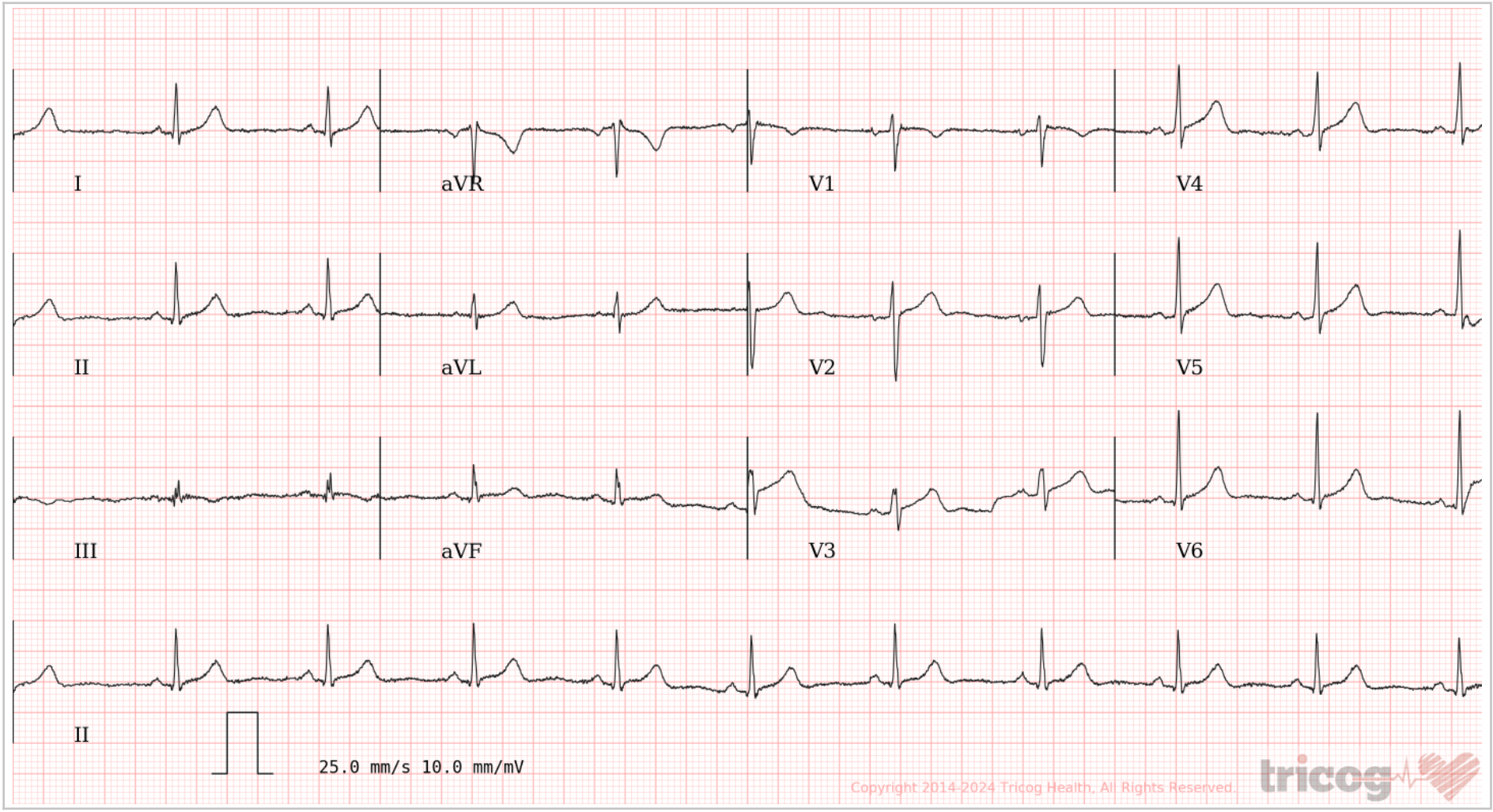
SUBURBAN DIAGNOSTICS - MALAD WEST

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Patient Name: MORE NIKHIL ASHOK
Patient ID: 2430305165

Date and Time: 29th Oct 24 11:16 AM



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Age **27** years **NA** months **NA** days

Gender **Male**

Heart Rate **64bpm**

Patient Vitals

BP:	110/80 mmHg
Weight:	63 kg
Height:	164 cm
Pulse:	NA
Spo2:	NA
Resp:	NA
Others:	

Measurements

QRSD:	76ms
QT:	392ms
QTcB:	404ms
PR:	130ms
P-R-T:	52° 49° 27°

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

REPORTED BY

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

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.

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REPORT

CID	: 2430305165		
Name	: MR.MORE NIKHIL ASHOK		
Age / Gender	: 27 Years / Male		
Consulting Dr.	: -	**Collected**	: 29-Oct-2024 / 10:52
Reg. Location	: Malad West (Main Centre)	**Reported**	: 29-Oct-2024 / 13:53

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	15.3	13.0-17.0 g/dL	Spectrophotometric
RBC	5.27	4.5-5.5 mil/cmm	Elect. Impedance
PCV	46.7	40-50 %	Calculated
MCV	88.7	80-100 fl	Measured
MCH	29.1	27-32 pg	Calculated
MCHC	32.8	31.5-34.5 g/dL	Calculated
RDW	**15.3**	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	6430	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	36.4	20-40 %	
Absolute Lymphocytes	2340.0	1000-3000 /cmm	Calculated
Monocytes	**11.2**	2-10 %	
Absolute Monocytes	720.0	200-1000 /cmm	Calculated
Neutrophils	46.0	40-80 %	
Absolute Neutrophils	2950.0	2000-7000 /cmm	Calculated
Eosinophils	6.0	1-6 %	
Absolute Eosinophils	390.0	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	30.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS			
Platelet Count	249000	150000-400000 /cmm	Elect. Impedance
MPV	9.6	6-11 fl	Measured
PDW	16.2	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		

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Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Normocytic,Normochromic
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR	3	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 CPL, Andheri West

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MC-2111

M Jain

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

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	88.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	63.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.66	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.14	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.52	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	21.3	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	22.5	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	20.2	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	94.2	40-130 U/L	Colorimetric
BLOOD UREA, Serum	24.3	12.8-42.8 mg/dl	Kinetic
BUN, Serum	11.3	6-20 mg/dl	Calculated
CREATININE, Serum	1.08	0.67-1.17 mg/dl	Enzymatic

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Reg. Location	: Malad West (Main Centre)	**Reported**	: 29-Oct-2024 / 13:18

eGFR, Serum	96	(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

URIC ACID, Serum	5.5	3.5-7.2 mg/dl	Enzymatic

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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	5.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	108.3	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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Yellow	Pale Yellow	Light scattering
Transparency	Clear	Clear	Light scattering
CHEMICAL EXAMINATION			
Specific Gravity	1.018	1.002-1.035	Refractive index
Reaction (pH)	5	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
MICROSCOPIC EXAMINATION			
(WBC)Pus cells / hpf	0.8	0-5/hpf	
Red Blood Cells / hpf	0.0	0-2/hpf	
Epithelial Cells / hpf	0.0	0-5/hpf	
Hyaline Casts	0.0	0-1/ hpf	
Pathological cast	0.0	0-0.3/hpf	
Calcium oxalate monohydrate crystals	0.0	0-1.4/hpf	
Calcium oxalate dihydrate crystals	0.0	0-1.4/hpf	
Triple phosphate crystals	0.0	0-1.4/hpf	
Uric acid crystals	0.0	0-1.4/hpf	
Amorphous debris	Absent	Absent	
Bacteria / hpf	10.8	0-29.5/hpf	
Yeast	Absent	Absent	

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Note: Microscopic examination 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 the arithmetic mean of the multiple fields scanned using microscopy. Reference: Pack Insert.

