



CID : 2310001238
Name : MR.SANDIP SHINDE
Age / Gender : 38 Years / Male
Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 10-Apr-2023 / 10:20
Reported : 10-Apr-2023 / 14:33

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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	14.3	13.0-17.0 g/dL	Spectrophotometric
RBC	4.90	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.2	40-50 %	Measured
MCV	90	80-100 fl	Calculated
MCH	29.2	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	8700	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	36.8	20-40 %	
Absolute Lymphocytes	3201.6	1000-3000 /cmm	Calculated
Monocytes	6.8	2-10 %	
Absolute Monocytes	591.6	200-1000 /cmm	Calculated
Neutrophils	38.1	40-80 %	
Absolute Neutrophils	3314.7	2000-7000 /cmm	Calculated
Eosinophils	17.5	1-6 %	
Absolute Eosinophils	1522.5	20-500 /cmm	Calculated
Basophils	0.8	0.1-2 %	
Absolute Basophils	69.6	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	227000	150000-400000 /cmm	Elect. Impedance
MPV	8.4	6-11 fl	Calculated
PDW	14.9	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			



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Hypochromia	-
Microcytosis	-
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 7 2-15 mm at 1 hr. Sedimentation

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

Bmhasakar

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	86.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	98.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.59	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.2	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.39	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	20.6	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	26.0	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	32.1	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	87.9	40-130 U/L	Colorimetric
BLOOD UREA, Serum	23.0	12.8-42.8 mg/dl	Kinetic
BUN, Serum	10.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.84	0.67-1.17 mg/dl	Enzymatic



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eGFR, Serum	109	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	6.3	3.5-7.2 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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

Bmhaskar

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



MC-2111



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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	5.7	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 Borivali Lab, Borivali West

*** End Of Report ***



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.5	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<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	6-8	Less than 20/hpf	
Others	-		

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein:(1+ ~25 mg/dl, 2+ ~75 mg/dl, 3+ ~ 150 mg/dl, 4+ ~ 500 mg/dl)
- Glucose:(1+ ~ 50 mg/dl, 2+ ~100 mg/dl, 3+ ~300 mg/dl,4+ ~1000 mg/dl)
- Ketone:(1+ ~5 mg/dl, 2+ ~15 mg/dl, 3+ ~ 50 mg/dl, 4+ ~ 150 mg/dl)

Reference: Pack insert

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

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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.

Refernces:

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.VRUSHALI SHROFF
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Pathologist





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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	190.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	107.9	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	41.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	148.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	127.0	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	21.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.1	0-3.5 Ratio	Calculated

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Collected : 10-Apr-2023 / 10:20
Reported : 10-Apr-2023 / 19:06

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.2	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.67	0.35-5.5 microIU/ml	ECLIA



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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 microU/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 becuae 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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Bmhaskar

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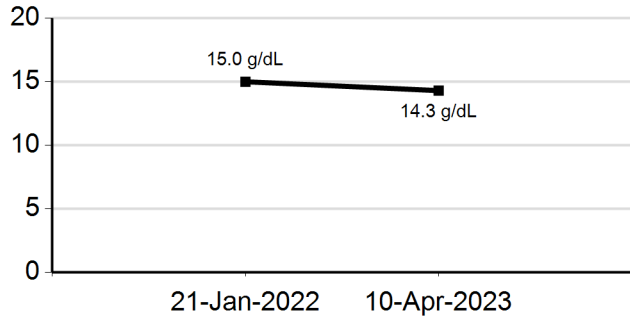




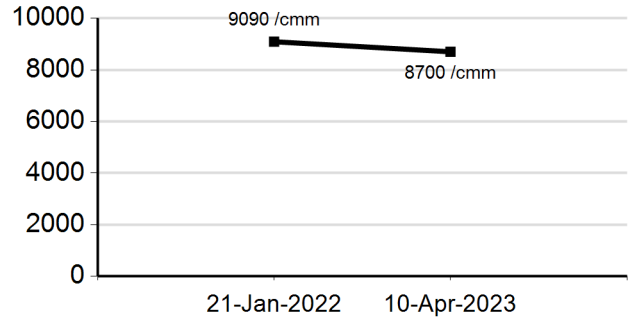
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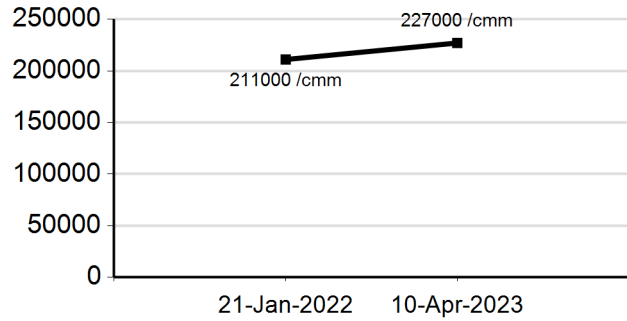
Haemoglobin



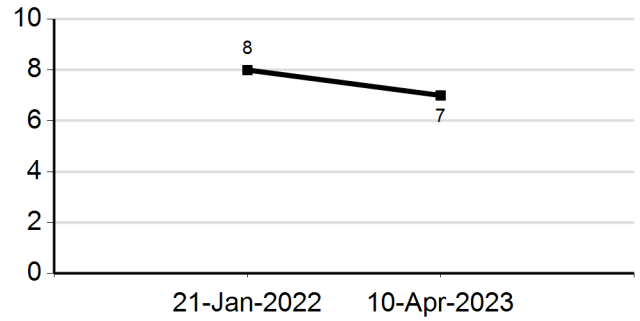
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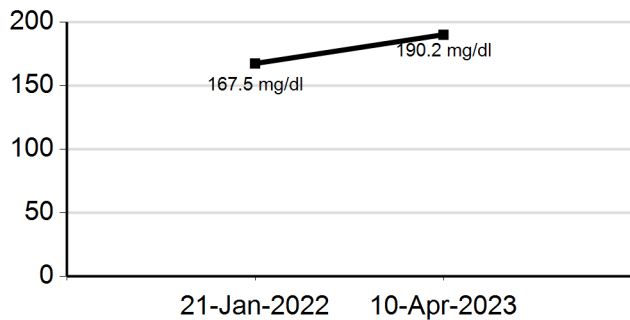
Platelet Count



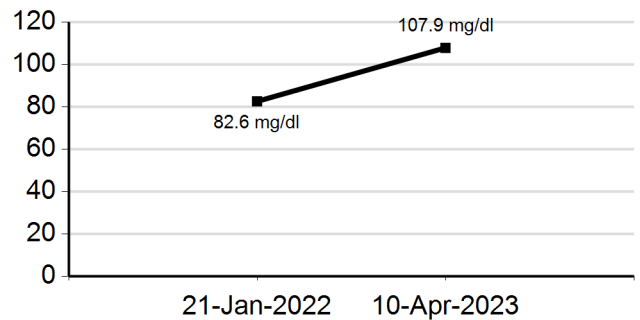
ESR



CHOLESTEROL



TRIGLYCERIDES

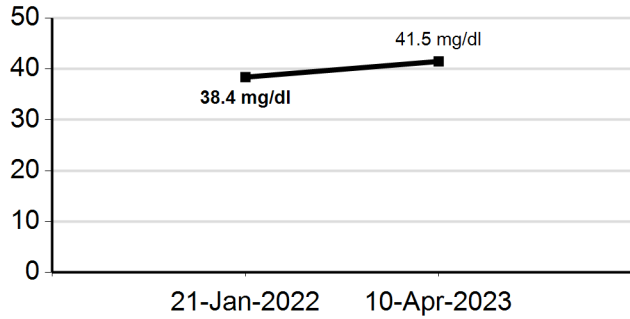




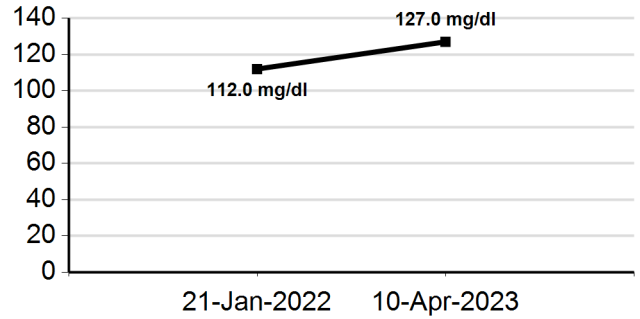
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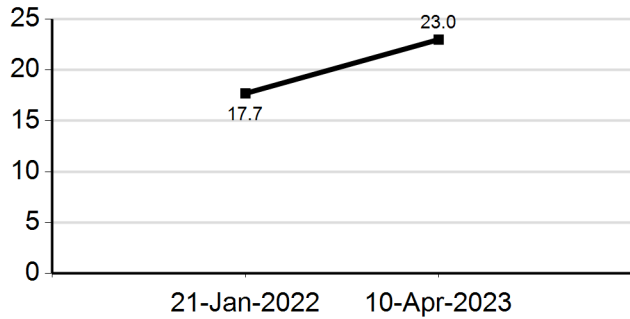
HDL CHOLESTEROL



