

Name : MR.JOSHI YASHAD AVINASH

Age / Gender : 32 Years / Male

Consulting Dr. : - Collected : 28-Oct-2023 / 09:58
Reg. Location : Thane Kasarvadavali (Main Centre) Reported : 28-Oct-2023 / 14:32



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood				
<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>	
RBC PARAMETERS				
Haemoglobin	14.5	13.0-17.0 g/dL	Spectrophotometric	
RBC	4.91	4.5-5.5 mil/cmm	Elect. Impedance	
PCV	43.9	40-50 %	Measured	
MCV	89.4	80-100 fl	Calculated	
MCH	29.6	27-32 pg	Calculated	
MCHC	33.1	31.5-34.5 g/dL	Calculated	
RDW	13.1	11.6-14.0 %	Calculated	
WBC PARAMETERS				
WBC Total Count	4720	4000-10000 /cmm	Elect. Impedance	
WBC DIFFERENTIAL AND A	ABSOLUTE COUNTS			
Lymphocytes	27.7	20-40 %		
Absolute Lymphocytes	1307.4	1000-3000 /cmm	Calculated	
Monocytes	5.9	2-10 %		
Absolute Monocytes	278.5	200-1000 /cmm	Calculated	
Neutrophils	65.1	40-80 %		
Absolute Neutrophils	3072.7	2000-7000 /cmm	Calculated	
Eosinophils	1.0	1-6 %		
Absolute Eosinophils	47.2	20-500 /cmm	Calculated	
Basophils	0.3	0.1-2 %		
Absolute Basophils	14.2	20-100 /cmm	Calculated	
Immature Leukocytes	-			

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	271000	150000-400000 /cmm	Elect. Impedance
MPV	8.5	6-11 fl	Calculated
PDW	11.6	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia -Microcytosis -



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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 2-15 mm at 1 hr. Sedimentation

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







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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	88.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	57.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Result rechecked. Kindly correlate clinically.			
BILIRUBIN (TOTAL), Serum	0.86	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.33	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.53	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	1.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.4	1 - 2	Calculated
SGOT (AST), Serum	22.3	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	33.1	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	20.0	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	98.7	40-130 U/L	PNPP
BLOOD UREA, Serum	19.9	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	9.3	6-20 mg/dl	Calculated



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:28-Oct-2023 / 17:46

CREATININE, Serum 0.88 0.67-1.17 mg/dl Enzymatic (ml/min/1.73sqm)eGFR, Serum 117 Calculated

Normal or High: Above 90 Mild decrease: 60-89

Mild to moderate decrease: 45-

59

Moderate to severe decrease:30

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Severe decrease: 15-29 Kidney failure:<15

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

URIC ACID, Serum 6.0 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 ***







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

BIOLOGICAL REF RANGE PARAMETER RESULTS METHOD

HPLC Glycosylated Hemoglobin 5.1 Non-Diabetic Level: < 5.7 % (HbA1c), EDTA WB - CC

Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %

Estimated Average Glucose 99.7 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.

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	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	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	4-5	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 inert

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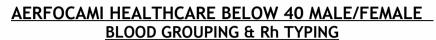
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<u>PARAMETER</u> <u>RESULTS</u>

ABO GROUP B

Rh TYPING Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

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

Limitations:

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

Refernces:

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

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	148.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	39.1	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	39.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	108.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated l
LDL CHOLESTEROL, Serum	101.0	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	7.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.6	0-3.5 Ratio	Calculated

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







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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	5.8	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.3	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.76	0.35-5.5 microIU/ml	ECLIA

Interpretation:

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

Clinical Significance:

1)TSH Values between 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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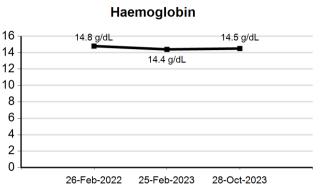
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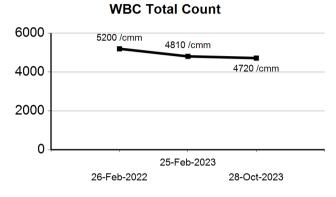
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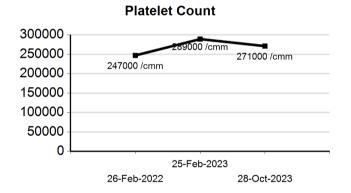
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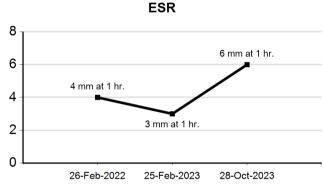


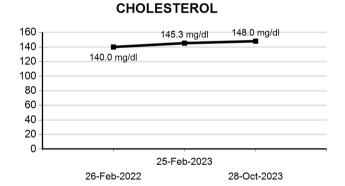
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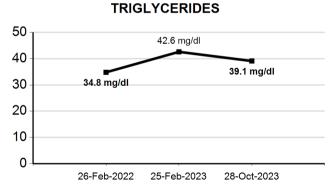














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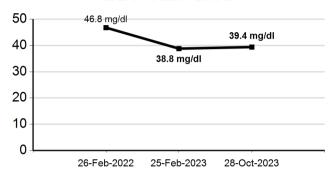


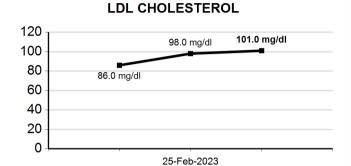
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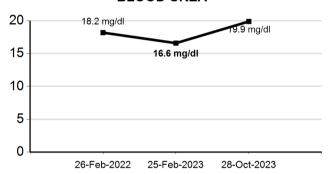
HDL CHOLESTEROL

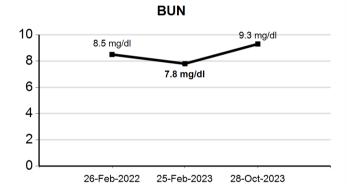




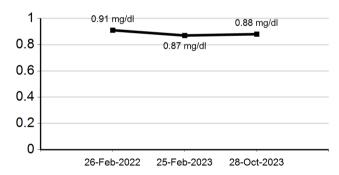
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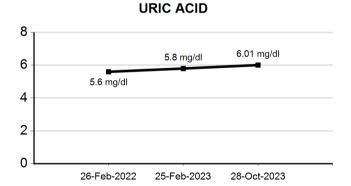
BLOOD UREA





CREATININE







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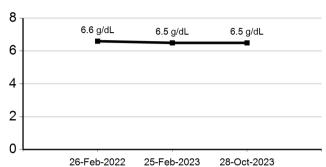
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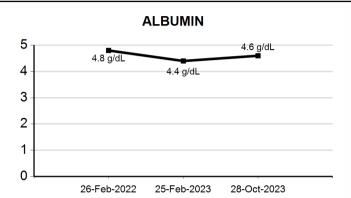


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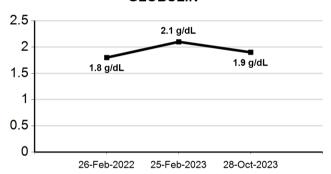
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TOTAL PROTEINS

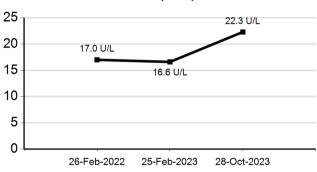




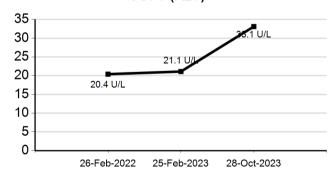
GLOBULIN



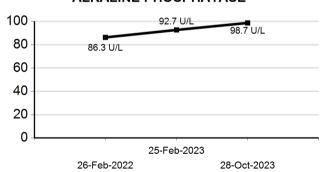




SGPT (ALT)



ALKALINE PHOSPHATASE





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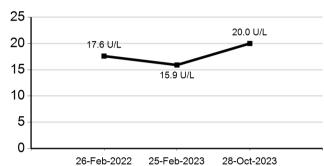
Consulting Dr. :

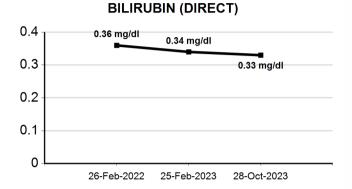
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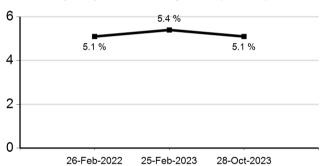
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GAMMA GT

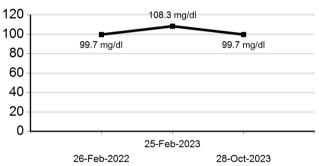




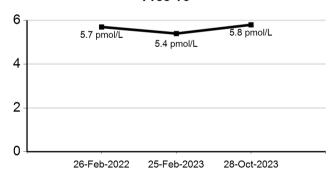
Glycosylated Hemoglobin (HbA1c)



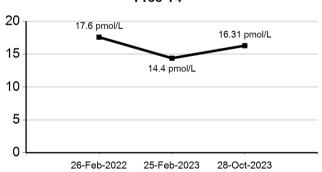
Estimated Average Glucose (eAG)



Free T3



Free T4





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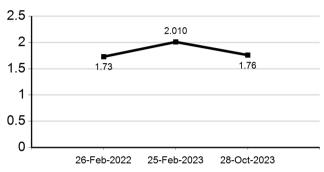
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sensitiveTSH







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नामानन कम / Enrollment No

0000/00331/05791

Yashad Avinash Joshi

Flat No. 206, Tower No.22, CASA GREENWOOD B, LODHA.

KOLSHET. AIRFORCE STATION, KOLSHET

KOLSHET. VTC: Koishet. PO: Sandozbaugh.

District: Thane. State: Maharashtra, PIN Code: 400607. Mobile: 8097673484

KC559678201FL



आपका आधार क्रमांक / Your Aadhaar No. :

3258 8006 1168

मेरा आधार, मेरी पहचान



आरत सरकार Government of India





Yashad Avinash Joshi DOB: 11/10/1991



3258 8006 1168

मेरा आधार, मेरी पहचान

Date:

To,
Suburban Diagnostics (India) Private Limited
Shop No.6, Fenkin Belleza, Ghodbunder Rd,
opp. M.K. Plaza, Kasarvadavali,
Thane, Maharashtra 400607

SUBJECT- TO WHOMSOEVER IT MAY CONCERN

Dear Sir/ Madam, This is to informed you that I, Myself Mrt Mrs/ Ms. Aumash Jostu don't want to performed the following tests: Mr. Yashad Jashi 1) Stub-1-R. : 2330120047 /28.10.23 CID No. & Date Corporate/ TPA/ Insurance Client Name: Arco Ferry Healthous Thanking you. Yours sincerely, (Mr/Mts/Ms. Yashad Joshi



The parties of

REPOR

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PHYSICAL EXAMINATION REPORT

	THISTERE			
	a. V 1	Tochi	Sex/Age	male / 32 ys
	Tr. Yashad	705M	Location	KASARVADAVALI
Jaco	28.10.23		Location	16.10.10.10.10.10.10.10.10.10.10.10.10.10.
History and (Complaints			
	WO KEPATES	14 2015		
Art	HIO KEPBATTS	4 2018-205	3	
EXAMINATIO	ON FINDINGS	:		
Height	183 am	Temp (0c):	Noen	KL
Weight	79 kg	Skin:	MORNI	X
Blood Pressure	128/80	Nails:	Nogent	k2_
Pulse	68/n	Lymph Node:	Hotens	h
Systems:				
Cardiovascular:	horner.			
Respiratory:	HORNEL			
Genitourinary:	HORNER			
GI System:	morende	in the state of th		
CNS:	WORLAN	1000		
Impression:		30 P		
1) DYSLIGHTE	med			
S. S. S. W.				



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ADVICE:

TO ROBOWUP WITH FATKILY PHYSICIAN AFIN

CHIEF COMPLAINTS:

1)	Hypertension:	NO
2)	IHD	NO
3)	Arrhythmia	No
4)	Diabetes Mellitus	No
5)	Tuberculosis	NO
6)	Asthma	No
7)	Pulmonary Disease	HO
8)	Thyroid/ Endocrine disorders	1/0
9)	Nervous disorders	NO
10)	GI system	No
11)	Genital urinary disorder	No
12)	Rheumatic joint diseases or symptom	No
13)	Blood disease or disorder	No
14)	Cancer/lump growth/cyst	No
15)	Congenital disease	Mo
16)	Surgeries	No

1)	Alcohol	140
1)		No
2)	Snicking	Veg -
3)	Diet	3
4)	THE WHITE PARTY STATE OF THE ST	Stir

Kasarvadavli

Thane (W)

SHE SHOUND AND RESTRICTIONS

THE WARF W

DR. ANAND N. MOTWANI M.D. (GENERAL MEDICINE) Reg. No. 39329 (M.M.C)

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.



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Date: 28.10.23

CID: 2330120047

Name: Mr. Yashad Josh

Sex/Age: male /32+8

EYE CHECK UP

Chief complaints:

Mil

Systematic Diseases:

Mil

Past History:

Mil

Unaided Vision : Mil

Aided Vision:

R+ - 616 , N6

Refraction:

Colour Vision:

Hormal

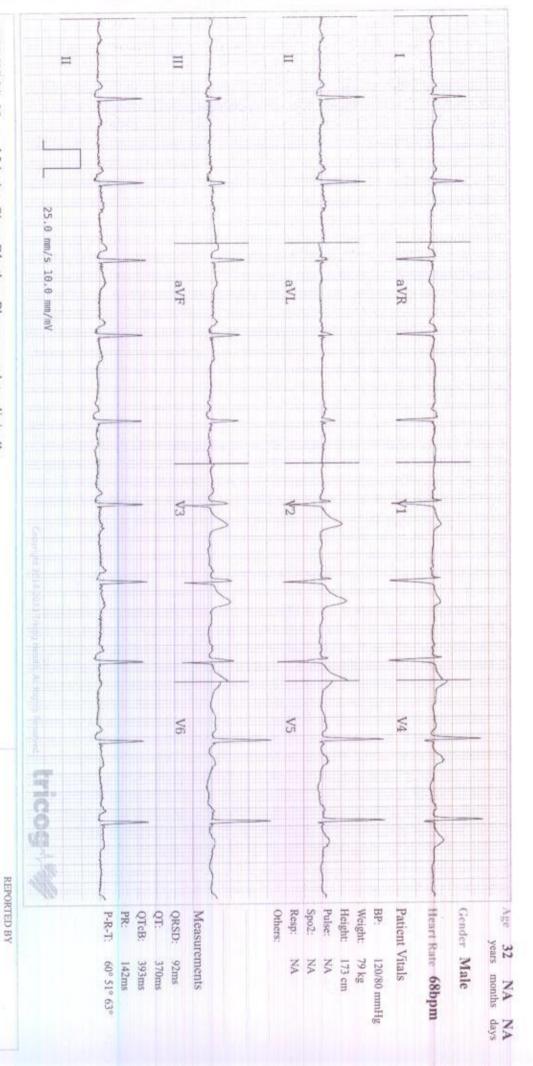
Remarks:

SUBURBAN DIAGNOSTICS

SUBURBAN DIAGNOSTICS - THANE KASARAVADAVALI

Patient Name: JOSHI YASHAD AVINASH Patient ID: 2330120047

Date and Time: 28th Oct 23 10:44 AM



ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

Dr. Arsand N Motwuni M.D (General Medicine) Reg No 39329 M.M.C

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Patient Details

Clinical History:

Date: 28-Oct-23

Name: MR. YASHAD JOSHI ID: 2330120047

Sex: M

Time: 12:37:29 PM

Height: 183 cms.

Age: 32 y

Weight: 79 Kg.

Medications:

NIL

NIL

Test Details

Protocol: Bruce

Pr.MHR: 188 bpm

THR: 159 (85 % of Pr.MHR) bpm

Total Exec. Time: Max. BP: 170 / 90 mmHg

9 m 53 s

Max. HR: 161 (86% of Pr.MHR)bpm 27370 mmHq/min Max. BP x HR:

Max. Mets: 13.50 Min. BP x HR:

6080 mmHg/min

Test Termination Criteria:

THR ACHIEVED

Protocol Details

Stage Name	Stage Time	Mets	Speed	Grade	Heart	Max. BP	Max. ST	Max. ST
	(min : sec)		(mph)	(%)	Rate (bpm)	(mm/Hg)	Level (mm)	Slope (mV/s)
Supine	0:19	1.0	0	0	76	120 / 80	-0.21 aVR	1.77 V3
Standing	0;8	1.0	0	0	83	120 / 80	-0.21 aVR	1.77 V3
Hyperventilation	0:12	1.0	0	0	79	120 / 80	-0.42 aVR	1.77 V3
1	3:0	4.6	1.7	10	110	130 / 80	-1.70 aVR	2.831
2	3:0	7.0	2.5	12	125	140 / 80	-0.85 11	3.18 V3
3	3:0	10.2	3.4	14	149	150 / 90	-0.85 I	5.66 V3
Peak Ex	0:53	13.5	4.2	16	161	170 / 90	-1.70 V6	5.66 V3
Recovery(1)	1:0	1.8	1	0	139	170 / 90	-1.49 II	5.66 V3
Recovery(2)	1:0	1.0	0	0	118	170 / 90	-0.42 aVF	5.66 V3
Recovery(3)	1:0	1.0	0	0	106	160 / 80	-0.421	4.60 V3
Recovery(4)	1:0	1.0	0	0	109	140 / 80	-0.421	2.48 V4
Recovery(5)	0:9	1.0	0	0	102	140 / 80	-0.211	1.77 V4

Interpretation

GOOD EFFORT TOLERANCE

NORMAL HEART RATE AND BP RESPONSE

NO ARRHYTHMIAS

NO ANGINAL OR ANGINAL EQUIVALENT SYMPTOMS

?NONSIGNIFICANT / ?BORDERLINR ST CHANGES FROM BASELINE SEEN IN ISOLATED

LEAD V6 DURING EXERCISE OF THE TEST

ADVISED TO CONSULT CARDIOLOGIST FOR FURTHER OPINION

IMPRESSION

STRESS TEST IS NEGATIVE FOR STRESS INDUCIBLE MYOCARDIAL ISCHAEMIA

DISCLAIMER: Negative stress test does not rule out coronary artery disease and positive stress test is suggestive but not confirmatory of coronary artery disease. Hence clinical corelation is mandatory.

Ref. Doctor: CORPORATE

(Summary Report edited by user)

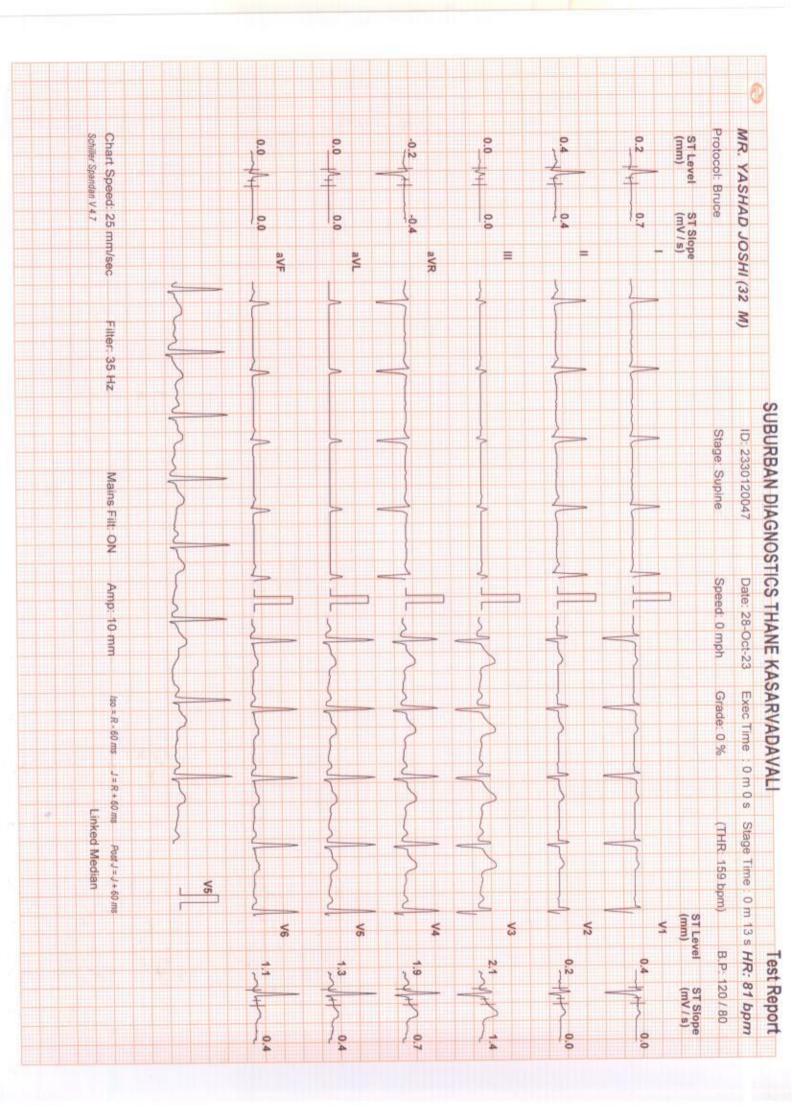
DR. ANAND N. MOTWANI

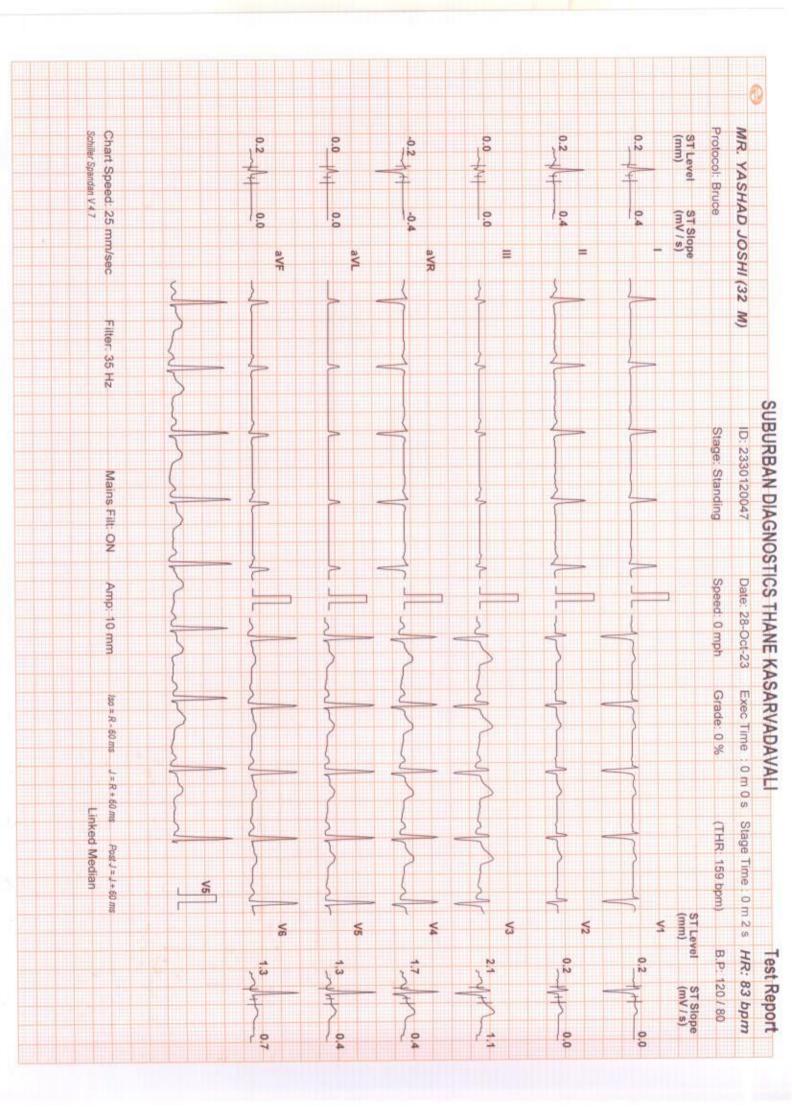
Reg. No. 39329 (M.M.C)

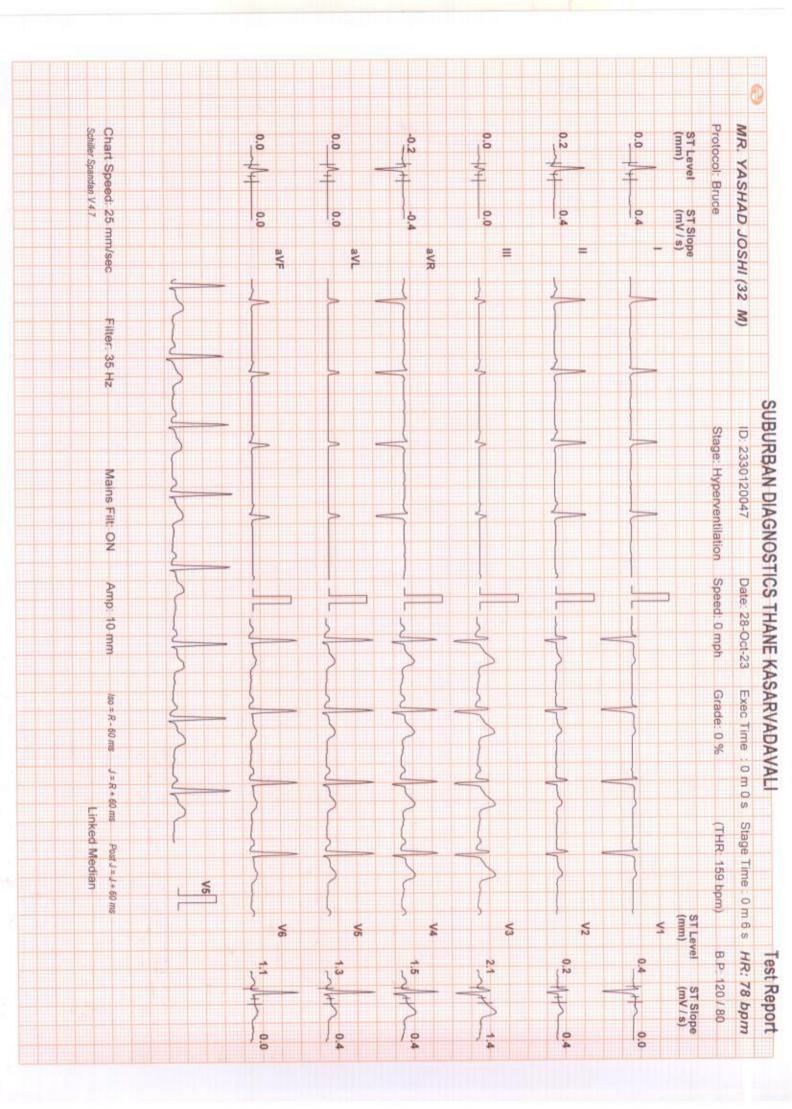
M.D. (GENERAL MEDICINE)

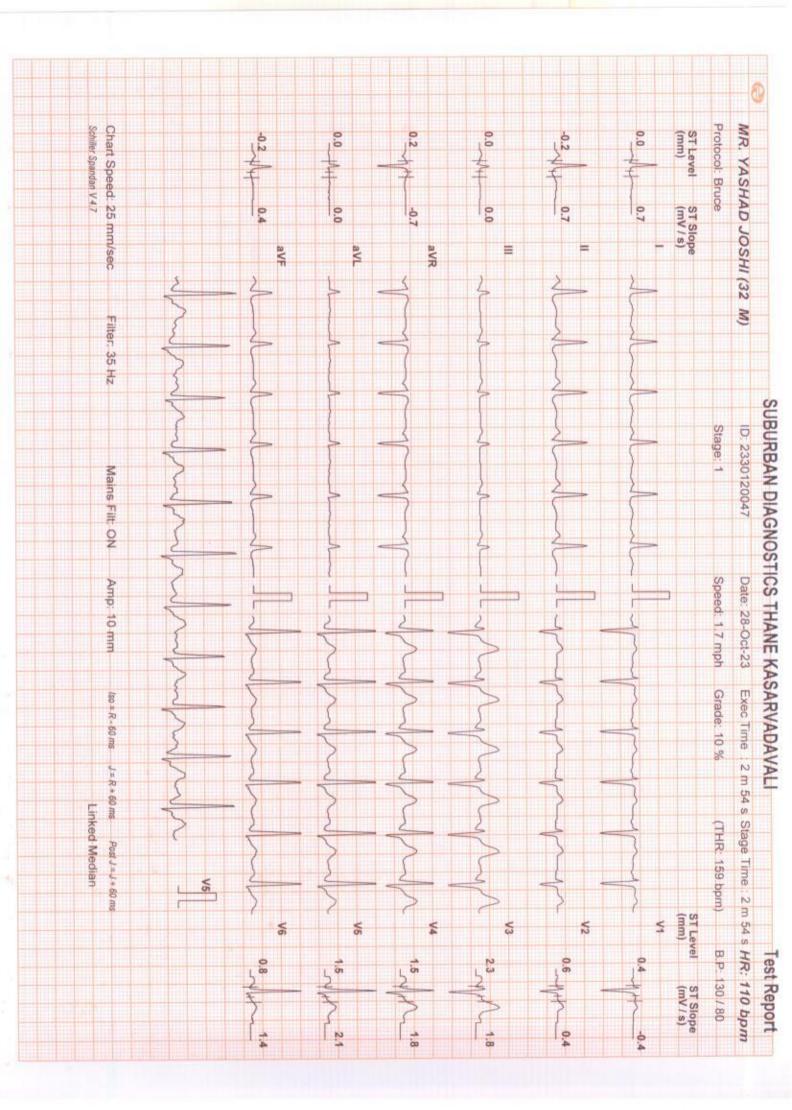
Doctor: Dr. Anand Motwani

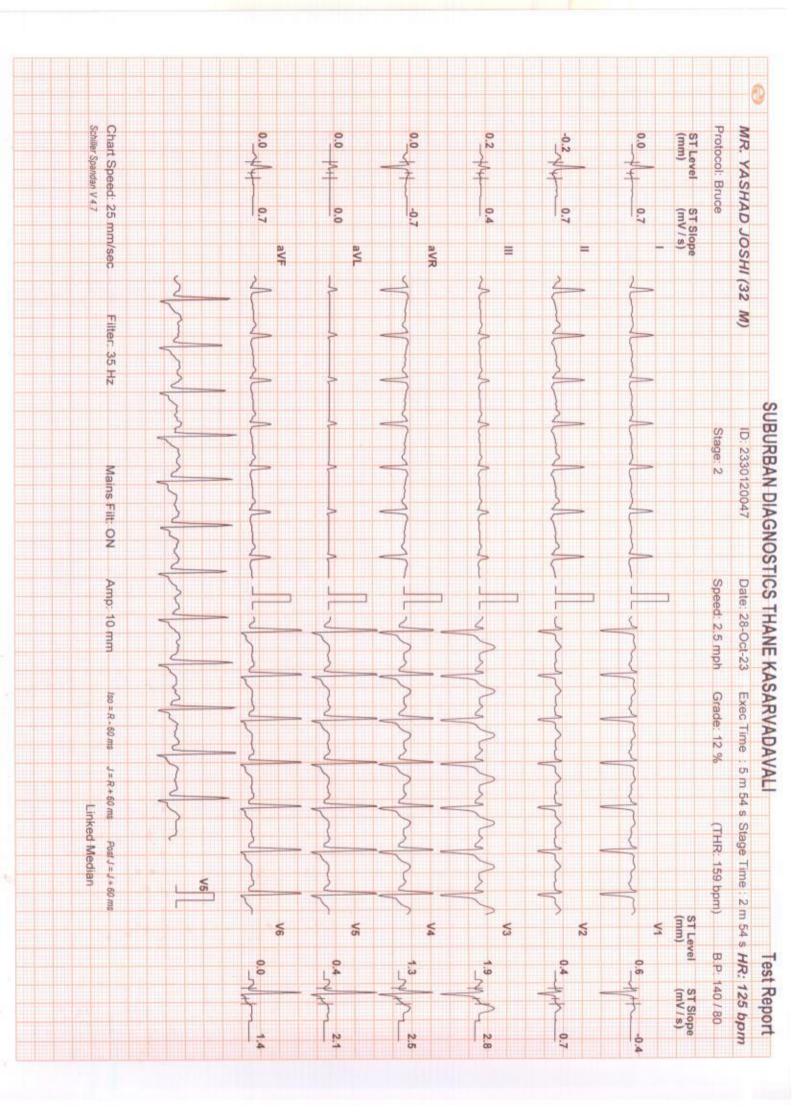
(c) Schiller Healthcare India Pvt. Ltd. V 4.7

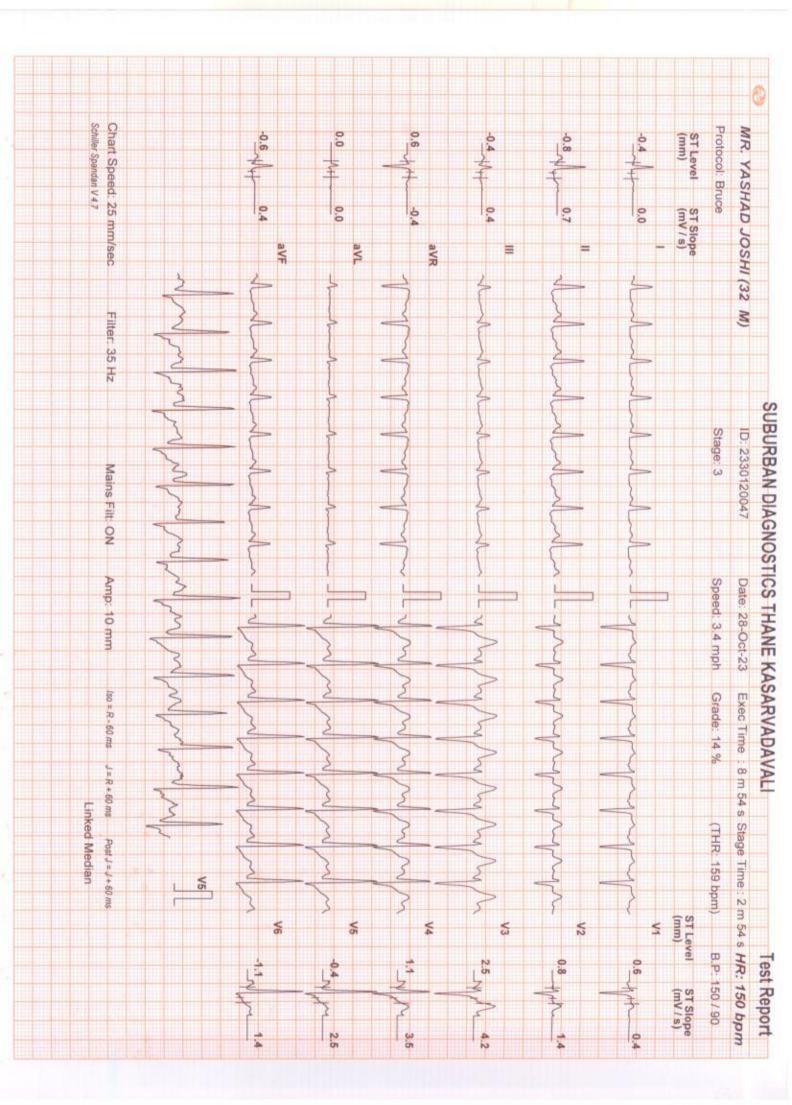


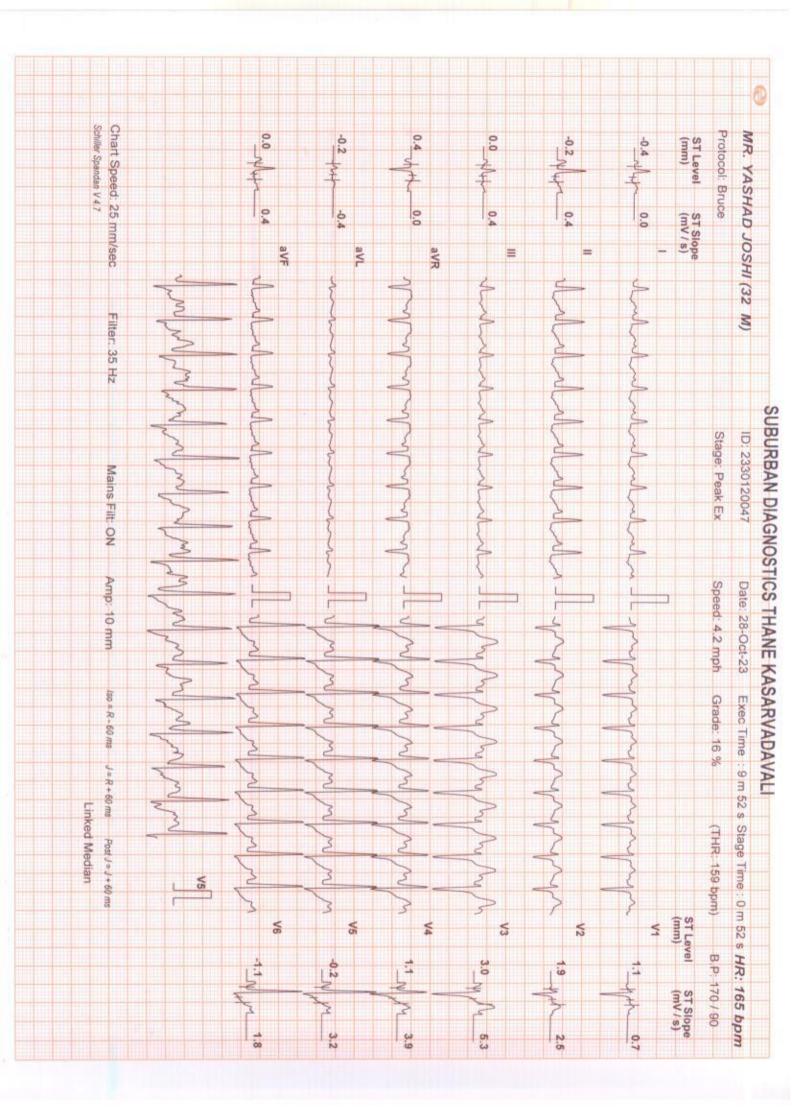


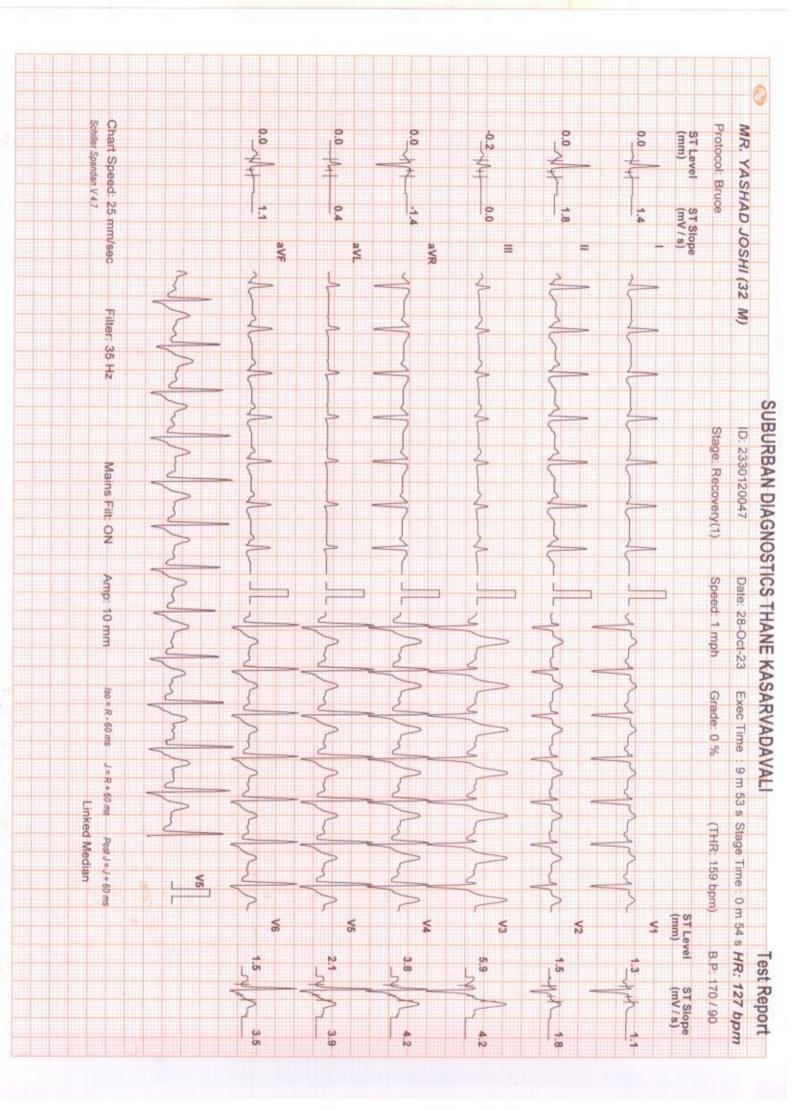


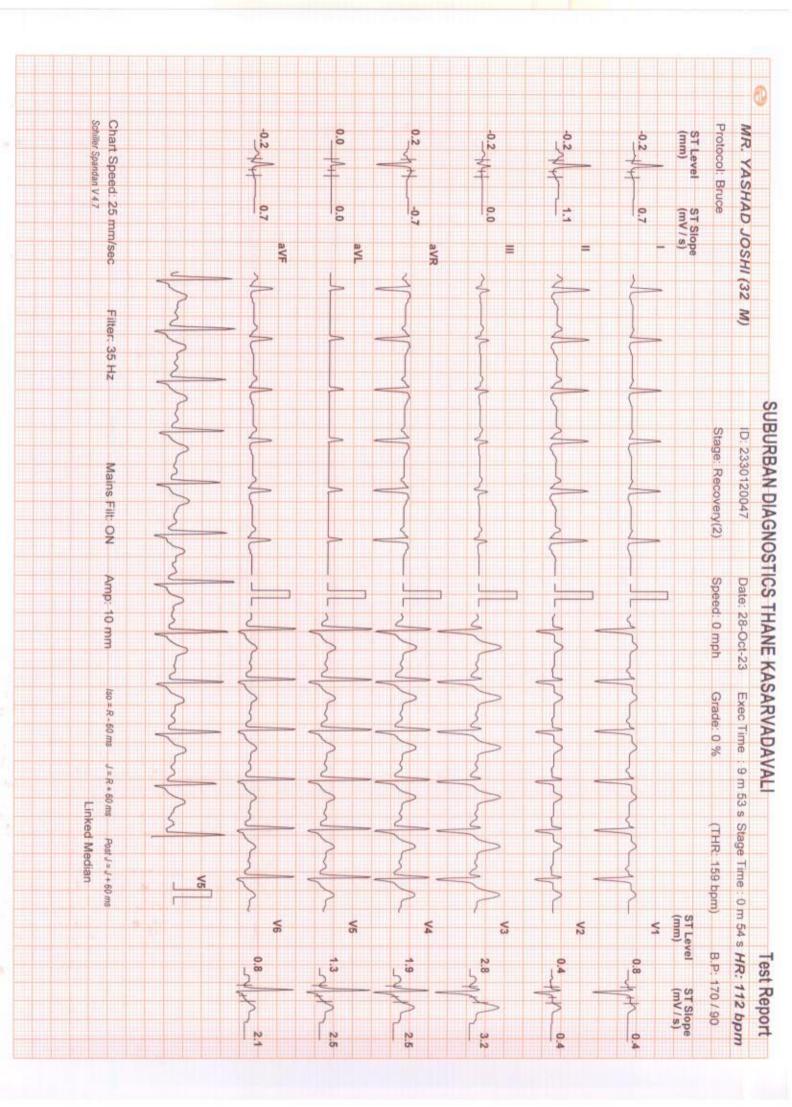


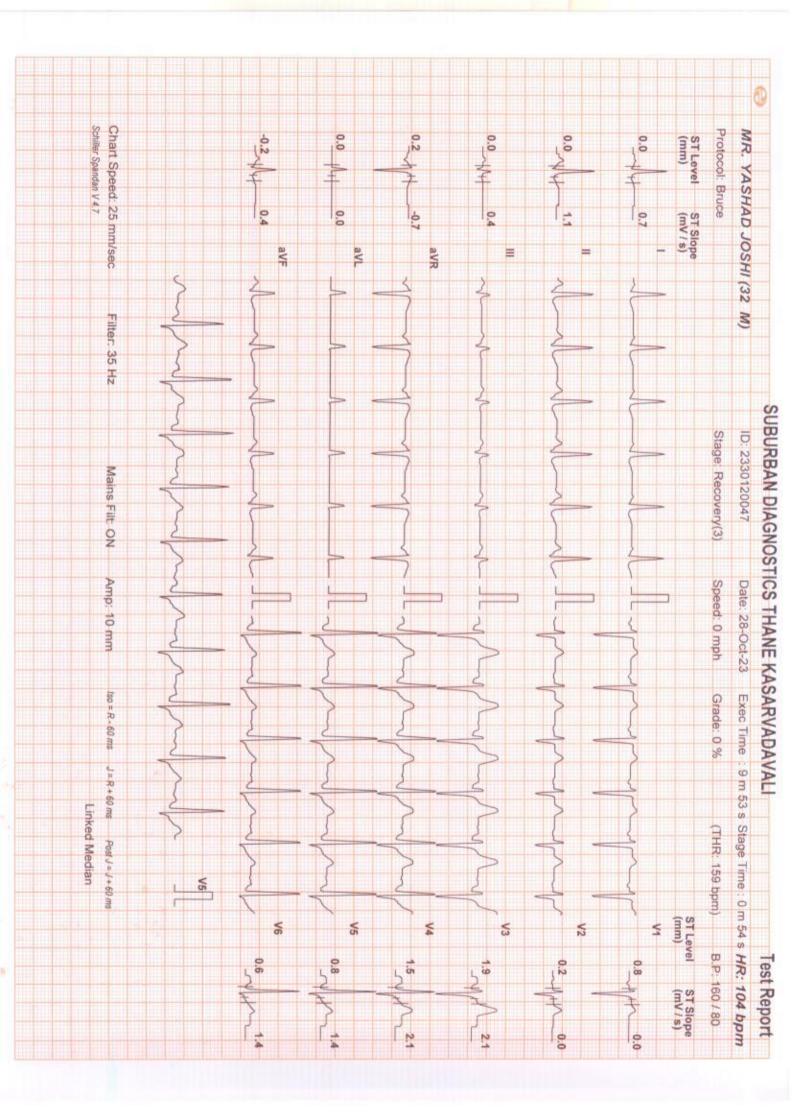


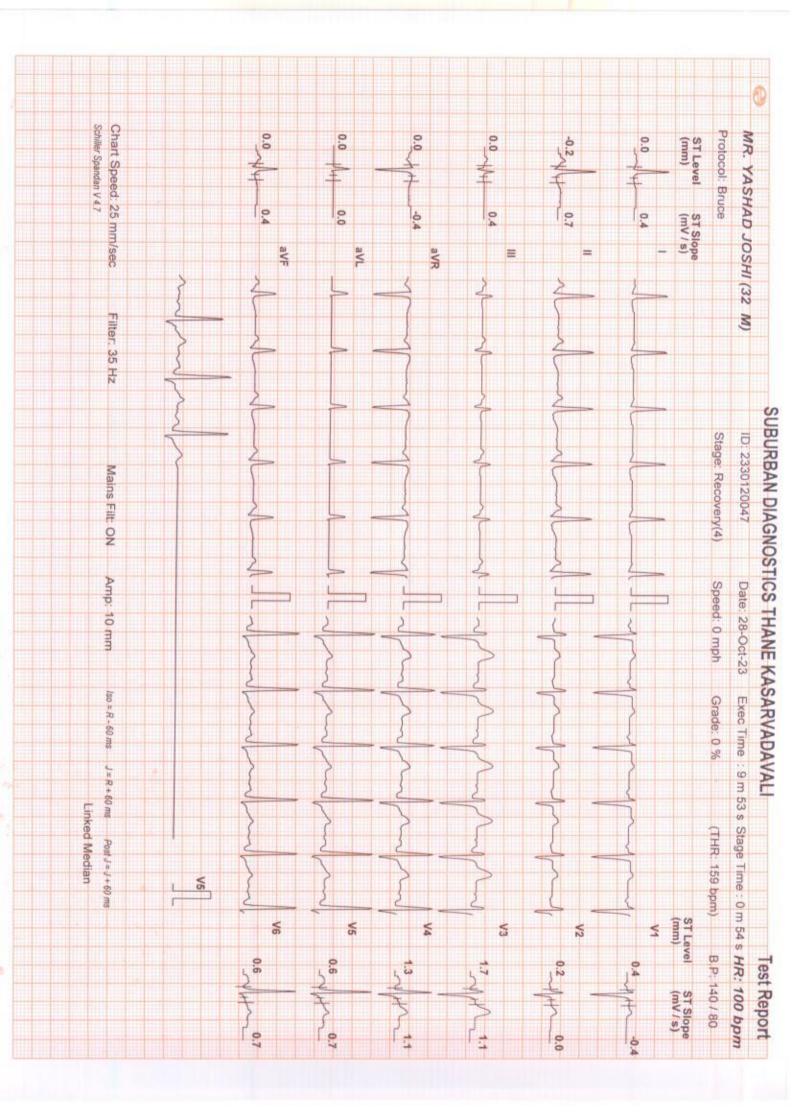


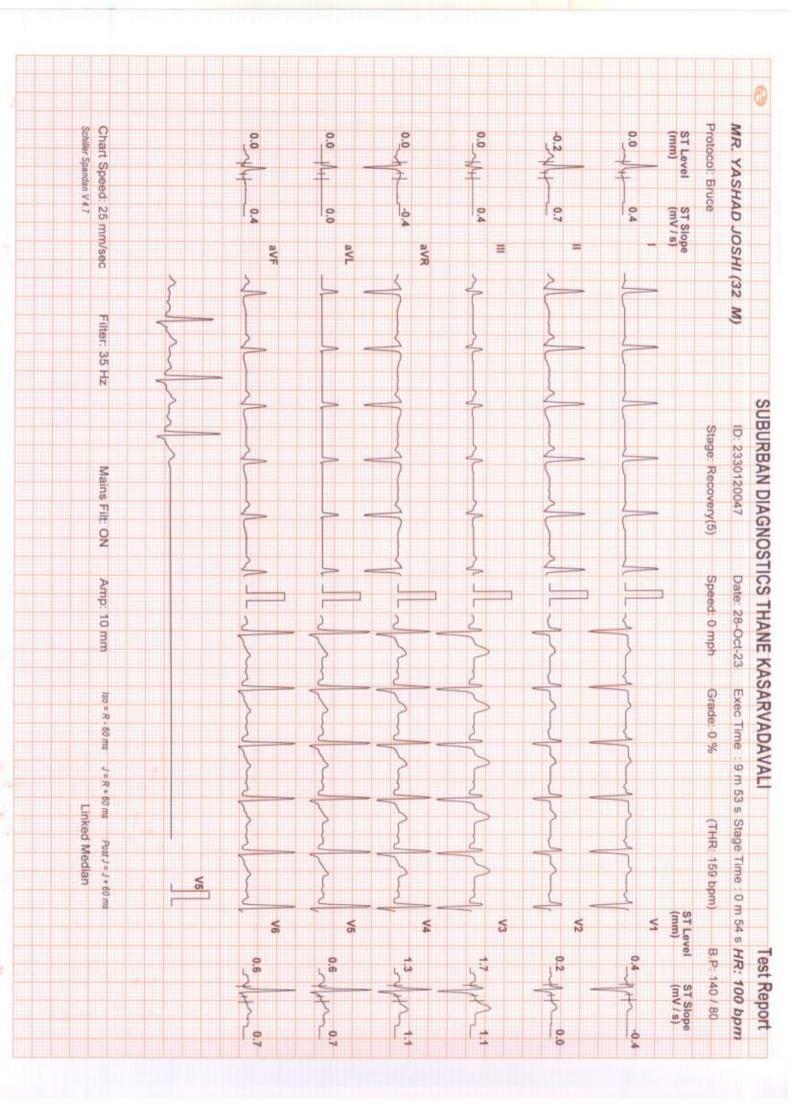














CID

: 2330120047

Name

: Mr JOSHI YASHAD AVINASH

Age / Sex

: 32 Years/Male

Ref. Dr

Reg. Location

: Thane Kasarvadavali Main Centre

Reg. Date

Reported

: 28-Oct-2023

Authenticity Check

R

E

: 28-Oct-2023 / 10:24

Use a QR Code Scanner

Application To Scan the Code

USG ABDOMEN AND PELVIS

LIVER: Liver appears normal in size and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

PORTAL VEIN: Portal vein is normal. CBD: CBD is normal.

PANCREAS: Visualised pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS: Right kidney measures 10.3 x 4.0 cm. Left kidney measures 10.0 x 4.8 cm. Both kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

PROSTATE: Prostate is normal in size, normal echotexture and measures 3.0 x 4.4 x 2.8 cm in dimension and 20.3 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

Bowel gas ++

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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.

-----End of Report-

Dr.GAURAV FARTADE MBBS, DMRE

G. R. Fale

Reg No -2014/04/1786 Consultant Radiologist

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023102809521961

Page no 1 of 1



CID

: 2330120047

Name

: Mr JOSHI YASHAD AVINASH

Age / Sex

Reg. Location

: 32 Years/Male

Ref. Dr

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1.0 (M20) P2125

: Thane Kasarvadavali Main Centre

Authenticity Check



Use a QR Code Scanner Application To Scan the Cod[©] R

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: 28-Oct-2023

: 28-Oct-2023 / 11:33

Reg. Date

Reported

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-----

G. R. F——le— Dr.GAURAV FARTADE MBBS, DMRE Reg No -2014/04/1786

Consultant Radiologist

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023102809521970

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