

CID : 2132329265
Name : Mr NAGESWARA RAO KARRI
Age / Sex : 27 Years/Male
Ref. Dr :
Reg. Location : Mahavir Nagar, Kandivali West Main Centre

Reg. Date : 19-Nov-2021 / 16:10
Report Date : 19-Nov-2021 / 16:17
Printed : 19-Nov-2021 / 16:17

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

SUBURBAN DIAGNOSTIC CENTRE

Patient Details Date: 19-Nov-21 Time: 9:27:27 AM
Name: KARRI NAGESWARA RAO ID: 7013362407
Age: 28 y **Sex:** M **Height:** 168 cms **Weight:** 72 Kgs
Clinical History: ANNUAL CHECK UP

Medications: NIL

Test Details

Protocol: Bruce **Pr.MHR:** 192 bpm **THR:** 163 (85 % of Pr.MHR) bpm
Total Exec. Time: 9 m 15 s **Max. HR:** 181 (94% of Pr.MHR)bpm **Max. Mets:** 13.50
Max. BP: 180 / 90 mmHg **Max. BP x HR:** 32580 mmHg/min **Min. BP x HR:** 9000 mmHg/min
Test Termination Criteria: FATIGUE

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	2 : 5	1.0	0	0	101	130 / 90	-1.91 III	-3.54 III
Standing	1 : 45	1.0	0	0	100	130 / 90	-1.27 aVR	1.77 V4
Hyperventilation	0 : 7	1.0	0	0	104	130 / 90	-1.06 aVR	1.42 I
1	3 : 0	4.6	1.7	10	140	140 / 90	-1.06 III	2.48 V2
2	3 : 0	7.0	2.5	12	153	150 / 90	-1.27 III	3.89 V2
3	3 : 0	10.2	3.4	14	177	160 / 90	-2.34 III	5.66 V4
Peak Ex	0 : 15	13.5	4.2	16	181	180 / 90	-2.34 aVR	5.66 I
Recovery(1)	3 : 0	1.8	1	0	136	160 / 90	-3.18 aVR	5.66 I
Recovery(2)	3 : 0	1.0	0	0	121	150 / 90	-1.70 aVR	5.31 V2
Recovery(3)	3 : 0	1.0	0	0	125	140 / 90	-3.40 V3	-5.66 V3
Recovery(4)	0 : 31	1.0	0	0	121	140 / 90	-1.06 aVR	1.77 V4

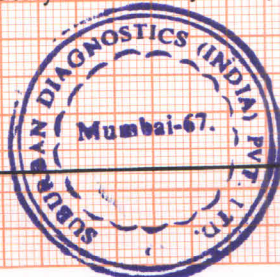
Interpretation

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: AERFOCOMI
 (Summary Report edited by user)



Doctor: DR AJITA BHOSALE
 (c) Schiller Healthcare India Pvt. Ltd. V 4.53

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

SUBURBAN DIAGNOSTIC CENTRE

Test Report

KARRI NAGESWARA RAO (28 M)

ID: 7013362407

Date: 19-Nov-21

Exec Time : 0 m 0 s

Stage Time : 1 m 59 s **HR: 104 bpm**

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 163 bpm)

B.P: 130 / 90

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

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

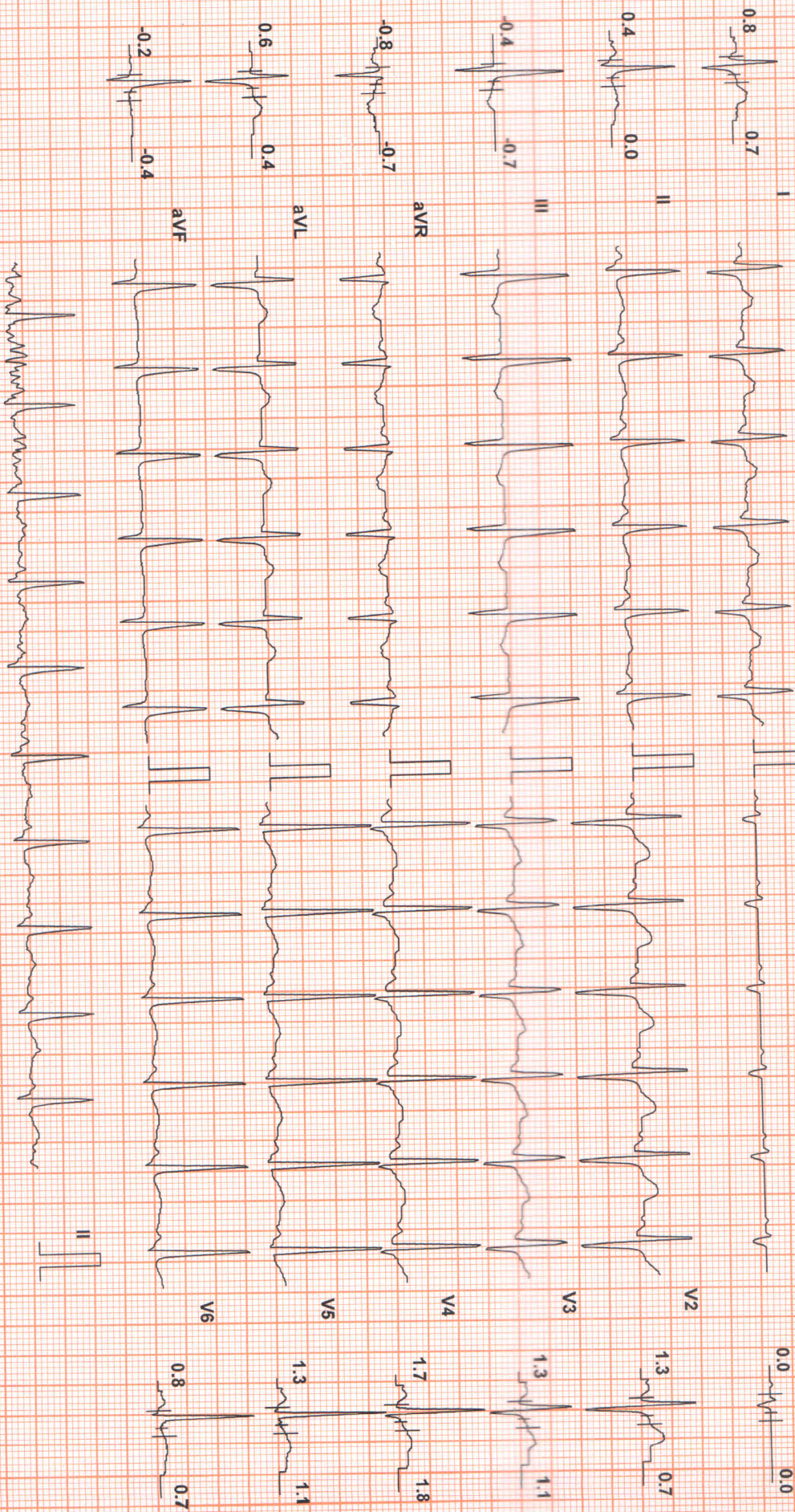


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Schiller Spandari V 4.52

SUBURBAN DIAGNOSTIC CENTRE

Test Report

KARRI NAGESWARA RAO (28 M)

ID: 7013362407

Date: 19-Nov-21

Exec Time : 0 m 0 s

Stage Time : 1 m 39 s **HR: 102 bpm**

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 163 bpm)

B.P: 130 / 90

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

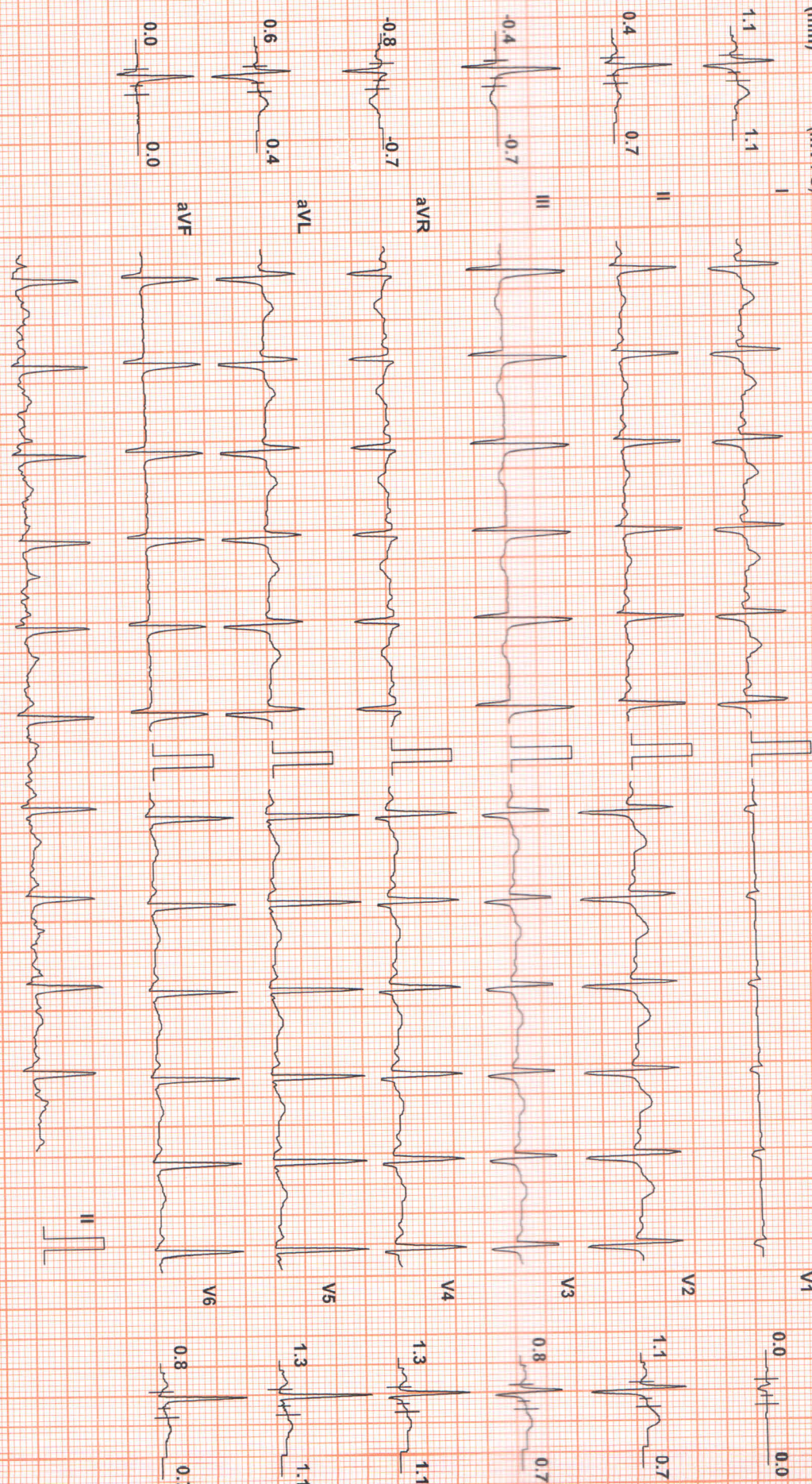


Chart Speed: 25 mm/sec
Schiller Spandan V 4.52

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

PostU = J + 60 ms

Linked Median

SUBURBAN DIAGNOSTIC CENTRE

Test Report

KARRI NAGESWARA RAO (28 M)

ID: 7013362407

Date: 19-Nov-21

Exec Time : 0 m 0 s

Stage Time : 0 m 1 s

HR: 100 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0%

(THR: 163 bpm)

B.P: 130 / 90

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

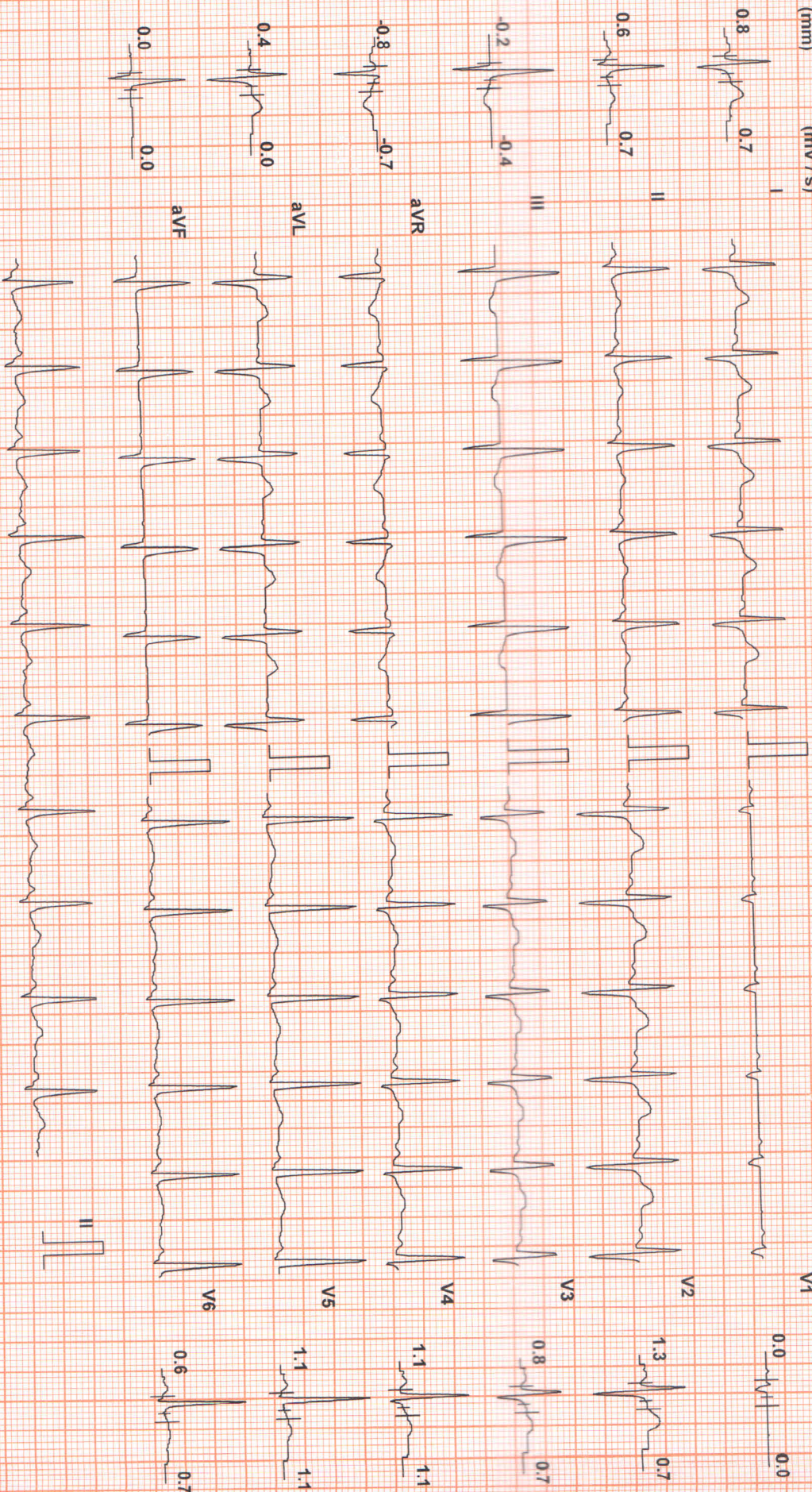


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Schiller Spandan V 4.52

SUBURBAN DIAGNOSTIC CENTRE

Test Report

KARRI NAGESWARA RAO (28 M)

ID: 7013362407

Date: 19-Nov-21 Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 138 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 % (THR: 163 bpm)

B.P.: 140 / 90

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

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

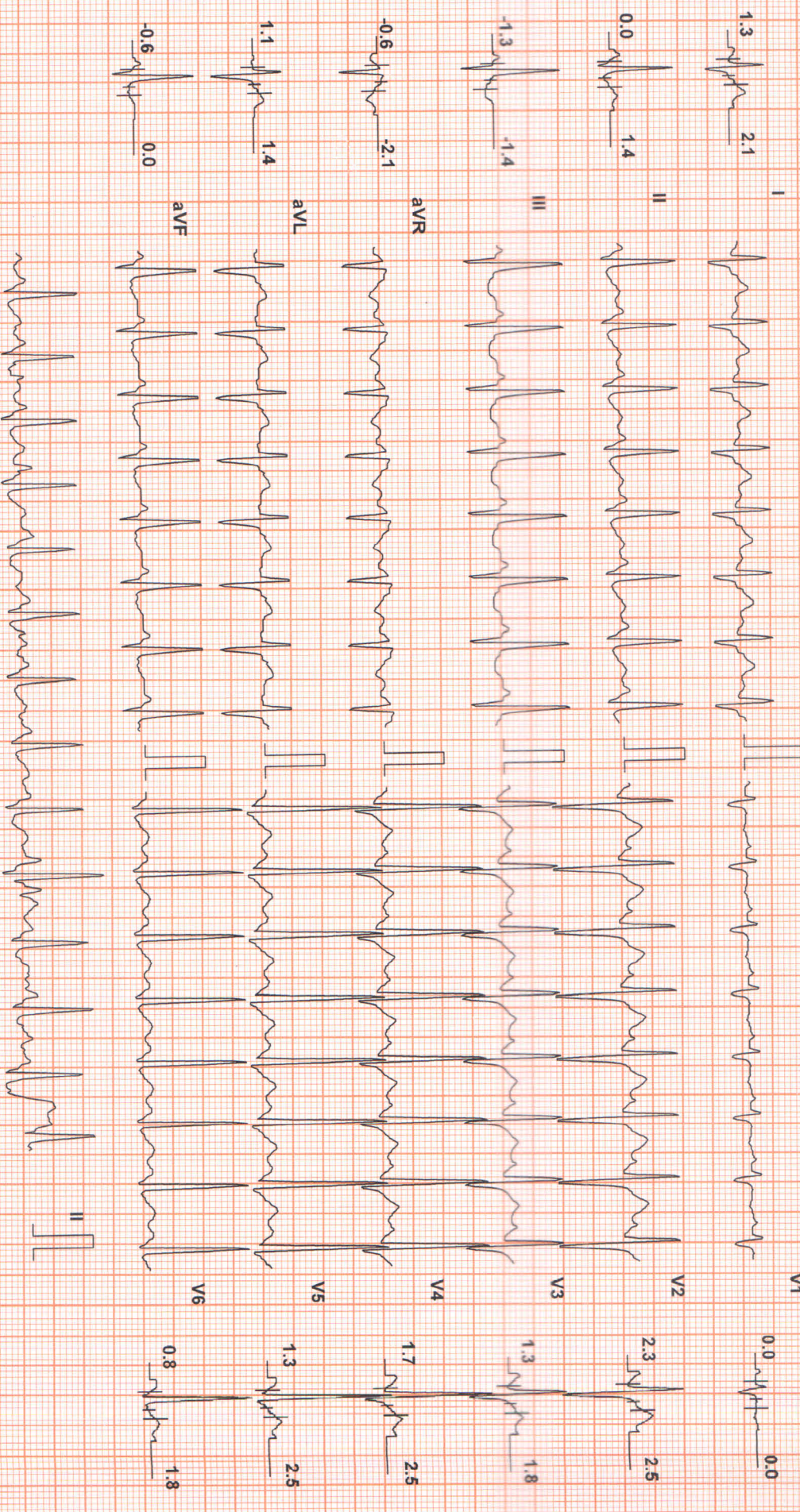


Chart Speed: 25 mm/sec
Schiller Spandah V 4 52

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

SUBURBAN DIAGNOSTIC CENTRE

Test Report

KARRI NAGESWARA RAO (28 M)

ID: 7013362407

Date: 19-Nov-21 Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 154 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph Grade: 12 % (THR: 163 bpm)

B.P.: 150 / 90

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

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

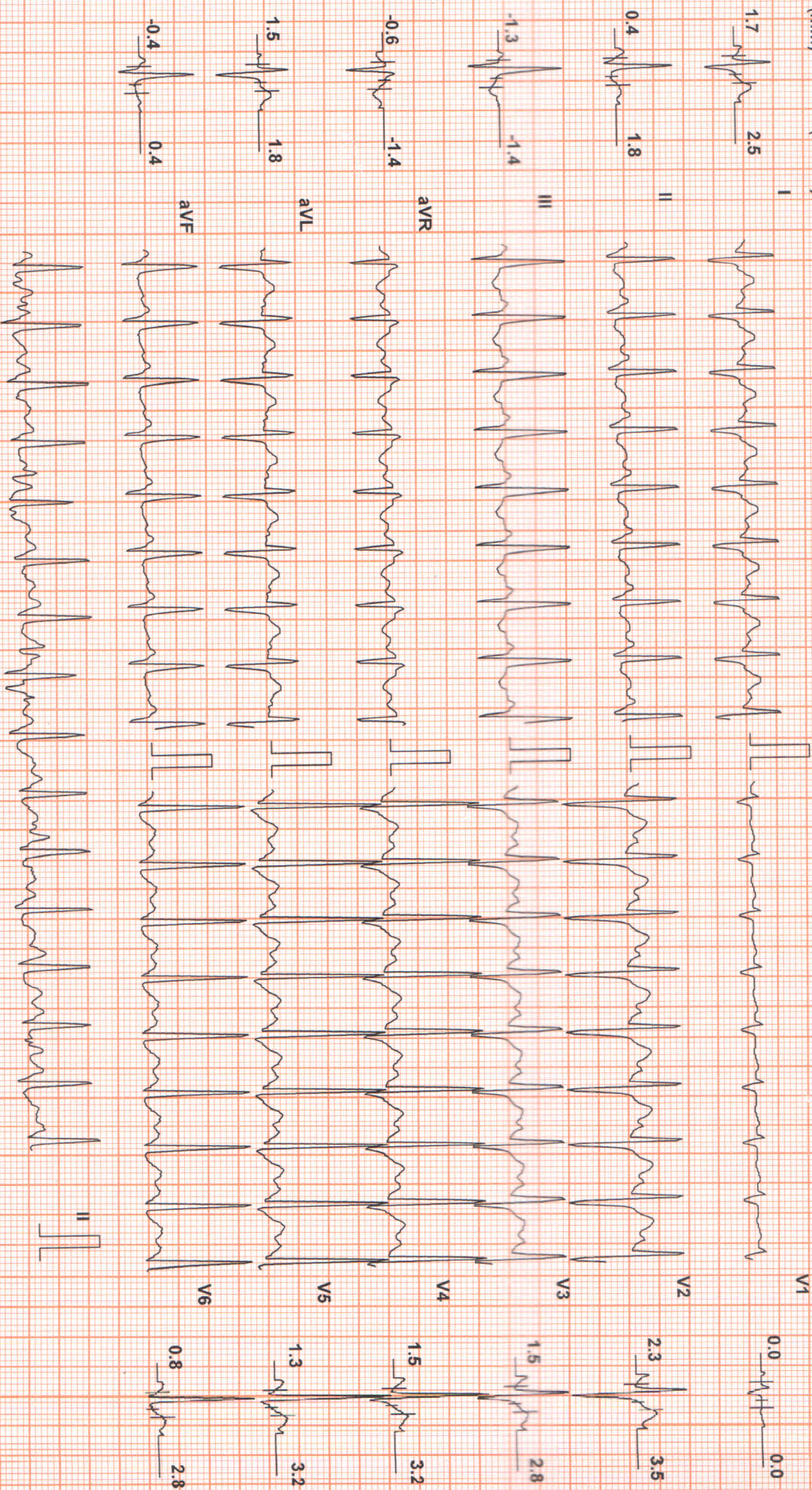


Chart Speed: 25 mm/sec
Schiller Spandan V 4.52

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

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

Linked Median

SUBURBAN DIAGNOSTIC CENTRE

Test Report

KARRI NAGESWARA RAO (28 M)

ID: 7013362407

Date: 19-Nov-21

Exec Time : 8 m 54 s Stage Time : 2 m 54 s **HR: 177 bpm**

Protocol: Bruce

Stage: 3

Speed: 3.4 mph

Grade: 14 %

(THR: 163 bpm)

B.P.: 160 / 90

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

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

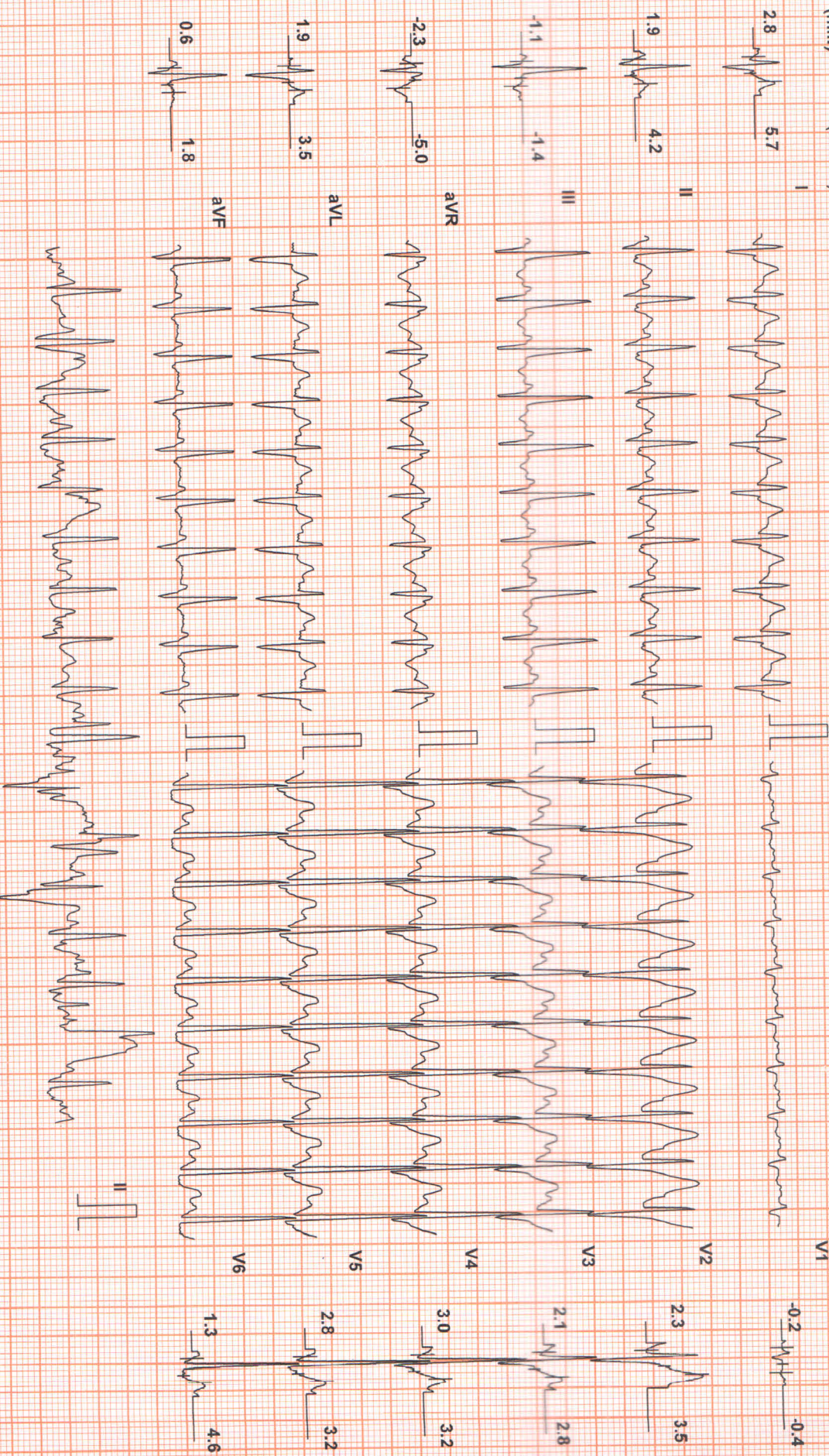


Chart Speed: 25 mm/sec
Schiller Spandax V 4.52

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

SUBURBAN DIAGNOSTIC CENTRE

Test Report

KARRI NAGESWARA RAO (28 M)

ID: 7013362407

Date: 19-Nov-21

Exec Time : 9 m 9 s

Stage Time : 0 m 9 s

HR: 181 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 4.2 mph

Grade: 16 %

(THR: 163 bpm)

B.P: 180 / 90

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

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



Chart Speed: 25 mm/sec
Schiller Spanden V 4.52

Filter: 35 Hz

Mains Fit: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

SUBURBAN DIAGNOSTIC CENTRE

Test Report

KARRI NAGESWARA RAO (28 M)

ID: 7013362407

Date: 19-Nov-21

Exec Time : 9 m 15 s Stage Time : 2 m 54 s

HR: 136 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 163 bpm)

B.P: 160/90

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

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

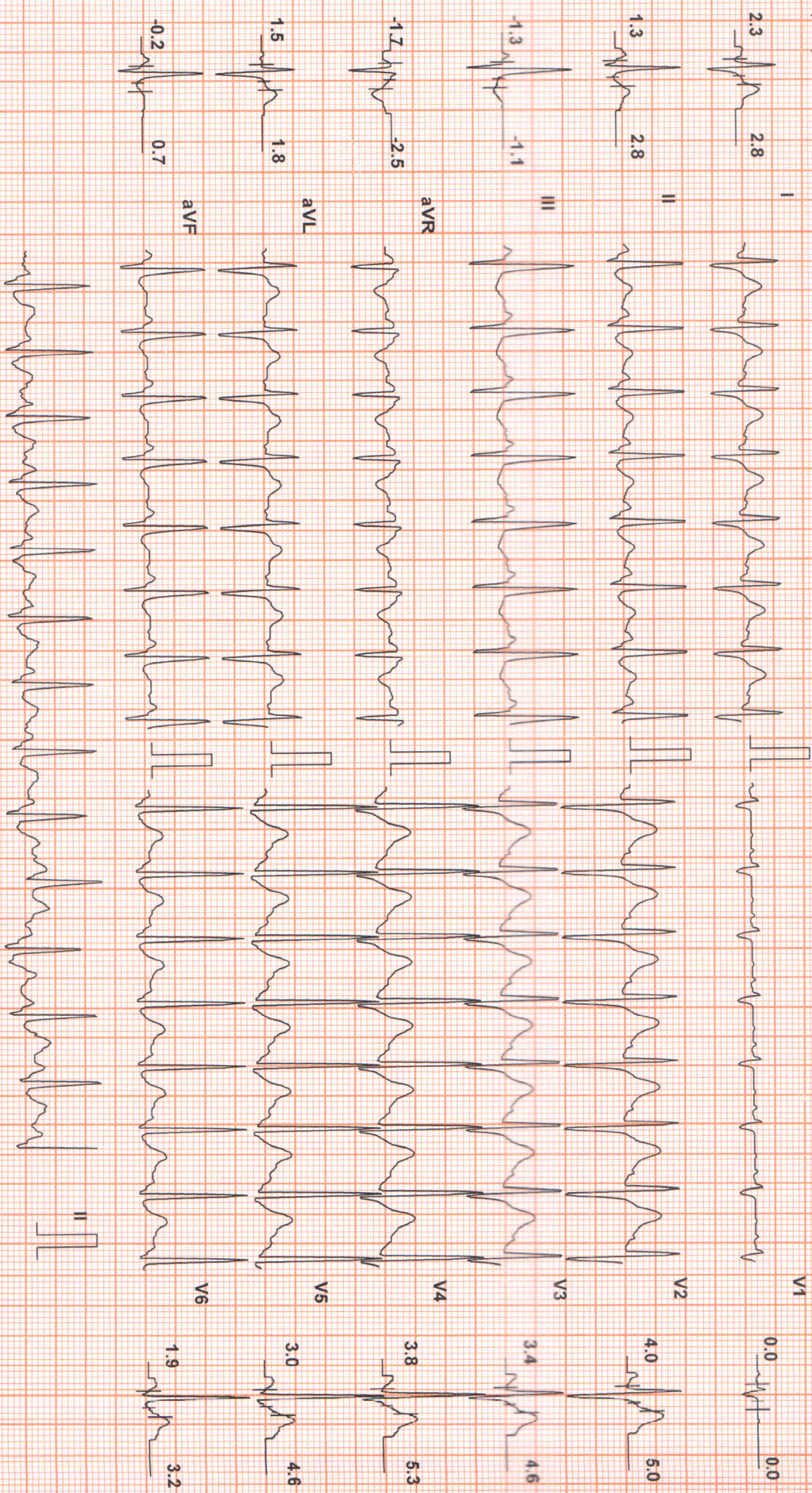


Chart Speed: 25 mm/sec
Schiller Spardan V 4.52

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 DIAGNOSTIC CENTRE

Test Report

KARRI NAGESWARA RAO (28 M)

ID: 7013362407

Date: 19-Nov-21 Exec Time : 9 m 15 s Stage Time : 2 m 54 s **HR: 121 bpm**

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 163 bpm)

B.P: 150 / 90

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

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

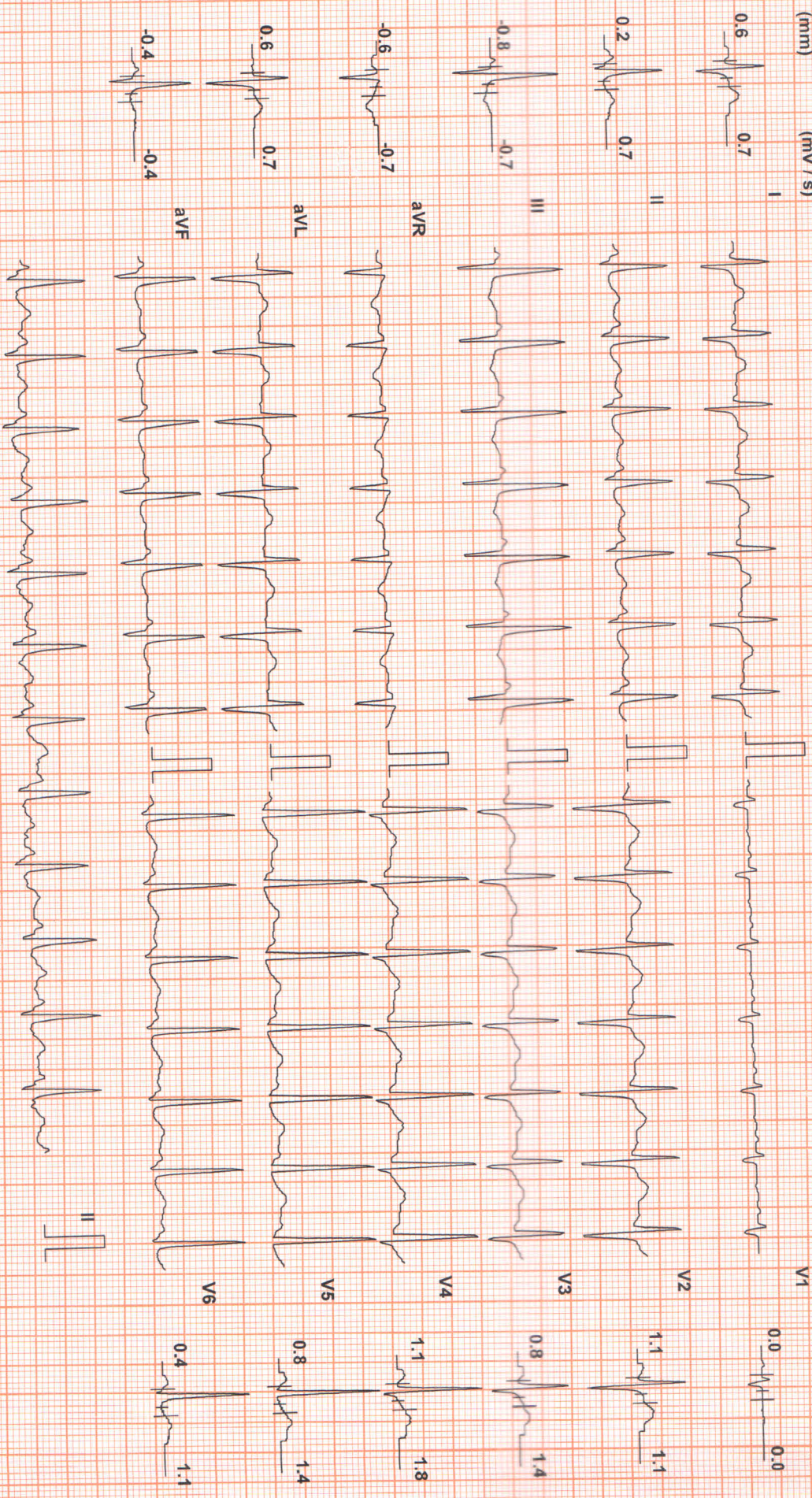


Chart Speed: 25 mm/sec
Schiller Standard V 452

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 DIAGNOSTIC CENTRE

Test Report

KARRI NAGESWARA RAO (28 M)

ID: 7013362407

Date: 19-Nov-21

Exec Time : 9 m 15 s Stage Time : 2 m 54 s **HR: 125 bpm**

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 163 bpm)

B.P: 140 / 90

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

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

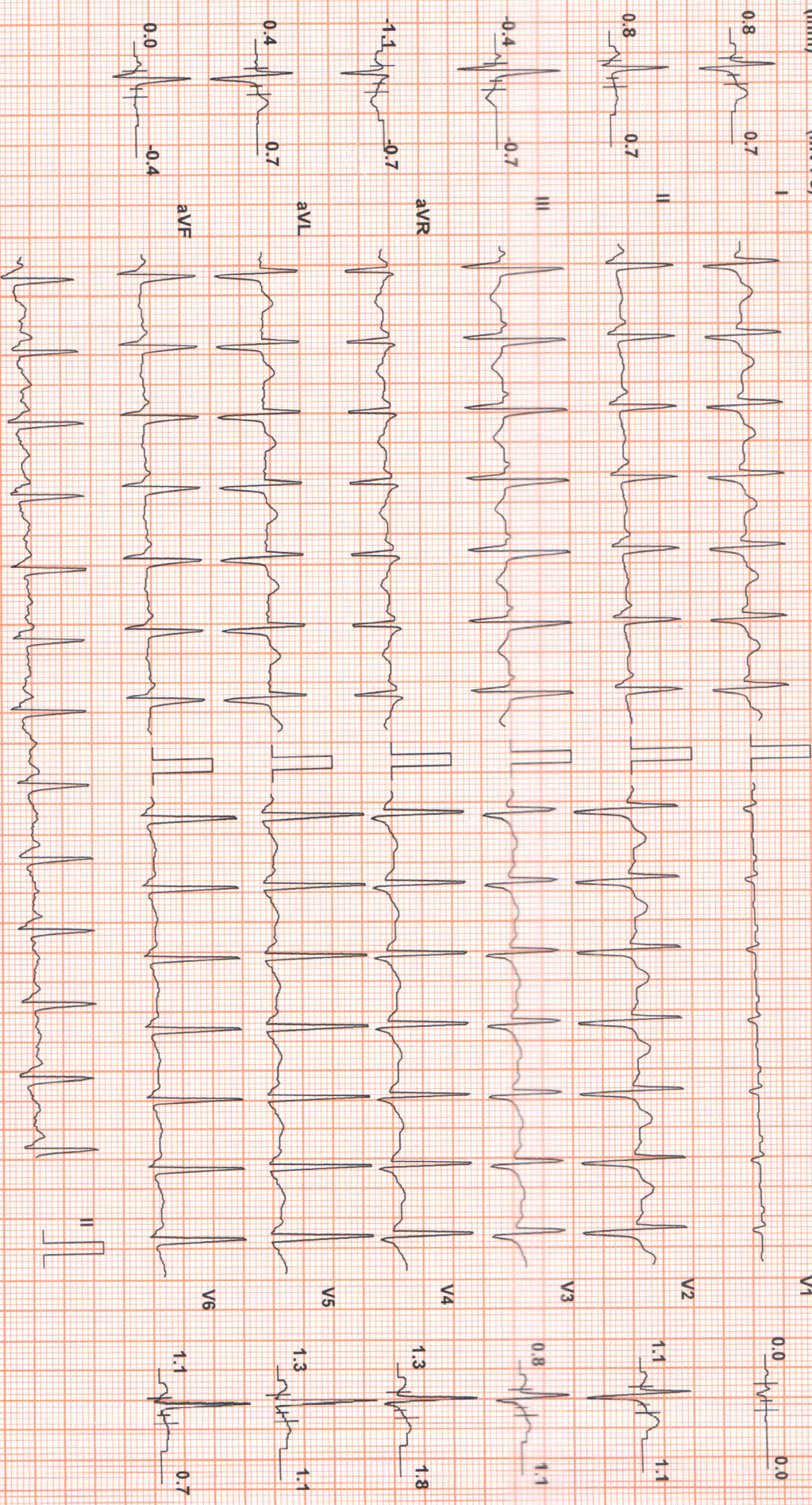


Chart Speed: 25 mm/sec
Schiller Spandan V.4.52

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 DIAGNOSTIC CENTRE

Test Report

KARRI NAGESWARA RAO (28 M)

ID: 7013362407

Date: 19-Nov-21

Exec Time : 9 m 15 s Stage Time : 0 m 25 s

HR: 121 bpm

Protocol: Bruce

Stage: Recovery(4)

Speed: 0 mph

Grade: 0 %

(THR: 163 bpm)

B.P: 140 / 90

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

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

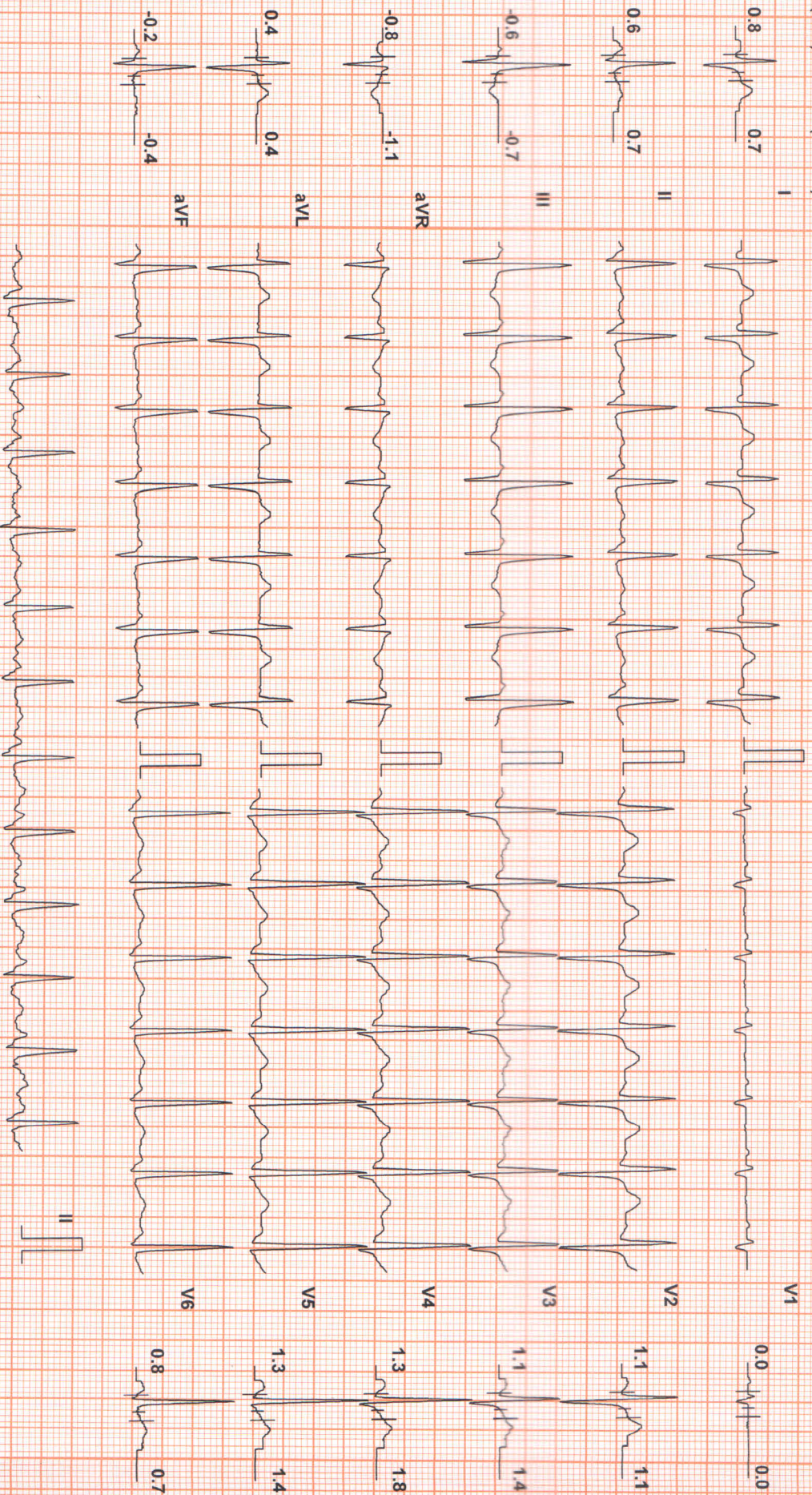


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Fil: ON Amp: 10 mm Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms

Schiller Spandan V 4.52

Linked Median



CID : 2132329265
Name : MR.NAGESWARA RAO KARRI
Age / Gender : 27 Years / Male
Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 19-Nov-2021 / 12:17
Reported : 19-Nov-2021 / 16:47

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	14.9	13.0-17.0 g/dL	Spectrophotometric
RBC	4.63	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.9	40-50 %	Measured
MCV	95	80-100 fl	Calculated
MCH	32.2	27-32 pg	Calculated
MCHC	34.0	31.5-34.5 g/dL	Calculated
RDW	16.5	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6610	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	30.7	20-40 %	
Absolute Lymphocytes	2029.3	1000-3000 /cmm	Calculated
Monocytes	10.2	2-10 %	
Absolute Monocytes	674.2	200-1000 /cmm	Calculated
Neutrophils	47.8	40-80 %	
Absolute Neutrophils	3159.6	2000-7000 /cmm	Calculated
Eosinophils	10.4	1-6 %	
Absolute Eosinophils	687.4	20-500 /cmm	Calculated
Basophils	0.9	0.1-2 %	
Absolute Basophils	59.5	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	235000	150000-400000 /cmm	Elect. Impedance
MPV	7.6	6-11 fl	Calculated
PDW	11.9	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	-
Microcytosis	-
Macrocytosis	-



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 Age / Gender : 27 Years / Male
 Consulting Dr. : -
 Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 19-Nov-2021 / 12:17
 Reported : 19-Nov-2021 / 16:00

Anisocytosis Mild
 Poikilocytosis Mild
 Polychromasia -
 Target Cells -
 Basophilic Stippling -
 Normoblasts -
 Others Elliptocytes-occasional
 WBC MORPHOLOGY -
 PLATELET MORPHOLOGY -
 COMMENT Eosinophilia

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 12 2-15 mm at 1 hr. Westergren

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



MC-2111



Bmhasakar

Dr.KETAKI MHASKAR
 M.D. (PATH)
 Pathologist

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com



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CID : 2132329265
Name : MR.NAGESWARA RAO KARRI
Age / Gender : 27 Years / Male
Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 19-Nov-2021 / 12:17
Reported : 19-Nov-2021 / 16:24

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	88.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	118.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.3	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.13	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.17	0.1-1.0 mg/dl	Calculated
SGOT (AST), Serum	29.1	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	42.0	5-45 U/L	NADH (w/o P-5-P)
ALKALINE PHOSPHATASE, Serum	83.4	40-130 U/L	Colorimetric
BLOOD UREA, Serum	15.6	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.95	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	101	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.8	3.5-7.2 mg/dl	Enzymatic

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

*** End Of Report ***



MC-2111



Anupa

Dr.ANUPA DIXIT
M.D.(PATH)

Consultant Pathologist & Lab Director

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | **OTHER CITIES:** 1800-266-4343

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Age / Gender : 27 Years / Male
Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 19-Nov-2021 / 12:17
Reported : 19-Nov-2021 / 22:47

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
MICROALBUMINURIA**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Specimen Type, Urine	Random sample		
URINARY MICROALBUMIN, Urine	51.5 mg/l		Imm.Turbidimetry
URINARY CREATININE, Urine	136.17 mg/dl		Enzymatic
URINARY MICROALBUMIN TO URINARY CREATININE RATIO, Urine	37.8	Spot Collection (mg/g Creatinine) 1) Normal < 30 2) Microalbuminuria 30 - 300 3) Clinical Albuminuria > 300	Calculated

Method: Fully Automated Immunoturbidimetric Assay

- 1) Microalbuminuria is a reliable risk indicator for renal and cardiovascular disorders in diabetes and hypertension.
- 2) Microalbuminuria precedes and is highly predictive of diabetic nephropathy and end-stage renal disease.
- 3) By measuring Microalbuminuria one can monitor the patients response to the chosen line of therapy.

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

*** End Of Report ***



MC-2111

Dr. VRUSHALI SHROFF

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

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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Collected : 19-Nov-2021 / 12:17
Reported : 19-Nov-2021 / 19:23

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.7	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 CPL, Andheri West

*** End Of Report ***



MC-2111

Dr. Vrushi Shroff

Dr.VRUSHALI SHROFF
M.D.(PATH)
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Name : MR.NAGESWARA RAO KARRI
Age / Gender : 27 Years / Male
Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 19-Nov-2021 / 12:17
Reported : 19-Nov-2021 / 22:30

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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	Yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Trace	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Trace	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Occasional	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	
Others	-		

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



MC-2111

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

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

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Use a QR Code Scanner
Application To Scan the Code

CID : 2132329265
Name : MR.NAGESWARA RAO KARRI
Age / Gender : 27 Years / Male
Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 19-Nov-2021 / 12:17
Reported : 19-Nov-2021 / 20:29

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

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

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.
This sample is not tested for Bombay blood group.

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 ***



MC-2111

Shashi D

Dr.SHASHIKANT DIGHADE
M.D. (PATH)
Pathologist

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

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CID : 2132329265
Name : MR.NAGESWARA RAO KARRI
Age / Gender : 27 Years / Male
Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 19-Nov-2021 / 12:17
Reported : 19-Nov-2021 / 16:49

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	155.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	104.8	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	29.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	126.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	106.0	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	20.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.6	0-3.5 Ratio	Calculated

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



MC-2111



Rashmi Monteiro

Dr.RASHMI MONTEIRO
M.D. (PATH)
Pathologist

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

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CID : 2132329265
Name : MR.NAGESWARA RAO KARRI
Age / Gender : 27 Years / Male
Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Use a QR Code Scanner
Application To Scan the Code

Collected : 19-Nov-2021 / 12:17
Reported : 19-Nov-2021 / 18:41

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.7	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.62	0.35-5.5 microIU/ml	ECLIA

Interpretation:

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

Clinical Significance:

- 1)TSH Values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

Limitations: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.

Reference:

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

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



MC-2111



Rashmi Monteiro

Dr.RASHMI MONTEIRO
M.D. (PATH)
Pathologist

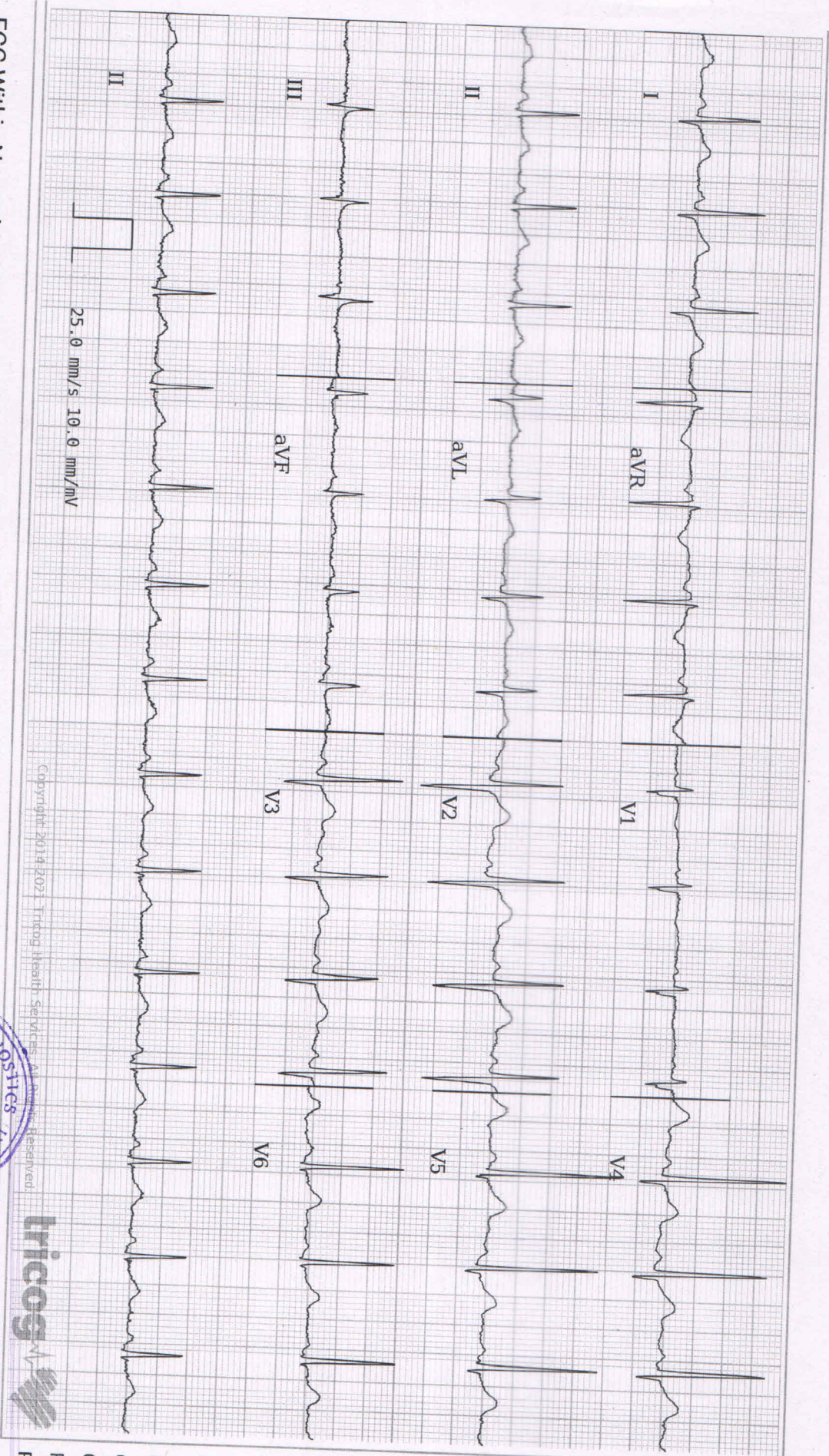
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Patient Name: **KARRI NAGESWARA RAO**
Patient ID: **2132329265**

Date and Time: **19th Nov 21 9:17 AM**



25.0 mm/s 10.0 mm/mV

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

Age **28** NA NA
years months days

Gender **Male**

Heart Rate **92 bpm**

Patient Vitals

BP: **130/90 mmHg**

Weight: **72 kg**

Height: **168 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

Measurements

QSRD: **76 ms**

QT: **358 ms**

QTc: **442 ms**

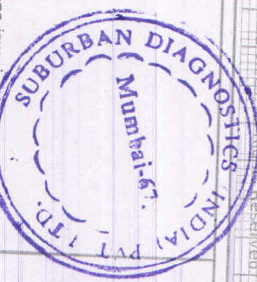
PR: **122 ms**

P-R-T: **30° 42° 25°**

REPORTED BY

Dr. Ajita Bhosale

Dr. Ajita Bhosale
M.B.B.S./P.G., D.C.C (DIP, Cardiology)
2013062200



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.

CID# : 2132329265
 Name : MR.NAGESWARA RAO KARRI
 Age / Gender : 27 Years/Male
 Ref. Dr : -
 Reg.Location : Mahavir Nagar, Kandivali West (Main Centre)

SID# : 177804490868
 Registered : 19-Nov-2021 / 12:13
 Collected : 19-Nov-2021 / 12:13
 Reported : 20-Nov-2021 / 11:52
 Printed : 20-Nov-2021 / 11:57

PHYSICAL EXAMINATION REPORT

History and Complaints: NIL

EXAMINATION FINDINGS:

Height (cms):	168	Weight (kg):	72
Temp :	Afebrile	Skin:	Normal
Blood Pressure (mm/Hg):	130/90	Nails:	Healthy
Pulse:	98/MIN	Lymph Node:	Not Palpable

Systems

Cardiovascular: S1,S2 Normal No Murmurs

Respiratory: Air Entry Bilaterally Equal

Genitourinary: NAD

GI System: Soft non tender No Organomegaly

CNS: Normal

IMPRESSION: HEALTHY

ADVICE: REGULAR EXERCISE.HEALTHY DIET.

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CHIEF COMPLAINTS:

1)	Hypertension:	
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

PERSONAL HISTORY:

1)	Alcohol	
2)	Smoking	NO
3)	Diet	NO
4)	Medication	VEG
		NO

*** End Of Report ***



(Signature)
Dr. Ajita Bhosale
PHYSICIAN
Dr. AJITA BHOSALE
Reg. No. 2013/062200
MBBS. D. Cardiology

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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Date:- 19/11/2021.

CID: 2132329265

Name:- Nageshwar Rao.

Sex / Age: M / 28.

EYE CHECK UP

Chief complaints: NO

Systemic Diseases: NO

Past history: NO

Unaided Vision: NO

Aided Vision: NO

Refraction:

(Right Eye) 6/6

(Left Eye) 6/6

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

Colour Vision: Normal / Abnormal

Remark: Normal vision



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बैंक ऑफ बड़ोदा
Bank of Baroda

नाम नागेश वर कर्णे
Name NAGESWARA RAO KARRI

ए. सी. नो. 119756
E. C. NO. 119756


(Issuing Authority)
 Dy. General Manager (M&M)
 सिविल सिविल
 Issuing Authority



नाम नागेश वर
Name Nageswara Rao
Signature of holder

is Nageswara Rao
 Mob: 7013362407

• PATIENT NAME : MR. NAGESWARA RAO KARRI	• SEX : MALE
• REFERRED DR : -----	• AGE : 28 YEARS
• CID NO : 2132329265	• DATE : 19.11.2021

USG WHOLE ABDOMEN

LIVER:

It is normal in size, shape and shows smooth margins. It shows diffusely increased parenchymal echotexture. Intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. Main portal vein and CBD appears normal.

GALL BLADDER:

It is partially distended and appears normal. No evidence of gall stones or mass lesions seen.

PANCREAS:

It 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. Corticomedullary differentiation is well maintained. Bilateral renal pelvicalyceal system appears normal. No evidence of any renal calculi.

Right kidney measures 10.5 x 4.3 cm. Left kidney measures 10.5 x 4.3 cm.

SPLEEN:

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

URINARY BLADDER:

It is well distended and reveal no intraluminal abnormality. Bilateral ureterovesical junction appears normal.

PROSTATE:

It appears normal in size and echotexture, measures 3.1 x 2.9 x 2.3 cm, Volume: 11.0 gms. No evidence of any obvious focal lesion is seen.

No evidence of free fluid in abdomen or significant abdominal lymphadenopathy seen.

IMPRESSION:

Fatty liver (Grade I).

Rest of the study shows no significant abnormality.

Advice - clinical correlation

DR. MAHESH S KADAM.
CONSULTANT RADIOLOGIST
MMC REG NO - 2011/08/2693

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some case for confirmation of findings. Please interpret accordingly. Patient has been explained in detail about the USG findings, measurements and limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification.

*** End Of Report ***

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