



Where Healing & Care Comes Naturally

APEX SUPERSPECIALITY HOSPITALS

A Superspeciality Hospital



CASHLESS FACILITY

L. T. Road, Besides Punjab & Sind Bank, Babhai Naka,
Borivali (W), Mumbai 400091.
email: info@apexhospitals.in | www.apexgroupofhospitals.com

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Tele.: 022 - 2898 6677 / 46 / 47 / 48

INTERVENTIONAL CARDIOLOGIST

Dr. Hemant Khemani
Mon to Fri: 10:00 am to 11:00 am
Dr. Rajiv Sharma
Mon to Fri: on appointment

CARDIAC SURGEON

Dr. Shridhar Padagati
Mon to Sat: 08:00 pm to 09:00 pm
Dr. Sagar Kedare
Mon to Sat: 08:00 pm to 09:00 pm

GENERAL PHYSICIAN

Dr. Chirag Shah
Mon to Sat: 11:30 am to 01:00 pm
Dr. Shreya Mehta
Mon to Sat: 01:00 pm to 03:00 pm
Dr. Priyank Jain
Mon to Sat: 01:00 pm to 03:00 pm

CHEST PHYSICIAN

Dr. Parthiv Shah
Wed & Sat: 09:00 am to 10:30 am
Dr. Injai Modi
Thurs: 01:00 pm to 03:00 pm

JOINT REPLACEMENT SURGEON AND SPORT INJURIES

Dr. Amit Munde
Mon to Sun: 05:00 pm to 07:00 pm
Dr. Vividh Makwana
Mon to Sat: 11:00 am to 12:00 pm
Dr. Bhavin Doshi
Mon to Sat: 09:00 pm to 10:00 pm
Dr. Arpit Dave
Mon to Sat: 05:00 pm to 07:00 pm
Dr. Deepak Bhaskar
Mon to Sat: on appointment
Dr. Raunak Shah
Mon to Sat: on appointment
Dr. Sandip Vyas
Mon to Sat: 05:30 pm to 07:30 pm

MEDICAL GASTROENTEROLOGIST HEPATOLOGIST, ENDOSCOPIST

Dr. Darshil Shah
Mon to Fri: 09:00 am to 10:00 am
06:00 pm to 07:00 pm
Dr. Siddhesh Rane
Mon to Sat: on appointment

LAPROSCOPIC SURGEON

Dr. Aditi Agarwal
Mon to Sat: 05:00 pm to 07:00 pm
Dr. Amol Patil
Mon to Sat: 06:00 pm to 07:00 pm
Dr. Beta Ghag
Sat: 06:00 pm to 07:00 pm

DIABETIC FOOT SURGEON

Dr. Shrikant Bhojar
Mon to Sat: 02:00 pm to 04:00 pm

LAPROSCOPIC GYNAECOLOGIST

Dr. Hemashri Patel
Mon to Sat: 05:00 pm to 07:00 pm
Dr. Rashmi Padwalkar
Mon, Wed: on appointment

NEPHROLOGIST

Dr. Amit Jain
Mon to Sat: 10:00 am to 11:00 am
Dr. Ankit Mody
Mon, Wed & Fri: 05:00 pm to 07:00 pm
Dr. Umesh Khanna
Mon to Sat: 08:00 pm to 09:00 pm
Dr. Akash Shingada
Mon to Sat: 08:00 pm to 09:00 pm
Dr. Paras Deshiya
Mon to Sat: on appointment

URO SURGEON

Dr. Saket Sathe
Mon to Sat: on appointment
Dr. Rushabh Daga
Mon to Sat: on appointment
Dr. Aniket Shirke
Mon to Sat: on appointment

NEUROLOGIST

Dr. Mehooob Basale
Saturday: 02:00 pm to 04:00 pm
Mon to Fri: on appointment
Dr. Gaurav Kusundara
Mon to Wed: 08:30 am to 09:30 pm

NEUROSURGEON

Dr. Darpan Thakare
Tues & Thurs: 03:00 pm to 04:00 pm
Dr. Sameer Parikh
Tues & Thurs: 03:00 pm to 04:00 pm
Dr. Vivek Patel
Mon, Wed & Fri: 07:00 pm to 08:00 pm

HAEMATOLOGIST

Dr. Shradha Thakkar
Tue, Wed & Fri: 03:00 pm to 04:00 pm

MEDICAL ONCOLOGIST

Dr. Ashish Joshi
Thurs: 09:00 am to 10:00 am
Dr. Pradip Kendre
Tues: 09:00 am to 10:00 am

ONCOSURGEON

Dr. Praveen Kammar
Tues & Thurs: 04:00 pm to 06:00 pm
Dr. Yogen Chheda
Mon, Wed & Sat: 05:00 pm to 07:00 pm

OPHTHALMOLOGIST

Dr. Anurag Agarwal
Mon to Sat: 09:00 am to 10:00 am
Dr. Kishor Khade
Mon to Sat: on appointment
Dr. Prasan Mahajan
Mon to Sat: on appointment

PAEDIATRICIAN

Dr. Sunila Nagvekar
Fri: 02:00 pm to 03:00 pm

PAEDIATRIC SURGEON

Dr. Yogendra Sanghavi
Mon to Sat: 11:00 am to 12:00 pm

INTERVENTIONAL VASCULAR SURGEON

Dr. Simit Vora
Tues, Thurs & Sat: 06:00 pm to 08:00 pm
Dr. Virendra Yadav
Mon to Sat: 09:00 pm to 10:00 pm
Dr. Maunil Bhuta
Wed to Fri: 05:00 pm to 07:00 pm
Dr. Kunal Arora
Mon, Wed & Fri: 07:00 pm to 08:00 pm

ENT SPECIALIST

Dr. Sneha Mahajan
Mon to Fri: on appointment
Dr. Rachana Mehta Shroff
Mon to Sat: 03:00 pm to 04:00 pm (on appointment)
Dr. Sonal Devangan
Mon to Fri: on appointment

