



CID : 2307018354
Name : MR.SUHAS KODIYALAMATH
Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

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Reported : 11-Mar-2023 / 14:14

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	14.3	13.0-17.0 g/dL	Spectrophotometric
RBC	5.33	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.8	40-50 %	Measured
MCV	84	80-100 fl	Calculated
MCH	26.9	27-32 pg	Calculated
MCHC	32.0	31.5-34.5 g/dL	Calculated
RDW	17.1	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	8600	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	30.1	20-40 %	
Absolute Lymphocytes	2588.6	1000-3000 /cmm	Calculated
Monocytes	7.4	2-10 %	
Absolute Monocytes	636.4	200-1000 /cmm	Calculated
Neutrophils	56.2	40-80 %	
Absolute Neutrophils	4833.2	2000-7000 /cmm	Calculated
Eosinophils	5.8	1-6 %	
Absolute Eosinophils	498.8	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	43.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	436000	150000-400000 /cmm	Elect. Impedance
MPV	8.1	6-11 fl	Calculated
PDW	13.5	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			



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Hypochromia	Mild
Microcytosis	-
Macrocytosis	-
Anisocytosis	Mild
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	-
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 7 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	90.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	110.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.68	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.18	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.50	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	15.7	<34 U/L	Modified IFCC
SGPT (ALT), Serum	19.4	10-49 U/L	Modified IFCC
GAMMA GT, Serum	20.6	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	114.7	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	19.9	19.29-49.28 mg/dl	Calculated
BUN, Serum	9.3	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.95	0.60-1.10 mg/dl	Enzymatic



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eGFR, Serum 96 >60 ml/min/1.73sqm Calculated

Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation

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)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	105.4	mg/dl	Calculated

Intended use:

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

Clinical Significance:

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

Test Interpretation:

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

Factors affecting HbA1c results:

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

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

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

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

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

*** End Of Report ***



Bmhasakar

Dr.KETAKI MHASKAR
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)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Trace	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	Occasional	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 SDRL, Vidyavihar Lab



Dr. Trupti Shetty

Dr. TRUPTI SHETTY
M. D. (PATH)
Pathologist



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

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

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

Specimen: EDTA Whole Blood and/or serum

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

Limitations:

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

References:

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

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

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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	231.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	212.4	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	33.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	198.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	155.9	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	42.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	7.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.7	0-3.5 Ratio	Calculated

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



Namrata Raul

Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



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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	4.6	3.5-6.5 pmol/L	CLIA
Free T4, Serum	16.4	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	1.916	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 ***

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

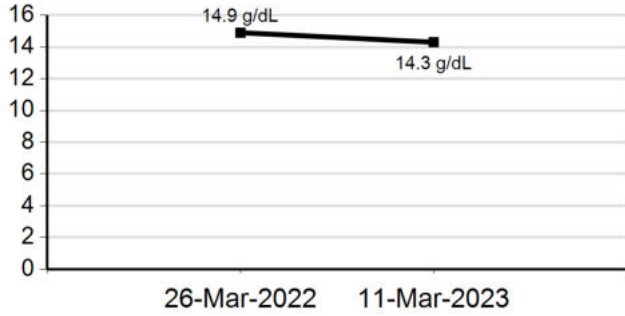




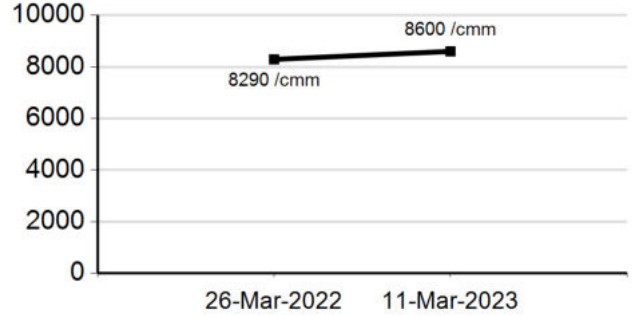
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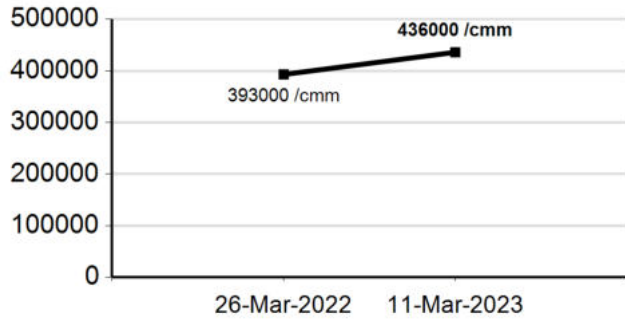
Haemoglobin



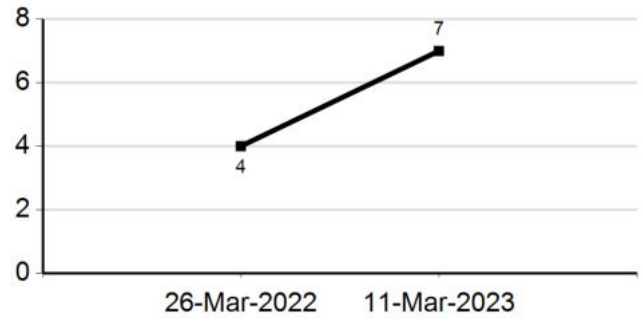
WBC Total Count



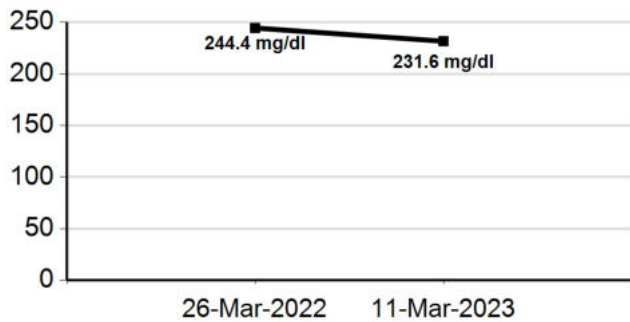
Platelet Count



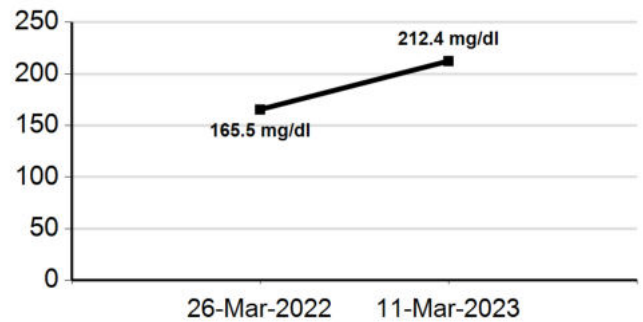
ESR



CHOLESTEROL



TRIGLYCERIDES

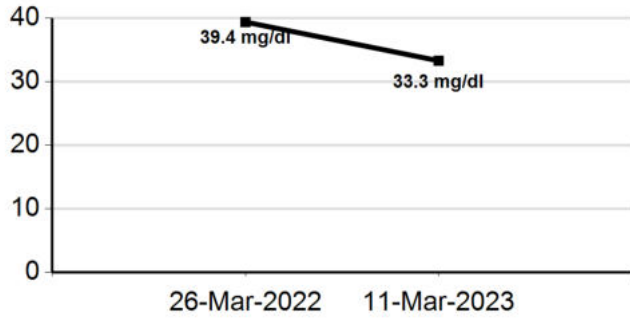




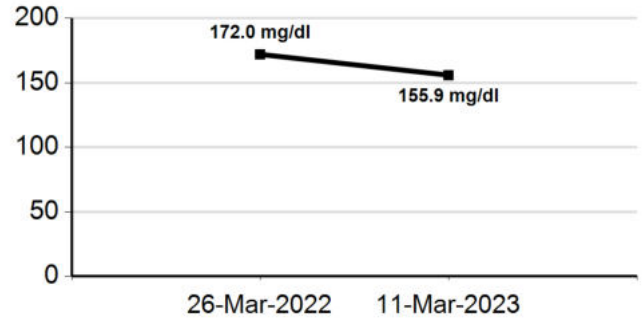
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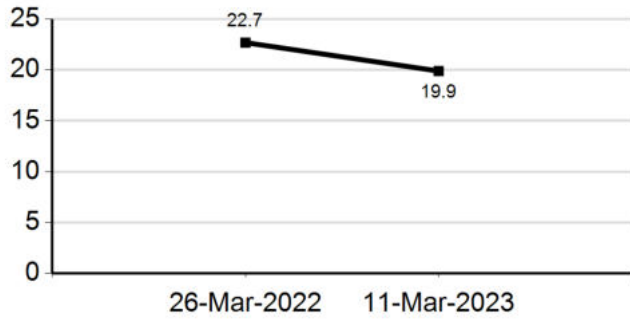
HDL CHOLESTEROL



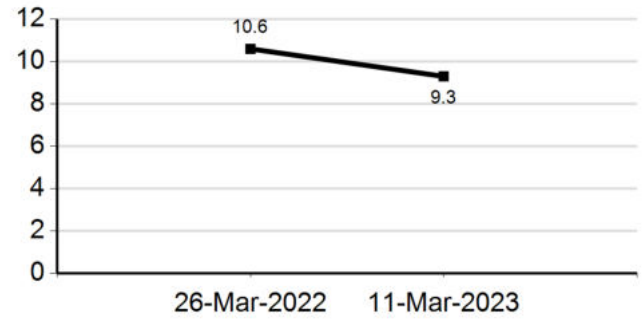
LDL CHOLESTEROL



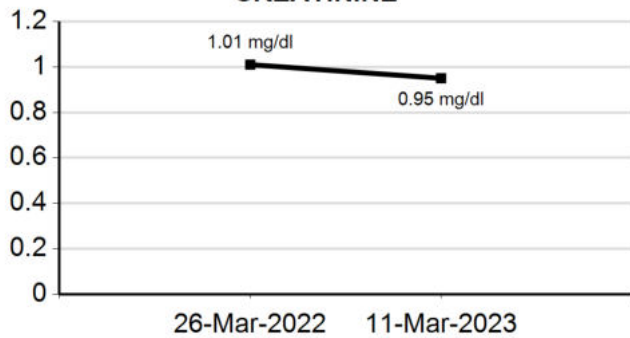
BLOOD UREA



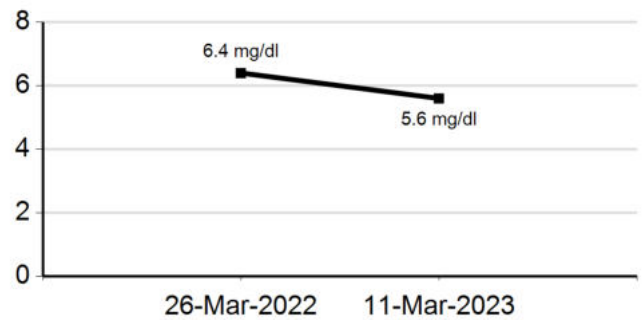
BUN



CREATININE



URIC ACID

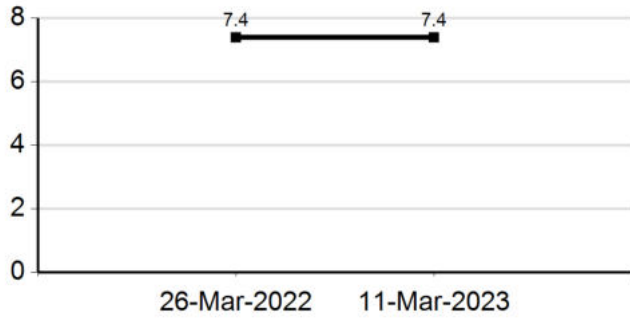




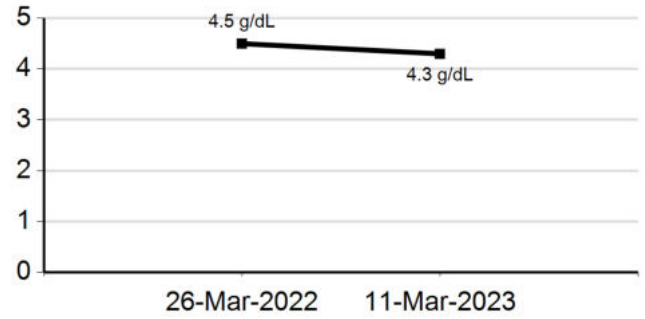
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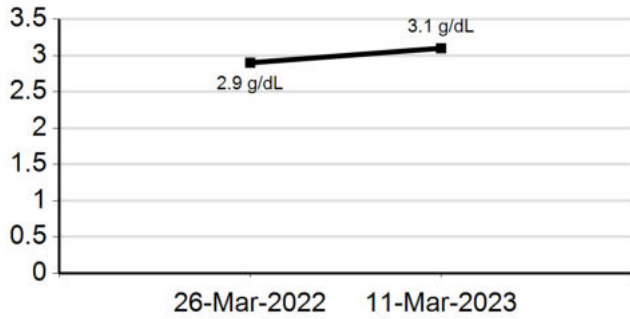
TOTAL PROTEINS



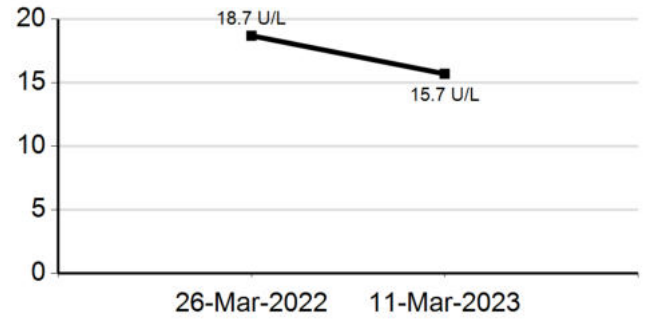
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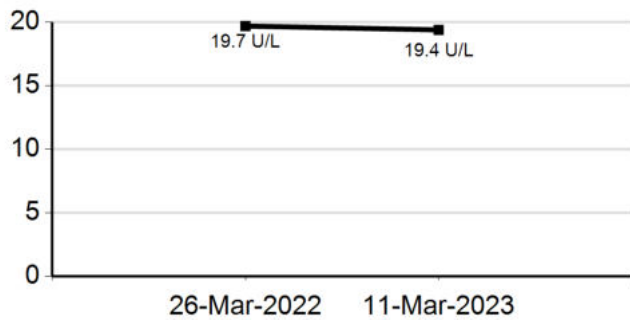
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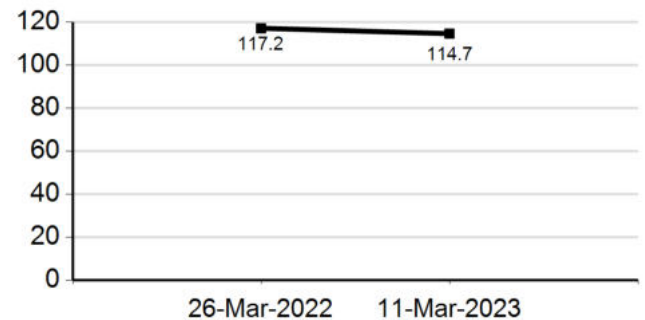
SGOT (AST)



SGPT (ALT)



ALKALINE PHOSPHATASE

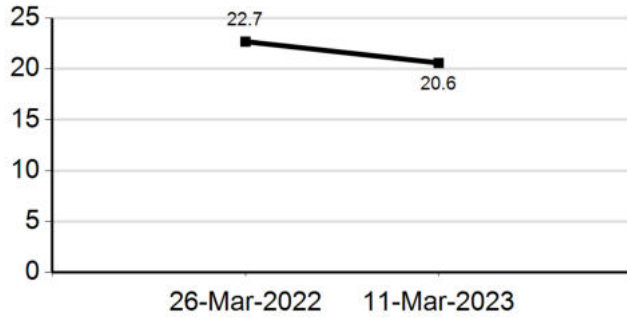




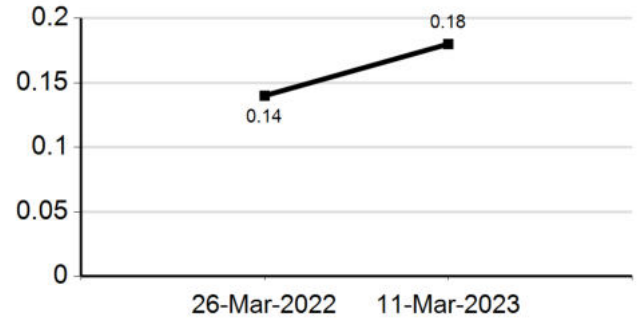
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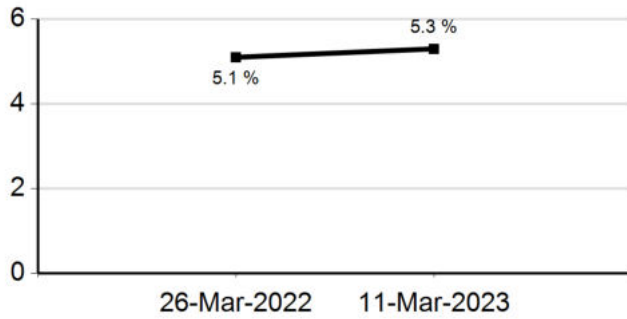
GAMMA GT



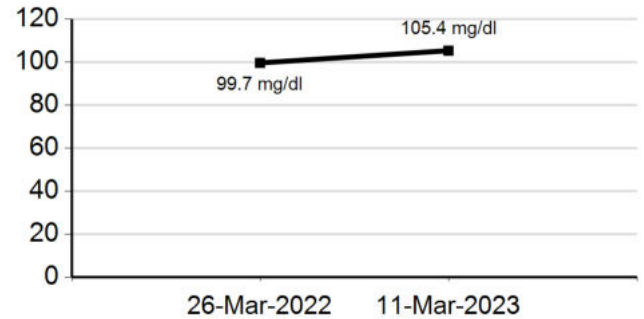
BILIRUBIN (DIRECT)



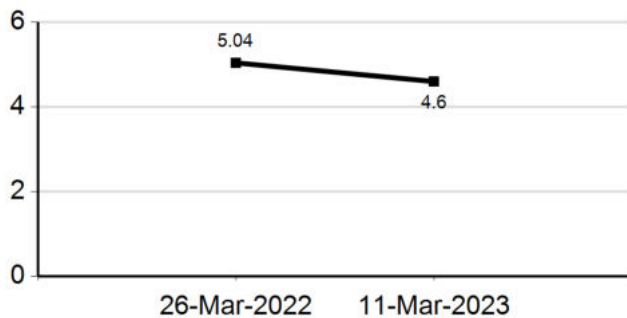
Glycosylated Hemoglobin (HbA1c)



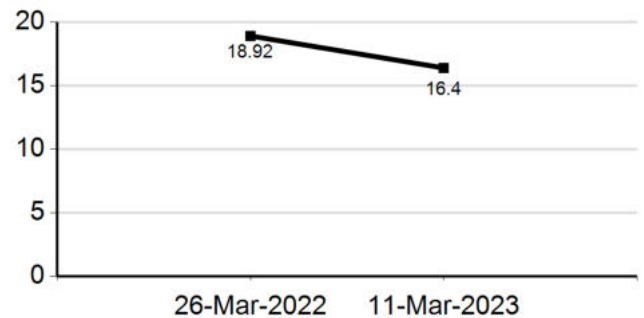
Estimated Average Glucose (eAG)



Free T3



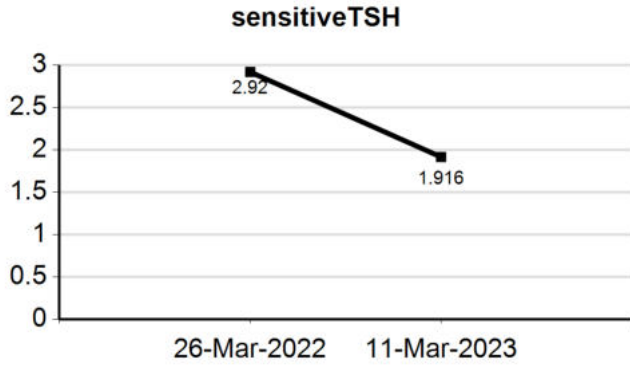
Free T4





Use a QR Code Scanner
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CID : 2307018354
Name : MR.SUHAS KODIYALAMATH
Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)



SUBURBAN DIAGNOSTICS - BHAYANDER EAST

Patient Name: SUHAS KODIYALAMATH
Patient ID: 2307018354

Date and Time: 11th Mar 23 8:45 AM

Age **34** **5** **2**
years months days

Gender **Male**

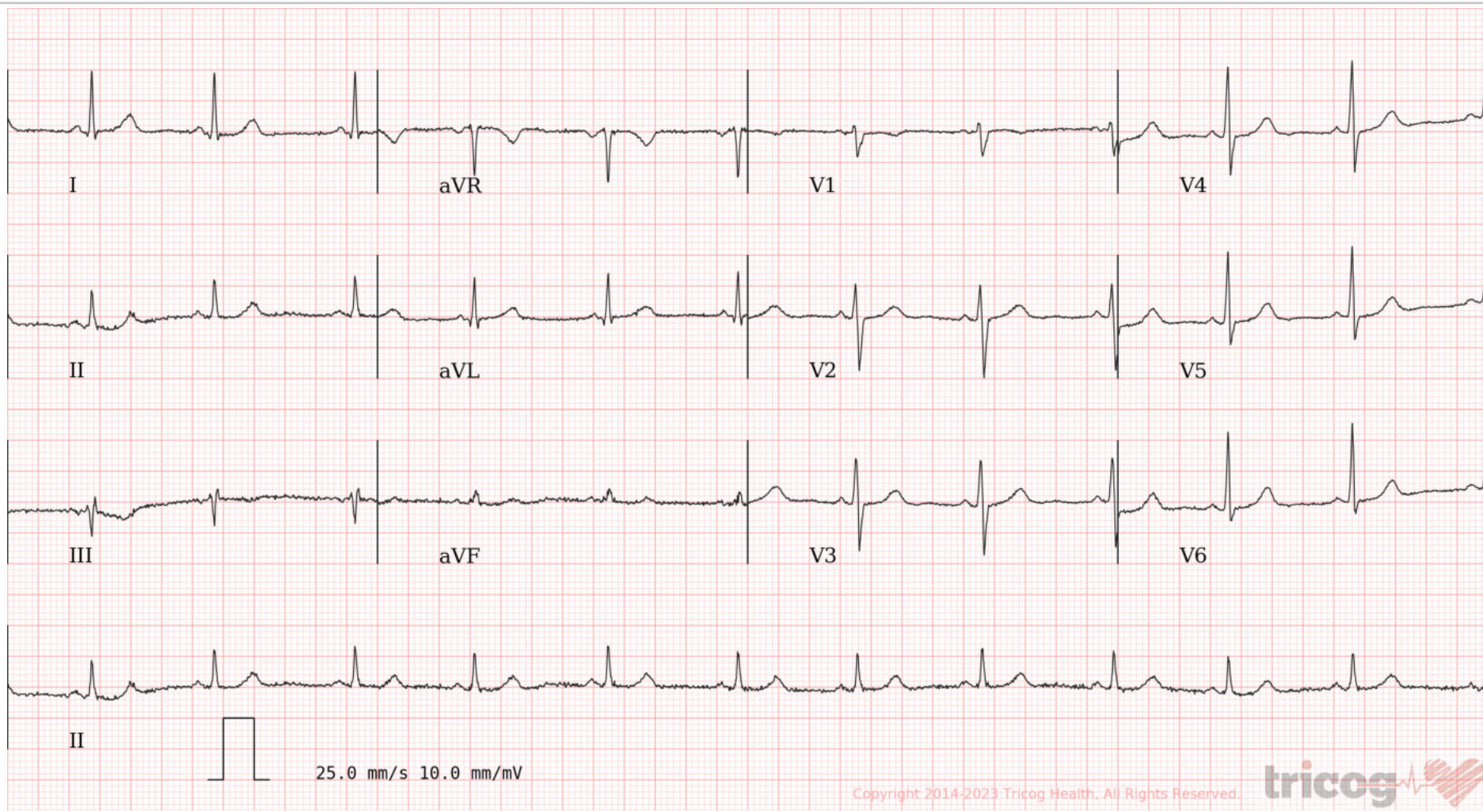
Heart Rate **73bpm**

Patient Vitals

BP: 120/80 mmHg
Weight: 88 kg
Height: 167 cm
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 78ms
QT: 378ms
QTc: 416ms
PR: 114ms
P-R-T: 26° 12° 4°



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ECG Within Normal Limits: Sinus Rhythm, Normal axis No significant ST-T changes. Please correlate clinically.

REPORTED BY

Smita Valani

Dr. Smita Valani
MBBS, D. Cardiology
2011/03/0587

Date: 11/3/23
 Name: Subhas Kodiyalam
 CID: 2307018354
 Sex / Age: 34/m

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Retraction:

NO

RE LE
 6/6 6/6
 N/6 N/6

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

Colour Vision: Normal / Abnormal

Remark:

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 Above Navkar Hospital, Thiranga Hospital
 Mira - Bhamburda Road, Bhamburda (E)
 Dist. Thane-401105.
 Phone No : 022 - 61700000

भारत सरकार
Government of India

सुहास गुरुशान्तय्या कोडियालमठ
Sahas Gurushantayya
Kodiyalamath
जन्म तारीख / DOB: 09/10/1988
पुरुष / MALE

6181 8141 7240

मेरा आधार, मेरी पहचान

Issue Date: 28/06/2013



Shashy

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Shop No. 101 A, 1st Floor, Kshira, Building,
Above Raymond, Near Thangal Hospital,
Mira - Bhayander Road, Mira (E)
Dist Thane-401105
Phone No : 022 - 6170000

CID# : 2307018354
Name : MR.SUHAS KODIYALAMATH
Age / Gender : 34 Years/Male
Consulting Dr. :
Reg.Location : Bhayander East (Main Centre)

Collected : 11-Mar-2023 / 08:37
Reported : 13-Mar-2023 / 10:03

PHYSICAL EXAMINATION REPORT

History and Complaints:

No Complaint

EXAMINATION FINDINGS:

Height (cms): 167
Temp (0c): Afebrile
Blood Pressure (mm/hg): 120/80
Pulse: 88/min

Weight (kg): 88
Skin: NAD
Nails: NAD
Lymph Node: Not Palpable

Systems

Cardiovascular: S1S2-Normal
Respiratory: Chest-Clear
Genitourinary: NAD
GI System: NAD
CNS: NAD

O+ve

IMPRESSION:

*(ECC, CXR, CBC AN WMC)
Lipid Profile - Borderline
USG uslo. of II Ptery U've*

ADVICE:

CHIEF COMPLAINTS:

- | | |
|----------------------|----|
| 1) Hypertension: | No |
| 2) IHD | No |
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis | No |

CID# : 2307018354
Name : MR.SUHAS KODIYALAMATH
Age / Gender : 34 Years/Male
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Reg.Location : Bhayander East (Main Centre)

Collected : 11-Mar-2023 / 08:37
Reported : 13-Mar-2023 / 10:03

- | | |
|--|----|
| 6) Asthama | No |
| 7) Pulmonary Disease | No |
| 8) Thyroid/ Endocrine disorders | No |
| 9) Nervous disorders | No |
| 10) GI system | No |
| 11) Genital urinary disorder | No |
| 12) Rheumatic joint diseases or symptoms | No |
| 13) Blood disease or disorder | No |
| 14) Cancer/lump growth/cyst | No |
| 15) Congenital disease | No |
| 16) Surgeries | No |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

- | | |
|---------------|------------------------|
| 1) Alcohol | No |
| 2) Smoking | No |
| 3) Diet | Vege <i>Vegetarian</i> |
| 4) Medication | No |

*** End Of Report ***

DR. ANITA CHOUDHARY
M.B.B.S.
CONSULTANT PHYSICIAN
Reg. No. 2017/12/5553

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Shop No. 101 to 105, Skyline Wealth Space Building,
Above Royal Orchid Hotel, Vidyavihar, Mumbai.
Bhayander East - Bhayander (E)
Dist. Thane-401105.
Phone No : 022 - 61700000

SUBURBAN DIAGNOSTICS BHAYANDER

EMail: 12345891 (2307018354) / SUHAS KODIYALAMATH / 34 Yrs / M / 167 Cms / 88 Kg

Date: 11 / 03 / 2023 09:04:59 AM

Report



Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:04	0:04	00.0	00.0	01.0	077	41%	120/80	092	00	
Standing	00:11	0:07	00.0	00.0	01.0	077	41%	120/80	092	00	
HV	00:16	0:05	00.0	00.0	01.0	075	40%	120/80	090	00	
ExStart	00:19	0:03	01.7	10.0	01.1	075	40%	120/80	090	00	
BRUCE Stage 1	03:19	3:00	01.7	10.0	04.7	128	69%	130/80	166	00	
BRUCE Stage 1	06:19	3:00	02.5	12.0	07.1	149	80%	140/80	208	00	
BRUCE Stage 2	06:59	0:40	03.4	14.0	07.8	167	90%	140/80	233	00	
PeakX	07:59	1:00	01.1	00.0	01.1	145	78%	150/80	217	00	
Recovery	08:59	2:00	00.0	00.0	01.0	119	64%	140/80	166	00	
Recovery	10:59	4:00	00.0	00.0	01.0	103	55%	130/80	133	00	
Recovery	11:09				00.0	000	0%	120/80	000	00	

FINDINGS :

Exercise Time : 06:40
 Initial HR (ExStrt) : 75 bpm 40% of Target 186
 Initial BP (ExStrt) : 120/80 (mm/Hg)
 Max Workload Attained : 7.8 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : V1 & -1.6 mm in PeakX
 Duke Treadmill Score : 00.0
 Test End Reasons : Test Complete

Max HR Attained 167 bpm 90% of Target 186
 Max BP Attained 150/80 (mm/Hg)

DR. SMITA VALANI
 CARDIOPHYSIOLOGIST
 MBBS
 2011/03/0587

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 Shop No. 101-A, 1st Floor, Karthik Building,
 Above Raymond Road, Bhayander (E)
 Dist. Thane - 401 305
 Phone No : 022 - 61700000

Doctor : **DR. SMITA VALANI**

EMail: 12345891 / SUHAS KODIYALAMATH / 34 Yrs / M / 167 Cms / 88 Kg Date: 11 / 03 / 2023 09:04:59 AM

REPORT :

REASON FOR TERMINATION : TARGET HR ACHIEVED
EXERCISE TOLERANCE : GOOD EFFORT TOLERANCE
EXERCISE INDUCED ARRHYTHMIAS : NO ANGINA AND ANGINA EQUIVALENT
HAEMODYNAMIC RESPONSE : NO SIGNIFICANT ST-T CHANGES DURING EXERCISE AND RECOVERY
CHRONOTROPIC RESPONSE : GOOD INOTROPIC RESPONSE
FINAL IMPRESSION : GOOD CHRONOTROPIC RESPONSE
NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA

DR. SMITA VALANI
MBBS, D. CAFCOLOGY
2011/03/0587

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Above Raymond, Near Thungeshwar Tal.
Mira - Bhayander Road, Bhayander (E)
Dist. Thane-401105.
Phone No.: 022 - 61700000

Doctor : DR SMITA VALANI 

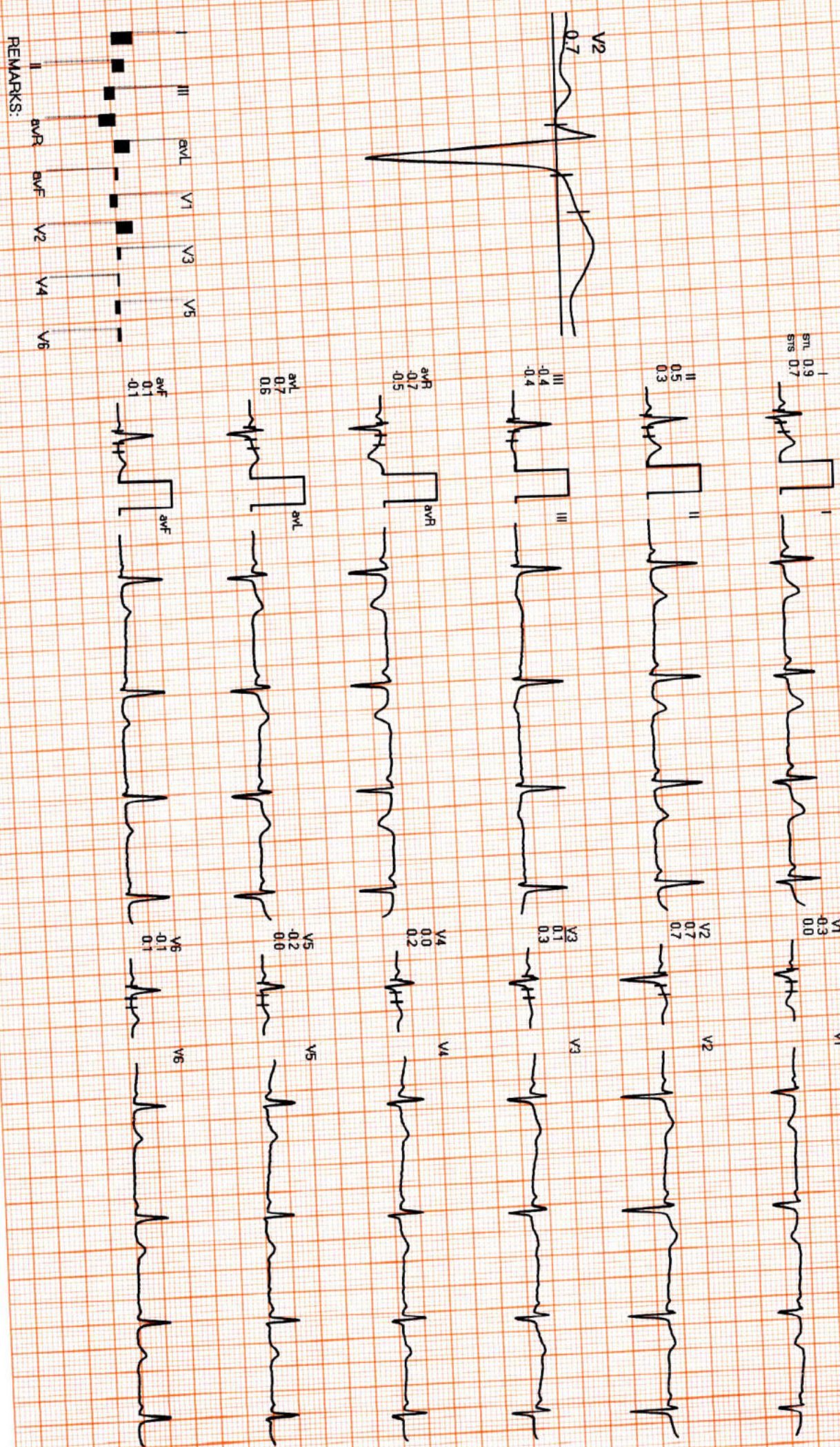
12345891 (2307018354) / SUHAS KODIYALAMATH / 34 Yrs / M / 167 Cms / 88 Kg / HR : 75

Date: 11 / 03 / 2023 09:04:59 AM

METS: 1.0 / 75 bpm 40% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Naich On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 mph - 0.0%
25 mm/Sec - 1.0 Cm/mV

4X 80 mS Post J



REMARKS:

SUBURBAN DIGNOSTICS BHAYANDER

HV (00:00)

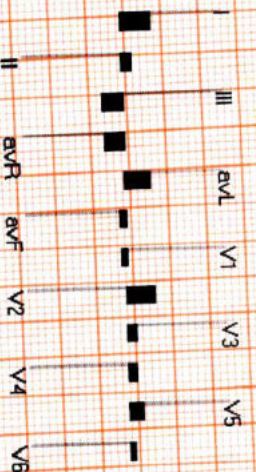
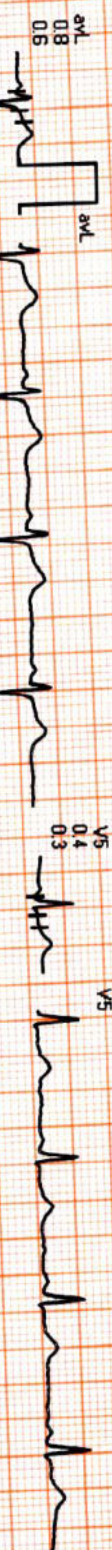
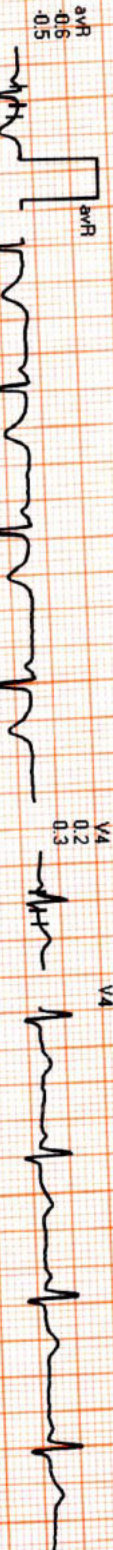
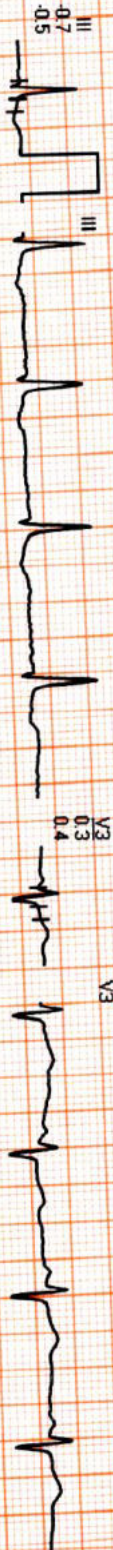


12345891 (2307018354) / SUHAS KODIYALAMATH / 34 Yrs / M / 167 Cms / 88 Kg / HR : 75

Date: 11 / 03 / 2023 09:04:59 AM METS: 1.0 / 75 bpm 40% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

ExTime: 00:00 0.0 mph. 0.0%
25 mm/Sec 1.0 Cm/mV

4X 80 mS Post J



REMARKS:



SUBURBAN DIGNOSTICS BHAYANDER

12345891 / SUHAS KODIYALAMATH / 34 Yrs / Male / 167 Cm / 88 Kg

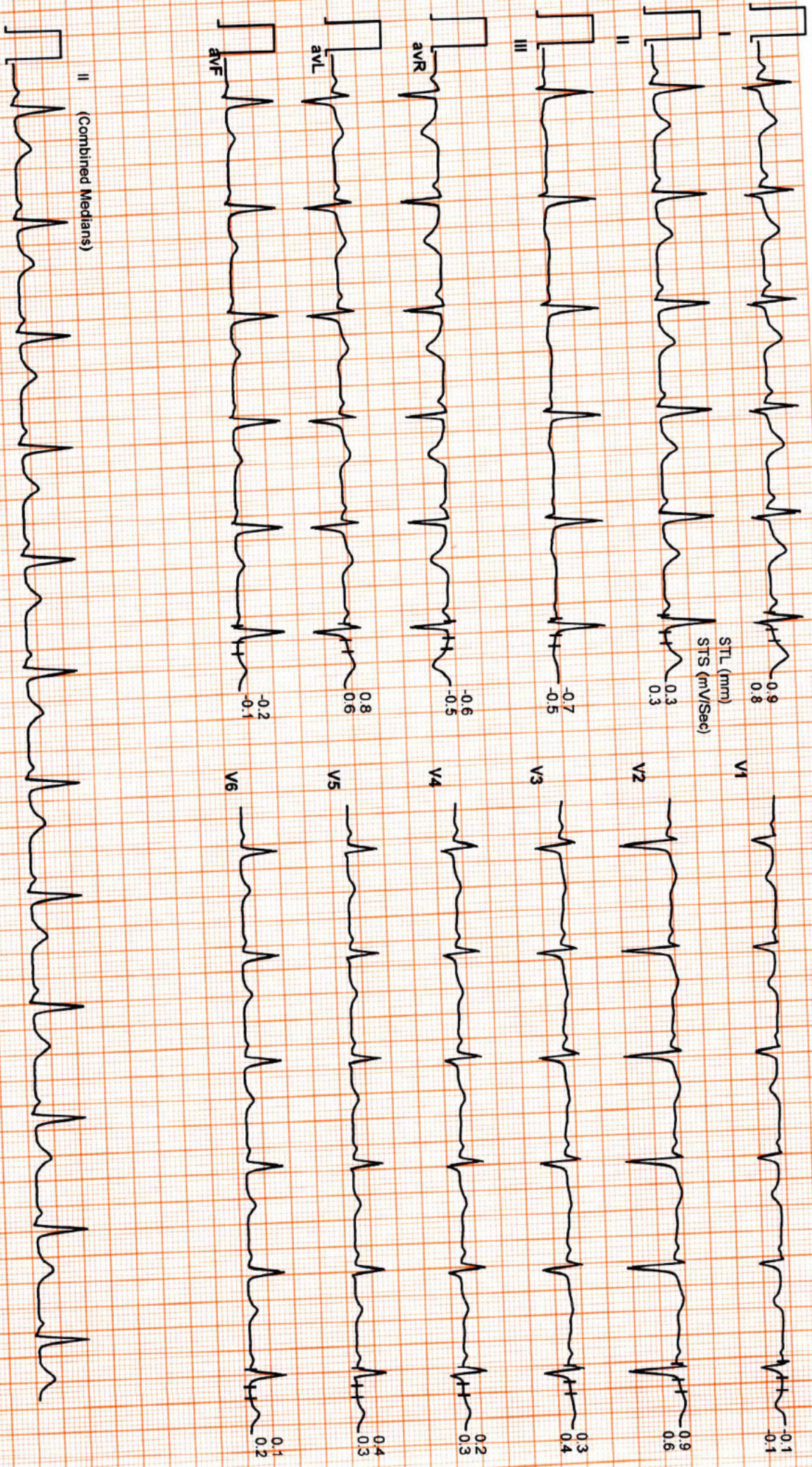
6X2 Combine Medians + 1 Rhythm

ExStt



Date: 11 / 03 / 2023 09:04:59 AM METs : 1.0 HR : 75 Target HR : 40% of 186 BP : 120/80 Post J @90mSec

ExTime: 00:00 Speed: 0.0 mph Grade: 00.00% 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIGNOSTICS BHAYANDER

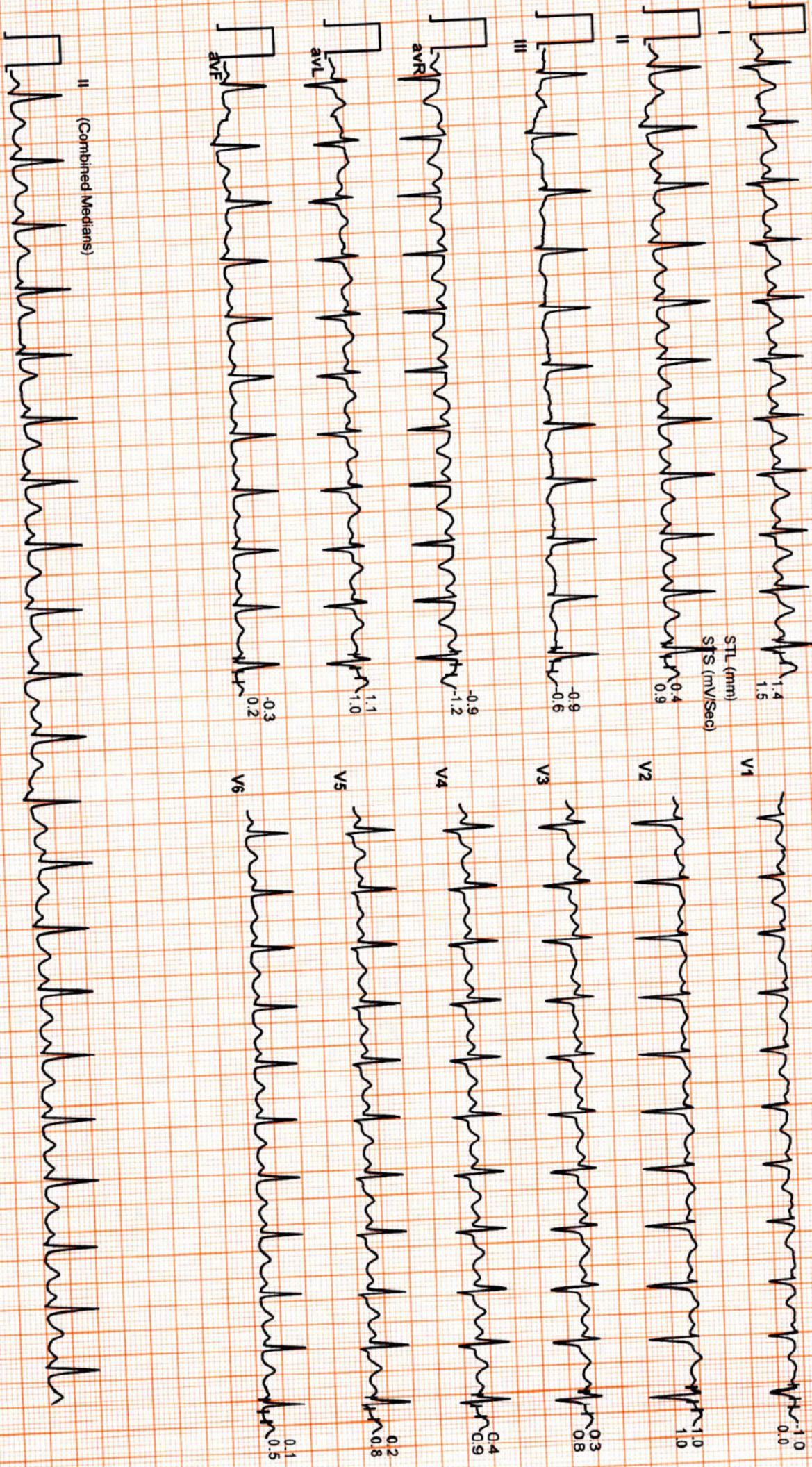
6X2 Combine Medians + 1 Rhythm



12345891 / SUHAS KODIYALAMATH / 34 Yrs / Male / 167 Cm / 88 Kg

Date: 11 / 03 / 2023 09:04:59 AM METs : 4.7 HR : 128 Target HR : 69% of 186 BP : 130/80 Post J @80mSec

ExTime: 03:00 Speed: 1.7 mph Grade: .10.00 % 25 mm/Sec. 1.0 Cm/IV



SUBURBAN DIGNOSTICS BHAYANDER

12345891 / SUHAS KODIYALAMATH / 34 Yrs / Male / 167 Cm / 88 Kg

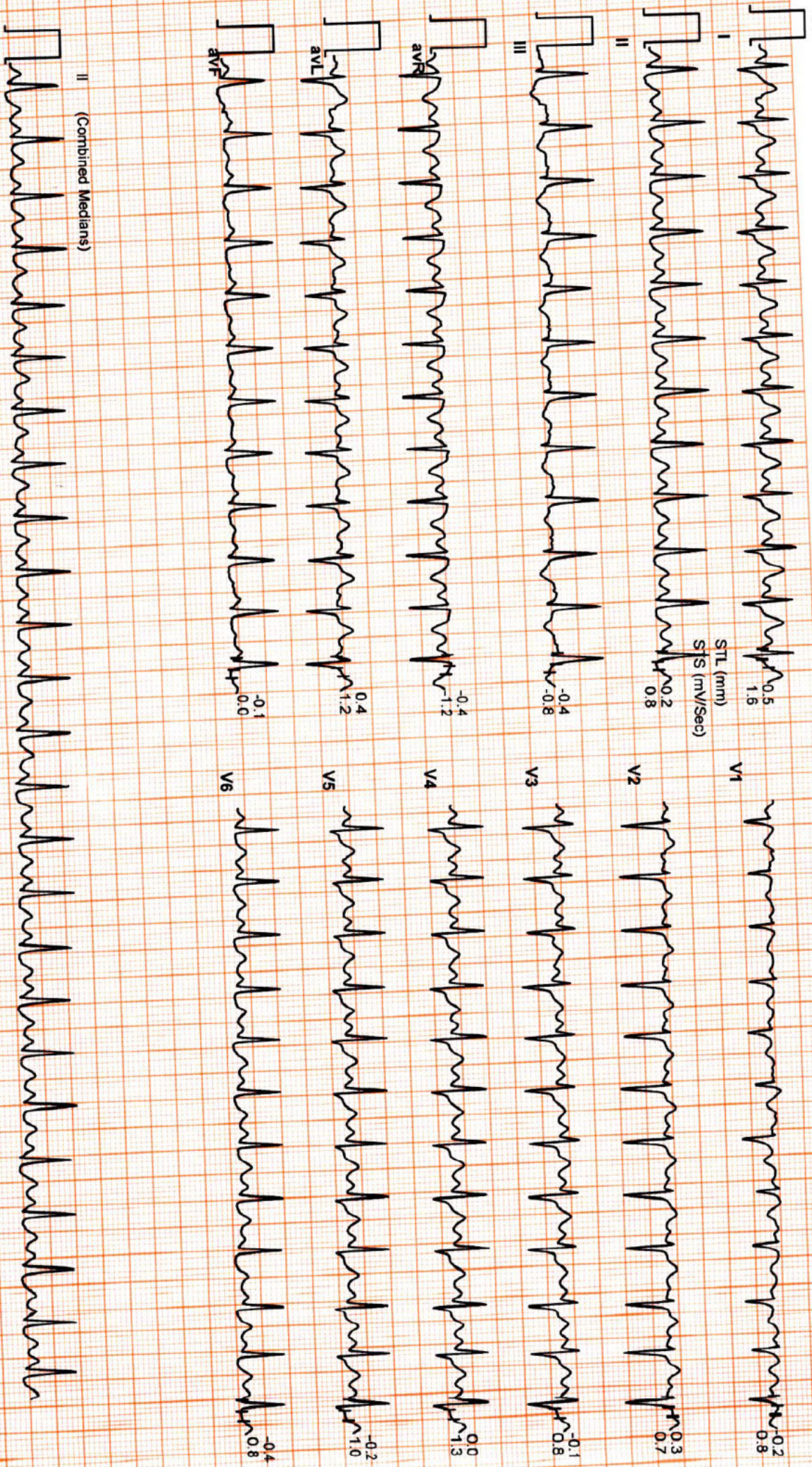
6X2 Combine Medians + 1 Rhythm

BRUCE : Stage 2 (03:00)



Date: 11 / 03 / 2023 09:04:59 AM METS : 7.1 HR : 149 Target HR : 80% of 186 BP : 140/80 Post J @60mSec

ExTime: 06:00 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/IV



SUBURBAN DIGNOSTICS BHAYANDER

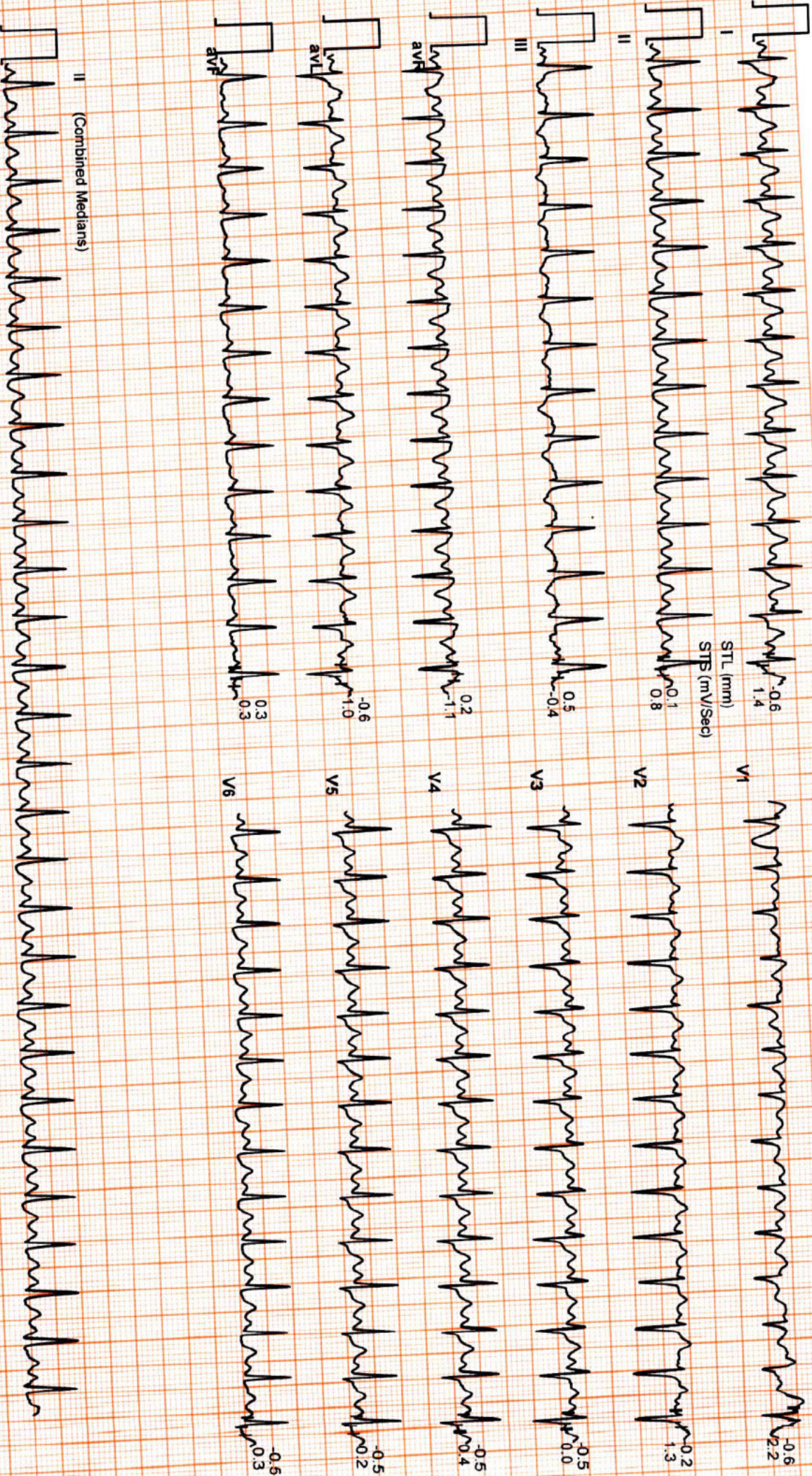
12345891 / SUHAS KODIVALAMATH / 34 Yrs / Male / 167 Cm / 88 Kg

6X2 Combine Medians + 1 Rhythm PeakEx



Date: 11 / 03 / 2023 09:04:59 AM METs : 7.8 HR : 167 Target HR : 90% of 186 BP : 140/80 Post J @60mSec

ExTime: 06:40 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec : 1.0 Cm/mV



SUBURBAN DIGNOSTICS BHAYANDER

12345891 / SUHAS KODIYALAMATH / 34 Yrs / Male / 167 Cm / 88 Kg

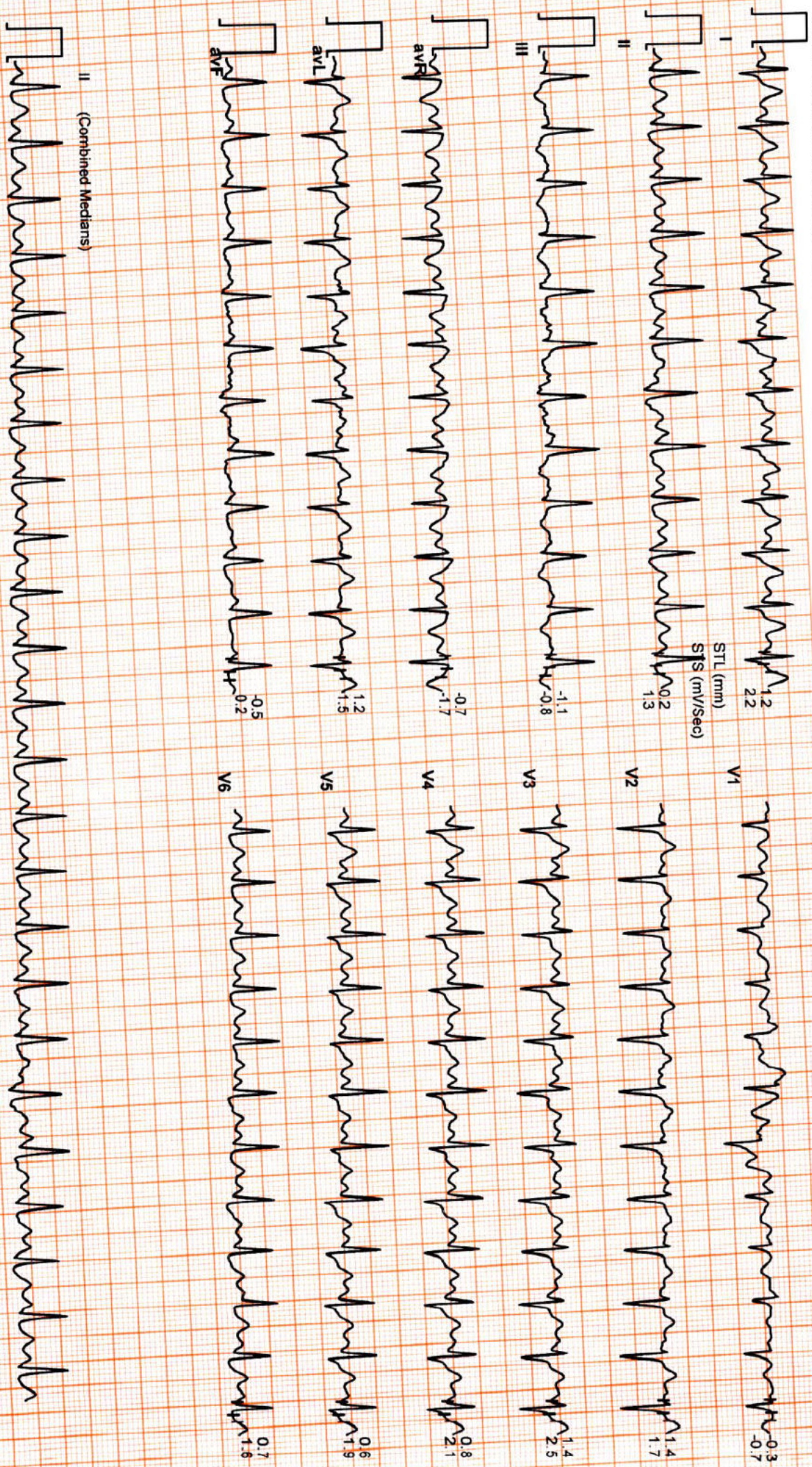
6X2 Combine Medians + 1 Rhythm

Recovery : (01:00)



Date: 11 / 03 / 2023 09:04:59 AM METs : 1.1 HR : 145 Target HR : 78% of 186 BP : 150/80 Post J @60mSec

ExTime: 06:40 Speed: 1.1 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/mV



SUBURBAN DIGNOSTICS BHAYANDER

12345891 / SUHAS KODIYALAMATH / 34 Yrs / Male / 167 Cm / 88 Kg

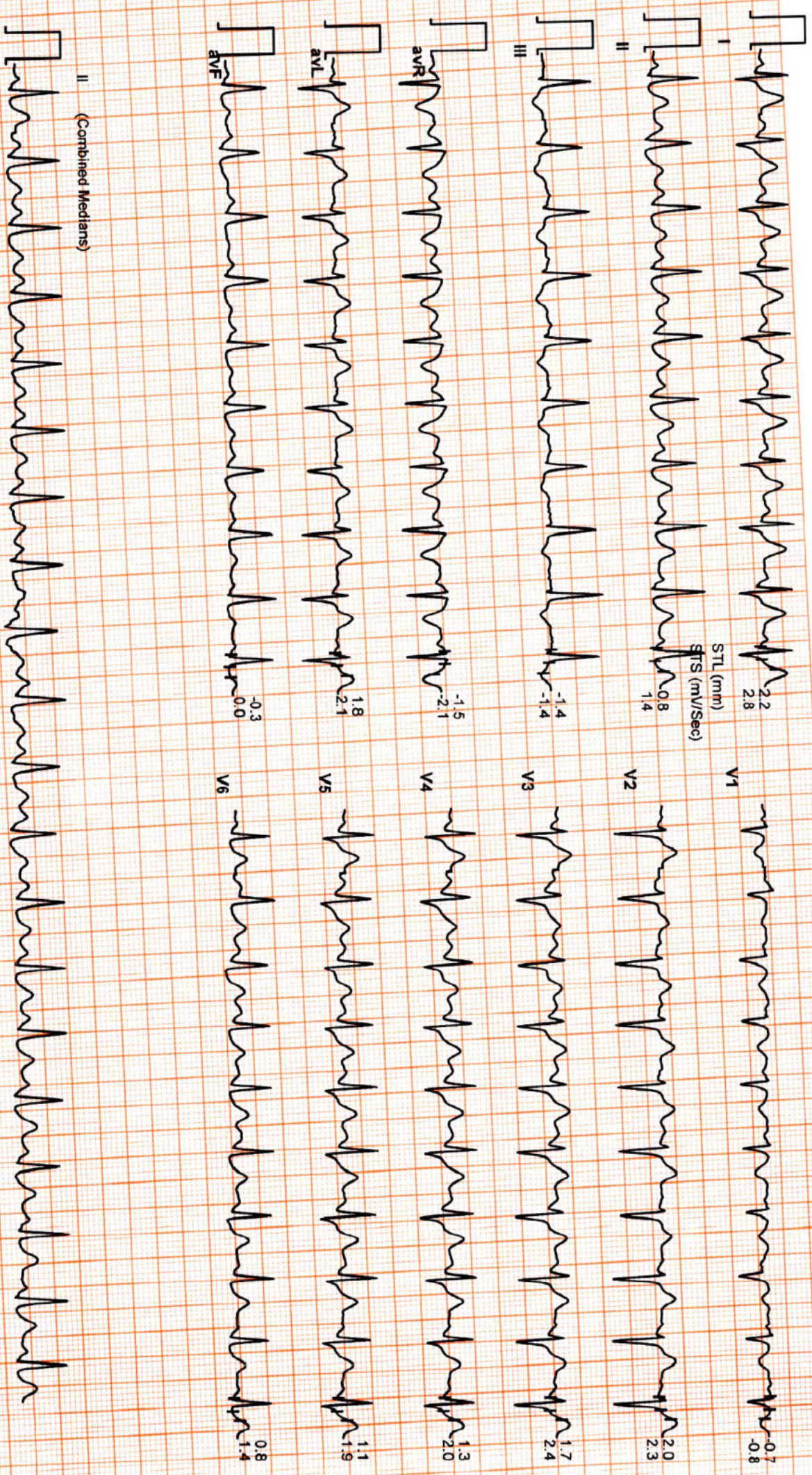
6X2 Combine Medians + 1 Rhythm

Recovery : (02:00)



Date: 11 / 03 / 2023 09:04:59 AM METs : 1.0 HR : 119 Target HR : 64% of 186 BP : 140/80 Post J @80mSec

ExTime: 06:40 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIGNOSTICS BHAYANDER

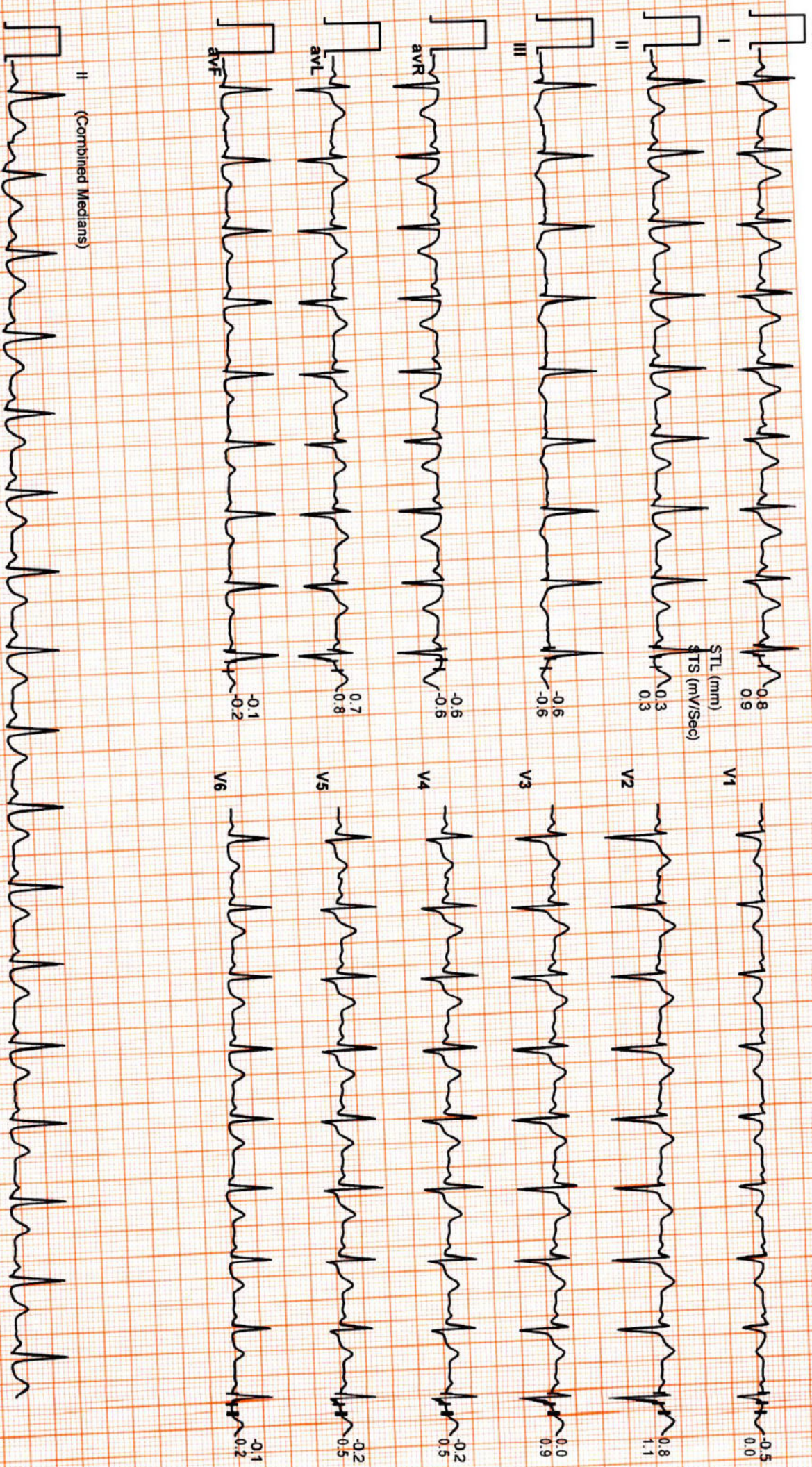
12345891 / SUHAS KODIYALAMATH / 34 Yrs / Male / 167 Cm / 88 Kg

6X2 Combine Medians + 1 Rhythm
Recovery : (04:00)



Date: 11 / 03 / 2023 09:04:59 AM METs : 1.0 HR : 103 Target HR : 55% of 186 BP : 130/80 Post J @80mSec

EXTime: 06:40 Speed: 0.0 mph Grade: 00:00 % 25 mm/Sec: 1.0 Cm/mV



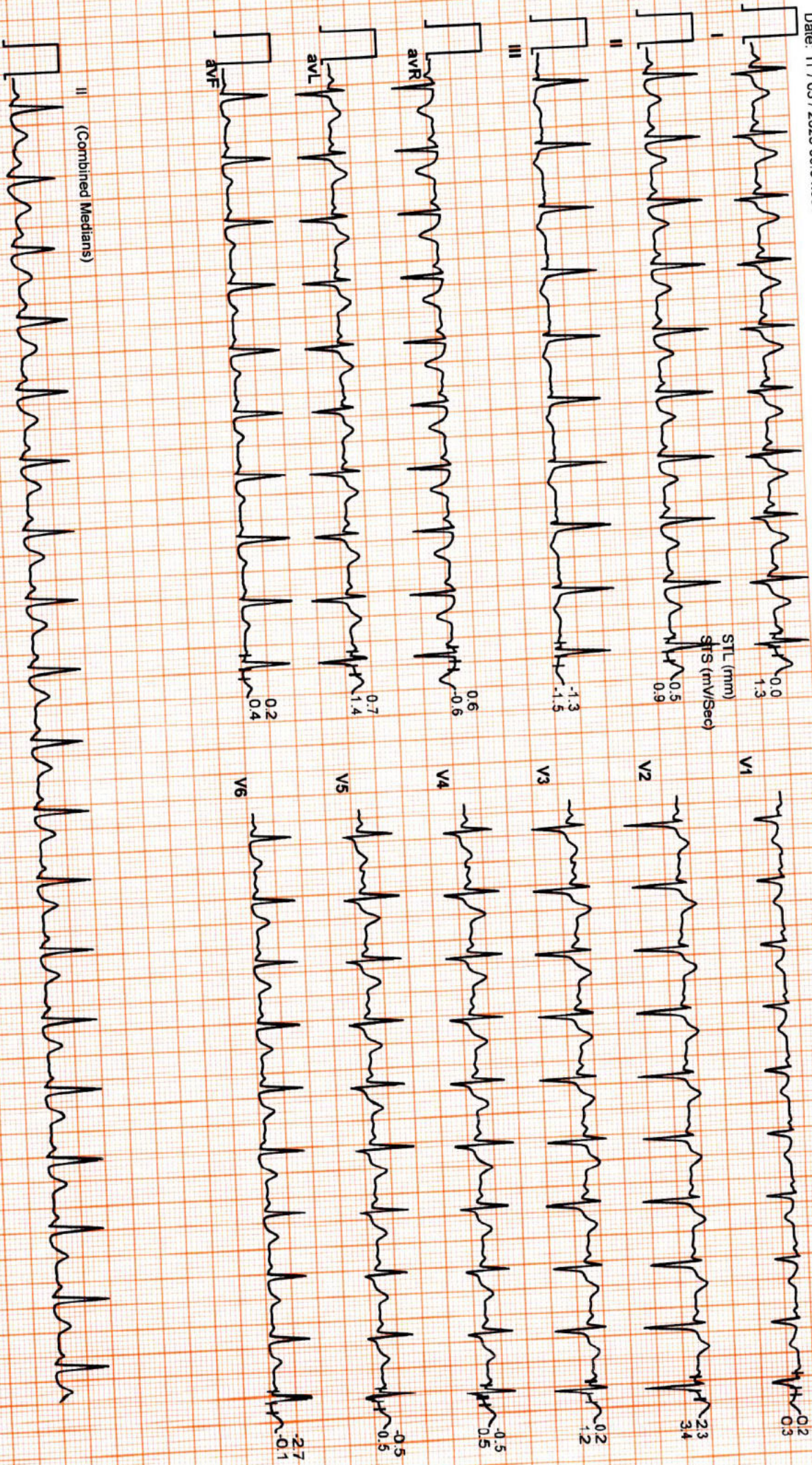
SUBURBAN DIGNOSTICS BHAYANDER

12345891 / SUHAS KODIVALAMATH / 34 Yrs / Male / 167 Cm / 88 Kg

Date: 11 / 03 / 2023 09:04:59 AM METs : 1.0 HR : 114 Target HR : 61% of 186 BP : 120/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm Recovery : (04:10)

ExTime: 06:40 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





CID : 2307018354
Name : Mr SUHAS KODIYALAMATH
Age / Sex : 34 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 11-Mar-2023
Reported : 11-Mar-2023/16:52

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (14.3 cm), normal in shape and shows smooth margins. It shows increased parenchymal echotexture. No obvious cystic or solid lesion made out in the parenchyma. The intra hepatic biliary and portal radicals appear normal. The main portal vein appears normal.

GALL BLADDER:

The gall bladder is folded and physiologically distended. Neck region is not well visualised. Gall bladder wall appears normal. No evidence of calculus or mass lesions seen in the visualised lumen.

COMMON BILE DUCT:

The visualized common bile duct is normal in calibre. Terminal common bile duct is obscured due to bowel gas artefacts.

PANCREAS:

The pancreas appears normal. No evidence of solid or cystic mass lesion seen.

KIDNEYS:

Right kidney measures 10.6 x 4.7 cm. Left kidney measures 11.4 x 5.1 cm. Both the kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. No evidence of any calculus, hydronephrosis or mass lesion seen on both sides.

SPLEEN:

The spleen is normal in size (11.6 cm) and echotexture. No evidence of focal lesion is noted.

URINARY BLADDER:

The urinary bladder is well distended and reveals no intraluminal abnormality. Bladder wall appears normal. No obvious calculus or mass lesion made out in the lumen.

PROSTATE:

The prostate is normal in size, measures 3.3 x 2.7 x 3.2 cms and weighs 15.6 gms. Parenchymal echotexture is normal. No obvious mass or calcification made out.

There is no evidence of any lymphadenopathy or ascites.



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Reg. Date : 11-Mar-2023
Reported : 11-Mar-2023/16:52

IMPRESSION:

- **Grade II fatty infiltration of liver.**
- **No other significant abnormality made out.**

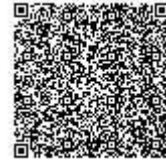
Kindly correlate clinically.

Investigations have their limitation. Solitary pathological/Radiological & other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms & other related tests. Please interpret accordingly.

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

This report is prepared and physically checked by DR VIBHA S KAMBLE before dispatch.

DR.VIBHA S KAMBLE
MBBS ,DMRD
Reg No -65470
Consultant Radiologist



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CID : 2307018354
Name : Mr SUHAS KODIYALAMATH
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Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 11-Mar-2023
Reported : 11-Mar-2023/16:52



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CID : 2307018354
Name : Mr SUHAS KODIYALAMATH
Age / Sex : 34 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 11-Mar-2023
Reported : 11-Mar-2023/16:40

X-RAY CHEST PA VIEW

Positional rotation seen.

The lung fields are clear with no parenchymal lesion.

The cardiothoracic ratio is maintained and the cardiac outline is normal.

Right dome of the diaphragm appears elevated.

Left dome of the diaphragm and both hila are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

IMPRESSION:

➤ **No significant parenchymal abnormality made out.**

Kindly correlate clinically.

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

This report is prepared and physically checked by DR VIBHA S KAMBLE before dispatch.

DR. VIBHA S KAMBLE
MBBS ,DMRD
Reg No -65470
Consultant Radiologist



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Name : Mr SUHAS KODIYALAMATH
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