



CID : 2308420847
Name : MR.YOGESH SONAWANE
Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Collected : 25-Mar-2023 / 08:16
Reported : 25-Mar-2023 / 12:28

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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	16.6	13.0-17.0 g/dL	Spectrophotometric
RBC	5.34	4.5-5.5 mil/cmm	Elect. Impedance
PCV	50.6	40-50 %	Measured
MCV	95	80-100 fl	Calculated
MCH	31.1	27-32 pg	Calculated
MCHC	32.9	31.5-34.5 g/dL	Calculated
RDW	13.6	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	9670	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	27.1	20-40 %	
Absolute Lymphocytes	2620.6	1000-3000 /cmm	Calculated
Monocytes	5.7	2-10 %	
Absolute Monocytes	551.2	200-1000 /cmm	Calculated
Neutrophils	36.9	40-80 %	
Absolute Neutrophils	3568.2	2000-7000 /cmm	Calculated
Eosinophils	29.8	1-6 %	
Absolute Eosinophils	2881.7	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	48.4	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	261000	150000-400000 /cmm	Elect. Impedance
MPV	9.7	6-11 fl	Calculated
PDW	16.1	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			



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Hypochromia	-
Microcytosis	-
Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Normocytic, Normochromic
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	Eosinophilia

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 10 2-15 mm at 1 hr. Sedimentation

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



J. Mujawar

Dr. IMRAN MUJAWAR
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	95.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	89.5	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.54	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.19	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.35	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	1.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.8	1 - 2	Calculated
SGOT (AST), Serum	20.3	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	36.9	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	28.4	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	86.4	40-130 U/L	Colorimetric
BLOOD UREA, Serum	18.9	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.8	6-20 mg/dl	Calculated
CREATININE, Serum	0.79	0.67-1.17 mg/dl	Enzymatic



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eGFR, Serum	120	>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	4.2	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 Panvel Lab, Panvel East
*** End Of Report ***



J. Mujawar

Dr.IMRAN MUJAWAR
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	5.5	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.

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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)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<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	3-4	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	4-5		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	8-10	Less than 20/hpf	

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

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

PARAMETER	RESULTS
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 ***


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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	216.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	243.5	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	43.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	173.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	124.0	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	49.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.9	0-3.5 Ratio	Calculated

Note : LDL measurement is done by Direct method.

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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	5.6	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.6	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.40	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 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 ***



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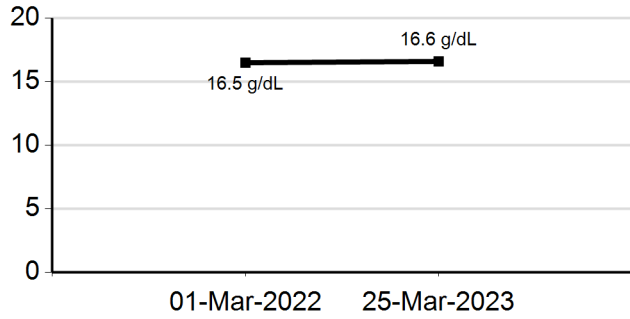
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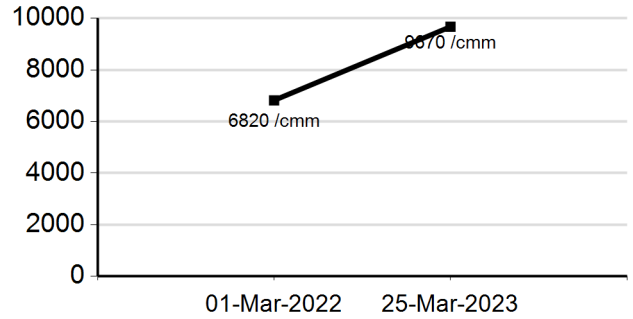
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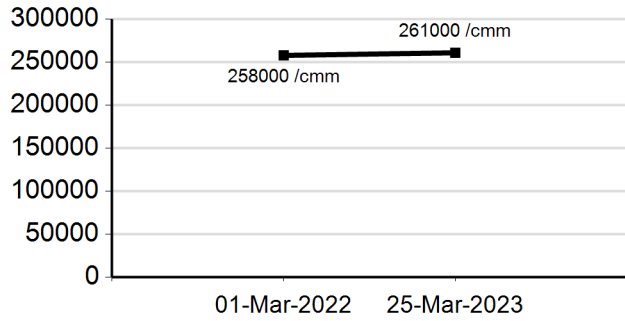
Haemoglobin



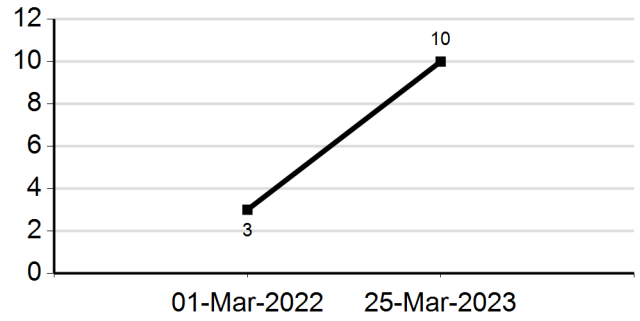
WBC Total Count



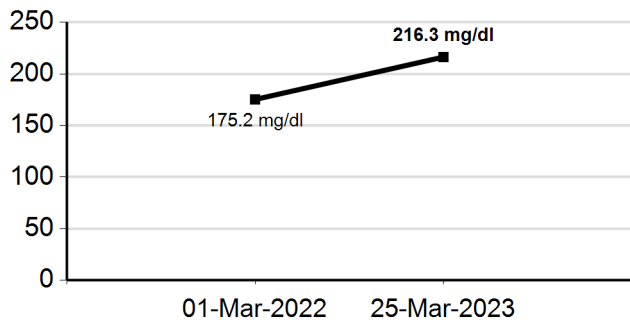
Platelet Count



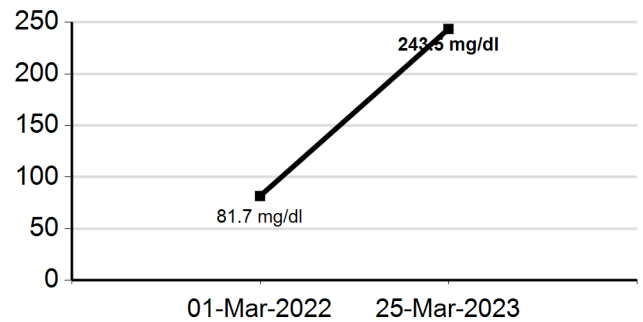
ESR



CHOLESTEROL



TRIGLYCERIDES

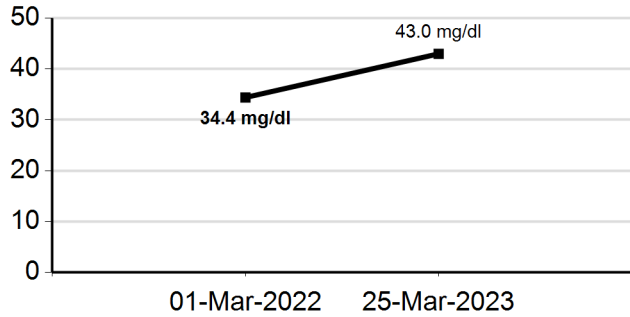




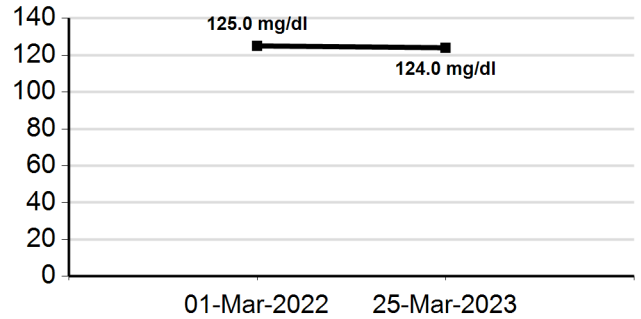
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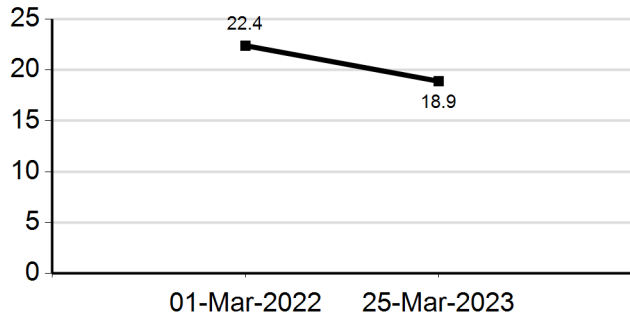
HDL CHOLESTEROL



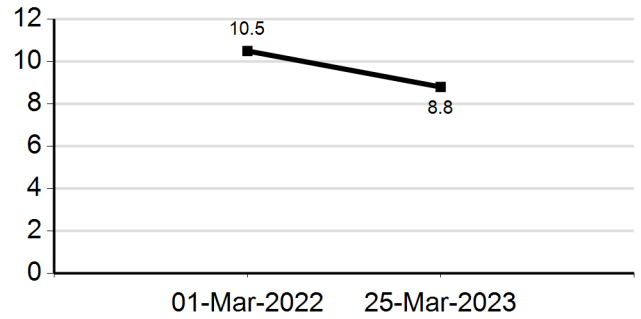
LDL CHOLESTEROL



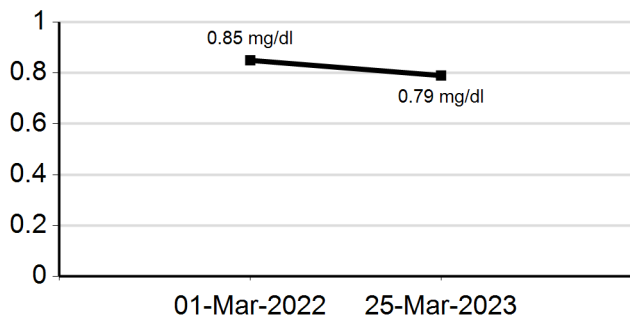
BLOOD UREA



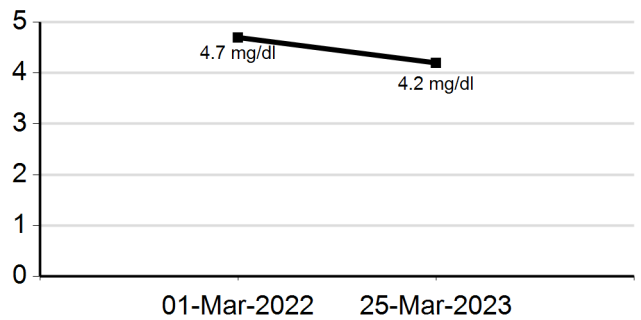
BUN



CREATININE



URIC ACID

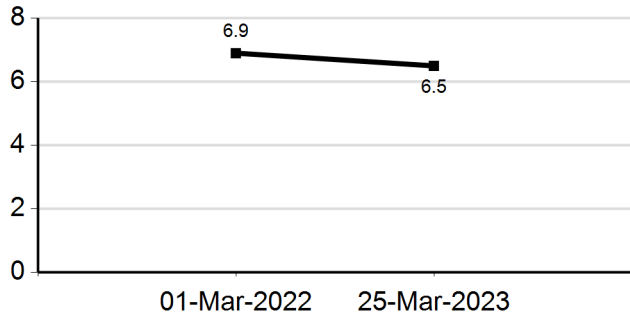




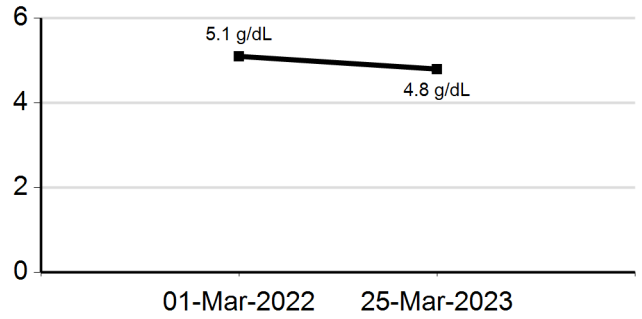
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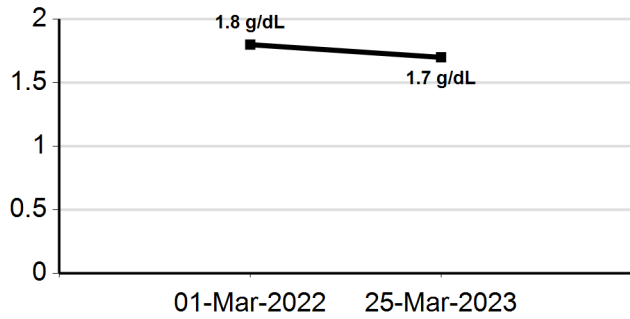
TOTAL PROTEINS



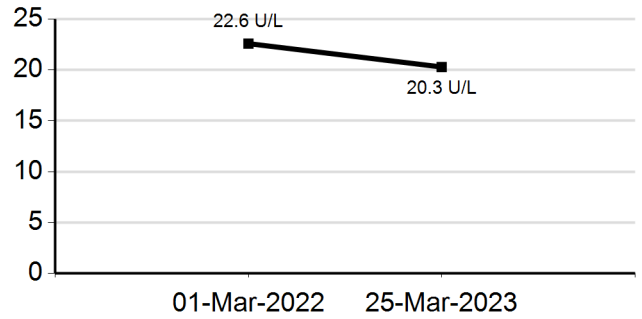
ALBUMIN



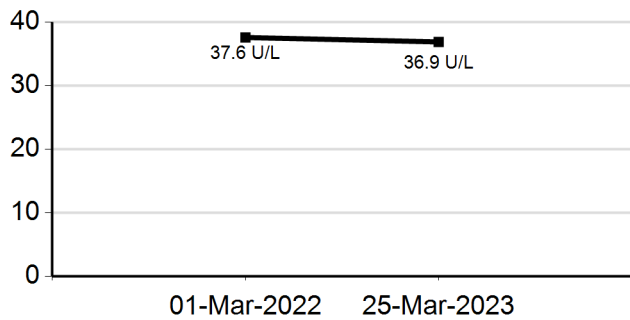
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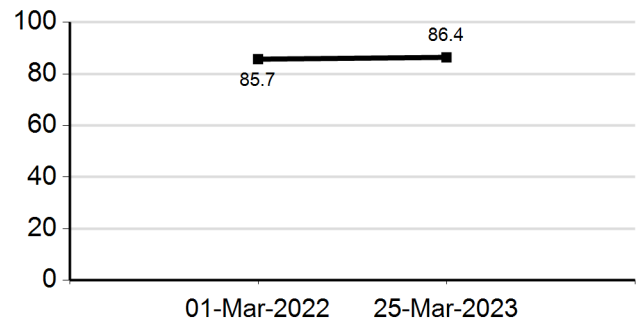
SGOT (AST)



SGPT (ALT)



ALKALINE PHOSPHATASE

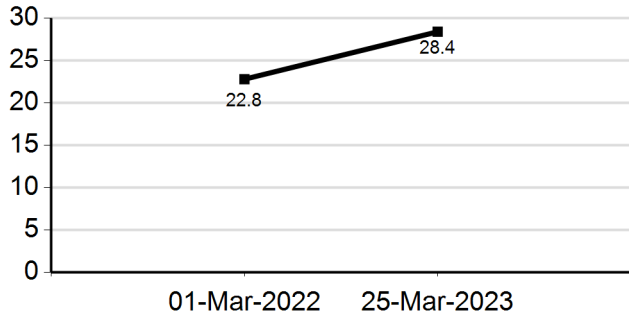




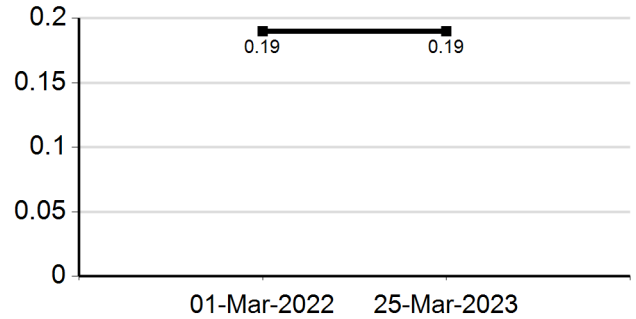
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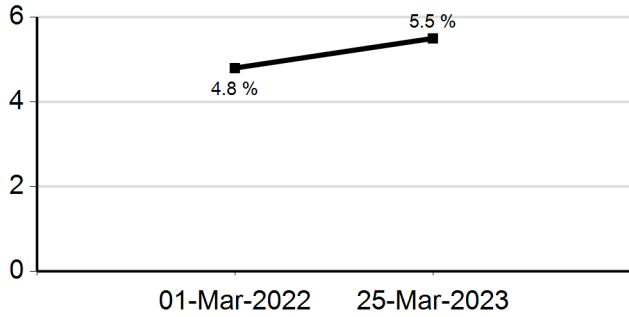
GAMMA GT



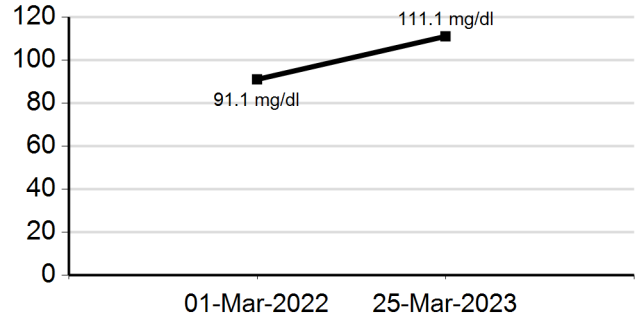
BILIRUBIN (DIRECT)



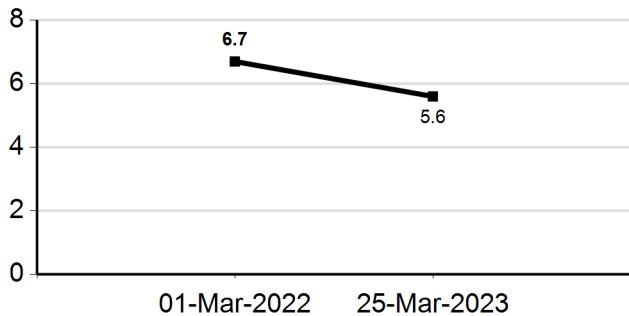
Glycosylated Hemoglobin (HbA1c)



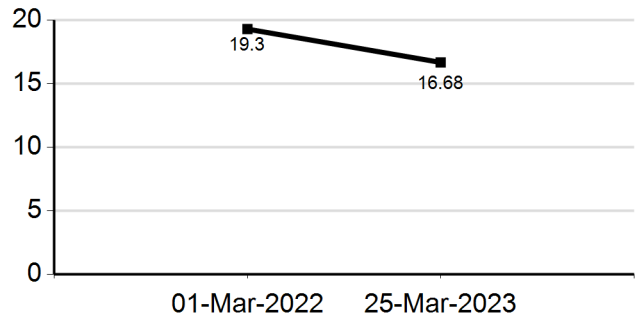
Estimated Average Glucose (eAG)



Free T3



Free T4

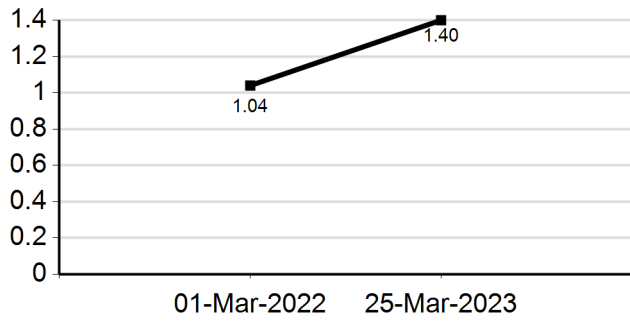




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Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

sensitiveTSH





भारतीय विशिष्ट ओळख प्राधिकरण

भारत सरकार

Unique Identification Authority of India
Government of India

नोंदणी क्रमांक/Enrolment No.: 1218/17082/00103

To: Yogesh Uttam Sonawane
(योगेश उत्तम सोनवणे)
C/O Yogesh Uttam Sonawane
462
AT.Po.Chahardi
Chopda
Jalgaon
Maharashtra - 425107

Date: 12/08/2011

Ref. No : 00006455-00065760-00067657-



UB 03810172 9 IN

SUBURBAN DIAGNOSTICS (I) PVT. LTD.

Shop No 22, Ground Floor, Raikar Bhavan,

Sec No 17, Vashi, Navi Mumbai - 400 703

Tel 27884547 / 27864548.

आपला आधार क्रमांक / Your Aadhaar No. 7488 6902 2476

7488 6902 2476

Dr. Alka Patnaik

आधार - सामान्य माणसाचा अधिकार.
M.B.B.S., C.G.O.-Nagpur Reg. No. 73367

Dip. Psysextherapy-U.K. Reg. No. OF395



भारत सरकार
GOVERNMENT OF INDIA



योगेश उत्तम सोनवणे
Yogesh Uttam Sonawane
जन्म वर्ष / Year of Birth : 1989
पुरुष / Male

7488 6902 2476



आधार - सामान्य माणसाचा अधिकार

Handwritten signature

PHYSICAL EXAMINATION REPORT

Patient Name	Mr. Yogesh Sonawane	Sex/Age	m/33
Date	25/3/2023	CID	2308420847

History and Complaints

NO C/O

EXAMINATION FINDINGS:

Height (cms):	171	Temp (0c):	Normal
Weight (kg):	73	Skin:	Done (G)
Blood Pressure	130/80	Nails:	clubbing
Pulse	72/min	Lymph Node:	MP
BMI	25.0		

Systems :

Cardiovascular:	S, S2 loud, NO murmur
Respiratory:	AEB (S)
Genitourinary:	NAD
GI System:	Normal
CNS:	Normal

Impression: D/w lipedemia,

Advice: Dietary Restrictions

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	NAD
11)	Genital urinary disorder	NO
12)	Rheumatic joint diseases or symptoms	Body pain.
13)	Blood disease or disorder	NO
14)	Cancer/lump growth/cyst	NO
15)	Congenital disease	NO
16)	Surgeries	NO
17)	Musculoskeletal System	NAD

PERSONAL HISTORY:

1)	Alcohol	Occasionally
2)	Smoking	NO
3)	Diet	mix
4)	Medication	NO


Dr. Alka Patnaik
M.B.B.S., C.G.O.-Nagpur Reg. No. 73367
Dip. Psysextherapy-U.K. Reg. No. OF395

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Sector-17, Vashi, Navi Mumbai - 400 703
Tel 27884547 / 27864548.

Date:- 25/3/2023 CID: 2308420847
Name:- Mr. Yogesh Sonawane Sex / Age: m / 33

EYE CHECK UP

Chief complaints: NO
Systemic Diseases: NO
Past history: - NO
Unaided Vision: - 4/6
Aided Vision: - NO
Refraction: Normal

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—————			6/9	—————			6/6
Near	—————			N/A	—————			N/A

Colour Vision: Normal / Abnormal

Remark:



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Dr. Alka Patnaik
M.B.B.S., C.G.O.-Nagpur Reg. No. 73367
Dip. Psysextherapy-U.K. Reg. No. OF395

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2308420847
Name : Mr YOGESH SONAWANE
Age / Sex : 33 Years/Male
Ref. Dr :
Reg. Location : Vashi Main Centre

Reg. Date : 25-Mar-2023
Reported : 25-Mar-2023 / 9:04

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 Shilpa Beri
MBBS DMRE
Reg No 2002/05/2302
Consultant Radiologist

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032508144370>



Use a QR Code Scanner
Application To Scan the Code

CID : 2308420847
Name : Mr YOGESH SONAWANE
Age / Sex : 33 Years/Male
Ref. Dr :
Reg. Location : Vashi Main Centre

Reg. Date : 25-Mar-2023
Reported : 25-Mar-2023 / 8:58

USG WHOLE ABDOMEN

LIVER:

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

GALL BLADDER:

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

PANCREAS:

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

KIDNEYS:

Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.
Right kidney measures 10.2 x 4.0 cm. Left kidney measures 10.2 x 4.2 cm.

SPLEEN:

The spleen is normal in size and echotexture. No evidence of focal lesion is noted.
Gaseous distention of bowel loops is noted

URINARY BLADDER:

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

PROSTATE:

The prostate is normal in size and measures 3.9 x 2.8 x 3.1 cm volume is 18.6 cc.

IMPRESSION:

No significant abnormality is seen.

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

Dr Shilpa Beri
MBBS DMRE
Reg No 2002/05/2302
Consultant Radiologist

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032508144364>

Patient Name: **YOGESH SONNAWANE**
Patient ID: **2308420847**

Date and Time: **25th Mar 23 8:29 AM**

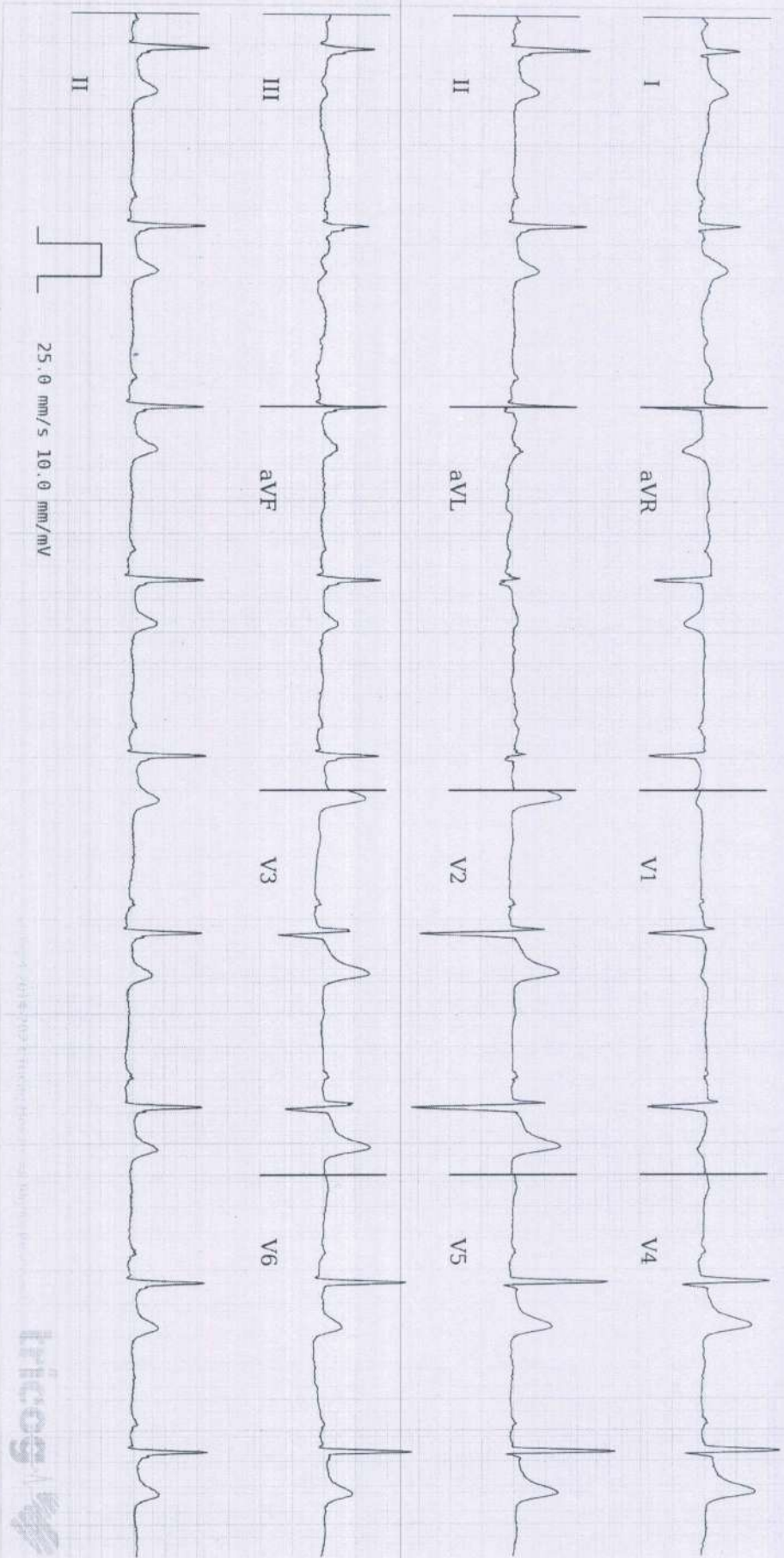
Age **33** years **5** months **19** days

Gender **Male**

Heart Rate **55bpm**

Patient Vitals

BP: **130/80 mmHg**
Weight: **73 kg**
Height: **171 cm**
Pulse: **NA**
Spo2: **NA**
Resp: **NA**
Others:



Measurements

QRSD: **94ms**
QT: **394ms**
QTc: **376ms**
PR: **176ms**
P-R-T: **14° 62° 37°**

REPORTED BY

Arvind

Dr. Anand N. Morwani
M.D. (General Medicine)
Reg No 39329 M.M.C.

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

SUBURBAN DIAGNOSTICS

Patient Details

Date: 25-Mar-23
 Name: MR.YOGESH SONAWANE ID: 2308420847
 Age: 33 y Sex: M
 Clinical History: NIL

Time: 10:35:07 AM
 Height: 171 cms

Weight: 73 Kgs

Medications: NIL

Test Details

Protocol: Bruce
 Total Exec. Time: 11 m 16 s
 Max. BP: 170 / 90 mmHg
 Test Termination Criteria: FATIGUE

Pr.MHR: 187 bpm
 Max. HR: 143 (76% of Pr.MHR) bpm
 Max. BP x HR: 24310 mmHg/min

THR: 158 (85 % of Pr.MHR) bpm
 Max. Mets: 13.50
 Min. BP x HR: 4640 mmHg/min

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 : 18	1.0	0	0	66	130 / 80	-1.06 aVR	1.06 II
Standing	0 : 25	1.0	0	0	65	130 / 80	-1.49 aVR	1.06 II
Hyperventilation	0 : 13	1.0	0	0	58	130 / 80	-1.27 aVR	0.71 II
1	3 : 0	4.6	1.7	10	96	140 / 80	-1.70 aVR	1.42 II
2	3 : 0	7.0	2.5	12	111	150 / 84	-1.27 aVR	1.77 II
3	3 : 0	10.2	3.4	14	128	160 / 86	-1.70 aVR	2.48 II
Peak Ex	2 : 16	13.5	4.2	16	143	170 / 90	-5.10 III	4.60 II
Recovery(1)	1 : 0	1.8	1	0	102	170 / 90	-1.70 aVR	4.25 V2
Recovery(2)	1 : 0	1.0	0	0	86	170 / 86	-1.27 aVR	2.48 V2
Recovery(3)	1 : 0	1.0	0	0	84	150 / 84	-0.64 aVR	1.77 V4
Recovery(4)	1 : 0	1.0	0	0	86	140 / 84	-0.85 aVR	-1.06 aVR
Recovery(5)	0 : 10	1.0	0	0	88	140 / 84	-0.85 aVR	-1.06 aVR

SUBURBAN DIAGNOSTICS

Patient Details

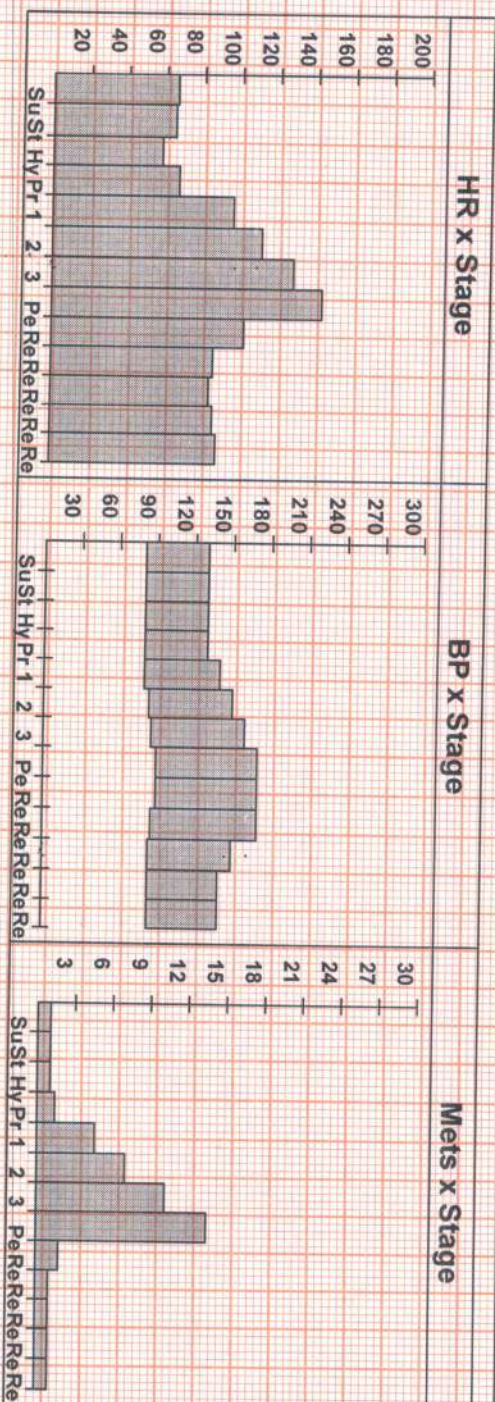
Name: MR.YOGESH SONAWANE ID: 2308420847
 Age: 33 y Sex: M

Date: 25-Mar-23

Time: 10:35:07 AM

Height: 171 cms

Weight: 73 Kgs



Interpretation

GOOD EFFORT TOLERANCE
 NORMAL CHRONOTROPIC AND INOTROPIC RESPONSE
 NO ANGINA / ANGINA EQUIVALENTS NO ARRHYTHMIAS
 NO SIGNIFICANT ST-T CHANGES FROM BASELINE SEEN DURING THE TEST

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.

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 Sector- 17, Vashi, Navi Mumbai - 400 703

Ref. Doctor: Tel 27884547 / 27864548.

DR. ANAND N. MOTWANI

M.D. (GENERAL MEDICINE)

Doctor: Dr. Anand Motwani 30329 (M.M.C)

(Summary Report edited by user)

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MR. YOGESH SONAWANE (33 M)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2308420847

Date: 25-Mar-23

Exec Time : 0 m 0 s

Stage Time : 0 m 12 s HR: 61 bpm

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

B.P.: 130 / 80

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

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

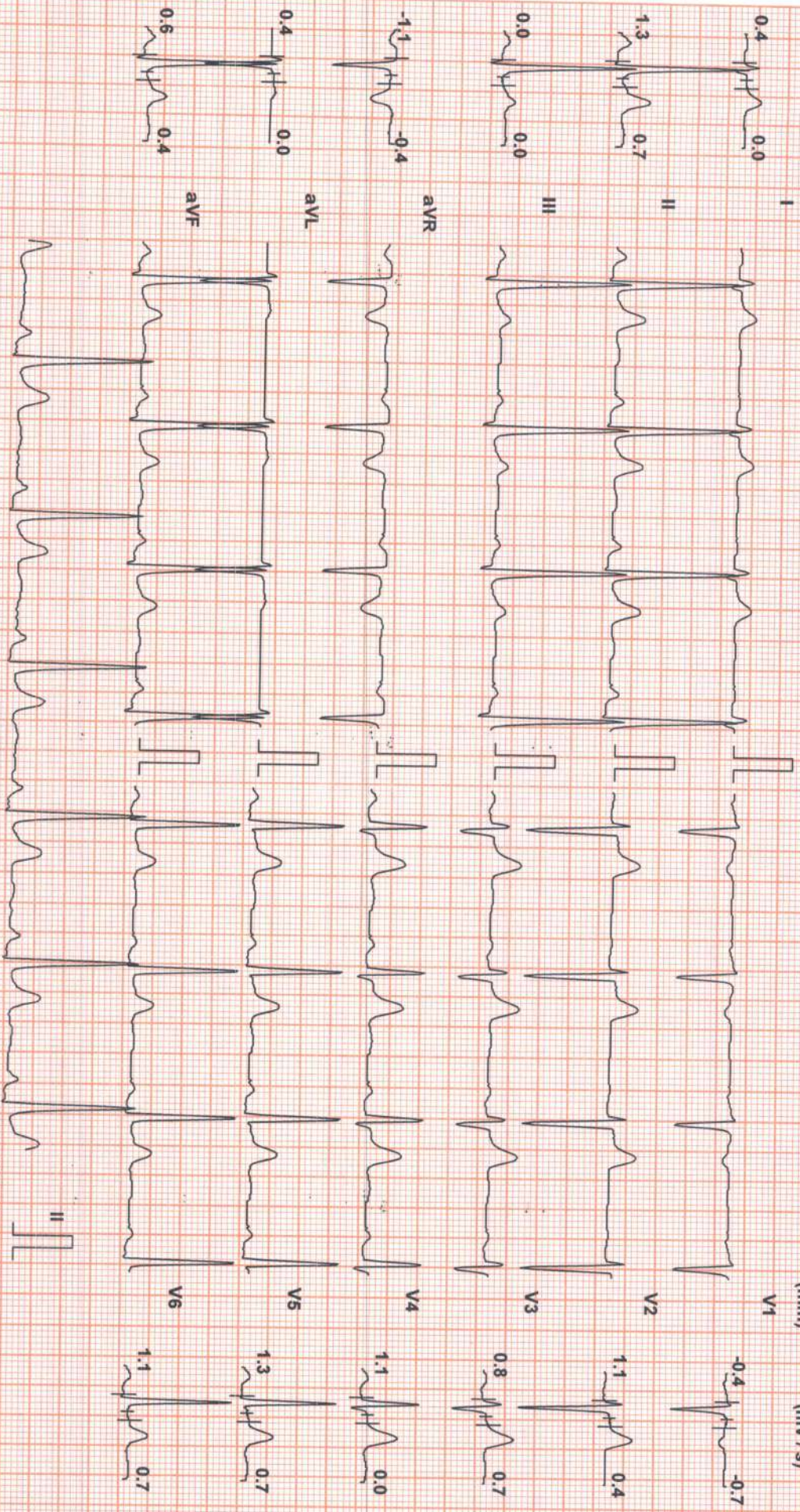


Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median

MR YOGESH SONAWANE (33 M)

ID: 2308420847

Date: 25-Mar-23

Exec Time : 0 m 0 s

Stage Time : 0 m 19 s HR: 59 bpm

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

B.P: 130 / 80

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

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

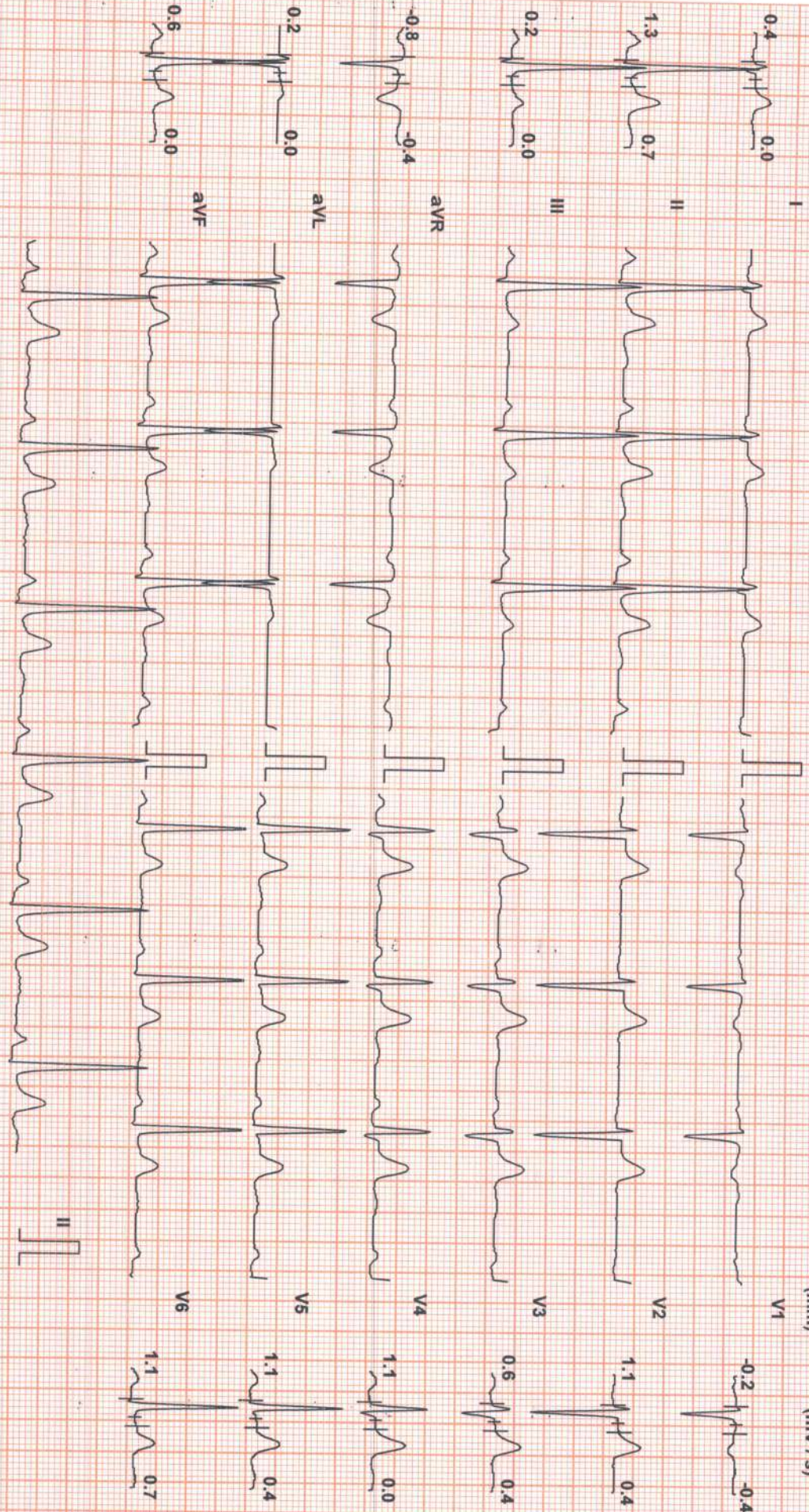


Chart Speed: 25 mm/sec
Schlier: Spandan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

MR. YOGESH SONAWANE (33 M)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2308420847

Date: 25-Mar-23

Exec Time : 0 m 0 s

Stage Time : 0 m 7 s

HR: 61 bpm

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

Stage: Hyperventilation

Speed: 0 mph

Grade: 0%

(THR: 158 bpm)

B.P.: 130 / 80

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

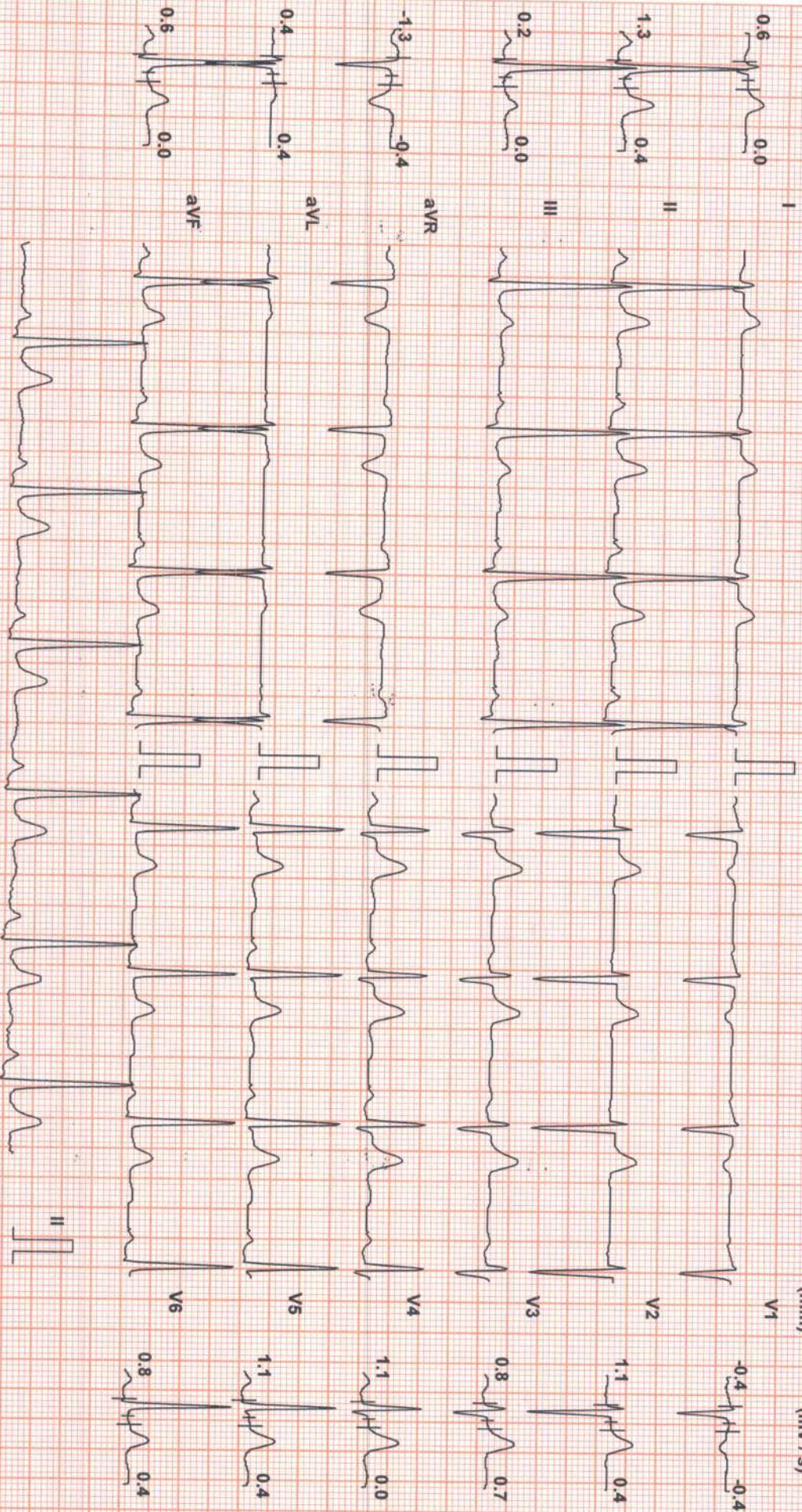


Chart Speed: 25 mm/sec
Schlier Spandan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

SUBURBAN DIAGNOSTICS

Test Report

MR. YOGESH SONAWANE (33 M)

ID: 2308420847

Date: 25-Mar-23

Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 95 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 158 bpm)

B.P: 140 / 80

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

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

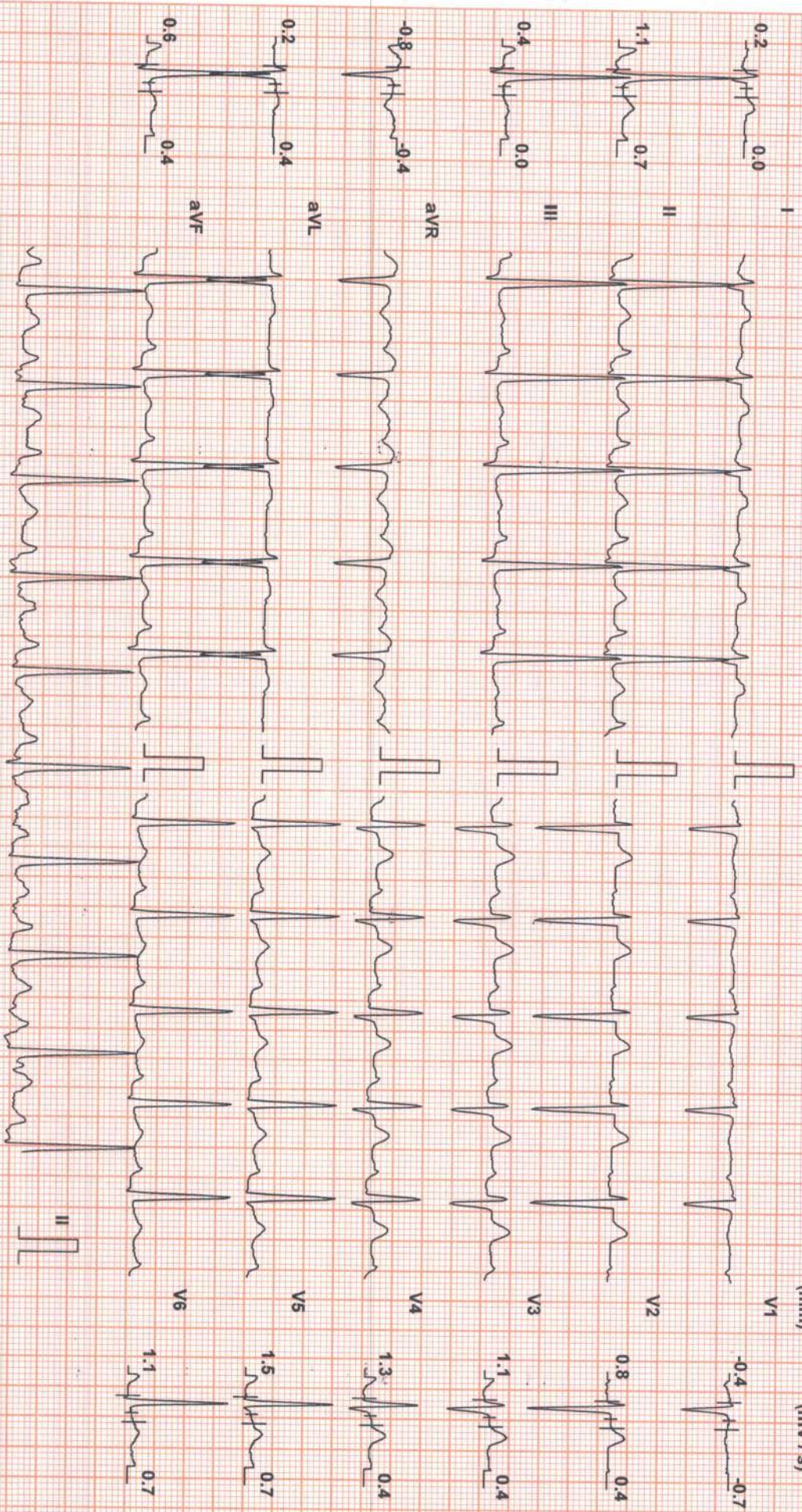


Chart Speed: 25 mm/sec
Schiller Spanden V4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

SUBURBAN DIAGNOSTICS

Test Report

MR. YOGESH SONAWANE (33 M)

ID: 2308420847

Date: 25-Mar-23

Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 111 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 158 bpm)

B.P: 150 / 84

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

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

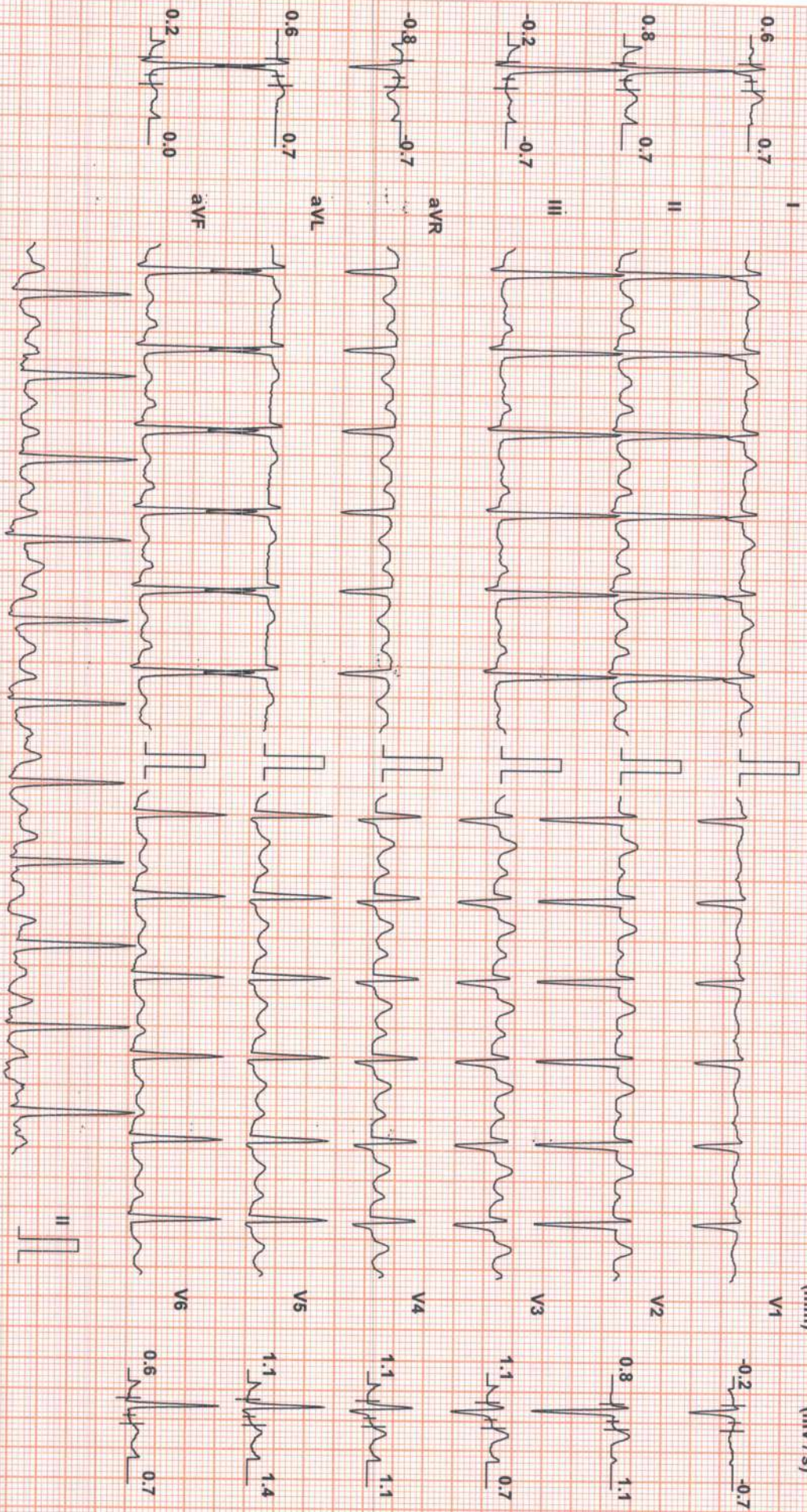


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

SUBURBAN DIAGNOSTICS

Test Report

MR. YOGESH SONAWANE (33 M)

ID: 2308420847

Date: 25-Mar-23

Exec Time : 8 m 54 s Stage Time : 2 m 54 s HR: 126 bpm

Protocol: Bruce

Stage: 3

Speed: 3.4 mph

Grade: 14 %

(THR: 158 bpm)

B.P: 160 / 86

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

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

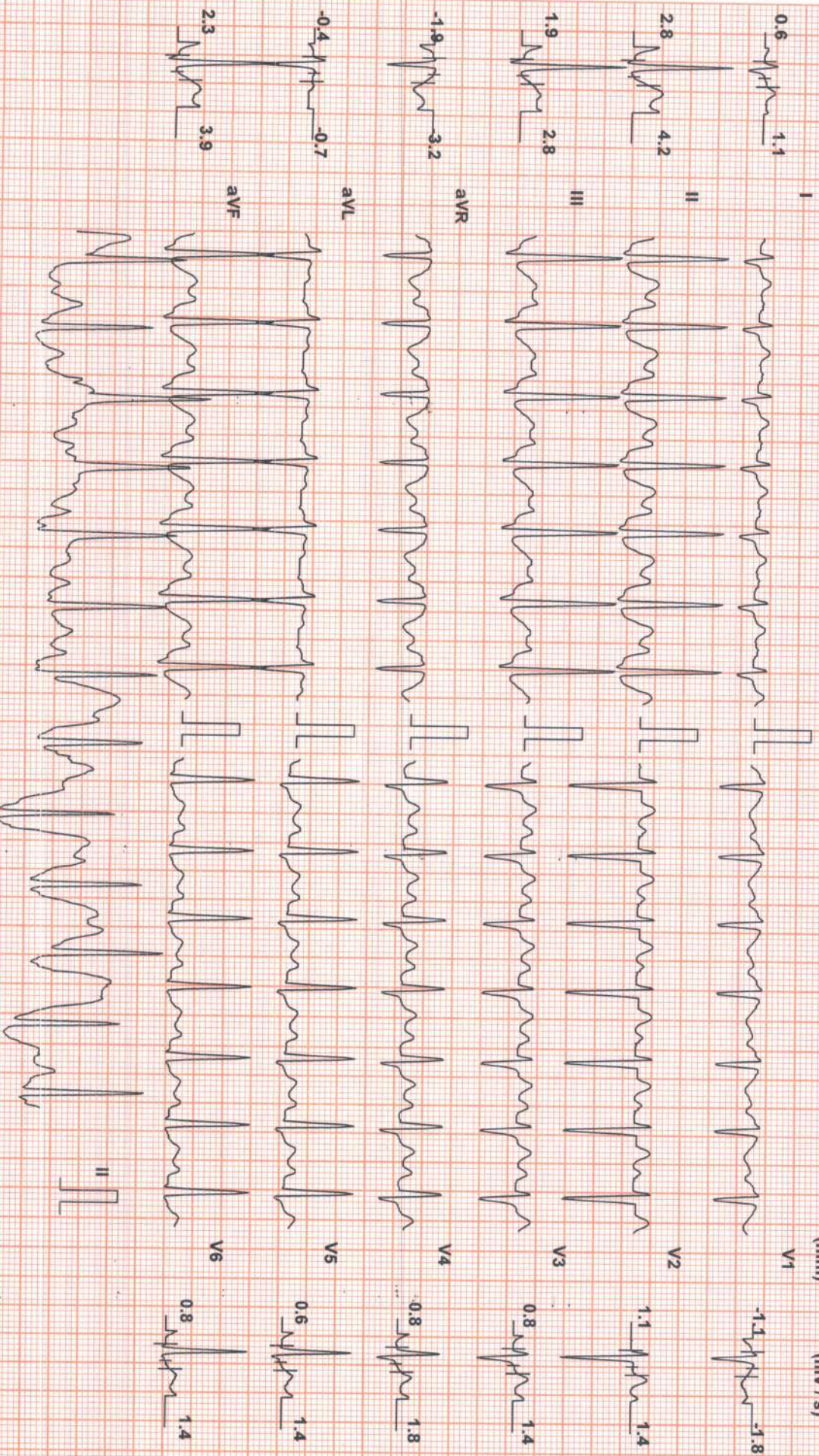


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median

SUBURBAN DIAGNOSTICS

Test Report

MR. YOGESH SONAWANE (33 M)

ID: 2308420847

Date: 25-Mar-23

Exec Time : 11 m 10 s

Stage Time : 2 m 10 s

HR: 141 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 4.2 mph

Grade: 16 %

(THR: 158 bpm)

B.P.: 170 / 90

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

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

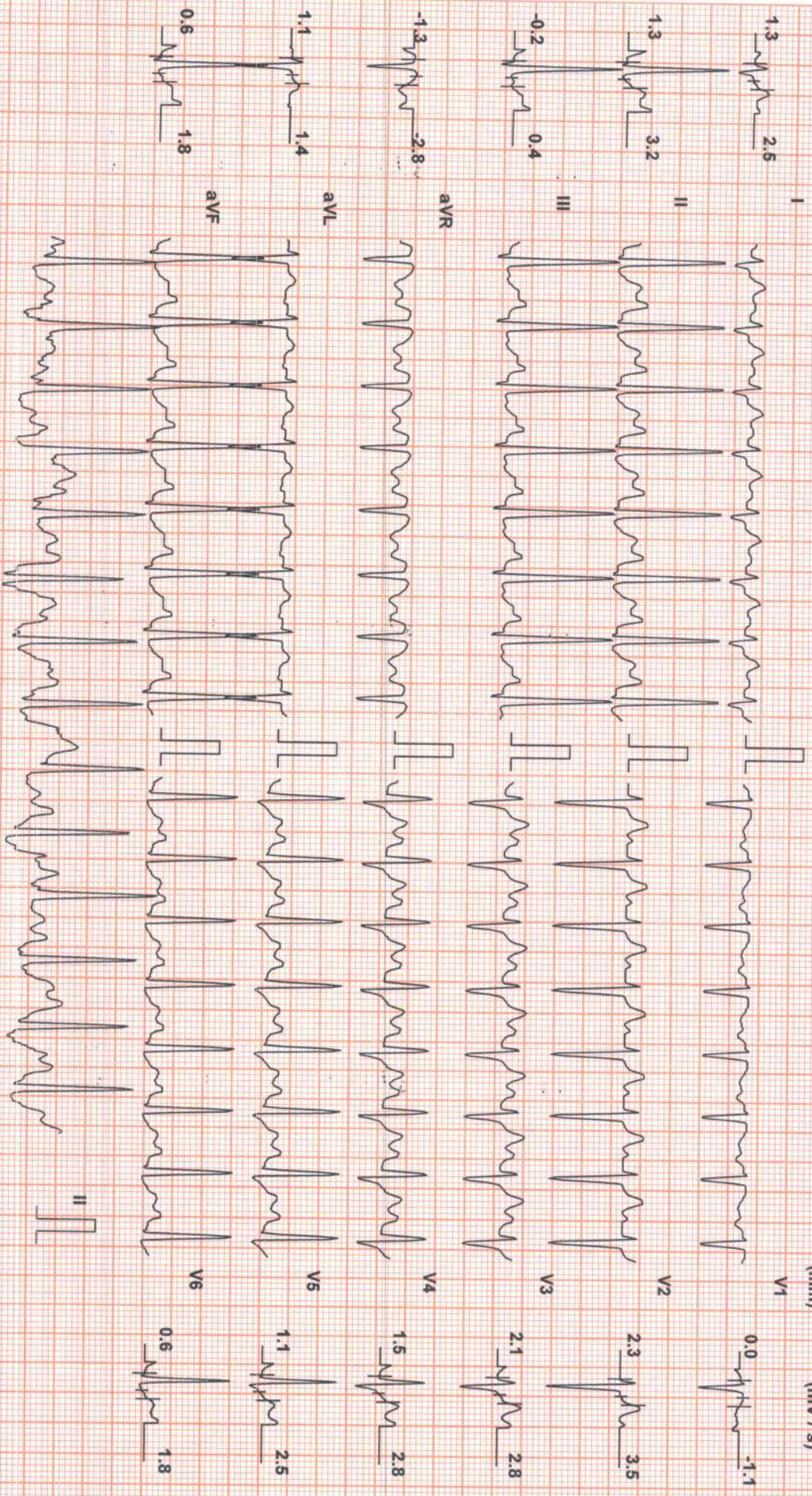


Chart Speed: 25 mm/sec
Schiller Spandau V 4.7

Filter: 35 Hz

Main Filter: ON

Amplitude: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

SUBURBAN DIAGNOSTICS

Test Report

MR. YOGESH SONAWANE (33 M)

ID: 2308420847

Date: 25-Mar-23

Exec Time : 11 m 16 s Stage Time : 0 m 54 s HR: 95 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0%

(THR: 158 bpm)

B.P.: 170 / 90

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

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

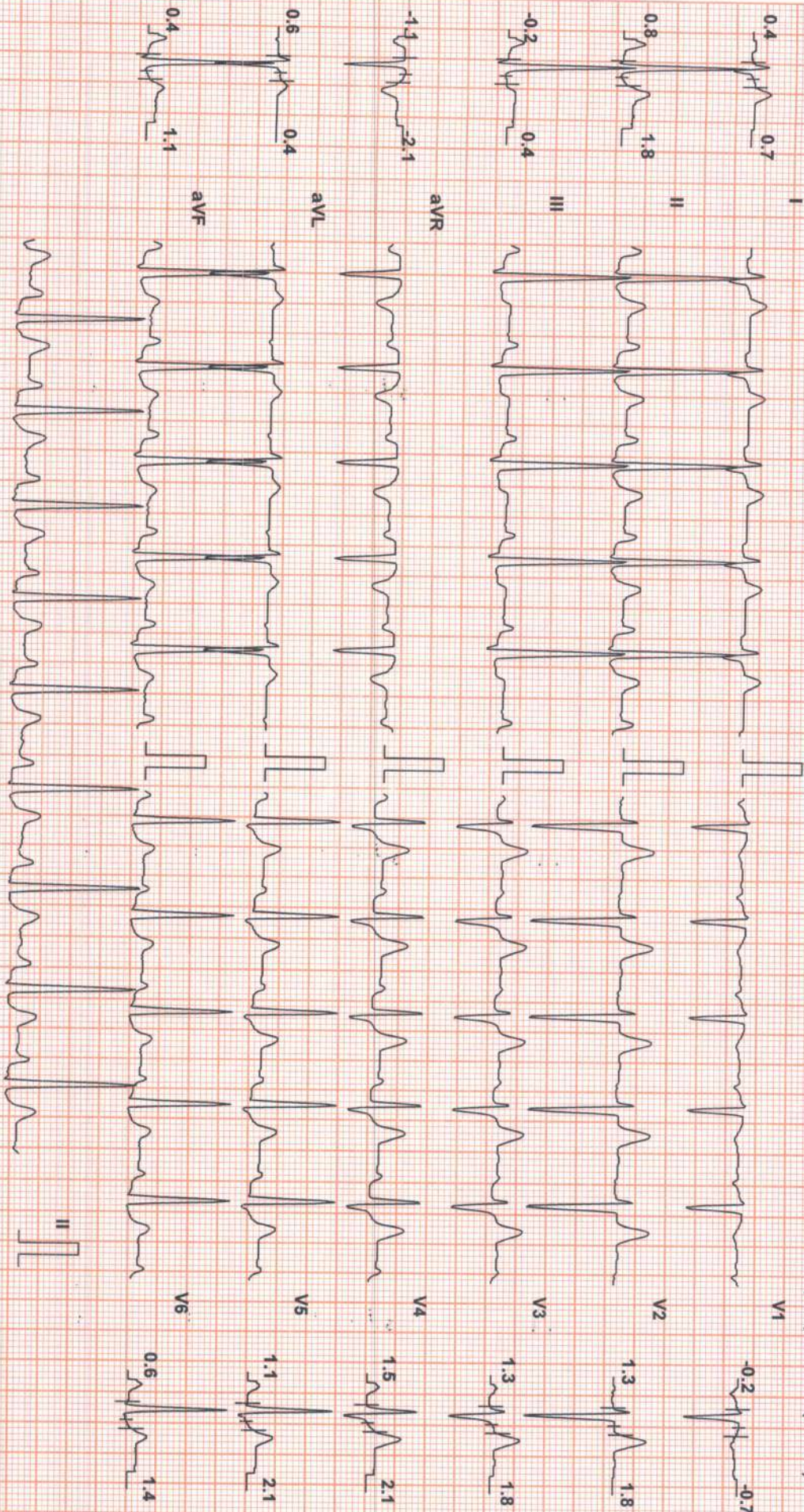


Chart Speed: 25 mm/sec
Schiller Spandan V4.7

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

MR. YOGESH SONAWANE (33 M)

ID: 2308420847

Date: 26-Mar-23

Exec Time : 11 m 16 s Stage Time : 0 m 54 s HR: 95 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

B.P: 170 / 86

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

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

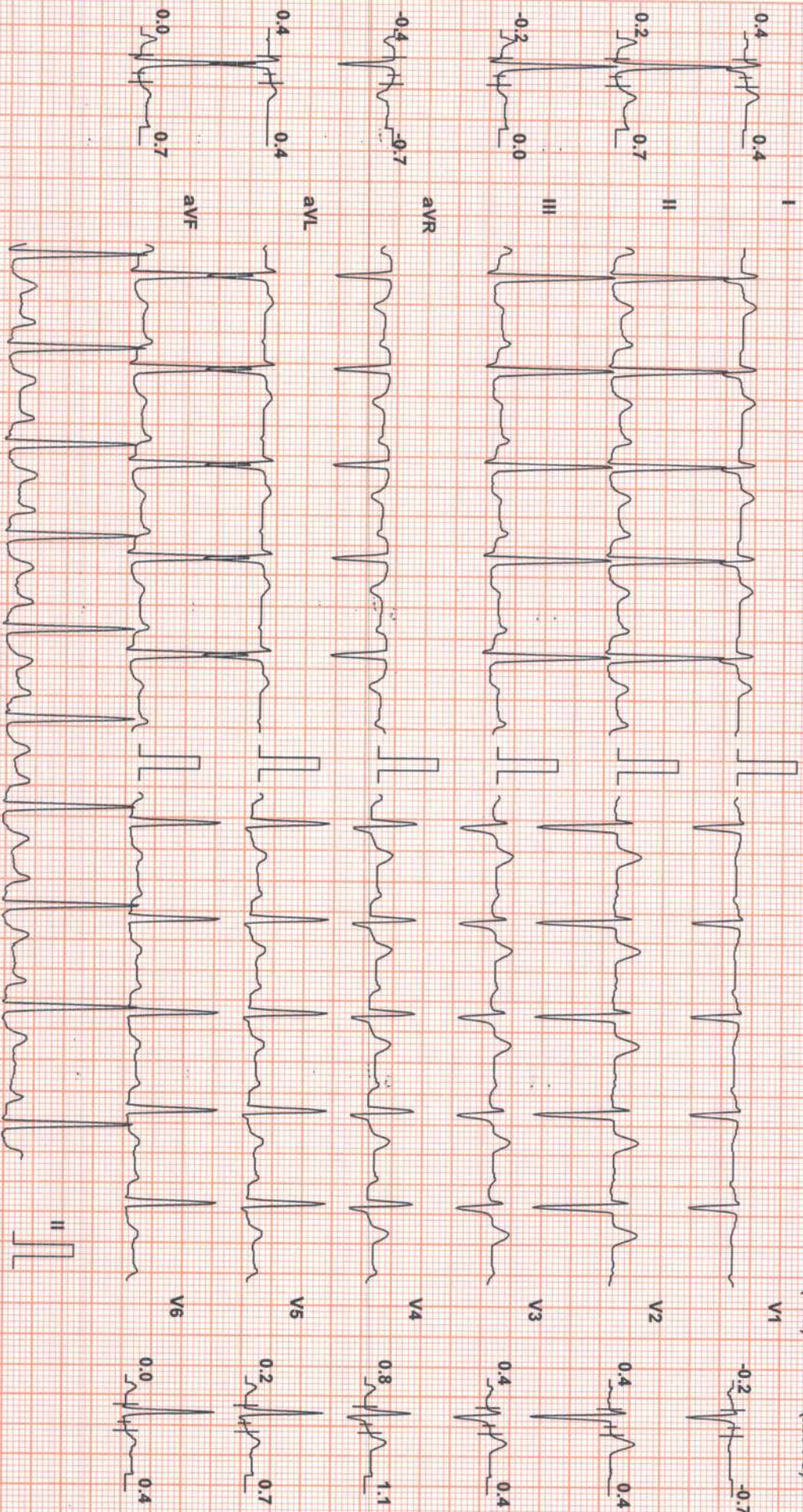


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

MR. YOGESH SONAWANE (33 M)

ID: 2308420847

Date: 25-Mar-23

Exec Time : 11 m 16 s

Stage Time : 0 m 54 s HR: 85 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

B.P.: 150 / 84

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

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

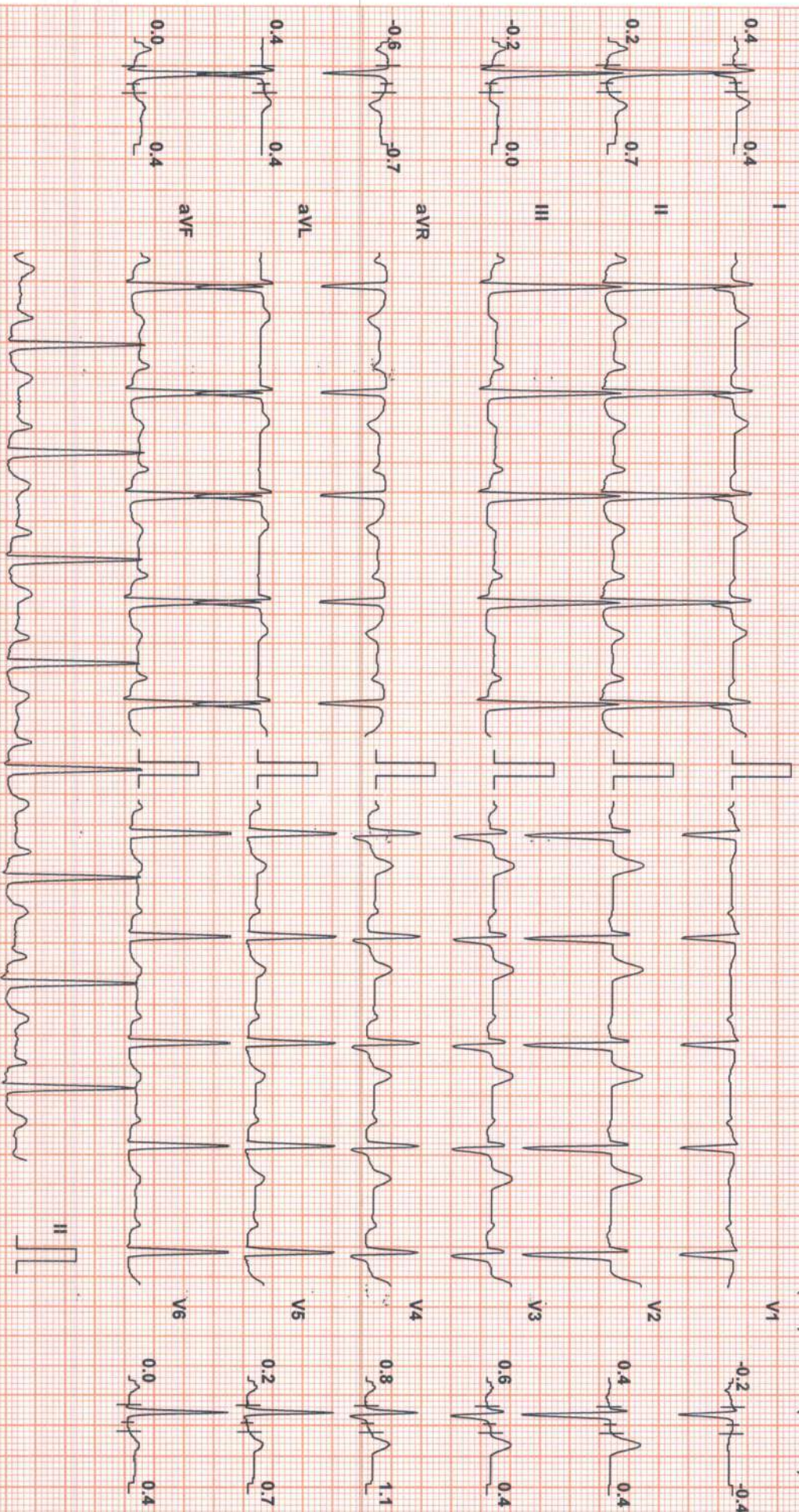


Chart Speed: 25 mm/sec
Schlier Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

SUBURBAN DIAGNOSTICS

Test Report

MR. YOGESH SONAWANE (33 M)

ID: 2308420847

Date: 25-Mar-23

Exec Time : 11 m 16 s Stage Time : 0 m 54 s **HR: 88 bpm**

Protocol: Bruce

Stage: Recovery(4)

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

B.P.: 140 / 84

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

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

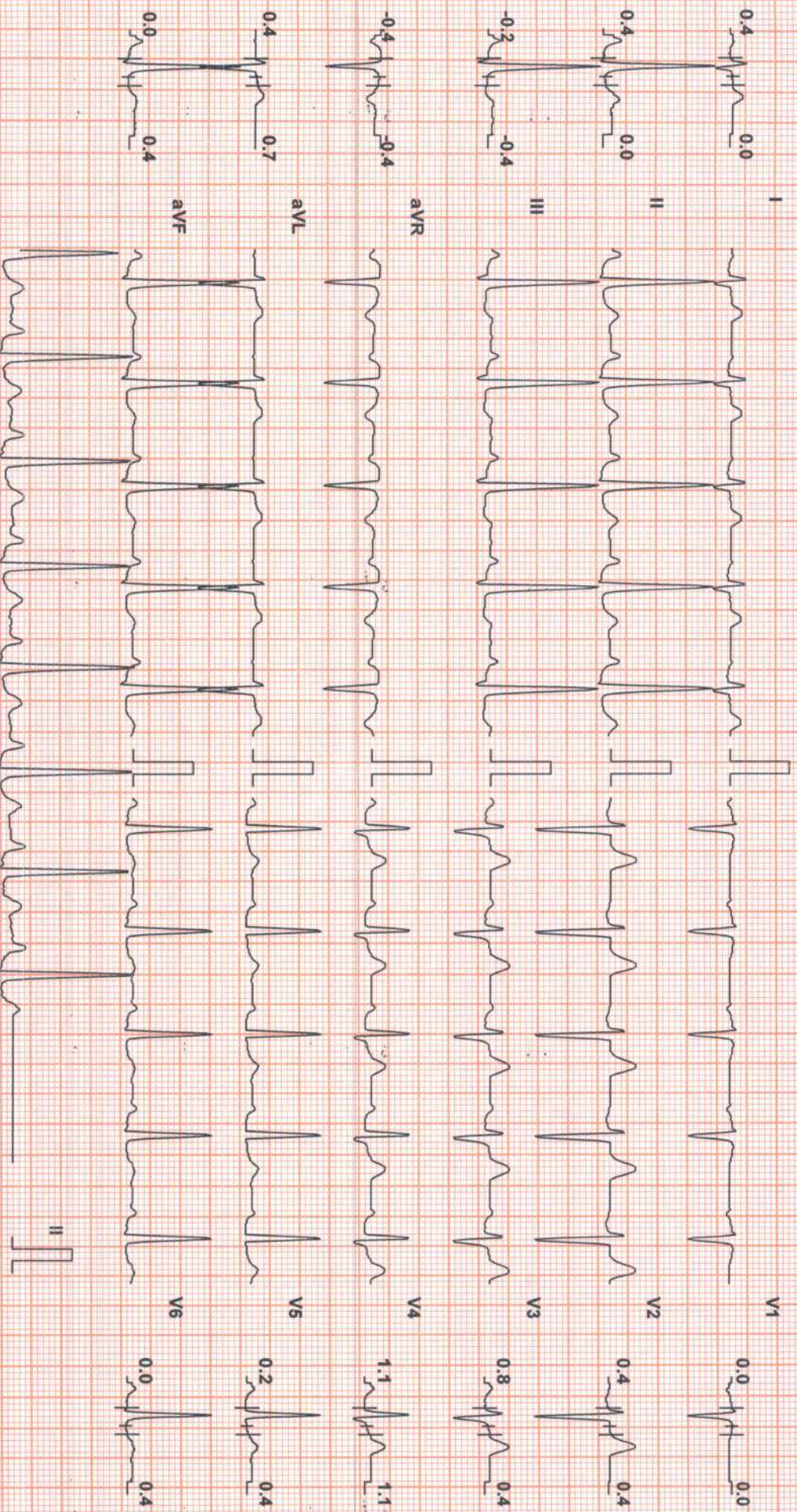


Chart Speed: 25 mm/sec
Schlier Spanden V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

SUBURBAN DIAGNOSTICS

Test Report

MR. YOGESH SONAWANE (33 M)

ID: 2308420847

Date: 25-Mar-23

Exec Time : 11 m 16 s Stage Time : 0 m 54 s HR: 88 bpm

Protocol: Bruce

Stage: Recovery(5)

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

B.P.: 140 / 84

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

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

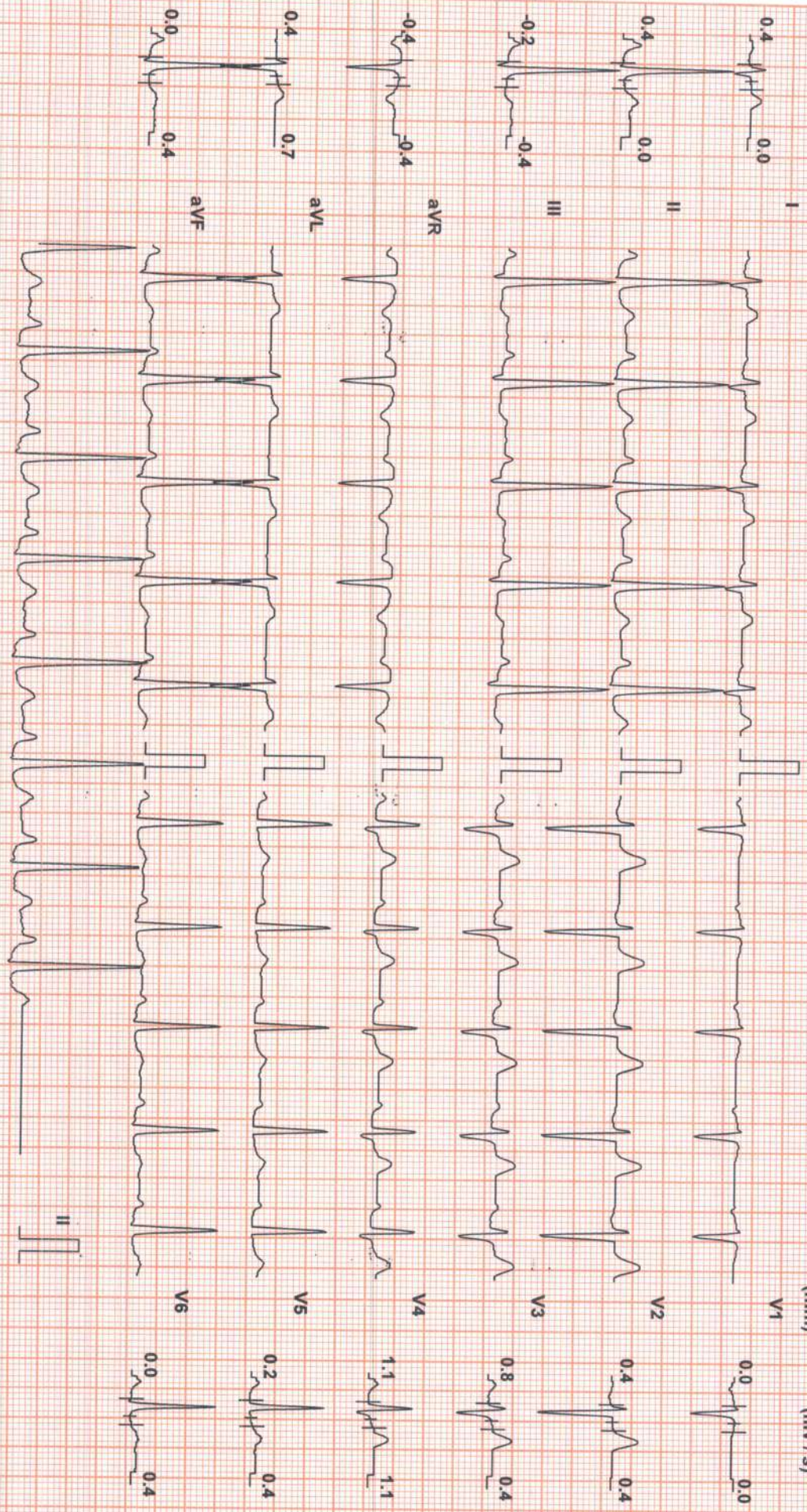


Chart Speed: 25 mm/sec
Schiller Spalden V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median