

Name : MR.KHANDARE TUSHAR PRALHAD

Age / Gender : 32 Years / Male

Consulting Dr.

Reg. Location : Bhayander East (Main Centre)

Authenticity Check

Use a OR Code Scanner Application To Scan the Code

Collected

Reported

:25-Sep-2021 / 09:24

:25-Sep-2021 / 14:34

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood						
<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>			
RBC PARAMETERS						
Haemoglobin	14.8	13.0-17.0 g/dL	Spectrophotometric			
RBC	6.98	4.5-5.5 mil/cmm	Elect. Impedance			
PCV	47.5	40-50 %	Measured			
MCV	68	80-100 fl	Calculated			
MCH	21.2	27-32 pg	Calculated			
MCHC	31.2	31.5-34.5 g/dL	Calculated			
RDW	18.0	11.6-14.0 %	Calculated			
WBC PARAMETERS						
WBC Total Count	7500	4000-10000 /cmm	Elect. Impedance			
WBC DIFFERENTIAL AND ABSO	LUTE COUNTS					
Lymphocytes	39.9	20-40 %				
Absolute Lymphocytes	2992.5	1000-3000 /cmm	Calculated			
Monocytes	3.4	2-10 %				
Absolute Monocytes	255.0	200-1000 /cmm	Calculated			
Neutrophils	52.5	40-80 %				
Absolute Neutrophils	3937.5	2000-7000 /cmm	Calculated			
Eosinophils	3.8	1-6 %				
Absolute Eosinophils	285.0	20-500 /cmm	Calculated			
Basophils	0.4	0.1-2 %				
Absolute Basophils	30.0	20-100 /cmm	Calculated			
Immature Leukocytes	-					

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	224000	150000-400000 /cmm	Elect. Impedance
MPV	9.3	6-11 fl	Calculated
PDW	20.8	11-18 %	Calculated

RBC MORPHOLOGY

over the page or visit our website.

Hypochromia	+
Microcytosis	+
Macrocytosis	-

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

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

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Page 1 of 8



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Consulting Dr. : - Collected : 25-Sep-2021 / 09:24

Reg. Location : Bhayander East (Main Centre) Reported :25-Sep-2021 / 12:09

Anisocytosis Mild

Poikilocytosis Mild
Polychromasia -

Target Cells -

Basophilic Stippling -

Normoblasts -

Others Elliptocytes-occasional

WBC MORPHOLOGY -

PLATELET MORPHOLOGY -

COMMENT -

Note: Features suggest thalassemia trait.

Advice: Hb electrophoresis & Reticulocyte count.

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 4 2-15 mm at 1 hr. Westergren

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







Dr.NAMI SHAH
M.B.B.S, DCP (PATHOLOGY)
Manager - Medical Services(Pathology)

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Name : MR.KHANDARE TUSHAR PRALHAD

: 32 Years / Male Age / Gender

Consulting Dr. Reg. Location

: Bhayander East (Main Centre)



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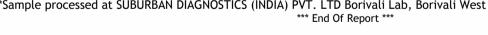
Collected

:25-Sep-2021 / 09:24

Reported :25-Sep-2021 / 13:36

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	101.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma - PP/R	90.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.54	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.20	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.34	0.1-1.0 mg/dl	Calculated
SGOT (AST), Serum	15.6	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	30.0	5-45 U/L	NADH (w/o P-5-P)
ALKALINE PHOSPHATASE, Serum	89.3	40-130 U/L	Colorimetric
BLOOD UREA, Serum	17.5	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.2	6-20 mg/dl	Calculated
CREATININE, Serum	0.94	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	99	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.4	3.5-7.2 mg/dl	Enzymatic
*Sample processed at SUBURBAN DIA	GNOSTICS (INDIA) PVT. LTD Boriy	vali Lab. Borivali West	









M.D.(PATH) **Consultant Pathologist & Lab Director**

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Consulting Dr. : - Collected : 25-Sep-2021 / 09:24

Reg. Location : Bhayander East (Main Centre) Reported :25-Sep-2021 / 16:00

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

PARAMETER RESULTS BIOLOGICAL REF RANGE METHOD

Glycosylated Hemoglobin 6.0 Non-Diabetic Level: < 5.7 % HPLC (HbA1c), EDTA WB - CC Prediabetic Level: 5.7-6.4 %

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

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Estimated Average Glucose 125.5 mg/dl Calculated

(eAG), EDTA WB - CC

Intended use:

• In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year

• In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly

• For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

• HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.

 The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

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

Factors affecting HbA1c results:

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

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

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

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

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







Dr.LEENA SALUNKHE M.B.B.S, DPB (PATH) Pathologist

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIRINF FXAMINATION REPORT

ORINE EXAMINATION REPORT					
<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>		
PHYSICAL EXAMINATION					
Color	Pale yellow	Pale Yellow	-		
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator		
Specific Gravity	1.010	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 EXAMINATION	[
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







N.D. Steak Dr.NAMI SHAH M.B.B.S.; DCP **Pathologist**

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



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Reg. Location: Bhayander East (Main Centre) Reported: 25-Sep-2021 / 15:04

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

PARAMETER RESULTS

ABO GROUP B

Rh TYPING POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) 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 CPL, Andheri West
*** End Of Report ***







Dr.ANUPA DIXIT M.D.(PATH) Pathologist

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	164.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	270.3	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	25.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	139.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/d High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated l
LDL CHOLESTEROL, Serum	92.6	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	46.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	6.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.7	0-3.5 Ratio	Calculated

Note: LDL test is performed by direct measurment.

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







L. C. Solum **Dr.LEENA SALUNKHE** M.B.B.S, DPB (PATH) **Pathologist**

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

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>ME I HOD</u>
Free T3, Serum	5.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.5	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.85	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 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be 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: 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.

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 CPL, Andheri West
*** End Of Report ***







Dr.ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab Director

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CID

: 2126842555

Name

: MR.KHANDARE TUSHAR PRALHAD

Age / Gender

: 32 Years/Male

Ref. Dr

Reg.Location : Bhayander East (Main Centre)

SID

: 177804197869

Registered

: 25-Sep-2021 / 09:12

Collected

: 25-Sep-2021 / 09:12

Reported

: 27-Sep-2021 / 13:00

Printed

: 27-Sep-2021 / 13:25

PHYSICAL EXAMINATION REPORT

History and Complaints:

No Complaint

EXAMINATION FINDINGS:

Height (cms):

169

Weight (kg):

82

Temp (0c):

Afebrile

Skin:

NAD

Nails:

NAD

Blood Pressure (mm/hg): 120/80 mmHg

80/min

Lymph Node:

Not Palpable

Systems

Pulse:

Cardiovascular: S1S2-Normal

Respiratory:

Chest- Clear

Genitourinary:

NAD

GI System:

NAD

CNS:

NAD

IMPRESSION:CBC,Biochemistry,Thyroid Profile,CXR,ECG are WNL Diabetic Profile and Lipid Profile are Borderline

USG is s/o Grade1 Fattty Infiltration of Liver and Right Renal Cortical Cyst

ADVICE:Life style modification Expert consultation

CHIEF COMPLAINTS:

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

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Reported

: 27-Sep-2021 / 13:00

Printed

: 27-Sep-2021 / 13:25

8)	Thyroid/ Endocrine disorders	No
,	Nervous disorders	No
9)		No
	GI system Genital urinary disorder	No
11)	Rheumatic joint diseases or symptoms	No
13)	Blood disease or disorder	No
	Cancer/lump growth/cyst	No
	Congenital disease	No
	Surgeries	No
	Musculoskeletal System	No

PERSONAL HISTORY:

Alcohol

Yes (Once in a Week)

Smoking 2)

No

Mixed

Diet 3)

No

Medication

*** End Of Report ***

SUBURBANCIOCHOSTICS (I) PVT. LTC Shop No. 101-A. 1st Floor, Kshitil) Building Above Reymond, Hes Mira - Bhayander Road, Saynader (E) Dist. Thans-401105. Phone No. 022 - 61700000

DR. ANITA CHOUDE ARY
CONSULTANT PHYSICIAN Reg. No. 2017/12/5553

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

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AUDIOMETRY

Name: Mg. Turhas phondore
Date: 2fog/2vy

CID: 2/26842555 Sex / Age: 4/32

History: -

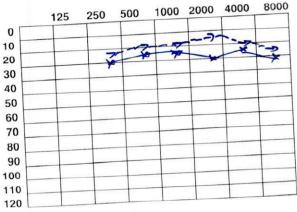
AUDIOGRAM

Pure Tone Audiogram Right

8000 1000 2000 500 250 125 0 10 20 30 40 50 60 70 80 90 100 110

500 250 125

Pure Tone Audiogram Left



0 - > Right A. C. Threshold

? - > Right Masked A. C. Threshold Δ

< - > 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

Il Hearing Swritivity winin Wound hints

Interpretation:

Audiologist Reg. No. B 41893

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28/09/200

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ENT EXAMINATION

History we amplosty

Examination

Right (e

left 6

Middle Ear

(Tympanic membrane Eustachian Tube Mastoid)

Rennes Webbers

1----7

Nose and paranasal sinuses (airway septum polyp)

Throat

Speech

SUBURBAN DIAGNUSTICS (I) PVT. LTL Shop No. 101-A, 1st Floor, Kshitij Building Above Reymond, Near Thronga Hospital. Aira - Bhayander Road, Ensymader (E) Dist. Thane-401105. Phone No: 022 - 61700000

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Audiometry I when done

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Age / Sex

: 32 Years / Male

Ref. Dr

Reg.Location : Bhayander East Main Centre

SID

: 177804197869

Registered : 25-Sep-2021 / 11:18

: 25-Sep-2021 / 12:46

Reported : 25-Sep-2021 / 12:46 Printed

R

USG WHOLE ABDOMEN

The liver is normal in size (14.6 cm), shape and shows smooth margins. It shows increased parenchymal echotexture. The intra hepatic biliary and portal radicals appear normal. No evidence of any intra hepatic cystic or solid lesion seen. 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.

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

Right kidney measures 10.9 x 5.1 cm. Left kidney measures 10.8 x 4.6 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.

A 16.5 x 13.0 mm cyst with a septa is seen in the upper pole cortex of right kidney.

The spleen is normal in size (10.7 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.

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Registered : 25-Sep-2021 / 11:18

: 25-Sep-2021 / 12:46

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Reported Printed

: 25-Sep-2021 / 12:46

The prostate is normal in size measuring 3.4 x 2.9 x 2.9 cms and weighs 15.5 gms. It shows normal parenchymal echotexture. No obvious calcification or mass lesion made out.

There is no evidence of any lymphadenopathy or ascites.

IMPRESSION:

- Grade I fatty infiltration of liver.
- Right renal cortical cyst.

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



SID

: 177804197869

CID Name : 2126842555

Registered

: 25-Sep-2021 / 09:12

R

E

: MR.KHANDARE TUSHAR PRALHAD

Collected

: 25-Sep-2021 / 09:12

Age / Gender

: 32 Years/Male

Reported

: 25-Sep-2021 / 15:38

Ref. Dr

Printed

: 25-Sep-2021 / 15:45

Reg.Location : Bhayander East (Main Centre)

X-RAY CHEST PA VIEW

The lung fields are clear with no parenchymal lesion.

The cardiothoracic ratio is maintained and the cardiac outline is normal

The domes of the diaphragm and hila are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

IMPRESSION:

No significant abnormality detected.

Kindly correlate clinically.

*** End Of Report ***

Dr.Vibha Kamble MBBS, DMRD

Dr. Vibha S. Kamble M.B.B.S., DMRD Reg. No. 65470

Consultant Radiologist



बैंक ऑफ़ बड़ीदा Bank of Baroda

Name Mr. TUSHAR PRALHAD KHANDARE

कर्मचारी कूट फ्र. E. C. No. 126752





Market Comment

पारक के हस्ताइसर Signature of Holder

Write.

I hand one

DR. ANITA CHOUDHARY

M.S.B.S.

CONSULTANT PHYSICIAN

Reg. No. 2017/12/5553

SUBURBAN DIAGNOSTICS (IAPVT. LTD.)
Shop No. 101-A, 1st Floor, Kshitil Building
Shop No. 101-A, Near Tranga Hospital.
Above Reymond, Near Tranga Hospital.
Above Reymonder Road, Blaynader (E)
Mira Bhayander Road, Blaynader (E)
Dist. Thans-401105.
Phone No: 022-61700000

PRECISE TESTING HEALTHIER LIVING SUBURBAN

SUBURBAN DIAGNUSTICS - BHAYANDER EAST

Patient Name: KHANDARE TUSHAR PRALHAD Date and Time: 25th Sep 21 9:37 AM

Patient ID:

years months days 32 Age

Patient Vitals

74

VI

aVR

AN Weight:

MAN

MAN

75

72

aVL

Resp:

9/

V3

Measurements

80 ms

152 ms

REPORTED BY

Dr. SHISHIR SHETTY MBBS.D-CARD

2006/01/0250

Shop No. 101-A, 1st Floor, Kshittl Building Above Reymond, Near Thunga Hospital

2126842555

Gender Male

Heart Rate 61 bpm

Height:

Pulse:

Spo2:

Others:

QSRD:

384 ms

386 ms

52, 73, 9,

P-R-T:

aVF

25.0 mm/s 10.0 mm/mV

Antra - query or Thane 401105.

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-in-Daley rests appropriate to 222 must be used as an adjunct to clinical history, symptoms, and results of other invasive and non-in-Daley results appropriate to 222 must be used as an adjunct to clinical history, symptoms, and results of other invasive and non-in-Daley.

H

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

SUBURBAN CONTRACTOR OF PVE. LIE

Aira - Bhayander Road, Cha

Suburban Diagnostics

Patient Details Date: 25-Sep-21 Time: 9:54:46 PM

Name: TUSHAR KHANDARE ID: 2126842555

Age: 32 y Sex: M Height: -- cms. Weight: -- Kg.

Clinical History: NIL

Medications: NIL

Test Details

Protocol: Bruce Pr.MHR: 188 bpm THR: 159 (85 % of Pr.MHR) bpm

Total Exec. Time: 10 m 17 s Max. HR: 157 (84% of Pr.MHR)bpm Max. Mets: 13.50

Test Termination Criteria: TARGET HR ACHIEVED

Protocol Details

Stage Name	Stage Time	Mets	Speed Grad	Grade	Heart	Max. BP	Max. ST	Max. ST
	(min : sec)		(mph)	(%)	Rate (bpm)	(mm/Hg)	Level (mm)	Slope (mV/s)
Supine	0 : 11	1.0	0	0	64	120 / 80	0.00 I	0.00 II
Standing	0:5	1.0	0	0	64	120 / 80	-1.06 III	1.06 aVL
Hyperventilation	0 : 11	1.0	0	0	72	120 / 80	-1.06 III	1.06 aVL
1	3:0	4.6	1.7	10	106	130 / 80	-1.49 III	-1.42 III
2	3:0	7.0	2.5	12	112	140 / 80	-1.27 III	1.77 V4
3	3:0	10.2	3.4	14	131	150 / 80	-2.12 V1	-2.83 V1
Peak Ex	1:17	13.5	4.2	16	157	160 / 80	-2.55 III	3.54 V2
Recovery(1)	2:0	1.8	1	0	110	170 / 80	-2.55 III	5.66 V2
Recovery(2)	2:0	1.0	0	0	101	140 / 80	-1.27	3.18 V4
Recovery(3)	0:23	1.0	0	0	99	120 / 80	-1.27 III	1.42 V3

Interpretation

The patient exercised according to the Bruce protocol for 10 m 17 s achieving a work level of Max. METS: 13.50. Resting heart rate initially 64 bpm, rose to a max. heart rate of 157 (84% of Pr.MHR) bpm. Resting blood Pressure 120 / 80 mmHg, rose to a maximum blood pressure of 170 / 80 mmHg.

Good Effort Tolerance No Angina/Angina Equivalents No Arrhythmias

No Significiant ST-T Changes During Exercise and Recovery.

Good Chronotrpic and Inotropic Response

IMPRESSION: Test is Negative For Stress Inducible Ischemia at This Workload

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

Doctor: DR SMITA VALANI

SUBURBAN DIAGNOSTICS

Shop 101-A, (s. Floor, Kshiti) Buildin Abova Raymond, Near Thonga Hospita Mira - Bhayander Road, Bhaynader (E

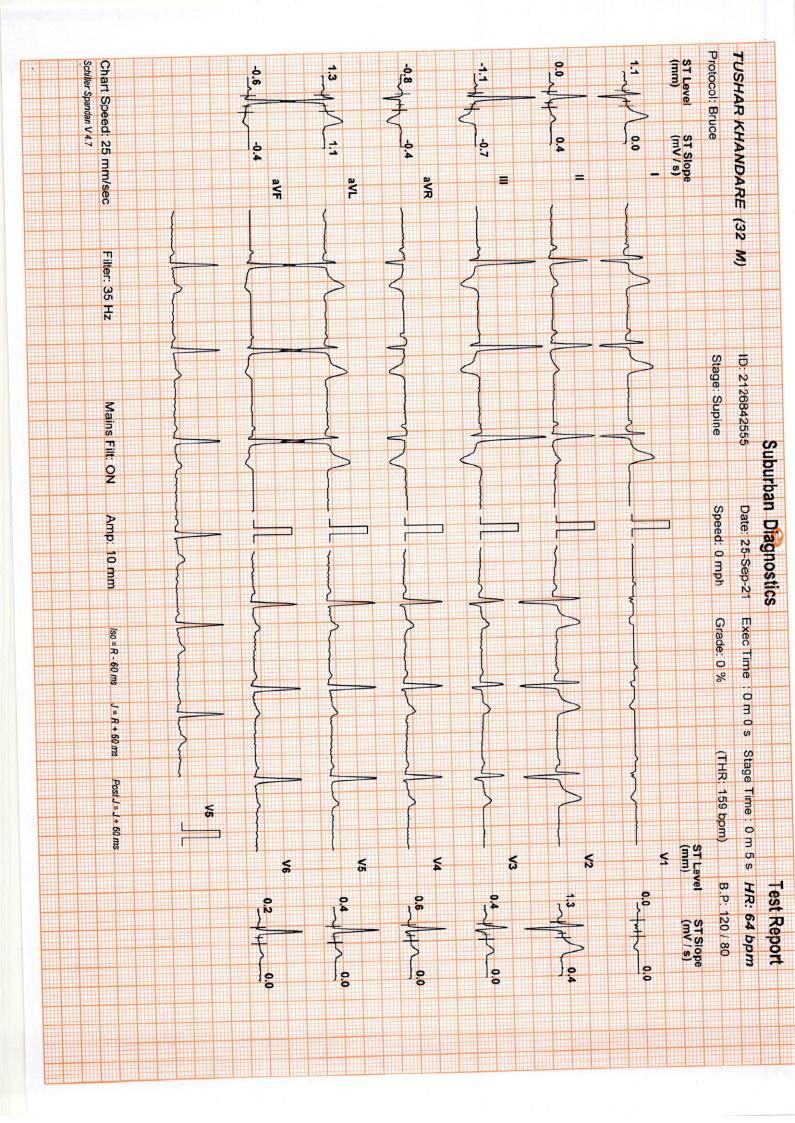
Dist. Thane-401105.

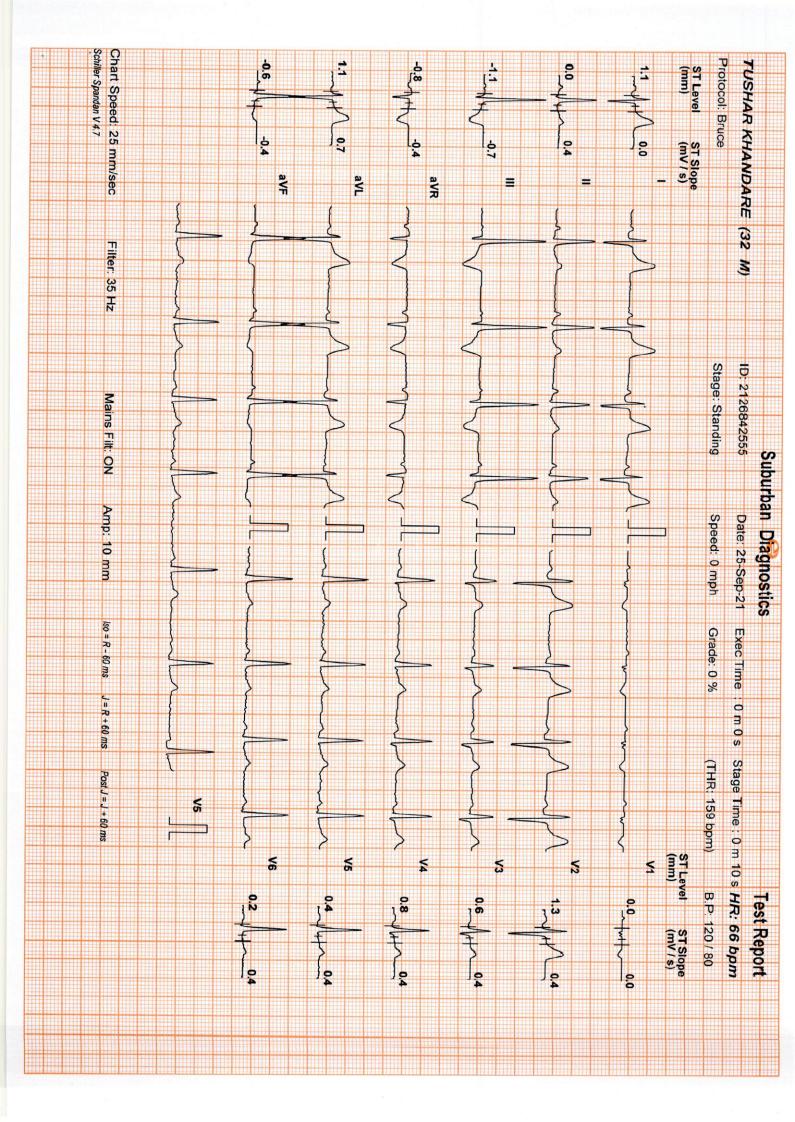
Phone No: 022 - 61700000

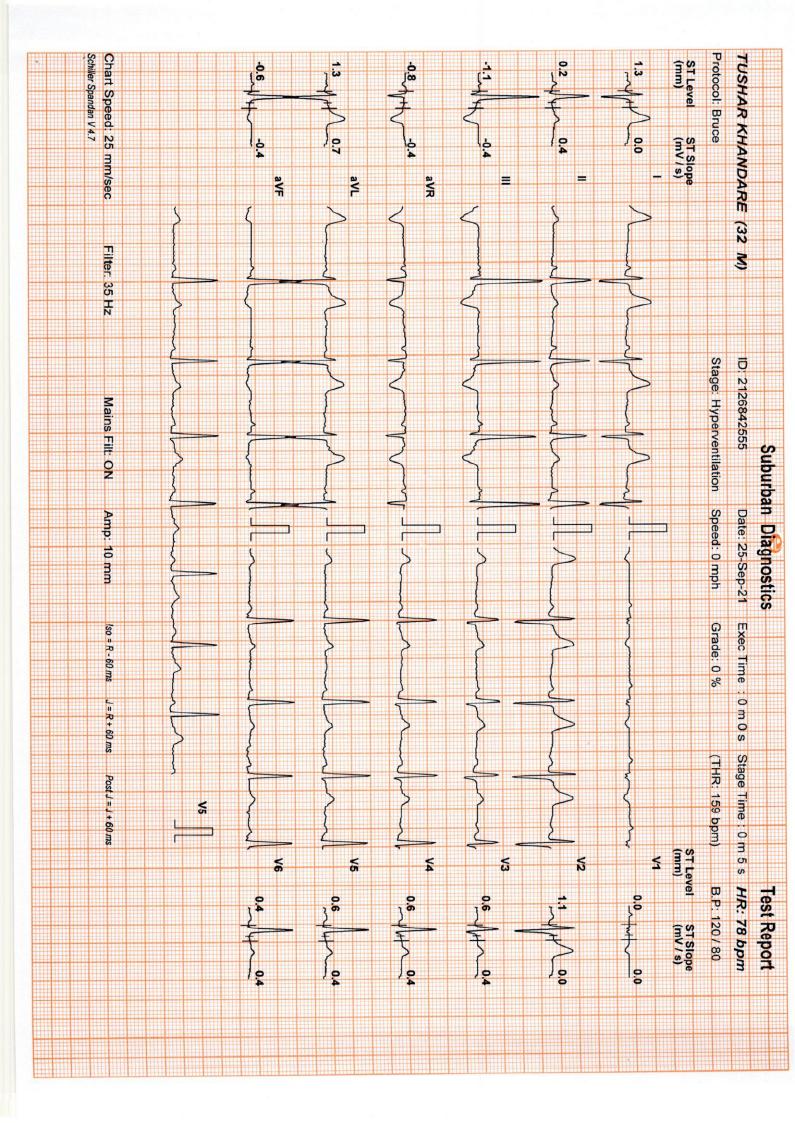
(c) Schiller Healthcare India Pvt. Ltd. V 4.7

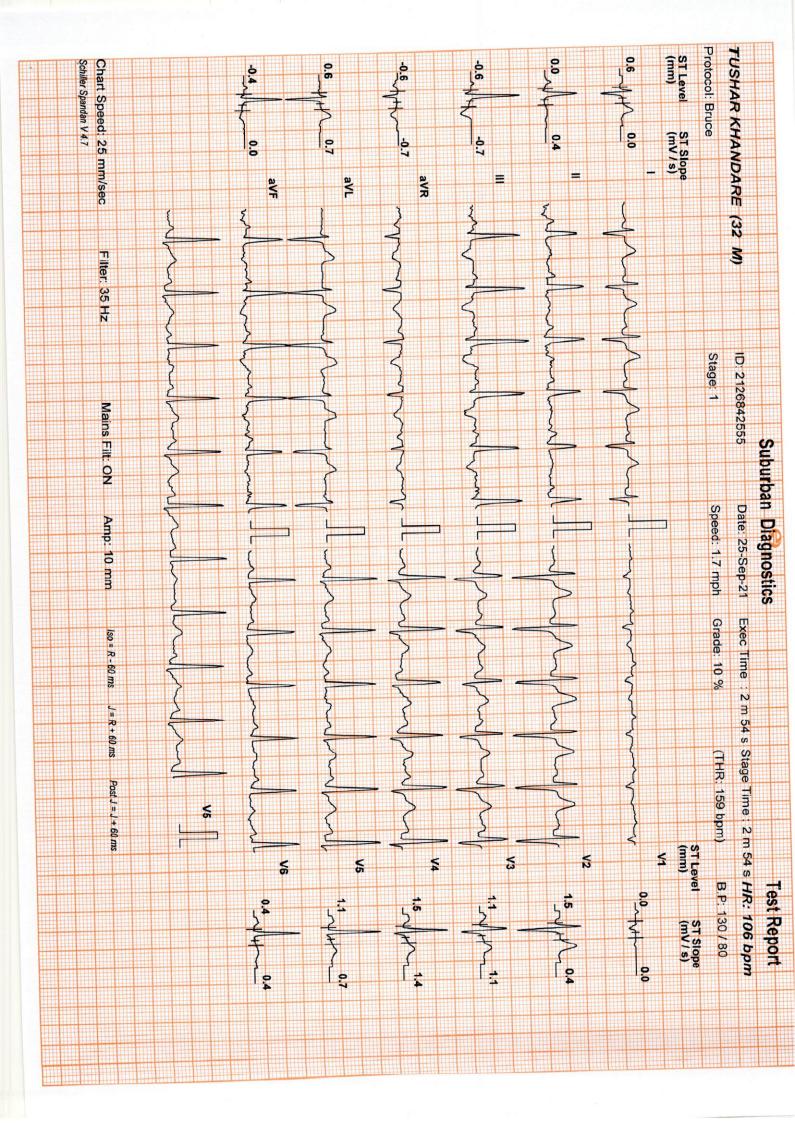
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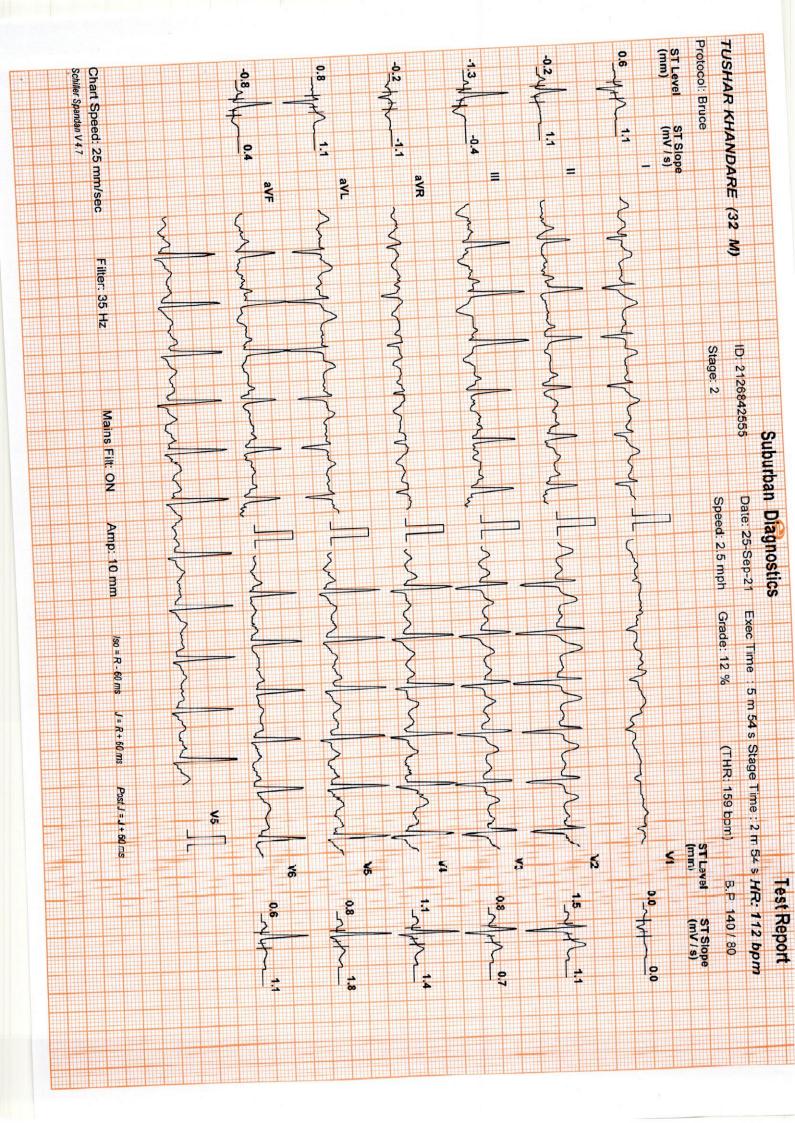
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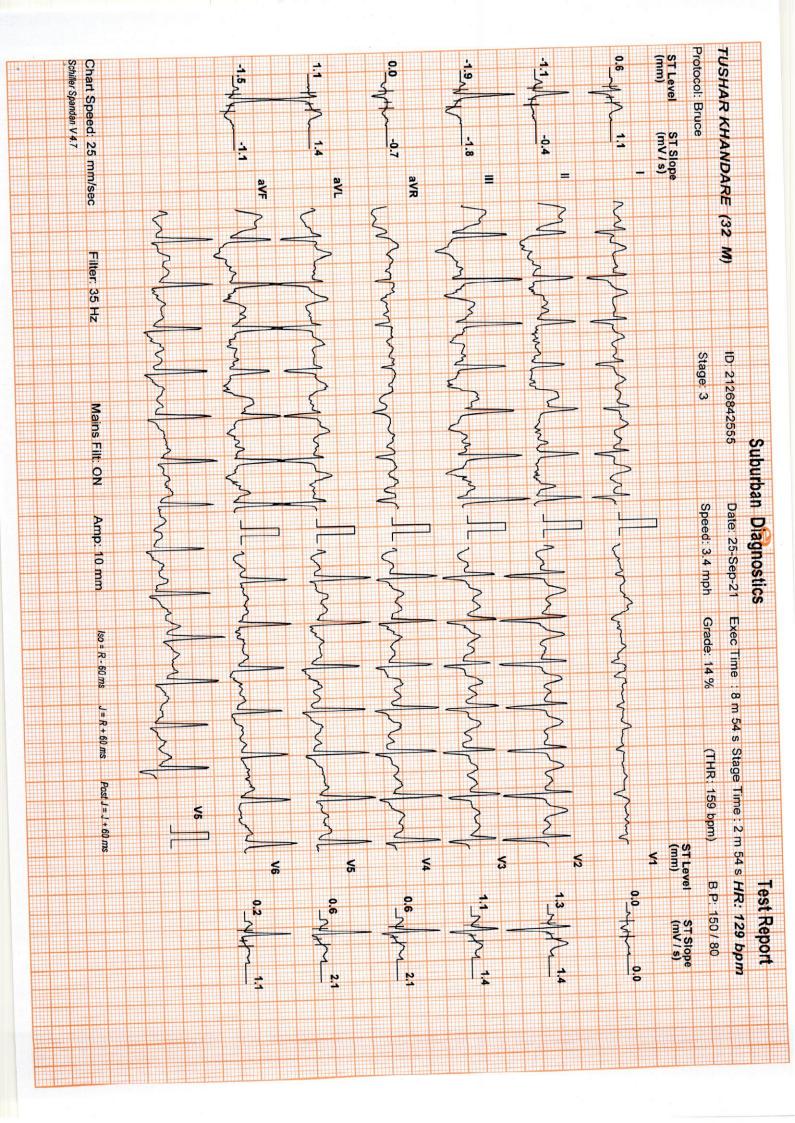


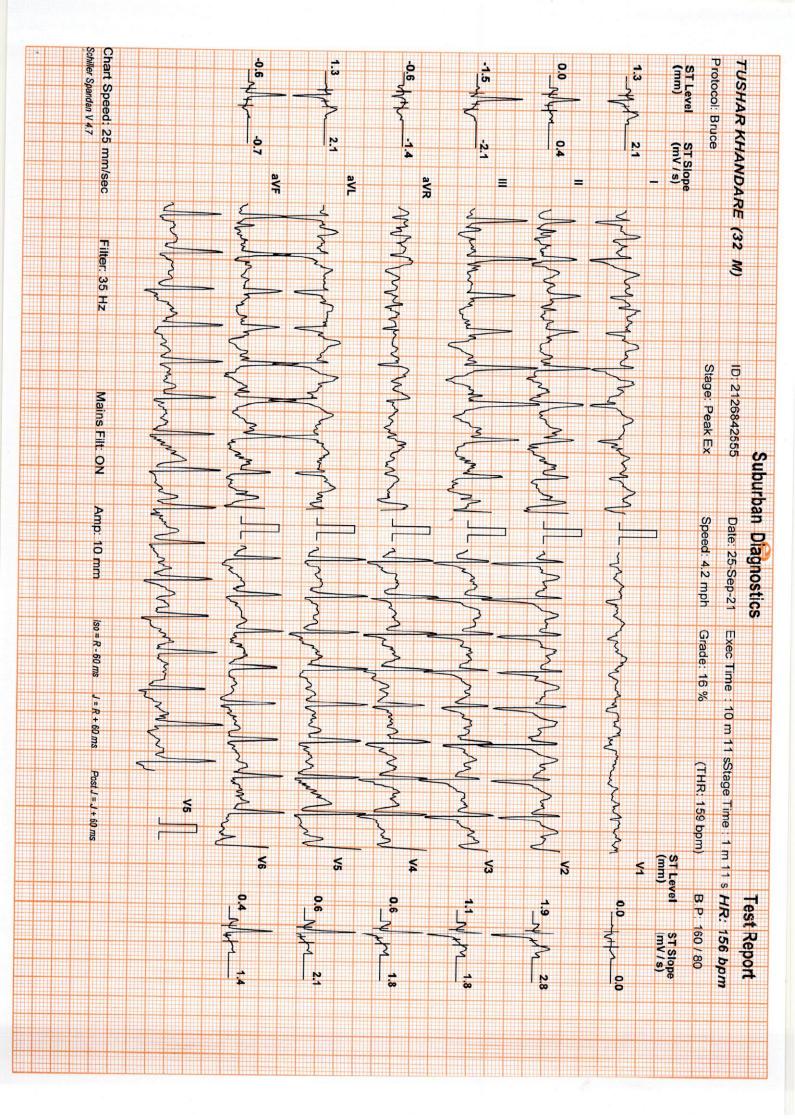


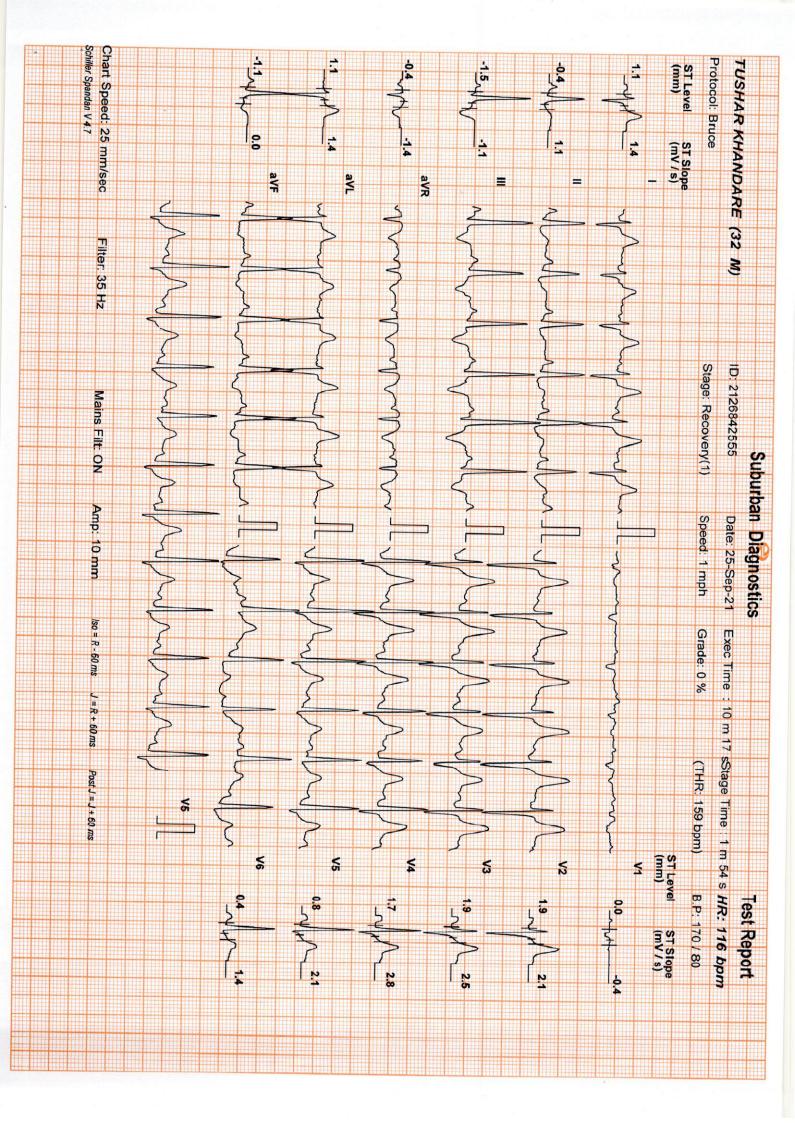


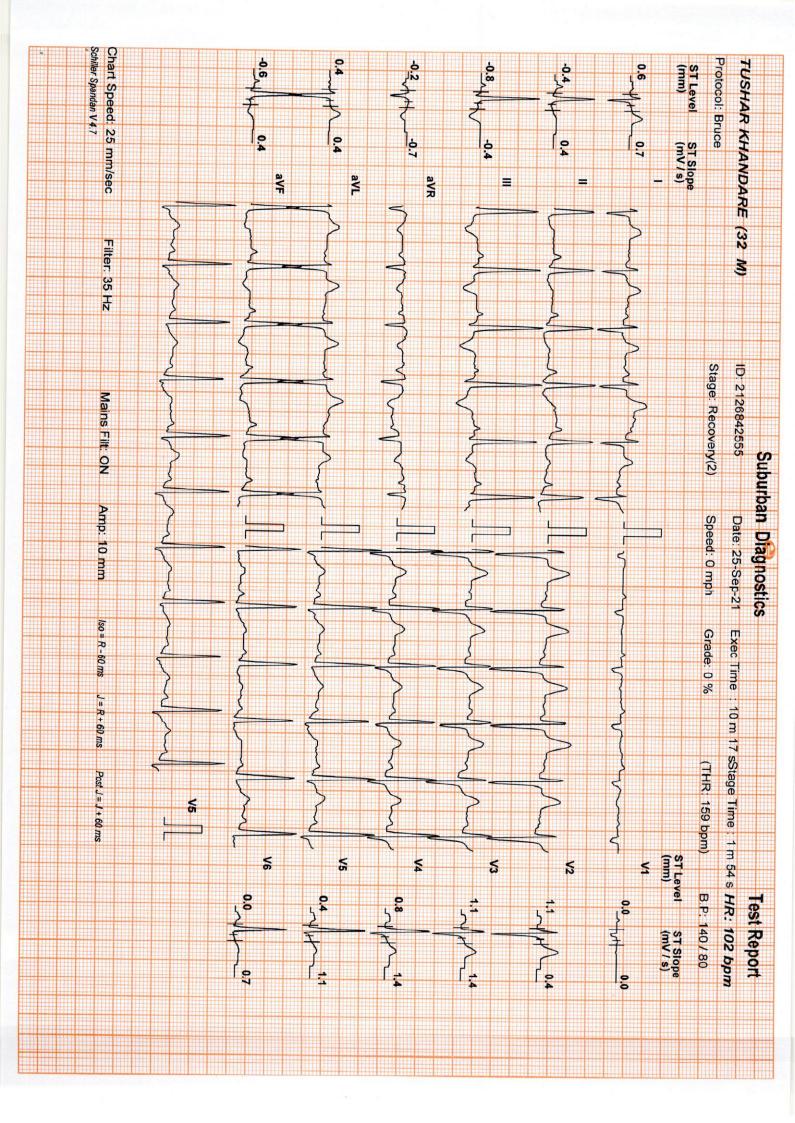


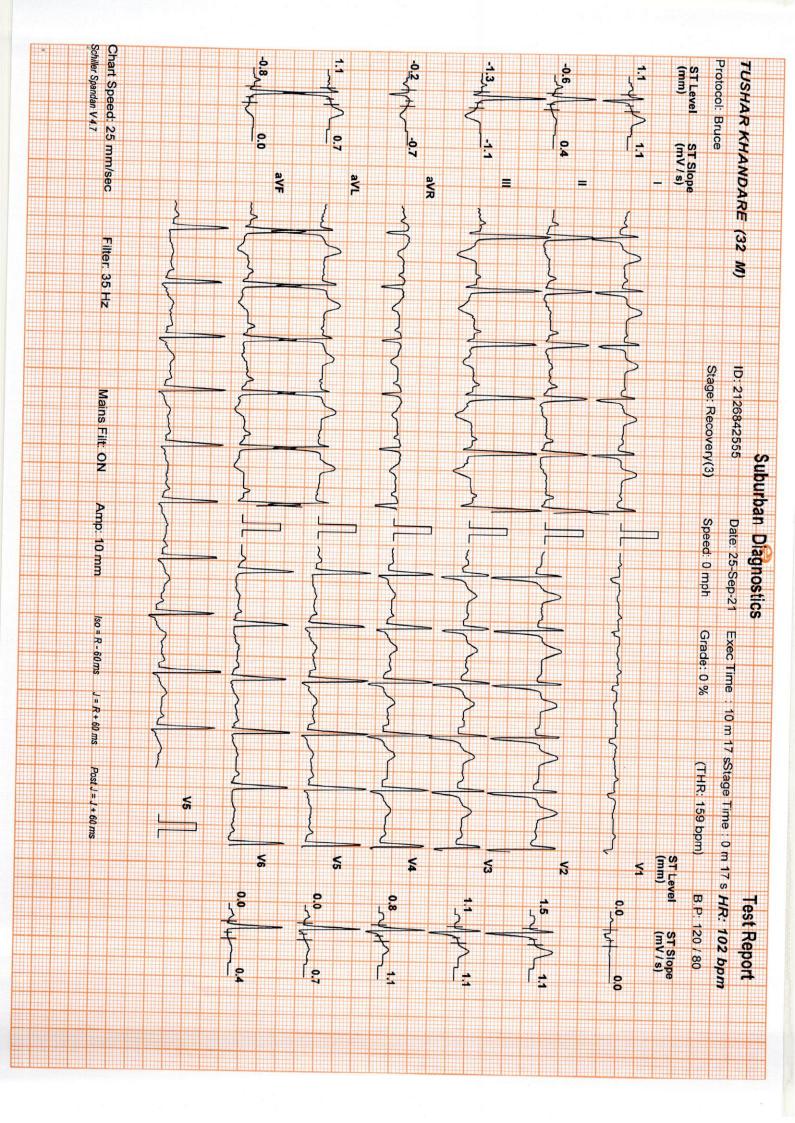














Preventive Health Check-up | Pathology | Digital X-Ray | Sonography | Colour Doppler | Mammography | BMD (DXA Scan) | OPG | ECG | 2D Echo Stress Test/TMT | Spirometry | Eye Examination | Dental Examination | Diet Consultation | Audiometry | OT Sterility | Water Sterility | Clinical Research

CID : **2126842555** SID : 177804197869

 Name
 : MR.KHANDARE TUSHAR PRALHAD
 Registered
 : 25-Sep-2021 / 09:12

 Age / Gender
 : 32 Years/Male
 Collected
 : 25-Sep-2021 / 09:12

 Ref. Dr
 : Reported
 : 25-Sep-2021 / 15:38

 Reg.Location
 : Bhayander East (Main Centre)
 Printed
 : 27-Sep-2021 / 12:20

X-RAY CHEST PA VIEW

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Kindly correlate clinically.

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MBBS, DMRD

Dr.Vibha Kamble