

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA

SHARDUL HIRAMAN SAMJISKAR

HIRAMAN DHONDU SAMJISKAR

15/12/1990

Permanent Account Number

GASPS2828J

Signature



PHYSICAL EXAMINATION REPORT

Patient Name	Shardul Samjiskar	Sex/Age	M/31
Date	8/11/2022	Location	Thane

History and Complaints

Nil

EXAMINATION FINDINGS:

Height (cms):	187	Temp (0c):	⊙
Weight (kg):	84.7	Skin:	NAD.
Blood Pressure	130/80	Nails:	
Pulse	76/min	Lymph Node:	

Systems :

Cardiovascular:	NAD.
Respiratory:	
Genitourinary:	
GI System:	
CNS:	

Impression: - Eosinophilia
 - ↑ Uric Acid (8.2)

Treatment of Eosinophilia
↑ Uric Acid

Advice:

- 1) Hypertension:
- 2) IHD
- 3) Arrhythmia
- 4) Diabetes Mellitus
- 5) Tuberculosis
- 6) Asthama
- 7) Pulmonary Disease
- 8) Thyroid/ Endocrine disorders
- 9) Nervous disorders
- 10) GI system
- 11) Genital urinary disorder
- 12) Rheumatic joint diseases or symptoms
- 13) Blood disease or disorder
- 14) Cancer/lump growth/cyst
- 15) Congenital disease
- 16) Surgeries
- 17) Musculoskeletal System

nil

Intestinal (AKT taken)

7 yrs Back →

Nil

Migraine

H/o - intestinal TB

Recurrence after 6 months

nil

nil

PERSONAL HISTORY:

- 1) Alcohol
- 2) Smoking
- 3) Diet
- 4) Medication

occasional
occasional
mixed

No



Dr. Manasee Kulkarni
M.B.B.S
2005/09/3439

Date:- 8/11/20

CID:

Name:- Shadul Samjosekar

Sex / Age: M-31

EYE CHECK UP

Chief complaints: RCV

Systemic Diseases: XLH

Past history: N.H.

Unaided Vision: RE 6/12 LR 9/9 NVA 2/8

Aided Vision: RL 6/6 NVA 6.6

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / ~~Abnormal~~

Remark: USC over Spectacles.

MR. PRAKASH KUDVA
Prakash
SR. OPTOMETRIST



CID : 2231205624
Name : MR.SHARDUL SAMJISKAR
Age / Gender : 31 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 08-Nov-2022 / 10:31
Reported : 08-Nov-2022 / 12:01

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	16.2	13.0-17.0 g/dL	Spectrophotometric
RBC	5.33	4.5-5.5 mil/cmm	Elect. Impedance
PCV	46.8	40-50 %	Measured
MCV	88	80-100 fl	Calculated
MCH	30.4	27-32 pg	Calculated
MCHC	34.6	31.5-34.5 g/dL	Calculated
RDW	14.0	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7000	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	35.3	20-40 %	
Absolute Lymphocytes	2471.0	1000-3000 /cmm	Calculated
Monocytes	4.8	2-10 %	
Absolute Monocytes	336.0	200-1000 /cmm	Calculated
Neutrophils	50.4	40-80 %	
Absolute Neutrophils	3528.0	2000-7000 /cmm	Calculated
Eosinophils	9.5	1-6 %	
Absolute Eosinophils	665.0	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	218000	150000-400000 /cmm	Elect. Impedance
MPV	8.3	6-11 fl	Calculated
PDW	15.0	11-18 %	Calculated

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

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RBC MORPHOLOGY

Hypochromia -
Microcytosis -
Macrocytosis -
Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Normocytic, Normochromic

WBC MORPHOLOGY -

PLATELET MORPHOLOGY -

COMMENT Eosinophilia

Specimen: EDTA Whole Blood

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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist



Collected : 08-Nov-2022 / 10:31
Reported : 08-Nov-2022 / 13:06

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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	88.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	119.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.56	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.17	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.39	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	15.3	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	11.6	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	6.3	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	51.2	40-130 U/L	PNPP
BLOOD UREA, Serum	20.9	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	9.8	6-20 mg/dl	Calculated



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CREATININE, Serum	1.14	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	80	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	8.2	3.5-7.2 mg/dl	Uricase
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 G B Road Lab, Thane West
*** End Of Report ***



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Dr.AMIT TAORI
M.D (Path)
Pathologist

000005135507



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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	5.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	102.5	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 G B Road Lab, Thane West
*** End Of Report ***



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Pathologist

0000 0X 7A 550 J



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Collected : 08-Nov-2022 / 10:31
Reported : 08-Nov-2022 / 15:15

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
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	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-4	Less than 20/hpf	

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*** End Of Report ***



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M.D (Path)
Pathologist

000005193802



CID : 2231205624
Name : MR.SHARDUL SAMJISKAR
Age / Gender : 31 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 08-Nov-2022 / 10:31
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	AB
Rh TYPING	Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

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 G B Road Lab, Thane West
*** End Of Report ***



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	166.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	103.9	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	50.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	116.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	96.0	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	20.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.9	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



Amit Taori

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M.D (Path)
Pathologist



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Name : MR.SHARDUL SAMJISKAR
Age / Gender : 31 Years / Male
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Collected : 08-Nov-2022 / 10:31
Reported : 08-Nov-2022 / 13:06

**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	ECLIA
Free T4, Serum	18.7	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.27	0.35-5.5 microu/ml	ECLIA

0000-0573-8502



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Age / Gender : 31 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 08-Nov-2022 / 10:31
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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 upto 15 microU/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)
*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



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Dr. AMIT TAORI
M.D (Path)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	16.2	13.0-17.0 g/dL	Spectrophotometric
RBC	5.33	4.5-5.5 mil/cmm	Elect. Impedance
PCV	46.8	40-50 %	Measured
MCV	88	80-100 fl	Calculated
MCH	30.4	27-32 pg	Calculated
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RDW	14.0	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7000	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
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Absolute Lymphocytes	2471.0	1000-3000 /cmm	Calculated
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Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	218000	150000-400000 /cmm	Elect. Impedance
MPV	8.3	6-11 fl	Calculated
PDW	15.0	11-18 %	Calculated

0000-0516-5502

Authenticity Check



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Hypochromia -
Microcytosis -
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Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Normocytic, Normochromic

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PLATELET MORPHOLOGY -

COMMENT Eosinophilia

Specimen: EDTA Whole Blood

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

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A/G RATIO, Serum	1.8	1 - 2	Calculated
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SGPT (ALT), Serum	11.6	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	6.3	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	51.2	40-130 U/L	PNPP
BLOOD UREA, Serum	20.9	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	9.8	6-20 mg/dl	Calculated

0000-0000-0000

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: 08-Nov-2022 / 13:19
: 08-Nov-2022 / 17:10

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Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
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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	5.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	102.5	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 G B Road Lab, Thane West
*** End Of Report ***



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist





Use a QR Code Scanner
Application To Scan the Code

CID : 2231205624
Name : MR.SHARDUL SAMJISKAR
Age / Gender : 31 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 08-Nov-2022 / 10:31
Reported : 08-Nov-2022 / 15:15

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-4	Less than 20/hpf	

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist



CID : 2231205624
Name : MR.SHARDUL SAMJISKAR
Age / Gender : 31 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 08-Nov-2022 / 10:31
Reported : 08-Nov-2022 / 12:59

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	AB
Rh TYPING	Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

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 G B Road Lab, Thane West
*** End Of Report ***



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist



Use a QR Code Scanner
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CID : 2231205624
Name : MR.SHARDUL SAMJISKAR
Age / Gender : 31 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 08-Nov-2022 / 10:31
Reported : 08-Nov-2022 / 13:10

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	166.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	103.9	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	50.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	116.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	96.0	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	20.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.9	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist



Use a QR Code Scanner
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CID : 2231205624
Name : MR.SHARDUL SAMJISKAR
Age / Gender : 31 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 08-Nov-2022 / 10:31
Reported : 08-Nov-2022 / 13:06

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	ECLIA
Free T4, Serum	18.7	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.27	0.35-5.5 microIU/ml	ECLIA

0000 0573 5502



CID : 2231205624
Name : Mr SHARDUL SAMJISKAR
Age / Sex : 31 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 08-Nov-2022
Reported : 08-Nov-2022 / 15:29

USG WHOLE ABDOMEN

LIVER: Liver appears normal in size and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

PORTAL VEIN: Portal vein is normal. **CBD:** CBD is normal.

