SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

PHYSICAL EXAMINATION REPORT

Patient Name	Somnath Chatterjee	Sex/Age	M/35
Date	18/9/24	Location	Thane

History and Complaints

C/o - Cough c/o - Dust Allergy
- Anal fissure (on & off)
N/K/

EXAMINATION FINDINGS:

Height (cms):	170	Temp (0c):	N.
Weight (kg):	76.3	Skin:	Dandruff.
Blood Pressure	130/80	Nails:	NAD.
Pulse	72/min	Lymph Node:	

Systems :

Cardiovascular:	
Respiratory:	
Genitourinary:	NAD
GI System:	
CNS:	

Impression: BSL(f) - Impaired.
↑ A/G Ratio, ↓ globulin.
↓ HDL, ↑ Non HDL Chol.

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Advice:

- Low sugar Diet.
- Reg. Exercise.
- Repeat Sugar profile, Lipid Profile (6 Months).

1)	**Hypertension:**	
2)	**IHD**	
3)	**Arrhythmia**	Nil
4)	**Diabetes Mellitus**	
5)	**Tuberculosis**	
6)	**Asthama**	
7)	**Pulmonary Disease**	H/o-Covid Hospitalisation.
8)	**Thyroid/ Endocrine disorders**	
9)	**Nervous disorders**	
10)	**GI system**	Anal fissure (on&off)
11)	**Genital urinary disorder**	
12)	**Rheumatic joint diseases or symptoms**	
13)	**Blood disease or disorder**	
14)	**Cancer/lump growth/cyst**	Nil
15)	**Congenital disease**	
16)	**Surgeries**	
17)	**Musculoskeletal System**	Nil

PERSONAL HISTORY:

1)	**Alcohol**	Occ.
2)	**Smoking**	No
3)	**Diet**	Mixed
4)	**Medication**	No

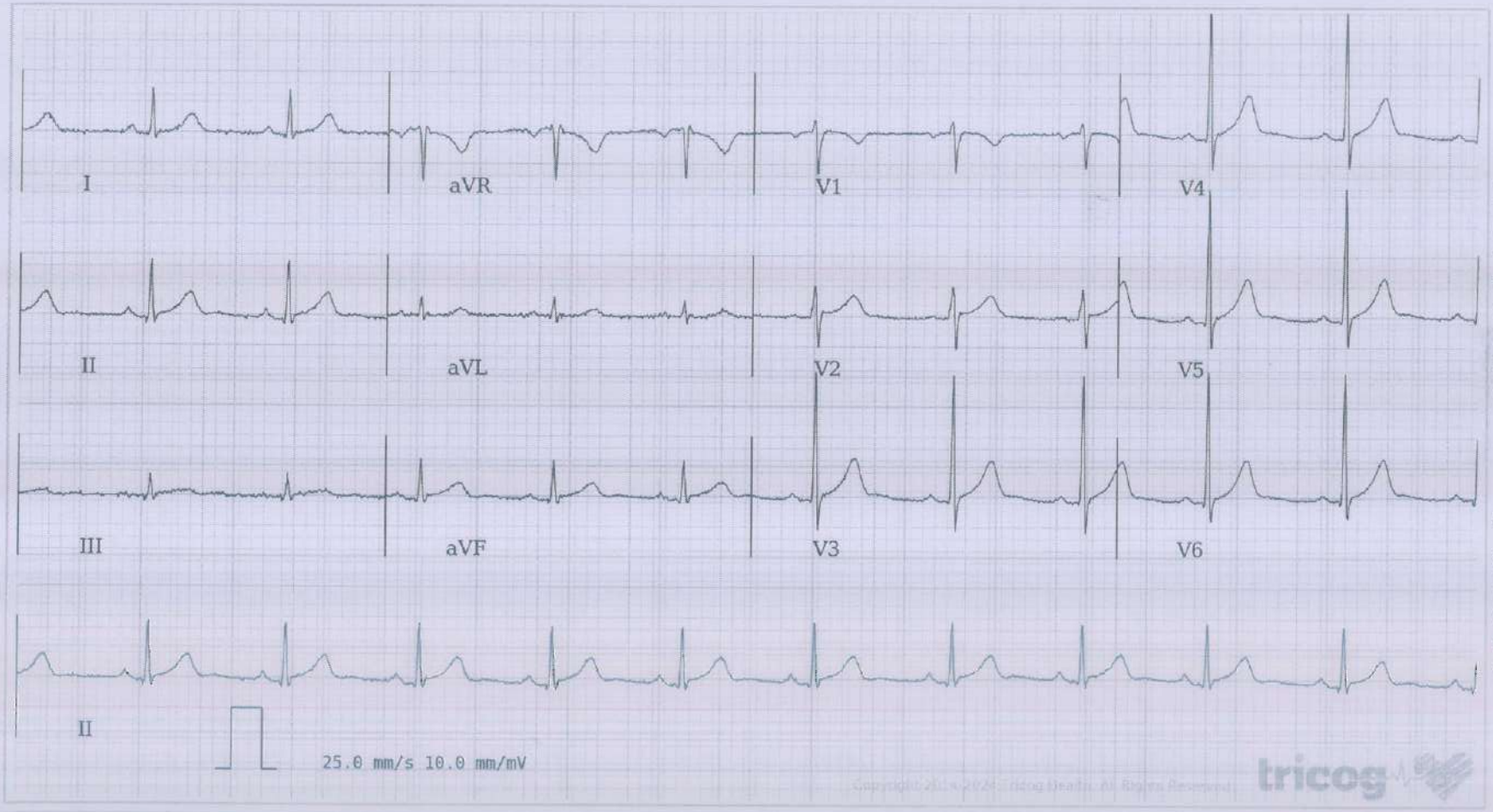
Dr. Manasee Kulkarni
M.B.B.S
2005/09/8439
19/9/

SUBURBAN DIAGNOSTICS
PRECISE TESTING - HEALTHIER LIVING

SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST

Patient Name: SOMNATH CHATTERJEE
Patient ID: 2426208584

Date and Time: 18th Sep 24 11:12 AM



Age 35 years NA months NA days

Gender **Male**

Heart Rate **69bpm**

Patient Vitals

BP:	NA
Weight:	NA
Height:	NA
Pulse:	NA
Spo2:	NA
Resp:	NA
Others:	

Measurements

QRSD:	88ms
QT:	392ms
QTcB:	420ms
PR:	152ms
P-R-T:	29° 46° 47°

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

REPORTED BY

DR SHAILAJA PILLAI
MBBS, MD Physican
MD Physican
49972

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Date:- 18/8/24 CID: 242608584

Name:- Laxmanath Chaturvedi Sex / Age: M - 31

EYE CHECK UP

Chief complaints: NCV

Systemic Diseases: NIL

Past history: NIL

Unaided Vision: BCVA N6

Aided Vision:

Refraction:

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

Colour Vision: Normal / Abnormal

Remark: Good Vision

MR. PRAKASH KUDVA
SR. OPTOMETRIST

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Authenticity Check

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CID	: 2426208584		
Name	: Mr SOMNATH CHATTERJEE		
Age / Sex	: 35 Years/Male		
Ref. Dr	:	Reg. Date	: 18-Sep-2024
Reg. Location	: G B Road, Thane West Main Centre	Reported	: 18-Sept-2024 / 10:35

USG WHOLE ABDOMEN

EXCESSIVE BOWEL GAS:

LIVER: Liver appears normal in size and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

PORTAL VEIN: Portal vein is normal. **CBD:** CBD is normal.

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS: Right kidney measures 9.2 x 4.1 cm. Left kidney measures 10.2 x 4.7 cm. Both kidneys are normal in size,shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

PROSTATE: Prostate is normal in size and echotexture and measures 3.2 x 2.9 x 3.4 cm in dimension and 16 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024091808291339

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SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

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IMPRESSION: USG ABDOMEN IS WITHIN NORMAL LIMITS.

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 cases for confirmation / exclusion of diagnosis.

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

Dr Gauri Varma
Consultant Radiologist
MBBS / DMRE
MMC- 2007/12/4113

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REPORT

CID	: 2426208584
Name	: MR.SOMNATH CHATTERJEE
Age / Gender	: 35 Years / Male
Consulting Dr.	: -
Reg. Location	: G B Road, Thane West (Main Centre)
Collected	: 18-Sep-2024 / 08:31
Reported	: 18-Sep-2024 / 11:11

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	13.9	13.0-17.0 g/dL	Spectrophotometric
RBC	5.13	4.5-5.5 mil/cmm	Elect. Impedance
PCV	41.8	40-50 %	Measured
MCV	81.4	80-100 fl	Calculated
MCH	27.0	27-32 pg	Calculated
MCHC	33.2	31.5-34.5 g/dL	Calculated
RDW	11.7	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	4840	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	39.9	20-40 %	
Absolute Lymphocytes	1931.2	1000-3000 /cmm	Calculated
Monocytes	11.6	2-10 %	
Absolute Monocytes	561.4	200-1000 /cmm	Calculated
Neutrophils	46.7	40-80 %	
Absolute Neutrophils	2260.3	2000-7000 /cmm	Calculated
Eosinophils	1.8	1-6 %	
Absolute Eosinophils	87.1	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS			
Platelet Count	169000	150000-400000 /cmm	Elect. Impedance
MPV	10.3	6-11 fl	Calculated
PDW	16.5	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		

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Age / Gender	: 35 Years / Male		
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Reg. Location	: G B Road, Thane West (Main Centre)	Reported	: 18-Sep-2024 / 10:18

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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR	5	2-15 mm at 1 hr.	Sedimentation

Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:
Factors that increase ESR: Old age, Pregnancy,Anemia
Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

*** End Of Report ***

Dr.VANDANA KULKARNI
M.D (Path)
Pathologist

SUBURBAN DIAGNOSTICS
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Age / Gender	: 35 Years / Male		
Consulting Dr.	: -	Collected	: 18-Sep-2024 / 08:31
Reg. Location	: G B Road, Thane West (Main Centre)	Reported	: 18-Sep-2024 / 11:25

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	104.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	97.5	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.62	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.26	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.36	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.2	1 - 2	Calculated
SGOT (AST), Serum	20.8	5-40 U/L	UV with P5P IFCC
SGPT (ALT), Serum	28.2	5-45 U/L	UV with P5P IFCC
GAMMA GT, Serum	25.7	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	75.6	40-130 U/L	PNPP
BLOOD UREA, Serum	19.1	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	8.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.88	0.67-1.17 mg/dl	Enzymatic

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Age / Gender	: 35 Years / Male		
Consulting Dr.	: -	Collected	: 18-Sep-2024 / 08:31
Reg. Location	: G B Road, Thane West (Main Centre)	Reported	: 18-Sep-2024 / 11:14

eGFR, Serum	115	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45-59 Moderate to severe decrease:30-44 Severe decrease: 15-29 Kidney failure:<15	Calculated

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation

URIC ACID, Serum	5.5	3.5-7.2 mg/dl	Uricase

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

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Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist

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Reg. Location	: G B Road, Thane West (Main Centre)	Reported	: 18-Sep-2024 / 11:07

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	111.1	mg/dl	Calculated

Intended use:

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

Clinical Significance:

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

Test Interpretation:

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

Factors affecting HbA1c results:
Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

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

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

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

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Reg. Location	: G B Road, Thane West (Main Centre)	Reported	: 18-Sep-2024 / 13:08

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Transparency	Clear	Clear	-
CHEMICAL EXAMINATION			
Specific Gravity	1.020	1.010-1.030	Chemical Indicator
Reaction (pH)	Neutral (7.0)	4.5 - 8.0	Chemical Indicator
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
MICROSCOPIC EXAMINATION			
(WBC)Pus cells / hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2	0-5/hpf	
Hyaline Casts	Absent	Absent	
Pathological cast	Absent	Absent	
Calcium oxalate monohydrate crystals	Absent	Absent	
Calcium oxalate dihydrate crystals	Absent	Absent	
Triple phosphate crystals	Absent	Absent	
Uric acid crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	0-20/hpf	
Yeast	Absent	Absent	
Others	-		

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Note:

- Microscopic examination performed by Automated Cuvette based technology.
- All the Abnormal results are confirmed by reagent strips and Manual method.
- The Microscopic examination findings are mentioned in decimal numbers as the arithmetic mean of the multiple fields scanned using microscopy.

Reference: Pack Insert.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

*** End Of Report ***

Dr.VANDANA KULKARNI
M.D (Path)
Pathologist

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Reg. Location	: G B Road, Thane West (Main Centre)	Reported	: 18-Sep-2024 / 13:33

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

BLOOD GROUPING & Rh TYPING

PARAMETER	RESULTS
ABO GROUP	A
Rh TYPING	Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

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.

Refernces:

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

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*** End Of Report ***

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	168.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	149.4	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	29.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	139.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	109.0	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	30.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.7	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

*** End Of Report ***

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Consulting Dr.	: -	Collected	: 18-Sep-2024 / 08:31
Reg. Location	: G B Road, Thane West (Main Centre)	Reported	: 18-Sep-2024 / 10:44

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.8	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.52	0.35-5.5 microIU/ml microU/ml	ECLIA

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SUBURBAN DIAGNOSTICS
PRECISE TESTING • HEALTHIER LIVING

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

REPORT

CID	: 2426208584		
Name	: MR.SOMNATH CHATTERJEE		
Age / Gender	: 35 Years / Male		
Consulting Dr.	: -	Collected	: 18-Sep-2024 / 08:31
Reg. Location	: G B Road, Thane West (Main Centre)	Reported	: 18-Sep-2024 / 10:44

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 trasiently altered becuase 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)

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

*** End Of Report ***

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist

SUBURBAN DIAGNOSTICS
PRECISE TESTING - HEALTHIER LIVING

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REPORT

CID	: 2426208584		
Name	: MR.SOMNATH CHATTERJEE		
Age / Gender	: 35 Years / Male		
Consulting Dr.	: -	Collected	: 18-Sep-2024 / 13:12
Reg. Location	: G B Road, Thane West (Main Centre)	Reported	: 18-Sep-2024 / 15:54

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
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 G B Road Lab, Thane West

*** End Of Report ***

Dr.VANDANA KULKARNI
M.D (Path)
Pathologist

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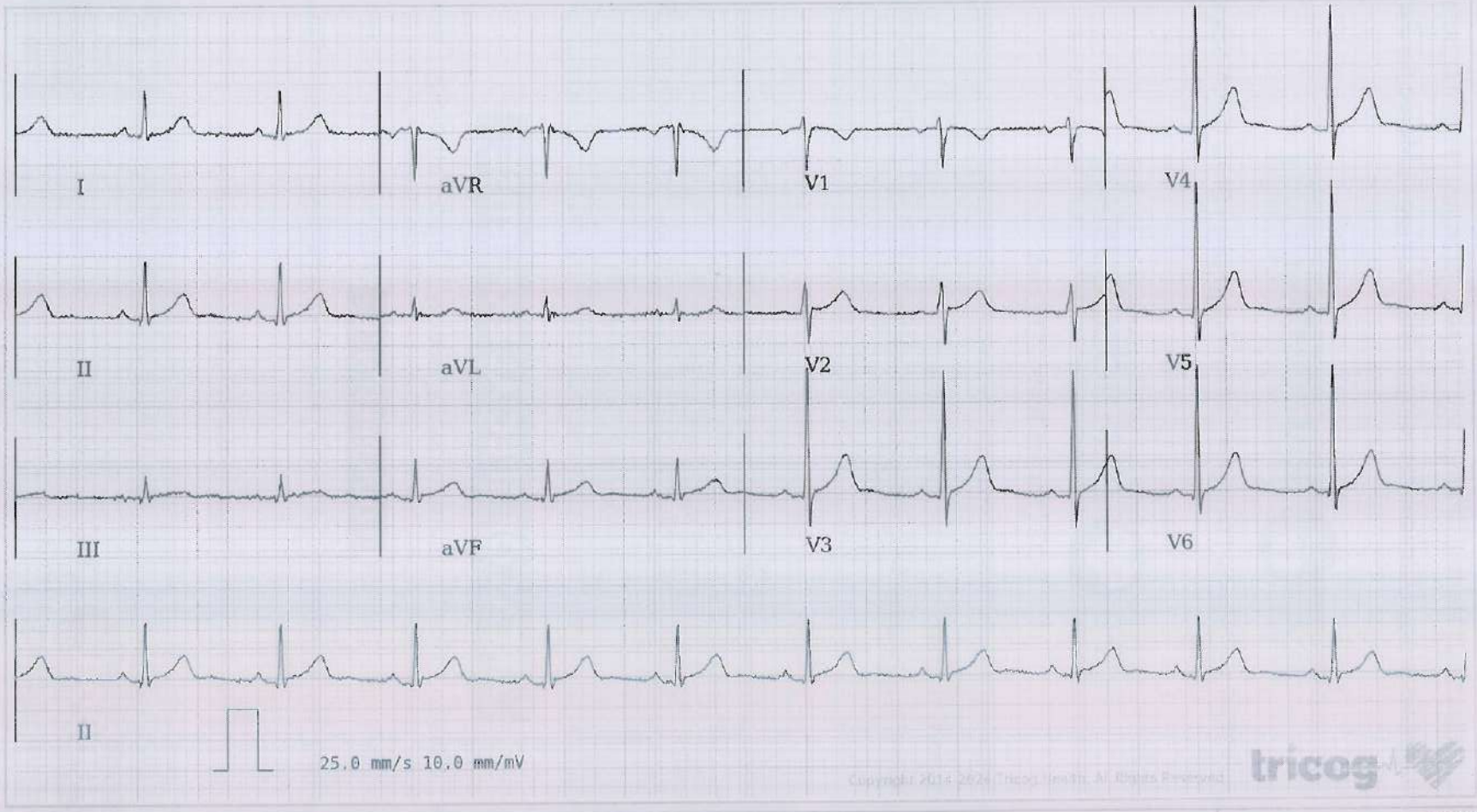
SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Patient Name: SOMNATH CHATTERJEE
Patient ID: 2426208584

Date and Time: 18th Sep 24 11:12 AM



Age 35 years NA months NA days
Gender Male
Heart Rate 69bpm

Patient Vitals

BP:	NA
Weight:	NA
Height:	NA
Pulse:	NA
Spo2:	NA
Resp:	NA
Others:	

Measurements

QRSD:	88ms
QT:	392ms
QTcB:	420ms
PR:	152ms
P-R-T:	29° 46° 47°

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

REPORTED BY

DR SHAILAJA PILLAI
MBBS, MD Physican
MD Physican
49972

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.

TROPER

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SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

CID	: 2426208584		
Name	: Mr SOMNATH CHATTERJEE		
Age / Sex	: 35 Years/Male		
Ref. Dr	:	**Reg. Date**	: 18-Sep-2024
Reg. Location	: G B Road, Thane West Main Centre	**Reported**	: 18-Sept-2024 / 12:56

X-RAY CHEST PA VIEW

Rotation +

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 Gauri Varma
Consultant Radiologist
MBBS / DMRE
MMC- 2007/12/4113

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=20240918082913355

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SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

REG NO. :2426208584	SEX : MALE
NAME : MR. SOMNATH CHATTERJEE	AGE : 35 YRS
REF BY : ----------	DATE: 18.09.2024

2D ECHOCARDIOGRAPHY

M – MODE FINDINGS :

LEFT VENTRICLE :

LVIDD	37.5	mm
LVIDS	25.2	mm
LVEF	62	%
FS	32	%
IVS	9.5	mm
PW	9.5	mm

AORTIC VALVE :

LADd	17.1	mm
AODd	31.8	mm
ACS	15.2	mm

Pulmanary valve study : Normal

1. RA.RV.LA.LV. Sizes are :Normal
2. Left ventricular contractility : Normal
   Regional wall motion abnormality : Absent.
   Systolic thickening : Normal
3. Mitral, tricuspid , aortic , pulmonary valves are : Normal
   No significant mitral valve prolapse.
4. Great arteries : Aorta and pulmonary artery are : Normal
5. Inter – artrial and inter – ventricular septum are intact normal.
6. Pulmonary veins , IVC , hepatic veins are normal.
7. No pericardial effusion . No intracardiac clots or vegetation.
8. No evidence of pulmonary hypertension.
9. CD/PWd/CWd studies : 1. Normal Flow and gradiant across all the valves.
   2. No shunt / coarctation.
   3. No pulmonary hypertension.

IMPRESSION :

- **ALL CHAMBER DIMANSIONS ARE NORMAL.**
- **NO REGIONAL WALL MOTION ABNORMALITY AT REST.**
- **NORMAL LV SYSTOLIC AND DIASTOLIC FUNCTION.LVEF=62%**
- **NORMAL RV SYSTOLIC FUNCTION.**
- **NO PULMONARY HYPERTENSION.**
- **ALL VALVE ARE NORMAL.**

DR. S.C. DEY
M.D, D.M.
(CARDIOLOGIST)