



CID : 2231519659
Name : MR.NAIK SACHIN SUHAS
Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 12-Nov-2022 / 08:20
Reported : 12-Nov-2022 / 11:14

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	14.0	13.0-17.0 g/dL	Spectrophotometric
RBC	4.48	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.2	40-50 %	Measured
MCV	96	80-100 fl	Calculated
MCH	31.2	27-32 pg	Calculated
MCHC	32.4	31.5-34.5 g/dL	Calculated
RDW	14.4	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6040	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	31.4	20-40 %	
Absolute Lymphocytes	1896.6	1000-3000 /cmm	Calculated
Monocytes	8.6	2-10 %	
Absolute Monocytes	519.4	200-1000 /cmm	Calculated
Neutrophils	58.5	40-80 %	
Absolute Neutrophils	3533.4	2000-7000 /cmm	Calculated
Eosinophils	1.4	1-6 %	
Absolute Eosinophils	84.6	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	6.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	226000	150000-400000 /cmm	Elect. Impedance
MPV	7.9	6-11 fl	Calculated
PDW	13.6	11-18 %	Calculated



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RBC MORPHOLOGY

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

Specimen: EDTA Whole Blood

ESR, EDTA WB 8 2-15 mm at 1 hr. Westergren

*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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	95.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	94.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.81	0.3-1.2 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (DIRECT), Serum	0.28	0-0.3 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (INDIRECT), Serum	0.53	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.8	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.5	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2	1 - 2	Calculated
SGOT (AST), Serum	33.4	<34 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
SGPT (ALT), Serum	74.1	10-49 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			



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Reported : 12-Nov-2022 / 20:46

GAMMA GT, Serum	19.3	<73 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALKALINE PHOSPHATASE, Serum	51.1	46-116 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
BLOOD UREA, Serum	28.1	19.29-49.28 mg/dl	Calculated
Kindly note change in Ref range and method w.e.f.11-07-2022			
BUN, Serum	13.1	9.0-23.0 mg/dl	Urease with GLDH
Kindly note change in Ref range and method w.e.f.11-07-2022			
CREATININE, Serum	0.87	0.60-1.10 mg/dl	Enzymatic
Kindly note change in Ref range and method w.e.f.11-07-2022			
eGFR, Serum	106	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.3	3.7-9.2 mg/dl	Uricase/ Peroxidase
Kindly note change in Ref range and method w.e.f.11-07-2022			
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 ***



MC-2111

Bmhasakar

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



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	114.0	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 ***



Bmhaskar

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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Trace	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Occasional	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	
Others	-		

*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
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	A
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 ***



J. Thakker

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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	224.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	122.2	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	35.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	188.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	164.3	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	24.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	6.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.6	0-3.5 Ratio	Calculated

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



Anupa

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



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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	5.5	3.5-6.5 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
Free T4, Serum	12.5	11.5-22.7 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
sensitiveTSH, Serum	2.848	0.55-4.78 microu/ml	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			



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Interpretation:

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

Clinical Significance:

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

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

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

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

Limitations:

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

Reference:

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

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



Anupa

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

CID# : 2231519659
Name : MR.NAIK SACHIN SUHAS
Age / Gender : 35 Years/Male
Consulting Dr. :-
Reg.Location : Kandivali East (Main Centre)

Collected : 11-Nov-2022 / 13:02
Reported : 13-Nov-2022 / 08:19

PHYSICAL EXAMINATION REPORT

History and Complaints:

COVID APRIL-2021

EXAMINATION FINDINGS:

Height (cms):	177 cms	Weight (kg):	75 kgs
Temp (0c):	Afebrile	Skin:	fungal infection
Blood Pressure (mm/hg):	110/80	Nails:	Normal
Pulse:	72/min	Lymph Node:	Not Palpable

Systems

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

IMPRESSION:

Dyslipidemia
↓ ut D
USA - cholelithiasis

ADVICE:

Low fatty diet
T. Sunny D3 / D-Smart once a week / 8 weeks
Surgical opinion

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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 |

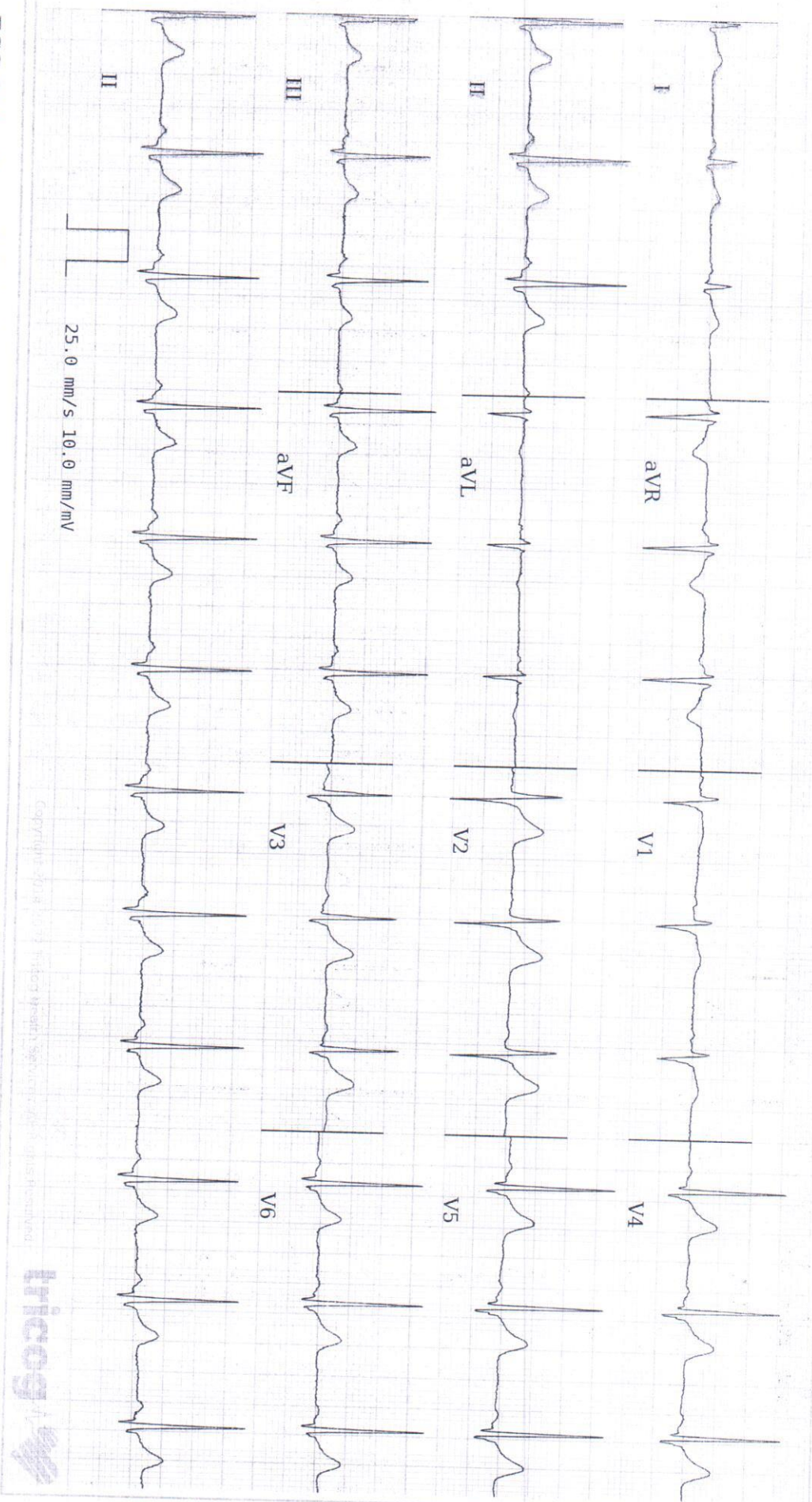
PERSONAL HISTORY:

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

*** End Of Report ***

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

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



Age **35** **6** **3**
years months da

Gender **Male**

Heart Rate **72bpm**

Patient Vitals

BP: **110/80 mmHg**
Weight: **75 kg**
Height: **177 cm**
Pulse: **NA**
Spo2: **NA**
Resp: **NA**
Others:

Measurements

QRSD: **100ms**
QT: **376ms**
QTc: **411ms**
PR: **136ms**
P-R-T: **63° 79° 66°**

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

REPORTED BY

DR AKHIL PARULEKAR
MBBS, MD, MEDICINE, DNB Cardiology
Cardiologist
2012082483

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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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

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Date:-

12/1/22

Name:- Mr. Sachin Naik

CID:

2231519659

Sex/Age: m/35

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EYE CHECK UP

Chief complaints: Routine checkup

Systemic Diseases: No H/O ST

Past history: No H/O Ocular surgery

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-2.50-0.50 x 170
-3.00-0.50 x 170

Unaided Vision: 6/36 6/36blw

Aided Vision: 6/6blw 6/6 6/6blw 6/6

Refraction:

Com: Normal

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	-2.75	-0.50	170	6/6	-3.25	-0.50	170	6/6
Near				6/6				6/6

Colour Vision: Normal / Abnormal

Remark: Vn within normal limit

Kajal H.
KAJAL NAGRECHA
OPTOMETRIST

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Aangan,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700000

Authenticity Check



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Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 11-Nov-2022
Reported : 12-Nov-2022 / 9:04

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, (14cm) shape and smooth margins. It shows normal parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein 10mm and CBD 1.9mm appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and shows few calculi within gallbladder lumen, largest size 12 mm. Gall bladder wall thickness is normal (1.8mm). No signs of cholecystitis is noted.

PANCREAS:

The pancreas is well visualized and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Right kidney measures 10.2 x 5.0 cm. Left kidney measures 10.5 x 5.7cm.
Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.

SPLEEN:

The spleen is normal in size (9.5cm) 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 3.4 x 3.0 x 3.0cm and volume is 17 cc.

Authenticity Check



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Reg. Date : 11-Nov-2022
Reported : 12-Nov-2022 / 9:04

IMPRESSION:

CHOLELITHIASIS.

-----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



Email: 411 / SACHIN NAIK / 35 Yrs / M / 177 Cms / 75 Kg Date: 12 / 11 / 2022

Refd By : BOB

REPORT :

Heart Rate 174.0 bpm
Systolic BP 150.0 mmHg Diastolic BP 80.0 mmHg
Exercise Time 07:53 Mins. Ectopic Beats 0.0 METS 10.7
Test End Reason , Heart Rate Achieved Target Heart Rate 96% of 185

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

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, Aangan,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 617000000

Dr. Akhil Parulekar.
MBBS, MD, Medicine
DNB Cardiology
Reg. No. 2012082483

Doctor : DR. AKHIL PARULEKAR



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Report



Email:

411 (2231519659) / SACHIN NAIK / 35 Yrs / M / 177 Cms / 75 Kg

Date: 12 / 11 / 2022 Refd By : BOB Examined By: DR.AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:06	0:06	00.0	00.0	01.0	079	43 %	110/80	086	00	
Standing	00:25	0:19	00.0	00.0	01.0	090	49 %	110/80	099	00	
HV	00:37	0:12	00.0	00.0	01.0	077	42 %	110/80	084	00	
EXStart	00:49	0:12	00.0	00.0	01.0	082	44 %	110/80	090	00	
BRUCE Stage 1	03:49	3:00	02.7	10.0	04.7	123	66 %	110/80	135	00	
BRUCE Stage 2	06:49	3:00	04.0	12.0	07.1	144	78 %	130/80	187	00	
BRUCE Stage 3	08:18	1:29	05.5	14.0	08.6	169	91 %	150/80	253	00	
PeakEx	08:42	0:24	06.8	16.0	10.7	174	94 %	150/80	261	00	
Recovery	09:42	1:00	00.2	00.0	04.2	146	79 %	150/80	219	00	
Recovery	09:56				00.0	000	0 %	---/---	000	00	

FINDINGS :

Exercise Time : 07:53
 Initial HR (ExStrt) : 82 bpm 44% of Target 185
 Initial BP (ExStrt) : 110/80 (mm/Hg)
 Max Workload Attained : 10.7 Good response to induced stress
 Duke Treadmill Score : 07.0
 Test End Reasons : Heart Rate Achieved

Max HR Attained 174 bpm 94% of Target 185
 Max BP Attained 150/80 (mm/Hg)

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SUBURBAN DIAGNOSTICS KANDIVALI EAST

SUPINE (00:06)



