

PHYSICAL EXAMINATION REPORT

Patient Name	Hordik Shah.	Sex/Age	M/33
Date	12/12/23.	Location	Twane

History and Complaints

Nil

EXAMINATION FINDINGS:

Height (cms):	167	Temp (0c):	②
Weight (kg):	77.3	Skin:	NAD
Blood Pressure	120/80	Nails:	
Pulse	72/min	Lymph Node:	

Systems :

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

NAD

Impression: 1) SGPT ↑ 2) Dyslipidemia + fatty liver

Advice: No Follow up with family physician *du*

DR. ANAND N. MOTWANI
M.D. (GENERAL MEDICINE)
Reg. No. 39329 (M.M.C)

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

PERSONAL HISTORY:

1)	Alcohol	occ. No. veg. No.
2)	Smoking	
3)	Diet	
4)	Medication	

Date:- 12/12/23
 Name:- Aadit Shah

CID: 2334604812
 Sex / Age: M-33

EYE CHECK UP

Chief complaints: PCV

Systemic Diseases: XLL

Past history: N/A

Unaided Vision: 3/60 6 X/V/D/L/N/2

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: Good Vision

MR. PRAKASH KUDVA
 SR. OPTOMETRIST



CID : 2334604812
Name : MR.HARDIK SHAH
Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 12-Dec-2023 / 09:45
Reported : 12-Dec-2023 / 12:03

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	14.9	13.0-17.0 g/dL	Spectrophotometric
RBC	5.42	4.5-5.5 mil/cmm	Elect. Impedance
PCV	46.6	40-50 %	Measured
MCV	85.9	80-100 fl	Calculated
MCH	27.4	27-32 pg	Calculated
MCHC	31.9	31.5-34.5 g/dL	Calculated
RDW	14.2	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	5460	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	30.2	20-40 %	
Absolute Lymphocytes	1648.9	1000-3000 /cmm	Calculated
Monocytes	7.5	2-10 %	
Absolute Monocytes	409.5	200-1000 /cmm	Calculated
Neutrophils	61.0	40-80 %	
Absolute Neutrophils	3330.6	2000-7000 /cmm	Calculated
Eosinophils	1.3	1-6 %	
Absolute Eosinophils	71.0	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
PLATELET PARAMETERS			
Platelet Count	245000	150000-400000 /cmm	Elect. Impedance
MPV	8.6	6-11 fl	Calculated
PDW	10.7	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		

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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 6 2-15 mm at 1 hr. Sedimentation

Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickie cell disease

Limitations:

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack insert
- Bridgen ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

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

J. Mujawar
Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	95.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	115.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.64	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.23	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.41	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2	1 - 2	Calculated
SGOT (AST), Serum	27.9	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	52.9	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	31.3	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	83.6	40-130 U/L	PNPP
BLOOD UREA, Serum	15.3	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	7.1	6-20 mg/dl	Calculated
CREATININE, Serum	0.85	0.67-1.17 mg/dl	Enzymatic

Authenticity Check



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Collected : 12-Dec-2023 / 14:22
Reported : 12-Dec-2023 / 16:15

eGFR, Serum	118	(ml/min/1.73sqm)	Calculated
		Normal or High: Above 90	
		Mild decrease: 60-89	
		Mild to moderate decrease: 45-59	
		Moderate to severe decrease: 30-44	
		Severe decrease: 15-29	
		Kidney failure: <15	

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

URIC ACID, Serum	6.6	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 ***

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Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist

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Reported : 12-Dec-2023 / 11:58

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
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.

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*** End Of Report ***

Dr. Imran Mujawar

Dr. IMRAN MUJAWAR
MD (Path)
Pathologist



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Collected : 12-Dec-2023 / 09:45
Reported : 12-Dec-2023 / 14:33

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.025	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATION			
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	
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 inert

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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. B 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

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	182.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	84.0	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	34.0	Desirable: >60 mg/dl Bordertline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	148.7	Desirable: <130 mg/dl Bordertline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	132.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Bordertline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	16.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.9	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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Collected : 12-Dec-2023 / 09:45
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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	14.9	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.91	0.35-5.5 microu/ml mIU/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 upto 15 microU/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 200%. 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'Kookun 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 ***

J. Mujawar
Dr. IMRAN MUJAWAR
MD (Path)
Pathologist

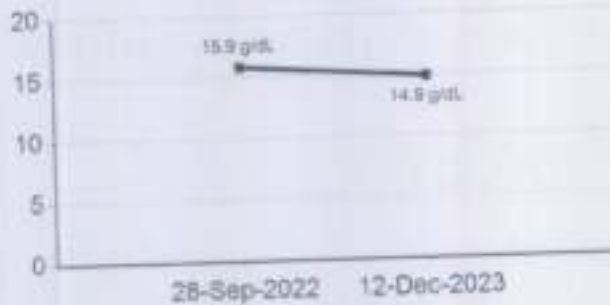
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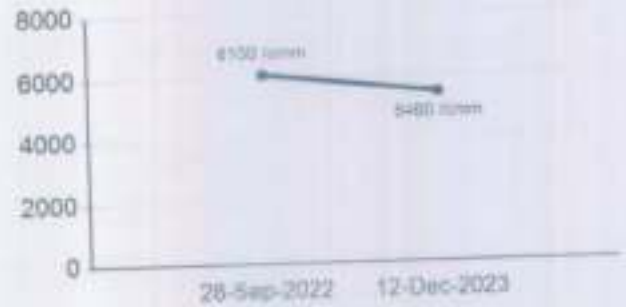
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Haemoglobin



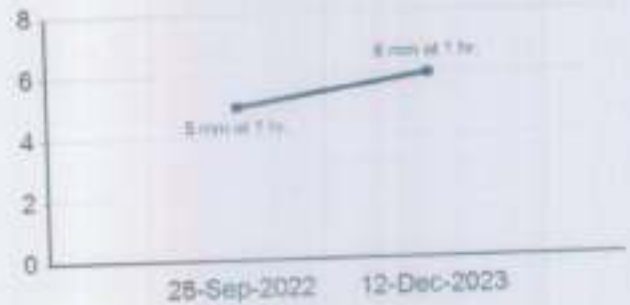
WBC Total Count



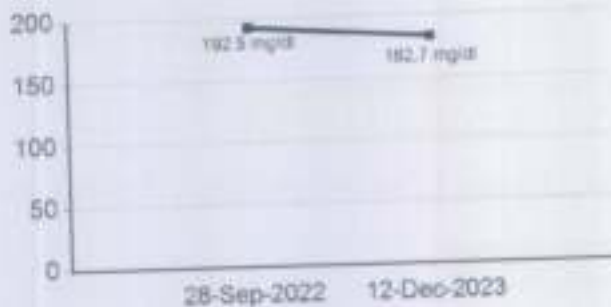
Platelet Count



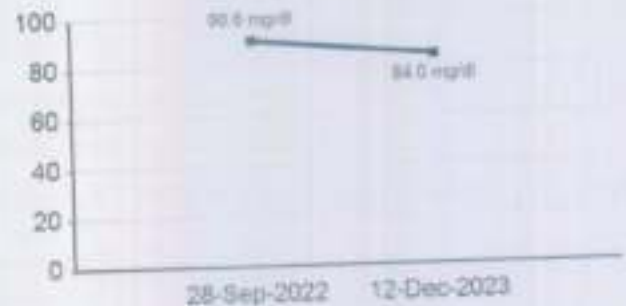
ESR



CHOLESTEROL



TRIGLYCERIDES



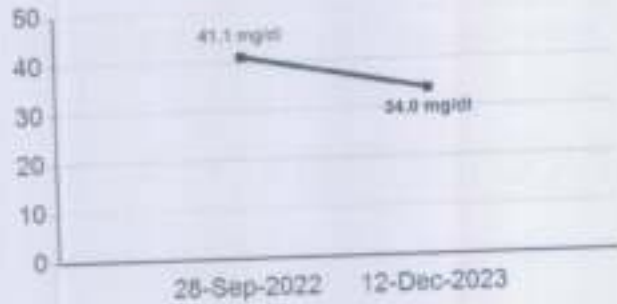
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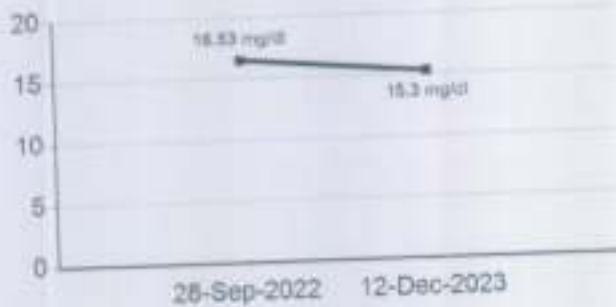
HDL CHOLESTEROL



