



CID : 2432015965
Name : MR.ABHISHEK JAIN
Age / Gender : 38 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 15-Nov-2024 / 08:56
Reported : 15-Nov-2024 / 16:11

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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	16.2	13.0-17.0 g/dL	Spectrophotometric
RBC	5.50	4.5-5.5 mil/cmm	Elect. Impedance
PCV	46.2	40-50 %	Measured
MCV	84	80-100 fl	Calculated
MCH	29.4	27-32 pg	Calculated
MCHC	35.0	31.5-34.5 g/dL	Calculated
RDW	13.8	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	8770	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	22.8	20-40 %	
Absolute Lymphocytes	1990.0	1000-3000 /cmm	Calculated
Monocytes	7.7	2-10 %	
Absolute Monocytes	670.0	200-1000 /cmm	Calculated
Neutrophils	61.2	40-80 %	
Absolute Neutrophils	5340.0	2000-7000 /cmm	Calculated
Eosinophils	7.8	1-6 %	
Absolute Eosinophils	680.0	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	40.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	242000	150000-400000 /cmm	Elect. Impedance
MPV	7.9	6-11 fl	Calculated
PDW	12.7	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	Eosinophilia

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
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

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

*** End Of Report ***



Bmhasakar

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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	93.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	93.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.54	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.23	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.31	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	21.4	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	33.4	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	37.8	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	94.9	40-130 U/L	Colorimetric
BLOOD UREA, Serum	17.6	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.2	6-20 mg/dl	Calculated
CREATININE, Serum	1.11	0.67-1.17 mg/dl	Enzymatic



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eGFR, Serum	87	(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	5.0	3.5-7.2 mg/dl	Enzymatic
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M.D. (PATH)
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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	4.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	93.9	mg/dl	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

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

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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	1.005	1.002-1.035	Chemical Indicator
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	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
(WBC)Pus cells / hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1	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	6-8	0-20/hpf	
Yeast	Absent	Absent	
Others	-		



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Dr.JAGESHWAR MANDAL
CHOUPAL
MBBS, DNB PATH
Pathologist



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

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

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

Specimen: EDTA Whole Blood and/or serum

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

Limitations:

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

References:

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

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

Dr.VRUSHALI SHROFF
M.D.(PATH)
Pathologist



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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	92.7	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	46.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	130.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	111.0	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	19.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.4	0-3.5 Ratio	Calculated

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M. Jain

Dr.MILLU JAIN
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	4.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.3	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.82	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 becuaese 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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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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*** End Of Report ***



M. Jain

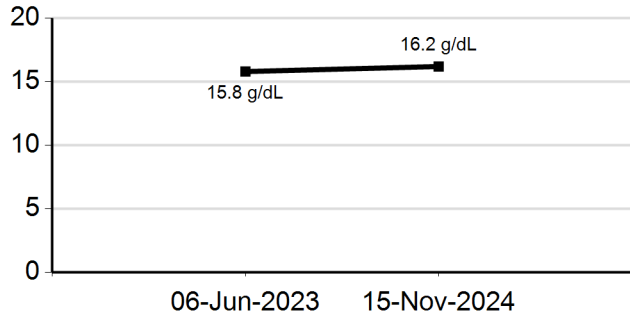
Dr.MILLU JAIN
M.D.(PATH)
Pathologist



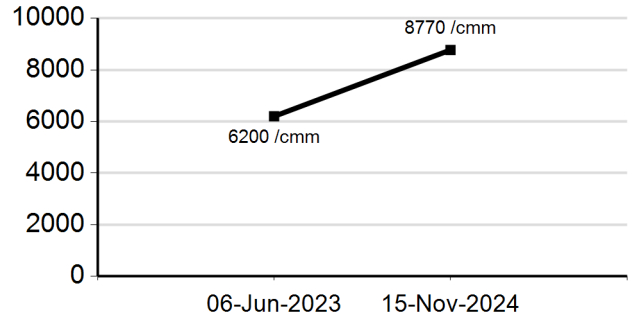
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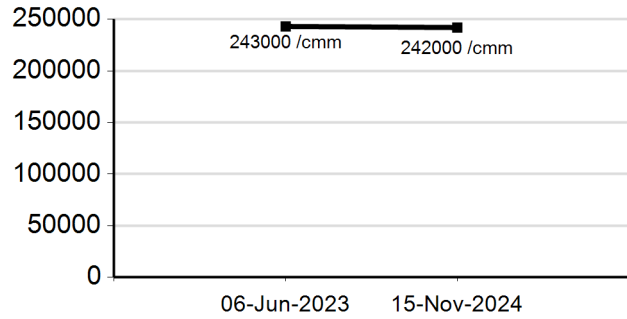
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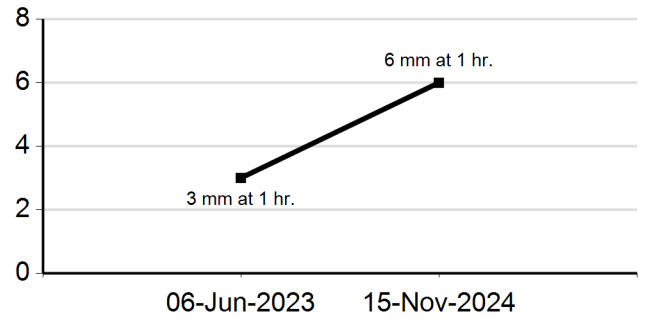
WBC Total Count