PSYCHIATRIST

Dr. Pratik Surandash
Mon to Sat: 06:00 pm to 07:00 pm
Dr. Payal Sharma Kamat
Tue, Thurs & Fri: 09:00 am to 11:00 am

CLINICAL PSYCHOLOGIST

Hemangi Mhapolkar
Sun: 01:00 pm to 04:00 pm

COSMETOLOGIST

Dr. Vikas Verma
Mon to Sat: 06:00 pm to 08:00 pm
Dr. Leena Jain
Tues: 06:00 pm to 08:00 pm
Dr. Sushil Nehete
Wed: 06:00 pm to 08:00 pm
Dr. Pratap Nadar
Thurs: 06:00 pm to 08:00 pm

ANESTHESIST

Dr. Sagar Yosale
Mon to Sat: 08:00 am to 04:00 pm

RADIOLOGIST

Dr. Soumil Pandya
Mon to Sat: 06:00 pm to 08:00 pm
Dr. Forum Kothari
Mon to Sat: 08:00 pm to 09:00 pm
Dr. Deep Vora
Mon to Sat: 09:00 pm to 09:30 pm

DIETICIAN

Ms. Sakshi Gupta
Mon to Sat: 08:00 am to 04:00 pm

PHYSIOTHERAPIST

Dr. Manal Aivi

Mr. Surjeet Kumar 34 yr 1 m

CL -

Pain at nape of Neck. Many days.
No H/O cold, cough

Fever

KL - Thyroid on Reg Rx

Tb. Myxoedema lumpy

O/E

Gr. C Mod / A Feb

PR - 92/1m

SPO - 99%

Temp - A Feb

BP - 110/70

S/E

(V) - S, 1/2

(M) - Conscious oriented

(K) - AEBEE

PIA - Soft INT.

ENT Examination

N - Symmetrical

No any deviation

No discharge

T - No Aphus seen

Examination on neck flexed

No tonsillitis.

E - No any scar at pinna. No discharge
Ringing Absent.

Adx

Ophthalmology -

No difficulty for
far and near vision

(E)



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Tele.:
022 - 2898 6677 / 46 / 47 / 48

Patient	: Kumar Suraj	UHID	: ASH232404261
Age/Sex	: 34/Male	ID	: OP232405052
Consultant Dr	: PAL DINESH KUMAR	Registered On	: 20-Feb-2024
Referring Dr	: MEDIWHEEL	Reported On	: 20-Feb-2024
Collection Centre	: Apex Hospital		

COMPLETE BLOOD COUNT


Test	Result	Normal Value
HAEMOGLOBIN	L <u>13.1 Gm%</u>	13.5-18.0 Gm%
RBC Count	4.62 Millions/cumm	4.0-6.0 Millions/cumm
PCV	38.3 %	37-47 %
MCV	82.90 Fl	78-100 Fl
MCH	28.35 Pg	27-31 Pg
MCHC	34.20 %	32-35 %
RDW	13.0 %	11-15 %
Total WBC Count	5700 /C.MM	4000-11000 /C.MM
Differential Count		
Neutrophils	61 %	40-75 %
Eosinophils	02 %	01-06 %
Basophils	00 %	00-01 %
Lymphocytes	33 %	20-45 %
Monocytes	04 %	01-10 %
BANDCELLS	00 %	00-03 %
Abnormalities Of WBC	NORMAL	
Abnormalities Of RBC	NORMOCYTIC NORMOCROMIC	
PLATELET COUNT	153 X 10 ³ /cumm	150-450 X 10 ³ /cumm
PLATELET ON SMEAR	ADEQUATE ON SMEAR	
MPV	H <u>14.0 Fl</u>	7.0-11.0 Fl

Remarks : *

Note:- The test result are subject to variations due to technical limitations hence co-relation with clinical findings & other investigations should be done.

Run By
Lab Technician

Checked By
Biochemist


Pathologist
DR.GUJAR NEERAJ VILAS
MD PATHOLOGY



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HEMATOLOGY

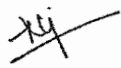
Test	Result	Normal Value
ESR	H <u>51 mm/hr</u>	0 - 10 mm/hr
BLOOD GROUP	"O"	
Rh FACTOR	POSITIVE	

Remarks : *

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FASTING BLOOD SUGAR

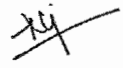
Test	Result	Normal Value
FBS	82.2 Mg/dl	70-110 Mg/dl
URINE SUGAR	ABSENT	
URINE KETONES	ABSENT	

Remarks : *

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Patient	: Kumar Suraj	UHID	: ASH232404261
Age/Sex	: 34/Male	ID	: OP232405076
Consultant Dr	: GUJAR NEERAJ	Registered On	: 21-Feb-2024
Referring Dr	: MEDIWHEEL	Reported On	: 21-Feb-2024
Collection Centre	: Apex Hospital		

POST LUNCH BLOOD SUGAR

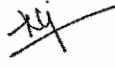
Test	Result	Normal Value
PLBL (2 HOUR AFTER FOOD)	105.8 Mg/dl	70-140 Mg/dl
URINE SUGAR (PP)	SNR	-
URINE KETONE (PP)	SNR	-

Remarks : *

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Age/Sex	: 34/Male	ID	: OP232405052
Consultant Dr	: PAL DINESH KUMAR	Registered On	: 20-Feb-2024
Referring Dr	: MEDIWHEEL	Reported On	: 20-Feb-2024
Collection Centre	: Apex Hospital		

LIPID PROFILE

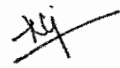
Test	Result	Normal Value
TOTAL CHOLESTEROL	203.9 Mg%	150-250 Mg%
TRIGLYCERIDES	H <u>197.85 Mg%</u>	35-160 Mg%
HDL CHOLESTEROL	43.1 Mg%	30-70 Mg%
VLDL CHOLESTEROL	H <u>39.57</u>	7-35
LDL CHOLESTEROL	121.23 Mg%	108-145 Mg%
TC/HDL CHOL RATIO	4.73	3.5-5.0
LDL/HDL RATIO	2.81	1.1-3.9

