



Name : VIJAY KRISHNA CHAPPALLI
Lab No. : 393740386
Ref By : SELF
Collected : 8/3/2025 9:58:00AM
A/c Status : P
Collected at : WALKIN - MAHAVIR NAGAR, KANDIVALI WEST
 (MAIN CENTR
 Ground Floor, Om Shree Ganesh Building,
 Krishna Garden Complex, Opp. Phoenix
 Hospital, Borivli West, Mumbai, Maharashtra -
 400092

Age : 33 Years
Gender : Male
Reported : 9/3/2025 3:46:32PM
Report Status : Final
Processed at : SDRL, VIDYAVIHAR

Aerfocami Healthcare Below 40 Male/Female
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
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.

Refernces:

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

Dr Trupti Shetty
MD Pathology
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Dr Priyanka Sunil Pagare
MD Pathology
Sr. Pathologist

Dr Vrushali Shroff
MD Pathology
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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	15.3	13.0 - 17.0 g/dL	Spectrophotometric
RBC	5.0	4.5 - 5.5 mil/cmm	Elect. Impedance
PCV	43.9	40.0 - 50.0 %	Calculated
MCV	88.4	81.0 - 101.0 fL	Measured
MCH	30.8	27.0 - 32.0 pg	Calculated
MCHC	34.5	31.5 - 34.5 g/dL	Calculated
RDW	14.3	11.6 - 14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5880	4000 - 10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	34.0	20.0 - 40.0 %	
Absolute Lymphocytes	1999.2	1000.0 - 3000.0 /cmm	Calculated
Monocytes	8.3	2.0 - 10.0 %	
Absolute Monocytes	488.0	200.0 - 1000.0 /cmm	Calculated
Neutrophils	55.8	40.0 - 80.0 %	
Absolute Neutrophils	3281.0	2000.0 - 7000.0 /cmm	Calculated
Eosinophils	1.4	1.0 - 6.0 %	
Absolute Eosinophils	82.3	20.0 - 500.0 /cmm	Calculated
Basophils	0.5	0.1 - 2.0 %	
Absolute Basophils	29.4	20.0 - 100.0 /cmm	Calculated





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CBC (Complete Blood Count), Blood**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PLATELET PARAMETERS</u>			
Platelet Count	219000	150000 - 410000 /cmm	Elect. Impedance
MPV	7.7	6.0 - 11.0 fL	Measured
PDW	12.4	11.0 - 18.0 %	Calculated
<u>RBC MORPHOLOGY</u>			
Others	Normocytic Normochromic		

Specimen: EDTA whole blood





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Aerfocami Healthcare Below 40 Male/Female
ERYTHROCYTE SEDIMENTATION RATE (ESR)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
ESR, EDTA WB	5.00	2.00 - 15.00 mm/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.





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<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	90.80	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase

Note : ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition

GLUCOSE (SUGAR) PP, Fluoride Plasma PP	87.56	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
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Note : ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition

CREATININE, Serum	1.03	0.67 - 1.17 mg/dL	Enzymatic
eGFR, Serum	98.12	(ml/min/1.73sqm) 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	Calculated

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





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<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.96	0.10 - 1.20 mg/dL	Colorimetric
BILIRUBIN (DIRECT), Serum	0.36	0.00 - 0.30 mg/dL	Diazo
BILIRUBIN (INDIRECT), Serum	0.60	0.10 - 1.00 mg/dL	Calculated
TOTAL PROTEINS, Serum	7.06	6.40 - 8.30 g/dL	Biuret
Albumin Serum	4.43	3.50 - 5.20 g/dL	BCG
GLOBULIN Serum	2.63	2.30 - 3.50 g/dL	Calculated
A/G RATIO Serum	1.68	1.00 - 2.00	Calculated
SGOT (AST), Serum	30.60	5.00 - 40.00 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	40.10	5.00 - 45.00 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	32.50	3.00 - 60.00 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	82.50	40.00 - 130.00 U/L	Colorimetric
BLOOD UREA, Serum	31.90	12.80 - 42.80 mg/dL	Urease GLDH
BUN, Serum	14.90	6.00 - 20.00 mg/dL	Calculated
URIC ACID, Serum	4.83	3.50 - 7.20 mg/dL	Enzymatic





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Aerfocami Healthcare Below 40 Male/Female
GLYCOSYLATED HEMOGLOBIN (HbA1c)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB	5.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB	105.4	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
FUS and KETONES

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





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Aerfocami Healthcare Below 40 Male/Female
Glucose & Ketones, Urine

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





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LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
CHOLESTEROL, Serum	222	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	230	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	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	185	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	6	0-4.5 Ratio	Calculated
LDL CHOLESTEROL, Serum	139	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	Direct
VLDL CHOLESTEROL Serum	46	< /= 30 mg/dl	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4	0-3.5 Ratio	Calculated

Reference:

- 1) Executive Summary of the Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III).
- 2) Pack Insert.





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THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
Free T3, Serum	4.76	3.50 - 6.50 pmol/L	ECLIA
Free T4 Serum	15.30	11.50 - 22.70 pmol/L	ECLIA
sensitiveTSH Serum	2.46	0.35 - 5.50 microlU/ml	ECLIA

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 microlU/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 nonthyroidal 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%





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THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
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(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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EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Colour	Brown	Brown	-
Form and Consistency	Semi Solid	Semi Solid	-
Mucus	Absent	Absent	-
Blood	Absent	Absent	-
<u>CHEMICAL EXAMINATION</u>			
Reaction (pH)	6.50	-	pH Indicator
Occult Blood	Absent	Absent	Guaiaac
<u>MICROSCOPIC EXAMINATION</u>			
Protozoa	Absent	Absent	-
Flagellates	Absent	Absent	-
Ciliates	Absent	Absent	-
Parasites	Absent	Absent	-
Macrophages	Absent	Absent	-
Mucus Strands	Absent	Absent	-
Fat Globules	Absent	Absent	-
RBC/hpf	Absent	Absent	-
WBC/hpf	Absent	Absent	-
Yeast Cells	Absent	Absent	-
Undigested Particles	Absent	-	-
Concentration Method (for ova)	No ova detected	Absent	-
Reducing Substances	-	Absent	Benedicts





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URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Yellow	Pale Yellow	-
Transparency	CLEAR	Clear	-
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.027	1.002-1.035	Chemical Indicator
Reaction (pH)	5.5	5-8	Chemical Indicator
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	
Ketones	Absent	Absent	
Blood	Absent	Absent	
Bilirubin	Absent	Absent	
Urobilinogen	Normal	Normal	
Nitrite	Negative	Negative	
<u>MICROSCOPIC EXAMINATION</u>			
(WBC)Pus cells / hpf	1.4	0-5/hpf	
Red Blood Cells / hpf	0.00	0-2/hpf	
Epithelial Cells / hpf	0.1	0-5/hpf	
Hyaline Casts	0.2	Absent	
Pathological cast	0.2	Absent	
Calcium oxalate monohydrate crystals	0.00	Absent	
Calcium oxalate dihydrate crystals	0.00	Absent	
Bacteria / hpf	18.30	0-20/hpf	
Yeast	0.00	Absent	

Dr. Jageshwar Mandal Choupal
DNB Pathology
Consultant Pathologist

Dr. Nehal Dubey
MD Pathology
Chief of Lab





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URINE EXAMINATION REPORT

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-----End of report-----



IMPORTANT INSTRUCTIONS

The published test results relate to the submitted specimen. All test results are dependent on the quality of the sample received by the laboratory. Laboratory tests should be clinically correlated by a physician and are merely a tool to help arrive at a diagnosis. Unforeseen circumstances may cause a delay in the delivery of the report. Inconvenience is regretted. Certain tests may require further testing at an additional cost for derivation of exact value. Kindly submit the request within 72 hours post-reporting. The Court/Forum at Mumbai shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of the test(s). Test results are not valid for medico-legal purposes. This computer-generated medical diagnostic report has been verified by a doctor or an authorized medical professional. A physical signature is not required for this report.

(#) sample drawn from an external source.

If test results are alarming or unexpected, the client is advised to contact customer care immediately for possible remedial action.

Tel: 022-61700000, Email: customerservice@suburbandiagnosics.com <<mailto:customerservice@suburbandiagnosics.com>>

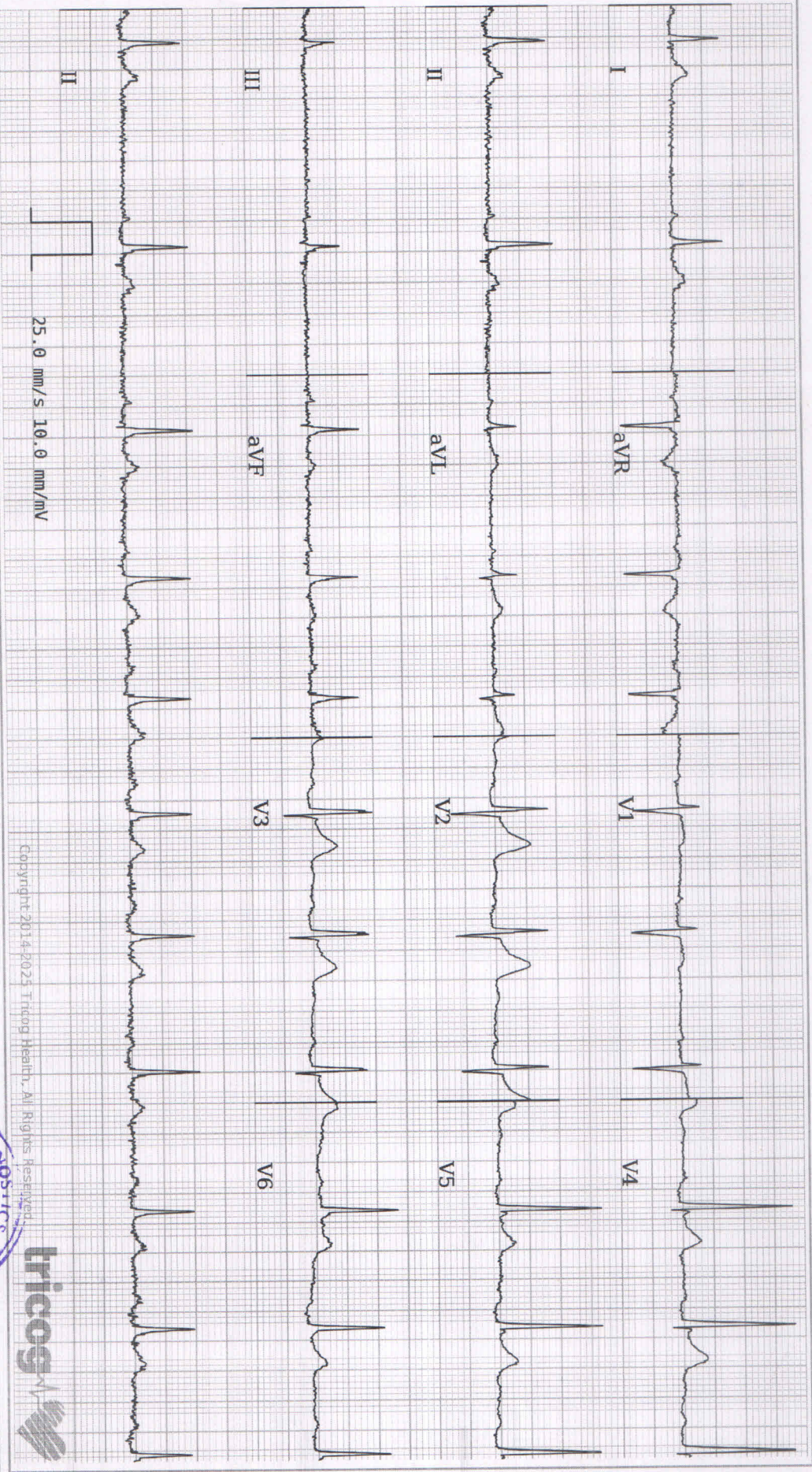
West Reference Lab, Mumbai, is a CAP (8036028) Accredited laboratory.



Patient Name: VIJAY KRISHNA CHAPPALLI
Patient ID: 393740386

Date and Time: 8th Mar 25 11:25 AM

SUBURBAN DIAGNOSTICS - MAHAVIR NAGAR, KANDIVALI WEST



Age 33 4 25
years months days

Gender Male

Heart Rate 64bpm

Patient Vitals

BP: 120/80 mmHg

Weight: 68 kg

Height: 168 cm

Pulse: 50 bpm

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 72ms

QT: 362ms

QTcB: 373ms

PR: 194ms

P-R-T: 63° 52° 25°

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

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REPORTED BY

[Signature]

Dr. Ajita Bhosale
M.B.B.S./G.D.C.C (DIP Cardiology)
2013062200

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

Date:- 8/3/25

CID: 393740386

Name:- Mr. Vijay Cheppalli

Sex / Age: m / 33 yrs.

EYE CHECK UP

Chief complaints: — No

Systemic Diseases: — No

Past history: — No

Unaided Vision: — No

Aided Vision: — No

Refraction:

Ⓡ 6/6

Ⓛ 6/6

(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.



PHYSICAL EXAMINATION FORM

PATIENT NAME : MR. VIJAY CHEPPALLI

: CID NO : 393737386

AGE / SEX : 33 YRS/ MALE

DATE : 08/03/2025

HISTORY AND COMPLAINTS : NIL.

EXAMINATION FINDINGS :

HEIGHT : 168 cms

TEMP : AFEBRILE

WEIGHT : 68.0 kgs

SKIN : HEALTHY

BLOOD PRESSURE : 120/80 mmHg

NAILS : HEALTHY

PULSE : 64/ min

LYMPH NODE : NON PALPABLE

SYSTEMS

CARDIOVASCULAR : S1S2(+)

RESPIRATORY : AEBE CLEAR

GENITOURINARY : NAD

GI SYSTEM : NAD

CNS : NAD

IMPRESSION : HEALTHY.

**ADVICE : REGULAR EXERCISE .
HEALTHY DIET.**

PATIENT NAME : MR. VIJAY CHEPPALLI

: CID NO : 393737386


CHIEF COMPLAINTS :

- | | |
|--|------|
| 1) HYPERTENSION | : NO |
| 2) IHD | : NO |
| 3) ARRHYTHMIA | : NO |
| 4) DIABETES MELLITUS | : NO |
| 5) TUBERCULOSIS | : NO |
| 6) ASTHMA | : NO |
| 7) PULMONARY DISEASE | : NO |
| 8) THYROID / ENDOCRINE DISORDERS | : NO |
| 9) CNS DISORDERS | : NO |
| 10) GI SYSTEM | : NO |
| 11) UROGENITAL 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 |

PERSONAL HISTORY :

- | | |
|---------------|-------|
| 1) ALCOHOL | : NO |
| 2) SMOKING | : NO |
| 3) DIET | : VEG |
| 4) MEDICATION | : NIL |




DR. AJITA BHOSALE
Dr. AJITA BHOSALE
Reg. No. 2013/062200
MBBS/D. Cardiology

REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | CIN No.: L74899DL1995PLC065388

MUMBAI OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.

WEST REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar West, Mumbai - 400086.

HEALTHLINE: 022-61700000 | E-MAIL: customerservice@suburbandiagnosics.com | WEBSITE: www.suburbandiagnosics.com



भारत सरकार

GOVERNMENT OF INDIA

Download Date: 20/12/2021



విజయ కృష్ణ చప్పల్లి
Vijay Krishna Chappalli
పుట్టిన తేదీ/DOB: 14/10/1991
పురుషుడు/ MALE
Mobile: 8977760600

Issue Date: 05/03/2012

2156 4951 1349
VID : 9198 7559 3632 9964

నా ఆధార్, నా గుర్తింపు

S.A.

SUBURBAN DIAGNOSTICS PVT LTD.

Patient Details

Date: 08-Mar-25

Time: 12:50:25 PM

Name: VIJAY CHAPALLI ID: 393740386

Age: 33 y

Sex: M

Height: 168 cms.

Weight: 68 Kg.

Clinical History: ROUTINE CHECK UP

Medications: NIL

Test Details

Protocol: Bruce

Pr.MHR: 187 bpm

THR: 168 (90 % of Pr.MHR) bpm

Total Exec. Time: 8 m 36 s

Max. HR: 160 (86% of Pr.MHR) bpm

Max. Mets: 10.20

Max. BP: 180 / 80 mmHg

Max. BP x HR: 28800 mmHg/min

Min. BP x HR: 5840 mmHg/min

Test Termination Criteria: THR ACHIEVED

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	1 : 21	1.0	0	0	73	120 / 80	-1.49 III	2.48 V2
Standing	0 : 30	1.0	0	0	102	120 / 80	-1.49 III	2.48 V2
Hyperventilation	0 : 10	1.0	0	0	100	120 / 80	-1.49 III	2.12 V2
1	3 : 0	4.6	1.7	10	115	140 / 80	-1.49 III	3.18 V2
2	3 : 0	7.0	2.5	12	133	160 / 80	-1.91 III	4.95 V2
Peak Ex	2 : 36	10.2	3.4	14	160	180 / 80	-2.97 III	5.66 V2
Recovery(1)	3 : 0	1.8	1	0	99	150 / 80	-3.82 III	5.66 aVL
Recovery(2)	2 : 17	1.0	0	0	107	120 / 80	-1.70 III	3.89 V2

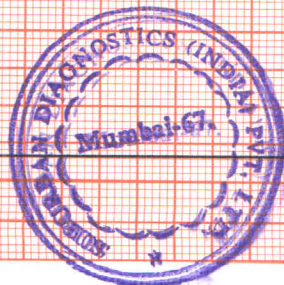
Interpretation

GOOD EFFORT TOLERANCE.
 MODERATE WORKLOAD ACHIEVED.
 APPROPRIATE CHRONOTROPIC AND INOTROPIC RESPONSE.
 NO SIGNIFICANT ST-T CHANGES AT PEAK EXERCISE.
 NO SIGNIFICANT ST-T CHANGES AT RECOVERY.
 NO ARRHYTHMIAS NOTED.

IMPRESSION: THIS EXERCISE STRESS TEST IS NEGATIVE FOR
 REVERSIBLE INDUCIBLE ISCHEMIA.

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

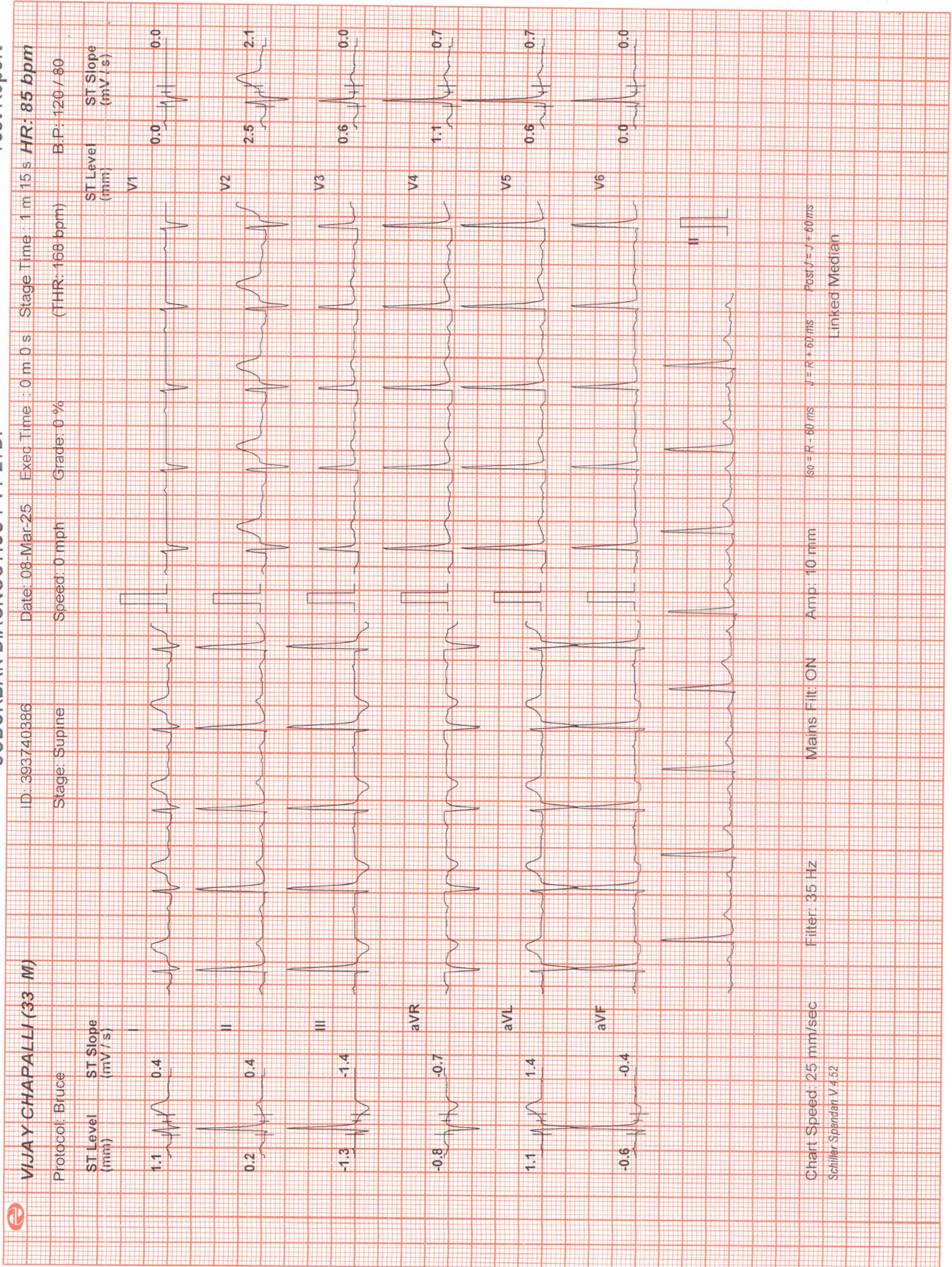
Ref. Doctor: ARCOFEMI
 (Summary Report edited by user)



Doctor: DR AJITA BHOSALE

(c) Schiller Healthcare India Pvt. Ltd. V.4.53

Dr. AJITA BHOSALE
 Reg. No. 2013/062200
 MBBS/D. Cardiology



VIJAY CHAPALLI (33 M)

ID: 393740386

Date: 08-Mar-25

Exec Time: 0 m 0 s

Stage Time: 1 m 15 s

HR: 85 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0%

(FHR: 168 bpm)

B.P.: 120/80

ST Level (mm)

ST Slope (mV/s)

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

80 = R - 80 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spändan V 4 52

Linked Median



VIJAY CHAPALI (33 M)

ID: 393740386

Date: 08-Mar-25

Exec Time: 0 m 0 s

Stage Time: 0 m 24 s HR: 105 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

B.P.: 120 / 80

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R : 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.52

Linked Median

VIJAY CHAPALLI (33 M)

ID: 393740386

Date: 08-Mar-25

Exec Time: 0 m 0 s

Stage Time: 0 m 4 s

HR: 101 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

B.P.: 120 / 80

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

1.7

1.1

0.0

0.0

0.4

0.4

2.8

2.1

-1.3

-1.8

0.6

0.0

-1.1

-0.7

1.1

0.7

1.5

1.4

0.8

0.7

-0.8

-0.7

0.0

0.0

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

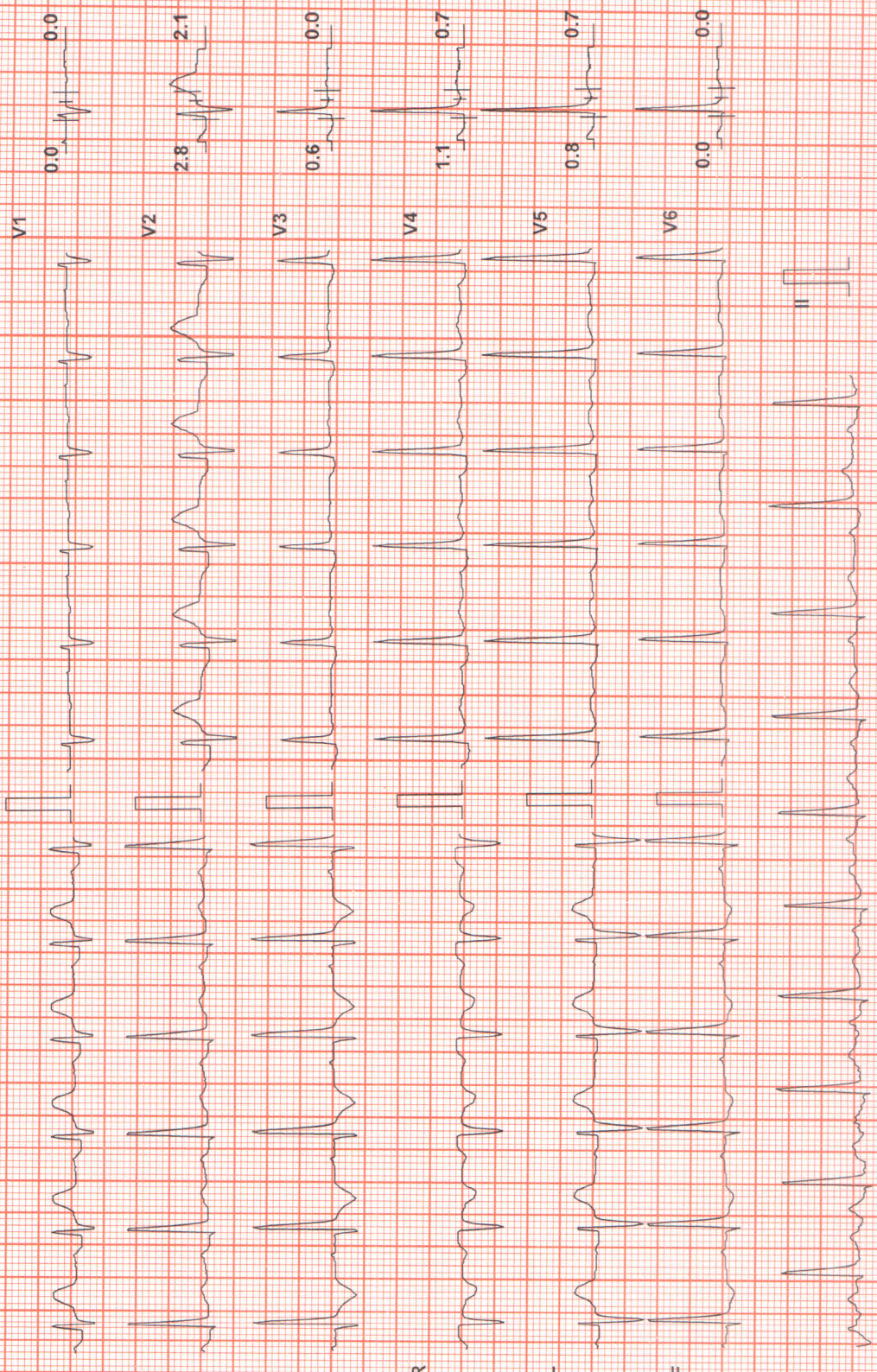
iso = R - 60 ms

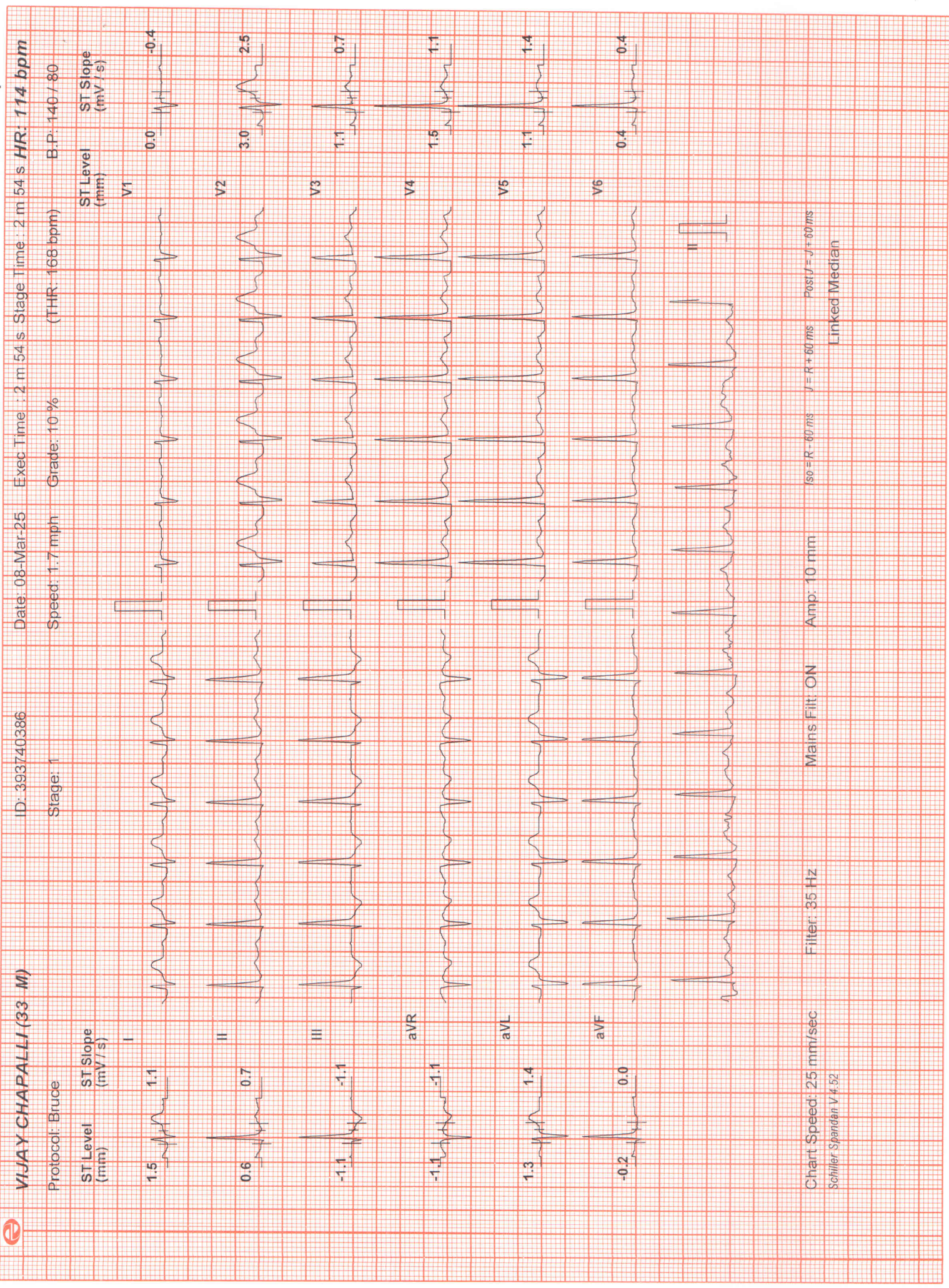
J = R + 60 ms

Post J = J + 60 ms

Schiller Spandän V 4.52

Linked Median





VIJAY CHAPALLI (33 M)

ID: 393740386

Date: 08-Mar-25

HR: 114 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10%

B.P: 140/80

ST Level (mm)

ST Level (mm)

ST Slope (mV/s)

ST Slope (mV/s)

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandau V 4.52

Linked Median

VIJAY CHAPALLI (33 M)

ID: 393740386

Date: 08-Mar-25

Exec Time : 5 m 54 s

Stage Time : 2 m 54 s

HR: 132 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

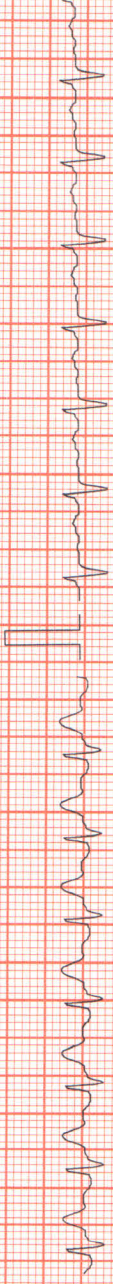
B.P.: 160 / 80

ST Level (mm)

1.7

ST Slope (mV/s)

1.4



ST Level (mm)

V1

-0.2

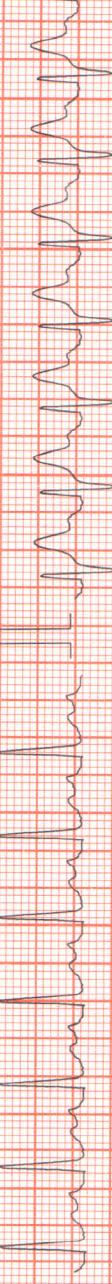
ST Slope (mV/s)

0.4

II

0.6

0.7



V2

3.6

4.2

III

-1.5

-1.4



V3

1.7

2.5

aVR

-1.1

-1.1



V4

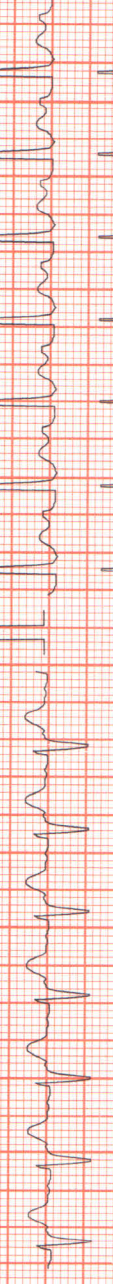
1.7

2.5

aVL

1.5

1.8



V5

1.5

2.1

aVF

-0.4

-0.4



V6

0.4

0.7

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

iso - R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Sch/ler Standard V4.52

Linked Median

VIJAY CHAPALLI (33 M)

ID: 393740386

Date: 08-Mar-25

Exec Time: 8 m 30 s

Stage Time: 2 m 30 s

HR: 157 bpm

B.P: 180/80

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14%

(THR: 168 bpm)

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

I

2.8

3.2

V1

0.4

0.7

II

0.4

1.4

V2

5.1

4.2

III

-2.8

-2.8

V3

2.5

4.2

aVR

-1.5

-2.5

V4

2.5

4.2

aVL

2.5

3.2

V5

1.7

3.5

aVF

-1.3

-0.7

V6

0.4

1.4

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr ON

Amp: 10 mm

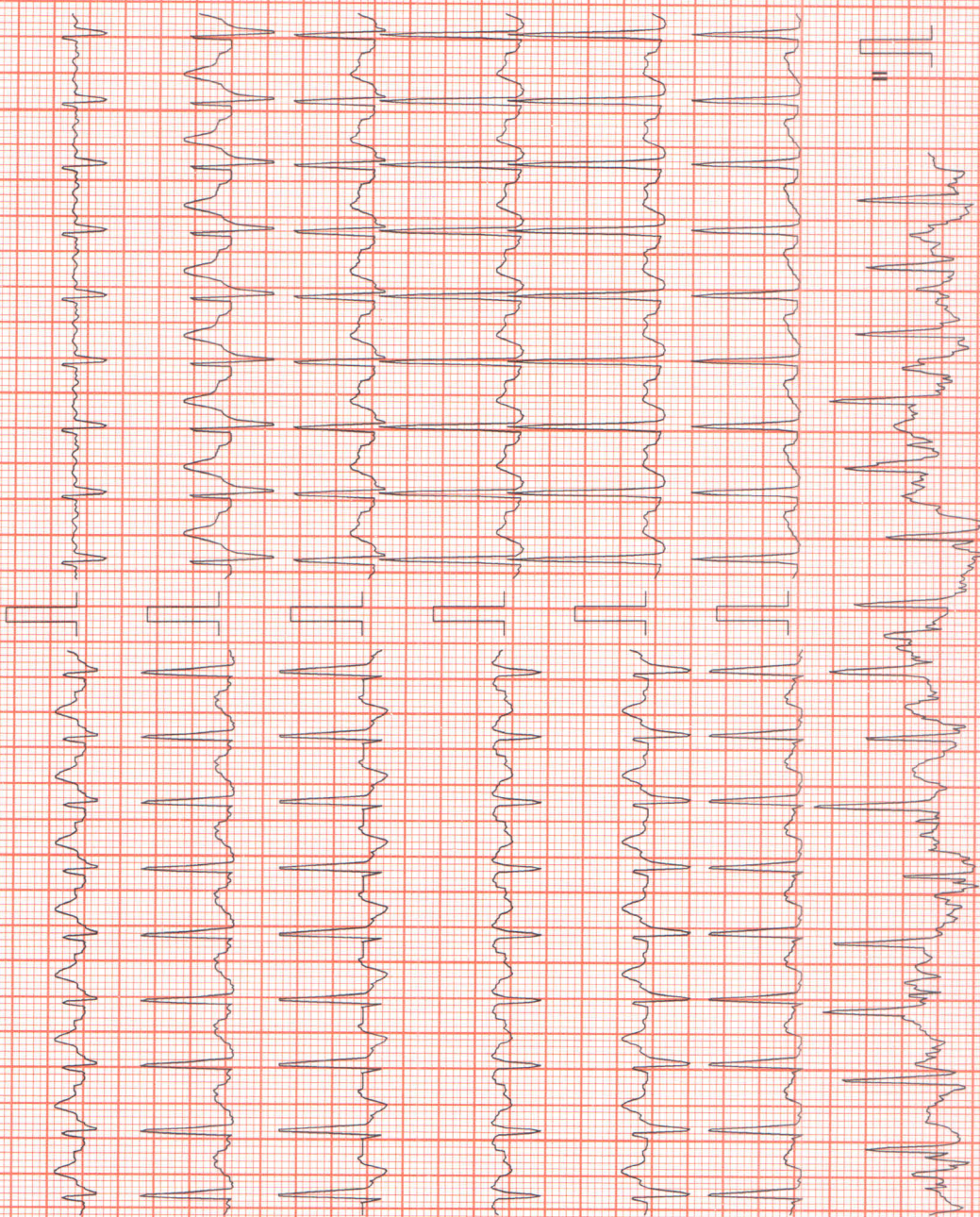
60 = R - 40 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandán V 4.52

Linked Median



VIJAY CHAPALLI (33 M)

ID: 393740386

Date: 08-Mar-25

Exec Time : 8 m 36 s

Stage Time : 2 m 54 s

HR: 96 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 168 bpm)

B.P: 150 / 80

ST Level (mm)

ST Slope (mV/s)

1.5

1.4

0.4

1.1

-1.5

-1.4

-1.3

-1.4

1.1

1.4

-0.6

-0.4

ST Level (mm)

ST Slope (mV/s)

0.2

0.4

3.6

4.2

1.9

2.1

1.9

2.5

1.5

2.5

0.4

1.1

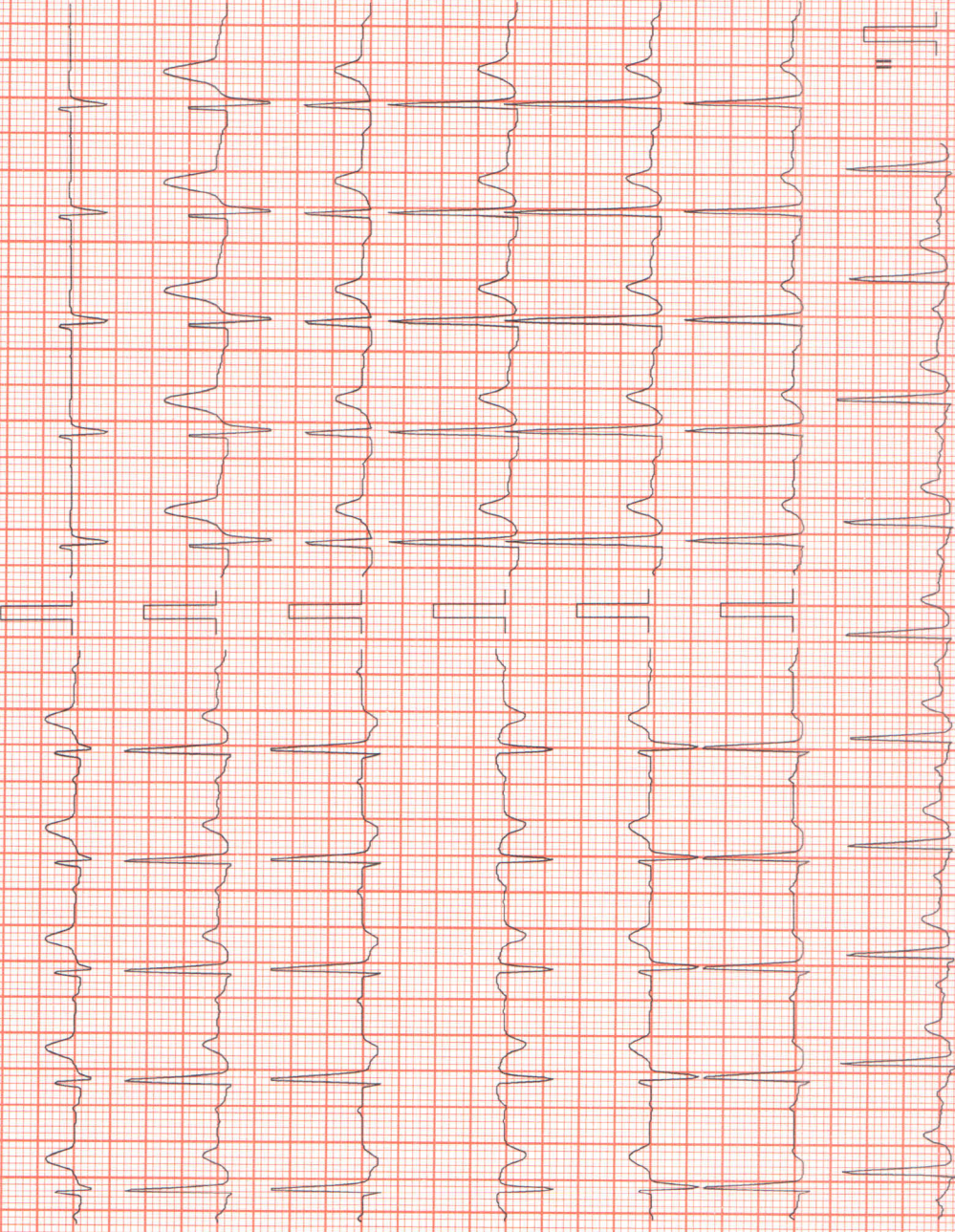


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr ON

Amp: 10 mm

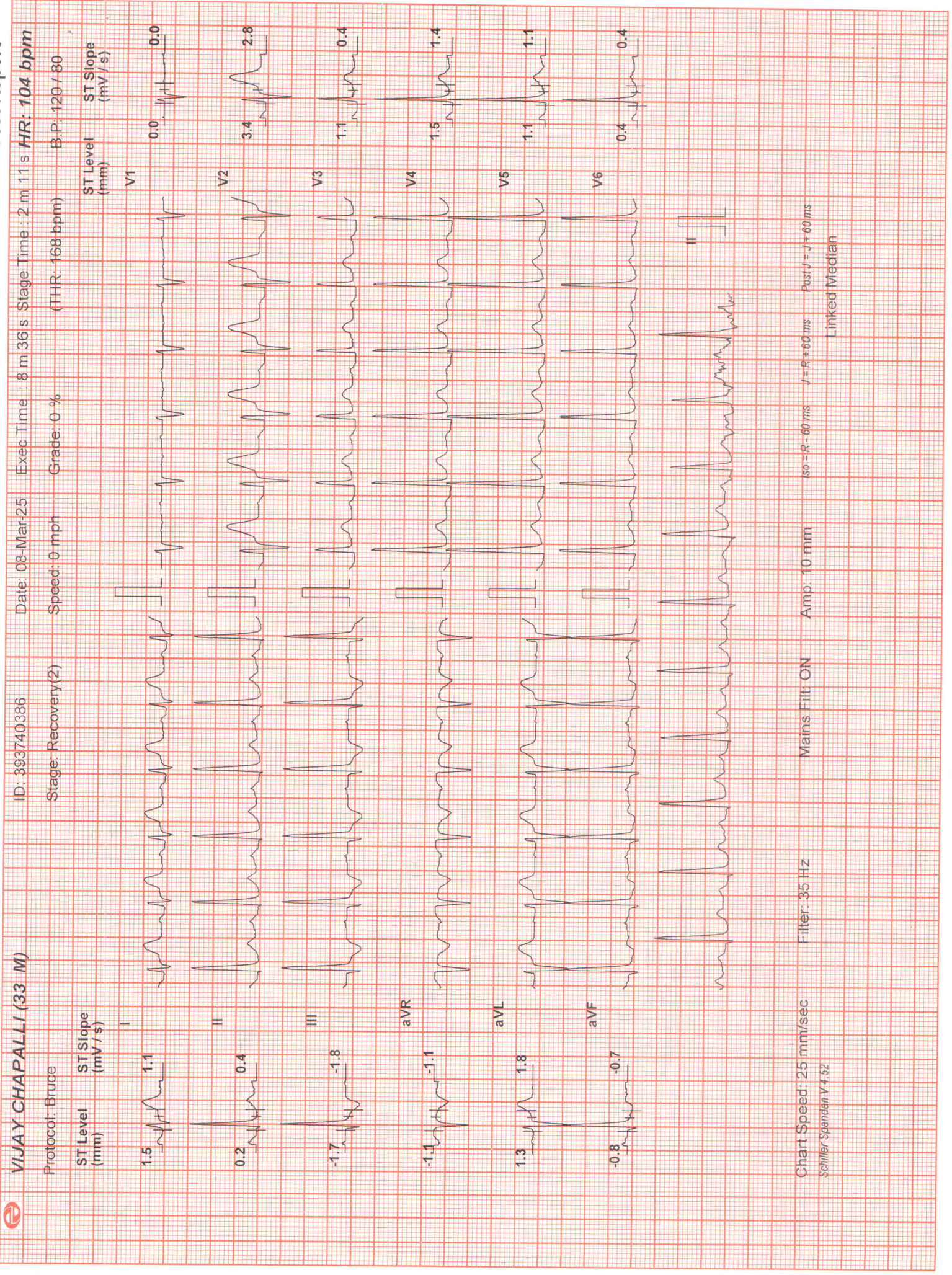
ISO = R - 80 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.52

Linked Median



CID : 393740386
Name : Mr. VIJAY KRISHNA CHAPPALLI
Age / Sex : 33 Years/Male
Ref. Dr : self
Reg. Location : Mahavir Nagar, Kandivali West Main Centre
Reg. Date : 08-Mar-2025
Reported : 08-Mar-2025 / 13:24

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (11.8 cm), echotexture, shape and smooth margins. It shows normal echogenicity. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and shows normal wall thickness. No evidence of gall stones or mass lesions seen

PANCREAS:

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

KIDNEYS:

Right kidney measures 9.7 x 4.0 cm. Left kidney measures 10.6 x 4.3 cm.
Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.

SPLEEN:

The spleen is normal in size (9.5cm) and echotexture. No evidence of focal lesion is noted.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality. Wall thickness appears normal.

PROSTATE:

The prostate is normal in size, and approx. volume 5.0 cc.

ADDITIONAL COMMENTS:

Visualized bowel loops shows normal peristalsis.
There is no evidence of any lymphadenopathy or ascites.

Click here to view images <<ImageLink>>

CID : 393740386
Name : Mr. VIJAY KRISHNA CHAPPALLI
Age / Sex : 33 Years/Male
Ref. Dr : self
Reg. Location : Mahavir Nagar, Kandivali West Main Centre
Reg. Date : 08-Mar-2025
Reported : 08-Mar-2025 / 13:24

IMPRESSION:-

- No significant abnormality detected

ADVICE: Clinical correlation

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



Dr. Gaurav Halape
MBBS, DMRE
Reg No. 2017094677

Click here to view images <<ImageLink>>

CID : 393740386
Name : Mr. VIJAY KRISHNA CHAPPALLI
Age / Sex : 33 Years/Male
Ref. Dr : self
Reg. Location : Mahavir Nagar, Kandivali West Main Centre
Reg. Date : 08-Mar-2025
Reported : 08-Mar-2025 / 14:28

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.

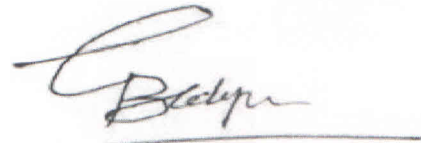
The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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



Dr. Gaurav Halape
MBBS, DMRE
Reg No. 2017094677

Click here to view images [http://3.111.232.119/iRISViewer/NeoradViewer?
Access](http://3.111.232.119/iRISViewer/NeoradViewer?Access) sionNo=2025030810002657