LDL CHOLESTEROL



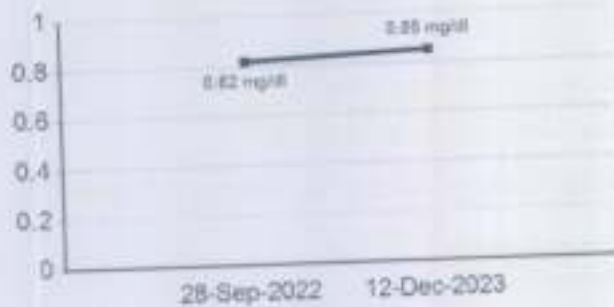
BLOOD UREA



BUN



CREATININE

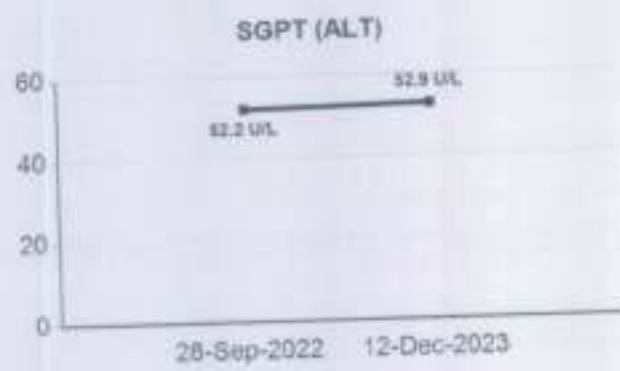
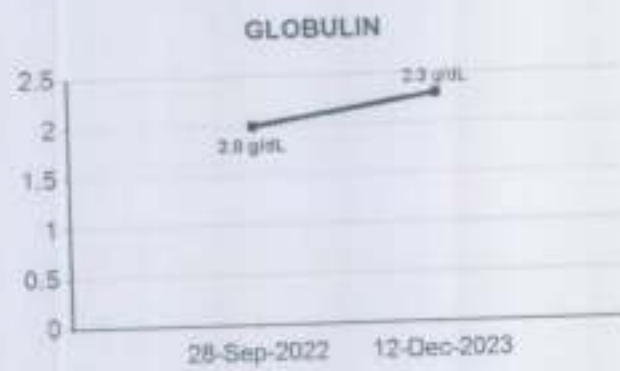
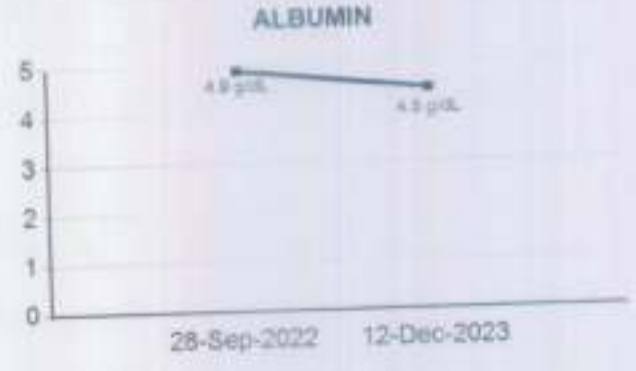
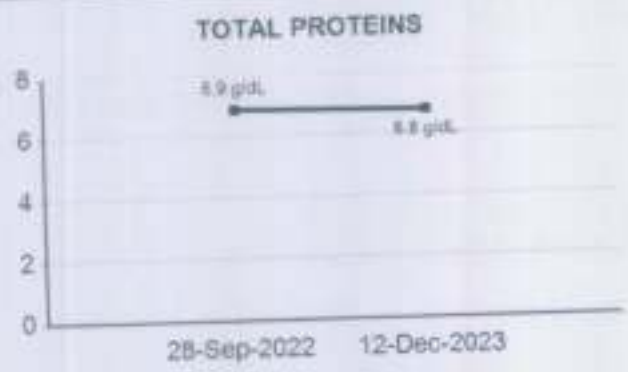


URIC ACID





CID : 2334604812
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Authenticate Check



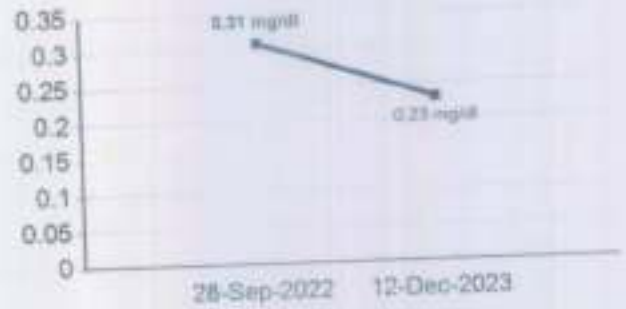
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GAMMA GT



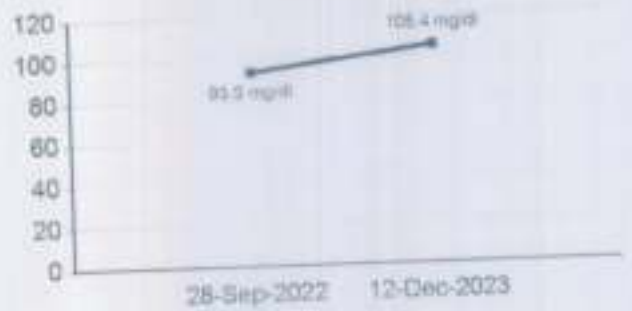
BILIRUBIN (DIRECT)



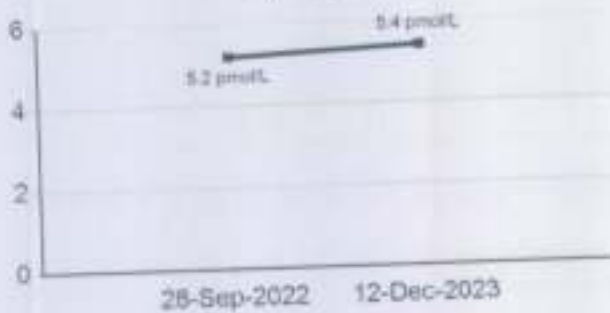
Glycosylated Hemoglobin (HbA1c)



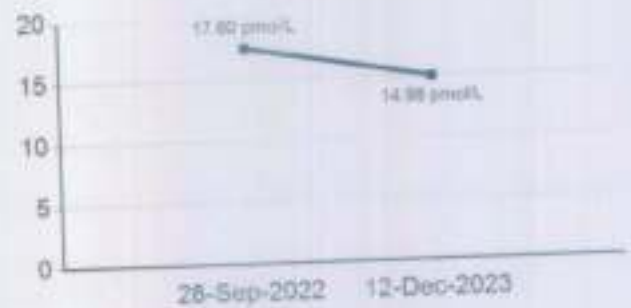
Estimated Average Glucose (eAG)



