



Name : Mr. PANDEY SACHINKUMAR KANHAIYALAL
Lab No. : 393972845
Ref By : SELF
Collected : 8/3/2025 9:19:00AM
A/c Status : P
Collected at : WALKIN - BHAYANDER EAST (MAIN CENTRE)
1st Floor, Kshitij, Above Raymond Showroom,
Mira-Bhayandar Road, Bhayandar East, Thane,
Maharashtra - 401107
Age : 37 Years
Gender : Male
Reported : 9/3/2025 8:02:58AM
Report Status : Final
Processed at : SDRL, VIDYAVIHAR
Corporate ID : 247976

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.

Refernces:

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

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Dr Priyanka Sunil Pagare
MD Pathology
Sr. Pathologist

Dr Vrushali Shroff
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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	16.0	13.0 - 17.0 g/dL	Spectrophotometric
RBC	5.2	4.5 - 5.5 mil/cmm	Elect. Impedance
PCV	47.1	40.0 - 50.0 %	Calculated
MCV	91.0	81.0 - 101.0 fL	Measured
MCH	30.9	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	6960	4000 - 10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	29.2	20.0 - 40.0 %	
Absolute Lymphocytes	2032.3	1000.0 - 3000.0 /cmm	Calculated
Monocytes	12.9	2.0 - 10.0 %	
Absolute Monocytes	897.8	200.0 - 1000.0 /cmm	Calculated
Neutrophils	53.7	40.0 - 80.0 %	
Absolute Neutrophils	3737.5	2000.0 - 7000.0 /cmm	Calculated
Eosinophils	3.5	1.0 - 6.0 %	
Absolute Eosinophils	243.6	20.0 - 500.0 /cmm	Calculated
Basophils	0.7	0.1 - 2.0 %	
Absolute Basophils	48.7	20.0 - 100.0 /cmm	Calculated





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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>PLATELET PARAMETERS</u>			
Platelet Count	324000	150000 - 410000 /cmm	Elect. Impedance
MPV	9.0	6.0 - 11.0 fL	Measured
PDW	16.0	11.0 - 18.0 %	Calculated
<u>RBC MORPHOLOGY</u>			
Others	Normocytic Normochromic		

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	6.00	2.00 - 15.00 mm/hr	Sedimentation

Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

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





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<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	90.21	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase

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

GLUCOSE (SUGAR) PP, Fluoride Plasma PP	87.98	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
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Note : ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition

CREATININE, Serum	0.80	0.67 - 1.17 mg/dL	Enzymatic
eGFR, Serum	116.89	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45-59 Moderate to severe decrease:30-44 Severe decrease: 15-29 Kidney failure:<15	Calculated

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





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<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.86	0.10 - 1.20 mg/dL	Colorimetric
BILIRUBIN (DIRECT), Serum	0.20	0.00 - 0.30 mg/dL	Diazo
BILIRUBIN (INDIRECT), Serum	0.66	0.10 - 1.00 mg/dL	Calculated
TOTAL PROTEINS, Serum	7.63	6.40 - 8.30 g/dL	Biuret
Albumin Serum	4.62	3.50 - 5.20 g/dL	BCG
GLOBULIN Serum	3.01	2.30 - 3.50 g/dL	Calculated
A/G RATIO Serum	1.53	1.00 - 2.00	Calculated
SGOT (AST), Serum	32.80	5.00 - 40.00 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	32.30	5.00 - 45.00 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	12.90	3.00 - 60.00 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	64.40	40.00 - 130.00 U/L	Colorimetric
BLOOD UREA, Serum	27.00	12.80 - 42.80 mg/dL	Urease GLDH
BUN, Serum	12.61	6.00 - 20.00 mg/dL	Calculated
URIC ACID, Serum	5.35	3.50 - 7.20 mg/dL	Enzymatic





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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	5.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB	114.0	mg/dL	Calculated

Intended use:

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

Clinical Significance:

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

Test Interpretation:

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

Factors affecting HbA1c results:

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

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

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

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





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Aerfocami Healthcare Below 40 Male/Female
FUS and KETONES

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





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

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





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LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
CHOLESTEROL, Serum	189	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	80	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	35	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	154	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL Serum	138	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	16	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4	0-3.5 Ratio	Calculated

Reference:

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





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THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
Free T3, Serum	5.66	3.50 - 6.50 pmol/L	ECLIA
Free T4 Serum	17.10	11.50 - 22.70 pmol/L	ECLIA
sensitiveTSH Serum	1.44	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





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THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
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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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)	6.00	-	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	Absent	Absent	-
Undigested Particles	Absent	-	-
Concentration Method (for ova)	No ova detected	Absent	-
Reducing Substances	-	Absent	Benedicts





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URINE EXAMINATION REPORT

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<u>PHYSICAL EXAMINATION</u>			
Color	Pale Yellow	Pale Yellow	-
Transparency	CLEAR	Clear	-
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.011	1.002-1.035	Chemical Indicator
Reaction (pH)	6.5	5-8	Chemical Indicator
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	
Ketones	Absent	Absent	
Blood	Absent	Absent	
Bilirubin	Absent	Absent	
Urobilinogen	Normal	Normal	
Nitrite	Negative	Negative	
<u>MICROSCOPIC EXAMINATION</u>			
(WBC)Pus cells / hpf	0.4	0-5/hpf	
Red Blood Cells / hpf	0.2	0-2/hpf	
Epithelial Cells / hpf	0.2	0-5/hpf	
Hyaline Casts	0.00	Absent	
Pathological cast	0.1	Absent	
Calcium oxalate monohydrate crystals	0.00	Absent	
Calcium oxalate dihydrate crystals	0.00	Absent	
Bacteria / hpf	18.40	0-20/hpf	
Yeast	0.00	Absent	

Dr. Jageshwar Mandal Choupal
DNB Pathology
Consultant Pathologist

Dr. Nehal Dubey
MD Pathology
Chief of Lab





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-----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 - BHAYANDER EAST

