



Name : KAUSHAL MISHRA
 Lab No. : 393786863
 Ref By : SELF
 Collected : 8/3/2025 8:55:00AM
 A/c Status : P
 Collected at : WALKIN - MALAD WEST (MAIN CENTRE)
 102, Bhoomi Castle, Opp. Goregaon Sports Club
 Link Road, Malad West, Mumbai, Maharashtra -
 400064

Age : 34 Years
 Gender : Male
 Reported : 8/3/2025 6:44:21PM
 Report Status : Interim
 Processed at : ANDHERI LAB

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	14.3	13.0 - 17.0 g/dL	Spectrophotometric
RBC	5.1	4.5 - 5.5 mil/cmm	Elect. Impedance
PCV	45.0	40.0 - 50.0 %	Calculated
MCV	88.3	81.0 - 101.0 fL	Measured
MCH	28.1	27.0 - 32.0 pg	Calculated
MCHC	31.8	31.5 - 34.5 g/dL	Calculated
RDW	19.2	11.6 - 14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6300	4000 - 10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	46.5	20.0 - 40.0 %	
Absolute Lymphocytes	2929.5	1000.0 - 3000.0 /cmm	Calculated
Monocytes	7.5	2.0 - 10.0 %	
Absolute Monocytes	472.5	200.0 - 1000.0 /cmm	Calculated
Neutrophils	43.0	40.0 - 80.0 %	
Absolute Neutrophils	2709.0	2000.0 - 7000.0 /cmm	Calculated
Eosinophils	2.8	1.0 - 6.0 %	
Absolute Eosinophils	176.4	20.0 - 500.0 /cmm	Calculated
Basophils	0.2	0.1 - 2.0 %	
Absolute Basophils	12.6	20.0 - 100.0 /cmm	Calculated
<u>PLATELET PARAMETERS</u>			





Name : KAUSHAL MISHRA
Lab No. : 393786863
Ref By : SELF
Collected : 8/3/2025 8:55:00AM
A/c Status : P
Collected at : WALKIN - MALAD WEST (MAIN CENTRE)
 102, Bhoomi Castle, Opp. Goregaon Sports Club
 Link Road, Malad West, Mumbai, Maharashtra -
 400064

Age : 34 Years
Gender : Male
Reported : 8/3/2025 6:44:21PM
Report Status : Interim
Processed at : ANDHERI LAB

Aerfocami Healthcare Below 40 Male/Female
CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Platelet Count	108000	150000 - 410000 /cmm	Elect. Impedance
MPV	13.7	6.0 - 11.0 fL	Measured
PDW	32.9	11.0 - 18.0 %	Calculated

RBC MORPHOLOGY

Microcytosis	Mild
Anisocytosis	+
Poikilocytosis	Mild
Others	Elliptocytes-occasional
PLATELET MORPHOLOGY	Megaplatelets seen on smear

Specimen: EDTA whole blood





Name : KAUSHAL MISHRA
Lab No. : 393786863
Ref By : SELF
Collected : 8/3/2025 8:55:00AM
A/c Status : P
Collected at : WALKIN - MALAD WEST (MAIN CENTRE)
 102, Bhoomi Castle, Opp. Goregaon Sports Club
 Link Road, Malad West, Mumbai, Maharashtra -
 400064

Age : 34 Years
Gender : Male
Reported : 8/3/2025 6:44:29PM
Report Status : Interim
Processed at : ANDHERI LAB

Aerfocami Healthcare Below 40 Male/Female
ERYTHROCYTE SEDIMENTATION RATE (ESR)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
ESR, EDTA WB	5.00	2.00 - 15.00 mm/hr	Sedimentation

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

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

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

Limitations:

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

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

Reference:

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





Name : KAUSHAL MISHRA
Lab No. : 393786863
Ref By : SELF
Collected : 08/03/2025 08:55:00AM
A/c Status : P
Collected at : WALKIN - MALAD WEST (MAIN CENTRE)
 102, Bhoomi Castle, Opp. Goregaon Sports Club
 Link Road, Malad West, Mumbai, Maharashtra -
 400064
Age : 34 Years
Gender : Male
Reported : 8/3/2025 6:44:41PM
Report Status : Interim
Processed at : ANDHERI LAB

Aerfocami Healthcare Below 40 Male/Female

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	87.40	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	66.20	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Note : ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition			
CREATININE, Serum	0.89	0.67 - 1.17 mg/dL	Modified Jaffe's (Kinetic)
eGFR, Serum	114.78	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45-59 Moderate to severe decrease:30-44 Severe decrease: 15-29 Kidney failure:<15	Calculated
Note : eGFR estimation is calculated using 2021 CKD-EPI GFR equation			





Name : KAUSHAL MISHRA
Lab No. : 393786863
Ref By : SELF
Collected : 8/3/2025 8:55:00AM
A/c Status : P
Collected at : WALKIN - MALAD WEST (MAIN CENTRE)
 102, Bhoomi Castle, Opp. Goregaon Sports
 Club Link Road, Malad West, Mumbai,
 Maharashtra - 400064

Age : 34 Years
Gender : Male
Reported : 8/3/2025 6:44:49PM
Report Status : Interim
Processed at : ANDHERI LAB

Aerfocami Healthcare Below 40 Male/Female

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	1.21	0.30 - 1.20 mg/dL	Dichlorophenyl diazonium tetrafluoroborate (DPD)
BILIRUBIN (DIRECT), Serum	0.24	<0.20 mg/dL	Dichlorophenyl diazonium tetrafluoroborate (DPD)
BILIRUBIN (INDIRECT), Serum	0.97	<1.20 mg/dL	Calculated
TOTAL PROTEINS, Serum	7.00	6.40 - 8.30 g/dL	Biuret
Albumin Serum	4.60	3.50 - 5.20 g/dL	BCG
GLOBULIN Serum	2.40	2.30 - 3.50 g/dL	Calculated
A/G RATIO Serum	1.92	1.00 - 2.00	Calculated
SGOT (AST), Serum	26.30	<50.00 U/L	IFCC (without pyridoxal phosphate activation)
SGPT (ALT), Serum	26.40	<50.00 U/L	IFCC (without pyridoxal phosphate activation)
GAMMA GT, Serum	29.30	<55.00 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	99.20	30.00 - 120.00 U/L	IFCC AMP buffer
BLOOD UREA, Serum	24.10	17.00 - 43.00 mg/dL	Urease
BUN, Serum	11.25	6.00 - 20.00 mg/dL	Calculated
URIC ACID, Serum	6.70	3.50 - 7.20 mg/dL	Uricase





Name : KAUSHAL MISHRA
 Lab No. : 393786863
 Ref By : SELF
 Collected : 08/03/2025 08:55:00AM
 A/c Status : P
 Collected at : WALKIN - MALAD WEST (MAIN CENTRE)
 102, Bhoomi Castle, Opp. Goregaon Sports Club
 Link Road, Malad West, Mumbai, Maharashtra -
 400064

Age : 34 Years
 Gender : Male
 Reported : 8/3/2025 6:44:59PM
 Report Status : Interim
 Processed at : ANDHERI LAB

Aerfocami Healthcare Below 40 Male/Female
GLYCOSYLATED HEMOGLOBIN (HbA1c)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB	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.



