

CID# : 2422219198  
Name : MR.RAHUL GUPTA  
Age / Gender : 33 Years/Male  
Consulting Dr. :  
Reg.Location : Andheri West (Main Centre)

Collected : 09-Aug-2024 / 09:03  
Reported : 10-Aug-2024 / 13:11

## PHYSICAL EXAMINATION REPORT

### History and Complaints:

Asymptomatic  
C/o Breathlessness while taking staircase

### EXAMINATION FINDINGS:

Height (cms):	176 cms	Weight (kg):	81.8 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	110/80 mm of hg	Nails:	Normal
Pulse:	72/min	Lymph Node:	Not palpable

### Systems

**Cardiovascular:** S1S2 audible  
**Respiratory:** AEBE  
**Genitourinary:** NAD  
**GI System:** Liver & Spleen not palpable  
**CNS:** NAD

### IMPRESSION:

Hb1C=6.6%(Diabetic level),  
Altered liver enzymes,  
Urine sugar=+++ glycosuria,  
USG shows grade I fatty liver with calcified granulomas in liver,Cholelithiasis,Mild splenomegaly

### ADVICE:

Kindly consult your family physician with all your reports,  
Consult diabetologist for the treatment of diabetes mellitus,  
Therapeutic life style modification is advised.

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**CHIEF COMPLAINTS:**

- |  |                       |
|--|-----------------------|
| 1) Hypertension:                         | No                    |
| 2) IHD                                   | No                    |
| 3) Arrhythmia                            | No                    |
| 4) Diabetes Mellitus                     | No (H/o Pre diabetic) |
| 5) Tuberculosis                          | No                    |
| 6) Asthama                               | No                    |
| 7) Pulmonary Disease                     | No                    |
| 8) Thyroid/ Endocrine disorders          | No                    |
| 9) Nervous disorders                     | No                    |
| 10) GI system                            | No                    |
| 11) Genital urinary disorder             | No                    |
| 12) Rheumatic joint diseases or symptoms | No                    |
| 13) Blood disease or disorder            | No                    |
| 14) Cancer/lump growth/cyst              | No                    |
| 15) Congenital disease                   | No                    |
| 16) Surgeries                            | No                    |
| 17) Musculoskeletal System               | No                    |

**PERSONAL HISTORY:**

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

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

*Sangeeta Manwani*

Dr.Sangeeta Manwani  
M.B.B.S. Reg.No.71083

Date:- 09/08/2024  
Name:- MR. RAHUL GUPTA

CID: 2422219198  
Sex / Age: M / 33 YRS

**EYE CHECK UP**

Chief complaints:  
Systemic Diseases:  
Past history:

Nil

Unaided Vision: —  
Aided Vision: —  
Refraction: —

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—	—	—	6/6	—	—	—	6/6
Near	—	—	—	N.6	—	—	—	N.6

Colour Vision: Normal / Abnormal

Remark: NORMAL VISION.

Suburban Diagnostics (I) Pvt. Ltd.  
Astin, 2nd Floor, Opp. Sunshine Building  
Sunderan Complex, Andheri (West)  
Mumbai - 400 053, Tel.: 022-40274527



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Reported : 09-Aug-2024 / 14:56

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>RBC PARAMETERS</b>			
Haemoglobin	14.6	13.0-17.0 g/dL	Spectrophotometric
RBC	5.11	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.5	40-50 %	Calculated
MCV	87.1	80-100 fl	Measured
MCH	28.5	27-32 pg	Calculated
MCHC	32.7	31.5-34.5 g/dL	Calculated
RDW	14.9	11.6-14.0 %	Calculated
<b>WBC PARAMETERS</b>			
WBC Total Count	7150	4000-10000 /cmm	Elect. Impedance
<b>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</b>			
Lymphocytes	28.4	20-40 %	
Absolute Lymphocytes	2030.0	1000-3000 /cmm	Calculated
Monocytes	6.9	2-10 %	
Absolute Monocytes	490.0	200-1000 /cmm	Calculated
Neutrophils	63.6	40-80 %	
Absolute Neutrophils	4550.0	2000-7000 /cmm	Calculated
Eosinophils	0.8	1-6 %	
Absolute Eosinophils	60.0	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	20.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

**PLATELET PARAMETERS**

Platelet Count	278000	150000-400000 /cmm	Elect. Impedance
MPV	9.4	6-11 fl	Measured
PDW	16.4	11-18 %	Calculated

**RBC MORPHOLOGY**

Hypochromia	-
Microcytosis	-



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Macrocytosis -  
Anisocytosis -  
Poikilocytosis -  
Polychromasia -  
Target Cells -  
Basophilic Stippling -  
Normoblasts -  
Others Normocytic, Normochromic  
WBC MORPHOLOGY -  
PLATELET MORPHOLOGY -  
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 3 2-15 mm at 1 hr. Sedimentation

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

**Interpretation:**

Factors that increase ESR: Old age, Pregnancy, Anemia

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

**Limitations:**

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

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

**Reference:**

- Pack Insert
- 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 CPL, Andheri West

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



*Swati*

Dr. SWATI ARORA  
M.D. (PATH)  
Pathologist



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	125.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	181.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.76	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.25	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.51	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	29.8	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	55.7	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	85.5	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	80.5	40-130 U/L	Colorimetric
BLOOD UREA, Serum	15.0	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.0	6-20 mg/dl	Calculated
CREATININE, Serum	0.70	0.67-1.17 mg/dl	Enzymatic



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eGFR, Serum	125	(ml/min/1.73sqm)	Calculated
		Normal or High: Above 90	
		Mild decrease: 60-89	
		Mild to moderate decrease: 45-59	
		Moderate to severe decrease: 30-44	
		Severe decrease: 15-29	
		Kidney failure: <15	

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation

URIC ACID, Serum	5.7	3.5-7.2 mg/dl	Enzymatic
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 \*\*\* End Of Report \*\*\*



*J Thakker*

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

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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	6.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	142.7	mg/dl	Calculated

**Intended use:**

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

**Clinical Significance:**

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

**Test Interpretation:**

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

**Factors affecting HbA1c results:**

**Increased in:** High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

**Decreased in:** Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

**Reflex tests:** Blood glucose levels, CGM (Continuous Glucose monitoring)

**References:** ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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**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	Light scattering
Transparency	Clear	Clear	Light scattering
<b><u>CHEMICAL EXAMINATION</u></b>			
Specific Gravity	1.005	1.002-1.035	Refractive index
Reaction (pH)	7	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Negative	Negative	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
(WBC) Pus cells / hpf	0.6	0-5/hpf	
Red Blood Cells / hpf	0.0	0-2/hpf	
Epithelial Cells / hpf	0.4	0-5/hpf	
Hyaline Casts	0.0	0-1/ hpf	
Pathological cast	0.0	0-0.3/hpf	
Crystals	0.0	0-1.4/hpf	
Calcium oxalate monohydrate crystals	0.0	0-1.4/hpf	
Calcium oxalate dihydrate crystals	0.0	0-1.4/hpf	
Triple phosphate crystals	0.0	0-1.4/hpf	
Uric acid crystals	0.0	0-1.4/hpf	
Amorphous debris	0.0	0-29.5/hpf	
Bacteria / hpf	19.3	0-29.5/hpf	
Yeast	0.0	0-0.7/hpf	




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Others

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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	AB
Rh TYPING	POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) 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

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	177.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	150.9	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	35.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	142.0	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	112.0	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	30.0	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.2	0-3.5 Ratio	Calculated

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



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	5.1	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.1	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.49	0.35-5.5 microIU/ml microU/ml	ECLIA

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**Interpretation:**

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

**Clinical Significance:**

- 1) TSH Values between high abnormal upto 15 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 transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

**Diurnal Variation:** TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am, and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation: 19.7% (with in subject variation)

**Reflex Tests:** Anti thyroid Antibodies, USG Thyroid, TSH receptor Antibody, Thyroglobulin, Calcitonin

**Limitations:**

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

**Reference:**

1. O. Koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
2. Interpretation of the thyroid function tests, Dayan et al. THE LANCET, Vol 357
3. Tietz, Text Book of Clinical Chemistry and Molecular Biology - 5th Edition
4. Biological Variation: From principles to Practice - Callum G Fraser (AACC Press)

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



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

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

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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 R K Bhandari  
M D , DMRE  
MMC REG NO. 34078



Patient's Name : RAHUL GUPTA

Age : 33 YRS / MALE

Requesting Doctor : --

DATE: 09.08.2024

CID. No : 2422219198

## 2D-ECHO & COLOUR DOPPLER REPORT

Structurally Normal : MV / AV / TV / PV.  
No significant valvular stenosis.

