



ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ  
ಗುರುತಿನ ಚೀಟಿ

ELECTION COMMISSION OF INDIA  
IDENTITY CARD

SVF8501009



ಮತದಾರರ ಹೆಸರು : ರವಿ ನಾರಾಯಣ್ ಶ್ರೀವಾಸ್ತವ

Elector's Name : Ravi Narayan Srivastava

ತಂದೆಯ ಹೆಸರು : ವೀರೇಂದ್ರ ಬೆಹರಿ ಶ್ರೀವಾಸ್ತವ

Father's Name : Virendra Behari Srivastava

ಲಿಂಗ / Sex : ಪುರುಷ / Male

ಜನ್ಮದಿನಾಂಕ / Date of Birth : 15/12/1989



## PHYSICAL EXAMINATION REPORT

Patient Name	Ravi Srivastava	Sex/Age	M / 32 yrs
Date	25/9/21	Location	Thane

### History and Complaints

H/O - Asthma

### EXAMINATION FINDINGS:

Height (cms):	173	Temp (0c):	N
Weight (kg):	91.	Skin:	Redness (+)
Blood Pressure	110/80	Nails:	NAD.
Pulse	72/min	Lymph Node:	

### Systems :

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

NAD.

### Impression:

- Overweight ; HbA1c - Pre Diabetic
- ↑ Uric Acid ; Fatty liver
- Left simple Cortical cyst

ADDRESS: 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

**Advice:**

- wt. Reduction  
- Low Fat, Low sugar Diet.  
- Repeat Blood sugar profile after 5 Months.  
- Rx for Uric Acid.

1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	Nil
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthama	Since 15 yrs.
7)	Pulmonary Disease	covid infection (April 2021)
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders	Nil
10)	GI system	- Flatulence.
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptoms	
13)	Blood disease or disorder	Nil
14)	Cancer/lump growth/cyst	
15)	Congenital disease	
16)	Surgeries	
17)	Musculoskeletal System	Pain in Legs on/off

**PERSONAL HISTORY:**

1)	Alcohol	occasional
2)	Smoking	No
3)	Diet	Mixed
4)	Medication	Seroflo 250 BD. Tab. Levolin inhaler.

*(Signature)*

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**Dr. Manasee Kulkarni**

MBBS

2005/09/0439

Name : Ravi Srivastava  
Date - 25/9/24

**ENT Examination**

History: H/O - Asthma  
Itching in ears (+)  
Tonsillitis on & off  
Examination : Right :- (N) Left :- (N)  
External Ear :-  
Middle Ear :- TM - Intact (+)

(Tympanic Membrane Eustachean Tube, Mastoid)

Rinnes, Webers :-

Nose and Paranasal sinuses :-

Throat :-

Speech :-

NAD

**Dr. Manasee Kulkarni**  
M.B.B.S  
2005/09/3439

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CID : 2126842677  
Name : MR.SRIVASTAVA RAVI NARAYAN  
Age / Gender : 31 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 25-Sep-2021 / 09:27  
Reported : 25-Sep-2021 / 12:25

**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>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	14.0	13.0-17.0 g/dL	Spectrophotometric
RBC	4.70	4.5-5.5 mil/cmm	Elect. Impedance
PCV	41.6	40-50 %	Measured
MCV	89	80-100 fl	Calculated
MCH	29.9	27-32 pg	Calculated
MCHC	33.7	31.5-34.5 g/dL	Calculated
RDW	13.9	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	9300	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	36.5	20-40 %	
Absolute Lymphocytes	3394.5	1000-3000 /cmm	Calculated
Monocytes	4.6	2-10 %	
Absolute Monocytes	427.8	200-1000 /cmm	Calculated
Neutrophils	53.8	40-80 %	
Absolute Neutrophils	5003.4	2000-7000 /cmm	Calculated
Eosinophils	5.1	1-6 %	
Absolute Eosinophils	474.3	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	260000	150000-400000 /cmm	Elect. Impedance
MPV	10.4	6-11 fl	Calculated
PDW	17.8	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		
Macrocytosis	-		

Authenticity Check



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Reg. Location : G B Road, Thane West (Main Centre)

Collected : 25-Sep-2021 / 09:27  
Reported : 25-Sep-2021 / 11:51

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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 20 2-15 mm at 1 hr. Westergren

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



MC-2427



*Lynda Rodrigues*  
Dr.LYNDA RODRIGUES  
MD Pathology  
Pathologist

ADDRESS: 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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Age / Gender : 31 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 25-Sep-2021 / 09:27  
Reported : 25-Sep-2021 / 13:06

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	92.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma - PP/R	104.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.42	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.2	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.22	0.1-1.0 mg/dl	Calculated
SGOT (AST), Serum	29.0	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	48.3	5-45 U/L	IFCC without pyridoxal phosphate activation
ALKALINE PHOSPHATASE, Serum	74.8	40-130 U/L	PNPP
BLOOD UREA, Serum	20.6	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	9.6	6-20 mg/dl	Calculated
CREATININE, Serum	0.93	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	101	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	8.5	3.5-7.2 mg/dl	Uricase

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
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Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 25-Sep-2021 / 09:27  
Reported : 25-Sep-2021 / 16:05

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: > / = 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	122.6	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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*Dr. Leena Salunkhe*  
**Dr. LEENA SALUNKHE**  
M.B.B.S, DPB (PATH)  
Pathologist

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Reg. Location : G B Road, Thane West (Main Centre)

Collected : 25-Sep-2021 / 09:27  
Reported : 25-Sep-2021 / 17:45

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**EXAMINATION OF FAECES**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<b><u>PHYSICAL EXAMINATION</u></b>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<b><u>CHEMICAL EXAMINATION</u></b>		
Reaction (pH)	Acidic (6.0)	-
Occult Blood	Absent	Absent
<b><u>MICROSCOPIC EXAMINATION</u></b>		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Absent	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present +	-
Concentration Method (for ova)	No ova detected	Absent
Reducing Substances	-	Absent

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MC-2427



*Lynda Rodrigues*

**Dr.LYNDA RODRIGUES**  
MD Pathology  
Pathologist



CID : 2126842677  
Name : MR.SRIVASTAVA RAVI NARAYAN  
Age / Gender : 31 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 25-Sep-2021 / 09:27  
Reported : 25-Sep-2021 / 13:10

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**URINE EXAMINATION REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Neutral (7.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
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
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	

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MC-2427



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MD Pathology  
Pathologist

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Reg. Location : G B Road, Thane West (Main Centre)