Name : KAUSHAL MISHRA	Age : 34 Years
Lab No. : 393786863	Gender : Male
Ref By : SELF	Reported : 8/3/2025 6:45:08PM
Collected : 08/03/2025 08:55:00AM	Report Status : Interim
A/c Status : P	Processed at : ANDHERI LAB
Collected at : WALKIN - MALAD WEST (MAIN CENTRE) 102, Bhoomi Castle, Opp. Goregaon Sports Club Link Road, Malad West, Mumbai, Maharashtra - 400064	

Aerfocami Healthcare Below 40 Male/Female

LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
CHOLESTEROL, Serum	149	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	110	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	37	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	112	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL Serum	90	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	22	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4	0 - 4.50 RATIO	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2	0 - 3.50 RATIO	Calculated

Reference:

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



Name : KAUSHAL MISHRA
 Lab No. : 393786863
 Ref By : SELF
 Collected : 08/03/2025 08:55:00AM
 A/c Status : P
 Collected at : WALKIN - MALAD WEST (MAIN CENTRE)
 102, Bhoomi Castle, Opp. Goregaon Sports Club
 Link Road, Malad West, Mumbai, Maharashtra -
 400064

Age : 34 Years
 Gender : Male
 Reported : 8/3/2025 6:45:08PM
 Report Status : Interim
 Processed at : ANDHERI LAB

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	5.35	3.50 - 6.50 pmol/L	ECLIA
Free T4 Serum	14.00	11.50 - 22.70 pmol/L	ECLIA
sensitiveTSH Serum	5.31	0.35 - 5.50 microIU/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 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%



Name : KAUSHAL MISHRA	Age : 34 Years
Lab No. : 393786863	Gender : Male
Ref By : SELF	Reported : 8/3/2025 6:45:08PM
Collected : 08/03/2025 08:55:00AM	Report Status : Interim
A/c Status : P	Processed at : ANDHERI LAB
Collected at : WALKIN - MALAD WEST (MAIN CENTRE) 102, Bhoomi Castle, Opp. Goregaon Sports Club Link Road, Malad West, Mumbai, Maharashtra - 400064	

Aerfocami Healthcare Below 40 Male/Female
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
------------------	----------------	------------------------------	---------------

(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)





Name : KAUSHAL MISHRA
Lab No. : 393786863
Ref By : SELF
Collected : 8/3/2025 8:55:00AM
A/c Status : P
Collected at : WALKIN - MALAD WEST (MAIN CENTRE)
 102, Bhoomi Castle, Opp. Goregaon Sports Club
 Link Road, Malad West, Mumbai, Maharashtra -
 400064

Age : 34 Years
Gender : Male
Reported : 8/3/2025 6:45:21PM
Report Status : Interim
Processed at : ANDHERI LAB

Aerfocami Healthcare Below 40 Male/Female
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
Rh Typing	POSITIVE

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

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

Limitations:

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

References:

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





Name : KAUSHAL MISHRA
Lab No. : 393786863
Ref By : SELF
Collected : 8/3/2025 8:55:00AM
A/c Status : P
Collected at : WALKIN - MALAD WEST (MAIN CENTRE)
 102, Bhoomi Castle, Opp. Goregaon Sports Club
 Link Road, Malad West, Mumbai, Maharashtra -
 400064

Age : 34 Years
Gender : Male
Reported : 8/3/2025 6:45:32PM
Report Status : Interim
Processed at : ANDHERI LAB

URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Yellow	Pale Yellow	Light scattering
Transparency	CLEAR	Clear	Light scattering
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.02	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	1.7	0-5/hpf	
Red Blood Cells / hpf	0.00	0-2/hpf	
Epithelial Cells / hpf	0.9	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	32.80	0-29.5/hpf	
Yeast	Absent	Absent	

Kindly rule out contamination.

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.



Name : KAUSHAL MISHRA	Age : 34 Years
Lab No. : 393786863	Gender : Male
Ref By : SELF	Reported : 8/3/2025 6:45:42PM
Collected : 8/3/2025 8:55:00AM	Report Status : Interim
A/c Status : P	Processed at : WALKIN - MALAD WEST (MAIN CENTRE)
Collected at : WALKIN - MALAD WEST (MAIN CENTRE) 102, Bhoomi Castle, Opp. Goregaon Sports Club Link Road, Malad West, Mumbai, Maharashtra - 400064	102, Bhoomi Castle, Opp. Goregaon Sports Club, Link Road, Malad West, Mumbai, Maharashtra - 400064

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		

CHEMICAL EXAMINATION

MICROSCOPIC EXAMINATION



Result/s to follow:
 FUS and KETONES, Glucose & Ketones, Urine

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.





ભારત સરકાર
Government of India

ભારતીય વિશિષ્ટ ઓળખણ પ્રાધિકરણ
Unique Identification Authority of India

નંદાન ક્રમ સંખ્યા/ Enrolment No.: 0648/50328/07398

To
કૌશલ મિશ્ર
Kaushal Mishra
C/O: Pawan Mishra,
B-502 Dhanvihar Residency,
Opp Devnandan Sky,
Chandkheda,
VTC, Ahmedabad,
PO: Chandkheda,
Sub District: Ahmedabad City,
District: Ahmedabad,
State: Gujarat,
PIN Code: 382424,
Mobile: 7011871030



Signature Not Verified
Signature of Kaushal Mishra
Date: 06/06/2019
PIN: 382424

તમારો આધાર નંબર / Your Aadhaar No. :

5956 0399 5731
VID : 9143 7154 7752 5031

મારો આધાર, મારી ઓળખ



ભારત સરકાર
Government of India



કૌશલ મિશ્ર
Kaushal Mishra
www.uidai.gov.in
DOB: 06/06/1990
સ્પર્શ MALE

આધાર એ ઓળખનો પુરાવો છે. નાગરિકતા કે જન્મતારીખનો નહીં. જન્મ તારીખ આધાર નંબર યાદ કરવા દ્વારા કરાવેલ વિધિઓમાં ઉલ્લેખિત. જન્મ તારીખના દસ્તાવેજી પુરાવા દ્વારા આધારનું માહિતી પર અપડેટ છે.
આધાર મેળવવાની પ્રક્રિયામાં આઈ.ડી.એ. આઈ.ડી.એ. દ્વારા નિયુક્ત પ્રમાણિત કરકસી એજન્સી દ્વારા ઓનલાઇન પ્રમાણિકરણ દ્વારા અથવા ઓનલાઇન સ્ટોર્સ પર ઉપલબ્ધ એમઆરઆર અથવા આધાર સુધાર સેન્ટર ઓનલાઇન ઓપરેશન કરીને અથવા www.uidai.gov.in પર ઉપલબ્ધ સુવિકસિત ક્યુઆર કોડ સ્કેનર ઓનલાઇન ઓપરેશન કરીને ક્યુઆર કોડ સ્કેનિંગ દ્વારા થવી જોઈશે.
આધાર અનન્ય અને સુરક્ષિત છે.
આધાર માટે નોંધણી તારીખથી ૬૨ ૧૦ વર્ષ પછી ઓળખ અને સમાપ્તિ સમયે આપતા દસ્તાવેજી આધારમાં અપડેટ થવા જોઈશે.
આધાર તમને વિવિધ સરકારી અને બિન-સરકારી વાહી/સેવાઓને સમતાથી મેળવવામાં મદદ કરે છે.
આધારમાં તમારી મોબાઇલ નંબર અને ઈમેલ આઈડી અપડેટ રાખો.
આધાર સેવાઓનો વાણ વેલા માટે mAadhaar એપ ડાઉનલોડ કરો.
આધાર/વાયોમેટ્રિક્સનો ઉપયોગ ન કરતી વખતે સુરક્ષા સુનિશ્ચિત કરવા માટે આધારને લોક કરી/અલોક કરી/બાયોમેટ્રિક્સની સુવિધાનો ઉપયોગ કરો.
આધાર મેળવવાની સંસ્થાઓ સંમતિ મેળવવા માટે ધ્યાનથી જાણો.
Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XMR).
Aadhaar is unique and secure.
Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
Aadhaar helps you avail of various Government and Non-Government benefits/services.
Keep your mobile number and email id updated in Aadhaar.
Download mAadhaar app to avail of Aadhaar services.
Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
Entities seeking Aadhaar are obligated to seek consent.

5956 0399 5731

મારો આધાર, મારી ઓળખ



માહિતી / INFORMATION

- આધાર એ ઓળખનો પુરાવો છે. નાગરિકતા કે જન્મતારીખનો નહીં. જન્મ તારીખ આધાર નંબર યાદ કરવા દ્વારા કરાવેલ વિધિઓમાં ઉલ્લેખિત. જન્મ તારીખના દસ્તાવેજી પુરાવા દ્વારા આધારનું માહિતી પર અપડેટ છે.
- આ આધાર મેળવવાની પ્રક્રિયામાં આઈ.ડી.એ. આઈ.ડી.એ. દ્વારા નિયુક્ત પ્રમાણિત કરકસી એજન્સી દ્વારા ઓનલાઇન પ્રમાણિકરણ દ્વારા અથવા ઓનલાઇન સ્ટોર્સ પર ઉપલબ્ધ એમઆરઆર અથવા આધાર સુધાર સેન્ટર ઓનલાઇન ઓપરેશન કરીને અથવા www.uidai.gov.in પર ઉપલબ્ધ સુવિકસિત ક્યુઆર કોડ સ્કેનર ઓનલાઇન ઓપરેશન કરીને ક્યુઆર કોડ સ્કેનિંગ દ્વારા થવી જોઈશે.
- આધાર અનન્ય અને સુરક્ષિત છે.
- આધાર માટે નોંધણી તારીખથી ૬૨ ૧૦ વર્ષ પછી ઓળખ અને સમાપ્તિ સમયે આપતા દસ્તાવેજી આધારમાં અપડેટ થવા જોઈશે.
- આધાર તમને વિવિધ સરકારી અને બિન-સરકારી વાહી/સેવાઓને સમતાથી મેળવવામાં મદદ કરે છે.
- આધારમાં તમારી મોબાઇલ નંબર અને ઈમેલ આઈડી અપડેટ રાખો.
- આધાર સેવાઓનો વાણ વેલા માટે mAadhaar એપ ડાઉનલોડ કરો.
- આધાર/વાયોમેટ્રિક્સનો ઉપયોગ ન કરતી વખતે સુરક્ષા સુનિશ્ચિત કરવા માટે આધારને લોક કરી/અલોક કરી/બાયોમેટ્રિક્સની સુવિધાનો ઉપયોગ કરો.
- આધાર મેળવવાની સંસ્થાઓ સંમતિ મેળવવા માટે ધ્યાનથી જાણો.
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB) is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.