Trivial Mitral Regurgitation , Trivial Aortic Regurgitation  
Trivial Pulmonary Regurgitation ,

Trivial Tricuspid regurgitation. No Pulmonary arterial hypertension.  
PASP by TR jet vel.method = 30 mm Hg.

LV / LA / RA / RV - Normal in dimension.  
IAS / IVS is Intact.

No Left Ventricular Diastolic Dysfunction [ LVDD].  
No doppler evidence of raised LVEDP

No regional wall motion abnormality. No thinning / scarring / dyskinesia of LV  
wall noted. Normal LV systolic function. LVEF = 60 % by visual estimation.

No e/o thrombus in LA /LV.  
No e/o Pericardial effusion.

IVC normal in dimension with good inspiratory collapse.  
Normal RV systolic function (by TAPSE)

### IMPRESSION:

**NORMAL LV SYSTOLIC FUNCTION, LVEF = 60 % ,  
NO RWMA, NO PAH, NO LVDD,  
NO LV HYPERTROPHY.**

M-MODE STUDY	Value	Unit	COLOUR DOPPLER STUDY	Value	Unit
IVSd	10	mm	Mitral Valve E velocity	1	m/s
LVIDd	44	mm	Mitral Valve A velocity	0.6	m/s
LVPWd	10	mm	E/A Ratio	1.7	-
IVSs	16	mm	Mitral Valve Deceleration Time	180	ms
LVIDs	25	mm	E/E'	8	-
LVPWs	16	mm	TAPSE	21	
			<b>Aortic valve</b>		
IVRT	-	ms	AVmax	1.2	m/s
			AV Peak Gradient	6	mmHg
<b>2D STUDY</b>			LVOT Vmax	0.8	m/s
LVOT	20	mm	LVOT gradient	2.8	mmHg
LA	36	mm	<b>Pulmonary Valve</b>		
RA	28	mm	PVmax	0.7	m/s
RV [RVID]	24	mm	PV Peak Gradient	2	mmHg
IVC	13	mm	<b>Tricuspid Valve</b>		
			TR jet vel.	2.5	m/s
			PASP	30	mmHg

\*\*\* End of Report \*\*

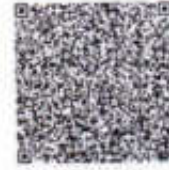


**DR RAVI CHAVAN**

**CARDIOLOGIST**  
**REG.NO.2004 /06/2468**

**Disclaimer:** 2D echocardiography is an observer dependent investigation. Minor variations in report are possible when done by two different examiners or even by same examiner on two different occasions. These variations may not necessarily indicate a change in the underlying cardiac condition. In the event of previous reports being available, these must be provided to improve clinical correlation.

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2422219198  
Name : Mr RAHUL GUPTA  
Age / Sex : 33 Years/Male  
Ref. Dr :  
Reg. Location : Andheri West (Main Center)  
Reg. Date : 09-Aug-2024  
Reported : 09-Aug-2024 / 13:15

## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size (14.5cm) and **shows bright echotexture.**  
The intra hepatic biliary and portal radical appear normal.  
**Few calcified granulomas are noted in the right lobe of the liver, largest measuring 5.2mm .**  
The main portal vein and CBD (3.4mm) appears normal.

### GALL BLADDER:

**Multiple calculi are noted in the lumen of the Gall bladder, largest measuring 24.5mm in the lumen and 6.1mm in the neck. The gall bladder is well distended. Gall bladder sludge is noted. Features are suggestive of Cholelithiasis**

### PANCREAS:

The pancreas is well visualised and appears normal.  
No evidence of solid or cystic mass lesion.

### KIDNEYS:

Both the kidneys are normal in size shape and echotexture.  
No evidence of any calculus, hydronephrosis or mass lesion seen.  
Right kidney measures 12.4 x 4.7cm. Left kidney measures 9.9 x 5.3cm.  
**Mild pelvicalyceal system fullness is noted in the left kidney.**

### SPLEEN:

**The spleen is mildly enlarged in size (12.0cm) and shows normal echotexture.**  
No evidence of focal lesion is noted.

There is no evidence of any lymphadenopathy or ascites.

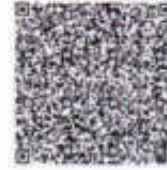
### URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

### PROSTATE:

The prostate is normal in size measuring 3.9 x 3.2 x 3.0cm and volume is 20.1cc.

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2422219198  
Name : Mr RAHUL GUPTA  
Age / Sex : 33 Years/Male  
Ref. Dr :  
Reg. Location : Andheri West (Main Center)

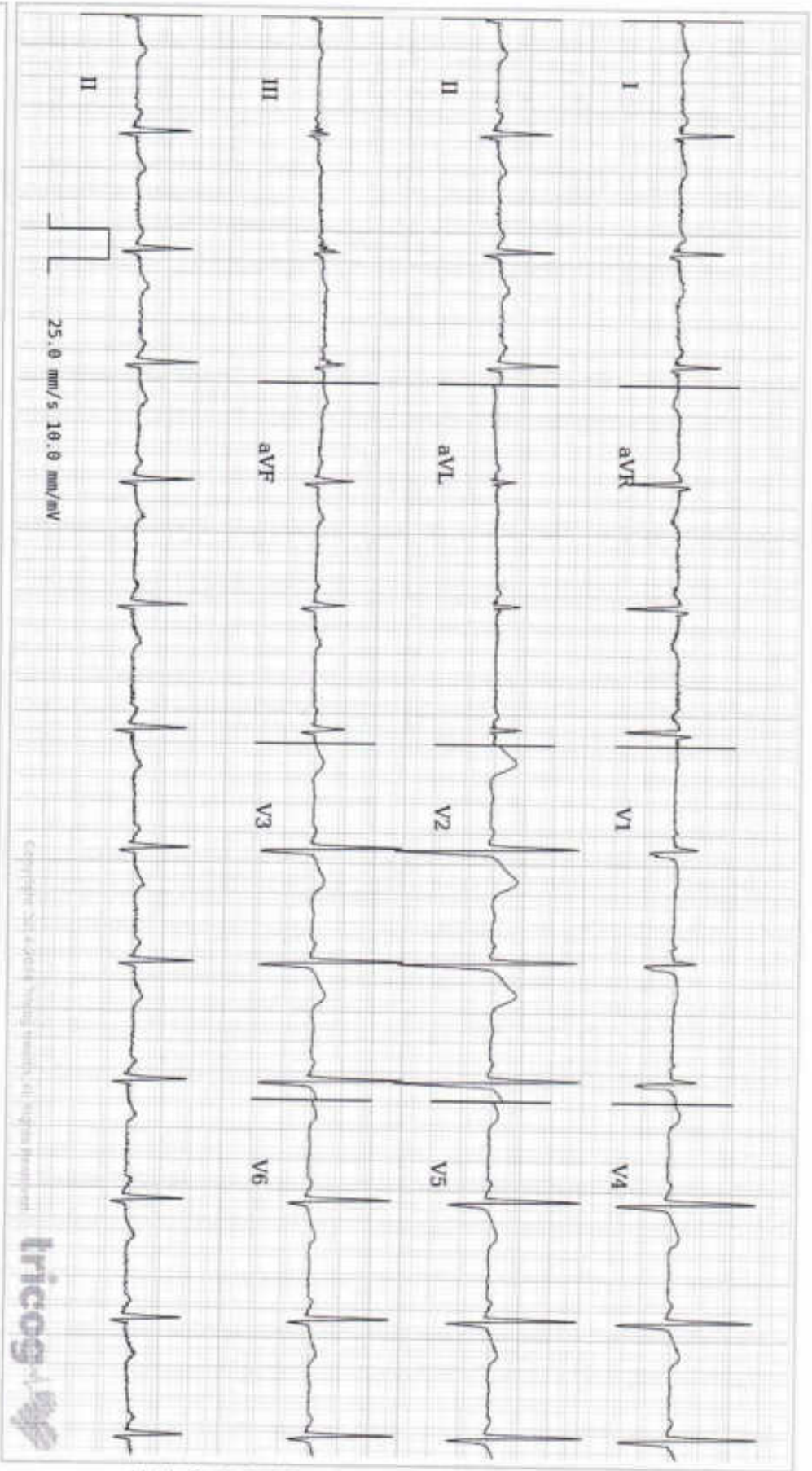
Reg. Date : 09-Aug-2024  
Reported : 09-Aug-2024 / 13:15

**IMPRESSION:**

Grade I fatty liver with calcified granulomas in liver as described above.  
Cholelithiasis as described above.  
Mild splenomegaly as described above.

