



AP

*[Signature]*  
8/11/23

**DR. NITIN SONAVANE**  
B.S.AFLH, D.DIAB, D.CARD.  
CONSULTANT-CARDIOLOGIST  
M.D. NO.: 87714

**Suburban Diagnostics Pvt. Ltd.**  
201 & 302, 3rd Floor, Vini Elegance,  
Opposite Tanisq Jeweller, L. J. Road,  
Borivli (West), Mumbai - 400 092.



CID : 2334216141  
Name : Mr Yuvraj singh  
Age / Sex : 36 Years/Male  
Ref. Dr :  
Reg. Location : Borivali West

Reg. Date : 08-Dec-2023  
Reported : 08-Dec-2023 / 16:27

**X-RAY CHEST PA VIEW**

Both lung bases appear hazy due to early bilateral basal pulmonary vascular congestion.

Rest of the 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.

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

*Rohit*

DR. ROHIT MALIK  
DNB, DMRD, DMRE (MUM)  
RADIO DIAGNOSIS  
REG. No. 82356

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023120808100794>

<b>CID NO: 2334216141</b>		
<b>NAME: MR. MR.YUVRAJ SINGH</b>	<b>AGE: 36 YRS</b>	<b>SEX: MALE</b>
<b>REF. BY : ----</b>	<b>DATE: 08/12/2023</b>	

### USG WHOLE ABDOMEN

**LIVER:** Liver is normal in size with mild generalized increase in parenchymal echotexture. There is no intra-hepatic biliary radical dilatation.No evidence of any focal lesion.

**GALL BLADDER:** Gall bladder is distended with calculus of size 11 mm.No obvious wall thickening is noted.

**PORTAL VEIN:** Portal vein is normal. **CBD:** CBD is normal.

**PANCREAS:** Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

#### KIDNEYS:

Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

**SPLEEN:** Spleen is normal in size, shape and echotexture. No focal lesion is seen.

**URINARY BLADDER:** Urinary bladder is distended and normal. Wall thickness is within normal limits.

**PROSTATE:** Prostate is normal in size and echotexture. No evidence of any obvious focal lesion.

No free fluid or size significant lymphadenopathy is seen.

#### Opinion:

- **Grade I fatty infiltration of liver.**
- **Cholelithiasis without cholecystitis.**



**Dr. Vikrant Patil, MD**  
**Consultant Radiologist**  
**Reg no. 2014052421**

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 center for rectification within 7 days post which the center will not be responsible for any rectification. Please interpret accordingly.

Name : Mr . Yuvraj singh  
VID : 2334216141  
Ref By : Arcofemi Healthcare Limited

Reg Date : 08-Dec-2023 08:09  
Age/Gender : 36 Years  
Regn Centre : Borivali West (Main Centre)

**History and Complaints:**

Nil

**EXAMINATION FINDINGS:**

Height (cms):	177	Weight (kg):	100
Temp (0c):	Afebrile	Skin:	NAD
Blood Pressure (mm/hg):	120/80	Nails:	NAD
Pulse:	72/min	Lymph Node:	Not Palpable

**Systems**

Cardiovascular: S1S2-Normal  
Respiratory: Chest-Clear  
Genitourinary: NAD  
GI System: NAD  
CNS: NAD

**IMPRESSION:**

*TMT  
Cardiologist ref.*

**ADVICE:**

**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 . Yuvraj singh

VID : 2334216141

Ref By : Arcofemi Healthcare Limited

Reg Date : 08-Dec-2023 08:09

Age/Gender : 36 Years

Regn Centre : Borivali West (Main Centre)

**PERSONAL HISTORY:**

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

  
**Dr.Nitin Sonavane**  
**PHYSICIAN**

**Suburban Diagnostics (i) Pvt. Ltd.**  
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Name : MR.YUVRAJ SINGH  
Age / Gender : 36 Years / Male  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected : 08-Dec-2023 / 08:22  
Reported : 08-Dec-2023 / 11:48

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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	15.7	13.0-17.0 g/dL	Spectrophotometric
RBC	4.88	4.5-5.5 mil/cmm	Elect. Impedance
PCV	47.0	40-50 %	Measured
MCV	96	80-100 fl	Calculated
MCH	32.2	27-32 pg	Calculated
MCHC	33.3	31.5-34.5 g/dL	Calculated
RDW	12.7	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6200	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	34.7	20-40 %	
Absolute Lymphocytes	2151.4	1000-3000 /cmm	Calculated
Monocytes	7.9	2-10 %	
Absolute Monocytes	489.8	200-1000 /cmm	Calculated
Neutrophils	52.9	40-80 %	
Absolute Neutrophils	3279.8	2000-7000 /cmm	Calculated
Eosinophils	4.1	1-6 %	
Absolute Eosinophils	254.2	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	24.8	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	207000	150000-400000 /cmm	Elect. Impedance
MPV	12.0	6-11 fl	Calculated
PDW	28.0	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR                      6                                      2-15 mm at 1 hr.                                      Sedimentation

**Clinical Significance:** The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

**Interpretation:**

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

**Limitations:**

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

**Reflex Test:** C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

**Reference:**

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

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

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



*J. Thakker*

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



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Reg. Location : Borivali West (Main Centre)

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Reported : 08-Dec-2023 / 15:07

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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	95.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	107.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.87	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.32	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.55	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.2	1 - 2	Calculated
SGOT (AST), Serum	28.0	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	44.3	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	18.6	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	100.4	40-130 U/L	Colorimetric
BLOOD UREA, Serum	14.1	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.6	6-20 mg/dl	Calculated
CREATININE, Serum	0.92	0.67-1.17 mg/dl	Enzymatic





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eGFR, Serum	111	(ml/min/1.73sqm)	Calculated
		Normal or High: Above 90	
		Mild decrease: 60-89	
		Mild to moderate decrease: 45-59	
		Moderate to severe decrease: 30-44	
		Severe decrease: 15-29	
		Kidney failure: <15	

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

URIC ACID, Serum	5.3	3.5-7.2 mg/dl	Enzymatic
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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Name : MR.YUVRAJ SINGH  
Age / Gender : 36 Years / Male  
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Reg. Location : Borivali West (Main Centre)

Collected : 08-Dec-2023 / 08:22  
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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	5.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	108.3	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 Borivali Lab, Borivali West

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

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



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Age / Gender : 36 Years / Male  
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Reg. Location : Borivali West (Main Centre)

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<b>CHEMICAL EXAMINATION</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>MICROSCOPIC EXAMINATION</b>			
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 inert

\*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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Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

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Reported : 08-Dec-2023 / 13:36

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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	Negative

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. Vrushi Shroff*

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



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	176.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	151.3	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	49.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	127.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	97.0	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	30.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.0	0-3.5 Ratio	Calculated

\*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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 Age / Gender : 36 Years / Male  
 Consulting Dr. : -  
 Reg. Location : Borivali West (Main Centre)

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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	5.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.7	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.99	0.35-5.5 microIU/ml mIU/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 microU/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)

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

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



*Bmhasakar*

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

# SUBURBAN DIAGNOSTICS - BORIVALI WEST

Patient Name: YUVRAJ SINGH  
Patient ID: 2334216141

Date and Time: 8th Dec 23 8:35 AM

Age **36** **NA** **NA**  
years months days

Gender **Male**

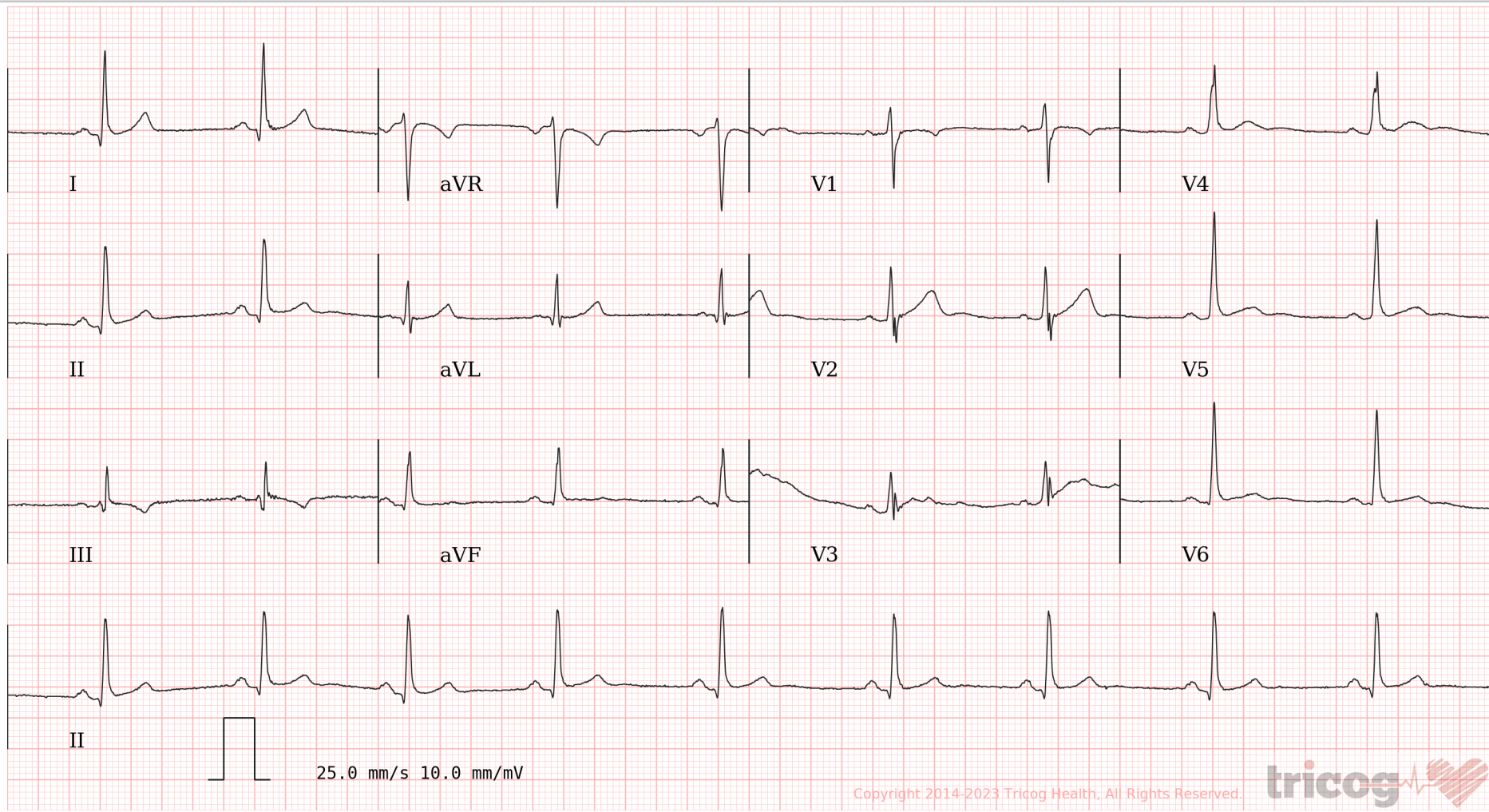
Heart Rate **59bpm**

### Patient Vitals

BP: NA  
Weight: NA  
Height: NA  
Pulse: NA  
Spo2: NA  
Resp: NA  
Others: \_\_\_\_\_

### Measurements

QRSD: 106ms  
QT: 396ms  
QTcB: 392ms  
PR: 140ms  
P-R-T: 49° 43° 15°



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ECG Within Normal Limits: Sinus Bradycardia. Please correlate clinically.

