



CID : 2305622109  
Name : MR.JADHAV MAHESH KASHINATHRAO  
Age / Gender : 34 Years / Male  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 25-Feb-2023 / 09:35  
Reported : 25-Feb-2023 / 13:41

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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>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	17.4	13.0-17.0 g/dL	Spectrophotometric
RBC	5.65	4.5-5.5 mil/cmm	Elect. Impedance
PCV	52.1	40-50 %	Measured
MCV	92	80-100 fl	Calculated
MCH	30.8	27-32 pg	Calculated
MCHC	33.4	31.5-34.5 g/dL	Calculated
RDW	14.6	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6760	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	40.2	20-40 %	
Absolute Lymphocytes	2717.5	1000-3000 /cmm	Calculated
Monocytes	4.9	2-10 %	
Absolute Monocytes	331.2	200-1000 /cmm	Calculated
Neutrophils	50.0	40-80 %	
Absolute Neutrophils	3380.0	2000-7000 /cmm	Calculated
Eosinophils	4.3	1-6 %	
Absolute Eosinophils	290.7	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	
Absolute Basophils	40.6	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	246000	150000-400000 /cmm	Elect. Impedance
MPV	7.7	6-11 fl	Calculated
PDW	12.4	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			



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Hypochromia	-
Microcytosis	-
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 Borivali Lab, Borivali West  
\*\*\* End Of Report \*\*\*

*Bmhasakar*

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



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Reported : 25-Feb-2023 / 13:48

**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	87.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	100.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	1.58	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.46	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	1.12	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.5	3.2-4.8 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	21.6	<34 U/L	Modified IFCC
SGPT (ALT), Serum	22.9	10-49 U/L	Modified IFCC
GAMMA GT, Serum	18.0	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	73.4	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	17.0	19.29-49.28 mg/dl	Calculated
BUN, Serum	7.9	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.73	0.60-1.10 mg/dl	Enzymatic



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eGFR, Serum	131	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	7.1	3.7-9.2 mg/dl	Uricase/ Peroxidase
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 Borivali Lab, Borivali West  
\*\*\* End Of Report \*\*\*

*Bmhaskar*

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



MC-2111



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Reported : 25-Feb-2023 / 17:53

**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	5.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	96.8	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:**

- 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.

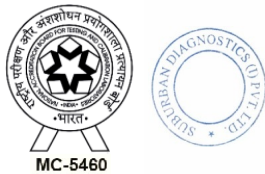
**Decreased in:** Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

**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 SDRL, Vidyavihar Lab

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



*Namrata Raul*

**Dr.NAMRATA RAUL**  
**M.D (Biochem)**  
**Biochemist**



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Reported : 25-Feb-2023 / 18:32

**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

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

*NR Jain*

**Dr.VIPUL JAIN**  
**M.D. (PATH)**  
**Pathologist**





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Reported : 25-Feb-2023 / 17:10

**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)	6.5	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
<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	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	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 insert

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

*Bmhasakar*

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



MC-2111



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Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected :  
Reported :

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





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Collected : 25-Feb-2023 / 09:35  
Reported : 25-Feb-2023 / 17:39

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	A
Rh TYPING	Positive

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.

**References:**

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 \*\*\*



**Dr.VRUSHALI SHROFF**  
**M.D.(PATH)**  
**Pathologist**



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Reg. Location : Kandivali East (Main Centre)

Collected : 25-Feb-2023 / 09:35  
Reported : 25-Feb-2023 / 14:07

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	152.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	80.1	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	28.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	124.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	108.3	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	16.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.8	0-3.5 Ratio	Calculated

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



*Dr. Leena Salunkhe*  
**Dr.LEENA SALUNKHE**  
**M.B.B.S, DPB (PATH)**  
**Pathologist**



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Collected : 25-Feb-2023 / 09:35  
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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	5.4	3.5-6.5 pmol/L	CLIA
Free T4, Serum	17.8	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	4.768	0.55-4.78 microu/ml	CLIA



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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 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:**

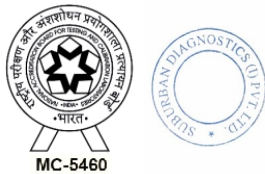
1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

**Reference:**

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



*Anupa*

**Dr.ANUPA DIXIT**  
**M.D.(PATH)**  
**Consultant Pathologist & Lab Director**

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Consulting Dr. :  
Reg.Location : Kandivali East (Main Centre)  
Collected : 25-Feb-2023 / 09:29  
Reported : 27-Feb-2023 / 11:01

### PHYSICAL EXAMINATION REPORT

#### History and Complaints:

No

#### EXAMINATION FINDINGS:

Height (cms):	165 cms	Weight (kg):	66 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	110/80	Nails:	Normal
Pulse:	72/min	Lymph Node:	Not palpable

#### Systems

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

#### IMPRESSION:

↑ Sr Bilirubin

#### ADVICE:

↑ Lrv S2 HT 10dy

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**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                            | Piles may 2022 |
| 17) Musculoskeletal System               | No             |

**PERSONAL HISTORY:**

- |               |              |
|---------------|--------------|
| 1) Alcohol    | Occasionally |
| 2) Smoking    | No           |
| 3) Diet       | Mixed        |
| 4) Medication | No           |

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Thakur Viliage, Kandivali (east),  
Mumbai - 400101.  
Tel : 61700800

*Jadhav*  
**Dr. Jagruti Dhale**  
MBBS  
Consultant Physician  
Reg. No. 69548



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KASHINATHRAO  
Age / Sex : 34 Years/Male  
Ref. Dr :  
Reg. Location : Kandivali East Main Centre

Reg. Date : 25-Feb-2023  
Reported : 25-Feb-2023 / 13:25

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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-----

**This report is prepared and physically checked by DR. FAIZUR KHILJI before dispatch.**

*Khilji Faizur*

**Dr.FAIZUR KHILJI**  
**MBBS,RADIO DIAGNOSIS**  
**Reg No-74850**  
**Consultant Radiologist**

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Ref. Dr :  
Reg. Location : Kandivali East Main Centre  
Reg. Date : 25-Feb-2023  
Reported : 25-Feb-2023 / 10:26

## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size, shape and smooth margins. It shows normal 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 and appears normal. No evidence of gall stones or mass lesions seen.

### PANCREAS:

The pancreas is well visualized and appears normal. No evidence of solid or cystic mass lesion.

### KIDNEYS:

Both the kidneys are normal in size shape and echotexture.  
No evidence of any calculus, hydronephrosis or mass lesion seen.  
Right kidney measures 10.4 x 4.6 cm. Left kidney measures 10.2 x 5.6 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 volume is 20 cc.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023022509302397>

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2<sup>nd</sup> 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, Page no 1 of 2 Mumbai - 400086.

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

Corporate Identity Number (CIN): U85110MH2002PTC136144



Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2305622109  
**Name** : Mr JADHAV MAHESH  
KASHINATHRAO  
**Age / Sex** : 34 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Kandivali East Main Centre

**Reg. Date** : 25-Feb-2023  
**Reported** : 25-Feb-2023 / 10:26

**IMPRESSION:**

No significant abnormality is seen.

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

This report is prepared and physically checked by DR. FAIZUR KHILJI before dispatch.

*Khilji FA*

**Dr.FAIZUR KHILJI**  
**MBBS,RADIO DIAGNOSIS**  
**Reg No-74850**  
**Consultant Radiologist**

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 centre for rectification. Please interpret accordingly.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023022509302397>

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

**Corporate Identity Number (CIN):** U85110MH2002PTC136144

Date:- 25/2/23

CID: 2305-622109

Name:- Mr. Jadhav Mahesh K

Sex/Age: m/34

**EYE CHECK UP**

Chief complaints: Routine check up

Systemic Diseases: no H/O S/I

Past history: no H/O Ocular surgery

Unaided Vision: 6/6 6/6

Aided Vision:

Refraction:

EMBI: Normal

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	- plane -			6/6	- plane -			6/6
Near				2/6				2/6

Colour Vision: Normal / Abnormal

Remark: Vn within normal limit

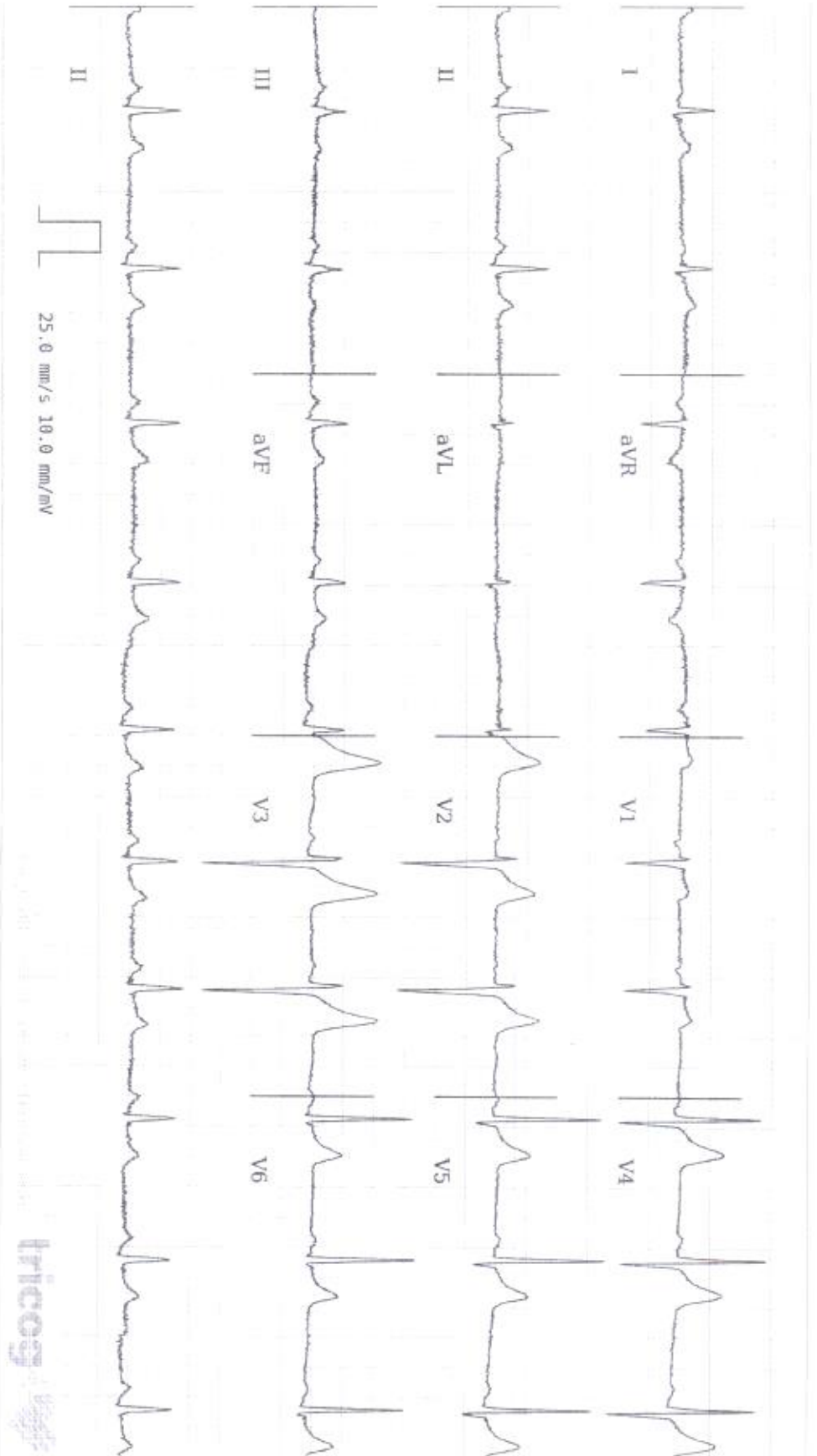
*Kajal N.*  
**KAJAL NAGRECHA**  
OPTOMETRIST

**SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.**  
1st Floor, No. 9, Asagah,  
Thakur Village, Kandivali (east),  
Mumbai - 400101.  
Tel : 61700000

Patient Name: **JADHAV MAHESH KASHINATHRAO**  
Patient ID: **2305622109**

**SUBURBAN DIAGNOSTICS - KANDIVALI EAST**

Date and Time: **25th Feb 23 10:34 AM**



Age **34** **9** **27**  
years months days

Gender **Male**

Heart Rate **63bpm**

Patient Vitals

BP: **110/80 mmHg**  
Weight: **66 kg**  
Height: **165 cm**  
Pulse: **NA**  
SpO2: **NA**  
Resp: **NA**  
Others:

**Measurements**

QRSD: **88ms**  
QT: **364ms**  
QTc: **372ms**  
PR: **152ms**  
P-R-T: **60° 60° 53°**

ECG Within Normal Limits: Sinus Rhythm, Sinus Arrhythmia Seen. Please correlate clinically.

REPORTED BY

*[Signature]*

DR ANHIL PARELKAR  
MBBS, MD, MEDICINE, DNB (Cardiology)  
2012BC2361

**SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.**  
Regd. Office: 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000

Disclaimer: This Analytical report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other investigations and not derived from the ECG physician. The ECG is not intended to be used for the diagnosis and not derived from the ECG.

Issue Date: 20/11/2013



भारत सरकार  
Government of India

महेश काशिनाथराव जाधव  
Mahesh Kashinathrao Jadhav

वर्ग: पुरुष / Male  
DOB: 29/04/1988

4056 7891 9870

भारत आचार्य, भेरी पहचान




SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.  
Row House No 3, Aagari,  
Thakur Vajega, Kandivali (east),  
Mumbai - 400701.  
Tel : 61700400

*Jagruti Dhale*  
Dr. Jagruti Dhale  
MBBS  
Consultant Physician  
Reg. No. 01548

# SUBURBAN DIAGNOSTICS KANDIVALI EAST

Report



Email:

1096 (2305622109) / MAHESH JADHAV / 34 Yrs / M / 165 Cms / 66 Kg  
 Date: 25 / 02 / 2023 11:47:01 AM Refd By : ARCOFEMI Examined By: DR.AKHIL PARULEKAR

Stage	Time	Duration	Speed(Km/hr)	Elevation	METS	Rate	%THR	BP	app	PVC	Comments
Supine	00:14	0:14	00.0	00.0	01.0	075	40%	110/80	082	00	
Standing	00:31	0:17	00.0	00.0	01.0	075	40%	110/80	082	00	
HV	00:51	0:20	00.0	00.0	01.0	063	34%	110/80	069	00	
ExStart	01:13	0:22	00.0	00.0	01.0	065	35%	110/80	071	00	
BRUCE Stage 1	04:13	3:00	02.7	10.0	04.7	117	63%	110/80	128	00	
BRUCE Stage 2	07:13	3:00	04.0	12.0	07.1	133	72%	110/80	146	00	
PeakEx	08:50	1:37	05.5	14.0	08.8	160	86%	150/80	240	00	
Recovery	09:50	1:00	00.2	00.0	01.1	125	67%	150/80	187	00	
Recovery	10:04				00.0	000	0%	---/---	000	00	

## FINDINGS :

Exercise Time : 07:37  
 Initial HR (ExStrt) : 65 bpm 35% of Target 186  
 Initial BP (ExStrt) : 110/80 (mm/Hg)  
 Max WorkLoad Attained : 8.8 Fair response to induced stress  
 Duke Treadmill Score : 07.6  
 Test End Reasons : Heart Rate Achieved

Max HR Attained 160 bpm 86% of Target 186  
 Max BP Attained 150/80 (mm/Hg)

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 Mumbai - 400101.  
 Tel : 61700400

**Dr. Akhil P. Parulekar,**  
 MBBS, MD, Mairino  
 DNB Cardiology  
 Reg. No. 2012082483

Doctor : DR.AKHIL PARULEKAR



EMail:

1096 / MAHESH JADHAV / 34 Yrs / M / 165 Cms / 66 Kg Date: 25 / 02 / 2023 11:47:01 AM Refd By : ARCOFEMI

## REPORT :

Heart Rate 160.0 bpm

Systolic BP 150.0 mmHg Diastolic BP 80.0 mmHg

Exercise Time 07:37 Mins. Ectopic Beats 0.0

METs 8.8 Test End Reason , Heart Rate Achieved Target Heart Rate 88% of 186

TEST OBJECTIVE	ROUTINE CHECK UP
RISK FACTOR	NONE
ACTIVITY	MODERATE ACTIVE
MEDICATION	NONE
REASON FOR TERMINATION	HEART RATE ACHIEVED
EXERCISE TOLERANCE	GOOD
EXERCISE INDUCED ARRHYTHMIAS	NO
HAEMODYNAMIC RESPONSE	NORMAL
CHRONOTROPIC RESPONSE	NORMAL
FINAL IMPRESSION	NO SIGNIFICANT ST T CHANGES NOTED

DISCLAIMER Negative stress test does not rule out coronary artery disease. Positive stress test is suggestive but not confirmatory of coronary artery disease. Hence clinical correlation is mandatory

SUBURBAN DIAGNOSTICS (ANDIA) PVT. LTD

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Mumbai - 400101.

Tel : 617006659

Dr. Akhil Parulekar.

MBBS, MD, MPH, DNB

DNB Cardiology

Reg. No. 2012082483

Doctor : DR.AKHIL PARULEKAR



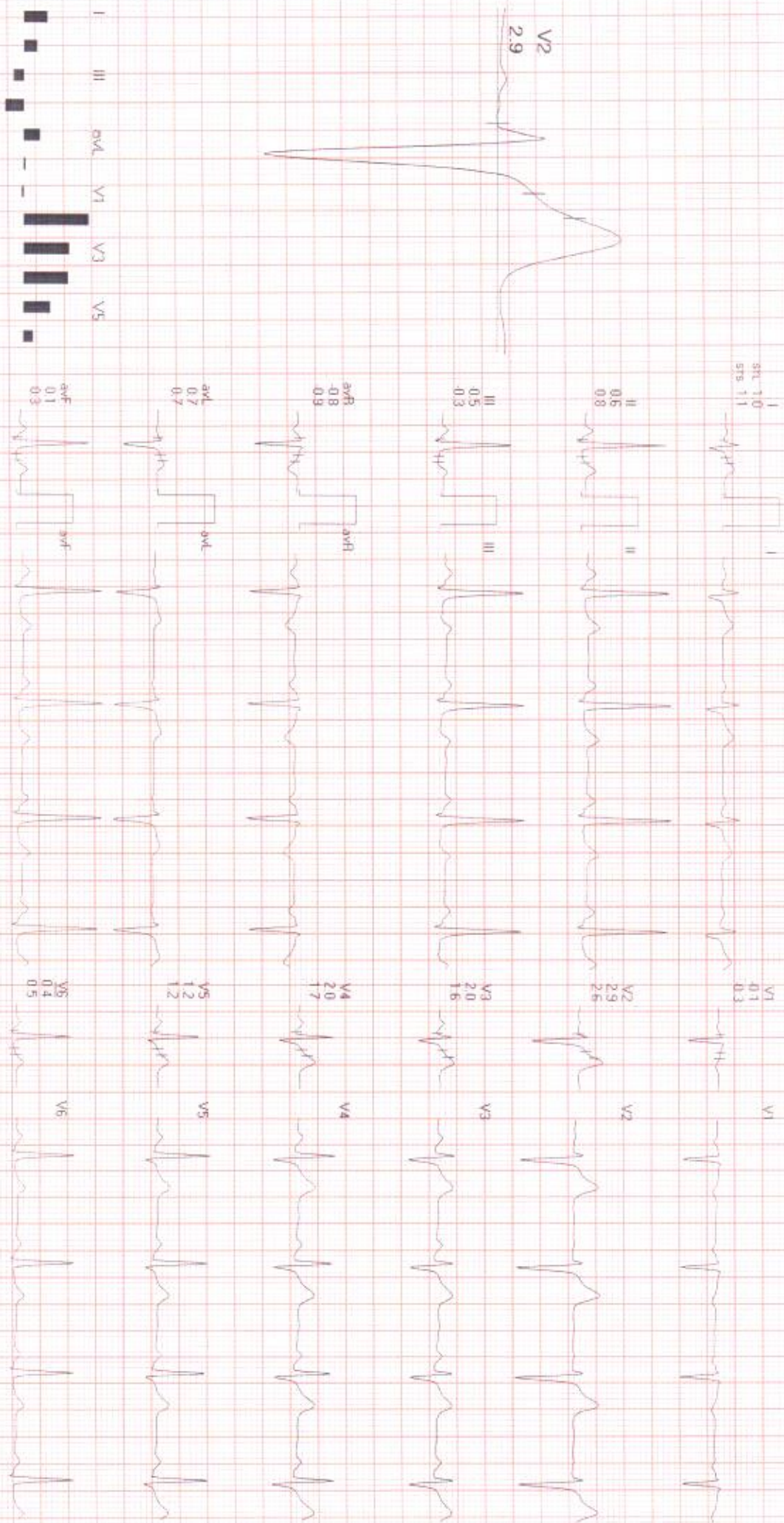
1096 (2305622109) / MAHESH JADHAV / 34 Yrs / M / 165 Cms / 66 Kg / HR : 75

Date: 25/02/2023 11:47:01 AM METS: 1.0/75 bpm 40% of THR BP: 110/80 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

ExTime: 00:00:0.0 kmph 0.0%

4X 60 ms Post J

25 mm/Sec: 1.0 Cm/mV



REMARKS I II aVR aVL aVF V1 V2 V3 V4 V5 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

STANDING ( 00:17 )

1096 (2305622109) / MAHESH JADHAV / 34 Yrs / M / 165 Cms / 66 Kg / HR : 75

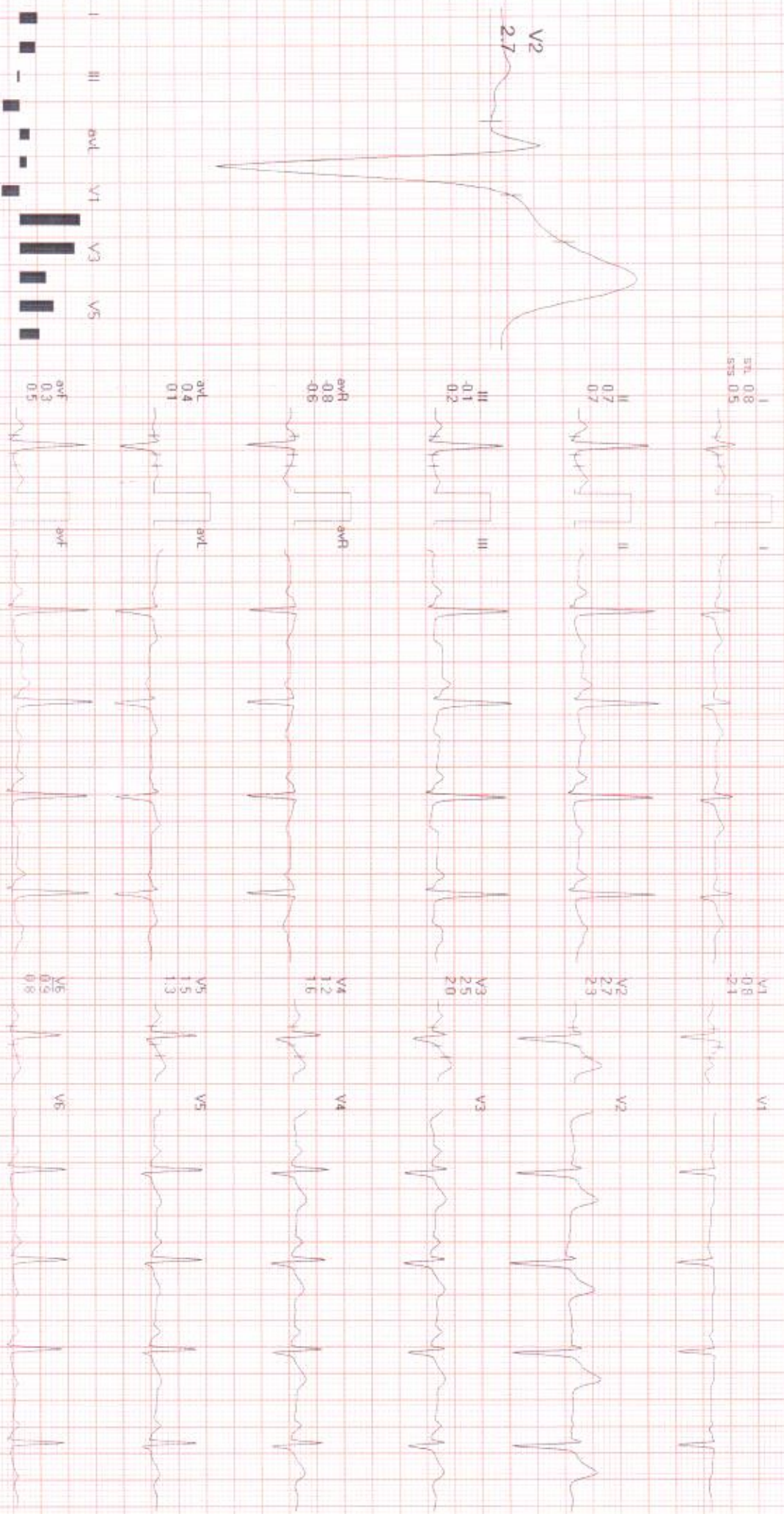
ACIPL

Date: 25 / 02 / 2023 11:47:01 AM METS: 1.0 / 75 bpm 40% of THR BP: 110/80 mmHg Raw ECG/ BUC On/ Natch On/ HF 0.05 Hz/ LF 35 Hz

Extme: 00:00 0.0 kmph 0.0%

AX 80 ms Post J

25mm/Sec 1.0 Cm/mV



REMARKS





SUBURBAN DIAGNOSTICS KANDIVALI EAST

HV ( 00:20 )

1096 (2305622109) / MAHESH JADHAV / 34 Yrs / M / 165 Cms / 66 Kg / HR . 63

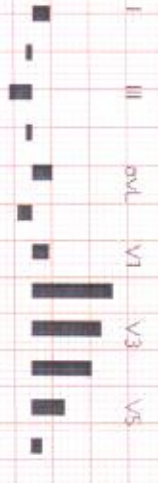
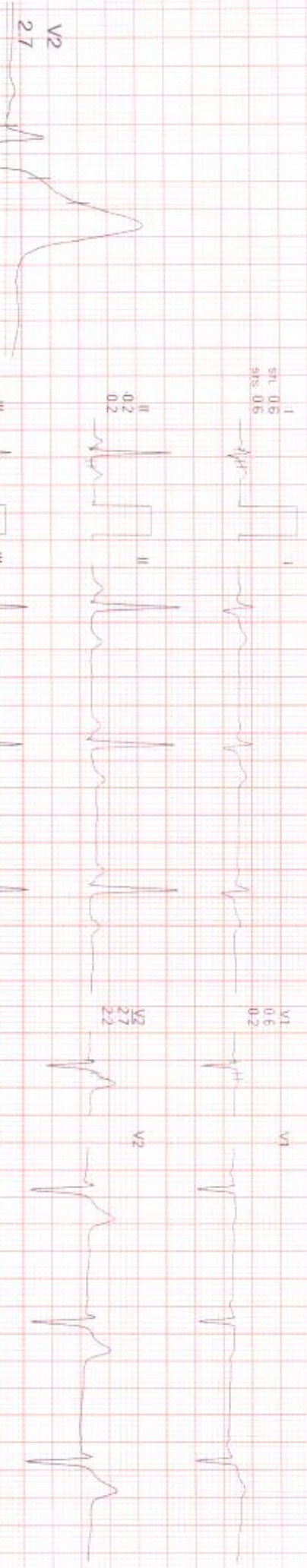
KGHP

Date 25/02/2023 11:42:01 AM METS: 1.0/ 63 bpm 34% of THR BP: 110/80 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime 00:00:0.0 Kmph 0.0%

