

**PHYSICAL EXAMINATION REPORT**

Patient Name	Vijaykumar <sup>Vishnu</sup> <del>Viharu</del>	Sex/Age	M / 30
Date	26/11/22	Location	Thane

**History and Complaints**

Healthy  
Hypothyroidism

**EXAMINATION FINDINGS:**

Height (cms):	162	Temp (0c):	AKG
Weight (kg):	65.8	Skin:	MAID
Blood Pressure	120/82	Nails:	IL
Pulse	74/2'	Lymph Node:	Not palpable

**Systems :**

Cardiovascular:	] MAD
Respiratory:	
Genitourinary:	
GI System:	
CNS:	

**Impression:**

- Urine - Ca-oxalate Crystals (+)
- ↑ Cholesterol, ↓ HDL; ↑ Non HDL.
- ↑ TSH (5.9). T3 (↑) 7.6.

Advice:

- Low Fat Diet .
- Drink Plenty of Liquids .
- Reg. Exercise .
- Thyroid Profile after 6 months

1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthama	
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders	
10)	GI system	
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptoms	
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	
15)	Congenital disease	
16)	Surgeries	
17)	Musculoskeletal System	

NO

hypothyroidism - 2 months

NO

NAD

NO

NAD

PERSONAL HISTORY:

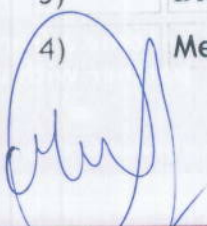
1)	Alcohol	
2)	Smoking	
3)	Diet	
4)	Medication	

NO

NO

mixed

T. Thyronorm (25)



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





Use a QR Code Scanner  
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CID : 2233019934  
Name : MR. VIJAYKUMAR VISHNU  
Age / Gender : 30 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 26-Nov-2022 / 08:20  
Reported : 26-Nov-2022 / 11:14

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**CBC (Complete Blood Count), Blood**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>RBC PARAMETERS</b>			
Haemoglobin	15.6	13.0-17.0 g/dL	Spectrophotometric
RBC	5.54	4.5-5.5 mil/cmm	Elect. Impedance
PCV	45.6	40-50 %	Measured
MCV	82	80-100 fl	Calculated
MCH	28.2	27-32 pg	Calculated
MCHC	34.2	31.5-34.5 g/dL	Calculated
RDW	14.2	11.6-14.0 %	Calculated
<b>WBC PARAMETERS</b>			
WBC Total Count	8000	4000-10000 /cmm	Elect. Impedance
<b>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</b>			
Lymphocytes	46.2	20-40 %	
Absolute Lymphocytes	3696.0	1000-3000 /cmm	Calculated
Monocytes	6.5	2-10 %	
Absolute Monocytes	520.0	200-1000 /cmm	Calculated
Neutrophils	42.4	40-80 %	
Absolute Neutrophils	3392.0	2000-7000 /cmm	Calculated
Eosinophils	4.9	1-6 %	
Absolute Eosinophils	392.0	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>PLATELET PARAMETERS</b>			
Platelet Count	260000	150000-400000 /cmm	Elect. Impedance
MPV	8.1	6-11 fl	Calculated
PDW	13.3	11-18 %	Calculated

022-6170-0000

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**RBC MORPHOLOGY**

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 15 2-15 mm at 1 hr. Westergren

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



*Amit Taori*

Dr. AMIT TAORI  
M.D ( Path )  
Pathologist





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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	92.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	127.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.34	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.19	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2	1 - 2	Calculated
SGOT (AST), Serum	18.9	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	31.0	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	31.3	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	74.1	40-130 U/L	PNPP
BLOOD UREA, Serum	27.9	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	13.0	6-20 mg/dl	Calculated

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Reported : 26-Nov-2022 / 14:54

CREATININE, Serum	0.98	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	95	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.7	3.5-7.2 mg/dl	Uricase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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



*Amit Taori*

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M.D ( Path )  
Pathologist





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

Collected : 26-Nov-2022 / 08:20  
Reported : 26-Nov-2022 / 11:56

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	111.2	mg/dl	Calculated

**Intended use:**

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

**Clinical Significance:**

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

**Test Interpretation:**

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

**Factors affecting HbA1c results:**

**Increased in:** High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

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

**Reflex tests:** Blood glucose levels, CGM (Continuous Glucose monitoring)

**References:** ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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



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Collected : 26-Nov-2022 / 08:20  
Reported : 26-Nov-2022 / 12:26

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE
<b>PHYSICAL EXAMINATION</b>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<b>CHEMICAL EXAMINATION</b>		
Reaction (pH)	Acidic (6.0)	-
Occult Blood	Absent	Absent
<b>MICROSCOPIC EXAMINATION</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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\*\*\* End Of Report \*\*\*



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

Collected : 26-Nov-2022 / 08:20  
Reported : 26-Nov-2022 / 12:01

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.025	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	10	-	-
<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	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Ca-oxalate +	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	4-5	Less than 20/hpf	

Kindly correlate clinically.

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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 G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*

AREAS OF SPECIAL EXPERTISE

OUR PRESENCE



*Amit Taori*

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Reported : 26-Nov-2022 / 13:27

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	AB
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.

**References:**

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

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	218.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	181.7	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	35.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	182.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	147.0	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	35.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	6.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.1	0-3.5 Ratio	Calculated

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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	7.6	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.5	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	5.9	0.35-5.5 microu/ml	ECLIA

Kindly correlate clinically.

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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 upto 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:**

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 \*\*\*



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M.D ( Path )  
Pathologist



1245 (2233019934) / VISHNU VIJAYKUMAR / 30 Yrs / M / 162 Cms / 65 Kg Date: 26-Nov-2022

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:21	0:21	00.0	00.0	01.0	102	54%	110/80	112	00	
Standing	00:26	0:05	00.0	00.0	01.0	072	38%	110/80	079	00	
HV	00:32	0:06	00.0	00.0	01.0	072	38%	110/80	079	00	
ExStart	00:36	0:04	00.0	00.0	01.0	072	38%	110/80	079	00	
BRUCE Stage 1	03:36	3:00	01.7	10.0	04.7	122	64%	120/80	146	00	
BRUCE Stage 2	06:36	3:00	02.5	12.0	07.1	137	72%	130/80	178	00	
PeakEx	08:46	2:10	03.4	14.0	09.4	160	84%	140/80	224	00	
Recovery	09:46	1:00	00.0	00.0	01.1	135	71%	140/80	189	00	
Recovery	10:46	2:00	00.0	00.0	01.0	117	62%	140/80	163	00	
Recovery	12:46	4:00	00.0	00.0	01.0	103	54%	120/80	123	00	
Recovery	12:52	4:07	00.0	00.0	01.0	107	56%	120/80	128	00	

**FINDINGS :**

Exercise Time : 08:10  
 Max HR Attained : 160 bpm 84% of Target 190  
 Max BP Attained : 140/80  
 Max WorkLoad Attained : 9.4 Good response to induced stress  
 Test End Reasons : Fatigue, Heart Rate Achieved

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

Doctor : DR SHAILAJA PILLAI





1245 / VISHNU VIJAYKUMAR / 30 Yrs / M / 162 Cms / 65 Kg Date: 26-Nov-2022

**REPORT :**

**PROCEDURE DONE:** Graded exercise treadmill stress test.

**STRESS ECG RESULTS:** The initial HR was recorded as 76.0 bpm, and the maximum predicted Target Heart Rate 190.0. The BP increased at the time of generating report as 140.0/80.0 mmHg The Max Dep went upto 0.6. 0.0 Ectopic Beats were observed during the Test. The Test was completed because of Fatigue, Heart Rate Achieved.

**CONCLUSIONS:**

1. TMT is negative for exercise induced ischemia.
2. Normal chronotropic and Normal inotropic response.
3. No significant ST T changes seen.

**Dr. SHAILAJA PILLAI**

**M.D. (GEN.MED)**

**R.NO. 49972**

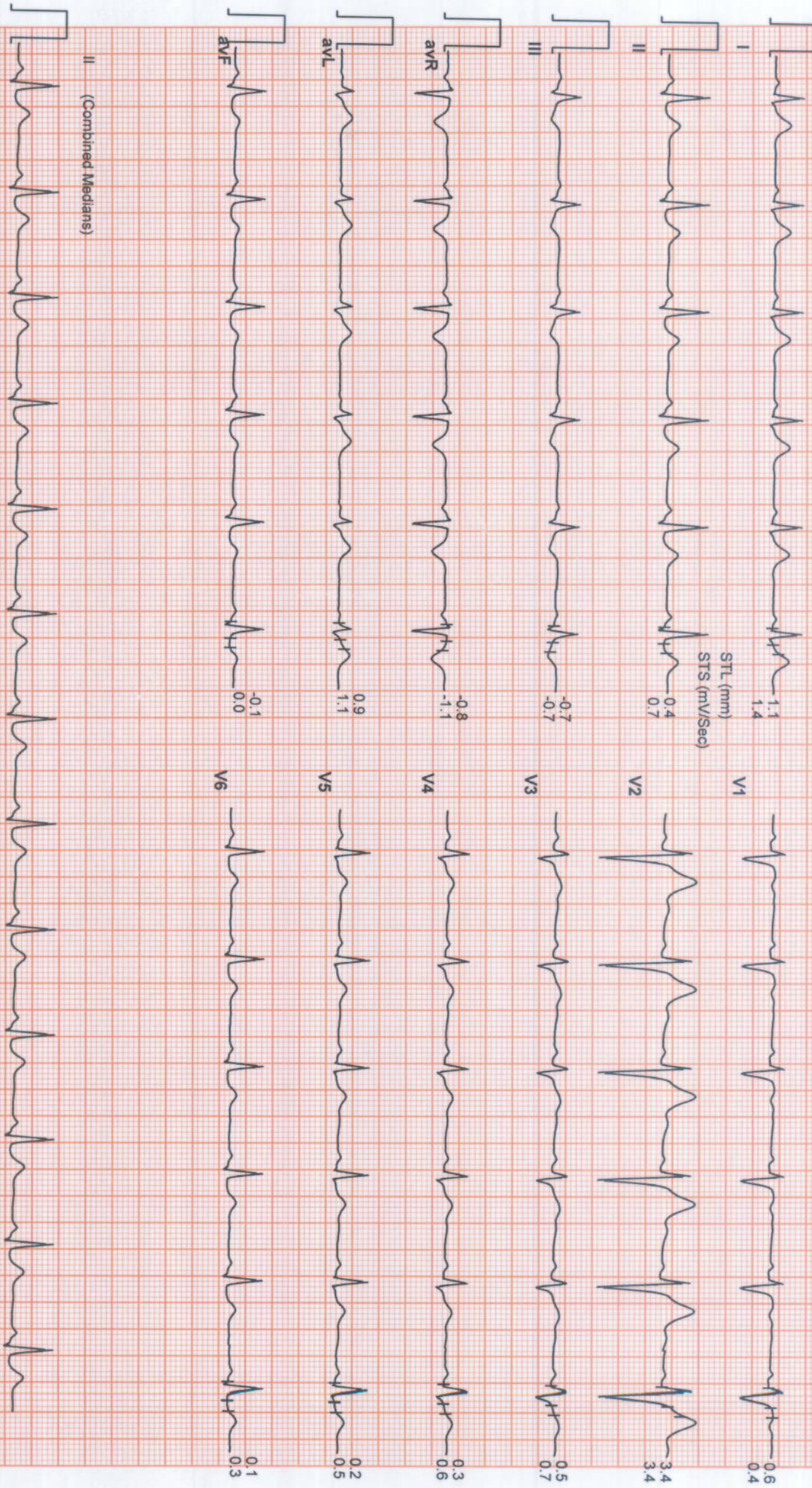
**Doctor : DR SHAILAJA PILLAI**





Date: 26 / 11 / 2022 10:14:26 AM METs : 1.0 HR : 76 Target HR : 40% of 190 BP : 110/80 Post J @20mSec

ExTime: 00:00 Speed: 0.0 rph Grade : 00:00 % 25 mm/Sec: 1.0 Cm/mV



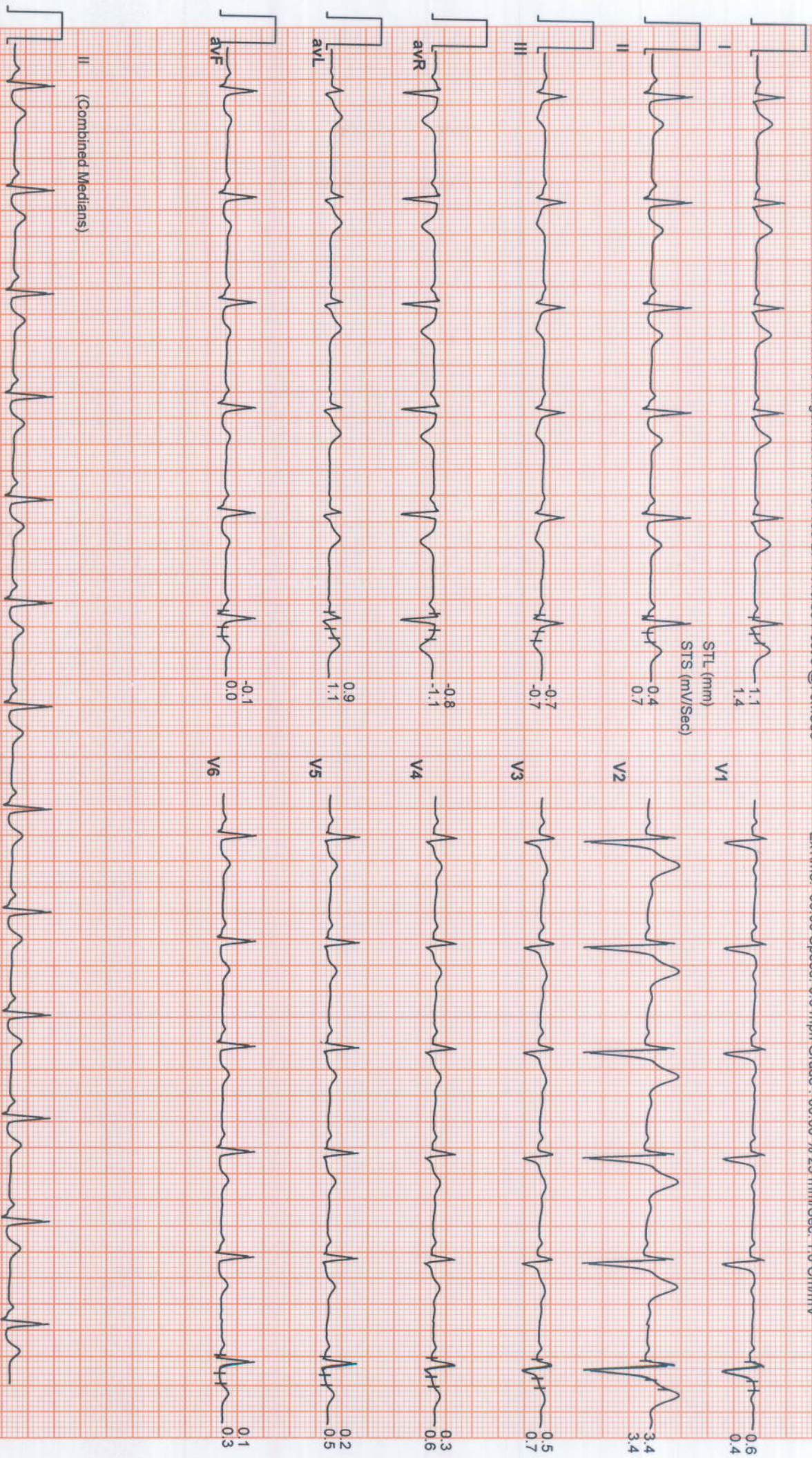


Date: 26 / 11 / 2022 10:14:26 AM METs : 1.0 HR : 76 Target HR : 40% of 190 BP : 110/80 Post J @70mSec

**6X2 Combine Medians + 1 Rhythm**  
STANDING ( 00:00 )



ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/mV

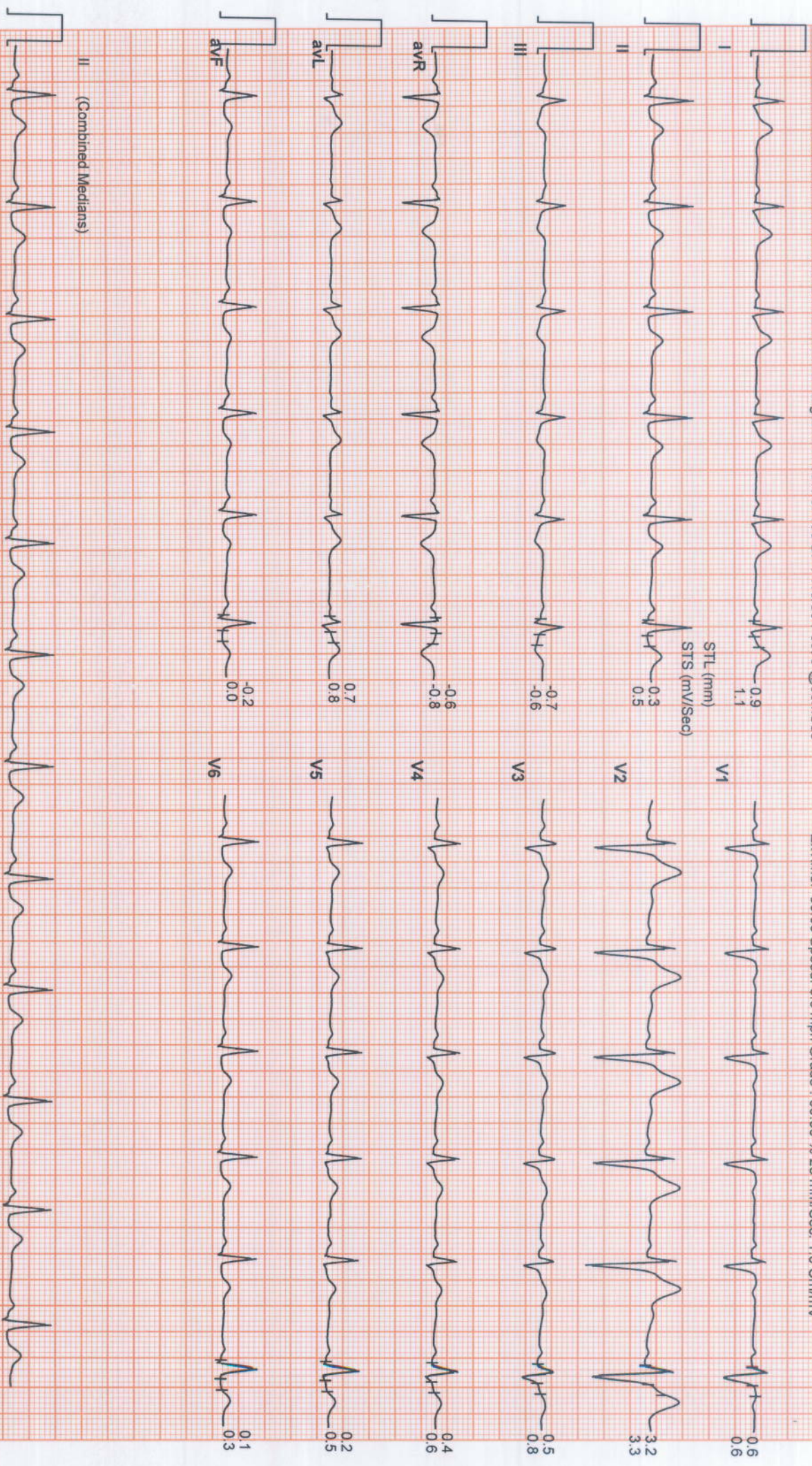




Date: 26 / 11 / 2022 10:14:26 AM METs : 1.0 HR : 72 Target HR : 38% of 190 BP : 110/80 Post J @80mSec



ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/mV

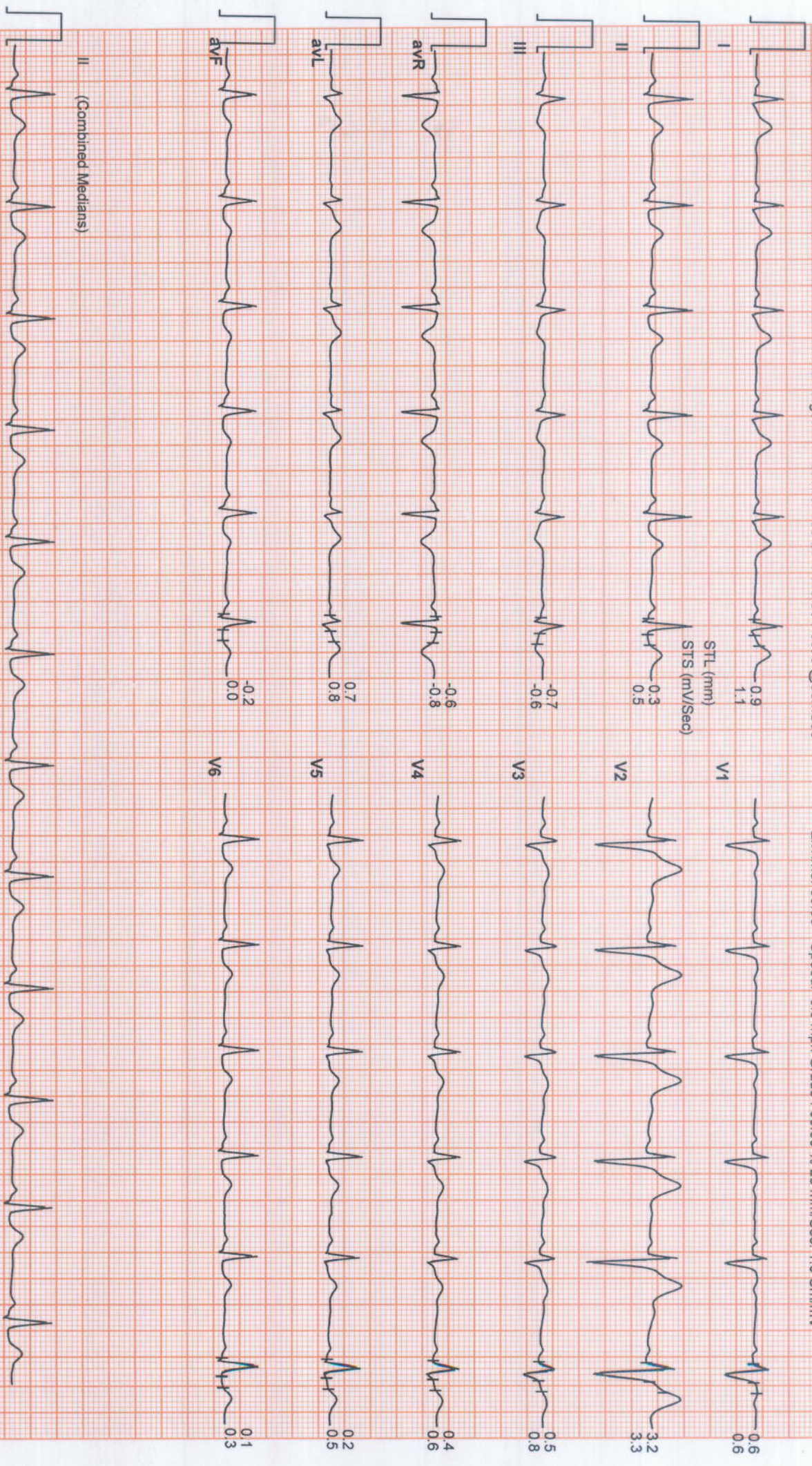






Date: 26 / 11 / 2022 10:14:26 AM METs : 1.0 HR : 72 Target HR : 38% of 190 BP : 110/80 Post J @80mSec

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/mV



STL (mm)  
1.1

STS (mV/Sec)  
0.5

0.9

1.1

0.3

0.5

-0.7

-0.6

-0.6

-0.6

0.7

0.8

-0.2

0.0

0.6

0.6

3.2

3.3

0.5

0.8

0.4

0.6

0.2

0.5

0.1

0.3

II (Combined Medians)

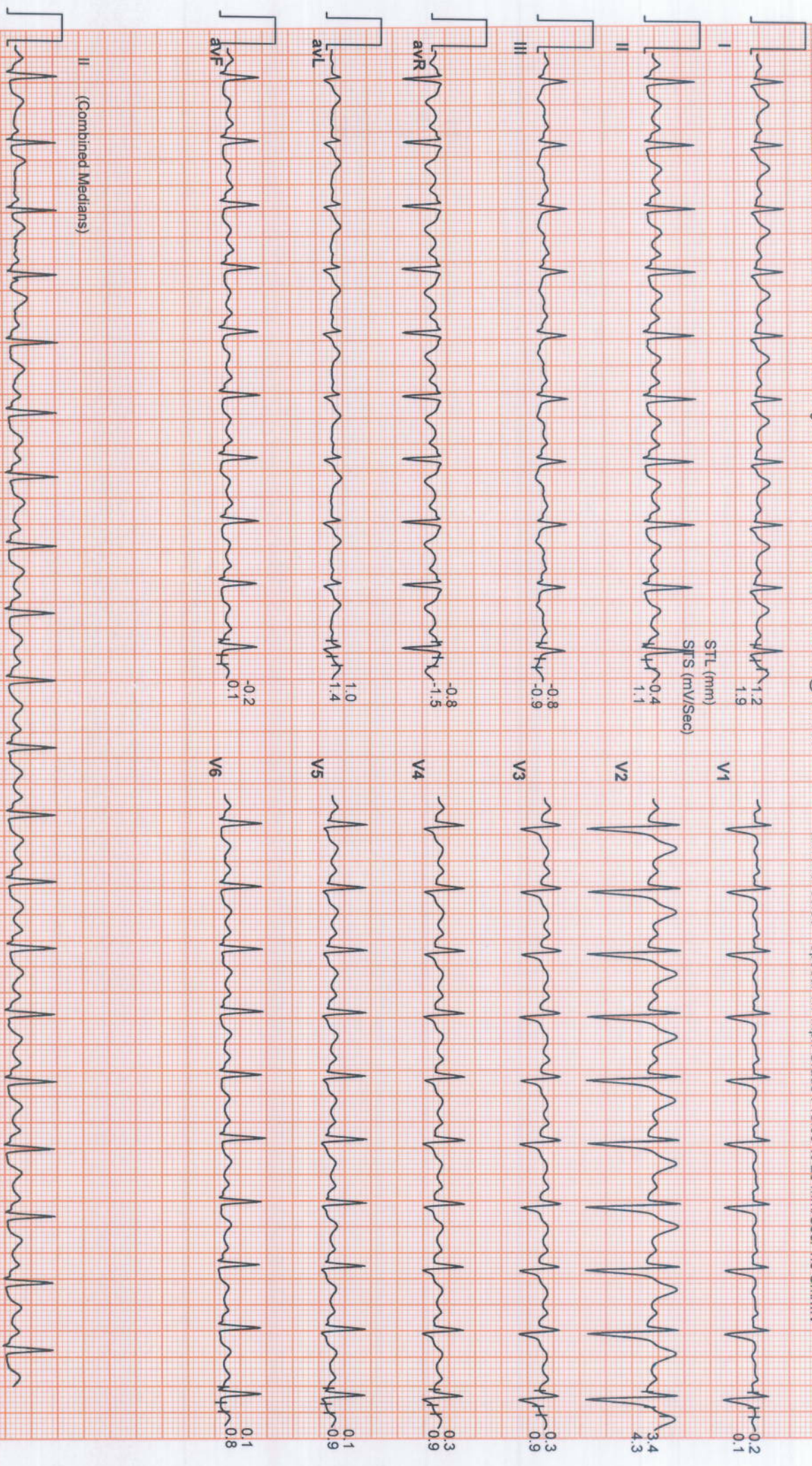


Date: 26 / 11 / 2022 10:14:26 AM METS : 4.7 HR : 122 Target HR : 64% of 190 BP : 120/80 Post J @70mSec

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



ExTime: 03:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec: 1.0 Cm/mV



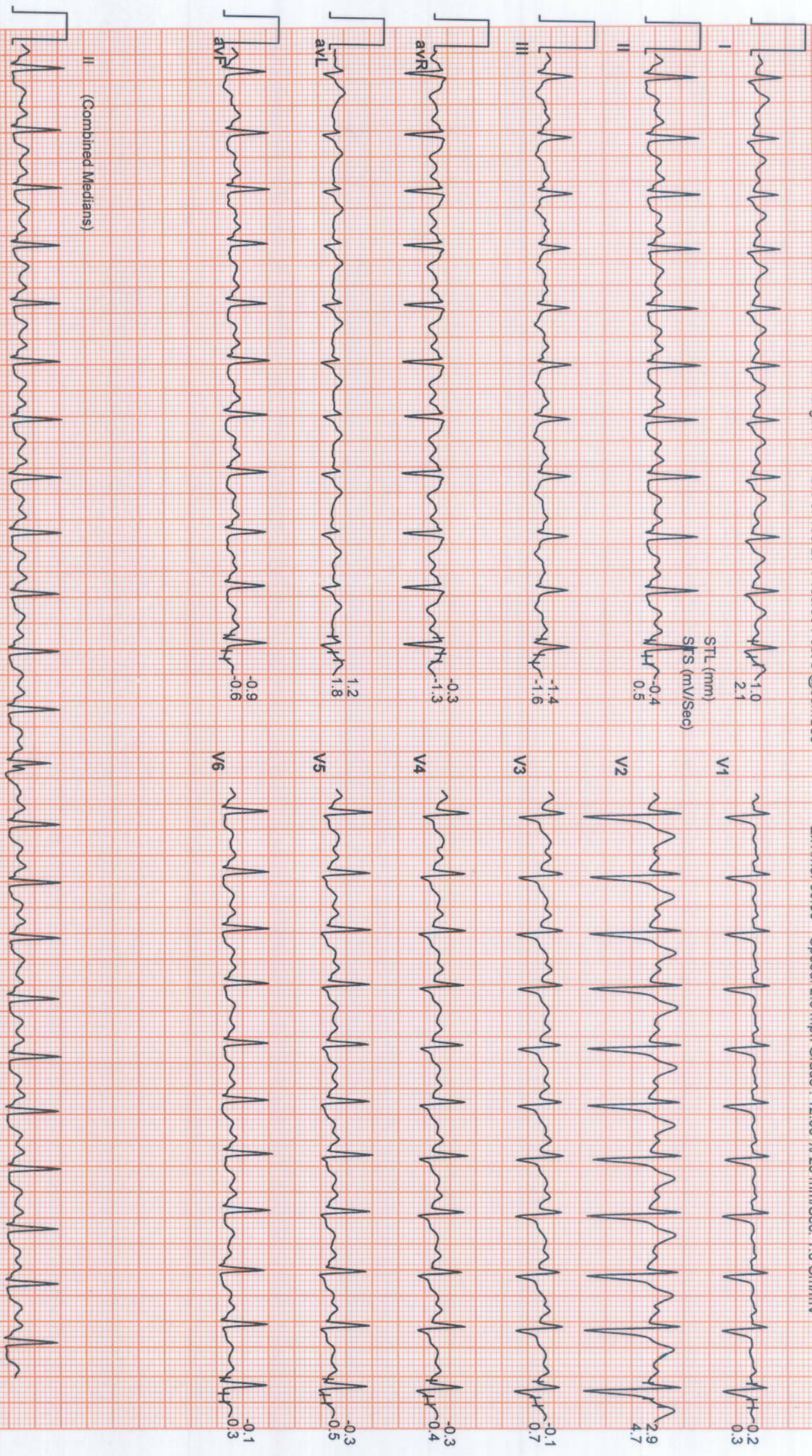


Date: 26 / 11 / 2022 10:14:26 AM METs : 7.1 HR : 137 Target HR : 72% of 190 BP : 130/80 Post J @60mSec

6X2 Combine Medians + 1 Rhythm  
BRUCE : Stage 2 ( 03:00 )



EXTime: 06:00 Speed: 2.5 mph Grade: 12.00 % 25 mm/Sec: 1.0 Cm/mV

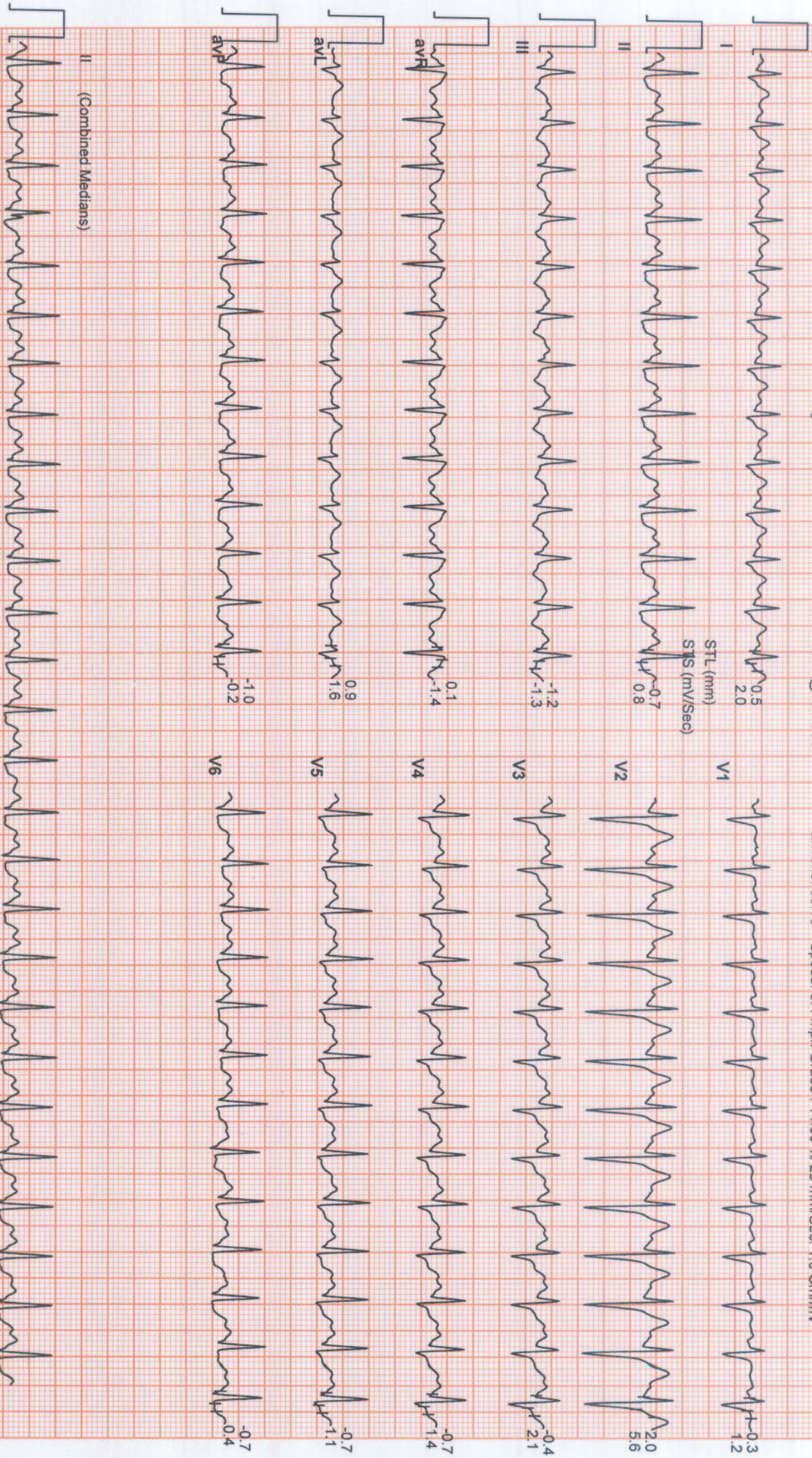




Date: 26 / 11 / 2022 10:14:26 AM METs : 9.4 HR : 160 Target HR : 84% of 190 BP : 140/80 Post J @60mSec



ExtTime: 08:10 Speed: 3.4 mph Grade: 14.00 % 25 mm/Sec: 1.0 Cm/mV



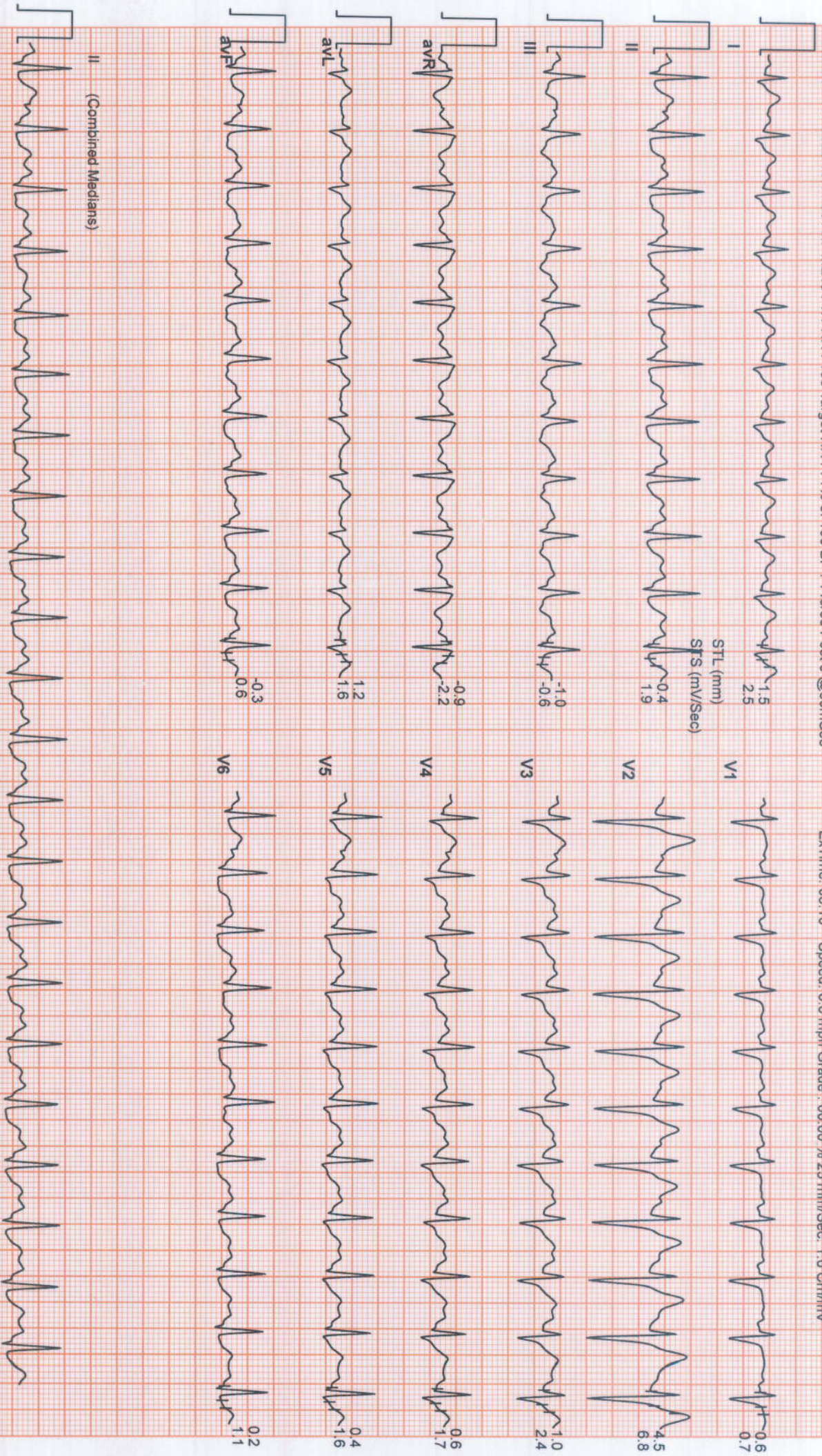


Date: 26 / 11 / 2022 10:14:26 AM METS : 1.1 HR : 135 Target HR : 71% of 190 BP : 140/80 Post J @60mSec

6X2 Combine Medians + 1 Rhythm  
Recovery : ( 01:00 )



ExTime: 08:10 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec: 1.0 Cm/mV





# SUBURBAN DIAGNOSTICS THANE GB

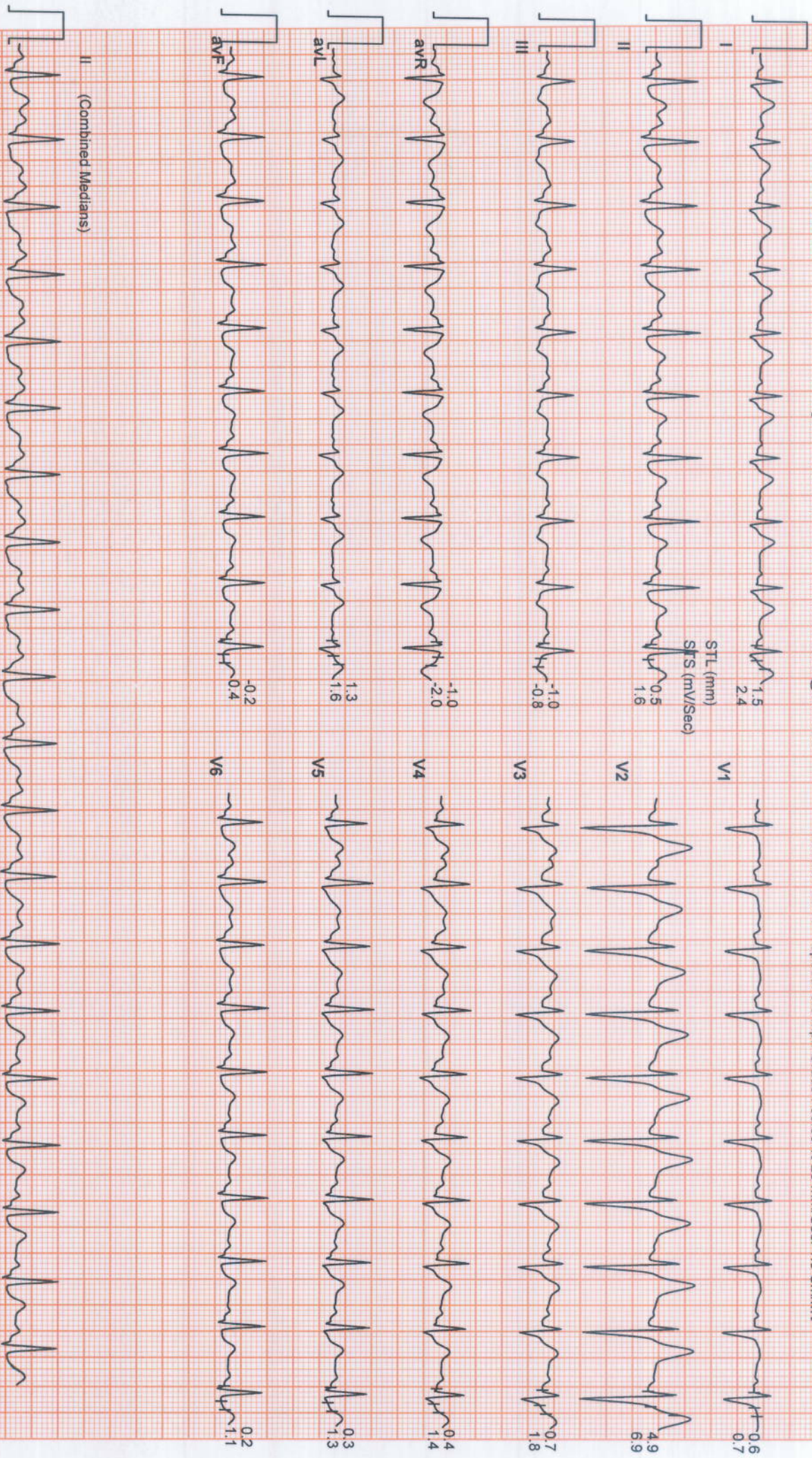
THANE GB  
1245 / VISHNU VIJAYKUMAR / 30 Yrs / Male / 162 Cm / 65 Kg

Date: 26 / 11 / 2022 10:14:26 AM METs : 1.0 HR : 117 Target HR : 62% of 190 BP : 140/80 Post J @60mSec

## 6X2 Combine Medians + 1 Rhythm



ExTime: 08:10 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec : 1.0 Cm/mV  
Recovery : ( 02:00 )



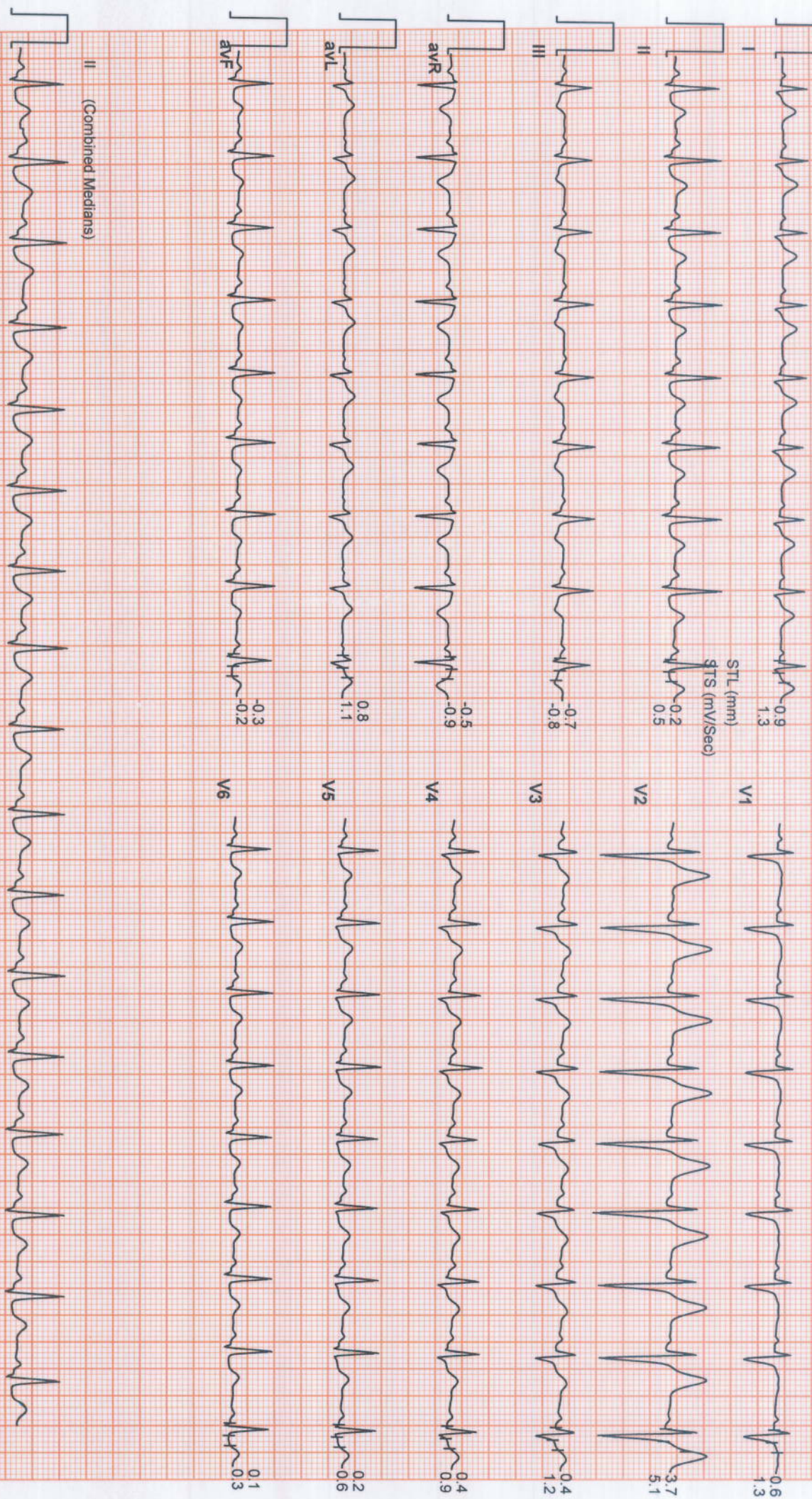


Date: 26 / 11 / 2022 10:14:26 AM METs : 1.0 HR : 103 Target HR : 54% of 190 BP : 120/80 Post: J @80mSec

6X2 Combine Medians + 1 Rhythm  
Recovery : ( 04:00 )



ExTime: 08:10 Speed: 0.0 mph Grade: 00:00 % 25 mm/Sec: 1.0 Cm/mV

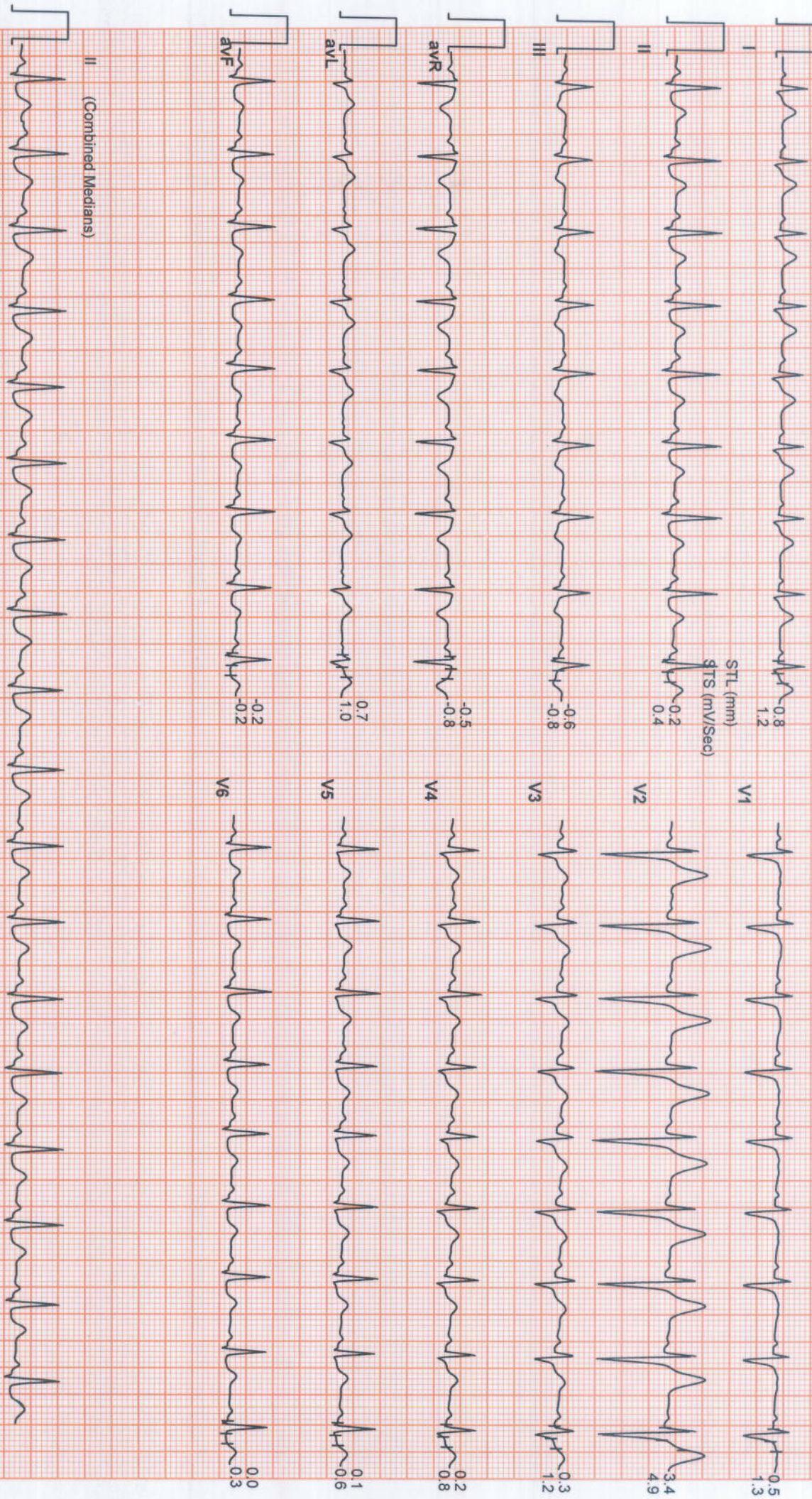






Date: 26 / 11 / 2022 10:14:26 AM METs : 1.0 HR : 107 Target HR : 56% of 190 BP : 120/80 Post J @80mSec

ExTime: 08:10 Speed: 0.0 mph Grade : 00:00 % 25 mm/Sec: 1.0 Cm/mV





Date:- 26/1/22  
 Name:- V. Prakash Vijay  
 Kumar.

CID: 19-50  
 Sex / Age: /

**EYE CHECK UP**

Chief complaints: RCV

Systemic Diseases: All

Past history: NA

Unaided Vision: RLE 20/40 20/40 NVAR N18

Aided Vision: BR 6/6 NVAR N18

**Refraction:**

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / ~~Abnormal~~

Remark: use over Spectacles

**MR. PRAKASH KUDVA**  
*Prakash*  
**SR. OPTOMETRIST**





Use a QR Code Scanner  
Application To Scan the Code

CID : 2233019934  
Name : Mr VIJAYKUMAR VISHNU  
Age / Sex : 30 Years/Male  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 26-Nov-2022  
Reported : 26-Nov-2022 / 9:35

**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*

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2022112608181282>

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