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

DR. NIKHIL DEV  
M.B.B.S, MD (Radiology)  
Reg No - 2014/11/4764  
Consultant Radiologist



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Age 33 NA  
years month  
Gender Male  
Heart Rate 76bpm  
Patient Vitals  
BP: NA  
Weight: NA  
Height: NA  
Pulse: NA  
SpO2: NA  
Resp: NA  
Others:

Measurements  
QRSD: 90ms  
QT: 382ms  
QTcB: 429ms  
PR: 110ms  
P-R-T: 23° 35° 50°

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

REPORTED BY

DR. RAVI CHAVAN

MD, D. CARDI, D. DIABETES  
Cardiology & Diabetology  
2004/06/25/08

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical  
physician. 2) Patient's vital signs are as provided by the clinician and not derived from the ECG.

Tricog, its logo, and results of other services and non-service fees and must be interpreted by a qualified

## SUBURBAN DIAGNOSTICS

**Patient Details**                      **Date:** 09-Aug-24                      **Time:** 11:07:00  
**Name:** RAHUL GUPTA    **ID:** 2422219198  
**Age:** 33 y                      **Sex:** M                      **Height:** 176 cms                      **Weight:** 81 Kgs  
**Clinical History:** NONE

**Medications:** NONE

### Test Details

**Protocol:** Bruce                      **Pr.MHR:** 187 bpm                      **THR:** 158 (85 % of Pr.MHR) bpm  
**Total Exec. Time:** 7 m 52 s                      **Max. HR:** 161 (86% of Pr.MHR) bpm                      **Max. Mets:** 10.20  
**Max. BP:** 180 / 80 mmHg                      **Max. BP x HR:** 28980 mmHg/min                      **Min. BP x HR:** 6640 mmHg/min  
**Test Termination Criteria:** Target HR attained


### Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 14	1.0	0	0	84	110 / 80	-0.85 III	1.42 V2
Standing	0 : 51	1.0	0	0	88	110 / 80	-1.27 III	2.12 V2
Hyperventilation	0 : 9	1.0	0	0	83	110 / 80	-0.85 III	1.42 aVL
1	3 : 0	4.6	1.7	10	112	120 / 80	-1.49 III	2.48 V2
2	3 : 0	7.0	2.5	12	139	130 / 80	-2.34 III	3.18 V2
Peak Ex	1 : 52	10.2	3.4	14	161	180 / 80	-2.97 III	3.18 aVL
Recovery(1)	1 : 0	1.8	1	0	142	160 / 80	-2.97 III	4.60 V2
Recovery(2)	1 : 0	1.0	0	0	109	150 / 80	-2.55 III	3.89 V2
Recovery(3)	1 : 0	1.0	0	0	105	130 / 80	-1.70 III	2.48 V2
Recovery(4)	0 : 16	1.0	0	0	104	120 / 80	-1.27 III	-1.06 aVR

### Interpretation

GOOD EFFORT TOLERANCE  
 NORMAL CHRONOTROPIC RESPONSE  
 NORMAL INOTROPIC RESPONSE  
 NO ANGINA/ ANGINA EQUIVALENTS  
 NO ARRHYTHMIAS  
 NO SIGNIFICANT ST-T CHANGES FROM BASELINE  
 IMPRESSION: STRESS TEST IS NEGATIVE FOR STRESS INDUCIBLE  
 ISCHAEMIA

Disclaimer: Negative stress test does not rule out Coronary Artery Disease.  
 Positive stress test is suggestive but not confirmatory of Coronary Artery  
 Disease.  
 Hence clinical correlation is mandatory.

  
**Dr. Ravi Chavan**  
 MD: D Card  
 Consultant Cardiologist  
 Reg. No.: 2004/06/2468

# SUBURBAN DIAGNOSTICS

## Test Report

PATIENT COPY 1A (03 MW)

ID: 2422219198

Date: 05-Aug-24

Exec Time: 0 m 0 s

Stage Time: 0 m 8 s

HR: 85 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0%

(THR: 158 bpm)

