

SUBURBAN DIAGNOSTICS - BORIVALI WEST



Patient Name: DAS RAJA KUMAR

Date and Time: 11th Mar 23 9:43 AM

Patient ID: 2307018361

Age **38** **5** **4**
years months days

Gender **Male**

Heart Rate **62bpm**

Patient Vitals

BP: NA

Weight: NA

Height: NA

Pulse: NA

Spo2: NA

Resp: NA

Others: _____

Measurements

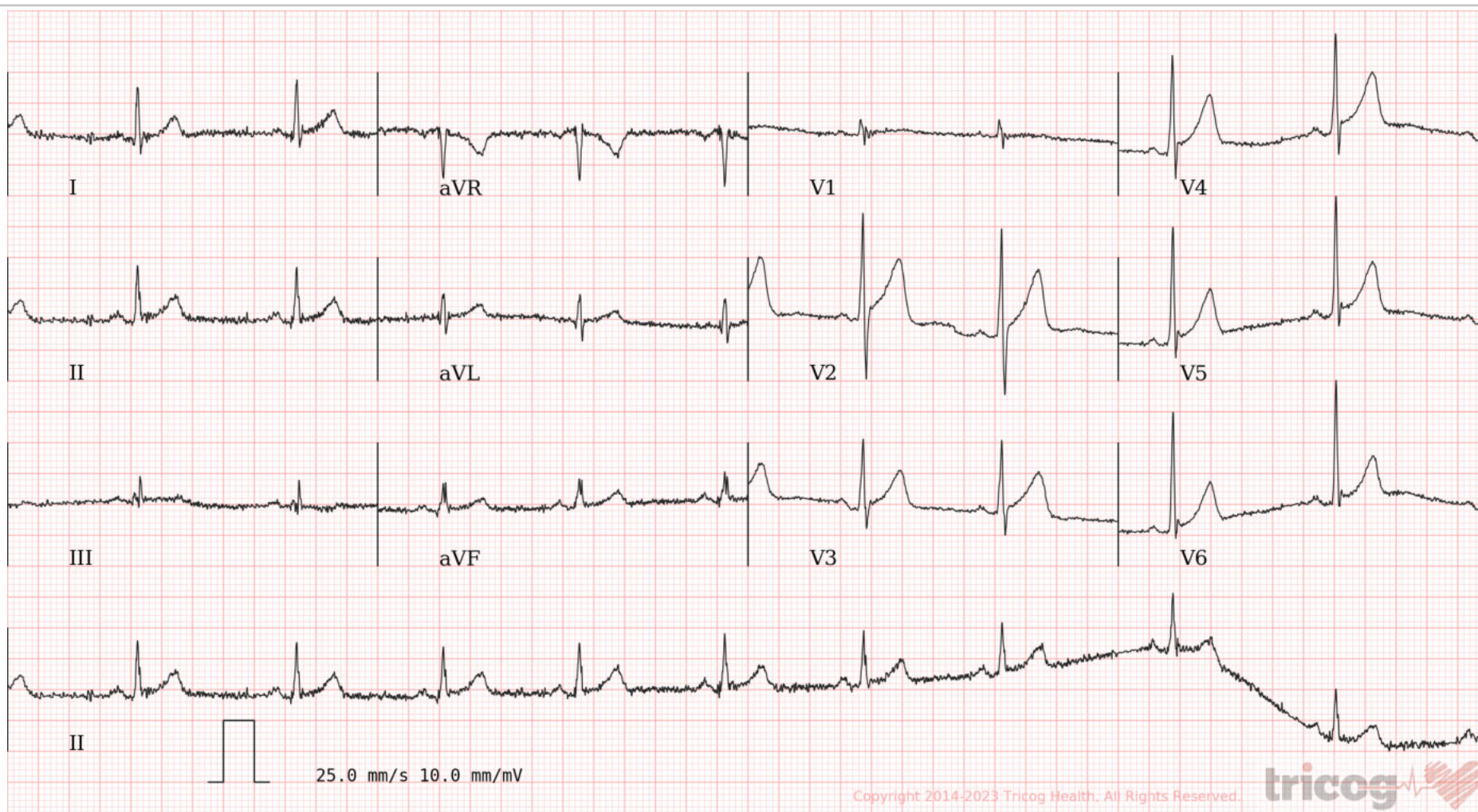
QRSD: 74ms

QT: 368ms

QTc: 373ms

PR: 136ms

P-R-T: 61° 50° 38°



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

REPORTED BY

Dr Nitin Sonavane
M.B.B.S.AFLH, D.DIAB,D.CARD
Consultant Cardiologist
87714

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.



