



CID : 2432015905
Name : MR.MANISH YADAV
Age / Gender : 29 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 15-Nov-2024 / 08:50
Reported : 15-Nov-2024 / 12:59

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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	15.7	13.0-17.0 g/dL	Spectrophotometric
RBC	4.75	4.5-5.5 mil/cmm	Elect. Impedance
PCV	46.0	40-50 %	Measured
MCV	97	80-100 fl	Calculated
MCH	33.1	27-32 pg	Calculated
MCHC	34.1	31.5-34.5 g/dL	Calculated
RDW	15.2	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7070	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	40.3	20-40 %	
Absolute Lymphocytes	2840.0	1000-3000 /cmm	Calculated
Monocytes	7.1	2-10 %	
Absolute Monocytes	500.0	200-1000 /cmm	Calculated
Neutrophils	47.4	40-80 %	
Absolute Neutrophils	3350.0	2000-7000 /cmm	Calculated
Eosinophils	4.0	1-6 %	
Absolute Eosinophils	280.0	20-500 /cmm	Calculated
Basophils	1.2	0.1-2 %	
Absolute Basophils	90.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	204000	150000-400000 /cmm	Elect. Impedance
MPV	11.5	6-11 fl	Calculated
PDW	24.3	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 6 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
- Brigiden 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
Note: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.			
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	98.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
Note: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.			
BILIRUBIN (TOTAL), Serum	0.56	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.25	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.31	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	33.6	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	38.1	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	22.7	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	151.0	40-130 U/L	Colorimetric
BLOOD UREA, Serum	19.2	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.0	6-20 mg/dl	Calculated
CREATININE, Serum	0.90	0.67-1.17 mg/dl	Enzymatic



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eGFR, Serum	119	(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	5.5	3.5-7.2 mg/dl	Enzymatic
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*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)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	108.3	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>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Transparency	Clear	Clear	-
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.015	1.002-1.035	Chemical Indicator
Reaction (pH)	6.0	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	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
(WBC)Pus cells / hpf	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2	0-5/hpf	
Hyaline Casts	Absent	Absent	
Pathological cast	Absent	Absent	
Calcium oxalate monohydrate crystals	Absent	Absent	
Calcium oxalate dihydrate crystals	Absent	Absent	
Triple phosphate crystals	Absent	Absent	
Uric acid crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	5-6	0-20/hpf	
Yeast	Absent	Absent	
Others	-		



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Bmhasakar

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



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

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

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

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

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

Limitations:

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

References:

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

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

*** End Of Report ***



Anupa

Dr.ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist



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Name : MR.MANISH YADAV
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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	92.8	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	41.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	135.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	117.0	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	18.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.8	0-3.5 Ratio	Calculated

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Bmhasakar

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



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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	13.6	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	4.06	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 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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M.D. (PATH)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
FUS and KETONES

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

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M.D. (PATH)
Pathologist

Name: MR. MANISH YADAV

Age / Gender : 29 Years/Male

Consulting Dr. :

Collected : 15-Nov-2024 / 08:42

Reg. Location : Borivali West (Main Centre)

Reported : 16-Nov-2024 / 12:23

PHYSICAL EXAMINATION REPORT**History and Complaints:**

No Complaint

EXAMINATION FINDINGS:

Height (cms):	164	Weight (kg):	67
Temp (0c):	Afebrile	Skin:	NAD
Blood Pressure (mm/hg):	100/70	Nails:	NAD
Pulse:	86/min	Lymph Node:	Not palpable

Systems

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

IMPRESSION:*Normal***ADVICE:***✓***CHIEF COMPLAINTS:**

- | | |
|----------------------|----|
| 1) Hypertension: | No |
| 2) IHD | No |
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis | No |
| 6) Asthama | No |
| 7) Pulmonary Disease | No |

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- | | |
|--|---|
| 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 | SINGAL Kidney noted 2021 as said by patient |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

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

*** End Of Report ***

DR. NITIN SONAVANE
M.B.B.S.AFLH, D.DIAB, D.CARD.
CONSULTANT-CARDIOLOGIST
REGD. NO.: 87714

Dr.NITIN SONAVANE
PHYSICIAN

Suburban Diagnostics (I) Pvt. Ltd,
301& 302, 3rd Floor, Vini Elegance
Above Tanisq Jeweller, L. T. Road,
Borivali (West), Mumbai - 400092

Authenticity Check



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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.

Kindly correlate clinically.

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. X ray is known to have inter-observer variations. Further / follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Please interpret accordingly. In case of any typographical error / spelling error in the report, patient is requested to immediately contact the centre within 7 days post which the center will not be responsible for any rectification.

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

Dr. Pranali Mahale
MD, Radiodiagnosis
Consultant Radiologist
Reg no. 2019/07/5682

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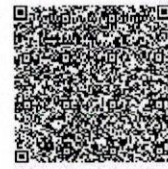
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USG WHOLE ABDOMEN

LIVER: Liver is normal in size, shape and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any obvious focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. No obvious wall thickening is noted. There is no evidence of any calculus.

(Tiny polyps/calculi may be missed due to technical limitations, sub-optimal distension of GB, adjacent gases and inter-machine variability in resolution settings)

PORTAL VEIN: Portal vein is normal. **CBD:** CBD is normal.

PANCREAS: Pancreas obscured due to bowel gases.

KIDNEYS:

Left kidney is not seen in left renal fossa. Right kidney measures 13.8 x 6.2 cm with both kidneys fused in right renal fossa. Suggestive of crossed fused ectopia.

Right kidney is normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus on right side.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is partially distended.

PROSTATE: Prostate is normal in size and echotexture. Prostate measures 2.8 x 3.5 x 2.8 cm and prostatic weight is 15 gm. No evidence of any obvious focal lesion.

No free fluid or size significant lymphadenopathy is seen.

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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

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2432015905
Name : Mr Manish Yadav
Age / Sex : 29 Years/Male
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 15-Nov-2024
Reported : 15-Nov-2024 / 12:58

Opinion:

- Left kidney is not seen in left renal fossa?crossed fused ectopia.

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. Pranali Mahale
MD,Radiodiagnosis
Consultant Radiologist
Reg no. 2019/07/5682

Click here to view images [http://3.111.232.119/iRISViewer/NeoradViewer?](http://3.111.232.119/iRISViewer/NeoradViewer?Access) sionNo=2024111508432350

REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | CIN No.: L74899DL1995PLC045388

