

CID	: 2308422250
Name	: MR.TUSHAR B RAUT
Age / Gender	: 40 Years / Male
Consulting Dr.	: -
Reg. Location	: Bhayander East (Main Centre)



R E P O R T

Use a QR Code Scanner Application To Scan the Code Collected :25-Mar-2023 / 10:37 Reported :25-Mar-2023 / 18:30

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood			
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	15.0	13.0-17.0 g/dL	Spectrophotometric
RBC	5.07	4.5-5.5 mil/cmm	Elect. Impedance
PCV	45.5	40-50 %	Measured
MCV	90	80-100 fl	Calculated
MCH	29.7	27-32 pg	Calculated
MCHC	33.0	31.5-34.5 g/dL	Calculated
RDW	14.0	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	6740	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND A	ABSOLUTE COUNTS		
Lymphocytes	25.1	20-40 %	
Absolute Lymphocytes	1691.7	1000-3000 /cmm	Calculated
Monocytes	6.9	2-10 %	
Absolute Monocytes	465.1	200-1000 /cmm	Calculated
Neutrophils	65.6	40-80 %	
Absolute Neutrophils	4421.4	2000-7000 /cmm	Calculated
Eosinophils	2.0	1-6 %	
Absolute Eosinophils	134.8	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	27.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
Inimature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	199000	150000-400000 /cmm	Elect. Impedance
MPV	9.2	6-11 fl	Calculated
PDW	17.3	11-18 %	Calculated
RBC MORPHOLOGY			

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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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Consulting Dr.	: -	Collected	:25-Mar-2023 / 10:37	2
Reg. Location	: Bhayander East (Main Centre)	Reported	:25-Mar-2023 / 17:00	
Hypochr	omia -			
Microcyt	osis -			

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	6	2-15 mm at 1 hr.	Sedimentation
*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West *** End Of Report ***			



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Authenticity Check

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

Page 2 of 12



:2308422250

: -

: MR.TUSHAR B RAUT

: Bhayander East (Main Centre)

:40 Years / Male

CID

Name

Age / Gender

Consulting Dr.

Reg. Location

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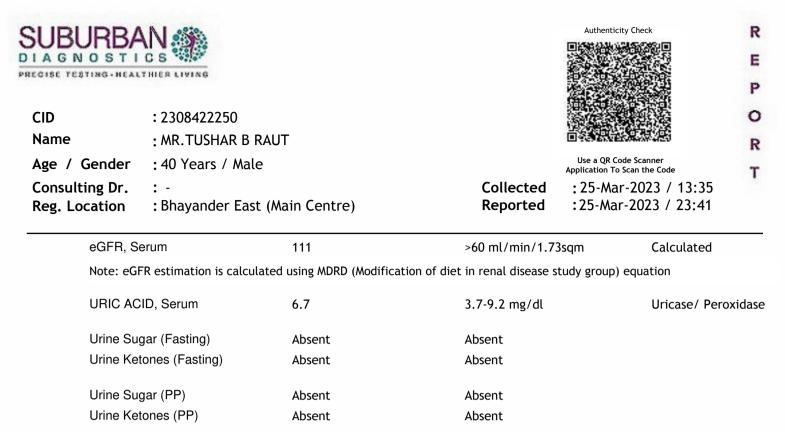


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		BELOW 40 MALE/FEMALE	-
PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	94.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	112.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.74	0.3-1.2 mg/dl	Vanadate oxidatio
BILIRUBIN (DIRECT), Serum	0.24	0-0.3 mg/dl	Vanadate oxidatio
BILIRUBIN (INDIRECT), Serum	0.50	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.4	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	29.4	<34 U/L	Modified IFCC
SGPT (ALT), Serum	29.8	10-49 U/L	Modified IFCC
GAMMA GT, Serum	14.6	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	98.3	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	24.2	19.29-49.28 mg/dl	Calculated
BUN, Serum	11.3	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.82	0.60-1.10 mg/dl	Enzymatic

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Bmhaskar

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

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CID :2308422250 Name : MR. TUSHAR B RAUT Age / Gender : 40 Years / Male Consulting Dr. : -Reg. Location : Bhayander East (Main Centre)



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Application To Scan the Code Collected Reported

: 25-Mar-2023 / 10:37 :25-Mar-2023 / 15:36

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE GLYCOSYLATED HEMOGLOBIN (HbA1c) PARAMETER RESULTS **BIOLOGICAL REF RANGE** METHOD Glycosylated Hemoglobin 5.6 HPLC Non-Diabetic Level: < 5.7 % (HbA1c), EDTA WB - CC Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 % Estimated Average Glucose 114.0 mg/dl Calculated (eAG), EDTA WB - CC

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





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

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BIOLOGICAL REF RANGE

:25-Mar-2023 / 13:39 :25-Mar-2023 / 19:40

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE EXAMINATION OF FAECES

PARAMETER

Brown	Brown
Semi Solid	Semi Solid
Absent	Absent
Absent	Absent
Acidic (5.0)	-
Absent	Absent
Absent	Absent
Present +	-
No ova detected	Absent
-	Absent
	Semi Solid Absent Absent Acidic (5.0) Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Absent Present +

RESULTS

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



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

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Collected Reported :25-Mar-2023 / 10:37 :25-Mar-2023 / 19:14

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
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 EXAMINATION	<u> </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	2-3	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 SDRL, Vidyavihar Lab





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

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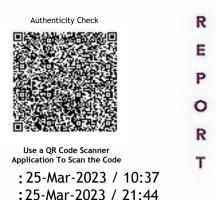
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Page 8 of 12



CID : 2308422250 Name : MR.TUSHAR B RAUT Age / Gender : 40 Years / Male Consulting Dr. : -Reg. Location : Bhayander East (Main Centre)



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

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PARAMETER

<u>RESULTS</u>

ABO GROUP Rh TYPING

POSITIVE

А

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

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

Limitations:

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

Refernces:

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

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

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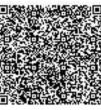
Dr.JYOT THAKKER M.D. (PATH), DPB Pathologist & AVP(Medical Services)

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CID	: 2308422250
Name	: MR.TUSHAR B RAUT
Age / Gender	:40 Years / Male
Consulting Dr. Reg. Location	: - : Bhayander East (Main Centre)





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:25-Mar-2023 / 10:37 :25-Mar-2023 / 15:57

AERFOCAMI HEALTHCARE	BELOW 40 MALE/FEMALE
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PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	227.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	125.5	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	41.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	186.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	161.2	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	25.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.9	0-3.5 Ratio	Calculated

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



Former

Dr.NAMRATA RAUL M.D (Biochem) Biochemist

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CID	: 2308422250
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Age / Gender	:40 Years / Male
Consulting Dr.	: -
Reg. Location	: Bhayander East (Main Centre)



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:25-Mar-2023 / 10:37 :25-Mar-2023 / 15:20