B.P.: 110/80

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

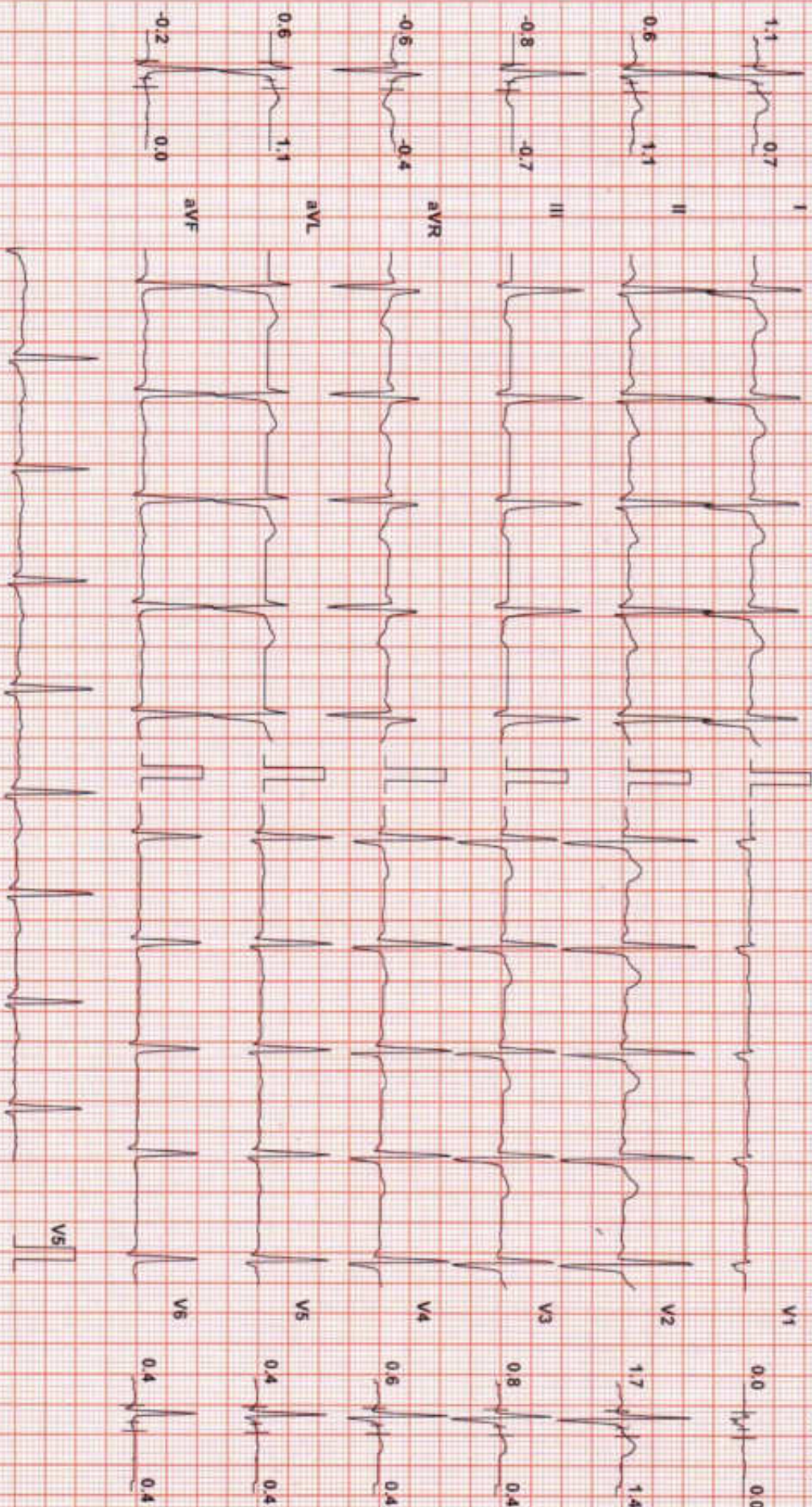


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

30 = R - 60 ms

J = R + 60 ms

Foot J = J + 60 ms

Scanner: Spinnaker V47

Linked Median

# SUBURBAN DIAGNOSTICS

## Test Report

**KAHOL GOPIA (33 M)**

ID: 2422219198

Date: 09 Aug 24

Exec Time: 0 m 0 s

Stage Time: 0 m 45 s **HR: 90 bpm**

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

B.P.: 110 / 80

ST Level (mm)    ST Slope (mV/s)

ST Level (mm)    ST Slope (mV/s)

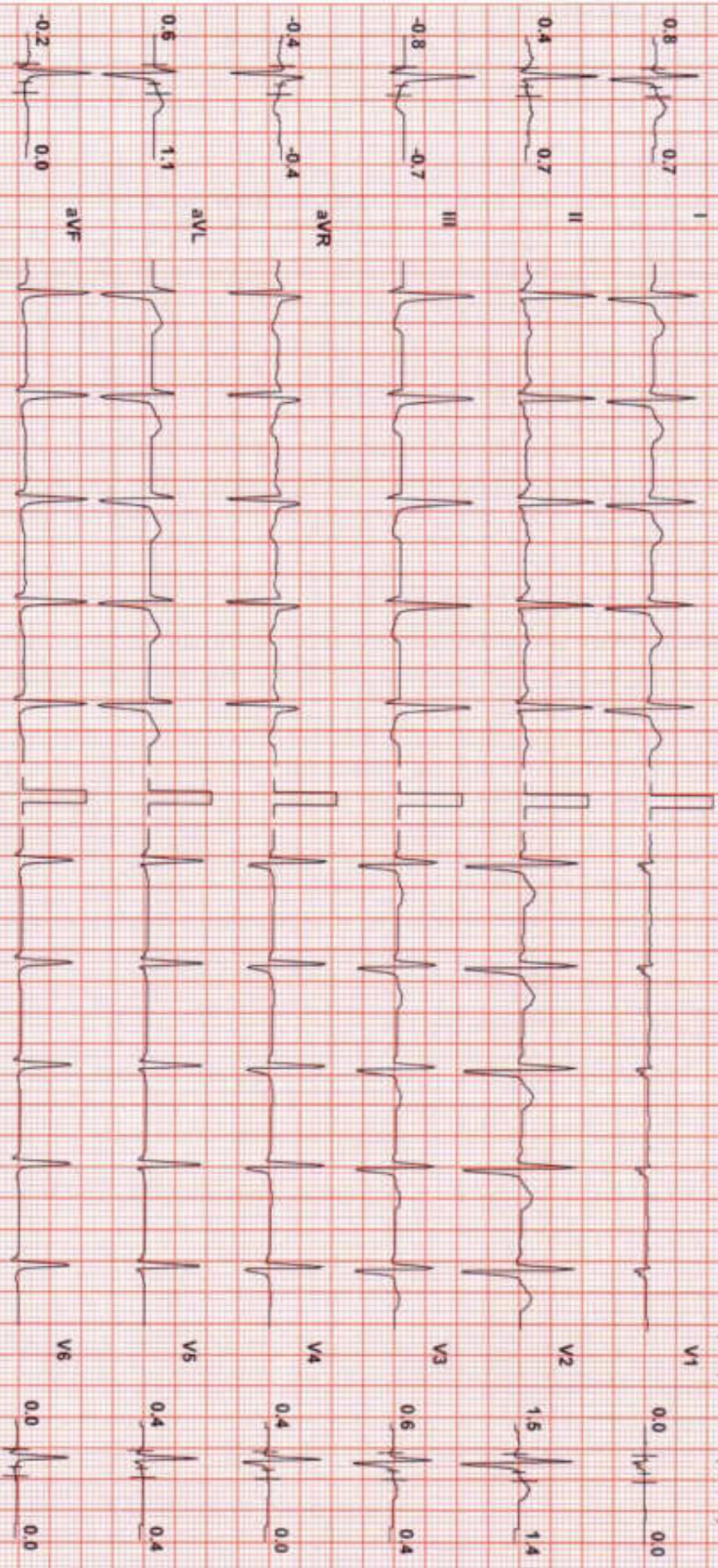


Chart Speed: 25 mm/sec  
Scale: Standard V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Sec = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median





# SUBURBAN DIAGNOSTICS

## Test Report

RAHUL GUPTA (33 M)

