

Suburban Diagnostics Kalina

Patient Details

Name: MR. LOKESH SUSUBILLI ID: 2326618572

Age: 33 y

Clinical History: Routine Test

Date: 23-Sep-23

Sex: M

Time: 10:50:32 AM

Height: 171 cms

Weight: 66 Kgs

Medications: NONE

Test Details

Protocol: Bruce

Total Exec. Time: 9 m 14 s

Max. BP: 170 / 80 mmHg

Test Termination Criteria: Target HR attained

Pr.MHR: 187 bpm

Max. HR: 160 (86% of Pr.MHR) bpm

Max. BP x HR: 27200 mmHg/min

THR: 158 (85 % of Pr.MHR) bpm

Max. Mets: 13.50

Min. BP x HR: 6320 mmHg/min

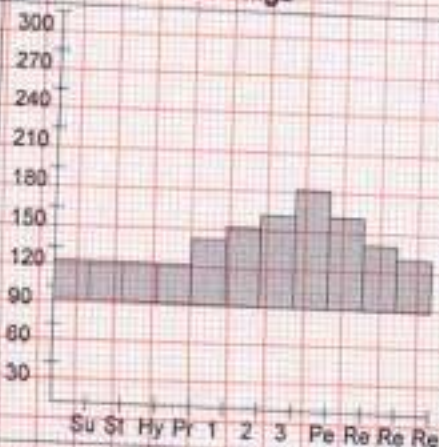
Protocol Details

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	0 : 28	1.0	0	0	79	110 / 80	-0.85 aVR	2.48 V2
Standing	0 : 7	1.0	0	0	87	110 / 80	-0.85 aVR	2.12 V2
Hyperventilation	0 : 8	1.0	0	0	95	110 / 80	-0.85 aVR	2.12 V2
1	3 : 0	4.6	1.7	10	109	130 / 80	-1.06 aVR	2.48 V2
2	3 : 0	7.0	2.5	12	128	140 / 80	-0.85 aVR	2.83 V2
3	3 : 0	10.2	3.4	14	157	150 / 80	-0.85 III	4.25 V2
Peak Ex	0 : 14	13.5	4.2	16	160	170 / 80	-0.42 III	4.25 V2
Recovery(1)	2 : 0	1.8	1	0	110	150 / 80	-1.27 aVR	4.60 V2
Recovery(2)	2 : 0	1.0	0	0	99	130 / 80	-0.64 aVR	2.48 V2
Recovery(3)	1 : 7	1.0	0	0	94	120 / 80	-0.85 aVR	1.42 V2

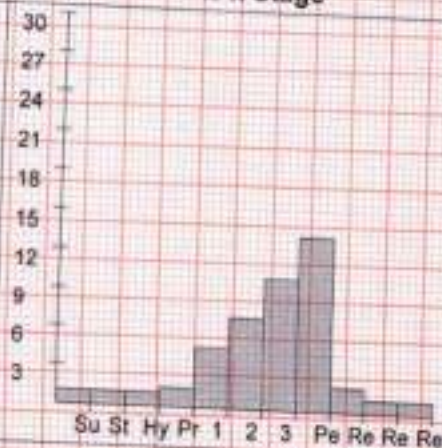
HR x Stage



BP x Stage



Mets x Stage



Suburban Diagnostics Kalina

Patient Details

Date: 23-Sep-23 Time: 10:50:32 AM
Name: MR. LOKESH SUSUBILLI ID: 2326618572
Age: 33 y Sex: M Height: 171 cms Weight: 66 Kgs

Interpretation

GOOD EFFORT TOLERENCE
NORMAL HEART RATE RESPONSE
NORMAL BLOOD PRESSURE RESPONSE
NO ANGINA/ANGINA EQUIVALENTS
NO ARRHYTHMIAS
NO SIGNIFICANT ST-T CHANGES NOTED AS COMPARED TO BASELINE
ECG
IMPRESSION : STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHAEMIA

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

Suburban Diagnostics (I) Pvt. Ltd.
1st Floor, Harbhajan, Above HDFC Bank,
Opp. Nafe Petrol Pump, Kalina, CST Road,
Santacruz (East),
Tel. No. 022-61700000



DR. SHEIKH NAVEED
MBBS/PGDCC
Clinical Cardiologist
Reg. No. 2016/11/4694

Ref. Doctor:

Doctor: NAVEED SHEIKH

(Summary Report edited by user)

Suburban Diagnostics Kalina

MR. LOKESH SUSUBILLI (33 M)

ID: 2326618572

Date: 23-Sep-23

B.P: 110 / 80

Protocol: Bruce

Stage: Supine

Speed: 0 mph

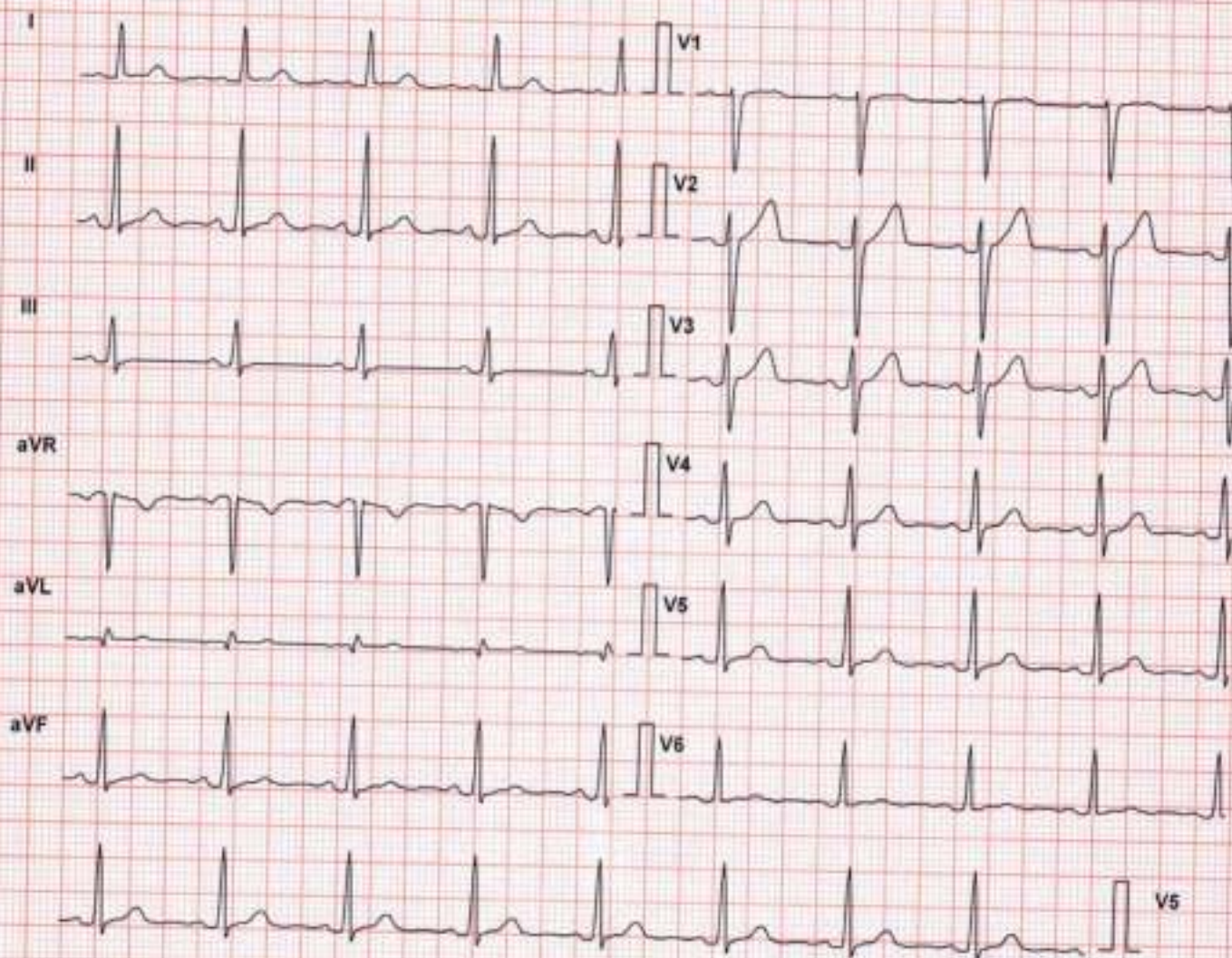
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 22 s