Patient Name: PANDEY SACHINKUMAR
KANHAIYALAL
Patient ID: 393972845

Date and Time: 8th Mar 25 10:58 AM

Age **37** NA **26**
years months days

Gender **Male**

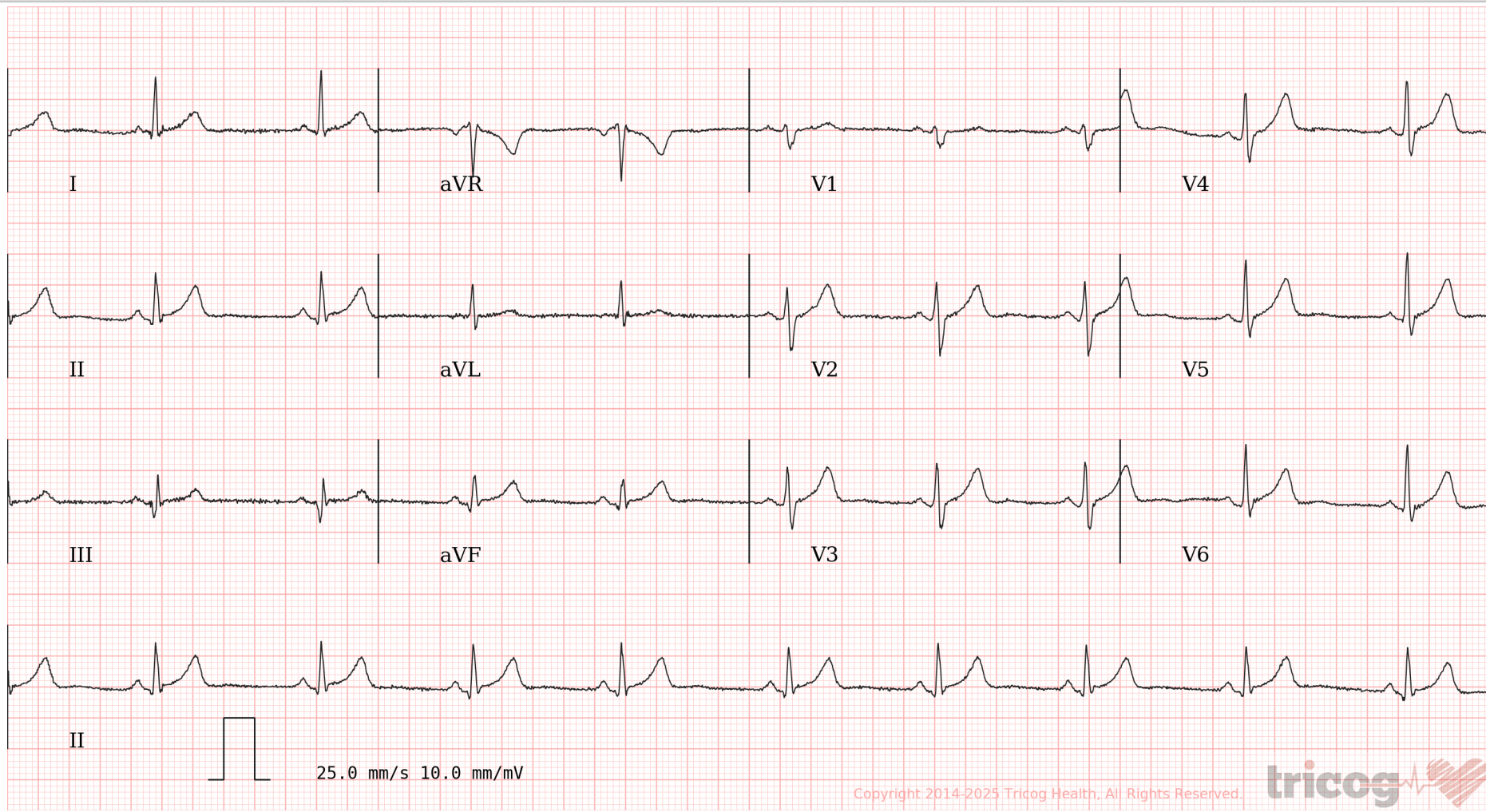
Heart Rate **59bpm**

Patient Vitals

BP: 120/80 mmHg
Weight: 81 kg
Height: 168 cm
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 88ms
QT: 390ms
QTcB: 386ms
PR: 130ms
P-R-T: 65° 28° 43°



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ECG Within Normal Limits: Sinus Bradycardia, Normal axis. No significant ST-T changes. Please correlate clinically.

REPORTED BY

Dr. Smita Valani
MBBS, D. Cardiology
2011/03/0587

Date:- 8/3/25
 Name:- Sachin Kumar Pandey
 CID:
 Sex / Age: B 7/M

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

} NO

RE LE
 6/6 6/6
 N/A N/A

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

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SUBURBAN DIAGNOSTICS - BHAYANDER EAST

Patient Name: PANDEY SACHINKUMAR
 KANHAIYALAL
 Patient ID: 393972845

Date and Time: 8th Mar 25 10:58 AM



Age 37 NA 26
 years months days

Gender Male

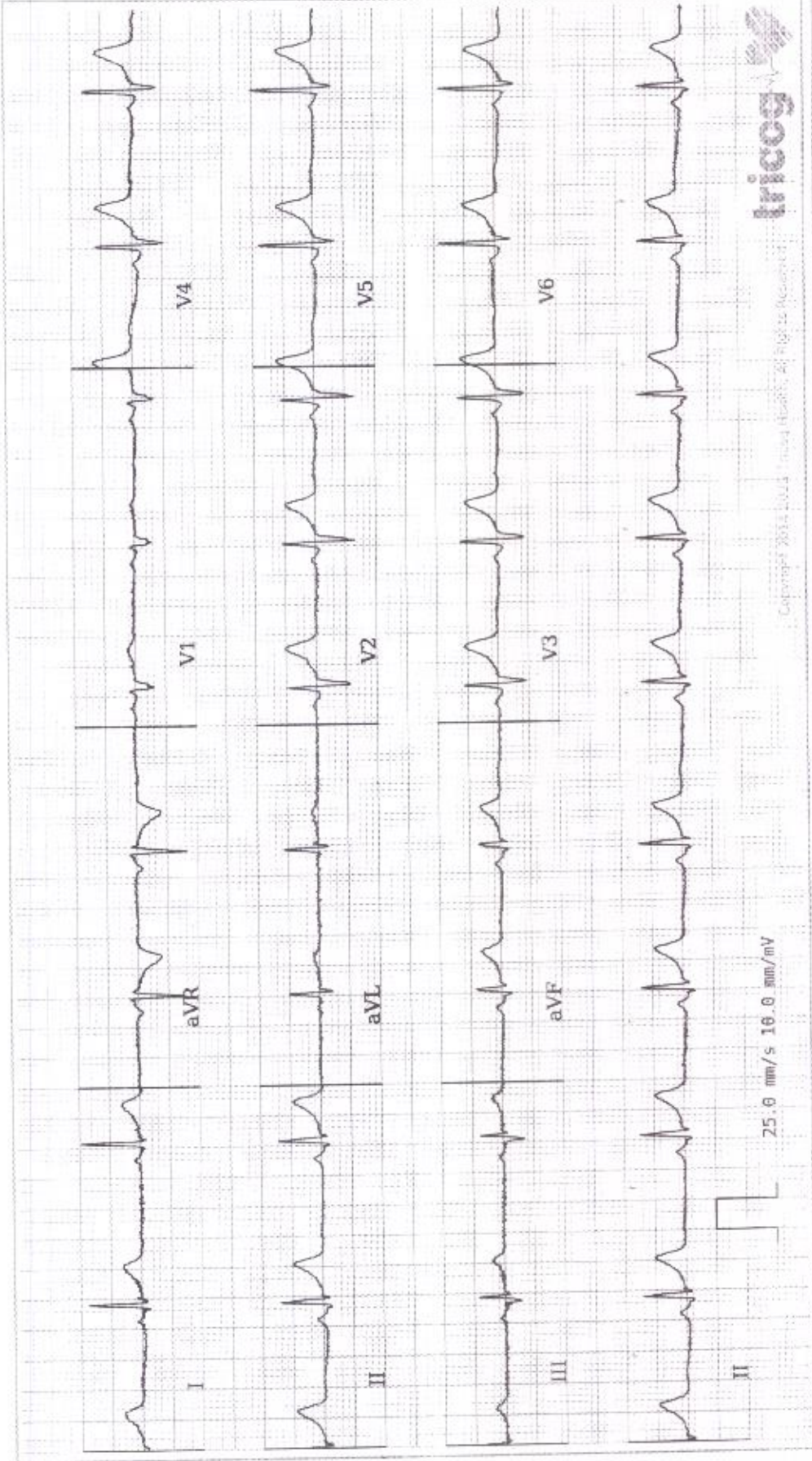
Heart Rate 59bpm

Patient Vitals

BP: 120/80 mmHg
 Weight: 81 kg
 Height: 168 cm
 Pulse: NA
 Spo2: NA
 Resp: NA
 Others:

Measurements

QRSD: 88ms
 QT: 390ms
 QTcB: 386ms
 PR: 130ms
 P-R-T: 65° 28° 43°



REPORTED BY

[Signature]

Dr. Sonita Valani
 MBBS, D. Cardiology
 20110030587

ECG Within Normal Limits: Sinus Bradycardia, Normal axis. No significant ST-T changes. 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 : 393972845
Name : Mr. PANDEY SACHINKUMAR
KANHAIYALAL
Age / Sex : 37 Years/Male
Ref. Dr : self
Reg. Date : 08-Mar-2025
Reg. Location : Bhayander East Main Centre
Reported : 08-Mar-2025 / 11:09

X-RAY CHEST PA VIEW

Both of the lung fields are normal.

The cardiothoracic ratio is maintained and the cardiac outline is normal.

The domes of the diaphragm and hila are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

IMPRESSION:

- **No obvious active parenchymal lesion made out.**

Kindly correlate clinically.

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



DR. MUSHTAQ A. CHOUDHARY
M.B.B.S., D.M.R.E.
Consult Radiologist & Sonologist
MMC - 2005/01/0427

Click here to view images <<ImageLink>>

CID : 393972845
Name : Mr. PANDEY SACHINKUMAR
KANHAIYALAL
Age / Sex : 37 Years/Male
Ref. Dr : self
Reg. Date : 08-Mar-2025
Reg. Location : Bhayander East Main Centre
Reported : 08-Mar-2025 / 10:36

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, normal in shape and shows smooth margins. **It shows raised parenchymal echotexture.** No obvious cystic or solid lesion made out in the parenchyma. The intra hepatic biliary and portal radicals appear normal. The main portal vein appears normal.

GALL BLADDER:

The gall bladder is folded and physiologically distended. Neck region is not well visualised. Gall bladder wall appears normal. No evidence of calculus, mass lesion or sludge seen in the visualised lumen.

COMMON BILE DUCT:

The visualized common bile duct is normal in caliber. Terminal common bile duct is obscured due to bowel gas artefacts.

PANCREAS:

The pancreas appears normal. No evidence of solid or cystic mass lesion made out.

KIDNEYS:

Right kidney measures 9.4 x 5.0 cm. Left kidney measures 10.3 x 4.8 cm. Both the kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. No evidence of any calculus, hydronephrosis or mass lesion seen on both sides.

SPLEEN:

The spleen is normal in size and echotexture. No evidence of focal lesion is noted.

URINARY BLADDER:

The urinary bladder is well distended and reveals no intraluminal abnormality. **Bladder wall appears normal.** No obvious calculus or mass lesion made out in the lumen.

PROSTATE:

The prostate is normal in size . It shows normal parenchymal echotexture. No obvious calcification or mass lesion made out.

There is no evidence of any lymphadenopathy or ascites.

Click here to view images <<ImageLink>>

CID : 393972845
Name : Mr. PANDEY SACHINKUMAR
KANHAIYALAL
Age / Sex : 37 Years/Male
Ref. Dr : self
Reg. Location : Bhayander East Main Centre
Reg. Date : 08-Mar-2025
Reported : 08-Mar-2025 / 10:36

IMPRESSION:

- Grade I fatty infiltration of liver.
- No other significant abnormality made out.

Kindly correlate clinically.

Investigations have their limitation. Solitary pathological/Radiological & other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms & other related tests. Please interpret accordingly.

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



DR. MUSHTAQ A. CHOUDHARY
M.B.B.S., D.M.R.E.
Consult Radiologist & Sonologist
MMC - 2005/01/0427

Click here to view images <<ImageLink>>

Mr SACHINKUMAR PANDEY
Age 37 / male
08/03/2025

PHYSICAL EXAMINATION

History and Complaints:

No Complaints

EXAMINATION FINDINGS:

Height (cms):	168	Weight	81
Temp (0c):	Afebrile	Skin	----NAD
Blood Pressure	120/80(mm/hg):	Nails	----NAD
Pulse:	72/min	Lymph Node	-Not Palpable

Systems

Cardiovascular:	S1S2(N) No Murmurs
Respiratory:	AEBE Clear
Genitourinary:	Normal
GI System:	Normal
CNS:	Normal

IMPRESSION: CBC, Biochemistry, TMT all WNL
USG w/o G.I Fatty Liver

ADVICE: Expert consultation S.O.S.

Mr SACHINKUMAR PANDEY
Age 37 / male
08/03/2025

PHYSICAL EXAMINATION

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	Vegetarian
4)	Medication	No

DR. ANITA CHOUDHARY

CONSULTANT PHYSICIAN
Reg. No. 2017/12/5553

Anita

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Phone : 022 - 61700000

भारत सरकार
GOVERNMENT OF INDIA

सचिनकुमार कार्हेयाल पण्डेय
Sachinkumar Karheyal Pancey


जननी / Year of Birth - 1988
लिंग / Male



6306 3482 5621

आधार — सामान्य माणसाचा अधिकार

For Suburban diagnostic
Medical Health checkup


08/03/2025

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Phone - 022 - 61700000

SUBURBUN DIAGNOSTIC

BHAYANDER Email:

Report



223 (393972845) / SACHINKUMAR PANDEY / 37 Yrs / M / 168 Cms / 81 Kg
 Date: 08 / 03 / 2025 01:01:36 PM Refd By : -- Examined By: DR. SMITA VALANI

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:22	0:22	00.0	00.0	01.0	080	44 %	130/80	104	00	
Standing	00:28	0:06	00.0	00.0	01.0	080	44 %	130/80	104	00	
HV	00:38	0:10	00.0	00.0	01.0	082	45 %	130/80	106	00	
ExStart	02:26	1:48	00.0	00.0	01.0	078	43 %	130/80	101	00	
BRUCE Stage 1	05:26	3:00	01.7	10.0	04.7	121	66 %	140/80	169	00	
BRUCE Stage 2	08:26	3:00	02.5	12.0	07.1	133	73 %	150/80	199	00	
BRUCE Stage 3	11:26	3:00	03.4	14.0	10.2	151	83 %	160/80	241	00	
PeakEx	11:42	0:16	04.2	16.0	10.5	155	85 %	160/80	248	00	
Recovery	12:42	1:00	00.0	00.0	04.3	118	64 %	170/80	200	00	
Recovery	13:42	2:00	00.0	00.0	01.0	103	56 %	150/80	154	00	
Recovery	14:42	3:00	00.0	00.0	01.0	095	52 %	150/80	142	00	
Recovery	15:41	4:00	00.0	00.0	01.0	105	57 %	130/80	136	00	

FINDINGS :

Exercise Time : 09:16
 Initial HR (ExStrt) : 78 bpm 43% of Target 183
 Initial BP (ExStrt) : 130/80 (mm/Hg)
 Max WorkLoad Attained : 10.5 Good response to induced stress
 Max ST Dep Lead & Avg ST Value : V1 & -1.6 mm in Recovery
 Duke Treadmill Score : 00.0
 Test End Reasons :

Max HR Attained 155 bpm 85% of Target 183
 Max BP Attained 170/80 (mm/Hg)

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 Mira Road (East) Dist. Thane - 401 105,
 Phone : 022 - 6170000

DR. SMITA VALANI
MBBS, D. CARDIOLOGY
 2011/03/05

Smita Valani
 Doctor : DR SMITA VALANI



BHAYANDER, Email: 223 / SACHINKUMAR PANDEY / 37 Yrs / M / 168 Cms / 81 Kg Date: 08 / 03 / 2025 01:01:36 PM Refd By : --

(ADX_GEM217220330)(R)Allergens

REPORT :

REASON FOR TERMINATION : TARGET HR ACHIEVED
 EXERCISE TOLERANCE : GOOD EFFORT TOLERANCE
 EXERCISE INDUCED ARRHYTHMIAS : NO ANGINA AND ANGINA EQUIVALENT
 NO SIGNIFICANT ST-T CHANGES DURING EXERCISE AND RECOVERY
 HAEMODYNAMIC RESPONSE : GOOD INOTROPIC RESPONSE
 CHRONOTROPIC RESPONSE : GOOD CHRONOTROPIC RESPONSE
 FINAL IMPRESSION : NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA AT THIS WORKLOAD.

SUBURBUN DIAGNOSTICS (I) PVT. LTD.

