

CID# : 2308109135

Name : MR.NITIN GHARDE

Age / Gender : 33 Years/Male

Consulting Dr. :

Collected : 22-Mar-2023 / 09:00

Reg.Location : Kandivali East (Main Centre)

Reported : 23-Mar-2023 / 09:41

PHYSICAL EXAMINATION REPORT

History and Complaints:

No

EXAMINATION FINDINGS:

Height (cms): 174 cms

Temp (0c): Afebrile

Blood Pressure (mm/hg): 110/70

Pulse: 72/min

Weight (kg): 70 kgs

Skin: Normal

Nails: Normal

Lymph Node: Not palpable

Systems

Cardiovascular: Normal

Respiratory: Normal

Genitourinary: Normal

GI System: Normal

CNS: Normal

IMPRESSION:

ECA - Early atherosclerosis
of Ascending ST. seg

ADVICE:

Adv
2-D ECHO

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Collected : 22-Mar-2023 / 09:00
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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 | Occasionally |
| 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.
Tel : 61700000

J. Gharde

Date:- 22/3/23

CID: 2308109135

Name:- Mrs. Nitin Chaudhary

Sex/Age: M/33

EYE CHECK UP

Chief complaints: Routine check

Systemic Diseases: NO H/O S/I

Past history: NO H/O Ocular sx/ingray

Unaided Vision: 6/9 6/9

Aided Vision:

Refraction: *Cons. Normal*

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	-0.25	-0.25	40°	6/6P	-0.50	-0.75	140°	6/6
Near				6/6				6/6

Colour Vision: Normal / Abnormal

Remark: Vn within normal limit
Adv. refraction and glasses

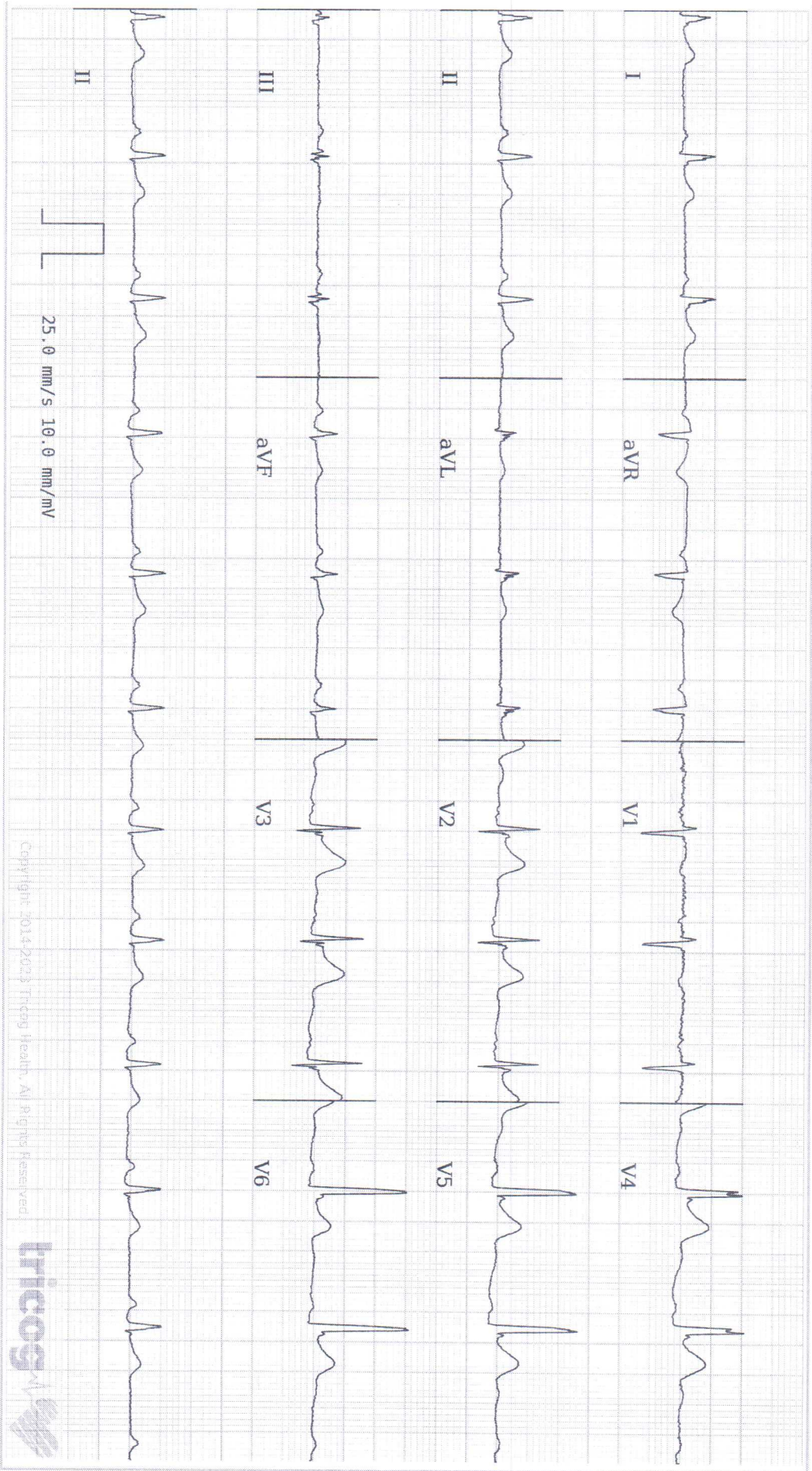
Kajal H.
KAJAL NAGRECHA
OPTOMETRIST

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

Patient Name: **NTTN GHARDE**

Patient ID: **2308109135**

Date and Time: **22nd Mar 23 9:59 AM**



Age **33** 11 26
years months days

Gender **Male**

Heart Rate **69bpm**

Patient Vitals

BP: 110/70 mmHg

Weight: 70 kg

Height: 174 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

Measurements

QRSD: 92ms

QT: 382ms

QTc: 409ms

PR: 162ms

P-R-T: 66° 37° 36°

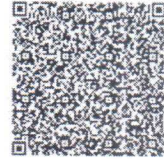
REPORTED BY

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



ECG Within Normal Limits: Sinus Rhythm, Early repolarization with an ascending ST segment. 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 qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.



Use a QR Code Scanner
Application To Scan the Code

CID : 2308109135
Name : Mr NITIN GHARDE
Age / Sex : 33 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 22-Mar-2023
Reported : 22-Mar-2023 / 10:26

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 visualised 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 10.0 x 4.5 cm. Left kidney measures 10.5 x 5.0 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 20 cc.

IMPRESSION:

No significant abnormality is seen.

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

Khilji Faizur

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032209010849>



CID : 2308109135
Name : Mr NITIN GHARDE
Age / Sex : 33 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 22-Mar-2023
Reported : 22-Mar-2023 / 10:11

Use a QR Code Scanner
Application To Scan the Code

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-----

Khilji Faizur

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

Click here to view images [http://3.111.232.119/iRISViewer/NeoradViewer?](http://3.111.232.119/iRISViewer/NeoradViewer?Access)
Access

sessionNo=2023032209010857

SUBURBAN DIAGNOSTICS KANDIVALI EAST

Report



Email:

1293 (2308109135) / NITIN GHARDE / 33 Yrs / M / 174 Cms / 70 Kg
 Date: 22 / 03 / 2023 11:14:24 AM Refd By : AERCOFEMI Examined By: DR.AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:05	0:05	00.0	00.0	01.0	073	39 %	110/70	080	00	
Standing	00:23	0:18	00.0	00.0	01.0	078	42 %	110/70	085	00	
HV	00:31	0:08	00.0	00.0	01.0	087	47 %	110/70	095	00	
ExStart	00:46	0:15	00.0	00.0	01.0	091	49 %	110/70	100	00	
BRUCE Stage 1	03:46	3:00	02.7	10.0	04.7	114	61 %	110/70	125	00	
BRUCE Stage 2	06:46	3:00	04.0	12.0	07.1	138	74 %	110/70	151	00	
BRUCE Stage 3	09:46	3:00	05.5	14.0	10.2	163	87 %	140/98	228	00	
PeakEx	10:49	1:03	06.8	16.0	11.4	175	94 %	140/98	245	00	
Recovery	11:49	1:00	00.2	00.0	04.2	156	83 %	160/90	249	00	
Recovery	12:31	1:43	00.0	00.0	01.0	149	80 %	160/90	238	00	

FINDINGS :

Exercise Time : 10:03
 Initial HR (ExStrt) : 91 bpm 49% of Target 187
 Initial BP (ExStrt) : 110/70 (mm/Hg)
 Max WorkLoad Attained : 11.4 Good response to induced stress
 Duke Treadmill Score : 03.1
 Test End Reasons : , Heart Rate Achieved

Max HR Attained: 175 bpm 94% of Target 187
 Max BP Attained: 160/90 (mm/Hg)

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 Tel: 61700000

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

Doctor : DR.AKHIL PARULEKAR





EMail: 1293 / NITIN GHARDE / 33 Yrs / M / 174 Cms / 70 Kg Date: 22 / 03 / 2023 11:14:24 AM Refd By : AERCOFEMI

REPORT :

Heart Rate 174.0 bpm
Systolic BP 160.0 mmHg Diastolic BP 90.0 mmHg
Exercise Time 10:03 Mins. Ectopic Beats 0.0
METS 11.4 Test End Reason , Heart Rate Achieved Target Heart Rate 94% of 187

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 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.

Dr. Akhil P. Parulekar.

M.B.B.S. (D. Medicine)
D.N.B. Cardiology
Reg. No. 2012082483

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Tel : 61700600

Doctor : DR. AKHIL PARULEKAR

SUBURBAN DIAGNOSTICS KANDIVALI EAST

SUPINE (00:05)



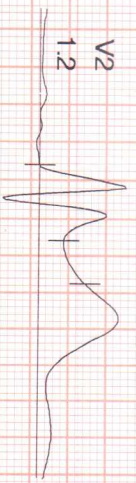
1293 (2308109135) / NITIN GHARDE / 33 Yrs / M / 174 Cms / 70 Kg / HR : 76

Date: 22/03/2023 11:14:24 AM METS: 1.0/76 bpm 41% of THR BP: 110/70 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 KmPh, 0.0%

4X 70 mS Post J

25 mm/Sec 1.0 Cm/mV



STL 0.7
STS 0.6

I 1.0
II 0.7

III 0.3
aVL 0.2

avR -0.9
aVF -0.7

avL 0.2
aVF 0.2

avR 0.7
aVL 0.5

V1 0.0
V2 -0.1

V2 1.2
V3 0.9

V3 1.9
V4 1.3

V4 1.3
V5 0.8

V5 0.9
V6 0.7

V6 0.8
V5 0.5

REMARKS:
I avR avL V1 V3 V5
II avR avF V2 V4 V6





1293 (2308109135) / NITIN GHARDE / 33 Yrs / M / 174 Cms / 70 Kg / HR : 78

Date: 22 / 03 / 2023 11:14:24 AM

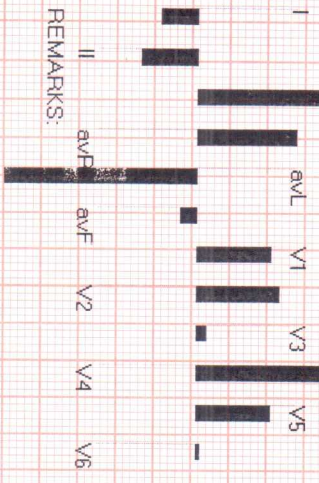
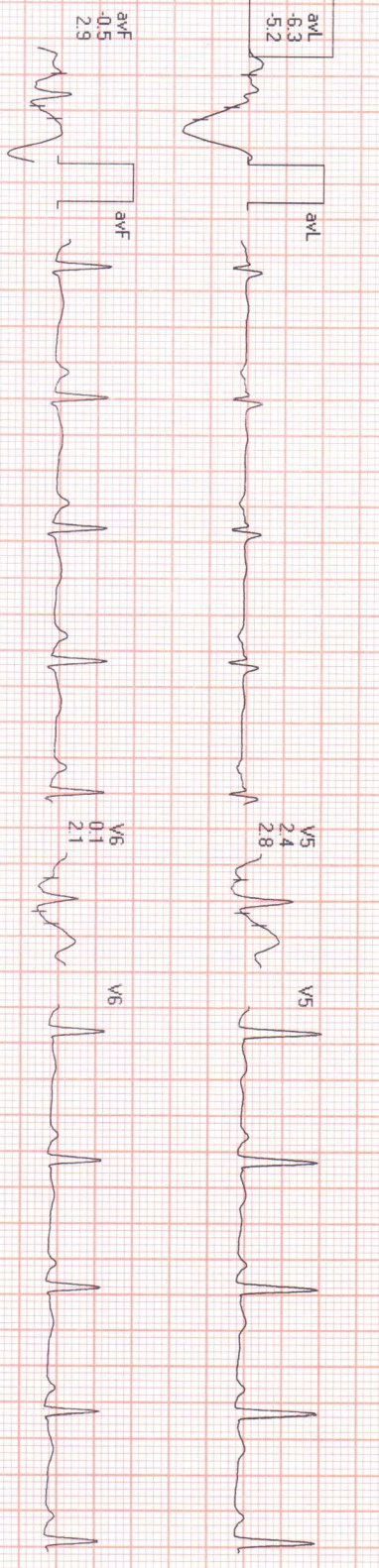
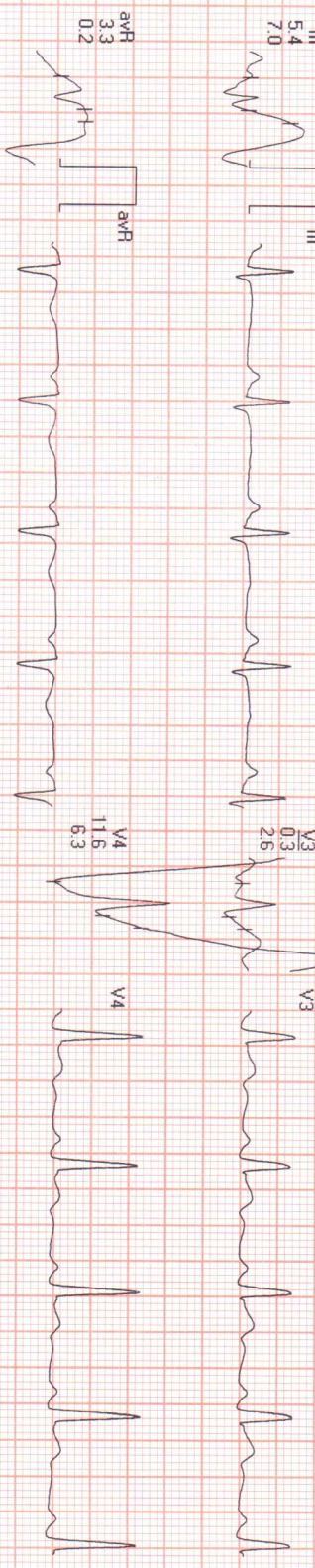
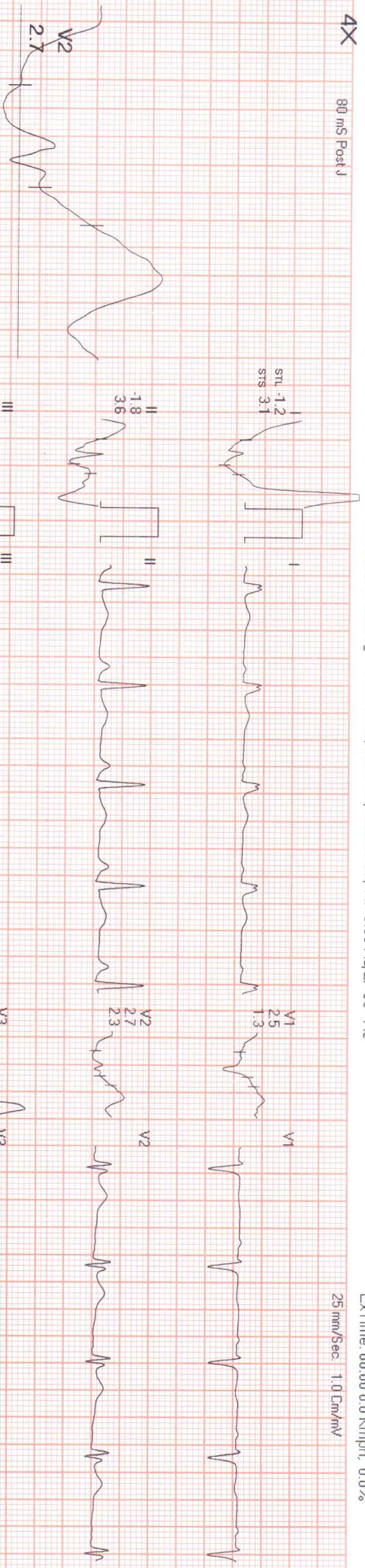
METS: 1.0/ 78 bpm 42% of THR BP: 110/70 mmHg

Raw ECG/BLC On/ Natch On/ HF 0.05 Hz/LF 35 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 (00:08)



1293 (2308109135) / NITIN GHARDE / 33 Yrs / M / 174 Cms / 70 Kg / HR : 87

Date: 22 / 03 / 2023 11:14:24 AM

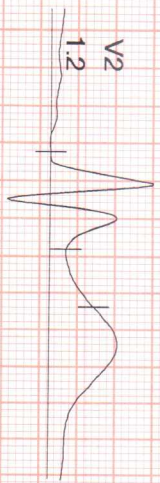
METS: 1.0 / 87 bpm 47% of THR BP: 110/70 mmHg Raw ECG/ BLOC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 0.0 Kmph, 0.0%

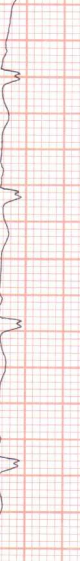
4X

80 mS Post J

25 mm/Sec 1.0 Cm/mV



STL 0.4
STs 0.5



I 1.0
II 0.9



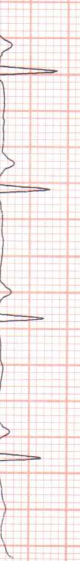
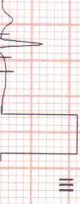
III 0.6
aVR 0.7



V1 0.0
V2 -0.1



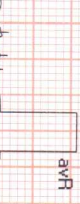
V3 1.6
V4 1.1



V5 0.9
V6 0.7



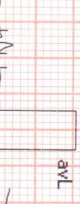
aVF 0.8
V6 0.7



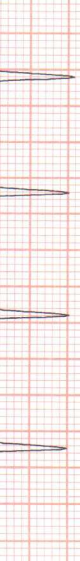
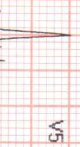
V7 0.8
V8 0.5



aVL 0.1
V5 0.9



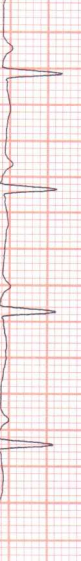
V11 0.1
V12 0.1



I 0.8
aVF 0.8

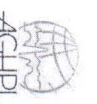


V15 0.8
V16 0.5



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





1293 (2308109135) / NITIN GHARDE / 33 Yrs / M / 174 Cms / 70 Kg / HR : 91

Date: 22/03/2023 11:14:24 AM

METS: 1.0/91 bpm 49% of THR BP: 110/70 mmHg

Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

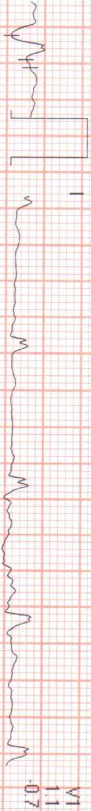
EXTime: 00:00 0.0 Kmph, 0.0%

4X

50 ms Post J

25 mm/Sec. 1.0 Cm/mV

STL 2.4
STS 1.1



V1 1.1
V1 1.1
V1 -0.7



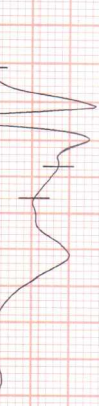
II 1.5
II 0.0



V2 1.1
V2 1.1
V2 -1.3



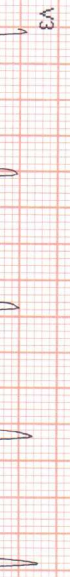
V2 1.1



III 0.1
III 0.1
III -0.3



V3 1.7
V3 1.7
V3 0.3



avR -1.5
avR -1.5
avR -0.1



V4 1.3
V4 1.3
V4 2.1



avL 1.3
avL 1.3
avL 2.2



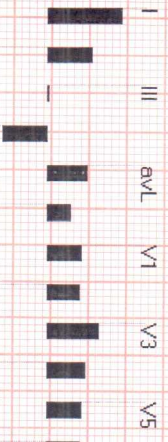
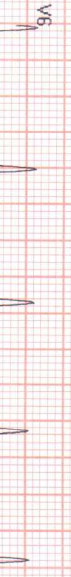
V5 1.1
V5 1.1
V5 0.4



avF 0.8
avF 0.8
avF -0.1



V6 1.1
V6 1.1
V6 0.2



REMARKS: II avR avL avF V1 V2 V3 V4 V5 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 1 (03:00)

1293 (2308109135) / NITIN GHARDE / 33 Yrs / M / 174 Cms / 70 Kg / HR : 114



Date: 22 / 03 / 2023 11:14:24 AM

METS: 4.7 / 114 bpm 61% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 03:00 2.7 Kmph, 10.0%

4X 60 ms Post J

25 mm/Sec 1.0 Cm/mV



I
STL 0.5
STB 0.7



V1
-0.1
-0.5



II
1.4
1.7



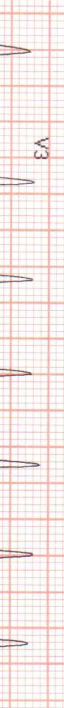
V2
0.3
0.5



III
0.8
1.0



V3
1.5
1.9



aVR
-0.9
-1.2



V4
1.6
1.6



aVL
-0.2
-0.1



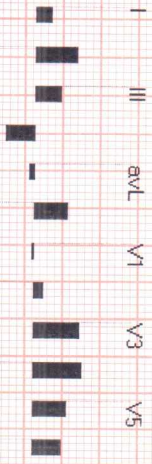
V5
1.1
1.6



aVF
1.1
1.3



V6
0.9
1.2



REMARKS:





1293 (2308109135) / NTIN GHARDE / 33 Yrs / M / 174 Cms / 70 Kg / HR : 138

Date: 22 / 03 / 2023 11:14:24 AM

METS: 7.1 / 138 bpm 74% of THR BP: 110/70 mmHg

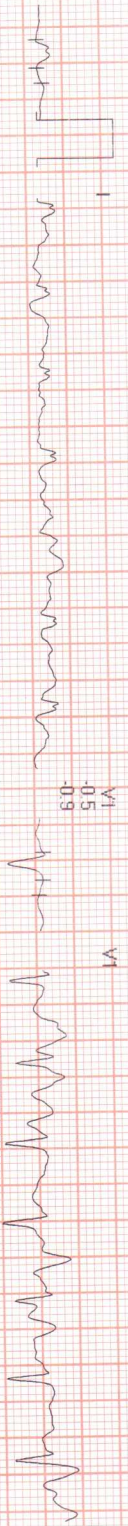
Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 06:00 4.0 Kmph, 12.0%

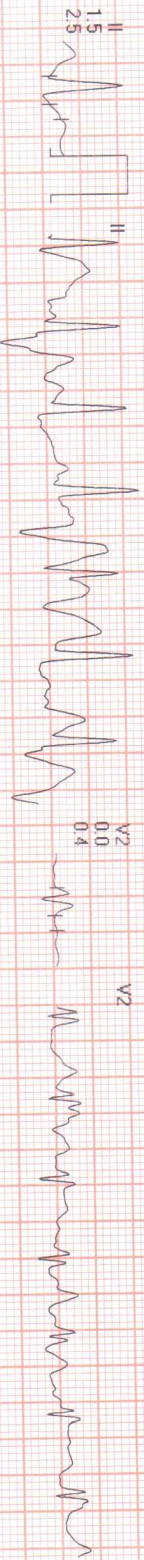
4X 60 ms Post J

25 mm/Sec 1.0 Cm/mV

STL 0.7
STS 1.1

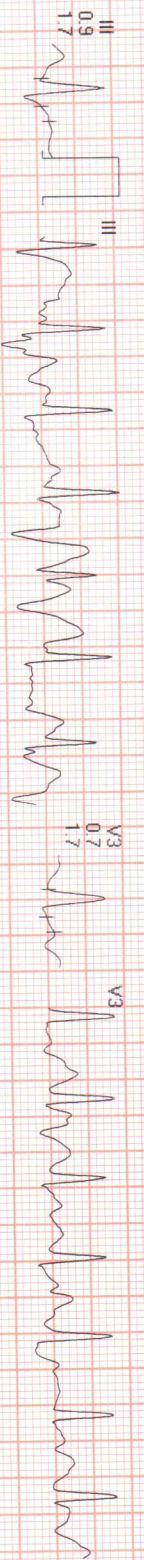


V1
-0.5
-0.9



II 1.5
III 0.9

V2
0.0
0.4



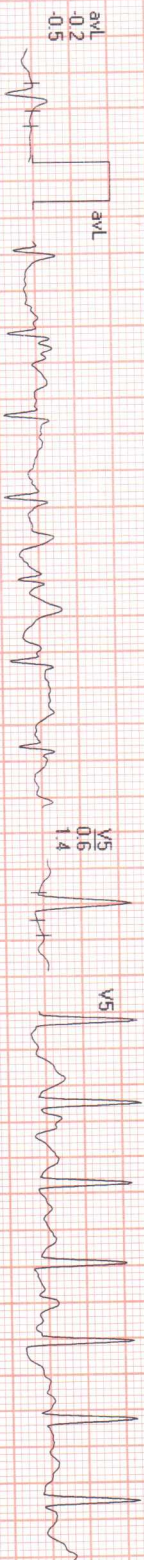
V1 0.9
V2 1.7

V3
0.7
1.7



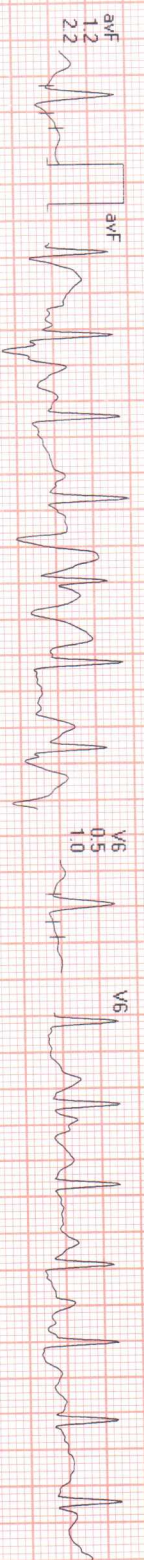
aVR -1.0
aVL -0.2
aVF 1.2

V4
-0.8
0.4



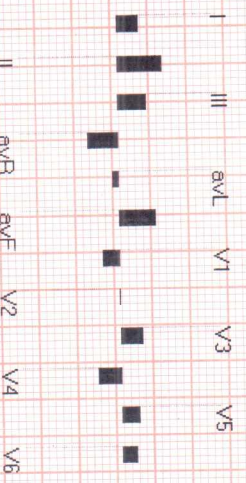
V3 0.9
V4 1.7

V5
0.6
1.4

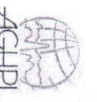


V5 1.2
V6 2.2

V5
0.5
1.0



REMARKS:



1293 (2308109135) / NITIN GHARDE / 33 Yrs / M / 174 Cms / 70 Kg / HR : 163

Date: 22 / 03 / 2023 11:14:24 AM

METS: 10.2 / 163 bpm 87% of THR

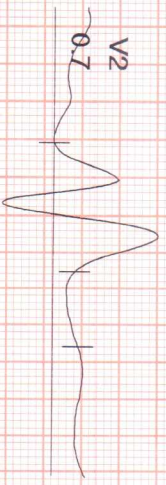
BP: 140/98 mmHg

Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

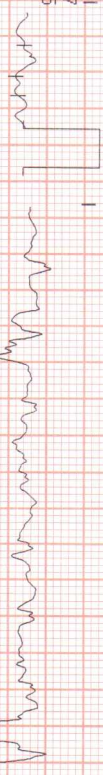
4X

60 ms Post J

25 mm/Sec. 1.0 Cm/mV



STL -0.7
STB -0.5



V1
-0.3
-1.3



II
0.5
2.2



V2
0.7
0.3



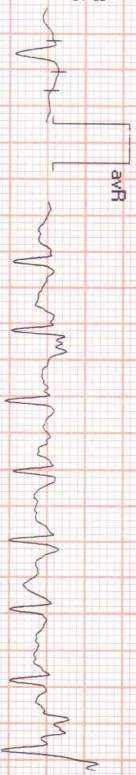
III
0.4
1.3



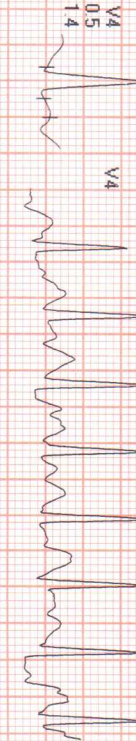
V3
0.8
1.5



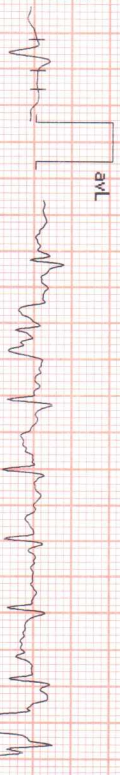
aVR
-0.3
-1.8



V4
0.5
1.4



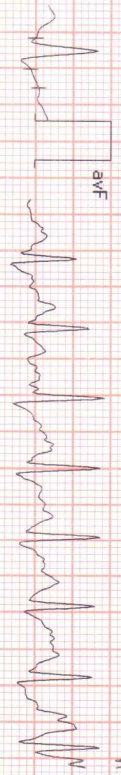
aVL
0.2
0.0



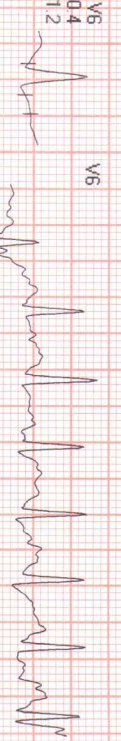
V5
0.2
0.9



aVF
0.5
1.7



V6
0.4
1.2



REMARKS:

I III aVL aVF V1 V2 V3 V4 V5 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

PeakEX



1293 (2308109135) / NTIN GHARDE / 33 Yrs / M / 174 Cms / 70 Kg / HR : 175

Date: 22 / 03 / 2023 11:14:24 AM

METS: 11.4 / 175 bpm 94% of THR BP: 140/98 mmHg

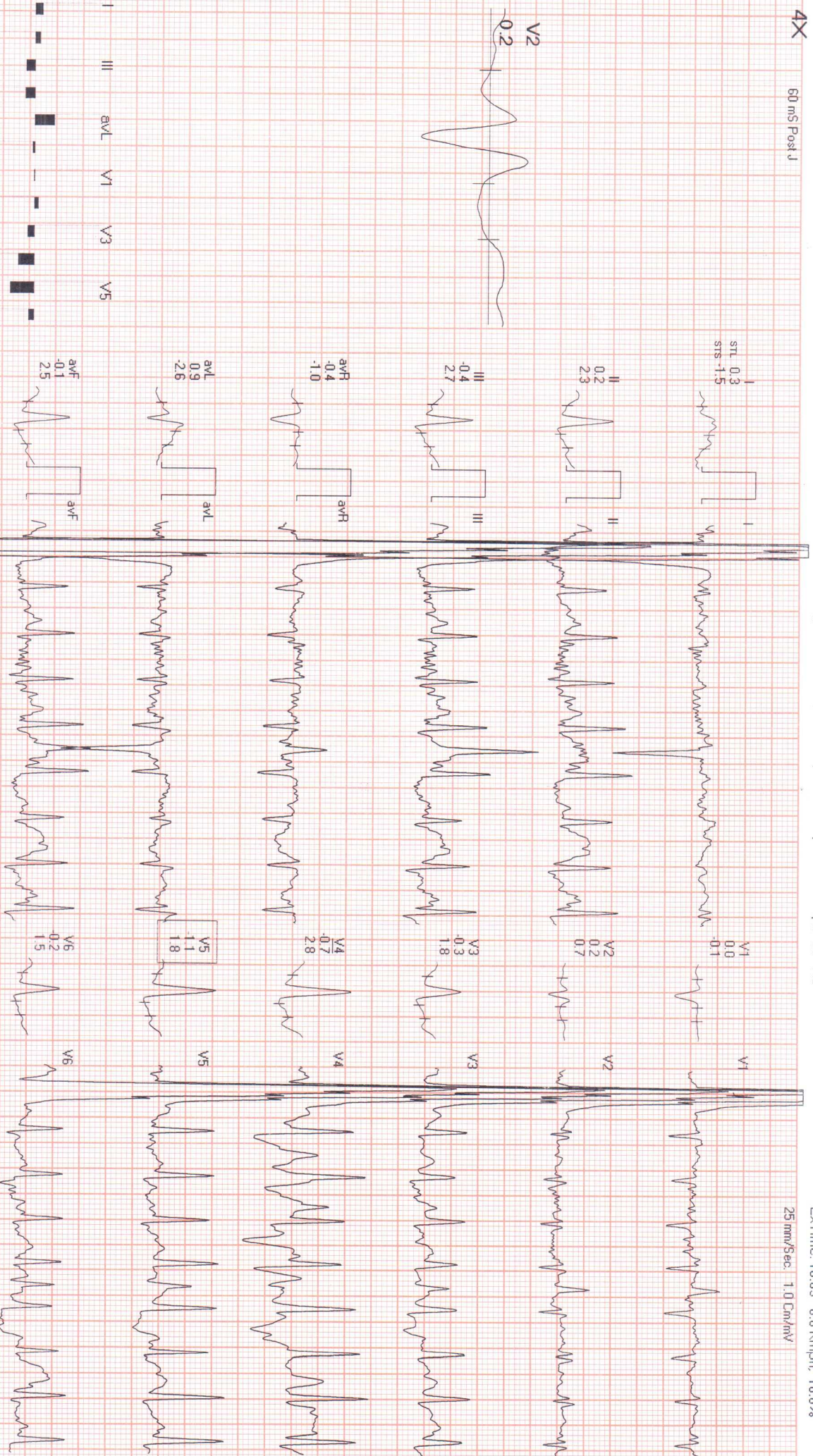
Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 10:03 6.8 Kmph, 16.0%

4X

60 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS: I aVR aVF V2 V4 V6

SUBURBAN DIAGNOSTICS KANDIVALI EAST

1293 (2308109135) / NITIN GHARDE / 33 Yrs / M / 174 Cms / 70 Kg / HR : 156

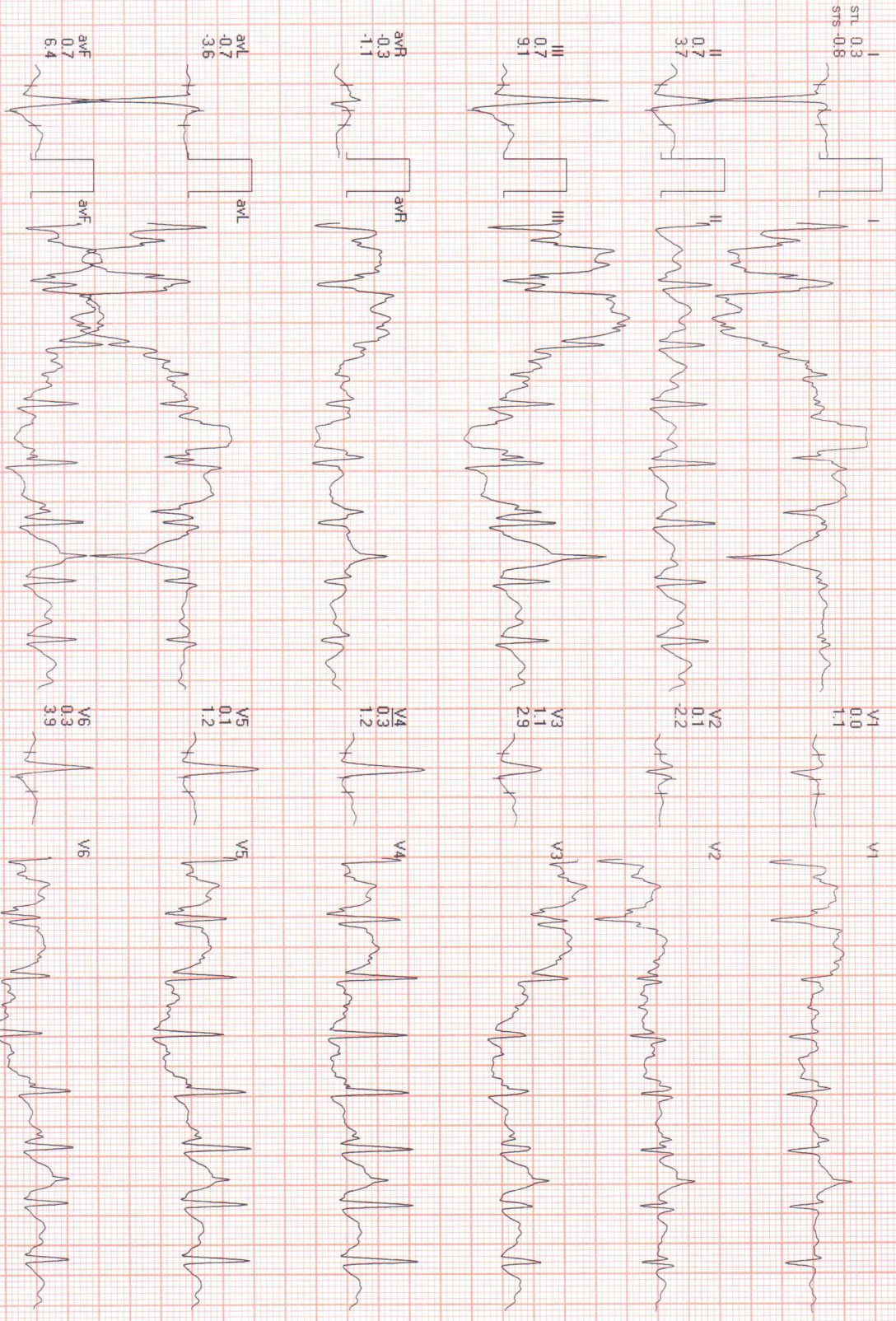
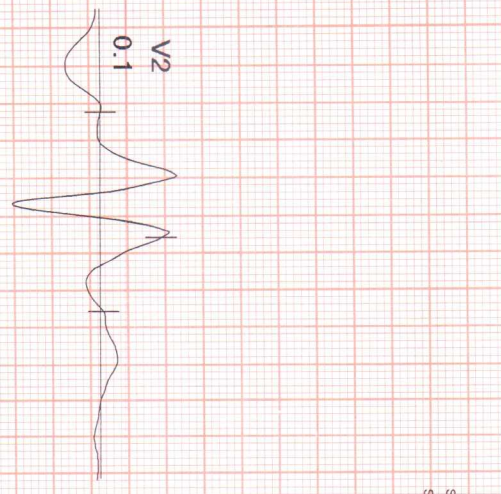
Date: 22 / 03 / 2023 11:14:24 AM METS: 4.2 / 1.56 bpm 83% of THR BP: 160/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