ଭାରତୀୟ ବିଶିଷ୍ଟ ପରିଚୟ ପ୍ରାଧିକରଣ

ଭାରତ ସରକାର

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Government of India

Enrolment No.: XXXX/XXXXX/XXXXX

To
Raja Kumar Das
S/O Dhaneswar Das

Download Date: 12/07/2018

Gopinathpur
Gopinathpur
Puri Odisha-752011

Generation Date: 05/03/2016

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3776 4976 9384

ମୋ ଆଧାର, ମୋ ପରିଚୟ

Handwritten signature and date: 11/03/2023



ଭାରତ ସରକାର

Government of India



Raja Kumar Das
ଜନ୍ମ ତାରିଖ /DOB: 10/07/1984
ପୁରୁଷ/ MALE

3776 4976 9384

ମୋ ଆଧାର, ମୋ ପରିଚୟ



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Address:

S/O Dhaneswar Das,
Gopinathpur, Puri,
Odisha, 752011

Suburban Diagnostics (I) Pvt. Ltd.
301 & 302, 3rd Floor, Vini Elegance,
Above Tanisq Jeweller, L. T. Road,
Borivli (West), Mumbai - 400 092.

3776 4976 9384



help@uidai.gov.in

www.uidai.gov.in

CID# : 2307018361
 Name : MR.DAS RAJA KUMAR
 Age / Gender : 38 Years/Male
 Consulting Dr. :
 Reg.Location : Borivali West (Main Centre)
 Collected : 11-Mar-2023 / 08:37
 Reported : 11-Mar-2023 / 16:31

PHYSICAL EXAMINATION REPORT

History and Complaints:

EXAMINATION FINDINGS:

Height (cms):	157	Weight (kg):	64
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	120/80	Nails:	Healthy
Pulse:	78/min	Lymph Node:	Not Palpable

Systems

Cardiovascular: S1,S2 Normal No Murmurs
 Respiratory: Air Entry Bilaterally Equal
 Genitourinary: Normal
 GI System: Soft non tender No Organomegaly
 CNS: Normal

IMPRESSION:

uric acid

ADVICE:

LDL

physician Refⁿ

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 |

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

PERSONAL HISTORY:

- | | |
|---------------|-----|
| 1) Alcohol | No |
| 2) Smoking | No |
| 3) Diet | Mix |
| 4) Medication | No |

*** End Of Report ***

Suburban Diagnostics (I) Pvt. Ltd.
301& 302, 3rd Floor, Vini Elegance,
Above Tanisq Jeweller, L. T. Road,
Borivali (West), Mumbai - 400 092.
Dr.NITIN SONAVANE
PHYSICIAN

DR. NITIN SONAVANE
M.B.B.S.AFLH, D.DIAB, D.CARD.
CONSULTANT-CARDIOLOGIST
REGD. NO. : 87714



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Reg. Location : Borivali West (Main Centre)

Collected : 11-Mar-2023 / 08:59
Reported : 11-Mar-2023 / 15:35

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	13.4	13.0-17.0 g/dL	Spectrophotometric
RBC	4.96	4.5-5.5 mil/cmm	Elect. Impedance
PCV	42.4	40-50 %	Measured
MCV	86	80-100 fl	Calculated
MCH	27.1	27-32 pg	Calculated
MCHC	31.7	31.5-34.5 g/dL	Calculated
RDW	15.4	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6750	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	34.6	20-40 %	
Absolute Lymphocytes	2335.5	1000-3000 /cmm	Calculated
Monocytes	6.5	2-10 %	
Absolute Monocytes	438.8	200-1000 /cmm	Calculated
Neutrophils	57.6	40-80 %	
Absolute Neutrophils	3888.0	2000-7000 /cmm	Calculated
Eosinophils	1.1	1-6 %	
Absolute Eosinophils	74.3	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	13.5	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	125000	150000-400000 /cmm	Elect. Impedance
MPV	13.6	6-11 fl	Calculated
PDW	37.0	11-18 %	Calculated

RBC MORPHOLOGY



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 Reported : 11-Mar-2023 / 11:32

Hypochromia	-
Microcytosis	-
Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Normocytic, Normochromic
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	Platelets reduced on smear. megaplatelets seen on smear
COMMENT	-

Result rechecked
 Kindly correlate clinically.

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 4 2-15 mm at 1 hr. Sedimentation

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



Bmhaskar

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



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Reg. Location : Borivali West (Main Centre)

Collected : 11-Mar-2023 / 08:59
Reported : 11-Mar-2023 / 19:21

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	91.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	81.5	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.49	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.17	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.32	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	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	23.2	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	25.8	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	17.0	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	94.4	40-130 U/L	Colorimetric
FASTING UREA, Serum	20.8	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.93	0.67-1.17 mg/dl	Enzymatic



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Reported : 11-Mar-2023 / 21:33

eGFR, Serum 97 >60 ml/min/1.73sqm Calculated

Note : This is an amended report, Kindly ignore previous report of egfr 17037 ml/min/1.73sqm dated 11/03/2023.