Suburban Diagnostic Pvt. Ltd.
 Kshiti Building, 1st Floor, 2nd Cross,
 Near Thakre Hospital, Mira Road,
 Mira Road (East), Dist. Thane - 401 105
 Phone : 022 - 61760000

DR. SMITA VALANI
MBBS, D. CARDIOLOGY
2011/03/05E

Salam
 Doctor : DR SMITA VALANI

SUBURBUN DIAGNOSTIC

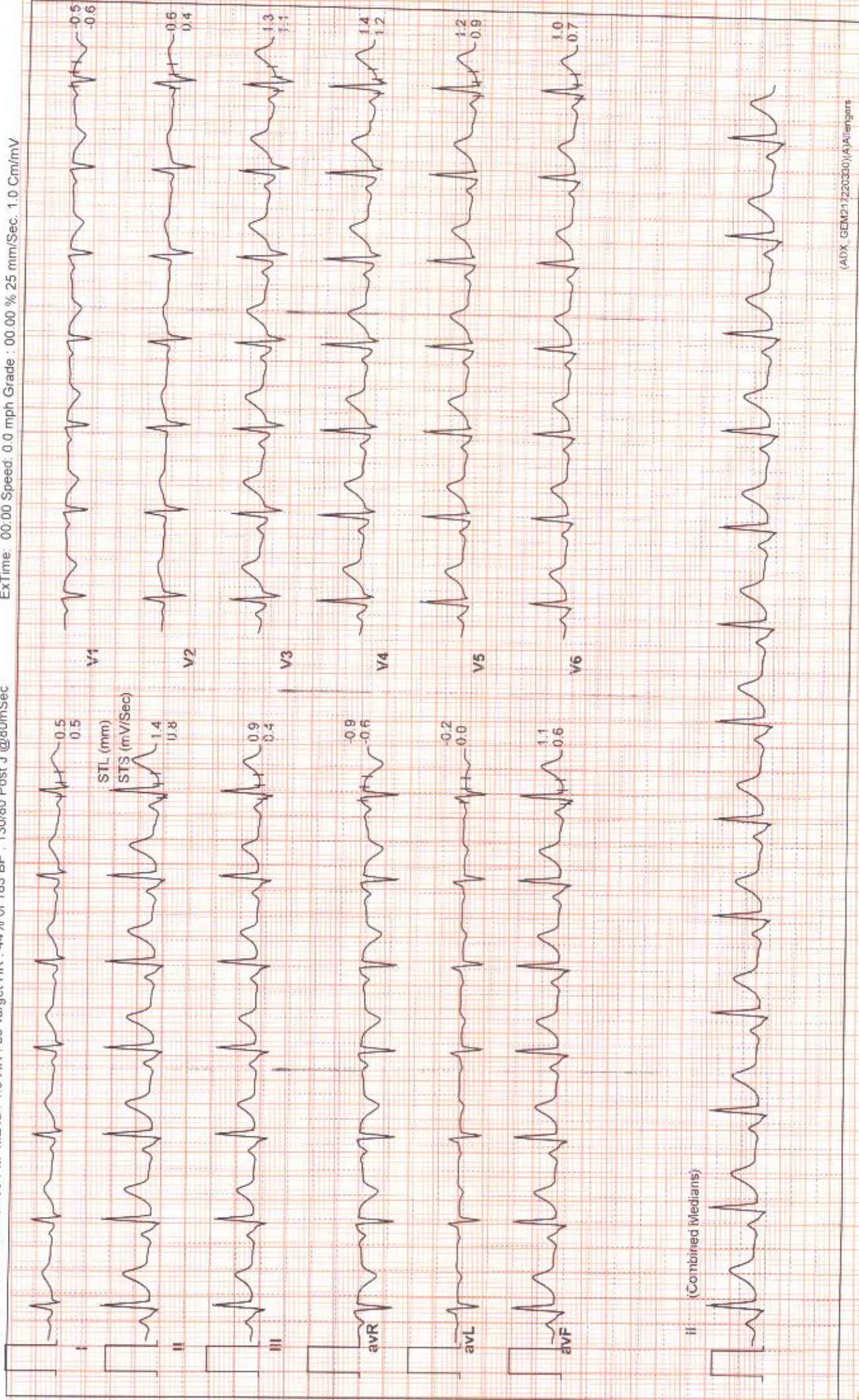
BHAYANDER
223 / SACHINKUMAR PANDEY / 37 Yrs / Male / 168 Cm / 81 Kg

6X2 Combine Medians + 1 Rhythm SUPINE (00:01)



Date: 08 / 03 / 2025 01:01:36 PM METs : 1.0 HR : 80 Target HR : 44% of 183 BP : 130/80 Post J @80mSec

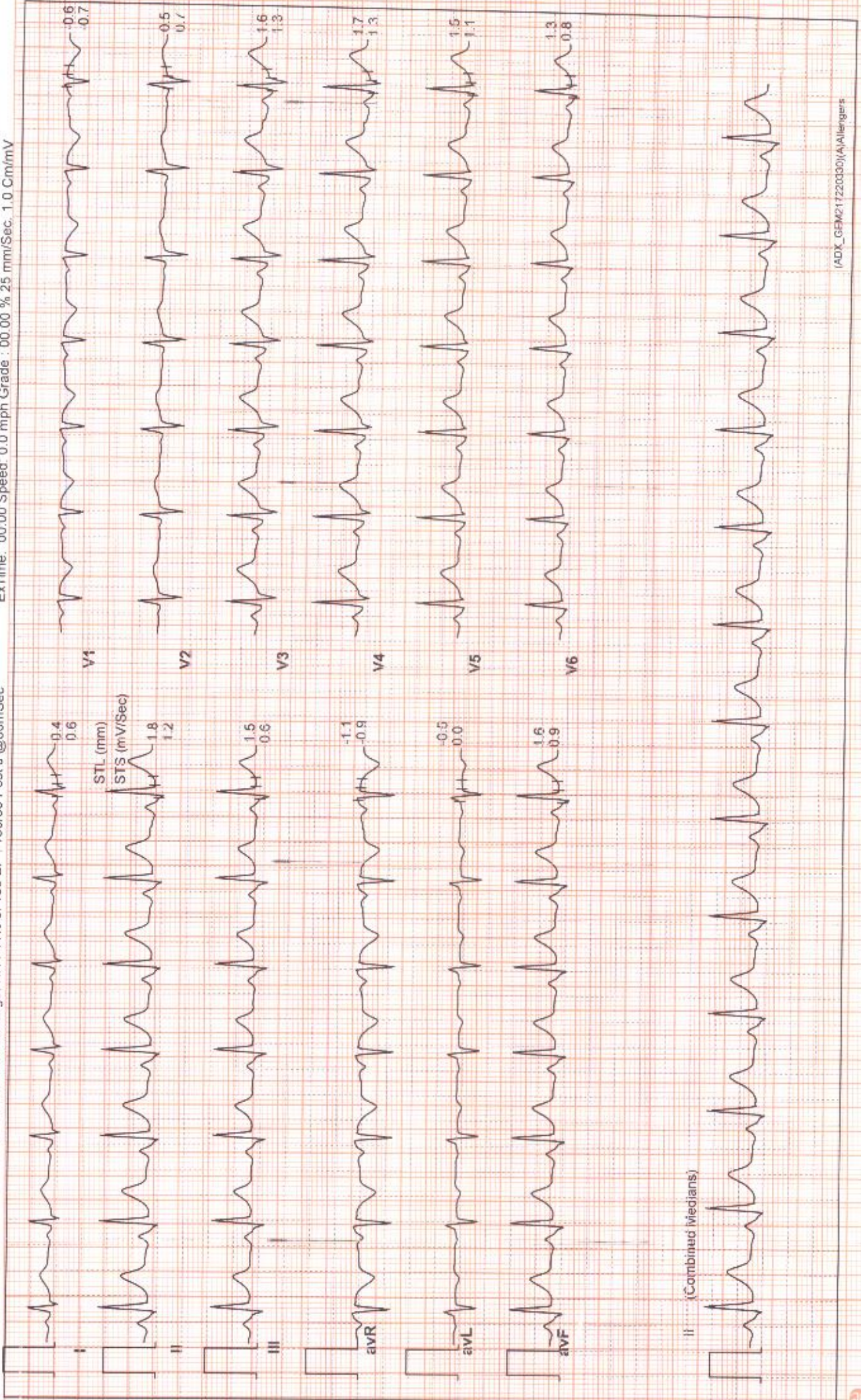
ExTime: 00:00 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec. 1.0 Cm/mv





