



Name : Mr. RAKESH KUMAR
Lab No. : 393948017
Ref By : SELF
Collected : 6/3/2025 10:02:00AM
A/c Status : P
Collected at : WALKIN - KHAR WEST (MAIN CENTRE)
6th Floor, Gupte House, Near Khar Police
Station 81, Swami Vivekananda Road, Khar
West, Mumbai, Maharashtra - 400052

Age : 35 Years
Gender : Male
Reported : 6/3/2025 9:32:09PM
Report Status : Final
Processed at : SDRL, VIDYAVIHAR

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	15.5	13.0 - 17.0 g/dL	Spectrophotometric
RBC	5.1	4.5 - 5.5 mil/cmm	Elect. Impedance
PCV	46.5	40.0 - 50.0 %	Calculated
MCV	91.1	81.0 - 101.0 fL	Measured
MCH	30.3	27.0 - 32.0 pg	Calculated
MCHC	33.3	31.5 - 34.5 g/dL	Calculated
RDW	13.9	11.6 - 14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6600	4000 - 10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	24.1	20.0 - 40.0 %	
Absolute Lymphocytes	1590.6	1000.0 - 3000.0 /cmm	Calculated
Monocytes	7.1	2.0 - 10.0 %	
Absolute Monocytes	468.6	200.0 - 1000.0 /cmm	Calculated
Neutrophils	61.6	40.0 - 80.0 %	
Absolute Neutrophils	4065.6	2000.0 - 7000.0 /cmm	Calculated
Eosinophils	6.9	1.0 - 6.0 %	
Absolute Eosinophils	455.4	20.0 - 500.0 /cmm	Calculated
Basophils	0.3	0.1 - 2.0 %	
Absolute Basophils	19.8	20.0 - 100.0 /cmm	Calculated
<u>PLATELET PARAMETERS</u>			





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<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Platelet Count	136000	150000 - 410000 /cmm	Elect. Impedance
MPV	12.0	6.0 - 11.0 fL	Measured
PDW	26.7	11.0 - 18.0 %	Calculated

RBC MORPHOLOGY

Hypochromia	--
Microcytosis	--
Macrocytosis	--
Anisocytosis	--
Poikilocytosis	--
Polychromasia	--
Target Cells	--
Basophilic Stippling	--
Normoblasts	--
Others	Normocytic Normochromic
WBC MORPHOLOGY	--
PLATELET MORPHOLOGY	Megaplatelets seen on smear.
COMMENT	--

Result rechecked.
Kindly correlate clinically.

Specimen: EDTA whole blood





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ERYTHROCYTE SEDIMENTATION RATE (ESR)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
ESR, EDTA WB	24.00	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>
CREATININE, Serum	0.74	0.73 - 1.18 mg/dL	Enzymatic
eGFR, Serum	121.11	(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			
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	88.30	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





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<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.73	0.30 - 1.20 mg/dL	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.27	0.00 - 0.30 mg/dL	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.46	<1.20 mg/dL	Calculated
SGOT (AST), Serum	33.70	<34.00 U/L	Modified IFCC
SGPT (ALT), Serum	80.00	10.00 - 49.00 U/L	Modified IFCC
GAMMA GT, Serum	30.60	<73.00 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	114.40	46.00 - 116.00 U/L	Modified IFCC
BLOOD UREA, Serum	26.60	19.29 - 49.28 mg/dL	Calculated
BUN, Serum	12.42	9.00 - 23.00 mg/dL	Urease with GLDH
URIC ACID, Serum	5.60	3.70 - 9.20 mg/dL	Uricase/Peroxidas e
TOTAL PROTEINS, Serum	7.40	5.70 - 8.20 g/dL	Biuret
Albumin Serum	5.00	3.20 - 4.80 g/dL	BCG
GLOBULIN Serum	2.40	2.30 - 3.50 g/dL	Calculated
A/G RATIO Serum	2.08	1.00 - 2.00	Calculated





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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

LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
CHOLESTEROL, Serum	130	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	72	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL Serum	43	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	87	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL Serum	73	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	14	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2	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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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	6.30	3.50 - 6.50 pmol/L	CLIA
Free T4 Serum	15.90	11.50 - 22.70 pmol/L	CLIA
sensitiveTSH Serum	1.29	0.55 - 4.78 microIU/ml	CLIA

Interpretation:

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

Clinical Significance:

1. TSH Values between high abnormal upto 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
2. TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone recovery phase of 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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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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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.

References:

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





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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	Light scattering
Transparency	CLEAR	Clear	Light scattering
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.022	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	Absent	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	0.3	0-5/hpf	
Red Blood Cells / hpf	0.00	0-2/hpf	
Epithelial Cells / hpf	0.00	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	37.60	0-29.5/hpf	
Yeast	Absent	Absent	
OTHERS	--		

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.



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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) PP, Fluoride Plasma PP		_Sample Not Received	



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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>			
EXAMINATION OF FAECES		Sample Not Received	
<u>CHEMICAL EXAMINATION</u>			
<u>MICROSCOPIC EXAMINATION</u>			



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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)	_Sample Not Received		

-----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.



SUBURBAN DIAGNOSTICS KHAR-W

Name: MR RAKESH KUMAR

Date: 06-03-2025 Time: 12:00

Age: 35

Gender: M

Height: 180 cms

Weight: 96 Kg

ID: 393948017

Clinical History: HTN

Medications: ON MEDICATION

Test Details:

Protocol: Bruce

Predicted Max HR: 185

Target HR: 157 (85% of Pr. MHR)

Exercise Time: 0:07:35

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

Max BP: 170/90

Max BP x HR: 27200

Max Mets: 8.7

Test Termination Criteria: Target HR attained

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	00:07	1	0	0	78	120/80	9360	1.2 II	0.3 II
Standing	00:10	1	0	0	82	124/80	10168	1.2 II	0.4 II
HyperVentilation	00:08	1	0	0	95	130/80	12350	1.1 II	0.5 II
PreTest	00:06	1	1.6	0	96	140/80	13440	1.1 II	0.2 II
Stage: 1	03:00	4.7	2.7	10	105	150/80	15750	1.1 II	0.3 II
Stage: 2	03:00	7	4	12	126	160/80	20160	0.9 II	0.3 II
Peak Exercise	01:44	8.7	5.5	14	159	170/90	27030	0.8 II	0.4 II
Recovery1	01:00	1	0	0	106	160/90	16960	0.9 II	0.4 II
Recovery2	01:00	1	0	0	95	150/90	14250	0.3 II	0.6 II
Recovery3	00:55	1	0	0	90	130/90	11700	0.4 II	0.2 II