URIC ACID, Serum 8.7 3.5-7.2 mg/dl Enzymatic

Urine Sugar (Fasting) Absent Absent

Urine Ketones (Fasting) Absent Absent

Urine Sugar (PP) Absent Absent

Urine Ketones (PP) Absent Absent

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



MC-2111

Bmhasakar

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



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Reported : 11-Mar-2023 / 12:22

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	122.6	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 Borivali Lab, Borivali West

*** End Of Report ***

Bmhasakar

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

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

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Reported : 11-Mar-2023 / 15:30

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

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

NOTE: Test performed by automated 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. Vrushi Shroff

Dr.VRUSHALI SHROFF
M.D.(PATH)
Pathologist



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Reported : 11-Mar-2023 / 15:03

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	202.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	178.3	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	45.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	156.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	121.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	35.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.7	0-3.5 Ratio	Calculated

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



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Dr.KETAKI MHASKAR
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.3	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.43	0.35-5.5 microIU/ml	ECLIA



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Interpretation:

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

Clinical Significance:

- 1)TSH Values between high abnormal upto15 microlU/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, tyrosin 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 Borivali Lab, Borivali West
*** End Of Report ***



Bmhasakar

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



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Name : Mr DAS RAJA KUMAR
Age / Sex : 38 Years/Male
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 11-Mar-2023
Reported : 11-Mar-2023 / 14:08

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 SUDHANSHU SAXENA** before dispatch.

DR.SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
RegNo .MMC 2016061376.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023031108382508>



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Age / Sex : 38 Years/Male
Ref. Dr :
Reg. Location : Borivali West

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USG WHOLE ABDOMEN

LIVER: Liver is normal in size with mild generalized increase in parenchymal echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. No obvious wall thickening is noted. 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.

KIDNEYS: Right kidney measures 9.9 x 4.6 cm. Left kidney measures 9.3 x 4.6 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. Prostate measures 3.3 x 3.3 x 3.3 cm and prostatic weight is 20 gm. No evidence of any obvious focal lesion.

No free fluid or size significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023031108382500>

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2307018361
Name : Mr DAS RAJA KUMAR
Age / Sex : 38 Years/Male
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 11-Mar-2023
Reported : 11-Mar-2023 / 11:13

R
E
P
O
R
T

Opinion:

➤ Grade I fatty infiltration of liver .

For clinical correlation and follow up.

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

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

This report is prepared and physically checked by DR SUDHANSHU SAXENA before dispatch.

DR.SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
RegNo .MMC 2016061376.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023031108382500>

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2307020119
Name : Mr VAIBHAV PATIL
Age / Sex : 30 Years/Male
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 11-Mar-2023
Reported : 11-Mar-2023 / 14:10

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 SUDHANSHU SAXENA before dispatch.

DR.SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
RegNo .MMC 2016061376.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023031111052337>

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Name: RAJA KUMAR DAS **Date: 11-03-2023 Time: 10:08**
Age: 38 **Gender: M** **Height: 157 cms** **Weight: 64 Kg** **ID: 2307018361**
Clinical History: NIL
Medications: NIL

Test Details:

Protocol: Bruce **Predicted Max HR: 182** **Target HR: 154**
Exercise Time: 0:06:55 **Achieved Max HR: 164 (90% of Predicted MHR)**
Max BP: 150/80 **Max BP x HR: 24600** **Max Mets: 7.7**
Test Termination Criteria: TEST COMPLET

Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	00:14	1	0	0	88	120/80	10560	2.6 V4	0.5 V2
Standing	00:13	1	0	0	68	120/80	8160	1.1 V2	1.9 V2
HyperVentilation	00:12	1	0	0	64	120/80	7680	1.1 V5	1.9 V2
PreTest	00:11	1	1.6	0	72	120/80	8640	1.4 V5	1.5 V2
Stage: 1	00:20	0.5	2.7	10	87	120/80	10440	-1.7 aVR	1.7 V2
Stage: 2	03:00	3.9	4	12	125	120/80	15000	1.5 V2	1.5 V2
Stage: 3	03:00	7.1	5.5	14	150	140/80	21000	16.7 V2	2.9 V2
Peak Exercise	00:35	7.7	6.8	16	164	150/80	24600	3.2 aVR	1.2 V2
Recovery1	01:00	1	0	0	120	150/80	18000	2.5 V2	1.1 V4

Interpretation

The Patient Exercised according to Bruce Protocol for 0:06:55 achieving a work level of 7.7 METS.
 Resting Heart Rate, initially 88 bpm rose to a max. heart rate of 164bpm (90% of Predicted Maximum Heart Rate).
 Resting Blood Pressure of 120/80 mmHg, rose to a maximum Blood Pressure of 150/80 mmHg

Good Effort tolerance Normal HR & BP Response No Angina or Arrhythmias
 No Significant ST-T Change Noted During Exercise Stress test Negative for Stress inducible ischaemia.

Suburban Diagnostics (I) Pvt. Ltd.
 301 & 302, 3rd Floor, Vini Elegance,
 Above Tanisq Jeweller, L. T. Road,
 Borivali (West), Mumbai - 400 092.