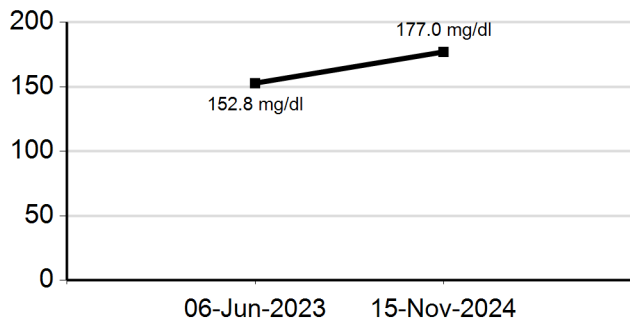
Platelet Count



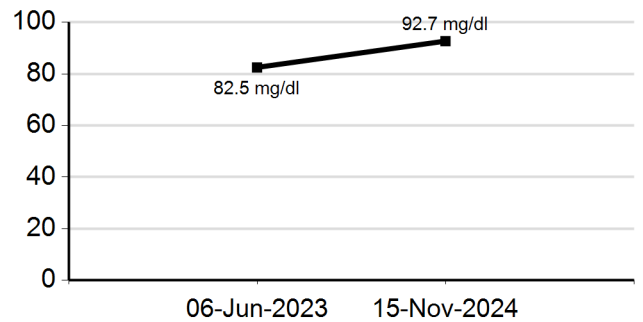
ESR



CHOLESTEROL



TRIGLYCERIDES

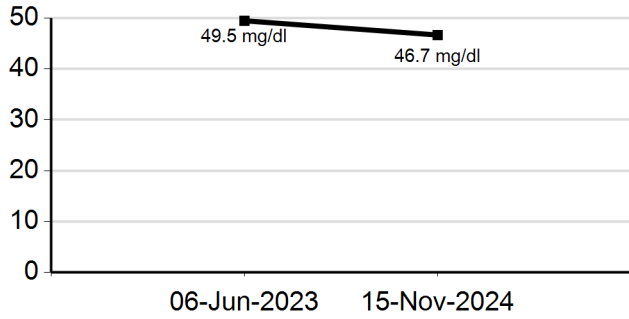




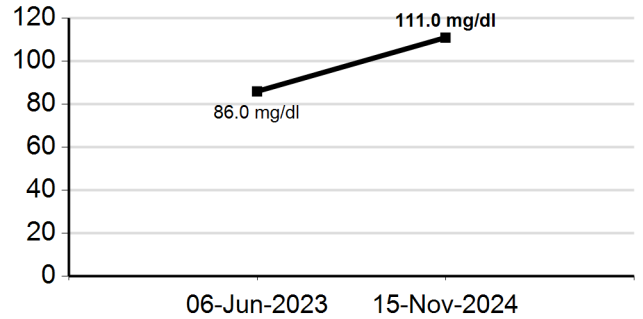
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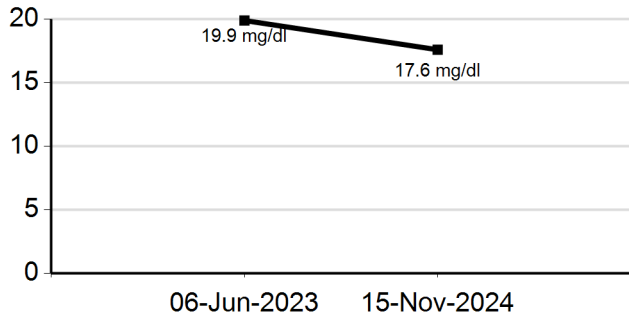
HDL CHOLESTEROL



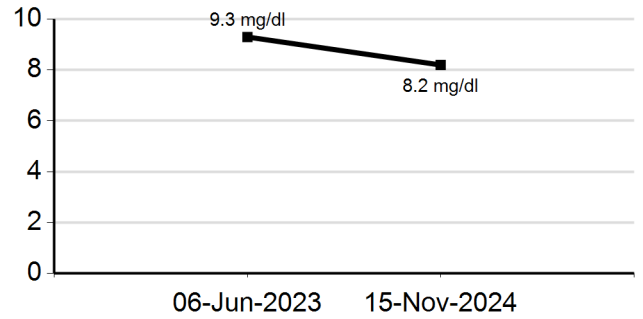
LDL CHOLESTEROL



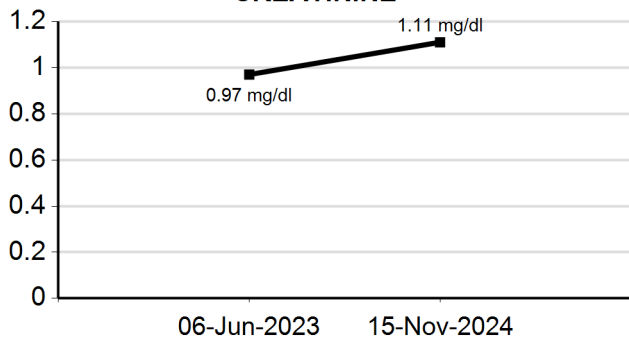
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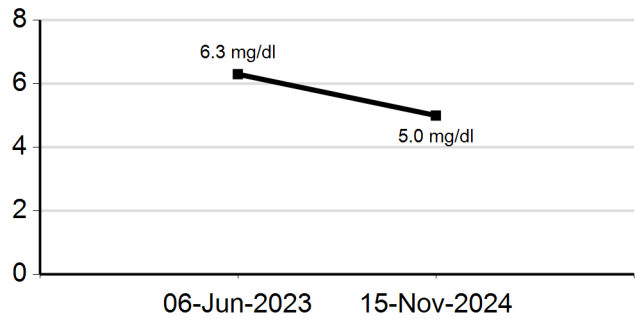
BUN



CREATININE



URIC ACID

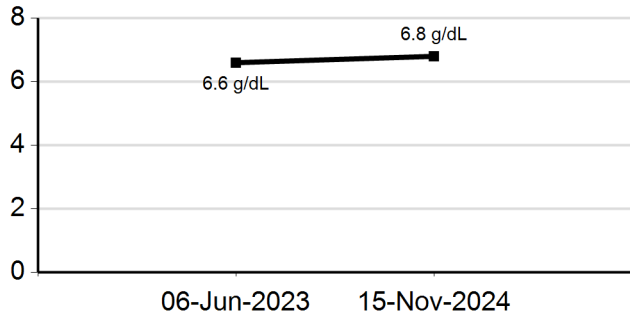




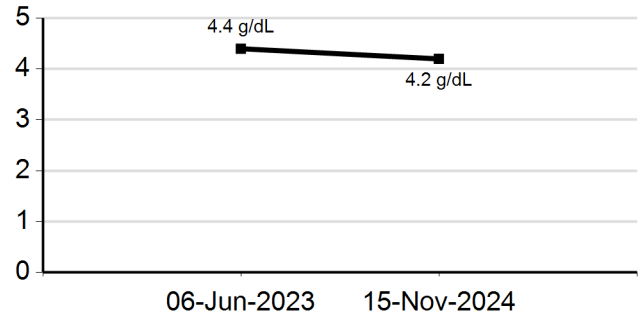
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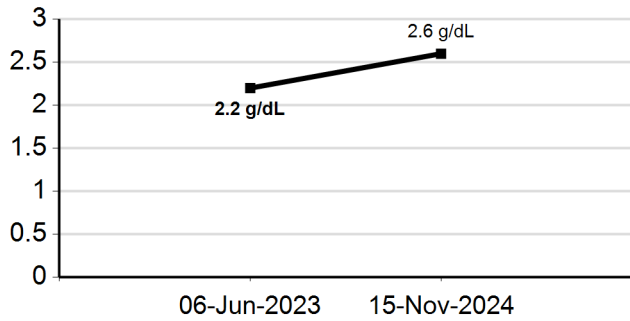
TOTAL PROTEINS



