



Use a QR Code Scanner
Application To Scan the Code

CID : 2226723578
Name : MR.DHORAJKAR VINOD SAMPATRAO
Age / Gender : 30 Years / Male
Consulting Dr. : -
Reg. Location : J B Nagar, Andheri East (Main Centre)

Collected : 24-Sep-2022 / 09:46
Reported : 24-Sep-2022 / 16:16

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	13.8	13.0-17.0 g/dL	Spectrophotometric
RBC	5.00	4.5-5.5 mil/cmm	Elect. Impedance
PCV	42.8	40-50 %	Calculated
MCV	85.7	80-100 fl	Measured
MCH	27.7	27-32 pg	Calculated
MCHC	32.3	31.5-34.5 g/dL	Calculated
RDW	14.7	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6810	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	42.0	20-40 %	
Absolute Lymphocytes	2860	1000-3000 /cmm	Calculated
Monocytes	5.3	2-10 %	
Absolute Monocytes	360	200-1000 /cmm	Calculated
Neutrophils	51.6	40-80 %	
Absolute Neutrophils	3520	2000-7000 /cmm	Calculated
Eosinophils	0.6	1-6 %	
Absolute Eosinophils	40	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	243000	150000-400000 /cmm	Elect. Impedance
MPV	9.6	6-11 fl	Measured
PDW	16.1	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 5 2-15 mm at 1 hr. Westergren

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



M Jain

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



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Collected : 24-Sep-2022 / 09:46
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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	85.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	97.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.61	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.26	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.35	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	5.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2	1 - 2	Calculated
SGOT (AST), Serum	19.2	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	19.6	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	11.3	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	56.9	40-130 U/L	Colorimetric
BLOOD UREA, Serum	13.6	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.4	6-20 mg/dl	Calculated
CREATININE, Serum	0.89	0.67-1.17 mg/dl	Enzymatic



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Collected : 24-Sep-2022 / 13:14
Reported : 24-Sep-2022 / 19:25

eGFR, Serum	107	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.8	3.5-7.2 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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



Anupa

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	5.3	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.

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*** 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
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)	30	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	
Others	-		

*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



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Collected : 24-Sep-2022 / 09:46
Reported : 24-Sep-2022 / 14:01

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 column agglutination technology (CAT) which is more sensitive than conventional methods.

Note: This sample is not tested for Bombay blood group.

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 ***



Dr.ANUPA DIXIT
M.D.(PATH)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	152.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	57.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	45.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	106.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	95.0	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	11.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.1	0-3.5 Ratio	Calculated

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*** End Of Report ***



Dr. Trupti Shetty
Dr. TRUPTI SHETTY
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	4.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.6	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.82	0.35-5.5 microIU/ml	ECLIA



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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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*** End Of Report ***



MC-2111

Anupa Dixit

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

SUBURBAN DIAGNOSTICS - J B NAGAR, ANDHERI EAST



Patient Name: DHORAJKAR VINOD
SAMPATRAO
Patient ID: 2226723578

Date and Time: 24th Sep 22 11:12 AM

Age **30** **3** **3**
years months days

Gender **Male**

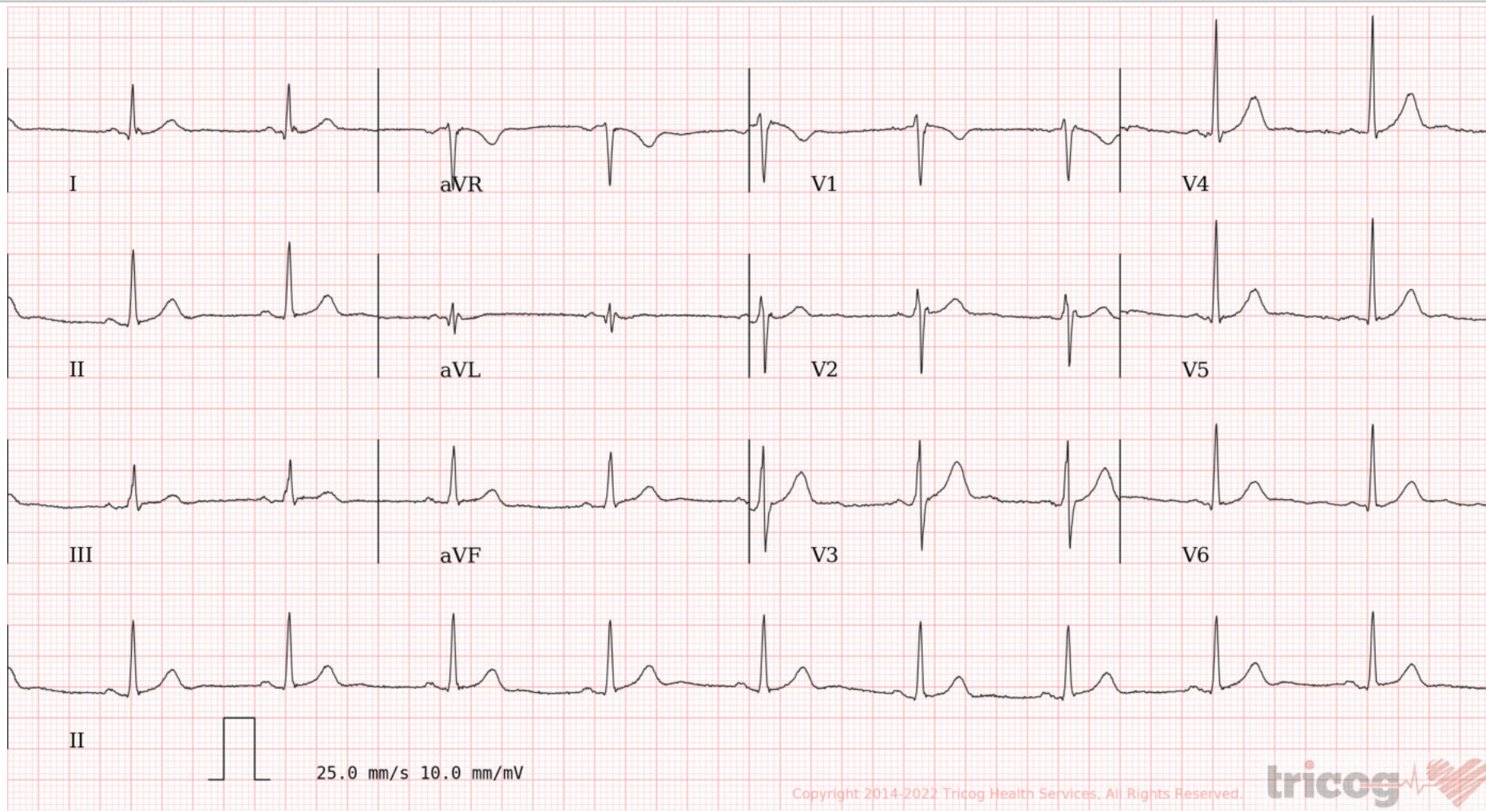
Heart Rate **60bpm**

Patient Vitals

BP: 120/80 mmHg
Weight: 73 kg
Height: 171 cm
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 94ms
QT: 396ms
QTc: 396ms
PR: 134ms
P-R-T: 35° 58° 52°



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

REPORTED BY

Dr Ashish Deshmukh
M.B.B.S., MD (Medicine)
59997

भारत निवडणूक आयोग
ELECTION COMMISSION OF INDIA
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मतदाराचे नाव विनोद संपतराव धोरजकर
Elector's Name Vinod Sampatrao Dhorajkar
वडीलांचे नाव संपतराव धोरजकर
Father's Name Sampatrao Dhorajkar

Suburban Diagnostics India Pvt Ltd
Shop No. 10/19/20, Wing -A, Bonanza Building ,
Sahar Plaza , Near Kohinoor Hotel,
Below J B Nagar Metro Station ,
Andheri -Kurla Road ,Andheri East ,Mumbai -400059

Mob No - 8149807159

Vinod

Date:- 24-09-2022

CID: 2226723578

Name:- Mr. Vinod Sampat Rao
Dhorejkar

Sex / Age: M / 30

EYE CHECK UP

Chief complaints: Nil

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: Distance $\left\{ \begin{array}{l} R-6/6 \\ L-6/6 \end{array} \right.$

Near $\left\{ \begin{array}{l} R-N5 \\ L-N5 \end{array} \right.$

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: Both eyes Normal vision.

Suburban Diagnostics India Pvt Ltd
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Sahar Road, near Konicoor Hotel,
Below J B Nagar Metro Station,
Andheri-Kurla Road, Andheri East, Mumbai -400059

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

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Consulting Dr. : - Collected : 24-Sep-2022 / 09:40
Reg.Location : J B Nagar, Andheri East (Main Centre) Reported : 26-Sep-2022 / 12:05

PHYSICAL EXAMINATION REPORT

History and Complaints:

NO PRESENT MEDICAL COMPLAINTS.

EXAMINATION FINDINGS:

Height (cms):	171 CMS	Weight (kg):	73 KGS
Temp (0c):	A FEBRILE	Skin:	C/O HYPERPIGMENTED ELEVATED SCAR BEHIND LEFT EAR SINCE 7TH STANDARD.
Blood Pressure (mm/hg):	120/80 MMHG	Nails:	NAD
Pulse:	78/MIN	Lymph Node:	NOT PALPABLE

Systems

Cardiovascular: S1 S2 HEARD
Respiratory: AEBE
Genitourinary: NAD
GI System: NAD
CNS: NAD

IMPRESSION:

CLIENT IS IN GOOD GENERAL HEALTH.

ADVICE:

HEALTHY LIFESTYLE HABITS AND ROUTINE PHYSICAL ACTIVITY.

CHIEF COMPLAINTS:

1) **Hypertension:** NO

CENTRAL PROCESSING LAB: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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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	NO

*** End Of Report ***

Amanda

Dr.AMANDA FERNANDES
CONSULTANT PHYSICIAN

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Suburban Diagnostics India Pvt. Ltd.
Sahar Plaza JB Nagar Andheri(E) Mumbai-400059

674 (2226723578) / DHORAJKAR VINOD SAMPATRAO / 30 Yrs / M / 171 Cms / 73 Kg Date: 24-Sep-2022 Refd By : . Examined By: Dr. Ashish V Deshmukh MD

Report



Ashish V Deshmukh

DR. ASHISH V. DESHMUKH
MD. (MEDICINE)
CONSULTING PHYSICIAN
REG. NO. 59897

Suburban Diagnostics India Pvt Ltd
Shah V. 1st Flr. 20, Wing A, Bherasa Building,
Sahar Plaza, Marol Khandivor Road,
Below JB Nagar Metro Station,
Andheri, Kurla Road, Andheri East, Mumbai - 400059



Stage	Time	Duration	Speed(mph)	Elevation	MEIS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:03	0:03	00.0	00.0	01.0	094	49%	120/80	112	00	
Standing	00:23	0:20	00.0	00.0	01.0	088	46%	120/80	105	00	
HV	00:43	0:20	00.0	00.0	01.0	084	44%	120/80	100	00	
Warm Up	01:02	0:19	00.0	00.0	01.0	088	46%	120/80	105	00	
EXStart	01:22	0:20	01.0	00.0	01.0	098	52%	120/80	117	00	
BRUCE Stage 1	04:22	3:00	01.7	10.0	04.7	125	66%	140/80	175	00	
BRUCE Stage 2	07:22	3:00	02.5	12.0	07.1	144	76%	160/80	230	00	
PeakEx	08:36	1:14	03.4	14.0	08.4	165	87%	180/80	297	00	
Recovery	09:36	1:00	01.1	00.0	01.2	146	77%	160/80	233	00	
Recovery	10:36	2:00	00.0	00.0	01.0	117	62%	160/80	187	00	
Recovery	12:36	4:00	00.0	00.0	01.0	111	58%	140/80	155	00	
Recovery	14:36	6:00	00.0	00.0	01.0	108	57%	120/80	129	00	
Recovery	15:04	6:28	00.0	00.0	01.0	101	53%	120/80	121	00	

FINDINGS :

Exercise Time : 07:14
Max HR Attained : 165 bpm 87% of Target 190
Max BP Attained : 180/80
Max WorkLoad Attained : 8.4 Fair response to induced stress
History : Nil
Test End Reasons : Test Complete, Heart Rate Achieved

Suburban Diagnostics India Pvt Ltd
 Shop No 27/2, (B/20) Wing A, Bonanza Building,
 Sahar Plaza, Near Kontror Hotel,
 Below J.P. Nagar Metro Station,
 Andheri, Kurla Road, Andher East, Mumbai-400059

DR. ASHISH V. DESHMUKH
 MD. (MEDICINE)
 CONSULTING PHYSICIAN
 REG. NO. 59997



Doctor : Dr Ashish V Deshmukh





REPORT :

Interpretation :

GOOD EFFORT TOLERANCE
NORMAL CHRONOTROPIC RESPONSE
NORMAL INOTROPIC RESPONSE
NO ANGINA / ANGINAL EQUIVALENTS
NO ARRHYTHMIAS
NO SIGNIFICANT ST-T CHANGES FROM BASELINE

IMPRESSION : STRESS TEST IS NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA

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.

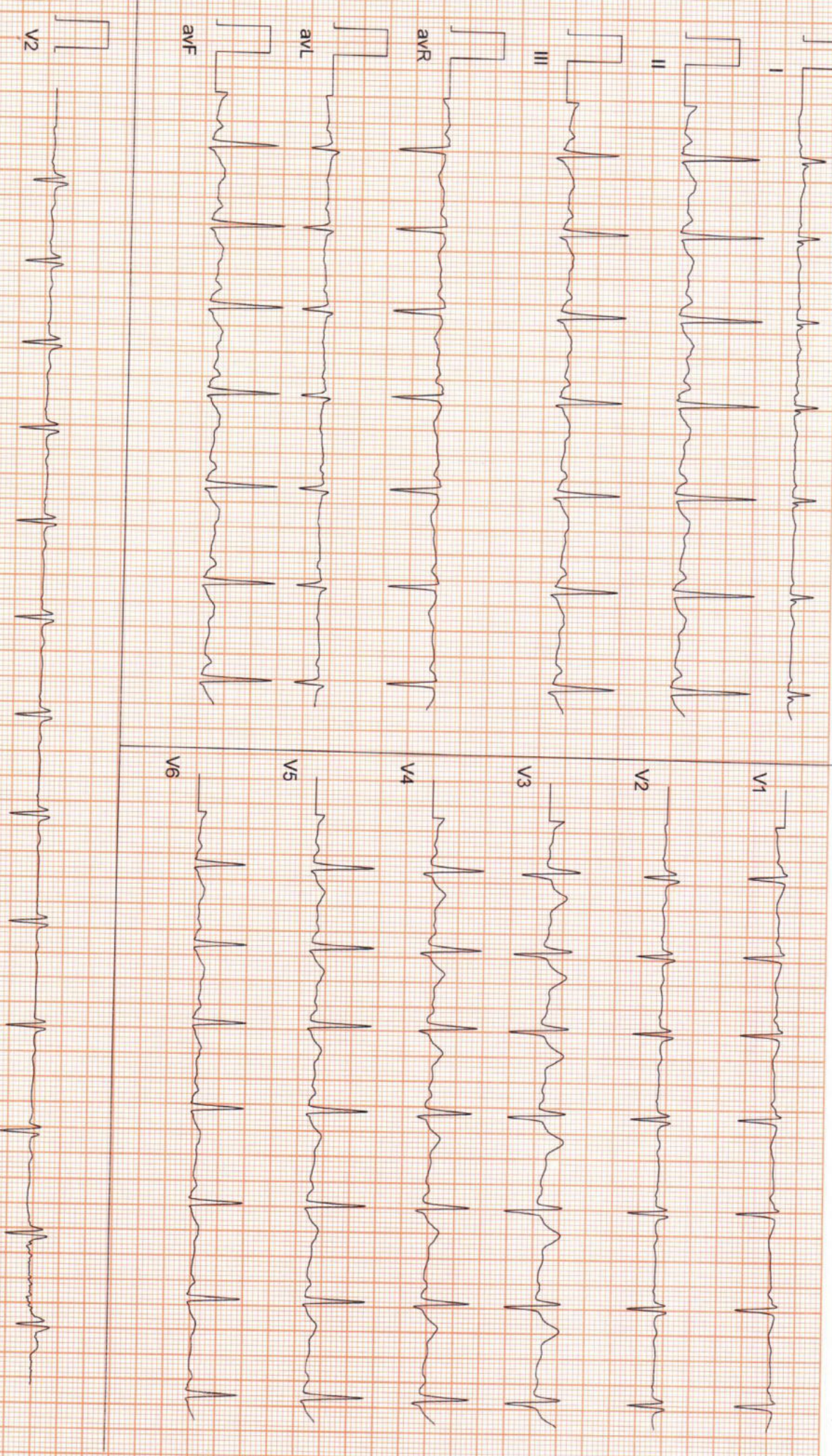
Suburban Diagnostics India Pvt Ltd
Sahar Plaza, Wing-A, Bonanza Building,
Sahar Plaza, Near Keshavnagar Hotel,
Below J B Nagar Metro Station,
Andheri Kurla Road, Andheri East, Mumbai-400059

DR. ASHISH V. DESHMUKH
MD. (MEDICINE)
CONSULTING PHYSICIAN
REG. NO. 69997

Doctor : Dr Ashish V Deshmukh

Date: 24 - 09 - 2022 12:05:02 PM METs : 1.0 HR : 94 Target HR : 49% of 190 BP : 120/80

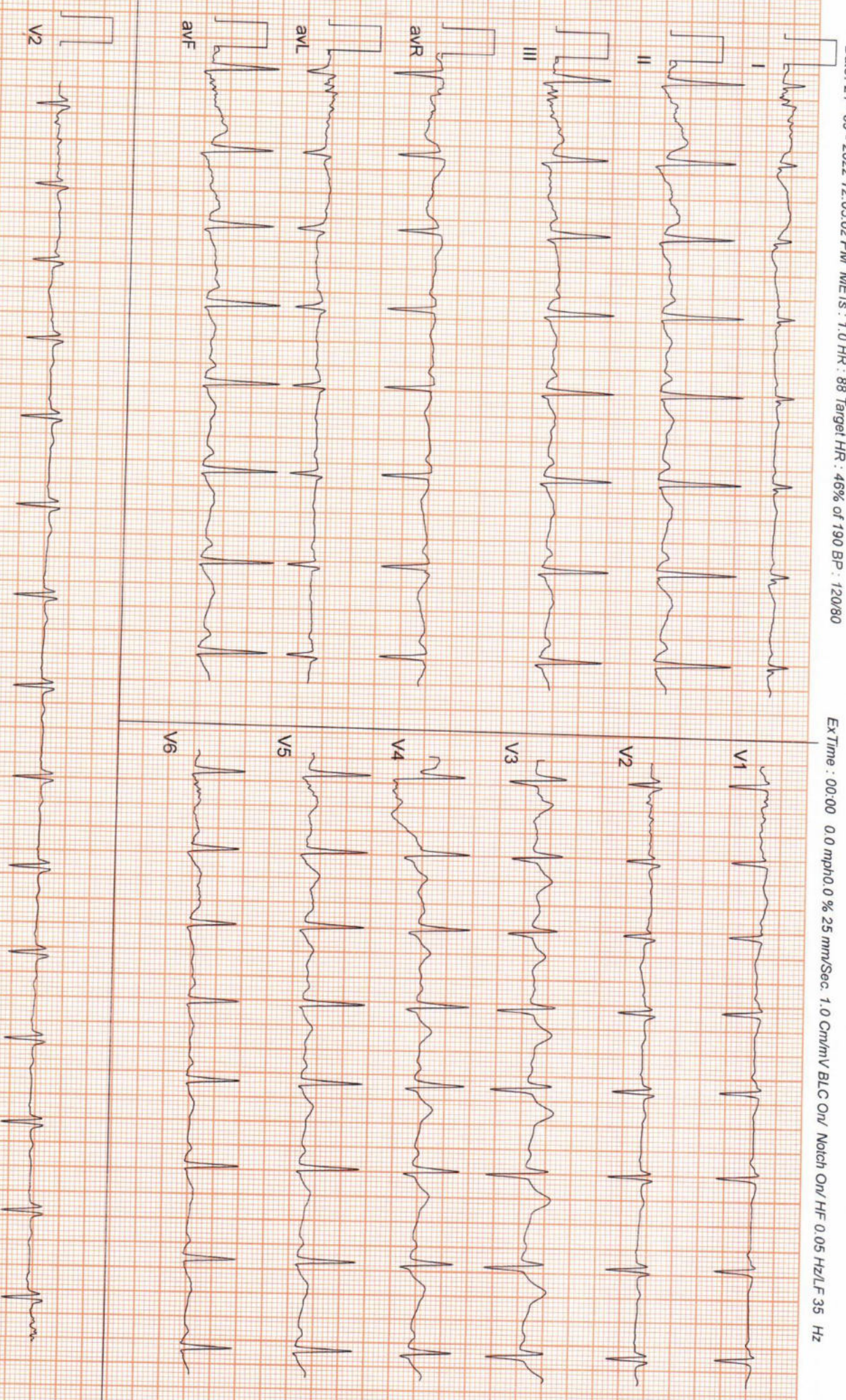
ExTime : 00:00 0.0 mph/0.0 % 25 mm/Sec: 1.0 Cm/m V BLC On/ Notch On/ HF 0.05 Hz LF 35 Hz



Date: 24 - 09 - 2022 12:05:02 PM MEts : 1.0 HR : 88 Target HR : 46% of 190 BP : 120/80

ExTime : 00:00 0.0 mph, 0.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

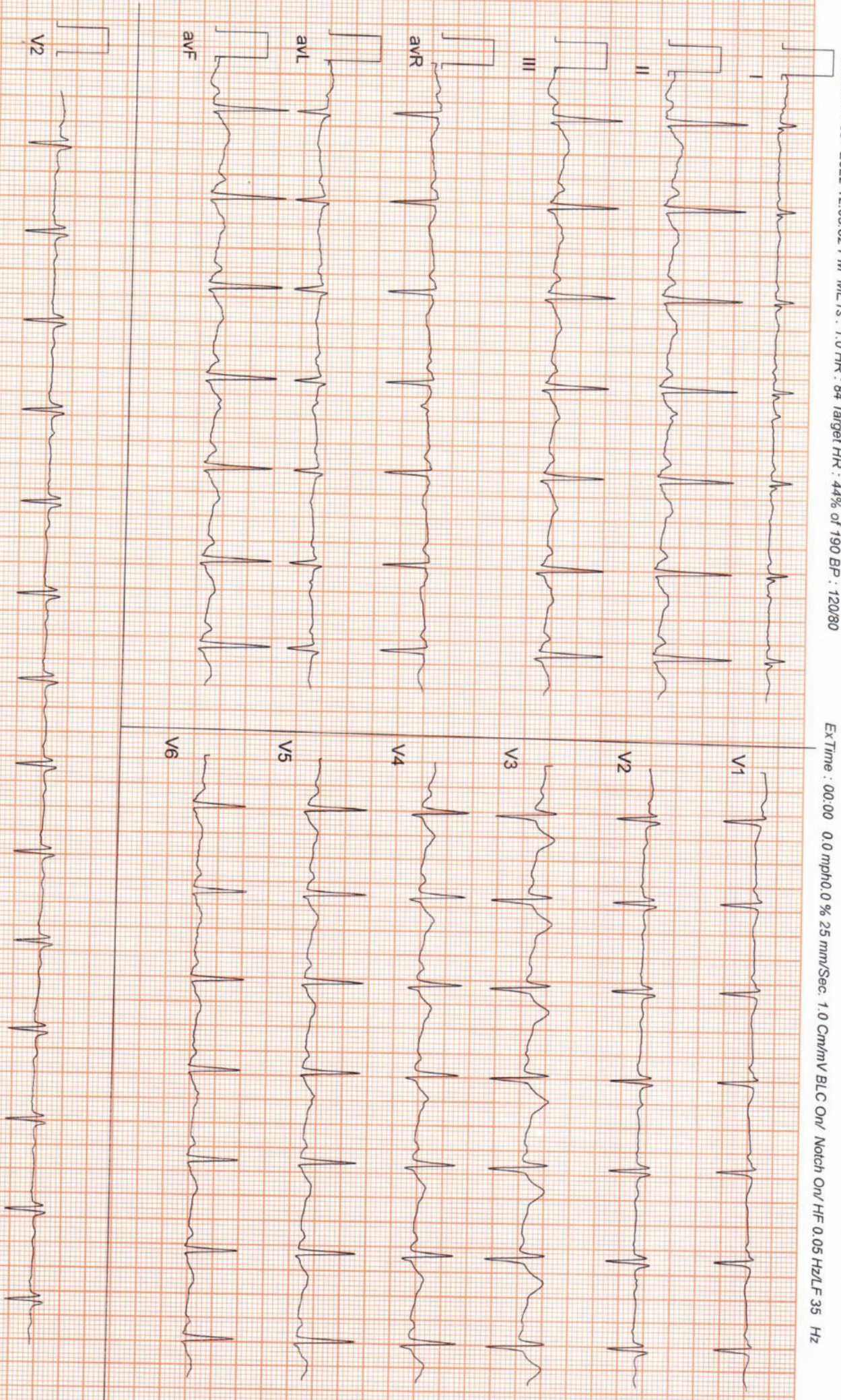
6 x 2 + Rhythm
BRUCE: Standing(0:20)



Date: 24 - 09 - 2022 12:05:02 PM METs : 1.0 HR : 84 Target HR : 44% of 190 BP : 120/80

Ex Time : 00:00 0.0 mph/0.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

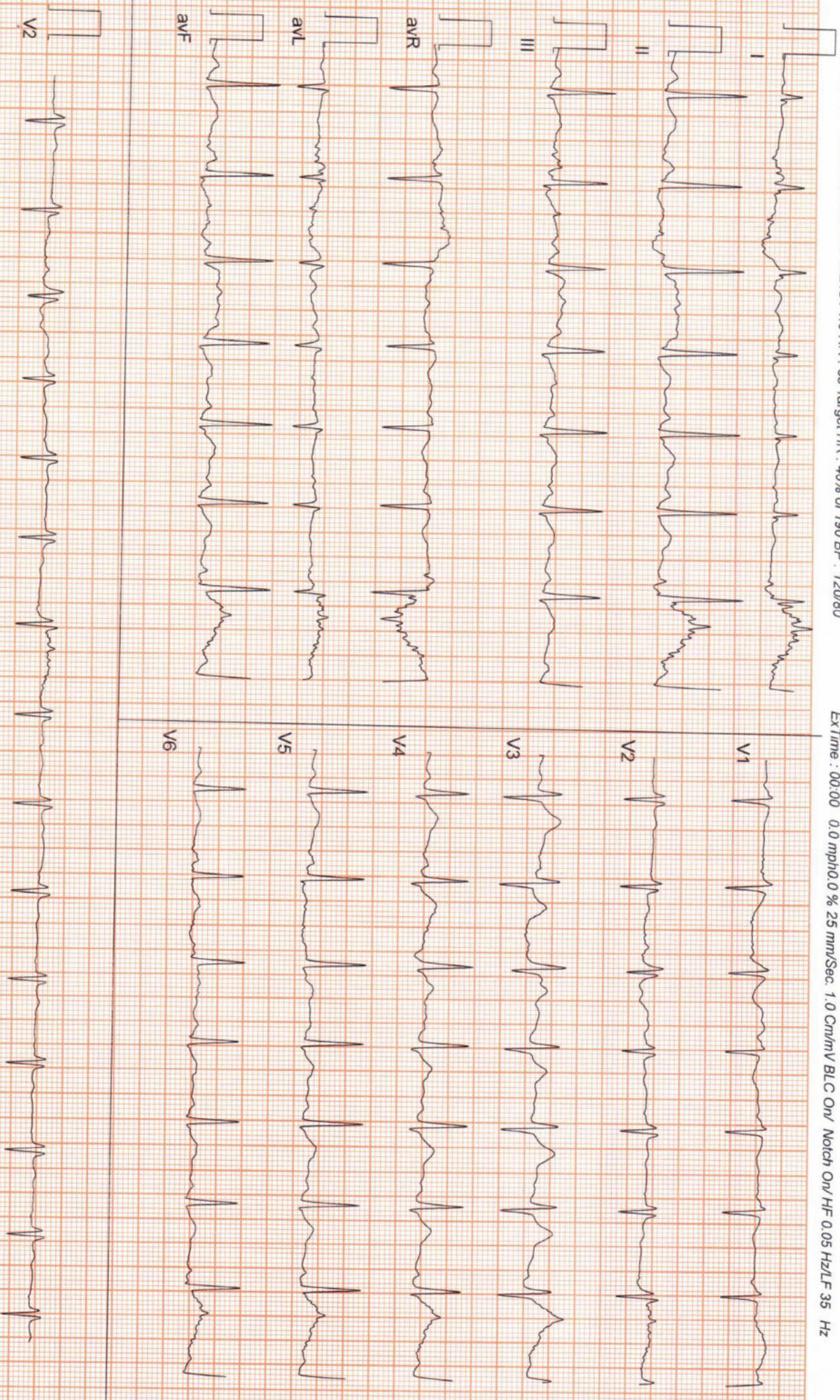
6 x 2 + Rhythm
BRUCE:HV(0:20)



Date: 24 - 09 - 2022 12:05:02 PM METs : 1.0 HR : 88 Target HR : 46% of 190 BP : 120/80

ExTime : 00:00 0.0 mph 0.0 % 25 mm/Sec 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

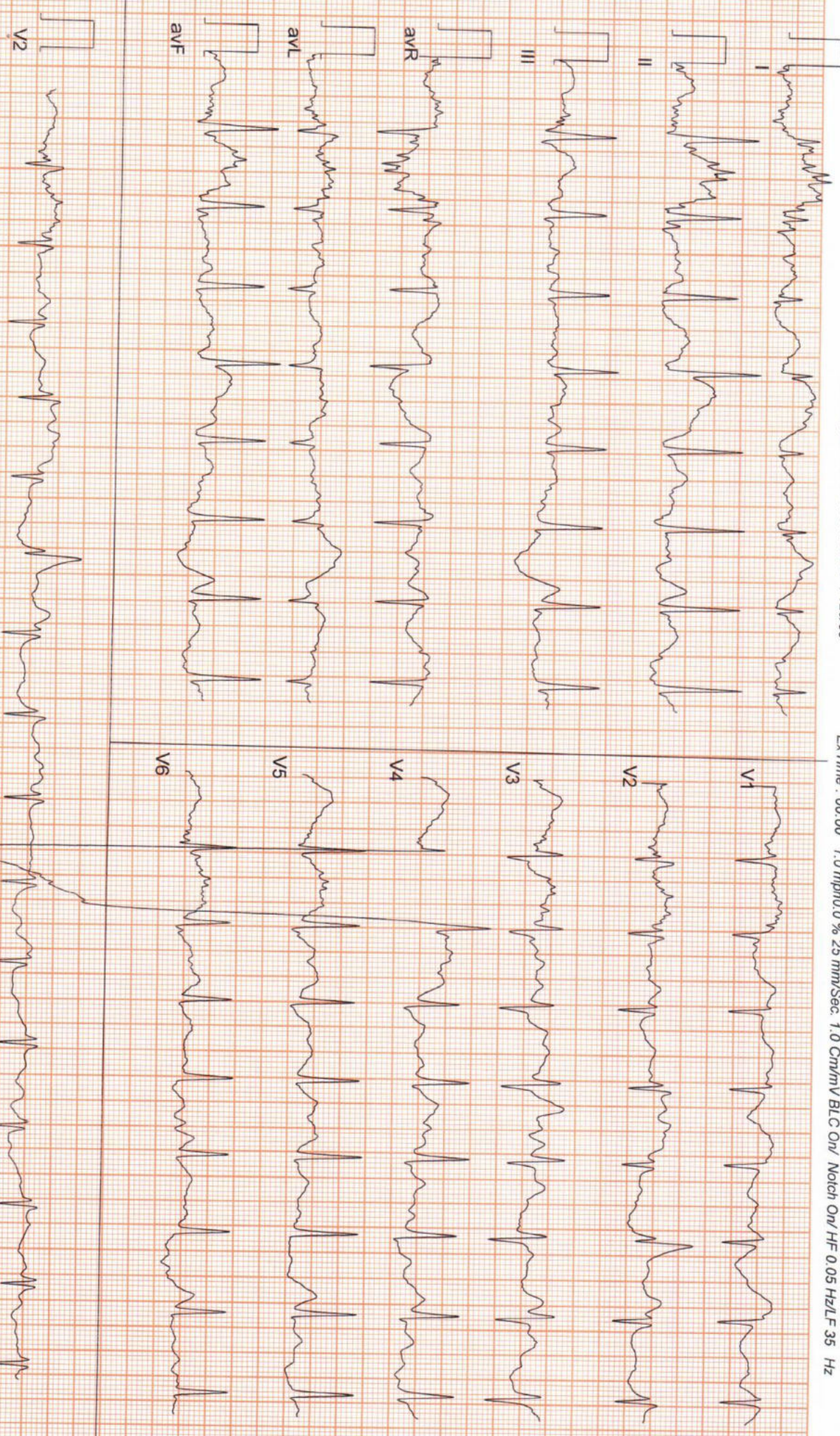
6 x 2 + Rhythm
BRUCE: Warm Up(0:19)





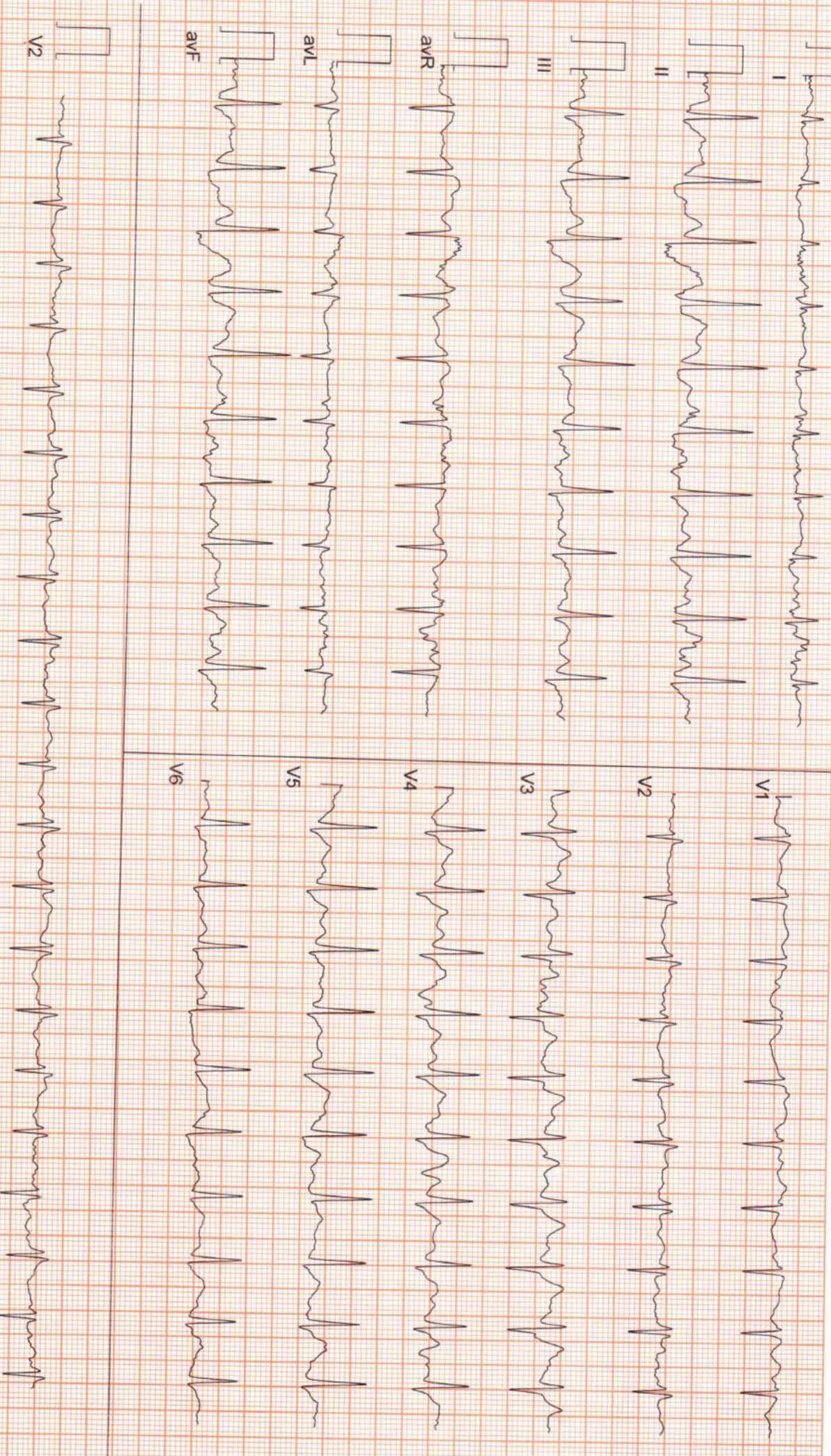
Date: 24 - 09 - 2022 12:05:02 PM METS : 1.0 HR : 98 Target HR : 52% of 190 BP : 120/80

Ex Time : 00:00 1.0 mph 0.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz LF 35 Hz



Date: 24 - 09 - 2022 12:05:02 PM METs : 4.7 HR : 125 Target HR : 66% of 190 BP : 140/80

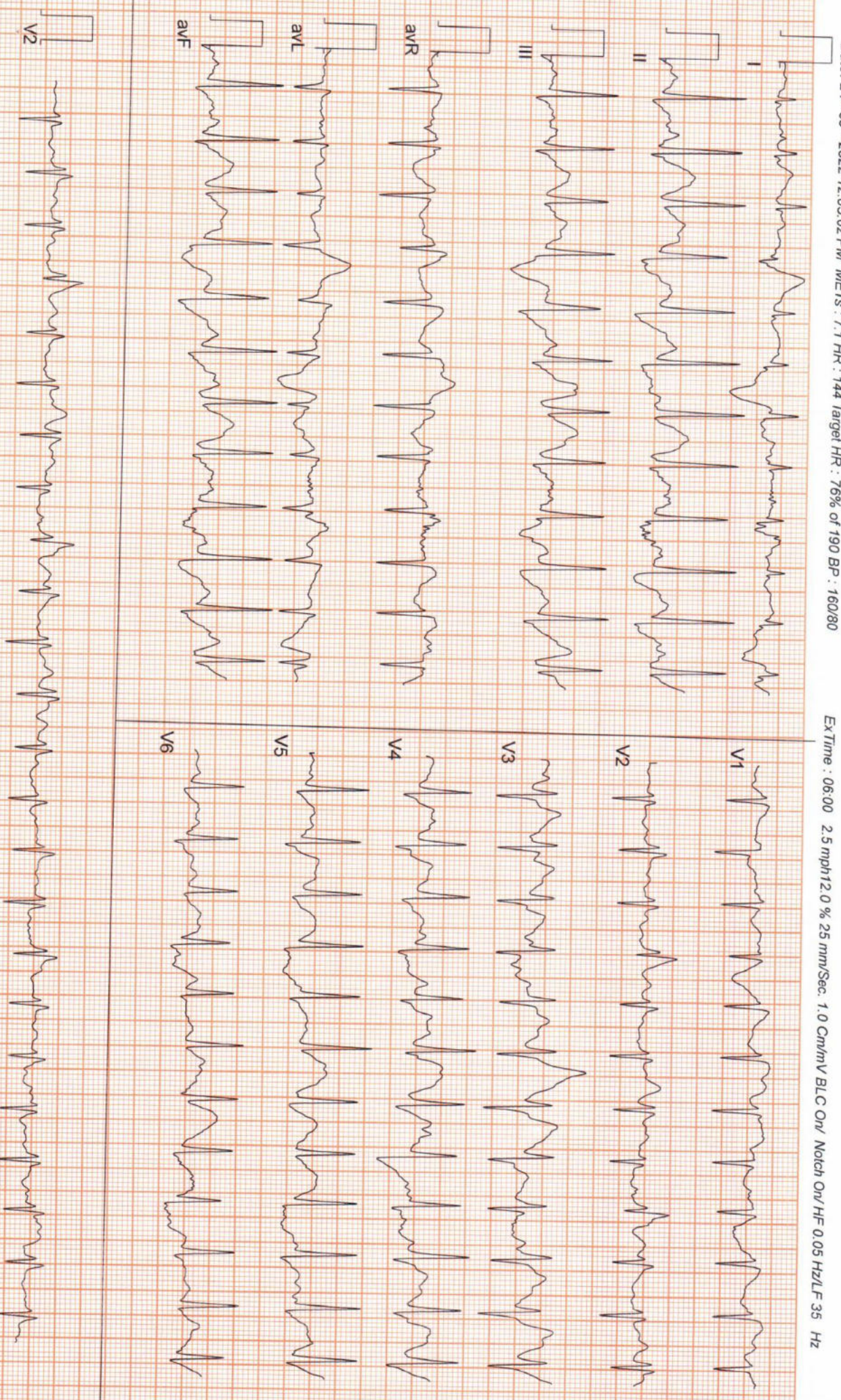
ExTime : 03:00 1.7 mph 10.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz LF 35 Hz



Date: 24 - 09 - 2022 12:05:02 PM METs : 7.1 HR : 144 Target HR : 76% of 190 BP : 160/80

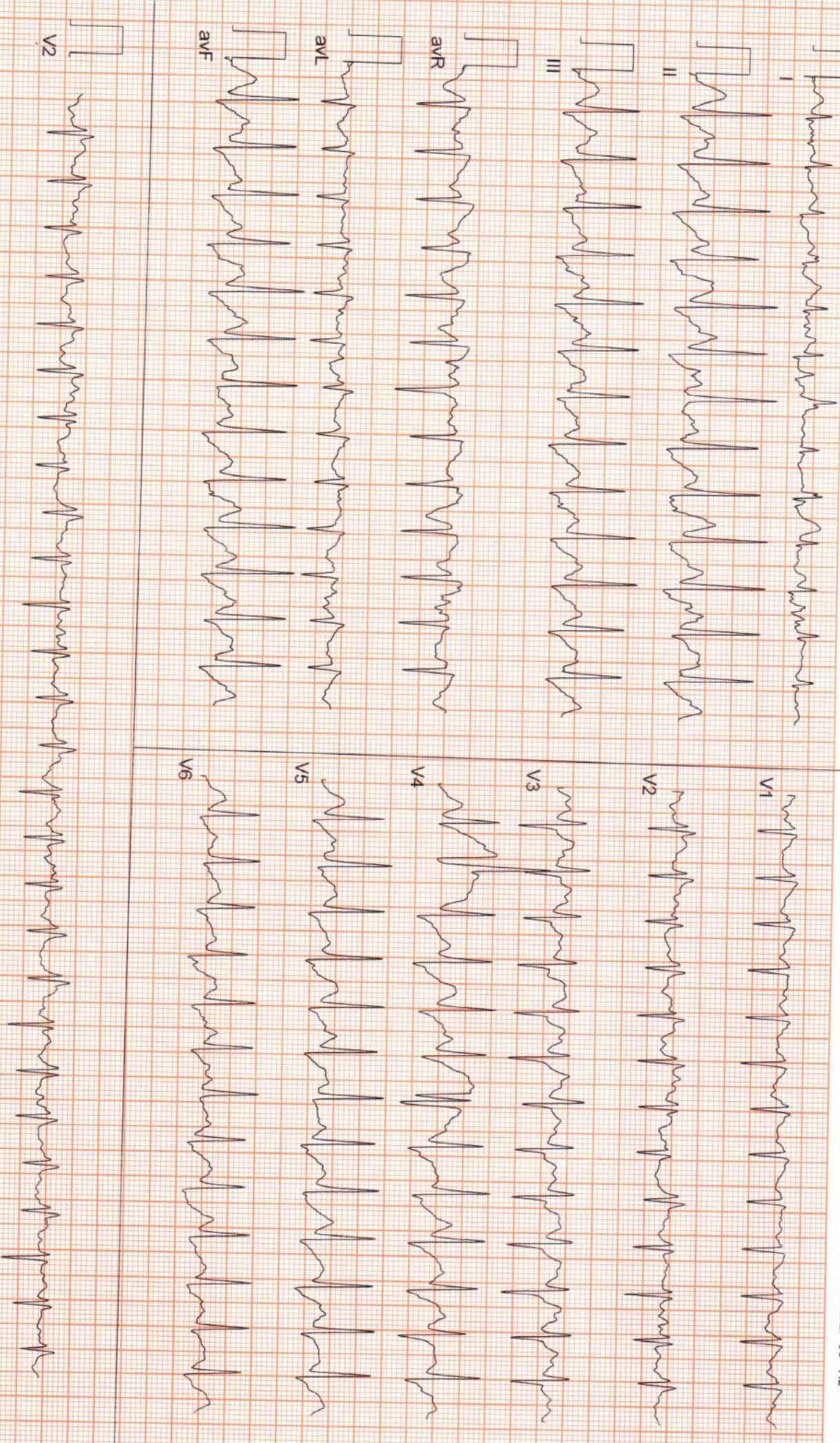
ExTime : 06:00 2.5 mph 12.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 HZ LF 35 HZ

6 x 2 + Rhythm
BRUCE: Stage 2(3:00)



Date: 24 - 09 - 2022 12:05:02 PM METs : 8.4 HR : 165 Target HR : 87% of 190 BP : 180/80

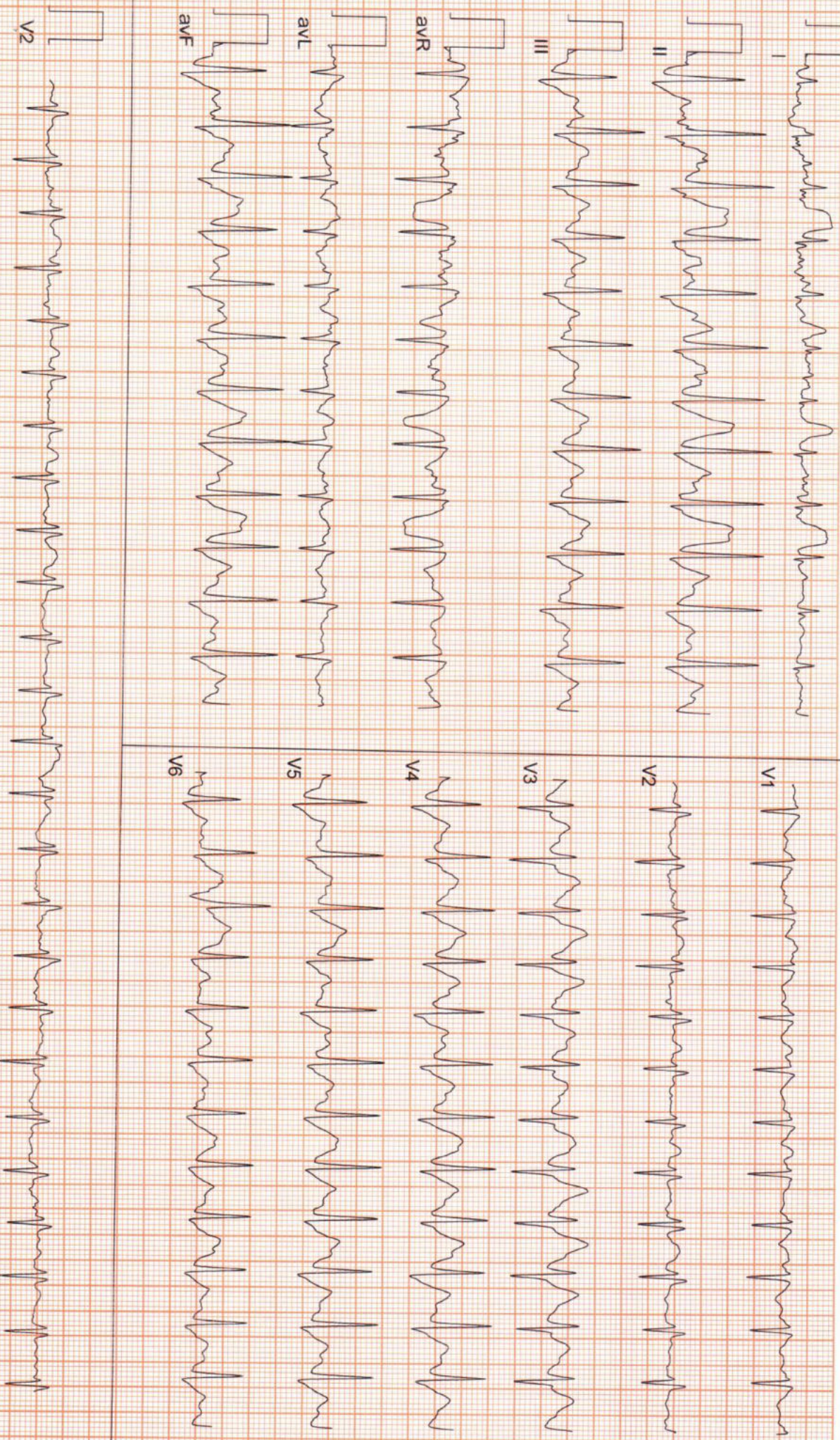
Ex Time : 07:14 3.4 mph 14.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz LF 35 Hz





Date: 24 - 09 - 2022 12:05:02 PM METs : 1.2 HR : 146 Target HR : 77% of 190 BP : 160/80

ExTime : 07:14 1.1 mph 0.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 HZLF 35 Hz

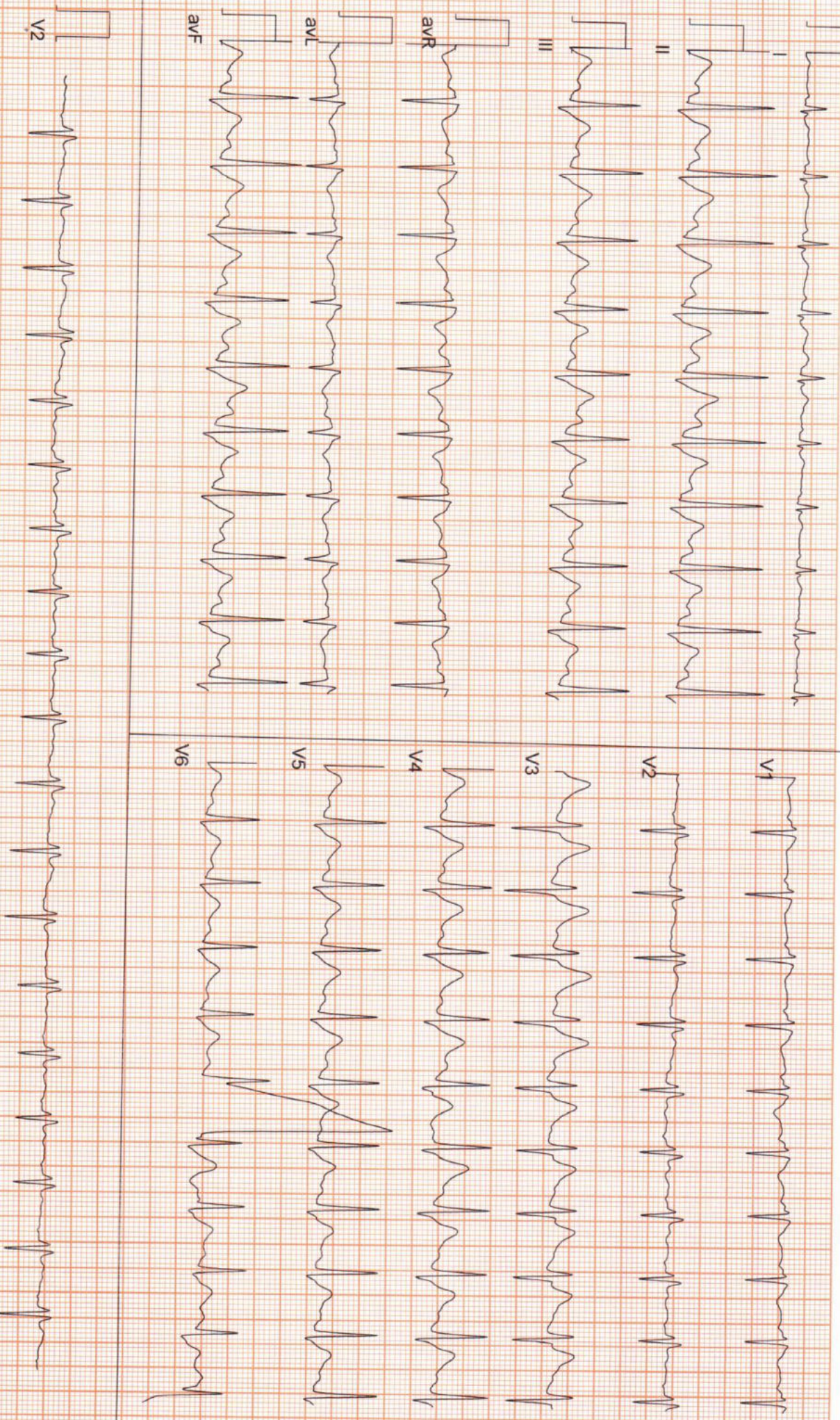


Date: 24 - 09 - 2022 12:05:02 PM METs : 1.0 HR : 117 Target HR : 62% of 190 BP : 160/80

6 x 2 + Rhythm
Recovery(2:00)



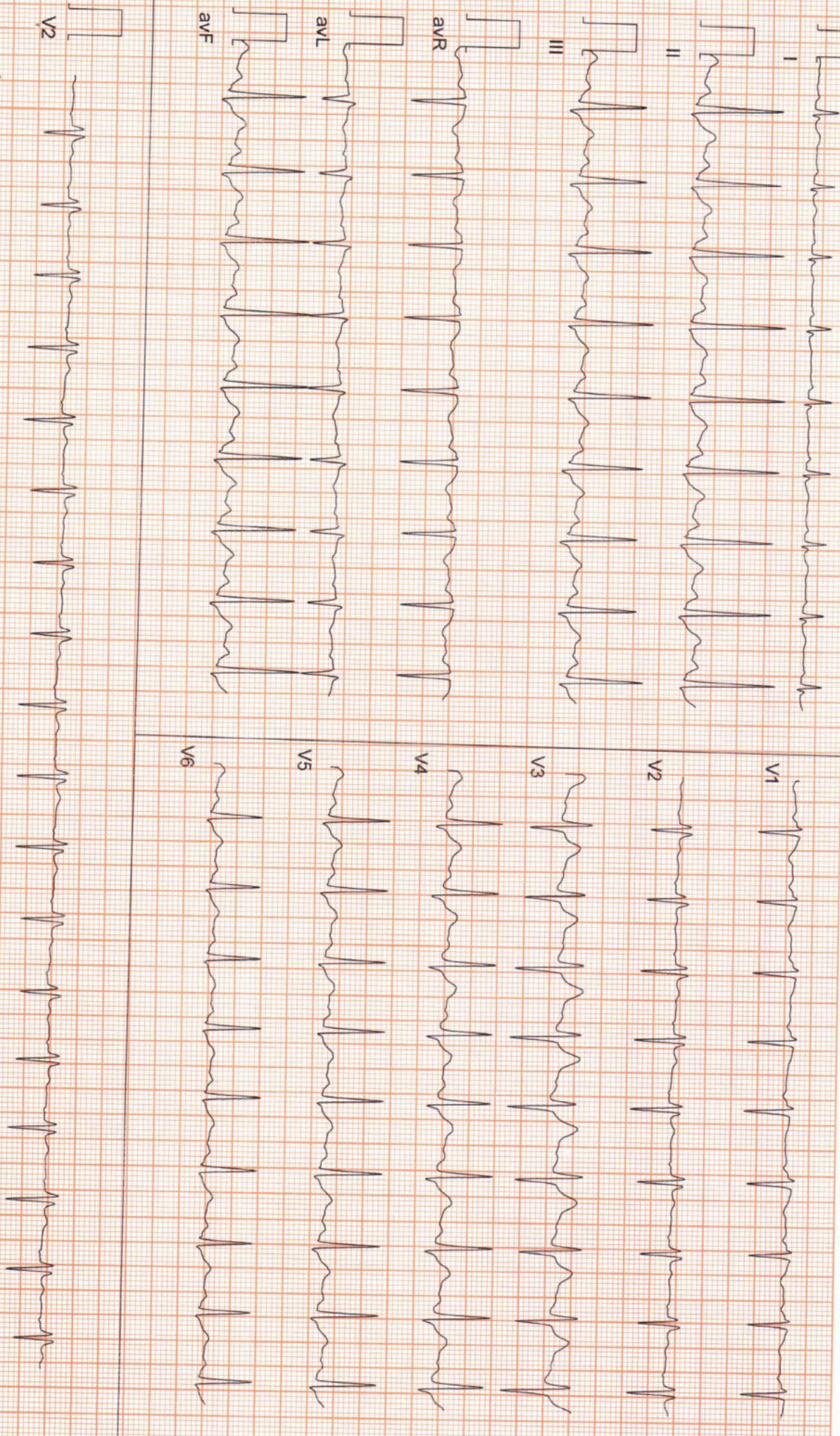
ExTime : 07:14 0.0 mph, 0.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz



Date: 24 - 09 - 2022 12:05:02 PM METS : 1.0 HR : 111 Target HR : 58% of 190 BP : 140/80

EXTime : 07:14 0.0 mph/0.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

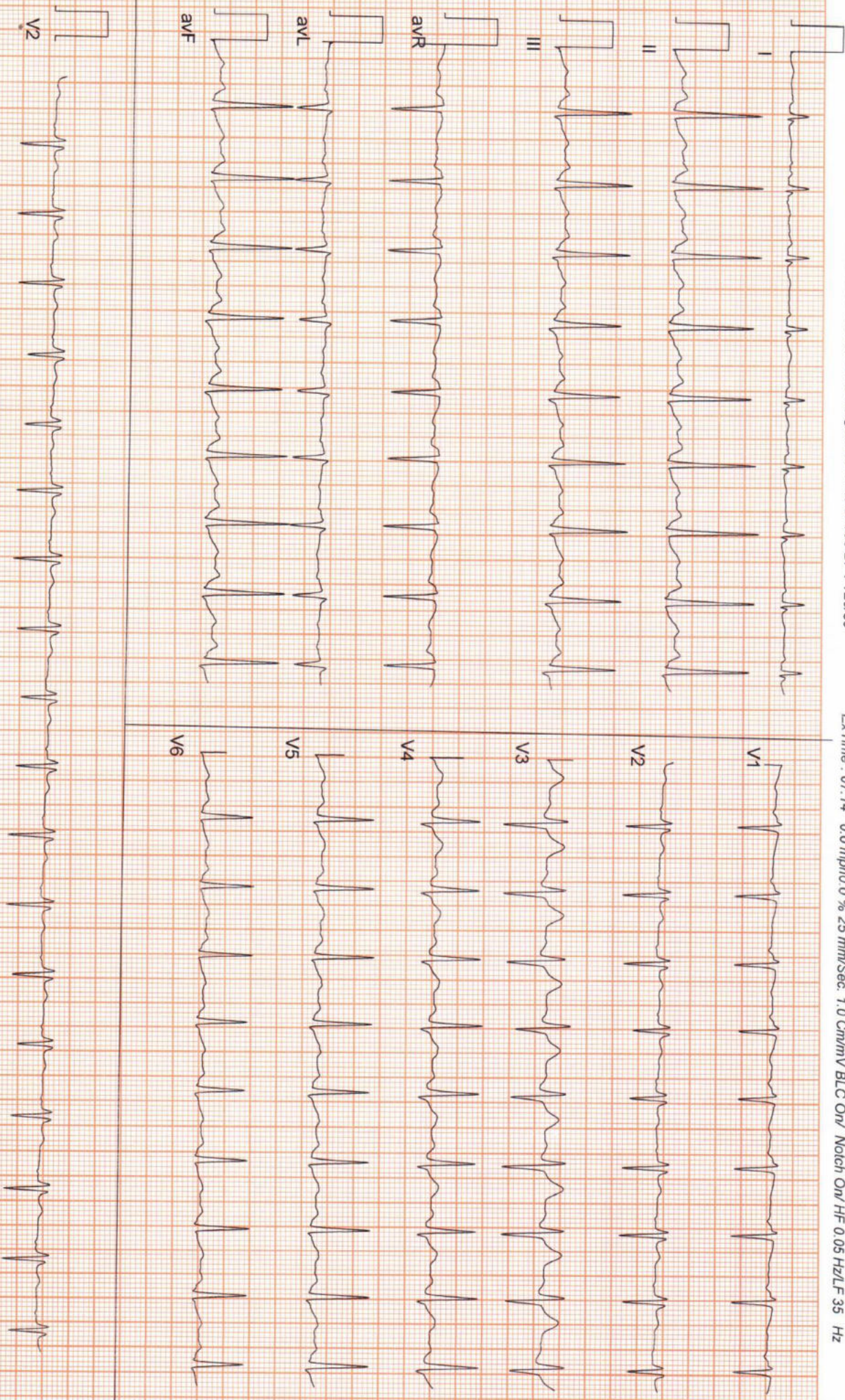
6 x 2 + Rhythm
Recovery(4:00)





Date: 24 - 09 - 2022 12:05:02 PM METs : 1.0 HR : 108 Target HR : 57% of 190 BP : 120/80

ExTime : 07:14 0.0 mph 0.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

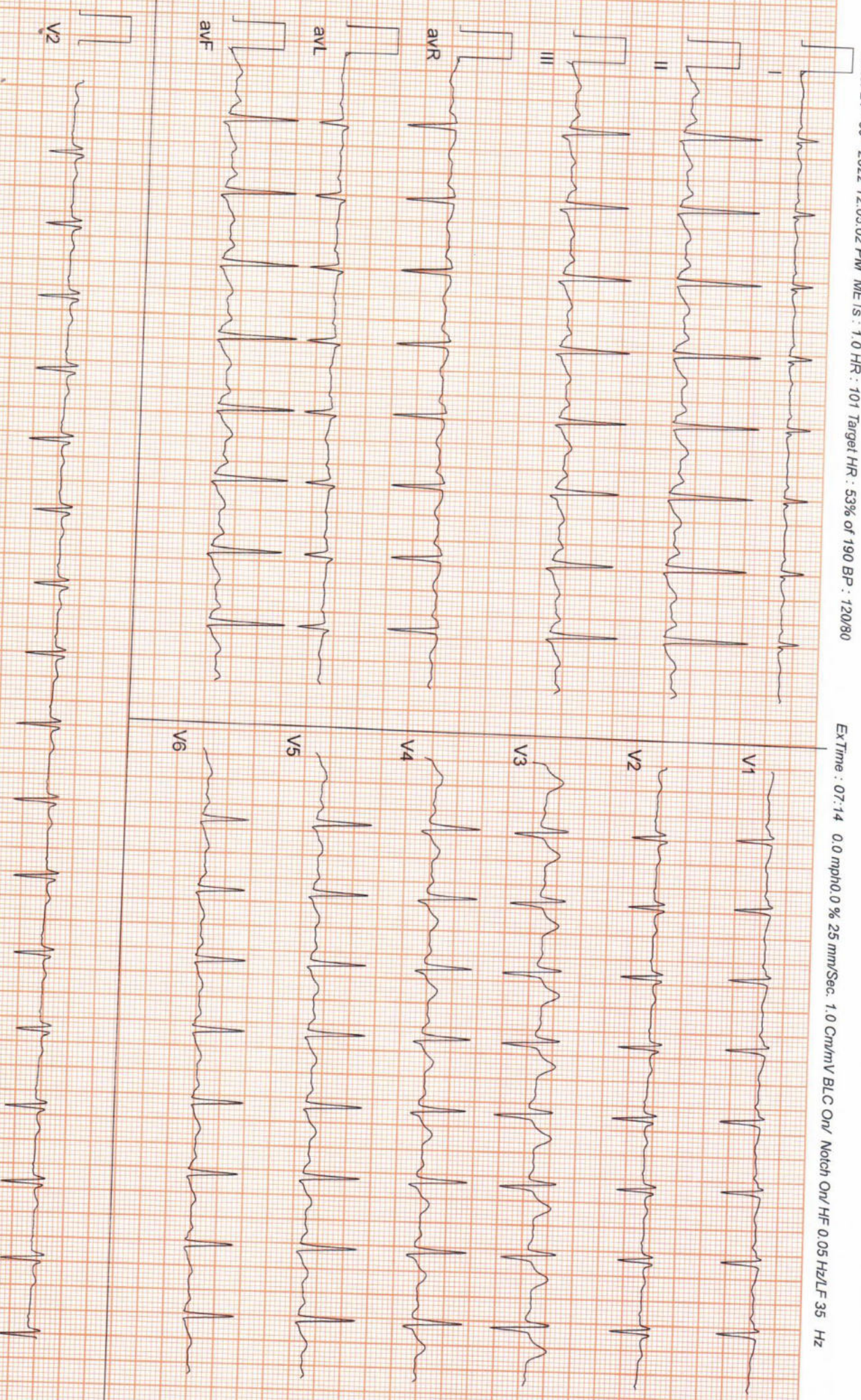


Date: 24 - 09 - 2022 12:05:02 PM METS : 1.0 HR : 101 Target HR : 53% of 190 BP : 120/80

6 x 2 + Rhythm
Recovery(6:28)



ExTime : 07:14 0.0 mph/0.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz





CID : 2226723578
Name : Mr DHORAJKAR VINOD
SAMPATRAO
Age / Sex : 30 Years/Male
Ref. Dr :
Reg. Location : J B Nagar, Andheri East Main Centre
Reg. Date : 24-Sep-2022
Reported : 24-Sep-2022/11:25

Use a QR Code Scanner
Application To Scan the Code

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size,(12.7 cm) 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 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 10.3 x 3.9 cm. Left kidney measures 11 x 4.9 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 3.5 x 2.7 x 2.1 cm and volume is 11cc.

IMPRESSION:

No significant abnormality is seen.

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

Tejal R Mistry
DR TEJAL R MISTRY
M.B.B.S D.M.R.E.
Reg No -2010/03/0652
Consultant Radiologist



CID : 2226723578
Name : Mr DHORAJKAR VINOD
SAMPATRAO
Age / Sex : 30 Years/Male
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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-----

Tejal R Mistry

DR TEJAL R MISTRY
M.B.B.S D.M.R.E.
Reg No -2010/03/0652
Consultant Radiologist



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Reported : 24-Sep-2022/12:09