



CID : 2409200274  
Name : MR.NITESH PAWAR  
Age / Gender : 33 Years / Male  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected : 01-Apr-2024 / 08:21  
Reported : 01-Apr-2024 / 11:15

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**CBC (Complete Blood Count), Blood**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	15.7	13.0-17.0 g/dL	Spectrophotometric
RBC	5.10	4.5-5.5 mil/cmm	Elect. Impedance
PCV	46.1	40-50 %	Measured
MCV	90	80-100 fl	Calculated
MCH	30.7	27-32 pg	Calculated
MCHC	33.9	31.5-34.5 g/dL	Calculated
RDW	14.6	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	7210	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	42.2	20-40 %	
Absolute Lymphocytes	3042.6	1000-3000 /cmm	Calculated
Monocytes	8.6	2-10 %	
Absolute Monocytes	620.1	200-1000 /cmm	Calculated
Neutrophils	42.5	40-80 %	
Absolute Neutrophils	3064.3	2000-7000 /cmm	Calculated
Eosinophils	6.3	1-6 %	
Absolute Eosinophils	454.2	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	28.8	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	282000	150000-400000 /cmm	Elect. Impedance
MPV	7.2	6-11 fl	Calculated
PDW	11.4	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
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                      9                                      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- 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	93.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	85.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.43	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.25	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.18	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	8.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.2	1 - 2	Calculated
SGOT (AST), Serum	52.8	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	81.1	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	48.9	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	65.8	40-130 U/L	Colorimetric
BLOOD UREA, Serum	25.6	12.8-42.8 mg/dl	Kinetic
BUN, Serum	12.0	6-20 mg/dl	Calculated
CREATININE, Serum	1.25	0.67-1.17 mg/dl	Enzymatic



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Reported : 01-Apr-2024 / 16:18

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eGFR, Serum	<b>78</b>	(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	5.4	3.5-7.2 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD 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**  
**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 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**  
**URINE EXAMINATION REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	
Others	-		

**Interpretation:** The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein ( 1+ = 25 mg/dl , 2+ =75 mg/dl , 3+ = 150 mg/dl , 4+ = 500 mg/dl )
- Glucose(1+ = 50 mg/dl , 2+ =100 mg/dl , 3+ =300 mg/dl ,4+ =1000 mg/dl )
- Ketone (1+ =5 mg/dl , 2+ = 15 mg/dl , 3+= 50 mg/dl , 4+ = 150 mg/dl )

Reference: Pack inert

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



*Bmhasakar*

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**Pathologist**



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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 \*\*\*



**Dr. TRUPTI SHETTY**  
**M. D. (PATH)**  
**Pathologist**



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	189.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	80.2	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	38.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	150.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	135.0	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	15.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.5	0-3.5 Ratio	Calculated

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



*J Thakker*

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





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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**THYROID FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	5.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	21.1	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.09	0.35-5.5 microIU/ml	ECLIA



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**Reg. Location** : Borivali West (Main Centre)

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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)

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



*Bmhasakar*

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

# SUBURBAN DIAGNOSTICS - BORIVALI WEST

Patient Name: NITESH PAWAR

Date and Time: 1st Apr 24 8:49 AM

Patient ID: 2409200274

Age **33** NA NA  
years months days

Gender **Male**

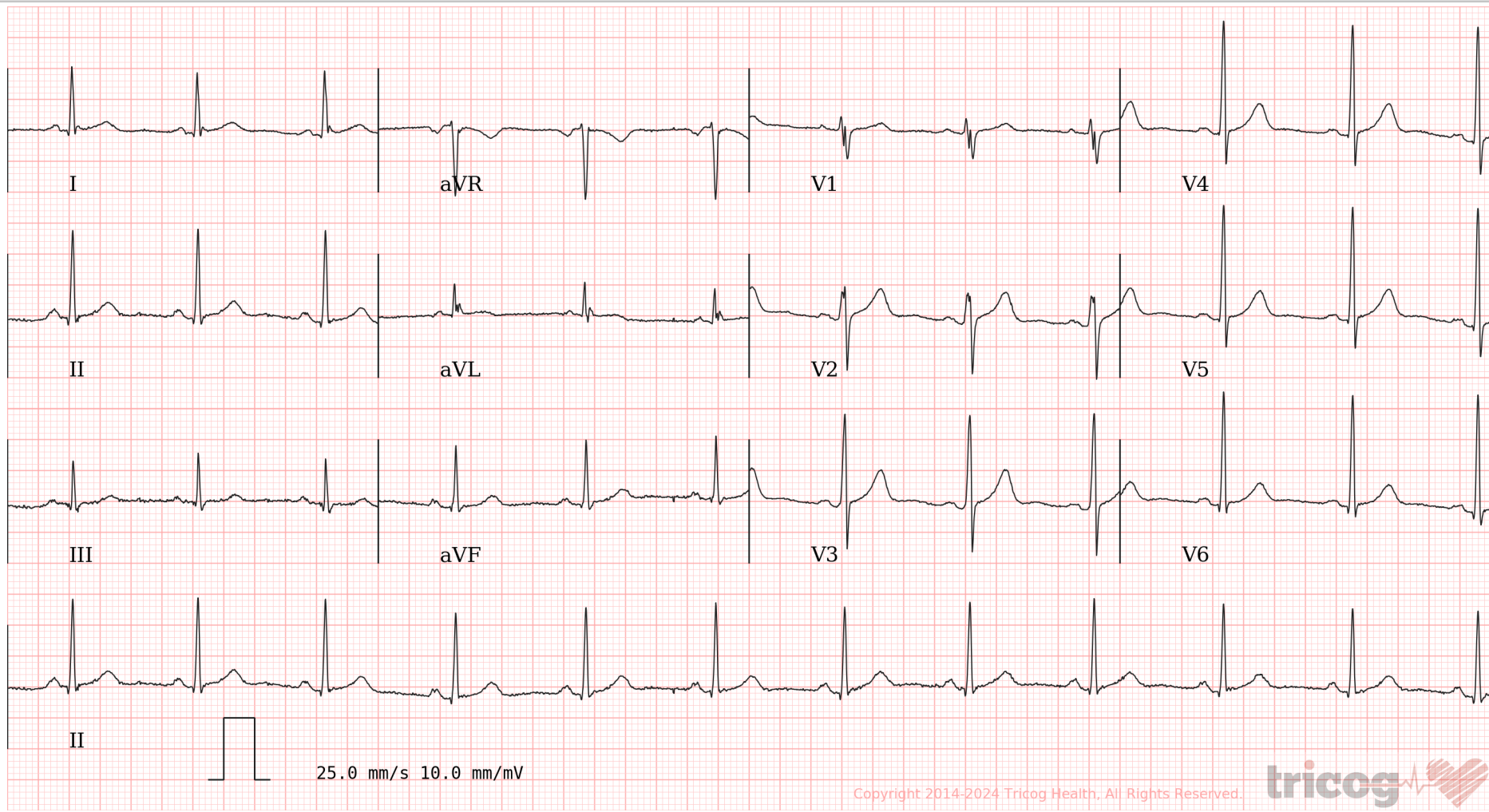
Heart Rate **73bpm**

### Patient Vitals

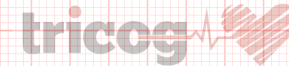
BP: NA  
Weight: NA  
Height: NA  
Pulse: NA  
Spo2: NA  
Resp: NA  
Others: \_\_\_\_\_

### Measurements

QRSD: 82ms  
QT: 376ms  
QTcB: 414ms  
PR: 134ms  
P-R-T: 47° 51° 60°



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

REPORTED BY

Dr Nitin Sonavane  
M.B.B.S.AFLH, D.DIAB, D.CARD  
Consultant Cardiologist  
87714

Date:-

CID:

Name:-

Nitesh. Pawar

Sex / Age: /

**EYE CHECK UP**

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

No

RE LG  
6/6 6/6  
NLG NLG

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

Suburban Diagnostics (I) Pvt. Ltd.  
3018, 3rd Floor, Sundervan Complex,  
Above Mercedes Showroom, Andheri West, Mumbai - 400053.  
Borivali (West), Mumbai - 400 092.