REPORTED BY

Dr Nitin Sonavane  
M.B.B.S.AFLH, D.DIAB,D.CARD  
Consultant Cardiologist  
87714





AP

*Yuvraj Singh Solanki*  
8/11/23

**DR. NITIN SONAVANE**  
B.S.AFLH, D.DIAB, D.CARD.  
CONSULTANT-CARDIOLOGIST  
M.D. NO.: 87714

**Suburban Diagnostics Pvt. Ltd.**  
201 & 302, 3rd Floor, Vini Elegance,  
Opposite Tanisq Jeweller, L. T. Road,  
Borivli (West), Mumbai - 400 092.



Use a QR Code Scanner  
Application To Scan the Code

CID : 2334216141  
Name : Mr Yuvraj singh  
Age / Sex : 36 Years/Male  
Ref. Dr :  
Reg. Location : Borivali West

Reg. Date : 08-Dec-2023  
Reported : 08-Dec-2023 / 16:27

**X-RAY CHEST PA VIEW**

Both lung bases appear hazy due to early bilateral basal pulmonary vascular congestion.

Rest of the 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.

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

*Rohit*

DR. ROHIT MALIK  
DNB, DMRD, DMRE (MUM)  
RADIO DIAGNOSIS  
REG. No. 82356

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023120808100794>

CID NO: 2334216141		
NAME: MR. MR.YUVRAJ SINGH	AGE: 36 YRS	SEX: MALE
REF. BY : ----	DATE: 08/12/2023	

### USG WHOLE ABDOMEN

**LIVER:** Liver is normal in size with mild generalized increase in parenchymal echotexture. There is no intra-hepatic biliary radical dilatation.No evidence of any focal lesion.

**GALL BLADDER:** Gall bladder is distended with calculus of size 11 mm.No obvious wall thickening is noted.

**PORTAL VEIN:** Portal vein is normal. **CBD:** CBD is normal.

**PANCREAS:** Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

#### KIDNEYS:

Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

**SPLEEN:** Spleen is normal in size, shape and echotexture. No focal lesion is seen.

**URINARY BLADDER:** Urinary bladder is distended and normal. Wall thickness is within normal limits.

**PROSTATE:** Prostate is normal in size and echotexture. No evidence of any obvious focal lesion.

No free fluid or size significant lymphadenopathy is seen.

#### Opinion:

- Grade I fatty infiltration of liver.
- Cholelithiasis without cholecystitis.

**Dr. Vikrant Patil, MD**  
**Consultant Radiologist**  
**Reg no. 2014052421**

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 center for rectification within 7 days post which the center will not be responsible for any rectification. Please interpret accordingly.

Name : Mr . Yuvraj singh  
VID : 2334216141  
Ref By : Arcofemi Healthcare Limited

Reg Date : 08-Dec-2023 08:09  
Age/Gender : 36 Years  
Regn Centre : Borivali West (Main Centre)

**History and Complaints:**

Nil

**EXAMINATION FINDINGS:**

Height (cms):	177	Weight (kg):	100
Temp (0c):	Afebrile	Skin:	NAD
Blood Pressure (mm/hg):	120/80	Nails:	NAD
Pulse:	72/min	Lymph Node:	Not Palpable

**Systems**

Cardiovascular: S1S2-Normal  
Respiratory: Chest-Clear  
Genitourinary: NAD  
GI System: NAD  
CNS: NAD

**IMPRESSION:**

*TMT  
Cardiologist ref.*

**ADVICE:**

**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 . Yuvraj singh

VID : 2334216141

Ref By : Arcofemi Healthcare Limited

Reg Date : 08-Dec-2023 08:09

Age/Gender : 36 Years

Regn Centre : Borivali West (Main Centre)

**PERSONAL HISTORY:**

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

  
**Dr.Nitin Sonavane**  
**PHYSICIAN**

**Suburban Diagnostics (i) Pvt. Ltd.**  
301& 302, 3rd Floor, Vini Elegance,  
Above Tanisq Jeweller, L. T. Road,  
Borivali (West), Mumbai - 400 092.

**DR. NITIN SONAVANE**  
M.B.B.S.AFLH, D.DIAB, D.CARD.  
CONSULTANT-CARDIOLOGIST  
REGD. NO. : 87714

Date:-

CID:

2334216141

Name:-

Yuvraj Singh

Sex / Age:

38 m

**EYE CHECK UP**

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

NO  
y  
RE LE  
6/6 6/6  
M/6 M/6

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

**Suburban Diagnostics (I) Pvt. Ltd.**  
301 & 302, 3<sup>rd</sup> Floor, Vini Elegance,  
Above Tanishq, Near L. T. Road,  
Borivali (West), Mumbai - 400 092.

**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

**Name: YUVRAJ SINGH** **Date: 08-12-2023 Time: 10:46**

**Age: 36 Gender: M Height: 177 cms Weight: 100 Kg ID: 2334216141**

**Clinical History: NIL**

**Medications: NIL**

**Test Details:**

**Protocol: Bruce Predicted Max HR: 184 Target HR: 156 (85% of Pr. MHR)**

**Exercise Time: 0:06:04 Achieved Max HR: 163 (89% of Pr. MHR)**

**Max BP: 170/80 Max BP x HR: 27710 Max Mets: 7**

**Test Termination Criteria: TEST COMPLET**

**Protocol Details:**

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	00:32	1	0	0	90	120/80	10800	0.6 V2	-0.4 II
Standing	00:13	1	0	0	85	120/80	10200	0.8 V2	-0.3 III
HyperVentilation	00:10	1	0	0	90	120/80	10800	0.6 V2	-0.2 II
PreTest	00:07	1	1.6	0	88	120/80	10560	0.7 V3	-0.4 III
Stage: 1	03:00	4.7	2.7	10	139	120/80	16680	-0.7 III	-0.3 III
Stage: 2	03:00	7	4	12	163	160/80	26080	-1.6 V4	-0.4 III
Peak Exercise	00:04	6.8	5.5	14	163	160/80	26080	-1.8 V5	0.3 V2
Recovery1	01:00	1	0	0	135	170/80	22950	-0.6 III	0.5 I
Recovery2	01:00	1	0	0	110	150/80	16500	-0.6 V4	0.2 aVL
Recovery3	01:00	1	0	0	108	130/80	14040	-0.5 V4	0.1 I
Recovery4	00:12	1	0	0	109	130/80	14170	-0.4 V4	0.2 V2

**Interpretation**

The Patient Exercised according to Bruce Protocol for 0:06:04 achieving a work level of 7 METS.  
 Resting Heart Rate, initially 90 bpm rose to a max. heart rate of 163bpm (89% of Predicted Maximum Heart Rate).  
 Resting Blood Pressure of 120/80 mmHg, rose to a maximum Blood Pressure of 170/80 mmHg  
 Good Effort tolerance Normal HR & BP Response No Angina or Arrhythmias  
 ST-T DEPRESSION IN INFERIOR LATERAL LEAD Noted During Exercise  
 Stress test BORDERLINE POSITIVE for Stress inducible ischaemia.  
 ADV. CARDIOLOGIST REF

**Suburban Diagnostics (P) Pvt. Ltd.**  
 301 & 302, 3rd Floor, 1st Block, Kogalimance  
 Above Tatyasaheb Kore Road,  
 Borivali (West), Mumbai - 400 092

Ref. Doctor: ----

**Doctor: DR. NITIN SONAVANE**

**SCHILLER**  
The Art of Diagnostics

( Summary Report edited by User )  
 Cardioit CS-20 Version 3.4

**DR. NITIN SONAVANE**  
 M.B.B.S.AFLH, D.DIAB, D.CARD  
 CONSULTANT-CARDIOLOGIST  
 REGD. NO. : 87714



**YUVRAJ SINGH (36 M)**

**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

Bruce Protocol  
STLevel(mm) STSlope(mV/s)

ID: 2334216141  
Stage: Supine

Date: 08-12-2023  
Speed: 0 km/h

Exec Time : 0:00:00  
Slope: 0%

Stage Time: 00:32  
THR: 156 bpm

**HR: 90 bpm**

BP: 120/80 mmHg  
STLevel(mm) STSlope(mV/s)

