



CID : 2307722550
Name : MR.SHUBHAM THOKAL
Age / Gender : 30 Years / Male
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Collected : 18-Mar-2023 / 08:49
Reported : 18-Mar-2023 / 13:12

Use a QR Code Scanner
Application To Scan the Code

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> |
|---|----------------|-----------------------------|--------------------|
| <u>RBC PARAMETERS</u> | | | |
| Haemoglobin | 17.0 | 13.0-17.0 g/dL | Spectrophotometric |
| RBC | 5.54 | 4.5-5.5 mil/cmm | Elect. Impedance |
| PCV | 51.8 | 40-50 % | Measured |
| MCV | 94 | 80-100 fl | Calculated |
| MCH | 30.7 | 27-32 pg | Calculated |
| MCHC | 32.8 | 31.5-34.5 g/dL | Calculated |
| RDW | 15.0 | 11.6-14.0 % | Calculated |
| <u>WBC PARAMETERS</u> | | | |
| WBC Total Count | 5170 | 4000-10000 /cmm | Elect. Impedance |
| <u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u> | | | |
| Lymphocytes | 31.5 | 20-40 % | |
| Absolute Lymphocytes | 1628.5 | 1000-3000 /cmm | Calculated |
| Monocytes | 7.4 | 2-10 % | |
| Absolute Monocytes | 382.6 | 200-1000 /cmm | Calculated |
| Neutrophils | 55.8 | 40-80 % | |
| Absolute Neutrophils | 2884.9 | 2000-7000 /cmm | Calculated |
| Eosinophils | 4.7 | 1-6 % | |
| Absolute Eosinophils | 243.0 | 20-500 /cmm | Calculated |
| Basophils | 0.6 | 0.1-2 % | |
| Absolute Basophils | 31.0 | 20-100 /cmm | Calculated |
| Immature Leukocytes | - | | |
| WBC Differential Count by Absorbance & Impedance method/Microscopy. | | | |
| <u>PLATELET PARAMETERS</u> | | | |
| Platelet Count | 244000 | 150000-400000 /cmm | Elect. Impedance |
| MPV | 7.7 | 6-11 fl | Calculated |
| PDW | 13.2 | 11-18 % | Calculated |
| <u>RBC MORPHOLOGY</u> | | | |



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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 : 18-Mar-2023 / 14:50

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 | 88.7 | Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl | Hexokinase |
| BILIRUBIN (TOTAL), Serum | 0.91 | 0.3-1.2 mg/dl | Vanadate oxidation |
| BILIRUBIN (DIRECT), Serum | 0.29 | 0-0.3 mg/dl | Vanadate oxidation |
| BILIRUBIN (INDIRECT), Serum | 0.62 | <1.2 mg/dl | Calculated |
| TOTAL PROTEINS, Serum | 7.3 | 5.7-8.2 g/dL | Biuret |
| ALBUMIN, Serum | 4.6 | 3.2-4.8 g/dL | BCG |
| GLOBULIN, Serum | 2.7 | 2.3-3.5 g/dL | Calculated |
| A/G RATIO, Serum | 1.7 | 1 - 2 | Calculated |
| SGOT (AST), Serum | 29.9 | <34 U/L | Modified IFCC |
| SGPT (ALT), Serum | 39.9 | 10-49 U/L | Modified IFCC |
| GAMMA GT, Serum | 16.5 | <73 U/L | Modified IFCC |
| ALKALINE PHOSPHATASE, Serum | 60.4 | 46-116 U/L | Modified IFCC |
| BLOOD UREA, Serum | 13.2 | 19.29-49.28 mg/dl | Calculated |
| BUN, Serum | 6.2 | 9.0-23.0 mg/dl | Urease with GLDH |
| CREATININE, Serum | 0.79 | 0.60-1.10 mg/dl | Enzymatic |
| eGFR, Serum | 122 | >60 ml/min/1.73sqm | Calculated |
| Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation | | | |
| URIC ACID, Serum | 6.5 | 3.7-9.2 mg/dl | Uricase/ Peroxidase |



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Urine Sugar (Fasting) Absent Absent
Urine Ketones (Fasting) Absent Absent

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

Bmhasakar

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Pathologist



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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 | 5.2 | Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 % | HPLC |
| Estimated Average Glucose (eAG), EDTA WB - CC | 102.5 | 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 Borivali Lab, Borivali West

*** End Of Report ***



Bmhasakar

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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|---------------------------------------|----------------|-----------------------------|--------------------|
| <u>PHYSICAL EXAMINATION</u> | | | |
| Color | Pale yellow | Pale Yellow | - |
| Reaction (pH) | 6.0 | 4.5 - 8.0 | Chemical Indicator |
| Specific Gravity | 1.005 | 1.001-1.030 | Chemical Indicator |
| Transparency | Clear | Clear | - |
| Volume (ml) | 40 | - | - |
| <u>CHEMICAL EXAMINATION</u> | | | |
| 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 |
| <u>MICROSCOPIC EXAMINATION</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

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





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Reg. Location : Bhayander East (Main Centre)

Collected :
Reported :

*** End Of Report ***



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Collected : 18-Mar-2023 / 08:49
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
BLOOD GROUPING & Rh TYPING

| <u>PARAMETER</u> | <u>RESULTS</u> |
|------------------|----------------|
| ABO GROUP | O |
| 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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Reported : 18-Mar-2023 / 15:53

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|----------------------------------|----------------|---|------------------------|
| CHOLESTEROL, Serum | 181.4 | Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl | CHOD-POD |
| TRIGLYCERIDES, Serum | 176.2 | 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 | 33.2 | Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl | Elimination/ Catalase |
| NON HDL CHOLESTEROL, Serum | 148.2 | Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl | Calculated |
| LDL CHOLESTEROL, Serum | 112.9 | 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 | 35.3 | < /= 30 mg/dl | Calculated |
| CHOL / HDL CHOL RATIO, Serum | 5.5 | 0-4.5 Ratio | Calculated |
| LDL CHOL / HDL CHOL RATIO, Serum | 3.4 | 0-3.5 Ratio | Calculated |

*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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Name : MR.SHUBHAM THOKAL
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Consulting Dr. : -
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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 | 1.715 | 0.55-4.78 microIU/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)

