



CID : 2401321405
Name : MR.VIJESH BHAT
Age / Gender : 41 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 13-Jan-2024 / 08:29
Reported : 13-Jan-2024 / 11:05

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	14.9	13.0-17.0 g/dL	Spectrophotometric
RBC	5.22	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.2	40-50 %	Measured
MCV	83	80-100 fl	Calculated
MCH	28.5	27-32 pg	Calculated
MCHC	34.4	31.5-34.5 g/dL	Calculated
RDW	12.4	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6300	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	40.8	20-40 %	
Absolute Lymphocytes	2570.4	1000-3000 /cmm	Calculated
Monocytes	9.1	2-10 %	
Absolute Monocytes	573.3	200-1000 /cmm	Calculated
Neutrophils	46.6	40-80 %	
Absolute Neutrophils	2935.8	2000-7000 /cmm	Calculated
Eosinophils	2.7	1-6 %	
Absolute Eosinophils	170.1	20-500 /cmm	Calculated
Basophils	0.8	0.1-2 %	
Absolute Basophils	50.4	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	278000	150000-400000 /cmm	Elect. Impedance
MPV	8.3	6-11 fl	Calculated
PDW	14.9	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
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- 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 ***



J. Thakker

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



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<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	93.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	81.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.48	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.28	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.20	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	22.6	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	42.7	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	41.1	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	102.0	40-130 U/L	Colorimetric
BLOOD UREA, Serum	21.5	12.8-42.8 mg/dl	Kinetic
BUN, Serum	10.0	6-20 mg/dl	Calculated
CREATININE, Serum	0.89	0.67-1.17 mg/dl	Enzymatic



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Reported : 13-Jan-2024 / 17:16

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eGFR, Serum	110	(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	4.7	3.5-7.2 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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



Bmhasakar

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



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	116.9	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.

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*** 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>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.5	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
Pus cells / hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1	0-5/hpf	
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	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



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*** End Of Report ***



Bmhasakar

Dr.KETAKI MHASKAR
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Pathologist



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Reported : 13-Jan-2024 / 14:15

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	A
Rh TYPING	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

References:

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

*** End Of Report ***



Dr. Leena Salunkhe

Dr.LEENA SALUNKHE
M.B.B.S, DPB (PATH)
Pathologist



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Collected : 13-Jan-2024 / 08:29
Reported : 13-Jan-2024 / 13:54

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	183.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	126.0	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	37.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	145.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	120.0	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	25.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.9	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	5.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.4	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	5.14	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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*** End Of Report ***



Bmhasakar

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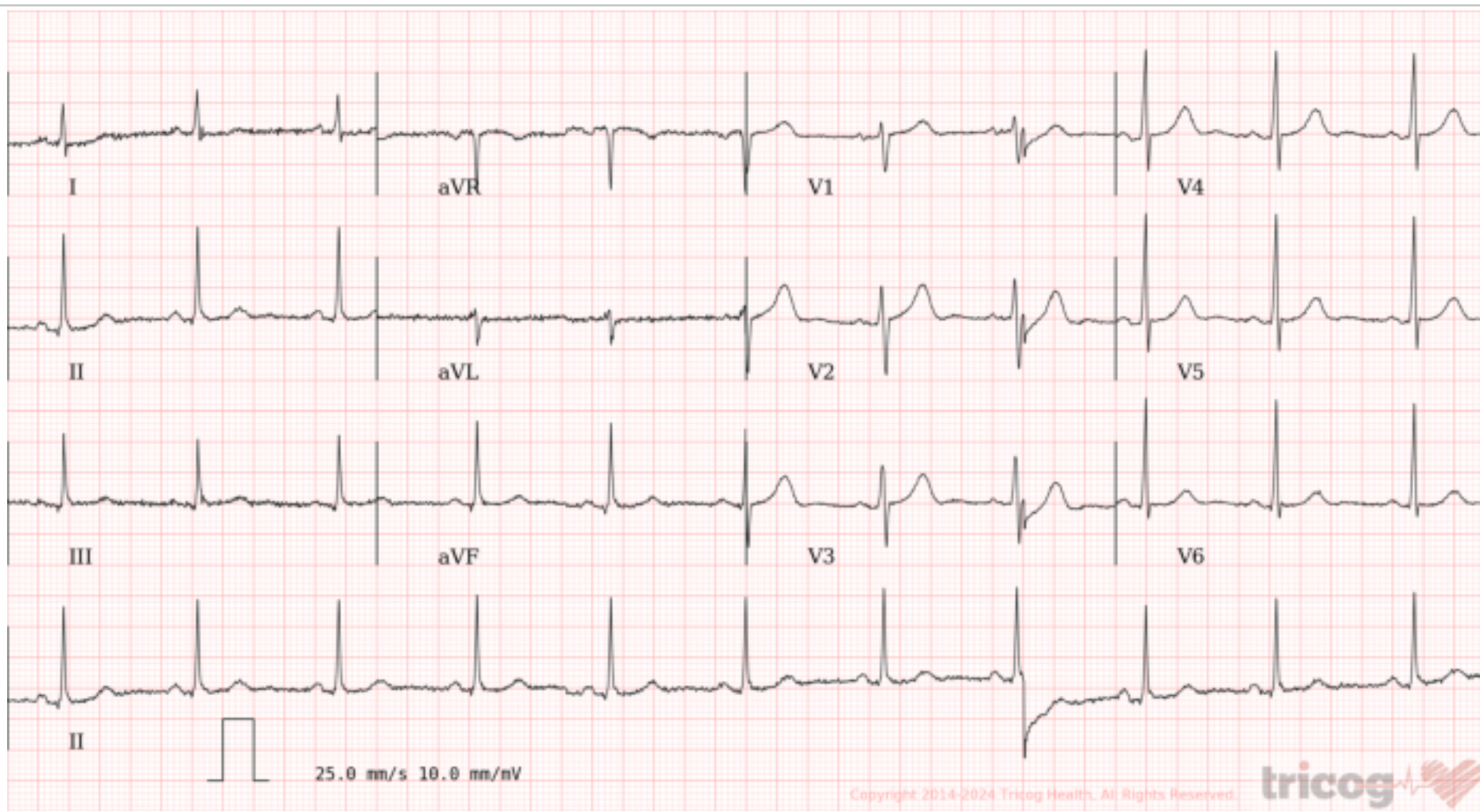
SUBURBAN DIAGNOSTICS - BORIVALI WEST