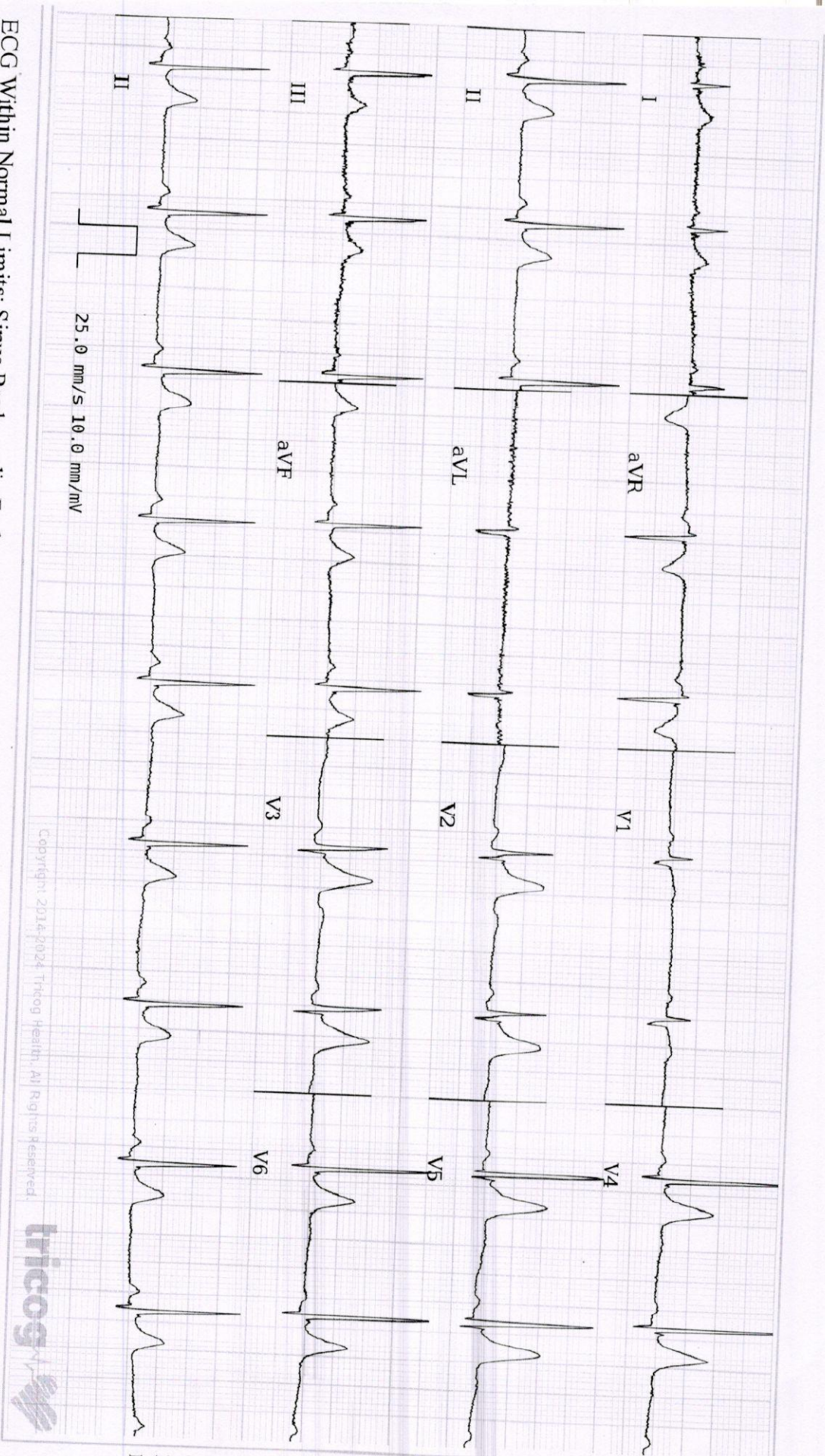
MUMBAI OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.

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

Patient Name: MANISH YADAV
Patient ID: 2432015905

SUBURBAN DIAGNOSTICS - BOKRIWALI WEST I
Date and Time: 15th Nov 24 10:51 AM



25.0 mm/s 10.0 mm/mV

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Age **29** NA NA
years months days

Gender **Male**

Heart Rate **58bpm**

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
SpO2: NA
Resp: NA
Others:

Measurements

QRSD: 78ms
QT: 342ms
QTcB: 33.5ms
PR: 150ms
P-R-T: 68° 75° 64°

REPORTED BY

Dr. Nitin Sonawane
MB.B.S.AFLH, D.DIAB, D.CARD
Consultant Cardiologist
87714

ECG Within Normal Limits: Sinus Bradycardia Early repolarization. Please correlate clinically.

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:-

CID:

Name:- *Manish Yadav*

Sex / Age: *29 / m*

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

HII
RE LE
6/6 6/6
M/G M/G

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

Suburban Diagnostics (I) Pvt. Ltd.
301 & 302, 3rd Floor, Vani Elegance
Above Tanish Jeweller, L. T. Road,
Borivali (West), Mumbai - 400 092

SUBURBAN DIAGNOSTICS PVT. LTD.

Name: MANISH YADAV

Date: 15-11-2024 Time: 13:21

Age: 29 Gender: M Height: 164 cms Weight: 67 Kg ID: 2432015905

Clinical History: NIL

Medications: NIL

Test Details:

Protocol: Bruce Predicted Max HR: 191 Target HR: 162 (85% of Pr. MHR)

Exercise Time: 0:10:09 Achieved Max HR: 164 (86% of Pr. MHR)

Max BP: 140/80 Max BP x HR: 22960 Max Mets: 11.4

Test Termination Criteria:

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	00:06	1	0	0	58	120/80	6960	1.8 V3	-2 II
Standing	00:10	1	0	0	54	120/80	6480	1.2 V3	-2 aVF
HyperVentilation	00:28	1	0	0	64	120/80	7680	1.4 V3	-1.6 II
PreTest	00:15	1	1.6	0	80	120/80	9600	1.5 V4	-1.6 aVF
Stage: 1	03:00	4.7	2.7	10	99	120/80	11880	1.1 V3	1.1 V3
Stage: 2	03:00	7	4	12	125	130/80	16250	0.3 I	1.2 V3
Stage: 3	03:00	10.1	5.5	14	146	140/80	20440	-0.9 V4	1.5 V3
Peak Exercise	01:09	11.4	6.8	16	164	140/80	22960	-1.2 V3	-1.2 aVF
Recovery1	01:00	1	0	0	104	140/80	14560	-0.2 aVR	1.2 V3
Recovery2	01:00	1	0	0	104	130/80	13520	-0.3 aVR	1.4 V3
Recovery3	01:00	1	0	0	94	130/80	12220	0.3 V4	1.2 V3
Recovery4	00:08	1	0	0	100	130/80	13000	0.2 aVF	1 V3

Interpretation

The Patient Exercised according to Bruce Protocol for 0:10:09 achieving a work level of 11.4 METS.
Resting Heart Rate, initially 58 bpm rose to a max. heart rate of 164bpm (86% of Predicted Maximum Heart Rate).
Resting Blood Pressure of 120/80 mmHg, rose to a maximum Blood Pressure of 140/80 mmHg

Excellent Effort tolerance

Normal HR & BP Response

No Angina or Arrhythmias

RESTIBG eeg: Sinus Bradycardia

No Significant ST-T Change Noted During Exercise

IMPRESSION:

Stress test Negative for Stress inducible ischaemia.

*Suburban Diagnostics (I) Pvt. Ltd.
B-2, Sector 10, Gurgaon, Haryana
Ph: 01299-401132*

Disclaimer: Negative stress test does not rule out ischemia heart disease and visa versa. Clinical complaints are important

Sneha Shetty

Ref. Doctor: ---

Dr. Sneha Shetty
Doctor, DR. NITIN SONAVANE
MBBS, FCSCC

SCHILLER

The Art of Diagnostics

Clinical Cardiology (Summary Report edited by User)
Cardiovit CS-29 Version 3.6
Reg. No. 2058703/0880

MANISH YADAV (29 M)

SUBURBAN DIAGNOSTICS PVT. LTD.