ID: 2422219198

Date: 09-Aug-24

Exec Time: 0 m 0 s

Stage Time: 0 m 3 s

HR: 86 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

R.P.: 110/80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

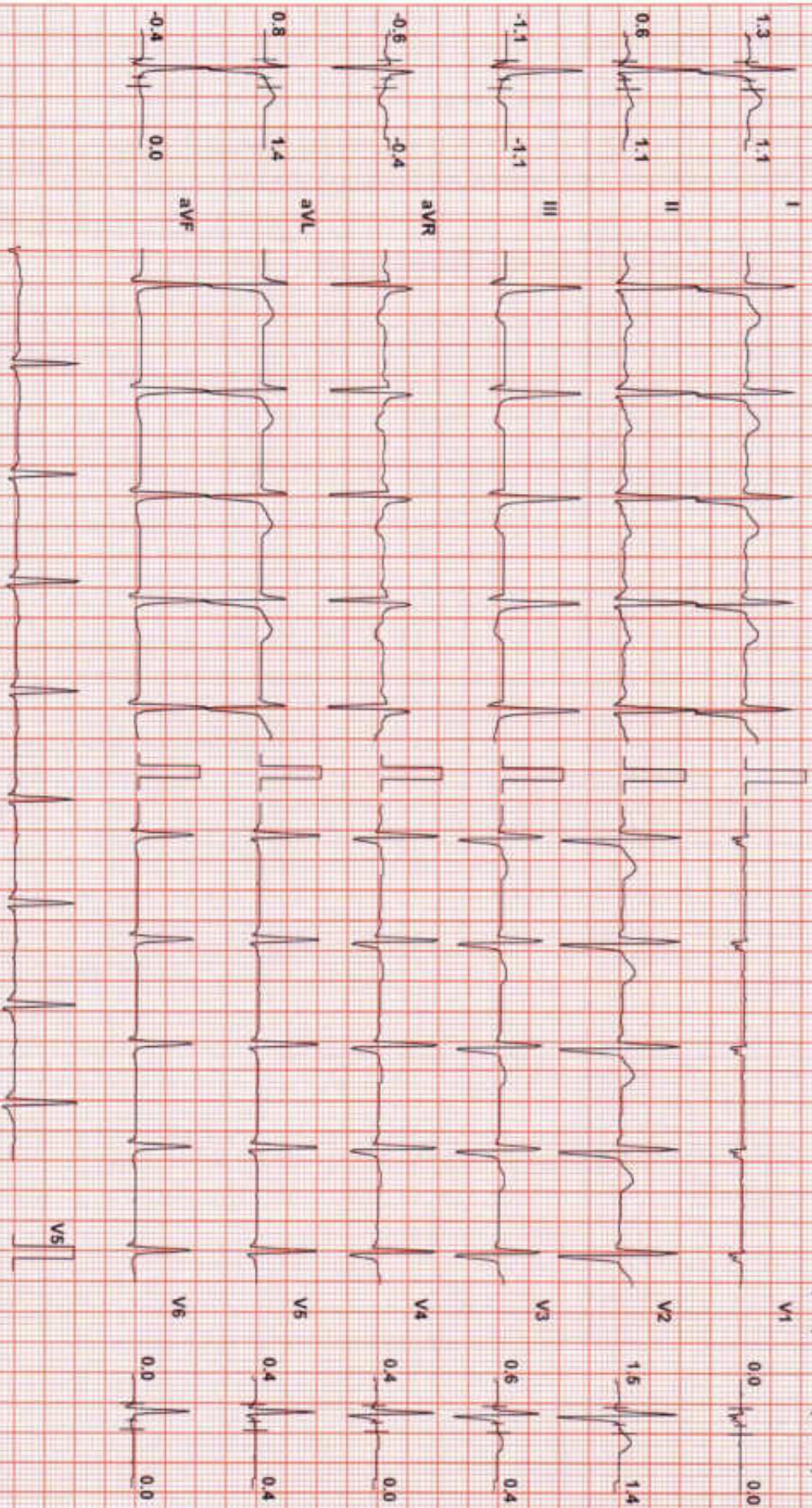


Chart Speed: 25 mm/sec  
Schiller Spacelab V47

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J + R + 60 ms

Post J = J + 60 ms

Linked Median



**SUBURBAN DIAGNOSTICS**

**Test Report**

**KAMOL GUPTA (33 M)** ID: 2422219198 Date: 09-Aug-24 Exec Time: 2 m 54 s Stage Time: 2 m 54 s HR: 114 bpm

Protocol: Bruce Stage: 1 Speed: 1.7 mph Grade: 10% (THR: 158 bpm) B.P.: 120 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

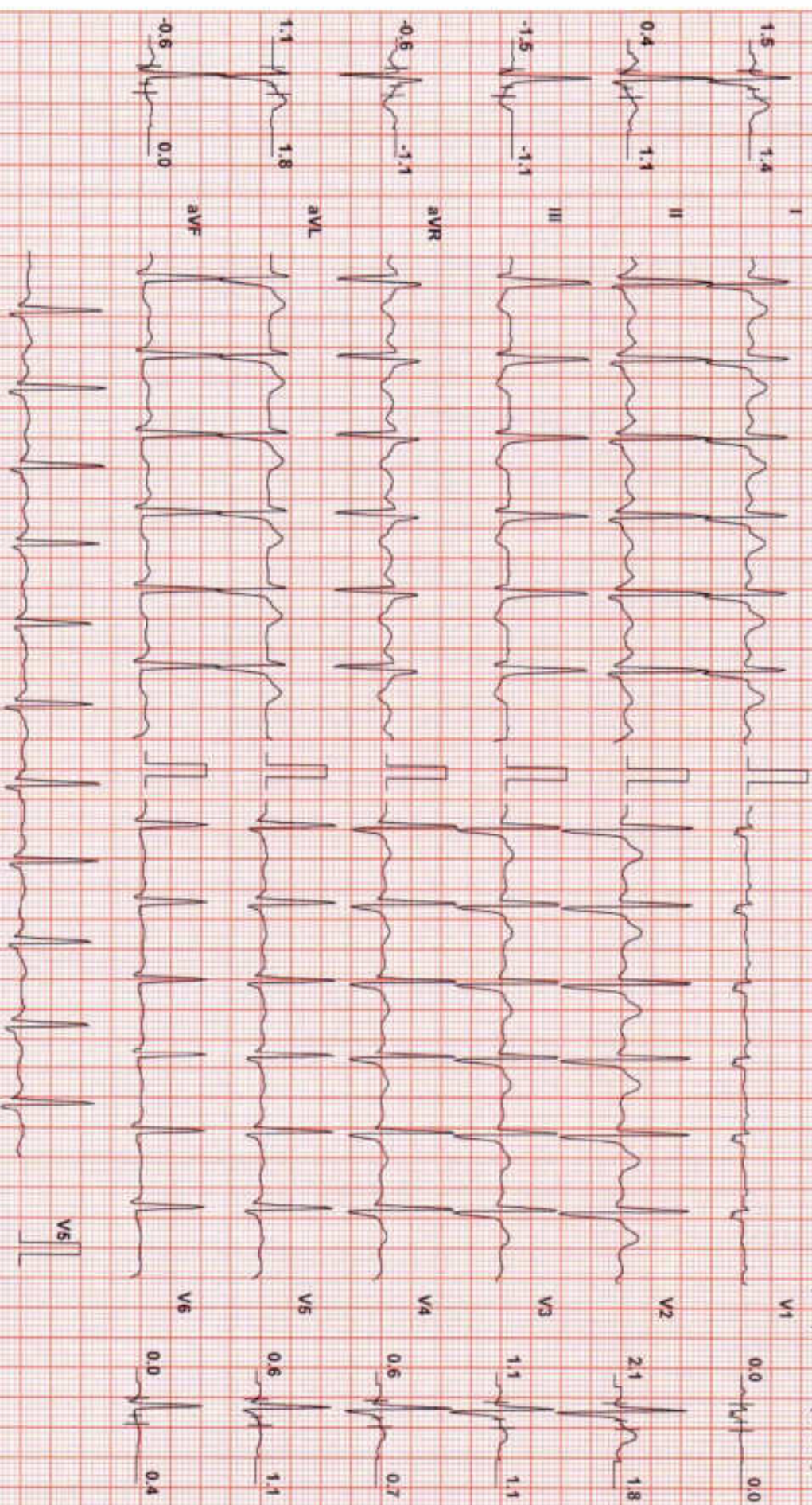


Chart Speed: 25 mm/sec  
Scholar's Standard V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

150 = R - 60 ms

J = R + 60 ms

Print: J = J + 60 ms

Linked Median



# SUBURBAN DIAGNOSTICS

## Test Report

RAHUL GOPYA (33 M)

ID: 2422219198

Date: 09-Aug-24 Exec Time: 5 m 54 s Stage Time: 2 m 54 s HR: 138 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph Grade: 12 % (THR: 158 bpm) B.P.: 130 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