Patient Name: VIJESH BHAT

Date and Time: 13th Jan 24 8:58 AM

Patient ID: 2401321405



Age **41** **NA** **NA**
years months days

Gender **Male**

Heart Rate **68bpm**

Patient Vitals

BP: 110/80 mmHg

Weight: 67 kg

Height: 161 cm

Pulse: NA

Spo2: NA

Resp: NA

Others: _____

Measurements

QRSD: 80ms

QT: 414ms

QTcB: 440ms

PR: 140ms

P-R-T: 59° 73° 69°

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

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Name: VIJESH BHAT

Date: 13-01-2024 Time: 09:01

Age: 41 Gender: M Height: 161 cms Weight: 67 Kg ID: 2401321405

Clinical History: NIL

Medications: NIL

Test Details:

Protocol: Bruce Predicted Max HR: 179 Target HR: 152 (85% of Pr. MHR)
 Exercise Time: 0:09:04 Achieved Max HR: 160 (89% of Pr. MHR)
 Max BP: 160/80 Max BP x HR: 25600 Max Mets: 10.2
 Test Termination Criteria: TEST COMPLET

Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	00:12	1	0	0	78	110/80	8580	0.4 V3	-1.9 III
Standing	00:14	1	0	0	78	110/80	8580	0.4 V2	-2.2 III
HyperVentilation	00:11	1	0	0	76	110/80	8360	0.4 V3	-2.2 III
PreTest	00:08	1	1.6	0	64	110/80	7040	0.4 V3	-2.4 III
Stage 1	03:00	4.7	2.7	10	111	110/80	12210	-0.4 V6	2.1 V2
Stage 2	03:00	7	4	12	133	130/80	17290	-2.1 aVR	1.5 V2
Stage 3	03:00	10.1	5.5	14	160	140/80	22400	-1.1 V4	1.7 V2
Peak Exercise	00:04	10.2	6.8	16	160	140/80	22400	-0.5 I	0.4 V3
Recovery1	01:00	1	0	0	124	160/80	19840	0.9 V3	0.3 V3
Recovery2	01:00	1	0	0	105	140/80	14700	0.3 aVR	0.2 V3
Recovery3	00:17	1	0	0	98	120/80	11760	0.3 V1	0.1 I

Interpretation

The Patient Exercised according to Bruce Protocol for 0:09:04 achieving a work level of 10.2 METS.
 Resting Heart Rate, initially 78 bpm rose to a max. heart rate of 160bpm (89% of Predicted Maximum Heart Rate).
 Resting Blood Pressure of 110/80 mmHg, rose to a maximum Blood Pressure of 160/80 mmHg
 Good Effort tolerance Normal HR & BP Response No Angina or Arrhythmias
 No Significant ST-T Change Noted During Exercise Stress test Negative for Stress inducible ischaemia.

DR. NITIN SONAVANE
 M.B.B.S AFPH, D.IMP, D.CARD
 CONSULTANT CARDIOLOGIST
 REGD. NO. 87714
 Doctor: DR. NITIN SONAVANE

Ref. Doctor: ---

SCHILLER
The Art of Diagnostics

(Summary Report edited by User)
 Cardiosoft V20 Version:3.4

Suburban Diagnostics Pvt. Ltd.
 301A-302, 3rd Floor, Vini Elegance,
 Above Sanku Jeweller, L. T. Road,
 Borivali (West), Mumbai - 400 082

SUBURBAN DIAGNOSTICS PVT. LTD. BORIVALI

VJESH BHAT (41 M)

Bruce Protocol
STress(dmm) STSlope(mV/s)

ID: 2401321405

Date: 13-01-2024

Exam Time : 0:00:00

Stage Time: 00:12

HR: 78 bpm

Stage: Supine

Speed: 0 kmph

Grade: 0%

THR: 152 bpm

BP: 110/60 mmHg

STress(dmm) STSlope(mV/s)