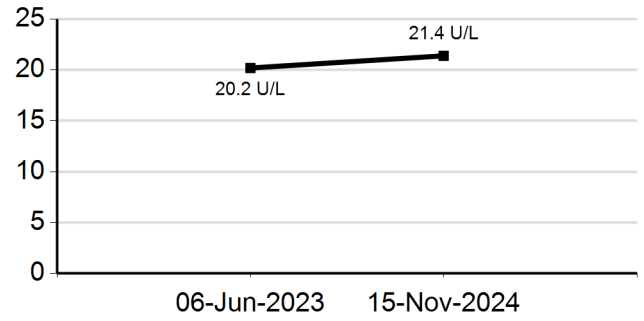
ALBUMIN



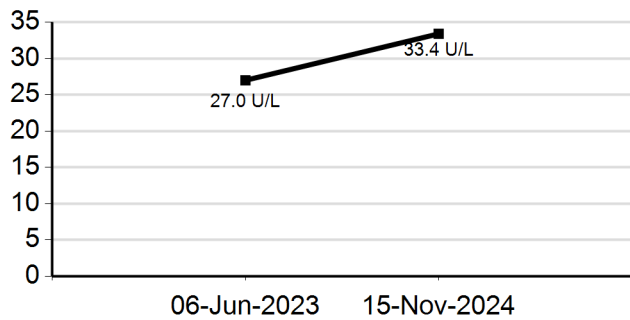
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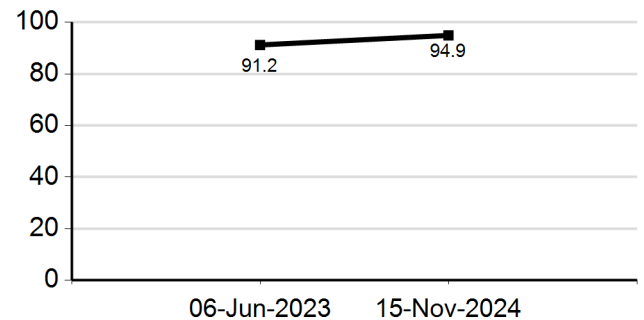
SGOT (AST)



SGPT (ALT)



ALKALINE PHOSPHATASE

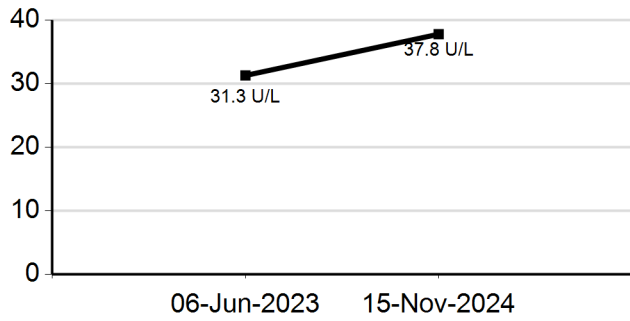




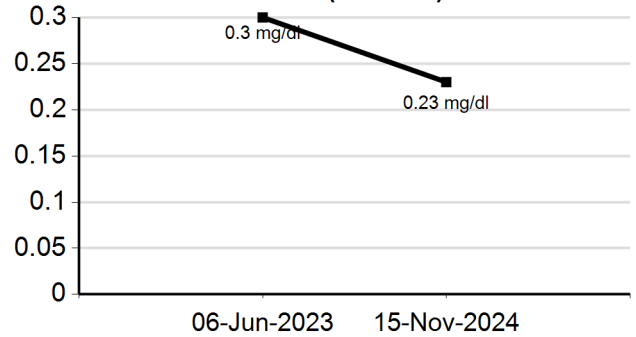
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 Consulting Dr. : -
 Reg. Location : Kandivali East (Main Centre)

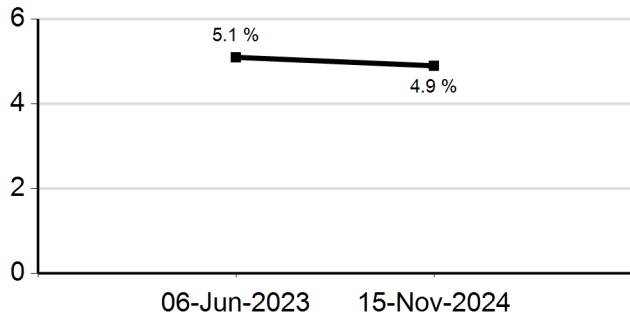
GAMMA GT



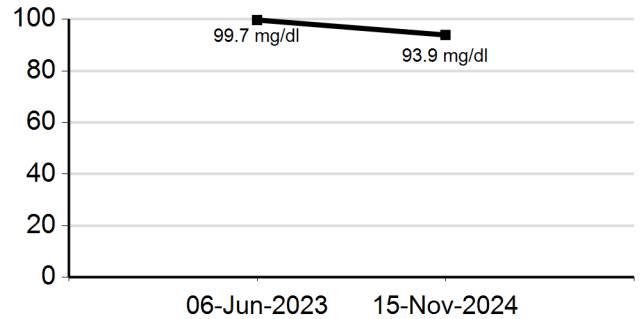
BILIRUBIN (DIRECT)



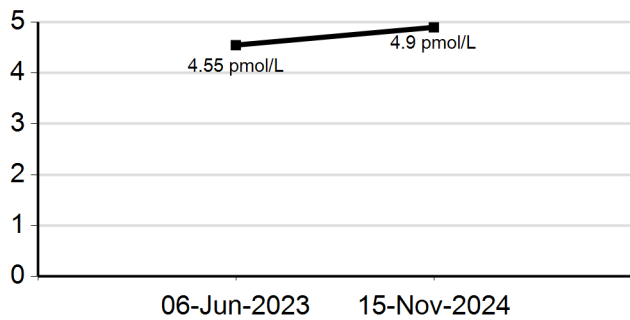
Glycosylated Hemoglobin (HbA1c)



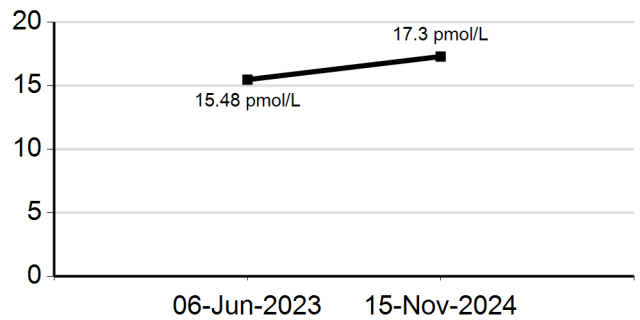
Estimated Average Glucose (eAG)