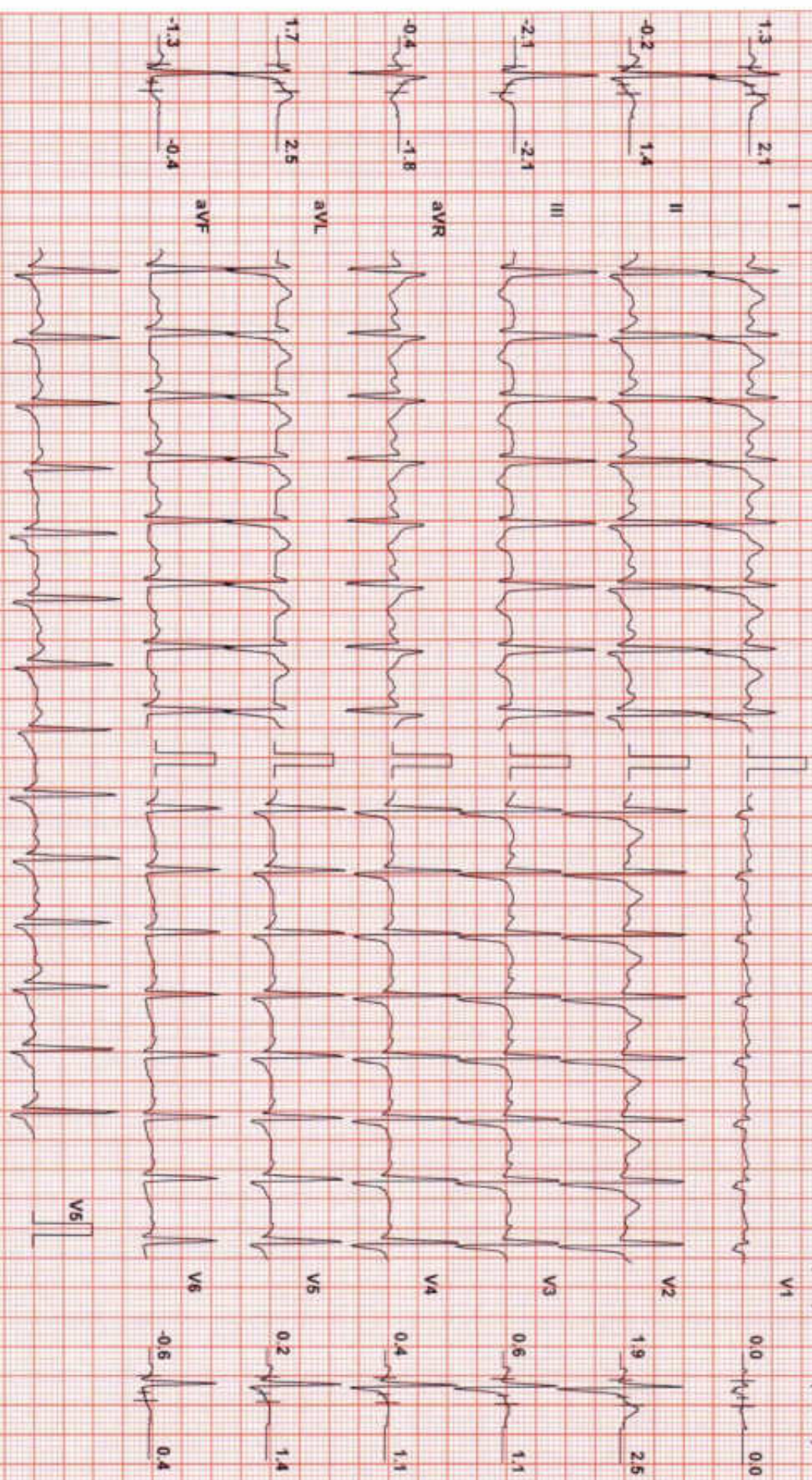


Chart Speed: 25 mm/sec  
Smita Spindler V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

50 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms  
Linked Median



# SUBURBAN DIAGNOSTICS

## Test Report

RAHUL GOPYA (33 M)

ID: 2422219198

Date: 09-Aug-24

Exec Time: 7 m 46 s Stage Time: 1 m 46 s HR: 161 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14%

(THR: 158 bpm)

B.P.: 180 / 80

ST Level (mm)    ST Slope (mV/s)

ST Level (mm)    ST Slope (mV/s)

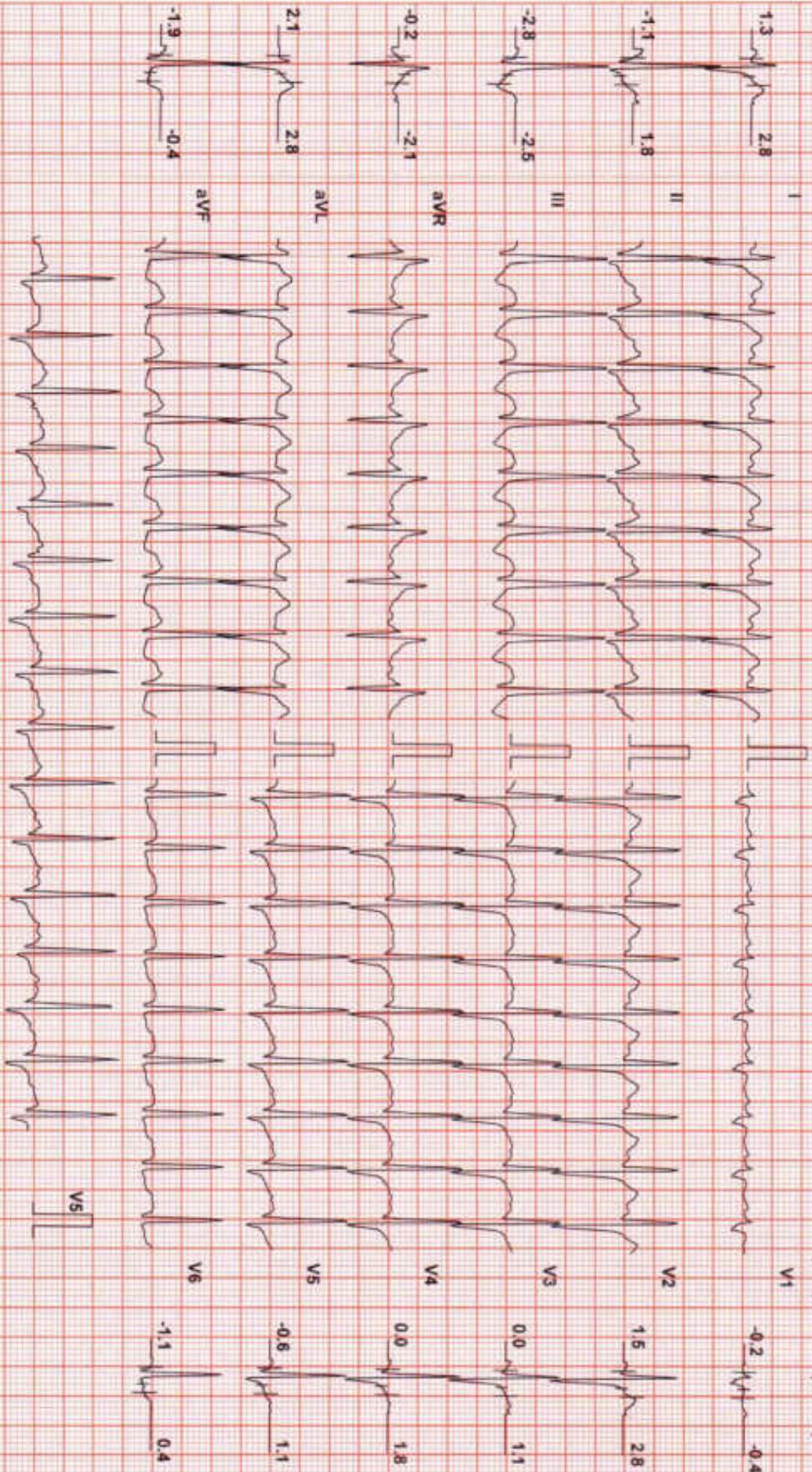


Chart Speed: 25 mm/sec  
Spider Standard V47

Filter: 35 Hz

Mains Filtr. ON

Amp: 10 mm

ao = R - 60 ms

J = R + 60 ms

Puol J = J + 60 ms  
Linked Median



# SUBURBAN DIAGNOSTICS

## Test Report

RAHUL GUPTA (33 M)

ID: 2422219198

Date: 09-Aug-24

Exec Time: 7 m 52 s

Stage Time: 0 m 64 s

HR: 146 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 158 bpm)

B.P: 160 / 80

ST Level (mm)    ST Slope (mV / s)

ST Level (mm)    ST Slope (mV / s)

