

TO WHOMSOEVER IT MAY CONCERN

## Fitness Certificate

1. Dr. Geetanjali Khullar have examined

Mr/Ms/Mrs. *Ravi Khakharipa*

His/Her pathological reports are within normal limits

(In case of abnormal)

His/Her Pathological reports shows.....

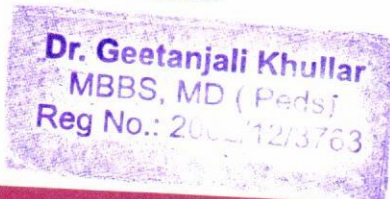
His / Her X-ray and ECG are Normal

He / She is FIT for Employment

Date:- *27.9.21*

*Khullar*

Dr. Geetanjali Khullar



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

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

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CID : 2126842724  
Name : MR.RAVI KHAKHARIYA  
Age / Gender : 32 Years/Male  
Ref. Dr : -  
Reg.Location : Andheri West (Main Centre)

SID : 177803185928  
Registered : 25-Sep-2021 / 09:24  
Collected : 25-Sep-2021 / 09:24  
Reported : 27-Sep-2021 / 09:24  
Printed : 27-Sep-2021 / 14:00

**PHYSICAL EXAMINATION REPORT**

**History and Complaints:**  
Asymptomatic

**EXAMINATION FINDINGS:**

Height (cms):	169 cms	Weight (kg):	70 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	110/70 mm of Hg	Nails:	Normal
Pulse:	92/min	Lymph Node:	Not palpable

**Systems**

Cardiovascular:	S1S2 audible
Respiratory:	AEBE
Genitourinary:	NAD
GI System:	Liver & Spleen not palpable
CNS:	NAD

**IMPRESSION:**  
All reports of tests done essentially Normal.  
Client is clinically Fit.

**ADVICE:**

**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

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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	NO
2)	Smoking	NO
3)	Diet	Veg
4)	Medication	NO

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

*Geetanjali Khullar*  
**Dr.Geetanjali Khullar**

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Reported : 25-Sep-2021 / 13:11

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## AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

### CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	15.9	13.0-17.0 g/dL	Spectrophotometric
RBC	4.94	4.5-5.5 mil/cmm	Elect. Impedance
PCV	47.8	40-50 %	Measured
MCV	96.7	80-100 fl	Calculated
MCH	32.2	27-32 pg	Calculated
MCHC	33.3	31.5-34.5 g/dL	Calculated
RDW	16.7	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6350	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	28.1	20-40 %	
Absolute Lymphocytes	1784.4	1000-3000 /cmm	Calculated
Monocytes	6.5	2-10 %	
Absolute Monocytes	412.8	200-1000 /cmm	Calculated
Neutrophils	63.2	40-80 %	
Absolute Neutrophils	4013.2	2000-7000 /cmm	Calculated
Eosinophils	1.7	1-6 %	
Absolute Eosinophils	108.0	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	31.8	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	287000	150000-400000 /cmm	Elect. Impedance
MPV	7.8	6-11 fl	Calculated
PDW	11.6	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		
Macrocytosis	-		



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Anisocytosis -  
Poikilocytosis -  
Polychromasia -  
Target Cells -  
Basophilic Stippling -  
Normoblasts -  
Others Normocytic, Normochromic  
WBC MORPHOLOGY -  
PLATELET MORPHOLOGY -  
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 5 2-15 mm at 1 hr. Westergren

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



MC-2111



*Amar Das Gupta*  
**Dr. AMAR DASGUPTA, MD, PhD**  
Consultant Hematopathologist  
Director - Medical Services

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

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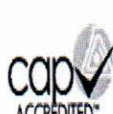
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	90.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma - PP/R	55.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
<b>Result rechecked. Kindly correlate clinically.</b>			
BILIRUBIN (TOTAL), Serum	0.72	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.29	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.43	0.1-1.0 mg/dl	Calculated
SGOT (AST), Serum	13.1	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	6.6	5-45 U/L	NADH (w/o P-5-P)
ALKALINE PHOSPHATASE, Serum	76.4	40-130 U/L	Colorimetric
BLOOD UREA, Serum	13.8	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.4	6-20 mg/dl	Calculated
CREATININE, Serum	0.84	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	113	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.6	3.5-7.2 mg/dl	Enzymatic

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*Anupa*

**DR. ANUPA DIXIT**  
M.D.(PATH)

**Consultant Pathologist & Lab Director**

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

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	4.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	93.9	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.

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



MC-2111



*L. C. Salunkhe*  
**Dr. LEENA SALUNKHE**  
**M.B.B.S, DPB (PATH)**  
**Pathologist**

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

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

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

**Clinical significance:**  
ABO system is most important of all blood group in transfusion medicine

**Limitations:**

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

**References:**

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

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



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*Anupa*  
**Dr. ANUPA DIXIT**  
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**Pathologist**

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**THYROID FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.8	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.4	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.47	0.35-5.5 microIU/ml	ECLIA

**Interpretation:**

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

**Clinical Significance:**

- 1)TSH Values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

**Limitations:**Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.

**Reference:**

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

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



MC-2111

*Anupa*

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

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	163.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	61.6	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	41.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	122.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	110.0	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	12.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.7	0-3.5 Ratio	Calculated

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Collected : 25-Sep-2021 / 09:40  
Reported : 25-Sep-2021 / 14:52

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</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	Slight hazy	Clear	-
Volume (ml)	40	-	-
<b>CHEMICAL EXAMINATION</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>MICROSCOPIC EXAMINATION</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	+(>20/hpf)	Less than 20/hpf	
Others	-		

Kindly rule out contamination.

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**X-RAY CHEST PA VIEW**

Both lung fields are clear.

Both costo-phrenic angles are clear.

No hilar abnormality is seen.

The cardiac size and shape are within normal limits.