ભારતીય વિશિષ્ટ ઓળખણ પ્રાધિકરણ
Unique Identification Authority of India

કૌશલ મિશ્ર
Kaushal Mishra
www.uidai.gov.in
DOB: 06/06/1990
સ્પર્શ MALE

Address:
C/O: Pawan Mishra, B-502 Dhanvihar
Residency, Opp Devnandan Sky,
Chandkheda, Ahmedabad, PO: Chandkheda,
DIST: Ahmedabad,
Gujarat - 382424



5956 0399 5731

VID : 9143 7154 7752 5031

PHYSICAL EXAMINATION FORM

Patient Name: <u>Kaushal Mishra</u>	Sex/Age :
Lab No : <u>393786863</u>	Date : <u>08/03/25</u>

History and Complaints:

EXAMINATION FINDINGS:

Height: <u>175</u>	Temp: <u>Afebrile</u>
Weight: <u>95</u>	Skin: <u>Normal</u>
Blood Pressure: <u>120/80</u>	Nails: <u>Normal</u>
Pulse: <u>74/min</u>	Lymph Node: <u>Not Palpable</u>

Systems

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

IMPRESSION:

ADVICE:

Regular exercise

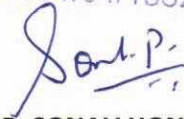
CHIEF COMPLAINTS:

1	Hypertension:	NO
2	IHD	NO
3	Arrhythmia	NO
4	Diabetes Mellitus	No
5	Tuberculosis	NO
6	Asthama	No
7	Pulmonary Disease	No
8	Thyroid/ Endocrine disorders	NO
9	Nervous disorders	NO
10	GI system	NO
11	Genital urinary disorder	NO
12	Rheumatic joint diseases or symptoms	No
13	Blood disease or disorder	No
14	Cancer/lump growth/cyst	NO
15	Congenital disease	NO
16	Surgeries	NO

PERSONAL HISTORY:

Alcohol	NO
Smoking	No
Diet	Mixed
Medication	NO

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



DR. SONALI HONRAO

MD PHYSICIAN

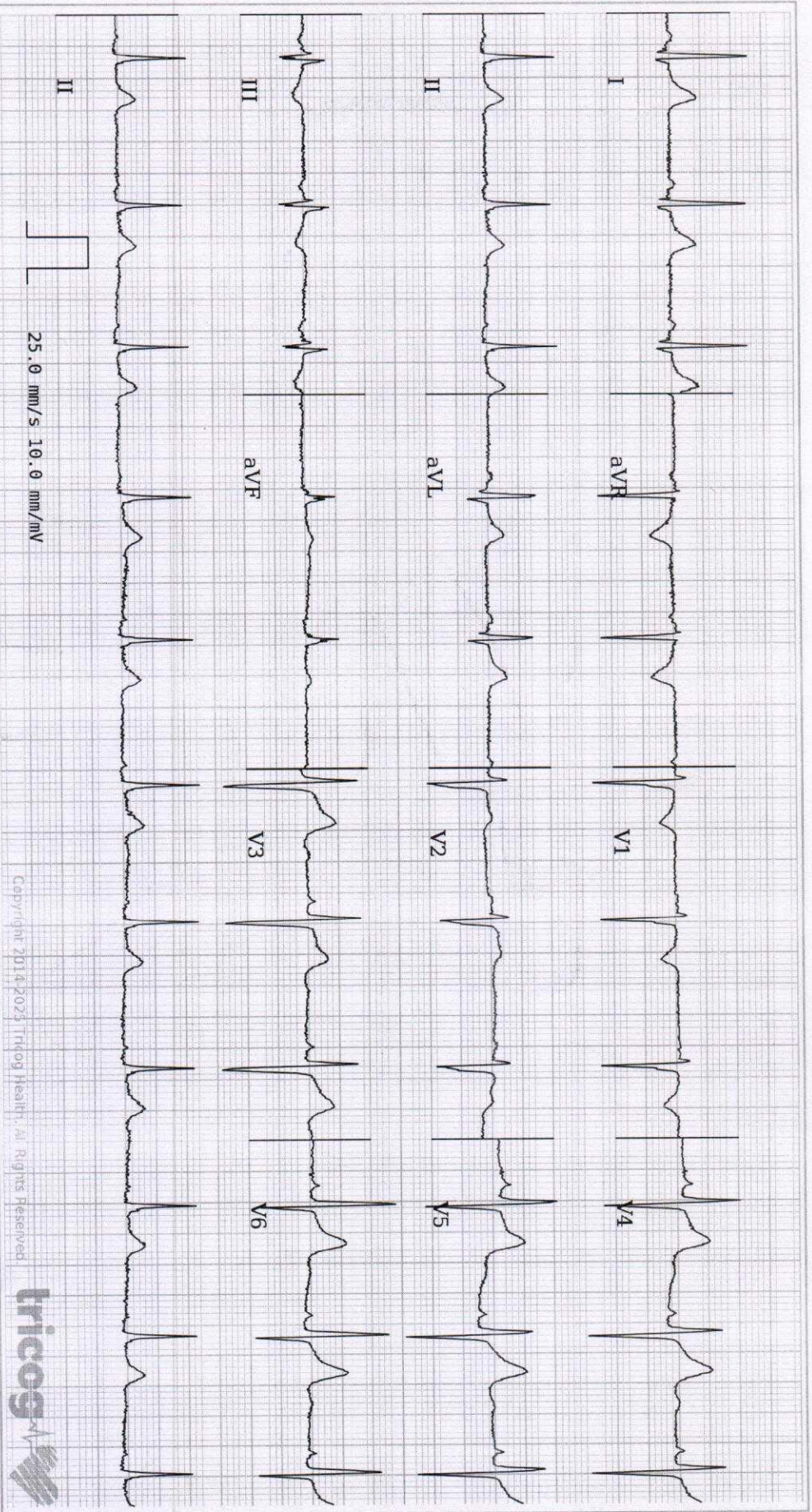
REG. NO. 2001/04/1882

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
 T12-104, Shreeji Centre,
 Opp. Greenfield Sports Club,
 Link Road, Malad (W), Mumbai - 400 064.

Patient Name: KAUSHAL MISHRA
Patient ID: 393786863

SUBURBAN DIAGNOSTICS - MALAD WEST

Date and Time: 8th Mar 25 10:04 AM



Copyright 2014-2025 Tricog Health, All Rights Reserved



Age **34** 9
years months

Gender **Male**

Heart Rate **66bpm**

Patient Vitals

BP: 110/80 mmHg

Weight: 85 kg

Height: 175 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 94ms

QT: 390ms

QTcB: 408ms

PR: 116ms

P-R-T: NA 30° 10°

REPORTED BY

[Signature]

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

ECG Within Normal Limits: 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:- 08/03/25

CID:

Name:- Kaushal Mishra

Sex / Age: /

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision: DV- RE - 6/6 NV- RE - N/6
 LE - 6/6 LE - N/6

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	/				/			
Near	/				/			

Colour Vision: Normal / Abnormal

Remark:

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
 102-104, Bhoomi Co-Op. Housing Society,
 Opp. Poojapada Sports Ground,
 Link Road, Vashi (W), Mumbai - 400 064.

CID : 393786863
Name : Mr. KAUSHAL MISHRA
Age / Sex : 34 Years/Male
Ref. Dr :
Reg. Location : Malad West Main Centre
Reg. Date : 08-Mar-2025
Reported : 08-Mar-2025 / 16:33

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.


IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

Kindly correlate clinically.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. X-ray is known to have inter-observer variations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests further / follow-up imaging may be needed in some case for confirmation of findings. Please interpret accordingly.

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


Dr. Sunil Bhutka
DMRD DNB
MMC REG NO:2011051101

Click here to view images <<ImageLink>>

CID : 393786863
Name : Mr. KAUSHAL MISHRA
Age / Sex : 34 Years/Male
Ref. Dr : unknown
Reg. Location : Malad West Main Centre
Reg. Date : 08-Mar-2025
Reported : 08-Mar-2025 / 10:12

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, shape and smooth margins. It shows diffuse bright parenchymal echo pattern s/o **fatty liver**. 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 10.0 x 4.2 cm.
Left kidney measures 9.8 x 5.2 cm.

SPLEEN:

The spleen is normal in size and echotexture. No evidence of focal lesion is noted.
There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

PROSTATE:

The prostate is normal in size and measures 4.1 x 3.0 x 2.7 cm volume is 17.8 cc.

CID : 393786863
Name : Mr. KAUSHAL MISHRA
Age / Sex : 34 Years/Male
Ref. Dr : unknown
Reg. Location : Malad West Main Centre
Reg. Date : 08-Mar-2025
Reported : 08-Mar-2025 / 10:12

IMPRESSION:

Fatty liver.
No other significant abnormality is seen.

Suggestion: Clinicopathological correlation.

Note : Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some case for confirmation of findings. Patient has been explained in detail about the USG findings including its limitations and need for further imaging if clinically indicated. Please interpret accordingly.

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



Dr. Sunil Bhutka
DMRD DNB
MMC REG NO:2011051101

SUBURBAN DIAGNOSTICS

Station

Telephone:

Malad West

EXERCISE STRESS TEST REPORT

Patient Name: KAUSHAL, MISHRA

DOB: 06.06.1990

Patient ID: 393786863

Age: 34yrs

Height: 175 cm

Gender: Male

Weight: 95 kg

Race: Oriental

Study Date: 08.03.2025

Referring Physician: --

Test Type: --

Attending Physician: DR SONALI HONRAO

Protocol: BRUCE

Technician: --

Medications:

--

Medical History:

--

Reason for Exercise Test:

--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:13	0.00	0.00	83	120/80	
	STANDING	00:05	0.00	0.00	78	120/80	
	HYPERV.	00:07	0.00	0.00	73	120/80	
	WARM-UP	00:07	0.00	0.00	71	120/80	
EXERCISE	STAGE 1	03:00	1.70	10.00	116	130/80	
	STAGE 2	03:00	2.50	12.00	139	140/80	
	STAGE 3	02:52	3.40	14.00	166	150/80	
RECOVERY		03:09	0.00	0.00	99	150/80	

The patient exercised according to the BRUCE for 8:52 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 84 bpm rose to a maximal heart rate of 169 bpm. This value represents 90 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 150/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.

Functional Capacity: normal.

HR Response to Exercise: appropriate.

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

Chest Pain: none.

Arrhythmias: none.

ST Changes: none.

Overall impression: Normal stress test.

Conclusions

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

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



Physician

Soni P.

Technician

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

SUBJECT: ... LTD.

Link Ro ...

KAUSHAL, MISHRA

Patient ID 393786863

08.03.2025
11:35:17am

12-Lead Report

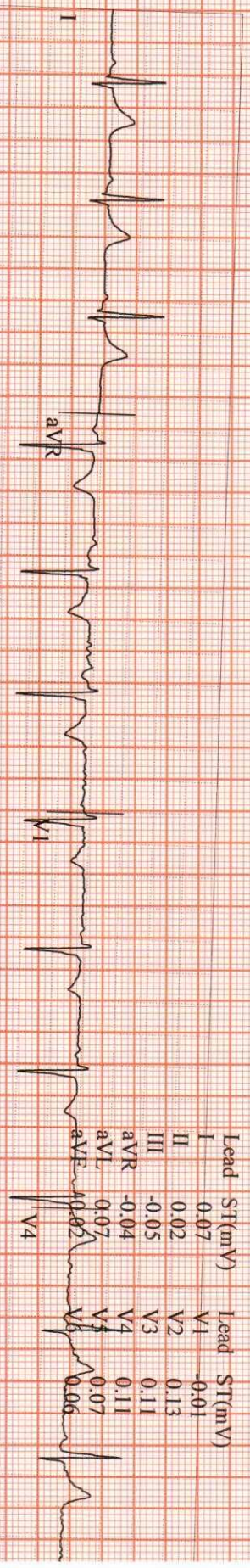
83 bpm
120/80 mmHg

PRETEST
SUPINE
00:12

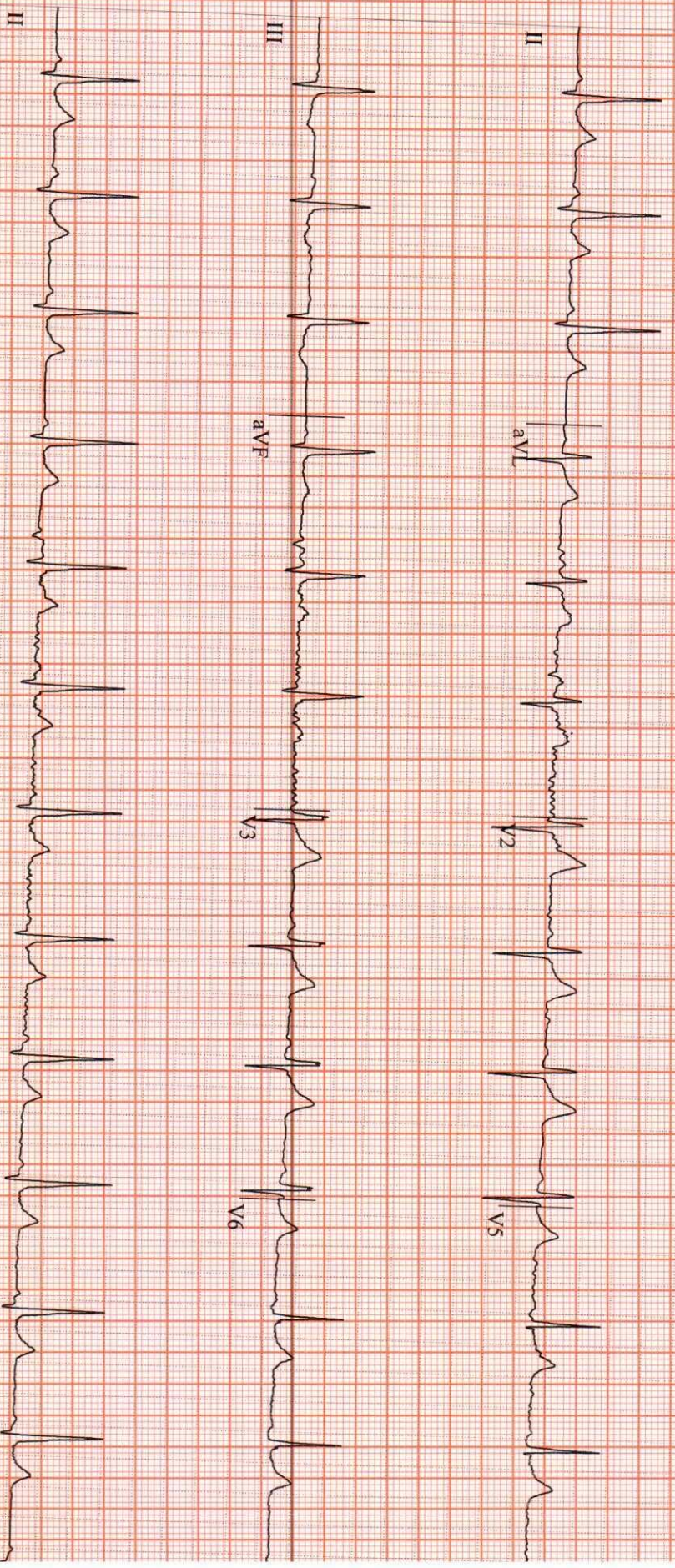
BRUCE
0.0 mph
0.0 %

Measured at 60ms Post J
Auto Points

SUBURBAN DIAGNOST



Lead	ST(mV)	Lead	ST(mV)
I	0.07	V1	-0.01
II	0.02	V2	0.13
III	-0.05	V3	0.11
aVR	-0.04	V4	0.11
aVL	0.07	V5	0.07
aVF	0.02	V6	0.06



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

Start of Test: 11:35:00am

KAUSHAL, MISHRA

Patient ID 393786863

08.03.2025

11:35:22am

12-Lead Report

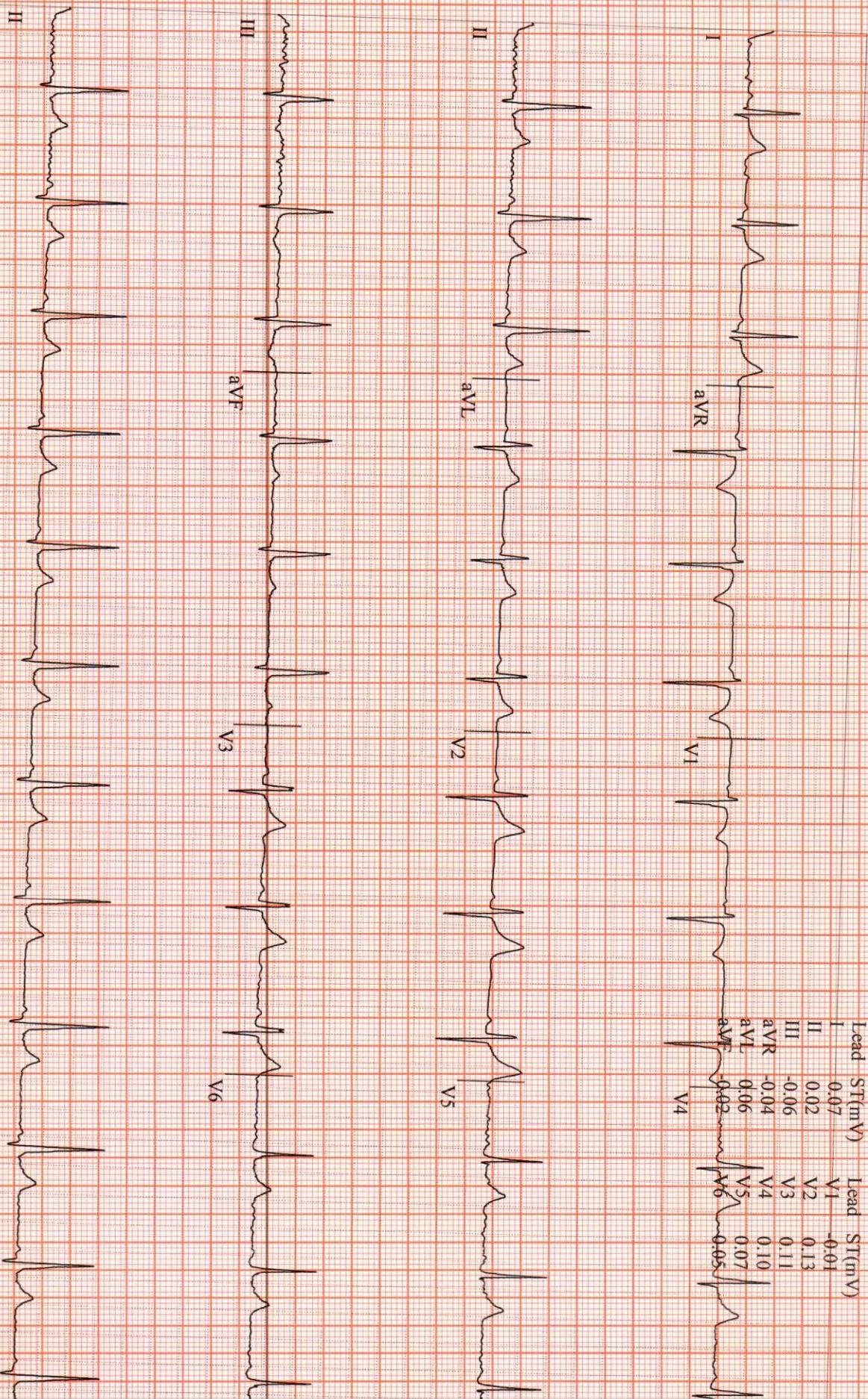
78 bpm
120/80 mmHg

PRETEST
STANDING
00:17

BRUCE
0.0 mph
0.0 %

Measured at 60ms Post J
Auto Points

SUBURBAN DIAGNOST



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

Start of Test: 11:35:00am

KAUSHAL, MISHRA

Patient ID 393786863

08.03.2025

11:35:28am

12-Lead Report

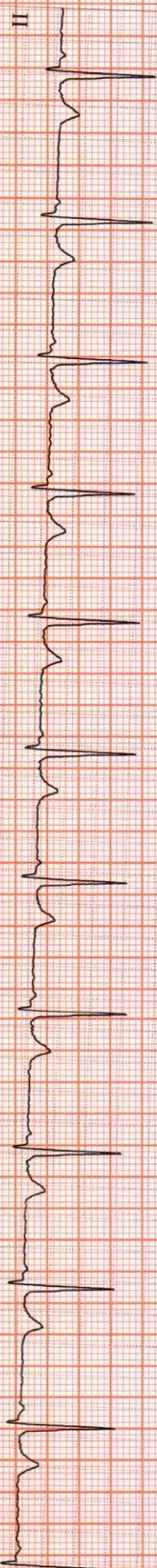
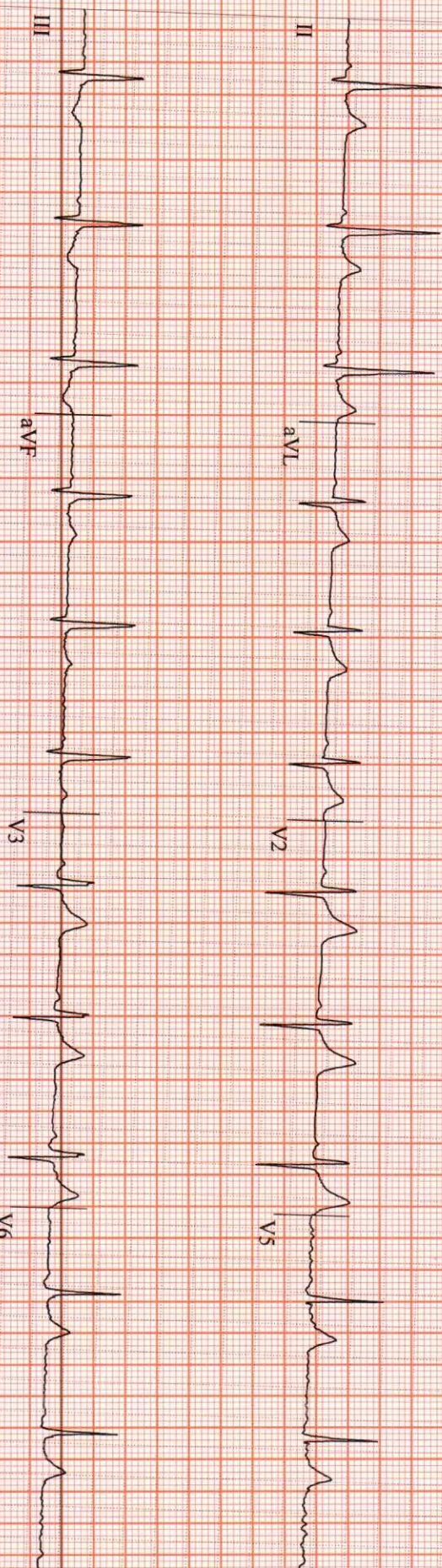
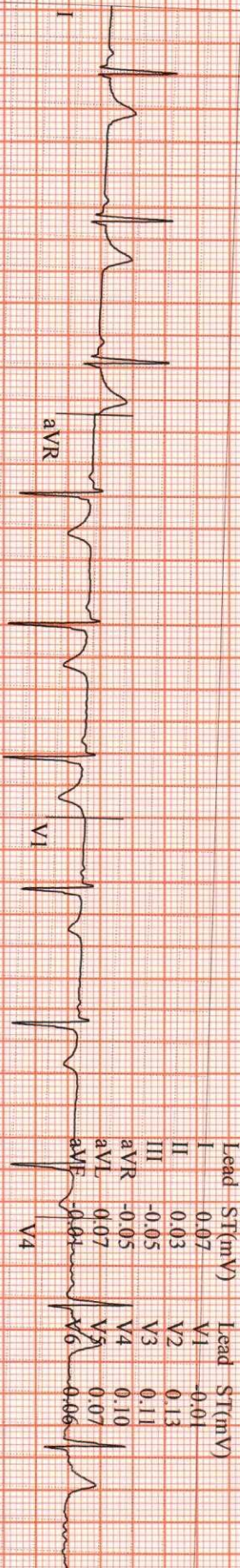
74 bpm
120/80 mmHg

PRETEST
HYPERV.

BRUCE
0.0 mph
0.0 %

Measured at 60ms Post J
Auto Points

SUBURBAN DIAGNOS



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

Start of Test: 11:35:00am

KAUSHAL, MISHRA

Patient ID: 393786863

08/03/2025

11:38:20am

Linked Medians

114 bpm

130/80 mmHg

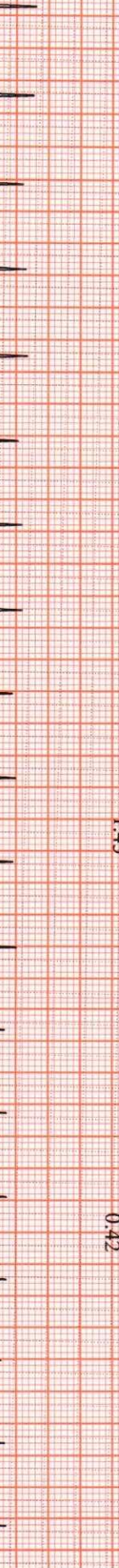
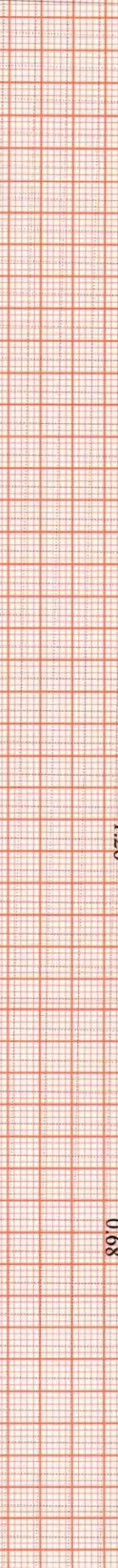
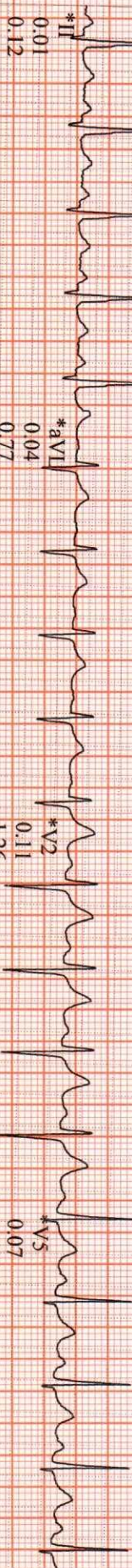
EXERCISE
STAGE 1

02:50

BRUCE
1.7 mph
10.0 %

SUBURBAN DIAGNOST

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



Raw Data

GE CardioSoft V6.73 (2)

25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,I)

*Computer Synthesized Rhythms

Start of Test: 11:35:00am

KAUSHAL, MISHRA

Patient ID 393786863

08.03.2025

11:41:20am

Linked Medians

136 bpm

140/80 mmHg

EXERCISE

STAGE 2

05:50

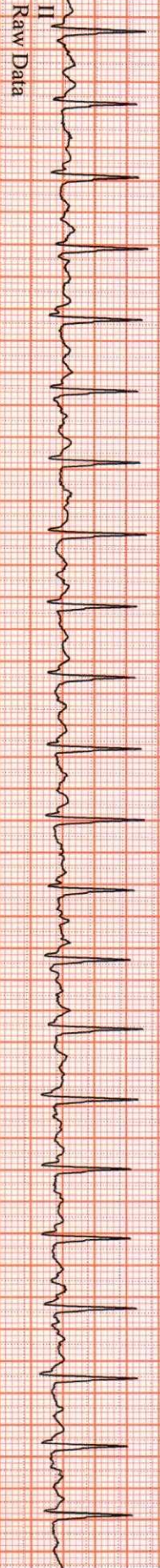
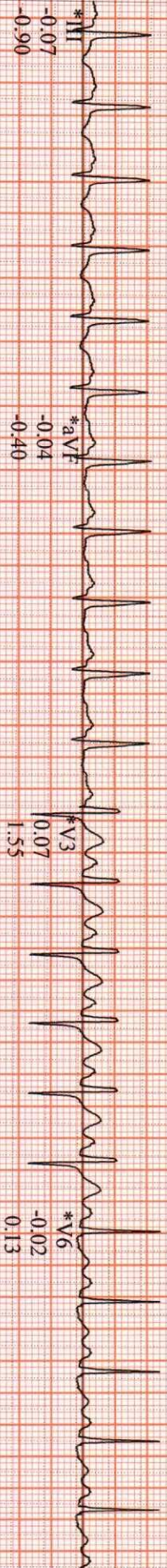
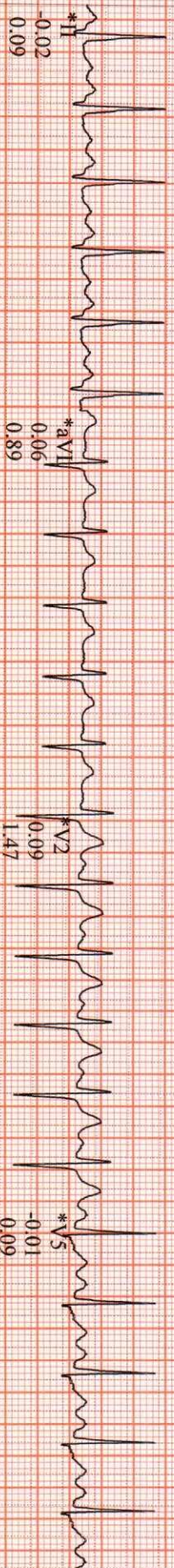
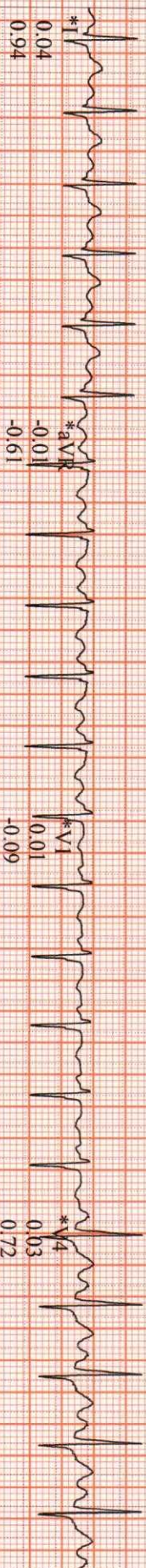
BRUCE

2.5 mph

12.0 %

SUBURBAN DIAGNOSTI

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



*Computer Synthesized Rhythms

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

Start of Test: 11:35:00am

KAUSHAL, MISHRA
Patient ID 393786863
08.03.2025
11:44:20am

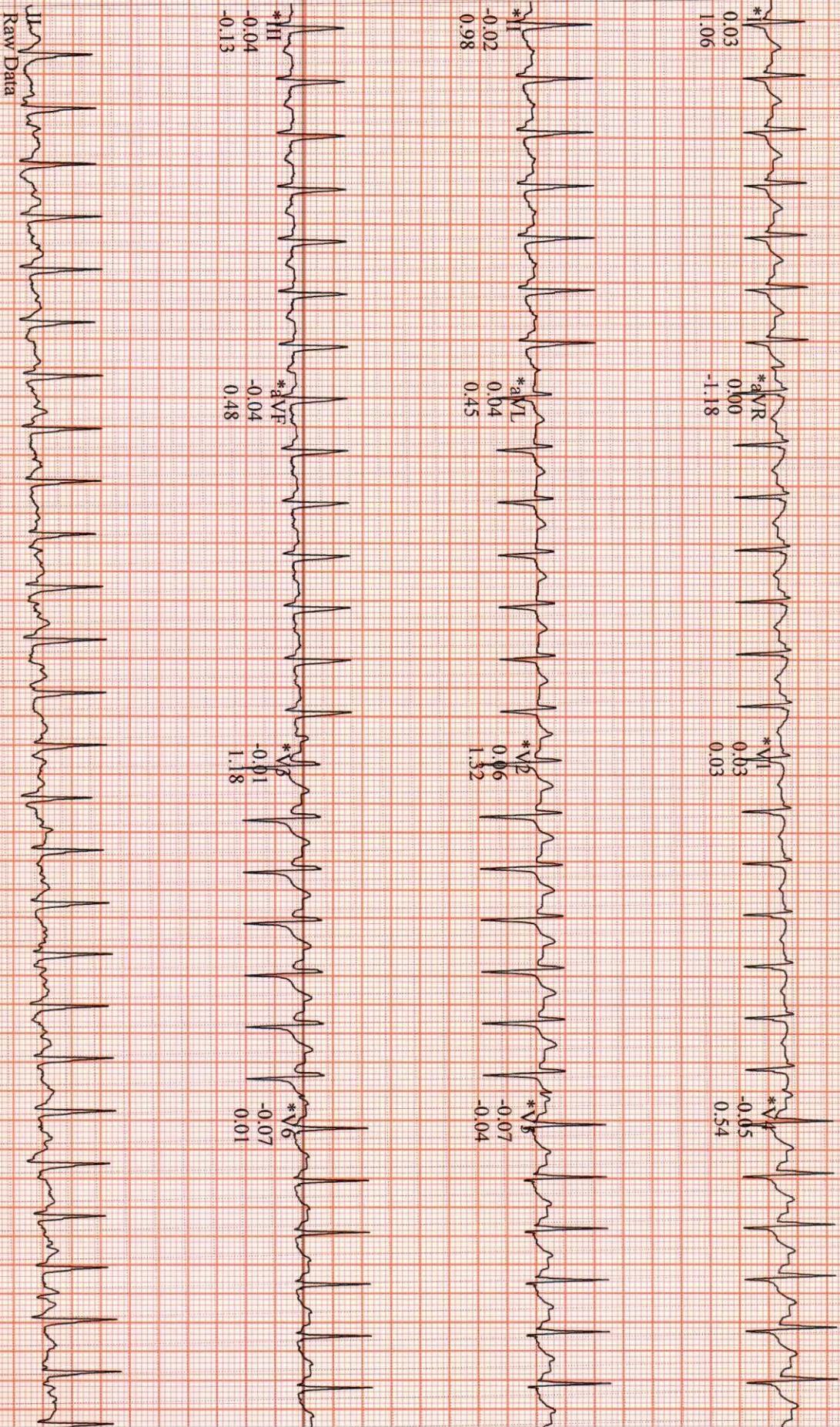
166 bpm
150/80 mmHg

Linked Medians
EXERCISE
STAGE 3
08:50

BRUCE
3.4 mph
14.0%

SUBURBAN DIAGNOSTIC

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



Raw Data

*Computer Synthesized Rhythms

KAUSHAL, MISHRA

Patient ID 393786863

08.03.2025

11:44:27am

12-lead Report (PEAK EXERCISE)

EXERCISE

STAGE 3

08:52

BRUCE

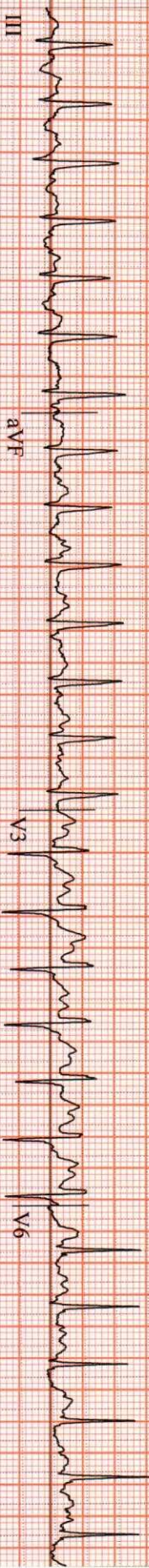
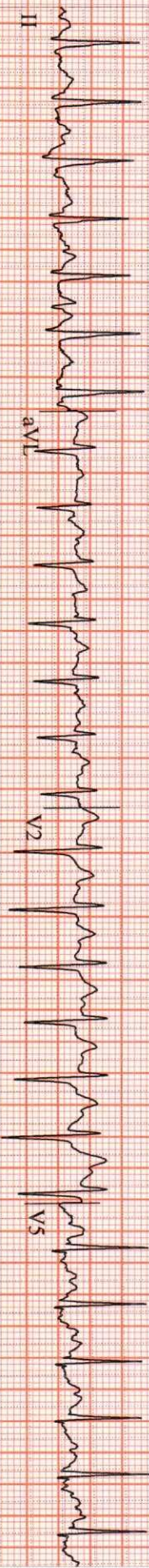
3.4 mph

14.0 %

SUBURBAN DIAGNOSTIC

Measured at 60ms Post J
Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.01	V1	0.01
II	-0.01	V2	0.06
III	-0.03	V3	-0.01
aVR	-0.01	V4	-0.04
aVL	0.01	V5	-0.06
aVF	0.01	V6	-0.06



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

Start of Test: 11:35:00am

KAUSHAL, MISHRA

Patient ID 393786863

08.03.2025

11:45:22am

Linked Medians

RECOVERY #1

01:00

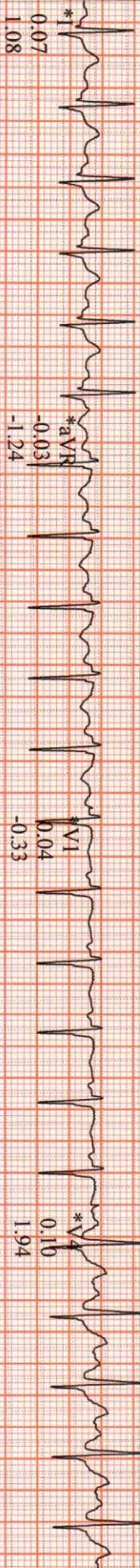
SUBURBAN DIAGNOSTIC

BRUCE

0.0 mph

0.0%

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



*aVR

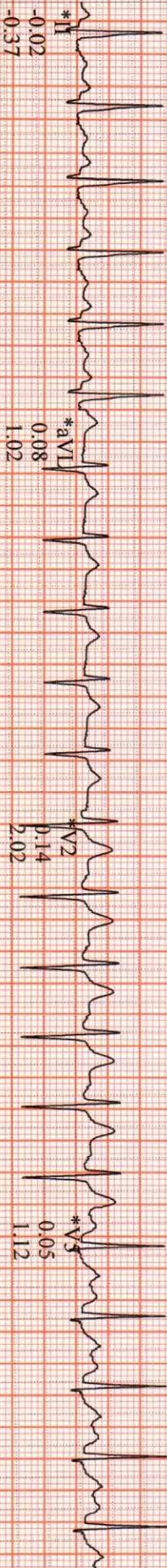
-0.03 mV, -1.24 mV/s

*V1

0.04 mV, -0.33 mV/s

*V7

0.10 mV, 1.94 mV/s



*aVL

0.08 mV, 1.02 mV/s

*V2

0.14 mV, 2.02 mV/s

*V5

0.05 mV, 1.12 mV/s



*aVF

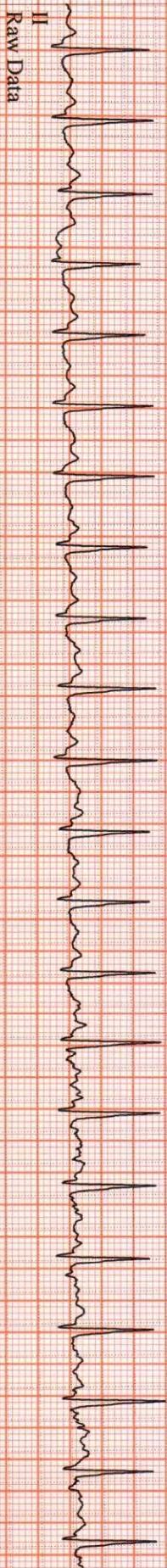
-0.06 mV, -0.93 mV/s

*V3

0.16 mV, 2.69 mV/s

*V6

0.04 mV, 0.71 mV/s



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(1,1)