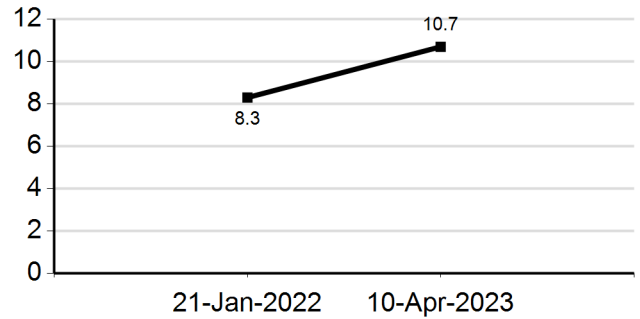
LDL CHOLESTEROL



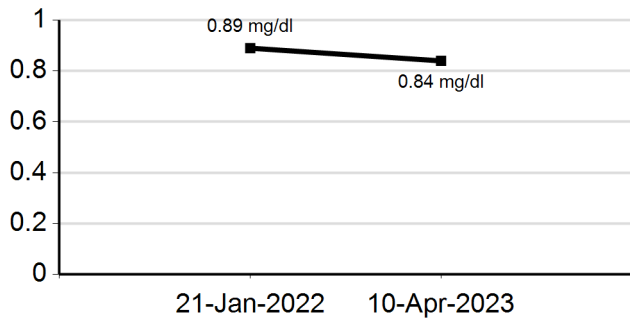
BLOOD UREA



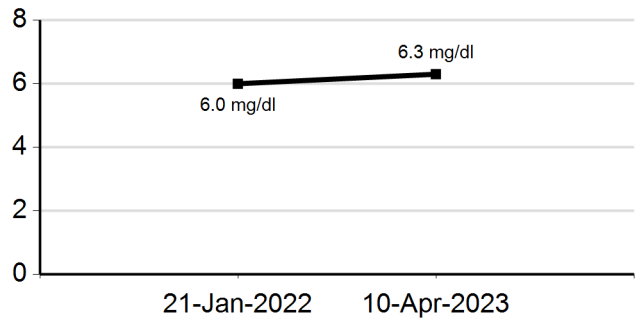
BUN



CREATININE



URIC ACID

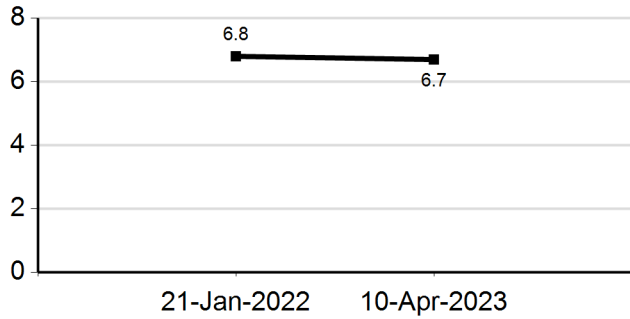




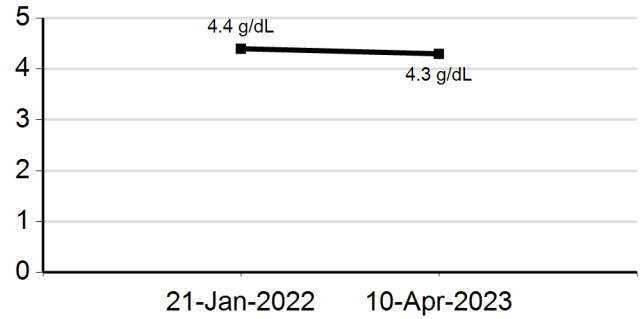
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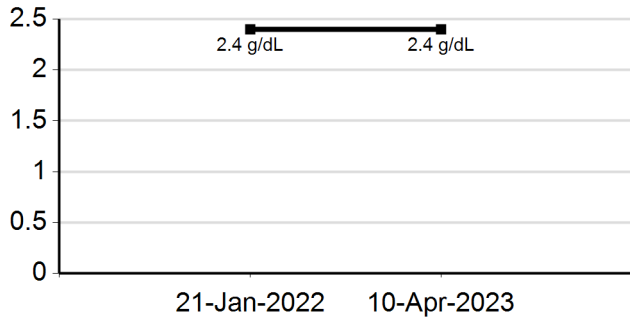
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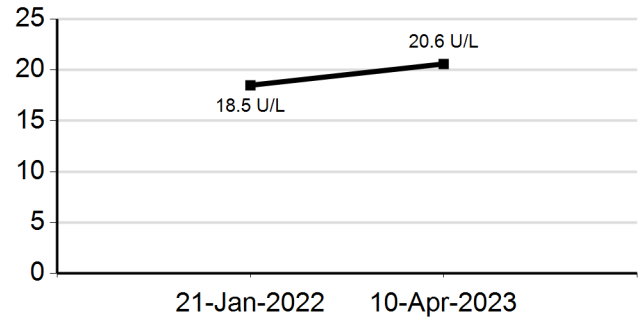
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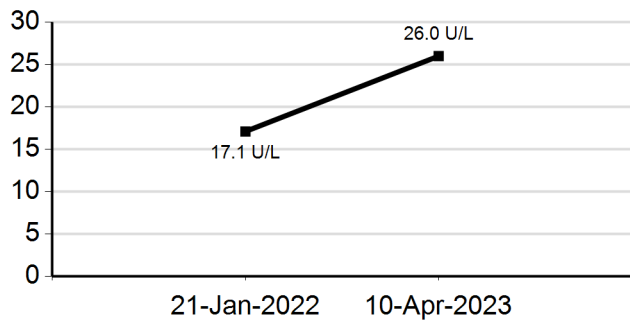
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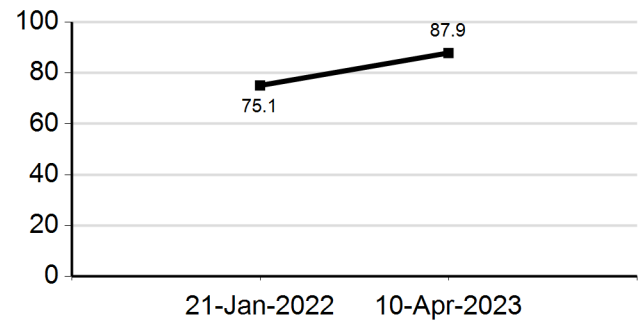
SGOT (AST)



SGPT (ALT)



ALKALINE PHOSPHATASE

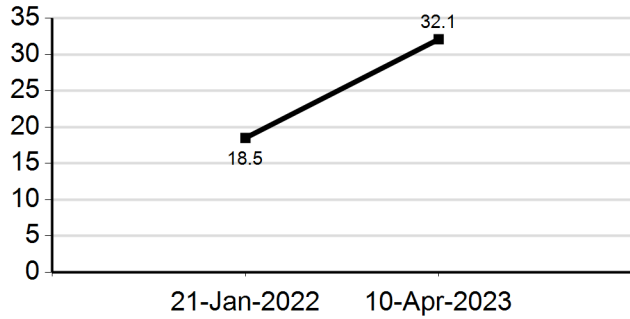




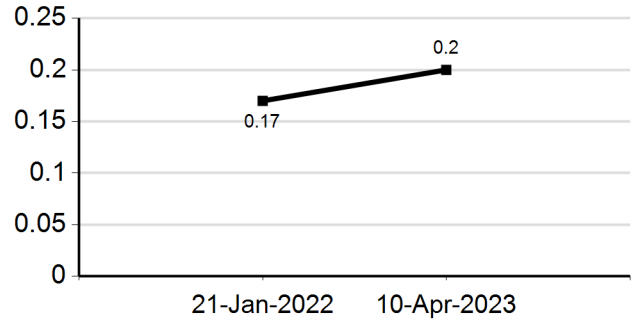
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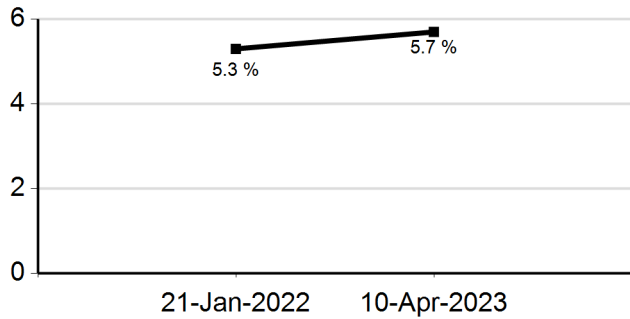
GAMMA GT



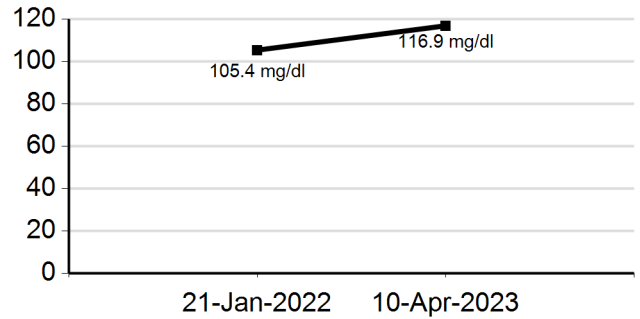
BILIRUBIN (DIRECT)



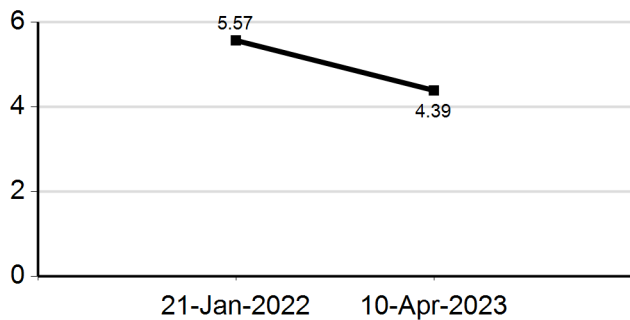
Glycosylated Hemoglobin (HbA1c)



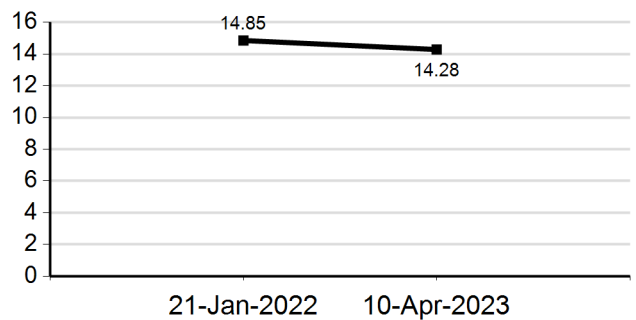
Estimated Average Glucose (eAG)



Free T3



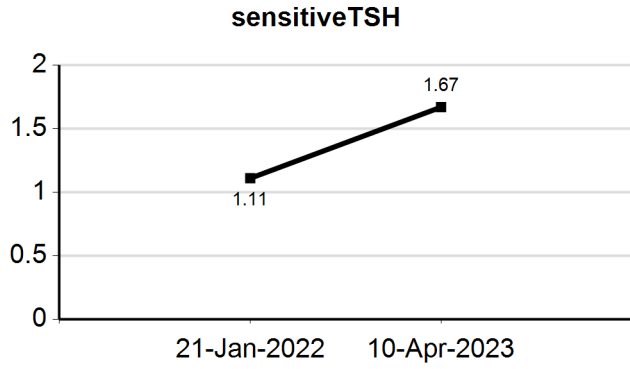
Free T4





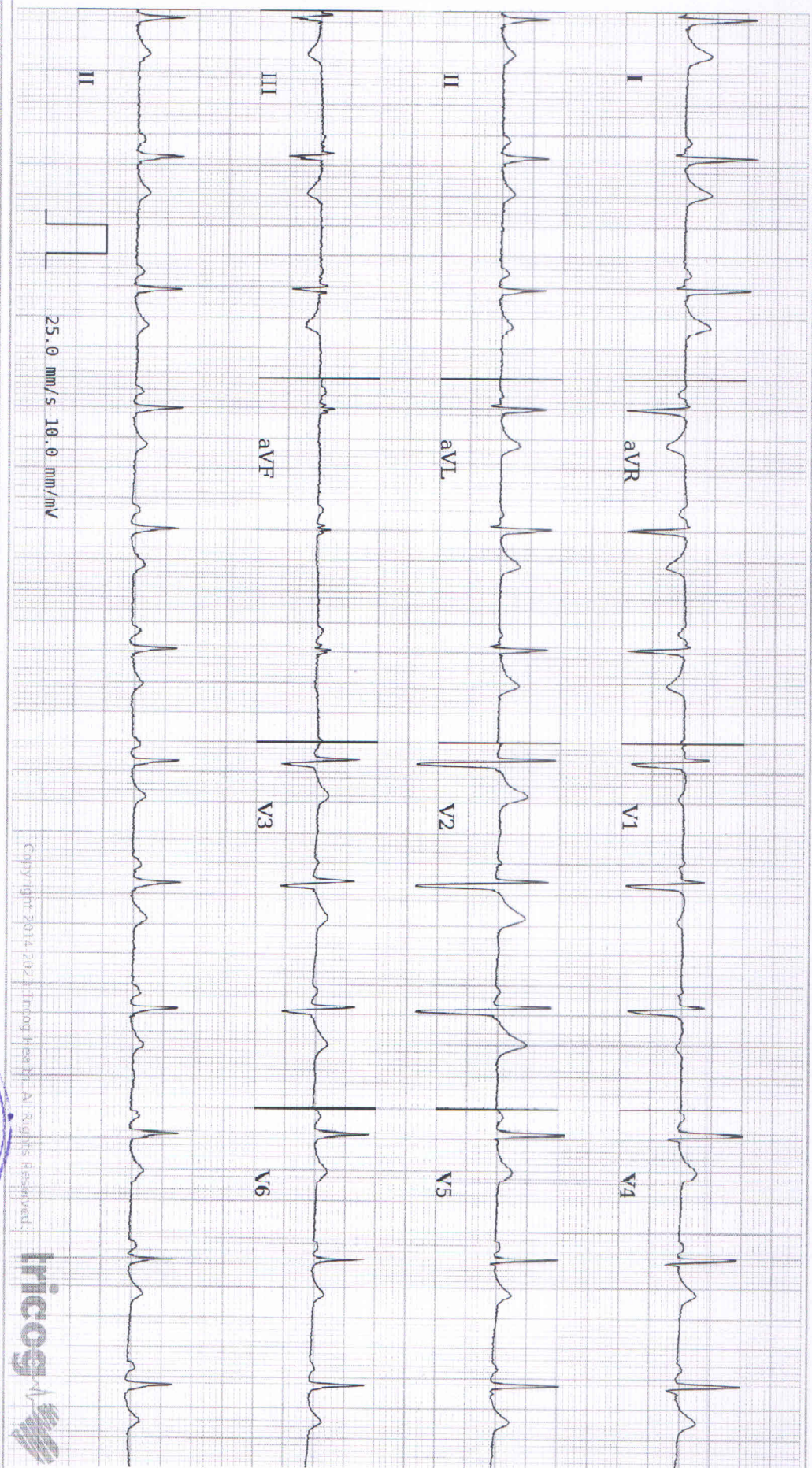
Use a QR Code Scanner
Application To Scan the Code

CID : 2310001238
Name : MR.SANDIP SHINDE
Age / Gender : 38 Years / Male
Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)



Patient Name: SANDIP SHINDE
Patient ID: 2310001238

Date and Time: 10th Apr 23 10:50 AM



25.0 mm/s 10.0 mm/mV

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Age **38** 7 **11**
years months days

Gender **Male**

Heart Rate **73bpm**

Patient Vitals

BP: 120/80 mmHg

Weight: 71 kg

Height: 163 cm

Pulse: 73 bpm

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 94ms

QT: 356ms

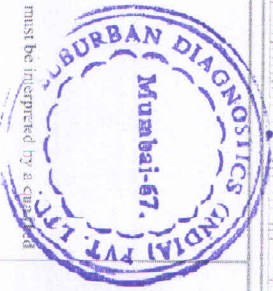
QTcB: 392ms

PR: 124ms

P-R-T: 40° 14° -1°

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

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 cardiologist physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.



REPORTED BY

[Signature]

Dr. Ajita Bhosale
M.B.B.S/P.G./D.C.C. (DIP. Cardiology)
2013062200

Date:- 10/4/23

CID: 2310061238

Name:- Mr. Sandip Shinde.

Sex / Age: m/38yrs.

EYE CHECK UP

Chief complaints: - NO

Systemic Diseases: - NO

Past history: - NO

Unaided Vision: - NO

Aided Vision: - yes. Reading glass.

Refraction: (R) 6/6 (L) 6/6.

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	/			6/6	/			6/6
Near	/			N/6	/			N/6

Colour Vision: Normal / Abnormal

Remark: Normal vision.



Name	: Mr . SANDIP SHINDE	Reg Date	: 10-Apr-2023 10:12
VID	: 2310001238	Age/Gender	: 38 Years
Ref By	: Arcofemi Healthcare Limited	Regn Centre	: Mahavir Nagar, Kandivali West (Main Centre)

History and Complaints: NIL

EXAMINATION FINDINGS:

Height (cms):	163	Weight (kg):	71.6
Temp :	Afebrile	Skin:	Normal
Blood Pressure (mm/Hg):	120/80	Nails:	Healthy
Pulse:	73/MIN	Lymph Node:	Not Palpable

Systems

Cardiovascular: S1,S2 Normal No Murmurs

Respiratory: Air Entry Bilaterally Equal

Genitourinary: NAD

GI System: Soft non tender No Organomegaly

CNS: NAD

IMPRESSION: HEALTHY.

ADVICE: REGULAR EXERCISE. HEALTHY DIET.

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 |

PERSONAL HISTORY:

SUBURBAN DIAGNOSTICS PVT LTD.

Patient Details

Date: 10-Apr-23

Time: 11:02:24 AM

Name: SANDIP SHINDE ID: 2310001238

Age: 38 y

Sex: M

Height: 163 cms

Weight: 71 Kgs

Clinical History: ROUTINE CHECK UP

Medications: NIL

Test Details

Protocol: Bruce

Pr.MHR: 182 bpm

THR: 154 (85 % of Pr.MHR) bpm

Total Exec. Time: 9 m 28 s

Max. HR: 161 (88% of Pr.MHR) bpm

Max. Mets: 13.50

Max. BP: 180 / 80 mmHg

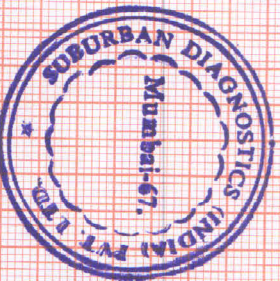
Max. BP x HR: 28980 mmHg/min

Min. BP x HR: 5360 mmHg/min

Test Termination Criteria: FATIGUE

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	1 : 6	1.0	0	0	67	120 / 80	-2.12 III	2.83 II
Standing	2 : 33	1.0	0	0	73	120 / 80	-1.49 III	-1.77 III
Hyperventilation	0 : 9	1.0	0	0	76	120 / 80	-1.06 aVR	-1.42 III
1	3 : 0	4.6	1.7	10	109	140 / 80	-1.27 III	-1.77 III
2	3 : 0	7.0	2.5	12	121	150 / 80	-1.49 III	2.48 V2
3	3 : 0	10.2	3.4	14	151	170 / 80	-2.34 III	4.25 V2
Peak Ex	0 : 28	13.5	4.2	16	161	180 / 80	-4.03 III	5.31 V2
Recovery(1)	3 : 0	1.8	1	0	80	140 / 80	-2.76 III	5.31 V2
Recovery(2)	0 : 57	1.0	0	0	92	120 / 80	-0.85 V6	2.12 I



SUBURBAN DIAGNOSTICS PVT LTD.

Patient Details

Date: 10-Apr-23

Time: 11:02:24 AM

Name: SANDIP SHINDE ID: 2310001238

Age: 38 y

Sex: M

Height: 163 cms

Weight: 71 Kgs

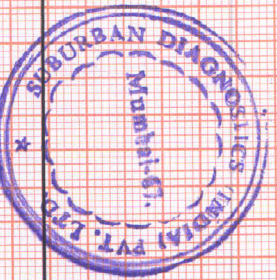
Interpretation

GOOD EFFORT TOLERANCE.
HIGH WORKLOAD ACHIEVED.
APPROPRIATE CHRONOTROPIC AND INOTROPIC RESPONSE.
NO SIGNIFICANT ST-T CHANGES AT PEAK EXERCISE.
NO SIGNIFICANT ST-T CHANGES AT RECOVERY.
NO ARRHYTHMIAS NOTED.

IMPRESSION: THIS EXERCISE STRESS TEST IS NEGATIVE FOR
REVERSIBLE INDUCIBLE ISCHEMIA.

Disclaimer: Negative stress test does not rule out Coronary Artery Disease.
Positive test is suggestive but not confirmatory of Coronary Artery Disease.
Hence, clinical correlation is mandatory.

Ref. Doctor: ARCOFEMI



(Summary Report edited by user)

Doctor: DR AJTA BHOSALE
Reg. No. 2013/062200
Cardiology
Schiller Healthcare Pvt. Ltd. V.1.53

SUBURBAN DIAGNOSTICS PVI LID.

SANDIP SHINDE (38 M)

ID: 2310001238

Date: 10-Apr-23

Exec Time : 0 m 0 s

Sage Time : 1 m 0 s

HR: 69 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 154 bpm)

B.P: 120 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

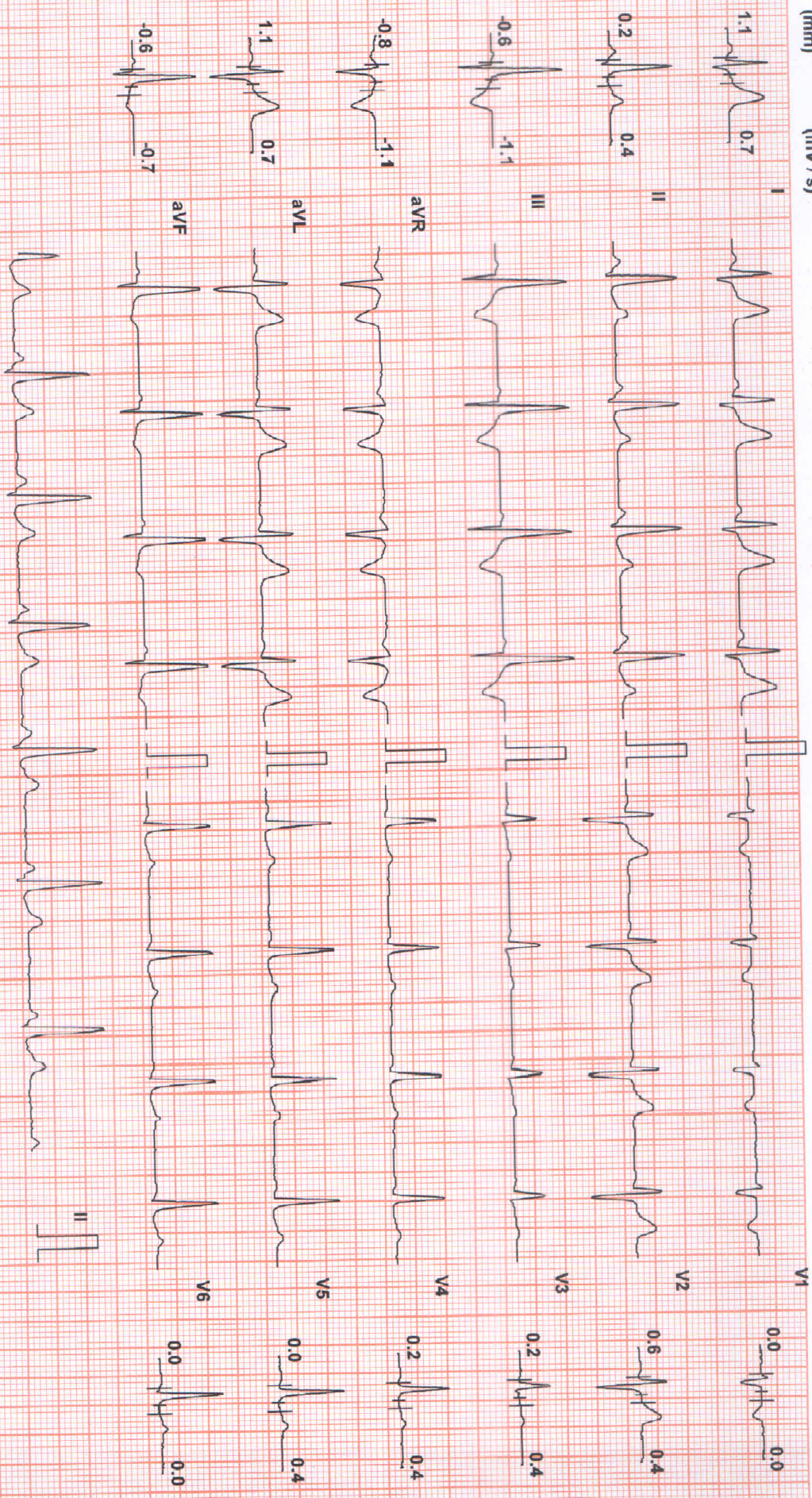


Chart Speed: 25 mm/sec
Schiller Spandon V 4.52

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SANDIP SHINDE (38 M)

ID: 2310001238

Date: 10-Apr-23

Exec Time : 0 m 0 s

Stage Time : 2 m 27 s HR: 73 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 154 bpm)

B.P: 120 / 80

ST Level (mm) ST Slope (mV / s)

ST Level (mm) ST Slope (mV / s)

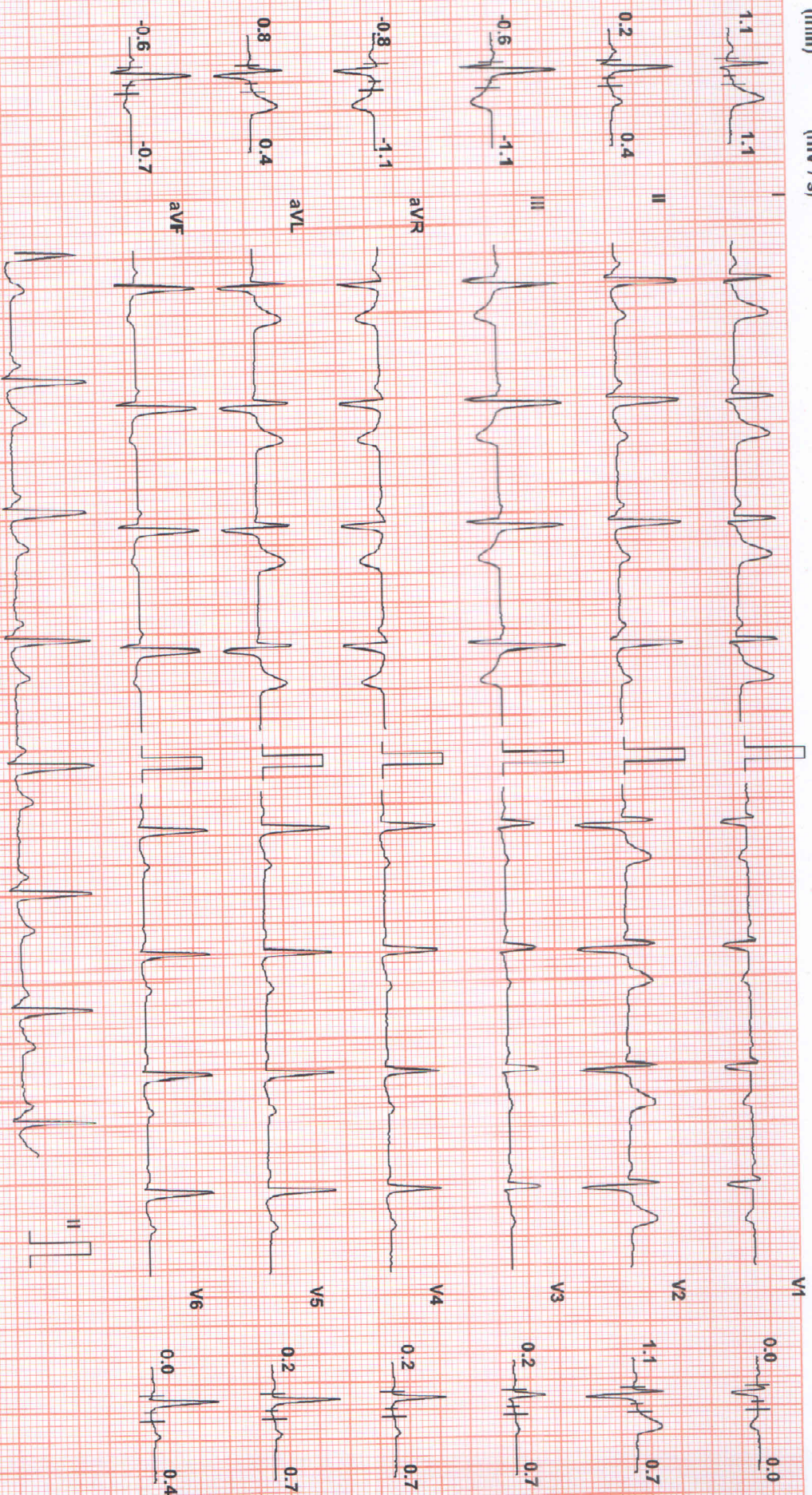


Chart Speed: 25 mm/sec
Schiller Spardan V 4.52

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 50 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

SANDIP SHINDE (38 M)

ID: 2310001238

Date: 10-Apr-23

Exec Time : 0 m 0 s

Stage Time : 0 m 3 s

HR: 79 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

THR: 154 bpm

B.P: 120 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

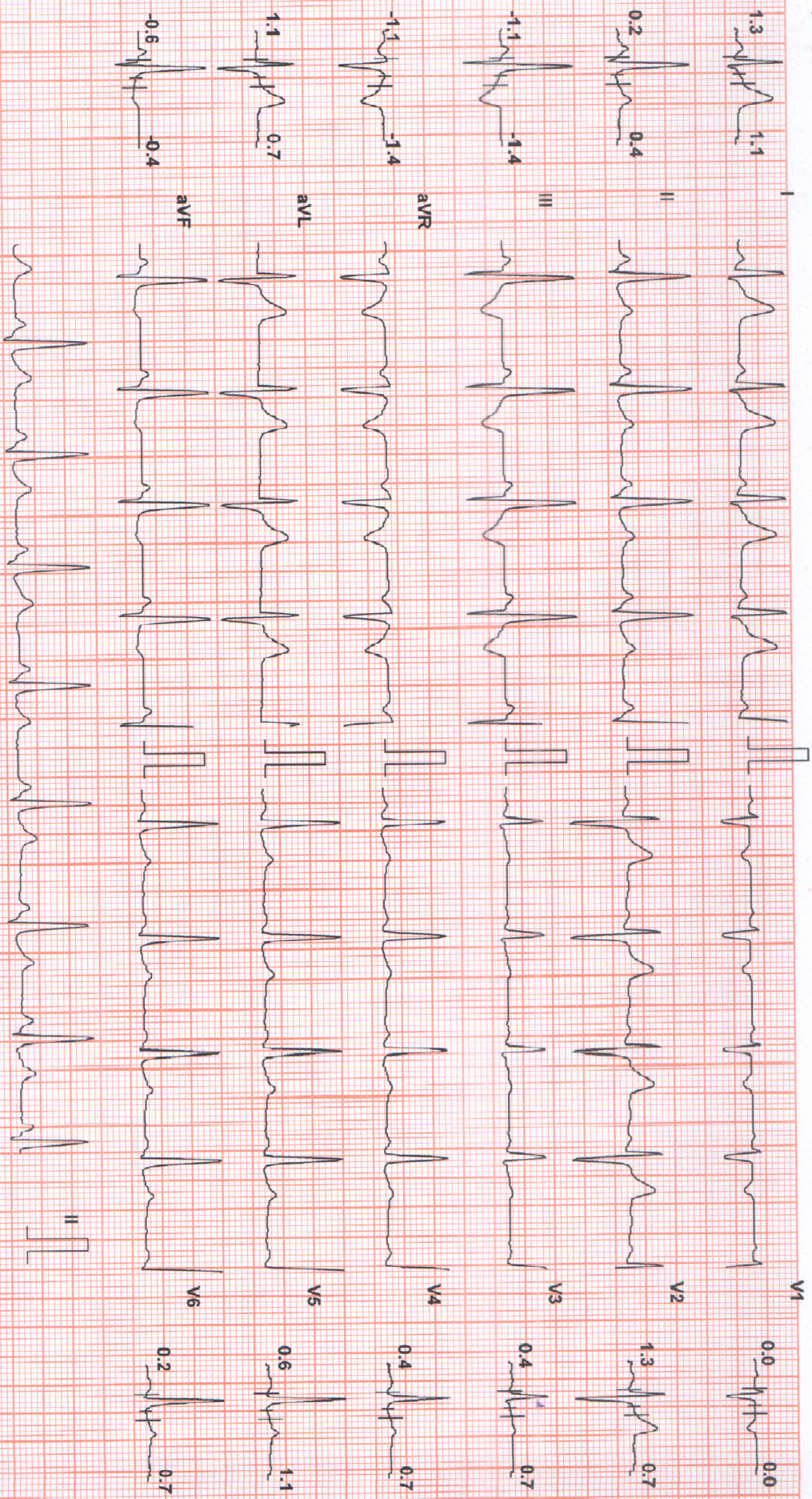


Chart Speed: 25 mm/sec
Schlier Spandan V 4.52

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 50 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SANDIP SHINDE (38 M)

ID: 2310001238

Date: 10-Apr-23

Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 111 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 154 bpm)

B.P: 140 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

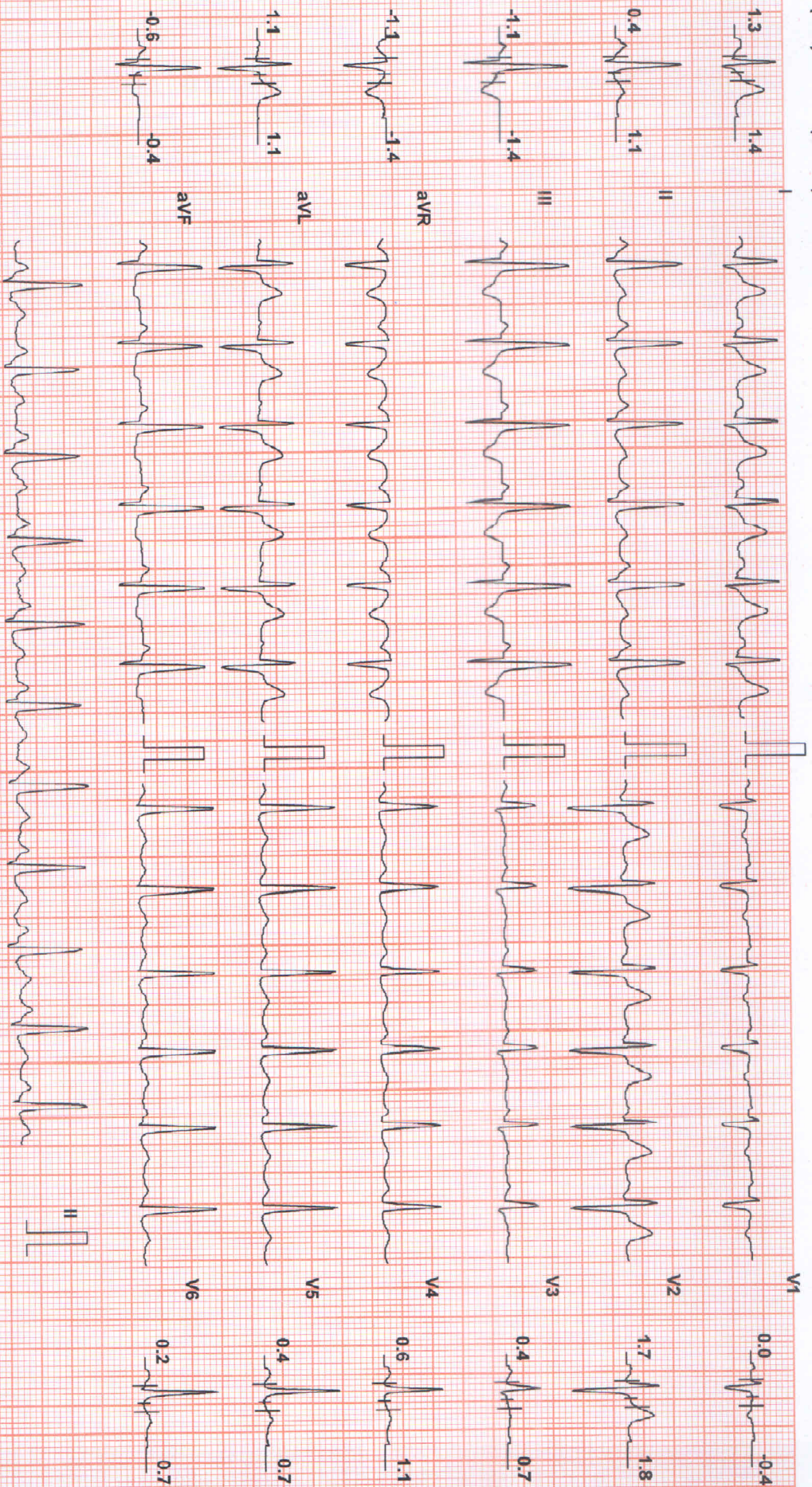


Chart Speed: 25 mm/sec
Schlitz Spandan V.4.52

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISC = R - 50 ms

J = R + 50 ms

Post J = J + 60 ms

Linked Median



SANDIP SHINDE (38 M)

ID: 2310001238

Date: 10-Apr-23

Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 123 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 154 bpm)

B.P: 150 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

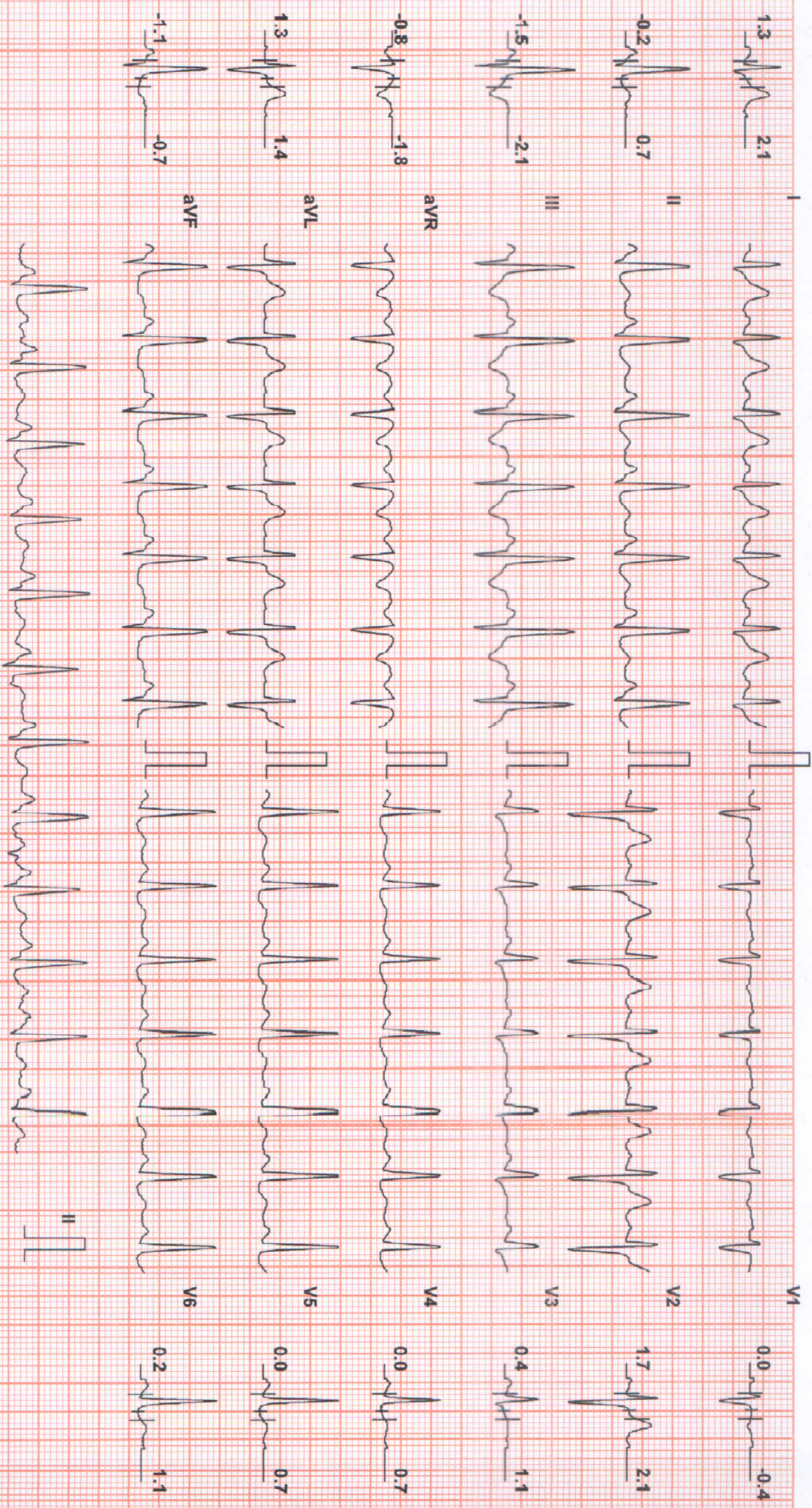


Chart Speed: 25 mm/sec
Schiller Spardan V 4.52

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 64 ms

J = R + 50 ms

Post J = J + 60 ms

Linked Median



SANDIP SHINDE (38 M)

ID: 2310001238

Date: 10-Apr-23

Exec Time : 8 m 54 s Stage Time : 2 m 54 s

HR: 151 bpm

Protocol: Bruce

Stage: 3

Speed: 3.4 mph

Grade: 14 %

[THR: 154 bpm]

B.P: 170 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

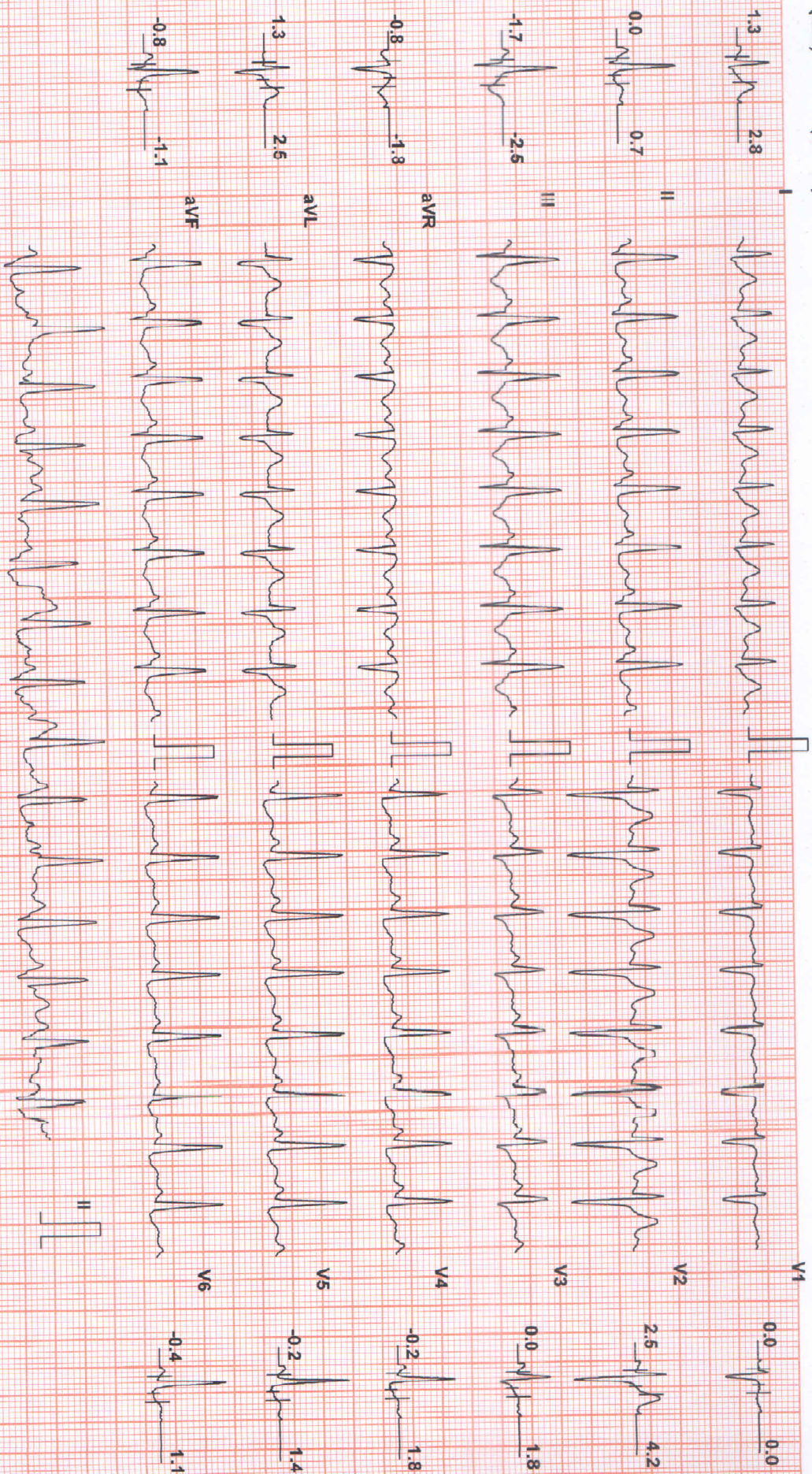


Chart Speed: 25 mm/sec
Schiller Spandam V 4.52

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms

J = P + 60 ms

Post J = J + 60 ms

Linked Median



SANDIP SHINDE (38 M)

ID: 2310001238

Date: 10-Apr-23

Exec Time : 9 m 22 s Stage Time : 0 m 22 s HR: 160 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 4.2 mph

Grade: 16 %

(THR: 154 bpm)

B.P: 180 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

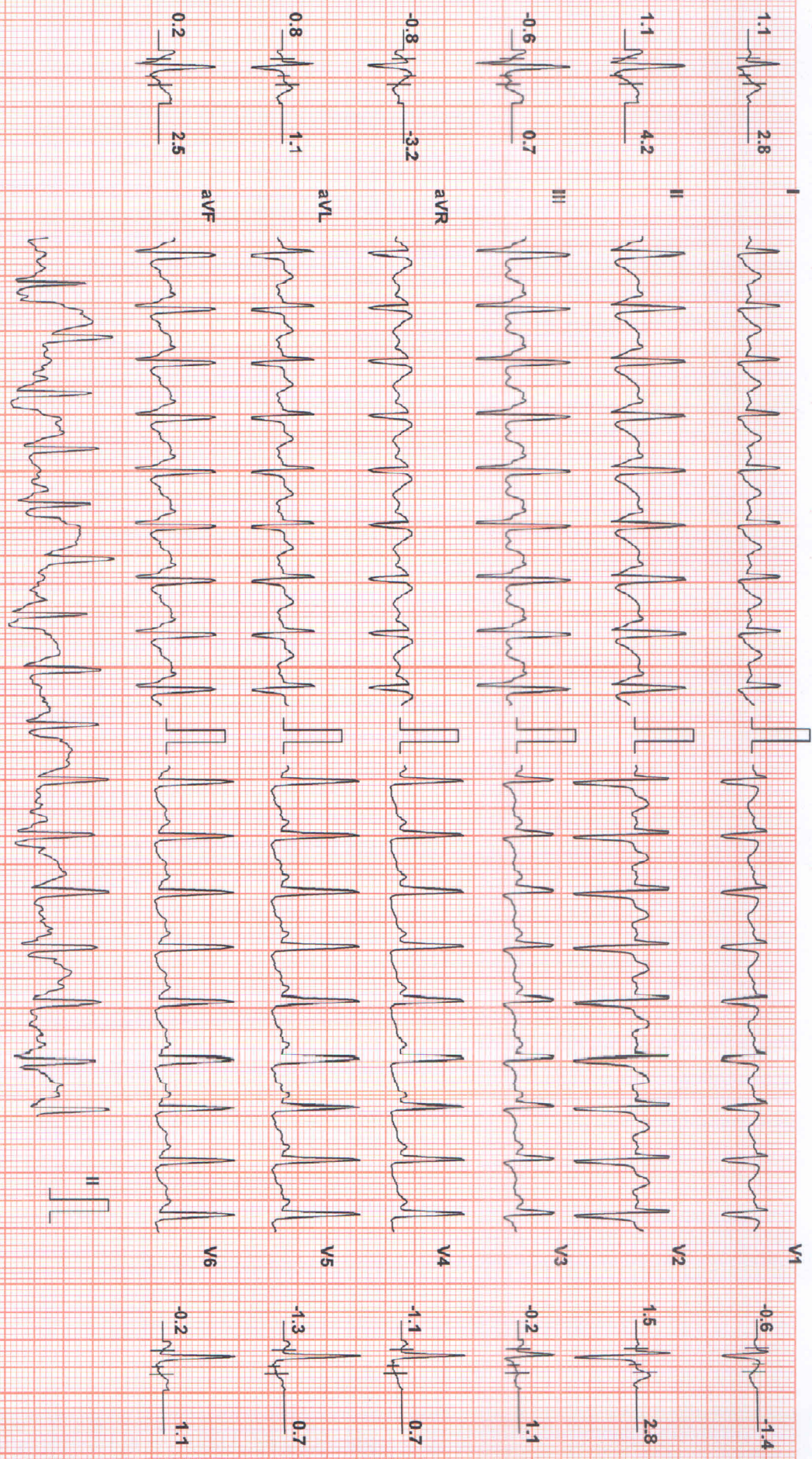


Chart Speed: 25 mm/sec
Schlitz Spandau V 4.52

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 50 ms

Post J = J + 60 ms

Linked Median

SANDIP SHINDE (38 M)

ID: 2310001238

Date: 10-Apr-23

Exec Time : 9 m 28 s Stage Time : 2 m 54 s HR: 80 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 154 bpm)

B.P: 140 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

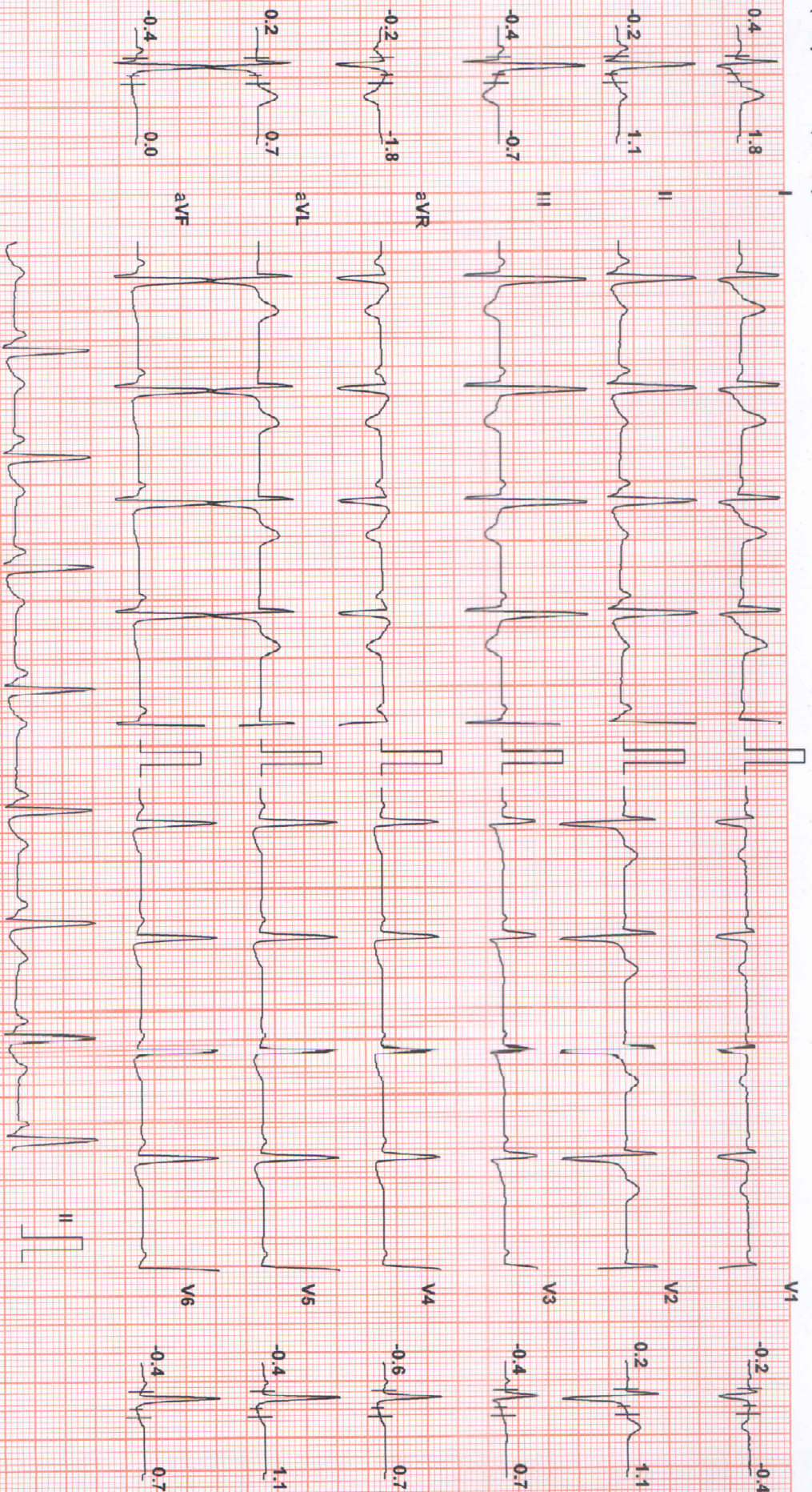


Chart Speed: 25 mm/sec
Schiller Spardan V.4.52

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 50 ms

Post J = J + 60 ms

Linked Median



SANDIP SHINDE (38 M)

ID: 2310001238

Date: 10-Apr-23

Exec Time : 9 m 28 s Stage Time : 0 m 51 s HR: 87 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 154 bpm)

B.P: 120 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

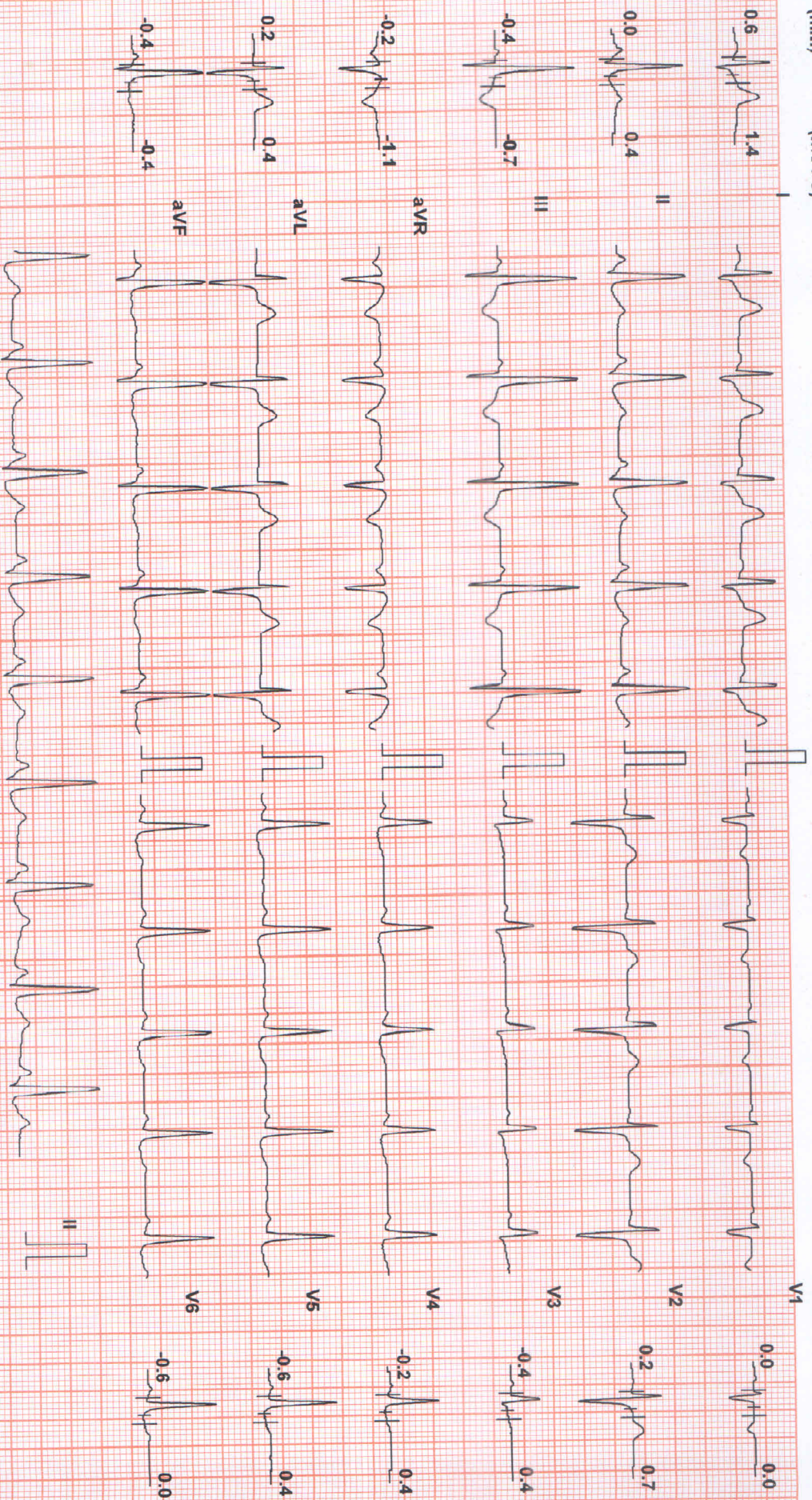


Chart Speed: 25 mm/sec
Schiller Spankan V 4.52

Filter: 35 Hz

Mans Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median





CID : 2310001238
Name : Mr SANDIP SHINDE
Age / Sex : 38 Years/Male
Ref. Dr :
Reg. Location : Mahavir Nagar, Kandivali West Main Centre
Reg. Date : 10-Apr-2023
Reported : 10-Apr-2023/12:16

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (12.2 cm), echotexture, shape and smooth margins. **It shows raised echogenicity.** 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:

Pancreas is partially visualized due to overlying bowel gases. No evidence of solid or cystic mass lesion in visualized pancreas.

KIDNEYS:

Right kidney measures 8.6 x 4.5 cm. Left kidney measures 9.3 x 4.7 cm.
Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus or hydronephrosis seen.

SPLEEN:

The spleen is normal in size (9.6 cm) and echotexture. No evidence of focal lesion is noted.

URINARY BLADDER:

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

PROSTATE:

The prostate is normal measuring 3.3 x 2.8 x 2.7 cm, volume 13.2 cc.



Use a QR Code Scanner
Application To Scan the Code

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Name : Mr SANDIP SHINDE
Age / Sex : 38 Years/Male
Ref. Dr :
Reg. Location : Mahavir Nagar, Kandivali West Main Centre
Reg. Date : 10-Apr-2023
Reported : 10-Apr-2023/12:16

IMPRESSION:-

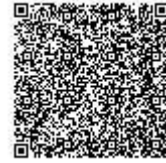
- **Grade I fatty liver**

ADVICE: Clinical correlation

(Above USG report is subject to findings evident at the time of scan & associated bowel gases. This modality has its own limitations & should be considered as a professional opinion. Clinical correlation is advised to arrive at a diagnosis. This report cannot be used for medico - legal purposes)

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

Dr. Chirag Patel
Consultant Radiologist
M.B.B.S, MD (Radiologist)
Reg. No. MMC 20170773319



Use a QR Code Scanner
Application To Scan the Code

CID : 2310001238
Name : Mr SANDIP SHINDE
Age / Sex : 38 Years/Male
Ref. Dr :
Reg. Location : Mahavir Nagar, Kandivali West Main
Centre

Reg. Date : 10-Apr-2023
Reported : 10-Apr-2023/12:16



CID : 2310001238
Name : Mr SANDIP SHINDE
Age / Sex : 38 Years/Male
Ref. Dr :
Reg. Location : Mahavir Nagar, Kandivali West Main Centre
Reg. Date : 10-Apr-2023
Reported : 10-Apr-2023/13:09

X-RAY CHEST PA VIEW

Mid expiratory radiograph

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-----

Dr. Chirag Patel
Consultant Radiologist
M.B.B.S, MD (Radiologist)
Reg. No. MMC 20170773319



Use a QR Code Scanner
Application To Scan the Code

CID : 2310001238
Name : Mr SANDIP SHINDE
Age / Sex : 38 Years/Male
Ref. Dr :
Reg. Location : Mahavir Nagar, Kandivali West Main
Centre

Reg. Date : 10-Apr-2023
Reported : 10-Apr-2023/13:09
