

CID# : 2305621135  
Name : MR.DINESH SALIAN  
Age / Gender : 62 Years/Male  
Consulting Dr. :  
Reg.Location : Kandivali East (Main Centre)  
Collected : 25-Feb-2023 / 08:02  
Reported : 26-Feb-2023 / 10:37

## PHYSICAL EXAMINATION REPORT

### History and Complaints:

HTN since 1 1/2 yrs.

### EXAMINATION FINDINGS:

Height (cms):	162 cms	Weight (kg):	63 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	130/90	Nails:	Normal
Pulse:	72/min	Lymph Node:	Not palpable

### Systems

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

### IMPRESSION:

HTN since 1 1/2 yrs (F)  
T 46.4°C 6.3f  
- 46.4 fatty liver

### ADVICE:

Low fatty  
- carb diet  
Diastolic pressure

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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             | 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       | Mixed |
| 4) Medication | Yes   |

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

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD  
Row 10th, 10th, 3, Aangan,  
Thakur Vihar, Kandivali (east),  
Mumbai - 400101.  
Tel : 61700800

Dr. Jagruti D. Salian  
MBBS  
Consultant Physician  
Reg. No. 69548

Date:- 25/2/23

CID: 2305621135

Name:- Mr. Dimesh Satian

Sex/Age: m/62

**EYE CHECK UP**

Chief complaints: Routine check-up

Systemic Diseases: HT @ 1 1/2 yrs / Ayurvedic med.

Past history: NO H/O Ocular surgery

H/O gl not wings

Unaided Vision: 6/9 6/18

Aided Vision: - -

Refraction: COMB! Normal

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	+	170	80	6/6	-2.25	170	100	6/6
Near	+2.50	170	80	2/6	+0.25	170	100	10/6

Colour Vision: Normal / Abnormal

Remark: Vn within normal limit

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

**SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.**  
Row House No. 3, Aagan,  
Thakur Village, Kandivli (east),  
Mumbai - 400101.  
Tel : 61700600

**DENTAL CHECK - UP**

Name:- *Dinesh Salian*

CID : *230562/135*

Sex / Age : *M / 62*

Occupation:-

Date: *25/2/2023*

Chief complaints:- *missing teeth.*

Medical / dental history:- *Implant, Extraction, 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 movements*
- b) Hard Tissue Examination: *to missing*
- c) Calculus:

Stains:

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

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

Advised: *a) CBCT scan to for Implant planning.*

Provisional Diagnosis:-

*-NIL-*

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Thane West, Kandivali (east),  
Mumbai - 400101.  
Tel : 61700000

**DR. BHUMIK PATEL**  
(D.S.) A - 2333  
*Dr. Bhumi Patel*





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CID : 2305621135  
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Age / Sex : 62 Years/Male  
Ref. Dr :  
Reg. Location : Kandivali East Main Centre  
Reg. Date : 25-Feb-2023  
Reported : 25-Feb-2023 / 13:39

**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.**

*Khilji Faizur*

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023022508030605>

Authenticity Check  
<<QRCode>>

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Age / Sex : 62 Years/Male  
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Reg. Date : 25-Feb-2023  
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## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size (13.6cm), 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 (12 mm) and CBD (2.9mm) 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 visualized and appears normal. No evidence of solid or cystic mass lesion.

### KIDNEYS:

Right kidney measures 8.4 x 4.0 cm. Left kidney measures 9.5 x 5.5 cm.  
Both the kidneys are normal in size shape and echotexture.  
No evidence of any calculus, hydronephrosis or mass lesion seen.

### SPLEEN:

The spleen is normal in size (9.2cm) 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 measures 3.5 x 2.8 x 2.6 cm and volume is 14 cc.

[Click here to view images <<ImageLink>>](#)

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<<QRCode>>

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**IMPRESSION:**

**GRADE I FATTY LIVER.**

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

**This report is prepared and physically checked by Dr Akash Chhari before dispatch.**



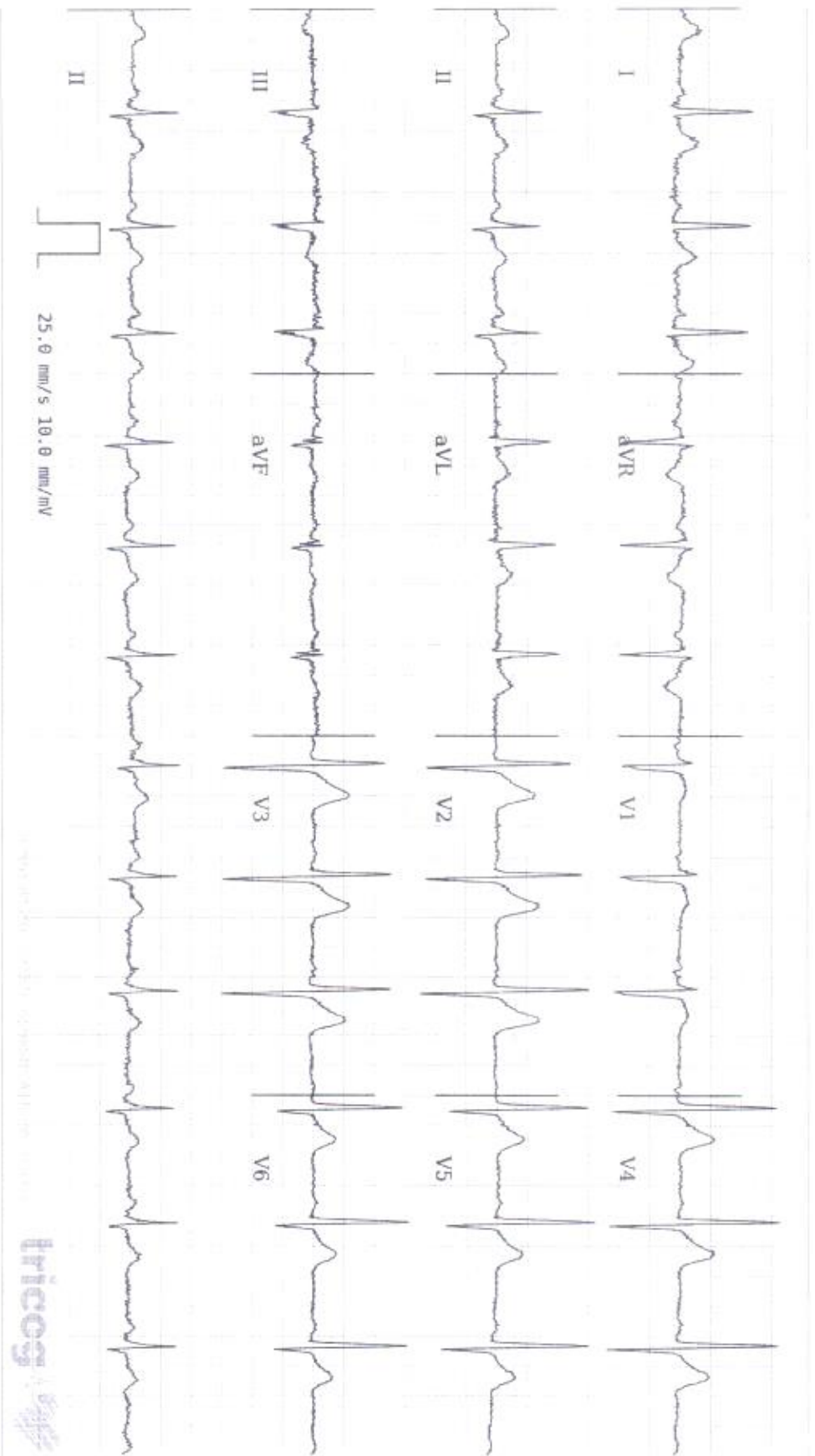
DR. Akash Chhari  
MBBS. MD. Radio-Diagnosis Mumbai  
MMC REG NO - 2011/08/2862

[Click here to view images <<ImageLink>>](#)



Patient Name: **DINESH SALLAN**  
Patient ID: **2305621135**

Date and Time: **25th Feb 23 8:48 AM**



25.0 mm/s 10.0 mm/mV



Age **62** **9** **26**  
years months days

Gender **Male**

Heart Rate **80bpm**

Patient Vitals

BP: **130/90 mmHg**

Weight: **63 kg**

Height: **162 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

**Measurements**

QRSD: **90ms**

QT: **350ms**

QTc: **403ms**

PR: **146ms**

P-R-T: **50° -4° 10°**

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

**SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.**

Rew House No. 3, Aarogan,

Thakur Village, Kandivali East (Mumbai),

Mumbai - 400 041.

Tel: 67700099

REPORTED BY

DR. ASHIL PARULEKAR

MBBS, MD, MEDICINE, DNB Cardiology

Cardiologist

2013052081

Disclaimer: 1. Analysis in this report is based on ECG alone, we should be tried as an adjunct to clinical history, symptoms, and results of other relevant and non-invasive tests and must be interpreted by a qualified physician. 2. Patient vitals are as recorded by the clinician and not derived from the ECG.



# SUBURBAN DIAGNOSTICS KANDIVALI EAST

Report



E-Mail:

1090 (2305621135) / DINESH SALIAN / 62 Yrs / M / 162 Cms / 63 Kg  
 Date: 25 / 02 / 2023 10:12:15 AM Refd By : AERCOFEMI Examined By: DR.AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:11	0:11	00.0	00.0	01.0	095	60%	130/90	123	00	
Standing	00:32	0:21	00.0	00.0	01.0	081	51%	130/90	105	00	
HV	00:42	0:10	00.0	00.0	01.0	072	46%	130/90	093	00	
ExStart	02:37	1:55	00.0	00.0	01.0	076	48%	130/90	098	00	
BRUCE Stage 1	05:37	3:00	02.7	10.0	04.7	115	73%	130/90	149	00	
BRUCE Stage 2	08:37	3:00	04.0	12.0	07.1	127	80%	150/90	190	00	
PeaKE	09:22	0:45	05.5	14.0	07.9	136	86%	160/90	217	00	
Recovery	10:22	1:00	00.2	00.0	01.1	101	64%	160/90	161	00	
Recovery	10:36				00.0	000	0%	---/---	000	00	

## FINDINGS :

Exercise Time : 06:45  
 Initial HR (ExStrt) : 76 bpm 48% of Target 158  
 Initial BP (ExStrt) : 130/90 (mm/Hg)  
 Max Workload Attained : 7.9 Fair response to induced stress  
 Duke Treadmill Score : 07.7  
 Test End Reasons : Heart Rate Achieved

Max HR Attained 136 bpm 86% of Target 158  
 Max BP Attained 160/90 (mm/Hg)

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

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.  
 Row House No. 3, Aangan,  
 Thakur Village, Kandivali (east),  
 Mumbai - 400101.  
 Tel : 617000000

Doctor : DR.AKHIL PARULEKAR





Email:

1090 / DINESH SALIAN / 62 Yrs / M / 162 Cms / 63 Kg Date: 25 / 02 / 2023 10:12:15 AM Refd By : AERCOFEMI

## REPORT :

Heart Rate 136.0 bpm

Systolic BP 160.0 mmHg Diastolic BP 90.0 mmHg

Exercise Time 06:45 Mins. Ectopic Beats 0.0

METS 7.9 Test End Reason, Heart Rate Achieved Target Heart Rate 87% of 158

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 STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHAEMIC HEART DISEASE FOR GIVEN DURATION OF EXERCISE

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.

**Dr. Akhil P. Parulekar.**

M.B.B.S. - MD. Medicine

DNB Cardiology

Reg. No. 2012082486

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.

Row House No. 3, Aangan,

Thakur Village, Kandivali (East),

Mumbai - 400101.

Tel : 61700800

Doctor : DR. AKHIL PARULEKAR



SUBURBAN DIAGNOSTICS KANDIVALI EAST

SUPINE ( 00:11 )



1090 (2305621135) / DINESH SALIAN / 62 Yrs / M / 162 Cms / 63 Kg / HR : 95

Date: 25 / 02 / 2023 10:12:15 AM METS: 1.01 95 bpm 60% of THR BP: 130/90 mmHg Raw ECG/BLC On/Notch On/HE 0.05 Hz/LE 35 Hz

ExTime: 00:00:0.0 kmph 0.0%

4X 80 MS PAPER

25 mm/Sec 1.0 Cal/mV

STL 0.9  
SRS 0.18

V1  
-0.1  
0.3

V1

II  
1.0  
1.0

V2  
1.4  
1.8

V2

V2  
1.4

III  
0.1  
0.1

V3  
1.2  
2.7

V3

avR  
-0.9  
-0.9

V4  
1.2  
2.3

V4

avL  
0.5  
0.4

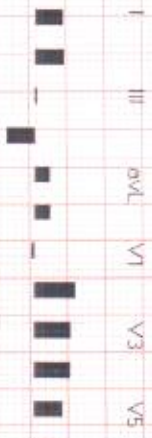
V5  
0.9  
1.7

V5

avF  
0.5  
0.6

V6  
0.7  
0.9

V6



REMARKS



SUBURBAN DIAGNOSTICS KANDIVALI EAST

STANDING ( 00:21 )

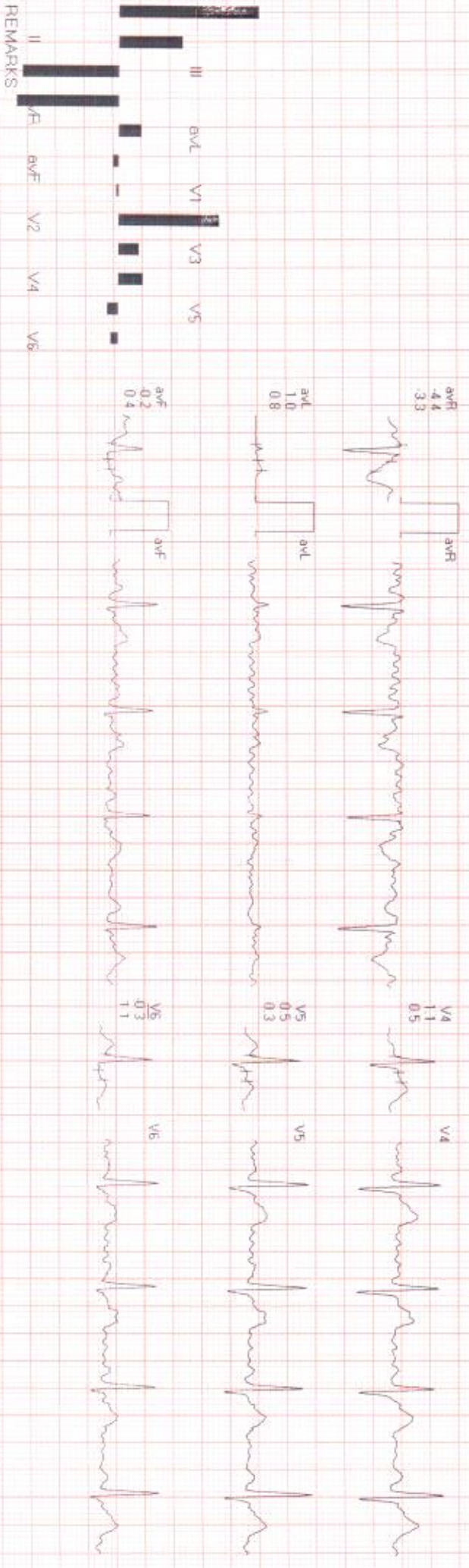
AC+PL

1090 (2305621135) / DINESH SALLAN / 62 Yrs / M / 162 Cms / 63 Kg / HR : 81

Date: 25 / 02 / 2023 10:12:15 AM METS: 1.0 / 81 bpm 51% of THR BP: 130/90 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/UF 35 Hz

4X 80 mS Post J

ExTime 00:00:0.0 Kmph 0.0%  
25mm/Sec 1.0 Cal/mV





# SUBURBAN DIAGNOSTICS KANDIVALI EAST

HV ( 00:10 )

1090 (230562135) / DINESH SALLAN / 62 Yrs / M / 162 Cms / 63 Kg / HR : 72

Date: 25 / 02 / 2023 10:12:15 AM

METS: 1.07 72 bpm 46% of THR BP: 130/90 mmHg Pwv ECG/BLC Dm/Notch Dm/HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 Kmph 0.0%

4X

30 mS Post J

25 mm/Sec 1.0 Cal/mV



REMARKS





1090 (2305621135) / DINESH SALIAN / 62 Yrs / M / 162 Cms / 63 Kg / HR : 76

Date 25 / 02 / 2023 10:12:15 AM METS 1 of 75 bpm 48% of THR BP 130/90 mmHg Raw ECG/BLC On/Notch 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



REMARKS

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





**SUBURBAN DIAGNOSTICS KANDIVALI EAST**

**BRUCE : Stage 1 ( 03:00 )**



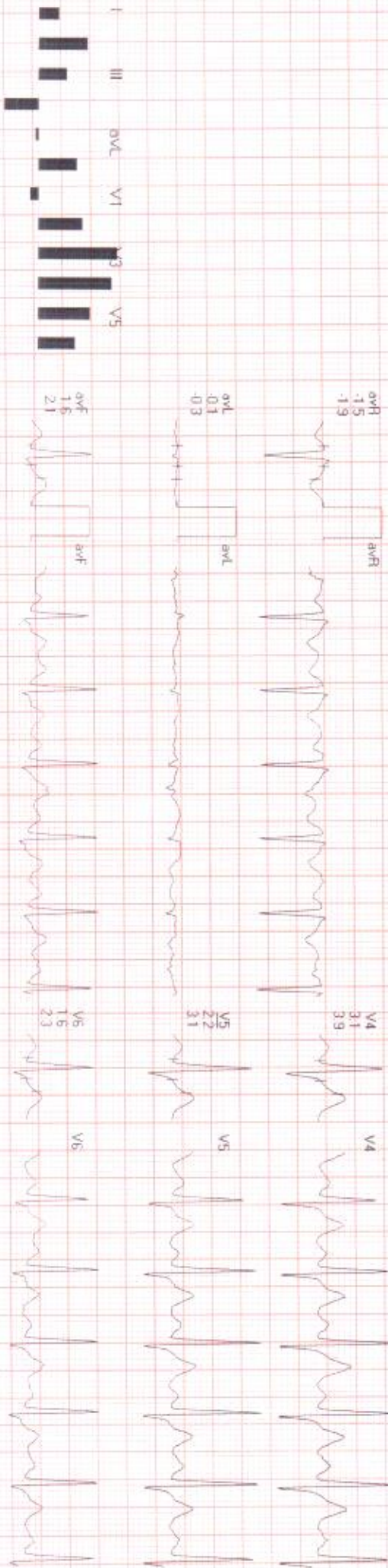
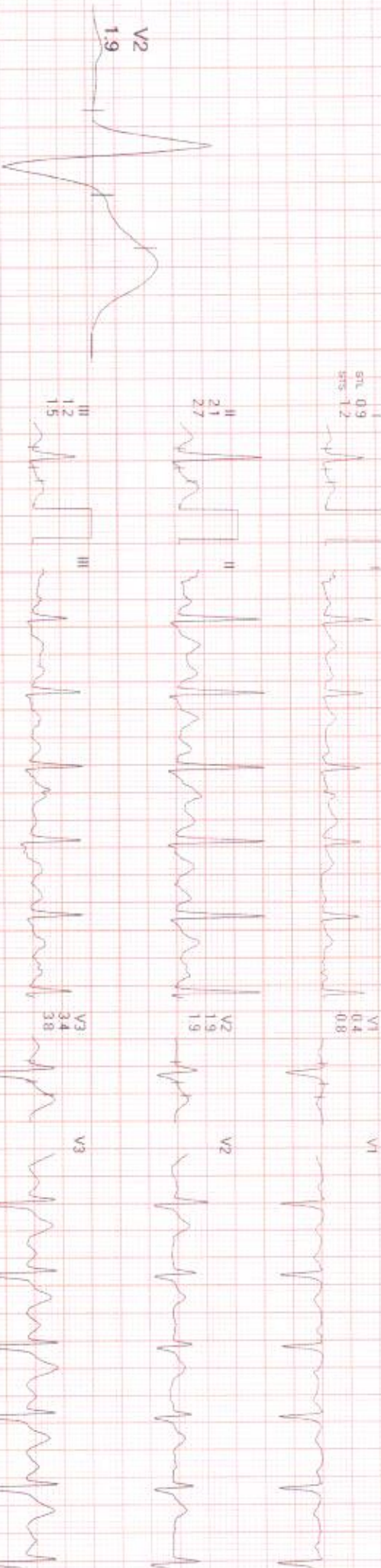
1090 (230562135) / DINESH SALIAN / 62 Yrs / M / 162 Cms / 63 Kg / HR : 115

Date: 25/02/2023 10:12:15 AM METS: 4.7/115 bpm 73% of THR: BP: 130/90 mmHg Raw ECG/BLC Dry/Noch Dry/HF 0.05 Hz/LF 35 Hz

ExTime: 03:00 2.7 Kmph 10.0%

4X 30 ms Post J

25 mm/Sec 1.0 Cm/mV



REMARKS





SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 2 ( 03:00 )



1090 (2305621135) / DINESH SALIAN / 62 Yrs / M / 162 Cms / 63 Kg / HR : 127

Date 25 / 02 / 2023 10:12:15 AM

METS 7.1 / 127 bpm 80% of THR. BP: 150/90 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/TF 35. Hz

ExTime 06:00 4.0 Km/ph 12.0%

4X

80 mS Post J

25 mm/Sec 1.0 Cm/mV

STL 1.0  
STV 1.7

V1 0.1  
V2 0.6

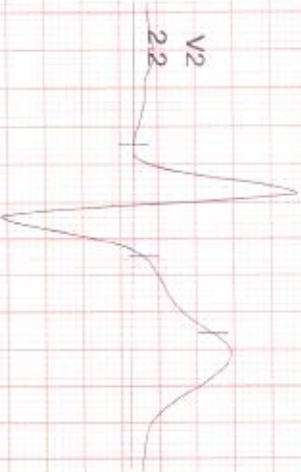
I 0.3  
II 1.9

V3 2.2  
V4 2.4

III 0.7  
IV 0.2

V5 3.5  
V6 4.2

V2 2.2

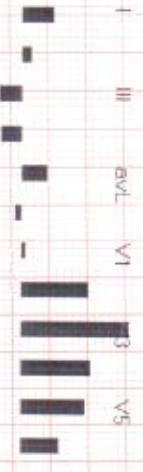


aVR -0.7  
aVL -1.8

V4 2.3  
V5 3.8

aVF 0.8  
aVL 0.7

V5 2.1  
V6 3.1



aVF -0.2  
aVL 1.1

V5 1.3  
V6 1.8

REMARKS:



**SUBURBAN DIAGNOSTICS KANDIVALI EAST**

**PeakEX**

1090 (2305621135) / DINESH SALLAN / 62 Yrs / M / 162 Cms / 63 Kg / HR : 136



Date: 25/02/2023 10:12:15 AM

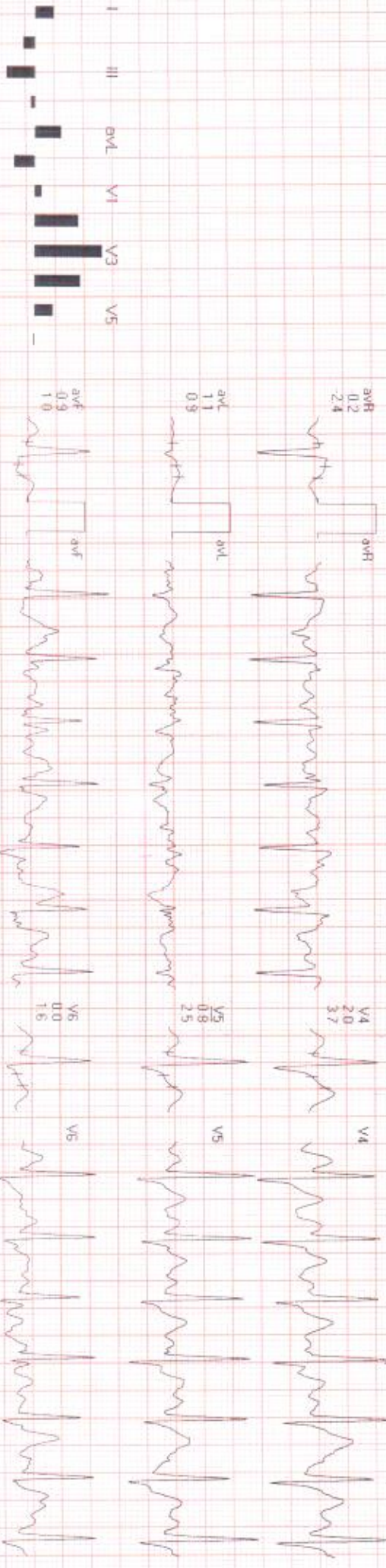
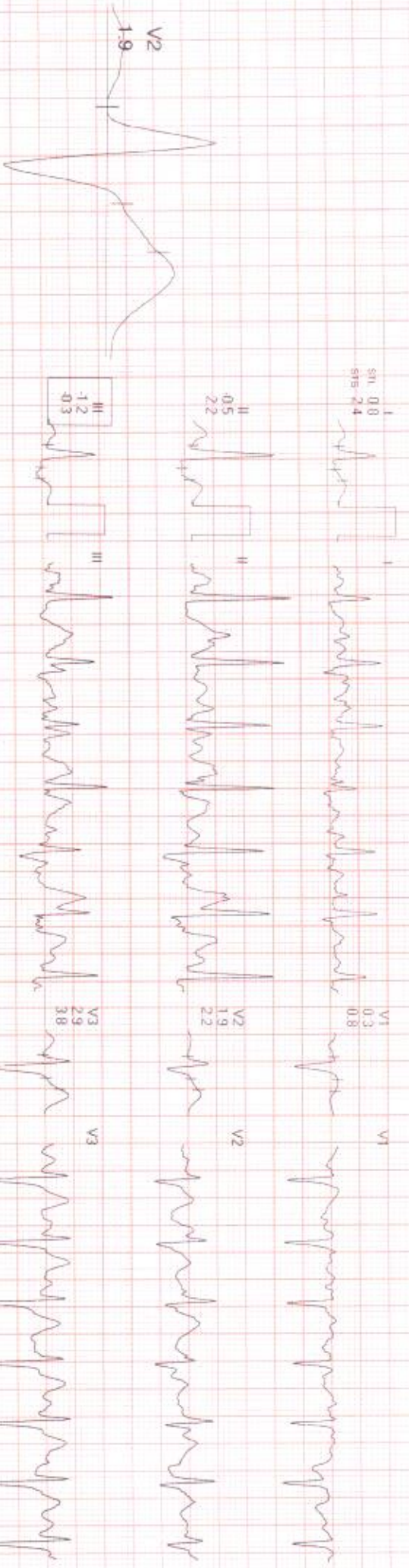
METS: 7.9 / 36 bpm 86% of THR BP: 160/90 mmHg

Row ECG/BLC On/ Notch On/HF 0.05 Hz/AF 35. Hz

ExTime: 06:45 5.5 Km/h 140%

4X 60ms Post J

25 mm/Sec 1.0 Cm/mV



REMARKS





SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : ( 01:00 )

1090 (230562135) / DINESH SALLAN / 62 Yrs / M / 162 Cms / 63 Kg / HR : 101

Date 25/02/2023 10:12:15 AM METS 11/101 bpm 64% of THR BP 160/90 mmHg Raw ECG/BLD On/Match On/HE 0.05 Hz/AF 35 Hz

ExTime 06:45 0.2 Km/h 0.0%

4X 50 ms Post J

25 mm/Sec 1.0 Cm/mV

ST1 1.1  
ST2 1.1  
ST3 2.1

V1 0.3  
V2 1.5

II 1.8  
III 4.2

V2 1.7  
V3 2.5

V2 1.7

III 0.7  
aVR 2.0

V3 3.7  
V4 5.4

aVR 1.5  
aVL 3.2

V4 3.3  
V5 5.5

aVL 0.1  
aVF 0.1

V5 2.3  
V6 4.4

aVF 1.2  
V5 3.1

V5 2.7  
V6 3.8



REMARKS

Dr. S. S. Srinivasan



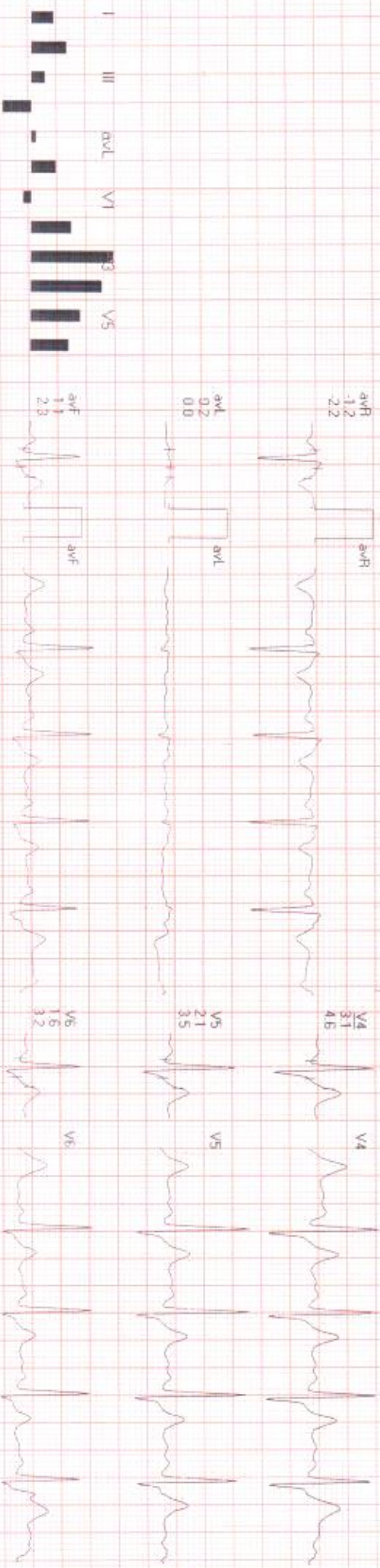
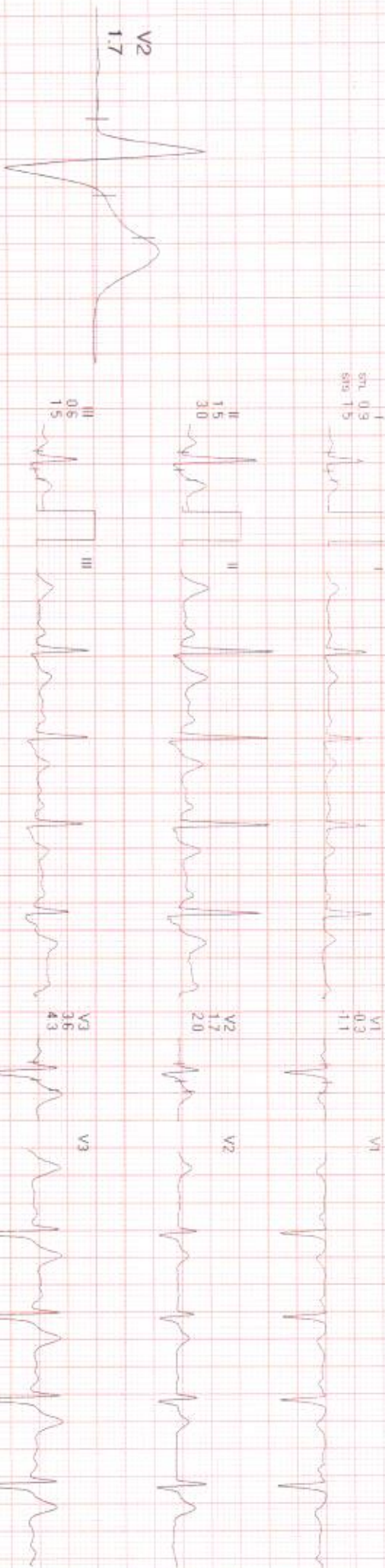
1090 (230562135) / DINESH SALLAN / 62 Yrs / M / 162 Cms / 63 Kg / HR 94

Date: 25/02/2023 10:12:15 AM METS: 1.0/94 bpm 59% of THR BP: 160/90 mmHg Raw ECG ELC On/Match On/HF 0.05 Hz/LE 35 Hz

ExTime: 06:45 0.0 kmph 0.0%

4X 70 ms Post V

25 mm/Sec 1.0 Cm/mV



REMARKS

Signature





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Reported : 25-Feb-2023 / 11:54

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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	14.3	13.0-17.0 g/dL	Spectrophotometric
RBC	4.57	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.4	40-50 %	Measured
MCV	97	80-100 fl	Calculated
MCH	31.2	27-32 pg	Calculated
MCHC	32.2	31.5-34.5 g/dL	Calculated
RDW	12.7	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	5650	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	41.6	20-40 %	
Absolute Lymphocytes	2350.4	1000-3000 /cmm	Calculated
Monocytes	7.7	2-10 %	
Absolute Monocytes	435.1	200-1000 /cmm	Calculated
Neutrophils	49.1	40-80 %	
Absolute Neutrophils	2774.2	2000-7000 /cmm	Calculated
Eosinophils	1.5	1-6 %	
Absolute Eosinophils	84.8	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	5.7	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	243000	150000-400000 /cmm	Elect. Impedance
MPV	8.8	6-11 fl	Calculated
PDW	14.8	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 3 2-20 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**





CID : 2305621135  
Name : MR.DINESH SALIAN  
Age / Gender : 62 Years / Male  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 25-Feb-2023 / 08:04  
Reported : 25-Feb-2023 / 12:14

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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	104.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	90.5	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.69	0.2-1.1 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.28	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.41	<1.1 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.6	3.2-4.8 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	37.2	<34 U/L	Modified IFCC
SGPT (ALT), Serum	45.3	10-49 U/L	Modified IFCC
GAMMA GT, Serum	45.4	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	60.2	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	30.7	19.29-49.28 mg/dl	Calculated
BUN, Serum	14.3	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	1.1	0.60-1.10 mg/dl	Enzymatic



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eGFR, Serum	72	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.6	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 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**  
**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	134.1	mg/dl	Calculated

**Intended use:**

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

**Clinical Significance:**

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

**Test Interpretation:**

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

**Factors affecting HbA1c results:**

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

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

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

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

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

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

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





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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>
<b><u>PHYSICAL EXAMINATION</u></b>			
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)	30	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	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 insert

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

*Bmhasakar*

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



MC-2111





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Name : MR.DINESH SALIAN  
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**BLOOD GROUPING & Rh TYPING**

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	A
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. Leena Salunkhe*  
**Dr.LEENA SALUNKHE**  
**M.B.B.S, DPB (PATH)**  
**Pathologist**





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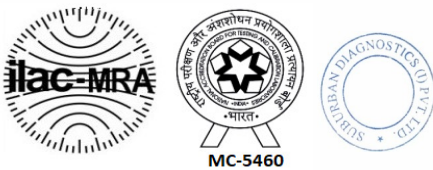
**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	161.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	89.9	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	52.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	109.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	91.2	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	18.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.7	0-3.5 Ratio	Calculated

\*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**  
**THYROID FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.8	3.5-6.5 pmol/L	CLIA
Free T4, Serum	15.1	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	3.635	0.55-4.78 microIU/ml	CLIA





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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 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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