Free T3



Free T4

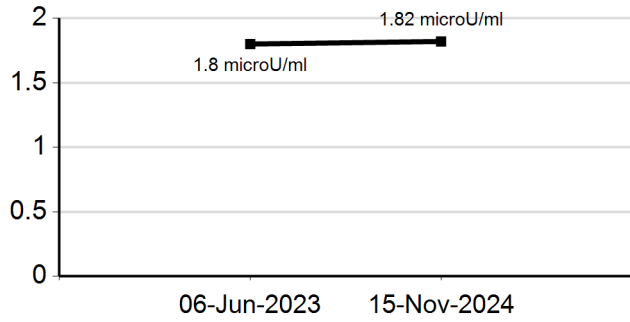




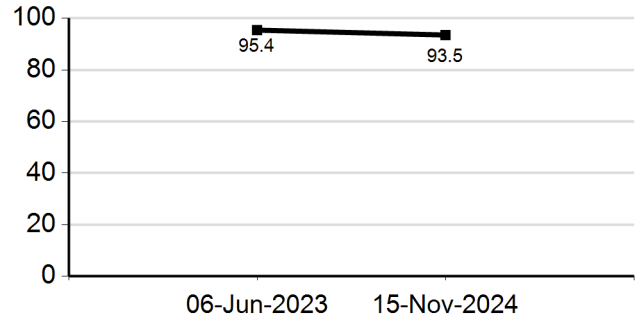
Use a QR Code Scanner Application To Scan the Code

CID : 2432015965
 Name : MR.ABHISHEK JAIN
 Age / Gender : 38 Years / Male
 Consulting Dr. : -
 Reg. Location : Kandivali East (Main Centre)

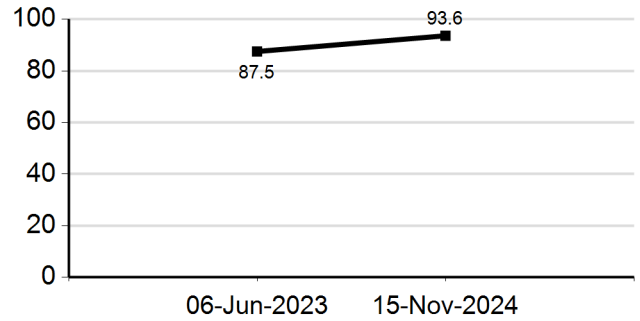
sensitiveTSH



GLUCOSE (SUGAR) FASTING



GLUCOSE (SUGAR) PP



Name : MR.ABHISHEK JAIN

Age / Gender : 38 Years/Male

Consulting Dr. :

Collected : 15-Nov-2024 / 08:50

Reg.Location : Kandivali East (Main Centre)

Reported : 16-Nov-2024 / 08:42

PHYSICAL EXAMINATION REPORT

History and Complaints:

Allergic rhinitis since 2 yrs.

EXAMINATION FINDINGS:

Height (cms): 170 cms

Weight (kg): 77 kgs

Temp (0c): Afebrile

Skin: Normal

Blood Pressure (mm/hg): 120/70

Nails: Normal

Pulse: 72/min

Lymph Node: Not palpanle

Systems

Cardiovascular: Normal

Respiratory: Normal

Genitourinary: Normal

GI System: Normal

CNS: Normal

IMPRESSION:

*T. eosinophils
+ Reactive lymphoidenid*

ADVICE:

low fatty diet

Name : MR.ABHISHEK JAIN

Age / Gender : 38 Years/Male

Consulting Dr. : Collected : 15-Nov-2024 / 08:50

Reg.Location : Kandivali East (Main Centre) Reported : 16-Nov-2024 / 08:42

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 |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

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

Dr. Jagruti Dhale
MBBS
Consultant Physician
Reg. No. 69548

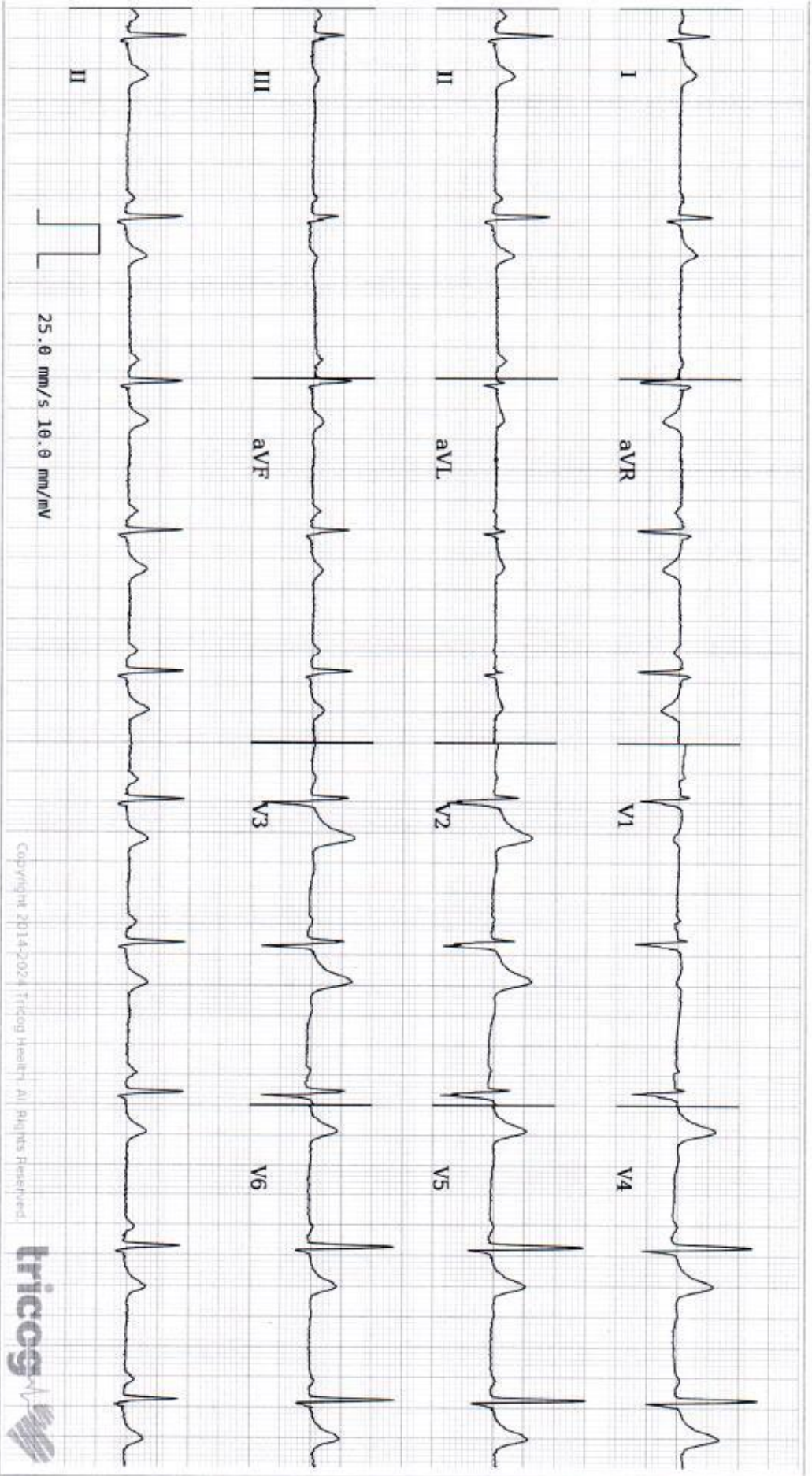
*** End Of Report ***

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Row House No. 3, Aangan,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700080