Remarks : *

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RENAL FUNCTION TEST

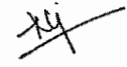
Test	Result	Normal Value
SERUM CREATININE	0.85 Mg/dl	0.6-1.6 Mg/dl
URIC ACID	6.44 Mg/dl	2.5-7.7 Mg/dl
BLOOD UREA NITROGEN / BUN	18.65 Mg/dl	0-23 Mg/dl

Remarks : *

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Referring Dr	: MEDIWHEEL	Reported On	: 20-Feb-2024
Collection Centre	: Apex Hospital		

LIVER FUNCTION TEST

Test	Result	Normal Value
TOTAL BILIRUBIN	0.75 Mg/dl	0.1-1.2 Mg/dl
DIRECT BILIRUBIN	0.18 Mg/dl	0.0-0.3 Mg/dl
INDIRECT BILIRUBIN	0.57 Mg/dl	0.1-1.0 Mg/dl
SGOT	24.43 Iu/l	5-40 Iu/l
SGPT	34.90 Iu/l	5-40 Iu/l
SERUM ALKALINE PHOSPHATES	85.95 U/l	25-147 U/l
SERUM PROTEINS TOTAL	8.01 Gm%	6.0-8.2 Gm%
SERUM ALBUMIN	4.90 Gm%	3.0-5.0 Gm%
SERUM GLOBULIN	3.11 Gm%	1.9-3.5 Gm%
ALBUMIN : GLOBULIN RATIO	1.58 Mg/dl	0.9-2.0 Mg/dl
GAMMA GT	27.33 Iu/l	5-45 Iu/l

Remarks : *

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Consultant Dr	: PAL DINESH KUMAR	Registered On	: 20-Feb-2024
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URINE ROUTINE

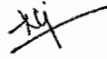
Test	Result	Normal Value
PHYSICAL EXAMINATION		
QUANTITY	25 MI	MI
COLOUR	PALE YELLOW	
APPEARANCE	CLEAR	
DEPOSIT	ABSENT	
REACTION [PH]	ACIDIC	
SPECIFIC GRAVITY	1.015	
CHEMICAL EXAMINATION		
URINE ALBUMIN	ABSENT	
SUGAR	ABSENT	
KETONE BODIES	ABSENT	
OCCULT BLOOD	ABSENT	
BILE PIGMENT	ABSENT	
BILE SALT	ABSENT	
MICROSCOPIC EXAMINATION OF CENTRE		
RED BLOOD CELLS	ABSENT /hpf	/hpf
PUS CELLS	1-2 /hpf	/hpf
EPITHELIAL CELLS	1-2 /hpf	/hpf
CASTS	ABSENT	
CRYSTALS	ABSENT	
SPERMATOOZOA	ABSENT	
TRICHOMONAS VAGINALIS	ABSENT	
YEAST CELLS	ABSENT	
AMORPHOS DEPOSITS	ABSENT	
BACTERIA	ABSENT	

Remarks : *

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Patient Id : **PVD04223-24/67108** Sample ID : 24025216
 Patient : MR SURAJ KUMAR Reg. Date : 19/02/2024
 Age/sex : 34 Yrs/ Male Report Date : 19/02/2024
 Center : APEX SUPERSPECIALITY HOSPITALS Case No. :
 Ref. By : Self



IMMUNOASSAY

Test Description	Result	Unit	Biological Reference Range
TOTAL T3 T4 TSH (TFT)			
T3 (Triiodothyronine)	94.25	ng/dl	83-200 For Pregnant females: First Trim: 104.8 - 229.8 2nd Trim: 128.9 - 262.3 Third trim : 135.4 - 261.7
T4 (Thyroxine)	6.01	ug/dL	5.13 - 14.10 For Pregnant females: First Trim : 7.33 - 14.8 Second Trim : 7.93 - 16.1 Third Trim : 6.95 - 15.7
TSH(Thyroid Stimulating Hormone)	9.98	uIU/ml	0.27 - 4.20


Method : ECLIA

INTERPRETATION

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	• Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. • Subclinical Autoimmune Hypothyroidism • Intermittent T4 therapy for hypothyroidism • Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	• Chronic Autoimmune Thyroiditis • Post thyroidectomy, Post radioiodine • Hypothyroid phase of transient thyroiditis"
Raised or within Range	Raised	Raised or within Range	• Interfering antibodies to thyroid hormones (anti-TPO antibodies) • Intermittent T4 therapy or T4 overdose • Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics"
Decreased	Raised or within Range	Raised or within Range	• Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness • Subclinical Hyperthyroidism • Thyroxine ingestion"
Decreased	Decreased	Decreased	• Central Hypothyroidism • Non-Thyroidal illness • Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	• Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule • Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or within Range	Raised	Within Range	• T3 toxicosis • Non-Thyroidal illness

-----End Of Report-----

Term & Conditions* Test processed at Pathvision Central Processing Laboratory- Dahisar west Mumbai-68 Individual laboratory investigations are never conclusive but should be used along with other relevant clinical examinations to achieve final diagnosis. Any discrepancy with clinical condition the referring doctor or patient must report in 24hr of sample collection and get test redone. Partial reproduction of this report is not permitted The test report is not valid for Medico-legal purpose.


DR. SANDEEP B. PORWAL
 MBBS MD (Path) Mumbai
 MMC Reg no 2001031640

CENTRAL PROCESSING LABORATORY

Grandeur 208/209/210, S.V. Road, Dahisar (East), Mumbai - 400 068.