**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

**Name: NITESH PAWAR**

Date: 01-04-2024 Time: 09:35

Age: 33

Gender: M

Height: 177 cms

Weight: 81 Kg

ID: 2409200274

Clinical History: NIL

Medications: NIL

**Test Details:**

Protocol: Bruce

Predicted Max HR: 187

Target HR: 158 (85% of Pr. MHR)

Exercise Time: 0:09:12

Achieved Max HR: 173 (93% of Pr. MHR)

Max BP: 160/80

Max BP x HR: 27680

Max Mets: 10.4

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	00:07	1	0	0	87	120/80	10440	0.9 V3	2 V3
Standing	00:07	1	0	0	75	120/80	9000	0.9 V2	2 V3
HyperVentilation	00:06	1	0	0	78	120/80	9360	0.8 V3	1.8 V3
PreTest	00:07	1	1.6	0	85	120/80	10200	0.8 V2	2.2 V2
Stage: 1	03:00	4.7	2.7	10	119	120/80	14280	0.4 V2	2 V2
Stage: 2	03:00	7	4	12	145	150/80	21750	-0.7 V5	2 V3
Stage: 3	03:00	10.1	5.5	14	171	150/80	25650	1.2 V3	1 V3
Peak Exercise	00:12	10.4	6.8	16	173	160/80	27680	1.6 V3	0.8 V2
Recovery1	01:00	1	0	0	138	150/80	20700	2.1 V3	0.9 V3
Recovery2	01:00	1	0	0	118	130/80	15340	0.7 V3	2 V3
Recovery3	00:05	1	0	0	120	130/80	15600	0.9 V3	2.2 V3

**Interpretation**

The Patient Exercised according to Bruce Protocol for 0:09:12 achieving a work level of 10.4 METS.  
Resting Heart Rate, initially 87 bpm rose to a max. heart rate of 173bpm (93% of Predicted Maximum Heart Rate).  
Resting Blood Pressure of 120/80 mmHg, rose to a maximum Blood Pressure of 160/80 mmHg  
Good Effort tolerance Normal HR & BP Response No Angina or Arrhymias  
No Significant ST-T Change Noted During Exercise Stress test Negative for Stress inducible ischaemia.

*(Faint purple stamp)*  
SUBURBAN DIANOSTICS PVT. LTD.  
Borivali, Mumbai - 400 092

**DR. NITIN SONAVANE**  
M.D. (GENERAL PHYSICIAN)  
CONSULTANT PHYSICIAN

Ref. Doctor: ----

Doctor: **DR. NITIN SONAVANE**

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

**SCHILLER**

The Art of Diagnostics





# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**NITESH PAWAR (33 M)**

ID: 2409200274

Date: 01-04-2024

Exec Time : 0:00:00

Stage Time: 00:07

**HR: 87 bpm**

BP: 120/80 mmHg  
STLevel(mm) STISlope(mV/s)

Bruce Protocol

Stage: Supine

Speed: 0 km/h

Slope: 0%

STLevel(mm) STISlope(mV/s)

STLevel(mm) STISlope(mV/s)

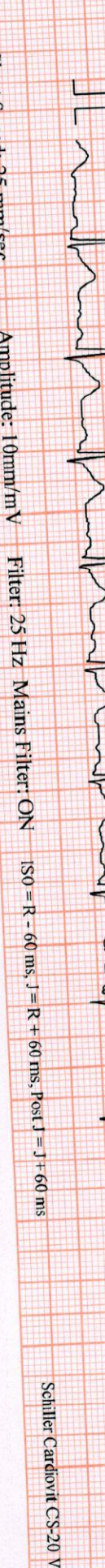
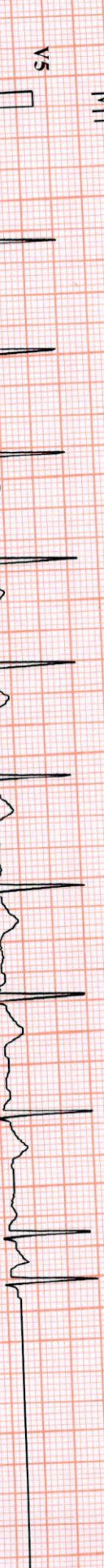
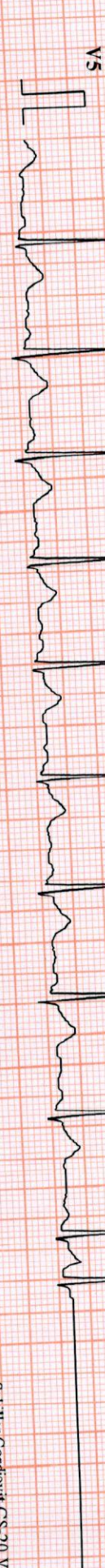
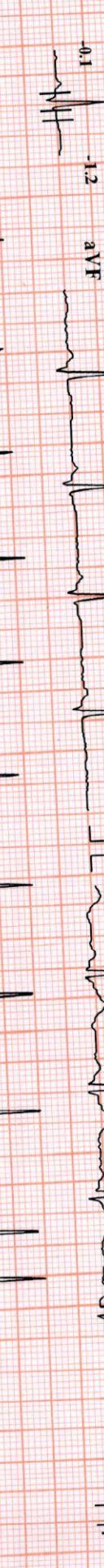
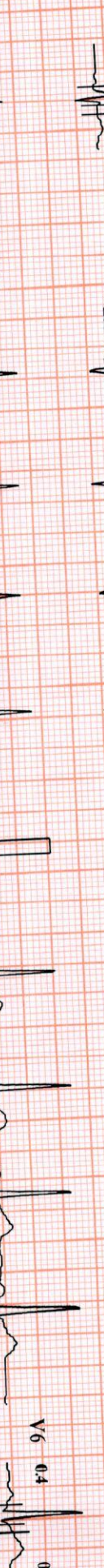
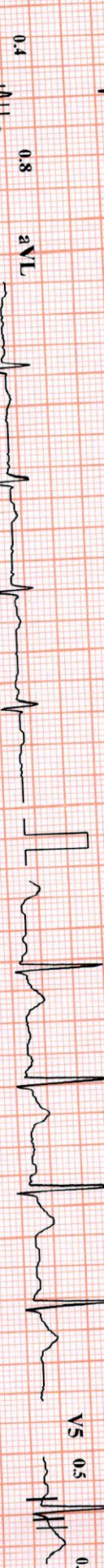
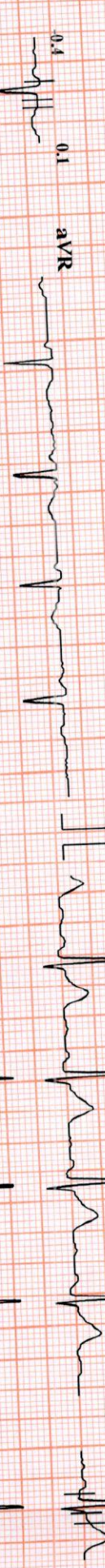
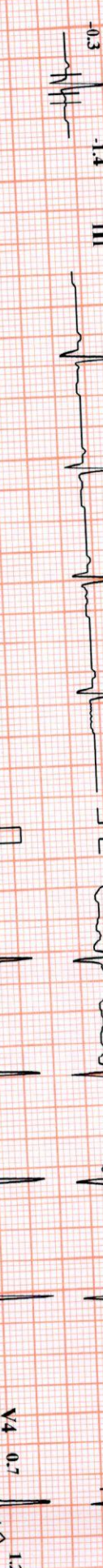
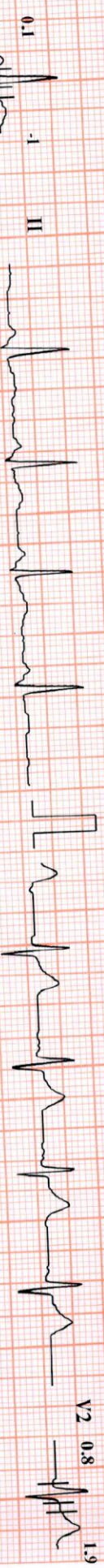
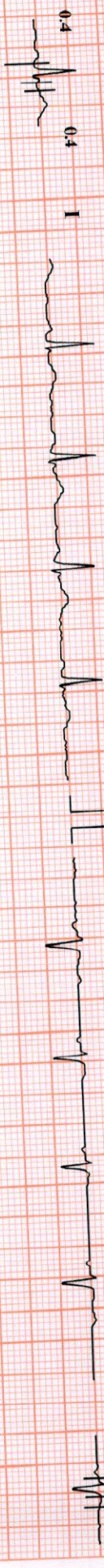