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	5.9	3.5-6.5 pmol/L	CLIA
Free T4, Serum	19.6	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	3.766	0.55-4.78 microIU/ml	CLIA

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DIAGNOSTI				E
PRECISE TESTING - NEAL	THER LIVING			Ρ
CID	: 2308422250			0
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Age / Gender	: 40 Years / Male		Use a QR Code Scanner Application To Scan the Code	т
Consulting Dr.	: -	Collected	:25-Mar-2023 / 10:37	
Reg. Location	: Bhayander East (Main Centre)	Reported	:25-Mar-2023 / 15:20	

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

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4) Diabetes Mellitus

5) Tuberculosis

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CID#	2308422250			R
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Consulting Dr.	:	Collected	: 25-Mar-2023 / 10:14	
Reg.Location	: Bhayander East (Main Centre)	Reported	: 25-Mar-2023 / 16:17	

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PHYSICAL EXAMINATION REPORT Heniomaphy in 2020 for Umbrilicas Henia. History and Complaints: 1+10 No Complaint **EXAMINATION FINDINGS:** 68 Weight (kg): 165 Height (cms): NAD Skin: Afebrile Temp (0c): NAD Nails: Blood Pressure (mm/hg): 110/80 Not Palpable Lymph Node: 68/min Pulse: Systems Cardiovascular: S1S2-Normal Atre Chest-Clear **Respiratory:** NAD Genitourinary: NAD GI System: IMPRESSION: Lipid Profile - Bordellen. USU is Ho. gr-I Fatty line. NAD Exper- conoutation. ADVICE: CHIEF COMPLAINTS: No 1) Hypertension: No IHD No 3) Arrhythmia

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SUBURE DIAGNOST PRECISE TESTING - H	EALTHIER LIVING		
CID#	2308422250		
Name	MR.TUSHAR B RAUT		
	: 40 Years/Male	Collected	: 25-Mar-2023 / 10:14
Consulting Dr.		Deserted	· 25-Mar-2023 / 16:17

2	A -4h ama	No
6)	Asthama	No
7)	Pulmonary Disease Thyroid/ Endocrine disorders	No
		No
- /	Nervous disorders	No
	Gl system	No
11)	Genital urinary disorder	

Reported

- 11) Genital urinary dis 12) Rheumatic joint diseases or symptoms No 13) Blood disease or disorder No No 14) Cancer/lump growth/cyst No 15) Congenital disease Yes /
- 16) Surgeries 17) Musculoskeletal System

Reg.Location : Bhayander East (Main Centre)

PERSONAL HISTORY:

- 1) Alcohol 2) Smoking 3) Diet
- 4) Medication

Yes, No Mixed No

No

SUBURBATE DIMENSION ILL'S (U) PVT. LTL *** End Of Report *** Shop No. 101-A. 15t Floor, Kshiti) Building Above Reymond, Nosr Thungs Hospital Mira - Enavoncer Boort Characteric Auove Keymone, Noer Hunga Hospital Mira - Ehayankar Koad, Shayhader (E) Mira - Dist. Thane Antinn Phone No : 022 - 61700000 UR. ANITA CHOUDHARY M.P.B.S. CONSULTANT PHYSICIAN Reg. No. 2017/12/5553

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0000/00360/48886

To **Tushar Balkrishna Raut** तृषार बाळकृष्ण राउत Balkrishna Kashiram Raut. B-403, Ranuja Ramdev Park B-Type, Indralok Phase 4, Near Tapovan School, Bhayandar east. VTC. Thane, PO. Bhayander East. District Thane. State: Maharashtra, PIN Code 401105 Mobile 9892174145





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आपला आधार क्रमाक / Your Audness No. :

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भारत सरकार Government of India



तुषार बाळकृष्ण राऊत Tushar Balkrishna Raut जन्म तारीख / DOD 00/05/1982 पुरुष / Malic

