



CID : 2304921624  
Name : MR.MISTRY NAYAN GHANSHYAM  
Age / Gender : 37 Years / Male  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 18-Feb-2023 / 08:10  
Reported : 18-Feb-2023 / 12:41

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**CBC (Complete Blood Count), Blood**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	16.1	13.0-17.0 g/dL	Spectrophotometric
RBC	<b>6.16</b>	4.5-5.5 mil/cmm	Elect. Impedance
PCV	49.6	40-50 %	Measured
MCV	80	80-100 fl	Calculated
MCH	<b>26.1</b>	27-32 pg	Calculated
MCHC	32.5	31.5-34.5 g/dL	Calculated
RDW	<b>15.6</b>	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	7500	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	<b>12.8</b>	20-40 %	
Absolute Lymphocytes	960.0	1000-3000 /cmm	Calculated
Monocytes	6.9	2-10 %	
Absolute Monocytes	517.5	200-1000 /cmm	Calculated
Neutrophils	78.4	40-80 %	
Absolute Neutrophils	5880.0	2000-7000 /cmm	Calculated
Eosinophils	1.5	1-6 %	
Absolute Eosinophils	112.5	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	30.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	237000	150000-400000 /cmm	Elect. Impedance
MPV	7.4	6-11 fl	Calculated
PDW	12.3	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			





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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	114.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	115.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.96	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.32	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.64	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.8	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2	1 - 2	Calculated
SGOT (AST), Serum	19.8	<34 U/L	Modified IFCC
SGPT (ALT), Serum	33.7	10-49 U/L	Modified IFCC
GAMMA GT, Serum	33.7	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	97.0	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	27.1	19.29-49.28 mg/dl	Calculated
BUN, Serum	12.7	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	1.08	0.60-1.10 mg/dl	Enzymatic



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eGFR, Serum	81	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.4	3.7-9.2 mg/dl	Uricase/ Peroxidase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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

*Bmhasakar*

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



MC-2111





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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	108.3	mg/dl	Calculated

**Intended use:**

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

**Clinical Significance:**

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

**Test Interpretation:**

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

**Factors affecting HbA1c results:**

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

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

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

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

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

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



*Dr. 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**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.5	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	
Others	-		

**Interpretation:** The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein:(1+ ~25 mg/dl, 2+ ~75 mg/dl, 3+ ~ 150 mg/dl, 4+ ~ 500 mg/dl)
- Glucose:(1+ ~ 50 mg/dl, 2+ ~100 mg/dl, 3+ ~300 mg/dl,4+ ~1000 mg/dl)
- Ketone:(1+ ~5 mg/dl, 2+ ~15 mg/dl, 3+ ~ 50 mg/dl, 4+ ~ 150 mg/dl)

**Reference:** Pack insert

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

*Bmhasakar*

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



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Reported :

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



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**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 Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

**Clinical significance:**

ABO system is most important of all blood group in transfusion medicine

**Limitations:**

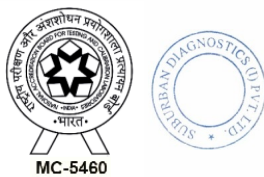
- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

**References:**

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

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

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



**Dr. TRUPTI SHETTY**  
**M. D. (PATH)**  
**Pathologist**





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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	204.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	128.6	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	42.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	162.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	136.4	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	25.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.2	0-3.5 Ratio	Calculated

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



*Dr. Leena Salunkhe*  
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**M.B.B.S, DPB (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	5.2	3.5-6.5 pmol/L	CLIA
Free T4, Serum	15.6	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	0.814	0.55-4.78 microIU/ml	CLIA



