



CID : 2331802515
Name : MR.SUMANJEE MISHRA
Age / Gender : 38 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 14-Nov-2023 / 09:22
Reported : 14-Nov-2023 / 12:47

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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	16.2	13.0-17.0 g/dL	Spectrophotometric
RBC	5.04	4.5-5.5 mil/cmm	Elect. Impedance
PCV	48.2	40-50 %	Measured
MCV	96	80-100 fl	Calculated
MCH	32.3	27-32 pg	Calculated
MCHC	33.7	31.5-34.5 g/dL	Calculated
RDW	13.5	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	8040	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	28.9	20-40 %	
Absolute Lymphocytes	2323.6	1000-3000 /cmm	Calculated
Monocytes	7.3	2-10 %	
Absolute Monocytes	586.9	200-1000 /cmm	Calculated
Neutrophils	62.0	40-80 %	
Absolute Neutrophils	4984.8	2000-7000 /cmm	Calculated
Eosinophils	1.5	1-6 %	
Absolute Eosinophils	120.6	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	24.1	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	209000	150000-400000 /cmm	Elect. Impedance
MPV	11.2	6-11 fl	Calculated
PDW	22.2	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
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 13 2-15 mm at 1 hr. Sedimentation

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



Bmhasakar

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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	96.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	95.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.43	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.27	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	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	25.4	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	31.3	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	49.2	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	91.9	40-130 U/L	Colorimetric
BLOOD UREA, Serum	11.3	12.8-42.8 mg/dl	Kinetic
BUN, Serum	5.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.76	0.67-1.17 mg/dl	Enzymatic



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eGFR, Serum	118	(ml/min/1.73sqm)	Calculated
		Normal or High: Above 90	
		Mild decrease: 60-89	
		Mild to moderate decrease: 45-59	
		Moderate to severe decrease: 30-44	
		Severe decrease: 15-29	
		Kidney failure: <15	

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

URIC ACID, Serum	6.2	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 ***



MC-2111



Bmhasakar

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



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	116.9	mg/dl	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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

*** End Of Report ***



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Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<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	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	
Others	-		

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

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

Reference: Pack inert

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



MC-2111

J. Thakker

Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP(Medical Services)



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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
Rh TYPING	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:
ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

References:

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

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



Dr. Trupti Shetty

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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	249.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	483.2	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	41.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	208.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	126.6	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	81.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	6.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.0	0-3.5 Ratio	Calculated

Note : LDL test is performed by direct measurement.

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Reported : 14-Nov-2023 / 20:06

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.3	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.87	0.35-5.5 microIU/ml	ECLIA

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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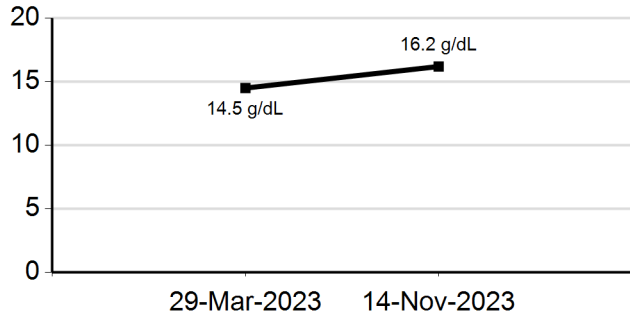
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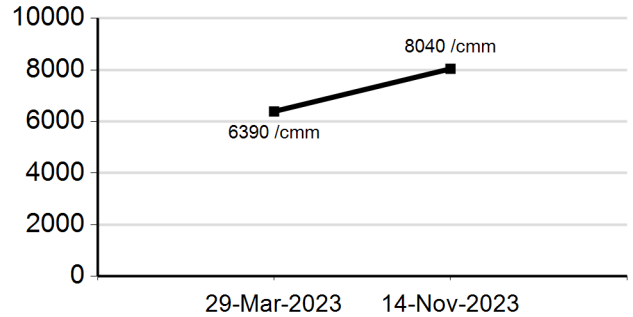
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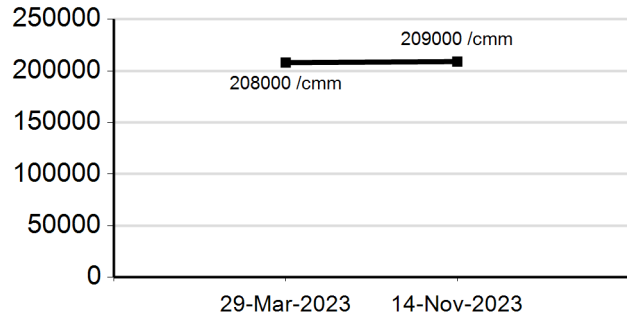
Haemoglobin



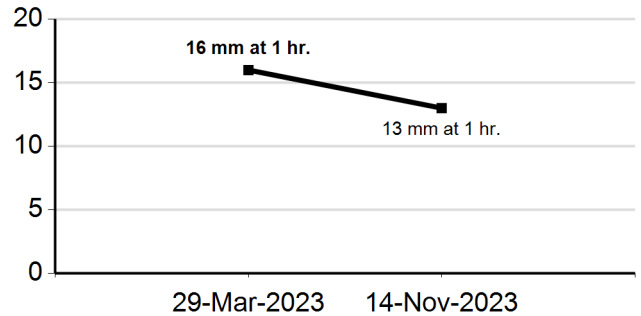
WBC Total Count



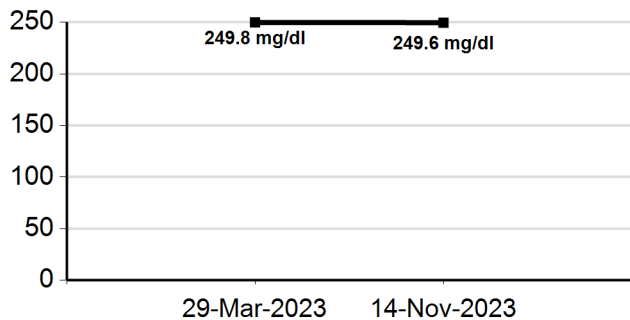
Platelet Count



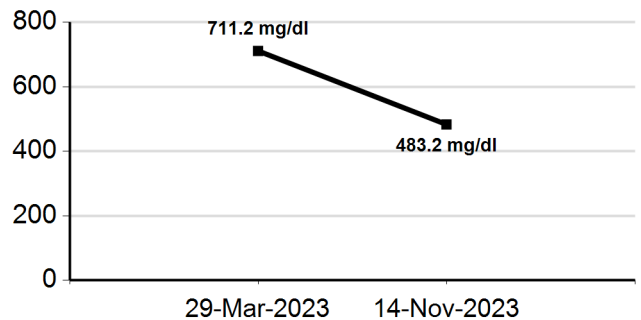
ESR



CHOLESTEROL



TRIGLYCERIDES

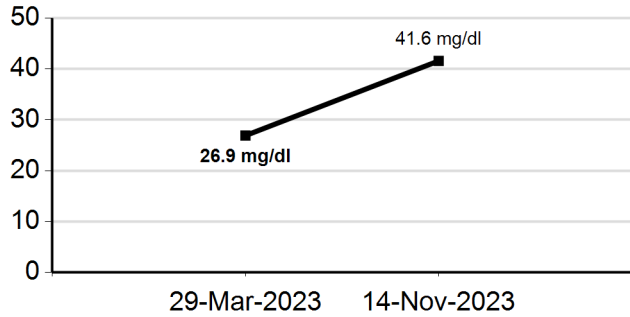




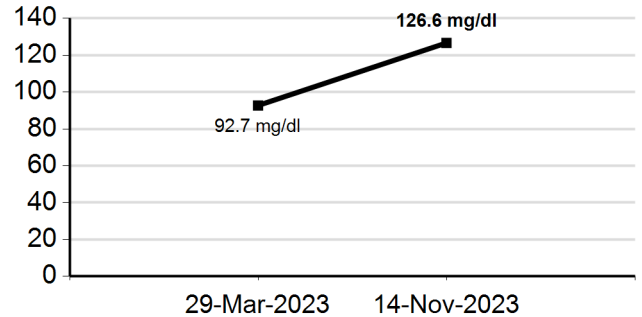
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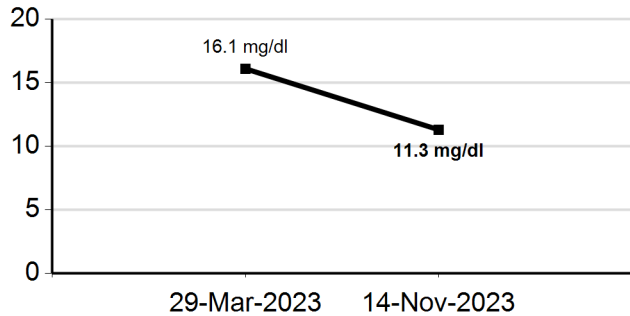
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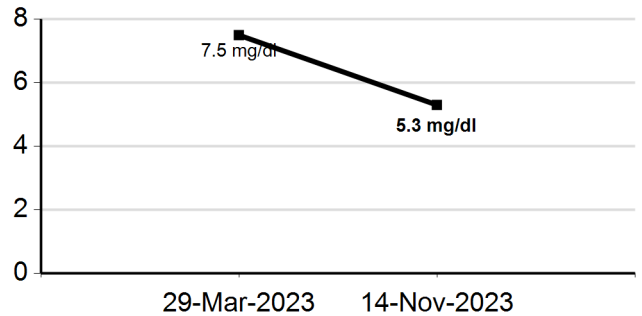
LDL CHOLESTEROL



