

PHYSICAL EXAMINATION REPORT

Patient Name	Arundhan Yadav	Sex/Age	m / 34
Date	31/4/2023	Location	

History and Complaints

NIL

EXAMINATION FINDINGS:

Height (cms):	171	Temp (0c):	~
Weight (kg):	82	Skin:	~
Blood Pressure	140/90	Nails:	~
Pulse	60	Lymph Node:	NP

Systems :

Cardiovascular:	S1 to S4 no murmur
Respiratory:	lungs clear
Genitourinary:	and
GI System:	and
CNS:	and

Impression:

Imp Bmn +, overweight, TSH 6.78
 88 lbs 59.9, Dyslipidemia
 fat reduction report TSH after 3 mths
 fat reduction diet report 9

Dr. SHAILAJA PILLAI
 M.D. (GEN. MED)
 R.NO. 49972

Advice:

1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthama	
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders	
10)	GI system	
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptoms	
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	
15)	Congenital disease	
16)	Surgeries	
17)	Musculoskeletal System	

PERSONAL HISTORY:

1)	Alcohol	no
2)	Smoking	no
3)	Diet	veg
4)	Medication	no

Dr. SHAILAJA PILLAI
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Date:- 3/4/23
Name:- Arvind Yadav

CID:
Sex / Age: M - 34

EYE CHECK UP

Chief complaints: DCU

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: BC6/6 NV D2 H 6

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

Good Vision

MR. PRAKASH KUDVA
SR. OPTOMETRIST



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CID : 2309301275
Name : MR.ARVIND KUMAR YADAV
Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 03-Apr-2023 / 10:20
Reported : 03-Apr-2023 / 12:03

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	16.4	13.0-17.0 g/dL	Spectrophotometric
RBC	5.75	4.5-5.5 mil/cmm	Elect. Impedance
PCV	48.7	40-50 %	Measured
MCV	84.7	80-100 fl	Calculated
MCH	28.5	27-32 pg	Calculated
MCHC	33.6	31.5-34.5 g/dL	Calculated
RDW	14.7	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6490	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	48.5	20-40 %	
Absolute Lymphocytes	3147.7	1000-3000 /cmm	Calculated
Monocytes	6.1	2-10 %	
Absolute Monocytes	395.9	200-1000 /cmm	Calculated
Neutrophils	42.5	40-80 %	
Absolute Neutrophils	2758.3	2000-7000 /cmm	Calculated
Eosinophils	2.9	1-6 %	
Absolute Eosinophils	188.2	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	263000	150000-400000 /cmm	Elect. Impedance
MPV	8.6	6-11 fl	Calculated
PDW	11.5	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			

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Reported : 03-Apr-2023 / 11:52

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

Specimen: EDTA Whole Blood

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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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Reported : 03-Apr-2023 / 13:10

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	90.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	59.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase

Result Rechecked.

Kindly correlate clinically.

BILIRUBIN (TOTAL), Serum	0.63	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.21	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.42	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	20.2	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	28.1	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	12.1	3-60 U/L	IFCC

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ALKALINE PHOSPHATASE, Serum	70.7	40-130 U/L	PNPP
BLOOD UREA, Serum	19.5	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	9.1	6-20 mg/dl	Calculated
CREATININE, Serum	0.88	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	105	>60 ml/min/1.73sqm	Calculated
Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation			
URIC ACID, Serum	5.2	3.5-7.2 mg/dl	Uricase
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 G B Road Lab, Thane West
*** End Of Report ***



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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	4.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	91.1	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.

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*** End Of Report ***



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<u>PHYSICAL EXAMINATION</u>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<u>CHEMICAL EXAMINATION</u>		
Reaction (pH)	Acidic (6.5)	-
Occult Blood	Absent	Absent
<u>MICROSCOPIC EXAMINATION</u>		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Absent	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present +	-
Concentration Method (for ova)	No ova detected	Absent

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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)	Neutral (7.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	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	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	

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

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Reported : 03-Apr-2023 / 13:16

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 Semi- automated column agglutination technology (CAT)

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

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*** End Of Report ***



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Collected : 03-Apr-2023 / 10:20
Reported : 03-Apr-2023 / 13:24

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	179.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	106.3	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	36.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	143.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	122.0	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	21.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.4	0-3.5 Ratio	Calculated

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Collected : 03-Apr-2023 / 10:20
Reported : 03-Apr-2023 / 13:08

AERFOCAMI HEALTHCARE BELOW 40 MALE/FF.MALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.6	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.8	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	6.78	0.35-5.5 microIU/ml	ECLIA

Kindly correlate clinically.



AREAS OF SPECIAL EXPERTISE

OUR RESEARCH

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Reported : 03-Apr-2023 / 13:08

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)

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*** End Of Report ***



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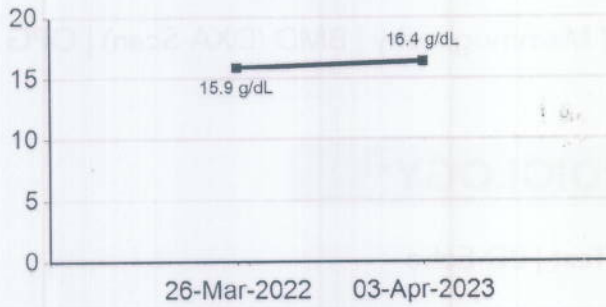
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Haemoglobin



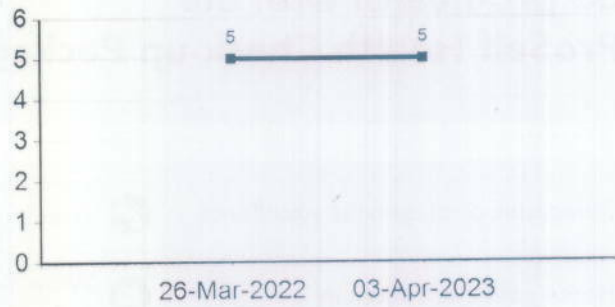
WBC Total Count



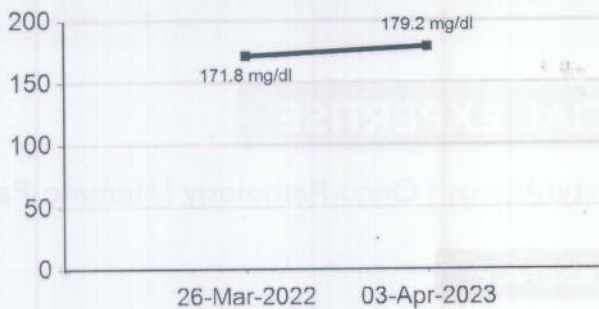
Platelet Count



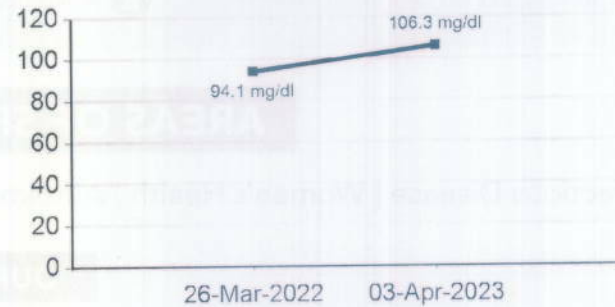
ESR



CHOLESTEROL



TRIGLYCERIDES



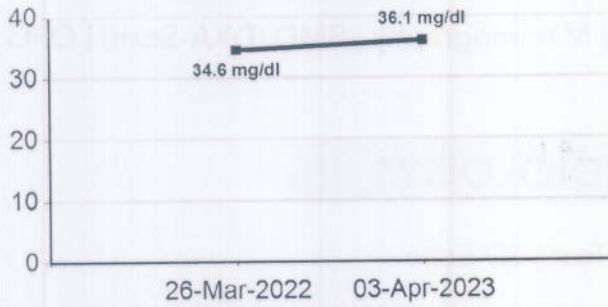
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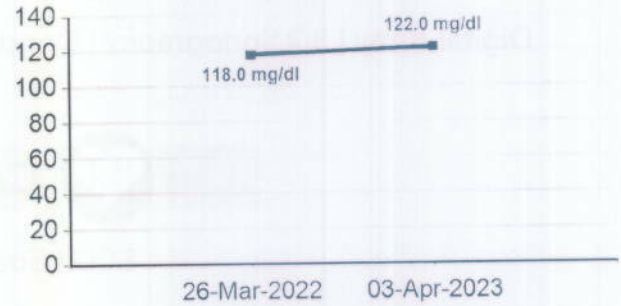
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HDL CHOLESTEROL