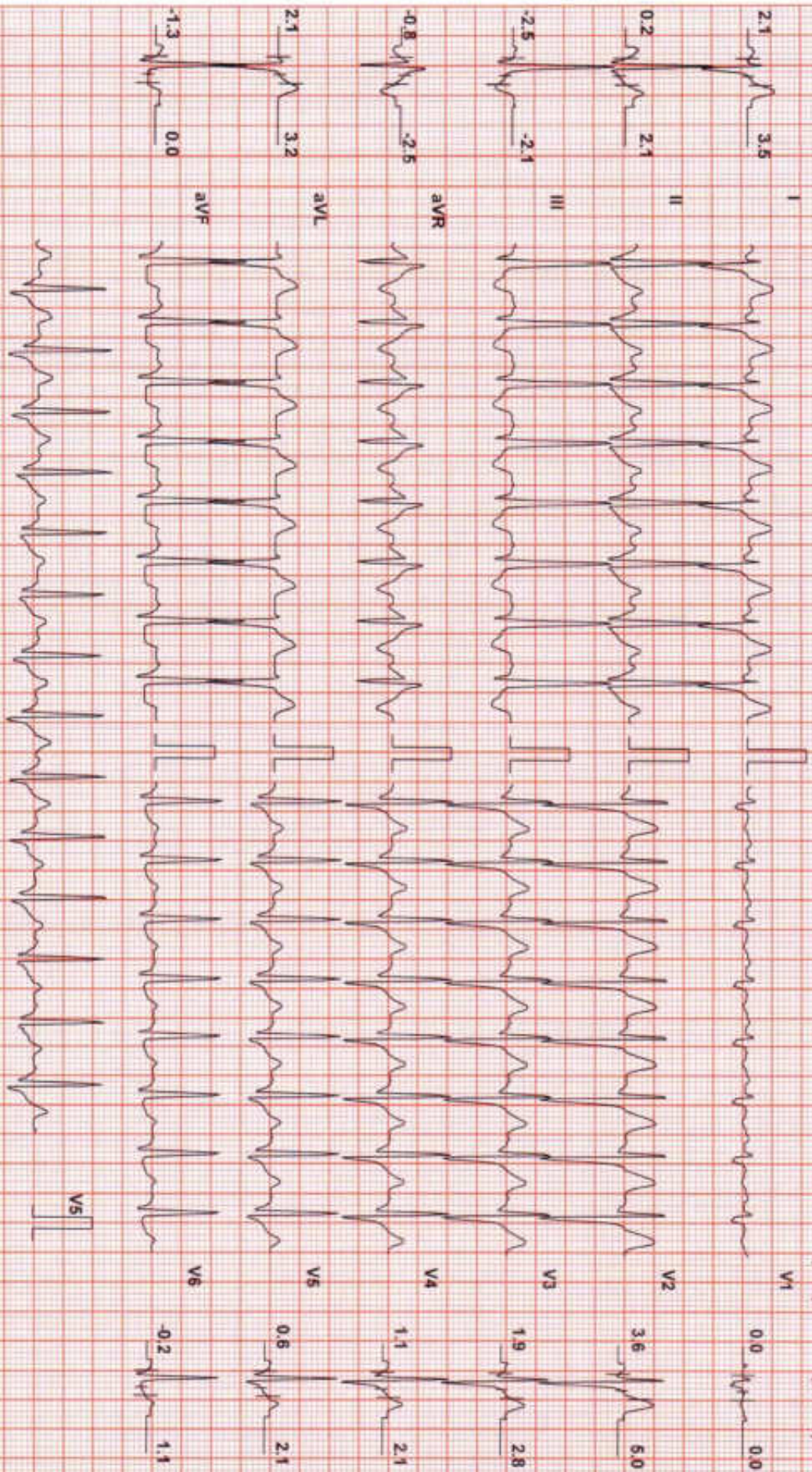


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

90 = R \* 60 ms

J = R \* 60 ms

Post J = J \* 60 ms

Linked Median

Spiller Spindler V4.7



# SUBURBAN DIAGNOSTICS

## Test Report

PATROL GOPYA (33 W)

ID: 2422219198

Date: 09-AUG-24

Exec Time: 7 m 52 s

Stage Time: 0 m 54 s

HR: 117 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

B.P.: 150 / 80

ST Level (mm)    ST Slope (mV/s)

ST Level (mm)    ST Slope (mV/s)

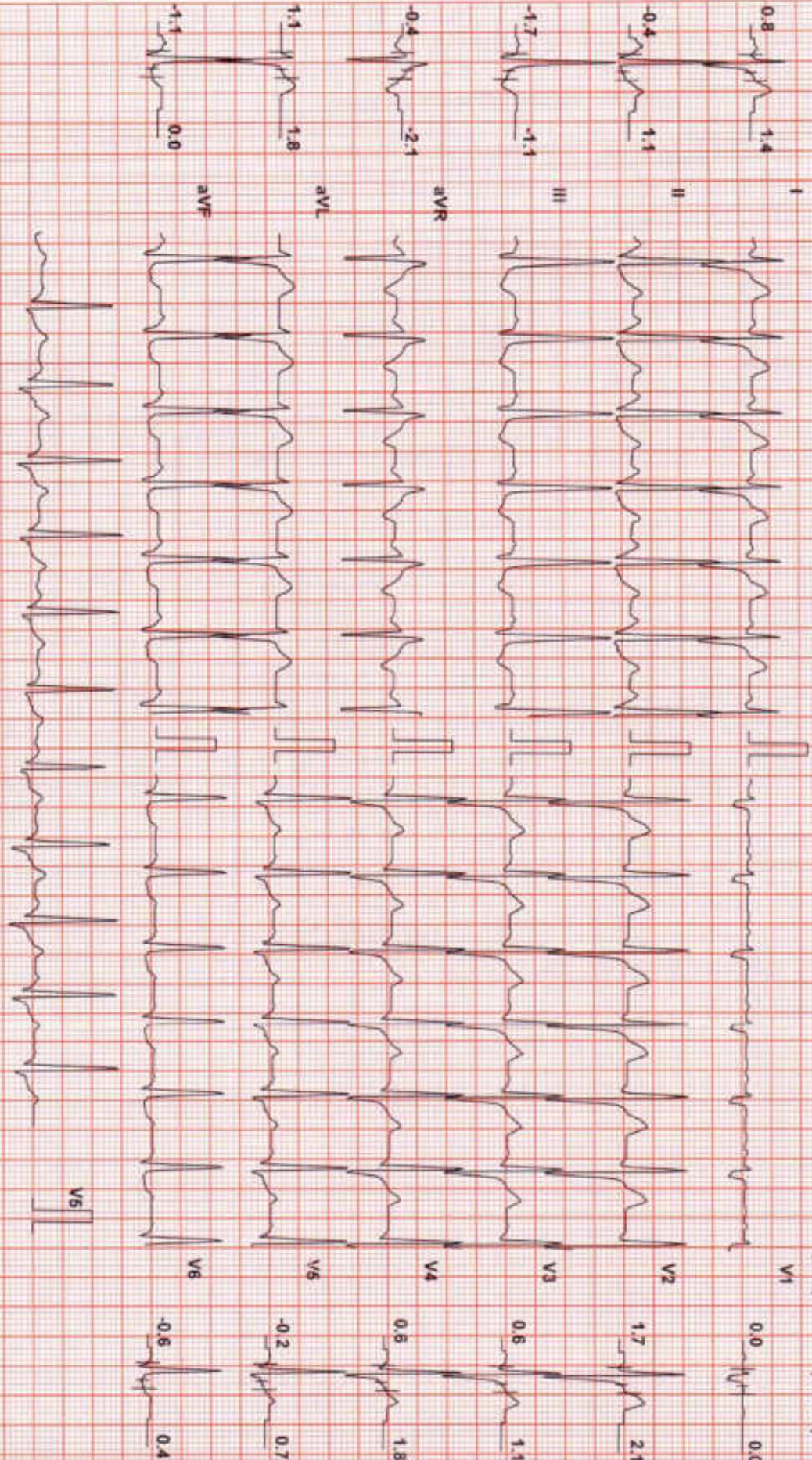


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

60 = R - 60 ms

J = R + 60 ms

Print J = J + 60 ms

Linked Median



RAHUL GOPIA (33 M)

ID: 2472219198

Date: 09-Aug-24

Exec Time: 7 m 52 s

Stage Time: 0 m 54 s

HR: 112 bpm

### SUBURBAN DIAGNOSTICS

### Test Report

Protocol: Grube

Stage: Recovery(3)

Speed: 0 mph

Grade: 0%

(THR: 158 bpm)

B.P: 130 / 80

ST Level (mm)    ST Slope (mV/s)

ST Level (mm)    ST Slope (mV/s)

