

CID	: 2305622149
Name	: MR.PANKAJ KUMAR
Age / Gender	: 32 Years / Male
Consulting Dr. Reg. Location	: - : Borivali West (Main Centre)

Authenticity Check

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

	<u>CBC (Complete</u>	<u>e Blood Count), Blood</u>	
<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	12.7	13.0-17.0 g/dL	Spectrophotometric
RBC	4.31	4.5-5.5 mil/cmm	Elect. Impedance
PCV	40.6	40-50 %	Measured
MCV	94	80-100 fl	Calculated
MCH	29.4	27-32 pg	Calculated
MCHC	31.2	31.5-34.5 g/dL	Calculated
RDW	15.4	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	5680	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND	ABSOLUTE COUNTS		
Lymphocytes	28.6	20-40 %	
Absolute Lymphocytes	1624.5	1000-3000 /cmm	Calculated
Monocytes	6.2	2-10 %	
Absolute Monocytes	352.2	200-1000 /cmm	Calculated
Neutrophils	61.6	40-80 %	
Absolute Neutrophils	3498.9	2000-7000 /cmm	Calculated
Eosinophils	3.2	1-6 %	
Absolute Eosinophils	181.8	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	22.7	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	130000(Manual method)	150000-400000 /cmm	Elect. Impedance
MPV	14.7	6-11 fl	Calculated
PDW	37.8	11-18 %	Calculated
RBC MORPHOLOGY			

Page 1 of 12

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

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	: MR.PANKAJ KUM	AK		Use a QR Code Scanner	R
Age / Gender	: 32 Years / Male			Application To Scan the Code	т
Consulting Dr.	: -		Collected	: 25-Feb-2023 / 09:56	
Reg. Location	: Borivali West (Ma	ain Centre)	Reported	:25-Feb-2023 / 12:52	
Hypochr	omia	-			
Microcyt	tosis	-			
Macrocy	/tosis	-			
Anisocy	tosis	-			
Poikilocy	ytosis	-			
Polychro					
Target C		-			
-	lic Stippling	-			
Normob		-			
Others		Normocytic,Normochro	mic		
	ORPHOLOGY	-			
	ET MORPHOLOGY	Platelets reduced on sn	near meganlatelets se	en on smear	
COMME					
CONIVIE	_ 1	-			
Result re Kindly co	checked rrelate clinically.				
	·····				

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR

2-15 mm at 1 hr.

Sedimentation

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

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Bmhaskar

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

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Collected Reported :25-Feb-2023 / 09:56 :25-Feb-2023 / 14:18

Name: MR.PANKAJ KUMARAge / Gender: 32 Years / MaleConsulting Dr.: -Reg. Location: Borivali West (Main Centre)

:2305622149

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE			
PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	118.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	133.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.72	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.3	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.42	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	5.1	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2	1 - 2	Calculated
SGOT (AST), Serum	35.4	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	48.7	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	19.7	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	155.1	40-130 U/L	Colorimetric
BLOOD UREA, Serum	24.3	12.8-42.8 mg/dl	Kinetic
BUN, Serum	11.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.67	0.67-1.17 mg/dl	Enzymatic

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CID Name Age / Gender Consulting Dr. Reg. Location	: 2305622149 : MR.PANKAJ KL : 32 Years / Mal : - : Borivali West (e	Collected Reported	Use a QR Code Scanner Application To Scan the Code : 25-Feb-2023 / 13:31 : 25-Feb-2023 / 20:00	E P O R T
eGFR, Se	erum	146	>60 ml/min/1.73	sqm Calculated	
URIC AC	ID, Serum	7.1	3.5-7.2 mg/dl	Enzymatic	
	gar (Fasting) tones (Fasting)	Absent Absent	Absent Absent		
Urine Su	gar (PP)	Absent	Absent		

Urine Ketones (PP) Absent Absent *Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West

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Application To Scan the Code Collected Reported

: 25-Feb-2023 / 09:56 :25-Feb-2023 / 14:49

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE GLYCOSYLATED HEMOGLOBIN (HbA1c) PARAMETER RESULTS **BIOLOGICAL REF RANGE** METHOD Glycosylated Hemoglobin HPLC 5.8 Non-Diabetic Level: < 5.7 % (HbA1c), EDTA WB - CC Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 % 119.8 mg/dl Calculated

Estimated Average Glucose (eAG), EDTA WB - CC

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 ***





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

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BIOLOGICAL REF RANGE

: 25-Feb-2023 / 09:57 : 25-Feb-2023 / 18:32

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE EXAMINATION OF FAECES

PARAMETER

PHYSICAL EXAMINATION		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
CHEMICAL EXAMINATION		
Reaction (pH)	Acidic (6.0)	-
Occult Blood	Absent	Absent
MICROSCOPIC EXAMINATION		
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

RESULTS

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



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

Page 6 of 12

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Consulting Dr. Reg. Location	: - : Borivali West (Main Centre)

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BIOLOGICAL REF RANGE METHOD

Collected Reported : 25-Feb-2023 / 09:56 : 25-Feb-2023 / 20:00

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

RESULTS

PARAMETER

PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	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	<u> </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	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

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





M. Jain

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

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CID	: 2305622149			0
Name	: MR.PANKAJ KUMAR			R
Age / Gender	: 32 Years / Male		Use a QR Code Scanner Application To Scan the Code	т
Consulting Dr.	: -	Collected	:	
Reg. Location	: Borivali West (Main Centre)	Reported	:	

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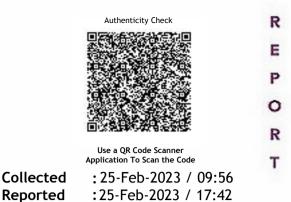
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CID : 2305622149 Name : MR.PANKAJ KUMAR Age / Gender : 32 Years / Male Consulting Dr. : -Reg. Location : Borivali West (Main Centre)



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

PARAMETER

<u>RESULTS</u>

ABO GROUP Rh TYPING

Positive

А

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.