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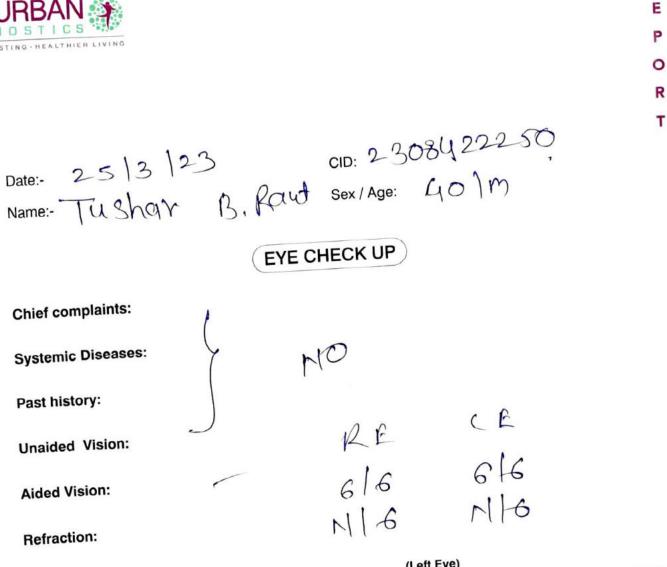
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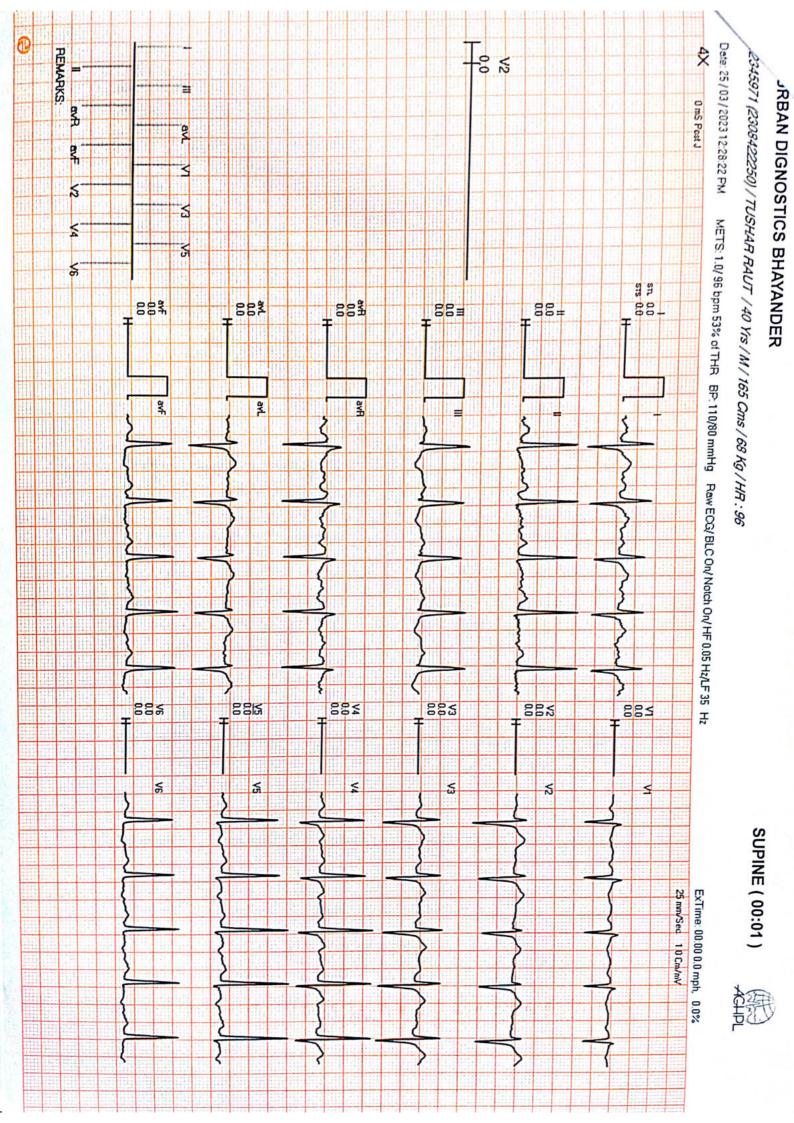
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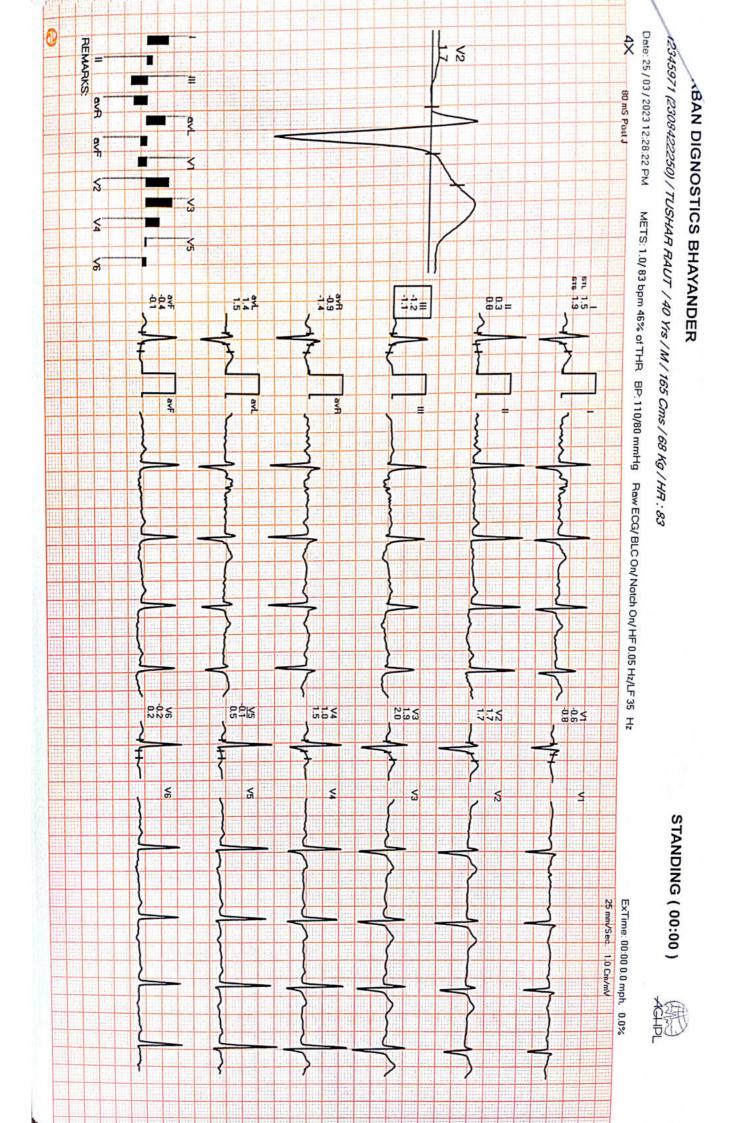
Remark:

SUBURDAN DING NUSTICS (1) PVT. LTD Shop No. 101-A, 1st Floor, Kshitij Building. Above Reymond, Near Thunga Hospital Mira - Bhayander Road, Enaynader (E) Dist. Thane-401105. Phone No : 022 - 20000

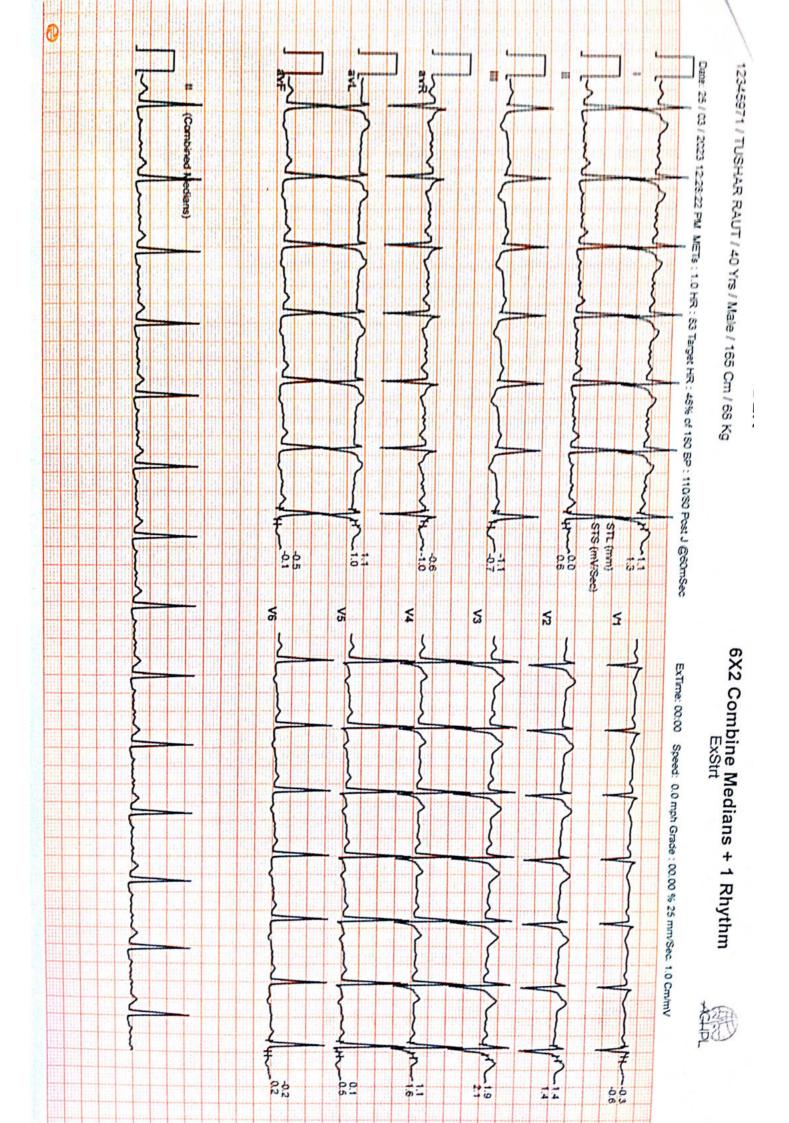
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Shop No. 12, Baymond, Near, Bhaynauer,			Ø	:, Test Complete	S	Test End Reasons
SUBURBAN - 1st Floot,				: 00.0	Score	Duke Treadmill Score
Putibilia in contraction of a second se			V4 & -34.0 mm in Recovery		Max ST Dep Lead & Avg ST Value	Max ST Dep Le
-ine Il PVT. LIU		d stress	10.4 Good response to induced stress		Attained	Max WorkLoad Attained
(<u></u> 9)	Max BP Attained 160/80 (mm/H		1g)	: 110/80 (mm/Hg)	3	Initial BP (ExStrt)
pm 86% of Target 180	Max HR Attained 155 bpm 86%	Ma	71 bpm 39% of Target 180	: 71 bpm 39%	3	Initial HR (ExStrt)
				: 09:11		Exercise Time
						FINDINGS :
00 000 03-000	000 0 %	00.0			13:46	Recovery
130/80 140 00	108 60 %	01.0	00.0	4:00 00.0	13:35	Recovery
150/80 160 00	107 59 %	01.0	00.0	2:00 00.0	11:35	Recovery
160/80 212 00	133 74 %	04.2	00.0	1:00 01.1	10:35	Recovery
140/80 217 00	155 86 %	10.4	16.0	0:11 04.2	09:35	PeakEx
140/80 211 00	151 84 %	10.2	14.0	3:00 03.4	09:24	BRUCE Stage 3
130/80 166 00	128 71 %	07.1	12.0	3:00 02.5	06:24	BRUCE Stage 2
120/80 132 00	110 61 %	04.7	10.0	3:00 01.7	03:24	BRUCE Stage 1
110/80 078 00	071 39 %	01-1	10.0	0:04 01.7	00:24	ExStart
110/80 091 00	083 46 %	01.0	00.0	0:05 00.0	00:20	H
	083 46 %	01.0	00.0	0:07 00.0	00:15	Standing
110/80 105 00		01.0	00.0	0:08 00.0	00:08	Supine
BP RPP PVC Comments	Rate % THR	METS	Speed(mph) Elevation	Duration Spe	Time	Stage

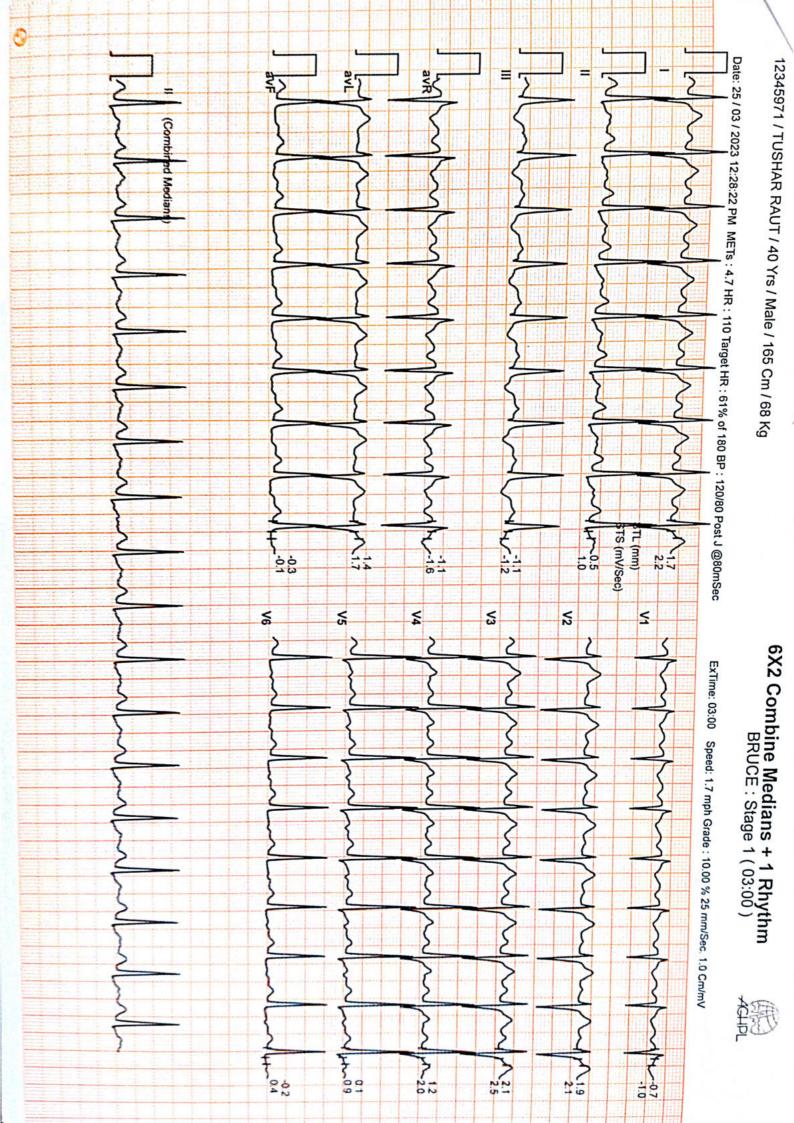
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	NO ANGINA AND ANGINA EQUIVALENT	EXERCISE INDUCED ARRYTHMIAS
	Sood of ONE I OLENARCE	
	GOOD EFFORT TOI ERANCE	EXERCISE TOLERANCE
	TARGET HR ACHIEVED	REASON FOR TERMINATION
		REPORT :
	IS / 68 Kg Date: 25 / 03 / 2023 12:28:22 PM	EMail: 12345971 / TUSHAR RAUT / 40 Yrs / M / 165 Cms / 68 Kg Date: 25 / 03 / 2023 12:28:22 P
REPORT	IDER	JURBAN DIGNOSTICS BHAYANDER