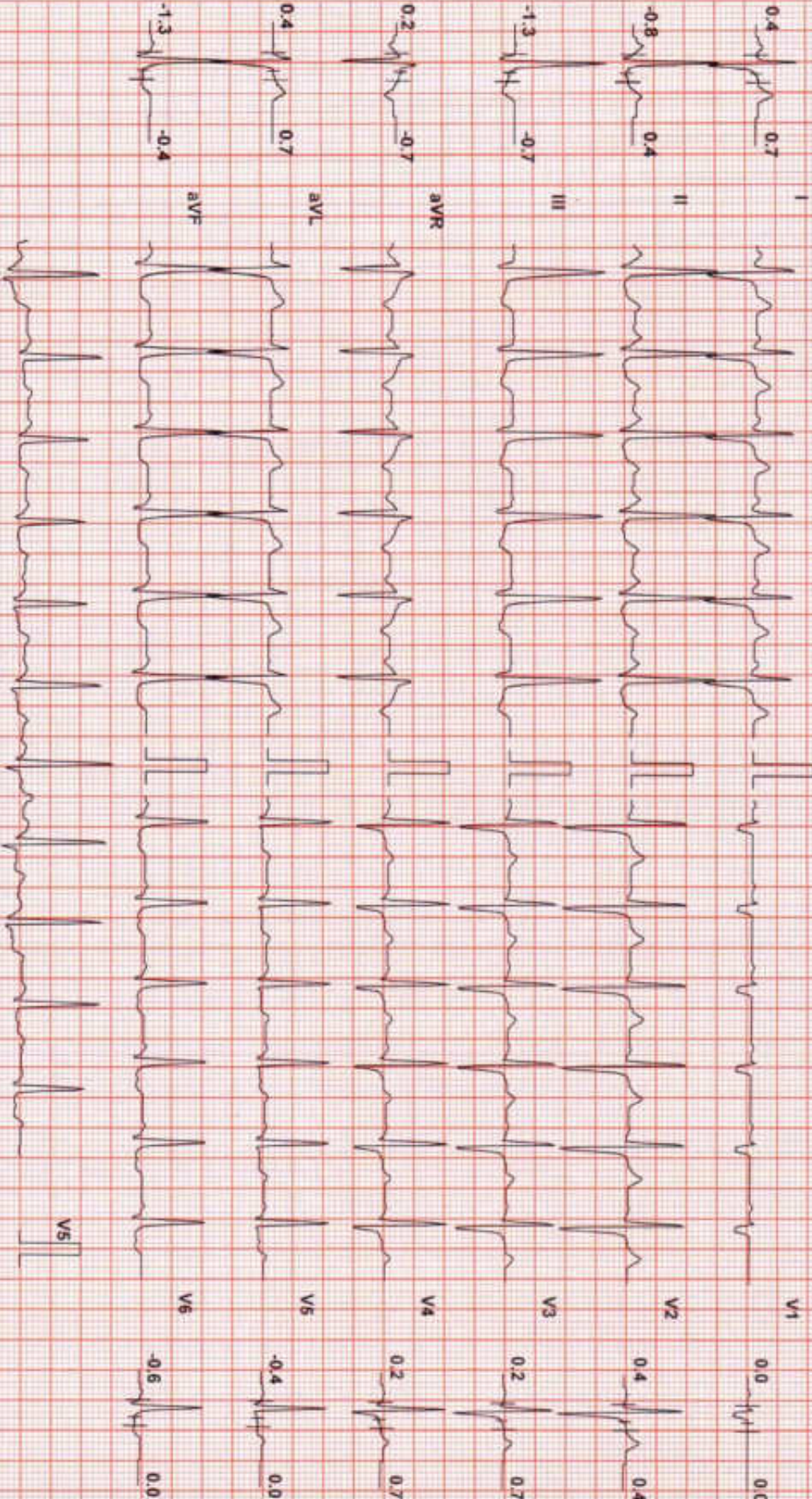


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains FilT: ON

Amp: 10 mm

90 = R \* 60 ms

J = R \* 60 ms

Post J = J \* 60 ms

Linked Median

Schiller Standard V4.7



RAHUL GOPIA (33 M)

ID: 2422219198

Date: 09-Aug-24

Exec Time: 7 m 52 s Stage Time: 0 m 10 s HR: 105 bpm

### SUBURBAN DIAGNOSTICS

### Test Report

Protocol: Bruce

Stage: Recovery(4)

Speed: 0 mph

Grade: 0%

(THR: 158 bpm)

B.P.: 120 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

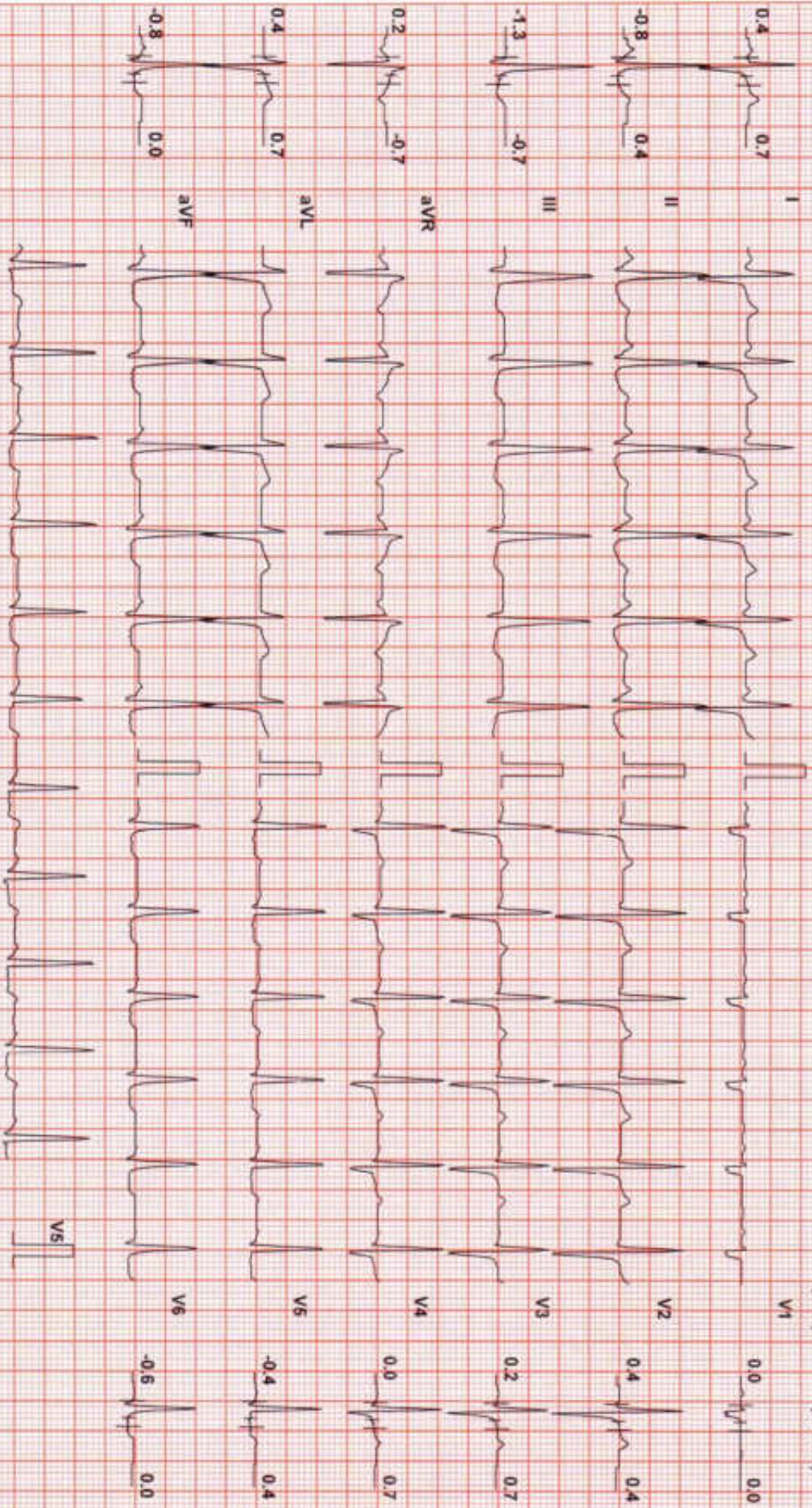


Chart Speed: 25 mm/sec  
Schwartz Standard V47

Filter: 35 Hz

Main: Fil: ON

Amp: 10 mm

50 = R - 60 ms

J = R \* 60 ms

Post J = J \* 60 ms

Linked Median