Free T3



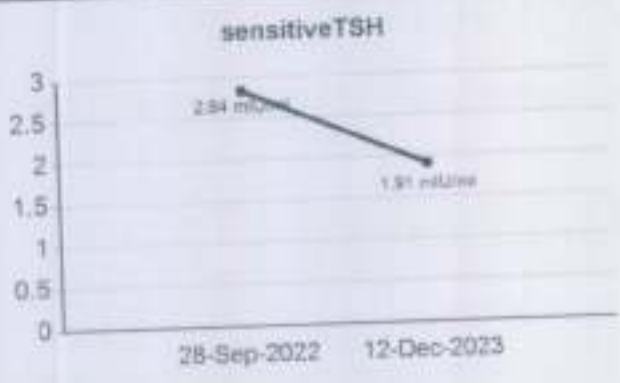
Free T4



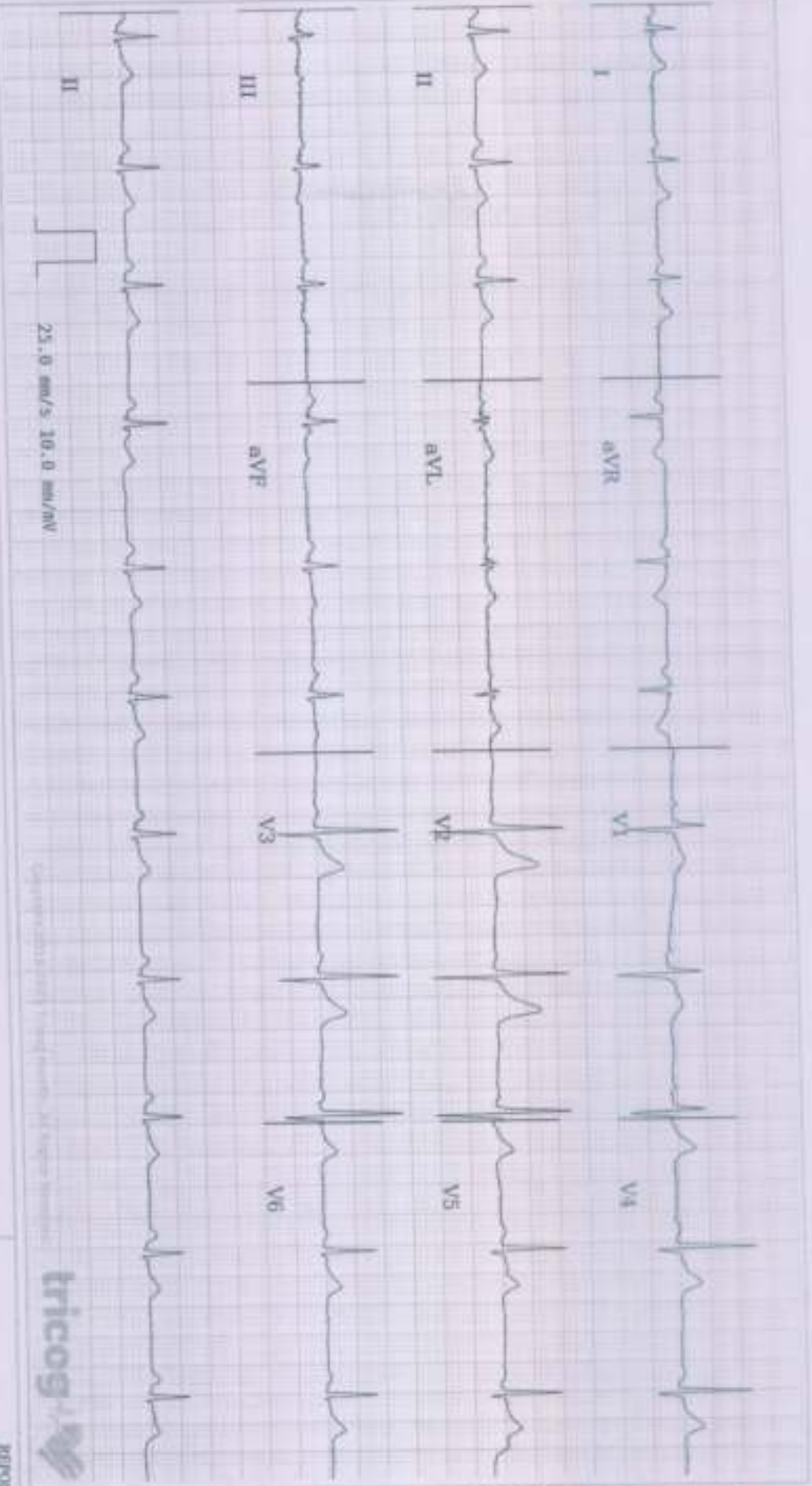


Use a QR Code Scanner Application To Scan the Code

CID : 2334604812
Name : MR. HARDIK SHAH
Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)



Patient Name: **HARDIK SHAH**
Patient ID: **2334604812**



Age: **33** NA NA
years months days

Gender: **Male**

Heart Rate: **68bpm**

Patient Vitals
BP: NA
Weight: NA
Height: NA
Pulse: NA
SpO2: NA
Resp: NA
Others:

Measurements
QRSD: 84ms
QT: 364ms
QTcB: 387ms
PR: 138ms
P-R-T: 54° 32° 24°

REPORTED BY

[Signature]

DR SHARADA PILLAI
MD Physician
20073

ECG Within Normal Limits: Sinus Arrhythmia Seen, Sinus Rhythm. Please correlate clinically.

Disclaimer: This report is a computerized interpretation of the ECG tracing and should not be considered as a substitute for a qualified physician's interpretation. The accuracy of this report is dependent on the quality of the ECG tracing and the information provided. The hospital is not responsible for any errors or omissions in this report.

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2334604812
Name : Mr Hardik shah
Age / Sex : 33 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 12-Dec-2023
Reported : 12-Dec-2023 / 11:46

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 Gauri Varma
Consultant Radiologist
MBBS / DMRE
MMC- 2007/12/4113

Click here to view images <http://3.111.232.119/IRISViewer/NeoradViewer?AccessionNo=2023121209061828>

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2334604812

Name : Mr Hardik shah

Age / Sex : 33 Years/Male

Ref. Dr :

Reg. Date : 12-Dec-2023

Reg. Location : G B Road, Thane West Main Centre

Reported : 12-Dec-2023 / 10:33

USG WHOLE ABDOMEN

LIVER: Liver appears normal in size(13.6 cm) and *shows increased echorefectivity*. 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: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS: Right kidney measures 9.8 x 4.1 cm. Left kidney measures 10.4 x 4.4 cm. Both kidneys are normal in 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 and echotexture and measures 3.2 x 2.6 x 3.5 cm in dimension and 15 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023121209061812>

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code!

CID : 2334604812
Name : Mr Hardik shah
Age / Sex : 33 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 12-Dec-2023
Reported : 12-Dec-2023 / 10:33

IMPRESSION:
GRADE I FATTY INFILTRATION OF LIVER.

Advice: Clinical co-relation sos further evaluation and follow up.

Note: 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-----

Dr Gauri Varma
Consultant Radiologist
MBBS / DMRE
MMC- 2007/12/4113

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023121209061812>

322 (2334604812) / HARDIK SHAH / 33 Yrs / M / 167 Cms / 77 Kg
 Date: 12 / 12 / 2023 09:39:44 AM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:10	0:10	00.0	00.0	01.0	073	39 %	120/80	087	00	
Standing	00:20	0:10	00.0	00.0	01.0	082	44 %	120/80	098	00	
HV	00:29	0:09	00.0	00.0	01.0	083	44 %	120/80	099	00	
ExStart	00:39	0:10	00.0	00.0	01.0	079	42 %	120/80	094	00	
BRUCE Stage 1	03:39	3:00	01.7	10.0	04.7	110	59 %	130/80	143	00	
BRUCE Stage 2	06:39	3:00	02.5	12.0	07.1	125	67 %	140/80	175	00	
BRUCE Stage 3	09:39	3:00	03.4	14.0	10.2	150	80 %	150/80	225	00	
PeakEx	10:15	0:36	04.2	16.0	10.9	159	85 %	160/80	254	00	
Recovery	11:15	1:00	00.0	00.0	04.2	135	72 %	160/80	216	00	
Recovery	12:15	2:00	00.0	00.0	01.0	124	66 %	160/80	196	00	
Recovery	13:15	3:00	00.0	00.0	01.0	109	58 %	130/80	141	00	
Recovery	14:15	4:00	00.0	00.0	01.0	117	63 %	130/80	152	00	
Recovery	14:19	4:06	00.0	00.0	01.0	112	60 %	130/80	145	00	

FINDINGS :

Exercise Time : 09:36
 Initial HR (ExStrt) : 79 bpm 42% of Target 187
 Initial BP (ExStrt) : 120/80 (mm/Hg)
 Max Workload Attained : 10.9 Good response to induced stress
 Max ST Dep Lead & Avg ST Value : III & -0.7 mm in PeakEx
 Test End Reasons : Heart Rate Achieved

Max HR Attained 159 bpm 85% of Target 187
 Max BP Attained 160/80 (mm/Hg)

Dr. SHAILAJA PILLAI
 M.D. (GERIATRIC MED)
 R.NO. 48972
 Doctor : DR. SHAILAJA PILLAI


EMRI
322/RABDIK SHAH / 33 Yrs / M / 167 Cms / 77 Kg Date: 12 / 12 / 2023 09:39:44 AM

REPORT :

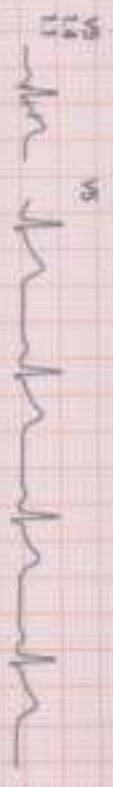
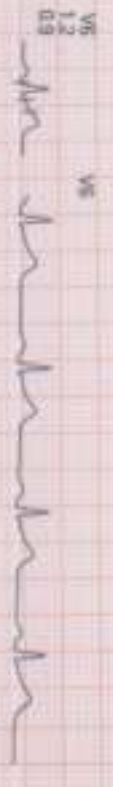
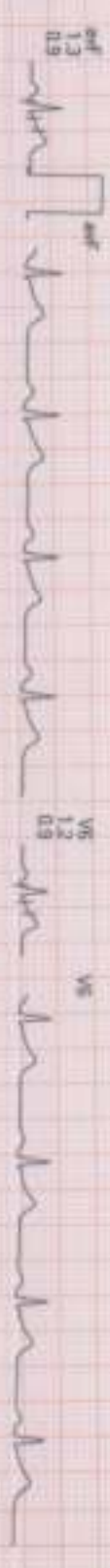
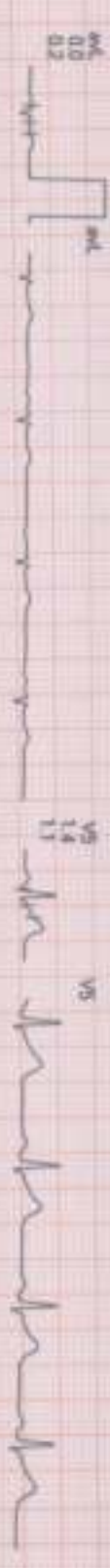
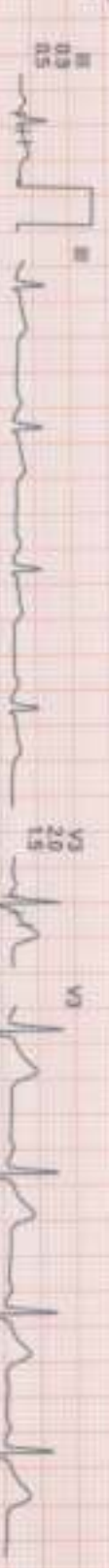
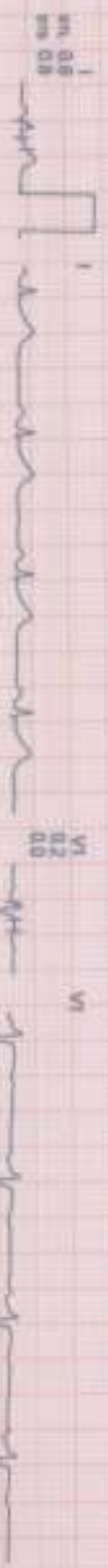
Sample Name: Stress Test Graded Exercise Treadmill
PROCEDURE DONE: Graded exercise treadmill stress test
STRESS ECG RESULTS: The initial HR was recorded as 82.0 bpm, and the maximum predicted Target Heart Rate 187.0. The BP increased at the time of generating report as 190/80.0 mmHg The Max Dep went upto 0.2 0.0 Ectopic Beats were observed during the Test
The Test was completed because of Heart Rate Achieved.

