



CID : 2308912907  
Name : MR.KAPIL JHA  
Age / Gender : 34 Years / Male  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 30-Mar-2023 / 09:14  
Reported : 30-Mar-2023 / 15:22

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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>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	13.2	13.0-17.0 g/dL	Spectrophotometric
RBC	4.88	4.5-5.5 mil/cmm	Elect. Impedance
PCV	41.4	40-50 %	Measured
MCV	85	80-100 fl	Calculated
MCH	27.1	27-32 pg	Calculated
MCHC	31.8	31.5-34.5 g/dL	Calculated
RDW	14.8	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6300	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	24.8	20-40 %	
Absolute Lymphocytes	1562.4	1000-3000 /cmm	Calculated
Monocytes	8.0	2-10 %	
Absolute Monocytes	504.0	200-1000 /cmm	Calculated
Neutrophils	64.3	40-80 %	
Absolute Neutrophils	4050.9	2000-7000 /cmm	Calculated
Eosinophils	2.4	1-6 %	
Absolute Eosinophils	151.2	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	31.5	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	171000	150000-400000 /cmm	Elect. Impedance
MPV	12.8	6-11 fl	Calculated
PDW	29.6	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 9 2-15 mm at 1 hr. Sedimentation

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

*Bmhasakar*

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



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**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	87.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	80.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.35	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.20	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.6	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
SGOT (AST), Serum	24.3	<34 U/L	Modified IFCC
SGPT (ALT), Serum	50.3	10-49 U/L	Modified IFCC
GAMMA GT, Serum	11.2	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	82.2	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	20.7	19.29-49.28 mg/dl	Calculated
BUN, Serum	9.7	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.88	0.60-1.10 mg/dl	Enzymatic



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eGFR, Serum	105	>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	6.0	3.7-9.2 mg/dl	Uricase/ Peroxidase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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

*Bmhasakar*

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





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

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

**Intended use:**

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

**Clinical Significance:**

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

**Test Interpretation:**

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

**Factors affecting HbA1c results:**

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

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

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

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

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

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



*Namrata Raul*

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



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**URINE EXAMINATION REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	40	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
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
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	3-4	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+++	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

*Bmhasakar*

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



MC-2111



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Reported :

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh TYPING	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

**Clinical significance:**  
ABO system is most important of all blood group in transfusion medicine

- Limitations:**
- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
  - Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
  - Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
  - Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
  - The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

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

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

*Dr. Leena Salunkhe*

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







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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	131.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	54.4	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	38.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	92.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	82.0	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	10.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.1	0-3.5 Ratio	Calculated

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



*Namrata*

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



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**THYROID FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	5.4	3.5-6.5 pmol/L	CLIA
Free T4, Serum	13.9	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	1.702	0.55-4.78 microIU/ml	CLIA



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**Interpretation:**

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

**Clinical Significance:**

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

**Diurnal Variation:**TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

**Reflex Tests:**Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

**Limitations:**

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

**Reference:**

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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

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

*Anupa*

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

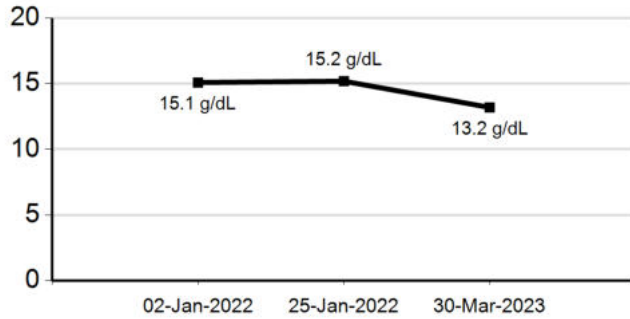




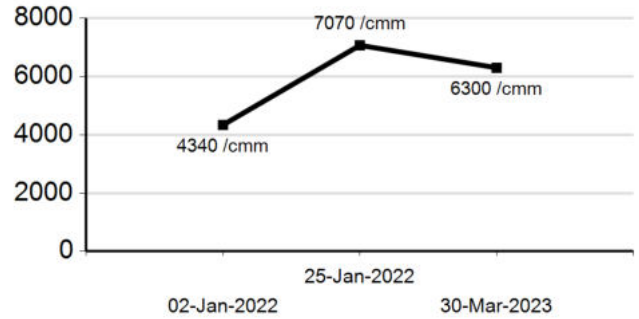
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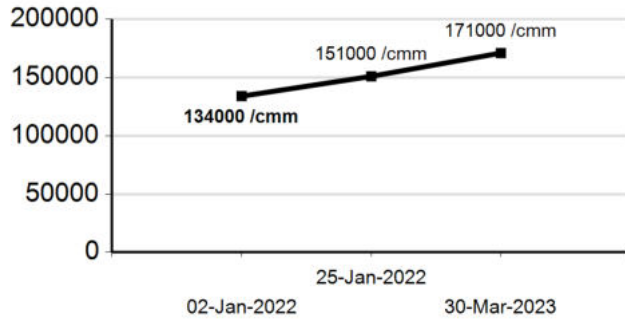
**Haemoglobin**



**WBC Total Count**



**Platelet Count**



Name : Mr . Kapil Jha  
VID : 2308912907  
Ref By : Arcofemi Healthcare Limited

Reg Date : 30-Mar-2023 09:07  
Age/Gender : 34 Years  
Regn Centre : Kandivali East (Main Centre)

**History and Complaints:**

Allergic Bronchitis

**EXAMINATION FINDINGS:**

Height (cms): 176 cms  
Temp (0c): Afebrile  
Blood Pressure (mm/hg): 110/70  
Pulse: 72/min

Weight (kg): 74 kgs  
Skin: Normal  
Nails: Normal  
Lymph Node: Not Plapable

**Systems**

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

**IMPRESSION:**

**ADVICE:**

*Cardiologist opinion*

*CSR - Short PR Interval  
- Sinus Bradycardia*

**CHIEF COMPLAINTS:**

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

Name : Mr . Kapil Jha  
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Reg Date : 30-Mar-2023 09:07  
Age/Gender : 34 Years  
Regn Centre : Kandivali East (Main Centre)

**PERSONAL HISTORY:**

- |               |             |
|---------------|-------------|
| 1) Alcohol    | Occasioanly |
| 2) Smoking    | No          |
| 3) Diet       | Mixed       |
| 4) Medication | No          |

  
Dr. Jagruti Dhale

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

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.  
Row House No. 3, Aangan,  
Thakur Village, Kandivali (east),  
Mumbai - 400101.  
Tel : 61700600

Date:- 30/3/23

CID: 2308912907

Name:- Mr. Kapil Jha

Sex/Age: M/34

**EYE CHECK UP**

Chief complaints: Routine check up

Systemic Diseases: NO H/O S/I

Past history: NO H/O Ocular surgery

Unaided Vision:  $< 6/60$                        $< 6/60$

Aided Vision:  $6/6, 2/6$                        $6/6, 2/6$

Refraction:

COMB! NORMAL

H/Ogl  
↓  
-4.0-1.0x180

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

Colour Vision: Normal / Abnormal

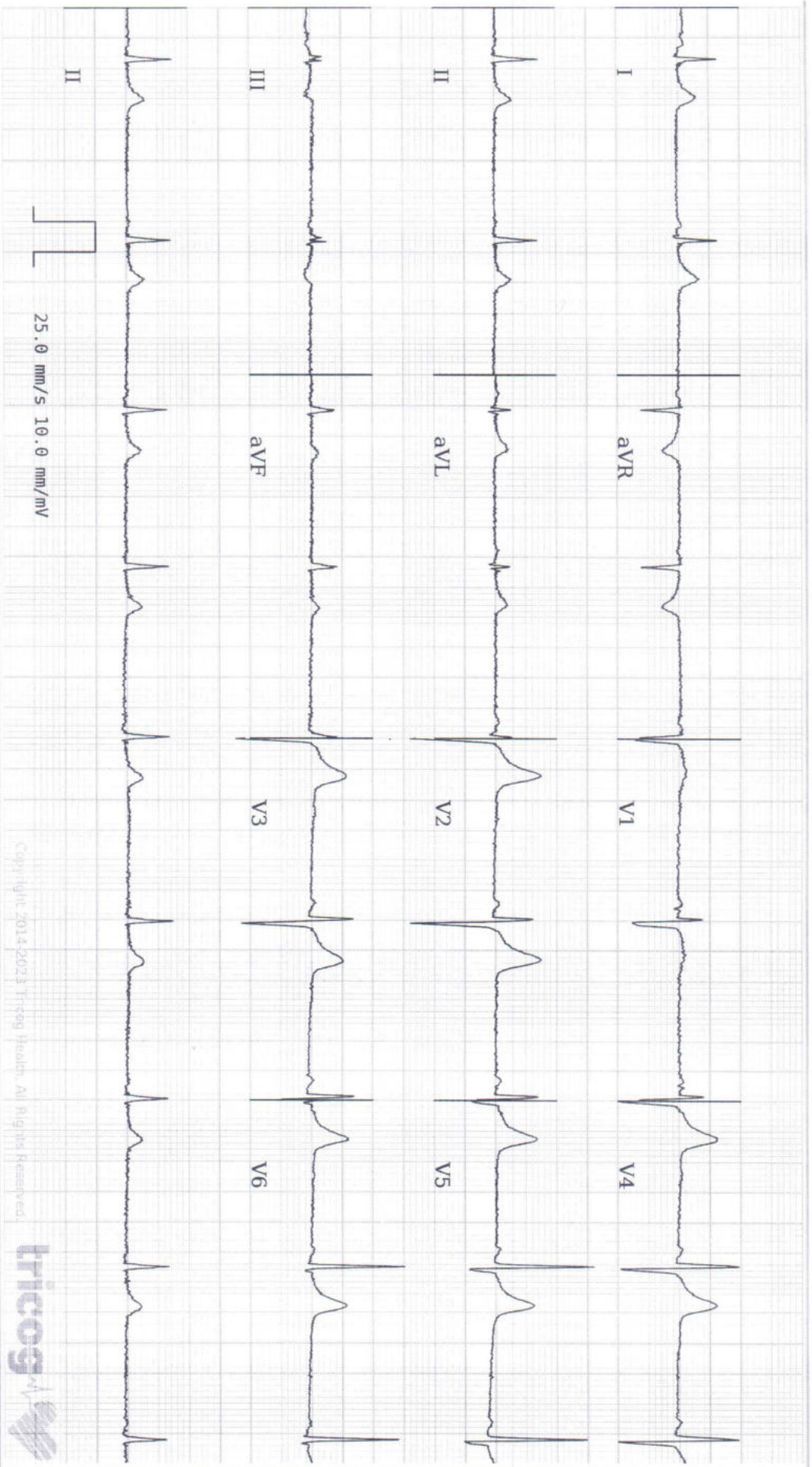
Remark: Vn within normal limit  
Continue with same glass

*Kajal H*  
**KAJAL NAGRECHA**  
OPTOMETRIST

**SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.**  
Row House No. 3, Aangan,  
Thakur Village, Kandivali (east),  
Mumbai - 400101.  
Tel : 61700800

Patient Name: KAPIL JHA  
Patient ID: 2308912907

**SUBURBAN DIAGNOSTICS - KANDIVALLI EASI**  
Date and Time: 30th Mar 23 10:32 AM



Age **34** **11** **25**  
years months days

Gender **Male**

Heart Rate **53bpm**

Patient Vitals

BP: 110/70 mmHg

Weight: 74 kg

Height: 176 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

**Measurements**

QRSD: 78ms

QT: 382ms

QTc: 358ms

PR: 116ms

P-R-T: 17° 40° 15°

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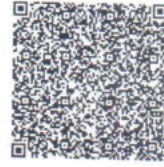


Sinus Bradycardia, Short PR Interval. Please correlate clinically.

REPORTED BY

DR AKHIL PARUL EKAR  
MBBS, MD, MEDICINE, DNB Cardiology  
Cardiologist  
2012082483





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Reg. Location : Kandivali East Main Centre

Reg. Date : 30-Mar-2023  
Reported : 30-Mar-2023 / 12:09

**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-----

Khilji FA

**Dr.FAIZUR KHILJI**  
**MBBS,RADIO DIAGNOSIS**  
**Reg No-74850**  
**Consultant Radiologist**

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Reported : 30-Mar-2023 / 10:43

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

### KIDNEYS:

Both the kidneys are normal in size shape and echotexture.  
No evidence of any calculus, hydronephrosis or mass lesion seen.  
Right kidney measures 10.5 x 4.0 cm. Left kidney measures 10.5 x 5.0 cm.

### 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 volume is 10 cc.

[Click here to view images <<ImageLink>>](#)

Authenticity Check  
<<QRCode>>

CID : 2308912907  
Name : Mr Kapil Jha  
Age / Sex : 34 Years/Male  
Ref. Dr :  
Reg. Location : Kandivali East Main Centre

Use a QR Code Scanner  
Application To Scan the Code  
Reg. Date : 30-Mar-2023  
Reported : 30-Mar-2023 / 10:43

**IMPRESSION:**

No significant abnormality is seen.

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

*Khilji Faizur*

**Dr.FAIZUR KHILJI**  
**MBBS,RADIO DIAGNOSIS**  
**Reg No-74850**  
**Consultant Radiologist**

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the centre for rectification. Please interpret accordingly.