Interpretation

GOOD EFFORT TOLERANCE
NORMAL CHRONOTROPIC RESPONSE
NORMAL INOTROPIC RESPONSE
NO ANGINA/ANGINA EQUIVALENTS
NO ARRHYTHMIAS
NO SIGNIFICANT ST-T CHANGES FROM BASELINE

IMPRESSION:
STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

DISCLAIMER:
NEGATIVE STRESS TEST DOES NOT RULE OUT CORONARY ARTERY DISEASE
POSITIVE STRESS TEST IS SUGGESTIVE BUT NOT CONFIRMATORY OF CORONARY ARTERY DISEASE
HENCE CLINICAL CORRELATION IS MANDATORY.

Ref. Doctor: ----

Doctor: DR DISHA SHETH

SCHILLER
The Art of Diagnostics

Suburban Diagnostics (I) Pvt. Ltd.
6th Floor, Ganga House,
81, S.V. Road, Khar (W), Mumbai - 400 052.
Tel.: 26484805 / 26484807

Dr. Dishu Sheth
MBBS, DNB MEDICINE
Consultant Physician and
Diabetologist
Reg. No. 2017084116

(Summary Report edited by User)

Cardiofit CS-20 Version 3.4



SUBURBAN DIAGNOSTICS KHAR-W

MIR RAKESH KUMAR (35 M)

ID: 393948017

Date: 06-03-2025

Exec Time : 00:00

Stage Time: 00:05

HR: 78 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

Brice Protocol

Stage: Supine

Speed: 0 kmph

Grade: 0%

THR: 157 bpm

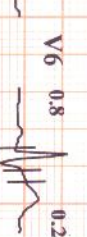
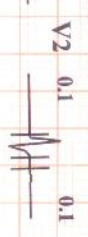
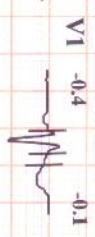
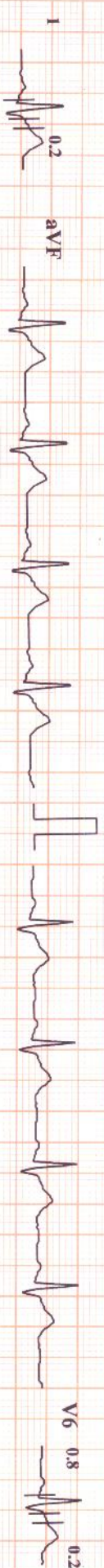
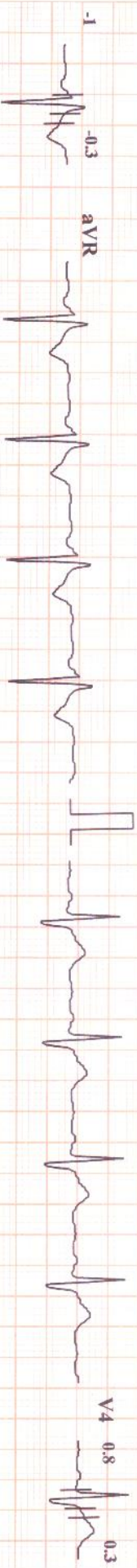
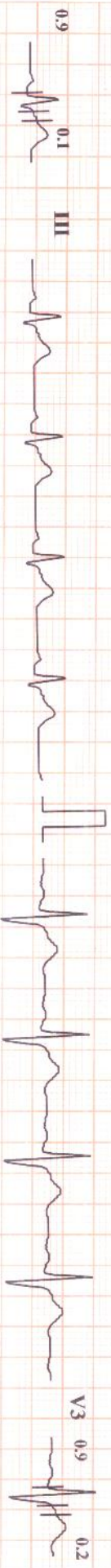


Chart Speed: 25 mm/sec

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 3.4

1 Inbed Median



SUBURBAN DIAGNOSTICS KHAR-W

MR RAKESH KUMAR (35 M)

Bruce Protocol

ID: 393948017

Date: 06-03-2025

Exec Time : 0:00:00

Stage Time: 00:10

HR: 82 bpm

BP: 124/80 mmHg

STLevel(mm) STISlope(mV/s)

STLevel(mm) STISlope(mV/s)

