

आयकर विभाग
INCOME TAX DEPARTMENT

SUDRIK HANUMANT BANKAT

BANKAT SUDRIK

19/04/1988

Permanent Account Number

BZZPSS6389F

Signature



भारत सरकार
GOVT. OF INDIA



17092008

Dr. Manasee Kulkarni
M.B.B.S

2005/09/3439

PHYSICAL EXAMINATION REPORT

Patient Name	Hannuamt Sudrite	Sex/Age	M/34
Date	3/8/2022	Location	Thane

History and Complaints

Nil

EXAMINATION FINDINGS:

Height (cms):	165	Temp (0c):	Ⓢ
Weight (kg):	76.3	Skin:	NAD
Blood Pressure	120/80	Nails:	
Pulse	72/min	Lymph Node:	

Systems :

Cardiovascular:	
Respiratory:	
Genitourinary:	NAD
GI System:	
CNS:	

Impression: - Low HPL

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

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

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Advice:

Regular Exercise.

		Nil
1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthama	
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders	
10)	GI system	
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptoms	
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	
15)	Congenital disease	
16)	Surgeries	
17)	Musculoskeletal System	

PERSONAL HISTORY:

1)	Alcohol	No
2)	Smoking	No
3)	Diet	Mixed
4)	Medication	No

Dr. Manasee Kulkarni
M.B.B.S

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CID : 2221510740
Name : MR.SUDRIK HANUMANT BANKAT
Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 03-Aug-2022 / 09:16
Reported : 03-Aug-2022 / 11:59

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	13.2	13.0-17.0 g/dL	Spectrophotometric
RBC	4.95	4.5-5.5 mil/cmm	Elect. Impedance
PCV	42.0	40-50 %	Measured
MCV	85	80-100 fl	Calculated
MCH	26.7	27-32 pg	Calculated
MCHC	31.5	31.5-34.5 g/dL	Calculated
RDW	14.7	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	6000	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	37.6	20-40 %	
Absolute Lymphocytes	2256.0	1000-3000 /cmm	Calculated
Monocytes	5.3	2-10 %	
Absolute Monocytes	318.0	200-1000 /cmm	Calculated
Neutrophils	53.0	40-80 %	
Absolute Neutrophils	3180.0	2000-7000 /cmm	Calculated
Eosinophils	4.1	1-6 %	
Absolute Eosinophils	246.0	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	254000	150000-400000 /cmm	Elect. Impedance
MPV	8.3	6-11 fl	Calculated
PDW	13.5	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	Mild
Microcytosis	Occasional

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Reported : 03-Aug-2022 / 11:12

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

Specimen: EDTA Whole Blood

ESR, EDTA WB 3 2-15 mm at 1 hr. Westergren

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist



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Reported : 03-Aug-2022 / 11:27

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	91.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	87.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.2	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.13	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.07	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 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	19.7	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	17.7	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	18.5	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	68.6	40-130 U/L	PNPP
BLOOD UREA, Serum	20.2	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	9.4	6-20 mg/dl	Calculated
CREATININE, Serum	0.9	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	103	>60 ml/min/1.73sqm	Calculated

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Collected : 03-Aug-2022 / 11:50
Reported : 03-Aug-2022 / 14:53

URIC ACID, Serum	5.7	3.5-7.2 mg/dl	Uricase
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 G B Road Lab, Thane West
*** End Of Report ***



Amit Taori

Dr.AMIT TAORI
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Pathologist

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Collected : 03-Aug-2022 / 09:16
Reported : 03-Aug-2022 / 15:07

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	116.9	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 ***



Anupa Dixit

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

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Reg. Location : G B Road, Thane West (Main Centre)

Collected : 03-Aug-2022 / 09:16
Reported : 03-Aug-2022 / 16:00

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 (6.0)	-
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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



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Dr.AMIT TAORI
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Pathologist

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Collected : 03-Aug-2022 / 09:16
Reported : 03-Aug-2022 / 13:11

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	

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*** End Of Report ***



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Collected : 03-Aug-2022 / 09:16
Reported : 03-Aug-2022 / 12:14

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

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

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

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 G B Road Lab, Thane West

*** End Of Report ***



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Reported : 03-Aug-2022 / 11:59

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	173.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	98.6	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	33.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	140.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	120.0	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	20.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.6	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



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Collected : 03-Aug-2022 / 09:16
Reported : 03-Aug-2022 / 11:18

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.5	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.12	0.35-5.5 microIU/ml	ECLIA

Interpretation:

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

Clinical Significance:

- 1)TSH Values between 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)



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*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***

Date:- 3/8/22 CID:
Name:- Harvnt Sudrik Sex / Age: M-34

EYE CHECK UP

Chief complaints: AEU

Systemic Diseases: NA

Past history: NA

Unaided Vision: BK 90 NVA 4-6

Aided Vision:

Refraction:

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

Colour Vision: Normal / Abnormal

Remark: Good Vision

MR. PRAKASH KUDVA
SR. OPTOMETRIST

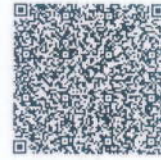
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Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 03-Aug-2022
Reported : 03-Aug-2022 / 11:33

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. Devendra Patil before dispatch.

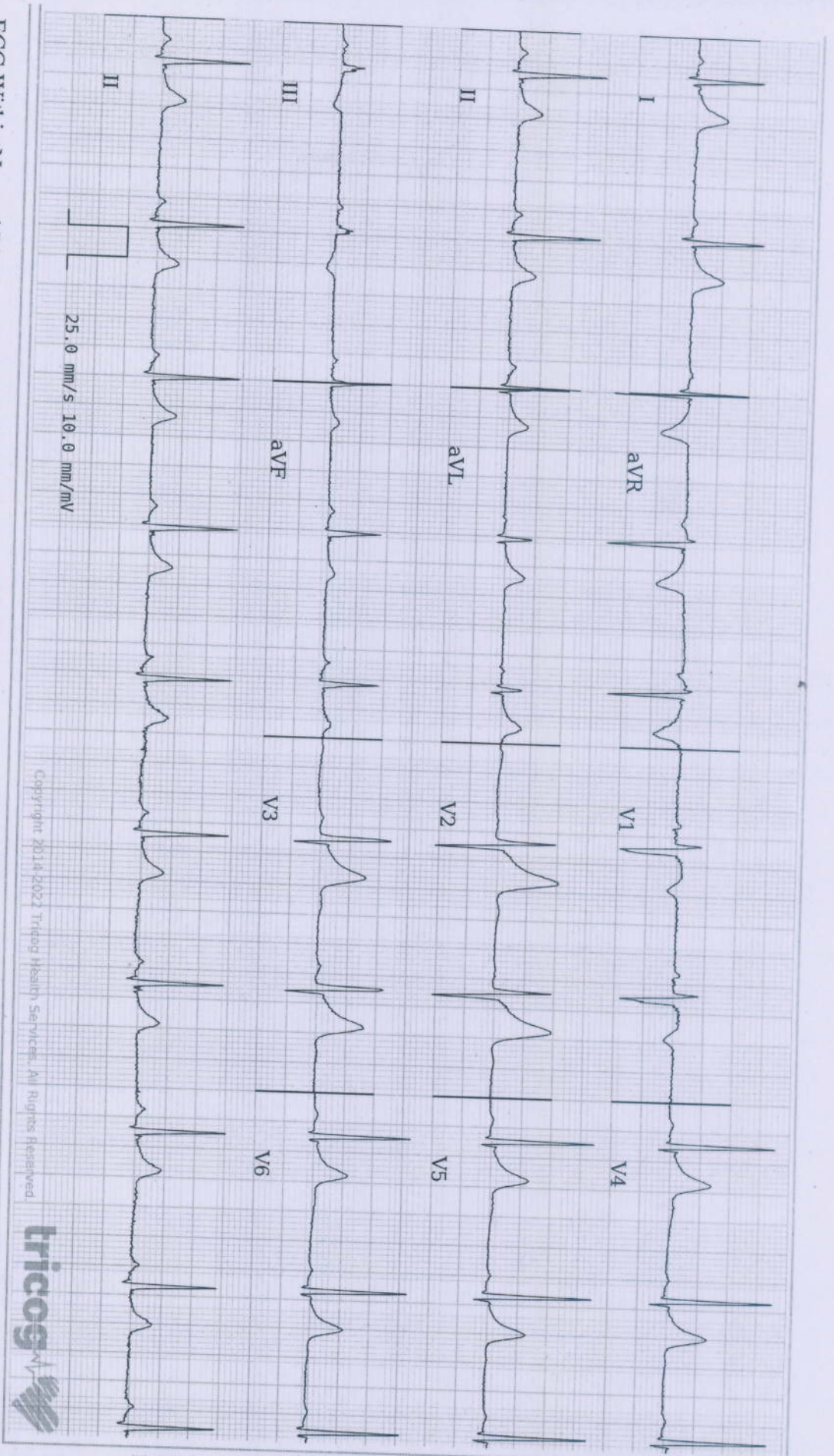
D Patil

Dr. Devendra Patil
MBBS, MD (Radio-Diagnosis)
Consultant Radiologist
MMC - 2013/02/0165

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2022080309002042>
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Age **34** **3** **15**
years months days

Gender **Male**

Heart Rate **59bpm**

Patient Vitals

BP: **120/80 mmHg**
Weight: **76 kg**
Height: **165 cm**
Pulse: **NA**
Spo2: **NA**
Resp: **NA**
Others:

Measurements

QRSD: **92ms**
QT: **390ms**
QTc: **386ms**
PR: **156ms**
P-R-T: **59° 45° 17°**

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

REPORTED BY

DR SHAILAJA PILLAI
MBBS, MD Physician
MD Physician
49972

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient Vitals are as entered by the clinician and not derived from the ECG.



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Reported : 03-Aug-2022 / 12:43

USG WHOLE ABDOMEN

LIVER: Liver appears normal in size and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

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

PANCREAS: Visualised head of pancreas appears normal in size & echotexture. Rest is obscured by excessive bowel gas.

KIDNEYS: Right kidney measures 9.1 x 4.3 cm. Left kidney measures 9.5 x 4.9 cm. 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 and measures 2.5 x 3.3 x 3.0 cm in dimension and 13.4 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

Bowel gas++

SUBURBAN DIAGNOSTICS THANE GB
THANE GB

Report



680 (2221510740) / SUDRIK HANUMANT BANKAT / 34 Yrs / M / 165 Cms / 76 Kg Date: 03-Aug-2022

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:09	0:09	00.0	00.0	01.0	085	46 %	120/80	102	00	
Standing	00:16	0:07	00.0	00.0	01.0	075	40 %	120/80	090	00	
HV	00:23	0:07	00.0	00.0	01.0	073	39 %	120/80	087	00	
ExStart	00:27	0:04	01.7	10.0	01.1	064	34 %	130/80	083	00	
BRUCE Stage 1	03:27	3:00	01.7	10.0	04.7	121	65 %	130/80	157	00	
BRUCE Stage 2	06:27	3:00	02.5	12.0	07.1	132	71 %	140/80	184	00	
PeakX	07:41	1:14	03.4	14.0	08.4	158	85 %	150/80	237	00	
Recovery	08:41	1:00	00.0	00.0	01.1	112	60 %	150/80	168	00	
Recovery	09:41	2:00	00.0	00.0	01.0	088	47 %	150/80	132	00	
Recovery	11:41	4:00	00.0	00.0	01.0	086	46 %	130/80	111	00	
Recovery	11:50				00.0	000	0 %	---/---	000	00	

FINDINGS :

Exercise Time : 07:14
 Max HR Attained : 158 bpm 85% of Target 186
 Max BP Attained : 150/80
 Max Workload Attained : 8.4 Fair response to induced stress
 Test End Reasons : Heart Rate Achieved, Fatigue,

Dr. SHAILAJA PILLAI
M.D. (GEN.MED)
R.NO. 49972

Doctor : DR SHAILAJA PILLAI

SUBURBAN DIAGNOSTICS THANE GB
THANE GB

REPORT

680 / SUDRIK HANUMANT BANKAT / 34 Yrs / M / 165 Cms / 76 Kg Date: 03-Aug-2022



REPORT :

PROCEDURE DONE: Graded exercise treadmill stress test.

STRESS ECG RESULTS: The initial HR was recorded as 75.0 bpm, and the maximum predicted Target Heart Rate 186.0. The BP increased at the

time of generating report as 150.0/80.0 mmHg The Max Dep went upto 0.2. 0.0 Ectopic Beats were observed during the Test.

CONCLUSIONS:

1. TMT is negative for exercise induced ischemia.
2. Normal chronotropic and Normal inotropic response.
3. No significant ST T changes seen.

DR. SHAILAJA PILLAI
M.D. (GEN.MED)
R.NO. 49972

Doctor : DR SHAILAJA PILLAI

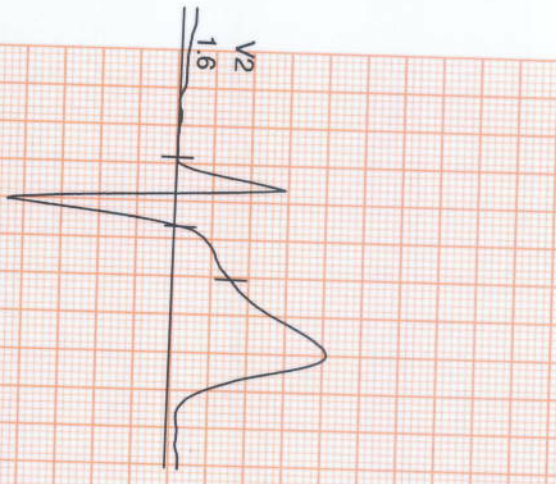


680 (2221510740) / SUDRIK HANUMANT BARKAT / 34 Yrs / M / 165 Gms / 76 Kg / HR : 85

Date: 03-Aug-2022 10:25:13 AM METS: 1.0/ 85 bpm 46% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 20 Hz
 4X 80 ms Post J

SUPINE (00:01)

ExTime: 00:00 0.0 mph, 0.0%
 25 mm/Sec. 1.0 Cm/mV



REMARKS:

680 (2221510740) / SUDRIK HANUMANT BANKAT / 34 Yrs / M / 165 Cms / 76 Kg / HR : 75

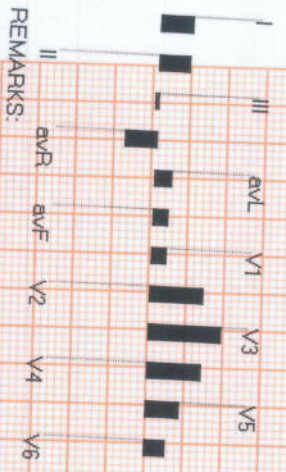
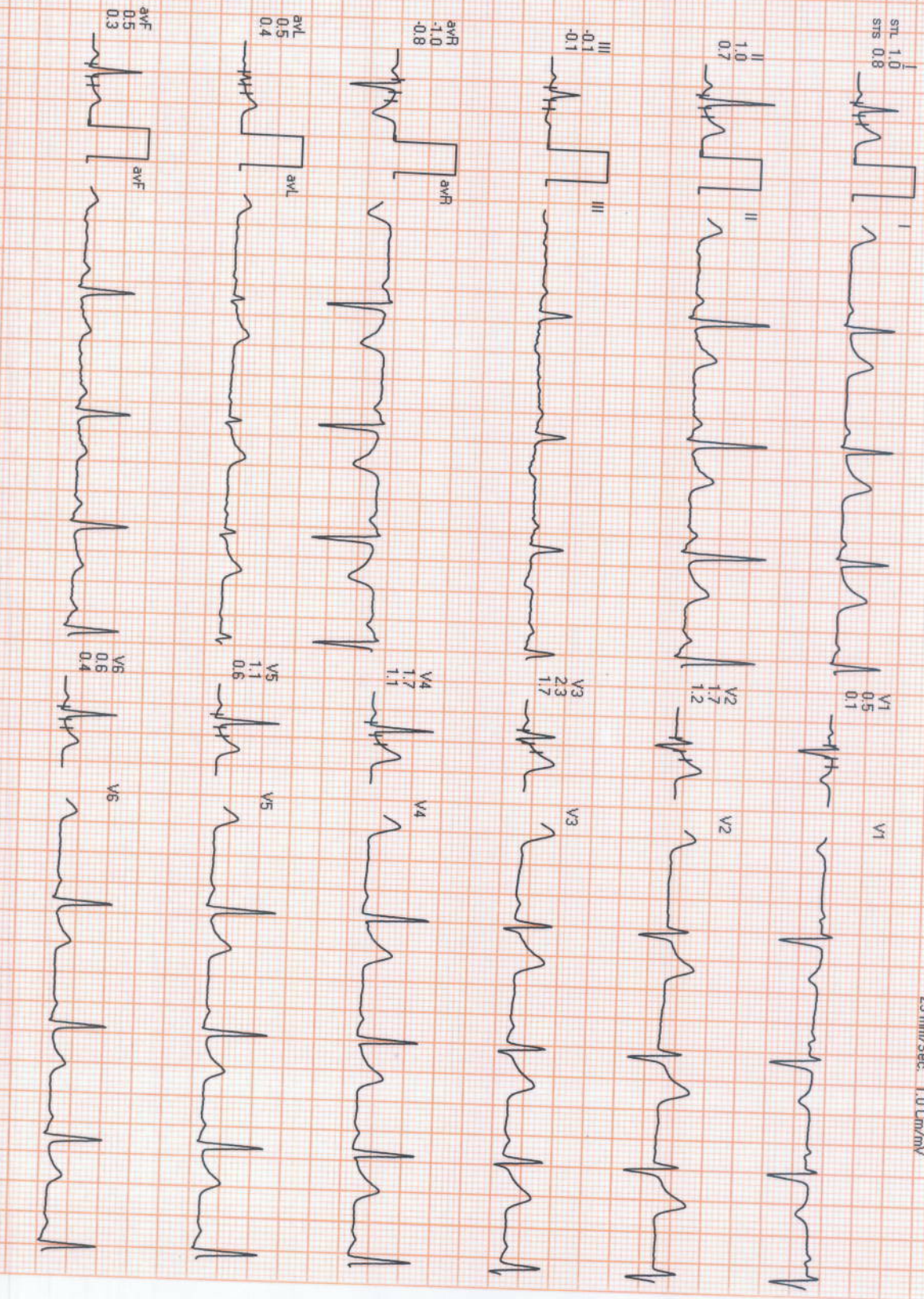
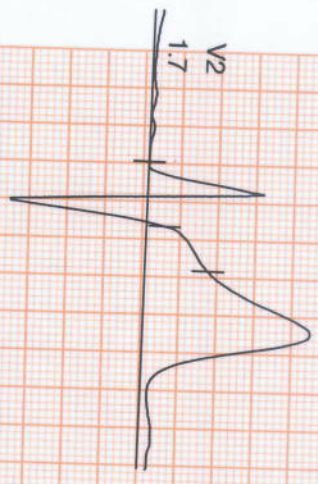
Date: 03-Aug-2022 10:25:13 AM METS: 1.0/75 bpm 40% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 20 Hz

4X 80 mS Post J

STANDING (00:00)



EXTime: 00:00 0.0 mph. 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

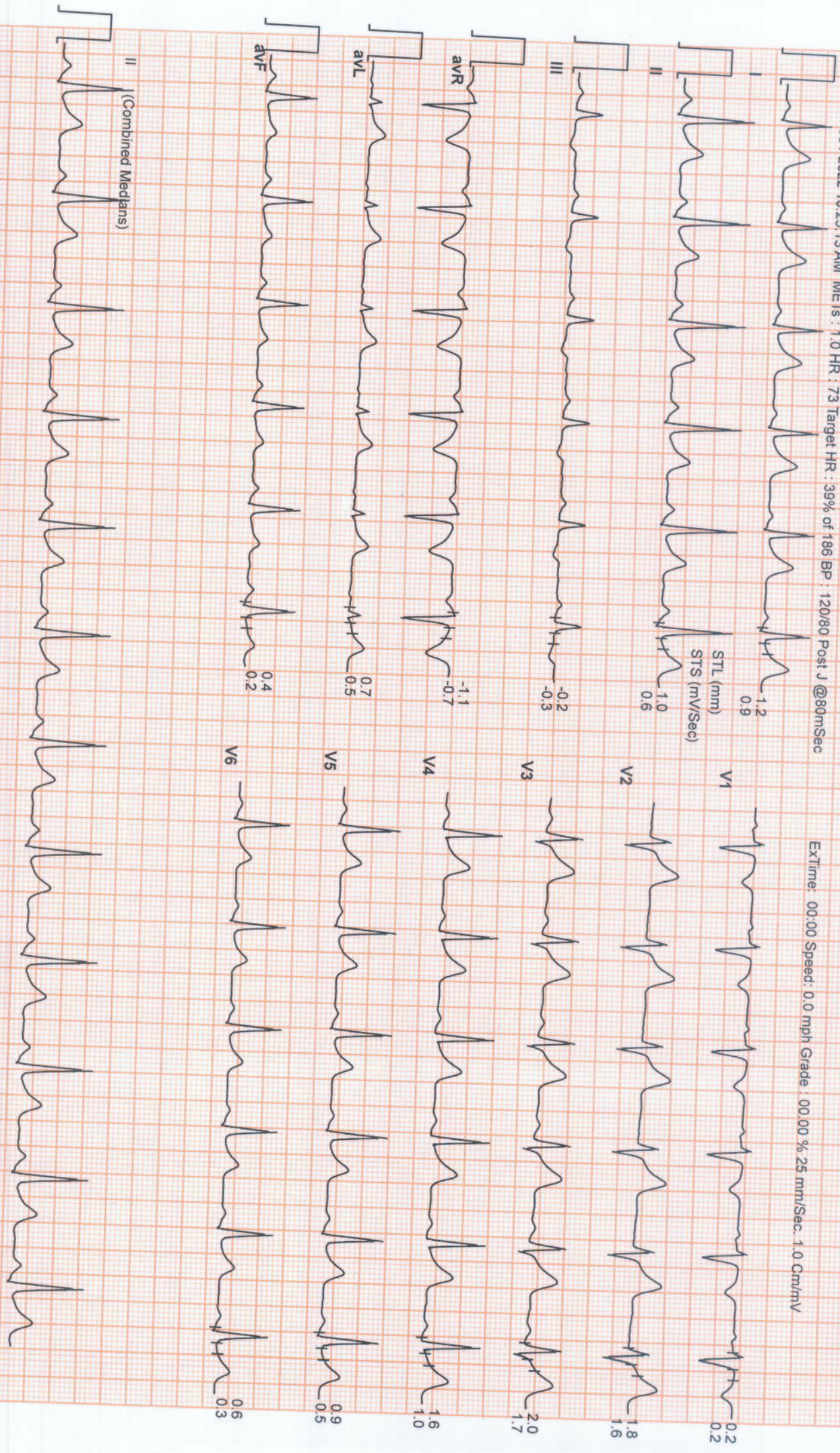
SUBURBAN DIAGNOSTICS THANE GB

THANE GB
680 / SUDRIK HANUMANT BANKAT / 34 Yrs / Male / 165 Cm / 76 Kg

Date: 03 / 08 / 2022 10:25:13 AM METs : 1.0 HR : 73 Target HR : 39% of 186 BP : 120/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm HV (00:00)

ExTime: 00:00 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV



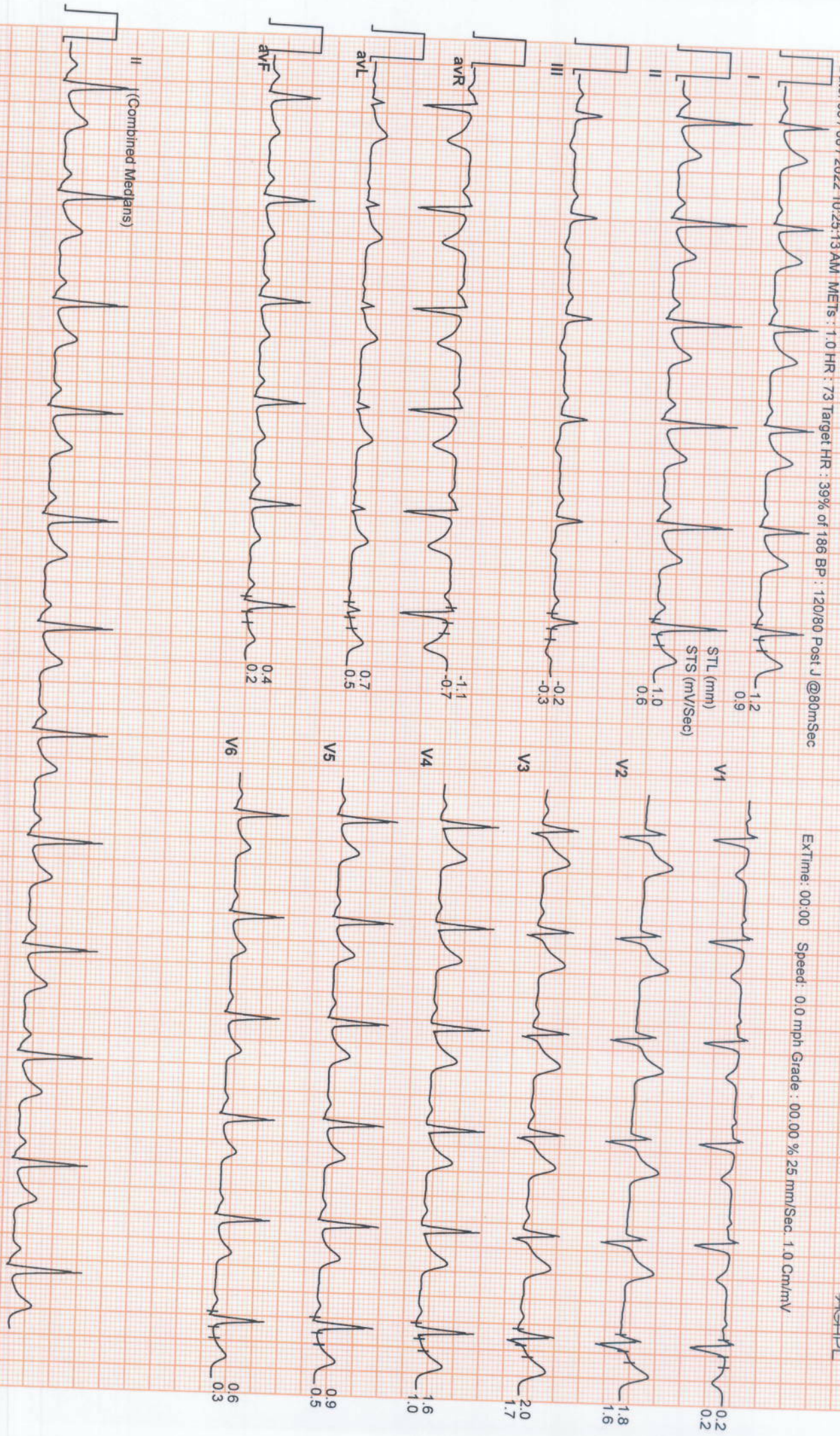
SUBURBAN DIAGNOSTICS THANE GB

THANE GB
680 / SUDRIK HANUMANT BANKAT / 34 Yrs / Male / 165 Cm / 76 Kg

Date: 03 / 08 / 2022 10:25:13 AM METs : 1.0 HR : 73 Target HR : 39% of 186 BP : 120/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm

EXStt
ExTime: 00:00 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV



SUBURBAN DIAGNOSTICS THANE GB

THANE GB
680 / SUDRRIK HANUMANT BANKAT / 34 Yrs / Male / 165 Cm / 76 Kg

Date: 03 / 08 / 2022 10:25:13 AM METs : 4.7 HR : 121 Target HR : 65% of 186 BP : 130/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm
BRUCE : Stage 1 (03:00)



ExTime: 03:00 Speed: 1.7 mph Grade : .10.00 % 25 mm/Sec 1.0 Cm/mV



SUBURBAN DIAGNOSTICS THANE GB

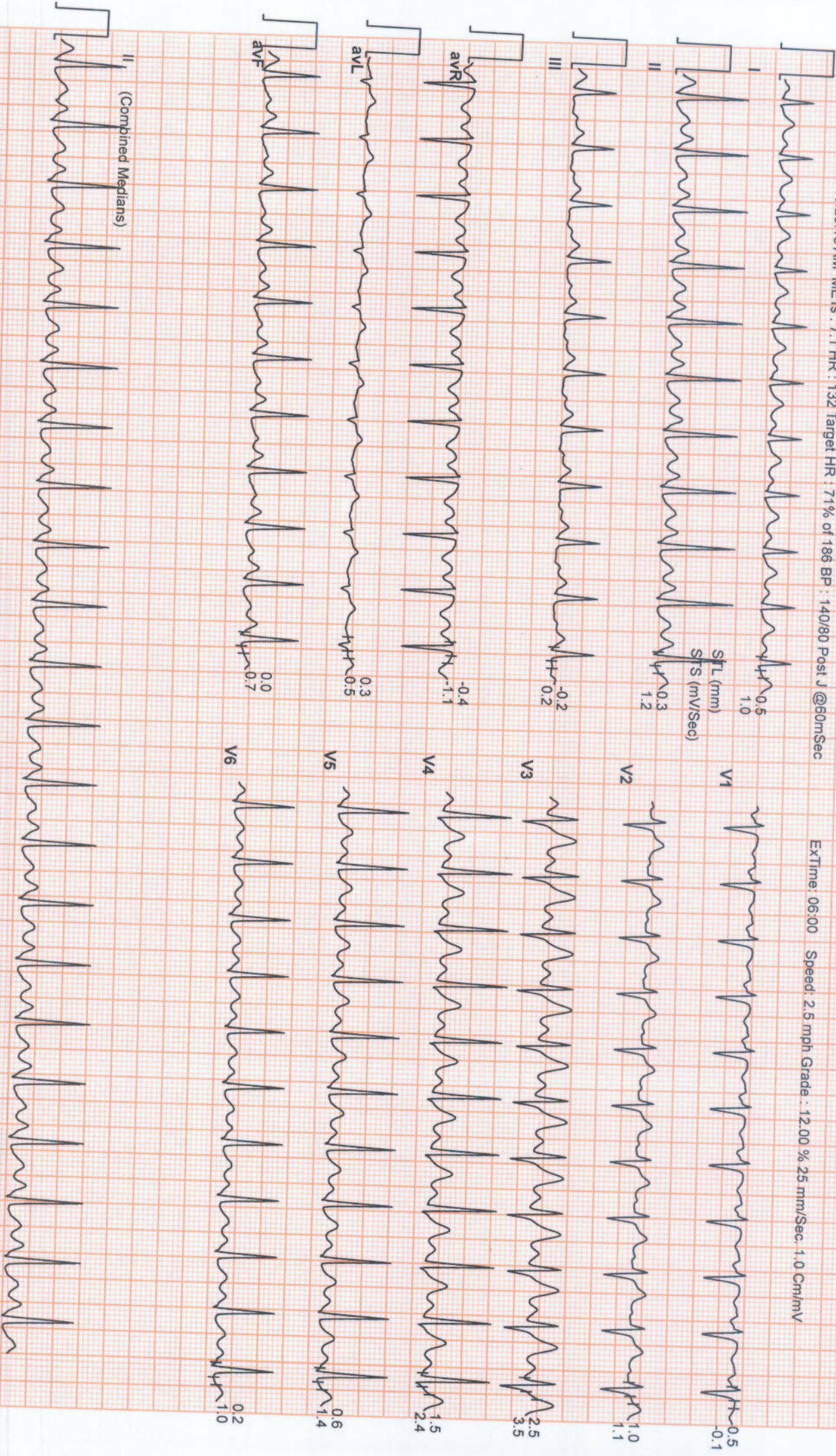
THANE GB
680 / SUDRIK HANUMANT BANKAT / 34 Yrs / Male / 165 Cm / 76 Kg

Date: 03 / 08 / 2022 10:25:13 AM METs : 7.1 HR : 132 Target HR : 71% of 186 BP : 140/80 Post J @60mSec

6X2 Combine Medians + 1 Rhythm
BRUCE : Stage 2 (03:00)



ExtTime: 06:00 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV



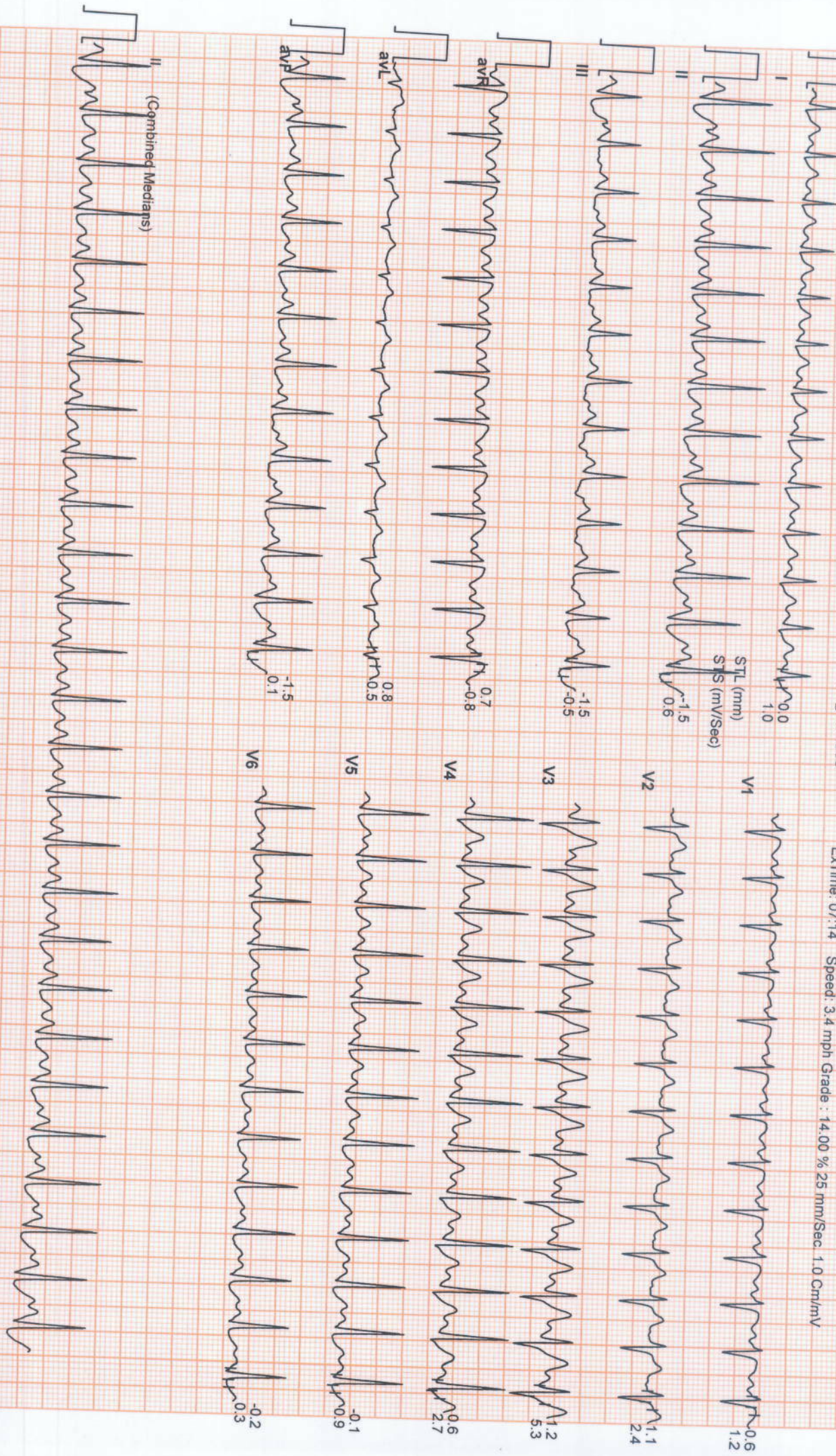
SUBURBAN DIAGNOSTICS THANE GB

THANE GB
680 / SUDRIK HANUMANT BANKAT / 34 Yrs / Male / 165 Cm / 76 Kg

Date: 03 / 08 / 2022 10:25:13 AM METS : 8.4 HR : 160 Target HR : 88% of 186 BP : 150/80 Post J @60mSec

6X2 Combine Medians + 1 Rhythm

ExtTime: 07:14 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec 1.0 Cm/mV



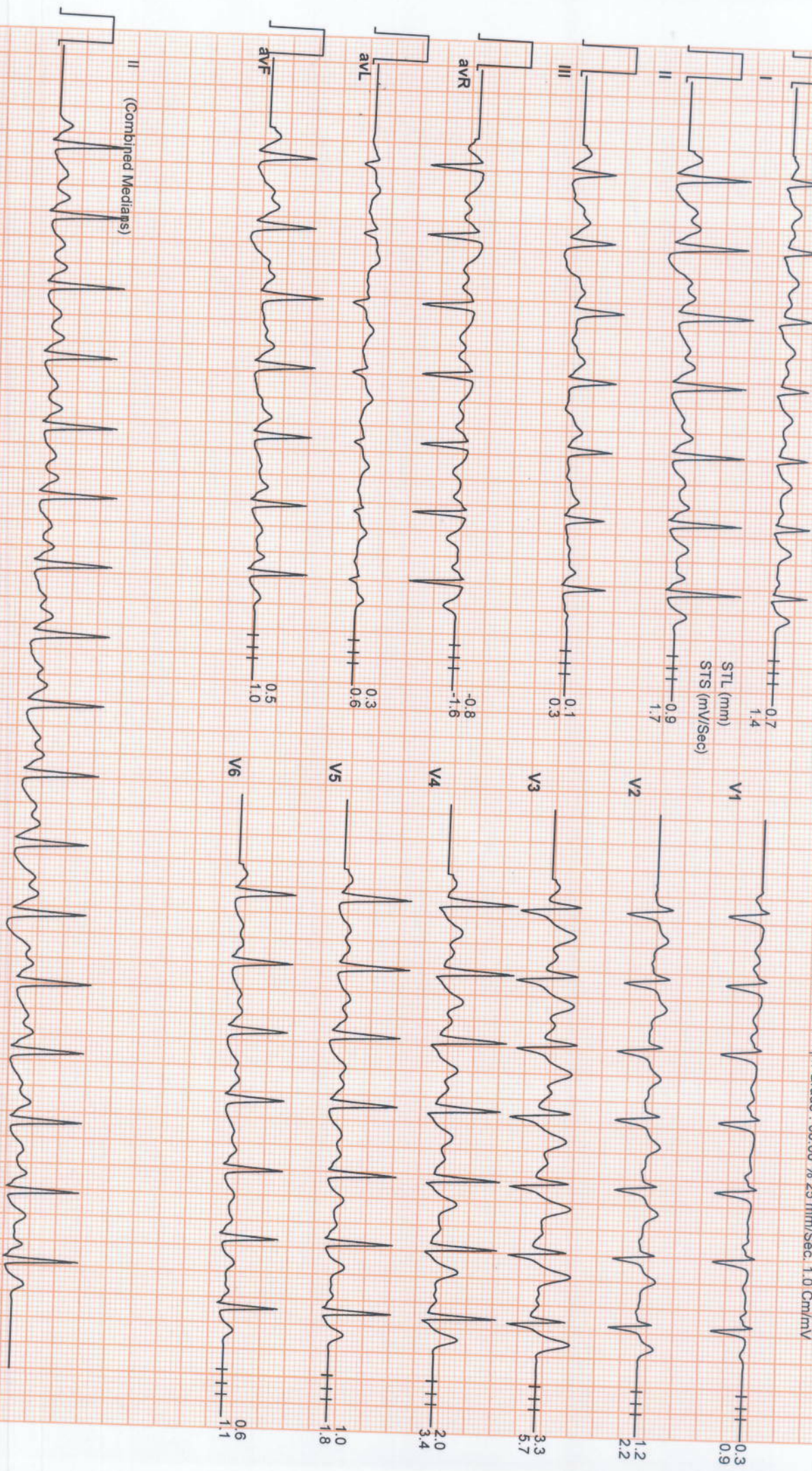
SUBURBAN DIAGNOSTICS THANE GB

THANE GB
680 / SUDRIK HANUMANT BANKAT / 34 Yrs / Male / 165 Cm / 76 Kg

Date: 03 / 08 / 2022 10:25:13 AM METs : 1.1 HR : 112 Target HR : 60% of 186 BP : 150/80 Post J @60mSec

6X2 Combine Medians + 1 Rhythm
Recovery : (01:00)

ExTime: 07:14 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



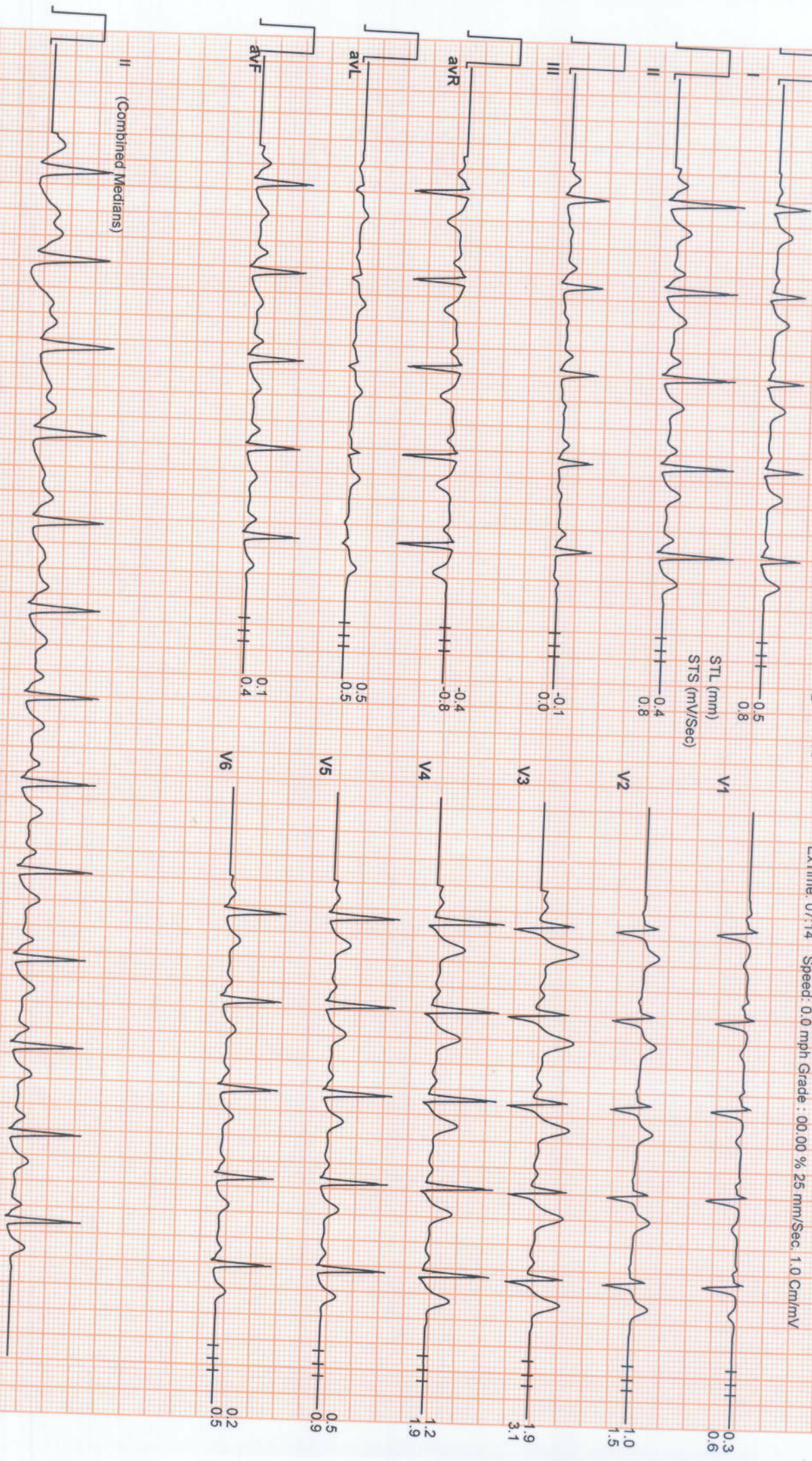
SUBURBAN DIAGNOSTICS THANE GB

THANE GB
680 / SUDRIK HANUMANT BANKAT / 34 Yrs / Male / 165 Cm / 76 Kg

Date: 03 / 08 / 2022 10:25:13 AM METs : 1.0 HR : 88 Target HR : 47% of 186 BP : 150/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm

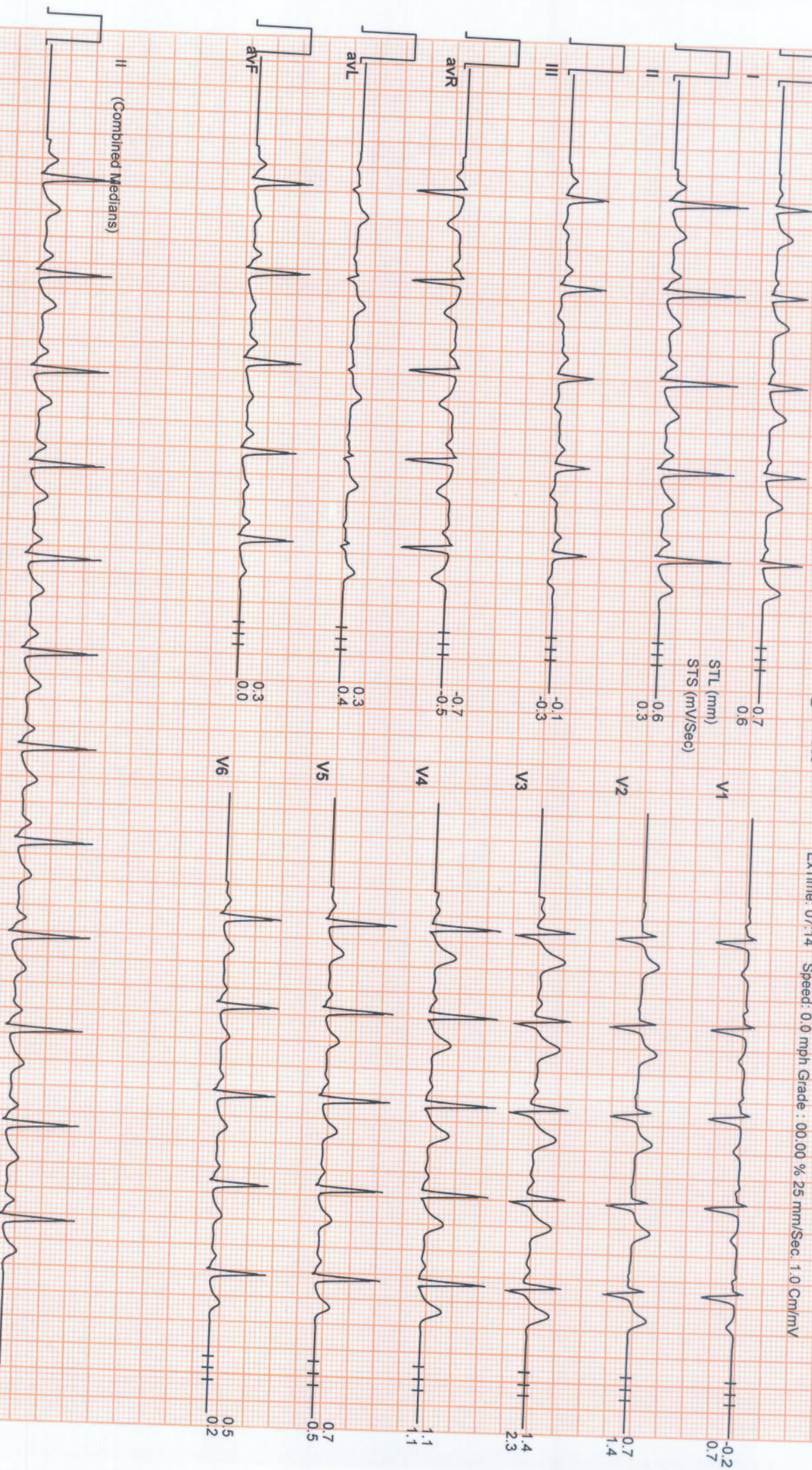
ExTime: 07:14 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



Date: 03 / 08 / 2022 10:25:13 AM METs : 1.0 HR : 86 Target HR : 46% of 186 BP : 130/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm
Recovery : (04:00)

ExTime: 07:14 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



680 / SUDRIK HANUMANT BANKAT / 34 Yrs / Male / 165 Cm / 76 Kg

Date: 03 / 08 / 2022 10:25:13 AM METs : 1.0 HR : 82 Target HR : 44% of 186 BP : 130/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm
Recovery : (04:09)

ExTime: 07:14 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