Ref. Doctor: ----

Doctor: ----

SCHILLER
The Art of Diagnostics

(Summary Report edited by User)
DR. NITIN SONAVANE
 M.B.B.S.AFLH, D.DIAB, D.CARD.
CONSULTANT-CARDIOLOGIST
 REGD. NO. : 87714

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

RAJA KUMAR DAS

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2307018361

Stage: Supine

Date: 11-03-2023

Speed: 0 km/h

Exec Time : 0:00:00

Slope: 0%

Stage Time: 00:14

THR: 154 bpm

HR: 88 bpm

Bp: 120/80 mmHg

STLevel(mm) STSlope(mV)

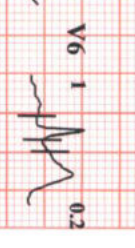
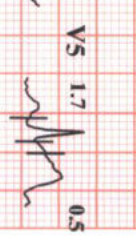
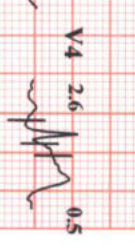
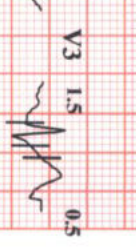
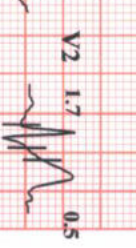
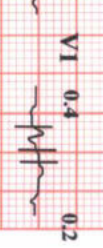
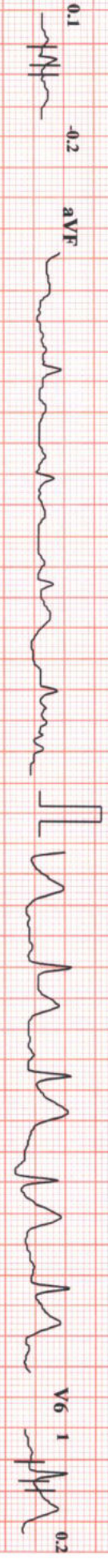
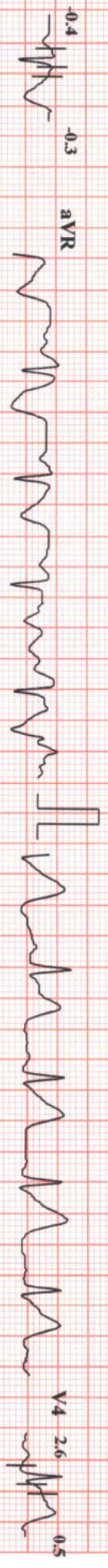
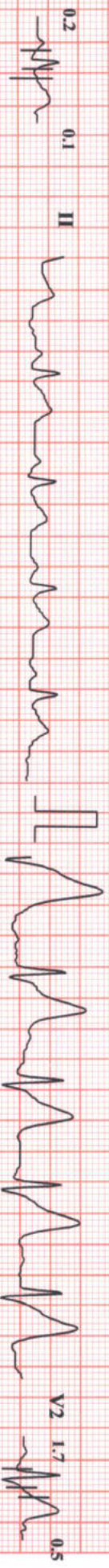
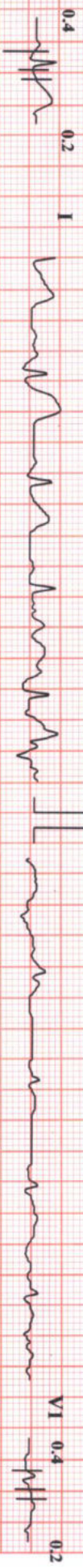


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

RAJA KUMAR DAS

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2307018361
Stage: Standing

Date: 11-03-2023
Speed: 0

Exec Time : 0:00:00
Slope: 0%

Stage Time: 00:13
THR: 154 bpm

HR: 68 bpm

BP: 120/80 mmHg
STLevel(mm) STSlope(mV/s)