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**Interpretation:**

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

**Clinical Significance:**

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

**Diurnal Variation:**TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

**Reflex Tests:**Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

**Limitations:**

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

**Reference:**

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

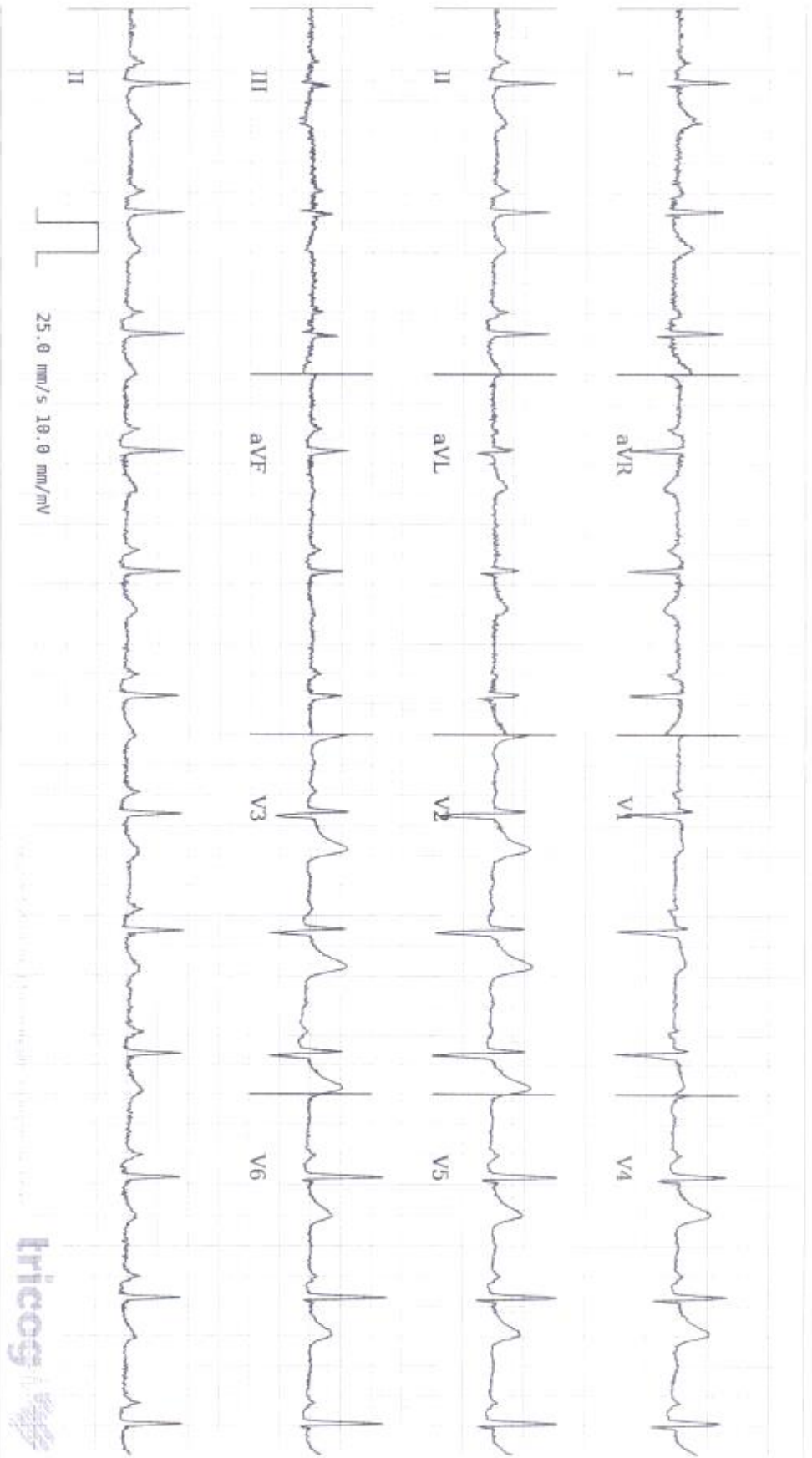
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\*\*\* End Of Report \*\*\*



*Anupa*

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

Patient Name: **MISTRY NAYAN GHANSHYAM** Date and Time: **18th Feb 23 8:53 AM**  
Patient ID: **2304921624**



Age **37** **11** **24**  
years months days

Gender **Male**

Heart Rate **74bpm**

Patient Vitals

BP: **130/80 mmHg**

Weight: **87 kg**

Height: **166 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **74ms**

QT: **376ms**

QTc: **41.7ms**

PR: **148ms**

P-R-T: **51°/46°/21°**



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

REPORTED BY

DR ANHIL PARULKAR  
MBBS MD MEDICINE DNB Cardiology  
Cardiologist  
2012082483





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**CID** : 2304921624  
**Name** : Mr MISTRY NAYAN GHANSHYAM  
**Age / Sex** : 37 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Kandivali East Main Centre

**Reg. Date** : 18-Feb-2023  
**Reported** : 18-Feb-2023 / 12:20

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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-----

**This report is prepared and physically checked by DR. FAIZUR KHILJI before dispatch.**

*Khilji FA*

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

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Authenticity Check



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## 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 visualized 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 9.3 x 4.0 cm. Left kidney measures 10.5 x 5.0 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 19 cc.