Others	-

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

BLOOD GROUPING & Rh TYPING

PARAMETER	RESULTS
ABO GROUP	A
Rh TYPING	POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) 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
2. AABB technical manual

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LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	171.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	49.2	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	48.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	123.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	**113.0**	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	10.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.3	0-3.5 Ratio	Calculated

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THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.4	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.67	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 becuase 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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M.D.(PATH)
Pathologist

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.
CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar (W), Mumbai - 400086.
HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com
Corporate Identity Number (CIN): U85110MH2002PTC136144

SUBURBAN DIAGNOSTICS
PRECISE TESTING • HEALTHIER LIVING

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

REPORT

CID	: 2430305165		
Name	: MR.MORE NIKHIL ASHOK		
Age / Gender	: 27 Years / Male		
Consulting Dr.	: -	**Collected**	: 29-Oct-2024 / 15:51
Reg. Location	: Malad West (Main Centre)	**Reported**	: 29-Oct-2024 / 18:08

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West

*** End Of Report ***

ilac-MRA

MC-2111

M Jain

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

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.
CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar (W), Mumbai - 400086.
HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com
Corporate Identity Number (CIN): U85110MH2002PTC136144

भारत सरकार
Government of India

आधार

भारत सरकार
Government of India

भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India

[redacted] / Enrolment No.:
XXXX/XXXXX/XXXXX

To
[redacted]
Nikhil Ashok More
Siddheshwar Nagar, Shantaram Talav
Kurar Village
Near Sangli Bank
Malad East
Mumbai Maharashtra-400097

Download Date:05/10/2023

Issue Date:14/03/2012

Signature Not Verified
Digitally signed by the UNIQUE IDENTIFICATION AUTHORITY OF INDIA
Date: 2023.10.05 22:27:06 IST

आपला आधार क्रमांक / Your Aadhaar No. :
XXXX XXXX 0561

माझे आधार, माझी ओळख

भारत सरकार
Government of India

आधार

Download Date:05/10/2023

[redacted]
Nikhil Ashok More
[redacted] /DOB: 04/11/1996
[redacted] / MALE

Issue Date:14/03/2012

XXXX XXXX 0561

माझे आधार, माझी ओळख

Government of India

AADHAAR

माहिती

- आधार ओळखीचा पुरावा आहे नागरिकत्वाचा नाही
- सुरक्षित QR कोड / ऑफलाइन XML / ऑनलाइन प्रमाणीकरण वापरून ओळख सत्यापित करा.
- हे इलेक्ट्रॉनिक प्रक्रिये द्वारा तयार झालेले एक पत्र आहे.

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
- This is electronically generated letter.

- आधार देशभरात वैध आहे
- आधार आपल्याला विविध सरकारी आणि खाजगी सेवा सुलभतेने घेण्यास मदत करते
- आपला मोबाइल नंबर आणि ईमेल आयडी आधारमध्ये अदयावत ठेवा
- आपल्या स्मार्ट फोनमध्ये आधार घ्या - **mAadhaar App** वापरा

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भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India

AADHAAR

[redacted], 400097

Address:
Siddheshwar Nagar, Shantaram Talav, Near Sangli Bank, Kurar Village, Malad East, Mumbai, Maharashtra, 400097

XXXX XXXX 0561

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SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

CID# : 2430305165

Name : MR.MORE NIKHIL ASHOK

Age / Gender : 27 Years/Male

Consulting Dr. :

Reg.Location : Malad West (Main Centre)

Collected : 29-Oct-2024 / 10:47

Reported : 29-Oct-2024 / 12:38

PHYSICAL EXAMINATION REPORT

History and Complaints:

Nil

EXAMINATION FINDINGS:

Height (cms):	164	**Weight (kg):**	63
Temp (0c):	Afebrile	**Skin:**	Normal
Blood Pressure (mm/hg):	110/80	**Nails:**	Normal
Pulse:	74/min	**Lymph Node:**	Not Palpable

Systems

Cardiovascular:	Normal
Respiratory:	Normal
Genitourinary:	Normal
GI System:	Normal
CNS:	Normal

IMPRESSION:

—

ADVICE: Regular exercise

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

CID# : 2430305165
Name : MR.MORE NIKHIL ASHOK
Age / Gender : 27 Years/Male
Consulting Dr. :
Reg.Location : Malad West (Main Centre)
Collected : 29-Oct-2024 / 10:47
Reported : 29-Oct-2024 / 12:38

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**	Yes
2) **Smoking**	No
3) **Diet**	Non-veg
4) **Medication**	No

*** End Of Report ***

Dr.Sonali Honrao
MD physician

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Date:- 29/10/24

Name:- Mr/Chil. More

CID:

Sex / Age: /

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

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

Aided Vision: LE - 6/6 LE - N/6

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

CID	: 2430305165		
Name	: Mr More Nikhil Ashok		
Age / Sex	: 27 Years/Male		
Ref. Dr	:	Reg. Date	: 29-Oct-2024
Reg. Location	: Malad West Main Centre	Reported	: 30-Oct-2024 / 11:08

USG WHOLE ABDOMEN

LIVER:
The liver is normal in size, shape and smooth margins. **It shows bright 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. Small polyp measuring 3.1 mm is seen. No evidence of gall stones 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 8.7 x 3.3 cm.
Left kidney measures 8.7 x 4.2 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 3.2 x 3.2 x 2.8 cm and volume is 15.9 cc.

Click here to view images <<ImageLink>>

REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | **CIN No.:** L74899DL1995PLC065388

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

CID	**: 2430305165**		
Name	**: Mr More Nikhil Ashok**		
Age / Sex	**: 27 Years/Male**		
Ref. Dr	**:**	**Reg. Date**	**: 29-Oct-2024**
Reg. Location	**: Malad West Main Centre**	**Reported**	**: 30-Oct-2024 / 11:08**

IMPRESSION:

Fatty liver.
Small gall bladder polyp.

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. All the possible precaution have been taken under covid-19 pandemic.