Collected : 25-Sep-2021 / 09:27  
Reported : 25-Sep-2021 / 13:10

**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.

**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 \*\*\*



MC-2427



*Lynda Rodrigues*

**Dr.LYNDA RODRIGUES**  
MD Pathology  
Pathologist



CID : 2126842677  
Name : MR.SRIVASTAVA RAVI NARAYAN  
Age / Gender : 31 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 25-Sep-2021 / 09:27  
Reported : 25-Sep-2021 / 13:16

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	170.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	133.6	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	44.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	126.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	99.0	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	Homogeneous enzymatic colorimetric assay
VLDL CHOLESTEROL, Serum	27.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.3	0-3.5 Ratio	Calculated

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\*\*\* End Of Report \*\*\*



MC-2427



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MD Pathology  
Pathologist



CID : 2126842677  
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Age / Gender : 31 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 25-Sep-2021 / 09:27  
Reported : 25-Sep-2021 / 12:36

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**THYROID FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	6.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.1	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.34	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 5.5 to 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 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:** 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.

**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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MC-2427



*Lynda Rodrigues*  
**Dr.LYNDA RODRIGUES**  
MD Pathology  
Pathologist

Pat-Name:

HR 68/min

Gaiyagan, a. Narayan

Age: 31yrs M / e

173 cm / 61 kg

..... mmHg

ID-2126842677

10 mm/mV

DR. SHAILAJA PILLAI

M.D. (GEN.MED)

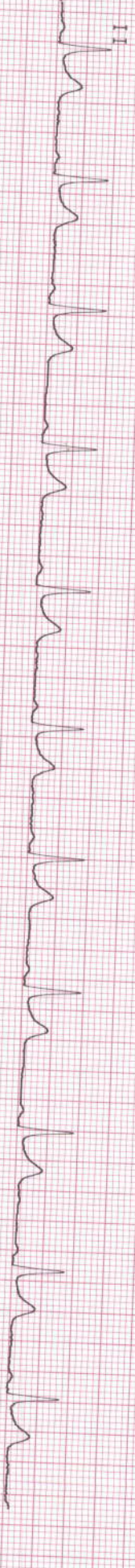
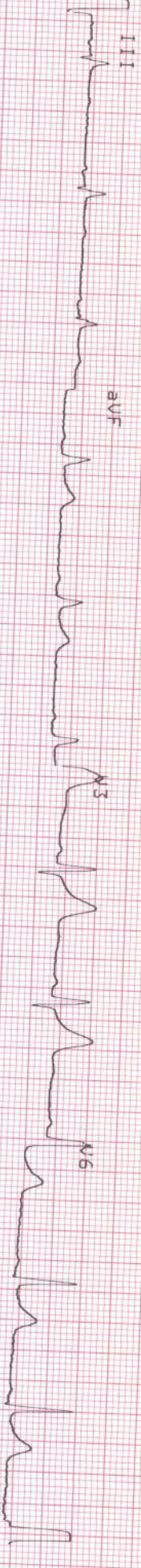
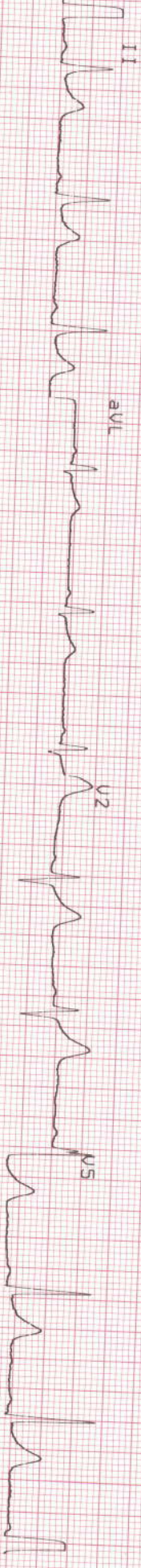
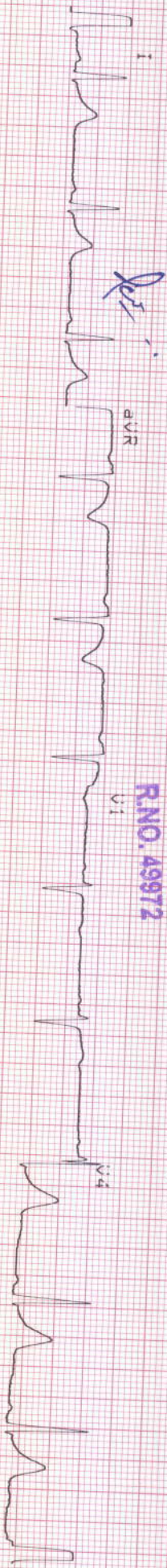
R.NO. 49972

10 mm/mV



Per

DRP



25 mm/sec HILLER

0.05-25 Hz F50

Sa 25-SEP-21 11.00.11

## SUBURBAN DIAGNOSTICS GB RD THANE

**Patient Details**                      **Date:** 25-Sep-21                      **Time:** 11:31:55 AM  
**Name:** RAVI SRIVASTAVA ID: 2126842677  
**Age:** 31 y                                      **Sex:** M                                      **Height:** 173 cms                                      **Weight:** 91 Kgs  
**Clinical History:** BR ASTHMA

**Medications:** SEROFLO INHALER

### Test Details

**Protocol:** Bruce                                      **Pr.MHR:** 189 bpm                                      **THR:** 170 (90 % of Pr.MHR) bpm  
**Total Exec. Time:** 7 m 17 s                      **Max. HR:** 161 ( 85% of Pr.MHR )bpm                      **Max. Mets:** 10.20  
**Max. BP:** 150 / 80 mmHg                      **Max. BP x HR:** 24150 mmHg/min                      **Min. BP x HR:** 5680 mmHg/min  
**Test Termination Criteria:** Fatigue, Target HR attained

### 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 : 46	1.0	0	0	71	120 / 80	-0.85 aVR	1.42 V2
Standing	0 : 2	1.0	0	0	74	120 / 80	-0.85 aVR	1.42 V2
Hyperventilation	0 : 1	1.0	0	0	74	120 / 80	-0.85 aVR	1.06 V2
1	3 : 0	4.6	1.7	10	121	130 / 80	-1.27 aVR	1.77 V5
2	3 : 0	7.0	2.5	12	141	140 / 80	-1.06 III	2.83 V2
Peak Ex	1 : 17	10.2	3.4	14	161	150 / 80	-1.27 III	2.83 V2
Recovery(1)	2 : 0	1.8	1	0	102	130 / 80	-1.49 III	4.60 V2
Recovery(2)	2 : 0	1.0	0	0	98	130 / 80	-0.64 III	2.48 V3
Recovery(3)	0 : 5	1.0	0	0	99	130 / 80	-0.42 aVR	1.06 V3