[Click here to view images <<ImageLink>>](#)

**SUBURBAN DIAGNOSTICS KANDIVALI EAST**

Report



Email:

1380 (2308912907) / KAPIL JHA / 34 Yrs / M / 176 Cms / 74 Kg  
 Date: 30 / 03 / 2023 11:53:07 AM Refd By : MEDIWHEEL Examined By: DR.AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:05	0:05	00.0	00.0	01.0	061	33 %	110/70	067	00	
Standing	00:28	0:23	00.0	00.0	01.0	071	38 %	110/70	078	00	
HV	00:39	0:11	00.0	00.0	01.0	058	31 %	110/70	063	00	
ExStart	00:58	0:19	00.0	00.0	01.0	058	31 %	110/70	063	00	
BRUCE Stage 1	03:58	3:00	02.7	10.0	04.7	103	55 %	110/70	113	00	
BRUCE Stage 2	05:58	2:00	04.0	12.0	06.3	126	68 %	110/70	138	00	
BRUCE Stage 3	07:58	2:00	05.5	14.0	09.2	156	84 %	140/80	218	00	
PeakEx	08:20	0:22	06.8	16.0	10.6	165	89 %	150/80	247	00	
Recovery	09:20	1:00	00.2	00.0	04.2	123	66 %	150/80	184	00	
Recovery	09:29	1:10	00.0	00.0	03.2	119	64 %	150/80	178	00	

**FINDINGS :**

Exercise Time : 07:22  
 Initial HR (ExStrt) : 58 bpm 31% of Target 186  
 Initial BP (ExStrt) : 110/70 (mm/Hg)  
 Max Workload Attained : 10.6 Good response to induced stress  
 Duke Treadmill Score : 02.8  
 Test End Reasons : , Heart Rate Achieved

Max HR Attained 165 bpm 89% of Target 186  
 Max BP Attained 150/80 (mm/Hg)

**SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.**  
 Row House No. 3, Aangan,  
 Thakur Vihar, Kandivali (east),  
 Mumbai - 406101.  
 Tel : 617009600

**Dr. Akhil P. Parulekar.**  
 M.B.B.S. M.D. Medicine  
 DNB Cardiology  
 Reg. No. 2012082483

Doctor : DR.AKHIL PARULEKAR





EMail:

1380 / KAPIL JHA / 34 Yrs / M / 176 Cms / 74 Kg Date: 30 / 03 / 2023 11:53:07 AM Refd By : MEDIWHEEL

## REPORT :

Heart Rate 165.0 bpm

Systolic BP 150.0 mmHg Diastolic BP 80.0 mmHg

Exercise Time 07:22 Mins Ectopic Beats 0.0

METS 10.6 Test End Reason , Heart Rate Achieved Target Heart Rate 90% of 186

TEST OBJECTIVE	:	ROUTINE CHECK UP
RISK FACTOR	:	NONE
ACTIVITY	:	MODERATE ACTIVE
MEDICATION	:	NONE
REASON FOR TERMINATION	:	HEART RATE ACHIEVED
EXERCISE TOLERANCE	:	GOOD
EXERCISE INDUCED ARRHYTHMIAS	:	NO
HAEMODYNAMIC RESPONSE	:	NORMAL
CHRONOTROPIC RESPONSE	:	NORMAL
FINAL IMPRESSION	:	NO SIGNIFICANT ST T CHANGES NOTED STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHAEMIC HEART DISEASE FOR GIVEN DURATION OF EXERCISE.

DISCLAIMER Negative stress test does not rule out coronary artery disease. Positive stress test is suggestive but not confirmatory of coronary artery disease. Hence clinical correlation is mandatory.

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.

Row House No. 3, Aawgan,

Thakur Village, Kandivali (East),

Mumbai - 409101.

Tel : 6177000000

Dr. Akhil P. Parulekar,

MBBS, MD, Medicine

DNB Cardiology

Reg. No. 2012082483

Doctor : DR.AKHIL PARULEKAR



1380 (2308912907) / KAPIL JHA / 34 Yrs / M / 176 Cms / 74 Kg / HR : 61

Date: 30 / 03 / 2023 11:53:07 AM

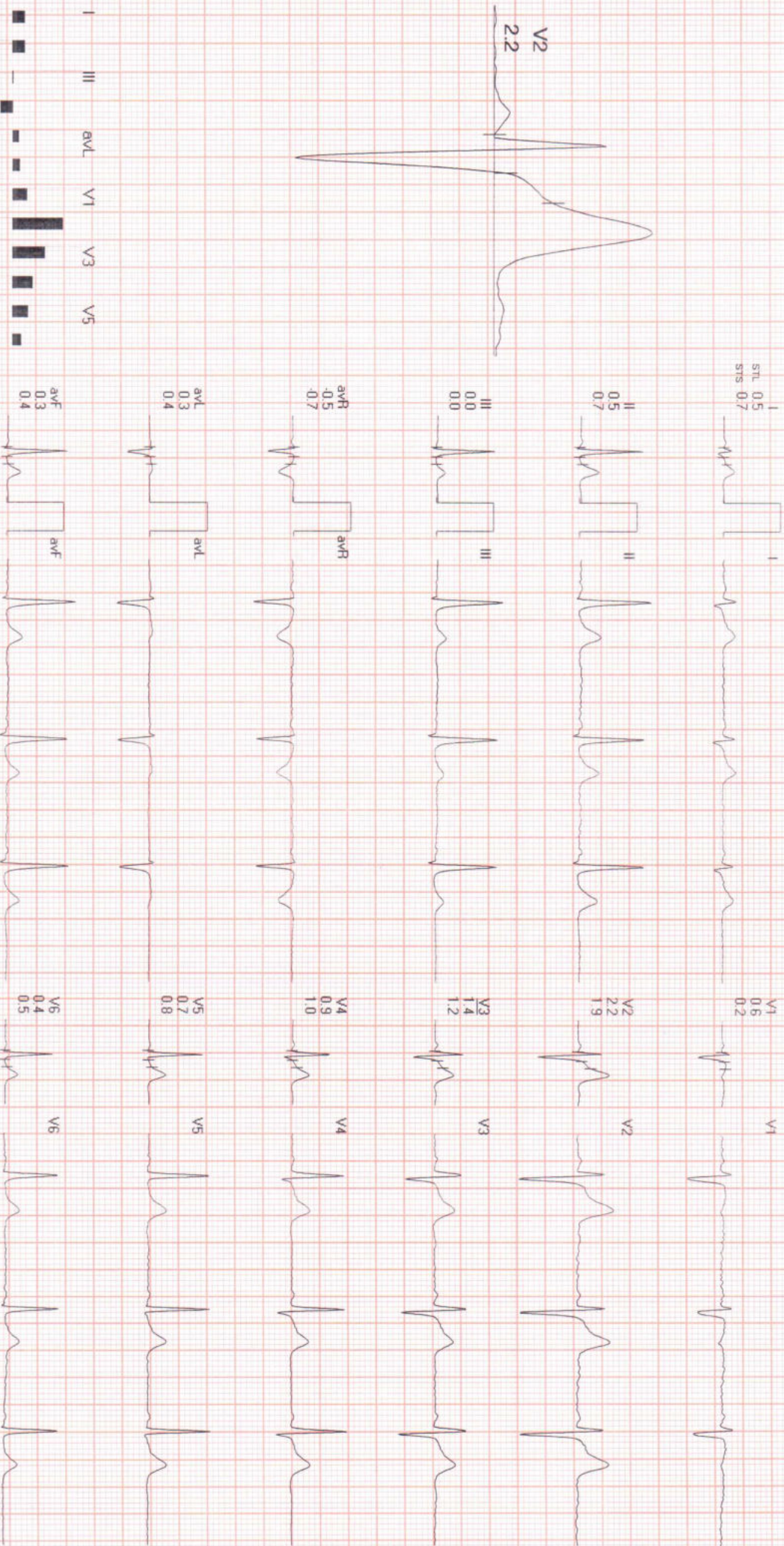
METS: 1.0/61 bpm 33% of THR BP: 110/70 mmHg

Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 0.0 Kmph, 0.0%

4X 80 mS Post J

25 mm/Sec 1.0 Cm/mV



REMARKS: II aVR aVL V1 V2 V3 V4 V5 V6



1380 (2308912907) / KAPIL JHA / 34 Yrs / M / 176 Cms / 74 Kg / HR : 71

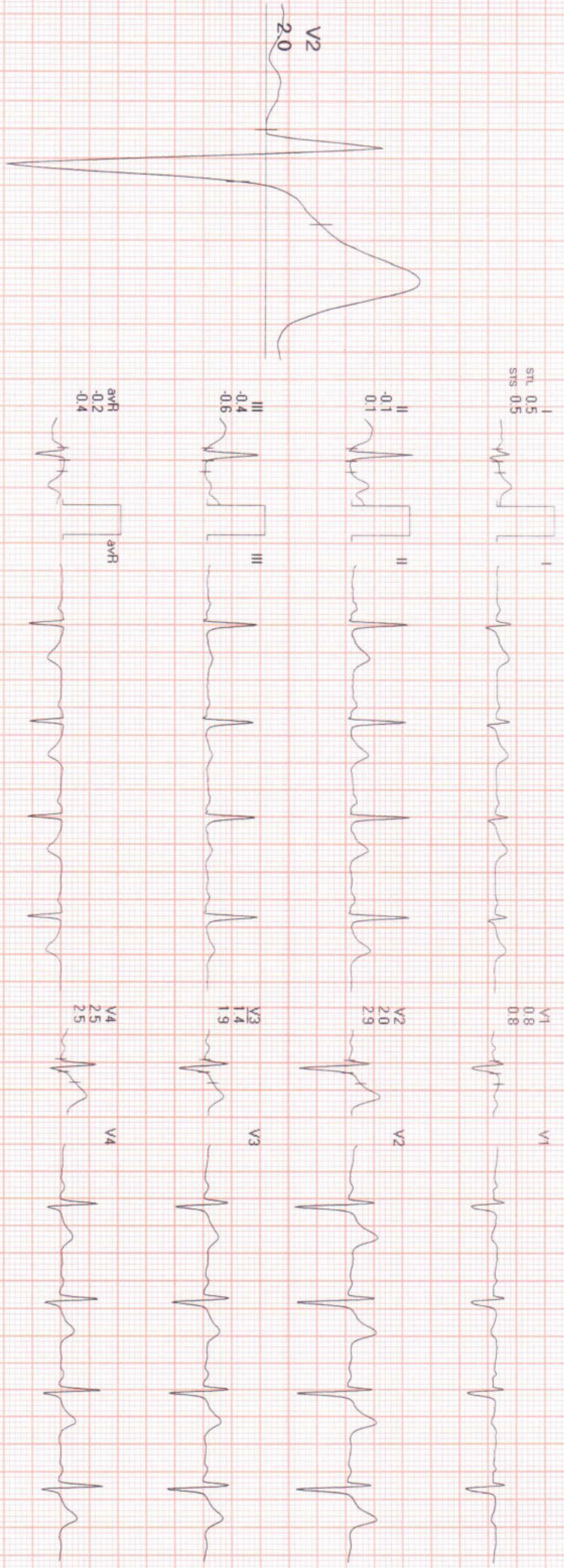


Date: 30 / 03 / 2023 11:53:07 AM METS: 1.0/71 bpm 38% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 0.0 Km/ph, 0.0%

4X 80 mS Post J

25 mm/Sec 1.0 Cm/mV



REMARKS: I II aVR aVL aVF V1 V2 V3 V4 V5 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

HV ( 00:11 )



1380 (2308912907) / KAPIL JHA / 34 Yrs / M / 176 Cms / 74 Kg / HR : 58

Date: 30 / 03 / 2023 11:53:07 AM

METS: 1.0/58 bpm 31% of THR

BP: 110/70 mmHg

Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

4X

80 mS Post J

25 mm/Sec. 1.0 Cm/mV

I 0.6  
ST 0.6  
STs 0.7



V1 0.3  
0.1



II 0.8  
0.8



V2 1.7  
1.7  
1.5



III 0.2  
0.0



V3 1.1  
1.1  
1.1



aVR -0.7  
-0.8



V4 0.8  
0.8  
0.9



aVL 0.2  
0.4



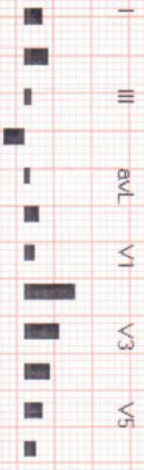
V5 0.6  
0.6  
0.8



aVF 0.5  
0.5  
0.4



V6 0.4  
0.4  
0.5



II aVR aVF V2 V4 V6

REMARKS:







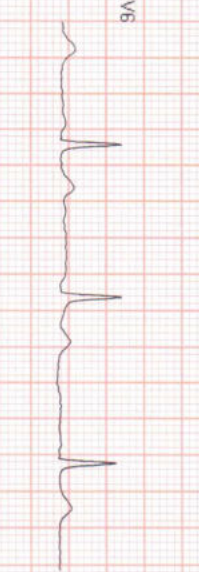
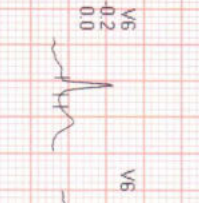
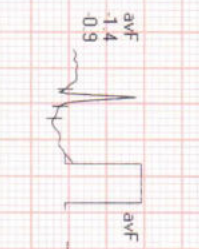
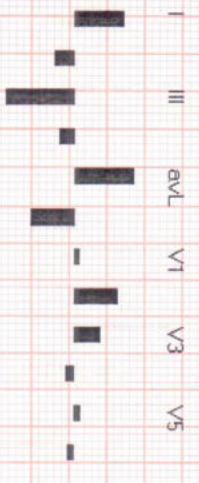
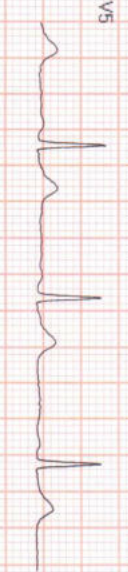
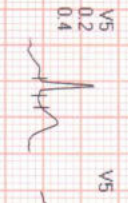
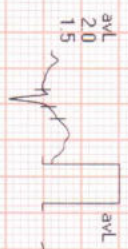
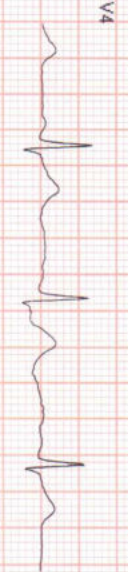
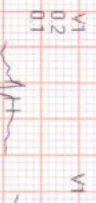
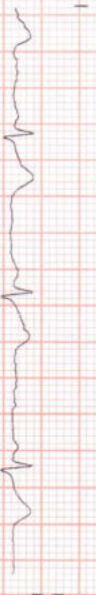
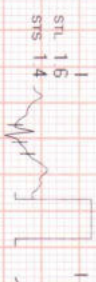
1380 (2308912907) / KAPIL JHA / 34 Yrs / M / 176 Cms / 74 Kg / HR : 74

Date: 30 / 03 / 2023 11:53:07 AM METS: 1.0/74 bpm 40% of THR BP: 110/70 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 Kmph, 0.0%

4X 80 ms Post J

25 mm/Sec 1.0 Cm/mV



REMARKS:



SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 1 ( 03:00 )



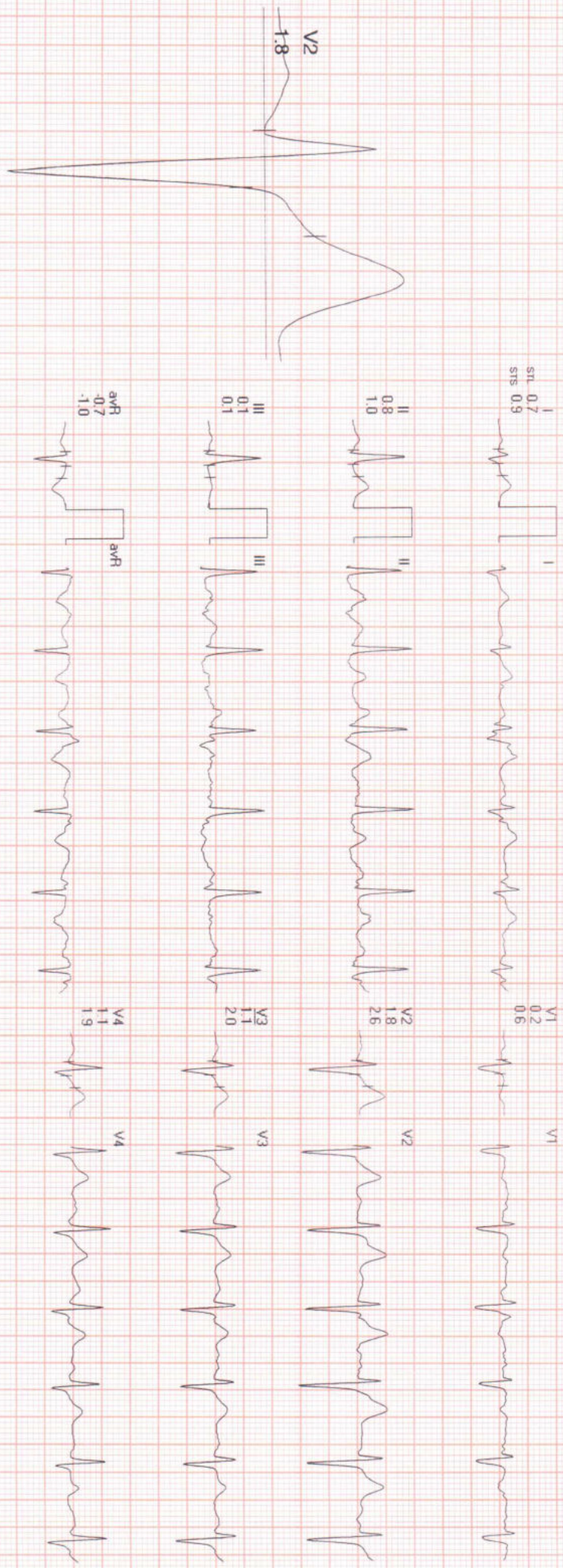
1380 (2308912907) / KAPIL JHA / 34 Yrs / M / 176 Cms / 74 Kg / HR : 107

Date: 30 / 03 / 2023 11:53:07 AM METS: 4.7 / 107 bpm 58% of THR BP: 110/70 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

EXTime: 03:00 2.7 Km/h, 10.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS: II avR avF V2 V4 V6



1380 (2308912907) / KAPIL JHA / 34 Yrs / M / 176 Cms / 74 Kg / HR : 124



Date: 30 / 03 / 2023 11:53:07 AM

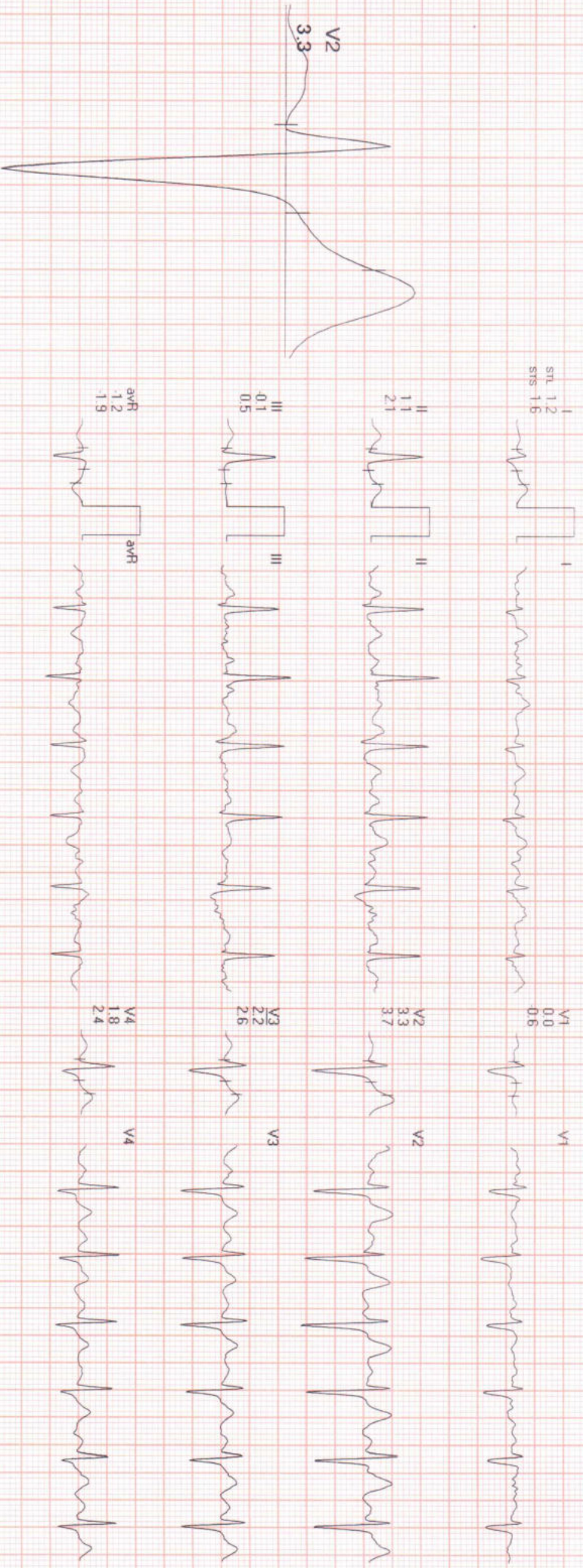
METS: 6.3 / 124 bpm 67% of THR

BP: 110/70 mmHg

Raw ECG/BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

25 mm/Sec 1.0 Cm/mV



REMARKS:



SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 3 ( 02:00 )



1380 (2308912907) / KAPIL JHA / 34 Yrs / M / 176 Cms / 74 Kg / HR : 156

Date: 30 / 03 / 2023 11:53:07 AM METS: 9.2 / 156 bpm 84% of THR BP: 140/80 mmHg Raw ECG/ BLCOn/ Notch On/ HF: 0.05 Hz/LF 35 Hz

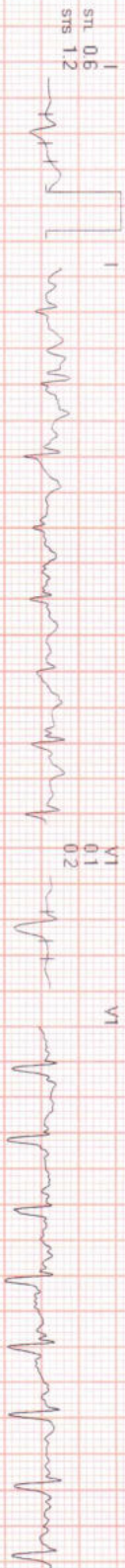
ExTime: 07:00 5.5 Kmph, 14.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV

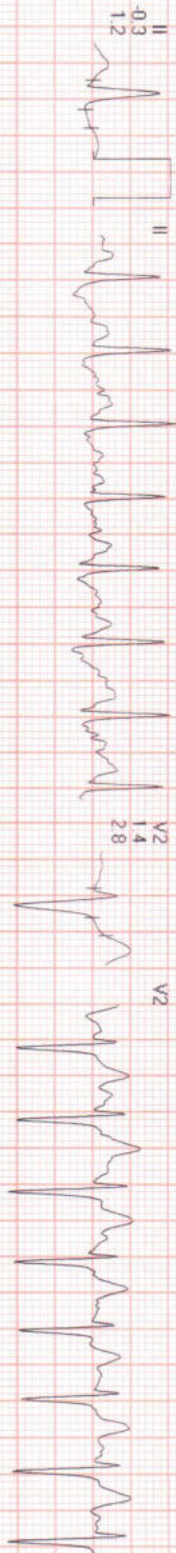
STL 0.6  
STS 1.2

V1 0.1  
V2 0.2



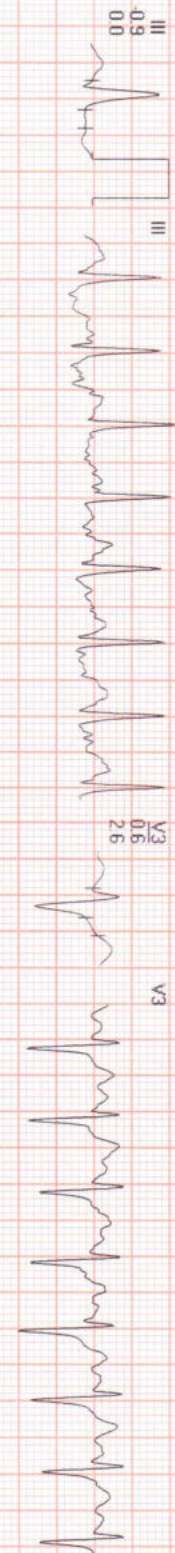
II -0.3  
III -0.9  
aVR -0.1  
aVL 0.7  
aVF -0.6

V2 1.4  
V3 0.6  
V4 0.2  
V5 0.2  
V6 0.4



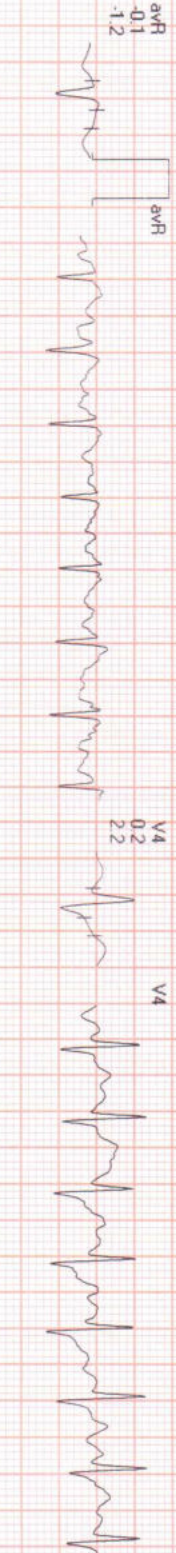
II -0.3  
III -0.9  
aVR -0.1  
aVL 0.7  
aVF -0.6

V2 1.4  
V3 0.6  
V4 0.2  
V5 0.2  
V6 0.4



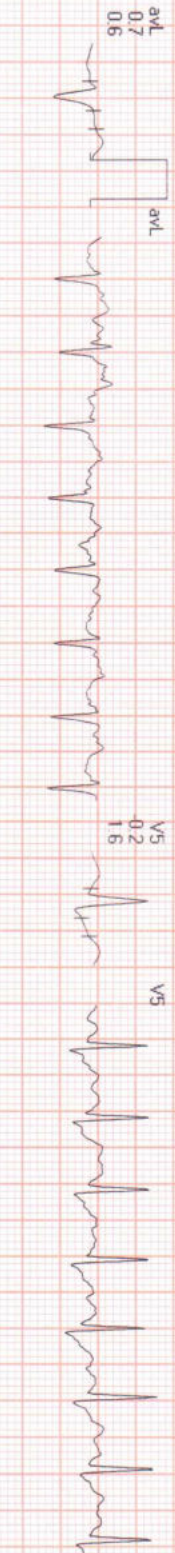
II -0.3  
III -0.9  
aVR -0.1  
aVL 0.7  
aVF -0.6

V2 1.4  
V3 0.6  
V4 0.2  
V5 0.2  
V6 0.4



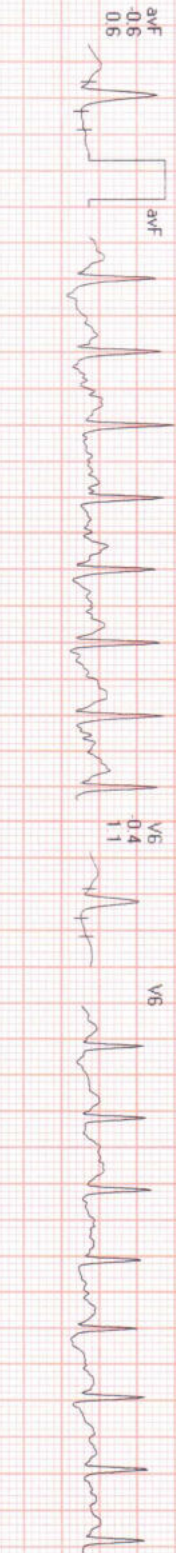
II -0.3  
III -0.9  
aVR -0.1  
aVL 0.7  
aVF -0.6

V2 1.4  
V3 0.6  
V4 0.2  
V5 0.2  
V6 0.4



II -0.3  
III -0.9  
aVR -0.1  
aVL 0.7  
aVF -0.6

V2 1.4  
V3 0.6  
V4 0.2  
V5 0.2  
V6 0.4



REMARKS  
II avR avF V2 V4 V6  
III avL avF V1 V3 V5

SUBURBAN DIAGNOSTICS KANDIVALI EAST

PeaKEX



1380 (2308912907) / KAPIL JHA / 34 Yrs / M / 176 Cms / 74 Kg / HR : 165

Date: 30 / 03 / 2023 11:53:07 AM

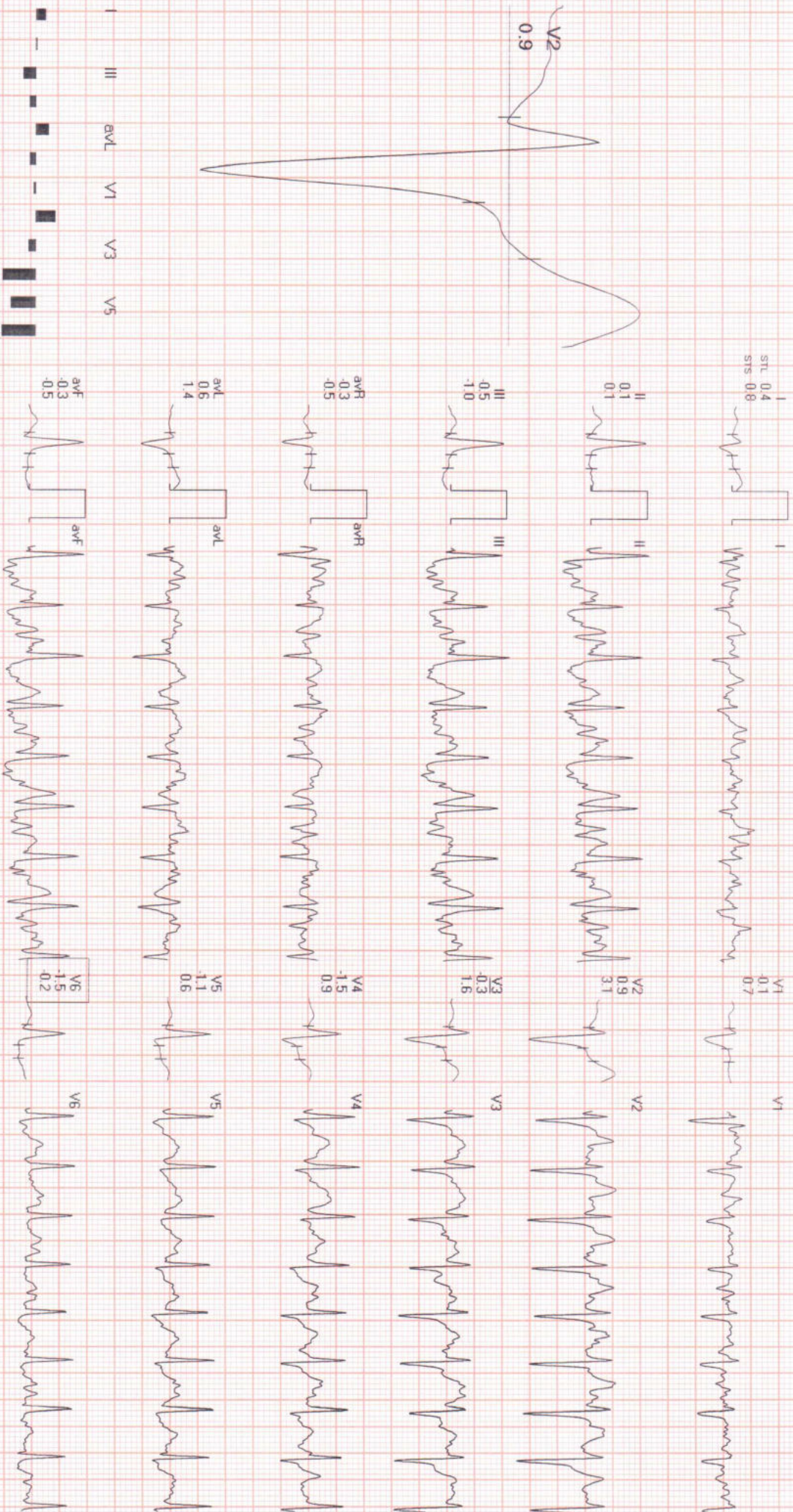
METS: 10.6 / 165 bpm 89% of THR

BP: 150/80 mmHg

Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 60 mS Posi J

25 mm/Sec. 1.0 Cm/mV



REMARKS: I II aVR aVL aVF V1 V2 V3 V4 V5 V6



# SUBURBAN DIAGNOSTICS KANDIVALI EAST

1380 (2308912907) / KAPIL JHA / 34 Yrs / M / 176 Cms / 74 Kg / HR : 123

Recovery : ( 01:00 )

