



CID : 2305622358
Name : MR.ASHISH ISHWAR WADHWA
Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 25-Feb-2023 / 10:01
Reported : 25-Feb-2023 / 13:37

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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	14.1	13.0-17.0 g/dL	Spectrophotometric
RBC	4.89	4.5-5.5 mil/cmm	Elect. Impedance
PCV	42.7	40-50 %	Measured
MCV	87	80-100 fl	Calculated
MCH	28.9	27-32 pg	Calculated
MCHC	33.1	31.5-34.5 g/dL	Calculated
RDW	13.7	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5610	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	28.2	20-40 %	
Absolute Lymphocytes	1582.0	1000-3000 /cmm	Calculated
Monocytes	7.4	2-10 %	
Absolute Monocytes	415.1	200-1000 /cmm	Calculated
Neutrophils	60.8	40-80 %	
Absolute Neutrophils	3410.9	2000-7000 /cmm	Calculated
Eosinophils	3.4	1-6 %	
Absolute Eosinophils	190.7	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	11.2	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	245000	150000-400000 /cmm	Elect. Impedance
MPV	8.8	6-11 fl	Calculated
PDW	15.9	11-18 %	Calculated

RBC MORPHOLOGY



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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 6 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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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	87.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	90.5	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.59	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.22	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.37	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.6	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.2	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	16.7	<34 U/L	Modified IFCC
SGPT (ALT), Serum	17.6	10-49 U/L	Modified IFCC
GAMMA GT, Serum	16.9	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	55.7	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	15.8	19.29-49.28 mg/dl	Calculated
BUN, Serum	7.4	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.75	0.60-1.10 mg/dl	Enzymatic



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eGFR, Serum	126	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	6.4	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	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	111.1	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 SDRL, Vidyavihar Lab

*** End Of Report ***



Namrata

Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



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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)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	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

Bmhasakar

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



MC-2111



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Collected :
Reported :

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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 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



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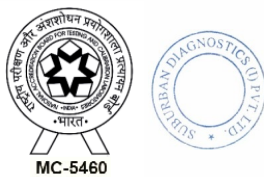
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	154.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	135.2	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	40.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	114.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	86.9	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	27.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.2	0-3.5 Ratio	Calculated

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



Dr. Leena Salunkhe

Dr.LEENA SALUNKHE
M.B.B.S, DPB (PATH)
Pathologist



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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	4.7	3.5-6.5 pmol/L	CLIA
Free T4, Serum	15.8	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	3.043	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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*** End Of Report ***



Anupa

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

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Consulting Dr. :
Reg.Location : Kandivali East (Main Centre)

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PHYSICAL EXAMINATION REPORT

History and Complaints:

No

EXAMINATION FINDINGS:

Height (cms):	170 cms	Weight (kg):	78 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	110/80	Nails:	Normal
Pulse:	72/min	Lymph Node:	Not palpable

Systems

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

IMPRESSION:

← fatty liver

ADVICE:

← low fatty diet

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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 | Occasionally |
| 2) Smoking | No |
| 3) Diet | Veg |
| 4) Medication | No |

*** End Of Report ***

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
New House No. 3, Aangan,
Thakur Village, Kandivali (East),
Mumbai - 400017.
Tel : 61700800


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

Date:- 25/2/23

CID: 23056222358

Name:- Mr. Ashish Kadhavai

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 blur 6/6 blur

H/O G
← -0.50
← -0.50 -0.50 X 180

Aided Vision: 6/6, 6/6 6/6, 6/6

Refraction: EOMs! Normal!

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	-0.50	←		6/6	-0.50	-0.50	180	6/6
Near				6/6				6/6

Colour Vision: Normal / Abnormal

Remark: Vn within normal limit

Kajal K.
KAJAL NAGRECHA
OPTOMETRIST

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Row House No. 3, Aangan,
Thakur Village, Kandivali (east),
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Tel : 61700800



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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. FAIZUR KHILJI before dispatch.

Khilji FA

Dr.FAIZUR KHILJI
MBBS,RADIO DIAGNOSIS
Reg No-74850
Consultant Radiologist

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USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, 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 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 10.3 x 4.6 cm. Left kidney measures 11.0 x 5.2 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 20 cc.

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

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Reported : 25-Feb-2023 / 10:40

IMPRESSION:
Grade I fatty liver.

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

This report is prepared and physically checked by DR. FAIZUR KHILJI before dispatch.

Dr.FAIZUR KHILJI
MBBS,RADIO DIAGNOSIS
Reg No-74850
Consultant Radiologist

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. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the centre for rectification. Please interpret accordingly. All safety precautions were taken before, during and after the USG examination in view of the ongoing Covid 19 pandemic.

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Dr. Jagruti Dhale
DMS
Consultant & Physiotherapist
Reg. No. 99548

Jagruti Dhale

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Kot. No. 3, Kangan,
Thakur Vihar, Indivali (east),
Mumbai - 408101.
Tel : 61700800

Bank of Baroda
ASHISH ISHWAR WADHWAN
E.C. No. 163458



ASH

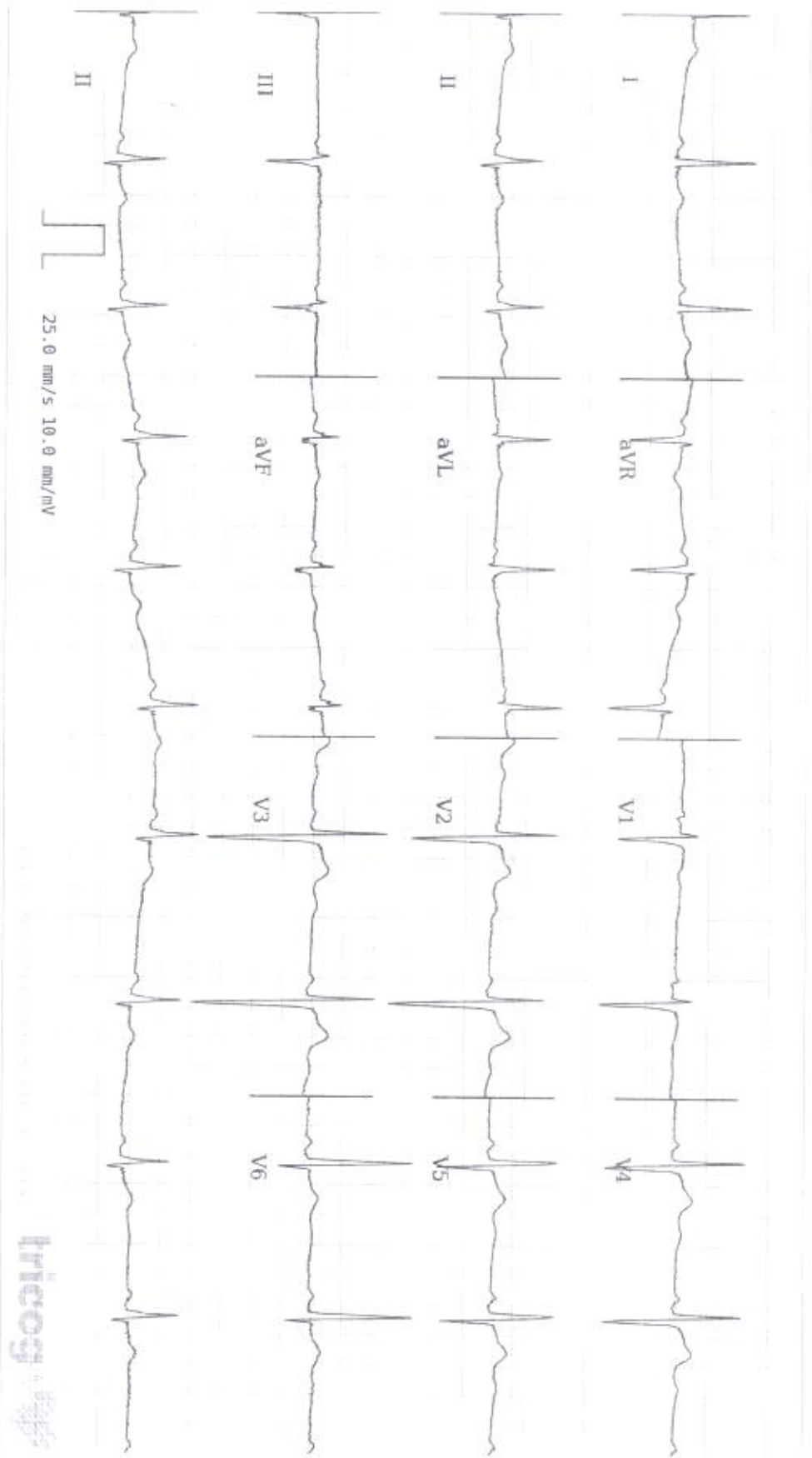
ASHISH ISHWAR WADHWANI

[Handwritten signature]

Patient Name: **ASHISH ISHWAR WADHWA**

Date and Time: **25th Feb 23 12:06 PM**

Patient ID: **2305622358**



Age **35** **2** **23**
years months days

Gender **Male**

Heart Rate **62bpm**

Patient Vitals

BP: 110/80 mmHg

Weight: 78 kg

Height: 170 cm

Pulse: NA

Spo2: NA

Resp: NA

Others

Measurements

QRSD: 106ms

QT: 390ms

QTc: 395ms

PR: 138ms

P-R-T: 26° -1° 46°

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

SUBURBAN
FOR
THEKUN

THIRUVANANTHAPURAM
MINNICHAL
Kerala

Disclaimer: The analysis of this report is based on ECG done and should be used as an adjunct to clinical history, symptoms, and results of other investigations and/or medical history. Physician's interpretation are as contained by the clinician and not derived from the ECG.

REPORTED BY

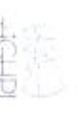
(Signature)

DR AKHIL PARULLEKAR
MBBS, MD MEDICINE, DNB (Cardiology)
Cardiologist
20120023485

SUBURBAN DIAGNOSTICS KANDIVALI EAST

EMR#:

Report



1098 (2305622358) / ASHISH WADHWA / 35 Yrs / M / 170 Cms / 78 Kg
 Date: 25 / 02 / 2023 12:22:29 PM Refd By : AERCOFEMI Examined By: DR.AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:48	0:48	00.0	00.0	01.0	103	56%	110/80	113	00	
Standing	01:05	0:17	00.0	00.0	01.0	093	50%	110/80	102	00	
HV	01:18	0:13	00.0	00.0	01.0	061	33%	110/80	067	00	
ExStart	01:39	0:21	00.0	00.0	01.0	076	41%	110/80	083	00	
BRUCE Stage 1	04:39	3:00	02.7	10.0	04.7	109	59%	110/80	119	00	
BRUCE Stage 2	07:39	3:00	04.0	12.0	07.1	127	69%	140/80	177	00	
BRUCE Stage 3	10:19	2:40	05.5	14.0	09.9	149	81%	150/80	223	00	
PeakEx	10:48	0:29	06.8	16.0	10.8	157	85%	150/80	235	00	
Recovery	11:48	1:00	00.2	00.0	04.2	114	62%	150/80	171	00	
Recovery	11:56	1:09	00.0	00.0	03.3	104	56%	150/80	156	00	

FINDINGS :

Exercise Time : 09:09
 Initial HR (ExStrt) : 76 bpm 41% of Target 185
 Initial BP (ExStrt) : 110/80 (mm/Hg)
 Max Workload Attained : 10.8 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)

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 Row House No. 3, Aangan,
 Thakur Village, Kandivali (East),
 Mumbai - 409101.
 Tel : 61700500


Dr. Akhil P. Parulekar,
 MBBS, MD, M.D. (Medicine)
 DNB (Cardiology)
 Reg. No. 2012082483

Doctor : DR.AKHIL PARULEKAR



Email:

1098 / ASHISH WADHWA / 35 Yrs / M / 170 Cms / 78 Kg Date: 25 / 02 / 2023 12:22:29 PM Refd By : AERCOFEMI

REPORT :

Heart Rate 157.0 bpm

Systolic BP 150.0 mmHg Diastolic BP 80.0 mmHg

Exercise Time 09:09 Mins. Ectopic Beats 0.0

METS 10.8 test End Reason , Heart Rate Achieved Target Heart Rate 87% of 185

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 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.

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Thakur Village, Kandivali (West),
Mumbai - 400101.
Tel : 61700660

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

Doctor : DR.AKHIL PARULEKAR



SUBURBAN DIAGNOSTICS KANDIVALI EAST

SUPINE (00:48)

ACAPL

1098 (2305622358) / ASHISH WADHWIA / 35 Yrs / M / 170 Cms / 78 Kg / HR : 103

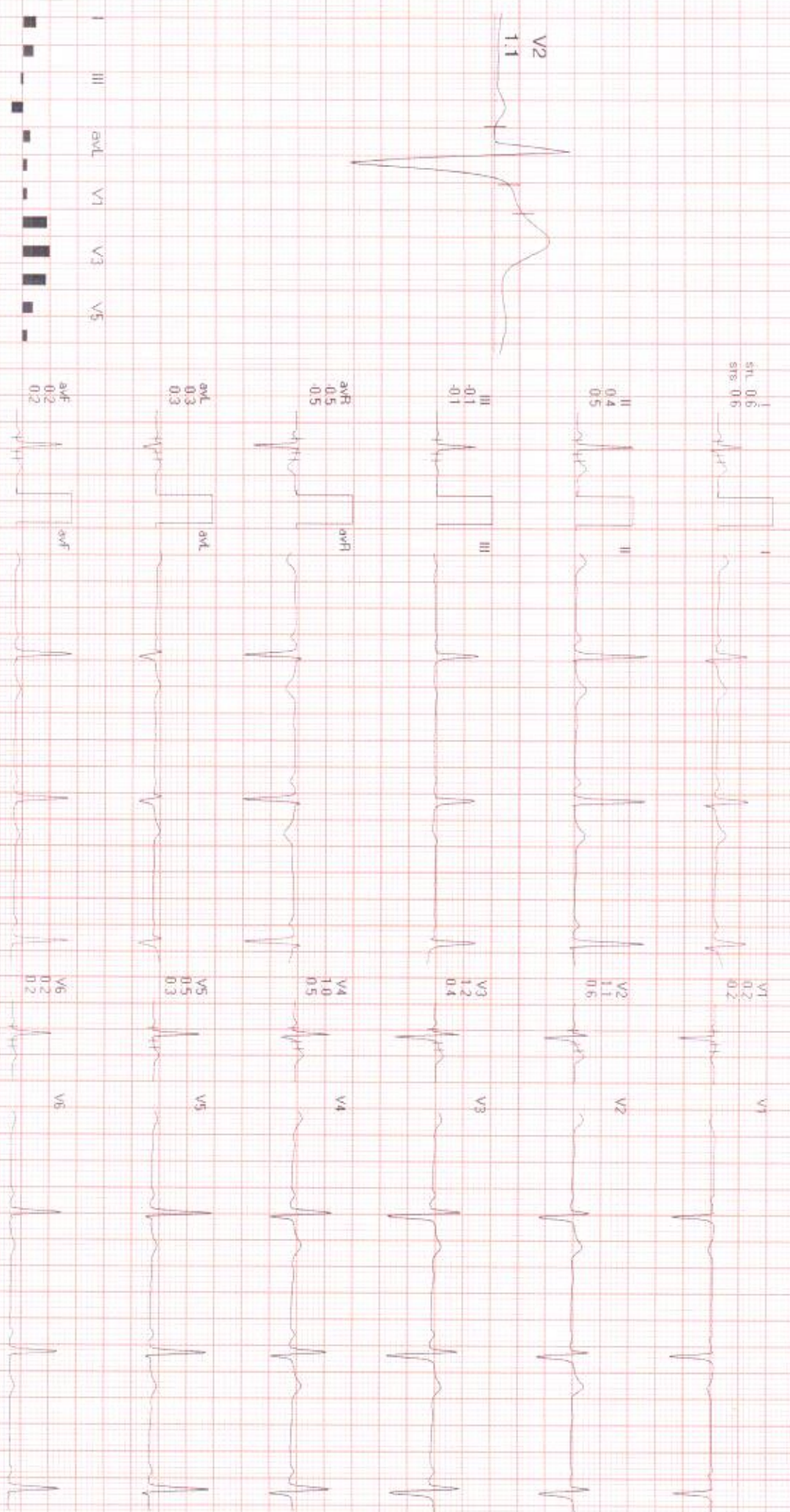
Date: 25/02/2023 12:22:29 PM

METS: 1.0/103bpm 56% of THR BP: 110/90 mmHg Raw ECG/ EUC Dry/Noisy Dry/HF: 0.05 Hz/AF: 35 Hz

ExTime: 00:00:00 Kmph: 0.0%

4X 80 mS Post J

25 mm/Sec 1.0 Cm/mV



REMARKS
II aVR aVL aVF V1 V2 V3 V4 V5 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

STANDING (00:17)

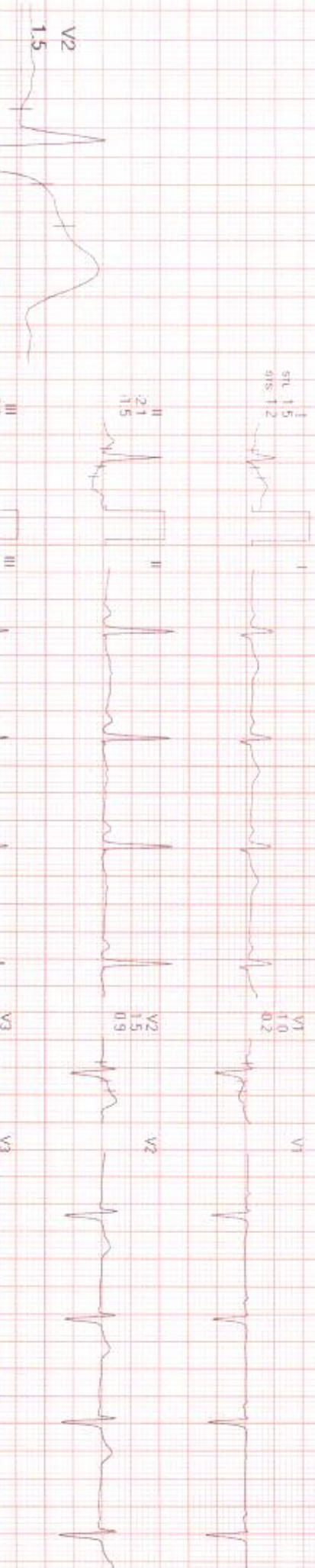
AGPL

1098 (2305622358) / ASHISH WADHWA / 35 Yrs / M / 170 Cms / 78 Kg / HR : 93

Date: 25/02/2023 12:22:29 PM METS: 1.0/93 bpm, 50% of THR BP: 110/80 mmHg Raw ECG/PLC On/Noch On/HF 0.05 Hz/AF 35 Hz

4X 80 mS Post J

ExTime: 00:00:00 Km/Ph: 0.0% 25mm/sec 1.0 Cm/mV



SUBURBAN DIAGNOSTICS KANDIVALI EAST

HV (00:13)

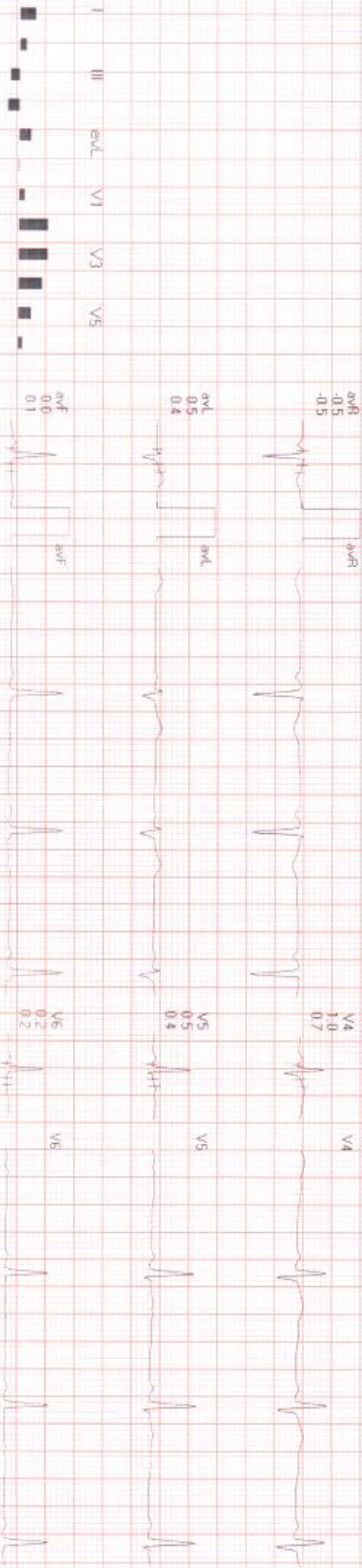
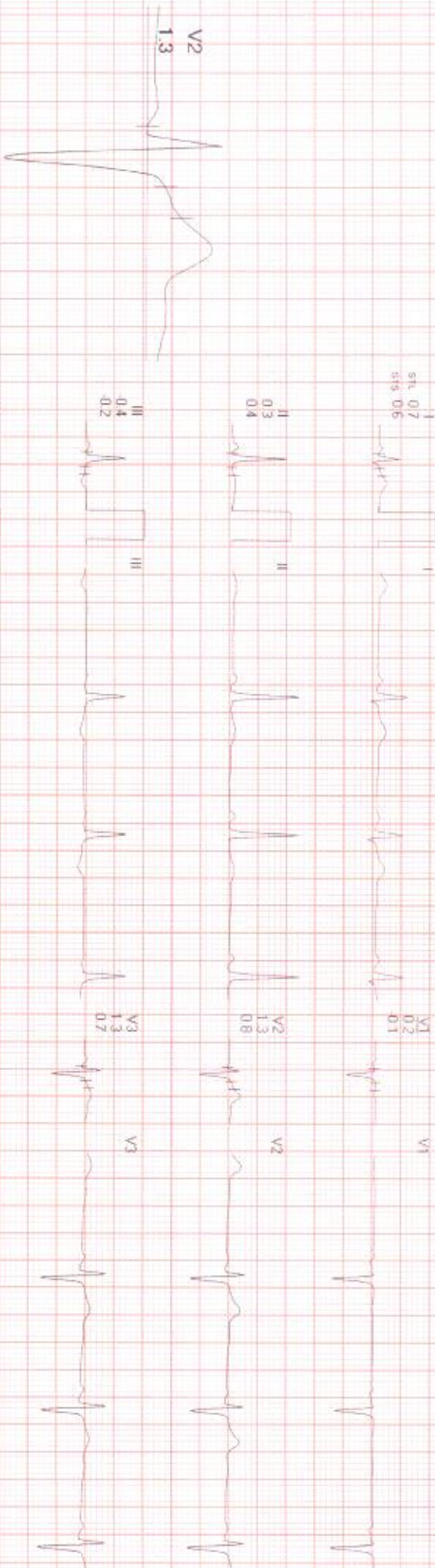


1098 (23056223358) / ASHISH WADHWIA / 35 Yrs / M / 170 Cms / 78 Kg / HR : 61

Date: 25/02/2023 12:22:29 PM METS: 1.0/61 bpm 33% of THR BP: 110/80 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

Ext time: 00:00:00 kmph: 0.0%
25 mm/Sec 1.0 Cm/mV



REMARKS



1098 (23056223358) / ASHISH WADHWIA / 35 Yrs / M / 170 Cms / 78 Kg / HR : 76

Date: 25/02/2023 12:22:29 PM METS: 1.0/75 bpm 41% of THR BP: 110/80 mmHg Raw ECG/BLC On/Noch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.01mph 0.0%

4X 80 mS Post J

25mm/Sec 1.0 Cal/mV

SI 0.2
ST 0.7

V1 3.0
V2 1.2

II -3.3
III -1.6

V2 1.2
V3 0.1

III -3.7
IV -1.0

V3 1.9
V4 0.3

aVR 1.4
aVL 1.1

V4 2.5
V5 1.6

aVL 0.6
aVF 0.5

V5 2.9
V6 0.5

aVF 3.5
aVR 1.3

V6 0.3
V7 1.4



REMARKS

SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 1 (03:00)

AC+PL

1098 (2305622358) / ASHISH WADHWA / 35 Yrs / M / 170 Cms / 78 Kg / HR : 109

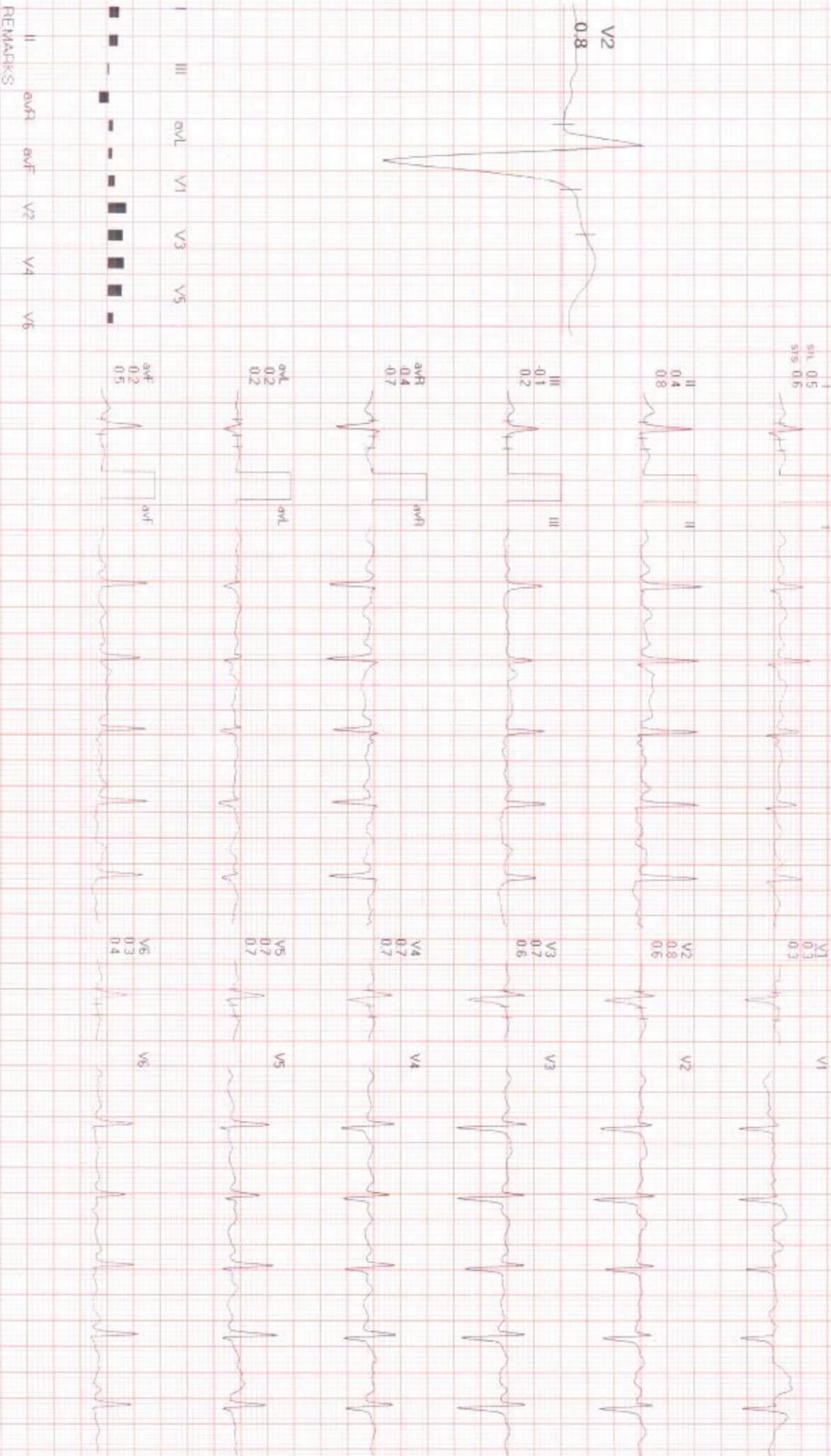
Date: 25/02/2023 12:22:29 PM

METS: 4.7 / 109 bpm 59% of THR BE: 110/80 mmHg Paw ECG/BLO On/Noch On/HP 0.05 Hz/LF 35 Hz

E-Time: 03:00 2.7 Kmph 10.0%

4X 80 ms Paper

25 mm/Sec 1.0 Cm/mV



REMARKS

SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 2 (03:00)

1098 (2305622358) / ASHISH WADHWAN / 35 Yrs / M / 170 Cms / 78 Kg / HR : 127

Date 25 / 02 / 2023 12:22:29 PM METS 7.1 / 127 bpm 69% of THR BP 140/80 mmHg Paw ECG/ ELCQ On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

ExTime 06:00 4.0 Kmph 12.0%

4X 80 ms Post J

25 mm/Sec 1.0 Cm/mV

sp1 0.6
sp2 1.3

V1 0.1
0.6



II 0.3
1.1

V2 1.0
1.3



III 0.3
0.3

V3 0.9
1.2



aVR 0.4
1.2

V4 0.7
1.1



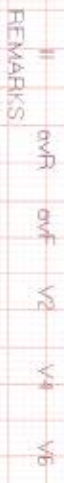
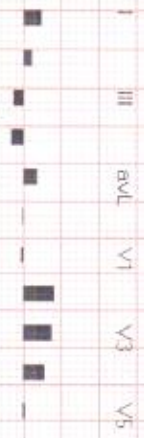
aVL 0.4
0.8

V5 0.1
0.9



aVF 0.0
0.4

V6 0.2
0.4



REMARKS



SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 3 (02:40)

1098 (2305622358) / ASHISH WADHWA / 35 Yrs / M / 170 Cms / 78 Kg / HR : 149

Date: 25 / 02 / 2023 12:22:29 PM METS: 9.9 / 149 bpm 81% of THR BP: 150/80 mmHg Row ECG/BLC Div/Notch On/HF 0.05 Hz/LE 35 Hz

ExTime: 08:40 5.5 kmph 14.0%

4X 10 ms Post J

25 mm/Sec 1.0 Cm/mV

I
STL -0.9
STB 0.8

V1
3.7
0.7

II
-2.9
0.5

V2
0.8
1.4

III
0.6
-1.4

V3
0.6
1.4

aVR
1.9
-0.7

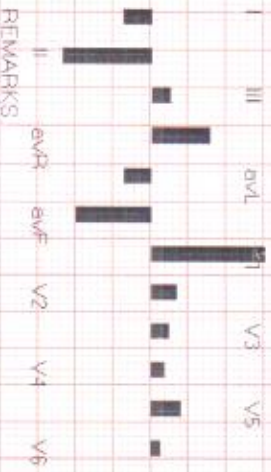
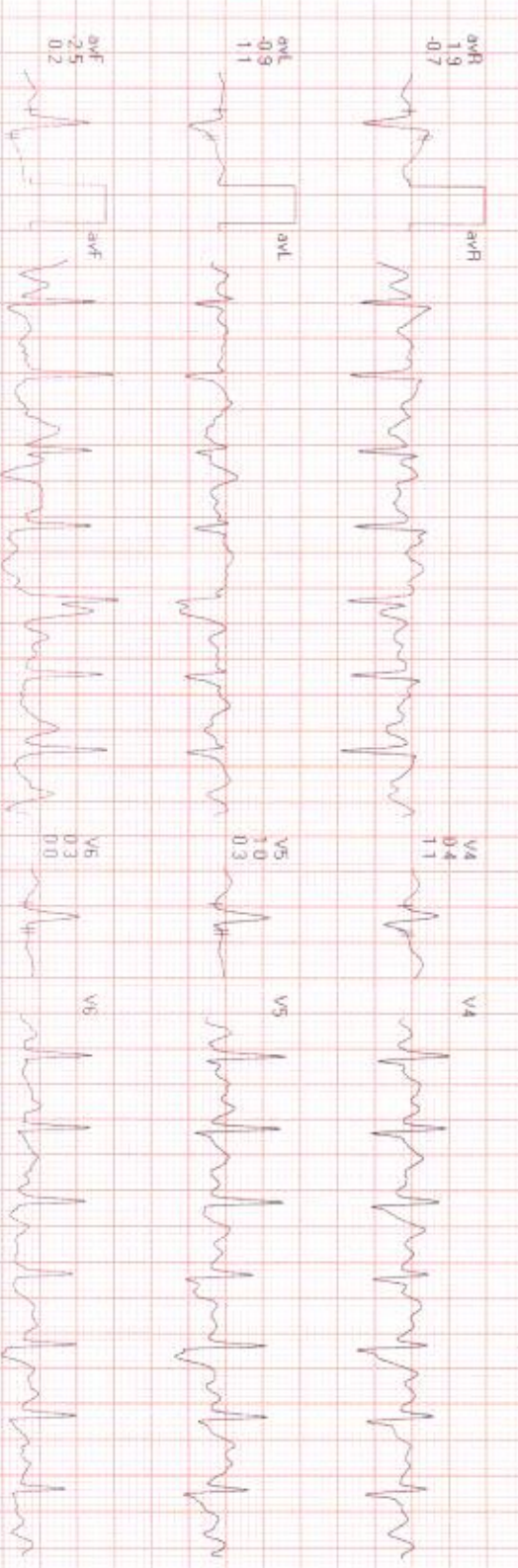
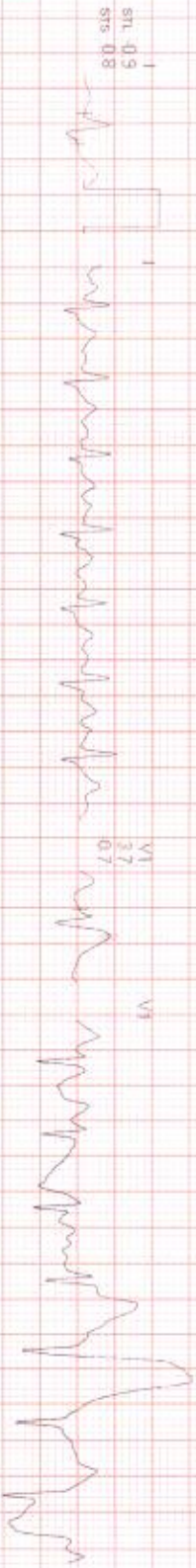
V4
0.4
1.1

aVL
-0.9
1.1

V5
1.0
0.3

aVF
-2.5
0.2

V6
0.3
0.0



REMARKS



SUBURBAN DIAGNOSTICS KANDIVALI EAST

PeaKEX



1098 (2305622358) / ASHISH WADHWAN / 35 Yrs / M / 170 Cms / 78 Kg / HR : 157

Date: 25 / 02 / 2023 12:22:29 PM

METS : 10.8 / 157 bpm 85% of THA

BP: 150/80 mmHg

Raw ECG/BLG Dry/Match Dry/HE 0.05 Hz/LF 35 Hz

4X 60 ms Post J

EXTime 09:09 6.8 Kmph 16.0%

PR: 0.13
QRS: 0.03

V1: 0.9
V2: 2.0



PR: 0.08
QRS: 0.09

V2: 0.9
V3: 3.3



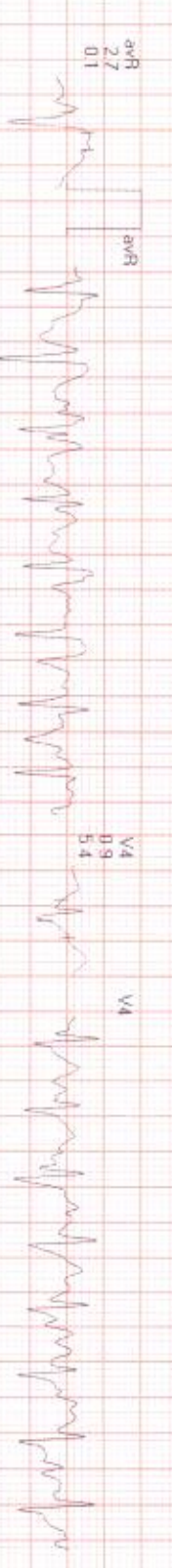
PR: 0.05
QRS: 1.12

V3: 1.3
V4: 6.4



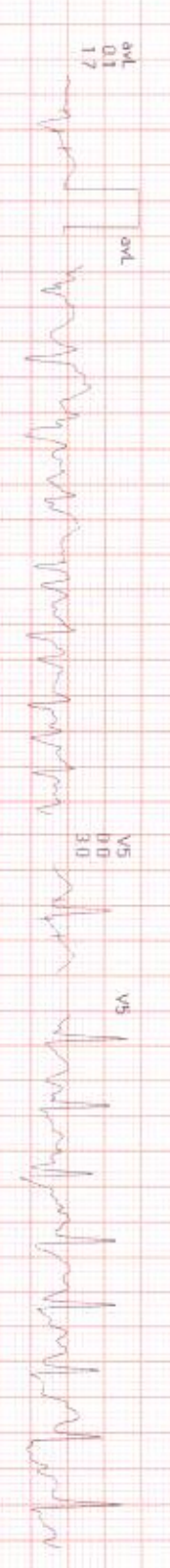
PR: 0.27
QRS: 0.1

V4: 0.9
V5: 5.4



PR: 0.11
QRS: 1.17

V5: 0.6
V6: 3.0



PR: 0.07
QRS: 0.02

V6: 0.6
V7: 2.1



REMARKS

aVR aVL aVF V1 V2 V3 V4 V5 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:00)

1098 (2305622358) / ASHISH WADHWA / 35 Yrs / M / 170 Cms / 78 Kg / HR : 114

Date: 25/02/2023 12:22:29 PM

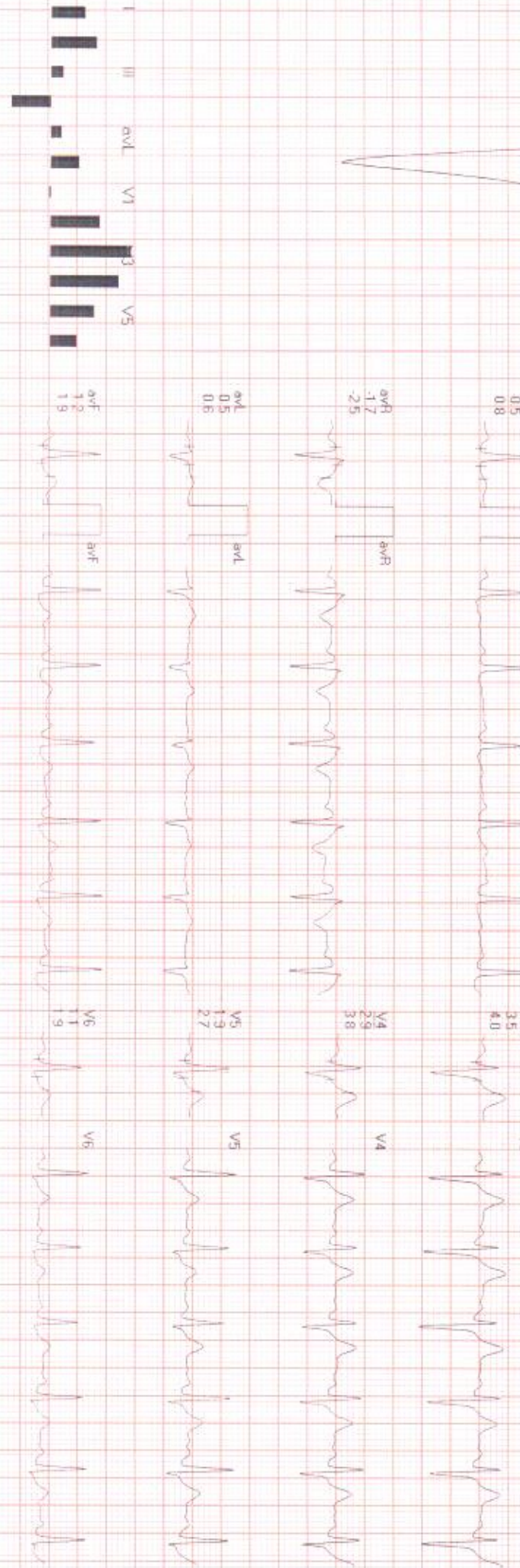
MEETS 42/114 bpm 62% of THR BP: 150/80 mmHg

Raw ECG/BLG On/Notch On/HF 0.05 Hz/LF 35 Hz

ExTime 09:09 0.2 Km/h 0.0%

4X 30 ms Paper

25 mm/Sec 1.0 Cm/dmV



REMARKS

SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:08)

1098 (2305622358) / ASHISH WADHWIA / 35 Yrs / M / 170 Cms / 78 Kg / HR 104



Date: 25/02/2023 12:22:29 PM

METS: 1.0/104 bpm 56% of THR BP: 150/80 mmHg Prew ECG/ BLC Qw Noch Qw HF: 0.05 Hz/LF 35 Hz

E-Time 09:09 0.01 mph 0.0%

4X 80 ms Post J

25mm/Sec 1.0 Cm/div



REMARKS