### Interpretation

The patient exercised according to the Bruce protocol for 7 m 17 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 71 bpm, rose to a max. heart rate of 161 ( 85% of Pr.MHR ) bpm. Resting blood Pressure 120 / 80 mmHg, rose to a maximum blood pressure of 150 / 80 mmHg. GOOD EFFORT TOLERANCE , NORMAL CHRONOTROPIC RESPONSE , NORMAL INOTROPIC RESPONSE , NO ANGINA/ANGINA EQUIVALENTS , NO ARRHYTHMIAS , NO SIGNIFICANT ST-T CHANGES FROM BASELINE

**REMARKS:** Test is Negative for inducible ischemia .

**Disclaimer :** Negative stress test does not rule out Coronary Artery Disease .  
 Positive stress test is suggestive of but not confirmatory of Coronary Artery Disease .  
 Hence overall Cardiological corelation is mandatory .

**Dr. SHAILAJA PILLAI**  
**M.D. (GEN.MED)**  
**R.NO. 49972**

Ref. Doctor: -----

( Summary Report edited by user )



  
**Doctor: DR.SHAILAJA PILLAI**

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# SUBURBAN DIAGNOSTICS GB RD THANE

RAVI SRIVASTAVA (31 M)

ID: 2126842677

Date: 25-Sep-21

Exec Time: 0 m 0 s

Stage Time: 0 m 46 s

HR: 71 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 170 bpm)

B.P: 120/80

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

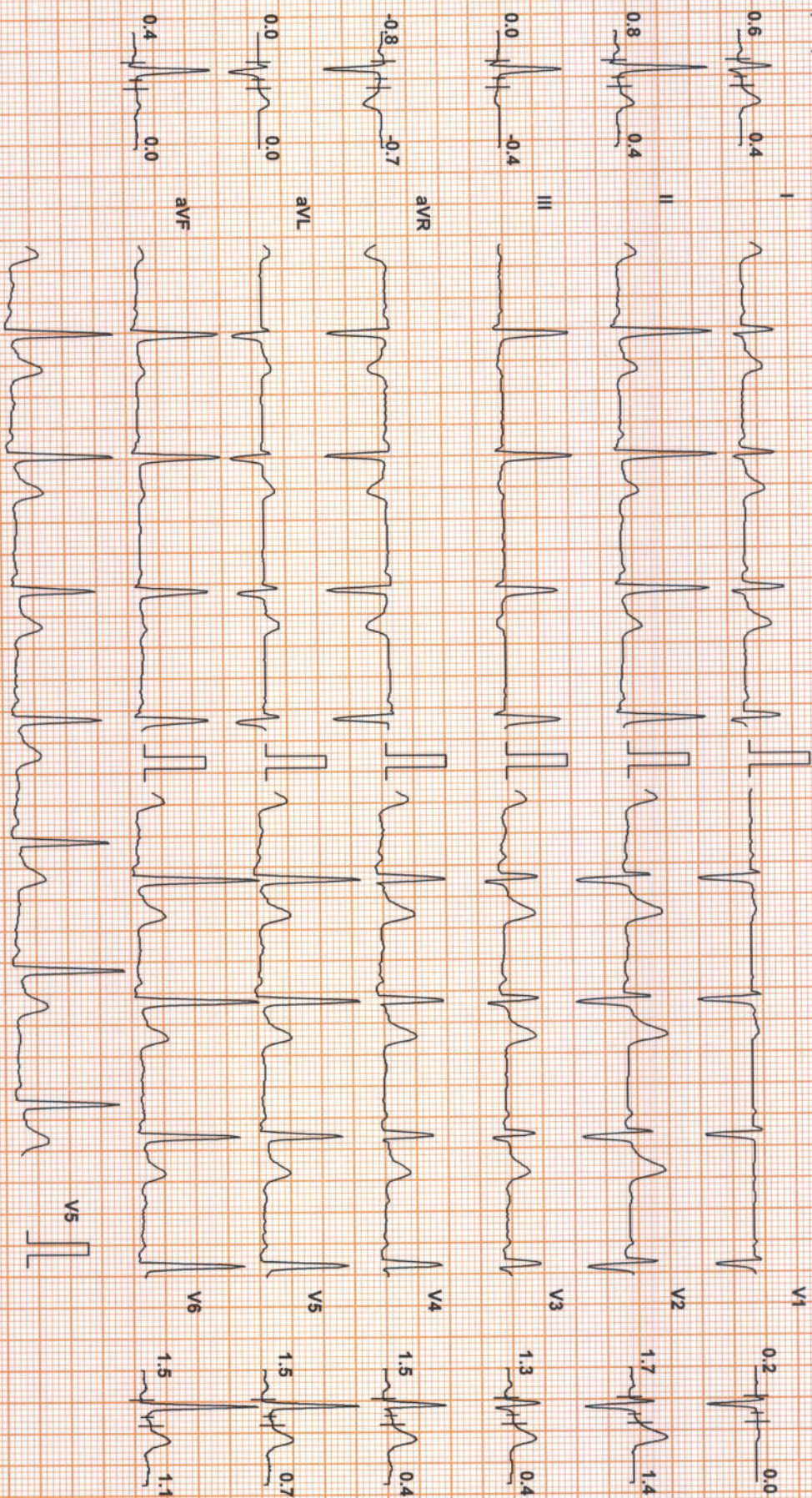


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt. ON

Amp: 10 mm

Isr = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandau V 4.7



# SUBURBAN DIAGNOSTICS GB RD THANE

RAVI SRIVASTAVA (31 M)

ID: 2126842677

Date: 25-Sep-21

Exec Time : 0 m 0 s

Stage Time : 0 m 2 s

HR: 74 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 170 bpm)

