



CID : 2423723962
Name : MR.HOZEFA FAKRUDDIN ARSIWALA
Age / Gender : 39 Years / Male
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Collected : 24-Aug-2024 / 09:06
Reported : 24-Aug-2024 / 17:40

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	15.7	13.0-17.0 g/dL	Spectrophotometric
RBC	5.45	4.5-5.5 mil/cmm	Elect. Impedance
PCV	46.2	40-50 %	Measured
MCV	85	80-100 fl	Calculated
MCH	28.9	27-32 pg	Calculated
MCHC	34.1	31.5-34.5 g/dL	Calculated
RDW	14.1	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	9890	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	30.2	20-40 %	
Absolute Lymphocytes	2986.8	1000-3000 /cmm	Calculated
Monocytes	6.1	2-10 %	
Absolute Monocytes	603.3	200-1000 /cmm	Calculated
Neutrophils	52.7	40-80 %	
Absolute Neutrophils	5212.0	2000-7000 /cmm	Calculated
Eosinophils	10.6	1-6 %	
Absolute Eosinophils	1048.3	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	39.6	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	293000	150000-400000 /cmm	Elect. Impedance
MPV	7.6	6-11 fl	Calculated
PDW	13.2	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



Authenticity Check

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

Advice :

- 1) Stool examination for parasites
- 2) Allergy testing

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 3 2-15 mm at 1 hr. Sedimentation



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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:

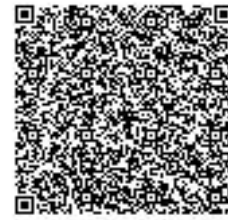
- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

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

*** End Of Report ***



Dr. JAGESHWAR MANDAL
CHOUPAL
MBBS, DNB 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 Fasting	74.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	83.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	1.04	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.37	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.67	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.6	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	18.4	<34 U/L	Modified IFCC
SGPT (ALT), Serum	16.9	10-49 U/L	Modified IFCC
GAMMA GT, Serum	21.1	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	68.5	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	33.3	19.29-49.28 mg/dl	Calculated
BUN, Serum	15.6	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.92	0.73-1.18 mg/dl	Enzymatic



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eGFR, Serum	109	(ml/min/1.73sqm)	Calculated
		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	

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

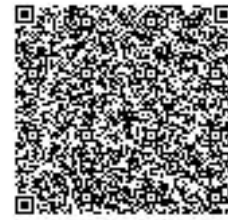
URIC ACID, Serum	5.0	3.7-9.2 mg/dl	Uricase/ Peroxidase
------------------	-----	---------------	---------------------

*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)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	102.5	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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*** End Of Report ***



Bmhasakar

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Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
EXAMINATION OF FAECES

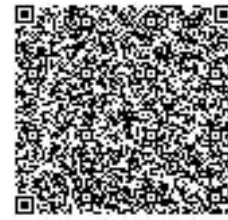
<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Colour	Brown	Brown	-
Form and Consistency	Semi Solid	Semi Solid	-
Mucus	Absent	Absent	-
Blood	Absent	Absent	-
<u>CHEMICAL EXAMINATION</u>			
Reaction (pH)	Acidic (6.0)	-	pH Indicator
Occult Blood	Absent	Absent	Guaiaac
<u>MICROSCOPIC EXAMINATION</u>			
Protozoa	Absent	Absent	-
Flagellates	Absent	Absent	-
Ciliates	Absent	Absent	-
Parasites	Absent	Absent	-
Macrophages	Absent	Absent	-
Mucus Strands	Absent	Absent	-
Fat Globules	Absent	Absent	-
RBC/hpf	Absent	Absent	-
WBC/hpf	1-2	Absent	-
Yeast Cells	Absent	Absent	-
Undigested Particles	Present +	-	-
Concentration Method (for ova)	No ova detected	Absent	-
Reducing Substances	-	Absent	Benedicts

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*** End Of Report ***



Bmhasakar

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



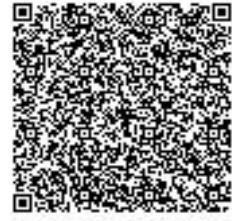
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Yellow	Pale Yellow	Light scattering
Transparency	Clear	Clear	Light scattering
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.028	1.002-1.035	Refractive index
Reaction (pH)	5	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
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	Negative	Negative	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
(WBC)Pus cells / hpf	1.5	0-5/hpf	
Red Blood Cells / hpf	0.0	0-2 /hpf	
Epithelial Cells / hpf	0.7	0-5/hpf	
Hyaline Casts	0.0	0-1/hpf	
Pathological cast	0.0	0-0.3/hpf	
Crystals	0.0	0-1.4/hpf	
Calcium oxalate monohydrate crystals	0.0	0-1.4/hpf	
Calcium oxalate dihydrate crystals	0.0	0-1.4/hpf	
Triple phosphate crystals	0.0	0-1.4/hpf	
Uric acid crystals	0.0	0-1.4/hpf	
Amorphous debris	0.0	0-29.5/hpf	
Bacteria / hpf	39.4	0-29.5/hpf	
Yeast	0.0	0-0.7/hpf	



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Others -

Kindly rule out contamination.

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*** End Of Report ***

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



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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	AB
Rh TYPING	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

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

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

References:

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

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



Dr. Vrushi Shroff

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	165.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	111	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	30.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	134.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	112.3	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	22.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.4	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 SDRL, Vidyavihar Lab
*** End Of Report ***



Anupa

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



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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	4.8	3.5-6.5 pmol/L	CLIA
Free T4, Serum	15.6	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	1.706	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 trasiently altered becuae of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

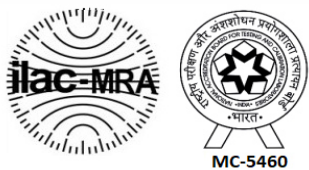
Limitations:

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

Reference:

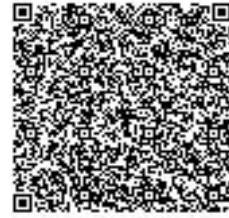
- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles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

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*** End Of Report ***



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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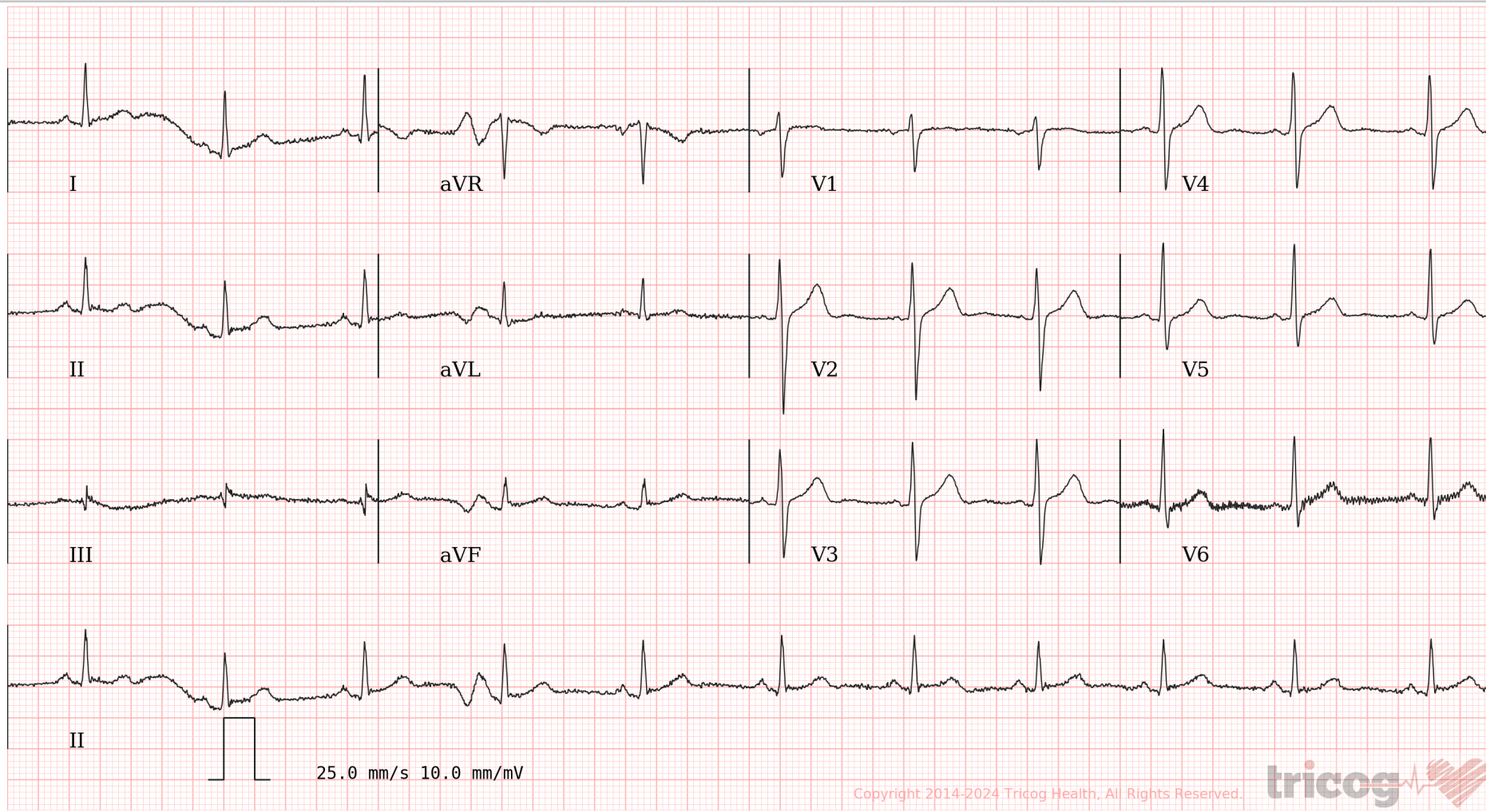
Anupa

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M.D.(PATH)
Consultant Pathologist & Lab Director

SUBURBAN DIAGNOSTICS - BHAYANDER EAST

Patient Name: HOZEFA FAKRUDDIN ARSIWALA
Patient ID: 2423723962

Date and Time: 24th Aug 24 10:29 AM



Age **39** NA NA
years months days

Gender **Male**

Heart Rate **69bpm**

Patient Vitals

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

Measurements

QRSD: 90ms
QT: 386ms
QTcB: 413ms
PR: 136ms
P-R-T: 44° 35° 39°

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ECG Within Normal Limits: Sinus Rhythm, Normal axis. No significant ST-T changes. Please correlate clinically.