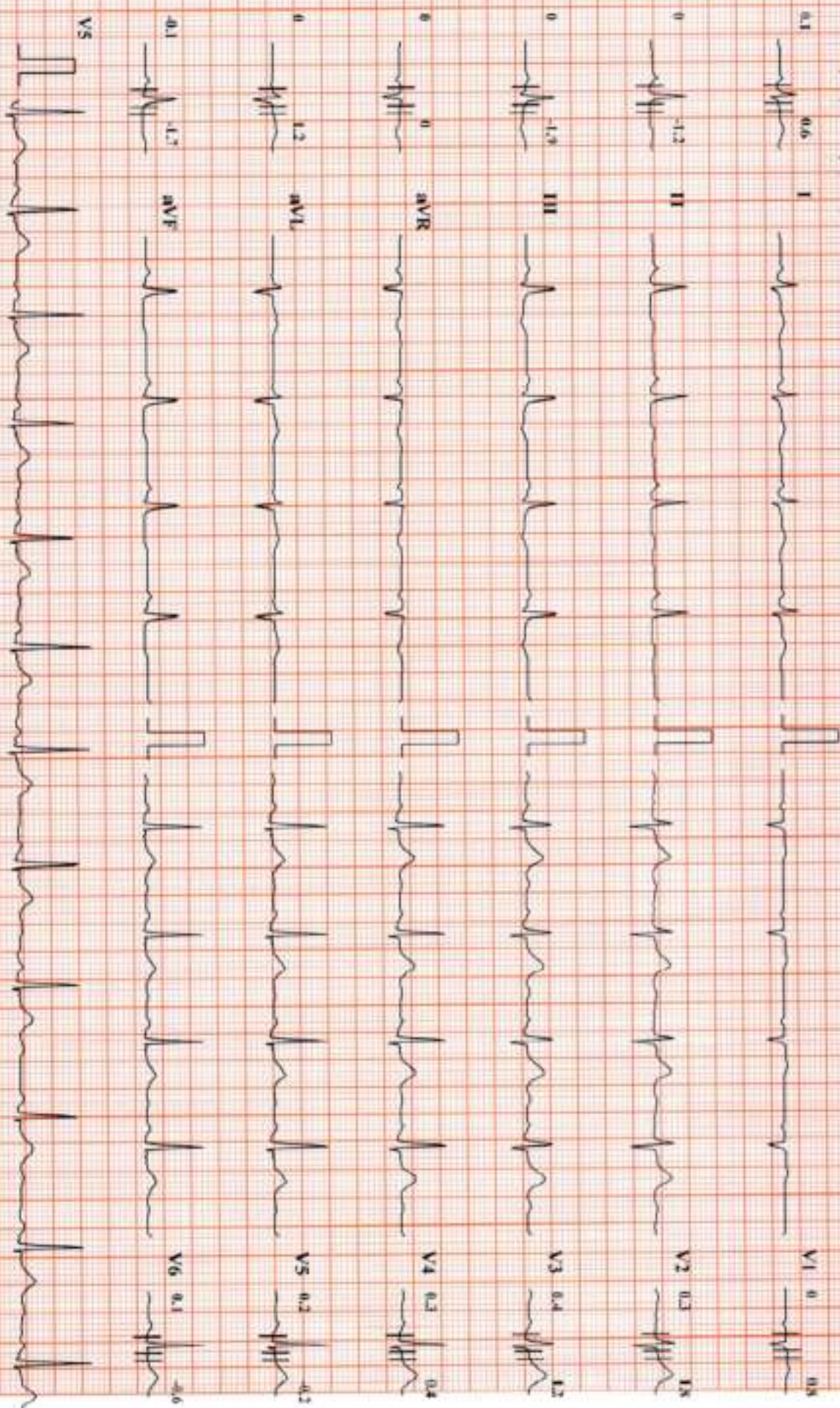


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

80 + R - 60 mV - R + 60 mV, Post J + J + 60 mV

Schiller Cardiov CS-20 Version 3.4

Linked Medicine



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

VJESH BHAT (41 M)

Bruce Protocol
STI (cdmm) STS (iprmVx)

ID: 2401321405
Stage: Standing

Date: 13-01-2024
Speed: 0 kmph

Exec Time: 0:30:00
Grade: 0%

Stage Time: 00:14
THR: 152 bpm

HR: 78 bpm

HR: 110/80 mmHg
STI (cdmm) STS (iprmVx)