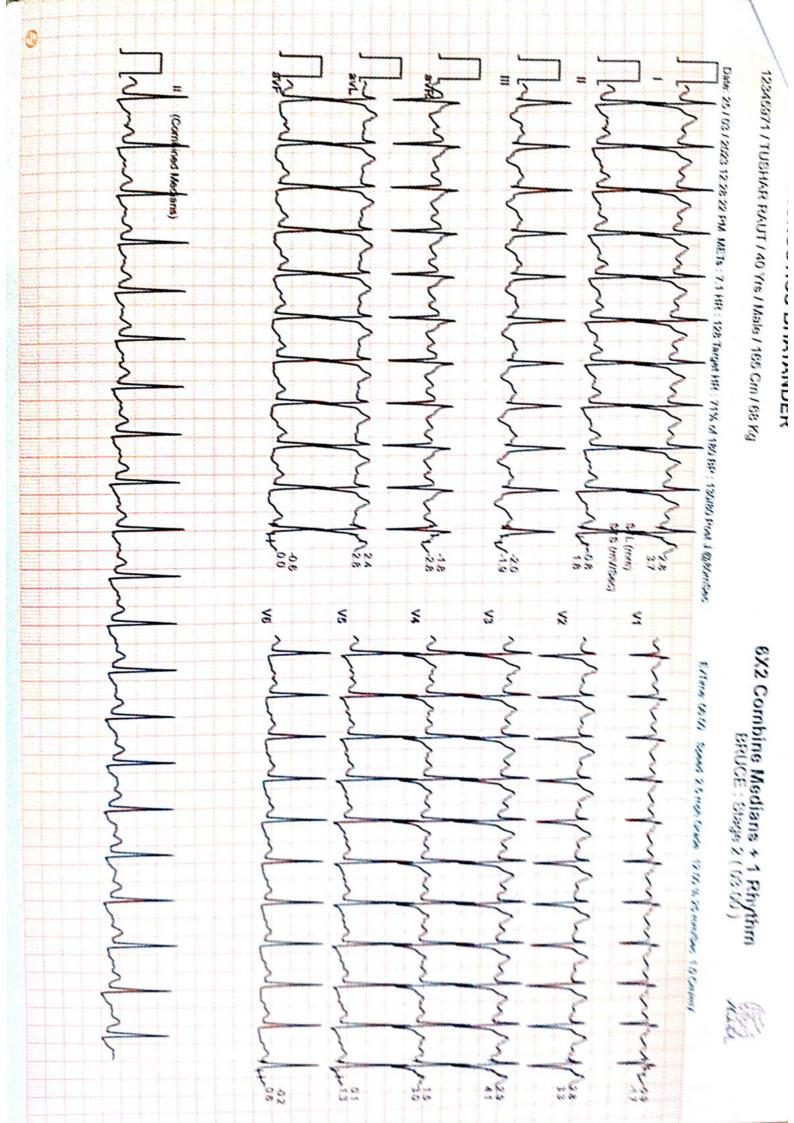




0 Date: 25 / 03 / 2023 12:28:22 PM METs : 1.0 HR : 83 Target HR : 46% of 180 BP : 110/80 Post J @60mSec avR Ξ 33 BVL 5 -5971 / TUSHAR RAUT / 40 Yrs / Male / 165 Cm / 68 Kg 5 (Combined edians) STL (mm) STS (mV/Sec) 14---0.0 0.6 Ŧ H~1.0 **}**--0.6 1.5 . -0.7 -0.5 s 52 \$ ≤ 5 5 6X2 Combine Medians + 1 Rhythm HV (00:00) 5 5 ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV 麗 ŧ ₹ 1-1.9 1.6 Ŧ 02 0.5 -0.3





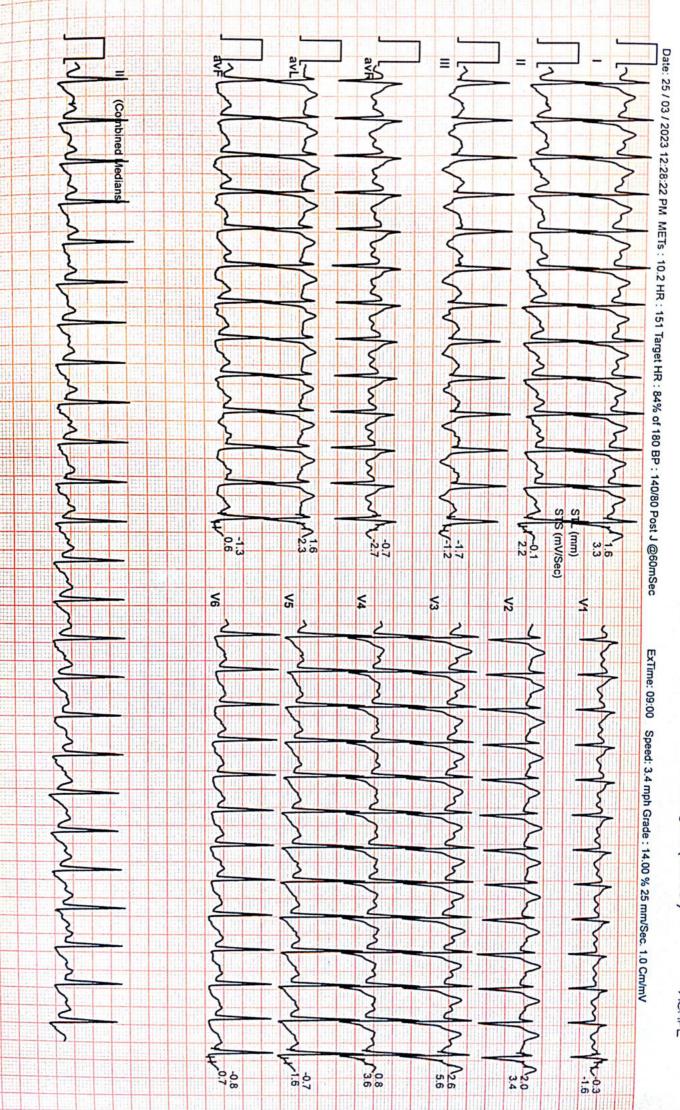


JUKBAN DIGNOSTICS BHAYANDER

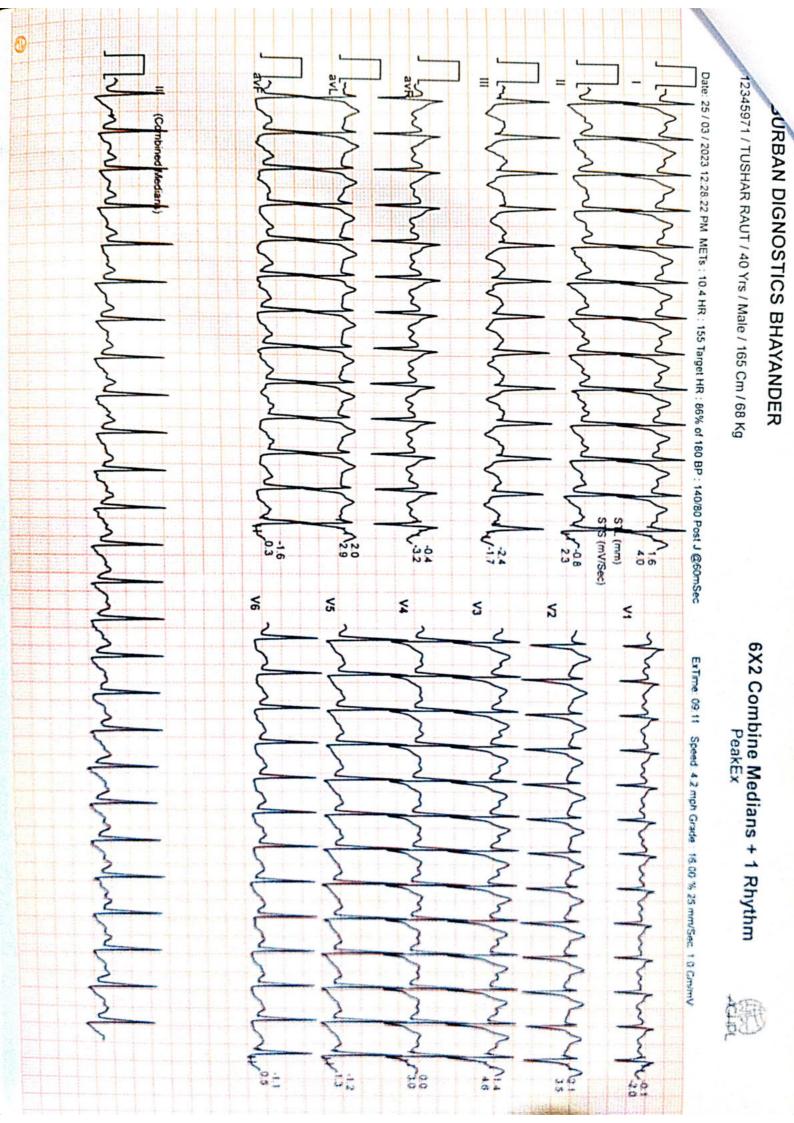
12345971 / TUSHAR RAUT / 40 Yrs / Male / 165 Cm / 68 Kg

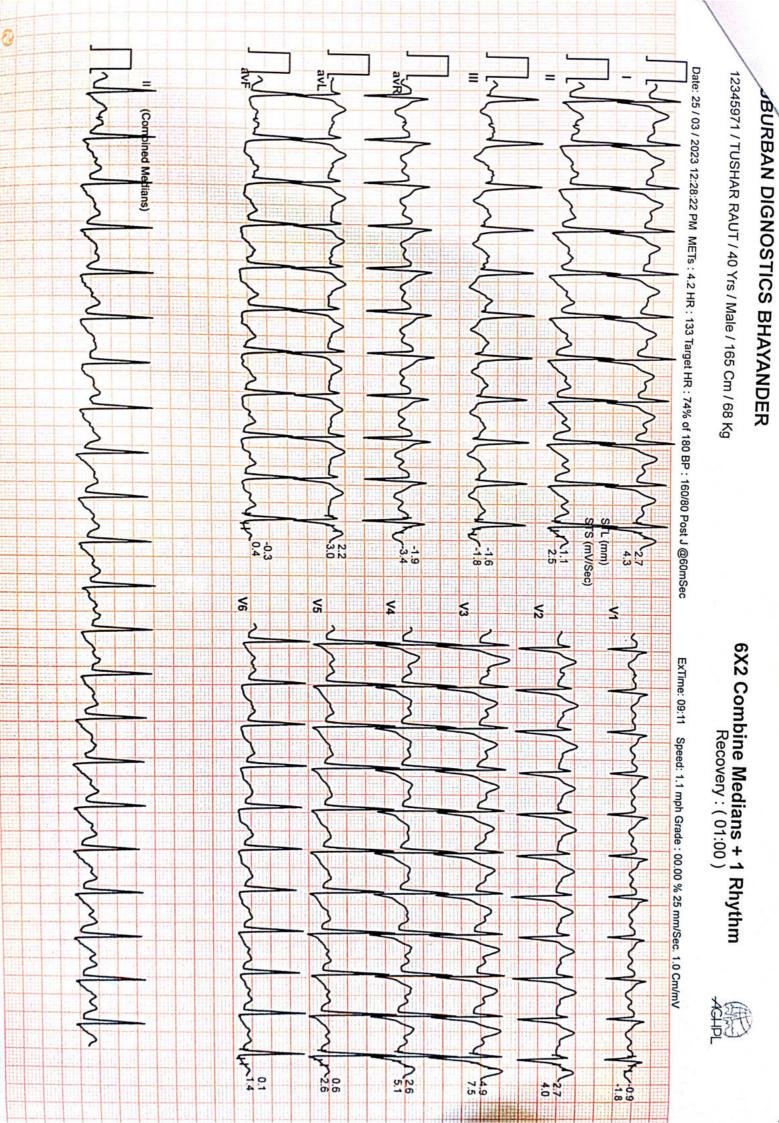
6X2 Combine Medians + 1 Rhythm BRUCE : Stage 3 (03:00)

