



CID : 2222521513
Name : MR.GEORGE JACOB AKHIL
Age / Gender : 28 Years / Male
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Collected : 13-Aug-2022 / 08:09
Reported : 13-Aug-2022 / 12:17

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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	15.5	13.0-17.0 g/dL	Spectrophotometric
RBC	5.29	4.5-5.5 mil/cmm	Elect. Impedance
PCV	45.4	40-50 %	Measured
MCV	86	80-100 fl	Calculated
MCH	29.3	27-32 pg	Calculated
MCHC	34.1	31.5-34.5 g/dL	Calculated
RDW	12.1	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6490	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	27.2	20-40 %	
Absolute Lymphocytes	1765.3	1000-3000 /cmm	Calculated
Monocytes	5.5	2-10 %	
Absolute Monocytes	357.0	200-1000 /cmm	Calculated
Neutrophils	57.3	40-80 %	
Absolute Neutrophils	3718.8	2000-7000 /cmm	Calculated
Eosinophils	9.4	1-6 %	
Absolute Eosinophils	610.1	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	
Absolute Basophils	38.9	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS



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Platelet Count	235000	150000-400000 /cmm	Elect. Impedance
MPV	8.3	6-11 fl	Calculated
PDW	12.3	11-18 %	Calculated

RBC MORPHOLOGY

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 5 2-15 mm at 1 hr. Westergren

*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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Collected : 13-Aug-2022 / 08:09
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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	101.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	74.5	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.6	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.25	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.35	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	5.1	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
SGOT (AST), Serum	20.2	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	23.0	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	12.3	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	98.9	40-130 U/L	Colorimetric
BLOOD UREA, Serum	20.3	12.8-42.8 mg/dl	Kinetic



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BUN, Serum	9.5	6-20 mg/dl	Calculated
CREATININE, Serum	1.07	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	87	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	6.5	3.5-7.2 mg/dl	Enzymatic
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 ***



Amit Taori

Dr.AMIT TAORI
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	5.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	99.7	mg/dl	Calculated



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Intended use:

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

Clinical Significance:

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

Test Interpretation:

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

Factors affecting HbA1c results:

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

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

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

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

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

*** End Of Report ***



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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<u>PHYSICAL EXAMINATION</u>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Present	Absent
Blood	Absent	Absent
<u>CHEMICAL EXAMINATION</u>		
Reaction (pH)	Acidic (6.0)	-
Occult Blood	Absent	Absent
<u>MICROSCOPIC EXAMINATION</u>		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Absent	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present ++	-
Concentration Method (for ova)	No ova detected	Absent

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*** End Of Report ***



J. Mujawar
Dr.IMRAN MUJAWAR
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)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20 ml	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	

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*** End Of Report ***



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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	153.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	135.7	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	35.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	118.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	91.0	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	27.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.6	0-3.5 Ratio	Calculated

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



J. Mujawar
Dr.IMRAN MUJAWAR
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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	5.7	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.6	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.02	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 ***



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist



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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 11.3 x 4.4 cm. Left kidney measures 11.7 x 3.9 cm.

SPLEEN:

The spleen is normal in size and echotexture. No evidence of focal lesion is noted.

There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

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

PROSTATE:

The prostate is normal in size. It measures 3.8 x 2.1 x 2.6 cm and volume is 11.7 cc.

IMPRESSION:

No significant abnormality is seen.

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

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



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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 Shilpa Beri
MBBS DMRE
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Consultant Radiologist



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भारत सरकार
GOVERNMENT OF INDIA

ജോർജ്ജ് ജേക്കബ് അഖിലിൽ
George Jacob Akhil
ജനന വർഷം/DOB: 1993
പുരുഷൻ Male

4614 1143 5031



ആധാർ - സാധാരണക്കാരന്റെ അറുപകാശം

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DR. ANAND N. MOTWANI

M.D. (GENERAL MEDICINE)

Reg. No. 39329 (M.M.C)

Handwritten signature

SUBURBAN DIAGNOSTICS (I) PVT. LTD.

Shop No 22, Ground Floor, Panna Bhavan,

Sector-17, Vashi, Navi Mumbai - 400 703

Tel 27884547 / 27864548

PHYSICAL EXAMINATION REPORT

Patient Name	Mr. George Akhil	Sex/Age	male / 28
Date	13/08/2022	CID	2222521513

History and Complaints

EXAMINATION FINDINGS:

Height (cms):	182	Temp (0c):	Normal
Weight (kg):	91	Skin:	Normal
Blood Pressure	130/80	Nails:	Normal
Pulse	64	Lymph Node:	Normal
BMI	27.5		

Systems :

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

Impression: 1) Overweight 2) Dyslipidemia 3) HDL Cholesterol low

Advice: To Reduce weight & to follow up with family physician

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CHIEF COMPLAINTS:

1)	Hypertension:	No
2)	IHD	No
3)	Arrhythmia	No
4)	Diabetes Mellitus	No
5)	Tuberculosis	No
6)	Asthama	No
7)	Pulmonary Disease	No
8)	Thyroid/ Endocrine disorders	No
9)	Nervous disorders	No
10)	GI system	No
11)	Genital urinary disorder	No
12)	Rheumatic joint diseases or symptoms	No
13)	Blood disease or disorder	No
14)	Cancer/lump growth/cyst	No
15)	Congenital disease	No
16)	Surgeries	No
17)	Musculoskeletal System	No

PERSONAL HISTORY:

1)	Alcohol	Occasionally for last 5 years.
2)	Smoking	No.
3)	Diet	Mix diet
4)	Medication	No -

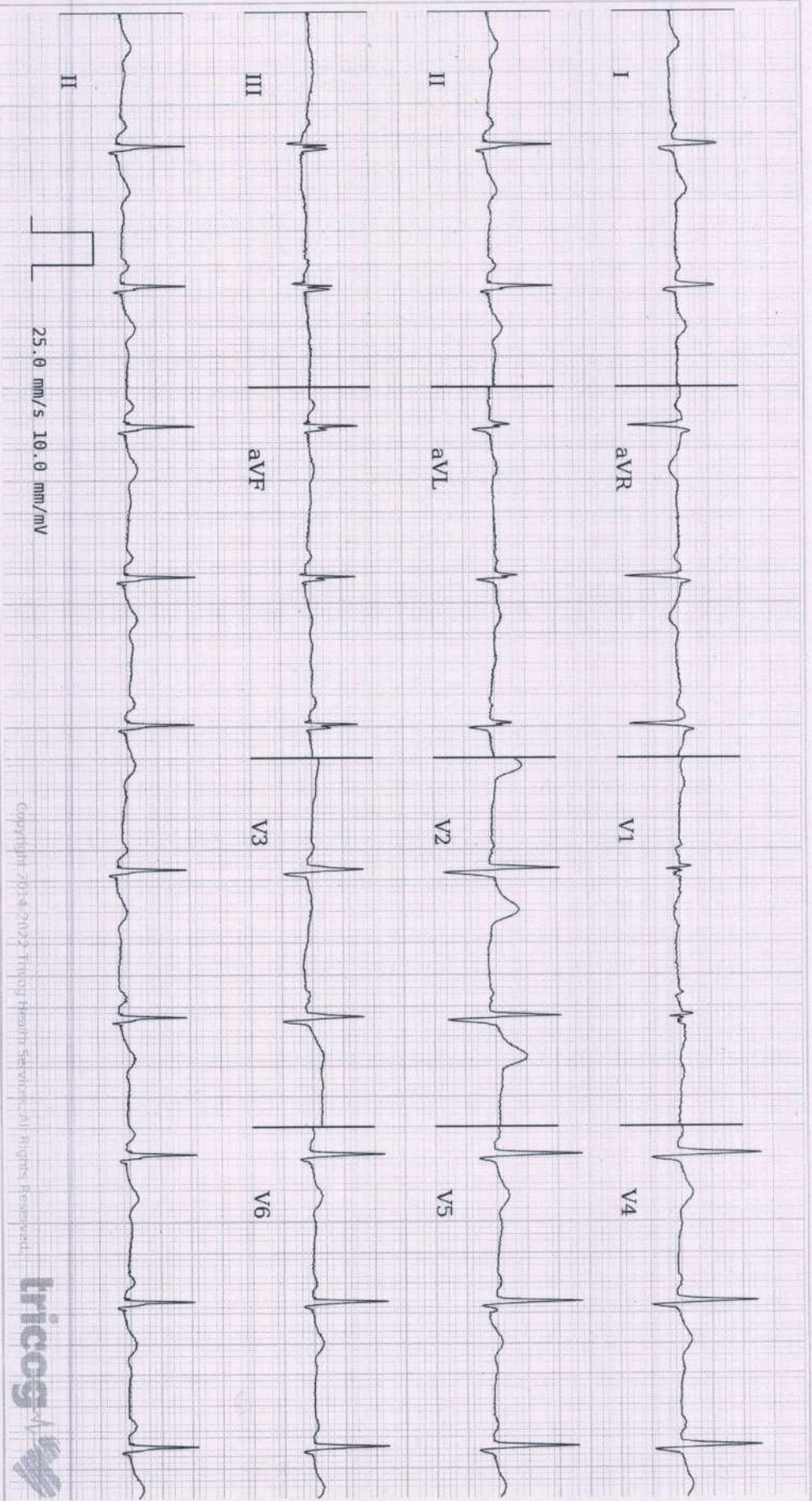
for
DR. ANAND N. MOTWANI
M.D. (GENERAL MEDICINE)
Reg. No. 39329 (M.M.C)

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Age **28** **8** **10**
years months days

Gender **Male**

Heart Rate **64bpm**

Patient Vitals

BP: **130/80 mmHg**

Weight: **91 kg**

Height: **182 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **92ms**

QT: **414ms**

QTc: **427ms**

PR: **154ms**

P-R-T: **55° 53° 33°**

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

REPORTED BY

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

Date:- 13/08/2022

CID: 2222521513

Name:- Mr. George Akhil

Sex / Age: m / 28

EYE CHECK UP

Chief complaints: NO

Systemic Diseases: NO

Past history: NO

Unaided Vision:

without glass

Both eye - 6/6

Aided Vision:

Right eye - 6/6

Refraction:

Left eye - 6/6

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	_____			6/6	_____			6/6
Near	_____			1/6	_____			1/6

Colour Vision: Normal / Abnormal

Remark:



DR. ANAND N. MOTWANI
M.D. (GENERAL MEDICINE)
Reg. No. 39329 (M.M.C)

SUBURBAN DIAGNOSTICS (I) PVT. LTD.
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For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

SUBURBAN DIAGNOSTICS

Patient Details

Date: 13-Aug-22

Time: 11:59:19 AM

Name: MR.GEORGE JACOB AKHIL ID: 2222521513

Age: 28 y

Sex: M

Height: 182 cms

Weight: 91 Kgs

Clinical History: NIL

Medications: NIL

Test Details

Protocol: Bruce

Pr.MHR: 192 bpm

Total Exec. Time: 11 m 3 s

Max. HR: 161 (84% of Pr.MHR) bpm

Max. BP: 220 / 100 mmHg

Max. BP x HR: 35420 mmHg/min

Test Termination Criteria: FATIGUE

THR: 163 (85 % of Pr.MHR) bpm

Max. Mets: 13.50

Min. BP x HR: 5762 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 : 21	1.0	0	0	90	130 / 86	-2.12 III	2.48 II
Standing	0 : 21	1.0	0	0	67	130 / 86	-2.12 III	1.77 V5
Hyperventilation	0 : 21	1.0	0	0	72	130 / 86	-0.85 aVR	1.42 II
1	3 : 0	4.6	1.7	10	100	134 / 86	-1.49 aVR	2.12 II
2	3 : 0	7.0	2.5	12	109	140 / 86	-1.06 aVR	2.48 II
3	3 : 0	10.2	3.4	14	143	150 / 90	-1.70 III	4.25 II
Peak Ex	2 : 3	13.5	4.2	16	161	220 / 100	-2.34 V1	5.66 II
Recovery(1)	1 : 0	1.8	1	0	138	220 / 100	-1.91 aVR	5.66 II
Recovery(2)	1 : 0	1.0	0	0	110	200 / 100	-1.91 aVR	4.95 II
Recovery(3)	1 : 0	1.0	0	0	93	200 / 100	-1.49 aVR	3.54 II
Recovery(4)	1 : 0	1.0	0	0	87	180 / 96	-0.64 aVR	2.12 II
Recovery(5)	1 : 0	1.0	0	0	91	160 / 96	-0.85 aVR	1.77 II
Recovery(6)	0 : 11	1.0	0	0	84	160 / 96	-0.64 aVR	1.77 II

SUBURBAN DIAGNOSTICS

Patient Details

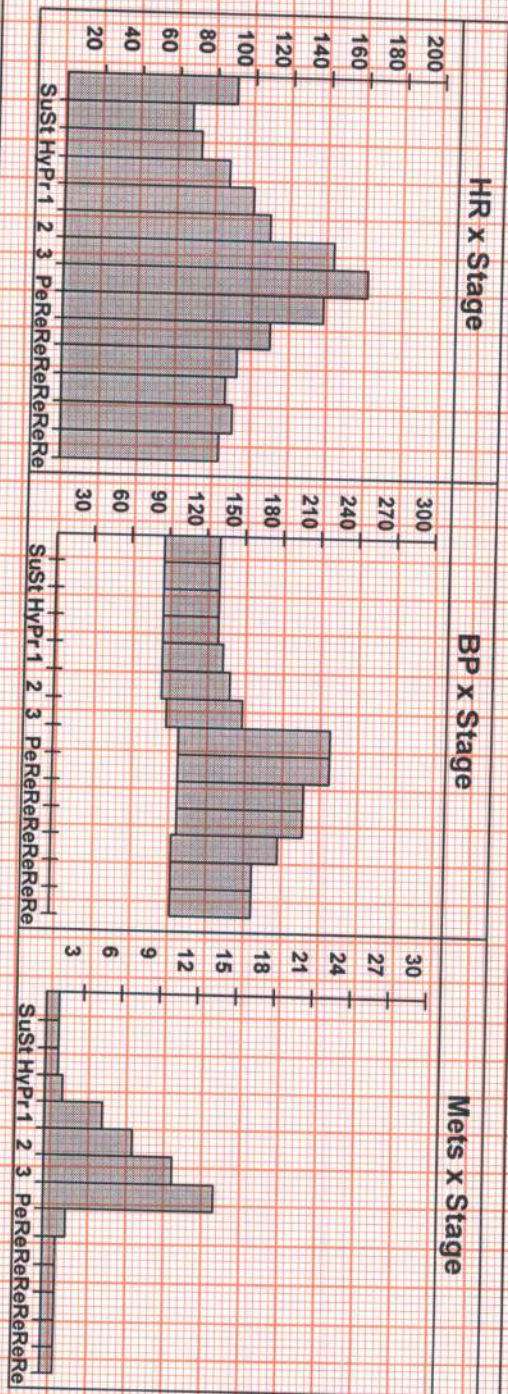
Name: MR. GEORGE JACOB AKHIL ID: 222521513
 Age: 28 y Sex: M

Date: 13-Aug-22

Time: 11:59:19 AM

Height: 182 cms

Weight: 91 Kgs



Interpretation

GOOD EFFORT TOLERANCE
 NORMAL HEART RATE AND HYPERTENSIVE BP 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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 Tel: 27864547 / 27864548.

Ref. Doctor:

Doctor: Dr. Anand Motwani

DR. ANAND N. MOTWANI
 M.D. (GENERAL MEDICINE)
 Reg. No. 39329 (M.M.C)

(Summary Report edited by user)

MR. GEORGE JACOB AKHIL (28 M)

ID: 2222521513

Date: 13-Aug-22

Exec Time : 0 m 0 s Stage Time : 0 m 15 s HR: 65 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0%

(THR: 163 bpm)

B.P: 130 / 86

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

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

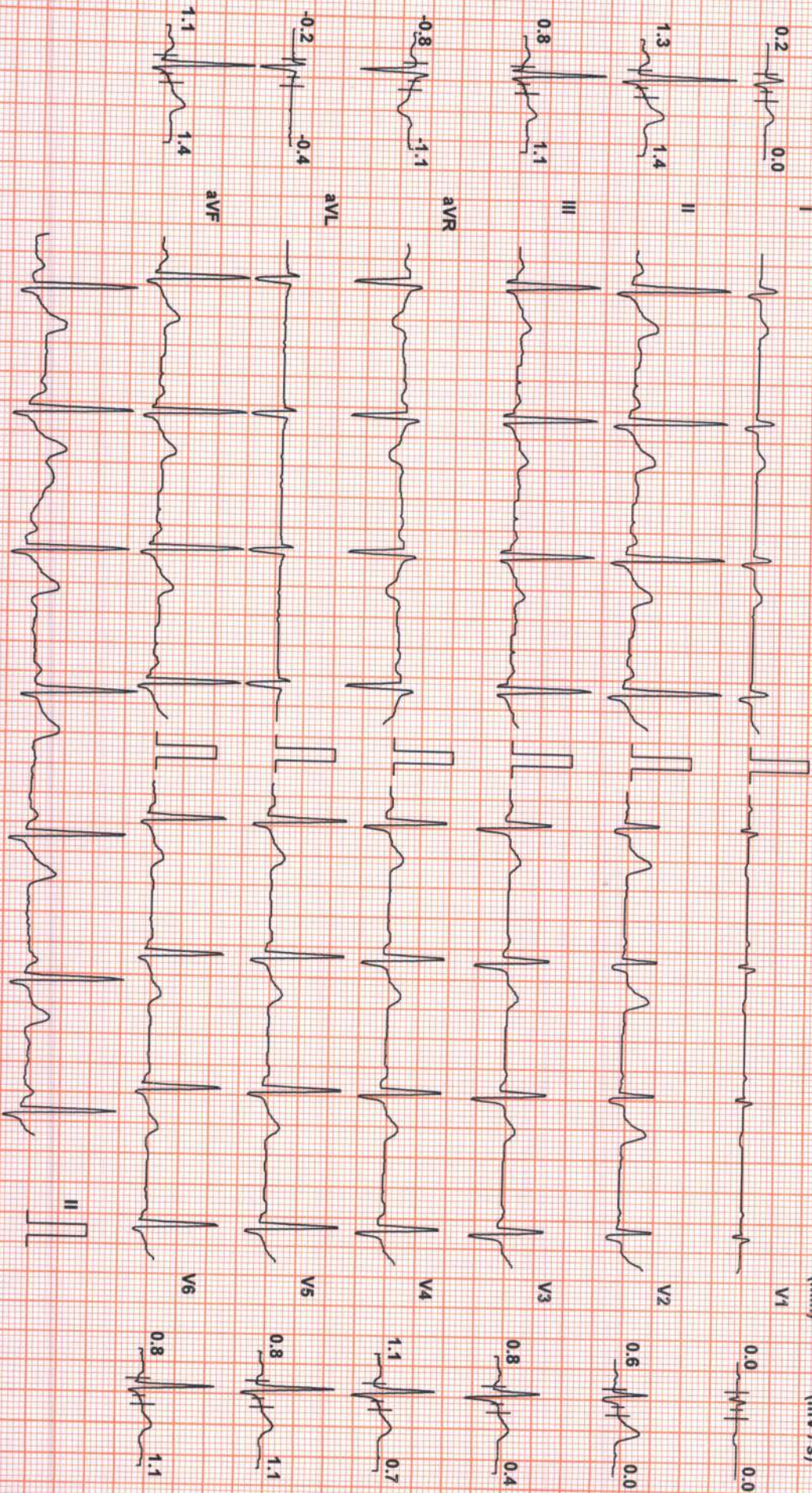


Chart Speed: 25 mm/sec
Schiller Spardan V4.7

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. GEORGE JACOB AKHIL (28 M)

ID: 2222521513

Date: 13-Aug-22

Exec Time : 0 m 0 s

Stage Time : 0 m 15 s HR: 66 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 163 bpm)

B.P: 130 / 86

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

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

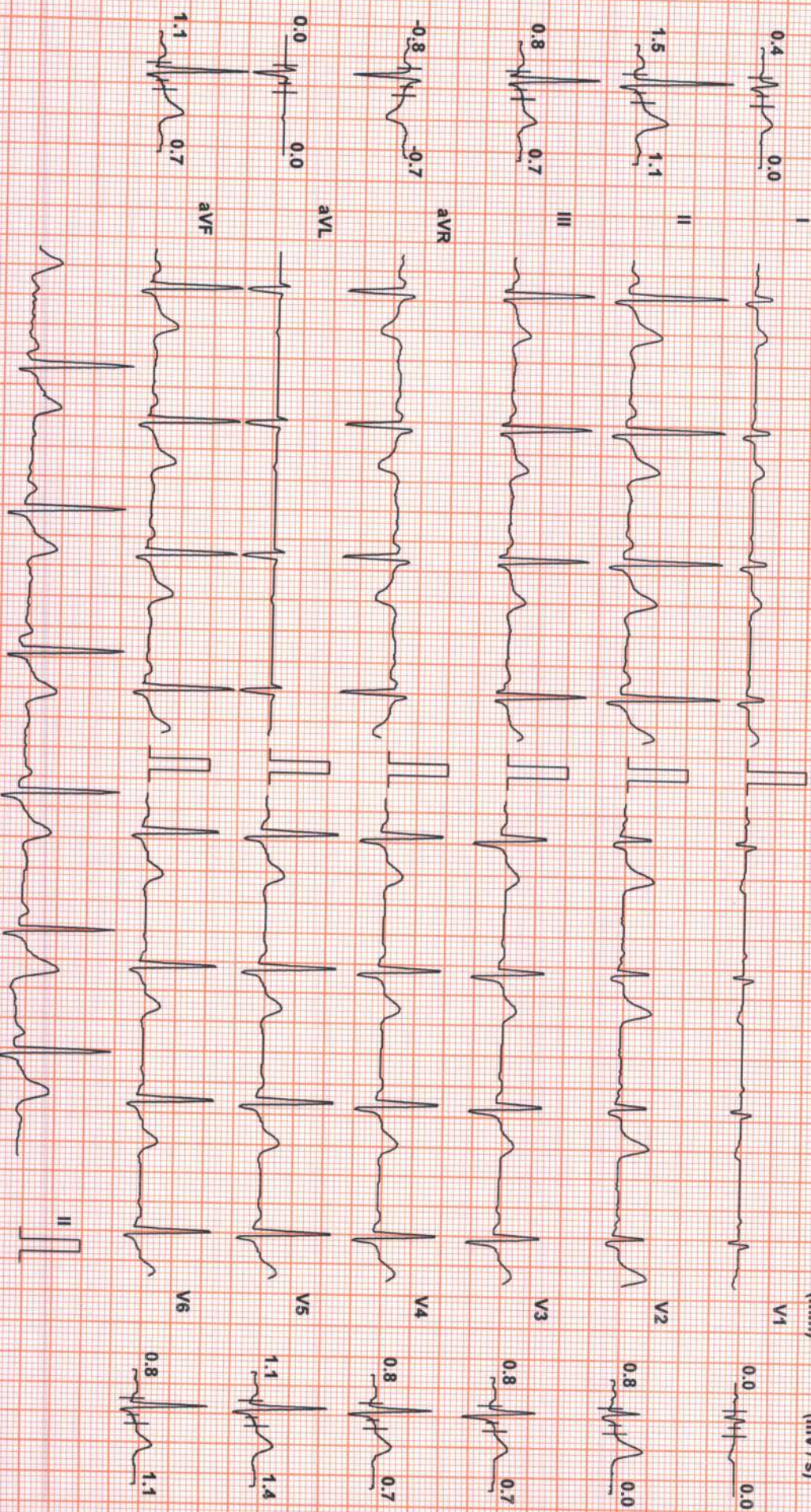


Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

MR GEORGE JACOB AKHIL (28 M)

ID: 2222521513

Date: 13-Aug-22

Exec Time : 0 m 0 s

Stage Time : 0 m 15 s HR: 73 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 163 bpm)

B.P: 130 / 86

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

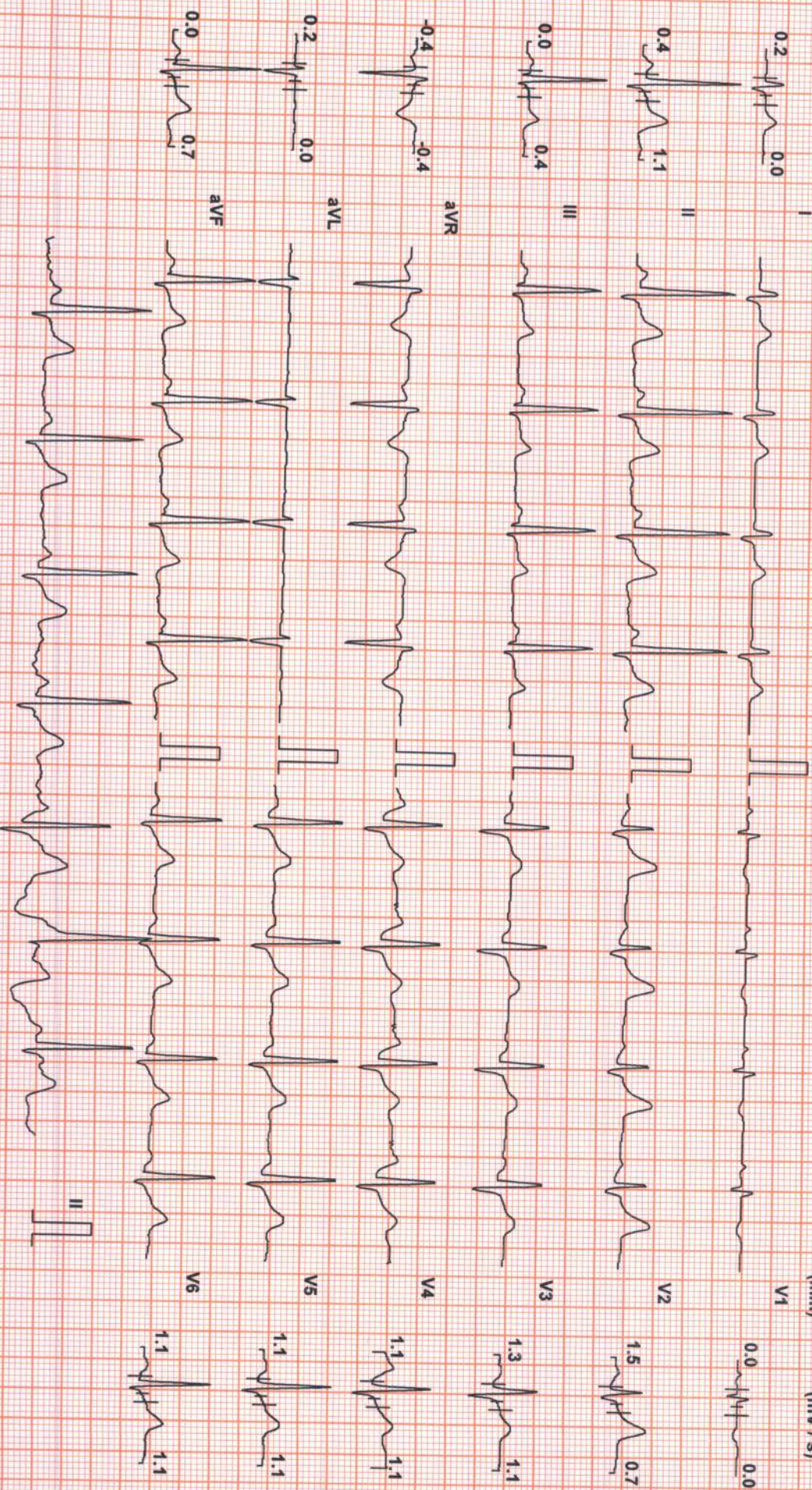


Chart Speed: 25 mm/sec
Schlier Spandan V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J - R + 60 ms

Post J - J + 60 ms

Linked Median

MR. GEORGE JACOB AKHIL (28 M)

ID: 2222521513

Date: 13-Aug-22

Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 102 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 163 bpm)

B.P: 134 / 86

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

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

0.4 0.4

I



V1

0.0 0.0

0.6 1.1

II



V2

0.8 0.0

0.0 0.4

III



V3

1.1 1.1

-0.6 -1.1

aVR



V4

1.3 1.4

0.2 0.4

aVL



V5

1.3 1.4

0.4 1.1

aVF



V6

0.8 0.7

Chart Speed: 25 mm/sec
Schlter Spankan 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

MR. GEORGE JACOB AKHIL (28 M)

ID: 2222521513

Date: 13-Aug-22

Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 110 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 163 bpm)

B.P: 140 / 86

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

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

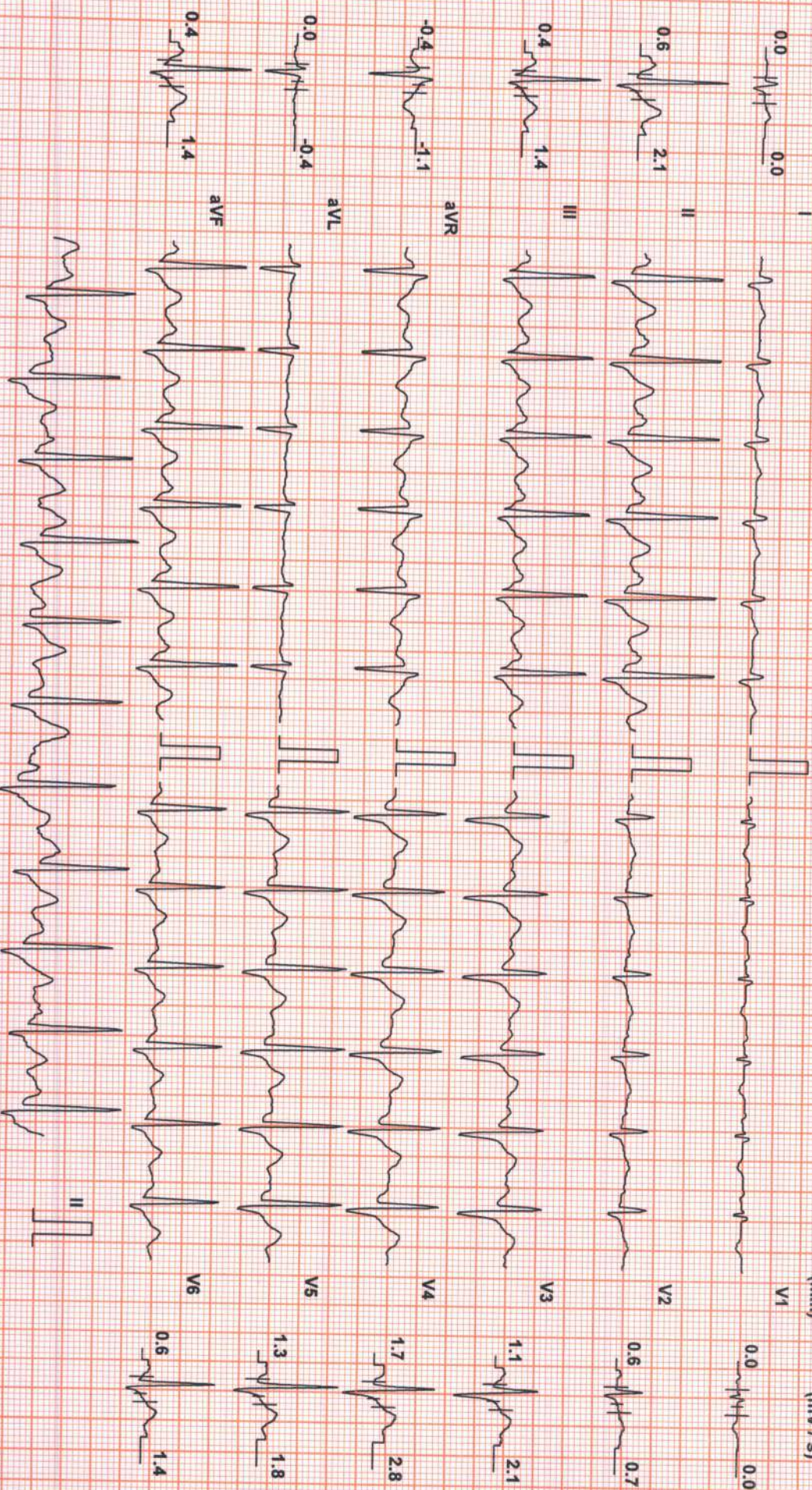


Chart Speed: 25 mm/sec
Schler Spandan V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Psd J = J + 60 ms

Linked Median

MR. GEORGE JACOB AKHIL (28 M)

ID: 2222521513

Date: 13-Aug-22

Exec Time : 8 m 54 s Stage Time : 2 m 54 s HR: 142 bpm

Protocol: Bruce

Stage: 3

Speed: 3.4 mph

Grade: 14 %

(THR: 163 bpm)

B.P: 150 / 90

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

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

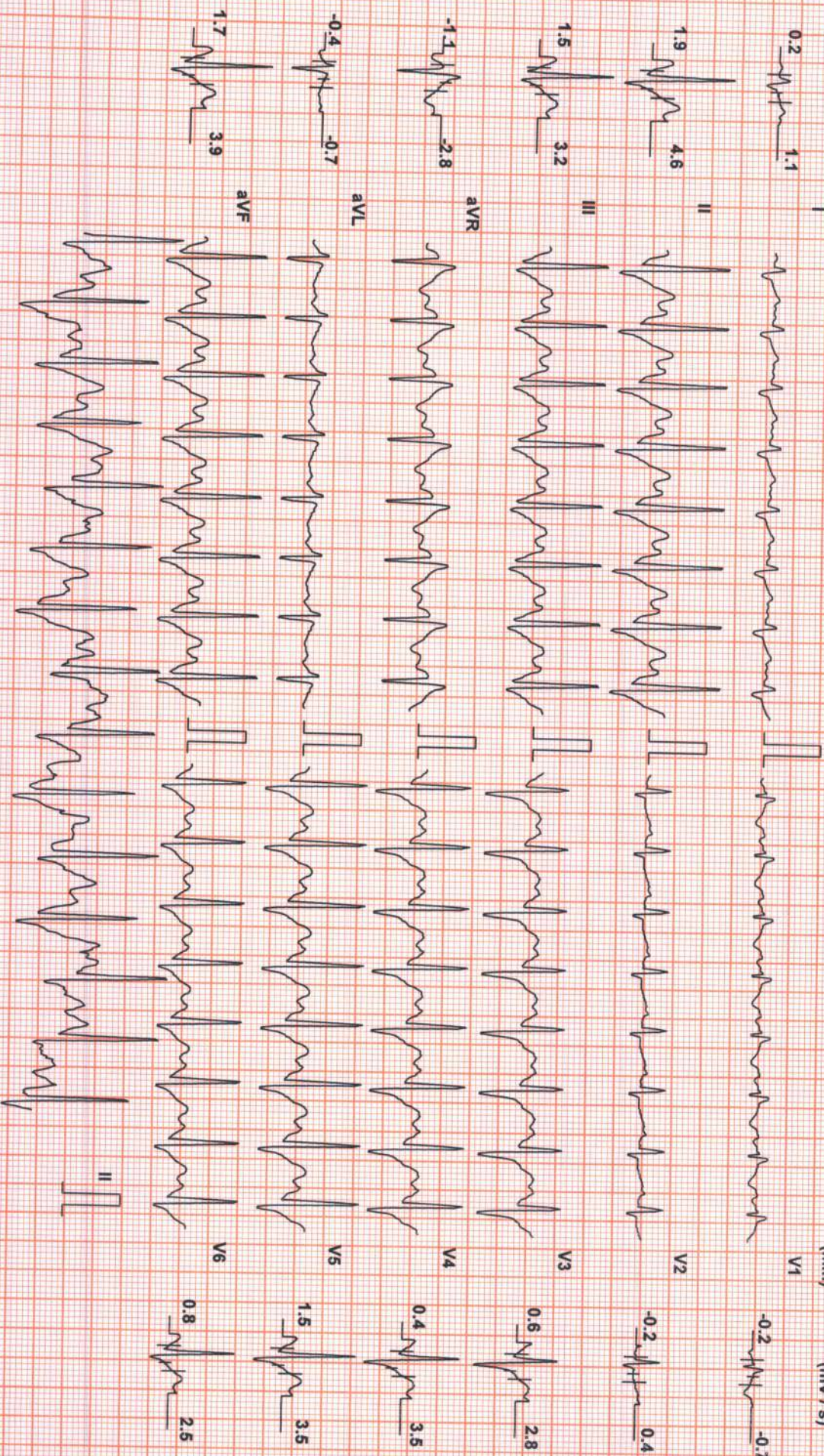


Chart Speed: 25 mm/sec
Schlier Spanden V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

MR. GEORGE JACOB AKHIL (28 M)

ID: 2222521513

Date: 13-Aug-22

Exec Time : 10 m 57 s Stage Time : 1 m 57 s HR: 157 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 4.2 mph

Grade: 16 % (THR: 163 bpm) B.P: 220 / 100

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

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

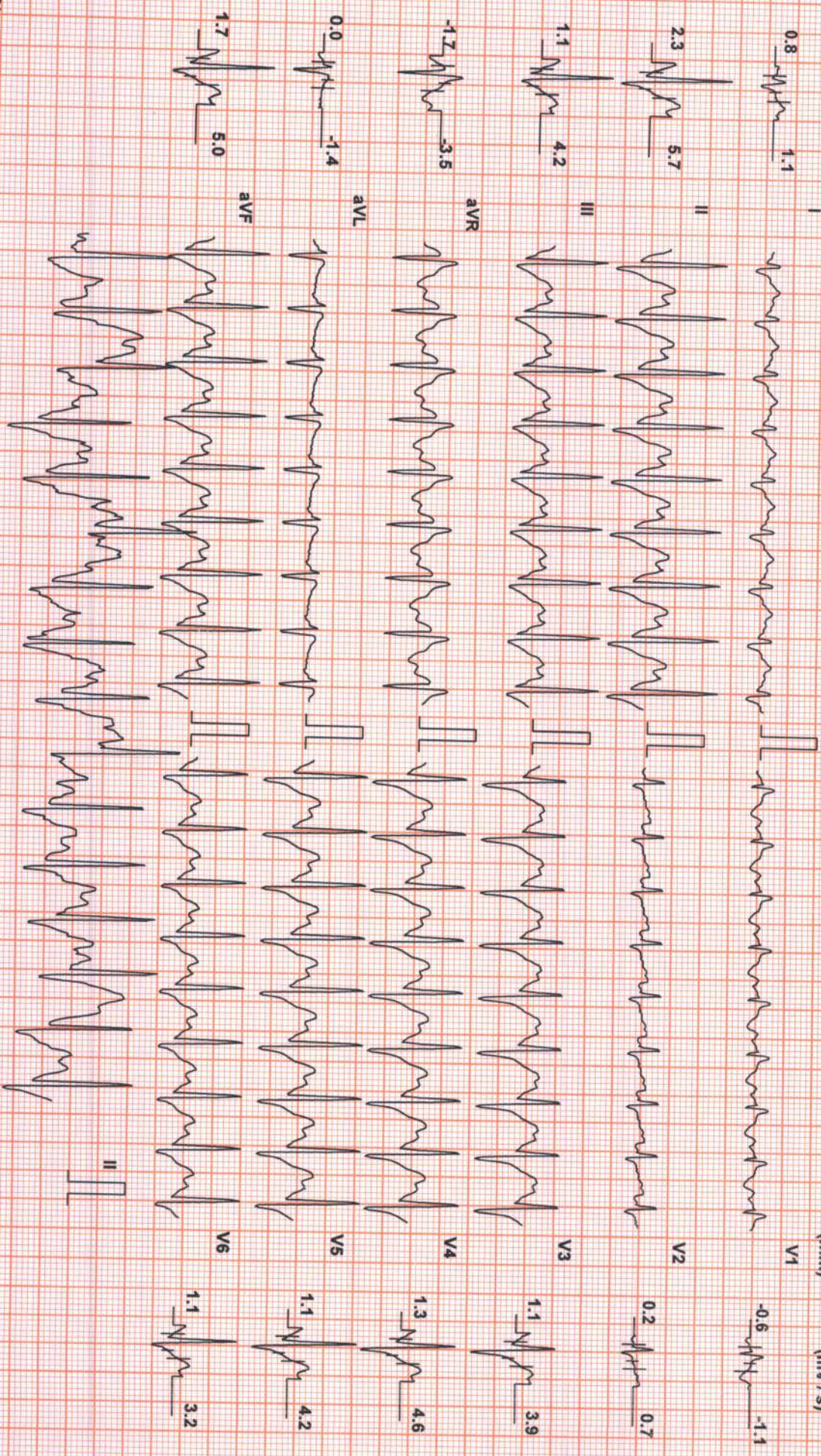


Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

MR. GEORGE JACOB AKHIL (28 M)

ID: 2222521513

Date: 13-Aug-22

Exec Time : 11 m 3 s Stage Time : 0 m 54 s HR: 129 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 163 bpm)

B.P: 220 / 100

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

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

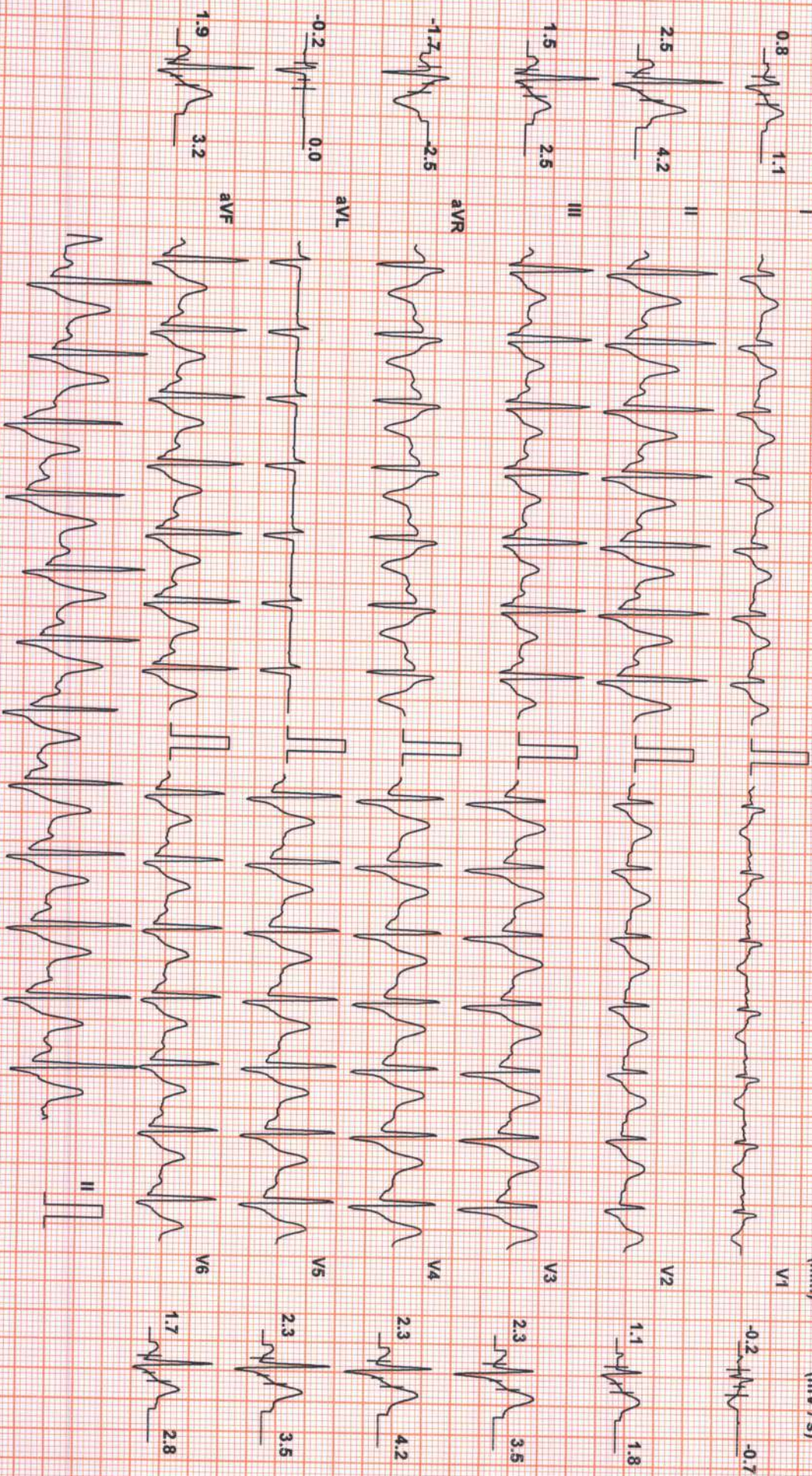


Chart Speed: 25 mm/sec
Schlier Spannen V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

SUBURBAN DIAGNOSTICS

Test Report

MR. GEORGE JACOB AKHIL (28 M)

ID: 2222521513

Date: 13-Aug-22

Exec Time : 11 m 3 s Stage Time : 0 m 54 s **HR: 103 bpm**

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 163 bpm)

B.P: 200 / 100

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

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

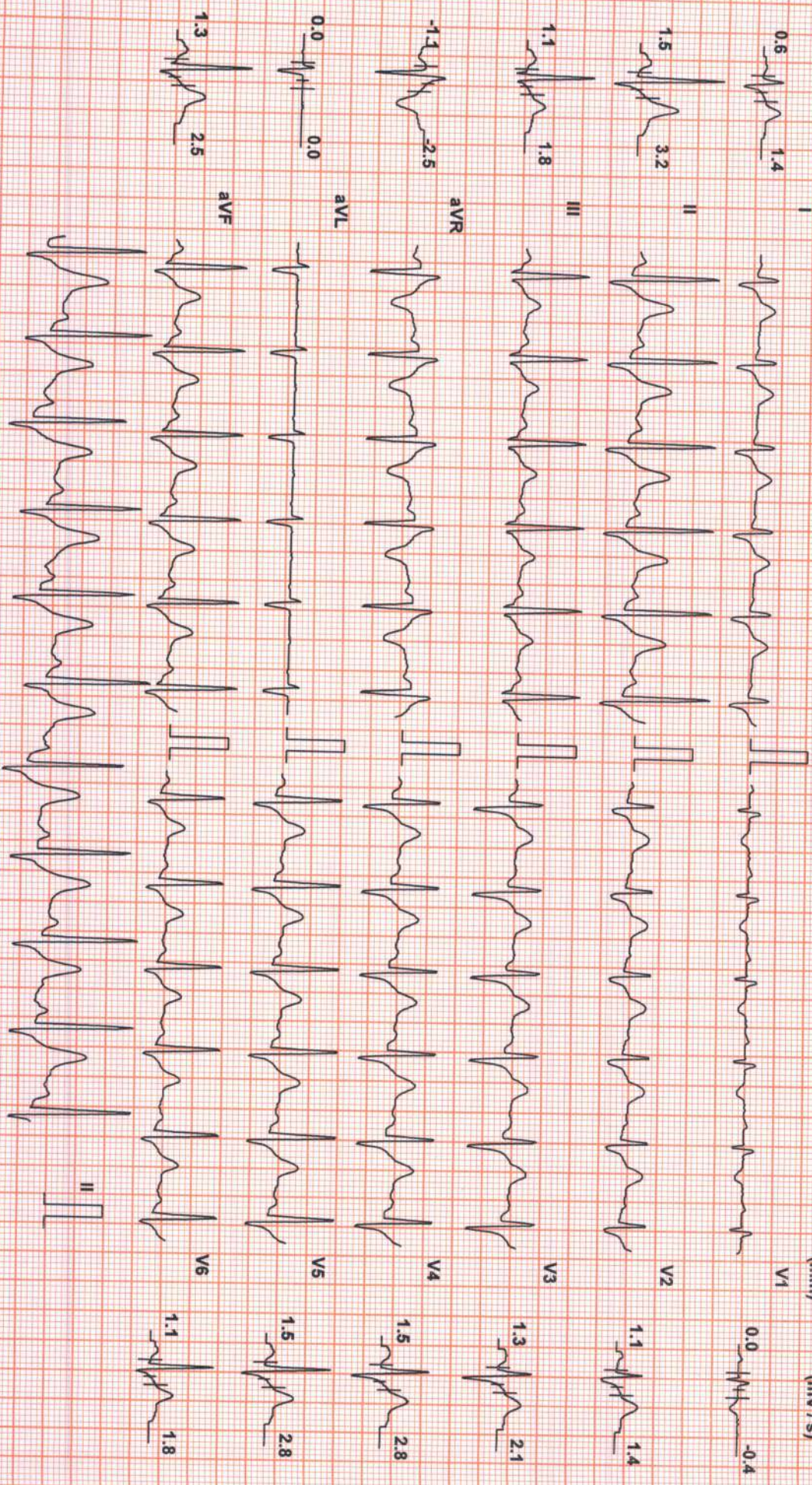


Chart Speed: 25 mm/sec
Schlier Spandan V4.7

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. GEORGE JACOB AKHIL (28 M)

ID: 2222521513

Date: 13-Aug-22

Exec Time : 11 m 3 s Stage Time : 0 m 54 s HR: 99 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 163 bpm)

B.P: 200 / 100

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

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

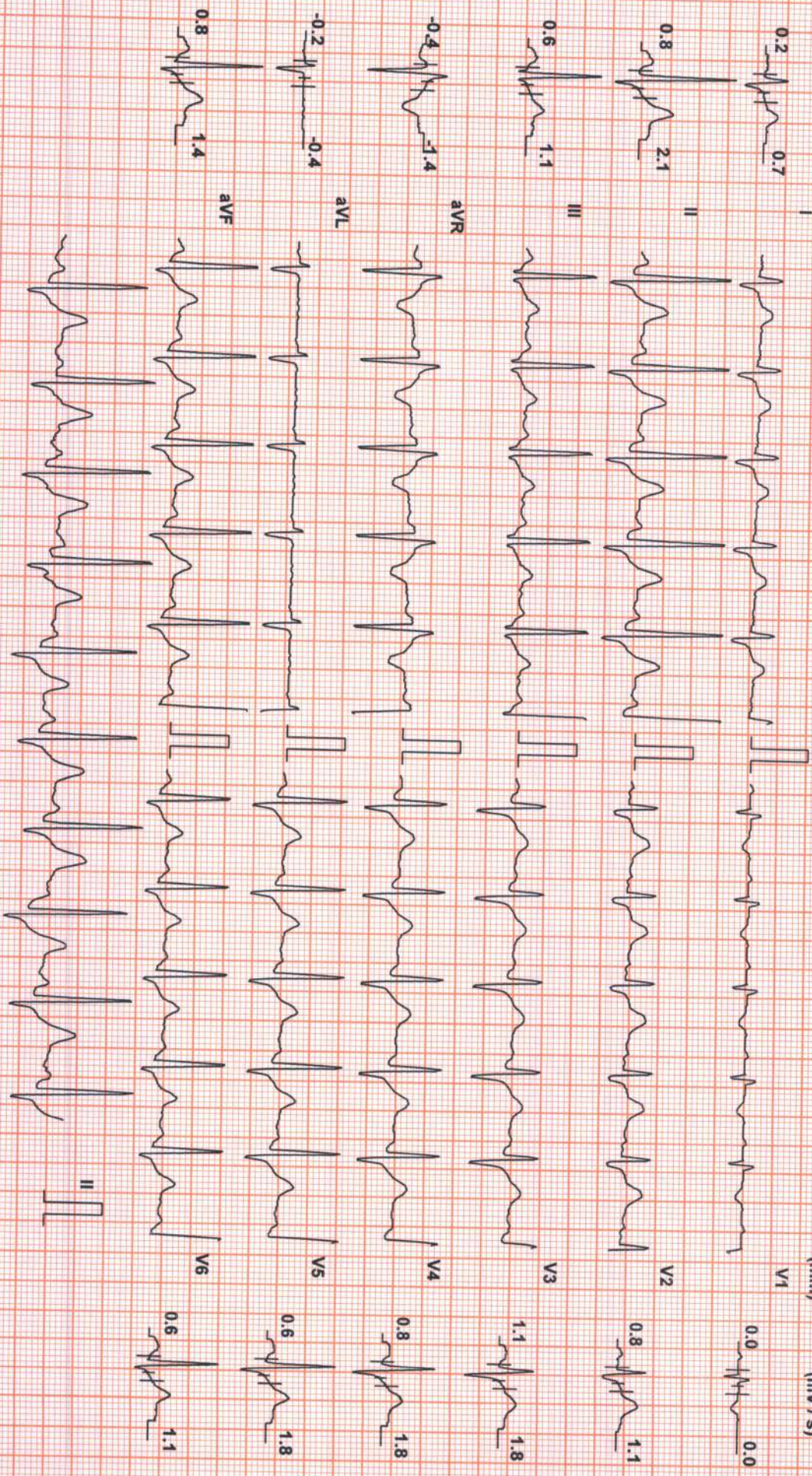


Chart Speed: 25 mm/sec
Schlier Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

MR. GEORGE JACOB AKHIL (28 M)

ID: 2222521513

Date: 13-Aug-22

Exec Time : 11 m 3 s Stage Time : 0 m 54 s HR: 82 bpm

Protocol: Bruce

Stage: Recovery(4)

Speed: 0 mph

Grade: 0 %

(THR: 163 bpm)

B.P: 180 / 96

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

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

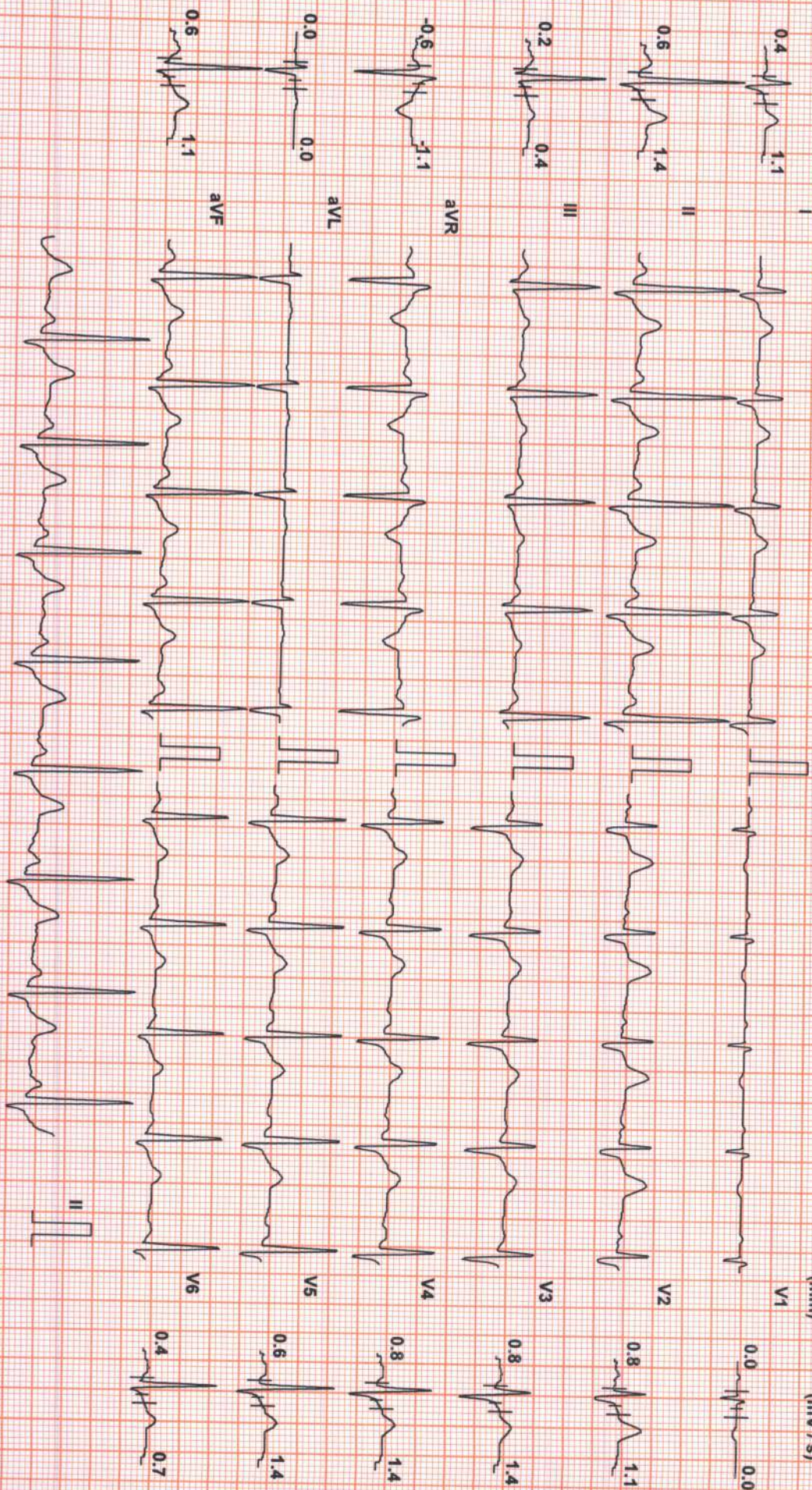


Chart Speed: 25 mm/sec
Schlier Spandan V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

MR. GEORGE JACOB AKHIL (28 M)

ID: 2222521513

Date: 13-Aug-22

Exec Time : 11 m 3 s Stage Time : 0 m 54 s HR: 80 bpm

Protocol: Bruce

Stage: Recovery(5)

Speed: 0 mph

Grade: 0 %

(THR: 163 bpm)

B.P: 160 / 96

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

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

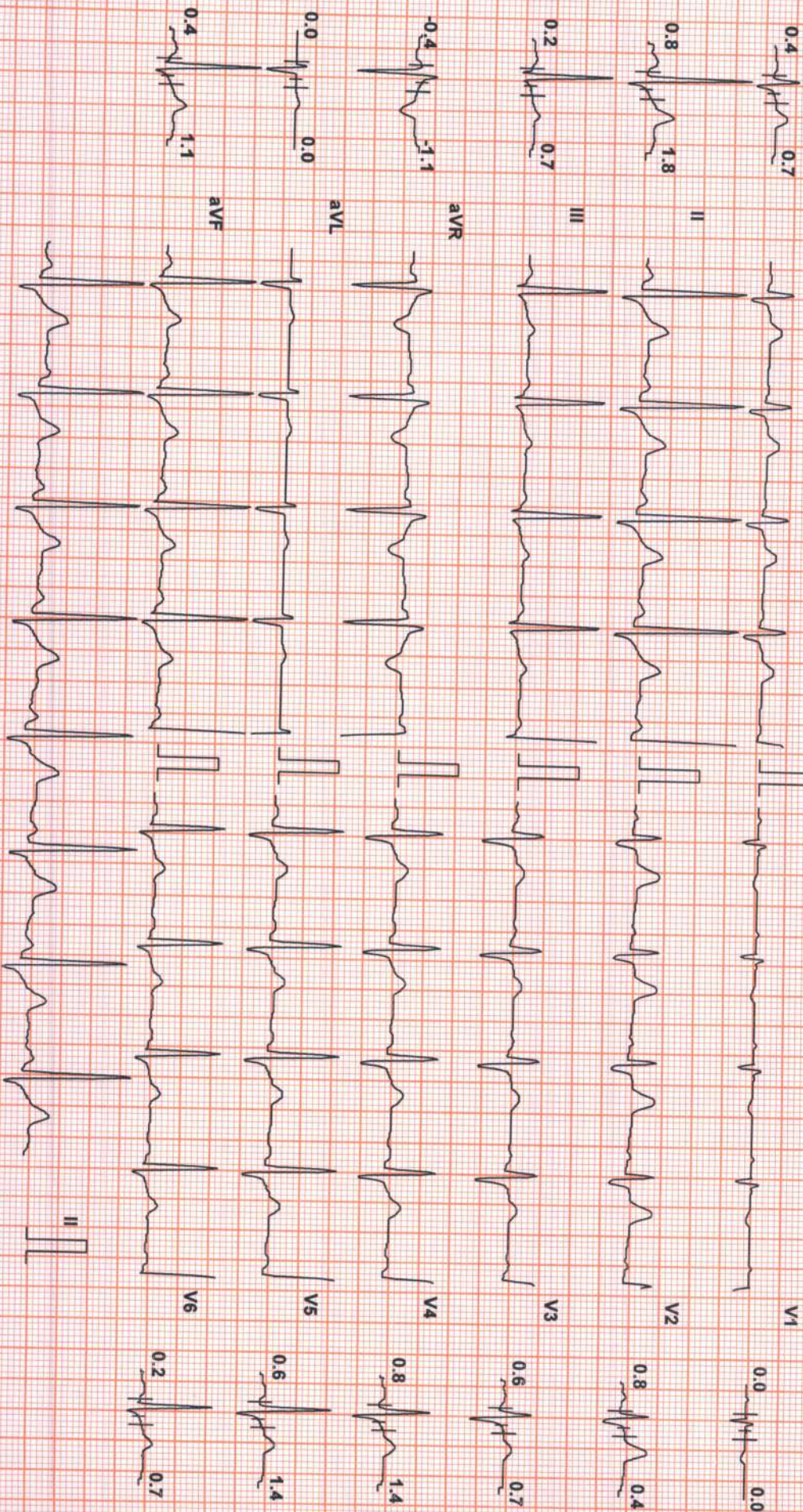


Chart Speed: 25 mm/sec
Schiller Spandan V4.7

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. GEORGE JACOB AKHIL (28 M)

ID: 2222521513

Date: 13-Aug-22

Exec Time : 11 m 3 s Stage Time : 0 m 54 s HR: 80 bpm

Protocol: Bruce

Stage: Recovery(6)

Speed: 0 mph

Grade: 0 %

(THR: 163 bpm)

B.P: 160 / 96

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

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

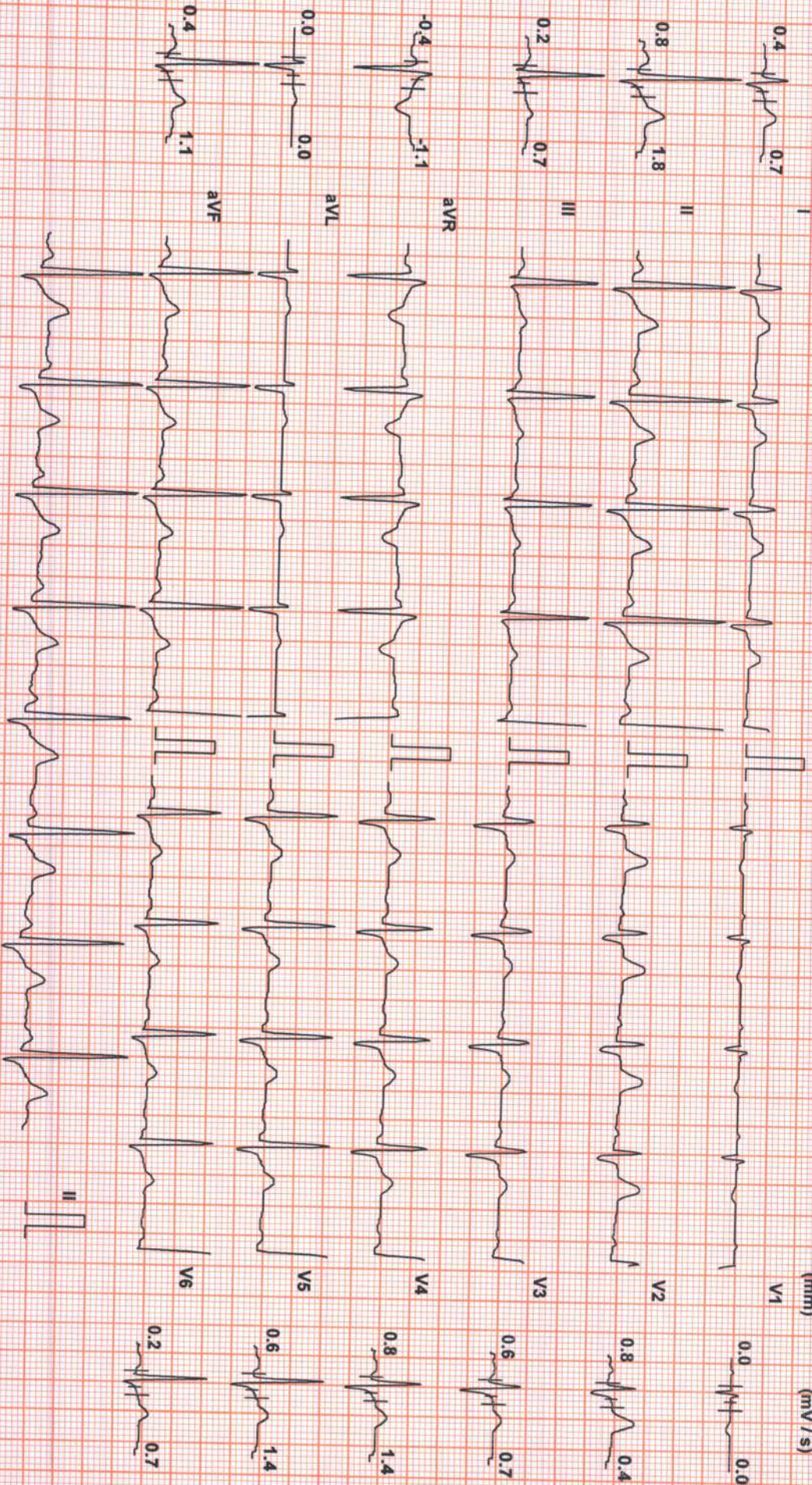


Chart Speed: 25 mm/sec
Schiller Spandan V47

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Isr = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median