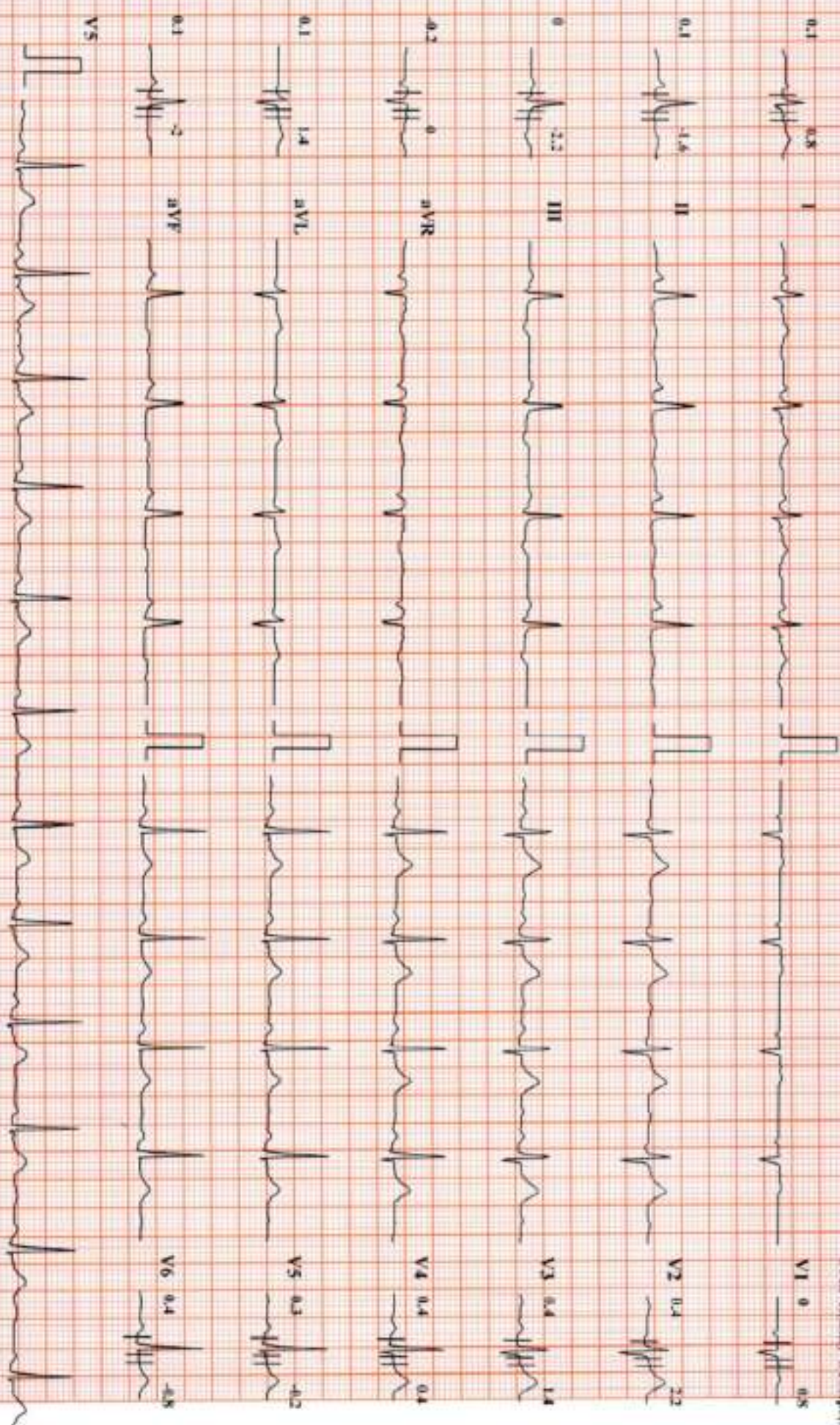


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Main Filter: ON

ISO - R - 60 ms, J - R - 40 ms, P - J - 60 ms

Schiller Cardiotec CS-20 Version 3.4

Linked Median



SUBURBAN DIAGNOSTICS PVT. LTD. BORIVALI

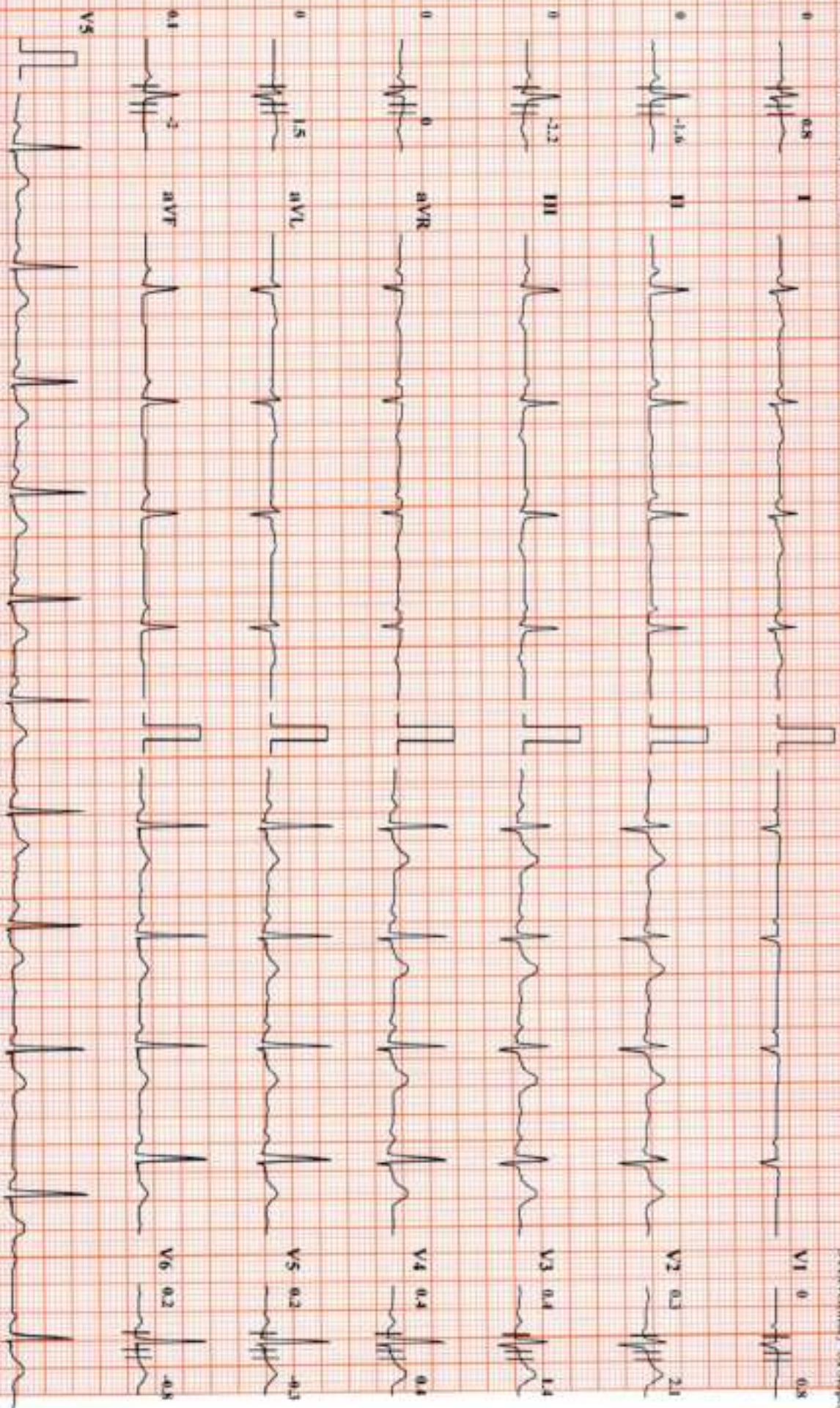
VJESH BHAT (41 M)

Bruce Protocol
STLead(mV) STSeg(mV/s)

ID: 2401321405
Date: 13-01-2024
Stage: HyperVentilation
Speed: 0 kmph

Exec Time: 0:00:00
Grade: 0%THR: 152 bpm

HR: 76 bpm
BP: 110/80 mmHg
STLead(mV) STSeg(mV/s)



VJESH BHAT (41 M)

Bruce Protocol
ST/segment ST/segmentV/9

SUBURBAN DIAGNOSTICS PVT. LTD. BORIVALI

ID: 2401321405
Stage: PreTest

Date: 13-01-2024
Speed: 1.6 kmph

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

Stage Time: 00:08
HR: 152 bpm

HR: 64 bpm

BP: 110/80 mmHg
ST/segment ST/segmentV/9



Chart Speed: 25 mm/sec Amplitude: 10mm/mV Filter: 25 Hz Manus Filter: ON ISO - R - 60 ms, J - R + 60 ms, PwJ - J + 60 ms Lensed Medium Schiller Cardiosci (S.S.) Version 3.4

VIJESH BHAT (41 M)