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS: Right kidney measures 10.1 x 3.8 cm. Left kidney measures 10.9 x 5.7 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

PROSTATE: Prostate is normal in size and echotexture and measures 2.9 x 3.0 x 2.7 cm in dimension and 12.7 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2022110809502528>

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2231205624
Name : Mr SHARDUL SAMJISKAR
Age / Sex : 31 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 08-Nov-2022
Reported : 08-Nov-2022 / 15:29

IMPRESSION: USG ABDOMEN IS WITHIN NORMAL LIMITS.

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.

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

This report is prepared and physically checked by DR GAURAV FARTADE before dispatch.

G. R. Fartade

Dr. GAURAV FARTADE
MBBS, DMRE
Reg No -2014/04/1786
Consultant Radiologist

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2022110809502528>



Use a QR Code Scanner
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CID : 2231205624
Name : Mr SHARDUL SAMJISKAR
Age / Sex : 31 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 08-Nov-2022
Reported : 08-Nov-2022 / 14:12

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 GAURAV FARTADE before dispatch.

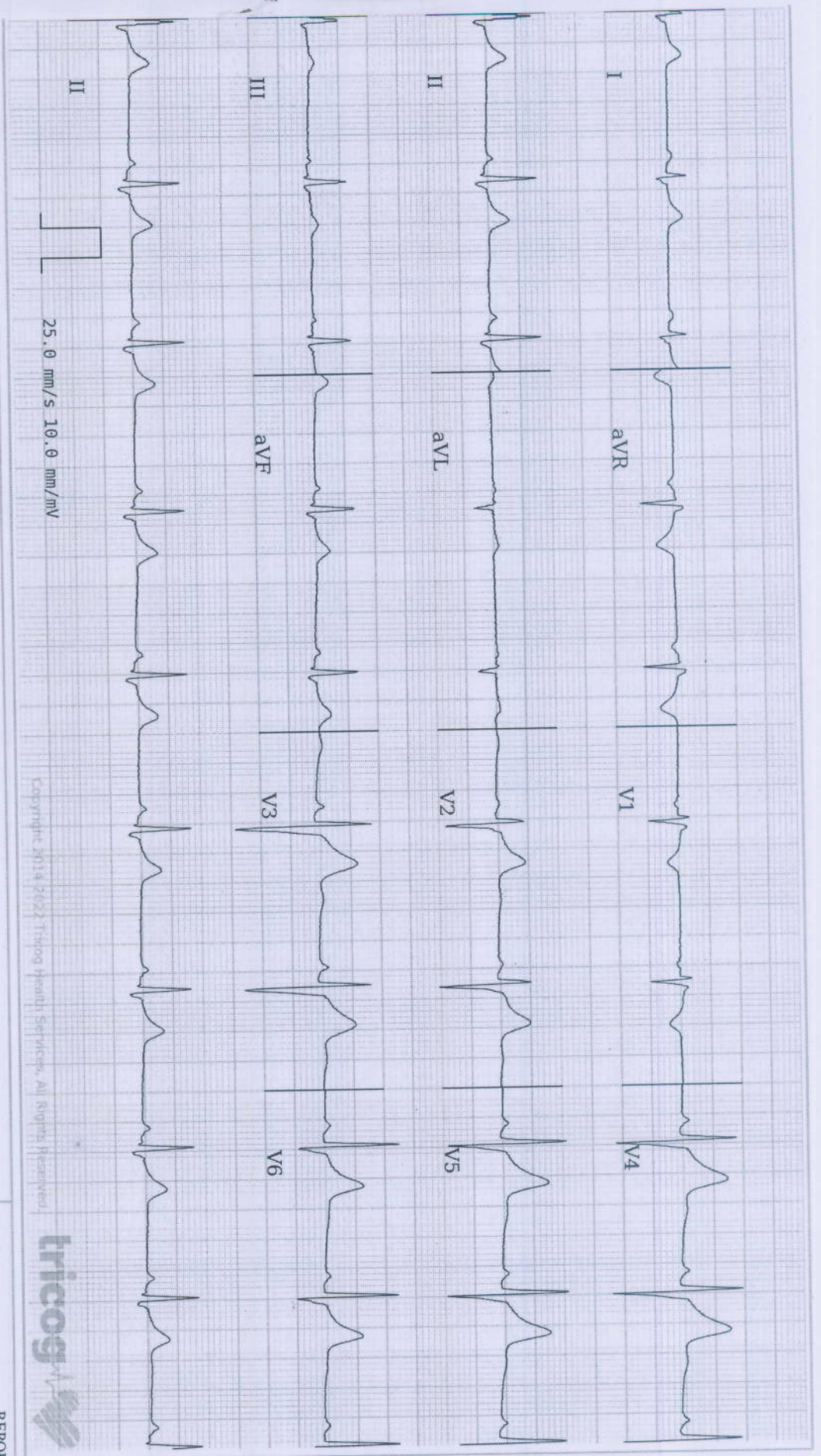
G. R. Fartade
Dr. GAURAV FARTADE
MBBS, DMRE
Reg No -2014/04/1786
Consultant Radiologist

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Page no 1 of 1

Patient Name: SHARDUL SAMJISKAR
Patient ID: 2231205624

SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST
Date and Time: 8th Nov 22 10:26 AM



Age 31 10 24
years months days

Gender Male

Heart Rate 57bpm

Patient Vitals

BP: 130/80 mmHg

Weight: 84 kg

Height: 187 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

Measurements

QRSD: 106ms
QT: 412ms
QTc: 401ms
PR: 148ms
P-R-T: 38° 80° 54°

REPORTED BY

SR

DR SHAILAJA PILLAI
MBBS, MD Physician
MD Physician
49972

ECG Within Normal Limits: Sinus Bradycardia. 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.



1135 (2231205624) / SHARDUL SAMJISKAR / 31 Yrs / M / 187 Cms / 84 Kg Date: 08-Nov-2022

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:14	0:14	00.0	00.0	01.0	082	43 %	120/80	098	00	
Standing	00:22	0:08	00.0	00.0	01.0	087	46 %	120/80	104	00	
HV	00:32	0:10	00.0	00.0	01.0	086	46 %	120/80	103	00	
ExStart	00:35	0:03	00.0	00.0	01.0	086	46 %	120/80	103	00	
BRUCE Stage 1	03:35	3:00	01.7	10.0	04.7	101	53 %	130/80	131	00	
BRUCE Stage 2	06:35	3:00	02.5	12.0	07.1	123	65 %	140/80	172	00	
BRUCE Stage 3	09:35	3:00	03.4	14.0	10.2	158	84 %	150/80	237	00	
PeakEx	09:51	0:16	04.2	16.0	10.5	161	85 %	160/80	257	00	
Recovery	10:51	1:00	00.0	00.0	04.2	121	64 %	160/80	193	00	
Recovery	11:51	2:00	00.0	00.0	01.0	107	57 %	160/80	171	00	
Recovery	13:51	4:00	00.0	00.0	01.0	103	54 %	130/80	133	00	
Recovery	14:03	4:13	00.0	00.0	01.0	103	54 %	130/80	133	00	

FINDINGS :

Exercise Time : 09:16
 Max HR Attained : 161 bpm 85% of Target 189
 Max BP Attained : 160/80
 Max WorkLoad Attained : 10.5 Good response to induced stress
 Test End Reasons : Fatigue, Heart Rate Acheived

Dr. SHAILAJA PILLAI

M.D. (GEN.MED)

R.NO. 49972

Doctor : DR SHAILAJA PILLAI





REPORT :

PROCEDURE DONE: Graded exercise treadmill stress test.

STRESS ECG RESULTS: The initial HR was recorded as 87.0 bpm, and the maximum predicted Target Heart Rate 189.0. The BP increased at the time of generating report as 160.0/80.0 mmHg. The Max Dep went upto 0.2. 0.0 Ectopic Beats were observed during the Test.

The Test was completed because of Fatigue, Heart Rate Achieved.

CONCLUSIONS:

1. TMT is negative for exercise induced ischemia.
2. Normal chronotropic and Normal inotropic response.
3. No significant ST T changes seen.