LDL CHOLESTEROL



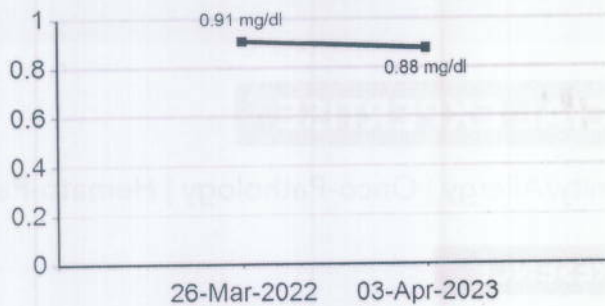
BLOOD UREA



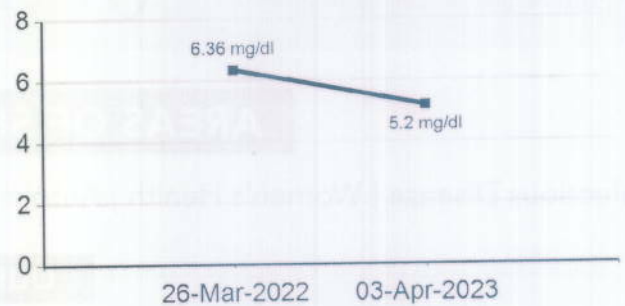
BUN



CREATININE



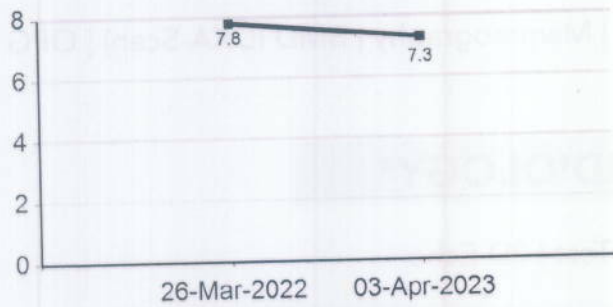
URIC ACID



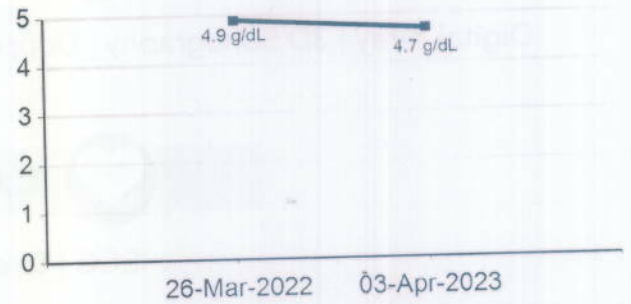
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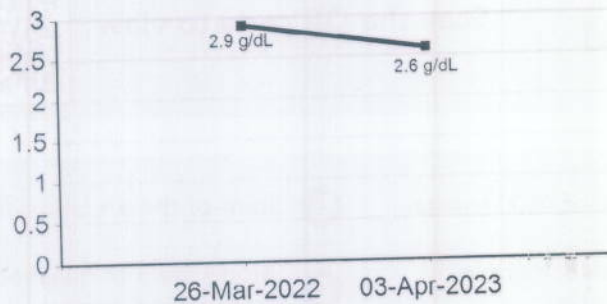
TOTAL PROTEINS



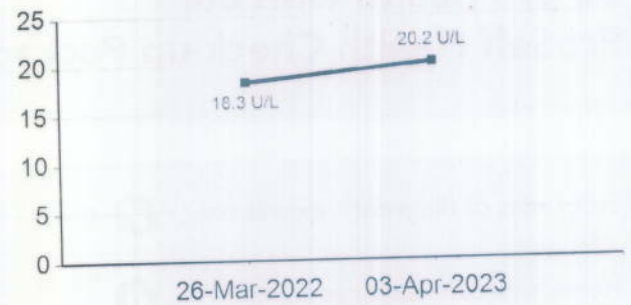
ALBUMIN



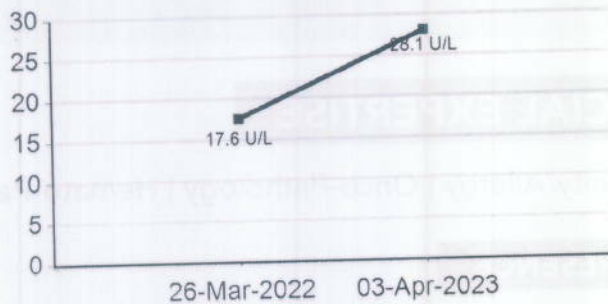
GLOBULIN



SGOT (AST)



SGPT (ALT)



ALKALINE PHOSPHATASE



Authenticity Check



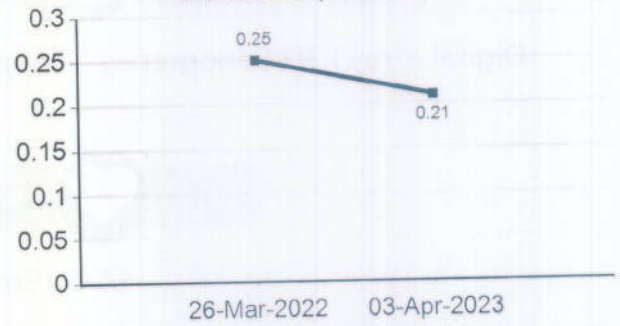
Use a QR Code Scanner Application To Scan the Code

CID : 2309301275
 Name : MR.ARVIND KUMAR YADAV
 Age / Gender : 34 Years / Male
 Consulting Dr. : -
 Reg. Location : G B Road, Thane West (Main Centre)

GAMMA GT



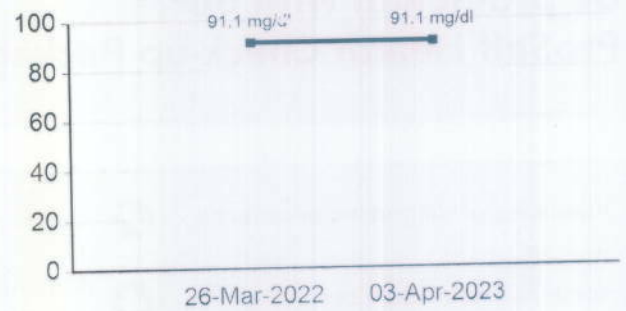
BILIRUBIN (DIRECT)



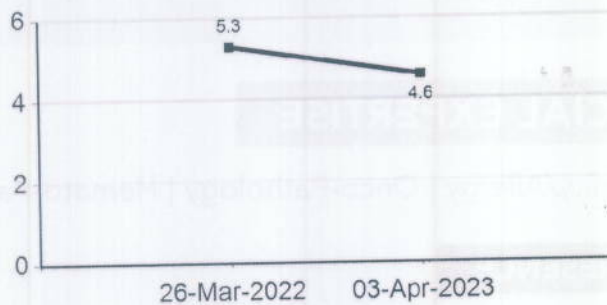
Glycosylated Hemoglobin (HbA1c)



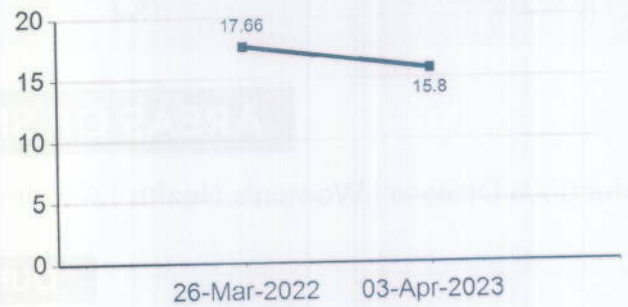
Estimated Average Glucose (eAG)



