



CID : 2427922393
Name : MR.SANDESH DUBEY
Age / Gender : 28 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 05-Oct-2024 / 10:21
Reported : 05-Oct-2024 / 17:27

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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>
<u>RBC PARAMETERS</u>			
Haemoglobin	14.6	13.0-17.0 g/dL	Spectrophotometric
RBC	4.62	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.6	40-50 %	Measured
MCV	94	80-100 fl	Calculated
MCH	31.5	27-32 pg	Calculated
MCHC	33.4	31.5-34.5 g/dL	Calculated
RDW	15.9	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4500	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	53.8	20-40 %	
Absolute Lymphocytes	2421.0	1000-3000 /cmm	Calculated
Monocytes	6.6	2-10 %	
Absolute Monocytes	297.0	200-1000 /cmm	Calculated
Neutrophils	37.3	40-80 %	
Absolute Neutrophils	1678.5	2000-7000 /cmm	Calculated
Eosinophils	1.8	1-6 %	
Absolute Eosinophils	81.0	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	22.5	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	101000(manual method)	150000-400000 /cmm	Elect. Impedance
MPV	14.3	6-11 fl	Calculated
PDW	35.3	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	-
Microcytosis	-



Authenticity Check

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Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Normocytic, Normochromic
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	Platelets reduced on smear. Few megaplatelets seen on smear
COMMENT	-

Result rechecked
 Kindly correlate clinically.

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 5 2-15 mm at 1 hr. Sedimentation



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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- Sickle 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
- Brigden 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 Borivali Lab, Borivali West

*** End Of Report ***



Bmhasakar

Dr.KETAKI MHASKAR
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 Fasting	97.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	71.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.75	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.33	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.42	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	20.5	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	23.5	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	18.9	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	42.2	40-130 U/L	Colorimetric
BLOOD UREA, Serum	19.3	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.0	6-20 mg/dl	Calculated
CREATININE, Serum	1.03	0.67-1.17 mg/dl	Enzymatic



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eGFR, Serum	101	(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

URIC ACID, Serum	5.9	3.5-7.2 mg/dl	Enzymatic
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*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
*** End Of Report ***



Bmhasakar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



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Collected : 05-Oct-2024 / 10:21
Reported : 06-Oct-2024 / 08:45

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	108.3	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 SDRL, Vidyavihar Lab

*** End Of Report ***



Dr. Vrushi Shroff

Dr.VRUSHALI SHROFF
M.D.(PATH)
Pathologist



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Reported : 05-Oct-2024 / 14:30

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Transparency	Clear	Clear	-
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.010	1.002-1.035	Chemical Indicator
Reaction (pH)	5.0	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
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
<u>MICROSCOPIC EXAMINATION</u>			
(WBC)Pus cells / hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2	0-5/hpf	
Hyaline Casts	Absent	Absent	
Pathological cast	Absent	Absent	
Calcium oxalate monohydrate crystals	Absent	Absent	
Calcium oxalate dihydrate crystals	Absent	Absent	
Triple phosphate crystals	Absent	Absent	
Uric acid crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	0-20/hpf	
Yeast	Absent	Absent	
Others	-		



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*** End Of Report ***



Bmhasakar

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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 automated Erythrocytes magnetized technology (EMT) 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 SDRL, Vidyavihar Lab

*** End Of Report ***



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	155.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	84.5	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	45.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	110.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	93.0	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	17.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.1	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
*** End Of Report ***



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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	5.7	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.9	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	6.89	0.35-5.5 microIU/ml microU/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 trasiently altered becuae 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 ***



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Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



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Reg. Location : Borivali West (Main Centre)

Collected : 05-Oct-2024 / 13:25
Reported : 05-Oct-2024 / 18:59

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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*** End Of Report ***



J Thakker

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

Date:-

CID: 2427922393

Name:-

Sandesh Dubey

Sex / Age: 28 / m

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

Ng
RE LE
6/6 6/6
N/6 N/6

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

Suburban Diagnostics Pvt. Ltd.
301B 302, 3rd floor, Vini Elegance
Above Tanishq Jeweller, L. T. Road,
Borivali (West), Mumbai - 400 092

SANDESH DUBEY

Age/Gender : 28 Years/Male

History and Complaints:

No Complaints.

EXAMINATION FINDINGS:

Height (cms):	170	Weight (kg):	59
Temp (0c):	Afebrile	Skin:	NAD
Blood Pressure (mm/hg):	120/80	Nails:	NAD
Pulse:	74/min	Lymph Node:	Not Palpable

Systems

Cardiovascular:	S1S2(N) No Murmurs
Respiratory:	AEBE Clear
Genitourinary:	Normal
GI System:	Normal
CNS:	Normal

IMPRESSION:

TSH
physician ref^m

ADVICE:

CHIEF COMPLAINTS:

1) Hypertension:	NO
2) IHD	NO
3) Arrhythmia	NO
4) Diabetes Mellitus	NO

5)	Tuberculosis	NO
6)	Asthama	NO
7)	Pulmonary Disease	NO
8)	Thyroid/ Endocrine disorders	NO
9)	Nervous disorders	NO
10)	GI system	NO
11)	Genital urinary disorder	NO
12)	Rheumatic joint diseases or symptoms	NO
13)	Blood disease or disorder	NO
14)	Cancer/lump growth/cyst	NO
15)	Congenital disease	NO
16)	Surgeries	No
17)	Musculoskeletal System	NO

PERSONAL HISTORY:

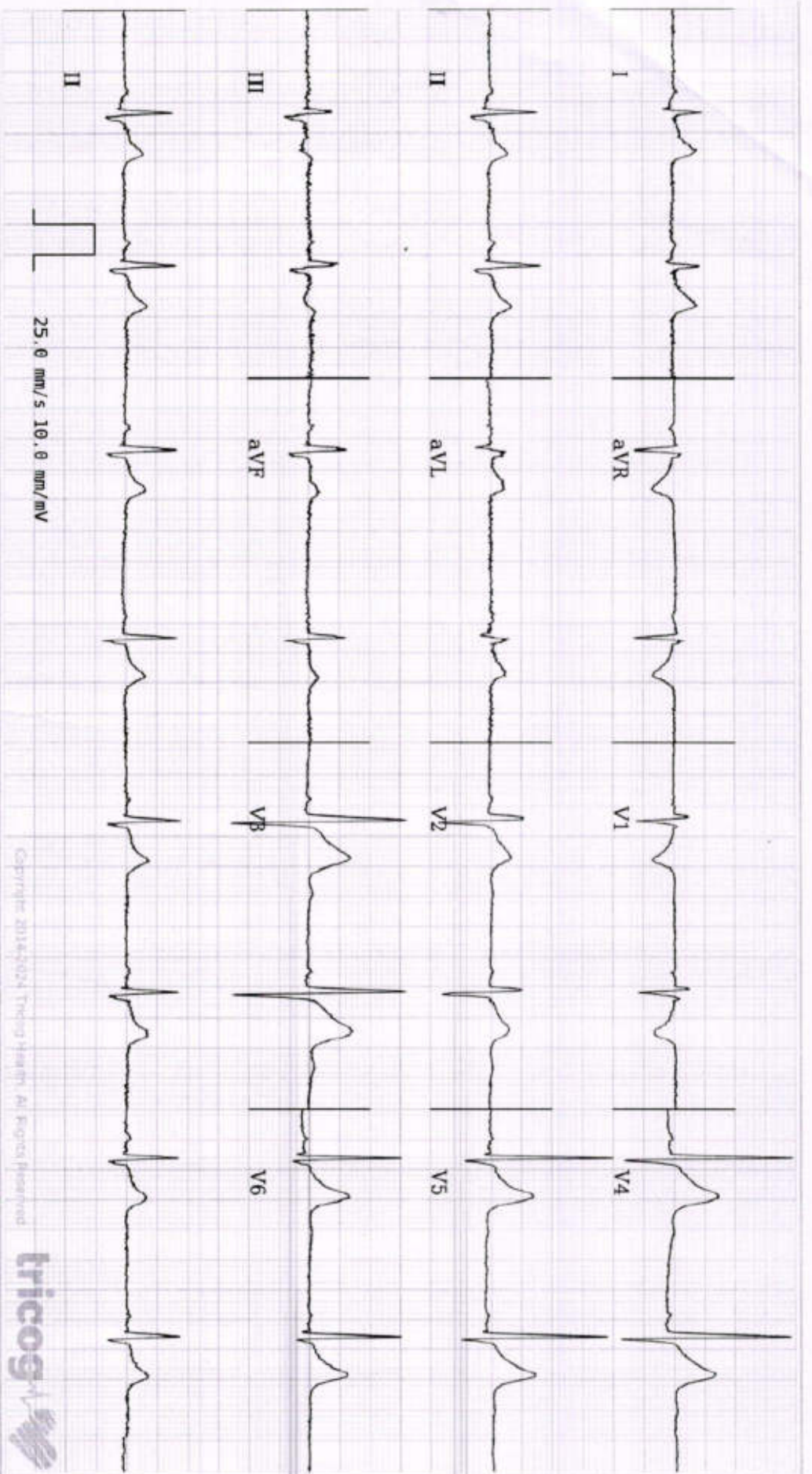
1)	Alcohol	No
2)	Smoking	No
3)	Diet	Veg
4)	Medication	No


DR. ARVIN SONAVANE
 MBBS, MAFPH, D.DIAB, D.CARD.
 CONSULTANT-CARDIOLOGIST
 REGD. NO.: 8771A

Suburban Diagnostics (India) Pvt. Ltd.
 3018, 302, 3rd Floor, Vastu Engineering
 Above Taping Jeweller, L. T. Road,
 Borivali (West), Mumbai - 400 092

Patient Name: SANDESH DUBEY
Patient ID: 2427922393

SUBURBAN DIAGNOSTICS - BOKRIWALI WEST
Date and Time: 5th Oct 24 12:13 PM



Age **28** NA NA
years months days

Gender **Male**

Heart Rate **52bpm**

Patient Vitals

BP: 120/80 mmHg

Weight: 59 kg

Height: 170 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 90ms

QT: 402ms

QTcB: 373ms

PR: 128ms

P-R-T: 40.34° 21°

Sinus Bradycardia Sinus Arrhythmia Seen. Please correlate clinically.

REPORTED BY

Dr. Nisha Sonwane
M.B.B.S., AFM, DDIA, D.CARD
Consultant Cardiologist
8714

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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.

CID : 2427922393
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Ref. Dr :
Reg. Location : Borivali West
Reg. Date : 05-Oct-2024
Reported : 08-Oct-2024 / 13:40

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.

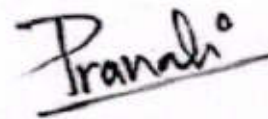
IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

Kindly correlate clinically.

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. X ray is known to have inter-observer variations. Further / follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Please interpret accordingly. In case of any typographical error / spelling error in the report, patient is requested to immediately contact the centre within 7 days post which the center will not be responsible for any rectification.