The aorta shows normal radiological features.

The trachea is central.

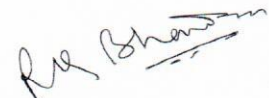
The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

**IMPRESSION:**

**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

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



**Dr.R K BHANDARI**  
**M.D.,D.M.R.E**  
**CONSULTANT RADIOLOGIST**

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

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**AUDIOMETRY**

Name: Ravi Khakhariya  
Date: 25/09/2024

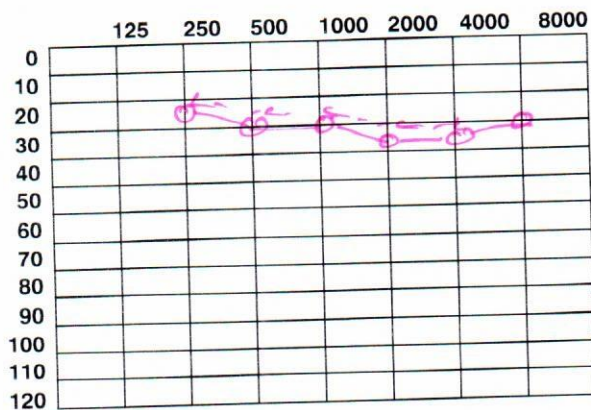
CID: 2126842724

Sex / Age: 32/M

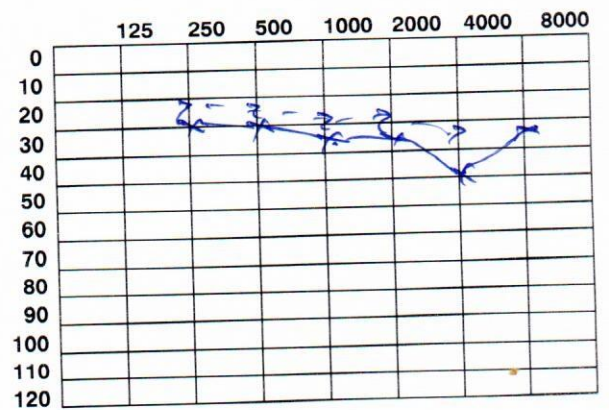
History: No significant medical history

**AUDIOGRAM**

**Pure Tone Audiogram Right**



**Pure Tone Audiogram Left**



- 0 -> Right A. C. Threshold
- ? -> Right Masked A. C. Threshold ▲
- < -> Right B. C. Threshold
- [-> Right Masked B. C. Threshold

- X -> Left A. C. Threshold
- ? -> Left Masked A. C. Threshold ◻
- > -> Left B. C. Threshold
- ] -> Left Masked B. C. Threshold

**Interpretation:**  
Bilateral hearing sensitivity within normal limits.

*Anand Choudhari*  
**Anand Choudhari**  
(A.S.L.P.)  
Audiologist & Speech Language Pathologist

Reg. No. A38623

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

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

Patient Name : MR RAVI KHAKHARIYA

Age : 32 Years /MALE

Ref Dr. : --

Date : 25.09.2021

CID. No : 2126842724

**USG WHOLE ABDOMEN**

**LIVER:** Liver is normal in size (13.5cm. cranio-caudal) and **shows bright 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 10.3 x 4.8cm. Left kidney measures 9.6 x 4.8cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

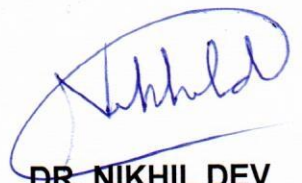
**SPLEEN:** Spleen is normal in size (10.0cm.), shape and echotexture. No focal lesion is seen.

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

**PROSTATE:** Prostate measures 3.8 x 2.9 x 2.9cm. and prostatic weight is 17.1g. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

**IMPRESSION:** Grade I fatty liver.



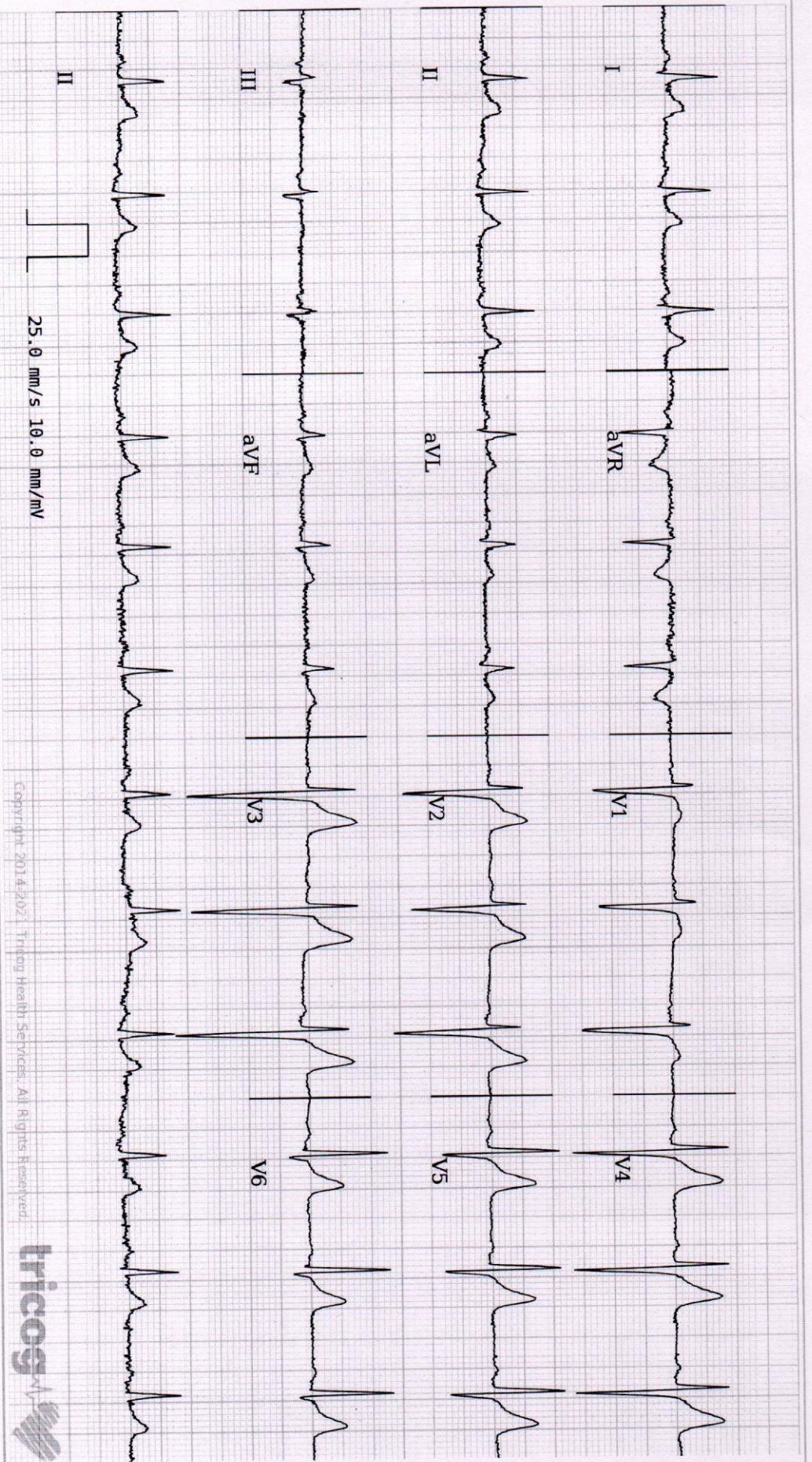
**DR. NIKHIL DEV**  
**MD. RADIOLOGIST**