Tel : 2563 7645 • Mob: 86910 17023 / 81042 45961 • www.pathvisiondiagnostics.com

Patient Id : **PVD04223-24/67108** Sample ID : 24025216
 Patient : MR SURAJ KUMAR Reg. Date : 19/02/2024
 Age/sex : 34 Yrs/ Male Report Date : 19/02/2024
 Center : APEX SUPERSPECIALITY HOSPITALS Case No. :
 Ref. By : Self



PROSTATE SPECIFIC ANTIGEN

Test Description	Result	Unit	Biological Reference Range
PSA (Prostate Specific Antigen)-Serum Total	0.47	ng/ml	Conventional for all ages: 0 - 4 69- 80 Years : 0 - 6.5 Above 80 yrs: 0 - 7.2


Method : ECLIA

INTERPRETATION :

Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. PSA exists in serum mainly in two forms, complexed to alpha-1-anti chymotrypsin (PSA-ACT complex) and unbound (free PSA). Increases in prostatic glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. Transient increase in PSA can also be seen following per rectal digital or sonological examinations.

-----End Of Report-----

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HBA1C-GLYCOSYLATED HAEMOGLOBIN

Test Description	Result	Unit	Biological Reference Range
HbA1c- (EDTA WB)	5.7	%	< 5.6 Non-diabetic 5.7-6.4 Pre-diabetic > 6.5 Diabetic
Estimated Average Glucose (eAG)	116.89	mg/dL	
Method : HPLC-Biorad D10-USA			


INTERPRETATION

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2. HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycosylated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
5. To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$
6. Interference of Haemoglobinopathies in HbA1c estimation.
 - A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - C. Heterozygous state detected (D10/ Tosho G8 is corrected for HbS and HbC trait).
7. In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control.
 - Excellent Control - 6 to 7 %,
 - Fair to Good Control - 7 to 8 %,
 - Unsatisfactory Control - 8 to 10 %
 - and Poor Control - More than 10 %.

Note : Haemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy

-----End Of Report-----

Term & Conditions* Test processed at Pathvision Central Processing Laboratory- Dahisar west Mumbai-68 Individual laboratory investigations are never conclusive but should be used along with other relevant clinical examinations to achieve final diagnosis. Any discrepancy with clinical condition the referring doctor or patient must report in 24hr of sample collection and get test redone. Partial reproduction of this report is not permitted The test report is not valid for Medico-legal purpose.


DR. SANDEEP B. PORWAL
 MBBS MD (Path) Mumbai
 MMC Reg no 2001031640



Where Healing & Care Comes Naturally

APEX SUPERSPECIALITY HOSPITALS DIAGNOSTICS



CASHLESS
FACILITY

L. T. Road, Besides Punjab & Sind Bank, Babhai Naka,
Borivali (W), Mumbai 400091.
email: info@apexhospitals.in | www.apexgroupofhospitals.com



Tele.:
022 - 2898 6677 / 46 / 47 / 48

UHID : ASH232404261 ID : OP232405052 Date : 20-Feb-2024
Patient : Kumar Suraj Age/Sex : 34/Male Referred By : MEDIWHEEL
Company : SELF

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, shape and has smooth margins. The hepatic parenchyma shows homogeneous normal echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

PORTAL VEIN: It is normal in transverse diameter.

GALL BLADDER: The gall bladder is well distended with 23mm calculus within. There is no evidence of wall thickening or pericholecystic collection.

COMMON BILE DUCT: The visualised 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 9.7 cm normal in size and shape. Its echotexture is homogeneous.

KIDNEYS:

Right kidney	Left kidney
10.5 x 4.6 cm	10.4 x 5.3 cm

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 calculi, bilaterally.

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 x 3.8 x 2.7 cms; volume is 16.6 gm. The prostate gland shows well defined and smooth margins. The prostatic echotexture is normal and homogeneous.

There is no ascites. There is no obvious evidence of significant lymphadenopathy.

IMPRESSION:

- Cholelithiasis without cholecystitis.

DR. PANDYA SAUMIL
MD,D.N.B
RADIOLOGIST



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visit website
googlemap



Tele.:

022 - 2898 6677 / 46 / 47 / 48

UHID : ASH232404261 ID : OP232405052 Date : 19-Feb-2024
Patient : Kumar Suraj Age/Sex : 34/Male Referred By : MEDIWHEEL
Company : SELF

DIGITAL X-RAY CHEST <PA> VIEW

The lung on either side shows equal translucency and exhibit normal vasculature

The pleural spaces are normal.

Both hila are normal in size, have equal density and bear normal relationship.

The cardiac size is normal.

Trachea is central in position and no mediastinal abnormality is visible.

Bony thorax is normal.

IMPRESSION:

- o No significant abnormality.

DR. PANDYA SAUMIL
MD,D.N.B
RADIOLOGIST

202402191112837

02-19-2024 11:36:24

Name:
Age:
Gender:

Vent. Rate
PR Interval
QRS Duration
QT/QTc Interval
P/QRS/T Axes
QTc-Hodges

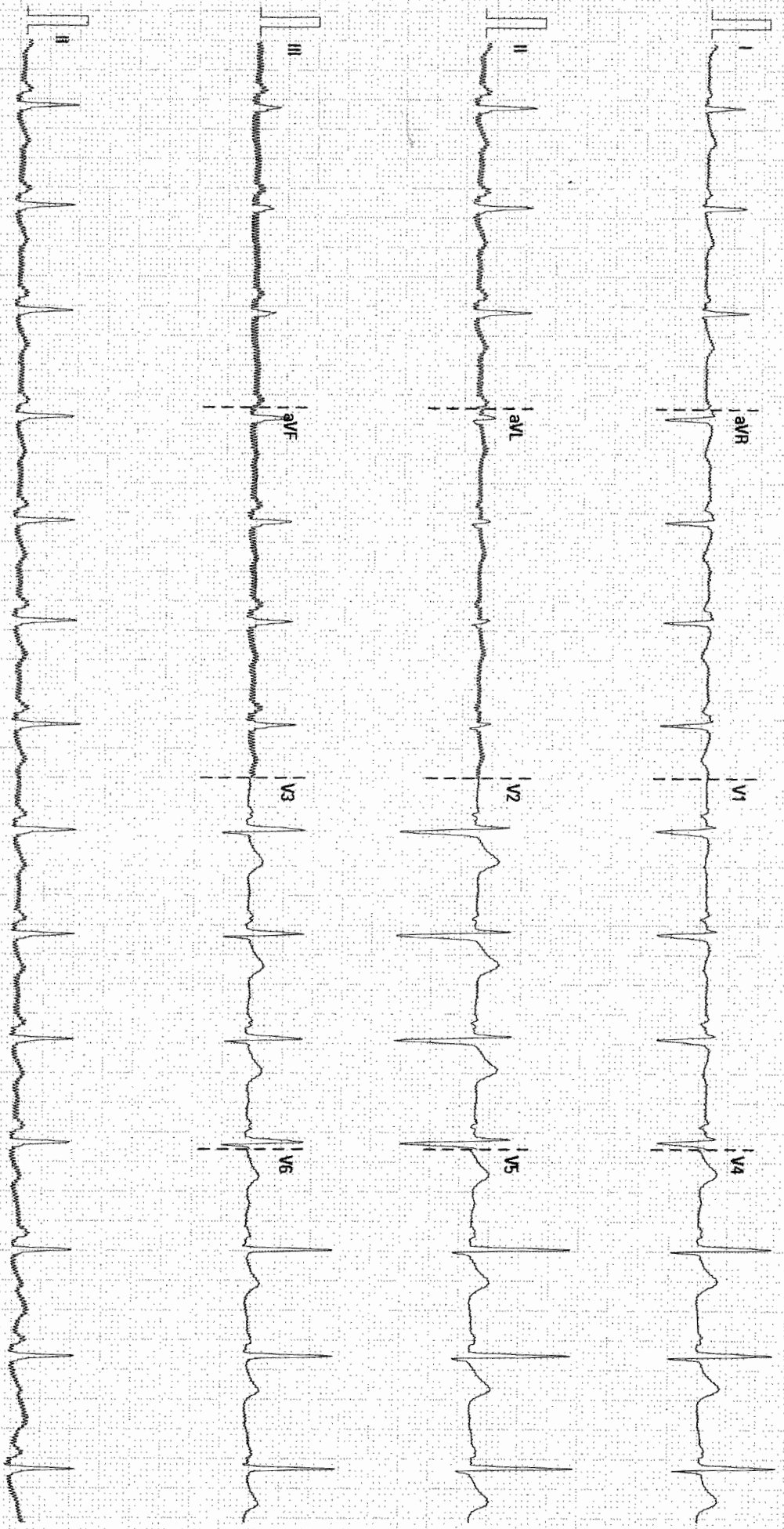
85 bpm
126 ms
78 ms
348/392 ms
68/52/36 deg

Sinus rhythm
— Interpretation made without knowing patient's gender/age —
Normal ECG

Unconfirmed Diagnosis.

Sueq Pynder

with ECG



25 mm/s

10 mm/mV

BDH 35 Hz

Aperx Superspecialty Hospital

02.07.00.V28.4.1

SAN-FM.dans 1.1.0

UNI - EM ELECTRONICS COMPLEX INDORE

TREADMILL TEST REPORT

SURAJ KUMAR
 ID : 22241
 DATE : 07/04/2005
 AGE/SEX : 34 / M
 HT/WT : 156 / 65
 REF. BY : CAMP

PROTOCOL : Bruce

HISTORY :
 INDICATION :
 MEDICATION :

PHASE	TOTAL TIME	STATE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST LEVEL (MM)			METS
								II	V1	V5	
Stage 1	2:55	2:55	2.7	10	159	110 / 70	174	0.5	0.4	0.1	4.67
Stage 2	5:55	2:55	4	12	176	110 / 70	193	0.4	0.4	0.2	7.04
PK-EXERCISE	7:31	1:31	5.4	14	191	110 / 70	210	0.3	-0.2	0.7	8.57
RECOVERY	10:34	2:55			117	130 / 90	152	0.2	0.6	-0.3	

RESULTS

EXERCISE DURATION : 7:31
 MAX HEART RATE : 193 bpm
 MAX BLOOD PRESSURE : 130 / 90 mm Hg
 REASON OF TERMINATION :
 BP RESPONSE :
 ARRHYTHMIA :
 H.R. RESPONSE :
 IMPRESSIONS :

MAX WORK LOAD : 8.57 METS

103 % of target heart rate
 186 bpm

Technician :

UNI-EM

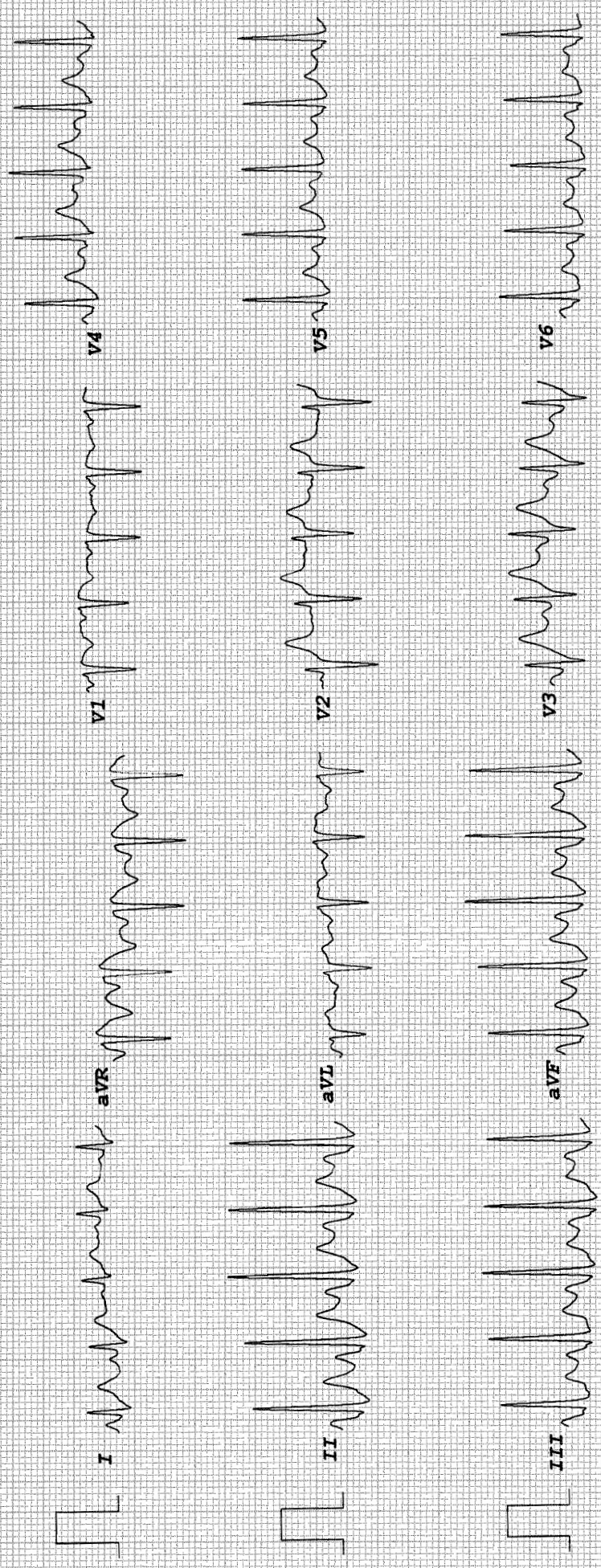
SURAJ KUMAR
I.D. 22241
Age 34/M
Date 07/04/2005

