



CID : 2328725189
Name : MR.ASHOK SINGH
Age / Gender : 36 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 14-Oct-2023 / 09:45
Reported : 14-Oct-2023 / 12:29

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	15.6	13.0-17.0 g/dL	Spectrophotometric
RBC	5.02	4.5-5.5 mil/cmm	Elect. Impedance
PCV	46.0	40-50 %	Calculated
MCV	91.6	80-100 fl	Measured
MCH	31.2	27-32 pg	Calculated
MCHC	34.1	31.5-34.5 g/dL	Calculated
RDW	12.6	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4470	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	42.6	20-40 %	
Absolute Lymphocytes	1900	1000-3000 /cmm	Calculated
Monocytes	8.3	2-10 %	
Absolute Monocytes	370	200-1000 /cmm	Calculated
Neutrophils	46.3	40-80 %	
Absolute Neutrophils	2060	2000-7000 /cmm	Calculated
Eosinophils	2.4	1-6 %	
Absolute Eosinophils	110	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	20	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	229000	150000-400000 /cmm	Elect. Impedance
MPV	8.9	6-11 fl	Measured
PDW	15.0	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
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 5 2-15 mm at 1 hr. Sedimentation

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



J. Thakker

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



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Reported : 14-Oct-2023 / 14:05

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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	76.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	87.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	1.02	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.36	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.66	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	37.9	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	31.2	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	13.7	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	82.6	40-130 U/L	Colorimetric
BLOOD UREA, Serum	22.0	12.8-42.8 mg/dl	Kinetic
BUN, Serum	10.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.94	0.67-1.17 mg/dl	Enzymatic



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Reported : 14-Oct-2023 / 20:02

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eGFR, Serum	108	(ml/min/1.73sqm)	Calculated
		Normal or High: Above 90	
		Mild decrease: 60-89	
		Mild to moderate decrease: 45-59	
		Moderate to severe decrease: 30-44	
		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	6.5	3.5-7.2 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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Pathologist & AVP (Medical Services)



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Reported : 14-Oct-2023 / 14:04

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	4.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	91.1	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.

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*** End Of Report ***



MC-2111

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



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Reported : 14-Oct-2023 / 16:11

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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)	6.5	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<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 inert

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

PARAMETER	RESULTS
ABO GROUP	O
Rh TYPING	POSITIVE

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

Note: This sample is not tested for Bombay blood group.

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 Harming, 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	135.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	78.2	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	46.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	88.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	73.0	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	15.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.6	0-3.5 Ratio	Calculated

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.4	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	0.971	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 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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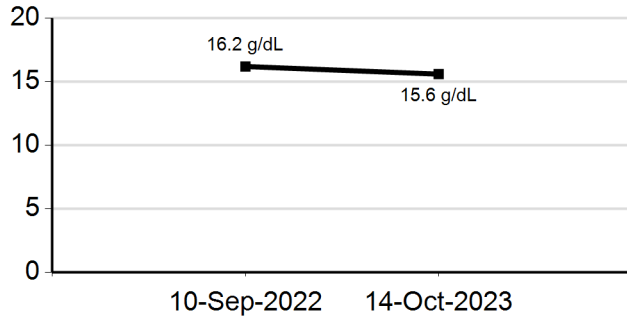
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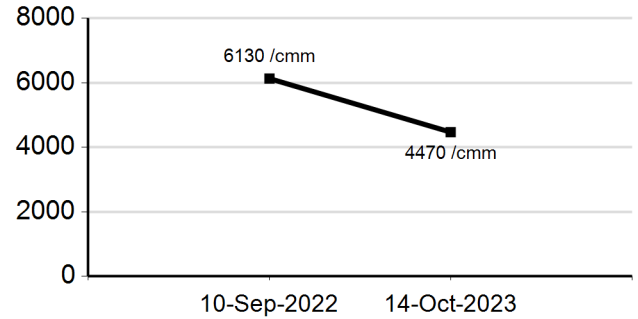
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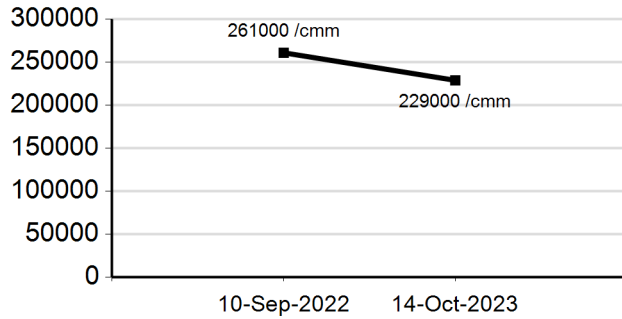
Haemoglobin



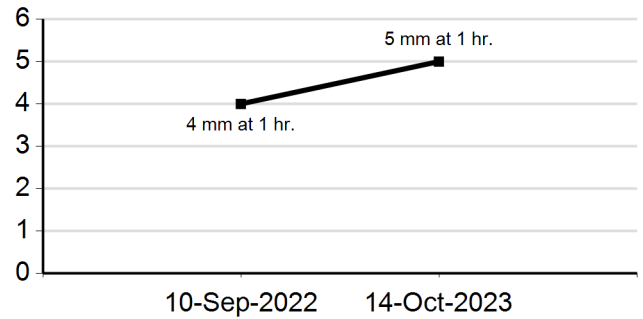
WBC Total Count



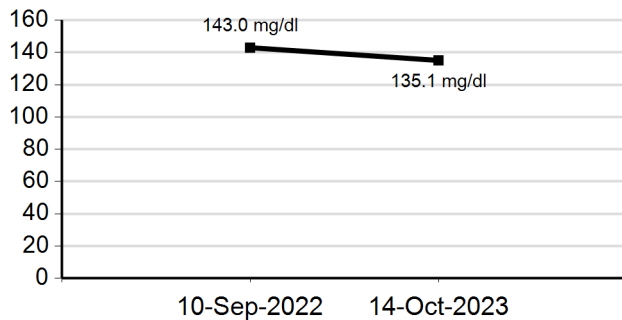
Platelet Count



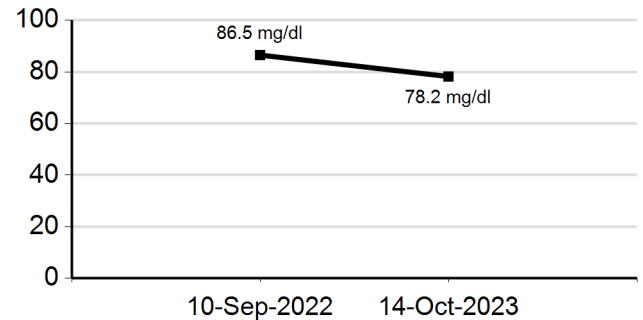
ESR



CHOLESTEROL



TRIGLYCERIDES

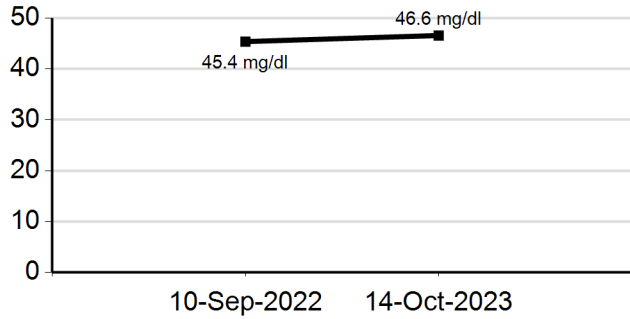




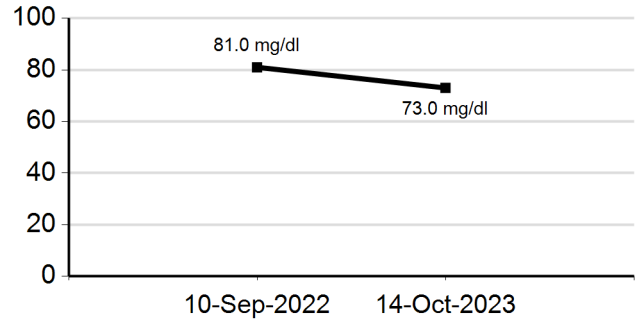
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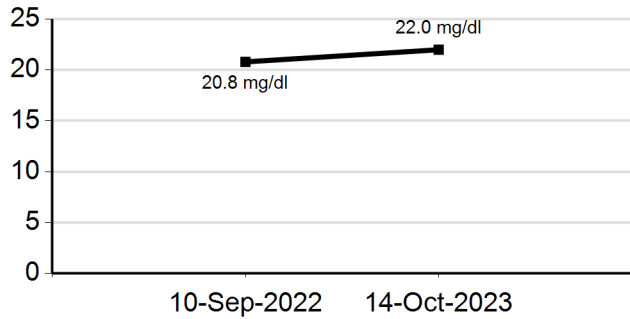
HDL CHOLESTEROL



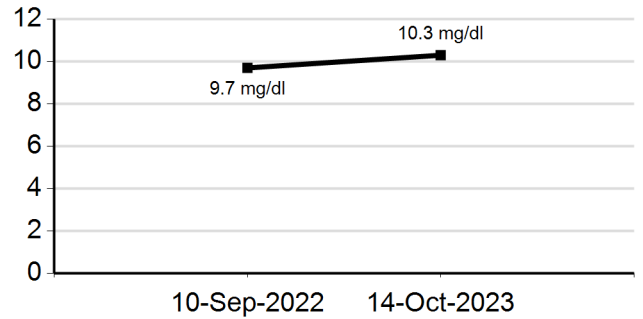
LDL CHOLESTEROL



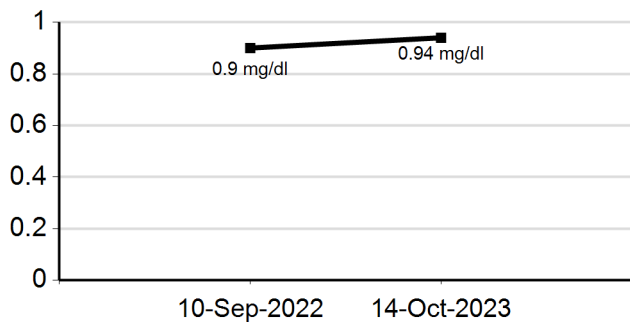
BLOOD UREA



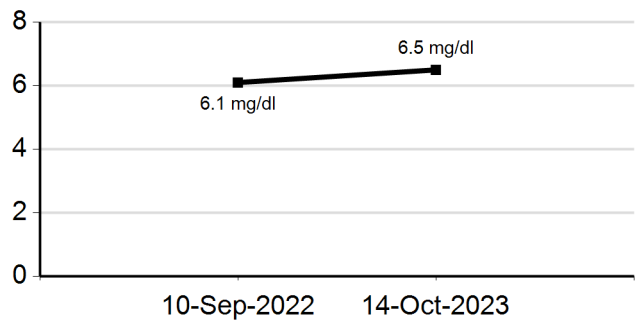
BUN



CREATININE



URIC ACID

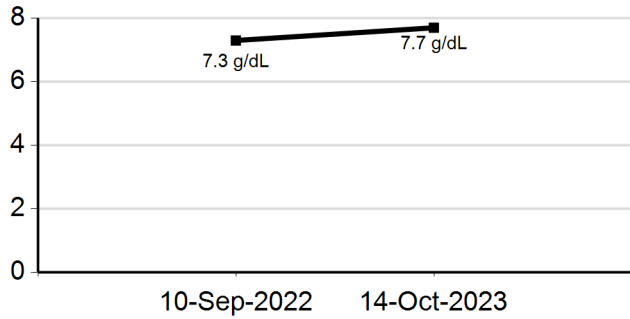




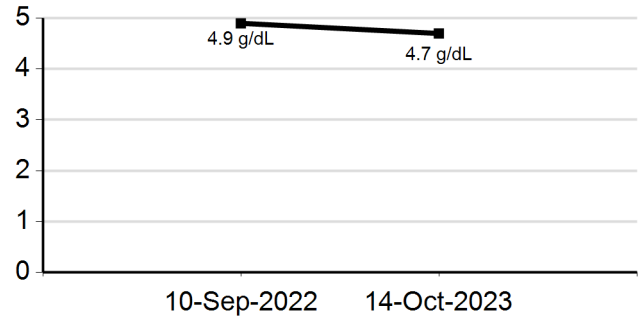
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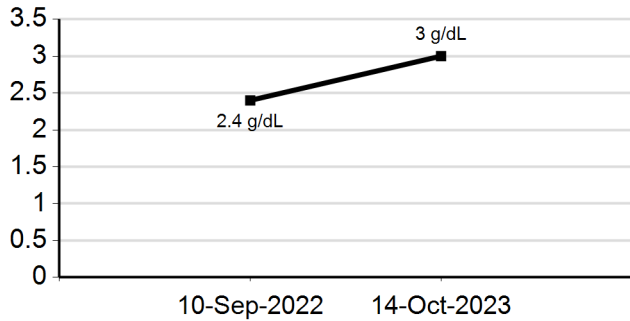
TOTAL PROTEINS



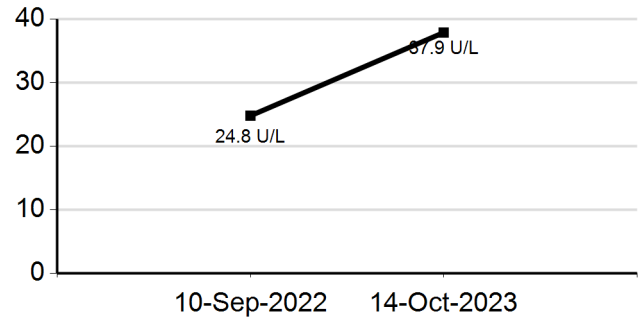
ALBUMIN



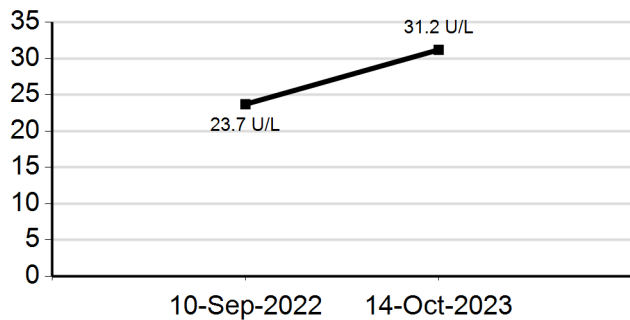
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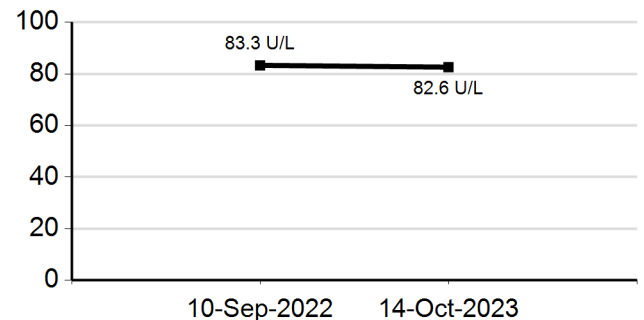
SGOT (AST)



SGPT (ALT)



ALKALINE PHOSPHATASE

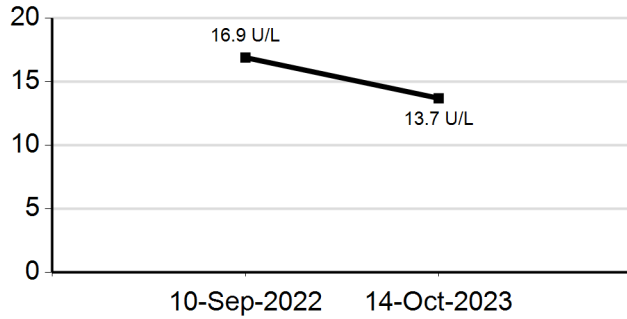




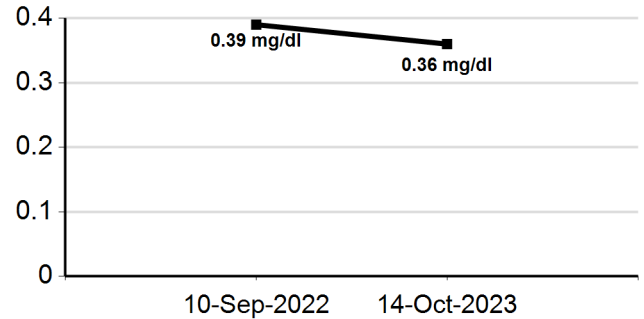
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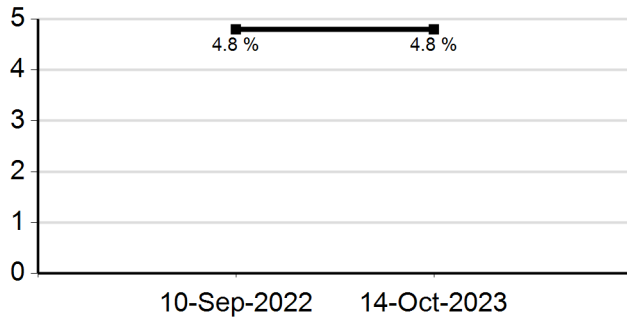
GAMMA GT



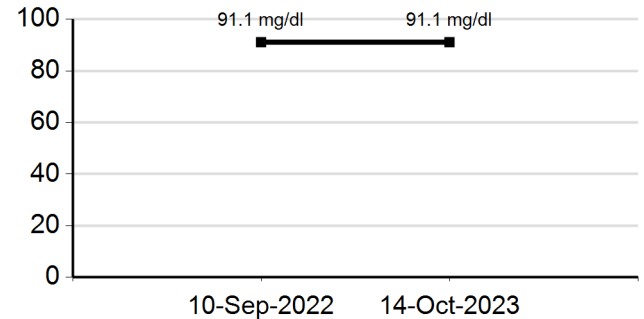
BILIRUBIN (DIRECT)



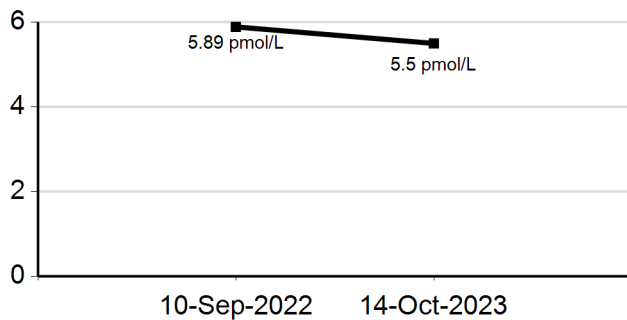
Glycosylated Hemoglobin (HbA1c)



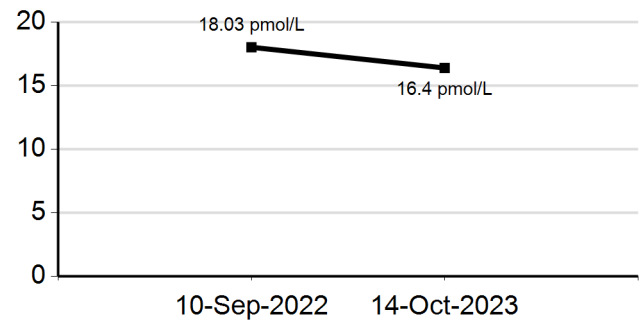
Estimated Average Glucose (eAG)



Free T3



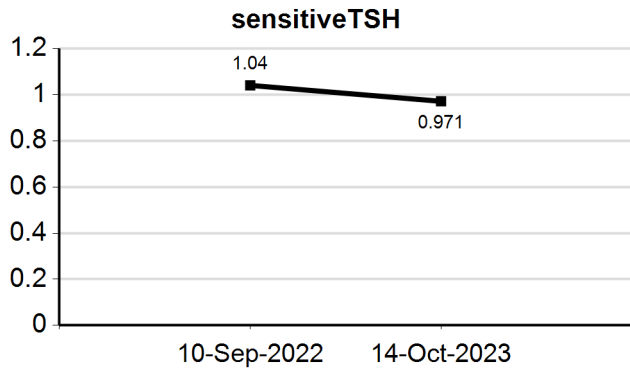
Free T4





Use a QR Code Scanner
Application To Scan the Code

CID : 2328725189
Name : MR.ASHOK SINGH
Age / Gender : 36 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)



DR. SONALI HONRAO
MD (G.MED)
CONSULTING PHYSICIAN
REG NO. 2001/04/1882


CENTRAL MOTOR VEHICLES D/L No.: RJ04/DLC/12/86826 Date: 25/10/2012

RULES 1989
FORM 7(See Rule 16(2))
DRIVING LICENCE

Name : ASHOK SINGH
Son of : JAWANA RAM
Address : RIO MANDUPURA TEH.DIDWANA NAGAU
C/O BANK OF BARODA GANDHI CHOWK

is licenced to drive throughout India a vehicle of the following description :
MCY With Gear, LMV

The licence to drive other than transport vehicle is valid
From : 25/10/2012 To : 24/10/2032


Ashok session


Licensing Authority, BARMER

Ashok

Name : Mr . ASHOK SINGH
VID : 2328725189
Ref By : Arcofemi Healthcare Limited

Reg Date : 14-Oct-2023 09:39
Age/Gender : 36 Years
Regn Centre : Malad West (Main Centre)

History and Complaints:

Nil

EXAMINATION FINDINGS:

Height (cms):	181	Weight (kg):	73
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	110/80	Nails:	Normal
Pulse:	72/min	Lymph Node:	Not Palpable

Systems

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

IMPRESSION:

WNL

ADVICE:

Regular Exercise

Name : Mr. ASHOK SINGH
VID : 2328725189
Ref By : Arcofemi Healthcare Limited

Reg Date : 14-Oct-2023 09:39
Age/Gender : 36 Years
Regn Centre : Malad West (Main Centre)

CHIEF COMPLAINTS:

- | | |
|--|----|
| 1) Hypertension: | No |
| 2) IHD | No |
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis | No |
| 6) Asthama | No |
| 7) Pulmonary Disease | No |
| 8) Thyroid/ Endocrine disorders | No |
| 9) Nervous disorders | No |
| 10) GI system | No |
| 11) Genital urinary disorder | No |
| 12) Rheumatic joint diseases or symptoms | No |
| 13) Blood disease or disorder | No |
| 14) Cancer/lump growth/cyst | No |
| 15) Congenital disease | No |
| 16) Surgeries | No |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

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

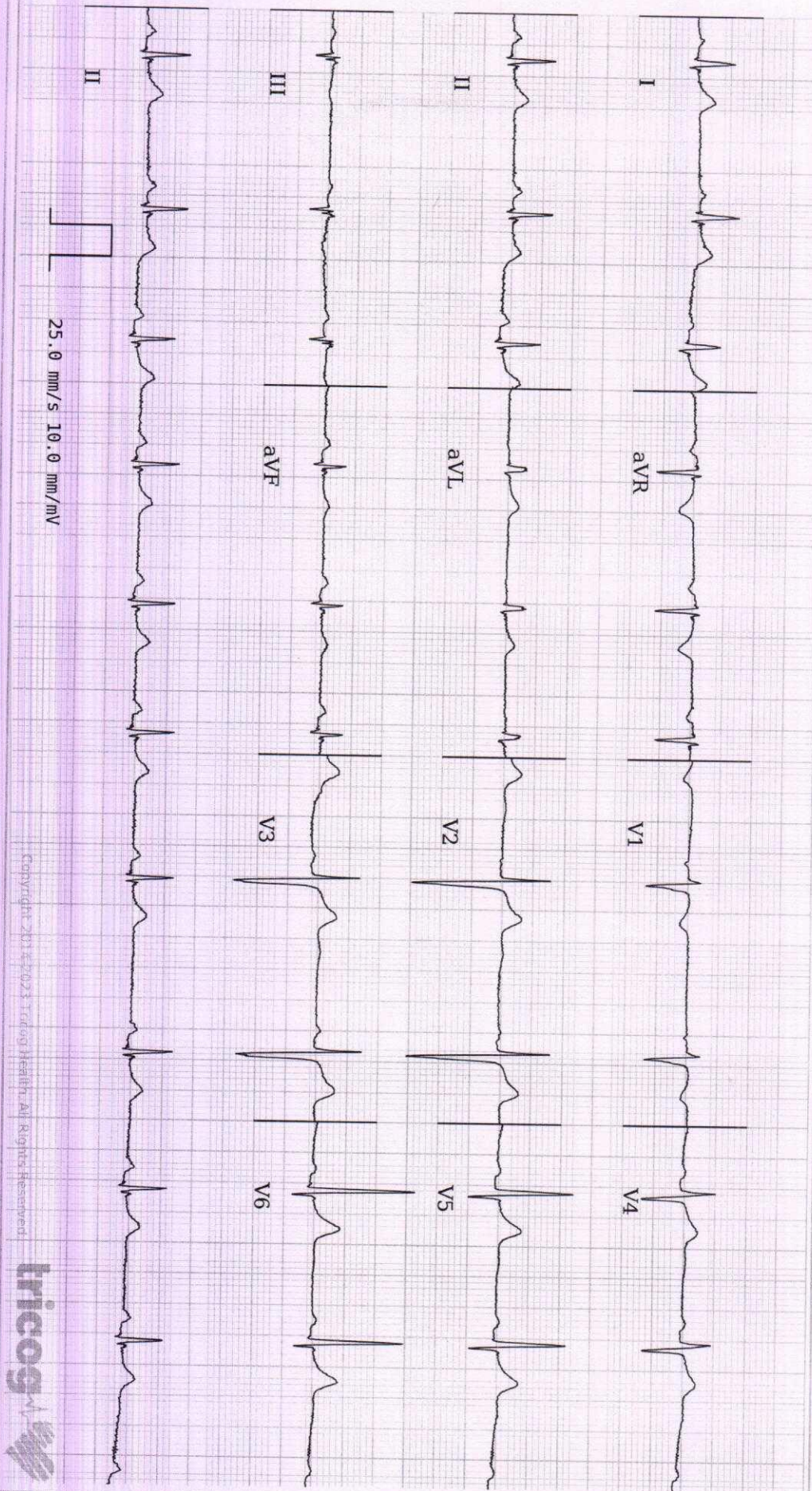
DR. SONALI HONRAO
MD (G.MED)
CONSULTING PHYSICIAN
REG NO.2001/04/1882

Sonali P.

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
102-104, Binoomi Castle,
Opp. Goregeon Sports Club,
Link Road, Malad (W), Mumbai - 400 064.

Patient Name: ASHOK SINGH
Patient ID: 2328725189

Date and Time: 14th Oct 23 10:25 AM



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Age **36** N
years mo

Gender **Male**

Heart Rate **64**

Patient Vitals

BP: 110/80

Weight: 73 kg

Height: 181 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 94ms

QT: 384ms

QTcB: 396ms

PR: 156ms

P-R-T: 63° 25°

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

REPORTED BY

[Signature]

DR SONALI HONRAO
MD (General Medicine)
Physician
2001/04/1882

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient Vitals are as entered by the clinician and not derived from the ECG.

Date:- 14/10/23

CID: 2328725189

Name:- Ashok. Singh

Sex / Age: 36y / M

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

DV - RE - 6/6 LE - 6/6
NV - RE - N/6 LE - N/6

Aided Vision:

Refraction:

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

Colour Vision: Normal / Abnormal

Remark:

DR. SONALI HONRAO
MD (G.MED)
CONSULTING PHYSICIAN
REG NO. 2001/04/1882

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102-104, Bhoomi Castle,
Opp. Goregeon Sports Club,
Link Road, Melad (W), Mumbai - 400 664.

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2328725189
Name : Mr ASHOK SINGH
Age / Sex : 36 Years/Male
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 14-Oct-2023
Reported : 14-Oct-2023 / 14:03

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.

Kindly correlate clinically.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. X-ray is known to have inter-observer variations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests further / follow-up imaging may be needed in some case for confirmation of findings. Please interpret accordingly.

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

DR. Akash Chhari
MBBS. MD. Radio-Diagnosis Mumbai
MMC REG NO - 2011/08/2862

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023101409404118>

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2328725189
Name : Mr ASHOK SINGH
Age / Sex : 36 Years/Male
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 14-Oct-2023
Reported : 14-Oct-2023 / 11:33

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (11.7 cm), shape and smooth margins. **It shows diffuse fatty infiltration without obscuration of vessels.** The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein (10.7 mm) and CBD (6 mm) appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen.

PANCREAS:

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

KIDNEYS:

Both the kidneys are normal in size, shape and echotexture.

No evidence of hydronephrosis or mass lesion seen.

Right kidney measures 10.0 x 3.7 cm.

Left kidney measures 10.3 x 4.5 cm.

Two calculi are seen in right kidney measuring 1.6 mm at lower pole calyx and 2.8 mm at upper pole calyx.

SPLEEN:

The spleen is normal in size (9.3 cm), and echotexture. No evidence of focal lesion is noted. There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

PROSTATE:

The prostate is normal in size and measures 5.1 x 3.5 x 2.5 cm and volume is 24.5 cc.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023101409404109>

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2328725189
Name : Mr ASHOK SINGH
Age / Sex : 36 Years/Male
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 14-Oct-2023
Reported : 14-Oct-2023 / 11:33

IMPRESSION:

**Grade I fatty infiltration of liver.
Right renal calculi.**

Suggestion: Clinicopathological correlation.

Note : Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some case for confirmation of findings. Patient has been explained in detail about the USG findings including its limitations and need for further imaging if clinically indicated. Please interpret accordingly. All the possible precaution have been taken under covid-19 pandemic.

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

DR. NILIMA CHOUDHARY
DNB (RADIOLOGY)
REG NO. 2009072865

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023101409404109>

--
Malad WestStation
Telephone:**EXERCISE STRESS TEST REPORT**Patient Name: ASHOK, SINGH
Patient ID: 2328725189
Height: 181 cm
Weight: 73 kgDOB: 25.12.1986
Age: 36yrs
Gender: Male
Race: AsianStudy Date: 14.10.2023
Test Type: --
Protocol: BRUCEReferring Physician: --
Attending Physician: DR SONALI HONRAO
Technician: --Medications:
--Medical History:
--Reason for Exercise Test:
--Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:21	0.00	0.00	75	110/80	
	STANDING	00:07	0.00	0.00	80	110/80	
	HYPERV.	00:06	0.00	0.00	77	110/80	
	WARM-UP	00:09	1.00	0.00	75	110/80	
EXERCISE	STAGE 1	03:00	1.70	10.00	121	120/80	
	STAGE 2	03:00	2.50	12.00	134	130/80	
	STAGE 3	03:00	3.40	14.00	160	140/80	
	STAGE 4	00:35	4.20	16.00	166		
RECOVERY		03:02	0.00	0.00	110	140/80	

The patient exercised according to the BRUCE for 9:34 min:s, achieving a work level of Max. METS: 11.90. The resting heart rate of 77 bpm rose to a maximal heart rate of 166 bpm. This value represents 90 % of the maximal, age-predicted heart rate. The resting blood pressure of 110/80 mmHg, rose to a maximum blood pressure of 140/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

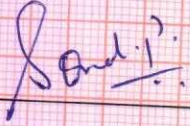
Summary: Resting ECG: normal.
Functional Capacity: normal.
HR Response to Exercise: appropriate.
BP Response to Exercise: normal resting BP - appropriate response.
Chest Pain: none.
Arrhythmias: none.
ST Changes: none.
Overall impression: Normal stress test.

Conclusions

Good effort tolerance. No Significant ST- T changes as compared to baseline. No chest pain / arrythmia noted. Stress test is negative for inducible ischemia.

Disclaimer : Negative stress test does not rule out possibility of Coronary Artery Disease. Positive stress test is suggestive but not confirmatory of Coronary Artery Disease. Hence clinical correlation is mandatory.

Physician _____



Technician _____

DR. SONALI HONRAO
MD (G.MED)
CONSULTING PHYSICIAN
REG NO. 2001/04/1882

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
102-104, Bhoomi Castle,
Opp. Goregaon Sports Club,
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ASHOK, SINGH

Patient ID 2328725189

14.10.2023

1:05:15pm

12-Lead Report

78 bpm
110/80 mmHg

PRETEST
SUPINE
00:19

BRUCE
0.0 mph
0.0%

SUBURBAN DIAGNOST



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V4,II)

Start of Test: 1:04:50pm

ASHOK, SINGH

Patient ID 2328725189

14.10.2023

1:05:21pm

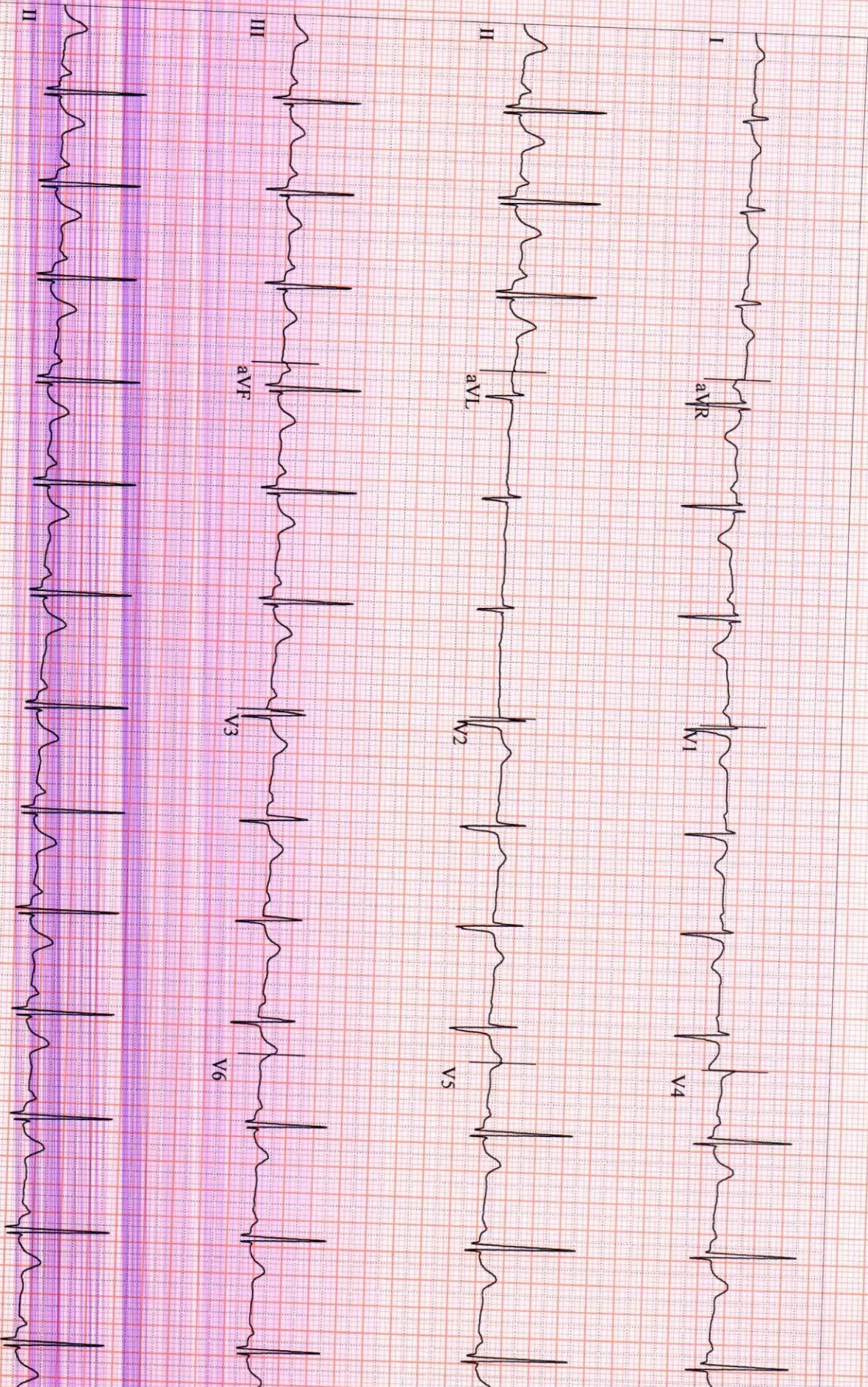
12-Lead Report

80 bpm
110/80 mmHg

PRETEST
STANDING
00:25

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOSTI



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V4,II)

Start of Test: 1:04:50pm

ASHOK, SINGH

Patient ID 2328725189

14.10.2023

1:05:27pm

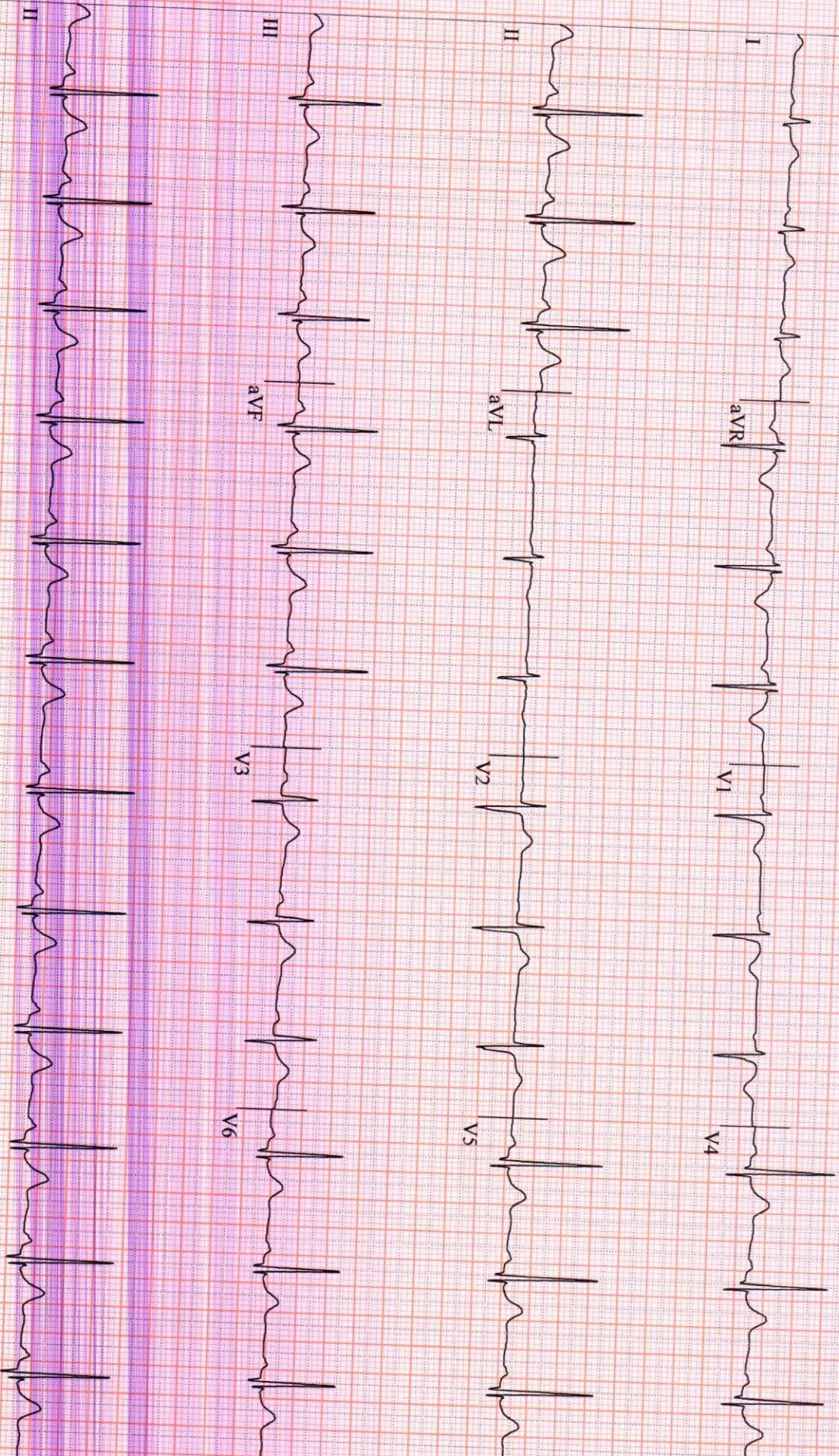
12-Lead Report

77 bpm
110/80 mmHg

PRETEST
HYPERV.
00:31

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOST



GE CardioSoft V.6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V4,II)

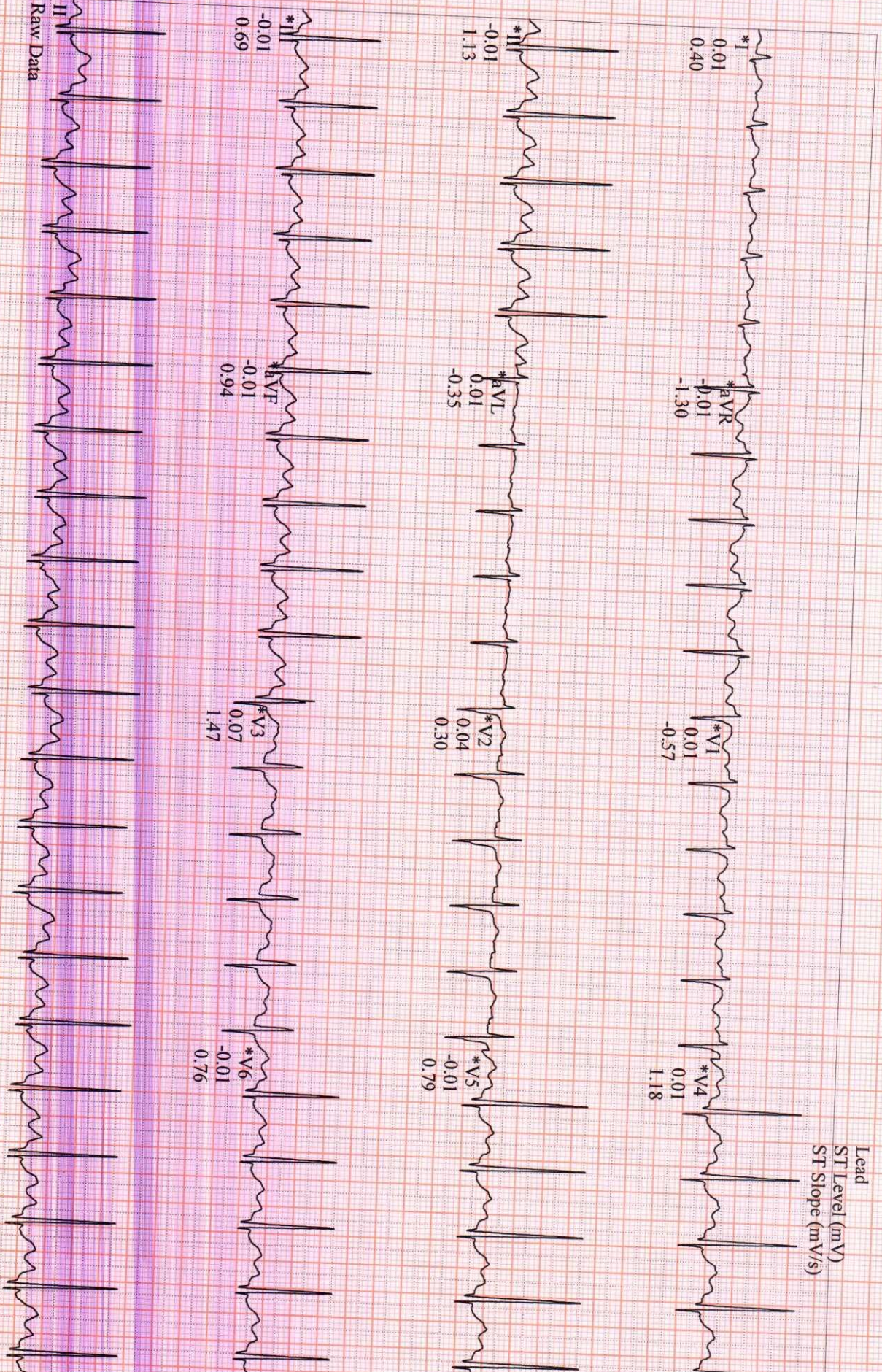
Start of Test: 1:04:50pm

ASHOK, SINGH
Patient ID 2328725189
14.10.2023
1:08:20pm

Linked Medians
125 bpm
EXERCISE
STAGE 1
02:50

BRUCE
1.7 mph
10.0%

SUBURBAN DIAGNOST



Raw Data

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V4,II)

Start of Test: 1:04:50pm

*Computer Synthesized Rhythms

ASHOK, SINGH
Patient ID 2328725189
14.10.2023
1:11:20pm

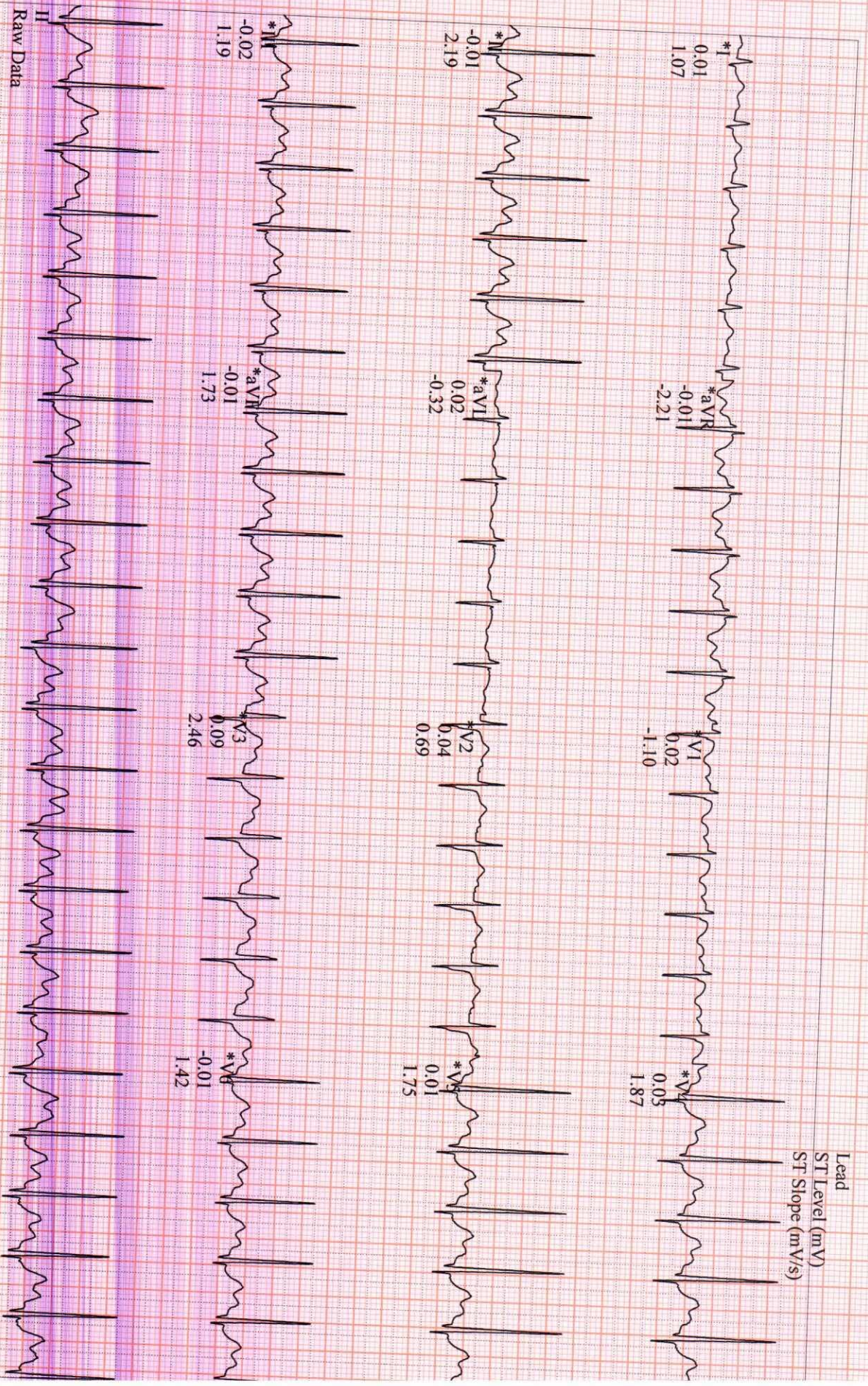
134 bpm
130/80 mmHg

EXERCISE
STAGE 2
05:50

BRUCE
2.5 mph
12.0 %

SUBURBAN DIAGNOSTI

Linked Medians



Raw Data

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz FRF+ HR(V4,II)

Start of Test: 1:04:50pm

*Computer Synthesized Rhythms

ASHOK, SINGH

Patient ID 2328725189

14.10.2023

1:14:19pm

Linked Medians

157 bpm

140/80 mmHg

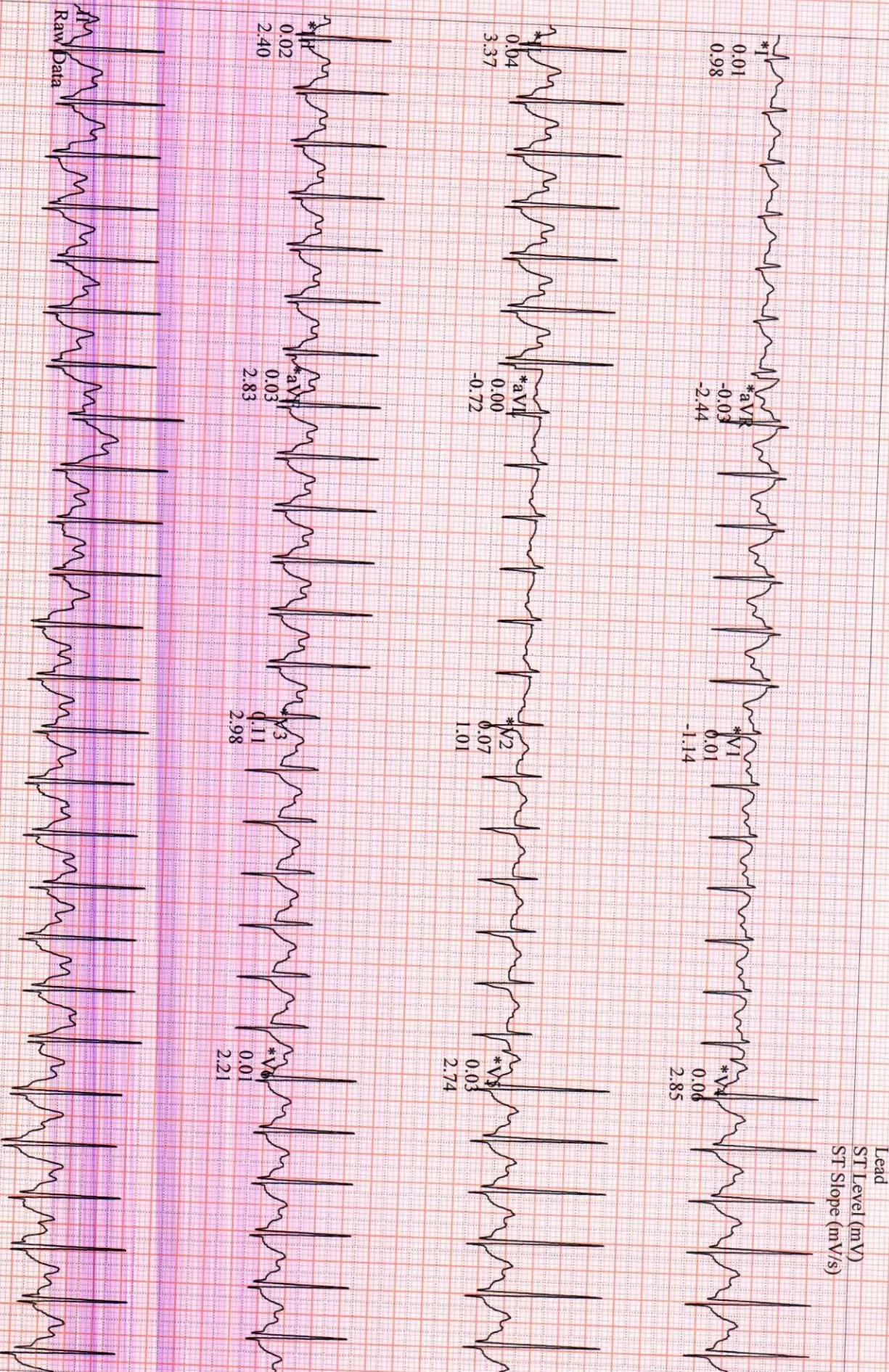
EXERCISE
STAGE 3

08:50

BRUCE

3.4 mph
14.0%

SUBURBAN DIAGNOST



Raw Data

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V4,II)

Start of Test: 1:04:50pm

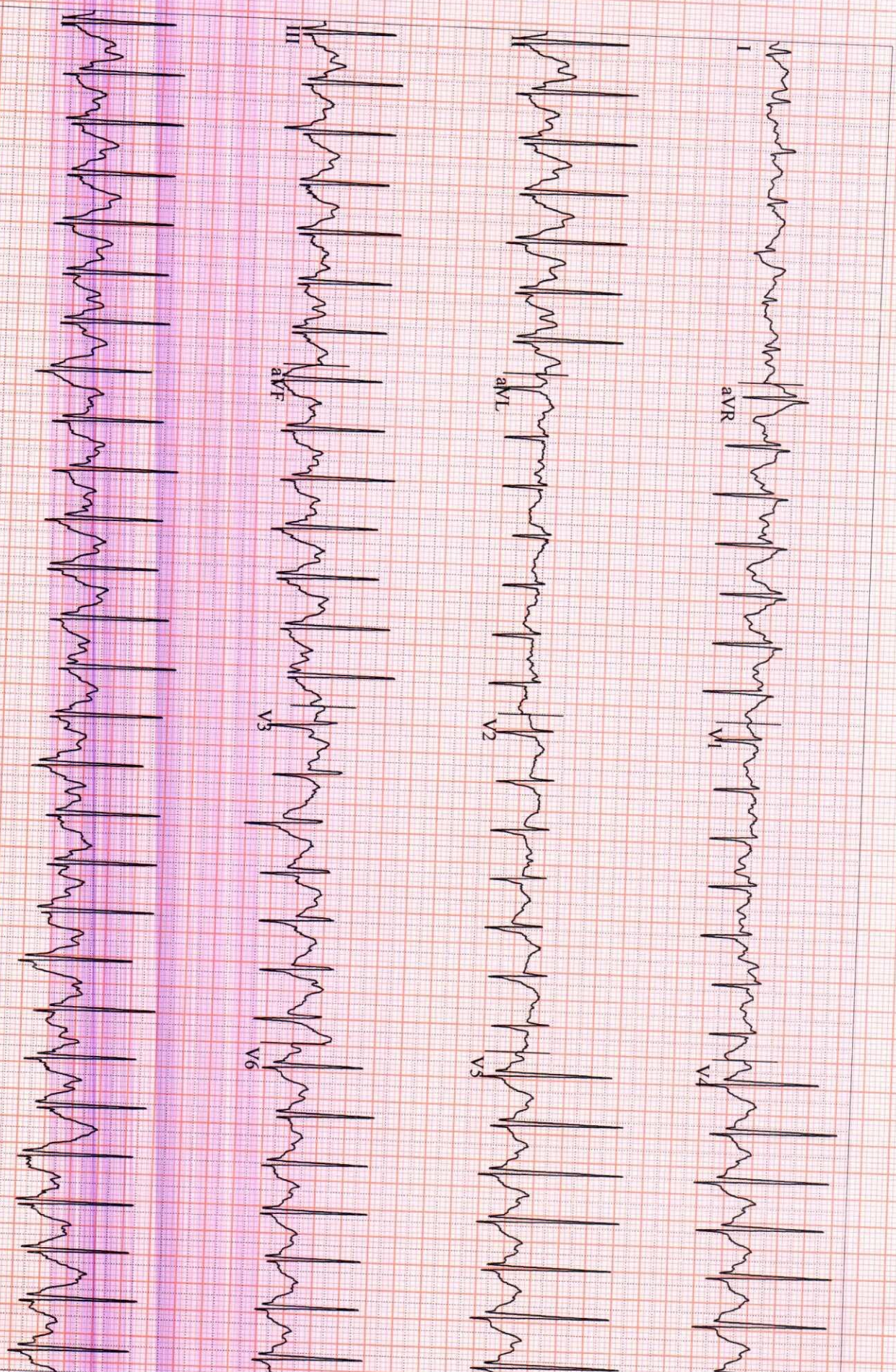
*Computer Synthesized Rhythms

ASHOK, SINGH
Patient ID 2328725189
14.10.2023
1:15:09pm

166 bpm

12-Lead Report (PEAK EXERCISE)
EXERCISE
STAGE 4
09:35
BRUCE
4.2 mph
16.0 %

SUBURBAN DIAGNOSTI



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V5,II)

Start of Test: 1:04:50pm

ASHOK, SINGH

Patient ID 2328725189

14.10.2023

1:16:04pm

144 bpm

Linked Medians

RECOVERY #1

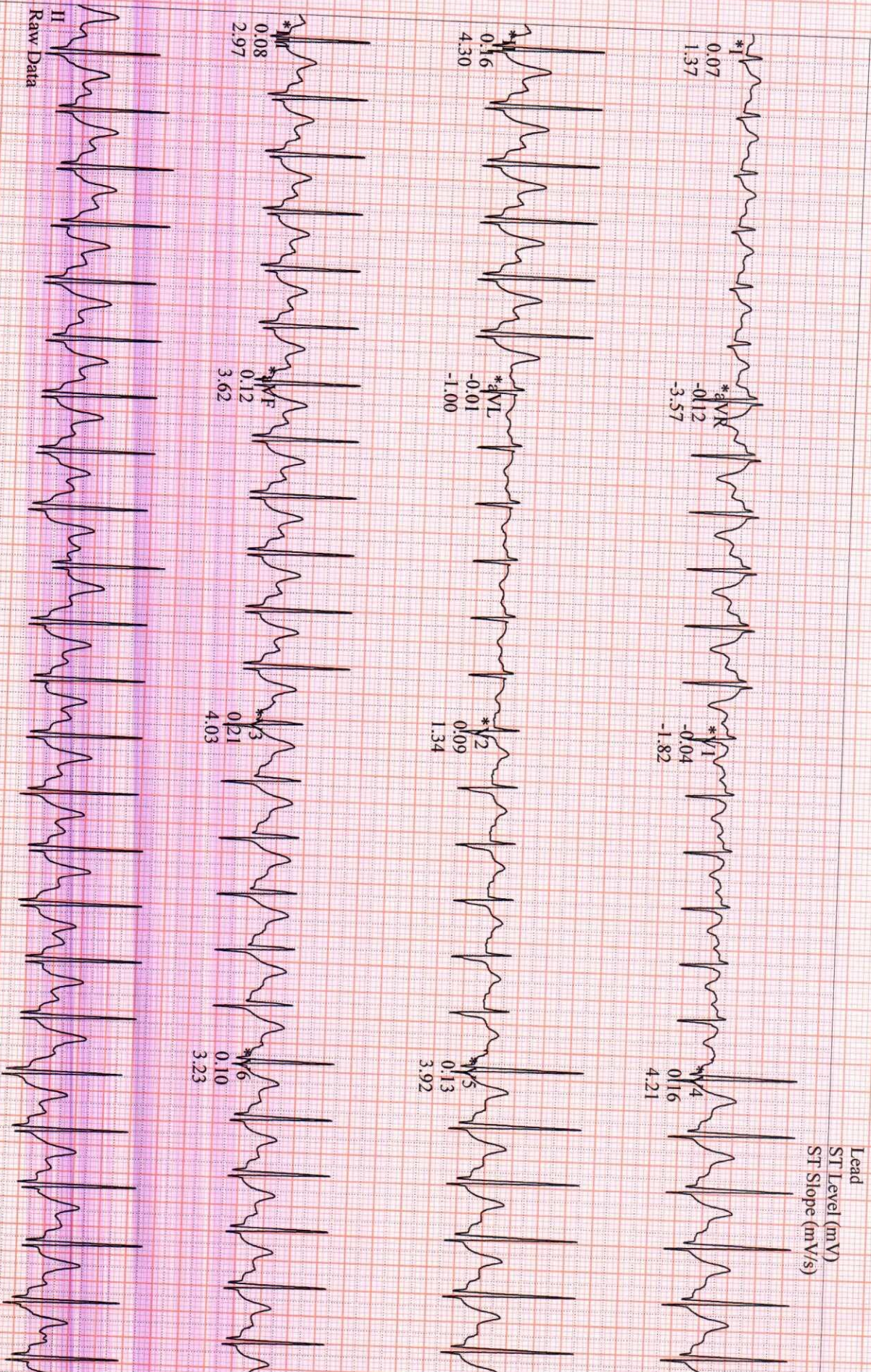
01:00

BRUCE

0.0 mph

0.0 %

SUBURBAN DIAGNOST



Raw Data

Lead
ST Level (mV)
ST Slope (mV/s)

GE CardioSoft V6.73 (2)

25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V5,II)

Start of Test: 1:04:50pm

*Computer Synthesized Rhythms

ASHOK, SINGH

Patient ID 2328725189

14.10.2023

1:17:04pm

118 bpm

Linked Medians

RECOVERY #1

02:00

BRUCE

0.0 mph

0.0 %

SUBURBAN DIAGNOSTI



Raw Data

Lead
ST Level (mV)
ST Slope (mV/s)

GE CardioSoft V6.73 (2)

25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V5.II)

Start of Test: 1:04:50pm

*Computer Synthesized Rhythms

ASHOK, SINGH

Patient ID 2328725189

14.10.2023

1:18:04pm

Linked Medians

RECOVERY #1

03:00

BRUCE

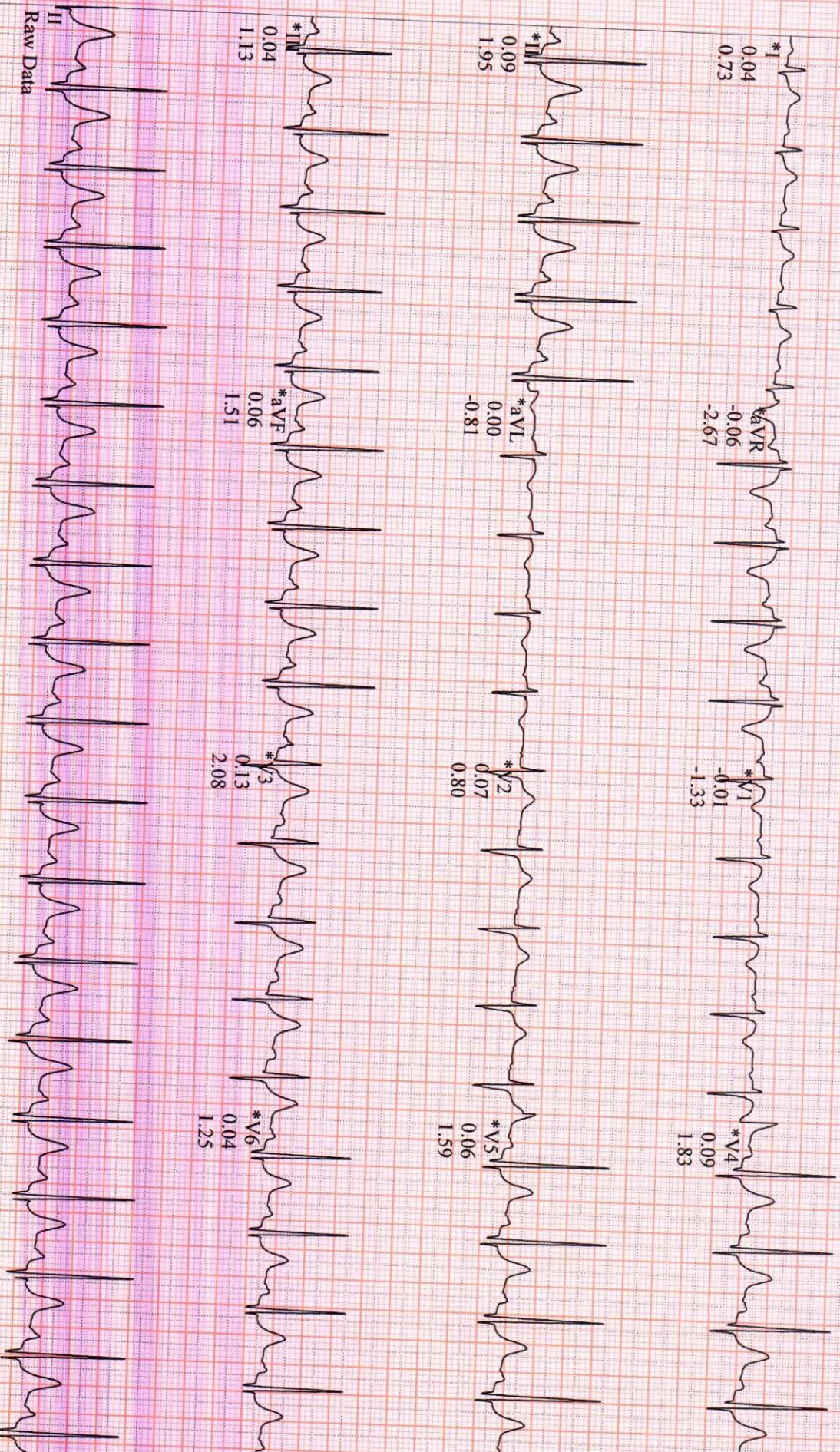
0.0 mph

0.0 %

SUBURBAN DIAGNOST

110 bpm
140/80 mmHg

Lead
ST Level (mV)
ST Slope (mV/s)



Raw Data

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V5,II)

Start of Test: 1:04:50pm

*Computer Synthesized Rhythms