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



Dr. Pranali Mahale
MD, Radiodiagnosis
Consultant Radiologist
Reg no. 2019/07/5682

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SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Name: SANDESH DUBEY

Date: 05-10-2024 Time: 13:06

Age: 28 Gender: M Height: 170 cms Weight: 59 Kg ID: 2427922393

Clinical History: NIL

Medications: NIL

Test Details:

Protocol: Bruce Predicted Max HR: 192 Target HR: 163 (85% of Pr. MHR)
 Exercise Time: 0:09:49 Achieved Max HR: 163 (85% of Pr. MHR)
 Max BP: 150/80 Max BP x HR: 24450 Max Mets: 11
 Test Termination Criteria: TEST COMPLET

Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	00:06	1	0	0	71	120/80	8520	0.4 I	3.4 V3
Standing	00:06	1	0	0	63	120/80	7560	0.4 I	3.6 V3
HyperVentilation	00:17	1	0	0	60	120/80	7200	0.4 II	3.4 V3
PreTest	00:06	1	1.6	0	61	120/80	7320	0.5 II	3.2 V3
Stage: 1	03:00	4.7	2.7	10	96	120/80	11520	1.5 II	1 II
Stage: 2	03:00	7	4	12	122	140/80	17080	1.3 V4	0.4 V3
Stage: 3	03:00	10.1	5.5	14	145	140/80	20300	1.9 V4	0.8 V4
Peak Exercise	00:49	11	6.8	16	163	150/80	24450	1.6 V4	1 V4
Recovery1	01:00	1	0	0	118	150/80	17700	-0.8 V3	-2.7 III
Recovery2	01:00	1	0	0	108	150/80	16200	1.1 II	0.4 V4
Recovery3	01:00	1	0	0	92	130/80	11960	-0.7 V3	3.2 V3
Recovery4	00:08	1	0	0	97	130/80	12610	-0.4 V3	3.4 V3

Interpretation

The Patient Exercised according to Bruce Protocol for 0:09:49 achieving a work level of 11 METS.
 Resting Heart Rate, initially 71 bpm rose to a max. heart rate of 163bpm (85% of Predicted Maximum Heart Rate).
 Resting Blood Pressure of 120/80 mmHg, rose to a maximum Blood Pressure of 150/80 mmHg
 Good Effort tolerance Normal HR & BP Response No Angina or Arrhythmias
 No Significant ST-T Change Noted During Exercise Stress test Negative for Stress inducible ischaemia.

Suburban Diagnostics (I) Pvt. Ltd.
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 REGD. NO. 87714

Ref. Doctor: ---

Doctor: DR. NITIN SONAVANE

SCHILLER
 The Art of Diagnostics

(Summary Report edited by User)
 Cardiovit (S-20) Version:3.4



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

SANDESH DUBEY (28 M)

Brice Protocol

ID: 2427922393

Date: 05-10-2024

Exec Time: 0:00:00

Stage Time: 00:06

HR: 71 bpm

STLevel(mV) STSlope(mV/s)

Stage: Supine

Speed: 0 km/h

Slope: 9%

THR: 163 bpm

BP: 120/80 mmHg
STLevel(mV) STSlope(mV/s)

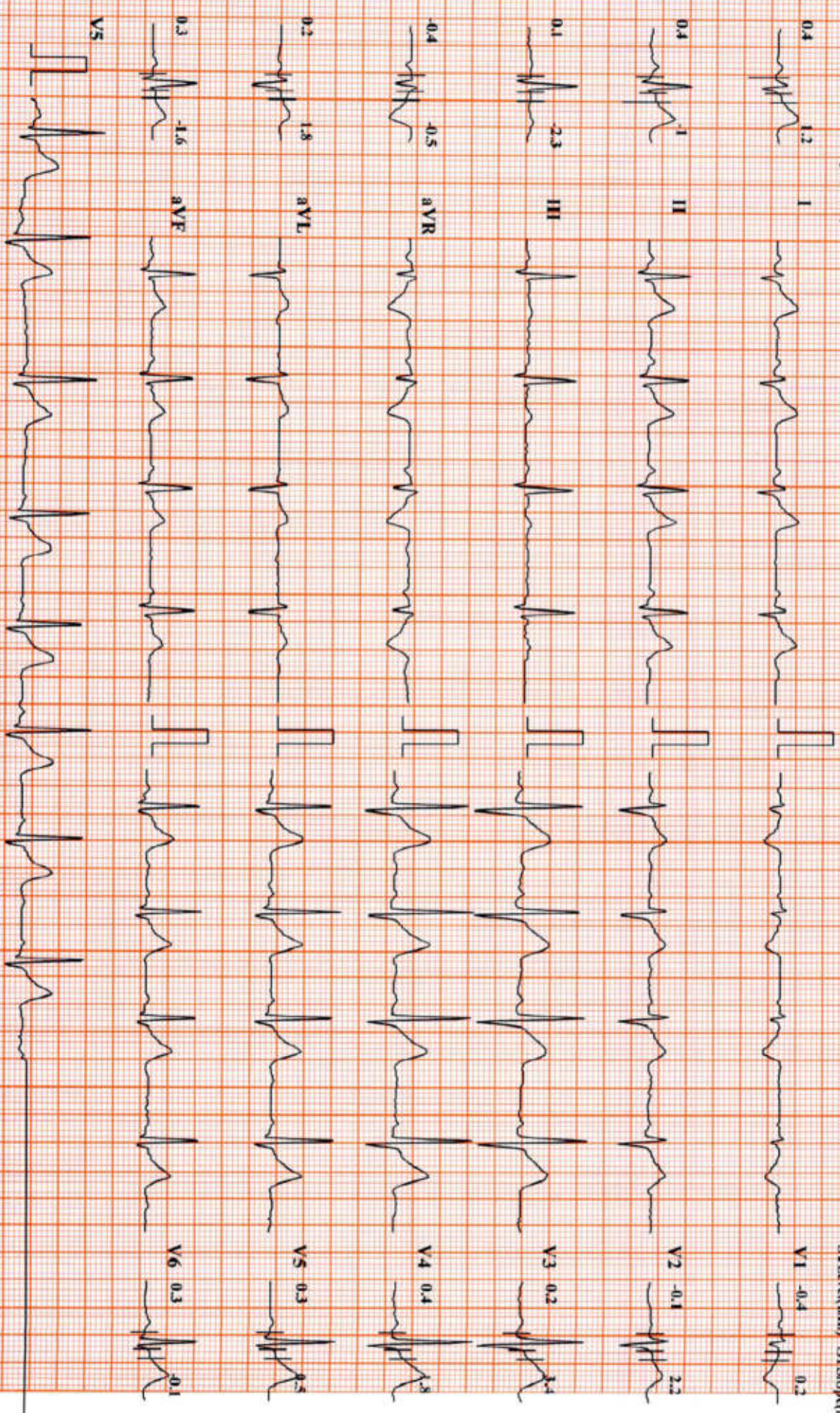


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Cardiovit CS-20 Version 3.4

SANDESH DUBEY (28 M)