Date: 08 / 03 / 2025 01:01:36 PM METs : 1.0 HR : 80 Target HR : 44% of 183 BP : 130/80 Post J @80mSec

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)



SUBURBUN DIAGNOSTIC

BHAYANDER

223 / SACHINKUMAR PANDEY / 37 Yrs / Male / 168 Cm / 81 Kg

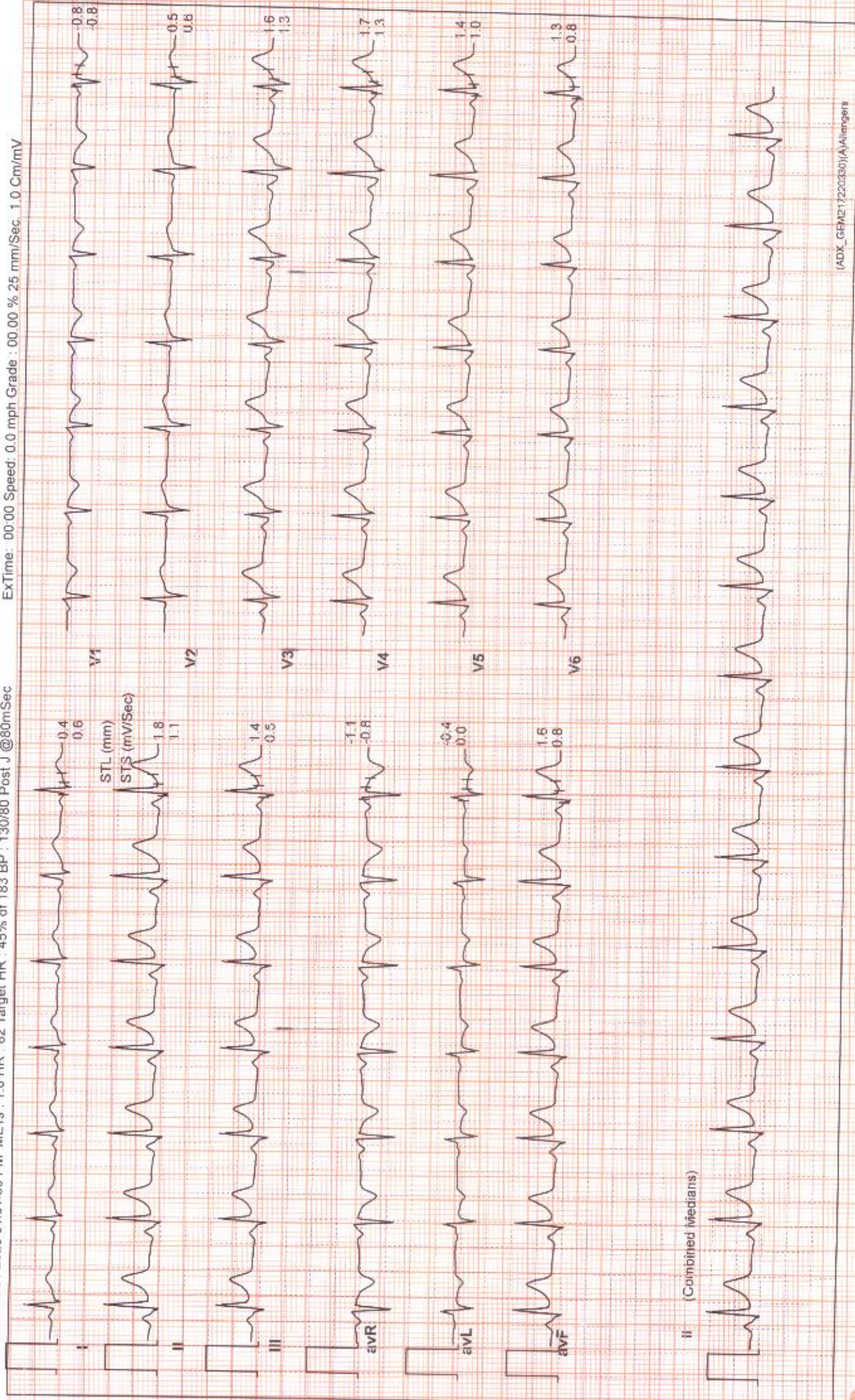
6X2 Combine Medians + 1 Rhythm

HV (00:00)



Date: 08 / 03 / 2025 01:01:36 PM METs : 1.0 HR : 82 Target HR : 45% of 183 BP : 130/80 Post J @80mSec

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



ii (Combined medians)



SUBURBUN DIAGNOSTIC

BHAYANDER
223 / SACHINKUMAR PANDEY / 37 Yrs / Male / 168 Cm / 81 Kg

6X2 Combine Medians + 1 Rhythm BRUCE : Stage 1 (03:00)



Date: 08 / 03 / 2025 01:01:36 PM METs : 4.7 HR : 121 Target HR : 66% of 183 BP : 140/80 Post J @80mSec