411 (2231519659) / SACHIN NAIK / 35 Yrs / M / 177 Cms / 75 Kg / HR : 79

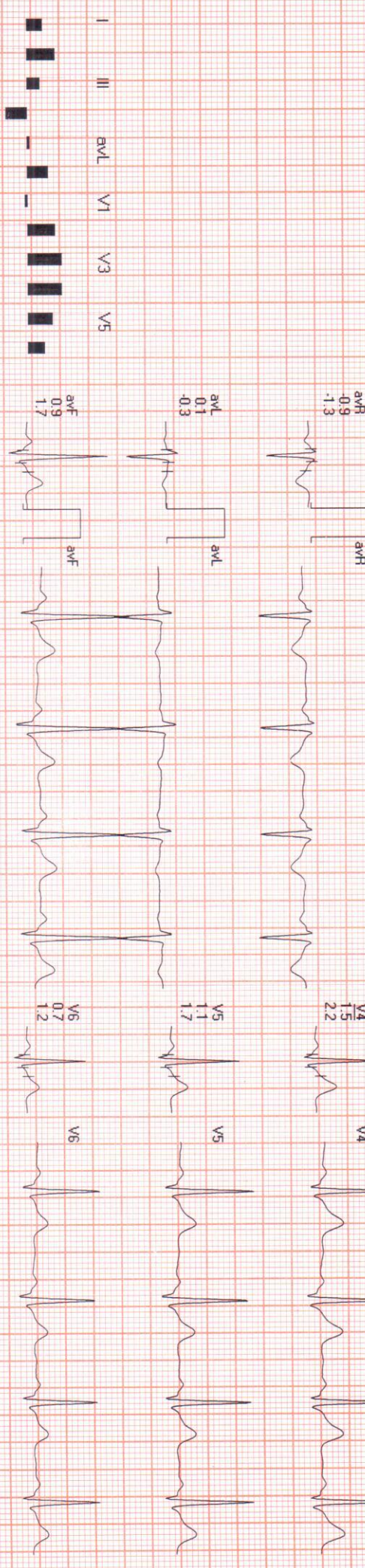
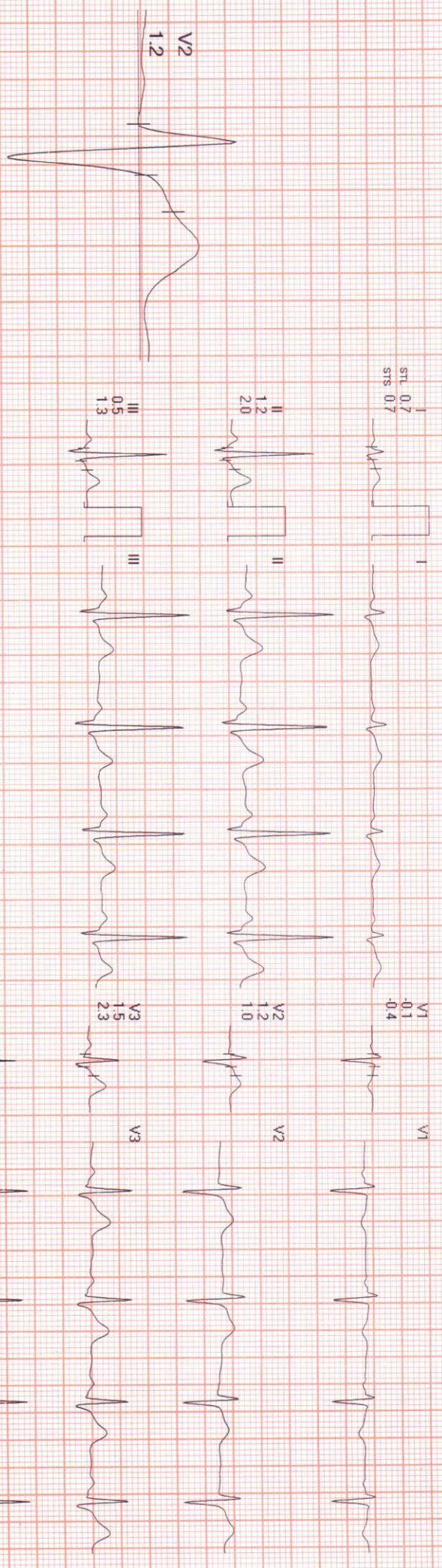
Date: 12 / 11 / 2022

METS: 1.07 79 bpm 43% of THR BP: 110/80 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/ LF 20 Hz

ExTime: 00:00 0.0 Kmph. 0.0%

4X 80 ms Post J

25 mm/Sec 1.0 Cm/mV



REMARKS: aVR aVL aVF V1 V2 V3 V4 V5 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

STANDING (00:19)



4111 (2231519659) / SACHIN NAIK / 35 Yrs / M / 177 Cms / 75 Kg / HR : 90

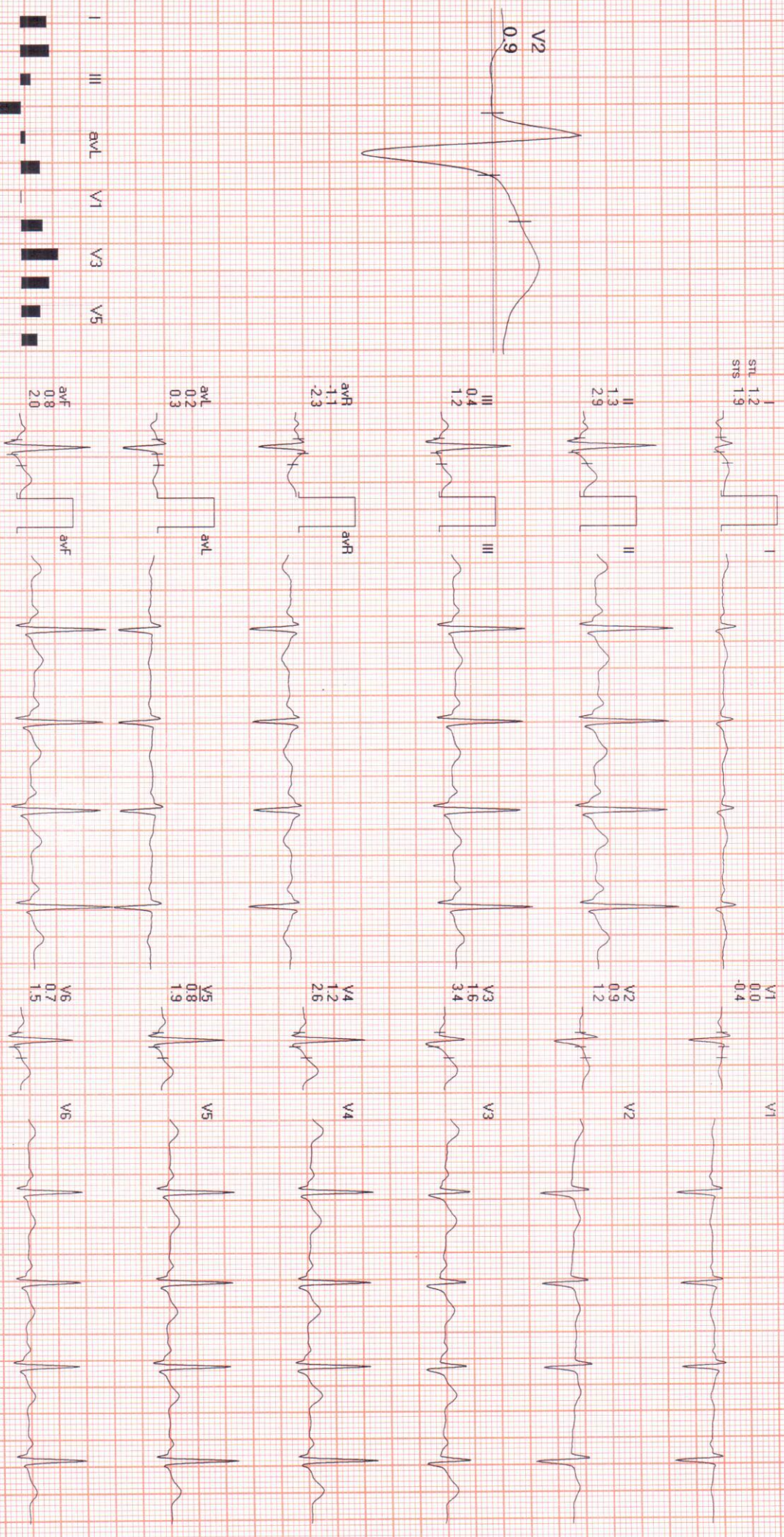
Date: 12 / 11 / 2022

METS: 1.07 90 bpm 49% of THR BP: 110/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