SUBURBAN DIANOSTICS PVT. LTD, BORIVALI

Bruc Protocol
STLLevel(mm) STL Slope(mV/s)

ID: 2427922393
Stage: Standing

Date: 05-10-2024
Speed: 0

Exec Time: 0:00:00
Slope: 0%

Stage Time: 00:06
THR: 163 bpm

HR: 63 bpm

BP: 120/80 mmHg
STLLevel(mm) STL Slope(mV/s)

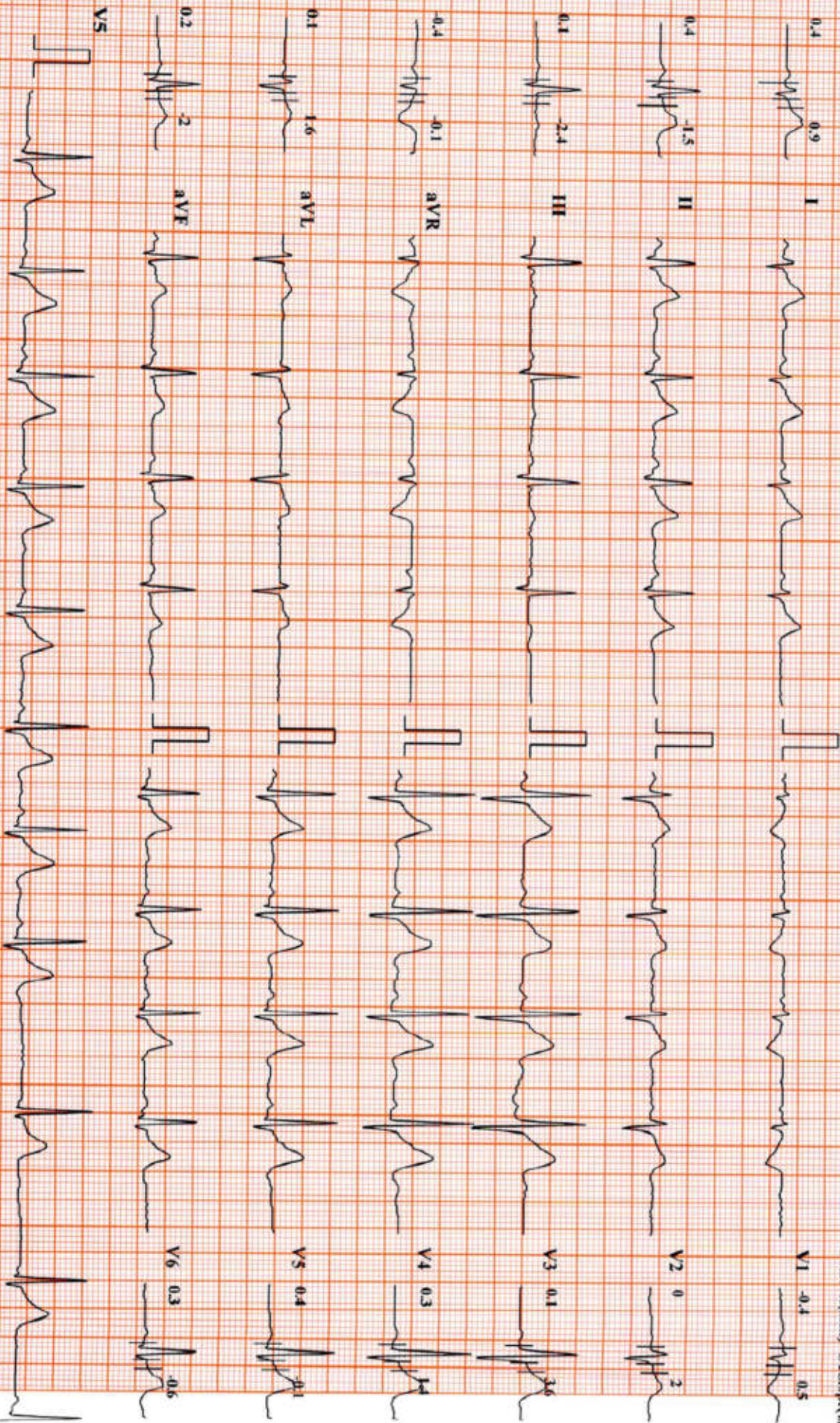


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter ON

ISD = R - 60 ms, J = R - 60 ms, Post J = J + 60 ms

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

SANDESH DUBEY (28 M)

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2427922393

Date: 05-10-2024

Exec Time: 0:00:00

Stage Time: 00:17

HR: 60 bpm

BP: 120/80 mmHg

THR: 163 bpm
STLevel(mm) STSlope(mV/s)

Stage: Hyper Ventilation

Speed: 0

Slope: 0%

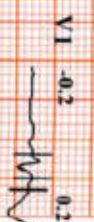


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter ON

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

Shiller Cardiovit CS-20 Version 3.4



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

SANDESH DUBEY (28 M)

Bruce Protocol

ID: 2427922393

Date: 05-10-2024

Exec Time: 0:03:00

Stage Time: 03:00

HR: 96 bpm

STLevel(mm) STSlope(mV/s)