CONCLUSIONS:

1. Stress test is negative for ischemia.
2. No significant ST T changes seen
3. HR and Blood pressure response to exercise is normal.


Dr. SHAILAJA PILLAI
M.D. (GEN. MED)
R.NO. 20872

Doctor : DR. SHAIJ A.IA PILLAI



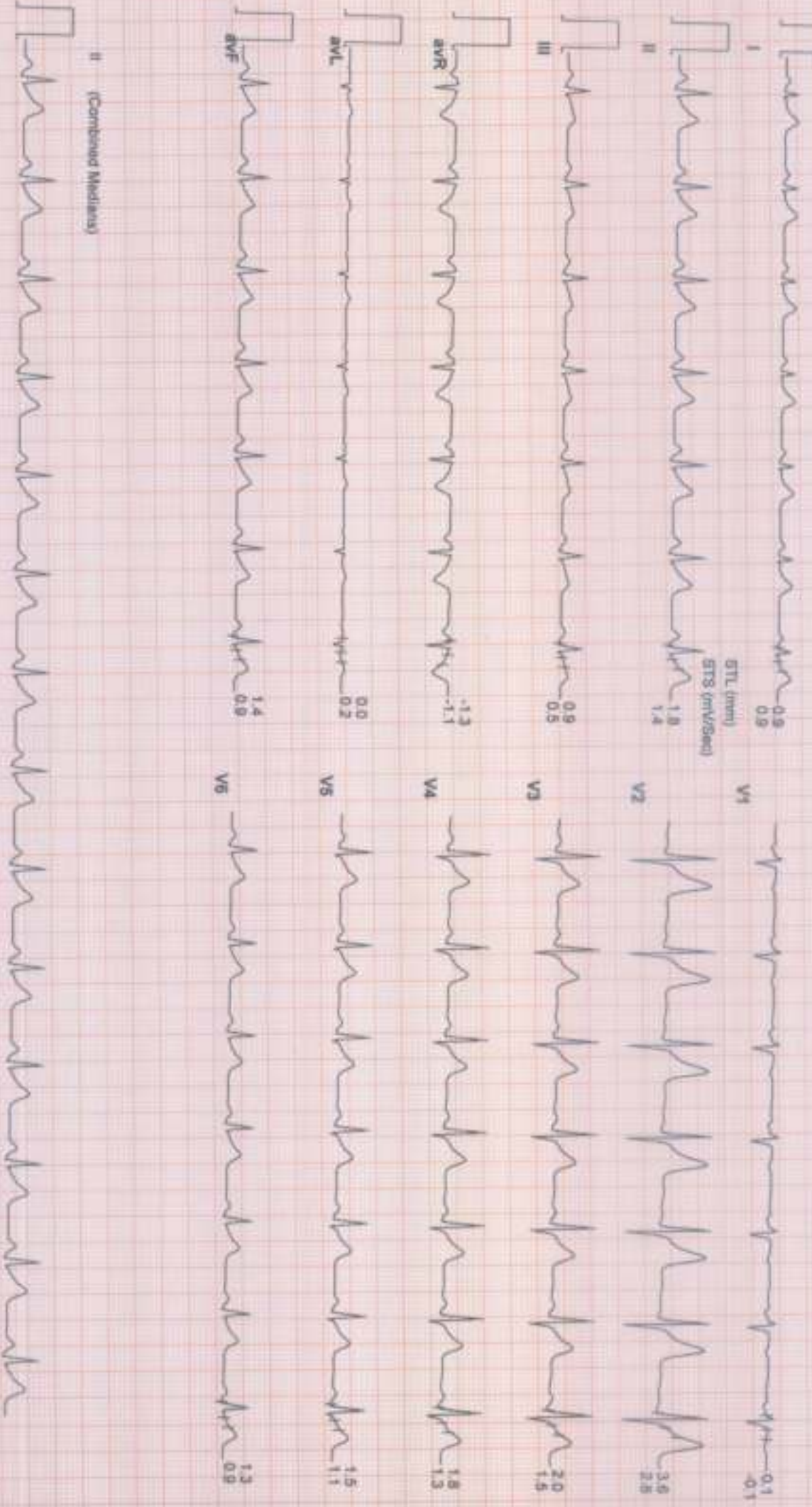
322 / HARDIK SHAH / 33 Yrs / Male / 167 Cm / 77 Kg

6x2 Combine Medians + 1 Rhythm
STANDING (00:00)

ACIP

Date: 12 / 12 / 2023 09:29:44 AM METs : 1.0 HR : 82 Target HR : 44% of 167 BP : 120/80 Post J @BiosSec

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



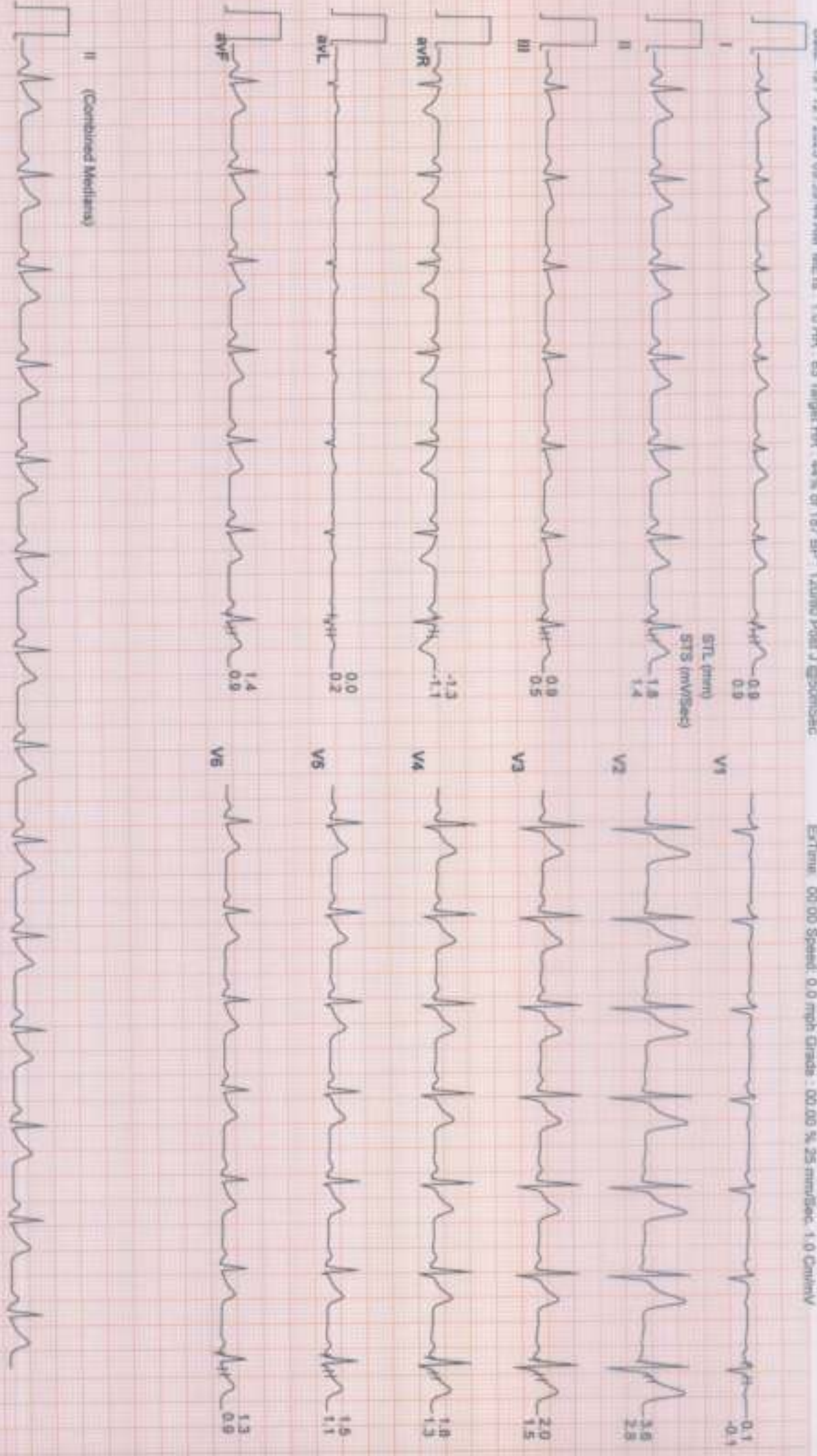
322 / HARDIK SHAH / 33 Yrs / Males / 167 Cm / 77 Kg

6X2 Combine Medians + 1 Rhythm
HV (00:00)

ACAPL

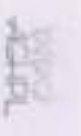
Date: 12 / 12 / 2023 09:39:44 AM METs : 1.0 HR : 63 Target HR : 44% of 167 BP : 120/80 Post J @50mSec