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Trace Protocol

ID: 2401321405

Date: 13-01-2024

Exec Time: 00:55:00

Stage Time: 03:00

HR: 111 bpm

SITechnology STSIntegrationV3a

Stage: 1

Speed: 2.7 kmph

Grade: 10%

THR: 152 bpm

BP: 110/80 mmHg

SITechnology STSIntegrationV3a

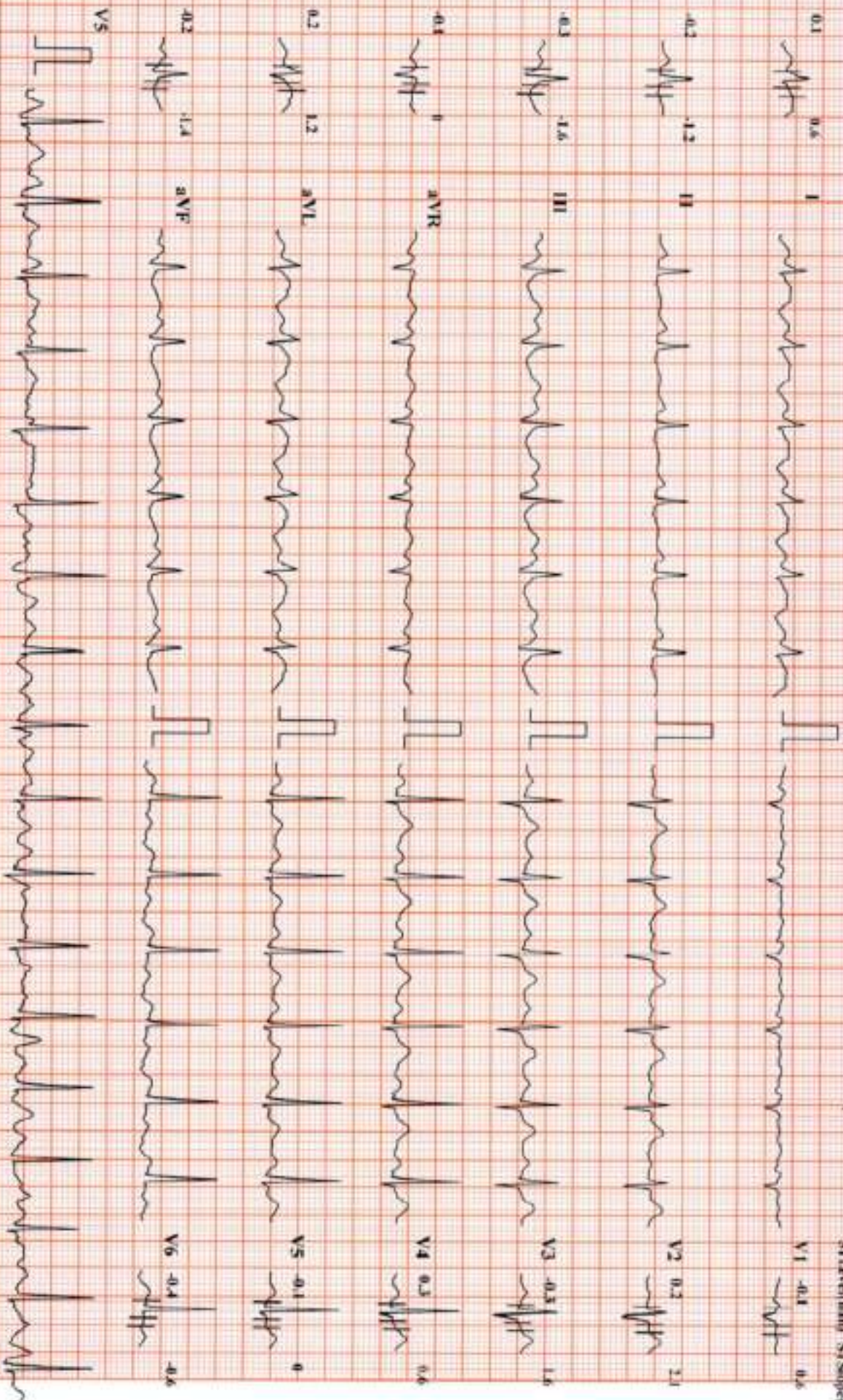


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Main Filter: ON

ECG - R: 60 mm, J = R + 60 mm, Pos J = J + 60 mm

Schiller Cardioport CS-20 Version 3.4

Linked Median



VIJESH BHAT (41 M)