Stage: 1

Speed: 2.7 kmph

Slope: 10%

THR: 163 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

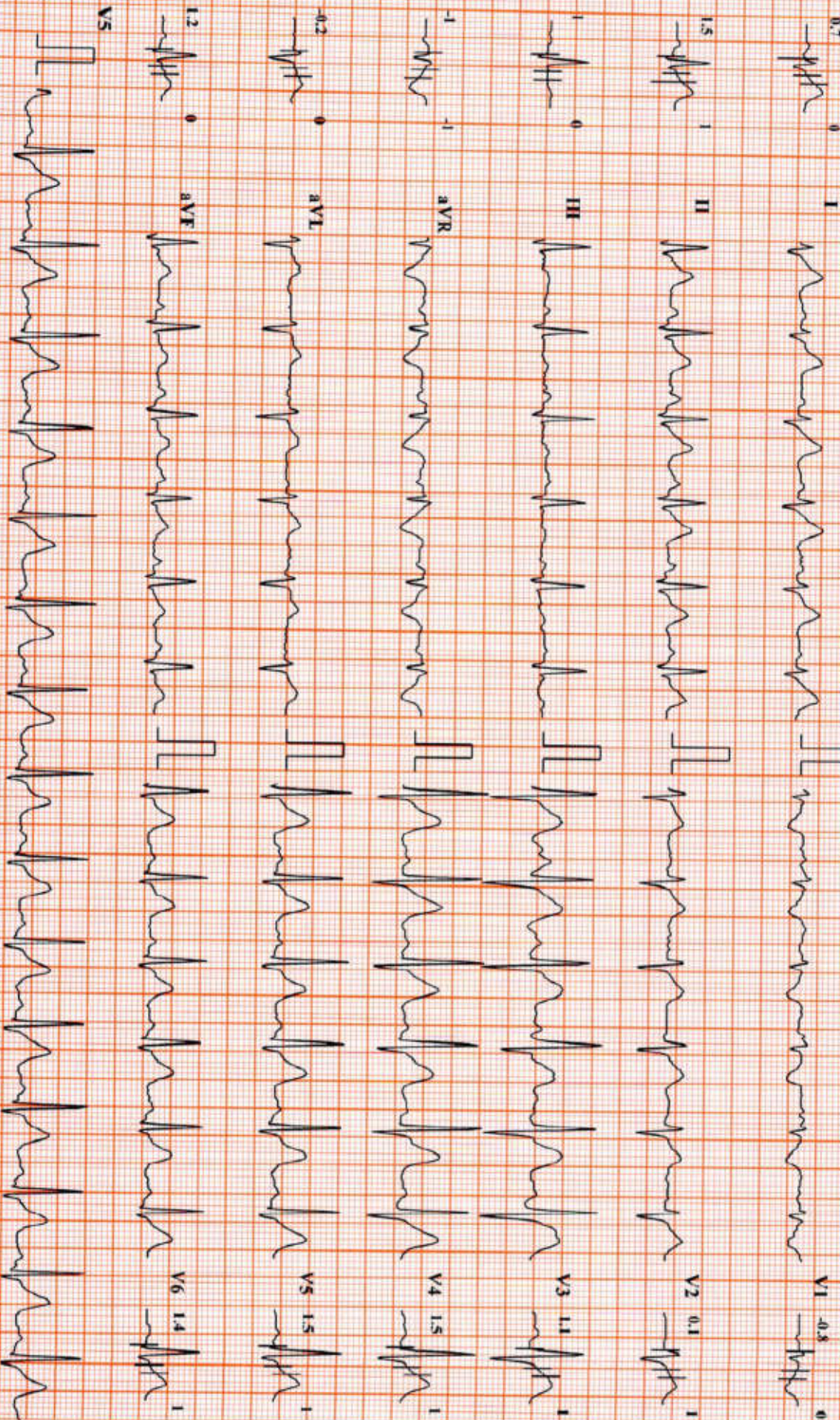


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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



SANDESH DUBEY (28 M)

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Bruce Protocol

ID: 2427922393

Date: 05-10-2024

Exec Time: 0:06:00

Stage Time: 03:00

HR: 122 bpm

STL evel(mm) ST Slope(mV/s)

Stage: 2

Speed: 4 kmph

Slope: 12 %

THR: 163 bpm

BP: 140/80 mmHg
STL evel(mm) ST Slope(mV/s)

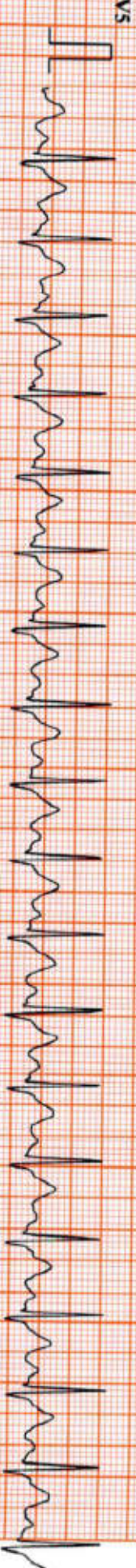


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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



SANDESH DUBEY (28 M)

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Bruce Protocol

ID: 2427922393

Date: 05-10-2024

Exec Time: 0:09:00

Sage Time: 03:00

HR: 145 bpm

ST1evd(mm) ST1Slope(mV/s)

Stage: 3

Speed: 5.5 kmph

Slope: 14.9%

THR: 163 bpm

BP: 140/80 mmHg
STLevd(mm) STSlope(mV/s)

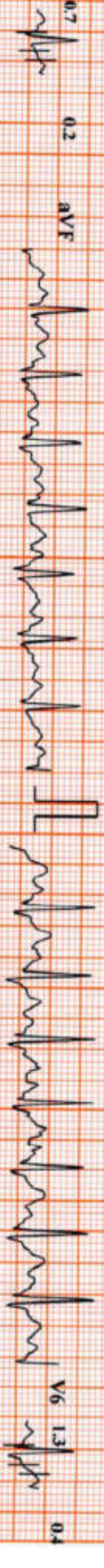
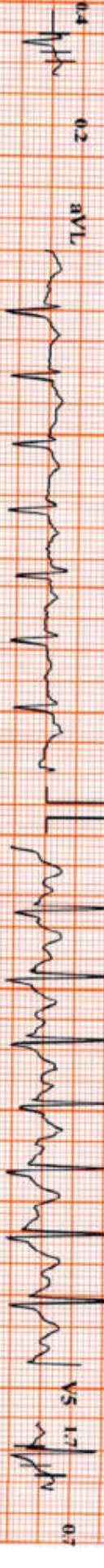