HR: 81 bpm

(THR: 158 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.4	0.0
II	1.3	1.1
III	0.4	0.7
aVR	-0.8	-0.7
aVL	0.0	0.0
aVF	0.6	1.1
V1	0.6	0.7
V2	2.3	2.1
V3	1.7	1.1
V4	0.8	0.4
V5	0.8	0.7
V6	0.6	0.4

Chart Speed: 25 mm/sec
Schiller Spandian V 4.51

Filter: 35 Hz

Iso = R = 60 ms J = R = 60 ms

Mains Filt: ON

Foot J = J + 60 ms

Amp: 10 mm

Linked Median



Suburban Diagnostics Kalina

MR. LOKESH SUSUBILLI (33 M)

Protocol: Bruce

Exec Time : 0 m 0 s

ID: 2326618572

Stage: Standing

Stage Time : 0 m 1 s

Date: 23-Sep-23

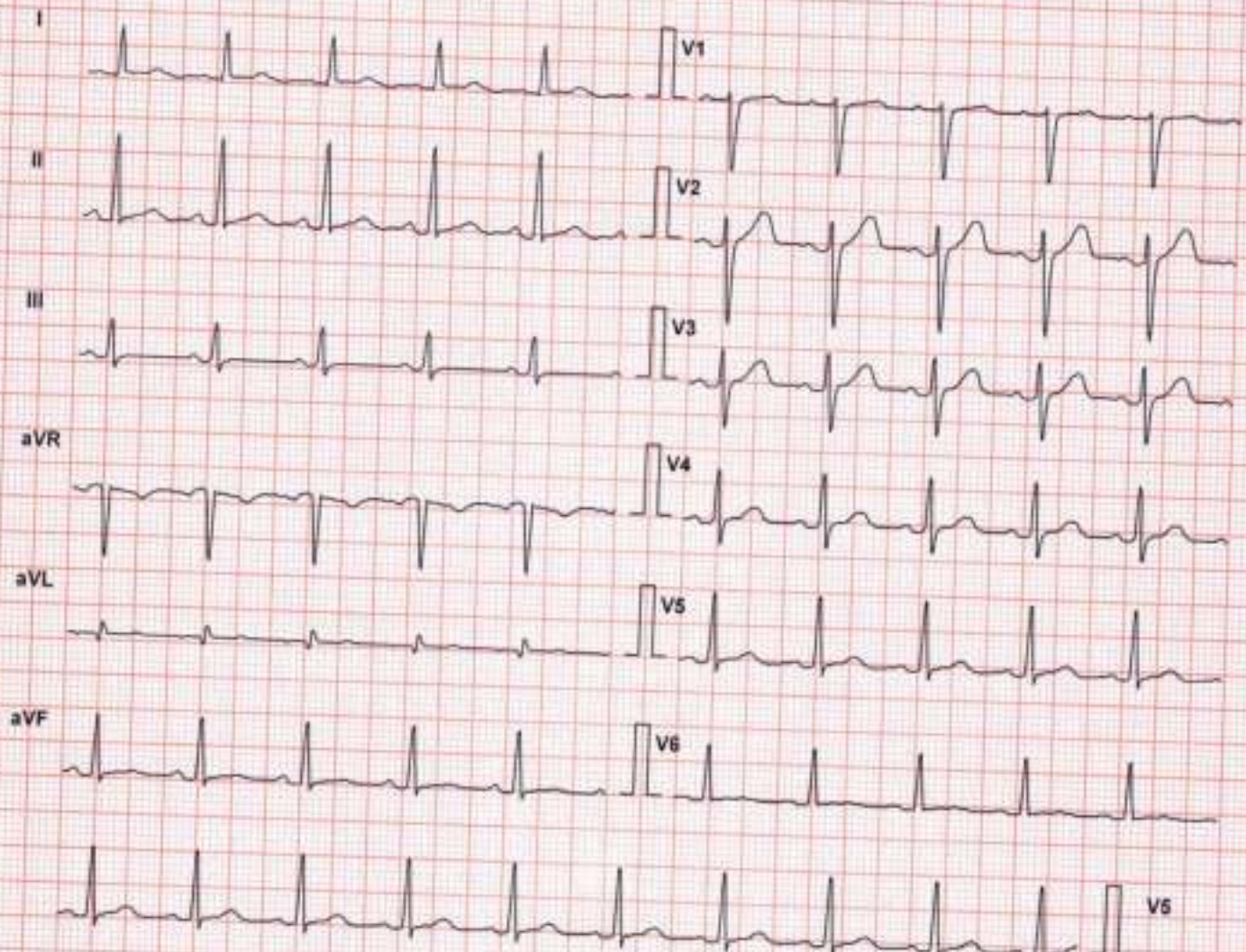
Speed: 0 mph

HR: 94 bpm

B.P: 110 / 80

Grade: 0 %

(THR: 158 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.4	0.0
II	1.1	1.1
III	0.4	0.4
aVR	-0.8	-0.4
aVL	0.0	0.0
aVF	0.6	0.7
V1	0.4	0.7
V2	2.1	1.8
V3	1.5	0.7
V4	0.8	0.4
V5	0.6	0.4
V6	0.4	0.4

Chart Speed: 25 mm/sec
Schiller Spandien V 4.51

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Fil: ON
Post J = J + 60 ms

Amp: 10 mm
Linked Median

Suburban Diagnostics Kalina

MR. LOKESH SUSUBILLI (33 M)

ID: 2326618572

Date: 23-Sep-23 B.P: 110 / 80

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

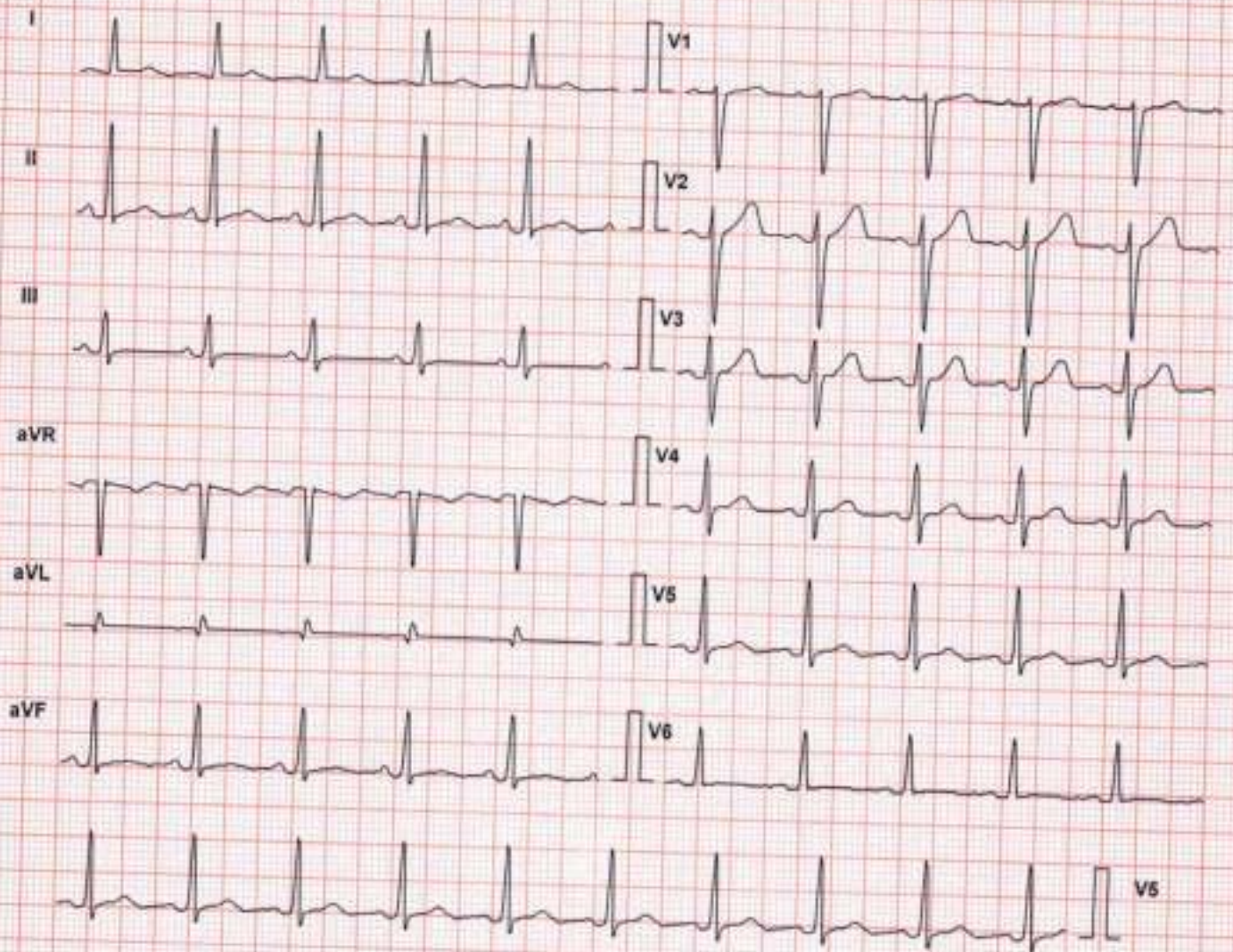
Grade: 0%

Exec Time : 0 m 0 s

Stage Time : 0 m 2 s

HR: 96 bpm

(THR: 158 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.4	0.0
II	1.1	1.1
III	0.4	0.4
aVR	-0.6	-0.7
aVL	0.0	0.0
aVF	0.8	0.7
V1	0.4	0.7
V2	1.9	1.8
V3	1.5	0.7
V4	0.8	0.4
V5	0.8	0.7
V6	0.4	0.4

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller Spandax V 4.01

Iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median

MR. LOKESH SUSUBILLI (33 M)

Suburban Diagnostics Kalina

Protocol: Bruce

ID: 2326618572

Date: 23-Sep-23 B.P: 130 / 80

Exec Time : 2 m 54 s

Stage: 1

Speed: 1.7 mph Grade: 10 %

Stage Time : 2 m 54 s

HR: 108 bpm (THR: 158 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.2	0.0
II	0.8	0.7
III	0.4	0.4
aVR	-0.6	-0.7
aVL	0.0	-0.4
aVF	0.6	0.7
V1	0.4	0.4
V2	2.1	2.1
V3	1.3	1.4
V4	1.1	0.7
V5	0.6	0.7
V6	0.4	0.4

Chart Speed: 25 mm/sec
Schiller Spandan V4 51

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON
Pool J = J + 60 ms

Amp: 10 mm
Linked Median

Suburban Diagnostics Kalina

MR. LOKESH SUSUBILLI (33 M)

ID: 2326618572

Date: 23-Sep-23 B.P. 140 / 80

Protocol: Bruce

Stage: 2

Speed: 2.5 mph Grade: 12 %

Exec Time : 5 m 54 s

Stage Time : 2 m 54 s

HR: 129 bpm (THR: 158 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.4	0.7
II	0.6	1.4
III	0.2	0.7
aVR	-0.6	-1.1
aVL	0.0	0.0
aVF	0.4	0.7
V1	0.2	0.4
V2	1.7	1.8
V3	1.3	1.4
V4	0.8	1.1
V5	0.6	1.1
V6	0.2	0.7

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller Spandan V 4.51

Iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median

Suburban Diagnostics Kalina

MR. LOKESH SUSUBILLI (33 M)

ID: 2326618572

Date: 23-Sep-23

B.P: 150 / 80

Protocol: Bruce

Stage: 3

Speed: 3.4 mph

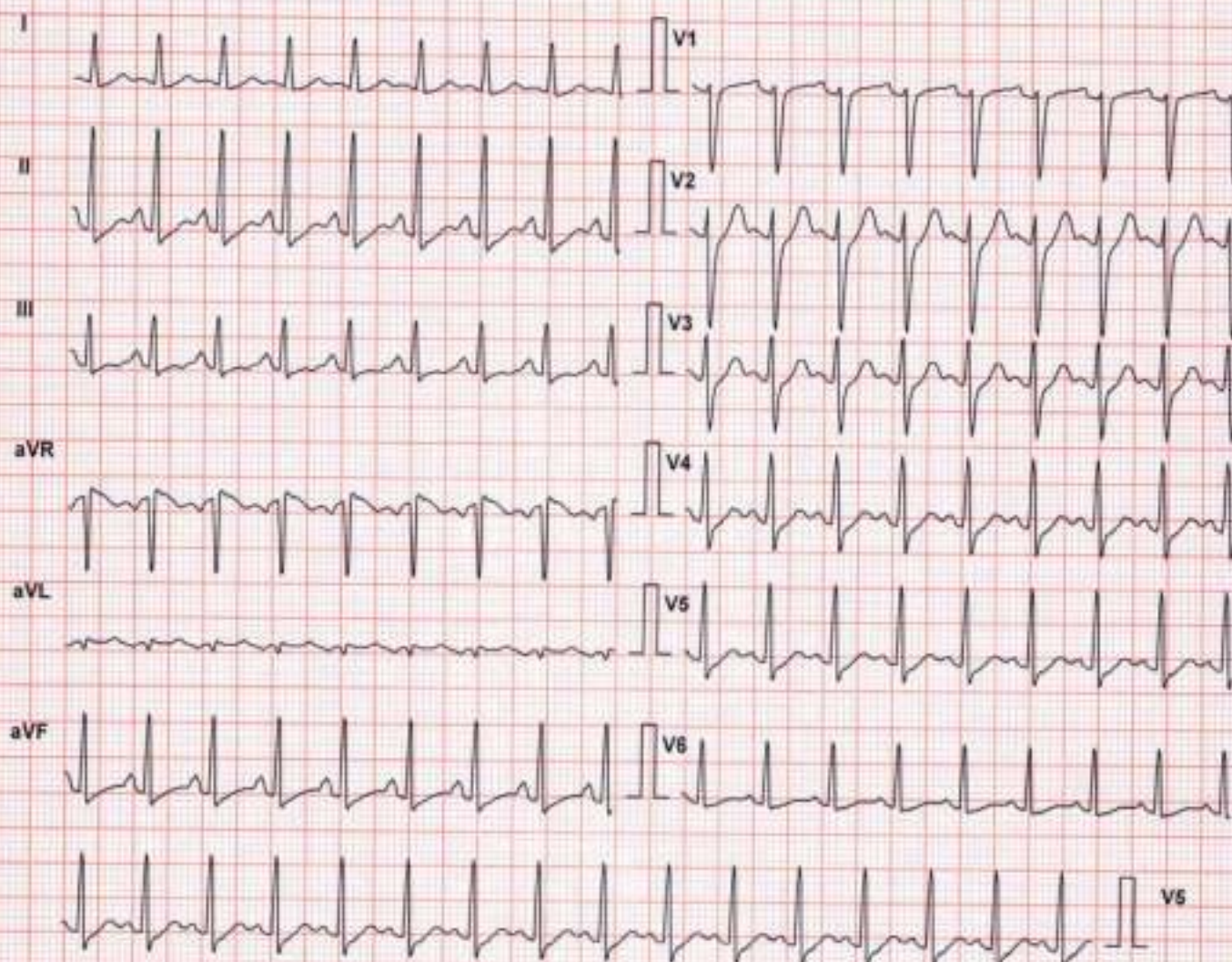
Grade: 14 %

Exec Time : 8 m 54 s

Stage Time : 2 m 54 s

HR: 156 bpm

(THR: 158 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.4	1.4
II	0.4	2.1
III	0.0	0.7
aVR	-0.2	-1.4
aVL	0.0	0.0
aVF	0.0	1.4
V1	0.8	1.1
V2	2.1	4.2
V3	1.5	2.8
V4	0.6	2.1
V5	0.8	2.5
V6	0.0	0.7

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller Spentan V 4.51

iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median



Suburban Diagnostics Kalina

MR. LOKESH SUSUBILLI (33 M)

ID: 2326618572

Date: 23-Sep-23

B.P: 170 / 80

Protocol: Bruce

Stage: Peak Ex

Speed: 4.2 mph

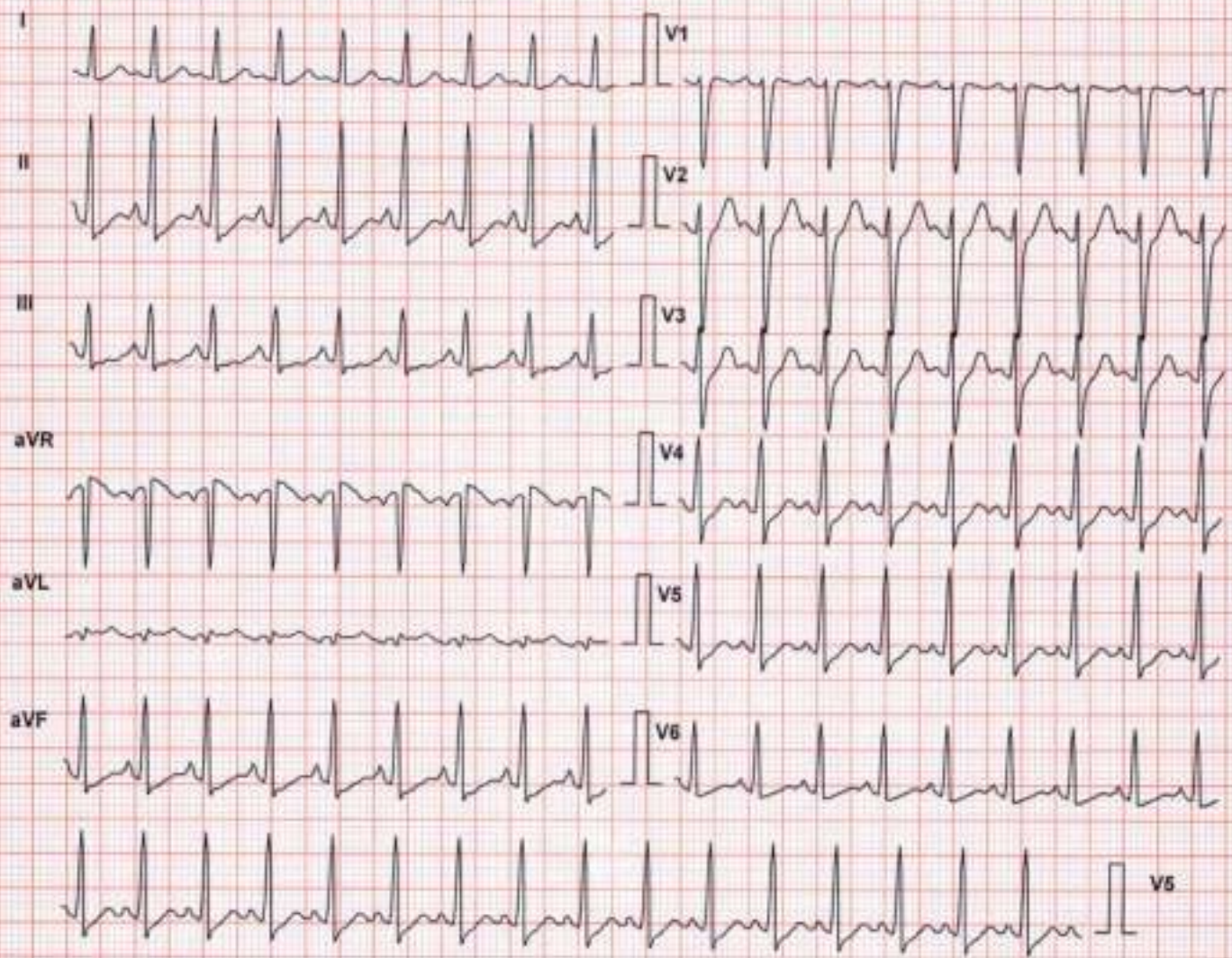
Grade: 16 %

Exec Time : 9 m 8 s

Stage Time : 0 m 8 s

HR: 160 bpm

(THR: 158 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.4	1.4
II	0.0	2.5
III	-0.4	0.7
aVR	-0.2	-2.1
aVL	0.2	0.4
aVF	-0.2	1.4
V1	0.4	-0.4
V2	2.5	4.2
V3	1.5	3.5
V4	0.8	2.8
V5	0.4	2.5
V6	-0.2	0.7

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Schiller Spandari V4.5f

iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median

Suburban Diagnostics Kalina

MR. LOKESH SUSUBILLI (33 M)

ID: 2326618572

Date: 23-Sep-23

B.P: 150 / 80

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

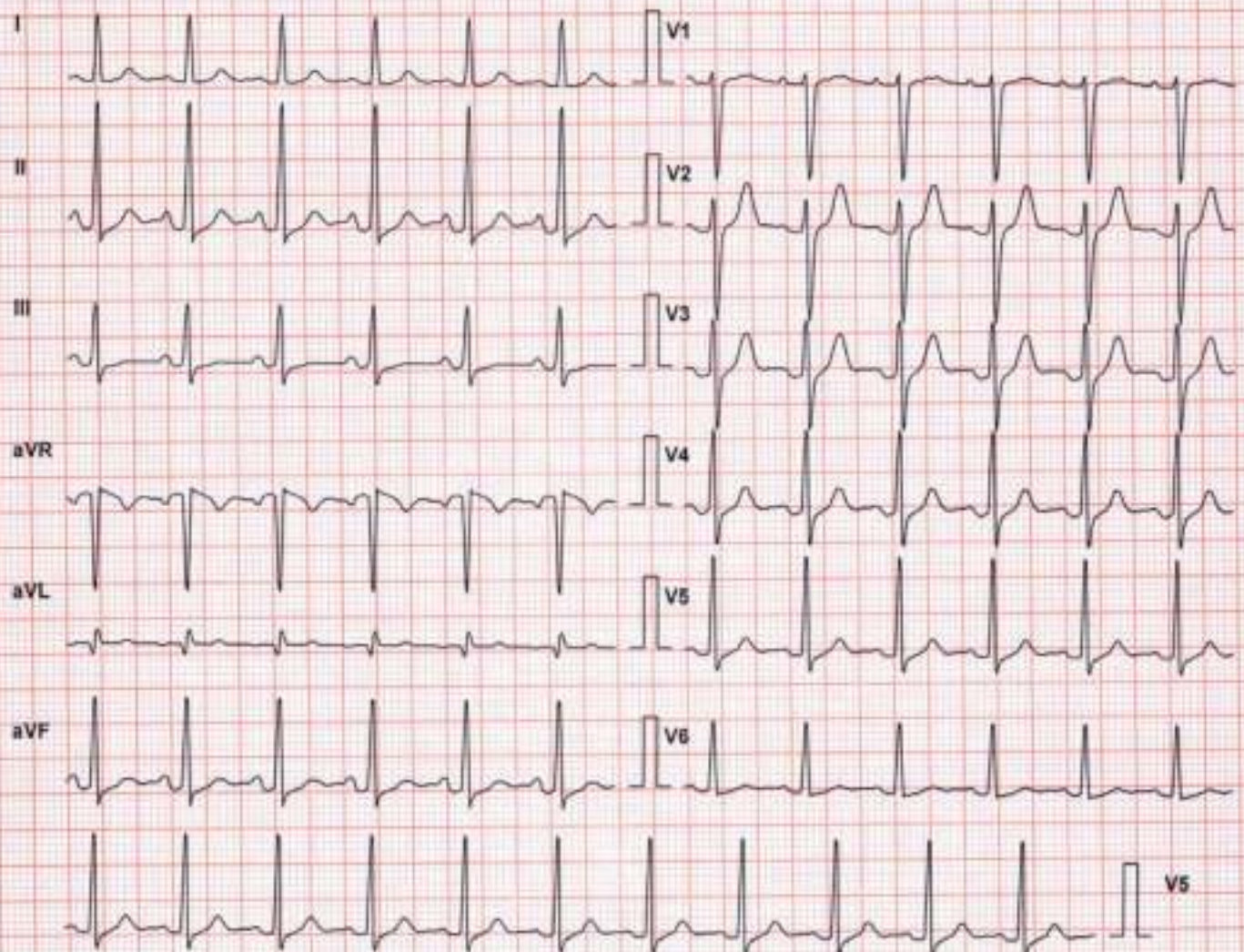
Grade: 0 %

Exec Time : 9 m 14 s

Stage Time : 1 m 54 s

HR: 110 bpm

(THR: 158 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.4	0.7
II	0.6	1.4
III	0.2	0.7
aVR	-0.6	0.0
aVL	0.0	0.0
aVF	0.4	1.1
V1	0.6	2.1
V2	0.4	2.5
V3	1.1	1.7
V4	1.1	1.8
V5	0.6	1.4
V6	0.4	0.7

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Schiller Spandart V 4.5f

Isq = R - 60 ms J + R + 60 ms

Post J = J + 60 ms

Linked Median



Suburban Diagnostics Kalina

MR. LOKESH SUSUBILLI (33 M)

ID: 2326618572

Date: 23-Sep-23

B.P: 130 / 80

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

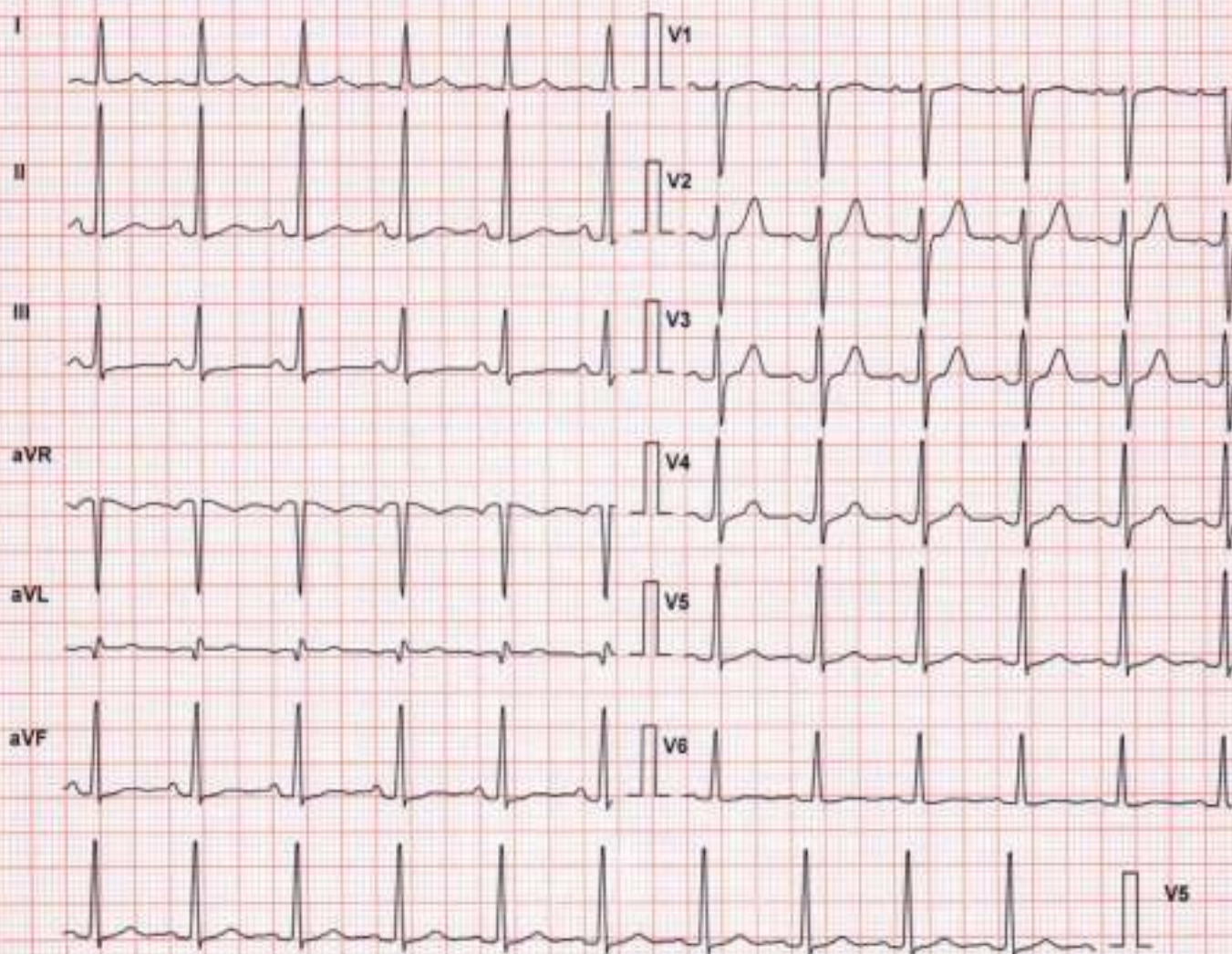
Grade: 0 %

Exec Time : 9 m 14 s

Stage Time : 1 m 54 s

HR: 100 bpm

(THR: 158 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.4	0.7
II	0.4	0.7
III	0.0	0.4
aVR	-0.4	-0.7
aVL	0.0	0.0
aVF	0.2	0.7
V1	0.4	0.7
V2	1.5	1.1
V3	1.1	0.7
V4	0.8	1.1
V5	0.4	0.7
V6	0.2	0.4

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller Spandart V 4.51

1p0 = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median

Suburban Diagnostics Kalina

MR. LOKESH SUSUBILLI (33 M)

ID: 2326618572

Date: 23-Sep-23

B.P: 120 / 80

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

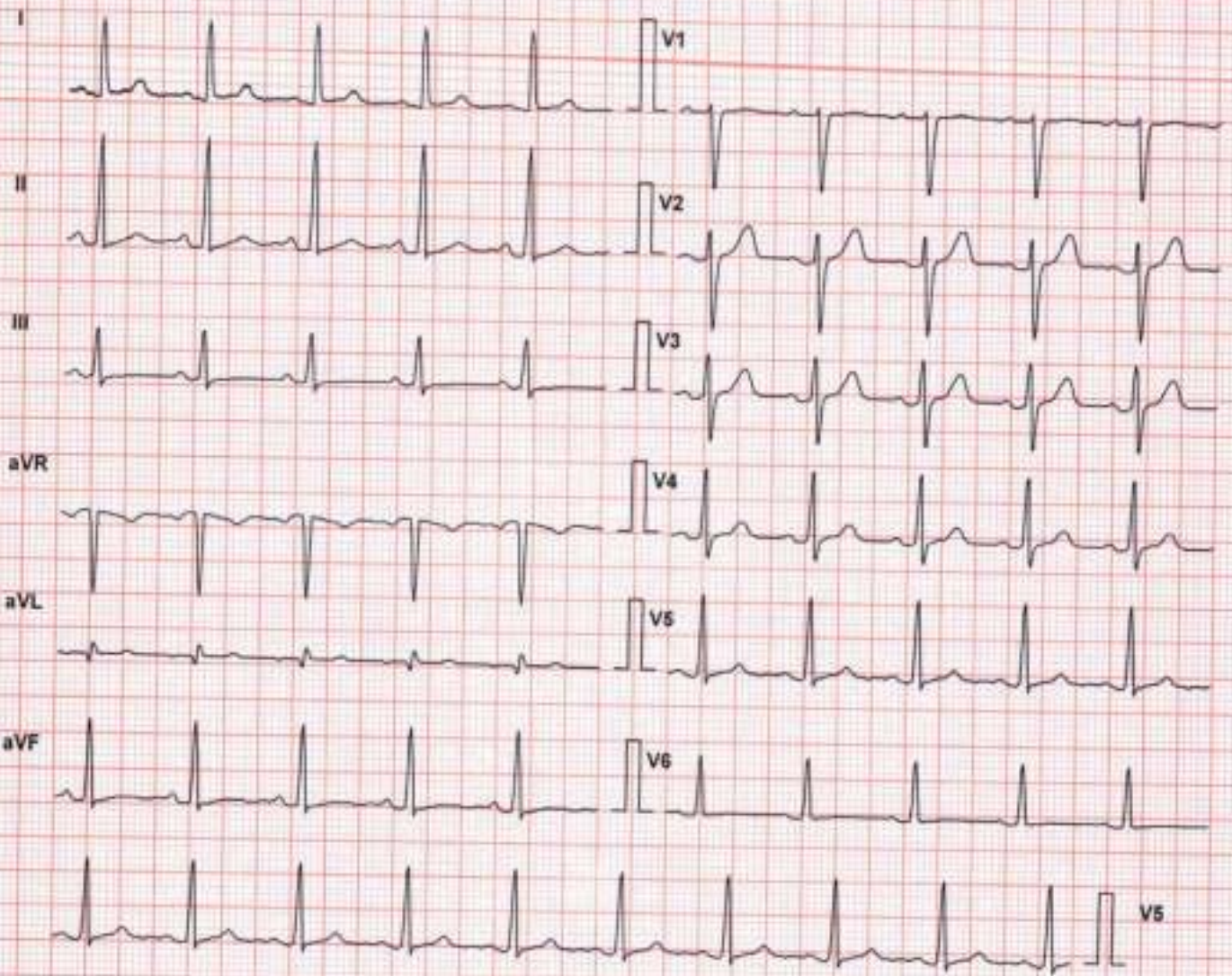
Grade: 0 %

Exec Time : 9 m 14 s

Stage Time : 1 m 1 s

HR: 94 bpm

(THR: 158 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.4	0.4
II	0.6	0.7
III	0.0	0.4
aVR	-0.6	-0.4
aVL	0.0	0.0
aVF	0.4	0.7
V1	0.2	0.4
V2	1.5	1.1
V3	1.1	0.7
V4	0.8	0.7
V5	0.8	0.7
V6	0.2	0.0

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Schöller Spandau V 4.51

Iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median

Date:- 23.09.2023.

CID: 2826618532

Name:- Mr. Sasubilli Lokesh Sex / Age: 1 33 yrs / Male

EYE CHECK UP

Chief complaints: Nil

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: N.V. R/L 6/6 N/5 D.U. R/L 6/6 BL

Aided Vision: -

Refraction: -

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—————			6/6	—————			6/6
Near	—————			N5	—————			N5

Colour Vision: Normal / Abnormal

Remark: WMA

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Tel. No. 022-61700000

Dr. D.G. HATAK
R.No. 61067 M.D. (Oph. Gy)

Name	: Mr. SASUBILLI LOKESH	Reg Date	: 23-Sep-2023 09:02
VID	: 2326618572	Age/Gender	: 33 Years
Ref By	: Arcofemi Healthcare Limited	Regn Centre	: Kalina, Santacruz East (Main Centre)

History and Complaints:

K/C/O Renal stone in 2018

EXAMINATION FINDINGS:

Height (cms):	171 cms	Weight (kg):	66.9 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	110/80 mmHg	Nails:	Normal
Pulse:	64 bpm	Lymph Node:	Not palpable

Systems

Cardiovascular: S1S2 audible, No murmur
Respiratory: AEBE
Genitourinary: NAD
GI System: Liver and Spleen not palpable
CNS: NAD

IMPRESSION:

Urine routine 3plus; blood, 15-20 RBCs
 USG- Mild fatty liver/ small lipoma at left hypochondriac region

ADVICE:

Refer to Urologist

CHIEF COMPLAINTS:

- | | |
|--|------------------------------------|
| 1) Hypertension: | No |
| 2) IHD | No |
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis | No |
| 6) Asthama | No |
| 7) Pulmonary Disease | No |
| 8) Thyroid/ Endocrine disorders | No |
| 9) Nervous disorders | No |
| 10) GI system | No |
| 11) Genital urinary disorder | No |
| 12) Rheumatic joint diseases or symptoms | No |
| 13) Blood disease or disorder | No |
| 14) Cancer/lump growth/cyst | No |
| 15) Congenital disease | No |
| 16) Surgeries | Left renal stone laser SRx in 2018 |

Name : Mr. SASUBILLI LOKESH
VID : 2326618572
Ref By : Arcofemi Healthcare Limited

Reg Date : 23-Sep-2023 09:02
Age/Gender : 33 Years
Regn Centre : Kalina, Santacruz East (Main Centre)

17) **Musculoskeletal System** No

PERSONAL HISTORY:

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


Dr. Dhanwanti Hataalkar
PHYSICIAN

Suburban Diagnostics (I) Pvt. Ltd.
1st Floor, Harbhajan, Above HDFC Bank,
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Santacruz (East),
Tel. No. 022-61700000

Dr. D.G. HATALKAR
R.No. 61067 M.D. (Ob.Gy)



CID : 2326618572
Name : MR.SASUBILLI LOKESH
Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 23-Sep-2023 / 09:08
Reported : 23-Sep-2023 / 12:40

Use a QR Code Scanner
Application To Scan the Code

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	15.2	13.0-17.0 g/dL	Spectrophotometric
RBC	4.87	4.5-5.5 mil/cmm	Elect. Impedance
PCV	46.8	40-50 %	Calculated
MCV	96.0	81-101 fl	Measured
MCH	31.3	27-32 pg	Calculated
MCHC	32.6	31.5-34.5 g/dL	Calculated
RDW	13.6	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6780	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	18.0	20-40 %	
Absolute Lymphocytes	1210	1000-3000 /cmm	Calculated
Monocytes	8.2	2-10 %	
Absolute Monocytes	550	200-1000 /cmm	Calculated
Neutrophils	71.8	40-80 %	
Absolute Neutrophils	4870	2000-7000 /cmm	Calculated
Eosinophils	1.5	1-6 %	
Absolute Eosinophils	100	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	30	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	277000	150000-410000 /cmm	Elect. Impedance
MPV	9.6	6-11 fl	Measured
PDW	17.9	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



CID : 2326618572
 Name : MR.SASUBILLI LOKESH
 Age / Gender : 33 Years / Male
 Consulting Dr. : -
 Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 23-Sep-2023 / 09:08
 Reported : 23-Sep-2023 / 13:22

Use a QR Code Scanner
 Application To Scan the Code

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 6 2-15 mm at 1 hr. Sedimentation

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



Dr. Leena Salunkhe

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



CID : 2326618572
Name : MR.SASUBILLI LOKESH
Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : Kalina, Santacruz East (Main Centre)

Use a QR Code Scanner
Application To Scan the Code
Collected : 23-Sep-2023 / 09:08
Reported : 23-Sep-2023 / 13:55

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	85	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	75	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.55	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.21	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.34	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.6	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	23.7	<34 U/L	Modified IFCC
SGPT (ALT), Serum	21.2	10-49 U/L	Modified IFCC
GAMMA GT, Serum	22.0	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	94.5	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	18.4	19.29-49.28 mg/dl	Calculated
BUN, Serum	8.6	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.98	0.73-1.18 mg/dl	Enzymatic

Note: Kindly note in change in reference range w.e.f. 07-09-2023



CID : 2326618572
Name : MR.SASUBILLI LOKESH
Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 23-Sep-2023 / 14:23
Reported : 23-Sep-2023 / 20:08

Use a QR Code Scanner
Application To Scan the Code

eGFR, Serum	104	(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	5.0	3.7-9.2 mg/dl	Uricase/ Peroxidase
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 SDRL, Vidyavihar Lab
*** End Of Report ***



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



CID : 2326618572
Name : MR.SASUBILLI LOKESH
Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : Kalina, Santacruz East (Main Centre)

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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	5.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	105.4	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 ***



Namrata Raul

Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
EXAMINATION OF FAECES

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

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



Dr. Vrushali Shroff

Dr.VRUSHALI SHROFF
M.D.(PATH)
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)	50	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	3+	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	15-20	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

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*** End Of Report ***



Dr. Vrushi Shroff

Dr.VRUSHALI SHROFF
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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

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*** End Of Report ***



Dr. Vrushi Shroff

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	147.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	133.0	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	42.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	104.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	78.1	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	26.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.8	0-3.5 Ratio	Calculated

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*** End Of Report ***



Namrata Raul

Dr.NAMRATA RAUL
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.2	3.5-6.5 pmol/L	CLIA
Free T4, Serum	16.5	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	2.621	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)



Anupa

Dr.ANUPA DIXIT
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Consultant Pathologist & Lab Director



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78 4227 4228
Suburban Diagnostics (I) Pvt. Ltd.
1st Floor, Harbhajan, Above HDFC Bank,
Opp. Kafa Petrol Pump, Kalina, CST Road,
Santacruz (East).
Tel. No. 022-61700000

Loiesh



CID : 2326618572
Name : Mr SASUBILLI LOKESH
Age / Sex : 33 Years/Male
Ref. Dr :
Reg. Location : Kalina, Santacruz East Main Centre

Reg. Date : 23-Sep-2023
Reported : 23-Sep-2023/10:16

USG WHOLE ABDOMEN

LIVER :

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

GALL BLADDER :

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

PANCREAS :

The pancreas is well visualised and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS :

Both the kidneys are normal in size shape and echotexture. No evidence of any calculus, hydronephrosis or mass lesion seen. Right kidney measures: 9.3 x 4.5 cm. Left kidney measures: 10.5 x 4.9 cm.

SPLEEN :

The spleen is normal in size and shape and echotexture. No evidence of focal lesion is noted. There is no evidence of any lymphadenopathy or ascites. **There is small ill defined hyperechoic lesion seen in subcutaneous soft tissue at left hypochondriac region most likely s/o soft tissue Lipoma.**

URINARY BLADDER :

The urinary bladder is well distended. It shows thin walls and sharp mucosa. No evidence of calculus is noted. No mass or diverticulum is seen.

PROSTATE :

The prostate is normal in size and measures: 3.4 x 2.5 x 2.4 cms and weighs 11 gms.



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Reg. Date : 23-Sep-2023
Reported : 23-Sep-2023/10:16

IMPRESSION :

Mild fatty Liver.

Small soft tissue lipoma at left hypochondriac region.

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

Aashu
DR.ASHA DHAVAN
MBBS ; D.M.R.E
CONSULTANT RADIOLOGIST

Age **33** **2** **3**
years months days

Gender **Male**

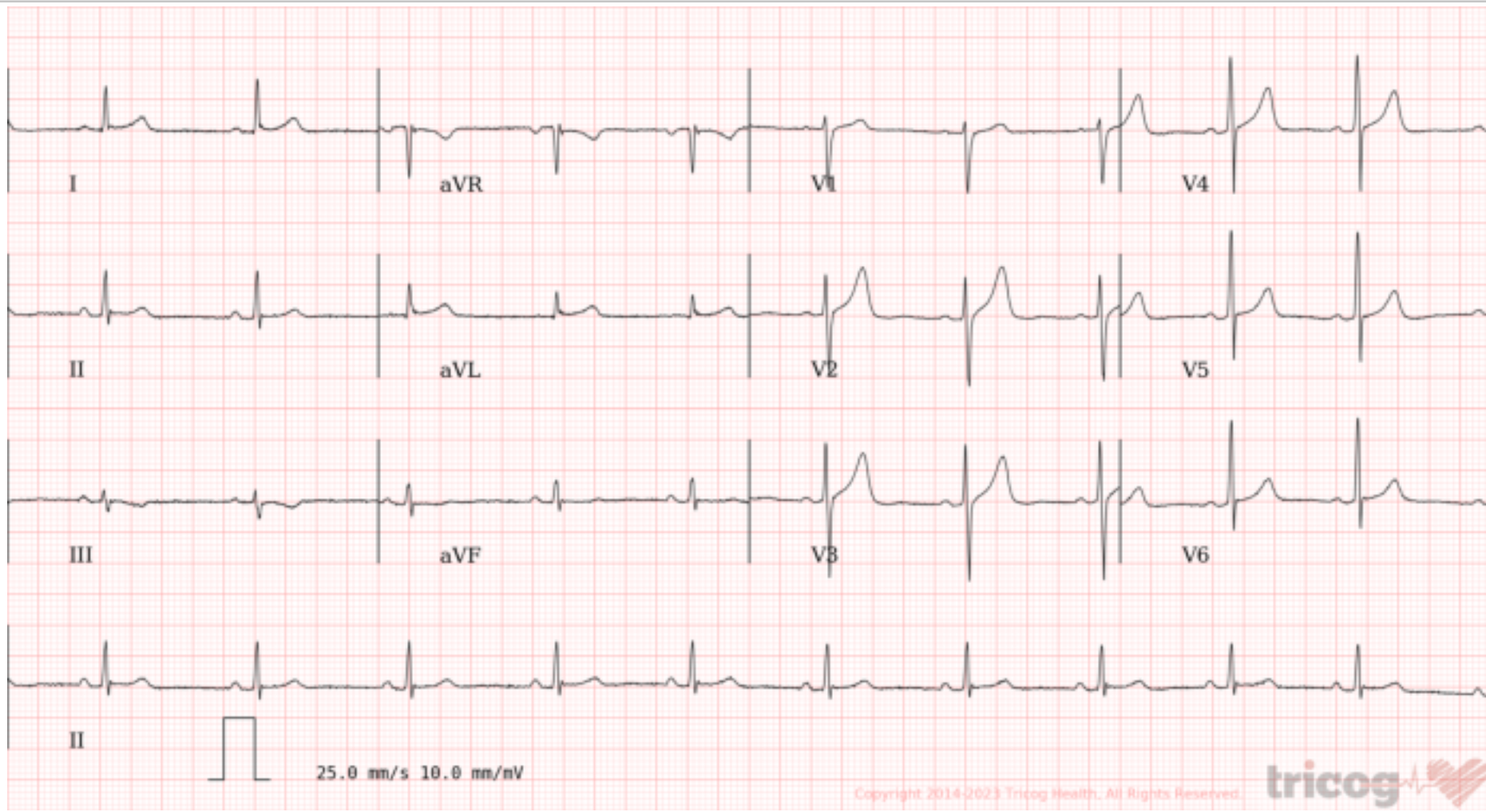
Heart Rate **67bpm**

Patient Vitals

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

Measurements

QRSD: 72ms
QT: 352ms
QTcB: 371ms
PR: 142ms
P-R-T: 63° 25° 12°



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

REPORTED BY

Dr Naveed Sheikh
PGDCC
2016/11/4694