Dr. SHAILAJA PILLAI
M.D. (GEN.MED)
R.NO. 49972

Doctor : DR SHAILAJA PILLAI



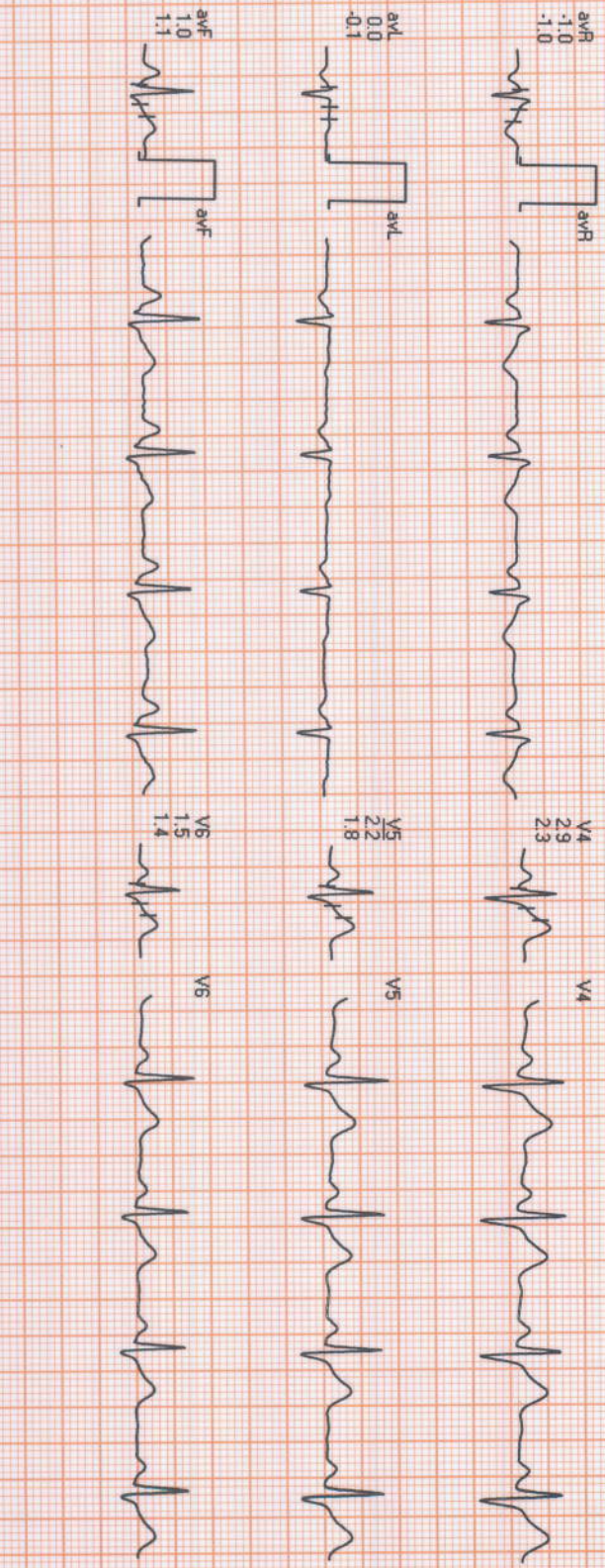
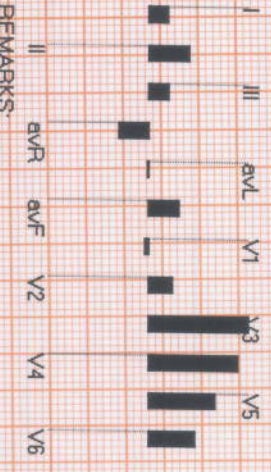
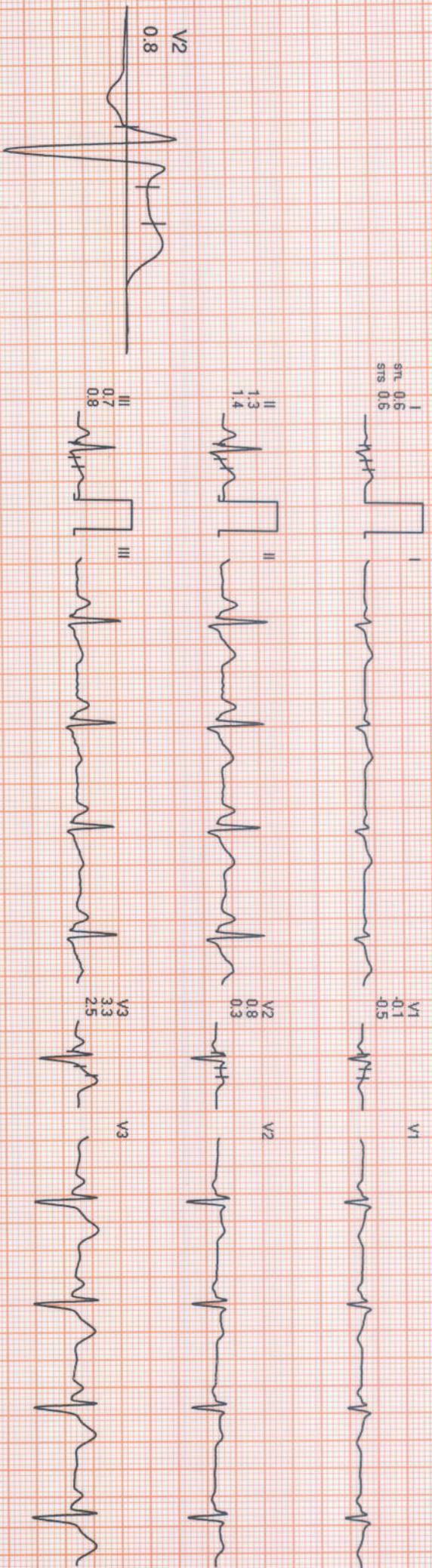


1135 (2231205624) / SHARDUL SAMJISKAR / 31 Yrs / M / 187 Cms / 84 Kg / HR : 82

Date: 08-Nov-2022 12:36:27 PM METS: 1.0/82 bpm 43% of THR BP: 120/80 mmHg Raw ECG/BLC On/Notch On/HE 0.05 Hz/LE 20 Hz

4X 80 ms Post J

ExTime: 00:00 0.0 mph. 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

SUBURBAN DIAGNOSTICS THANE GB

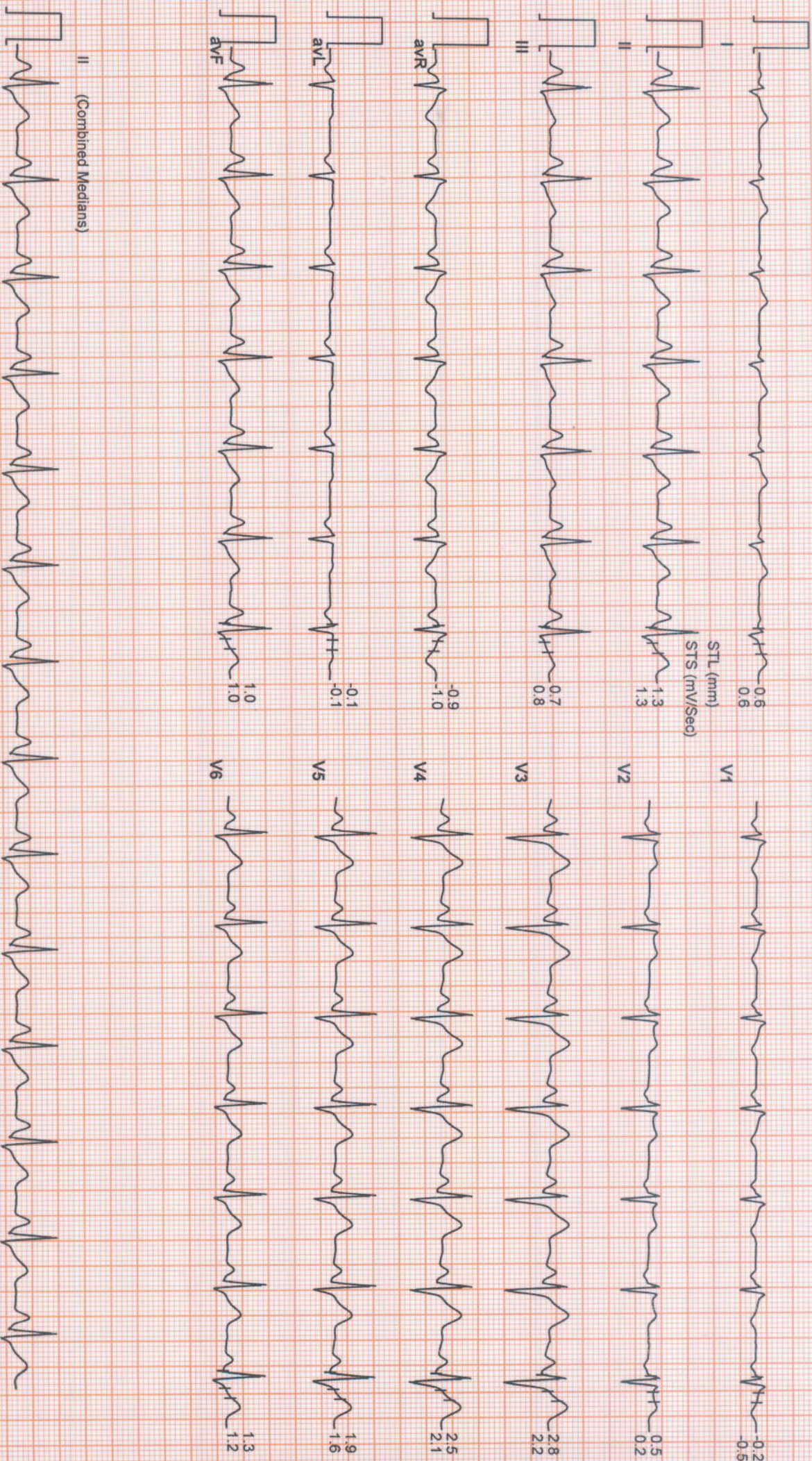
THANE GB
1135 / SHARDUL SAMJISKAR / 31 Yrs / Male / 187 Cm / 84 Kg