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISD = R - 60 ms, J = R - 60 ms, Post J = J + 60 ms



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

SANDESH DUBEY (28 M)

Bruce Protocol
ST1 Level(mm) ST1 Slope(mV/s)

ID: 2427922393
Date: 05-10-2024
Stage: 4 Peak Exercise
Speed: 6.8 kmph

Exec Time : 0:09:49
Slope: 16 %
THR: 163 bpm

HR: 163 bpm
BP: 150/80 mmHg
ST1 Level(mm) ST1 Slope(mV/s)

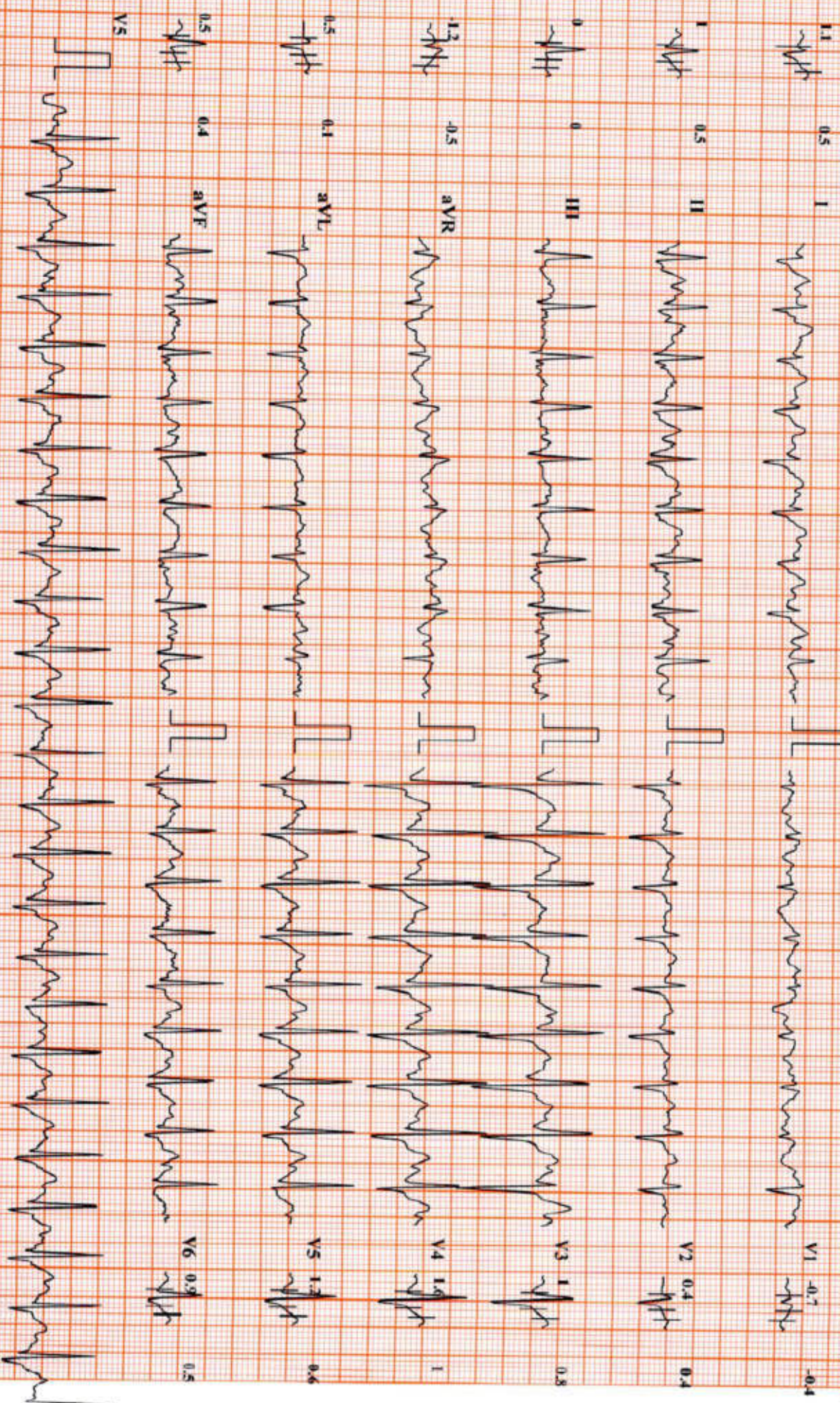


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R · 60 ms, J = R + 60 ms, Post J = J - 60 ms



SUBURBAN DIAGNOSTICS PVT. LTD. BORIVALI

SANDESH DUBEY (28 M)

Brace Protocol

ID: 2427922393

Date: 05-10-2024

Exc Time: 00:00

Stage Time: 01:00

HR: 118 bpm

STLevel(mV) STISlope(mV/s)

Stage: Recovery1

Speed: 0 kmph

Slope: 0 %

THR: 163 bpm

BP: 150/80 mmHg

STLevel(mV) STISlope(mV/s)



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Posi J = J + 60 ms

Schiller Cardio E CS-20 Version 3.4



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

SANDESH DUBEY (28 M)

Bruce Protocol

ID: 2427922393

Date: 05-10-2024

Exec Time: 00:00

Stage Time: 01:00

HR: 108 bpm

STLevel(mV) STSlope(mV/s)

Stage: Recovery 2

Speed: 0 kmph

Slope: 0 %

THR: 163 bpm

BP: 150/80 mmHg

STLevel(mV) STSlope(mV/s)

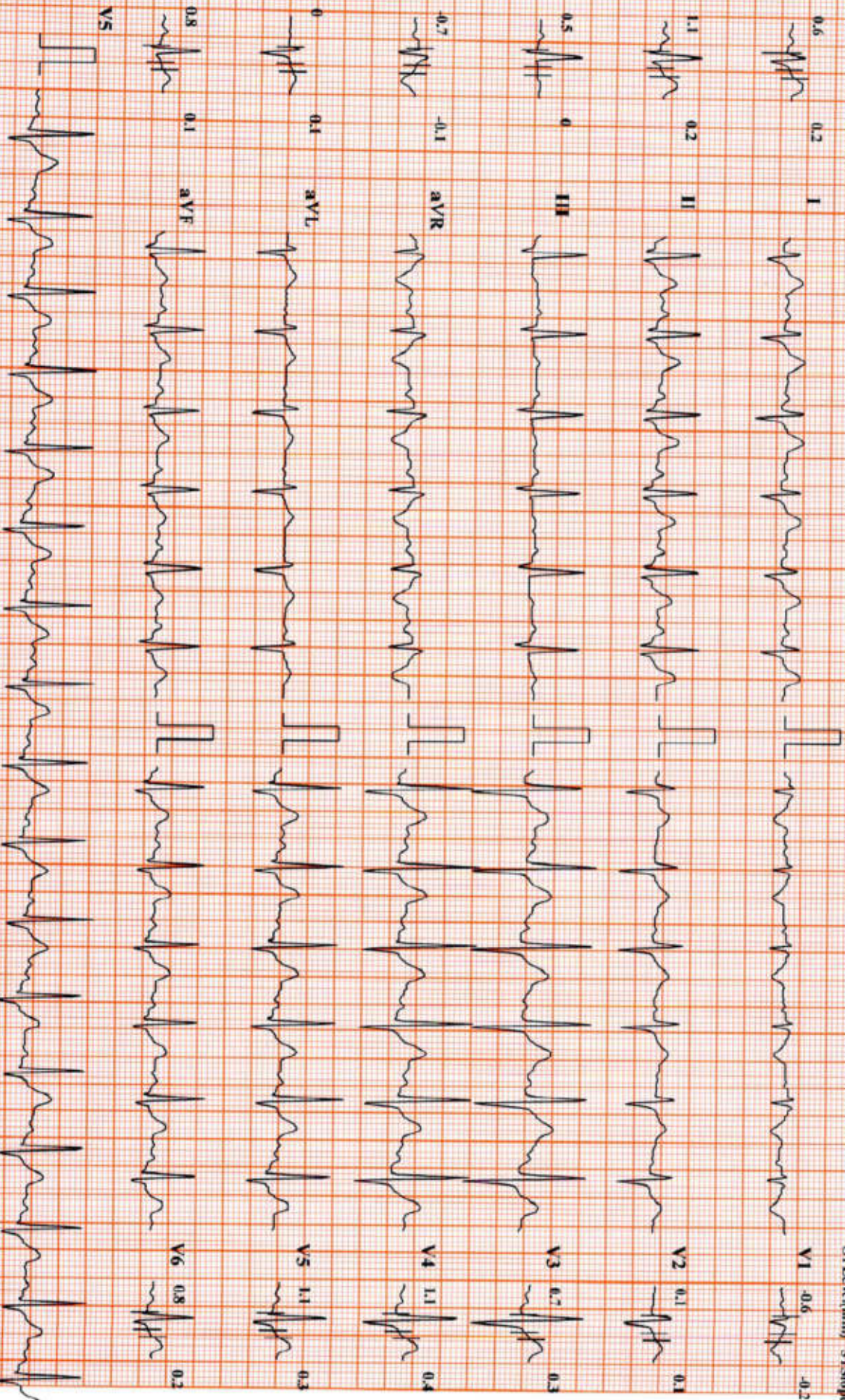


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz

Mains Filter: ON

ISO = R - 60 ms, J = R - 60 ms, Post J = J - 60 ms

Schiller Cardioport CS20 Version:3.4



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

SANDESH DUBEY (28 M)

Bruce Protocol

ID: 2427922393

Date: 05-10-2024

Exec Time: 00:00

Stage Time: 01:00

HR: 92 bpm

ST1 level(mm) ST Slope(mV/s)

Stage: Recovery3

Speed: 0 kmph

Slope: 0 %

THR: 163 bpm

BP: 130/80 mmHg

ST1 level(mm) ST Slope(mV/s)

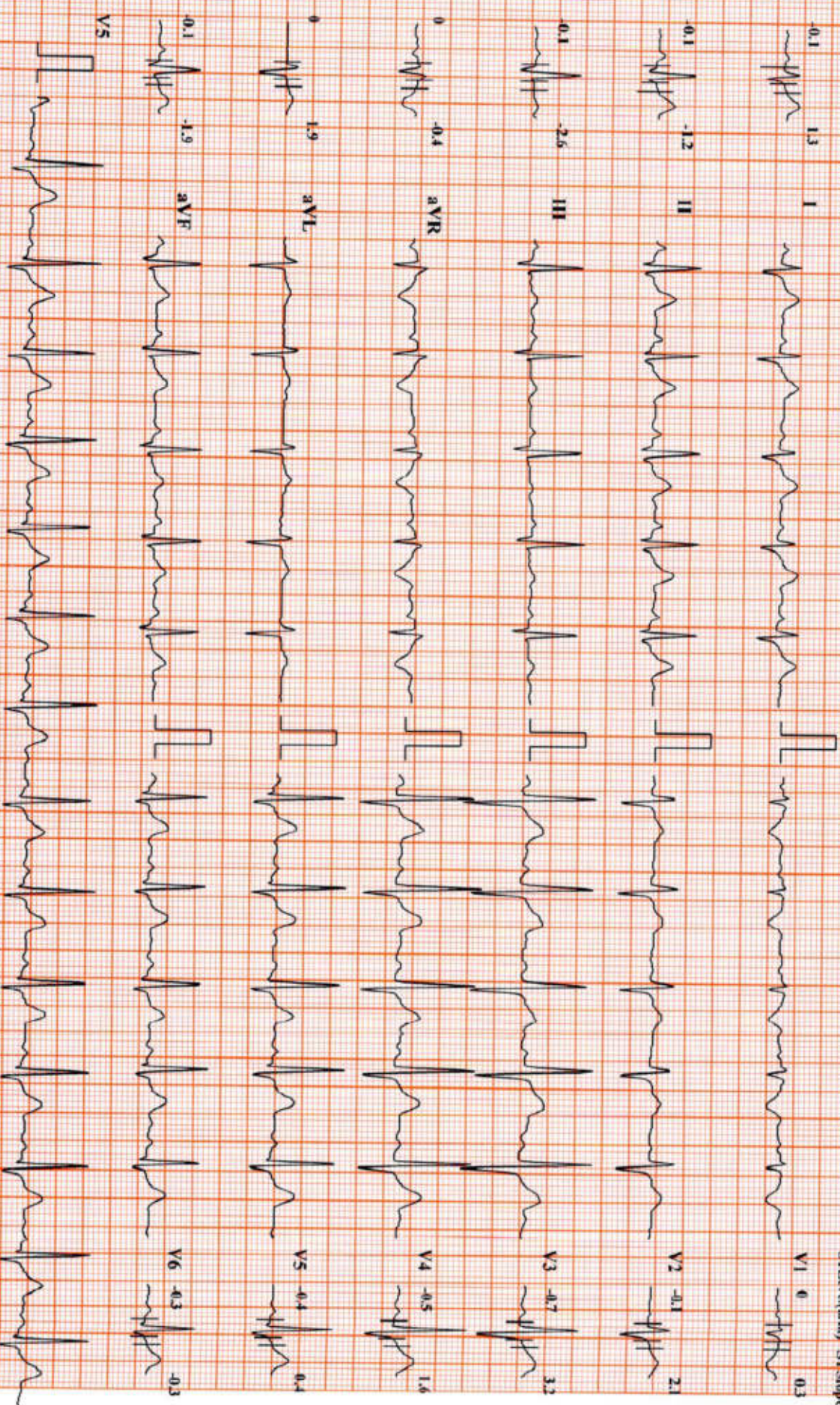


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Main Filter: ON

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



SANDESH DUBEY (28 M)

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2427922393
Stage: Recovery4

Date: 05-10-2024
Speed: 0 kmph

Exec Time: 00:00
Slope: 0 %

Stage Time: 00:06
THR: 163 bpm

HR: 97 bpm
BP: 130/80 mmHg
STLevel(mm) STSlope(mV/s)

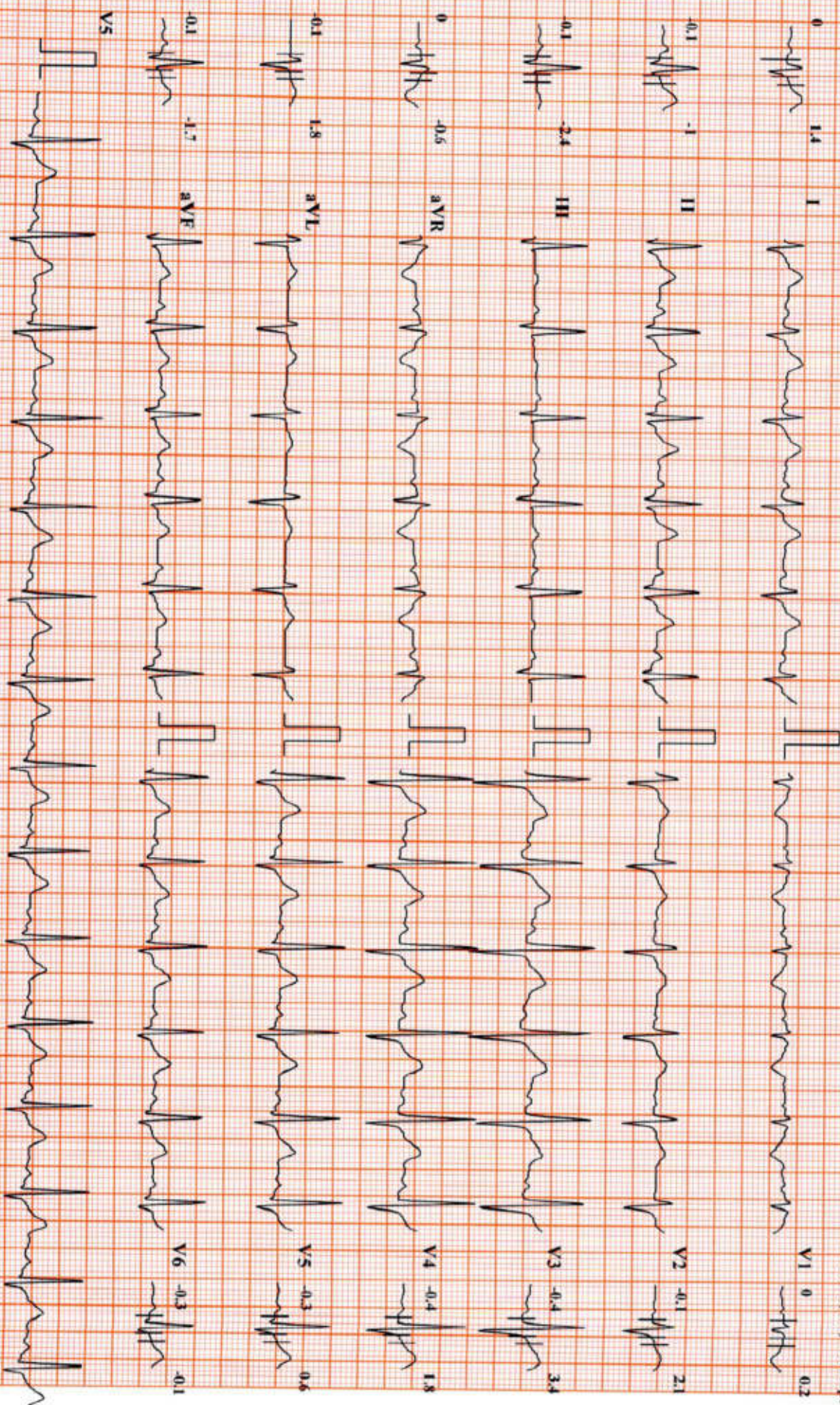


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Cardio1CS-20 Version:3.4