Bruce Protocol

ID: 2432015905

Date: 15-11-2024

Exec Time: 0:00:00

Stage Time: 00:06

STL:vel(m/m) STSlope(m/V/s)

Stage: Supine

Speed: 0 km/h

Slope: 0%

THR: 162 bpm

HR: 58 bpm

36% of THR
BP: 120/80 mmHg
STL:vel(m/m) STSlope(m/V/s)

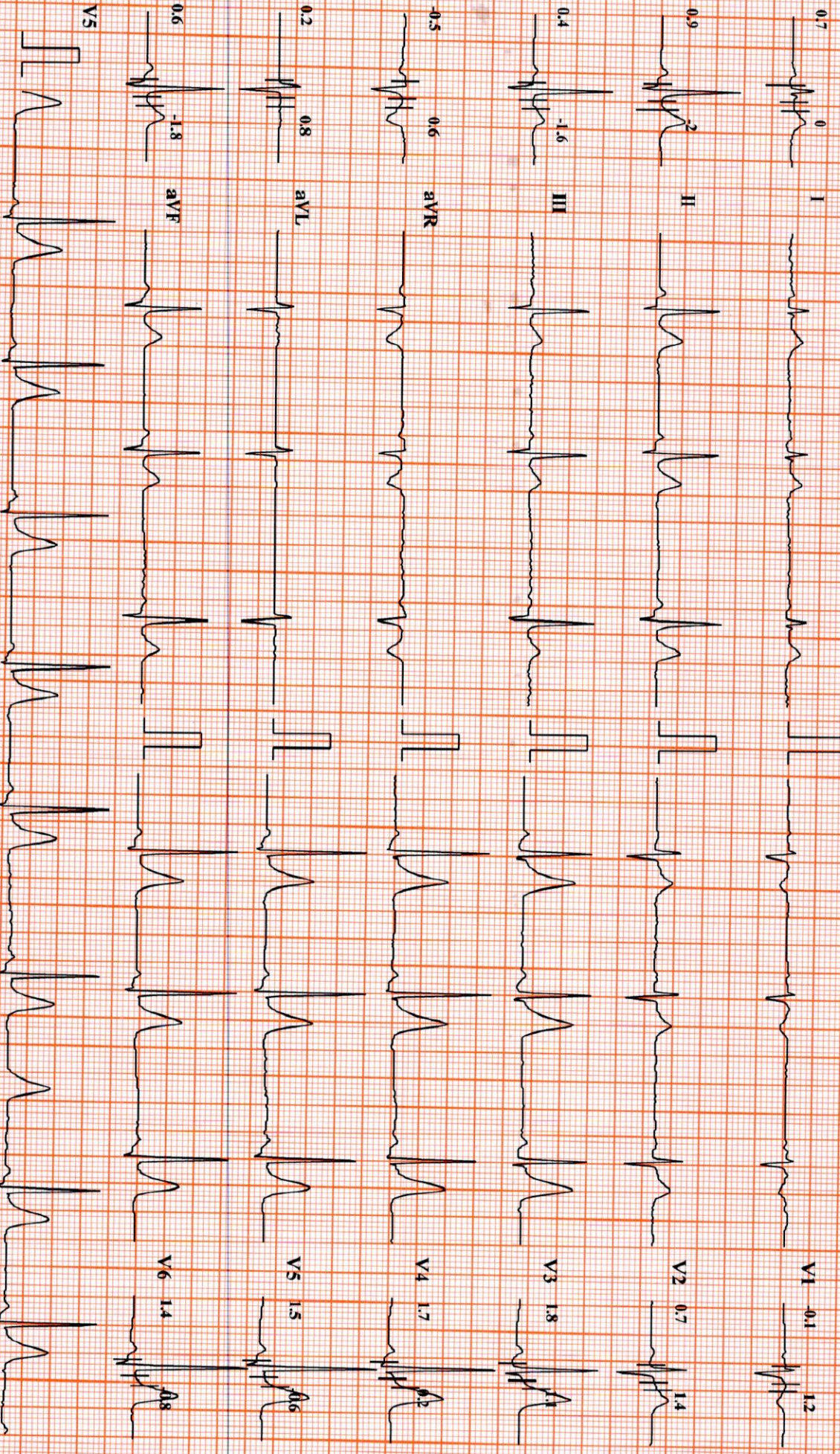


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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

Schiller Cardiofit CS-20 Version: 3.6

MANISH YADAV (29 M)

SUBURBAN DIAGNOSTICS PVT. LTD.

Bruce Protocol

ID: 2432015905

Date: 15-11-2024

Exec Time: 0:00:00

Stage Time: 00:10

STLevel(mm) STSlope(mV/s)

Stage: Standing

Speed: 0

Slope: 0 %

THR: 162 bpm

HR: 54 bpm

33% of THR

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

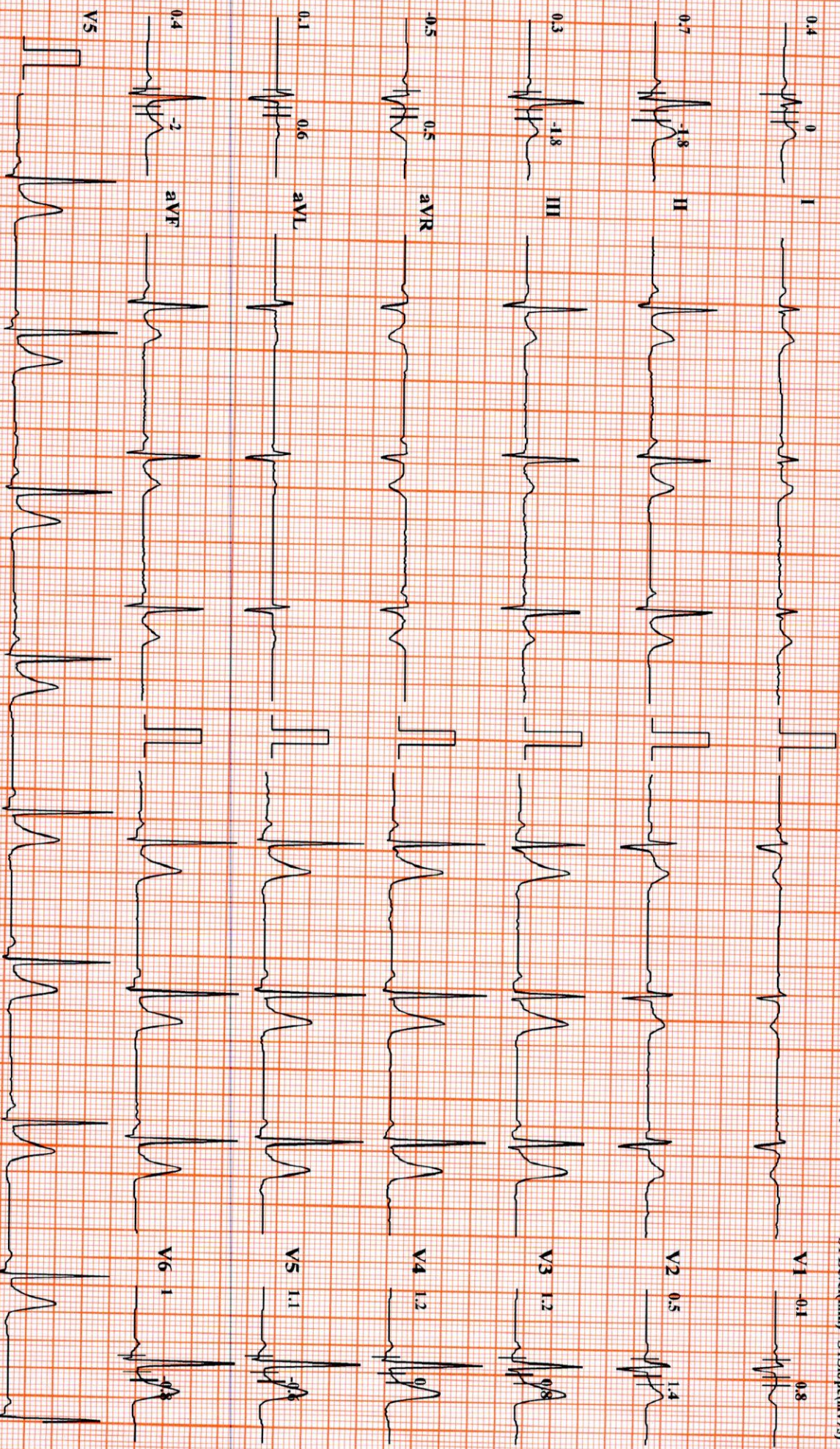


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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

Schiller Cardiovi CS-20 Version 3.6

SUBURBAN DIAGNOSTICS PVT. LTD.