Stage: Standing

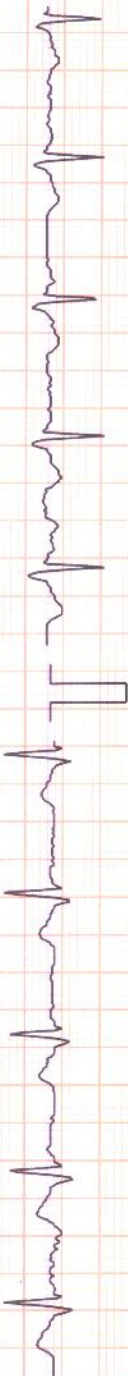
Speed: 0 kmph

Grade: 0%

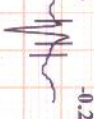
THR: 157 bpm



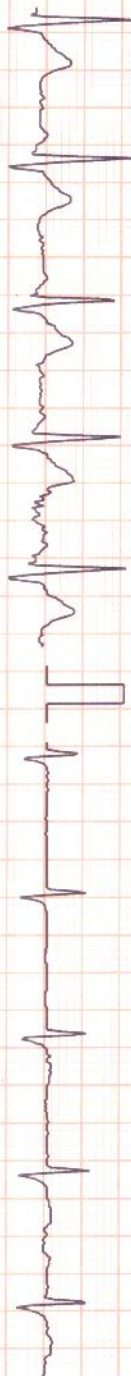
I



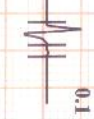
V1 -0.4



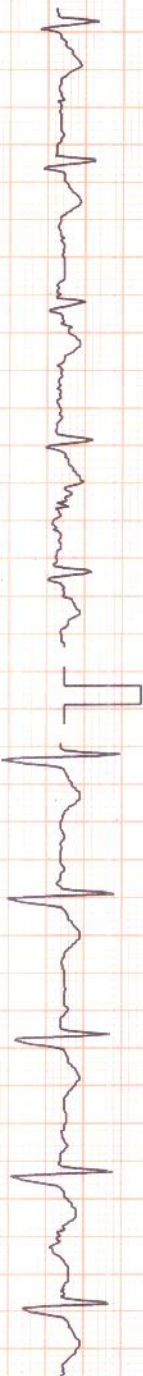
II



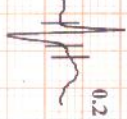
V2 0.2



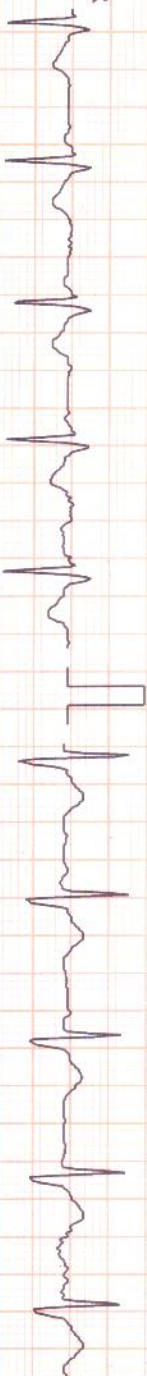
III



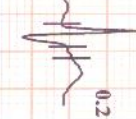
V3 0.9



aVR



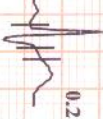
V4 0.9



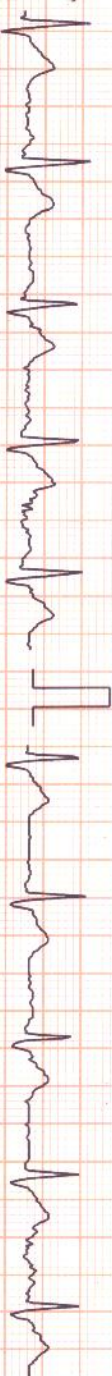
aVL



V5 0.9



aVF



V6 0.7



V5

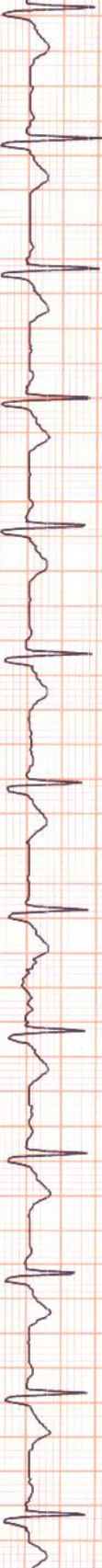


Chart Speed: 25 mm/sec

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 3.4



SUBURBAN DIAGNOSTICS KHAR-W

MR RAKESH KUMAR (35 M)

Bruce Protocol

ID: 393948017

Date: 06-03-2025

Exec Time : 0:00:00

Stage Time: 00:08

HR: 95 bpm

BP: 130/80 mmHg

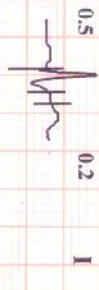
STLevel(mm) STISlope(mV/s)

STLevel(mm) STISlope(mV/s)

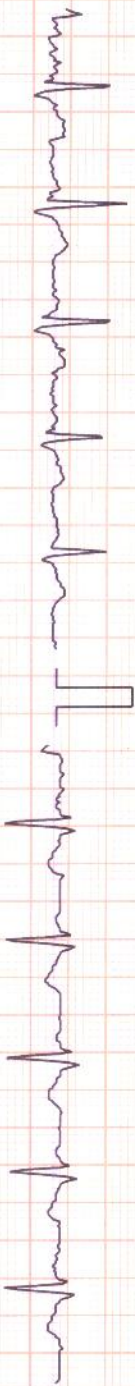
Stage: HyperVentilation Speed: 0 kmph

Grade: 0%

THR: 157 bpm



I



VI -0.4

-0.2



II

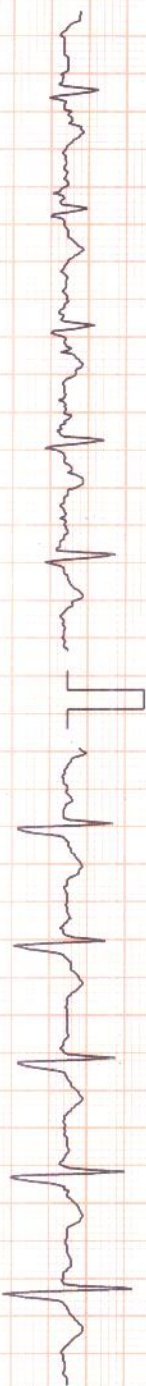


V2 0.3

0.1

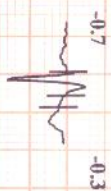


III



V3 0.6

0.2



aVR

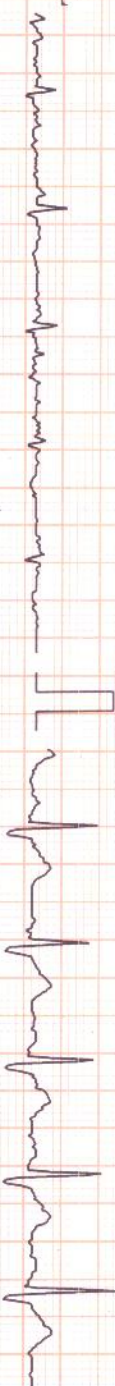


V4 0.7

0.2



aVL

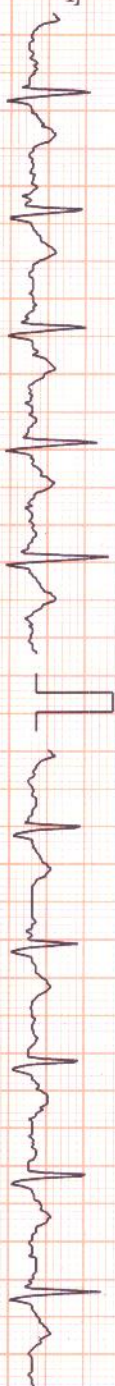


V5 0.7

0.3



aVF



V6 0.7

0.2



V5

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:3.4



SUBURBAN DIAGNOSTICS KHAR-W

MR RAKESH KUMAR (35 M)