Recovery : (01:00)



4X 60 ms Post J

25 mm/Sec 1.0 Cm/mV



REMARKS:
I aVR aVL V1 V2 V3 V4 V5 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:42)



1293 (2308109135) / NITIN GHARDE / 33 Yrs / M / 174 Cms / 70 Kg / HR 149

Date: 22/03/2023 11:14:24 AM METS: 1.0/149 bpm 80% of THR BP: 160/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 10:03 0.0 Kmph, 0.0%

4X 60 ms Post J

25 mm/Sec: 1.0 Cm/mV



REMARKS:





CID : 2308109135
Name : MR.NITIN GHARDE
Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 22-Mar-2023 / 09:04
Reported : 22-Mar-2023 / 15:15

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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	13.8	13.0-17.0 g/dL	Spectrophotometric
RBC	5.18	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.2	40-50 %	Measured
MCV	83	80-100 fl	Calculated
MCH	26.7	27-32 pg	Calculated
MCHC	32.0	31.5-34.5 g/dL	Calculated
RDW	13.8	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6950	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	27.1	20-40 %	
Absolute Lymphocytes	1883.5	1000-3000 /cmm	Calculated
Monocytes	7.9	2-10 %	
Absolute Monocytes	549.0	200-1000 /cmm	Calculated
Neutrophils	60.8	40-80 %	
Absolute Neutrophils	4225.6	2000-7000 /cmm	Calculated
Eosinophils	3.8	1-6 %	
Absolute Eosinophils	264.1	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	27.8	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	267000	150000-400000 /cmm	Elect. Impedance
MPV	8.7	6-11 fl	Calculated
PDW	14.6	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			



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Reported : 22-Mar-2023 / 14:19

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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	94.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	104.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.55	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.2	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.35	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	20.1	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	16.3	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	17.5	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	128.7	40-130 U/L	Colorimetric
BLOOD UREA, Serum	26.8	12.8-42.8 mg/dl	Kinetic
BUN, Serum	12.5	6-20 mg/dl	Calculated
CREATININE, Serum	0.87	0.67-1.17 mg/dl	Enzymatic



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eGFR, Serum	107	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.6	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 ***

Bmhasakar

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





CID : 2308109135
Name : MR.NITIN GHARDE
Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 22-Mar-2023 / 09:04
Reported : 22-Mar-2023 / 16:35

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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	5.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	108.3	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 ***



Bmhasakar

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



CID : 2308109135
Name : MR.NITIN GHARDE
Age / Gender : 33 Years / Male
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Reg. Location : Kandivali East (Main Centre)

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Reported : 22-Mar-2023 / 17:25

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	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

Bmhasakar

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



MC-2111



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CID : 2308109135
Name : MR.NITIN GHARDE
Age / Gender : 33 Years / Male
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Reg. Location : Kandivali East (Main Centre)

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Reported :

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CID : 2308109135
Name : MR.NITIN GHARDE
Age / Gender : 33 Years / Male
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Reg. Location : Kandivali East (Main Centre)

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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.VRUSHALI SHROFF
M.D.(PATH)
Pathologist





CID : 2308109135
Name : MR.NITIN GHARDE
Age / Gender : 33 Years / Male
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	162.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	102.0	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	37.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	124.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	105.0	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	19.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.8	0-3.5 Ratio	Calculated

*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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CID : 2308109135
Name : MR.NITIN GHARDE
Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

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Reported : 22-Mar-2023 / 14:50

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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	4.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.6	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.45	0.35-5.5 microIU/ml	ECLIA



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Reg. Location : Kandivali East (Main Centre)

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Reported : 22-Mar-2023 / 14:50

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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 Borivali Lab, Borivali West

*** End Of Report ***

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