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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



# SUBRRBAN DIANOSTICS PVT. LTD. BORIVALI

**HR: 75 bpm**

**NITESH PAWAR (33 M)**

ID: 2409200274

Date: 01-04-2024

Exec Time : 0:00:00

Stage Time: 00:07

BP: 120/80 mmHg  
STISlope(mV/s)

Bruce Protocol

Stage: Standing

Speed: 0

Slope: 0%

STISlope(mV/s)

STISlope(mV/s)

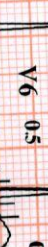
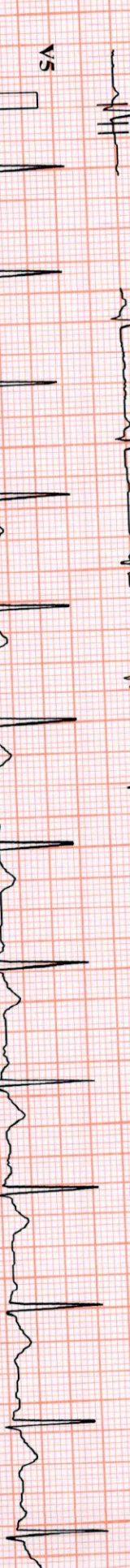
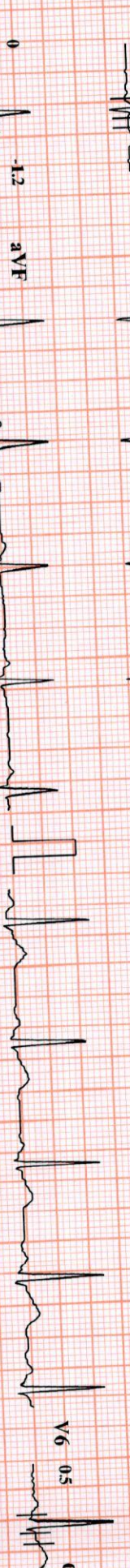
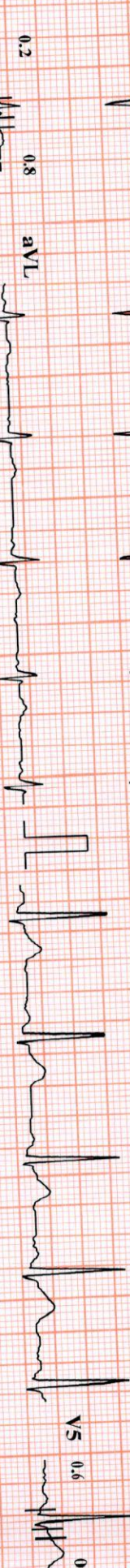
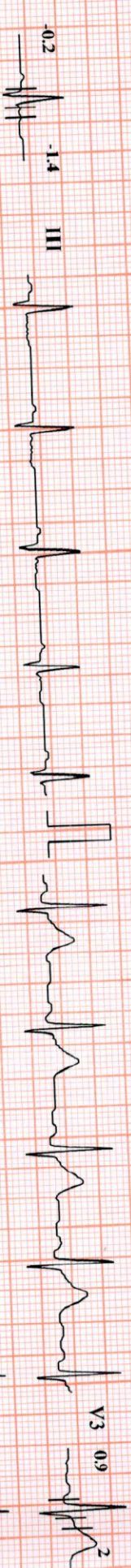
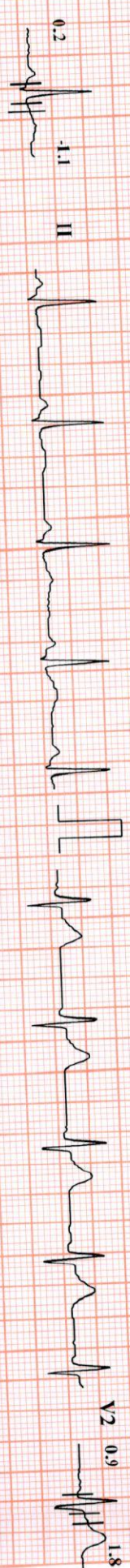


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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



# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**NITESH PAWAR (33 M)**

ID: 2409200274

Date: 01-04-2024

Exec Time: 0:00:00

Stage Time: 00:06

**HR: 78 bpm**

THR: 158 bpm

BP: 120/84 mmHg  
STLevel(mm) STSlope(mV/s)

Bruce Protocol

Stage: HyperVentilation

Speed: 0

Slope: 0%

STLevel(mm) STSlope(mV/s)

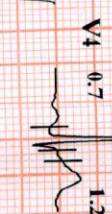
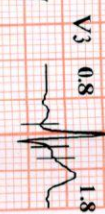
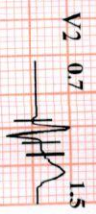
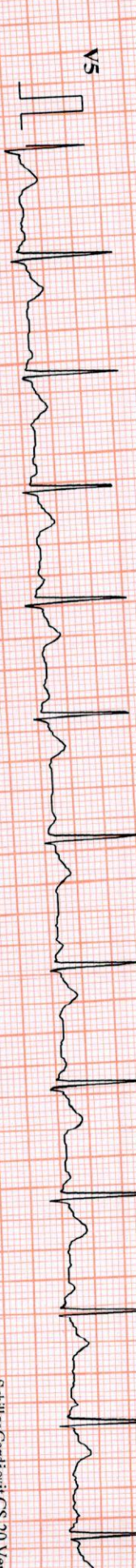
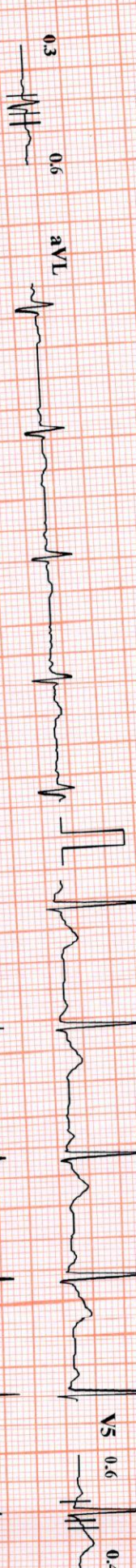
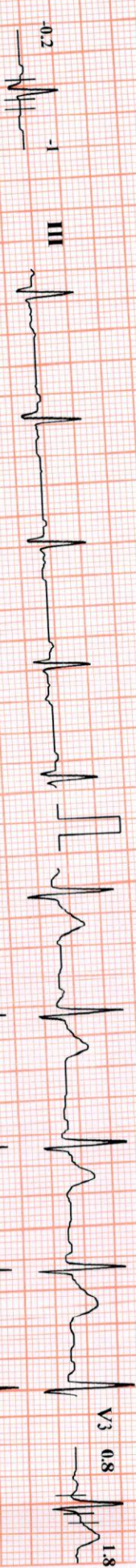
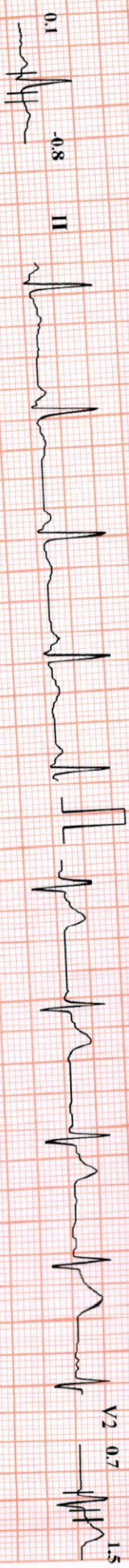