B.P: 120/80

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

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

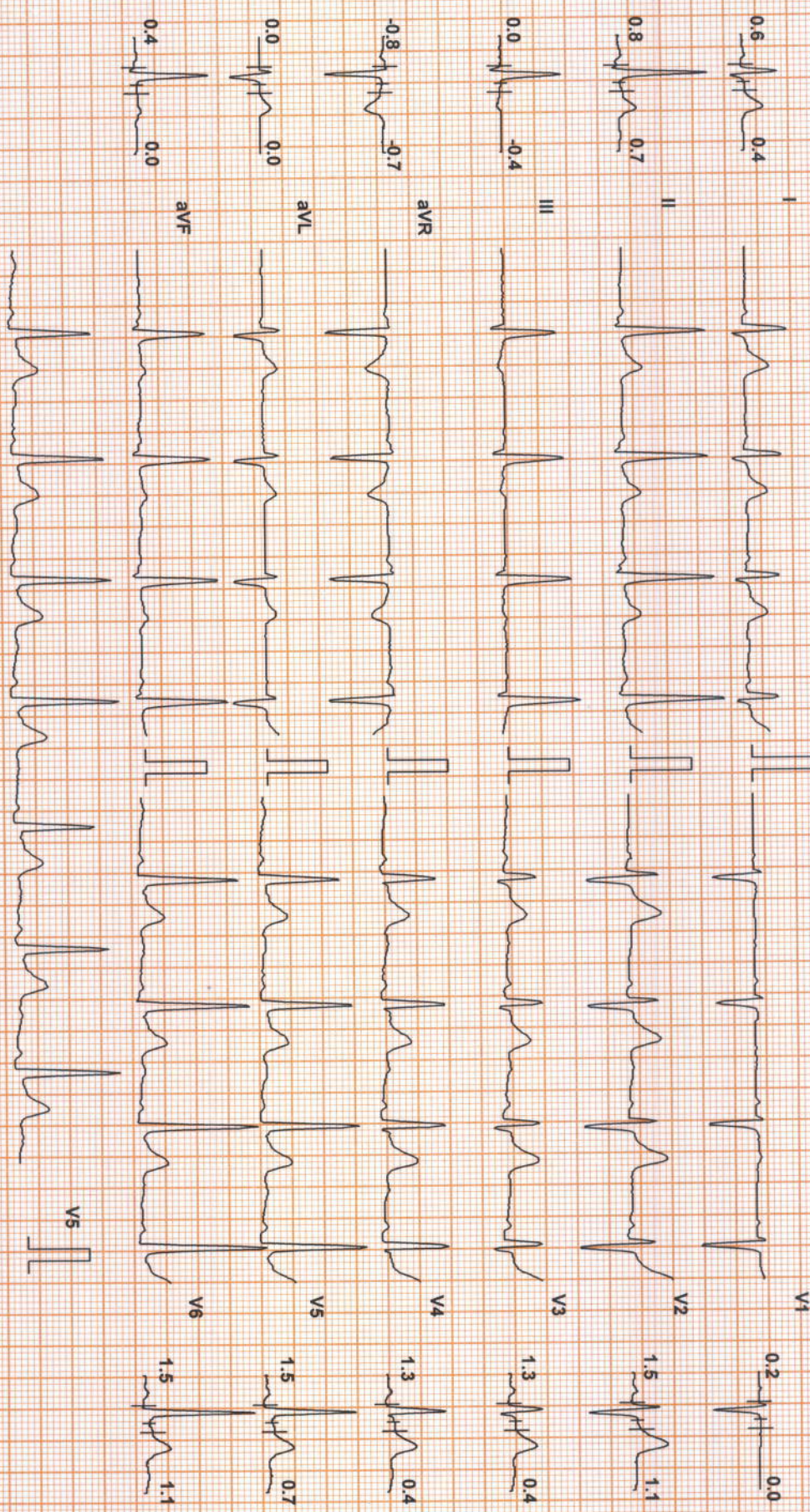


Chart Speed: 25 mm/sec  
Schiller Spandax V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

# SUBURBAN DIAGNOSTICS GB RD THANE

RAVI SRIVASTAVA (31 M)

ID: 2126842677

Date: 25-Sep-21

Exec Time : 0 m 0 s

Stage Time : 0 m 1 s

HR: 74 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 170 bpm)

B.P.: 120 / 80

ST Level (mm)    ST Slope (mV/s)

ST Level (mm)    ST Slope (mV/s)