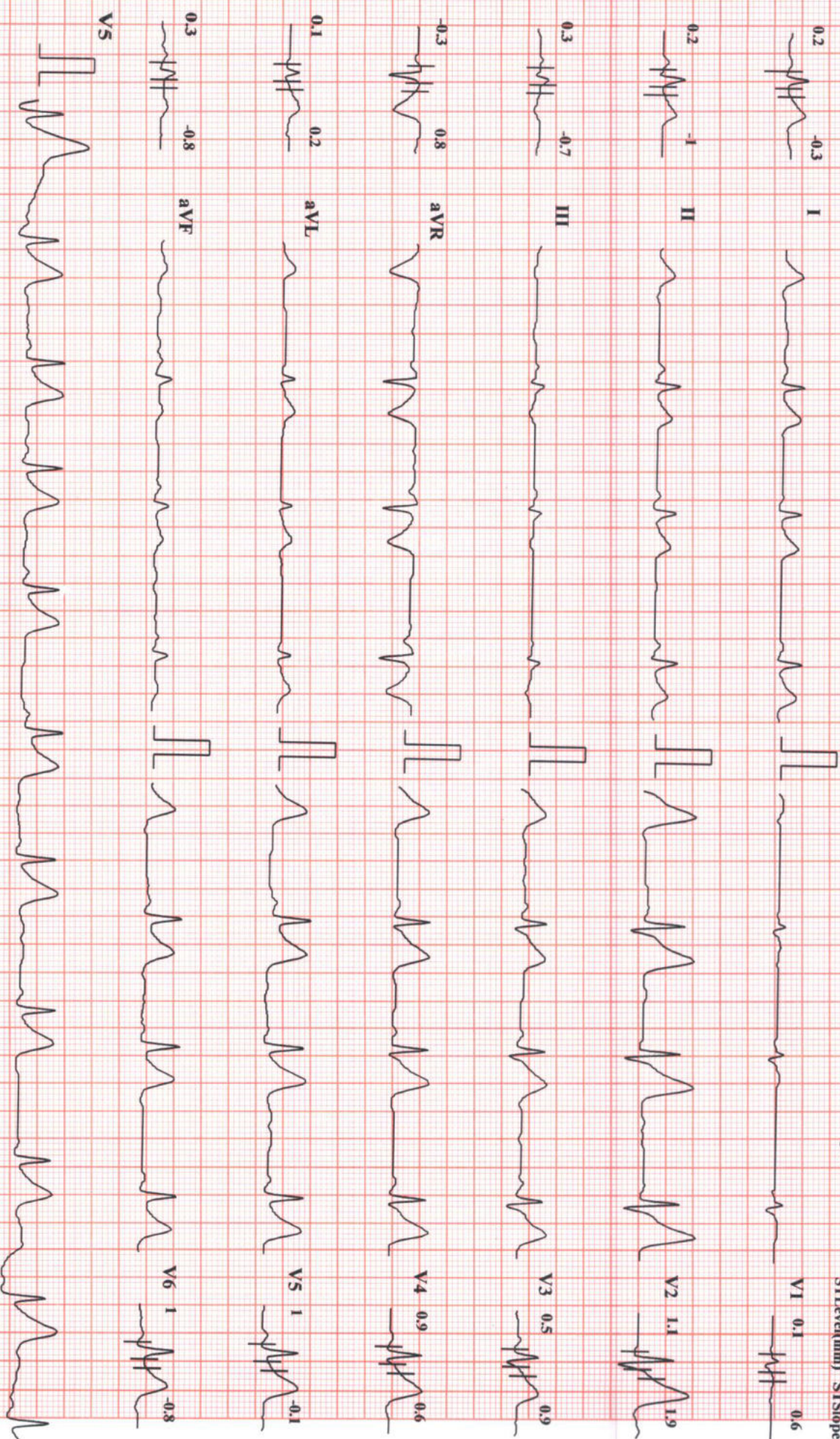


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

RAJA KUMAR DAS

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Bruce Protocol

ID: 2307018361

Date: 11-03-2023

Exec Time : 0:00:00

Stage Time: 00:12

HR: 64 bpm

STLevel(mm) STSlope(mV/s)

