



CID : 2304221372  
Name : MR.SOURABH VERMA  
Age / Gender : 38 Years / Male  
Consulting Dr. : -  
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 11-Feb-2023 / 07:58  
Reported : 11-Feb-2023 / 11:40

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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>      |
|---|----------------|-----------------------------|--------------------|
| <b><u>RBC PARAMETERS</u></b>  |                |                             |                    |
| Haemoglobin   | 15.5           | 13.0-17.0 g/dL              | Spectrophotometric |
| RBC   | 5.06           | 4.5-5.5 mil/cmm             | Elect. Impedance   |
| PCV   | 49.0           | 40-50 %                     | Measured           |
| MCV   | 97             | 80-100 fl                   | Calculated         |
| MCH   | 30.6           | 27-32 pg                    | Calculated         |
| MCHC  | 31.6           | 31.5-34.5 g/dL              | Calculated         |
| RDW   | 14.1           | 11.6-14.0 %                 | Calculated         |
| <b><u>WBC PARAMETERS</u></b>  |                |                             |                    |
| WBC Total Count   | 6150           | 4000-10000 /cmm             | Elect. Impedance   |
| <b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>                  |                |                             |                    |
| Lymphocytes   | 41.9           | 20-40 %                     |                    |
| Absolute Lymphocytes  | 2576.8         | 1000-3000 /cmm              | Calculated         |
| Monocytes   | 8.4            | 2-10 %                      |                    |
| Absolute Monocytes  | 516.6          | 200-1000 /cmm               | Calculated         |
| Neutrophils   | 45.1           | 40-80 %                     |                    |
| Absolute Neutrophils  | 2773.7         | 2000-7000 /cmm              | Calculated         |
| Eosinophils   | 4.3            | 1-6 %                       |                    |
| Absolute Eosinophils  | 264.4          | 20-500 /cmm                 | Calculated         |
| Basophils   | 0.3            | 0.1-2 %                     |                    |
| Absolute Basophils  | 18.4           | 20-100 /cmm                 | Calculated         |
| Immature Leukocytes   | -              |                             |                    |
| WBC Differential Count by Absorbance & Impedance method/Microscopy. |                |                             |                    |
| <b><u>PLATELET PARAMETERS</u></b>                                   |                |                             |                    |
| Platelet Count  | 185000         | 150000-400000 /cmm          | Elect. Impedance   |
| MPV   | 12.5           | 6-11 fl                     | Calculated         |
| PDW   | 27.5           | 11-18 %                     | Calculated         |
| <b><u>RBC MORPHOLOGY</u></b>  |                |                             |                    |
| Hypochromia   | -              |                             |                    |
| Microcytosis  | -              |                             |                    |



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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 Borivali Lab, Borivali West  
\*\*\* End Of Report \*\*\*



*Bmhasakar*

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



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Reported : 11-Feb-2023 / 13:14

**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 | 101.2          | Non-Diabetic: < 100 mg/dl<br>Impaired Fasting Glucose: 100-125 mg/dl<br>Diabetic: >/= 126 mg/dl   | Hexokinase          |
| GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R | 100.4          | Non-Diabetic: < 140 mg/dl<br>Impaired Glucose Tolerance: 140-199 mg/dl<br>Diabetic: >/= 200 mg/dl | Hexokinase          |
| BILIRUBIN (TOTAL), Serum                 | 1.02           | 0.3-1.2 mg/dl   | Vanadate oxidation  |
| BILIRUBIN (DIRECT), Serum                | 0.31           | 0-0.3 mg/dl   | Vanadate oxidation  |
| BILIRUBIN (INDIRECT), Serum              | 0.71           | <1.2 mg/dl  | Calculated          |
| TOTAL PROTEINS, Serum                    | 7.0            | 5.7-8.2 g/dL  | Biuret              |
| ALBUMIN, Serum                           | 4.5            | 3.2-4.8 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                        | 29.3           | <34 U/L   | Modified IFCC       |
| SGPT (ALT), Serum                        | 55.3           | 10-49 U/L   | Modified IFCC       |
| GAMMA GT, Serum                          | 25.5           | <73 U/L   | Modified IFCC       |
| ALKALINE PHOSPHATASE, Serum              | 77.1           | 46-116 U/L  | Modified IFCC       |
| BLOOD UREA, Serum                        | 26.5           | 19.29-49.28 mg/dl   | Calculated          |
| BUN, Serum                               | 12.4           | 9.0-23.0 mg/dl  | Urease with GLDH    |
| CREATININE, Serum                        | 0.74           | 0.60-1.10 mg/dl   | Enzymatic           |
| eGFR, Serum                              | 126            | >60 ml/min/1.73sqm  | Calculated          |
| URIC ACID, Serum                         | 6.2            | 3.7-9.2 mg/dl   | Uricase/ Peroxidase |



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|                         |        |        |
|-------------------------|--------|--------|
| 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 \*\*\*



MC-2111



*Bmhasakar*

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





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Collected : 11-Feb-2023 / 07:58  
Reported : 11-Feb-2023 / 10:16

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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 | 5.5            | Non-Diabetic Level: < 5.7 %<br>Prediabetic Level: 5.7-6.4 %<br>Diabetic Level: >/= 6.5 % | HPLC          |
| Estimated Average Glucose (eAG), EDTA WB - CC | 111.1          | 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.

\*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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Collected : 11-Feb-2023 / 07:58  
Reported : 11-Feb-2023 / 12:48

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

| PARAMETER                             | RESULTS     | BIOLOGICAL REF RANGE | METHOD             |
|---------------------------------------|-------------|----------------------|--------------------|
| <b><u>PHYSICAL EXAMINATION</u></b>    |             |                      |                    |
| Color                                 | Pale yellow | Pale Yellow          | -                  |
| Reaction (pH)                         | 5.0         | 4.5 - 8.0            | Chemical Indicator |
| Specific Gravity                      | 1.015       | 1.001-1.030          | Chemical Indicator |
| Transparency                          | Clear       | Clear                | -                  |
| Volume (ml)                           | 20          | -                    | -                  |
| <b><u>CHEMICAL EXAMINATION</u></b>    |             |                      |                    |
| Proteins                              | Absent      | Absent               | pH Indicator       |
| Glucose                               | Absent      | Absent               | GOD-POD            |
| Ketones                               | Absent      | Absent               | Legals Test        |
| Blood                                 | Absent      | Absent               | Peroxidase         |
| Bilirubin                             | Absent      | Absent               | Diazonium Salt     |
| Urobilinogen                          | Normal      | Normal               | Diazonium Salt     |
| Nitrite                               | Absent      | Absent               | Griess Test        |
| <b><u>MICROSCOPIC EXAMINATION</u></b> |             |                      |                    |
| Leukocytes(Pus cells)/hpf             | 1-2         | 0-5/hpf              |                    |
| Red Blood Cells / hpf                 | Absent      | 0-2/hpf              |                    |
| Epithelial Cells / hpf                | 0-1         |                      |                    |
| Casts                                 | Absent      | Absent               |                    |
| Crystals                              | Absent      | Absent               |                    |
| Amorphous debris                      | Absent      | Absent               |                    |
| Bacteria / hpf                        | 3-4         | 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

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



MC-2111



*Bmhasakar*

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



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

| <u>PARAMETER</u> | <u>RESULTS</u> |
|------------------|----------------|
| ABO GROUP        | O              |
| 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. Vrushi Shroff*

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





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

| PARAMETER                        | RESULTS | BIOLOGICAL REF RANGE   | METHOD                 |
|----------------------------------|---------|--|------------------------|
| CHOLESTEROL, Serum               | 176.2   | Desirable: <200 mg/dl<br>Borderline High: 200-239mg/dl<br>High: >=240 mg/dl  | CHOD-POD               |
| TRIGLYCERIDES, Serum             | 170.4   | Normal: <150 mg/dl<br>Borderline-high: 150 - 199 mg/dl<br>High: 200 - 499 mg/dl<br>Very high:>=500 mg/dl                                     | Enzymatic colorimetric |
| HDL CHOLESTEROL, Serum           | 34.1    | Desirable: >60 mg/dl<br>Borderline: 40 - 60 mg/dl<br>Low (High risk): <40 mg/dl  | Elimination/ Catalase  |
| NON HDL CHOLESTEROL, Serum       | 142.1   | Desirable: <130 mg/dl<br>Borderline-high:130 - 159 mg/dl<br>High:160 - 189 mg/dl<br>Very high: >=190 mg/dl                                   | Calculated             |
| LDL CHOLESTEROL, Serum           | 108.0   | Optimal: <100 mg/dl<br>Near Optimal: 100 - 129 mg/dl<br>Borderline High: 130 - 159 mg/dl<br>High: 160 - 189 mg/dl<br>Very High: >= 190 mg/dl | Calculated             |
| VLDL CHOLESTEROL, Serum          | 34.1    | < /= 30 mg/dl  | Calculated             |
| CHOL / HDL CHOL RATIO, Serum     | 5.2     | 0-4.5 Ratio  | Calculated             |
| LDL CHOL / HDL CHOL RATIO, Serum | 3.2     | 0-3.5 Ratio  | Calculated             |

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



*Namrata Raul*

**Dr.NAMRATA RAUL**  
**M.D (Biochem)**  
**Biochemist**





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Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 11-Feb-2023 / 07:58  
Reported : 11-Feb-2023 / 13:46

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

| PARAMETER           | RESULTS      | BIOLOGICAL REF RANGE | METHOD |
|---------------------|--------------|----------------------|--------|
| Free T3, Serum      | 5.5          | 3.5-6.5 pmol/L       | CLIA   |
| Free T4, Serum      | 14.1         | 11.5-22.7 pmol/L     | CLIA   |
| sensitiveTSH, Serum | <b>8.680</b> | 0.55-4.78 microIU/ml | CLIA   |

**Interpretation:**

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

**Clinical Significance:**

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be 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)



*Dr. Leena Salunkhe*  
**Dr.LEENA**  
**SALUNKHE**  
**M.B.B.S, DPB (PATH)**  
**Pathologist**



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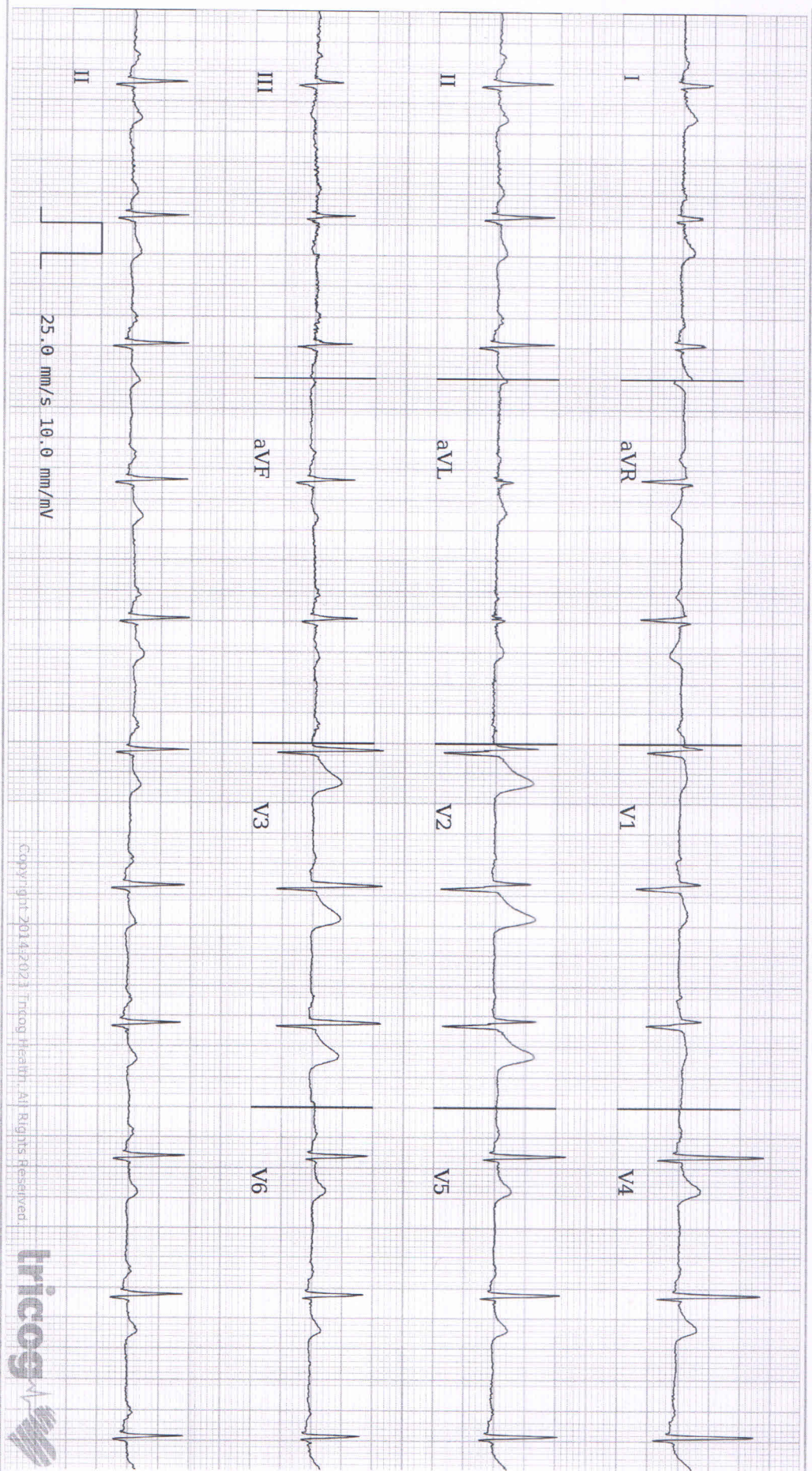
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\*\*\* End Of Report \*\*\*



Patient Name: SOURABH VERMA  
Patient ID: 2304221372

Date and Time: 11th Feb 23 8:45 AM

**SUBURBAN DIAGNOSTICS - MAHAVIR NAGAR, KANDIVALI WEST**



25.0 mm/s 10.0 mm/mV

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Age **38** 8 2  
years months days

Gender **Male**

Heart Rate **67bpm**

**Patient Vitals**

BP: 130/90 mmHg  
Weight: 90 kg  
Height: 177 cm  
Pulse: 68 bpm  
SpO2: NA  
Resp: NA  
Others:

**Measurements**

QRSD: 84ms  
QT: 354ms  
QTc: 374ms  
PR: 174ms  
P-R-T: 46° 57° 22°

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

REPORTED BY

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



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.



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Reported : 13-Feb-2023 / 10:19

## PHYSICAL EXAMINATION REPORT

**History and Complaints: NIL**

### **EXAMINATION FINDINGS:**

|                        |          |              |              |
|------------------------|----------|--------------|--------------|
| Height (cms):          | 177      | Weight (kg): | 90           |
| Temp :                 | Afebrile | Skin:        | Normal       |
| Blood Pressure (mm/g): | 130/90   | Nails:       | Healthy      |
| Pulse:                 | 68/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 EXRCISE. HEALTHY DIET.**

### **CHIEF COMPLAINTS:**

|                        |    |
|------------------------|----|
| 1) Hypertension:       | NO |
| 2) IHD:                | NO |
| 3) Arrhythmia:         | NO |
| 4) Diabetes Mellitus : | NO |
| 5) Tuberculosis :      | NO |
| 6) Asthama:            | NO |



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- |  |    |
|--|----|
| 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:**

- |               |     |
|---------------|-----|
| 1) Alcohol    | NO  |
| 2) Smoking    | NO  |
| 3) Diet       | VEG |
| 4) Medication | NIL |

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



  
Dr. Ajita Bhosale  
PHYSICIAN

**Dr. AJITA BHOSALE**  
Reg. No. 2013/062200  
MBBS/D. Cardiology

Date:- 11/02/23

CID: 2304221372

Name:- Mr. Saurabh Veema

Sex / Age: M/38yrs.

**EYE CHECK UP**

Chief complaints: — NO

Systemic Diseases: — NO

Past history: — NO

Unaided Vision: — NO

Aided Vision: — NO

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.





# SUBURBAN DIAGNOSTICS PVT LTD.

**Patient Details**      Date: 11-Feb-23      Time: 9:21:52 AM  
**Name:** SOURABH VERMA ID: 2304221372  
**Age:** 38 y      **Sex:** M      **Height:** 177 cms      **Weight:** 90 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:** 7 m 5 s      **Max. HR:** 157 ( 86% of Pr.MHR )bpm      **Max. Mets:** 10.20  
**Max. BP:** 190 / 90 mmHg      **Max. BP x HR:** 29830 mmHg/min      **Min. BP x HR:** 7200 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 : 52                 | 1.0  | 0           | 0         | 83               | 130 / 90        | -3.40 aVR          | 3.89 II              |
| Standing         | 1 : 24                 | 1.0  | 0           | 0         | 89               | 130 / 90        | -3.18 V6           | 3.54 I               |
| Hyperventilation | 0 : 52                 | 1.0  | 0           | 0         | 80               | 130 / 90        | -1.06 aVR          | 2.12 V2              |
| 1                | 3 : 0                  | 4.6  | 1.7         | 10        | 114              | 150 / 90        | -1.27 aVR          | 2.48 V2              |
| 2                | 3 : 0                  | 7.0  | 2.5         | 12        | 142              | 170 / 90        | -1.06 III          | 3.89 V3              |
| Peak Ex          | 1 : 5                  | 10.2 | 3.4         | 14        | 157              | 190 / 90        | -1.70 III          | 3.54 V2              |
| Recovery(1)      | 3 : 0                  | 1.8  | 1           | 0         | 93               | 150 / 90        | -2.12 aVR          | 3.89 V2              |
| Recovery(2)      | 1 : 0                  | 1.0  | 0           | 0         | 90               | 130 / 90        | -0.85 aVR          | -1.06 aVR            |
| Recovery(3)      | 0 : 3                  | 1.0  | 0           | 0         | 90               | 130 / 90        | -0.64 aVR          | -0.71 aVR            |

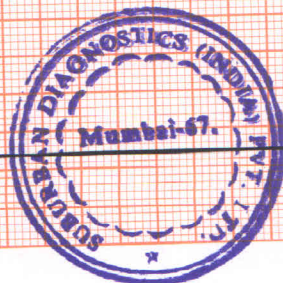
## Interpretation

GOOD EFFORT TOLERANCE.  
 MODERATE 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 HEALTHCARE  
 ( Summary Report edited by user )



Doctor: DR AJITA BHOSALE  
 (c) Schiller Healthcare India Pvt. Ltd.

**Dr. AJITA BHOSALE**  
 Reg. No. 2013/0622093  
 MBBS/D. Cardiology





**SOURABH VERMA (38 M)**

Protocol: Bruce

ID: 2304221372

Date: 11-Feb-23

Exec Time : 0 m 0 s

Stage: Supine

Speed: 0 mph

Grade: 0 %

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

HR: 80 bpm

B.P.: 130 / 90

(THR: 154 bpm)

1.3 0.7

I

0.0 0.0

V1

0.6 0.4

II

2.5 1.8

V2

-0.2 -0.4

III

1.5 0.7

V3

-1.1 -0.4

aVR

0.8 0.0

V4

0.6 0.4

aVL

0.8 0.0

V5

0.2 0.0

aVF

0.4 0.0

V6

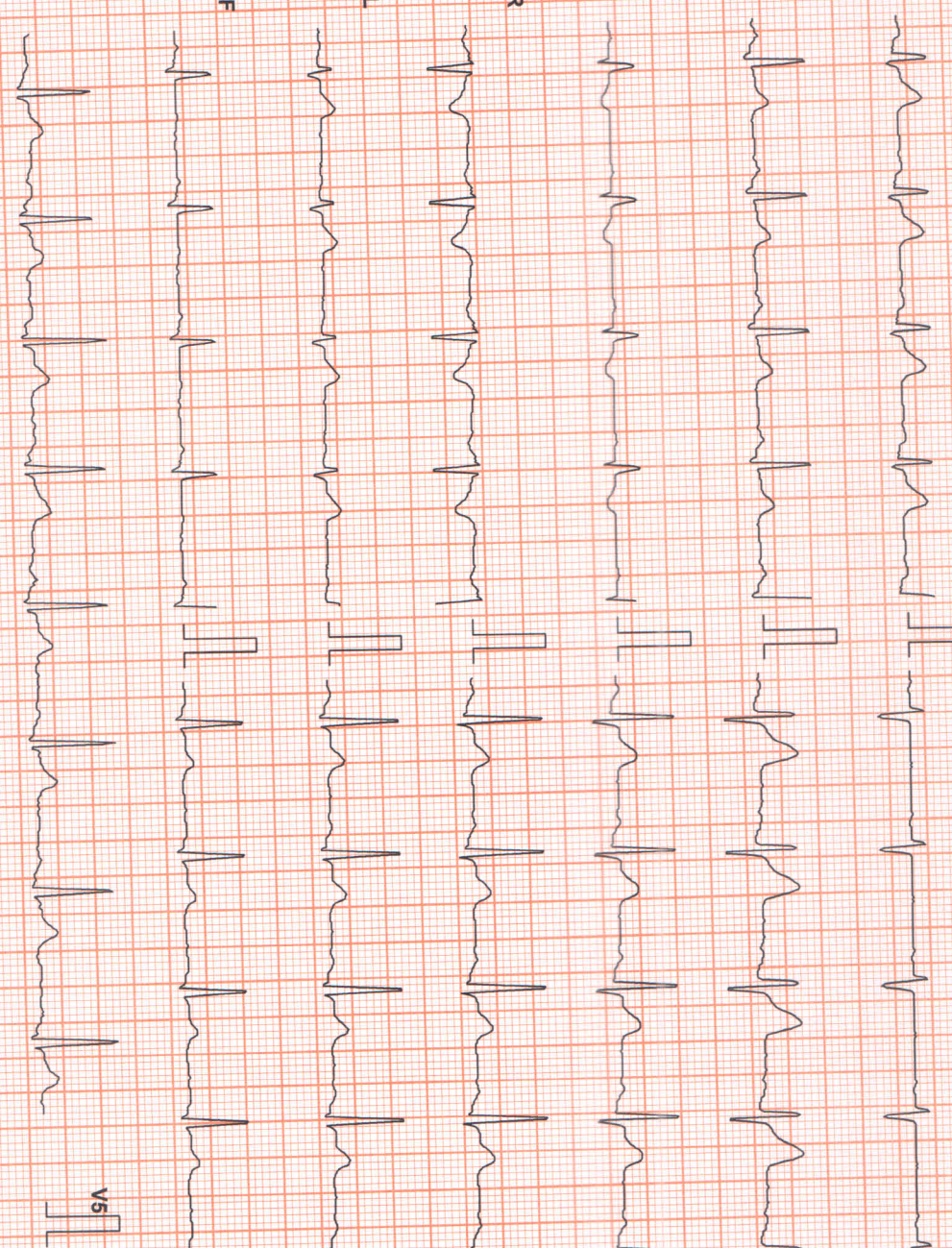


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spanden V 4.52

Linked Median



Protocol: Bruce

ID: 2304221372  
Stage: Standing

Date: 11-Feb-23  
Speed: 0 mph  
Grade: 0 %  
Exec Time : 0 m 0 s  
Stage Time : 1 m 18 s  
HR: 82 bpm  
(THR: 154 bpm)  
B.P.: 130 / 90

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

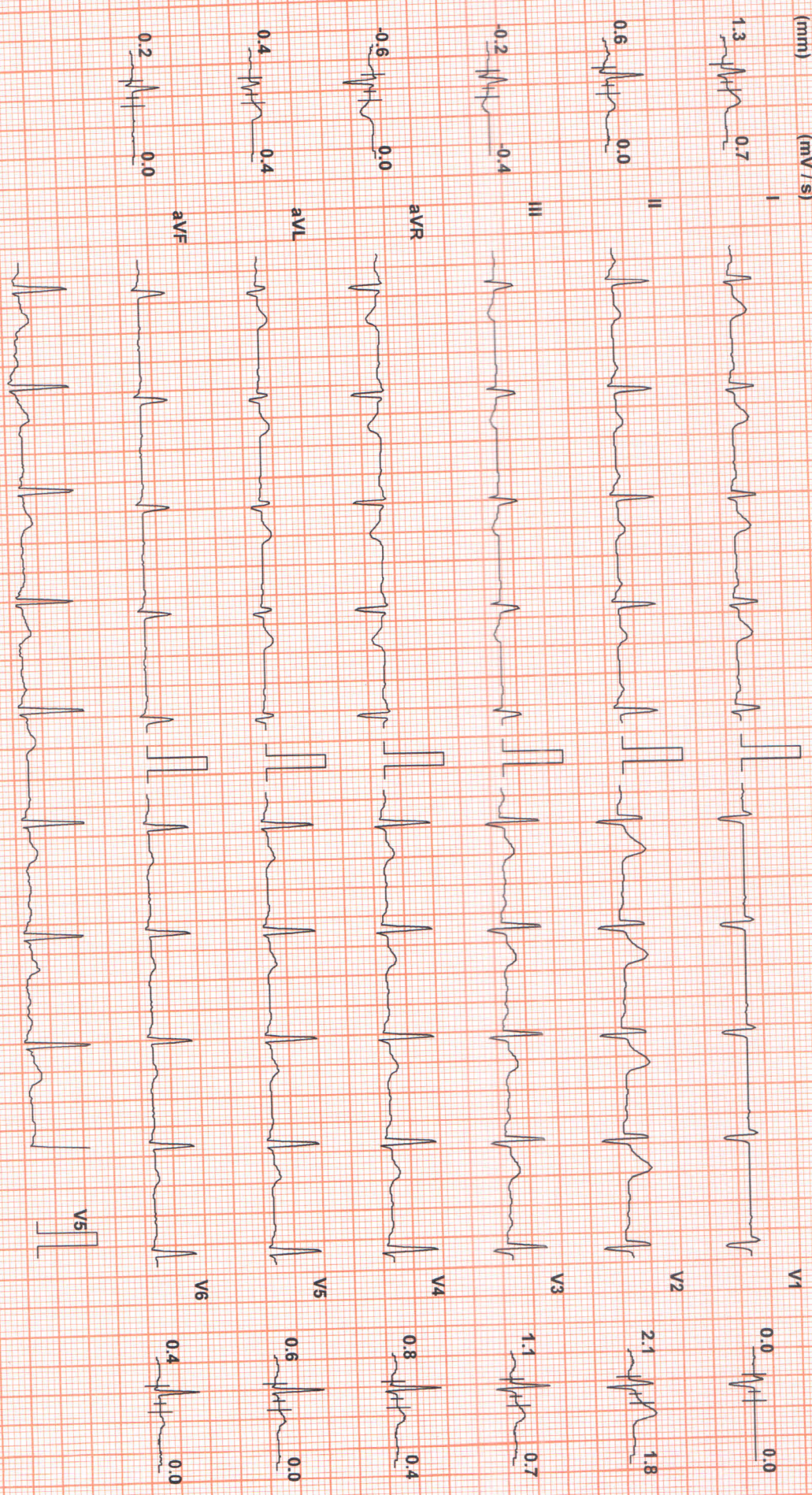


Chart Speed: 25 mm/sec  
Schiller Spandan V 4.52

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



**SOURABH VERMA (38 M)**

Protocol: Bruce

ID: 2304221372

Date: 11-Feb-23

Exec Time : 0 m 0 s

Stage Time : 0 m 46 s

HR: 79 bpm

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 154 bpm)

B.P: 130 / 90

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

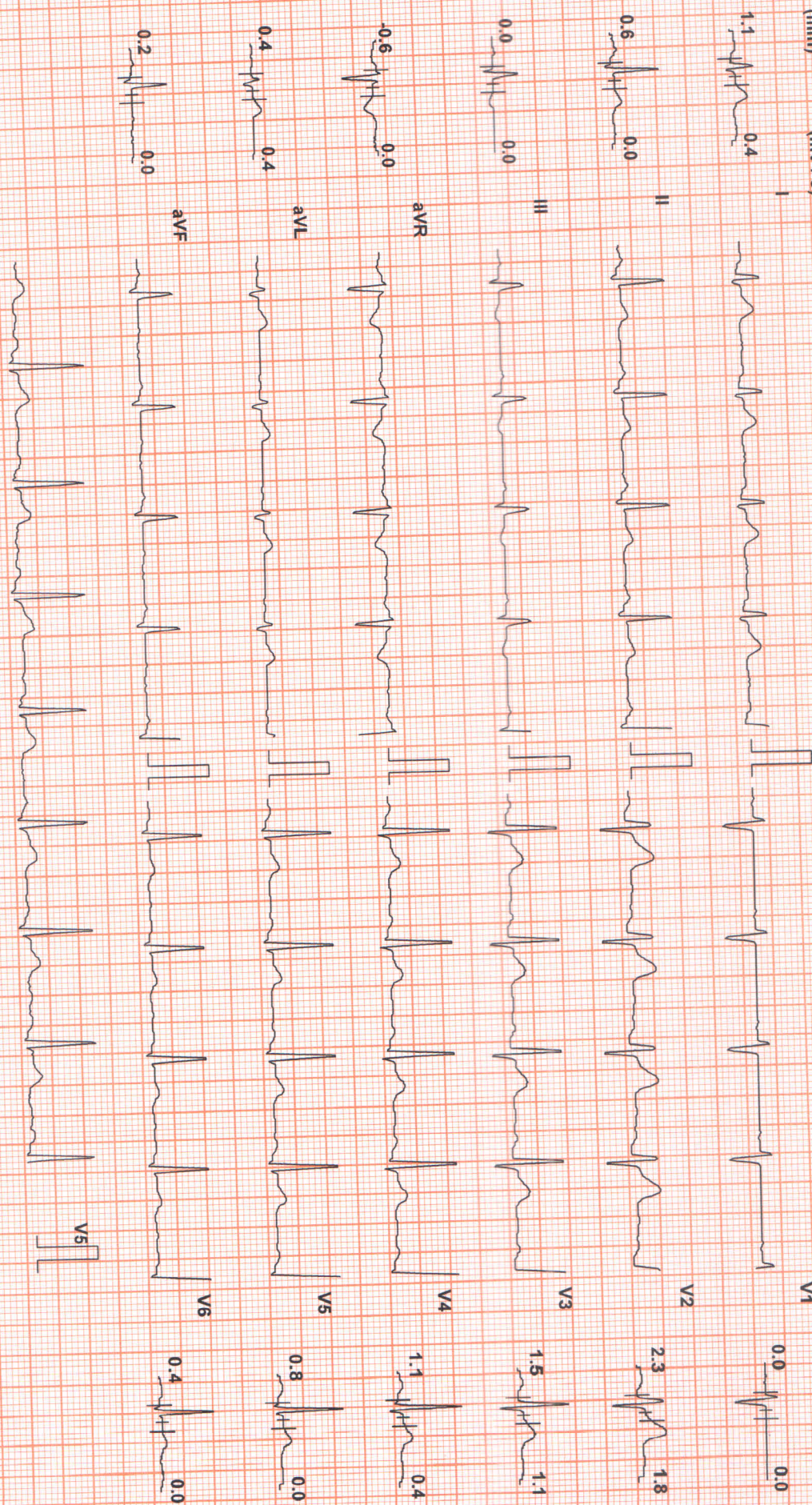


Chart Speed: 25 mm/sec  
Schaller Spandau V 4.52

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



Protocol: Bruce

ID: 2304221372  
Stage: 1

Date: 11-Feb-23  
Speed: 1.7 mph  
Grade: 10 %  
Exec Time : 2 m 54 s  
Stage Time : 2 m 54 s  
HR: 113 bpm  
B.P.: 150 / 90  
(THR: 154 bpm)

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

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

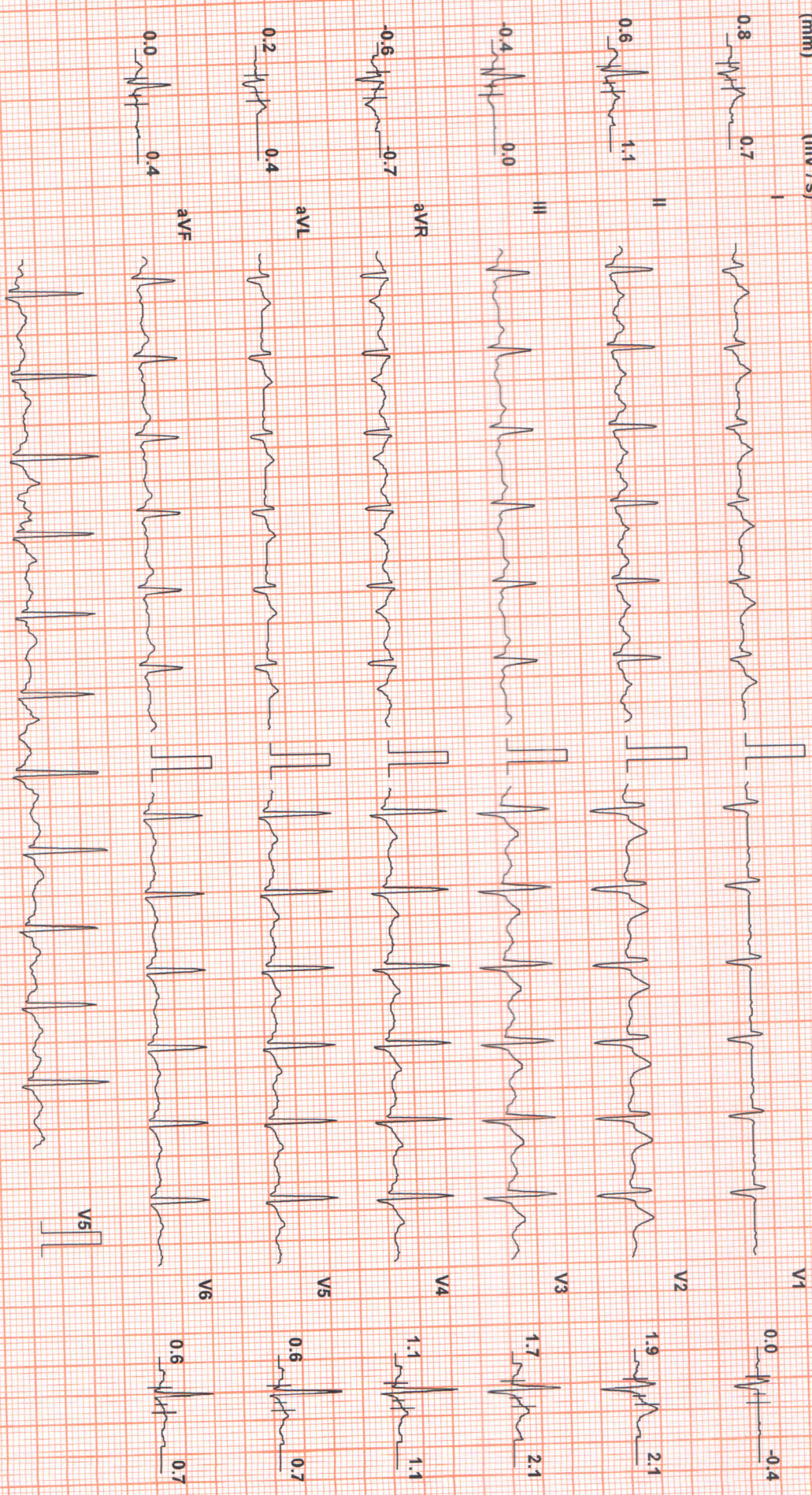


Chart Speed: 25 mm/sec  
Schiller Spandau V 4.52

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median





**SOURABH VERMA (38 M)**

Protocol: Bruce

ID: 2304221372

Stage: 2

Date: 11-Feb-23

Speed: 2.5 mph

Exec Time : 5 m 54 s

Grade: 12 %

Stage Time : 2 m 54 s

(THR: 154 bpm)

HR: 142 bpm

B.P: 170 / 90

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

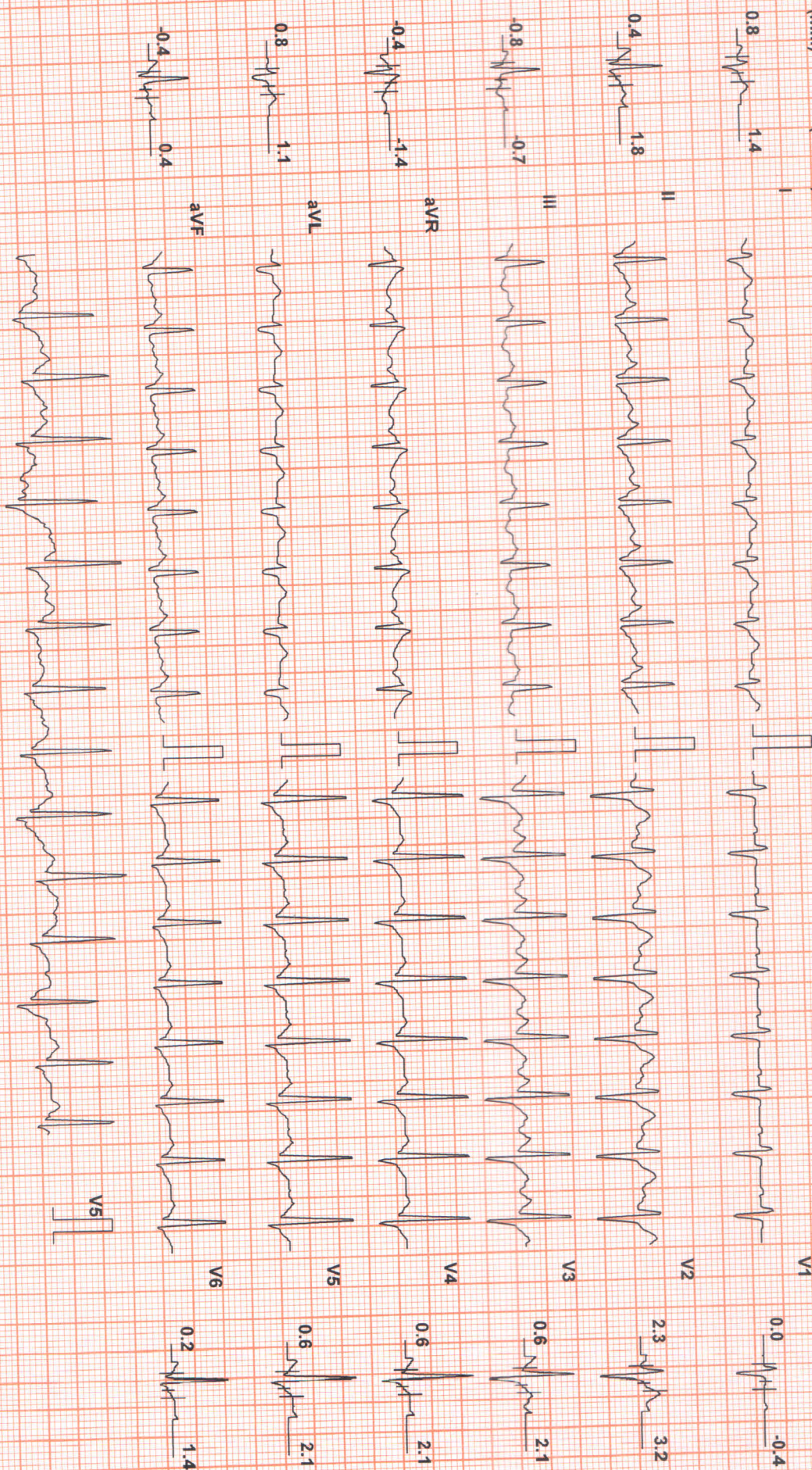


Chart Speed: 25 mm/sec  
Schlier Sparden V 4.52

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

PQRST J = J + 60 ms

Linked Median



Protocol: Bruce

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

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

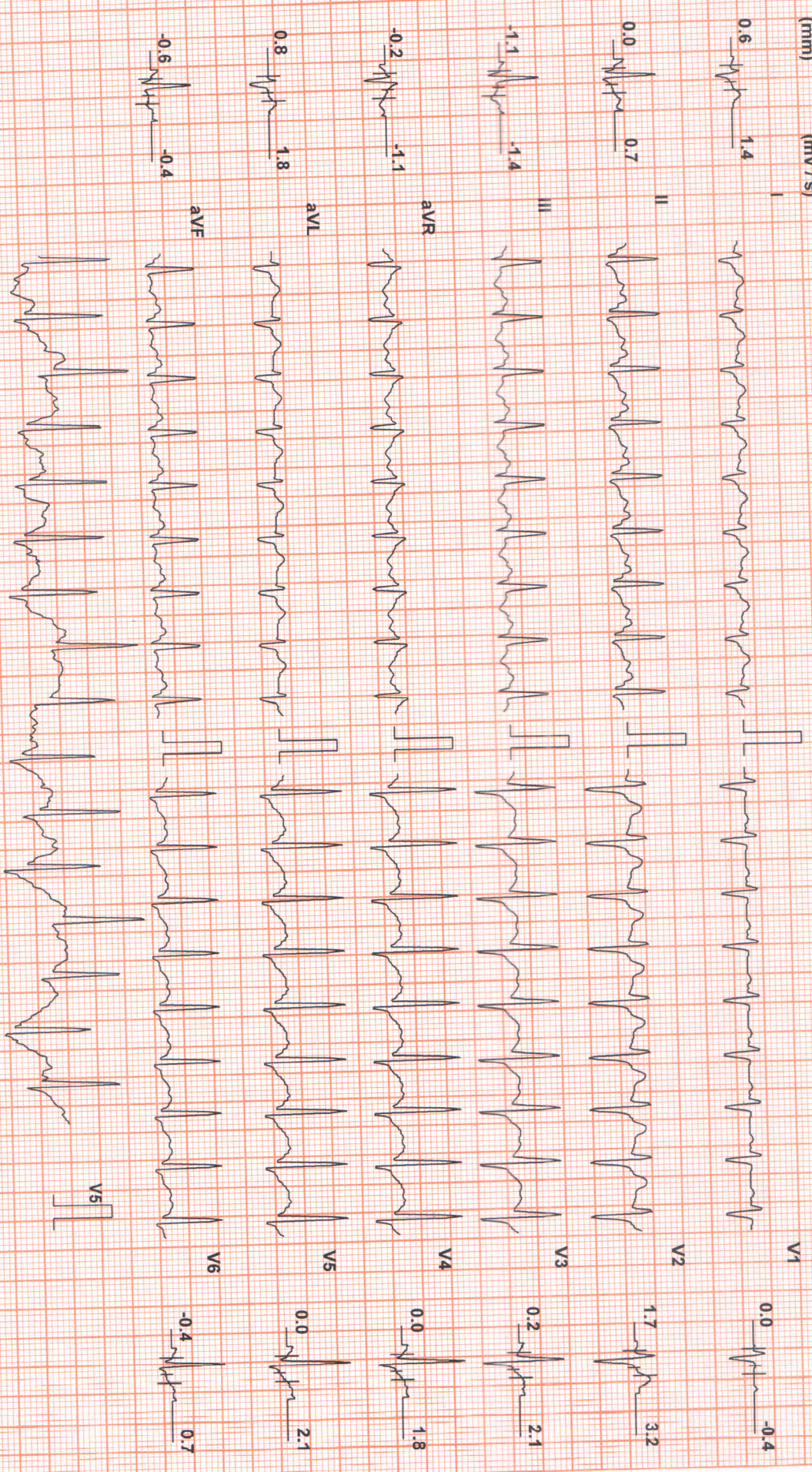


Chart Speed: 25 mm/sec  
Schiller Spandax V 4.52

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SOURABH VERMA (38 M)

ID: 2304221372

Date: 11-Feb-23

Exec Time : 7 m 5 s

Stage Time : 2 m 54 s

HR: 94 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 154 bpm)

B.P.: 150 / 90

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

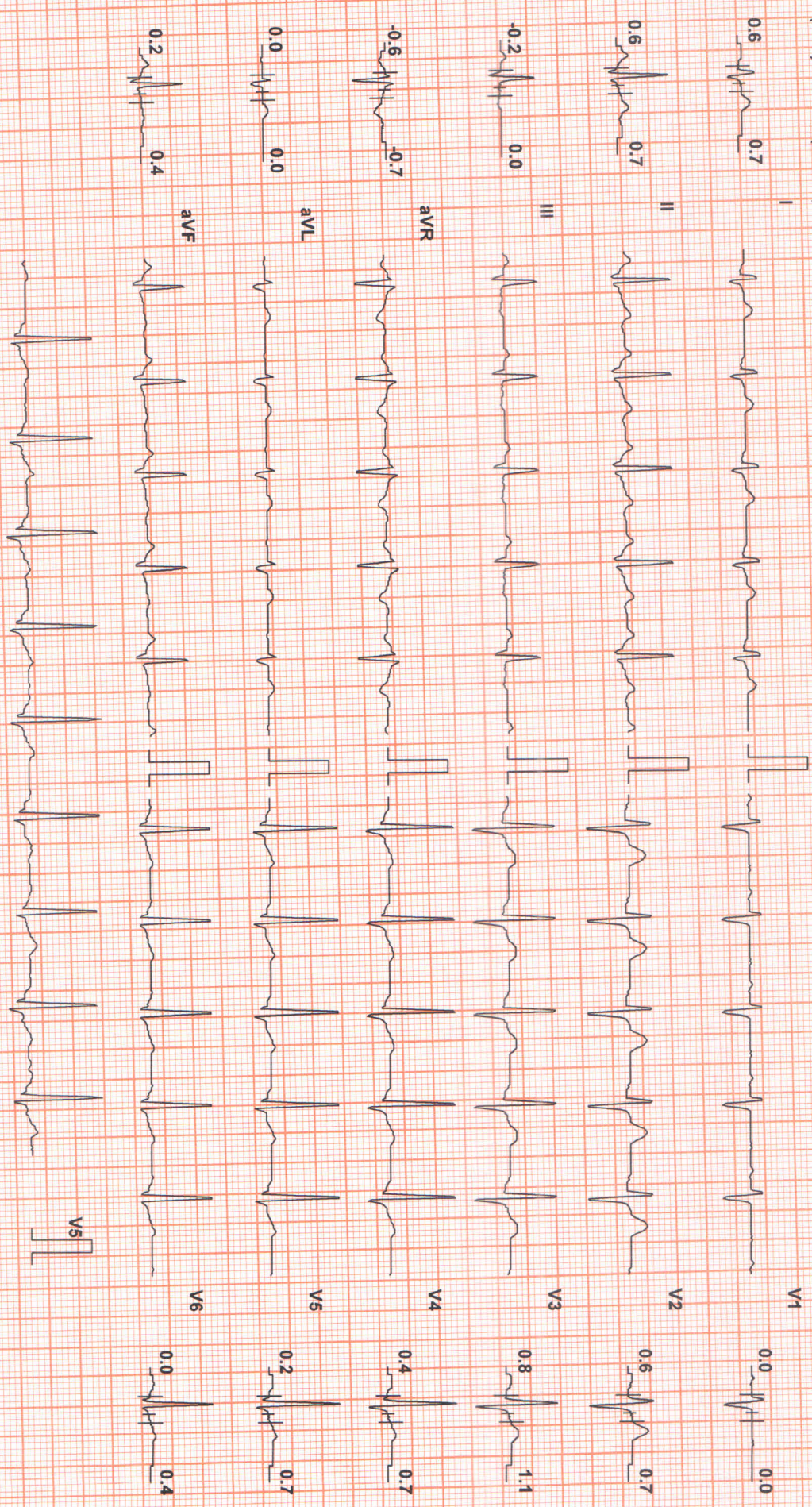


Chart Speed: 25 mm/sec  
Schlier Spandan V 4.52

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0%

(THR: 154 bpm)

B.P.: 130 / 90

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

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

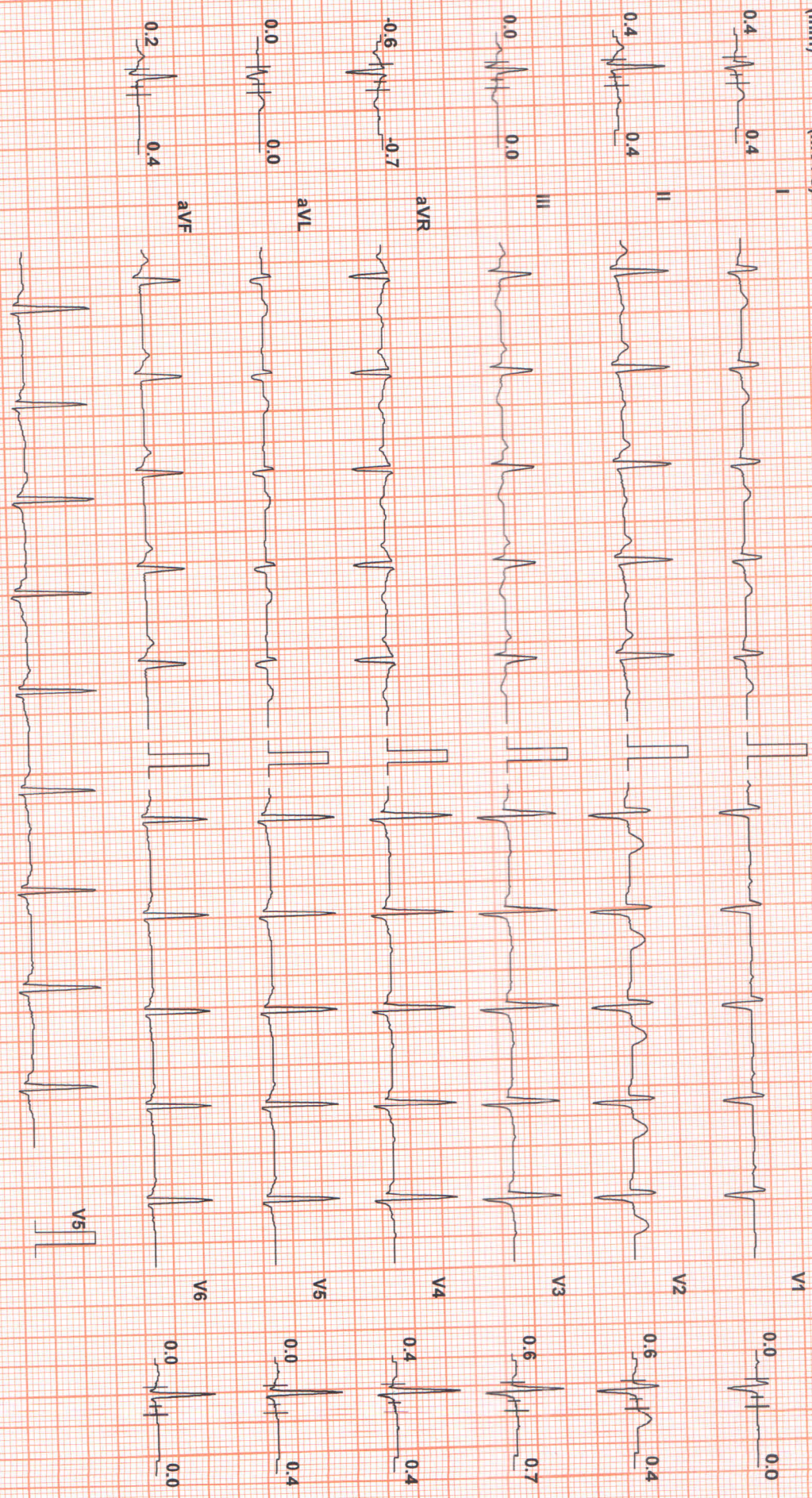


Chart Speed: 25 mm/sec  
Schiller Sparden V 4.52

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



**SOURABH VERMA (38 M)**

ID: 2304221372

Date: 11-Feb-23

Exec Time : 7 m 5 s

Stage Time : 0 m 57 s **HR: 92 bpm**

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0%

(THR: 154 bpm)

B.P: 130/90

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

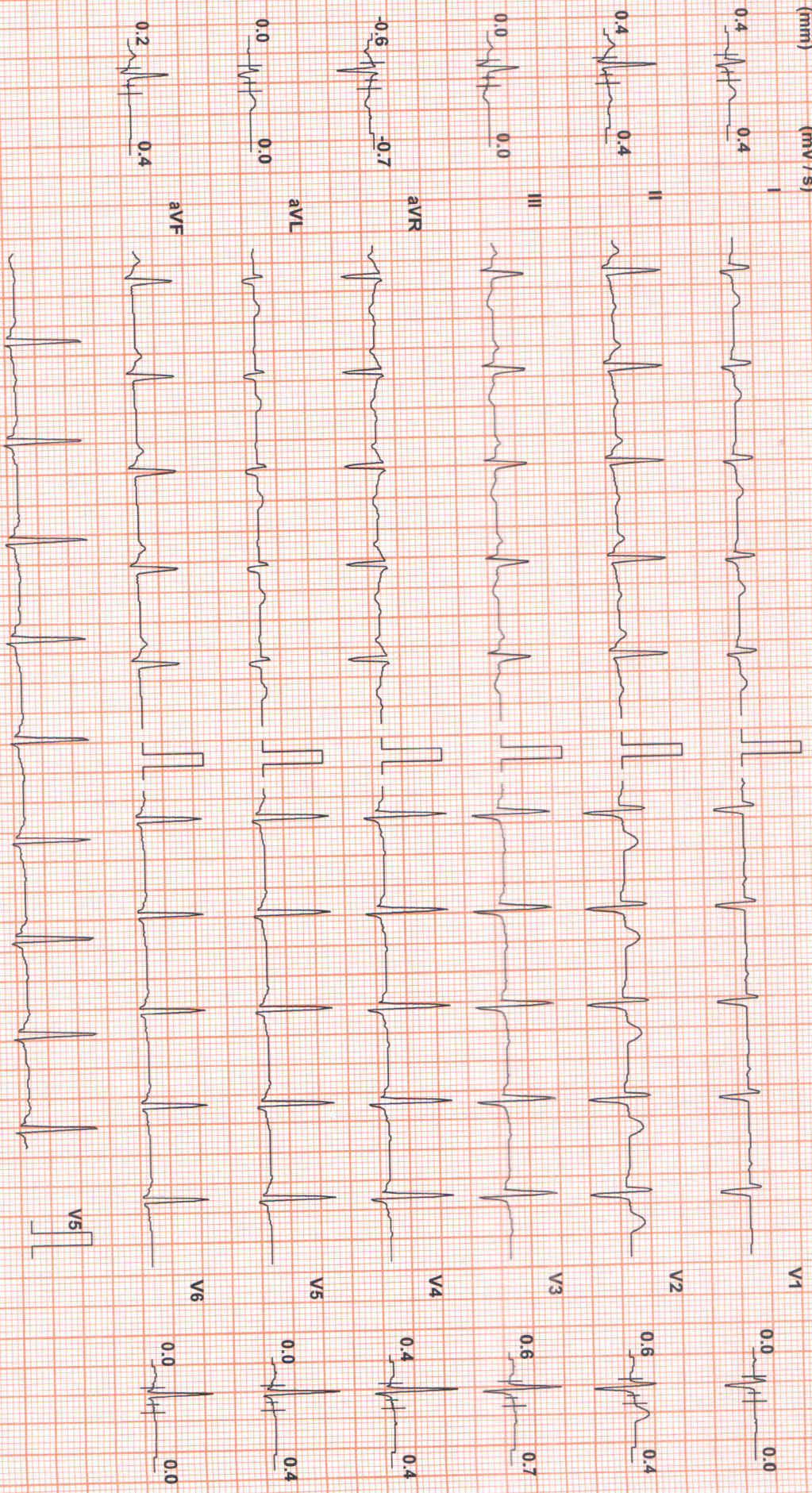


Chart Speed: 25 mm/sec  
Schiller Spandant V 4.52

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



|                               |                         |                  |
|-------------------------------|-------------------------|------------------|
| <b>CID NO: 2304221372</b>     |                         |                  |
| <b>NAME: MR.SOURABH VERMA</b> | <b>AGE: 38 YRS</b>      | <b>SEX: MALE</b> |
| <b>REF. BY : -----</b>        | <b>DATE: 11.02.2023</b> |                  |

### USG WHOLE ABDOMEN

**LIVER:** Liver is normal in size (13.9 cm), shape and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion. **Hemangioma in segment II / IV-A left lobe of the liver measuring 13 x 9 mm.**

**GALL BLADDER:** Gall bladder is not visualised. (post operative status.)

**PORTAL VEIN:** Portal vein (10 mm) is normal. **CBD:** CBD is normal.

**PANCREAS:** Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

**KIDNEYS:** Right kidney measures 9.4 x 4.0 cm. Left kidney measures 10.2 x 4.7 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 ( 9.6 cm), 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. Prostate measures 3.1 x 3.0 x 3.0 cm and prostatic weight is 15.0 gm. No evidence of any focal lesion.

No free fluid or significant lymphadenopathy is seen.

#### Opinion:

- **Hemangioma in left lobe as described.**
- **Post Cholecystectomy status.**

*For clinical correlation and follow up.*

  
**Dr. Ravi Kumar, MD**  
**Consultant Radiologist**

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.