Start of Test: 11:35:00am

*Computer Synthesized Rhythms

KAUSHAL, MISHRA

Patient ID 393786863

08.03.2025

11:46:22am

Linked Medians

112 bpm

RECOVERY #1

02:00

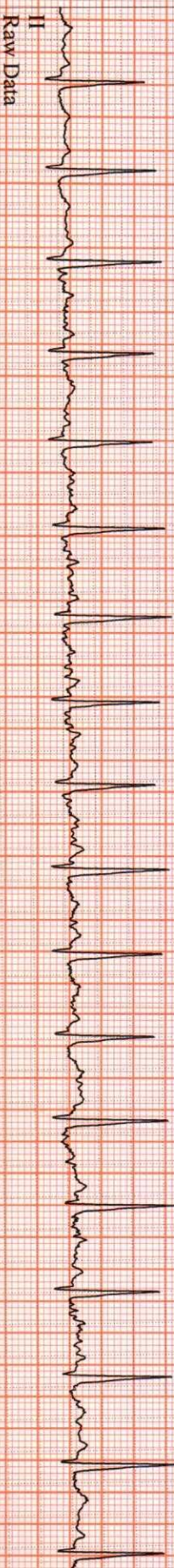
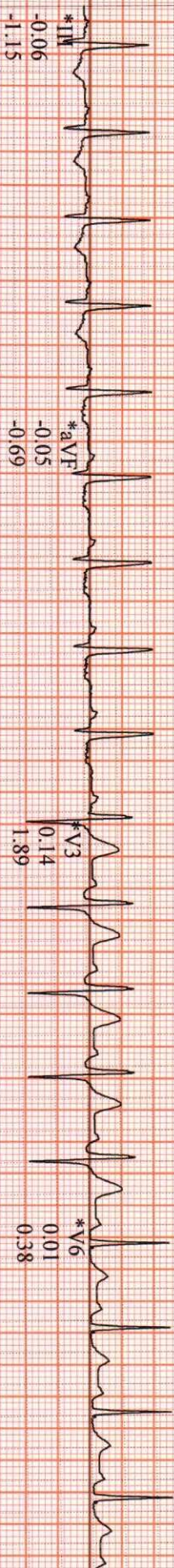
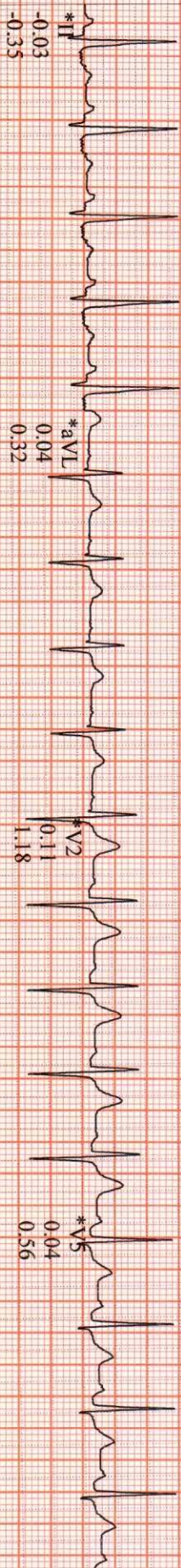
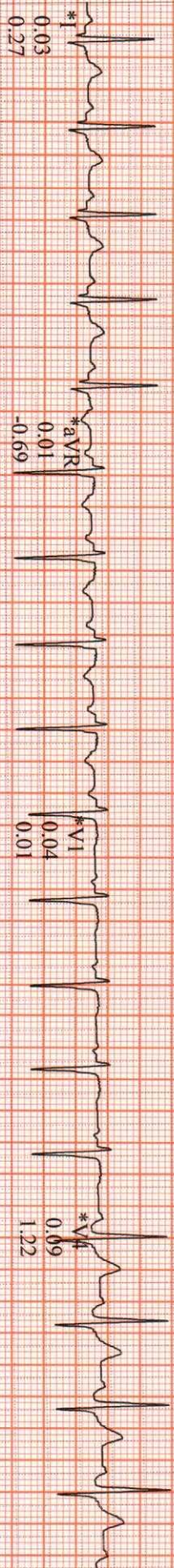
BRUCE

0.0 mph

0.0 %

SUBURBAN DIAGNOSTIC

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



*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V5,V4)

Start of Test: 11:35:00am

KAUSHAL, MISHRA

Patient ID 393786863

08:03:2025

11:47:22am

Linked Medians

RECOVERY

#1

03:00

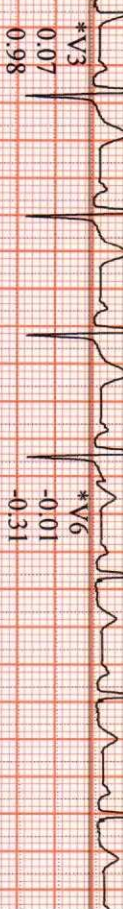
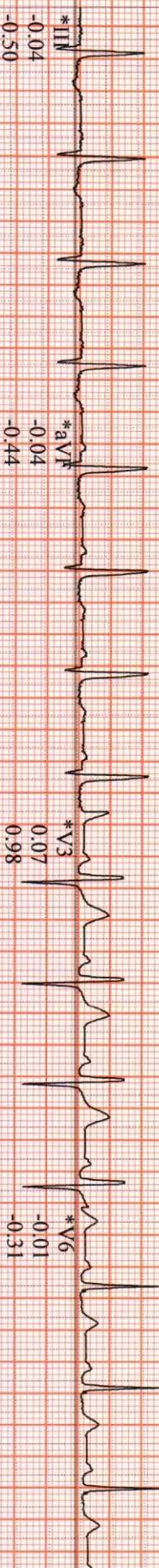
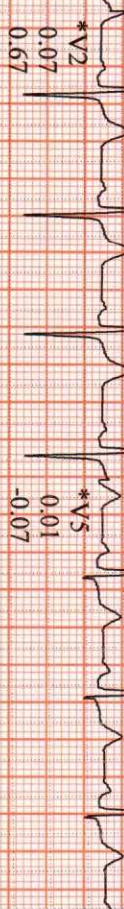
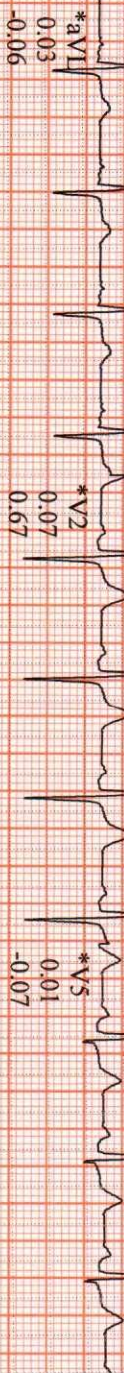
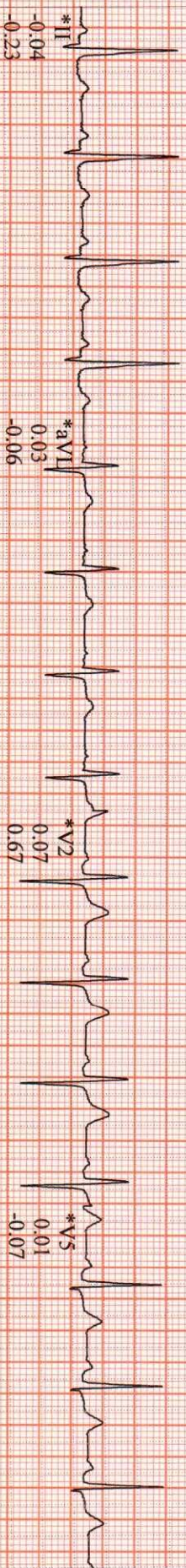
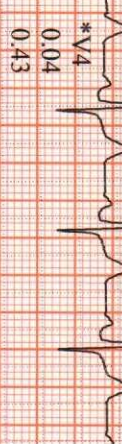
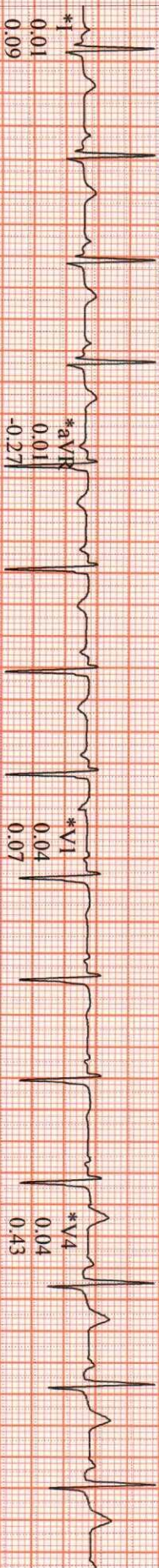
SUBURBAN DIAGNOSTIC

BRUCE

0.0 mph

0.0%

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



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V5,V4)

Start of Test: 11:35:00am