ExTime: 03:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec. 1.0 Cm/mV



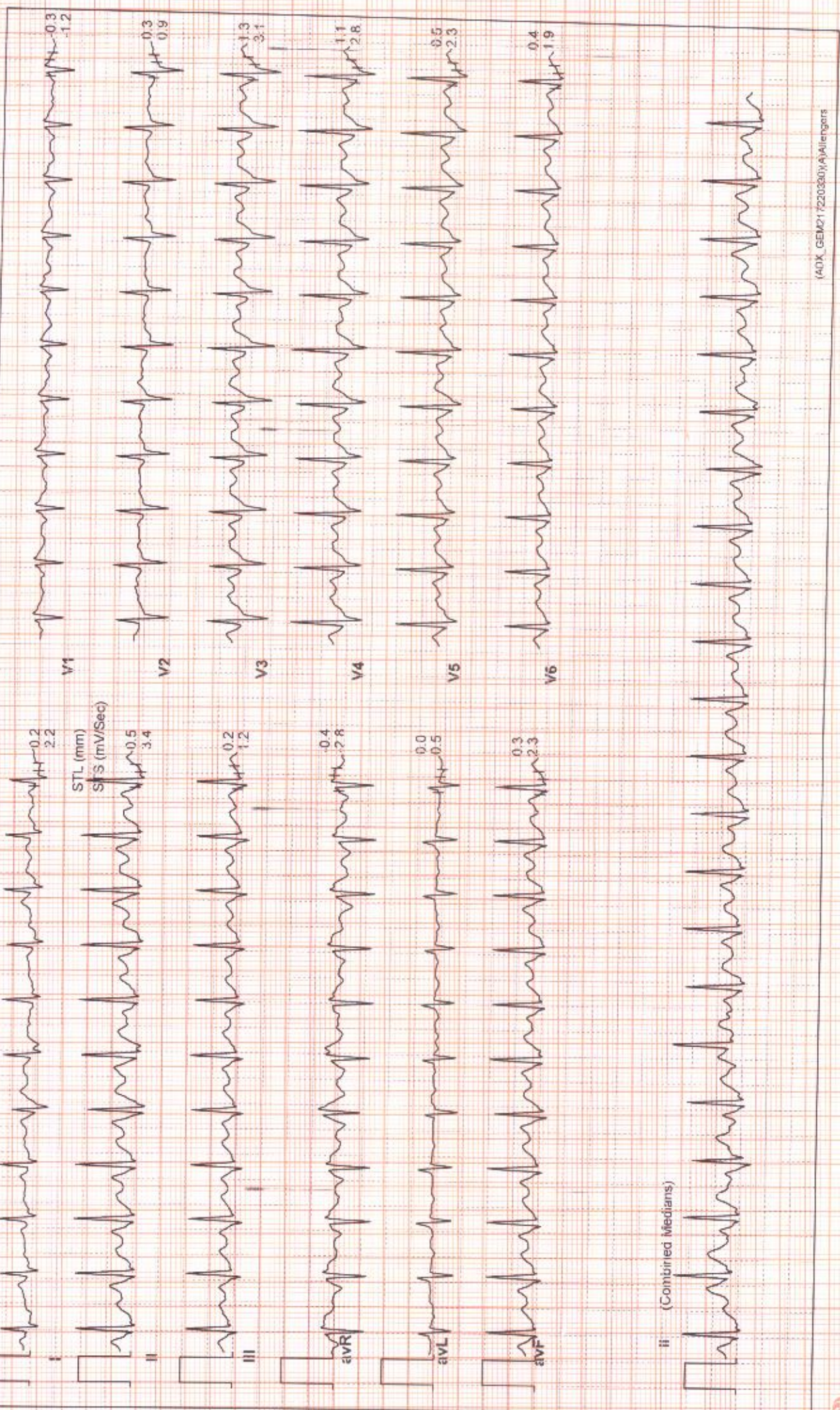
SUBURBUN DIAGNOSTIC

BHAYANDER
22S / SACHINKUMAR PANDEY / 37 Yrs / Male / 168 Cm / 81 Kg

6X2 Combine Medians + 1 Rhythm BRUCE : Stage 2 (03:00)



Date: 08 / 03 / 2025 01:01:36 PM METs : 7.1 HR : 133 Target HR : 73% of 183 BP : 150/80 Post J @60mSec
ExTime: 06:00 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV



ii (Combined Medians)



SUBURBUN DIAGNOSTIC

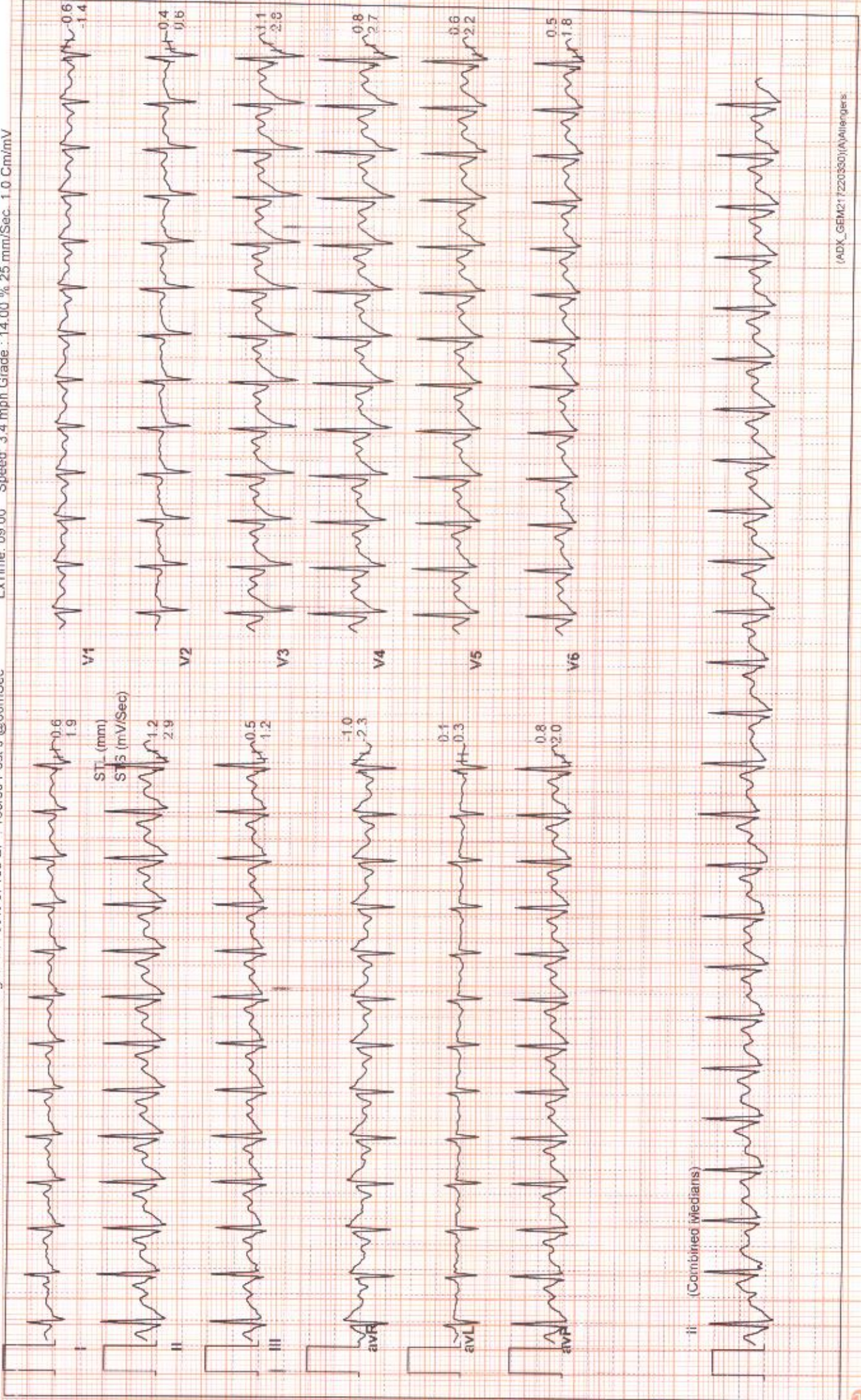
BHAYANDER
223 / SACHINKUMAR PANDEY / 37 Yrs / Male / 168 Cm / 81 Kg

6X2 Combine Medians + 1 Rhythm
BRUCE : Stage 3 (03:00)



Date: 08 / 03 / 2025 01:01:36 PM METs : 10.2 HR : 151 Target HR : 83% of 183 BP : 160/80 Post J @60mSec

ExTime: 09:00 Speed 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV



ii (Combined Medians)



