



Name : Mr. KULDEEP SINGH CHAUHAN
Lab No. : 393786859
Ref By : SELF
Collected : 8/3/2025 9:20:00AM
A/c Status : P
Collected at : WALKIN - MALAD WEST (MAIN CENTRE)
102, Bhoomi Castle, Opp. Goregaon Sports Club
Link Road, Malad West, Mumbai, Maharashtra -
400064

Age : 35 Years
Gender : Male
Reported : 8/3/2025 8:25:04PM
Report Status : Interim
Processed at : ANDHERI LAB

**Aerocami 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	16.3	13.0 - 17.0 g/dL	Spectrophotometric
RBC	4.9	4.5 - 5.5 mil/cmm	Elect. Impedance
PCV	48.0	40.0 - 50.0 %	Calculated
MCV	99.0	81.0 - 101.0 fL	Measured
MCH	33.5	27.0 - 32.0 pg	Calculated
MCHC	33.9	31.5 - 34.5 g/dL	Calculated
RDW	14.9	11.6 - 14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5860	4000 - 10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	33.8	20.0 - 40.0 %	
Absolute Lymphocytes	1980.7	1000.0 - 3000.0 /cmm	Calculated
Monocytes	8.5	2.0 - 10.0 %	
Absolute Monocytes	498.1	200.0 - 1000.0 /cmm	Calculated
Neutrophils	51.6	40.0 - 80.0 %	
Absolute Neutrophils	3023.8	2000.0 - 7000.0 /cmm	Calculated
Eosinophils	5.8	1.0 - 6.0 %	
Absolute Eosinophils	339.9	20.0 - 500.0 /cmm	Calculated
Basophils	0.3	0.1 - 2.0 %	
Absolute Basophils	17.6	20.0 - 100.0 /cmm	Calculated
<u>PLATELET PARAMETERS</u>			





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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>
Platelet Count	216000	150000 - 410000 /cmm	Elect. Impedance
MPV	9.6	6.0 - 11.0 fL	Measured
PDW	17.9	11.0 - 18.0 %	Calculated

RBC MORPHOLOGY

Others Normocytic
 Normochromic

Specimen: EDTA whole blood





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Age : 35 Years
Gender : Male
Reported : 8/3/2025 8:25:17PM
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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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Aerfocami Healthcare Below 40 Male/Female

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	87.30	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	63.70	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			
CREATININE, Serum	0.92	0.67 - 1.17 mg/dL	Modified Jaffe's (Kinetic)
eGFR, Serum	110.78	(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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 Maharashtra - 400064

Age : 35 Years
Gender : Male
Reported : 8/3/2025 8:25:40PM
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Aerfocami Healthcare Below 40 Male/Female

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.70	0.30 - 1.20 mg/dL	Dichlorophenyl diazonium tetrafluoroborate (DPD)
BILIRUBIN (DIRECT), Serum	0.15	<0.20 mg/dL	Dichlorophenyl diazonium tetrafluoroborate (DPD)
BILIRUBIN (INDIRECT), Serum	0.55	<1.20 mg/dL	Calculated
TOTAL PROTEINS, Serum	7.10	6.40 - 8.30 g/dL	Biuret
Albumin Serum	4.70	3.50 - 5.20 g/dL	BCG
GLOBULIN Serum	2.40	2.30 - 3.50 g/dL	Calculated
A/G RATIO Serum	1.96	1.00 - 2.00	Calculated
SGOT (AST), Serum	19.90	<50.00 U/L	IFCC (without pyridoxal phosphate activation)
SGPT (ALT), Serum	17.50	<50.00 U/L	IFCC (without pyridoxal phosphate activation)
GAMMA GT, Serum	21.80	<55.00 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	63.00	30.00 - 120.00 U/L	IFCC AMP buffer
BLOOD UREA, Serum	17.60	17.00 - 43.00 mg/dL	Urease
BUN, Serum	8.22	6.00 - 20.00 mg/dL	Calculated
URIC ACID, Serum	5.80	3.50 - 7.20 mg/dL	Uricase





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Age : 35 Years
Gender : Male
Reported : 8/3/2025 8:25:52PM
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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	4.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB	88.2	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.



Name : Mr. KULDEEP SINGH CHAUHAN	Age : 35 Years
Lab No. : 393786859	Gender : Male
Ref By : SELF	Reported : 8/3/2025 8:26:03PM
Collected : 08/03/2025 09:20:00AM	Report Status : Interim
A/c Status : P	Processed at : ANDHERI LAB
Collected at : WALKIN - MALAD WEST (MAIN CENTRE) 102, Bhoomi Castle, Opp. Goregaon Sports Club Link Road, Malad West, Mumbai, Maharashtra - 400064	

Aerfocami Healthcare Below 40 Male/Female

LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
CHOLESTEROL, Serum	167	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	74	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	55	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	112	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL Serum	97	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	15	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3	0 - 4.50 RATIO	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2	0 - 3.50 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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Aerfocami Healthcare Below 40 Male/Female
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
Free T3, Serum	4.62	3.50 - 6.50 pmol/L	ECLIA
Free T4 Serum	16.50	11.50 - 22.70 pmol/L	ECLIA
sensitiveTSH Serum	1.72	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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Lab No.	: 393786859	Gender	: Male
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Collected	: 08/03/2025 09:20:00AM	Report Status	: Interim
A/c Status	: P	Processed at	: ANDHERI LAB
Collected at	: WALKIN - MALAD WEST (MAIN CENTRE) 102, Bhoomi Castle, Opp. Goregaon Sports Club Link Road, Malad West, Mumbai, Maharashtra - 400064		

Aerfocami Healthcare Below 40 Male/Female
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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Aerfocami Healthcare Below 40 Male/Female
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	Guaiac
<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	Present	Absent	-
Undigested Particles	Present++	-	-
Concentration Method (for ova)	No ova detected	Absent	-
Reducing Substances	-	Absent	Benedicts





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 400064

Age : 35 Years
Gender : Male
Reported : 8/3/2025 8:26:30PM
Report Status : Interim
Processed at : ANDHERI LAB

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 Semi- automated column agglutination technology (CAT)

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





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 400064

Age : 35 Years
Gender : Male
Reported : 8/3/2025 8:26:41PM
Report Status : Interim
Processed at : ANDHERI LAB

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	Light scattering
Transparency	SLIGHTLY HAZY	Clear	Light scattering
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.019	1.002-1.035	Refractive index
Reaction (pH)	5.0	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Trace	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Negative	Negative	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
(WBC)Pus cells / hpf	4.2	0-5/hpf	
Red Blood Cells / hpf	0.4	0-2/hpf	
Epithelial Cells / hpf	0.2	0-5/hpf	
Hyaline Casts	0.00	0-1/hpf	
Pathological cast	0.00	0-0.3/hpf	
Calcium oxalate monohydrate crystals	0.00	0-1.4/hpf	
Calcium oxalate dihydrate crystals	0.00	0-1.4/hpf	
Triple Phosphate crystals	0.00	0-1.4/hpf	
Uric acid crystals	0.00	0-1.4/hpf	
Amorphous debris	Absent	Absent	
Bacteria / hpf	39.70	0-29.5/hpf	
Yeast	Absent	Absent	

Note: Microscopic examination is performed by Automated Cuvette based technology. All the Abnormal results are confirmed by reagent strips and Manual method. The Microscopic examination findings are mentioned in decimal numbers as they are the arithmetic mean of the multiple fields scanned using microscopy.

Reference: Pack Insert.