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

Dr. Sunil Bhutka
DMRD DNB
MMC REG NO:2011051101

Click here to view images <<ImageLink>>

REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | **CIN No.:** L74899DL1995PLC065388

SUBURBAN DIAGNOSTICS
--
Malad West

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: NIKHIL, MORE
Patient ID: 2430305165
Height: 164 cm
Weight: 63 kg

DOB: 04.11.1996
Age: 27yrs
Gender: Male
Race: Asian

Study Date: 29.10.2024
Test Type: --
Protocol: BRUCE

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

Medications:
--

Medical History:
--

Reason for Exercise Test:

--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:14	0.00	0.00	83	110/80	
	STANDING	00:06	0.00	0.00	82	110/80	
	HYPERV.	00:05	0.00	0.00	78	110/80	
	WARM-UP	00:12	1.00	0.00	78	110/80	
EXERCISE	STAGE 1	03:00	1.70	10.00	107		
	STAGE 2	03:00	2.50	12.00	137	120/80	
	STAGE 3	03:00	3.40	14.00	171	140/80	
	STAGE 4	00:22	4.20	16.00	179		
RECOVERY		03:03	0.00	0.00	116	140/80	

The patient exercised according to the BRUCE for 9:21 min:s, achieving a work level of Max. METS: 11.20. The resting heart rate of 90 bpm rose to a maximal heart rate of 179 bpm. This value represents 92 % of the maximal, age-predicted heart rate. The resting blood pressure of 110/80 mmHg , rose to a maximum blood pressure of 140/80 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 / arrythmia 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 Sonali Technician

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

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
102-104, Bhoom Castle,
Opp. Goregaon Sports Club,
Link Road, Malad (W), Mumbai - 400 064

NIKHIL, MORE
Patient ID 2430305165
29.10.2024
11:23:19am

12-Lead Report

83 bpm
110/80 mmHg

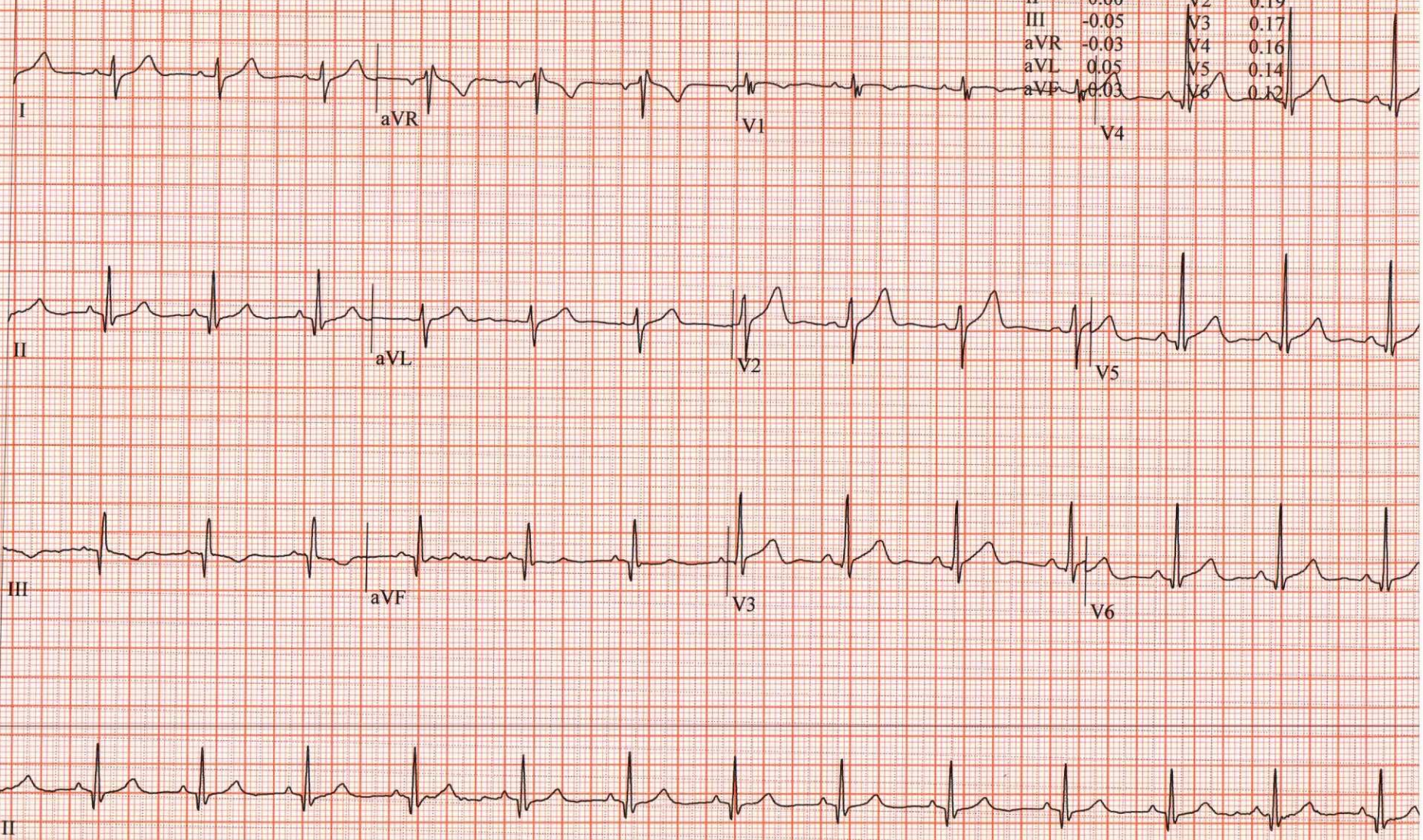
PRETEST
SUPINE
00:13

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOST

Measured at 60ms Post J
Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.05	V1	0.07
II	0.00	V2	0.19
III	-0.05	V3	0.17
aVR	-0.03	V4	0.16
aVL	0.05	V5	0.14
aVF	-0.03	V6	0.12