RATE 125bpm
B.P. 130/90

Bruce
RECOVERY
TOTAL TIME 9:55
PHASE TIME 2:16

ST @ 10mm/mV
80ms PostJ

RAW ECG



UNI-EM

SURAJ KUMAR
 I.D. 22241
 Age 34/M
 Date 07/04/2005

RATE 159bpm
 B.P. 110/70

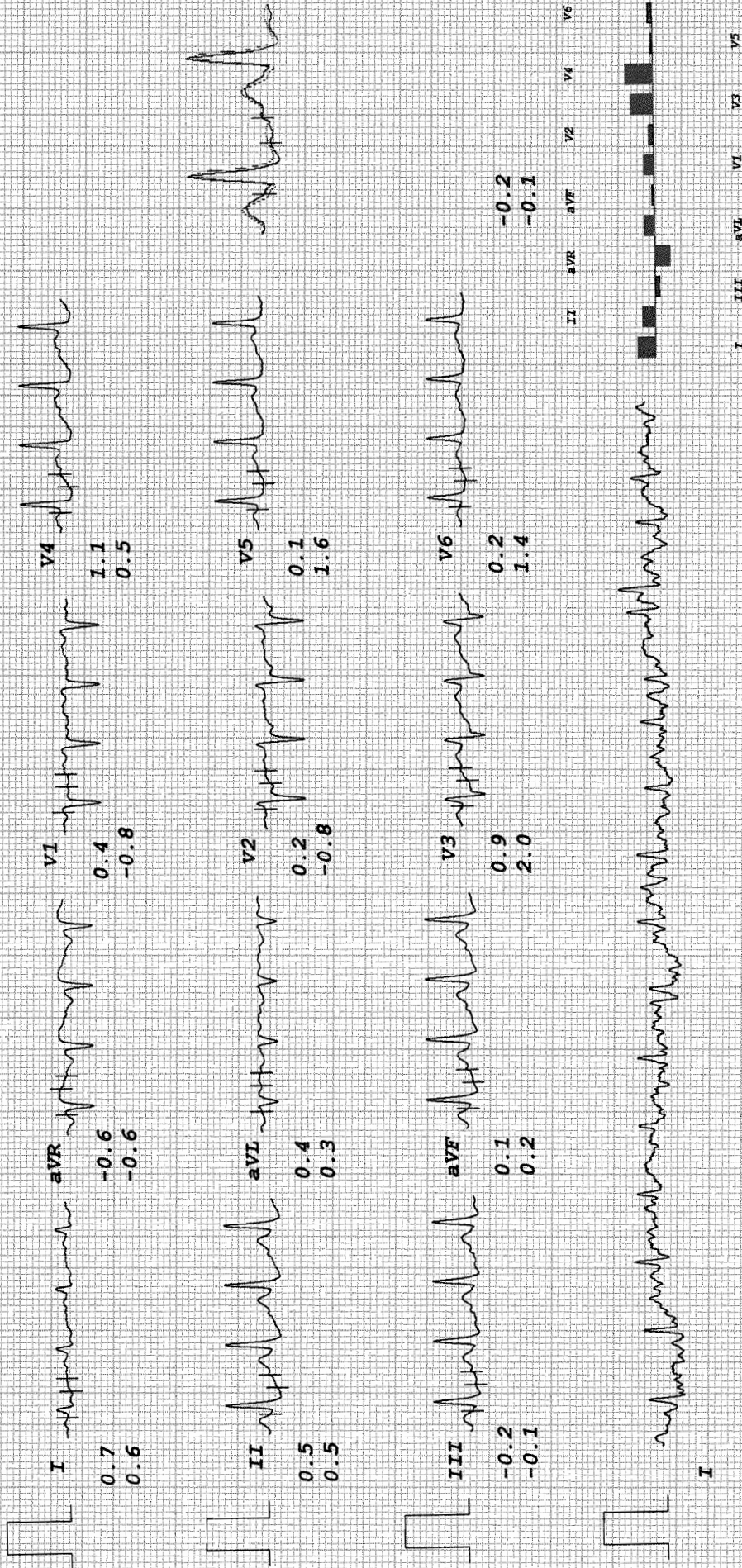
ST @ 10mm/mV
 80ms PostJ
 Speed 2.7 km/hr
 SLOPE 10 %