भारत सरकार
Government of India



कुलदीप सिंह चौहान
Kuldeep Singh Chauhan
जन्म तिथि / DOB : 02/07/1989
पुरुष / Male



5687 7270 9155

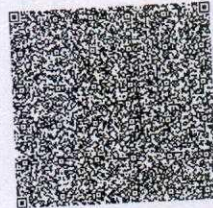
मेरा आधार, मेरी पहचान



भारत सरकार
Unique Identification Authority of India

पता: कलसी बाजार, कलसी, कलसी, देहरादून,
उत्तराखण्ड, कलसी, देहरादून, कलसी, उत्तराखण्ड,
248158

Address: Kalsi Bazar, Kalsi, Dehradun,
Uttarakhand, Kalasi, Dehradun, Kalsi,
Uttarakhand, 248158



5687 7270 9155



1947



help@uidai.gov.in

www

www.uidai.gov.in

Signature

PHYSICAL EXAMINATION FORM

Patient Name: <u>Juldeep Singh</u>	Sex/Age :
Lab No : <u>393786859</u>	Date : <u>08/03/25</u>

History and Complaints:

EXAMINATION FINDINGS:

Height: <u>168</u>	Temp: <u>Afebrile</u>
Weight: <u>62</u>	Skin: <u>Normal</u>
Blood Pressure: <u>110/80</u>	Nails: <u>Normal</u>
Pulse: <u>74/min</u>	Lymph Node: <u>Not Palpable</u>

Systems

Cardiovascular:	<u>NAD</u>
Respiratory:	<u>NAD</u>
Genitourinary:	<u>NAD</u>
GI System:	<u>NAD</u>
CNS:	<u>NAD</u>

IMPRESSION:

-

ADVICE:

Regular exercise.

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
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

PERSONAL HISTORY:

Alcohol	Yes
Smoking	NO
Diet	Non-Veg.
Medication	NO

Dr. SONALI HONRAO
 MD PHYSICIAN
 REG. NO. 2001/04/1882

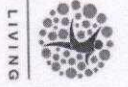
Sonali P.

DR. SONALI HONRAO

MD PHYSICIAN

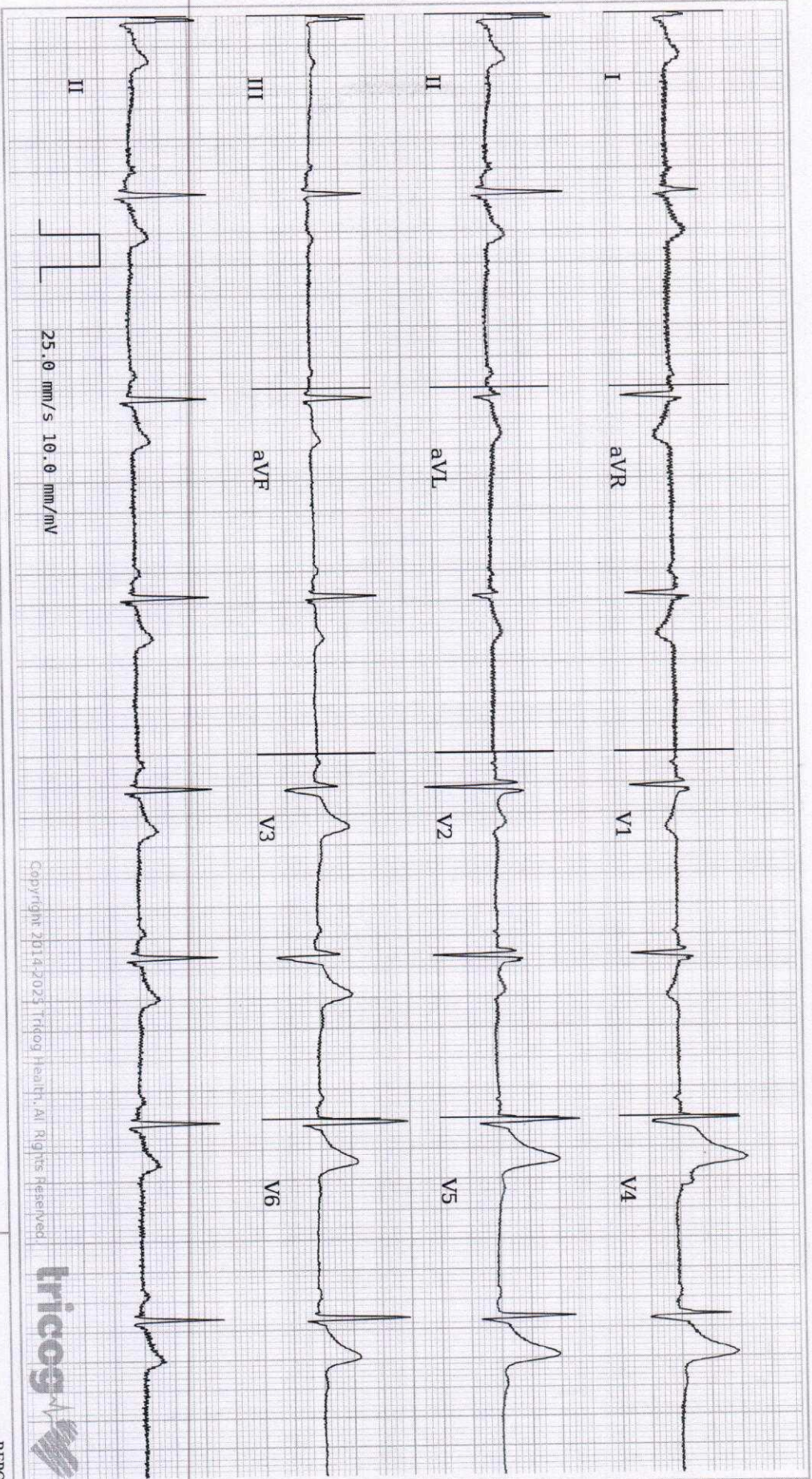
REG. NO. 2001/04/1882

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
 102-104, Shivajinagar Circle,
 Opp. Parvati Society Club,
 Link Road, Wadod (W), Mumbai - 400 054.



Patient Name: KULDEEP SINGH CHAUHAN Date and Time: 8th Mar 25 10:16 AM
 Patient ID: 393786859

SUBURBAN DIAGNOSTICS - MALAD WEST



25.0 mm/s 10.0 mm/mV

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Age **35** 8
years months

Gender **Male**

Heart Rate **48bpm**

Patient Vitals

BP: 130/70 mmHg

Weight: 105 kg

Height: 168 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 92ms

QT: 400ms

QTcB: 357ms

PR: 158ms

P-R-T: 60° 73° 34°

REPORTED BY

DR SONALI HONRAO
MD (General Medicine)
Physician
2001/04/1882

ECG Within Normal Limits: Sinus Bradycardia Incomplete Right Bundle Branch. 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.

CID : 393786859
Name : Mr. KULDEEP SINGH CHAUHAN
Age / Sex : 35 Years/Male
Ref. Dr :
Reg. Location : Malad West Main Centre
Reg. Date : 08-Mar-2025
Reported : 08-Mar-2025 / 16:20

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. X-ray is known to have inter-observer variations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests further / follow-up imaging may be needed in some case for confirmation of findings. Please interpret accordingly.

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


Dr. Sunil Bhutka
DMRD DNB
MMC REG NO:2011051101

Click here to view images <<ImageLink>>

CID : 393786859
Name : Mr. KULDEEP SINGH CHAUHAN
Age / Sex : 35 Years/Male
Ref. Dr : unknown
Reg. Location : Malad West Main Centre
Reg. Date : 08-Mar-2025
Reported : 08-Mar-2025 / 10:41

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, shape and smooth margins. It shows normal parenchymal echo pattern. 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 appears normal. 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:

Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.
Right kidney measures 9.6 x 3.7 cm.
Left kidney measures 11.6 x 2.9 cm.

SPLEEN:

The spleen is normal in size and 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 and volume is 12 cc.