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Cardiovi CS-20 Version:3.4





# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

HR: 119 bpm

**NITESH PAWAR (33 M)**

ID: 2409200274

Date: 01-04-2024

Exec Time : 0:03:00

Stage Time: 03:00

BP: 120/80 mmHg

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

Stage: 1

Speed: 2.7 kmph

Slope: 10 %

THR: 158 bpm

STLevel(mm) STSlope(mV/s)

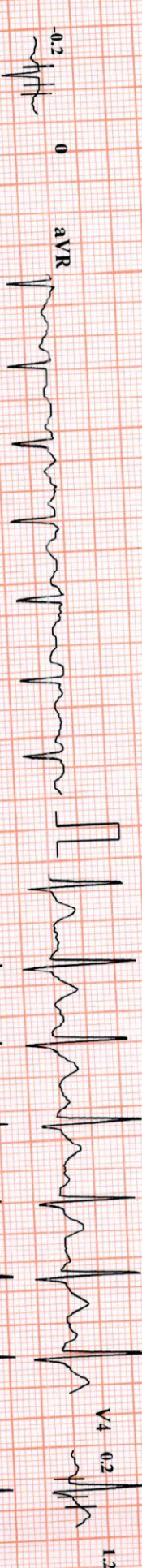
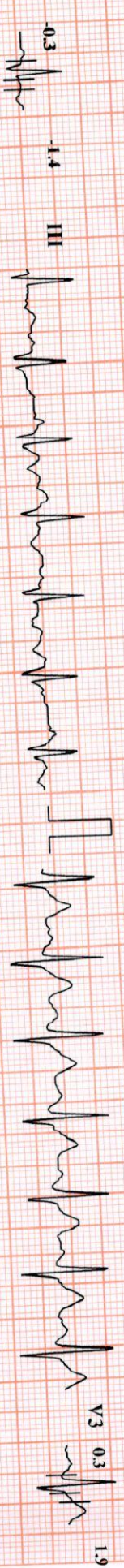
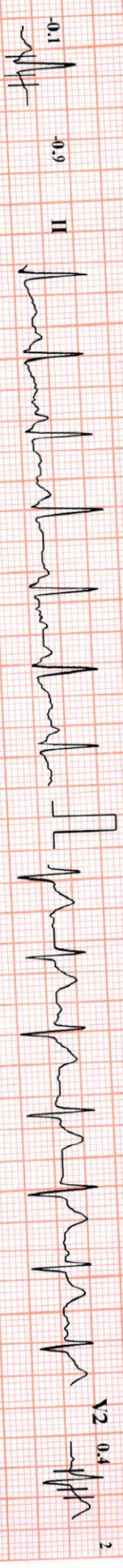
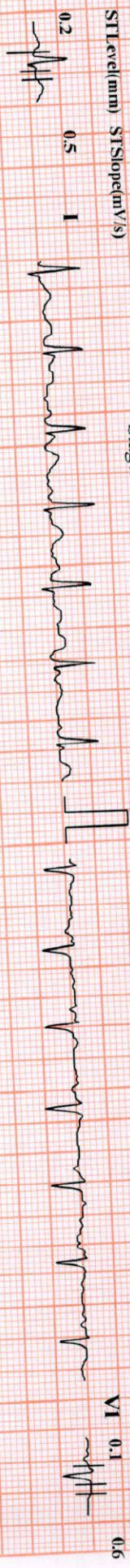


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**NITESH PAWAR (33 M)**

Bruce Protocol

STISlope(mm) STISlope(mV/s)

ID: 2409200274  
Stage: 2

Date: 01-04-2024  
Speed: 4 kmph

Exec Time : 0:06:00  
Slope: 12 %

Stage Time: 03:00  
THR: 158 bpm

**HR: 145 bpm**

BP: 150/80 mmHg  
STISlope(mm) STISlope(mV/s)