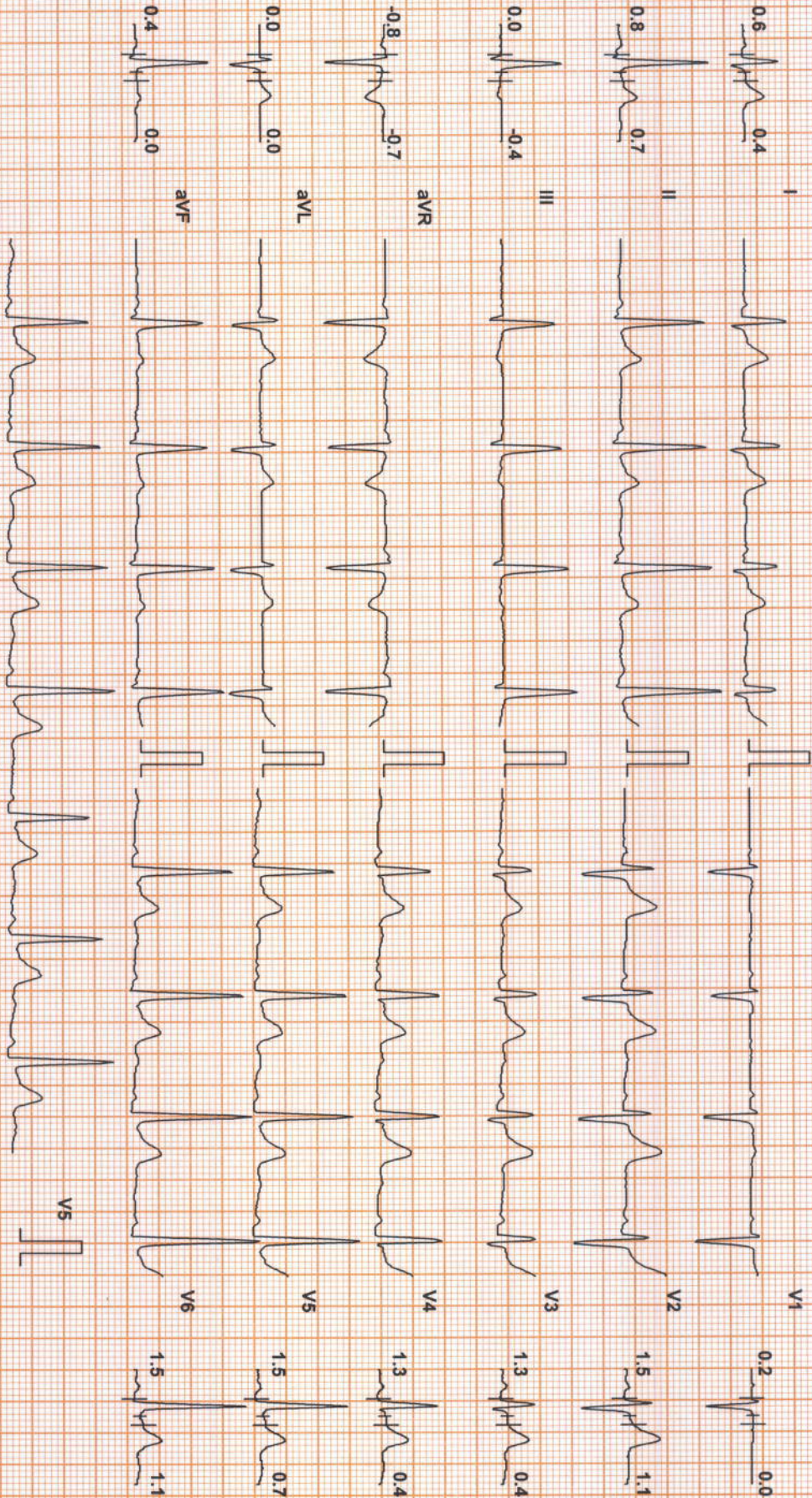


Chart Speed: 25 mm/sec  
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

isc = R: 60 ms

J = R: 60 ms

Post J = J + 60 ms

# SUBURBAN DIAGNOSTICS GB RD THANE

RAVI SRIVASTAVA (31 M)

ID: 2126842677

Date: 25-Sep-21

Exec Time : 3 m 0 s

Stage Time : 3 m 0 s

HR: 121 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(T-HR: 170 bpm)

B.P: 130 / 80

ST Level (mm)    ST Slope (mV/s)

ST Level (mm)    ST Slope (mV/s)

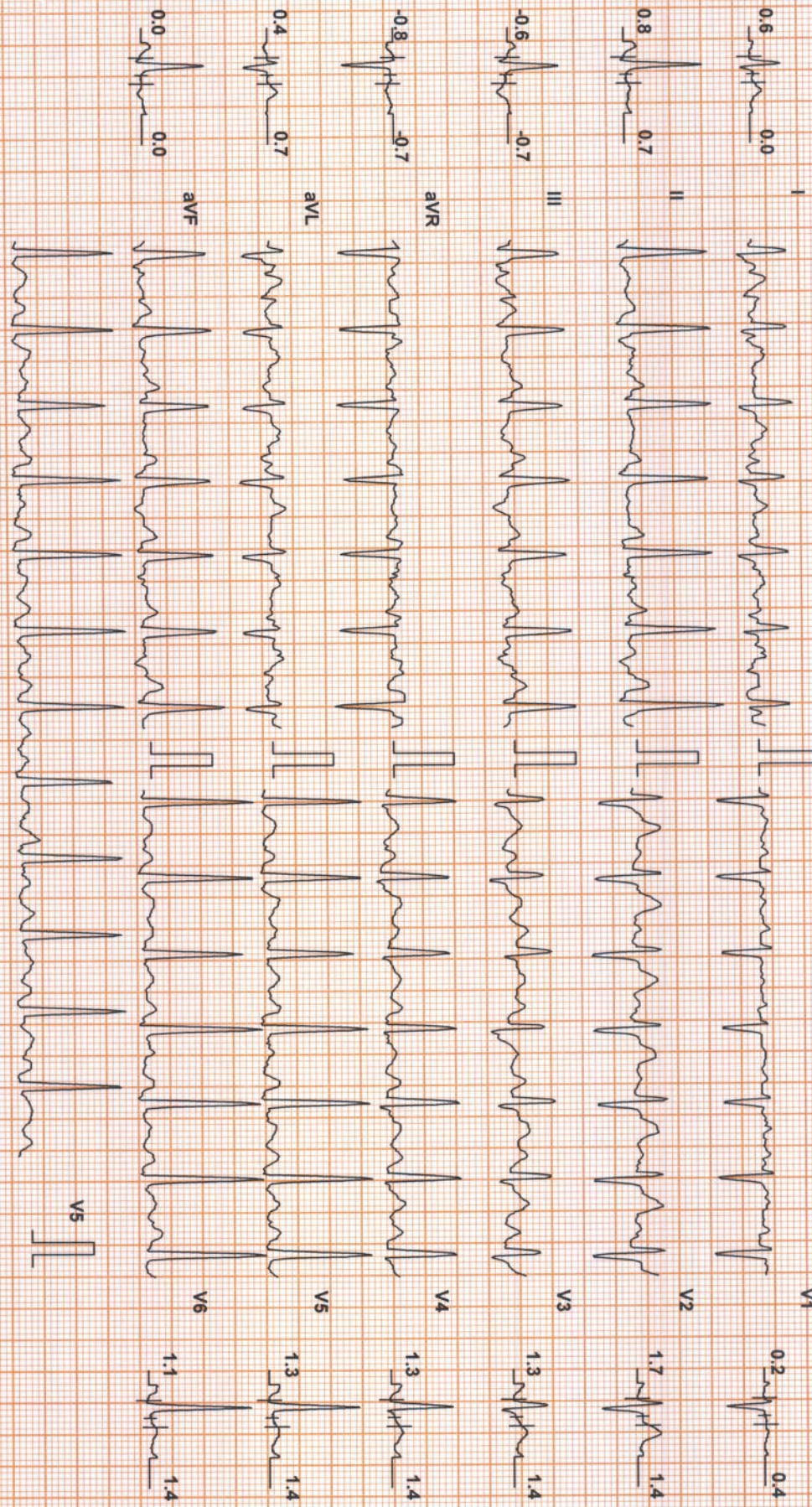


Chart Speed: 25 mm/sec  
Schiller Spandax V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

**SUBURBAN DIAGNOSTICS GB RD THANE**

**RAVI SRIVASTAVA (31 M)**

ID: 2126842677

Date: 25-Sep-21

Exec Time : 6 m 0 s

Stage Time : 3 m 0 s

HR: 141 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 170 bpm)

B.P.: 140 / 80

ST Level (mm)    ST Slope (mV/s)

ST Level (mm)    ST Slope (mV/s)

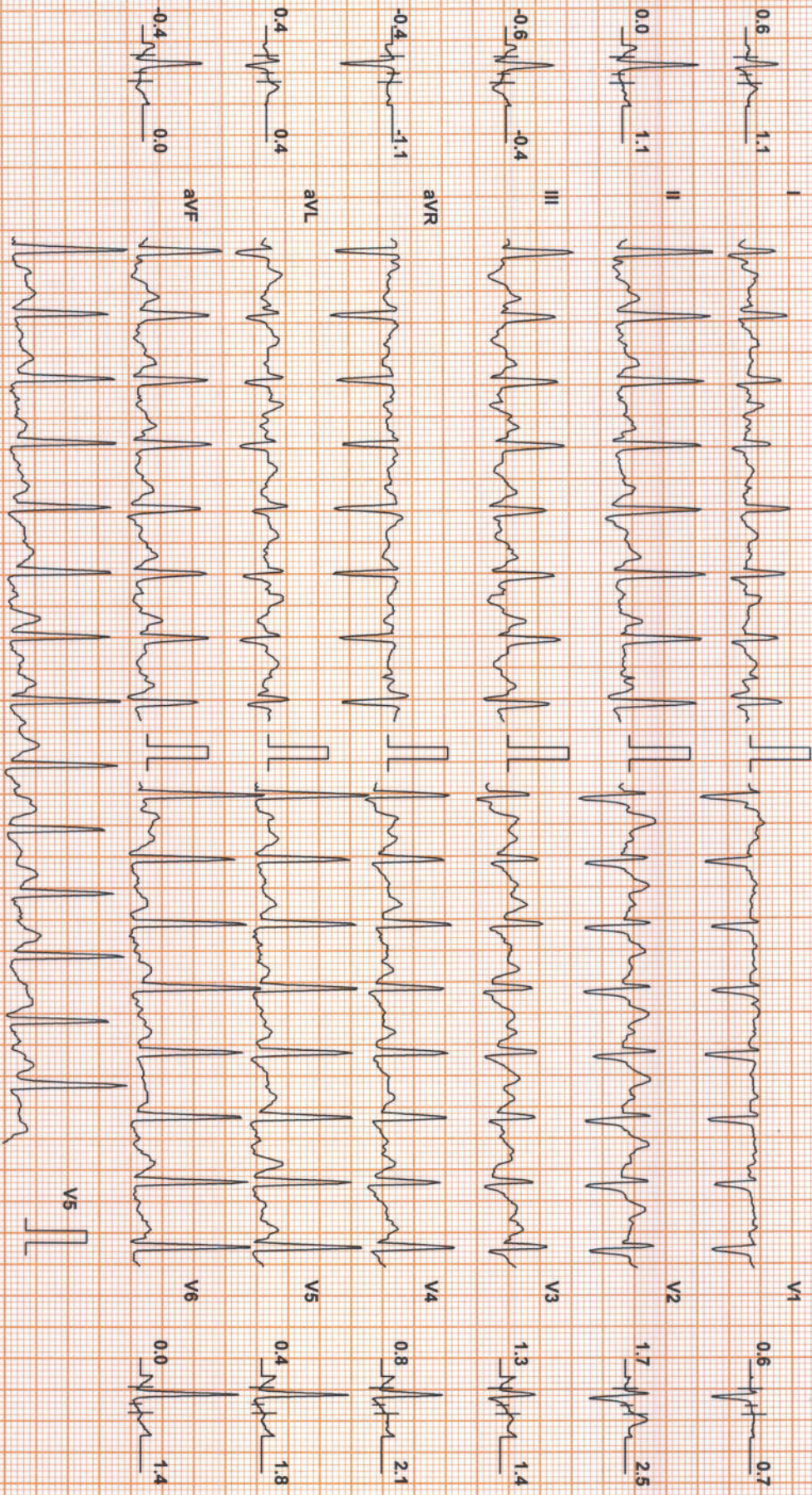


Chart Speed: 25 mm/sec  
Schiller Spandan V.4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R + 60 ms

J = R + 60 ms

Post J = J + 60 ms

# SUBURBAN DIAGNOSTICS GB RD THANE

**RAVI SRIVASTAVA (31 M)**

ID: 2126842677

Date: 25-Sep-21

Exec Time : 7 m 17 s

Stage Time : 1 m 17 s

HR: 161 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 170 bpm)

B.P: 160 / 80

ST Level (mm)    ST Slope (mV/s)

ST Level (mm)    ST Slope (mV/s)

