

CID#	: 2207126669	SID#	: 177802882424
Name	: MR.VIJAY SHARMA	Registered	: 12-Mar-2022 / 09:36
Age / Gender	: 35 Years/Male	Collected	: 12-Mar-2022 / 09:36
Consulting Dr.	: -	Reported	: 13-Mar-2022 / 11:18
Reg.Location	: Kandivali East (Main Centre)	Printed	: 13-Mar-2022 / 14:36

PHYSICAL EXAMINATION REPORT

History and Complaints:

No

EXAMINATION FINDINGS:

Height (cms):	174 cms	Weight (kg):	83 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	120/80	Nails:	Normal
Pulse:	72/min	Lymph Node:	Not palpable

Systems

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

IMPRESSION:

*↑ uric acid
- dyslipidemia
↑ LDL - fatty liver*

ADVICE:

- low fatty diet

*Repeat - 3 mo
uric acid*

CID# : 2207126669
Name : MR.VIJAY SHARMA
Age / Gender : 35 Years/Male
Consulting Dr. : -
Reg.Location : Kandivali East (Main Centre)

SID# : 177802882424
Registered : 12-Mar-2022 / 09:36
Collected : 12-Mar-2022 / 09:36
Reported : 13-Mar-2022 / 11:18
Printed : 13-Mar-2022 / 14:36

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 | Occasionally |
| 2) Smoking | Occasionally |
| 3) Diet | Mixed |
| 4) Medication | No |

*** End Of Report ***

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Aangan,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700000


Dr. Jagruti Dhale
MBBS
Consultant Physician
Reg. No. 69548

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HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

Page:2 of 2

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SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

Patient Details

Date: 12-Mar-22

Time: 12:35:02 PM

Name: VIJAY SHARMA ID: 2207126669

Age: 35 y

Sex: M

Height: 174 cms

Weight: 83 Kgs

Clinical History:

Medications:

Test Details

Protocol: Bruce

Pr.MHR: 185 bpm

THR: 166 (90 % of Pr.MHR) bpm

Total Exec. Time: 7 m 45 s

Max. HR: 165 (89% of Pr.MHR)bpm

Max. Mets: 13.50

Max. BP: 170 / 80 mmHg

Max. BP x HR: 28050 mmHg/min

Min. BP x HR: 5200 mmHg/min

Test Termination Criteria: Target HR attained

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 : 16	1.0	0	0	71	120 / 80	-0.42 aVR	4.95 V3
Standing	0 : 26	1.0	0	0	72	120 / 80	-2.34 aVL	5.31 V3
Hyperventilation	0 : 23	1.0	0	0	65	120 / 80	-0.42 III	4.25 V3
1	2 : 0	4.6	1.7	10	95	120 / 80	-4.46 I	5.66 V3
2	2 : 0	7.0	2.5	12	111	120 / 80	-1.27 II	5.66 V3
3	2 : 0	10.2	3.4	14	137	150 / 80	-1.49 II	5.31 V3
Peak Ex	1 : 45	13.5	4.2	16	165	170 / 80	-1.91 II	5.66 V3
Recovery(1)	1 : 0	1.8	1	0	130	170 / 80	-1.49 II	5.66 V5
Recovery(2)	0 : 25	1.0	0	0	121	170 / 80	-1.49 aVR	5.66 V5
Recovery(3)	0 : 10	1.0	0	0	120	170 / 80	-1.49 aVR	5.31 V4

Interpretation

The patient exercised according to the Bruce protocol for 7 m 45 s achieving a work level of Max. METS : 13.50. Resting heart rate initially 71 bpm, rose to a max. heart rate of 165 (89% of Pr.MHR) bpm. Resting blood Pressure 120 / 80 mmHg, rose to a maximum blood pressure of 170 / 80 mmHg.

Good Effort Tolerance. Normal chronotropic and ionotropic response.
 No significant ST T changes as compared to Baseline.
 No Chest pain/ Arrhythmias noted during the test.
 Stress Test is Negative for Stress Induced Ischemia..

Dr. Akhil P. Parulekar.
 MBBS, MD, Medicine
 DNB Cardiology
 Reg. No. 2912082483

Disclaimer : Negative stress test does not rule out Coronary Artery Diseases.
 Positive Stress Test is suggestive but not confirmatory of Coronary Artery Disease
 Hence clinical correlation is mandatory.

Ref. Doctor: AFRFECORMI

(Summary Report edited by user)

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
 Row House No. 3, Aangan,
 Thakur Village, Kandivali (east),
 Mumbai - 400101
 Tel : 61700000

Doctor: DR.AKHIL PARULEKAR

(c) Schiller Healthcare India Pvt. Ltd. V 4.7

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

VIJAY SHARMA (35 M)

ID: 2207126669

Date: 12-Mar-22

Exec Time : 0 m 0 s

Stage Time : 0 m 16 s **HR: 71 bpm**

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0%

(THR: 166 bpm)

B.P.: 120 / 80

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

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

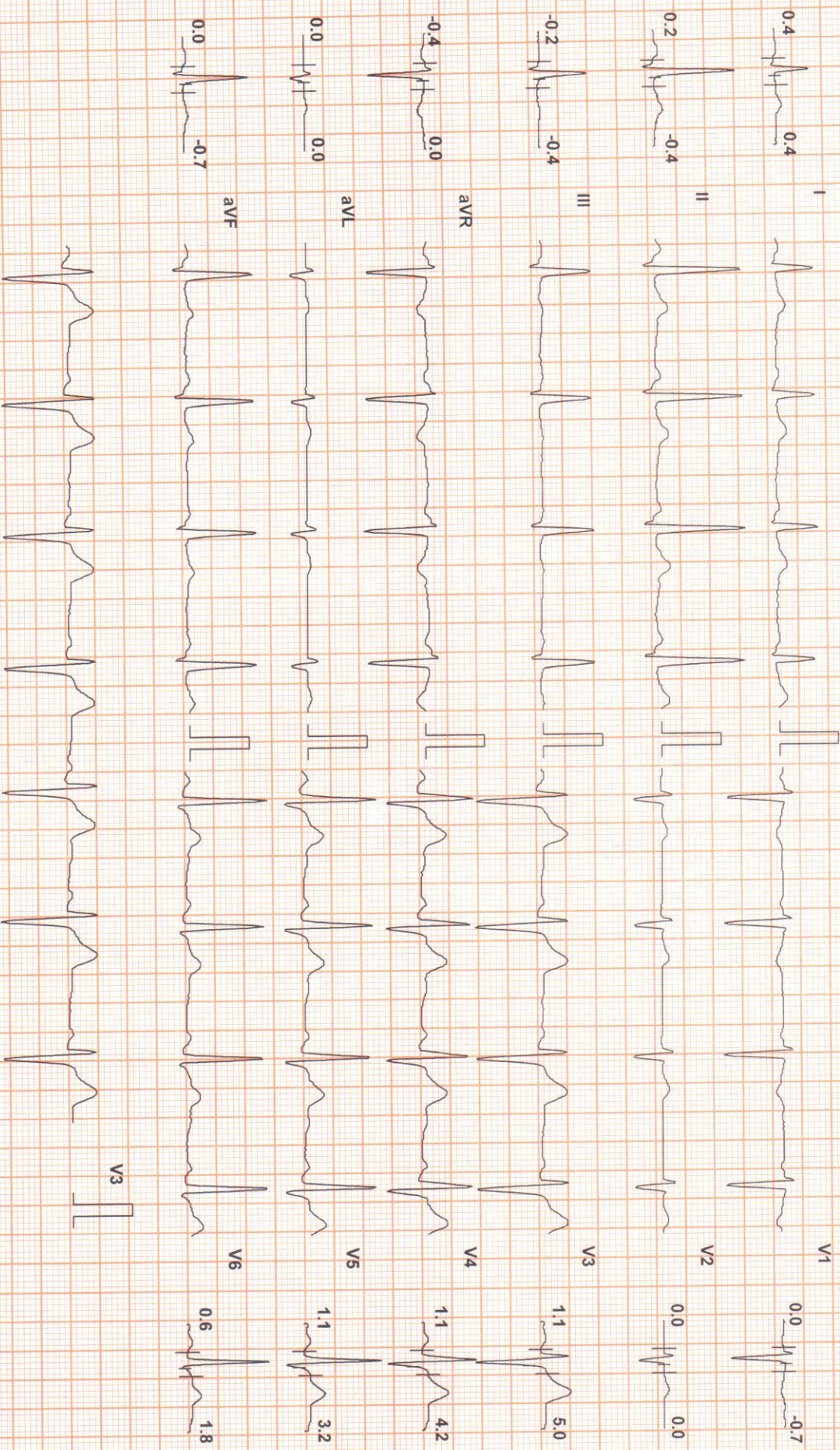


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

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SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

VIJAY SHARMA (35 M)

ID: 2207126669

Date: 12-Mar-22

Exec Time : 0 m 0 s

Stage Time : 0 m 26 s **HR: 72 bpm**

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0%

(THR: 166 bpm)

B.P: 120 / 80

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

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

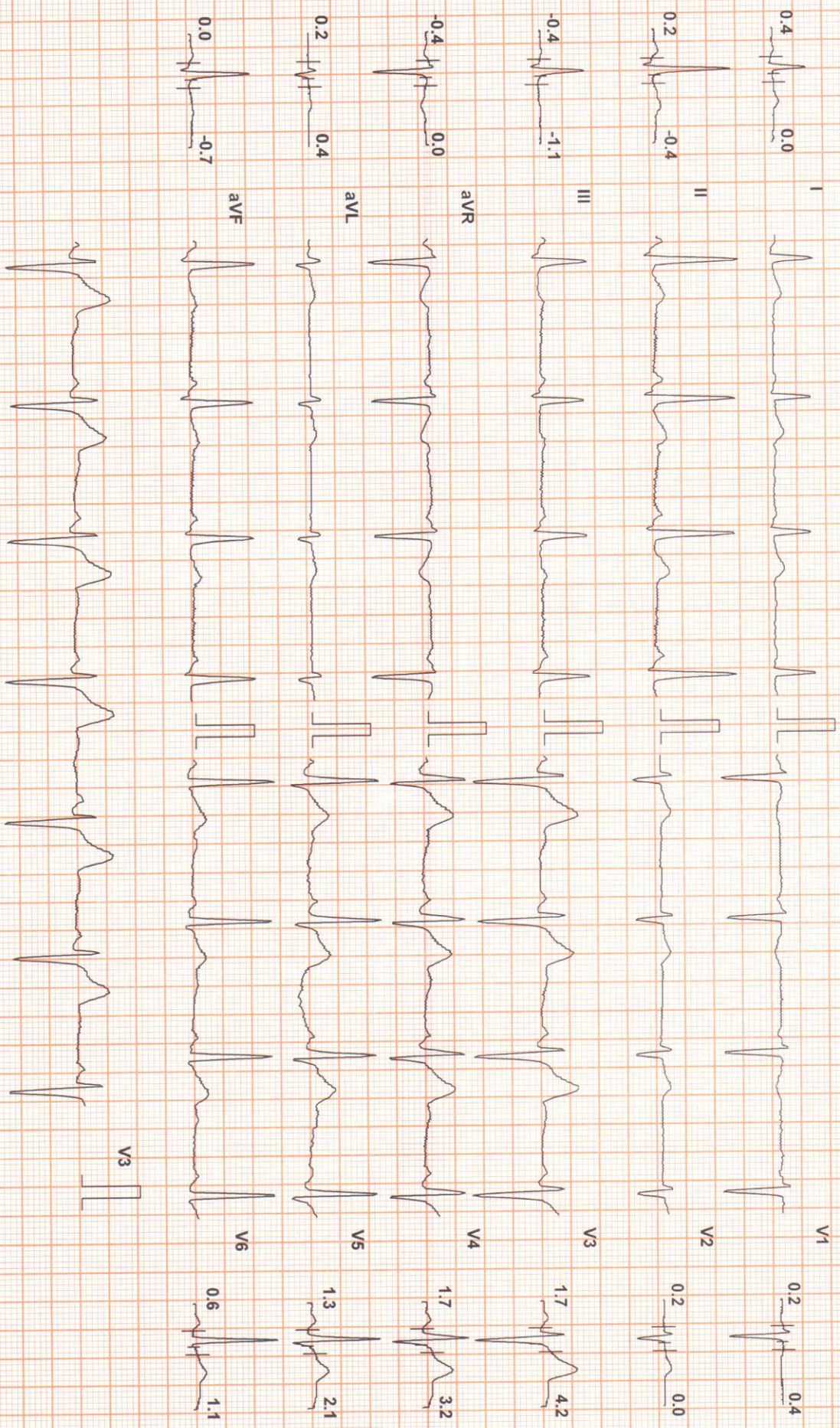


Chart Speed: 25 mm/sec
Schiller Spanan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

VIJAY SHARMA (35 M)

ID: 2207126669

Date: 12-Mar-22

Exec Time : 0 m 0 s

Stage Time : 0 m 23 s

HR: 65 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0%

(THR: 166 bpm)

B.P.: 120 / 80

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

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

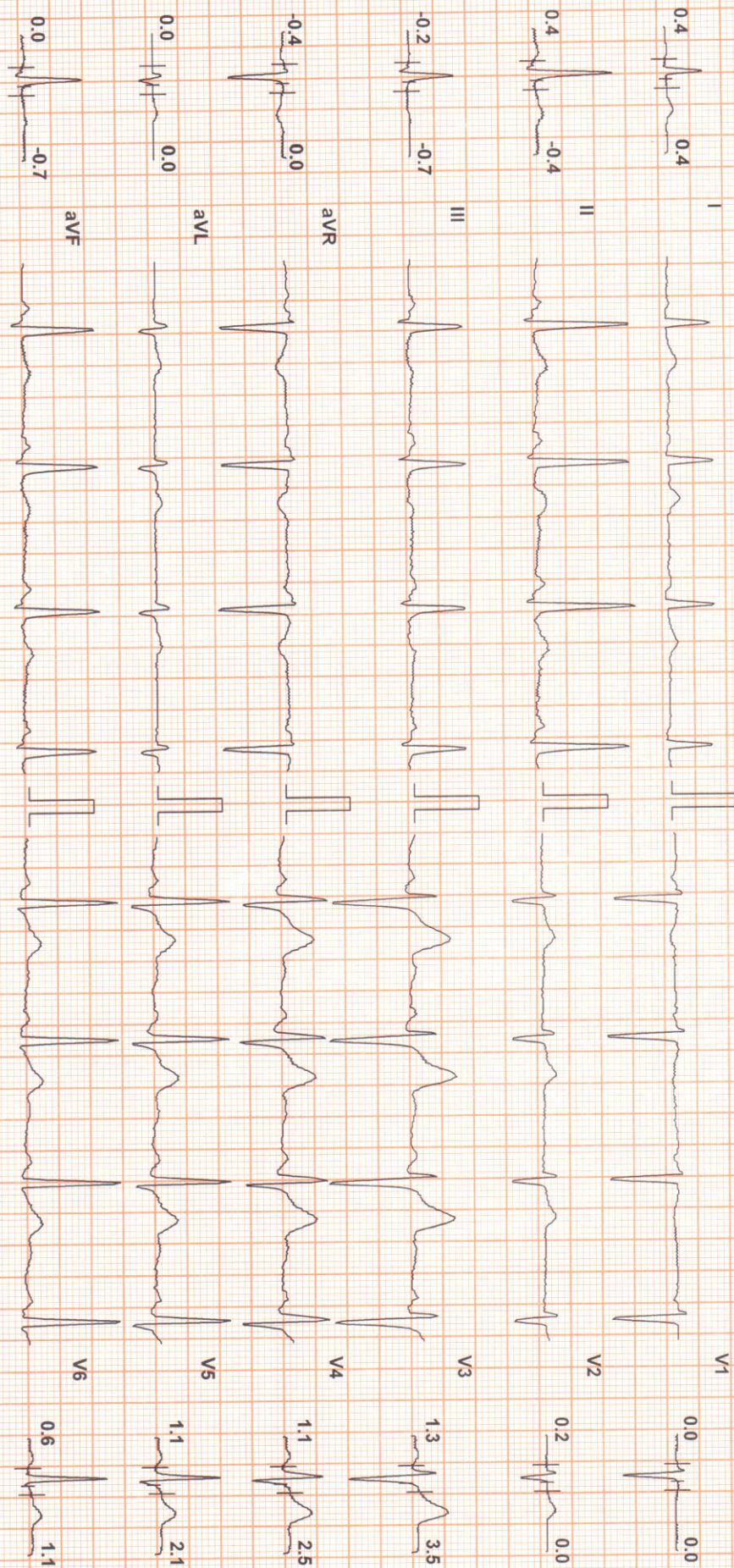


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spindan V 4.7



SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

VIJAY SHARMA (35 M)

ID: 2207126669

Date: 12-Mar-22

Exec Time : 2 m 0 s

Stage Time : 2 m 0 s

HR: 95 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 166 bpm)

B.P.: 120 / 80

ST Level (mm)

ST Slope (mV/s)

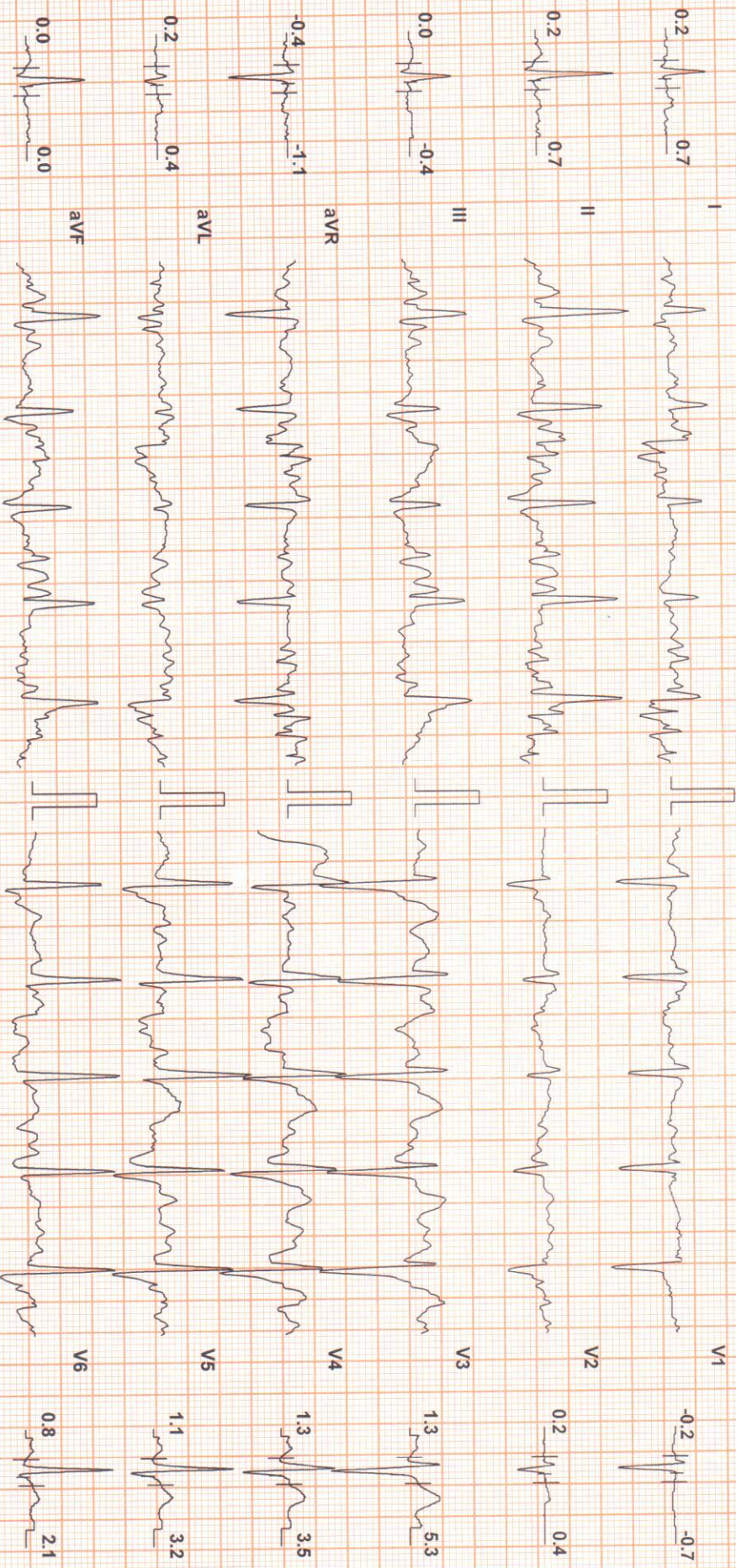


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

VIJAY SHARMA (35 M)

ID: 2207126669

Date: 12-Mar-22

Exec Time : 4 m 0 s

Stage Time : 2 m 0 s

HR: 111 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 166 bpm)

B.P: 120 / 80

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

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

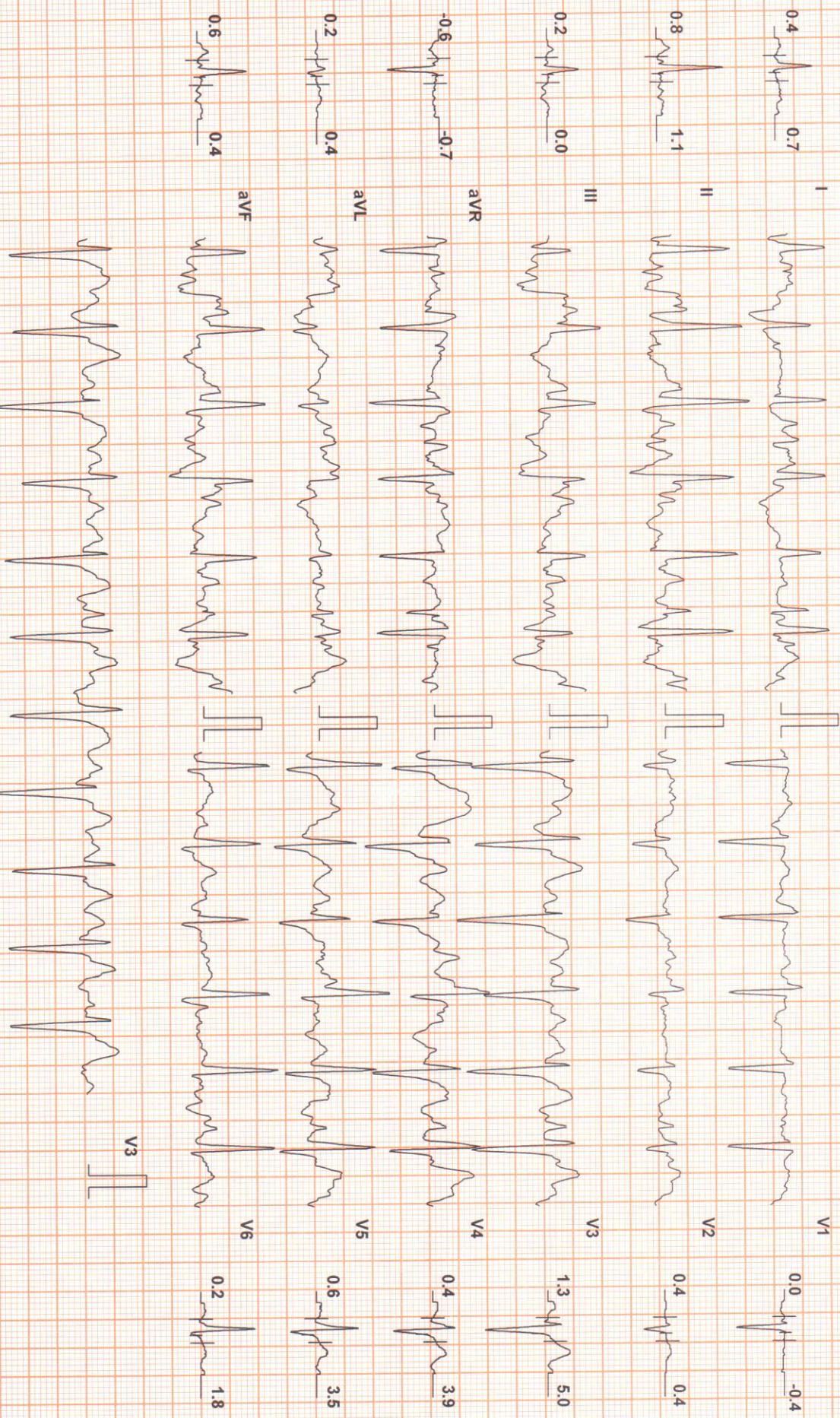


Chart Speed: 25 mm/sec
Schiller Spandam V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

VIJAY SHARMA (35 M)

ID: 2207126669

Date: 12-Mar-22

Exec Time : 6 m 0 s

Stage Time : 2 m 0 s

HR: 137 bpm

Protocol: Bruce

Stage: 3

Speed: 3.4 mph

Grade: 14 %

(THR: 166 bpm)

B.P: 150 / 80

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

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

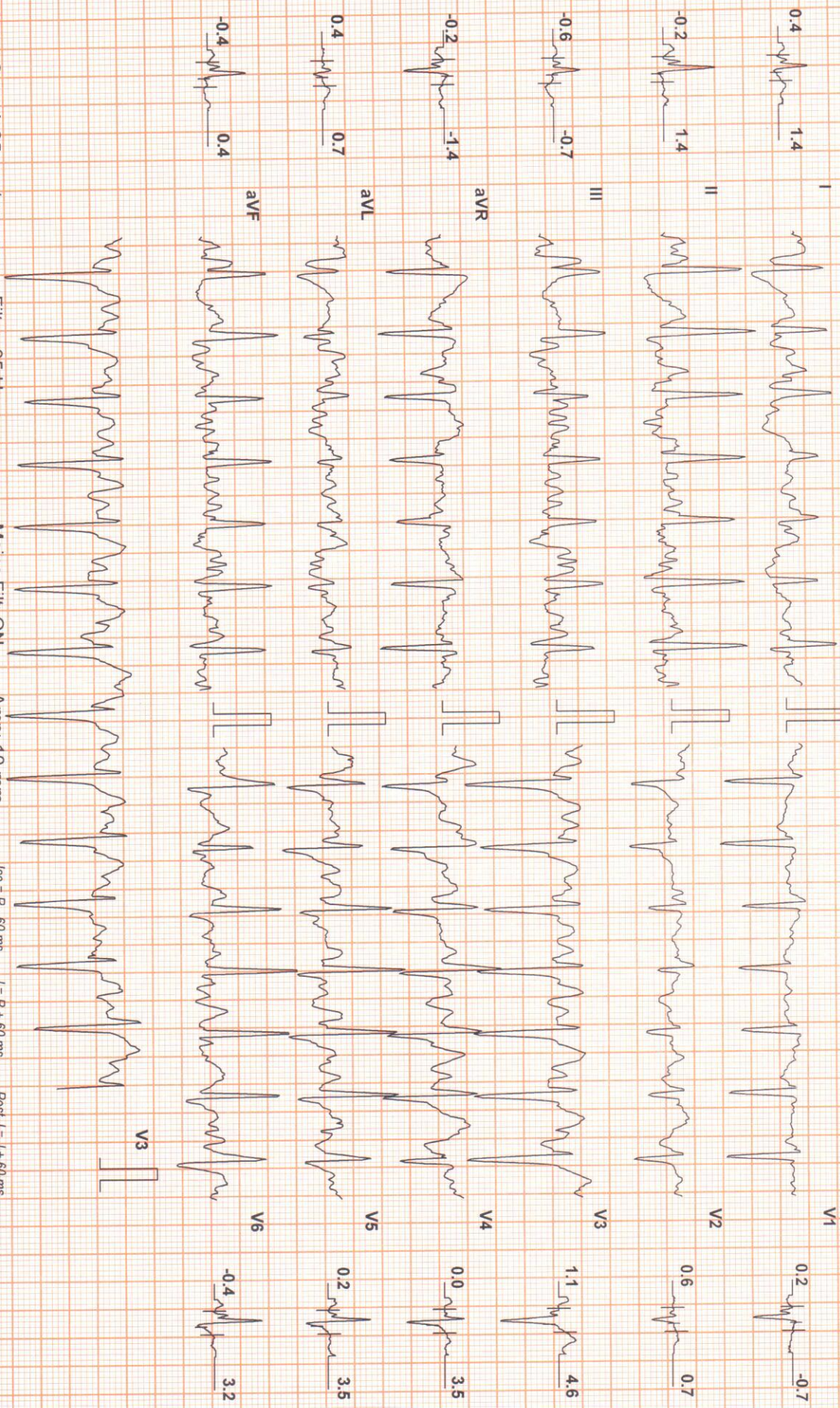


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandau V 4.7



SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

VIJAY SHARMA (35 M)

ID: 2207126669

Date: 12-Mar-22

Exec Time : 7 m 45 s

Stage Time : 1 m 45 s

HR: 165 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 4.2 mph

Grade: 16%

(THR: 166 bpm)

B.P: 170/80

ST Level (mm)

ST Slope (mV/s)

I

V1

-0.4 0.7

0.4 -0.7

II

V2

-1.5 -0.7

0.6 1.1

III

V3

-1.1 -1.1

1.5 4.6

aVR

V4

1.1 0.4

-0.4 3.9

aVL

V5

0.2 0.7

-0.6 2.8

aVF

V6

-1.3 -1.1

-1.5 0.4

V3

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spardan V 4.7



SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

VIJAY SHARMA (35 M)

ID: 2207126669

Date: 12-Mar-22

Exec Time : 7 m 45 s

Stage Time : 1 m 0 s

HR: 130 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 0 mph

Grade: 0%

(THR: 166 bpm)

B.P: 170 / 80

ST Level (mm)

ST Slope (mV/s)

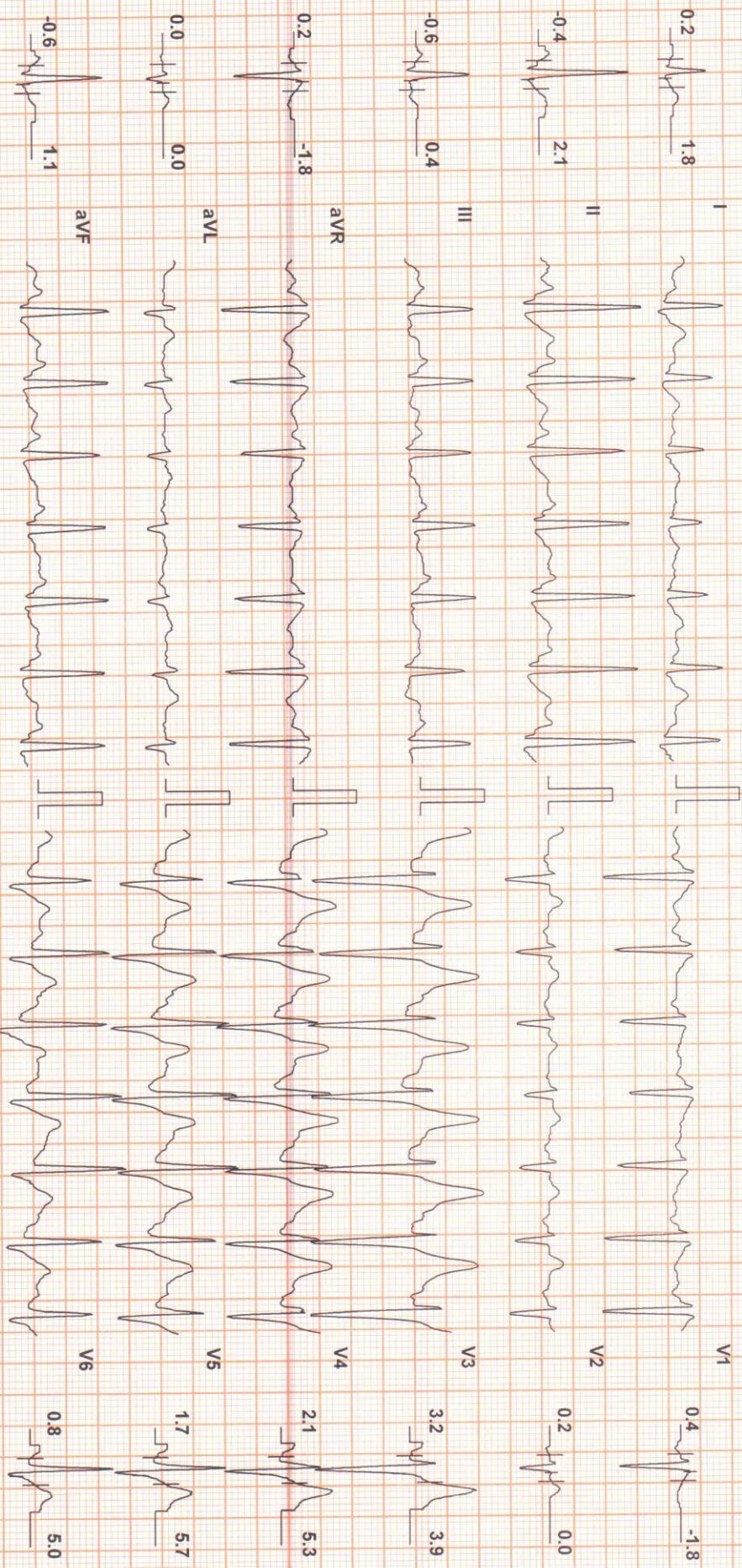


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandam V 4.7



SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

VIJAY SHARMA (35 M)

Protocol: Bruce

ID: 2207126669

Date: 12-Mar-22

Exec Time : 7 m 45 s

Stage Time : 0 m 25 s

HR: 121 bpm

Stage: Recovery(2)

Speed: 0 mph

Grade: 0%

(THR: 166 bpm)

B.P: 170 / 80

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

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

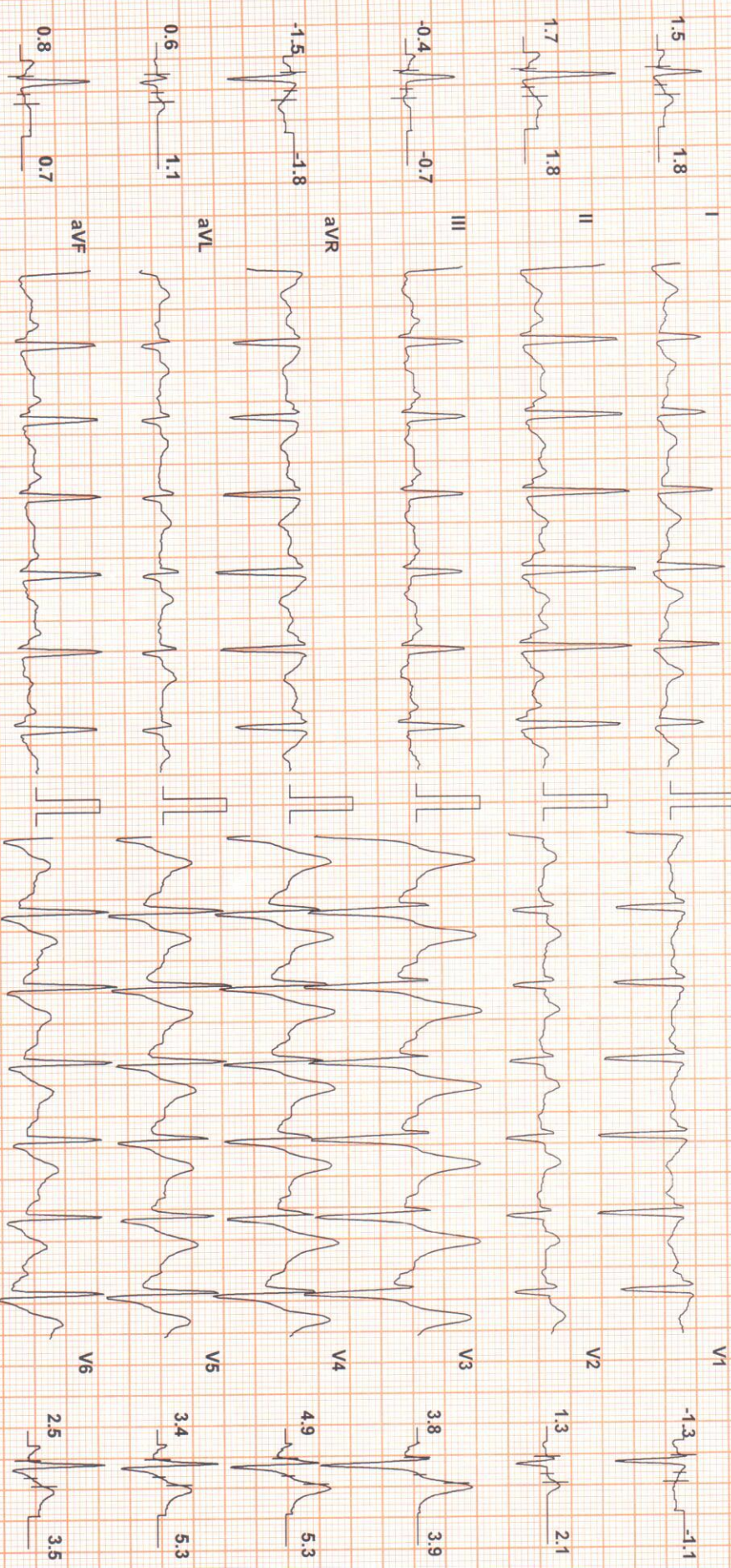


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7



SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

VIJAY SHARMA (35 M)

ID: 2207126669

Date: 12-Mar-22

Exec Time : 7 m 45 s

Stage Time : 0 m 6 s

HR: 118 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 166 bpm)

B.P: 170 / 80

ST Level (mm)

ST Slope (mV/s)



Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Isd = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spardan V 4.7





CID : 2207126669
Name : MR.VIJAY SHARMA
Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 12-Mar-2022 / 09:38
Reported : 12-Mar-2022 / 14:00

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	15.9	13.0-17.0 g/dL	Spectrophotometric
RBC	5.55	4.5-5.5 mil/cmm	Elect. Impedance
PCV	47.5	40-50 %	Measured
MCV	86	80-100 fl	Calculated
MCH	28.6	27-32 pg	Calculated
MCHC	33.4	31.5-34.5 g/dL	Calculated
RDW	15.4	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5780	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	41.0	20-40 %	
Absolute Lymphocytes	2369.8	1000-3000 /cmm	Calculated
Monocytes	6.5	2-10 %	
Absolute Monocytes	375.7	200-1000 /cmm	Calculated
Neutrophils	50.2	40-80 %	
Absolute Neutrophils	2901.6	2000-7000 /cmm	Calculated
Eosinophils	2.1	1-6 %	
Absolute Eosinophils	121.4	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	11.6	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	421000	150000-400000 /cmm	Elect. Impedance
MPV	7.8	6-11 fl	Calculated
PDW	13.5	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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Collected : 12-Mar-2022 / 09:38
Reported : 12-Mar-2022 / 12:54

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

Specimen: EDTA Whole Blood

ESR, EDTA WB 12 2-15 mm at 1 hr. Westergren

*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

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | **OTHER CITIES:** 1800-266-4343

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Reg. Location : Kandivali East (Main Centre)

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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	99.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	1.04	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.28	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.76	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.2	1 - 2	Calculated
SGOT (AST), Serum	25.2	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	40.8	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	21.5	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	77.7	40-130 U/L	Colorimetric
BLOOD UREA, Serum	18.1	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.5	6-20 mg/dl	Calculated
CREATININE, Serum	0.82	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	114	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	7.6	3.5-7.2 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	



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Collected : 13-Mar-2022 / 11:13
Reported : 13-Mar-2022 / 14:12

Urine Ketones (PP) Absent Absent

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



MC-2111



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

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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	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	111.2	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 CPL, Andheri West

*** End Of Report ***



MC-2111



M Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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Name : MR.VIJAY SHARMA
Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 12-Mar-2022 / 09:38
Reported : 12-Mar-2022 / 12:21

Use a QR Code Scanner
Application To Scan the Code

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)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	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	3-4	Less than 20/hpf	
Others	-		

*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

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com



CID : 2207126669
Name : MR.VIJAY SHARMA
Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 12-Mar-2022 / 09:38
Reported : 12-Mar-2022 / 16:04

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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 column agglutination technology (CAT) 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 CPL, Andheri West

*** End Of Report ***



MC-2111



Dr. Vrushali Shroff

Dr.VRUSHALI SHROFF
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Name : MR.VIJAY SHARMA
Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 12-Mar-2022 / 09:38
Reported : 12-Mar-2022 / 14:48

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	238.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	166.4	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	34.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	203.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	171.0	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	32.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	6.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	5.0	0-3.5 Ratio	Calculated

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*** End Of Report ***



MC-2111



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Name : MR.VIJAY SHARMA
Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 12-Mar-2022 / 09:38
Reported : 12-Mar-2022 / 14:39

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.8	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.7	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.32	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 5.5 to 15 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: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.

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)

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

*** End Of Report ***



Anupa

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

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HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

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Name : MR.VIJAY SHARMA
Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 13-Mar-2022 / 11:13
Reported : 13-Mar-2022 / 14:48

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
BLOOD SUGAR REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	78.5	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase

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



MC-2111

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CID : 2207126669
Name : Mr Vijay Sharma
Age / Sex : 35 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 12-Mar-2022 / 10:38
Reported : 12-Mar-2022 / 15:14

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

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CID : 2207126669
Name : Mr Vijay Sharma
Age / Sex : 35 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre

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Reported : <<ReportDate>>

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 10.0 x 4.5 cm. Left kidney measures 11.0 x 5.5 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 20 cc.

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IMPRESSION:
Grade I fatty liver.

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-----

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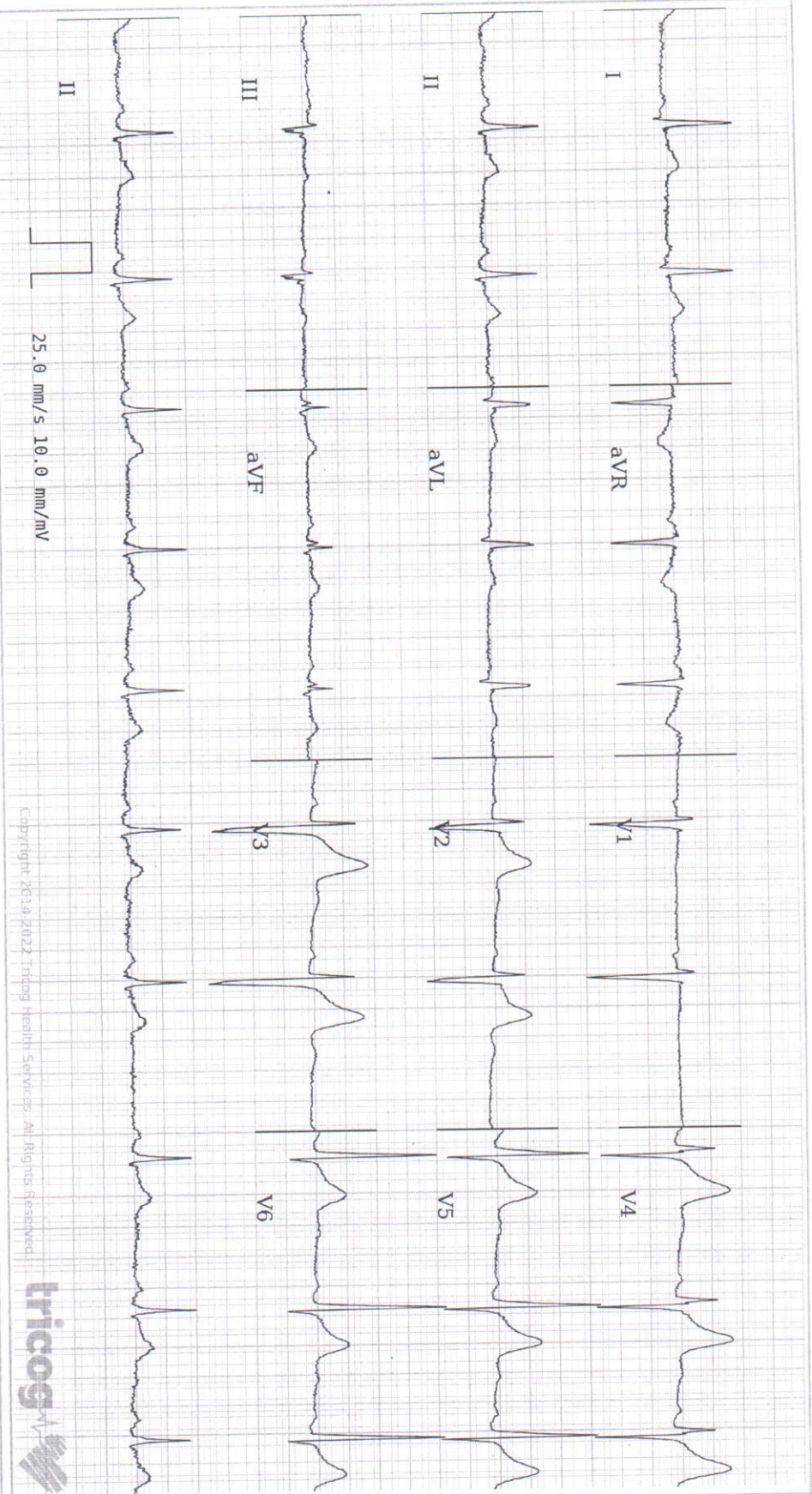
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SUBURBAN DIAGNOSTICS - KANDIVALI EAST

Patient Name: VIJAY SHARMA
Patient ID: 2207126669

Date and Time: 12th Mar 22 11:18 AM



Age 35 6 28
years months days

Gender **Male**

Heart Rate **63bpm**

Patient Vitals

BP: 120/80 mmHg

Weight: 83 kg

Height: 174 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QSRD: 100ms

QT: 404ms

QTc: 413ms

PR: 160ms

P-R-T: 44° 22° 38°

ECG Within Normal Limits: Sinus Rhythm, Normal Axis, with Sinus Arrhythmia. Please correlate clinically.

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.

Row House No. 3, Aangan,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel: 6177000000

REPORTED BY
Dr. Akhil Parulekar

DR AKHIL PARULEKAR
MBBS, MD, MEDICINE, DNB Cardiology
Cardiologist
2012082483

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

	बैंक ऑफ़ बड़ोदा Bank of Baroda	
नाम Name	विजय शर्मा Vijay Sharma	
कर्मचारी कूट क्र. E.C. No.	116249	
 जारीकर्ता प्राधिकारी Issuing Authority		 धारक के हस्ताक्षर Signature of Holder

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Aangan,
Thakur Vajaga, Kandivali (east),
Mumbai - 400101.
Tel : 01700000

Juban

Dr. Jagruti Dhale
MBBS
Consultant Physician
Reg. No. 69548

मिलने पर, निम्नलिखित को लौटाएं बैंक ऑफ़ बड़ोदा, बड़ोदा सन टॉवर, सी - 34, जी - ब्लॉक, बान्द्रा कुर्ला कॉम्प्लेक्स, मुंबई - 400051, भारत फोन 6698 4901	
If found, please return to Bank of Baroda, Baroda Sun Tower, C-34, G-Block, Bandra - Kurla Complex, Mumbai - 400051, India Phone 6698 4901	
रक्त समूह / Blood Group	A +ve
पहचान चिन्ह / Identification Marks	Square, Cut Mark Below Chest