Bruce
 Stage 1
 TOTAL TIME 2:55
 PHASE TIME 2:55

LINKED MEDIAN

Mag. X 2

III



UNI-EM

SURAJ KUMAR

I.D. 22241

Age 34/M

Date 07/04/2005

RATE 176bpm

B.P. 110/70

Bruce

Stage 2

TOTAL TIME 5:55

PHASE TIME 2:55

ST @ 10mm/mV

80ms PostJ

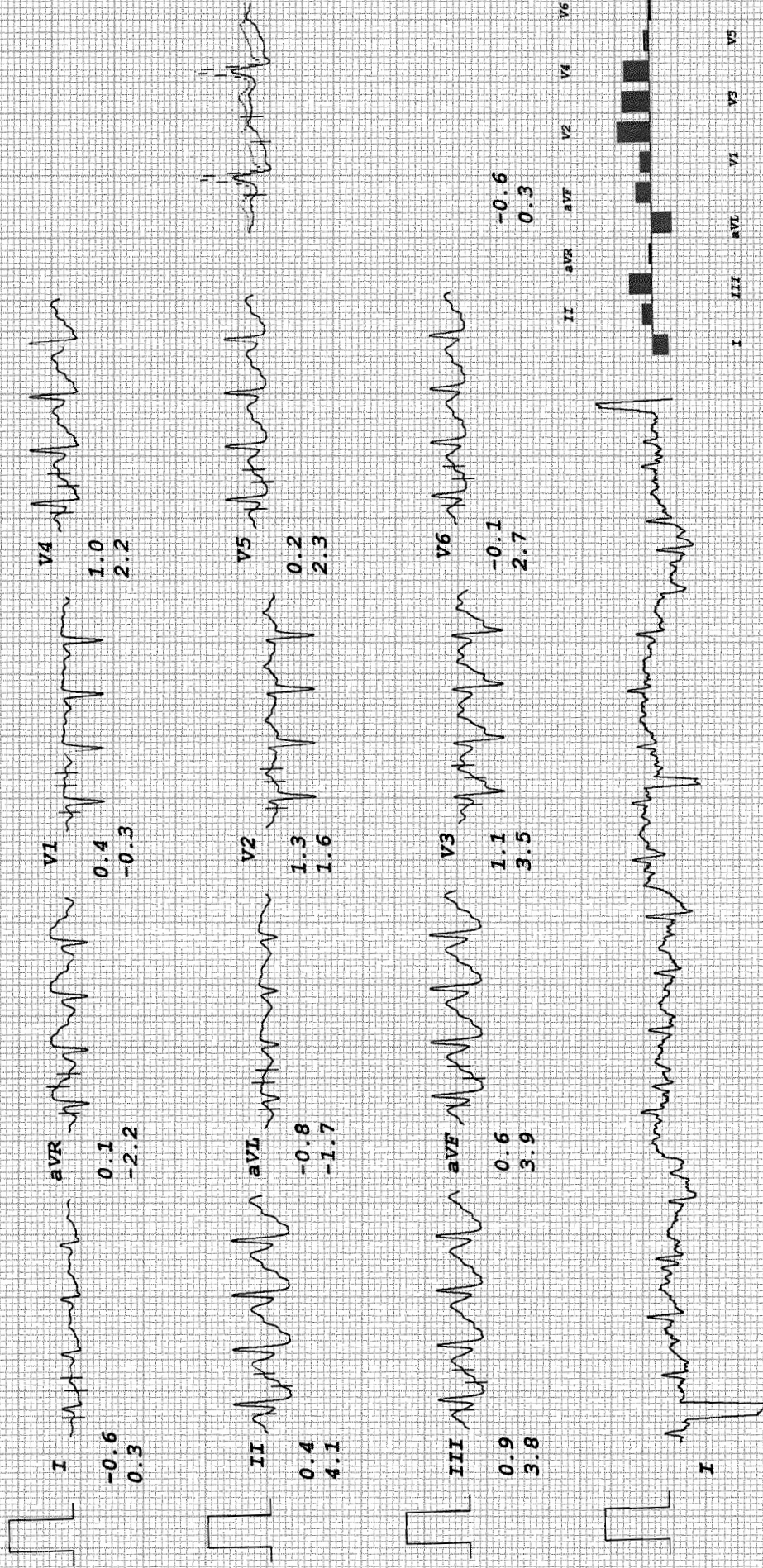
Speed 4 km/hr

SLOPE 12 %

LINKED MEDIAN

Mag. X 2

I



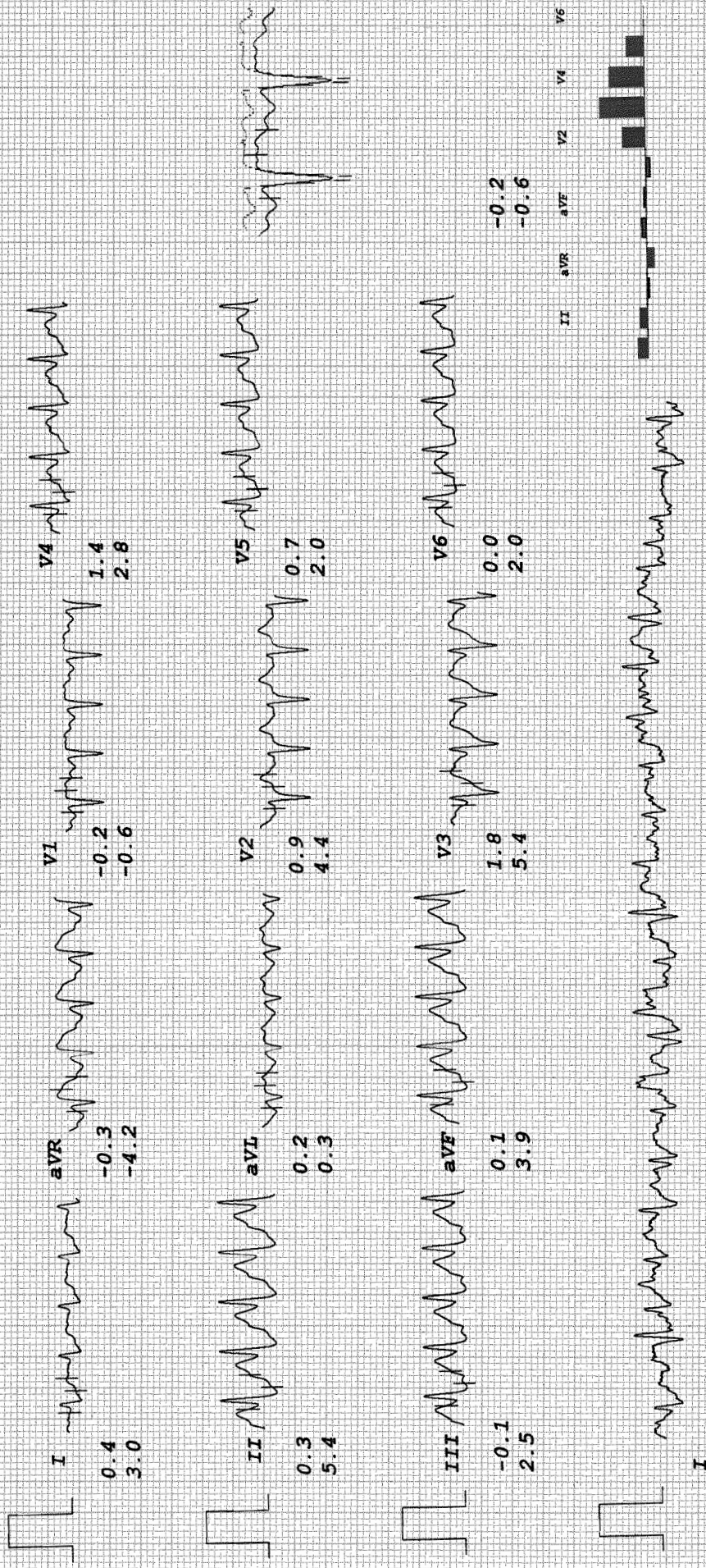
UNI-EM

SURAJ KUMAR **BRUCE** **ST @ 10mm/mV**
