

Patient Name: **NIRALA NIRAJ KUMAR**
Patient ID: **2304817870**

Date and Time: **17th Feb 23 11:02 AM**

Age **38** 6 30
years months days

Gender **Male**

Heart Rate **76bpm**

Patient Vitals

BP: **110/80 mmHg**

Weight: **79 kg**

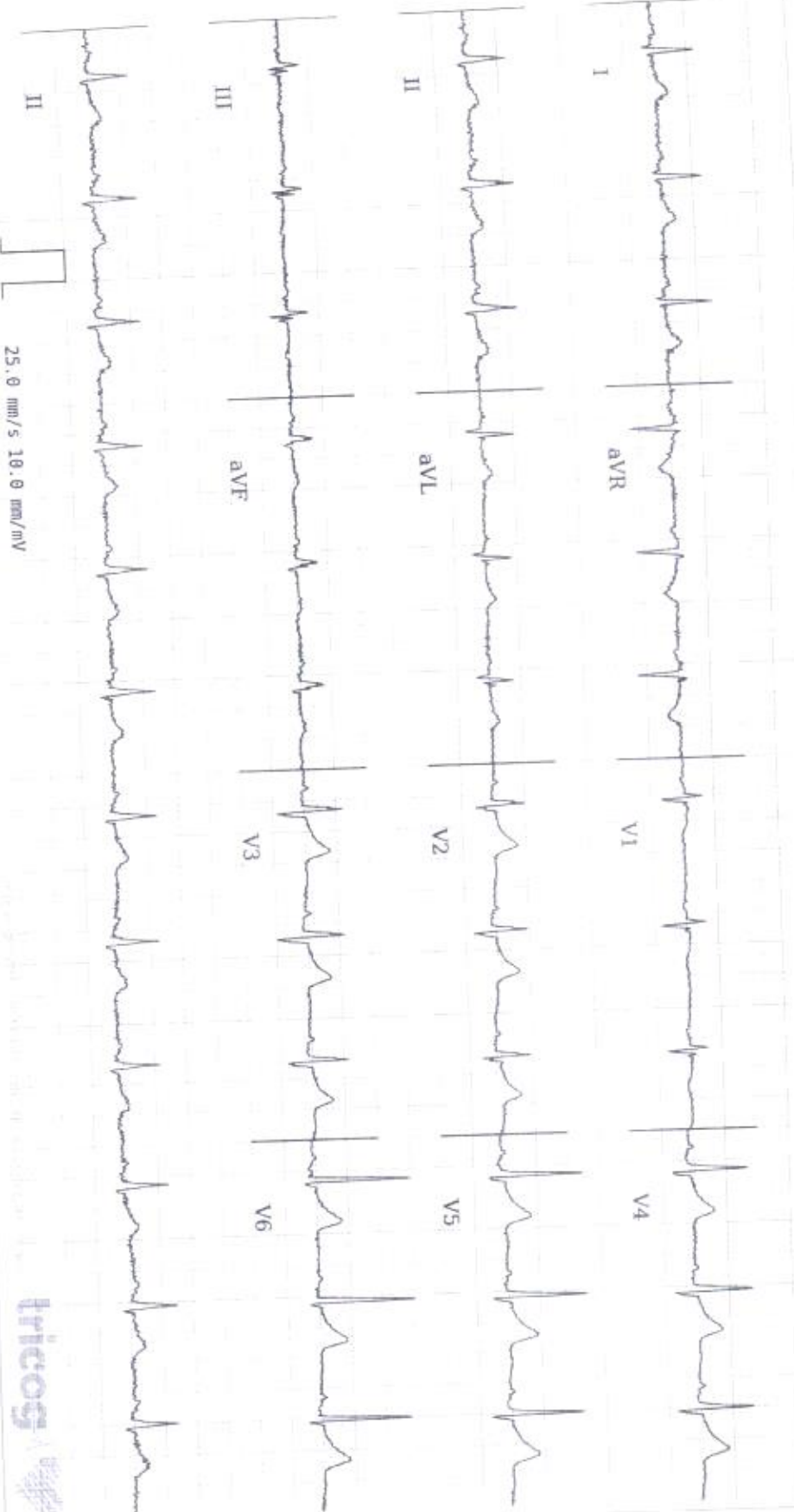
Height: **172 cm**

Pulse: **NA**

SpO2: **NA**

Resp: **NA**

Others: **NA**



25.0 mm/s 10.0 mm/mV



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

REPORTED BY

(Signature)

DR. AKHIL PARULLEKAR
MBBS MD MEDICINE, DNB Cardiology
Cardiologist
2012083853

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 investigations and non-invasive tests and must be interpreted by a qualified physician. (2) Patient safety is our priority and we are committed to the highest quality of care and service.



Use a QR Code Scanner
Application To Scan the Code

CID : 2304817870
Name : Mr NIRALA NIRAJ KUMAR
Age / Sex : 38 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre
Reg. Date : 17-Feb-2023
Reported : 17-Feb-2023 / 10:22

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (13.8 cm) shape and smooth margins. **It shows bright parenchymal echo pattern.**The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein measures 12 mm and CBD measures 3.6 mm .
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:

Right kidney measures 10.1 x 5.2 cm.

Two non obstructive calculi are noted measuring 10 mm at lower pole and 6.7 mm at upper pole of right kidney.

Left kidney measures 10.4 x 5.5 cm.

Three non obstructive calculi are noted measuring 4.6 mm and 5.2 mm at lower pole and 4.1 mm at mid pole of left kidney.

Both the kidneys are normal in size shape and echotexture.
No evidence of any hydronephrosis or mass lesion seen.