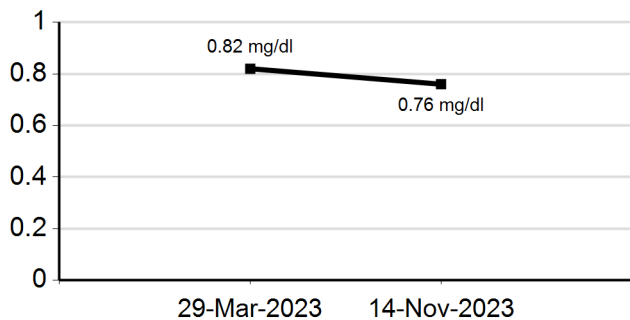
BLOOD UREA



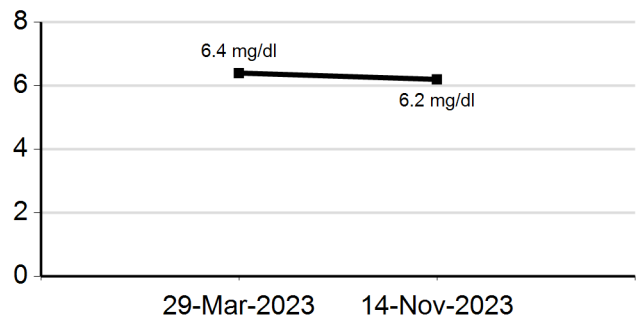
BUN



CREATININE



URIC ACID

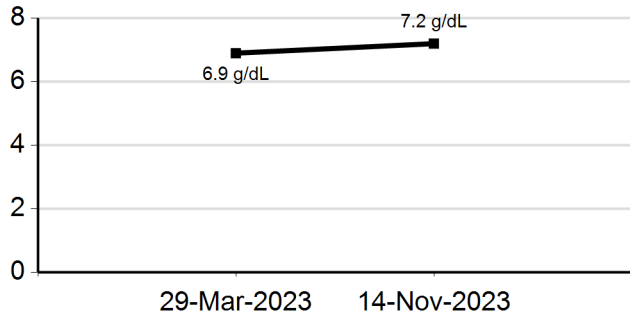




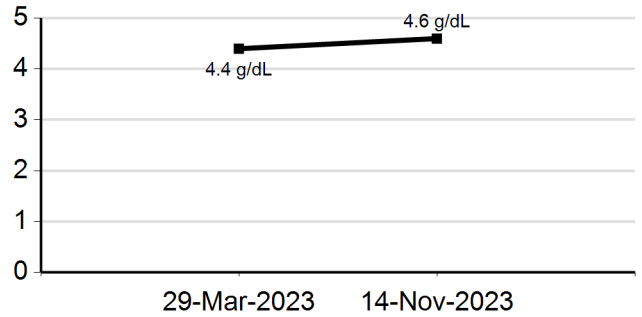
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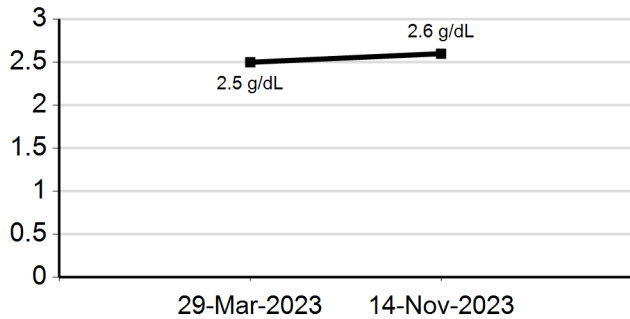
TOTAL PROTEINS



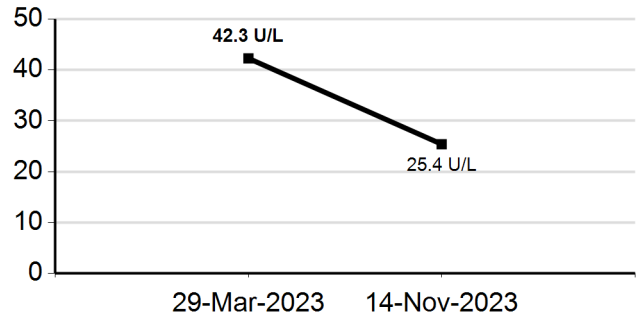
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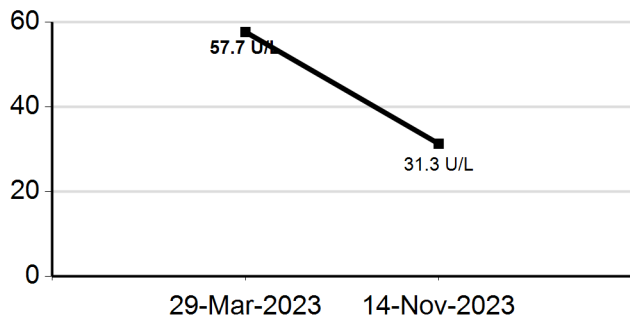
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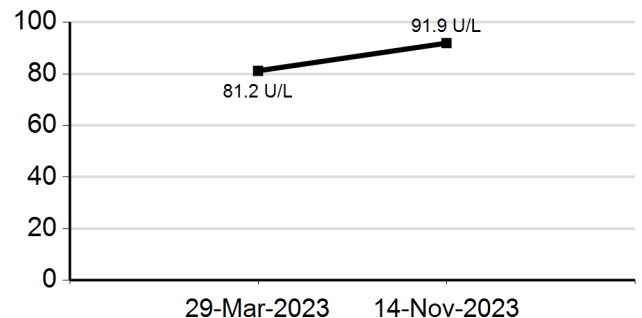
SGOT (AST)



SGPT (ALT)



ALKALINE PHOSPHATASE

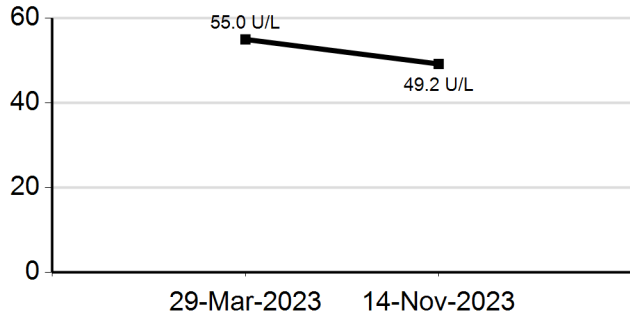




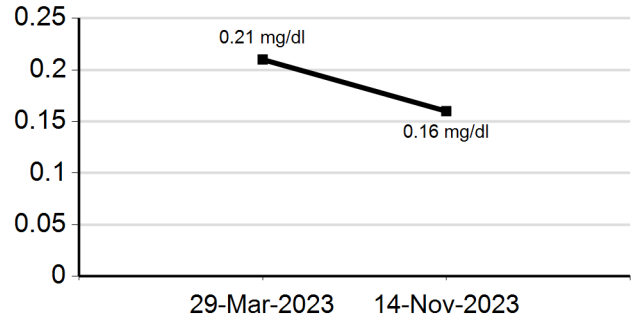
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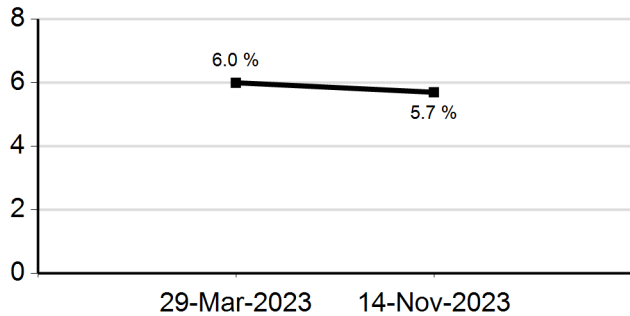
GAMMA GT



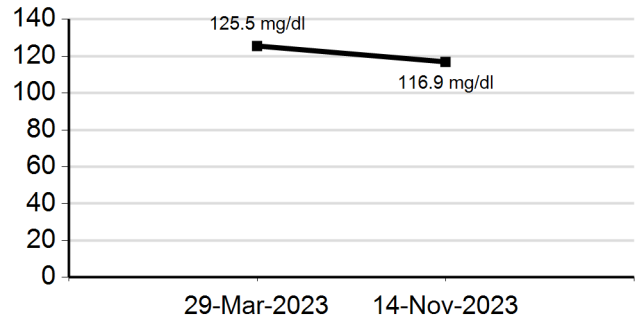
BILIRUBIN (DIRECT)



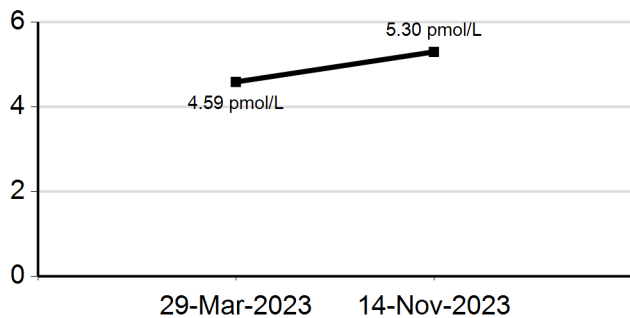
Glycosylated Hemoglobin (HbA1c)



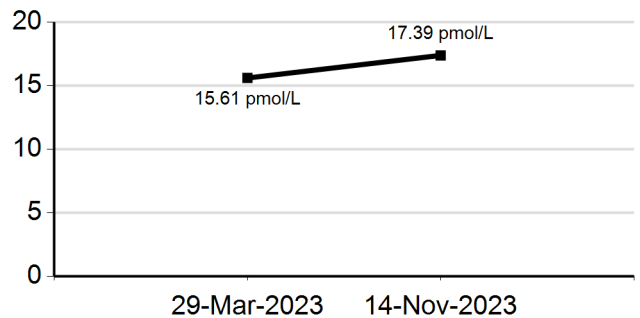
Estimated Average Glucose (eAG)



Free T3



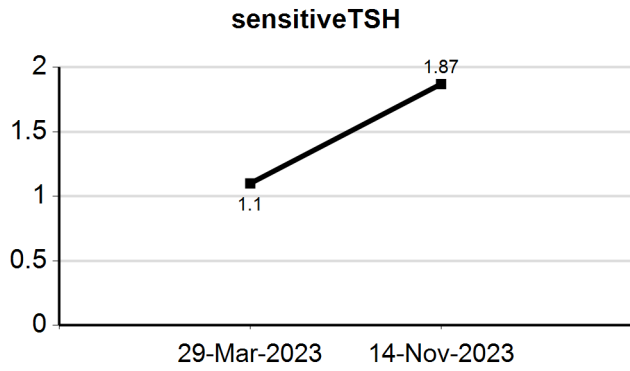
Free T4





Use a QR Code Scanner
Application To Scan the Code

CID : 2331802515
Name : MR.SUMANJEE MISHRA
Age / Gender : 38 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)



Date:- 14/11/2023

CID: 2331802515

Name:- Sumanjee Mishra

Sex / Age: 38 / M.

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Dv: LE 6/6 RE 6/6

Aided Vision:

Nv: NB NB

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	/				/			
Near	/				/			

Colour Vision: Normal / Abnormal

Remark:

Name : Mr . Sumanjee Mishra
VID : 2331802515
Ref By : Arcofemi Healthcare Limited

Reg Date : 14-Nov-2023 09:16
Age/Gender : 38 Years
Regn Centre : Borivali West (Main Centre)

History and Complaints:

NIL

EXAMINATION FINDINGS:

Height (cms):	184 cm	Weight (kg):	76 kg
Temp (0c):	AFEBRILE	Skin:	NORMAL
Blood Pressure (mm/hg):	130/80	Nails:	NORMAL
Pulse:	72bpm	Lymph Node:	NOT PALPABLE

Systems

Cardiovascular: NAD
Respiratory: CHEST CLEAR
Genitourinary: NAD
GI System: NAD
CNS: NAD

IMPRESSION:

Lipid profile

physician refⁿ.

ADVICE:

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 |

Name : Mr . Sumanjee Mishra
VID : 2331802515
Ref By : Arcofemi Healthcare Limited

Reg Date : 14-Nov-2023 09:16
Age/Gender : 38 Years
Regn Centre : Borivali West (Main Centre)

- 8) Thyroid/ Endocrine disorders NO
- 9) Nervous disorders NO
- 10) GI system NO
- 11) Genital urinary disorder NO
- 12) Rheumatic joint diseases or symptoms NO
- 13) Blood disease or disorder NO
- 14) Cancer/lump growth/cyst NO
- 15) Congenital disease NO
- 16) Surgeries NO
- 17) Musculoskeletal System NO

PERSONAL HISTORY:

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

DR. NITIN SONAVANE
M.B.B.S.AFLH, D.DIAB, D.CARD.
CONSULTANT-CARDIOLOGIST
REGD. NO. : 87714

Patient Name: SUMANJEE MISHRA
Patient ID: 2331802515

Date and Time: 14th Nov 23 10:33 AM



Age 38 years NA months NA days

Gender Male

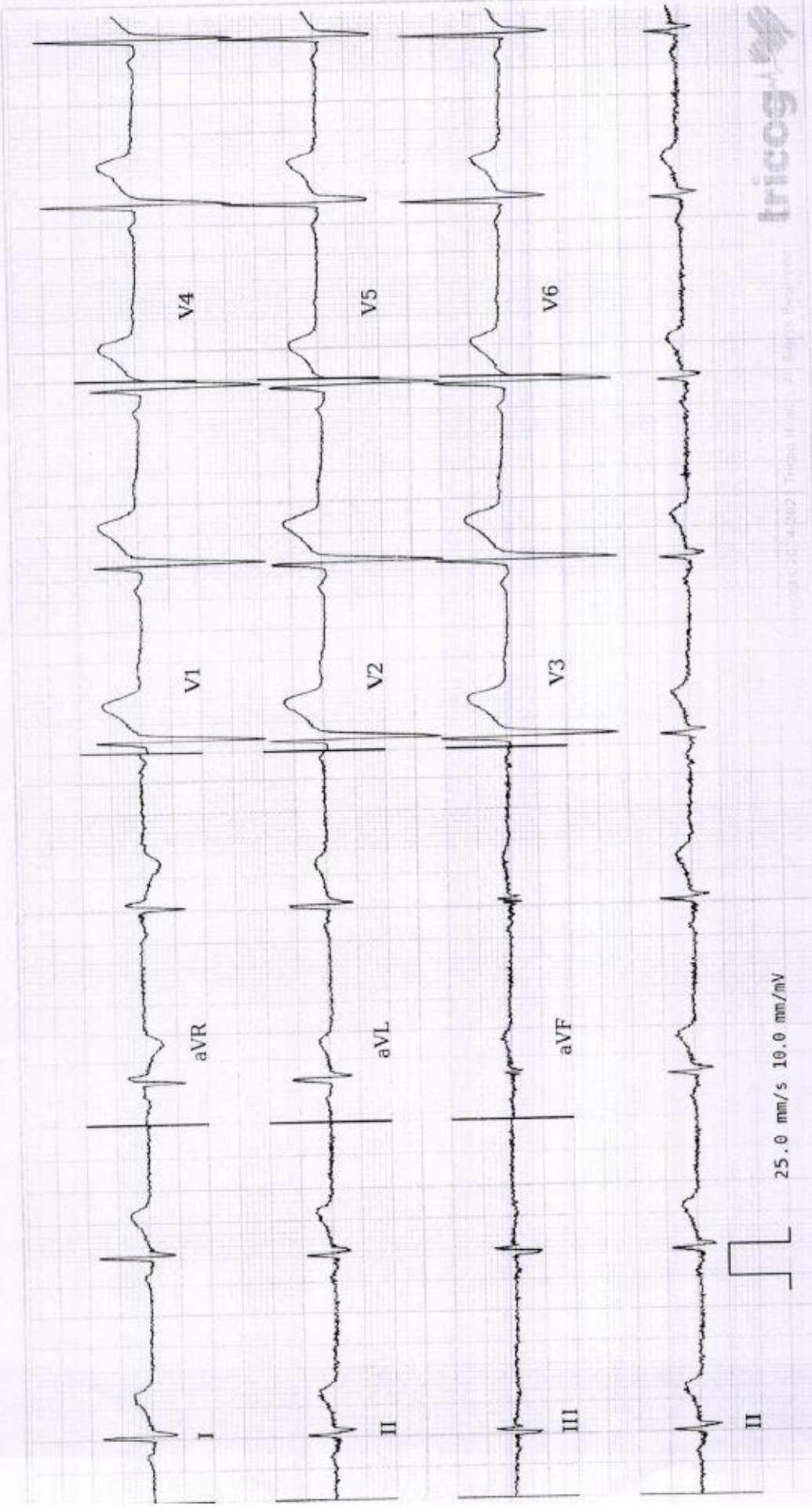
Heart Rate 53bpm

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
Spo2: NA
Resp: NA
Others:

Measurements

QRSD: 100ms
QT: 418ms
QTcB: 392ms
PR: 164ms
P-R-T: 23° 9° 26°



REPORTED BY

[Signature]

Dr Nitin Srivastava
MBBS,AFIH,DDIAR,DCARD
Consultant Cardiologist
8774

Sinus Bradycardia, Normal axis. Please correlate clinically.

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Name: SUMANJEE MISHRA **Date: 14-11-2023 Time: 10:55**

Age: 38 **Gender: M** **Height: 184 cms** **Weight: 76 Kg** **ID: 2331802515**

Clinical History: NIL

Medications: NIL

Test Details:

Protocol: Bruce **Predicted Max HR: 182** **Target HR: 154 (85% of Pr. MHR)**

Exercise Time: 0:09:03 **Achieved Max HR: 159 (87% of Pr. MHR)**

Max BP: 160/80 **Max BP x HR: 25440** **Max Mets: 10.2**

Test Termination Criteria: TEST COMPLET

Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	00:09	1	0	0	60	130/80	7800	1.8 V2	0.4 V4
Standing	01:33	1	0	0	58	130/80	7540	1.3 V2	0.5 V2
HyperVentilation	00:13	1	0	0	60	130/80	7800	0.9 II	0.8 V2
PreTest	00:08	1	1.6	0	72	130/80	9360	1.8 V2	0.4 V4
Stage: 1	03:00	4.7	2.7	10	106	140/80	14840	2 V3	0.8 V2
Stage: 2	03:00	7	4	12	126	140/80	17640	2 V3	0.9 V4
Stage: 3	03:00	10.1	5.5	14	158	160/80	25280	3 V3	1.8 V2
Peak Exercise	00:03	10.2	6.8	16	159	160/80	25440	3.5 V3	1.8 V2
Recovery1	01:00	1	0	0	114	160/80	18240	2.5 V3	3.7 V3
Recovery2	01:00	1	0	0	78	140/80	10920	1.4 V4	2 V4
Recovery3	00:11	1	0	0	79	130/80	10270	1.2 V4	1.8 V4

Interpretation

The Patient Exercised according to Bruce Protocol for 0:09:03 achieving a work level of 10.2 METS.
 Resting Heart Rate, initially 60 bpm rose to a max. heart rate of 159bpm (87% of Predicted Maximum Heart Rate).
 Resting Blood Pressure of 130/80 mmHg, rose to a maximum Blood Pressure of 160/80 mmHg
 Good Effort tolerance Normal HR & BP Responce No Angina or Arrhymias
 No Significant ST-T Change Noted During Exercise Stress test Negative for Stress inducible ischaemia.

Suburban Diagnostics (I) Pvt. Ltd.
 301& 302, 3rd Floor, Virji Bldg, Borivali,
 Above Tanish Jeweller, L. T. Road,
 Borivali (West), Mumbai - 400 092.

DR. NITIN SONAVANE
 M.B.B.S.AFLH, D.DIAB, D.CARD,
CONSULTANT-CARDIOLOGIST
 REGD. NO. : 87714

Ref. Doctor: ----

Doctor: DR. NITIN SONAVANE

SCHILLER
 The Art of Diagnostics

(Summary Report edited by User)
 Cardiovit CS-20 Version:3.4

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

SUMANJEE MISHRA (38 M)

ID: 2331802515

Date: 14-11-2023

Exec Time : 0:00:00

Stage Time: 00:09

HR: 60 bpm

Brace Protocol

STLevel(mm) STSlope(mV/s)

Stage: Supine

Speed: 0 km/h

Slope: 0%

THR: 154 bpm

BP: 130/80 mmHg
STLevel(mm) STSlope(mV/s)

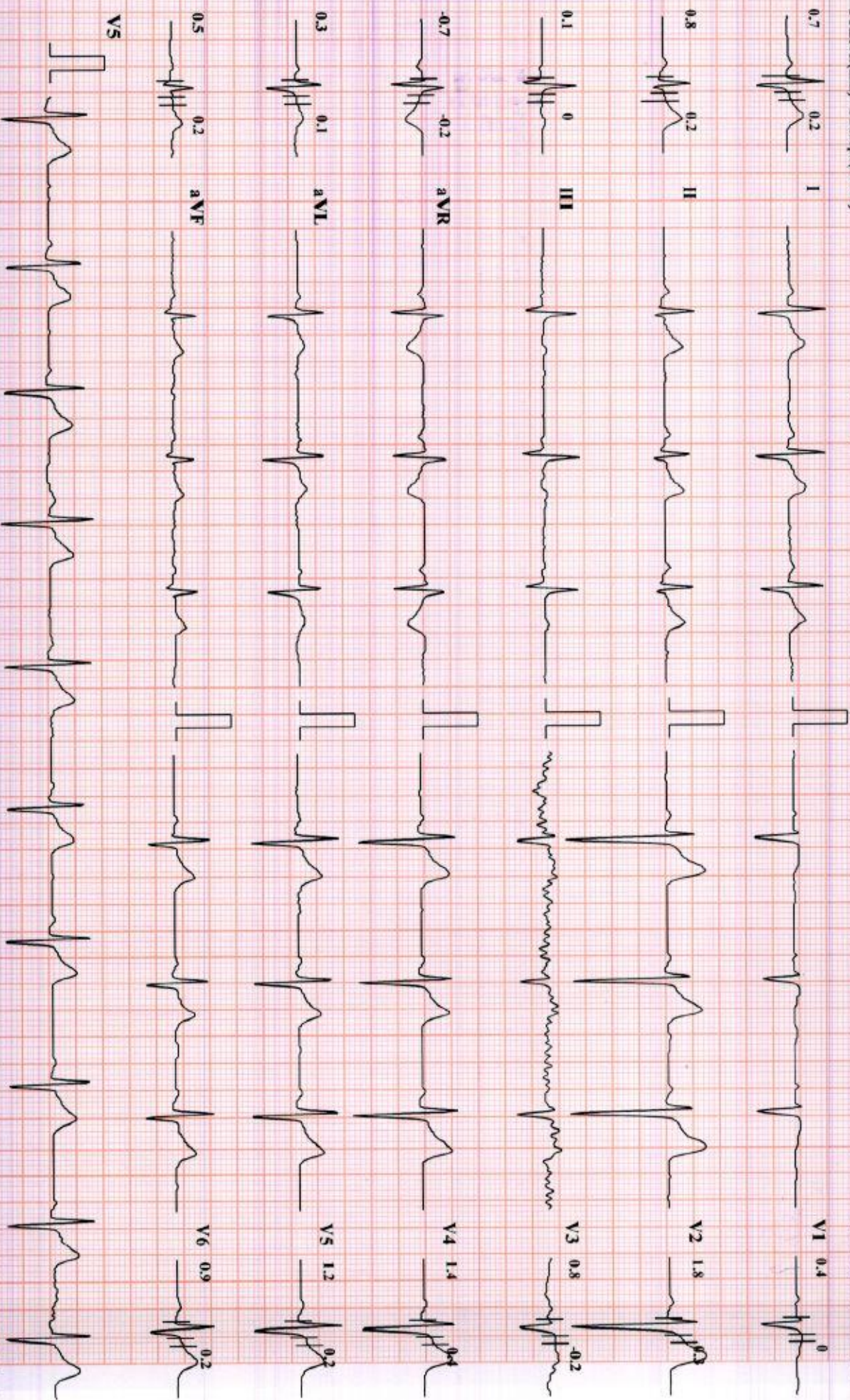


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

SUMANJEE MISHRA (38 M)

ID: 2331802515

Date: 14-11-2023

Exec Time : 0:00:00

Stage Time: 01:19

HR: 59 bpm

Bruce Protocol

Stage: Standing

Speed: 0

Slope: 0%

THR: 154 bpm

BP: 130/80 mmHg
STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

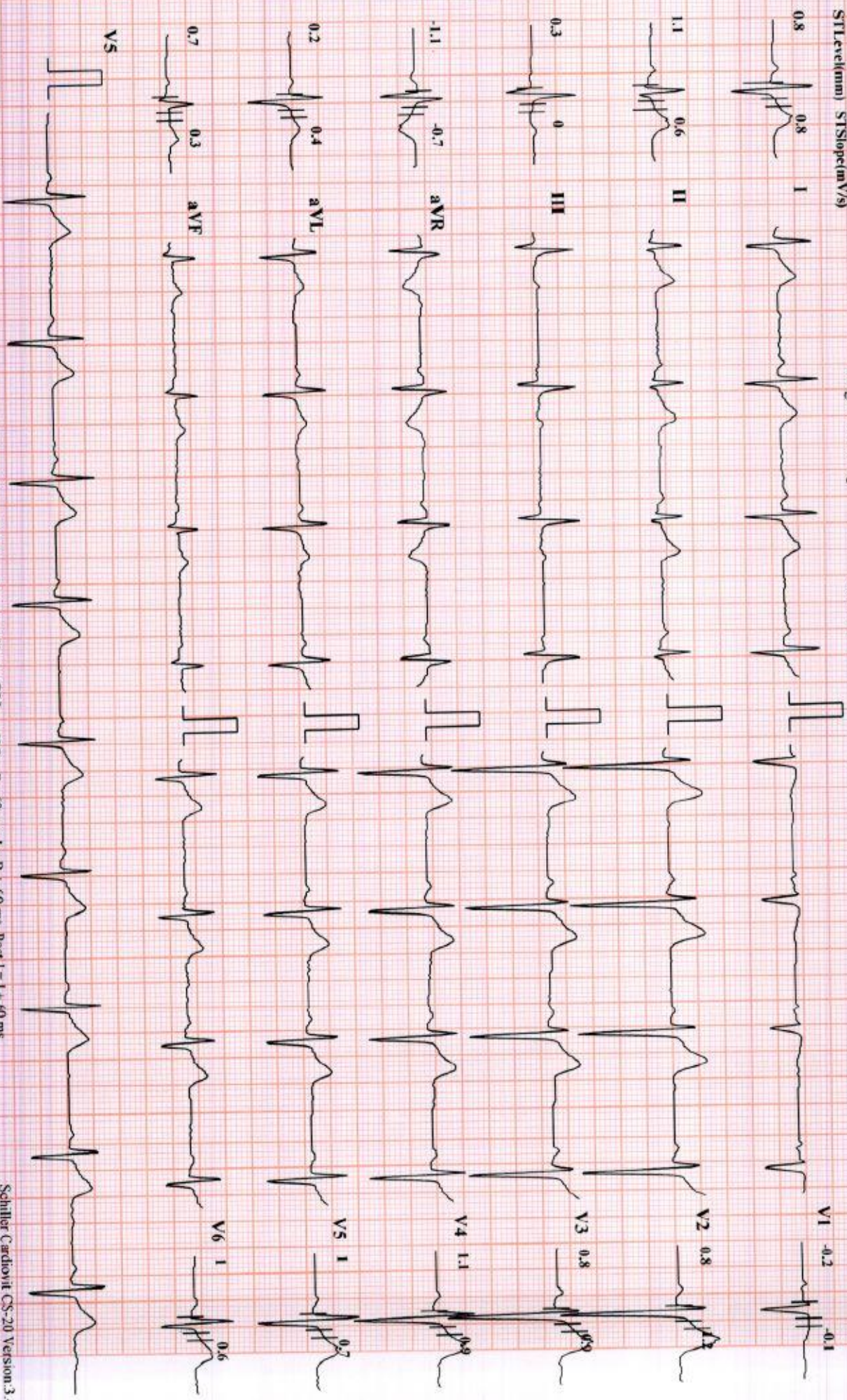


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-20 Version:3.4

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

SUMANJEE MISHRA (38 M)

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2331802515

Date: 14-11-2023

Exec Time : 0:00:00

Sage Time: 01:33

Stage: Standing

Speed: 0

Slope: 0%

THR: 154 bpm

HR: 58 bpm

Bp: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

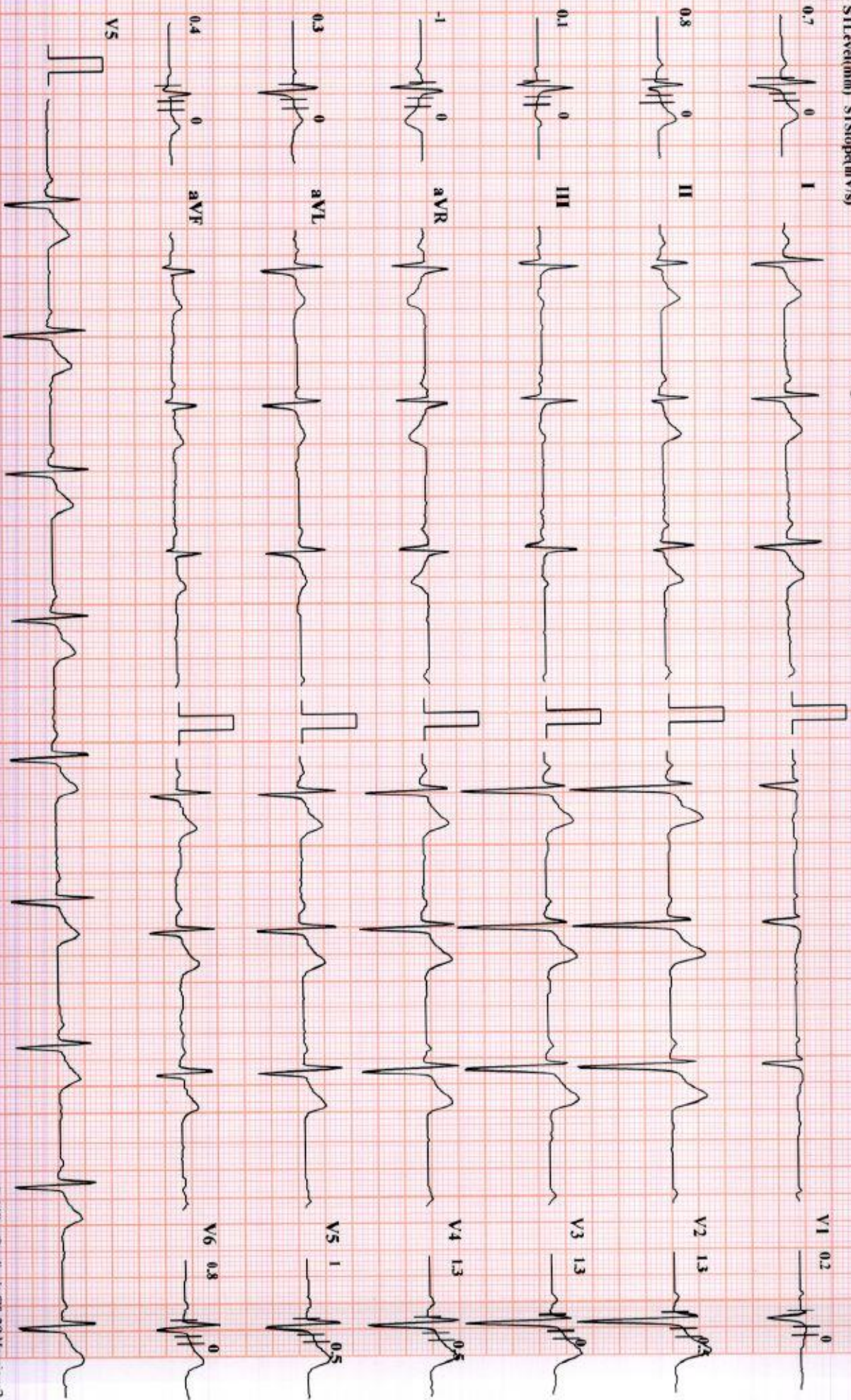


Chart Speed: 25 mm/Sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

SUMANJEE MISHRA (38 M)

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2331802515

Date: 14-11-2023

Exec Time : 0:00:00

Stage Time: 00:13

Stage: HyperVentilation

Speed: 0

Slope: 0 %

THR: 154 bpm

HR: 60 bpm

BP: 130/80 mmHg
STLevel(mm) STSlope(mV/s)

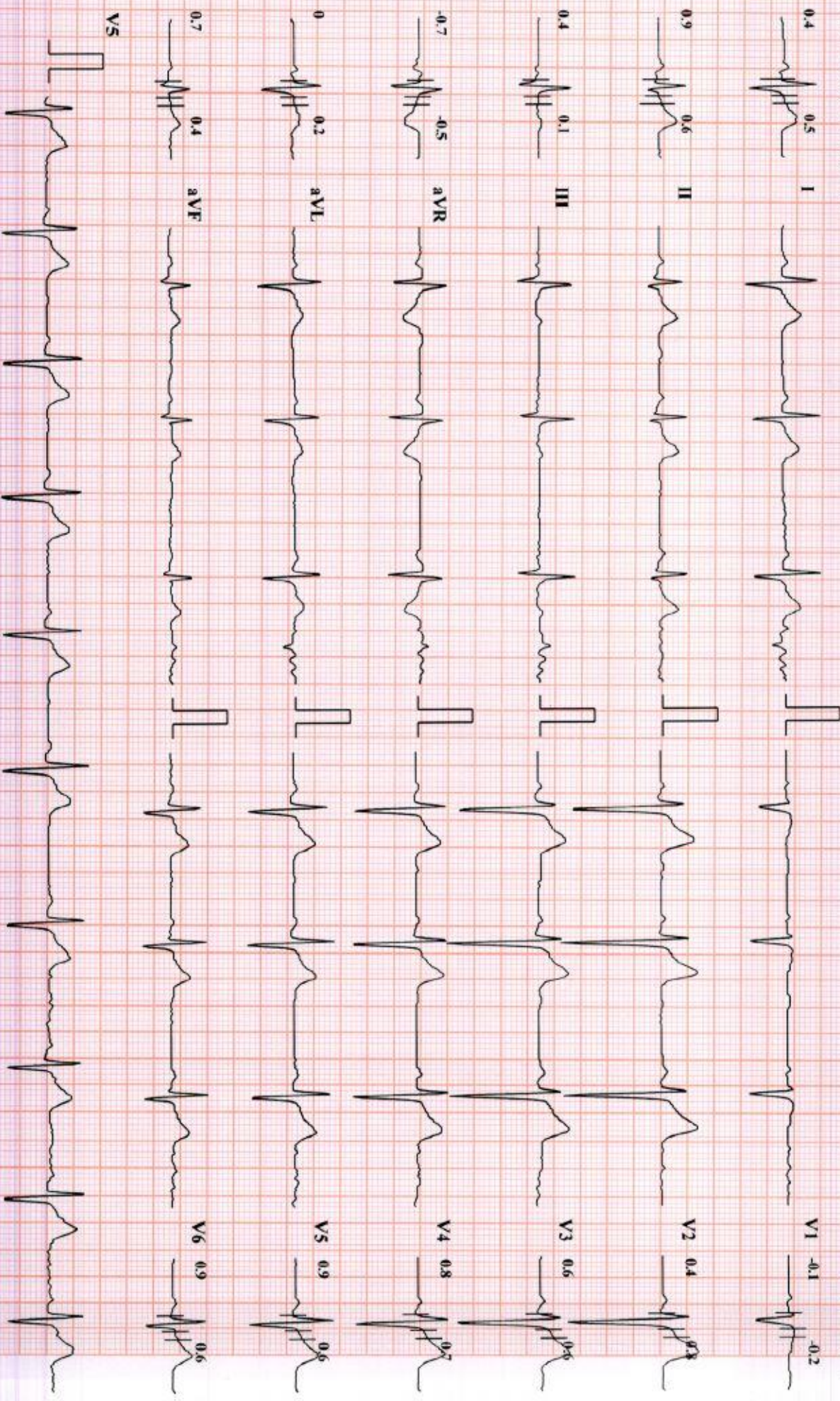


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISD = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller CardioVet CS-20 Version 3.4

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

SUMANJEE MISHRA (38 M)

ID: 2331802515

Date: 14-11-2023

Exec Time : 0:03:00

Stage Time: 03:00

HR: 106 bpm

Bruce Protocol

ST1:evel(mm) ST2Slope(mV/s)

Stage: 1

Speed: 2.7 kmph

Slope: 10 %

THR: 154 bpm

BP: 140/80 mmHg
ST1:evel(mm) ST2Slope(mV/s)

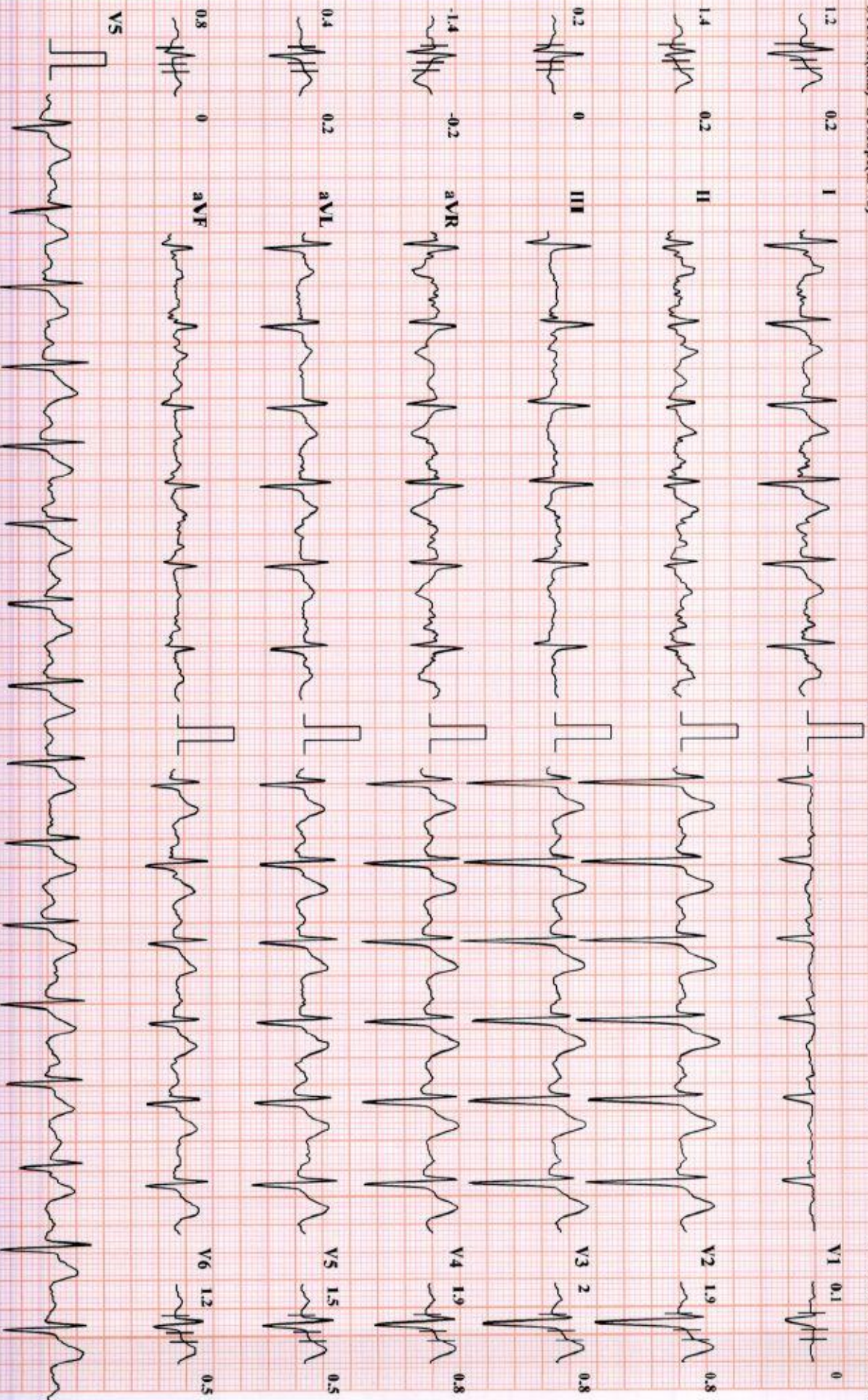


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-20 Version:3.4

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

SUMANJEE MISHRA (38 M)

Bruce Protocol
STLevel(mm) STISlope(mV/s)

ID: 2331802515
Stage: 2

Date: 14-11-2023
Speed: 4 kmph

Exec Time: 0:06:00
Slope: 12 %

Stage Time: 03:00
THR: 154 bpm

HR: 126 bpm

BP: 140/80 mmHg
STLevel(mm) STISlope(mV/s)

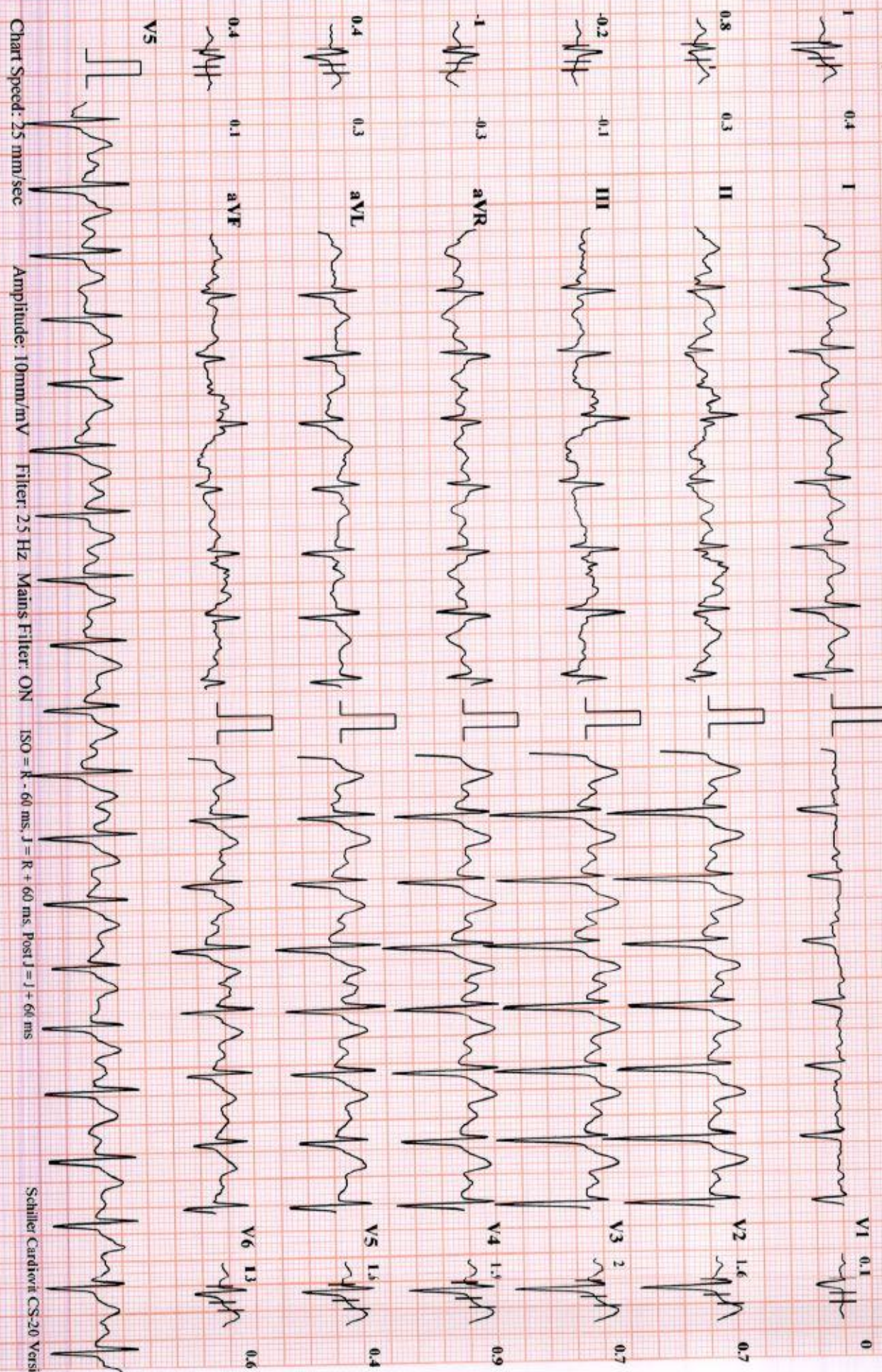


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 66 ms

Schiller Cardio® CS-20 Version:3.4

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

SUMANJEE MISHRA (38 M)

ID: 2331802515

Date: 14-11-2023

Exec Time : 0:09:00

Stage Time: 03:00

HR: 158 bpm

Bruce Protocol

Stage: 3

Speed: 5.5 kmph

Slope: 14 %

BP: 160/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R · 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schibler Cardiovit CS-20 Version 3.4

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

HR: 159 bpm

SUMANJEE MISHRA (38 M)

ID: 2331802515

Date: 14-11-2023

Exec Time : 0:09:03

Stage Time: 00:03

BP: 160/80 mmHg
STLevel(mm) STSlope(mV/s)

Bruce Protocol
STLevel(mm) STSlope(mV/s)

Stage: 4 Peak Exercise

Speed: 6.8 kmph

Slope: 16%

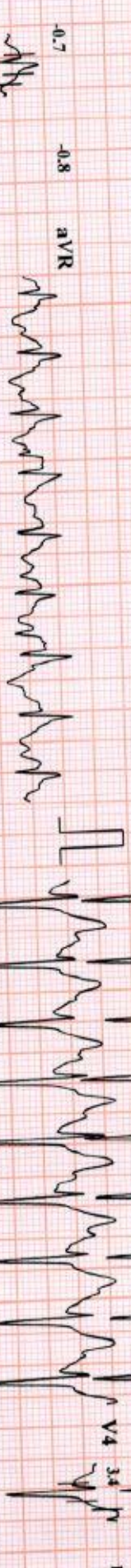
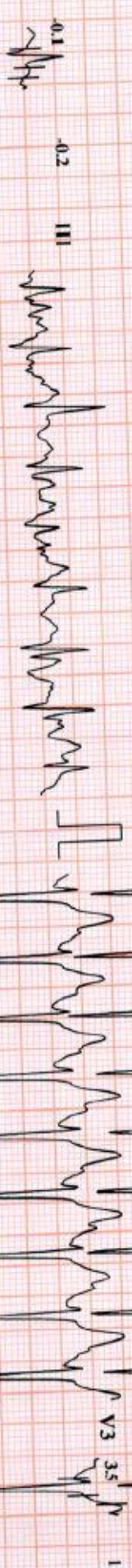


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J - J + 60 ms

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

SUMANJEE MISHRA (38 M)

HR: 114 bpm

Bruce Protocol
ST1Slope(mm) ST1Slope(mV/s)

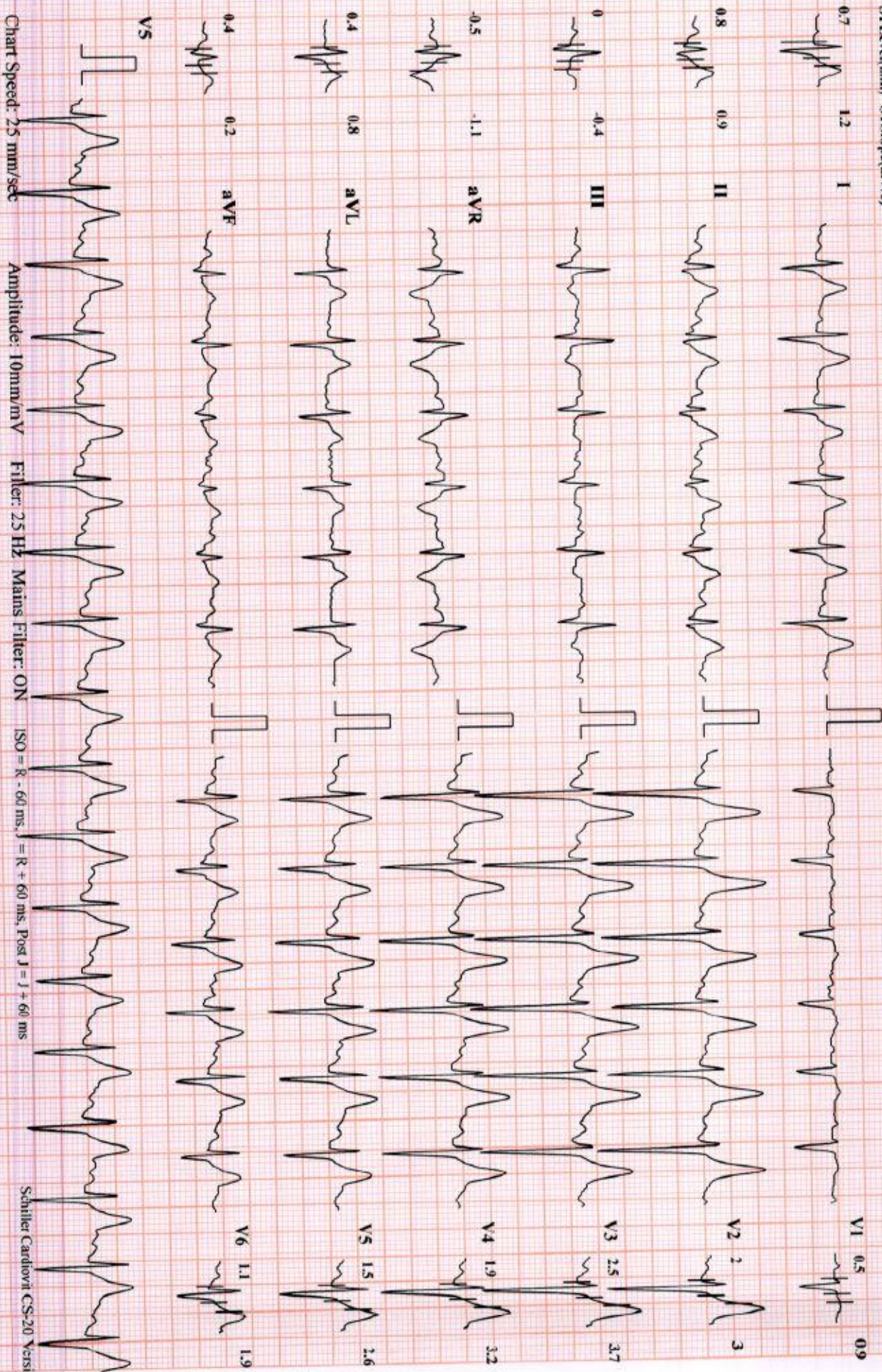
ID: 2331802515
Stage: Recovery/1

Date: 14-11-2023
Speed: 0 kmph

Exec Time : 00:00
Slope: 0 %

Stage Time: 01:00
THR: 154 bpm

BP: 160/80 mmHg
ST1Slope(mm) ST1Slope(mV/s)



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

SUMANJEE MISHRA (38 MD)

ID: 2331802515

Date: 14-11-2023

Stage: Recovery2

Speed: 0 kmph

Exec Time : 00:00

Stage Time: 01:00

HR: 78 bpm

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)

V1 -0.1 -0.2

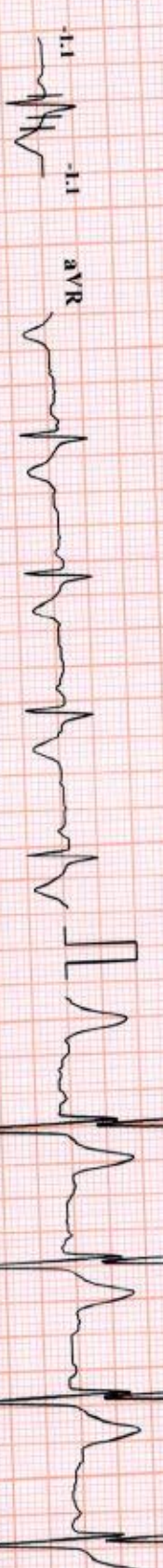


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz

Main Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

SUMANJEE MISHRA (38 M)

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2331802515
Stage: Recovery³
Date: 14-11-2023
Speed: 0 kmph

Exec Time : 00:00
Slope: 0 %

Stage Time: 00:08
THR: 154 bpm

HR: 79 bpm

BP: 130/80 mmHg
STLevel(mm) STSlope(mV/s)

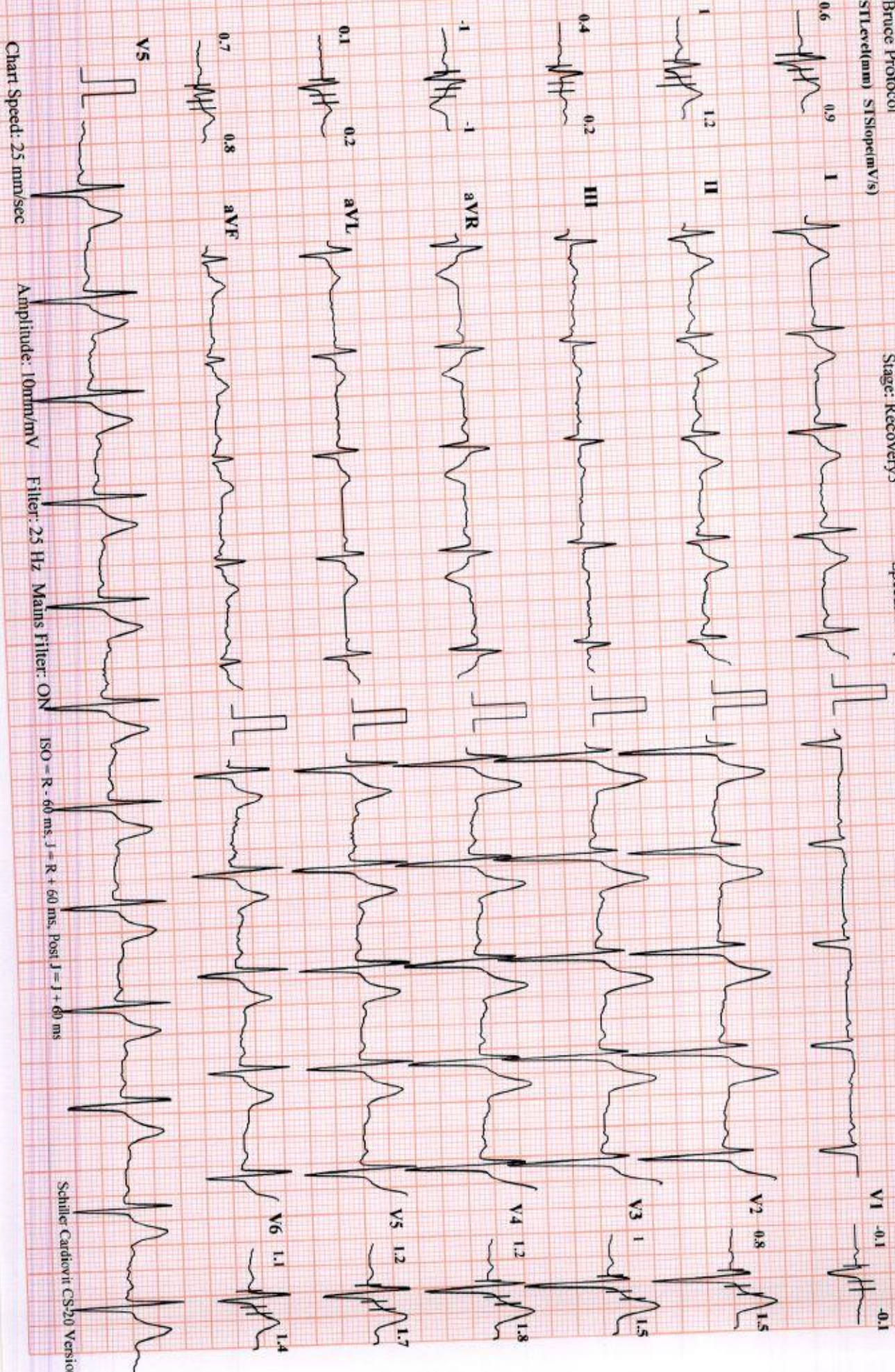


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO - R - 60 ms, J - R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS220 Version:3.4



CID : 2331802515
Name : Mr Sumanjee Mishra
Age / Sex : 38 Years/Male
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 14-Nov-2023
Reported : 14-Nov-2023 / 9:49

USG WHOLE ABDOMEN

LIVER: Liver is enlarged in size 16 cm with mild generalized increase in parenchymal echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. No obvious wall thickening is noted. There is no evidence of any calculus.

PORTAL VEIN: Portal vein is 10.2 mm normal. **CBD:** CBD is 2.9 mm normal.

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

KIDNEYS: Right kidney measures 11.4 x 4.9 cm. Left kidney measures 11.7 x 5.5 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 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 3.3 x 3.0 x 3.4 cm and prostatic weight is 18 gm. No evidence of any obvious focal lesion.

No free fluid or size significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023111409171489>



Use a QR Code Scanner
Application To Scan the Code

CID : 2331802515
Name : Mr Sumanjee Mishra
Age / Sex : 38 Years/Male
Ref. Dr :
Reg. Location : Borivall West

Reg. Date : 14-Nov-2023
Reported : 14-Nov-2023 / 9:49

Opinion:

- Grade I fatty infiltration of liver with mild hepatomegaly, Advice LFT & Lipid profile correlation.

For clinical correlation and follow up.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification. Please interpret accordingly.

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

DR.SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
RegNo .MMC 2016061376.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023111409171489>



Use a QR Code Scanner
Application To Scan the Code

CID : 2331802515
Name : Mr Sumanjee Mishra
Age / Sex : 38 Years/Male
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 14-Nov-2023
Reported : 14-Nov-2023 / 13:53

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-----

DR.SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
RegNo .MMC 2016061376.

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Access](http://3.111.232.119/iRISViewer/NeoradViewer?Access)

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