MANISH YADAV (29 M)

ID: 2432015905

Date: 15-11-2024

Exec Time: 0:00:00

Stage Time: 00:28

HR: 64 bpm

40% of THR

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

Stage: HyperVentilation

Speed: 0

Slope: 0%

THR: 162 bpm

BP: 120/80 mmHg
STLevel(mm) STISlope(mV/s)

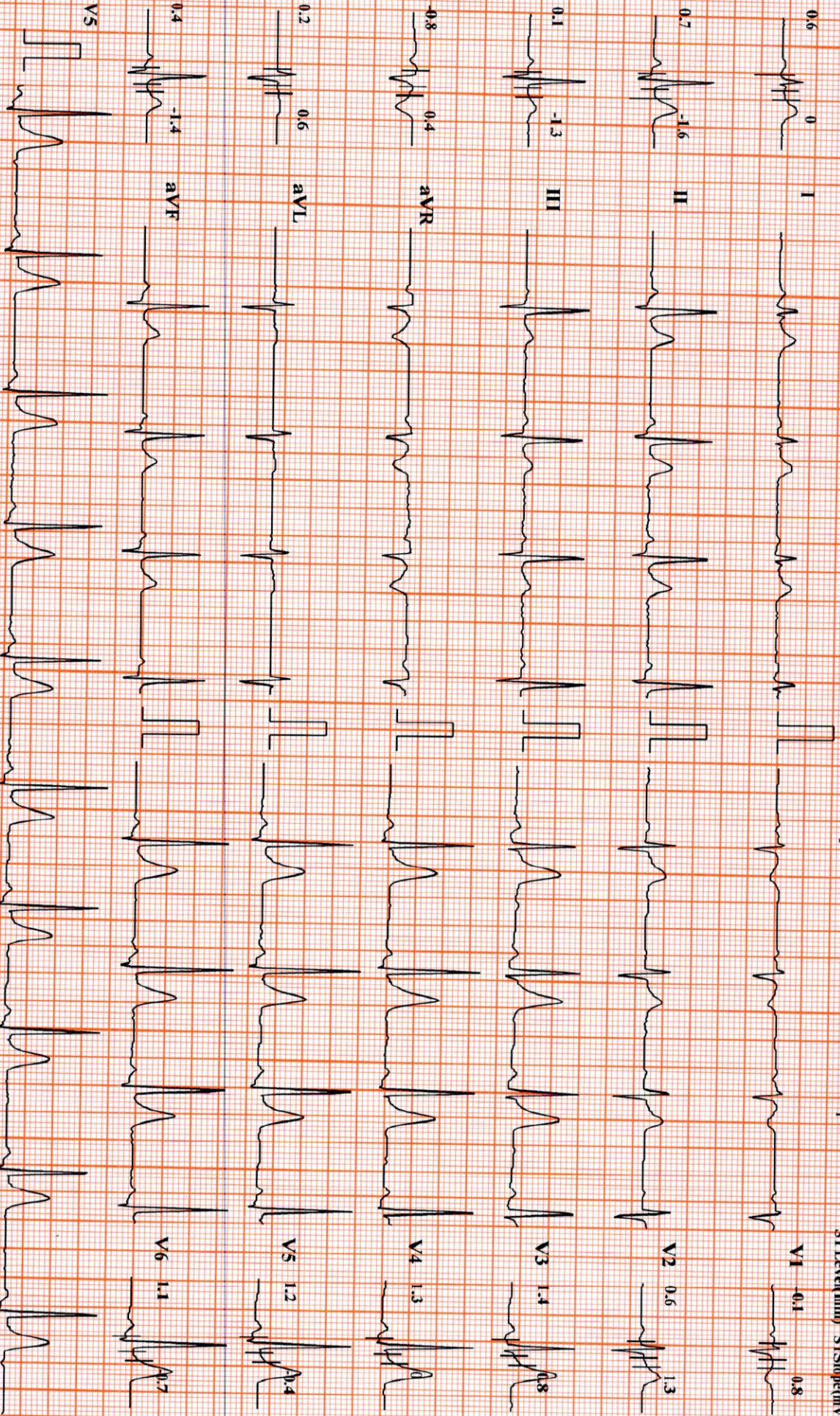


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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

Schiller Cardiovit CS-20 Version 3.5

MANISH YADAV (29 M)

SUBURBAN DIAGNOSTICS PVT. LTD.

Bruc Protocol

ID: 2432015905

Date: 15-11-2024

Exec Time: 0:03:00

Stage Time: 03:00

HR: 99 bpm

ST1svel(mm) ST1Slope(mV/s)

Stage: 1

Speed: 2.7 kmph

Slope: 10%

THR: 162 bpm

61% of THR
BP: 120/80 mmHg
ST1svel(mm) ST1Slope(mV/s)

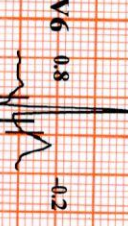
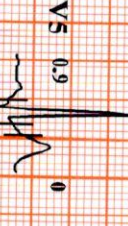
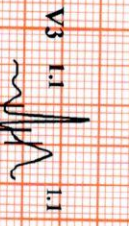
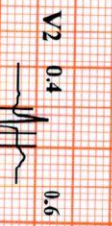
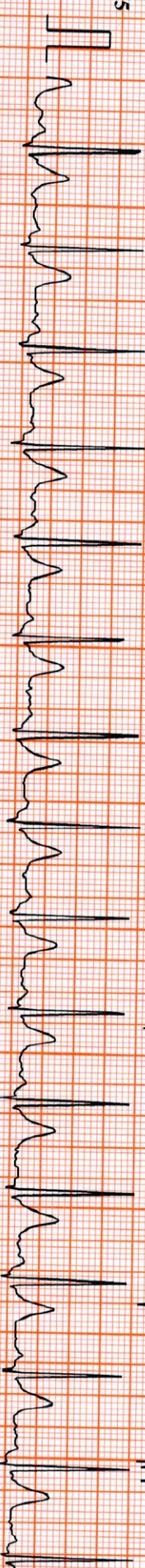
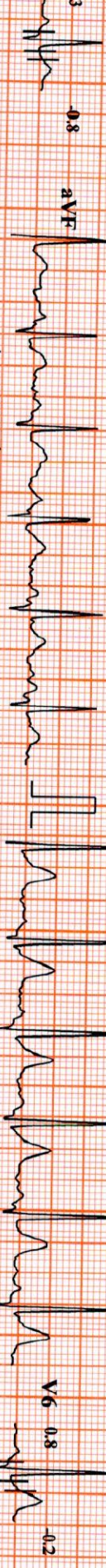
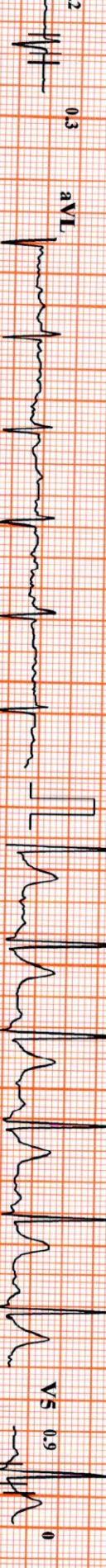
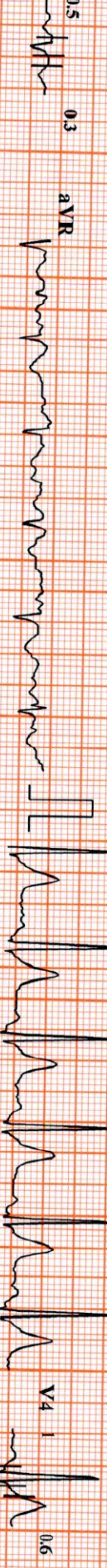
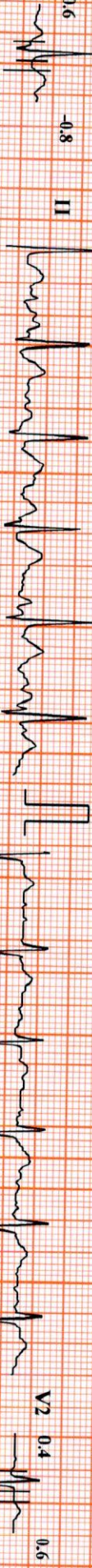


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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

SUBURBAN DIAGNOSTICS PVT. LTD.