4X 70ms Post J

25mm/Sec 1.0 Cm/mV



REMARKS



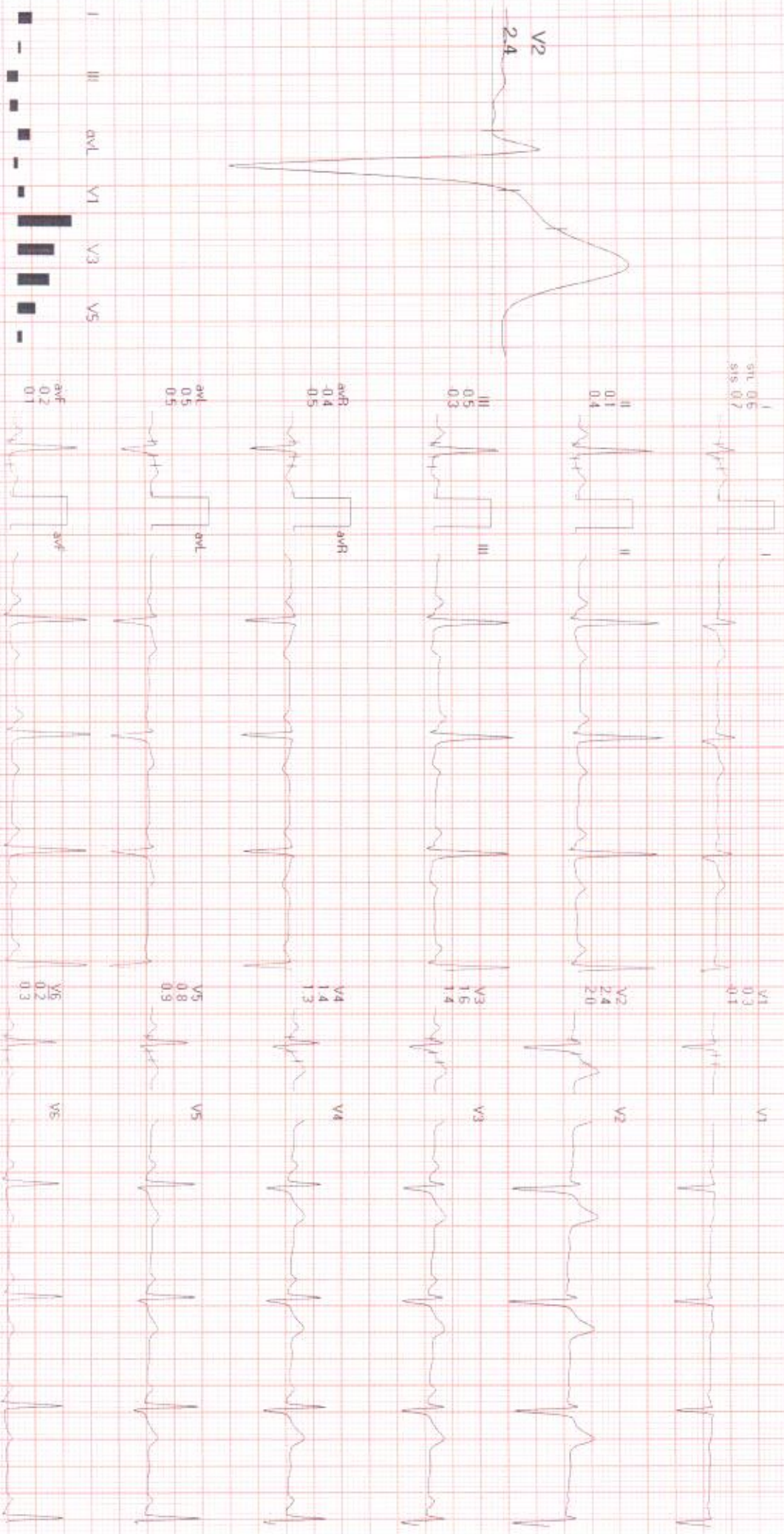


1096 (2305622109) / MAHESH JADHAV / 34 Yrs / M / 165 Cms / 66 Kg / HR : 65

Date: 25 / 02 / 2023 11:47:01 AM METS: 1.0/65 bpm 35% of THR BP: 110/80 mmHg Paw ECG/BLC On/Notch On/HF 0.05 Hz/AF 35 HF

4X 30 ms Post J

ExTime: 00:00 0.0 kmph 0.0% 25 mm/Sec 1.0 Cm/mV



REMARKS: II avR avF V1 V2 V3 V4 V5 V6

SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 1 ( 03:00 )

1096 (2305622109) / MAHESH JADHAV / 34 Yrs / M / 165 Cms / 66 Kg / HR : 117

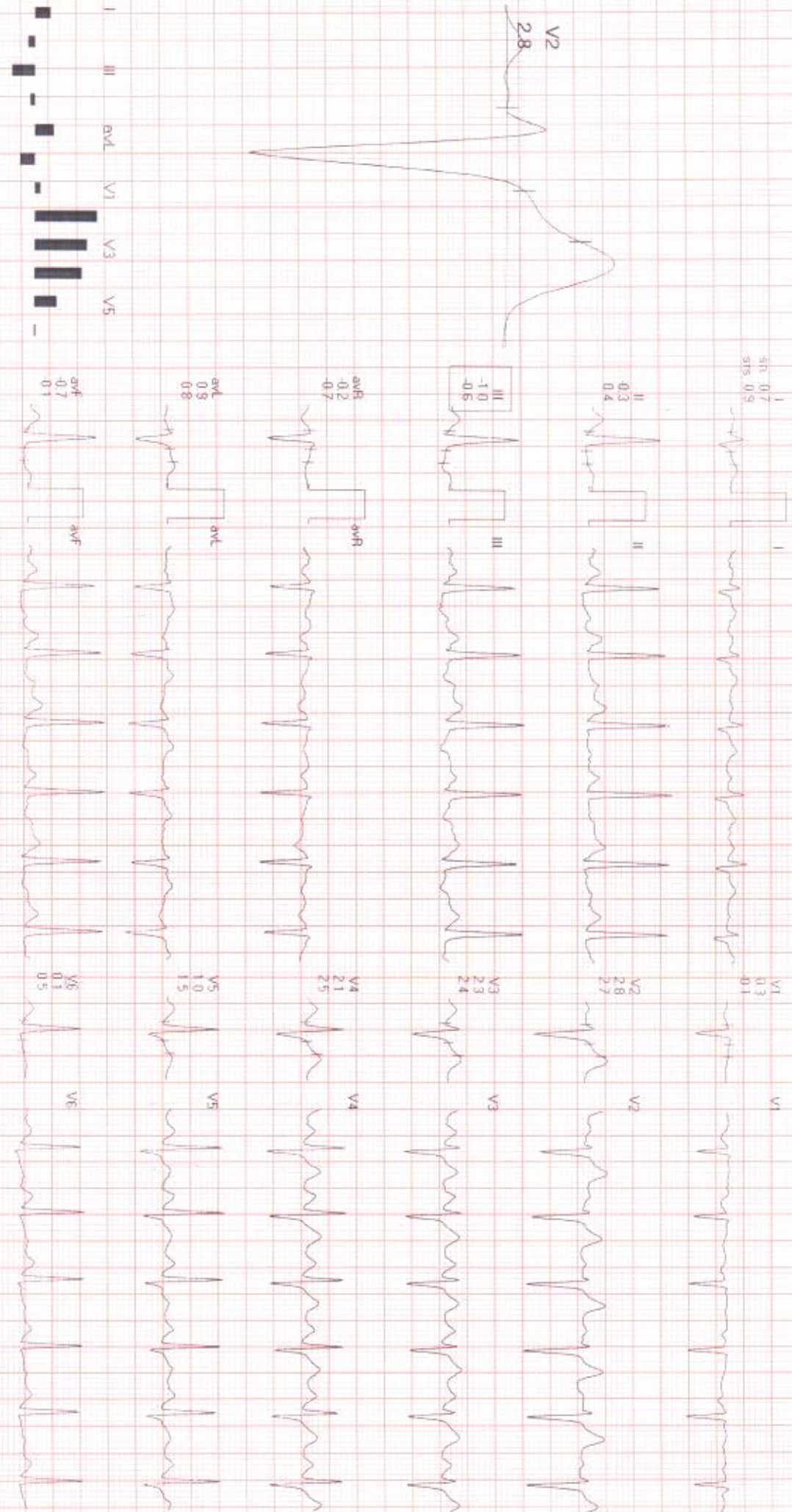
*Handwritten signature*

Date: 25 / 02 / 2023 11:47:01 AM METS: 47/117 bpm 63% of THR BP: 110/80 mmHg Raw ECG/BLD Dry/Notch On/ HF 0.05 Hz/AF 35 Hz

ExTime 03:00 2.7 kmph 10.0%

4X 80 mS Post J

25 mm/Sec: 110 Cm/mV



REMARKS: I II III aVR aVL aVF V1 V2 V3 V4 V5 V6







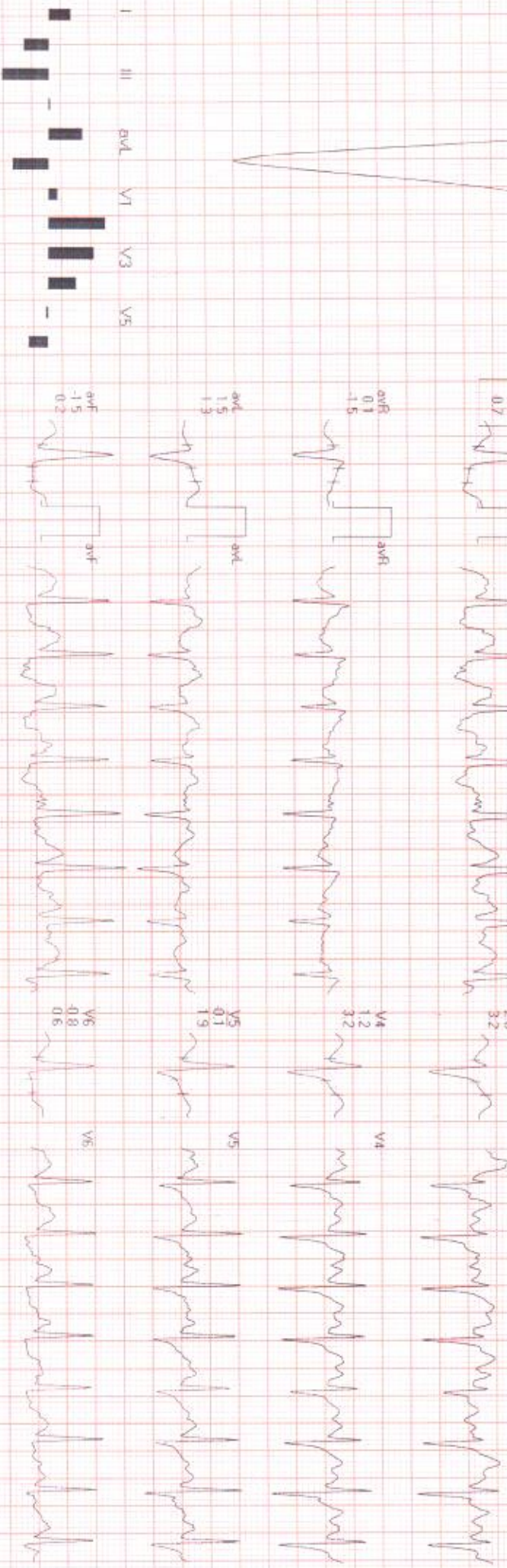
1096 (2305622109) / MAHESH JADHAV / 34 Yrs / M / 165 Cms / 66 Kg / HR : 160

Date 25/02/2023 11:47:01 AM METS: 8.8/160 bpm 86% of THR BP: 150/80 mmHg Raw ECG/ BLC OW/ Natch On/ HF: 0.05 Hz/ VF: 35 Hz

ExTime: 07:37 5.5 kmph, 14.0%

4X 60 ms Pos J

25mm/Sec 1.0 Cm/mV



REMARKS

Lead	aVR	aVL	aVF	V1	V2	V3	V4	V5	V6
I									
II									
III									
aVR	0.1								
aVL	1.5								
aVF	-1.5								
V1				0.3					
V2				0.4					
V3				0.3					
V4					0.1				
V5					0.1				
V6					0.6				



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : ( 01:00 )

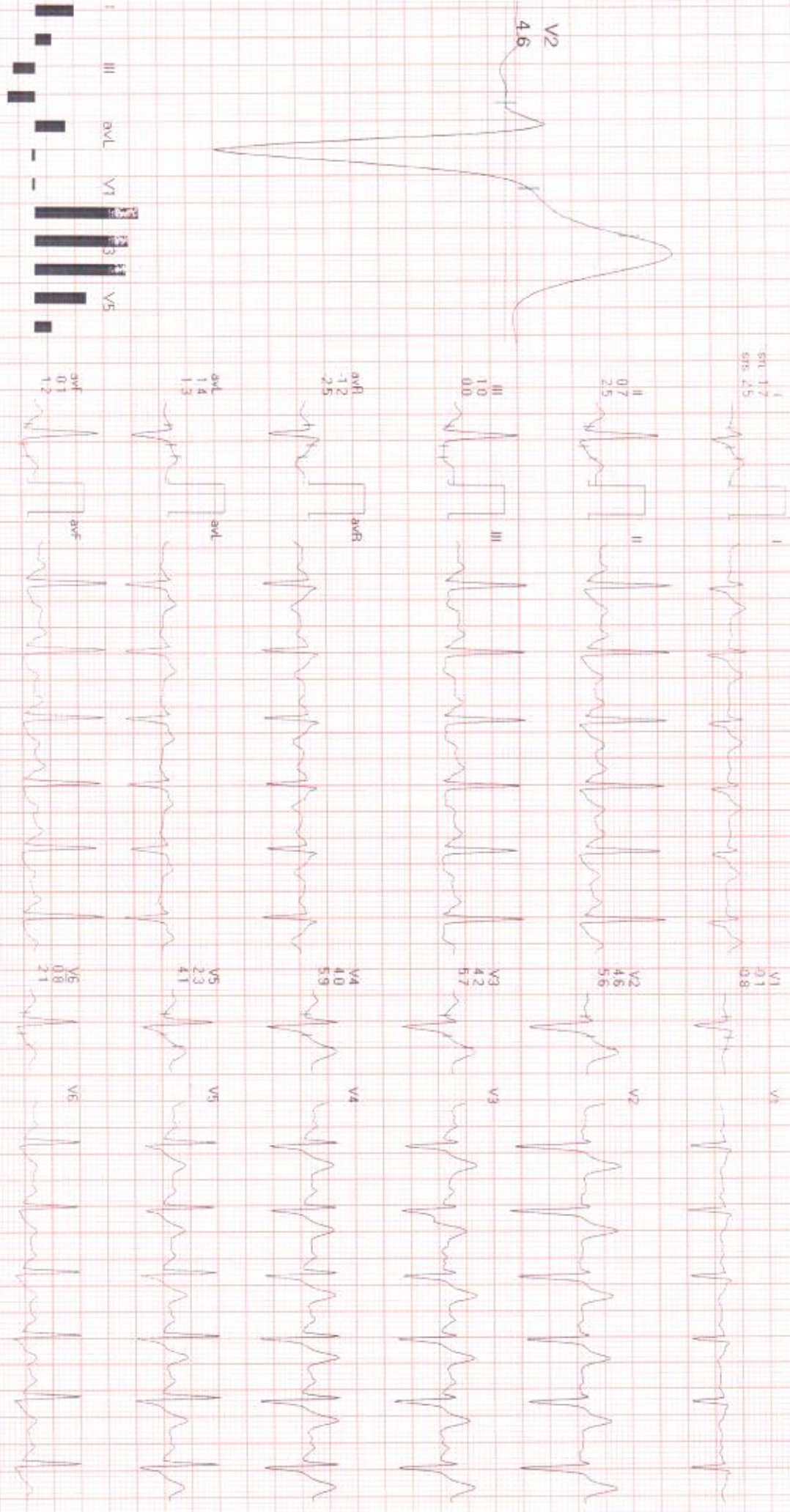
1096 (2305622109) / MAHESH JADHAV / 34 Yrs / M / 165 Cms / 66 Kg / HR : 125

Date: 25/02/2023 11:47:01 AM METS: 1/125 bpm 67% of THR BP: 150/80 mmHg Row ECG/BLC OW/Noch Onv/HF 0.05 Hz/VF 35 Hz

Est time 07:37 0.2 kmph, 0.0%

4X 70 uS Post-J

25 mm/Sec 1.0 Cm/mV



REMARKS



**SUBURBAN DIAGNOSTICS KANDIVALI EAST**

Recovery : ( 01:14 )

1096 (2305622109) / MAHESH JADHAV / 34 Yrs / M / 185 Cms / 66 Kg / HR 119

Date 25/02/2023 11:47:01 AM METS: 1.0/119 bpm 64% of THR BP: 150/80 mmHg Row ECG/BLC Ov/Normal Ov/HF 0.05 Hz/VLF 35 Hz

ExTime 07:37 0.0 kmph 0.0%

4X 50 as Post 1

25 mm/Sec 1.0 Cm/Div



REMARKS