ExTime: 00:00 0.0 Kmph, 0.0%

4X 80 mS Post J

25 mm/Sec 1.0 Cm/mV



REMARKS:



SUBURBAN DIAGNOSTICS KANDIVALI EAST

HV (00:12)



411 (2231519659) / SACHIN NAIK / 35 Yrs / M / 177 Cms / 75 Kg / HR : 77

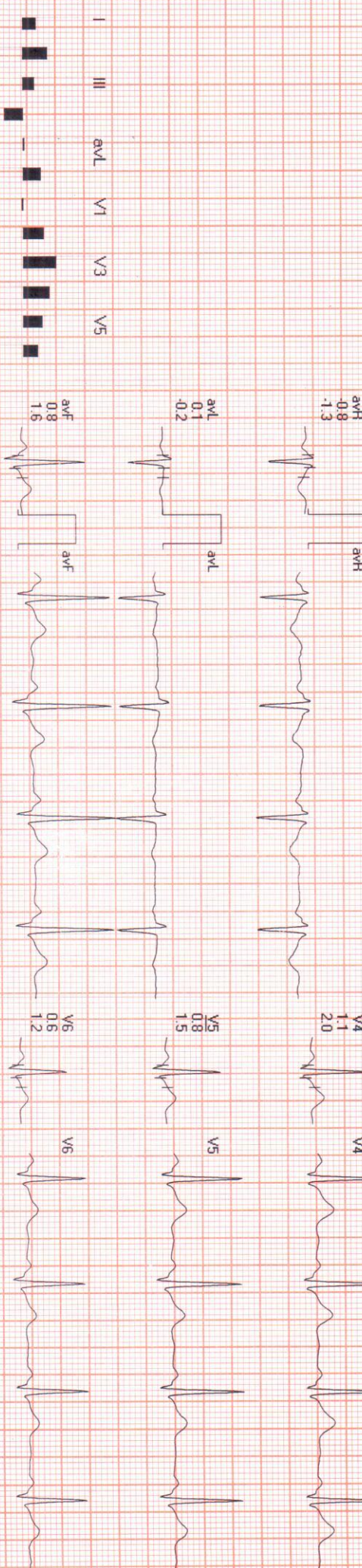
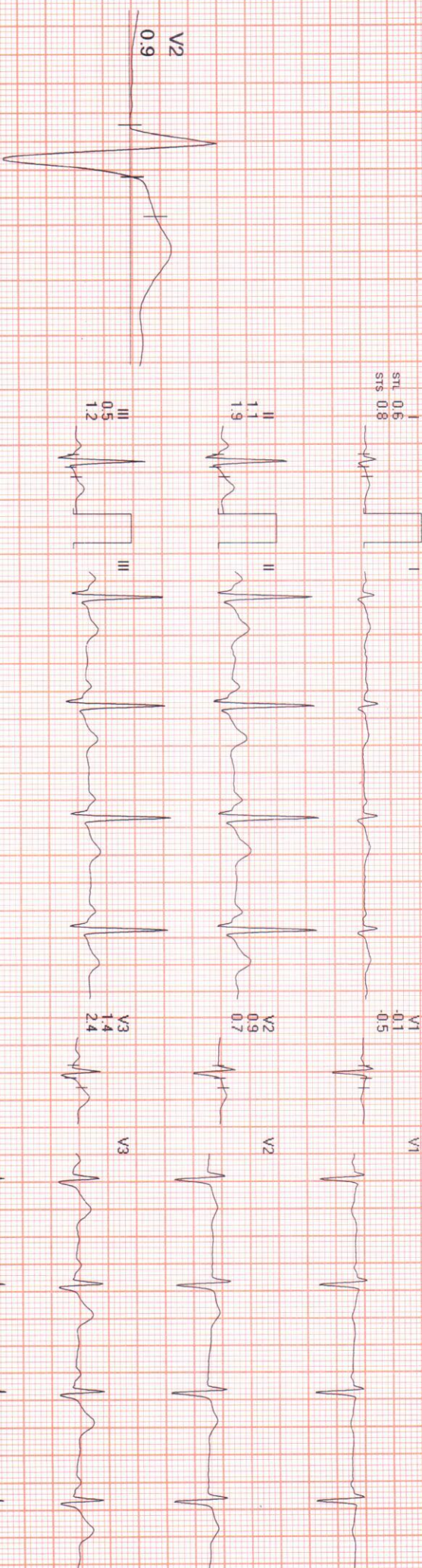
Date: 12 / 11 / 2022

METS: 1.0/ 77 bpm 42% of THR BP: 110/80 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/ LF 20 Hz

ExTime: 00:00 0.0 Kmph, 0.0%

4X 80 mS Post J

25 mm/Sec 1.0 Cm/mV



REMARKS: aVR -0.8 aVL 0.1 aVF 0.8 V1 -0.1 V2 0.9 V3 1.4 V4 1.1 V5 0.8 V6 0.6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