MANISH YADAV (29 M)

Bruce Protocol

ID: 2432015905

Date: 15-11-2024

Exec Time: 0:06:00

Stage Time: 03:00

HR: 125 bpm

77% of THR

STLevel(mm) STSlope(mV/s)

Stage: 2

Speed: 4 kmph

Slope: 12 %

THR: 162 bpm

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

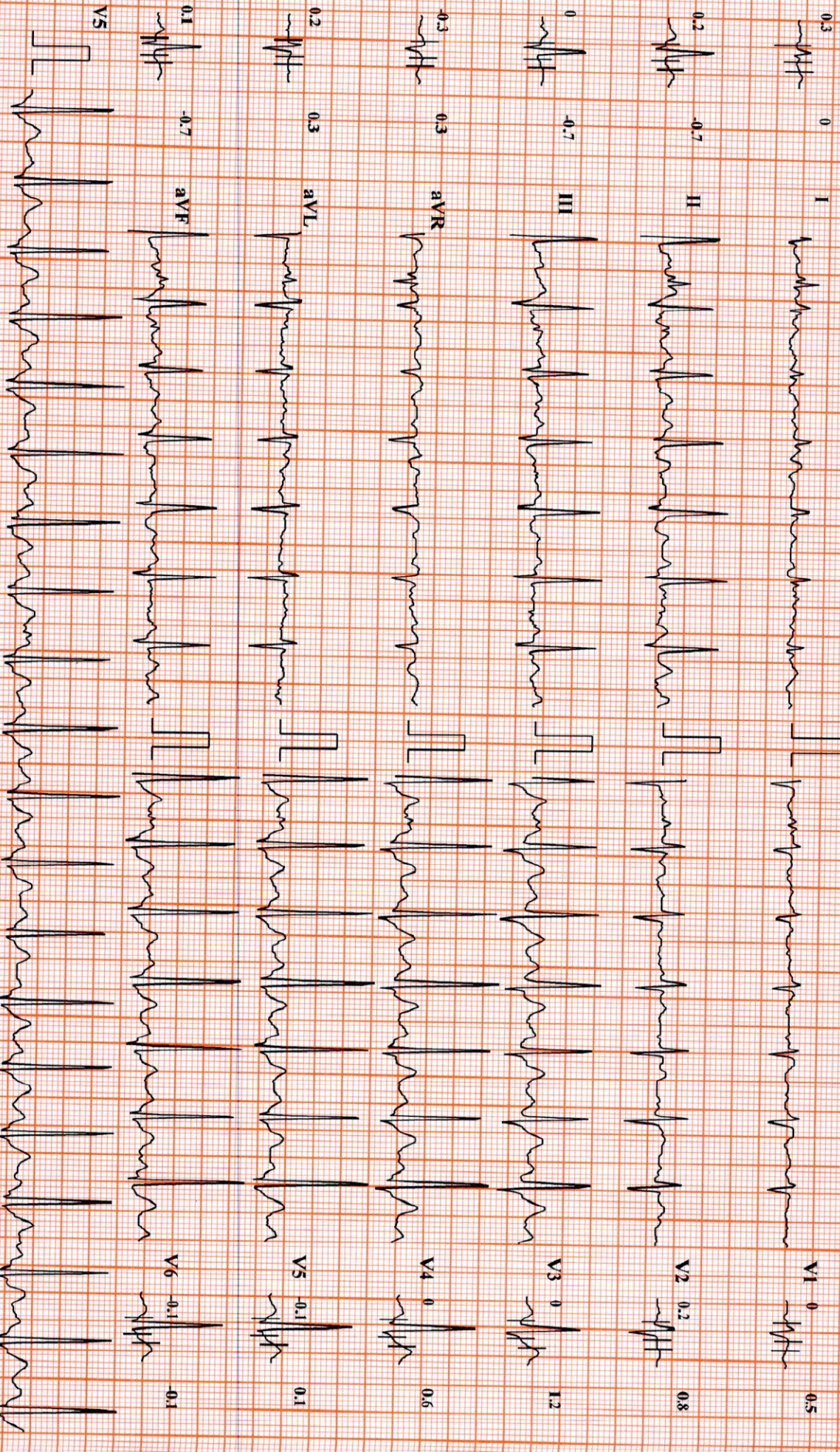


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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

MANISH YADAV (29 M)

SUBURBAN DIAGNOSTICS PVT. LTD.

Brace Protocol

ID: 2432015905

Date: 15-11-2024

Exec Time : 0:09:00

Stage Time: 03:00

STL: evel(m) ST: Slope(mV/s)

Stage: 3

Speed: 5.5 kmph

Slope: 14 %

THR: 162 bpm

HR: 146 bpm

90% of THR

BP: 140/80 mmHg

STL: evel(m) ST: Slope(mV/s)

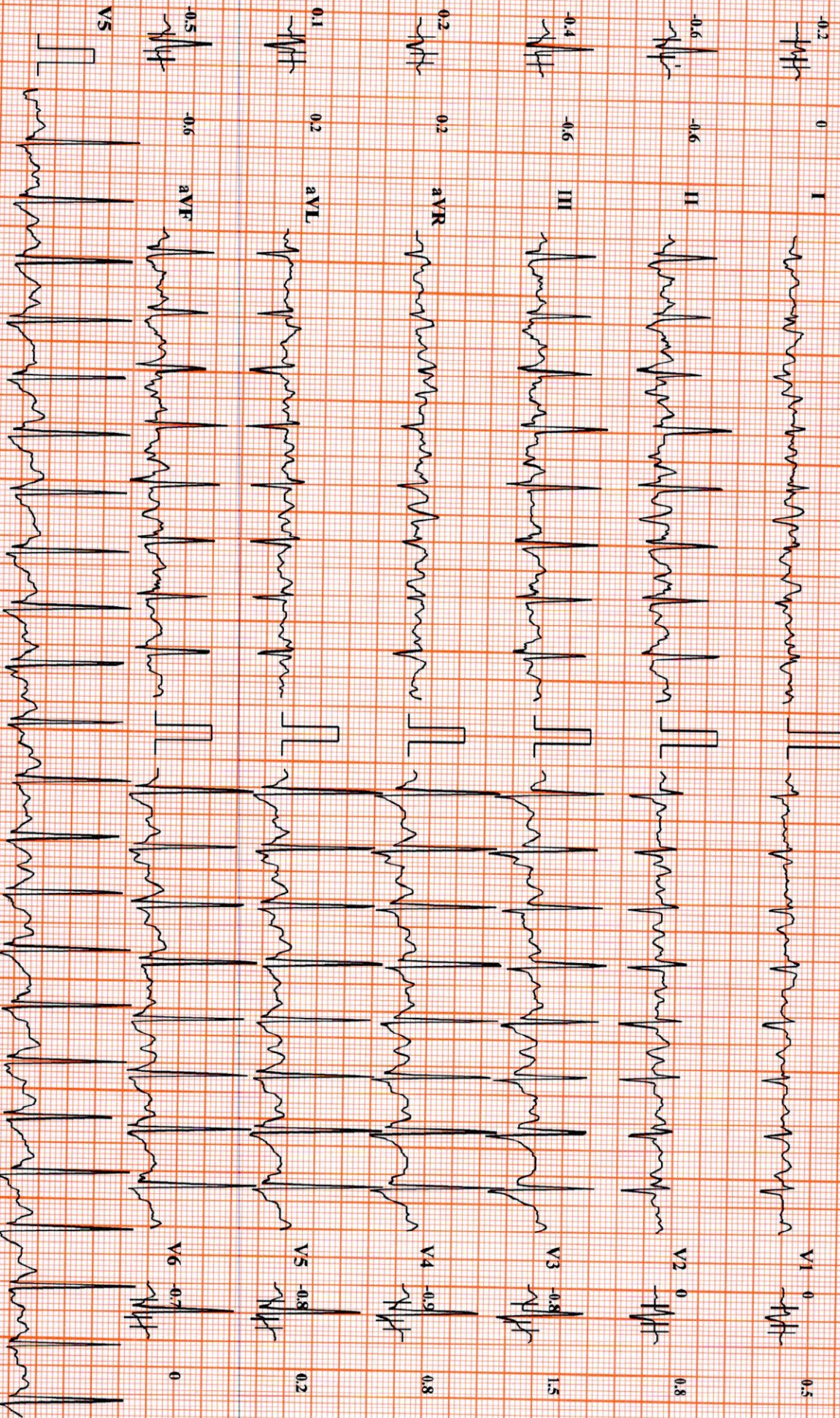


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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

SUBURBAN DIAGNOSTICS PVT. LTD.

MANISH YADAV (29 M)

Bruce Protocol

ID: 2432015905

Date: 15-11-2024

Exec Time: 0:10:09

Stage Time: 01:09

STLevel(mm) STSlope(mV/s)

Stage: 4 Peak Exercise

Speed: 6.8 kmph

Slope: 16%

THR: 162 bpm

HR: 164 bpm

101% of THR

BP: 140/80 mmHg
STLevel(mm) STSlope(mV/s)

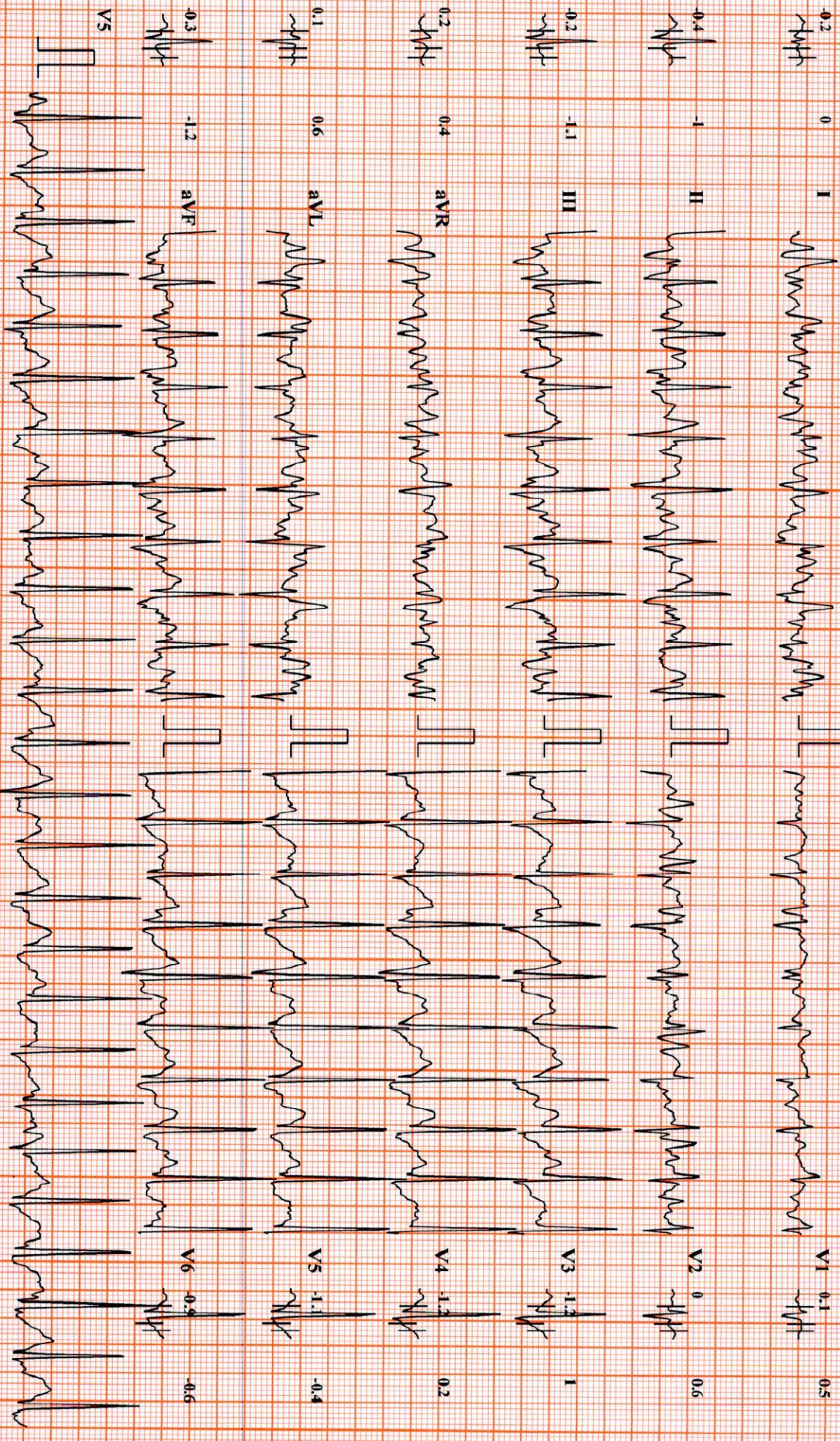


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz

Mains Filter: ON

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

Scyller Cardiovit CS-20 Version 2.6

SUBURBAN DIAGNOSTICS PVT. LTD.

MANISH YADAV (29 M)

Brace Protocol

ID: 2432015905

Date: 15-11-2024

Exec Time: 00:00

Stage Time: 01:00

HR: 104 bpm

64% of THR

BP: 140/80 mmHg

STLevel(mV) STSlope(mV/s)

STLevel(mV) STSlope(mV/s)

Stage: Recovery1

Speed: 0 kmph

Slope: 0 %

THR: 162 bpm

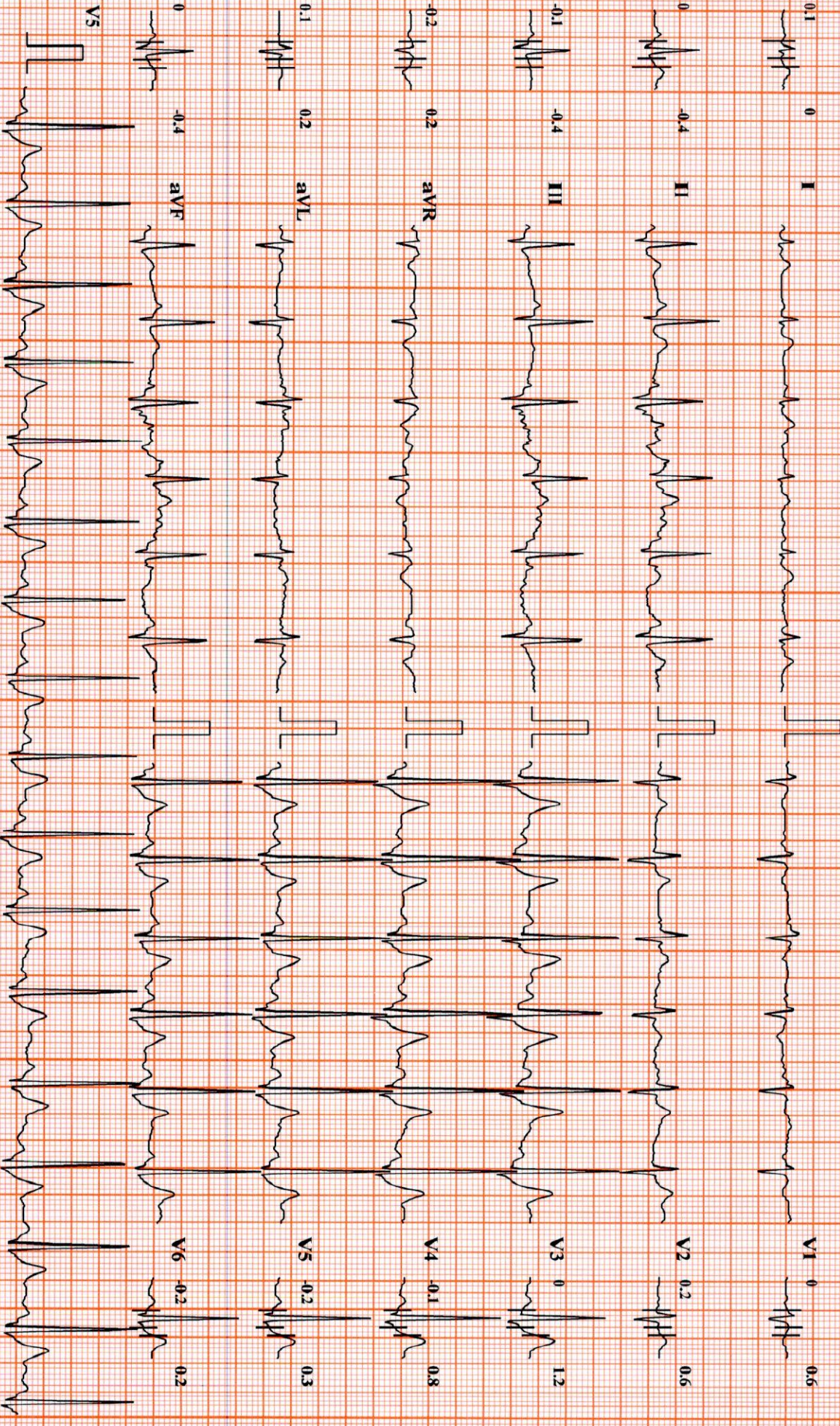


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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

Schiller Cardiovit CS-20 Version 2.6

SUBURBAN DIAGNOSTICS PVT. LTD.

MANISH YADAV (29 M)

Bruce Protocol

ID: 2432015905

Date: 15-11-2024

Exec Time: 00:00

Stage Time: 01:00

HR: 104 bpm

STLevel(mm) STSlope(mV/s)

Stage: Recovery2

Speed: 0 kmph

Slope: 0%

THR: 162 bpm

64% of THR
BP: 130/80 mmHg
STLevel(mm) STSlope(mV/s)

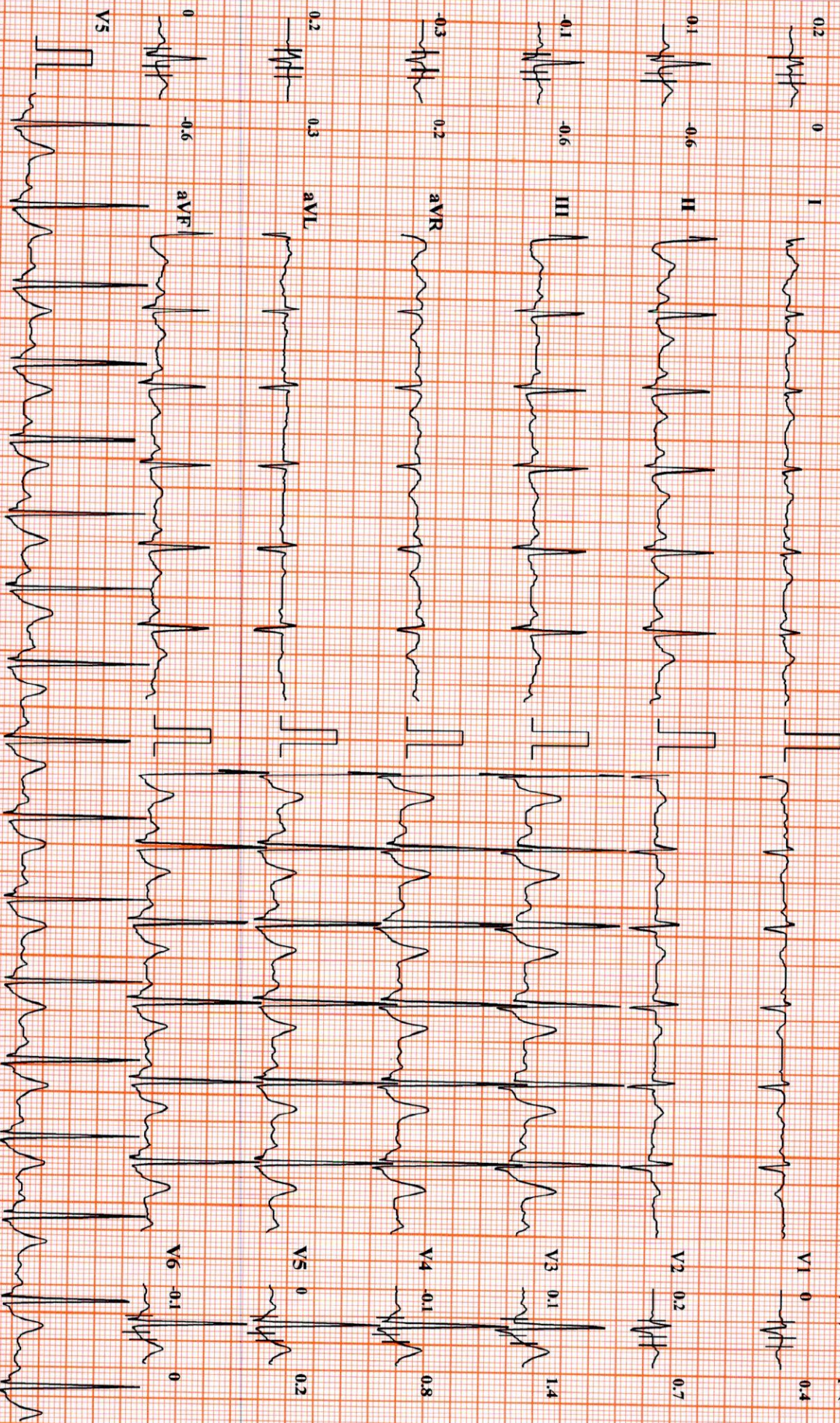


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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

Schiller Cardiovit CS-20 Version 2.5

SUBURBAN DIAGNOSTICS PVT. LTD.