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

Start of Test: 11:23:01am

NIKHIL, MORE
Patient ID 2430305165
29.10.2024
11:23:25am

12-Lead Report

82 bpm
110/80 mmHg

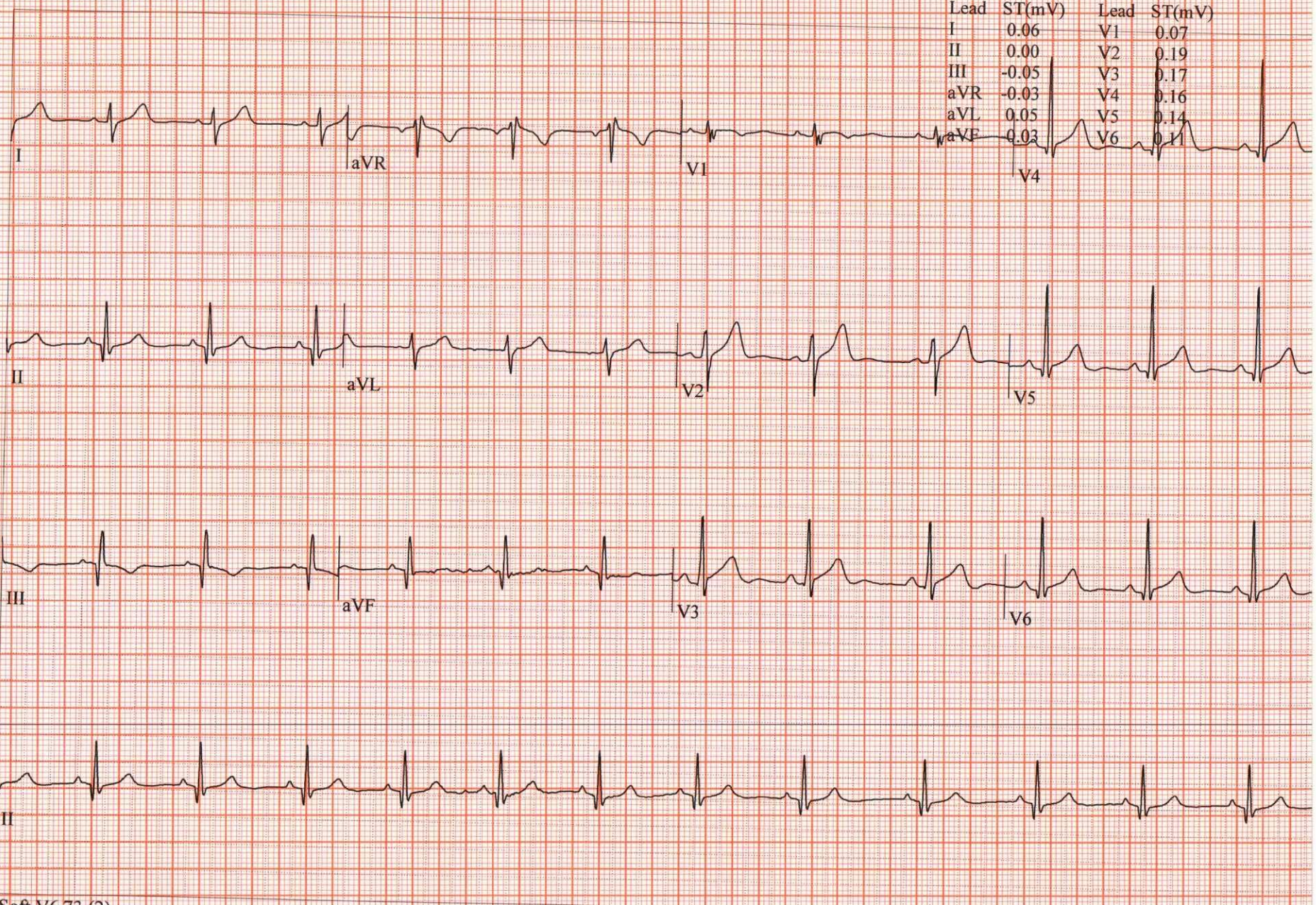
PRETEST
STANDING
00:18

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOST

Measured at 60ms Post J
Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.06	V1	0.07
II	0.00	V2	0.19
III	-0.05	V3	0.17
aVR	-0.03	V4	0.16
aVL	0.05	V5	0.14
aVF	0.03	V6	0.11



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

Start of Test: 11:23:01am

NIKHIL, MORE
Patient ID 2430305165
29.10.2024
11:23:30am

12-Lead Report

78 bpm
110/80 mmHg

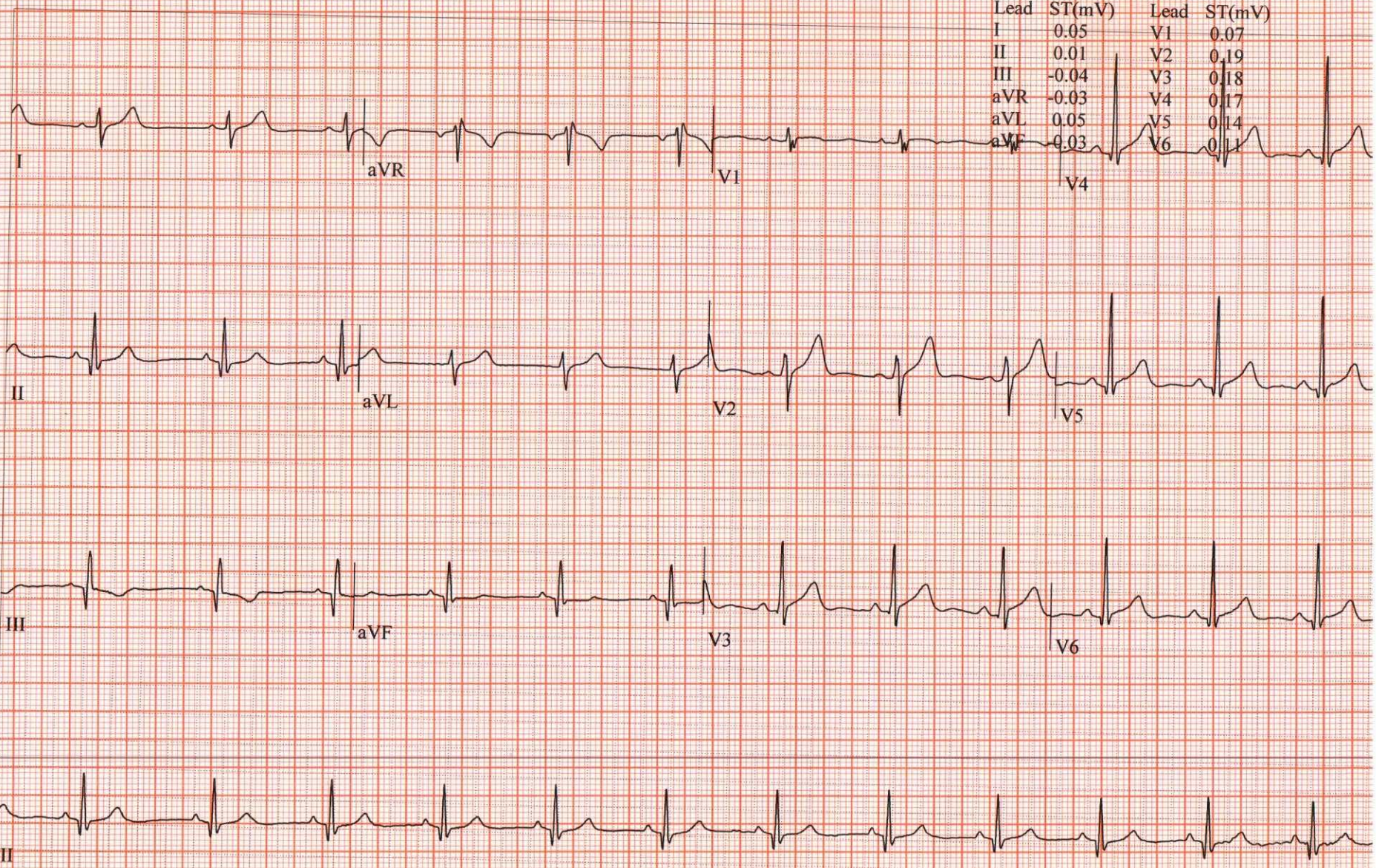
PRETEST
WARM-UP
00:23

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOST

Measured at 60ms Post J
Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.05	V1	0.07
II	0.01	V2	0.19
III	-0.04	V3	0.18
aVR	-0.03	V4	0.17
aVL	0.05	V5	0.14
aVF	-0.03	V6	0.11



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

Start of Test: 11:23:01am

NIKHIL, MORE
Patient ID 2430305165
29.10.2024
11:26:24am

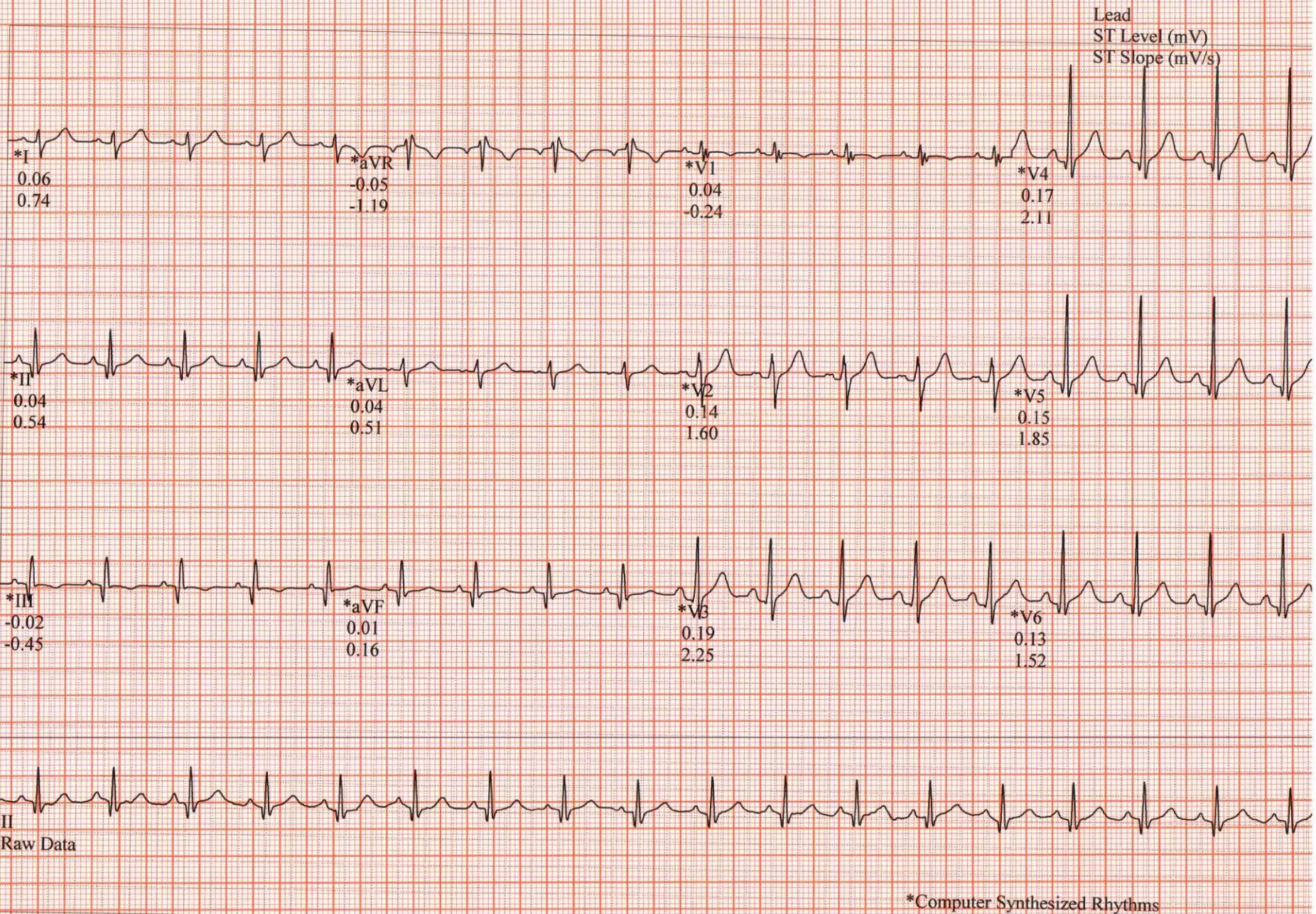
109 bpm

Linked Medians

EXERCISE
STAGE 1
02:50

BRUCE
1.7 mph
10.0 %

SUBURBAN DIAGNOST



*Computer Synthesized Rhythms

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

Start of Test: 11:23:01am

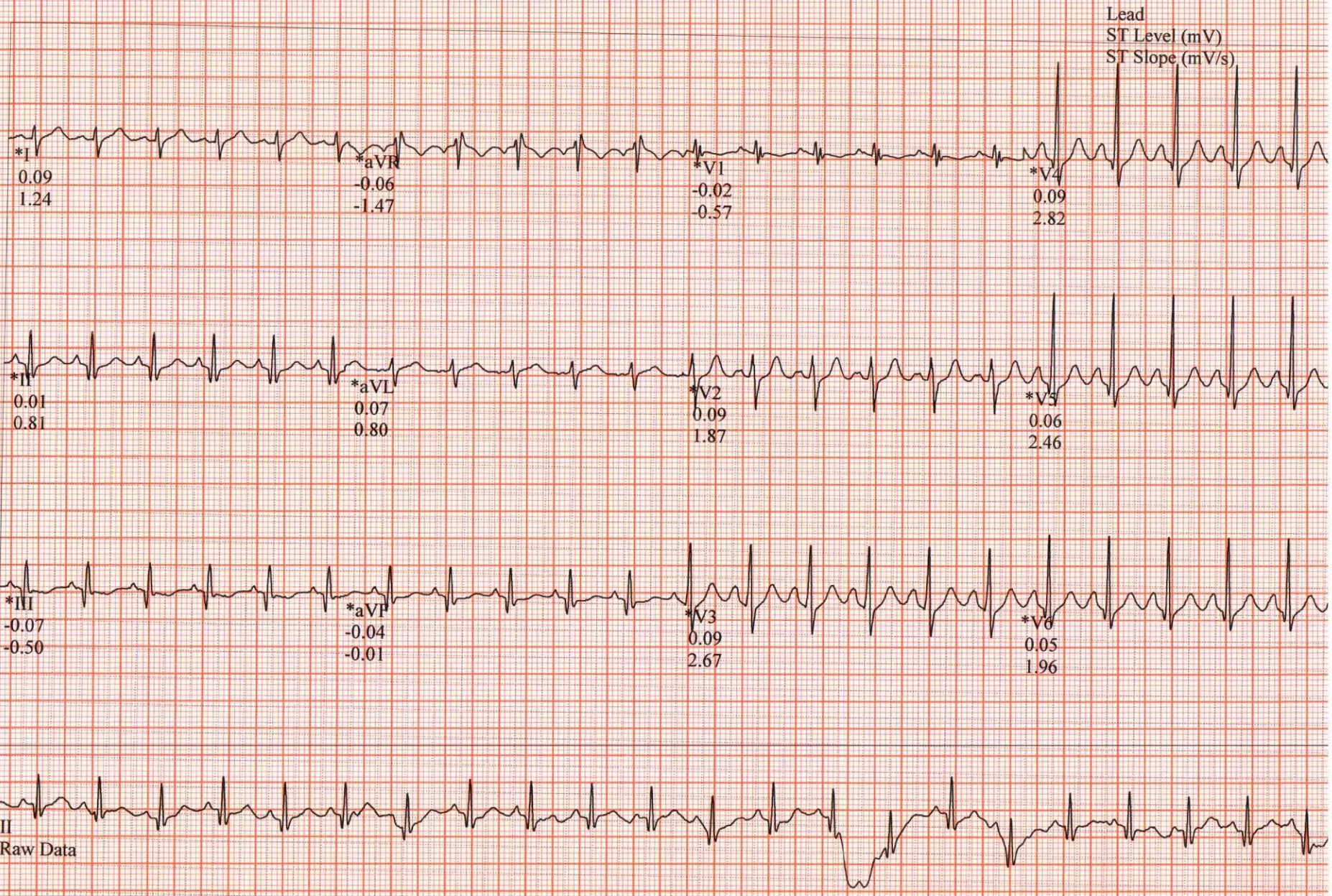
NIKHIL, MORE
Patient ID 2430305165
29.10.2024
11:29:24am

134 bpm
120/80 mmHg

Linked Medians
EXERCISE
STAGE 2
05:50

BRUCE
2.5 mph
12.0 %

SUBURBAN DIAGNOST



*Computer Synthesized Rhythms

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

Start of Test: 11:23:01am

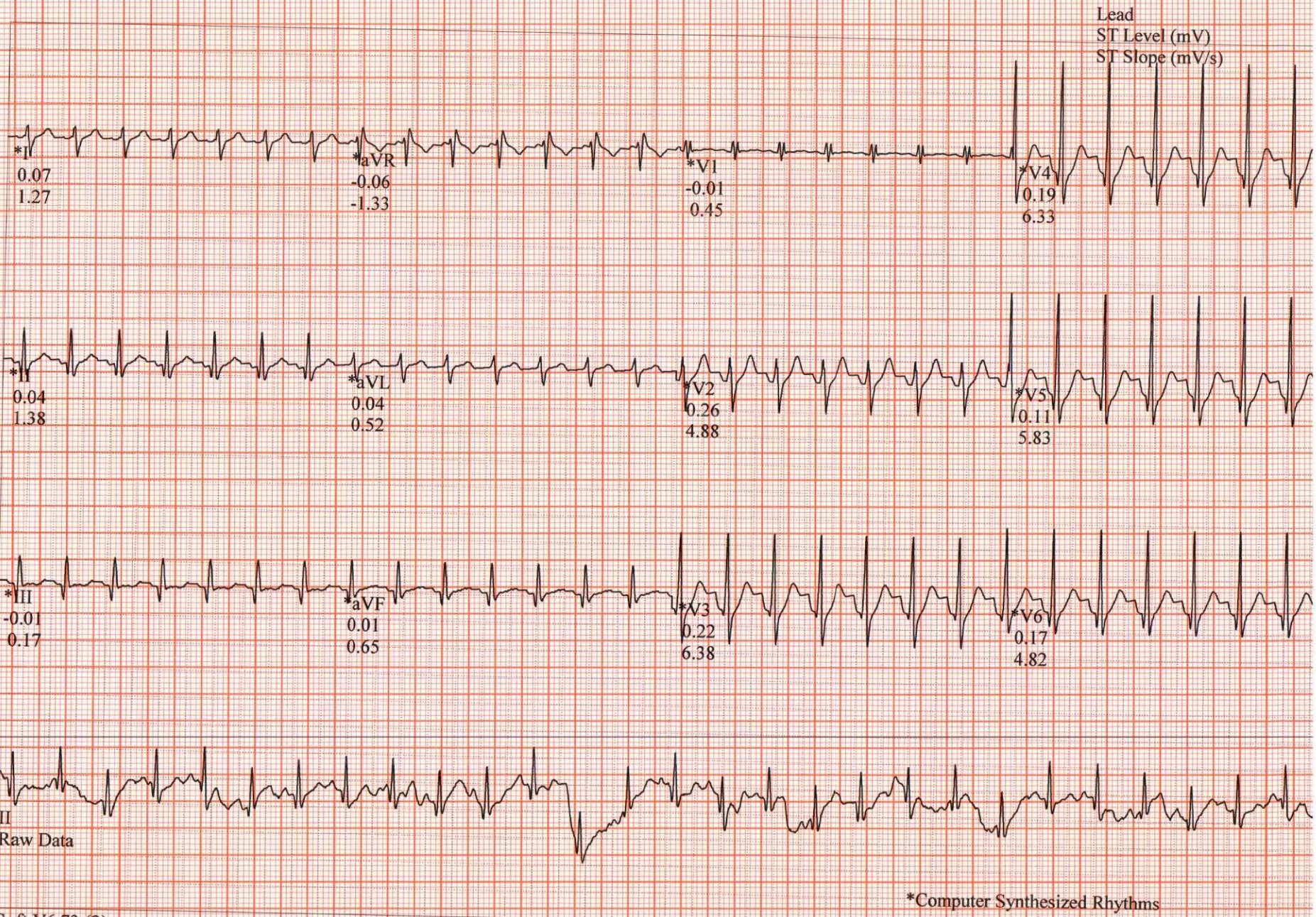
NIKHIL, MORE
Patient ID 2430305165
29.10.2024
11:32:24am

142 bpm
140/80 mmHg

Linked Medians
EXERCISE
STAGE 3
08:50

BRUCE
3.4 mph
14.0 %

SUBURBAN DIAGNOST



*Computer Synthesized Rhythms

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

Start of Test: 11:23:01am

NIKHIL, MORE
Patient ID 2430305165
29.10.2024
11:33:01am

179 bpm

12-Lead Report (PEAK EXERCISE)

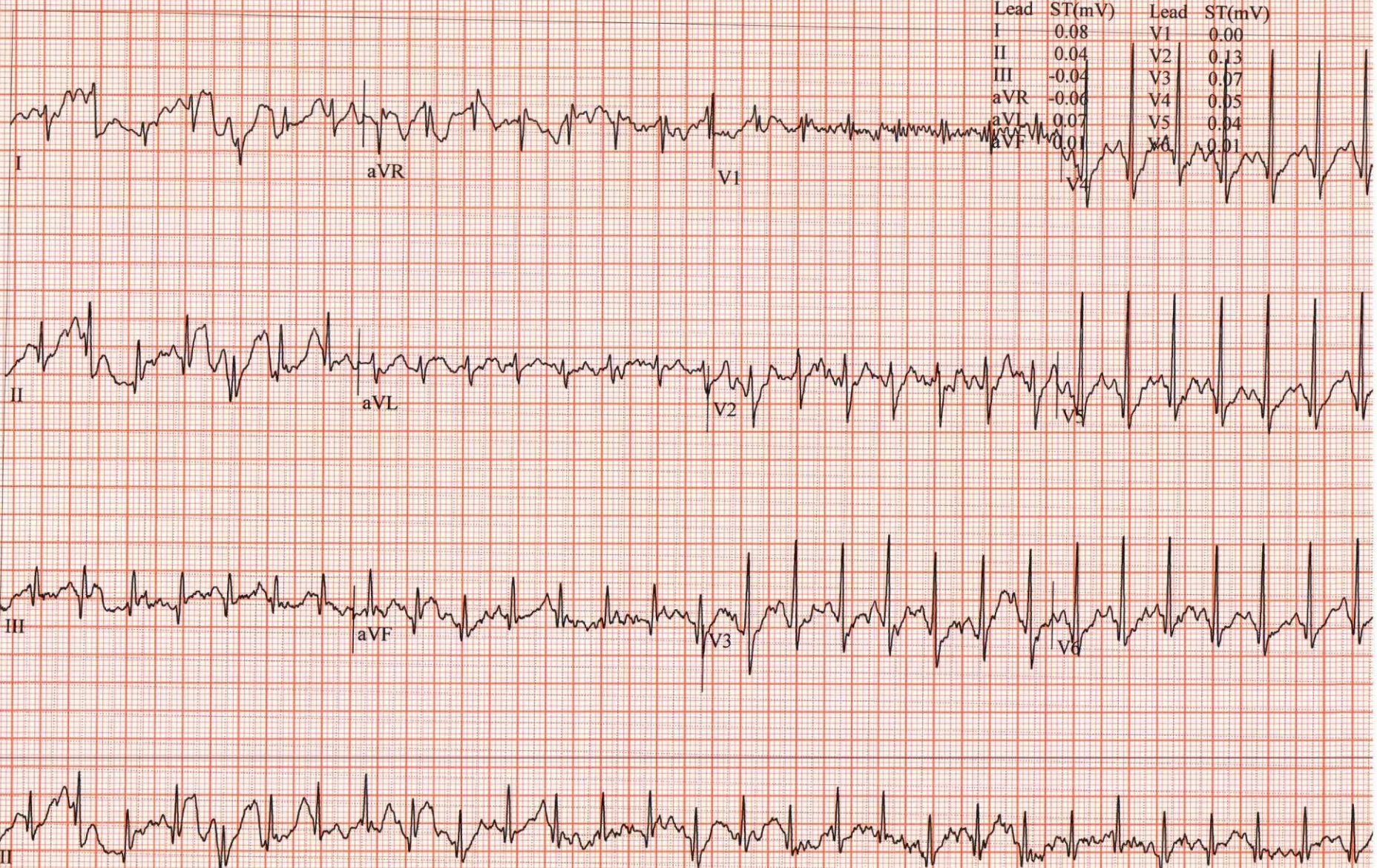
EXERCISE
STAGE 4
09:22

BRUCE
4.2 mph
16.0 %

SUBURBAN DIAGNOST

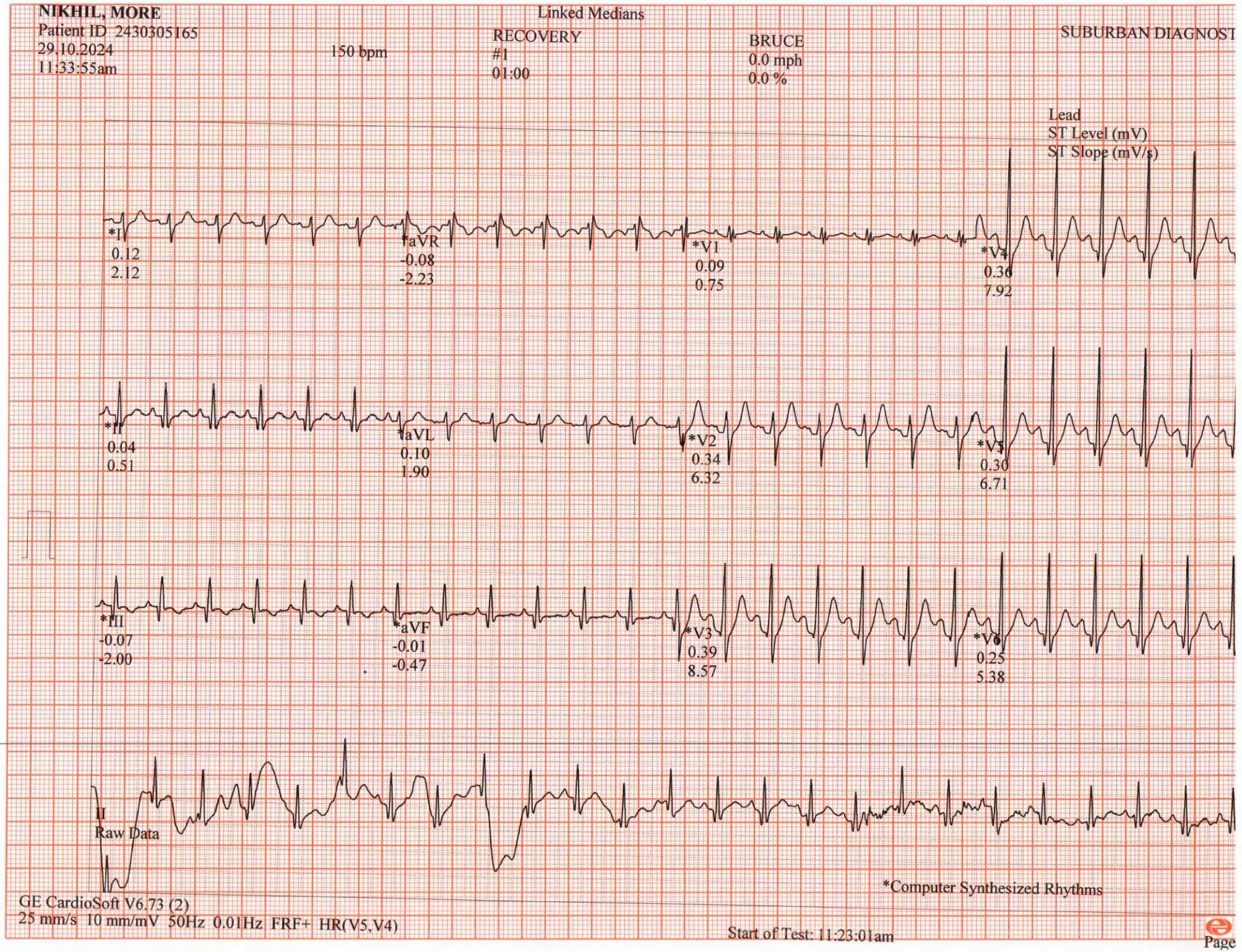
Measured at 60ms Post J
Auto Points

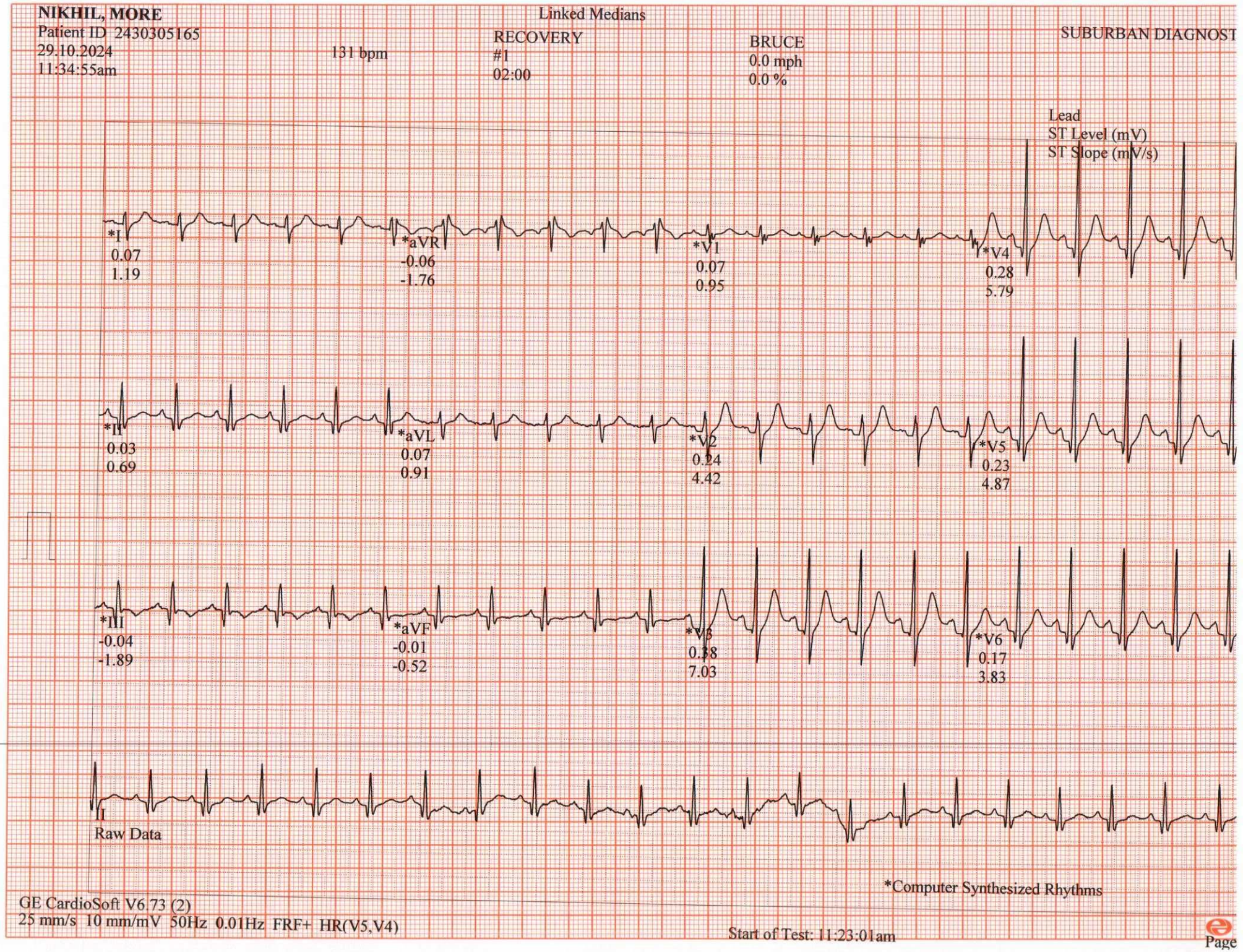
Lead	ST(mV)	Lead	ST(mV)
I	0.08	V1	0.00
II	0.04	V2	0.13
III	-0.04	V3	0.07
aVR	-0.06	V4	0.05
aVL	0.07	V5	0.04
aVF	0.01	V6	0.01