SPLEEN:

The spleen is normal in size (11.7 cm) and echotexture. No evidence of focal lesion is noted.
There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

PROSTATE:

The prostate is normal in size and measures 3.9 x 3.1 x 2.9 cm and volume is 19.3 cc.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023021708591069>



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Name : Mr NIRALA NIRAJ KUMAR
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Reg. Location : Kandivali East Main Centre

Reg. Date : 17-Feb-2023
Reported : 17-Feb-2023 / 10:22

IMPRESSION:

GRADE I FATTY LIVER.

BILATERAL NON OBSTRUCTIVE RENAL CALCULI AS DESCRIBED.

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

This report is prepared and physically checked by Dr Akash Chhari before dispatch.

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023021708591069>



Use a QR Code Scanner
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CID : 2304817870
Name : Mr NIRALA NIRAJ KUMAR
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Reg. Date : 17-Feb-2023
Reported : 17-Feb-2023 / 11:56

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-----

This report is prepared and physically checked by DR. FAIZUR KHILJI before dispatch.

Khilji Faizur

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023021708591077>

Email:

1025 (2304817870) / NIRALA KUMAR / 40 Yrs / M / 172 Cms / 79 Kg
 Date: 17 / 02 / 2023 02:17:48 PM Refd By : AEFORCAMI Examined By: DR.AKHIL PARULEKAR

Stage	Time	Duration	Speed(kmph)	Elevation	METS	Spa	%THR	BP	RPP	PVC	Comments
Supine	00:09	0:09	00.0	00.0	01.0	075	42%	110/80	082	00	
Standing	00:37	0:28	00.0	00.0	01.0	090	50%	110/80	099	00	
HV	00:51	0:14	00.0	00.0	01.0	079	44%	110/80	086	00	
ExStart	01:17	0:26	00.0	00.0	01.0	092	51%	110/80	101	00	
BRUCE Stage 1	04:17	3:00	02.7	10.0	04.7	132	73%	110/80	145	00	
BRUCE Stage 2	07:17	3:00	04.0	12.0	07.1	155	86%	130/80	201	00	
PeakEx	08:17	1:00	05.5	14.0	08.2	166	92%	140/80	232	00	
Recovery	09:17	1:00	00.2	00.0	01.1	134	74%	140/80	187	00	
Recovery	10:17	2:00	00.0	00.0	01.0	144	80%	130/80	187	00	
Recovery	11:17	3:00	00.0	00.0	01.0	144	80%	120/80	172	00	
Recovery	11:20	3:04	00.0	00.0	01.0	144	80%	120/80	172	00	

FINDINGS :

Exercise Time 07:00
 Initial HR (ExStrt) 92 bpm 51% of Target 180
 Initial BP (ExStrt) 110/80 (mm/Hg)
 Max WorkLoad Attained 8.2 Fair response to induced stress
 Duke Treadmill Score 04.7
 Test End Reasons Test Complete, Fatigue

Max HR Attained 166 bpm 92% of Target 180
 Max BP Attained 140/80 (mm/Hg)

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.

Row House No. 3, Aangan,
 Thakur Village, Kandivali (east),
 Mumbai - 400101.
 Tel : 61700909

Mekamony

Dr. Sneha Shetty
 MBBS, PGDCC
 CLINICAL RESEARCHER SHETTY
 Reg. No. 2008/03/0660





Email:

1025 / NIRALA KUMAR / 40 Yrs / M / 172 Cms / 79 Kg Date: 17 / 02 / 2023 02:17:48 PM Refd By : AEFORCAMI

REPORT :

Heart Rate 166.0 bpm

Systolic BP 140.0 mmHg Diastolic BP 80.0 mmHg

Exercise Time 07:00 Mins Ectopic Beats 0.0

METS 8.2 Test End Reason Test Complete, Fatigue Target Heart Rate 92% of 180

TEST OBJECTIVE

ROUTINE CHECK UP

RISK FACTOR

NONE

ACTIVITY

MODERATE ACTIVE

MEDICATION

NONE

REASON FOR TERMINATION

HEART RATE ACHIEVED FATIGUE

EXERCISE TOLERANCE

MODERATE

EXERCISE INDUCED ARRHYTHMIAS

NO

HAEMODYNAMIC RESPONSE

NORMAL

CHRONOTROPIC RESPONSE

NORMAL

ECG CHANGES

NO SIGNIFICANT ST-T CHANGES NOTED DURING EXERCISE AND RECOVERY PHASE

FINAL IMPRESSION

STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHEMIC 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, Aasgar,

Thakur Village, Kandivali (east),

Mumbai - 409101.

Tel : 617009800

Dr. Sneha Shetty

MBBS, PGDCC

Doctoral Dr. Sneha Shetty

Reg. No. 2008/03/0560

SUBURBAN DIAGNOSTICS KANDIVALI EAST

SUPINE (00:09)

1025 (2304817870) // NIRALA KUMAR // 40 Yrs / M // 172 Cms // 79 Kg // HR 75

Date 17/02/2023 02:17:48 PM METS 1 (r) 75 bpm 42% of THR BP 110/80 mmHg Raw ECG/BLU Cmv/White Cmv/HR 0.05 Hz/VLF 35 Hz

EXTIME 00:00:00 (Kmph 0.0%)

