



CID : 2401916489  
Name : MR.RAJEEV KUMAR  
Age / Gender : 40 Years / Male  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected : 19-Jan-2024 / 08:27  
Reported : 19-Jan-2024 / 13:24

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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	15.3	13.0-17.0 g/dL	Spectrophotometric
RBC	5.00	4.5-5.5 mil/cmm	Elect. Impedance
PCV	45.4	40-50 %	Measured
MCV	91	80-100 fl	Calculated
MCH	30.6	27-32 pg	Calculated
MCHC	33.7	31.5-34.5 g/dL	Calculated
RDW	13.4	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	4930	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	33.6	20-40 %	
Absolute Lymphocytes	1656.5	1000-3000 /cmm	Calculated
Monocytes	12.8	2-10 %	
Absolute Monocytes	631.0	200-1000 /cmm	Calculated
Neutrophils	50.7	40-80 %	
Absolute Neutrophils	2499.5	2000-7000 /cmm	Calculated
Eosinophils	2.2	1-6 %	
Absolute Eosinophils	108.5	20-500 /cmm	Calculated
Basophils	0.7	0.1-2 %	
Absolute Basophils	34.5	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	151000(Manual method)	150000-400000 /cmm	Elect. Impedance
MPV	13.3	6-11 fl	Calculated
PDW	33.5	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	Megaplatelets seen on smear
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR                      5                                      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	92.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	115.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.55	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.28	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.27	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	32.7	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	43.1	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	20.6	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	106.0	40-130 U/L	Colorimetric
BLOOD UREA, Serum	16.7	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.8	6-20 mg/dl	Calculated
CREATININE, Serum	1.02	0.67-1.17 mg/dl	Enzymatic



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eGFR, Serum	95	(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*

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	4.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	93.9	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 \*\*\*

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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	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	35	-	-
<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	2-3	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	5-6	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 \*\*\*



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**BLOOD GROUPING & Rh TYPING**

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
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 \*\*\*



*J. Thakker*

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



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	202.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	142.0	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	58.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	143.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	116.0	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	27.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.0	0-3.5 Ratio	Calculated

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*Bmhasakar*

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M.D. (PATH)  
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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	10.6	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	6.26	0.35-5.5 microIU/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 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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*Bmhasakar*

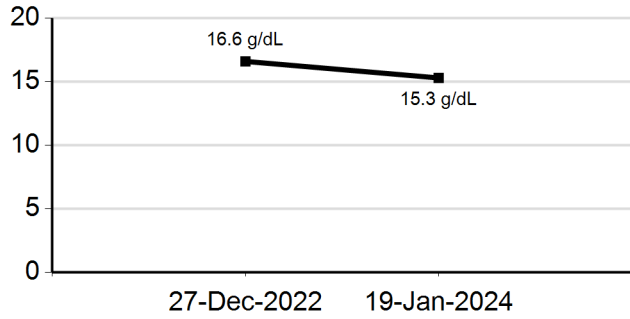
**Dr.KETAKI MHASKAR**  
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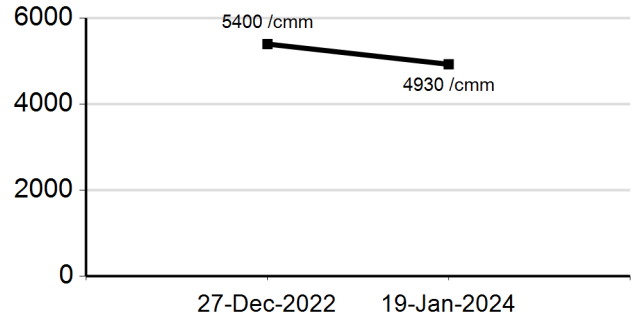
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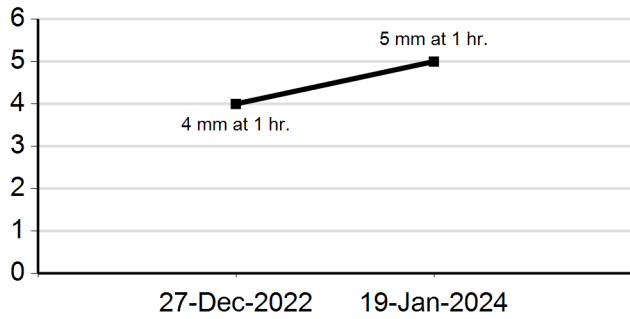
**Haemoglobin**



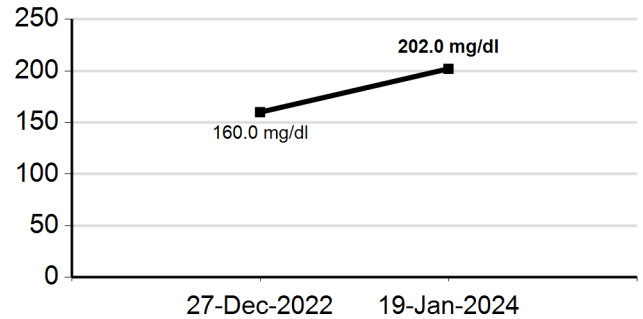
**WBC Total Count**



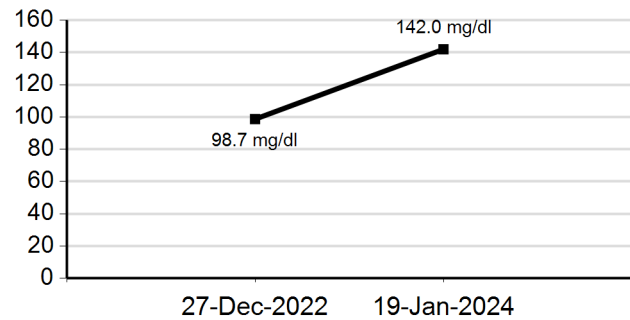
**ESR**



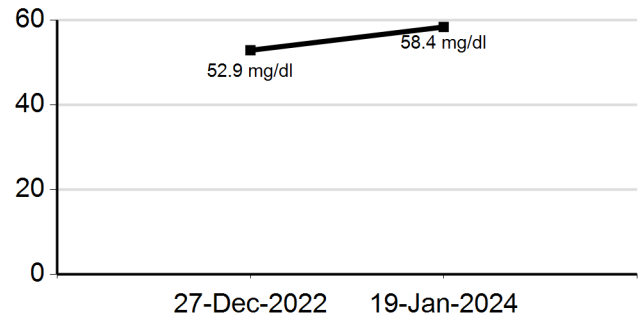
**CHOLESTEROL**



**TRIGLYCERIDES**



**HDL CHOLESTEROL**

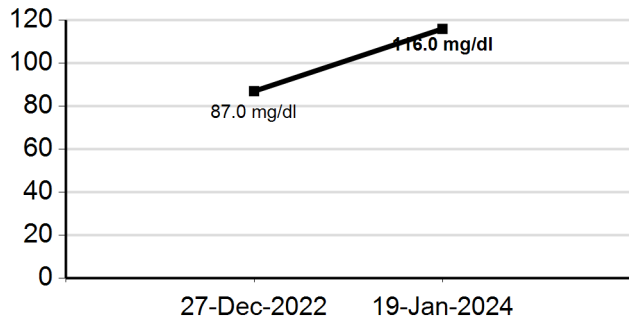




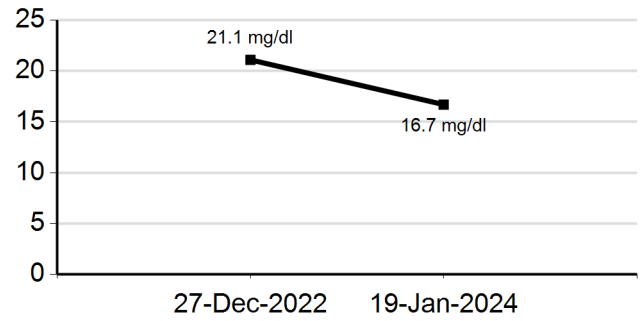
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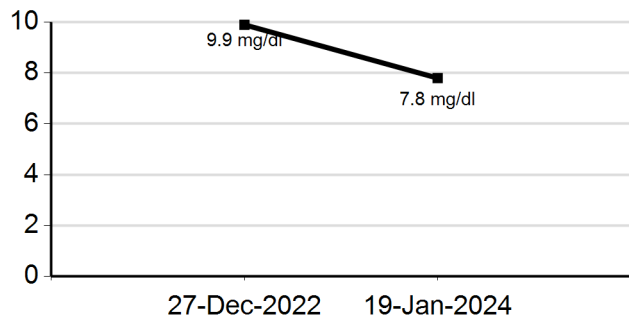
**LDL CHOLESTEROL**