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

ID: 393948017

Date: 06-03-2025

Exec Time : 0:00:00

Stage Time: 00:06

Stage: PreTest

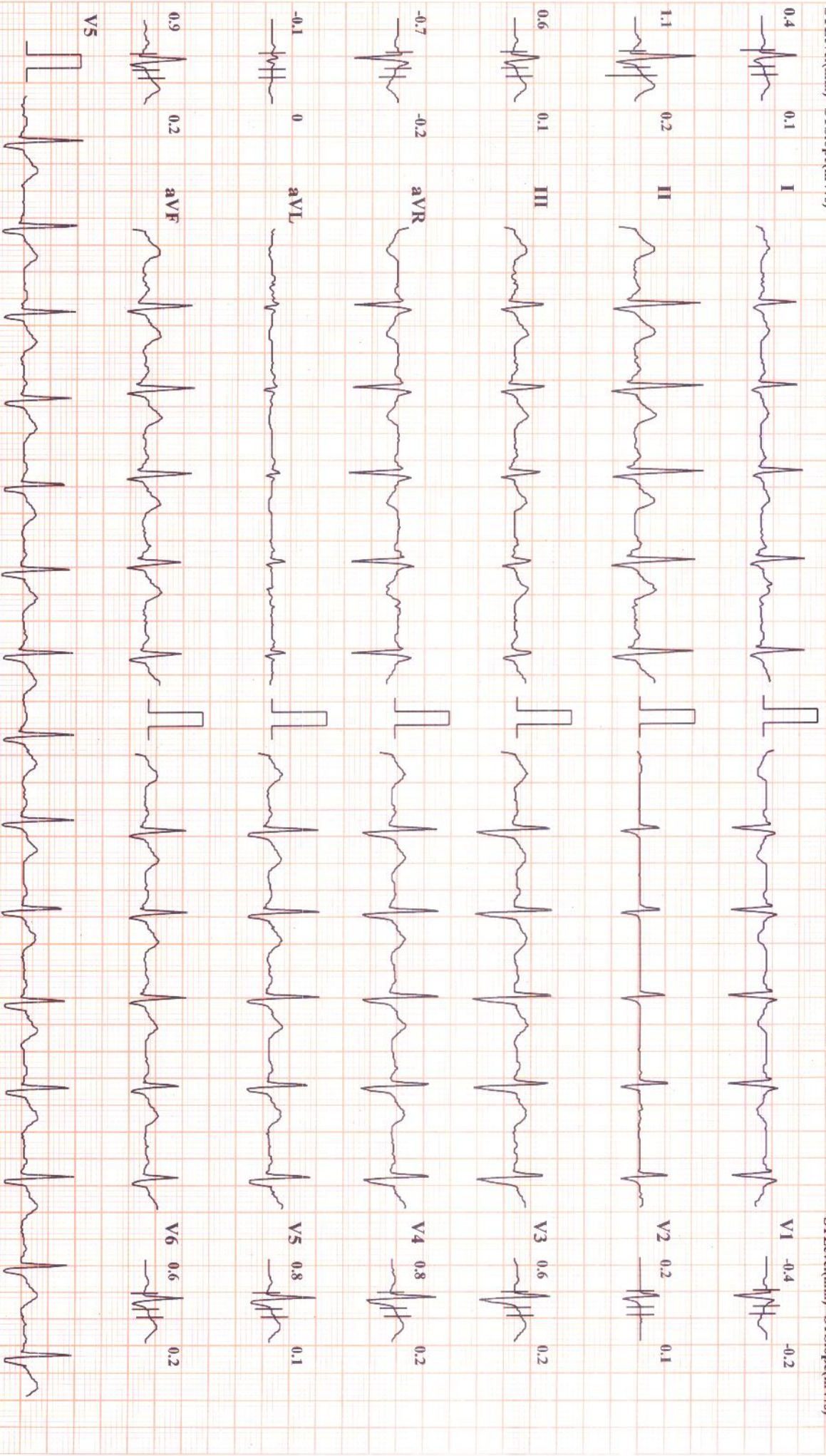
Speed: 1.6 kmph

Grade: 0%

THR: 157 bpm

HR: 96 bpm

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





SUBURBAN DIAGNOSTICS KHAR-W

MRR RAKESH KUMAR (35 M)

ID: 393948017

Date: 06-03-2025

Exec Time : 0:03:00

Stage Time: 03:00

HR: 105 bpm

BP: 150/80 mmHg

Brice Protocol
STLevel(mm) STSlope(mV/s)

Stage: 1

Speed: 2.7 kmph

Grade: 10%

THR: 157 bpm

STLevel(mm) STSlope(mV/s)