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HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnosics.com | WEBSITE: www.suburbandiagnosics.com

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**IMPRESSION:**

Grade I fatty liver.

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

This report is prepared and physically checked by DR. FAIZUR KHILJI before dispatch.

*KLJI FA*

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

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.

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Corporate Identity Number (CIN): U85110MH2002PTC136144



**PHYSICAL EXAMINATION FORM**

**Name :-NAYAN MISTRY**

**CID:- 2304921624**

Age -37 yrs Sex :M

Date :18/02/23

**History and Complaints:**

No

**EXAMINATION FINDINGS:**

Height (cms): 166 cm

Weight (kg): 87 kg

Temp (0c): Afebrile

Skin: Normal

Blood Pressure (mm/hg): 130/80 mmhg

Nails: Normal

Pulse: 72/min

Lymph Node: Not palpable

**Systems:**

Cardiovascular:- S1S2 audible

Respiratory:-NAD

Genitourinary:- NAD

GI System:- Liver & Spleen Not Palpable

CNS:- NAD

**IMPRESSION:**

9 M sugar (+)  
Dyslipidemia  
- use fatty liver

**ADVICE:**

Low fatty, cardio diet  
Ref exercise



**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

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.  
Row House No. 3, Aastan,  
Thakur Village, Kandivali (east),  
Mumbai - 408101.  
Tel : 61700800

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





# SUBURBAN DIAGNOSTICS KANDIVALI EAST

Report

Email:

1029 (2304921624) / NAYAN MISTRY / 37 Yrs / M / 166 Cms / 87 Kg  
 Date: 18 / 02 / 2023 09:24:50 AM Refd By : ARCOFEMI Examined By: DR.AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	METS	Rate	% THR	BP	Rps	PVC	Comments
Supine	00:38	0:38	00.0	00.0	01.0	072	39%	130/80	093	00	
Standing	01:32	0:54	00.0	00.0	01.0	084	46%	130/80	109	00	
HV	01:46	0:14	00.0	00.0	01.0	071	39%	130/80	092	00	
ExStart	02:04	0:18	00.0	00.0	01.0	099	54%	130/80	128	00	
BRUCE Stage 1	05:04	3:00	02.7	10.0	04.7	125	68%	130/80	162	00	
BRUCE Stage 2	08:04	3:00	04.0	12.0	07.1	151	83%	150/80	226	00	
PeakEx	08:36	0:32	05.5	14.0	07.7	158	86%	160/80	252	00	
Recovery	09:36	1:00	00.2	00.0	01.1	114	62%	160/80	182	00	
Recovery	09:50	1:15	00.0	00.0	01.0	117	64%	160/80	187	00	

## FINDINGS :

Exercise Time : 06:32  
 Initial HR (ExStrt) : 99 bpm 54% of Target 183  
 Initial BP (ExStrt) : 130/80 (mm/Hg)  
 Max WorkLoad Attained : 7.7 Fair response to induced stress  
 Duke Treadmill Score : 06.2  
 Test End Reasons : Heart Rate Achieved  
 Max HR Attained 158 bpm 86% of Target 183  
 Max BP Attained 160/80 (mm/Hg)

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.  
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Doctor : DR.AKHIL PARULEKAR





Email:

1029 / NAYAN MISTRY / 37 Yrs / M / 166 Cms / 87 Kg Date: 18 / 02 / 2023 09:24:50 AM Refd By : ARCOFEMI