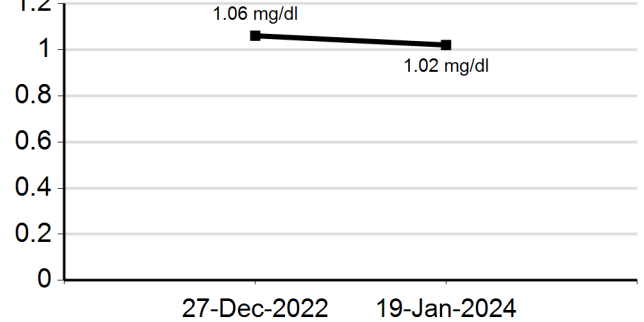
**BLOOD UREA**



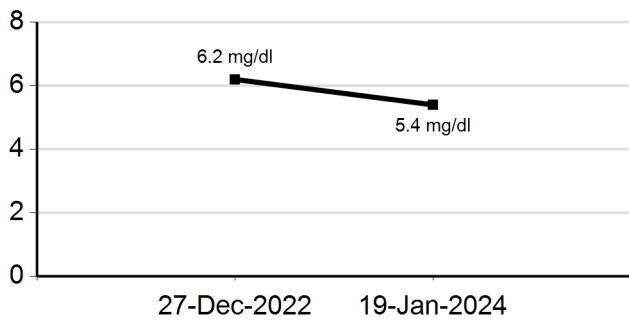
**BUN**



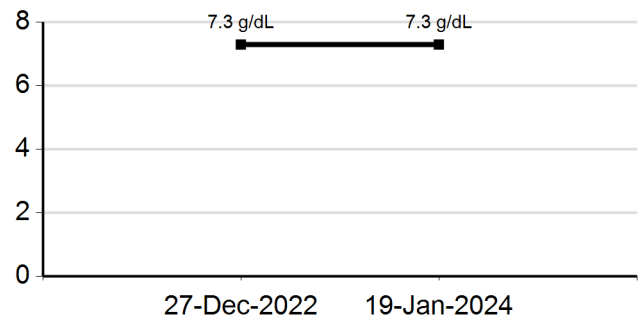
**CREATININE**



**URIC ACID**



**TOTAL PROTEINS**

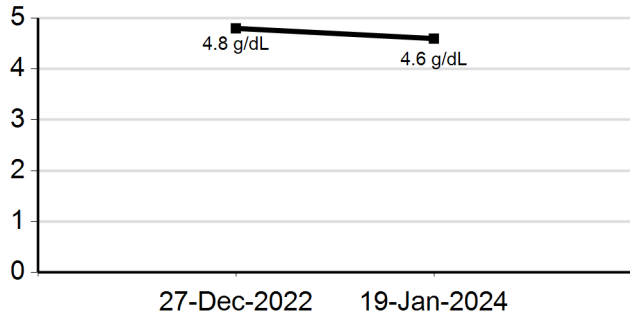




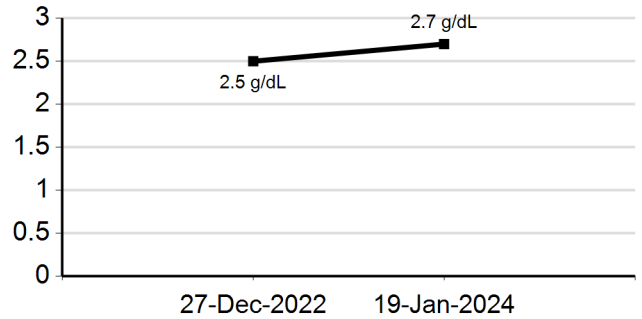
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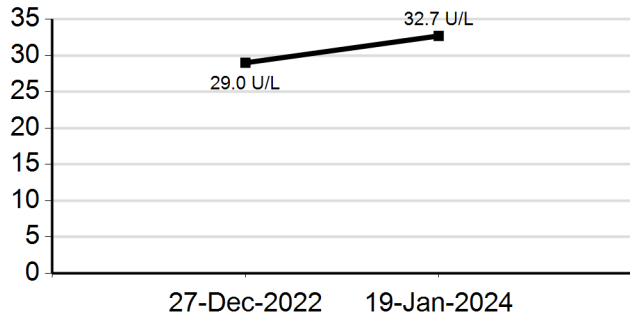
**ALBUMIN**



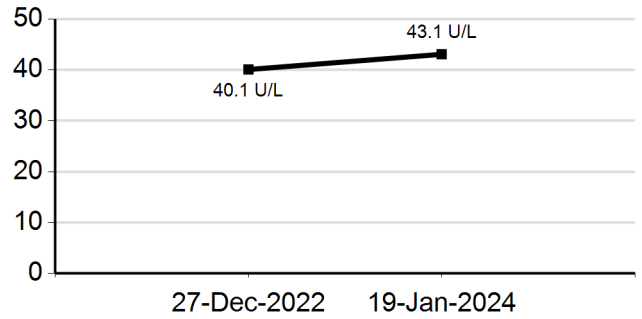
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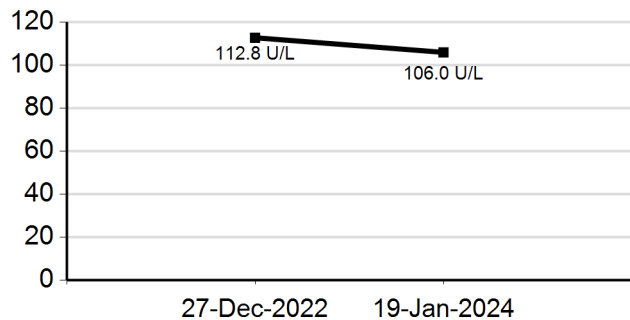
**SGOT (AST)**



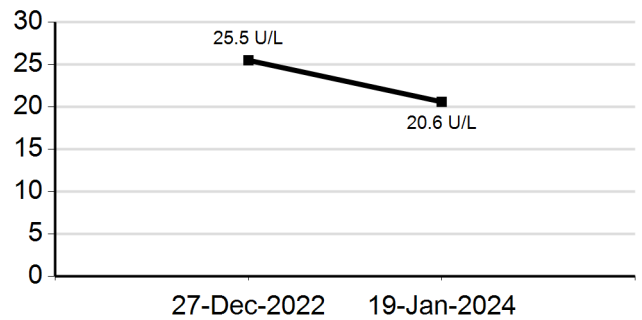
**SGPT (ALT)**



**ALKALINE PHOSPHATASE**



**GAMMA GT**

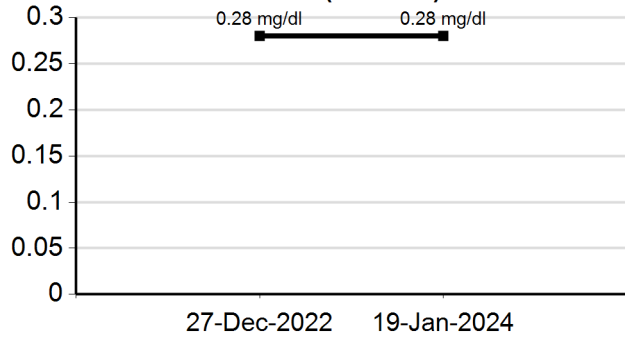




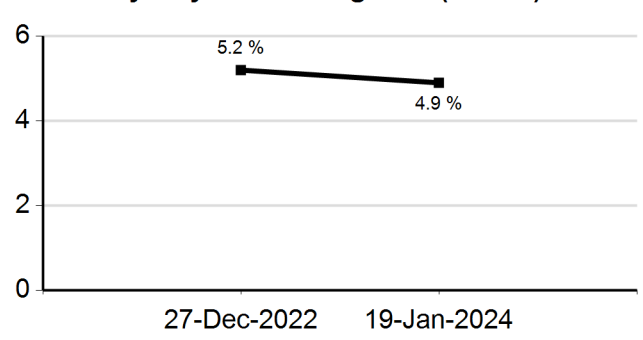
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 Application To Scan the Code

CID : 2401916489  
 Name : MR.RAJEEV KUMAR  
 Age / Gender : 40 Years / Male  
 Consulting Dr. : -  
 Reg. Location : Borivali West (Main Centre)

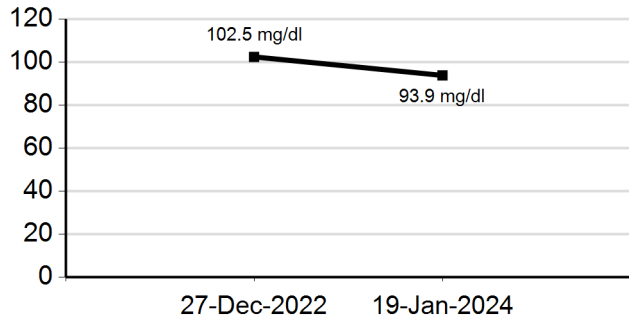
**BILIRUBIN (DIRECT)**



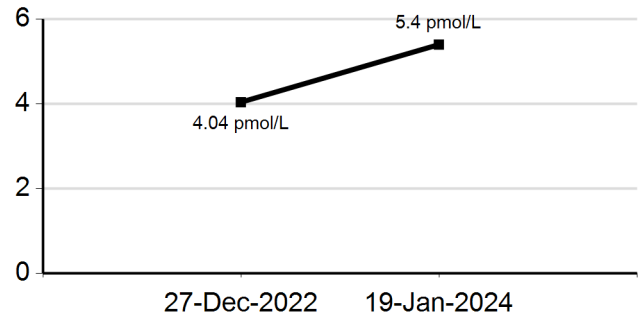
**Glycosylated Hemoglobin (HbA1c)**



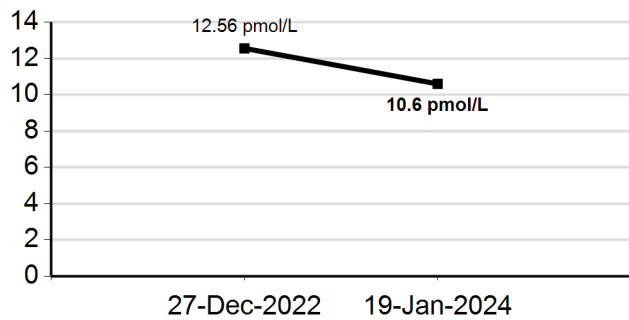
**Estimated Average Glucose (eAG)**



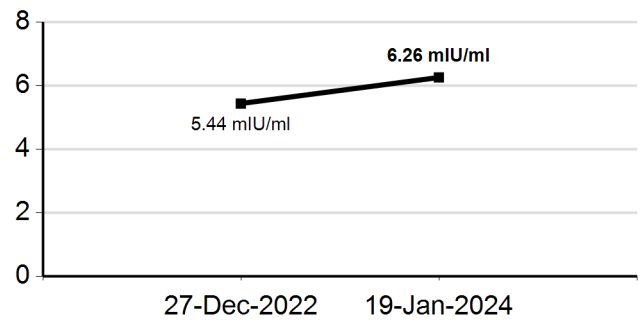
**Free T3**



**Free T4**



**sensitiveTSH**



# SUBURBAN DIAGNOSTICS - BORIVALI WEST

Patient Name: RAJEEV KUMAR

Date and Time: 19th Jan 24 8:51 AM

Patient ID: 2401916489

Age **40** **NA** **NA**  
years months days

Gender **Male**

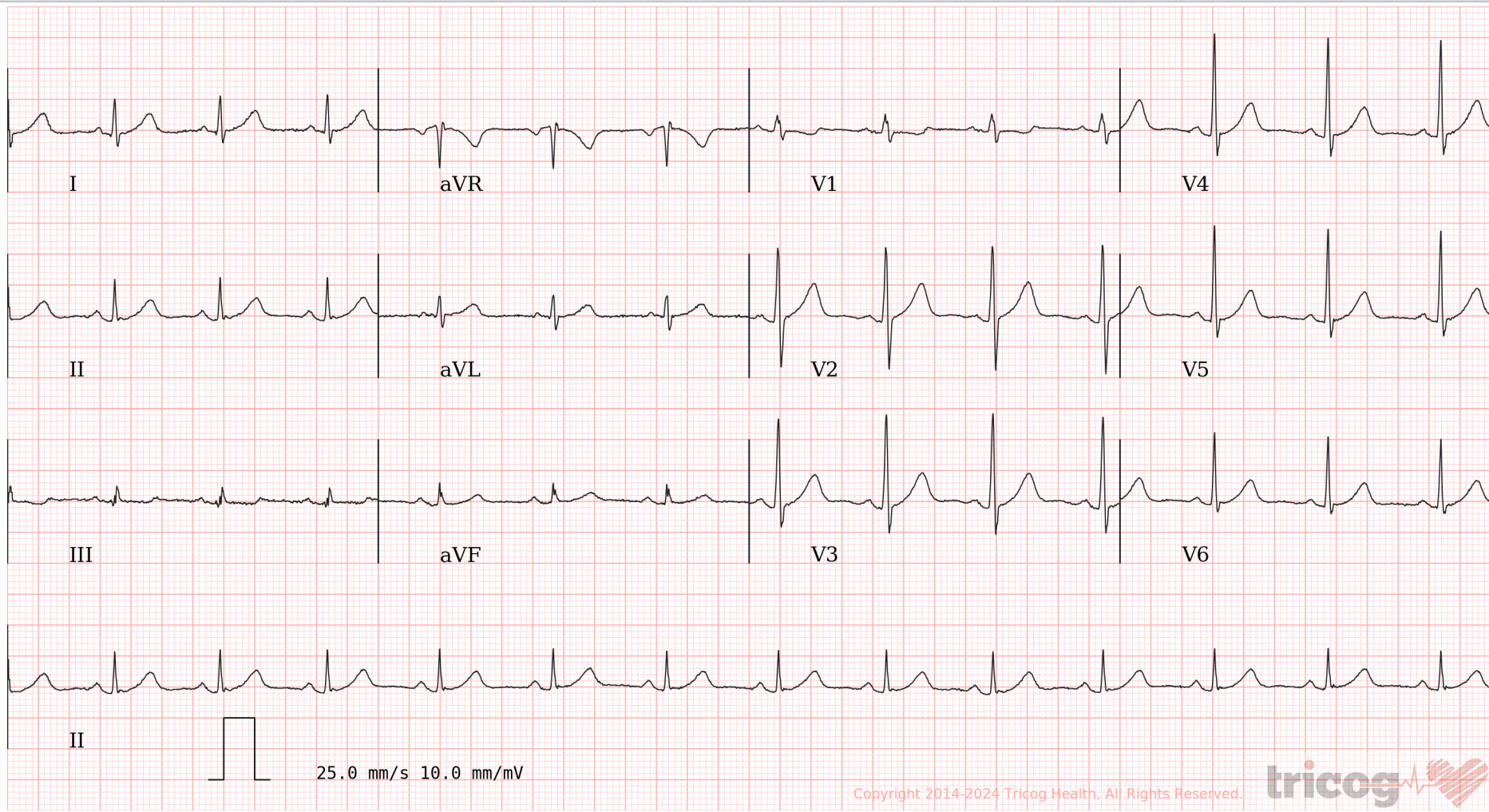
Heart Rate **84bpm**

### Patient Vitals

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

### Measurements

QRSD: 68ms  
QT: 364ms  
QTcB: 430ms  
PR: 134ms  
P-R-T: 57° 46° 31°



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

REPORTED BY


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


 భారత ప్రభుత్వం  
 Government of India

రాజీవ్ కుమార్  
 Rajeev Kumar  
 పుట్టిన తేదీ/DOB: 05/05/1983  
 పురుషుడు/ MALE

Issue Date: 17/04/2017

Download Date: 23/10/2021



**6791 0391 7228**  
 VID : 9130 3967 1151 6496

నా గుర్తింపు

*Rajeev*  
 19/01/2024

Diagnostic...  
 302, 3rd Floor, V...  
 L. T. N...  
 -400 082.



Date:-

CID:

Name:-

Raseev - Kumar

Sex / Age: /

**EYE CHECK UP**

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

No

RE LE

6/6 6/6

M/6 M/6

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

Suburban Diagnostics (India) Pvt. Ltd.  
301 & 302, 3rd Floor, Fort Regency  
Above Taranga, 100ft Road,  
Borivli (West), Mumbai - 400 092.

Name : MR. RAJEEV KUMAR

Age / Gender : 40 Years/Male

Consulting Dr. :

Collected : 19-Jan-2024 / 08:25

Reg. Location : Borivali West (Main Centre)

Reported : 19-Jan-2024 / 17:01

### PHYSICAL EXAMINATION REPORT

#### History and Complaints:

NO

#### EXAMINATION FINDINGS:

Height (cms): 164  
Temp (0c): Afebrile  
Blood Pressure (mm/hg): 100/70  
Pulse: 72/min

Weight (kg): 81  
Skin: NAD  
Nails: NAD  
Lymph Node: Not Palpable

#### Systems

Cardiovascular: S1S2-Normal  
Respiratory:- Chest-Clear  
Genitourinary: NAD  
GI System: NAD  
CNS: NAD

IMPRESSION: TSH

ADVICE:

physician / Endocrinologist ref<sup>y</sup>.

#### 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 |

: MR. RAJEEV KUMAR

Age / Gender : 40 Years/Male

Consulting Dr. :

Collected : 19-Jan-2024 / 08:25

Reg. Location : Borivali West (Main Centre)

Reported : 19-Jan-2024 / 17:01


- |  |    |
|--|----|
| 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       | MIX |
| 4) Medication | No  |

Suburban Diagnostics (I) Pvt. Ltd.  
30th 302, 3rd Floor, Vira Elegance  
Above Tardeo Jeweller, L. T. Road,  
Borivali (West), Mumbai - 400 082.

\*\*\* End Of Report \*\*\*

  
**Dr. NITIN SONAVANE**  
PHYSICIAN

**DR. NITIN SONAVANE**  
M.B.B.S. AFLH, D.DIAB, & CARD  
CONSULTANT-CARDIOLOGIST  
REBB. NO.: 57714

Date:-

CID:

Name:-

Rajeev Kumar

Sex / Age: 40 / m

**EYE CHECK UP**

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

NO  
RE LE  
6/6 6/6  
N/G N/G

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

Suburban Diagnostics (I) Pvt. Ltd.  
301 & 302, 3rd Floor, Elegance,  
Above Tera, Barve Road,  
Barve (West), Mumbai - 400 062.

# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**Name: RAJEEV KUMAR** Date: 19-01-2024 Time: 10:22  
 Age: 40 Gender: M Height: 164 cms Weight: 81 Kg ID: 2240191648  
 Clinical History: NIL  
 Medications: NIL

**Test Details:**  
 Protocol: Bruce Predicted Max HR: 180 Target HR: 153 (85% of Pr. MHR)  
 Exercise Time: 0:06:02 Achieved Max HR: 180 (100% of Pr. MHR)  
 Max BP: 150/70 Max BP x HR: 27000 Max Mets: 7  
 Test Termination Criteria: TEST COMPLETE

**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	00:24	1	0	0	93	100/70	9300	0.4 V6	2.3 V2
Standing	00:13	1	0	0	90	100/70	9000	0.3 II	2.4 V2
Hyper Ventilation	00:19	1	0	0	88	100/70	8800	1.2 V4	2 V2
Pre Test	00:08	1	1.6	0	87	100/70	8700	0.4 V2	2 V2
Stage: 1	03:00	4.7	2.7	10	141	130/70	18330	-0.7 V3	1.4 V2
Stage: 2	03:00	7	4	12	179	150/70	26850	-2.1 V3	1.6 V2
Peak Exercise	00:02	6.8	5.5	14	180	150/70	27000	-2.2 V3	1.8 V2
Recovery1	01:00	1	0	0	145	150/70	21750	-1 V3	1.7 V2
Recovery2	01:00	1	0	0	121	140/70	16940	-0.7 V3	1.8 V2
Recovery3	01:00	1	0	0	122	140/70	17080	-0.7 V3	1.6 V2
Recovery4	01:00	1	0	0	113	120/70	13560	-0.8 V3	1.8 V2
Recovery5	00:05	1	0	0	113	120/70	13560	-0.8 V3	1.8 V2

**Interpretation**

The Patient Exercised according to Bruce Protocol for 0:06:02 achieving a work level of 7 METS.  
 Resting Heart Rate, initially 93 bpm rose to a max. heart rate of 180bpm (100% of Predicted Maximum Heart Rate).  
 Resting Blood Pressure of 100/70 mmHg, rose to a maximum Blood Pressure of 150/70 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.  
 307A 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000

Ref. Doctor: ----

  
**Doctor: DR. NITIN SONAVANE**

**SCHILLER**  
 The Art of Diagnostics

( Summary Report edited by User )  
 Cardiovit CS-20 Version:3.4  
**DR. NITIN SONAVANE**  
 M.D.S. AFM, DDAS, D.CARD  
 CONSULTANT-CARDIOLOGIST  
 REGD. NO. : 87714

**RAJEEV KUMAR (40 M)**

**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

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

ID: 2240191648  
Stage: Supine

Date: 19-01-2024  
Speed: 0 km/h

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

Stage Time: 00:124  
THR: 153 bpm

**HR: 93 bpm**

Bp: 100/70 mmHg

STLevel(mm) STSlope(mV/s)

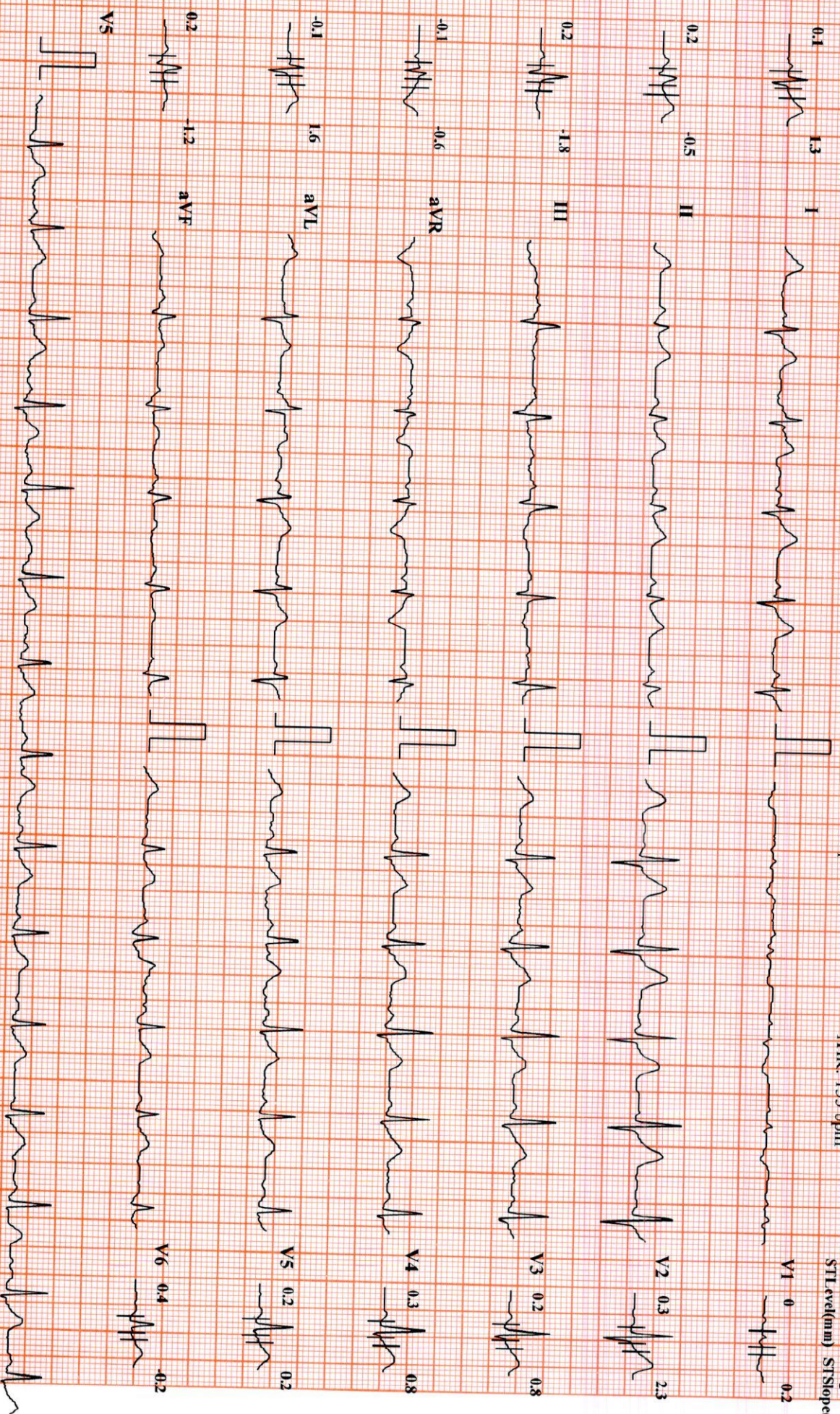


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter ON

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

**RAJEEV KUMAR (40 M)**

**SUBURBAN DIAGNOSTICS PVT. LTD. BORIVALI**

Bruce Protocol

ID: 2240191648

Date: 19-01-2024

Exec Time : 0:00:00

Stage Time: 00:13

STLevel(mm) STISlope(mV/s)

Stage: Standing

Speed: 0

Slope: 0%

THR: 153 bpm

**HR: 90 bpm**

BP: 100/70 mmHg

STLevel(mm) STISlope(mV/s)