CID : 393786859
Name : Mr. KULDEEP SINGH CHAUHAN
Age / Sex : 35 Years/Male
Ref. Dr : unknown
Reg. Location : Malad West Main Centre
Reg. Date : 08-Mar-2025
Reported : 08-Mar-2025 / 10:41

IMPRESSION:

No significant abnormality is seen.

Suggestion: Clinicopathological correlation.

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 case for confirmation of findings. Patient has been explained in detail about the USG findings including its limitations and need for further imaging if clinically indicated. Please interpret accordingly.

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



Dr. Sunil Bhutka
DMRD DNB
MMC REG NO:2011051101

SUBURBAN DIAGNOSTICS

Station

Telephone:

Malad West

EXERCISE STRESS TEST REPORT

Patient Name: KULDEEP, CHAUHAN
 Patient ID: 393786859
 Height: 168 cm
 Weight: 62 kg

DOB: 02.07.1989
 Age: 35yrs
 Gender: Male
 Race: Asian

Study Date: 08.03.2025
 Test Type: --
 Protocol: BRUCE

Referring Physician: --
 Attending Physician: DR SONALI HONRAO
 Technician: --

Medications:

Medical History:

Reason for Exercise Test:Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:14	0.00	0.00	59	110/80	
	STANDING	00:15	0.00	0.00	54	110/80	
	HYPERV.	00:15	0.00	0.00	57	110/80	
	WARM-UP	00:08	1.00	0.00	58	110/80	
EXERCISE	STAGE 1	03:00	1.70	10.00	82	120/80	
	STAGE 2	03:00	2.50	12.00	96	120/80	
	STAGE 3	03:00	3.40	14.00	123	130/80	
	STAGE 4	03:00	4.20	16.00	144	140/80	
	STAGE 5	01:42	5.00	18.00	169	150/80	
RECOVERY		03:01	0.00	0.00	95	150/80	

The patient exercised according to the BRUCE for 13:42 min:s, achieving a work level of Max. METS: 17.20. The resting heart rate of 64 bpm rose to a maximal heart rate of 171 bpm. This value represents 92 % of the maximal, age-predicted heart rate. The resting blood pressure of 110/80 mmHg, rose to a maximum blood pressure of 150/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.

Functional Capacity: normal.

HR Response to Exercise: appropriate.

BP Response to Exercise: normal resting BP - appropriate response.

Chest Pain: none.

Arrhythmias: none.

ST Changes: none.

Overall impression: Normal stress test.

Conclusions

Good effort tolerance. No Significant ST- T changes as compared to baseline. No chest pain / arrhythmia noted. Stress test is negative for inducible ischemia.

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



Physician

Soni P.

Technician

Dr. SONALI HONDA
MD PHYSICIAN
REG. NO. 2001/04/1832

SONALI HONDA
100-100
Opp. ...
Link Road, ...

KULDEEP, CHAUHAN

Patient ID 393786859

08.03.2025

11:58:37am

60 bpm
110/80 mmHg

12-Lead Report

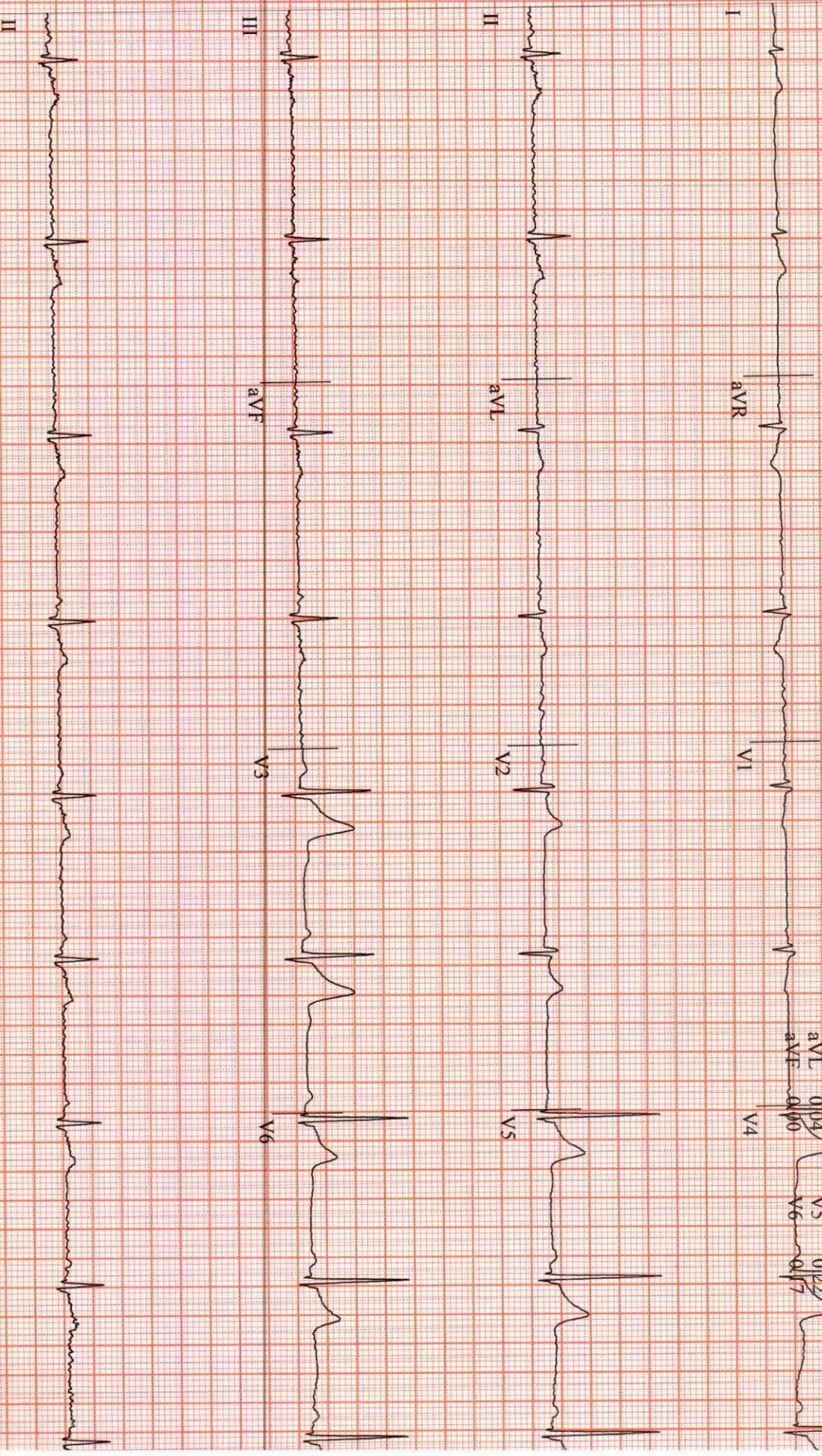
PRETEST
SUPINE
00:13

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOSTICS

Measured at 60ms Post J
Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.07	V1	-0.01
II	0.03	V2	0.10
III	-0.03	V3	0.29
aVR	-0.04	V4	0.26
aVL	0.04	V5	0.22
aVF	0.00	V6	0.17



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V3,V4)