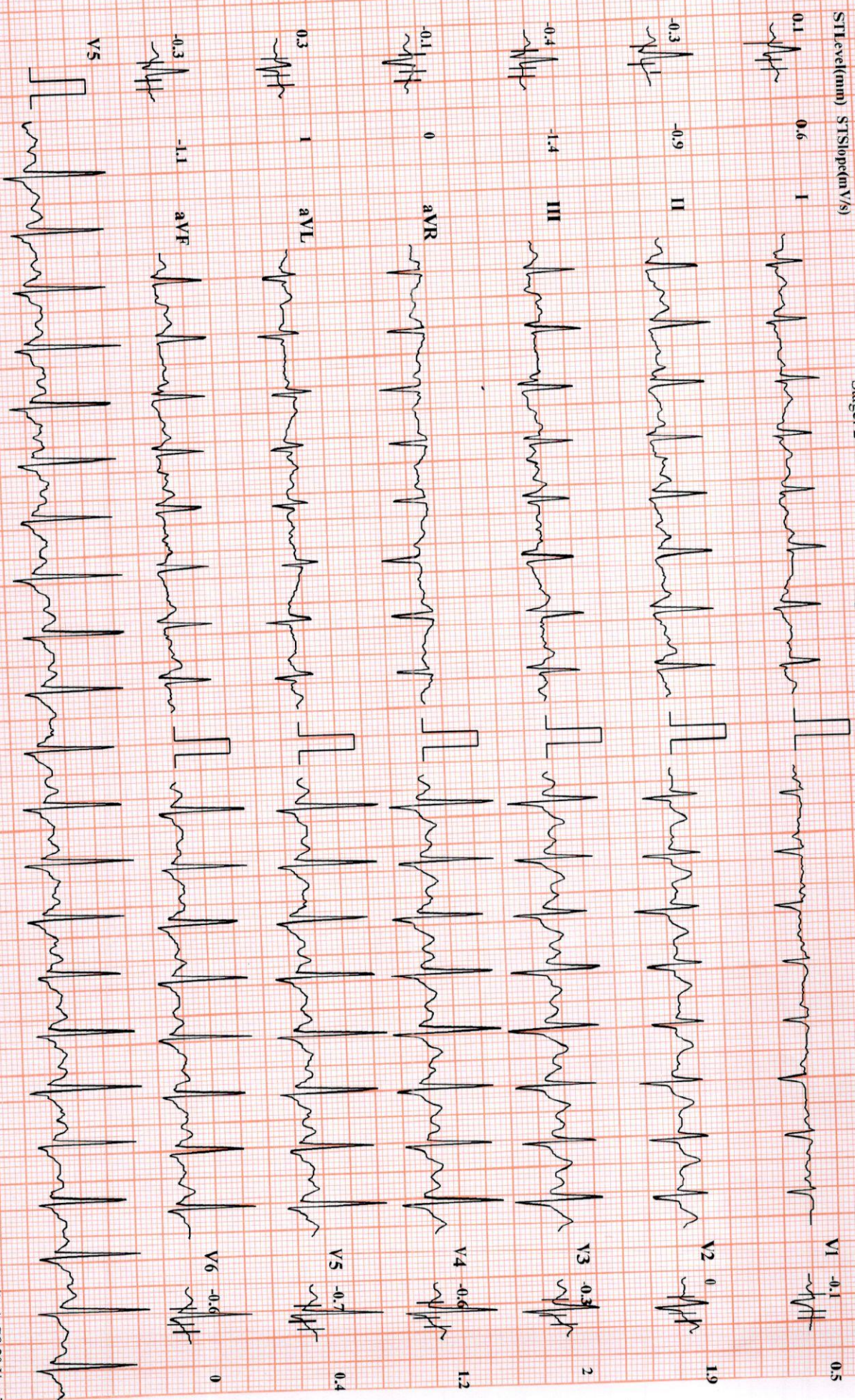


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Cardiovit CS-20 Version:3.4



# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

HR: 171 bpm

**NITESH PAWAR (33 M)**

ID: 2409200274

Date: 01-04-2024

Exec Time : 0:09:00

Stage Time: 03:00

Bp: 150/80 mmHg  
STLevel(mm) STSlope(mV/s)

Bruce Protocol

Stage: 3

Speed: 5.5 kmph

Slope: 14 %

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

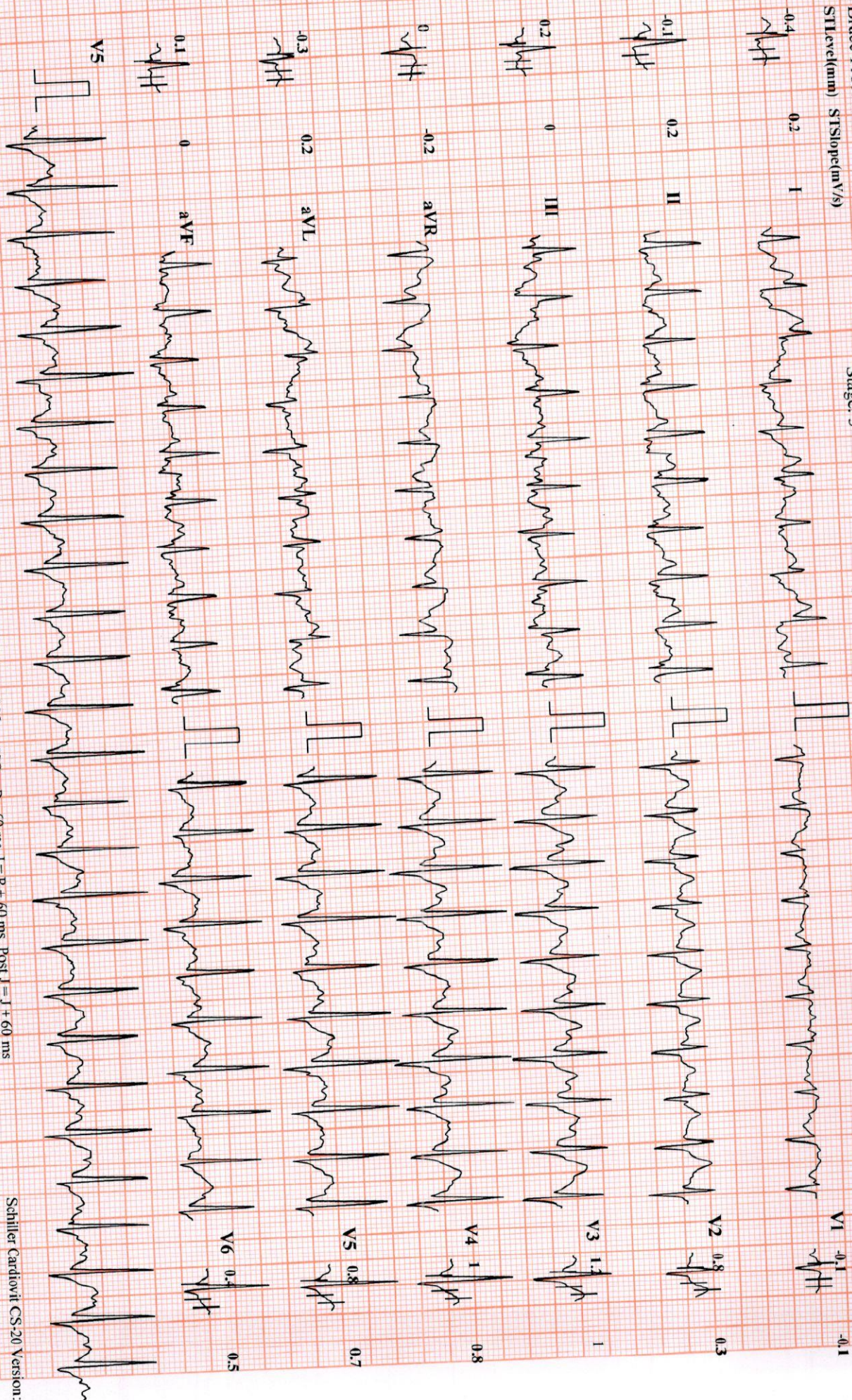


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Cardiovis CS-20 Version:3.4



# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**NITESH PAWAR (33 M)**

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2409200274

Stage: 4 Peak Exercise

Date: 01-04-2024

Speed: 6.8 kmph

Exec Time : 0:09:12

Slope: 16 %

Stage Time: 00:12

THR: 158 bpm

**HR: 173 bpm**

BP: 160/80 mmHg

STLevel(mm) STSlope(mV/s)

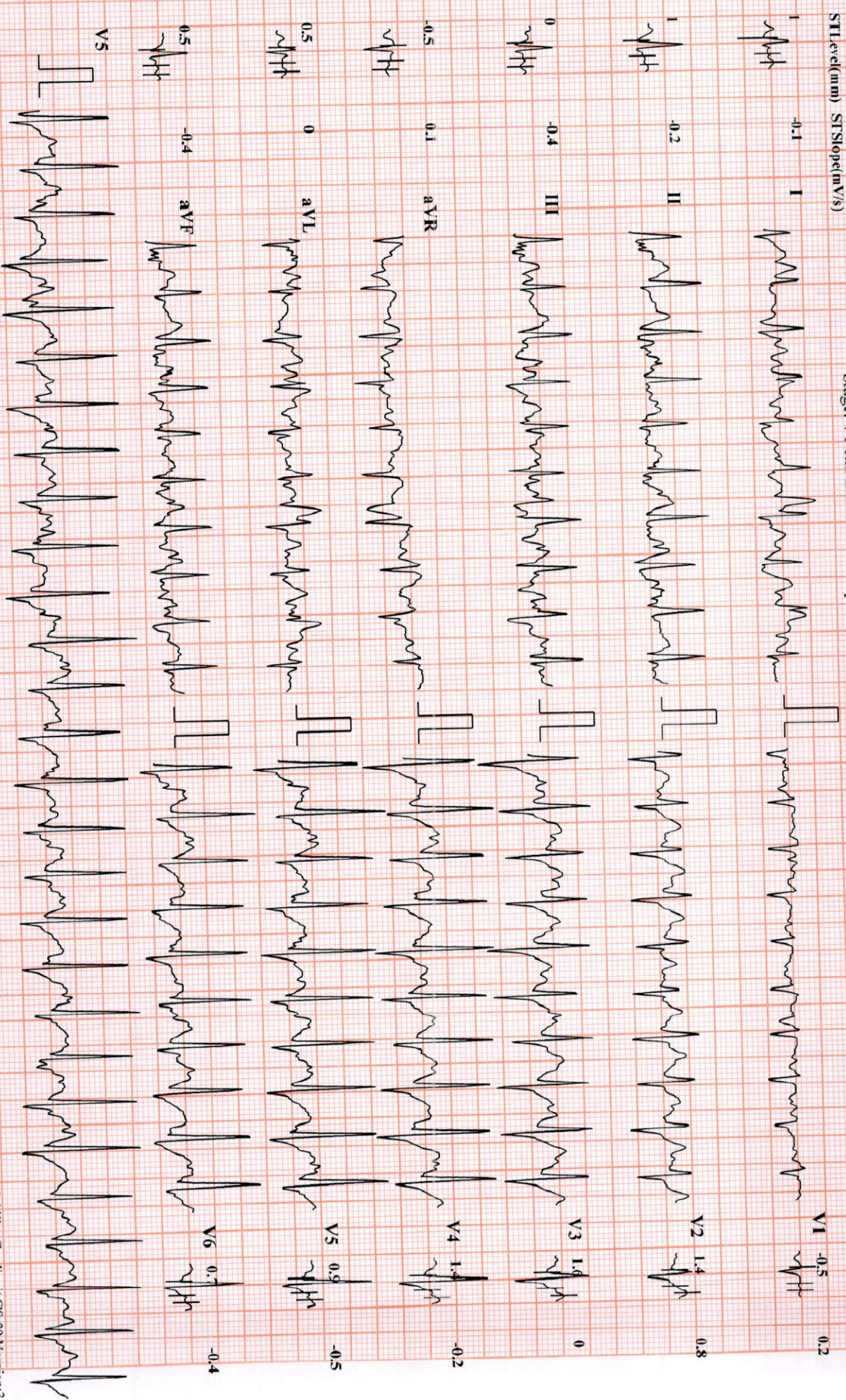


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Cardiovit CS-20 Version 3.4



# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**NITESH PAWAR (33 M)**

ID: 2409200274

Bruce Protocol

Date: 01-04-2024

Exec Time : 00:00

Stage Time: 01:00

**HR: 118 bpm**

STLevel(mm) STSlope(mV/s)

Stage: Recovery2

Speed: 0 kmph

Slope: 0 %

THR: 158 bpm

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

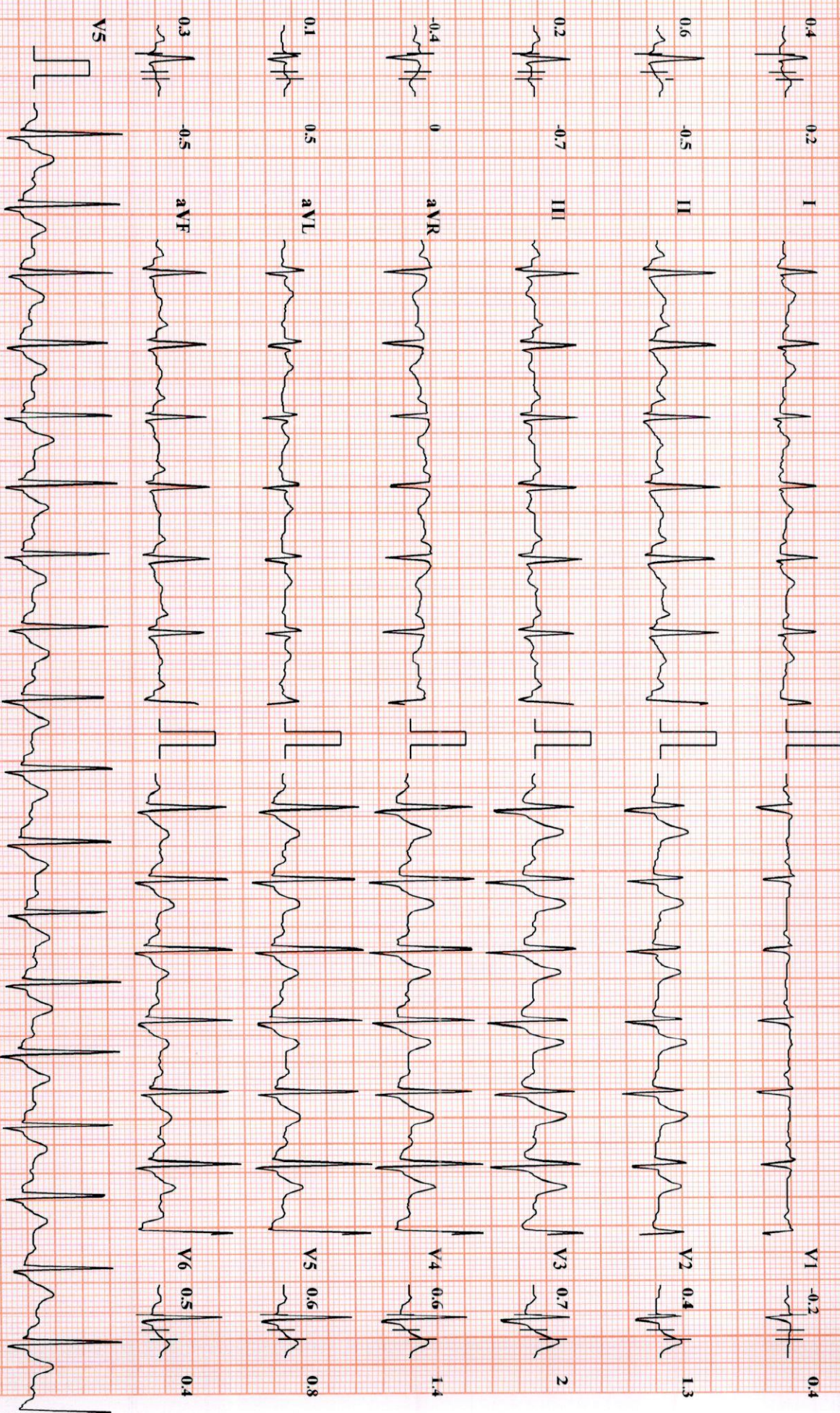


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Cardiovit CS-20 Version:3.4



# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**NITESH PAWAR (33 M)**

ID: 2409200274

Date: 01-04-2024

Exec Time : 00:00

Stage Time: 00:02

**HR: 118 bpm**

Bruce Protocol

STLevel(mm) STSlope(mV/s)

Stage: Recovery3

Speed: 0 kmph

Slope: 0 %

THR: 158 bpm

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

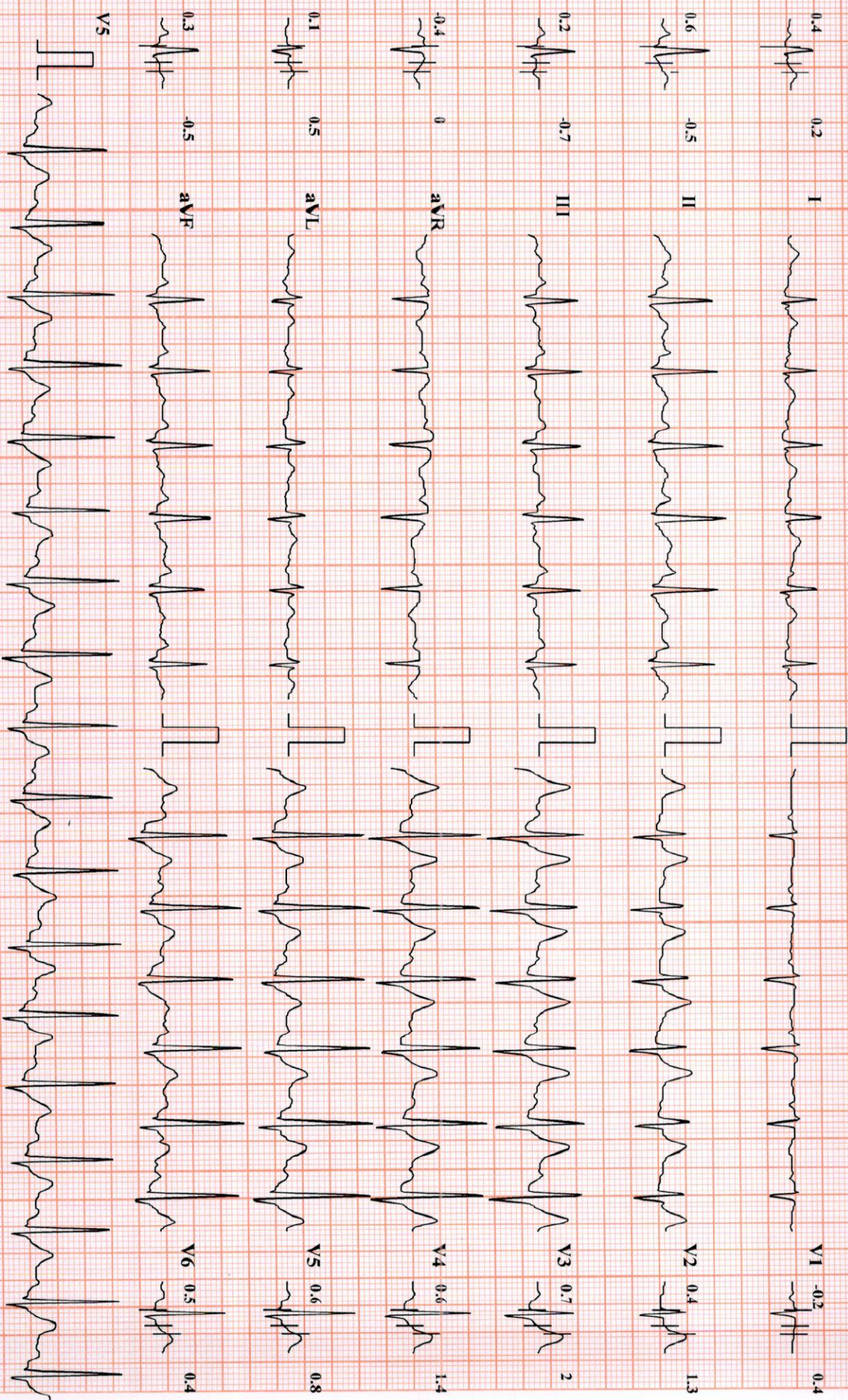


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Cardiovit CS-20 Version:3.4



# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**NITESH PAWAR (33 M)**

ID: 2409200274

Date: 01-04-2024

Exec Time : 00:00

Stage Time: 00:30

**HR: 160 bpm**

Brice Protocol

Stage: Recovery1

Speed: 0 kmph

Slope: 0 %

BP: 160/80 mmHg  
STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

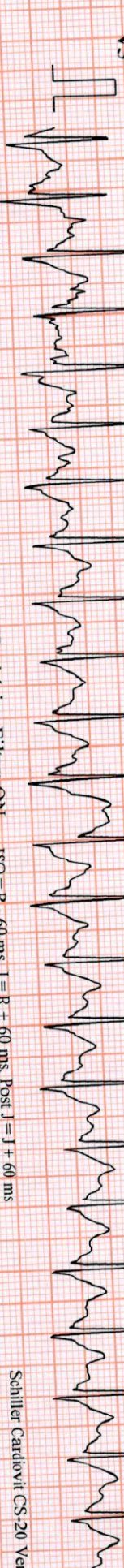
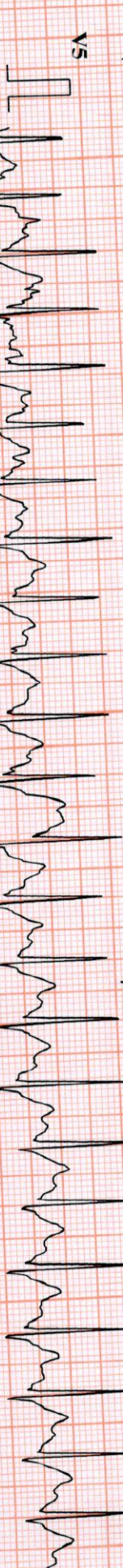
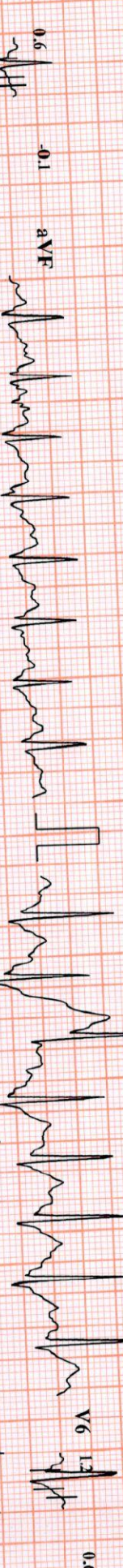
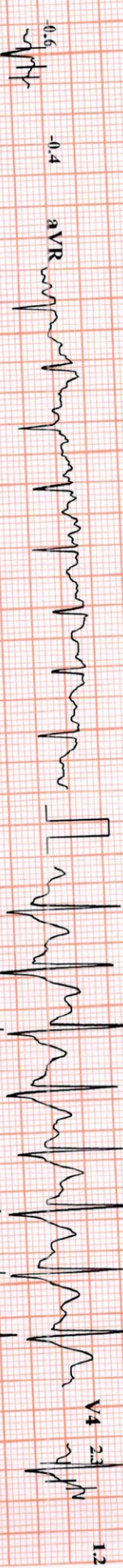
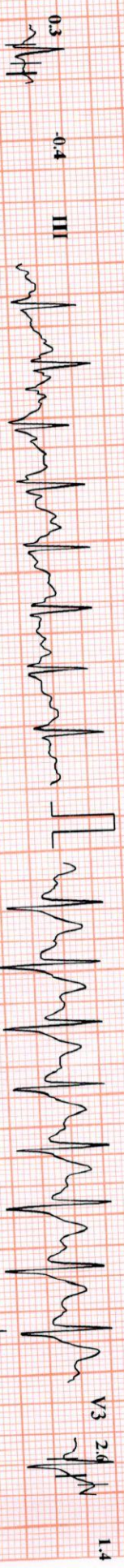
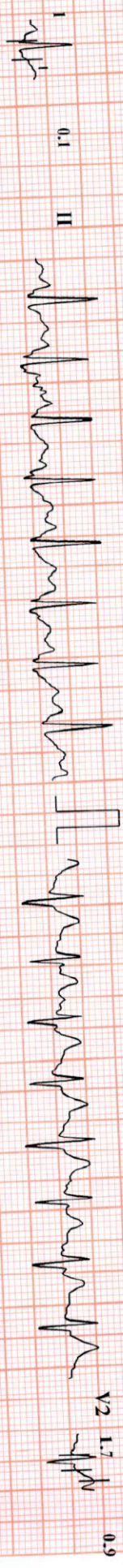
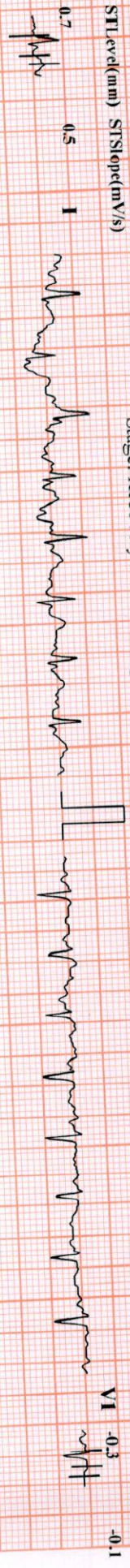