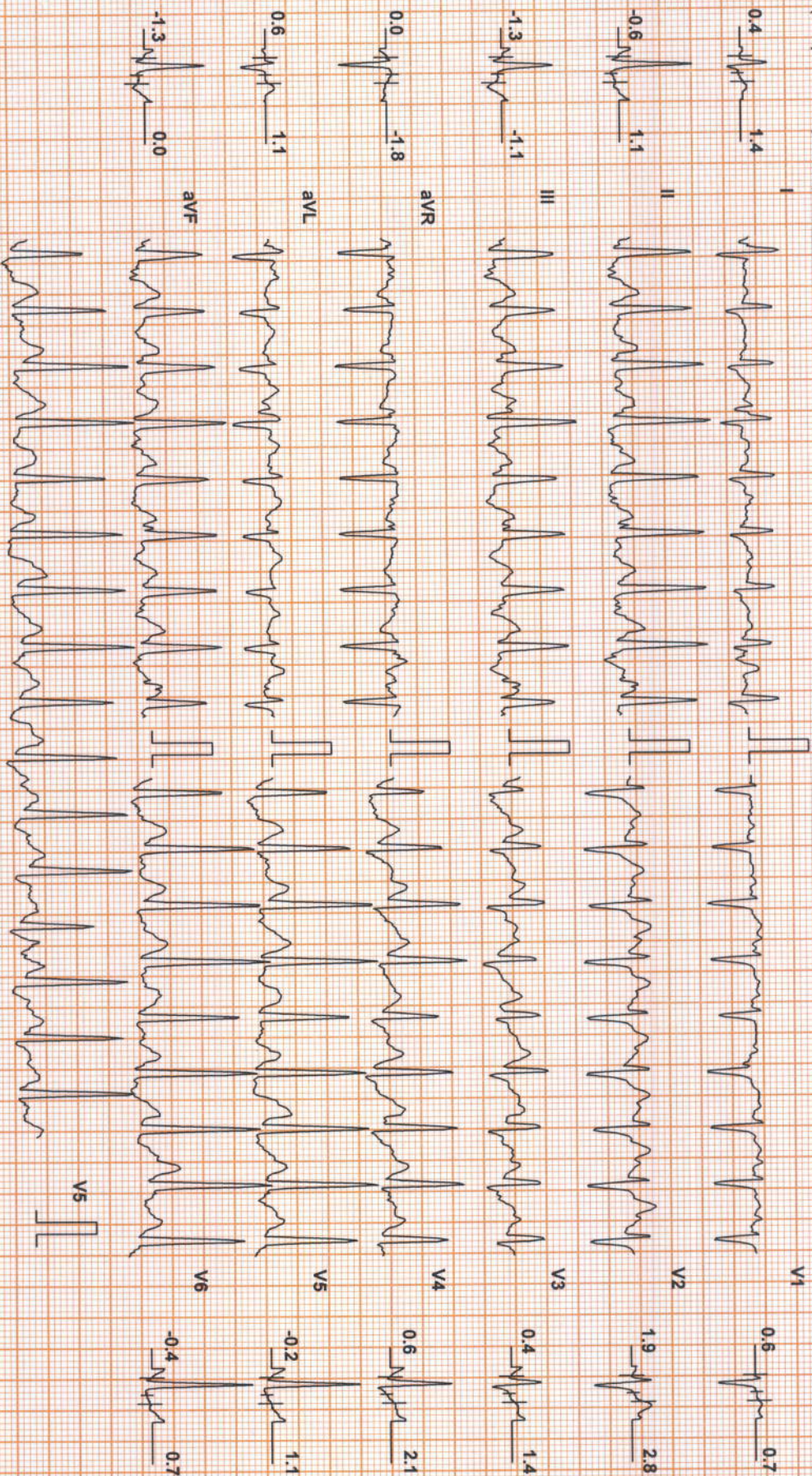


Chart Speed: 25 mm/sec  
Schiller Spandax V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

**SUBURBAN DIAGNOSTICS GB RD THANE**

**RAVI SRIVASTAVA (31 M)**

ID: 2126842677

Date: 25-Sep-21

Exec Time : 7 m 17 s

Stage Time : 2 m 0 s

HR: 102 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 0 mph

Grade: 0 %

(THR: 170 bpm)

B.P: 130 / 80

ST Level (mm)    ST Slope (mV/s)

ST Level (mm)    ST Slope (mV/s)

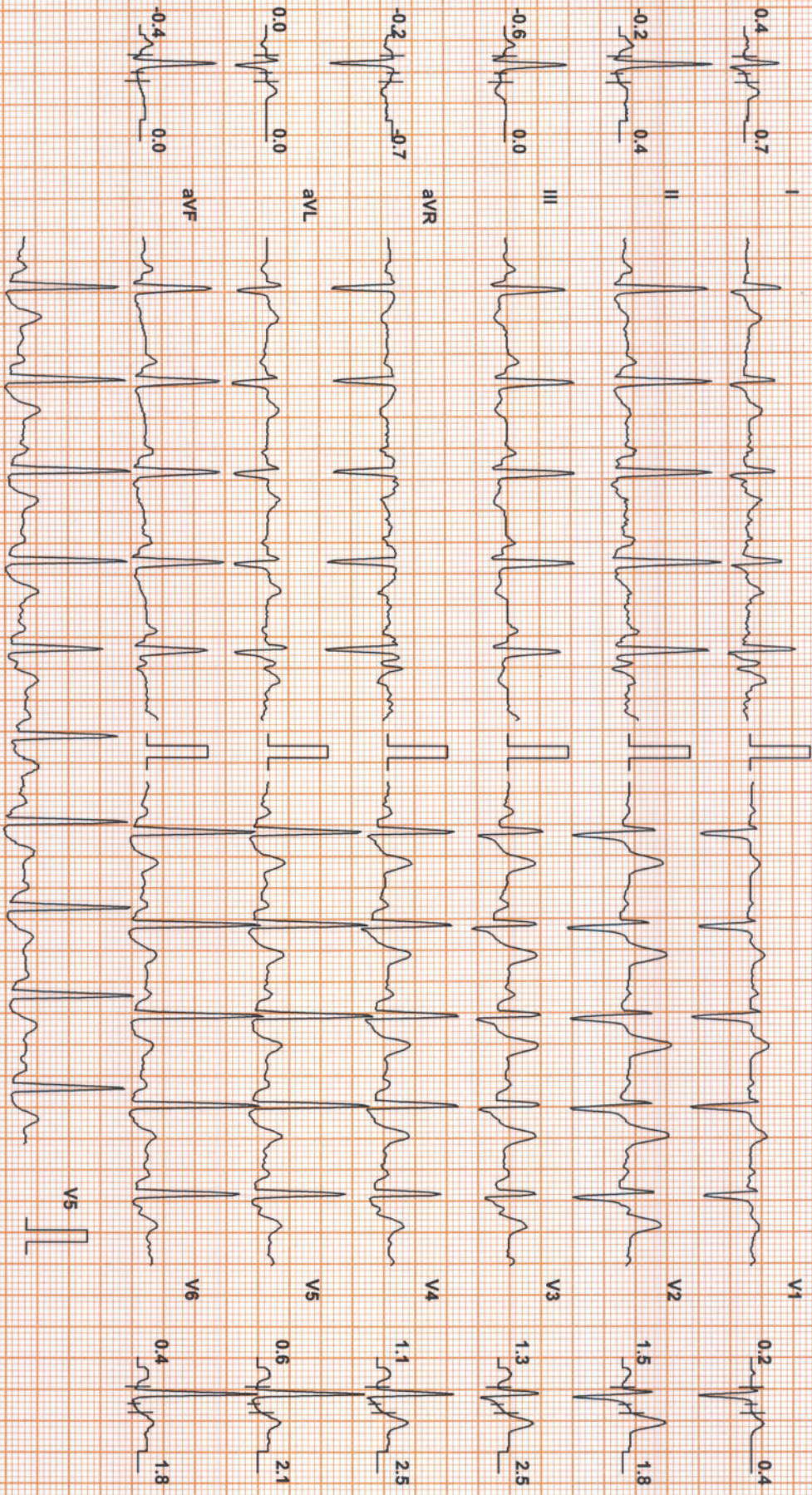


Chart Speed: 25 mm/sec  
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R + 60 ms

J = R + 60 ms

Pos J = J + 60 ms

# SUBURBAN DIAGNOSTICS GB RD THANE

RAVI SRIVASTAVA (31 M)

ID: 2126842677

Date: 25-Sep-21

Exec Time : 7 m 17 s

Stage Time : 2 m 0 s

HR: 98 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 170 bpm)

B.P: 130/80

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

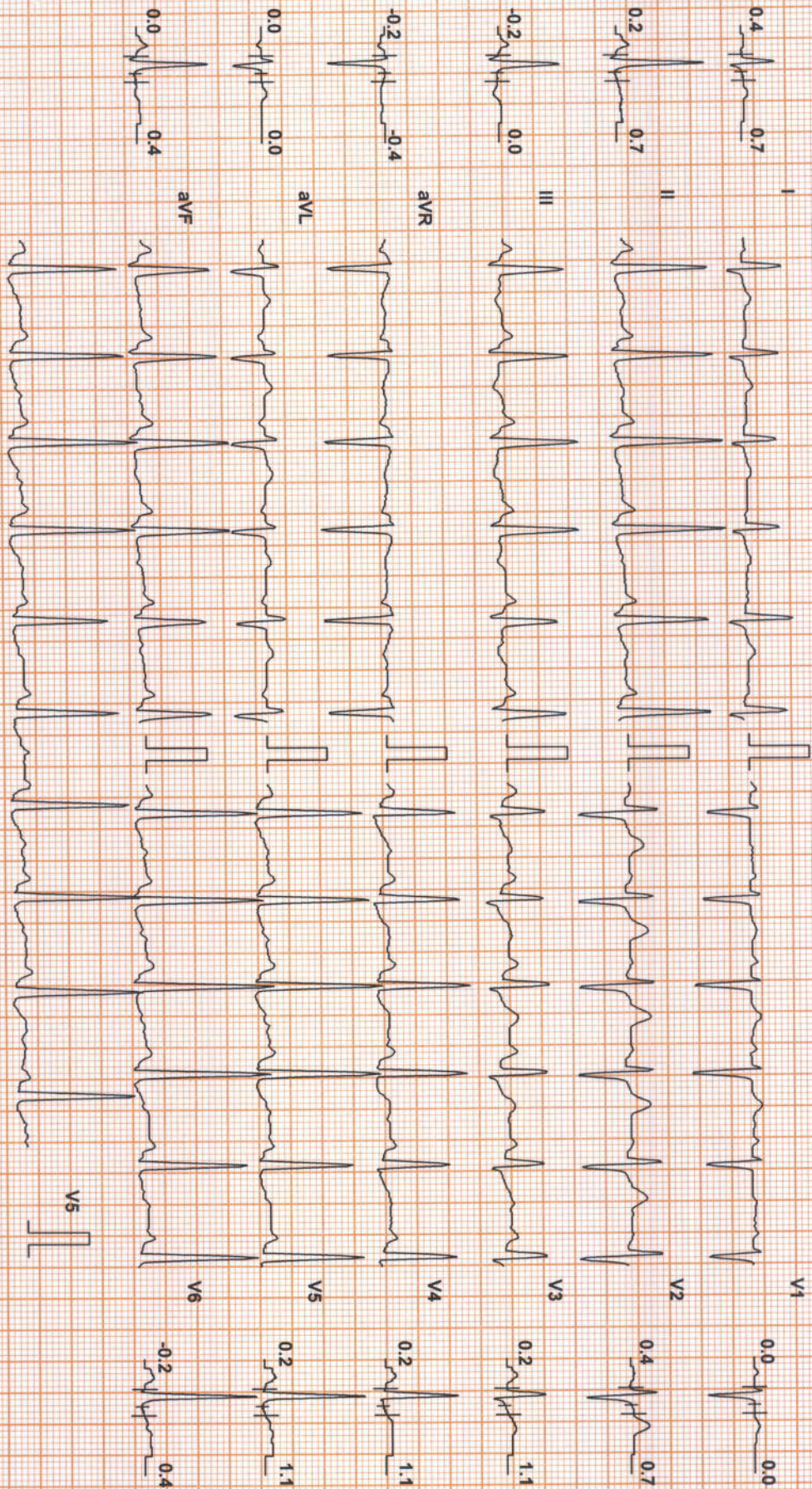


Chart Speed: 25 mm/sec  
Schiller Spandén V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R: 60 ms

J = R + 80 ms

Post J = J + 80 ms

CID	: 2126842677	SID	: 177804187963
Name	: MR.SRIVASTAVA RAVI NARAYAN	Registered	: 25-Sep-2021 / 09:20
Age / Gender	: 31 Years/Male	Collected	: 25-Sep-2021 / 09:20
Ref. Dr	: -	Reported	: 25-Sep-2021 / 13:47
Reg.Location	: G B Road, Thane West (Main Centre)	Printed	: 25-Sep-2021 / 14:02

### X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

No hilar abnormality is seen.

The cardiac size and shape are within normal limits.

The aorta shows normal radiological features.

The trachea is central.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

### IMPRESSION:

**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

\*\*\* End Of Report \*\*\*

*Dr. Patil*  
Dr.DEVENDRA PATIL  
M.D(RADIO DIAGNOSIS)  
RADIOLOGIST

ADDRESS: 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com



CID	: 2126842677	SID	: 177804187963
Name	: MR.SRIVASTAVA RAVI NARAYAN	Registered	: 25-Sep-2021 / 09:20
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Reg.Location	: G B Road, Thane West (Main Centre)	Printed	: 25-Sep-2021 / 14:29

### USG WHOLE ABDOMEN

**LIVER:** Liver appears enlarged in size (17.0 cm) and shows increased echorefectivity. 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 head and body of pancreas appears normal in size & echotexture. Rest is obscured by excessive bowel gas.

**KIDNEYS:** Right kidney measures 9.4 x 4.4 cm. (Normal)  
Left kidney measures 10.3 x 4.9 cm. **A simple cortical cyst measuring 1.9 x 1.9 cm is noted at the lower pole,**  
Both kidneys are normal in 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 and echotexture and measures 2.7 x 3.3 x 3.8 cm in dimension and 18.9 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

Bowel gas++

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Reg.Location	: G B Road, Thane West (Main Centre)	Printed	: 25-Sep-2021 / 14:29

**IMPRESSION:**

- HEPATOMEGALY WITH GRADE I FATTY INFILTRATION .
- LEFT SIMPLE CORTICAL RENAL CYST- BOSNIAK TYPE 1.

Advice: Clinical co-relation and further evaluation.

\*\*\* End Of Report \*\*\*

*Dr. Patil*

**Dr.DEVENDRA PATIL**  
**M.D(RADIO DIAGNOSIS)**  
**RADIOLOGIST**

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