I.D. 22241 **PK-EXERCISE** **80ms PostJ**
Age 34/M **RATE 191bpm** **Speed 5.4 km/hr**
Date 07/04/2005 **TOTAL TIME 7:31** **SLOPE 14 %**

LINKED MEDIAN

Mag. X 2

V1



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

UNI-EM

SURAJ KUMAR
I.D. 22241
Age 34/M
Date 07/04/2005

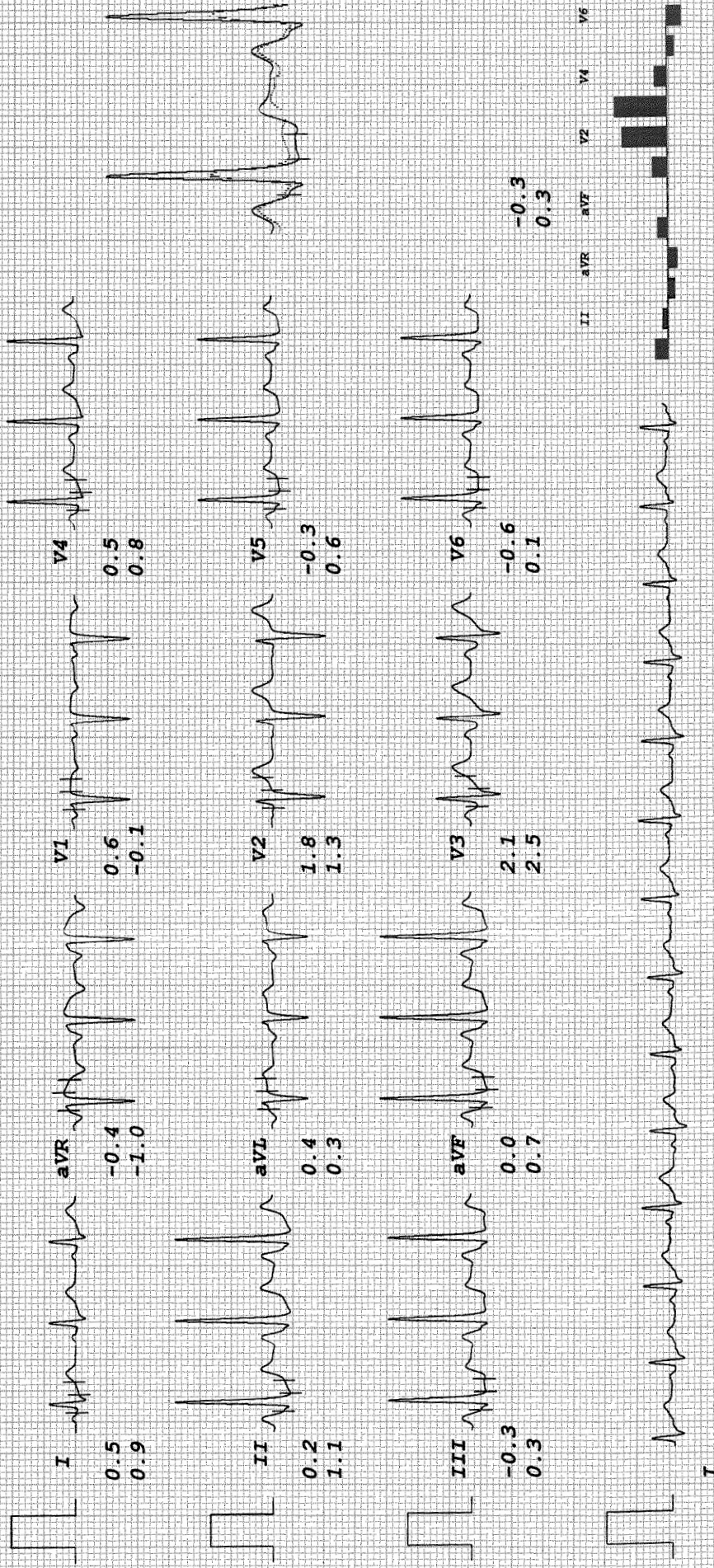
BRUCE
RECOVERY
RATE 117bpm
B.P. 130/90

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

III



II aVR aVF V2 V4 V6

I III aVL V1 V3 V5