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CID : 2302818732
Name : MR.BANDUNI PRAVESH
Age / Gender : 37 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 28-Jan-2023 / 08:36
Reported : 28-Jan-2023 / 11:51

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	14.5	13.0-17.0 g/dL	Spectrophotometric
RBC	4.97	4.5-5.5 mil/cmm	Elect. Impedance
PCV	45.0	40-50 %	Measured
MCV	91	80-100 fl	Calculated
MCH	29.3	27-32 pg	Calculated
MCHC	32.3	31.5-34.5 g/dL	Calculated
RDW	13.7	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5050	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	22.5	20-40 %	
Absolute Lymphocytes	1136.3	1000-3000 /cmm	Calculated
Monocytes	7.1	2-10 %	
Absolute Monocytes	358.6	200-1000 /cmm	Calculated
Neutrophils	66.9	40-80 %	
Absolute Neutrophils	3378.5	2000-7000 /cmm	Calculated
Eosinophils	2.9	1-6 %	
Absolute Eosinophils	146.5	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	
Absolute Basophils	30.3	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	146000	150000-400000 /cmm	Elect. Impedance
MPV	12.7	6-11 fl	Calculated
PDW	29.3	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 Megaplatelets seen on smear
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB, EDTA WB-ESR 5 2-15 mm at 1 hr. Sedimentation

*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	98.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	70.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	1.45	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	0.53	0-0.3 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (INDIRECT), Serum	0.92	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.4	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	32.8	<34 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
SGPT (ALT), Serum	37.7	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 : 28-Jan-2023 / 15:17

GAMMA GT, Serum	16.8	<73 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALKALINE PHOSPHATASE, Serum	93.7	46-116 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
BLOOD UREA, Serum	20.1	19.29-49.28 mg/dl	Calculated
Kindly note change in Ref range and method w.e.f.11-07-2022			
BUN, Serum	9.4	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	0.85	0.60-1.10 mg/dl	Enzymatic
Kindly note change in Ref range and method w.e.f.11-07-2022			
eGFR, Serum	108	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	6.5	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	

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Bmhaskar

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M.D. (PATH)
Pathologist



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	4.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	93.9	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 ***



Namrata Raul
Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
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	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



MC-2111

Bmhaskar

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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. Trupti Shetty
Dr. TRUPTI SHETTY
M. D. (PATH)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	167.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	90.6	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	44.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	123.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	105.4	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	18.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.4	0-3.5 Ratio	Calculated

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*** End Of Report ***



Anupa

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



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Collected : 28-Jan-2023 / 08:36
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	5.3	3.5-6.5 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
Free T4, Serum	11.8	11.5-22.7 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
sensitiveTSH, Serum	3.549	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 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:

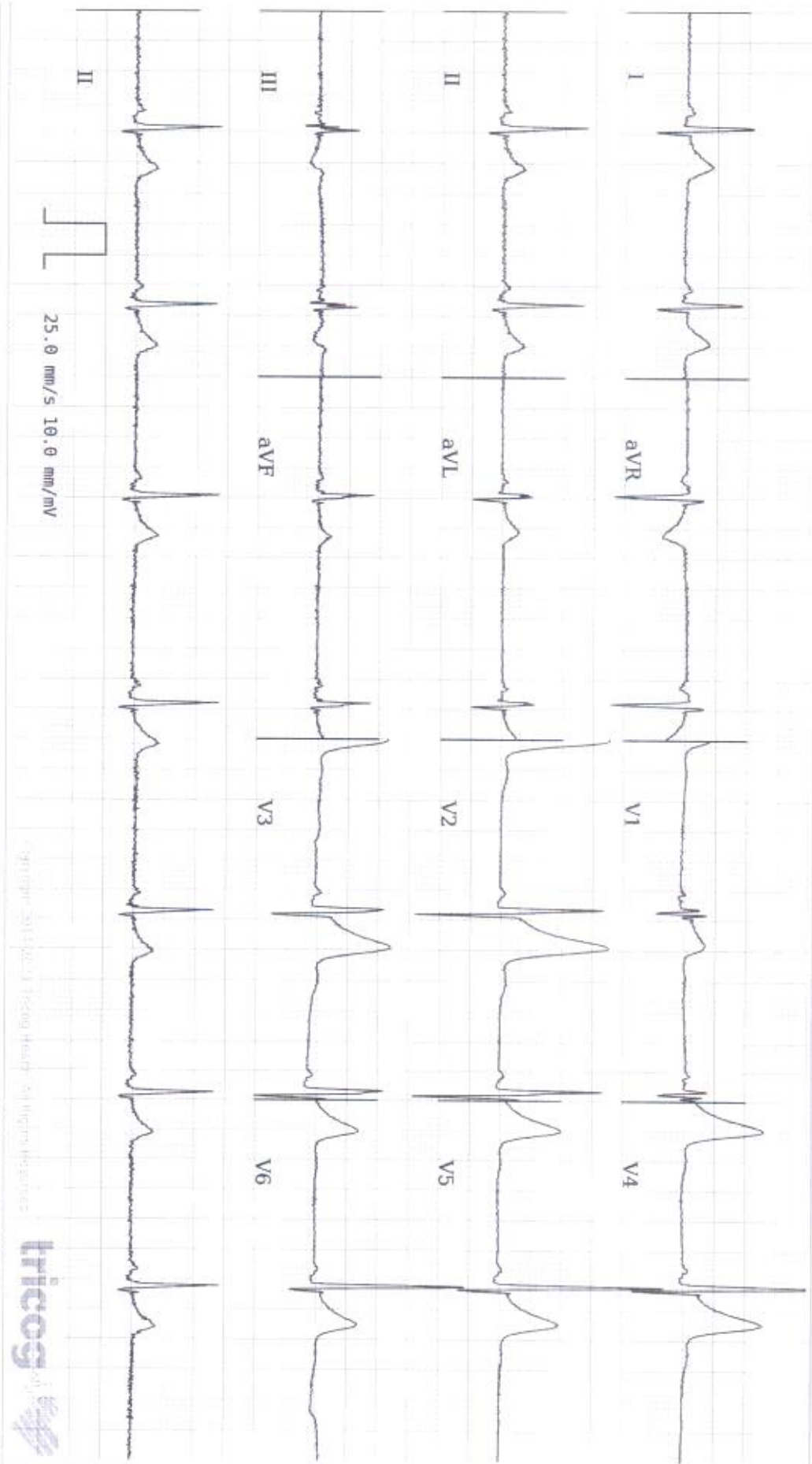
- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles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

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*** End Of Report ***



Anupa

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



25.0 mm/s 10.0 mm/mV

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Age **37** **8** **18**
years months days

Gender **Male**

Heart Rate **47bpm**

Patient Vitals

BP: **120/80 mmHg**

Weight: **72 kg**

Height: **168 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

Measurements

QRSd: **80ms**

QT: **380ms**

QTc: **336ms**

PR: **132ms**

P-R-T: **29° 51° 20°**

REPORTED BY

DR ANHIL PARULEKAR
MBBS MD MEDICINE, DNB Cardiology
Cardiologist
2012082483

Sinus Bradycardia, Non-specific ST segment elevation. Hyperacute T waves in leads V2, V3, V4. Please correlate clinically.

Date: 28/1/23

CID: 230181873

Name: Mr. Bandlani Praveesh

Sex/Age: m/37

EYE CHECK UP

Chief complaints: Rt ch-up

Systemic Diseases: No H/O S/I

Past history: No Laseik ex yr/2019

Unaided Vision: 6/6 6/6

Aided Vision:

Refraction: Coms! normal

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	Plano			6/6	Plano			6/6
Near				10/6				10/6

Colour Vision: Normal / Abnormal

Remark: Vn within normal limit

Kajal H.
KAJAL NAGRECHA
OPTOMETRIST

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Aastya,
Thakur Village, Mandivali (West),
Mumbai - 400101.
Tel : 61700800

Authenticity Check



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Reg. Location : Kandivali East Main Centre

Reg. Date : 28-Jan-2023
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USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, 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 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:

Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.
Right kidney measures 8.6 x 4.0 cm. Left kidney measures 10.6 x 4.6 cm.

SPLEEN:

The spleen is normal in size 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 volume is 22 cc.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023012808340596>

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IMPRESSION:

No significant abnormality is seen.

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

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

Khilji FA

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

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the centre for rectification. Please interpret accordingly. All safety precautions were taken before, during and after the USG examination in view of the ongoing Covid 19 pandemic.

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CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vile Parvati (W), Mumbai - 400086.

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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.

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

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Reg.Location : Kandivali East (Main Centre)
Collected : 28-Jan-2023 / 08:33
Reported : 29-Jan-2023 / 10:40

PHYSICAL EXAMINATION REPORT

History and Complaints:

folliculitis on left ^{cheek} ~~arm~~ since 2 days

EXAMINATION FINDINGS:

Height (cms):	168 cms	Weight (kg):	72 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	120/80	Nails:	Normal
Pulse:	52/min	Lymph Node:	Not Palpable

Systems

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

IMPRESSION:

ECG - Sinus bradycardia
- Non specific ST-elevation
- Hyperacute T-wave in V₂, V₃, V₄
TMT - Stress test positive for - acute
induced Ischemic heart ds

ADVICE:

Cardiologist opinion

CID# : 2302818732

Name : MR.BANDUNI PRAVESH

Age / Gender : 37 Years/Male

Consulting Dr. :-

Collected : 28-Jan-2023 / 08:33

Reg.Location : Kandivali East (Main Centre)

Reported : 29-Jan-2023 / 10:40

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 |

Dr. Jagruti Dha...
ME
Consultant Physic...
Reg. No. 69548

*** End Of Report ***

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Thakur Road, Kandivali (east),
Mumbai - 400101.
Tel : 61700800

Email:

913 / BANDUNI PRAVESH / 37 Yrs / M / 168 Cms / 72 Kg Date: 28 / 01 / 2023 09:50:59 AM Refd By : ARCHROMA

REPORT :

Heart Rate 155.0 (b/min)
Systolic BP 150.0 mmHg Diastolic BP 80.0 mmHg
Exercise Time 06:21 Mins. Ectopic Beats 0.0
METS 8.5 Test End Reason , Heart Rate Achieved Target Heart Rate 85% of 183

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	ST DEPRESSION NOTED AT PEAK EXERCISES NO CHEST PAIN STRESS TEST IS POSITIVE FOR EXERCISE INDUCED ISCHAEMIC 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.

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Thakur Village, Kandivali (east),
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Tel : 817002000

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

Doctor : DR.AKHIL PARULEKAR

SUBURBAN DIAGNOSTICS KANDIVALI EAST

City: **Mumbai**

Report

15/11/2023
10:04 AM
ARCHPR

913 (2302818732) / BANDUNI PRAVESH / 37 Yrs / M / 168 Cms / 72 Kg
Date: 28 / 01 / 2023 09:50:59 AM Refd By : ARCHROMA Examined By: DR.AKHIL PARULEKAR

Stage	Time	Distance	Speed(Kmph)	Elevation	HR/TS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:08	0.08	00.0	00.0	01.0	059	32%	120/80	070	00	
Standing	00:32	0.24	00.0	00.0	01.0	071	39%	120/80	085	00	
HV	00:43	0.11	00.0	00.0	01.0	064	35%	120/80	076	00	
ExStart	00:58	0.15	00.0	00.0	01.0	067	37%	120/80	080	00	
BRUCE Stage 1	02:58	2.00	02.7	10.0	03.5	117	64%	120/80	140	00	
BRUCE Stage 2	05:58	3.00	04.0	12.0	07.1	132	72%	130/80	171	00	
PeakEx	07:19	1.21	05.5	14.0	08.5	155	85%	150/80	232	00	
Recovery	08:19	1.00	00.2	00.0	01.1	101	55%	150/80	151	00	
Recovery	08:34				00.0	000	0%	---/---	000	00	

FINDINGS :

Exercise Time : 06:21
Initial HR (ExStrt) : 67 bpm 37% of Target 183
Initial BP (ExStrt) : 120/80 (mm/Hg)
Max Workload Attained : 8.5 Fair response to induced stress
Duke Treadmill Score : 06.5
Test End Reasons : Heart Rate Achieved

Max HR Attained 155 bpm 85% of Target 183
Max BP Attained 150/80 (mm/Hg)

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 Thakur Village, Kandivali (east),
 Mumbai - 400101.
 Tel : 61700860



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

Doctor : DR.AKHIL PARULEKAR

SUBURBAN DIAGNOSTICS KANDIVALI EAST

SUPINE (00:08)

AC-IPDL

913 (2302818732) / BANDUNI PRAVESH / 37 Yrs / M / 168 Cms / 72 Kg / HR : 59

Date: 28/01/2023 09:50:59 AM

METS: 10/59 bpm 32% of THR BP: 120/80 mmHg Raw ECG/BLE On/Noch On/HR: 0.05/HELF: 35 Hz

Ext time: 00:00:0.0 (temp: 0.0%)

4X 70 mV Post J

25 mm/Sec 1.0 Cm/mV



REMARKS:

SUBURBAN DIAGNOSTICS KANDIVALI EAST

STANDING (00:24)

913 (2302818732) / BANDUNI PRAVEESH / 37 Yrs / M / 168 Cms / 72 Kg / HR 71

ACAPL

Date: 28 / 01 / 2023 09:50:59 AM

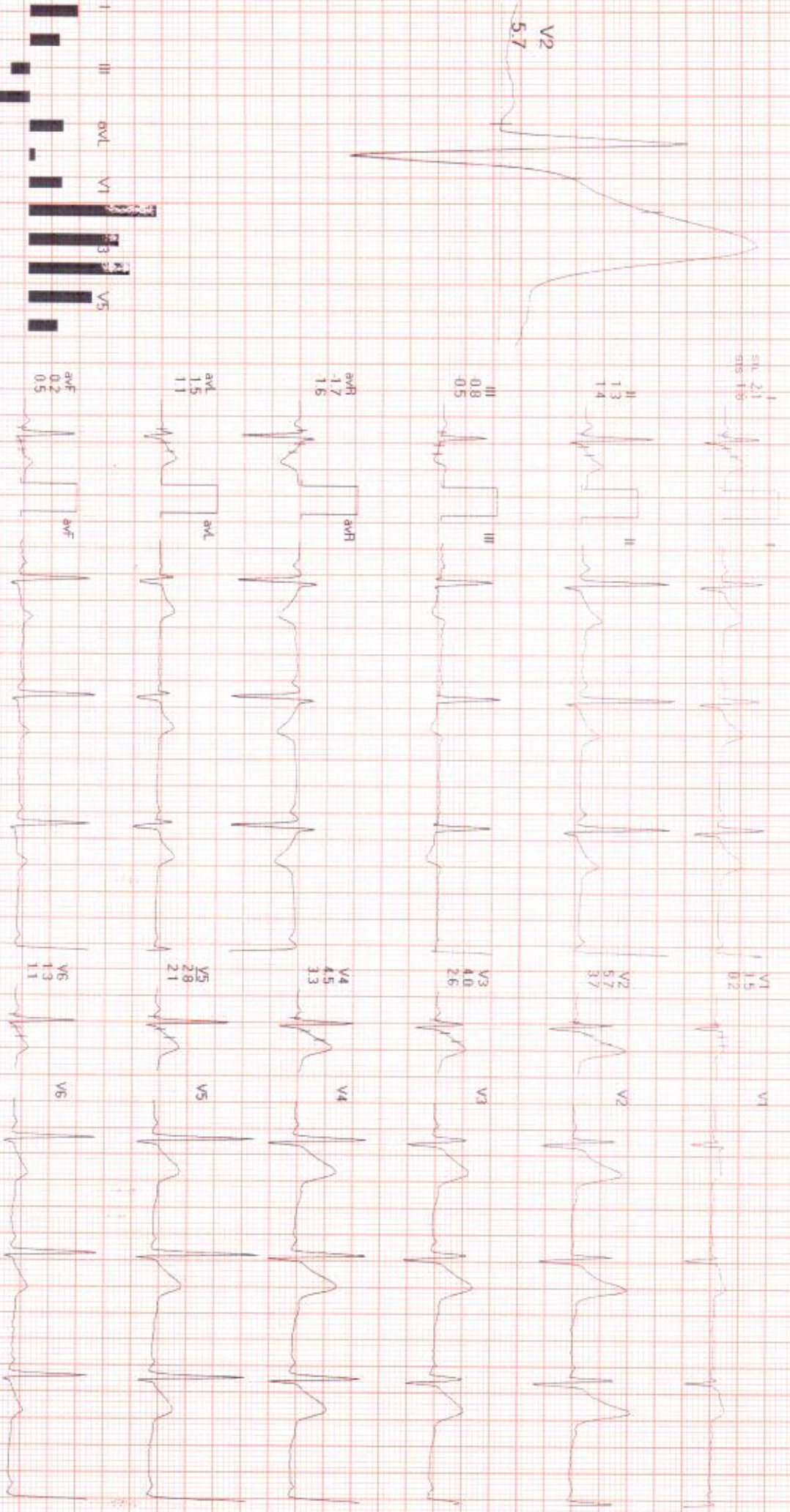
MEETS: 1 0/71 bpm 39% of THrs EPr: 120/80 mmHg

Flow: ECG/ BLC Cuv/ Noctch Cuv/ HF: 0.05 Hz/ LF: 35 Hz

E-Time: 00:00 0.0 kmph 0.0%

4X \$0 ms Post J

25 mm/sec 1.0 Cm/mV



REMARKS



SUBURBAN DIAGNOSTICS KANDIVALI EAST

913 (23022818732) / BANDUNI PRAVESH // 37 Yrs / M / 168 Cms // 72 kg / HR 64

Date: 28 / 01 / 2023 09:50:59 AM

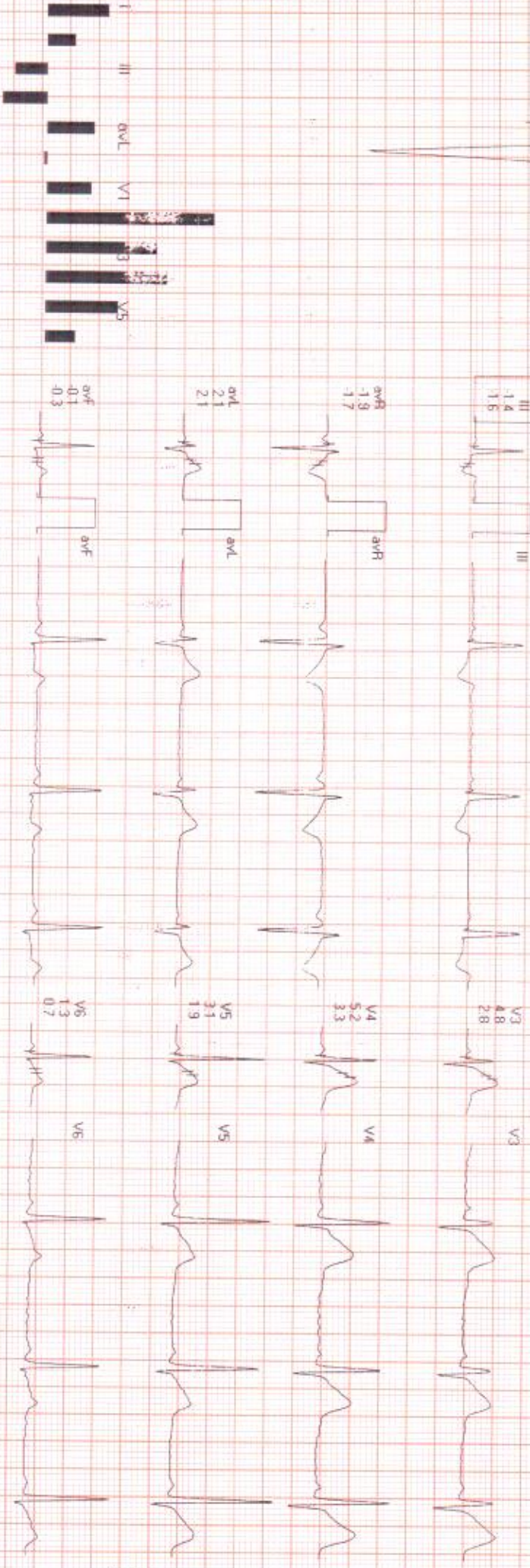
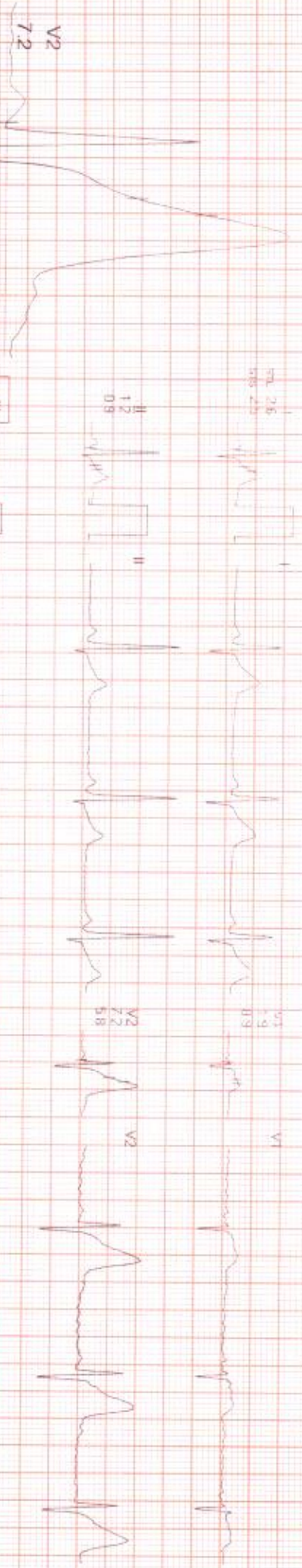
METS: 1.0/64 bpm 35% of THR BP: 120/80 mmHg

Paw: FCO₂/BLC O₂/Natch O₂/HF 0.05 HEALF 35 Hz

EXTIME: 00:00:0.0 Kmph 0.0%

25 mm/sec 1 dC/mV

4X 10 mS Paper J



REMARKS



HV (00:11)

AC/HP

913 (2302818732) / BANDUNI PRAVESH / 37 Yrs / M / 168 Cms / 72 Kg / HR 67

09/11/2023

Date: 28 / 01 / 2023 09:50:59 AM

METS: 1 (V 67 bpm 37% of THA BP: 120/80 mmHg Raw ECG: BLD On/Noch On/HE 0.05 Hz/ALF 35 Hz

ExTime: 00:00 0.01 min 0.0%

AX Total Page 1

25mm/sec 1.0cm/mV



REMARKS:



SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 1 (02:00)

913 (2302818732) / BANDUNI PRAVEESH / 37 Yrs / M / 168 Cms / 72 Kg / HR : 117

ACIPL

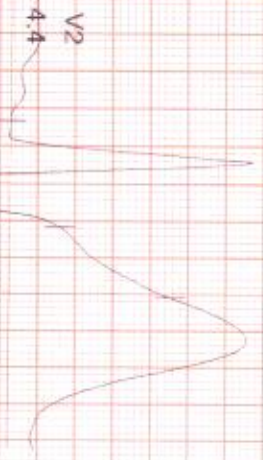
Date: 28/01/2023 09:50:59 AM

NETS: 3.5/117 bpm 64% of THR BP: 120/80 mmHg Paw ECG/BL C Ord/Noch Ord/ HF 0.05 Hz/LF 35 Hz

Ex Time: 02:00 2.7Kmph 100%

AX 80 mV Page 1

25mm/sec 100mmV



REMARKS



913 (2302818732) / BANDUNI PRAVESH / 37 Yrs / M / 168 Cms / 72 Kg / HR 132

AC-PL

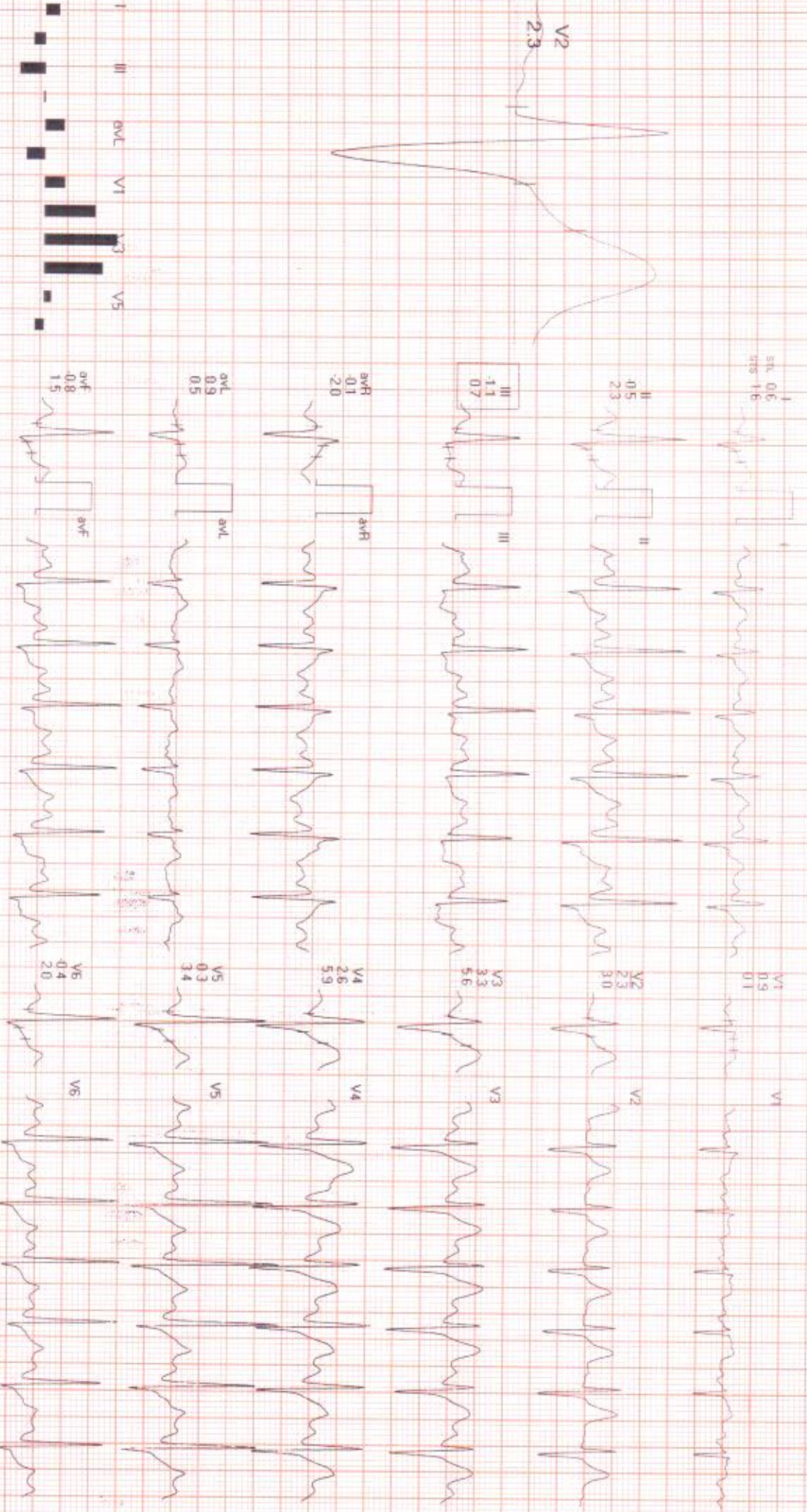
Date: 28/01/2023 09:50:59 AM

METS: 7.1/132 bpm 72% of THR BP: 130/80 mmHg Faw ECG/BLC On/Notch On/HR 0.05 Hz/LF 35 Hz

EX Time 05:00 4.0 Kmph 12.0%

4X 60 ms/Post 1

25 mm/Sec 1.0 Cm/Div



REMARKS:



SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 3 (00:27)

913 (2302818732) / BANDUNI PRAVEESH / 37 Yrs / M / 168 Cms / 72 Kg / HR : 144



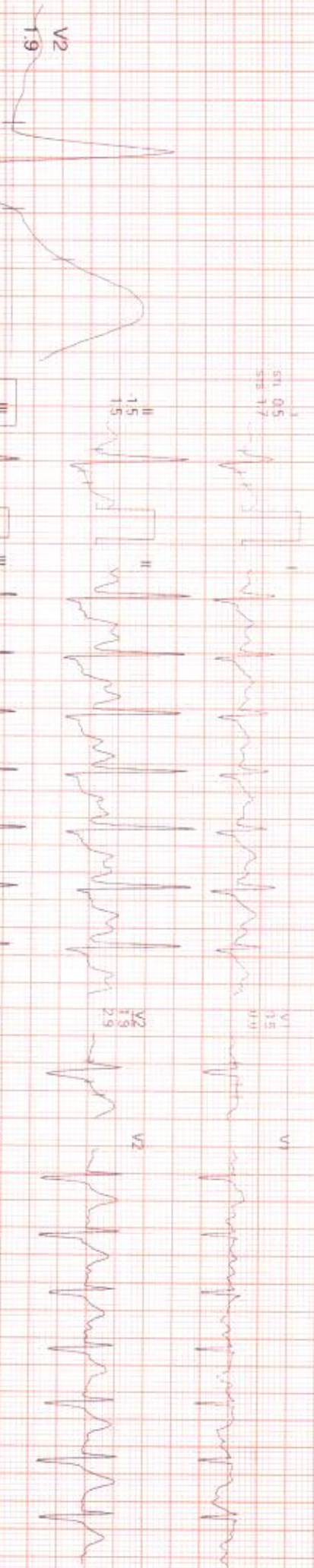
Date: 28 / 01 / 2023 09:50:59 AM

METS: 7.6 / 144 bpm / 9% of THR. EF: 150/80 mmHg. Flow ECG: BLOCing/Notch Qw/HR: 0.05 Hz/V: 35 Hz

EXTime: 05:27. 5.5 kmph. 14.0%

4X 60 mg Paper J

25 mm/Sec. 1 d Lm/lead



REMARKS:



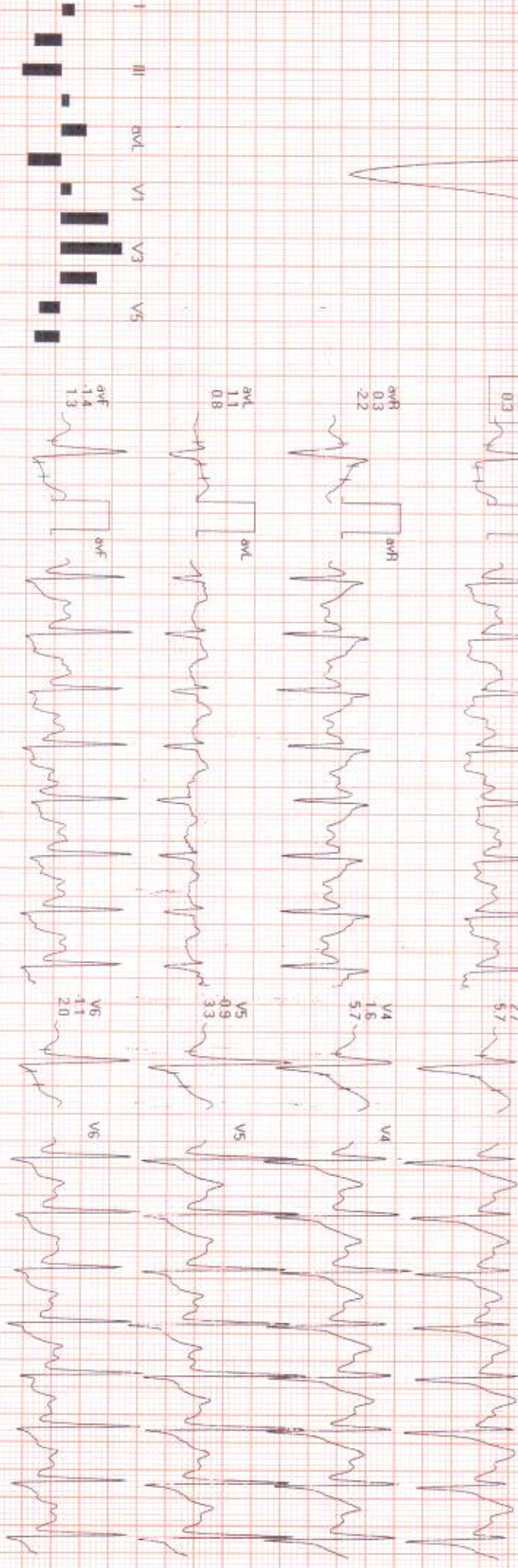
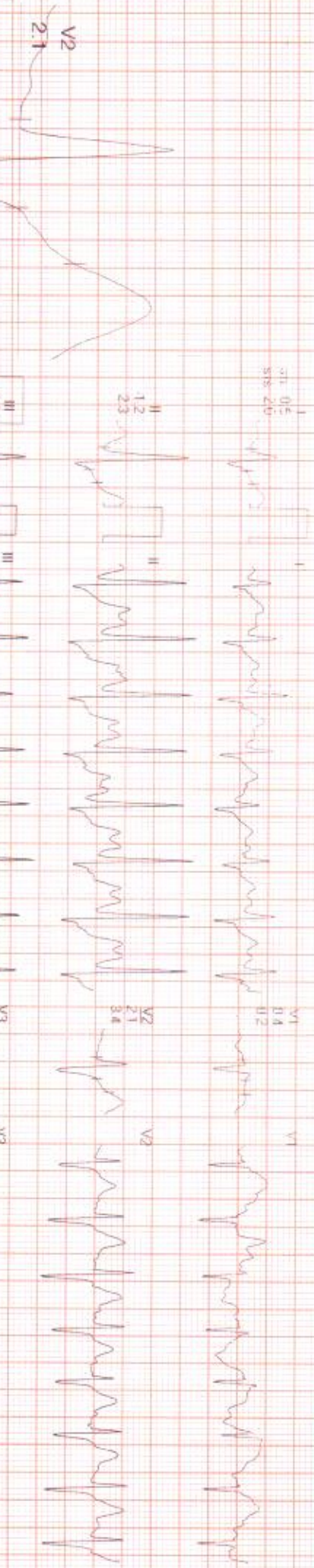
913 (2302818732) / BANDUNI PRAVESH / 37 Yrs / M / 168 Cms / 72 Kg / HR 155

Date: 28 / 01 / 2023 09:50:59 AM METS: 8.5 / 155 bpm, 85% of THR BP: 150/80 mmHg Raw ECG/BLC On/Touch On/HF 0.05 Hz/LF 35 Hz

EXTIME: 06:21 5.5 Km/Ph 14.0%

4X \$0.05 Post J

25mm/sec 1.0 Cm/AmV



REMARKS:



SUBURBAN DIAGNOSTICS KANDIVALI EAST

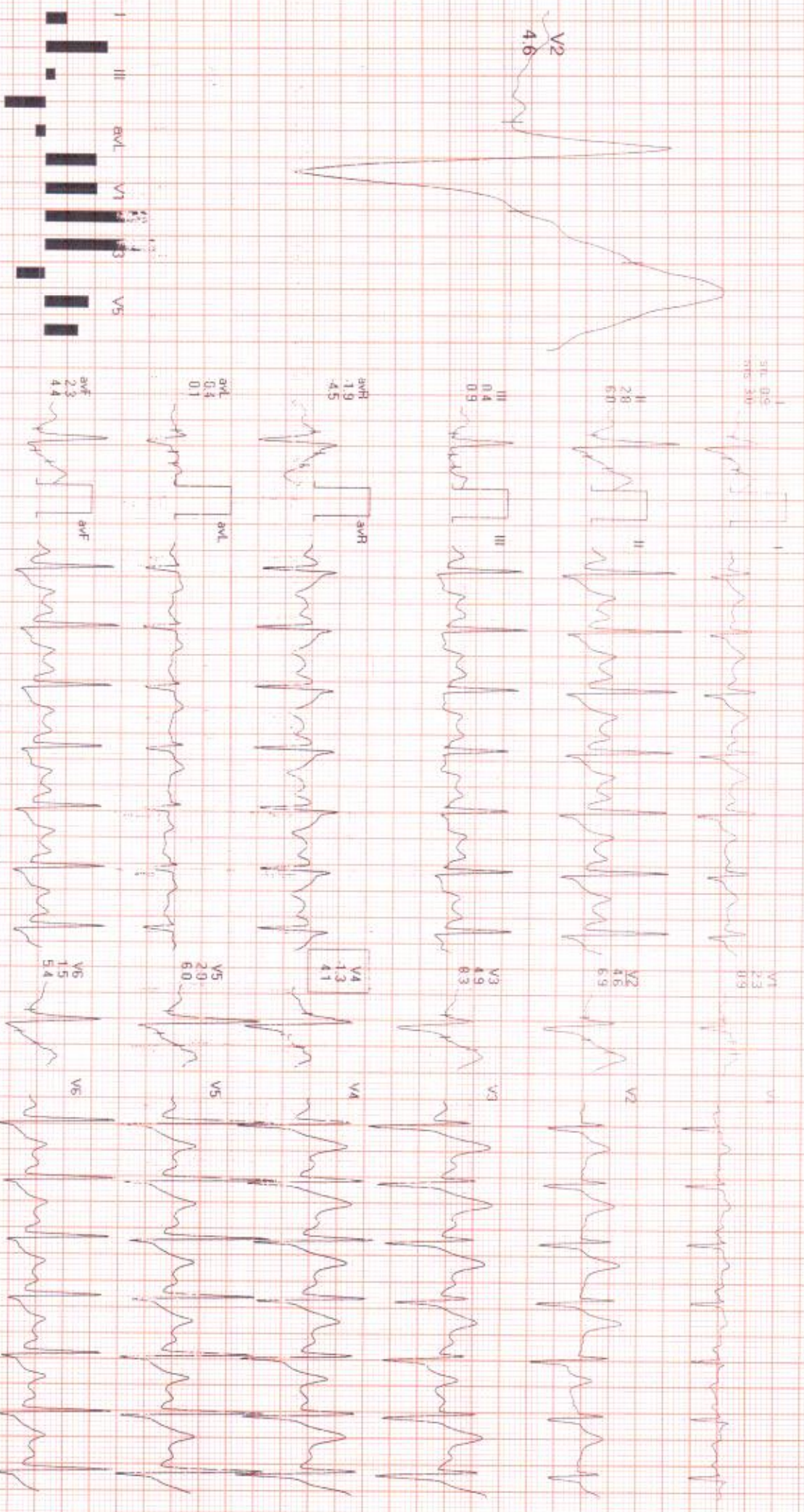
Recovery : (00:25)

913 (2302818732) / BANDUNI PRAVESH / 37 Yrs / M / 168 Cms / 72 Kg / HR : 144

Date: 28 / 01 / 2023 09:50:59 AM METS: 4.5 / 144 bpm 79% of THR BP: 150/80 mmHg Paw: ECG/BLC On/ Natch On/ HF: 0.05 Hz/ AF: 35 Hz

4X 60 x5 54H 1

Ex Time: 06:21 0.21 mph 0.0%



REMARKS



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:00)

913 (2302818732) / BANDUNI PRAVESH / 37 Yrs / M / 168 Cms / 72 Kg / HR : 101

Date: 28/01/2023 09:50:59 AM

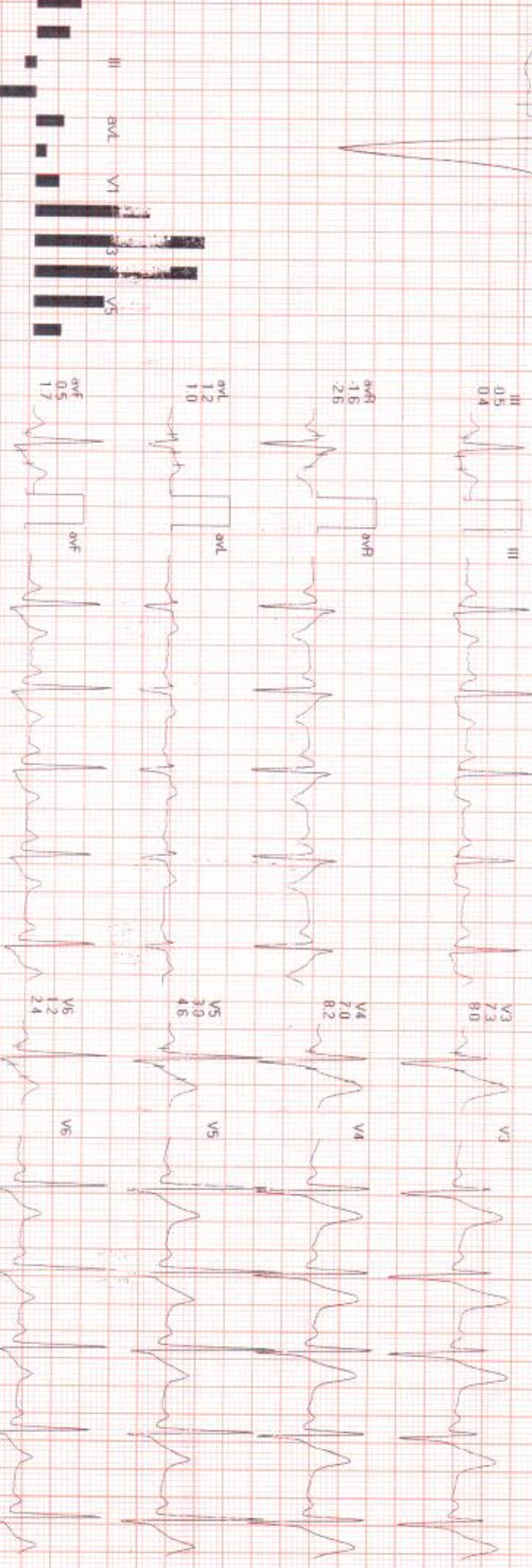
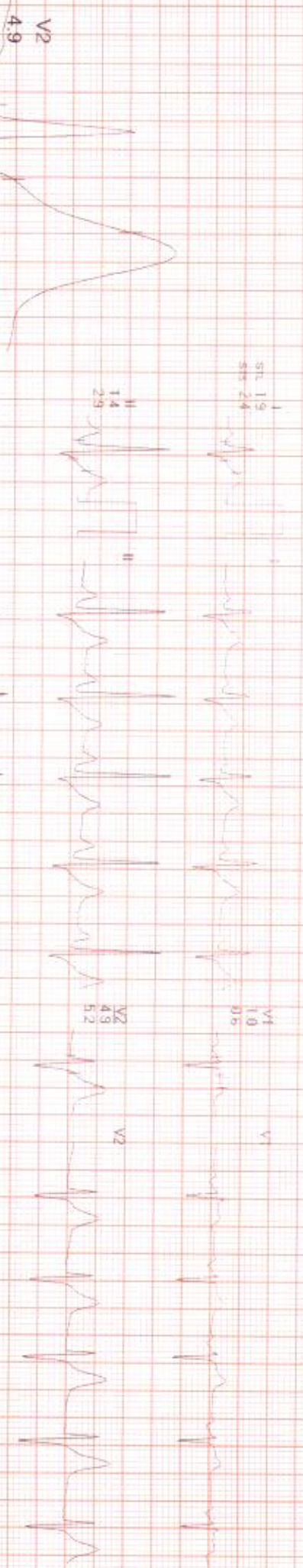
METS: 11/101 bpm 55% of THR BP: 150/80 mmHg Raw ECG/BLC Ctg/Neck Oxy/Hr 0.05 Hz/LF 75 Hz

E-Time 06:21 0.2Kmph 0.0%

AX

913 ref Post J

25mm/Sec: 1.0 Cm/mV



REMARKS



SUBURBAN DIAGNOSTICS KANDIVALI EAST

913 (2302818732) / BANDUNI PRAVESH / 37 Yrs / M / 168 Cms / 72 Kg / HR 94

Recovery : (01:15)

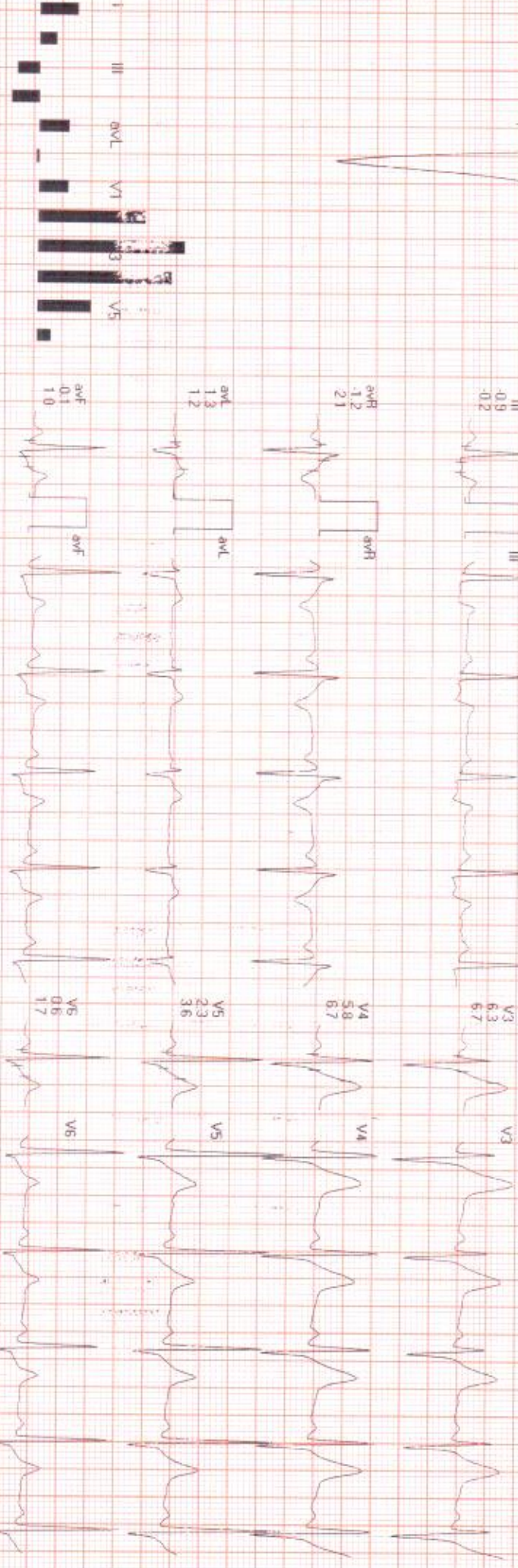
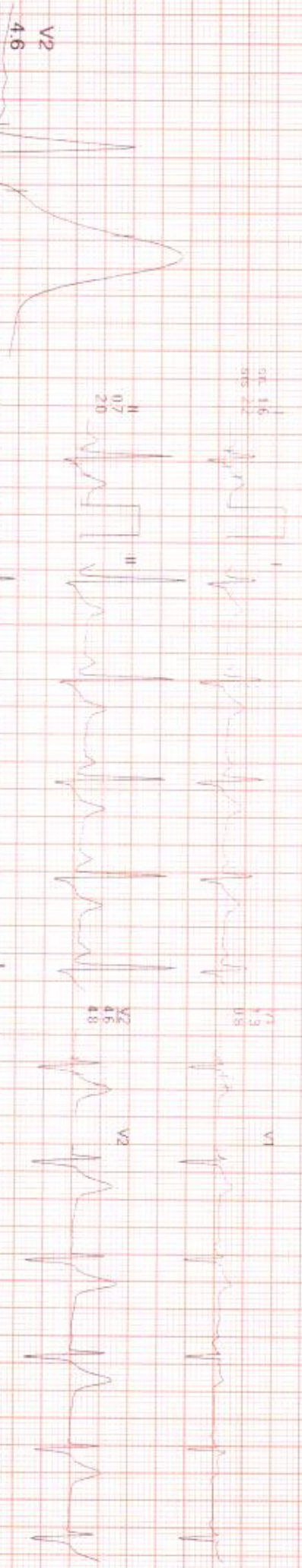


Date: 28 / 01 / 2023 09:50:59 AM METS: 1 (V/94 beats 51% of THR BP: 150/80 mmHg Paw/ECG/BL/C/Dr/Noch/Dr/HF 0.05 Hz/LF 75 Hz

ExTime: 06:21 0.0 Km/pt 0.0%

4X 90 ms Post 1

25 mm/Sec 1.0 Emph



REMARKS