REPORTED BY

Dr. Smita Valani
MBBS, D. Cardiology
2011/03/0587

Date:- 24/8/24

CID: 2423723962

Name:- HOZefa

Sex / Age: 39 / m

EYE CHECK UP

Chief complaints:

Systemic Diseases:

NO

Past history:

Unaided Vision:

Aided Vision:

Refraction:

RE	LE
$\frac{N}{6}$	$\frac{N}{6}$
6/6	6/6

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

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Wealth Space Building,
Near Dmart, Premier Road, Vidyavihar West,
Mumbai - 400086.
Phone : 022 - 61700000

Name : MR.HOZEFA FAKRUDDIN ARSIWALA

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Consulting Dr. :

Collected : 24-Aug-2024 / 08:54

Reg.Location : Bhayander East (Main Centre)

Reported : 24-Aug-2024 / 16:43

PHYSICAL EXAMINATION REPORT

History and Complaints:

No Complaint

EXAMINATION FINDINGS:

Height (cms):	163	Weight (kg):	62
Temp (0c):	Afebrile	Skin:	NAD
Blood Pressure (mm/hg):	120/80	Nails:	NAD
Pulse:	76/min	Lymph Node:	Not Palpable

Systems

Cardiovascular: S1S2-Normal

Respiratory: Chest-Clear

Genitourinary: NAD

GI System: NAD

CNS: NAD

(AB+ve)

IMPRESSION:

cxr, cbc, Bio chemistry all wnl

USG with B/L. Renal calculi.

ADVICE:

R/E of urine w/l. Bacterae \rightarrow 39.4 / hpt.
 \rightarrow Expert consultation and regular follow-up

CHIEF COMPLAINTS:

- | | |
|----------------------|----|
| 1) Hypertension: | No |
| 2) IHD | No |
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis | No |
| 6) Asthama | No |
| 7) Pulmonary Disease | No |

PRECISE TESTING - HEALTHY LIFE
CID# : 2423723962

Name : MR.HOZEFA FAKRUDDIN ARSIWALA

Age / Gender : 39 Years/Male

Consulting Dr. :

Reg.Location : Bhayander East (Main Centre)

Collected : 24-Aug-2024 / 08:54

Reported : 24-Aug-2024 / 16:43

- | | |
|--|----|
| 8) Thyroid/ Endocrine disorders | No |
| 9) Nervous disorders | No |
| 10) GI system | No |
| 11) Genital urinary disorder | No |
| 12) Rheumatic joint diseases or symptoms | No |
| 13) Blood disease or disorder | No |
| 14) Cancer/lump growth/cyst | No |
| 15) Congenital disease | No |
| 16) Surgeries | No |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

- | | |
|---------------|-------|
| 1) Alcohol | No |
| 2) Smoking | No |
| 3) Diet | Mixed |
| 4) Medication | No |

*** End Of Report ***

Anita
Reg. No. 2017/12/5553
CONSULTANT PHYSICIAN
M.B.B.S.
DR. ANITA CHODHARY

SUBURBAN DIAGNOSTICS (I) PVT. LTD.
Shop No. 101 to 105, 2nd Floor,
Kshiti Building, Above Keysond,
Near Thunga Hospital, Mira-Shy. Road,
Mira Road (East), Dist. Thane - 401 105
Phone - 022 - 61700000

REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | CIN No.: L74899DL1995PLC065388

MUMBAI OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.

WEST REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar West, Mumbai - 400086.

HEALTHLINE: 022-61700000 | E-MAIL: customerservice@suburbandiagnosics.com | WEBSITE: www.suburbandiagnosics.com



E-Mail:

12347876 (2423723962) / HOZEFA ARSIWALA / 39 Yrs / M / 163 Cms / 62 Kg
 Date: 24 / 08 / 2024 10:35:15 AM Refd By: -- Examined By: DR.SMITA VALANI

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:03	0:03	00.0	00.0	01.0	076	42 %	120/80	091	00	
Standing	00:07	0:04	00.0	00.0	01.0	076	42 %	120/80	091	00	
HV	00:10	0:03	01.7	10.0	01.1	073	40 %	120/80	087	00	
ExStart	00:12	0:02	01.7	10.0	01.1	073	40 %	120/80	087	00	
BRUCE Stage 1	03:12	3:00	01.7	10.0	04.7	128	71 %	130/80	166	00	
BRUCE Stage 2	06:12	3:00	02.5	12.0	07.1	148	82 %	140/80	207	00	
PeakEx	07:45	1:33	03.4	14.0	08.7	169	93 %	150/80	253	00	
Recovery	08:45	1:00	01.1	00.0	01.1	141	78 %	160/80	225	00	
Recovery	09:45	2:00	00.0	00.0	01.0	104	57 %	140/80	145	00	
Recovery	11:45	4:00	00.0	00.0	01.0	085	47 %	130/80	110	00	
Recovery	11:48	4:02	00.0	00.0	01.0	085	47 %	130/80	110	00	

FINDINGS :

Exercise Time : 07:33
 Initial HR (ExStrt) : 73 bpm 40% of Target 181
 Initial BP (ExStrt) : 120/80 (mm/Hg)
 Max WorkLoad Attained : 8.7 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : III & -0.8 mm in Stage 2
 Duke Treadmill Score : -01.2
 Test End Reasons : Test Complete , , , Test Complete

Max HR Attained: 169 bpm 93% of Target 181
 Max BP Attained : 160/80 (mm/Hg)

DR. SMITA VALANI
MBBS, D. CARDIOLOGY
 2011/03/0587

SUBURBAN DIAGNOSTICS (I) PVT. LTD.
 Shop No. 101, 102, 103, 104, 105
 Kshiraj Bhau, 1st Floor,
 Near Thungu Hospital, Mira-Ekay Road,
 Mira Road (East), Dist. Thane - 401 105
 Phone : 022 - 61700000

Smita
 Doctor - DR SMITA VALANI



15/04/2024 / HOZEFA ARSIWALA / 39 Yrs / M / 163 Cms / 62 Kg Date: 24 / 08 / 2024 10:35:15 AM Refd By : ...

REPORT :

REASON FOR TERMINATION : TARGET HR ACHIEVED

EXERCISE TOLERANCE : GOOD EFFORT TOLERANCE

EXERCISE INDUCED ARRHYTHMIAS : NO ANGINA AND ANGINA EQUIVALENT

HAEMODYNAMIC RESPONSE : NO SIGNIFICANT ST-T CHANGES DURING EXERCISE AND RECOVERY

CHRONOTROPIC RESPONSE : GOOD INOTROPIC RESPONSE

FINAL IMPRESSION : GOOD CHRONOTROPIC RESPONSE

NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA AT THIS WORKLOAD

DR. SMITA VALANI
MBBS, D. CARDIOLOGY
 2011/03/0587

SUBURBAN DIAGNOSTICS (I) PVT. LTD.
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 Mira Road (East), Dist. Thane - 401 105
 Phone 022 - 61700000

Smita Valani
 Doctor : DR. SMITA VALANI

SUBURBAN DIAGNOSTICS BHAYANDER

12347870 (2423723962) / HOZEFA ARSIWALA / 39 Yrs / M / 163 Cms / 62 Kg / HR : 76

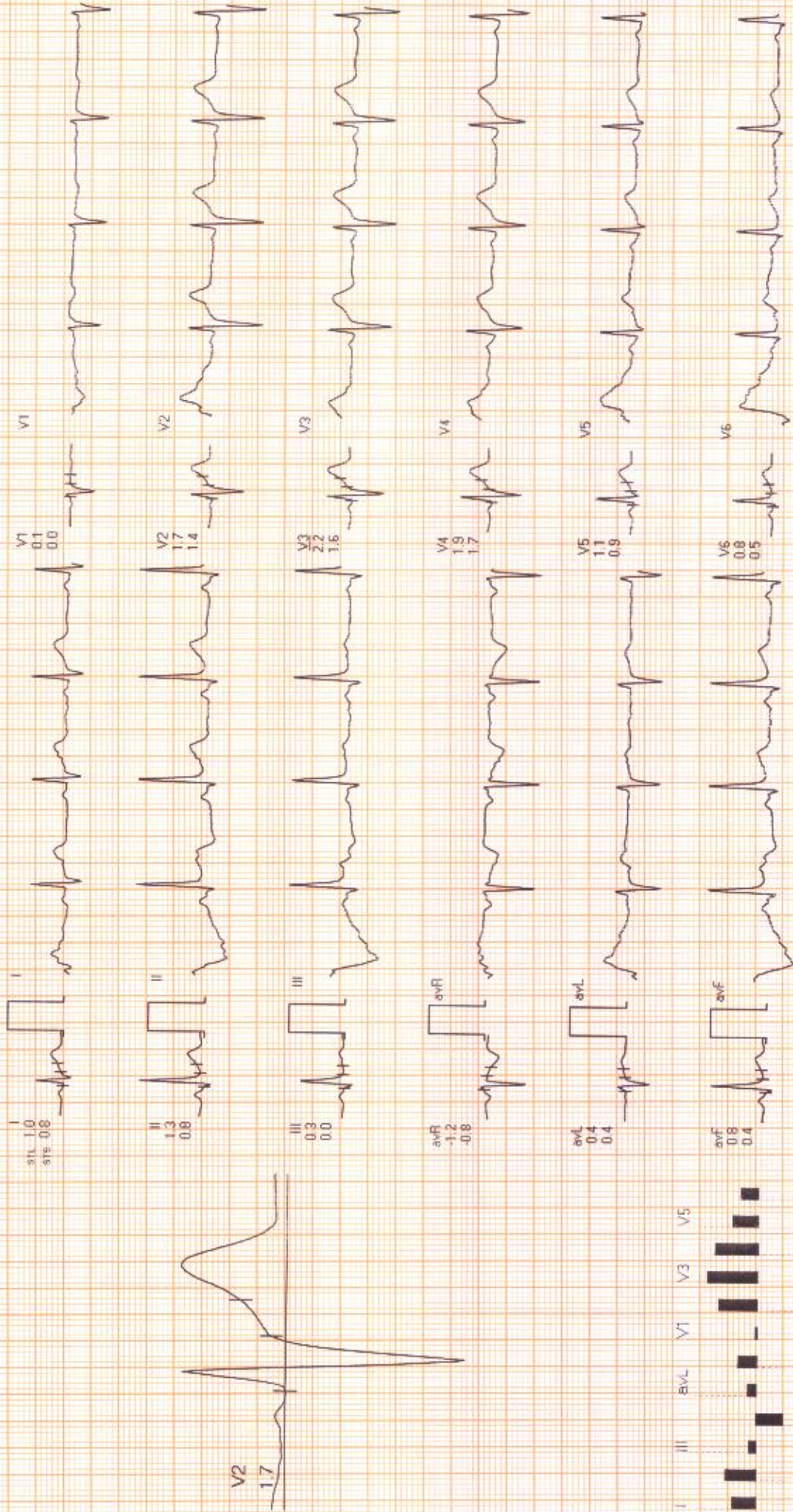
SUPINE (00:01)



Date: 24/08/2024 10:35:15 AM METS: 1.0/76 bpm 42% of THR BP: 120/80 mmHg Raw ECG [BLC On/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00:00 mph: 0.0%
25 mm/sec 1.0 Cm/mV

4X 80 mS Post V



REMARKS

SUBURBAN DIAGNOSTICS BHAYANDER

STANDING (00:00)



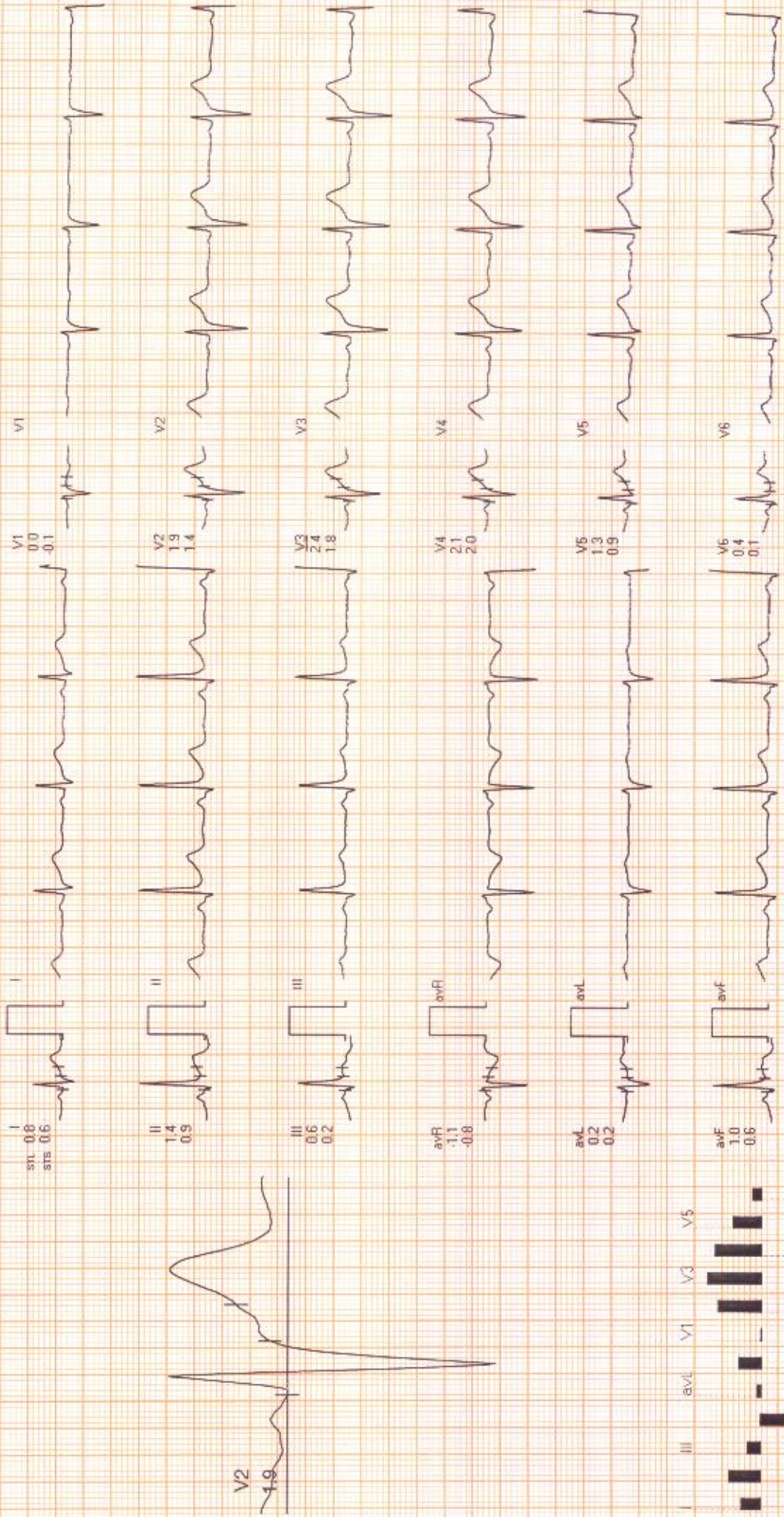
12347870 (2423723962) / HOZEFA ARSINWALA / 39 Yrs / M / 163 Cms / 62 Kg / HR : 76

Date: 24/08/2024 10:35:15 AM

METS: 1.0/76 bpm 42% of THR BP: 120/80 mmHg Raw ECG/BLC On/Notch On/HE 0.05 Hz/V.F.35 Hz

Ext: 00.00 0.0 mph 0.0%
25 mm/Sec 1.0 Cm/mV

4X 80 m/s Paper J



REMARKS:

SUBURBAN DIAGNOSTICS BHAYANDER

12347870 (2423723962) / HOZEFA ARSIWALA / 39 Yrs / M / 163 Cms / 62 Kg / HR : 73

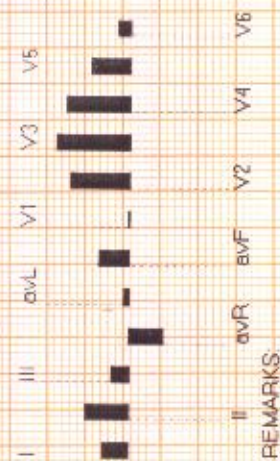
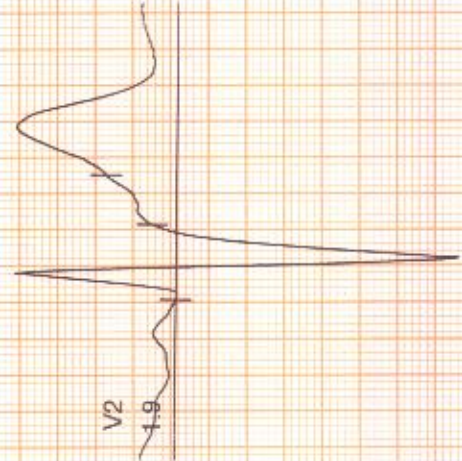
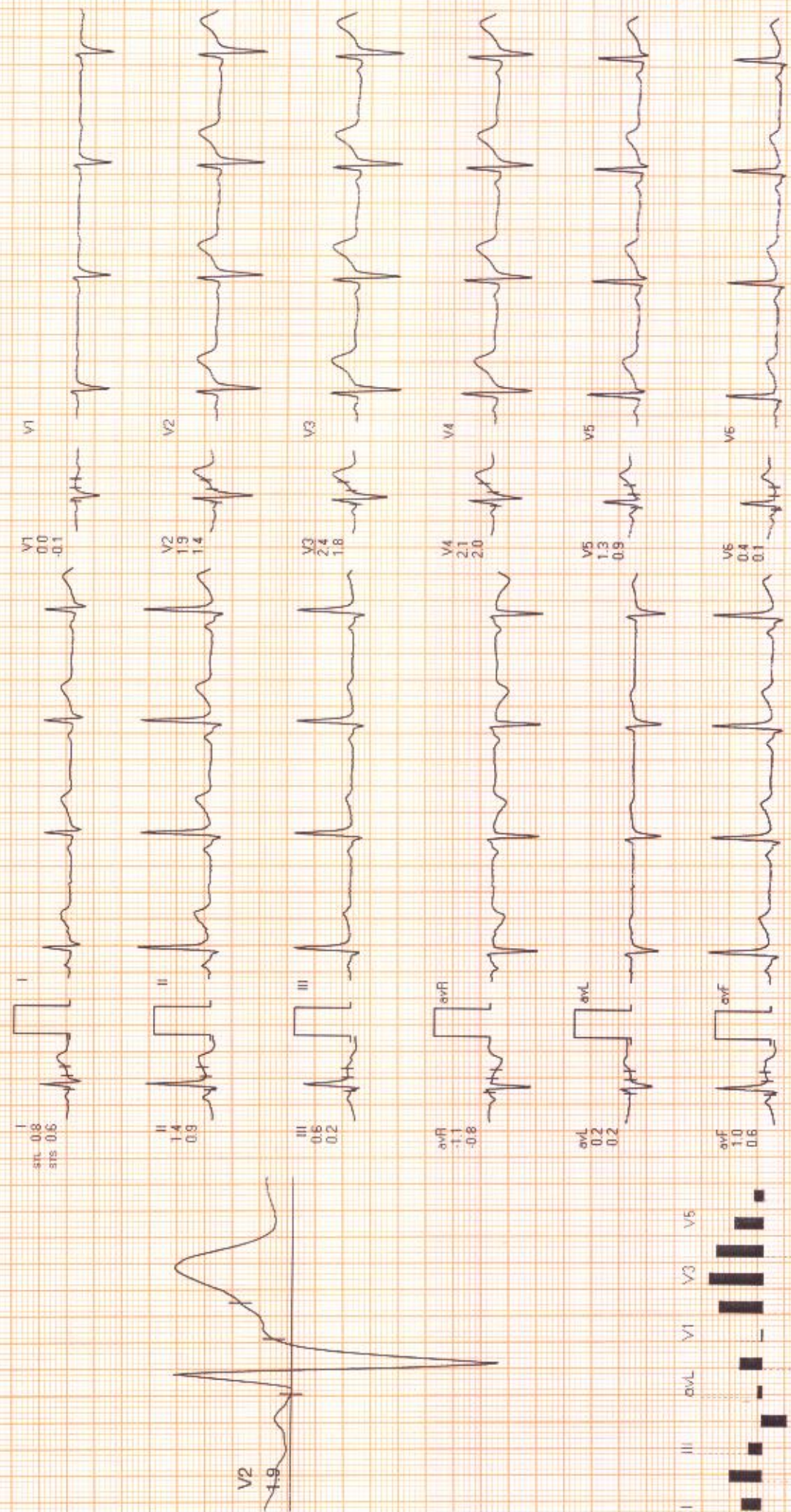
HV (00:00)



Date: 24/08/2024 10:35:15 AM METS: 1.0/73 bpm 40% of THR BP: 120/80 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/V.F.35 Hz

ExTime: 00:00:00 mph: 0.0%
25 mm/Sec 1.0 Cm/mV

4X 90 mS Post J



REMARKS

SUBURBAN DIAGNOSTICS BHAYANDER

12347870 (2423723962) / HOZEFA ARSIWALA / 39 Yrs / M / 163 Cms / 62 Kg / HR : 73

ExSirt

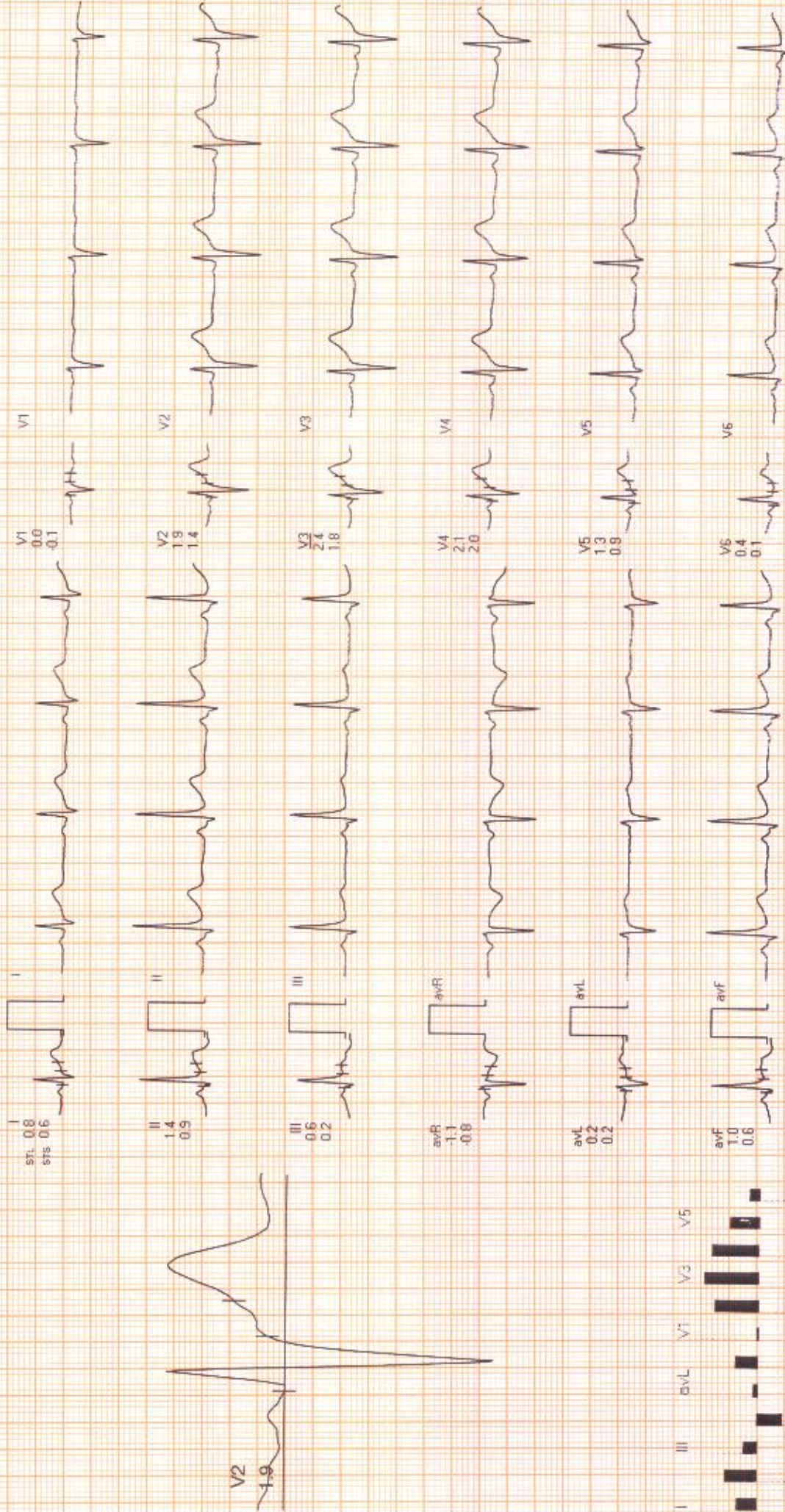


Date: 24/06/2024 10:35:15 AM

METS: 1.0/73 bpm 40% of THR BP: 120/80 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J

ExTime 00:00 0.0 mph 0.0%
25 mm/Sec 1.0 Cm/mV



REMARKS

SUBURBAN DIAGNOSTICS BHAYANDER

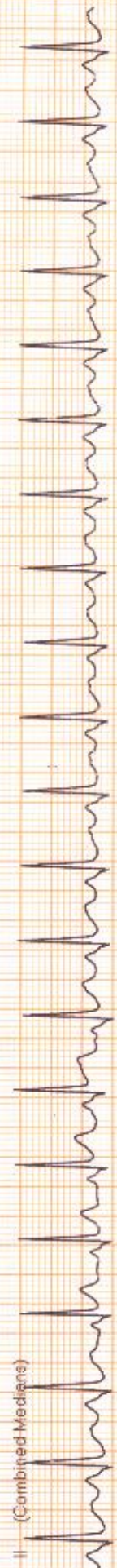
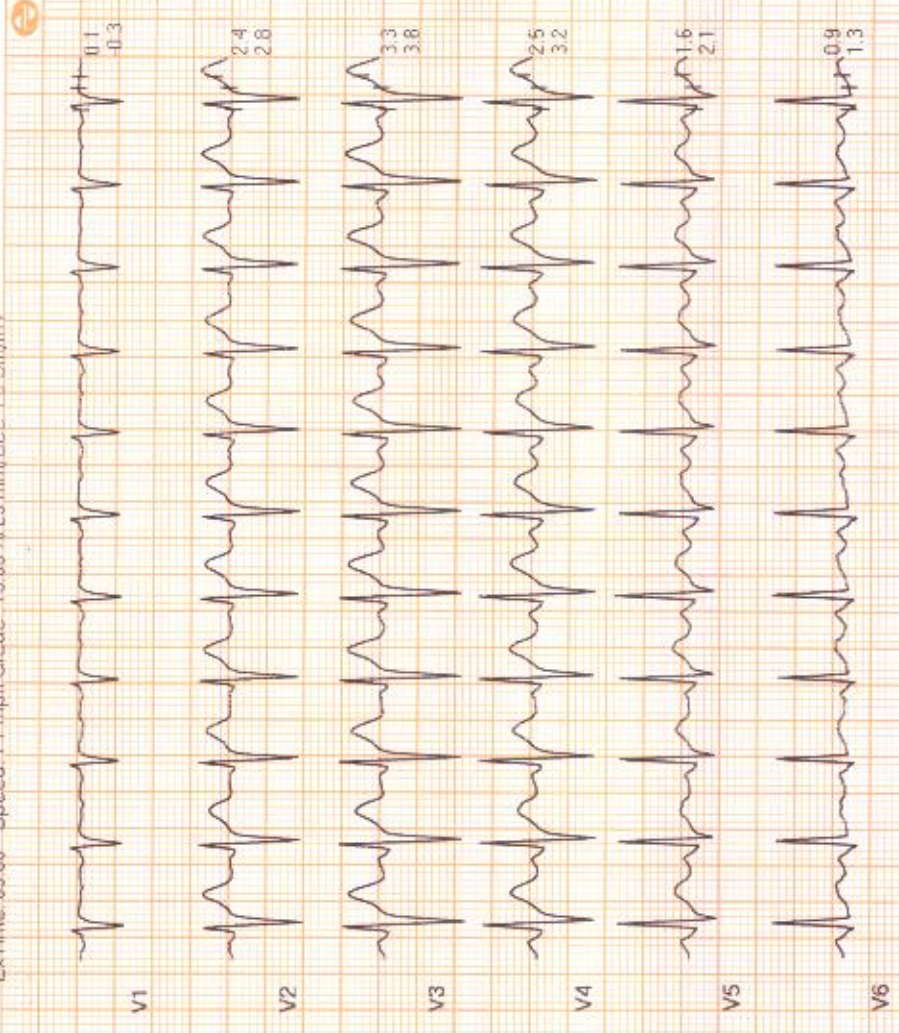
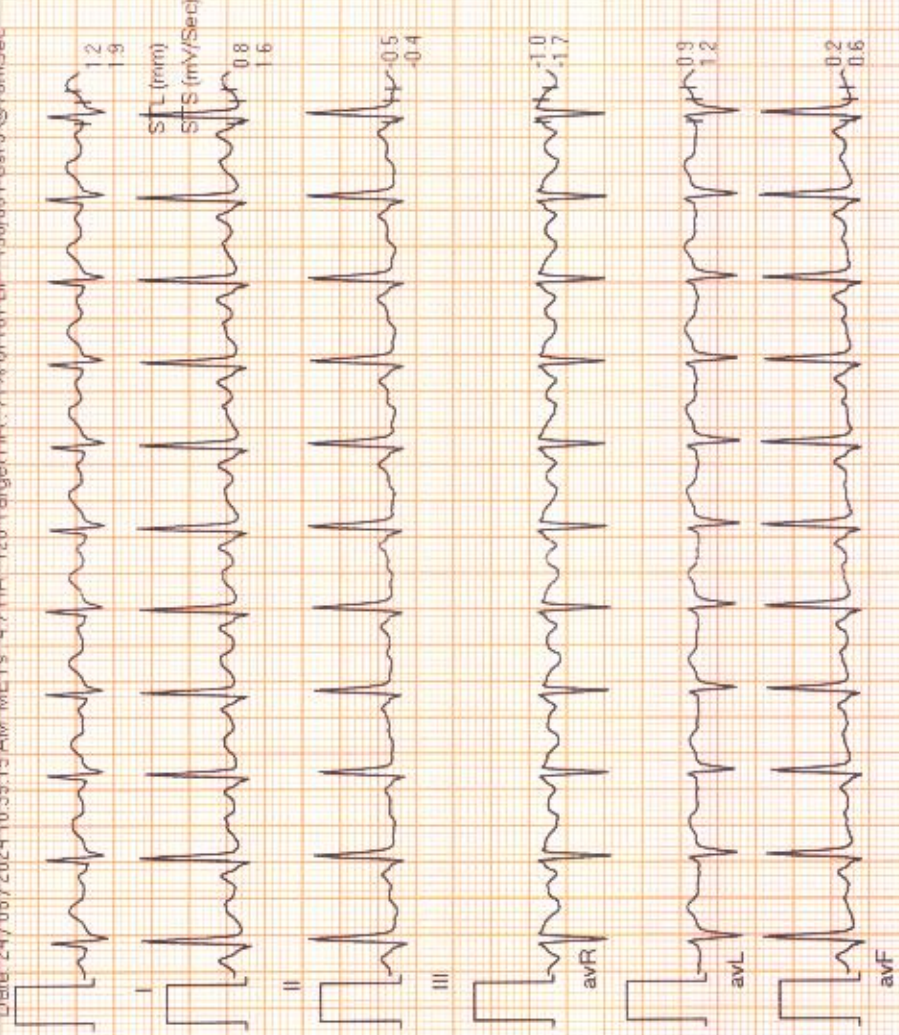
12347870 / HOZEFA ARSIWALA / 39 Yrs / Male / 163 Cm / 62 Kg

6X2 Combine Medians + 1 Rhythm
BRUCE : Stage 1 (03:00)



Date: 24/08/2024 10:35:15 AM METs: 4.7 HR: 128 Target HR: 71% of 181 BP: 130/80 Post J @ 70mSec

Ex Time: 03:00 Speed: 1.7 mph Grade: 10.00 % 25 mm/Sec 1.0 Cm/mV



SUBURBAN DIAGNOSTICS BHAYANDER

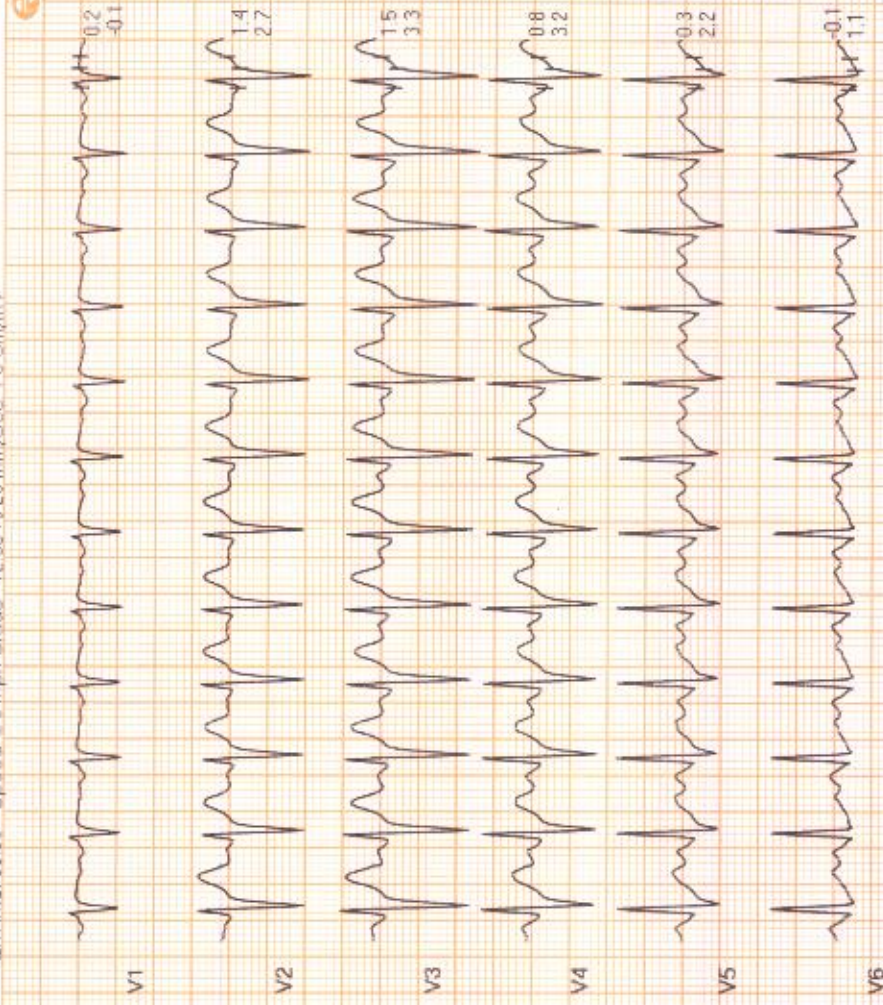
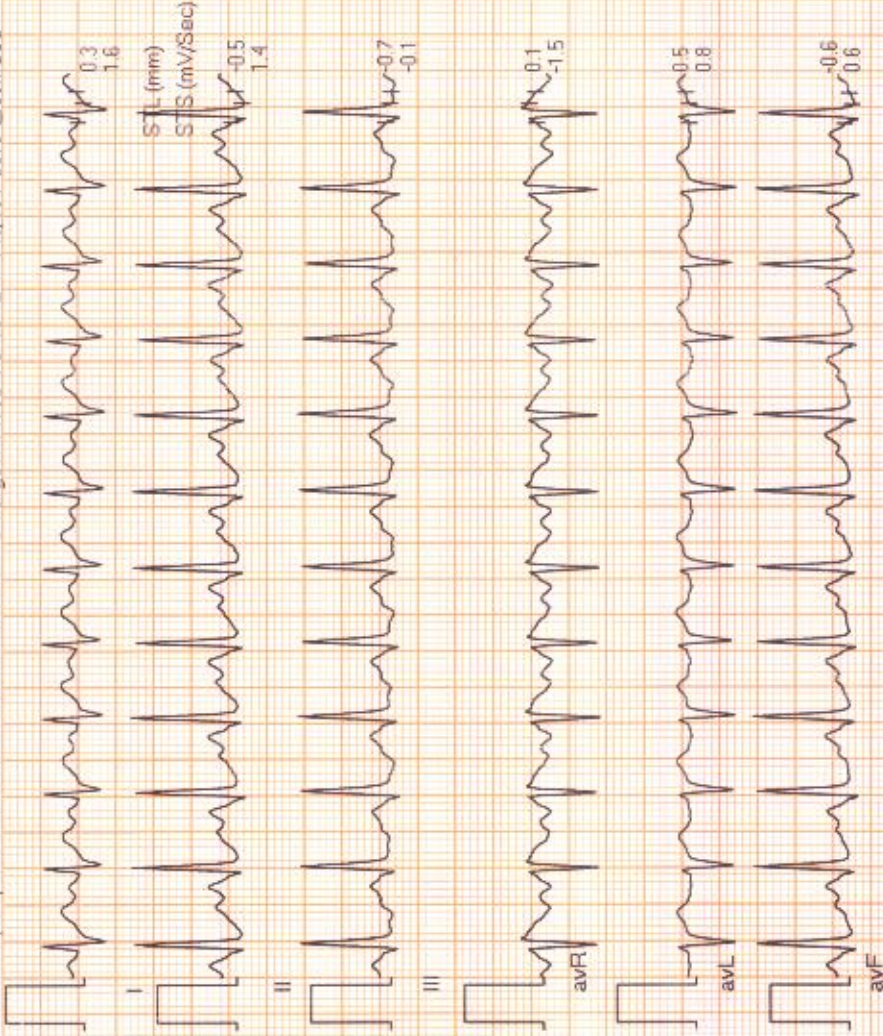
12347870 / HOZEFA ARSIWALA / 39 Yrs / Male / 163 Cm / 62 Kg

6X2 Combine Medians + 1 Rhythm
BRUCE : Stage 2 (03:00)



Date: 24/08/2024 10:35:15 AM METs: 7.1 HR: 146 Target HR: 82% of 181 BP: 140/80 Post J @60mSec

ExTime: 06:00 Speed: 2.5 mph Grade: 12.00 % 25 mm/Sec 1.0 Cm/mV



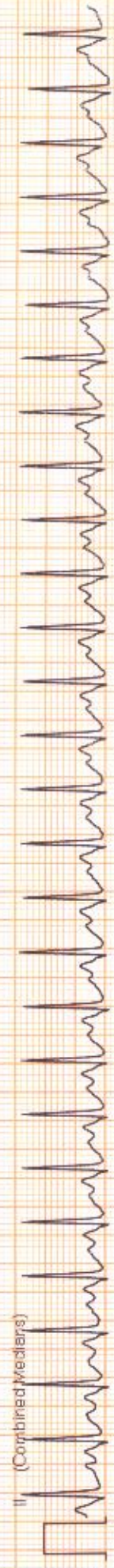
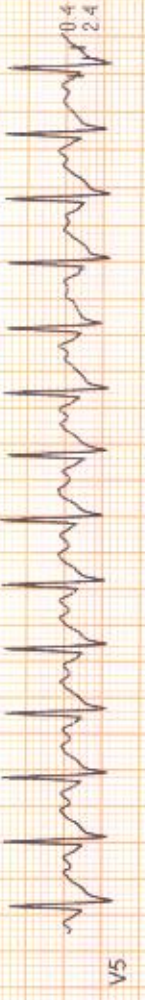
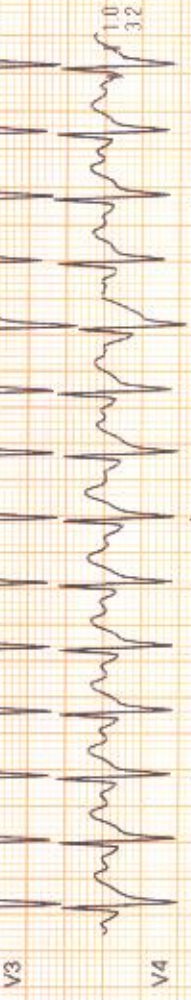
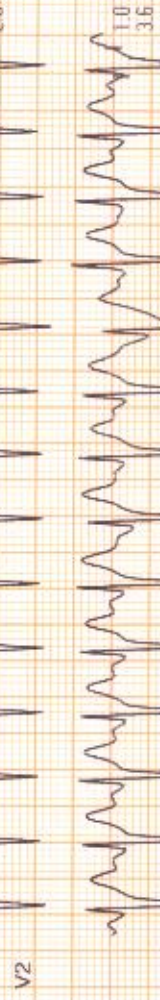
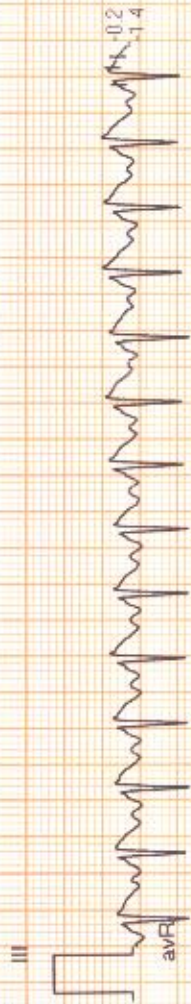
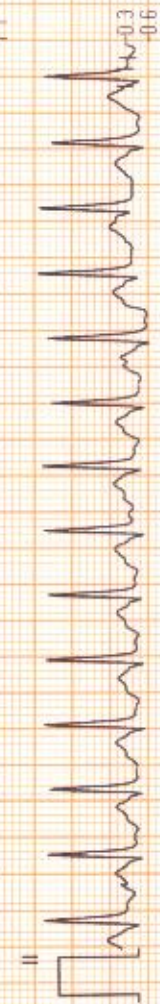
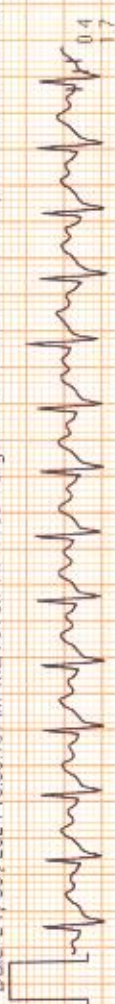
II (Combined Medians)





Date: 24/08/2024 10:35:15 AM METs: 8.7 HR: 169 Target HR: 93% of 161 EP: 150/80 Post J @ 60mSec

ExTime: 07:33 Speed: 3.4 mph Grade: 14.00 % 25 mm/Sec 1.0 Cm/mV



SUBURBAN DIAGNOSTICS BHAYANDER

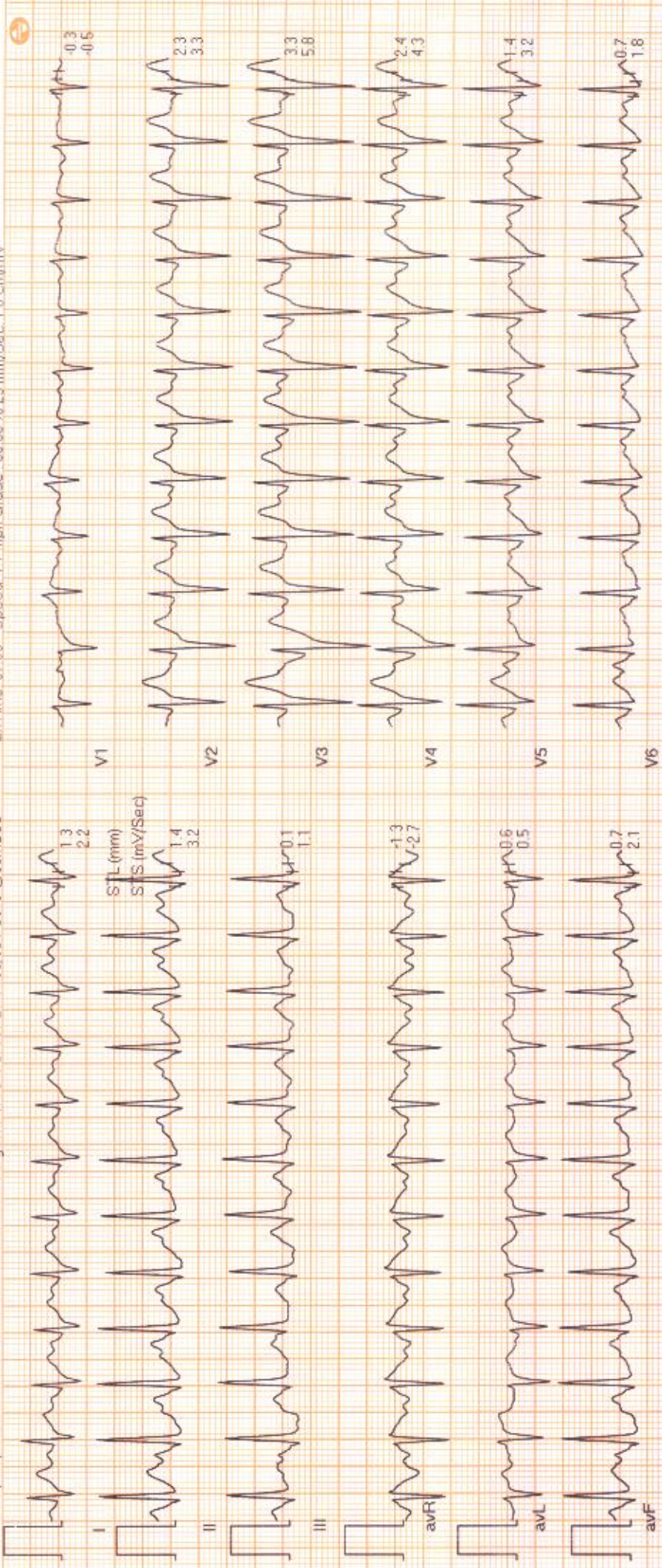
12347870 / HOZEFA ARSIWALA / 39 Yrs / Male / 163 Cm / 62 Kg

6X2 Combine Medians + 1 Rhythm
Recovery : (01:00)



Date: 24/08/2024 10:35:15 AM METs: 1.1 HR: 141 TargetHR: 78% of 101 BP: 160/80 Post J @60mSec

ExTime: 07:33 Speed: 1.1 mph Grade: 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)



SUBURBAN DIAGNOSTICS BHAYANDER

12347870 / HOZEFA ARSIWALA / 39 Yrs / Male / 163 Cm / 62 Kg

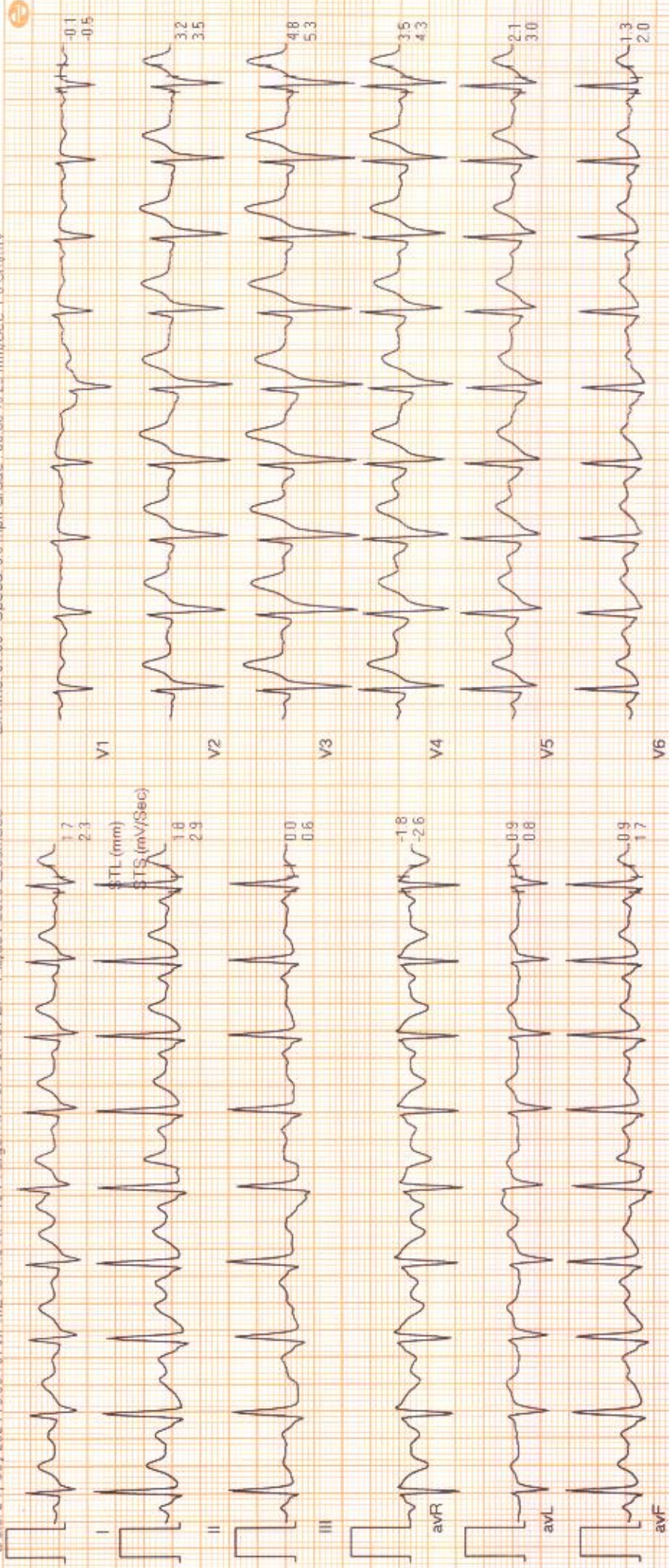
6X2 Combine Medians + 1 Rhythm

Recovery : (02:00)



Date: 24/08/2024 10:35:15 AM METs: 1.0 HR: 104 Target HR: 57% of 181 BP: 140/80 Post.J @ 80mSec

ExTime: 07:33 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV



II (Combined Medians)



SUBURBAN DIAGNOSTICS BHAYANDER

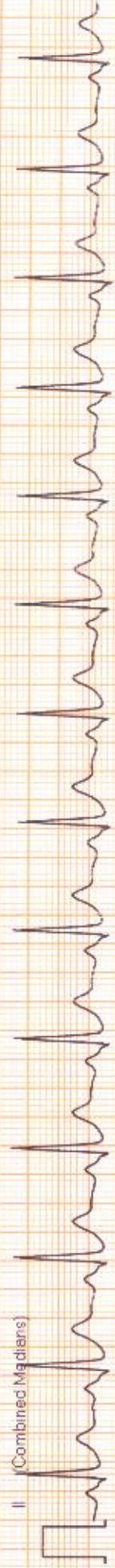
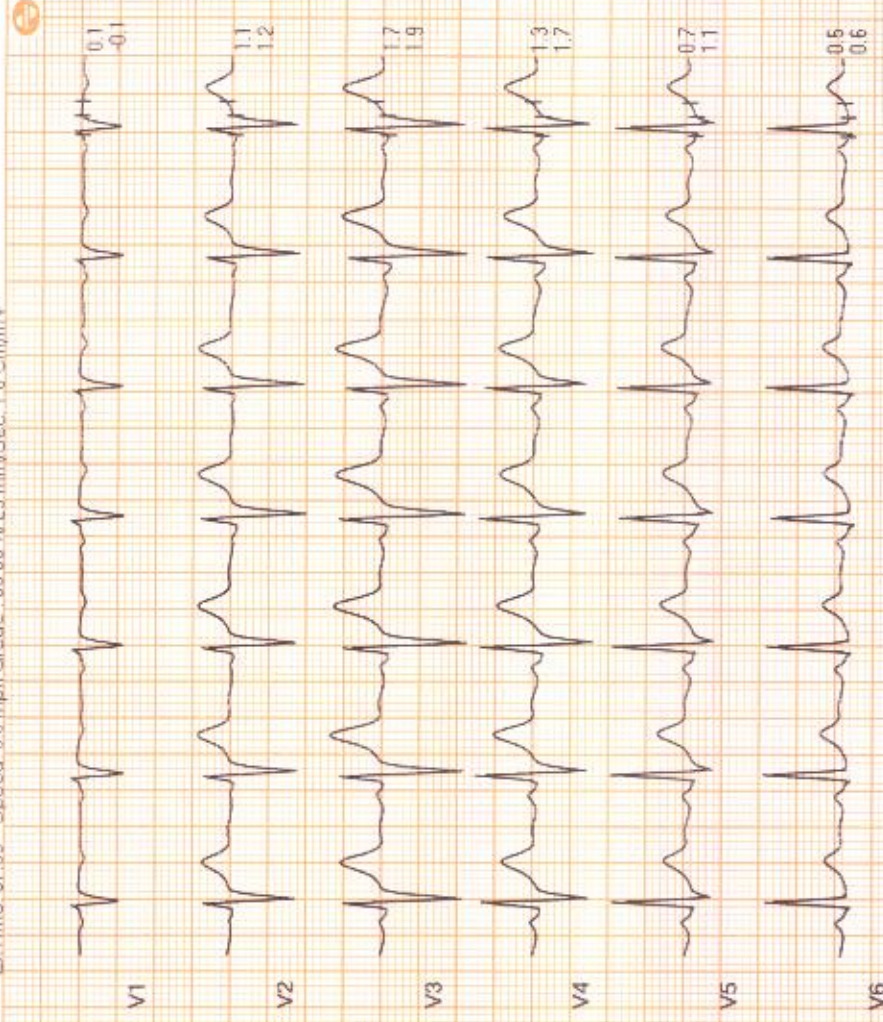
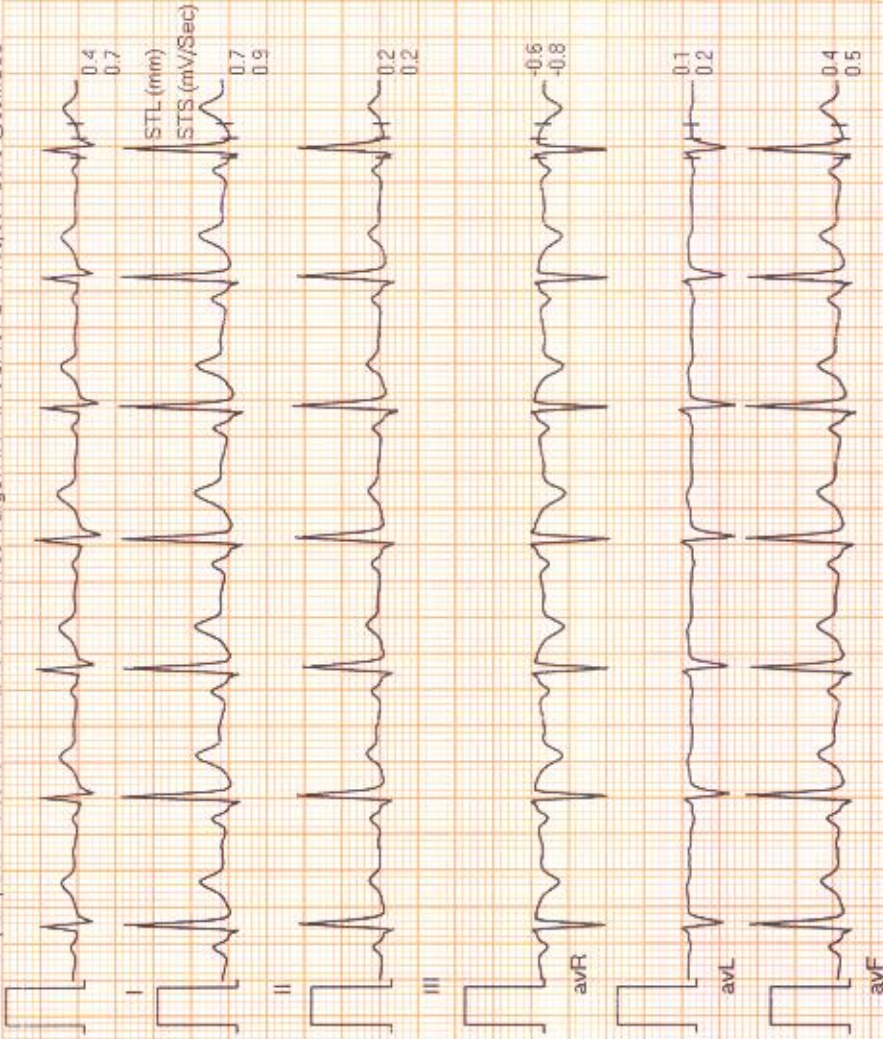
12347870 / HOZEFA ARSIWALA / 39 Yrs / Male / 163 Cm / 62 Kg

6X2 Combine Medians + 1 Rhythm
Recovery : (04:00)



Date 24/08/2024 10:35:15 AM METs 1.0 HR 85 Target HR 47% of 181 BP 130/80 Post J @ 80mSec

ExTime 07:33 Speed 0.0 mph Grade 00.00 % 25 mm/Sec 1.0 Cm/mV





1534170 / HOZEFA ARSIWALA / 39 Yrs / M / 163 Cms / 62 Kg Date: 24 / 08 / 2024 10:35:15 AM Refd By : --

REPORT :

REASON FOR TERMINATION : TARGET HR ACHIEVED
EXERCISE TOLERANCE : GOOD EFFORT TOLERANCE
EXERCISE INDUCED ARRHYTHMIAS : NO ANGINA AND ANGINA EQUIVALENT
NO SIGNIFICANT ST-T CHANGES DURING EXERCISE AND RECOVERY
HAEMODYNAMIC RESPONSE : GOOD INOTROPIC RESPONSE
CHRONOTROPIC RESPONSE : GOOD CHRONOTROPIC RESPONSE
FINAL IMPRESION : NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA AT THIS WORKLOAD

SUBURBAN DIAGNOSTICS BHAYANDER

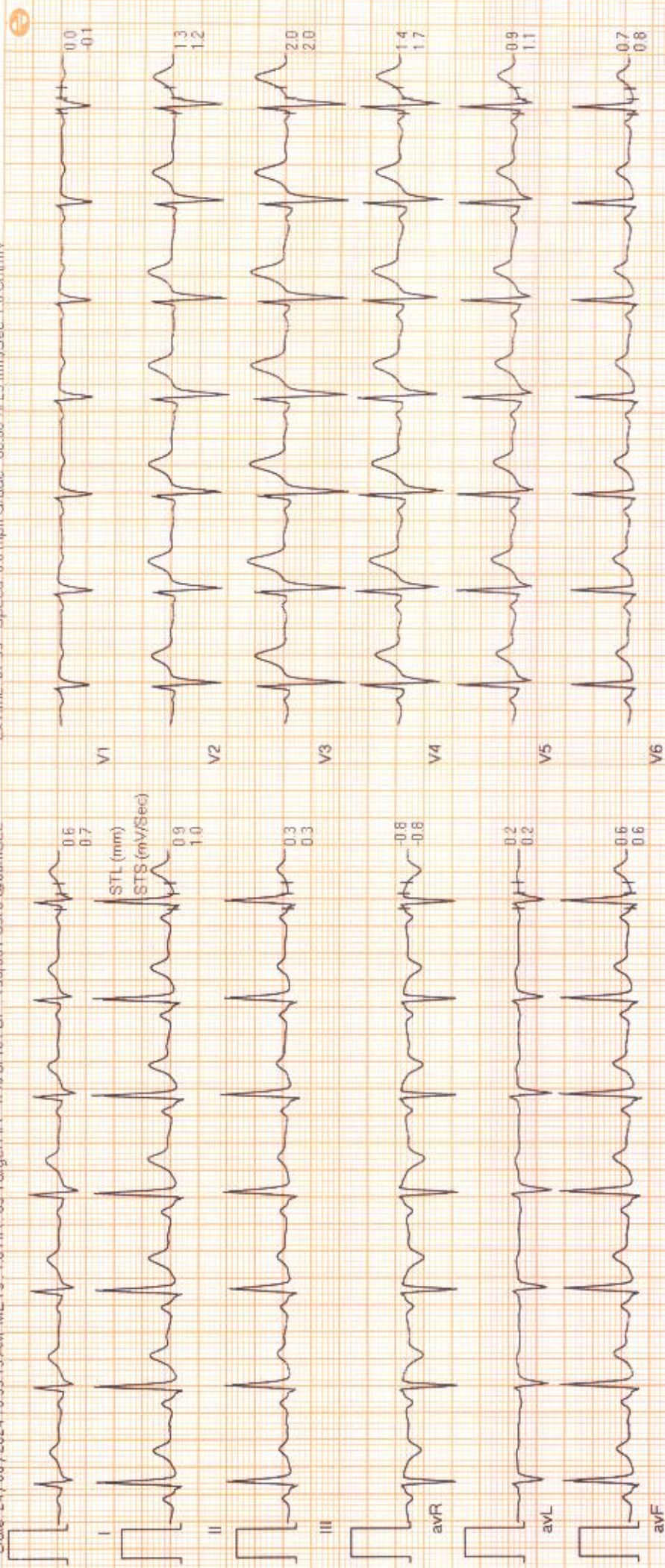
12347870 / HOZEFA ARSIWALA / 39 Yrs / Male / 163 Cm / 62 Kg

6X2 Combine Medians + 1 Rhythm
Recovery : (04.03)

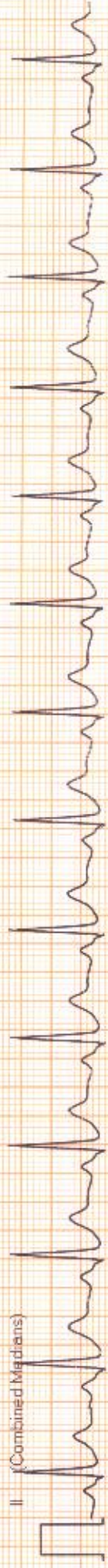


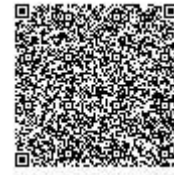
Date: 24/08/2024 10:35:15 AM METs: 1.0 HR: 85 Target HR: 47% of 101 BP: 130/80 Post J @ 80mSec

ExTime: 07.33 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)





CID : 2423723962
Name : Mr Hozefa Fakruddin Arsiwala
Age / Sex : 39 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 24-Aug-2024
Reported : 24-Aug-2024/16:06

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (12.0 cm), normal in shape and shows smooth margins. It shows normal parenchymal echotexture. No obvious cystic or solid lesion made out in the parenchyma. The intra hepatic biliary and portal radicals appear normal. The main portal vein appears normal.

GALL BLADDER:

The gall bladder is folded and physiologically distended. Neck region is not well visualised. Gall bladder wall appears normal. No evidence of calculus, mass lesion or sludge seen in the visualised lumen.

COMMON BILE DUCT:

The visualized common bile duct is normal in caliber. Terminal common bile duct is obscured due to bowel gas artefacts.

PANCREAS:

The pancreas appears normal. No evidence of solid or cystic mass lesion made out.

KIDNEYS:

Right kidney measures 9.0 x 4.0 cm. Left kidney measures 9.0 x 5.0 cm. Both the kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. **A 2.0 mm calculus seen in lower pole right kidney. A 3.0 mm calculus seen in the upper pole of left kidney.** No evidence of any hydronephrosis or mass lesion seen on both sides.

SPLEEN:

The spleen is normal in size (8.0 cm) and echotexture. No evidence of focal lesion is noted.

URINARY BLADDER:

The urinary bladder is well distended and reveals no intraluminal abnormality. Bladder wall appears normal. No obvious calculus or mass lesion made out in the lumen.

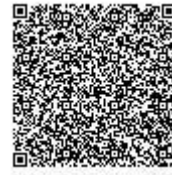
Prevoid vol :- 250.0 cc

Postvoid vol :- Nil

PROSTATE:

The prostate is normal in size 5.0 x 3.3 x 2.2 cm and weighs 20.0 gms. It shows normal parenchymal echotexture. No obvious calcification or mass lesion made out.

There is no evidence of any lymphadenopathy or ascites.



Use a QR Code Scanner
Application To Scan the Code

CID : 2423723962
Name : Mr Hozefa Fakruddin Arsiwala
Age / Sex : 39 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 24-Aug-2024
Reported : 24-Aug-2024/16:06

IMPRESSION:

- **Bilateral renal calculi.**
- **No other significant abnormality made out.**

Kindly correlate clinically.

Investigations have their limitation. Solitary pathological/Radiological & other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms & other related tests. Please interpret accordingly.

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

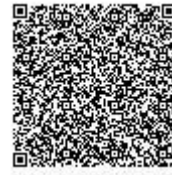
Dr.FAIZUR KHILJI
MBBS,RADIO DIAGNOSIS
Reg No-74850
Consultant Radiologist



Use a QR Code Scanner
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CID : 2423723962
Name : Mr Hozefa Fakruddin Arsiwala
Age / Sex : 39 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 24-Aug-2024
Reported : 24-Aug-2024/16:06



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CID : 2423723962
Name : Mr Hozefa Fakruddin Arsiwala
Age / Sex : 39 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 24-Aug-2024
Reported : 24-Aug-2024/16:33

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.FAIZUR KHILJI
MBBS,RADIO DIAGNOSIS
Reg No-74850
Consultant Radiologist



Use a QR Code Scanner
Application To Scan the Code

CID : 2423723962
Name : Mr Hozefa Fakruddin Arsiwala
Age / Sex : 39 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 24-Aug-2024
Reported : 24-Aug-2024/16:33