\*\*\* End of Report \*\*\*

**ADDRESS:** 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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Age **32** NA **19**  
years months days

Gender **Male**

Heart Rate **76** bpm

**Patient Vitals**

BP: NA  
Weight: NA  
Height: NA  
Pulse: NA  
Spo2: NA  
Resp: NA

Others:

**Measurements**

QSRD: 92 ms  
QT: 328 ms  
QTc: 369 ms  
PR: 140 ms  
P-R-T: 20° 30° 34°

REPORTED BY

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

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

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

## SUBURBAN DIAGNOSTICS

**Patient Details**                      **Date: 25-Sep-21**                      **Time: 11:05:53 AM**  
**Name: RAVI KHAKHARIYA**    **ID: 2126842724**  
**Age: 32 y**                                      **Sex: M**                                      **Height: 169 cms.**                                      **Weight: 70 Kg.**  
**Clinical History: NONE**

**Medications: NONE**

### Test Details

**Protocol: Bruce**                                      **Pr.MHR: 188 bpm**                                      **THR: 159 (85 % of Pr.MHR) bpm**  
**Total Exec. Time: 7 m 0 s**                                      **Max. HR: 161 ( 86% of Pr.MHR )bpm**                                      **Max. Mets: 10.20**  
**Max. BP: 160 / 80 mmHg**                                      **Max. BP x HR: 25760 mmHg/min**                                      **Min. BP x HR: 5040 mmHg/min**  
**Test Termination Criteria: Target HR attained**

### Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 18	1.0	0	0	70	110 / 80	-1.27 aVR	3.18 I
Standing	0 : 7	1.0	0	0	63	110 / 80	-0.42 aVR	2.12 V3
Hyperventilation	0 : 32	1.0	0	0	94	110 / 80	-3.40 III	-3.89 III
1	3 : 0	4.6	1.7	10	129	120 / 80	-1.49 III	5.66 V3
2	3 : 0	7.0	2.5	12	155	130 / 80	-2.12 III	5.66 V2
Peak Ex	1 : 0	10.2	3.4	14	161	160 / 80	-2.76 III	5.66 V3
Recovery(1)	1 : 0	1.8	1	0	123	140 / 80	-1.91 III	5.66 V3
Recovery(2)	1 : 0	1.0	0	0	97	120 / 80	-1.06 III	5.66 V3
Recovery(3)	0 : 21	1.0	0	0	109	110 / 80	-0.64 III	5.66 V3

### Interpretation

GOOD EFFORT TOLERANCE  
 NORMAL CHRONOTROPIC RESPONSE  
 NORMAL INOTROPIC RESPONSE  
 NO ANGINA/ ANGINA EQUIVALENTS  
 NO ARRHYTHMIAS  
 NO SIGNIFICANT ST-T CHANGES FROM BASELINE  
 IMPRESSION: STRESS TEST IS NEGATIVE FOR STRESS INDUCIBLE ISCHAEMIA

Disclaimer: Negative stress test does not rule out Coronary Artery Disease.  
 Positive stress test is suggestive but not confirmatory of Coronary Artery Disease.  
 Hence clinical correlation is mandatory.

Dr. Ravi Chavan  
 MD; D Card  
 Consultant Cardiologist  
 Reg No : 2004/08/2468

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

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



RAVI KHAKHARIYA (32 M)

ID: 2126842724

Date: 25-Sep-21

Exec Time : 0 m 0 s

Stage Time : 0 m 12 s HR: 70 bpm

SUBURBAN DIAGNOSTICS

1esi report

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 159 bpm)

B.P: 110 / 80

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

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

I

V1

0.4 0.7

0.4 0.4

II

V2

0.2 0.0

1.3 1.4

III

V3

-0.2 -0.4

1.9 2.1

AVR

V4

0.0 0.0

1.1 1.1

AVL

V5

0.0 0.4

0.8 1.1

AVF

V6

0.0 -0.4

0.8 1.1

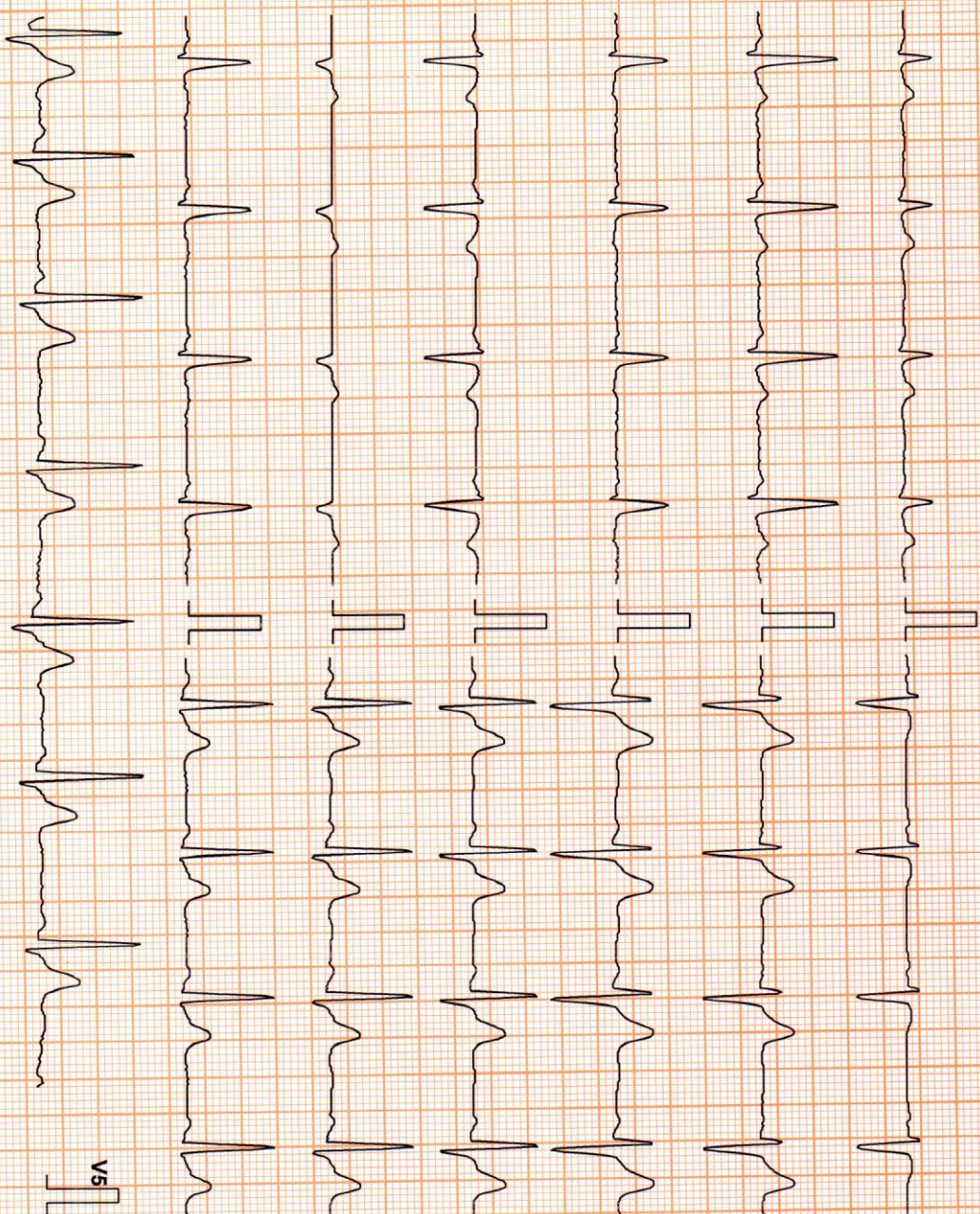


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R ± 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

Linked Median



RAVI KHAKHARIYA (32 M)

Protocol: Bruce

ID: 2126842724

Date: 25-Sep-21

Stage: Standing

Speed: 0 mph

Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 1 s

HR: 63 bpm

B.P: 110 / 80

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

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

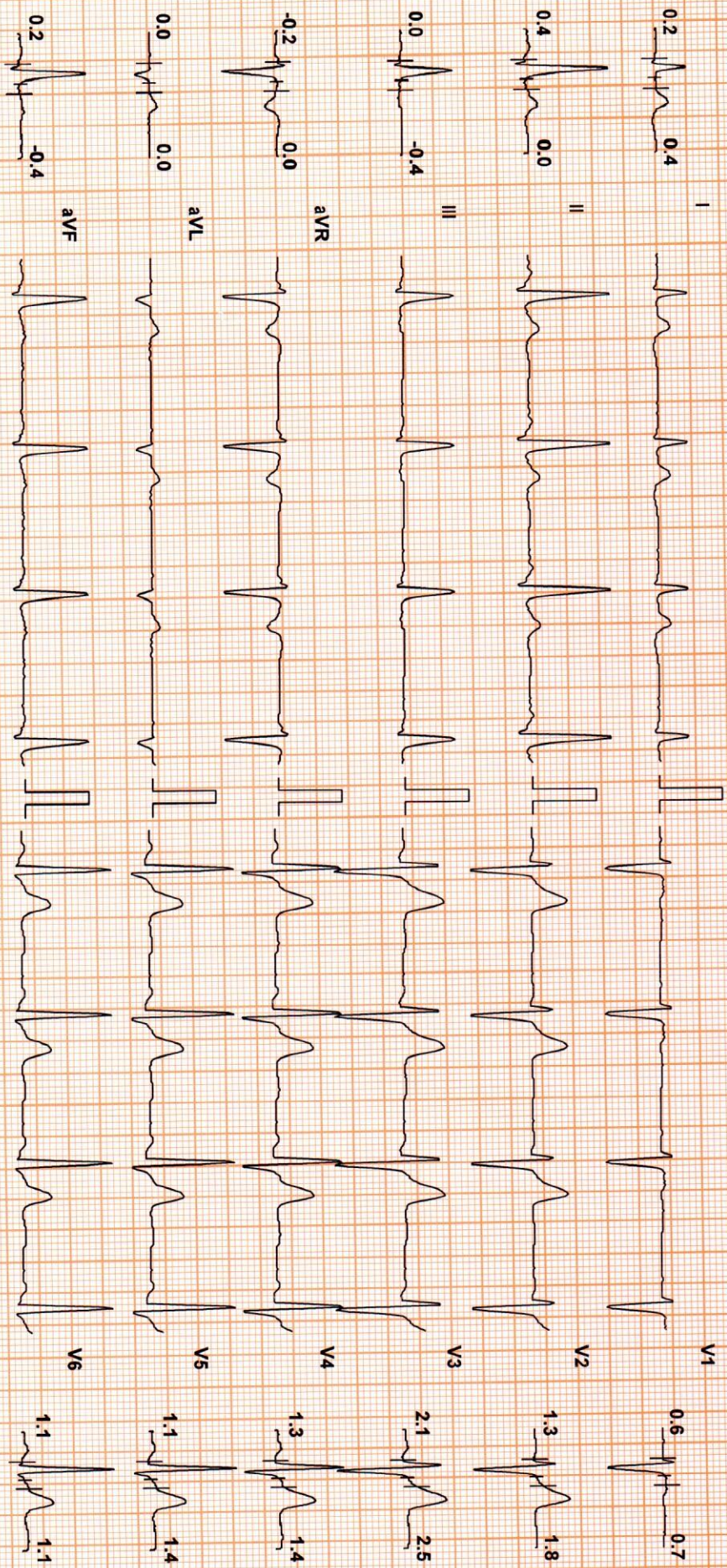


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Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



RAVI KHAKHARIYA (32 M)

ID: 2126842724

Date: 25-Sep-21

Exec Time : 0 m 0 s Stage Time : 0 m 26 s HR: 95 bpm

Protocol: Bruce

Stage: Hyperventilation Speed: 0 mph

Grade: 0 %

(THR: 159 bpm)

B.P: 110 / 80

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

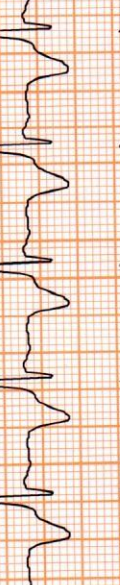
ST Level (mm) ST Slope (mV/s)

1.9 0.7



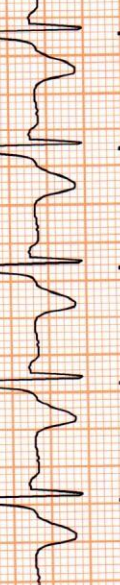
0.2 0.4

0.6 0.0



1.9 1.8

-1.5 -1.1



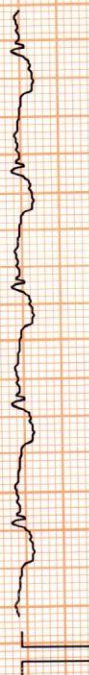
1.7 2.5

-1.3 -0.4



1.3 1.8

1.5 1.1



1.1 1.8

-0.4 -0.7



0.6 1.4

Chart Speed: 25 mm/sec  
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



RAVI KHAKHARIYA (32 M)

ID: 2126842724

Date: 25-Sep-21

Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 131 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 159 bpm)

B.P: 120 / 80

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

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

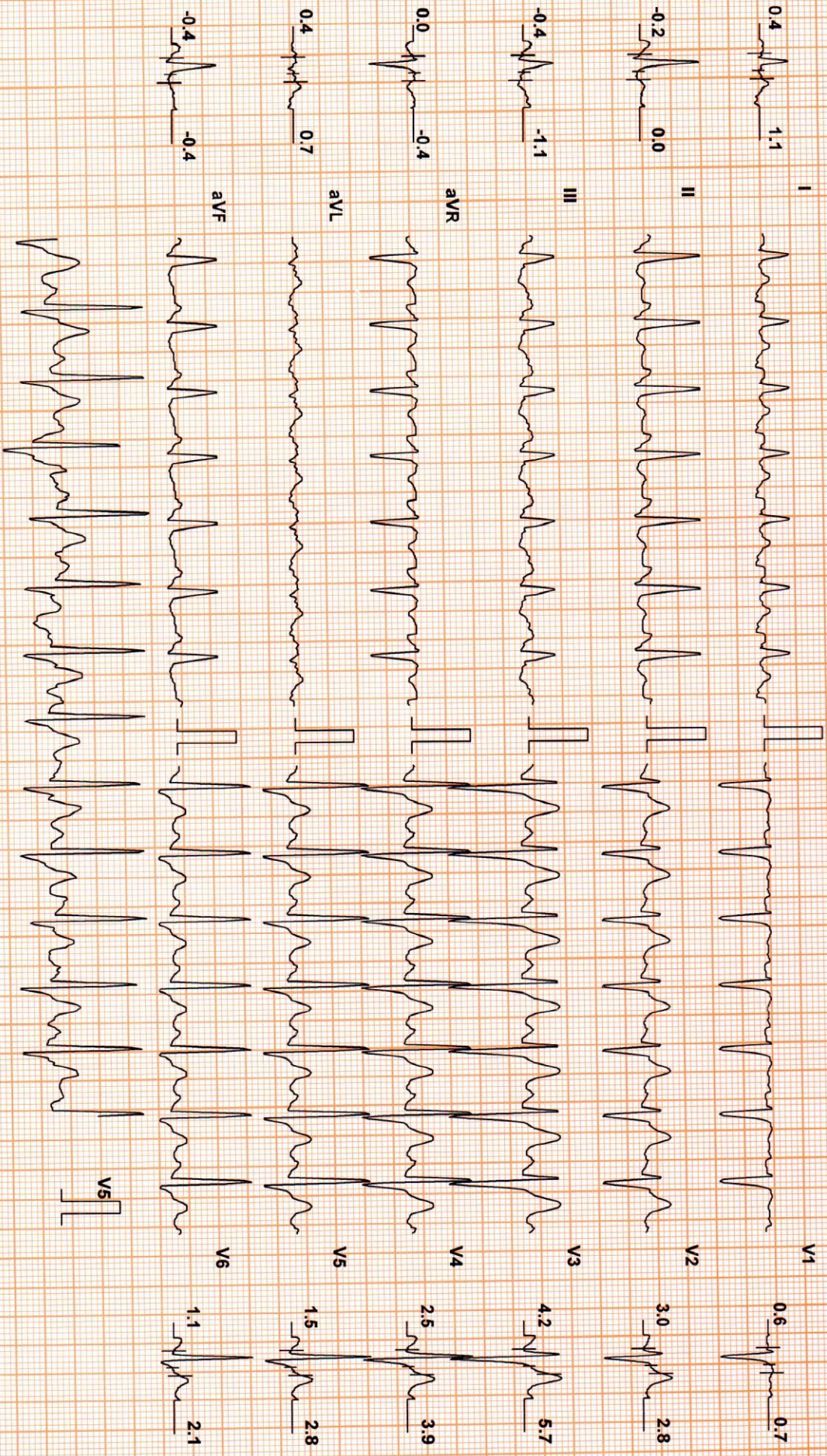


Chart Speed: 25 mm/sec  
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



RAVI KHAKHARIYA (32 M)

ID: 2126842724

Date: 25-Sep-21

Exec Time : 5 m 54 s Stage Time : 2 m 54 s

HR: 155 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 159 bpm)

B.P: 130 / 80

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

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

1.1 0.4



1.1 1.1

-0.4 0.4



4.2 5.3

-1.7 0.0



4.9 5.7

-0.4 -0.4



3.0 3.9

1.3 0.4



1.5 4.6

-1.1 0.0



0.6 3.5

Chart Speed: 25 mm/sec  
Schlifer Spanden V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Isr = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



# SUBURBAN DIAGNOSTICS

## Test Report

**RAVI KHAKHARIYA (32 M)**

ID: 2126842724

Date: 25-Sep-21 Exec Time : 6 m 54 s Stage Time : 0 m 54 s **HR: 161 bpm**

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph Grade: 14 % (THR: 159 bpm)

B.P: 160 / 80

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

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

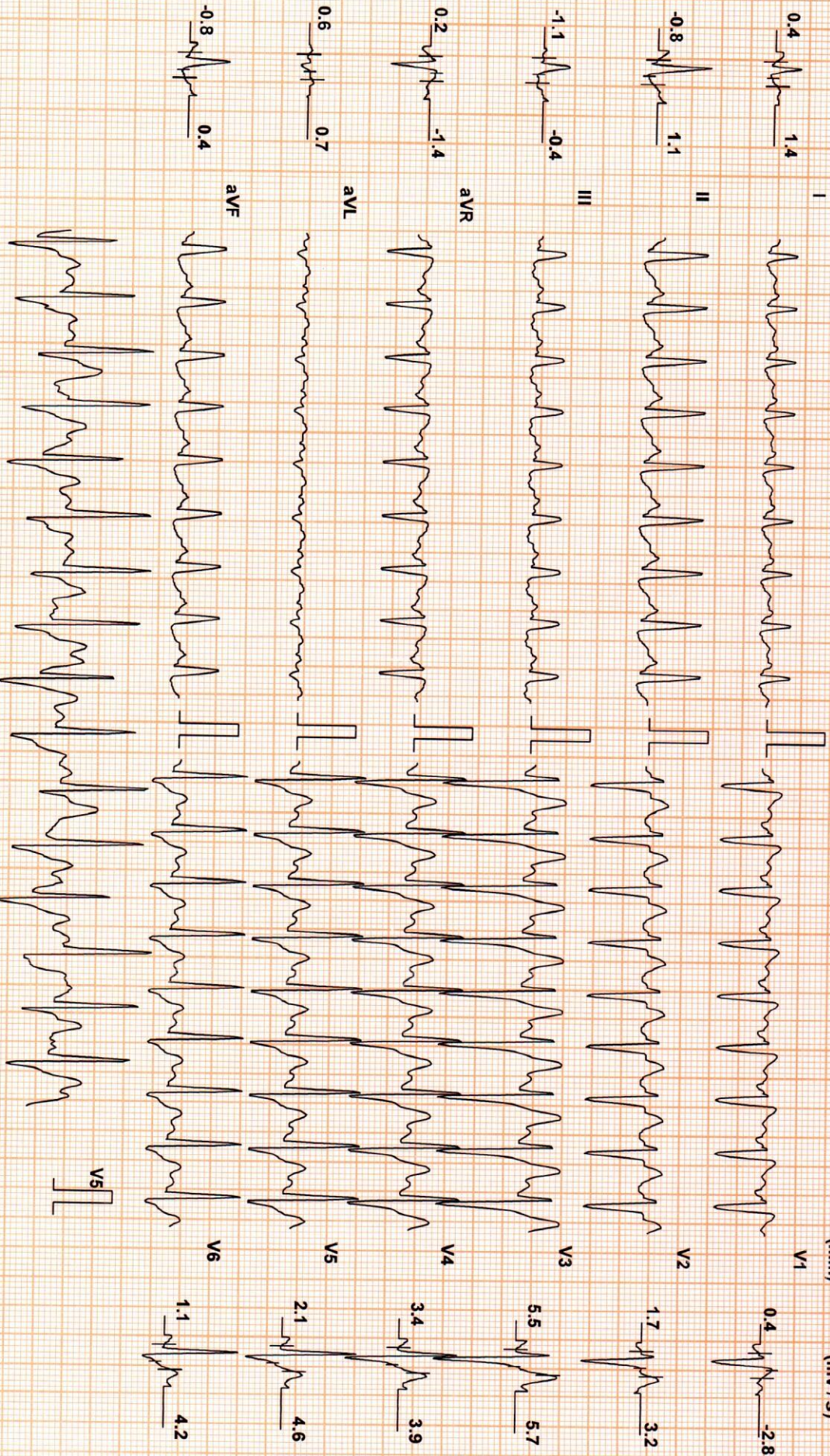


Chart Speed: 25 mm/sec  
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

RAVI KHAKHARIYA (32 M)

ID: 2126842724

Date: 25-Sep-21

Exec Time : 7 m 0 s

Stage Time : 0 m 54 s HR: 121 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 159 bpm)

B.P: 140 / 80

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

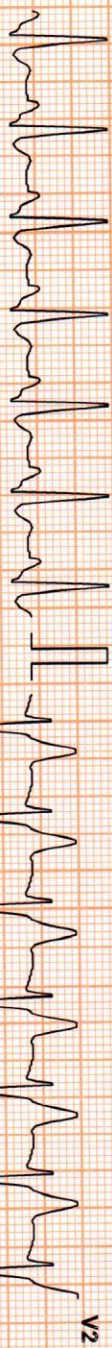
ST Level (mm) ST Slope (mV/s)

0.6 1.4



1.3 1.1

0.6 2.1



4.9 3.2

-0.6 -0.7



5.5 5.7

-0.8 -2.1



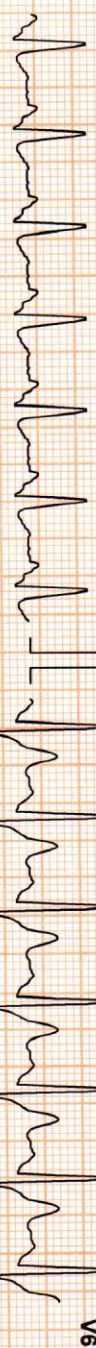
5.5 3.9

0.4 0.7



4.2 4.6

0.0 0.7



2.8 5.0

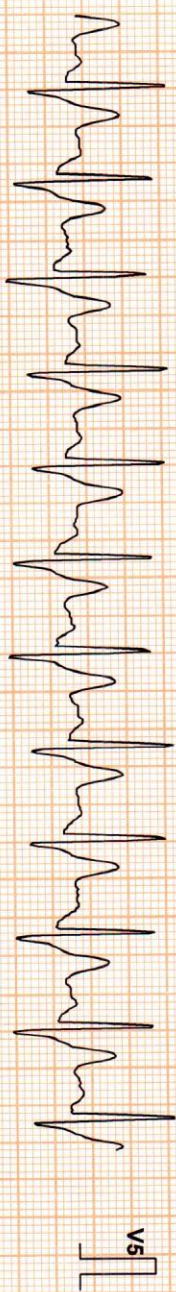


Chart Speed: 25 mm/sec  
Schlier Spandan V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

RAVI KHAKHARIYA (32 M)

ID: 2126842724

Date: 25-Sep-21

Exec Time : 7 m 0 s

Stage Time : 0 m 54 s HR: 105 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 159 bpm)

B.P: 120 / 80

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

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

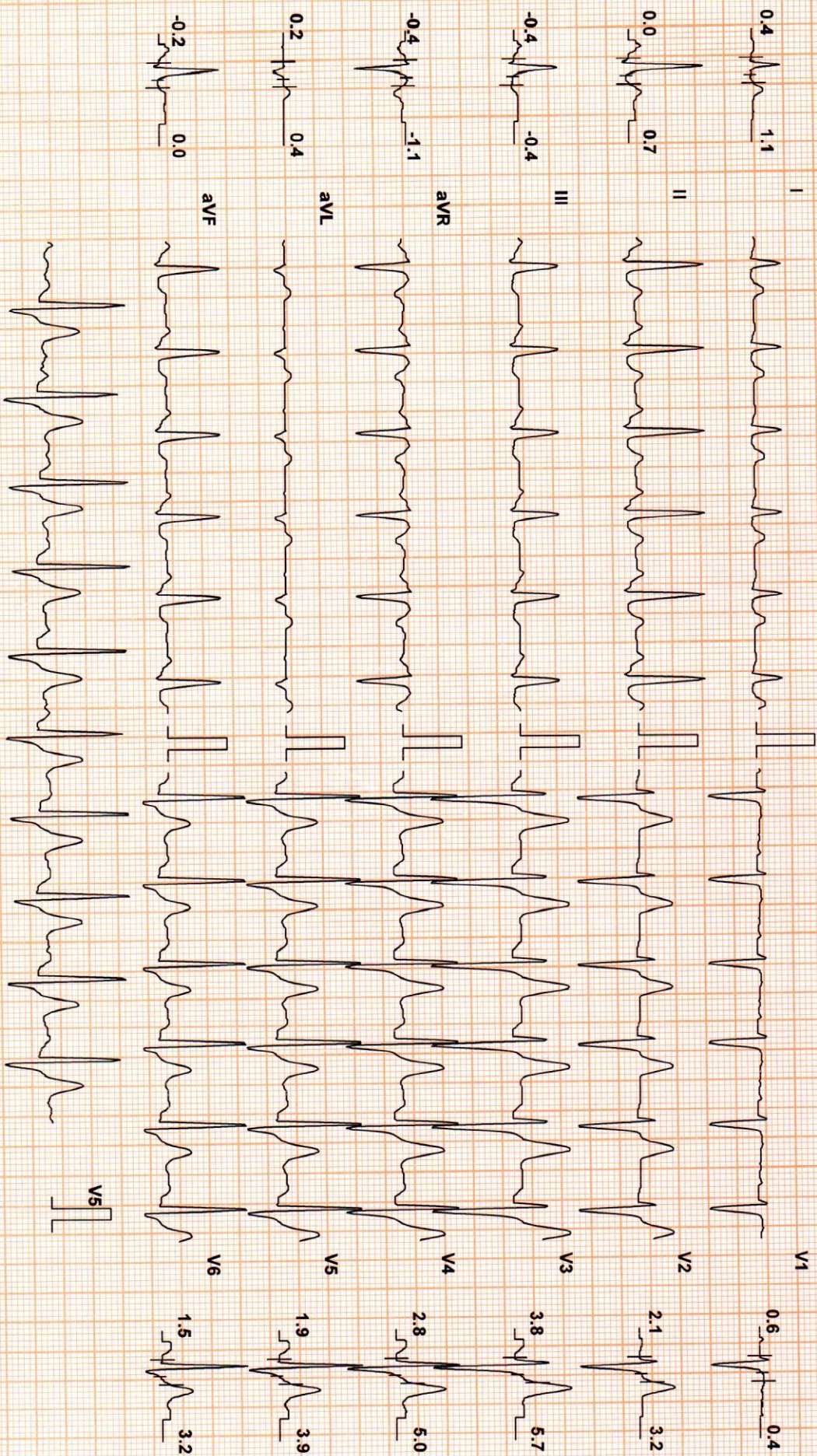


Chart Speed: 25 mm/sec  
Schlifer Spandan V.4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



RAVI KHAKHARIYA (32 M)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2126842724

Date: 25-Sep-21

Exec Time : 7 m 0 s

Stage Time : 0 m 15 s HR: 108 bpm

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 159 bpm)

B.P: 110/80

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

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

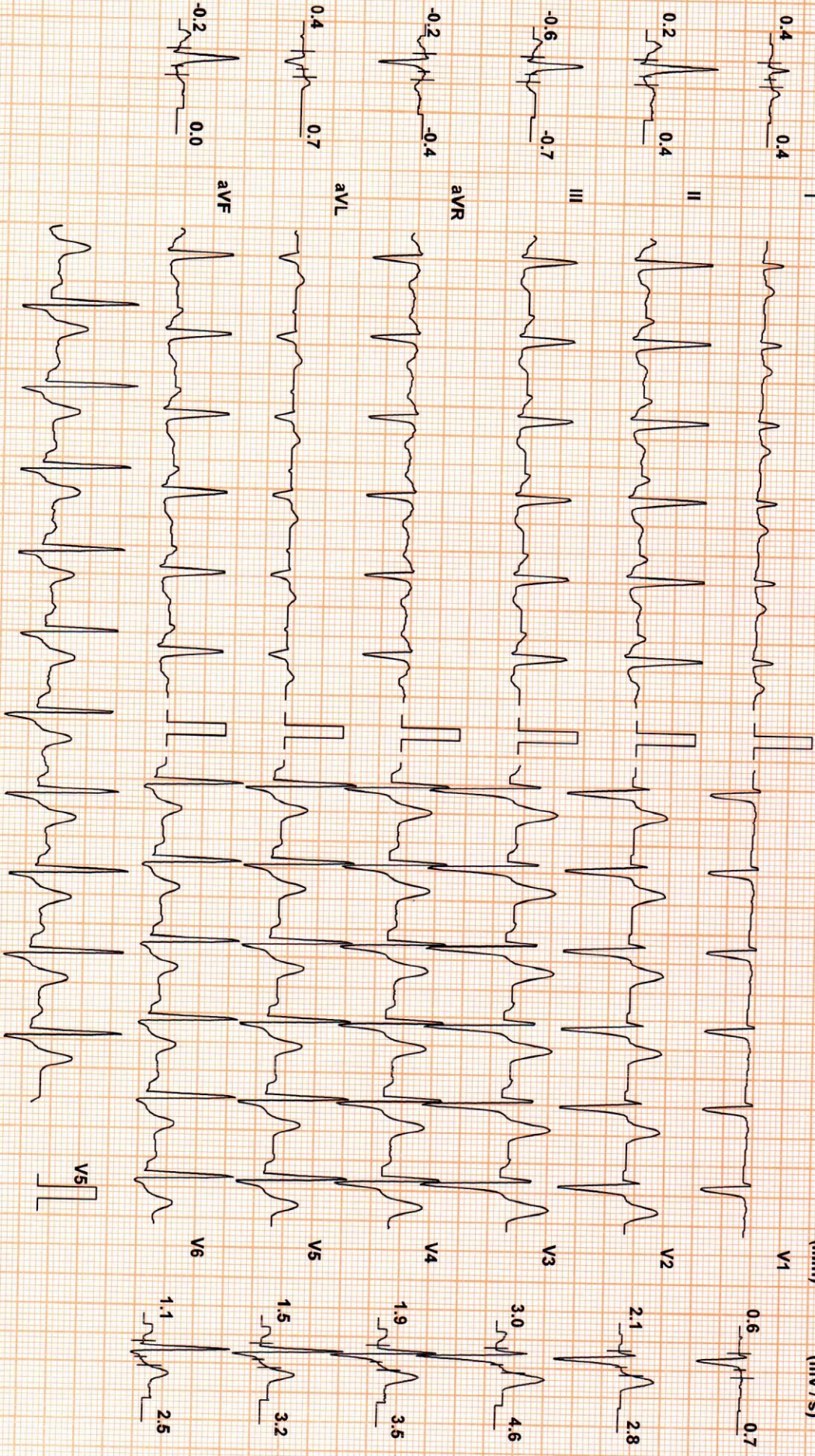


Chart Speed: 25 mm/sec  
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median