



## LABORATORY REPORT

Name	: Mr. Aditya V Shukla	Reg. No	: 402101245
Sex/Age	: Male/33 Years	Reg. Date	: 17-Feb-2024 09:38 AM
Ref. By	:	Collected On	:
Client Name	: Mediwheel	Report Date	: 17-Feb-2024 03:15 PM

### Medical Summary

#### GENERAL EXAMINATION

Height (cms) : 180

Weight (kgs) :97.9

Blood Pressure : 120/80mmHg

Pulse : 92/Min

No Clubbing/Cynosis/Pallor/Pedel Oedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

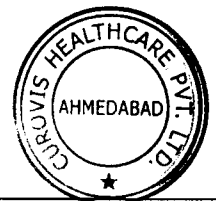
Respiratory system - AEBE

Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A

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



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*Jay Soni*

Dr.Jay Soni  
M.D, GENERAL MEDICINE

DR.MUKESH LADDHA

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भारत सरकार



आदित्य वीमलेन्द्र शुक्ला  
Aditya Vimalendra Shukla  
जन्म तारीख/DOB: 07/10/1990  
पुरुष/ MALE  
Mobile No: 7383647545  
**9232 4772 3700**  
VID : 9180 8259 6159 2663

भारो आधार, भारी ओज्ज

**Dr. Jay Soni**  
M.D. (General Medicine)  
Reg. No.: G-23899



भारतीय विशिष्ट पहचान प्राधिकरण  
UIDAI OF INDIA



संज्ञा :  
S/O: वीमलेन्द्र, 17-74, विष्णु कोलोनी, विराट नगर  
रोड, निकोल, अहमदाबाद शहर, अहमदाबाद,  
गुजरात - 382350

Address :  
S/O: Vimalendra, 17-74, vishnu colony,  
virat nagar road, nikol, Ahmadabad City,  
Ahmedabad,  
Gujarat - 382350



1947

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EC-code: 168734

M: 7202018036

*A. J. Shukla*



**TEST REPORT**

**Reg. No** : 402101245      **Ref Id** :      **Collected On** : 17-Feb-2024 09:38 AM  
**Name** : Mr. Aditya V Shukla      **Reg. Date** : 17-Feb-2024 09:38 AM  
**Age/Sex** : 33 Years / Male      **Pass. No.** :      **Tele No.** : 7202018036  
**Ref. By** :      **Dispatch At** :      **Location** : CHPL  
**Sample Type** : EDTA

Parameter	Results	Unit	Biological Ref. Interval
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**COMPLETE BLOOD COUNT (CBC)**

Hemoglobin (Colorimetric method)	15.4	g/dL	13.5 - 18
Hematocrit (Calculated)	44.10	%	40 - 50
RBC Count (Electrical Impedance)	4.95	million/cmm	4.73 - 5.5
MCV (Calculated)	89.2	fL	83 - 101
MCH (Calculated)	31.1	Pg	27 - 32
MCHC (Calculated)	H <b>34.9</b>	%	31.5 - 34.5
RDW (Calculated)	L <b>10.6</b>	%	11.5 - 14.5
WBC Count <small>† lowcytometry with manual Microscopy</small>	6690	/cmm	4000 - 10000
MPV (Calculated)	10.1	fL	6.5 - 11.5

<b>DIFFERENTIAL WBC COUNT</b>	<b>[ % ]</b>	<b>EXPECTED VALUES</b>	<b>[ Abs ]</b>	<b>EXPECTED VALUES</b>
Neutrophils (%)	49 %	40 - 80	3278 /cmm	2000 - 7000
Lymphocytes (%)	40 %	20 - 40	2676 /cmm	1000 - 3000
Eosinophils (%)	03 %	0 - 6	535 /cmm	200 - 1000
Monocytes (%)	08 %	2 - 10	201 /cmm	20 - 500
Basophils (%)	0 %	0 - 2	0 /cmm	0 - 100

**PERIPHERAL SMEAR STUDY**

RBC Morphology      Normocytic and Normochromic.  
WBC Morphology      Normal

**PLATELET COUNTS**

Platelet Count (Electrical Impedance)      241000      /cmm      150000 - 450000  
† lectrical Impedance  
Platelets      Platelets are adequate with normal morphology.  
Parasites      Malarial parasite is not detected.  
Comment      -

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\* This test has been out sourced.

**Approved By** : Dr. Purvish Darji  
MD (Pathology)

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Age/Sex	: 33 Years / Male	Pass. No.	:	Tele No.	: 7202018036
Ref. By	:			Dispatch At	:
Sample Type	: EDTA			Location	: CHPL

Parameter	Result	Unit	Biological Ref. Interval
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**HEMATOLOGY**

**BLOOD GROUP & RH**

Specimen: EDTA and Serum; Method: Forward Reverse Tube Agglutination

ABO "B"

Rh (D) Positive

Note -

**ERYTHROCYTE SEDIMENTATION RATE [ESR]**


<b>ESR 1 hour</b> <i>Westergreen method</i>	04	mm/hr	ESR AT 1 hour : 1-7
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**ERYTHRO SEDIMENTATION RATE, BLOOD -**

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants. The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week post partum. ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives). It is especially low (o-1mm) in polycythaemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

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MD (Pathology)

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<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : Serum,Flouride PP		<b>Location</b> : CHPL


<b>Parameter</b>	<b>Result</b>	<b>Unit</b>	<b>Biological Ref. Interval</b>
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**BIO - CHEMISTRY**

<b>Fasting Blood Sugar (FBS)</b> <small>GOD-POD Method</small>	<b>132.20</b>	mg/dL	70 - 110
<b>Post Prandial Blood Sugar (PPBS)</b> <small>GOD-POD Method</small>	<b>137.3</b>	mg/dL	70 - 140

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Age/Sex : 33 Years / Male      Pass. No. :      Tele No. : 7202018036  
Ref. By :      Dispatch At :  
Sample Type : Serum      Location : CHPL


Parameter	Result	Unit	Biological Ref. Interval
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**Lipid Profile**

Cholesterol	235.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Enzymatic, colorimetric method</i>			
Triglyceride	162.80	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	36.20	mg/dL	Low: <40 High: >60
<i>Accelerator selective detergent method</i>			
LDL	166.24	mg/dL	Optimal: < 100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	32.56	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	<b>4.59</b>		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	<b>6.49</b>		0 - 5.0
<i>Calculated</i>			

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<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : Serum		<b>Location</b> : CHPL


Parameter	Result	Unit	Biological Ref. Interval
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**LFT WITH GGT**

Total Protein	7.38	gm/dL	1Day: 3.4-5.0 1Day to 1Month: 4.6-6.8 2 to 12Months: 4.8-7.6 >=1Year : 6.0-8.0 Adults : 6.6-8.7
<i>Biuret Reaction</i>			
Albumin	5.34	g/dL	
<i>By Bromocresol Green</i>			
Globulin (Calculated)	<b>2.04</b>	g/dL	2.3 - 3.5
A/G Ratio (Calculated)	<b>2.62</b>		0.8 - 2.0
SGOT	37.50	U/L	0 - 40
<i>UV without P5P</i>			
SGPT	<b>47.40</b>	U/L	0 - 40
<i>UV without P5P</i>			
Alakaline Phosphatase	98.8	IU/l	53 - 128
<i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>			
Total Bilirubin	0.56	mg/dL	0.3 - 1.2
<i>Vanadate Oxidation</i>			
Direct Bilirubin	0.15	mg/dL	0.0 - 0.4
<i>Vanadate Oxidation</i>			
Indirect Bilirubin	0.41	mg/dL	0.0 - 1.1
<i>Calculated</i>			
GGT	56.30	U/L	< 55
<i>SZASZ Method</i>			

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Ref. By :      Dispatch At :  
Sample Type : Serum      Location : CHPL

**Parameter      Result      Unit      Biological Ref. Interval**

**BIO - CHEMISTRY**


**Uric Acid**      5.37      mg/dL      3.5 - 7.2  
*Enzymatic, colorimetric method*

**Creatinine**      0.86      mg/dL      0.9 - 1.3  
*Enzymatic Method*

**BUN**      3.20      mg/dL      6.0 - 20.0  
*UV Method*

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Age/Sex	: 33 Years / Male	Pass. No.	:	Tele No.	: 7202018036
Ref. By	:			Dispatch At	:
Sample Type	: EDTA			Location	: CHPL

Parameter	Result	Unit	Biological Ref. Interval
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**HEMOGLOBIN A1 C ESTIMATION**

Specimen: Blood EDTA

*Hb A1C	5.5	% of Total Hb	Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : 6.5 % or higher
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*Boronate Affinity with Fluorescent Quenching*

Mean Blood Glucose	111.15	mg/dL
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*Calculated*
**Degree of Glucose Control Normal Range:**

Poor Control &gt;7.0% \*

Good Control 6.0 - 7.0 %\*\*Non-diabetic level &lt; 6.0 %

\* High risk of developing long term complication such as retinopathy, nephropathy, neuropathy, cardiopathy, etc.

\* Some danger of hypoglycemic reaction in Type I diabetics.

\* Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1c levels in this area.

**EXPLANATION :-**

\*Total haemoglobin A1 c is continuously synthesised in the red blood cell through its 120 days life span. The concentration of HBA1c in the cell reflects the average blood glucose concentration it encounters.

\*The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.

\*The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.


\*It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.

**HbA1c assay Interferences:**

\*Erroneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c(HbF) or differences in their glycation from that of HbA(HbS)

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Age/Sex	: 33 Years / Male	Pass. No.	:	Tele No.	: 7202018036
Ref. By	:			Dispatch At	:
Sample Type	: Urine Spot			Location	: CHPL

Test	Result	Unit	Biological Ref. Interval
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**URINE ROUTINE EXAMINATION****PHYSICAL EXAMINATION**

Quantity	15 cc	
Colour	Yellow	
Clarity	Clear	Clear

**CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)**


pH	5.0	4.6 - 8.0
Sp. Gravity	1.030	1.001 - 1.035
Protein	Nil	Nil
Glucose	Nil	Nil
Ketone Bodies	Nil	Nil
Urobilinogen	Nil	Nil
Bilirubin	Nil	
Nitrite	Nil	Nil
Blood	Nil	Nil

**MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)**

Leucocytes (Pus Cells)	Occasional/hpf	Nil
Erythrocytes (Red Cells)	Nil	Nil
Epithelial Cells	Occasional	Nil
Crystals	Absent	Absent
Casts	Absent	Absent
Amorphous Material	Absent	Absent
Bacteria	Absent	Absent
Remarks	-	

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Age/Sex : 33 Years / Male      Pass. No. :      Tele No. : 7202018036  
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Sample Type : Serum      Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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**IMMUNOLOGY**

**THYROID FUNCTION TEST**

<b>T3 (Triiodothyronine)</b> <small>CHL MILUMINESCENT MICROPARTICLE IMMUNOASSAY</small>	0.98	ng/mL	0.86 - 1.92
--	------	-------	-------------

Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus.

In the circulation, 99.7% of T3 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin. The remaining unbound T3 is free in the circulation and is metabolically active.

In hypothyroidism and hyperthyroidism, F T3 (free T3) levels parallel changes in total T3 levels. Measuring F T3 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T3 occur due to changes in T3 binding proteins, especially TBG.

<b>T4 (Thyroxine)</b> <small>CHL MILUMINESCENT MICROPARTICLE IMMUNOASSAY</small>	10.20	µg/dL	3.2 - 12.6
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Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus. In the circulation, 99.95% of T4 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to triiodothyronine (T3).


In hypothyroidism and hyperthyroidism, F T4 (free T4) levels parallel changes in total T4 levels. Measuring FT4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.

**Limitations:**

1. The anticonvulsant drug phenytoin may interfere with total and F T4 levels due to competition for TBG binding sites.
2. F T4 values may be decreased in patients taking carbamazepine.
3. Thyroid autoantibodies in human serum may interfere and cause falsely elevated F T4 results.

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Ref. By :      Dispatch At :  
Sample Type : Serum      Location : CHPL

**TSH**      2.810      µIU/ml      0.35 - 5.50  
*CHLUMINESCENT MICROPARTICLE IMMUNOASSAY*

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

First Trimester : 0.1 to 2.5 µIU/mL


Second Trimester : 0.2 to 3.0 µIU/mL

Third trimester : 0.3 to 3.0 µIU/mL

Reference : Carl A. Burtis, Edward R. Ashwood, David E. Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition. Philadelphia: WB Saunders, 2012:2170

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**IMMUNOLOGY**

TOTAL PROSTATE SPECIFIC ANTIGEN (PSA) <small>CMIA</small>	0.56	ng/mL	0 - 4
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Measurement of total PSA alone may not clearly distinguish between benign prostatic hyperplasia (BPH) from cancer, this is especially true for the total PSA values between 4-8 ng/mL.


Percentage of free PSA = free PSA/total PSA X 100

Percentage of free PSA: Patients with prostate cancer generally have a lower percentage of Free PSA than patients with benign prostatic hyperplasia. Percentage Free PSA of less than 25% is a high likelihood of prostatic cancer.

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

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MD (Pathology)

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**LABORATORY REPORT**

**Name** : Mr. Aditya V Shukla  
**Sex/Age** : Male/33 Years  
**Ref. By** :  
**Client Name** : Mediwheel

**Reg. No** : 402101245  
**Reg. Date** : 17-Feb-2024 09:38 AM  
**Collected On** :  
**Report Date** : 19-Feb-2024 01:31 PM

**Electrocardiogram**

**Findings**

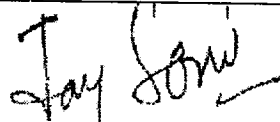
Normal Sinus Rhythm.

Within Normal Limit.

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



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**Dr. Jay Soni**  
M.D, GENERAL MEDICINE

**DR. MUKESH LADDHA**

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ADULTY R  
SHUKL R

24

Male

53 years / 98 kg

HR 92/min

Axis: P 39°

Intervals:

RR 653 ms

P 90 ms

PR 150 ms

QRS 80 ms

QT 354 ms

QTc 443 ms

(Bazett)

10 mm/mV

QRS 49°

T 92°

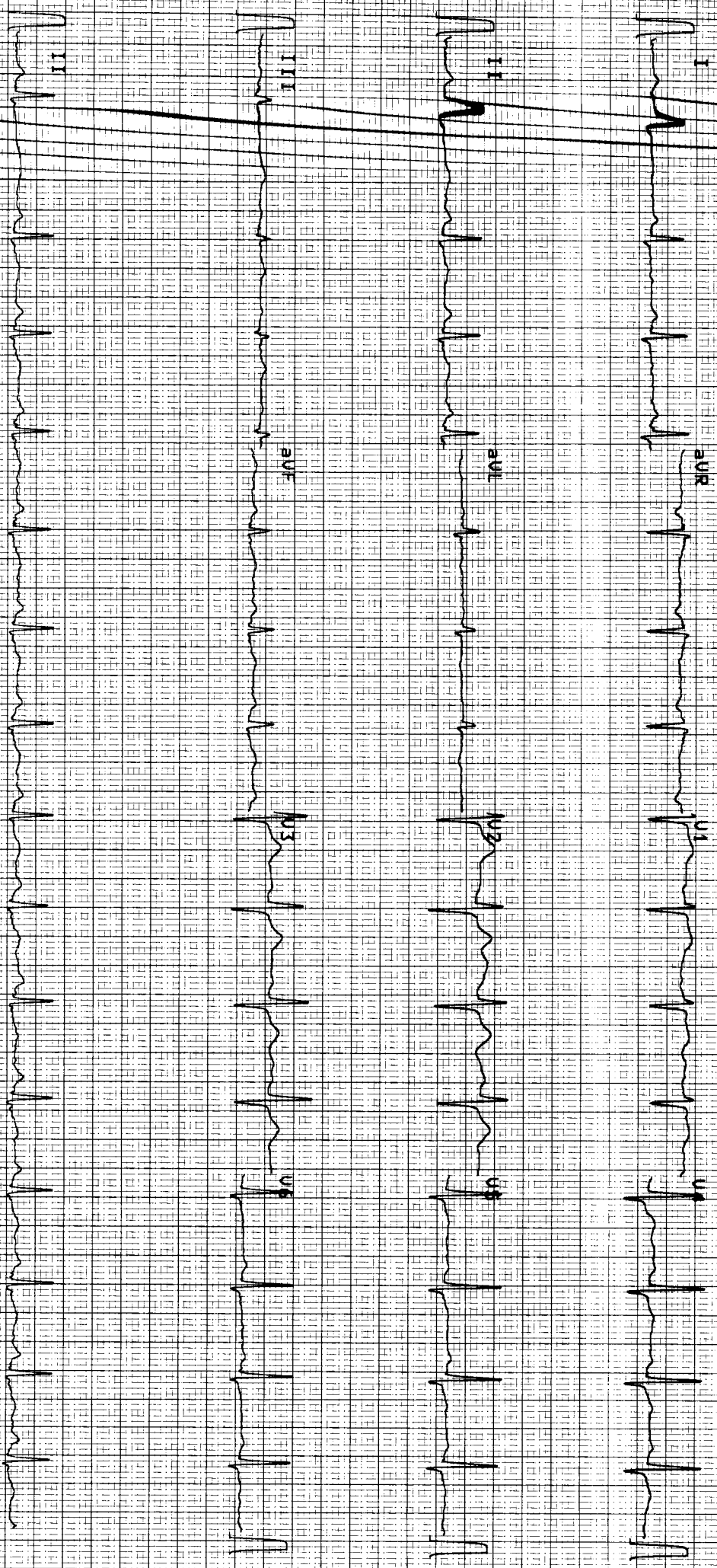
P (I) 0.12 mV

S (VI) -0.83 mV

R (V5) 1.14 mV

Sokol. 2.21 mV

10 mm/mV



10 mm/mV

0.05 25 50 75 100 125 150 175 200 225 250 275 300 325 350 375 400 425 450 475 500 525 550 575 600 625 650 675 700 725 750 775 800 825 850 875 900 925 950 975 1000

CURIOUS HEALING CARE

*[Signature]*



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Sex/Age : Male/33 Years

Ref. By :

Client Name : Mediwheel

Reg. No : 402101245

Reg. Date : 17-Feb-2024 09:38 AM

Collected On :

Report Date : 17-Feb-2024 04:44 PM

**X RAY CHEST PA**

Both lung fields appear clear.

No evidence of any active infiltrations or consolidation.

Cardiac size appears within normal limits.

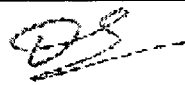
Both costo-phrenic angles appear free of fluid.

Both domes of diaphragm appear normal.

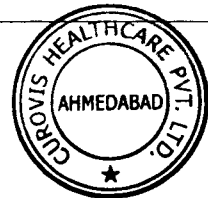
**COMMENT: No significant abnormality is detected.**

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

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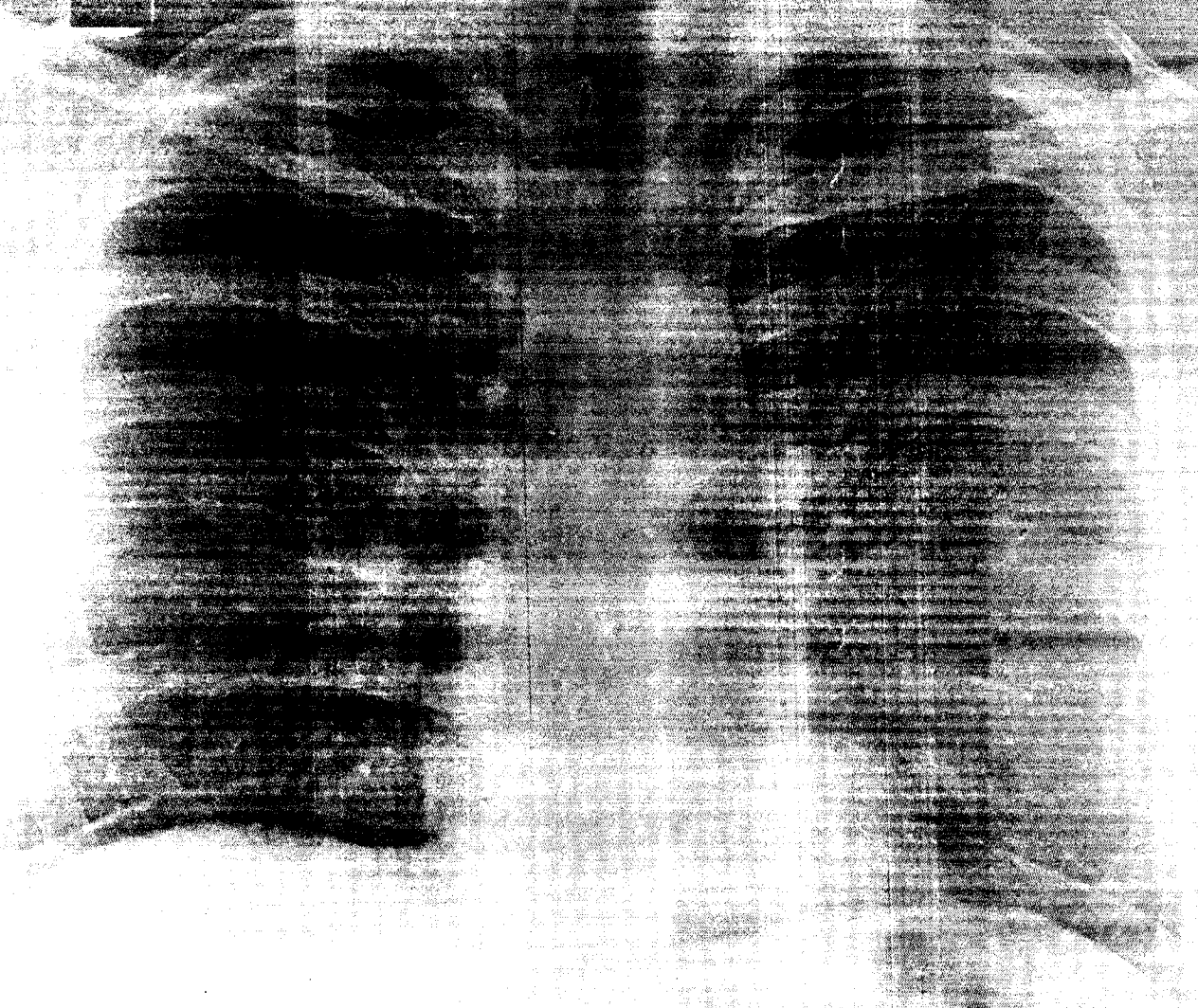


**DR DHAVAL PATEL**  
Consultant Radiologist  
MB,DMRE  
Reg No:0494





R



ADITYA SHUKLA 33Y

17/02/2024

CUROVIS HEALTHCARE



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Name	: Mr. Aditya V Shukla	Reg. No	: 402101245
Sex/Age	: Male/33 Years	Reg. Date	: 17-Feb-2024 09:38 AM
Ref. By	:	Collected On	:
Client Name	: Mediwheel	Report Date	: 17-Feb-2024 04:44 PM

**USG ABDOMEN**

**Liver** appears normal in size & **increased in echogenicity**. No evidence of focal solid or cystic lesion seen. No evidence of dilatation of intra-hepatic biliary or portal radicals. PV is normal in caliber.

**Gall bladder** is normally distended. No evidence of calculus or mass seen. Gall bladder wall thickness appears normal.

**Pancreas** Visualized portion appears normal in size and echopattern. No evidence of focal lesions.

**Spleen** appears normal in size & echopattern. No evidence of focal lesions.

**Both kidneys** are normal in size, shape and position. C.M. differentiation on both sides is maintained. No evidence of hydronephrosis, calculus or solid mass on either side.

**Urinary bladder** is partially distended. No evidence of calculus or mass.

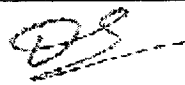
**Prostate** appears normal in size and echopattern. No evidence of focal lesions.

No evidence of free fluid in peritoneal cavity.  
No evidence of para-aortic lymph adenopathy.  
No evidence of dilated small bowel loops.

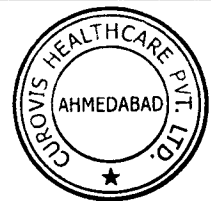
**COMMENTS :**

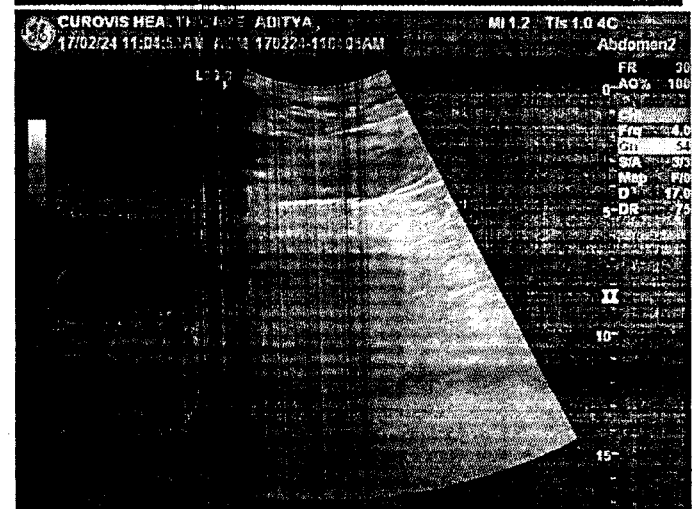
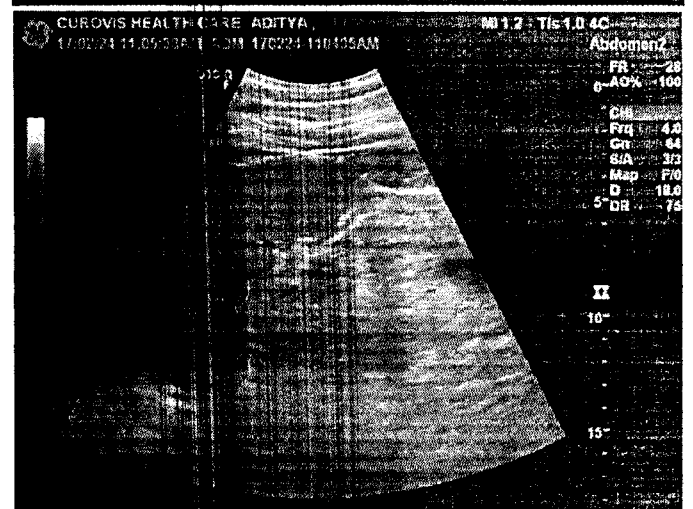
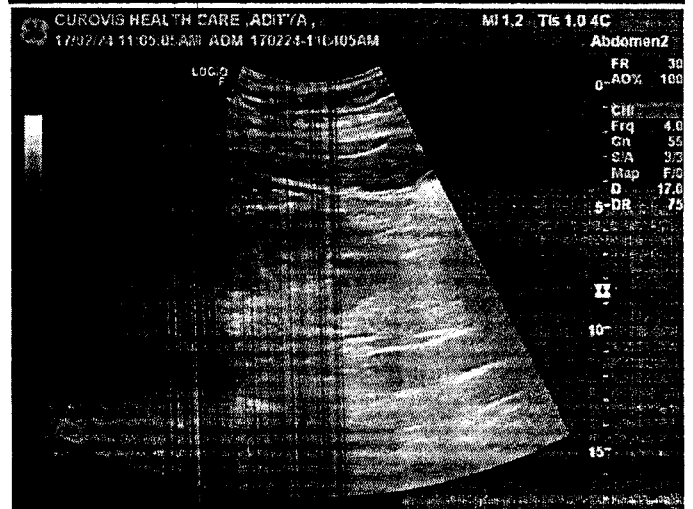
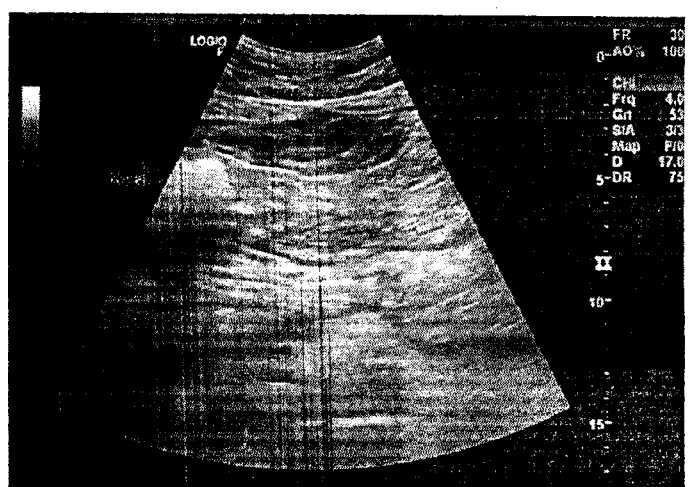
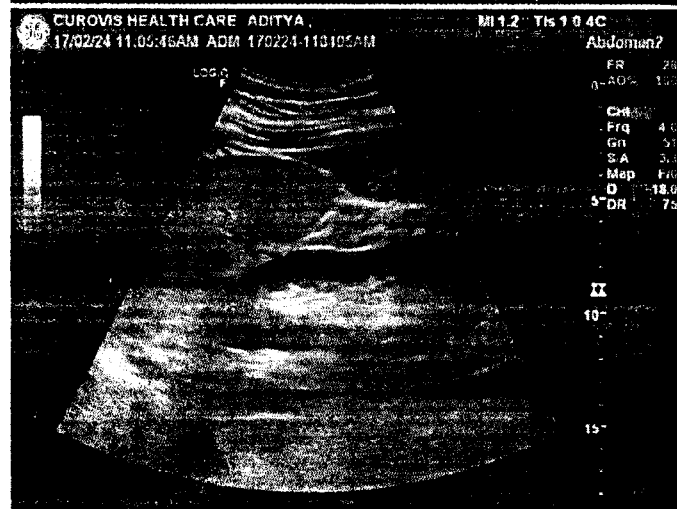
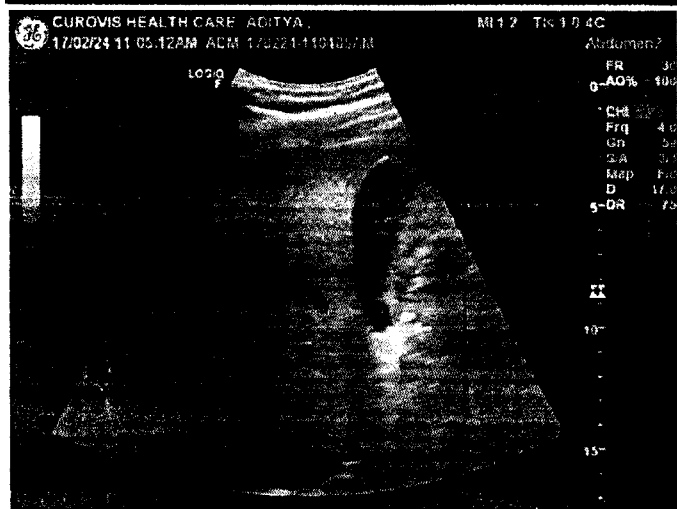
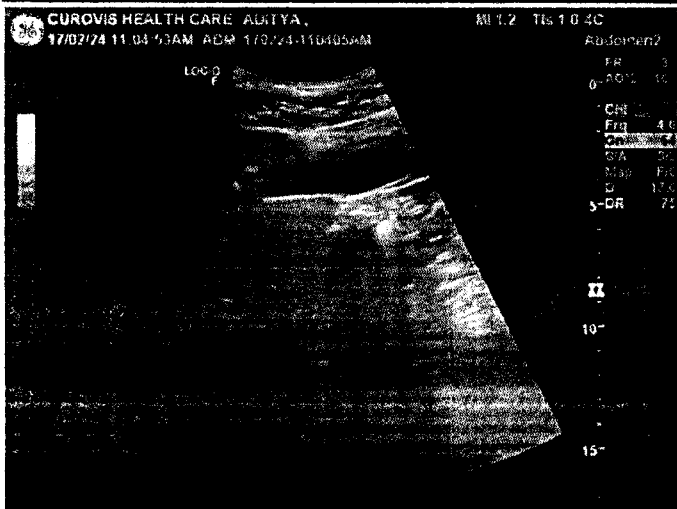
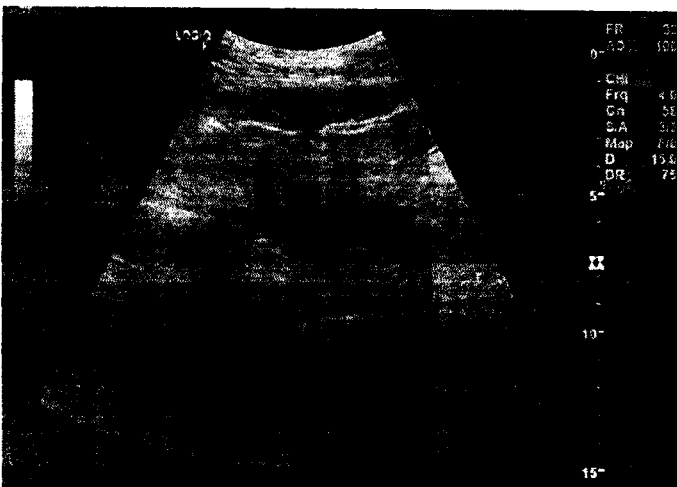
**Grade II fatty liver.**

This is an electronically authenticated report



**DR DHAVAL PATEL**  
Consultant Radiologist  
MB,DMRE  
Reg No:0494





ADITYA 170224-110405AM 17/02/2024

CUROVIS HEALTH CARE

*Handwritten signature*

# Curovis Healthcare Pvt Ltd, Ahmedabad

**ADITYA SHUKLA (33 M)**

Brice Protocol  
STLevel(mv) STSlope(mV/s)

ID: 343  
Stage: Supine

Date: 17-02-2024  
Speed: 0 kmph

Exc Time: 0:00:00  
Grade: 0%

Stage Time: 00:12  
THR: 158 bpm

**HR: 102 bpm**

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

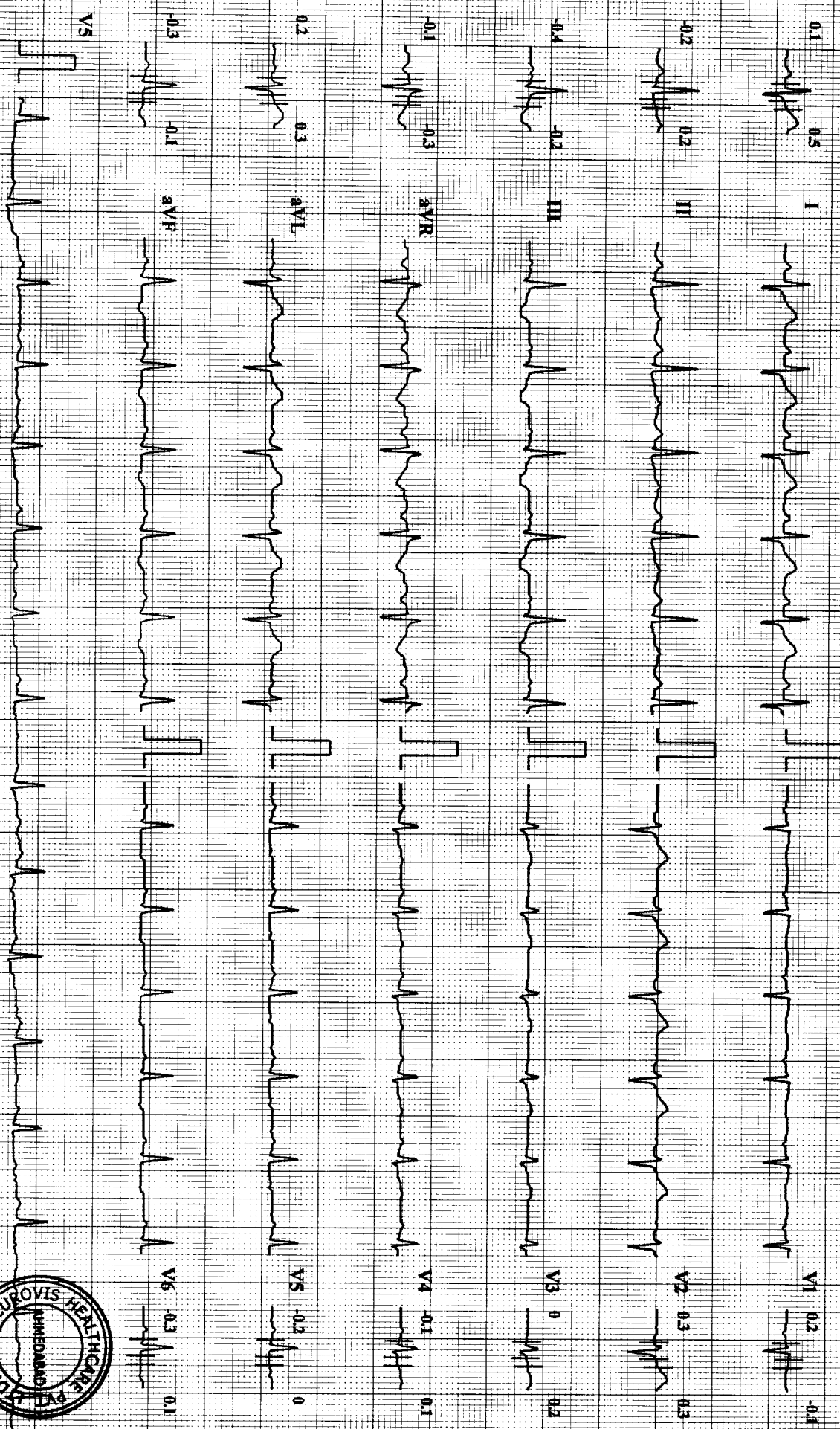
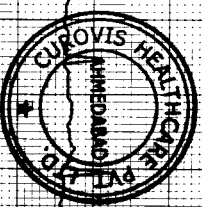


Chart Speed: 25 mm/sec    Amplitude: 10mm/mV    Filter: 35 Hz Main Filter: ON    ISO = R - 60 ms, J + R + 60 ms, Pos 1, J + 60 ms

Linked Median

Schiller Cardiovit (S-10 Version 3.4)



# Curovis Healthcare Pvt Ltd, Ahmedabad

**ADITYA SHUKLA (33 M)**

Bruce Protocol  
STLLevel(mm) STSLopctn(V/s)

ID: 343

Stage: Standing

Date: 17-02-2024

Speed: 0 kmph

Exec Time: 0:00:00

Grade: 0%

Stage Time: 00:11

THR: 158 bpm

**HR: 100 bpm**

BP: 120/80 mmHg  
STLLevel(mm) STSLopctn(V/s)

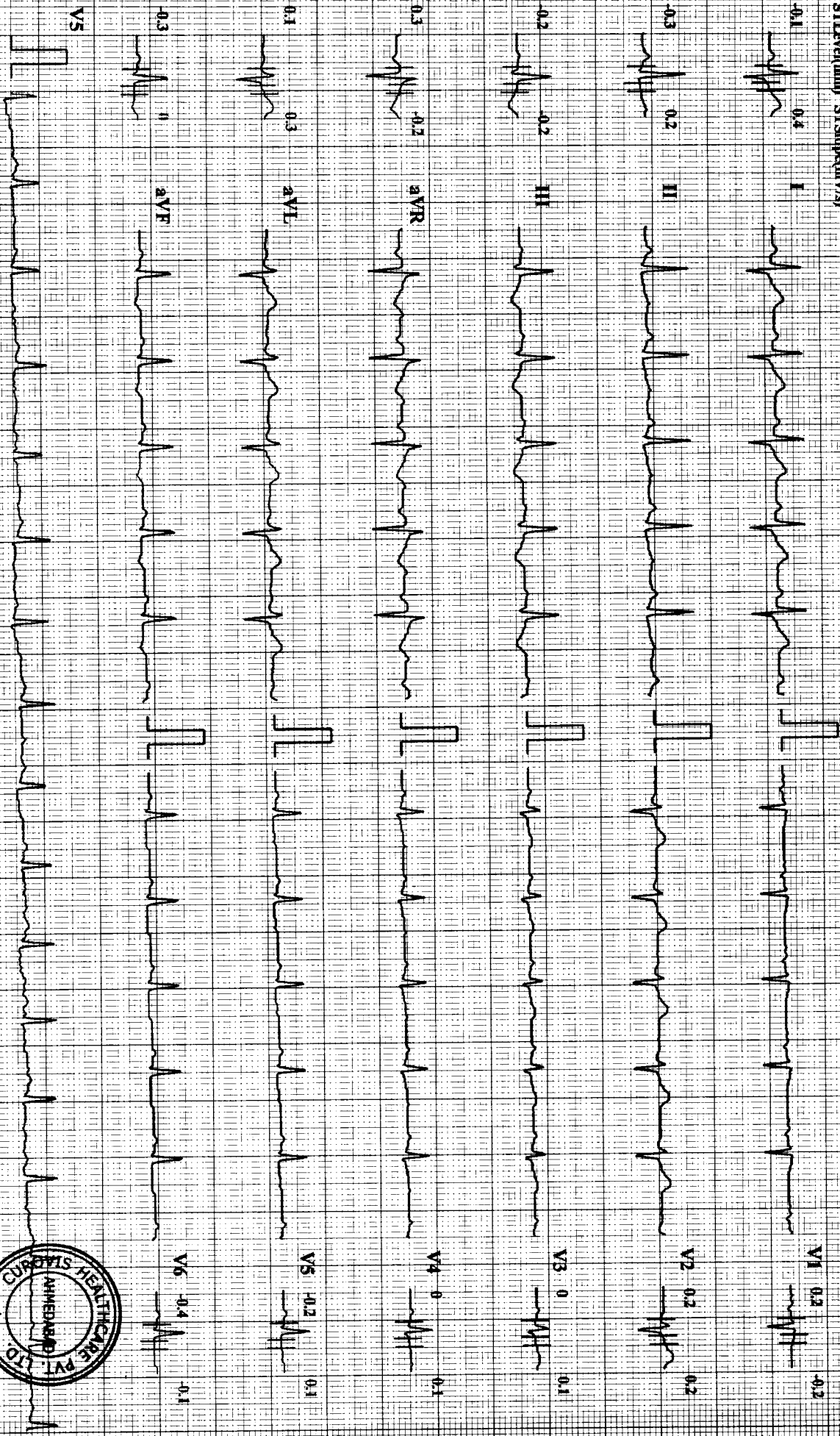
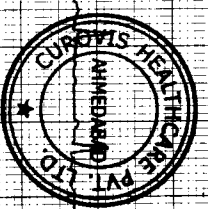


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz - Mains Filter: ON

ISO - R - 60 ms, I - R - 60 ms, Post J - 110 ms  
Linked Median



Schiller Cardiovit CS-III Version 3.4

Curovis Healthcare Pvt Ltd, Ahmedabad

ADITYA SHUKLA (33 M)

Bruce Protocol

ID: 343

Date: 17-02-2024

Exec Time: 0:00:00

Stage Time: 00:10

HR: 109 bpm

STLevel(mV) STSlope(mV/s)

Stage: Hyper Ventilation

Speed: 0 kmph

Grade: 0%

THR: 158 bpm

BF: 120/80 mmHg

STLevel(mV) STSlope(mV/s)

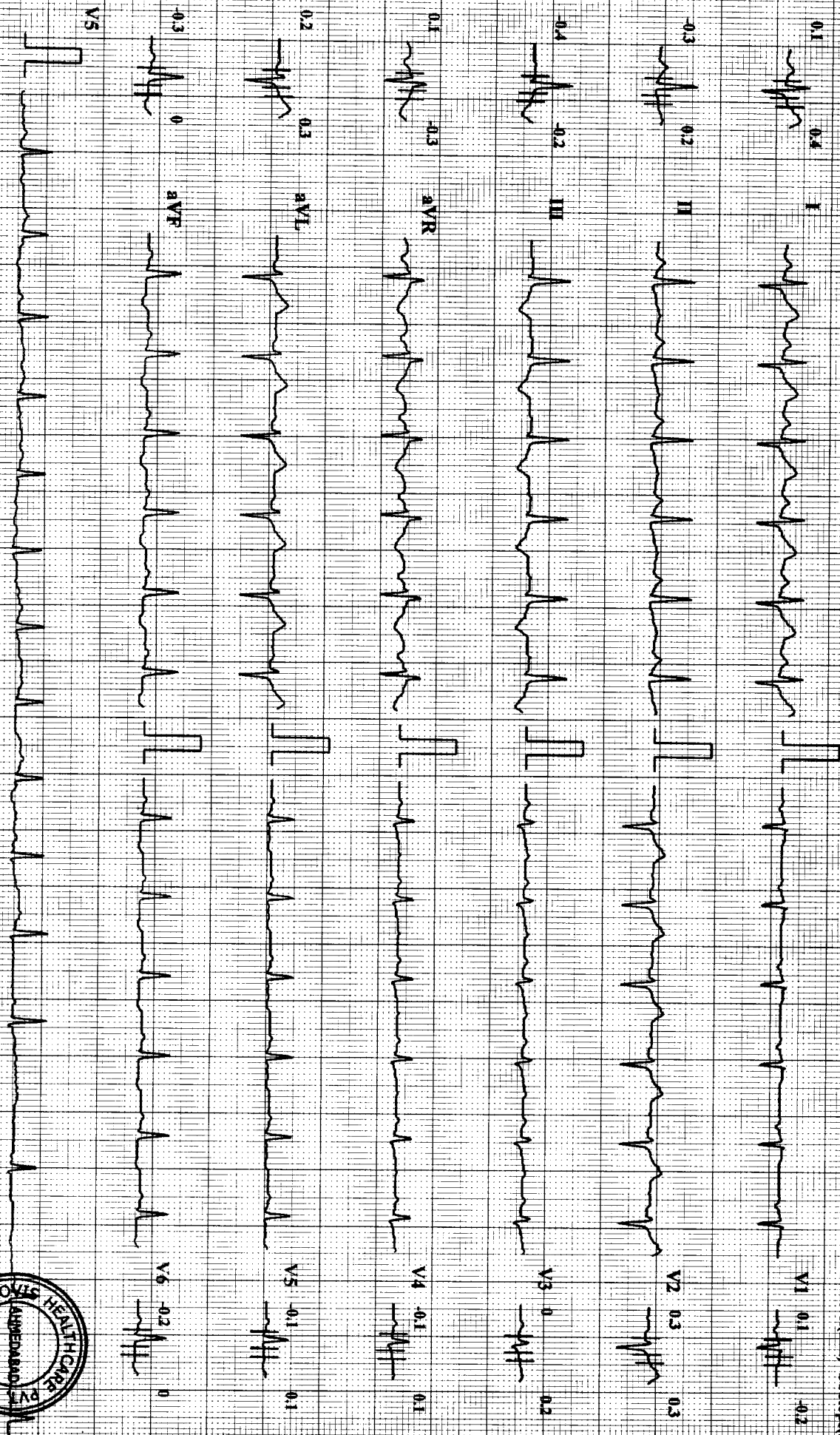


Chart Speed: 25 mm/sec

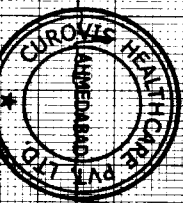
Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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

Linked Median

Serial: CardioVital CS-10 Version:3.4



Curovis Healthcare Pvt Ltd, Ahmedabad

ADITYA SHUKLA (33 M)

Bruce Protocol  
STTLead(mmm) STTStopLead(V/s)

ID: 343  
Stage: PreTest

Date: 17-02-2024  
Speed: 1.6 kmph

Exec Time: 0:00:00  
Grade: 0%

Stage Time: 00:11  
THR: 158 bpm

HR: 109 bpm

BP: 120/80 mmHg  
STTLead(mmm) STTStopLead(V/s)

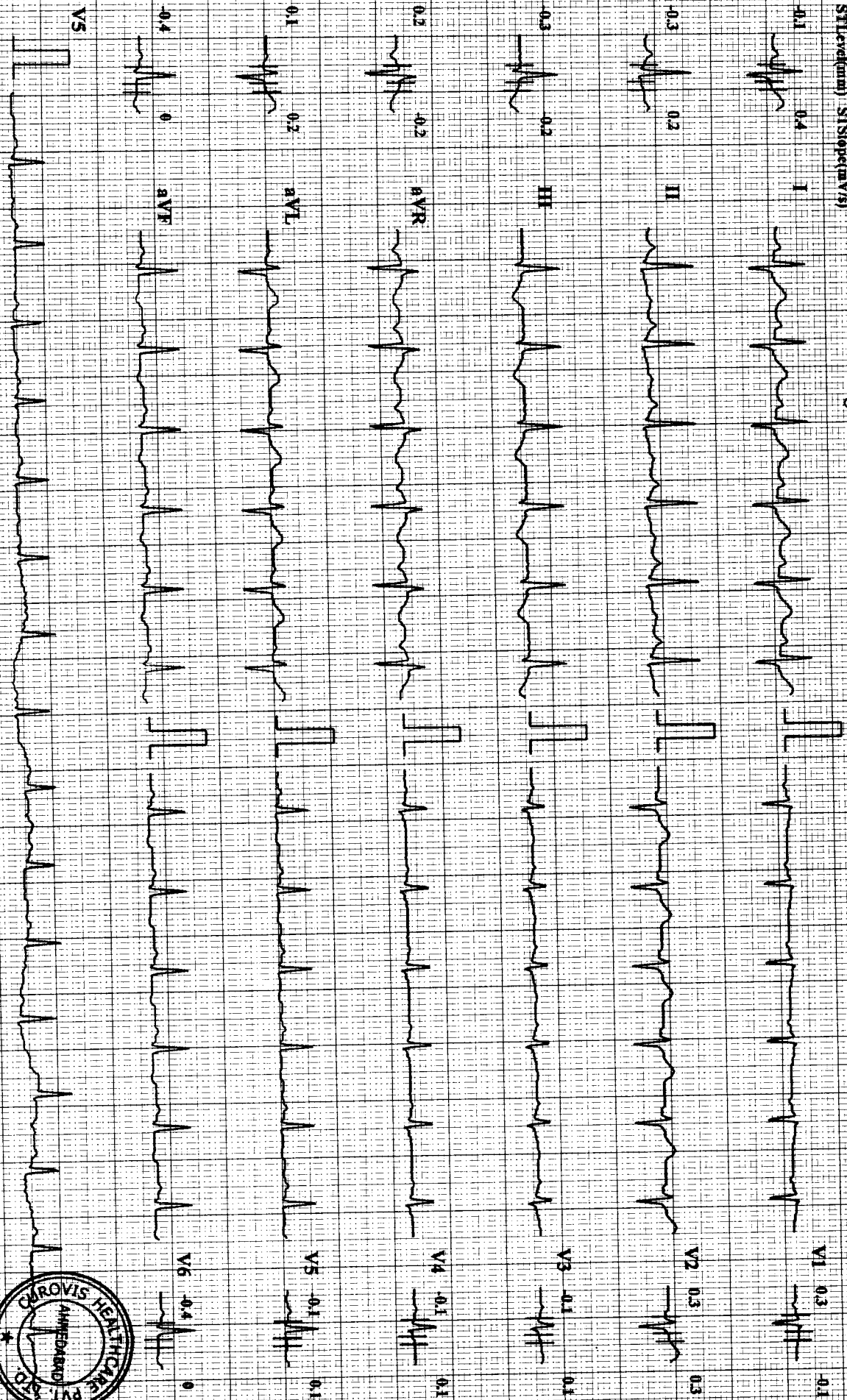


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter (ON)

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

Scaltec Cardiovit CS-10 Version 3.4



Curovis Healthcare Pvt Ltd, Ahmedabad

ADITYA SHUKLA (33 M)

Brace Protocol

STLevel(mm) STSlope(mV/s)

ID: 343

Stage: 1

Date: 17-02-2024

Speed: 2.7 kmph

Exec Time : 0:03:00

Grade: 10%

Stage Time: 03:00

THR: 158 bpm

HR: 132 bpm

BP: 126/86 mmHg

STLevel(mm) STSlope(mV/s)

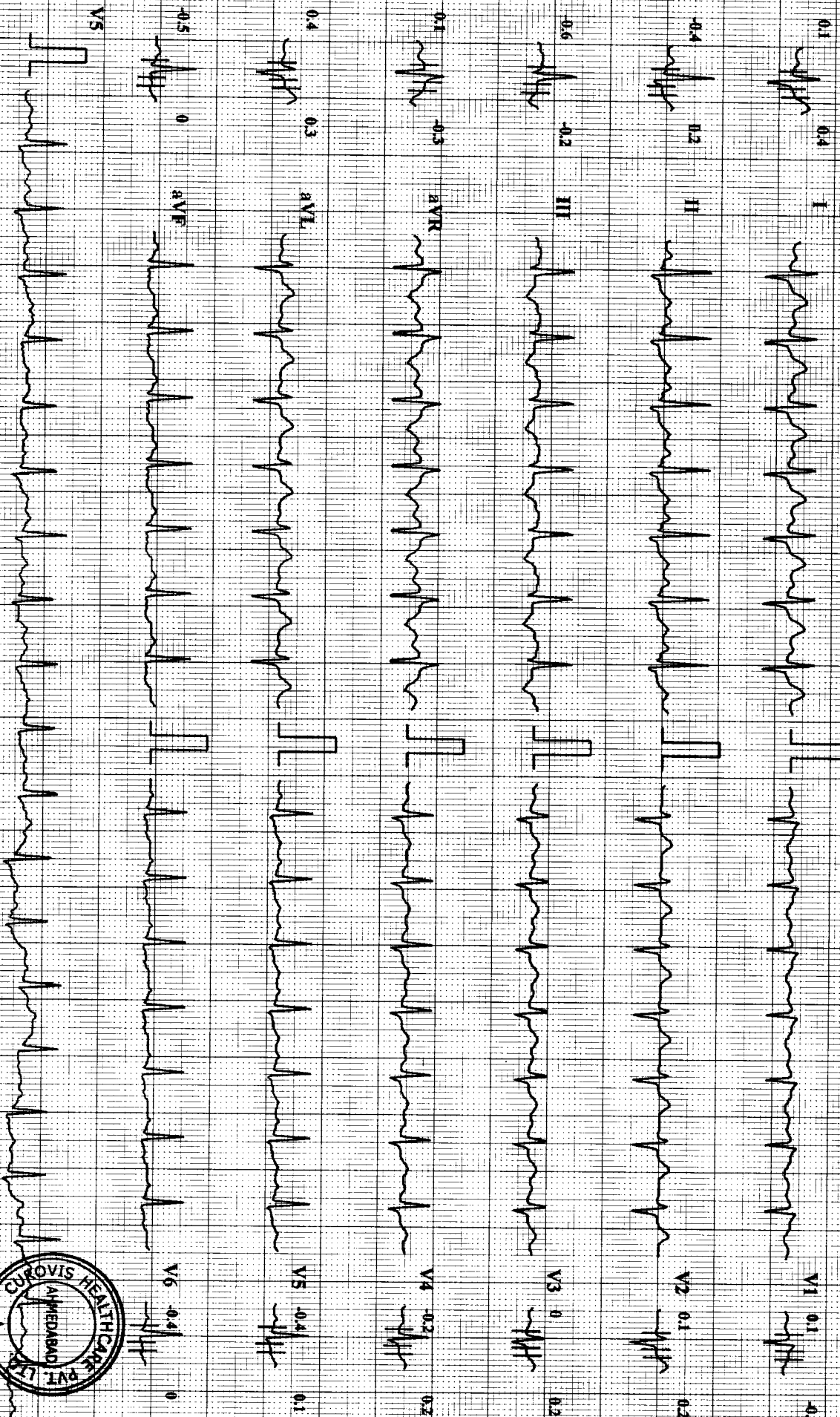


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Main Filter: ON

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

Linked Mediam

Schiller Cardiovit CS-10 Version: 1.1





Curovis Healthcare Pvt Ltd, Ahmedabad

ADITYA SHUKLA (33 M)

Brace Protocol

ST1Level(mm) ST1Slope(mV/s)

ID: 343

Stage: 2

Date: 17-02-2024

Speed: 4 kmph

Exec Time: 0:06:00

Grade: 12%

Stage Time: 03:00

THR: 158 bpm

HR: 150 bpm

BP: 134/94 mmHg

ST1Level(mm) ST1Slope(mV/s)

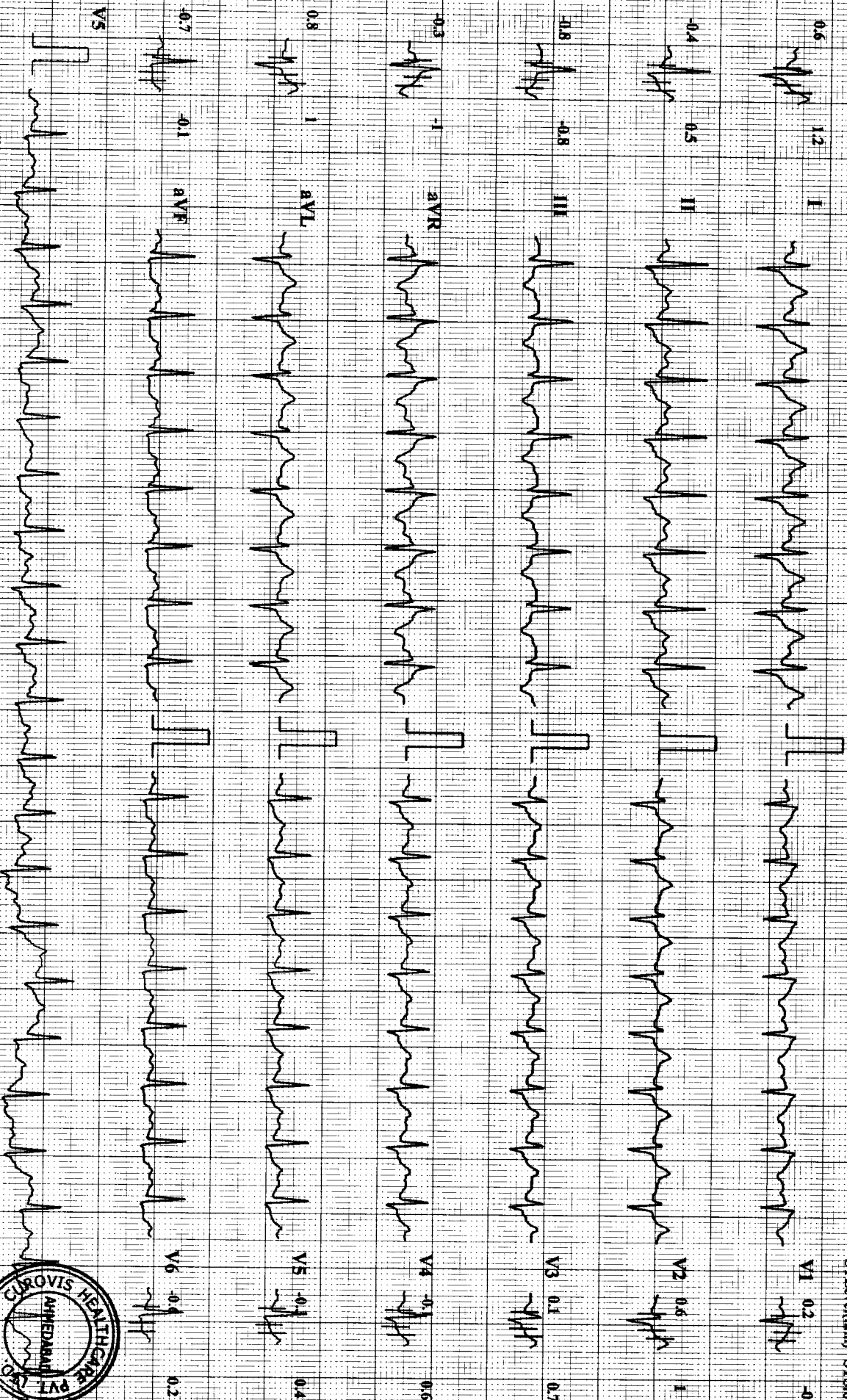


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Main Filter: ON

ISO = R - 60 ms, J = R + 60 ms, P, R, T = 60 ms

Linked Mediat

Schiller Cardiovit v.10 Version 3.4



Curovis Healthcare Pvt Ltd, Ahmedabad

ADITYA SHUKLA (33 M)

Bruce Protocol

ID: 343

Date: 17-02-2024

Exec Time: 01:07:04

Stage Time: 01:04

HR: 162 bpm

STLevel(mm) STISlope(mV/s)

Stage: Peak Exercise

Speed: 5.5 kmph

Grade: 14%

THR: 158 bpm

BP: 142/02 mmHg

STLevel(mm) STISlope(mV/s)

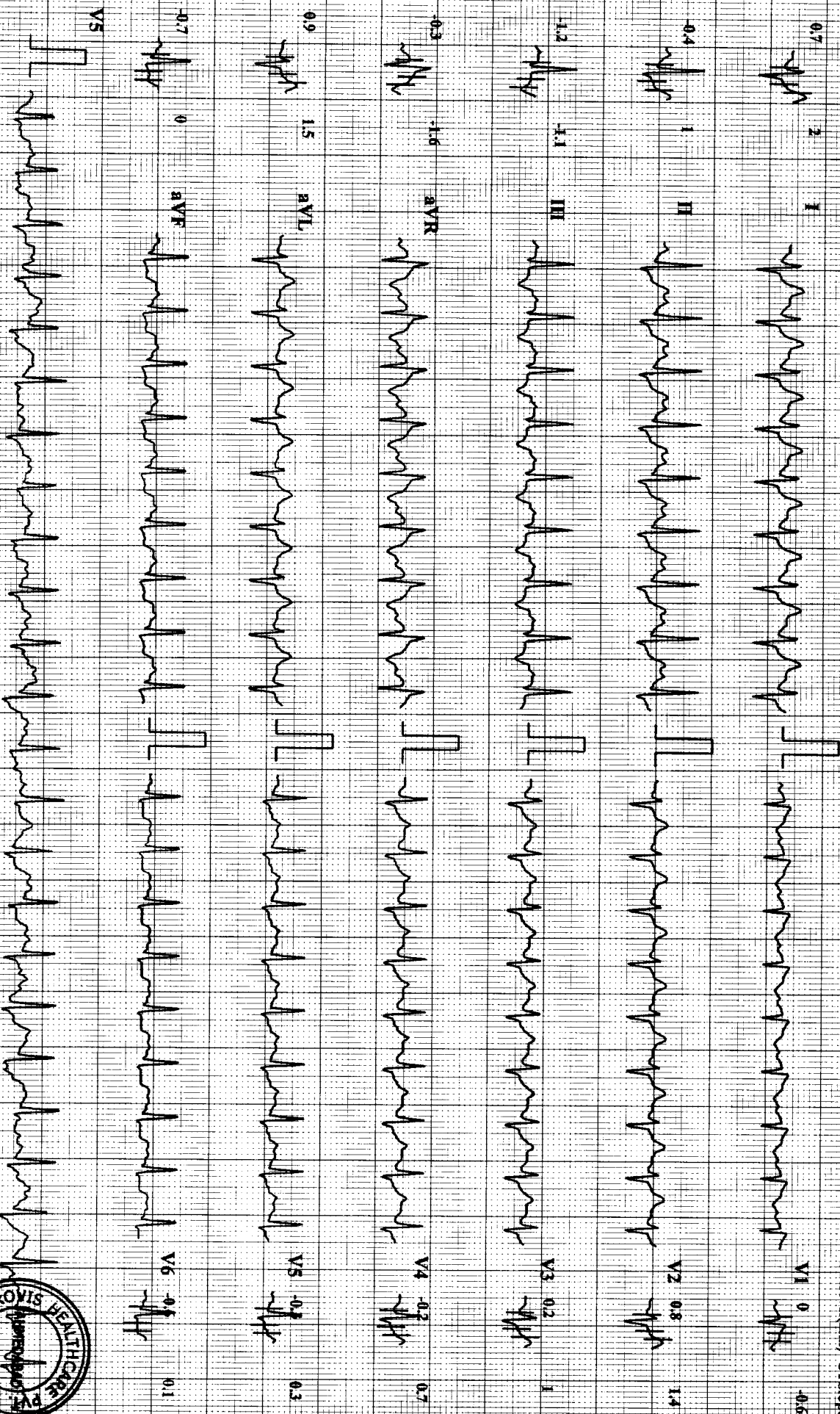
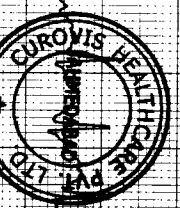


Chart Speed: 25 mm/sec Amplitude: 10mm/mV Filter: 35 Hz Mains Filter: ON ISO = R - 60 ms, I - R + 60 ms, Post J = J + 60 ms

Linked Median

Scanner Cardiove CS-70 Version 3.4



Curovis Healthcare Pvt Ltd, Ahmedabad

ADITYA SHUKLA (33 M)

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

ID: 343  
Stage: Recovery/1

Date: 17-02-2024  
Speed: 0 kmph

Exec Time: 0:08:04  
Grade: 0%

Stage Time: 01:00  
THR: 158 bpm

HR: 145 bpm  
BP: 138/98 mmHg  
STLevel(mm) STSlope(mV/s)

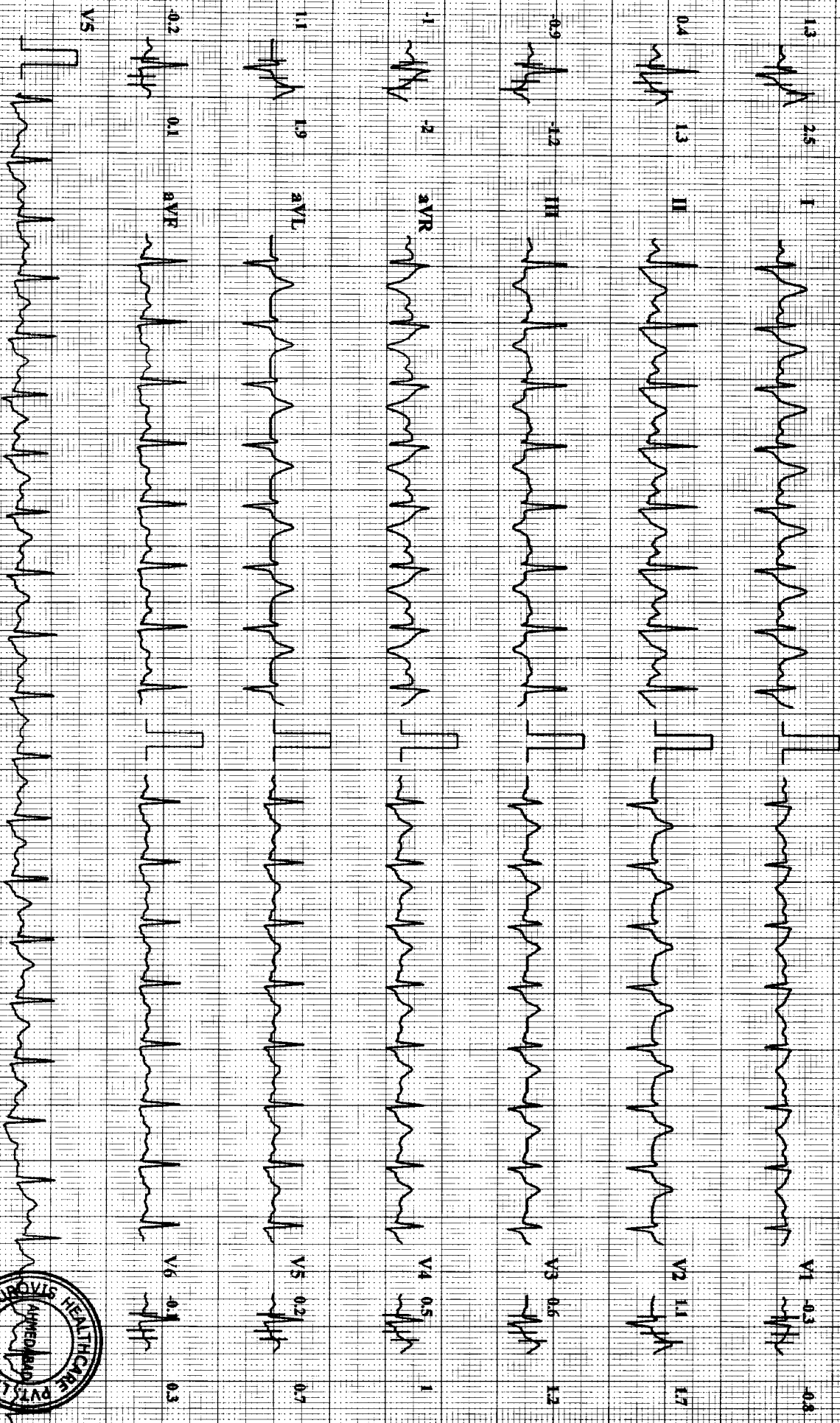


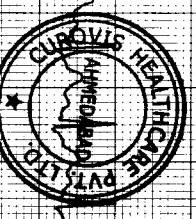
Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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

Schiller Cardiovit CS-10 Version: 3.4



VS

Curovis Healthcare Pvt Ltd, Ahmedabad

**ADITYA SHUKLA (33 M)**  
Brnce Protocol  
STilev(Imm) STISlope(mV/s)

ID: 343  
Stage: Recovery2

Date: 17-02-2024  
Speed: 0 kmph

Exec Time: 0:09:04  
Grade: 0%

Stage Time: 01:00  
THR: 158 bpm

**HR: 128 bpm**  
BP: 132/92 mmHg  
STilev(Imm) STISlope(mV/s)

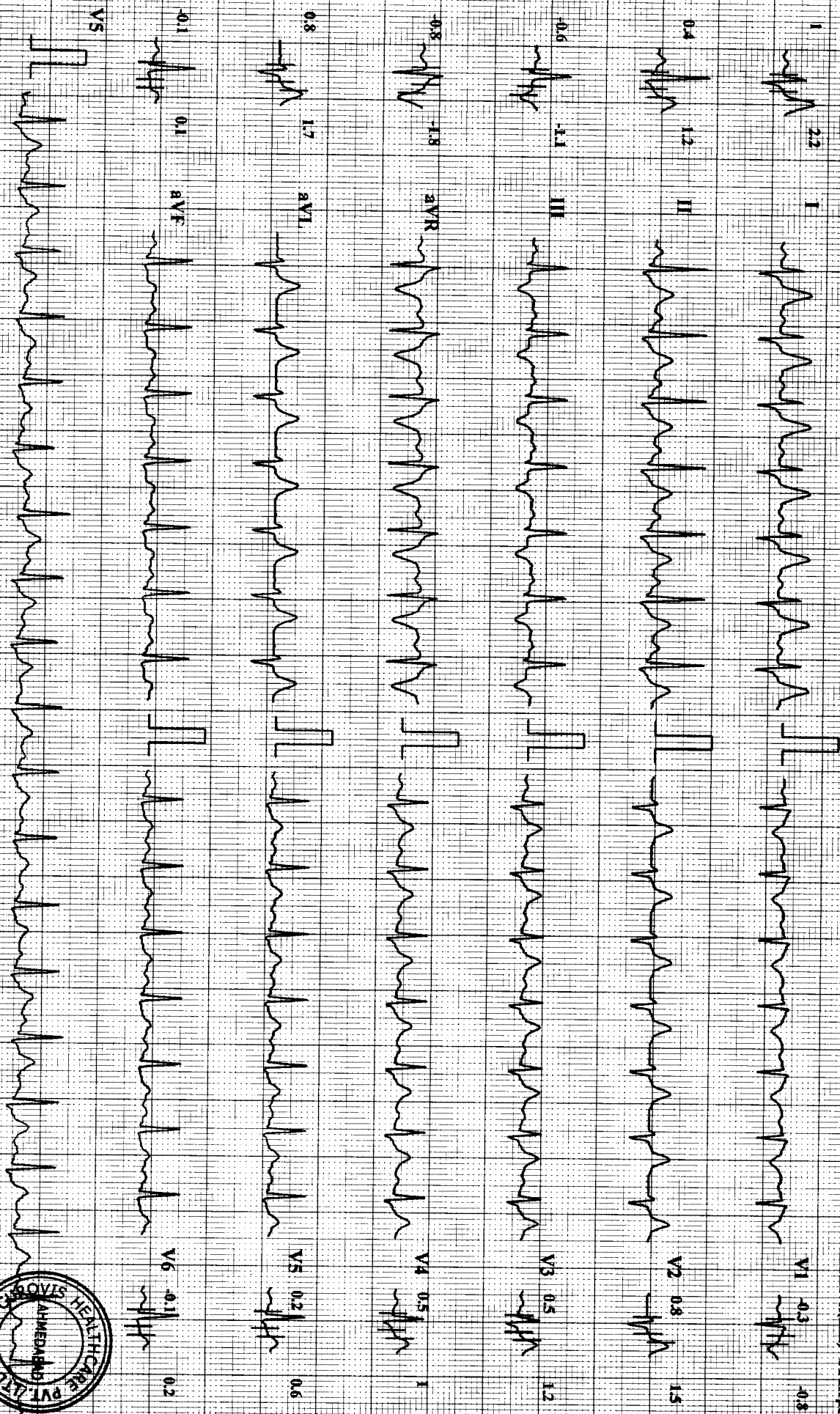


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Main Filter: ON

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

Linked Median

Schiller Cardiovit CS-10 Version: 3.4



*P. J. V. N. K. S. S.*

**ADITYA SHUKLA (33 MD)**

**Curvix Healthcare Pvt Ltd, Ahmedabad**

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

ID: 343  
Stage: Recovery/3

Date: 17-02-2024  
Speed: 0 kmph

Exec Time: 0:09:27  
Grade: 0%

Stage Time: 00:23  
THR: 158 bpm

**HR: 129 bpm**

BP: 126/86 mmHg  
STLevel(mm) STSlope(mV/s)

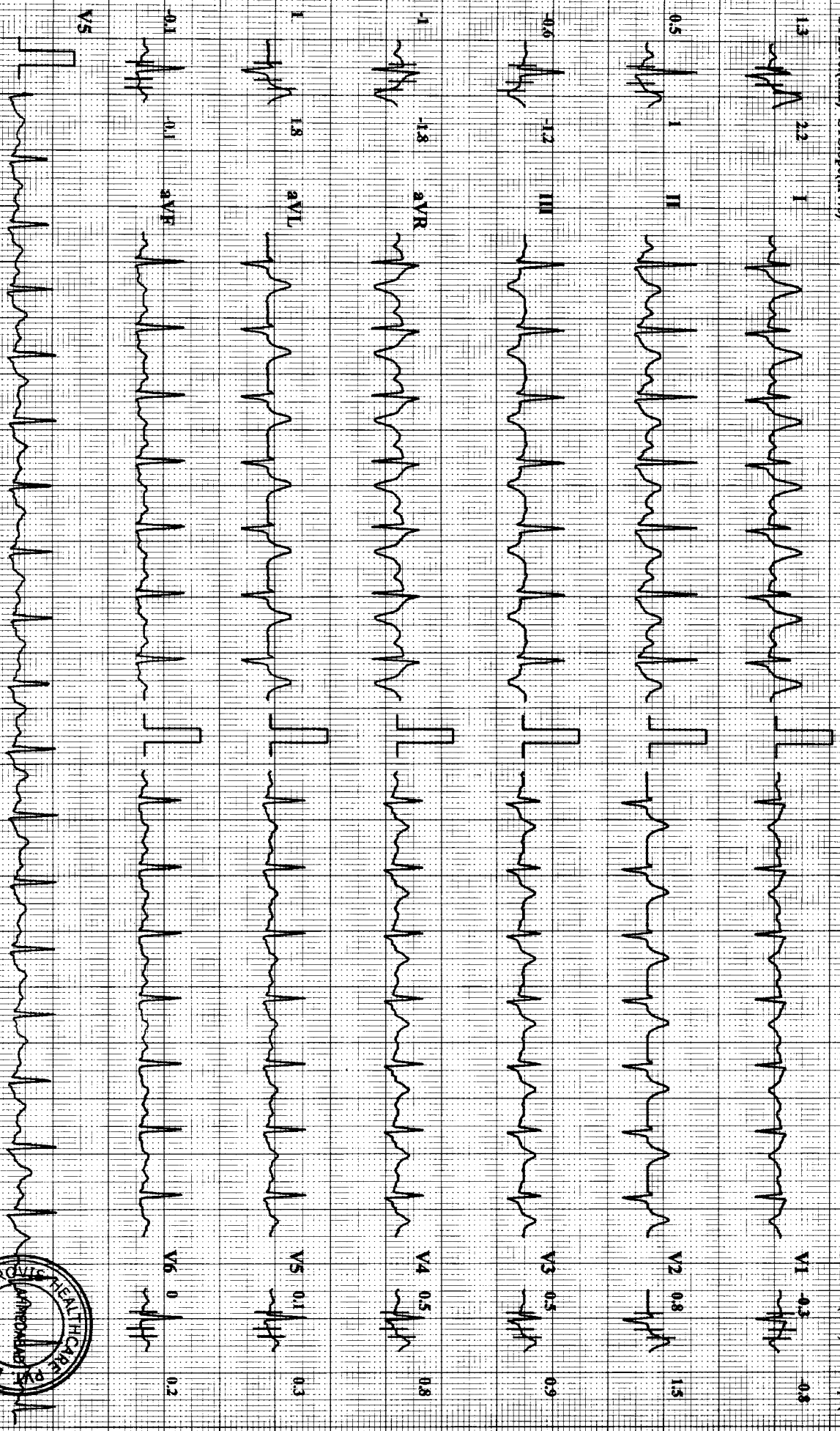


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz - Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + (A) 0.1s

Linked Median

Schiller CardioPro 5-10 Version 3.4



## Curovis Healthcare Pvt Ltd, Ahmedabad

<b>Name: ADITYA SHUKLA</b>					<b>Date: 17-02-2024 Time: 11:24</b>	
<b>Age: 33</b>	<b>Gender: M</b>	<b>Height: 180 cms</b>	<b>Weight: 98 Kg</b>	<b>ID: 343</b>		
<b>Clinical History:</b>						
<b>Medications:</b>						

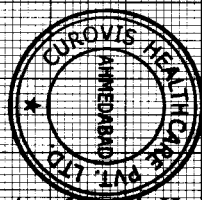
<b>Test Details:</b>						
<b>Protocol: Bruce</b>	<b>Predicted Max HR: 187</b>		<b>Target HR: 158 (85% of Pr. MHR)</b>			
<b>Exercise Time: 0:07:04</b>	<b>Achieved Max HR: 162 (87% of Pr. MHR)</b>					
<b>Max BP: 142/102</b>	<b>Max BP x HR: 23004</b>		<b>Max Mets: 7.9</b>			
<b>Test Termination Criteria: Target HR attained</b>						

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	00:12	1	0	0	102	120/80	12240	-0.4 III	0.5 I
Standing	00:11	1	0	0	100	120/80	12000	-0.4 II	0.4 I
Hyper Ventilation	00:10	1	0	0	109	120/80	13080	-0.4 III	0.4 I
PreTest	00:11	1	1.6	0	109	120/80	13080	-0.4 aVF	0.4 I
Stage 1	03:00	4.7	2.7	10	132	126/86	16632	-0.6 III	0.4 I
Stage 2	03:00	7	4	12	150	134/94	20100	-0.8 III	1.2 I
Peak Exercise	01:04	7.9	5.5	14	162	142/102	23004	-1.2 III	2 I
Recovery1	01:00	1	0	0	145	138/98	20010	1.6 I	3.1 I
Recovery2	01:00	1	0	0	128	132/92	16896	1 I	2.3 I
Recovery3	00:23	1	0	0	129	126/86	16254	1.3 I	2.2 I

### Interpretation

The Patient Exercised according to Bruce Protocol for 0:07:04 achieving a work level of 7.9 METS.  
 Resting Heart Rate, initially 102 bpm rose to a max. heart rate of 162bpm (87% of Predicted Maximum Heart Rate).  
 Resting Blood Pressure of 120/80 mmHg, rose to a maximum Blood Pressure of 142/102 mmHg

Negative Stress Test.



**Dr. Jay Soni**  
 (General Medicine)  
 Reg. No. G-23899

Ref. Doctor: Curovis Health checkup

Doctor: Curovis Health checkup

**SCHILLER**  
The Art of Diagnostics

(Summary Report edited by User)  
Cardiovit CS-10 Version:3.4