ExTime : 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mradSec: 1.0 Cm/mV



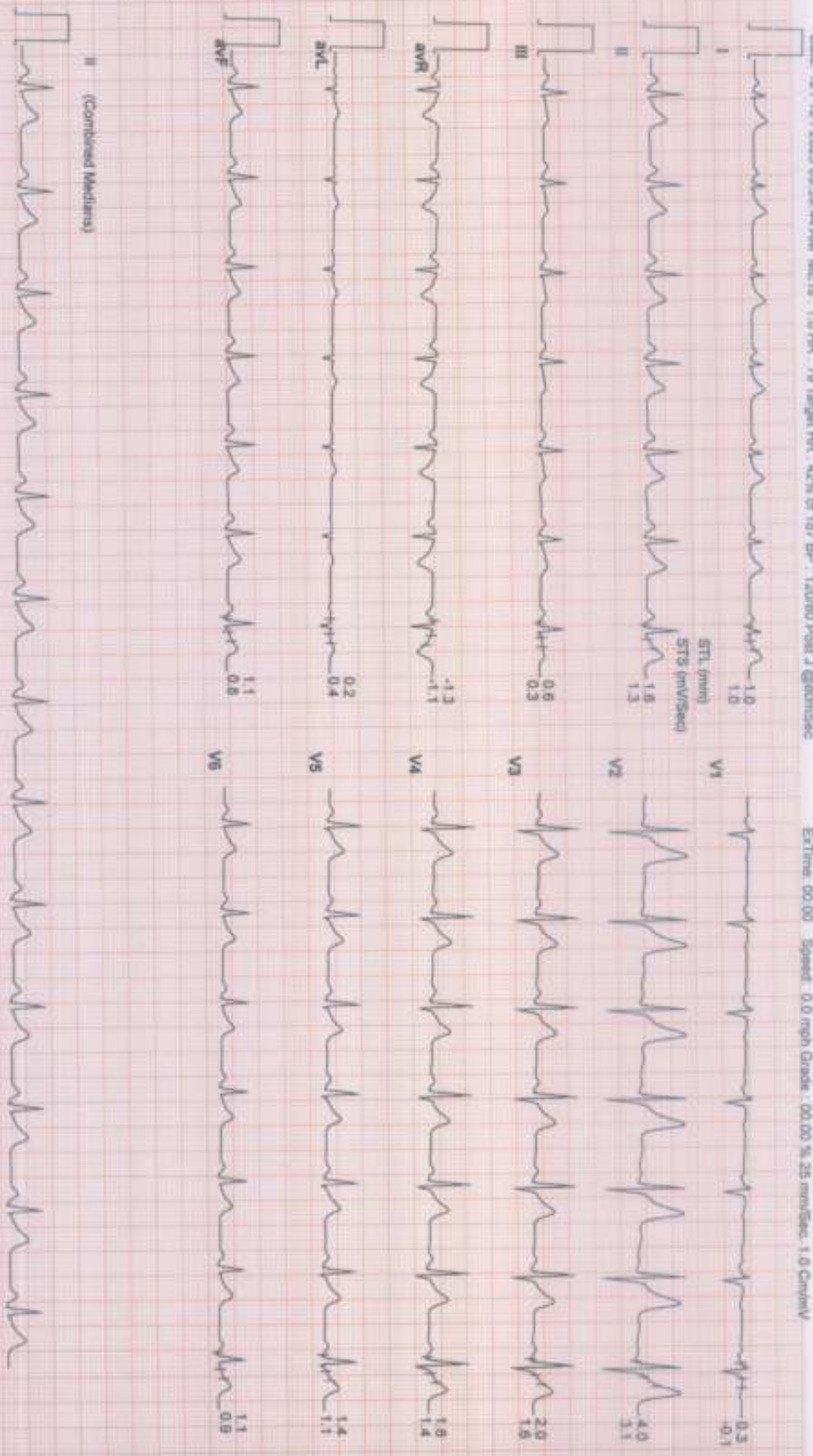
322 / HARDIK SHAH / 33 Yrs / Male / 167 Cm / 77 Kg

6x2 Combine Medians + 1 Rhythm
ExStit



Date: 12 / 12 / 2023 09:39:44 AM METS : 1.0 HR : 79 Target HR : 42% of 187 BP : 120/80 Post J @GDM:Sec

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



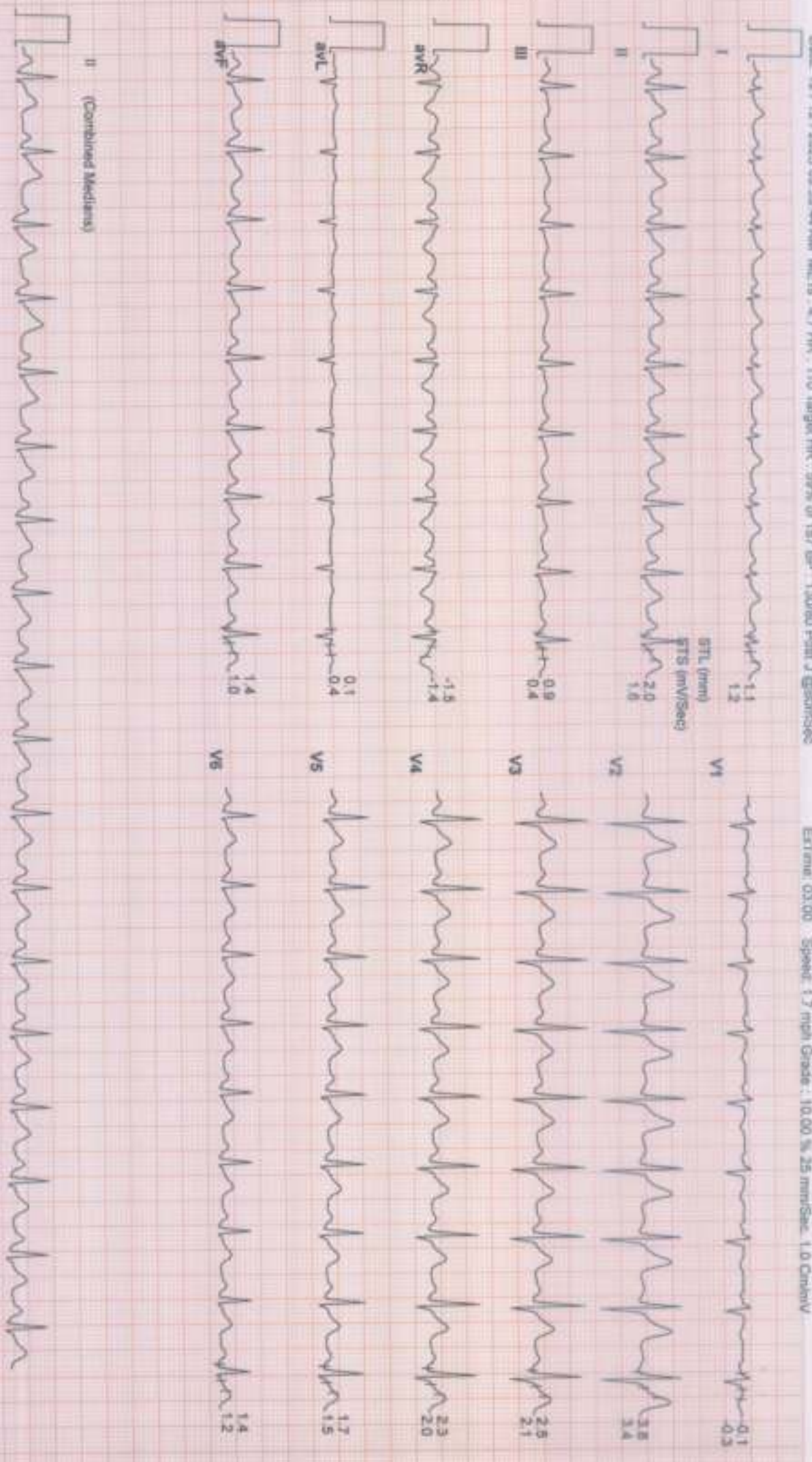
322 / HARDIK SHAH / 33 Yrs / Male / 167 Cm / 77 Kg

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



Date: 12 / 12 / 2023 09:29:44 AM METs : 4.7 HR : 150 Target HR : 50% of 187 Bp : 120/80 Ppt J @sonSec