SUBURBUN DIAGNOSTIC

BHAYANDER

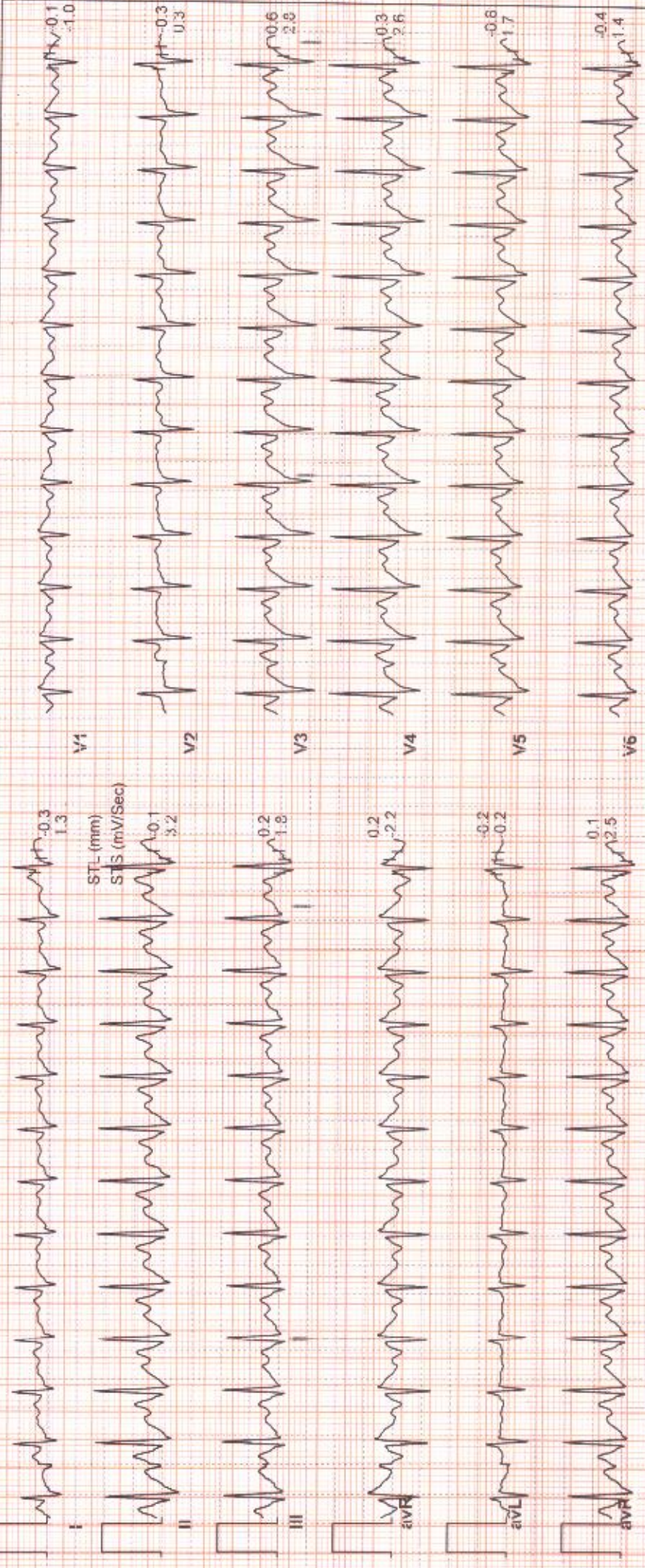
223 / SACHINKUMAR PANDEY / 37 Yrs / Male / 168 Cm / 81 Kg

6X2 Combine Medians + 1 Rhythm PeakEx

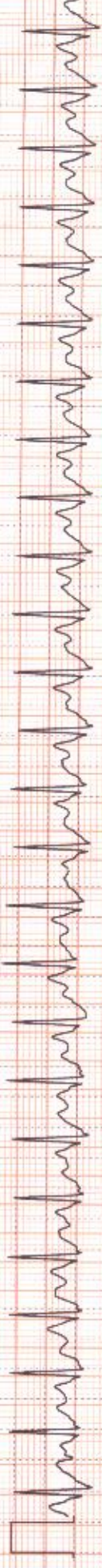


Date: 08 / 03 / 2025 01:01:36 PM METs : 10.5 HR : 155 Target HR : 85% of 183 BP : 160/80 Post J @60mSec

ExTime: 09:16 Speed: 4.2 mph Grade: 16.00 % 25 mm/Sec. 1.0 Cm/mV



if (Combined Medians)



SUBURBUN DIAGNOSTIC

BHAYANDER

223 / SACHINKUMAR PANDEY / 37 Yrs / Male / 168 Cm / 81 Kg

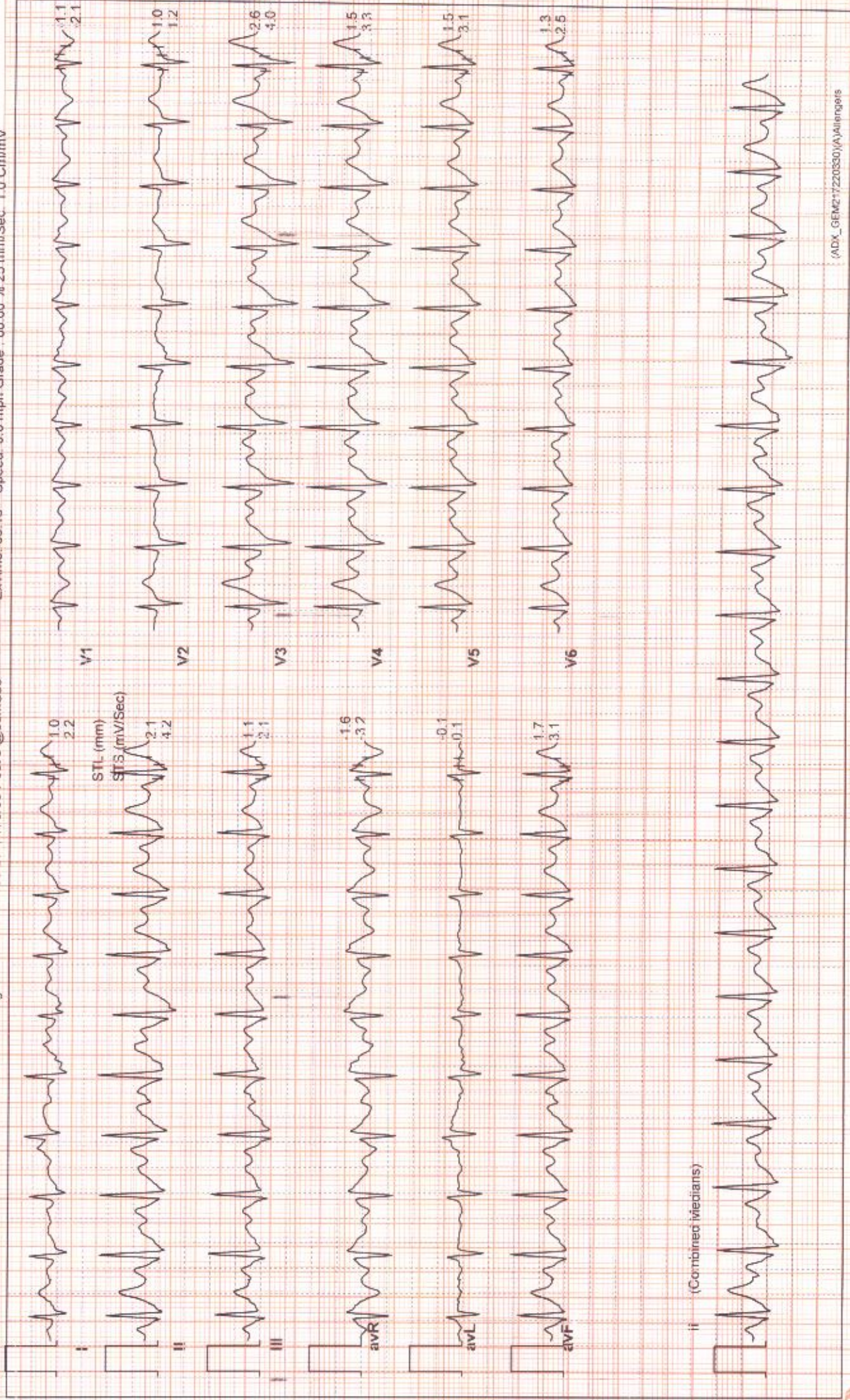
6X2 Combine Medians + 1 Rhythm

Recovery : (01:00)



Date: 08 / 03 / 2025 01:01:36 PM METs : 4.2 HR : 118 Target HR : 64% of 183 BP : 170/80 Post J @60mSec