Brace Protocol
ST/Lead/Time ST/Signal/Amplitude

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ID: 2401321405

Date: 13-01-2024

Exec Time: 0:06:00

Stage Time: 03:00

HR: 133 bpm

Stage: 2

Speed: 4 kmph

Grade: 12%

THR: 152 bpm

BP: 130/80 mmHg

ST/Lead/Time ST/Signal/Amplitude

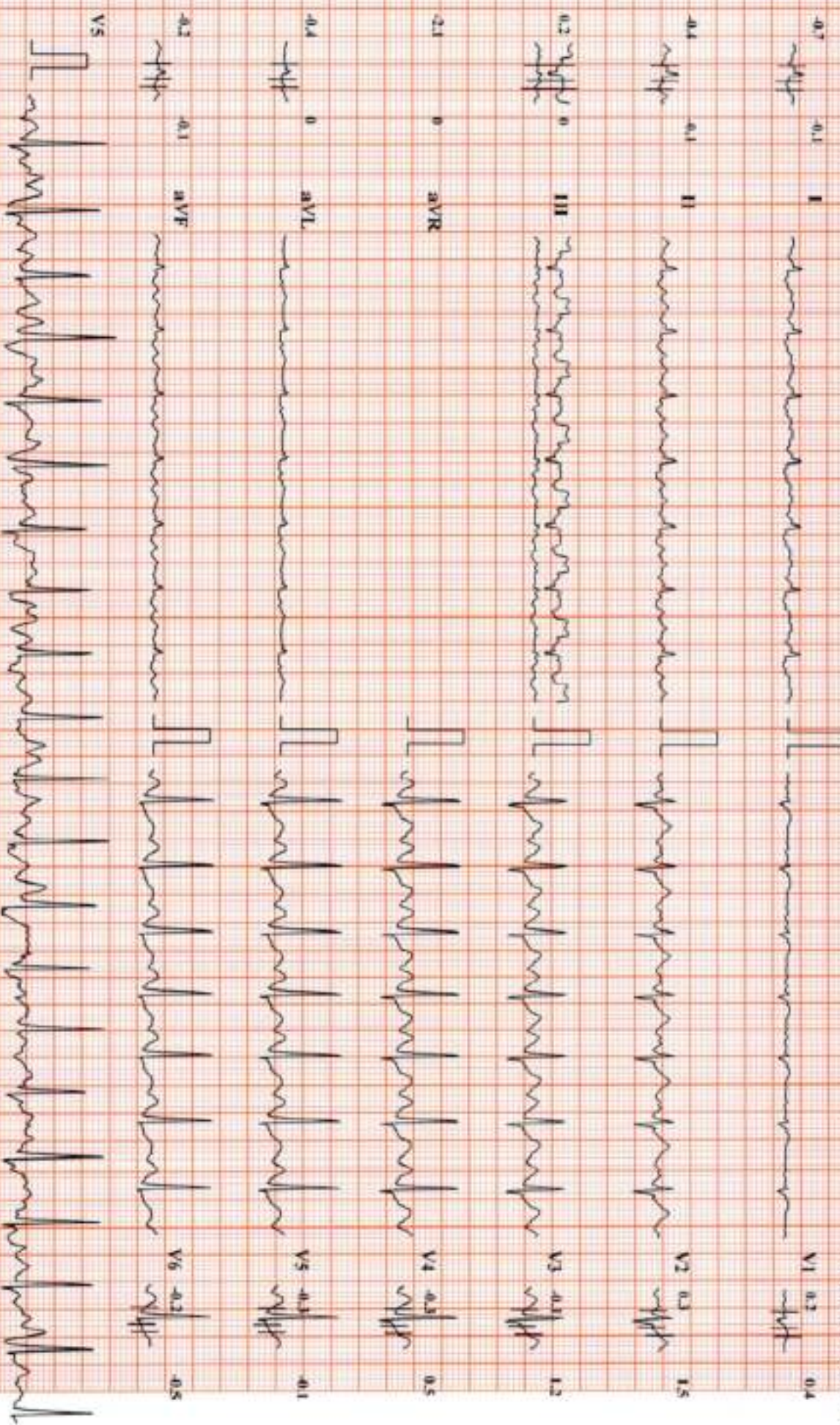


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Main Filter ON

ISO = R - 60 ms, J - R = 69 ms, Post J - J + 60 ms

Schiller CardioT CS-20 Version 3.4



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

VIJESH BHAT (41 M)

Bruce Protocol
ST (rest/min) ST (sleep/min)

ID: 2401521405
Stage: 3

Date: 15-01-2024
Speed: 5.5 kmph

Exerc Time: 0:09:00
Grade: 14%

Stage Time: 03:00
THR: 152 bpm

HR: 160 bpm

BP: 140/80 mmHg
ST (rest/min) ST (sleep/min)



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

VIJESH BHAT (41 M)

Brace Protocol

ID: 2401321405

Date: 13-01-2024

Exec Time: 0:09:04

Stage Time: 00:04

HR: 160 bpm

STL-e04(mn) STSup(e0V0)

Stage: Peak Exercise

Speed: 6.8 kmph

Grade: 16%

THR: 152 bpm

BP: 140/80 mmHg

STL-e04(mn) STSup(e0V0)