Stage: HyperVentilation

Speed: 0

Slope: 0 %

THR: 154 bpm

BP: 120/80 mmHg

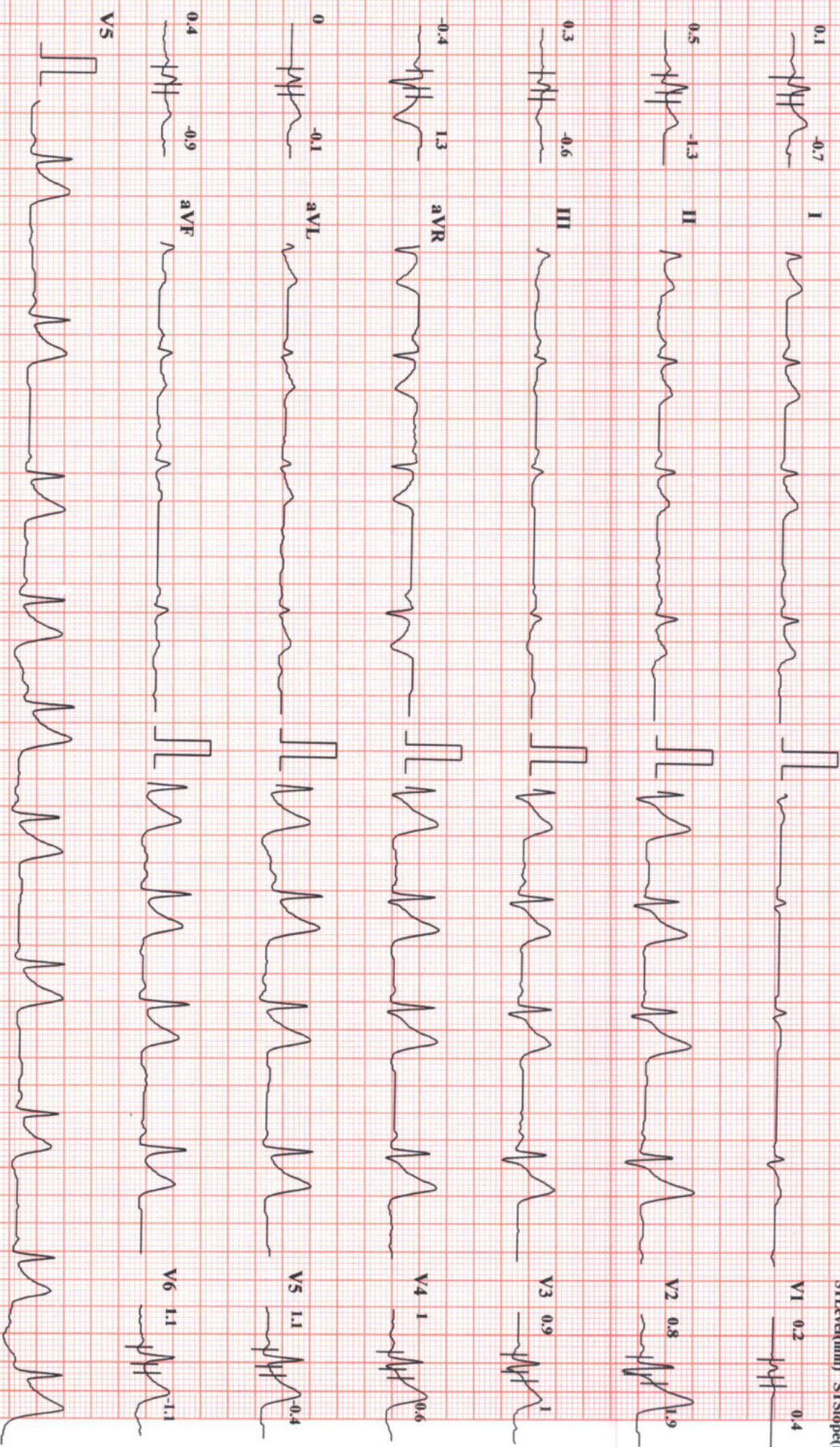


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

RAJA KUMAR DAS

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Brice Protocol

ID: 2307018361

Date: 11-03-2023

Exec Time: 0:00:20

Stage Time: 00:20

HR: 87 bpm

STLevel(mm) STSlope(mV/s)

Stage: 1

Speed: 2.7 kmph

Slope: 10 %

THR: 154 bpm

BP: 120/80 mmHg
STLevel(mm) STSlope(mV/s)