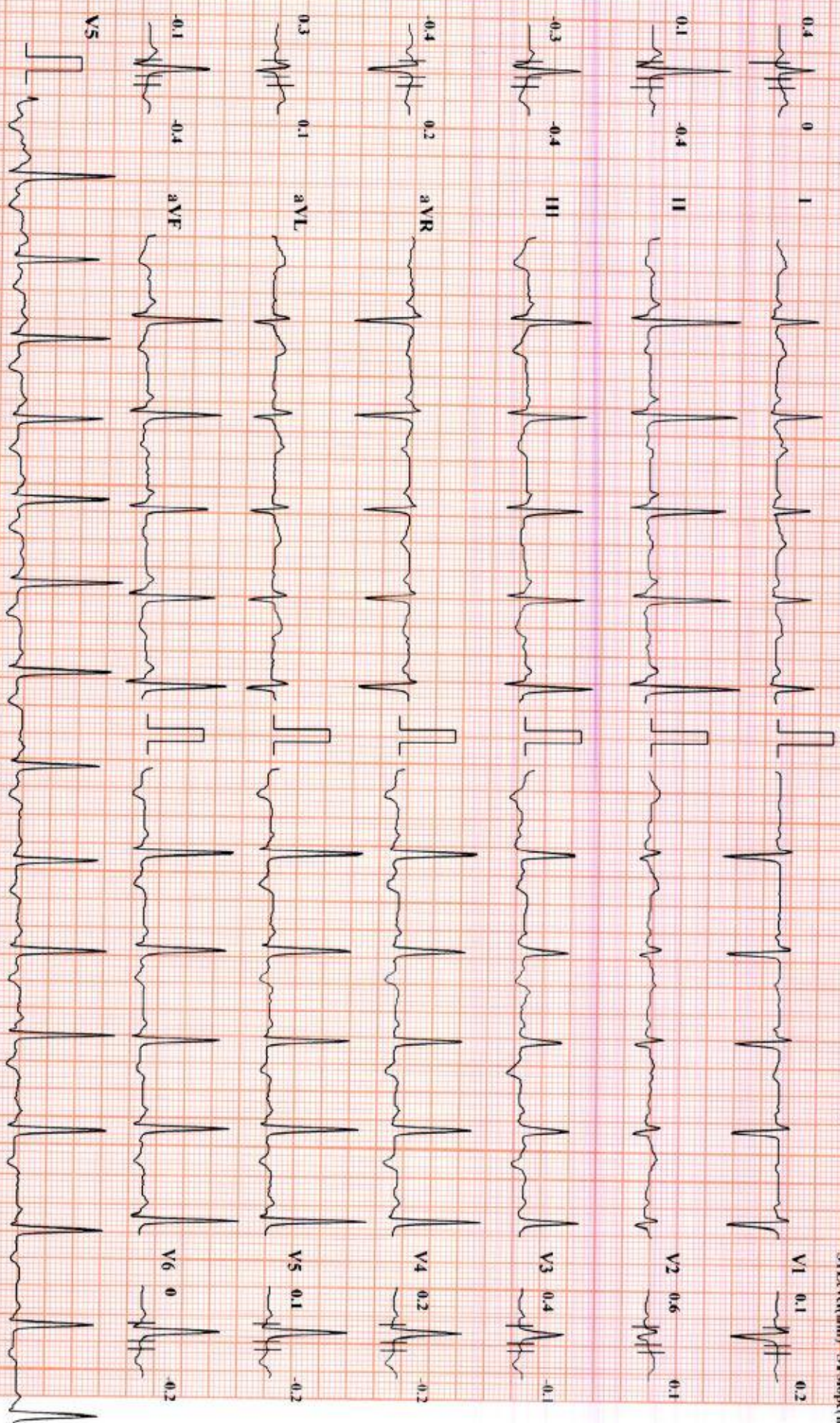


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-20 Version:3.4





**YUVRAJ SINGH (36 M)**

**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

Bruce Protocol

ID: 2334216141

Date: 08-12-2023

Exec Time : 0:00:00

Stage Time: 00:13

**HR: 85 bpm**

STLevel(mm) STSlope(mV/s)

Stage: Standing

Speed: 0

Slope: 0 %

THR: 156 bpm

Bp: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

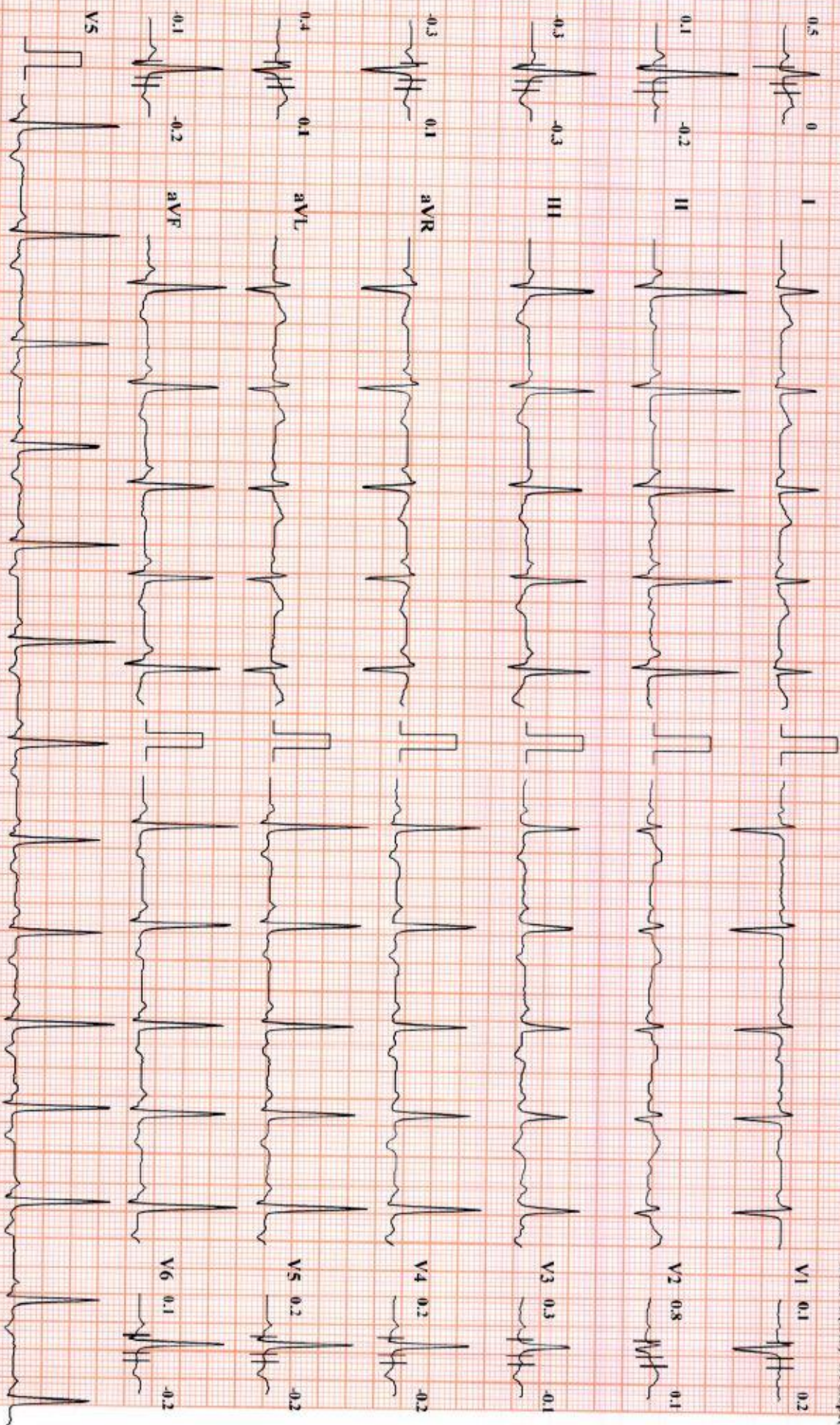


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO - R - 60 ms, J = R + 60 ms, Pos J = J + 60 ms

# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**YUVAJ SINGH (36 M)**

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2334216141

Date: 08-12-2023

Exec Time : 0:00:00

Stage Time: 00:10

**HR: 90 bpm**

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

Stage: HyperVentilation

Speed: 0

Slope: 0 %

THR: 156 bpm

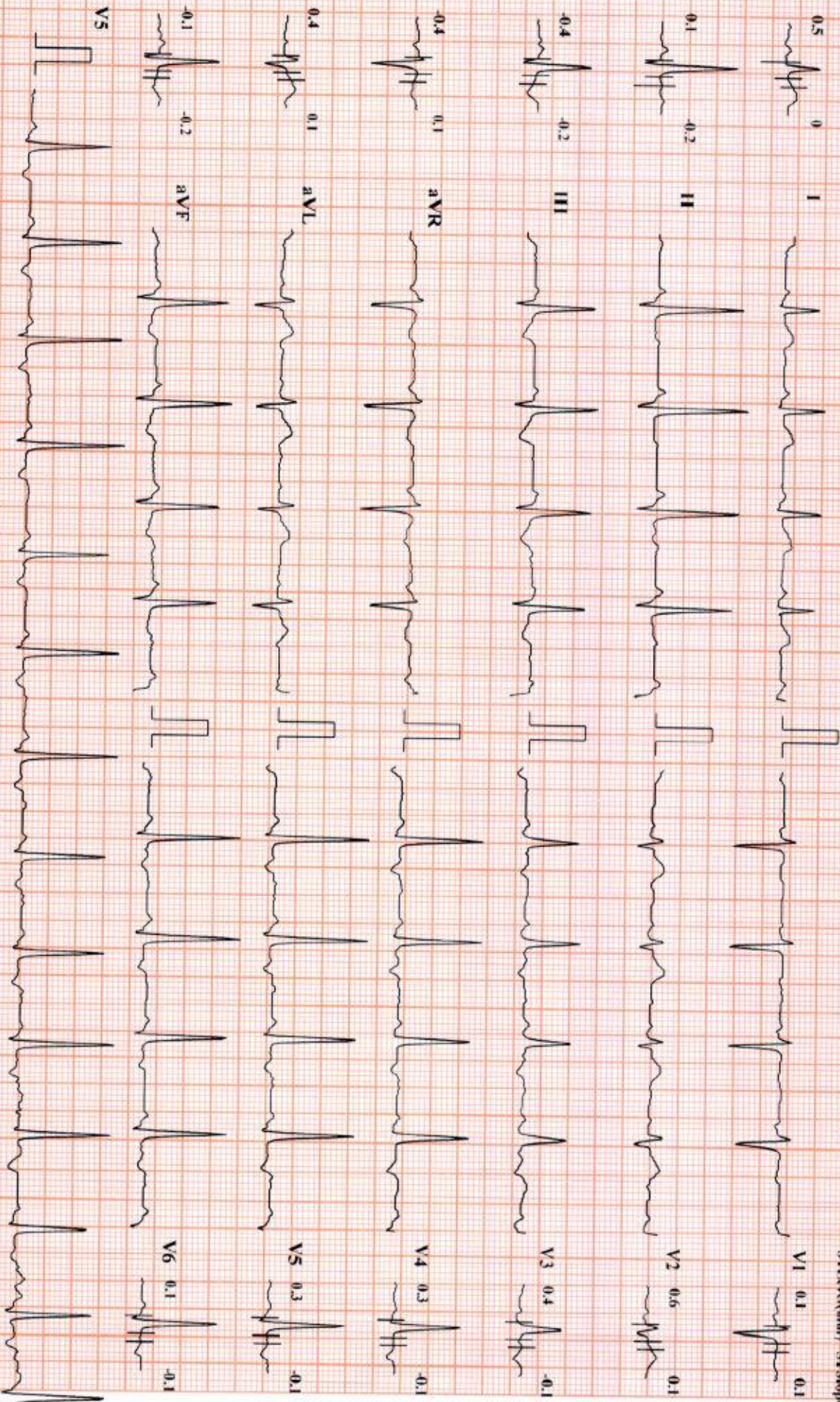


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J - R + 60 ms, Post J = J + 60 ms



**YUVRAJ SINGH (36 M)**

**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

Brace Protocol  
STLevel(mm) STSlope(mV/s)

ID: 2334216141  
Stage: 1

Date: 08-12-2023  
Speed: 2.7 kmph

Exec Time: 0:03:00  
Slope: 10 %

Stage Time: 03:00  
THR: 156 bpm

**HR: 139 bpm**

BP: 120/80 mmHg  
STLevel(mm) STSlope(mV/s)

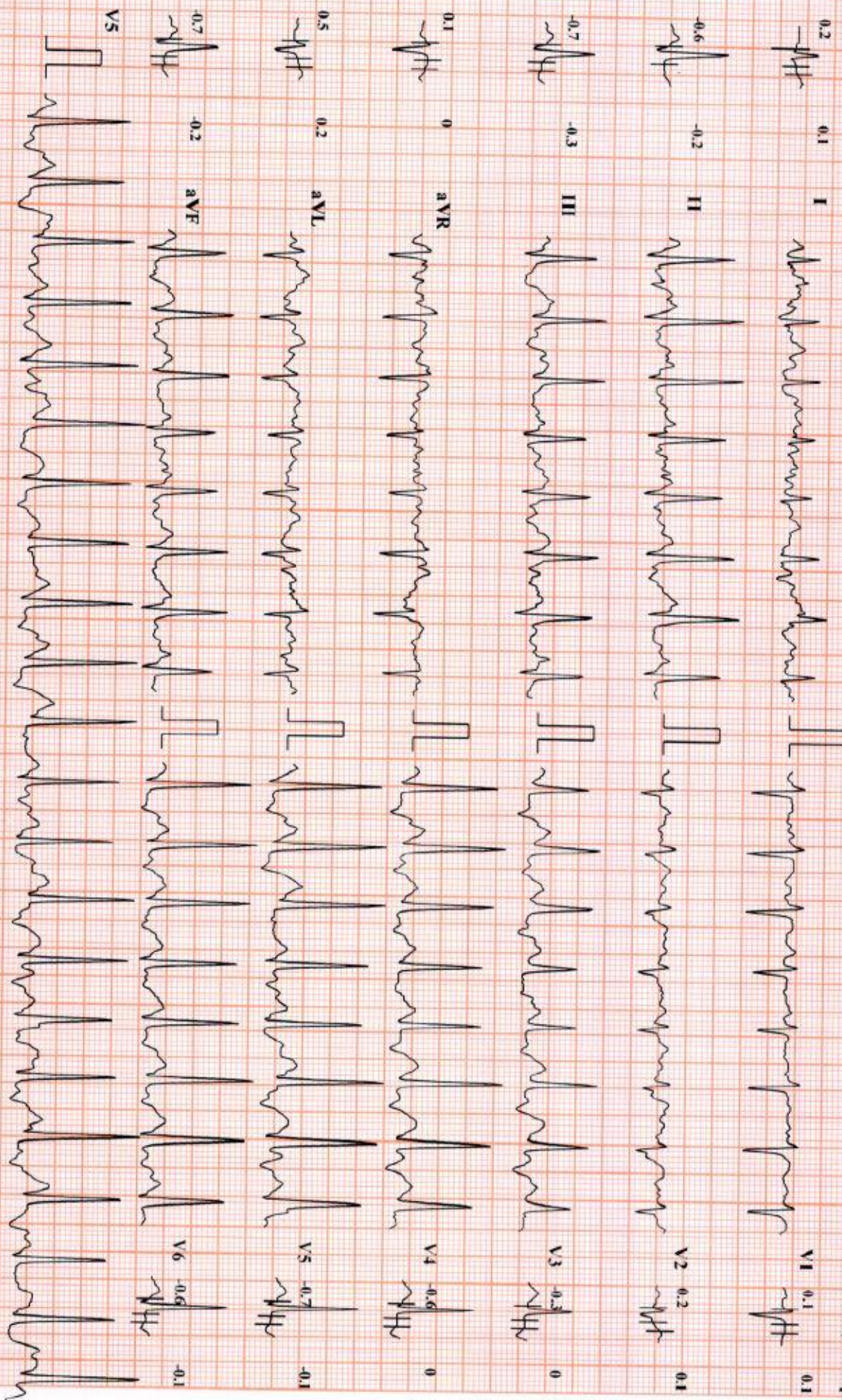


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO - R - 60 ms, J - R + 60 ms, Post J = J + 60 ms

**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

**YUVRAJ SINGH (36 M)**

Bruce Protocol

ID: 2334216141

Date: 08-12-2023

Exec Time: 0:06:00

Stage Time: 03:00

**HR: 163 bpm**

ST1 Level(mm) ST1Slope(mV/s)

Stage: 2

Speed: 4 kmph

Slope: 12 %

THR: 156 bpm

BP: 160/80 mmHg  
ST1 Level(mm) ST1Slope(mV/s)

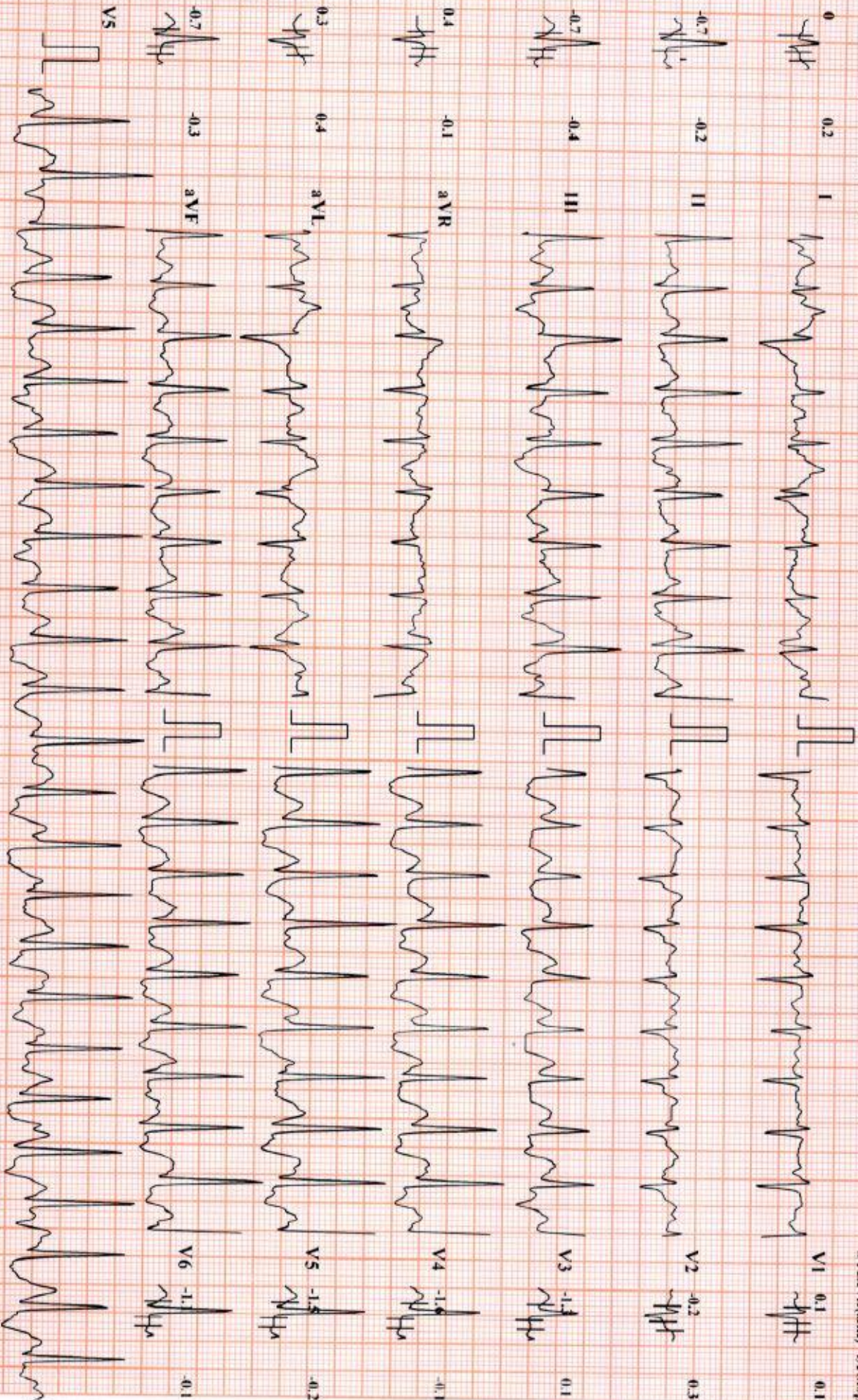


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-20 Version 3.4



# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**YUVRAJ SINGH (36 M)**

Bruce Protocol  
STLevel(mm) STSlope(mV/s)

ID: 2334216141  
Date: 08-12-2023  
Stage: 3 Peak Exercise  
Speed: 5.5 kmph  
Exec Time : 0:06:04  
Slope: 14 %  
Stage Time: 00:04  
THR: 156 bpm

**HR: 163 bpm**

BP: 160/80 mmHg  
STLevel(mm) STSlope(mV/s)

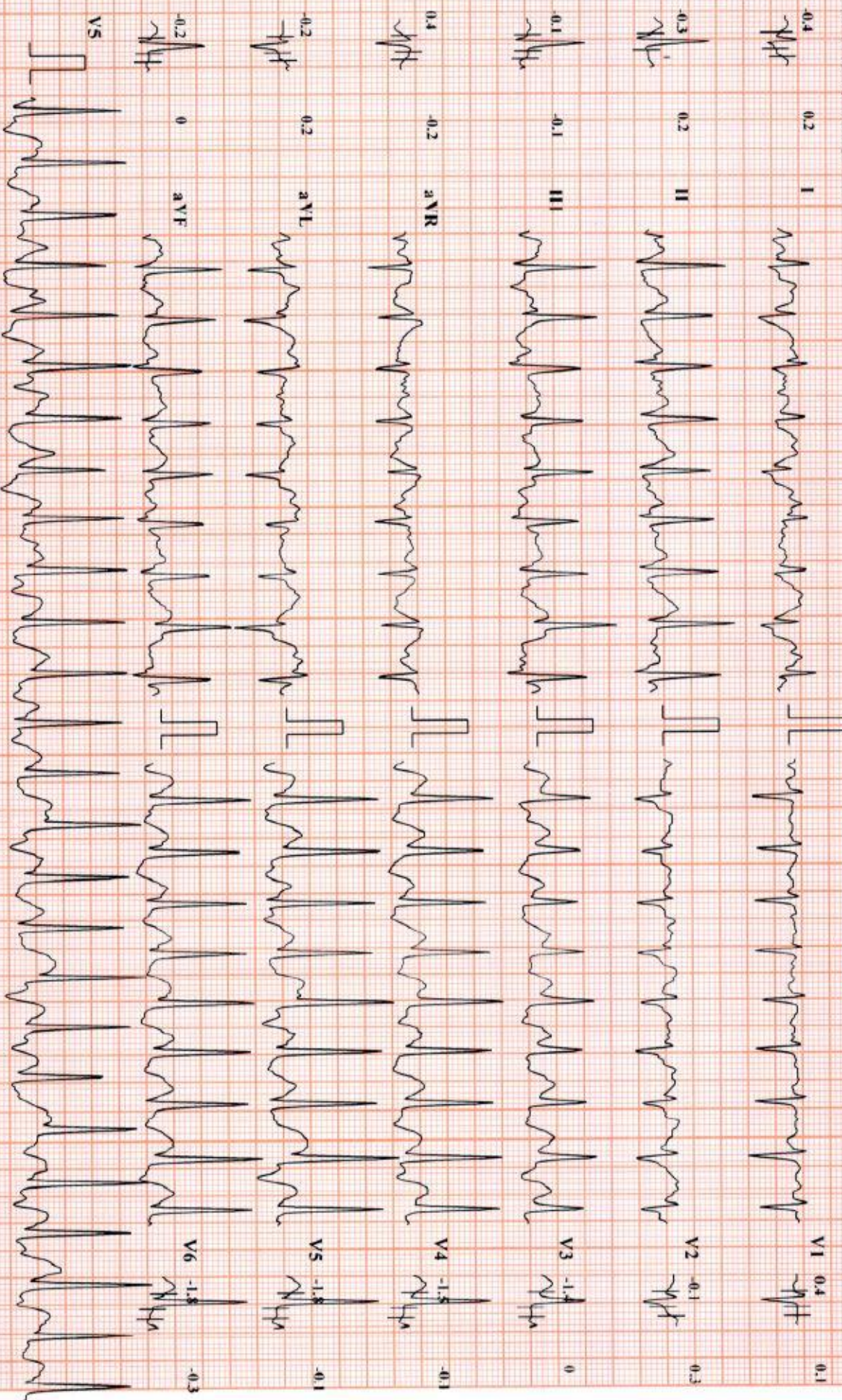


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms



**YUVAJ SINGH (36 M)**

**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

Bruce Protocol

ID: 2334216141

Date: 08-12-2023

Exec Time : 00:00

Stage Time: 01:00

**HR: 135 bpm**

STLevel(mm) STSlope(mV/s)

Stage: Recovery 1

Speed: 0 kmph

Slope: 0 %

THR: 156 bpm

BP: 170/80 mmHg

STLevel(mm) STSlope(mV/s)

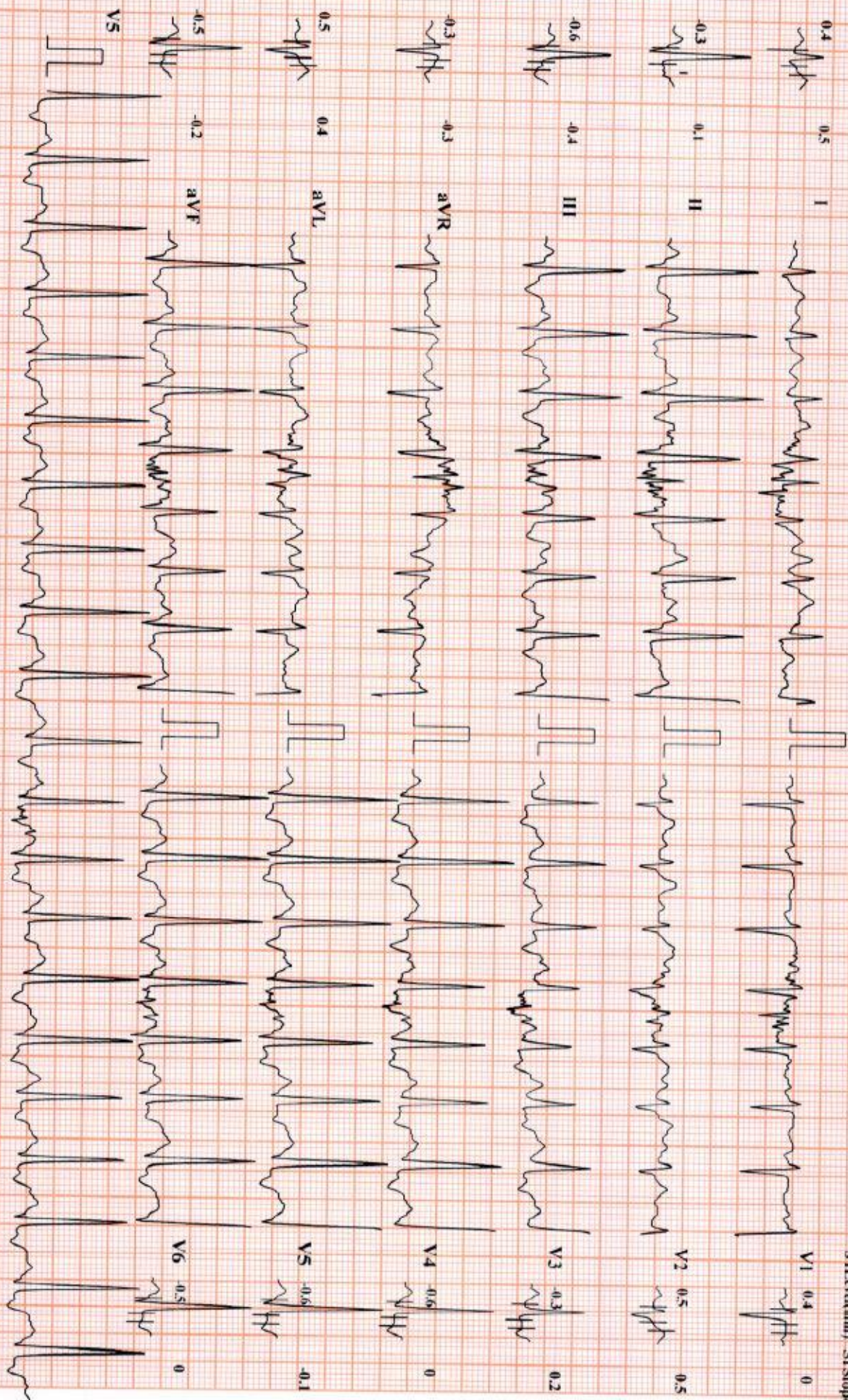


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO - R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**YUVRAJ SINGH (36 M)**

Brace Protocol  
STL evel(mm) ST Slope(mV/s)

ID: 2334216141  
Stage: Recovery 2

Date: 08-12-2023  
Speed: 0 kmph

Exec Time: 00:00  
Slope: 0%

Stage Time: 01:00  
THR: 156 bpm

**HR: 110 bpm**

BP: 150/80 mmHg  
STL evel(mm) ST Slope(mV/s)

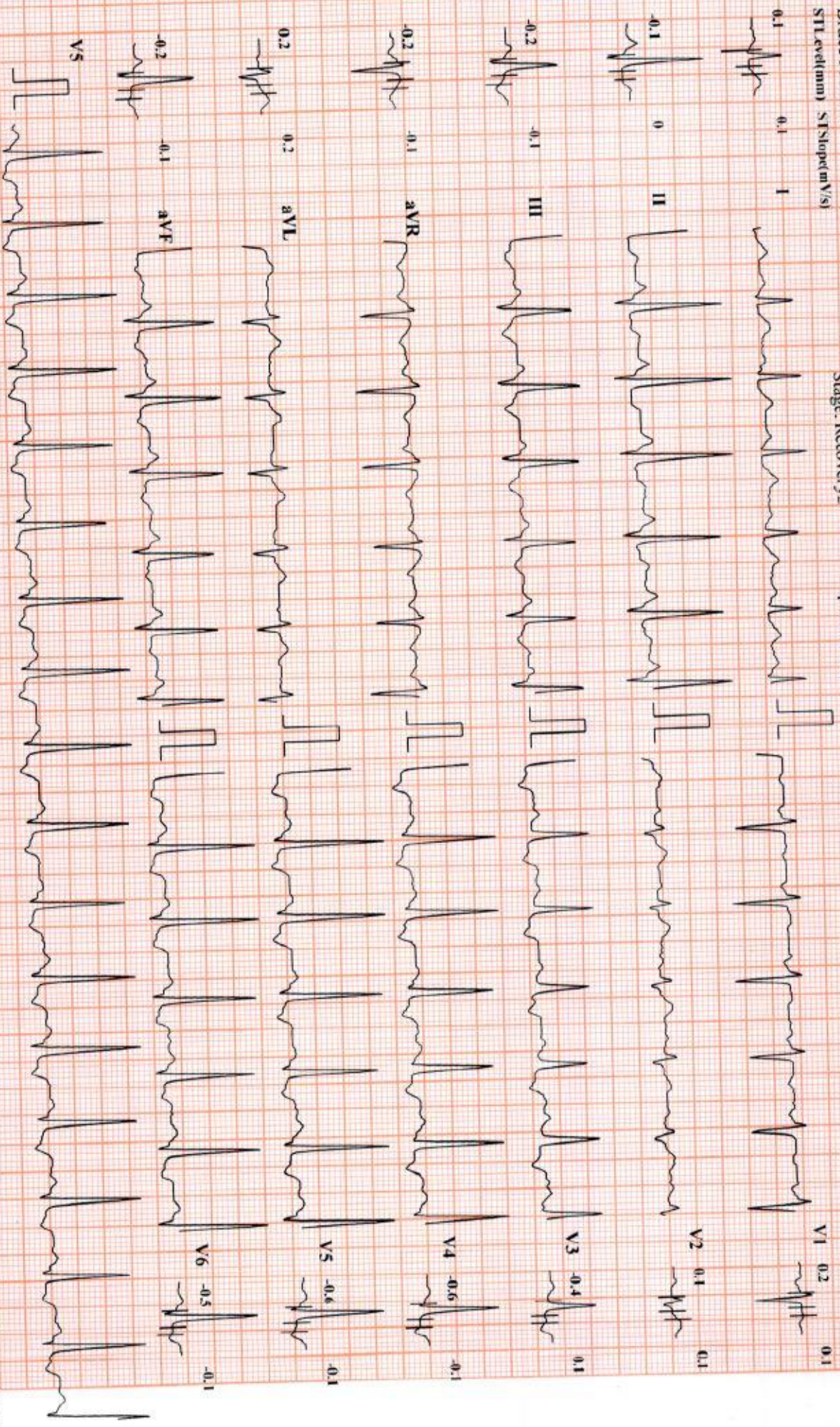


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

**YUVRAJ SINGH (36 M)**

**HR: 108 bpm**

ID: 2334216141

Date: 08-12-2023

Exec Time: 00:00

Stage Time: 01:00

BP: 130/80 mmHg

Brute Protocol

Stage: Recovery/3

Speed: 0 kmph

Slope: 0 %

THR: 156 bpm

STLevel(mm) STSlope(mV/s)

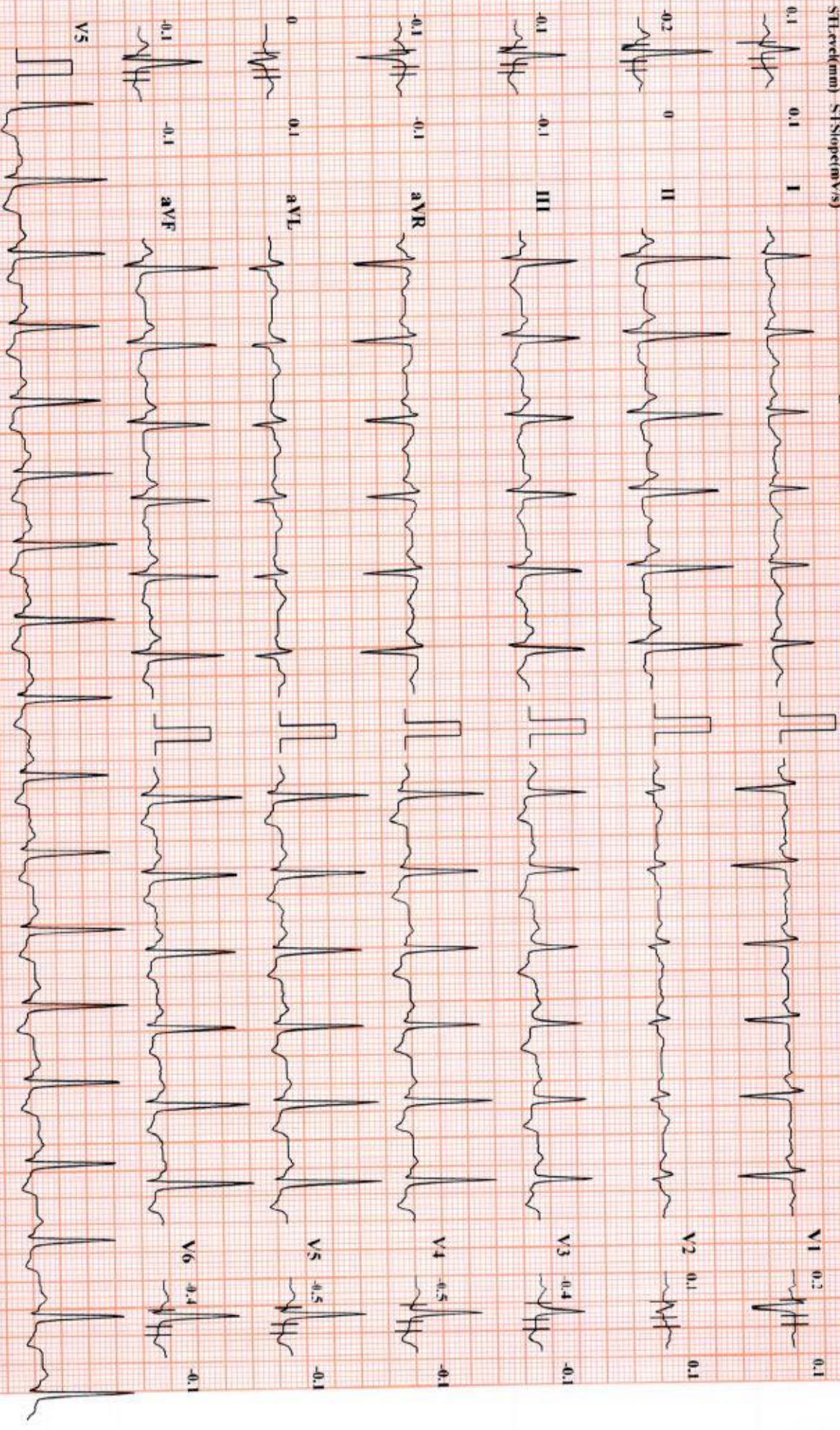


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO - R - 60 ms, J - R + 60 ms, Post J - J - 60 ms



# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**YUVRAJ SINGH (36 M)**

Bruce Protocol

ID: 2334216141

Date: 08-12-2023

Exec Time : 00:00

Stage Time: 00:09

**HR: 116 bpm**

STLevel(mm) STSlope(mV/s)

Stage: Recovery<sup>4</sup>

Speed: 0 kmph

Slope: 0 %

THR: 156 bpm

BP: 130/80 mmHg  
STLevel(mm) STSlope(mV/s)

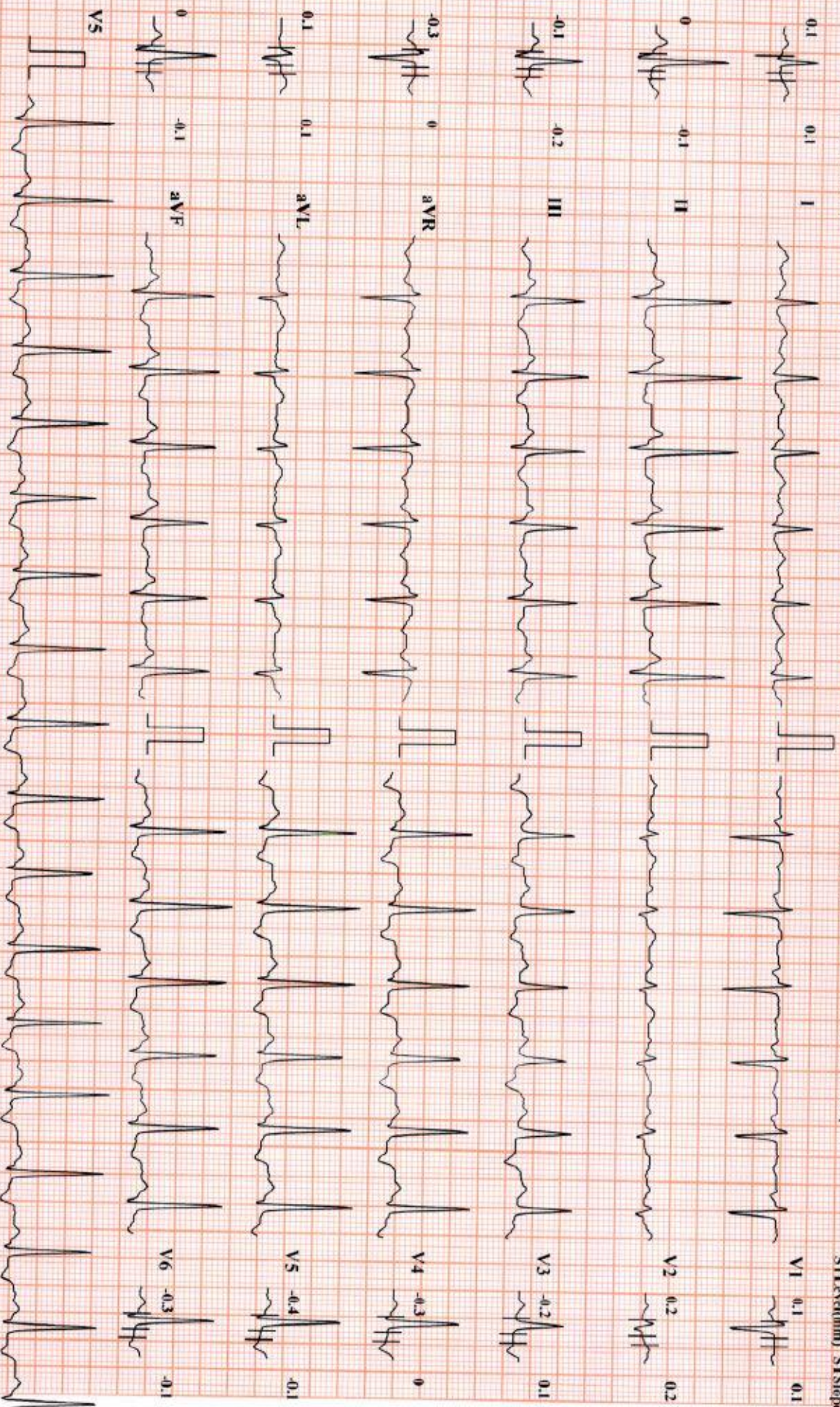


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz

Main Filter: ON

ISO = R - 60 ms, J - R + 60 ms, Post J - J + 60 ms

CONSULT. F. I. J. P. ...

Blood Pressure : 110/70 mm of Hg

Height : 166 cm

Weight : 58 Kg  
21.09

Body Mass Index :

WHL/NAG/CC/HCU/03

**DEPARTMENT OF LABORATORY MEDICINE**

**HEMATOLOGY**

Final Report

<b>Patient Name</b> : MR. PRITESH B PAKHIDE	<b>Order Date</b> : 25/11/2023 09:05 AM
<b>Age / Sex</b> : 35 Years / Male	<b>Sample Collection</b> : 25/11/2023 09:07 AM
<b>UHID</b> : WHN2.0000348086	<b>Report Date</b> : 25/11/2023 09:56 AM
<b>Primary Consultant</b> : DR. WÖCKHARDT DOCTOR	<b>Specimen</b> : EDTA Blood
<b>Order No.</b> : 35267	
<b>Bill No.</b> : OCR3/24/0004194	

PARAMETER	METHOD	RESULT	UNIT	B.R.I
<b>MEDIWHEEL FULL BODY HCU MALE AND FEMALE BELOW 40</b>				
<b>Complete Blood Count (With ESR)- EDTA Blood</b>				
Haemoglobin	SLS Method	14.4	g%	11-15
Haematocrit	RBC Pulse Height Detection	44.3	%	40 - 50
MCV	Calculated	88.6	fl	83-101
MCH	Calculated	28.8	pg	27-32
MCHC	Calculated	32.5	g/dl	32-35
RBC Count	DC Detection	5.00	Million/ul	4.5-5.5
RDW-CV	Calculated	11.8	%	12-14
WBC Total Count ( TLC )	Electrical Impedance	5800	Cells/cumm	4000 - 10000
Neutrophils	Hydrodynamic Focussing And Microscopy	56	%	40-80
Lymphocytes	Hydrodynamic Focussing And Microscopy	29	%	20-40
Monocytes	Hydrodynamic Focussing And Microscopy	08	%	2-10
Eosinophils	Hydrodynamic Focussing And Microscopy	07	%	0-6
Basophils	Hydrodynamic Focussing And Microscopy	00	%	0-2
Platelet Count	Hydrodynamic Focussing DC	253	Thou/Cumm	150-450
PDW	Calculated	10.5	fL	9.0-17
MPV	Calculated	9.6	fl	9.4-12.3
P-LCR	Calculated	21.6	%	13.0-43.0
PCT	Calculated	0.24	%	0.17-0.35
Neutrophil Lymphocyte Ratio		1.93		
Blood ESR	Westergren Method	07	mm/hr	0-15

--- END OF REPORT ---

SOHEL KHAN  
Verified By

  
**Dr. LAXMI LOKESH**  
 Consultant Pathologist  
 MDPATH

Partial Reproduction of Report not permitted This Report Relates to Sample received by Laboratory

\* B.R.I : BIOLOGICAL REFERENCE INTERVAL

\*\* Test not in Scope of Accreditation

**DEPARTMENT OF LABORATORY MEDICINE**

**BIOCHEMISTRY**

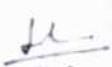
Final Report

<b>Patient Name</b>	: MR. PRITESH B PAKHIDE	<b>Order Date</b>	: 25/11/2023 09:05 AM
<b>Age / Sex</b>	: 35 Years / Male	<b>Sample Collection</b>	: 25/11/2023 09:07 AM
<b>UHID</b>	: WHN2.0000348086	<b>Report Date</b>	: 25/11/2023 10:54 AM
<b>Primary Consultant</b>	: DR. WOCKHARDT DOCTOR	<b>Specimen</b>	: EDTA Blood
<b>Order No.</b>	: 35267		
<b>Bill No.</b>	: OCR3/24/0004194		

PARAMETER	METHOD	RESULT	UNIT	B.R.I
<b>MEDIWHEEL FULL BODY HCU MALE AND FEMALE BELOW 40</b>				
<b>Glycosylated Haemoglobin- EDTA Blood</b>				
				Action required: 7.0-8.0%
Glycosylated Haemoglobin	HPLC	5.6	%	Good control: 6.5-7.0%
				Normal control: 5.9-6.4%
				Poor control: >8.0%
Estimated Mean glucose	Calculated	122.06	mg/dL	

--- END OF REPORT ---

**SOHEL KHAN**  
Verified By

  
**Dr. LAXMI LOKESH**  
 Consultant Pathologist  
 MDPATH

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 \* B.R.I : BIOLOGICAL REFERENCE INTERVAL      \*\* Test not in Scope of Accreditation

**DEPARTMENT OF LABORATORY MEDICINE**

**BIOCHEMISTRY**

Final Report

<b>Patient Name</b> : MR. PRITESH B PAKHIDE	<b>Order Date</b> : 25/11/2023 09:05 AM
<b>Age / Sex</b> : 35 Years / Male	<b>Sample Collection</b> : 25/11/2023 09:07 AM
<b>UHID</b> : WHN2.0000348086	<b>Report Date</b> : 25/11/2023 10:14 AM
<b>Primary Consultant</b> : DR. WOCKHARDT DOCTOR	<b>Specimen</b> : Serum
<b>Order No.</b> : 35267	
<b>Bill No.</b> : OCR3/24/0004194	

PARAMETER	METHOD	RESULT	UNIT	B.R.I
<b>MEDIWHEEL FULL BODY HCU MALE AND FEMALE BELOW 40</b>				
Serum Urea	Urease-GLDH	15	mg/dL	1-50
Blood Urea Nitrogen	Calculated	7.00	mg/dL	6-20
<b>Creatinine- Serum</b>				
Creatinine	Enzymatic colorimetric	0.97	mg/dL	0.67-1.17
<b>Plasma Glucose</b>				
Plasma Glucose - Fasting.	Enzymatic Hexokinase	87.42	mg/dL	74-109
Urine Sugar Fasting	Double Sequential Enzyme Reaction - GOD/ POD	Absent		
<b>Uric Acid- Serum</b>				
Uric Acid	Enzymatic colorimetric	4.3	mg/dL	3.4-7
<b>Lipid Profile</b>				
Cholesterol	Colorimetric - Cholesterol Oxidase	<b>177.49</b>	mg/dL	0-200
Triglycerides	Enzymatic colorimetric	62.9	mg/dL	0-150
HDL Cholesterol - Direct	Direct Homogenous Enzymatic Colorimetric	49.9		1. No Risk: >65 2. Moderate Risk: 45-65 3. High Risk: <45
LDL-Cholesterol -Direct	Direct Homogenous Enzymatic Colorimetric	<b>115.01</b>	mg/dL	0-100
VLDL Cholesterol	Calculated	12.58	mg/dL	10-35
Chol/HDL Ratio		<b>3.55</b>		1. Low Risk: 3.3-4.4 2. Average Risk: 4.4-7.1 3. Moderate Risk: 7.1-11.0 4. High Risk: >11.0
<b>Liver Function Test (L.F.T.)</b>				
Alkaline Phosphatase	Colorimetric IFCC	112.5	U/L	40-129
S.G.O.T (AST)	IFCC Without Pyridoxal 5 Phosphate	13.6	U/L	0-40
S.G.P.T (ALT)	IFCC Without Pyridoxal 5 Phosphate	12.7	U/L	0-50
Total Protein (Serum)	Colorimetric - Biuret Method	6.96	g/dL	6.4-8.3
Albumin, BCG	Colorimetric - Bromo-Cresol Green	4.32	g/dL	3.5-5.2
Globulin	Calculated	2.64	g/dL	1.9-3.5
Albumin/Globulin Ratio	Calculated	1.63		0.9-2
Serum Total Bilirubin	Colorimetric Diazo	0.41	mg/dL	0-1.2
Serum Direct Bilirubin	Colorimetric Diazo	0.19	mg/dL	0-0.4
Serum Indirect Bilirubin	Calculated	0.22	mg/dL	0-1

--- END OF REPORT ---

SOHEL KHAN  
Verified By

  
 Dr. LAXMI LOKESH  
 Consultant Pathologist  
 MDPATH

Partial Reproduction of Report not permitted. This Report Relates to Sample received by Laboratory

**DEPARTMENT OF LABORATORY MEDICINE**

**BIOCHEMISTRY**

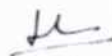
Final Report

<b>Patient Name</b>	: MR. PRITESH B PAKHIDE	<b>Order Date</b>	: 25/11/2023 09:05 AM
<b>Age / Sex</b>	: 35 Years / Male	<b>Sample Collection</b>	: 25/11/2023 11:36 AM
<b>UHID</b>	: WHN2.0000348086	<b>Report Date</b>	: 25/11/2023 12:18 PM
<b>Primary Consultant</b>	: DR. WOCKHARDT DOCTOR	<b>Specimen</b>	: Fluroide Blood
<b>Order No.</b>	: 35267		
<b>Bill No.</b>	: OCR3/24/0004194		

PARAMETER	METHOD	RESULT	UNIT	B.R.I
<b>MEDIWHEEL FULL BODY HCU MALE AND FEMALE BELOW 40</b>				
Plasma Glucose Post Prandial	Enzymatic Hexokinase	89.33	mg/dl	70-140
Urine Sugar Post Prandial	Double Sequential Enzyme Reaction - GOD/ POD	NA		

--- END OF REPORT ---

SOHEL KHAN  
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 Consultant Pathologist  
 MDPATH

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**DEPARTMENT OF LABORATORY MEDICINE**

**IMMUNOLOGY**

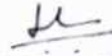
Final Report

<b>Patient Name</b>	: MR. PRITESH B PAKHIDE	<b>Order Date</b>	: 25/11/2023 09:05 AM
<b>Age / Sex</b>	: 35 Years / Male	<b>Sample Collection</b>	: 25/11/2023 09:07 AM
<b>UHID</b>	: WHN2.0000348086	<b>Report Date</b>	: 25/11/2023 10:14 AM
<b>Primary Consultant</b>	: DR. WOCKHARDT DOCTOR	<b>Specimen</b>	: Serum
<b>Order No.</b>	: 35267		
<b>Bill No.</b>	: OCR3/24/0004194		

<u>PARAMETER</u>	<u>METHOD</u>	<u>RESULT</u>	<u>UNIT</u>	<u>B.R.I</u>
<b>MEDIWHEEL FULL BODY HCU MALE AND FEMALE BELOW 40</b>				
TOTAL T3	ECLIA	109.4	ng/dl	80-200
TOTAL T4	ECLIA	9.25	ug/dl	4.5-11.7
TSH	ECLIA	3.22	µIU/mL	0.27-4.2

--- END OF REPORT ---

SOHEL KHAN  
Verified By

  
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**DEPARTMENT OF LABORATORY MEDICINE**

**CLINICAL PATHOLOGY**

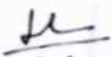
Final Report

<b>Patient Name</b>	: MR. PRITESH B PAKHIDE	<b>Order Date</b>	: 25/11/2023 09:05 AM
<b>Age / Sex</b>	: 35 Years / Male	<b>Sample Collection</b>	: 25/11/2023 09:07 AM
<b>UHID</b>	: WHN2.0000348086	<b>Report Date</b>	: 25/11/2023 10:14 AM
<b>Primary Consultant</b>	: DR. WOCKHARDT DOCTOR	<b>Specimen</b>	: Urine
<b>Order No.</b>	: 35267		
<b>Bill No.</b>	: OCR3/24/0004194		

PARAMETER	METHOD	RESULT	UNIT	B.R.I
<b>MEDIWHEEL FULL BODY HCU MALE AND FEMALE BELOW 40</b>				
<b>Urine Routine</b>				
Physical Examination				
Colour		Pale Yellow		
Appearance		Clear		
Urinalyser (Roche UriSys 1100)				
Specific Gravity		1.020		1.003 - 1.035
Reaction ( pH )		6		
Leukocytes, microscopy		neg	/hpf	
Erythrocytes, microscopy		neg	/hpf	
Nitrite, urinalyser		neg		
Protein, urinalyser		neg		
Glucose, urinalyzer		neg		
Ketone, urinalyser		neg		
Urobilinogen urinalyser		neg		
Billirubin uirnalyser		neg		

--- END OF REPORT ---

**SOHEL KHAN**  
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**2D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY**

**Name : Mr. Pritesh Pakhide**

**Age / Sex : 35 Yrs. / Male**

**Done By : Dr. Nitin Tiwari**

**Date : November 25, 2023**

**OPD**

**UHID : 348086**

**Comments :**

Sector echo done in plax, psax, apical 4 & 5 chambers, subcostal view shows:

Normal morphology of mitral, aortic, tricuspid and pulmonary valves.

The left atrium, left ventricle, right atrium and right ventricle are normal in dimension and morphology. There is no regional wall motion abnormality of left ventricle at rest. The left ventricular systolic function is **good**. The global left ventricular ejection fraction is 62 %

The IAS and IVS are intact.

The pericardium is normal. There is no pericardial effusion

There is no clot or vegetation seen.

**CW, PW and Colour Doppler:** Transmitral flow is suggestive of normal left ventricular diastolic function present. The flow pattern across other cardiac valves is normal. There is no evidence of pulmonary hypertension.

**Impression:**

Normal cardiac valves and chamber dimensions

No regional wall motion abnormality of left ventricle at rest

Good left ventricular systolic function. LVEF – 62 %

Normal LV diastolic function

No pulmonary hypertension

**Dr. Nitin Tiwari**  
**MD, DNB (Med.), DM, DNB (Card.),**  
**MNAMS, MAPSIC**  
**Sr. Interventional Cardiologist**



**DEPARTMENT OF RADIO DIAGNOSTICS**

**Patient Name** : MR. PRITESH B PAKHIDE  
**Age/Sex** : 35 Yrs / Male  
**UHID** : WHN2.0000348086  
**Reporting Date** : 25/11/2023 11:38 AM  
**Bill No.** : OCR3/24/0004194  
**Order Date** : 25/11/2023 09:05 AM  
**Referred by** :  
**Order No.** : 13822

**CHEST X-RAY PA VIEW :**

Both lung fields are clear.

The costophrenic angles and domes of diaphragm appear normal.

No hilar or mediastinal lesion seen.

Cardiac silhouette is within normal limits.

Visualised bony thorax and soft tissues appear normal.

**Impression:**

Normal Chest X-Ray.



**DR. VISHAL GAJBHIYE**  
M.B.B.S., M.D.  
CONSULTANT - RADIOLOGIST

**DEPARTMENT OF RADIO DIAGNOSTICS**

**Patient Name** : MR. PRITESH B PAKHIDE  
**Age/Sex** : 35 Yrs / Male  
**UHID** : WHN2.0000348086  
**Reporting Date** : 25/11/2023 11:00 AM  
**Bill No.** : OCR3/24/0004194

**Order Date** : 25/11/2023 09:05 AM  
**Referred by** :  
**Order No.** : 13822

**USG ABDOMEN WITH PELVIS :**

Real time sonography of the abdomen and pelvis was performed using the 3.5 MHz transducer.

The liver is normal in size and shows bright echotexture suggesting fatty infiltration. No focal parenchymal lesion noted. Intrahepatic biliary tree and venous radicles are normal.

The portal vein and CBD appear normal in course and calibre.

The gall bladder is normal in size with a normal wall thickness and there are no calculi noted within.

The pancreas is normal in size and echotexture. No evidence of focal lesion or calcification or duct dilatation seen.

The spleen is normal in size and echotexture.

Both kidneys are normal in size, position and echogenecity.

Cortical thickness and corticomedullary differentiation are normal.

No hydronephrosis or calculi noted.

The bladder is normal in contour, capacity and wall thickness. No vesical calculi noted.

The prostate is normal in size and homogenous in echotexture.

There is no evidence of ascites.

**Impression :**

Grade I fatty infiltration of liver.

**DR. VISHAL GAJBHIYE**  
M.B.B.S., M.D.  
CONSULTANT - RADIOLOGIST

ritesh

25-Nov-23 9:55:22 AM  
wockhardt hospitals

- 81 . Age not entered, assumed to be 50 years old for purpose of ECG interpretation
- . Sinus rhythm.....normal P axis, V-rate 50- 99
- 124 . Borderline T abnormalities, inferior leads.....T flat/neg, II III aVF

83  
357  
415

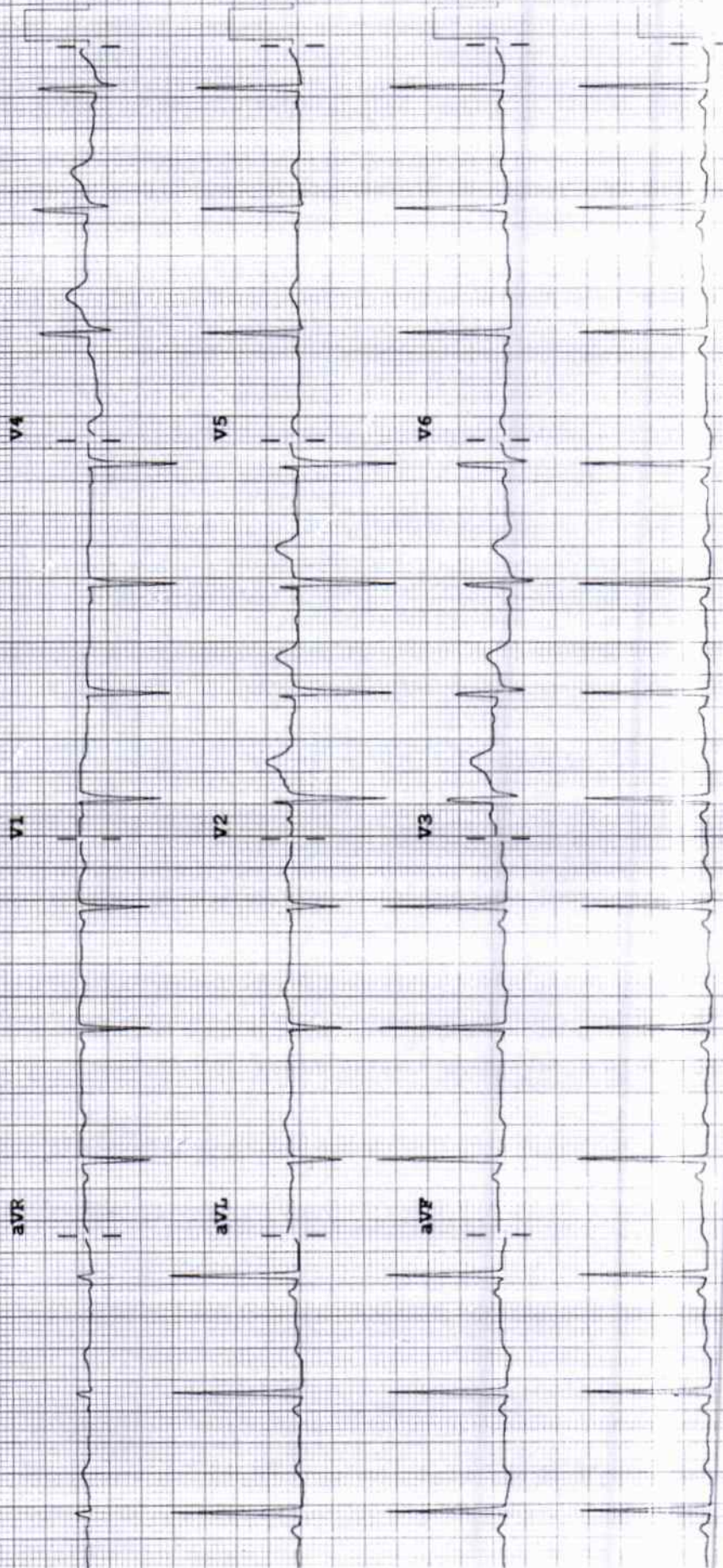
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83  
82  
-28

- BORDERLINE ECG -

ad. Standard Placement

Unconfirmed Diagnosis



Name : Pritesh Pakhude Age/ Sex : 35 yrs / m

Date: 25/11/23

**Fundus Examination**  
(Direct Ophthalmoscopy)

**Media** (BE) Right Left  
clear

**Optic Disc**  
Colour WNL  
Size WNL  
Shape Round  
Margin well defined  
NRR healthy  
C:D 0.4

**Blood Vessels** 2:3  
A:V ratio -  
Abnormalities

**Macula** Bright  
FR None  
Abnormalities

**Periphery** (BE) WNL as far as seen

**Impression** (BT) Fundus WNL

Dr Sanyogita Joshi  
Consultant Ophthalmology