6X2 Combine Medians + 1 Rhythm
STANDING (00:00)



Date: 08 / 11 / 2022 12:36:27 PM METs : 1.0 HR : 87 Target HR : 46% of 189 BP : 120/80 Post J @80mSec

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec - 1.0 Cm/mV



SUBURBAN DIAGNOSTICS THANE GB

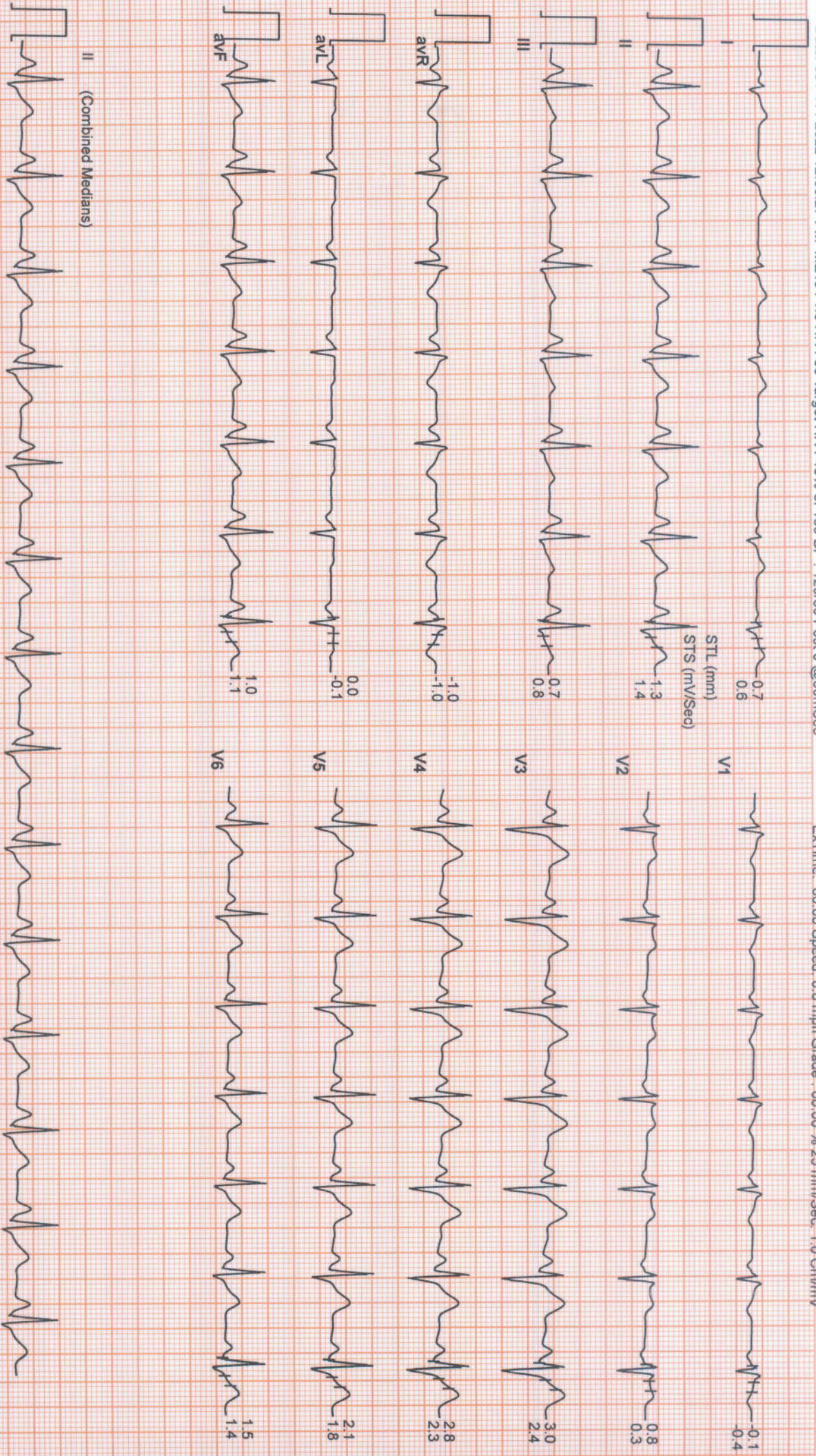
THANE GB
1135 / SHARDUL SAMJISKAR / 31 Yrs / Male / 187 Cm / 84 Kg

6X2 Combine Medians + 1 Rhythm



Date: 08 / 11 / 2022 12:36:27 PM METs : 1.0 HR : 86 Target HR : 46% of 189 BP : 120/80 Post J @80mSec

ExtIme: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS THANE GB

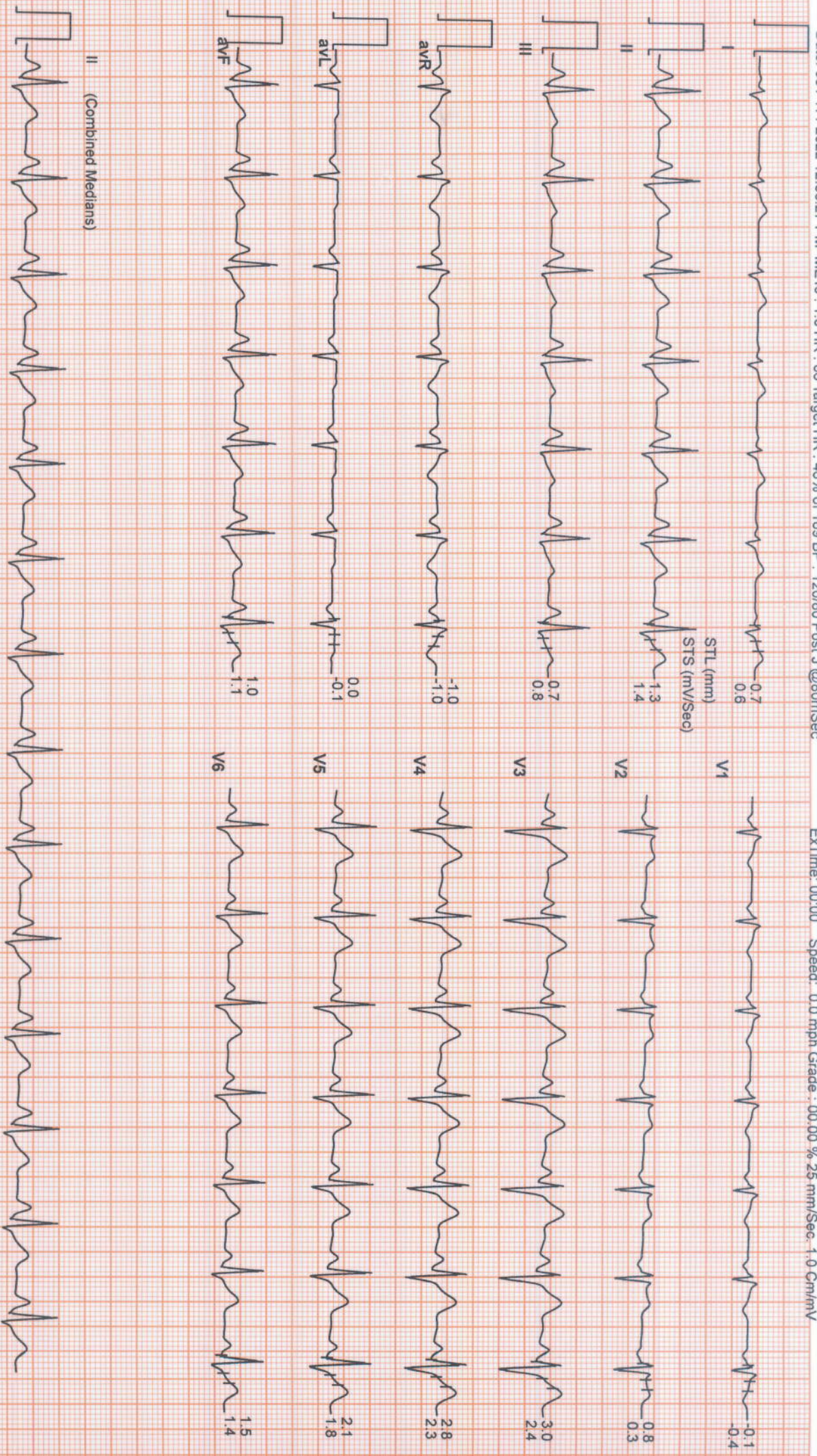
THANE GB
1135 / SHARDUL SAMJISKAR / 31 Yrs / Male / 187 Cm / 84 Kg

6X2 Combine Medians + 1 Rhythm
ExStt



Date: 08 / 11 / 2022 12:36:27 PM METs : 1.0 HR : 86 Target HR : 46% of 189 BP : 120/80 Post J @80mSec

ExTime: 00:00 Speed: 0.0 mph Grade : .00,00 % 25 mm/Sec: 1.0 Cm/mV



SUBURBAN DIAGNOSTICS THANE GB

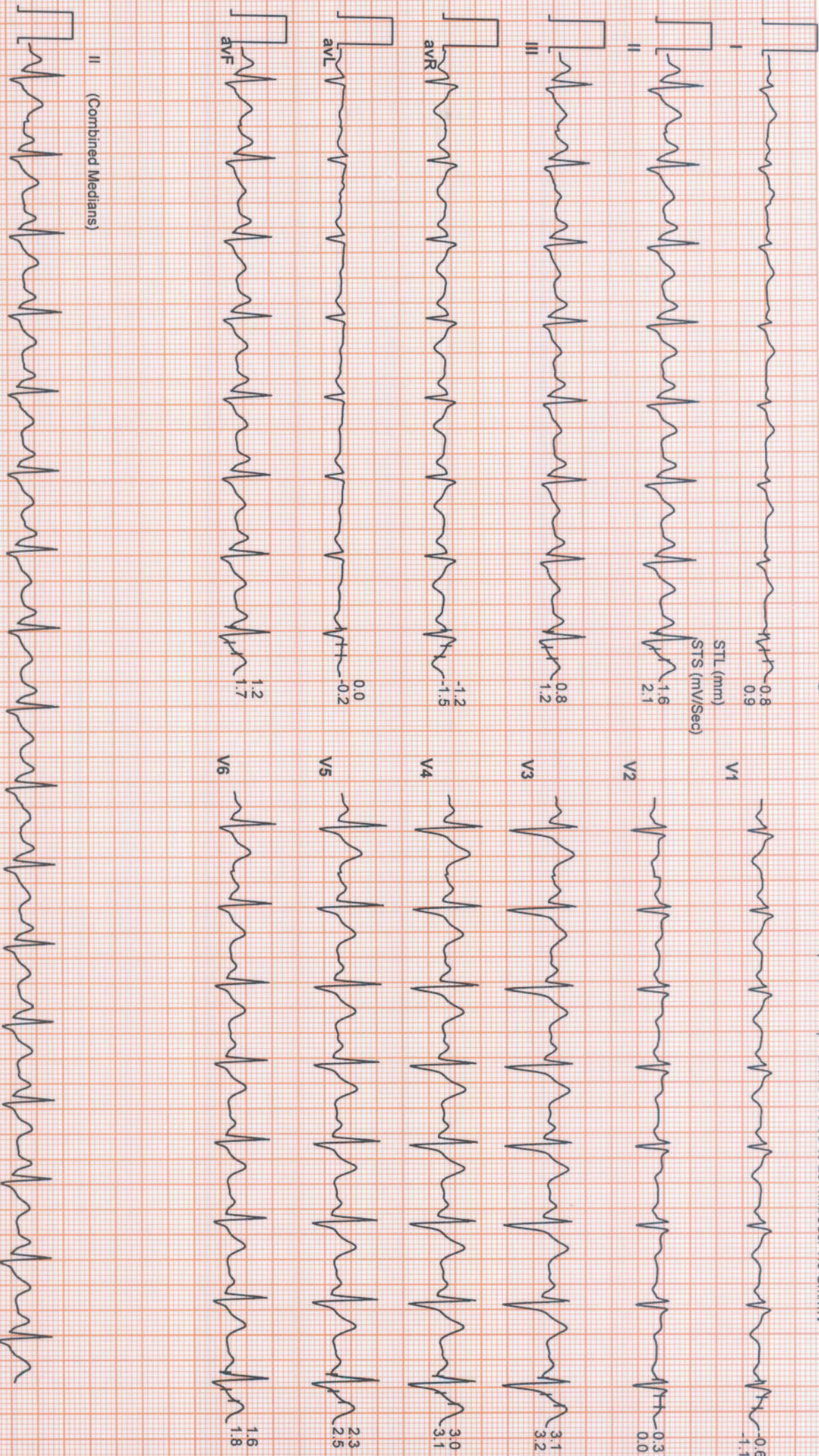
THANE GB
1135 / SHARDUL SAMJISKAR / 31 Yrs / Male / 187 Cm / 84 Kg

6X2 Combine Medians + 1 Rhythm
BRUCE : Stage 1 (03:00)



Date: 08 / 11 / 2022 12:36:27 PM METs : 4.7 HR : 101 Target HR : 53% of 189 BP : 130/80 Post J @80mSec

EXTime: 03:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS THANE GB

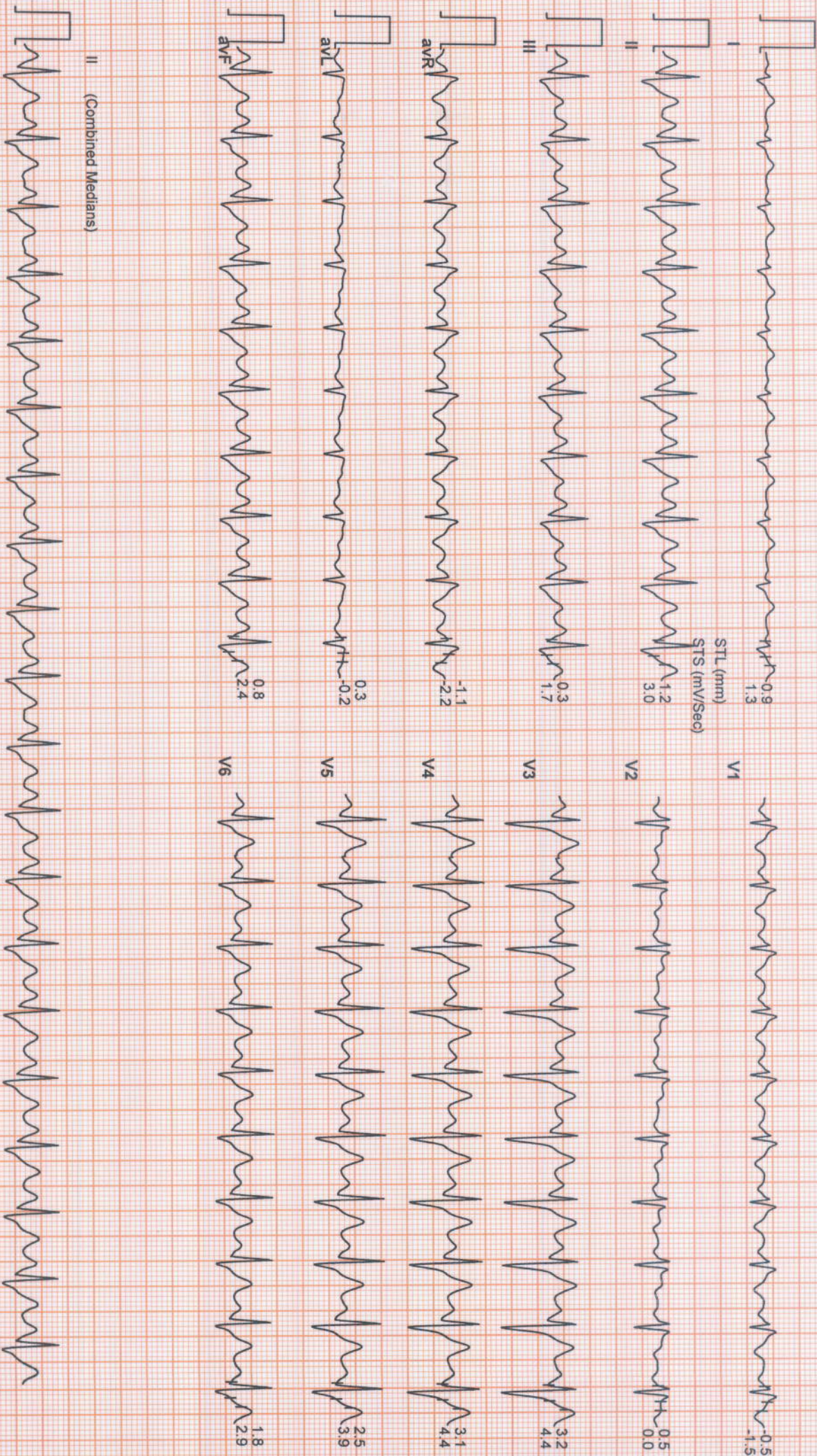
THANE GB
1135 / SHARDUL SAMJISKAR / 31 Yrs / Male / 187 Cm / 84 Kg

6X2 Combine Medians + 1 Rhythm
BRUCE : Stage 2 (03:00)



Date: 08 / 11 / 2022 12:36:27 PM METs : 7.1 HR : 123 Target HR : 65% of 189 BP : 140/80 Post J @70mSec

ExTime: 06:00 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec -1.0 Cm/mV



SUBURBAN DIAGNOSTICS THANE GB

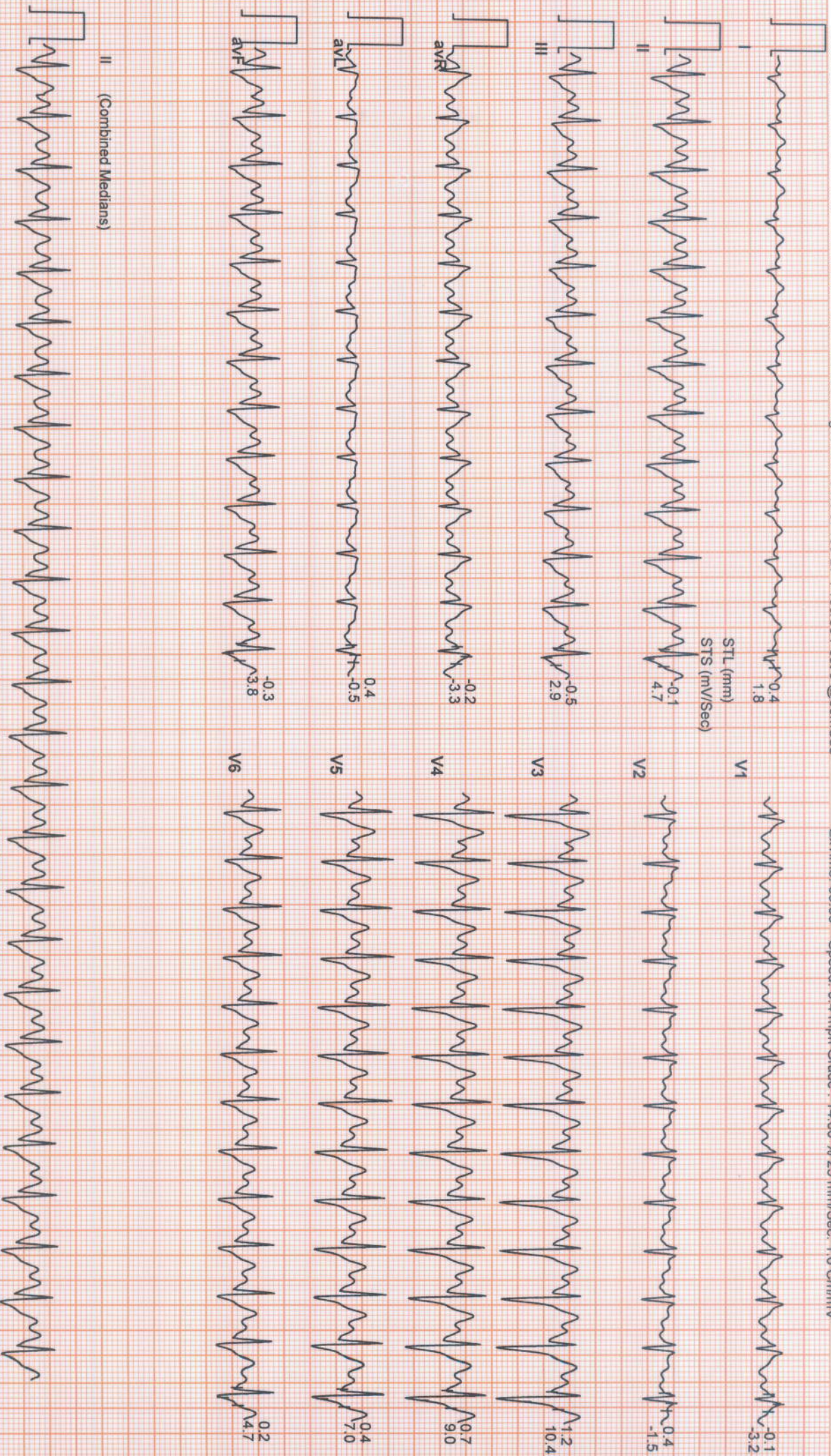
THANE GB
1135 / SHARDUL SAMJISKAR / 31 Yrs / Male / 187 Cm / 84 Kg

6X2 Combine Medians + 1 Rhythm
BRUCE : Stage 3 (03:00)



Date: 08 / 11 / 2022 12:36:27 PM METs : 10.2 HR : 158 Target HR : 84% of 189 BP : 160/80 Post J @50mSec

ExTime: 09:00 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec- 1.0 Cm/mV



SUBURBAN DIAGNOSTICS THANE GB

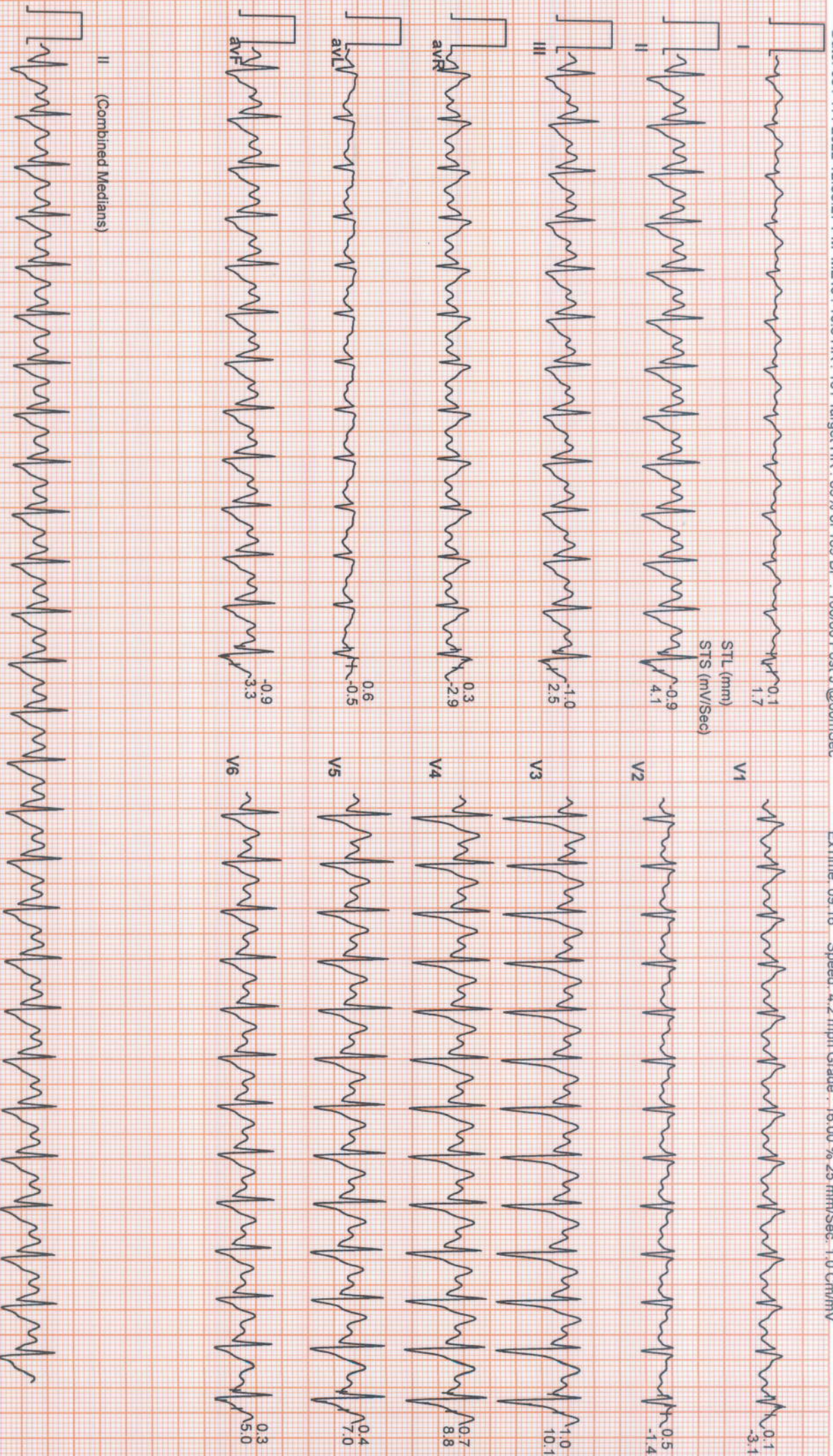
THANE GB
1135 / SHARDUL SAMJISKAR / 31 Yrs / Male / 187 Cm / 84 Kg

6X2 Combine Medians + 1 Rhythm
PeakEX



Date: 08 / 11 / 2022 12:36:27 PM METS : 10.5 HR : 161 Target HR : 85% of 189 BP : 160/80 Post J @60mSec

EXTime: 09.16 Speed: 4.2 mph Grade : 16.00 % 25 mm/Sec -1.0 Cm/mV



SUBURBAN DIAGNOSTICS THANE GB

THANE GB

1135 / SHARDUL SAMJISKAR / 31 Yrs / Male / 187 Cm / 84 Kg

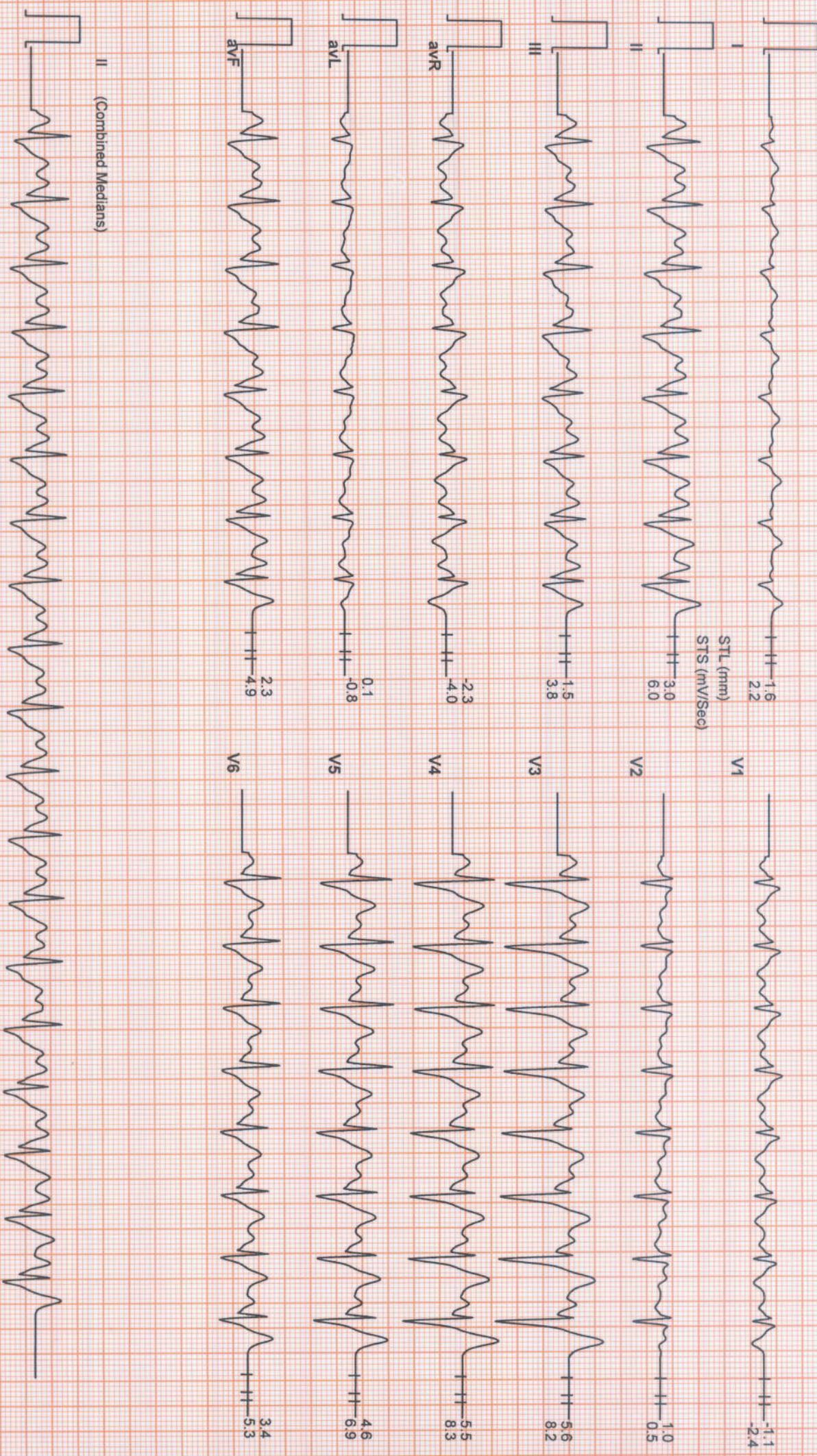
6X2 Combine Medians + 1 Rhythm

Recovery : (01:00)



Date: 08 / 11 / 2022 12:36:27 PM METs : 4.2 HR : 126 Target HR : 66% of 189 BP : 160/80 Post J @60mSec

ExTime: 09:16 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec -1.0 Cm/mV



SUBURBAN DIAGNOSTICS THANE GB

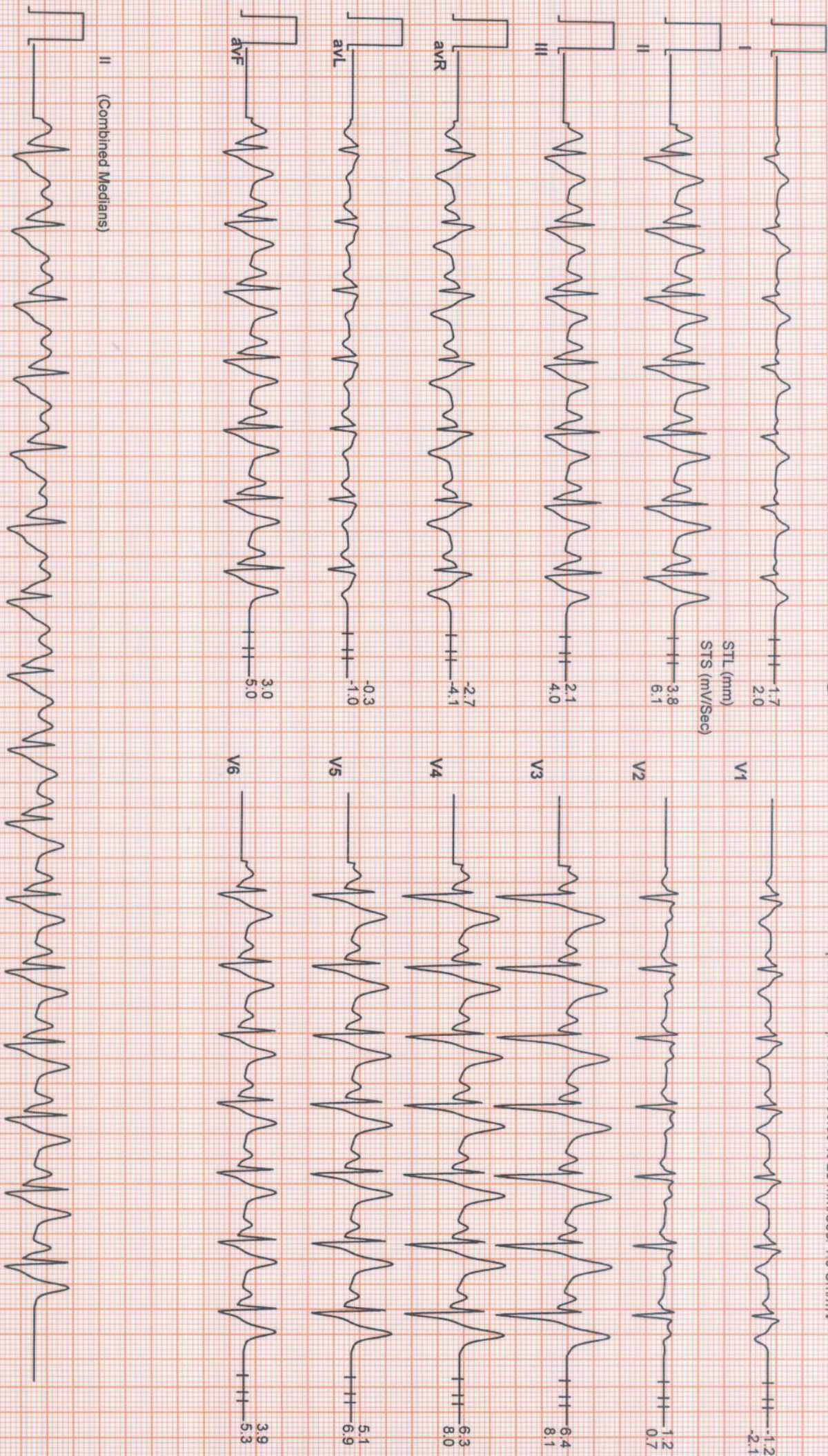
THANE GB
1135 / SHARDUL SAMJISKAR / 31 Yrs / Male / 187 Cm / 84 Kg

6X2 Combine Medians + 1 Rhythm
Recovery : (02:00)



Date: 08 / 11 / 2022 12:36:27 PM METs : 1.0 HR : 109 Target HR : 58% of 189 BP : 160/80 Post J @70mSec

ExTime: 09:16 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV



SUBURBAN DIAGNOSTICS THANE GB

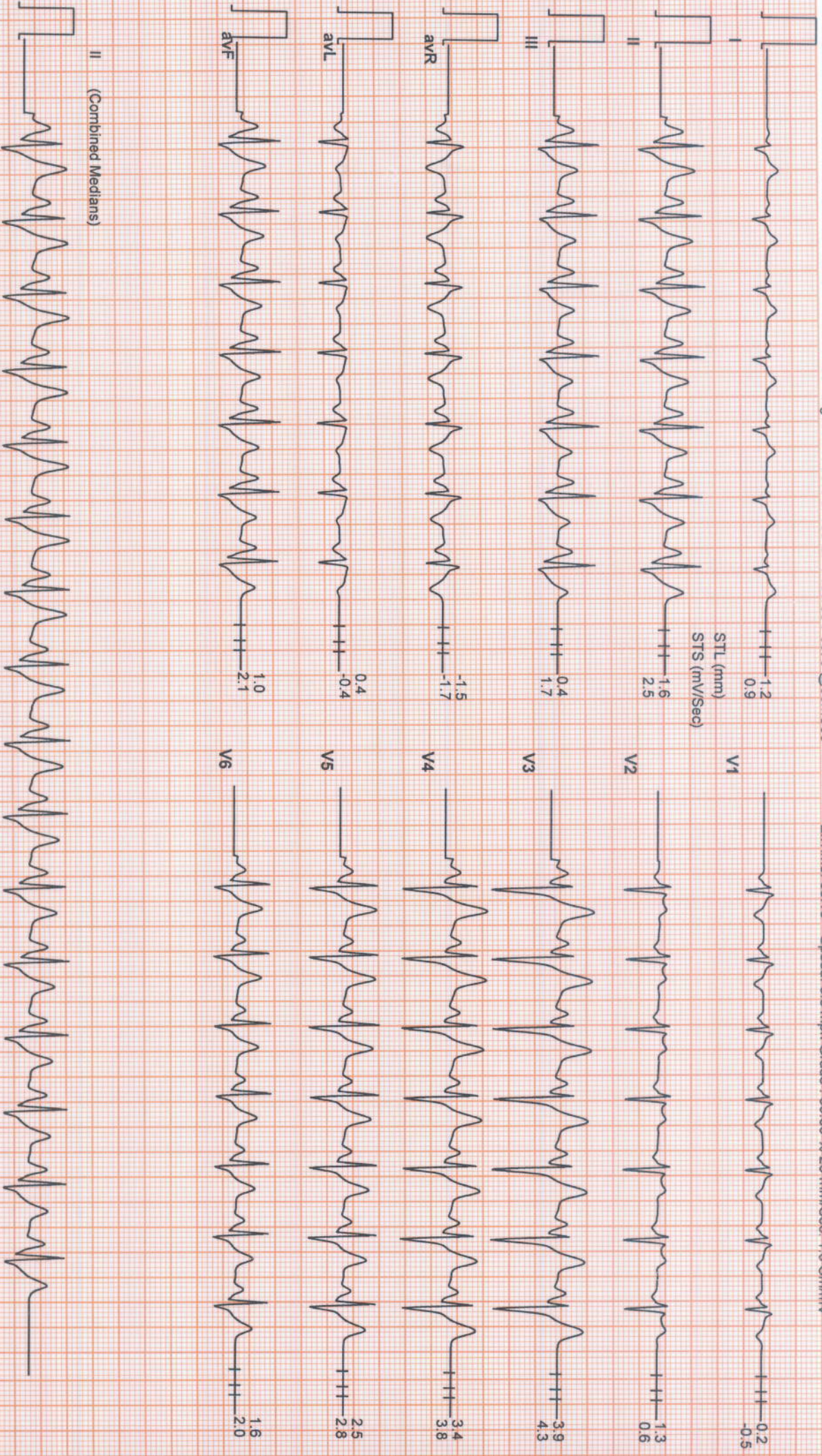
THANE GB
1135 / SHARDUL SAMJISKAR / 31 Yrs / Male / 187 Cm / 84 Kg

6X2 Combine Medians + 1 Rhythm
Recovery : (04:00)



Date: 08 / 11 / 2022 12:36:27 PM METs : 1.0 HR : 105 Target HR : 56% of 189 BP : 130/80 Post J @80mSec

ExTime: 09:16 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec - 1.0 Cm/mV



SUBURBAN DIAGNOSTICS THANE GB

THANE GB

1135 / SHARDUL SAMJISKAR / 31 Yrs / Male / 187 Cm / 84 Kg

6X2 Combine Medians + 1 Rhythm

Recovery : (04:12)



Date: 08 / 11 / 2022 12:36:27 PM METs : 1.0 HR : 103 Target HR : 54% of 189 BP : 130/80 Post J @80mSec

ExTime: 09:16 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

