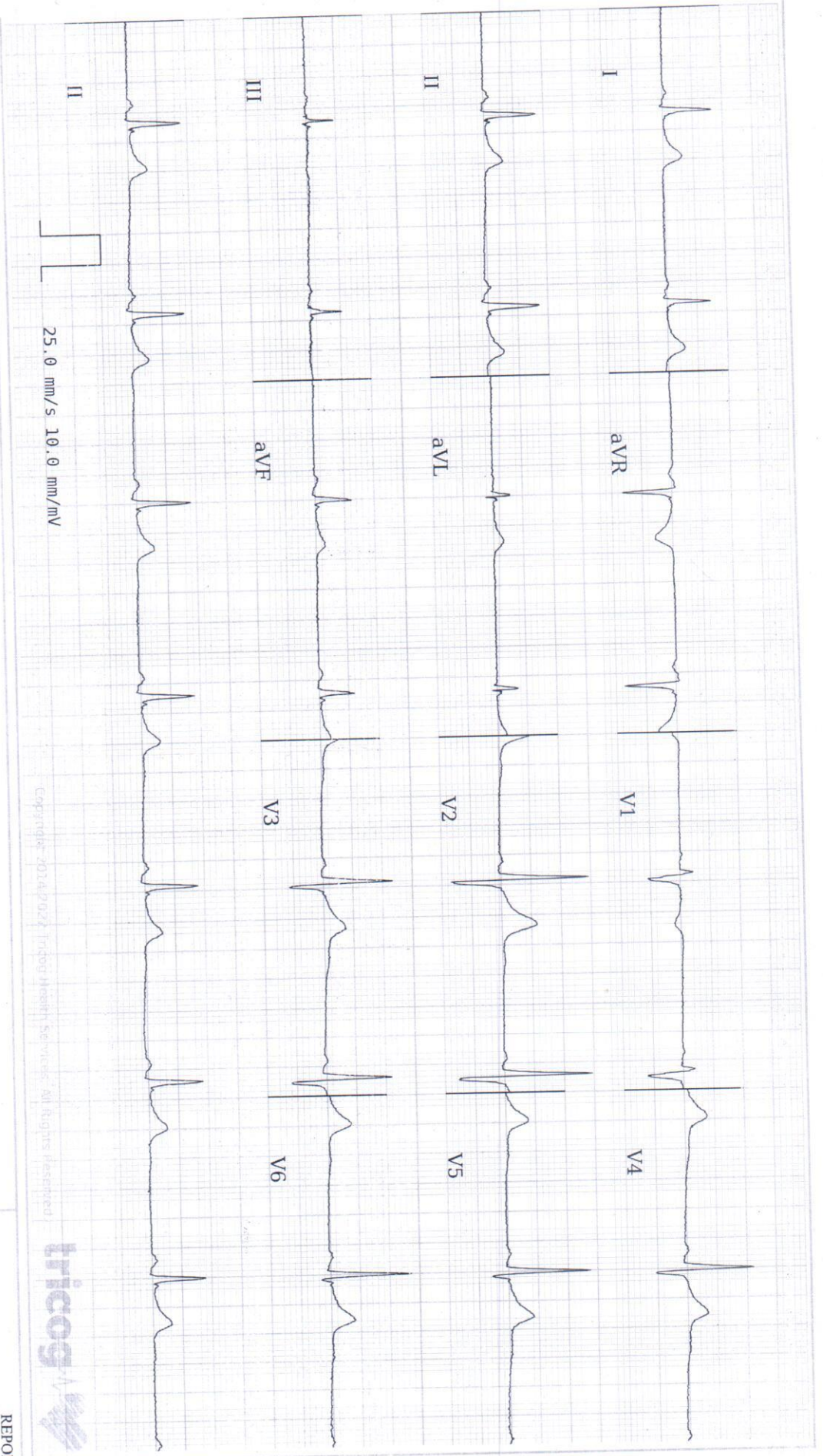


Patient Name: NILESH SONAR
Patient ID: 2233719498

SUBURBAN DIAGNOSTICS - KANDIVALI EAST
Date and Time: 3rd Dec 22 9:30 AM



25.0 mm/s 10.0 mm/mV

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Age **38** 6 3
years months days

Gender **Male**

Heart Rate **47bpm**

Patient Vitals

BP: 110/70 mmHg
Weight: 82 kg
Height: 184 cm
Pulse: NA
Spo2: NA
Resp: NA
Others:

Measurements

QRSD: 102ms
QT: 448ms
QTc: 39.6ms
PR: 130ms
P-R-T: 59° 51° 32°

REPORTED BY

(Signature)

DR. AKHIL PARULEKAR
MBBS MD, MEDICINE, DNB Cardiology
Cardiologist
2012082483

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.

Date:- 3/12/22

CID:
2233719498

Name:- Mr. Nilesh H. Sonar

Sex/Age: m/38

EYE CHECK UP

Chief complaints: Routine check up

Systemic Diseases: no H/O STI

Past history: no H/O Ocular surgery
H/O nystagmus ~~EE~~

Unaided Vision: < 6/60 R/O/36 < 6/60, R/O/36

Aided Vision: — —

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance			/					/
Near								

Colour Vision: Normal / Abnormal

Remark: FC 1 mdr.

Kajal M.

KAJAL NAGRECHA
OPTOMETRIST

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Tel : 61700000

DENTAL CHECK - UP

Name:- Sunan Nilesh Hirala CID: 2233719498 Sex / Age: M / 39

Occupation:-

Date: 3 / 12 / 2022

Chief complaints:- No Complaints

Medical / dental history:- Root canal treatment & crown.

GENERAL EXAMINATION:

1) Extra Oral Examination:

- a) TMJ: Normal movements
- b) Facial Symmetry: Bilateral Symmetrical

2) Intra Oral Examination:

- a) Soft Tissue Examination: Normal
- b) Hard Tissue Examination: Crowding in lower anterior.
- c) Calculus: ++
- Stains: +
- + History of trauma & RCT done (10) Fluid exudate

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

<input type="checkbox"/>	Missing	#	Fractured
<input type="checkbox"/>	Filled/Restored	RCT	Root Canal Treatment
<input type="checkbox"/>	Cavity/Caries	RP	Root Piece

Advised: a) CBCT scan + Endodontic evaluation
b) Scaling & Polishing

Provisional Diagnosis:- c) Metrohax plus gel

DR. BHUMIK PATEL
(B.D.S) A - 23378

- NIL -

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Tel: 61700000

Dr. Bhumik Patel
[Signature]



Use a QR Code Scanner
Application To Scan the Code

CID : 2233719498
Name : Mr NILESH SONAR
Age / Sex : 38 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 03-Dec-2022
Reported : 03-Dec-2022 / 13:15

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.

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. X ray is known to have inter observer variations. Further / follow up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Please interpret accordingly.

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

DR. SHRIKANT M. BODKE
D.M.R.E., M.B.B.S.
Reg. No. 2006/04/2376

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2022120308412672>

Authenticity Check



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CID : 2233719498
Name : Mr NILESH SONAR
Age / Sex : 38 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 03-Dec-2022
Reported : 03-Dec-2022 / 9:51

R
E
P
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R
T

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (12.8cm), shape and smooth margins. **It shows bright parenchymal echo pattern.** The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein 12mm and CBD 3.5mm appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen.

PANCREAS:

The pancreas is well visualized and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Right kidney measures 10.3 x 5.0 cm. Left kidney measures 9.6 x 4.8 cm.
Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.

SPLEEN:

The spleen is normal in size (8cm) and echotexture. No evidence of focal lesion is noted.
There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

PROSTATE:

The prostate is normal in size and measures 4.3 x 3.0 x 2.7 cm and volume is 19.3 cc.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2022120308412666>

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CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavinar (W), Mumbai - 400086.

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

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Authenticity Check



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Application To Scan the Code

CID : 2233719498
Name : Mr NILESH SONAR
Age / Sex : 38 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 03-Dec-2022
Reported : 03-Dec-2022 / 9:51

IMPRESSION:

GRADE I FATTY LIVER.

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

This report is prepared and physically checked by Dr Akash Chhari before dispatch.

DR. Akash Chhari
MBBS. MD. Radio-Diagnosis Mumbai
MMC REG NO - 2011/08/2862

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2022120308412666>

CID# : 2233719498

Name : MR.NILESH SONAR

Age / Gender : 38 Years/Male

Consulting Dr. :-

Collected : 03-Dec-2022 / 08:40

Reg.Location : Kandivali East (Main Centre)

Reported : 04-Dec-2022 / 08:44

PHYSICAL EXAMINATION REPORT

History and Complaints:

sciatica since 3-4 month-Physiotherapy,Nystagmus,microophlma,RE total blindness,25% vision in LE

EXAMINATION FINDINGS:

Height (cms):	184 cms	Weight (kg):	82 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	110/70	Nails:	Normal
Pulse:	52/min	Lymph Node:	Not Palpable

Systems

Cardiovascular: Normal
Respiratory: Normal
Genitourinary: Normal
GI System: Normal
CNS: Normal

IMPRESSION:

7 H Sugar ⊕
HbA1c 6.11
Baseline dyslipidemia
ECG - Sinus Bradycardia
- usg. fatty liver

ADVICE:

Low fatty diet
" Carbs
- Cardio
- Diabetologist / opman

CID# : 2233719498
Name : MR.NILESH SONAR
Age / Gender : 38 Years/Male
Consulting Dr. :- Collected : 03-Dec-2022 / 08:40
Reg.Location : Kandivali East (Main Centre) Reported : 04-Dec-2022 / 08:44

CHIEF COMPLAINTS:

- | | |
|--|----|
| 1) Hypertension: | No |
| 2) IHD | No |
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis | No |
| 6) Asthama | No |
| 7) Pulmonary Disease | No |
| 8) Thyroid/ Endocrine disorders | No |
| 9) Nervous disorders | No |
| 10) GI system | No |
| 11) Genital urinary disorder | No |
| 12) Rheumatic joint diseases or symptoms | No |
| 13) Blood disease or disorder | No |
| 14) Cancer/lump growth/cyst | No |
| 15) Congenital disease | No |
| 16) Surgeries | No |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

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

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Tel : 61700000

*** End Of Report ***


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

EMail:

515 / NILESH SONAR / 38 Yrs / M / 184 Cms / 82 Kg Date: 03 / 12 / 2022

Refd By : AERCOFEMI

REPORT :

Heart Rate 153.0 bpm
 Systolic BP 160.0 mmHg Diastolic BP 80.0 mmHg
 Exercise Time 08:50 Mins. Ectopic Beats 0.0 METS 11.1
 Test End Reason , Heart Rate Achieved Target Heart Rate 86% of 182

TEST OBJECTIVE	ROUTINE CHECK UP
RISK FACTOR	NONE
ACTIVITY	MODERATE ACTIVE
MEDICATION	NONE
REASON FOR TERMINATION	HEART RATE ACHIEVED
EXERCISE TOLERANCE	GOOD
EXERCISE INDUCED ARRHYTHMIAS	NO
HAEMODYNAMIC RESPONSE	NORMAL
CHRONOTROPIC RESPONSE	NORMAL
FINAL IMPRESSION	NO SIGNIFICANT ST T CHANGES NOTED STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHAEMIC HEART DISEASE

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. Akhil P. Parulekar.
 MBBS, MD, Medicine
 DNB Cardiology
 Reg. No. 2012082483



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 Tel : 61700000

Doctor : DR.AKHIL PARULEKAR

SUBURBAN DIAGNOSTICS KANDIVALI EAST

Report



EMail:

515 (2233719498) / NILESH SONAR / 38 Yrs / M / 184 Cms / 82 Kg

Date: 03 / 12 / 2022 Refd By : AERCOFEMI Examined By: DR.AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	METS	Rate	%THR	BP	PPp	PVC	Comments
Supine	00:07	0:07	00.0	00.0	01.0	064	35 %	110/70	070	00	
Standing	00:29	0:22	00.0	00.0	01.0	068	37 %	110/70	074	00	
HV	00:40	0:11	00.0	00.0	01.0	077	42 %	110/70	084	00	
EXStart	00:54	0:14	00.0	00.0	01.0	065	36 %	110/70	071	00	
BRUCE Stage 1	03:54	3:00	02.7	10.0	04.7	090	49 %	110/70	099	00	
BRUCE Stage 2	06:54	3:00	04.0	12.0	07.1	120	66 %	130/70	156	00	
BRUCE Stage 3	08:54	2:00	05.5	14.0	09.2	142	78 %	150/80	213	00	
PeakEX	09:44	0:50	06.8	16.0	11.1	156	86 %	160/80	249	00	
Recovery	10:44	1:00	00.2	00.0	04.2	116	64 %	160/80	185	00	
Recovery	11:00	1:17	00.0	00.0	02.5	096	53 %	160/80	153	00	

FINDINGS :

Exercise Time : 08:50
 Initial HR (ExStrt) : 65 bpm 36% of Target 182
 Initial BP (ExStrt) : 110/70 (mm/Hg)
 Max Workload Attained : 11.1 Good response to induced stress
 Duke Treadmill Score : 08.1
 Test End Reasons : , Heart Rate Achieved

Max HR Attained 156 bpm 86% of Target 182
 Max BP Attained 160/80 (mm/Hg)

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Tel : 61700000

Dr. Akhil P. Parulekar,

M.B.B.S, MD, Medicine

Diagnosiology

Reg. No. 2012082483

Doctor : DR.AKHIL PARULEKAR



SUBURBAN DIAGNOSTICS KANDIVALI EAST

SUPINE (00:07)



515 (2233719498) / NILESH SONAR / 38 Yrs / M / 184 Cms / 82 Kg / HR : 64

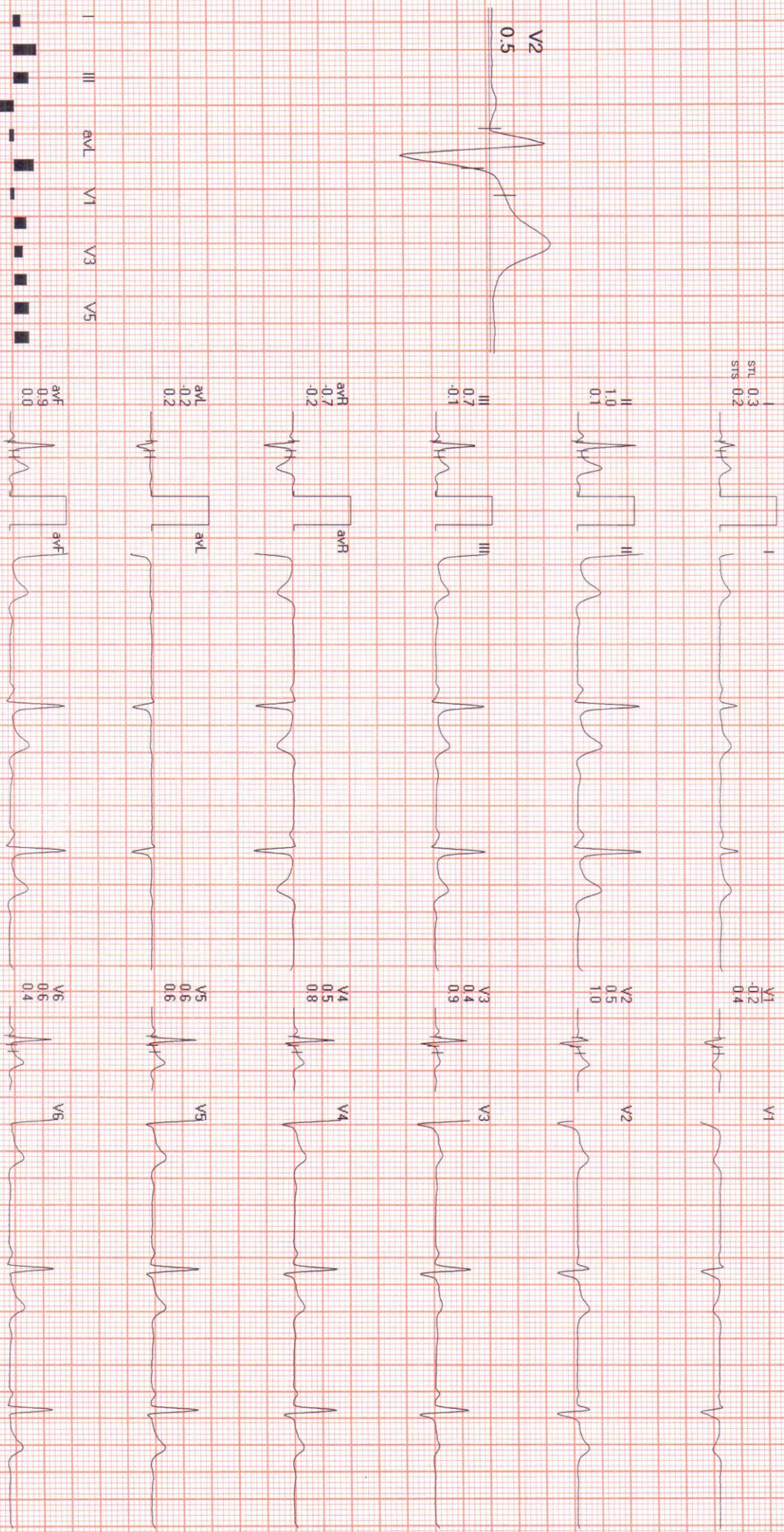
Date: 03 / 12 / 2022

METS: 1.0 / 64 bpm 35% of THR BP: 110/70 mmHg Rew ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

EXTime: 00:00 0.0 Km/h, 0.0%

4X 80 mS Post U

25 mm/Sec. 1.0 Cm/mV



REMARKS: I II aVR aVL aVF V1 V2 V3 V4 V5 V6





515 (2233719498) / NILESH SONAR / 38 Yrs / M / 184 Cms / 82 Kg / HR : 68

Date: 03/12/2022

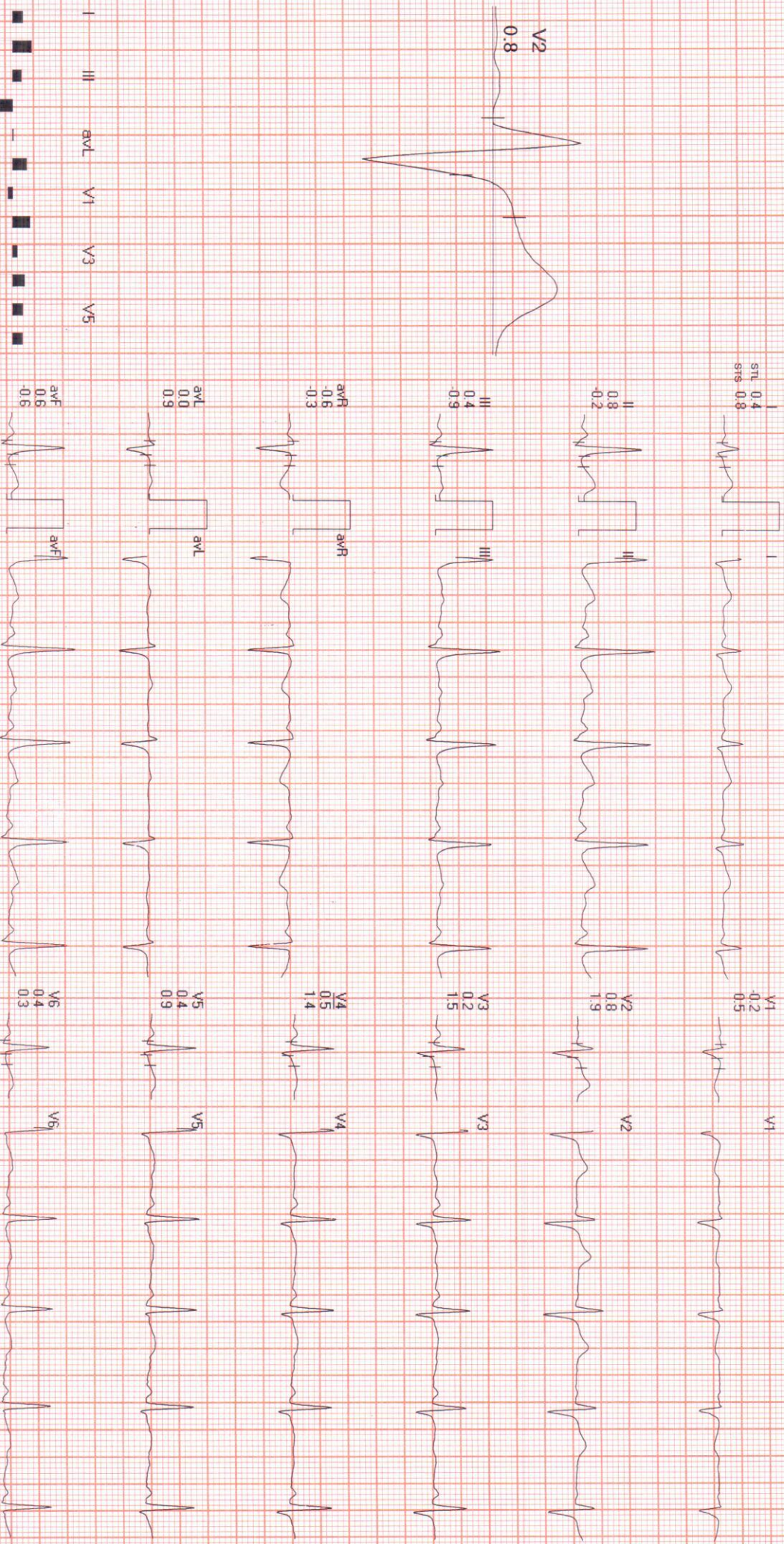
METS: 1.0/ 68 bpm 37% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 20 Hz

ExTime: 00:00 0.0 Kmph, 0.0%

4X

80 mS Post U

25 mm/Sec 1.0 Cm/mV



REMARKS: I II aVR aVL aVF V1 V2 V3 V4 V5 V6

SUBURBAN DIAGNOSTICS KANDIVALI EAST

HV (00:11)



515 (2233719498) / NILESH SONAR / 38 Yrs / M / 184 Cms / 82 Kg / HR : 77

Date: 03 / 12 / 2022 METS: 1.0 / 77 bpm 42% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

EXTime: 00:00 0.0 Kmph, 0.0%

4X 80 ms Post U

25 mm/Sec. 1.0 Cm/mV



REMARKS: II aVR aVL V1 V2 V3 V4 V5 V6



515 (2233719498) / NILESH SONAR / 38 Yrs / M / 184 Cms / 82 Kg / HR : 65

Date: 03/12/2022

METS: 1.0/65 bpm 36% of THR BP: 110/70 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 20 Hz

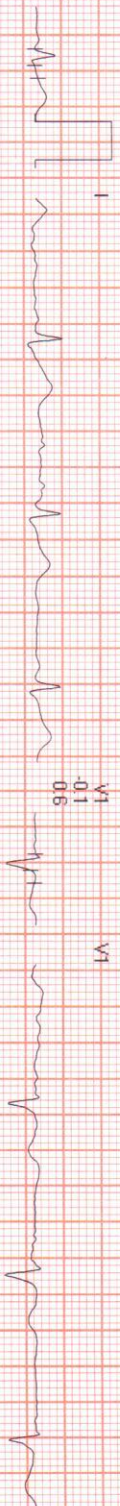
EXTime: 00:00 0.0 Km/h, 0.0%

4X

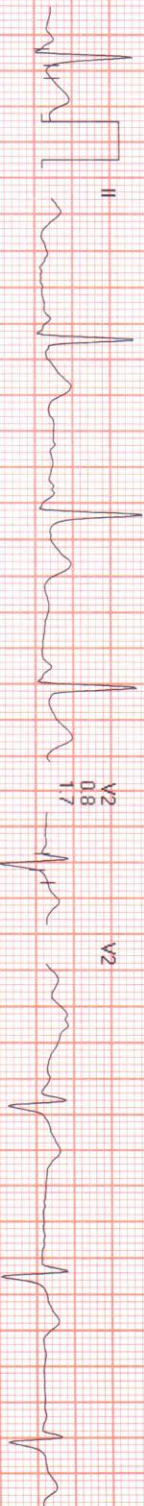
80 ms Post U

25 mm/Sec. 1.0 Cm/mV

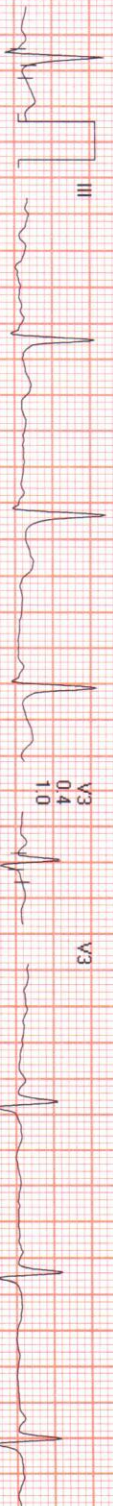
I 0.4
STL 0.4
STS 0.5



II 1.3
0.0



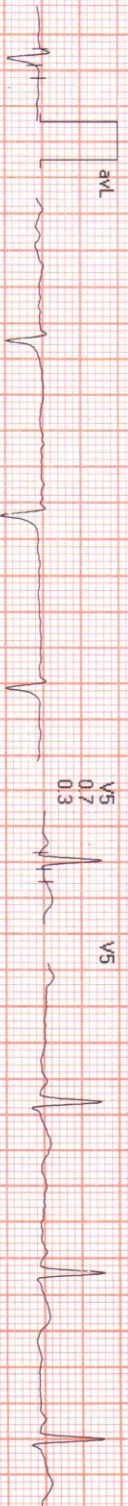
III 0.9
-0.5



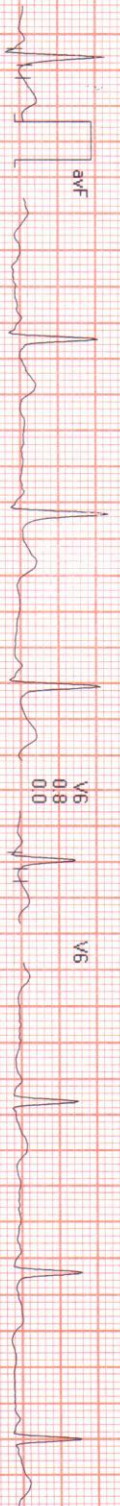
aVR -0.8
-0.3



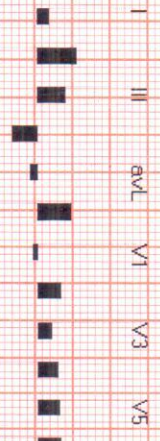
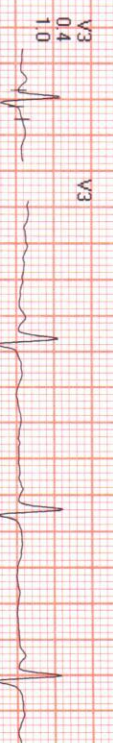
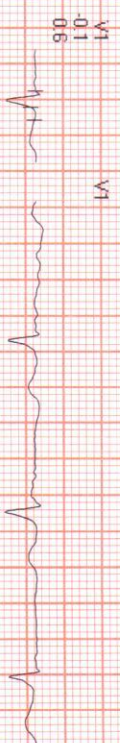
aVL -0.2
0.6



aVF 1.1
-0.2



V1 0.1
0.1
0.6



REMARKS



SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 1 (03:00)



515 (2233719498) / NILESH SONAR / 38 Yrs / M / 184 Cms / 82 Kg / HR : 99

Date: 03/12/2022

METS: 4.7/ 99 bpm 54% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 20 Hz

EXTime: 03:00 2.7 Kmph. 10.0%

4X

80 ms Post J

25 mm/Sec: 1.0 Cm/mV

STL 0.5
STB 0.8

V1 0.1
V1 0.1

II 0.9
I 0.6

V2 0.7
V2 1.2

III 0.3
III -0.2

V3 0.3
V3 1.4

aVR -0.7
aVR -0.7

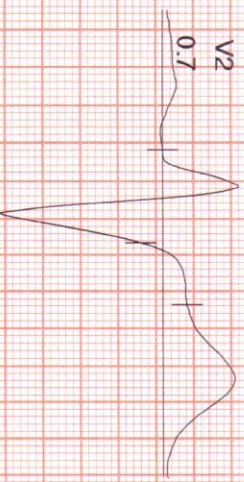
V4 0.5
V4 1.4

aVL 0.1
aVL 0.5

V5 0.5
V5 1.1

aVF 0.6
aVF 0.2

V6 0.5
V6 0.7



REMARKS:
II aVR aVL V1 V2 V3 V4 V5 V6

SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 2 (03:00)



515 (2233719498) / NILESH SONAR / 38 Yrs / M / 184 Cms / 82 Kg / HR : 121

Date: 03 / 12 / 2022

METS: 7.1 / 121 bpm 66% of THR BP: 130/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

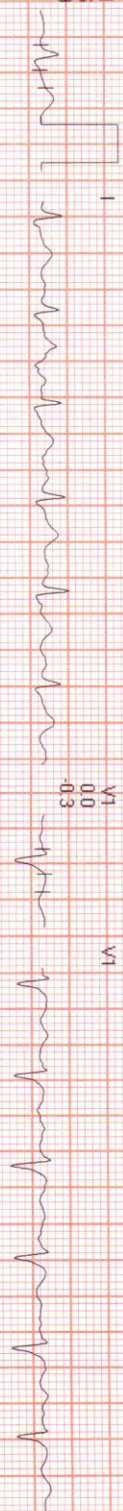
EXTime: 06:00 4.0 Kmph, 12.0%

4X 80 mS Post J

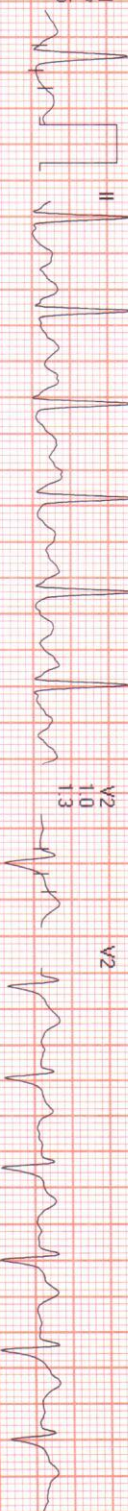
25 mm/Sec. 1.0 Cm/mV

STL 0.6
STB 0.9

V1 0.0
V2 -0.3

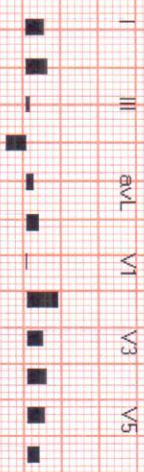
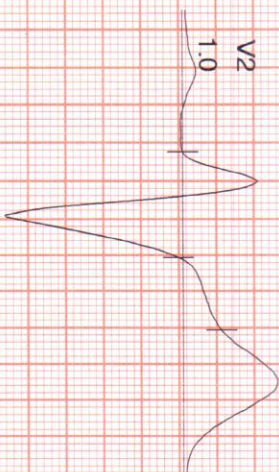
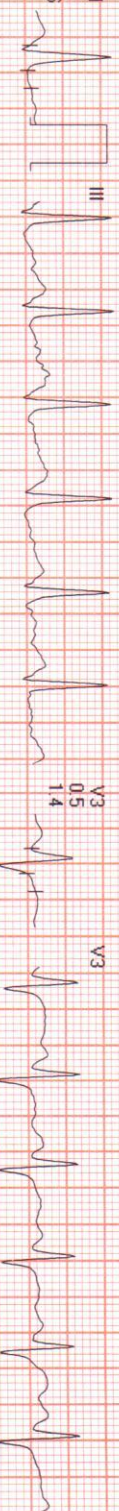


II 0.7
III 0.1
aVR -0.7
aVL 0.2
aVF 0.4
V1 0.0
V2 1.0
V3 0.5
V4 0.6
V5 0.6
V6 0.4

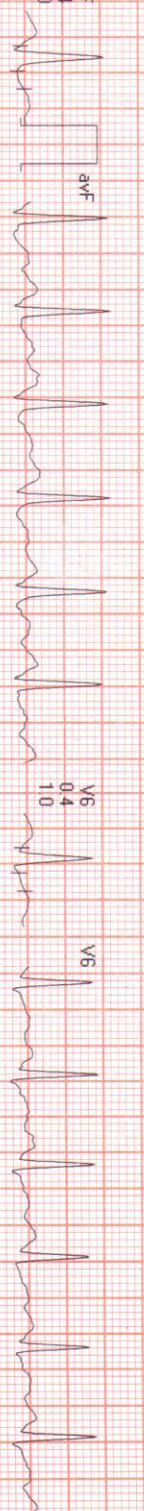


V2 1.0

III 0.1
aVR -0.7
aVL 0.2
aVF 0.4
V1 0.0
V2 1.0
V3 0.5
V4 0.6
V5 0.6
V6 0.4



aVR -0.7
aVL 0.2
aVF 0.4
V1 0.0
V2 1.0
V3 0.5
V4 0.6
V5 0.6
V6 0.4



REMARKS
II aVR aVL aVF V1 V2 V3 V4 V5 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 3 (02:00)



515 (2233719498) / NILESH SONAR / 38 Yrs / M / 184 Cms / 82 Kg / HR : 144

Date: 03 / 12 / 2022

METS: 9.2/ 144 bpm 79% of THR BP: 150/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

EXTime: 08:00 5.5Kmph, 14.0%

4X 60 mS Post J

25 mm/Sec: 1.0 Cm/mV

STL 1.0
STS 1.8

V1 0.3
-0.8

V1

II 0.6
0.6
2.4

V2 1.8
1.8
2.3

V2

V2 1.8

III -0.4
0.8

V3 0.4
0.4
1.5

V3

aVR -0.8
-2.1

V4 0.4
0.4
1.8

V4

aVL 0.7
0.6

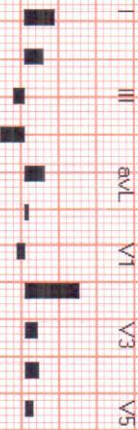
V5 0.3
1.8

V5

aVF 0.1
1.5

V6 0.3
1.5

V6



REMARKS:
II aVR aVL V1 V2 V3 V4 V5 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

PeakEX



515 (2233719498) / NILESH SONAR / 38 Yrs / M / 184 Cms / 82 Kg / HR : 156

Date: 03/12/2022

METS: 11.1 / 156 bpm 86% of THR BP: 160/80 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 20 Hz

EXTime: 08:50 6.8Kmph, 16.0%

4X 60 ms Post U

25 mm/Sec: 1.0 Cm/mV

STL 0.2
STS 1.2

V1 0.3
0.7

V1

II -0.7
0.5

II

V2 0.6
3.8

V2

V2 0.8

III -0.9
-0.7

III

V3 0.5
5.7

V3

aVR 0.2
-0.8

aVR

V4 -0.3
4.8

V4

aVL 0.5
0.9

aVL

V5 -0.6
3.7

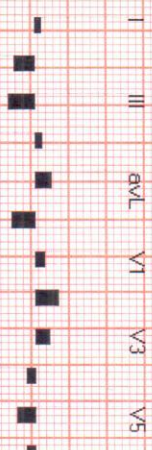
V5

aVF -0.8
-0.1

aVF

V6 -0.3
2.1

V6



REMARKS
II aVR aVL aVF V1 V2 V3 V4 V5 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:00)



515 (2233719498) / NILESH SONAR / 38 Yrs / M / 184 Cms / 82 Kg / HR : 116

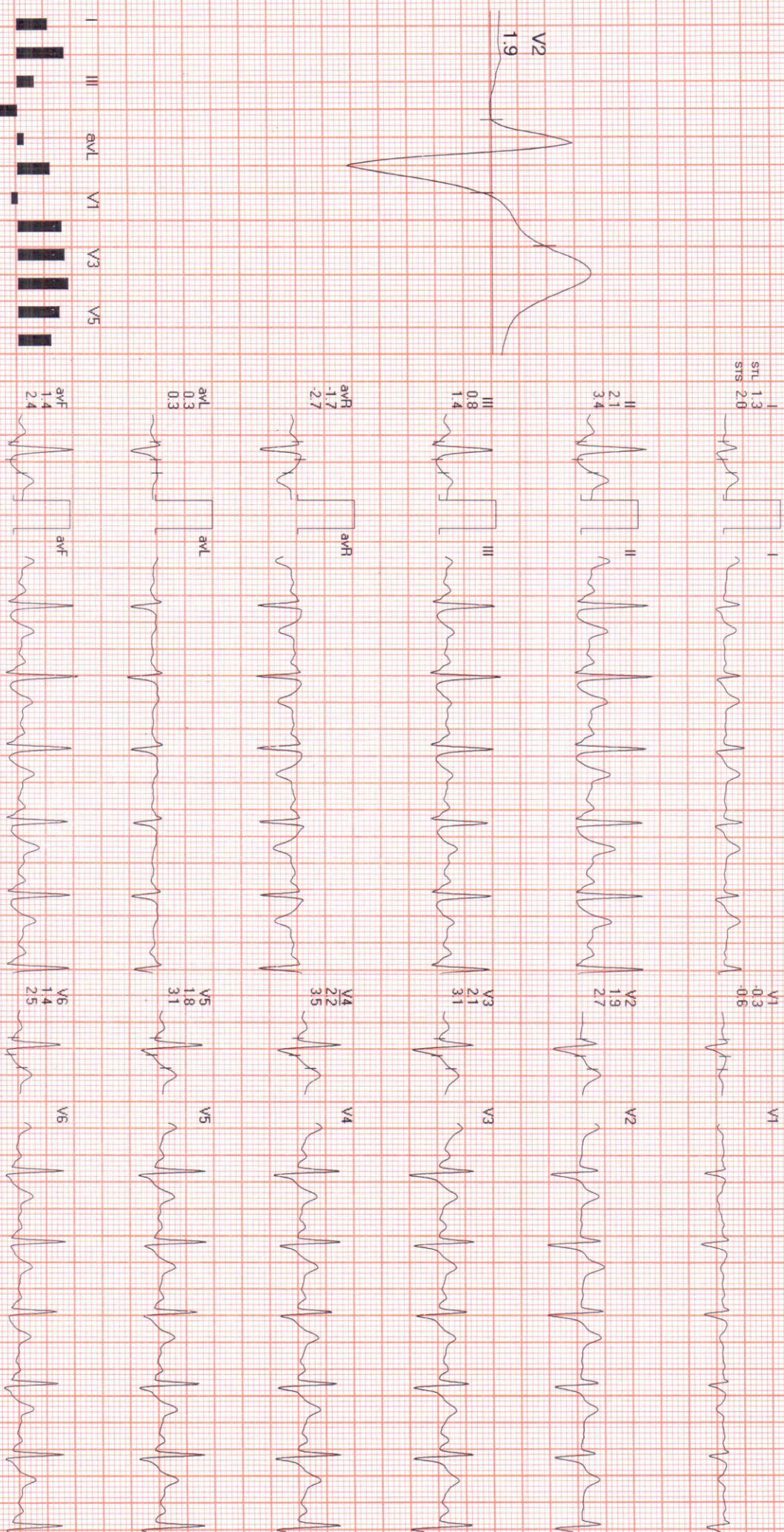
Date: 03 / 12 / 2022

METS: 4.2 / 116 bpm 64% of THR BP: 160/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

ExTime: 08:50 0.2 Kmph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Emv/mV



REMARKS:
II aVR aVL V1 V2 V3 V4 V5 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:16)



515 (2233719498) / NILESH SONAR / 38 Yrs / M / 184 Cms / 82 Kg / HR 96

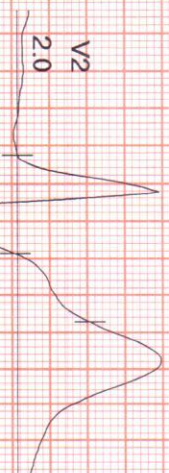
Date: 03 / 12 / 2022

METS: 1.0/ 96 bpm 53% of THR BP: 160/80 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 20 Hz

EXTime: 08:50 0.0 Kmph, 0.0%

4X 80 mS PostJ

25 mm/Sec. 1.0 Cm/mV

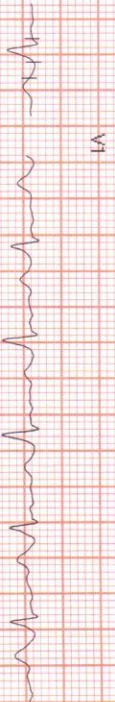


STL 1.4
STs 1.9

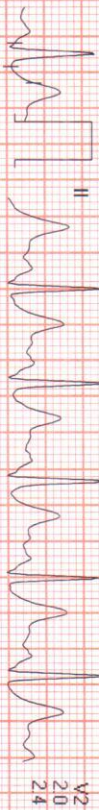


V1

0.4
0.8



II 2.5
III 3.7



V2

2.0
2.4



III 1.1
aVR 1.7



V3

1.6
2.5

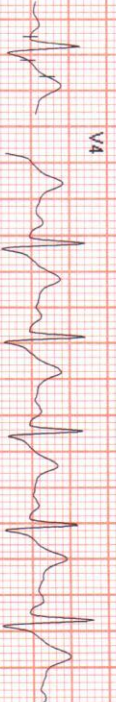


aVR -1.9
aVL -2.8

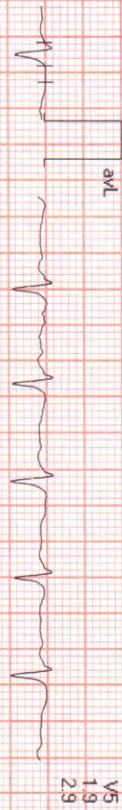


V4

2.2
3.2



aVL 0.2
aVF 0.1



V5

1.9
2.9

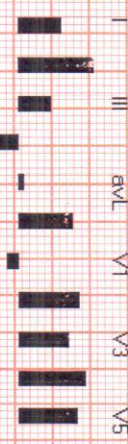


aVF 1.8
STs 2.7



V6

1.8
2.5



REMARKS





CID : 2233719498
Name : MR.NILESH SONAR
Age / Gender : 38 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 03-Dec-2022 / 08:44
Reported : 03-Dec-2022 / 15:08

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	15.0	13.0-17.0 g/dL	Spectrophotometric
RBC	4.97	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.2	40-50 %	Measured
MCV	89	80-100 fl	Calculated
MCH	30.2	27-32 pg	Calculated
MCHC	33.9	31.5-34.5 g/dL	Calculated
RDW	12.7	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6190	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	50.9	20-40 %	
Absolute Lymphocytes	3150.7	1000-3000 /cmm	Calculated
Monocytes	8.2	2-10 %	
Absolute Monocytes	507.6	200-1000 /cmm	Calculated
Neutrophils	37.9	40-80 %	
Absolute Neutrophils	2346.0	2000-7000 /cmm	Calculated
Eosinophils	2.6	1-6 %	
Absolute Eosinophils	160.9	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	24.8	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	8.7	6-11 fl	Calculated
PDW	15.0	11-18 %	Calculated



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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 -

Specimen: EDTA Whole Blood

ESR, EDTA WB 3 2-15 mm at 1 hr. Westergren

*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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Name : MR.NILESH SONAR
Age / Gender : 38 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

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Reported : 03-Dec-2022 / 14:27

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	104.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	84.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.86	0.3-1.2 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (DIRECT), Serum	0.26	0-0.3 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (INDIRECT), Serum	0.60	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.7	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	27.0	<34 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
SGPT (ALT), Serum	32.8	10-49 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			



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Reported : 03-Dec-2022 / 16:33

GAMMA GT, Serum	37.6	<73 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALKALINE PHOSPHATASE, Serum	86.2	46-116 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
BLOOD UREA, Serum	29.3	19.29-49.28 mg/dl	Calculated
Kindly note change in Ref range and method w.e.f.11-07-2022			
BUN, Serum	13.7	9.0-23.0 mg/dl	Urease with GLDH
Kindly note change in Ref range and method w.e.f.11-07-2022			
CREATININE, Serum	1.09	0.60-1.10 mg/dl	Enzymatic
Kindly note change in Ref range and method w.e.f.11-07-2022			
eGFR, Serum	80	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	8.8	3.7-9.2 mg/dl	Uricase/ Peroxidase
Kindly note change in Ref range and method w.e.f.11-07-2022			
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



CID : 2233719498
Name : MR.NILESH SONAR
Age / Gender : 38 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 03-Dec-2022 / 08:44
Reported : 03-Dec-2022 / 17:21

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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	6.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	128.4	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 ***



Bmhaskar

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



CID : 2233719498
Name : MR.NILESH SONAR
Age / Gender : 38 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
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)	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	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	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



MC-2111

Bmhaskar

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



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

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

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

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

Limitations:

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

References:

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

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

*** End Of Report ***



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



CID : 2233719498
Name : MR.NILESH SONAR
Age / Gender : 38 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 03-Dec-2022 / 08:44
Reported : 03-Dec-2022 / 14:40

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	184.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	136.8	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high: >/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	40.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	144	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	116.7	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	27.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.9	0-3.5 Ratio	Calculated

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



Namrata Raul

Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



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Collected : 03-Dec-2022 / 08:44
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	5.5	3.5-6.5 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
Free T4, Serum	15.9	11.5-22.7 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
sensitiveTSH, Serum	2.847	0.55-4.78 microu/ml	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			



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Interpretation:

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

Clinical Significance:

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

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

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

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

Limitations:

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

Reference:

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

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



Anupa

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