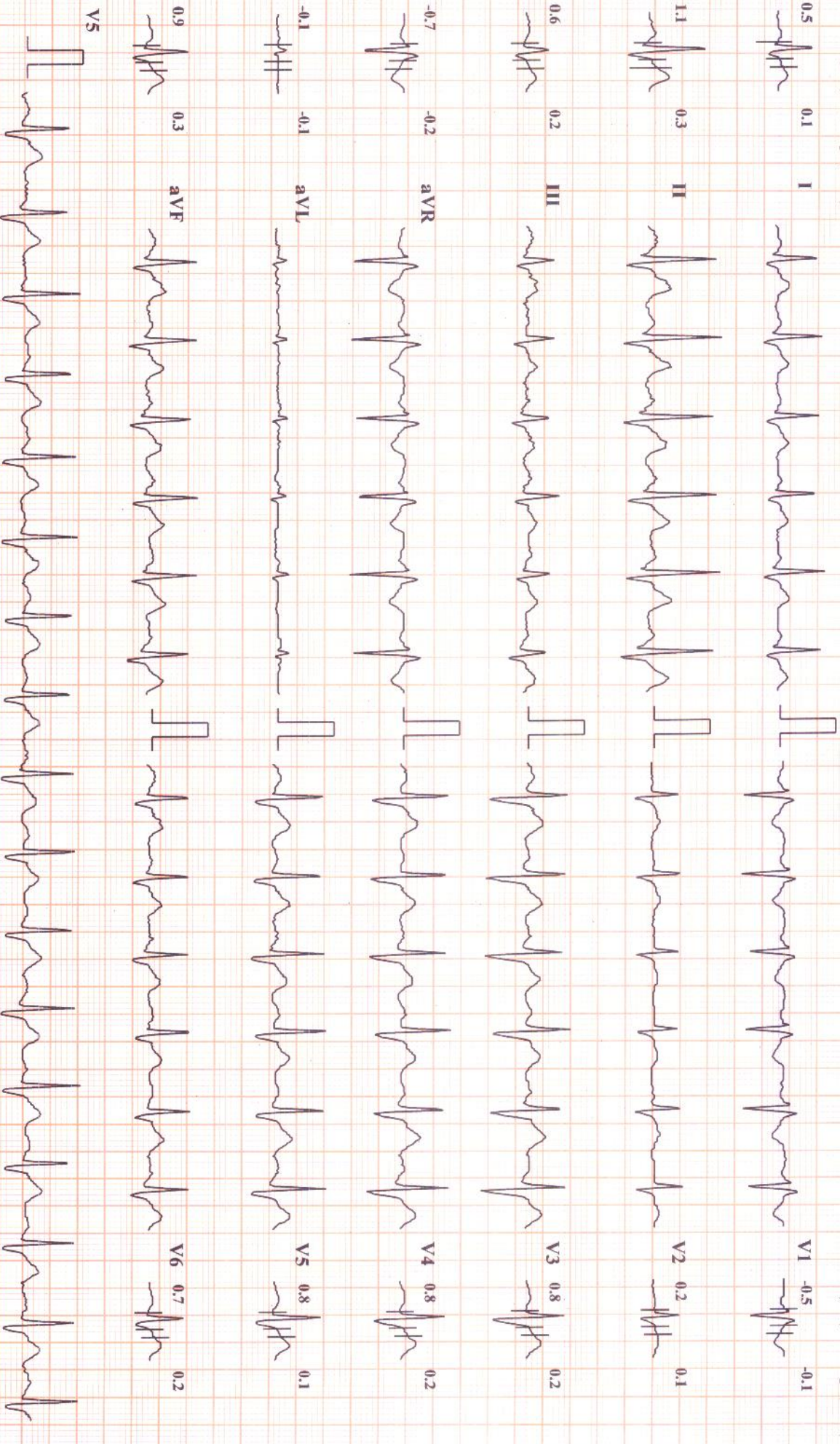


Chart Speed: 25 mm/sec

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 3.4



SUBURBAN DIAGNOSTICS KHAR-W

MR RAKESH KUMAR (35 M)

Brice Protocol

ID: 393948017

Date: 06-03-2025

Exec Time : 0:06:00

Stage Time: 03:00

HR: 126 bpm

BP: 160/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

Stage: 2

Speed: 4 kmph

Grade: 12%

THR: 157 bpm

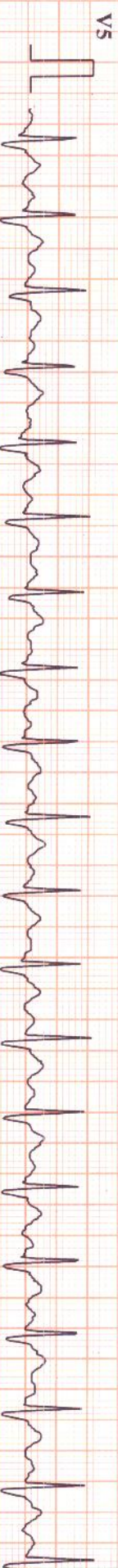
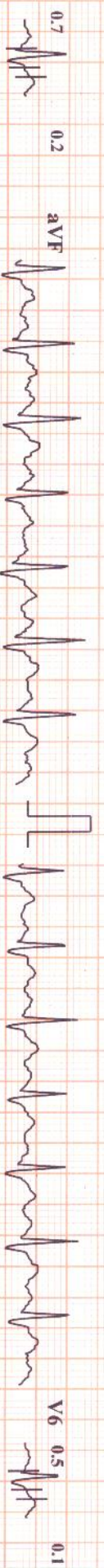
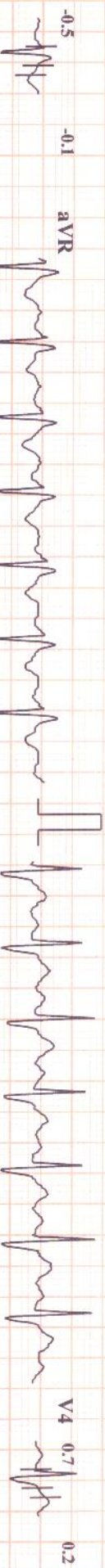
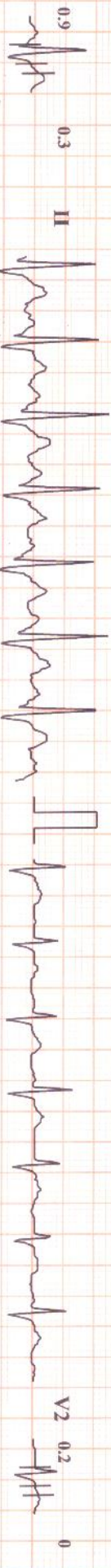
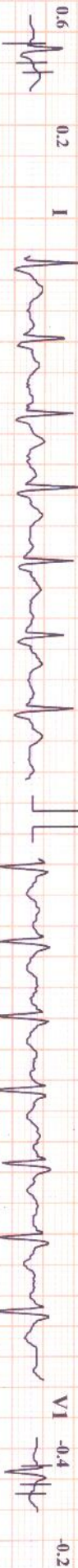


Chart Speed: 25 mm/sec

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:3.4



SUBURBAN DIAGNOSTICS KHAR-W

MR RAKESH KUMAR (35 M)

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 393948017

Stage: Peak Exercise

Date: 06-03-2025
Speed: 5.5 kmph

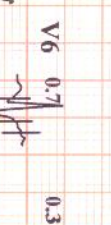
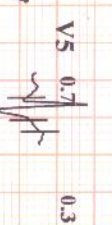
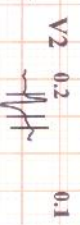
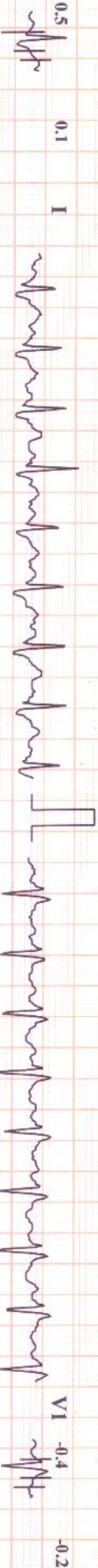
Exec Time : 0:07:44
Grade: 14%

