

CID# : 2207820083
Name : MR.MANEESH VERMA
Age / Gender : 36 Years/Male
Consulting Dr. :-
Reg.Location : Andheri West (Main Centre)

SID# : 177803204719
Registered : 19-Mar-2022 / 09:42
Collected : 19-Mar-2022 / 09:42
Reported : 21-Mar-2022 / 09:10
Printed : 21-Mar-2022 / 18:02

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 | NO |
| 3) Diet | Mixed |
| 4) Medication | NO |

*** End Of Report ***

Dr.Sangeeta Manwani

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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Reported : 19-Mar-2022 / 14:20

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 | 13.4 | 13.0-17.0 g/dL | Spectrophotometric |
| RBC | 6.53 | 4.5-5.5 mil/cmm | Elect. Impedance |
| PCV | 42.0 | 40-50 % | Measured |
| MCV | 64.3 | 80-100 fl | Calculated |
| MCH | 20.5 | 27-32 pg | Calculated |
| MCHC | 31.8 | 31.5-34.5 g/dL | Calculated |
| RDW | 19.6 | 11.6-14.0 % | Calculated |
| <u>WBC PARAMETERS</u> | | | |
| WBC Total Count | 5370 | 4000-10000 /cmm | Elect. Impedance |
| <u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u> | | | |
| Lymphocytes | 24.7 | 20-40 % | |
| Absolute Lymphocytes | 1326.4 | 1000-3000 /cmm | Calculated |
| Monocytes | 7.6 | 2-10 % | |
| Absolute Monocytes | 408.1 | 200-1000 /cmm | Calculated |
| Neutrophils | 64.4 | 40-80 % | |
| Absolute Neutrophils | 3458.3 | 2000-7000 /cmm | Calculated |
| Eosinophils | 2.6 | 1-6 % | |
| Absolute Eosinophils | 139.6 | 20-500 /cmm | Calculated |
| Basophils | 0.7 | 0.1-2 % | |
| Absolute Basophils | 37.6 | 20-100 /cmm | Calculated |
| Immature Leukocytes | - | | |

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

| | | | |
|----------------|--------|--------------------|------------------|
| Platelet Count | 296000 | 150000-400000 /cmm | Elect. Impedance |
| MPV | 10.3 | 6-11 fl | Calculated |
| PDW | 22.5 | 11-18 % | Calculated |

RBC MORPHOLOGY

| | |
|--------------|----|
| Hypochromia | ++ |
| Microcytosis | ++ |

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Macrocytosis -
Anisocytosis +
Poikilocytosis Mild
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others -
WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT -

Note : Features are suggestive of thalassemia trait.
Advice : Hemoglobin studies by HPLC, Reticulocyte count.
Result rechecked.

Specimen: EDTA Whole Blood

ESR, EDTA WB 6 2-15 mm at 1 hr. Westergren

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



MC-2111

Amar Dasgupta
Dr. AMAR DASGUPTA, MD, PhD
Consultant Hematopathologist
Director - Medical Services

Dr. Trupti Shetty
Dr. TRUPTI SHETTY
M. D. (PATH)
Pathologist



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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 | 89.1 | Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl | Hexokinase |
| GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R | 109.4 | Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl | Hexokinase |
| BILIRUBIN (TOTAL), Serum | 0.70 | 0.1-1.2 mg/dl | Colorimetric |
| BILIRUBIN (DIRECT), Serum | 0.27 | 0-0.3 mg/dl | Diazo |
| BILIRUBIN (INDIRECT), Serum | 0.43 | 0.1-1.0 mg/dl | Calculated |
| TOTAL PROTEINS, Serum | 6.6 | 6.4-8.3 g/dL | Biuret |
| ALBUMIN, Serum | 4.6 | 3.5-5.2 g/dL | BCG |
| GLOBULIN, Serum | 2.0 | 2.3-3.5 g/dL | Calculated |
| A/G RATIO, Serum | 2.3 | 1 - 2 | Calculated |
| SGOT (AST), Serum | 42.4 | 5-40 U/L | NADH (w/o P-5-P) |
| SGPT (ALT), Serum | 87.3 | 5-45 U/L | NADH (w/o P-5-P) |
| GAMMA GT, Serum | 33.5 | 3-60 U/L | Enzymatic |
| ALKALINE PHOSPHATASE, Serum | 98.3 | 40-130 U/L | Colorimetric |
| BLOOD UREA, Serum | 16.4 | 12.8-42.8 mg/dl | Kinetic |
| BUN, Serum | 7.7 | 6-20 mg/dl | Calculated |
| CREATININE, Serum | 0.90 | 0.67-1.17 mg/dl | Enzymatic |
| eGFR, Serum | 101 | >60 ml/min/1.73sqm | Calculated |
| URIC ACID, Serum | 6.9 | 3.5-7.2 mg/dl | Enzymatic |

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Reported : 19-Mar-2022 / 15:29

| | | |
|-------------------------|--------|--------|
| 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

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

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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 | 5.6 | Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 % | HPLC |
| Estimated Average Glucose (eAG), EDTA WB - CC | 114.0 | 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 ***



J. Thakker
Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP (Medical Services)

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

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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 |

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*** End Of Report ***



MC-2111

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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|--------------------------------|-------------|----------------------|--------------------|
| PHYSICAL EXAMINATION | | | |
| Color | Pale yellow | Pale Yellow | - |
| Reaction (pH) | 5.0 | 4.5 - 8.0 | Chemical Indicator |
| Specific Gravity | 1.005 | 1.001-1.030 | Chemical Indicator |
| Transparency | Clear | Clear | - |
| Volume (ml) | 40 | - | - |
| CHEMICAL EXAMINATION | | | |
| 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 |
| MICROSCOPIC EXAMINATION | | | |
| 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 | - | | |

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*** End Of Report ***



Anupa

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Collected : 19-Mar-2022 / 09:47
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
BLOOD GROUPING & Rh TYPING

| <u>PARAMETER</u> | <u>RESULTS</u> |
|------------------|----------------|
| ABO GROUP | B |
| 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

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*** End Of Report ***



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M.D.(PATH)
Pathologist

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|----------------------------------|---------|--|------------|
| CHOLESTEROL, Serum | 200.6 | Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl | Enzymatic |
| TRIGLYCERIDES, Serum | 182.7 | Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>=500 mg/dl | Enzymatic |
| HDL CHOLESTEROL, Serum | 42.3 | Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl | Enzymatic |
| NON HDL CHOLESTEROL, Serum | 158.3 | Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >=190 mg/dl | Calculated |
| LDL CHOLESTEROL, Serum | 121.0 | 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 | 37.3 | < /= 30 mg/dl | Calculated |
| CHOL / HDL CHOL RATIO, Serum | 4.7 | 0-4.5 Ratio | Calculated |
| LDL CHOL / HDL CHOL RATIO, Serum | 2.9 | 0-3.5 Ratio | Calculated |

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*** End Of Report ***



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



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Reg. Location : Andheri West (Main Centre)

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Reported : 19-Mar-2022 / 13:03

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 | ECLIA |
| Free T4, Serum | 13.8 | 11.5-22.7 pmol/L | ECLIA |
| sensitiveTSH, Serum | 2.60 | 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)

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*** End Of Report ***



Anupa

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Reg. Date : 19-Mar-2022 / 10:20
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X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

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 R K BHANDARI before dispatch.

Dr R K Bhandari
M D , DMRE
MMC REG NO. 34078

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Ref. Dr :
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Reg. Date : 19-Mar-2022 / 11:39
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USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (14.3cm) and **shows bright echotexture**. 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 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 10.1 x 4.5cm. Left kidney measures 9.7 x 5.4cm.

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 measuring 3.9 x 3.5 x 3.2cm and volume is 24.1cc.

IMPRESSION:

Grade II fatty liver.

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

DR. NIKHIL DEV
M.B.B.S, MD (Radiology)
Reg No - 2014/11/4764
Consultant Radiologist

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Date:- 19.03.2022. CID: 2207820083
Name:- Mr. MANEESH VERMA, Sex / Age: 1 Male 36 yrs.

EYE CHECK UP

Chief complaints: Nil
Systemic Diseases: Nil
Past history: Nil
Unaided Vision: —
Aided Vision: —
Refraction: —

| | (Right Eye) | | | | (Left Eye) | | | |
|----------|-------------|-----|------|------|------------|-----|------|------|
| | Sph | Cyl | Axis | Vn | Sph | Cyl | Axis | Vn |
| Distance | — | — | — | 6/6 | — | — | — | 6/6 |
| Near | — | — | — | NI-6 | — | — | — | NI-6 |

Colour Vision: Normal / Abnormal

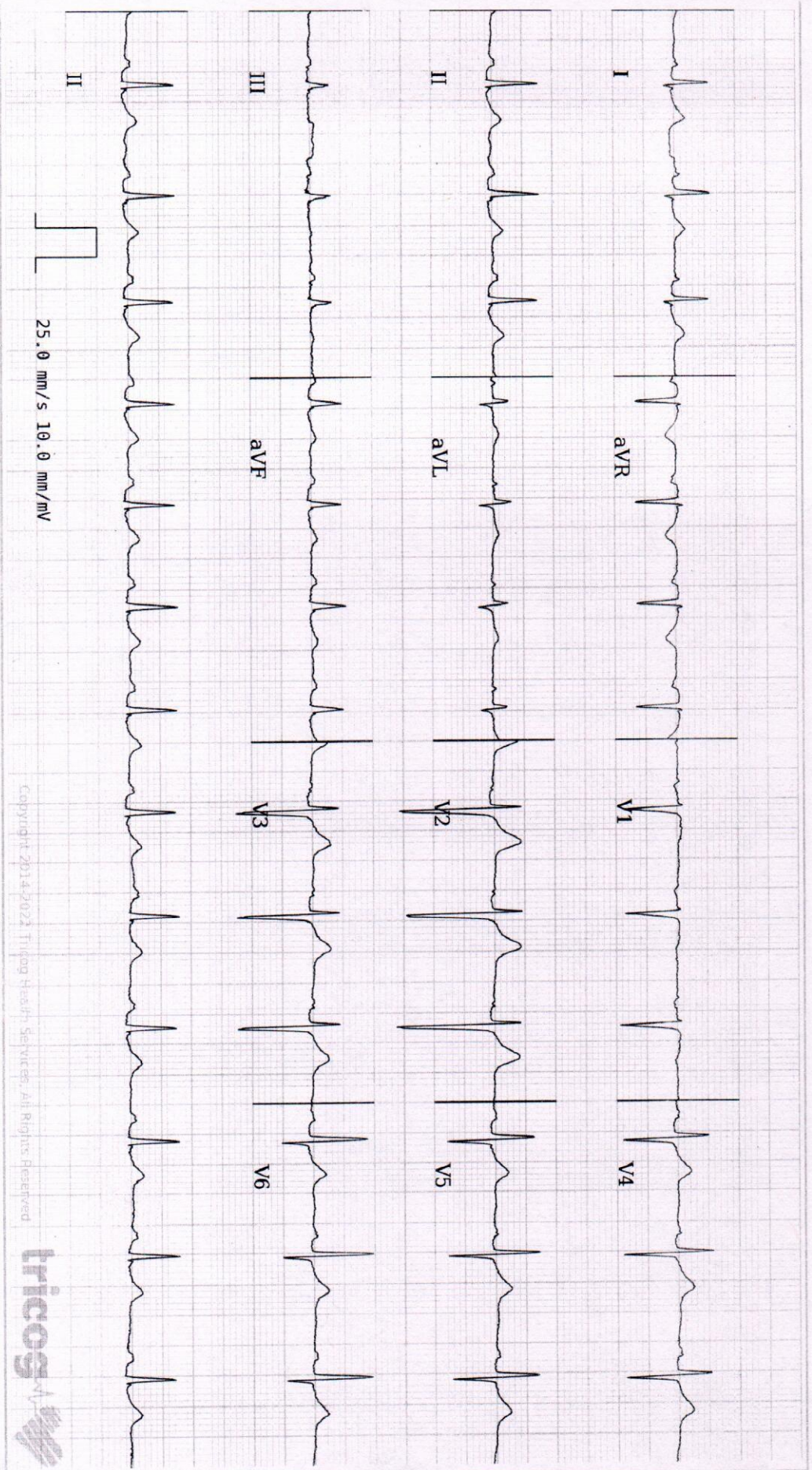
Remark: Normal vision

Brief Disclaimer: (1)Suburban Diagnostics ensures that the tests are conducted with utmost care and safety and are performed on samples received as per the sample collection guide of Suburban Diagnostics.(2)Sample may be rejected if unacceptable for the requested tests.(3)Test results may vary from laboratory to laboratory and also in some parameters from time to time for the same patient.(4)Report must not be copied in part, only in full.(5)This report is not valid for medico-legal purposes.(6)Patient information or data will not be communicated to a third party except in the case of a notifiable disease to a Public Care Unit.(7)Suburban Diagnostics reserves the right to subcontract samples to other laboratories as required.(8)Suburban Diagnostics is not liable for any penalties or liabilities arising out of or relating in any way to these services and/or content or information provided herein.(9) For the elaborated disclaimer, please turn

Patient Name: MANEESH VERMA

Date and Time: 19th Mar 22 11:07 AM

Patient ID: 2207820083



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Age **36** **4** **29**
years months days

Gender **Male**

Heart Rate **83bpm**

Patient Vitals

BP: NA

Weight: NA

Height: NA

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QSRD: 82ms

QT: 360ms

QTc: 423ms

PR: 162ms

P-R-T: 51° 57° 42°

REPORTED BY

Dr Ravi Chavan

DR RAVI CHAVAN
MD, D.CARD, D. DIABETES
Cardiologist & Diabetologist
2004/06/2468

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

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 and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

SUBURBAN DIAGNOSTICS

Patient Details **Date:** 19-Mar-22 **Time:** 10:28:26 AM
Name: MANEESH VERMA **ID:** 2207820083
Age: 36 y **Sex:** M **Height:** 181 cms. **Weight:** 77 Kg.
Clinical History: NONE

Medications: NONE

Test Details

Protocol: Bruce **Pr.MHR:** 184 bpm **THR:** 156 (85 % of Pr.MHR) bpm
Total Exec. Time: 10 m 9 s **Max. HR:** 165 (90% of Pr.MHR)bpm **Max. Mets:** 13.50
Max. BP: 170 / 80 mmHg **Max. BP x HR:** 28050 mmHg/min **Min. BP x HR:** 5360 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 : 30 | 1.0 | 0 | 0 | 68 | 120 / 80 | -0.42 aVR | 1.06 II |
| Standing | 0 : 8 | 1.0 | 0 | 0 | 67 | 120 / 80 | -0.42 aVR | 0.71 II |
| Hyperventilation | 0 : 45 | 1.0 | 0 | 0 | 87 | 120 / 80 | -2.97 III | 5.66 V6 |
| 1 | 3 : 0 | 4.6 | 1.7 | 10 | 94 | 130 / 80 | -0.85 III | 1.77 II |
| 2 | 3 : 0 | 7.0 | 2.5 | 12 | 118 | 140 / 80 | -1.06 III | 1.77 II |
| 3 | 3 : 0 | 10.2 | 3.4 | 14 | 134 | 150 / 80 | -1.70 III | 2.12 V2 |
| Peak Ex | 1 : 9 | 13.5 | 4.2 | 16 | 165 | 170 / 80 | -3.18 II | 4.60 V2 |
| Recovery(1) | 1 : 0 | 1.8 | 1 | 0 | 133 | 150 / 80 | -2.55 III | 3.89 V2 |
| Recovery(2) | 1 : 0 | 1.0 | 0 | 0 | 84 | 150 / 80 | -1.27 III | 3.18 V2 |
| Recovery(3) | 1 : 0 | 1.0 | 0 | 0 | 94 | 140 / 80 | -1.06 III | 1.77 II |
| Recovery(4) | 1 : 0 | 1.0 | 0 | 0 | 90 | 130 / 80 | -1.06 II | 1.42 I |
| Recovery(5) | 0 : 13 | 1.0 | 0 | 0 | 91 | 120 / 80 | -0.85 II | 0.71 I |

Interpretation

GOOD EFFORT TOLERANCE
 NORMAL CHRONOTROPIC RESPONSE
 NORMAL INOTROPIC RESPONSE
 NO ANGINA/ ANGINA EQUIVALENTS
 NO ARRHYTHMIAS
 SIGNIFICANT ST SEGMENT DEPRESSIONS NOTED IN INFEROLATERLA LEADS DURING
 PEAK EXERCISE & EARLY RECOVERY.SUBTLE ST CHANGES PERSISTED
 THROUGHOUT RECOVERY.

IMPRESSION: STRESS TEST IS POSITIVE FOR STRESS INDUCIBLE ISCHAEMIA
ADV: CARDIOLOGIST OPINION.

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. Rav Chavan
 MD; D Card
 Consultant Cardiologist
 Reg.No : 2004/06/2458

Ref. Doctor: ARCOFEMI HEALTHCARE
 (Summary Report edited by user)

Doctor: DR. RAVI CHAVAN
 (c) Schiller Healthcare India Pvt. Ltd. V 4.7



MANEESH VERMA (36 M)

Protocol: Bruce

ID: 2207820083
Stage: Supine

Date: 19-Mar-22
Speed: 0 mph
Grade: 0 %

Exec Time : 0 m 0 s
Stage Time : 0 m 24 s
(THR: 156 bpm)
B.P: 120 / 80

SUBURBAN DIAGNOSTICS

Test Report

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

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

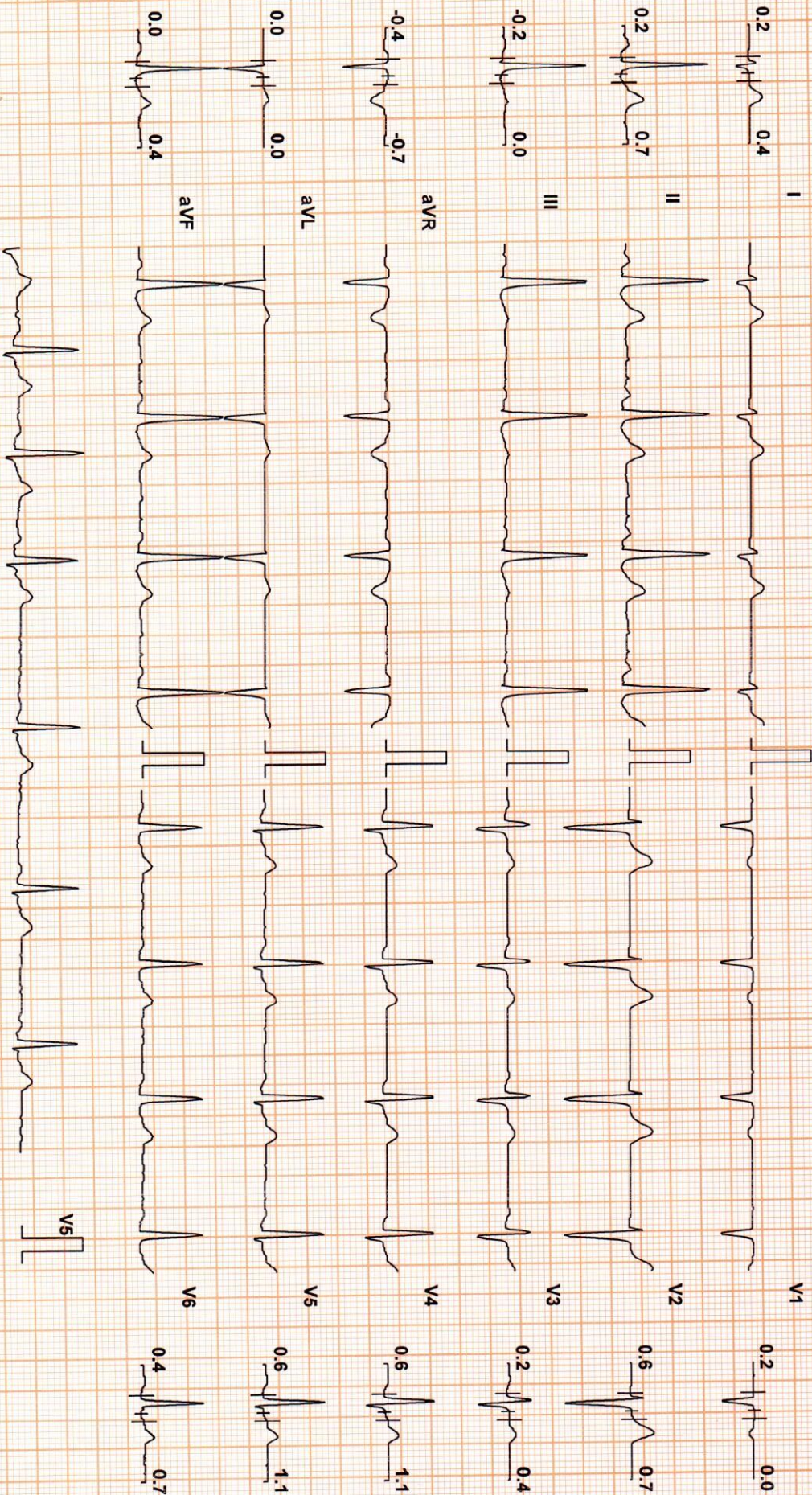


Chart Speed: 25 mm/sec
Schiller Standard V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MANEESH VERMA (36 M)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2207820083

Date: 19-Mar-22

Exec Time : 0 m 0 s

Stage Time : 0 m 2 s

HR: 65 bpm

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

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

B.P: 120 / 80

(THR: 156 bpm)

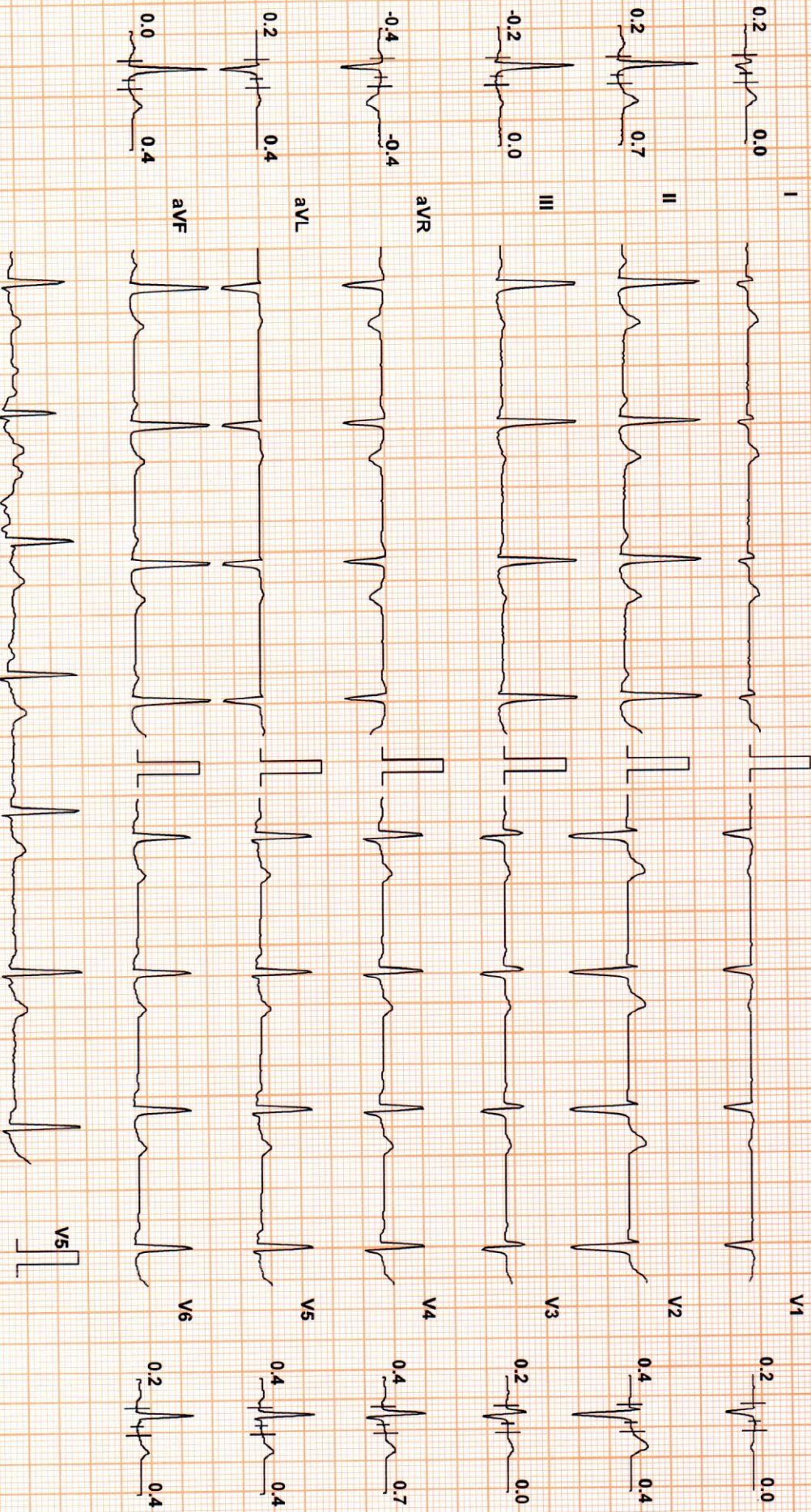


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

MANEESH VERMA (36 M)

ID: 2207820083

Date: 19-Mar-22

Exec Time : 0 m 0 s

Stage Time : 0 m 39 s HR: 85 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 120 / 80

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

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

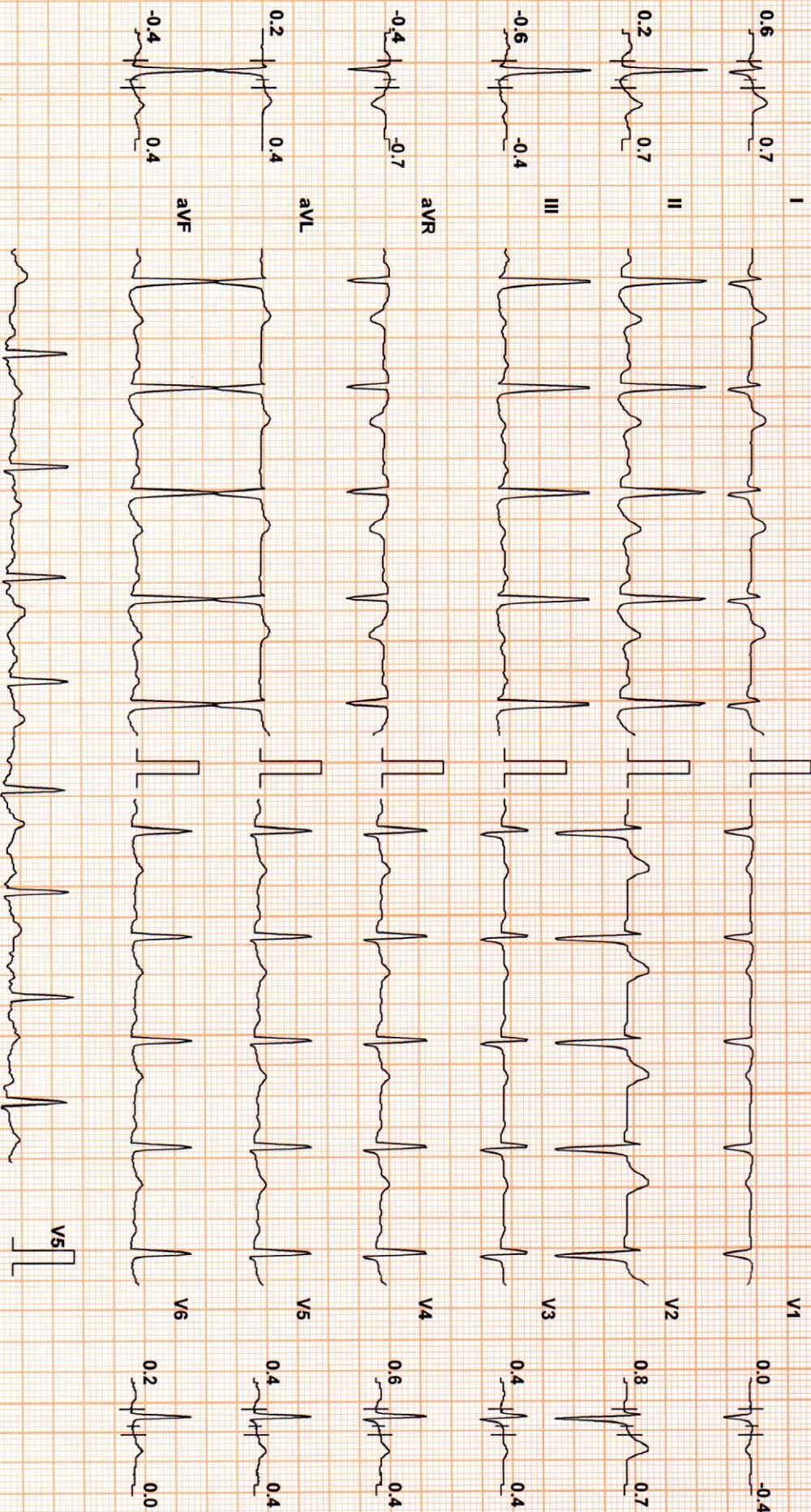


Chart Speed: 25 mm/sec
Schlifer Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

MANEESH VERMA (36 M)

ID: 2207820083

Date: 19-Mar-22 Exec Time : 2 m 54 s Stage Time : 2 m 54 s **HR: 94 bpm**

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 156 bpm)

B.P.: 130 / 80

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

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

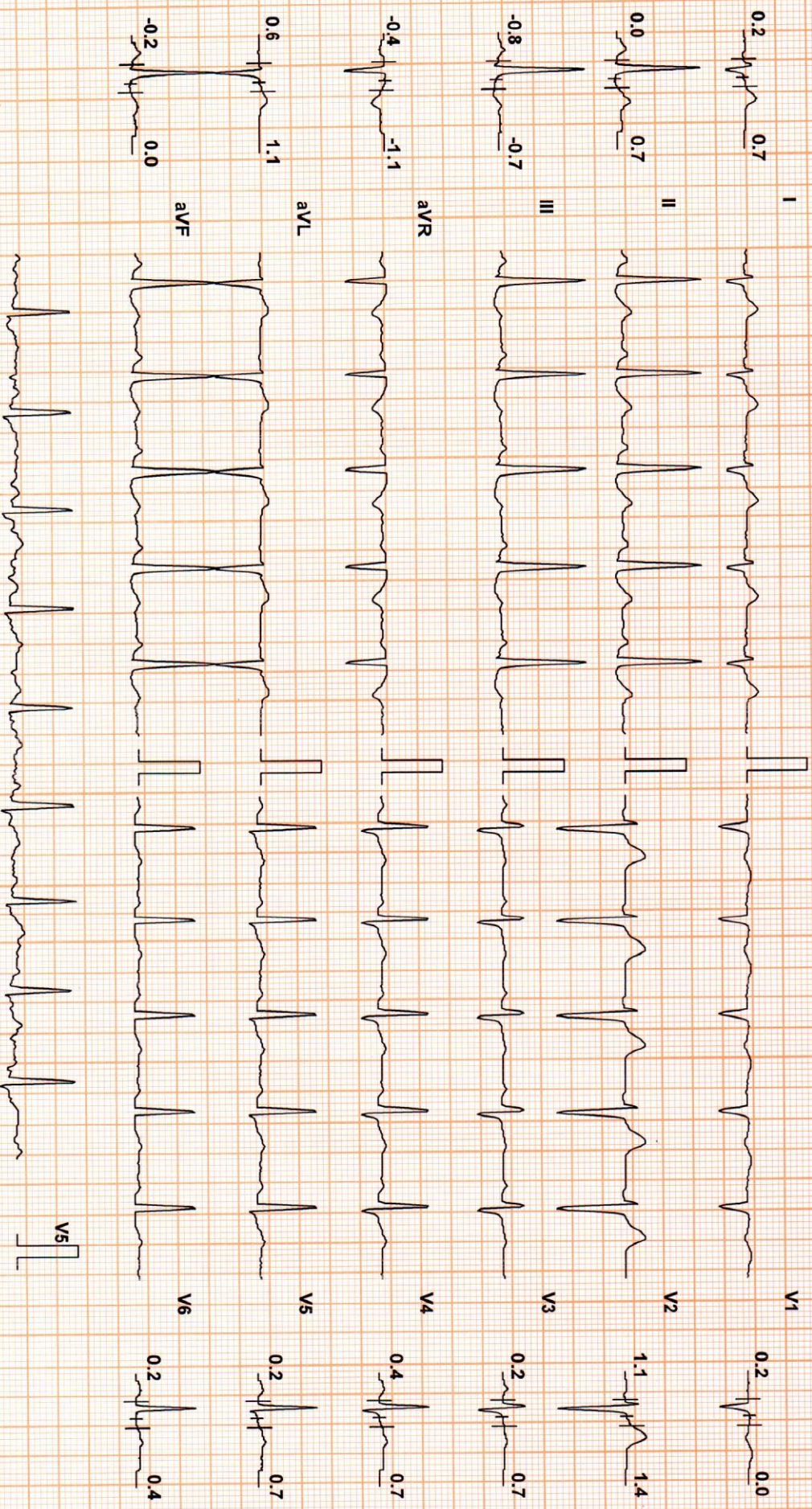


Chart Speed: 25 mm/sec
Schiller Spandax V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

MANEESH VERMA (36 M)

ID: 2207820083

Date: 19-Mar-22

Exec Time : 5 m 54 s

Stage Time : 2 m 54 s

HR: 118 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 156 bpm)

B.P: 140 / 80

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

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

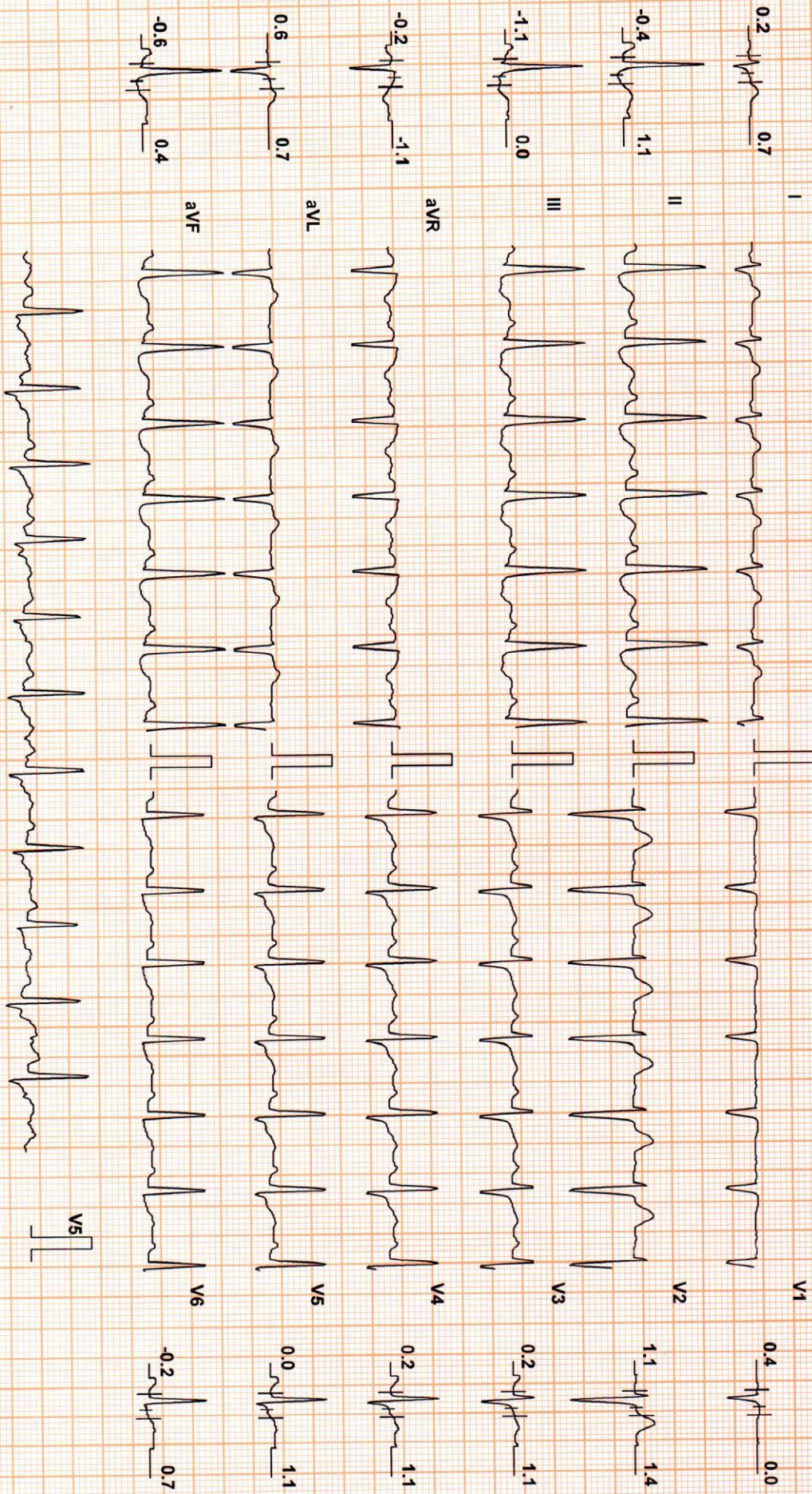


Chart Speed: 25 mm/sec
Schiller Spandau V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MANEESH VERMA (36 M)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2207820083

Date: 19-Mar-22

Exec Time : 8 m 54 s Stage Time : 2 m 54 s

HR: 140 bpm

Stage: 3

Speed: 3.4 mph

Grade: 14 %

(THR: 156 bpm)

B.P: 150 / 80

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

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

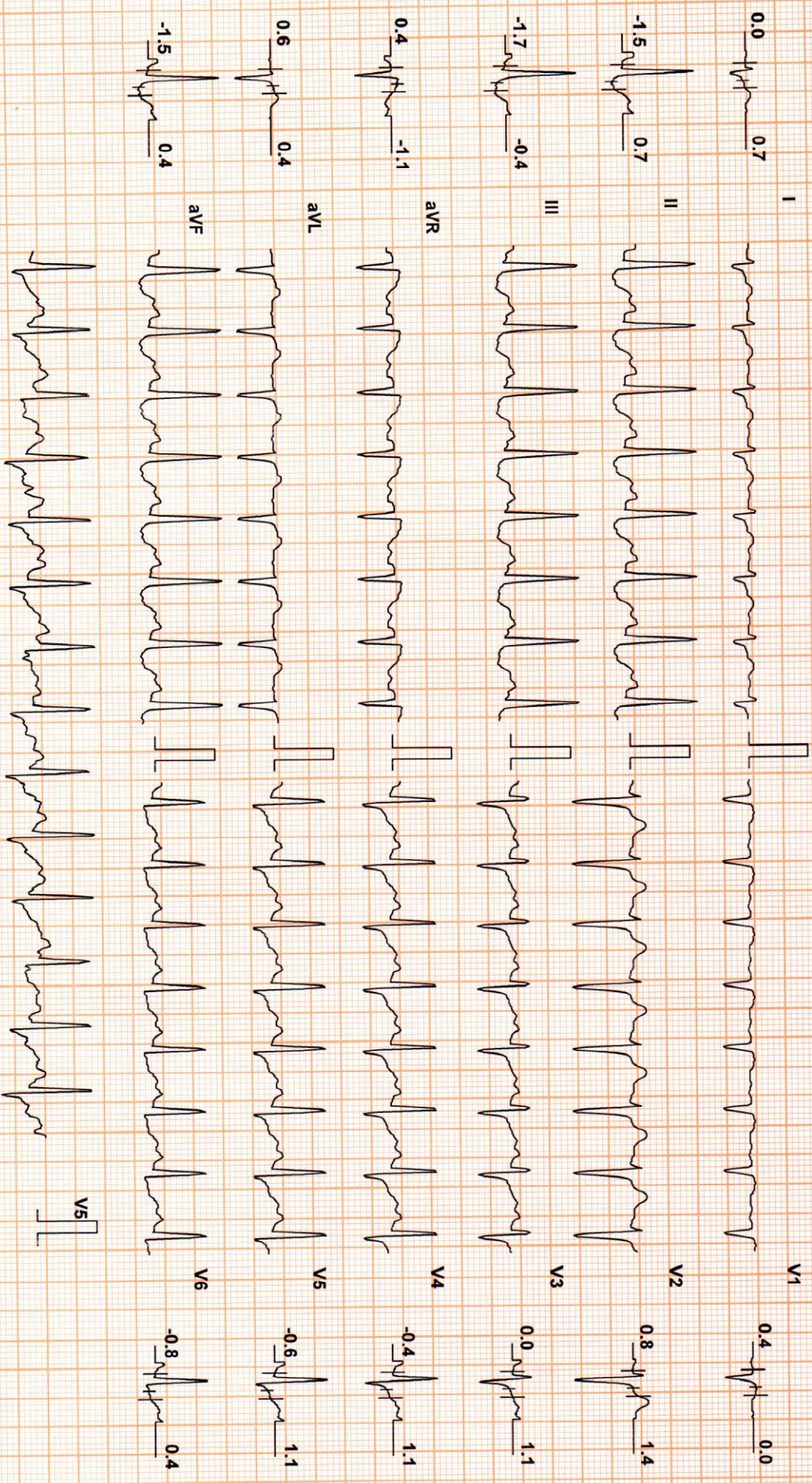


Chart Speed: 25 mm/sec
Schlier Spandan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MANEESH VERMA (36 M)

ID: 2207820083

Date: 19-Mar-22

Exec Time : 9 m 30 s Stage Time : 0 m 30 s HR: 148 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 4.2 mph

Grade: 16 %

(THR: 156 bpm)

B.P: 170 / 80

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

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

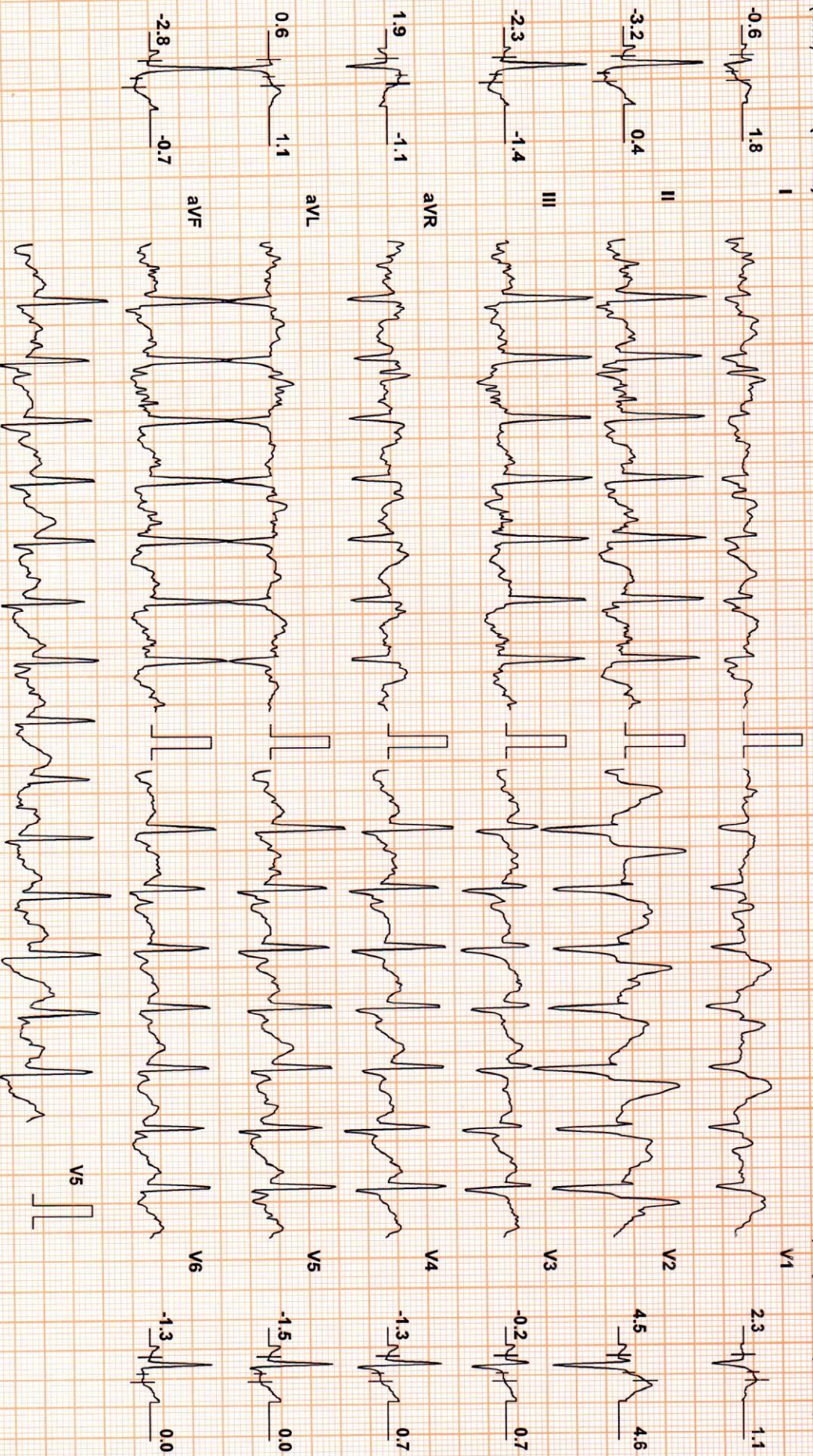


Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

SUBURBAN DIAGNOSTICS

Test Report

MANEESH VERMA (36 M)

ID: 2207820083

Date: 19-Mar-22

Exec Time : 10 m 3 s Stage Time : 1 m 3 s

HR: 164 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 4.2 mph

Grade: 16 %

(THR: 156 bpm)

B.P: 170 / 80

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

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

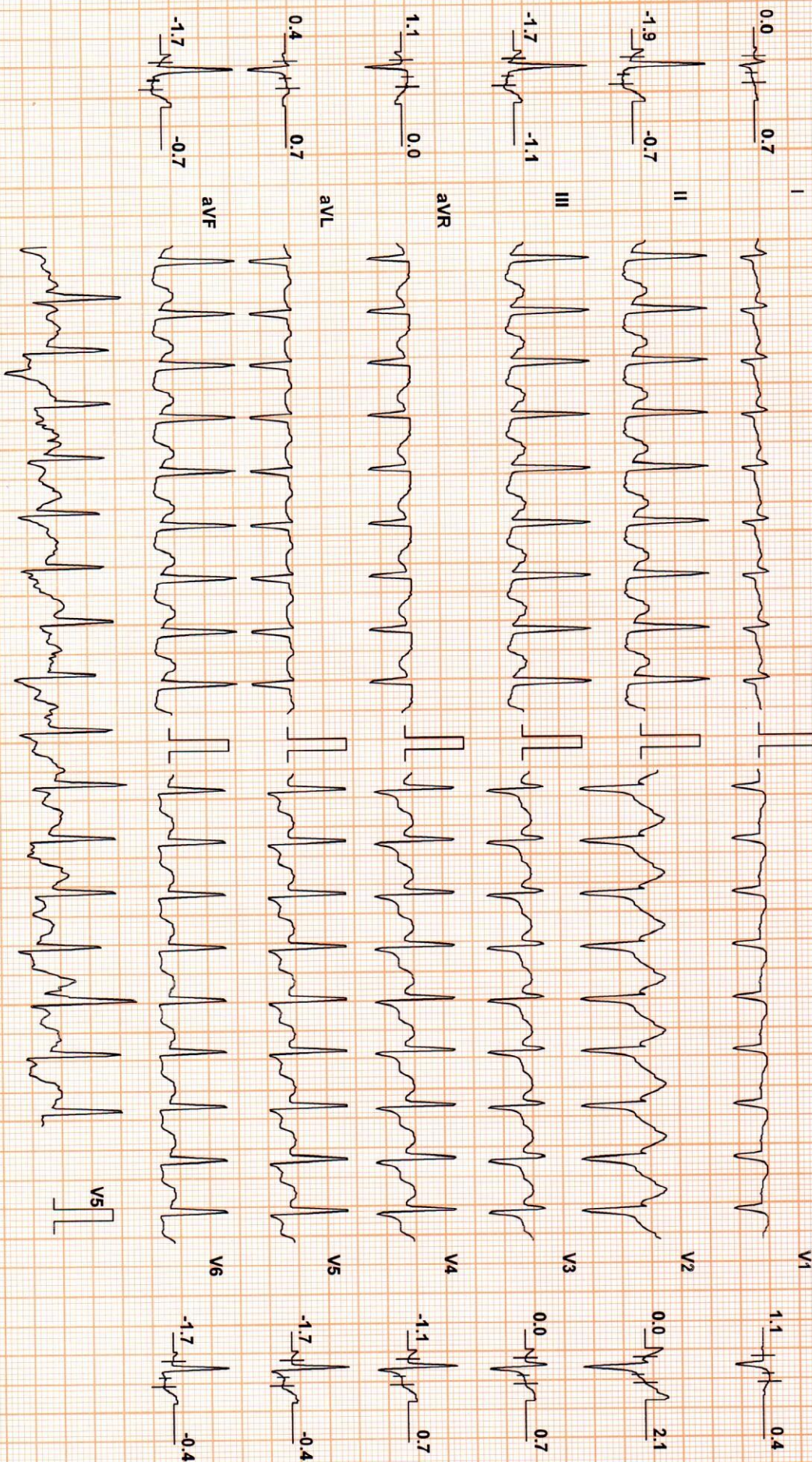


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MANEESH VERMA (36 M)

SUBURBAN DIAGNOSTICS

Protocol: Bruce

ID: 2207820083

Date: 19-Mar-22

Stage: Peak Ex

Speed: 4.2 mph

Grade: 16 %

Exec Time : 10 m 6 s Stage Time : 1 m 6 s

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

HR: 162 bpm
B.P: 170 / 80
THR: 156 bpm

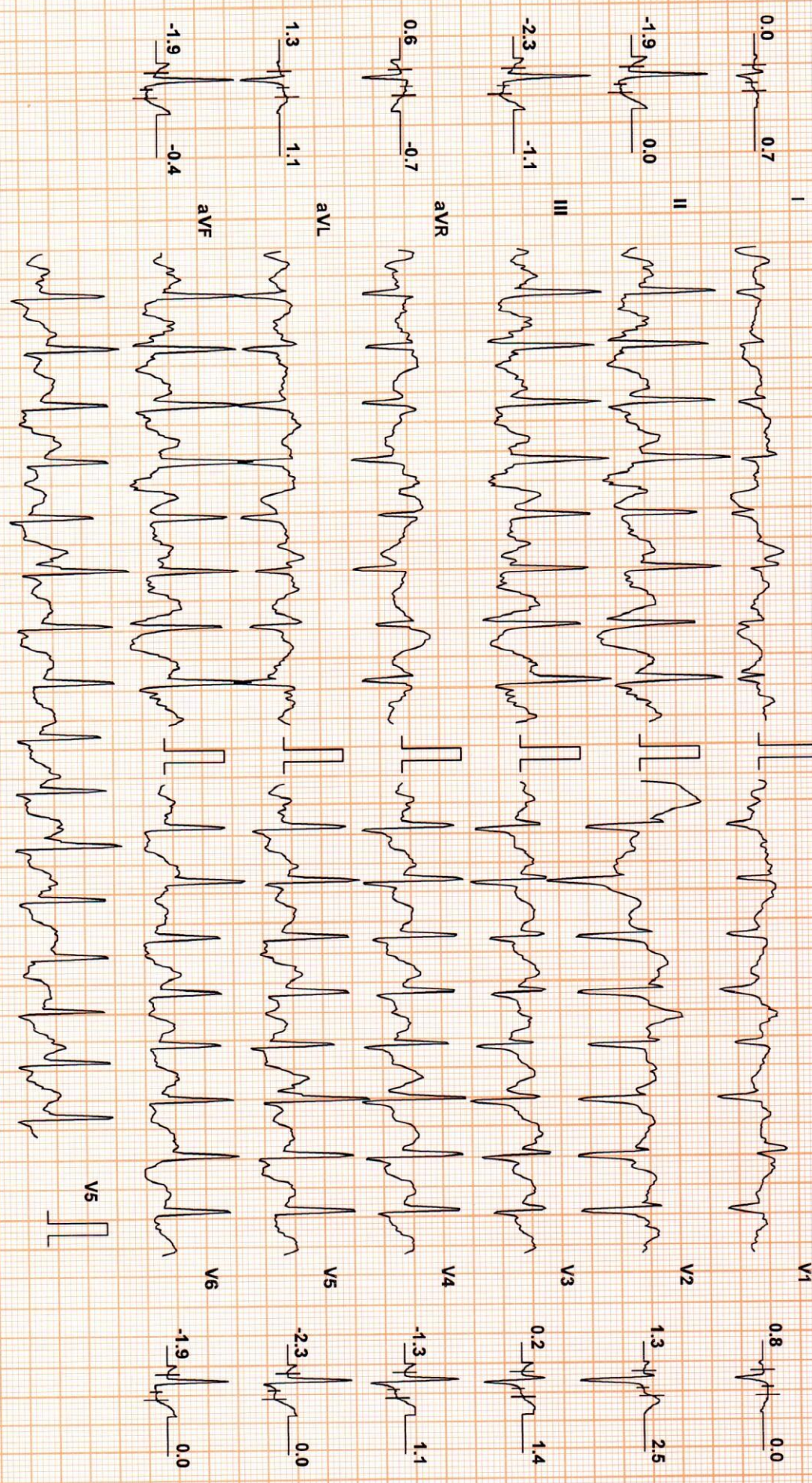


Chart Speed: 25 mm/sec
Schiller- Spandau V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



SUBURBAN DIAGNOSTICS

MANEESH VERMA (36 M)

ID: 2207820083

Date: 19-Mar-22

Exec Time : 10 m 9 s Stage Time : 0 m 9 s

HR: 166 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 150 / 80

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

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

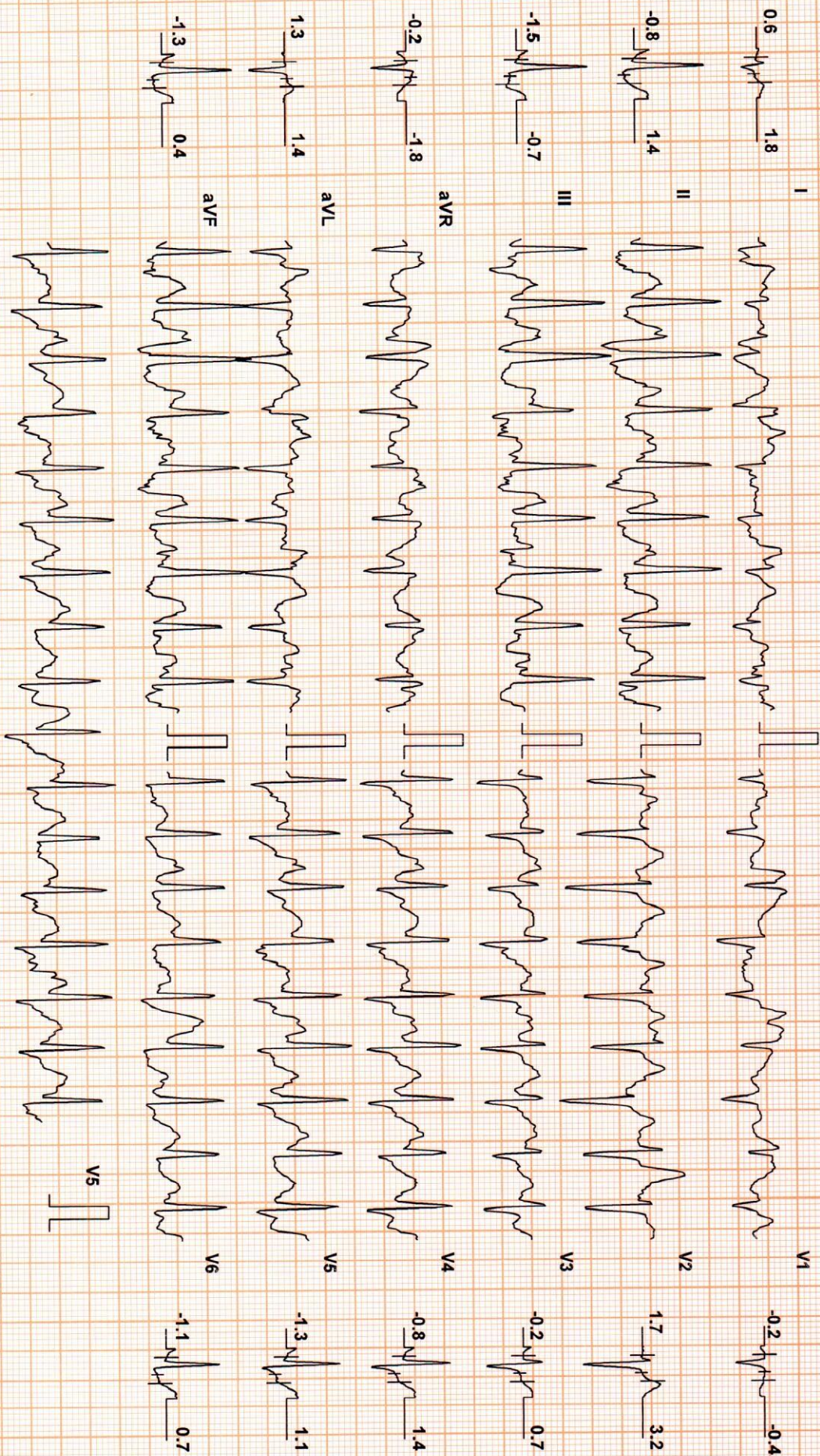


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

MANEESH VERMA (36 M)

ID: 2207820083

Date: 19-Mar-22

Exec Time : 10 m 9 s Stage Time : 0 m 54 s HR: 150 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 150 / 80

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

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

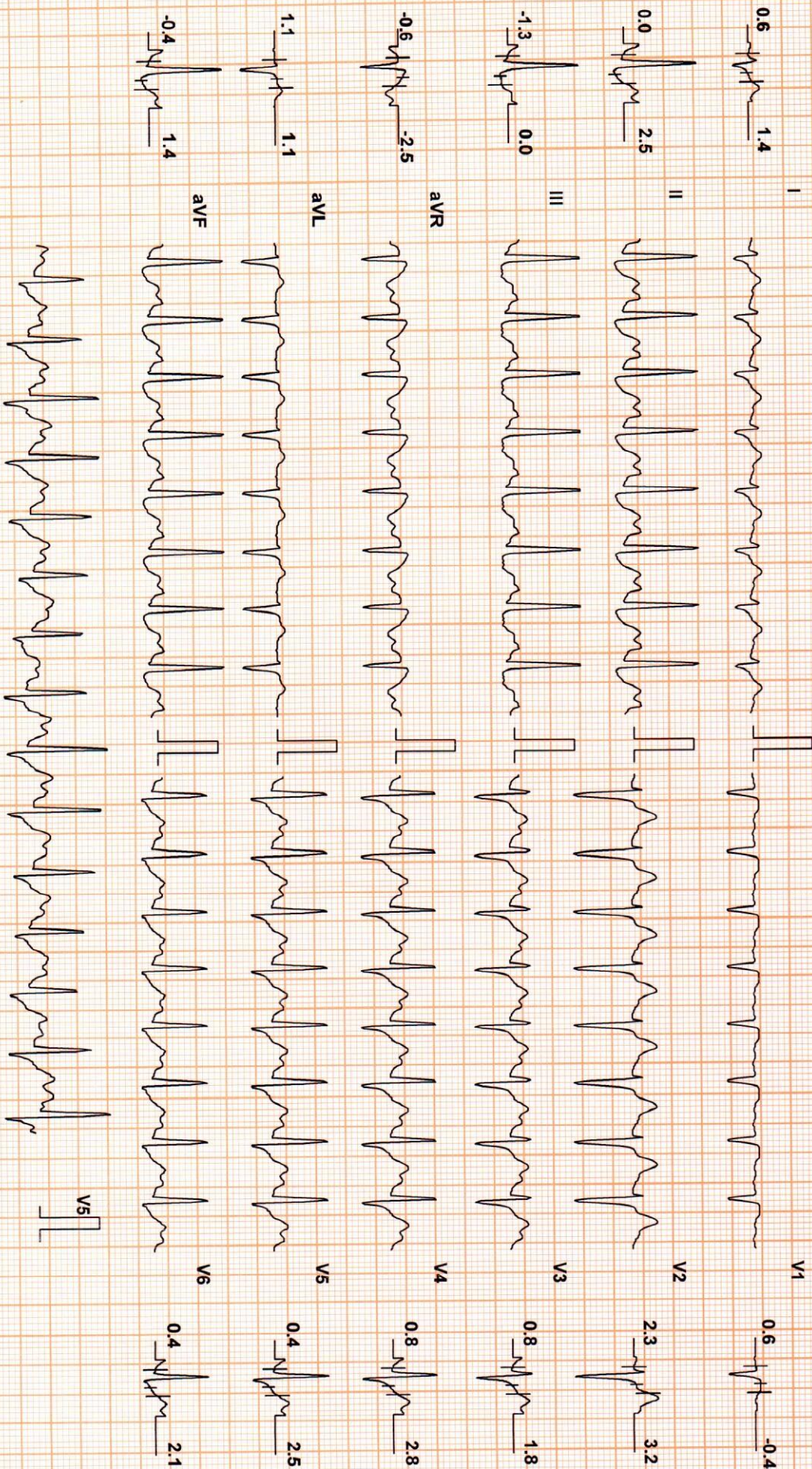


Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

MANEESH VERMA (36 M)

ID: 2207820083

Date: 19-Mar-22

Exec Time : 10 m 9 s Stage Time : 0 m 54 s

HR: 93 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 150 / 80

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

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

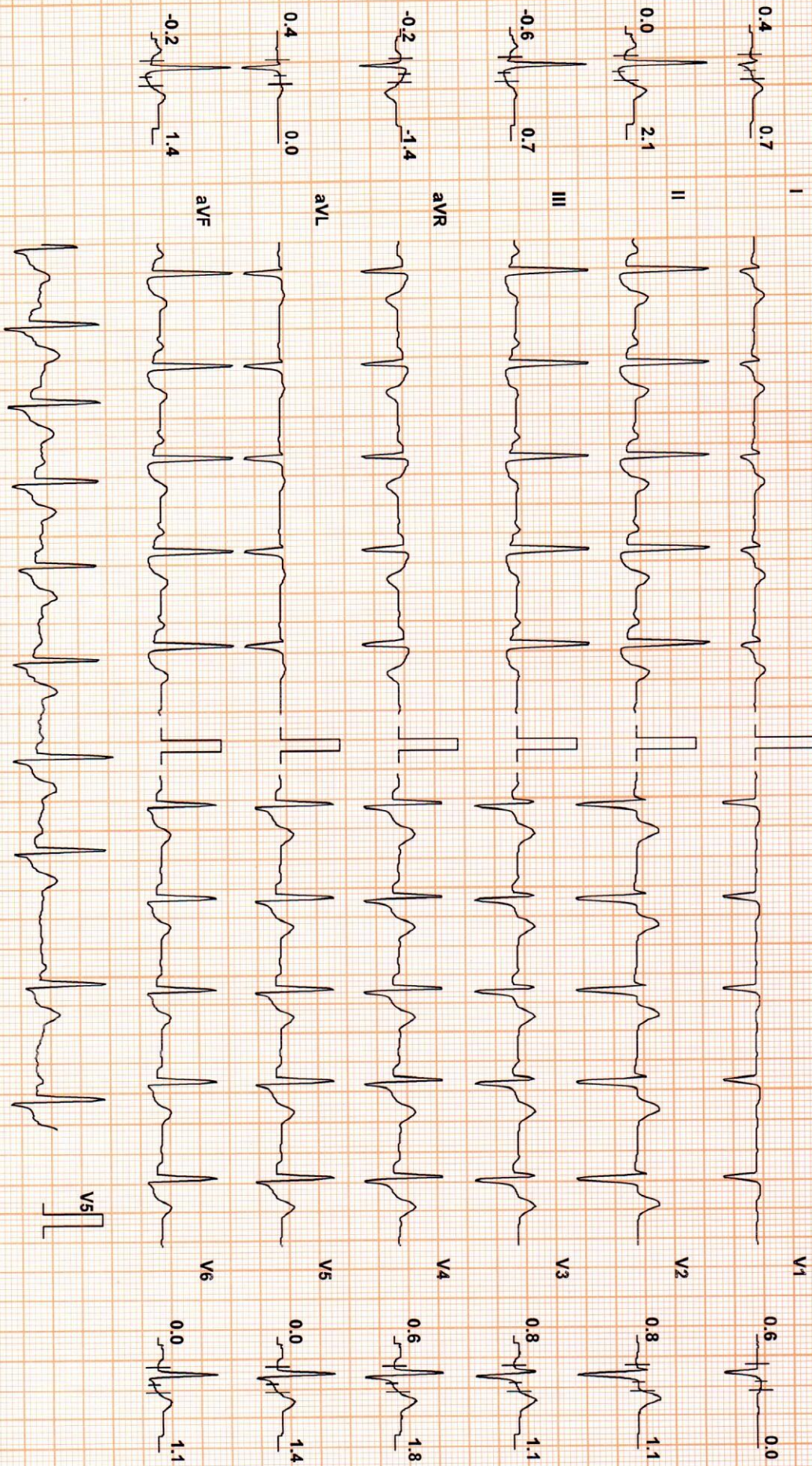


Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

MANEESH VERMA (36 M)

ID: 2207820083

Date: 19-Mar-22

Exec Time : 10 m 9 s

Stage Time : 0 m 54 s

HR: 95 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 140 / 80

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

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

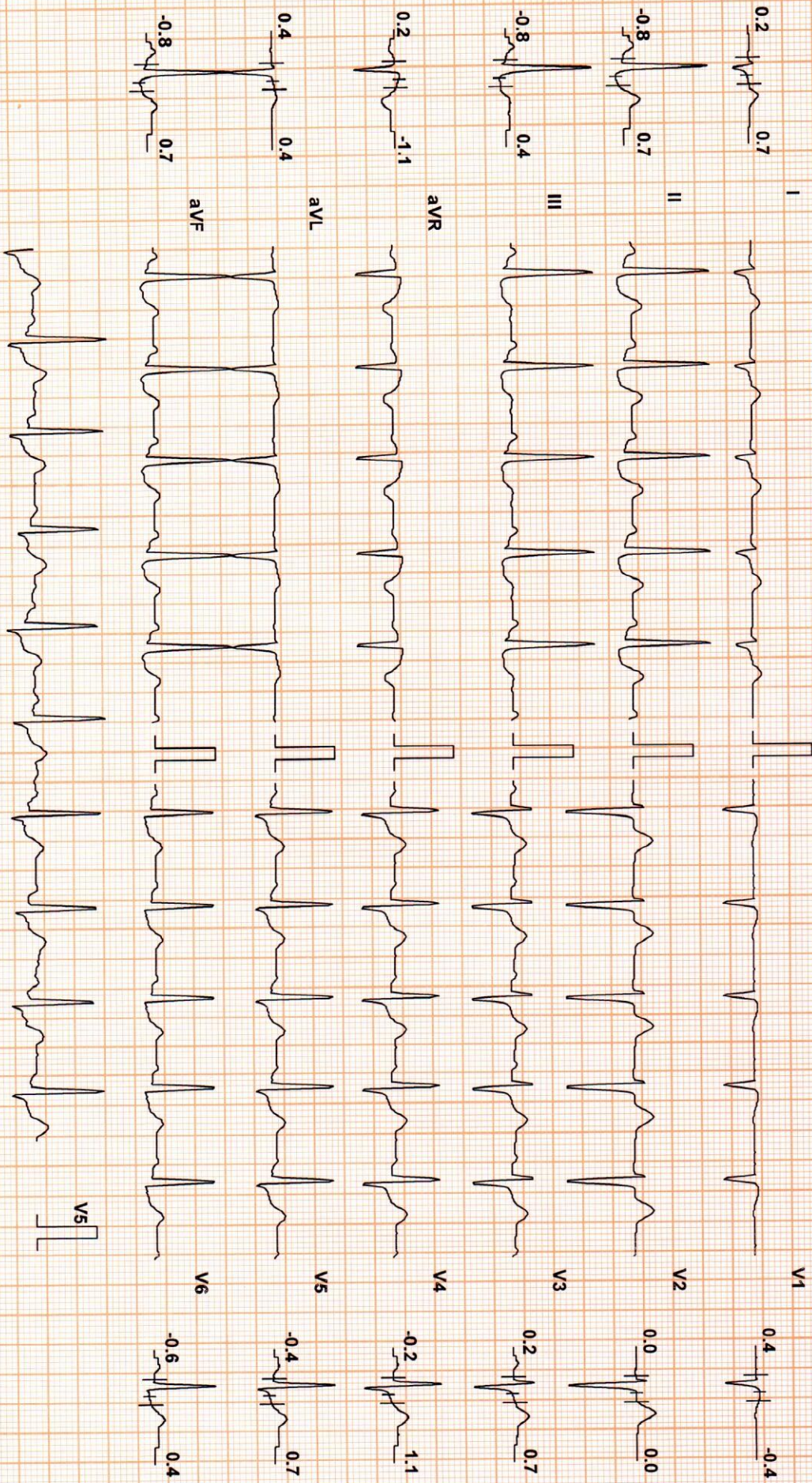


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms
Linked Median

MANEESH VERMA (36 M)

ID: 2207820083

Date: 19-Mar-22

Exec Time : 10 m 9 s Stage Time : 0 m 54 s **HR: 79 bpm**

Protocol: Bruce

Stage: Recovery(4)

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 130 / 80

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

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

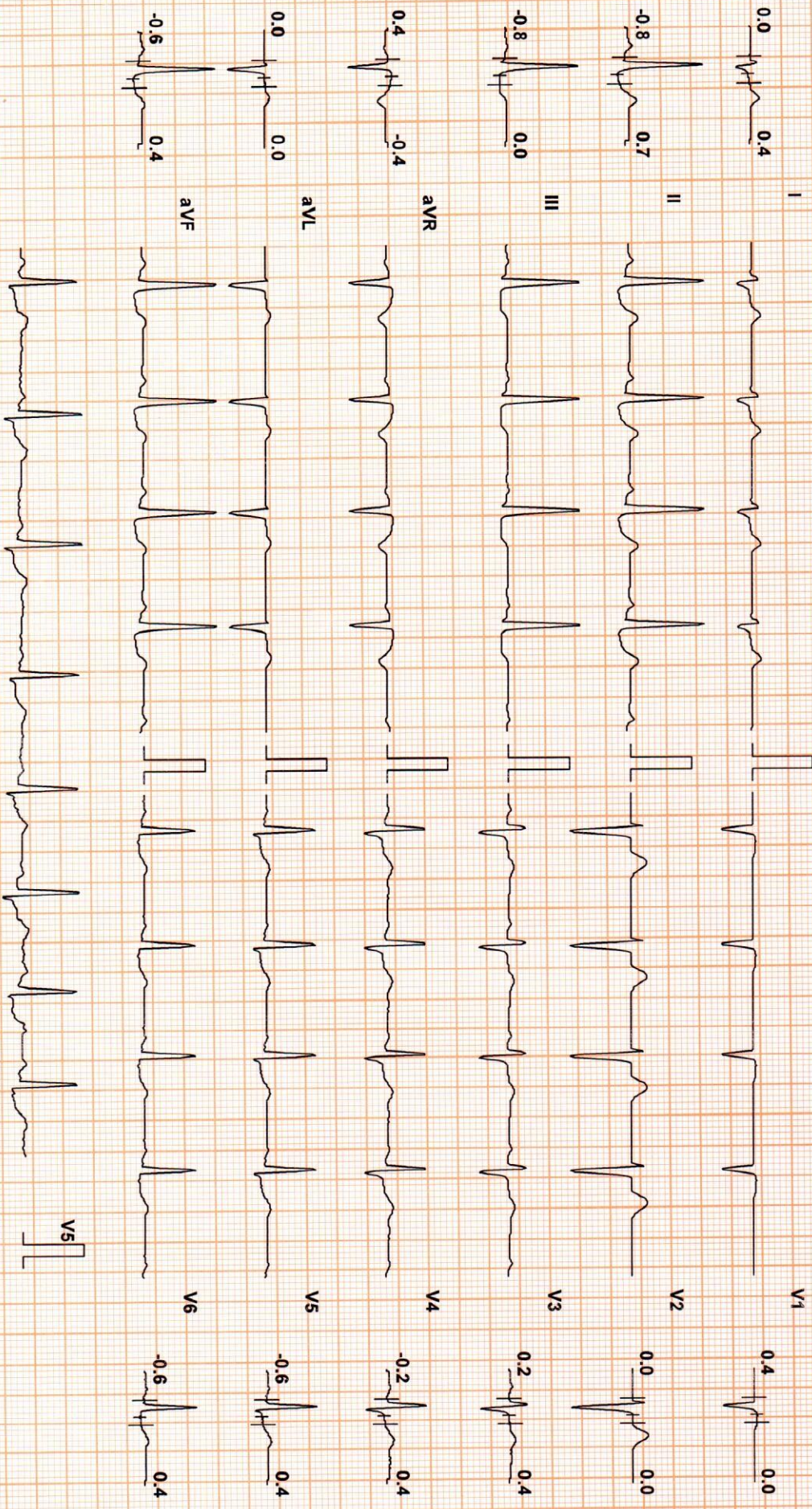


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

MANEESH VERMA (36 M)

ID: 2207820083

Date: 19-Mar-22

Exec Time : 10 m 9 s Stage Time : 0 m 7 s

HR: 102 bpm

Protocol: Bruce

Stage: Recovery(5)

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 120 / 80

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

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

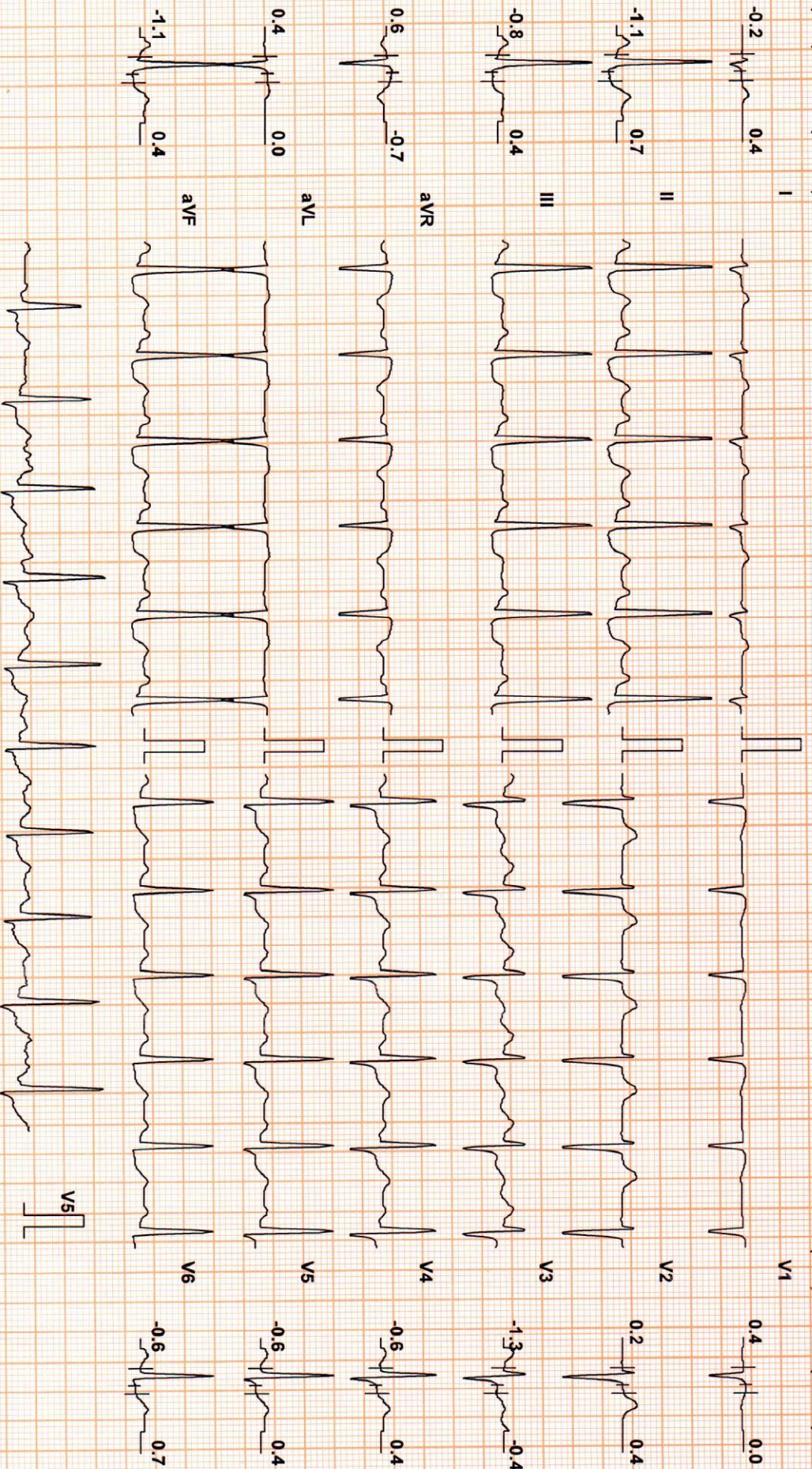


Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median