



CID : 2328724366
 Name : MR.HELONDE GOPAL UMESHWARAO
 Age / Gender : 32 Years / Male
 Consulting Dr. : -
 Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 14-Oct-2023 / 08:46
 Reported : 14-Oct-2023 / 17:29

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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 | 15.3 | 13.0-17.0 g/dL | Spectrophotometric |
| RBC | 5.41 | 4.5-5.5 mil/cmm | Elect. Impedance |
| PCV | 46.4 | 40-50 % | Measured |
| MCV | 85.7 | 80-100 fl | Calculated |
| MCH | 28.3 | 27-32 pg | Calculated |
| MCHC | 33.0 | 31.5-34.5 g/dL | Calculated |
| RDW | 14.2 | 11.6-14.0 % | Calculated |
| <u>WBC PARAMETERS</u> | | | |
| WBC Total Count | 5450 | 4000-10000 /cmm | Elect. Impedance |
| <u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u> | | | |
| Lymphocytes | 29.2 | 20-40 % | |
| Absolute Lymphocytes | 1591.4 | 1000-3000 /cmm | Calculated |
| Monocytes | 11.2 | 2-10 % | |
| Absolute Monocytes | 610.4 | 200-1000 /cmm | Calculated |
| Neutrophils | 55.7 | 40-80 % | |
| Absolute Neutrophils | 3035.7 | 2000-7000 /cmm | Calculated |
| Eosinophils | 3.6 | 1-6 % | |
| Absolute Eosinophils | 196.2 | 20-500 /cmm | Calculated |
| Basophils | 0.3 | 0.1-2 % | |
| Absolute Basophils | 16.4 | 20-100 /cmm | Calculated |
| Immature Leukocytes | - | | |
| WBC Differential Count by Absorbance & Impedance method/Microscopy. | | | |
| <u>PLATELET PARAMETERS</u> | | | |
| Platelet Count | 343000 | 150000-400000 /cmm | Elect. Impedance |
| MPV | 9.1 | 6-11 fl | Calculated |
| PDW | 11.4 | 11-18 % | Calculated |
| <u>RBC MORPHOLOGY</u> | | | |
| Hypochromia | - | | |
| Microcytosis | - | | |



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Reported : 14-Oct-2023 / 15:54

| | |
|----------------------|--------------------------|
| 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 5 2-15 mm at 1 hr. Sedimentation

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



MC-5314

J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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 Name : MR.HELONDE GOPAL UMESHWARAO
 Age / Gender : 32 Years / Male
 Consulting Dr. : -
 Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 14-Oct-2023 / 08:46
 Reported : 14-Oct-2023 / 19:58

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|--|----------------|---|---|
| GLUCOSE (SUGAR) FASTING, Fluoride Plasma | 99.2 | Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl | Hexokinase |
| GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R | 111.4 | Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl | Hexokinase |
| BILIRUBIN (TOTAL), Serum | 0.53 | 0.1-1.2 mg/dl | Diazo |
| BILIRUBIN (DIRECT), Serum | 0.21 | 0-0.3 mg/dl | Diazo |
| BILIRUBIN (INDIRECT), Serum | 0.32 | 0.1-1.0 mg/dl | Calculated |
| TOTAL PROTEINS, Serum | 6.7 | 6.4-8.3 g/dL | Biuret |
| ALBUMIN, Serum | 4.7 | 3.5-5.2 g/dL | BCG |
| GLOBULIN, Serum | 2.0 | 2.3-3.5 g/dL | Calculated |
| A/G RATIO, Serum | 2.4 | 1 - 2 | Calculated |
| SGOT (AST), Serum | 21.1 | 5-40 U/L | IFCC without pyridoxal phosphate activation |
| SGPT (ALT), Serum | 18.0 | 5-45 U/L | IFCC without pyridoxal phosphate activation |
| GAMMA GT, Serum | 22.0 | 3-60 U/L | IFCC |
| ALKALINE PHOSPHATASE, Serum | 86.3 | 40-130 U/L | PNPP |
| BLOOD UREA, Serum | 15.7 | 12.8-42.8 mg/dl | Urease & GLDH |
| BUN, Serum | 7.3 | 6-20 mg/dl | Calculated |
| CREATININE, Serum | 0.89 | 0.67-1.17 mg/dl | Enzymatic |



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 Reported : 14-Oct-2023 / 19:21

| | | | |
|-------------|-----|------------------------------------|------------|
| eGFR, Serum | 117 | (ml/min/1.73sqm) | Calculated |
| | | Normal or High: Above 90 | |
| | | Mild decrease: 60-89 | |
| | | Mild to moderate decrease: 45-59 | |
| | | Moderate to severe decrease: 30-44 | |
| | | Severe decrease: 15-29 | |
| | | Kidney failure: <15 | |

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

| | | | |
|-------------------------|--------|---------------|---------|
| URIC ACID, Serum | 6.8 | 3.5-7.2 mg/dl | Uricase |
| 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 G B Road Lab, Thane West
 *** End Of Report ***



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 Collected : 14-Oct-2023 / 08:46
 Reported : 14-Oct-2023 / 17:25

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
GLYCOSYLATED HEMOGLOBIN (HbA1c)

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|---|----------------|--|---------------|
| 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.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

*** End Of Report ***



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Collected : 14-Oct-2023 / 08:46
 Reported : 14-Oct-2023 / 19:24

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|---------------------------------------|----------------|-----------------------------|--------------------|
| <u>PHYSICAL EXAMINATION</u> | | | |
| Color | Pale yellow | Pale Yellow | - |
| Reaction (pH) | Acidic (6.0) | 4.5 - 8.0 | Chemical Indicator |
| Specific Gravity | 1.010 | 1.010-1.030 | Chemical Indicator |
| Transparency | Clear | Clear | - |
| Volume (ml) | 40 | - | - |
| <u>CHEMICAL EXAMINATION</u> | | | |
| Proteins | Absent | Absent | pH Indicator |
| Glucose | Absent | Absent | GOD-POD |
| Ketones | Absent | Absent | Legals Test |
| Blood | Absent | Absent | Peroxidase |
| Bilirubin | Absent | Absent | Diazonium Salt |
| Urobilinogen | Normal | Normal | Diazonium Salt |
| Nitrite | Absent | Absent | Griess Test |
| <u>MICROSCOPIC EXAMINATION</u> | | | |
| Leukocytes(Pus cells)/hpf | 1-2 | 0-5/hpf | |
| Red Blood Cells / hpf | Absent | 0-2/hpf | |
| Epithelial Cells / hpf | 2-3 | | |
| Casts | Absent | Absent | |
| Crystals | Absent | Absent | |
| Amorphous debris | Absent | Absent | |
| Bacteria / hpf | 4-5 | Less than 20/hpf | |
| Others | - | | |

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein (1+ = 25 mg/dl , 2+ =75 mg/dl , 3+ = 150 mg/dl , 4+ = 500 mg/dl)
- Glucose(1+ = 50 mg/dl , 2+ =100 mg/dl , 3+ =300 mg/dl ,4+ =1000 mg/dl)
- Ketone (1+ =5 mg/dl , 2+ = 15 mg/dl , 3+= 50 mg/dl , 4+ = 150 mg/dl)

Reference: Pack inert

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
 *** End Of Report ***



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 Reported : 14-Oct-2023 / 16:51

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

| <u>PARAMETER</u> | <u>RESULTS</u> |
|-------------------------|-----------------------|
| ABO GROUP | O |
| Rh TYPING | Positive |

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

Note: This sample has also been tested for Bombay group/Bombay phenotype/Oh using anti H lectin.

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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

*** End Of Report ***



J. Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



CID : 2328724366
 Name : MR.HELONDE GOPAL UMESHWARAO
 Age / Gender : 32 Years / Male
 Consulting Dr. : -
 Reg. Location : Thane Kasarvadavali (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|----------------------------------|----------------|---|--|
| CHOLESTEROL, Serum | 169.3 | Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl | CHOD-POD |
| TRIGLYCERIDES, Serum | 74.5 | 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 | 39.6 | Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl | Homogeneous enzymatic colorimetric assay |
| NON HDL CHOLESTEROL, Serum | 129.7 | Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl | Calculated |
| LDL CHOLESTEROL, Serum | 115.0 | 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 | 14.7 | < /= 30 mg/dl | Calculated |
| CHOL / HDL CHOL RATIO, Serum | 4.3 | 0-4.5 Ratio | Calculated |
| LDL CHOL / HDL CHOL RATIO, Serum | 2.9 | 0-3.5 Ratio | Calculated |

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
 *** End Of Report ***



J. Mujawar

Dr. IMRAN MUJAWAR
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Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|---------------------|----------------|-----------------------------|---------------|
| Free T3, Serum | 6.4 | 3.5-6.5 pmol/L | ECLIA |
| Free T4, Serum | 15.6 | 11.5-22.7 pmol/L | ECLIA |
| sensitiveTSH, Serum | 4.26 | 0.35-5.5 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 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 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 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:

- O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)



MC-5314

J. Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist

Authenticity Check



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Age / Gender : 32 Years / Male
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

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Collected : 14-Oct-2023 / 08:46
Reported : 14-Oct-2023 / 19:22

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*** End Of Report ***

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

GOPAL UMESHWARAO HELODE

UMESHWARAO NAMDEO HELODE

20/08/1991

Permanent Account Number

ALTPH6022P

Signature



26032014

Handwritten signature



Date:

To,
Suburban Diagnostics (India) Private Limited
Shop No.6, Fenkin Belleza, Ghodbunder Rd,
opp. M.K. Plaza, Kasarvadavali,
Thane, Maharashtra 400607

SUBJECT- TO WHOMSOEVER IT MAY CONCERN

Dear Sir/ Madam,

This is to inform you that I, Myself Mr/ Mrs/ Ms. Gopal. Helonde
don't want to performed the following tests:

- 1) Stool - R
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

CID No. & Date

: 2328724366 / 14.10.23

Corporate/ TPA/ Insurance Client Name :

Arcofemi Healthcare Limited

Thanking you.

Yours sincerely,

(Mr/Mrs/Ms. Gopal Helonde)



PHYSICAL EXAMINATION REPORT

| | | | |
|--------------|-------------------|----------|---------------|
| Patient Name | Mr. Gopal Helonde | Sex/Age | male / 32 yrs |
| Date | 14.10.23 | Location | KASARVADAVALI |

History and Complaints

Nil

EXAMINATION FINDINGS:

| | | | |
|----------------|--------|-------------|--------|
| Height | 165 cm | Temp (0c): | Normal |
| Weight | 63 kg | Skin: | Normal |
| Blood Pressure | 130/80 | Nails: | Normal |
| Pulse | 76/4 | Lymph Node: | Normal |

Systems :

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

Impression:

1) Dyslipidemia 2) Fatty Liver

ADVICE :

To Follow up with Family Physician *Am*

CHIEF COMPLAINTS :

| | | |
|-----|-------------------------------------|---|
| 1) | Hypertension: | No |
| 2) | IHD | No |
| 3) | Arrhythmia | No |
| 4) | Diabetes Mellitus | No |
| 5) | Tuberculosis | No |
| 6) | Asthma | 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 symptom | No H/O of shoulder but local area of the mobile Area of <i>Am</i> |
| 13) | Blood disease or disorder | No |
| 14) | Cancer/lump growth/cyst | No |
| 15) | Congenital disease | No |
| 16) | Surgeries | Piles operated 5-6 yrs back. |

PERSONAL HISTORY:

| | | |
|----|------------|----------------|
| 1) | Alcohol | # Occasionally |
| 2) | Smoking | No |
| 3) | Diet | Veg + eggs. |
| 4) | Medication | Nil |



DR. ANAND N. MOTWANI
(GENERAL MEDICINE)
Reg. No. 30329 (M.M.C.)

Date : 14.10.23

CID : 2328724366

Name : Mr. Gopal Helonde Sex/Age : male / 32 yrs.

EYE CHECK UP

Chief complaints : Nil

Systematic Diseases : Nil

Past History : Nil

Unaided Vision : -

Aided Vision : Rt - 6/6

Lt - 6/9

Refraction : -

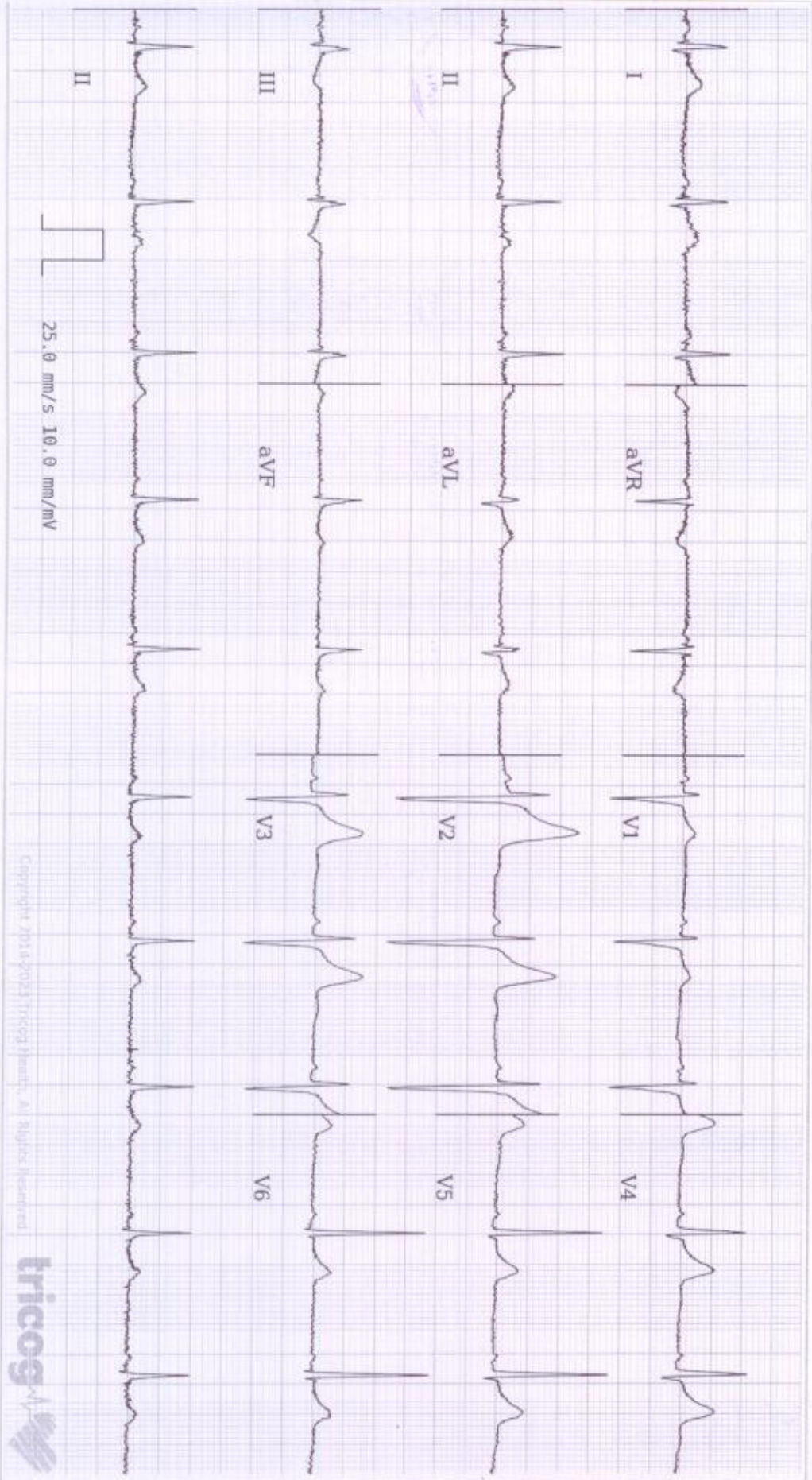
Colour Vision : Normal

Remarks : ✓



Patient Name: **HELONDE GOPAL UMESHWARAO**
Patient ID: **2328724366**

SUBURBAN DIAGNOSTICS - IHANE KASARAVADAVALLI
Date and Time: **14th Oct 23 9:16 AM**



Age **32** NA NA
years months days

Gender **Male**

Heart Rate **62bpm**

Patient Vitals

BP: **110/70 mmHg**

Weight: **63 kg**

Height: **165 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **90ms**

QT: **384ms**

QTcB: **389ms**

PR: **110ms**

P-R-T: **32° 52° 9°**

ECG Within Normal Limits: Sinus Rhythm, Short PR Interval, Tall T waves in leads V2 & V3. Otherwise, Please correlate clinically.

REPORTED BY

Aravind

Dr. Arvind N. Morwani
M.D. (General Medicine)
Reg No 39329 M.M.C.

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.



SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Patient Details Date: 14-Oct-23 Time: 11:46:40 AM
Name: MR. GOPAL HELONDE ID: 2328724366
Age: 32 y Sex: M Height: 165 cms. Weight: 63 Kg.
Clinical History: NIL

Medications: NIL

Test Details

Protocol: Bruce Pr.MHR: 188 bpm THR: 159 (85 % of Pr.MHR) bpm
Total Exec. Time: 10 m 30 s Max. HR: 162 (86% of Pr.MHR)bpm Max. Mets: 13.50
Max. BP: 180 / 86 mmHg Max. BP x HR: 29160 mmHg/min Min. BP x HR: 4200 mmHg/min
Test Termination Criteria: THR ACHIEVED

Protocol Details

| Stage Name | Stage Time (min : sec) | Mets | Speed (mph) | Grade (%) | Heart Rate (bpm) | Max. BP (mm/Hg) | Max. ST Level (mm) | Max. ST Slope (mV/s) |
|------------------|---------------------------|------|----------------|--------------|------------------------|--------------------|--------------------------|----------------------------|
| Supine | 0 : 24 | 1.0 | 0 | 0 | 63 | 110 / 70 | -0.42 aVR | 2.83 V2 |
| Standing | 0 : 10 | 1.0 | 0 | 0 | 63 | 110 / 70 | -0.42 III | 2.48 V2 |
| Hyperventilation | 0 : 16 | 1.0 | 0 | 0 | 60 | 110 / 70 | -0.42 III | 2.83 V2 |
| 1 | 3 : 0 | 4.6 | 1.7 | 10 | 102 | 110 / 70 | -3.40 aVR | -4.95 V1 |
| 2 | 3 : 0 | 7.0 | 2.5 | 12 | 120 | 120 / 70 | -1.06 III | 2.83 V2 |
| 3 | 3 : 0 | 10.2 | 3.4 | 14 | 142 | 160 / 80 | -1.70 V5 | 3.89 V3 |
| Peak Ex | 1 : 30 | 13.5 | 4.2 | 16 | 162 | 180 / 86 | -2.55 V5 | 5.66 V3 |
| Recovery(1) | 1 : 0 | 1.8 | 1 | 0 | 150 | 180 / 86 | -2.12 V6 | 5.66 V3 |
| Recovery(2) | 1 : 0 | 1.0 | 0 | 0 | 129 | 170 / 86 | -1.27 III | 5.66 V3 |
| Recovery(3) | 1 : 0 | 1.0 | 0 | 0 | 116 | 160 / 80 | -1.06 III | 5.66 V3 |
| Recovery(4) | 0 : 14 | 1.0 | 0 | 0 | 109 | 150 / 80 | -0.64 III | 5.66 V2 |

Interpretation

GOOD EFFORT TOLERANCE
 NORMAL HEART RATE AND BP RESPONSE
 NO ARRHYTHMIAS
 NO ANGINAL OR ANGINAL EQUIVALENT SYMPTOMS
 BORDERLINE ST CHANGES FROM BASELINE SEEN IN LATERAL WALL LEADS DURING
 EXERCISE OF THE TEST

IMPRESSION

STRESS TEST IS BORDERLINE POSITIVE FOR STRESS INDUCIBLE MYOCARDIAL
 ISCHAEMIA
 ADVISED TO CONSULT CARDIOLOGIST FOR FURTHER OPINION

DISCLAIMER: Negative stress test does not rule out coronary artery disease and positive stress test is suggestive but not confirmatory of coronary artery disease. Hence clinical co-
 relation is mandatory.

Ref. Doctor: CORPORATE

(Summary Report edited by user)


DR. ANAND N. MOTWANI
 M.D. (GENERAL MEDICINE)
 Reg. No. 39329 (M.M.C)



Doctor: Dr. Anand Motwani

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MR. GOPAL HELONDE (32 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2328724366

Date: 14-Oct-23

Exec Time : 0 m 0 s

Stage Time : 0 m 18 s HR: 63 bpm

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 159 bpm)

B.P.: 110 / 70

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

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

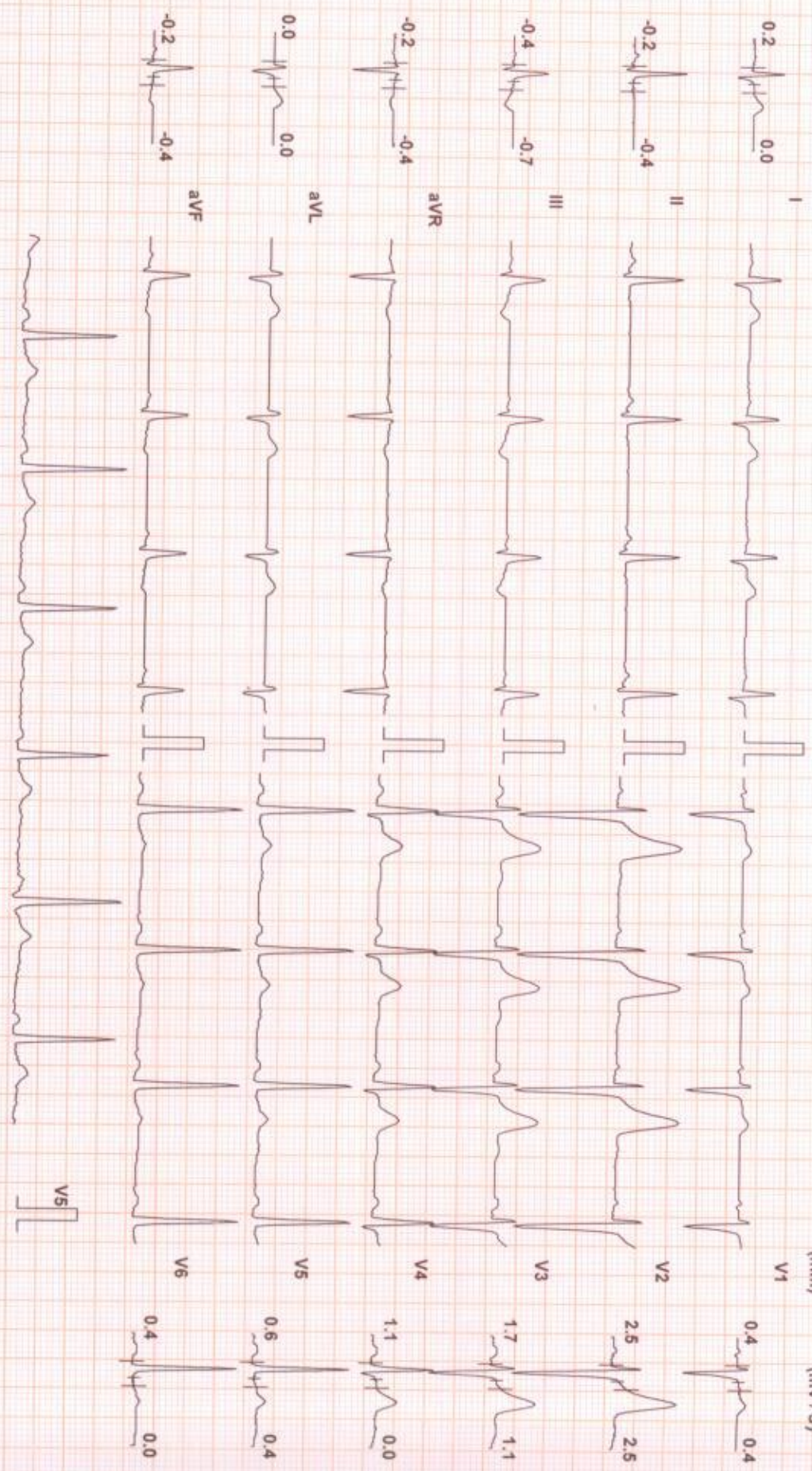


Chart Speed: 25 mm/sec
Schlier Spanden V47

Filter: 35 Hz

Mains Filtr. ON

Amp: 10 mm

ISO = R - 60 ms

J = R * 60 ms

Post J = J * 60 ms

Linked Median



MR. GOPAL HELONDE (32 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

ID: 2328724366

Date: 14-Oct-23

Exec Time : 0 m 0 s

Stage Time : 0 m 4 s

HR: 62 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 159 bpm)

B.P.: 110 / 70

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

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

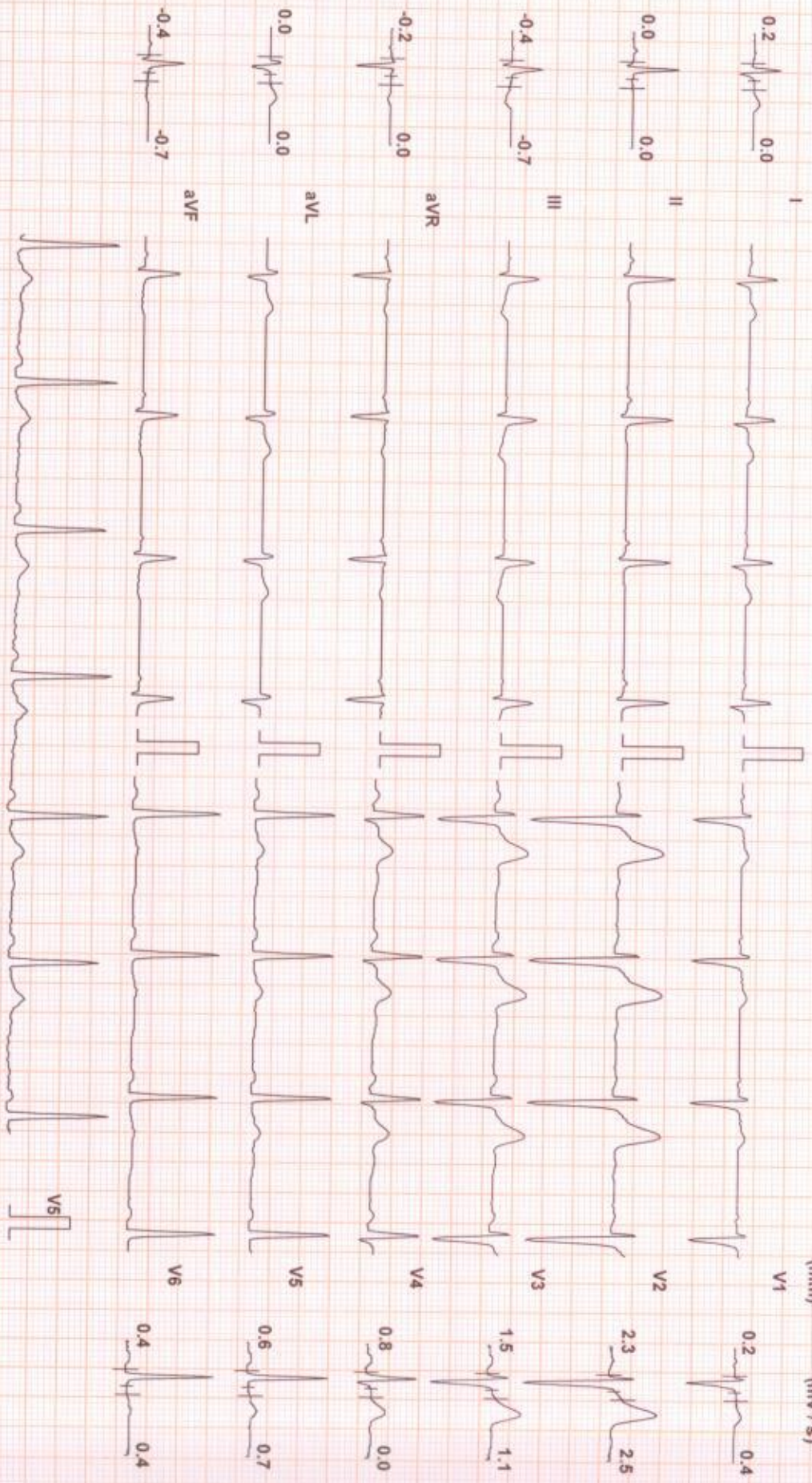


Chart Speed: 25 mm/sec
Schiller Spanden V4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MR. GOPAL HELONDE (32 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

ID: 2328724366

Date: 14-Oct-23

Exec Time : 0 m 0 s

Stage Time : 0 m 10 s

HR: 61 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0%

(THR: 159 bpm)

B.P.: 110 / 70

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

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

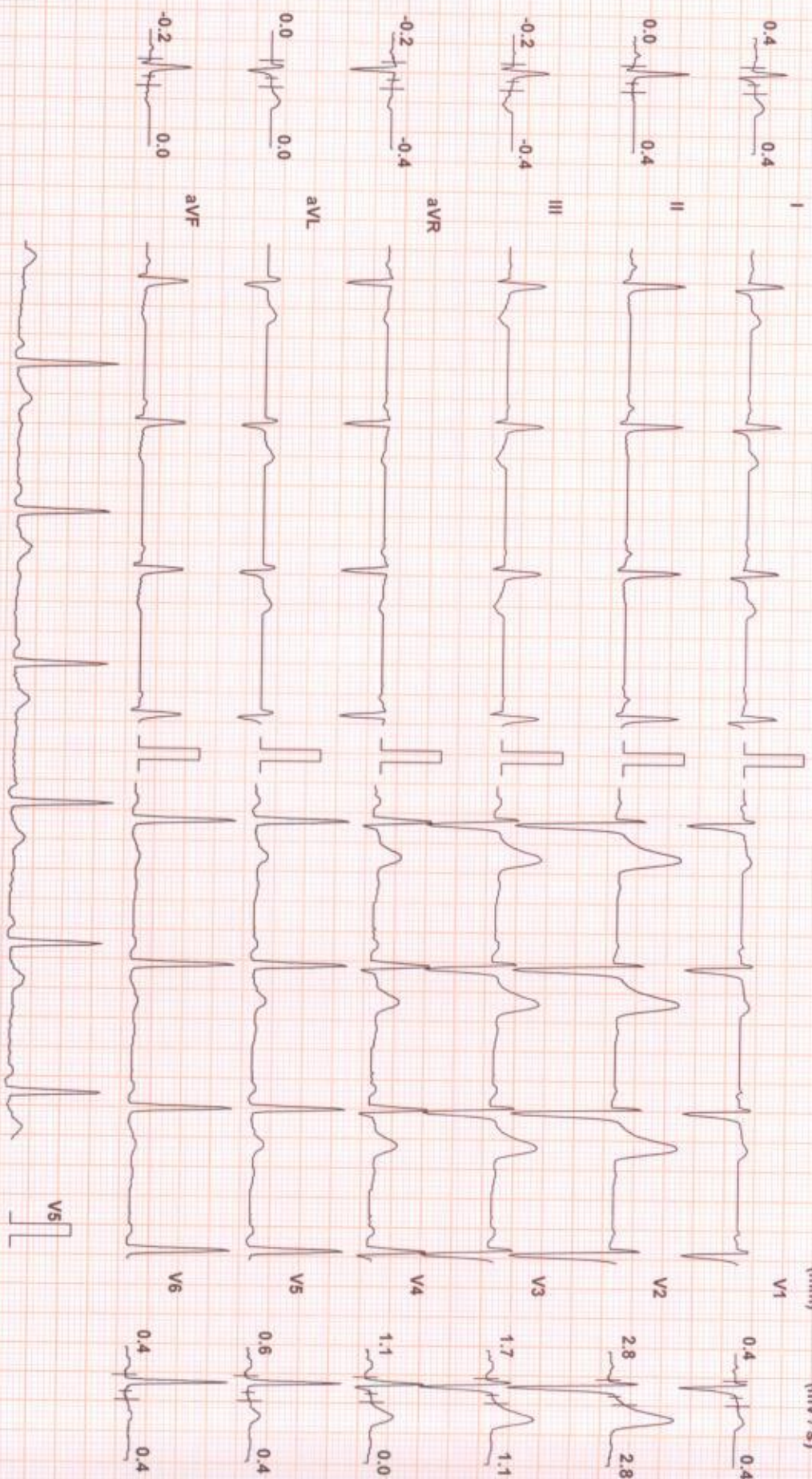


Chart Speed: 25 mm/sec
Schlier Spanden V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MR. GOPAL HELONDE (32 M)

Protocol: Bruce

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

ID: 2328724366

Date: 14-Oct-23

Exec Time : 2 m 54 s

Stage Time : 2 m 54 s

HR: 107 bpm

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 159 bpm)

B.P: 110 / 70

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

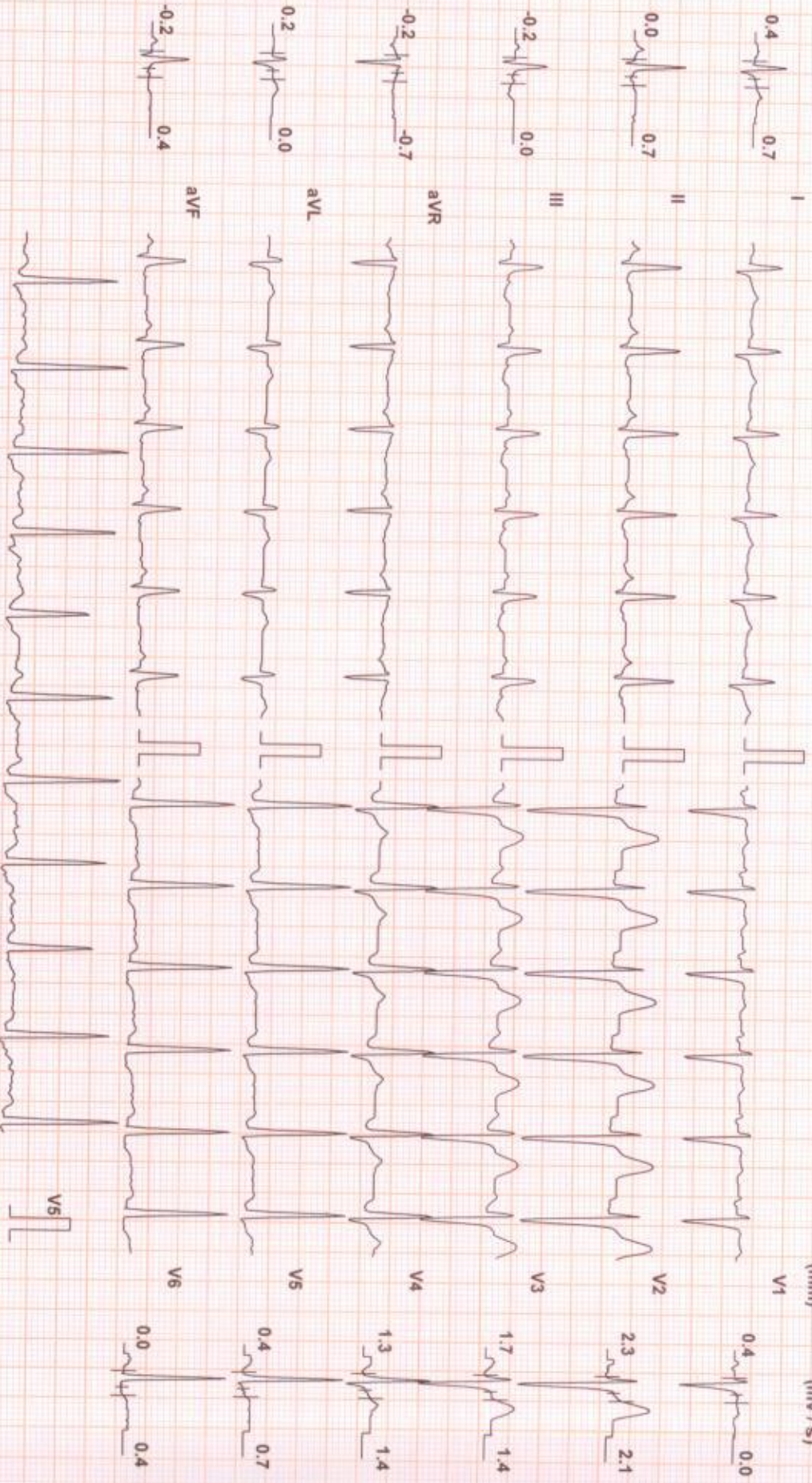


Chart Speed: 25 mm/sec
Schlier Spandan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R - 60 ms

Post J = J + 60 ms

Linked Median



MR. GOPAL HELONDE (32 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2328724366

Date: 14-Oct-23

Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 118 bpm

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 159 bpm)

B.P.: 120 / 70

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

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

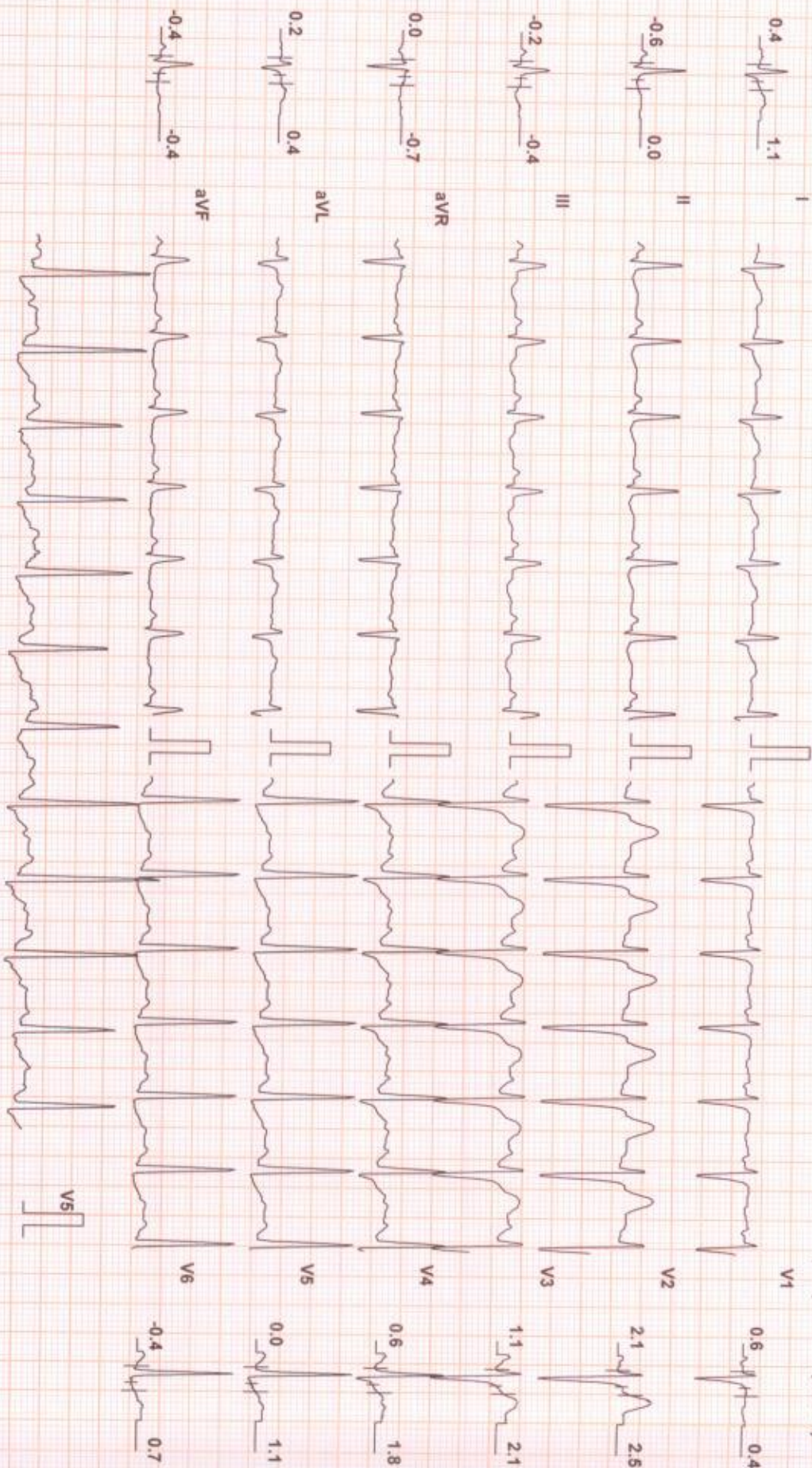


Chart Speed: 25 mm/sec
Schiller Spandian V 4.7

Filter: 35 Hz

Mains Filt. ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MR. GOPAL HELONDE (32 M)

ID: 2328724366

Date: 14-Oct-23

Exec Time : 8 m 57 s Stage Time : 2 m 57 s HR: 143 bpm

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Protocol: Bruce

Stage: 3

Speed: 3.4 mph

Grade: 14 %

(THR: 159 bpm)

B.P: 160 / 80

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

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

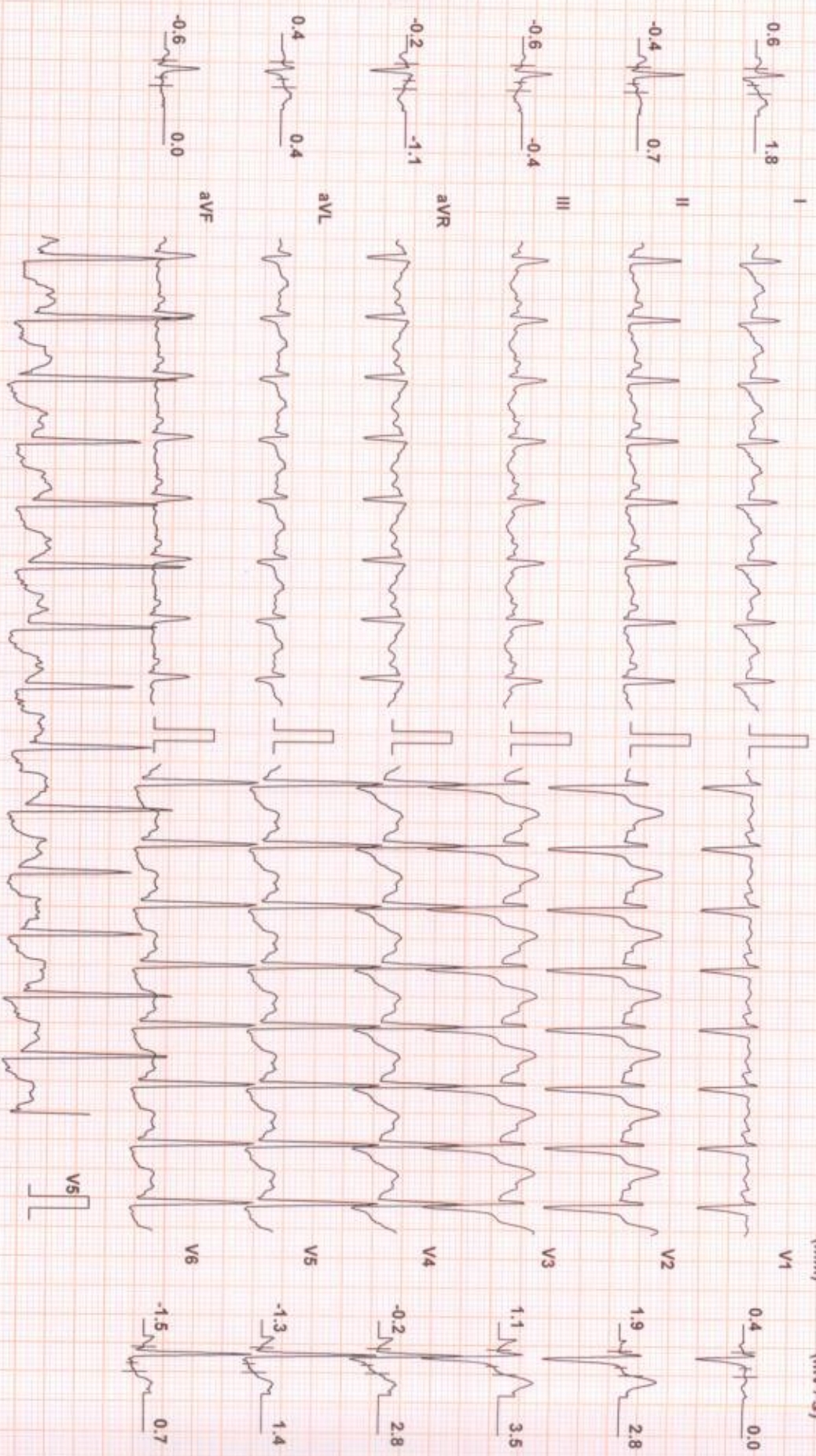


Chart Speed: 25 mm/sec
Schlier Spanden V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MR. GOPAL HELONDE (32 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

ID: 2328724366

Date: 14-Oct-23

Exec Time : 10 m 24 s Stage Time : 1 m 24 s HR: 163 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 4.2 mph

Grade: 16 %

(THR: 159 bpm)

B.P.: 180 / 86

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

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

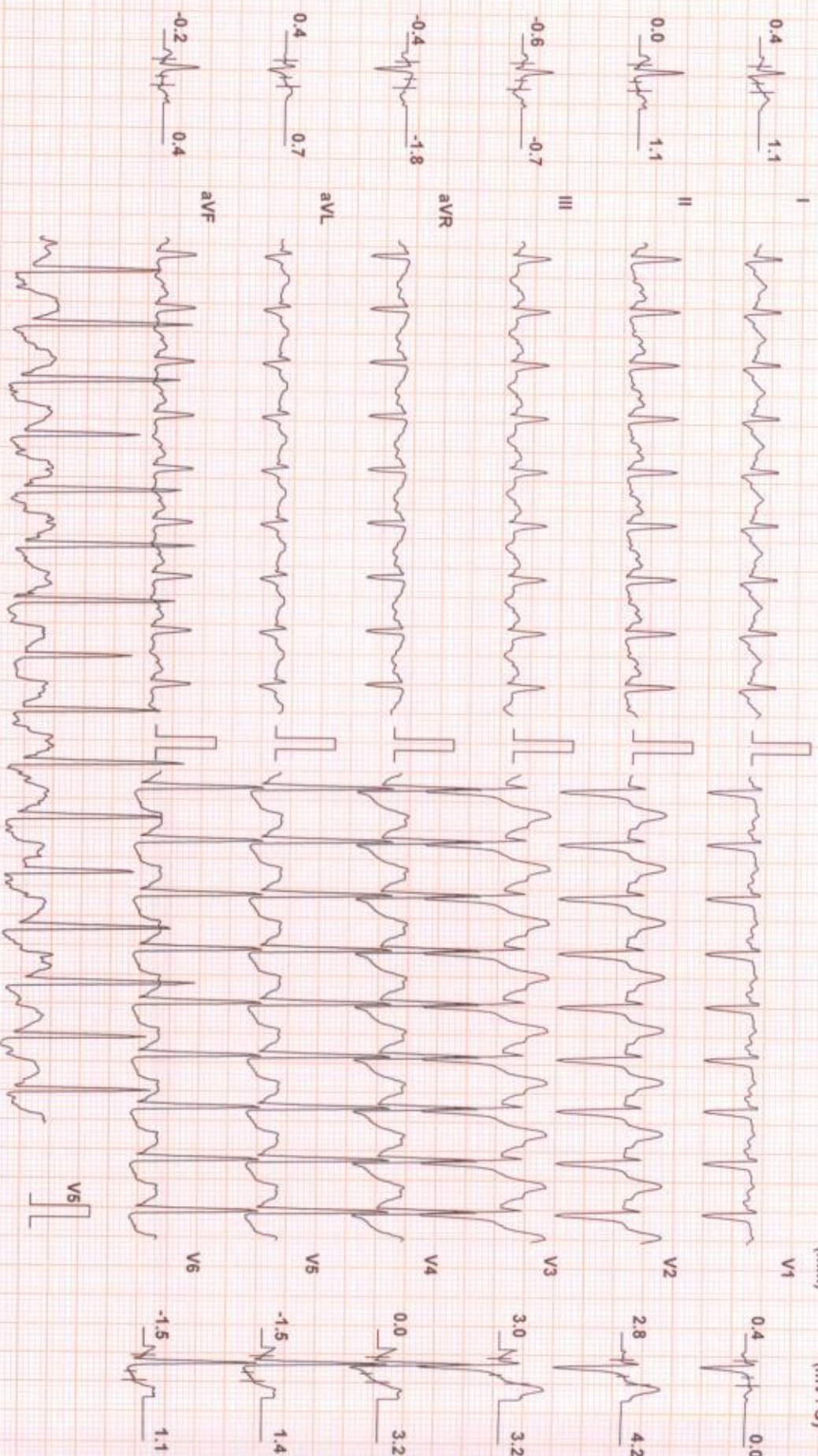


Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MR. GOPAL HELONDE (32 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

ID: 2328724366

Date: 14-Oct-23

Exec Time : 10 m 30 s Stage Time : 0 m 54 s

HR: 146 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 159 bpm)

B.P: 180 / 86

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

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

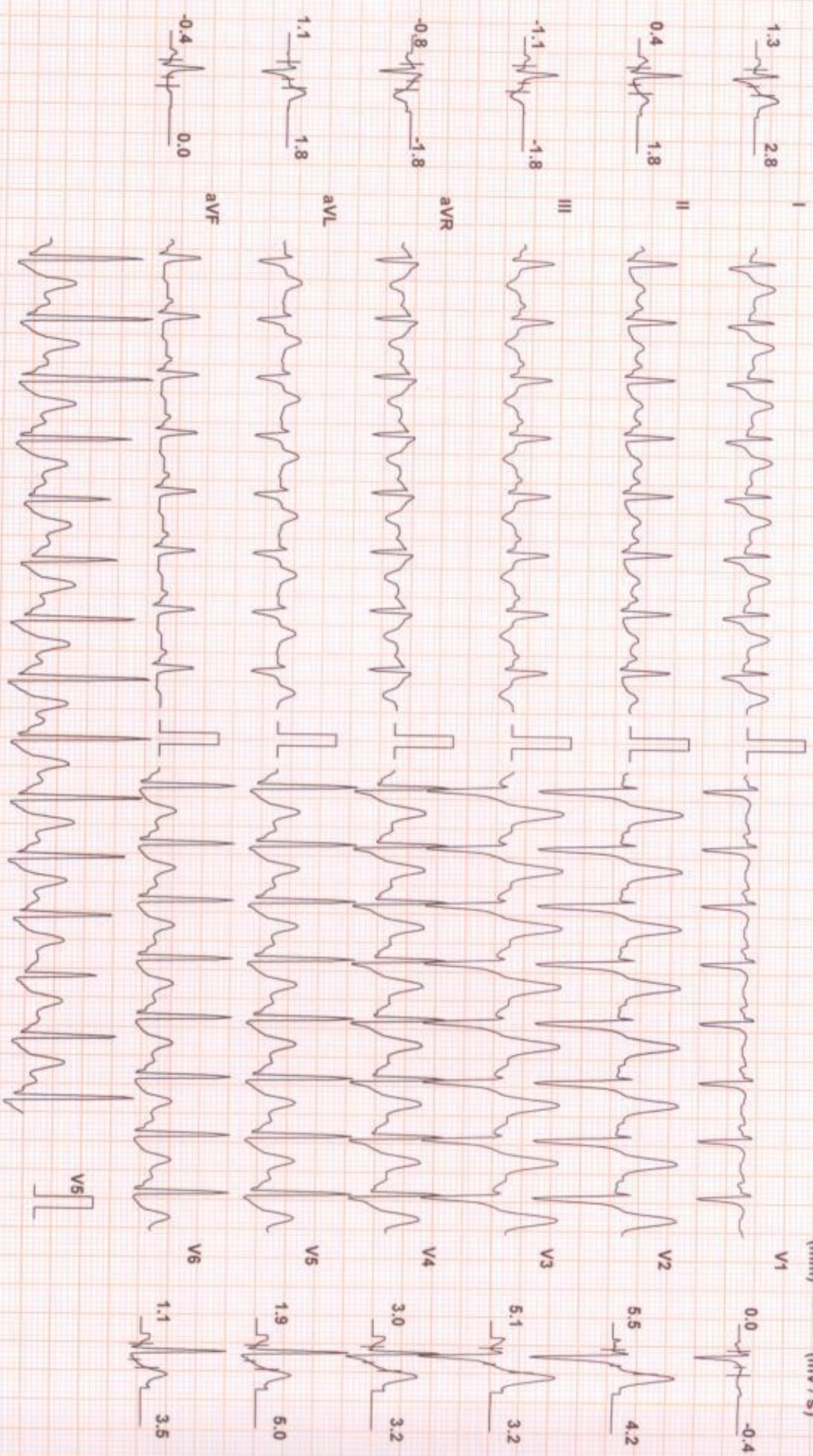


Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MR. GOPAL HELONDE (32 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

ID: 2328724366

Date: 14-Oct-23

Exec Time : 10 m 30 s Stage Time : 0 m 54 s HR: 125 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0%

(THR: 159 bpm)

B.P.: 170 / 86

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

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

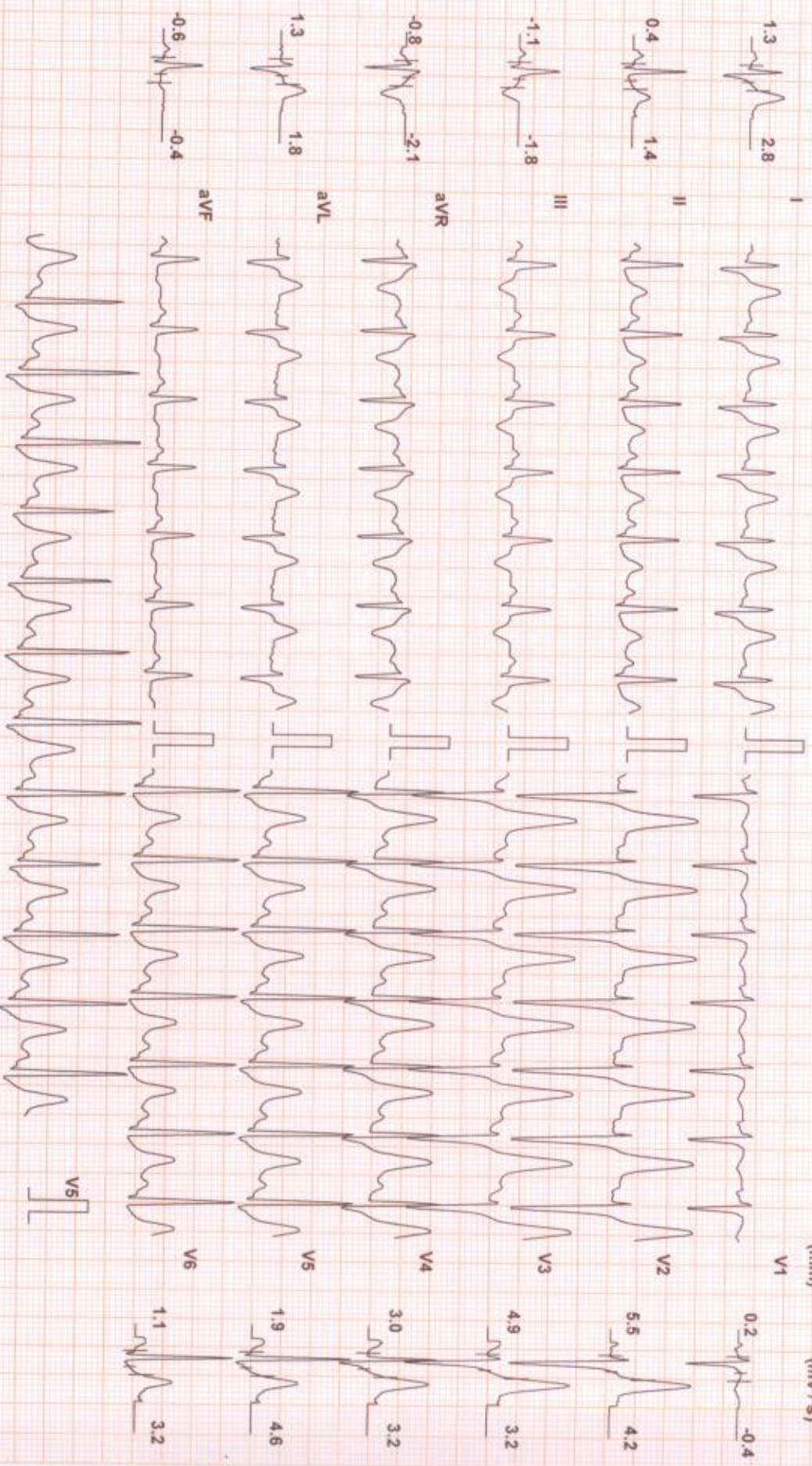


Chart Speed: 25 mm/sec
Schiller Spandian V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

MR. GOPAL HELONDE (32 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

ID: 2328724366

Date: 14-Oct-23

Exec Time : 10 m 30 s Stage Time : 0 m 54 s

HR: 111 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0%

(THR: 159 bpm)

B.P.: 160 / 80

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

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

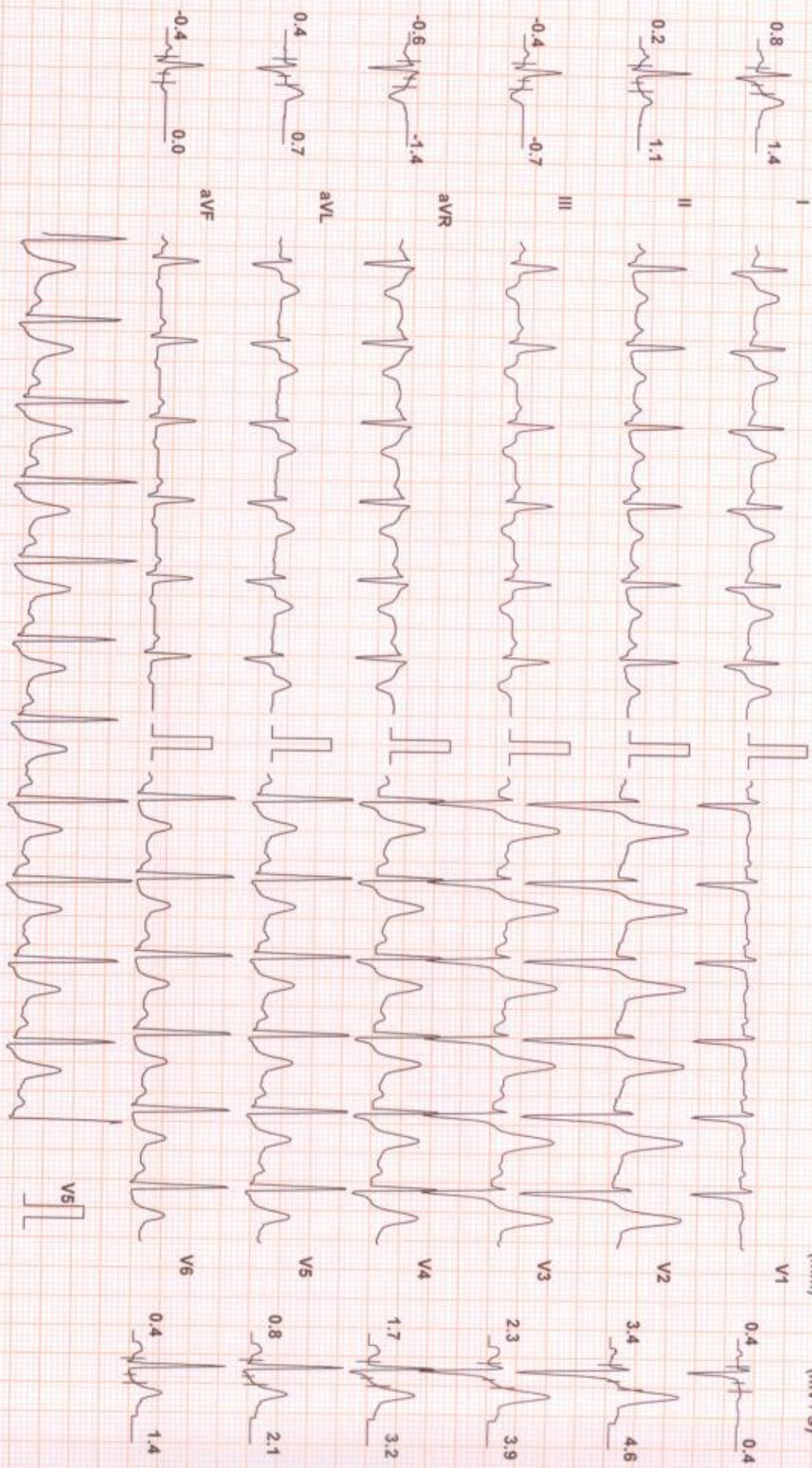


Chart Speed: 25 mm/sec
Schlier Spanden V47

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MR. GOPAL HELONDE (32 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

ID: 2328724366

Date: 14-Oct-23

Exec Time : 10 m 30 s Stage Time : 0 m 54 s HR: 111 bpm

Protocol: Bruce

Stage: Recovery(4)

Speed: 0 mph

Grade: 0%

(THR: 159 bpm)

B.P: 160 / 80

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

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

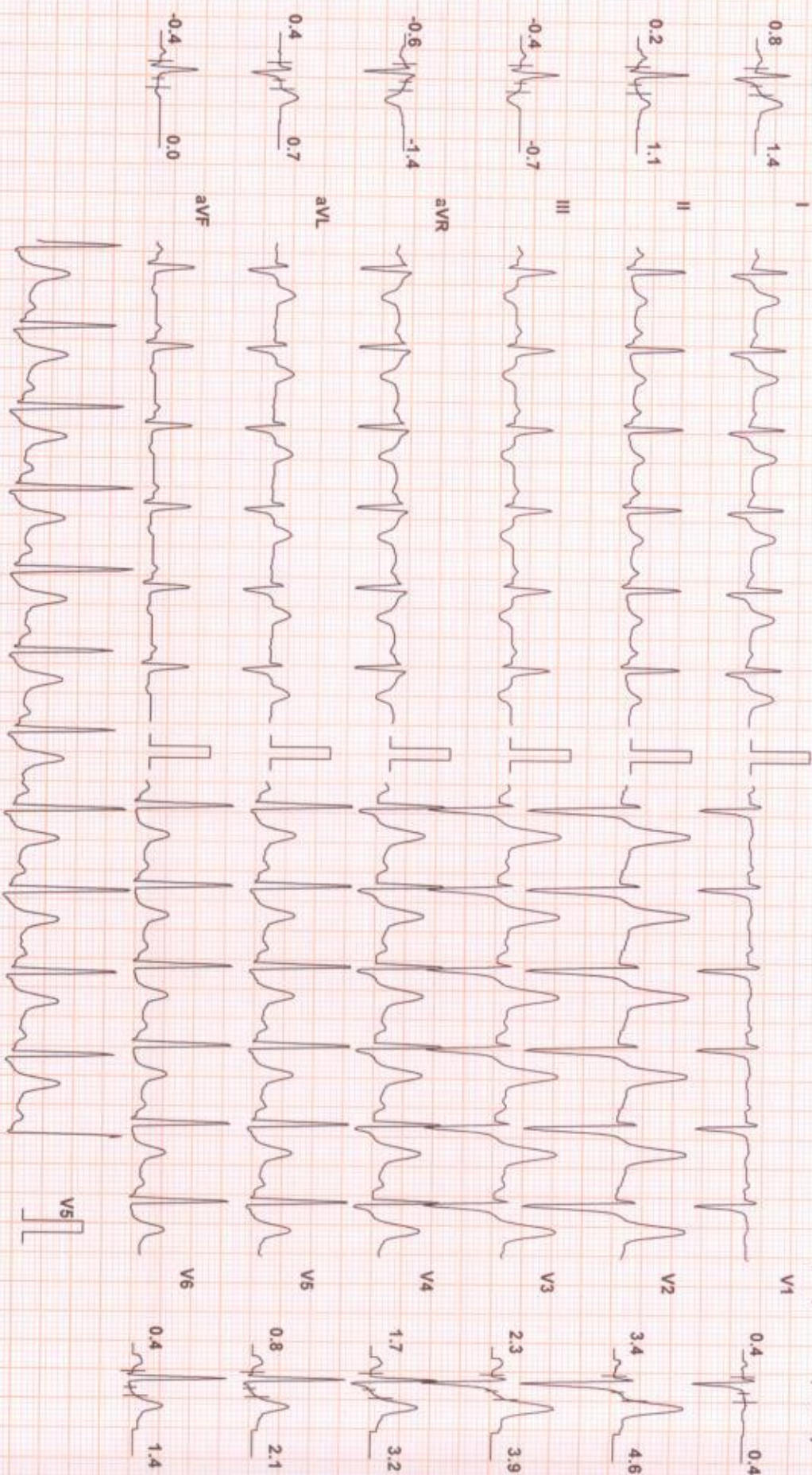


Chart Speed: 25 mm/sec
Schlier Spanden V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

50 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



CID : 2328724366
Name : Mr HELONDE GOPAL
 UMESHWARRAO
Age / Sex : 32 Years/Male
Ref. Dr :
Reg. Location : Thane Kasarvadavali Main Centre
Reg. Date : 14-Oct-2023
Reported : 14-Oct-2023 / 9:57

Use a QR Code Scanner
Application To Scan the Code

USG ABDOMEN AND PELVIS

LIVER: Liver is normal in size and shows mild fatty infiltrations. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

PORTAL VEIN: Portal vein is normal. **CBD:** CBD is normal.

PANCREAS: Visualised pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS: Right kidney measures 10.1 x 4.1 cm. Left kidney measures 10.3 x 5.0 cm. Both kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

PROSTATE: Prostate is normal in size, normal echotexture and measures 2.9 x 4.2 x 2.7 cm in dimension and 18.3 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

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CID : 2328724366
Name : Mr HELONDE GOPAL
UMESHWARRAO
Age / Sex : 32 Years/Male
Ref. Dr :
Reg. Location : Thane Kasarvadavali Main Centre
Reg. Date : 14-Oct-2023
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Use a QR Code Scanner
Application To Scan the Code

IMPRESSION:
MILD FATTY LIVER.

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 cases for confirmation / exclusion of diagnosis.

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

G. R. Fartade

Dr.GAURAV FARTADE
MBBS, DMRE
Reg No -2014/04/1786
Consultant Radiologist

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Page no 2 of 2



CID : 2328724366
Name : Mr HELONDE GOPAL
UMESHWARRAO
Age / Sex : 32 Years/Male
Ref. Dr :
Reg. Location : Thane Kasarvadavali Main Centre
Reg. Date : 14-Oct-2023
Reported : 14-Oct-2023 / 9:55

Use a QR Code Scanner
Application To Scan the Code

X-RAY CHEST PA VIEW

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

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

G. R. Fartade

Dr.GAURAV FARTADE
MBBS, DMRE
Reg No -2014/04/1786
Consultant Radiologist

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