Free T3



Free T4

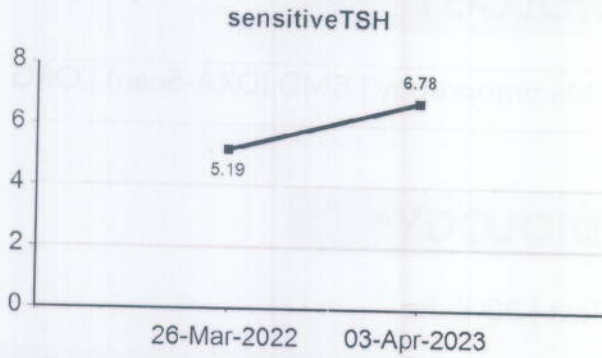


Authenticity Check

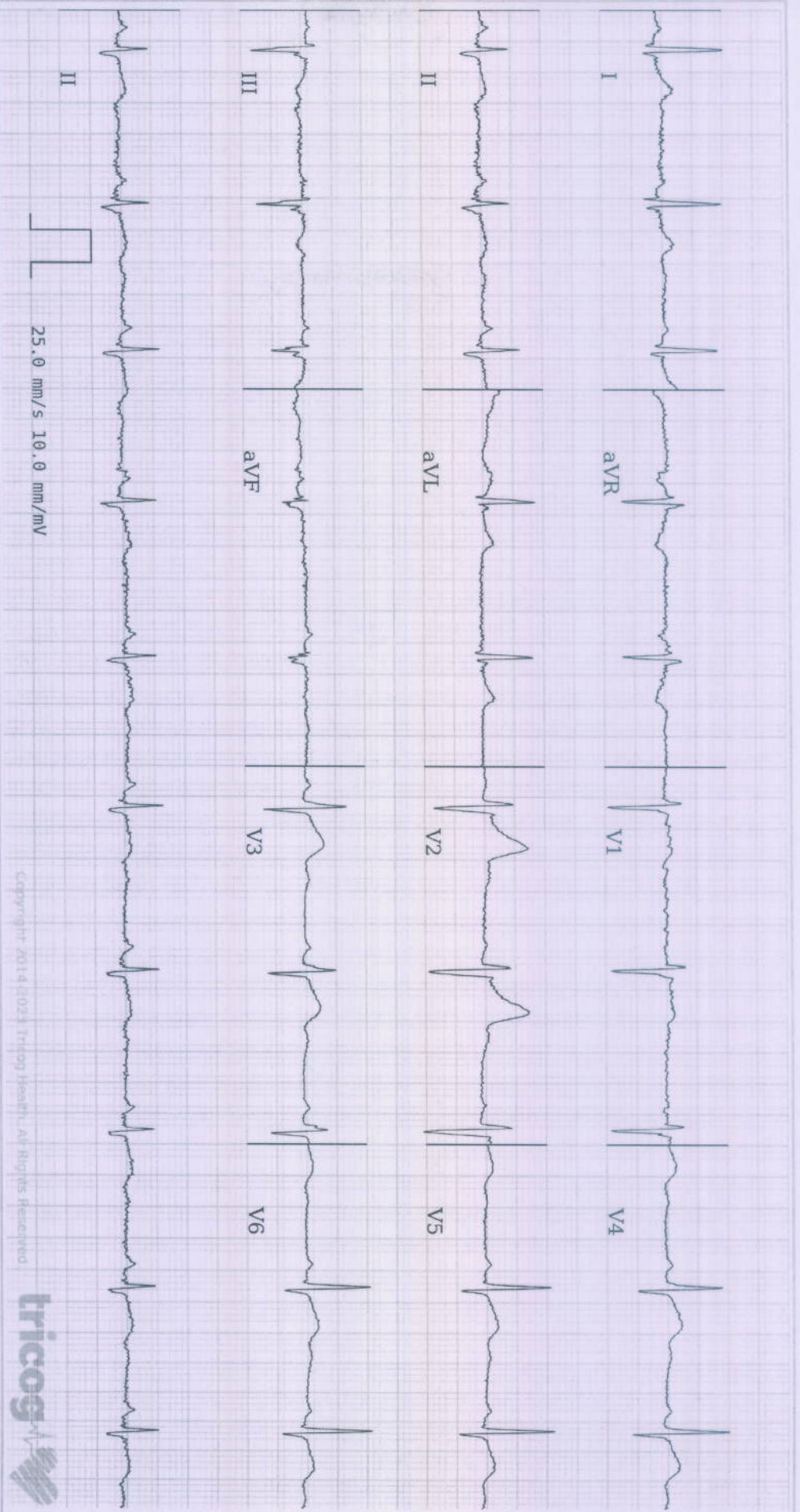


Use a QR Code Scanner Application To Scan the Code

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 Name : MR.ARVIND KUMAR YADAV
 Age / Gender : 34 Years / Male
 Consulting Dr. : -
 Reg. Location : G B Road, Thane West (Main Centre)



SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST
 Patient Name: ARVIND KUMAR YADAV Date and Time: 3rd Apr 23 12:42 PM
 Patient ID: 2309301275



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Age 34 5 2
 years months days

Gender **Male**

Heart Rate **61bpm**

Patient Vitals

BP: 140/90 mmHg

Weight: 82 kg

Height: 171 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 94ms
 QT: 404ms
 QTcB: 406ms
 PR: 146ms
 P-R-T: 53° -11° 10°

REPORTED BY

DR SHAILAJA PILLAI
 MBBS, MD Physician
 MD Physician
 499772

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

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used in 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 : 2309301275
Name : Mr ARVIND KUMAR YADAV
Age / Sex : 34 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 03-Apr-2023
Reported : 03-Apr-2023 / 12:35

X-RAY CHEST PA VIEW

There is evidence of mildly increased bilateral bronchovascular prominence.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The aorta shows normal radiological features.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

Suggest clinico pathological co-relation.

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

Dr Gau:ri Varma
Consultant Radiologist
MBBS / DMRE
MMC- 2007/12/4113

[Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023040310182796](http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023040310182796)

Page no 1 of 1



CID : 2309301275
Name : Mr ARVIND KUMAR YADAV
Age / Sex : 34 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 03-Apr-2023
Reported : 03-Apr-2023 / 11:18

USG ABDOMEN AND PELVIS

LIVER: Liver appears normal in size and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

PORTAL VEIN: Portal vein is normal. **CBD:** CBD is normal.

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS: Right kidney measures 9.8 x 4.3 cm. Left kidney measures 10.7 x 4.8 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

PROSTATE: Prostate is normal in size and echotexture . No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023040310182788>

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2309301275
Name : Mr ARVIND KUMAR YADAV
Age / Sex : 34 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 03-Apr-2023
Reported : 03-Apr-2023 / 11:18

IMPRESSION: USG ABDOMEN IS WITHIN NORMAL LIMITS.

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.

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

Dr Gauri Varma
Consultant Radiologist
MBBS / DMRE
MMC- 2007/12/4113

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023040310182788>

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Report



834 (2309301275) / ARVIND KUMAR YADAV / 34 Yrs / M / 172 Cms / 82 Kg
 Date: 03 / 04 / 2023 01:31:25 PM

Email:

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:10	0:10	00.0	00.0	01.0	066	35%	140/90	092	00	
Standing	00:25	0:15	00.0	00.0	01.0	066	35%	140/90	092	00	
HV	00:36	0:11	00.0	00.0	01.0	061	33%	140/90	085	00	
ExStart	00:46	0:10	00.0	00.0	01.0	063	34%	140/90	088	00	
BRUCE Stage 1	03:46	3:00	01.7	10.0	04.7	105	56%	150/90	157	00	
BRUCE Stage 2	06:46	3:00	02.5	12.0	07.1	124	67%	160/90	198	00	
BRUCE Stage 3	09:46	3:00	03.4	14.0	10.2	152	82%	160/90	243	00	
PeakEx	10:08	0:22	04.2	16.0	10.6	160	86%	170/90	272	00	
Recovery	11:08	1:00	00.0	00.0	04.2	103	55%	170/90	175	00	
Recovery	12:08	2:00	00.0	00.0	01.0	091	49%	170/90	154	00	
Recovery	13:44	3:00	00.0	00.0	00.0	000	0%	144/90	000	00	

FINDINGS :

Exercise Time : 09:22
 Initial HR (ExStrt) : 63 bpm 34% of Target 186
 Initial BP (ExStrt) : 140/90 (mm/Hg)
 Max Workload Attained : 10.6 Good response to induced stress
 Max ST Dep Lead & Avg ST Value : V1 & -1.6 mm in PeakEx
 Test End Reasons : , Fatigue, Heart Rate Achieved,

Max HR Attained 160 bpm 86% of Target 186
 Max BP Attained 170/90 (mm/Hg)

Dr. SHAILAJA PILLAI
 M.D. (MED)
 R.N.C. 372

Doctor : DR SHAILAJA PILLAI





EMail: 834/ARVIND KUMAR YADAV / 34 Yrs / M / 172 Cms / 82 Kg Date: 03 / 04 / 2023 01:31:25 PM

REPORT :

PROCEDURE DONE: Graded exercise treadmill stress test.

