

CID	: 2333100734
Name	: MR.VIJAY KUMAR
Age / Gender	: 37 Years / Male
Consulting Dr. Reg. Location	: - : Borivali West (Main Centre)

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Collected Reported

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood				
PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>	
RBC PARAMETERS				
Haemoglobin	14.0	13.0-17.0 g/dL	Spectrophotometric	
RBC	4.88	4.5-5.5 mil/cmm	Elect. Impedance	
PCV	42.0	40-50 %	Measured	
MCV	86	80-100 fl	Calculated	
MCH	28.7	27-32 pg	Calculated	
MCHC	33.4	31.5-34.5 g/dL	Calculated	
RDW	14.5	11.6-14.0 %	Calculated	
WBC PARAMETERS				
WBC Total Count	4820	4000-10000 /cmm	Elect. Impedance	
WBC DIFFERENTIAL AND A	BSOLUTE COUNTS			
Lymphocytes	42.7	20-40 %		
Absolute Lymphocytes	2058.1	1000-3000 /cmm	Calculated	
Monocytes	8.3	2-10 %		
Absolute Monocytes	400.1	200-1000 /cmm	Calculated	
Neutrophils	42.2	40-80 %		
Absolute Neutrophils	2034.0	2000-7000 /cmm	Calculated	
Eosinophils	6.3	1-6 %		
Absolute Eosinophils	303.7	20-500 /cmm	Calculated	
Basophils	0.5	0.1-2 %		
Absolute Basophils	24.1	20-100 /cmm	Calculated	
Immature Leukocytes	-			

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	147000	150000-400000 /cmm	Elect. Impedance
MPV	10.2	6-11 fl	Calculated
PDW	21.1	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		

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HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com

Corporate Identity Number (CIN): U85110MH2002PTC136144



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Macrocytosis	-				
Anisocytosis	-				
Poikilocytosis	-				
Polychromasia	-				
Target Cells	-				
Basophilic Stippl	ing -				
Normoblasts	-				
Others	Normocytic, Normoch	nromic			

WBC MORPHOLOGY PLATELET MORPHOLOGY Platelets reduced on smear. COMMENT Specimen: EDTA Whole Blood

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ESR, EDTA WB-ESR

2-15 mm at 1 hr.

Sedimentation

Authenticity Check

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Result rechecked Kindly correlate clinically.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West *** End Of Report ***



Thakken

Dr.JYOT THAKKER M.D. (PATH), DPB Pathologist & AVP(Medical Services)

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:2333100734

: -

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: 37 Years / Male

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Collected Reported

:27-Nov-2023 / 09:56 :27-Nov-2023 / 13:03

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE				
PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>	
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	93.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase	
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	123.7	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	Colorimetric	
BILIRUBIN (DIRECT), Serum	0.28	0-0.3 mg/dl	Diazo	
BILIRUBIN (INDIRECT), Serum	0.25	0.1-1.0 mg/dl	Calculated	
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret	
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG	
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated	
A/G RATIO, Serum	1.6	1 - 2	Calculated	
SGOT (AST), Serum	44.3	5-40 U/L	NADH (w/o P-5-P)	
SGPT (ALT), Serum	73.9	5-45 U/L	NADH (w/o P-5-P)	
GAMMA GT, Serum	35.1	3-60 U/L	Enzymatic	
ALKALINE PHOSPHATASE, Serum	64.2	40-130 U/L	Colorimetric	
BLOOD UREA, Serum	19.6	12.8-42.8 mg/dl	Kinetic	
BUN, Serum	9.2	6-20 mg/dl	Calculated	
CREATININE, Serum	0.95	0.67-1.17 mg/dl	Enzymatic	

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CID Name Age / Gender Consulting Dr.	: 233310073 : MR.VIJAY F : 37 Years / : -	(UMAR Male	Collected	Use a QR Code Scanner Application To Scan the Code : 27-Nov-2023 / 13:47	P O R T
Reg. Location	: Borivali We	est (Main Centre)	Reported	:27-Nov-2023 / 18:32	
eGFR, Serum		106	(ml/min/1.73sqm) Normal or High: Above Mild decrease: 60-89 Mild to moderate decre 59 Moderate to severe dec -44 Severe decrease: 15-29 Kidney failure:<15	ease: 45- crease:30	
Note: eGFR estir	nation is calcula	ted using 2021 CKD-EPI GFR	equation w.e.f 16-08-2023		
URIC ACID, Se	rum	6.6	3.5-7.2 mg/dl	Enzymatic	
Urine Sugar (Fa	asting)	Absent	Absent		
Urine Ketones (Fasting)	Absent	Absent		
Urine Sugar (Pf)	Absent	Absent		
Unne Sugar (Fr					



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Dr.KETAKI MHASKAR M.D. (PATH) Pathologist

Page 4 of 10

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Collected Reported :27-Nov-2023 / 09:56 :27-Nov-2023 / 14:17

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE **GLYCOSYLATED HEMOGLOBIN (HbA1c) BIOLOGICAL REF RANGE** PARAMETER RESULTS METHOD HPLC Glycosylated Hemoglobin 5.8 Non-Diabetic Level: < 5.7 % (HbA1c), EDTA WB - CC Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 % Estimated Average Glucose 119.8 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:

(eAG), EDTA WB - CC

- 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 Borivali Lab, Borivali West *** End Of Report ***



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATIO	<u>N</u>		
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	
Othors			

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 Borivali Lab, Borivali West *** End Of Report ***



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Dr.JYOT THAKKER M.D. (PATH), DPB Pathologist & AVP(Medical Services)

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Consulting Dr.	: -
Reg. Location	: Borivali West (Main Centre)

Authenticity Check R E P O O Use a QR Code Scanner Application To Scan the Code T • 27-Nov-2023 / 09:56

Collected Reported

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

PARAMETER

<u>RESULTS</u>

Positive

В

ABO GROUP Rh TYPING

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

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

Limitations:

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

Refernces:

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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

*** End Of Report ***



S. Sakhare

Dr.SUHAS SAKHARE M.D. (PATH) Pathologist

Page 7 of 10

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PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	169.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	181.0	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	38.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	130.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	94.0	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	36.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.4	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West *** End Of Report ***



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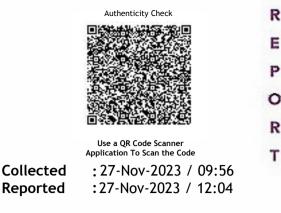
Dr.JYOT THAKKER M.D. (PATH), DPB Pathologist & AVP(Medical Services)

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Consulting Dr.	: -
Reg. Location	: Borivali West (Main Centre)



AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS							
PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>				
Free T3, Serum	5.3	3.5-6.5 pmol/L	ECLIA				
Free T4, Serum	15.7	11.5-22.7 pmol/L	ECLIA				
sensitiveTSH, Serum	1.69	0.35-5.5 microlU/ml	ECLIA				

Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

1)TSH Values between high abnormal 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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Dr.KETAKI MHASKAR M.D. (PATH) Pathologist

Page 9 of 10

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DIAGNOSTICS			14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	E
PRECISE TESTING - MEALTHIES	LIVING			P
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Name : M	IR.VIJAY KUMAR			R
Age / Gender : 3	7 Years / Male		Use a QR Code Scanner Application To Scan the Code	т
Consulting Dr. :		Collected	:27-Nov-2023 / 09:56	
Reg. Location : B	orivali West (Main Centre)	Reported	:27-Nov-2023 / 12:04	

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*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West *** End Of Report ***

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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-----

DR.SUDHANSHU SAXENA Consultant Radiologist M.B.B.S DMRE (RadioDiagnosis) RegNo .MMC 2016061376.



: 37 Years/Male

: Borivali West

:

Age / Sex

Reg. Location

Ref. Dr

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E1069 State 14 Street

Authenticity Check

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Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023112709270653

Page 1 of 2

R E P O R T

SUBURBAN DIAGNOSTICS - BORIVALI WEST



Sinus Bradycardia. Please correlate clinically.

Patient Name: VIJAY KUMAR Patient ID: 2333100734 Date and Time: 27th Nov 23 10:27 AM

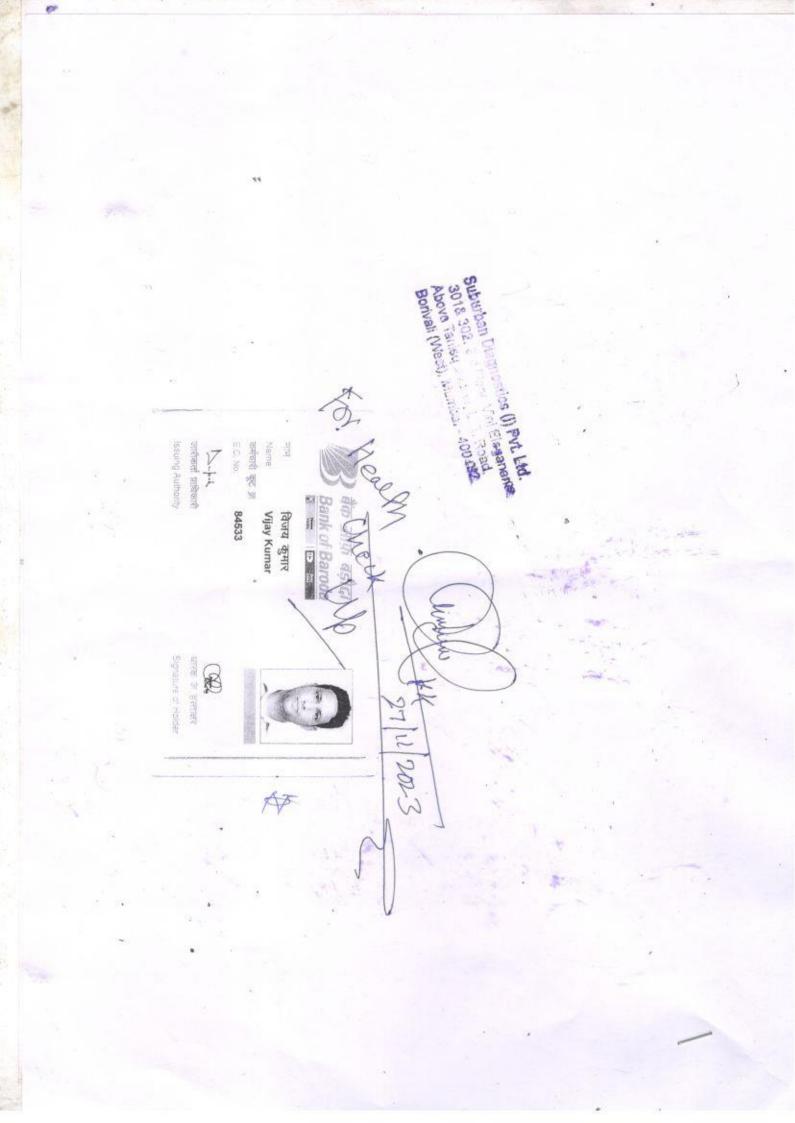
37 Age NA NA years months days Gender Male Heart Rate 46bpm aVR V1 ₩4 Patient Vitals BP: NA Weight: NA Height: NA Pulse: NA Spo2: NA V2Resp: NA Π aVL ₩5 Others: Measurements V3 III V6 aVF QRSD: 92ms QT: 394ms QTcB: 344ms PR: 166ms P-R-T: 41° 6° 14° Π tricog 25.0 mm/s 10.0 mm/mV Copyright 2014-2023 Tricog Health, All Rights Reserve

REPORTED BY

The.

Dr Nitin Sonavane M.B.B.S.AFLH, D.DIAB,D.CARD Consultant Cardiologist 87714

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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Reg Date Age/Gender Regn Centre : 27-Nov-2023 09:26 : 37 Years : Borivali West (Main Centre) R

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History and Complaints: Nil

: Mr . VIJAY KUMAR

: Arcofemi Healthcare Limited

: 2333100734

EXAMINATION FINDINGS:

Height (cms): Temp (0c): Blood Pressure (mm/hg): Pulse:

181 Afebrile 140/80 72/min

Weight (kg): 90 Skin: NAD Nails: NAD Lymph Node: Not Palpable

Systems

Name

Ref By

VID

Cardiovascular:	S1S2-Normal
Respiratory:	Chest-Clear
Genitourinary:	NAD
GI System:	NAD
CNS:	NAD

IMPRESSION:

056

ADVICE:

physician / Nephvologia

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

REGD PrimPIDatest 28-Nov-2023:08:43(a) Pvt. Ltd., Aston, 2" Floor, Sunderv Pages 1,952 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 West, Mumbai - 400086 HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com



61

: Mr . VIJAY KUMAR Name : 2333100734 VID : Arcofemi Healthcare Limited Ref By

Reg Date Age/Gender Regn Centre : 27-Nov-2023 09:26 : 37 Years : Borivali West (Main Centre)

PERSONAL HISTORY:

45	Alashol	No
	Alcohol	No
2)	Smoking	Veq
3)	Diet	No
4)	Medication	NO

Suburban Diegnostics (i) Pvt. Ltd.

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301& 302, 3nd Floor, Vini Eleganence Above Tanisq Localier, L. T. Road, Borivali (West), Mumbai - 400 092.

Dr.Nitin Sonavane PHYSICIAN

DR. NITIN SONAVANE M.B.B.S. AFLH, D. LIAE, D.CARD & CONSULTANT-CARDIOLOGISTA REGD. NO. : 87714

REGDPrint-IDates: 128-Nov; 2023; 08:1431;a) Pvt. Ltd., Aston, 2" Floor, SundervBage: 2,952 Above Mercedes Showroom, Andheri West, Mumbai - 40005; CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar West, Mumbai - 4000 service@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com

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Date:-

7

Name:-

Vijay - Kumar

CID: 2 333100 734

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Sex / Age: /

EYE CHECK UP

140

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

RE LE. 616 616 M6 M6

	Sph	Cyl	Axis	Vn	Sph -	Cyl	Axis	Vn
Distance				1. 2.		-		
Near	5.7				Same			

Colour Vision: Normal / Abnormal

Remark:

Suburban Diagnostics (i). Pvt. Ltd.

 3018 302
 Ini Eleganance

 Above Tanie
 I. Road,

 Borivali (Weither
 400 -12.

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2rd 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 West, Mumbai - 400086. HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com

SUBURBAN DIANOSTICS PVT. LTD. BORIVAL ate: 27-11-2023 Time: 12:01

BURK

					Date: 27-11-2020	
Name: VIJAY KUMAR		Val We	Weight:	Weight: 90 Kg	ID: 2333100734	
Age: 37	Gender: M	Height: 181 cms	weightt			
Clinical Histo	ry: NIL					
Medications:	NIL					
Test Deta	iils:				Target HR: 155 (85% of Pr. MHR)	

Test Bener		Predicted Max HR:	183	Targer like 195 (work a
Protocol: Bruce	1 1 2 2 2 2 2 2 2	Achieved Max HR:	155 (85% 0	f Pr. MHR)
Exercise Time: Max BP:	160/80	Max BP x HR:	24800	Max Mets: 11
Test Termination	Criteria: TES	L COMPLET		

ol Details:

Protocol De	etails:			- Conda	Heart Rate	BP	RPP	Max ST Level	Max ST Slope mV/s
Stage Name	Stage Time	METS	Speed kmph	Grade %	bpm	mmHg 140/80	7140	0.5 V4	0.2 V5
Supine	00:10	1	0	0	51	140/80	7840	0.7 V4	0.2 V4
Standing	00:10	1	0	0	56	140/80	8400	0.8 V4	-0.2 111
HyperVentilation	00:07	1	0	0	67	140/80	9380	0.41	0.11
PreTest	00:11	1	1.6	0	99	140/80	13860	0.8 V3	0.21
Stage: 1	03:00	4.7	2.7	10	114	150/80	17100	0.5 V3	0.2 V5
Stage: 2	03:00	7	4	12	137	150/80	20550	0.4 V2	0.2 V2
Stage: 3	03:00	10.1	5.5	14	155	160/80	24800	-0.9 VI	0.5 V4
Peak Exercise	00:48	11	6.8	16	126	160/80	20160	0.4 111	2.8 V3
Recoveryl	01:00	1	0	0	94	140/80	13160	0,8 V4	0.21
Recovery2	00:57	1	0	0		1	-		

Interpretation

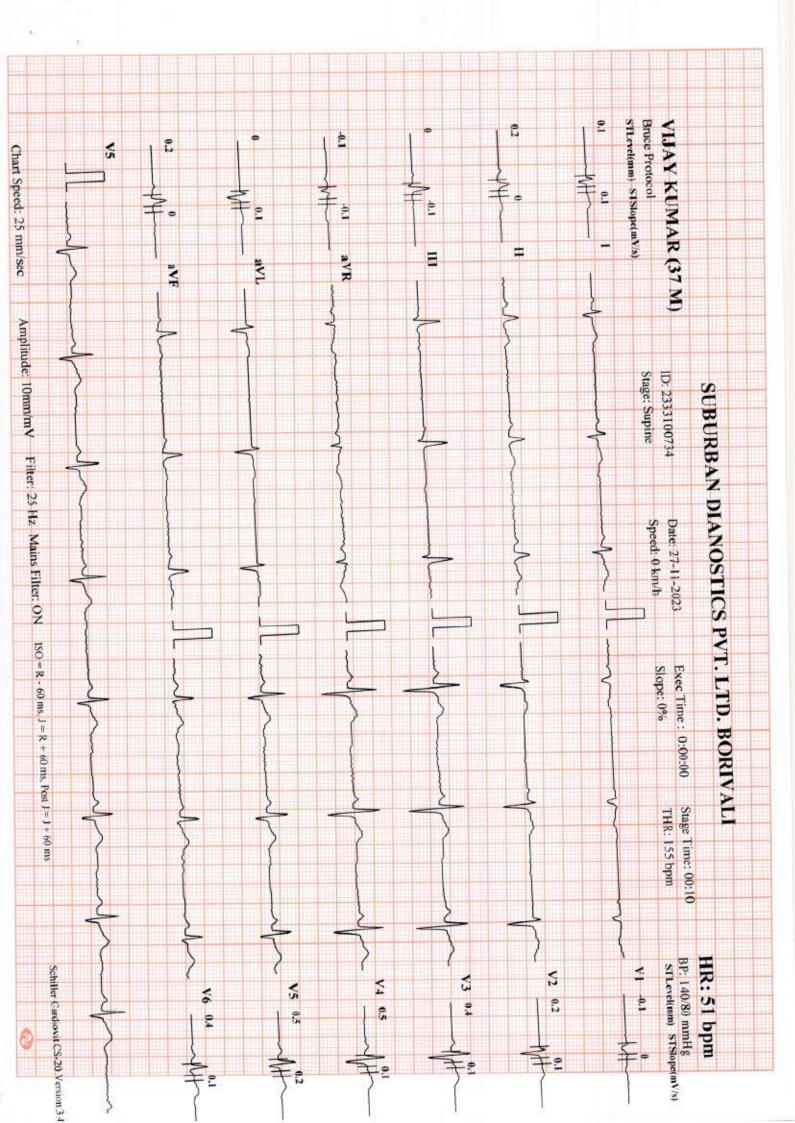
The Patient Exercised according to Bruce Protocol for 0:09:48 achieving a work level of 11 METS. Resting Heart Rate, initially 51 bpm rose to a max. heart rate of 155bpm (85% of Predicted Maximum Heart Rate). Resting Blood Pressure of 140/80 mmHg, rose to a maximum Blood Pressure of 160/80 mmHg Good Effort tolerance Normal HR & BP Respone No Angina or Arrhymias No Significant ST-T Change Noted During Exercise Stress test Negative for Stress inducible ischaemia.

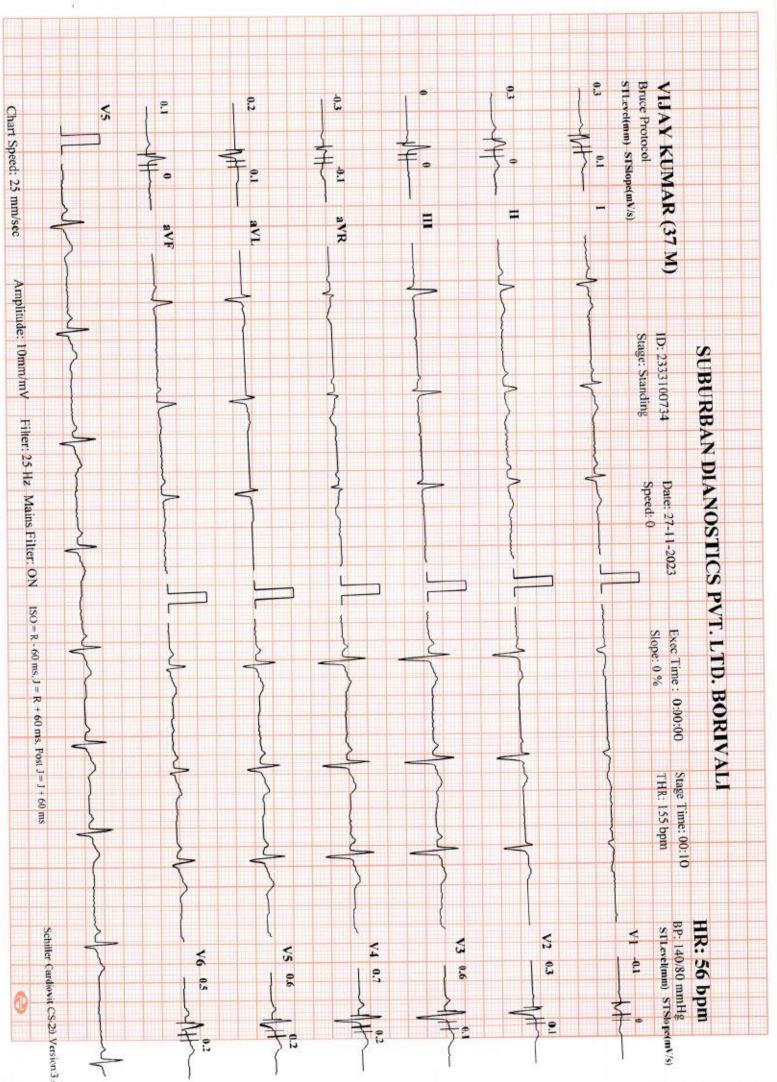
> Suburban Diagnostics (I) Pvt. Edd. 3018 302 Staffloor Vini Elsganance Above Thisp Hydrer, L. T. Road, Borivali (West), Mumbai - 400 092.

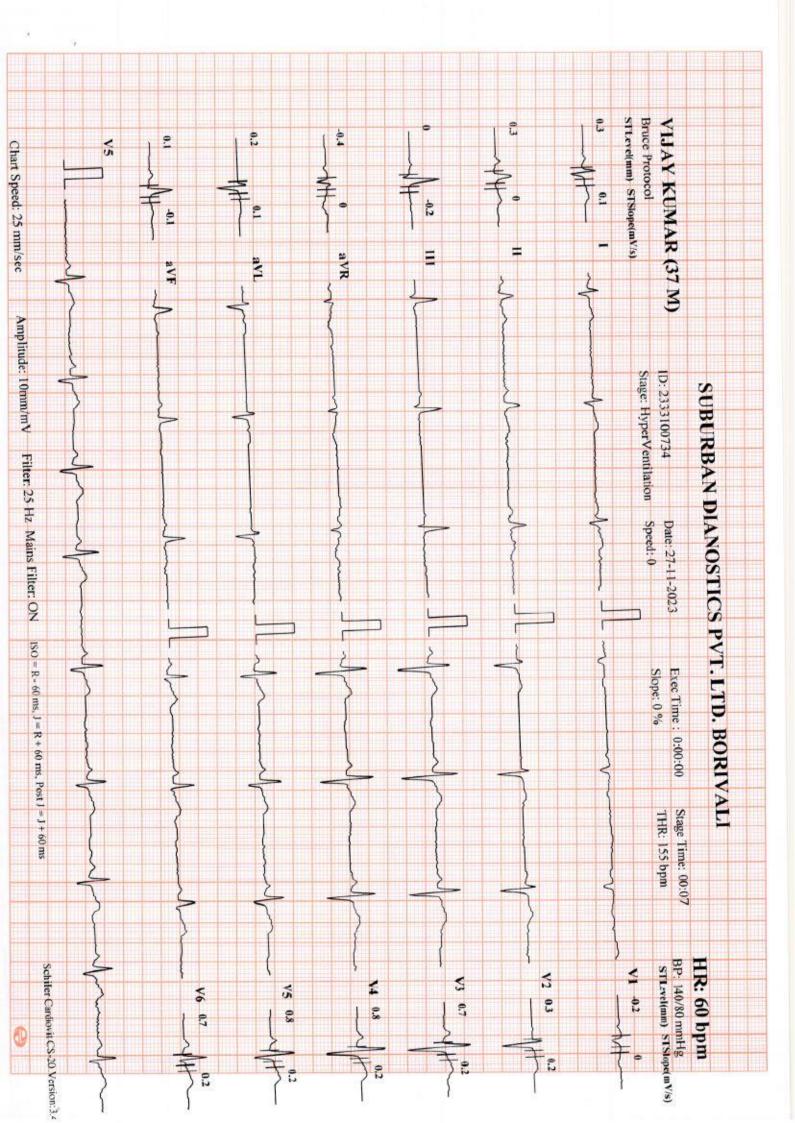
BR. NITA	TIMATANE.
M.B.S.S. (Doctor: DR. NITIN SONAVANE
CONSUL	
RECL	2///14 (Summary Report edited by User)

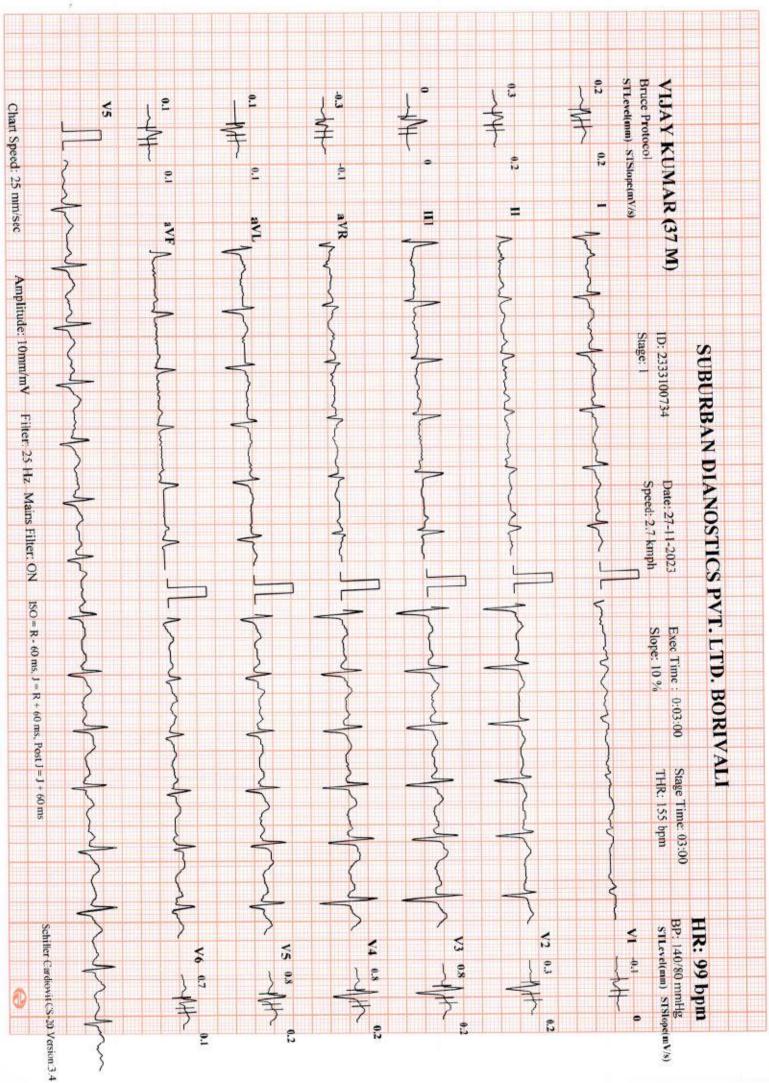
Cardiovit CS-20 Version 3.4

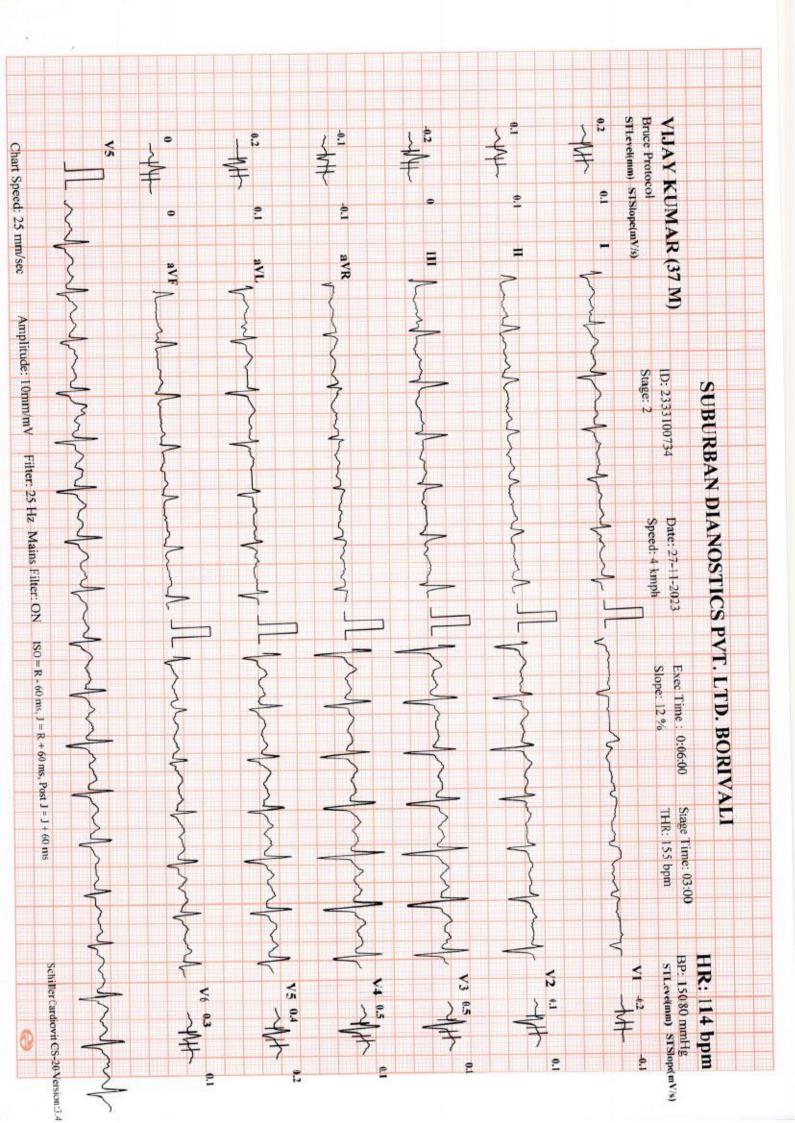
Ref. Doctor:	
SCHILLER	
The Art of Diagnostics	

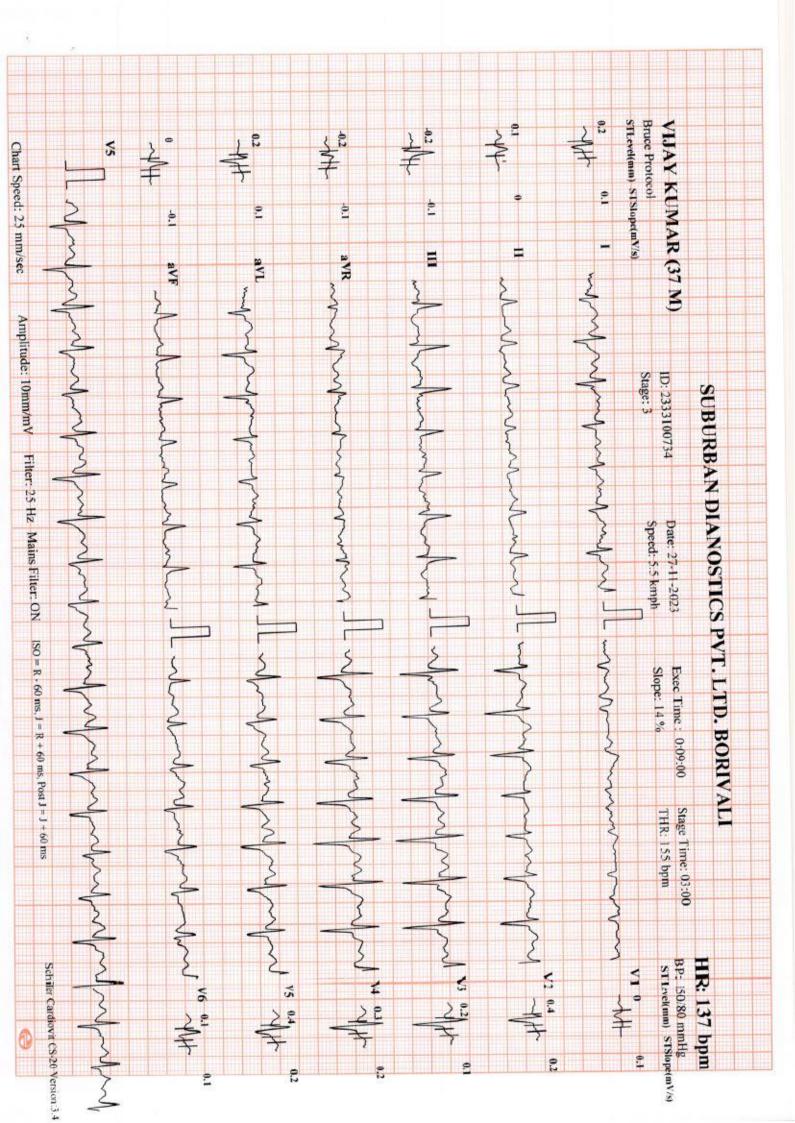


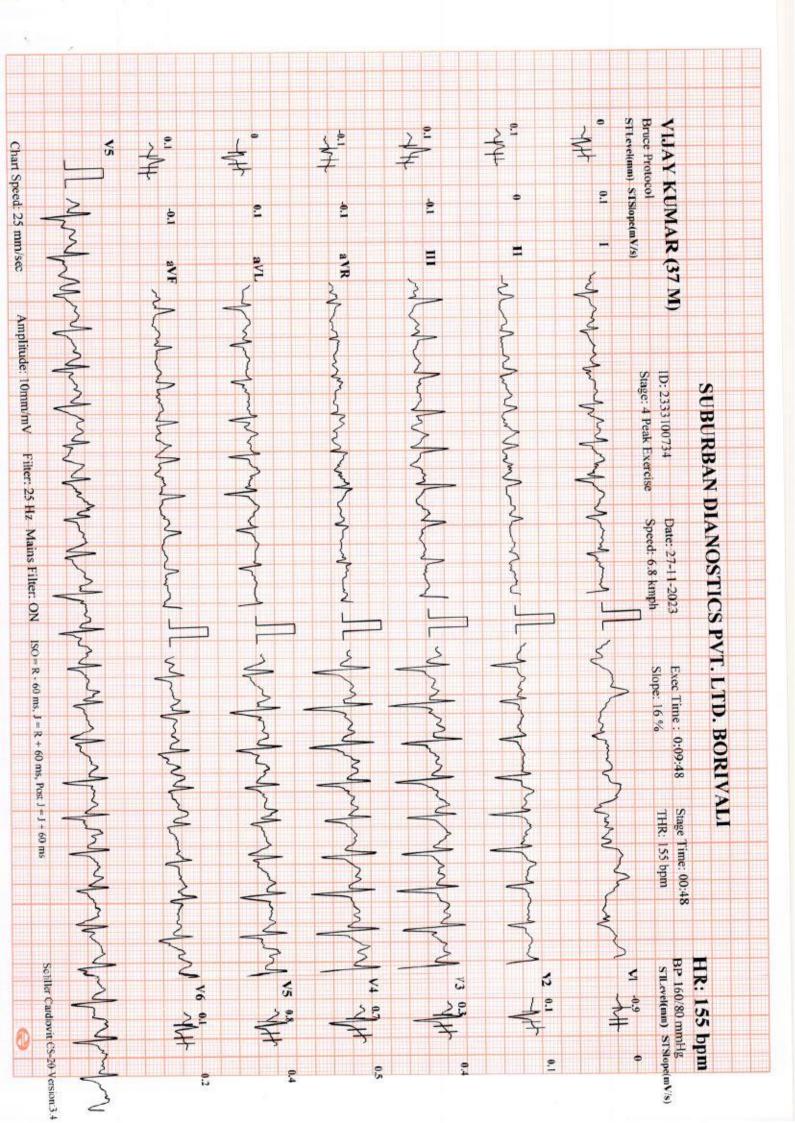


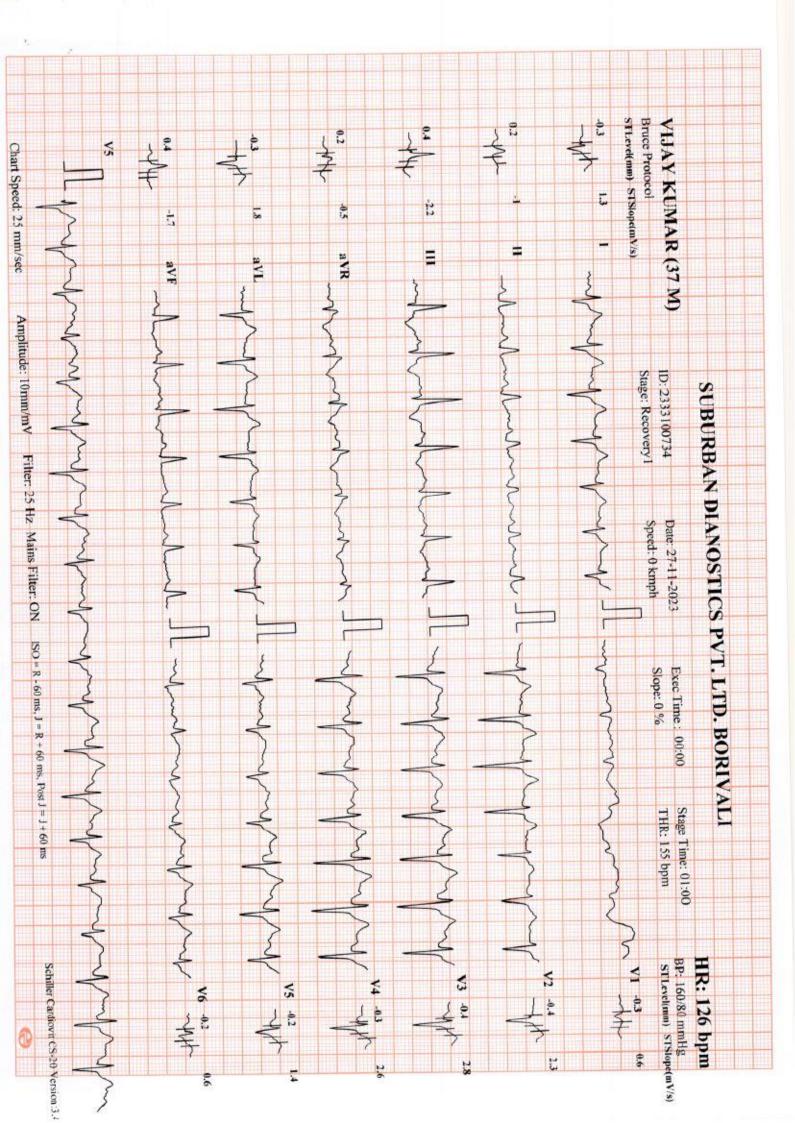


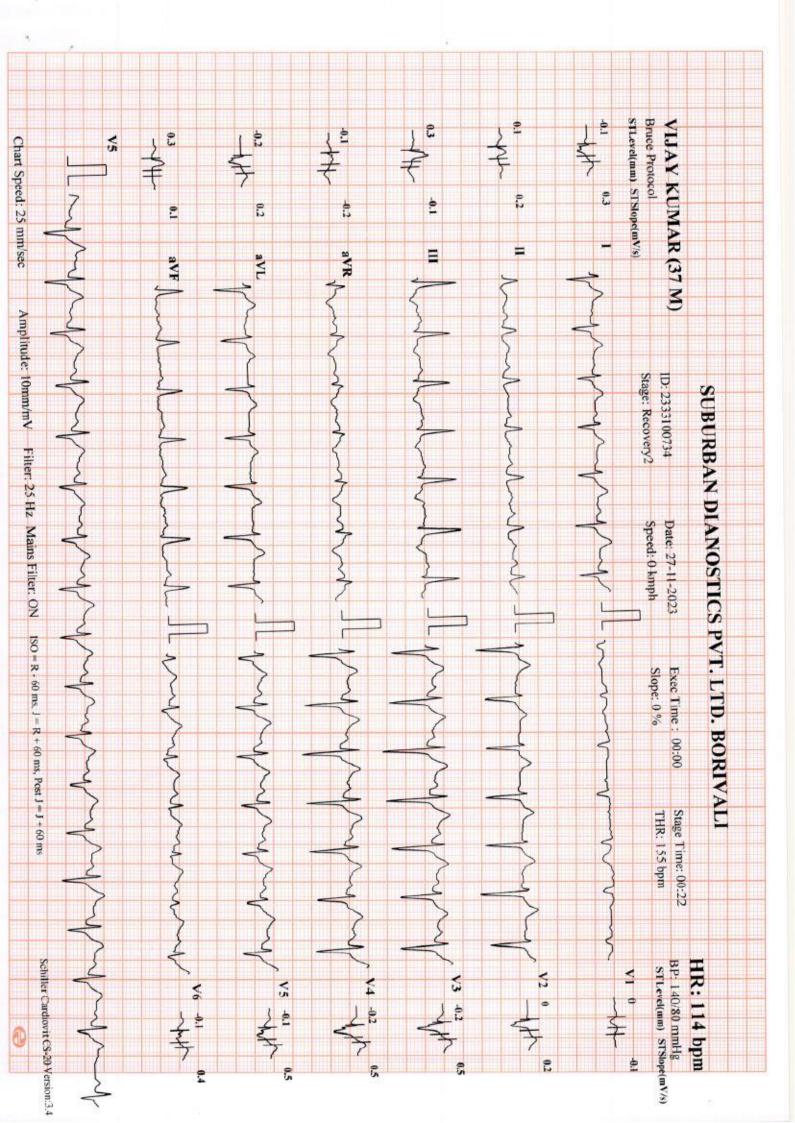


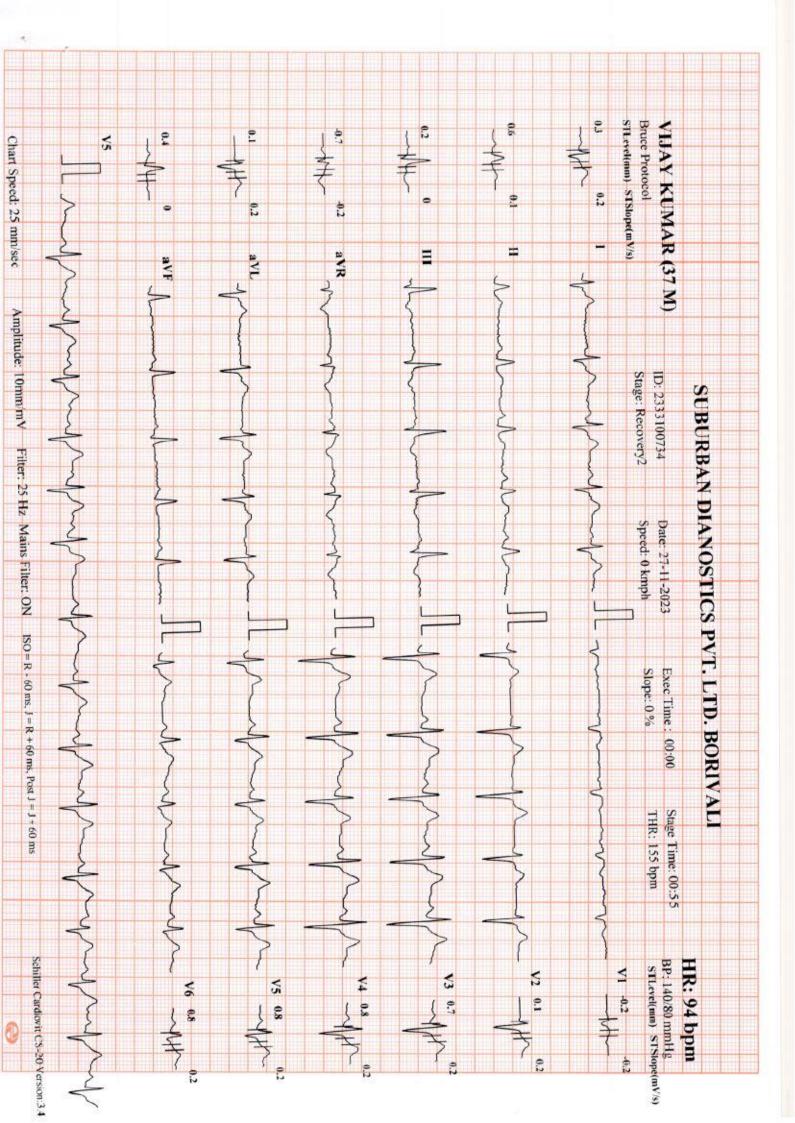


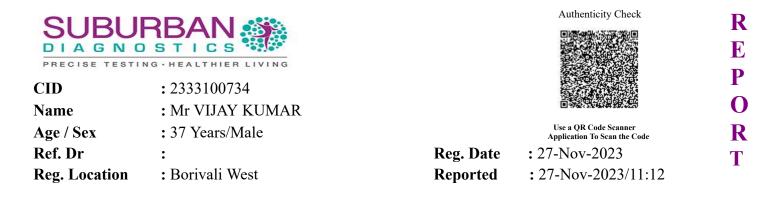












USG WHOLE ABDOMEN

LIVER: Liver is normal in size 14.4 cm with mild generalized increase in parenchymal echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

<u>GALL BLADDER</u>: Gall bladder is distended and appears normal. No obvious wall thickening is noted. There is no evidence of any calculus.

PORTAL VEIN: Portal vein is 10.2 mm normal. <u>CBD:</u> CBD is 3.7 mm normal.

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

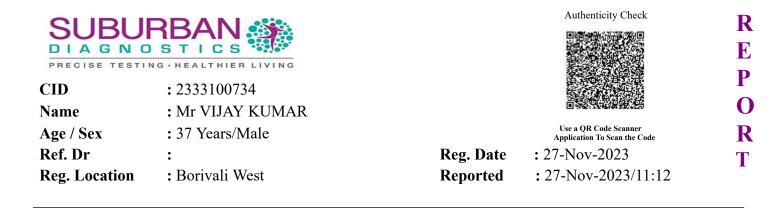
<u>KIDNEYS</u>: Right kidney measures 12.6 x 6.7 cm. **Left kidney measures 7.3 x 3.7cm. It is small in size.** Right kidney is normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

<u>SPLEEN:</u> Spleen is normal in size 10.9 cm , 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. Prostate measures 3.9 x 3 .4 x 3.8cm and prostatic weight is 27 gm. No evidence of any obvious focal lesion.

No free fluid or size significant lymphadenopathy is seen.



Opinion:

- Grade I fatty infiltration of liver.
- Small sized left kidney.

For clinical correlation and follow up.

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 cases for confirmation / exclusion of diagnosis. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification. Please interpret accordingly.

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

DR.SUDHANSHU SAXENA Consultant Radiologist M.B.B.S DMRE (RadioDiagnosis) RegNo .MMC 2016061376.