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

*** End Of Report ***



Namrata Raul

Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist

SUBURBAN DIAGNOSTICS - BHAYANDER EAST

Patient Name: SHUBHAM THOKAL

Date and Time: 18th Mar 23 8:50 AM

Patient ID: 2307722550

Age **30** **2** **13**
years months days

Gender **Male**

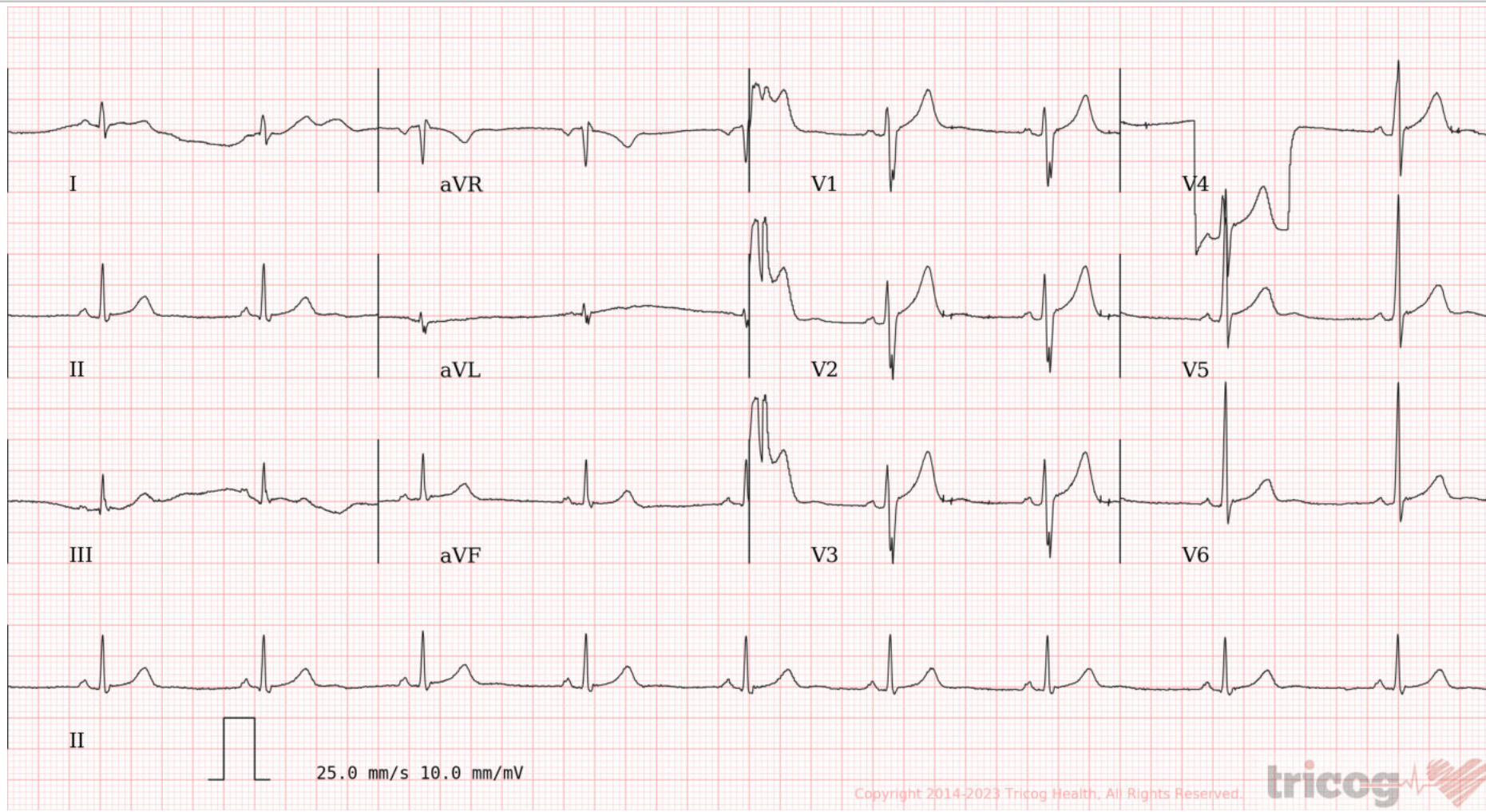
Heart Rate **57bpm**

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 106ms
QT: 412ms
QTc: 401ms
PR: 120ms
P-R-T: 49° 75° 50°



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ECG Within Normal Limits: Sinus Bradycardia, Normal axis No significant ST-T changes. Benign repolarisation changes noted. Please correlate clinically.

REPORTED BY

Dr. Smita Valani
MBBS, D. Cardiology
2011/03/0587

18/03/2023

ENT

Mr. Shubham Gopal

M/SO

R
E
P
O
R
T

ENT EXAMINATION

History No c/o, No H/o

Examination

Right

(M)

Left

(S)

Middle Ear

(Tympanic Membrane Eustachian Tube Mastoid)

WAD

Rennes Webbers

→ → → +ve chras

Nose And Para nasal sinuses (airway septum polyp)

Throat

(S)

Speech

(S)

Audiometry I When Done

Bilateral hearing sensitivity within normal limits
ADR

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

AUDIOMETRY

Name: *Ms. Shubhan Gopal*

CID: -

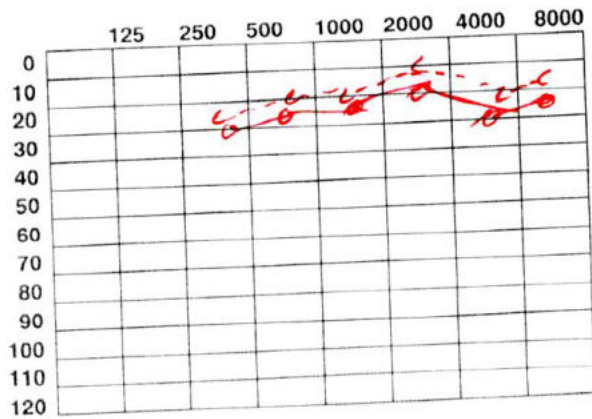
Sex / Age: *m/30*

Date: *18/03/2023*

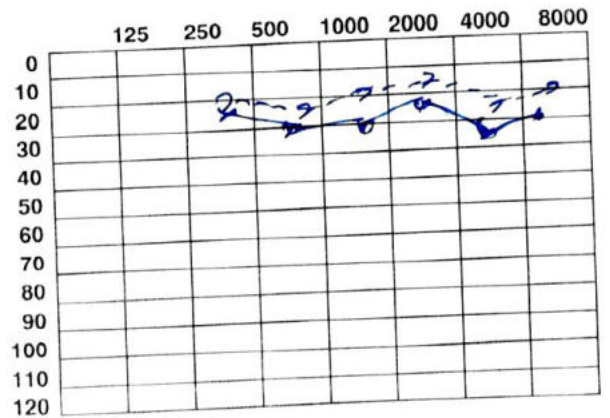
History: -

AUDIOGRAM

Pure Tone Audiogram Right



Pure Tone Audiogram Left



- 0 -> Right A. C. Threshold
- ? -> Right Masked A. C. Threshold ▲
- < -> Right B. C. Threshold
- [-> Right Masked B. C. Threshold

- X -> Left A. C. Threshold
- ? -> Left Masked A. C. Threshold ◻
- > -> Left B. C. Threshold
-] -> Left Masked B. C. Threshold

Bilateral hearing sensitivity within normal limits

Interpretation:

As per
Asmita Chaudhari
Audiologist
Reg. No. B 41893

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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Date:- 18/3/23
Name:- Shubham Thakur

CID: 2307722550
Sex / Age: 30 / M

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

} NO
RE
6/6
N/6
LE
6/6
N/6

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

Colour Vision: Normal / Abnormal

Remark:

SUBURBAN DIAGNOSTICS (I) PVT. LTD
Shop No. 101 A, 1st Floor, Kshitij Building
Above Revlon, Near K. J. Somaiya Hospital
Mira - Bhandarkar Road, Mira (E)
Dist. Thane-401305.
Phone: 022-61770000

CID# : 2307722550
 Name : MR.SHUBHAM THOKAL
 Age / Gender : 30 Years/Male
 Consulting Dr. :
 Reg.Location : Bhayander East (Main Centre)
 Collected : 18-Mar-2023 / 08:41
 Reported : 18-Mar-2023 / 15:45

PHYSICAL EXAMINATION REPORT

History and Complaints:

No Complaint

EXAMINATION FINDINGS:

Height (cms): 173
 Temp (0c): Afebrile
 Blood Pressure (mm/hg): 120/80
 Pulse: 68/min

Weight (kg): 67
 Skin: NAD
 Nails: NAD
 Lymph Node: Not Palpable

Systems

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

(O+ve)

IMPRESSION:

USG is sho. GI-I Fatty Liver.
 Lipid profile - Borderline.

ADVICE:

Expert consultation.

CHIEF COMPLAINTS:

- 1) Hypertension: No
- 2) IHD: No
- 3) Arrhythmia: No
- 4) Diabetes Mellitus: No
- 5) Tuberculosis: No

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- | | |
|--|----|
| 6) Asthama | No |
| 7) Pulmonary Disease | No |
| 8) Thyroid/ Endocrine disorders | No |
| 9) Nervous disorders | No |
| 10) GI system | No |
| 11) Genital urinary disorder | No |
| 12) Rheumatic joint diseases or symptoms | No |
| 13) Blood disease or disorder | No |
| 14) Cancer/lump growth/cyst | No |
| 15) Congenital disease | No |
| 16) Surgeries | No |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

- | | |
|---------------|------------------------|
| 1) Alcohol | No |
| 2) Smoking | No |
| 3) Diet | Vege <i>Vegetarian</i> |
| 4) Medication | No |

*** End Of Report ***

DR. ANITA CHOUDHARY

CONSULTANT PHYSICIAN
Reg. No. 201771278553

Anita
SUBURBAN DIAGNOSTICS (I) PVT. LTD.
Shop No. 101-A, 1st Floor, Kshitij Building
Above Raymond, Near Sange Hospital,
Bhayander Road, Bhayander (E)
Dist. Thane-401105.
Phone No : 022 - 61700000



बैंक ऑफ बड़ौदा
Bank of Baroda



नाम शुभम गोपळ ठोकळ

Name SHUBHAM GOPAL THOKAL

कर्मचारी कूट क्र.

E.C. No. 126140

जारीकर्ता अधिकारी
Issuing Authority

धारक क हस्ताक्षर
Signature of Holder

DR. ANITA CHAUDHARY

CONSULTANT
Reg. No. 123456789

SUBURBAN DIAGNOSTICS (I) PVT. LTD.
Shop No. 101-A, 1st Floor, Hospital Building,
Above Raymond Hospital, Mira - Bhayander East, Dist. Thane (E)
Phone No : 022 - 61700000

SUBURBAN DIGNOSTICS BHAYANDER

Report



EMail: 12345921 (2307722550) / SHUBHAM THOKAL / 30 Yrs / M / 173 Cms / 67 Kg
 Date: 18 / 03 / 2023 09:12:57 AM

| Stage | Time | Duration | Speed(mph) | Elevation | METs | Rate | % THR | BP | RPP | PVC | Comments |
|---------------|-------|----------|------------|-----------|------|------|-------|--------|-----|-----|----------|
| Supine | 00:04 | 0:04 | 00.0 | 00.0 | 01.0 | 058 | 31 % | 120/80 | 069 | 00 | |
| Standing | 00:30 | 0:26 | 00.0 | 00.0 | 01.0 | 055 | 29 % | 120/80 | 066 | 00 | |
| Supine | 00:34 | 0:04 | 00.0 | 00.0 | 01.0 | 055 | 29 % | 120/80 | 066 | 00 | |
| HV | 00:40 | 0:06 | 00.0 | 00.0 | 01.0 | 057 | 30 % | 120/80 | 068 | 00 | |
| Ex-Start | 00:48 | 0:08 | 00.0 | 00.0 | 01.0 | 063 | 33 % | 120/80 | 075 | 00 | |
| BRUCE Stage 1 | 03:48 | 3:00 | 01.7 | 10.0 | 04.7 | 101 | 53 % | 130/80 | 131 | 00 | |
| BRUCE Stage 2 | 06:48 | 3:00 | 02.5 | 12.0 | 07.1 | 115 | 61 % | 140/80 | 161 | 00 | |
| BRUCE Stage 3 | 09:48 | 3:00 | 03.4 | 14.0 | 10.2 | 143 | 75 % | 150/80 | 214 | 00 | |
| PeakEx | 10:57 | 1:09 | 04.2 | 16.0 | 11.5 | 164 | 86 % | 150/80 | 246 | 00 | |
| Recovery | 11:57 | 1:00 | 01.1 | 00.0 | 04.2 | 132 | 69 % | 150/80 | 198 | 00 | |
| Recovery | 12:57 | 2:00 | 00.0 | 00.0 | 01.0 | 096 | 51 % | 140/80 | 134 | 00 | |
| Recovery | 14:57 | 4:00 | 00.0 | 00.0 | 01.0 | 095 | 50 % | 120/80 | 114 | 00 | |
| Recovery | 15:12 | | | | 00.0 | 000 | 0 % | 120/80 | 000 | 00 | |

FINDINGS :

Exercise Time : 10:09
 Initial HR (ExStrt) : 63 bpm 33% of Target 190
 Initial BP (ExStrt) : 120/80 (mm/Hg)
 Max WorkLoad Attained : 11.5 Good response to induced stress
 Max ST Dep Lead & Avg ST Value : avL & -4.9 mm in Supine
 Duke Treadmill Score : -01.2
 Test End Reasons : Test Complete

Max HR Attained 164 bpm 86% of Target 190
 Max BP Attained 150/80 (mm/Hg)

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DR. SMITA VALANI
MBBS, D. CARDIOLOGY
 2011/03/0587

Smita Valani
 Doctor : DR-SMITA VALANI



SUBURBAN DIGNOSTICS BHAYANDER

EMail: 12345621 / SHUBHAM THOKAL / 30 Yrs / M / 173 Cms / 67 Kg Date: 18 / 03 / 2023 09:12:57 AM

REPORT :

REASON FOR TERMINATION : TARGET HR ACHIEVED
EXERCISE TOLERANCE : GOOD EFFORT TOLERANCE
EXERCISE INDUCED ARRHYTHMIAS : NO ANGINA AND ANGINA EQUIVALENT
NO SIGNIFICANT ST-T CHANGES DURING EXERCISE AND RECOVERY
HAEMODYNAMIC RESPONSE : GOOD INOTROPIC RESPONSE
CHRONOTROPIC RESPONSE : GOOD CHRONOTROPIC RESPONSE
FINAL IMPRESION : NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA

DR. SMITA VALANI
MBBS, D. CARDIOLOGY
2011/03/0587


Doctor : DR-SMITA VALANI

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REPORT



SUBURBAN DIAGNOSTICS BHAYANDER

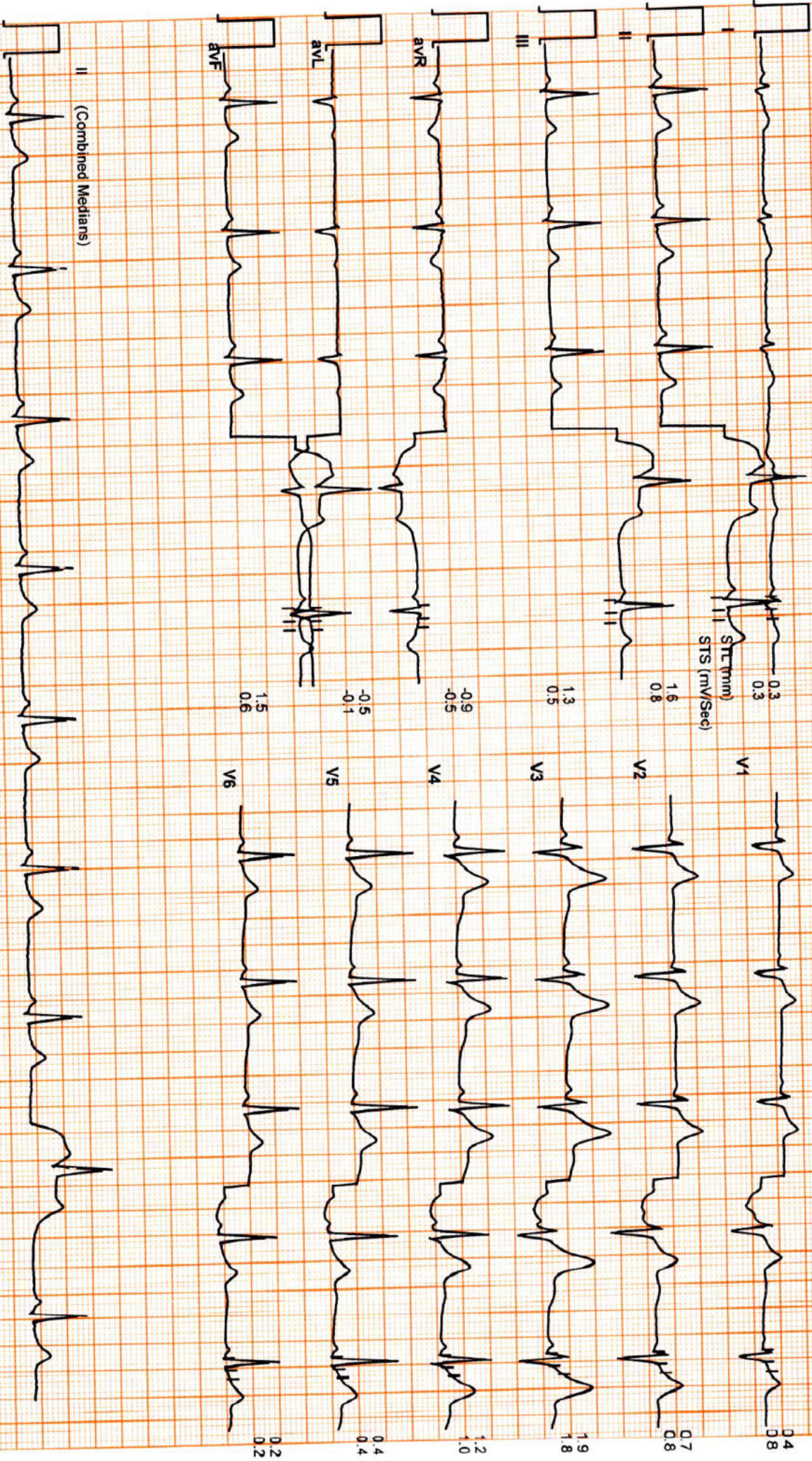
12345921 / SHUBHAM THOKAL / 30 Yrs / Male / 173 Cm / 67 Kg

Date: 18/03/2023 09:12:57 AM MEIS : 1.0 HR : 55 TargetHR : 29% of 190 BP : 120/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm

SUPINE (00:00)

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



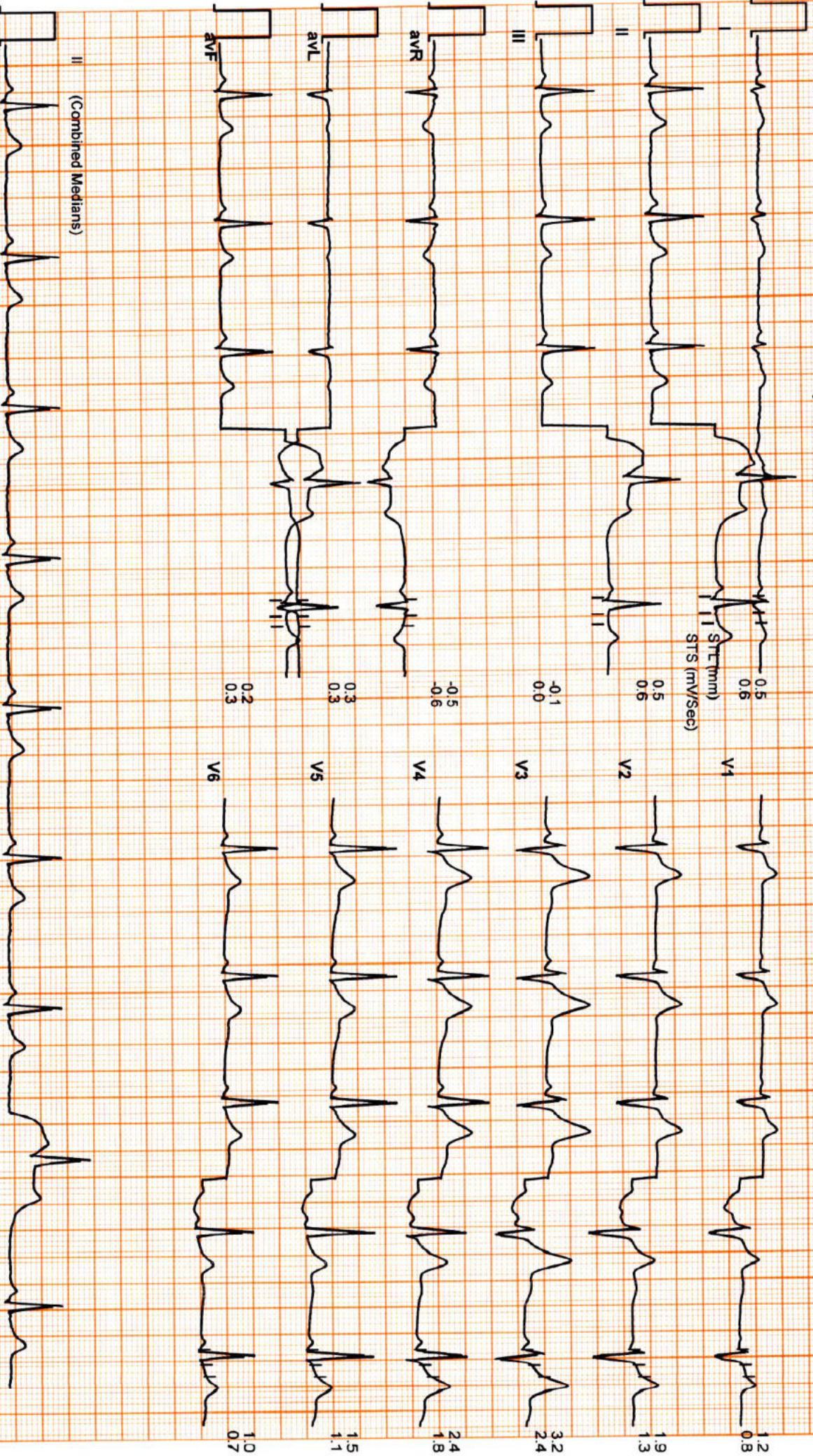
SUBURBAN DIAGNOSTICS BHAYANDER

12345621 / SHUBHAM THOKAL / 30 Yrs / Male / 173 Cm / 67 Kg

Date: 18/03/2023 09:12:57 AM ME: 1:10 HR: 55 Target HR: 29% of 190 BP: 120/80 Post J @80mSec

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



SUBURBAN DIAGNOSTICS BHAYANDER

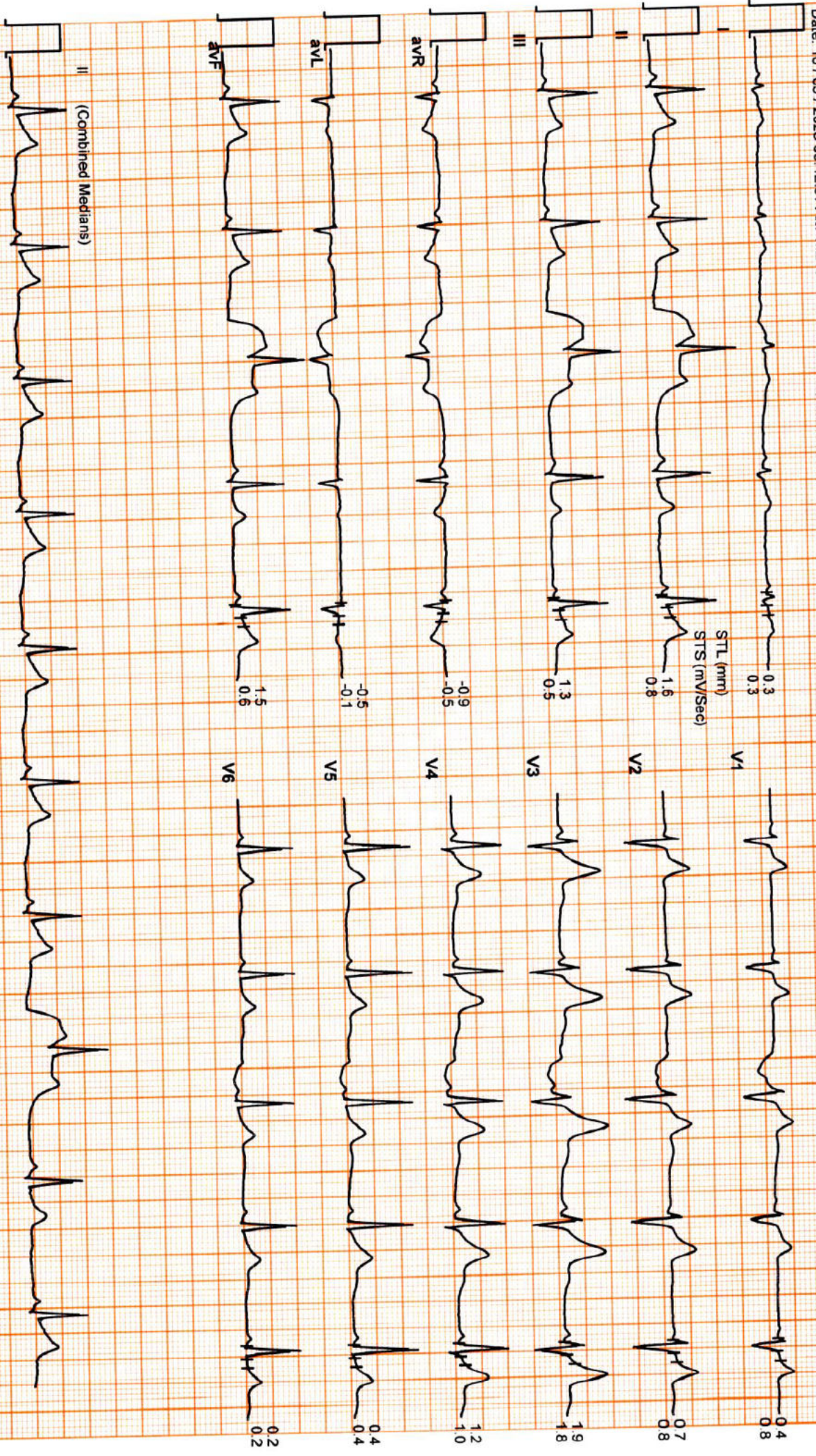
12345921 / SHUBHAM THOKAL / 30 Yrs / Male / 173 Cm / 67 Kg

Date: 18/03/2023 09:12:57 AM METs : 1.0 HR : 57 Target HR : 90% of 190 BP : 120/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm

HV (00:00)

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



SUBURBAN DIGNOSTICS BHAYANDER

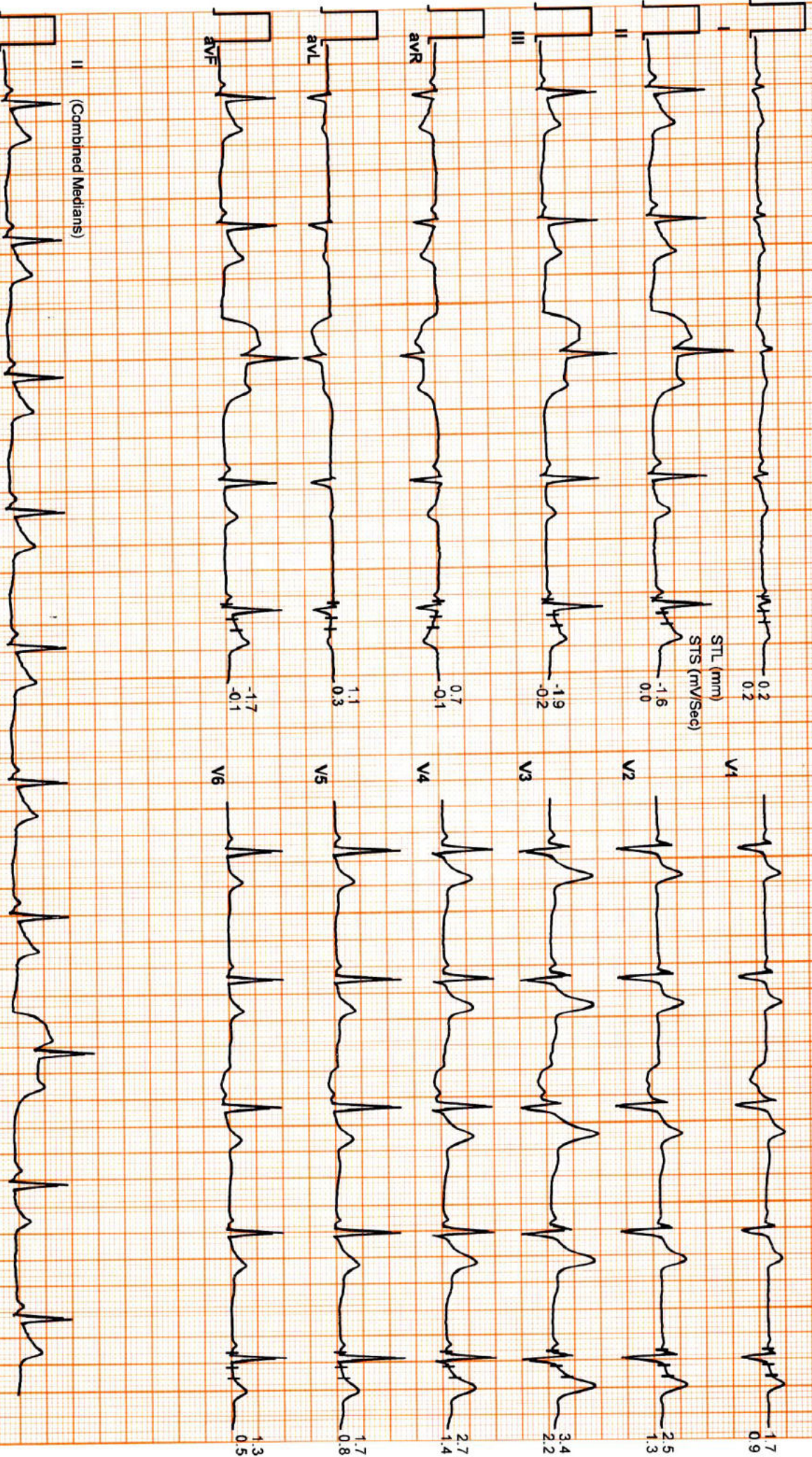
12345921 / SHUBHAM THOKAL / 30 Yrs / Male / 173 Cm / 67 Kg

Date: 18 / 03 / 2023 09:12:57 AM METs : 1.0 HR : 63 Target HR : 33% of 190 BP : 120/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm

ExStrt

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



SUBURBAN DIAGNOSTICS BHAYANDER

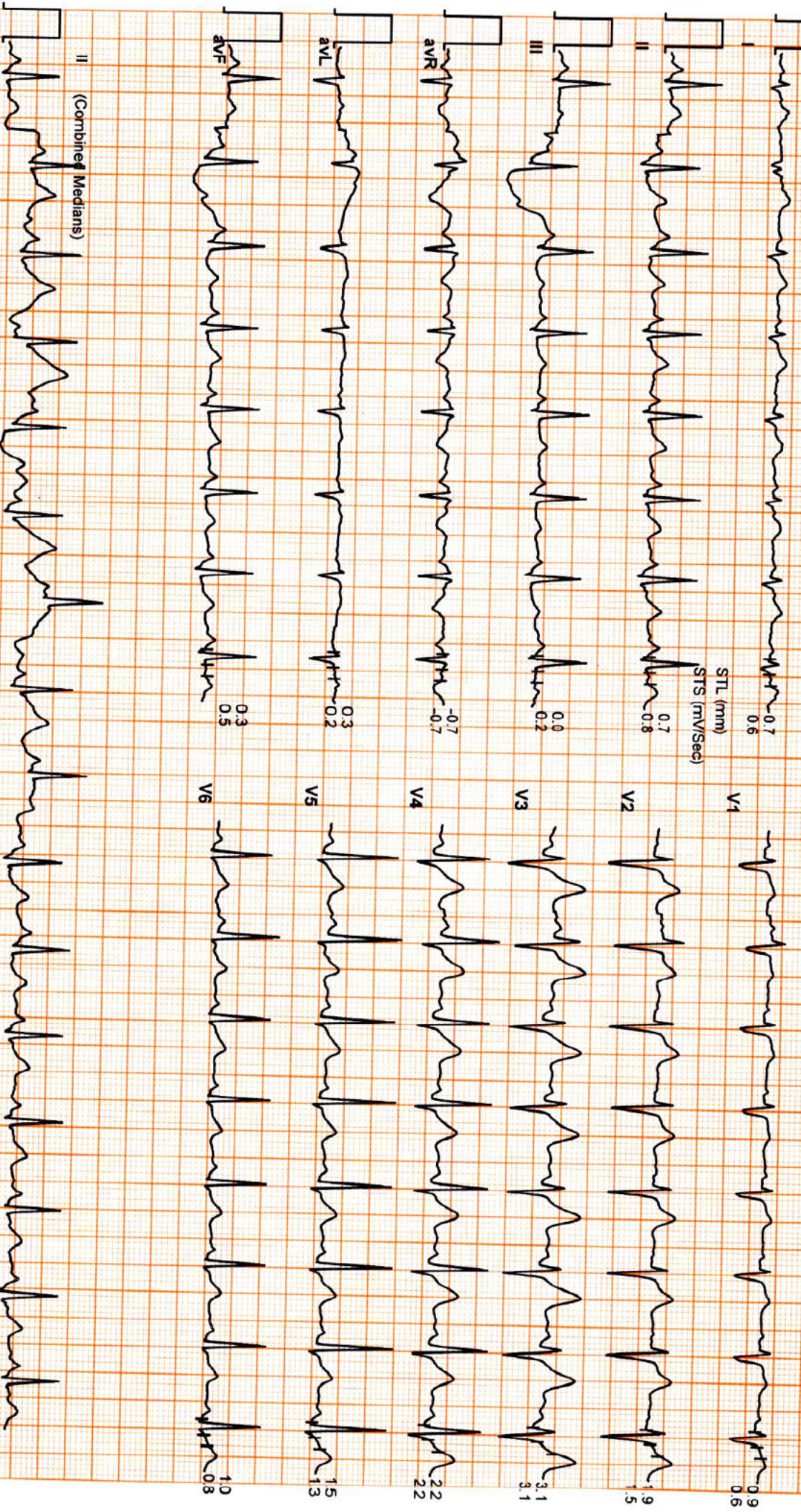
12345921 / SHUBHAM THOKAL / 30 Yrs / Male / 173 Cm / 67 Kg

Date: 18 / 03 / 2023 09:12:57 AM METs : 4.7 HR : 93 Target HR : 49% of 190 BP : 130/80 Post J @80mSec

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



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



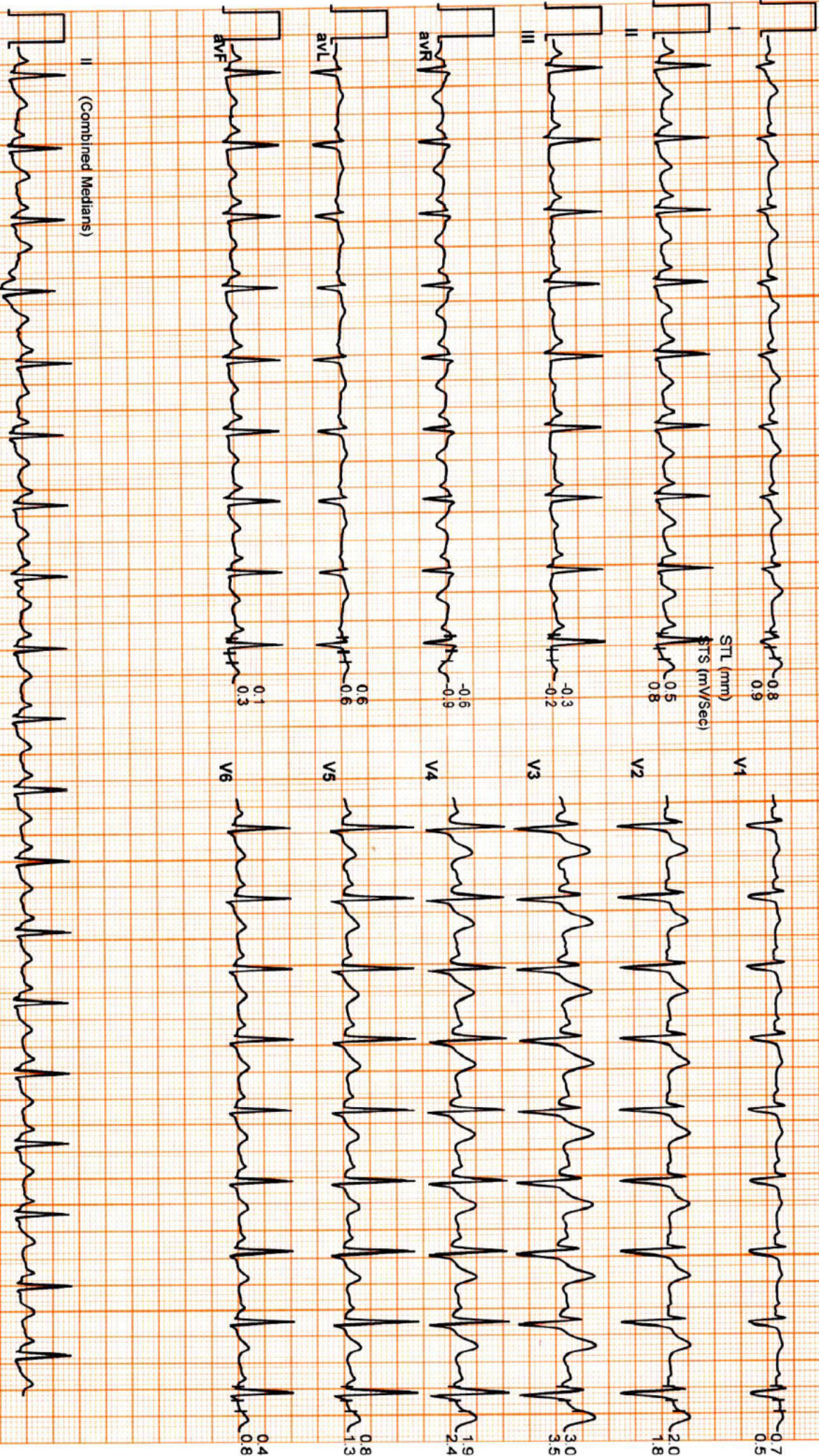
SUBURBAN DIAGNOSTICS BHAYANDER

12345921 / SHUBHAM THOKAL / 30 Yrs / Male / 173 Cm / 67 Kg

Date: 18 / 03 / 2023 09:12:57 AM METs : 7.1 HR : 112 Target HR : 59% of 190 BP : 140/80 Post J @80mSec

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

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



SUBURBAN DIGNOSTICS BHAYANDER

12345921 / SHUBHAM THOKAL / 30 Yrs / Male / 173 Cm / 67 Kg

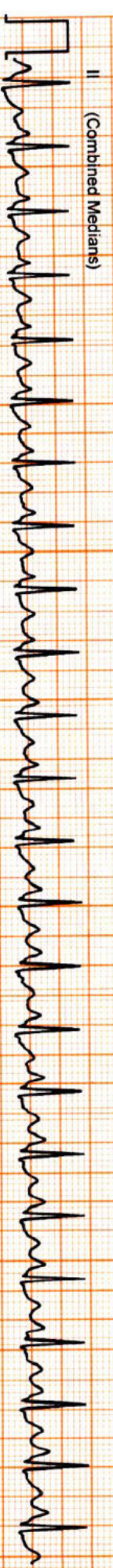
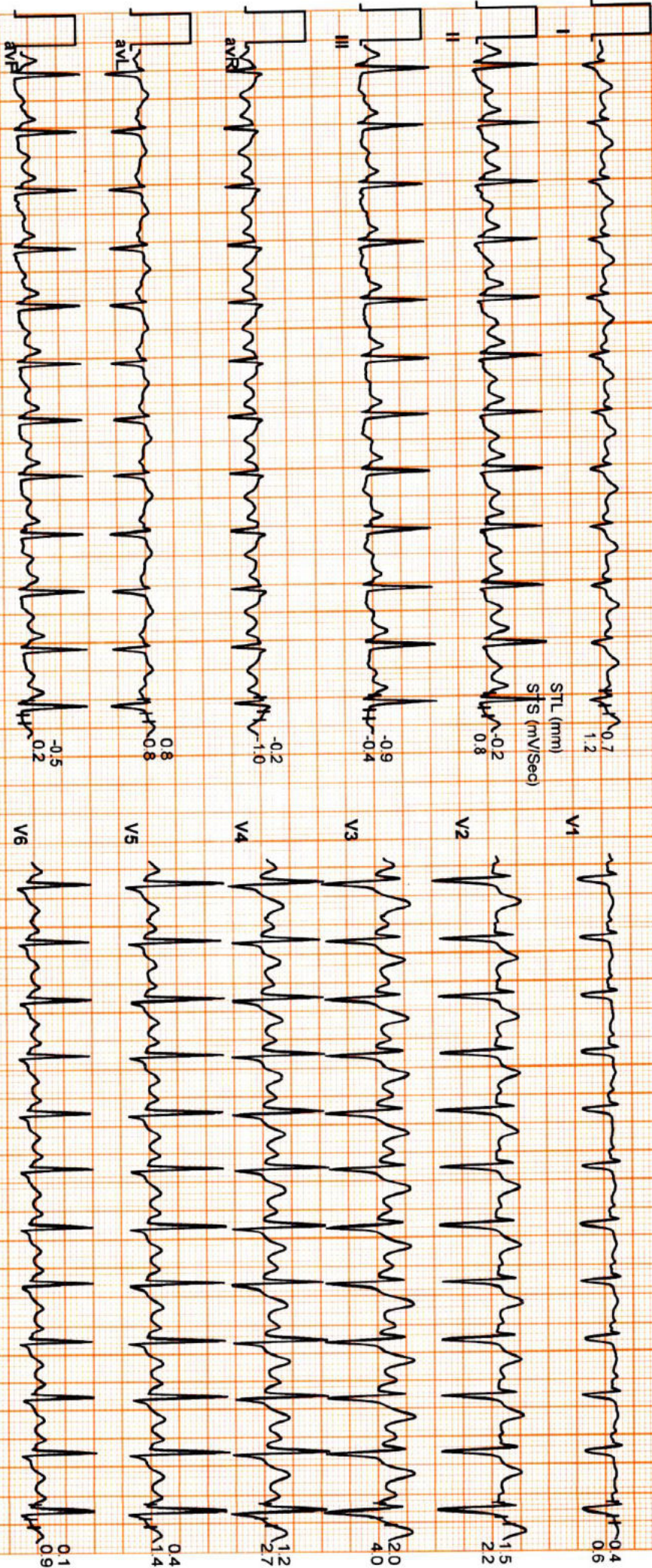
Date: 18 / 03 / 2023 09:12:57 AM METs : 10.2 HR : 145 Target HR : 76% of 190 BP : 150/80 Post J @60mSec

6X2 Combine Medians + 1 Rhythm

BRUCE : Stage 3 (03:00)



ExTime: 09:00 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec: 1.0 Cm/mV



SUBURBAN DIAGNOSTICS BHAYANDER

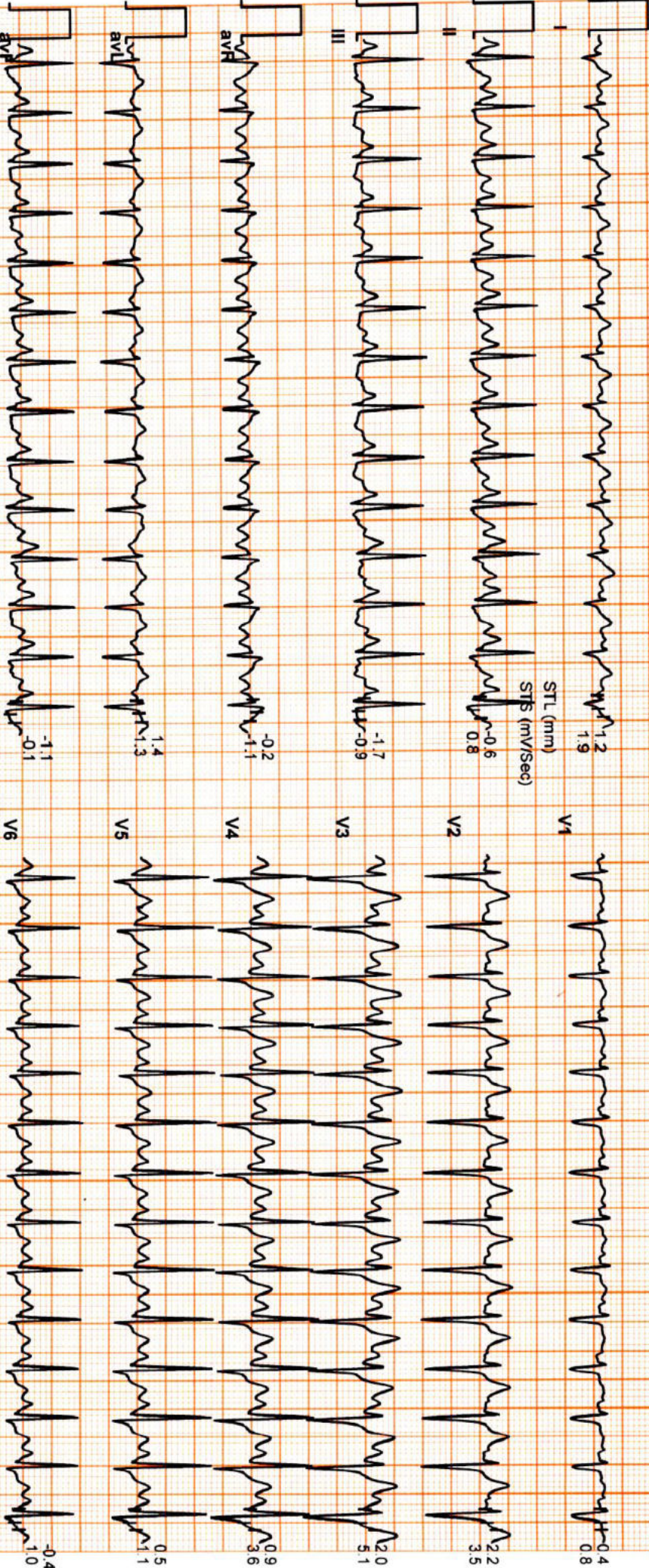
12345921 / SHUBHAM THOKAL / 30 Yrs / Male / 173 Cm / 67 Kg

6X2 Combine Medians + 1 Rhythm
PeakEx



Date: 18 / 03 / 2023 09:12:57 AM METs : 11.5 HR : 163 Target HR : 86% of 190 BP : 150/80 Post J @60mSec

ExTime: 10:09 Speed: 4.2 mph Grade : 16.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS BHAYANDER

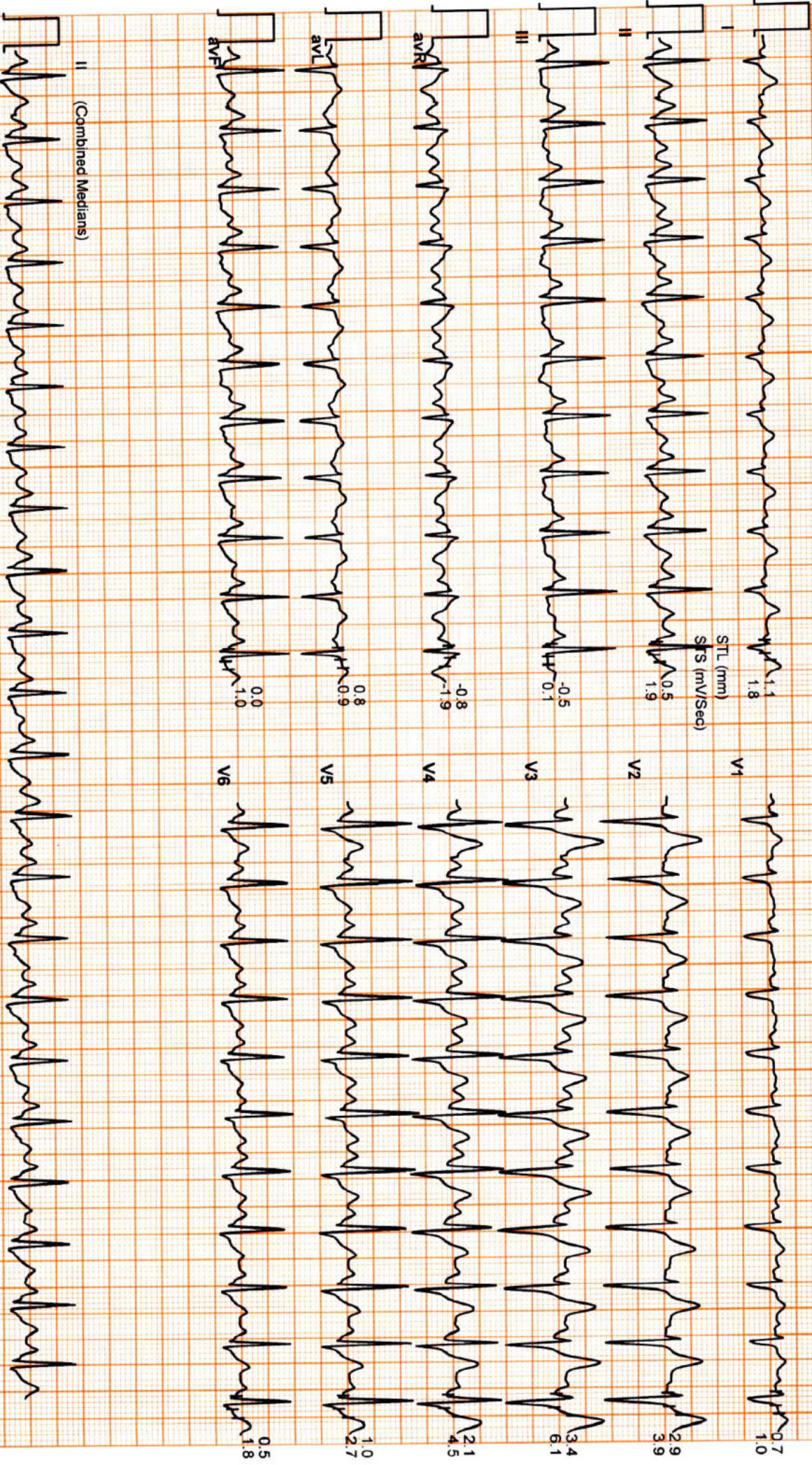
12345921 / SHUBHAM THOKAL / 30 Yrs / Male / 173 Cm / 67 Kg

Date: 18 / 03 / 2023 09:12:57 AM METS : 4.2 HR : 132 Target HR : 69% of 190 BP : 150/80 Post J @60mSec

6X2 Combine Medians + 1 Rhythm

Recovery : (01:00)

ExTime: 10:09 Speed: 1.1 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/mV



SUBURBAN DIGNOSTICS BHAYANDER

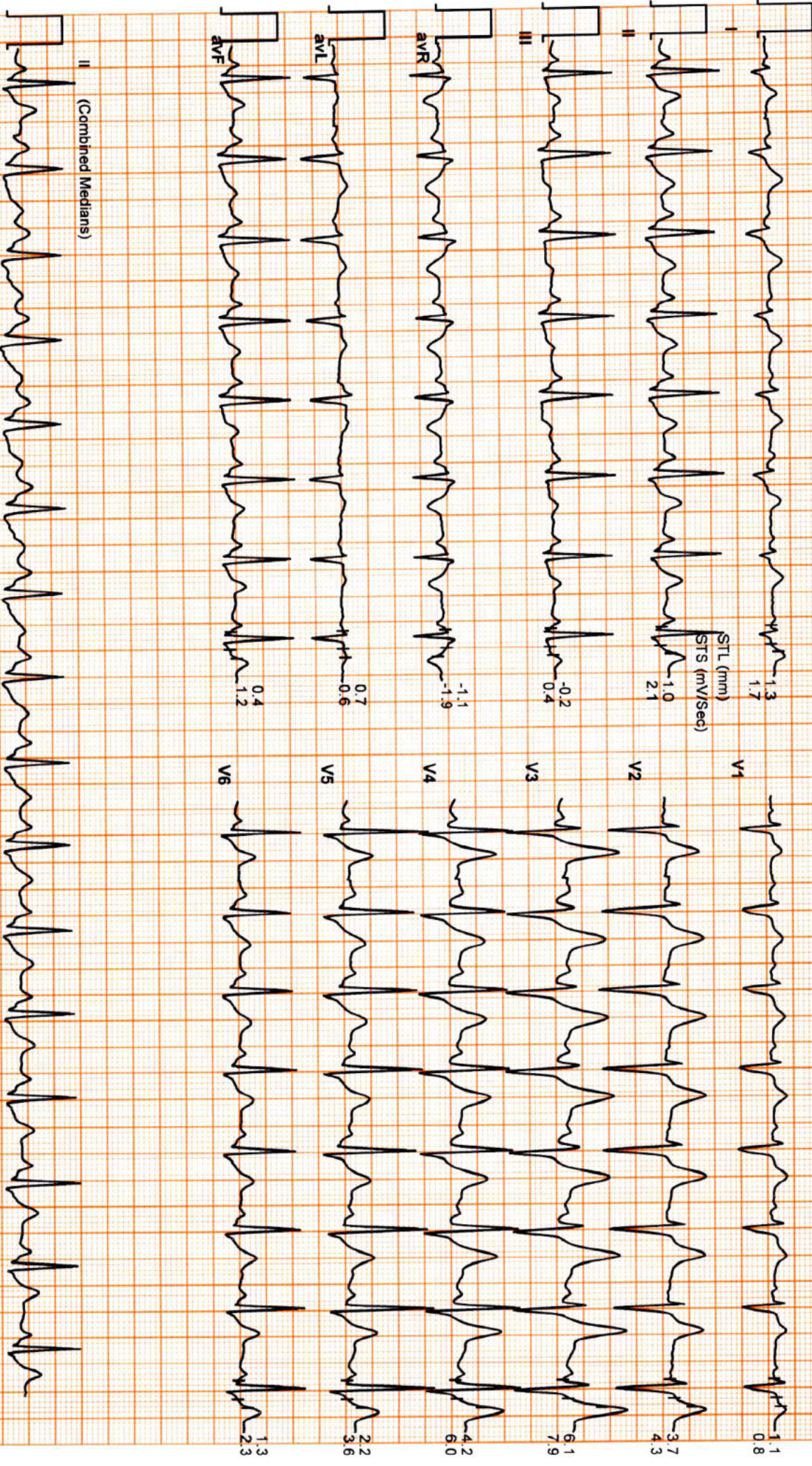
12345921 / SHUBHAM THOKAL / 30 Yrs / Male / 173 Cm / 67 Kg

Date: 18 / 03 / 2023 09:12:57 AM METS : 1.0 HR : 96 Target HR : 51% of 190 BP : 140/80 Post J @70mSec

6X2 Combine Medians + 1 Rhythm

Recovery : (02:00)

ExtIme: 10:09 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIGNOSTICS BHAYANDER

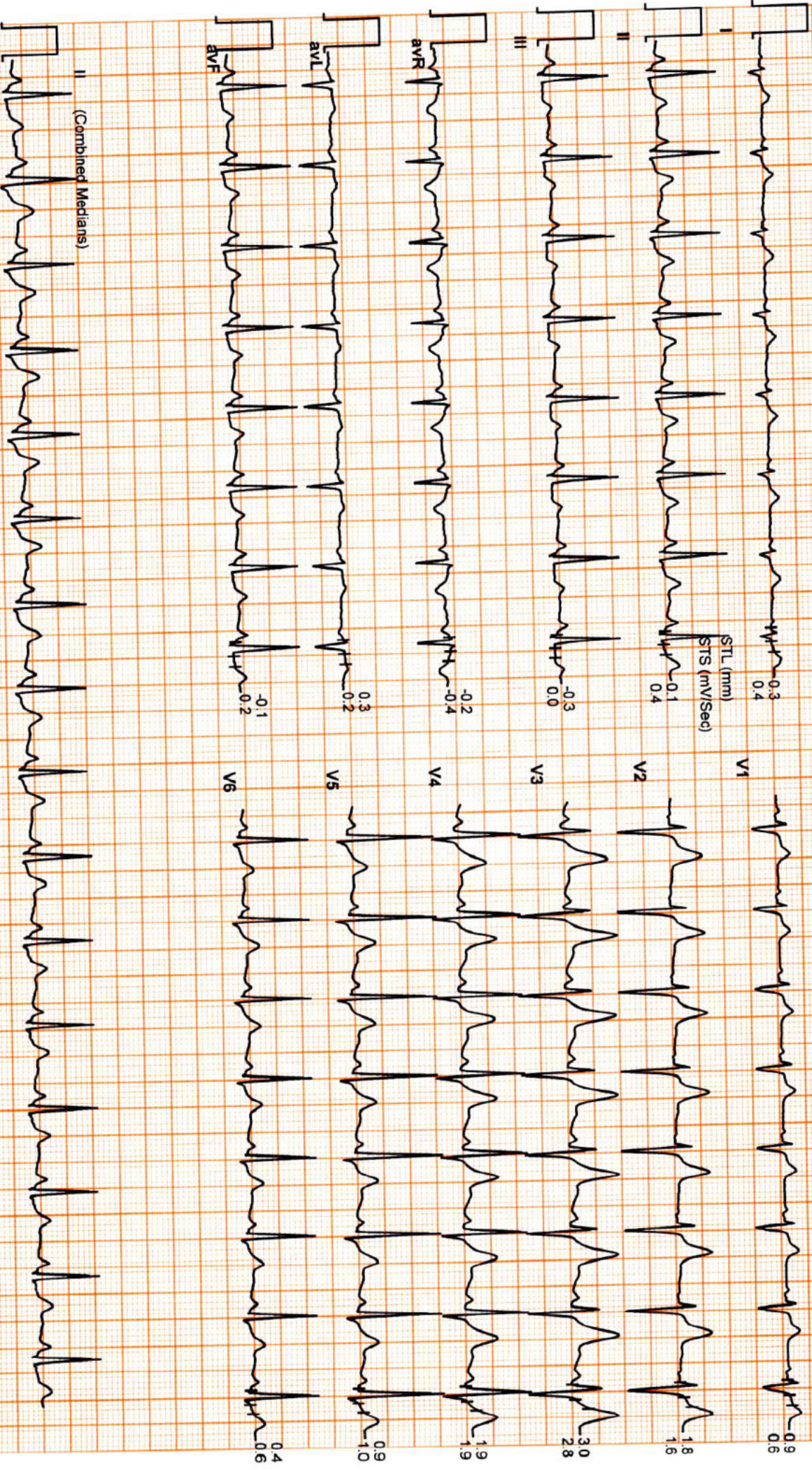
12345921 / SHUBHAM THOKAL / 30 Yrs / Male / 173 Cm / 67 Kg

Date: 18 / 03 / 2023 09:12:57 AM METs : 1.0 HR : 95 Target HR : 50% of 190 BP : 120/80 Post J @80m/Sec

6X2 Combine Medians + 1 Rhythm



ExTime: 10:09 Speed: 0.0 mph Grade: 00.00 % 25 m/m/Sec: 1.0 Cm/mV



SUBURBAN DIAGNOSTICS BHAYANDER

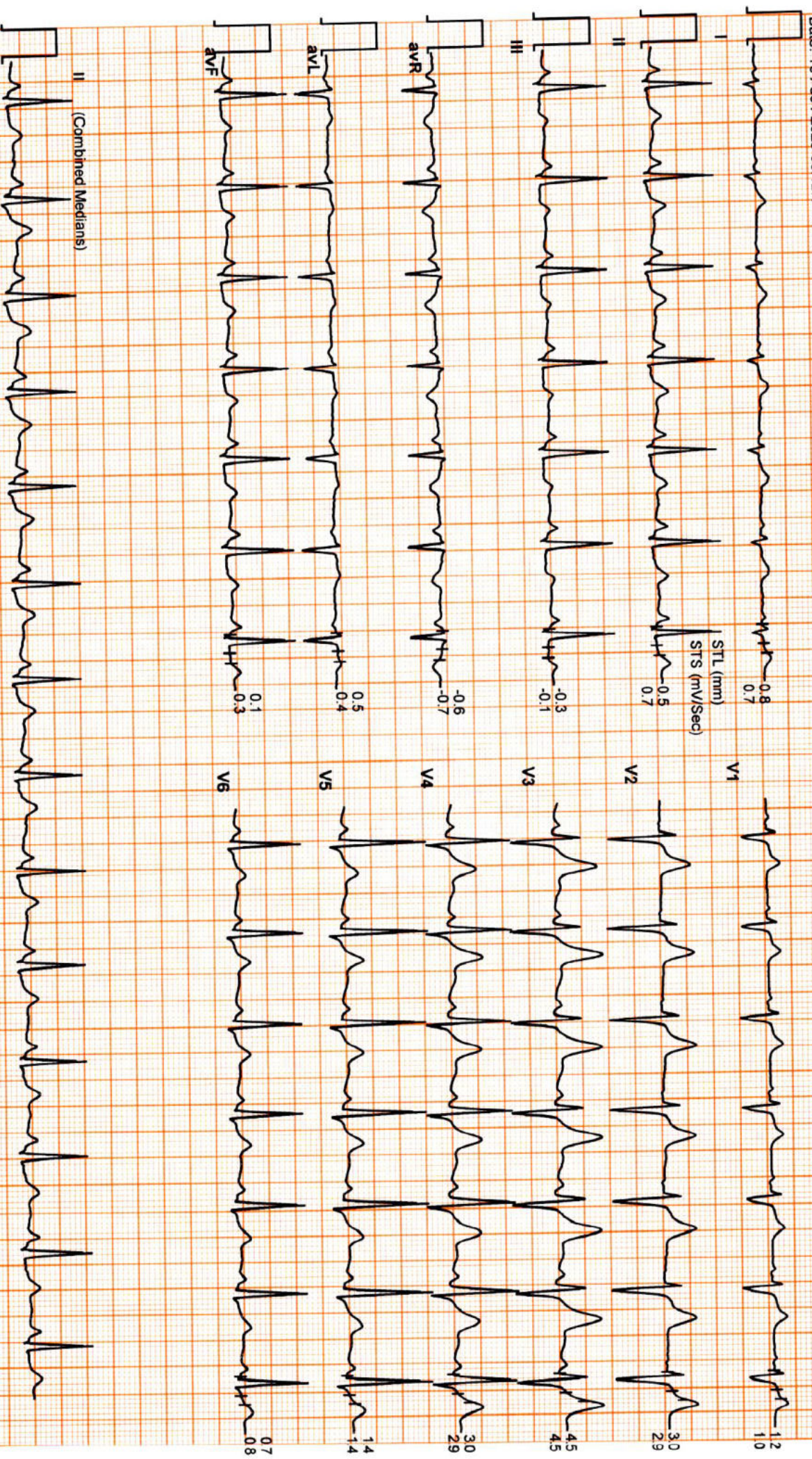
12345921 / SHUBHAM THOKAL / 30 Yrs / Male / 173 Cm / 67 Kg

Date: 18 / 03 / 2023 09:12:57 AM METs : 1.0 HR : 83 Target HR : 44% of 190 BP : 120/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm

Recovery : (04:15)

ExTime: 10:09 Speed: 0.0 mph Grade: 00.00 % 25 min/Sec: 1.0 Cm/mv





CID : 2307722550
Name : Mr SHUBHAM THOKAL
Age / Sex : 30 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 18-Mar-2023
Reported : 18-Mar-2023/16:53

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (13.1 cm), normal in shape and shows smooth margins. It shows increased and coarse 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 11.1 x 4.3 cm. Left kidney measures 11.6 x 6.1 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 (12.0 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 3.4 x 2.3 x 2.8 cms and weighs 12.0 gms. Parenchymal echotexture is normal. No obvious mass or calcification made out.

There is no evidence of any lymphadenopathy or ascites.



Use a QR Code Scanner
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Name : Mr SHUBHAM THOKAL
Age / Sex : 30 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 18-Mar-2023
Reported : 18-Mar-2023/16:53

IMPRESSION:

- **Grade I fatty and coarse 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



Use a QR Code Scanner
Application To Scan the Code

CID : 2307722550
Name : Mr SHUBHAM THOKAL
Age / Sex : 30 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 18-Mar-2023
Reported : 18-Mar-2023/16:53



CID : 2307722550
Name : Mr SHUBHAM THOKAL
Age / Sex : 30 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 18-Mar-2023
Reported : 18-Mar-2023/09:46

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

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



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CID : 2307722550
Name : Mr SHUBHAM THOKAL
Age / Sex : 30 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 18-Mar-2023
Reported : 18-Mar-2023/09:46