STRESS ECG RESULTS: The initial HR was recorded as 66.0 bpm, and the maximum predicted Target Heart Rate 186.0. The BP increased at the time of generating report as 170.0/90.0 mmHg. The Max Dep went upto 0.9. 0.0 Ectopic Beats were observed during the Test.

CONCLUSIONS:

1. TMT is negative for exercise induced ischemia.
2. Normal chronotropic and Normal Inotropic response.
3. No significant ST T changes seen.

DR. SHAILAJA PILLAI

M.D. (CARDIOLOGY)

R.NO. 45972

Doctor : DR SHAILAJA PILLAI

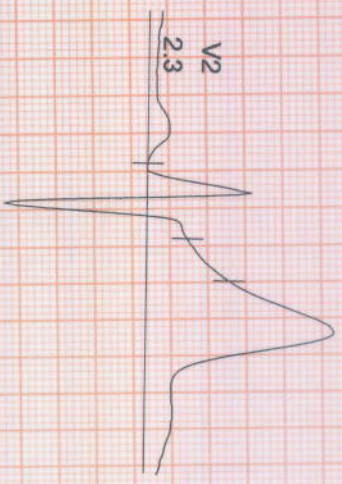


834 (2309301275) / ARVIND KUMAR YADAV / 34 Yrs / M / 172 Cms / 82 Kg / HR : 66

Date: 03 / 04 / 2023 01:31:25 PM METS: 1.0/66 bpm 35% of THR BP: 140/90 mmHg Raw ECG/BLCON/Notch On/HF 0.05 Hz/LF 100 Hz

4X 80 ms Post J

EXTime: 00:00 0.0 mph. 0.0%
25 mm/Sec. 1.0 Cm/mV



STL 0.9
STs 0.8

II 1.5
III 0.9

III 0.6
aVL 0.1

aVR -1.2
aVL 0.2
aVF 0.3

aVR -1.2
aVL 0.2
aVF 0.3

aVF 1.0
aVL 0.5

V1 0.1
V2 0.1

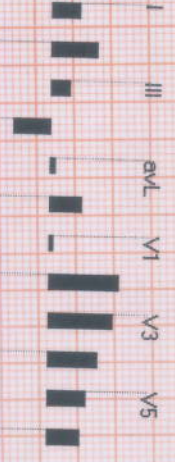
V2 2.3
V3 1.5

V3 2.1
V4 1.2

V4 1.6
V5 1.0

V5 1.3
V6 0.8

V6 1.1
V7 0.6



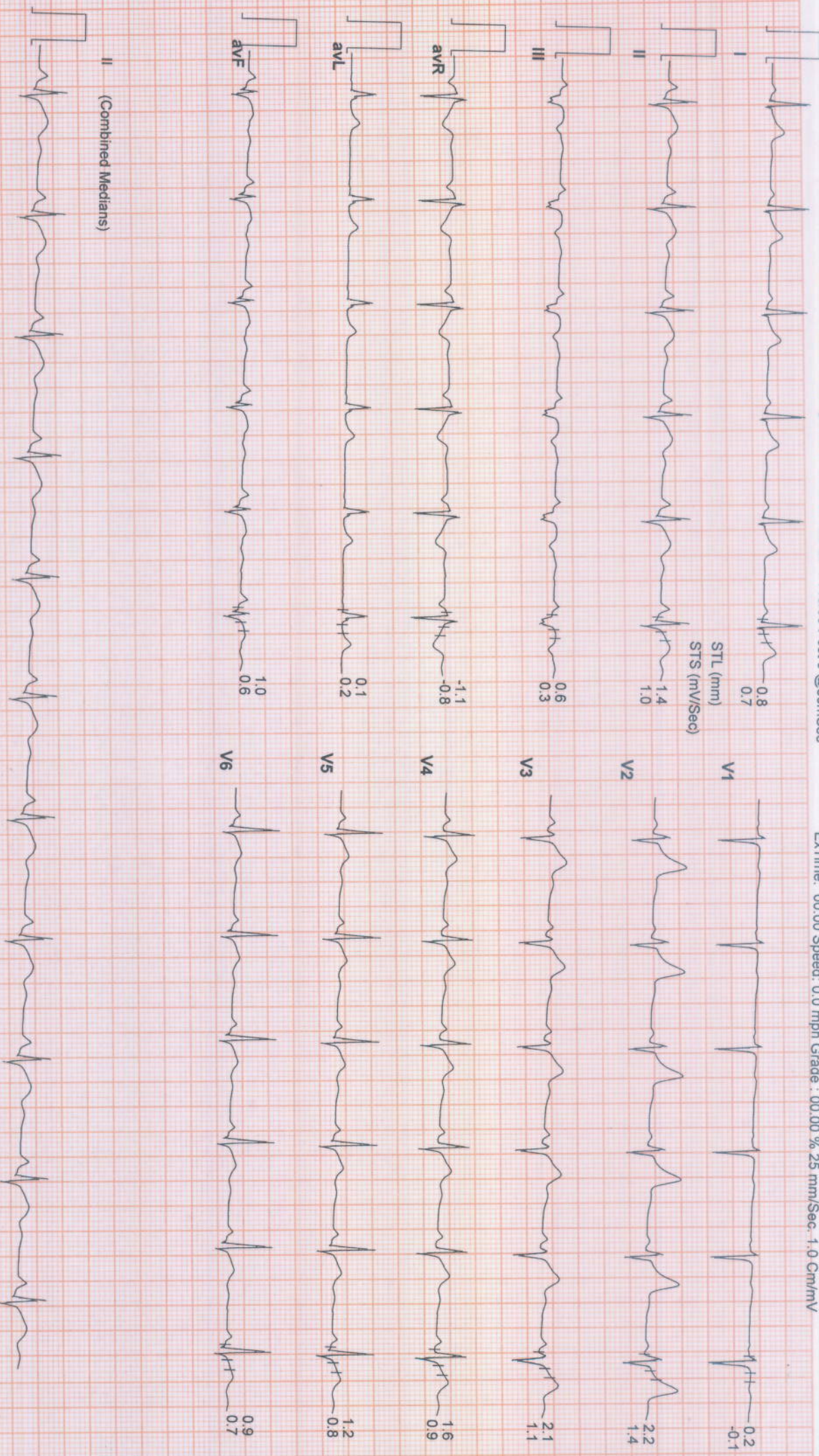
REMARKS:





Date: 03 / 04 / 2023 01:31:25 PM METs : 1.0 HR : 66 Target HR : 35% of 186 BP : 140/90 Post J @80mSec

ExTime: 00:00 Speed: 0.0 mph Grade : .00.00 % 25 mm/Sec- 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