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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



# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**NITESH PAWAR (33 M)**

ID: 2409200274

Date: 01-04-2024

Exec Time : 00:00

Stage Time: 01:00

**HR: 138 bpm**

BP: 150/80 mmHg

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

Stage: Recovery I

Speed: 0 kmph

Slope: 0 %

THR: 158 bpm

STLevel(mm) STSlope(mV/s)

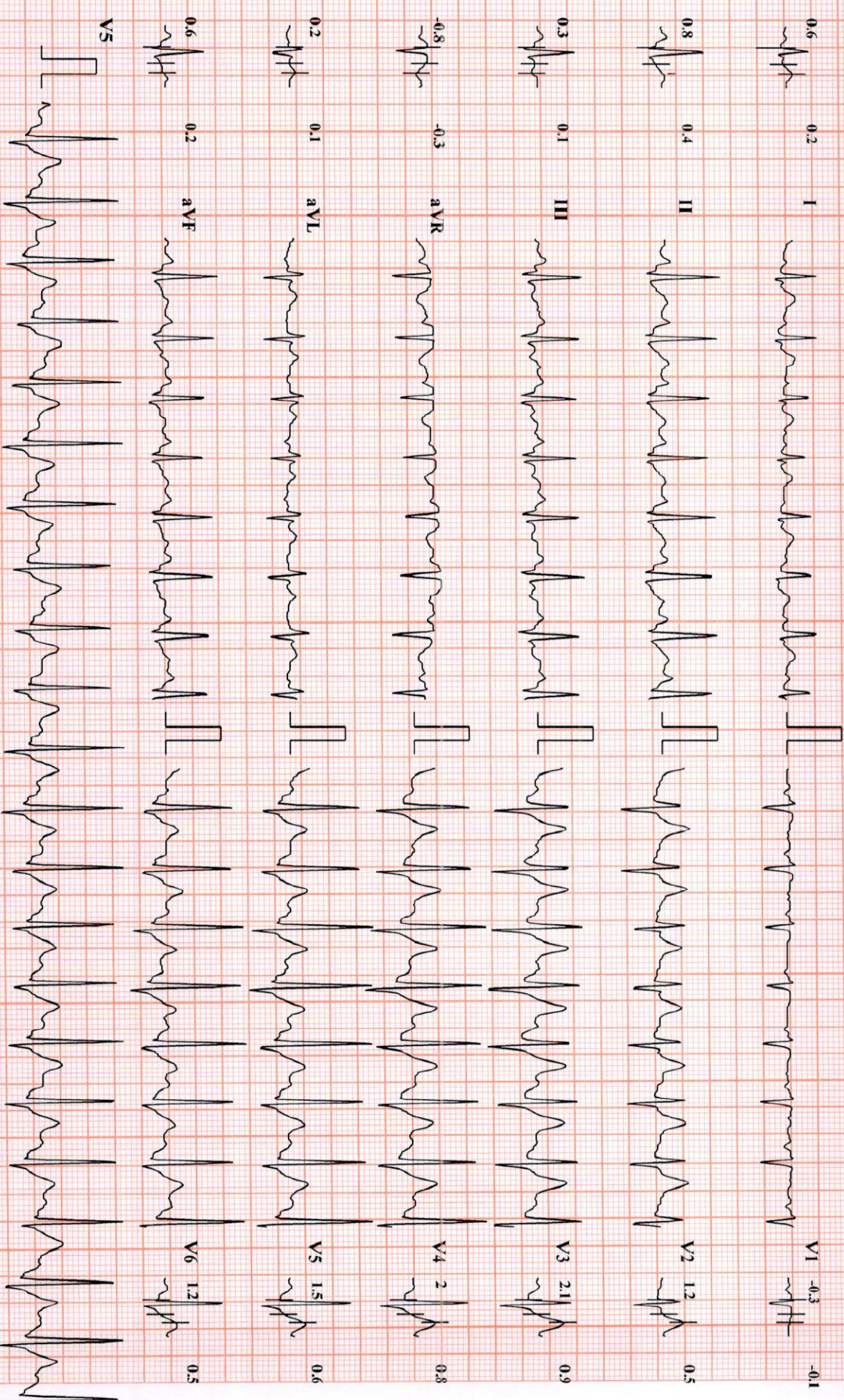


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Cardiovit CS-20 Version 3.4





**CID** : 2409200274  
**Name** : Mr NITESH PAWAR  
**Age / Sex** : 33 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Borivali West

**Reg. Date** : 01-Apr-2024  
**Reported** : 01-Apr-2024/10:15

## **USG WHOLE ABDOMEN**

**LIVER:** Liver is normal in size 12.8 cm, with mild generalized increase in parenchymal echotexture. There is no intra-hepatic biliary radical dilatation.No evidence of any focal lesion.

**GALL BLADDER:** Gall bladder is distended and appears normal. No obvious wall thickening is noted. There is no evidence of any calculus.

(Tiny polyps/calculi may be missed due to technical limitations, sub-optimal distension of GB, adjacent gases and inter-machine variability in resolution settings)

**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.

**KIDNEYS:** Right kidney measures 9.0 x 4.3 cm. Left kidney measures 10.4 x 3.8 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. Prostate measures 2.6 x 3.3 x 3.5 cm and prostatic weight is 16.5 gm. No evidence of any obvious focal lesion.

No free fluid or size significant lymphadenopathy is seen.



Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2409200274  
**Name** : Mr NITESH PAWAR  
**Age / Sex** : 33 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Borivali West

**Reg. Date** : 01-Apr-2024  
**Reported** : 01-Apr-2024/10:15

**Opinion:**

**Grade I fatty infiltration of liver.**

***For clinical correlation 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. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification. Please interpret accordingly.

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

**DR.SUDHANSHU SAXENA**  
**Consultant Radiologist**  
**M.B.B.S DMRE (RadioDiagnosis)**  
**RegNo .MMC 2016061376.**



Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2409200274  
**Name** : Mr NITESH PAWAR  
**Age / Sex** : 33 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Borivali West

**Reg. Date** : 01-Apr-2024  
**Reported** : 01-Apr-2024/10:15



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**CID** : 2409200274  
**Name** : Mr NITESH PAWAR  
**Age / Sex** : 33 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Borivali West

**Reg. Date** : 01-Apr-2024  
**Reported** : 01-Apr-2024/13:09

**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.SUDHANSHU SAXENA**  
**Consultant Radiologist**  
**M.B.B.S DMRE (RadioDiagnosis)**  
**RegNo .MMC 2016061376.**



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**Reported** : 01-Apr-2024/13:09