Refernces:

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

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE		
LIPID PROFILE		

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	197.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	144.4	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	41.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	156.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	127.0	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	29.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.1	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 M.D. (PATH) Pathologist

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE **THYROID FUNCTION TESTS RESULTS BIOLOGICAL REF RANGE METHOD**

3.5-6.5 pmol/L

11.5-22.7 pmol/L

0.35-5.5 microIU/ml

3.5

9.9

22.94

Free T3, Serum Free T4, Serum sensitiveTSH, Serum

Page 11 of 12

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PRECISE TESTING - NEAL	THER LIVING			P
CID	: 2305622149			0
Name	: MR.PANKAJ KUMAR		面谈教育教育和教育	R
Age / Gender	: 32 Years / Male		Use a QR Code Scanner Application To Scan the Code	т
Consulting Dr.	: -	Collected	:25-Feb-2023 / 09:56	
Reg. Location	: Borivali West (Main Centre)	Reported	:25-Feb-2023 / 13:57	

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 trasiently altered becuase 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 Borivali Lab, Borivali West *** End Of Report ***



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

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IN COLOR STREET

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Page 12 of 12

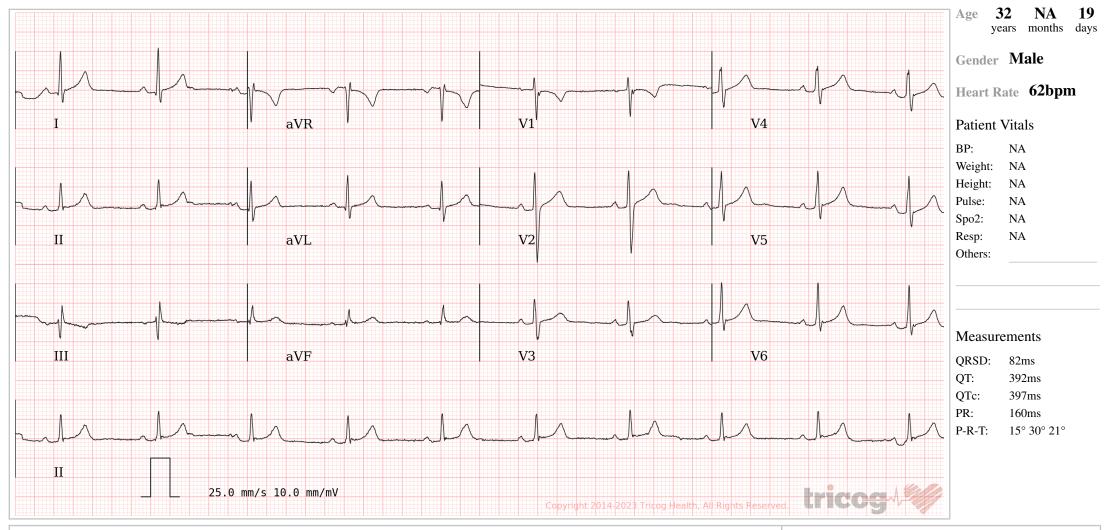
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HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com

SUBURBAN DIAGNOSTICS - BORIVALI WEST



Patient Name: PANKAJ KUMAR Patient ID: 2305622149 Date and Time: 25th Feb 23 10:42 AM



ECG Within Normal Limits: S.rhythm, Normal axis. Please correlate clinically.

REPORTED BY

The.

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.



CID#	: 2305622149
Name	: MR.PANKAJ KUMAR
Age / Gender	: 32 Years/Male
Consulting Dr.	11 a
Reg.Location	: Borivali West (Main Centre)

Collected Reported

: 25-Feb-2023 / 09:32 : 02-Mar-2023 / 10:48

PHYSICAL EXAMINATION REPORT

History and Complaints:

EXAMINATION FINDING	S:		
Height (cms):	168	Weight (kg):	86
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg)	: 110/70	Nails:	Healthy
Pulse:	88/min	Lymph Node:	Not Palpable
Systems			
Cardiovascular:	S1	,S2 Normal No Mur	murs
Respiratory:	Ai	r Entry Bilaterally E	qual
Genitourinary:	No	ormal	
GI System:	Sc	oft non tender No O	rganomegaly
CNS:	No	ormal	
	SH		

ADVICE:

ph+nicia Refu.

CHIEF COMPLAINTS:

1)	Hypertension:			No
2)	IHD:			No
3)	Arrhythmia:			No
4)	Diabetes Mellitus :			No
5)	Tuberculosis :			No
6)	Asthama:			No
- /				

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CID#	: 2305622149		
Name	: MR.PANKAJ KUMAR		
Age / Gender	: 32 Years/Male		
Consulting Dr.		Collected	: 25-Feb-2023 / 09:32
Reg.Location	: Borivali West (Main Centre)	Reported	: 02-Mar-2023 / 10:48

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
PERS	ONAL HISTORY:		
1)	Alcohol	No	
2)	Smoking	No	
3)	Diet	Mix	
4)	Medication	No	

*** End Of Report ***

DR. NITIN SONAVANE M B.B.S.AFLH, D.DIAB, D.CARD. CONSULTANT-CARDIOLOGIST REGIONO. : 87714 Dr.NITIN SONAVANE PHYSICIAN

Suburban Diagnostics (I) Pvt. Ltd. 3018-302, 3rd Floor, Vini Eleganance, Above bando receller, L. T. Road, Borivali (West), Mumbai - 400 092.

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CID : 2305622149 Name : Mr PANKAJ KUMAR Age / Sex : 32 Years/Male Ref. Dr : Reg. Location : Borivali West

Reg. Date Reported Use a QR Code Scanner Application To Scan the Code : 25-Feb-2023 : 25-Feb-2023 / 15:06

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.

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CID	: 2305622149			0
Name	: Mr PANKAJ KUMAR			R
Age / Sex	: 32 Years/Male		Use a QR Code Scanner Application To Scan the Code	T
Ref. Dr	:	Reg. Date	: 25-Feb-2023	
Reg. Location	: Borivali West	Reported	: 25-Feb-2023 / 12:59	

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Authenticity Check

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 10.2 x 4.4 cm. Left kidney measures 9.8 x 4.7 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

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

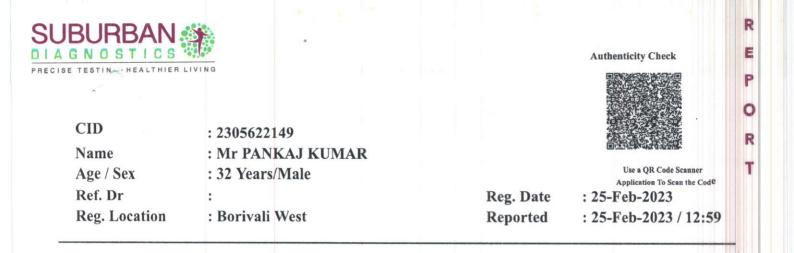
URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

PROSTATE: Prostate is normal in size and echotexture. Prostate measures 3.5 x 3.0 x 3.7 cm and prostatic weight is 21 gm. No evidence of any obvious focal lesion.

No free fluid or size significant lymphadenopathy is seen.

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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.

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Date:-	25/02	125-		CID:	230	56221	49	
Date:- Name:- Pa	mlcaj	Kum	an		Age: 32/			
			EYE	CHECK	UP			
Chief comp	laints:	1 N						
Systemic D	iseases:							
Past history	y:	NIC						
Unaided V	ision:			12 [-		lt		
Aided Visio	on:		4	R- 6) 16		LF 6/6 N	0	
Refraction:			\wedge	16		N	6	
	(Right Ey	ve)	1	010	(Left Ey			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								

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Remark:

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. 18 भारत सरकार GOVERNMENT OF INDIA पंकज कुमार Pankaj Kumar जन्म वर्ष / Year of Birth : 1991 पुरुष / Male आधार – आमु आदमी का अधिकार Tops June •

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Name: PANKAJ KUMAR			Date: 25-02-2023 Time: 10:17
		Weisha Of Va	ID: 2305622149
Age: 32 Gender: F	Height: 168 cms	Weight: 86 Kg	10. 2303022149
Clinical History: NIL			

Medications: NIL

Test Details:

Protocol: Bruce		Predicted Max HR	: 188	Target HR: 159
Exercise Time:	0:09:23	Achieved Max HR:	163 (87% of I	Predicted MHR)
Max BP:	160/90	Max BP x HR:	26080	Max Mets: 10.6
Test Termination	Criteria: TES	L COMPLET		* ×4

Protocol Details:

Stage Name	Stage Time	METS	Speed	Grade %	Heart Rate	BP mmHg	RPP	Max ST Level	mV/s
Supine	00:09	1	0	0	57	130/90	7410	1.5 V2	-1.1 Ш
Standing	00:25	1	0	0	59	130/90	7670	1.4 II	2.7 V2
HyperVentilation	00:14	1	0	0	55	130/90	7150	1.5 II	-2 II
PreTest	00:08	1	1.6	0	56	130/90	7280	1.3 II	2.5 V2
	03:00	4.7	2.7	10	105	140/90	14700	5.4 III	-4 V2
Stage: 1	03:00	7	4	12	124	140/90	17360	2.1 aVR	1.9 V2
Stage: 2		10.1	55	14	153	160/90	24480	-4.9 V1	1.1 V2
Stage: 3	03:00		6.8	16	163	160/90	26080	4.1 V1	2 V1
Peak Exercise	00:23	10.6	0.8	10	109	150/90	16350	0.9 V2	0.4 V2
Recovery1	01:00			0	78	130/90	10140	-1.6 III	-0.9 III
Recovery2	01:00			0	//@	1.50/90			

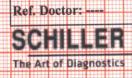
Interpretation

The Patient Exercised according to Bruce Protocol for 0:09:23 achieving a work level of 10.6 METS. Resting Heart Rate, initially 57 bpm rose to a max. heart rate of 163bpm (87% of Predicted Maximum Heart Rate). Resting Blood Pressure of 130/90 mmHg, rose to a maximum Blood Pressure of 160/90 mmHg Good Effort tolerance Normal HR & BP Respone No Angina or Arrhymias No Significant ST-T Change Noted During Exercise Stress test Negative for Stress inducible ischaemia.