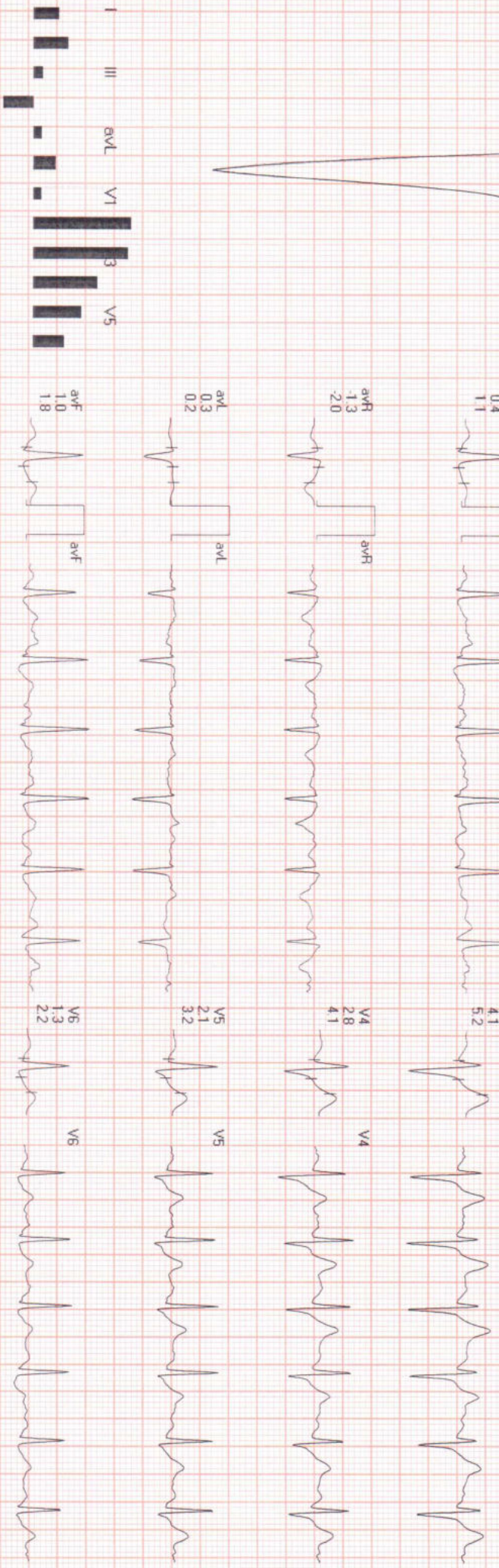


Date: 30 / 03 / 2023 11:53:07 AM METS: 4.2/ 123 bpm 66% of THR BP: 150/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 07:22 0.2 Kmph, 0.0%

4X 80 mS Post V1

25 mm/Sec 1.0 Cm/mV



REMARKS



**SUBURBAN DIAGNOSTICS KANDIVALI EAST**

1380 (2308912907) / KAPIL JHA / 34 Yrs / M / 176 Cms / 74 Kg / HR 119

Recovery : ( 01:09 )



Date: 30 / 03 / 2023 11:53:07 AM

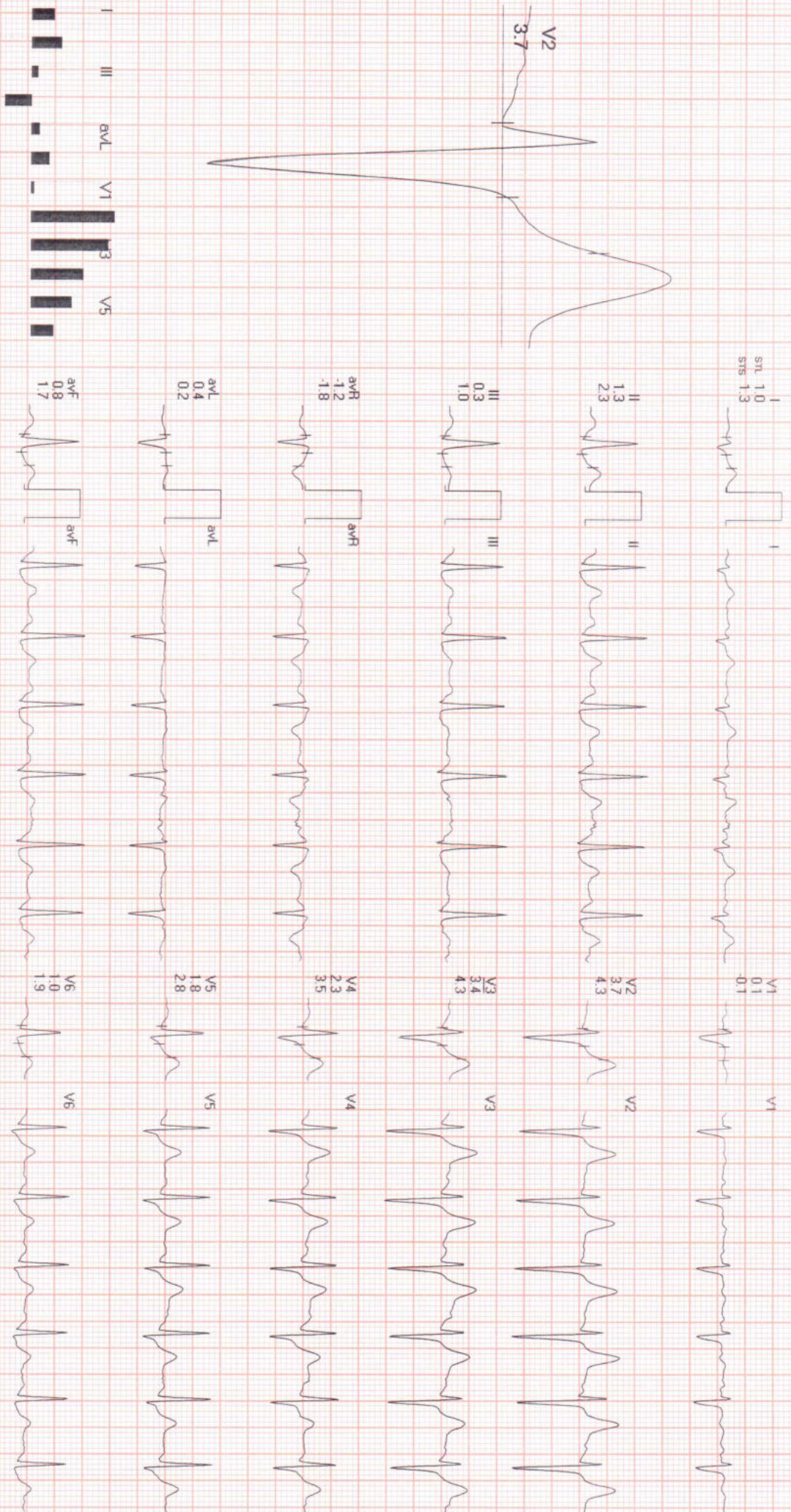
METS: 1.0 / 119 bpm 64% of THR BP: 150/80 mmHg Raw ECG/BLC On/Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 07:22 0.0 Km/h, 0.0%

4X

80 ms Post J

25 mm/Sec 1.0 Cm/mV



REMARKS:

