



CID : 2302819597  
Name : MR.VARNIT BOHRA  
Age / Gender : 34 Years / Male  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 28-Jan-2023 / 10:17  
Reported : 28-Jan-2023 / 14:58

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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	15.1	13.0-17.0 g/dL	Spectrophotometric
RBC	4.68	4.5-5.5 mil/cmm	Elect. Impedance
PCV	46.8	40-50 %	Measured
MCV	100	80-100 fl	Calculated
MCH	32.2	27-32 pg	Calculated
MCHC	32.2	31.5-34.5 g/dL	Calculated
RDW	13.3	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	8640	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	17.4	20-40 %	
Absolute Lymphocytes	1503.4	1000-3000 /cmm	Calculated
Monocytes	6.1	2-10 %	
Absolute Monocytes	527.0	200-1000 /cmm	Calculated
Neutrophils	74.8	40-80 %	
Absolute Neutrophils	6462.7	2000-7000 /cmm	Calculated
Eosinophils	1.5	1-6 %	
Absolute Eosinophils	129.6	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	17.3	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

**PLATELET PARAMETERS**

Platelet Count	264000	150000-400000 /cmm	Elect. Impedance
MPV	10.5	6-11 fl	Calculated
PDW	19.2	11-18 %	Calculated



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**RBC MORPHOLOGY**

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, 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 \*\*\*



*Bmhaskar*

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



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Reported : 28-Jan-2023 / 17:12

**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	82.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	83.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.95	0.3-1.2 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (DIRECT), Serum	0.32	0-0.3 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (INDIRECT), Serum	0.63	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.6	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.5	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	26.0	<34 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
SGPT (ALT), Serum	38.0	10-49 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			



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**Collected** : 28-Jan-2023 / 14:00  
**Reported** : 28-Jan-2023 / 18:01

GAMMA GT, Serum	32.9	<73 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALKALINE PHOSPHATASE, Serum	91.7	46-116 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
BLOOD UREA, Serum	18.6	19.29-49.28 mg/dl	Calculated
Kindly note change in Ref range and method w.e.f.11-07-2022			
BUN, Serum	8.7	9.0-23.0 mg/dl	Urease with GLDH
Kindly note change in Ref range and method w.e.f.11-07-2022			
CREATININE, Serum	0.88	0.60-1.10 mg/dl	Enzymatic
Kindly note change in Ref range and method w.e.f.11-07-2022			
eGFR, Serum	105	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	7.0	3.7-9.2 mg/dl	Uricase/ Peroxidase
Kindly note change in Ref range and method w.e.f.11-07-2022			
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

*Bmhaskar*

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





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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	5.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	102.5	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 SDRL, Vidyavihar Lab

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



*Anupa*

**Dr. ANUPA DIXIT**  
M.D.(PATH)  
Consultant Pathologist & Lab  
Director



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.5	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<b>CHEMICAL EXAMINATION</b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	1+	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b>MICROSCOPIC EXAMINATION</b>			
Leukocytes(Pus cells)/hpf	0-1	0-5/hpf	
Red Blood Cells / hpf	1-2	0-2/hpf	
Epithelial Cells / hpf	2-3		
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



MC-2111



*Bmhaskar*

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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	209.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	146.2	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high: >/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	37.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	171.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	142.1	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	29.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.8	0-3.5 Ratio	Calculated

\*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**  
**THYROID FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.9	3.5-6.5 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
Free T4, Serum	17.9	11.5-22.7 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
sensitiveTSH, Serum	2.036	0.55-4.78 microu/ml	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			



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**Interpretation:**

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

**Clinical Significance:**

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



*Anupa*

**Dr.ANUPA DIXIT**  
M.D.(PATH)  
Consultant Pathologist & Lab  
Director

CID# : 2302819597  
Name : MR.VARNIT BOHRA  
Age / Gender : 34 Years/Male -  
Consulting Dr. :- Collected : 28-Jan-2023 / 09:56  
Reg.Location : Kandivali East (Main Centre) Reported : 29-Jan-2023 / 10:42

## PHYSICAL EXAMINATION REPORT

### History and Complaints:

No

### EXAMINATION FINDINGS:

Height (cms):	166 cms	Weight (kg):	63 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	110/70	Nails:	Normal
Pulse:	72/min	Lymph Node:	Not Palpable

### Systems

Cardiovascular: Normal  
Respiratory: Normal  
Genitourinary: Normal  
GI System: Normal  
CNS: Normal

### IMPRESSION:

· WBC - Blood 1+

· Borderline dyslipidemia

### ADVICE:

· Plenty of oral fluids  
· Low fatty diet



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**CHIEF COMPLAINTS:**

- |  |                          |
|--|--------------------------|
| 1) Hypertension:                         | No                       |
| 2) IHD                                   | No                       |
| 3) Arrhythmia                            | No                       |
| 4) Diabetes Mellitus                     | No                       |
| 5) Tuberculosis                          | No                       |
| 6) Asthama                               | No                       |
| 7) Pulmonary Disease                     | No                       |
| 8) Thyroid/ Endocrine disorders          | No                       |
| 9) Nervous disorders                     | No                       |
| 10) GI system                            | No                       |
| 11) Genital urinary disorder             | renal calculi-10 yrs ago |
| 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                            | Anal fissure -2018       |
| 17) Musculoskeletal System               | No                       |

**PERSONAL HISTORY:**

- |               |             |
|---------------|-------------|
| 1) Alcohol    | Occasioanly |
| 2) Smoking    | Occasioanly |
| 3) Diet       | Mixed       |
| 4) Medication | No          |

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

*Dr. Jagruti Dhale*  
MBDS  
Consultant Physician  
Reg. No. 69548

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.  
- Plot House No. 3, Kangan,  
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Mumbai - 400101.  
Tel : 61700660



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**Reg. Date** : 28-Jan-2023  
**Reported** : 28-Jan-2023 / 15:17

## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size, shape and smooth margins. It shows normal parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

### GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen

### PANCREAS:

The pancreas head and partial body is visualised and appears normal. No evidence of solid or cystic mass lesion. Rest of the pancreas is obscured due to bowel gas shadows.

### KIDNEYS:

Both the kidneys are normal in size shape and echotexture.  
No evidence of any calculus, hydronephrosis or mass lesion seen.  
Right kidney measures 10.6 x 3.9 cm. Left kidney measures 10.2 x 5.3 cm.

### SPLEEN:

The spleen is normal in size and echotexture. No evidence of focal lesion is noted.  
There is no evidence of any lymphadenopathy or ascites.

### URINARY BLADDER:

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

### PROSTATE:

The prostate is normal in size and volume is 15.4 cc.

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**IMPRESSION:**

**No significant abnormality is seen.**

**Suggestion: Clinicopathological correlation.**

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 centre for rectification. Please interpret accordingly. All safety precautions were taken before, during and after the USG examination in view of the ongoing Covid 19 pandemic.

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

**This report is prepared and physically checked by Dr Vivek Singh before dispatch.**

**Dr. Vivek Singh**  
**MD Radiodiagnosis**  
**Reg No: 2013/03/0388**

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### 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-----

**This report is prepared and physically checked by DR. FAIZUR KHILJI before dispatch.**

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

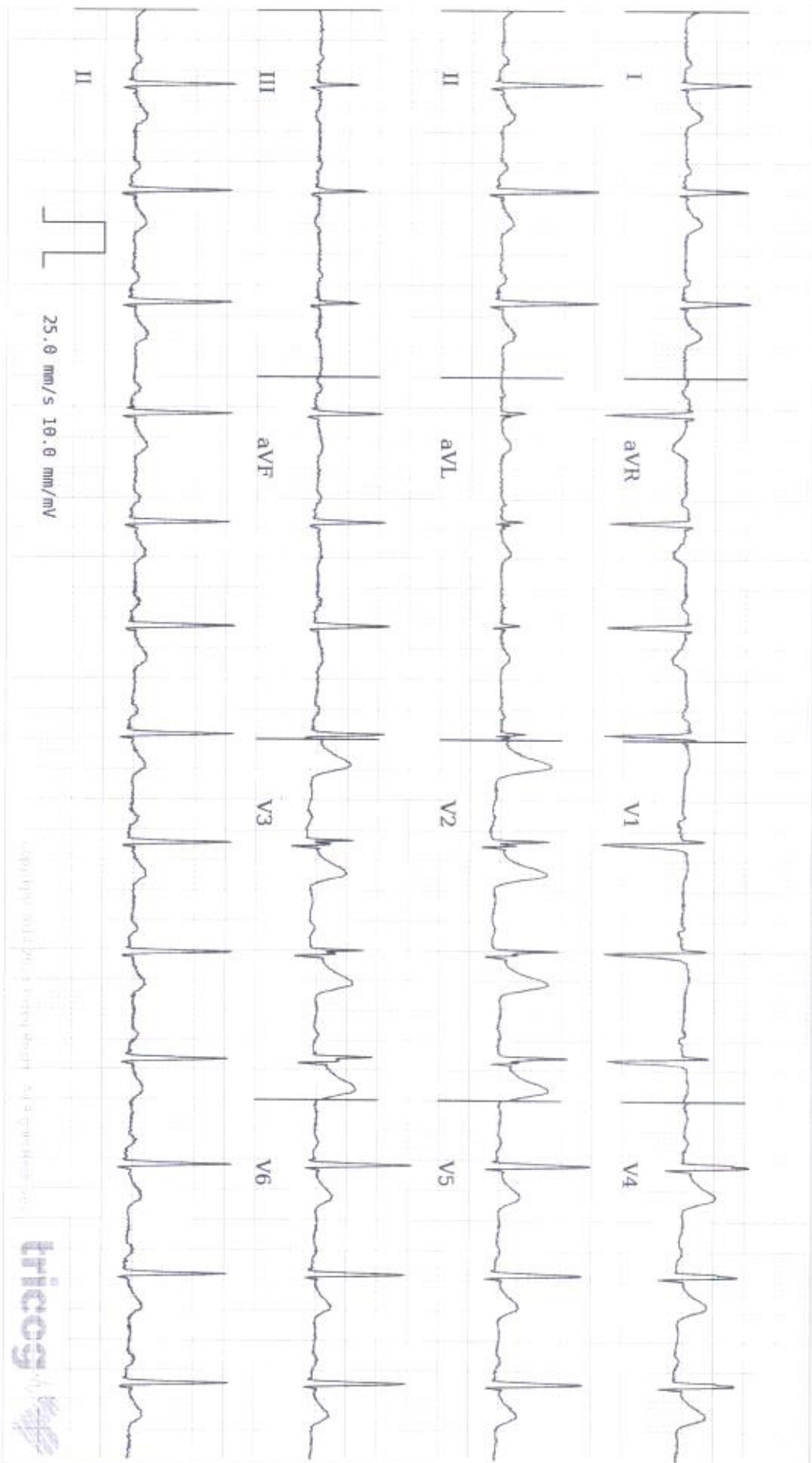
Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023012809571082>

Page no 1 of 1



Patient Name: VARNIT BOHRA  
Patient ID: 2302819597

**SUBURBAN DIAGNOSTICS - KANDIVALI EAST**  
Date and Time: 28th Jan 23 12:30 PM



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

Age **34** **11** **20**  
years months days

Gender **Male**

Heart Rate **84bpm**

Patient Vitals

BP: 110/70 mmHg

Weight: 63 kg

Height: 166 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 76ms

QT: 346ms

QTc: 408ms

PR: 160ms

P-R-T: 44° 50° 33°

REPORTED BY

DR AKHIL PARULEKAR  
MRS.SMD. MEDICINE, DNB Cardiology  
Cardiologist  
20120N283

**SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.**  
Row No.150 (No. 3, Aagam,  
Thakur Village, Kandivali (east),  
Mumbai - 400101.  
Tel : 617006000



Date:- 25/1/23

CID: 230289597

Name:- Mrs. Wagnini Bohara

Sex/Age: m/32

**EYE CHECK UP**

Chief complaints: Routine check

Systemic Diseases: no n/o st

Past history: no n/o ocular surgery

Unaided Vision: 6/6b1u2                      6/6b1u2

Aided Vision: -                                      -

Refraction:                                      *Combi. Refr. mal*

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	±	0.25	80°	6/6	±	0.25	90	6/6
Near				10/6				10/6

Colour Vision: Normal / Abnormal

Remark: Vn within normal limit

*Kajal H.*  
**KAJAL NAGRECHA**  
OPTOMETRIST

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Row House No. 3, Aangan,  
Thakur Village, Kandivali (east),  
Mumbai - 400101.  
Tel : 61700800

**DENTAL CHECK - UP**

Name:- *Varnat Bohra*

CID: *2302819592* Sex / Age: *M / 34*

Occupation:-

Date: *28/1/2023*

Chief complaints:- *No complaints*

Medical / dental history: *Filling / RCT & crown*

**GENERAL EXAMINATION:**

**1) Extra Oral Examination:**

- a) TMJ: *Normal movements*
- b) Facial Symmetry: *Bilateral symmetrical*

**2) Intra Oral Examination:**

- a) Soft Tissue Examination: *Normal*
- b) Hard Tissue Examination: *+ Filling seen*
- c) Calculi: *Evaluate on Xray*
- Stains: *Cap with open contacts*
- Extra third molar 5/8 seen*

18 17 16 15 14 13 12 11 21 22 23 24 25 26 27 28

48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38

*+6 proximal filling*

- Missing
- Filled/Restored
- Cavity Caries
- # Fractured
- RCT Root Canal Treatment
- RP Root Piece

Advised: a) OPG (Xray)

b) +7 Evaluate on Xray

c) Filling +6

d) CT crown replacement

Provisional Diagnosis:-

*-NIL-*

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Trakur Vihar, Sector 13, Gurgaon,  
Haryana - 122001.

**DR. BHUMIK PATEL**  
(B.D.S) A - 23378

*Bhumik Patel*





Email:

925 / VARNIT BOHRA / 34 Yrs / M / 166 Cms / 63 Kg Date: 28 / 01 / 2023 12:46:42 PM Refd By : ARCOFEMI

**REPORT :**

Heart Rate 162.0 bpm

Systolic BP 150.0 mmHg Diastolic BP 80.0 mmHg

Exercise Time 07:24 Mins. Ectopic Beats 0.0

METS 10.7 Test End Reason, Heart Rate Achieved Target Heart Rate 89% of 186

TEST OBJECTIVE	ROUTINE CHECK UP
RISK FACTOR	NONE
ACTIVITY	MODERATE ACTIVE
MEDICATION	NONE
REASON FOR TERMINATION	HEART RATE ACHIEVED
EXERCISE TOLERANCE	GOOD
EXERCISE INDUCED ARRHYTHMIAS	NO
HAEMODYNAMIC RESPONSE	NORMAL
CHRONOTROPIC RESPONSE	NORMAL
FINAL IMPRESSION	NO SIGNIFICANT ST T CHANGES NOTED

DISCLAIMER Negative stress test does not rule out coronary artery disease. Positive stress test is suggestive but not confirmatory of coronary artery disease. Hence clinical correlation is mandatory.

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 Tel : 817009930

**Dr. Akhil P. Parulekar,**  
 MBBS, MD, Medicine  
 DNB Cardiology  
 Reg. No. 2012082483

Doctor : DR. AKHIL PARULEKAR



# SUBURBAN DIAGNOSTICS KANDIVALI EAST

EMG#:

Report



925 (2302819597) / VARNIT BOHRA / 34 Yrs / M / 166 Cms / 63 Kg  
 Date: 28 / 01 / 2023 12:46:42 PM Refd By : ARCOFEMI Examined By: DR.AKHIL PARULEKAR

Stage	Time	Duration	Speed(km/h)	Elevation	METS	Rate	% T <sub>HR</sub>	BP	R:R	P:V:C	Comments
Supine	00:19	0:10	00.0	00.0	01.0	094	51%	110/70	103	00	
Standing	00:38	0:28	00.0	00.0	01.0	099	53%	110/70	108	00	
HV	00:48	0:10	00.0	00.0	01.0	105	56%	110/70	115	00	
ExStart	01:02	0:14	00.0	00.0	01.0	104	56%	110/70	114	00	
BRUCE Stage 1	04:02	3:00	02.7	10.0	04.7	124	67%	110/70	136	00	
BRUCE Stage 2	06:02	2:00	04.0	12.0	06.3	140	75%	130/80	182	00	
BRUCE Stage 3	08:02	2:00	05.5	14.0	09.2	156	84%	150/80	233	00	
PeakEx	08:26	0:24	06.8	16.0	10.7	162	87%	150/80	243	00	
Recovery	09:26	1:00	00.2	00.0	04.2	128	69%	150/80	192	00	
Recovery	09:40	1:15	00.0	00.0	02.7	127	68%	150/80	190	00	

## FINDINGS :

Exercise Time : 07:24  
 Initial HR (ExStrt) : 104 bpm 56% of Target 186  
 Initial BP (ExStrt) : 110/70 (mm/Hg)  
 Max Workload Attained : 10.7 Good response to induced stress  
 Duke Treadmill Score : 06.5  
 Test End Reason : Heart Rate Achieved

Max HR Attained 162 bpm 87% of Target 186  
 Max BP Attained 150/80 (mm/Hg)

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 Mumbai - 400101.  
 Tel : 61700600

**DR. AKHIL P. PARULEKAR,**  
 MBBS, MD, Medicine  
 DNB Cardiology  
 Reg. No. 2012082483

Doctor : DR.AKHIL PARULEKAR



# SUBURBAN DIAGNOSTICS KANDIVALI EAST

925 (2302819597) / VARNIT BOHRA / 34 Yrs / M / 166 Cms / 63 kg / HR : 94

SUPINE ( 00:10 )

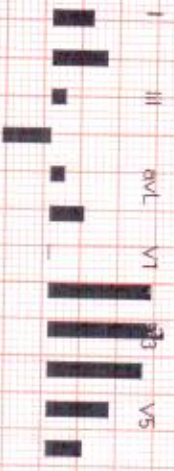
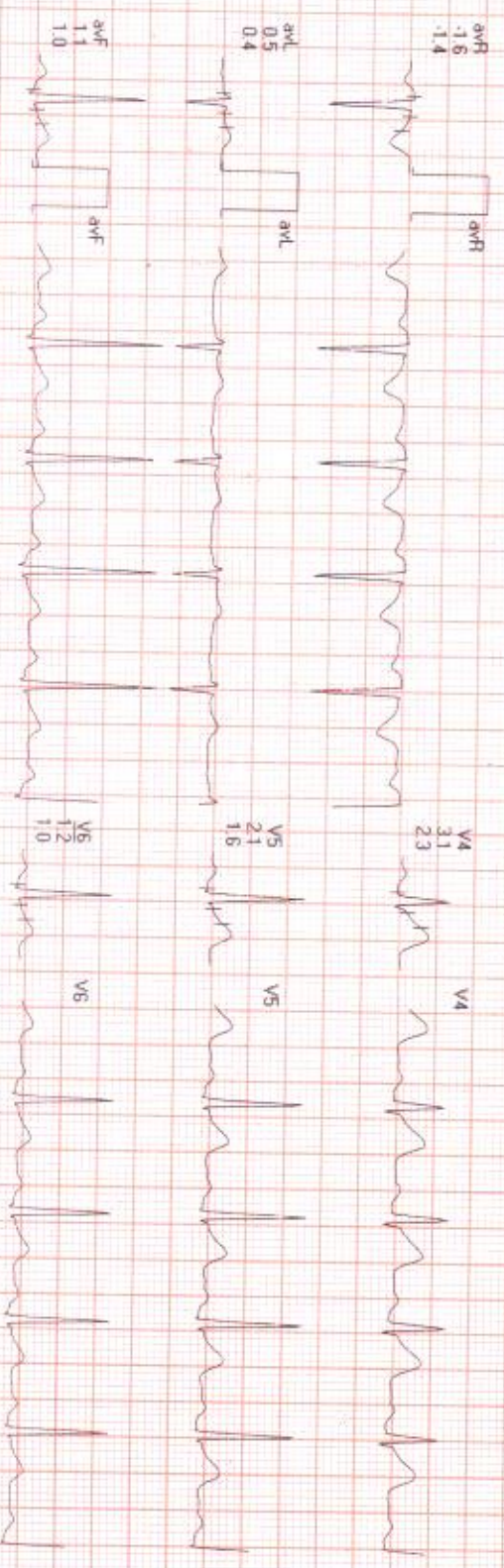
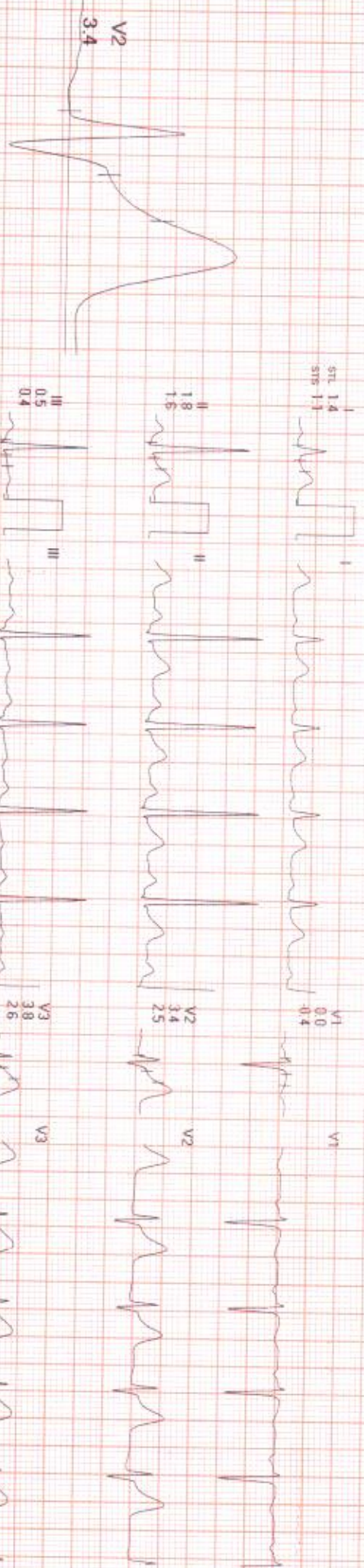


Date: 28 / 01 / 2023 12:46:42 PM METS: 1.0 / 94 bpm 51% of THR BP: 110/70 mmHg Row ECG/BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

ExTime: 00:00 0.0 Km/h 0.0%

4X 80 mS Png/J

25 mm/Sec 1.0 Cm/mV



REMARKS





# SUBURBAN DIAGNOSTICS KANDIVALI EAST

925 (2302819597) / VARNIT BOHRA / 34 Yrs / M / 166 Cms / 63 Kg / HR : 99

STANDING ( 00:28 )



Date: 28 / 01 / 2023 12:46:42 PM

METS: 1.0 / 99 bpm 53% of THR BP: 110/70 mmHg

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

ExTime: 00:00:0.0 Km/h 0.0%

4X

30 ms Post J

25 mm/Sec 1.0 Cm/mV



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







925 (2302819597) / VARUNT BOHRA / 34 Yrs / M / 166 Cms / 63 Kg / HR : 105

Date: 28/01/2023 12:46:42 PM

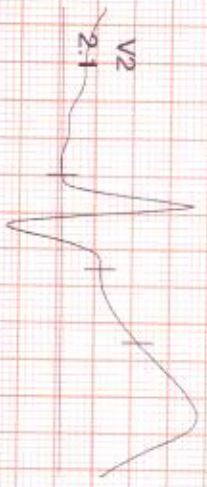
METS: 1.0/105 bpm 56% of THR BP: 110/70 mmHg

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

EXTime: 00:00 0.0 Kmph. 0.0%

4X 80 mS Post J

25 mm/Sec 1.0 Cm/mV



0.8  
0.8  
0.7

0.8  
0.7

0.0  
0.1

0.8  
0.8  
0.7

0.4  
0.4  
0.3

0.4  
0.4  
0.4

0.1  
0.3  
0.1

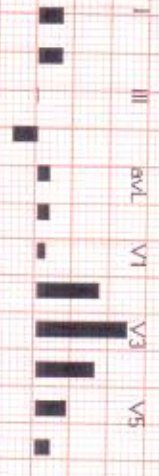
2.1  
2.1  
1.3

3.0  
2.1

1.9  
1.3

1.0  
1.0  
0.7

0.5  
0.4



REMARKS





925 (2302819597) / VARUNT BOHRA / 34 Yrs / M / 166 Cms / 63 Kg / HR : 104

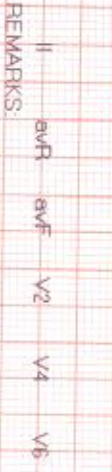
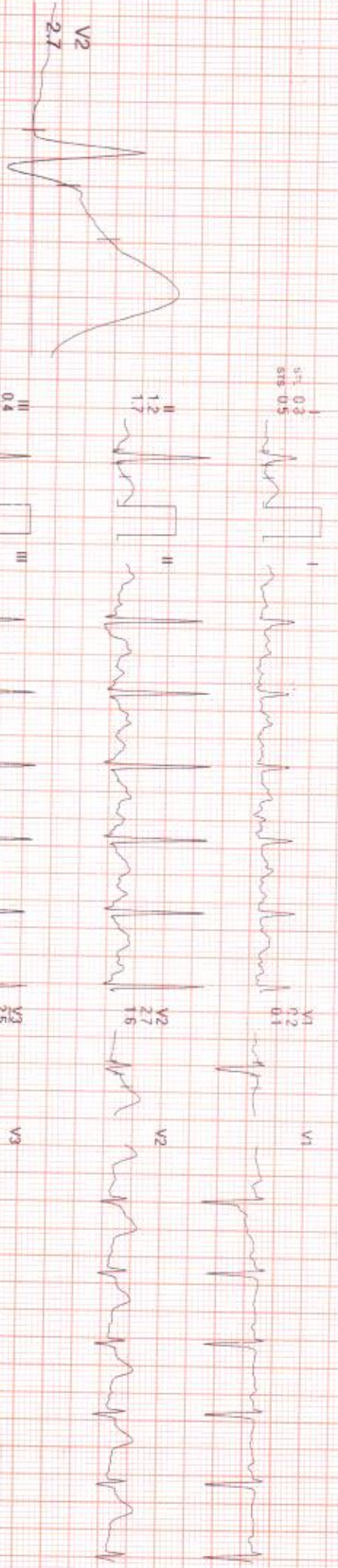
Date: 28 / 01 / 2023 12:46:42 PM

METS: 1.0 / 104 bpm 56% of THR BP: 110/70 mmHg Raw ECG/BLC ON/Notch ON/HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 Km/ph. 0.0%

4X 80 ms Post J

25 mm/Sec 1.0 Cm/mV



REMARKS:

II 0.4 0.4 1.3  
 III 0.4 0.2 0.4  
 aVR -1.0 -1.2  
 aVL 0.2 0.4  
 aVF 0.8 1.5  
 V1 0.1 0.1  
 V2 0.1 0.1  
 V3 0.1 0.1  
 V4 0.1 0.1  
 V5 0.1 0.1  
 V6 0.1 0.1





SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 1 ( 03:00 )



925 (23028195597) / VAHINI BOHRA / 34 Yrs / M / 166 Cms / 63 Kg / HR : 124

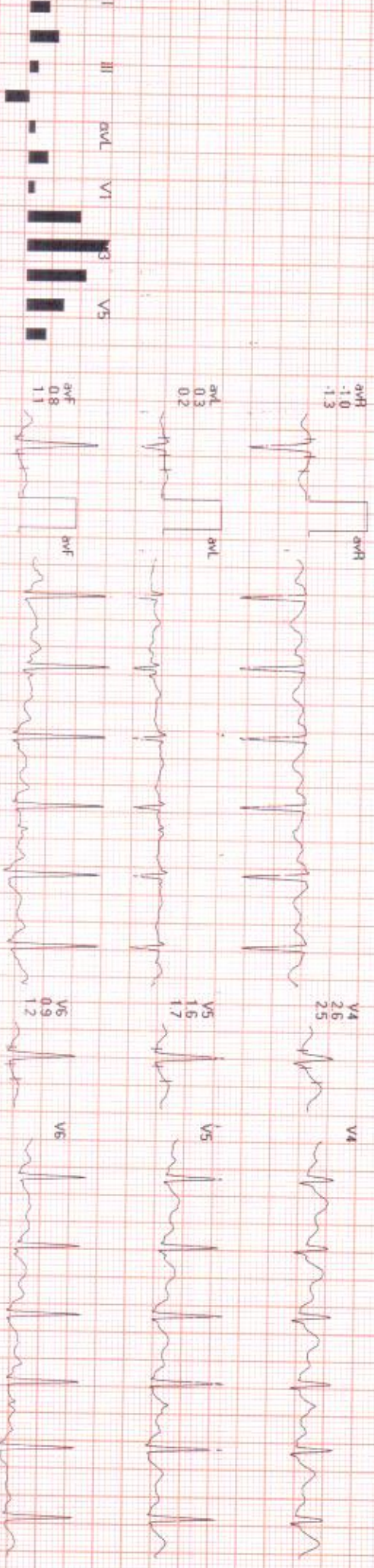
Date: 28 / 01 / 2023 12:46:42 PM

METS: 4.7 / 124 bpm 67% of THR BP: 110/70 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

ExTime: 03:00 2.7 Kmph. 10.0%

4X 80 mS/Post J

25 mm/Sec 1.0 Div/mV



REMARKS



**SUBURBAN DIAGNOSTICS KANDIVALI EAST**

925 (2302819397) / VARUN BOHRA / 34 Yrs / M / 166 Cms / 63 Kg / HR : 140

**BRUCE : Stage 2 ( 02:00 )**



Date: 28 / 01 / 2023 12:46:42 PM

METS: 6.3 / 140 bpm 75% of THR

BP: 130/80 mmHg

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

4X 60ms Post J

EXTIME: 05:00 4.0 Km/pt, 12.0%



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





SUBURBAN DIAGNOSTICS KANDIVALI EAST

925 (2302819597) / VARNIT BOHRA / 34 Yrs / M / 166 Cms / 63 Kg / HR : 156

BRUCE : Stage 3 ( 02:00 )



Date: 28 / 01 / 2023 12:46:42 PM

METS: 9.2/ 156 bpm 84% of THR

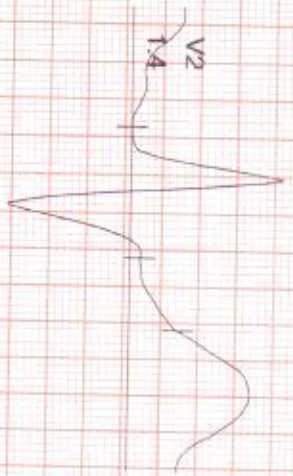
BP: 150/80 mmHg

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

EXTime: 07:00 5.5 Km/Ph 14.0%

4X 50 ms Post J

25 mm/Sec 1.0 Cm/mV



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





SUBURBAN DIAGNOSTICS KANDIVALI EAST

PeaKEX

925 (2302819597) / VARUNT BOHRA / 34 Yrs / M / 166 Cms / 63 Kg / HR : 162



Date: 28 / 01 / 2023 12:46:42 PM

METS: 10.7 / 162 bpm 87% of THR BP: 150/80 mmHg

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

ExTime 07:24 6.8 Km/hr 16.0%

4X 50 ms/PeekJ

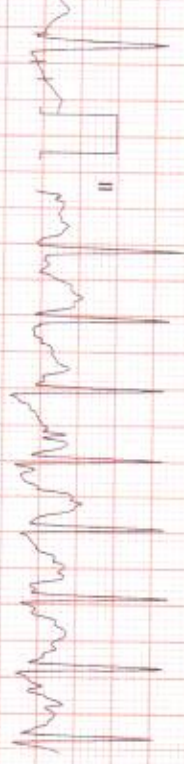
25 mm/Sec 1.0 Cm/riv



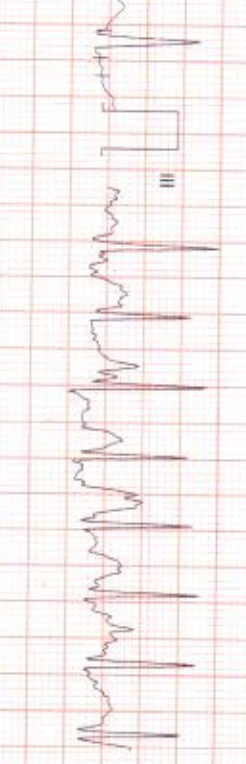
avr 0.7  
avL 0.4  
avF 1.2



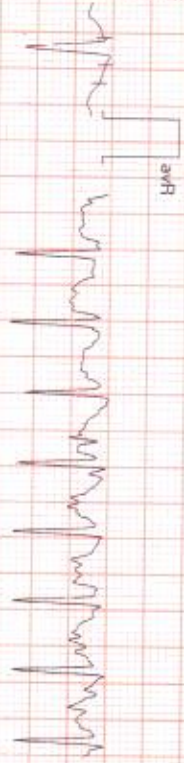
II 0.5  
III 0.1  
aVF 1.7



V1 0.2  
V2 1.1  
V3 1.8



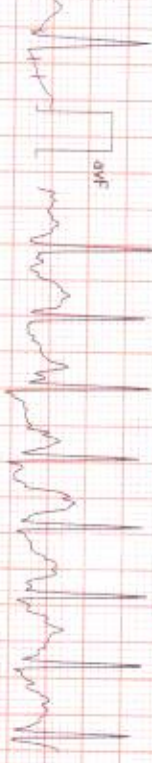
avr -0.6  
avL 0.4  
avF 1.1



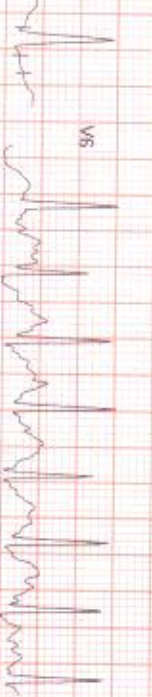
V3 0.2  
V4 0.8  
V5 1.4



avr -0.6  
avL 0.4  
avF 1.1



V6 0.2  
V5 0.8  
V4 1.4



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





# SUBURBAN DIAGNOSTICS KANDIVALI EAST

925 (2302819597) / VAHINI BOHRA / 34 Yrs / M / 166 Cms / 63 Kg / HR : 128

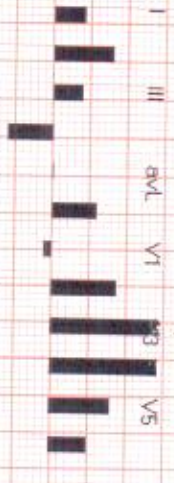
Recovery : ( 01:00 )

Date: 28 / 01 / 2023 12:46:42 PM METS: 42/128 bpm 69% of THR BP: 150/80 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

ExTime: 07:24 0.2 Km/ph 0.0%

25 mm/Sec: 1.0 Cm/mV

4X 60 ms Post U



REMARKS:





# SUBURBAN DIAGNOSTICS KANDIVALI EAST

925 (2302819597) / VAHINI BOHRA / 34 Yrs / M / 166 Cms / 63 Kg / HR 127

Recovery : ( 01:14 )

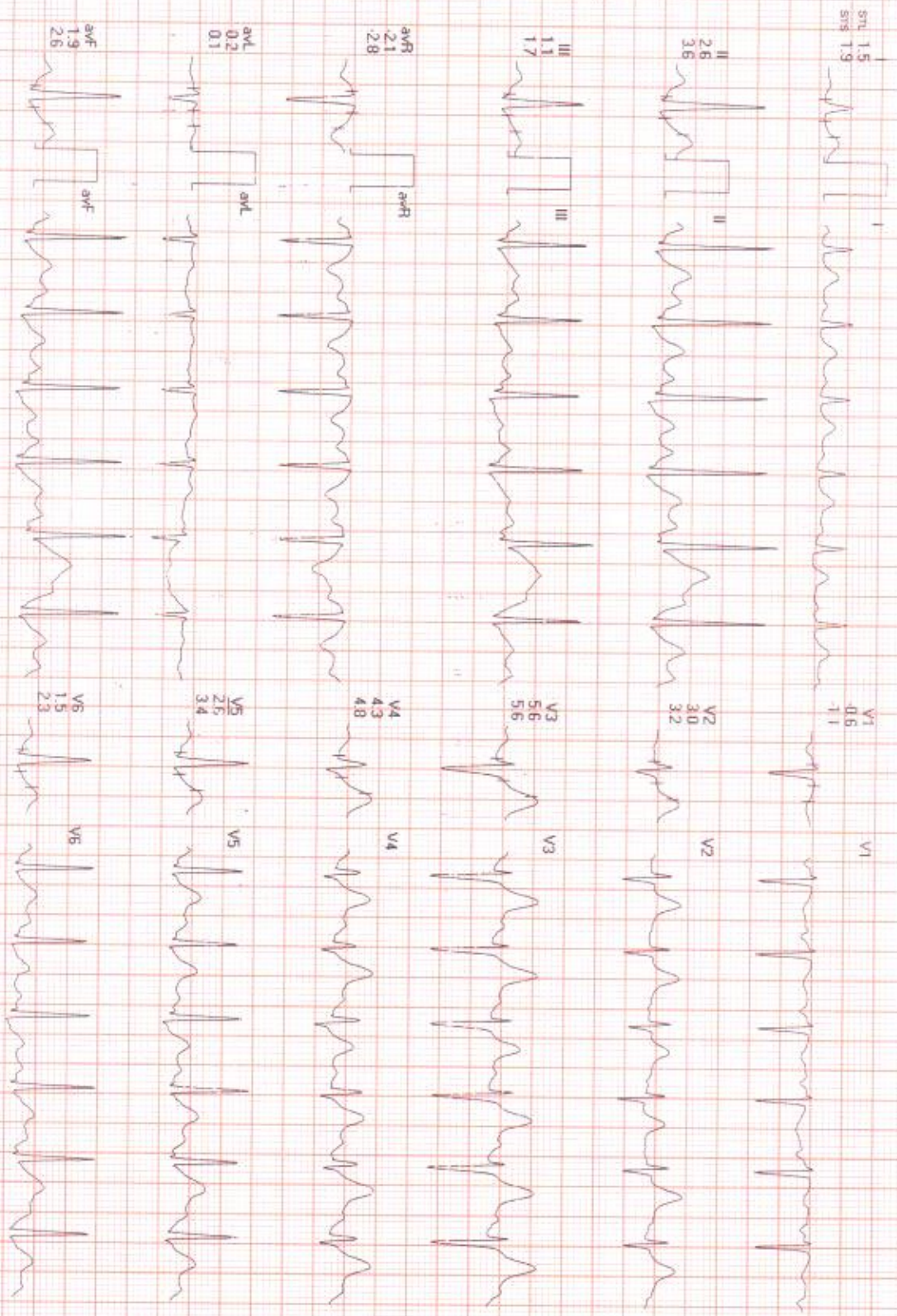
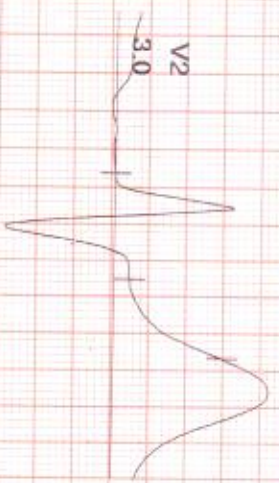


Date: 28 / 01 / 2023 12:46:42 PM METS: 1.0 / 127 bpm 68% of THR BP: 150/80 mmHg Raw ECG/BLC On/Noch On/HF 0.05 Hz/AF 35 Hz

ExTime: 07:24 0.0 Kmph 0.0%

4X 80 ms Ppr J

25 mm/sec 1.0 Cm/mV



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