> Suburban Diagnostics (I) Pvt. Ltom.L 3018 302, 3rd Floor, Vini Elegana Oota Above Tanisg Jweller, L. T. a. 3d. Borivali (West), Multopi- 800 002

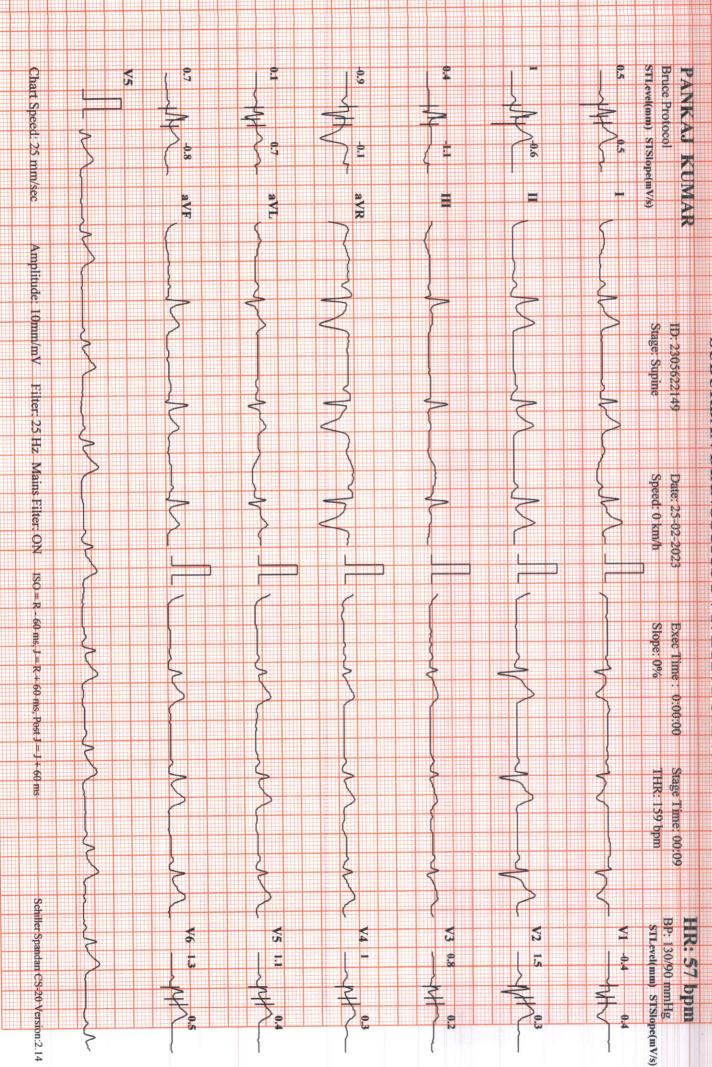


Doctor: DR. NITIN SONAVANE (Summary Report edited by User) Spandan CS-20 Version:2.14.0

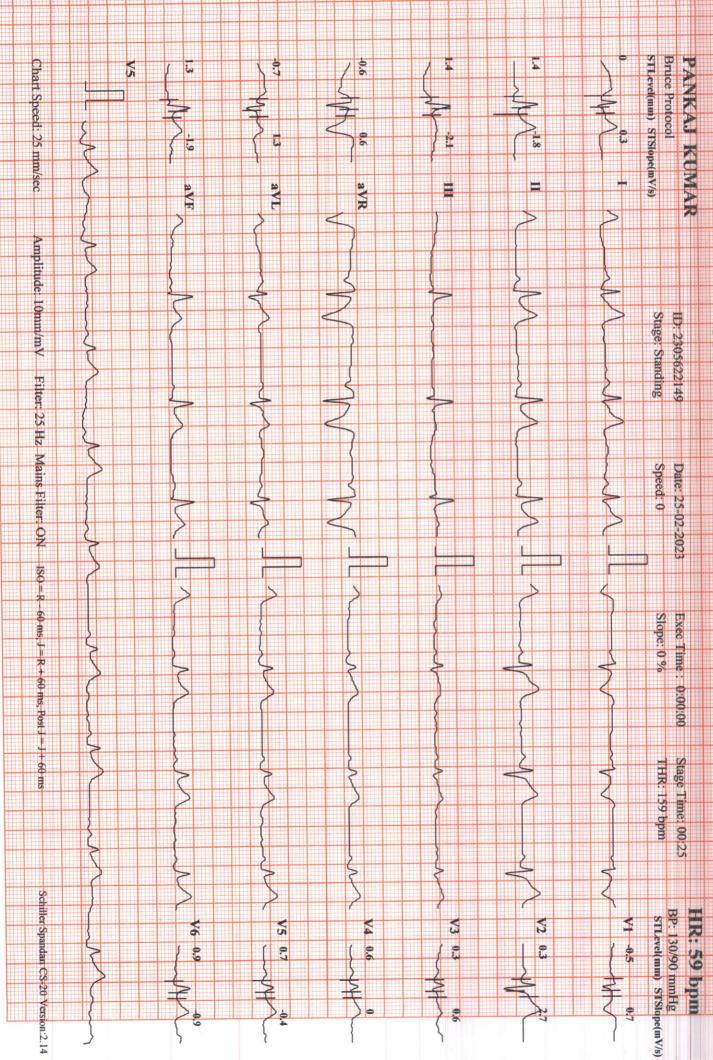




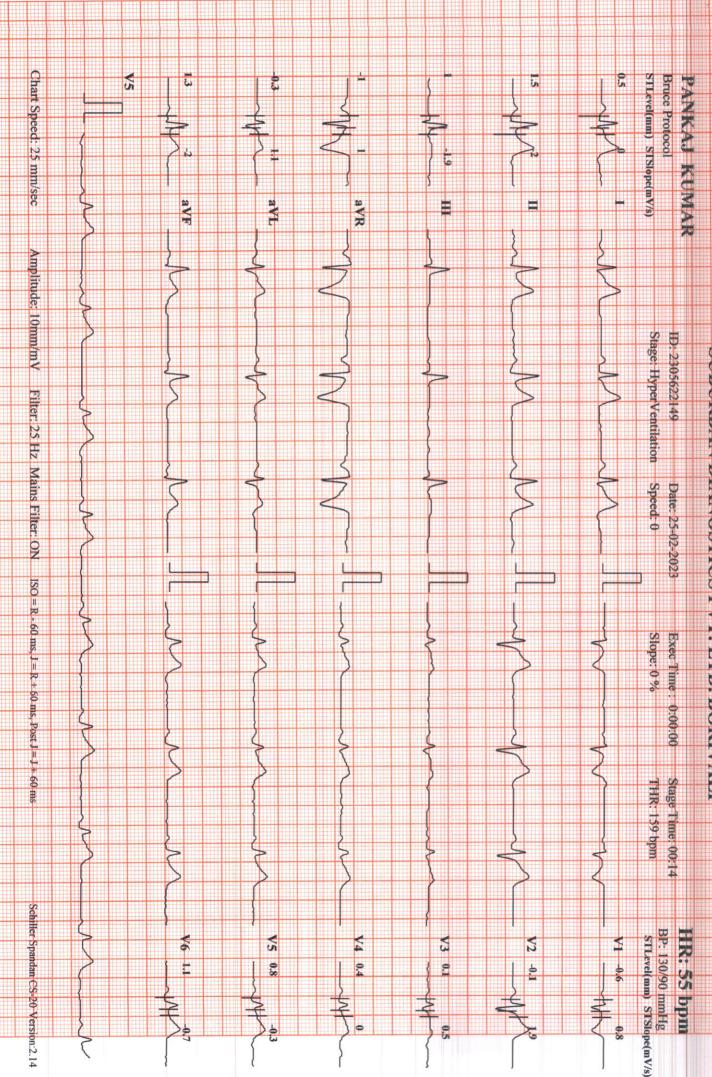
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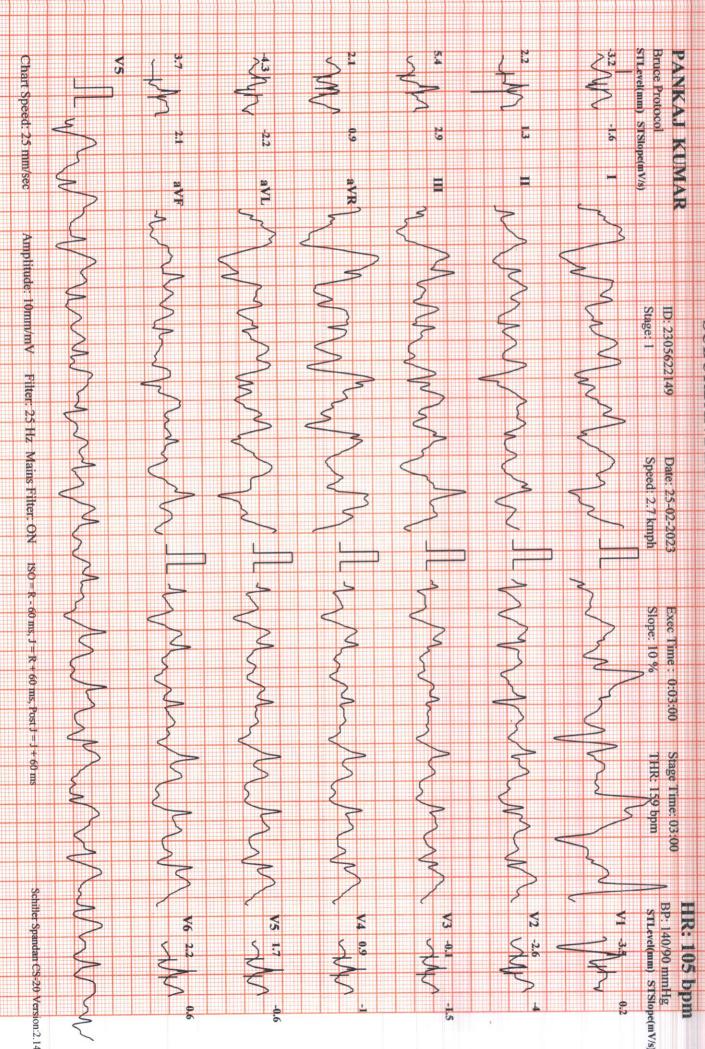






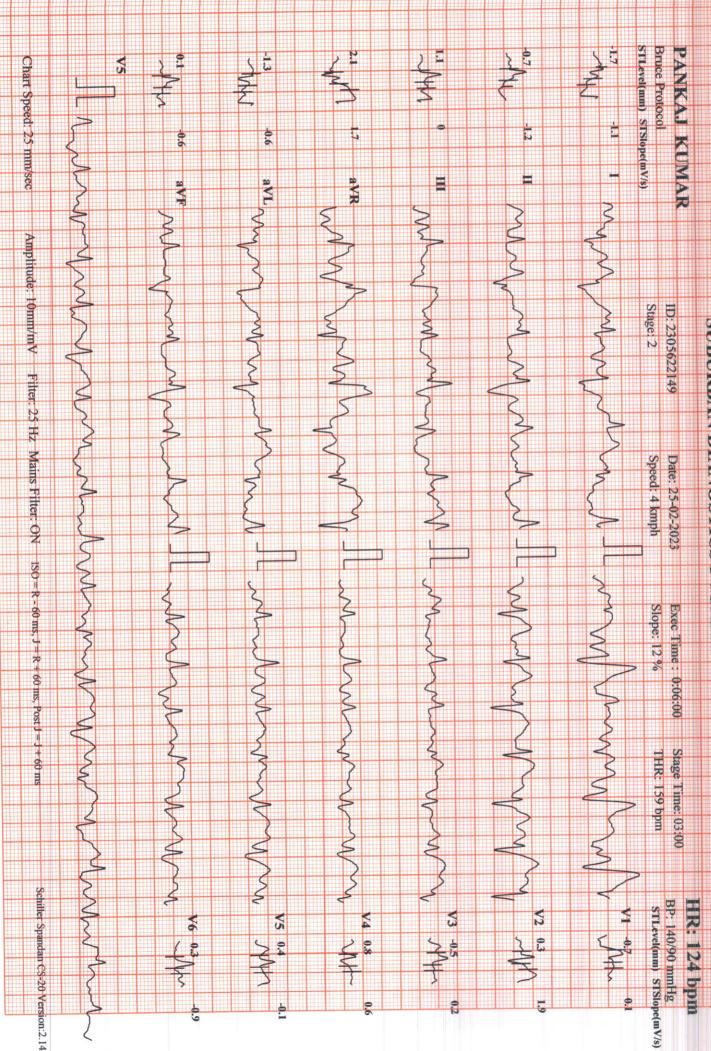




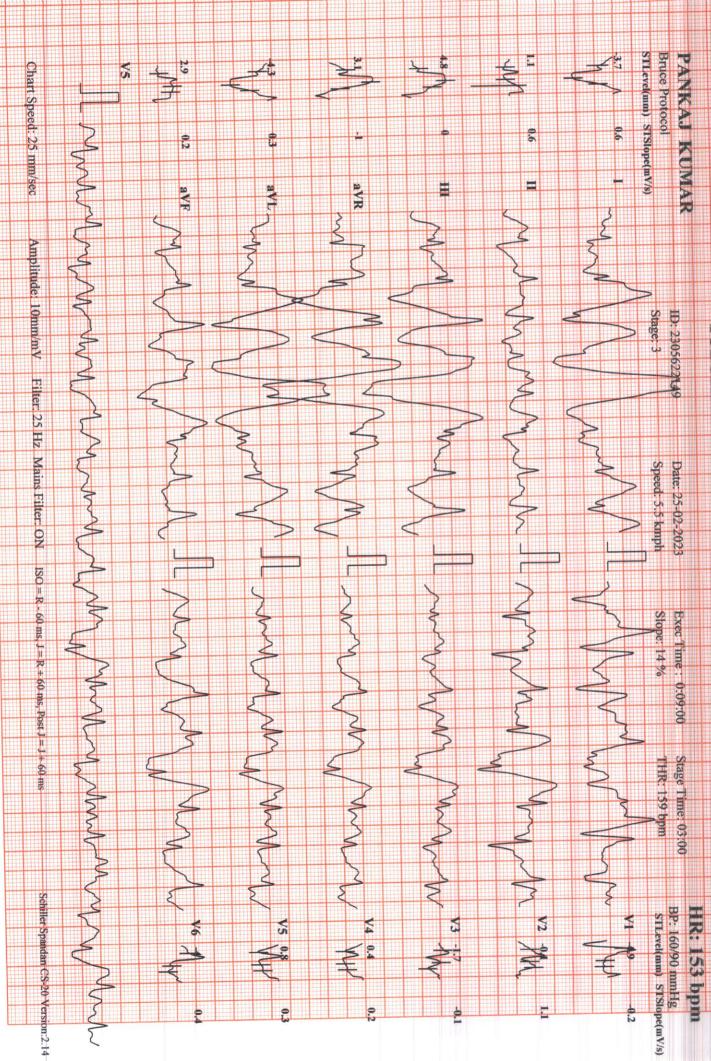


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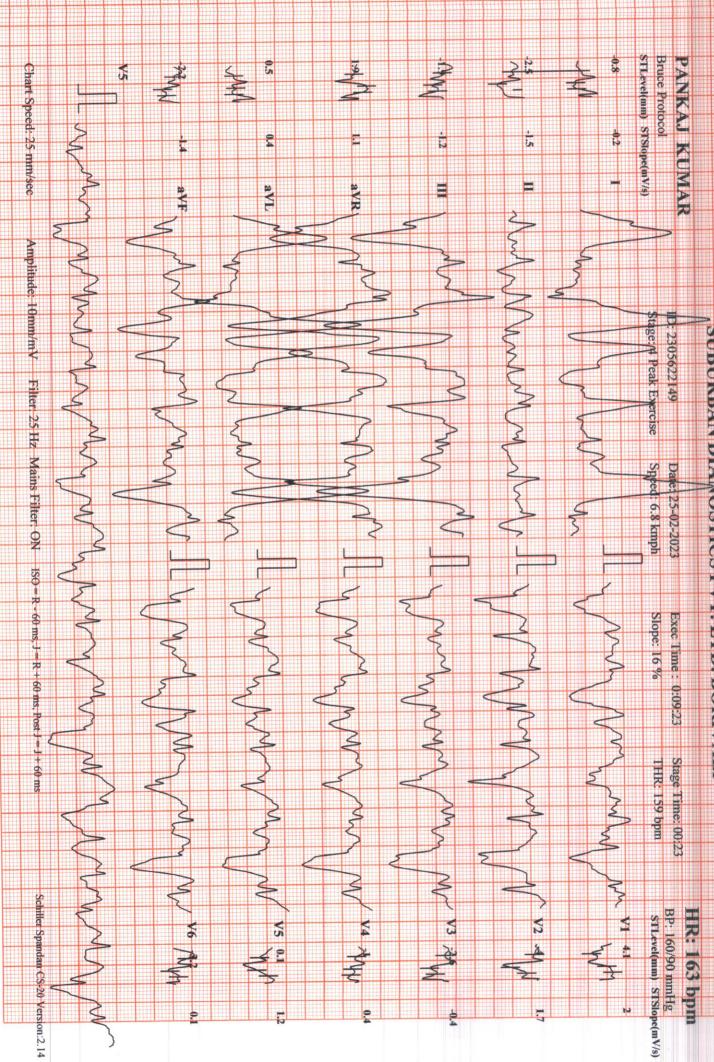
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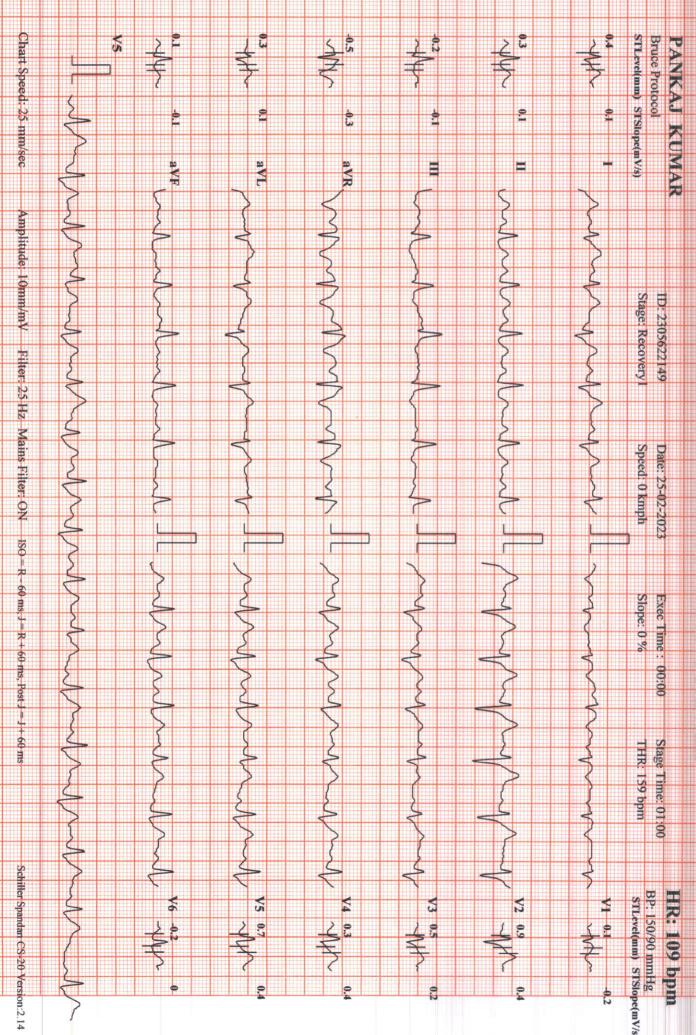




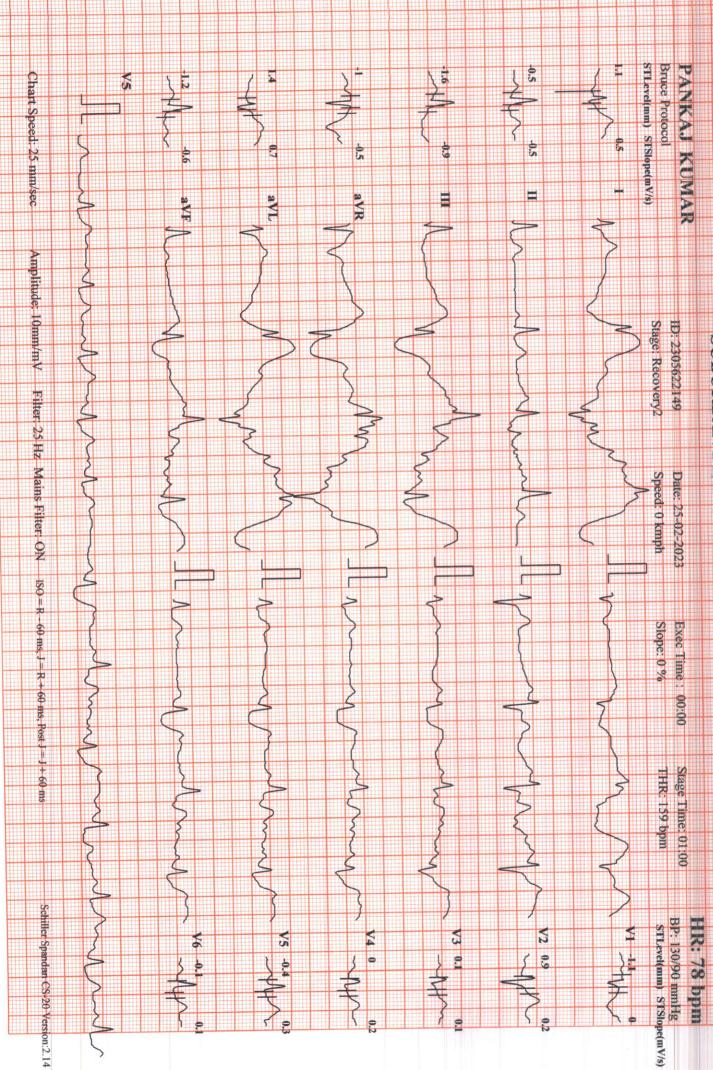




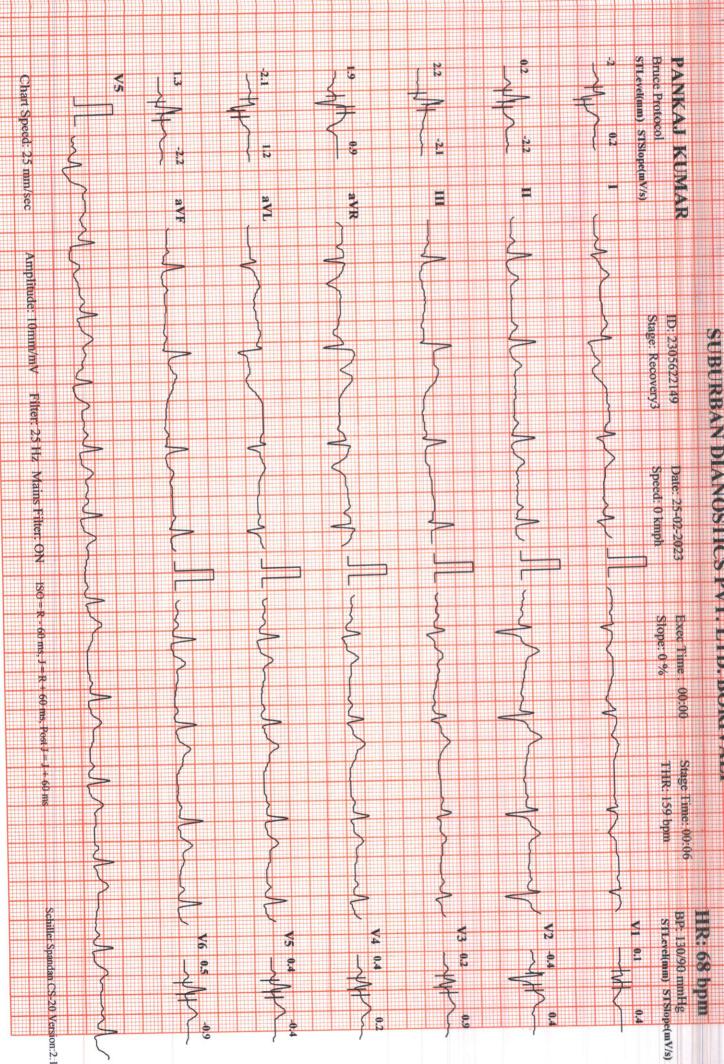














CID: 2305622149Name: Mr PANKAJ KUMARAge / Sex: 32 Years/MaleRef. Dr:Reg. Location: Borivali West

Reg. Date: 2Reported: 2

: 25-Feb-2023 : 25-Feb-2023 / 12:59

Authenticity Check

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Reg. Location	: Borivali West	Reported	: 25-Feb-2023 / 12:59
Ref. Dr	:	Reg. Date	: 25-Feb-2023
Age / Sex	: 32 Years/Male		Use a QR Code Scanner Application To Scan the Code
Name	: Mr PANKAJ KUMAR		
CID	: 2305622149		

Opinion:

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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-----

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X-RAY CHEST PA VIEW

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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.

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Age / Sex	: 32 Years/Male
Ref. Dr	:
Reg. Location	: Borivali West

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Reg. Date

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