



CID : 2306322082
Name : MR.SHAILESH GOHEL
Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 04-Mar-2023 / 08:43
Reported : 04-Mar-2023 / 12:50

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	14.5	13.0-17.0 g/dL	Spectrophotometric
RBC	5.66	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.6	40-50 %	Measured
MCV	79	80-100 fl	Calculated
MCH	25.6	27-32 pg	Calculated
MCHC	32.5	31.5-34.5 g/dL	Calculated
RDW	14.1	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6520	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	42.2	20-40 %	
Absolute Lymphocytes	2751.4	1000-3000 /cmm	Calculated
Monocytes	8.1	2-10 %	
Absolute Monocytes	528.1	200-1000 /cmm	Calculated
Neutrophils	38.4	40-80 %	
Absolute Neutrophils	2503.7	2000-7000 /cmm	Calculated
Eosinophils	10.5	1-6 %	
Absolute Eosinophils	684.6	20-500 /cmm	Calculated
Basophils	0.8	0.1-2 %	
Absolute Basophils	52.2	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	235000	150000-400000 /cmm	Elect. Impedance
MPV	8.5	6-11 fl	Calculated
PDW	14.2	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 4 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	92.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	72.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.35	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.12	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.23	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.4	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	21.4	<34 U/L	Modified IFCC
SGPT (ALT), Serum	29.4	10-49 U/L	Modified IFCC
GAMMA GT, Serum	27.8	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	80.0	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	20.7	19.29-49.28 mg/dl	Calculated
BUN, Serum	9.7	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.73	0.60-1.10 mg/dl	Enzymatic



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eGFR, Serum	132	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.3	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	5.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	116.9	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 ***



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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)	6.5	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	10	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	
Others	-		

Note: Sample quantity less than 12ml.



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Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein:(1+ ~25 mg/dl, 2+ ~75 mg/dl, 3+ ~ 150 mg/dl, 4+ ~ 500 mg/dl)
- Glucose:(1+ ~ 50 mg/dl, 2+ ~100 mg/dl, 3+ ~300 mg/dl,4+ ~1000 mg/dl)
- Ketone:(1+ ~5 mg/dl, 2+ ~15 mg/dl, 3+ ~ 50 mg/dl, 4+ ~ 150 mg/dl)

Reference: Pack insert

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



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Dr.KETAKI MHASKAR
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	A
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

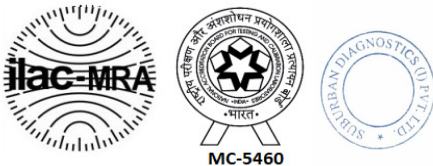
Clinical significance:
ABO system is most important of all blood group in transfusion medicine

- 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	187.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	136.8	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	39.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	147.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	120.5	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	27.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.0	0-3.5 Ratio	Calculated

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*** End Of Report ***



Namrata

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	5.1	3.5-6.5 pmol/L	CLIA
Free T4, Serum	17.1	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	1.291	0.55-4.78 microu/ml	CLIA



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Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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*** End Of Report ***

Anupa

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

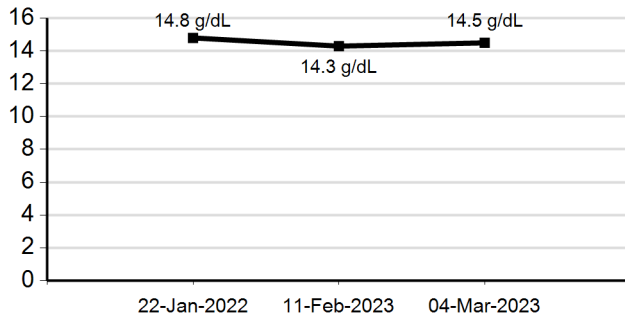




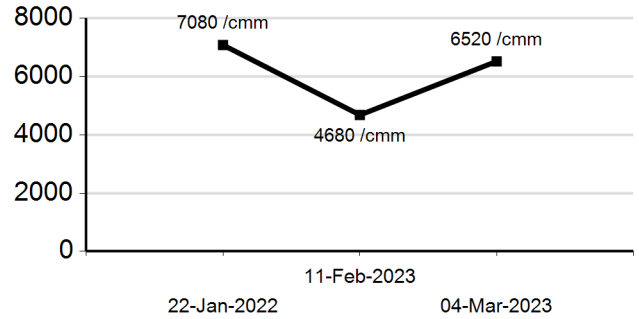
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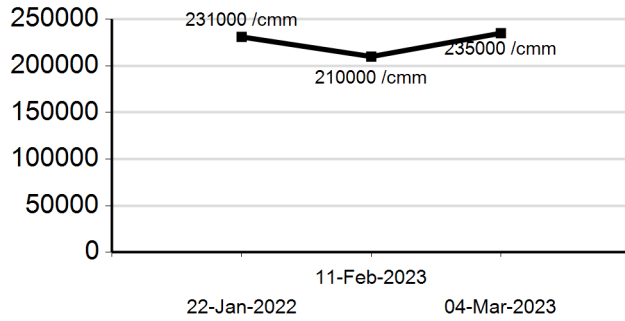
Haemoglobin



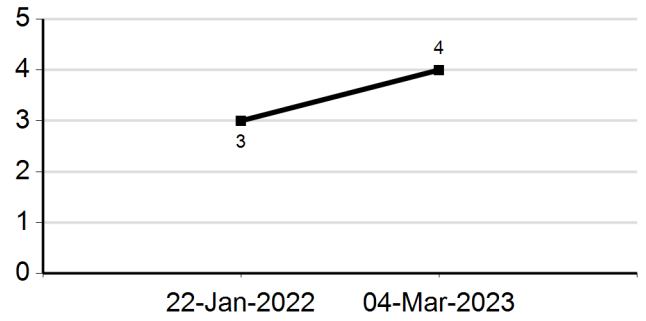
WBC Total Count



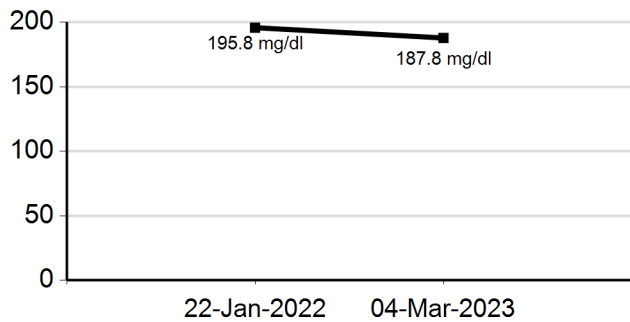
Platelet Count



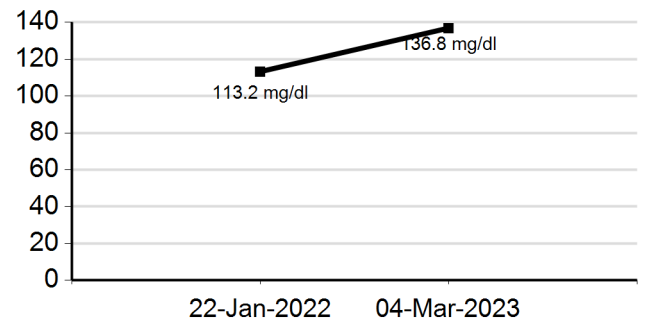
ESR



CHOLESTEROL



TRIGLYCERIDES

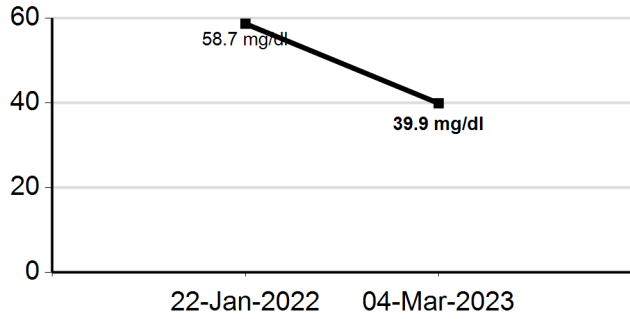




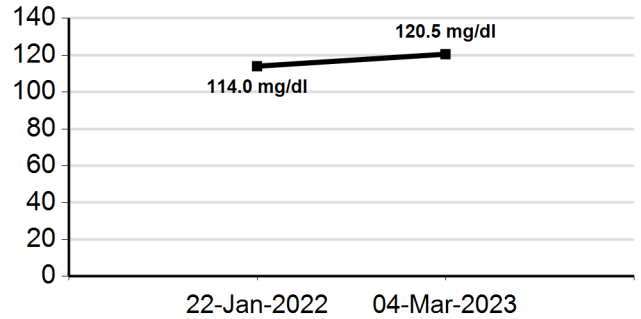
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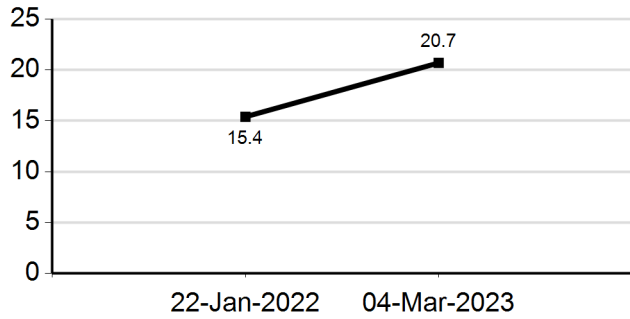
HDL CHOLESTEROL



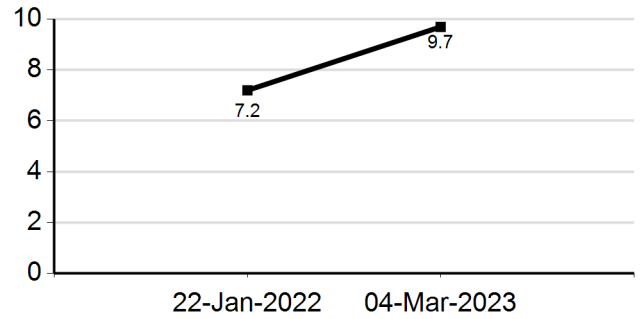
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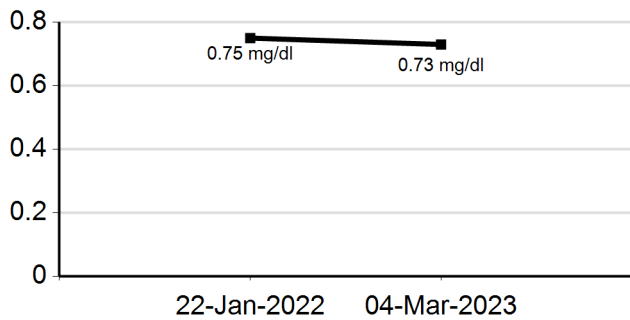
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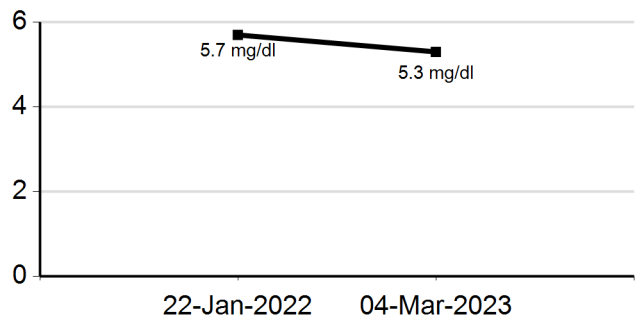
BUN



CREATININE



URIC ACID

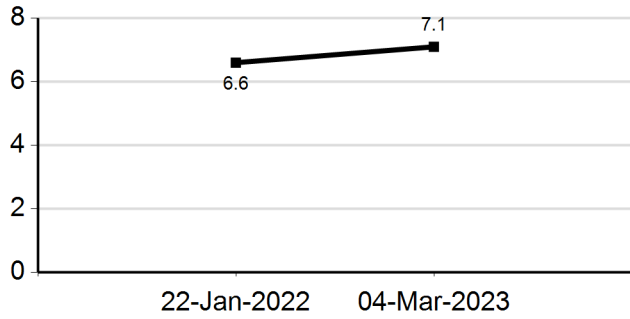




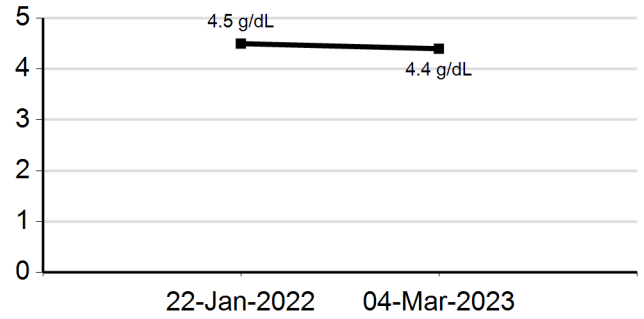
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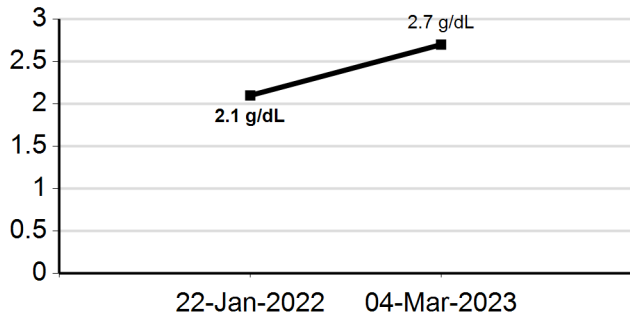
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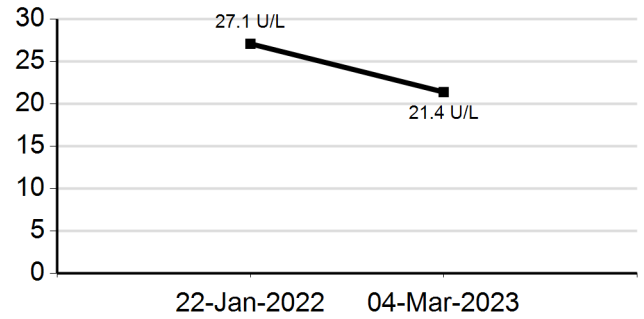
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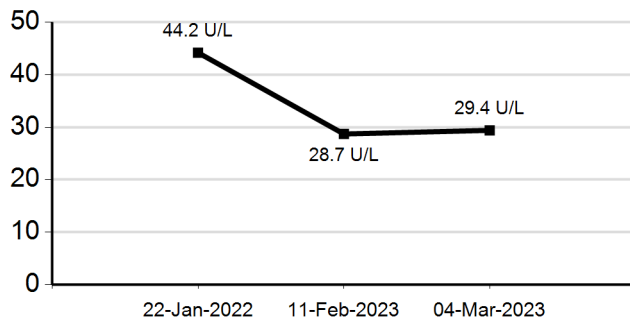
GLOBULIN



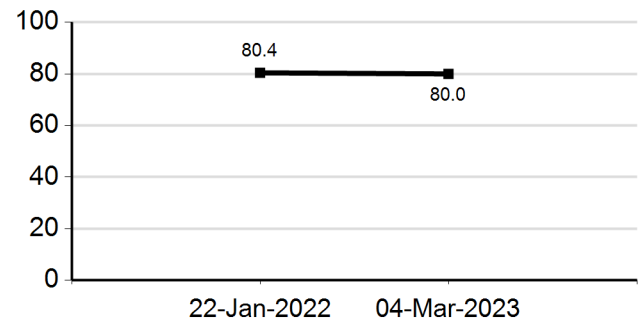
SGOT (AST)



SGPT (ALT)



ALKALINE PHOSPHATASE

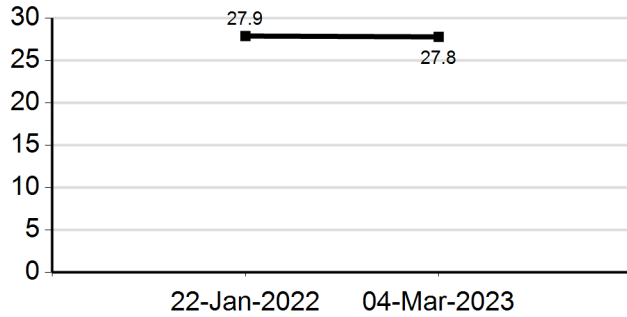




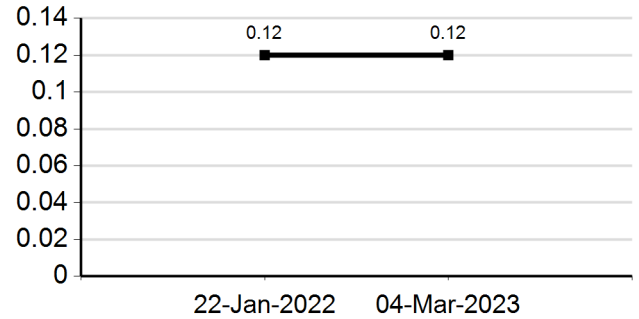
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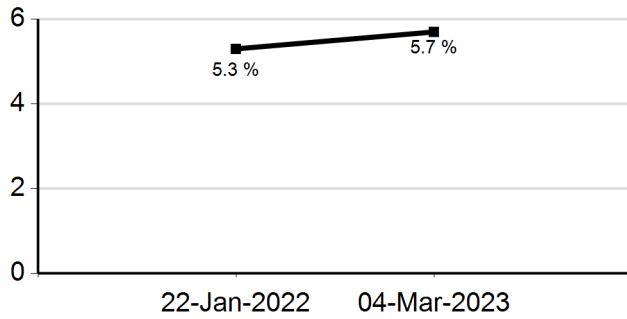
GAMMA GT



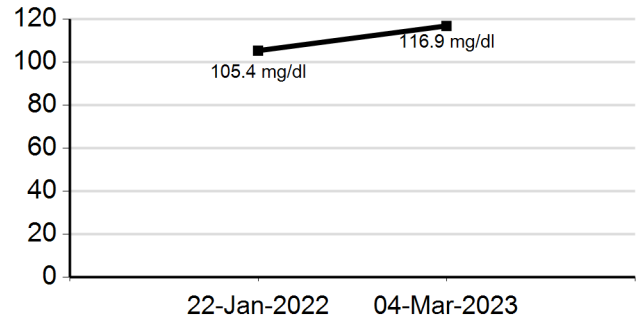
BILIRUBIN (DIRECT)



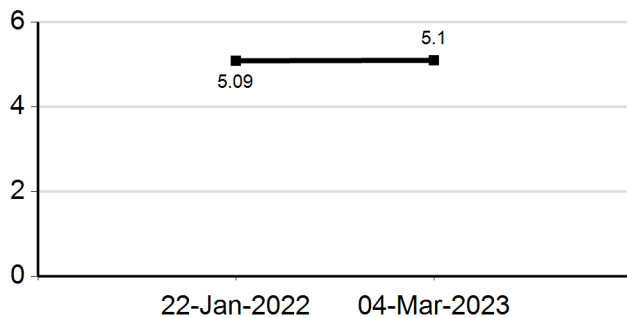
Glycosylated Hemoglobin (HbA1c)



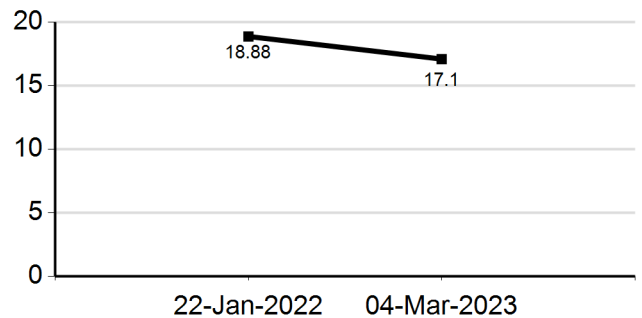
Estimated Average Glucose (eAG)



Free T3



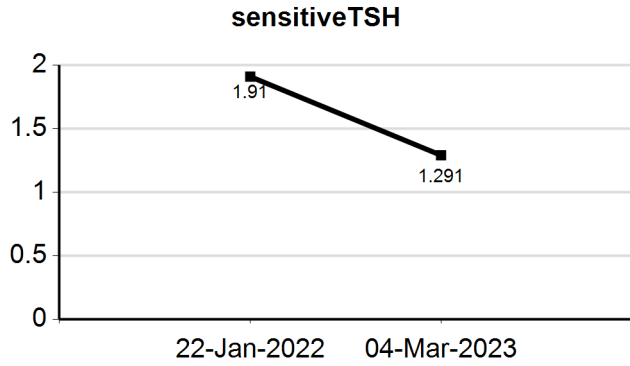
Free T4



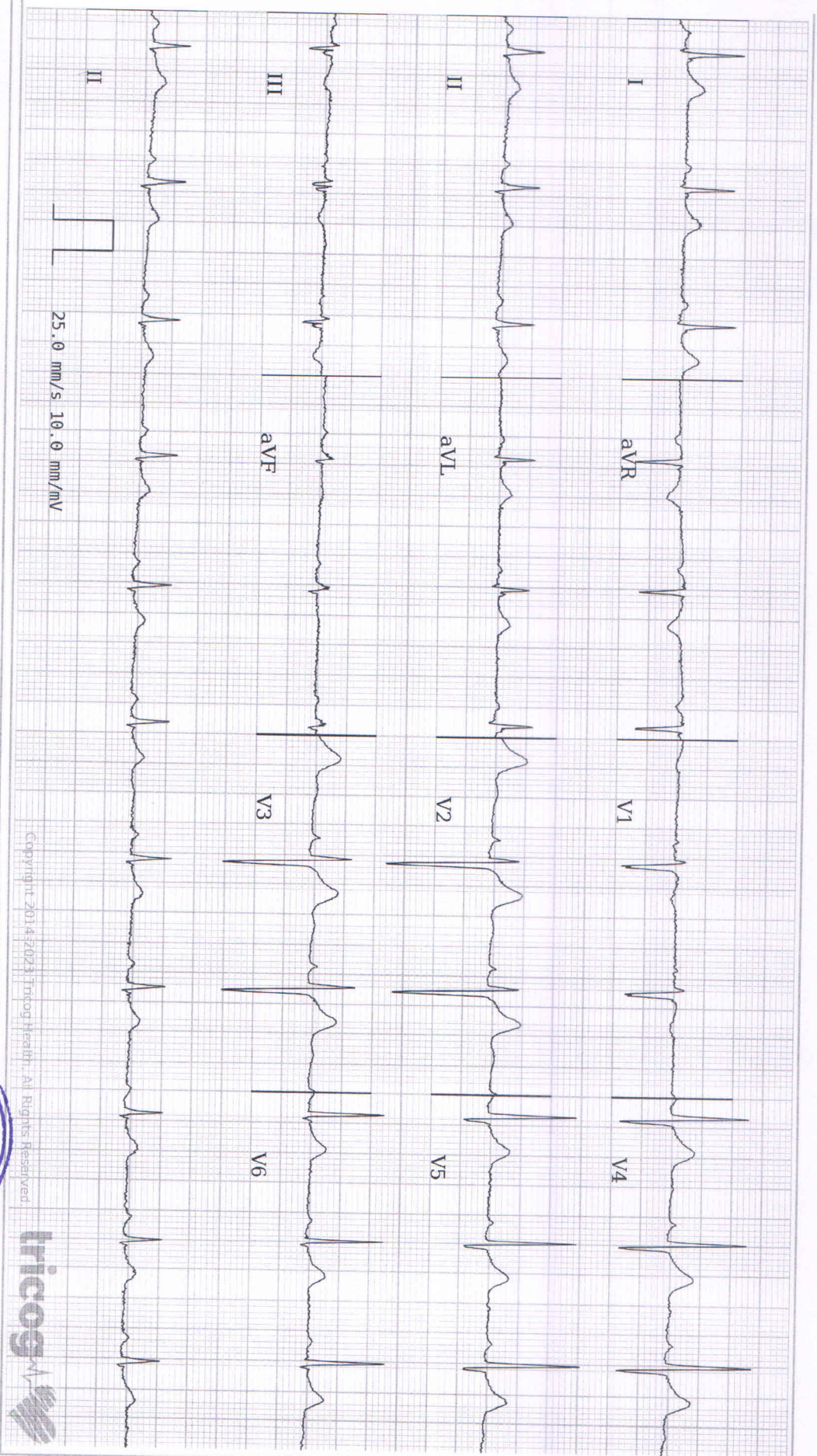


Use a QR Code Scanner
Application To Scan the Code

CID : 2306322082
Name : MR.SHAILESH GOHEL
Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)



SUBURBAN DIAGNOSTICS - MAHAVIR NAGAR, KANDIVALI WEST
 Patient Name: **SHAILESH GOHEL**
 Patient ID: **2306322082**
 Date and Time: **4th Mar 23 8:59 AM**



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Age **33** **10** **5**
 years months days

Gender **Male**

Heart Rate **68bpm**

Patient Vitals

BP: **120/80 mmHg**

Weight: **66 kg**

Height: **170 cm**

Pulse: **67 bpm**

Spo2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **84ms**
 QT: **376ms**
 QTc: **399ms**
 PR: **144ms**
 P-R-T: **21° 14° 12°**

REPORTED BY

Dr. Alita Bhosale
 M.B.B.S/FG.D.C.C(DIP. Cardiology)
 2013062200



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

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

Date:- 04/03/23

CID: 2306322082

Name:- Mr. Shailesh Gohel

Sex / Age: m/33 yrs.

EYE CHECK UP

Chief complaints: — NO

Systemic Diseases: — NO

Past history: — NO

Unaided Vision: — NO

Aided Vision: — YES.

Refraction: (R) 6/6 (L) 6/6 with Spects.

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance				6/6				6/6
Near	/			N/6	/			N/6

Colour Vision: Normal / Abnormal

Remark: Normal vision with Spects.





भारत सरकार

Government of India



Issue Date: 22/02/2013

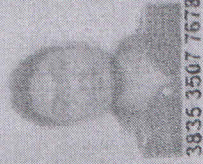
शैलेश बाबुभाई गोहे

Shailesh Babubhai Gohe

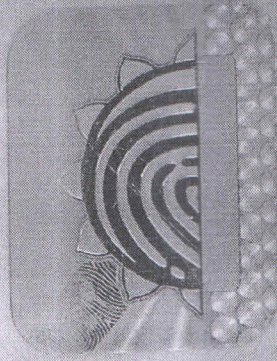
जन्म तारीख / DOB: 30/04/1989

पुरुष / Male

Shailesh Babubhai Gohe



3835 3507 7678



3835 3507 7678

मेरा आधार, मेरी पहचान

SUBURBAN DIAGNOSTICS PVT LTD.

Patient Details

Date: 04-Mar-23

Time: 9:46:25 AM

Name: SHAILESH GOHEL ID: 2306322082

Age: 33 y

Sex: M

Height: 147 cms

Weight: 66 Kgs

Clinical History: ROUTINE CHECK UP

Medications: NIL

Test Details

Protocol: Bruce

Pr.MHR: 187 bpm

THR: 158 (85 % of Pr.MHR) bpm

Total Exec. Time: 9 m 18 s

Max. HR: 160 (86% of Pr.MHR) bpm

Max. Mets: 13.50

Max. BP: 180 / 80 mmHg

Max. BP x HR: 28800 mmHg/min

Min. BP x HR: 5920 mmHg/min

Test Termination Criteria: THR ACHIEVED

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	1 : 25	1.0	0	0	76	120 / 80	-5.94 aVR	4.60 I
Standing	0 : 47	1.0	0	0	74	120 / 80	-1.70 aVR	2.12 V2
Hyperventilation	0 : 7	1.0	0	0	77	120 / 80	-0.85 aVR	1.42 V2
1	3 : 0	4.6	1.7	10	111	130 / 80	-1.49 aVR	3.54 V3
2	3 : 0	7.0	2.5	12	136	150 / 80	-1.27 aVR	5.66 V3
3	3 : 0	10.2	3.4	14	155	160 / 80	-1.06 III	5.66 V3
Peak Ex	0 : 18	13.5	4.2	16	160	180 / 80	-1.06 aVR	5.66 V3
Recovery(1)	3 : 0	1.8	1	0	118	160 / 80	-1.70 aVR	5.66 V3
Recovery(2)	1 : 0	1.0	0	0	107	140 / 80	-1.27 aVR	3.89 V3
Recovery(3)	0 : 3	1.0	0	0	110	130 / 80	-1.06 aVR	2.48 V2

Interpretation

GOOD EFFORT TOLERANCE.
HIGH WORKLOAD ACHIEVED.
APPROPRIATE CHRONOTROPIC AND INOTROPIC RESPONSE.
NO SIGNIFICANT ST-T CHANGES AT PEAK EXERCISE
NO SIGNIFICANT ST-T CHANGES AT RECOVERY.
NO ARRHYTHMIAS NOTED.

IMPRESSION: THIS EXERCISE STRESS TEST IS NEGATIVE FOR REVERSIBLE INDUCIBLE ISCHEMIA.

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

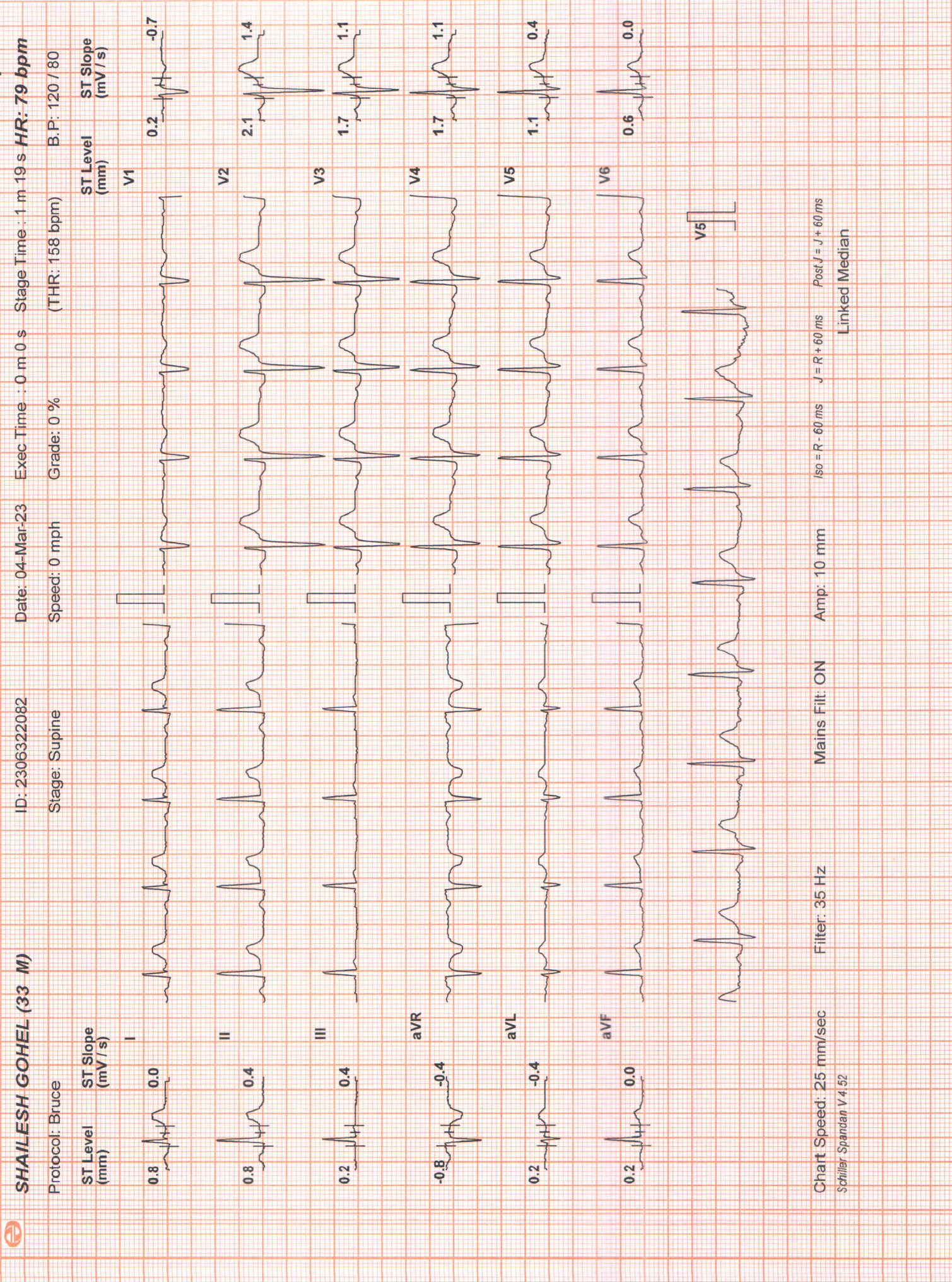
Ref. Doctor: ACROFEMI HEALTHCARE LIMITED
(Summary Report edited by user)



Doctor: DR AJITA BHOSALE

(a) Schiller Healthcare India Pvt. Ltd. V 4.53

Dr. AJITA BHOSALE
Reg. No. 2013/062200
MBBS/D. Cardiology



SHAILESH GOHEL (33 M)

ID: 2306322082

Date: 04-Mar-23

Exec Time : 0 m 0 s

Stage Time : 0 m 41 s

HR: 77 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

B.P: 120 / 80

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

0.8 1.1



0.8 0.7



0.0 0.0



-0.8 -1.1



0.2 0.7



0.2 0.0



0.0 -0.4



1.9 1.4



1.3 0.7



1.3 0.7



1.1 0.4



0.6 0.0

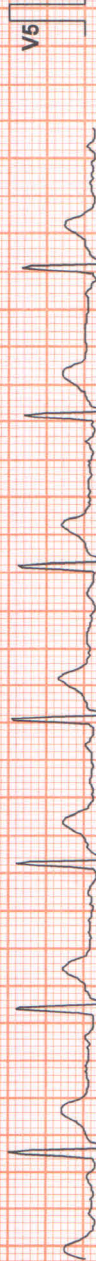


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON Amp: 10 mm

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

Schiller Spandax V 4.52

Linked Median

SHAILESH GOHEL (33 M)

ID: 2306322082

Date: 04-Mar-23

Exec Time : 0 m 0 s

Stage Time : 0 m 1 s

HR: 80 bpm

Protocol: Bruce

ST Level (mm)

ST Slope (mV/s)

Grade: 0 %

Speed: 0 mph

Stage: Hyperventilation

(THR: 158 bpm)

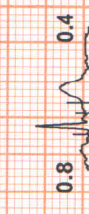
B.P: 120/80

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

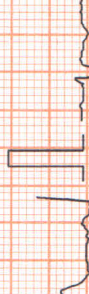
ST Slope (mV/s)



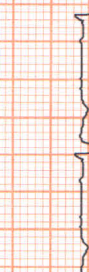
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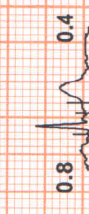
II



III



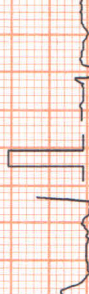
aVR



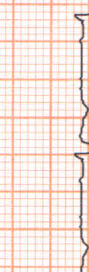
aVL



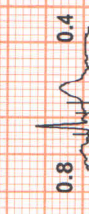
aVF



V1



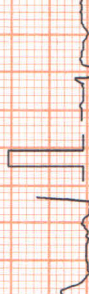
V2



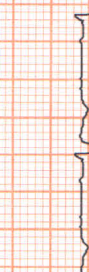
V3



V4



V5



V6

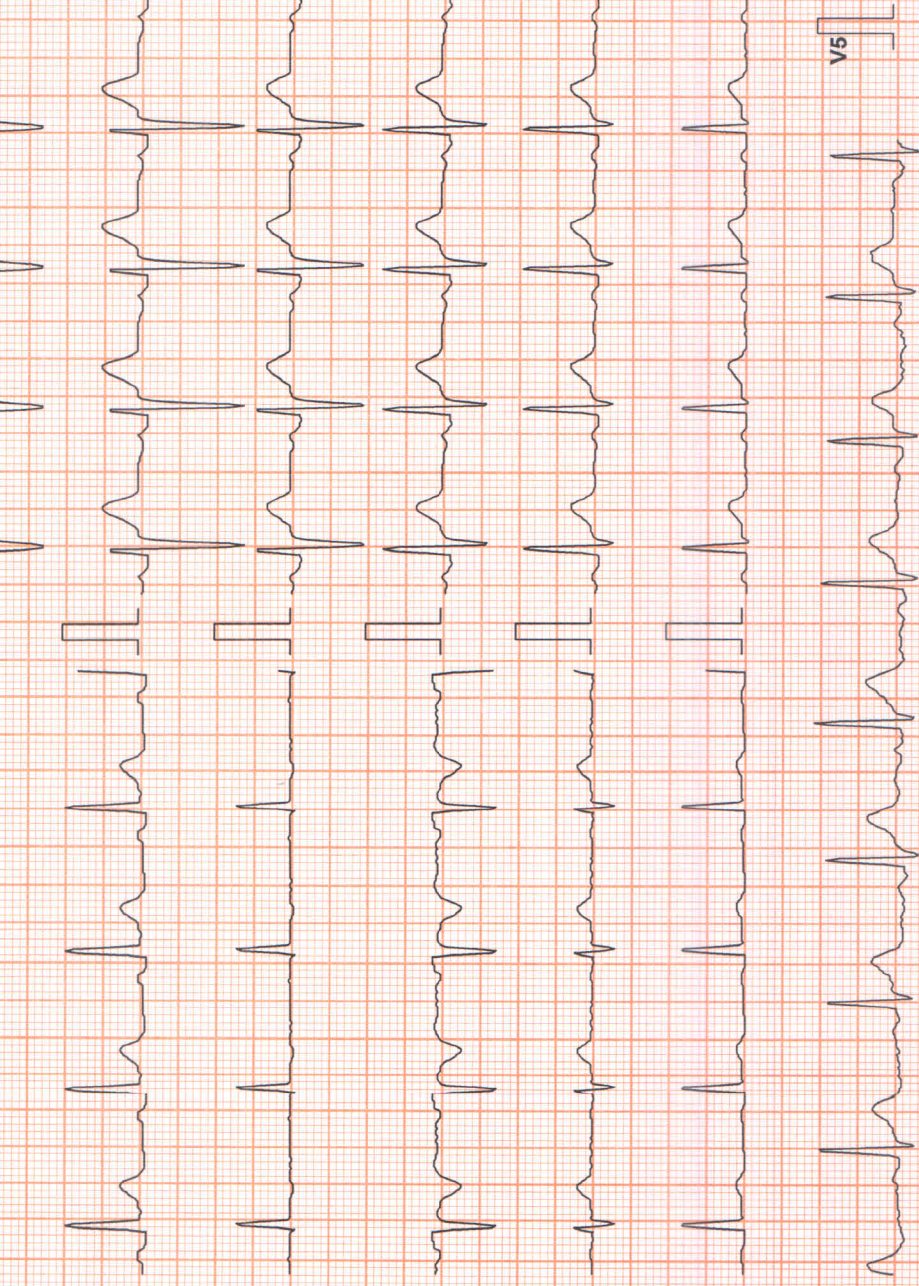


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

/s0 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.52

Linked Median

SHAILESH GOHEL (33 M)

ID: 2306322082

Date: 04-Mar-23

Exec Time : 2 m 54 s

Stage Time : 2 m 54 s

HR: 111 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

B.P: 130/80

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

0.6 0.7

1.3 1.4

0.4 0.4

-0.8 -1.1

0.0 0.0

0.8 0.7

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

0.2 -0.4

2.5 2.1

2.5 2.8

2.8 2.8

2.1 2.5

1.1 1.1

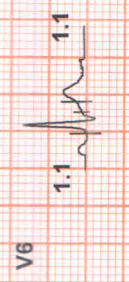
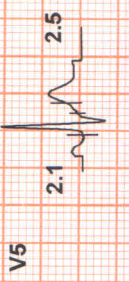
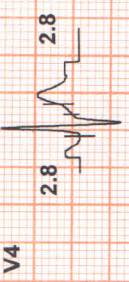
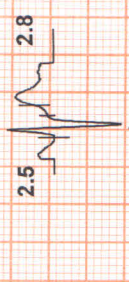
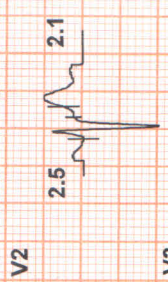
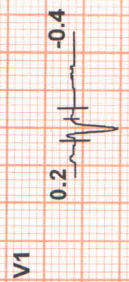
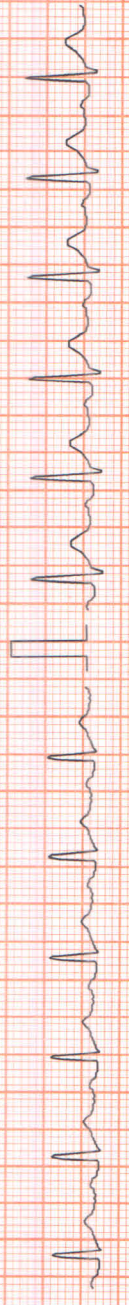
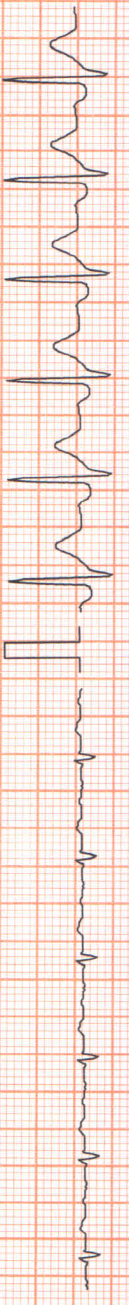
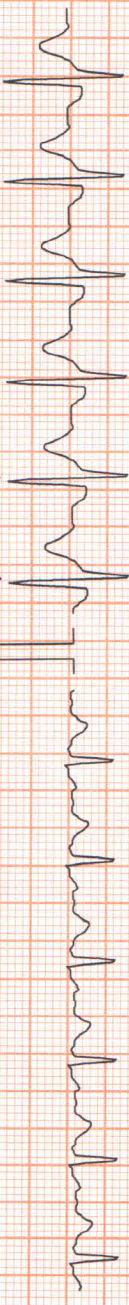
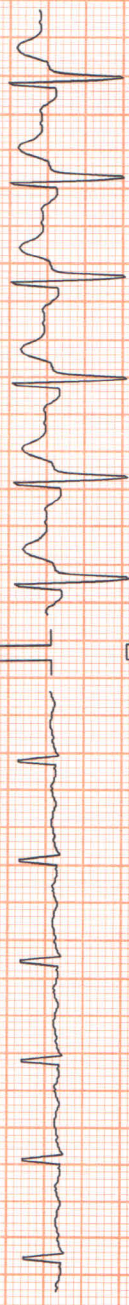
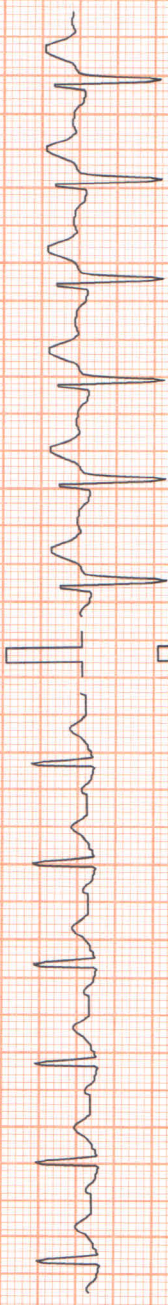
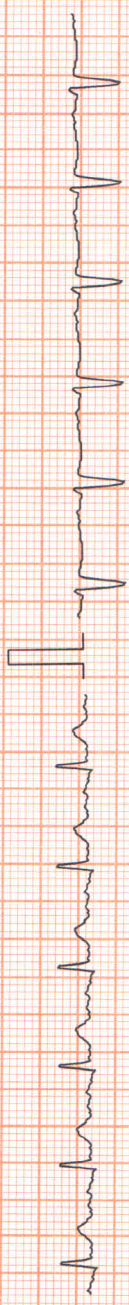


Chart Speed: 25 mm/sec
Schiller Spandan V.4.52

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

SHAILESH GOHEL (33 M)

ID: 2306322082

Date: 04-Mar-23

Exec Time : 5 m 54 s Stage Time : 2 m 54 s

HR: 134 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph Grade: 12 %

(THR: 158 bpm)

B.P: 150/80

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

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

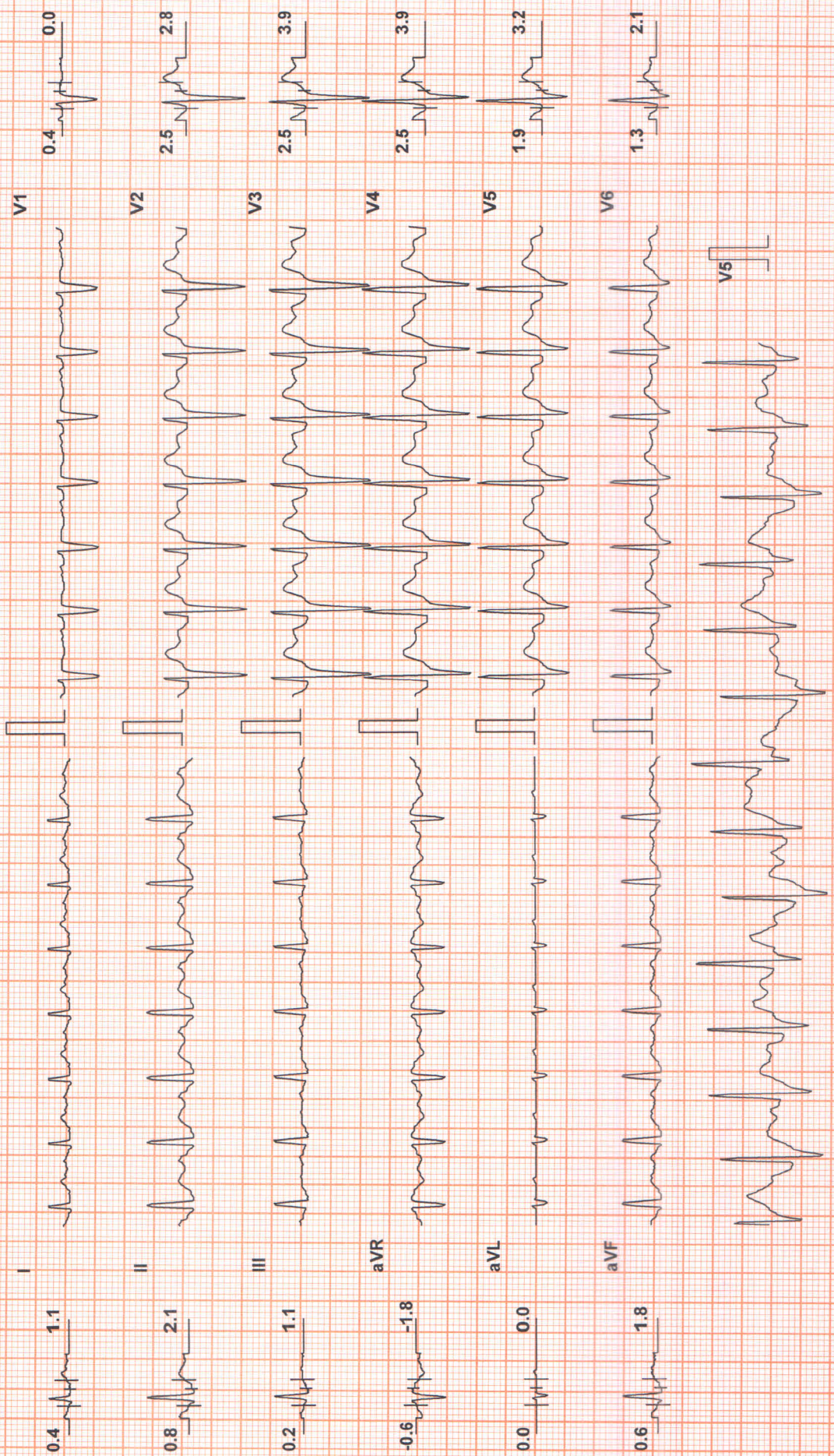


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandax V 4 52

Linked Median

SHAILESH GOHEL (33 M)

ID: 2306322082

Date: 04-Mar-23 Exec Time : 8 m 54 s Stage Time : 2 m 54 s HR: 156 bpm

Protocol: Bruce

Stage: 3

Speed: 3.4 mph Grade: 14 %

B.P: 160/80

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

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

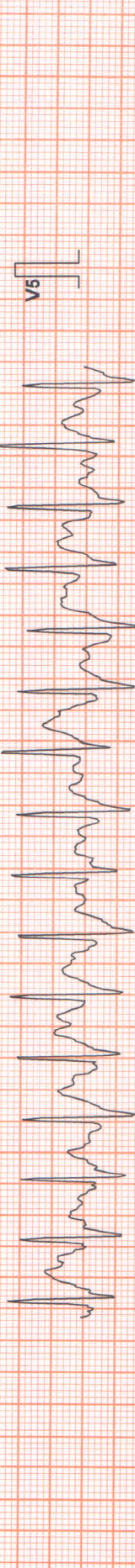
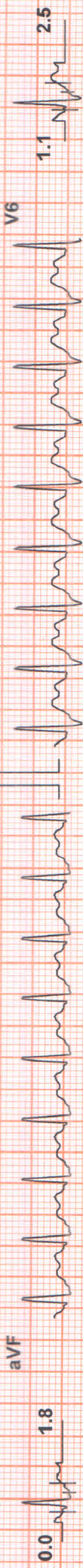
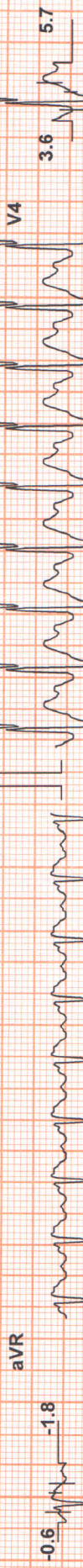
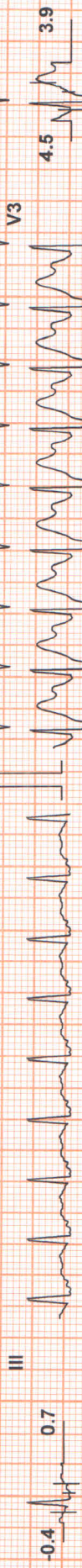
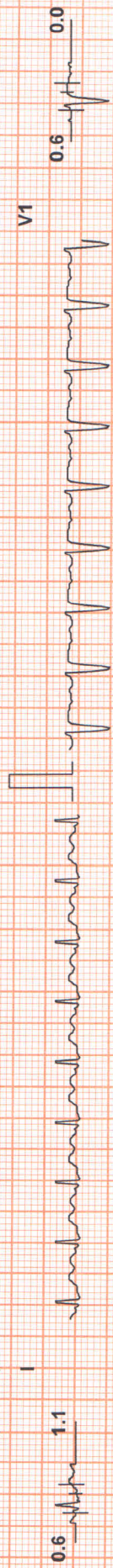


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V452

Linked Median

SHAILESH GOHEL (33 M)

ID: 2306322082

Date: 04-Mar-23 Exec Time : 9 m 12 s Stage Time : 0 m 12 s HR: 161 bpm

Protocol: Bruce

Stage: Peak Ex

(THR: 158 bpm)

B.P: 180 / 80

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

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

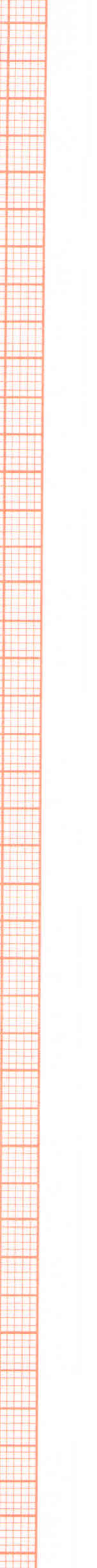
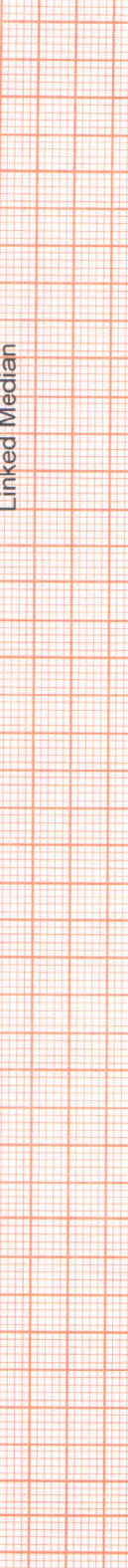
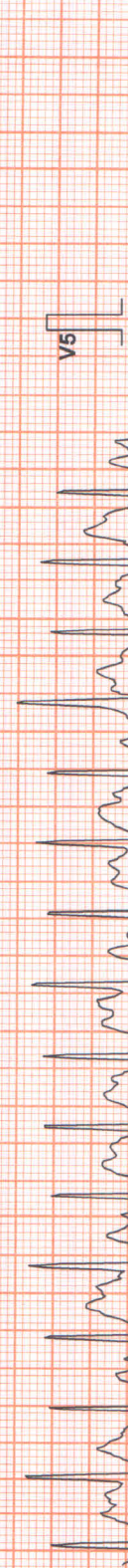
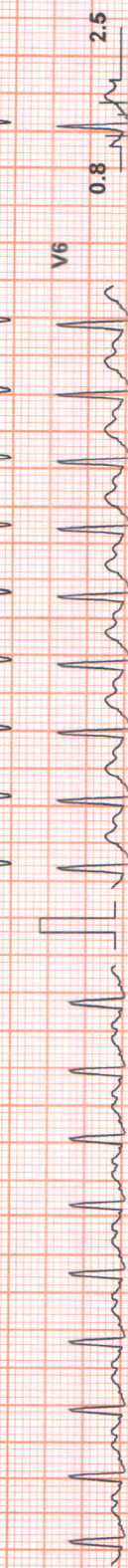
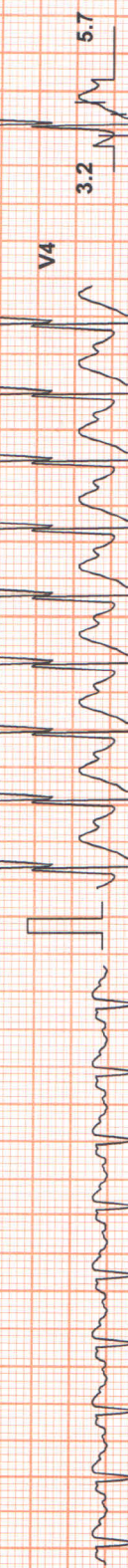
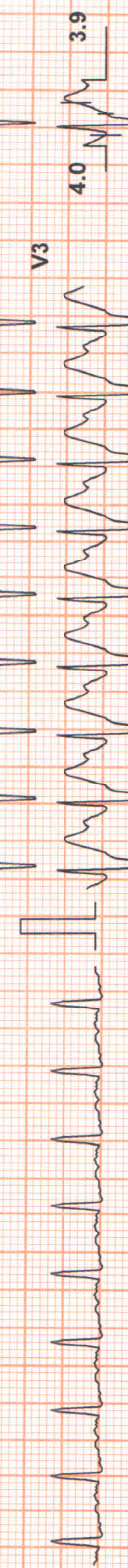


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filtr: ON Amp: 10 mm Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms
 Schiller Spantak V 4.52 Linked Median

SHAILESH GOHEL (33 M)

ID: 2306322082

Date: 04-Mar-23

Exec Time : 9 m 18 s

Stage Time : 2 m 54 s

HR: 117 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 158 bpm)

B.P: 160/80

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

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

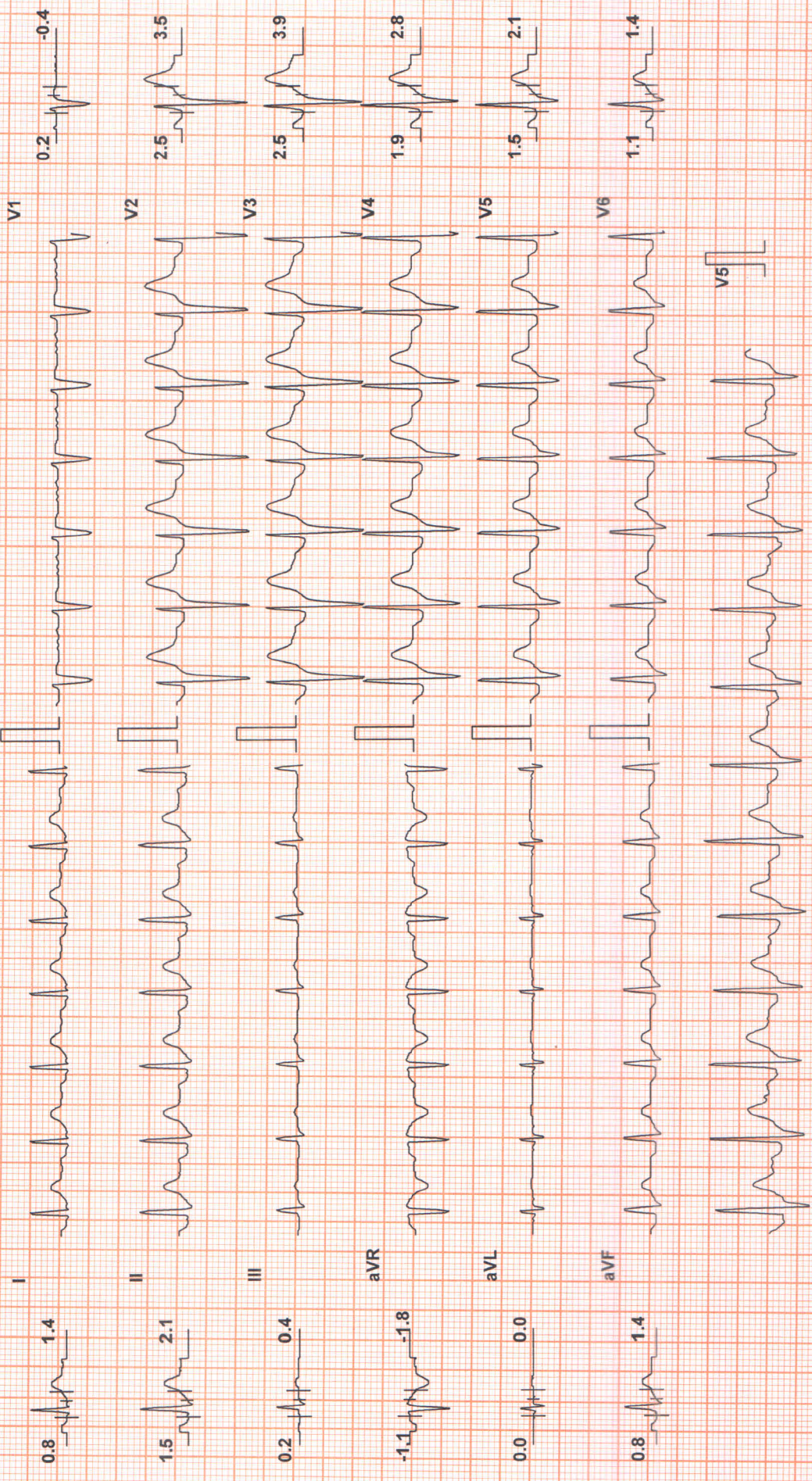


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spanden V 4.52

Linked Median

SHAILESH GOHEL (33 M)

ID: 2306322082

Date: 04-Mar-23 Exec Time : 9 m 18 s Stage Time : 0 m 54 s HR: 109 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph Grade: 0 %

(THR: 158 bpm)

B.P: 140/80

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

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

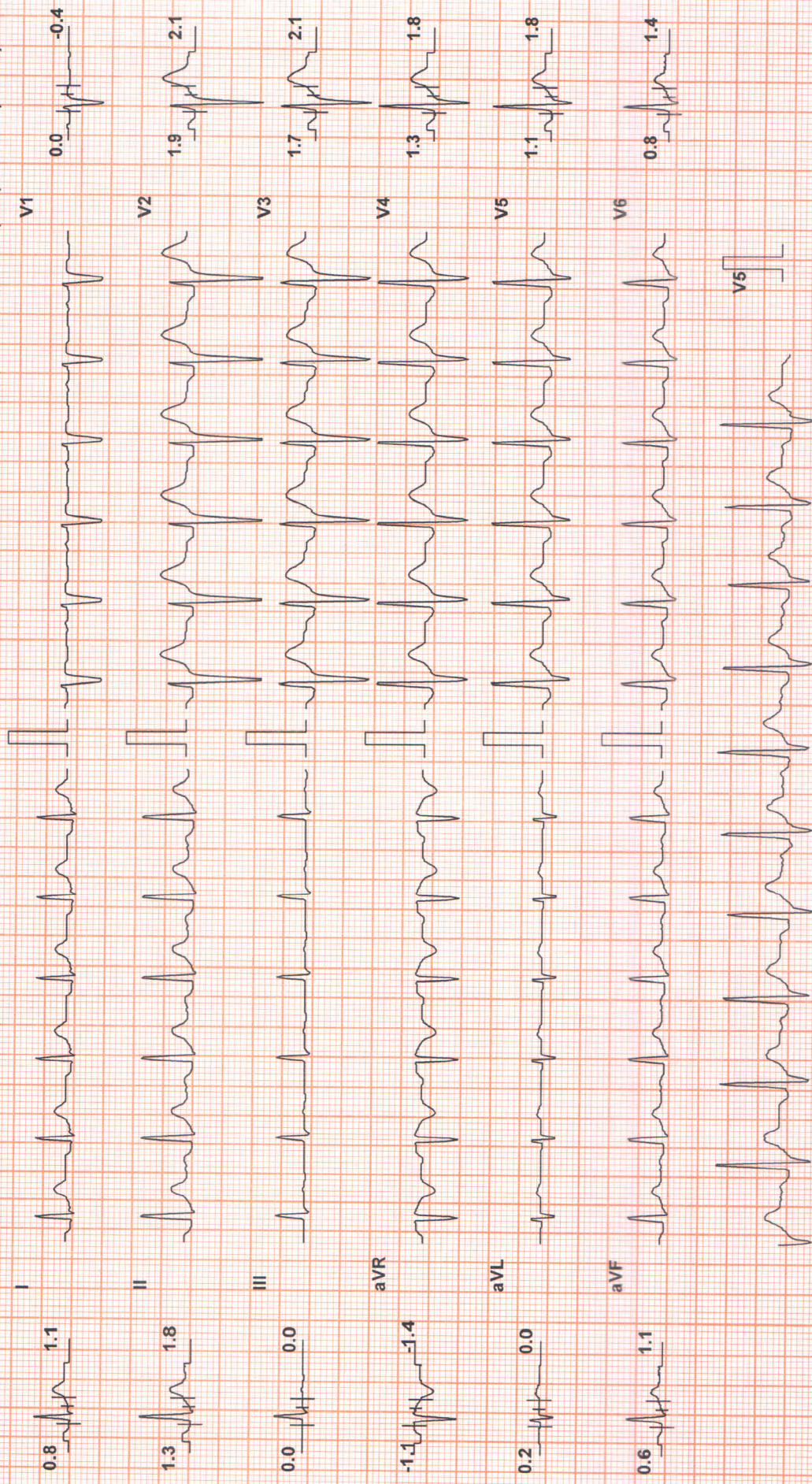


Chart Speed: 25 mm/sec
Schiller Spandax V 4.52

Filter: 35 Hz

Mains Filtr: ON Amp: 10 mm

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

Linked Median

SHAILESH GOHEL (33 M)

ID: 2306322082

Date: 04-Mar-23

Exec Time : 9 m 18 s Stage Time : 0 m 57 s

HR: 109 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

B.P: 140 / 80

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

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

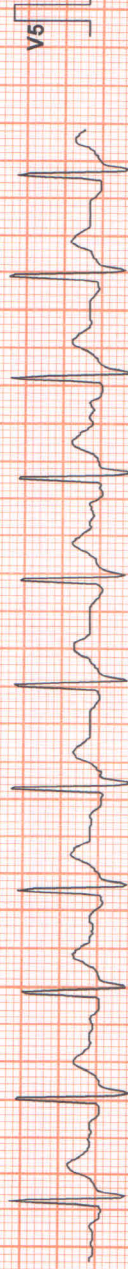
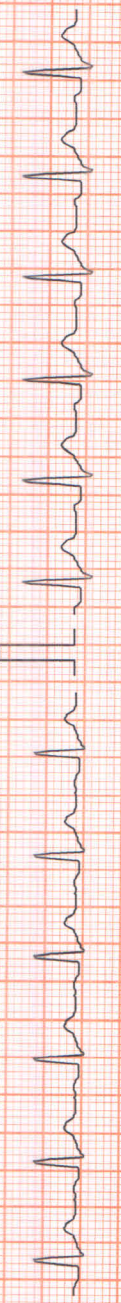
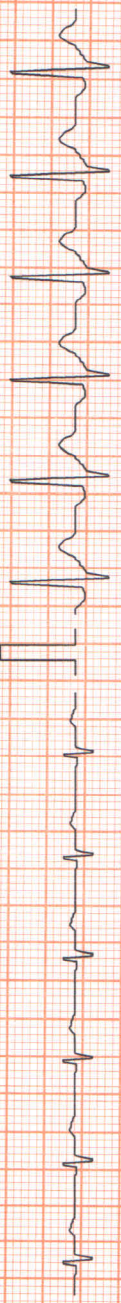
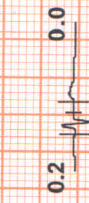
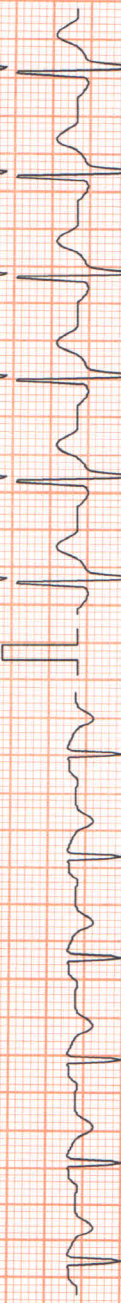
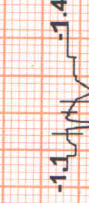
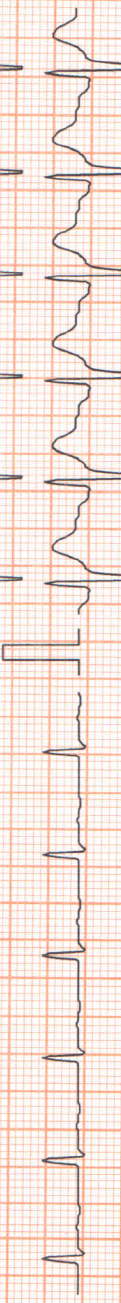
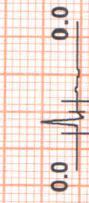
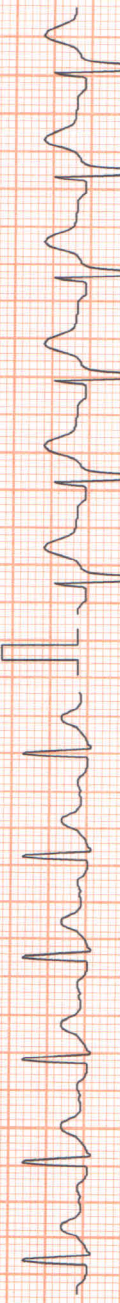
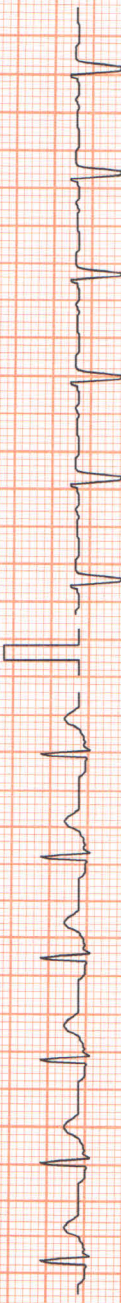


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Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandax V4.62

Linked Median

Authenticity Check



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CID : 2306322082
Name : Mr SHAILESH GOHEL
Age / Sex : 33 Years/Male
Ref. Dr :
Reg. Location : Mahavir Nagar, Kandivali West Main Centre

Reg. Date : 04-Mar-2023
Reported : 04-Mar-2023 / 11:23

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (11.2 cm), echotexture, shape and smooth margins. It shows normal echogenicity. 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:

Right kidney measures 9.2 x 3.9 cm. Left kidney measures 9.6 x 4.4 cm.
Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.

SPLEEN:

The spleen is normal in size (9.6 cm) and echotexture. No evidence of focal lesion is noted.

URINARY BLADDER:

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

PROSTATE:

The prostate is normal measuring 4.0 x 3.6 x 2.5 cm, volume 19 cc.

ADDITIONAL COMMENTS:

Visualized bowel loops appears unremarkable.
There is no evidence of any lymphadenopathy or ascites.

Authenticity Check



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IMPRESSION:-

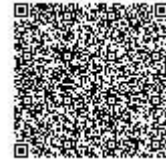
- No significant abnormality detected

ADVICE: Clinical correlation

(Above USG report is subject to findings evident at the time of scan & associated bowel gases. This modality has its own limitations & should be considered as a professional opinion. Clinical correlation is advised to arrive at a diagnosis. This report cannot be used for medico - legal purposes)

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

Dr. Chirag Patel
Consultant Radiologist
M.B.B.S, MD (Radiologist)
Reg. No. MMC 20170773319



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X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

This report is prepared and physically checked by Dr. Chirag Patel before dispatch.

Dr. Chirag Patel
Consultant Radiologist
M.B.B.S, MD (Radiologist)
Reg. No. MMC 20170773319



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