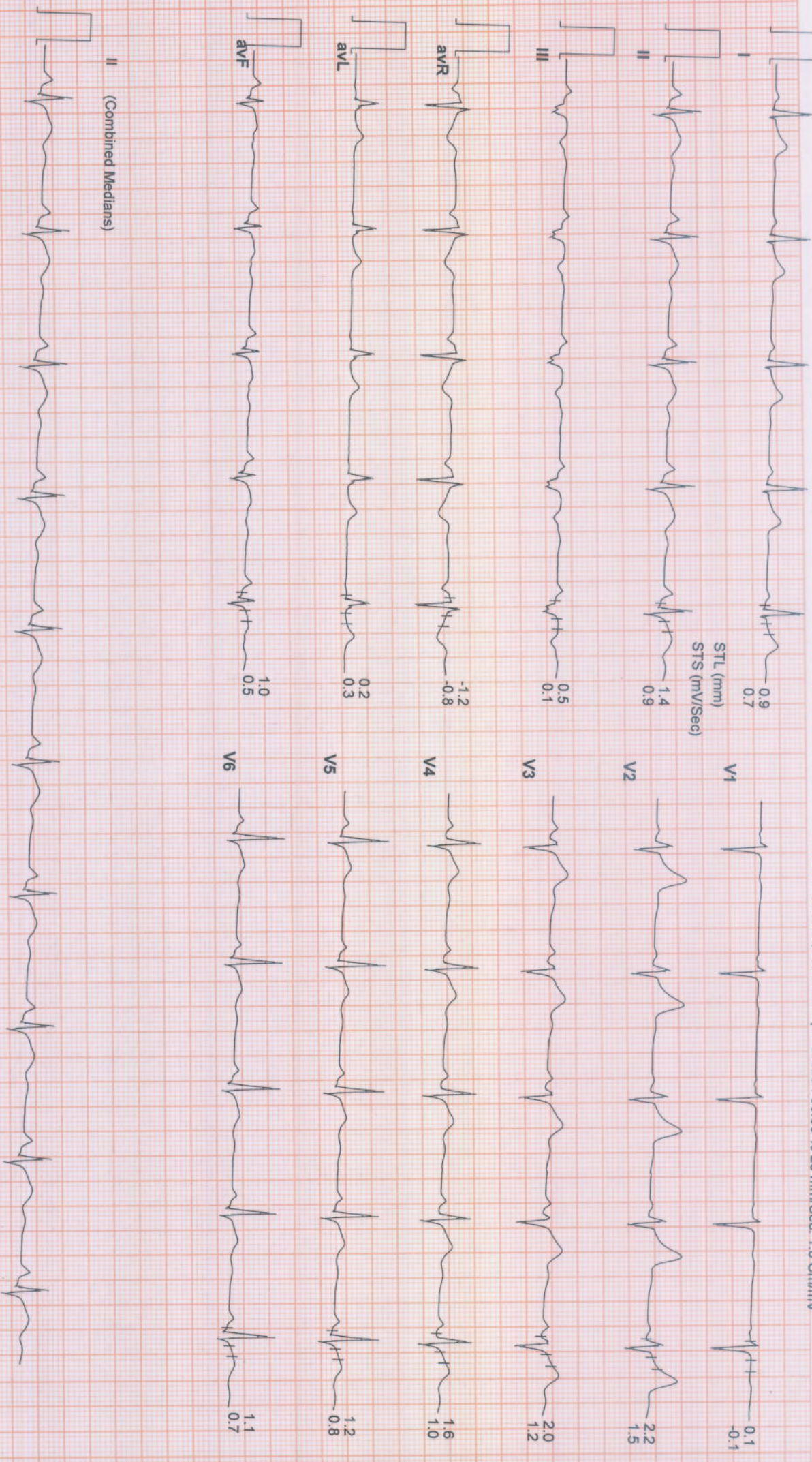
834 / ARVIND KUMAR YADAV / 34 Yrs / Male / 172 Cm / 82 Kg

6X2 Combine Medians + 1 Rhythm HV (00:00)



Date: 03 / 04 / 2023 01:31:25 PM METs : 1.0 HR : 61 Target HR : 33% of 166 BP : 140/90 Post J @80mSec

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

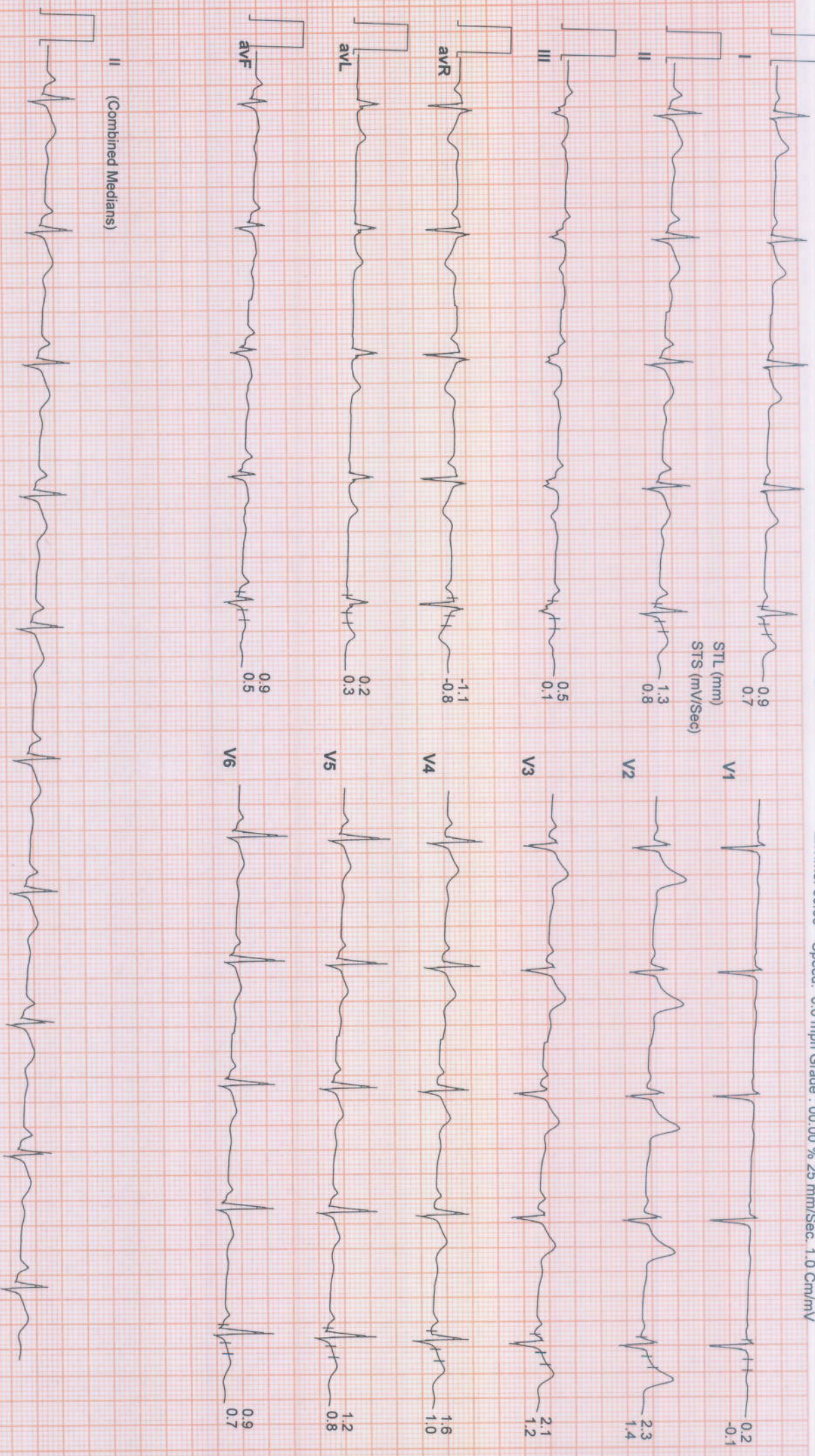
834 / ARVIND KUMAR YADAV / 34 Yrs / Male / 172 Cm / 82 Kg

Date: 03 / 04 / 2023 01:31:25 PM METs : 1.0 HR : 63 Target HR : 34% of 186 BP : 140/90 Post J @80mSec

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm

ExStt



II (Combined Medians)



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

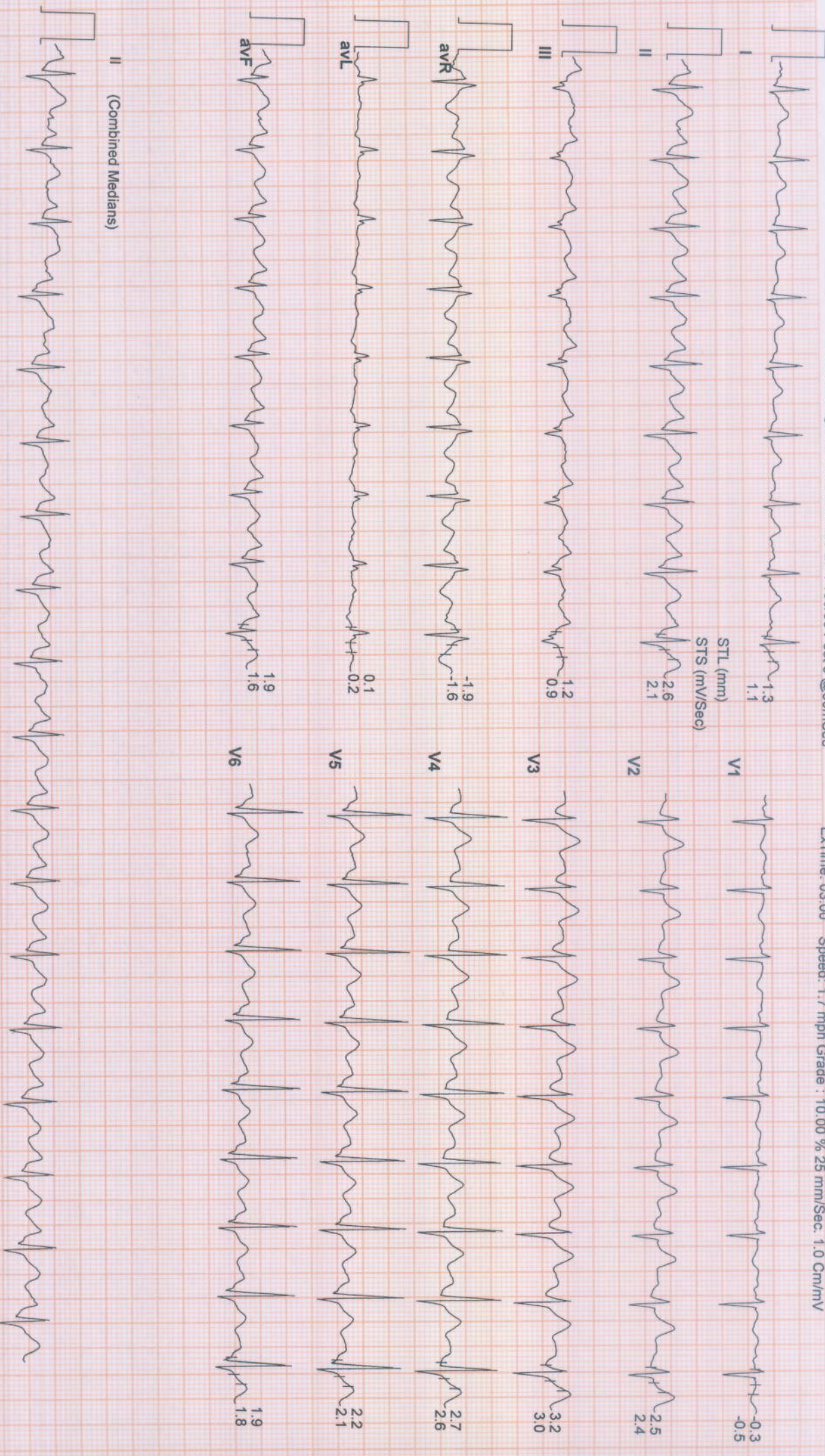
834 / ARVIND KUMAR YADAV / 34 Yrs / Male / 172 Cm / 82 Kg

6X2 Combine Medians + 1 Rhythm
BRUCE : Stage 1 (03:00)



Date: 03 / 04 / 2023 01:31:25 PM METs : 4.7 HR : 105 Target HR : 56% of 186 BP : 150/90 Post J @80mSec

ExTime: 03:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec: 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

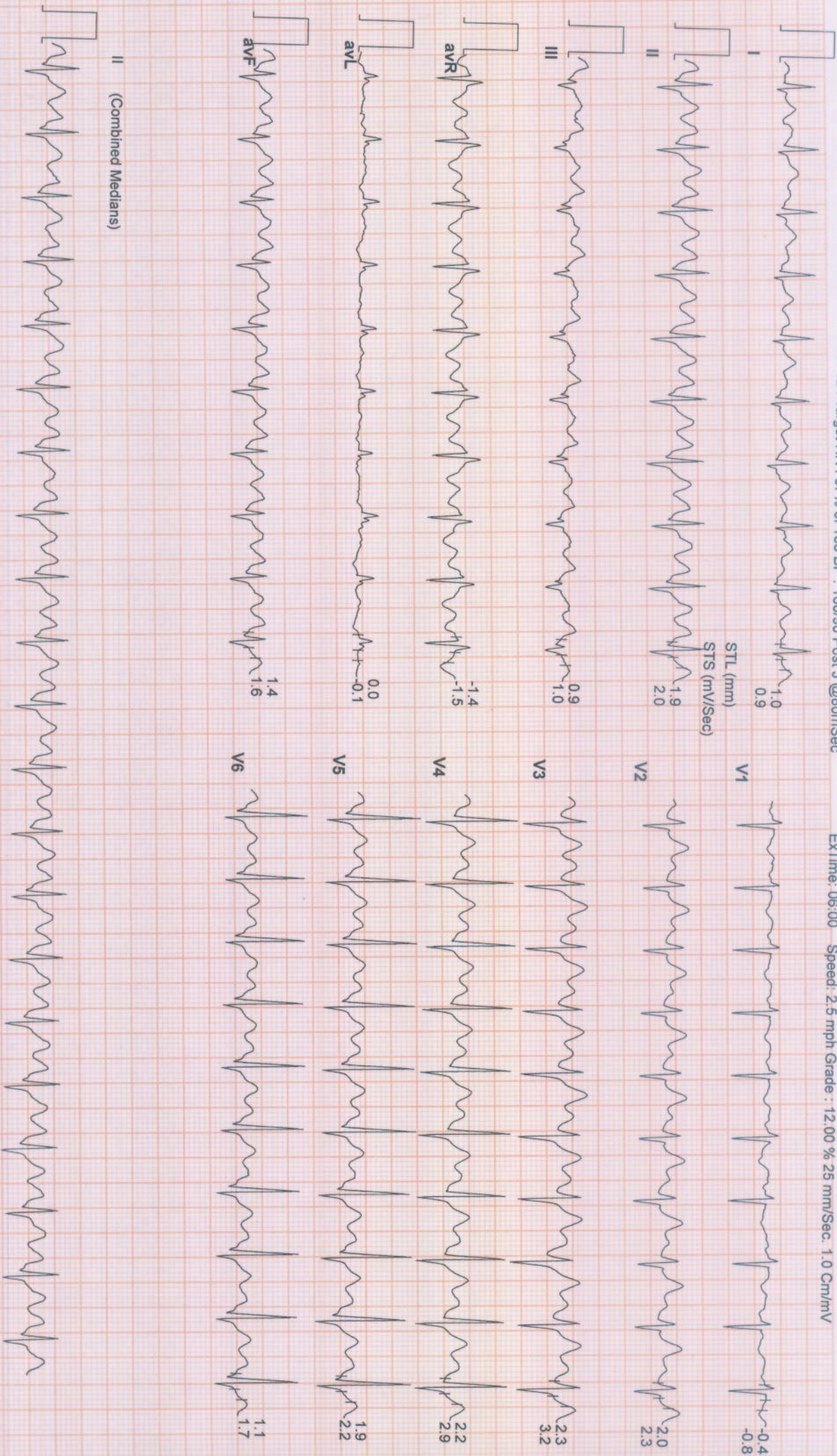
834 / ARVIND KUMAR YADAV / 34 Yrs / Male / 172 Cm / 82 Kg

Date: 03 / 04 / 2023 01:31:25 PM METs : 7.1 HR : 124 Target HR : 67% of 186 BP : 160/90 Post J @80mSec

ExTime: 06:00 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec: 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm

BRUCE : Stage 2 (03:00)