Start of Test: 11:58:19am

KULDEEP, CHAUHAN
Patient ID 393786859

08.03.2025
11:58:43am

54 bpm
110/80 mmHg

PRETEST
STANDING
00:18

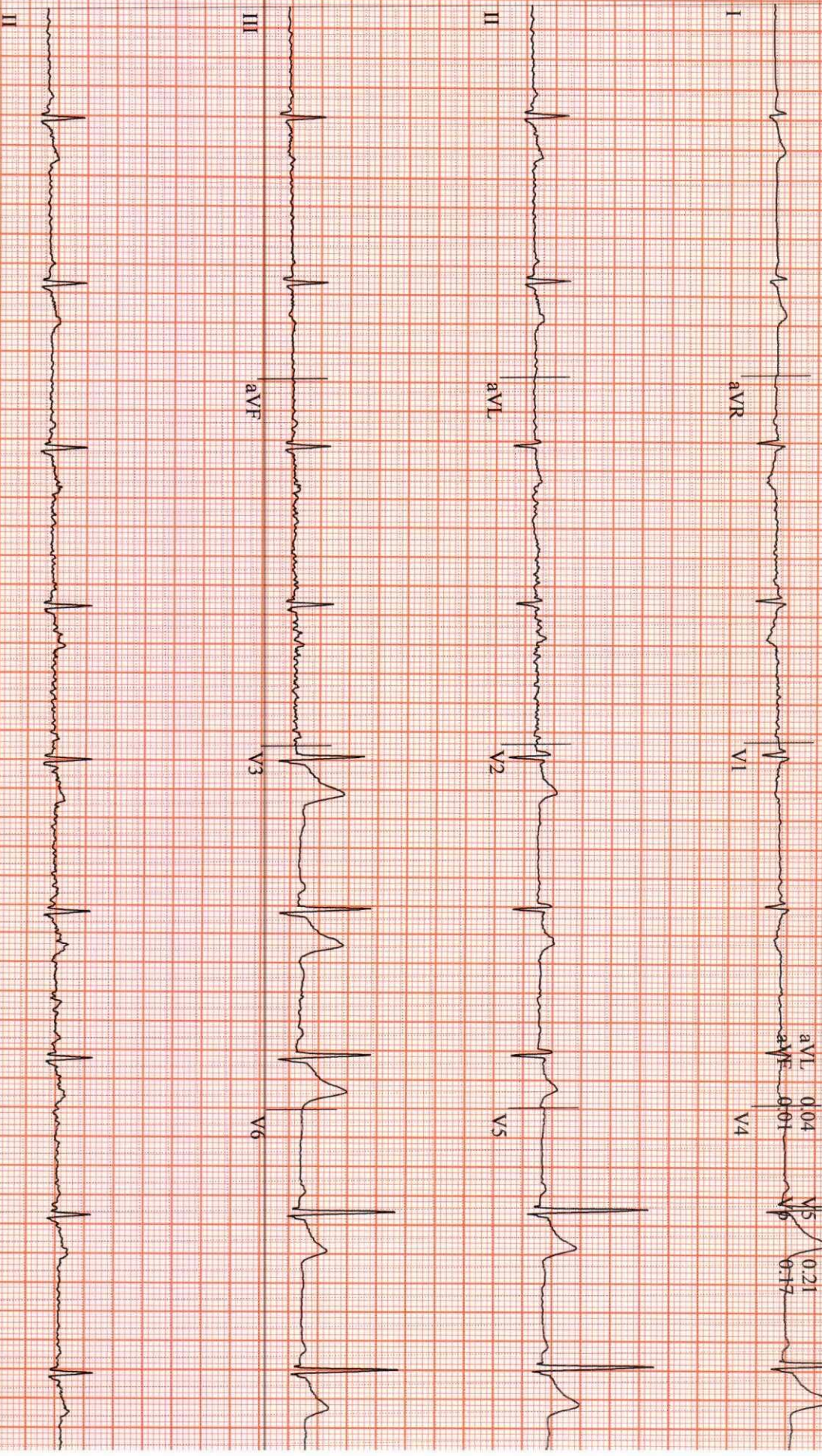
BRUCE
0.0 mph
0.0 %

12-Lead Report

SUBURBAN DIAGNOSTIC

Measured at 60ms Post J
Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.06	V1	-0.01
II	0.04	V2	0.09
III	-0.01	V3	0.29
aVR	-0.05	V4	0.26
aVL	0.04	V5	0.21
aVF	0.01	V6	0.17



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V3,V4)

Start of Test: 11:58:19am



KULDEEP, CHAUHAN

Patient ID 393786859

08.03.2025

11:58:56am

12-Lead Report

PRETEST
HYPERV.

00:32

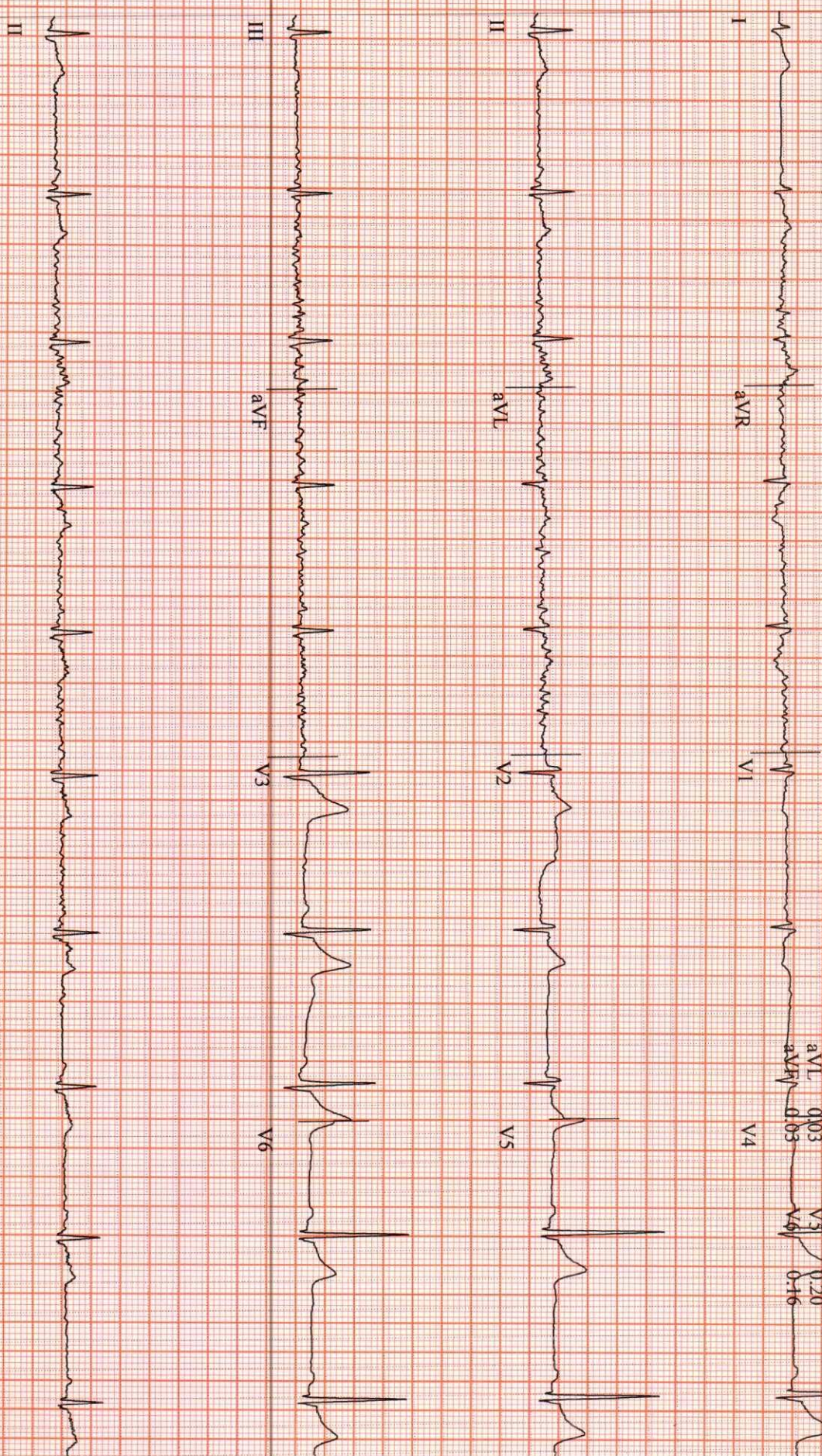
56 bpm
110/80 mmHg

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOSTIC

Measured at 60ms Post J
Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.07	V1	-0.01
II	0.06	V2	0.09
III	-0.01	V3	0.28
aVR	-0.06	V4	0.26
aVL	0.03	V5	0.20
aVF	0.03	V6	0.16



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V3,V4)

Start of Test: 11:58:19am

KULDEEP, CHAUHAN

Patient ID 393786859

08.03.2025

12:01:59pm

Linked Medians

EXERCISE

STAGE:1

02:50

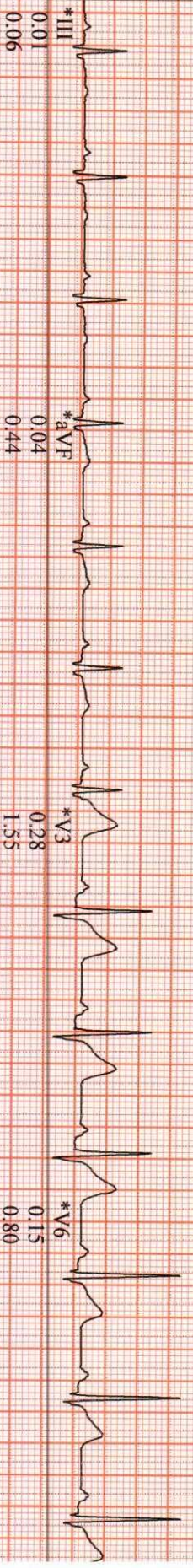
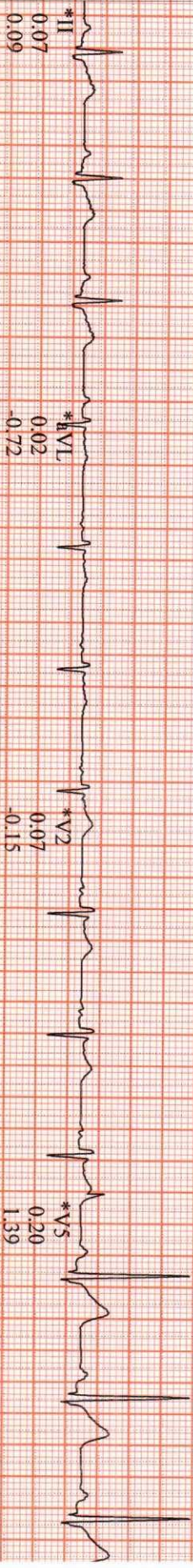
BRUCE

1.7 mph

10.0 %

SUBURBAN DIAGNOSTIC

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



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V3,V4)

Start of Test: 11:58:19am

*Computer Synthesized Rhythms

KULDEEP, CHAUHAN

Patient ID 393786859

08.03.2025

12:04:59pm

Linked Medians

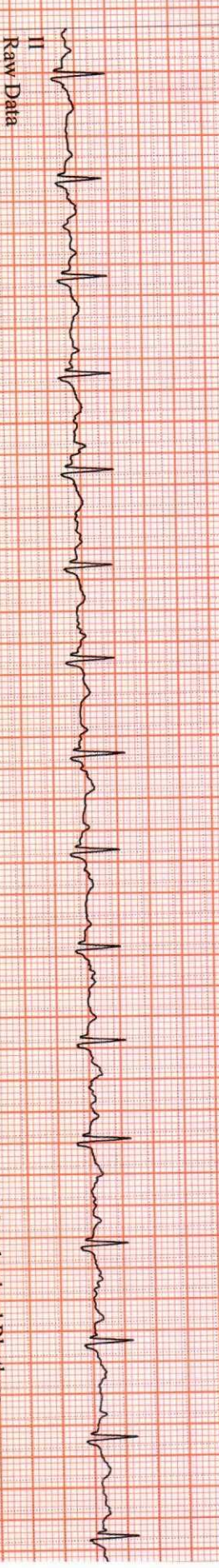
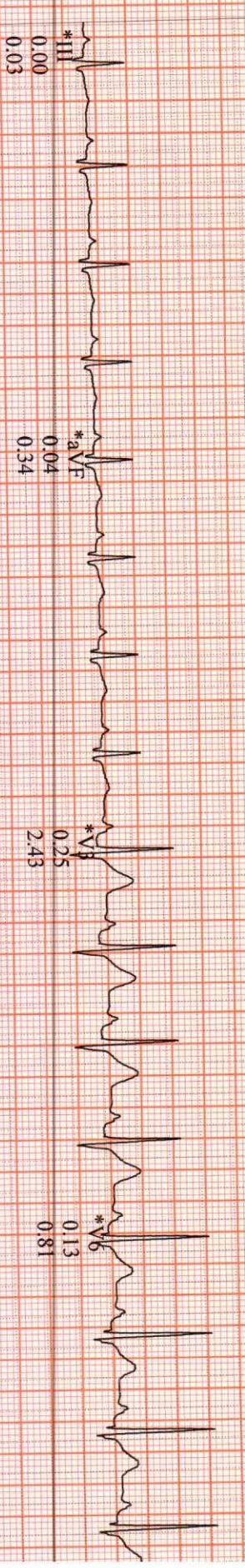
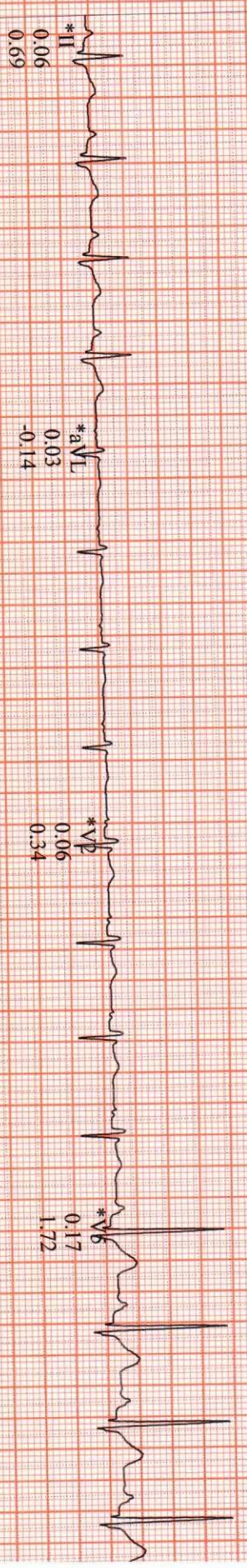
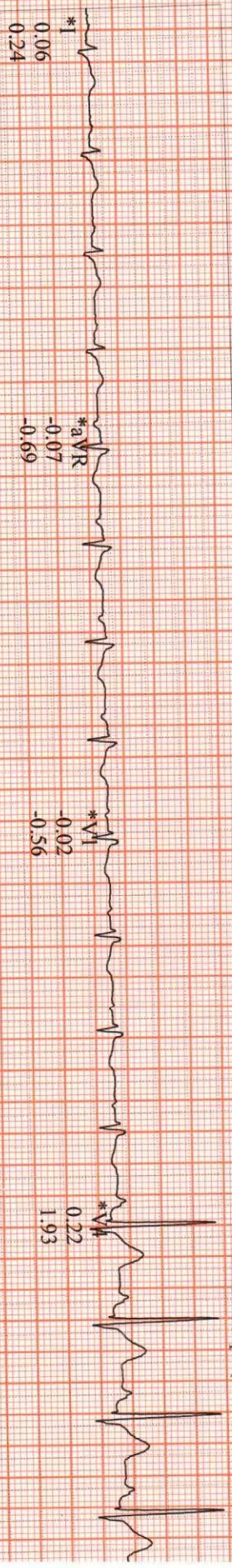
96 bpm

EXERCISE
STAGE 2
05:50

BRUCE
2.5 mph
12.0%

SUBURBAN DIAGNOSTICS

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



*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)

25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V3, V4)

Start of Test: 11:58:19am

KULDEEP, CHAUHAN

Patient ID 393786859

08.03.2025

12:07:59pm

Linked Medians

EXERCISE

STAGE:3

08:50

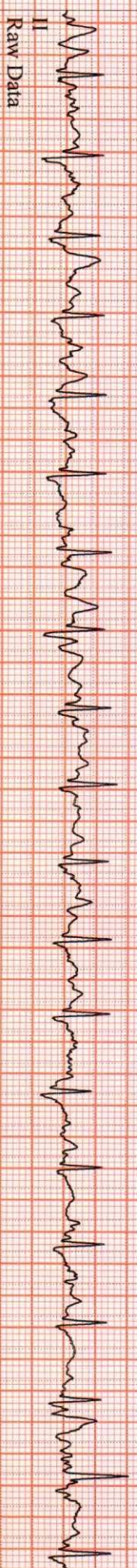
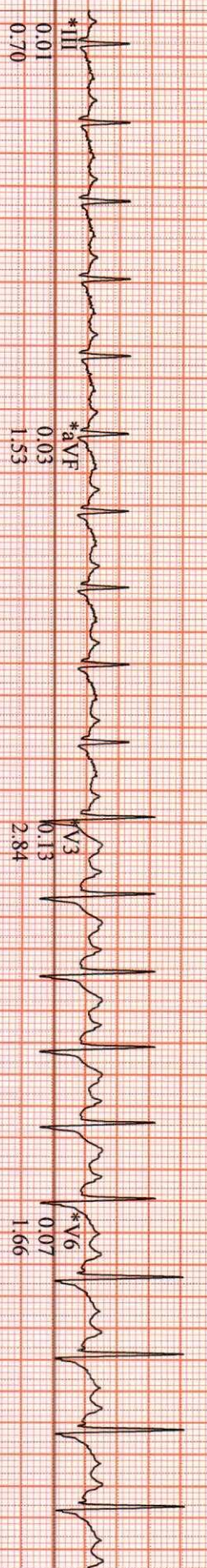
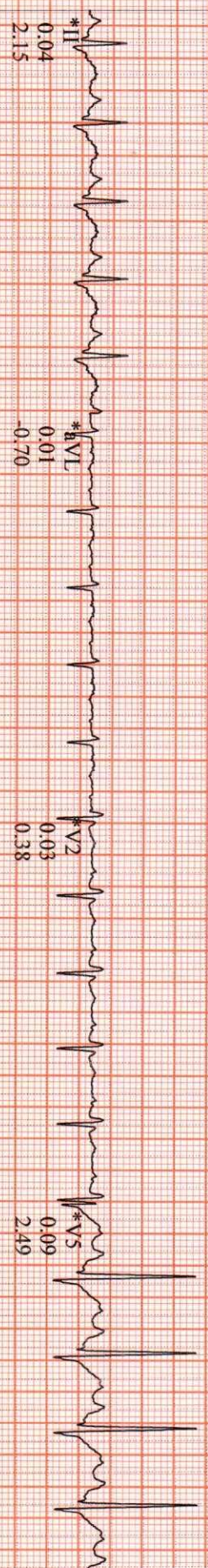
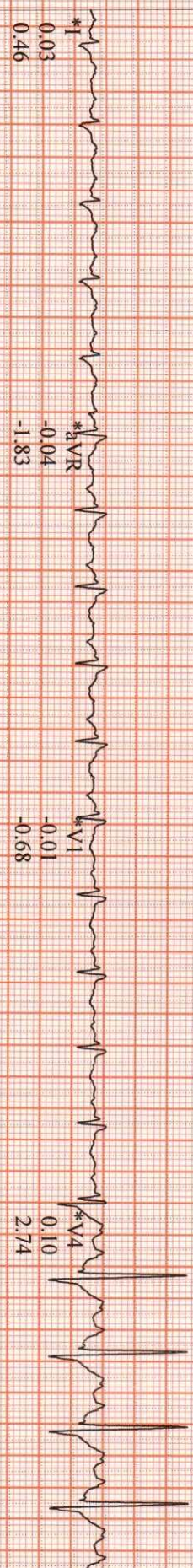
BRUCE

3.4 mph

14.0 %

SUBURBAN DIAGNOSTIC

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



*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V3-V4)

Start of Test: 11:58:19am

KULDEEP, CHAUHAN

Patient ID 393786859

08.03.2025

12:10:59pm

Linked Medians

EXERCISE

STAGE 4

11:50

BRUCE

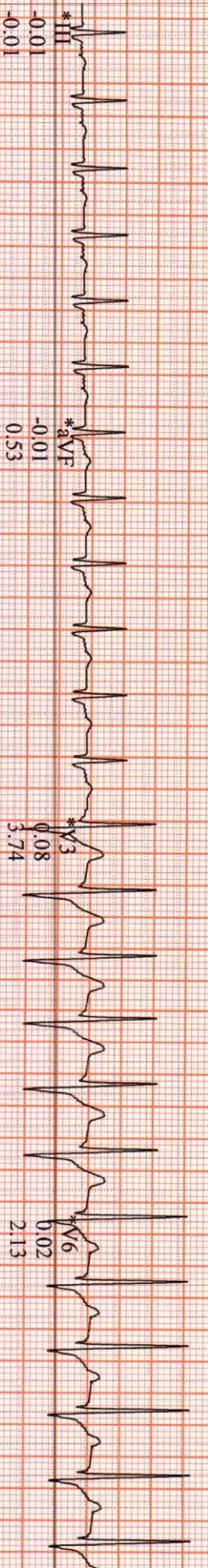
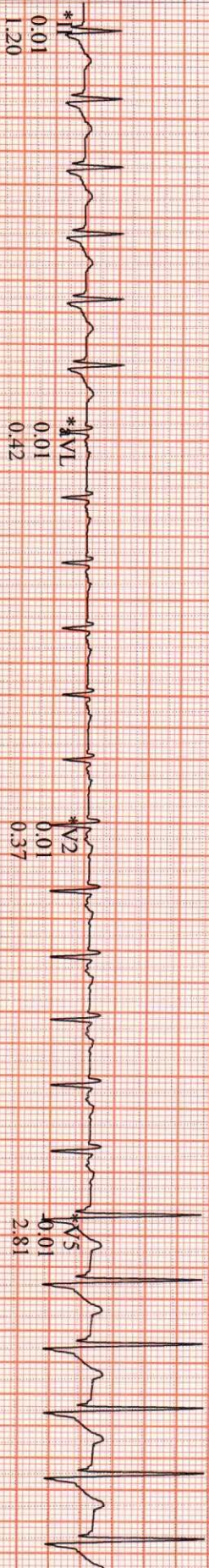
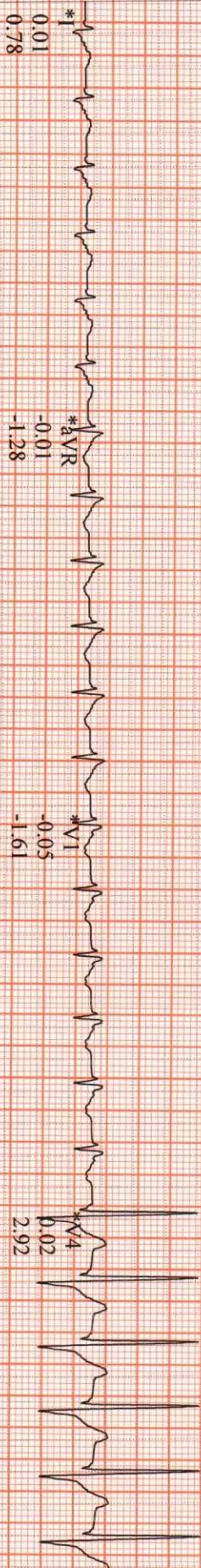
4.2 mph

16.0 %

SUBURBAN DIAGNOSTIC

146 bpm
140/80 mmHg

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



*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz PRF+ HR(V4,V3)

Start of Test: 11:58:19am

KULDEEP, CHAUHAN
Patient ID 393786859

08.03.2025
12:12:56pm

169 bpm
150/80 mmHg

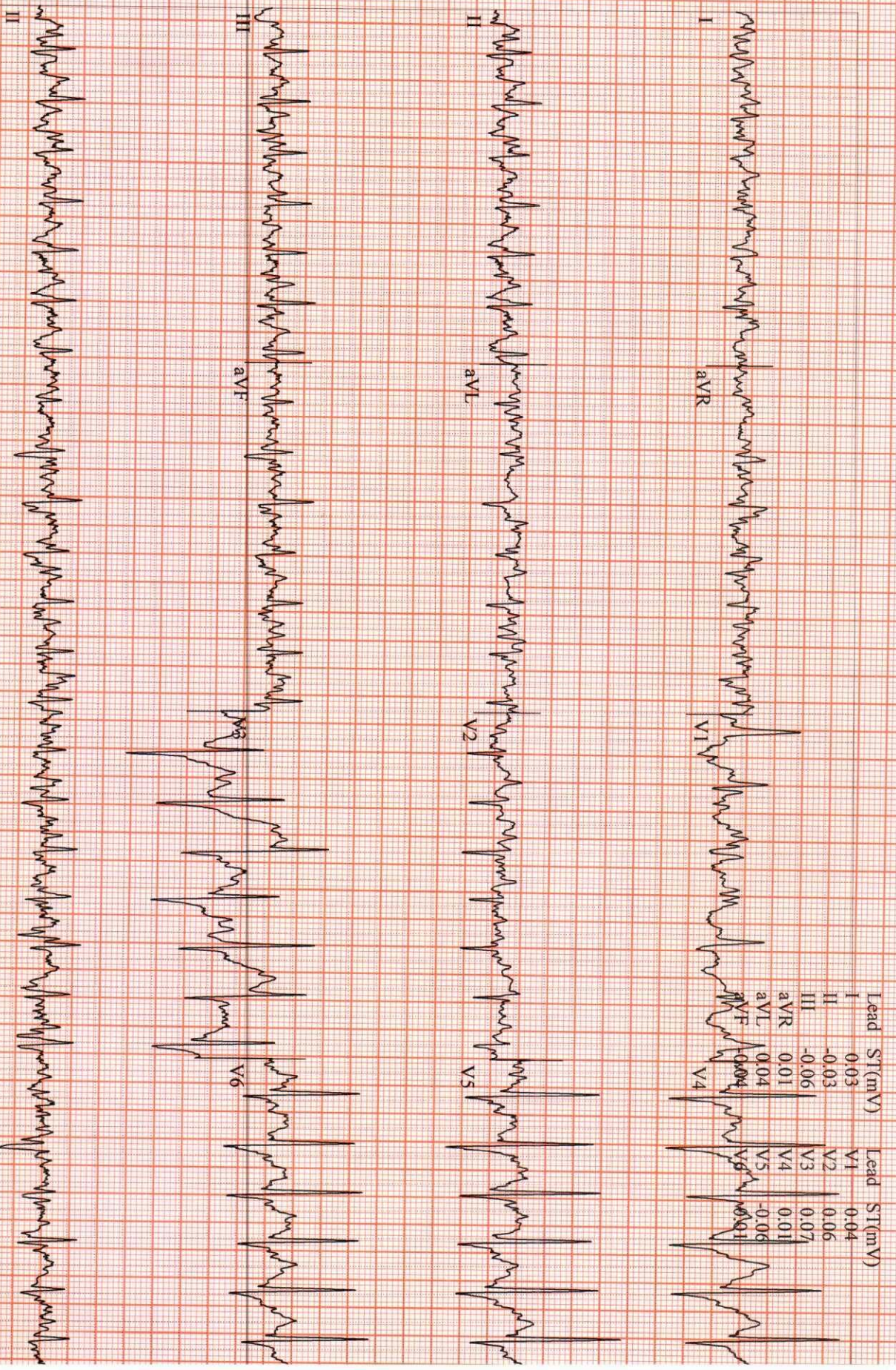
EXERCISE
STAGE 5
13:42

BRUCE
5.0 mph
18.0%

Measured at 60ms Post J
Auto Points

12-Lead Report (PEAK EXERCISE)

SUBURBAN DIAGNOSIS



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V4,V3)

Start of Test: 11:58:19am

KULDEEP, CHAUHAN

Patient ID 393786859

08.03.2025

12:13:51pm

Linked Medians

RECOVERY

#1

01:00

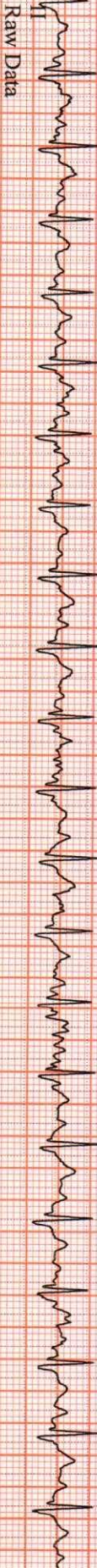
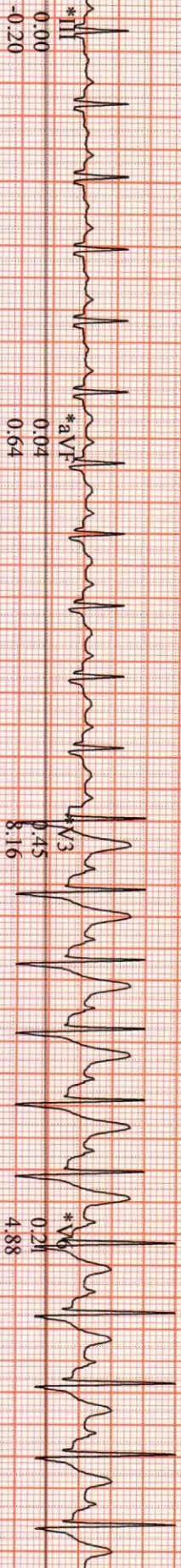
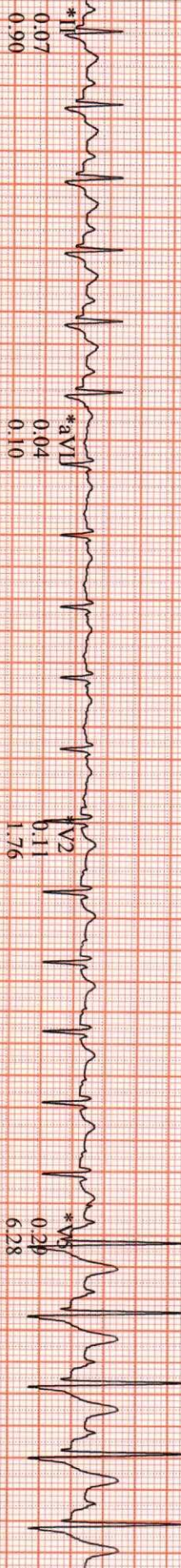
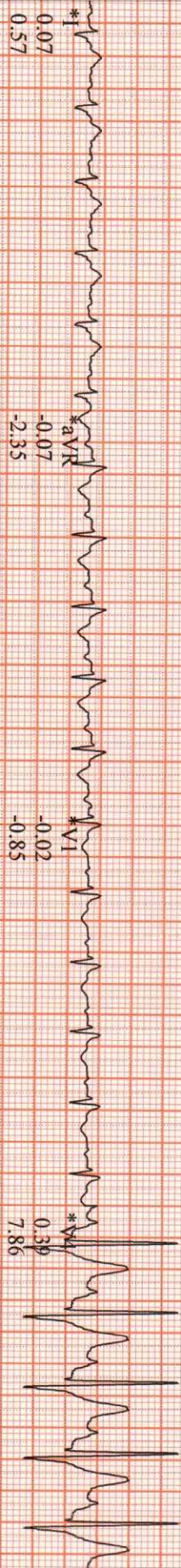
SUBURBAN DIAGNOSTIC

BRUCE

1.5 mph

0.0%

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



*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V4,V3)

Start of Test: 1:38:19am

KULDEEP, CHAUHAN

Patient ID 393786859

08.03.2025

12:14:51pm

111 bpm

RECOVERY #1

02:00

Linked Medians

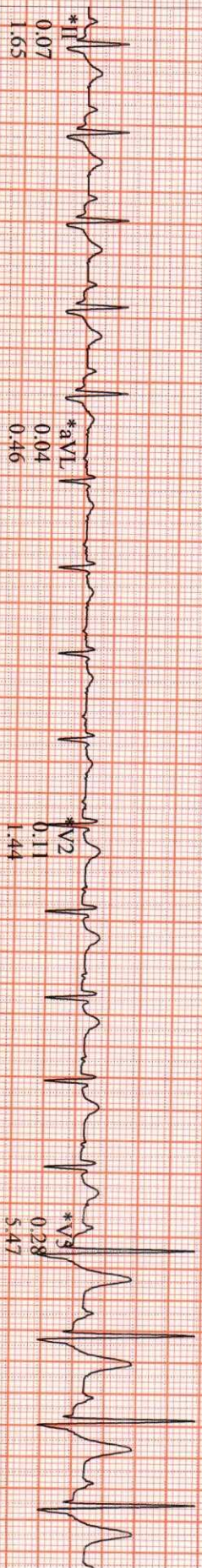
SUBURBAN DIAGNOSTIC

BRUCE

0.0 mph

0.0%

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



*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V4,V3)

Start of Test: 11:58:19am

KULDEEP, CHAUHAN

Patient ID 393786859

08.03.2025

12:15:51pm

Linked Medians

RECOVERY

#1

03:00

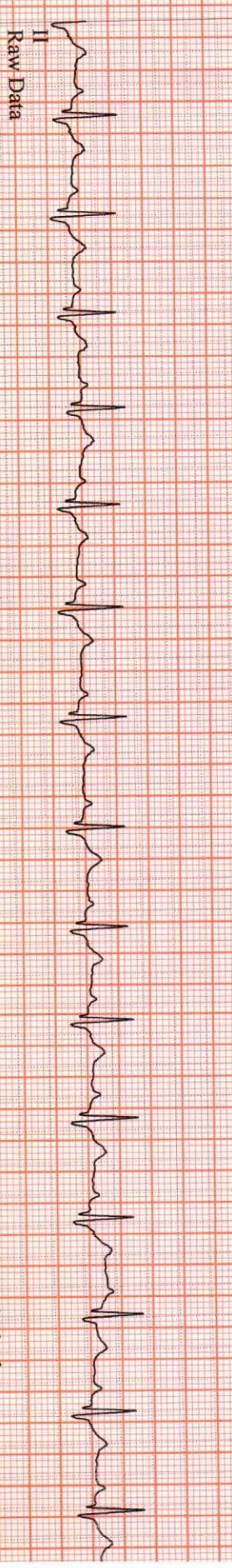
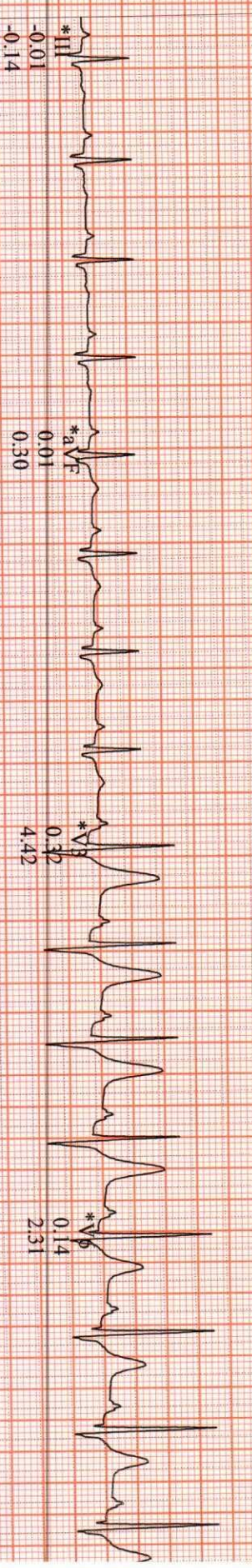
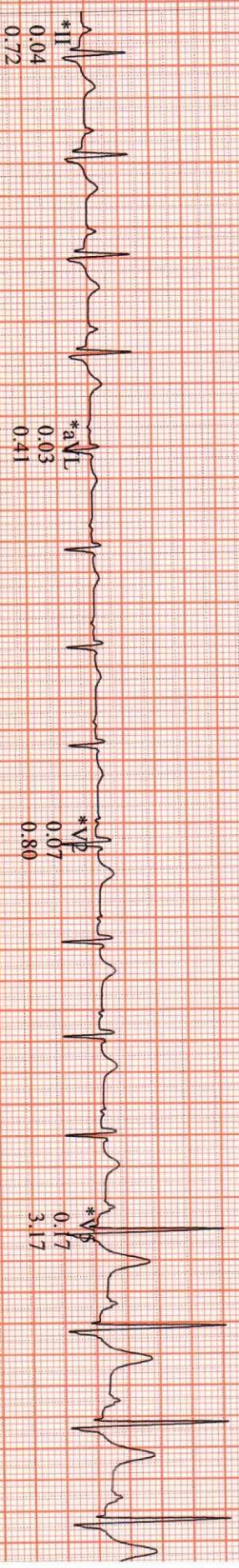
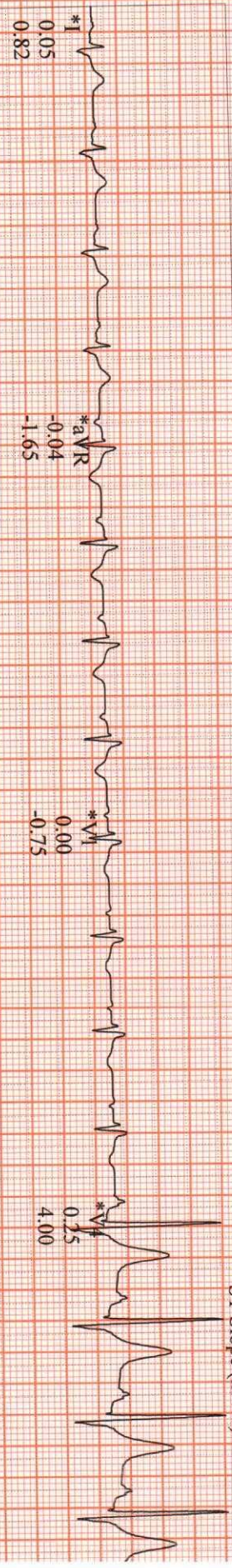
BRUCE

0.0 mph

0.0 %

SUBURBAN DIAGNOSTICS

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



Raw Data

*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V4,V3)

Start of Test: 11:58:19am