

Name : Mr . HUKUM SINGH RAWAT
VID : 2309614039
Ref By : Arcofemi Healthcare Limited

Reg Date : 06-Apr-2023 10:07
Age/Gender : 36 Years
Regn Centre : Andheri West (Main Centre)

History and Complaints:

Asymptomatic

EXAMINATION FINDINGS:

Height (cms):	164 cms	Weight (kg):	66 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	120/80 mm of Hg	Nails:	Normal
Pulse:	68/min	Lymph Node:	Not palpable

Systems

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

IMPRESSION:

Altered liver enzymes(SGPT=64.6,Alkaline phosphatase=112.9),
Rest reports appears to be in normal limits.

ADVICE:

Kindly consult your family physician with all your reports,
Therapeutic life style modification is advised.

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 |

Print Date : 07-Apr-2023 17:35

Page: 1 of 2

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

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16) Surgeries NO
17) Musculoskeletal System NO

PERSONAL HISTORY:

1) Alcohol Occasional
2) Smoking Occasional
3) Diet Mixed
4) Medication NO

Sangeeta Manwani
Dr.Sangeeta Manwani
M.B.B.S. Reg.No.71083



CID : 2309614039
Name : MR.HUKUM SINGH RAWAT
Age / Gender : 36 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

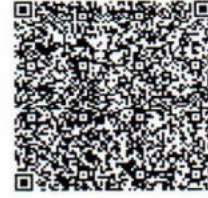
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	14.1	13.0-17.0 g/dL	Spectrophotometric
RBC	4.45	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.0	40-50 %	Calculated
MCV	96.4	80-100 fl	Measured
MCH	31.6	27-32 pg	Calculated
MCHC	32.8	31.5-34.5 g/dL	Calculated
RDW	13.8	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	6060	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	38.2	20-40 %	
Absolute Lymphocytes	2320	1000-3000 /cmm	Calculated
Monocytes	7.9	2-10 %	
Absolute Monocytes	480	200-1000 /cmm	Calculated
Neutrophils	51.4	40-80 %	
Absolute Neutrophils	3110	2000-7000 /cmm	Calculated
Eosinophils	2.2	1-6 %	
Absolute Eosinophils	130	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	20	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
PLATELET PARAMETERS			
Platelet Count	197000	150000-400000 /cmm	Elect. Impedance
MPV	12.8	6-11 fl	Measured
PDW	27.7	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 24 2-15 mm at 1 hr. Sedimentation

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



J. Thakker

Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP (Medical Services)

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Reg. Location : Andheri West (Main Centre)

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Reported : 06-Apr-2023 / 14:59

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	101.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	102.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.45	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.21	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.24	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	37.0	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	64.6	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	22.6	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	112.9	40-130 U/L	Colorimetric
BLOOD UREA, Serum	23.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	10.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.89	0.67-1.17 mg/dl	Enzymatic

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eGFR, Serum	103	>60 ml/min/1.73sqm	Calculated
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Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation

URIC ACID, Serum	6.2	3.5-7.2 mg/dl	Enzymatic
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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 CPL, Andheri West
*** End Of Report ***



Anupa

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

CID : 2309614039
Name : MR. HUKUM SINGH RAWAT
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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	5.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	102.5	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 ***

Dr. ANUPA DIXIT
M.D.(PATH)
Pathologist

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Reg. Location : Andheri West (Main Centre)

Collected : 06-Apr-2023 / 10:12
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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)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	10	-	-
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	3-4	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 CPL, Andheri West



J. Thakker

Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP (Medical Services)

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

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

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

Specimen: EDTA Whole Blood and/or serum

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

Limitations:

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

References:

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

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



Anupa
Dr. ANUPA DIXIT
M.D.(PATH)
Pathologist

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	170.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	107.5	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	46.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	124.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	102.0	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	22.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.7	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 CPL, Andheri West
*** End Of Report ***

Anupa

Dr. ANUPA DIXIT
M.D.(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	4.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.6	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.06	0.35-5.5 microIU/ml	ECLIA

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

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

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

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

Limitations:

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.

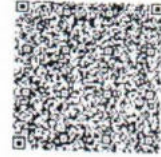
Reference:

- 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 CPL, Andheri West
*** End Of Report ***



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



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Ref. Dr :
Reg. Location : Andheri West (Main Center)

Reg. Date : 06-Apr-2023
Reported : 06-Apr-2023 / 12:48

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (13.1cm), 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 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 10.4 x 3.6cm. Left kidney measures 10.6 x 4.0cm.

SPLEEN:

The spleen is normal in size (9.6cm) 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 measuring 3.7 x 2.8 x 2.8cm and volume is 16.1cc.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS SEEN.

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

DR. NIKHIL DEV
M.B.B.S, MD (Radiology)
Reg No – 2014/11/4764
Consultant Radiologist

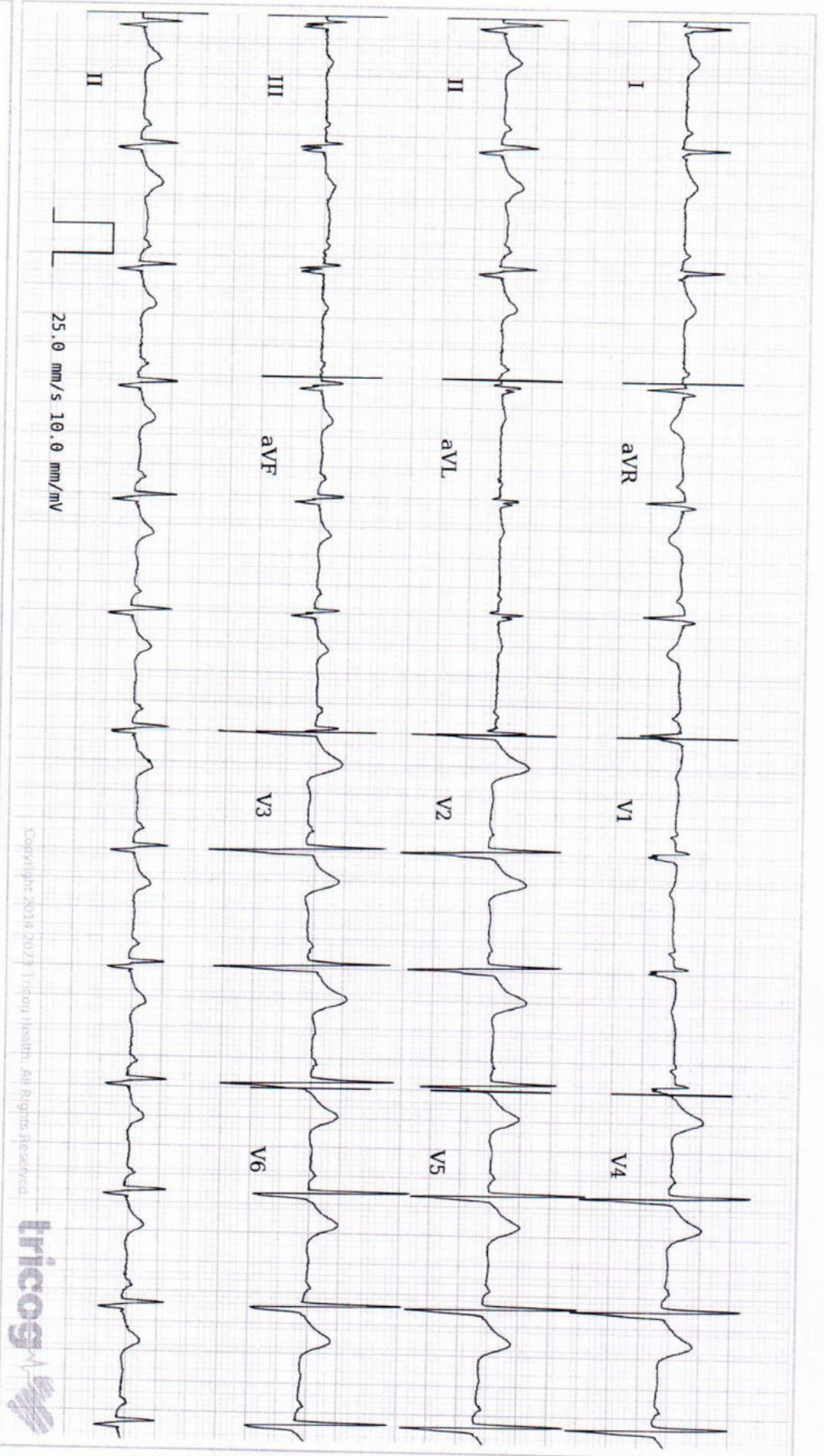
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Page no 1 of 1

Patient Name: HUKUM SINGH RAWAT
Patient ID: 2309614039

SUBURBAN DIAGNOSTICS - ANDHERI WEST

Date and Time: 6th Apr 23 11:09 AM



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Age **36** **6** **1**
years months days

Gender **Male**

Heart Rate **76bpm**

Patient Vitals

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

Measurements

- QRSD: 82ms
- QT: 370ms
- QTcB: 416ms
- PR: 132ms
- P-R-T: 47° 11° 44°

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

REPORTED BY

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

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:- 06/04/2023

CID: 2309614039

Name:- Hareem Singh Rawal Sex / Age: 36 / male

EYE CHECK UP

Chief complaints: Nil

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: —

Aided Vision: —

Refraction: —

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—	—	—	6/6	—	—	—	6/6
Near	—	—	—	N5	—	—	—	N5

Colour Vision: Normal / Abnormal

Remark: Normal vision

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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-----



Dr R K Bhandari
M D , DMRE
MMC REG NO. 34078

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SUBURBAN DIAGNOSTICS

Patient Details **Date:** 06-Apr-23 **Time:** 12:38:25
Name: HUKUM SINGH RAWAT ID: 2309614039
Age: 36 y **Sex:** M **Height:** 164 cms **Weight:** 66 Kgs
Clinical History: NONE

Medications: NONE

Test Details

Protocol: Bruce **Pr.MHR:** 184 bpm **THR:** 156 (85 % of Pr.MHR) bpm
Total Exec. Time: 7 m 1 s **Max. HR:** 163 (89% of Pr.MHR)bpm **Max. Mets:** 10.20
Max. BP: 150 / 80 mmHg **Max. BP x HR:** 24450 mmHg/min **Min. BP x HR:** 6880 mmHg/min
Test Termination Criteria: Target HR attained

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 20	1.0	0	0	88	120 / 80	-1.27 aVR	2.48 V3
Standing	0 : 6	1.0	0	0	86	120 / 80	-1.27 aVR	2.48 V3
Hyperventilation	0 : 29	1.0	0	0	97	120 / 80	-2.76 V1	-3.54 V2
1	3 : 0	4.6	1.7	10	123	130 / 80	-1.27 aVR	4.95 V3
2	3 : 0	7.0	2.5	12	150	140 / 80	-1.27 aVR	4.60 V3
Peak Ex	1 : 1	10.2	3.4	14	163	150 / 80	-0.85 aVR	4.95 V3
Recovery(1)	1 : 0	1.8	1	0	140	130 / 80	-1.49 aVR	5.66 V3
Recovery(2)	1 : 0	1.0	0	0	108	120 / 80	-1.27 aVR	5.66 V3
Recovery(3)	0 : 10	1.0	0	0	103	120 / 80	-1.06 aVR	3.18 V3

Interpretation

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

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

Dr. Ravi Chavan
 MD, D Card
 Consultant Cardiologist
 Reg. No.: 2004/06/2468

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

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



HUKUM SINGH RAWAT (36 M)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2309614039

Date: 06-Apr-23

Exec Time : 0 m 0 s

Stage Time : 0 m 14 s **HR: 90 bpm**

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 120 / 80

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

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

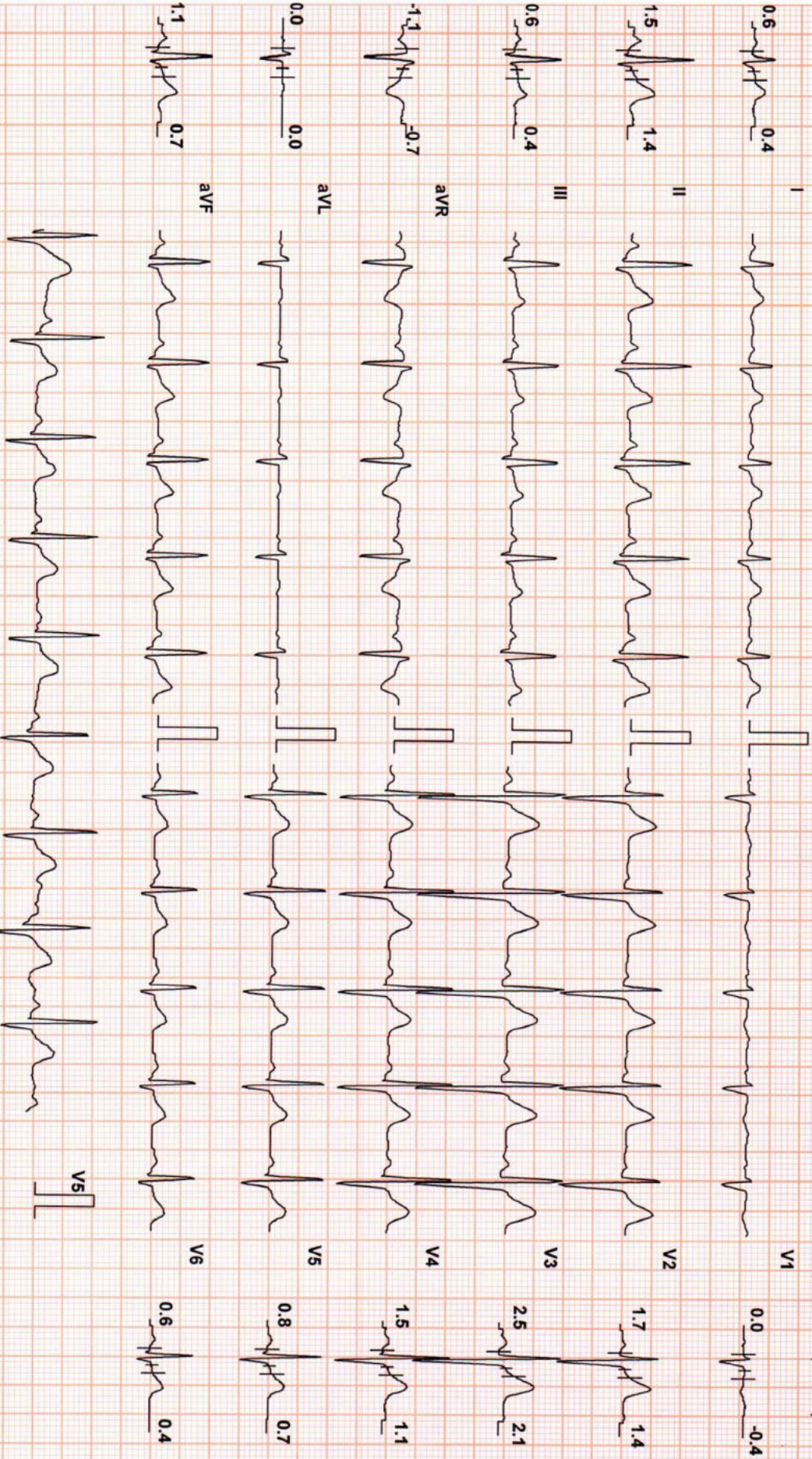


Chart Speed: 25 mm/sec
Schiller Spandam V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



HUKUM SINGH RAWAT (36 M)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2309614039

Date: 06-Apr-23

Exec Time : 0 m 0 s

Stage Time : 0 m 0 s

HR: 83 bpm

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

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 120 / 80

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

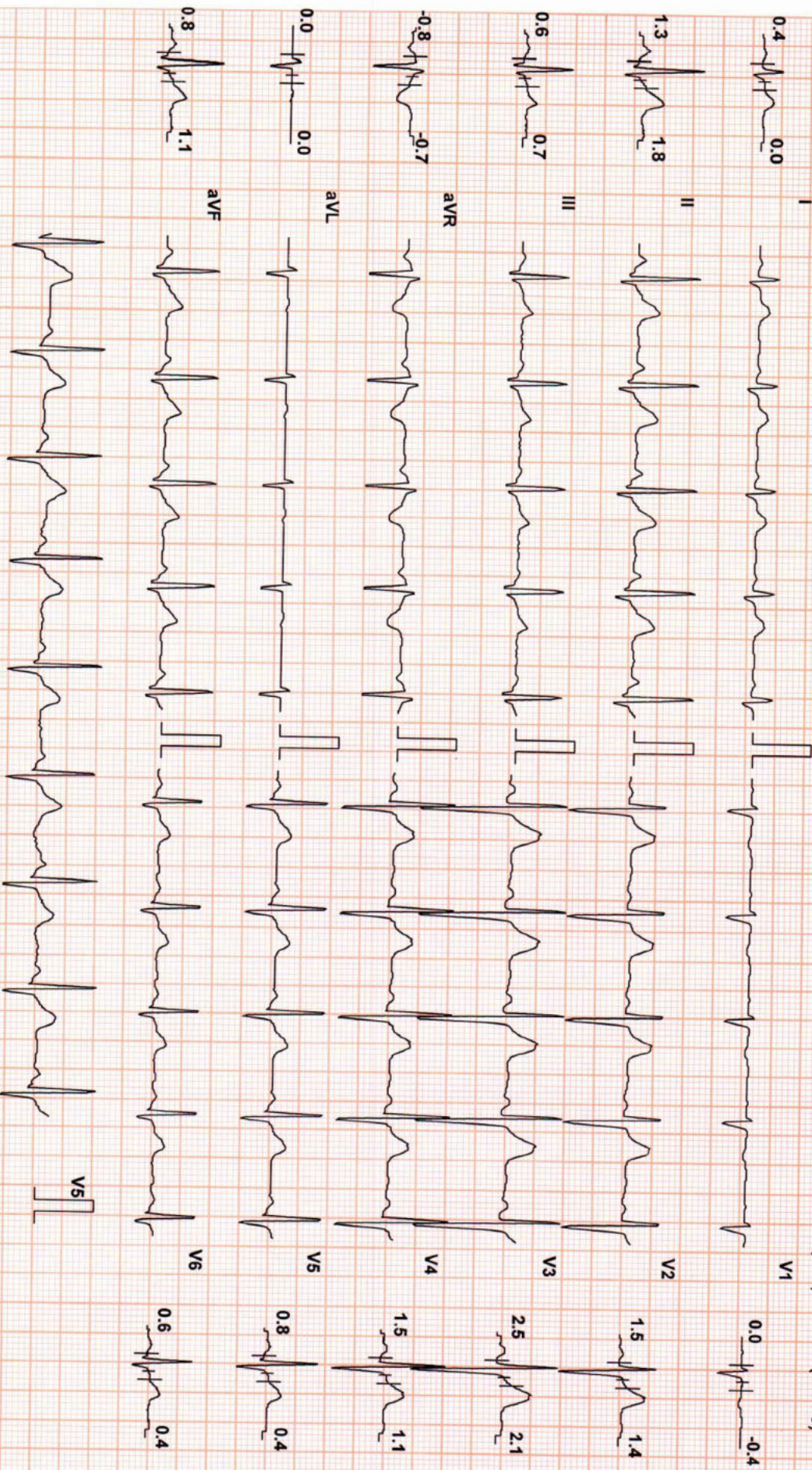


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V4.7

Linked Median



HUKUM SINGH RAWAT (36 M)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2309614039

Date: 06-Apr-23

Exec Time : 0 m 0 s

Stage Time : 0 m 23 s **HR: 96 bpm**

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 120 / 80

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

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

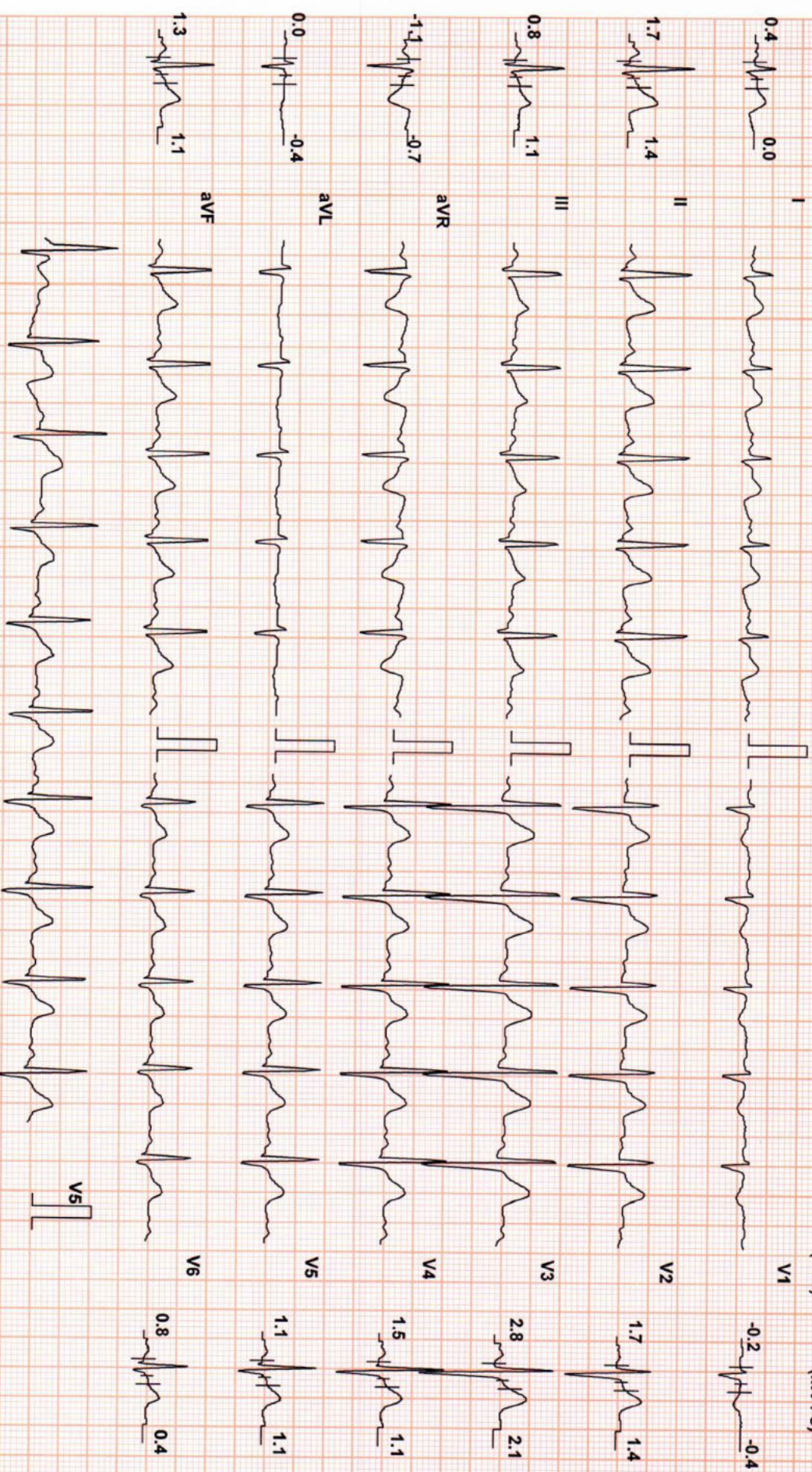


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schlier Spandan V 4.7

Linked Median

Protocol: Bruce

ID: 2309614039

Date: 06-Apr-23

Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 123 bpm

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 156 bpm)

B.P: 130 / 80

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

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

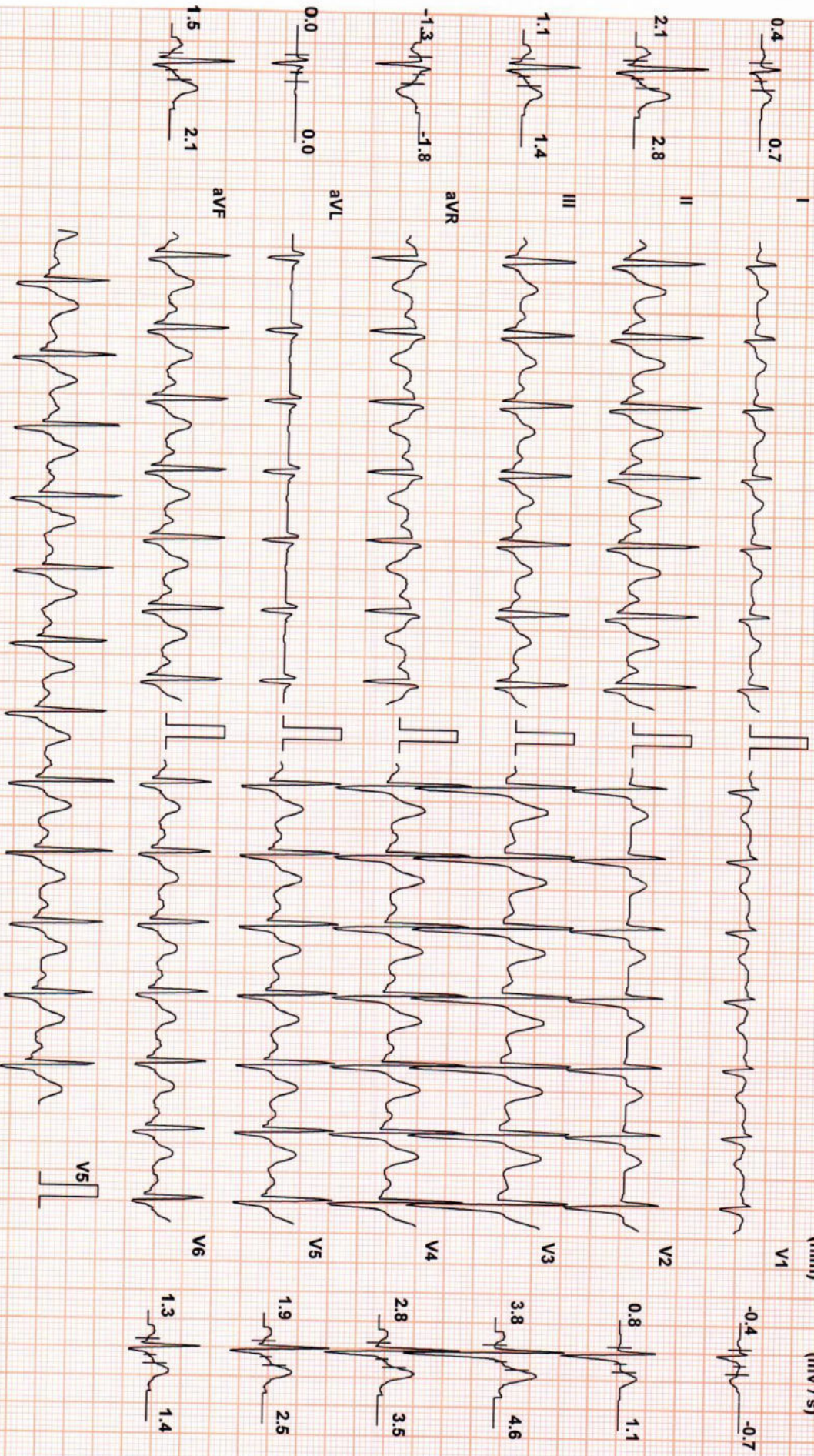


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



HUKUM SINGH RAWAT (36 M)

SUBURBAN DIAGNOSTICS

Test Report

ID: 2309614039

Date: 06-Apr-23

Exec Time : 5 m 54 s Stage Time : 2 m 54 s **HR: 150 bpm**

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 156 bpm)

B.P: 140 / 80

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

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

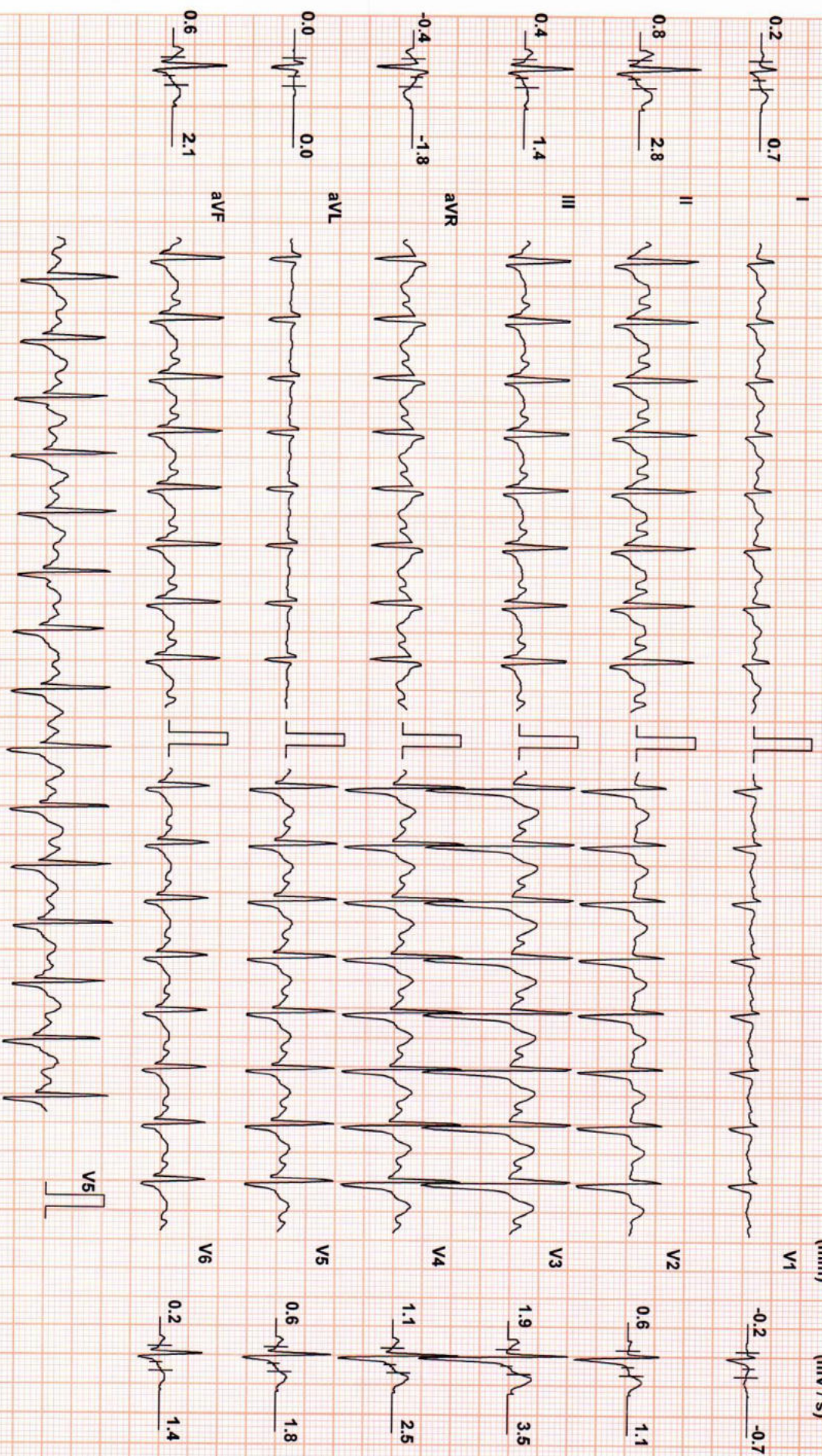


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = 1 + 60 ms

Schiller Spandan V 4.7

Linked Median



HUKUM SINGH RAWAT (36 M)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2309614039

Date: 06-Apr-23

Exec Time : 6 m 55 s Stage Time : 0 m 55 s **HR: 161 bpm**

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 156 bpm)

B.P: 150 / 80

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

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

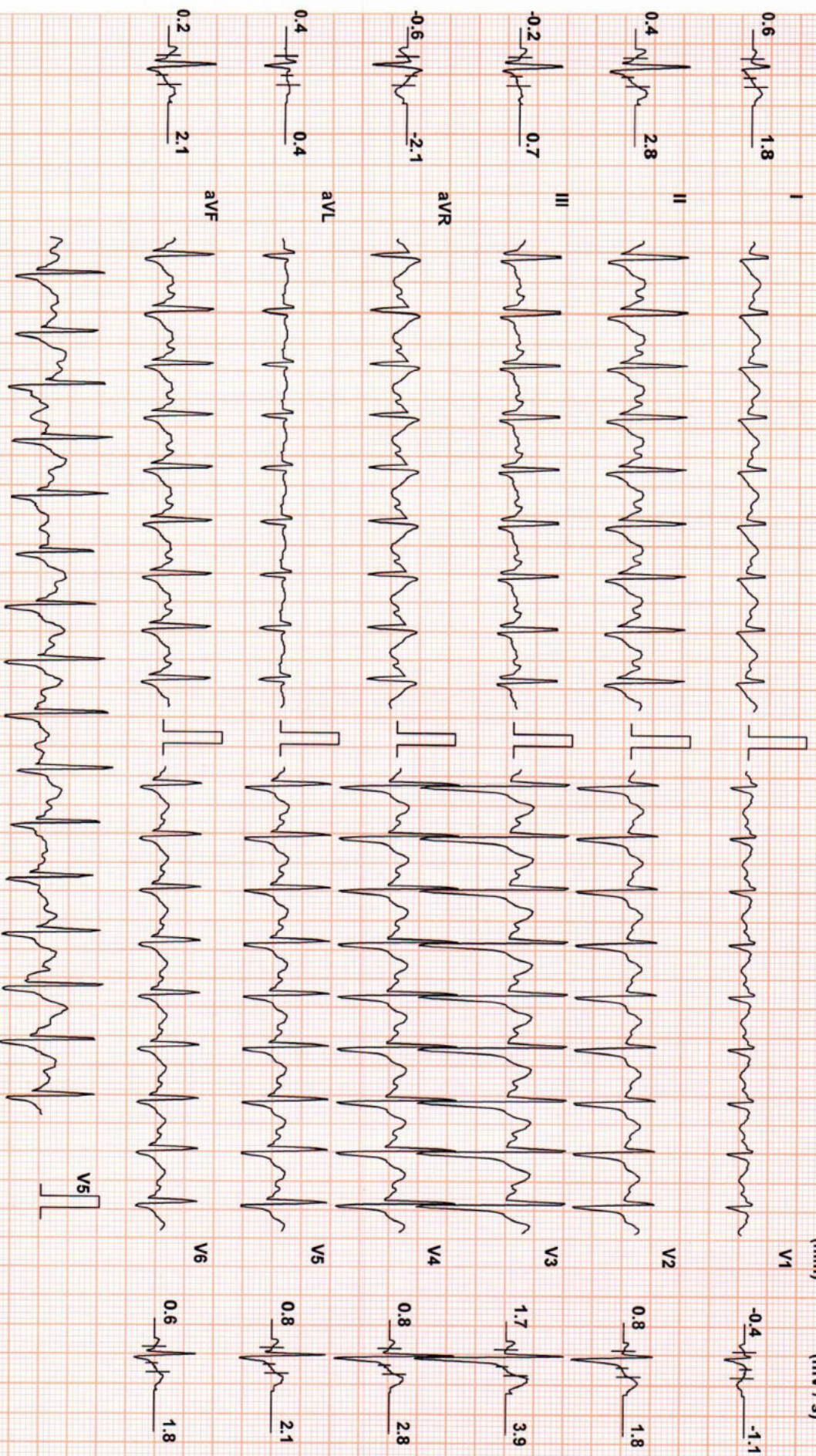


Chart Speed: 25 mm/sec
Schiller Spardan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUBURBAN DIAGNOSTICS

Test Report

HUKUM SINGH RAWAT (36 M)

ID: 2309614039

Date: 06-Apr-23

Exec Time : 7 m 1 s

Stage Time : 0 m 54 s **HR: 142 bpm**

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 130 / 80

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

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

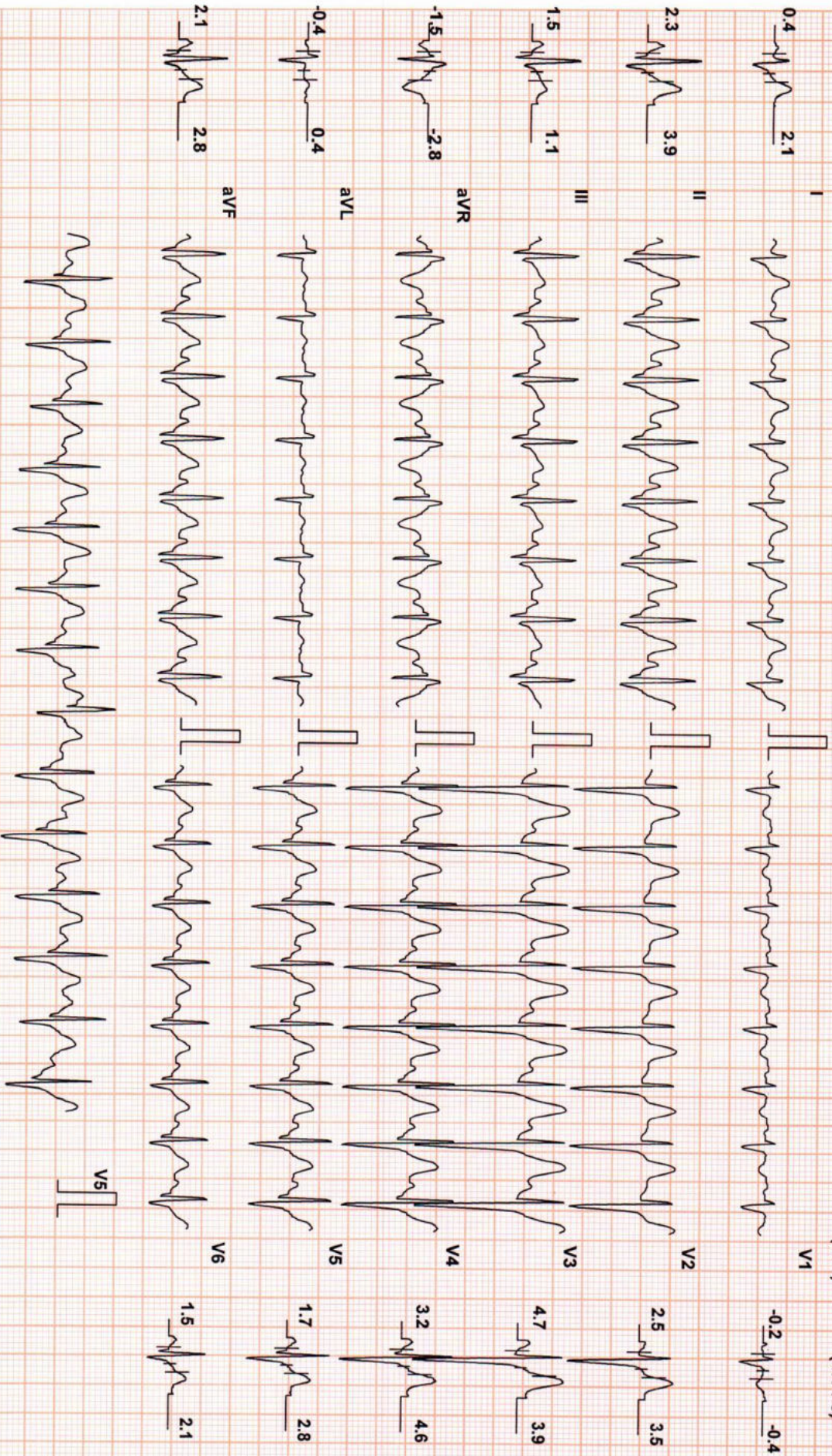


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = 1 + 60 ms

Schiller Spardan V 4.7

Linked Median



HUKUM SINGH RAWAT (36 M)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2309614039

Date: 06-Apr-23

Exec Time : 7 m 1 s

Stage Time : 0 m 54 s **HR: 111 bpm**

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 120 / 80

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

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

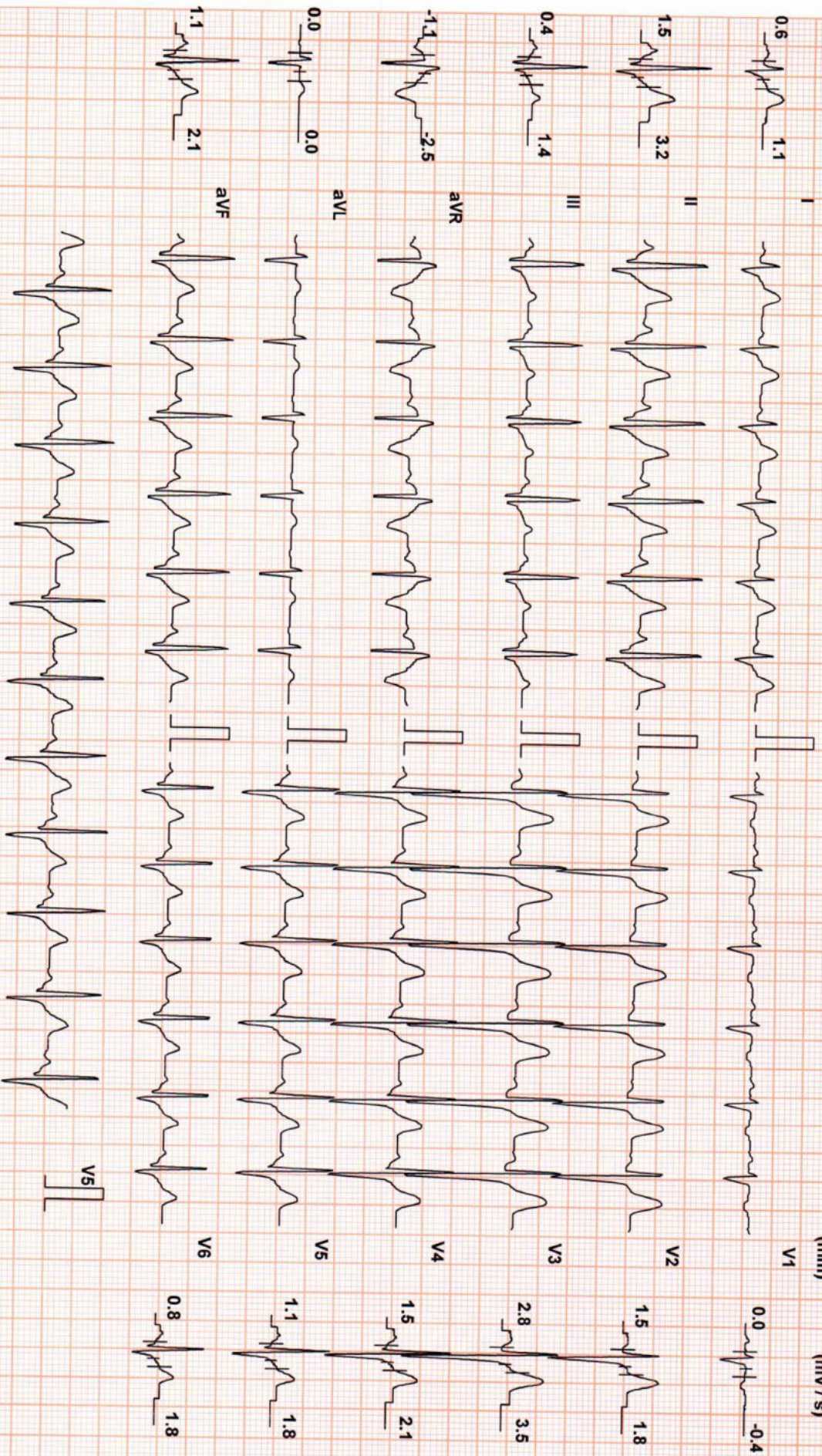


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

Linked Median



HUKUM SINGH RAWAT (36 M)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2309614039

Date: 06-Apr-23

Exec Time : 7 m 1 s

Stage Time : 0 m 4 s

HR: 109 bpm

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 120 / 80

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

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

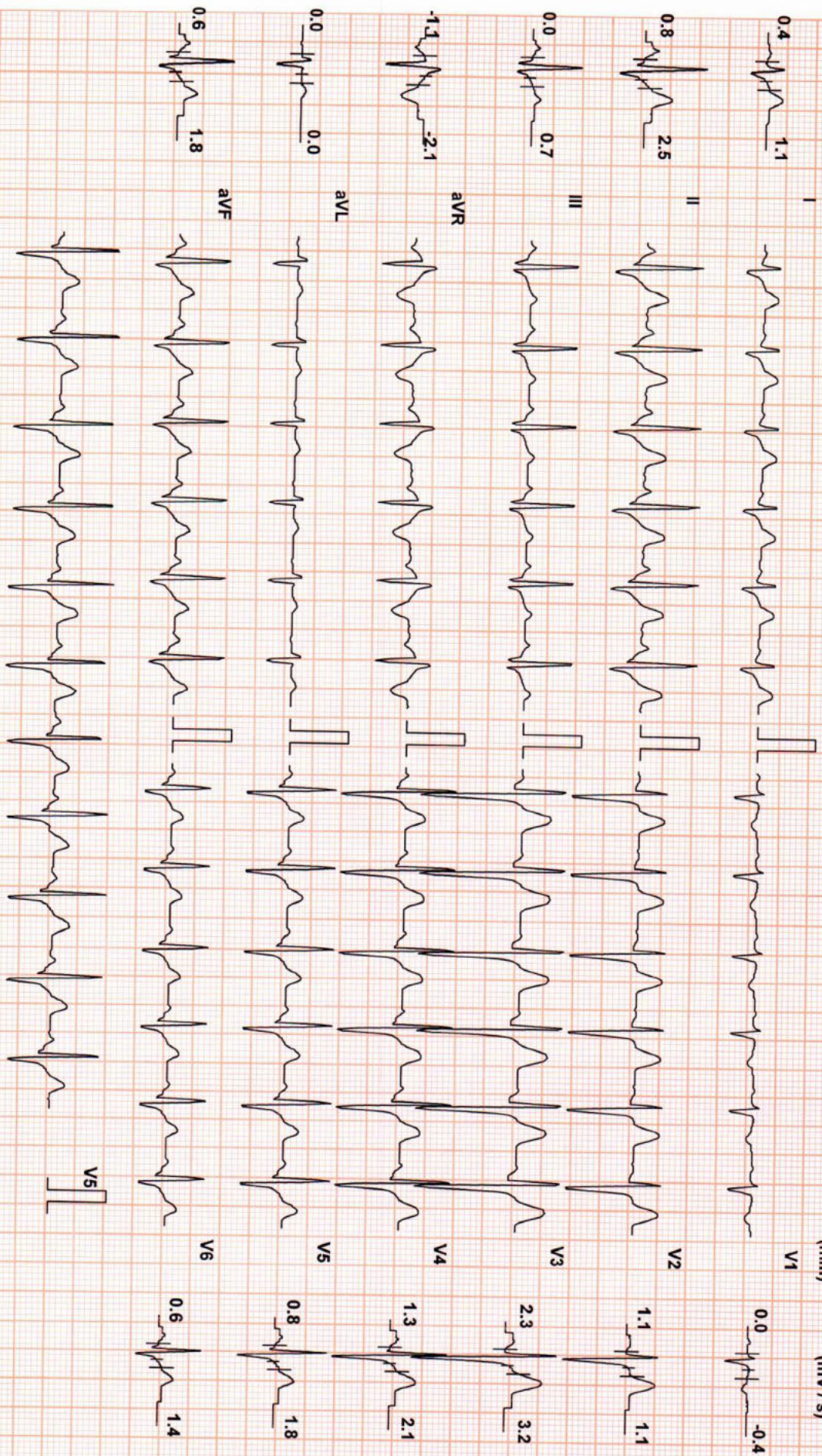


Chart Speed: 25 mm/sec
Schiller Spandian V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median