Stage Time: 01:44
THR: 157 bpm

HR: 159 bpm

BP: 170/90 mmHg

STLevel(mm) STSlope(mV/s)





SUBURBAN DIAGNOSTICS KHAR-W

MR RAKESH KUMAR (35 M)

Bruce Protocol

STLevel(mm) STISlope(mV/s)

ID: 393948017

Stage: Recovery 1

Date: 06-03-2025

Speed: 0 kmph

Exec Time : 0:00:00

Grade: 0%

Stage Time: 01:00

THR: 157 bpm

HR: 106 bpm

BP: 160/90 mmHg

STLevel(mm) STISlope(mV/s)

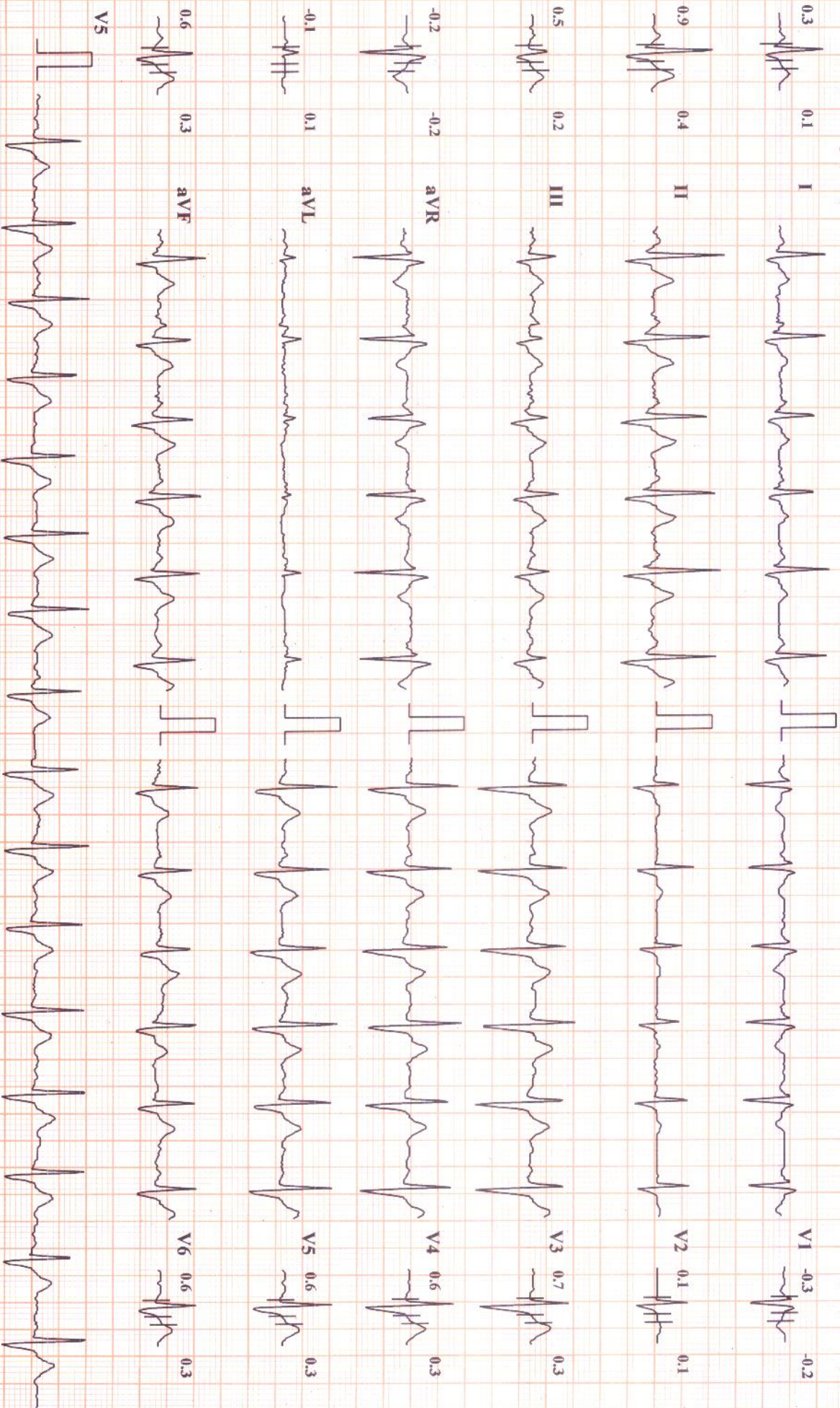


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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

Schiller Cardiovi CS-20 Version:3.4



SUBURBAN DIAGNOSTICS KHAR-W

MR RAKESH KUMAR (35 M)

ID: 393948017

Date: 06-03-2025

Exec Time : 0:00:00

Stage Time: 01:00

Bruce Protocol

STLevel(mm) STSlope(mV/s)

Stage: Recovery2

Speed: 0 kmph

Grade: 0%

THR: 157 bpm

HR: 95 bpm

BP: 150/90 mmHg

STLevel(mm) STSlope(mV/s)