ExTime: 09:16 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV



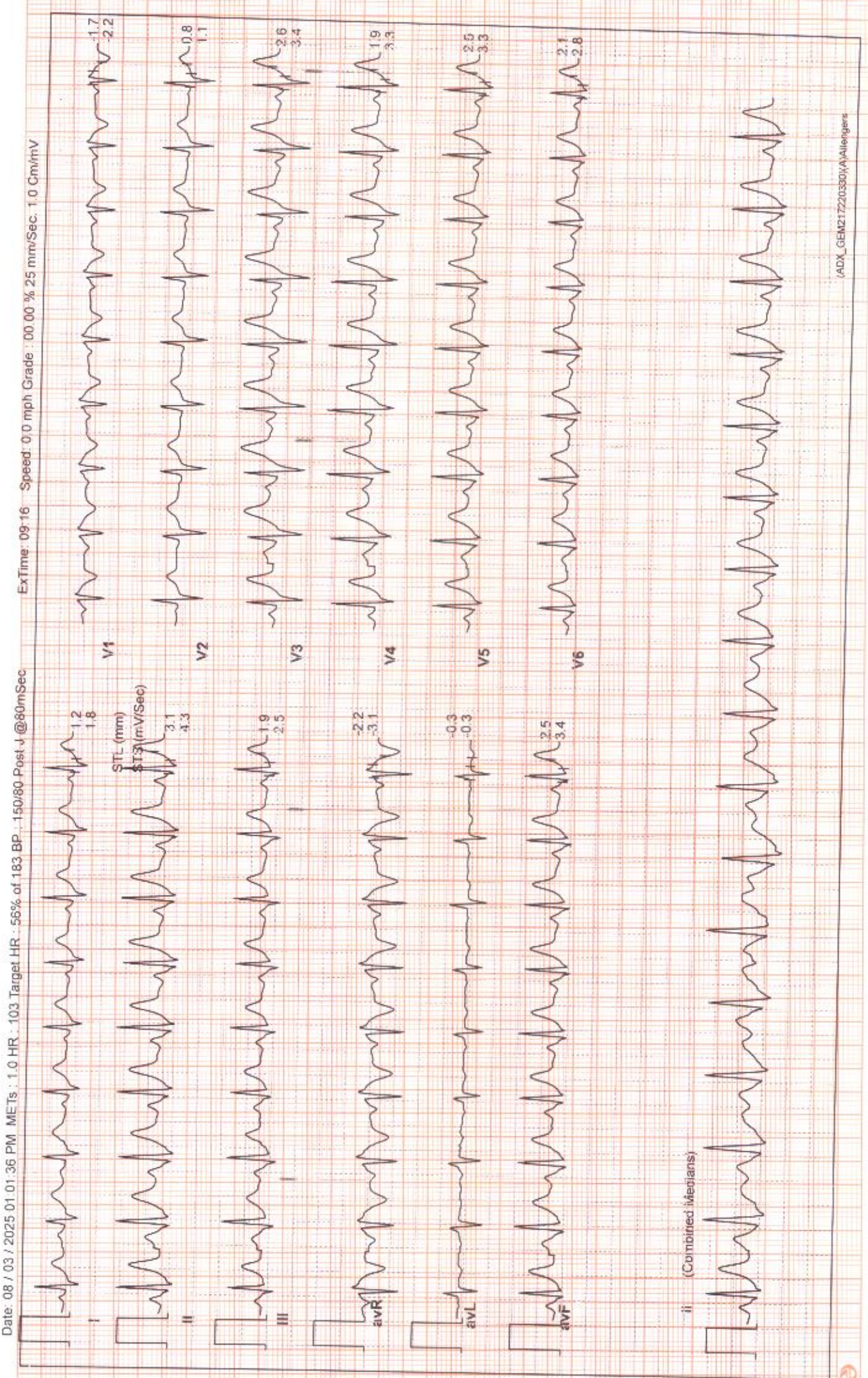
SUBURBUN DIAGNOSTIC

BHAYANDER

223 / SACHINKUMAR PANDEY / 37 Yrs / Male / 168 Cm / 81 Kg

6X2 Combine Medians + 1 Rhythm

Recovery : (02:00)



SUBURBUN DIAGNOSTIC

BHAYANDER
223 / SACHINKUMAR PANDEY / 37 Yrs / Male / 168 Cm / 81 Kg

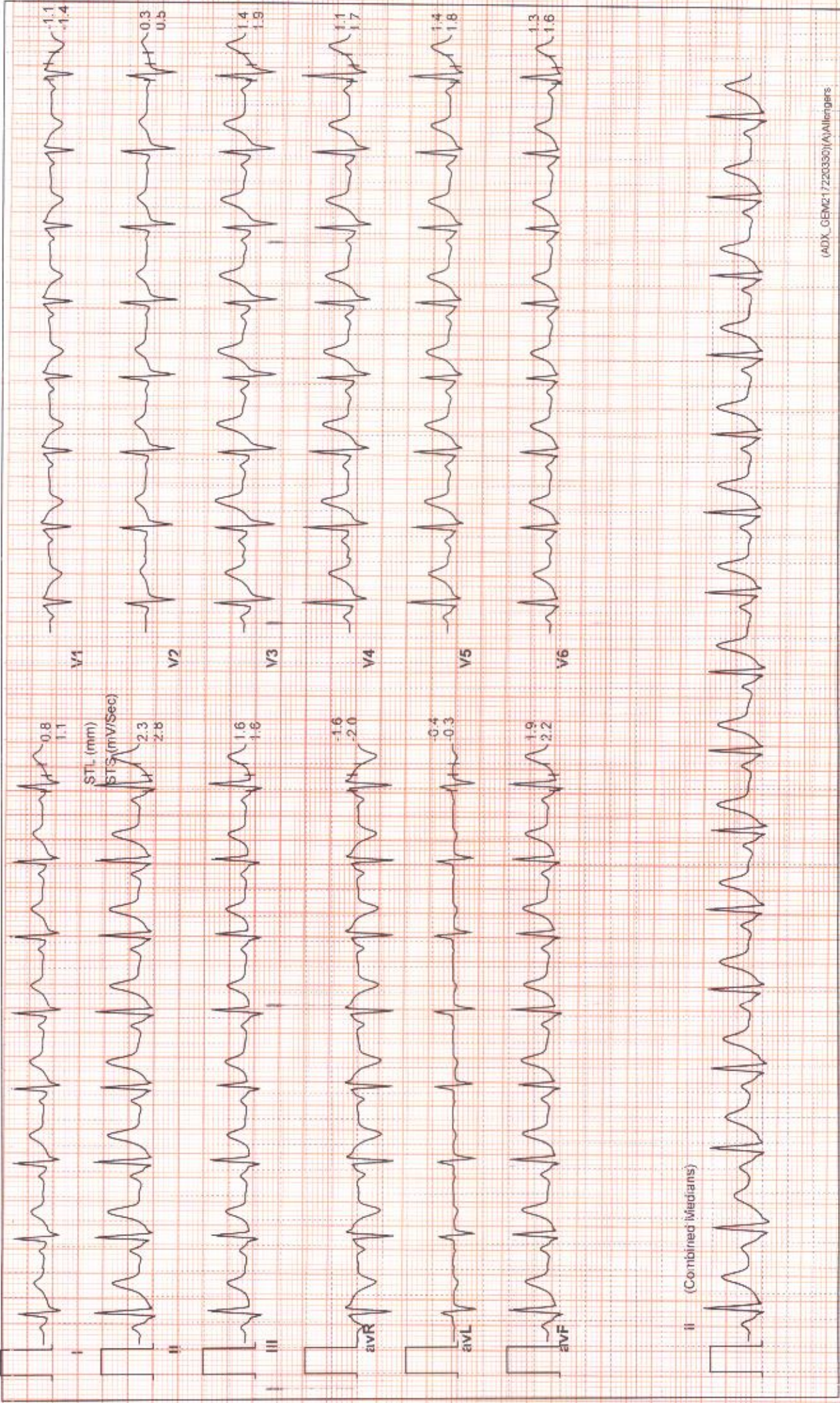
6X2 Combine Medians + 1 Rhythm

Recovery : (03:00)



Date: 08 / 03 / 2025 01:01:36 PM METs : 1.0 HR : 95 Target HR : 52% of 183 BP : 150/80 Post J @80mSec

ExTime: 09:16 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBUN DIAGNOSTIC

BHAYANDER
223 / SACHINKUMAR PANDEY / 37 Yrs / Male / 168 Cm / 81 Kg

6X2 Combine Medians + 1 Rhythm

Recovery : (04:00)



Date: 08 / 03 / 2025 01:01:36 PM METs : 1.0 HR : 105 Target HR : 57% of 183 BP : 130/80 Post J @80mSec

ExTime 09:16 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