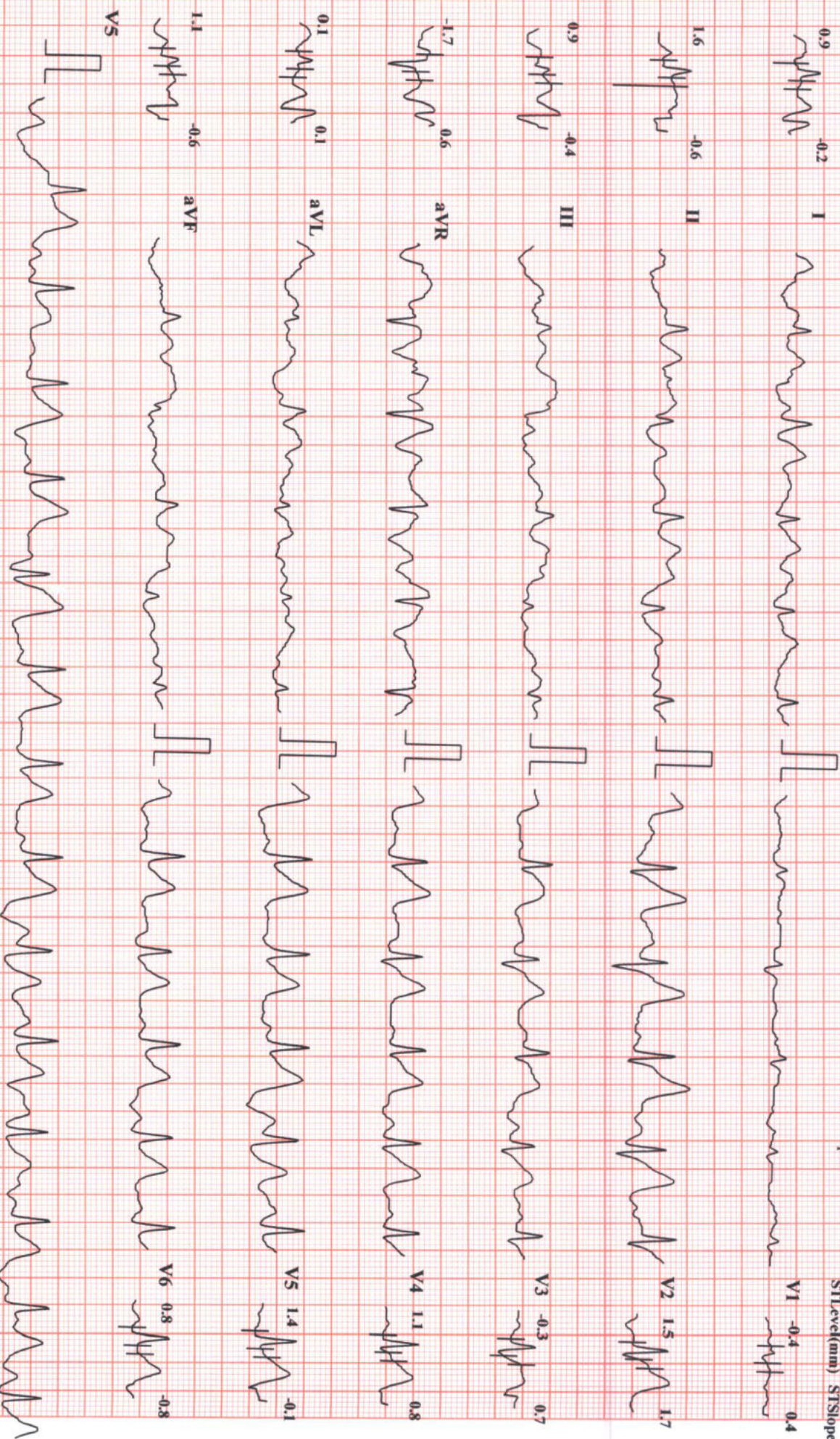


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

RAJA KUMAR DAS

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Bruce Protocol

ID: 2307018361

Date: 11-03-2023

Exec Time : 0:03:20

Stage Time: 03:00

HR: 125 bpm

STLevel(mm) STSlope(mV/s)

Stage: 2

Speed: 4 kmph

Slope: 12%

THR: 154 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV)

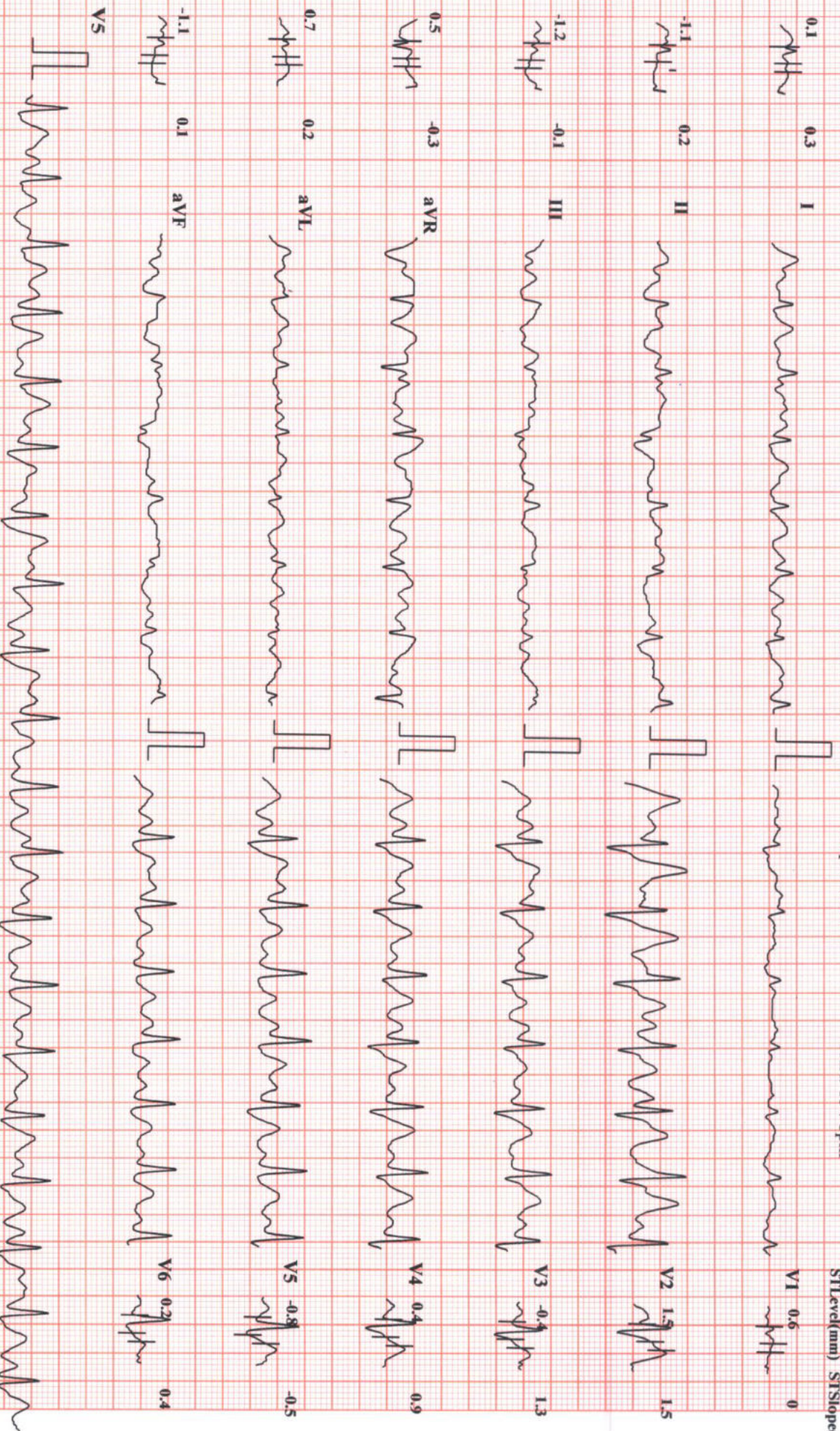


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

RAJA KUMAR DAS

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2307018361

Stage: 3

Date: 11-03-2023

Speed: 5.5 kmph

Exec Time: 0:06:20

Slope: 4%

Stage Time: 03:00

THR: 154 bpm

HR: 150 bpm

Bp: 140/80 mmHg

STLevel(mm) STSlope(mV)