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

Start of Test: 11:23:01am


NIKHIL, MORE
Patient ID 2430305165
29.10.2024
11:33:55am
150 bpm
Linked Medians
RECOVERY
#1
01:00
BRUCE
0.0 mph
0.0 %
SUBURBAN DIAGNOST
Lead
ST Level (mV)
ST Slope (mV/s)
*I
0.12
2.12
aVR
-0.08
-2.23
*V1
0.09
0.75
*V4
0.36
7.92
*II
0.04
0.51
aVL
0.10
1.90
*V2
0.34
6.32
*V5
0.30
6.71
*III
-0.07
-2.00
*aVF
-0.01
-0.47
*V3
0.39
8.57
*V6
0.25
5.38
II
Raw Data
*Computer Synthesized Rhythms
GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V5,V4)
Start of Test: 11:23:01am
Page


NIKHIL, MORE
Patient ID 2430305165
29.10.2024
11:34:55am
131 bpm
Linked Medians
RECOVERY
#1
02:00
BRUCE
0.0 mph
0.0 %
SUBURBAN DIAGNOST
Lead
ST Level (mV)
ST Slope (mV/s)
*I
0.07
1.19
*aVR
-0.06
-1.76
*V1
0.07
0.95
*V4
0.28
5.79
*II
0.03
0.69
*aVL
0.07
0.91
*V2
0.24
4.42
*V5
0.23
4.87
*III
-0.04
-1.89
*aVF
-0.01
-0.52
*V3
0.38
7.03
*V6
0.17
3.83
II
Raw Data
*Computer Synthesized Rhythms
GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V5,V4)
Start of Test: 11:23:01am
Page

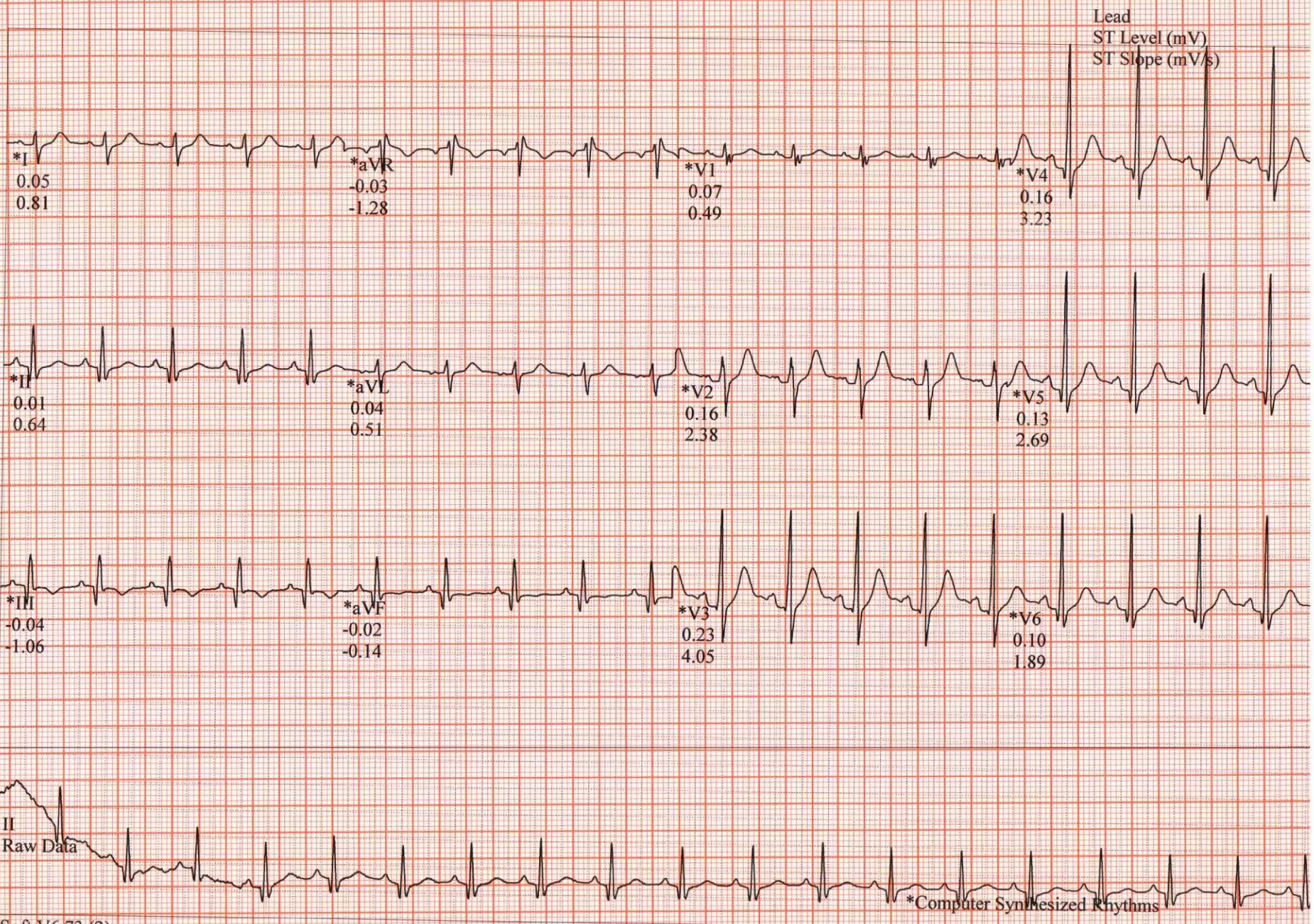
NIKHIL, MORE
Patient ID 2430305165
29.10.2024
11:35:55am

116 bpm
140/80 mmHg

Linked Medians
RECOVERY
#1
03:00

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOST



*Computer Synthesized Rhythms

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

Start of Test: 11:23:01am

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

REPORT

CID	: 2430305165		
Name	: Mr More Nikhil Ashok		
Age / Sex	: 27 Years/Male		
Ref. Dr	:	**Reg. Date**	: 29-Oct-2024
Reg. Location	: Malad West Main Centre	**Reported**	: 29-Oct-2024/15:47

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.

he 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

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SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

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REPORT

CID	: 2430305165		
Name	: Mr More Nikhil Ashok		
Age / Sex	: 27 Years/Male		
Ref. Dr	:	**Reg. Date**	: 29-Oct-2024
Reg. Location	: Malad West Main Centre	**Reported**	: 29-Oct-2024/15:47

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