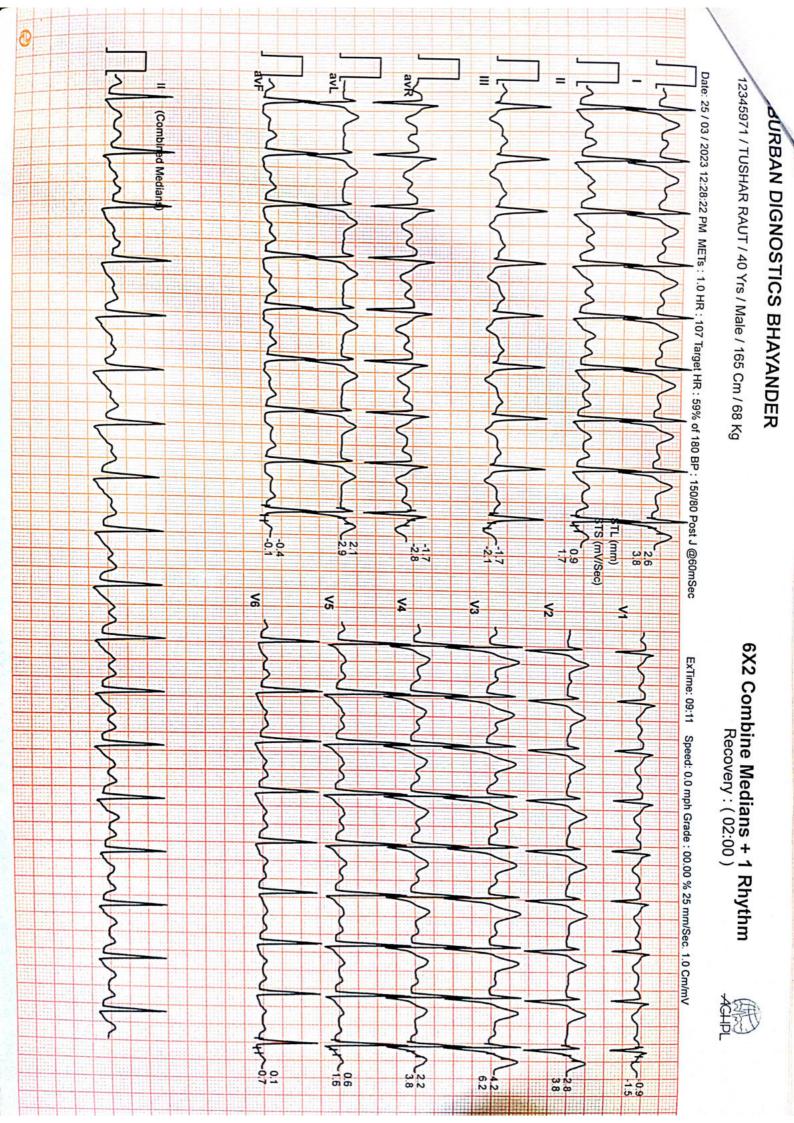


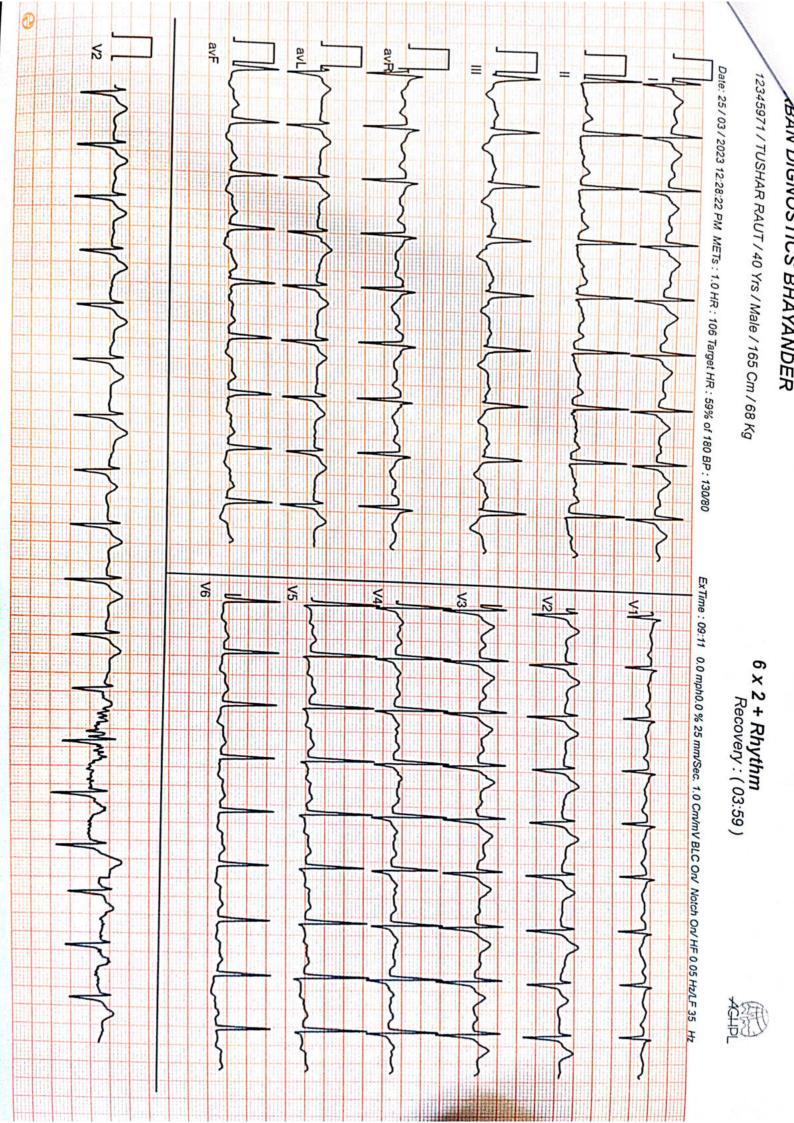


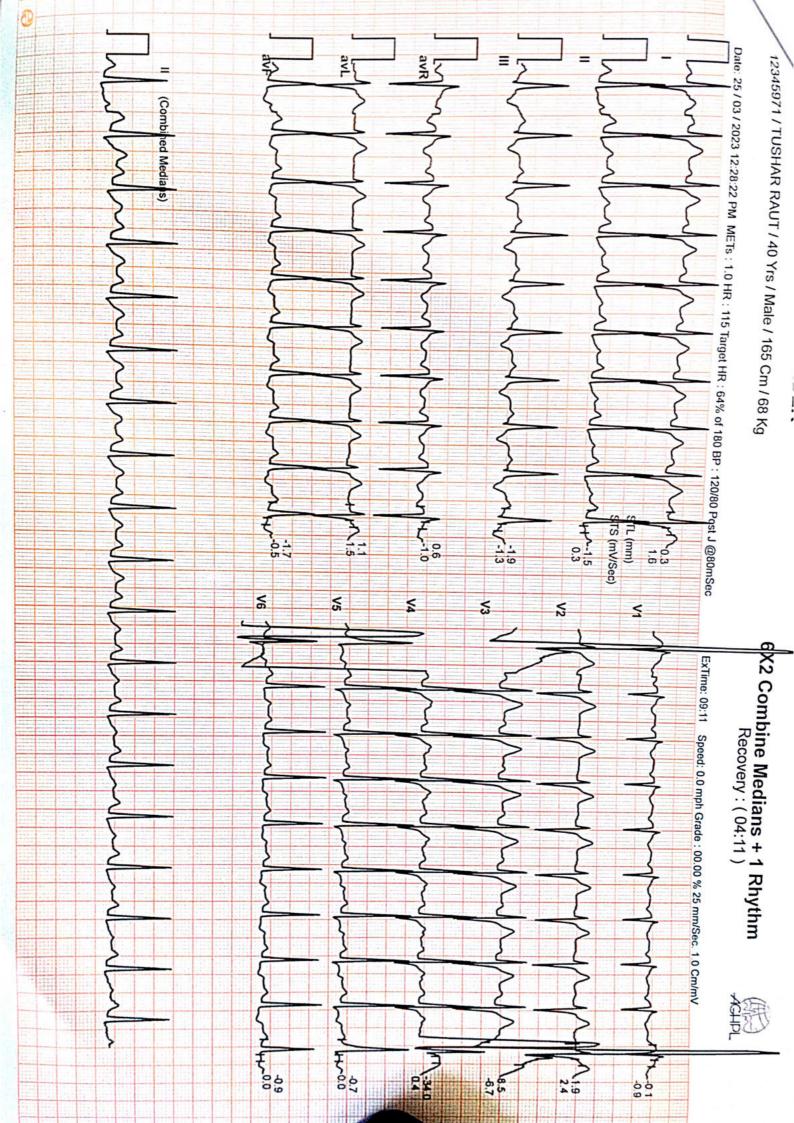
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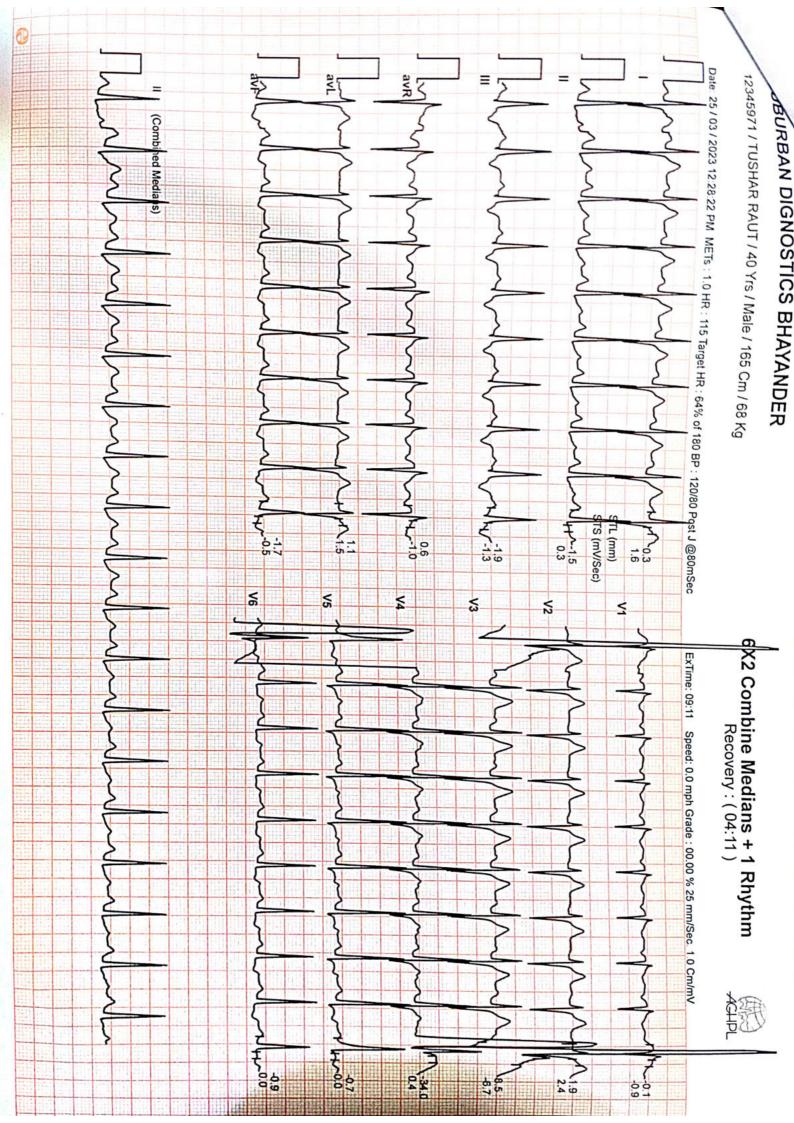


