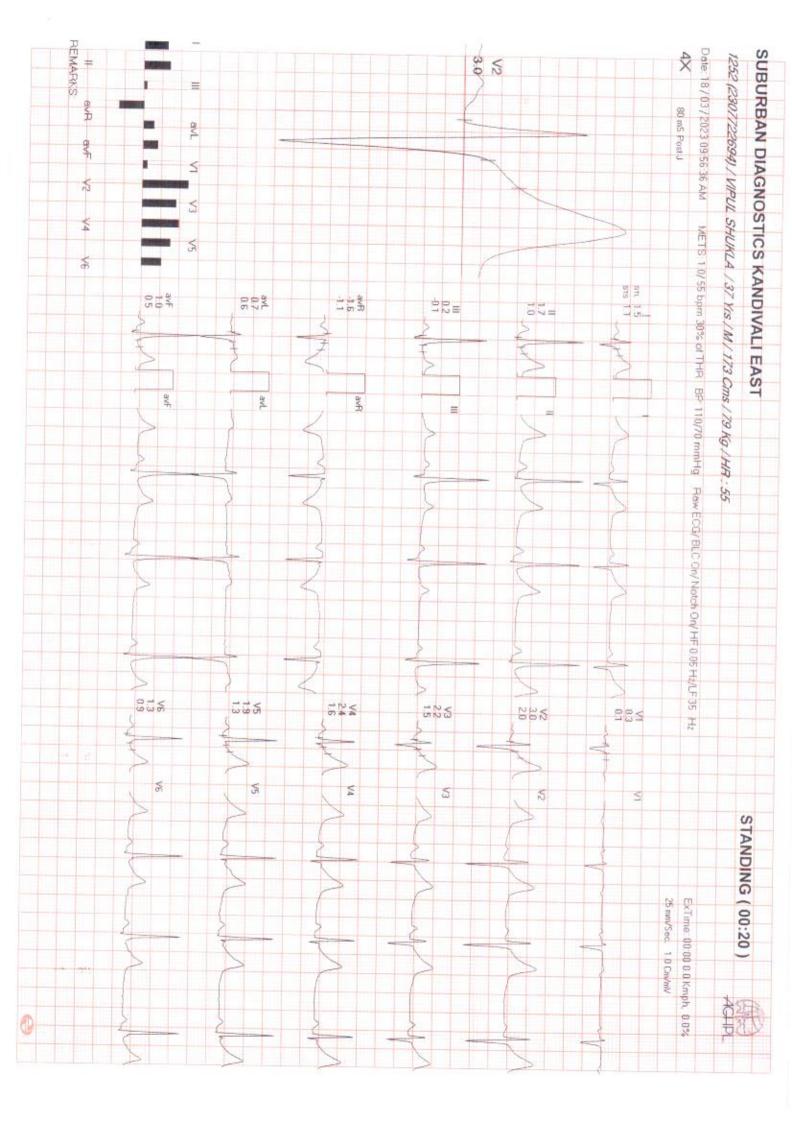
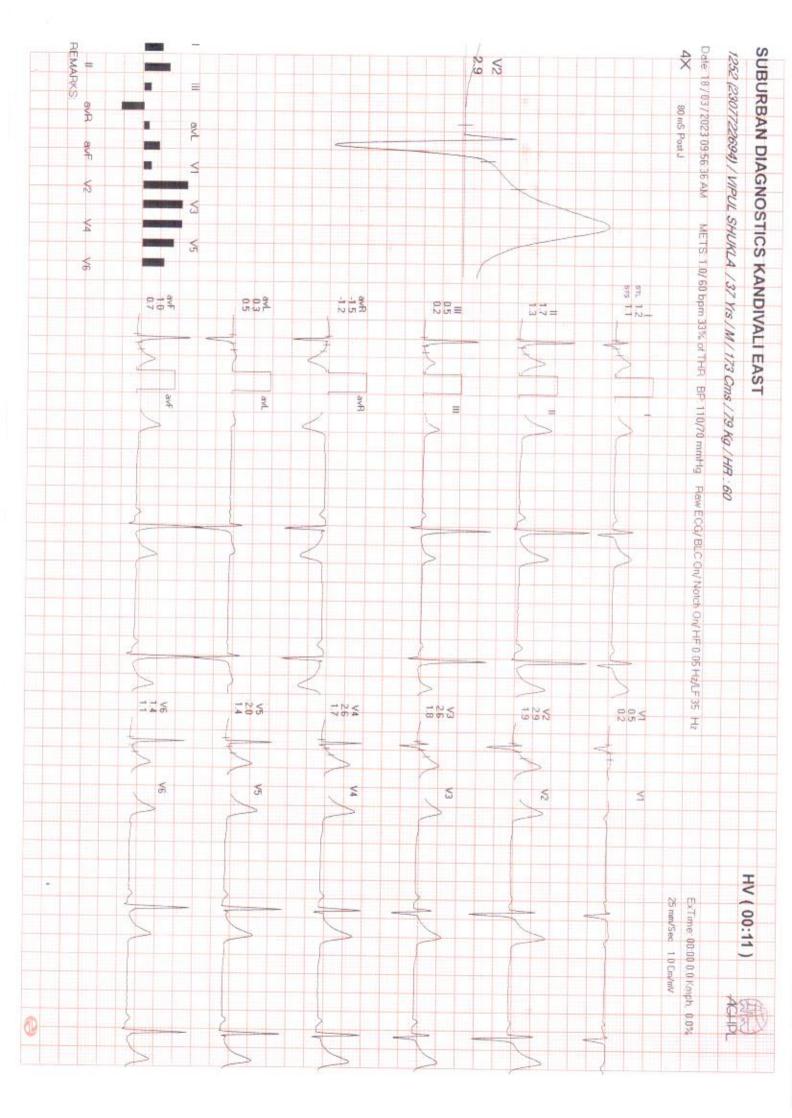
LEKAR	Doctor : DR.AKHIL PARULEKAR		
SUBORBAN DALAU STICS (INDIA) PVT. LTD. Row House No. 3. Aasgan, Row House No. 3. Aasgan, Thakur Vinago, Kandivati (Bast), Thakur Vinago, Kandivati (Bast), Tel: 81700400	Dr. Akhi P. Parulakar. MSSS MD. Medicine DMS Caldiology DMS Caldiology Thaku vio		
e. Hence clinical corellation	is mandatory.	is mandatory.	5
	NO SIGNIFICANT ST T CHANGES NOTED STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHAEMIC HEART DISEASE FOR GIVEN DURATION OF EXERCISE	FINAL IMPRESSION	
	NORMAL	CHRONOTROPIC RESPONSE	ę
	NORMAL	HAEMODYNAMIC RESPONSE	НА
	N	EXERCISE INDUCED ARRYTHMIAS	8
	GOOD	EXERCISE TOLERANCE :	Q
	HEART RATE ACHIEVED	REASON FOR TERMINATION	RE
	NONE	MEDICATION	ME
	MODERATE ACTIVE	ACTIVITY	AC
	NONE	RISK FACTOR	R
	ROUTINE CHECK UP	TESTOBUECTIVE	TE
	inget Heart Rate 88% of 183	Heart Rate 161.0 bpm Systolic BP 160.0 mmHg Diastolic BP 80.0 mmHg Exercise Time 09.37 Mins. Ectopic Beats 0.0 METS 13.8Test End Reason . Heart Rate Achieved Target Heart Rate 88% of 183	
	Date: 18 / 03 / 2023 09:56:36 AM Refd By : ARCOFEMI	1252 / VIPUL SHUKLA / 37 Yrs / M / 173 Cms / 79 Kg Date: 1	252 / VIPUI
ACHP			EMail:
REPORT		CODDINUAN DIAGNUSTICS NANDIVALI EAST	

100000000000000000000000000000000000000										
Date: 18 / 03 / 2023 09:56:36 AM Refd By : ARCOFEMI Examined By: DR AKHII PARIII EKAP	9:56:36 AM	Refd By : AF	COFEMI	ms / 79 Kg Examined Bv	DR.AKHII		Ø			
Stage	Time	Durstion	Canadi							
Supine	60:00	60.0	0 00		D4 D	Kate	% THR	Bp	RPP	PVC
Standing	00.00	0.00	200			044	24 %	110/70	048	00
	00.20	0.20	00.0	00.0	01.0	055	30 %	110/70	060	00
H	00:40	0:11	00.0	00.0	01.0	060	33 %	110/70	066	00
ExStart	01:02	0:22	00.0	00.0	01.0	053	29 %	110/70	058	8
BRUCE Stage 1	04:02	3:00	02.7	10.0	04.7	087	48 %	110/70	000	8 8
BRUCE Stage 2	06:02	2:00	04.0	12.0	06 3	104	57 %	110/70	444	0.00
BRUCE Stage 3	08:02	2:00	05.5	14.0	09.2	115	R3 %	130/80	4 1	8
BRUCE Stage 4	10:02	2:00	06.8	16.0	12.4	150	% 68	130/80	105	3 8
PeakEx	10:39	0:37	08.0	18.0	13.8	160	87 %	160/80	2:56	8
Recovery	11:39	1:00	00.2	00.0	07.5	127		and such as	1	00
Recovery	12:08	1:30	00.0	00.0	04.5		% 69	160/80	203	00
FINDINGS :						760	69 %	160/80 160/80	203	8 8
Exercise Time		: 09:37	7			097	53 %	160/80 160/80	203 155	0 0
Initial HR (ExStrt)	n)	: 53 bp	53 bpm 29% of Target 183			097	53 %	160/80 160/80	155	0 0
Max Workl oad Attained	Attainad	1011:	110/70 (mm/Hg)	Target 183		097 Max HR At	69 % 53 % ained 160 bp	160/80 160/80 m 87% of Tar	203 155 Jet 183	8 8
Duke Treadmill Score	Score	05.5	opport instruction	farget 183		Max HR Att	127 69 % 097 53 % Max HR Attained 160 bpr Max BP Attained 160/80	(mn	203 155 9et 183	8 8
Test End Reasons	suc	Hea		: 09:37 : 53 bpm 29% of Target 183 : 110/70 (mm/Hg) : 13.8 Good response to induced stress : 05.5	d stress	Max HR At Max BP Att	69 % 53 % ained 160 bp	160/80 160/80 m 87% of Tar (mm/Hg)	9et 183	8 8
			: , Heart Rate Achieved	farget 183 ) inse to induced	d stress	Max HR At Max BP Att	69 % 53 % ained 160 bp ained 160/80	160/80 160/80 m 87% of Tar (mm/Hg)	9et 183	88
			rt Rate Ach	Farget 183 ) ieved	d stress	Max HR At Max BP Att	ained 160 bp	160/80 160/80 m 87% of Tar (mm/Hg)	203 get 183 strster	83 55 00 00 83 55 00 10 10 10 10 10 10 10 10 10 10 10 10 1
			rt Rate Ach	Farget 183 ) ieved	DT. A	04.5 097 53 % Max HR Attained 160 bpm Max BP Attained 160/80 (n Max BP Attained 160/80 (n MBBS, ND Incidicine MBBS, ND Incidicine MBBS, ND Incidicine	ttained 160 bp ttained 160 bp ttained 160/80 ttained 160/80 ttained 160/80	160/80 160/80 m 87% of Tar (mm/Hg)	203 155 SUSSAR	00 00 00 00 00 00 00 00 00 00 00 00 00

1252 (2307722694) / VIPUL SHUKLA / 37 Y/s / M/ 173 Cm	1252 (2307/22694) / VIPUL SHUKLA / 37 Xrs / M/ 173 Cms / 79 Kg / HR
Dote 18	18/03/2023 09:56:36 AM
4×	80 mS PostJ
	>
S2	
1.4	
	avi.
REMARKS	S avr v2 v4





III avt. VI			3.5	5		4X 80 mS Post J	SUBURBAN DIAGNOSTICS KANDIVALI EAST 1252 (2307722694) / VIPUL SHUKLA / 37 Yis / M/ 173 Cms
							SO
0.8 0.8 0.8	0.5 0.5			17 17 17		METS: 1.0/53 bpm 29% of THR 8P: 110/70 mmHg	ANDIVALI EA
ave	ave man	avia Num	=	II AND	MAL Mar Mar		ST 2ms / 79 Kg / HR : 53
	viere monte	A breachan	tan and the second seco	and	A for providence	Rew ECG/ BLC On/ Notch O	53
		The second secon				ch On/ HF 0.05 Hz/LF 35	
	1505 V5		585	N 3 5 N	0054	35 Hz	
				× ·	NI IN		
						ExTime 00.00 0.0 Kmph	ExStrt
						Kriph, 0.0%	

1252 (2307722694) / VIPUL SHU	1252 (2307722694) / VIPUL SHUKLA / 37 K8 / M/ 473 Cmc / 70 Kg / UD : 07	BRUCE : Stage 1 ( 03:00 )
Ddte: 18/03/2023 09:56:36 AM ME		
	1 Provide the second s	ExTime: 03:00 2 7 Kmph; 10
	str 1.8 North Mary Mary Mary Mary Mary 1.1 1.8 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0	the way is a second of the sec
CC		vz vz
-er		the second secon
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	and	N 35 Martin Martin
	SS 0 0 0 0 0 0 0 0 0 0 0 0 0	North Contraction of the second secon
II OVA OVA V2 V4		

152 (2307722694) / VIPUL S	1252 (2307722694) / VIPUL SHUKLA / 37 Y/s / M/ 173 Cms / 79 Ka / HR - 104
Date 18/03/2023 09 56 36 AM	METS 6.3/104 bpm 57% of THR BP 110/70 mmHa Rew ECG/ BLC 0n/ North Op/ HE n ins Have a
	Maria Maria I.
V2	
29	
	avfi 16 avfi
	Murdin Mur 31
	Immender and
III ovt V1 V3	5
	ave 10 12 12 12 12 12 12 12 12 12 12
H BVR BVF V2 V	V4 V6

s / 79 Kg / HR - 115 P 130/80 mmHg Raw EOQ/ BLC On/ North On/ HF 0 05 Hat F 35 Ha M M M M M M M M M M M M M M M M M M M	s / 72 Kg / HR : 115 P 130/80 mmHg Faw EOG/ BLC On/ North On/ HF 0.05 Hg/F 35 Hg P 130/80 mmHg Faw EOG/ BLC On/ North On/ HF 0.05 Hg/F 35 Hg NM M M M M M M M M M M M M M	21 07 08 08		SUBURBAN DIAGNOSTICS KANDIVALI EAST           1252 (2307722694) / VIPUL SHUKLA /37 Yrs / M/ 173 Cms / 79 Kg / HR           Dete: 187037203 0955 36 AM         METS 92/115 bpm 63% of THR         BP 130/60 mmHg           4X         80 m5 Post J         METS 92/115 bpm 63% of THR         BP 130/60 mmHg
115       Flaw EQGY BLC Only Notesh Only HF 0.05 Hizly 35       Have EQGY BLC Only Notesh Only HF 0.05 Hizly 35       Martin Martin Only HF 0.05 Hizly 35       Martin Only HF	Haw Edg/BLCOn/North On/HF 0.06 Hi/LF 35 Ht Haw Edg/BLCOn/North On/HF 0.06 Hi/LF 35 Ht North On	and		I EAST
DA/HF 0 05 Hz/LF 35 Hz	Divitie 0,05 Hz/LF 35 Hz Divitie 0,05 Hz/LF 35 Hz 0,1 0,1 0,2 0,1 0,2 0,1 0,2 0,1 0,2 0,1 0,2 0,1 0,2 0,1 0,2 0,1 0,2 0,1 0,2 0,1 0,2 0,1 0,2 0,1 0,2 0,1 0,2 0,1 0,2 0,1 0,2 0,2 0,1 0,2 0,1 0,2 0,1 0,2 0,1 0,2 0,1 0,2 0,1 0,2 0,1 0,2 0,1 0,2 0,1 0,2 0,1 0,2 0,2 0,1 0,2 0,2 0,1 0,2 0,2 0,2 0,1 0,2 0,2 0,2 0,2 0,2 0,2 0,2 0,2		Man Man	
	BRUCE : Stage 3	200 200 200 200 200 200 200 200 200 200	5.53 2882	00/HF 0 05 Hz/LF 35 Hz

Deter 19/03/2023 0956 Sav.M WET'S 12:41 Stitupen 82% of THP BP 13088 #mmHg Reve EC02/BLC On Nuese bort FF 305 Holf 9 Mark 12:41 Stitupen 82% of THP BP 13088 #mmHg Reve EC02/BLC On Nuese bort FF 305 Holf 9 PB B B S PB B	1252 (2307722694) / VIPUL SHUKLA / 37 Vis / M/ 173 Cms/
60 mb Poer J         mn Day         mn Day         mn Day         max         Day	Date 18
	4X
	<del>1</del> 2 15

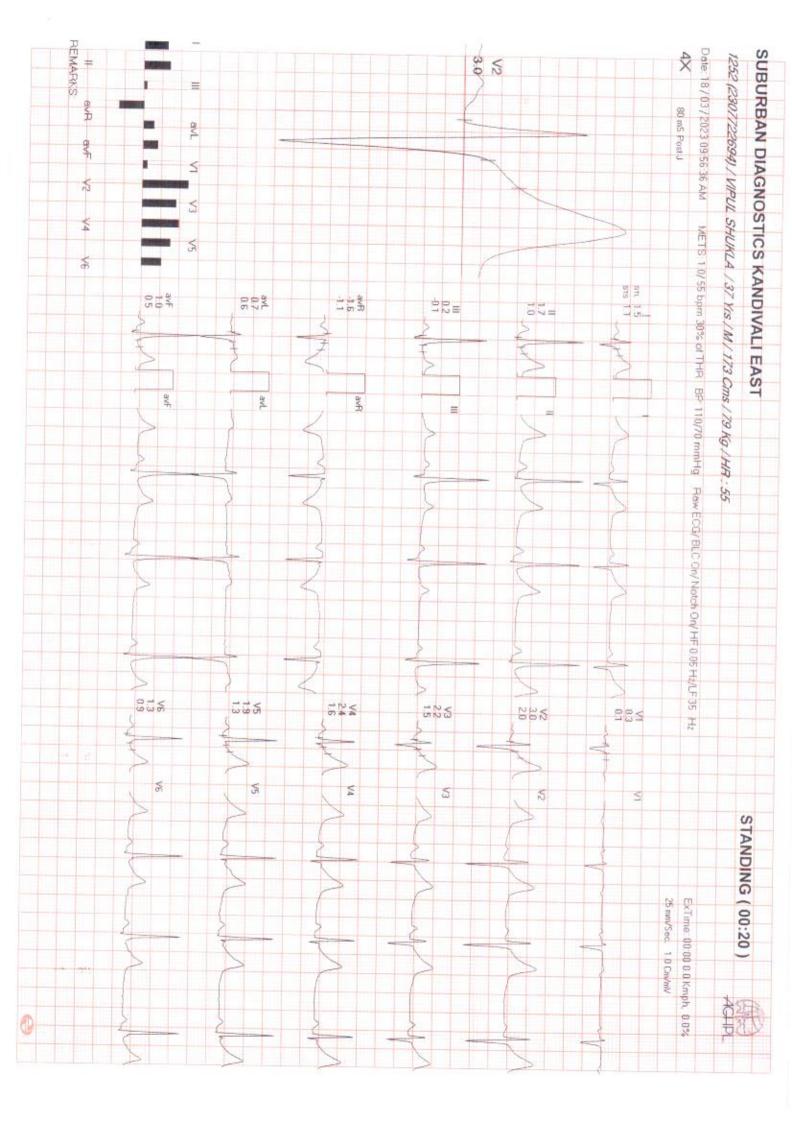
CODORDAN DIAGNOSTICS NANDIVALI EAST	
1252 (2307722694) / VIPUL SH	1252 (2307722694) / VIPUL SHUKLA / 37 VIS / M / 173 Cms / 79 Kg / HR - 160
18/03/2023 09:56:36 AM	ME TS: 13.8/ 160 bpm 87% of THR BP: 160/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz
4X 60 mS Post J	
22	
	DI LA

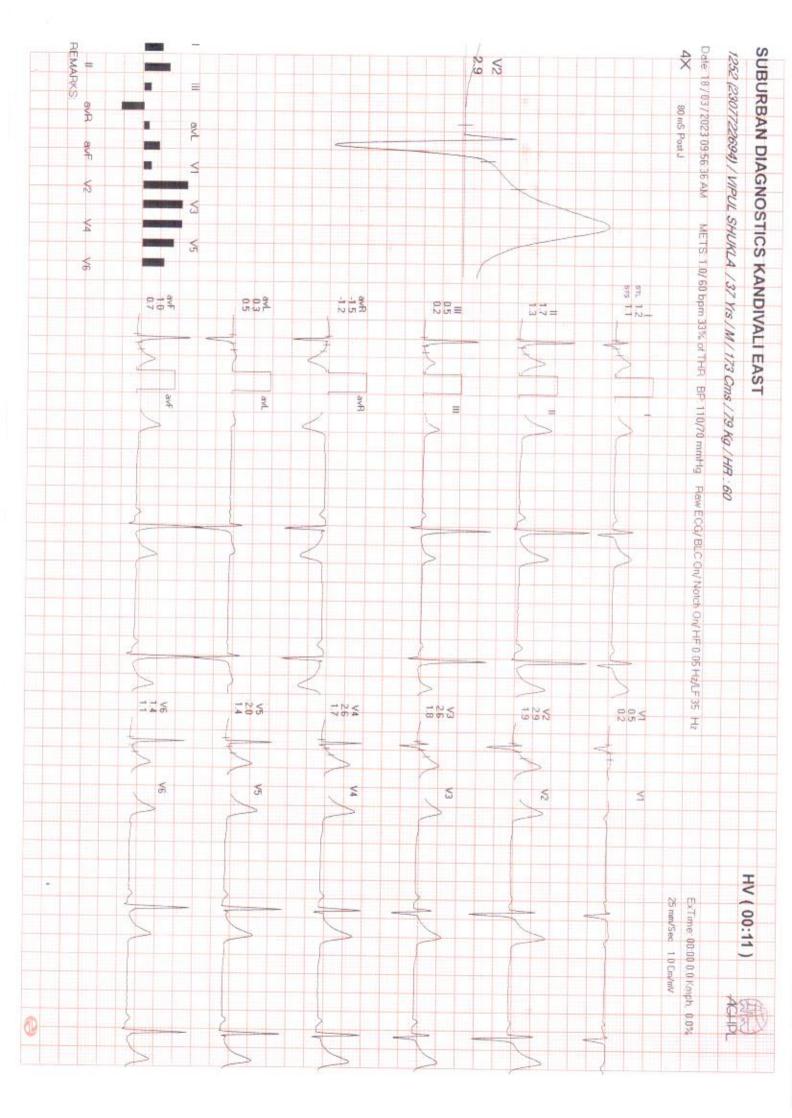
REMARKS				3.4	. N		4X 80 mS Post J	1252 (2307/22694) / VIPUL SHUKLA / 37 Vis / M / 173 Cms / 79 Kg
PA I				444			80,	3077
QVF	PA PA						3 / 2023 09:5 80 mS Post J	226
Ť	• <						10 56:3	94)/
¥2							6 AM	VIPL
YA	10000 C						-	1L SI
	5						AETS	HUK
-Se				1			751	LA
	1.0 1.7	10.9	avR 11.9 2.7	0.0 0.5	N-1	515 ST	127 b	37.1
	2	1007	201	56E	19 29	24	pm 69	Is /
	5	7	2	The second secon	-	-	10 %	W/1
	- Maria				T	T	THR	730
	avr	avL	avy	=	_	F	METS 7.5/127 bpm 69% at THR EP 160/80 mmHg	ns/
	2	1	3	5	5	5 1	160/8	79 K
	ST	3	2	<	-		0 mm	10°
			]		T			
			->	2	2		Raw ECG/ BLC On/ Notch (	127
	2	1	5	2			EOQ	
	2	4	3		5		BLCO	
	ST	$\mathbb{R}^{+}$	2	5		-	Dn/No	
		1		8	F	F	01010	
	2		3	2	2		N/ HF	
	>	2	$\leq$	5	5		On/ HF 0.05 Hz/LF 35	
	NHIE			3	5	I	-12/LF	
	N 4 16	32×5	328	8053	37	013	35 Hz	
	5	-	*			4	EN.	
	T .	F	P	- 7	R	Ť		
	5	5	4	S S	V2	15		
	-	-				-		Re
	P	P	2	P	2			COV
	2	2	-2	- 8				ery
	>	2	5			7	NE	Recovery : ( 01:00
	5	4			(	1	ExTime: 09:37 25 mm/Sec 1.0	11:0
	5			-			9:37	0)
	F III	T	P	2	2	1	:37 0 2 Kmph. 1.0 Cm/mV	
	2	2	2				mph,	8TE
							0.0%	<u>특</u> 권

LEKAR	Doctor : DR.AKHIL PARULEKAR		
SUBORBAN DALAU STICS (INDIA) PVT. LTD. Row House No. 3. Aasgan, Row House No. 3. Aasgan, Thakur Vinago, Kandivati (Bast), Thakur Vinago, Kandivati (Bast), Tel: 81700400	Dr. Akhi P. Parulakar. MSSS MD. Medicine DMS Caldiology DMS Caldiology Thaku vio		
e. Hence clinical corellation	is mandatory.	is mandatory.	5
	NO SIGNIFICANT ST T CHANGES NOTED STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHAEMIC HEART DISEASE FOR GIVEN DURATION OF EXERCISE	FINAL IMPRESSION	
	NORMAL	CHRONOTROPIC RESPONSE	ę
	NORMAL	HAEMODYNAMIC RESPONSE	НА
	N	EXERCISE INDUCED ARRYTHMIAS	8
	GOOD	EXERCISE TOLERANCE :	Q
	HEART RATE ACHIEVED	REASON FOR TERMINATION	RE
	NONE	MEDICATION	ME
	MODERATE ACTIVE	ACTIVITY	AC
	NONE	RISK FACTOR	R
	ROUTINE CHECK UP	TESTOBUECTIVE	TE
	inget Heart Rate 88% of 183	Heart Rate 161.0 bpm Systolic BP 160.0 mmHg Diastolic BP 80.0 mmHg Exercise Time 09.37 Mins. Ectopic Beats 0.0 METS 13.8Test End Reason . Heart Rate Achieved Target Heart Rate 88% of 183	
	Date: 18 / 03 / 2023 09:56:36 AM Refd By : ARCOFEMI	1252 / VIPUL SHUKLA / 37 Yrs / M / 173 Cms / 79 Kg Date: 1	252 / VIPUI
ACHP			EMail:
REPORT		CODDINUAN DIAGNUSTICS NANDIVALI EAST	

100000000000000000000000000000000000000										
Date: 18 / 03 / 2023 09:56:36 AM Refd By : ARCOFEMI Examined By: DR AKHII PARIII EKAP	9:56:36 AM	Refd By : AF	COFEMI	ms / 79 Kg Examined Bv	DR.AKHII		Ø			
Stage	Time	Durstion	Cabod/Venalt							
Supine	60:00	60.0	0 00		D4 D	Kate	% THR	Bp	RPP	PVC
Standing	00.00	0.00	200			044	24 %	110/70	048	00
	00.20	0.20	00.0	00.0	01.0	055	30 %	110/70	060	00
H	00:40	0:11	00.0	00.0	01.0	060	33 %	110/70	066	00
ExStart	01:02	0:22	00.0	00.0	01.0	053	29 %	110/70	058	8
BRUCE Stage 1	04:02	3:00	02.7	10.0	04.7	087	48 %	110/70	000	8 8
BRUCE Stage 2	06:02	2:00	04.0	12.0	06 3	104	57 %	110/70	444	0.00
BRUCE Stage 3	08:02	2:00	05.5	14.0	09.2	115	R3 %	130/80	4 1	8
BRUCE Stage 4	10:02	2:00	06.8	16.0	12.4	150	% 68	130/80	105	3 8
PeakEx	10:39	0:37	08.0	18.0	13.8	160	87 %	160/80	2:56	8
Recovery	11:39	1:00	00.2	00.0	07.5	127		and such as	1	00
Recovery	12:08	1:30	00.0	00.0	04.5		% 69	160/80	203	00
FINDINGS :						760	69 %	160/80 160/80	203	8 8
Exercise Time		: 09:37	7			097	53 %	160/80 160/80	203 155	0 0
Initial HR (ExStrt)	n)	: 53 bp	53 bpm 29% of Target 183			097	53 %	160/80 160/80	155	0 0
Max Workl oad Attained	Attainad	1011:	110/70 (mm/Hg)	Target 183		097 Max HR At	69 % 53 % ained 160 bp	160/80 160/80 m 87% of Tar	203 155 Jet 183	8 8
Duke Treadmill Score	Score	05.5	opport instruction	farget 183		Max HR Att	127 69 % 097 53 % Max HR Attained 160 bpr Max BP Attained 160/80	(mn	203 155 9et 183	8 8
Test End Reasons	suc	Hea		: 09:37 : 53 bpm 29% of Target 183 : 110/70 (mm/Hg) : 13.8 Good response to induced stress : 05.5	d stress	Max HR At Max BP Att	69 % 53 % ained 160 bp	160/80 160/80 m 87% of Tar (mm/Hg)	9et 183	8 8
			: , Heart Rate Achieved	farget 183 ) inse to induced	d stress	Max HR At Max BP Att	69 % 53 % ained 160 bp ained 160/80	160/80 160/80 m 87% of Tar (mm/Hg)	9et 183	88
			rt Rate Ach	Farget 183 ) ieved	d stress	Max HR At Max BP Att	ained 160 bp	160/80 160/80 m 87% of Tar (mm/Hg)	203 get 183 strster	83 55 00 00 83 55 00 10 10 10 10 10 10 10 10 10 10 10 10 1
			rt Rate Ach	Farget 183 ) ieved	DT. A	04.5 097 53 % Max HR Attained 160 bpm Max BP Attained 160/80 (n Max BP Attained 160/80 (n MBBS, ND Incidicine MBBS, ND Incidicine MBBS, ND Incidicine	ttained 160 bp ttained 160 bp ttained 160/80 ttained 160/80 ttained 160/80	160/80 160/80 m 87% of Tar (mm/Hg)	203 155 SUSSAR	00 00 00 00 00 00 00 00 00 00 00 00 00

1252 (2307722694) / VIPUL SHUKLA / 37 Y/s / M/ 173 Cm	1252 (2307/22694) / VIPUL SHUKLA / 37 Xrs / M/ 173 Cms / 79 Kg / HR
Dote 18	18/03/2023 09:56:36 AM
4×	80 mS PostJ
	>
S2	
1.4	
	avi.
REMARKS	S avr v2 v4





III avt. VI			3.5	5		4X 80 mS Post J	SUBURBAN DIAGNOSTICS KANDIVALI EAST 1252 (2307722694) / VIPUL SHUKLA / 37 Yis / M/ 173 Cms
							SO
0.8 0.8 0.8	0.5 0.5			17 17 17		METS: 1.0/53 bpm 29% of THR 8P: 110/70 mmHg	ANDIVALI EA
ave	ave man	avia Num	=	II AND	MAL Mar Man		ST 2ms / 79 Kg / HR : 53
	viere monte	A breachan	tan and the second seco	and	A for providence	Rew ECG/ BLC On/ Notch O	53
		The second secon				ch On/ HF 0.05 Hz/LF 35	
	1505 V5		585	N 3 5 N	0054	35 Hz	
				× ·	N I		
						ExTime 00.00 0.0 Kmph	ExStrt
						Kriph, 0.0%	

1252 (2307722694) / VIPUL SHU	1252 (2307722694) / VIPUL SHUKLA / 37 K8 / M/ 473 Cmc / 70 Kg / UD : 07	BRUCE : Stage 1 ( 03:00 )
Ddte: 18/03/2023 09:56:36 AM ME		
	1 Provide the second s	ExTime: 03:00 2 7 Kmph; 10
	str 1.8 North Mary Mary Mary Mary Mary 1.1 1.8 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0	the way is a second of the sec
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-er		the second secon
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	and	N 15 Martin Martin
	So over and a set of the set of t	North Contraction of the second secon
II OVA OVA V2 V4		

152 (2307722694) / VIPUL S	1252 (2307722694) / VIPUL SHUKLA / 37 Y/s / M/ 173 Cms / 79 Ka / HR - 104
Date 18/03/2023 09 56 36 AM	METS 6.3/104 bpm 57% of THR BP 110/70 mmHa Rew ECG/ BLC 0n/ North Op/ HE n ins Have a
	Maria Maria I.
V2	
29	
	avfi 16 avfi
	Murdin Mur 31
	Immender and
III ovt V1 V3	5
	ave 10 12 12 12 12 12 12 12 12 12 12
H BVR BVF V2 V	V4 V6

s / 79 Kg / HR - 115 P 130/80 mmHg Raw EOQ/ BLC On/ North On/ HF 0 05 Hat F 35 Ha M M M M M M M M M M M M M M M M M M M	s / 72 Kg / HR : 115 P 130/80 mmHg Faw EOG/ BLC On/ North On/ HF 0.05 Hg/F 35 Hg P 130/80 mmHg Faw EOG/ BLC On/ North On/ HF 0.05 Hg/F 35 Hg NM M M M M M M M M M M M M M	21 07 08 08		SUBURBAN DIAGNOSTICS KANDIVALI EAST           1252 (2307722694) / VIPUL SHUKLA /37 Yrs / M/ 173 Cms / 79 Kg / HR           Dete: 187037203 0955 36 AM         METS 92/115 bpm 63% of THR         BP 130/60 mmHg           4X         80 m5 Post J         METS 92/115 bpm 63% of THR         BP 130/60 mmHg
115       Flaw EQGY BLC Only Notesh Only HF 0.05 Hizly 35       Have EQGY BLC Only Notesh Only HF 0.05 Hizly 35       Martin Martin Only HF 0.05 Hizly 35       Martin Only HF	Haw Edg/BLCOn/North On/HF 0.06 Hi/LF 35 Ht Haw Edg/BLCOn/North On/HF 0.06 Hi/LF 35 Ht North On	and		I EAST
DA/HF 0 05 Hz/LF 35 Hz	Divitie 0,05 Hz/LF 35 Hz Divitie 0,05 Hz/LF 35 Hz 0,1 0,1 0,2 0,1 0,2 0,1 0,2 0,1 0,2 0,1 0,2 0,1 0,2 0,1 0,2 0,1 0,2 0,1 0,2 0,1 0,2 0,1 0,2 0,1 0,2 0,1 0,2 0,1 0,2 0,1 0,2 0,2 0,1 0,2 0,1 0,2 0,1 0,2 0,1 0,2 0,1 0,2 0,1 0,2 0,1 0,2 0,1 0,2 0,1 0,2 0,1 0,2 0,2 0,1 0,2 0,2 0,1 0,2 0,2 0,2 0,1 0,2 0,2 0,2 0,2 0,2 0,2 0,2 0,2		Man Man	
	BRUCE : Stage 3	200 200 200 200 200 200 200 200 200 200	5.53 2882	00/HF 0 05 Hz/LF 35 Hz

Deter 19/03/2023 0956 Sav.M WET'S 12:41 Stitupen 82% of THP BP 13088 #mmHg Reve EC02/BLC On Nuese bort FF 305 Holf 9 Mark 12:41 Stitupen 82% of THP BP 13088 #mmHg Reve EC02/BLC On Nuese bort FF 305 Holf 9 PB B B S PB B	1252 (2307722694) / VIPUL SHUKLA / 37 Vis / M/ 173 Cms/
60 mb Poer J         mn Day         mn Day         mn Day         max         Day	Date 18
	4X
	<del>1</del> 2 15

CODORDAN DIAGNOSTICS NANDIVALI EAST	
1252 (2307722694) / VIPUL SH	1252 (2307722694) / VIPUL SHUKLA / 37 VIS / M / 173 Cms / 79 Kg / HR - 160
18/03/2023 09:56:36 AM	ME TS: 13.8/ 160 bpm 87% of THR BP: 160/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz
4X 60 mS Post J	
22	
	DI LA

REMARKS				3.4	. N		4X 80 mS Post J	1252 (2307/22694) / VIPUL SHUKLA / 37 Yis / M / 173 Cms / 79 Kg
PA I				444			80,	3077
QVF	P.						3 / 2023 09:5 80 mS Post J	226
Ť	• <						10 356.3	94)/
¥2							6 AM	VIPL
YA	10000 C						-	1L SI
	5						AETS	HUK
-Se				1			751	LA
	1.0 1.7	10.9	avR 11.9 2.7	0.0 0.5	N-1	515 ST	127 6	37.1
	2	1007	201	56E	19 29	24	pm 69	Is /
	5	7	2	The second secon	-	-	10 %	W/1
	- Maria				T	T	THR	730
	avr	avL	avy	=	_	F	METS 7.5/127 bpm 69% at THR EP 160/80 mmHg	ns/
	2	1	3	5	5	5 1	160/8	79 K
	ST	3	2	<	-		0 mm	9/h
			]		T			
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CID#	2307722694			R
	: MR.VIPUL SHUKLA			т
	: 33 Years/Male	Collected	: 18-Mar-2023 / 08:53	
Consulting Dr.	4	Reported	: 19-Mar-2023 / 11:16	
Reg.Location	: Kandivali East (Main Centre)	M. T. Constant		

# PHYSICAL EXAMINATION REPORT

History	and	Complaints:	
---------	-----	-------------	--

No

### EXAMINATION FINDINGS:

Cardiovascular: Normal

Height (cms):	173 cms	
Temp (0c):	Afebrile	
Blood Pressure (mm/hg):	110/70	
Pulse:	52/min	

Normal

Normal

Normal

Normal

Weight (kg):	79 kgs
Skin:	Normal
Nails:	Normal
Lymph Node:	Not Palpable

CNS:

Systems

Respiratory:

GI System:

Genitourinary:

ush fatty line

IMPRESSION:

ADVICE:

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CH	IEF COMPLAINTS:	No
1)	Hypertension:	No
2)	IHD	NO

Page 1 of 2

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UNEDIST TERTING - HE	ALL MILER LIFE AND			0
CID#	2307722694			R
Name	MR.VIPUL SHUKLA			т
Age / Gender	: 33 Years/Male	Collected	: 18-Mar-2023 / 08:53	
Consulting Dr		Reported	: 19-Mar-2023 / 11:16	
Reg.Location	: Kandivali East (Main Centre)			

-	Arrhythmia	No
3)		No
4)	Diabetes Mellitus	No
5)	Tuberculosis	No
6)	Asthama	No
7)	Pulmonary Disease	1.2.2
8)	Thyroid/ Endocrine disorders	No
1.1	Nervous disorders	No
9)		No
	) GI system	No
11	) Genital urinary disorder	No
12	) Rheumatic joint diseases or symptoms	No
13	) Blood disease or disorder	
14	) Cancer/lump growth/cyst	No
	5) Congenital disease	No
		No
11	<ul> <li>Surgeries</li> <li>Musculoskeletal System</li> </ul>	No

### PERSONAL HISTORY:

2003	RSUNAL HISTORT	No
- 6	Alcohol	No
	Smoking	Veq
3)	Diet	No
4)	Medication	

\*\*\* End Of Report \*\*\*

Dr. Jagruti Dhale MBBS Consultant Thysician Reg. No. 69548

Dr.JAGRUTI DHALE

SUBURBAI Row di angle 1 Asagan, Thakur Jurage, Kandivali (east), Mumbai - 40%101. Tel: 61700800

Page 2 of 2

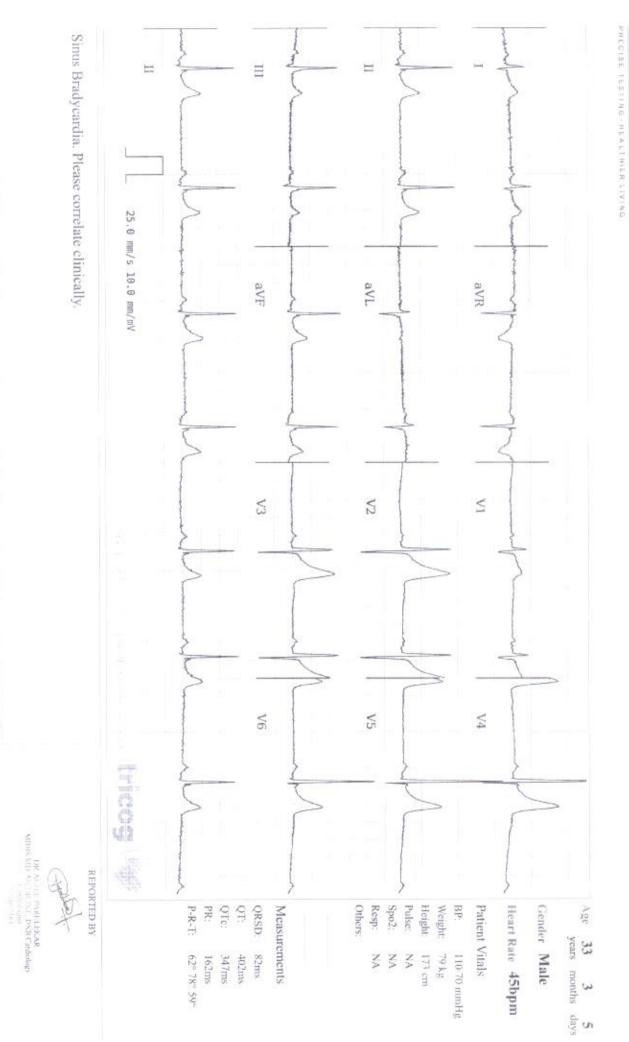
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SUBURBAN

Patient Name: VIPUL SHUKLA Patient ID: 2307722694

Date and Time: 18th Mar 23 9:37 AM



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Date: 18/3/23

CID: 2307 722694

Name: Mr. Vipul Shukh

Sex/Age: m 33

	EYE CHECK UP	2
Chief complaints: Red	time chup	
Systemic Diseases:100	Hlo slz	
Past history: NO +	Orular schinjunt	
Unaided Vision:	616	616
Aided Vision:	â	-

Refraction:

### 60ms: 100mmal

(Right Eye)				(Left Eye)				
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	-P	Igno-	_	all		lano-		616
Near				Nola				3421

Colour Vision: Normal / Abnormal

Remark: Un within normal lanet

Ne KAJAL NAGRECHA **OPTOMETRIST** 

SUBURBAN DE-CNOSTICS (INDIA) PVT. LTD. Rov: House No. 3, Aangan, Thakur Vidago, Kandivali (east), Mumbai - 40\$101. Tel : 61700800

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CITE TESTING MEALTHIER				E
CID	: 2307722694			P
Name	: Mr VIPUL SHUKLA			0
Age / Sex	: 33 Years/Male		and the set the product of the St	0
Ref. Dr	:		Use a QR Code Scanner Application To Scan the Code	R
Reg. Location	: Kandivali East Main Centre	Reg. Date	: 18-Mar-2023	т
	and shart Mann Centre	Reported	: 18-Mar-2023 / 11:34	1

#### LIVER:

### USG WHOLE ABDOMEN

The liver is normal in size (12.2 cm) shape and smooth margins. It shows bright parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein measures 11 mm and CBD appears measures 3.7 mm.

### 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 visualized and appears normal.No evidence of solid or cystic mass lesion.

#### KIDNEYS:

Right kidney measures 10.1 x 5.4 cm. Left kidney measures 10.2 x 5.0 cm. Both the kidneys are normal in size shape and echotexture. No evidence of any calculus, hydronephrosis or mass lesion seen.

#### SPLEEN:

The spleen is normal in size (9.4 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 3.6 x 2.7 x 2.5 cm and volume is 13.2 cc.

#### IMPRESSION: GRADE I FATTY LIVER.

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

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

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sionNo=2023031808544063

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CID	: 2307722694			P
Name	: Mr VIPUL SHUKLA			0
Age / Sex	: 33 Years/Male			0
Ref. Dr			Use a QR Code Scanner Application To Scan the Code	R
Reg. Location	: Kandivali East Main Centre	Reg. Date	: 18-Mar-2023	т
	entre	Reported	: 18-Mar-2023 / 19:51	

### 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-----

all

Dr Sarojini Karande MBBS.,DMRD Reg no -77726

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CID	: 2307722694
Name	: MR.VIPUL SHUKLA
Age / Gender	: 33 Years / Male
Consulting Dr.	: -
Reg. Location	: Kandivali East (Main Centre)

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:18-Mar-2023 / 08:57 :18-Mar-2023 / 13:46

### AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

	<u>CBC (Complet</u>	<u>e Blood Count), Blood</u>	
<u>PARAMETER</u>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
<b>RBC PARAMETERS</b>			
Haemoglobin	13.1	13.0-17.0 g/dL	Spectrophotometric
RBC	4.16	4.5-5.5 mil/cmm	Elect. Impedance
PCV	41.1	40-50 %	Measured
MCV	99	80-100 fl	Calculated
MCH	31.4	27-32 pg	Calculated
MCHC	31.8	31.5-34.5 g/dL	Calculated
RDW	16.1	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	5970	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND	ABSOLUTE COUNTS		
Lymphocytes	36.0	20-40 %	
Absolute Lymphocytes	2149.2	1000-3000 /cmm	Calculated
Monocytes	8.9	2-10 %	
Absolute Monocytes	531.3	200-1000 /cmm	Calculated
Neutrophils	47.5	40-80 %	
Absolute Neutrophils	2835.8	2000-7000 /cmm	Calculated
Eosinophils	7.1	1-6 %	
Absolute Eosinophils	423.9	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	29.9	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

#### **PLATELET PARAMETERS**

Platelet Count	196000	150000-400000 /cmm	Elect. Impedance
MPV	10.5	6-11 fl	Calculated
PDW	20.6	11-18 %	Calculated
RBC MORPHOLOGY			

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Corporate Identity Number (CIN): U85110MH2002PTC136144



**Basophilic Stippling** 

WBC MORPHOLOGY

PLATELET MORPHOLOGY

Normoblasts

COMMENT

Others

CID : 2307722694 Name ; MR.VIPUL SHUKLA		1 IKI A			E P O
Age / Gender Consulting Dr. Reg. Location	: 33 Years / M : -		Collected Reported	Use a QR Code Scanner Application To Scan the Code : 18-Mar-2023 / 08:57 : 18-Mar-2023 / 13:34	R T
Hypochro	omia	-			
Microcyte	osis				
Macrocy	tosis				
Anisocyt	osis	Mild			
Poikilocy	rtosis	Mild			
Polychro	masia				
Target C	ells				

Specimen: EDTA Whole Blood ESR, EDTA WB-ESR 35 2-15 mm at 1 hr. Sedimentation

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



Bmhaskar

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

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Name: MR.VIPUL SHUKLAAge / Gender: 33 Years / MaleConsulting Dr.: -Reg. Location: Kandivali East (Main Centre)

:2307722694

Use a QR Code Scanner Application To Scan the Code

Collected Reported :18-Mar-2023 / 08:57 :18-Mar-2023 / 15:59

PARAMETER	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	90.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	112.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	1.04	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.38	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.66	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	24.6	<34 U/L	Modified IFCC
SGPT (ALT), Serum	22.6	10-49 U/L	Modified IFCC
GAMMA GT, Serum	11.8	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	115.4	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	28.3	19.29-49.28 mg/dl	Calculated
BUN, Serum	13.2	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.84	0.60-1.10 mg/dl	Enzymatic

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Name : MR.VIPUL SHUKLA		(LA			R
Age / Gender Consulting Dr. Reg. Location	: 33 Years / Male : - : Kandivali East	2	Collected Reported	Use a QR Code Scanner Application To Scan the Code : 18-Mar-2023 / 08:57 :18-Mar-2023 / 18:37	Т
eGFR, S	erum	112	>60 ml/min/1.7	3sqm Calculated	
Note: eGI	R estimation is calcul	ated using MDRD (Modifica	ation of diet in renal disease s	study group) equation	
URIC AC	ID, Serum	5.0	3.7-9.2 mg/dl	Uricase/ Per	oxidase
Urine Su	gar (Fasting)	Absent	Absent		
Urine Ke	tones (Fasting)	Absent	Absent		
*Sample p	processed at SUBURBA		T. LTD Borivali Lab, Borivali V End Of Report ***	Vest	





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

Page 4 of 16

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CID :2307722694 Name : MR. VIPUL SHUKLA Age / Gender : 33 Years / Male Consulting Dr. : -Reg. Location : Kandivali East (Main Centre)



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:18-Mar-2023 / 08:57 :18-Mar-2023 / 16:07

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#### AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE GLYCOSYLATED HEMOGLOBIN (HbA1c) PARAMETER RESULTS **BIOLOGICAL REF RANGE** METHOD Glycosylated Hemoglobin HPLC Non-Diabetic Level: < 5.7 % 5.1 (HbA1c), EDTA WB - CC Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %

mg/dl

99.7 Estimated Average Glucose (eAG), EDTA WB - CC

Intended use:

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

**Clinical Significance:** 

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

Test Interpretation:

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

### Factors affecting HbA1c results:

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

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

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

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

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





Former

Dr.NAMRATA RAUL M.D (Biochem) **Biochemist** 

Page 5 of 16



CID	: 2307722694
Name	: MR. VIPUL SHUKLA
Age / Gender	: 33 Years / Male
Consulting Dr. Reg. Location	: - : Kandivali East (Main Centre)

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BIOLOGICAL REF RANGE METHOD

Collected Reported :18-Mar-2023 / 08:57 :18-Mar-2023 / 18:39

# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

RESULTS

# PARAMETER

PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
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 EXAMINATIC	<u>N</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	3-4	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 Borivali Lab, Borivali West





Thakke

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

Page 6 of 16



CID	: 2307722694	
Name	: MR.VIPUL SHUKLA	
Age / Gender	: 33 Years / Male	
Consulting Dr.	: -	Collected
Reg. Location	: Kandivali East (Main Centre)	Reported

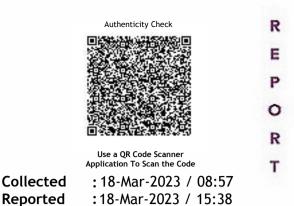
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Page 7 of 16



CID : 2307722694 Name : MR.VIPUL SHUKLA Age / Gender : 33 Years / Male Consulting Dr. : -Reg. Location : Kandivali East (Main Centre)



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

### PARAMETER

# <u>RESULTS</u>

ABO GROUP

**Rh TYPING** 

Positive

В

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.

### Refernces:

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

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

\*\*\* End Of Report \*\*



June Konst

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

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CID	: 2307722694
Name	: MR.VIPUL SHUKLA
Age / Gender	: 33 Years / Male
Consulting Dr. Reg. Location	: - : Kandivali East (Main Centre)





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<b>AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE</b>	
LIPID PROFILE	

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	138.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	81.9	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	36.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	102.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	85.9	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	16.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.4	0-3.5 Ratio	Calculated

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



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Dr.NAMRATA RAUL M.D (Biochem) Biochemist

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DARAMETER

CID	: 2307722694
Name	: MR.VIPUL SHUKLA
Age / Gender	: 33 Years / Male
Consulting Dr.	: -
Reg. Location	: Kandivali East (Main Centre)



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Collected :18-M Reported :18-M

:18-Mar-2023 / 08:57 :18-Mar-2023 / 15:59

# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS RESULTS BIOLOGICAL REF RANGE METHOD

	<u>KLJOLIJ</u>	DIOLOGICAL KLI KANOL	METHOD
Free T3, Serum	5.3	3.5-6.5 pmol/L	CLIA
Free T4, Serum	17.0	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	4.077	0.55-4.78 microIU/ml	CLIA

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DIAGNOSTI	CS			E
PRECISE TESTING - HEAL	THER LIVING			P
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Name	: MR.VIPUL SHUKLA			R
Age / Gender	: 33 Years / Male		Use a QR Code Scanner Application To Scan the Code	т
Consulting Dr.	: -	Collected	:18-Mar-2023 / 08:57	
Reg. Location	: Kandivali East (Main Centre)	Reported	:18-Mar-2023 / 15:59	

#### 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)

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



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REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2<sup>rd</sup> 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 (W), Mumbai - 400086.

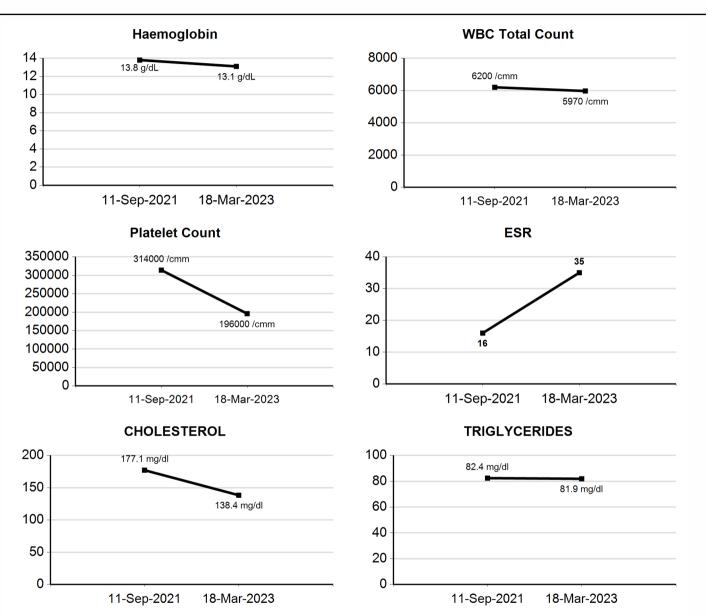
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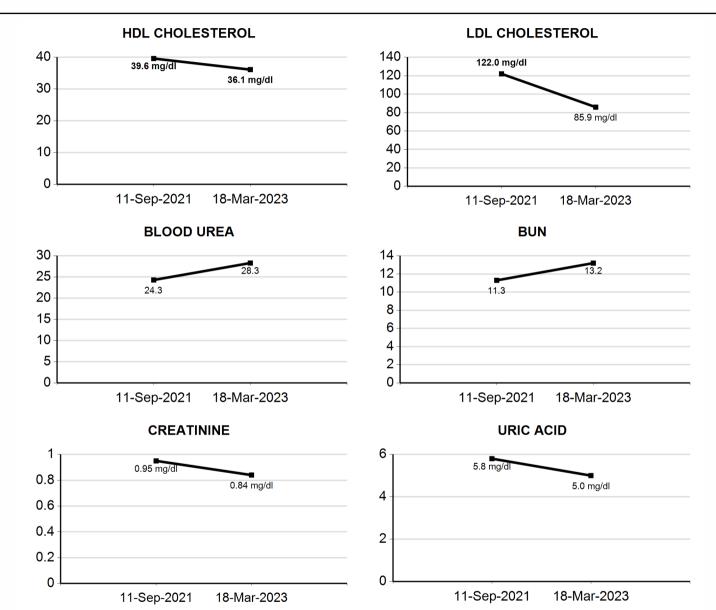


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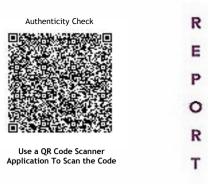


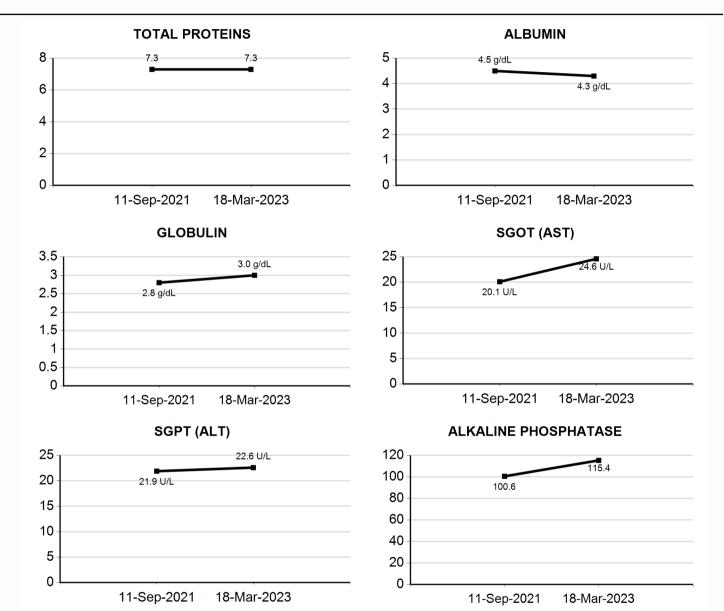


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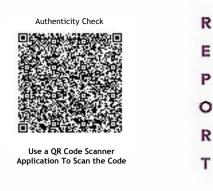


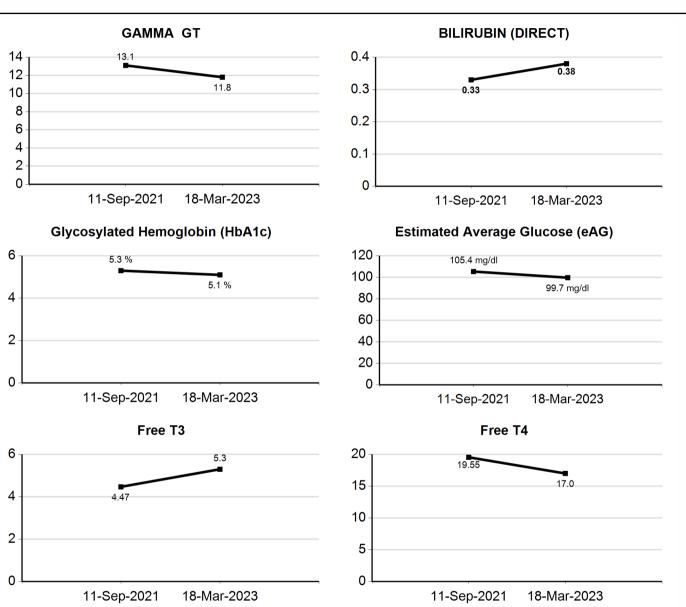


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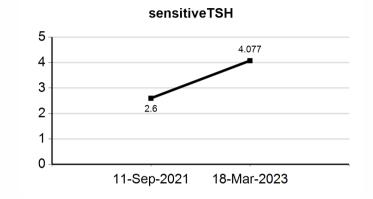




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