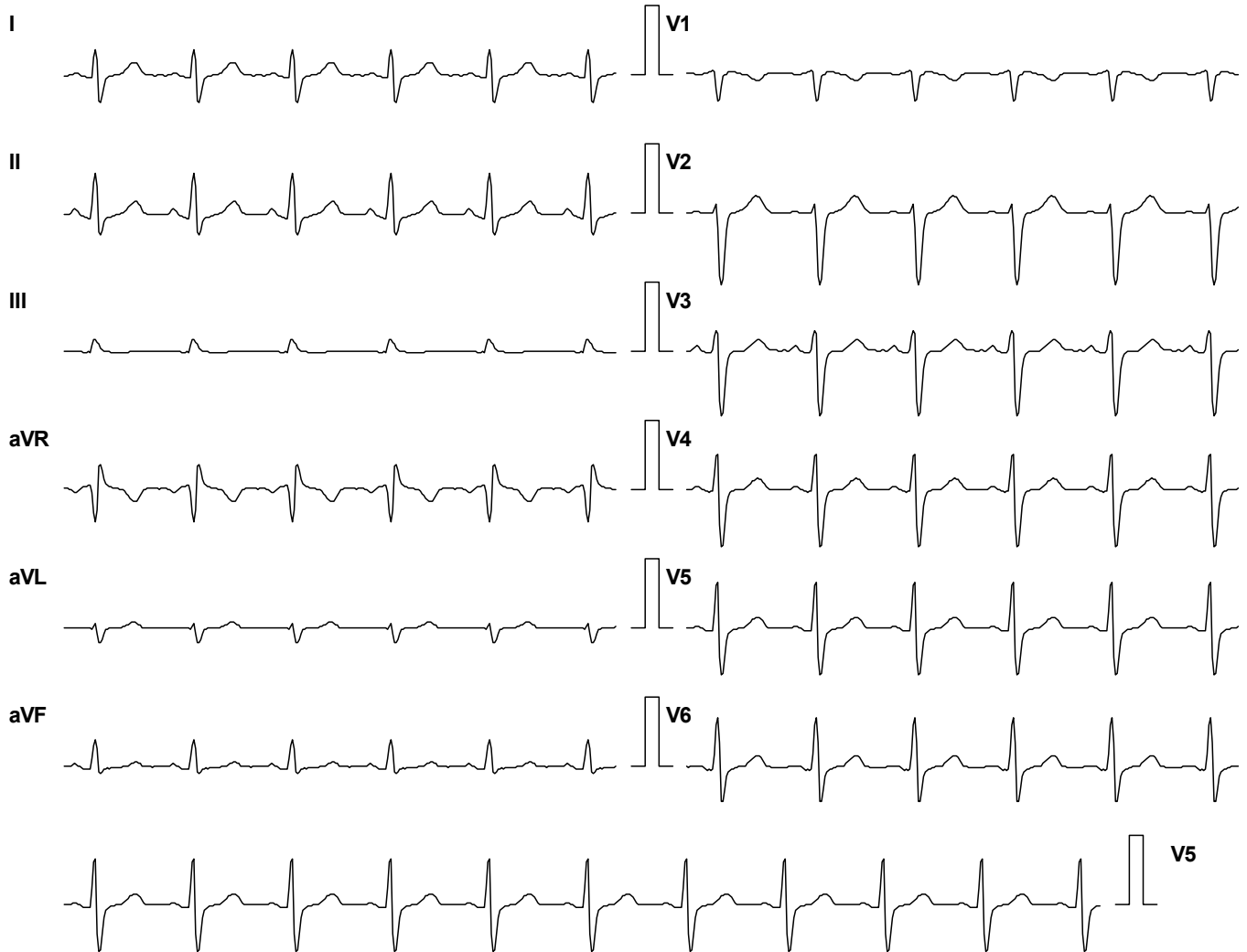
Grade: 0 %

Exec Time : 9 m 0 s

Stage Time : 0 m 55 s

**HR: 103 bpm**

(THR: 152 bpm)



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

Chart Speed: 25 mm/sec  
Schiller CS-20 V 1.4

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

Mains Filt: ON  
Post J = J + 60 ms

Amp: 10 mm  
Linked Median



\*Members only



Today, I have not given sample for stool test during my check up.

Ashwani

(Ashwani Surwasthna)  
At 02/04/24.



FROST AND SULLIVAN AWARD OF BEST PRIMARY CARE PRACTICE IN SOUTH EAST ASIA 2017

BUSINESS MODEL INNOVATION AWARDS BEST BUILDING OF A BRAND



PATIENT'S NAME - MR. Ashwani Kumar Srivastava  
AGE/GENDER - 39/M  
DOCTOR'S NAME - DR. Jofan Manawale  
DATE - 02/04/2024

### VISION SCREENING

	RE	RE	LE	LE
	Glasses	UNAIDED	Glasses	UNAIDED
DISTANT		6/5		6/5
NEAR		N-6		N-6
COLOUR	Normal			
Recommendations				

### VITALS

Pulse - 82/min	B.P- 130/84 mmHg	SpO2 98%
Height 163 cm	Weight - 76.3kg	BMI- 28.7
Waist - 96 cm	Hip - 101 cm	Waist/Hip Ratio- 0.95
Chest - 97-100 cm	Inspiration- 100 cm	Expiration- 97 cm

CENTRE NAME - Cuffe Parade.

SIGN & STAMP-