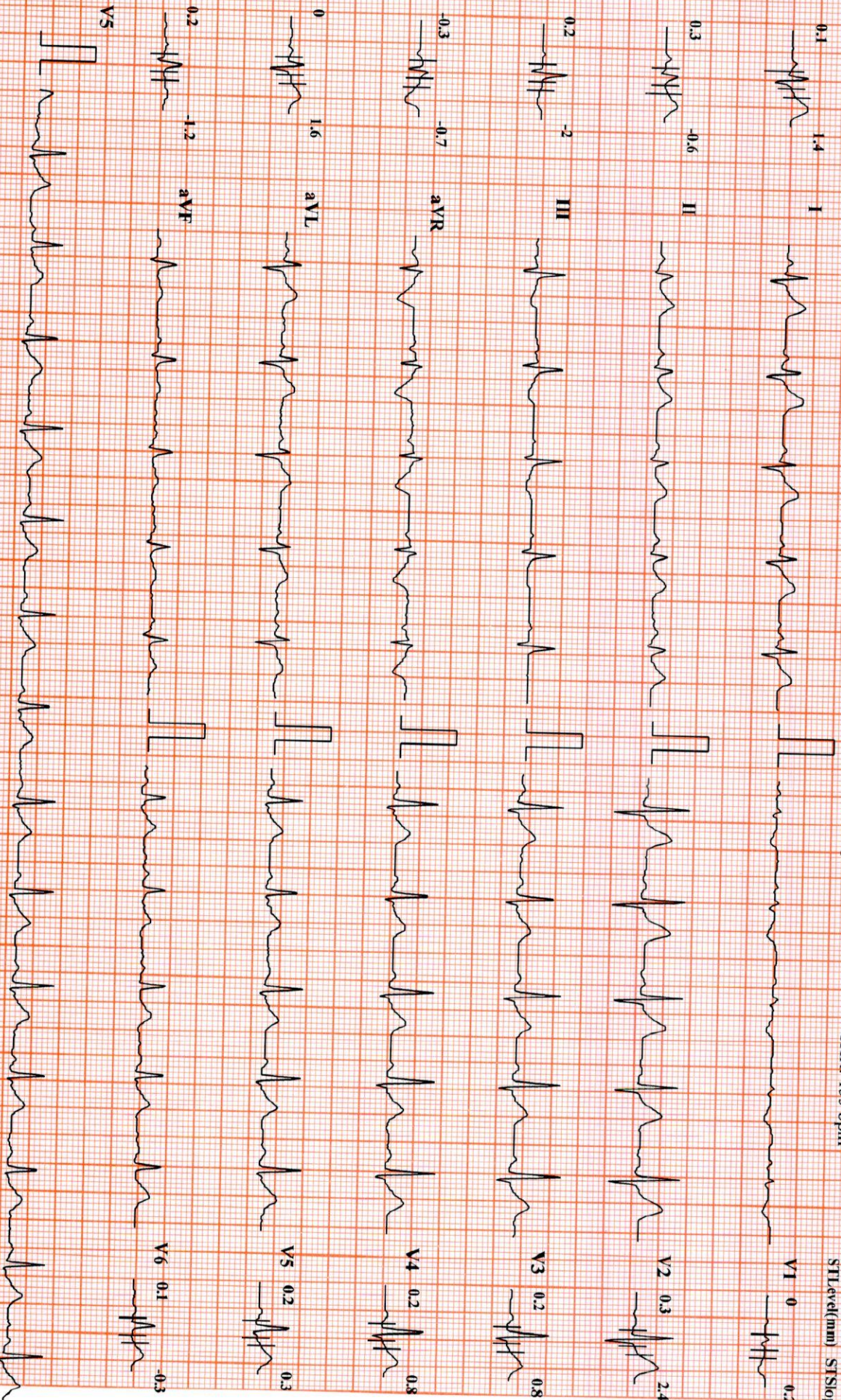


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

**RAJEEV KUMAR (40 M)**

**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

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

ID: 2240191648  
Stage: HyperVentilation  
Date: 19-01-2024  
Speed: 0

Exec Time : 0:00:00  
Slope: 0 %  
Stage Time: 00:19  
THR: 153 bpm

**HR: 88 bpm**  
BP: 100/70 mmHg  
STLevel(mm) STISlope(mV/s)

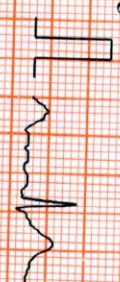
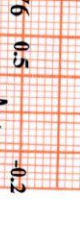
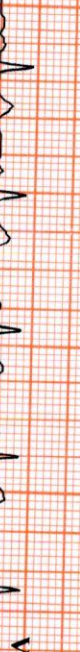
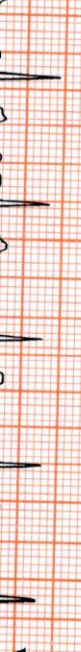
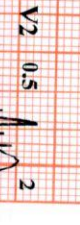
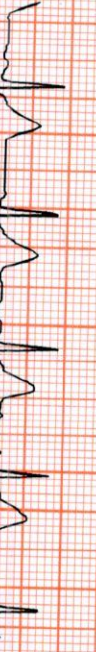
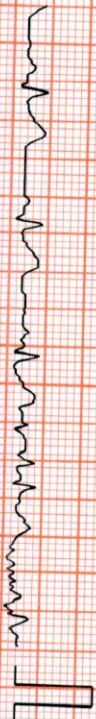
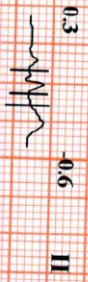
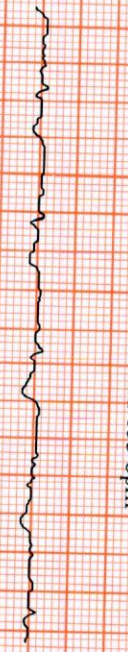


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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



**RAJEEV KUMAR (40 M)**

**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

Brice Protocol  
STLevel(mm) STISlope(mV/s)

ID: 2240191648  
Stage: 1

Date: 19-01-2024  
Speed: 2.7 kmph

Exec Time : 0:03:00  
Slope: 10%

Stage Time: 03:00  
THR: 153 bpm

**HR: 141 bpm**

BP: 130/70 mmHg  
STLevel(mm) STISlope(mV/s)

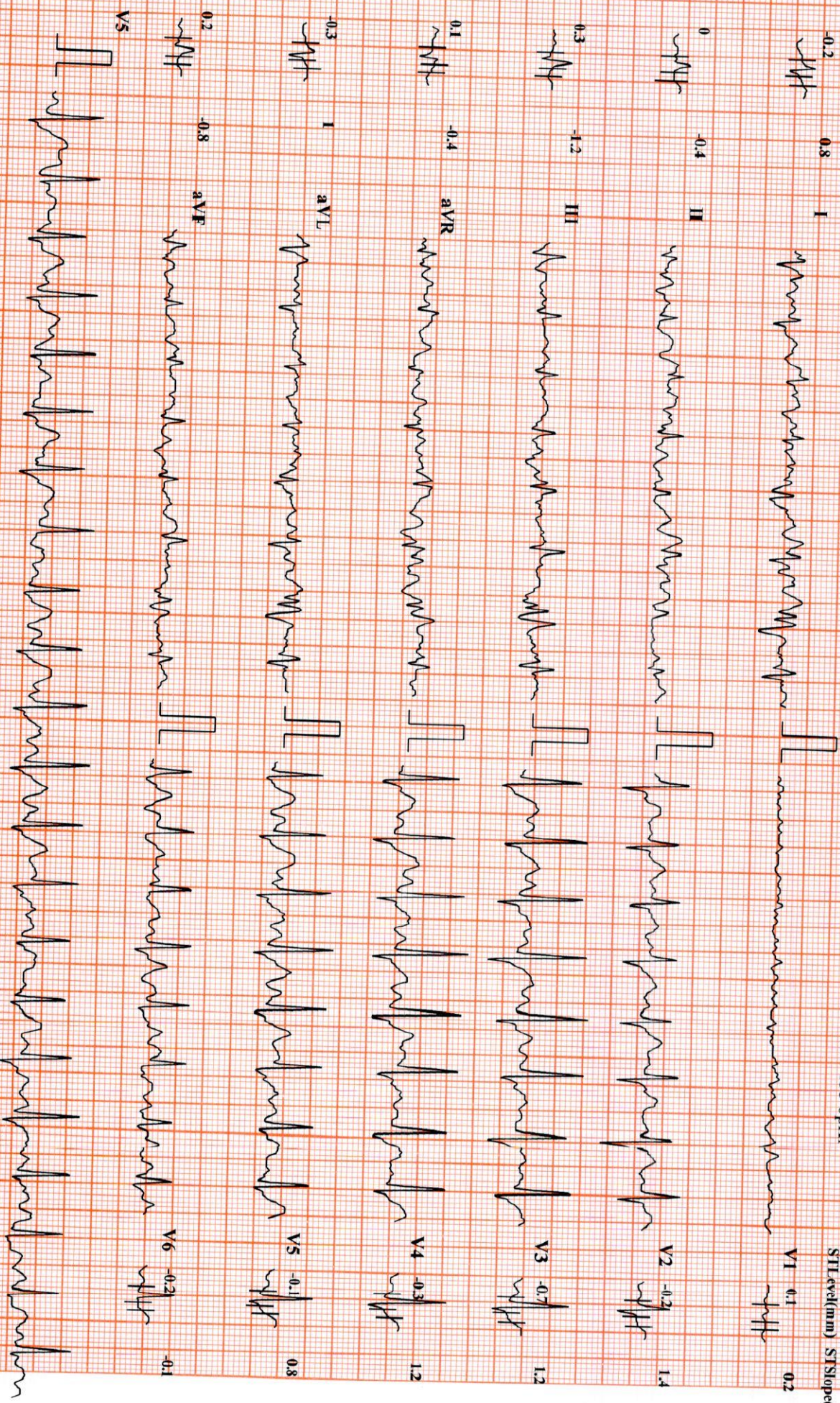


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

**RAJEEV KUMAR (40 M)**

**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

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

ID: 2240191648  
Stage: 2

Date: 19-01-2024  
Speed: 4 kmph

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

Stage Time: 03:00  
THR: 153 bpm

**HR: 179 bpm**

Bp: 150/70 mmHg  
STLevel(mm) STISlope(mV/s)

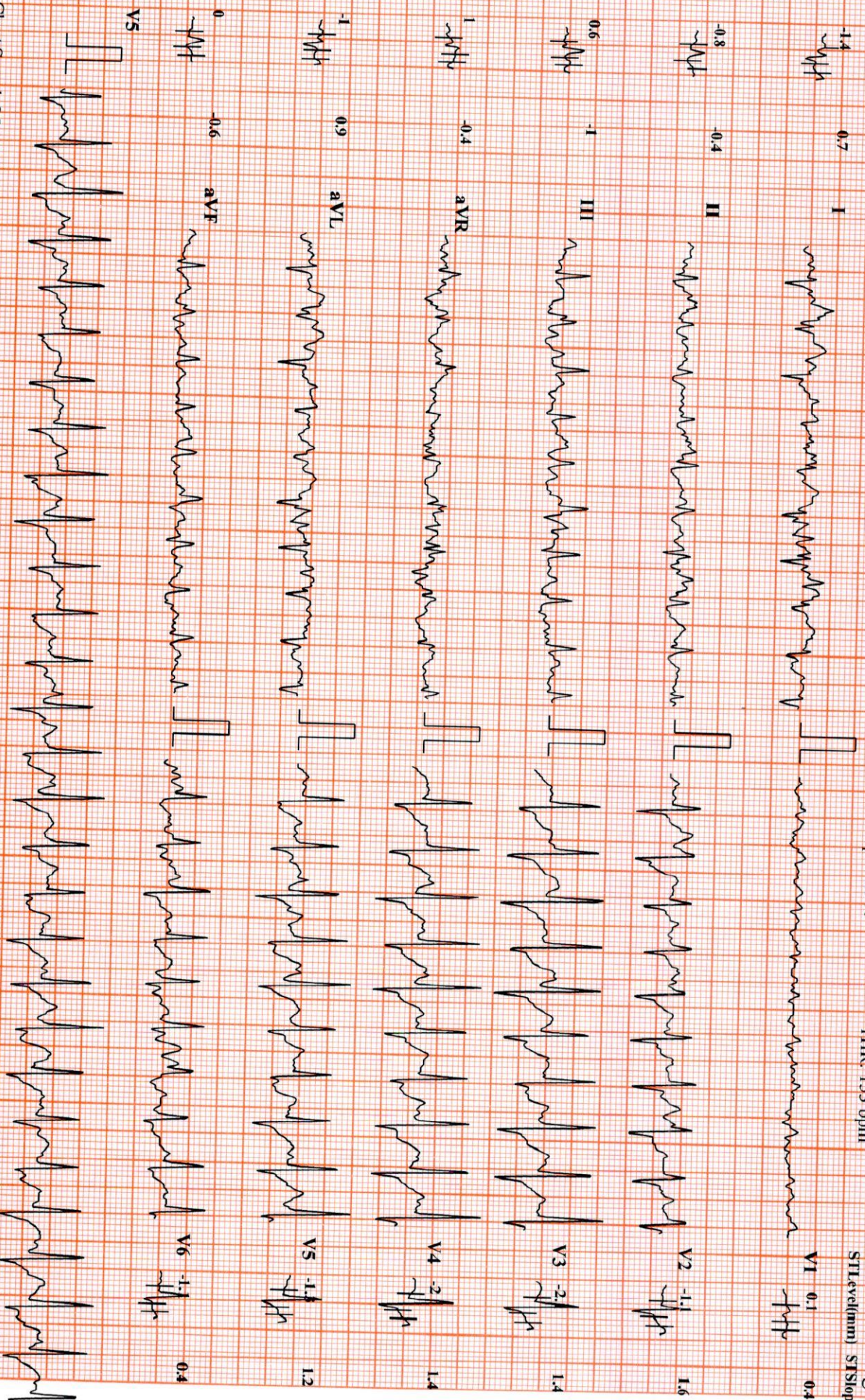


Chart Speed: 25 mm/sec      Amplitude: 10mm/mV      Filter: 25 Hz      Mains Filter: ON      ISO = R - 60 ms, J - R - 60 ms, Post J - J + 60 ms      Schiller CardioVIT CS-20 Version:3.4

**RAJEEV KUMAR (40 M)**

**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

Bruce Protocol

ID: 2240191648

Date: 19-01-2024

STLevel(mm) STISlope(mV/s)

Stage: 3 Peak Exercise

Speed: 5.5 kmph

Exec Time : 0:06:02

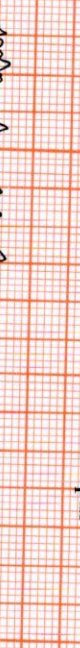
Stage Time: 00:02

**HR: 180 bpm**

Bp: 150/70 mmHg

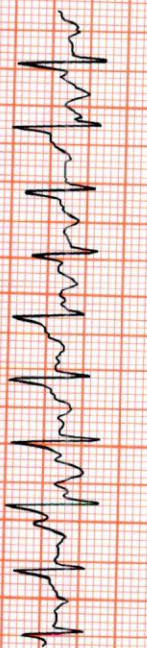
STLevel(mm) STISlope(mV/s)

-0.6 0.9 I



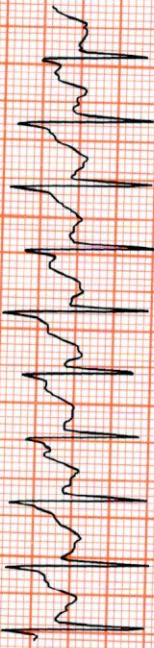
V1 -0.1 0.3

-0.6 -0.5 II



V2 -1.1 1.8

0.1 -1.5 III



V3 -2.4 1.5

0.6 -0.5 aVR



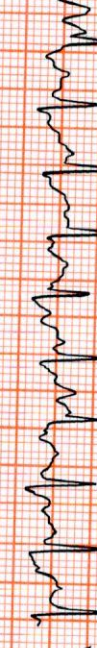
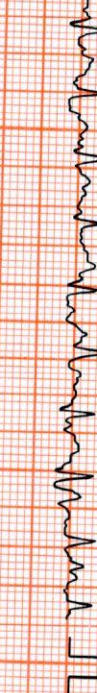
V4 -2.4 1.5

-0.4 1.2 aVL



V5 -1.1 1.1

-0.2 -0.9 aVF



V6 -1.1 0.1

V5



V5 -1.1 0.1

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

**RAJEEV KUMAR (40 M)**

**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

Bruce Protocol

ID: 2240191648

Date: 19-01-2024

Exec Time: 00:00

Stage Time: 01:00

**HR: 145 bpm**

STLevel(mm) STSlope(mV/s)

Stage: Recovery1

Speed: 0 kmph

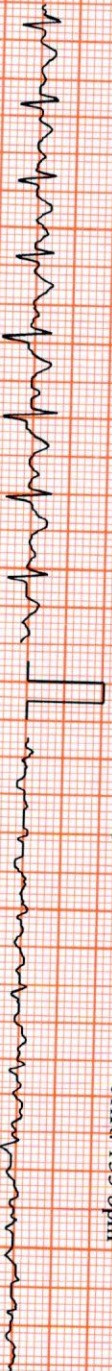
Slope: 0 %

THR: 153 bpm

BP: 150/70 mmHg

STLevel(mm) STSlope(mV/s)

0 I



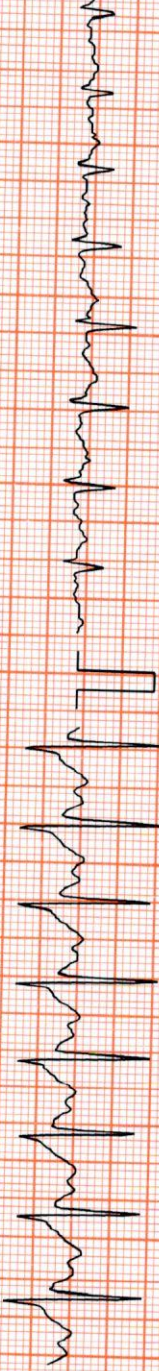
V1 -0.1 0.3

-0.2 II



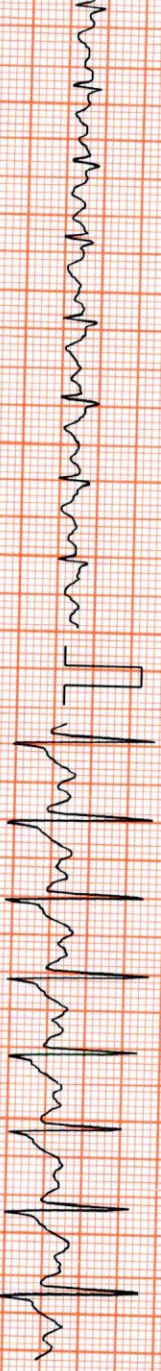
V2 -0.3 1.7

-0.2 III



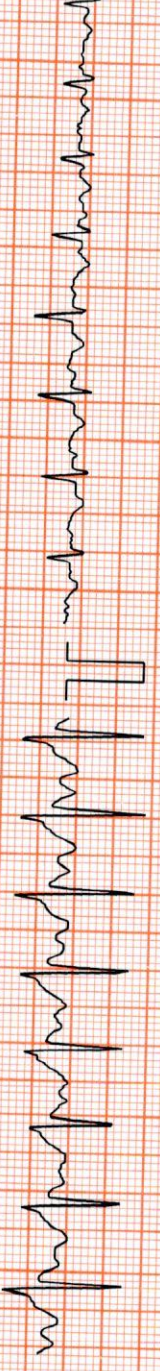
V3 -1 1.6

0 aVR



V4 -1 1.5

0.1 aVL



V5 -1 1

-0.2 aVF



V6 -0.6 0.2

V5

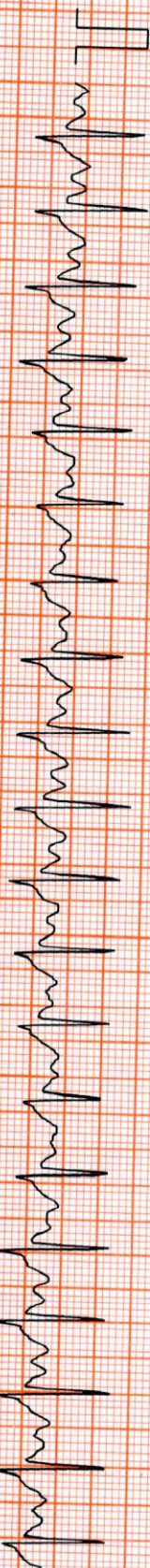


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

**RAJEEV KUMAR (40 M)**

**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

Bruce Protocol

ID: 2240191648

Date: 19-01-2024

Exec Time : 00:00

Stage Time: 01:00

**HR: 121 bpm**

STLevel(mm) STSlope(mV/s)

Stage: Recovery2

Speed: 0 kmph

Slope: 0 %

THR: 153 bpm

BP: 140/70 mmHg

STLevel(mm) STSlope(mV/s)

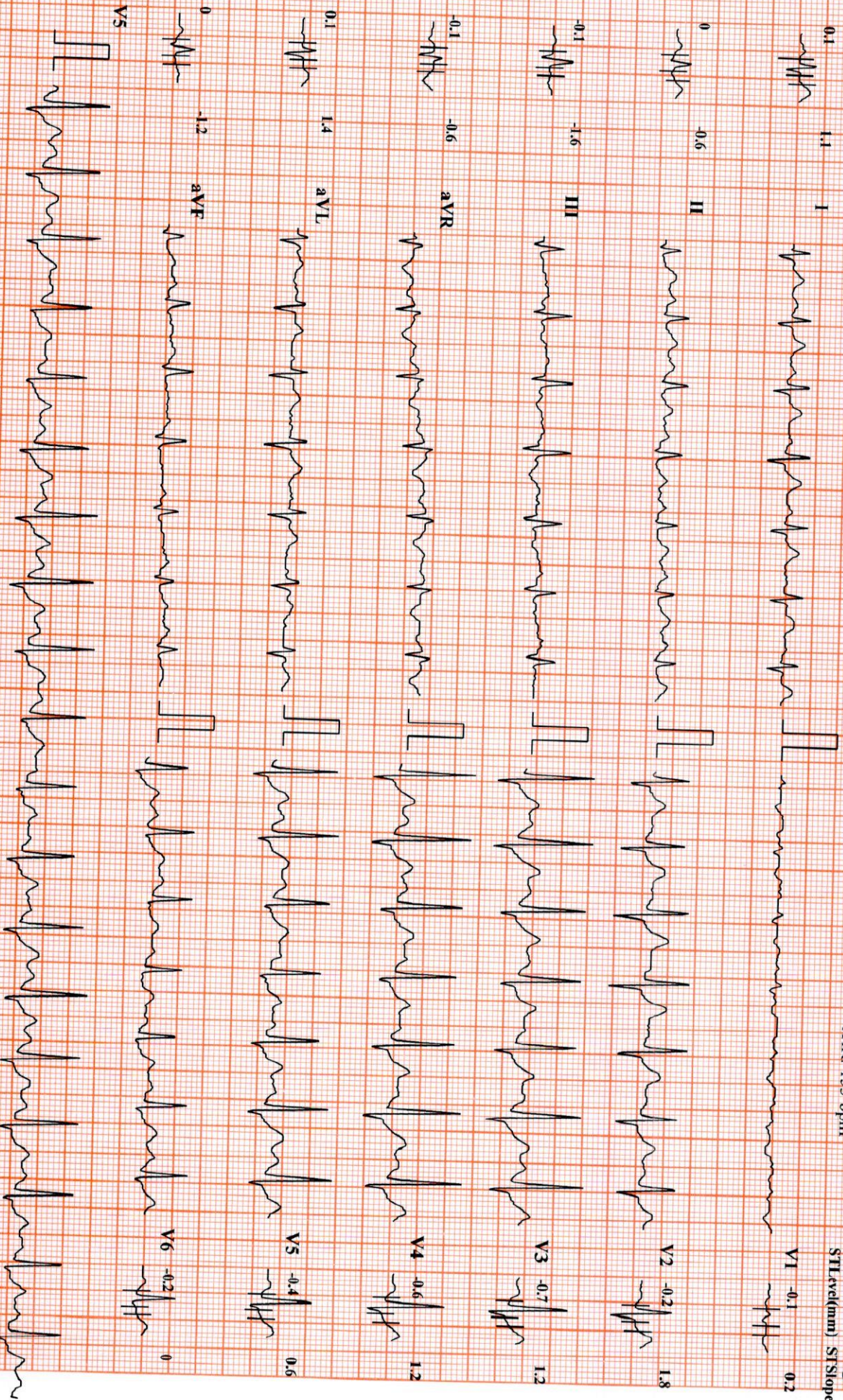


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

**RAJEEV KUMAR (40 M)**

**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

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

ID: 2240191648  
Stage: Recovery3

Date: 19-01-2024  
Speed: 0 kmph

Exec Time : 00:00  
Slope: 0 %

Stage Time: 01:00  
THR: 153 bpm

**HR: 122 bpm**  
BP: 140/70 mmHg  
ST1 Level(mm) ST1 Slope(mV/s)

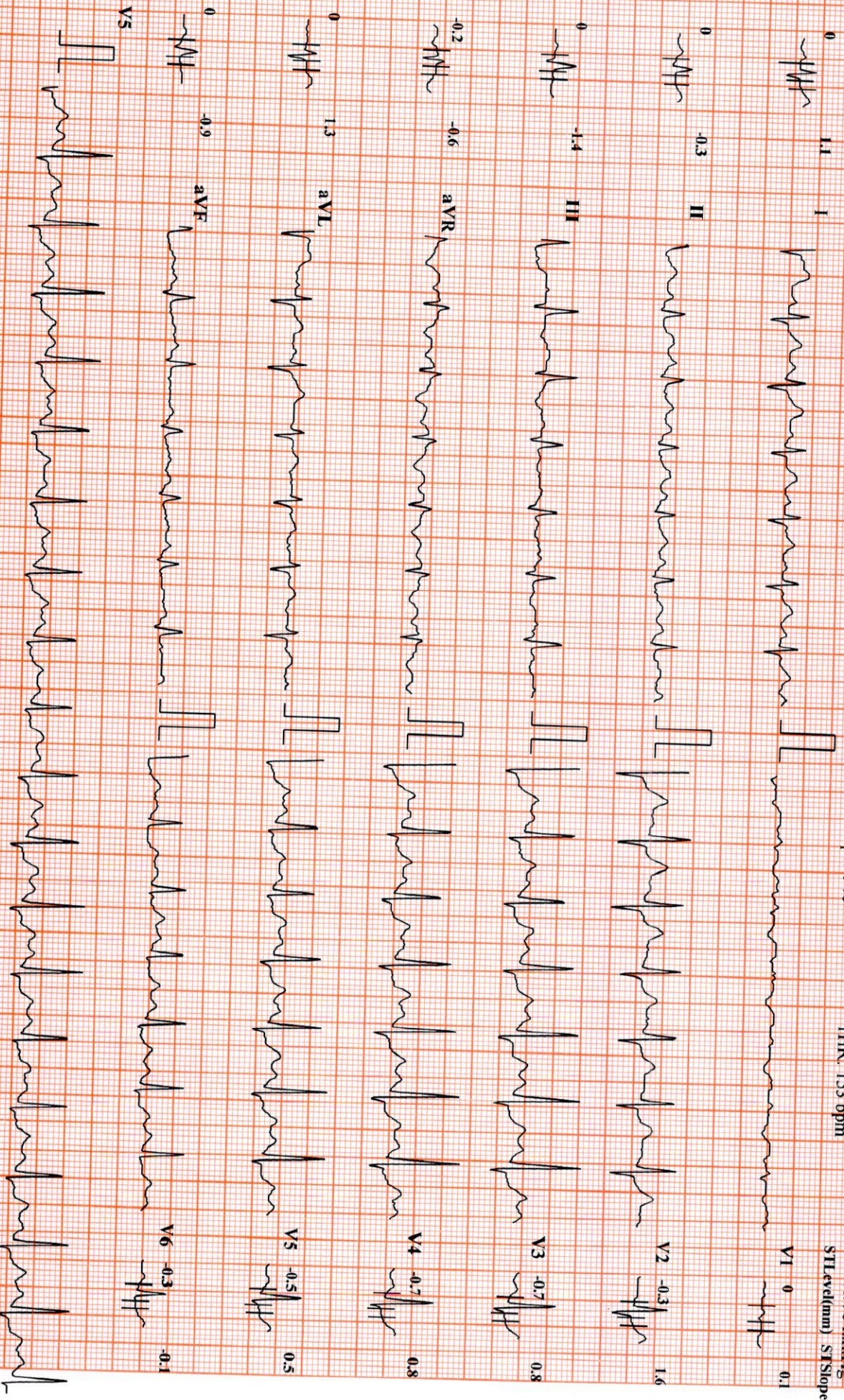


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

**RAJEEV KUMAR (40 M)**

**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

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

ID: 2240191648  
Stage: Recovery4

Date: 19-01-2024  
Speed: 0 kmph

Exec Time : 00:00  
Slope: 0 %

Stage Time: 01:00  
THR: 153 bpm

**HR: 113 bpm**  
BP: 120/70 mmHg  
STLevel(mm) STISlope(mV/s)

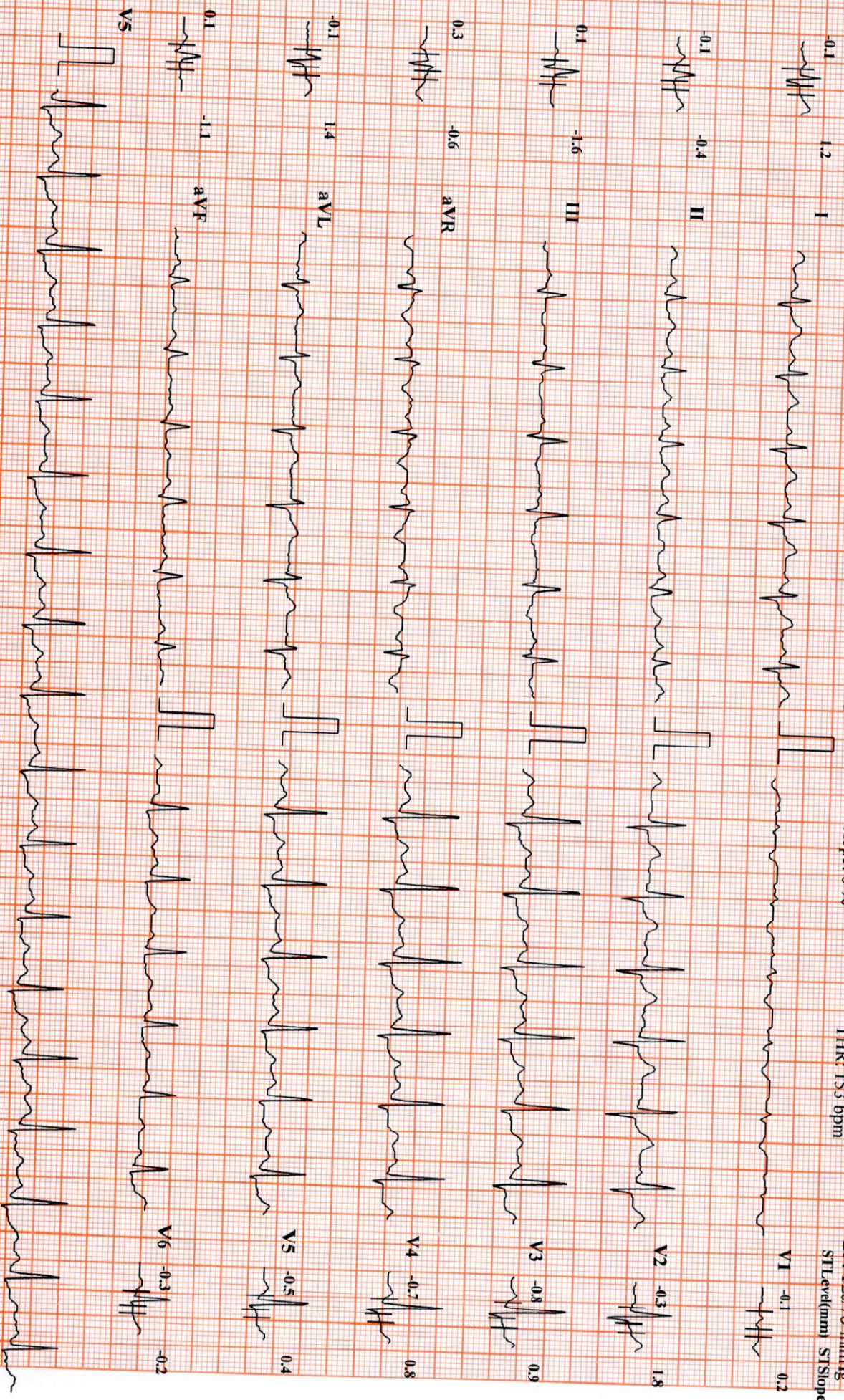


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

**RAJEEV KUMAR (40 M)**

**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

Brice Protocol  
STLevel(mm) STISlope(mV/s)

ID: 2240191648  
Stage: Recovery5

Date: 19-01-2024  
Speed: 0 kmph

Exec Time : 00:00  
Slope: 0 %

Stage Time: 00:02  
THR: 153 bpm

**HR: 113 bpm**

BP: 120/70 mmHg  
STLevel(mm) STISlope(mV/s)

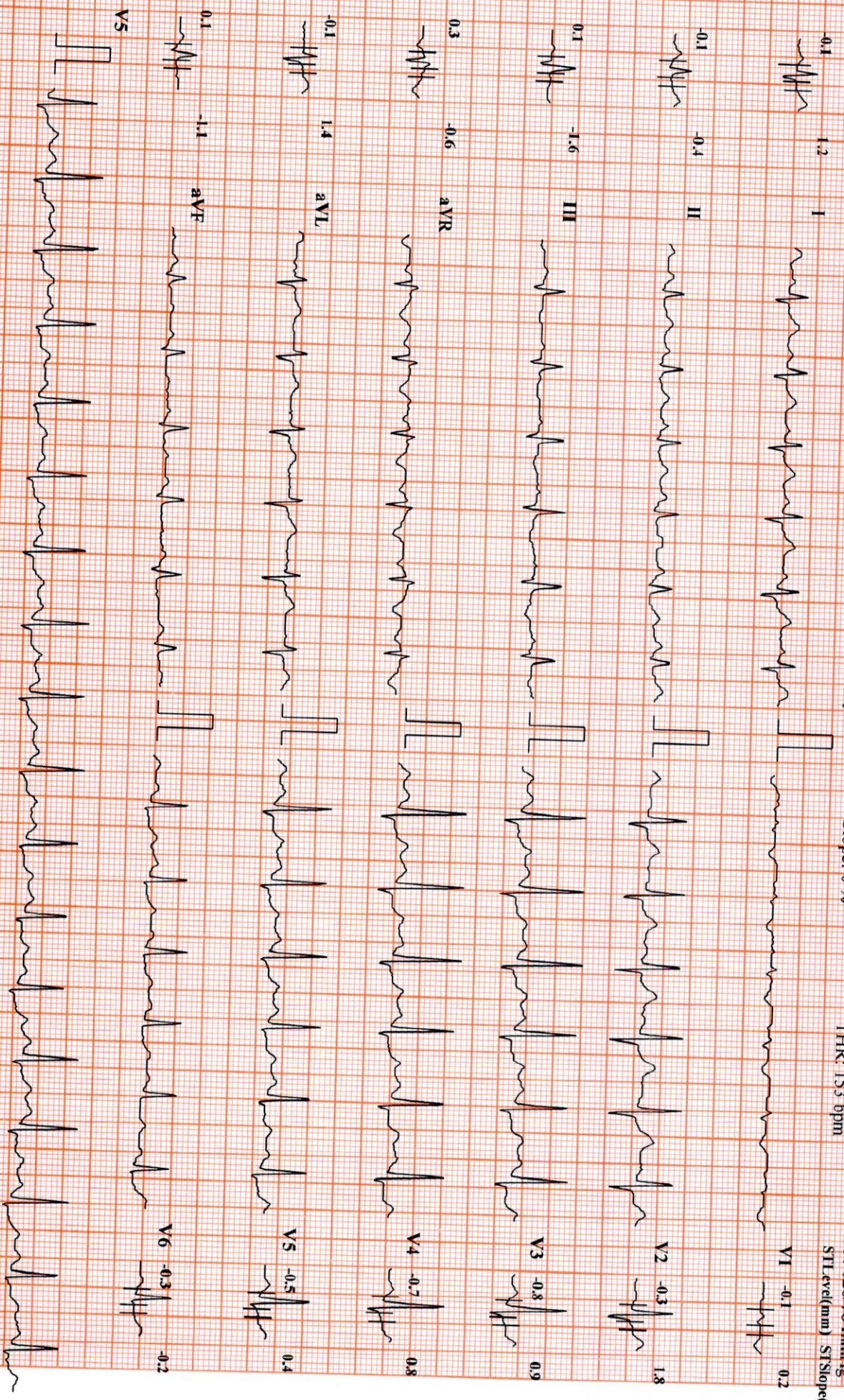


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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





**CID** : 2401916489  
**Name** : Mr RAJEEV KUMAR  
**Age / Sex** : 40 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Borivali West

**Reg. Date** : 19-Jan-2024  
**Reported** : 19-Jan-2024/09:45

## **USG WHOLE ABDOMEN**

**LIVER:** Liver is normal in size 13.5 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.

**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 10.4 x 4.0 cm. Left kidney measures 10.2 x 5.5 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 10.1 cm , 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 4.0 x 3.4 x 3.1 cm and prostatic weight is 23 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

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**Ref. Dr** :  
**Reg. Location** : Borivali West

**Reg. Date** : 19-Jan-2024  
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**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-----

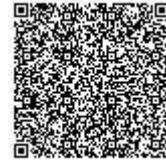
**DR.SUDHANSHU SAXENA**  
**Consultant Radiologist**  
**M.B.B.S DMRE (RadioDiagnosis)**  
**RegNo .MMC 2016061376.**



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**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.

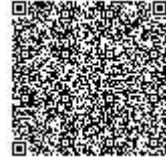
The skeleton under review appears normal.

**IMPRESSION:**

**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

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

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



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