## REPORT :

Heart Rate 158.0 bpm

Systolic BP 160.0 mmHg Diastolic BP 80.0 mmHg

Exercise Time 06:32 Mins Ectopic Beats 0.0

METS 7.7 Test End Reason , Heart Rate Achieved Target Heart Rate 88% of 183

## TEST OBJECTIVE

ROUTINE CHECK UP

## RISK FACTOR

NONE

## ACTIVITY

MODERATE ACTIVE

## MEDICATION

NONE

## REASON FOR TERMINATION

HEART RATE ACHIEVED

## EXERCISE TOLERANCE

GOOD

## EXERCISE INDUCED ARRHYTHMIAS

NO

## HAEMODYNAMIC RESPONSE

NORMAL

## CHRONOTROPIC RESPONSE

NORMAL

## FINAL IMPRESSION

NO SIGNIFICANT ST T CHANGES NOTED

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

DISCLAIMER Negative stress test does not rule out coronary artery disease. Positive stress test is suggestive but not confirmatory of coronary artery disease. Hence clinical correlation is mandatory

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MBBS, MD, Medicine

DNB Cardiology

Reg. No. 2012082483

Doctor : DR AKHIL PARULEKAR



SUBURBAN DIAGNOSTICS KANDIVALI EAST

SUPINE ( 00:38 )

1029 (2304921624) / NAYAN MISTRY / 37 Yrs / M / 166 Cms / 87 Kg / HR 72

Date: 18/02/2023 09:24:50 AM

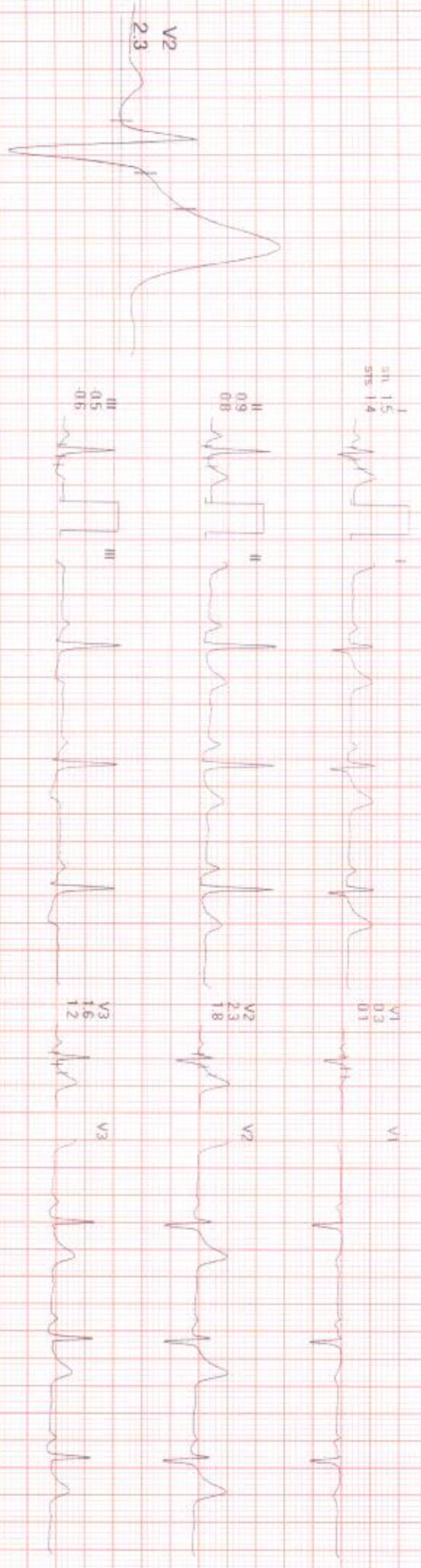
MEETS: 1 W/ 72 bpm 39% of THR BP: 130/80 mmHg

Pow ECG/ BLD Gm/ Natch Gm/ HF 0.05 HzALF 35 Hz

ExTime: 00:00:0.0 Kmph 0.0%

4X 80 mS Post J

25mm/sec 1.0 Cm/mV



RE MARKS





# SUBURBAN DIAGNOSTICS KANDIVALI EAST

STANDING ( 00:54 )



10229 (2304921624) / NAYAN MISTRY / 37 Yrs / M / 166 Cms / 87 Kg / HR 84

Date: 18/02/2023 09:24:50 AM METS: 10/84 bpm, 46% of THR BP: 130/80 mmHg Pw/ECG/BLD Cn/1/Noch Cn/HF 0.05 Hz/DF 35 HI-

ExTime: 00:00:00 Kmph: 0.0%

4X 80x65 Post J

25 mm/s eccl 10 U/ml/mV

SI: 2.0  
ST: 1.7

V1: 0.0  
V2: 0.0

II: 0.8  
III: 1.2

V2: 2.2  
V3: 1.3

V2  
2.2

III: 1.2  
aVR: 1.4

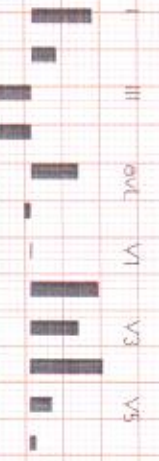
V3: 1.6  
V4: 2.4

aVR: 1.4  
aVL: 1.6

V4: 2.4  
V5: 0.7

aVL: 1.6  
aVF: 0.0

V5: 0.7  
V6: 0.3



FEMALLES





SUBURBAN DIAGNOSTICS KANDIVALI EAST

HV ( 00:14 )



10229 (23049216224) / NAYAN MISTRY / 37 Yrs / M / 166 Cms / 87 Kg / HR. 71

Date: 18/02/2023 09:24:50 AM METS: 1.0/71 bpm 39% of THF BP: 130/80 mmHg Pwv ECG/BLC Div/Notch Div/HR: 0.05 Hz/1.5 Hz

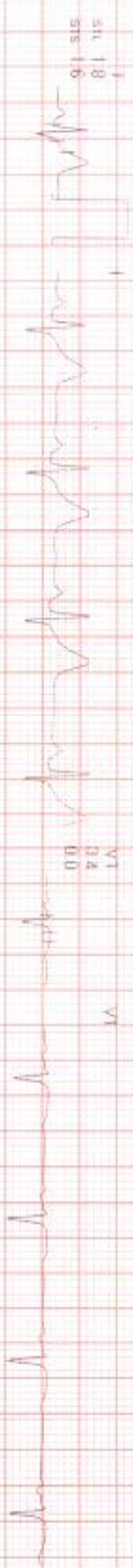
EXTIME: 00:00:0.0 KmPh: 0.0%

AX \$0 mS Pwr J

25mm/Sec 1.0 Cm/mV

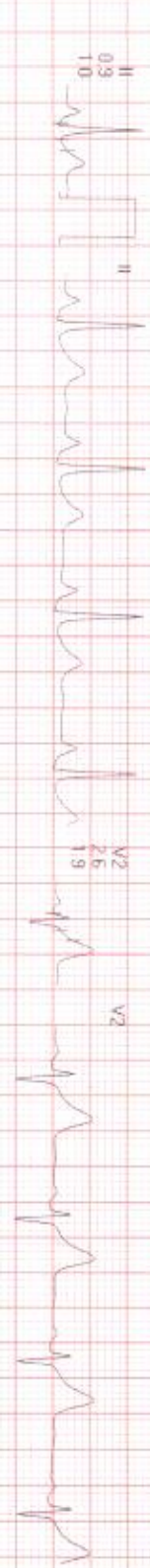
SI: 1.8  
ST: 1.6

V1: 0.0  
V2: 2.6  
V3: 1.9



II: 0.9  
III: 1.0

V2: 2.6  
V3: 1.9



III: 0.8  
aVR: 1.4  
aVL: 1.3

V3: 1.9  
V4: 1.1



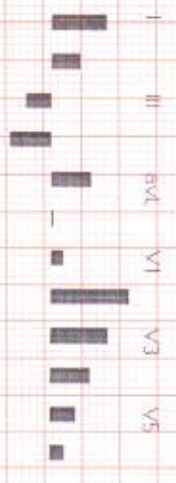
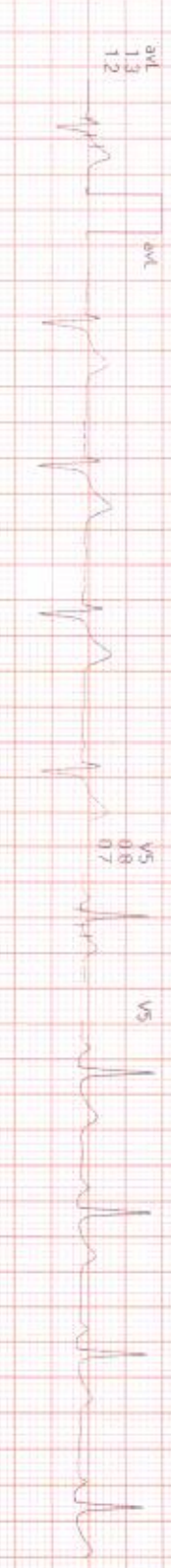
aVR: 1.4  
aVL: 1.3

V4: 1.3  
V5: 0.8  
V6: 0.5



aVL: 1.3  
aVF: 1.2

V5: 0.8  
V6: 0.5



aVF: 0.1  
aVL: 0.2

V6: 0.5  
V5: 0.7







1029 (2304921624) / NAVAN MISTRY / 37 Yrs / M / 166 Cms / 87 Kg / HR 99

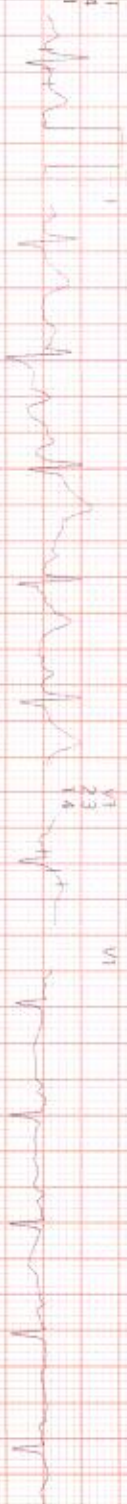
Date: 18/02/2023 09:24:50 AM METS: 1.0/99 bpm 54% of THR BP: 110/80 mmHg Raw ECG/BLC On/Notch On/HE 0.05 HZLF 35 Hz

ExTime: 00:00 0.0 Km/h 0.0%

4X 80 mS Post J

25 mm/Sec 1.0 Cm/mV

STI 0.4  
STB -0.1



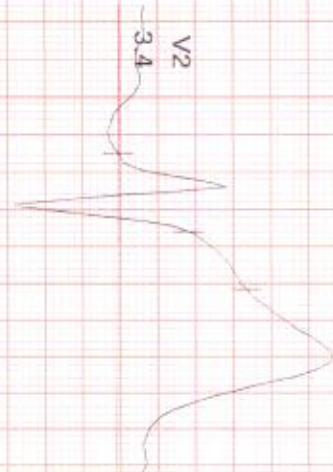
STI 1.4  
STB 0.7



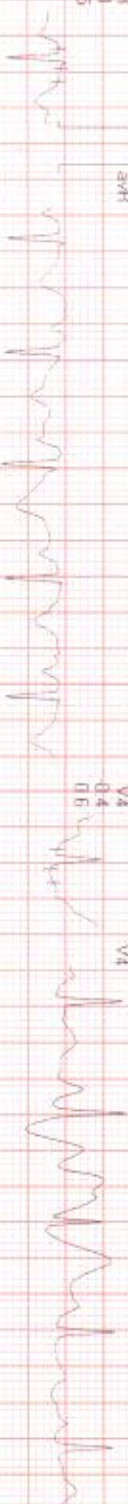
STI 0.1  
STB 0.0



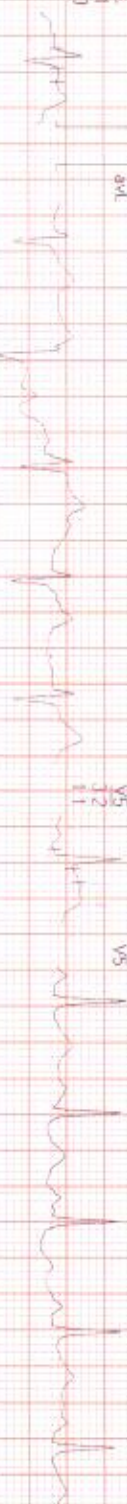
V2  
-3.4



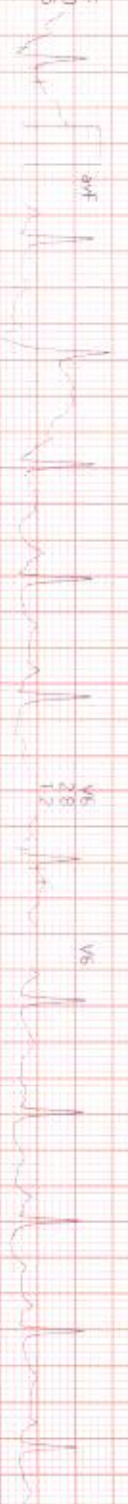
STI -0.1  
STB -0.5



STI 0.1  
STB 0.0



STI 2.0  
STB 0.5



ECG







1029 (2304921624) / NAYAN MISTRY / 37 Yrs / M / 166 Cms / 87 Kg / HR 125

Date 18/02/2023 09:24:50 AM

METS: 4.71, 125 bpm, 68% of THR

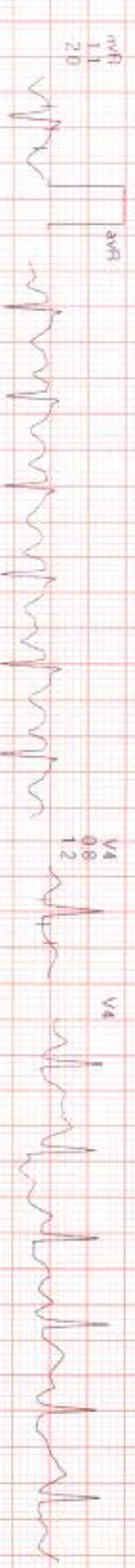
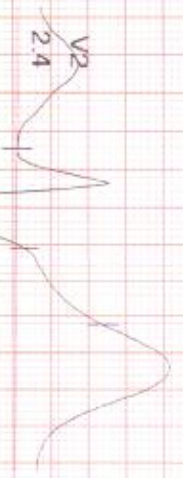
BP: 130/80 mmHg

Paw: ECG/BLC On/Noch On/HR 0.05 Hz/LE 35 Hz

EXTIME: 03:00 2.7kmph, 10.0%

4X 80 ms Post J

25 mm/Sec 1.0 Cm/mV





SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 2 ( 03:00 )

1029 (2301921624) / NAYAN MISTRY / 37 Yrs / M / 166 Cms / 87 Kg / HR 151



Date: 18/02/2023 09:24:50 AM METS: 7.1/151 bpm 83% of THR BP: 160/80 mmHg Flow ECG/BLC On/Notch On/HF 0.05 Hz/AF 35 Hz