Jagruti Dhale
Dr.JAGRUTI DHALE

Patient Name: **ABHISHEK JAIN**
Patient ID: **2432015965**

Date and Time: **15th Nov 24 9:26 AM**



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Age **38** NA NA
years months days

Gender **Male**

Heart Rate **60bpm**

Patient Vitals

BP: **120/70 mmHg**

Weight: **77 kg**

Height: **170 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **84ms**

QT: **382ms**

QTcB: **382ms**

PR: **142ms**

P-R-T: **63° 61° 34°**

REPORTED BY

DR AKHIL PARULEKAR
MBBS MD MEDICINE DNB Cardiology
Cardiologist
2012082483

ECG Within Normal Limits: Sinus Arrhythmia Seen, Sinus Rhythm. 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: - 15/11/2024

CID: 2432015965

Name: - Mr. Abhishek Jain

Sex/Age: 38/m

EYE CHECK UP

Chief complaints: NO

Systemic Diseases: NO

Past history: NO

Unaided Vision:

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	-	-	-	6/6	-	-	-	6/6
Near	-	-	-	N/8	-	-	-	N/8

Colour Vision: Normal / Abnormal

Remark: Normal

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Thakur Village, Kandivalli (east),
Mumbai - 400101.
Tel : 61700080

Authenticity Check
<<QRCode>>

CID : 2432015965
Name : Mr Abhishek Jain
Age / Sex : 38 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre
Reg. Date : 15-Nov-2024
Reported : 15-Nov-2024 / 9:43

Use a QR Code Scanner
Application To Scan the Code

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (12.1cm), 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 8.9 x 3.6 cm. Left kidney measures 8.1 x 4.0 cm.

SPLEEN:

The spleen is normal in size (9.7cm) 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.

IMPRESSION:

No significant abnormality is seen.

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



DR. SUMIT M PATIL
MD Radio diagnosis
Reg no.2019/01/0135

Click here to view images <<ImageLink>>



CID : 2432015965
Name : Mr Abhishek Jain
Age / Sex : 38 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre
Reg. Date : 15-Nov-2024
Reported : 15-Nov-2024 / 14:22

Use a QR Code Scanner
Application To Scan the Code

X-RAY CHEST PA VIEW

Both lung fields are clear.
Both costo-phrenic angles are clear.
The cardiac size and shape are within normal limits.
The domes of diaphragm are normal in position and outlines.
The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

DR. SUMIT M PATIL
MD Radio diagnosis
Reg no.2019/01/0135

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024111508511550>



EMail: 348 / ABHISHEK JAIN / 38 Yrs / M / 170 Cms / 77 Kg Date: 15 - 11 - 2024 10:29:05 AM Refd By : AERFOCAMI

REPORT :

Heart Rate 95.0 bpm Systolic BP 150.0 mmHg Diastolic BP 80.0 mmHg
Exercise Time 06:27 Mins. METS 7.6
Test End Reason , Heart Rate Achieved Target Heart Rate 182.0

TEST OBJECTIVE	:	ROUTINE CHECK UP
RISK FACTOR	:	NO
ACTIVITY	:	MODERATE ACTIVE
MEDICATION	:	NO
REASON FOR TERMINATION	:	HEART RATE ACHIEVED
EXERCISE TOLERANCE	:	GOOD
EXERCISE INDUCED ARRHYTHMIAS	:	NO
HAEMODYNAMIC RESPONSE	:	NORMAL
CHRONOTROPIC RESPONSE	:	NORMAL
FINAL IMPRESSION	:	NO SIGNIFICANT ST T CHANGES NOTED NO ANGINA STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHAEMIC HEART DISEASE FOR GIVEN DURATION OF EXERCISE.

DISCLAIMER Negative test does not rule out coronary artery disease. Positive stress test is suggestive of but not confirmative of coronary artery disease. Hence clinical correlation is mandatory.

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Thakur Village, Kandivali (East),
Mumbai - 400101.
Tel : 617000860


Dr. Akhil P. Parulekar.
MBBS, MD, Medicine
Diploma in Cardiology
Reg. No. 2012082483

Doctor : DR AKHIL PARULEKAR

SUBURBAN DIAGNOSTIC KANDIVALI EAST

Email:

Report



348 (243201565) / ABHISHEK JAIN / 38 Yrs / M / 170 Cms / 77 Kg
 Date: 15 - 11 - 2024 10:29:05 AM RefId By : AERFOCAMI Examined By: DR. AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:07	0:07	00.0	00.0	01.0	078	43 %	120/70	093	00	
Standing	00:23	0:16	00.0	00.0	01.0	095	52 %	120/70	114	00	
HV	00:35	0:12	00.0	00.0	01.0	110	60 %	120/70	132	00	
ExStart	00:54	0:19	00.0	00.0	01.0	101	55 %	120/70	121	00	
BRUCE Stage 1	03:54	3:00	02.7	10.0	04.7	132	73 %	120/70	158	00	
BRUCE Stage 2	06:54	3:00	04.0	12.0	07.1	146	80 %	140/70	204	00	
PeakEx	07:21	0:27	05.5	14.0	07.6	161	88 %	150/80	241	00	
Recovery	08:21	1:00	00.0	00.0	01.1	114	63 %	150/80	171	00	
Recovery	08:30				00.0	000	0 %	---	000	00	

FINDINGS :

Exercise Time : 06:27
Initial HR (ExStrt) : 101 bpm 55% of Target 182
Initial BP (ExStrt) : 120/70 (mm/Hg)
Max WorkLoad Attained : 7.6 Fair response to induced stress
Duke Treadmill Score : 07.0
Test End Reasons : Heart Rate Achieved

Max HR Attained 161 bpm 88% of Target 182
Max BP Attained 150/80 (mm/Hg)

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 Room: House No. 3, Aamgarh,
 Thakur Village, Kandivali (East),
 Mumbai - 400101.
 Tel : 617000980

Dr. Akhil P. Parulekar,
 MBBS, MD, Medicine
 DNB Cardiology
 Reg. No. 2012082483

Doctor : DR AKHIL PARULEKAR

SUBURBAN DIAGNOSTIC KANDIVALI EAST

SUPINE (00:07)