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

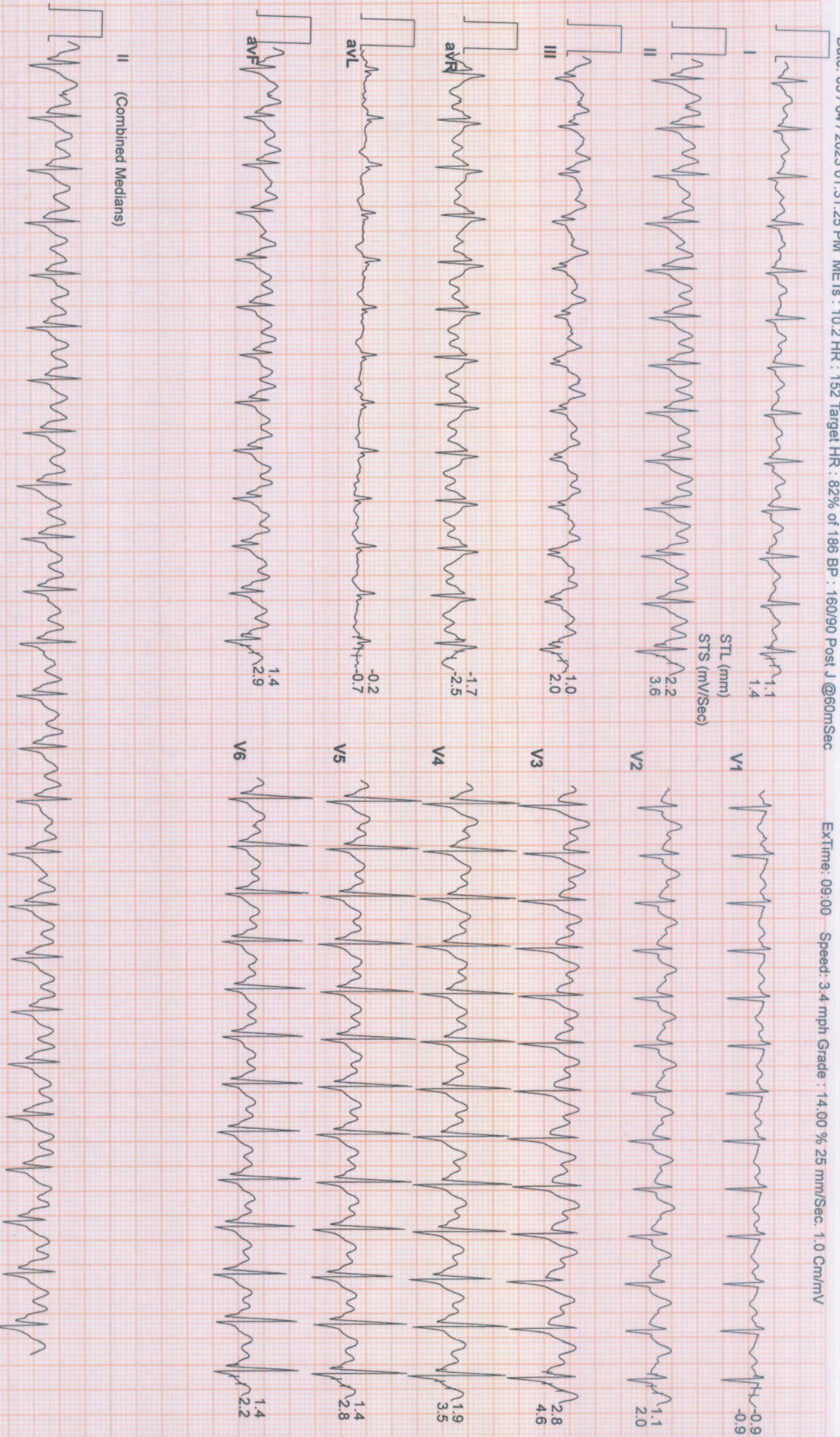
834 / ARVIND KUMAR YADAV / 34 Yrs / Male / 172 Cm / 82 Kg

6X2 Combine Medians + 1 Rhythm
BRUCE : Stage 3 (03:00)



Date: 03 / 04 / 2023 01:31:25 PM METs : 10.2 HR : 152 Target HR : 82% of 186 BP : 160/90 Post J @60mSec

ExTime: 09:00 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

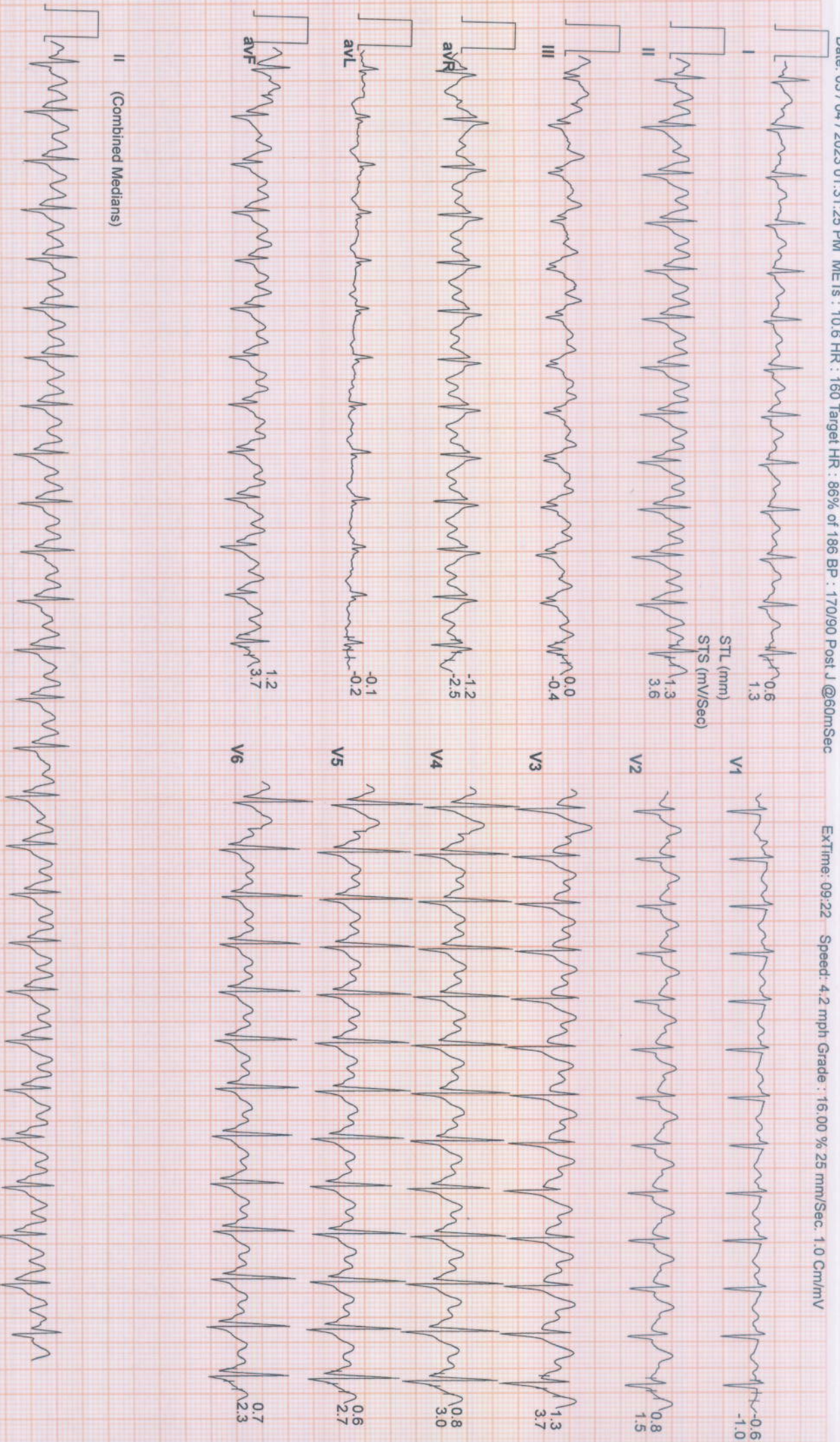
834 / ARVIND KUMAR YADAV / 34 Yrs / Male / 172 Cm / 82 Kg

6X2 Combine Medians + 1 Rhythm
PeakEx



Date: 03 / 04 / 2023 01:31:25 PM METs : 10.6 HR : 160 Target HR : 86% of 186 BP : 170/90 Post J @60mSec

ExTime: 09:22 Speed: 4.2 mph Grade : 16.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