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO - R - 60 ms. J - R + 60 ms. Post J = J + 60 ms

RAJA KUMAR DAS

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Bruce Protocol

ID: 2307018361

Date: 11-03-2023

Exec Time : 0:06:55

Stage Time: 00:35

HR: 164 bpm

STLevel(mm) STSlope(mV/s)

Stage: 4 Peak Exercise

Speed: 6.8 kmph

Slope: 16%

THR: 154 bpm

BP: 150/80 mmHg

STLevel(mm) STSlope(mV/s)



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

SUBRBAN DIANOSTICS PVT. LTD. BORIVALI

RAJA KUMAR DAS

Bruce Protocol

STLevel(mm) STISlope(mV/s)

ID: 2307018361

Date: 11-03-2023

Exec Time : 00:00

Stage Time: 01:00

HR: 120 bpm

Bp: 150/80 mmHg

STLevel(mm) STISlope(mV/s)

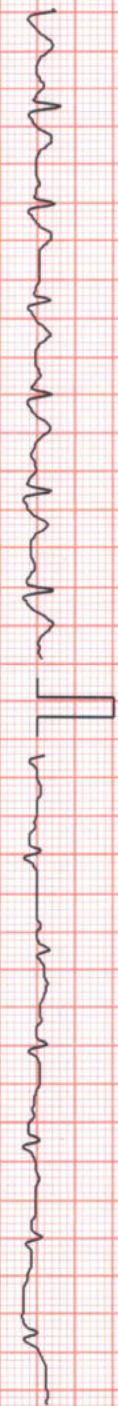
Stage: Recovery I

Speed: 0 kmph

Slope: 0 %

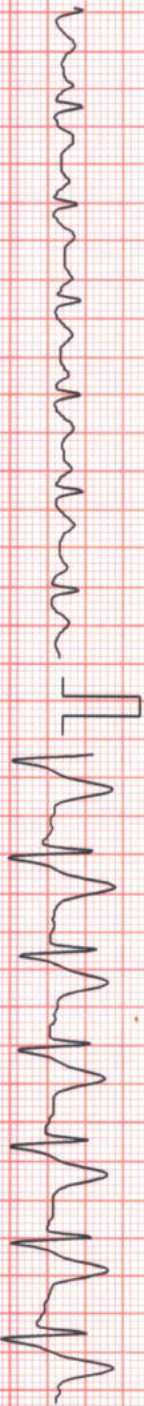
THR: 154 bpm

0.4 I



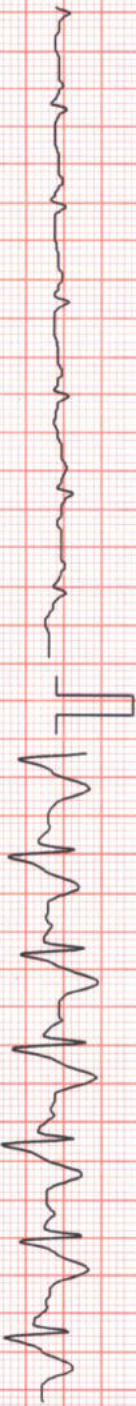
V1 0.3 0.1

0.1 II



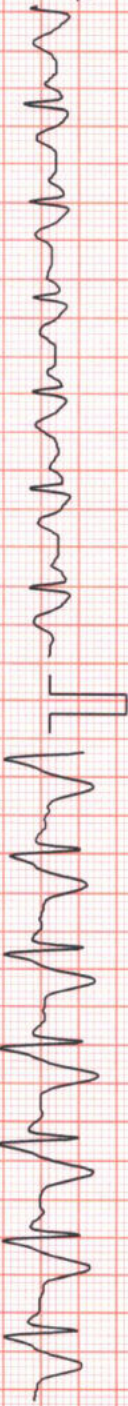
V2 2.5 0.9

-0.3 III



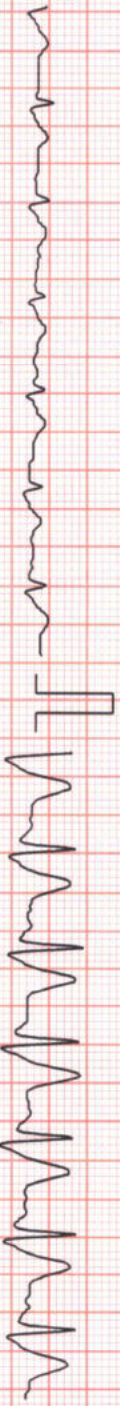
V3 2.2 0.8

-0.4 aVR



V4 2.4 1.1

0.3 aVL



V5 1.9 1

0 aVF



V6 1.6 0.8



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spandan CS30 Version: 2.14

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

RAJA KUMAR DAS

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2307018361

Stage: Recovery2

Date: 11-03-2023

Speed: 0 kmph

Exec Time : 00:00

Slope: 0%

Stage Time: 00:10

THR: 154 bpm

HR: 118 bpm

Bp: 130/80 mmHg

STLevel(mm) STSlope(mV/s)



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms