



CID : 2310000751
Name : MR.NAYAK PADMALOCHAN
Age / Gender : 40 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 10-Apr-2023 / 09:19
Reported : 10-Apr-2023 / 12:27

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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	16.4	13.0-17.0 g/dL	Spectrophotometric
RBC	6.21	4.5-5.5 mil/cmm	Elect. Impedance
PCV	49.6	40-50 %	Calculated
MCV	79.8	80-100 fl	Measured
MCH	26.5	27-32 pg	Calculated
MCHC	33.2	31.5-34.5 g/dL	Calculated
RDW	13.8	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5390	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	31.3	20-40 %	
Absolute Lymphocytes	1690	1000-3000 /cmm	Calculated
Monocytes	9.3	2-10 %	
Absolute Monocytes	500	200-1000 /cmm	Calculated
Neutrophils	54.0	40-80 %	
Absolute Neutrophils	2900	2000-7000 /cmm	Calculated
Eosinophils	4.9	1-6 %	
Absolute Eosinophils	270	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	30	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	249000	150000-400000 /cmm	Elect. Impedance
MPV	10.5	6-11 fl	Measured
PDW	19.4	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			



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Hypochromia	-
Microcytosis	-
Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Normocytic, Normochromic
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 5 2-15 mm at 1 hr. Sedimentation

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

J. Thakker

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



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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	89.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	90.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.61	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.18	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.43	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	8.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	34.2	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	43.4	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	24.3	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	82.4	40-130 U/L	Colorimetric
BLOOD UREA, Serum	13.6	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.4	6-20 mg/dl	Calculated
CREATININE, Serum	0.96	0.67-1.17 mg/dl	Enzymatic



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eGFR, Serum 92 >60 ml/min/1.73sqm Calculated

Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation

URIC ACID, Serum 6.3 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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*** End Of Report ***



Anupa

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



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	111.1	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 ***

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MC-2111



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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)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	10	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Trace	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	Occasional	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	
Others	-		

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein:(1+ ~25 mg/dl, 2+ ~75 mg/dl, 3+ ~ 150 mg/dl, 4+ ~ 500 mg/dl)
- Glucose:(1+ ~ 50 mg/dl, 2+ ~100 mg/dl, 3+ ~300 mg/dl,4+ ~1000 mg/dl)
- Ketone:(1+ ~5 mg/dl, 2+ ~15 mg/dl, 3+ ~ 50 mg/dl, 4+ ~ 150 mg/dl)

Reference: Pack insert

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

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

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	193.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	139.2	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	32.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	161.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	134.0	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	27.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	6.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.2	0-3.5 Ratio	Calculated

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	5.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.1	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.33	0.35-5.5 microIU/ml	ECLIA



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Interpretation:

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

Clinical Significance:

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be trasiently altered becuae 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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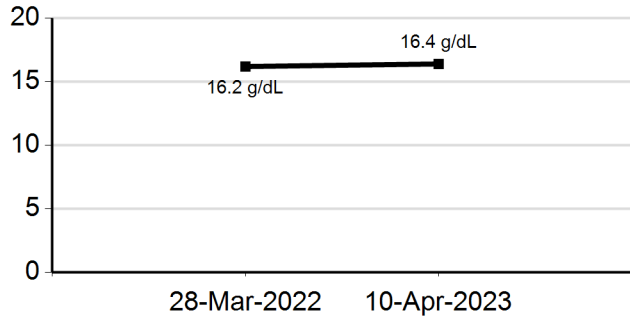




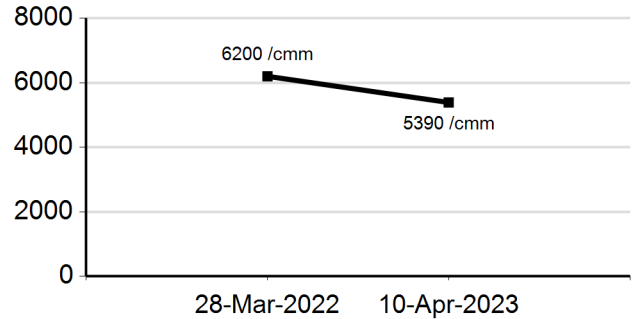
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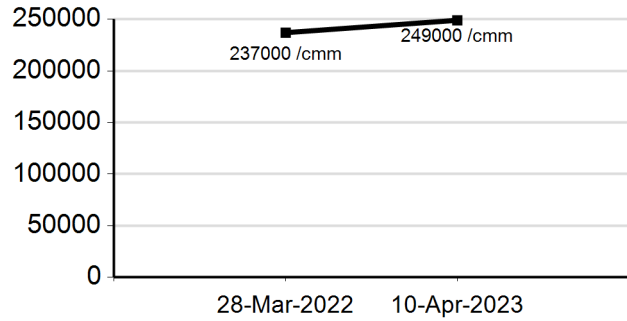
Haemoglobin



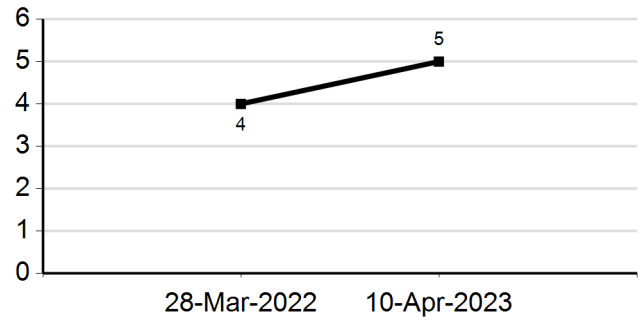
WBC Total Count



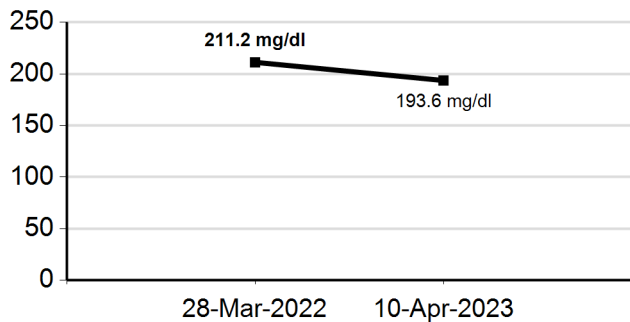
Platelet Count



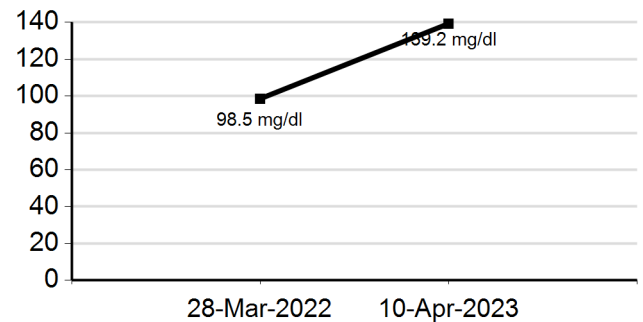
ESR



CHOLESTEROL



TRIGLYCERIDES

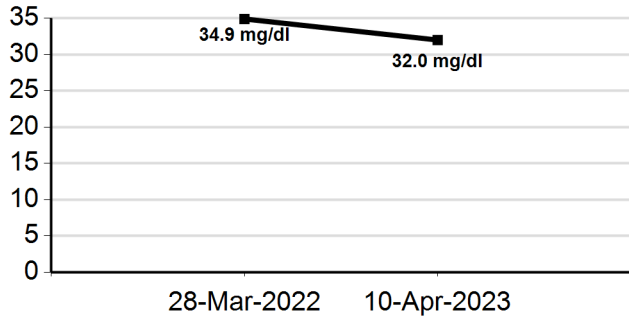




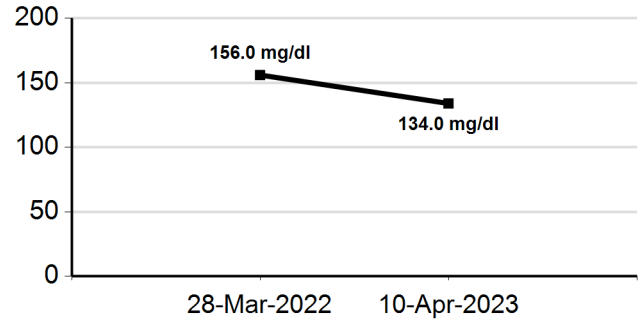
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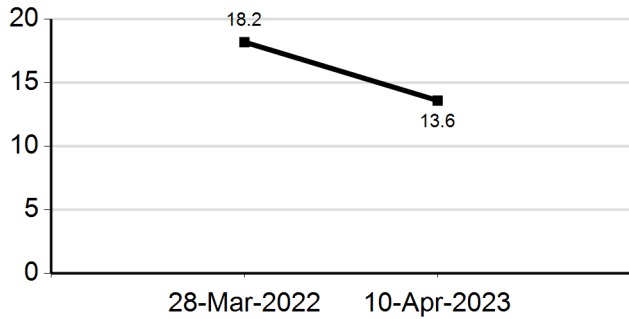
HDL CHOLESTEROL