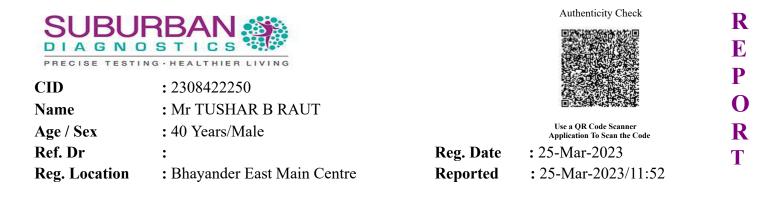












USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (14.8 cm), shape and shows smooth margins. It shows increased parenchymal echotexture. No obvious cystic or solid lesion made out in the parenchyma. The intra hepatic biliary and portal radicals appear normal. The main portal vein appears normal.

GALL BLADDER:

The gall bladder is folded and physiologically distended. Neck region is not well visualised. Gall bladder wall appears normal. No evidence of calculus or mass lesions seen in the visualised lumen.

COMMON BILE DUCT:

The visualized common bile duct is normal in calibre. Terminal common bile duct is obscured due to bowel gas artefacts.

PANCREAS:

The pancreas appears normal. No evidence of solid or cystic mass lesion seen.

KIDNEYS:

Right kidney measures 9.4 x 3.8 cm. Left kidney measures 10.1 x 4.0 cm. Both the kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. No evidence of any calculus, hydronephrosis or mass lesion seen on both sides.

SPLEEN:

The spleen is normal in size (11.8 cm) and echotexture. No evidence of focal lesion is noted.

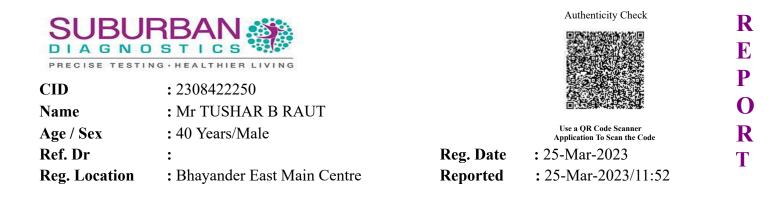
URINARY BLADDER:

The urinary bladder is well distended and reveals no intraluminal abnormality. Bladder wall appears normal. No obvious calculus or mass lesion made out in the lumen.

PROSTATE:

The prostate is normal in size, measures 3.1 x 2.5 x 2.8 cms and weighs 12.3 gms. Parenchymal echotexture is normal. No obvious mass or calcification made out.

There is no evidence of any lymphadenopathy or ascites.



IMPRESSION:

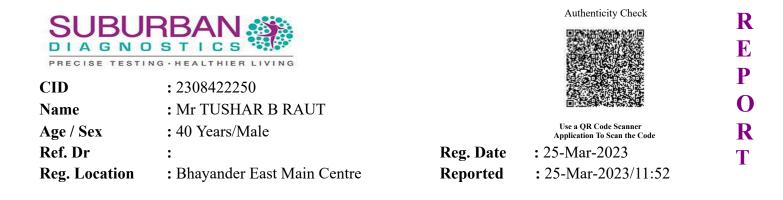
- Grade I fatty infiltration of liver.
- No other significant abnormality made out.

Kindly correlate clinically.

Investigations have their limitation. Solitary pathological/Radiological & other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms & other related tests. Please interpret accordingly.

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

DR.VIBHA S KAMBLE MBBS ,DMRD Reg No -65470 Consultant Radiologist





:2308422250

: 40 Years/Male

: Mr TUSHAR B RAUT

: Bhayander East Main Centre

Authenticity Check

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Use a QR Code Scanner **Reg.** Date Reported

Application To Scan the Code : 25-Mar-2023 : 25-Mar-2023/13:21

X-RAY CHEST PA VIEW

Positional rotation seen.

CID

Name

Age / Sex

Reg. Location

Ref. Dr

The lung fields are clear with no active parenchymal lesion.

The cardiothoracic ratio is maintained and the cardiac outline is normal.

Unfolded atherosclerotic aorta.

The domes of the diaphragm and hila are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

IMPRESSION: No significant active parenchymal abnormality made out.

Kindly correlate clinically.

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

DR.VIBHA S KAMBLE MBBS, DMRD Reg No -65470 **Consultant Radiologist**