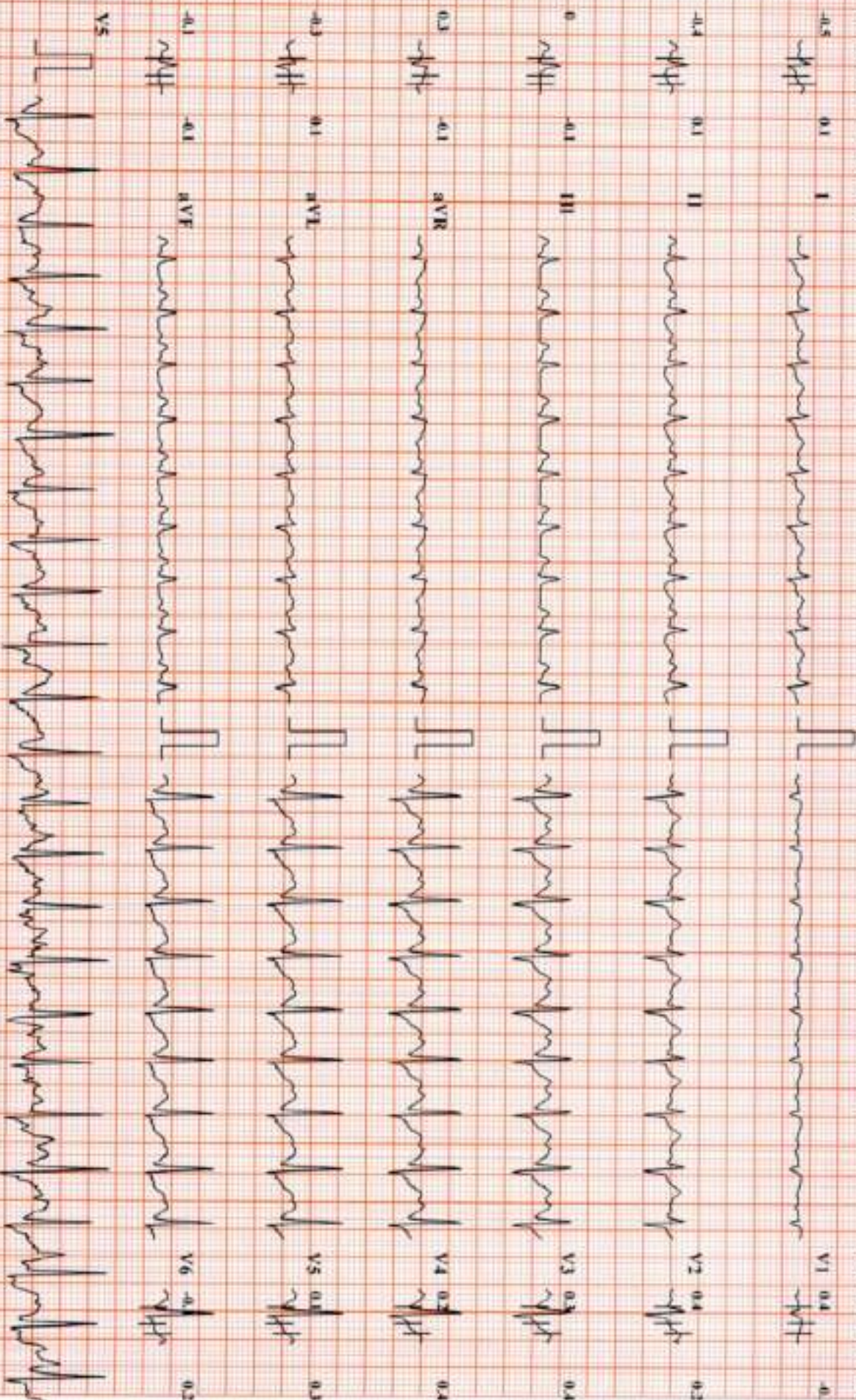


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO - R - 60 ms, J - R + 60 ms, P - J = 1 - 60 ms

Schiller Cardioart CS-20 Version 3.4

Linked Median



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

VIJESH BHAT (41 M)

Breath Protocol
STL:evl1mm STSlope(mV/s)

ID: 2401311405
Stage: Recovery 1

Date: 13-01-2024
Speed: 0 kmph

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

Stage Time: 01:00
THR: 152 bpm

HR: 124 bpm

BP: 167/87 mmHg
STL:evl1mm STSlope(mV/s)

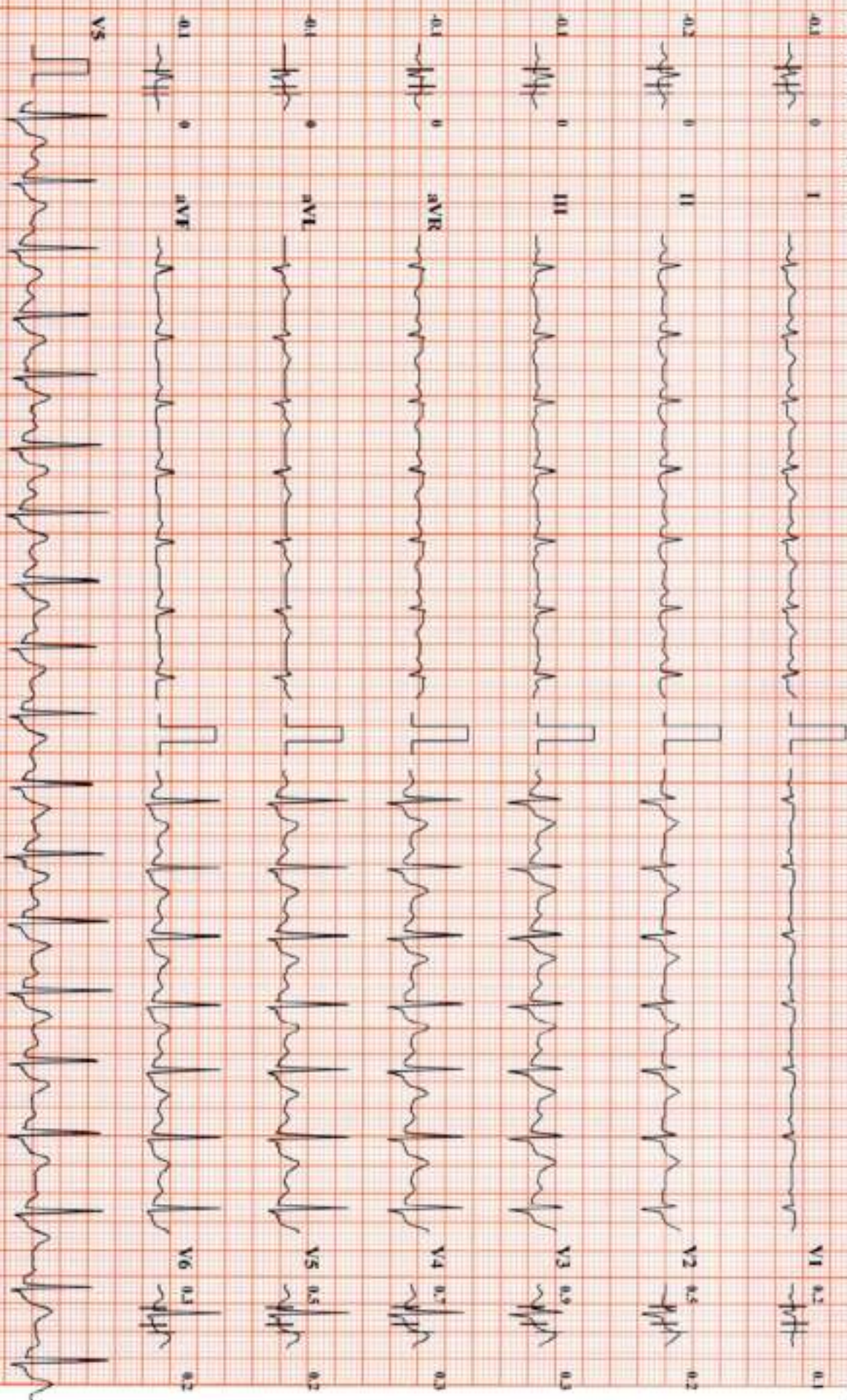


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz
Mains Filter: ON

ISO - R - 60 ms, J - R - 60 ms, Pw1 - 1 + 60 ms

Schiller Cadson CS-20 Version 3.4
Linked Median



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

VIJESH BHAT (41 M)

Breath Protocol

STLead(ma) STSegment(Va)

ID: 2401321405

Stage: Recovery/2

Date: 13-01-2024

Speed: 0 kmph

Exam Time: 6:00:00

Grade: 0%

Stage Time: 01:30

THR: 152 bpm

HR: 105 bpm

BP: 140/80 mmHg

STLead(ma) STSegment(Vs)

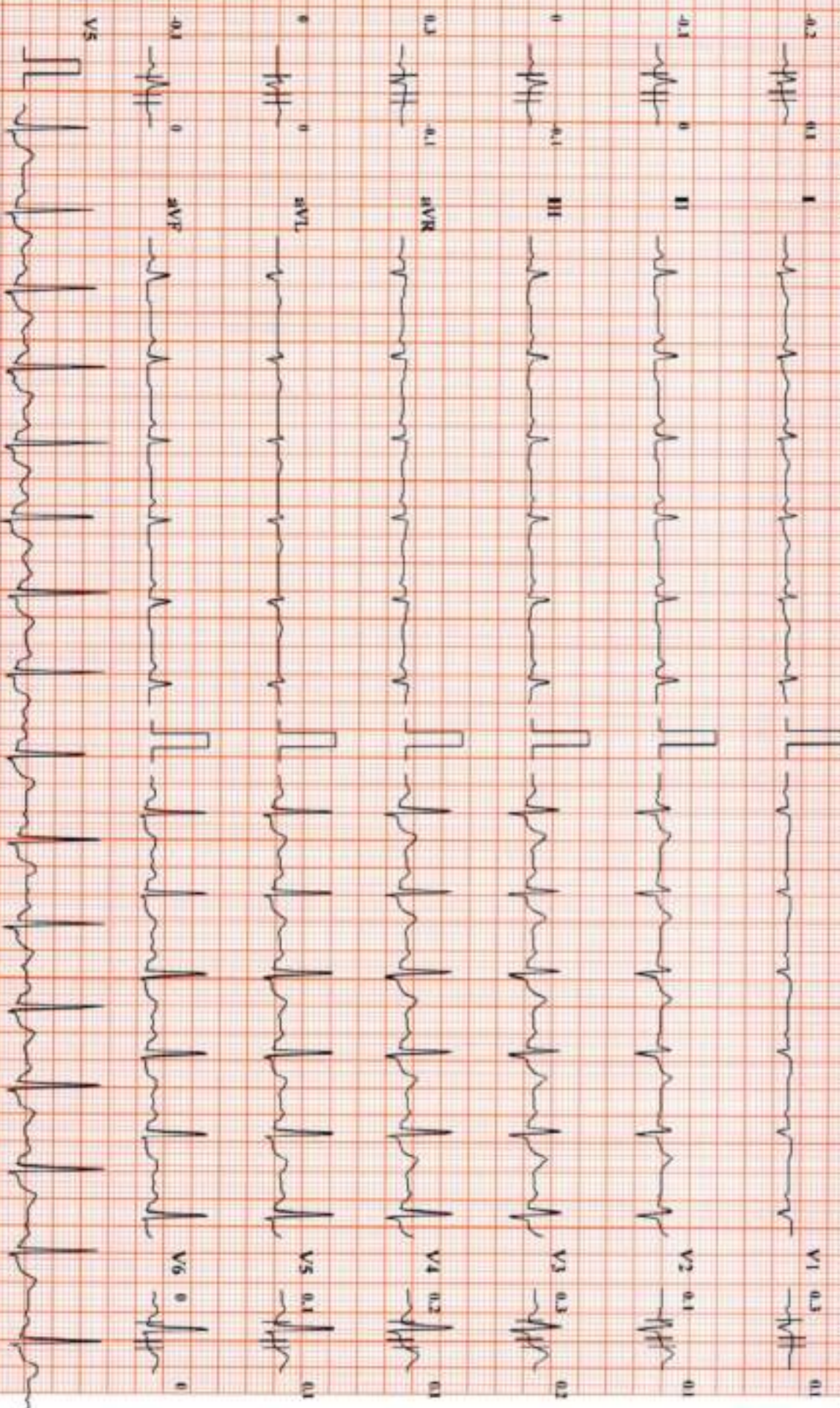


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25Hz

Matrix Filter: ON

ISO - R: 60 ms, I - R: + 60 ms, Pst I - J: + 60 ms

Software: Cardview C5-20 Version 3.4

Linked Median

VJESH BHAT (41 M)

Brace Protocol
ST1 (vcd/m) ST1Step(mV/s)

SUBRBAN DIANOSTICS PVT. LTD. BORIVALI

ID: 2401321405

Date: 13-01-2024

Exec Time : 0:00:00

Stage Time: 00:17

HR: 98 bpm

Stage: Recovery3

Speed: 0 kmph

Grade: 0%

THR: 152 bpm

HR: 120/80 mmHg

ST1 (vcd/m) ST1Step(mV/s)



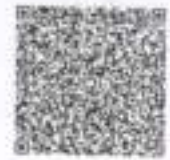
Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Main Filter: ON

ISO - R - 66 ms, J - R + 60 ms, Post J - 60 ms

Schiller Cardiomat CS-20 Version 3.4
Linked Median



CID : 2401321405
Name : Mr VIJESH BHAT
Age / Sex : 41 Years/Male
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 13-Jan-2024
Reported : 13-Jan-2024 / 12:14

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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Access

ReportNo=2024011308194399



CID : 2401321405
Name : Mr VJESH BHAT
Age / Sex : 41 Years/Male
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 13-Jan-2024
Reported : 13-Jan-2024 / 9:41

USG WHOLE ABDOMEN

LIVER: Liver is normal in size 12.7 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 10.2 x 5.4 cm. Left kidney measures 9.5 x 5.8 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size 9.7 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 3.0 x 2.3 x 2.3 cm and prostatic weight is 9 gm. No evidence of any obvious focal lesion.

No free fluid or size significant lymphadenopathy is seen.

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sionNo-2024011308194385



Use a QR Code Scanner Application To Scan the Code

ID : 2401321405
Name : Mr VIJESH BHAT
Age / Sex : 41 Years/Male
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 13-Jan-2024
Reported : 13-Jan-2024 / 9:41

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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