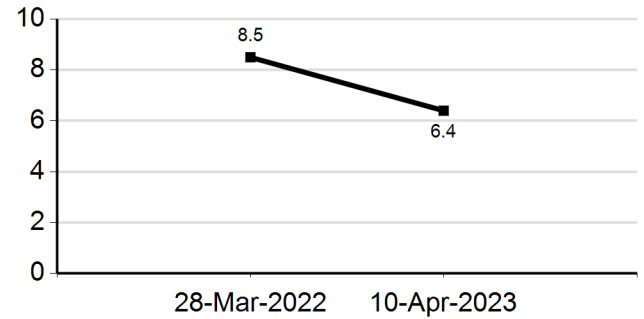
LDL CHOLESTEROL



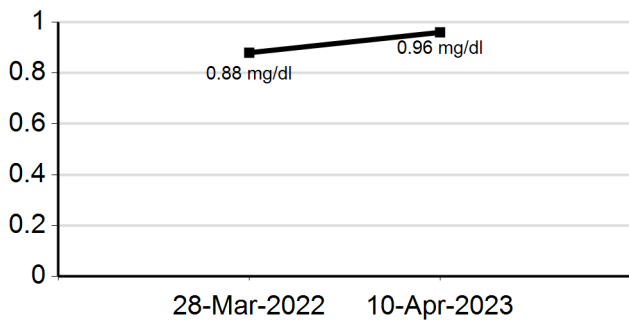
BLOOD UREA



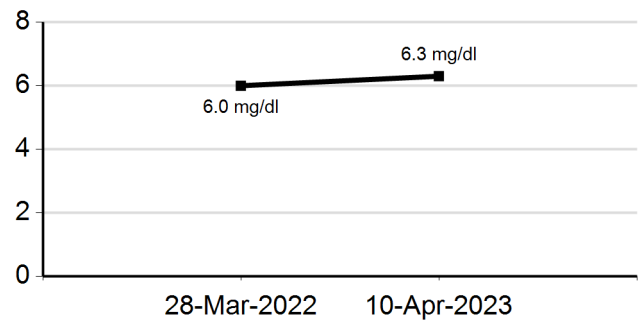
BUN



CREATININE



URIC ACID

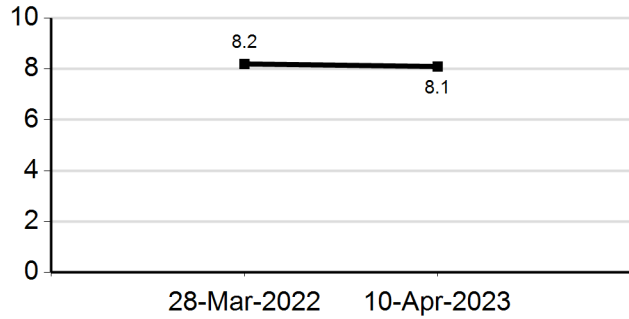




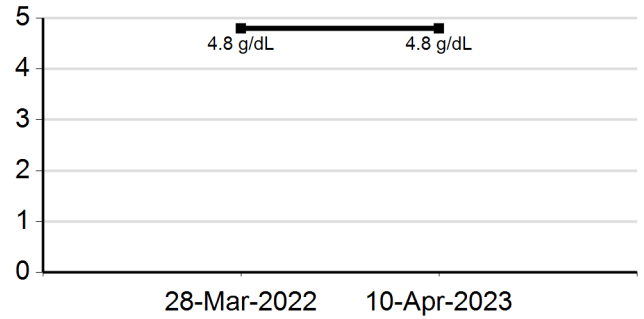
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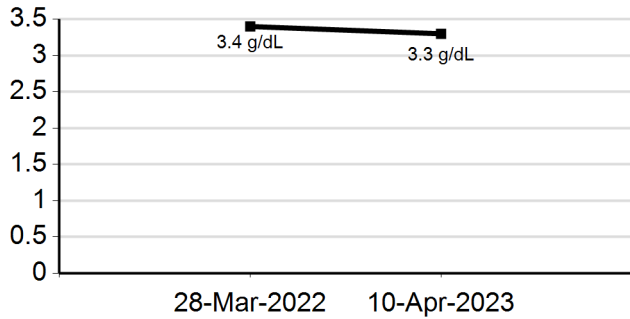
TOTAL PROTEINS



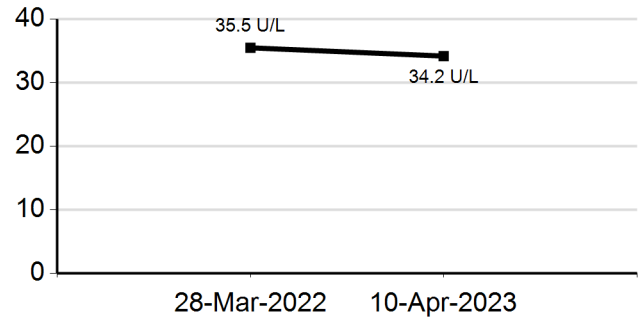
ALBUMIN



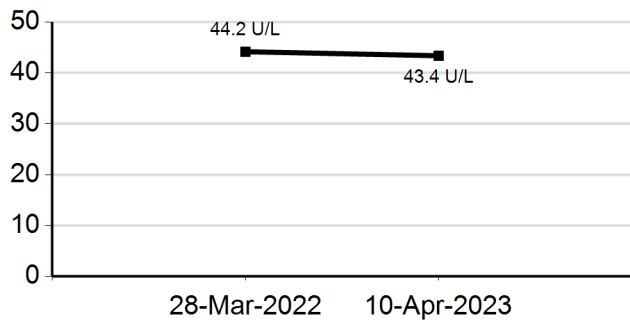
GLOBULIN



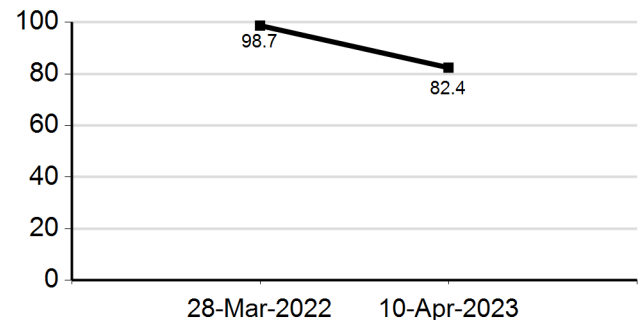
SGOT (AST)



SGPT (ALT)



ALKALINE PHOSPHATASE

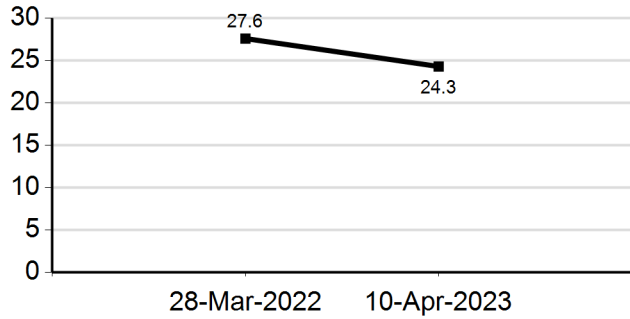




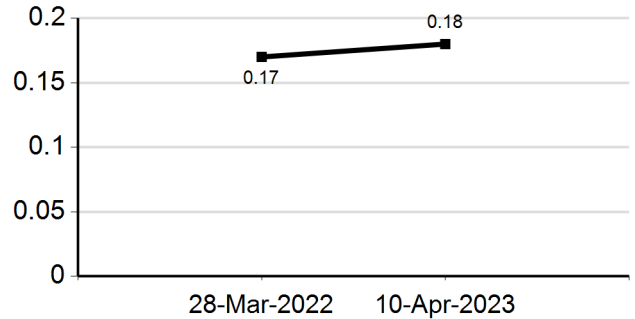
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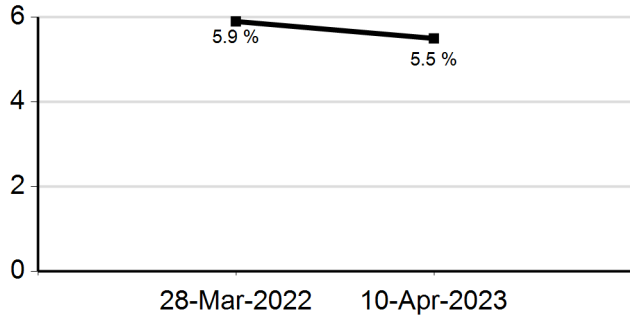
GAMMA GT



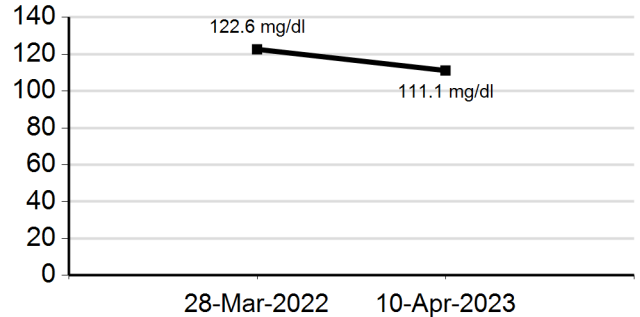
BILIRUBIN (DIRECT)



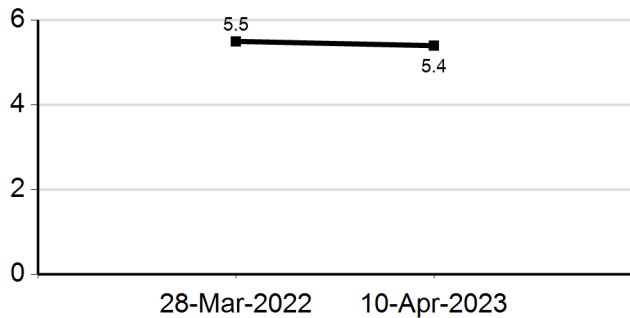
Glycosylated Hemoglobin (HbA1c)



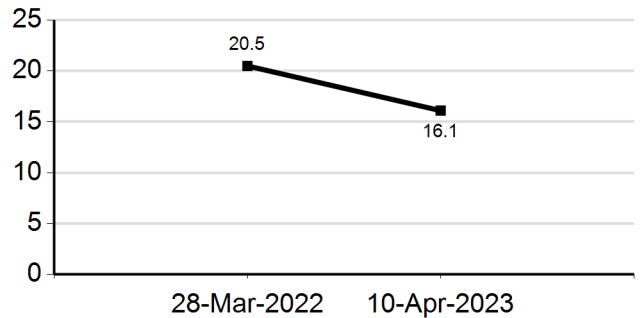
Estimated Average Glucose (eAG)



Free T3



Free T4

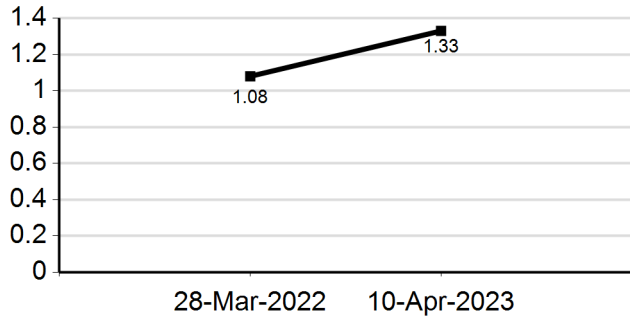




Use a QR Code Scanner
Application To Scan the Code

CID : 2310000751
Name : MR.NAYAK PADMALOCHAN
Age / Gender : 40 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

sensitiveTSH



Name : Mr. NAVAK PADMALOCHAN
VID : 2310000751
Ref By : Arcotemi Healthcare Limited

Reg Date : 10-Apr-2023 09:15
Age/Gender : 40 Years
Regn Centre : Malad West (Main Centre)

History and Complaints:

Nil

EXAMINATION FINDINGS:

Height (cms): 169 cms
Temp (0c): Afebrile
Blood Pressure (mm/hg): 130/80
Pulse: 70/min
Systems
Cardiovascular: Normal
Respiratory: Normal
Genitourinary: Normal
GI System: Normal
CNS: Normal

IMPRESSION:

Mild dyslipidemia
Mild hematuria

ADVICE:

Lipidic modification
Drink plenty of liquid

CHIEF COMPLAINTS:

- 1) Hypertension: NO
- 2) IHD NO
- 3) Arrhythmia NO
- 4) Diabetes Mellitus NO
- 5) Tuberculosis NO
- 6) Asthma NO
- 7) Pulmonary Disease NO
- 8) Thyroid/ Endocrine disorders NO

Name : Mr. NAVAK PADMALOCHAN
VID : 231000751
Ref By : Arcofemi Healthcare Limited

Reg Date : 10-Apr-2023 09:15
Age/Gender : 40 Years
Regn Centre : Malad West (Main Centre)

- 9) Nervous disorders No
- 10) GI system No
- 11) Genital urinary disorder No
- 12) Rheumatic joint diseases or symptoms No
- 13) Blood disease or disorder No
- 14) Cancer/lump growth/cyst No
- 15) Congenital disease No
- 16) Surgeries No
- 17) Musculoskeletal System No
- PERSONAL HISTORY:
- 1) Alcohol No
- 2) Smoking No
- 3) Diet Veg
- 4) Medication No

Sonalii Honrao

Dr.Sonalii Honrao
MD physician
Sr. Manager-Medical
Services (Cardiology)

DR. SONALII HONRAO
MD PHYSICIAN
REG. NO. 2001/04/1982

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
102-104, Bhoodan Centre,
Opp. Goregaon Sports Club,
Link Road, Malad (W), Mumbai - 400 064.

Date:- 10/4/23
 Name:- Nayak Padmalochan
 Sex / Age: 40/M
 CID: 2810000751

EYE CHECK UP

Chief complaints: No

Systemic Diseases: No

Past history: No

Unaided Vision: Both eye Nu i N6
 Aided Vision: Dv i 6/6

Refraction:

(Right Eye)				(Left Eye)			
Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
			6/9				6/9
							N6
Near							

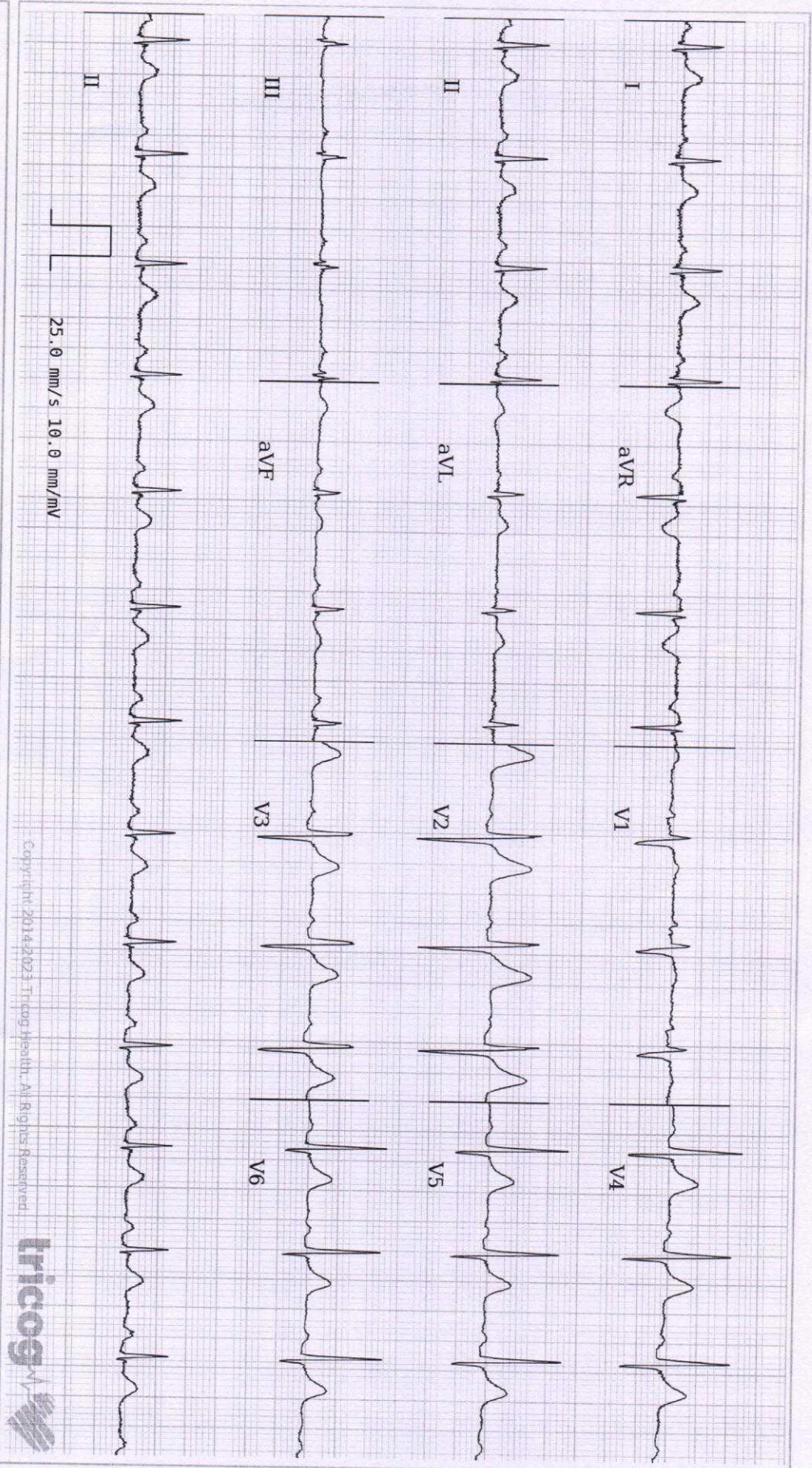
Colour Vision: Normal / Abnormal

Remark:

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

Patient Name: **NAVAK PADMALOCHAN**
Patient ID: **2310000751**

SUBURBAN DIAGNOSTICS - MALDEN WEST
Date and Time: **10th Apr 23 9:49 AM**



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Age **40** **2**
years months

Gender **Male**

Heart Rate **82bpm**

Patient Vitals

BP: **130/80 mmHg**
Weight: **77 kg**
Height: **169 cm**
Pulse: **NA**
Spo2: **NA**
Resp: **NA**
Others:

Measurements

QRSD: **86ms**
QT: **356ms**
QTcB: **415ms**
PR: **156ms**
P-R-T: **50° 45° 29°**

ECG Within Normal Limits: Sinus Rhythm. 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.

CID

: 231000751

: Mr NAYAK PADMALOCHAN

: 40 Years/Male

Name Age / Sex

Ref. Dr

Reg. Location

: Malad West Main Centre

Reg. Date

: 10-Apr-2023

Reported

: 10-Apr-2023 / 15:01



Use a QR Code Scanner Application To Scan the Code

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/RISViewer/NeoradViewer?AccessionNo=2023041009161319>

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd 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.

about:blank

HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnosics.com | WEBSITE: www.suburbandiagnosics.com

Corporate Identity Number (CIN): U85110MH2002PTC136144

CID : 231000751
Name : Mr NAYAK PADMALOCHAN
Age / Sex : 40 Years/Male
Ref. Dr :
Reg. Location : Malad West Main Centre
Reg. Date : 10-Apr-2023
Reported : 10-Apr-2023 / 9:58

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, shape and smooth margins. It shows normal parenchymal echo pattern. The intra hepatic biliary and portal appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD 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 visualized and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Both the kidneys are normal in size, shape and echotexture. There is 2.9 x 2.1 cm sized thin wall minimally complex cyst with few thin internal septae seen at lower pole of right kidney. No cyst in left kidney. No evidence of any calculus, hydronephrosis or solid mass lesion seen.

SPLEEN:

The spleen is normal in size 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 echotexture.

Click here to view images <<ImageLink>>

CID : 231000751
Name : Mr NAYAK PADMALOCHAN
Age / Sex : 40 Years/Male
Ref. Dr :
Reg. Location : Malad West Main Centre
Reg. Date : 10-Apr-2023
Reported : 10-Apr-2023 / 9:58

IMPRESSION:

**SMALL MINIMALLY COMPLEX RIGHT RENAL CYST
NO OTHER SIGNIFICANT ABNORMALITY IS SEEN.**

Suggestion: Clinicopathological correlation.

Note: Investigators 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. Sunil Bhutka
DMRD DNB
MMC REG NO:2011051101

Click here to view images <<ImageLink>>

--
Malad WestStation
Telephone:**EXERCISE STRESS TEST REPORT**Patient Name: NAYAK, PADMALOCHAN
Patient ID: 2310000751
Height: 169 cm
Weight: 77 kgDOB: 02.02.1983
Age: 40yrs
Gender: Male
Race: AsianStudy Date: 10.04.2023
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	02:11	0.00	0.00			
	STANDING	00:15	0.00	0.00	97	130/80	
	HYPERV.	00:14	0.00	0.00	101	130/80	
EXERCISE	WARM-UP	00:27	1.00	0.00	100	130/80	
	STAGE 1	03:00	1.70	10.00	133		
	STAGE 2	03:00	2.50	12.00	131	140/80	
	STAGE 3	00:21	3.40	14.00	151	146/80	
RECOVERY		03:05	0.00	0.00	122	146/80	

The patient exercised according to the BRUCE for 6:20 min:s, achieving a work level of Max. METS: 8.00. The resting heart rate of 106 bpm rose to a maximal heart rate of 164 bpm. This value represents 91 % of the maximal, age-predicted heart rate. The resting blood pressure of 130/80 mmHg, rose to a maximum blood pressure of 146/80 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

Sonal P.

Technician

DR. SONALI HONRAO
MD PHYSICIAN
REG. NO. 2001/04/1882

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Link Road, Malad (W), Mumbai - 400 064.

98 bpm

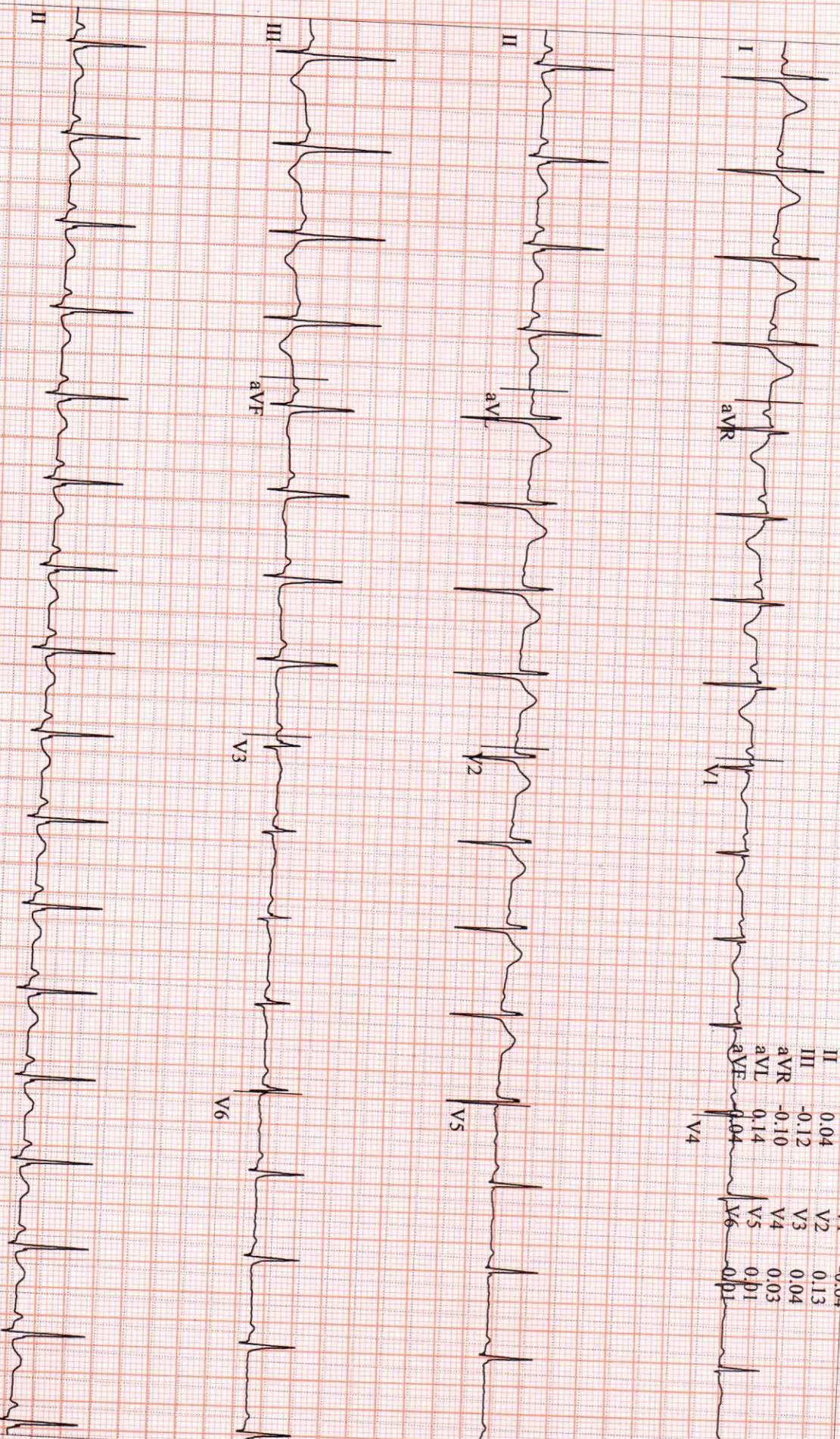
12-Lead Report
 PRETEST
 SUPINE
 02:08

BRUCE
 0.0 mph
 0.0 %

Measured at 60ms Post J
 Auto Points

SUBURBAN DIAGNOST

Lead	ST(mV)	Lead	ST(mV)
I	0.16	V1	-0.04
II	0.04	V2	0.13
III	-0.12	V3	0.04
aVR	-0.10	V4	0.03
aVL	0.14	V5	0.01
aVF	0.04	V6	0.01



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

Start of Test: 10:43:17am

100 bpm
 130/80 mmHg

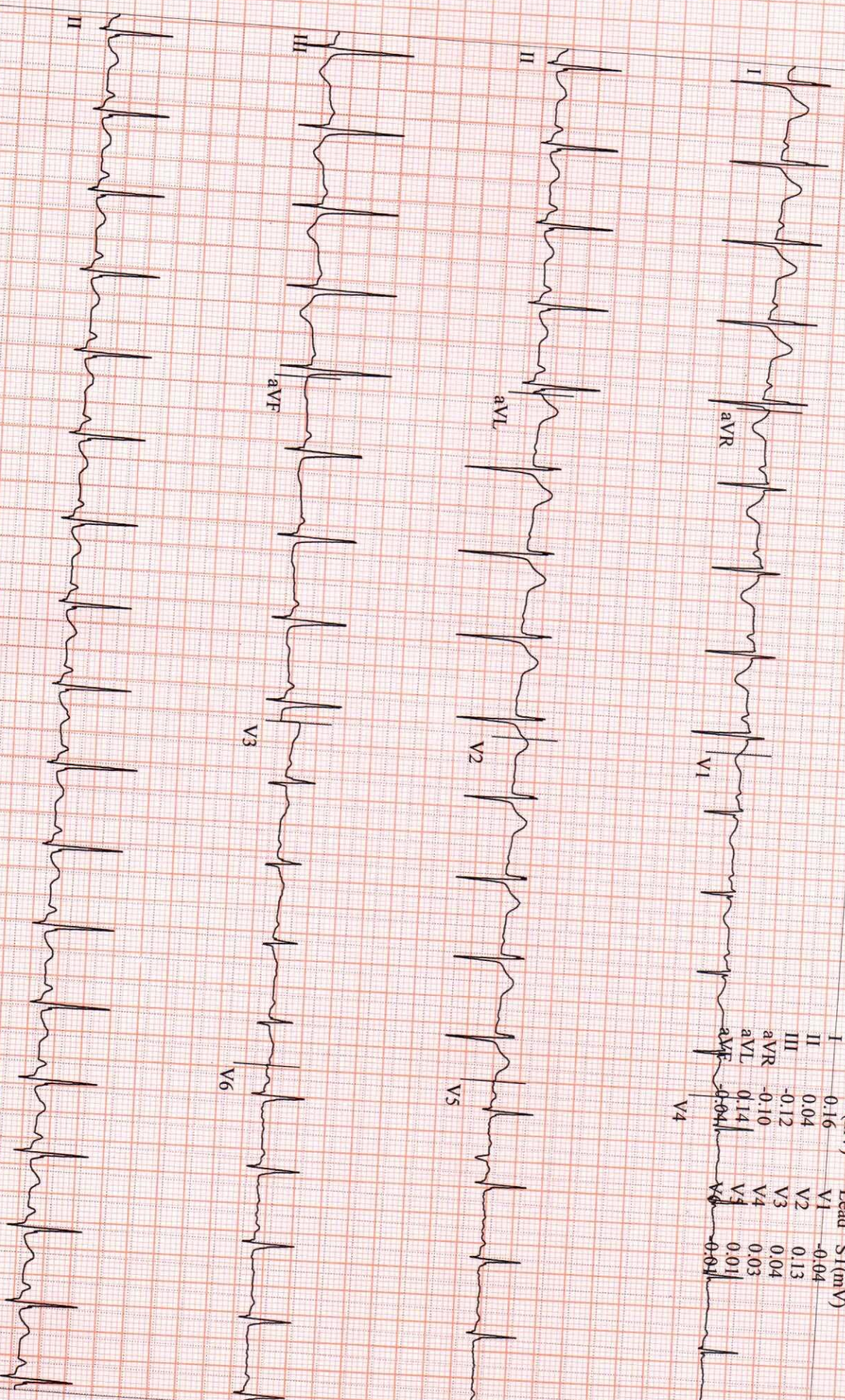
12-Lead Report
 PRETEST
 STANDING
 02:23

BRUCE
 0.0 mph
 0.0 %

Measured at 60ms Post J
 Auto Points

SUBURBAN DIAGNOS

Lead	ST(mV)	Lead	ST(mV)
I	0.16	V1	-0.04
II	0.04	V2	0.13
III	-0.12	V3	0.04
aVR	-0.10	V4	0.03
aVL	0.14	V5	0.01
aVF	-0.04	V6	-0.04



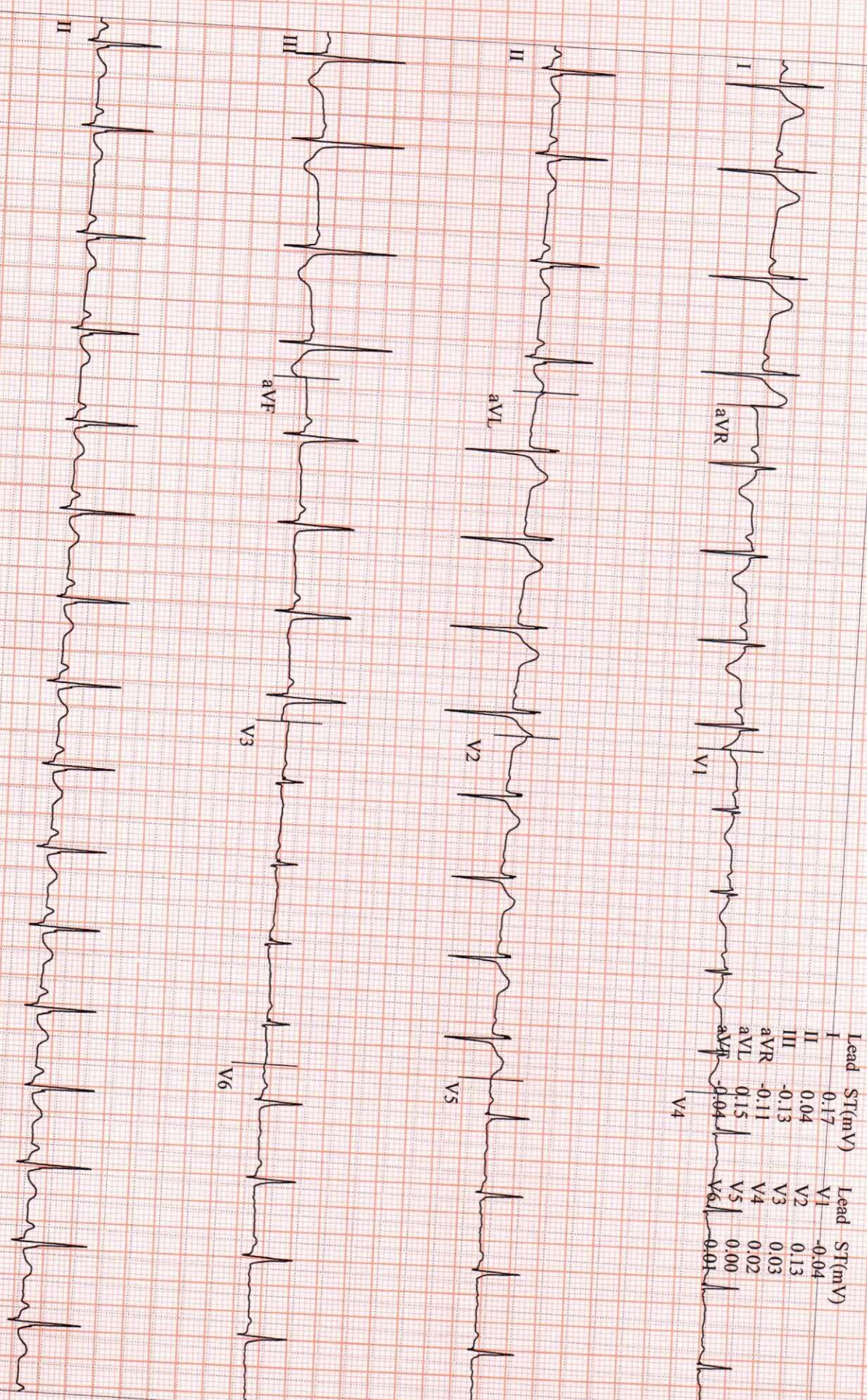
GE CardioSoft V6.73 (2)
 25 mm/s 10 mm/mV 50Hz 0.01Hz PRF+ HR(I,II)

Start of Test: 10:43:17am

12-Lead Report
 101 bpm
 130/80 mmHg
 PRETEST
 HYPERV.
 02:37

BRUCE
 0.0 mph
 0.0 %

Measured at 60ms Post J
 Auto Points
 SUBURBAN DIAGNOS



Lead	ST(mV)	Lead	ST(mV)
I	0.17	V1	-0.04
II	0.04	V2	0.13
III	-0.13	V3	0.03
aVR	-0.11	V4	0.02
aVL	0.15	V5	0.00
aVF	-0.04	V6	0.01

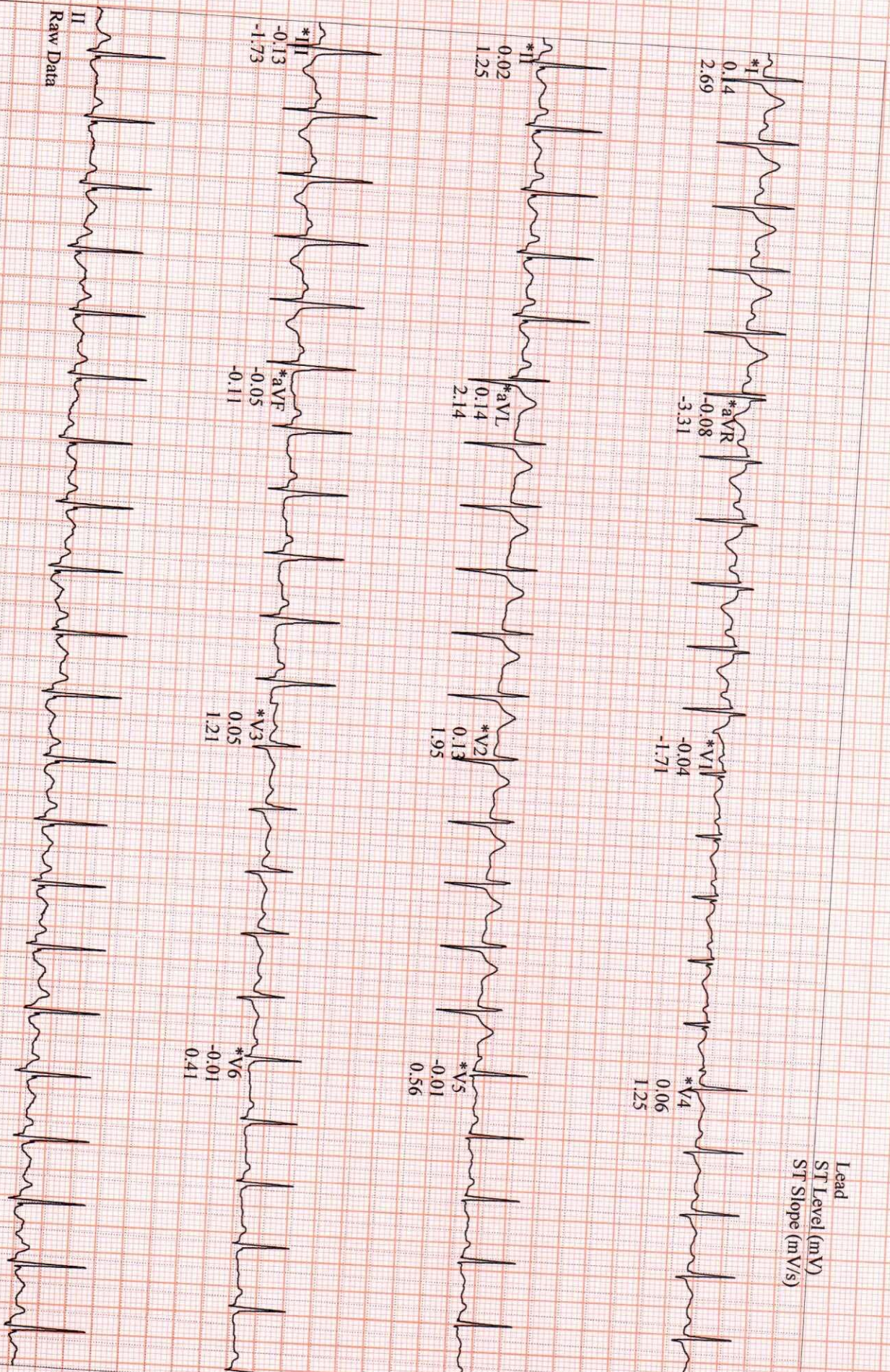
GE CardioSoft V6.73 (2)
 25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(LID)

Start of Test: 10:43:17am

Linked Medians
 EXERCISE
 STAGE 1
 02:50

BRUCE
 1.7 mph
 10.0%

SUBURBAN DIAGNOS



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

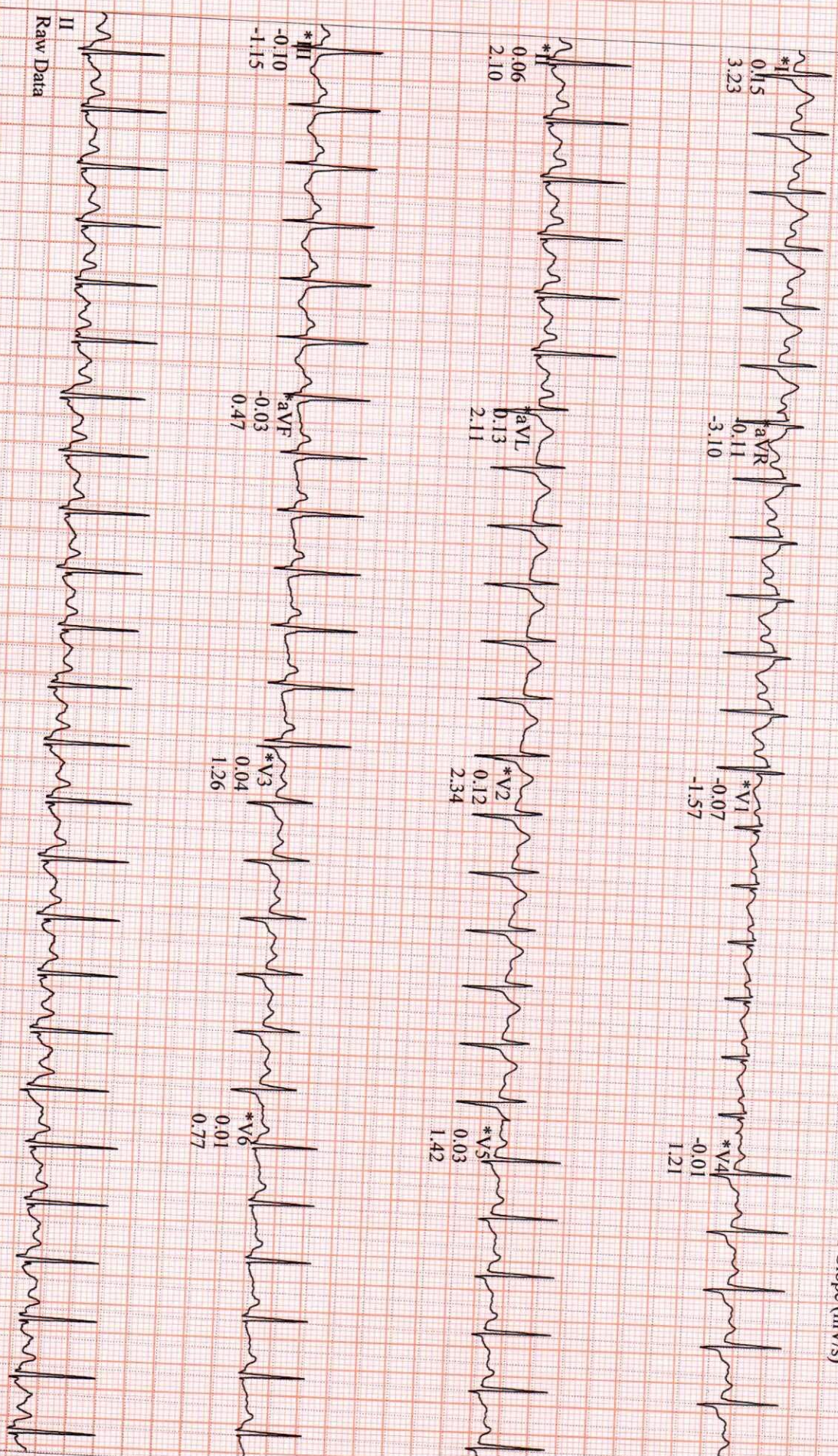
Start of Test: 10:43:17am

*Computer Synthesized Rhythms

Linked Medians
 EXERCISE
 STAGE 2
 05:50

BRUCE
 2.5 mph
 12.0 %

SUBURBAN DIAGNOS



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

Start of Test: 10:43:17am

*Computer Synthesized Rhythms

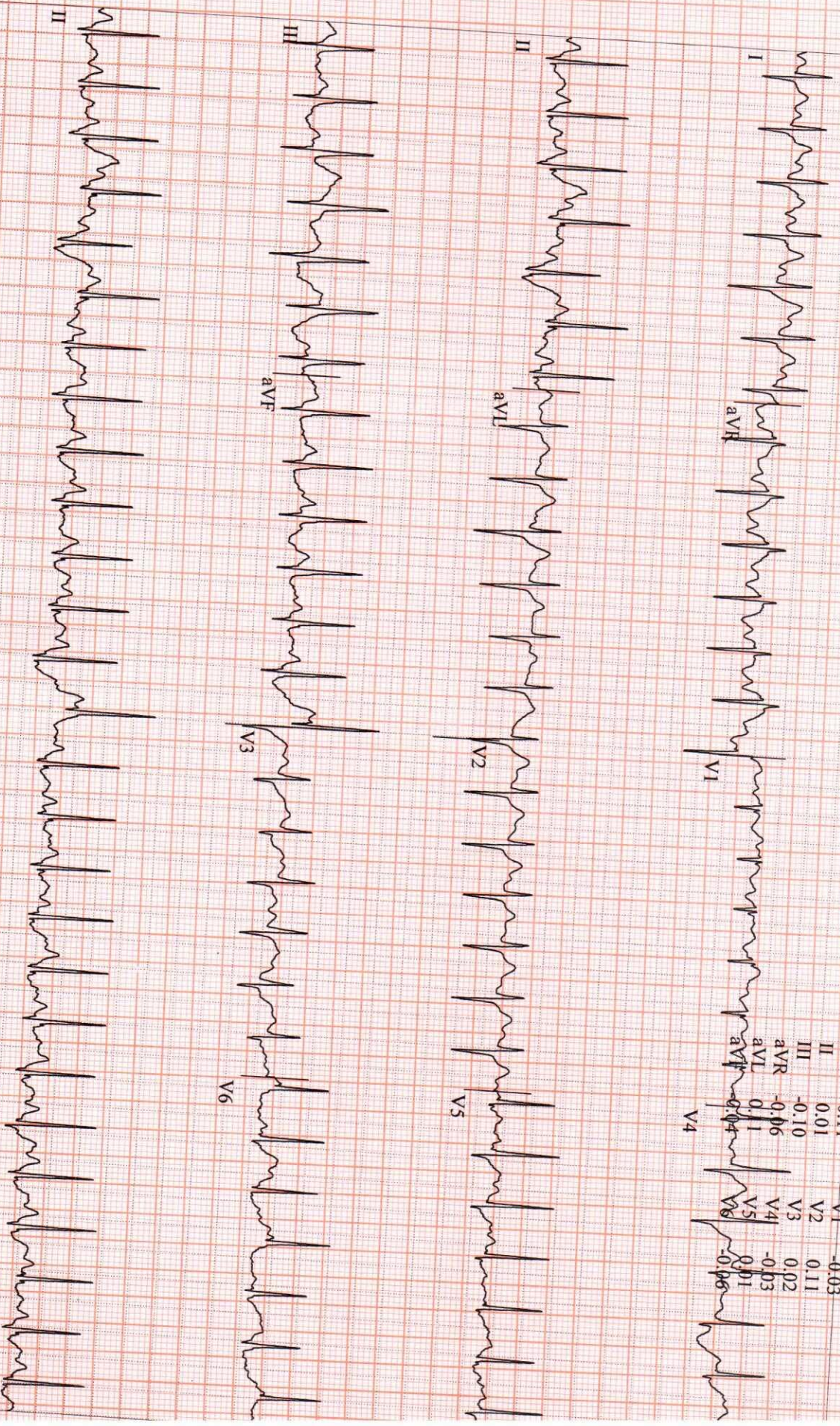
NAYAK, PADMALOCHAN
 Patient ID 2310000751
 10.04.2023
 10:52:48am

162 bpm
 146/80 mmHg

12-Lead Report (PEAK EXERCISE)
 EXERCISE
 STAGE 3
 06:21
 BRUCE
 3.4 mph
 14.0%

Measured at 60ms Post J
 Auto Points
 SUBURBAN DIAGNOS

Lead	ST(mV)	Lead	ST(mV)
I	0.11	V1	-0.03
II	0.01	V2	0.11
III	-0.10	V3	0.02
aVR	-0.06	V4	-0.03
aVL	0.11	V5	0.01
aVF	-0.04	V6	-0.06



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

Start of Test: 10:43:17am

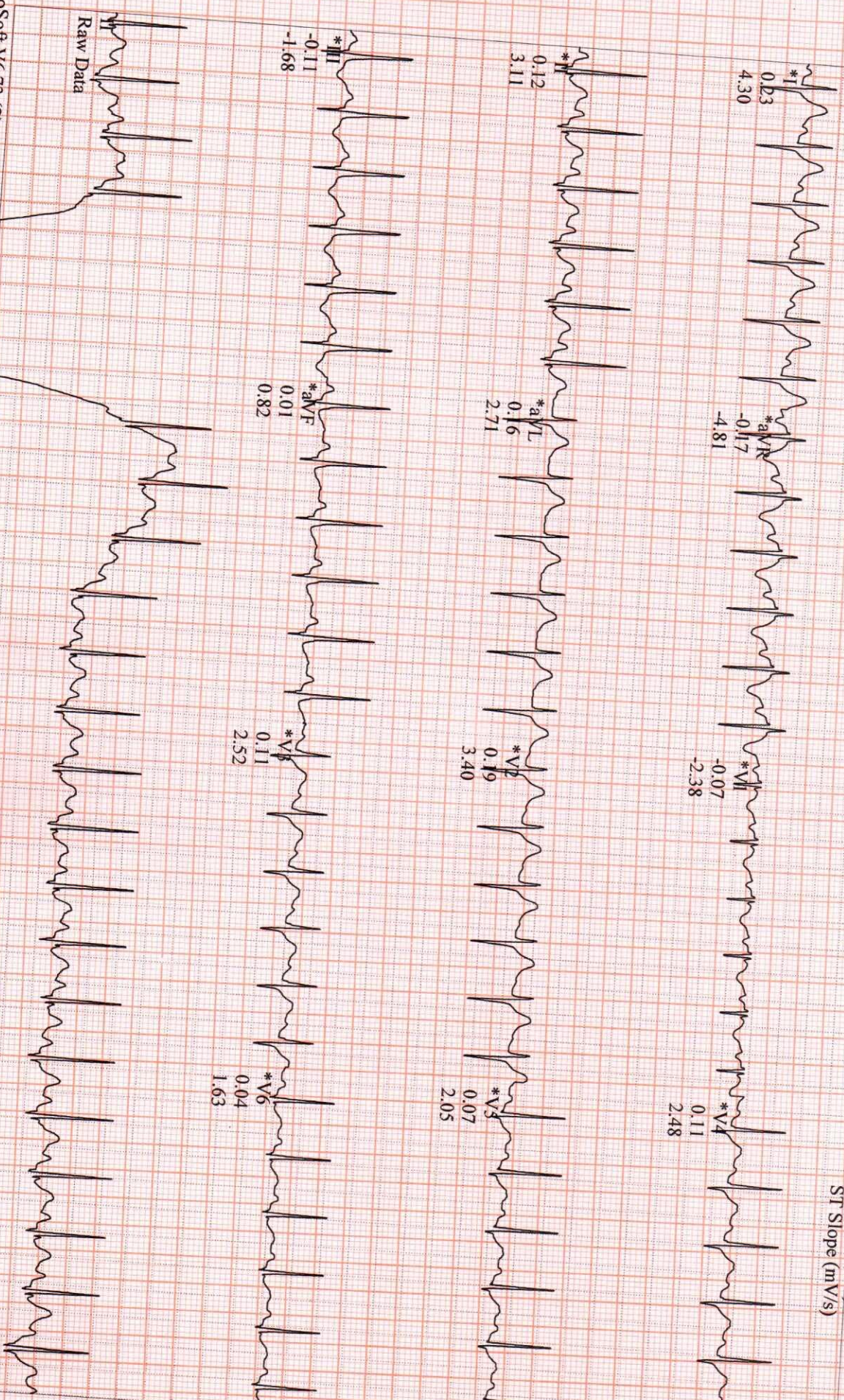
142 bpm

Linked Medians
 RECOVERY #1
 01:00

BRUCE
 0.0 mph
 0.0%

SUBURBAN DIAGNOS

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(1,1)

Start of Test: 10:43:17am

*Computer Synthesized Rhythms

NAVAK, PADMALOCHAN
Patient ID 2310000751
10.04.2023
10:54:42am

129 bpm

Linked Medians
RECOVERY #1
02:00

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOS



Raw Data

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

Start of Test: 10:43:17am

*Computer Synthesized Rhythms

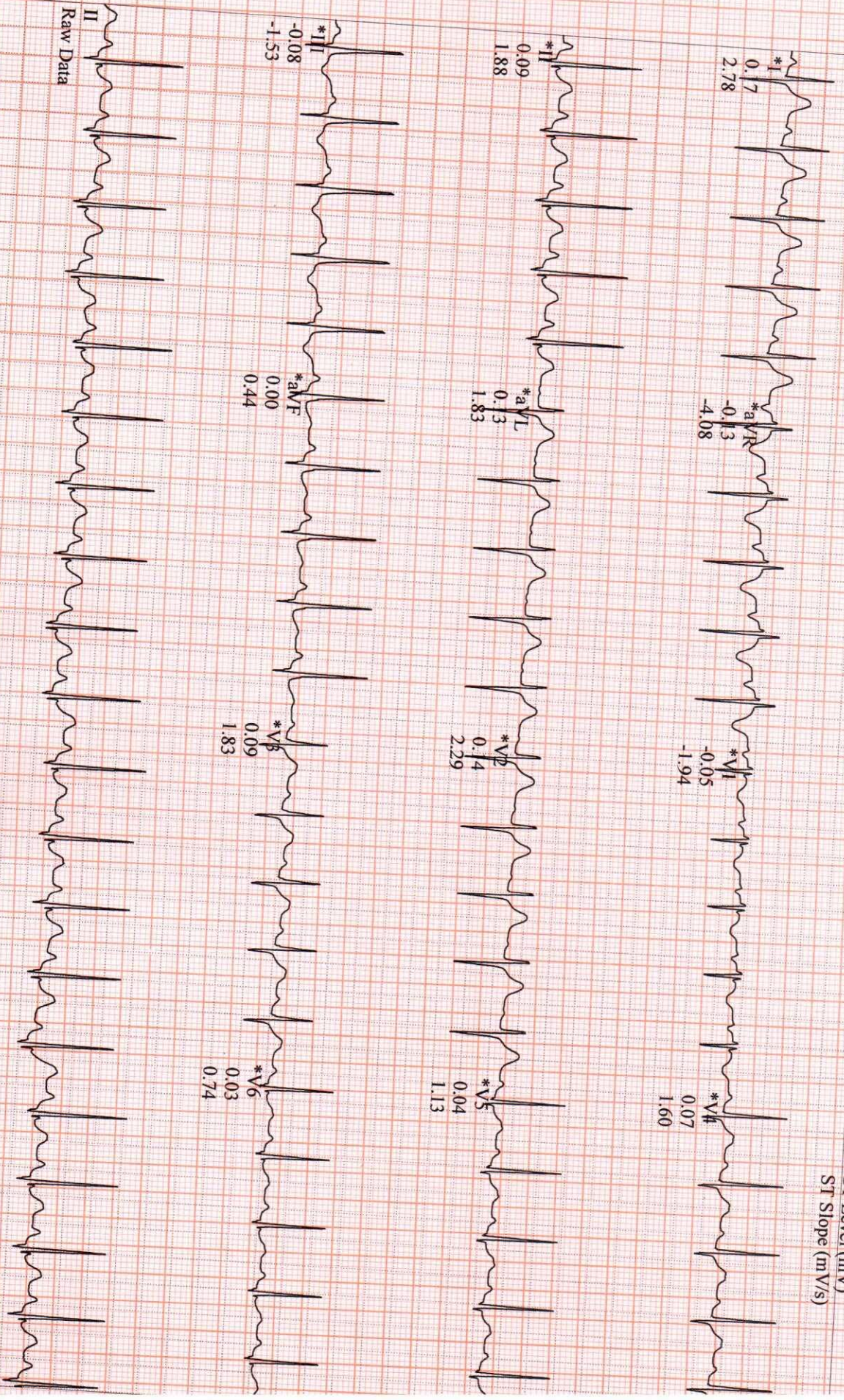
120 bpm
 146/80 mmHg

Linked Medians
 RECOVERY #1
 03:00

BRUCE
 0.0 mph
 0.0%

SUBURBAN DIAGNOS

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



II
 Raw Data

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

Start of Test: 10:43:17am

*Computer Synthesized Rhythms