Extreme: 03:00 Speed: 1.7 mph Grade: 10.00 % 25 mm/Sec: 1.0 Cm/IV



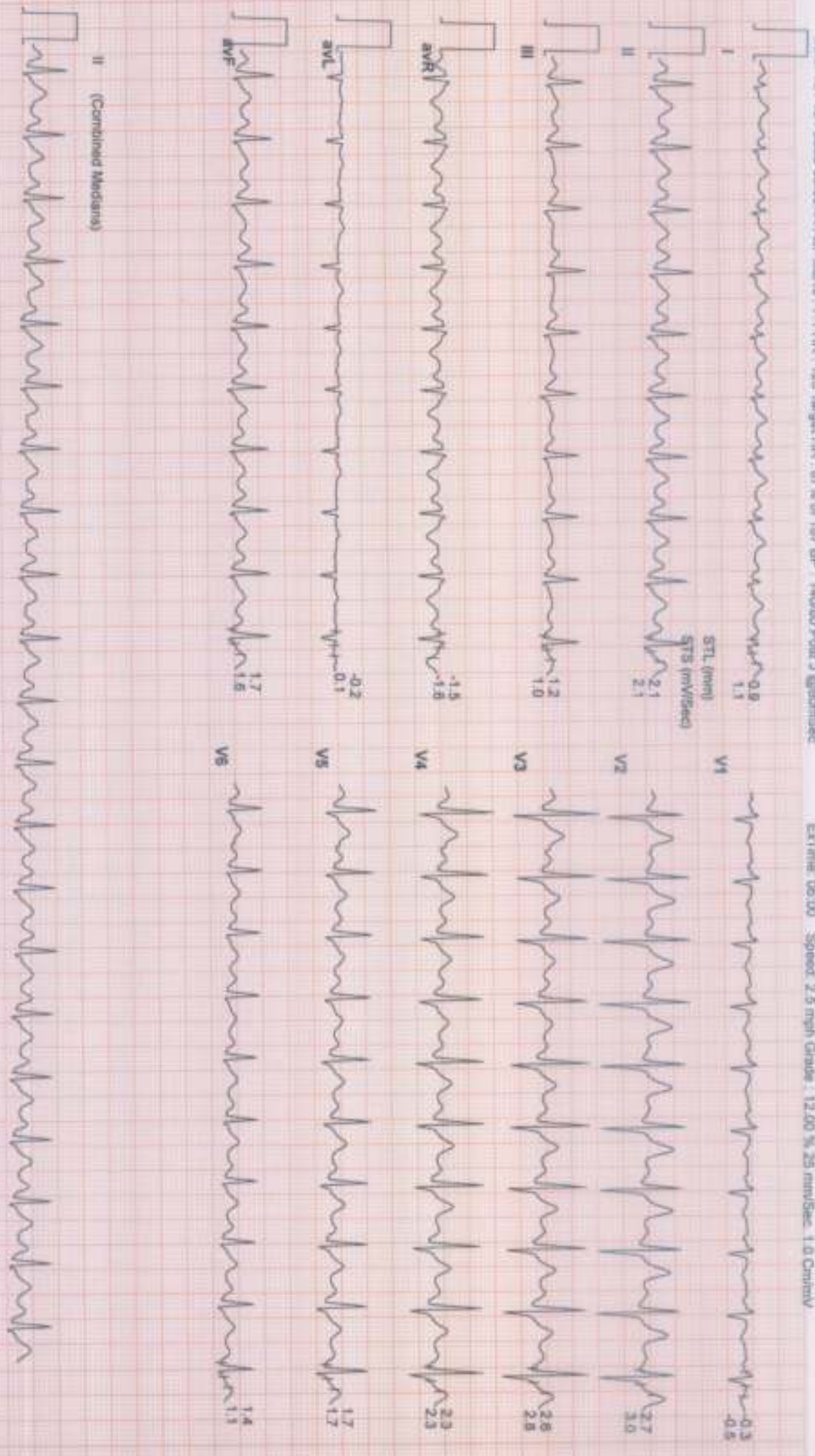
322 / HARDIK SHAH / 33 Yrs / Male / 167 Cm / 77 Kg

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



Date: 12 / 12 / 2023 09:39:44 AM METs: 7.1 HR: 125 Target HR: 67% of 167 BP: 140/80 Post J @50mSec

ExTime: 06:00 Speed: 2.5 mph Grade: 12.00 % 25 mmVSec 1.0 Cm/Div

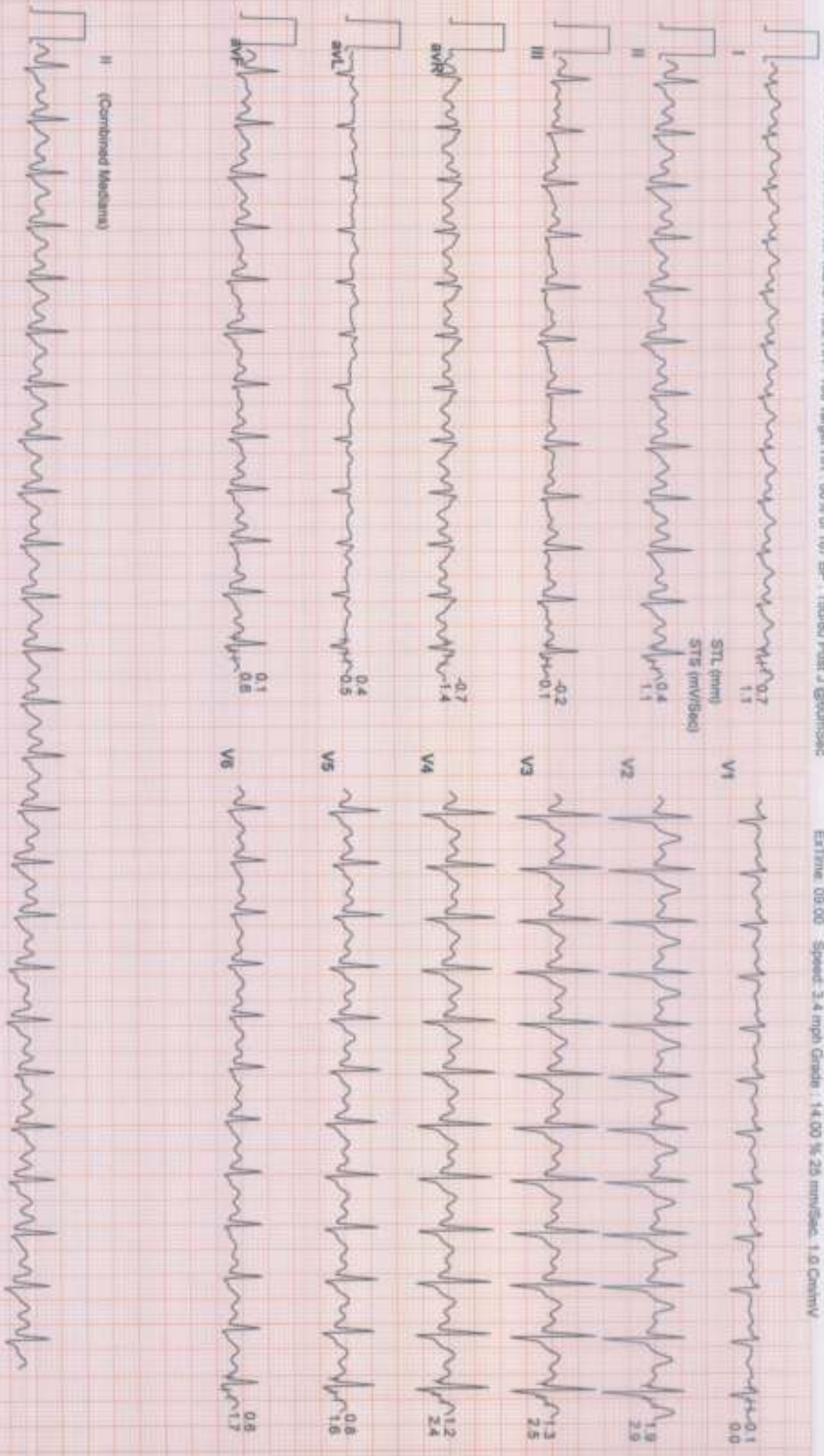


3222 / HARJITK SHAH / 33 Yrs / Male / 167 Cm / 77 Kg

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

Date: 12 / 12 / 2023 08:39:44 AM METS : 10.2 HR : 150 Target HR : 80% of 167 BP : 150/80 Post J @GsonSac

ExTime 09:00 Speed 3.4 mph Grade 14.00 % 25 mm/Sec 1.0 Cm/mV



II (Continued Medians)