ExStit



411 (2231519659) / SACHIN NAIK / 35 Yrs / M / 177 Cms / 75 Kg / HR : 82

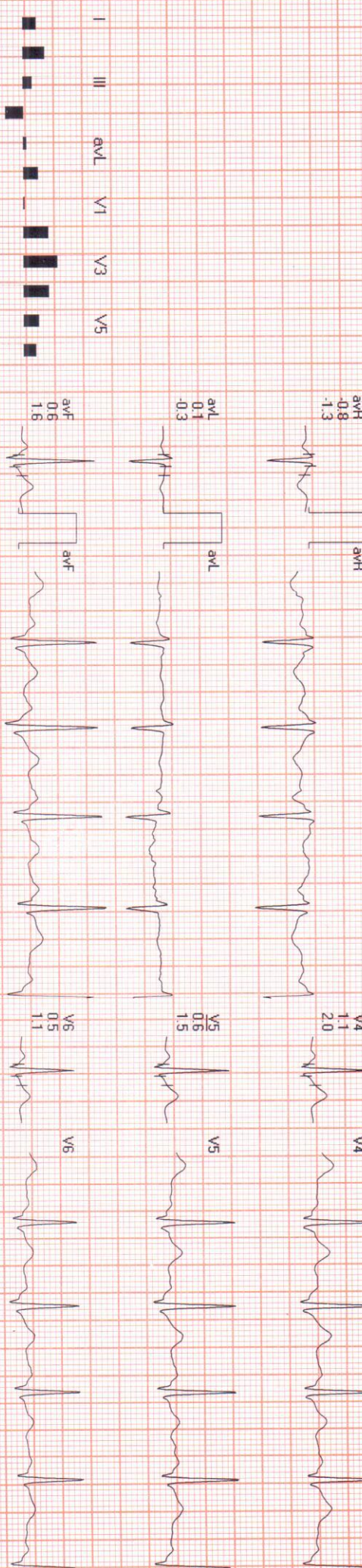
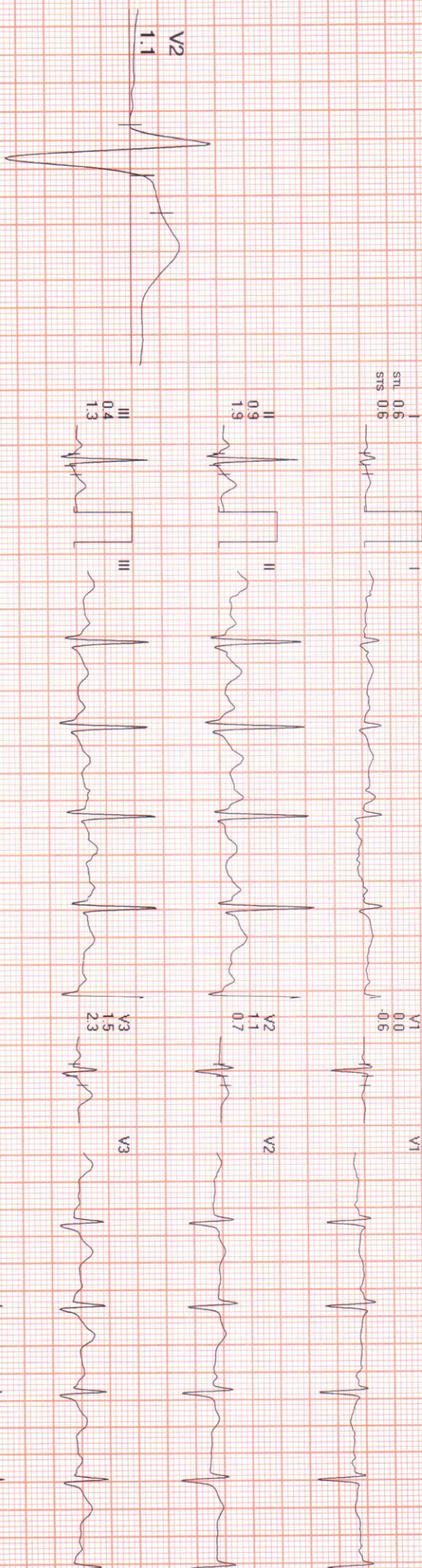
Date: 12 / 11 / 2022

METS: 1.07/82 bpm 44% of THR BP: 110/80 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 20 Hz

ExTime: 00:00 0.0 KmPh, 0.0%

4X 80 mS Post J

25 mm/Sec 1.0 Cm/mV



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





411 (2231519659) / SACHIN NAIK / 35 Yrs / M / 177 Cms / 75 Kg / HR : 123

Date: 12 / 11 / 2022

METS: 4.7/123 bpm 66% of THR BP: 110/80 mmHg Raw ECG/ BLC On/ Match On/ HF 0.05 Hz/LF 20 Hz

ExTime: 03:00 2.7 Kmph, 10.0%

4X 50 mS Post J

25 mm/Sec. 1.0 Cm/mV

I 0.8
STL 0.8
STS 1.0

V1 -0.4
-0.9

V1

II 1.3
2.3

V2 0.9
0.7

V2

III 0.5
1.3

V3 1.8
2.5

V3

aVR -1.1
-1.7

V4 1.6
2.8

V4

aVL 0.1
-0.2

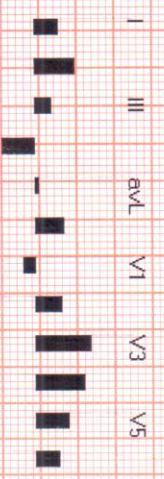
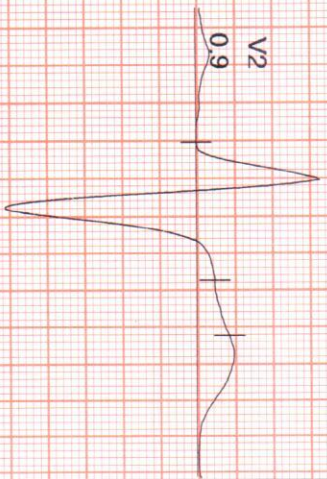
V5 1.1
2.1

V5

aVF 0.9
1.8

V6 0.8
1.5

V6



REMARKS:
II aVR aVL V1 V2 V3 V4 V5 V6





411 (2231519659) / SACHIN NAIK / 35 Yrs / M / 177 Cms / 75 Kg / HR : 144

Date: 12 / 11 / 2022

METS: 7.1 / 144 bpm 78% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 20 Hz

ExTime: 06:00 4.0 Kmph, 12.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV

I
STL 0.2
STS 1.4

V1
0.1
-1.6

V1

II
-0.6
3.7

V2
0.4
0.9

V2

III
-0.8
2.3

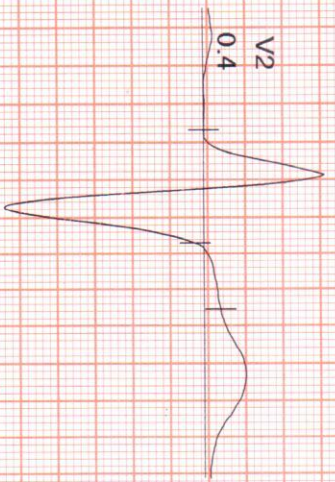
V3
0.0
4.6

V3

aVR
0.2
-2.6

V4
-0.5
3.9

V4



aVL
0.5
-0.4

V5
-0.7
2.9

V5

aVF
-0.7
3.0

V6
-0.5
2.1

V6

I III aVL V1 V3 V5

II aVR aVF V2 V4 V6

REMARKS:



SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 3 (01:29)



411 (2231519659) / SACHIN NAIK / 35 Yrs / M / 177 Cms / 75 Kg / HR : 169

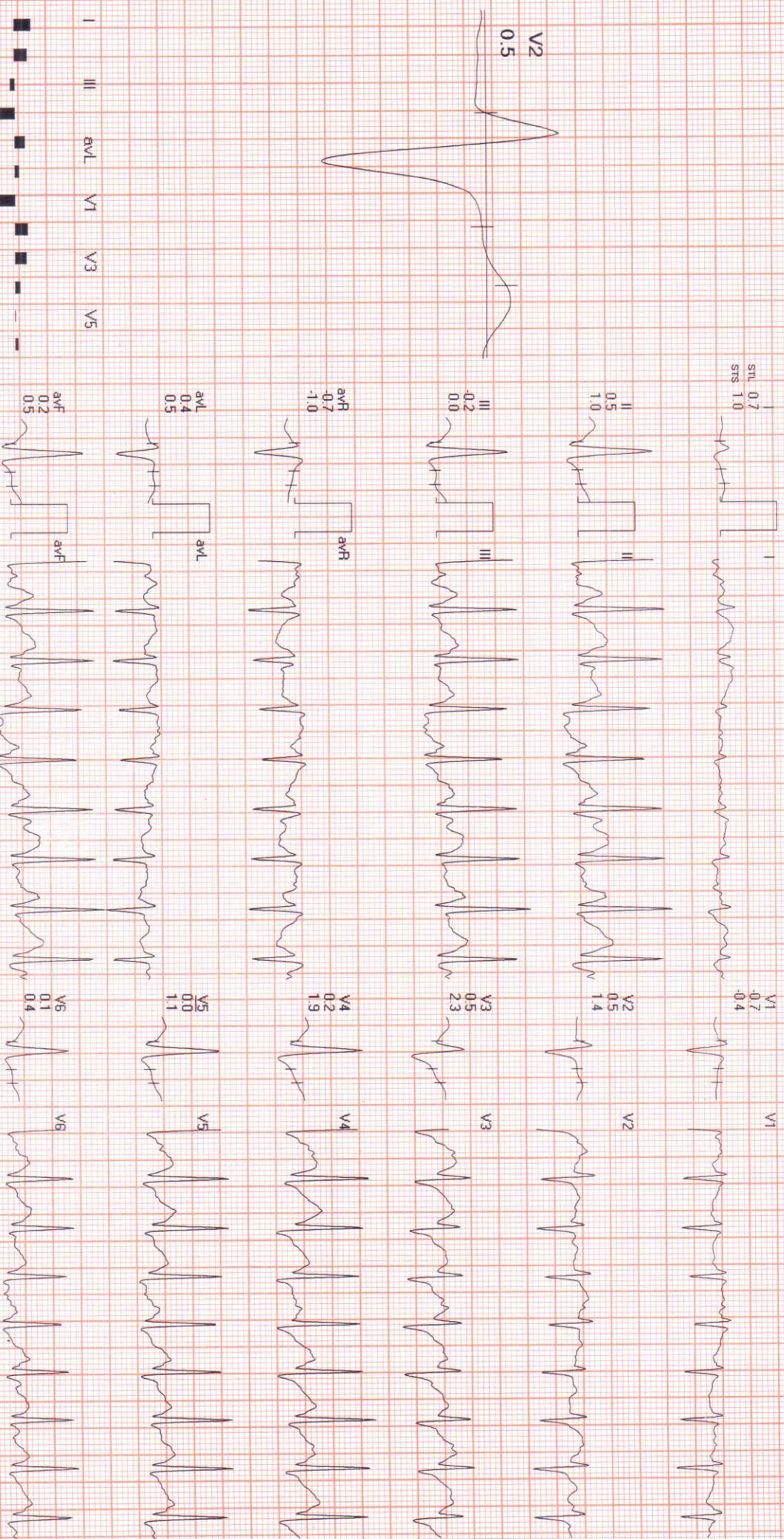
Date: 12 / 11 / 2022

METS: 8.6 / 169 bpm 91% of THR BP: 150/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

ExTime: 07:29 5.5 Kmph, 140%

4X 60 ms Post U

25 mm/Sec 1.0 Cm/mV



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





411 (2231519659) / SACHIN NAIK / 35 Yrs / M / 177 Cms / 75 Kg / HR : 174

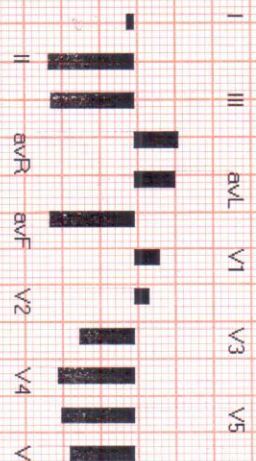
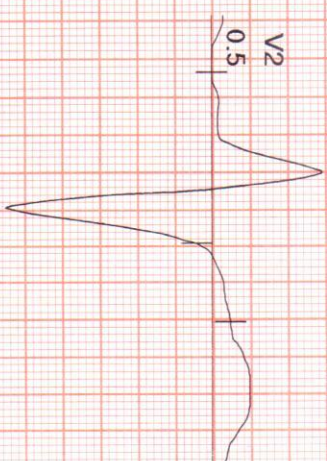
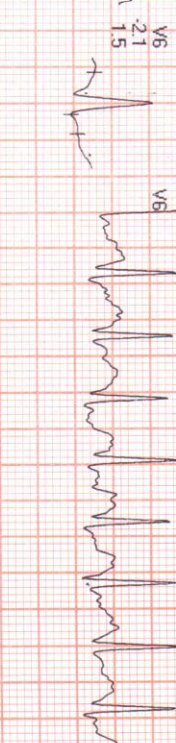
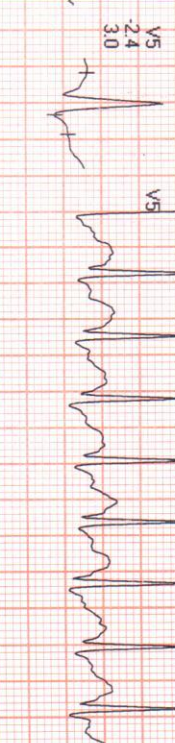
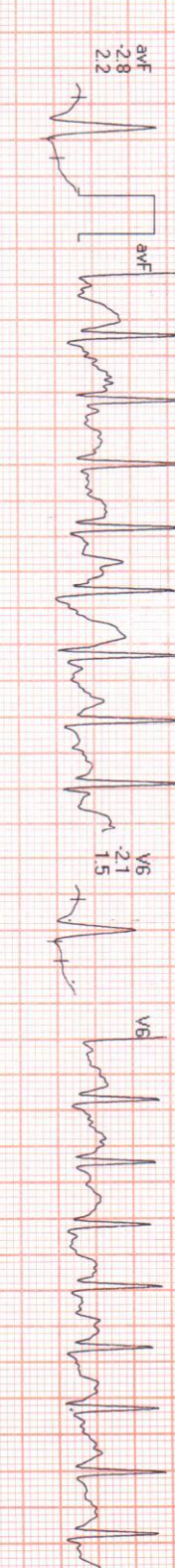
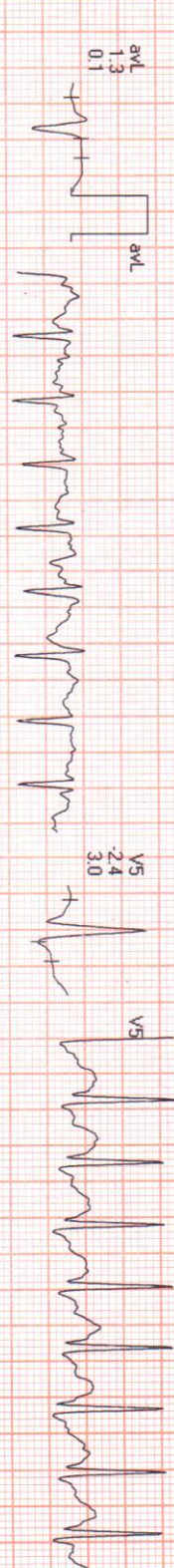
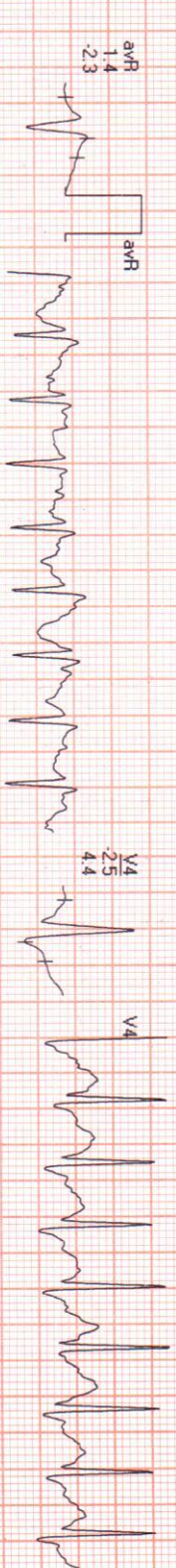
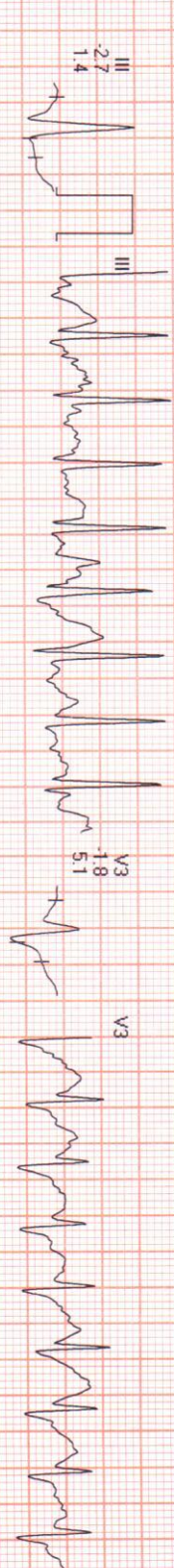
Date: 12/11/2022

METS: 10.7/174 bpm 94% of THR BP: 150/80 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 20 Hz

EXTime: 07:53 6.8 Kmph, 16.0%

4X 60 ms Post J

25 mm/Sec 1.0 Cm/mV



REMARKS:



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:00)



4111 (2231519659) / SACHIN NAIK / 35 Yrs / M / 177 Cms / 75 Kg / HR : 146

Date: 12/11/2022

METS: 4.2/146 bpm 79% of THR BP: 150/80 mmHg Raw ECG/ BLC Or/ Natch Or/ HF 0.05 Hz/LF 20 Hz

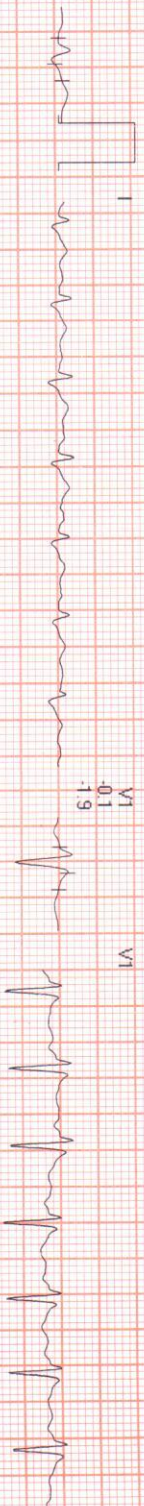
ExTime: 07:53 0.2 Kmph, 0.0%

4X 60 mS Post J

25 mm/Sec 1.0 Cm/mV

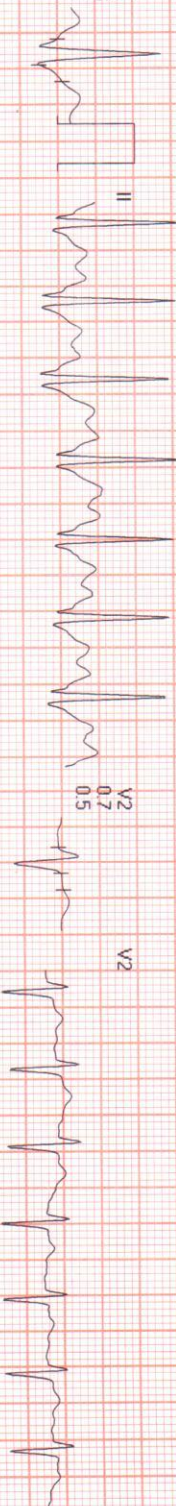
I
STL 0.5
STB 1.5

V1
-0.1
-1.9



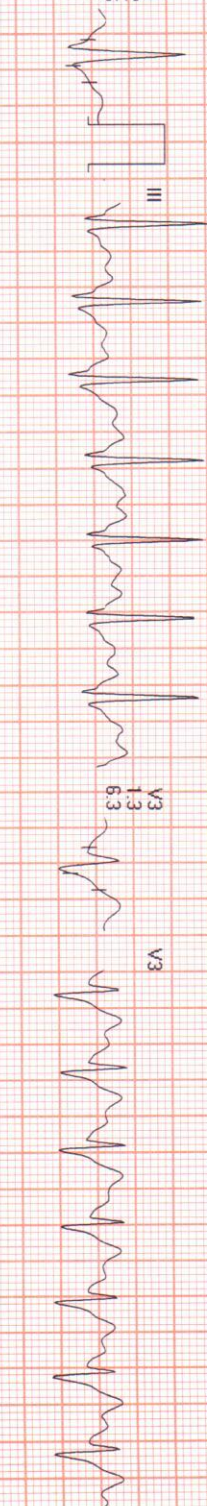
II
0.6
5.1

V2
0.7
0.5



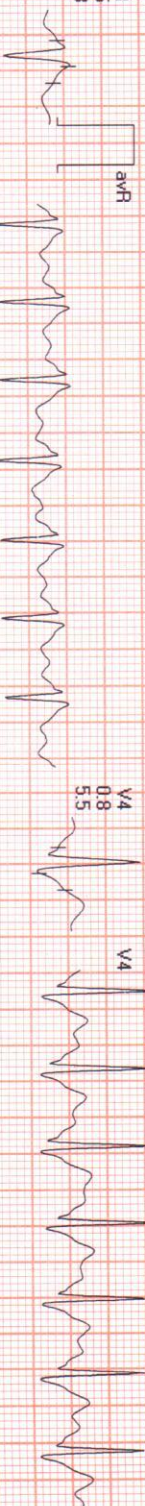
III
0.2
3.6

V3
1.3
6.3



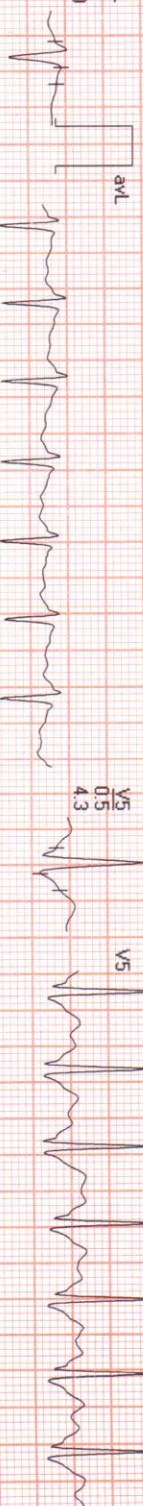
aVR
-0.5
-3.3

V4
0.8
5.5



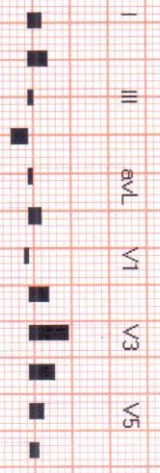
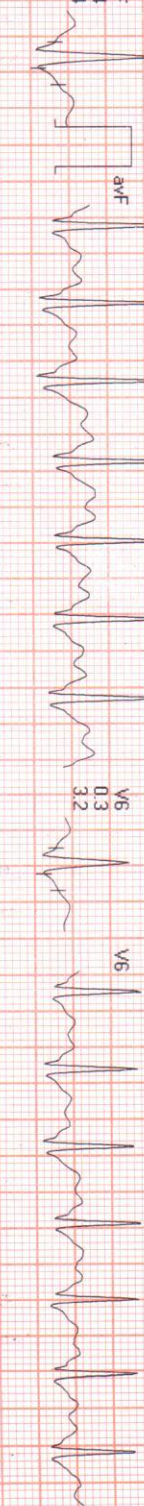
aVL
0.1
-1.0

V5
0.5
4.3



aVF
0.4
4.4

V6
0.3
3.2



REMARKS:
II aVR aVL V1 V2 V3 V4 V5 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:14)



4111 (2231519659) / SACHIN NAIK / 35 Yrs / M / 177 Cms / 75 Kg / HR 143

Date: 12 / 11 / 2022

METS: 1.07/143 bpm 77% of THR BP: 150/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

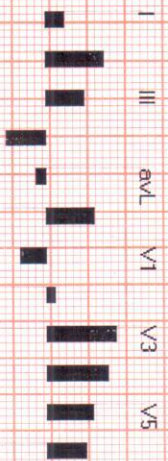
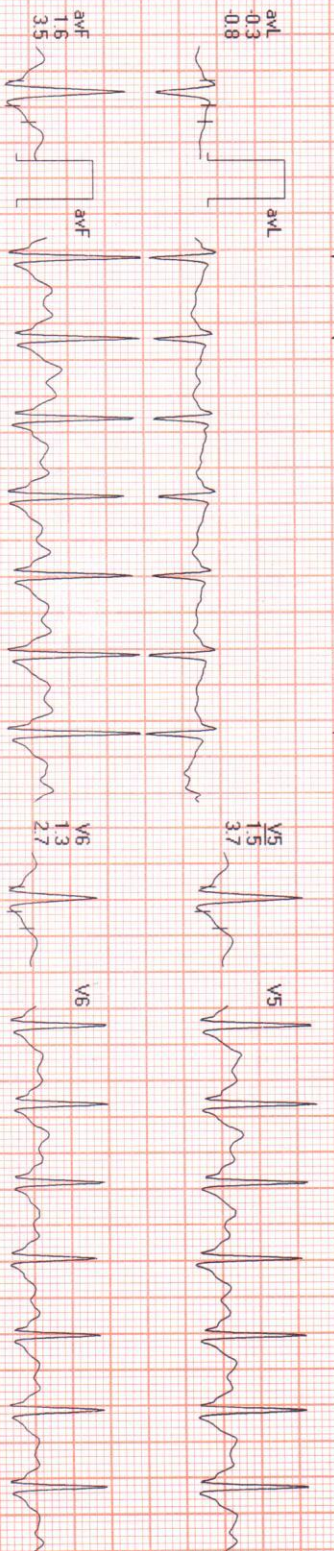
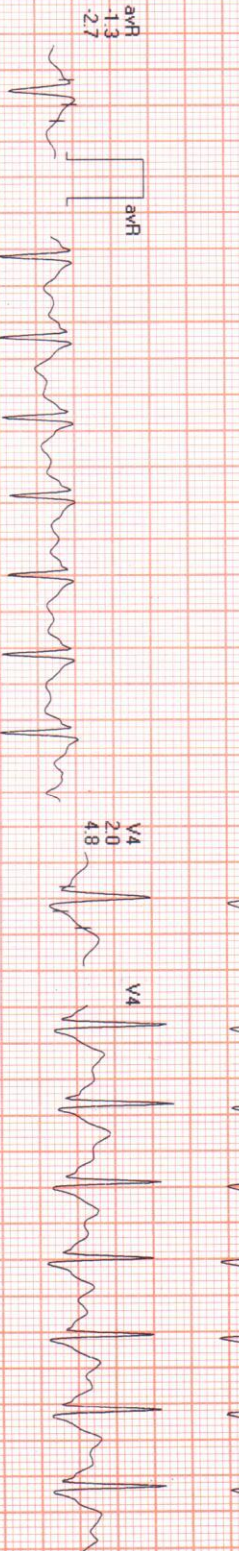
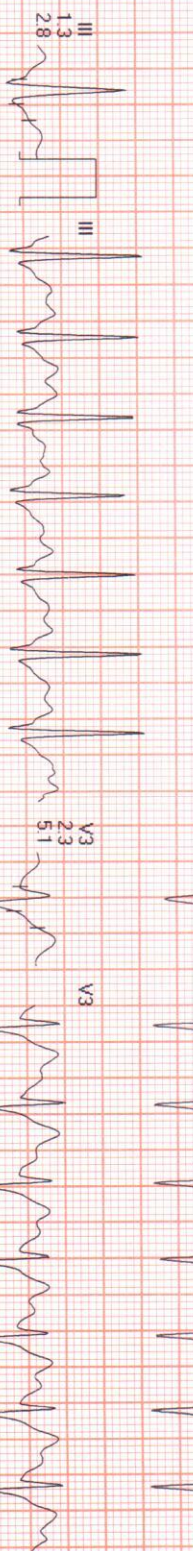
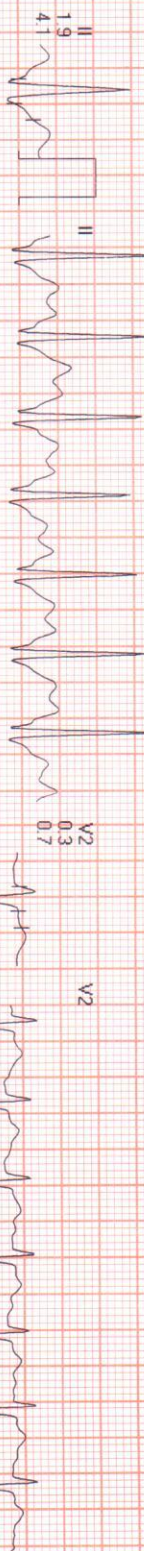
ExTime: 07:53 0.0 Kmph, 0.0%

4X 50 mS Post J

25mm/Sec 1.0 Cm/mV

STL 0.6
STS 1.2

V1
-0.9
-1.4



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