AX 90ms Port 1

25mm/Sec 1.0Cmv/Div

1 0.5
50 0.5
100 0.5

V1 0.3
V2 0.5

1.0
1.0
1.0

V2 0.3
V3 0.5

0.4
0.4
0.4

V3 1.1
V4 1.5

0.7
0.7
0.7

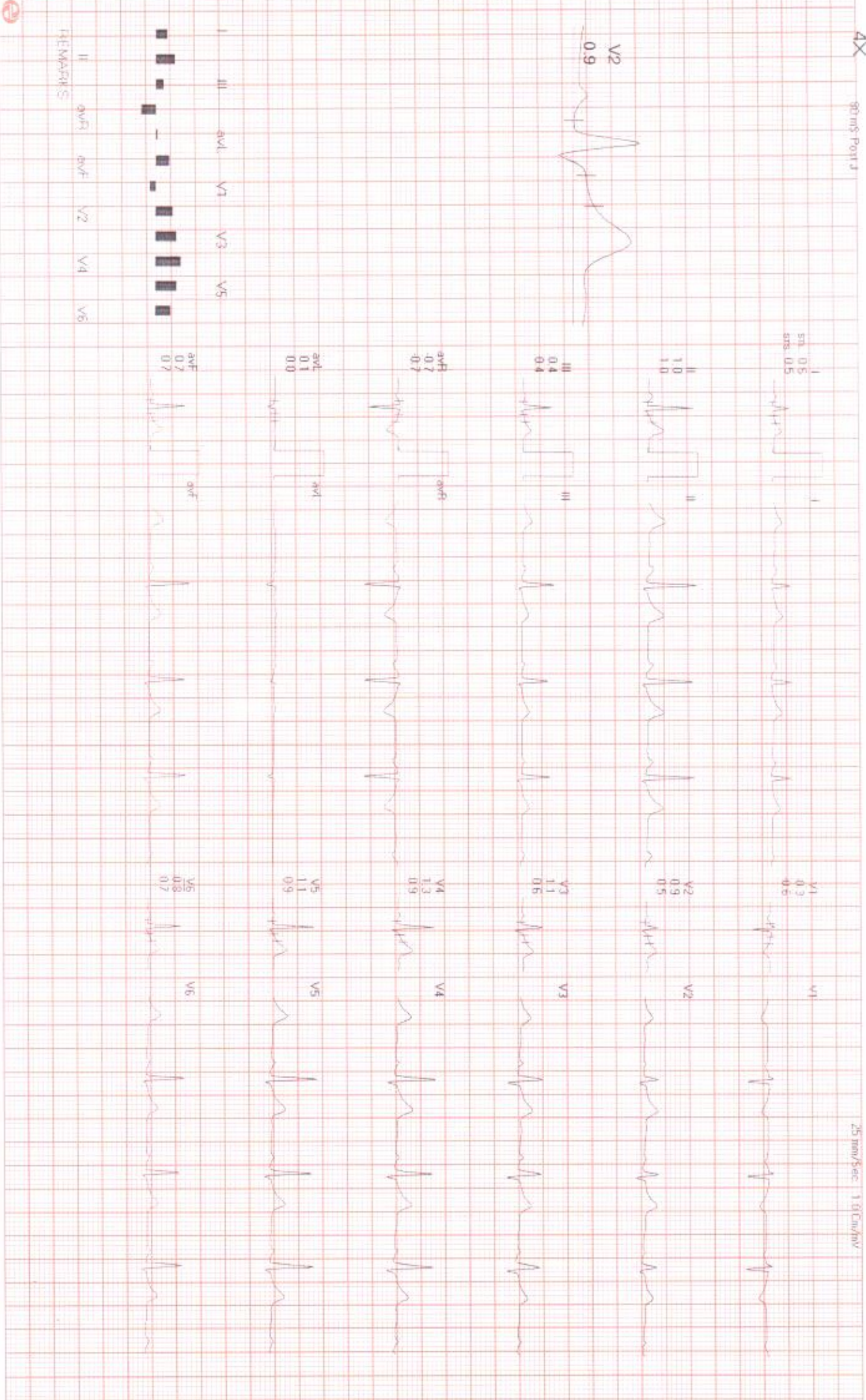
V4 1.3
V5 1.9

0.1
0.1
0.0

V5 1.1
V6 0.9

0.7
0.7
0.7

V6 0.8
V7 0.7



SUBURBAN DIAGNOSTICS KANDIVALI EAST

STANDING (00:28)

1025 (2304817870) / NIRALA KUMAR / 40 Yrs / M / 172 Cms / 79 Kg / HR 90

Date 17/02 / 2023 02:17:48 PM METS 1.0/90 bpm 50% of THER BE- 110/80 mmHg Pwv ECG/BLD-Cv/Noch Qw/HF 0.05 Hz/LF 35 Hz

ExTime 00:00:00 KmPh 0.0%

4X 00 mV Pwv J

25 mm/Sec 1.00cm/mV

PR 0.15
QRS 0.05

V1 -0.3
V2 -0.5

II 0.8
III 0.8
aVF 1.0

V2 0.8
V3 0.4

II 0.3
III 0.5

V3 1.0
V4 0.8

aVR -0.5
aVL -0.7

V4 1.1
V5 1.0

aVL 0.1
aVF 0.0

V5 1.1
V6 0.9

aVF 0.6
aVR 0.7

V6 0.7
V7 0.7



PRE WAVEFORMS
I II aVR aVL aVF V1 V2 V3 V4 V5 V6 V7 V8 V9



SUBURBAN DIAGNOSTICS KANDIVALI EAST

HV (00:14)

1025 (2304817870) / NIHALA KUMAR / 40 Yrs / M / 172 Cms / 79 Kg / HR 79

Date 17/02/2023 02:17:48 PM METS 10/ 79 bpm 44% of THF BE 110/80 mmHg Raw ECGy BLC 0m/Match 0m/ HF 0.05 H/L/F 0. 42

EXTime 00:00:00 Kmph 0.0%

AX 08m5 Page 3

25 mm/sec 1.0 Cm/mV

SI 0.4
ST 0.4
STS 0.4

V1 0.2
V2 0.4

II 0.6
III 0.7

V2 0.7
V3 0.4

III 0.2
aVL 0.3

V3 1.0
V4 0.8

aVR 0.5
aVL 0.6

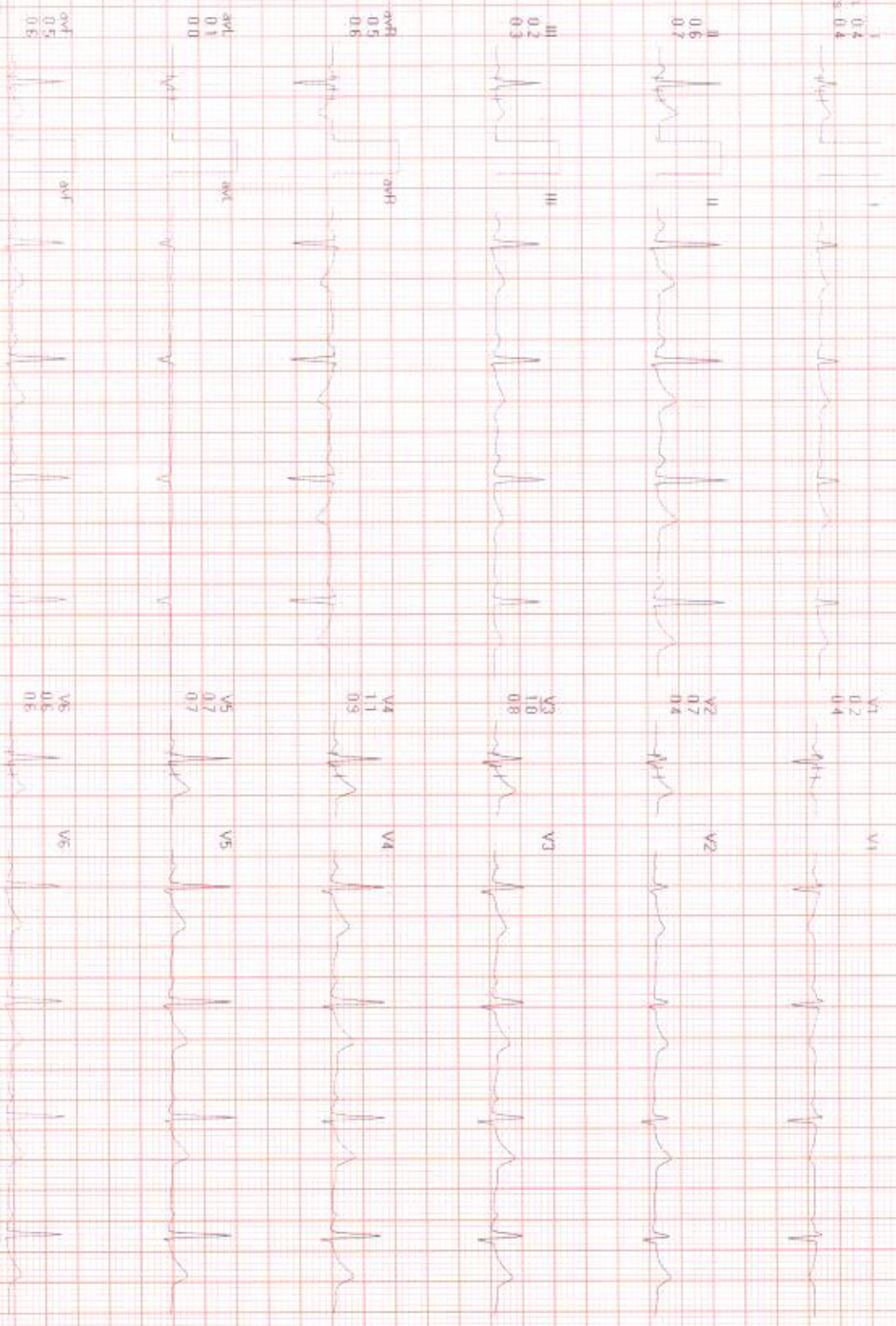
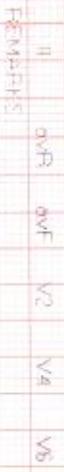
V4 1.1
V5 0.9

aVL 0.1
aVF 0.0

V5 0.7
V6 0.7

aVF 0.5
aVL 0.6

V6 0.6
V6 0.6



1025 (2304517870) / NIRALA KUMAR / 40 Yrs / M / 172 Cms / 79 Kg / HR 92

Date 17/02/2023 02:17:48 PM METS: 1.0/92 bpm 51% of THR. BE: 110/80 mmHg Raw ECG/BLC: 0mV/Notch: 0mV/HE: 0.95 Hz/LE: 35 Hz

ExTime: 00:00 0.0 kmph 0.0%

4X 80 mg Post J

25 mm/sec 1.0 cm/mV

STL 1.0
STB 1.0
STC 0.9

V1 0.8
V2 0.8
V3 0.8

II 2.0
III 2.0
aVR 1.0

V2 1.0
V3 1.0
V4 1.0

III 1.0
aVL 1.5
aVF 1.4

V3 1.5
V4 1.7
V5 1.7

aVR 1.5
aVL 0.0
aVF 0.2

V4 2.1
V5 1.9
V6 1.6

aVL 1.5
aVF 1.6

V5 1.5
V6 1.4



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



SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 1 (03:00)

1025 (2304817870) / NIRALA KUMAR / 40 Yrs / M / 172 Cms / 79 Kg / HR 132

ACIAPL

Date 17/02/2023 02:17:48 PM

METS: 47/132 bpm 73% of THR

BP: 110/80 mmHg

Raw ECG/BLK (mv/Notch Cm/HF 0.05 Hz/LF 35 Hz

AX ECGms Post J

25mm/sec 1.0 Cm/mV

Rate 0.1
SRS 0.1

V1 0.1
V2 0.6

II 0.0
+2

V2 0.0
0.1

III 0.1
1.0

V3 0.0
0.7

aVR 0.0
0.6

V4 0.1
1.0

aVL 0.1
0.5

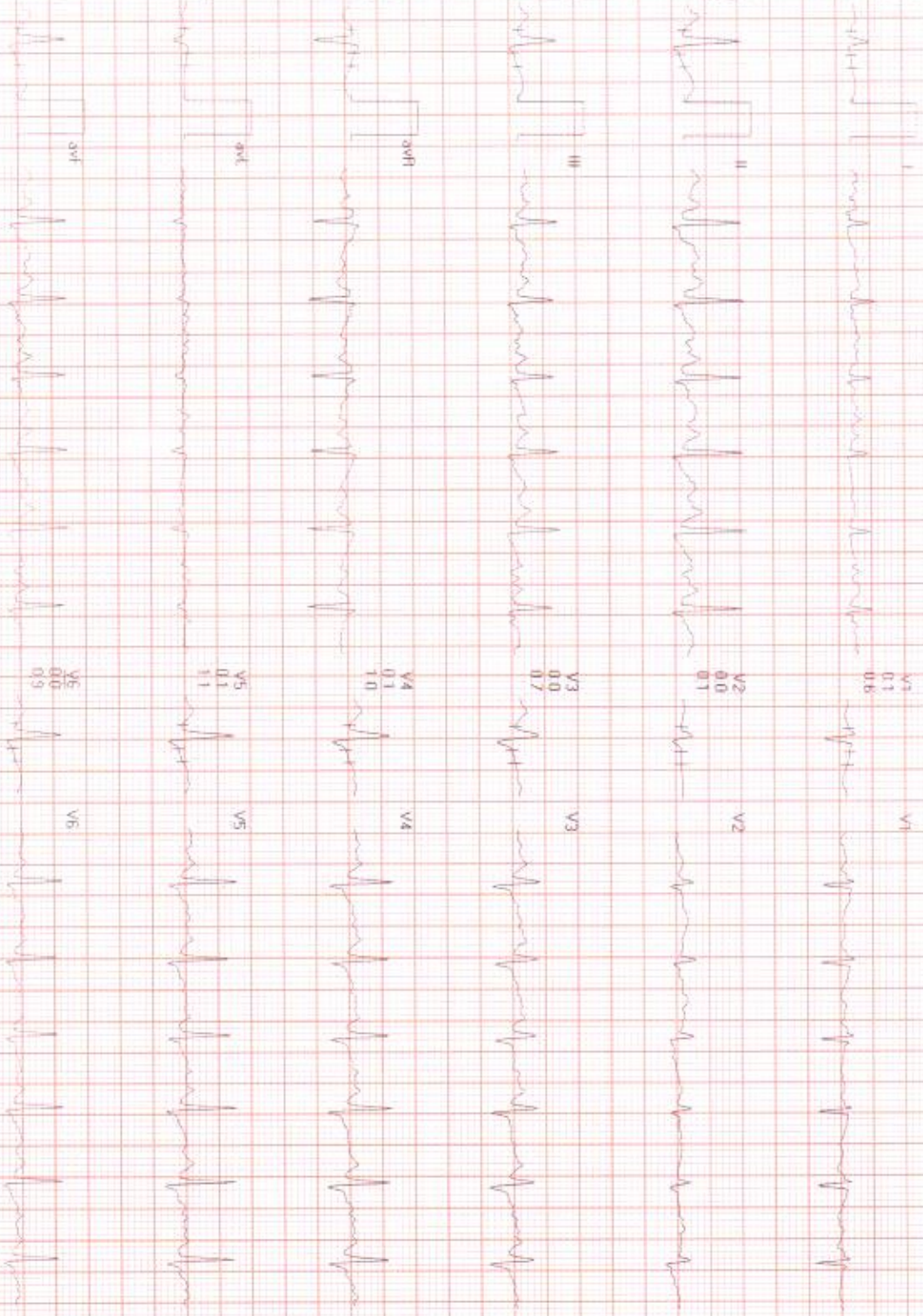
V5 0.1
1.1

aVF 0.0
1.1

V6 0.0
0.9



I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6



REMARKS



SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 2 (03:00)

1025 (2304817870) / NIRALA KUMAR / 40 Yrs / M / 172 Cms / 79 Kg / HR : 155

ACIPL

Date: 17/02/2023 02:17:48 PM METS: 71/155 bpm 86% of THR BP: 136/80 mmHg Raw ECG/BLC (mV/Lead):mV/Hz 0.05 Hz

Ext:time 06:00 4.0Length 12.0%

AX ECG Paper J

25mm/Sec 1.0 Division

SE 0.05
ST5 0.10

V1 0.2
V2 0.8

II 0.9
I4 1.4

V2 0.1
V1 0.0



III 0.4
I4 1.4

V3 0.6
V3 0.8

aVR 0.7
V7 0.7

V4 0.8
V4 0.9

aVL 0.6
V6 0.0
V7 0.7

V5 0.9
V5 1.0

aVF 0.6
V8 0.5
V9 1.4

V6 0.7
V6 1.0



REMARKS:



1025 (2304817870) / NIRALA KUMAR / 40 Yrs / M / 172 Cms / 79 Kg / HR - 166

(Handwritten signature)

Date: 17/02/2023 02:17:46 PM METS: 8.2/166 bpm 92% of THR: Bp: 140/90 mmHg Raw ECG/BLG QW/Match QW/HE: 9.05 Hz/LF: 35 Hz

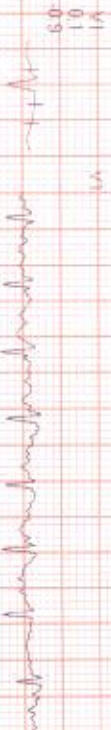
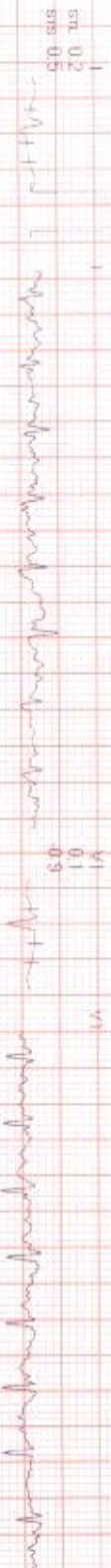
ExTime: 07:00 5.5 Km/h 140%

4X 60.05 Post J

25 mm/5 sec 1.00mV/1mV

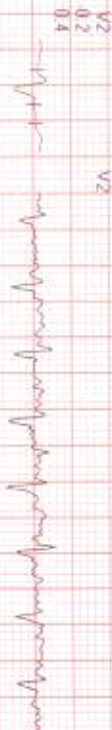
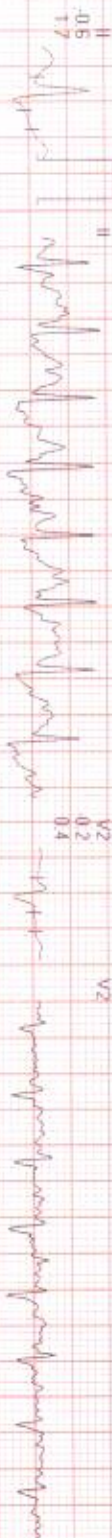
ST 0.2
STs 0.5

V1 0.1
V2 0.4



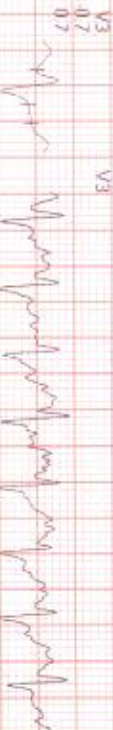
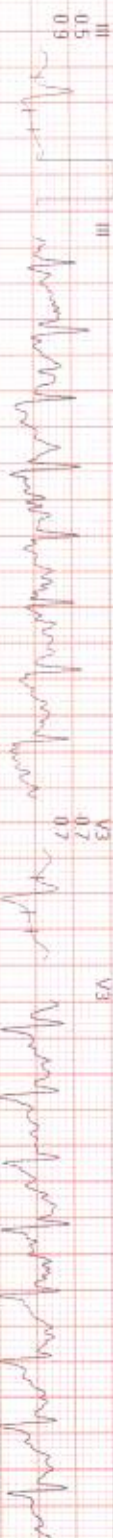
II -0.6
III 0.5
aVR 1.7

V2 0.2
V3 0.7



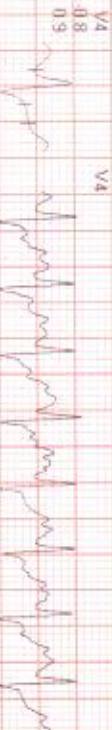
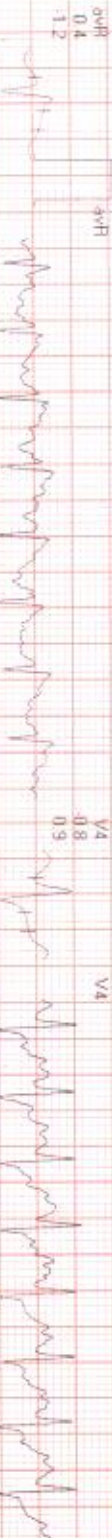
III 0.5
aVL 0.9

V3 0.7
V4 0.9



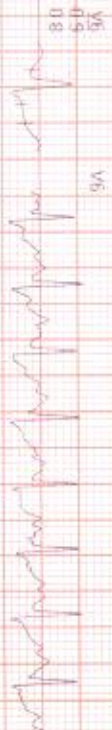
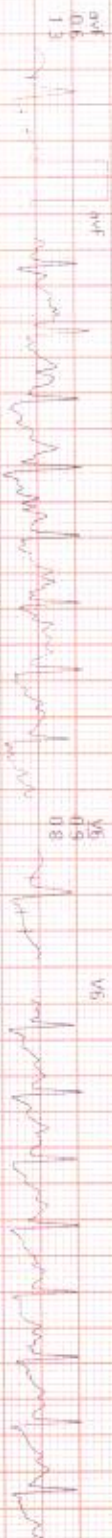
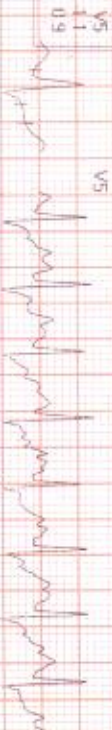
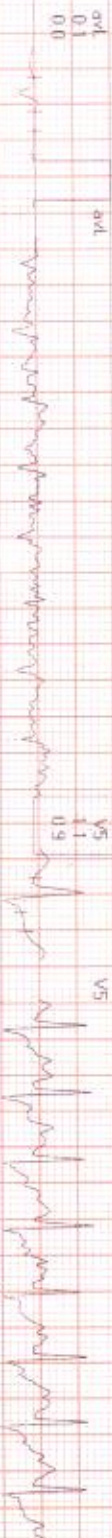
aVR 0.4
aVL 0.4
aVF -1.2

V4 0.8
V5 1.1



aVL 0.1
aVF 1.3

V5 1.1
V6 0.8



LEAD MAPS
aVR aVL aVF V1 V2 V3 V4 V5 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

1025 (2304817870) / NIRALA KUMAR / 40 Yrs / M / 172 Cms / 79 Kg / HR 134

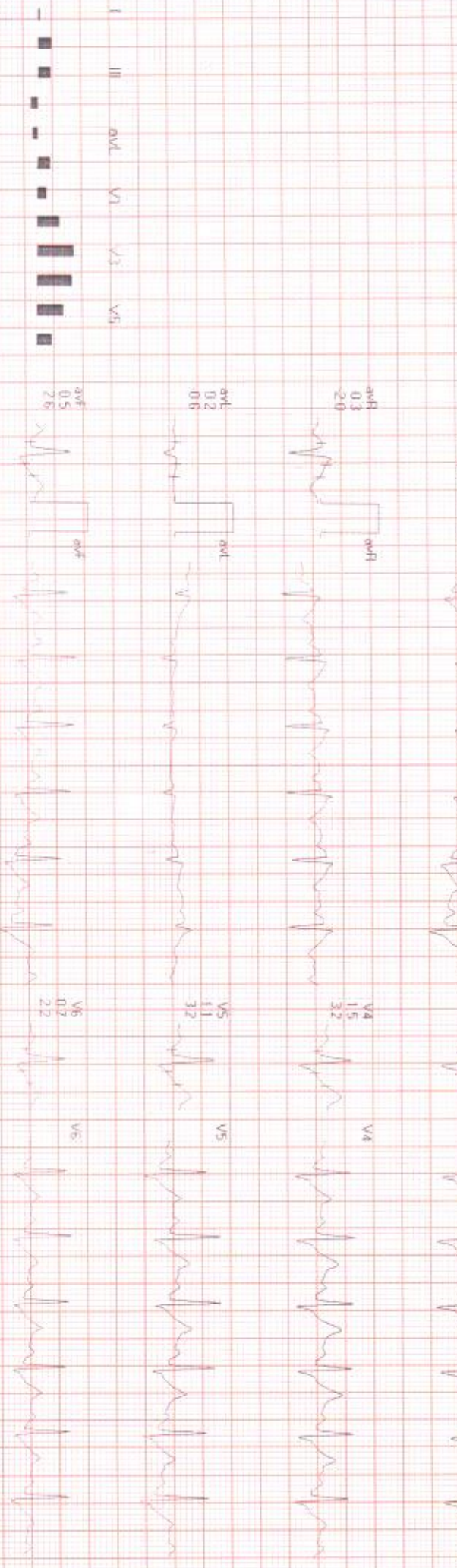
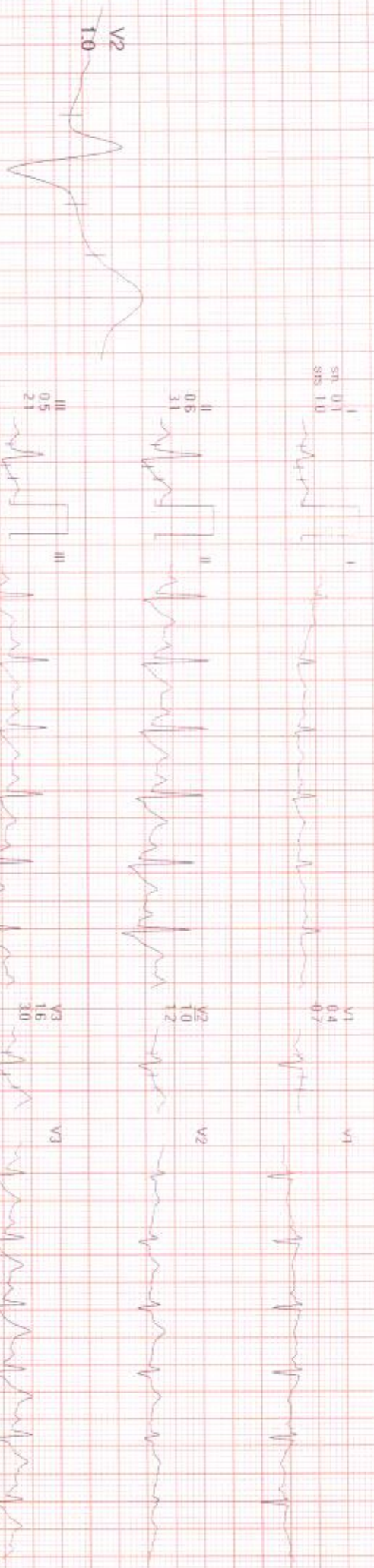
Date: 17/02/2023 02:17:48 PM METS: 1 / 134 bpm 74% of THR BP: 140/80 mmHg Hw: ECG/ ECG/ Nutn: Gm/ HF: 0.05 Hz/ LF: 35 Hz

4X 60-ms Paper

25mm/Sec 1.0mV

ExTime: 07:00 0.2kmph 0.0%

Recovery : (01:00)



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (02:00)

ACAPDL

1025 (2304817870) / NIRALA KUMAR / 40 Yrs / M / 172 Cms / 79 Kg / HR : 144

Date: 17/05/2023 02:17:46 PM MEETS 1 0/144 bpm 80% of THR BE 130/80 mmHg How ECG/BLU On/Noch/On/HR 0.05 Hz/AL 35 Hz

ExTime 07:00 0.0 Kmph 0.0%

4X 60.65 Page 3

25 mm/Sec 1.0 mV/Div

STL 0.5
SRS 1.8

V1 0.1
V2 0.4

II 0.8
III 1.7

V2 0.8
V3 0.8

III 0.3
aVR 0.9

V3 1.4
V4 1.8

aVR 0.6
aVL 1.2

V4 1.1
V5 2.1

aVL 0.1
aVF 0.1

V5 0.8
V6 1.8

aVF 0.5
V5 1.3

V6 0.6
V6 1.3

I II aVL V1 V3 V5

III aVF V2 V4 V6

PRINTER'S



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (03:00)

ACHP/L

1025 (2304817870) / NIRALA KUMAR / 40 Yrs / M / 172 Cms / 79 Kg / HR : 144

Date 17/02/2023 02:17:48 PM METS : 1 @ 144 bpm 80% of THR BE : 120/80 mmHg Pwv ECG/BLC On/Match On/HF 0.05 Hz/LF 35 Hz

ExTime 07:00 0.0 kmph 0.0%

4X 80 mS Page 1

25 mm/s sec 1.00 cm/mV



REMARKS

I II III aVR aVL aVF V1 V2 V3 V4 V5 V6

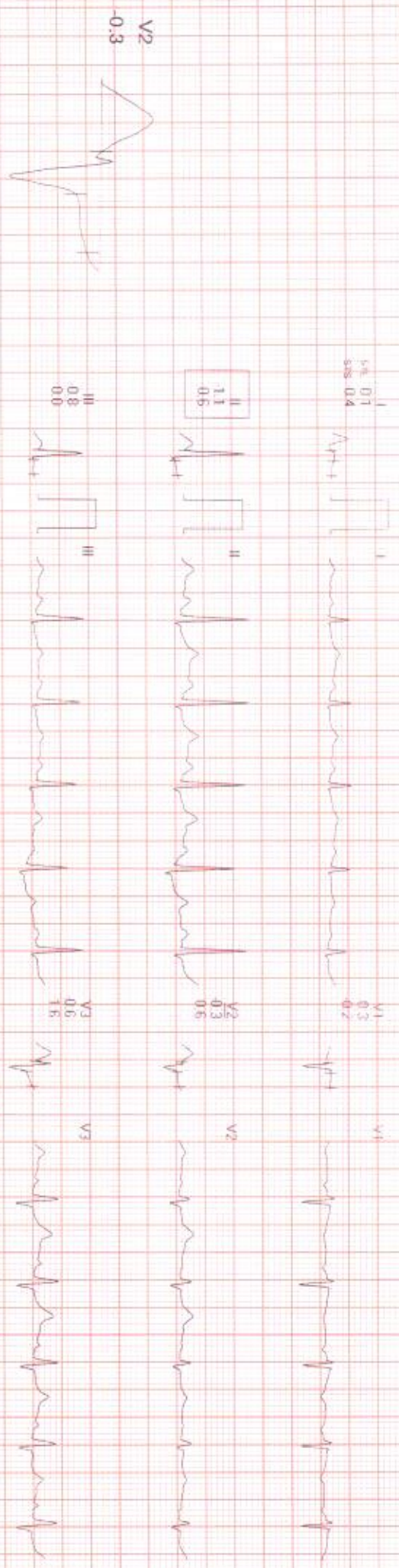


SUBURBAN DIAGNOSTICS KANDIVALI EAST

1025 (2304817870) / NIRALA KUMAR / 40 Yrs / M / 172 Cms / 79 Kg / HR 144

Date: 17/02/2023 02:17:49 PM METS: 1.0/144 bpm 80% w/THR BP: 120/80 mmHg Paw: ECG, SLD On/Noch/On/HR/0.95 Hz/LE 35 Hz

AX 60ms Paper 25mm/Sec 1.0mV/Div



FEMAN S

Recovery : (03:03)

1579
KCHPL



CID : 2304817870
Name : MR.NIRALA NIRAJ KUMAR
Age / Gender : 38 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 17-Feb-2023 / 09:00
Reported : 17-Feb-2023 / 12:47

Use a QR Code Scanner
Application To Scan the Code

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	12.4	13.0-17.0 g/dL	Spectrophotometric
RBC	4.43	4.5-5.5 mil/cmm	Elect. Impedance
PCV	38.8	40-50 %	Measured
MCV	88	80-100 fl	Calculated
MCH	27.9	27-32 pg	Calculated
MCHC	31.8	31.5-34.5 g/dL	Calculated
RDW	15.1	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4940	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	24.5	20-40 %	
Absolute Lymphocytes	1210.3	1000-3000 /cmm	Calculated
Monocytes	10.3	2-10 %	
Absolute Monocytes	508.8	200-1000 /cmm	Calculated
Neutrophils	60.5	40-80 %	
Absolute Neutrophils	2988.7	2000-7000 /cmm	Calculated
Eosinophils	4.0	1-6 %	
Absolute Eosinophils	197.6	20-500 /cmm	Calculated
Basophils	0.7	0.1-2 %	
Absolute Basophils	34.6	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	196000	150000-400000 /cmm	Elect. Impedance
MPV	12.3	6-11 fl	Calculated
PDW	28.4	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			



Use a QR Code Scanner
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CID : 2304817870
Name : MR.NIRALA NIRAJ KUMAR
Age / Gender : 38 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

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Reported : 17-Feb-2023 / 13:48

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 52 2-15 mm at 1 hr. Sedimentation

Result rechecked

Kindly correlate clinically.

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



MC-2111

Bmhaskar

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



CID : 2304817870
Name : MR.NIRALA NIRAJ KUMAR
Age / Gender : 38 Years / Male
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Reg. Location : Kandivali East (Main Centre)

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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	89.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	104.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.86	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.29	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.57	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	22.1	<34 U/L	Modified IFCC
SGPT (ALT), Serum	27.3	10-49 U/L	Modified IFCC
GAMMA GT, Serum	33.7	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	80.0	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	16.2	19.29-49.28 mg/dl	Calculated
BUN, Serum	7.6	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.92	0.60-1.10 mg/dl	Enzymatic



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eGFR, Serum	98	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	7.6	3.7-9.2 mg/dl	Uricase/ Peroxidase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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

Bmhaskar

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





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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.

*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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Name : MR.NIRALA NIRAJ KUMAR
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<u>PHYSICAL EXAMINATION</u>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<u>CHEMICAL EXAMINATION</u>		
Reaction (pH)	Acidic (5.0)	-
Occult Blood	Absent	Absent
<u>MICROSCOPIC EXAMINATION</u>		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Absent	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present +	-
Concentration Method (for ova)	No ova detected	Absent
Reducing Substances	-	Absent

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

Bmhasakar

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



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)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	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

*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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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 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
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Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	156.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	125.9	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	33.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	122.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	97.2	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	25.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.9	0-3.5 Ratio	Calculated

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



Namrata

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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	4.4	3.5-6.5 pmol/L	CLIA
Free T4, Serum	13.5	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	4.727	0.55-4.78 microu/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

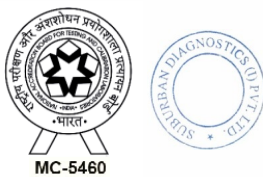
Limitations:

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 ***



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