Suburban Diagnostics Kalina

Patient Details Date: 09-Mar-23 Time: 12:32:29 PM

Name: MR. SASWATA CHAKRABORETY ID: 2306810405

Age: 36 y Sex: M Height: 165 cms Weight: 70 Kgs

Clinical History: Routine Test

Medications: --

Test Details

Protocol: Bruce Pr.MHR: 184 bpm THR: 156 (85 % of Pr.MHR) bpm

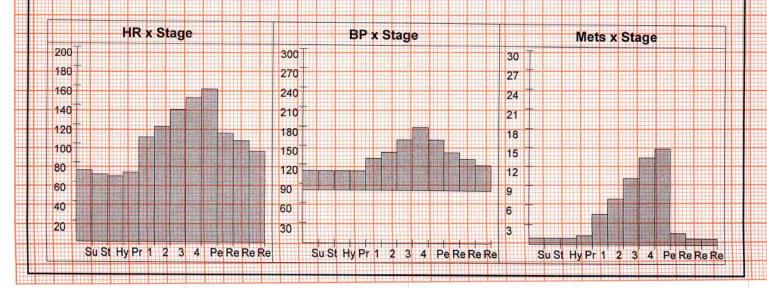
Total Exec. Time: 12 m 44 s Max. HR: 157 (85% of Pr.MHR)bpm Max. Mets: 14.90

Max. BP: 180 / 80 mmHg Max. BP x HR: 28260 mmHg/min Min. BP x HR: 5280 mmHg/min

Test Termination Criteria: Target HR attained

Protocol Details

Stage Name	Stage Time	Mets	Speed	Grade	Heart	Max. BP	Max. ST	Max. ST
	(min : sec)	(mph)	(mph)	h) (%)	Rate (bpm)	(mm/Hg)	Level (mm)	Slope (mV/s)
Supine	0:35	1.0	0	0	72	110 / 80	-1.49 aVR	3.18 V2
Standing	0:6	1.0	0	0	68	110 / 80	-1.49 aVR	2.83 V2
Hyperventilation	0 : 10	1.0	0	0	66	110 / 80	-1.49 aVR	2.83 V2
1	3:0	4.6	1.7	10	107	130 / 80	-1.70 aVR	4.25 V2
2	3:0	7.0	2.5	12	118	140 / 80	-1.06 aVR	4.95 V2
3	3:0	10.2	3.4	14	136	160 / 80	-1.70 III	4.25 V2
4	3:0	13.5	4.2	16	148	180 / 80	-3.18	5.66 V2
Peak Ex	0:44	14.9	5	18	157	160 / 80	-2.97	5.66 aVF
Recovery(1)	2:0	1.8	1	0	112	140 / 80	-2.12	5.66
Recovery(2)	2:0	1.0	0	О	104	130 / 80	-3.18	3.89 V2
Recovery(3)	1:5	1.0	0	0	93	120 / 80	-1.06 II	1.77 V2



Suburban Diagnostics Kalina **Patient Details** Date: 09-Mar-23 Time: 12:32:29 PM Name: MR. SASWATA CHAKRABORETY ID: 2306810405 Age: 36 y Sex: M Height: 165 cms Weight: 70 Kgs Interpretation GOOD EFFORT TOLEREANCE NORMAL HEART RATE RESPONSE NORMAL BLOOD PRESSURE RESPONSE NO ANGINA/ANGINA EQUIVALENTS NO ARRTHYMIAS NO SIGNIFICANT \$T-T CHANGES NOTED AS COMPARED TO BASELINE ECG IMPRESSION: STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHAEMIA Disclaimer: Negative stress test does not rule out Coronary Artery Disease Positive stress test is suggestive but not confirmatory of coronary artery disease Hence clinical correlation is mandatory Suburban Diagnostics (I) Pvt. Ltd. 1st Floor, Harbhajan, Above HDFC Bank, Opp. Nefa Petrol Pump, Kalina, CST Road, Santacruz (East). Tel. No. 022-61700000 DR. SHEINH NÁVEED MBBS/PGDCC Clinical Cardiologist Reg. No. 2016/11/4694 Ref. Doctor: Doctor: NAVEED SHEIKH

(Summary Report edited by user)

(c) Schiller Healthcare India Pvt. Ltd. V 4.51

Suburban Diagnostics Kalina
MR. SASWATA CHAKRABORETY (36 M) ID: 2306810405 Da Date: 09-Mar-23 B.P: 110 / 80 Protocol: Bruce Stage: Supine Speed: 0 mph Grade: 0 % Exec Time : 0 m 0 s Stage Time: 0 m 29 s HR: 65 bpm (THR: 156 bpm) 1 11 V2 Ш aVR aVL aVF ı aVR V1 V4 ST Level (mm) 0.6 -1.1 0.4 0.4 -1.4 ST Slope (mV / s) 0.0 0.4 H aVL V2 V5 1.5 0.0 3.2 1.4 0.0 2.5 1.1 Ш aVF V3 V6 0.6 1.1 1.1 0.7 0.7 1.4 1.1 Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm Schiller Spandan V 4.51 Iso = R - 60 ms $J = R + 60 \, ms$ Post J = J + 60 msLinked Median

Suburban Diagnostics Kalina
MR. SASWATA CHAKRABORETY (36 M) ID: 2306810405 Da Date: 09-Mar-23 B.P: 110 / 80 Protocol: Bruce Stage: Standing Speed: 0 mph Grade: 0 % Exec Time : 0 m 0 s Stage Time: 0 m 0 s HR: 67 bpm (THR: 156 bpm) 1 11 Ш aVR aVL aVF ı aVR V1 V4 ST Level 0.8 -1.5 0.6 1.5 (mm) 0.7 -1.4 ST Slope (mV / s) 0.0 0.7 11 aVL V2 V5 1.9 0.0 3.6 1.5 1.8 0.0 2.5 1.1 Ш aVF V3 V6 0.8 1.3 2.1 0.7 1.1 1.4 Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm Schiller Spandan V 4.51 Iso = R - 60 ms J = R + 60 ms Post $J = J + 60 \, \text{ms}$ Linked Median

Suburban Diagnostics Kalina
MR. SASWATA CHAKRABORETY (36 M) ID: 2306810405 Da Date: 09-Mar-23 B.P: 110 / 80 Protocol: Bruce Stage: Hyperventilation Speed: 0 mph Grade: 0 % Exec Time : 0 m 0 s Stage Time: 0 m 4 s HR: 70 bpm (THR: 156 bpm) 1 11 V2 Ш aVR aVL aVF ı aVR V1 V4 ST Level (mm) 8.0 -1.3 0.6 0.7 -1.4 ST Slope (mV / s) 0.4 11 aVL V2 V5 1.7 0.0 3.2 1.8 0.0 2.5 1.1 Ш aVF V3 V6 0.6 1.1 1.9 8.0 0.4 1.1 1.1 0.7 Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm Schiller Spandan V 4.51 Iso = R - 60 ms $J = R + 60 \, ms$ Post J = J + 60 msLinked Median

Suburban Diagnostics Kalina
MR. SASWATA CHAKRABORETY (36 M) ID: 2306810405 Da Date: 09-Mar-23 B.P: 130 / 80 Protocol: Bruce Stage: 1 Speed: 1.7 mph Grade: 10 % Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 105 bpm (THR: 156 bpm) 1 11 V2 Ш aVR aVL V5 aVF aVR V1 V4 ST Level 0.6 -1.1 1.7 (mm) 1.1 -1.4 ST Slope (mV / s) 0.4 1.8 II aVL V2 **V5** 1.3 0.2 4.5 1.3 2.1 0.4 3.5 2.1 Ш aVF V3 V6 0.4 0.6 3.6 0.8 0.7 1.4 3.2 1.4 Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm Schiller Spandan V 4 51 Iso = R - 60 ms $J = R + 60 \, \text{ms}$ Post J = J + 60 msLinked Median

Suburban Diagnostics Kalina
MR. SASWATA CHAKRABORETY (36 M) ID: 2306810405 Da Date: 09-Mar-23 B.P: 140 / 80 Protocol: Bruce Stage: 2 Speed: 2.5 mph Grade: 12 % Exec Time : 5 m 54 s Stage Time: 2 m 54 s HR: 117 bpm (THR: 156 bpm) 1 11 V2 111 aVR aVL V5 aVF 1 aVR V1 V4 ST Level 0.6 -0.2 (mm) 1.4 -1.4 ST Slope (mV / s) 0.4 2.1 11 aVL V2 V5 0.2 0.4 3.2 0.2 2.1 0.7 3.5 1.8 Ш aVF V3 V6 -0.6 -0.4 1.5 -0.2 0.0 1.1 2.5 1.1 Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm Schiller Spandan V 4.51 Iso = R - 60 ms $J = R + 60 \, ms$ Post $J = J + 60 \, \text{ms}$ Linked Median

Suburban Diagnostics Kalina
MR. SASWATA CHAKRABORETY (36 M) ID: 2306810405 Da Date: 09-Mar-23 B.P: 160 / 80 Protocol: Bruce Stage: 3 Speed: 3.4 mph Grade: 14 % Exec Time: 8 m 54 s Stage Time : 2 m 54 s HR: 135 bpm (THR: 156 bpm) 1 11 Ш aVR aVL V5 aVF aVR V1 ST Level 0.6 -0.4 0.8 (mm) 1.4 -2.1 0.4 2.5 11 aVL V2 V5 0.0 0.6 3.2 -0.2 2.5 0.4 3.9 2.1 Ш aVF V3 V6 -0.6 -0.4 1.9 -0.6 0.7 1.4 3.2 1.4 Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm Schiller Spandan V 4.51 Post J = J + 60 msIso = R - 60 ms $J = R + 60 \, \text{ms}$ Linked Median

Suburban Diagnostics Kalina
MR. SASWATA CHAKRABORETY (36 M) ID: 2306810405 Da Date: 09-Mar-23 B.P: 180 / 80 Protocol: Bruce Stage: 4 Speed: 4.2 mph Grade: 16 % Exec Time : 11 m 55 s Stage Time : 2 m 55 s HR: 148 bpm (THR: 156 bpm) 1 11 Ш aVR aVL aVF 1 aVR V1 ST Level 8.0 -0.8 0.2 (mm) 1.8 -1.8 ST Slope (mV / s) 1.4 3.9 11 aVL V2 V5 0.4 0.8 2.5 -0.2 1.8 1.4 4.6 2.8 Ш aVF V3 V6 -0.8 -0.2 2.1 -1.1 0.7 0.4 5.3 2.5 Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm Schiller Spandan V 4.51 Iso = R - 60 ms $J = R + 60 \, \text{ms}$ Post J = J + 60 ms

Suburban Diagnostics Kalina MR. SASWATA CHAKRABORETY (36 M) ID: 2306810405 Date: 09-Mar-23 B.P: 160 / 80 Protocol: Bruce Stage: Peak Ex Speed: 5 mph Grade: 18 % Exec Time: 12 m 43 s Stage Time: 0 m 43 s HR: 155 bpm (THR: 156 bpm) 1 11 111 aVR aVL V5 aVF ı aVR V1 V4 ST Level (mm) -0.2 0.6 2.1 0.2 1.1 -1.4 1.4 ST Slope (mV / s) 2.1 H aVL V2 V5 -1.3 0.6 3.4 -0.8 1.8 0.4 2.1 Ш aVF V3 V6 -1.3 -1.3 0.6 -1.5 0.4 1.1 2.5 -0.7 Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm Schiller Spandan V 4.51 Iso = R - 60 ms J = R + 60 ms Post $J = J + 60 \, \text{ms}$

Suburban Diagnostics Kalina MR. SASWATA CHAKRABORETY (36 M) ID: 2306810405 Date: 09-Mar-23 B.P: 140 / 80 Protocol: Bruce Stage: Recovery(1) Speed: 1 mph Grade: 0 % Exec Time : 12 m 44 s Stage Time: 1 m 54 s HR: 113 bpm (THR: 156 bpm) 1 11 Ш aVR aVL V5 aVF V6 aVR V1 V4 ST Level 0.4 -0.4 2.1 (mm) 1.4 ST Slope (mV/s) -1.8 1.1 3.5 11 aVL V2 V5 0.6 0.0 3.8 0.4 2.8 0.0 4.2 2.1 Ш aVF V3 V6 0.0 0.2 3.2 0.2 1.4 2.1 4.2 1.8 Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm Schiller Spandan V 4.51 Post J = J + 60 msIso = R - 60 ms $J = R + 60 \, ms$ Linked Median

Suburban Diagnostics Kalina
MR. SASWATA CHAKRABORETY (36 M) ID: 2306810405 Da Date: 09-Mar-23 B.P: 130 / 80 Protocol: Bruce Stage: Recovery(2) Grade: 0 % Speed: 0 mph Exec Time: 12 m 44 s Stage Time : 1 m 54 s (THR: 156 bpm) HR: 101 bpm ١ V1 11 V2 111 V3 aVR aVL V5 aVF V6 ٧5 1 aVR V1 V4 ST Level 0.2 0.0 0.8 0.2 (mm) 0.0 ST Slope (mV / s) 0.0 0.7 0.7 11 aVL V2 V5 0.0 0.2 1.3 -0.2 0.7 -0.4 0.7 0.4 Ш aVF V3 V6 -0.2 -0.2 1.3 -0.6 0.4 0.4 1.4 0.0 Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm Schiller Spandan V 4.51 $J = R + 60 \, \text{ms}$ Iso = R - 60 ms Post J = J + 60 msLinked Median

Suburban Diagnostics Kalina
MR. SASWATA CHAKRABORETY (36 M) ID: 2306810405 Da Date: 09-Mar-23 B.P: 120 / 80 Protocol: Bruce Stage: Recovery(3) Speed: 0 mph Grade: 0 % Exec Time: 12 m 44 s Stage Time : 0 m 59 s HR: 98 bpm (THR: 156 bpm) ı 11 V2 Ш V3 aVR aVL V5 aVF V6 aVR V1 V4 ST Level 0.0 0.0 0.8 0.4 (mm) 0.0 -0.4 0.4 1.1 11 aVL V2 V5 0.0 0.0 1.7 0.0 0.4 0.0 1.1 0.4 Ш aVF V3 V6 -0.4 -0.2 1.1 -0.4 0.0 0.4 1.1 0.0 Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm Schiller Spandan V 4.51 Iso = R - 60 ms $J = R + 60 \, \text{ms}$ Post J = J + 60 msLinked Median



Name : MR.SASWATA CHAKRABORETY

Age / Gender : 36 Years / Male

Consulting Dr. : -

Reg. Location

: Kalina, Santacruz East (Main Centre)

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:09-Mar-2023 / 09:53 :09-Mar-2023 / 16:04 E

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

Collected

Reported

2000-7000 /cmm

20-500 /cmm

20-100 /cmm

1-6 %

0.1-2 %

CBC (Complete Blood Count), Blood						
<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>			
RBC PARAMETERS						
Haemoglobin	15.8	13.0-17.0 g/dL	Spectrophotometric			
RBC	5.62	4.5-5.5 mil/cmm	Elect. Impedance			
PCV	47.3	40-50 %	Calculated			
MCV	84.2	80-100 fl	Measured			
MCH	28.1	27-32 pg	Calculated			
MCHC	33.3	31.5-34.5 g/dL	Calculated			
RDW	13.2	11.6-14.0 %	Calculated			
WBC PARAMETERS						
WBC Total Count	6660	4000-10000 /cmm	Elect. Impedance			
WBC DIFFERENTIAL AND ABSOLUTE COUNTS						
Lymphocytes	41.9	20-40 %				
Absolute Lymphocytes	2790	1000-3000 /cmm	Calculated			
Monocytes	4.8	2-10 %				
Absolute Monocytes	320	200-1000 /cmm	Calculated			
Neutrophils	47.0	40-80 %				

WBC Differential Count by Absorbance & Impedance method/Microscopy.

3130

5.1

340

1.2

80

PLATELET PARAMETERS

Platelet Count	185000	150000-400000 /cmm	Elect. Impedance
MPV	13.5	6-11 fl	Measured
PDW	32.4	11-18 %	Calculated

RBC MORPHOLOGY

Absolute Neutrophils

Absolute Eosinophils

Absolute Basophils

Immature Leukocytes

Eosinophils

Basophils

Calculated

Calculated

Calculated



Name : MR.SASWATA CHAKRABORETY

Age / Gender : 36 Years / Male

Consulting Dr. : - Collected : 09-Mar-2023 / 09:53

Reg. Location : Kalina, Santacruz East (Main Centre) Reported : 09-Mar-2023 / 16:50

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 4 2-15 mm at 1 hr. Sedimentation

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







Dr IVOT THAKKE

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Dr.JYOT THAKKER M.D. (PATH), DPB

Pathologist & AVP(Medical Services)

Page 2 of 11



CID : 2306810405

Name : MR.SASWATA CHAKRABORETY

Age / Gender : 36 Years / Male

Consulting Dr.

Reg. Location

: Kalina, Santacruz East (Main Centre)

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:09-Mar-2023 / 18:28

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	261.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	341.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.55	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.19	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.36	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	22.6	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	34.0	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	24.5	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	60.2	40-130 U/L	Colorimetric
BLOOD UREA, Serum	23.6	12.8-42.8 mg/dl	Kinetic
BUN, Serum	11.0	6-20 mg/dl	Calculated
ODEATININE Comme	0.70	0 (7 4 47 /-11	F
CREATININE, Serum	0.78	0.67-1.17 mg/dl	Enzymatic



Name : MR.SASWATA CHAKRABORETY

Age / Gender : 36 Years / Male

Consulting Dr. :

Reg. Location

: Kalina, Santacruz East (Main Centre)

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Reported

:09-Mar-2023 / 13:23

:09-Mar-2023 / 17:15

eGFR, So	erum 12	.0 >60 ml/min/1	1.73sqm Calculated	ţ

URIC ACID, Serum 4.8 3.5-7.2 mg/dl Enzymatic

Urine Sugar (Fasting) ++ Absent
Urine Ketones (Fasting) Absent Absent

Urine Sugar (PP)+++AbsentUrine Ketones (PP)AbsentAbsent







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

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



CID : 2306810405

Name : MR.SASWATA CHAKRABORETY

Age / Gender : 36 Years / Male

Consulting Dr. : -Collected :09-Mar-2023 / 09:53

Reported :09-Mar-2023 / 19:24 Reg. Location : Kalina, Santacruz East (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE **GLYCOSYLATED HEMOGLOBIN (HbA1c)**

BIOLOGICAL REF RANGE PARAMETER RESULTS METHOD Glycosylated Hemoglobin **HPLC** 9.4 Non-Diabetic Level: < 5.7 %

(HbA1c), EDTA WB - CC Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %

Estimated Average Glucose 223.1 mg/dl Calculated (eAG), EDTA WB - CC

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 ***







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

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CID : 2306810405

Name : MR.SASWATA CHAKRABORETY

Age / Gender : 36 Years / Male

Consulting Dr. : -Collected :09-Mar-2023 / 09:53 :09-Mar-2023 / 18:58 Reported Reg. Location : Kalina, Santacruz East (Main Centre)

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

URINE EXAMINATION REPORT PARAMETER RESULTS BIOLOGICAL REF RANGE METHOD PHYSICAL EXAMINATION Color Pale yellow Pale Yellow Reaction (pH) 7.0 4.5 - 8.0Chemical Indicator Specific Gravity 1.005 1.001-1.030 Chemical Indicator Transparency Clear Clear Volume (ml) 30 **CHEMICAL EXAMINATION Proteins** Absent Absent pH Indicator Glucose 2+ Absent **GOD-POD** Ketones Absent Absent Legals Test Blood Absent Absent Peroxidase Bilirubin Absent Diazonium Salt Absent 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

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 CPL, Andheri West





Others



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

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Name : MR.SASWATA CHAKRABORETY

Age / Gender : 36 Years / Male

Consulting Dr. : - Collected

Reg. Location : Kalina, Santacruz East (Main Centre) Reported

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Name : MR.SASWATA CHAKRABORETY

Age / Gender : 36 Years / Male

Consulting Dr. : - Collected : 09-Mar-2023 / 09:53

Reg. Location : Kalina, Santacruz East (Main Centre) Reported : 09-Mar-2023 / 16:52

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
BLOOD GROUPING & Rh TYPING

PARAMETER RESULTS

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.

Refernces:

- 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 ***







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Name : MR.SASWATA CHAKRABORETY

Age / Gender : 36 Years / Male

Consulting Dr. :

Reg. Location: Kalina, Santacruz East (Main Centre)



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:09-Mar-2023 / 09:53 :09-Mar-2023 / 20:41

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

Collected

Reported

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	203.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	201.9	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	43.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	160.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/d High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated l
LDL CHOLESTEROL, Serum	139.5	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	20.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.2	0-3.5 Ratio	Calculated

Note: LDL test is performed by direct measurement.

*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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Name : MR.SASWATA CHAKRABORETY

Age / Gender : 36 Years / Male

Consulting Dr. : -

Reg. Location: Kalina, Santacruz East (Main Centre)



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:09-Mar-2023 / 09:53

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:09-Mar-2023 / 18:28

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

Collected

Reported

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	4.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.2	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	4.96	0.35-5.5 microIU/ml	ECLIA



Name : MR.SASWATA CHAKRABORETY

Age / Gender : 36 Years / Male

Consulting Dr. : - Collected :09-Mar-2023 / 09:53

Reg. Location: Kalina, Santacruz East (Main Centre) Reported: 09-Mar-2023 / 18:28

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







Dr.ANUPA DIXIT M.D.(PATH)

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Consultant Pathologist & Lab Director

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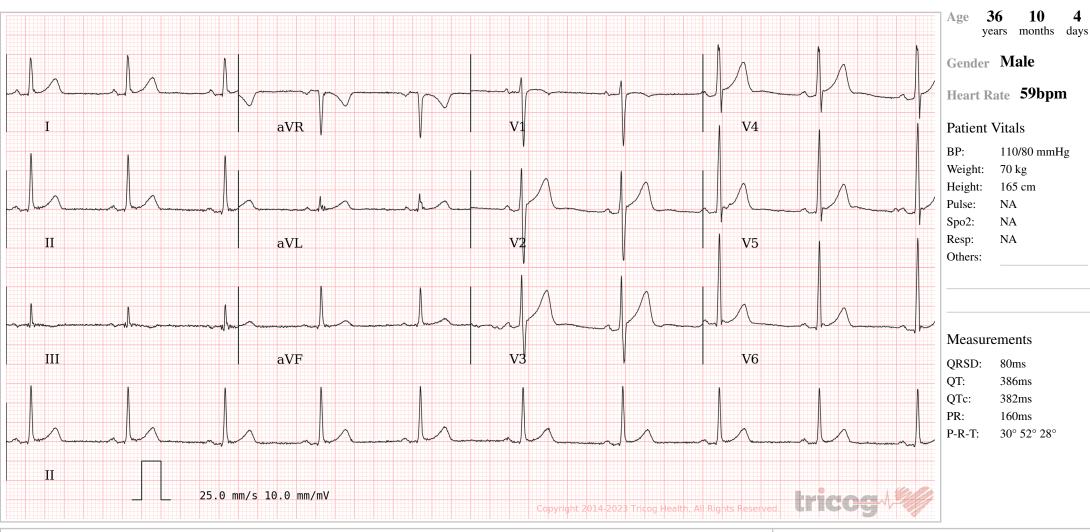
SUBURBAN DIAGNOSTICS - KALINA, SANTACRUZ EAST



Patient Name: SASWATA CHAKRABORETY

Date and Time: 9th Mar 23 10:39 AM

Patient ID: 2306810405



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

REPORTED BY



Dr Naveed Sheikh PGDCC 2016/11/4694

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.



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Date: 09.03.2023 .

CID: 2306810405

Sex/Age: /36yrs/Plale

Name:- Mr. Saswata Sex, Ago.
Chakraborety
EYE CHECK UP

Chief complaints:

Systemic Diseases: Mi

Past history:

Mil

Unaided Vision:

Aided Vision: M.O KL MIS

D.U 4 7 6/6

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance				6/6			*	6/6
Near				NS				N5

Colour Vision: Normal / Abnormal

Remark: WHL

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

DE D.G. HOTOLKAR R.No. 61067 1911D. (Ob.Gy)





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CID#

: 2306810405

Name

: MR.SASWATA CHAKRABORETY

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T

Age / Gender

: 36 Years/Male

Collected

: 09-Mar-2023 / 09:50

Consulting Dr. : Reg.Location

: Kalina, Santacruz East (Main Centre)

Reported

: 10-Mar-2023 / 11:25

PHYSICAL EXAMINATION REPORT

History and Complaints:

Diabetic since 5 years

FXAMINATION FINDINGS:

Height (cms):

165

Weight (kg):

70.4

Temp (0c):

afebrile

Skin:

normal

Blood Pressure (mm/hg): 110/80

Nails:

normal

Pulse:

Lymph Node:

not palpable

Systems

Cardiovascular: NAD

Respiratory:

NAD

Genitourinary:

NAD

GI System:

NAD

CNS:

NAD

IMPRESSION:

- FBS 261,
- HbA1C 9.4.
- Urine routine :Glucose 2+,
- Cholesterol 203 ,Triglycerides 202 ,NHDL 160 ,LDL 140

ADVICE:

- Refer to diabetologist for uncontrolled Diabetes
- Diet
- Exercise

CHIEF COMPLAINTS:

Hypertension:

NO

2) IHD

NO



R E

: 2306810405

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Name

CID#

: MR.SASWATA CHAKRABORETY

R

Age / Gender

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Reported

: 10-Mar-2023 / 11:25

3)	Arrhythmia	NO
4)	Diabetes Mellitus	Since 5 years
5)	Tuberculosis	NO
6)	Asthama	NO
,	Pulmonary Disease	NO
8)	Thyroid/ Endocrine disorders	NO
9)	Nervous disorders	NO
,	GI system	NO
,	Genital urinary disorder	NO
	Rheumatic joint diseases or symp	otoms NO

13) Blood disease or disorder

NO NO

14) Cancer/lump growth/cyst 15) Congenital disease

NO

16) Surgeries

NO

17) Musculoskeletal System

NO

PERSONAL HISTORY:

NO 1) Alcohol NO **Smoking** 2) Mixed Diet 3)

Medication

Tab. Glycomet 500

*** End Of Report ***

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

Dhanwanti Hatalkar

Dr. D.G. HATALKAR R.No. 61057 M.D. (Ob.Gy)



Name : Mr Saswata chakraborety

Age / Sex : 36 Years/Male

Ref. Dr : Reg. Date : 09-Mar-2023

Reg. Location : Kalina, Santacruz East Main Centre Reported : 09-Mar-2023/10:27



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USG OF WHOLE ABDOMEN

<u>Clinical profile</u>: for routine checkup. Known history of diabetes on treatment. Patient denies any other health related issues with no history of medical or surgical problems in the past. No previous reports provided at the time of ultrasound study.

Real time ultrasonography of whole abdomen was performed using transabdominal approach.

Liver:

Liver is normal in size (14.1 cm) and echopattern. No focal mass lesion is seen. The intrahepatic biliary radicals are normal. Hepatic veins & IVC are normal in caliber.

Portal vein is normal in caliber and measures 9.6 mm.

Gallbladder:

Gallbladder is well distended and reveals normal wall thickness. No evidence of calculus or mass lesion seen. No obvious pericholecystic collection visualized.

CBD is normal in caliber (3.1 mm).

Spleen:

Spleen is normal in size (9.6 cm), shape and echotexture. No focal lesions seen. Splenic vein appears normal in caliber.

Pancreas:

Pancreas is visualized and is normal in size shape and echopattern. No focal lesions seen. Part of pancreatic tail and adjacent retroperitoneum obscured due to bowel gases.

Kidneys:

Both kidneys are normal in size, shape and position. No evidence of hydronephrosis, calculi or scarring.

Right Kidney measures:10.6 x 4.6 cm. Left Kidney measures:11.3 x 5.1 cm.

Corticomedullary differentiation appears preserved.

No evidence of free fluid in abdomen and pelvis.

Visualized retroperitoneum appears unremarkable with no obvious lymphadenopathy.

Urinary bladder:

Urinary bladder is well distended and shows normal wall thickness. No evidence of any calculi or focal mass lesion is seen within it.



Name : Mr Saswata chakraborety

Age / Sex : 36 Years/Male

Ref. Dr : Reg. Date : 09-Mar-2023

Reg. Location: Kalina, Santacruz East Main Centre **Reported**: 09-Mar-2023/10:27



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Prostate:

Prostate is normal in size & measures 3.7 x 2.9 x 2.8 cm (volume ~ 16.3 cc)

IMPRESSION:

No significant abnormality detected in ultrasound study of whole abdomen.



This report is prepared and physically checked by Dr Vaseem Anjum Ansari before dispatch.

Dr Vaseem Anjum Ansari Radiologist (MBBS,DMRD) Reg No. 2003/06/2275

Investigations have their limitations. Solitary Pathological / Radiological and other investigations never confirm the final diagnosis of disease. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.



Name : Mr Saswata chakraborety

Age / Sex : 36 Years/Male

Ref. Dr : Reg. Date : 09-Mar-2023

Reg. Location : Kalina, Santacruz East Main Centre Reported : 09-Mar-2023/10:27



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Name : Mr Saswata chakraborety

Age / Sex : 36 Years/Male

Ref. Dr : Reg. Date : 09-Mar-2023

Reg. Location : Kalina, Santacruz East Main Centre Reported : 09-Mar-2023/15:00

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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.

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Ena of K	Report

This report is prepared and physically checked by Dr Vaseem Anjum Ansaribefore dispatch.

Dr Vaseem Anjum Ansari Radiologist (MBBS,DMRD)

Reg No. 2003/06/2275



CID : 2306810405

: Mr Saswata chakraborety Name

Age / Sex : 36 Years/Male

Reg. Date Ref. Dr : 09-Mar-2023

: 09-Mar-2023/15:00 Reg. Location : Kalina, Santacruz East Main Centre Reported



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