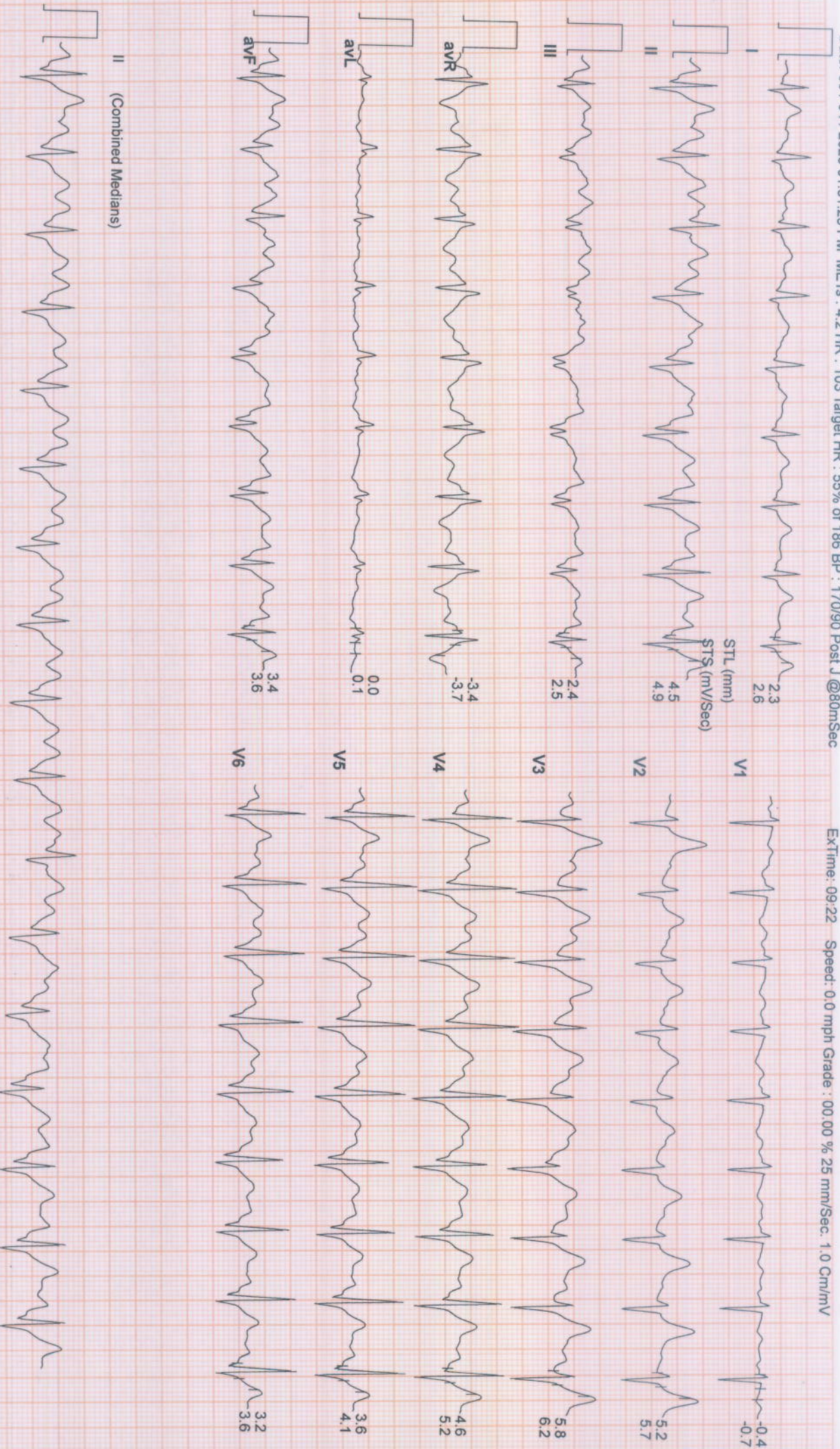
834 / ARVIND KUMAR YADAV / 34 Yrs / Male / 172 Cm / 82 Kg

6X2 Combine Medians + 1 Rhythm
Recovery : (01:00)



Date: 03 / 04 / 2023 01:31:25 PM METs : 4.2 HR : 103 Target HR : 55% of 186 BP : 170/90 Post J @80mSec

ExTime: 09:22 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

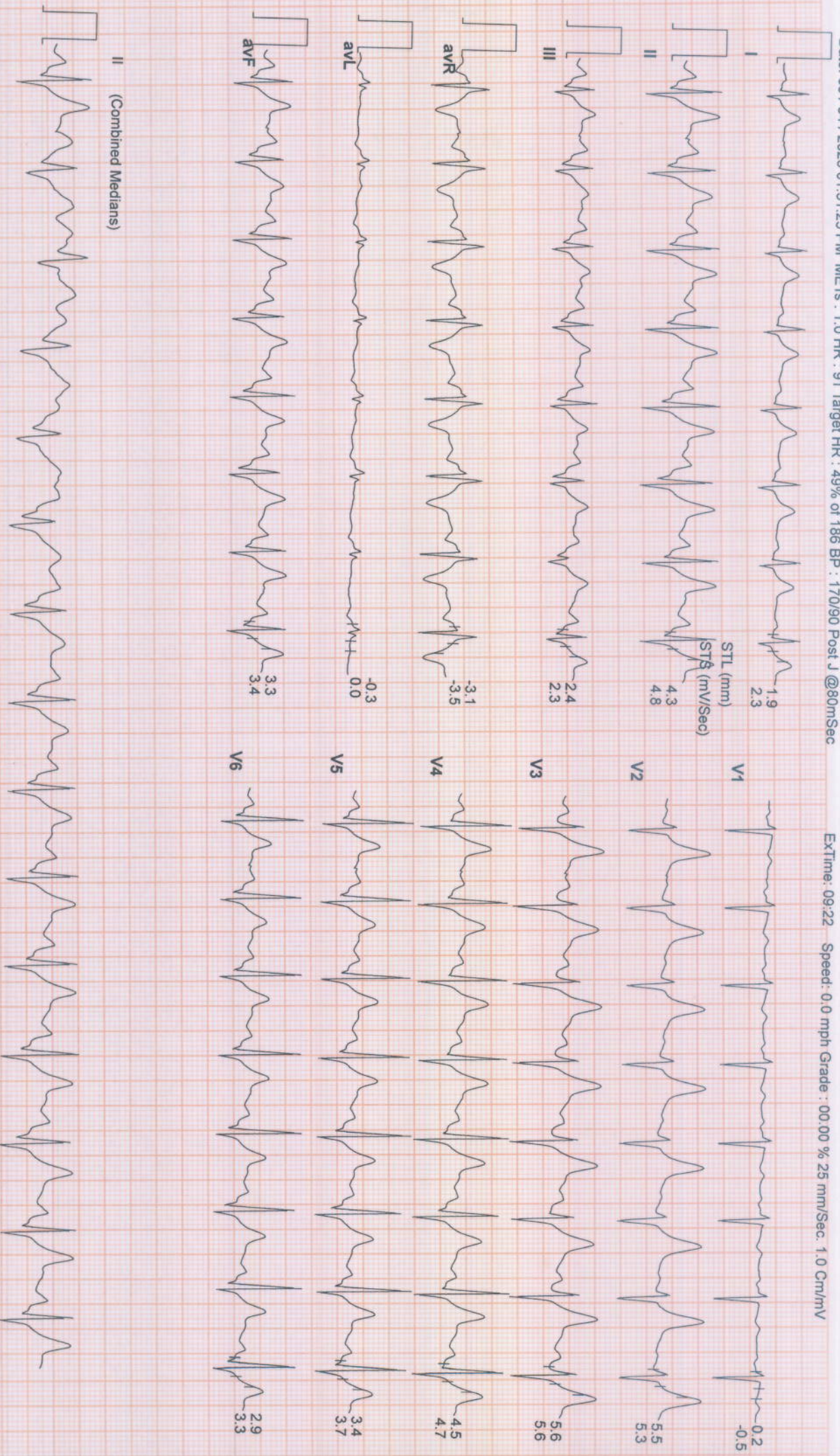
834 / ARVIND KUMAR YADAV / 34 Yrs / Male / 172 Cm / 82 Kg

6X2 Combine Medians + 1 Rhythm
Recovery : (02:00)



Date: 03 / 04 / 2023 01:31:25 PM METs : 1.0 HR : 91 Target HR : 49% of 186 BP : 170/90 Post J @80mSec

ExTime: 09:22 Speed: 0.0 mph Grade : 00:00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

834 / ARVIND KUMAR YADAV / 34 Yrs / Male / 172 Cm / 82 Kg

Date: 03 / 04 / 2023 01:31:25 PM METs : 1.0 HR : 97 Target HR : 52% of 186 BP : 140/90 Post J @80mSec

6X2 Combine Medians + 1 Rhythm

Recovery : (03:36)



ExTime: 09:22 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