EX Time: 06:00 4.0 Km/h 12.0%

4X 60 ms Paper J

25mm/Sec 1.0 Cm/mV

SI 0.7  
RVs 2.6

V1 0.3  
LI 1.1

II 0.5  
T1 1.1

V2 1.1  
T2 2.8

III 0.9  
T3 1.4

V3 0.0  
T3 2.2

aVR 0.0  
T1 1.8

V4 0.1  
T1 0.5

aVL 0.7  
T1 2.0

V5 0.7  
T1 0.8

aVF 0.7  
T1 0.2

V6 0.7  
T1 0.5

HEMARTS

aVR aVL aVF V1 V2 V3 V4 V5 V6





SUBURBAN DIAGNOSTICS KANDIVALI EAST

PeakEx



10229 (23049216224) / NAYAN MISTRY / 37 Yrs / M / 166 Cms / 87 Kg / HR 158

Date: 18/02/2023 09:28:50 AM

METS: 7.7/158 bpm 86% of THP BP: 160/60 mmHg

Flow: ECG/BLU On/ Natch On/ HF: 0.05 Hz/AF: 35 HE

Ex Time: 06:32 5.5 Vmph, 14.0%

4X 60 ms Ppd 1

25 mm/sec 1.0 Cm/mV

SI: 0.2  
RI: 0.2  
RIa: 2.6

V1: 0.1  
V2: 0.2

II: 0.5  
III: 1.2  
aVR: 0.1

V2: 0.8  
V3: 0.1  
V4: 0.7

V2 0.8

III: 1.2  
aVR: 0.1  
aVL: 0.5  
aVF: 0.3

V3: 0.1  
V4: 0.7  
V5: 1.3  
V6: 0.8



REMARKS





# SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : ( 01:00 )

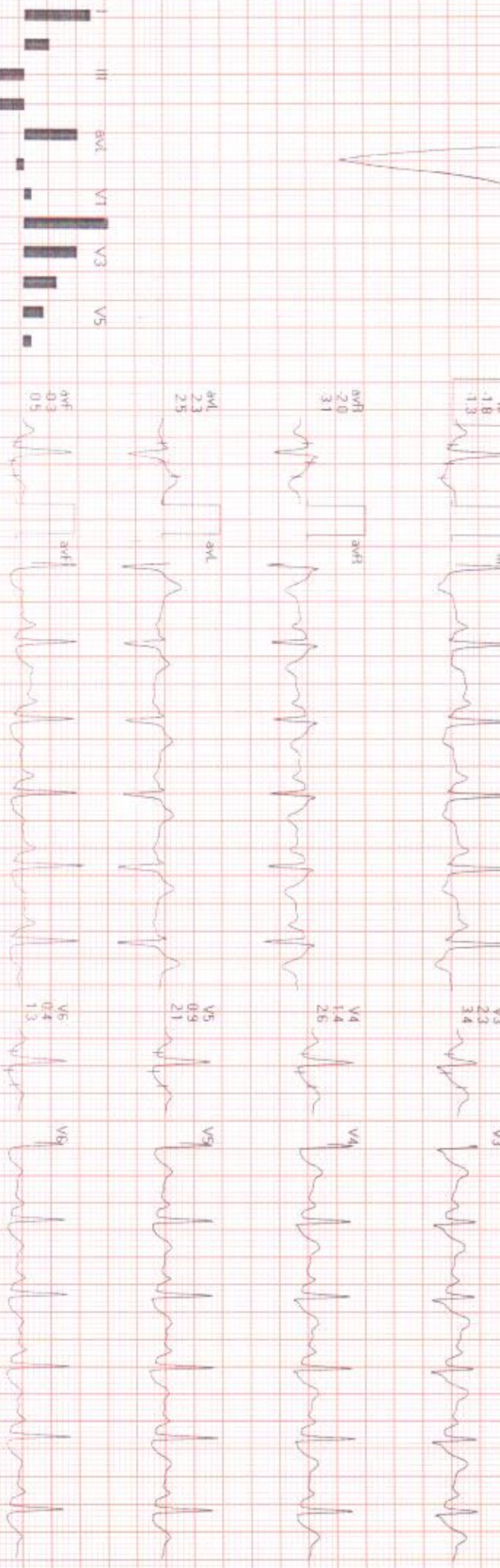
1029 (2304921624) / NAYAN MISTRY / 37 Yrs / M / 166 Cms / 87 Kg / HR : 114

Date: 18/02/2023 09:24:50 AM METS: 11/114 bpm 62% of THR BP: 160/80 mmHg Raw ECG/BLT On/Notch On/HF 0.05 Hz/LE 35 Hz

EXTime 06:32 0.2 Km/hp, 0.0%

AXC 30 ms Post J

25 mm/Sec 1.0 Cm/hp



REMARKS





# SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : ( 01:14 )



1029 (2304921624) / NAYAN MISTRY / 37 Yrs / M / 166 Cms / 87 Kg / HR 117

Date: 18/02/2023 09:24:50 AM

METS: 1 (V/117 bpm 54% of THR) BP: 160/80 mmHg Raw ECG/BL: On/Notch On/HF 0.05 HZ/LF 35 Hz

ExTime: 06:32 0.0Kmph 0.0%

4X 80 mS Post J

25 mm/sec 1.0 mV/div



PR: 31  
QRS: 40

II: 09  
III: 22

III: 21  
aVL: 18

aVR: 20  
aVL: 31

aVL: 26  
aVF: 29

aVR: 09  
aVL: 11  
aVF: 11

V1: 04  
V2: 01

V2: 18  
V3: 45

V3: 23  
V4: 32

V4: 13  
V5: 23

V5: 07  
V6: 17

V5: 03  
V6: 11



REMARKS