348 (243201566) / ABHISHEK JAIN / 38 Yrs / M / 170 Cms / 77 Kg / HR : 78

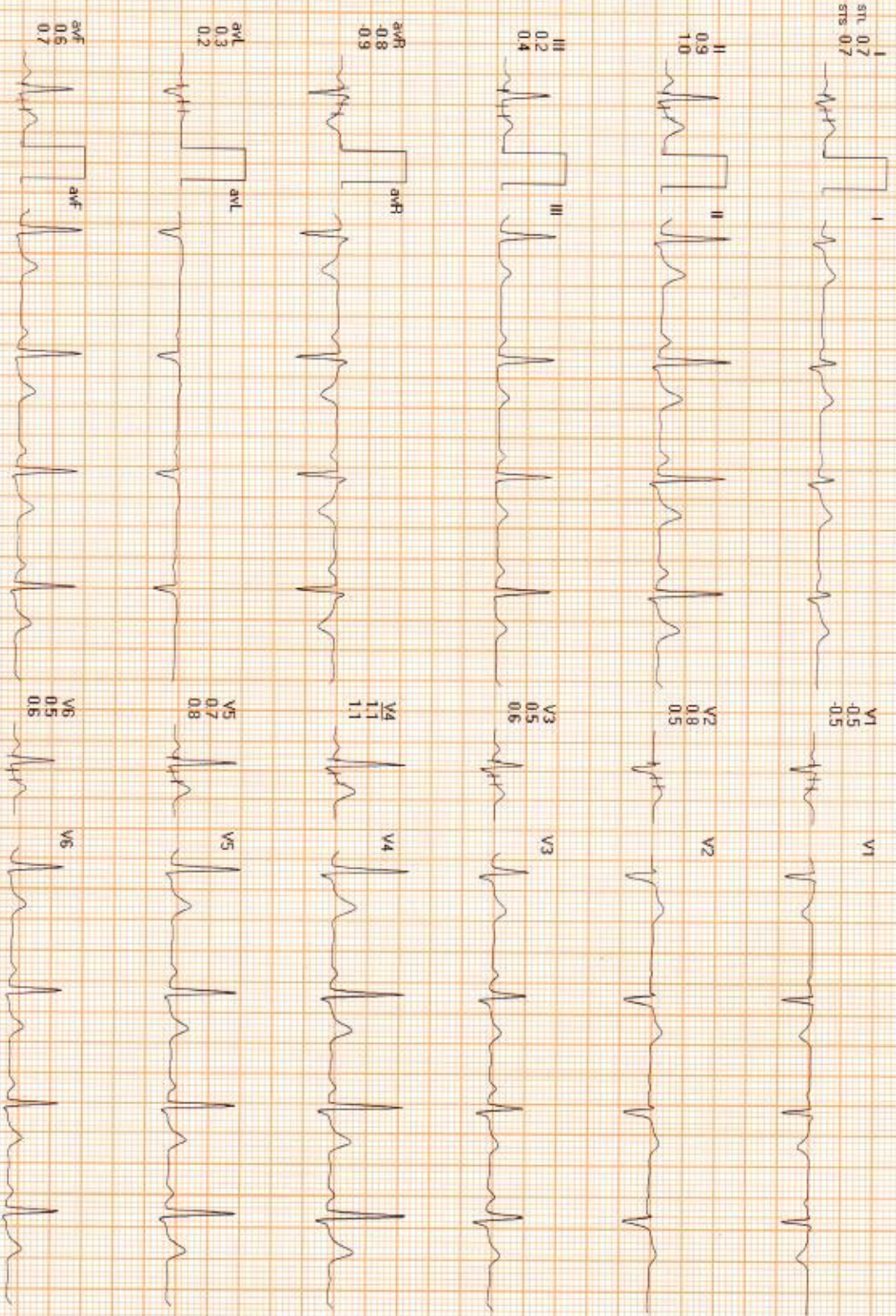
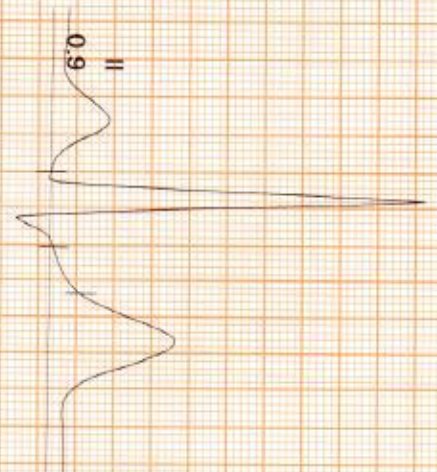
Date: 15 - 11 - 2024 10:29:05 AM

METS: 1.0/78 bpm 43% of THR BP: 120/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

4X

80 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS: I II III aVR aVL aVF V1 V2 V3 V4 V5 V6

SUBURBAN DIAGNOSTIC KANDIVALI EAST

STANDING (00:16)

348 (243201566) / ABHISHEK JAIN / 38 Yrs / M / 170 Cms / 77 Kg / HR : 95

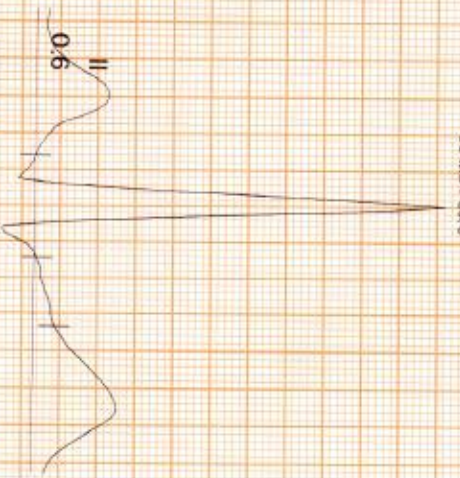


Date 15 - 11 - 2024 10:29:05 AM METS: 1.0/95 bpm 52% of THR BP: 120/70 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

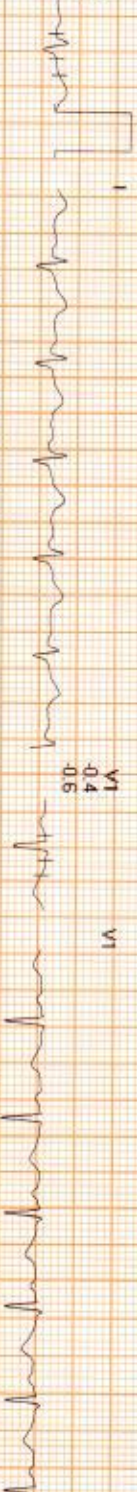
EXTime: 00:00:0.0 Kmpt: 0.0%

4X 80 ms Ppr1 J

25 mm/Sec. 1.0 Cm/mV



STL 0.5
STB 0.5



V1 -0.4
V1 -0.6

V1

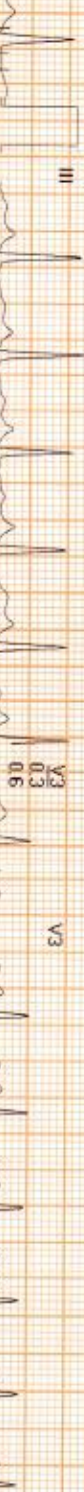
II 0.6
II 0.6



V2 0.9
V2 0.5

V2

III -0.1
III -0.2



V3 0.3
V3 0.6

V3

aVR -0.7
aVR -0.5



V4 0.4
V4 0.6

V4

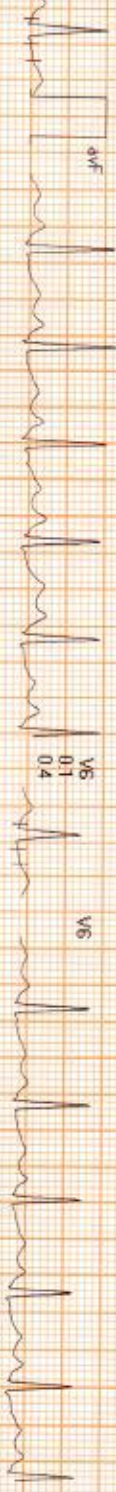
aVL 0.4
aVL 0.1



V5 0.3
V5 0.6

V5

aVF 0.3
aVF 0.4



V6 0.1
V6 0.4

V6



REMARKS:

SUBURBAN DIAGNOSTIC KANDIVALI EAST

348 (243201565) / ABHISHEK JAIN / 38 Yrs / M / 170 Cms / 77 Kg / HR : 110

Date: 15-11-2024 10:29:05 AM

METS: 10/ 110 bpm 60% of THR

BP: 120/70 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

4X

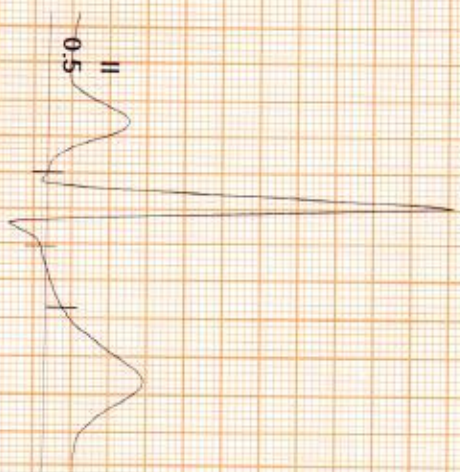
80 ms Part I

HV (00:12)



EXTime: 00:00 0.0 KmPh. 0.0%

25 mm/Sec 1.0 Cm/mV



STL 0.5
STS 0.5

II
0.5
0.8

III
0.1
0.3

aVR
0.5
0.7

aVL
0.2
0.1

aVF
0.3
0.5

V1
-0.4
0.5

V2
0.5
0.4

V3
0.1
0.1

V4
0.4
0.5

V5
0.3
0.4

V6
0.3
0.4



REMARKS

I III aVL aVF V1 V2 V3 V4 V5 V6

SUBURBAN DIAGNOSTIC KANDIVALI EAST

EXStt



348 (243201565) / ABHISHEK JAIN / 38 Yrs / M / 170 Cms / 77 Kg / HR : 101

Date: 15-11-2024 10:29:05 AM

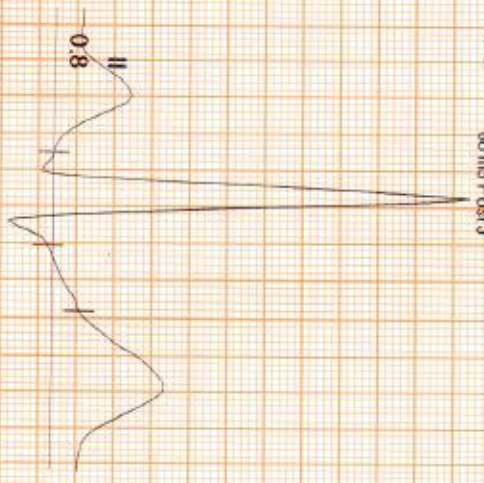
METS: 1.0/101 bpm 55% of THR BP: 120/70 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 0.0 Km/h 0.0%

4X

80 mS Post J

25 mm/Sec 1.0 Cm/mV



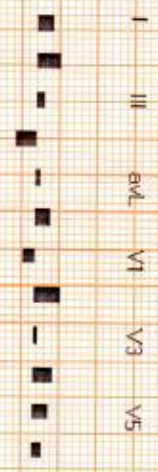
STL 0.5
STB 0.6

I 0.8
II 0.8
III 1.1

V1 -0.4
V2 -0.6

III 0.3
aVL 0.2
aVR -0.7
aVF 0.8

V3 0.1
V4 0.2
V5 0.5
V6 0.3



aVR -0.7
aVL 0.2
aVF 0.8

V1 -0.4
V2 -0.6
V3 0.1
V4 0.2
V5 0.5
V6 0.3

REMARKS:

SUBURBAN DIAGNOSTIC KANDIVALI EAST

BRUCE : Stage 1 (03:00)



348 (243201565) / ABHISHEK JAIN / 38 Yrs / M / 170 Cms / 77 Kg / HR : 132

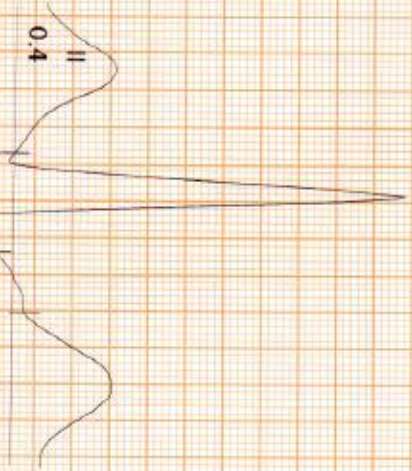
Date 15 - 11 - 2024 10:29:05 AM

METS: 4.7 / 132 bpm 73% of THR BP: 120/70 mmHg Raw ECG/BLC On/ Notch On/HF 0.05 Hz/LF 35 Hz

EXTime: 03:00 2.7 Km/h, 10.0%

4X 50 ms Post J

25 mm/Sec 1.0 Cm/mV



II 0.4
III 0.4
aVR 0.3

I 0.4
aVL 0.2
aVF 0.3

II 0.4
III 0.1
aVR 0.3

V1 0.3
V2 0.3
V3 0.6

V4 0.2
V5 0.0
V6 0.7

aVR -0.4
aVL 0.2
aVF 0.3

V1 0.3
V2 0.3
V3 0.6

V4 0.2
V5 0.0
V6 0.7

aVR -0.4
aVL 0.2
aVF 0.3

V1 0.3
V2 0.3
V3 0.6

REMARKS: I II III aVR aVL V1 V2 V3 V4 V5 V6

SUBURBAN DIAGNOSTIC KANDIVALI EAST

BRUCE : Stage 2 (03:00)

348 (243201565) / ABHISHEK JAIN / 38 Yrs / M / 170 Cms / 77 Kg / HR : 146



Date: 15 - 11 - 2024 10:29:05 AM

METS: 7.1 / 146 bpm 80% of THR BP: 150/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HEALF 35 Hz

EXTime: 06:00 4.0 Kmpl, 12.0%

AX 60 ms Post J

25 mm/Sec 1.0 Cm/mV

ST: -0.3
STs: 0.8

V1
0.6
0.8



II
2.4
1.3



III
-2.1
0.6



aVR
1.3
-1.1



aVL
0.9
0.1



aVF
-2.2
0.9



REMARKS:

SUBURBAN DIAGNOSTIC KANDIVALI EAST

PeaKex



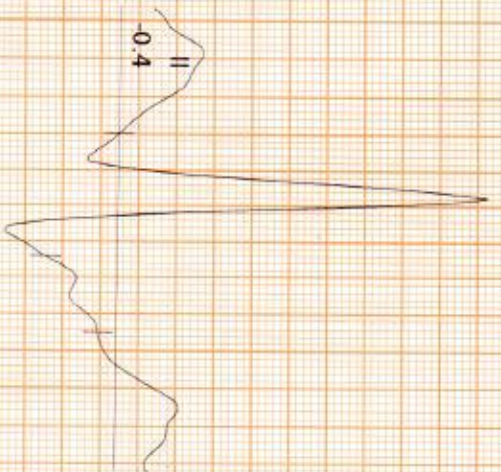
348 (243201565) / ABHISHEK JAIN / 38 Yrs / M / 170 Cms / 77 Kg / HR : 161

Date: 15 - 11 - 2024 10:29:05 AM METS: 7.6 / 161 bpm 88% of THR BP: 150/80 mmHg Row ECG/BLC Orv/Notch Orv/HF 0.05 Hz/LF 35 Hz

EXTime: 06:27 5.5 Km/pt. 140%

4X 60 ms Post J

25 mm/Sec 1.0 Cm/mV



ST: 0.0
S1: 0.8



V1 -0.1
-0.9

V1



II -0.4
-2.1

V2 0.4
0.7

V2



III -0.5
-1.3

V3 -1.0
0.7

V3



aVR 0.2
-1.5

V4 -1.3
1.3

V4



aVL 0.3
-0.2

V5 -1.3
0.9

V5



aVF -0.4
-1.7

V6 -0.7
0.9

V6



II aVR aVF V2 V4 V6

REMARKS:

SUBURBAN DIAGNOSTIC KANDIVALI EAST

Recovery : (01:00)



348 (243201565) / ABHISHEK JAIN / 38 Yrs / M / 170 Cms / 77 Kg / HR : 114

Date: 15-11-2024 10:29:05 AM

METS: 1.1/114 bpm 63% of THR

BP: 150/80 mmHg

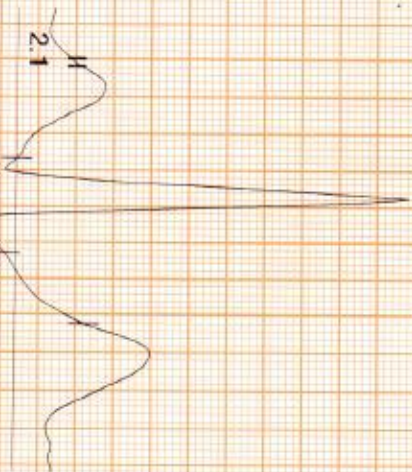
Raw ECG/BLC Orig/Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 06:27 0.0 Kmph, 0.0%

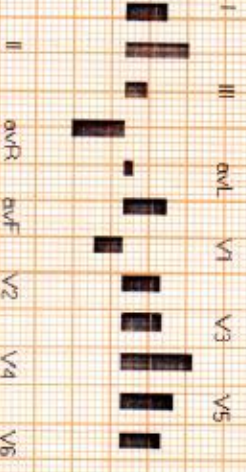
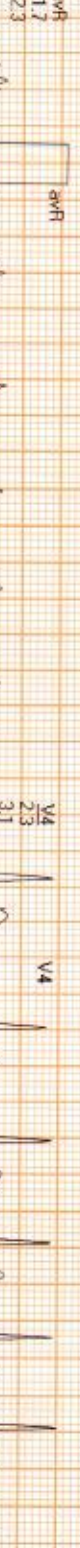
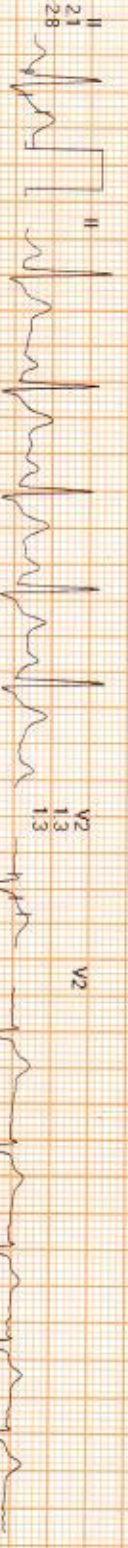
4X

80 mS Post J

25 mm/Sec. 1.0 Cm/mV



STL 1.4
STB 1.7



REMARKS:

SUBURBAN DIAGNOSTIC KANDIVALI EAST

Recovery : (01:09)

348 (243201565) / ABHISHEK JAIN / 38 Yrs / M / 170 Cms / 77 Kg / HR 113



Date: 15 - 11 - 2024 10:29:05 AM

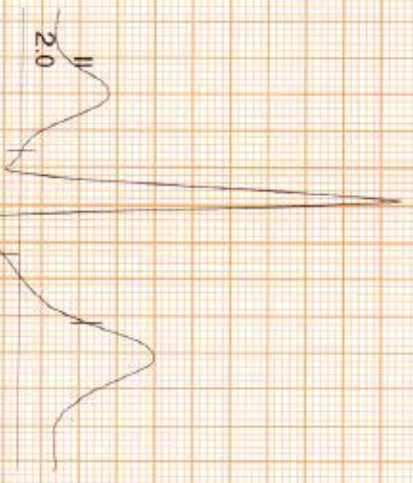
METS 1.0/113 bpm 62% of THR

BP 150/80 mmHg

Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

25 mm/Sec 1.0 Cm/mV



STL 1.4
STB 1.7



STL 2.0
STB 2.9



STL 0.7
STB 1.2



STL 1.7
STB 2.3



STL 0.3
STB 0.2



STL 1.3
STB 2.1



STL -0.9
STB -1.4



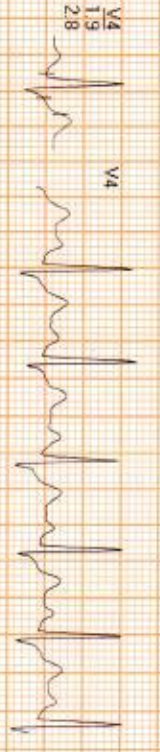
STL 1.2
STB 1.2



STL 1.0
STB 1.8



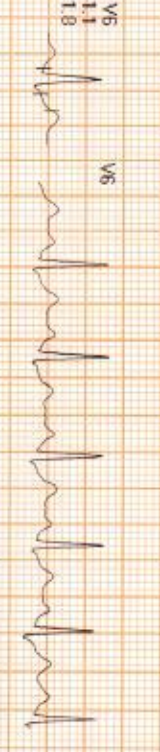
STL 1.9
STB 2.8



STL 1.5
STB 2.3



STL 1.1
STB 1.8



REMARKS:

