

CID : 2304222437

Name : MR.JAIN SIDDHARTH

Age / Gender : 37 Years / Male

Consulting Dr. : -

Reg. Location

: Kandivali East (Main Centre)

Authenticity Check

R

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: 11-Feb-2023 / 09:42 : 11-Feb-2023 / 12:27

### AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

Collected

Reported

CBC (Complete Blood Count), Blood											
<u>PARAMETER</u>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>								
RBC PARAMETERS											
Haemoglobin	14.6	13.0-17.0 g/dL	Spectrophotometric								
RBC	4.64	4.5-5.5 mil/cmm	Elect. Impedance								
PCV	45.3	40-50 %	Measured								
MCV	98	80-100 fl	Calculated								
MCH	31.4	27-32 pg	Calculated								
MCHC	32.2	31.5-34.5 g/dL	Calculated								
RDW	13.5	11.6-14.0 %	Calculated								
WBC PARAMETERS											
WBC Total Count	5830	4000-10000 /cmm	Elect. Impedance								
WBC DIFFERENTIAL AND A	BSOLUTE COUNTS										
Lymphocytes	28.2	20-40 %									
Absolute Lymphocytes	1644.1	1000-3000 /cmm	Calculated								
Monocytes	7.6	2-10 %									
Absolute Monocytes	443.1	200-1000 /cmm	Calculated								
Neutrophils	42.5	40-80 %									
Absolute Neutrophils	2477.8	2000-7000 /cmm	Calculated								
Eosinophils	20.6	1-6 %									
Absolute Eosinophils	1201.0	20-500 /cmm	Calculated								
Basophils	1.1	0.1-2 %									
Absolute Basophils	64.1	20-100 /cmm	Calculated								

WBC Differential Count by Absorbance & Impedance method/Microscopy.

### **PLATELET PARAMETERS**

Platelet Count	283000	150000-400000 /cmm	Elect. Impedance
MPV	8.9	6-11 fl	Calculated
PDW	15.3	11-18 %	Calculated

### **RBC MORPHOLOGY**

Immature Leukocytes

Hypochromia -Microcytosis -



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Macrocytosis

Anisocytosis

Poikilocytosis

Polychromasia **Target Cells** 

Basophilic Stippling

**Normoblasts** 

Others Normocytic, Normochromic

**WBC MORPHOLOGY** 

PLATELET MORPHOLOGY

COMMENT Eosinophilia

Advice: 1)Stool examination for parasites

2)Allergy testing

Specimen: EDTA Whole Blood

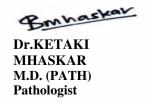
ESR, EDTA WB-ESR 2-15 mm at 1 hr. Sedimentation

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











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Reg. Location

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**Reported** :11-Feb-2023 / 14:58

### AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	95.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	85.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.51	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.18	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.33	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	26.1	<34 U/L	Modified IFCC
SGPT (ALT), Serum	38.5	10-49 U/L	Modified IFCC
GAMMA GT, Serum	21.9	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	123.2	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	26.1	19.29-49.28 mg/dl	Calculated
BUN, Serum	12.2	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.89	0.60-1.10 mg/dl	Enzymatic
eGFR, Serum	102	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	6.1	3.7-9.2 mg/dl	Uricase/ Peroxidase



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: 37 Years / Male Age / Gender

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Collected Reported :11-Feb-2023 / 16:12

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  $^{***}$ 









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Age / Gender

Reg. Location

: 37 Years / Male

Consulting Dr. : -

· Kandivali East (Main Contro)

: Kandivali East (Main Centre)



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: 11-Feb-2023 / 09:42

:11-Feb-2023 / 18:34

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

Collected

Reported

### PARAMETERRESULTSBIOLOGICAL REF RANGEMETHODGlycosylated Hemoglobin<br/>(HbA1c), EDTA WB - CC5.6Non-Diabetic Level: < 5.7 %<br/>Prediabetic Level: 5.7-6.4 %<br/>Diabetic Level: >/= 6.5 %HPLCEstimated Average Glucose114.0mg/dlCalculated

### 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:

(eAG), EDTA WB - CC

- · 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 \*\*\*



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



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st (Main Centre) Reported



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:11-Feb-2023 / 09:42

:11-Feb-2023 / 09:42 :11-Feb-2023 / 15:50

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

Collected

Less than 20/hpf

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	8.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
<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
MICROSCOPIC EXAMINATION			
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	

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)

2-3

- 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

Bacteria / hpf

Others

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







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



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Reg. Location

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: 11-Feb-2023 / 09:42 :11-Feb-2023 / 15:43

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

Collected

Reported

**PARAMETER** 

**RESULTS** 

**ABO GROUP** 

0

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

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.

### Refernces:

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

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



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

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2<sup>rd</sup> Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.



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: :

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:11-Feb-2023 / 09:42

**Reported** :11-Feb-2023 / 18:34

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

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	216.7	CHOD-POD	
TRIGLYCERIDES, Serum	131.2	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	40.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	176.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	150.4	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	26.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO,	3.8	0-3.5 Ratio	Calculated

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



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



: 2304222437

Name

: MR.JAIN SIDDHARTH

Age / Gender

: 37 Years / Male

Consulting Dr. Reg. Location

: -

: Kandivali East (Main Centre)

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: 11-Feb-2023 / 09:42 : 11-Feb-2023 / 15:02

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

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.3	3.5-6.5 pmol/L	CLIA
Free T4, Serum	13.3	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	2.083	0.55-4.78 microIU/ml	CLIA

### 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 trasiently altered becuase 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)



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

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Reg. Location

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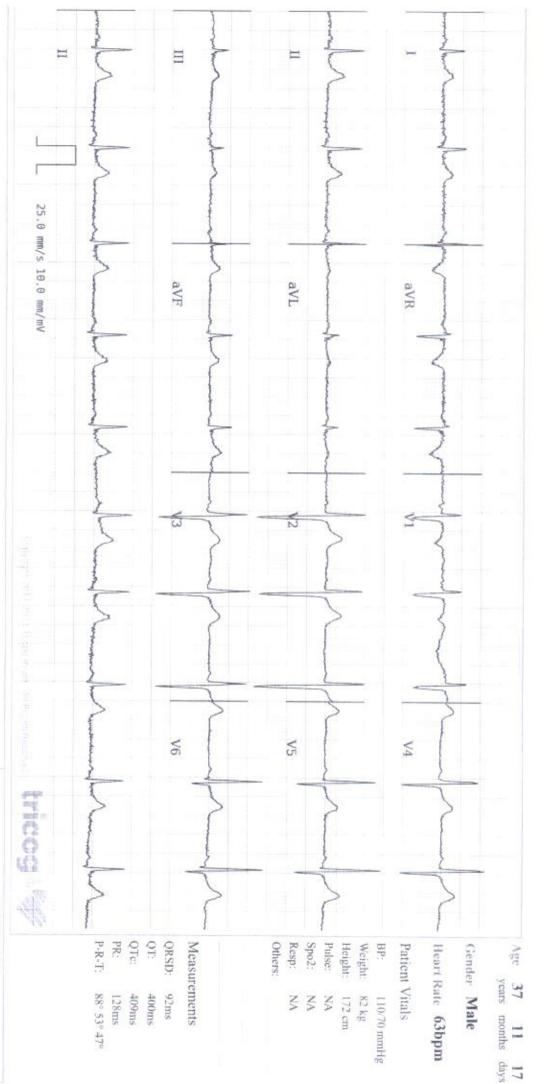
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# SUBURBAN DIAGNOSTICS - KANDIVALI EASI

SUBURBAN

Patient Name: JAIN SIDDHARTH Patient ID: 2304222437

Date and Time: 11th Feb 23 11:55 AM



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

SANOSTICS ("TIA) PVI. LID.

DR AKHIL PAR

REPORTED BY

DR AKHIL PARULEKAR MBRS MD. MEDICINE, DNB Cardiology Cardiologist 2012082483



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Date: - n 2 (23

CID: 230 4222 437

Name: Mg. Siddherdh Jain

Sex/Age: m/35

### EYE CHECK UP

Chief complaints: Powline ch-up

Systemic Diseases: NO NO SIZ

Past history: lasik & Eyru back

Unaided Vision:

6/60,0/6

6/60,0/6

Aided Vision:

Refraction:

Coms! Normal

	1	ht Eye)			(Left Eye)								
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn					
Distance	+Pla	V.00 -		6160	-Pla	no	1 000000	660					
Near		1		1016		-	1	NIG					

Colour Vision: Normal / Abnormal

Remark: Vm co9+lon notimed limit

KAJAL NAGRECHA OPTOMETRIST

SUBURBALL DIA GROSTICS (INDIA) PVT. LTD.

Row House the S. Adagon,

Thakur Vinegon For virial loose),

Mumbal - Adecol.

Tel: 61700560



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### DENTAL CHECK - UP

Name: - 5iddhaith Jain

CID: 2304778437 Sex/Age: 14/35

Occupation:-

Date: 11 /02/ 2023

Chief complaints:- NO Complaints

Medical / dental history:-No relevant history.

### GENERAL EXAMINATION:

1) Extra Oral Examination:

a) TMJ: Numal nuvements

b) Facial Symmetry: Bilateral dymmetrical

2) Intra Oral Examination:

a) Soft Tissue Examination: Hurmal

b) Hard Tissue Examination: Murmal.

c) Calculus: 4 +

Stains: ++

18 16 15 13 12 11 21 24 25 26

48 45 44 42 41 37 38

> Missina # Fractured Filled/Restored

RCT Root CanalTreatment 0 Cavity/Caries Root Piece

Advised: 1) Scaling & Polishing

DR. BHUMIK PATEL

Provisional Diagnosis:-

- MIL-

TECHNOLA PATE (B.D.S) A - 23378 Thokur Vo. age. Candwall (cash Mumbal - 420191.

DR. Bhuruk Patel

Tel: 61700860



: 2304222437

Name

: Mr JAIN SIDDHARTH

Age / Sex

: 35 Years/Male

Ref. Dr

Reg. Location

: Kandivali East Main Centre

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: 11-Feb-2023 : 11-Feb-2023 / 14:24

### 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.

KLIN FRA

Reg. Date

Reported

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

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023021109352073



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: 11-Feb-2023

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: 11-Feb-2023 / 11:20

### USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size (14.2 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 10 mm and CBD measures 2.6 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

### PANCREAS:

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

### KIDNEYS:

Right kidney measures 10.0 x 5.0 cm. Left kidney measures 10.2 x 5.2 cm.

A 5.1 mm sized solitary non obstructive calculus noted at lower 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 (10.2 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 3.2 x 2.8 x 2.6 cm and volume is 12.9 cc.

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer? Acces

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: 11-Feb-2023

: 11-Feb-2023 / 11:20

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IMPRESSION:

Reg. Location

GRADE II FATTY LIVER.

LEFT RENAL NON OBSTRUCTIVE CALCULUS 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



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CID#

2304222437

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Age / Gender : 37 Years/Male

Consulting Dr.

Reg.Location : Kandivali East (Main Centre)

Collected

: 11-Feb-2023 / 09:34

Reported

: 12-Feb-2023 / 09:41

### PHYSICAL EXAMINATION REPORT

### **History and Complaints:**

Backache

**EXAMINATION FINDINGS:** 

height (cms):

172 cms

Weight (kg):

82 kgs

Temp (0c):

Afebrile

Skin:

Normal

Blood Pressure (mm/hg): 110/70

Nails:

Normal

Pulse:

80/min

Lymph Node:

Not Palpable

Systems

Cardiovascular: Normal

Respiratory:

Normal

Genitourinary:

Normal

GI System:

Normal

CNS:

Normal

- Law fatty did Surgical Spinion

IMPRESSION:

Stress test - Incardinance for encourse stress test - Induced Ischeme Heart do user - fatty liver (I renal non obstinutive)

ADVICE:

CHIEF COMPLAINTS:



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Reported

: 12-Feb-2023 / 09:41

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

PERSONAL HISTORY:

No Alcohol No 2) Smoking Veg 3) Diet No 4) Medication

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

Dr. Jagruti Dhale Consultant Physician Reg. Mz. 02548

SUBURL STATISTICS (NOT 1797, LTD. 1787, LTD. Wumbai - 409161. Tel: 61700800

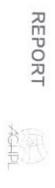
EMail:

996 (2304222437) / SIDDHARTH JAIN / 35 Yrs / M / 172 Cms / 82 Kg

Date: 11 / 02 / 2023 12:39:39 PM Refd By : ARCOFEMI Examined By: DR.AKHIL PARULEKAR

		Test End Reasons	Duke Treadmill Score	Max WorkLoad Attained	Initial HR (ExStrt)	Express Time	FINDINGS:	Recovery 08	Recovery 08	PeakEx 07	BRUCE Stage 2 06	BRUCE Stage 1 03	ExStart 00	NH VH	Standing 00	Supine 00	Stage
			e	ned				08:44	08:21	07.21	06:58	03:58	00:58	00:37	00:31	00:06	ime
		Fatigue	04.2	7.5 Fa	78 bp	) ) ) )			1:00	0:23	3:00	3:00	0:21	0:06	0:25	0:06	Duration
		Ф		7.5 Fair response	78 bpm 42% of Target 185				00.2	05.5	04.0	02.7	00.0	00.00	00.0	00.0	SpeediKin
				7.5 Fair response to induced stress	arget 185				000	14.0	12.0	10.0	00.0	00.0	00.0	00.0	Speed(Kimph) Elevation
				ress				00.0	01.1	07 5	07:1	04.7	010	010	010	010	METS
	SUBBRADE STATE OF THE STATE OF			Max 8P Atta				000	117	146	135	118	078	064	082	070	Rate
	Tel: 61700600			Attained 150/80 (nim/Hg)	ined 146 bo			0 %	63 %	79 %	73 %	64 %	42 %	35 %	44 %	38 %	% THR
7	MELASNOSTICS (MDIA) PVT. LTD. Nouse No. 3, Assessati Miliabal - 400101. Tel: 81700800			(mm/Hg)	Attained 146 born 79% of Target 185				150/80	150/80	110/70	110/70	110/70	110/70	110/70	1/0/70	600
אַע מַר	(M)				ret 185			000	175	219	148	129	085	070	090	077	RPP
Doctor: DR AKHIL PARIII FKAR	Dr. Akhil P. Parulekar. MBBS, IND. Medicine DMB Cardiology Reg. No. 2012082483							00	00	8	00	00	00	00	00	00	PVC

# SUBURBAN DIAGNOSTICS KANDIVALI EAST



996 / SIDDHARTH JAIN / 35 Yrs / M / 172 Cms / 82 Kg Date: 11 / 02 / 2023 12:39:39 PM Refd By : ARCOFEMI

	DISCLAIMER Negative stress test does not rule out o	FINAL IMPRESSION	CHRONOTROPIC RESPONSE	HAEMODYNAMIC RESPONSE	EXERCISE INDUCED ARRYTHMIAS	EXERCISE TOLERANCE	REASON FOR TERMINATION	MEDICATION	ACTIVITY	RISKFACTOR	TEST OBJECTIVE	REPORT:  Heart Rate 146.0 ppm  Systolic BP 150.0 mmHg Diastolic BP 80.0 mmHg  Exercise Time 06.23 Mins, Ectopic Beats 0.0  METS 7.5Test End Reason Fatigue Target Heart Rate 79% of 185
SUBURBAN DISONOSTICS (MISHA) PVI.LTD.  SUBURBAN DISONOSTICS (MISHA) PVI.LTD.  SUBURBAN DISONOSTICS (MISHA) PVI.LTD.  MISHES MD. Mexicone  MISHES MD. Mexicone  SUBURBAN DISONOSTICS (MISHA) PVI.LTD.  MISHES MD. Mexicone  MISHES MD. Mexicone  MISHES MD. Mexicone  SUBURBAN DISONOSTICS (MISHA) PVI.LTD.  MISHES MD. MEXICONE  MISHES MD. MISHES MD. MISHES MD. MISHES MD.  MISHES MO. ZOTZOSZAWI  MISHES MISHES MD. MI	DISCLAMER Negative stress test does not rule out coronary artery diseas. Positive stress test is suggestive but not confirmatory of coronary artery disease. Hence clinical porellation	NO SIGNIFICANT STIT CHANGES NOTED	NORMAL NORMAL	NORMAL	NO	FAQIR	FATIGUE	NONE	MODERATE ACTIVE	NONE NONE	ROUTINE CHECK UP	mHg eart Rate 79% of 185

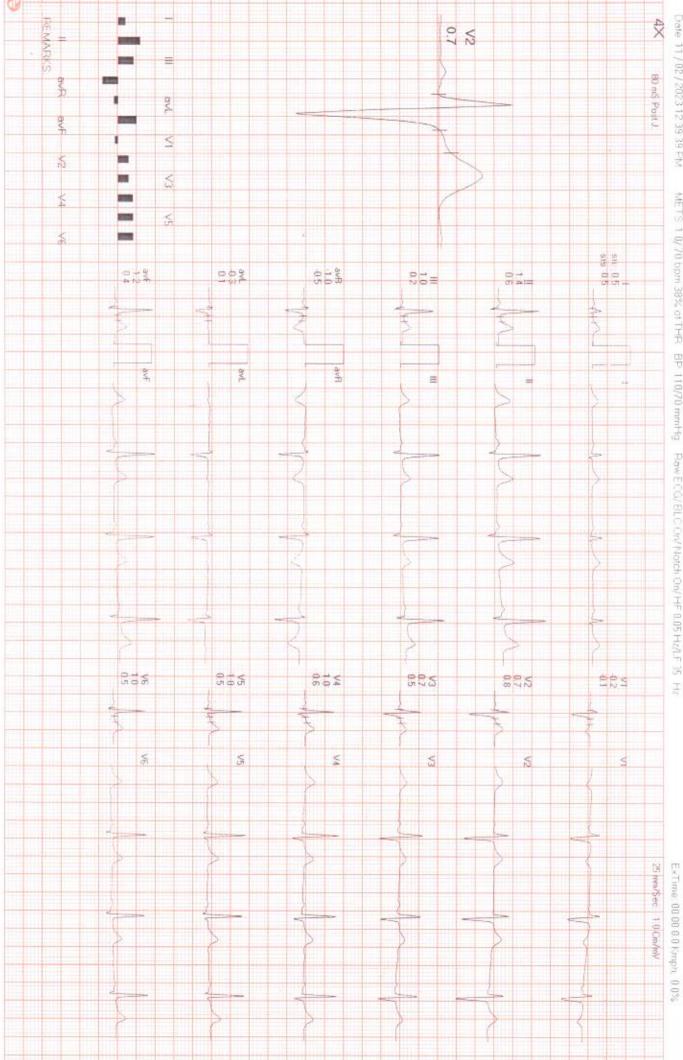
Doctor: DR.AKHIL PARULEKAR

SUPINE (00:06)



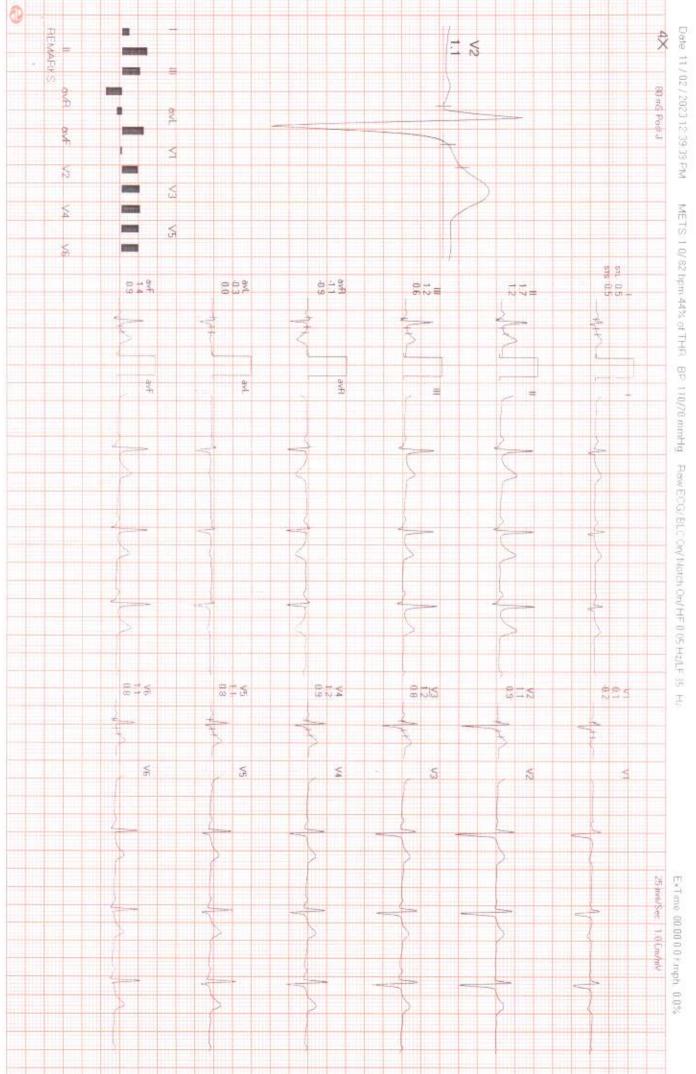
996 (2304222437) / SIDDHARTH JAIN / 35 Yrs / M / 172 Cms / 82 Kg / HR : 70

Date 11 / 02 / 2023 12 39 39 PM 80 mS Post J METS 1 0/70 bpm 38% of THR BP 110/70 mmHg Raw ECG/BLC Cn/Notch 0n/HF 0.05 Hz/LF 35



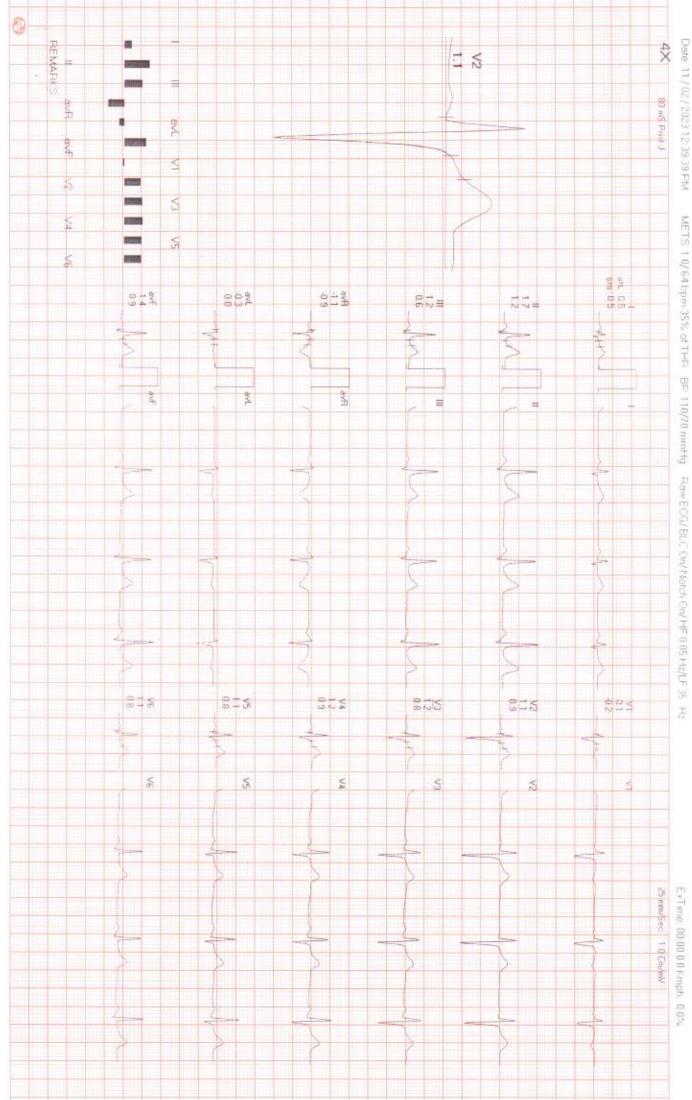


996 (2304222437) / SIDDHARTH JAIN / 35 Yrs / M / 172 Cms / 82 Kg / HR : 82



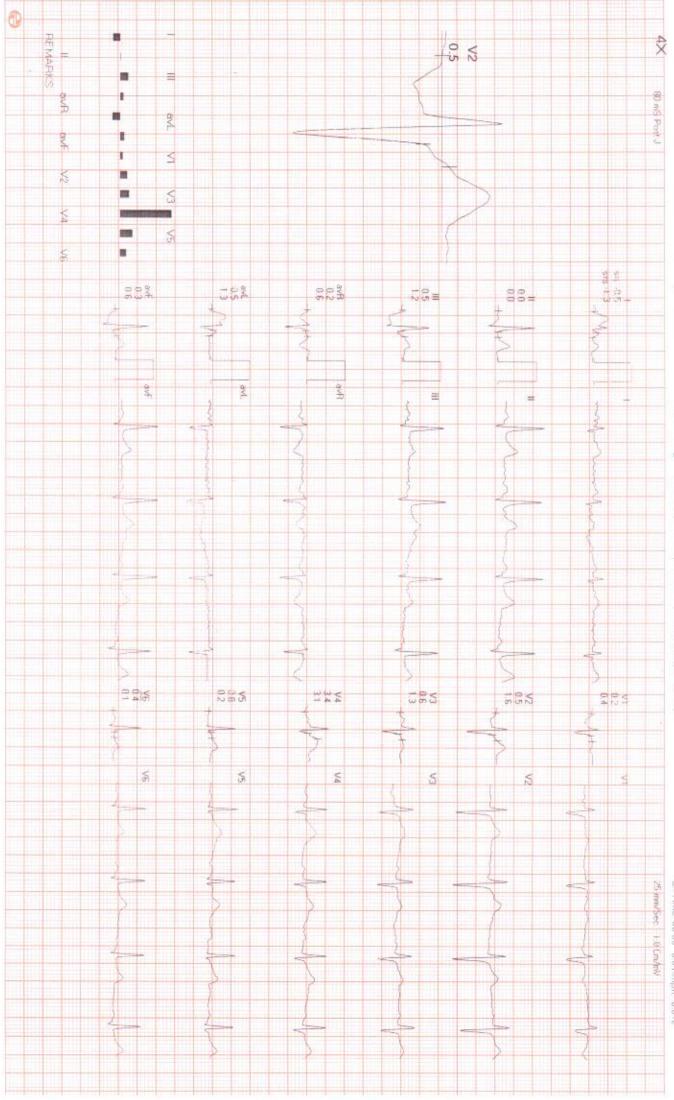
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996 (2304222437) / SIDDHARTH JAIN / 35 Yrs / M / 172 Cms / 82 Kg / HR : 64



996 (2304222437) / SIDDHARTH JAIN / 35 Vrs / M / 172 Cms / 82 Kg / HR : 78

Date 11/02/2023 12 39.39 FM 80 mS Post J METS: 1.0/78.bpm 42% of THR BP 110/70 mmHg Raw ECG/BLC 0n/North 0n/HF 0.05 Hz/LF 35 25 mm/Sec 1:0 Cm/m/ ExTime 00.00 0.0 Kmph, 0.0%



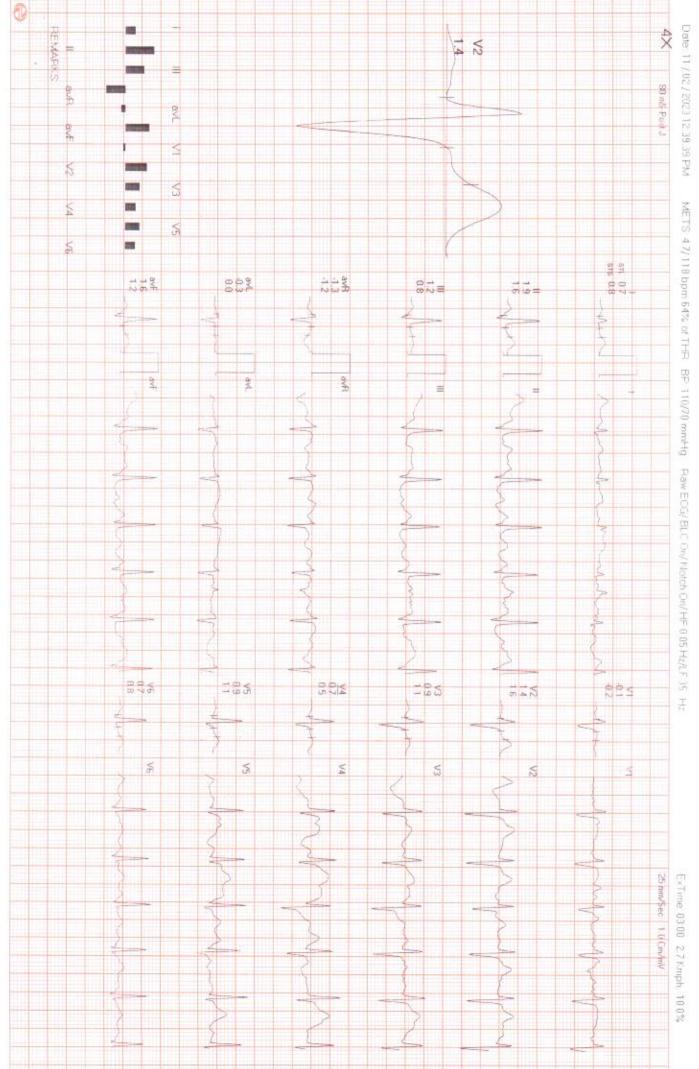




## SUBURBAN DIAGNOSTICS KANDIVALI EAST

996 (2304222437) / SIDDHARTH JAIN / 35 V/s / M / 172 Cms / 82 Kg / HR : 118





## SUBURBAN DIAGNOSTICS KANDIVALI EAST

996 (2304222437) / SIDDHARTH JAIN / 35 Yrs / M / 172 Cms / 82 Kg / HR

Date

11/02/2023 12:39 J9 PM

REMARKS ı 13 52 60 mS Post J BM BWE S ı 5 5 -METS 71/135bpm73% of THR BP 110/70 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05Hz/LF35 V5 STR 0.0 384 003 0 0 0 N 00= 0.2 子 avB WE 20 m 500 5 5 ₹3 2 25 min/Sec 1.0 Cirv/n/V ExTime 06.00 4.0 Kmph, 12.0%

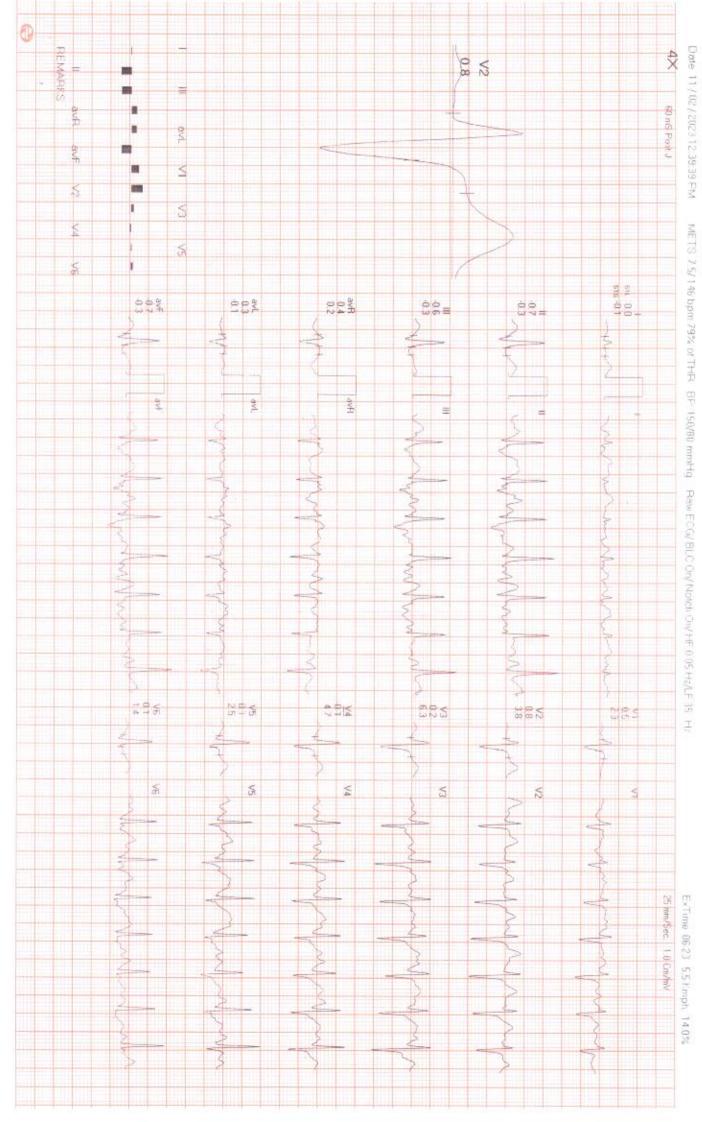


BRUCE : Stage 2 ( 03:00 )



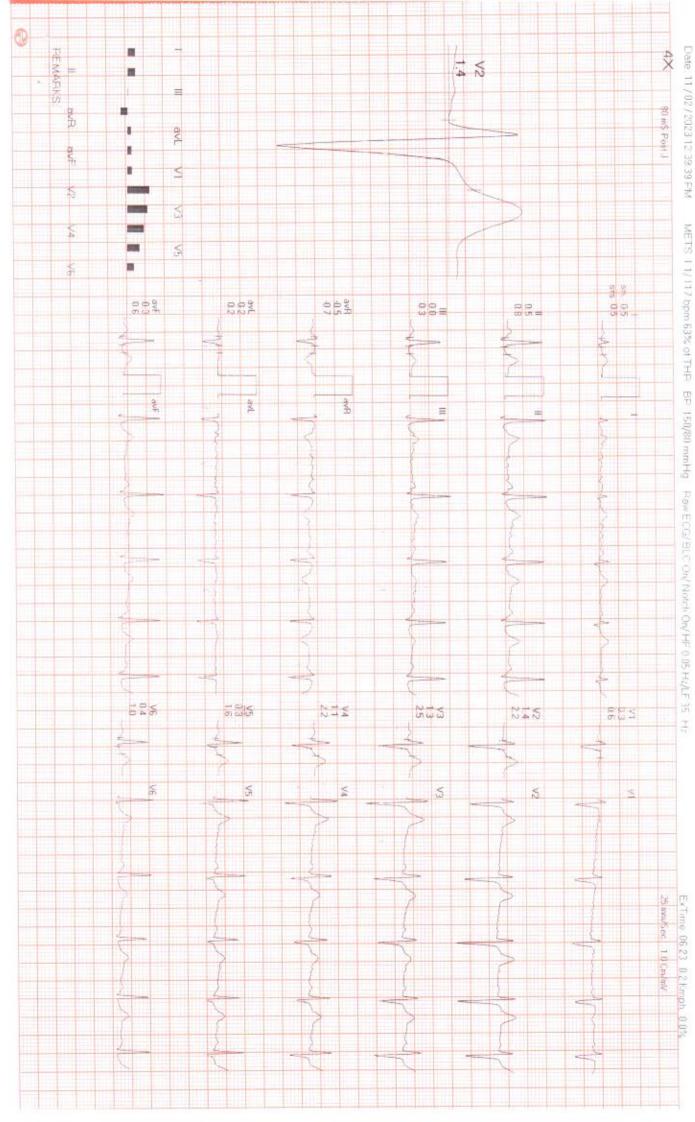
TO SELVINO SELVINO FEBRUARIS / L'EVOCCIVOEC 300

996 (2304222437) / SIDDHARTH JAIN / 35 Vis / M / 172 Cms / 82 Kg / HR



## SUBURBAN DIAGNOSTICS KANDIVALI EAST

996 [2304222437] / SIDDHARTH JAIN / 35 Yrs / M / 172 Cms / 82 Kg / HR - 117





Recovery: (01:00)

## SUBURBAN DIAGNOSTICS KANDIVALI EAST

996 (2304222437) / SIDDHARTH JAIN / 35 Yrs / M / 172 Cms / 82 Kg / HR 103