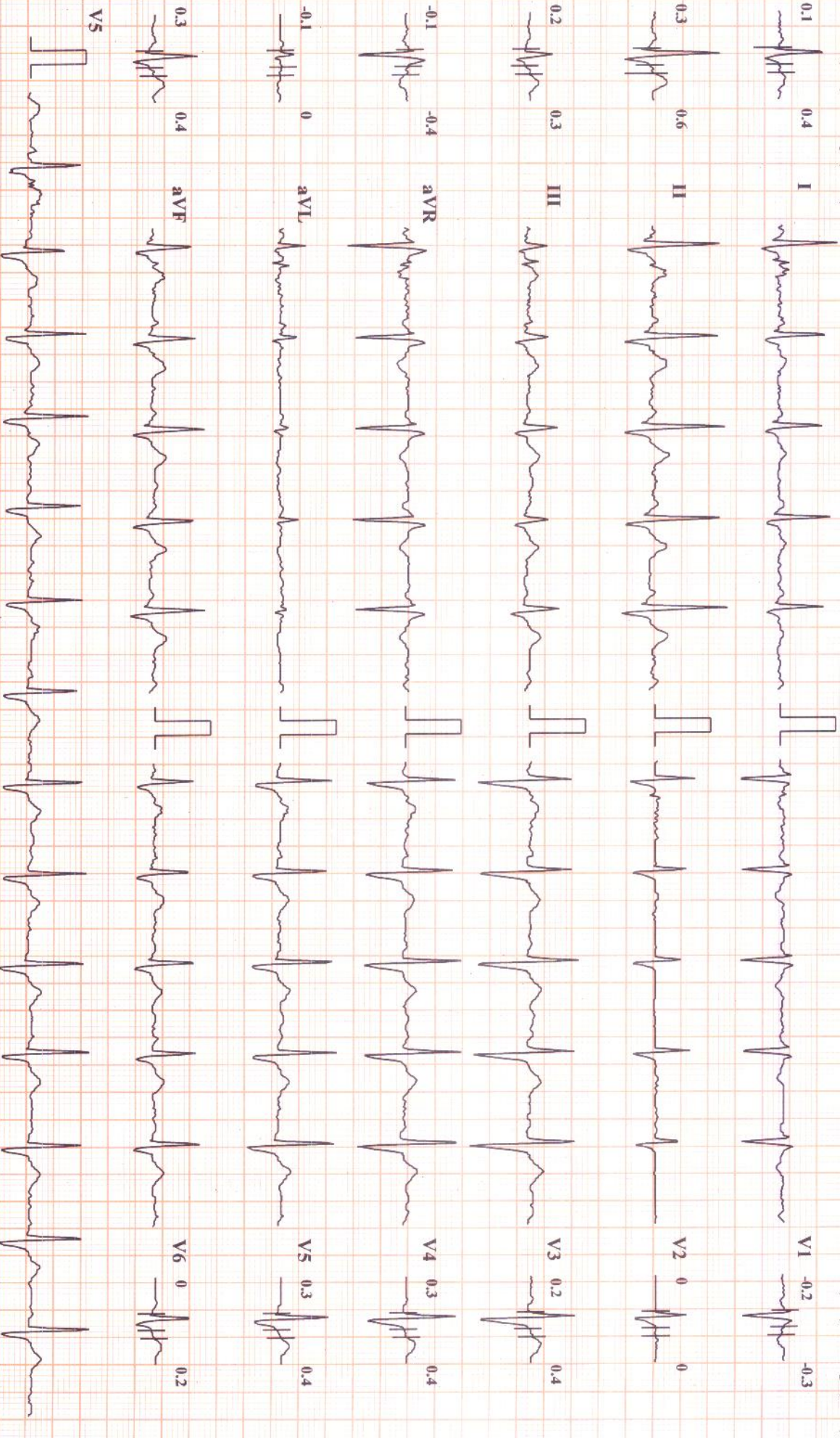


Chart Speed: 25 mm/sec

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:3.4



SUBURBAN DIAGNOSTICS KHAR-W

MR RAKESH KUMAR (35 M)

ID: 393948017

Date: 06-03-2025

Exec Time : 0:00:00

Stage Time: 00:55

HR: 90 bpm

BP: 130/90 mmHg

STLevel(mm) STSlope(mV/s)

Bruce Protocol

STLevel(mm) STSlope(mV/s)

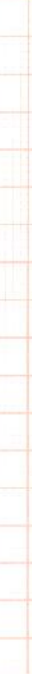
Stage: Recovery3

Speed: 0 kmph

Grade: 0%

THR: 157 bpm

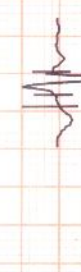
0.2 I 0.1



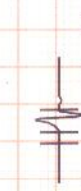
V1 -0.3 -0.1



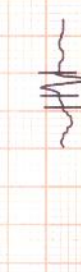
0.4 II 0.2



V2 0.1 0



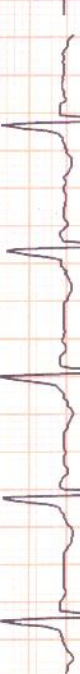
0.3 III 0.1



V3 0.2 0.1



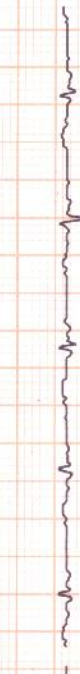
0.2 aVR -0.1



V4 0.2 0.1



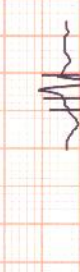
0.1 aVL 0



V5 0.2 0.1



0.3 aVF 0.1



V6 0.2 0.1



V5

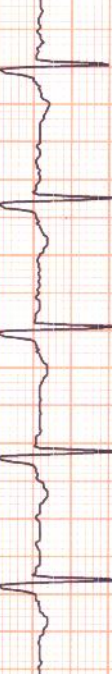


Chart Speed: 25 mm/sec

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:3.4

PHYSICAL EXAMINATION

CLIENT NAME : Mr. Rakesh Kumar	DATE : 06/03/25
CID : 393948017	AGE/GENDER : 25/M.

History and Complaints : Nil

EXAMINATION FINDINGS :

Height (cms) : 180	Weight (kg) : 96
Temp (oc) : Afebrile	Skin : (N)
Blood Pressure (mm/hg) : 120/80	Nails : (N)
Pulse : 68/i	Lymph Node : N.P.

System	
Cardiovascular :	S1S2 audible, no murmurs
Respiratory :	Lungs clear, no added sound
Genitourinary:	normal
GI System :	normal
CNS :	normal

IMPRESSION : X-ray chest - (H) hilum appears prominent suggestive of possibility of ? enlarged (H) hilar L.N. ECG - sinus Rhythm occasional monomorphic PVCs seen intraventricular conduction Delay. Eosinophils - 6.9, Platelet - 136000, ESR - 24.00

ADVICE : SGPT - 80, USG abd not done, all other attached reports are WNL.
consult F-P in view of above findings

CHIEF COMPLAINTS		
1	Hypertension	HTN - 3 yrs. on med.
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 disorder or symptoms	NO
13	Blood disease or disorder	NO
14	Cancer/Lump growth/Cyst	NO
15	Congenital disease	NO
16	Surgeries	Nil
17	Musculoskeletal System	NO

PERSONAL HISTORY		
1	Alcohol	once or twice a mths x 10y
2	Smoking	1-2 Cigt/day x 10y
3	Diet	Mixed.
4	Medication	T. Telma 40/5

R Parker
Dr. Rafat M Parker
M.B.B.S
Regn. No. 072366

Suburban Diagnostics (I) Pvt. Ltd.
61, 63, 65, 67, 69, 71, 73, 75, 77, 79, 81, 83, 85, 87, 89, 91, 93, 95, 97, 99, 101, 103, 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar West, Mumbai - 400086.
Toll: 20434800 / 20434807

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

CID : 393948017
 Name : Mr. Rakesh kumar
 Age / Sex : 35 Years/Male
 Ref. Dr : self
 Reg. Location : Khar West Main Centre
 Reg. Date : 06-Mar-2025
 Reported : 06-Mar-2025 / 15:58

X-RAY CHEST PA VIEW

Left hilum appears prominent suggestive of possibility of ?enlarged left hilar lymph node.

Rest of the visualized lung fields appears clear.

Both costo-phrenic angles are clear.

The cardiac size is within normal limits.

The domes of diaphragm are normal in position and outlines.

The visualized bony thorax appears normal.

Suggest clinicopathological correlation.

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

Vishal K. Mulch

Dr. Vishal Kumar Mulchandani
 MD DMRE
 REG No : 2006/03/1660
 Consultant Radiologist

Click here to view images <<ImageLink>>

भारत सरकार
Government of India

आधार

राकेश कुमार
Rakesh Kumar
जन्म तिथि / DOB : 18/10/1989
पुरुष / Male

Issue Date: 11/04/2013

आधार पहचान का प्रमाण है, नागरिकता का नहीं।
Aadhaar is a proof of identity, not of citizenship.

2058 5133 1294

मेरा आधार, मेरी पहचान

Rakesh

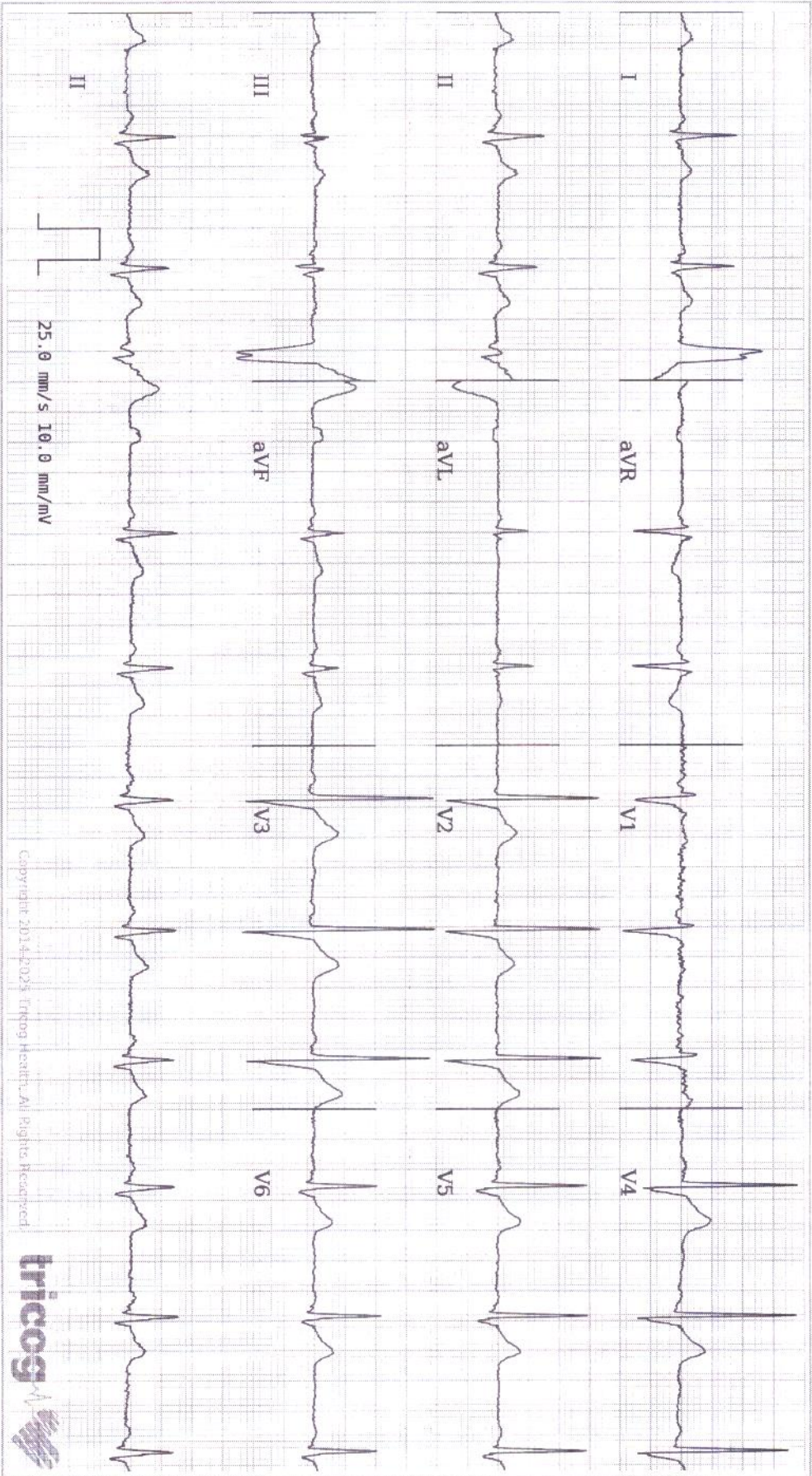
Rakesh
Dr. Rakesh M Parkar
M.B.B.S
Rega. No. 972066

Suburban Diagnostics (I) Pvt. Ltd.
13/1st, Gopal Park
57, S.V. Road, Poo/W., Ambedkar - 400 032
Tel.: 26494096 / 2648 8307

Patient Name: **RAKESH KUMAR**
Patient ID: **393948017**

SUBURBAN DIAGNOSTICS - KHAR WEST

Date and Time: **6th Mar 25 11:48 AM**



Age **35** 1 5
years months days

Gender **Male**

Heart Rate **69bpm**

Patient Vitals

BP: **120/80 mmHg**

Weight: **96 kg**

Height: **180 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **110ms**

QT: **388ms**

QTcB: **415ms**

PR: **140ms**

P-R-T: **37° 23° 45°**

REPORTED BY

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Sinus Rhythm Occasional Monomorphic PVCs seen Intraventricular Conduction Delay. 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.