MANISH YADAV (29 M)

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2432015905

Stage: Recovery3

Date: 15-11-2024

Speed: 0 kmph

Exec Time : 00:00

Slope: 0 %

Stage Time: 01:00

THR: 162 bpm

HR: 94 bpm

58% of THR
BP: 130/80 mmHg
STLevel(mm) STSlope(mV/s)

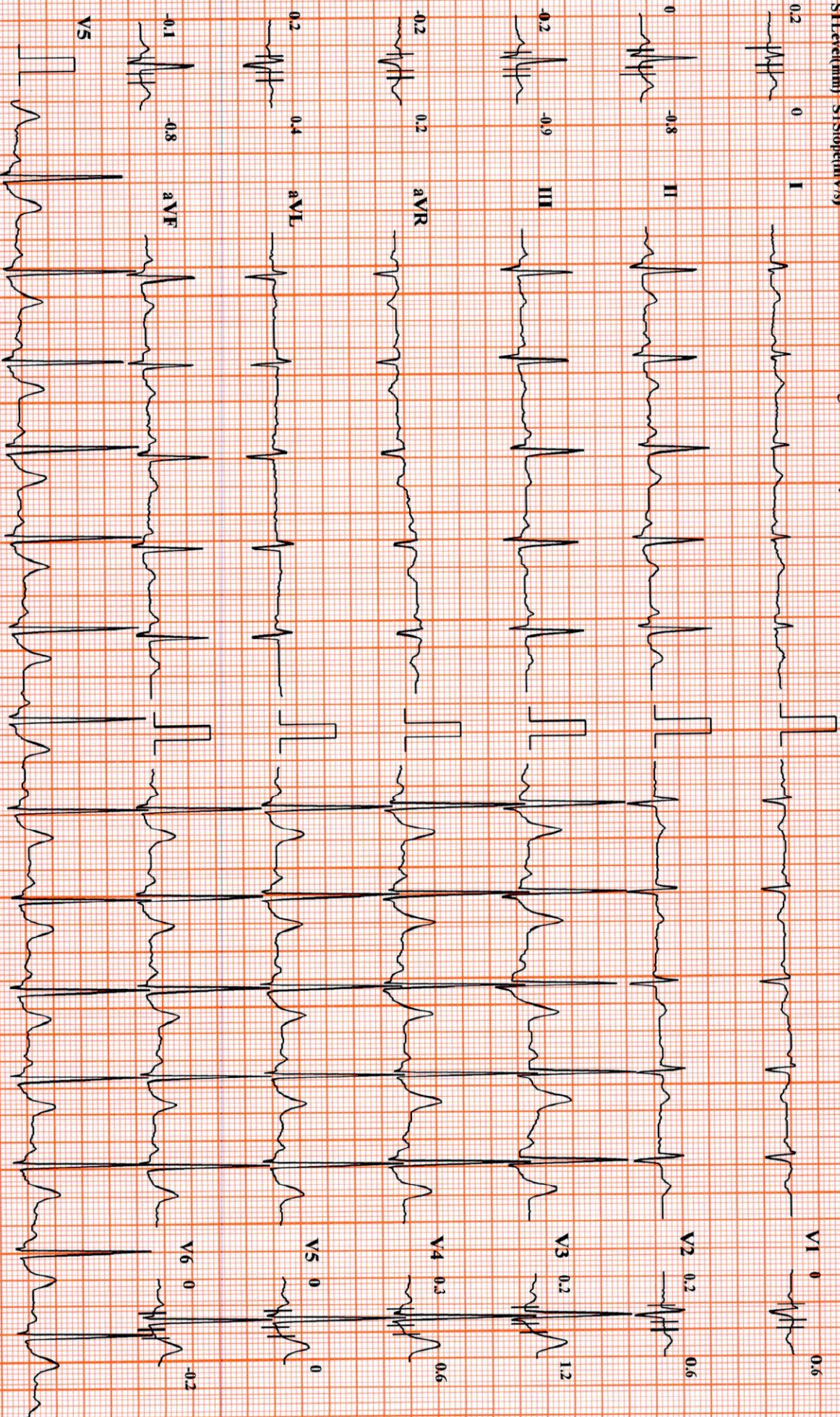


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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

SUBURBAN DIAGNOSTICS PVT. LTD.

MANISH YADAV (29 M)

Bruce Protocol

ID: 2432015905

Date: 15-11-2024

Exec Time: 00:00

Stage Time: 00:08

HR: 100 bpm

STLevel(mV) STSlope(mV/s)

Stage: Recovery⁴

Speed: 0 kmph

Slope: 0%

THR: 162 bpm

62% of THR
BP: 130/80 mmHg
STLevel(mV) STSlope(mV/s)

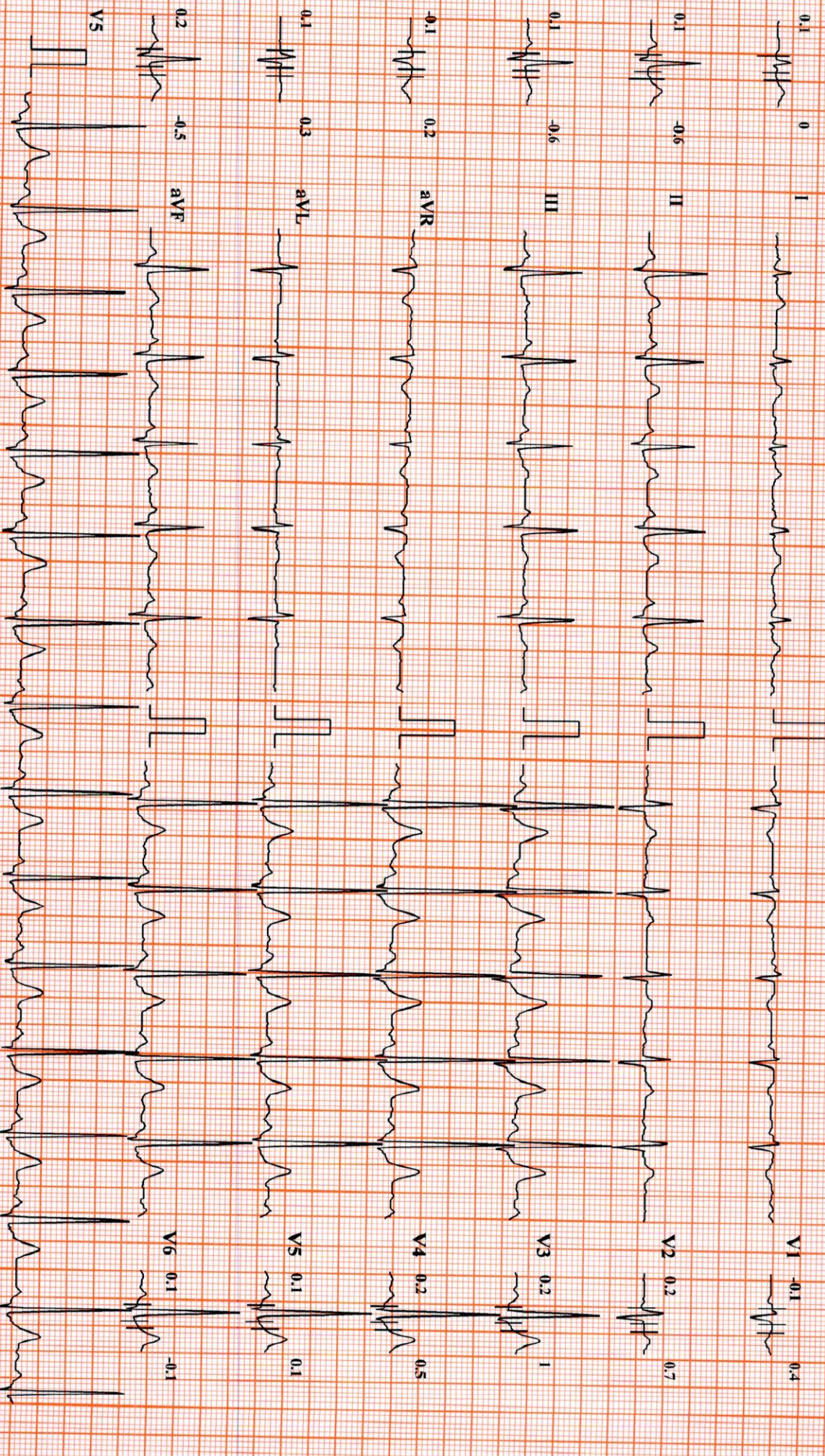


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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

Schiller Cardiovit CS:20 Version: 3.6