ADAPL

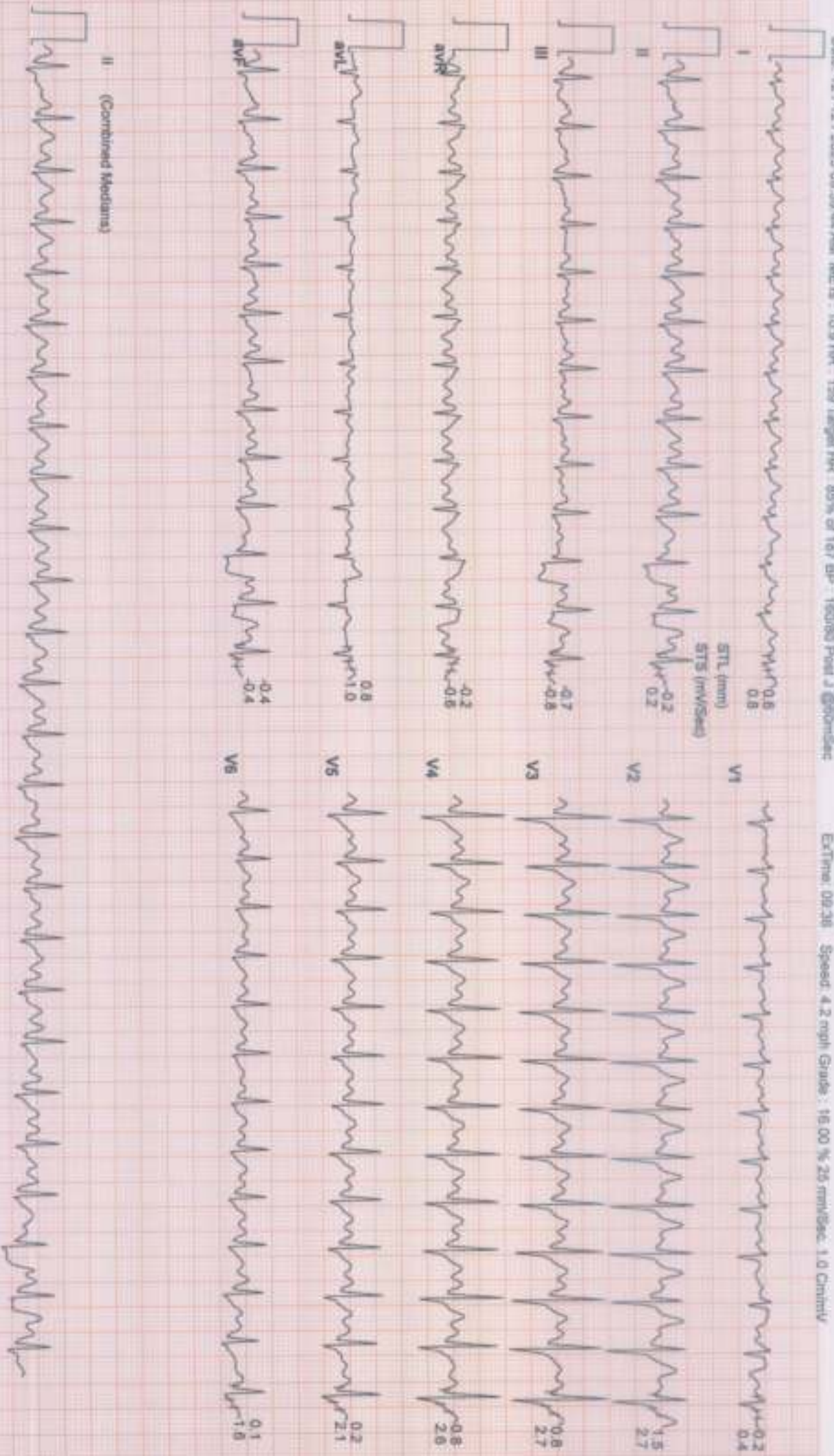
322 / HARDIK SHAH / 33 Yrs / Male / 167 Cm / 77 Kg

8X2 Combine Medians + 1 Rhythm
PeakEX

ALFA

Date: 12 / 12 / 2023 09:39:44 AM METB : 10.9 HR : 159 Target HR : 95% of 167 BP : 160/80 Post J @50ms/Sec

ExTime: 09:36 Speed: 4.2 mph Grade: 16.00 % 25 mm/Sec 1.0 Cm/IV

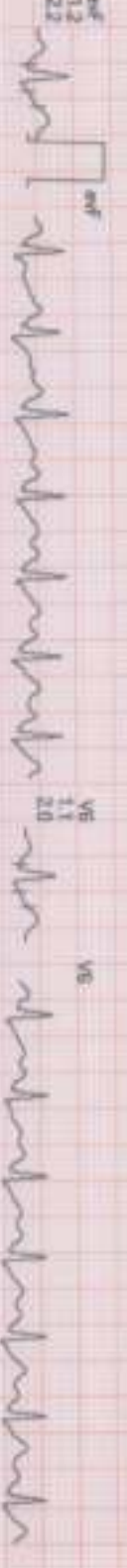
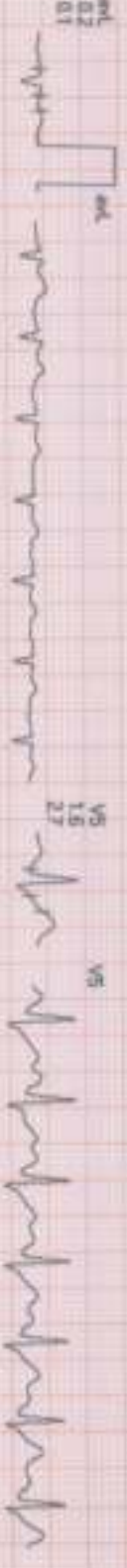
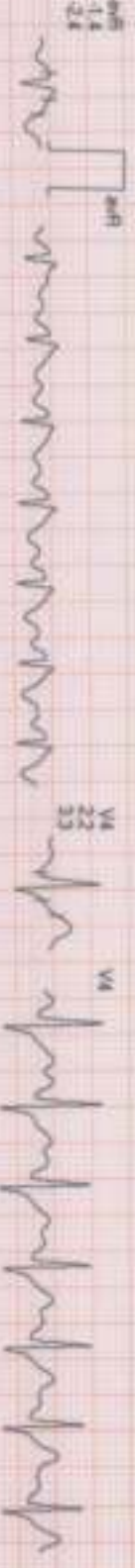
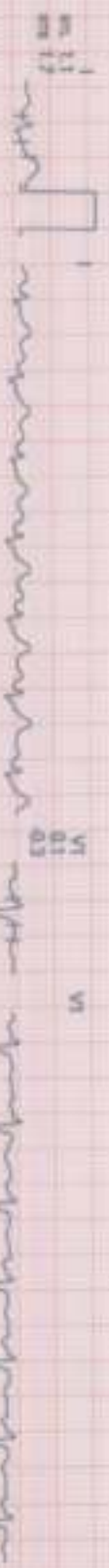


II (Combined Medians)

Date: 12/12/2023 09:39:44 AM METS: 41/134 bpm 72% of THR BP: 110/60 mmHg Combined Medication/BLD ON/NOISE ON/HR: 0.05 Hz/LF 35 Hz

Extreme 09:36 0.0 mHz 0.0%
25 mm/Sec 1.0 Cm/Div

4X 50 ml Paper J

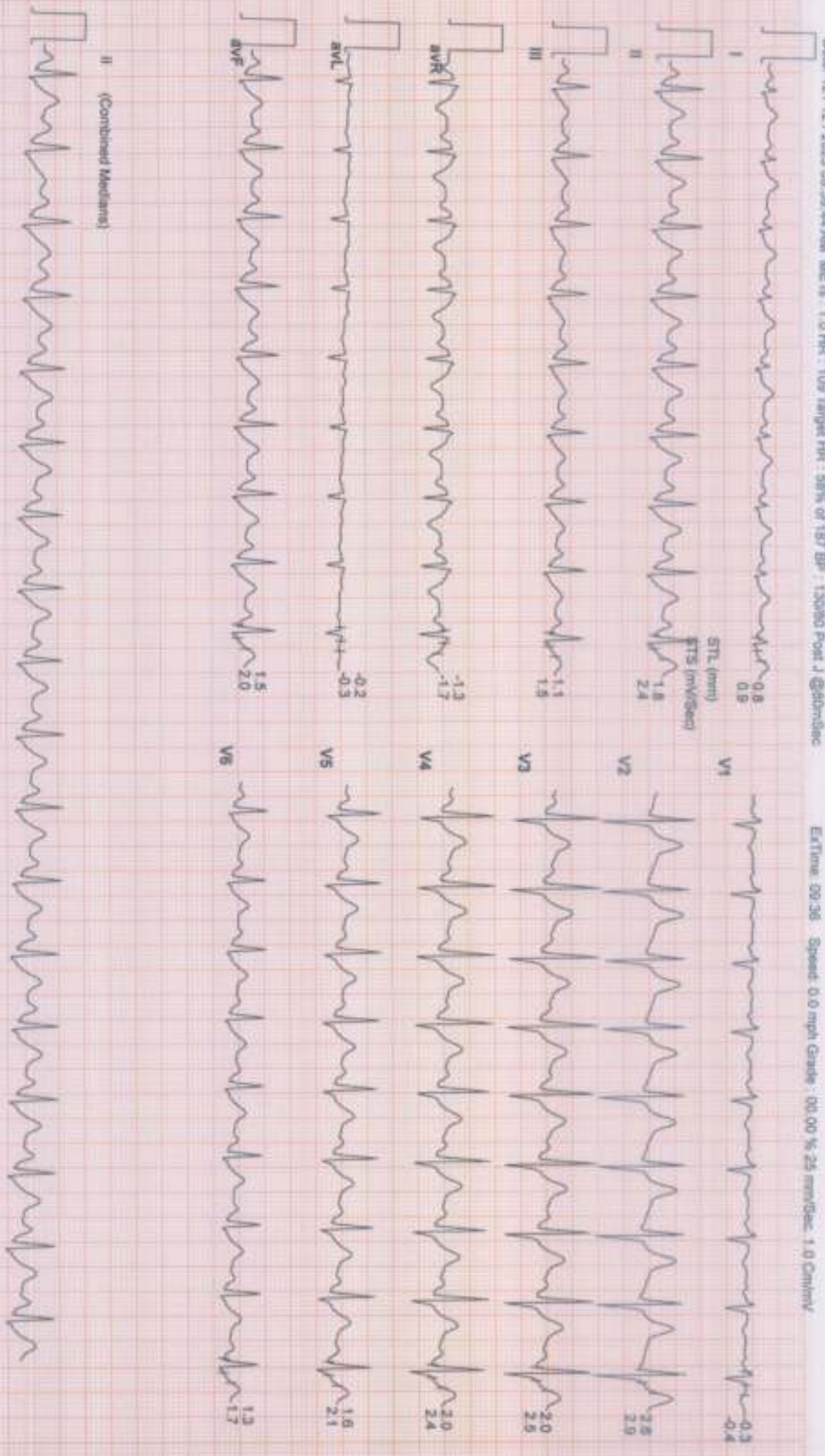


322 / HARDIK SHAH / 33 Yrs / Male / 167 Cm / 77 Kg

8X2 Combine Mediane + 1 Rhythm
Recovery : (03:00)

Date: 12 / 12 / 2023 09:39:44 AM METS : 1.0 HR : 109 Target HR : 58% of 167 BP : 130/80 Post J @50mmSec

ExTime: 09:36 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV



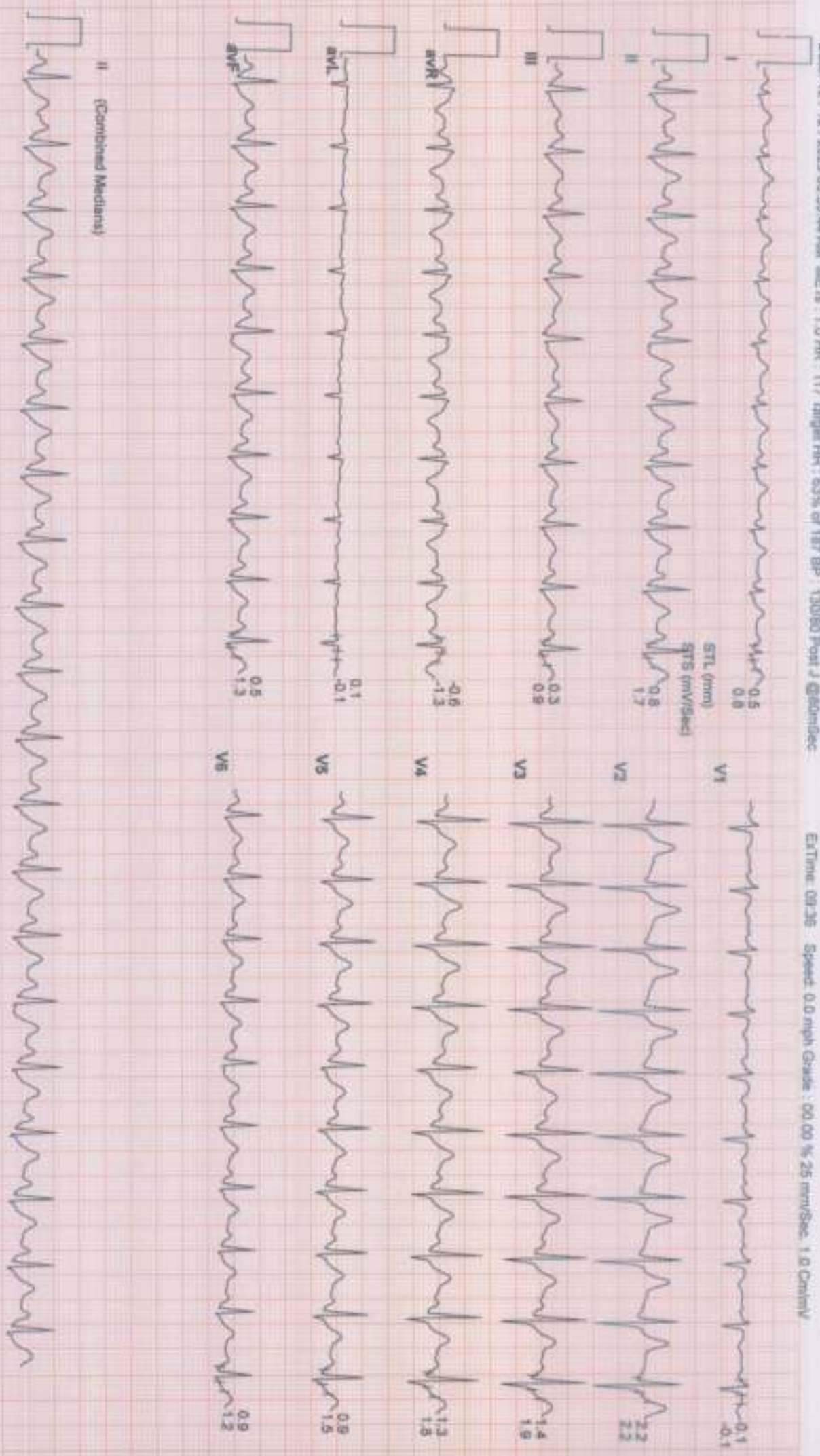
322 / HARDIK SHAH / 33 Yrs / Male / 167 Cm / 77 Kg

9x2 Combined Medications v1 Recovery : (04:00)

ACAD

Date: 12 / 12 / 2023 09:39:44 AM METB : 1.0 HR : 117 Target HR : 63% of 187 BP : 130/80 Post J Gibson/Sec

ExTime: 09:35 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV



322 / HARDIK SHAH / 33 YRS / Male / 167 Cm / 77 Kg

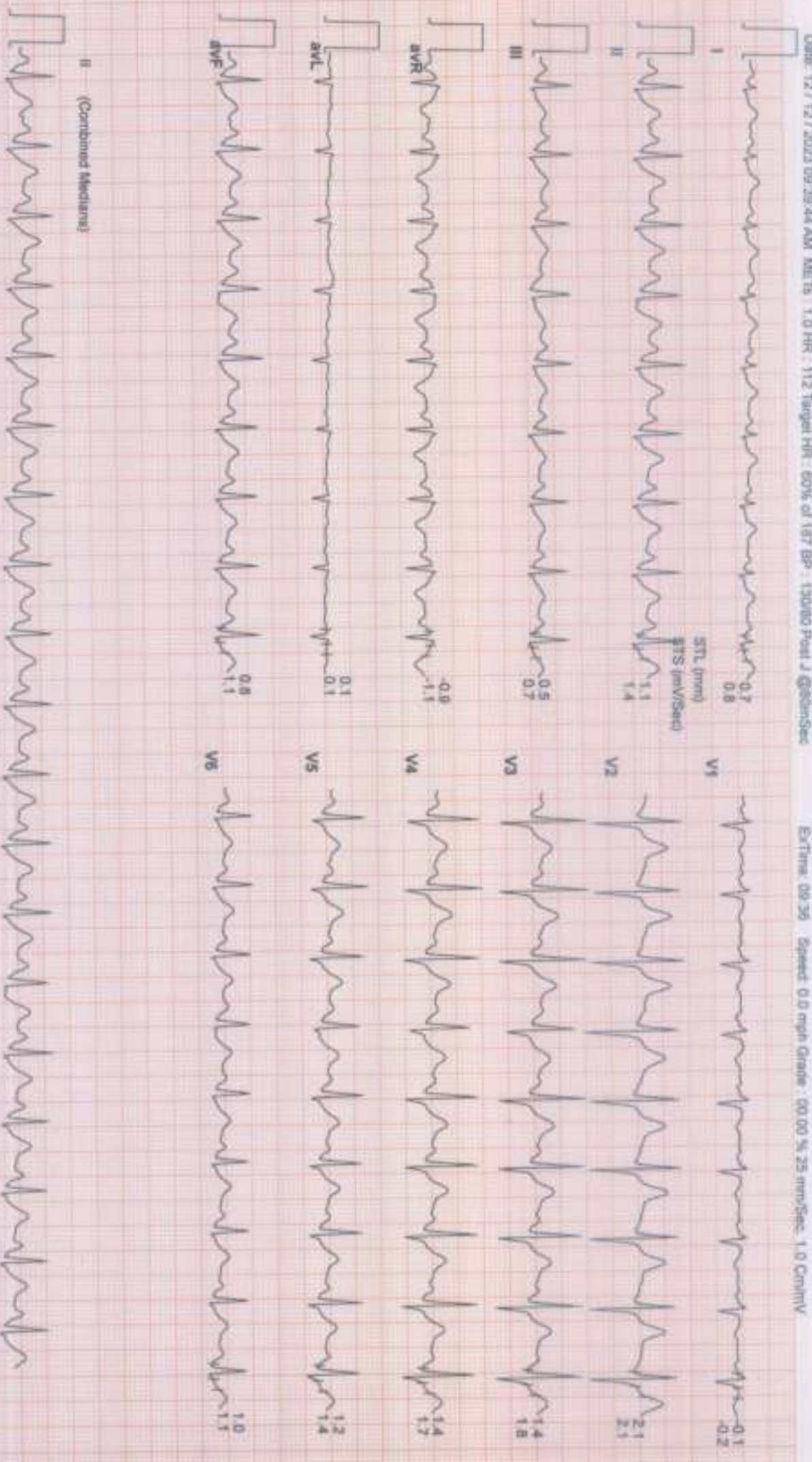
Exc Combino Medians + 1 Rhythm

Recovery : (04:04)

AC/PL

Date: 12 / 12 / 2023 09:29:44 AM METs : 1.0 HR : 112 Target HR : 60% of 167 BP : 130/80 Post J @GenSec

ExTime: 09:36 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/IV



II (Combined Medians)