

CID# : 2305622232
Name : MR.JAIN GAURAV MUNNA LAL
Age / Gender : 35 Years/Male
Consulting Dr. : Collected : 25-Feb-2023 / 09:38
Reg.Location : Kandivali East (Main Centre) Reported : 26-Feb-2023 / 10:38

PHYSICAL EXAMINATION REPORT

History and Complaints:

Allergic sinusitis off & on 2007/8.

EXAMINATION FINDINGS:

Height (cms):	171 cms	Weight (kg):	77 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	100/70	Nails:	Normal
Pulse:	72/min	Lymph Node:	Not palpable

Systems

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

IMPRESSION:

HEALTHY - 6.1%
Wt - 5-6 pus cells
TSH - 7.604

ADVICE:

-> Diastalgia / opimen
Endocrinology

CID# : 2305622232
Name : MR.JAIN GAURAV MUNNA LAL
Age / Gender : 35 Years/Male
Consulting Dr. : Collected : 25-Feb-2023 / 09:38
Reg.Location : Kandivali East (Main Centre) Reported : 26-Feb-2023 / 10:38

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 | Accident 1998 CLW of Abdomen. |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

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

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

*** End Of Report ***

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row: House No. 3, Aangan,
Thakur Village, Kandivali (East),
Mumbai - 408101.
Tel : 61700300

Date:- 25/2/23

CID: 2305622232

Name:- Mrs. Anurag Jain

Sex/Age: m/35

EYE CHECK UP

Chief complaints: Routine check up

Systemic Diseases: no h/o S/D

Past history: no h/o Ocular surgery

Unaided Vision: 6/6 6/6

Aided Vision: - -

Refraction: Emmsl. Normal

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	- Plano -			6/6	- Plano -			6/6
Near				6/6				6/6

Colour Vision: Normal / Abnormal

Remark: Vm within normal limit

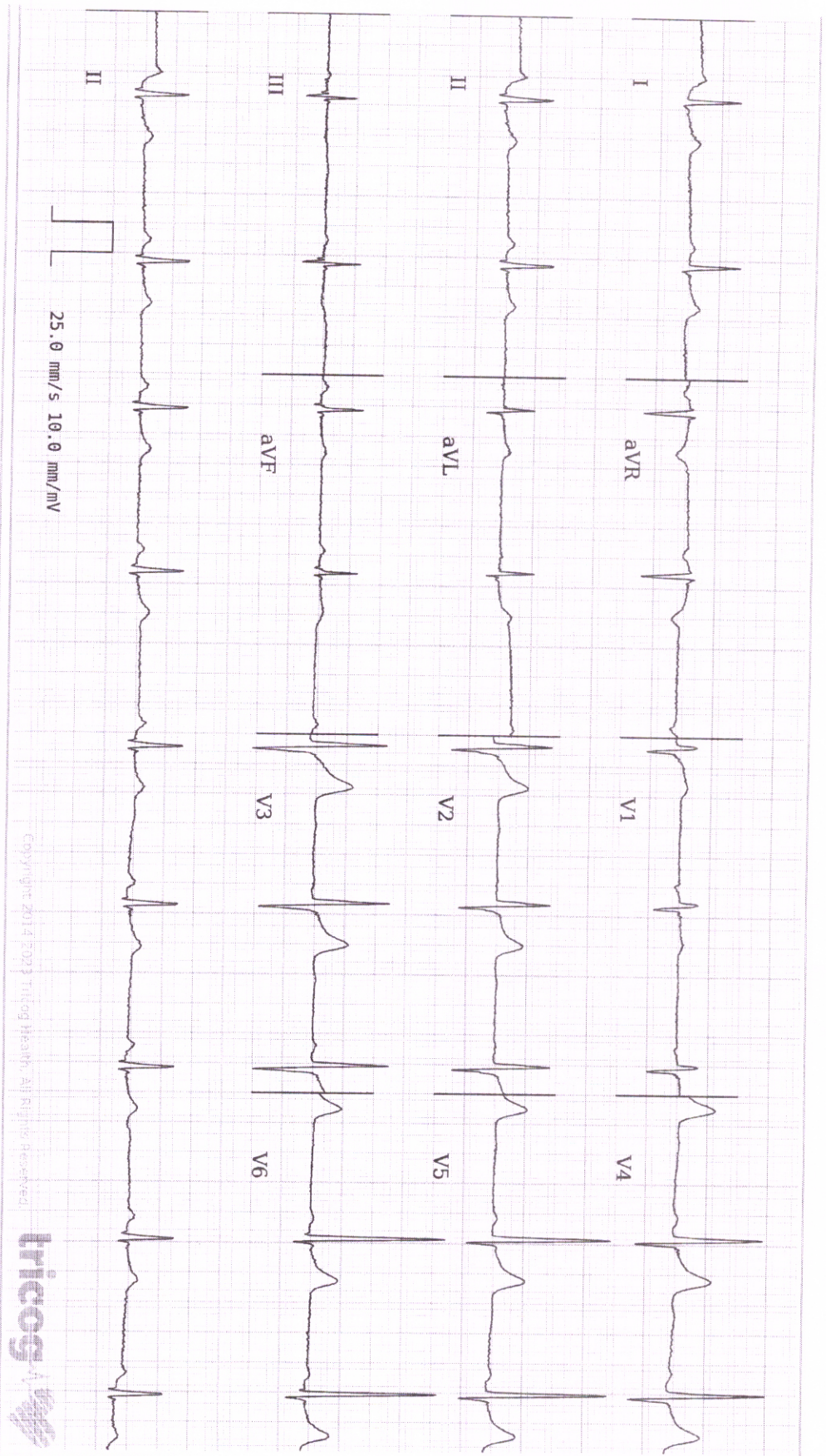
Kajal H.

KAJAL NAGRECHA
OPTOMETRIST

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Aangan,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700000

Patient Name: JAIN GAURAV MUNNA LAL
Patient ID: 2305622232

Date and Time: 25th Feb 23 10:45 AM



Age **29** **5** **1**
years months days

Gender **Male**

Heart Rate **55bpm**

Patient Vitals

BP: 100/70 mmHg

Weight: 77 kg

Height: 171 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

Measurements

QRSD: 94ms

QT: 402ms

QTc: 38.4ms

PR: 152ms

P-R-T: 54° 41° 38°

Sinus Bradycardia. Please correlate clinically.

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Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700900

REPORTED BY

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

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.

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2305622232
Name : Mr JAIN GAURAV MUNNA LAL
Age / Sex : 35 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 25-Feb-2023
Reported : 25-Feb-2023 / 10:46

USG WHOLE ABDOMEN

LIVER:

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

GALL BLADDER:

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

PANCREAS:

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

KIDNEYS:

Both the kidneys are normal in size shape and echotexture.

No evidence of any calculus, hydronephrosis or mass lesion seen.

Right kidney measures 10.2 x 4.5 cm. Left kidney measures 10.5 x 5.1 cm.

SPLEEN:

The spleen is normal in size and echotexture. No evidence of focal lesion is noted.

There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

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

PROSTATE:

The prostate is normal in size and volume is 19 cc.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023022509394015>

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.

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

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

Corporate Identity Number (CIN): U85110MH2002PTC136144

Email: 1100 / GAURAV JAIN / 35 Yrs / M / 171 Cms / 77 Kg Date: 26 / 02 / 2023 12:39:59 PM Refd By : BOB

REPORT :

Heart Rate 157.0 bpm
 Systolic BP 150.0 mmHg Diastolic BP 80.0 mmHg
 Exercise Time 09.43 Mins. Ectopic Beats 0.0
 METS 11.0 Test End Reason : Heart Rate Achieved Target Heart Rate 85% of 185

TEST OBJECTIVE	ROUTINE CHECK UP
RISK FACTOR	IHD MI 2 YEARS BACK
ACTIVITY	MODERATE ACTIVE
MEDICATION	NONE
REASON FOR TERMINATION	HEART RATE ACHIEVED
EXERCISE TOLERANCE	GOOD
EXERCISE INDUCED ARRHYTHMIAS	NO
HAEMODYNAMIC RESPONSE	NORMAL
CHRONOTROPIC RESPONSE	NORMAL
FINAL IMPRESSION	NO SIGNIFICANT ST T CHANGES NOTED STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHAEMIC HEART DISEASE FOR GIVEN DURATION OF EXERCISE

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

Dr. Akhil P. Parulekar.

MBBS, MD, Medicine

DNB Cardiology

Reg. No. 2012082463

SUBURBAN DIAGNOSTICS (PVT) LTD

Row House No. 3, Aare

Thakur Village, Kandivali

Mumbai - 400101.

Tel : 017000800

Doctor : DR. AKHIL PARULEKAR

SUBURBAN DIAGNOSTICS KANDIVALI EAST

Report

EMG: :

1100 (2305622232) / GAURAV JAIN / 35 Yrs / M / 171 Cms / 77 Kg

Date: 25 / 02 / 2023 12:39:59 PM Refd By : BOB Examined By: DR.AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	HR/Min	Rate	% THR	BP (mm/Hg)	RPP	PVC	Comments
Supine	00:07	0:07	00.0	00.0	01.0	063	34 %	---/---	000	00	
Standing	00:24	0:17	00.0	00.0	01.0	070	38 %	---/---	000	00	
HV	00:34	0:10	00.0	00.0	01.0	076	41 %	---/---	000	00	
ExStart	00:49	0:15	00.0	00.0	01.0	072	39 %	---/---	000	00	
BRUCE Stage 1	03:49	3:00	02.7	10.0	04.7	109	59 %	100/70	109	00	
BRUCE Stage 2	06:49	3:00	04.0	12.0	07.1	120	65 %	100/70	120	00	
BRUCE Stage 3	09:49	3:00	05.5	14.0	10.2	128	69 %	150/80	192	00	
PeakEx	10:32	0:43	06.8	16.0	11.0	157	85 %	150/80	235	00	
Recovery	11:32	1:00	00.2	00.0	04.2	131	71 %	150/80	196	00	
Recovery	11:46				00.0	000	0 %	---/---	000	00	

FINDINGS :

Exercise Time 09:43
 Initial HR (ExStrt) 72 bpm 39% of Target 185
 Initial BP (ExStrt) 0/0 (mm/Hg)
 Max Workload Attained 11 Good response to induced stress
 Duke Treadmill Score 07.6
 Test End Reasons Heart Rate Achieved

Max HR Attained 157 bpm 85% of Target 185
 Max BP Attained 150/80 (mm/Hg)

Dr. AKHIL P. Parulekar.

MBBS, MD, Medicine

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Mumbai - 400101
 Tel : 617000800

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 Mumbai - 400101.

Doctor : DR.AKHIL PARULEKAR

SUBURBAN DIAGNOSTICS KANDIVALI EAST

SUPINE (00:07)

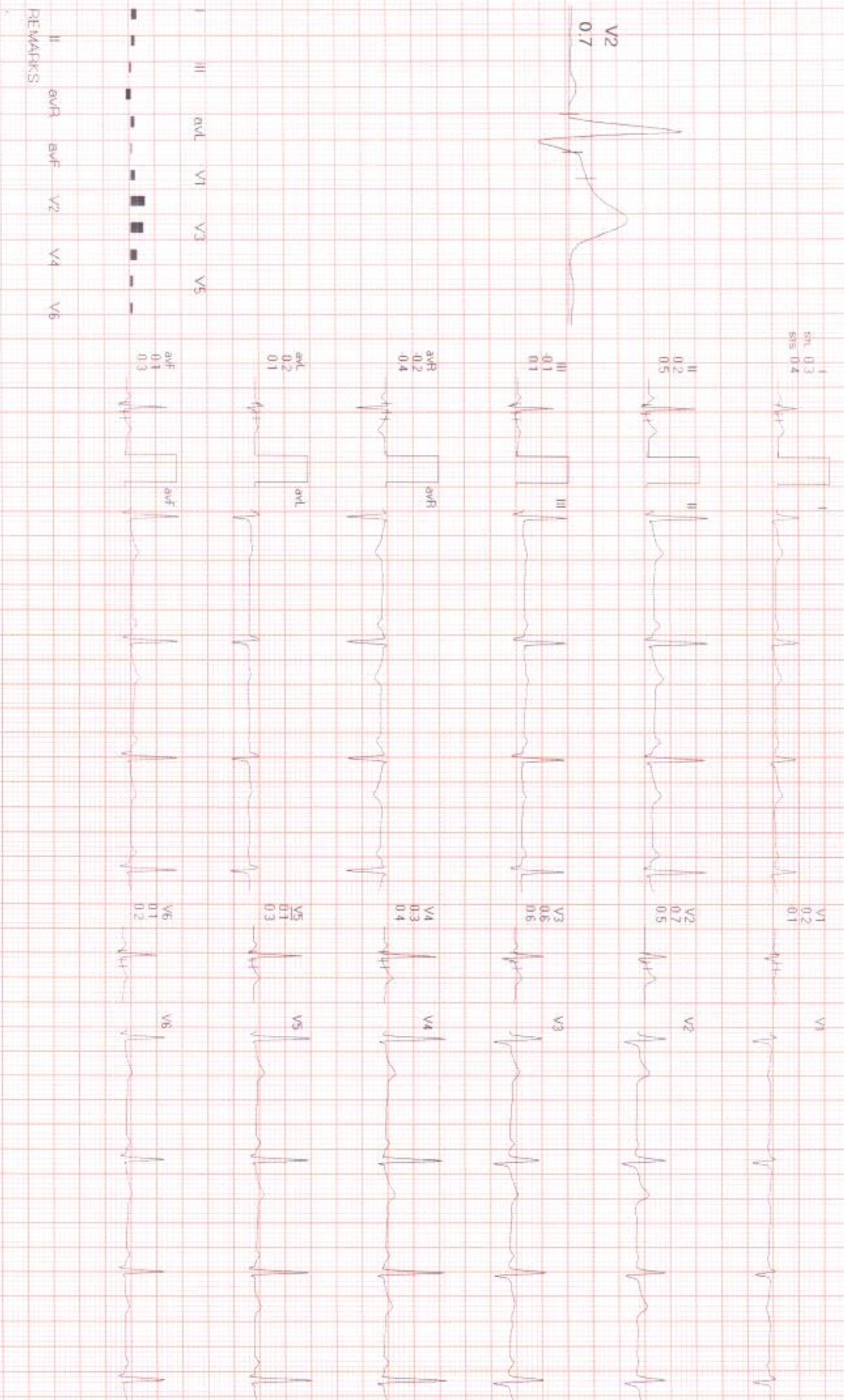
1100 (2305622232) / GAURAV JAIN / 35 Yrs / M / 171 Cms / 77 Kg / HR : 63

Date: 25/02/2023 12:38:59 PM METS: 10/63 bpm 34% of THR BP: / / mmHg Raw ECG/BLO/Gr/Notch On/Off 0.05 Hz/UF 35 Hz

4X 80 mS Post J

ExTime 00:00:0.0 Km/Ph 0.0%

25 mm/Sec 1.0 Cm/mV



REMARKS



SUBURBAN DIAGNOSTICS KANDIVALI EAST

STANDING (00:17)

AGPL

1100 (2305622232) / GAURAV JAIN / 35 Yrs / M / 171 Cms / 77 Kg / HR : 70

Date: 25 / 02 / 2023 12:39:59 PM METS: 1.0 / 70 bpm 38% of THR BP: - / - mmHg Raw ECG/ELC On/Noisy On/Off 0.05 Hz/AF 35 Hz

ExTime: 00:00:0.0 r mph 0.0%

4X 80 mS Post U

25 mm/Sec 1.0 Cal/mV

ST: 0.3
STs: 0.4

V1 0.4
V2 0.3

II 0.0
III 0.2
aVF 0.5

V2 0.3
V3 0.3

III 0.4
aVR 0.2
aVL 0.5

V3 0.3
V4 0.4

aVR 0.0
aVL 0.2
aVF 0.5

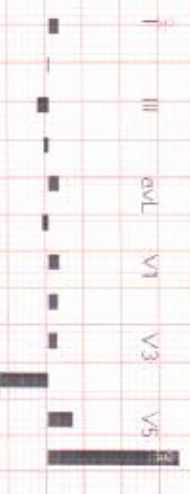
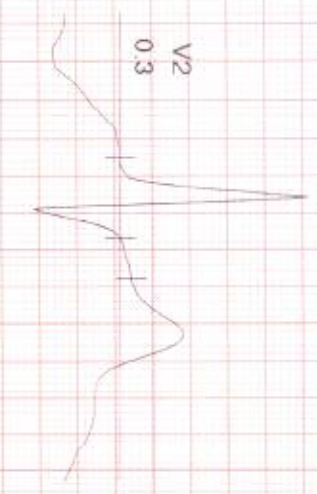
V4 1.6
V5 2.5

aVL 0.3
aVF 0.1

V5 0.8
V6 0.3

aVF 0.2
aVL 0.4

V6 4.3
V7 1.3



REMARKS





1100 (2305622232) / GAURAV JAIN / 35 Yrs / M / 171 Cms / 77 Kg / HR : 76

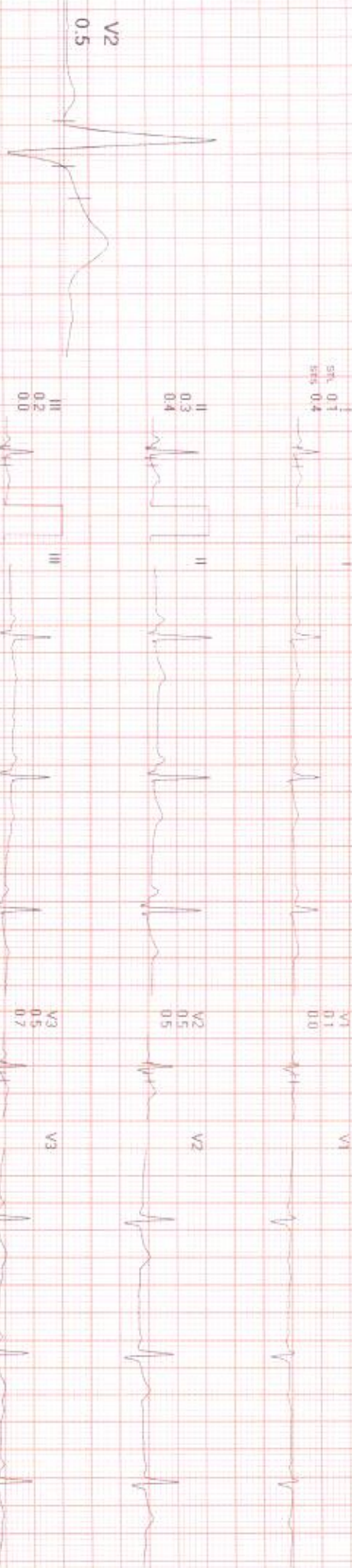
Date: 25 / 02 / 2023 12:39:59 PM

METS: 1.0/ 76 bpm 41% of THR BP: — / — mmHg Raw ECG/BLG Orig/Notch On/FF 0.05 Hz/AF 35 Hz

Ex Time: 00:09:00 Kmph: 0.0%

4X 80 mS Post U

25mm/Sec 1.0Cm/mV



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



[Handwritten Signature]
MCHL

1100 (2305622232) / GAURAV JAIN / 35 Yrs / M / 171 Cms / 77 Kg / HR : 72

Date 25 / 02 / 2023 12:39:59 PM

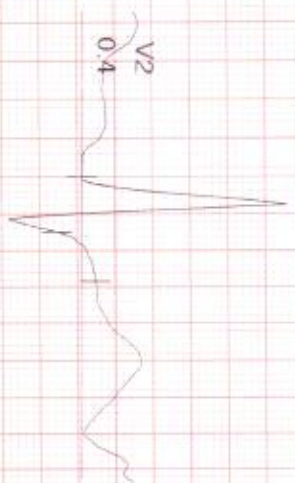
METS: 1.0/72 bpm 39% of THR BP: /- mmHg

Raw ECG/BLC On/Match On/HE 0.05 Hz/LE 35 Hz

ExTime 00:00 0.0 Km/h 0.0%

4X 80 ms Post J

25 mm/sec 1.0 Cm/mV



SI: 0.8
ST: 0.9

II 0.9
III 0.9
aVF 0.5

II

V1 0.4
V2 0.0
V3 0.9

V1

V2

III 0.1
aVF 0.4

III

V3 -0.4
V4 0.9

V3

V4

aVR 0.8
aVL 0.6

aVR

V4 1.5
V5 1.7

V4

V5

aVL 0.3
aVF 0.6

aVL

V5 -0.1
V6 0.4

V5

V6

aVF 0.5
aVL 0.1

aVF

V6 0.1
V7 0.5

V6

V7



REMARKS





1100 (2305622232) / GAURAV JAIN / 35 Yrs / M / 171 Cms / 77 Kg / HR : 109

Date: 25 / 02 / 2023 12:39:59 PM METS: 477/109 bpm 59% at THR BP: 100/70 mmHg Raw ECG/ BLC On/ Noch On/ HF 0.05 Hz/ LF 35 Hz

Ext time 03:00 2.7 kmph 100%

4X \$0 mS Post-I

25 mm/Sec 1.0 Cm/mV

I
SI: 0.4
ST: 0.6
STs: 0.6

V1
0.0
0.0
-0.1

V1

II
0.5
1.1

V2
0.6
0.6
0.6

V2

III
0.2
0.6

V3
0.6
0.6
0.9

V3

avR
-0.5
-0.9

V4
0.5
0.5
1.0

V4

avL
0.1
0.0

V5
0.3
0.3
0.8

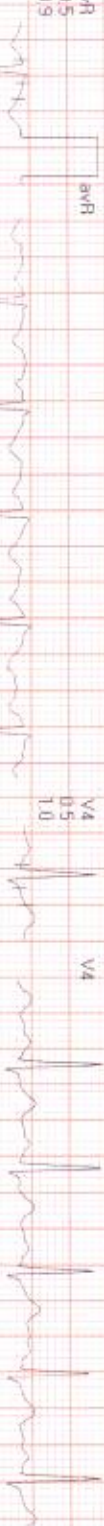
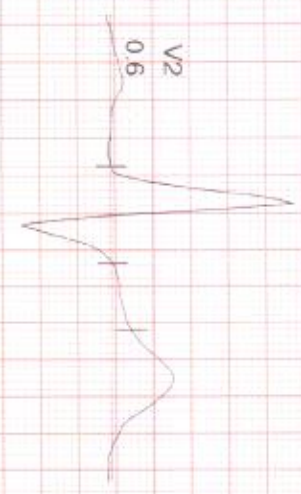
V5

avF
0.4
0.4
0.9

V6
0.3
0.3
0.6

V6

REMARKS
II avR avF V2 V4 V6
III avL V1 V3 V5



1100 (2305622232) / GAURAV JAIN / 35 Yrs / M / 171 Cms / 77 Kg / HR : 120

Date: 25 / 02 / 2023 12:39 59 PM METS: 7.1 / 120 bpm 65% of THR BP: 100/70 mmHg Raw ECG: E.L.C. On/Notch On/HR 0.05 Hz/VF 35 Hz

EXTme: 06:00 4.0 Km/h 12.0%

4X 80 mS Post J

25 mm/Sec 1.0 Cm/mV

STL 0.3
STB 0.6

V1 0.0
V2 0.1

II 0.3
0.7

V2 0.3
0.6

V2 0.3

III 0.0
0.1

V3 0.1
0.9

avR 0.3
0.6

V4 0.0
0.8

avL 0.2
0.2

V5 0.1
0.6

avF 0.1
0.4

V5 0.2
0.4

I III avL V1 V3 V5
II avR avF V2 V4 V6



REMARKS



SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 3 (03:00)

ACAPL

1100 (2305622232) / GAURAV JAIN / 35 Yrs / M / 171 Cms / 77 Kg / HR : 128

Date: 25 / 02 / 2023 12:39:59 PM METS: 10.2 / 128 bpm 69% of THR BP: 150/80 mmHg Pgw ECG/BLC On/Noch On/ HF: 0.05 Hz/LF 35 Hz

Ex Time: 09:00 5.5 Km/h 14.0%

4X \$0 mS Post J

25 mm/Sec 1.0 Cm/mV

STL 0.4
STS 0.9

V1 0.1
V2 0.3



II 0.5
III 1.0

V2 0.6
V3 1.2



III 0.1
aVR 0.1

V3 0.2
V4 1.1



aVR 0.5
aVL 0.4

V4 0.2
V5 0.8



aVL 0.1
aVF 0.4

V5 0.2
V6 0.9



aVF 0.3
V5 0.5

V6 0.2
V6 0.6



REMARKS



1100 (2305622232) / GAURAV JAIN / 35 Yrs / M / 171 Cms / 77 Kg / HR : 157

Date: 25 / 02 / 2023 12:39:59 PM

METS: 11.0 / 157 bpm 85% of THR BP: 150/80 mmHg Raw ECG/BLC Dry/Notch Dry/HF 0.05 Hz/AF 35 Hz

E-Time 09:43 6.8xmph 16.0%

4X 30 mS Post J

25mm/Sec 1.0Cm/mV

PR 0.13
QRS 0.09

VI 1.9
V1 2.9

VI



II 2.5
19.7

V2 0.9
0.3

V2



V2 -0.9

III 4.1
3.8

V3 3.7
1.4

V3



aVR -2.9
-7.1

V4 5.6
0.5

V4



aVL 3.4
3.1

V5 3.3
2.1

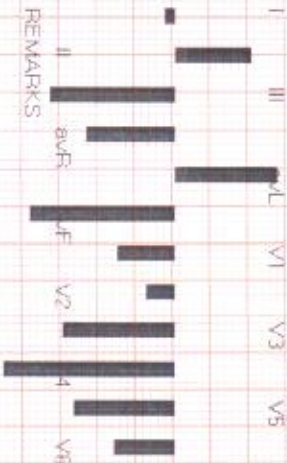
V5



aVF 4.8
1.3

V6 2.0
1.9

V6



REMARKS



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:00)

SGPL

1100 (2305622232) / GAURAV JAIN / 35 Yrs / M / 171 Cms / 77 kg / HR : 131

Date: 25 / 02 / 2023 12:39:59 PM

MEETS: 42/131 bpm 21% of THR

BP: 150/80 mmHg

HR: 131

E-Time: 09:41 0.2 kmph 0.0%

4X E0 res Post J

25mm/Sec 1.0Cm/mV

SI: 0.1
ST: 0.1
STc: 0.5

V1: 0.1
V2: 0.1

II: 1.2
III: 1.2
aVF: 1.4

V2: 0.9
V3: 0.9

III: 1.1
aVR: 0.7
aVL: 0.5
aVF: 1.2

V3: 1.6
V4: 1.6
V5: 1.4

aVR: 0.7
aVL: 0.5
aVF: 1.2

V4: 1.0
V5: 1.0
V6: 1.0

aVR: 0.7
aVL: 0.5
aVF: 1.2

V5: 1.0
V6: 1.0

aVR: 0.7
aVL: 0.5
aVF: 1.2

V6: 1.0



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

SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:14)

NG-FL

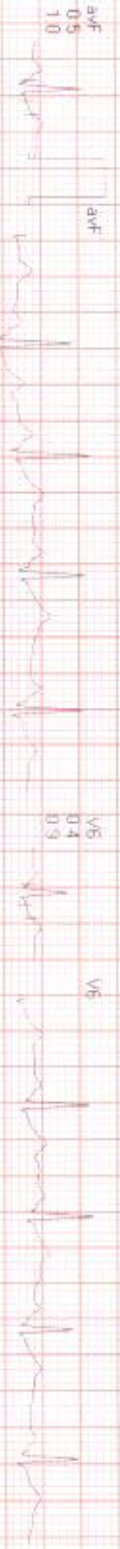
1100 (2305622232) / GAURAV JAIN / 35 Yrs / M / 171 Cms / 77 Kg / HR 121

Date: 25 / 02 / 2023 12:39:59 PM METS: 110/121 bpm 65% of THR BP: 150/80 mmHg Paw: ECG/BLC On/ Noch On/ HF: 0.05 HzALF: 35 Hz

ExTime: 09:43 0.0 Kmph 0.0%

4X 80 ms Post-I

25 mm/Sec 1.0 Cm/mV



REMARKS:





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Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Use a QR Code Scanner
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Collected : 25-Feb-2023 / 09:47
Reported : 25-Feb-2023 / 15:49

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	12.8	13.0-17.0 g/dL	Spectrophotometric
RBC	4.20	4.5-5.5 mil/cmm	Elect. Impedance
PCV	39.6	40-50 %	Measured
MCV	94	80-100 fl	Calculated
MCH	30.4	27-32 pg	Calculated
MCHC	32.2	31.5-34.5 g/dL	Calculated
RDW	15.0	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5050	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	22.5	20-40 %	
Absolute Lymphocytes	1136.3	1000-3000 /cmm	Calculated
Monocytes	9.8	2-10 %	
Absolute Monocytes	494.9	200-1000 /cmm	Calculated
Neutrophils	58.2	40-80 %	
Absolute Neutrophils	2939.1	2000-7000 /cmm	Calculated
Eosinophils	8.6	1-6 %	
Absolute Eosinophils	434.3	20-500 /cmm	Calculated
Basophils	0.9	0.1-2 %	
Absolute Basophils	45.5	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	251000	150000-400000 /cmm	Elect. Impedance
MPV	9.6	6-11 fl	Calculated
PDW	16.8	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			



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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-ESR 31 2-15 mm at 1 hr. Sedimentation

*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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Collected : 25-Feb-2023 / 09:47
Reported : 25-Feb-2023 / 15:22

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	85.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	93.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.78	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.27	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.51	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.6	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.5	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	24.3	<34 U/L	Modified IFCC
SGPT (ALT), Serum	19.1	10-49 U/L	Modified IFCC
GAMMA GT, Serum	16.4	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	106.2	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	23.6	19.29-49.28 mg/dl	Calculated
BUN, Serum	11.0	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.81	0.60-1.10 mg/dl	Enzymatic



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eGFR, Serum	115	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.6	3.7-9.2 mg/dl	Uricase/ Peroxidase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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

Bmhasakar

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





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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	6.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	125.5	mg/dl	Calculated

Intended use:

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

Clinical Significance:

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

Test Interpretation:

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

Factors affecting HbA1c results:

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

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

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

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

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*** End Of Report ***



Namrata

Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<u>PHYSICAL EXAMINATION</u>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<u>CHEMICAL EXAMINATION</u>		
Reaction (pH)	Acidic (6.0)	-
Occult Blood	Absent	Absent
<u>MICROSCOPIC EXAMINATION</u>		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Absent	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present +	-
Concentration Method (for ova)	No ova detected	Absent
Reducing Substances	-	Absent

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

NR Jain

Dr.VIPUL JAIN
M.D. (PATH)
Pathologist





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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)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
<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	5-6	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	++	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

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MC-2111



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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 ***

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	158.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	97.2	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	34.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	124.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	105.2	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	19.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.1	0-3.5 Ratio	Calculated

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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	4.2	3.5-6.5 pmol/L	CLIA
Free T4, Serum	13.2	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	7.404	0.55-4.78 microIU/ml	CLIA



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Interpretation:

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

Clinical Significance:

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

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

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

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

Limitations:

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

Reference:

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

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