

Age **40** **5** **6**  
years months days

Gender **Male**

Heart Rate **84bpm**

**Patient Vitals**

BP: **120/80 mmHg**  
Weight: **71 kg**  
Height: **168 cm**  
Pulse: **NA**  
SpO2: **NA**  
Resp: **NA**  
Others:

**Measurements**

QRSD: **78ms**  
QT: **348ms**  
QTc: **411ms**  
PR: **138ms**  
P-R-T: **68° 62° 39°**

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

REPORTED BY

**Dr. I. U. BAMB**  
M.B.S., M.D. (Medicine)  
Reg. No. 39452

DR ISHWARLAL BAMB  
M.B.S MD (MEDICINE)  
cardiologist  
39452

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SUBURBAN DIAGNOSTICS PVT. LTD.  
Seraph Centre, Opp. Funtagon Mall,  
Near Pancharni Hotel,

Shahu College Road, Pune-411 009.

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

## Suburban Diagonstics Center ,Pune

**Patient Details**      Date: 31-Oct-22      Time: 11:04:32 AM  
**Name:** KULBHUSHAN KHAPRE ID: 2230401287  
**Age:** 40 y      **Sex:** M      **Height:** 168 cms      **Weight:** 71 Kgs  
**Clinical History:** NO

**Medications:** NO

### Test Details

**Protocol:** Bruce      **Pr.MHR:** 180 bpm      **THR:** 162 (90 % of Pr.MHR) bpm  
**Total Exec. Time:** 7 m 46 s      **Max. HR:** 154 ( 86% of Pr.MHR )bpm      **Max. Mets:** 10.20  
**Max. BP:** 154 / 82 mmHg      **Max. BP x HR:** 23716 mmHg/min      **Min. BP x HR:** 7520 mmHg/min  
**Test Termination Criteria:** Target HR attained

### Protocol Details

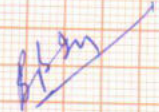
Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 17	1.0	0	0	95	120 / 80	-1.27 aVR	1.06 II
Standing	0 : 4	1.0	0	0	94	120 / 80	-1.27 aVR	1.77 V2
Hyperventilation	0 : 4	1.0	0	0	96	120 / 80	-0.85 aVR	2.12 V2
1	3 : 0	4.6	1.7	10	120	134 / 80	-1.06 aVR	2.83 V2
2	3 : 0	7.0	2.5	12	134	146 / 82	-1.27 aVR	3.54 V2
Peak Ex	1 : 46	10.2	3.4	14	154	154 / 82	-1.27 III	3.89 V2
Recovery(1)	1 : 0	1.8	1	0	129	154 / 82	-1.91 aVR	4.60 V2
Recovery(2)	1 : 0	1.0	0	0	104	154 / 82	-1.91 aVR	4.25 V2
Recovery(3)	1 : 0	1.0	0	0	107	154 / 82	-1.06 aVR	2.48 II
Recovery(4)	1 : 0	1.0	0	0	100	154 / 82	-1.06 V6	2.12 V2
Recovery(5)	1 : 0	1.0	0	0	100	154 / 82	-1.06 aVR	1.42 V2
Recovery(6)	1 : 0	1.0	0	0	100	154 / 82	-0.85 III	-2.48 V5
Recovery(7)	1 : 0	1.0	0	0	102	154 / 82	-0.85 III	-2.48 V5
Recovery(8)	0 : 18	1.0	0	0	97	154 / 82	-1.27 V5	2.12 V2

### Interpretation

Good Effort Tolerance.  
 No Significant ST T Changes as compared to Baseline.  
 No Chest Pain / Arrhythmias noted during the test.  
 Stress Test is Negative For Stress Induced Ischemia

Disclaimer : Negative Stress test dose not rule out coronary artery Diseases  
 Positive Stress Test is Suggestive but not confirmatory of Coronary Artery Disease.  
 Hence Clinical Correlation is mandatory.

Dr. I. U. BAMB  
 M.B.B.S., M.D. (Medicine)  
 Reg. No. 30152



Ref. Doctor: ARCOFEMI  
 ( Summary Report edited by user )

**Doctor: I U BAMB**

Protocol: Bruce

ID: 2230401287

Date: 31-Oct-22

Exec Time : 0 m 0 s

Stage Time : 0 m 11 s

HR: 95 bpm

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P: 120 / 80

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

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

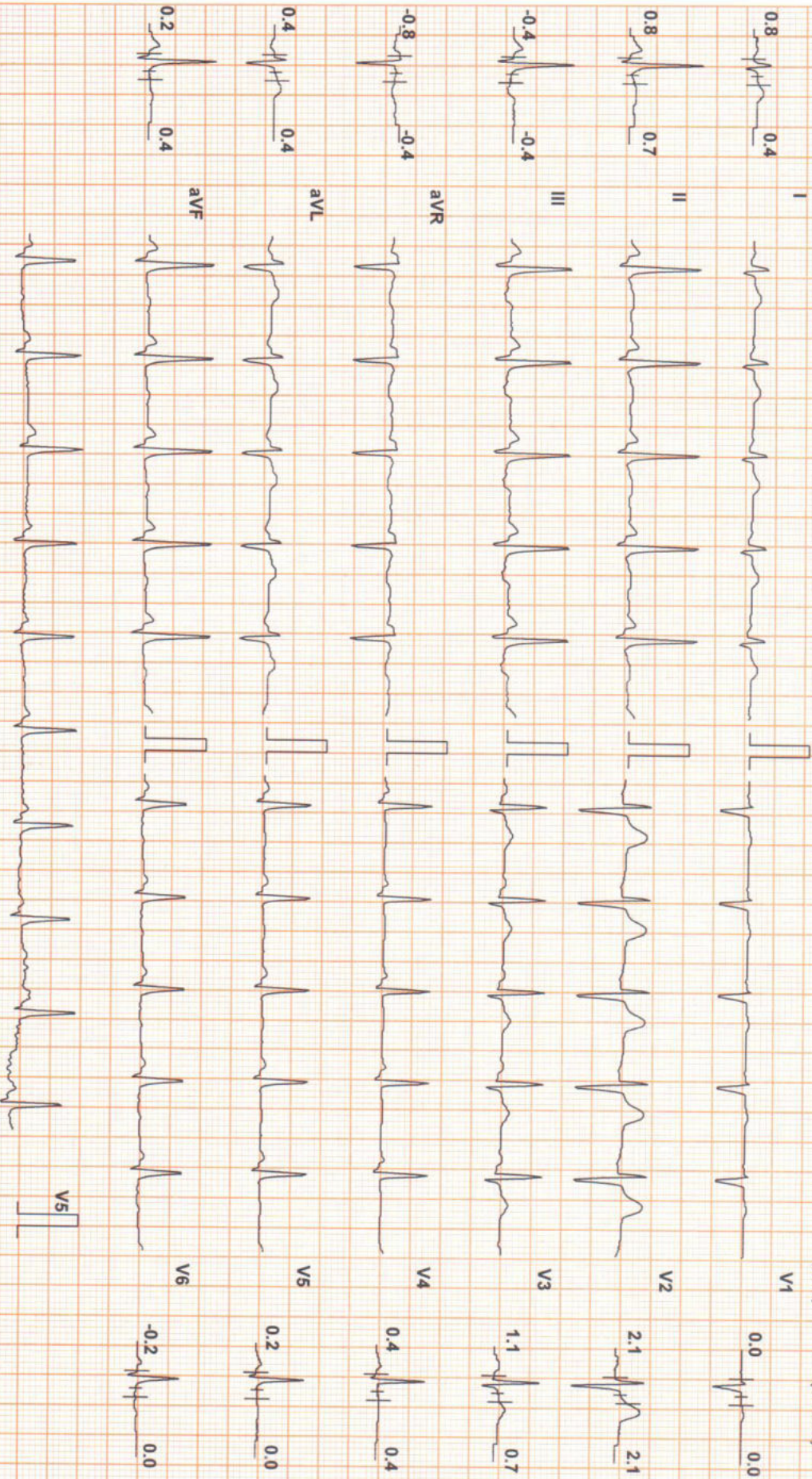


Chart Speed: 25 mm/sec  
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P: 120 / 80

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

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

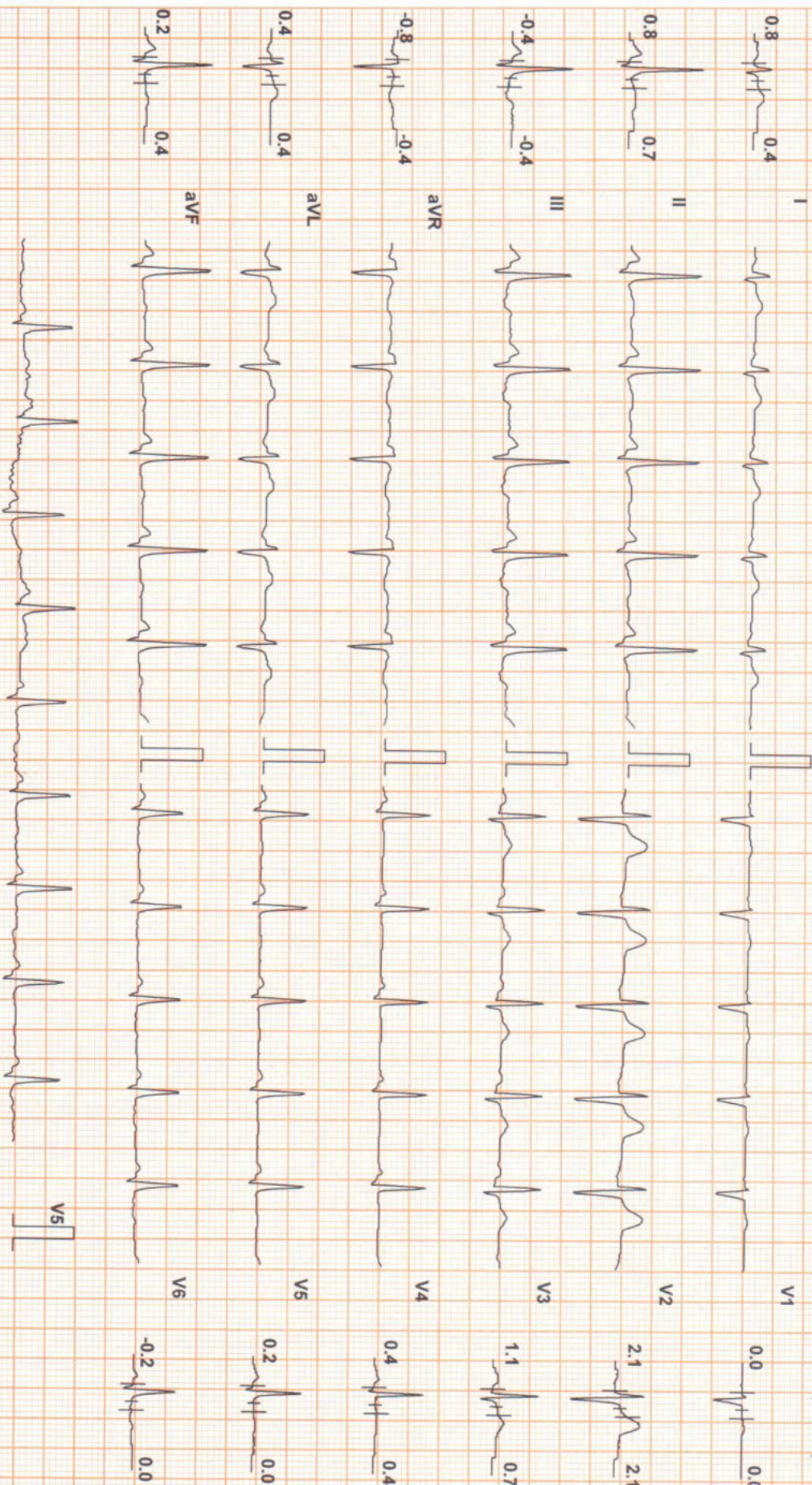


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V4.7

Linked Median



Protocol: Bruce

ID: 2230401287

Date: 31-Oct-22

Exec Time : 0 m 0 s

Stage Time : 0 m 2 s

HR: 91 bpm

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

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P: 120 / 80

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

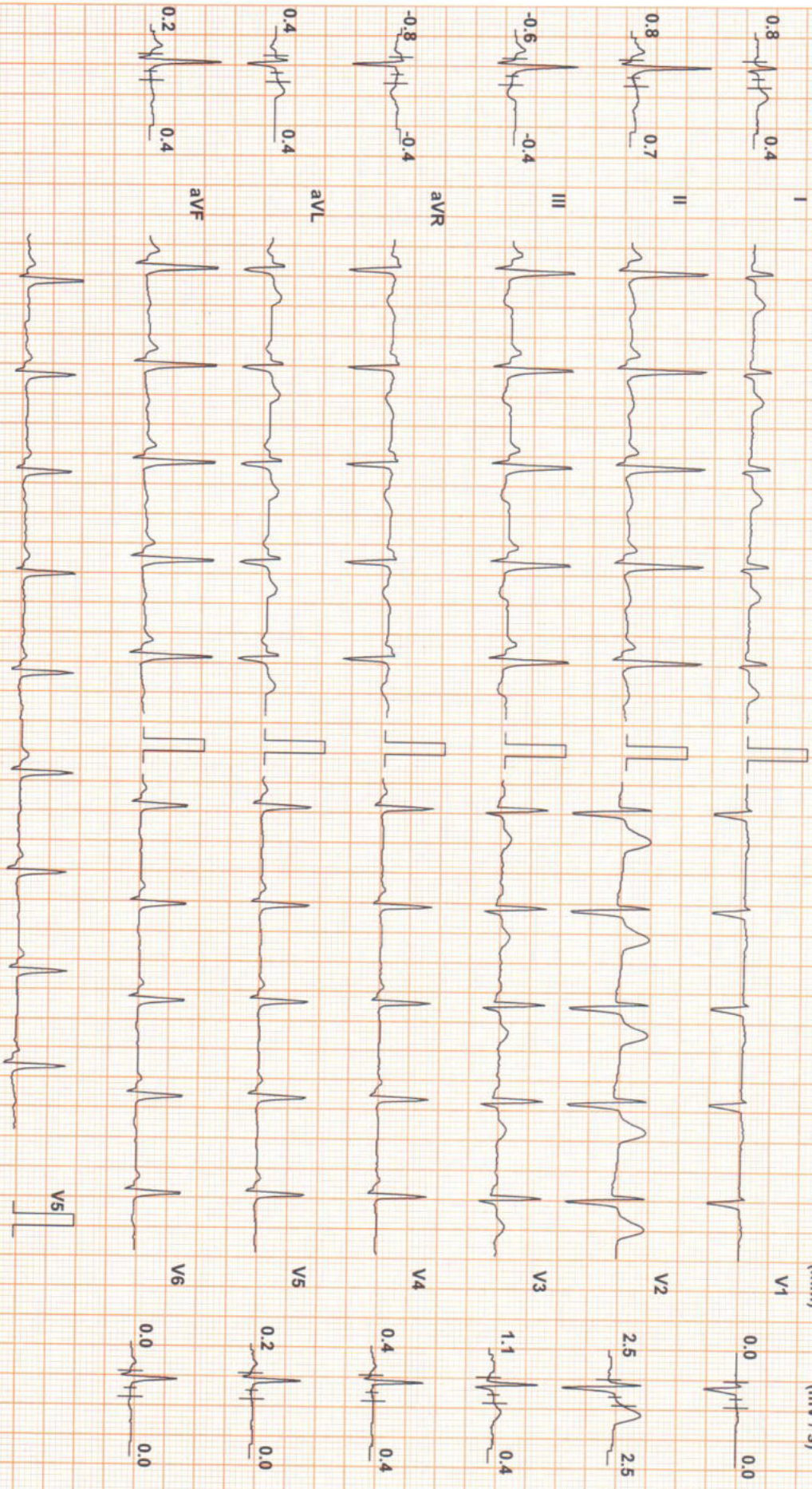


Chart Speed: 25 mm/sec  
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



Protocol: Bruce

ID: 2230401287

Date: 31-Oct-22 Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 120 bpm

Stage: 1

Speed: 1.7 mph

Grade: 10% (THR: 162 bpm)

B.P: 134 / 80

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

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

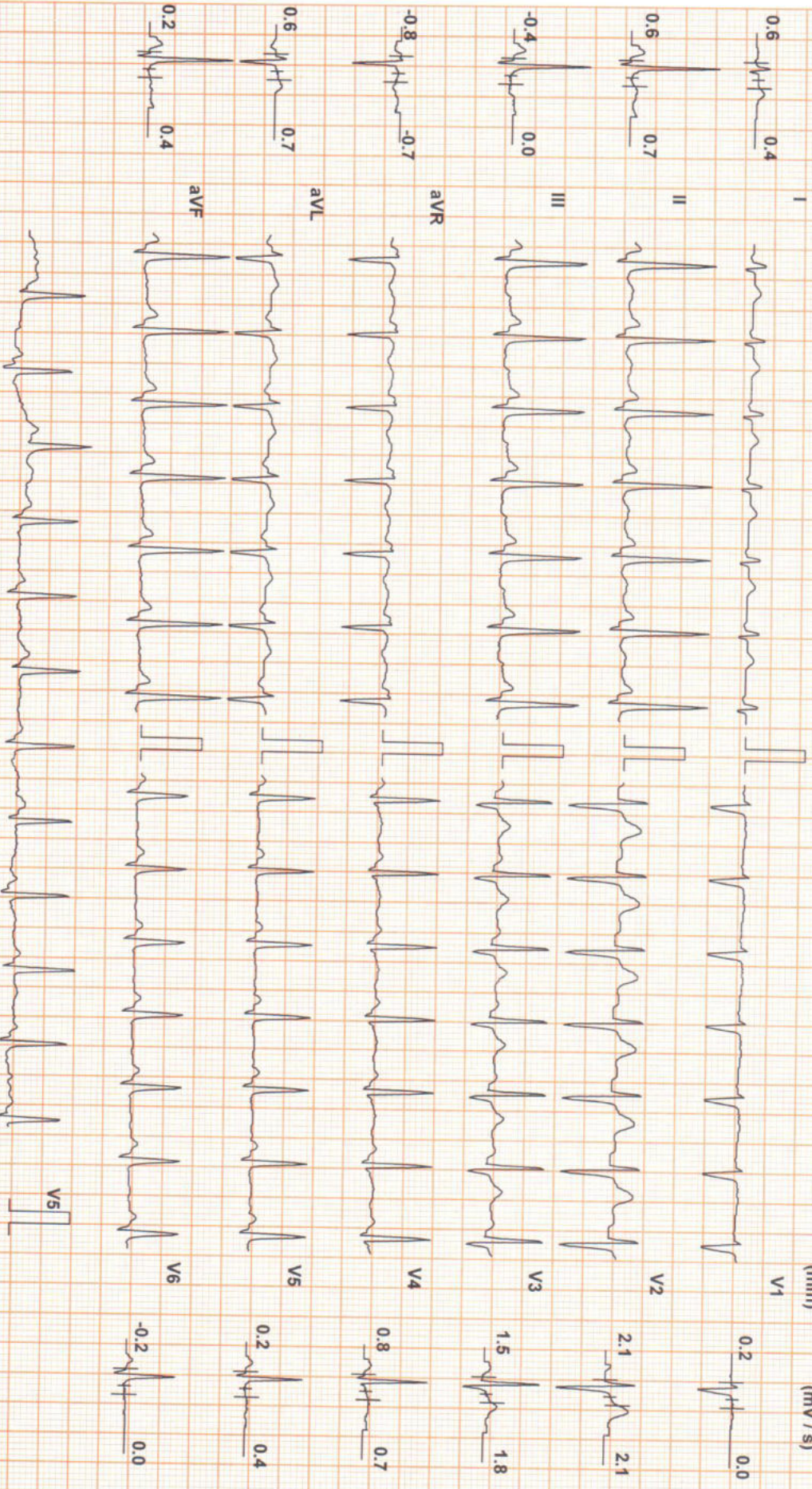


Chart Speed: 25 mm/sec  
Schlier Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



Suburban Diagnostics Center, Pune

Test Report

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 162 bpm)

B.P: 146 / 82

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

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

1.3 1.4



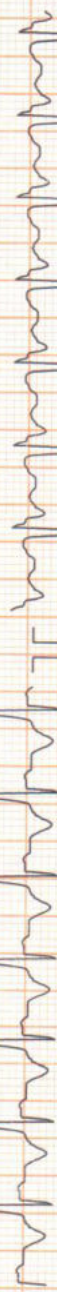
0.2 0.0

0.8 1.8



2.3 2.8

-0.6 0.0



2.1 2.1

-0.8 -1.1



0.8 1.1

0.8 0.7



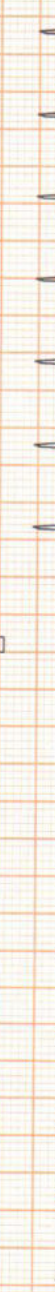
0.4 0.7

0.2 0.7



-0.2 0.4

0.8 0.7



0.4 0.7

0.8 0.7



0.4 0.7

0.8 0.7



0.4 0.7

0.8 0.7



0.4 0.7

0.8 0.7



0.4 0.7

0.8 0.7



0.4 0.7

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

Linked Median

Schiller Spandan V4.7



Protocol: Bruce

ID: 2230401287

Date: 31-Oct-22

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

Exec Time : 7 m 40 s

Stage Time : 1 m 40 s

HR: 152 bpm

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

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

B.P: 154 / 82

1.1 1.4 I

0.0 -0.4 V1

0.4 1.8 II

2.5 3.2 V2

-0.6 0.0 III

1.5 2.8 V3

-0.6 -1.4 aVR

0.6 1.4 V4

0.8 1.1 aVL

0.0 0.7 V5

-0.2 0.7 aVF

-0.6 0.4 V6

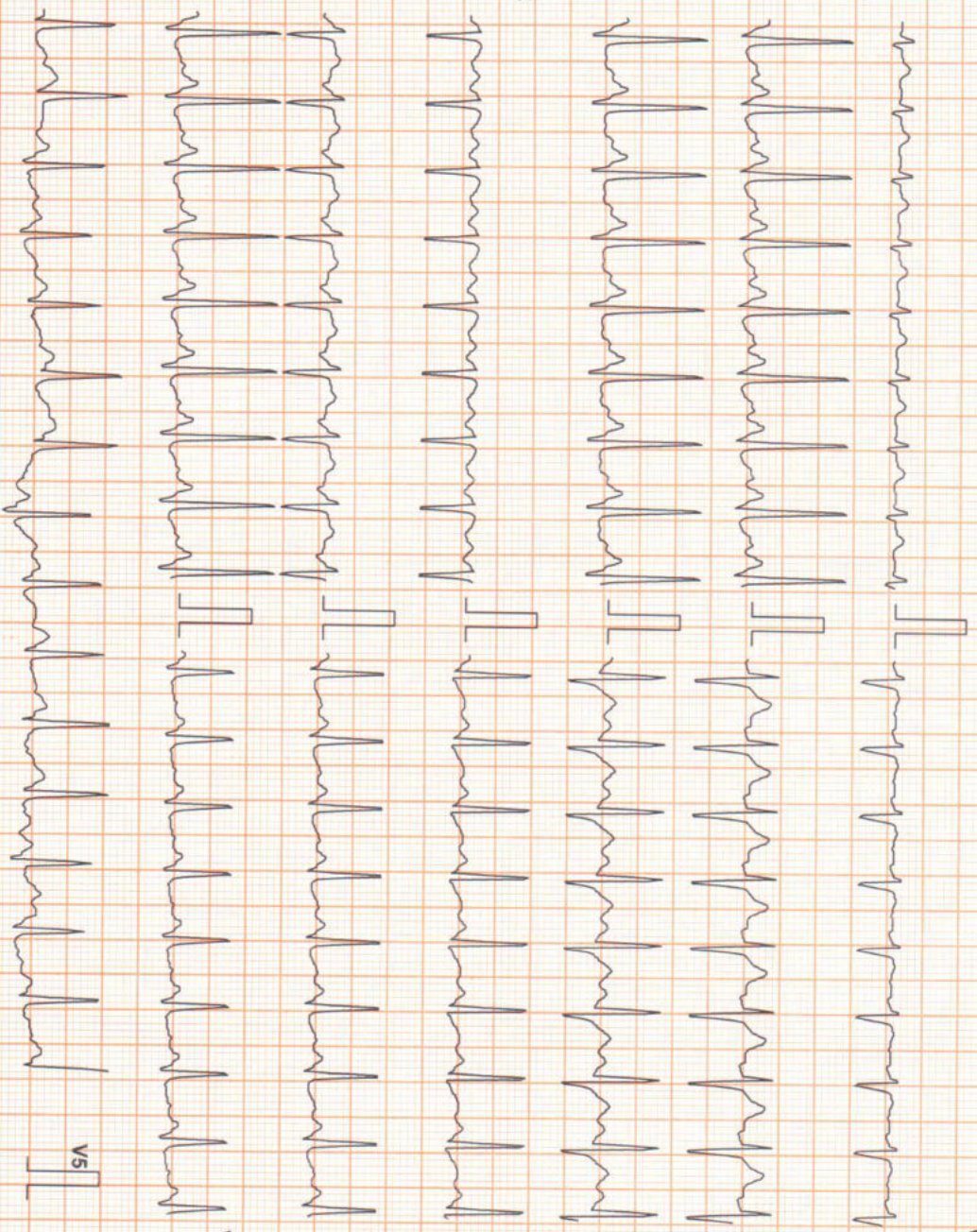


Chart Speed: 25 mm/sec  
Schiller Spandau V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median





Protocol: Bruce

ID: 2230401287

Date: 31-Oct-22

Exec Time : 7 m 46 s Stage Time : 0 m 54 s

HR: 132 bpm

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 162 bpm)

B.P: 154 / 82

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

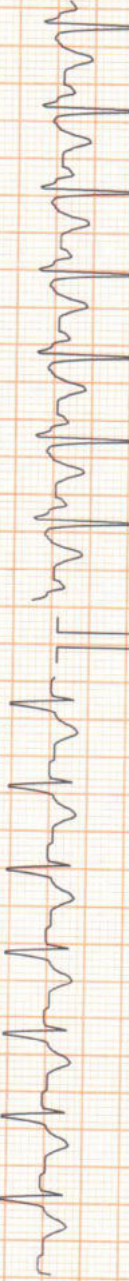
ST Level (mm) ST Slope (mV/s)

1.7 1.8 I



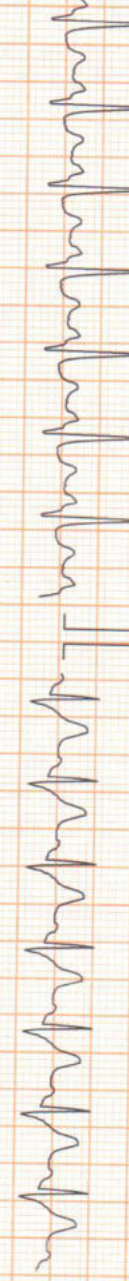
0.2 0.0 V1

1.7 2.8 II



2.5 3.5 V2

-0.2 0.7 III



3.2 3.5 V3

-1.5 -2.1 aVR



1.5 1.8 V4

0.8 0.7 aVL



0.4 1.1 V5

0.8 2.1 aVF



0.0 0.4 V6



Chart Speed: 25 mm/sec  
Schiller Spandam V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



**KULBHUSHAN KHAPRE (40 M)**

ID: 2230401287

Date: 31-Oct-22

Exec Time : 7 m 46 s Stage Time : 0 m 54 s HR: 106 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P: 154 / 82

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

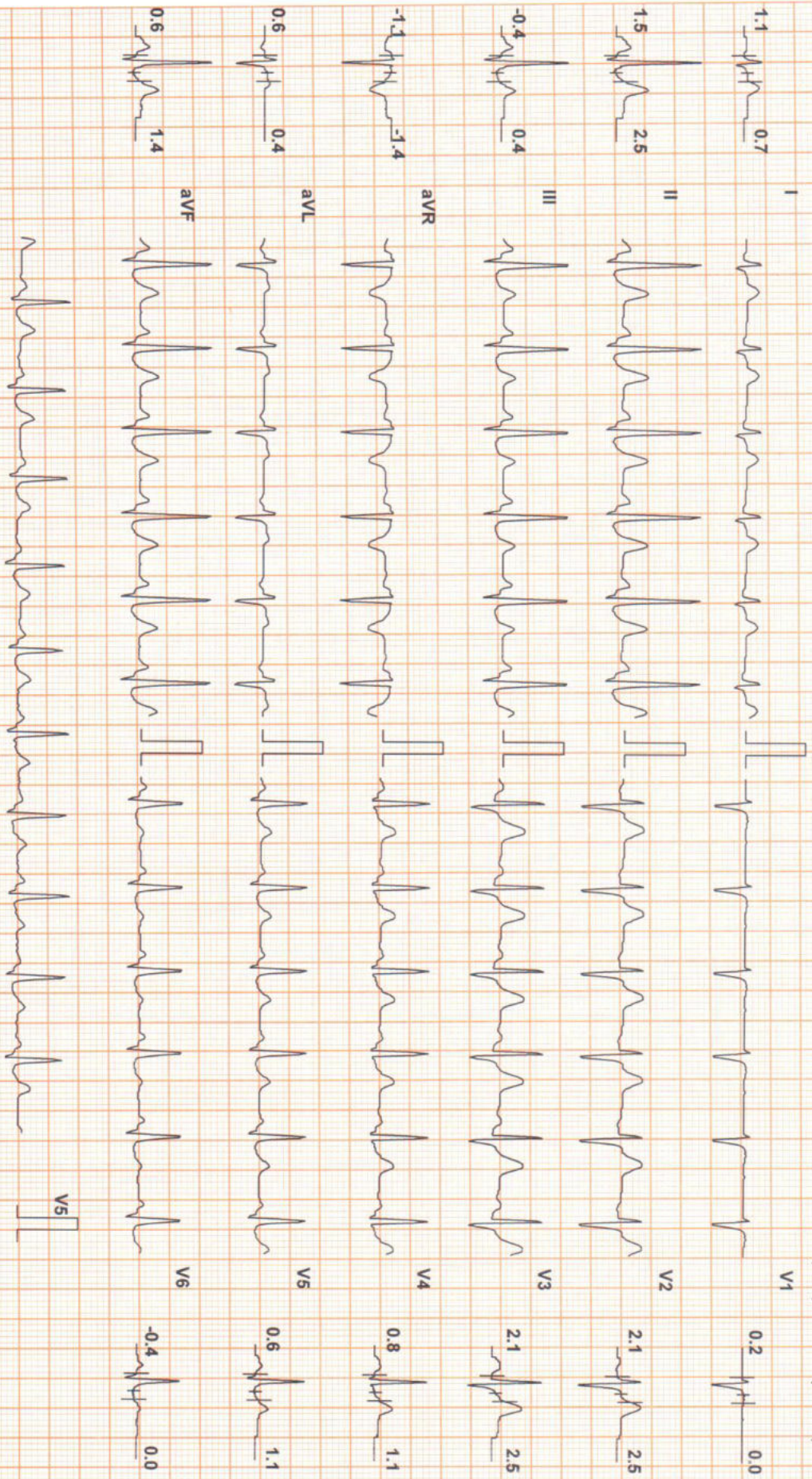


Chart Speed: 25 mm/sec  
Schiller Spardan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



ID: 2230401287

Date: 31-Oct-22

Exec Time : 7 m 46 s Stage Time : 0 m 54 s HR: 108 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P: 154 / 82

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

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

0.4 0.0

0.2 0.4

0.4 1.1

1.7 1.8

0.4 1.1

1.1 0.7

-0.6 -0.4

0.6 0.7

-0.6 -0.7

0.2 0.4

0.6 0.7

-0.4 -0.4

I

II

III

avR

avL

avF

V1

V2

V3

V4

V5

V6

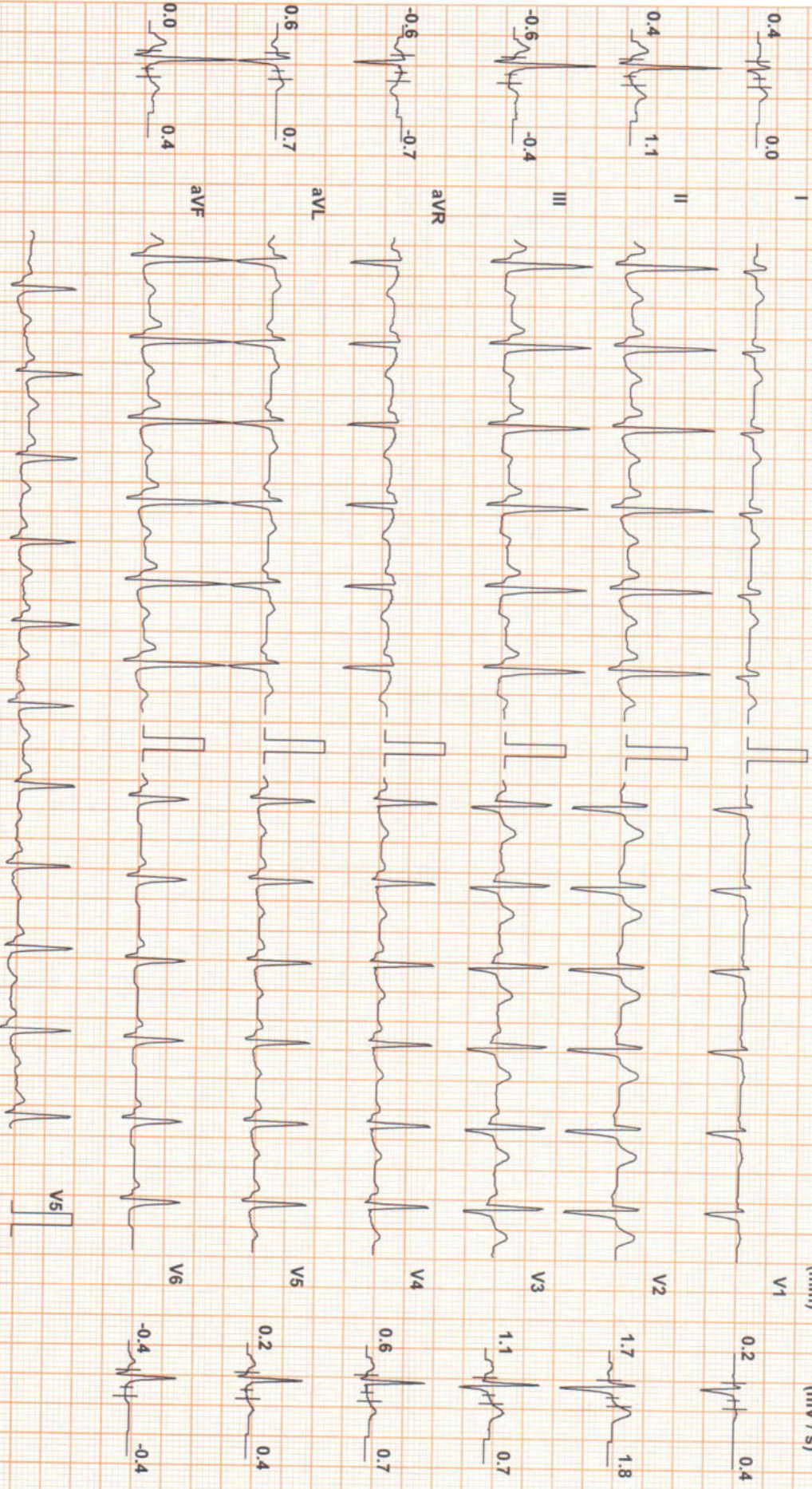


Chart Speed: 25 mm/sec  
Schiller Spandam V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

150 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



**KULBHUSHAN KHAPRE (40 M)**

ID: 2230401287

Date: 31-Oct-22

Exec Time : 7 m 46 s Stage Time : 0 m 54 s **HR: 99 bpm**

Protocol: Bruce

Stage: Recovery(4)

Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P: 154 / 82

ST Level (mm)    ST Slope (mV/s)

ST Level (mm)    ST Slope (mV/s)

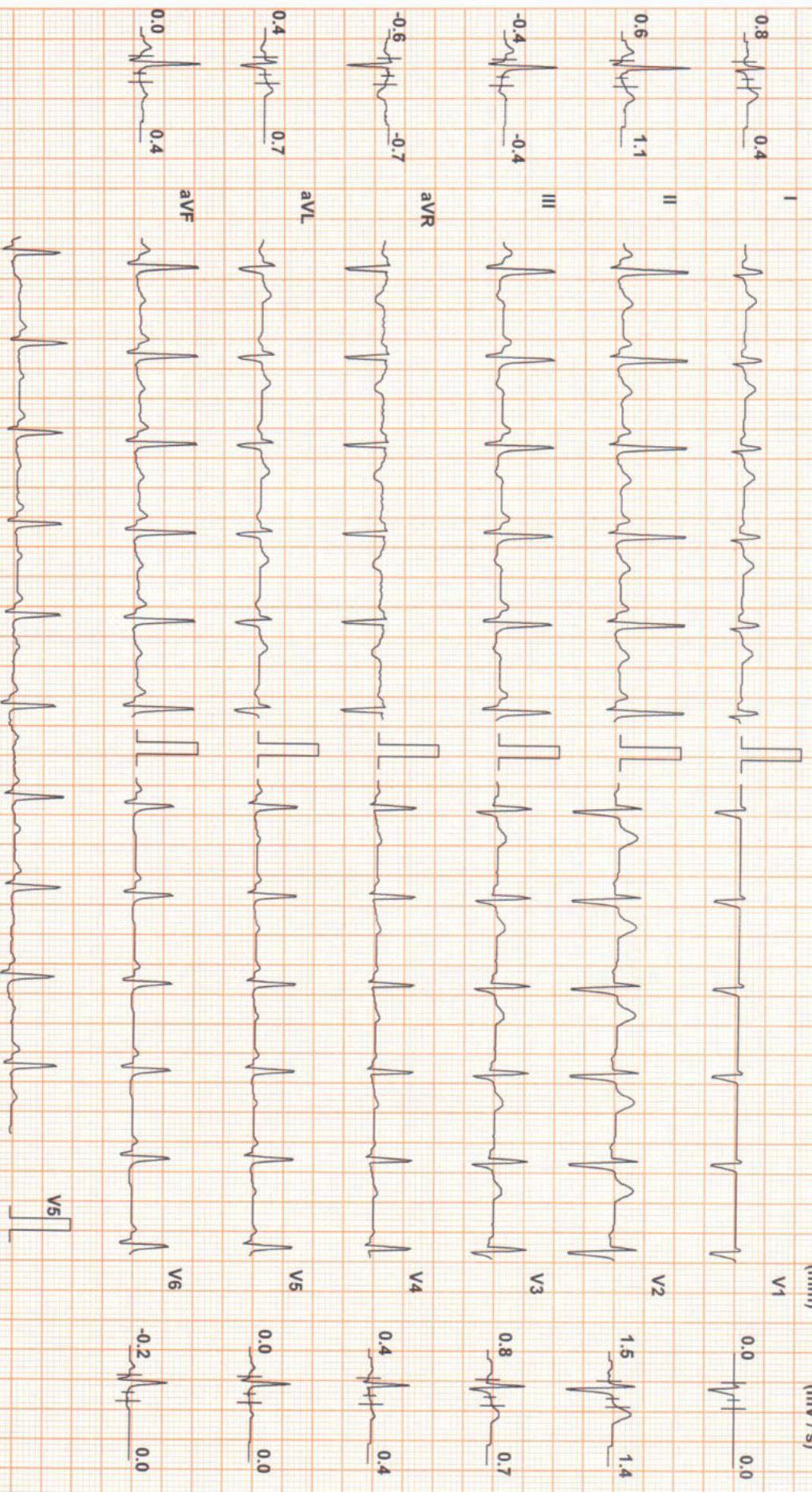


Chart Speed: 25 mm/sec  
Schiller Spandan V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



Protocol: Bruce

ID: 2230401287

Date: 31-Oct-22

Exec Time : 7 m 46 s Stage Time : 0 m 54 s HR: 100 bpm

Stage: Recovery(5)

Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P: 154 / 82

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

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

0.6 0.4 I

0.6 0.7 II

-0.6 -0.4 III

-0.8 -1.1 aVR

0.2 0.4 aVL

0.0 0.0 aVF

0.0 0.0 V1

1.5 1.4 V2

0.8 0.0 V3

0.4 0.4 V4

0.0 0.0 V5

-0.4 0.0 V6

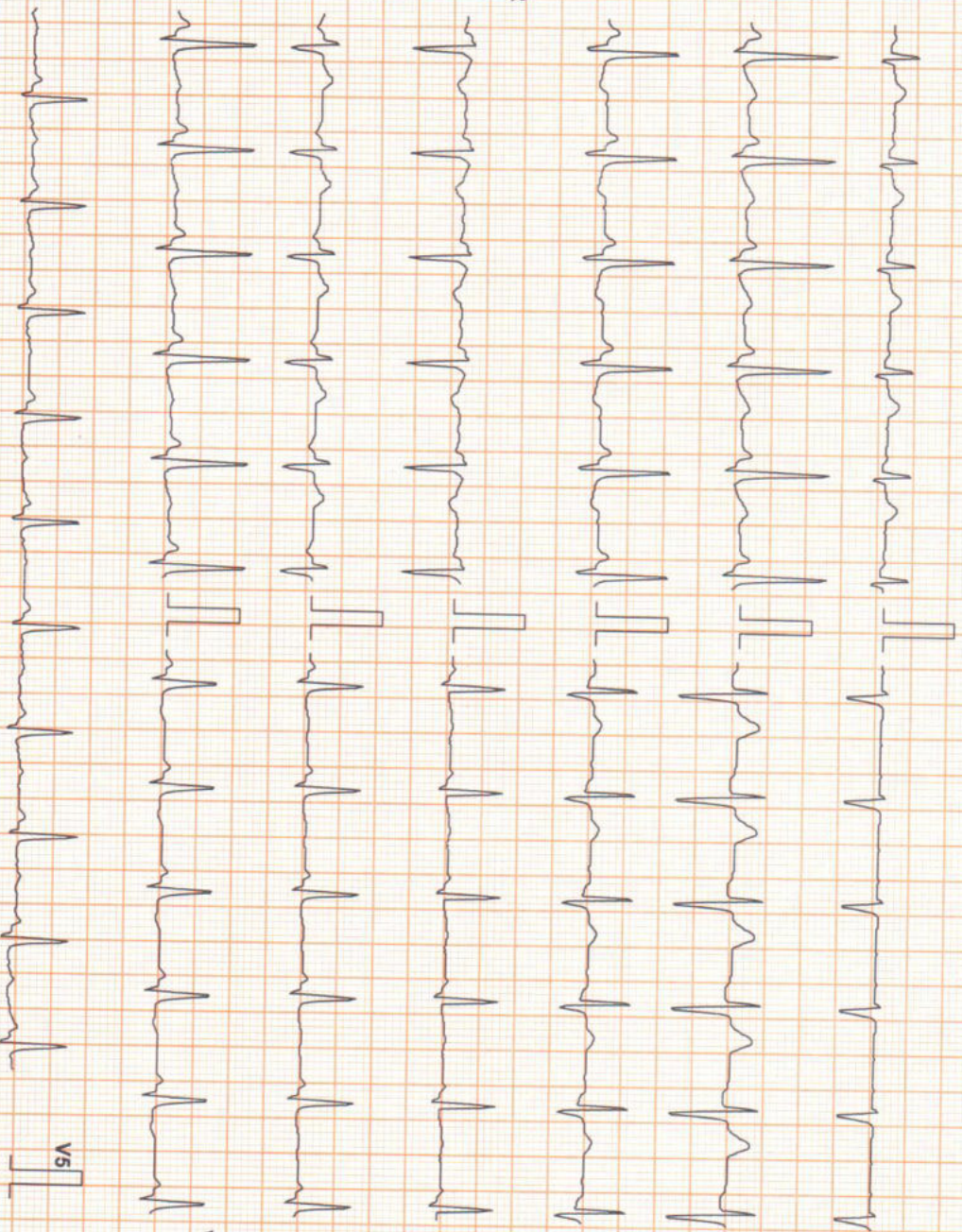


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Standard V 4.7

Linked Median



Protocol: Bruce

ID: 2230401287

Date: 31-Oct-22

Exec Time : 7 m 46 s Stage Time : 0 m 54 s

HR: 102 bpm

Stage: Recovery(6)

Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P.: 154 / 82

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

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

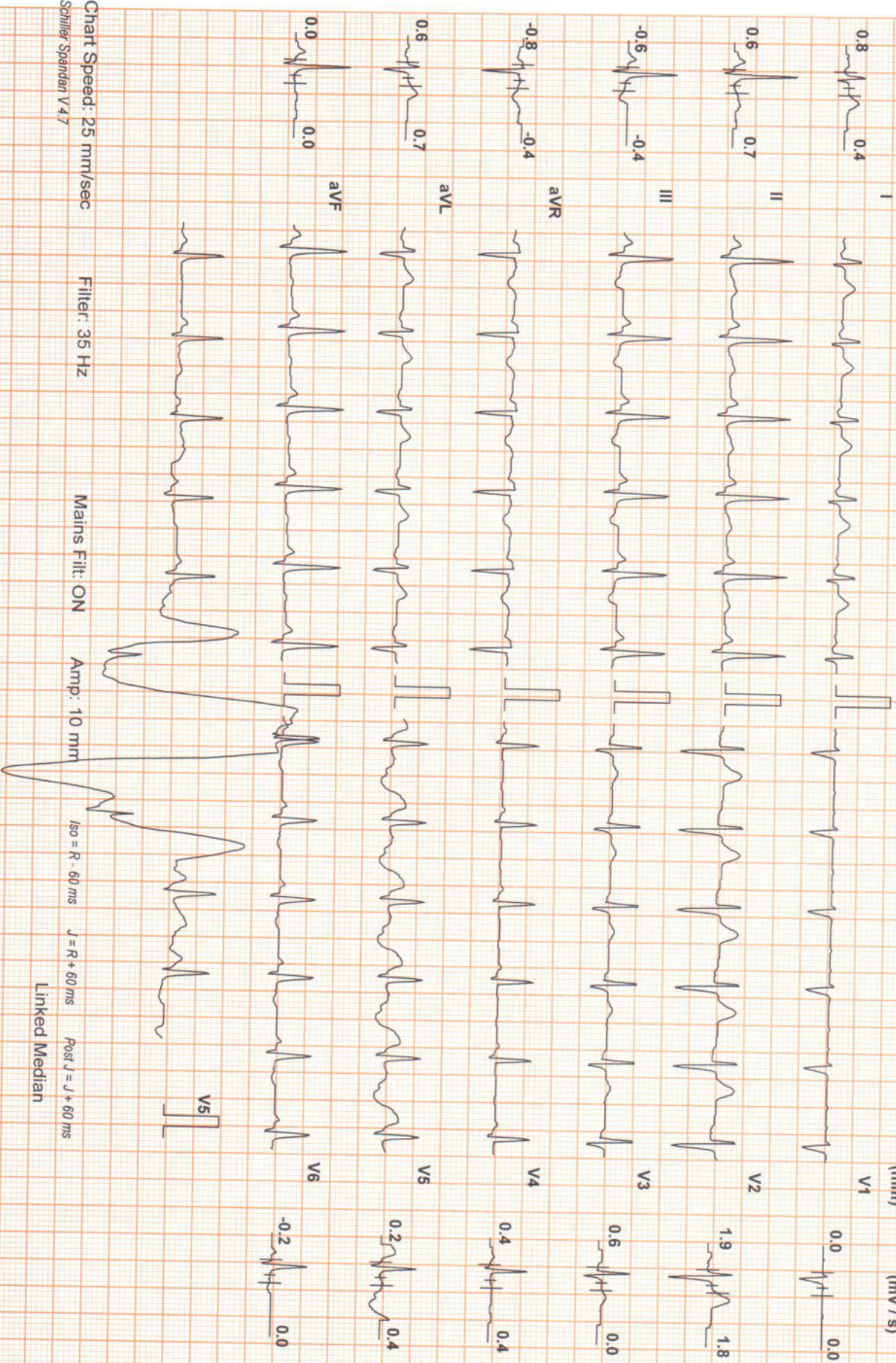


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median





**KULBHUSHAN KHAPRE (40 M)**

**Suburban Diagnostics Center, Pune**

**Test Report**

Protocol: Bruce

ID: 2230401287

Date: 31-Oct-22

Exec Time : 7 m 46 s Stage Time : 0 m 54 s HR: 100 bpm

Stage: Recovery(7)

Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P: 154 / 82

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

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

I 0.8 0.4

V1 0.0 -0.4

II 0.8 1.1

V2 1.9 1.8

III -0.8 -0.4

V3 1.1 0.4

aVR -0.8 -0.7

V4 0.4 0.4

aVL 0.4 0.7

V5 0.0 0.4

aVF -0.2 0.0

V6 -0.4 -0.4

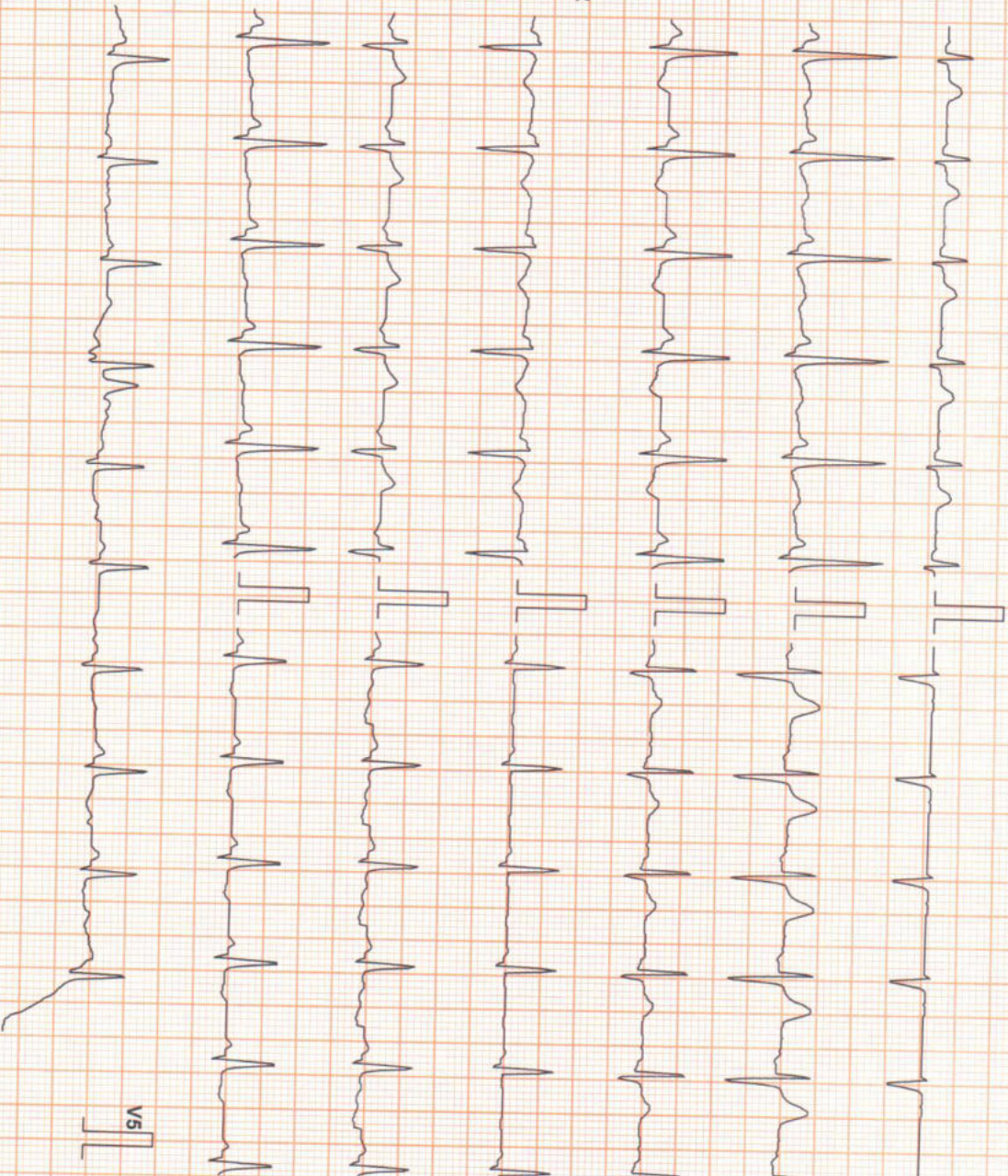


Chart Speed: 25 mm/sec  
Schlifer Spandan V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Protocol: Bruce

ID: 2230401287

Date: 31-Oct-22

Exec Time: 7 m 46 s

Stage Time: 0 m 12 s

HR: 97 bpm

Stage: Recovery(8)

Speed: 0 mph

Grade: 0%

(THR: 162 bpm)

B.P: 154 / 82

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

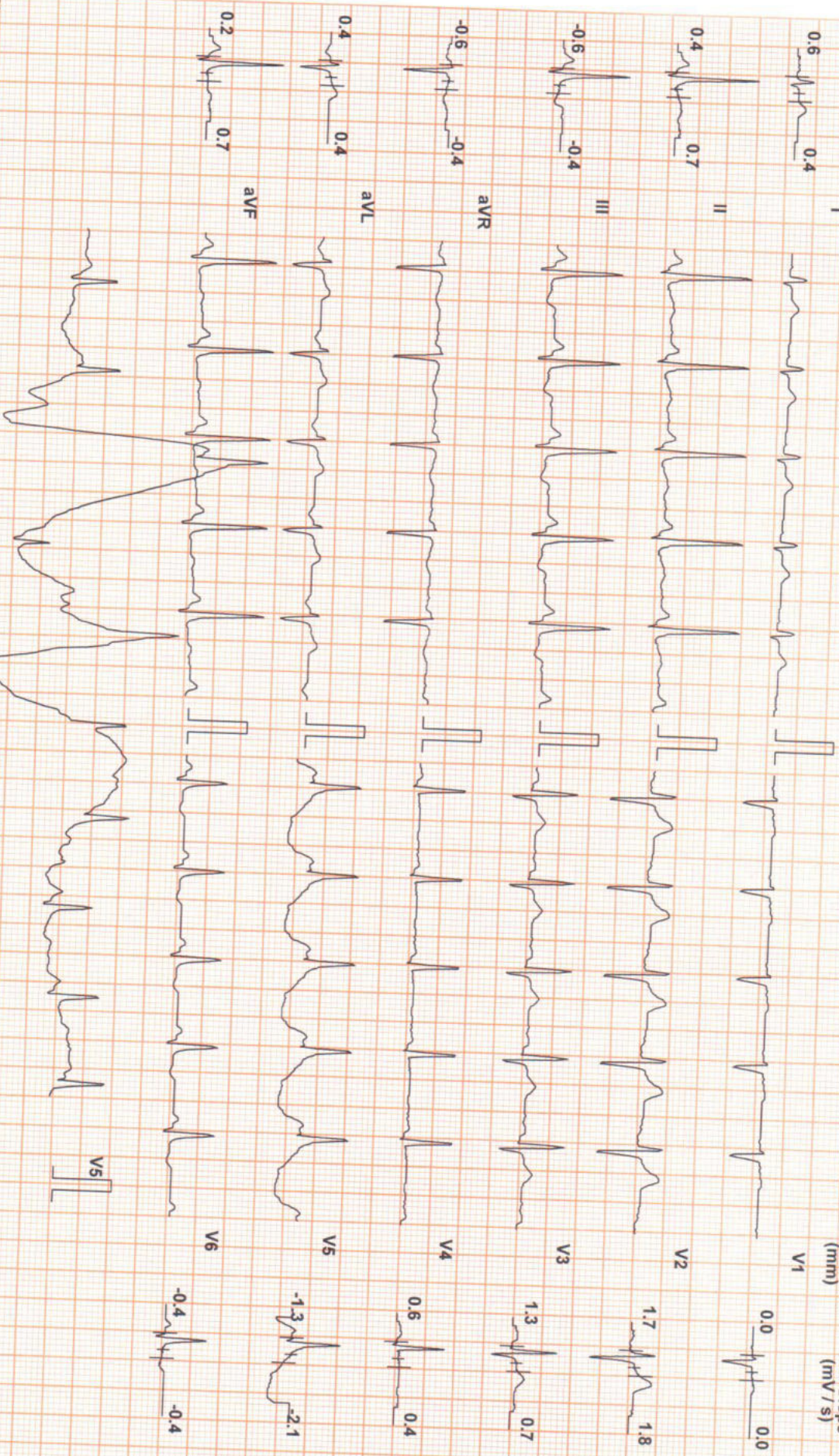


Chart Speed: 25 mm/sec  
Schiller Standard V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



CID# : 2230401287  
Name : MR.KULBHUSHAN KHAPRE  
Age / Gender : 40 Years/Male  
Consulting Dr. :-  
Reg.Location : Swargate, Pune (Main Centre)

Collected : 31-Oct-2022 / 10:19  
Reported : 31-Oct-2022 / 15:55

### PHYSICAL EXAMINATION REPORT

#### History and Complaints:

NO

#### EXAMINATION FINDINGS:

Height (cms):	168cm	Weight (kg):	71kg
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	120/80mmHg	Nails:	Healthy
Pulse:	84/min	Lymph Node:	Not Palpable

#### Systems

**Cardiovascular:** S1 S2 Normal No Murmurs  
**Respiratory:** Normal  
**Genitourinary:** Normal  
**GI System:** Soft non tender no Organomegaly  
**CNS:** Normal

#### IMPRESSION:

BSL(F) ↑ ↓ ↑ Uric acid ↓ Dyslipidemia

#### ADVICE:

— Consult family physician  
— low fat diet

#### CHIEF COMPLAINTS:

1) Hypertension:	NO
2) IHD	NO
3) Arrhythmia	NO
4) Diabetes Mellitus	NO
5) Tuberculosis	NO

Dr. I. U. BAMB  
M.B.B.S., M.D. (Medicine)  
Reg. No. 39452

CID# : 2230401287  
Name : MR.KULBHUSHAN KHAPRE  
Age / Gender : 40 Years/Male  
Consulting Dr. : -  
Reg.Location : Swargate, Pune (Main Centre)

Collected : 31-Oct-2022 / 10:19  
Reported : 31-Oct-2022 / 15:55

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

**PERSONAL HISTORY:**

1) Alcohol	3peg /week
2) Smoking	Occsaional
3) Diet	Mixed
4) Medication	NO

\*\*\* End Of Report \*\*\*

Dr.I U BAMB



CID : 2230401287  
Name : MR.KULBHUSHAN KHAPRE  
Age / Gender : 40 Years / Male  
Consulting Dr. : -  
Reg. Location : Swargate, Pune (Main Centre)

Collected : 31-Oct-2022 / 10:25  
Reported : 31-Oct-2022 / 11:54

Use a QR Code Scanner  
Application To Scan the Code

**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>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	15.6	13.0-17.0 g/dL	Spectrophotometric
RBC	5.06	4.5-5.5 mil/cmm	Elect. Impedance
PCV	46.9	40-50 %	Calculated
MCV	93	80-100 fl	Calculated
MCH	30.8	27-32 pg	Calculated
MCHC	33.3	31.5-34.5 g/dL	Calculated
RDW	12.3	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6700	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	32.3	20-40 %	
Absolute Lymphocytes	2164.1	1000-3000 /cmm	Calculated
Monocytes	5.3	2-10 %	
Absolute Monocytes	355.1	200-1000 /cmm	Calculated
Neutrophils	56.6	40-80 %	
Absolute Neutrophils	3792.2	2000-7000 /cmm	Calculated
Eosinophils	5.8	1-6 %	
Absolute Eosinophils	388.6	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.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	284000	150000-400000 /cmm	Elect. Impedance
MPV	8.2	6-11 fl	Calculated
PDW	14.3	11-18 %	Calculated



CID : 2230401287  
Name : MR.KULBHUSHAN KHAPRE  
Age / Gender : 40 Years / Male  
Consulting Dr. : -  
Reg. Location : Swargate, Pune (Main Centre)

Use a QR Code Scanner  
Application To Scan the Code

Collected : 31-Oct-2022 / 10:25  
Reported : 31-Oct-2022 / 12:21

**RBC MORPHOLOGY**

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

Specimen: EDTA Whole Blood

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

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate  
\*\*\* End Of Report \*\*\*



*Shruti Ramteke*  
Dr.SHRUTI RAMTEKE  
M.B.B.S, DCP (PATH)  
Pathologist



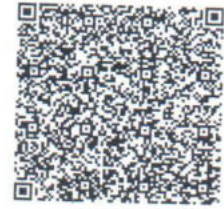
CID : 2230401287  
Name : MR.KULBHUSHAN KHAPRE  
Age / Gender : 40 Years / Male  
Consulting Dr. : -  
Reg. Location : Swargate, Pune (Main Centre)

Use a QR Code Scanner  
Application To Scan the Code

Collected : 31-Oct-2022 / 10:25  
Reported : 31-Oct-2022 / 11:51

**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	108.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	103.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.77	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.24	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.53	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.4	1 - 2	Calculated
SGOT (AST), Serum	18.0	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	18.4	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	29.7	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	84.2	40-130 U/L	Colorimetric
BLOOD UREA, Serum	22.6	12.8-42.8 mg/dl	Kinetic
BUN, Serum	10.6	6-20 mg/dl	Calculated
CREATININE, Serum	0.99	0.67-1.17 mg/dl	Enzymatic



CID : 2230401287  
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Age / Gender : 40 Years / Male  
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eGFR, Serum	89	>60 ml/min/1.73sqm	Calculated by MDRD equation (Modification of Diet)
URIC ACID, Serum	8.5	3.5-7.2 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate  
\*\*\* End Of Report \*\*\*



MC-2463

*Shamla Kulkarni*  
Dr.SHAMLA KULKARNI  
M.D.(PATH)  
Pathologist



CID : 2230401287  
Name : MR.KULBHUSHAN KHAPRE  
Age / Gender : 40 Years / Male  
Consulting Dr. : -  
Reg. Location : Swargate, Pune (Main Centre)

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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	5.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	114.0	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)

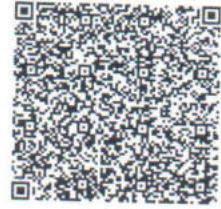
**References:** ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate  
\*\*\* End Of Report \*\*\*



*Signature*

**Dr.SHRUTI RAMTEKE**  
M.B.B.S, DCP (PATH)  
Pathologist



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Name : MR.KULBHUSHAN KHAPRE  
Age / Gender : 40 Years / Male  
Consulting Dr. : -  
Reg. Location : Swargate, Pune (Main Centre)

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE  
EXAMINATION OF FAECES**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<b><u>PHYSICAL EXAMINATION</u></b>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Trace	Absent
Blood	Absent	Absent
<b><u>CHEMICAL EXAMINATION</u></b>		
Reaction (pH)	Acidic (6.5)	-
Occult Blood	Absent	Absent
<b><u>MICROSCOPIC EXAMINATION</u></b>		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Flakes +	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Occasional	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present +	-
Concentration Method (for ova)	No ova detected	Absent
Reducing Substances	-	Absent

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MC-2463

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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>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Dark yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
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
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	0-1	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	4-5	Less than 20/hpf	

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\*\*\* End Of Report \*\*\*



MC-2463

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Reported : 31-Oct-2022 / 12:34

**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 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.

**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 Pune Lab, Pune Swargate

\*\*\* End Of Report \*\*\*



*Shruti Ramteke*

Dr.SHRUTI RAMTEKE  
M.B.B.S, DCP (PATH)  
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE  
LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	201.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	213.7	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	46.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	155.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	140.1	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	15.4	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.0	0-3.5 Ratio	Calculated

LDL test is performed by direct measurement.

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate  
\*\*\* End Of Report \*\*\*



*Signature*

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M.B.B.S, DCP (PATH)  
Pathologist



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Reported : 31-Oct-2022 / 12:03

**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	4.6	2.6-5.7 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
Free T4, Serum	11.2	9-19 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
sensitiveTSH, Serum	1.77	0.35-4.94 microIU/ml	CMIA

Kindly note change in reference range and method w.e.f. 16/08/2019. NOTE: 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 & heart failure, severe burns, trauma & surgery etc.



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Reported : 31-Oct-2022 / 12:03

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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 upto 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:**

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 \*\*\*



*Dr. Shamla Kulkarni*  
**Dr.SHAMLA KULKARNI**  
M.D.(PATH)  
Pathologist

Preventive Health Check-up | Pathology | Digital X-Ray | Sonography | Colour Doppler | Mammography | BMD (DXA Scan) | OPG | ECG | 2D Echo  
Stress Test/TMT | Spirometry | Eye Examination | Dental Examination | Diet Consultation | Audiometry | OT Sterility | Water Sterility | Clinical Research

CID	: 2230401287	SID	: 177805591397
Name	: MR.KULBHUSHAN KHAPRE	Registered	: 31-Oct-2022 / 10:19
Age / Gender	: 40 Years/Male	Collected	: 31-Oct-2022 / 10:19
Ref. Dr	: -	Reported	: 31-Oct-2022 / 11:55
Reg.Location	: Swargate, Pune (Main Centre)	Printed	: 31-Oct-2022 / 11:55

**USG WHOLE ABDOMEN**

**LIVER:** Size, shape and echopattern are normal. No focal lesions noted. No IHBR dilatation. Hepatic veins appear normal. Portal vein and common bile duct show normal caliber.

**GALL BLADDER :** Partially distended. No evidence of any pericholecystic collection.

**PANCREAS :** Normal in size and echotexture. Pancreatic duct is normal.

**SPLEEN :** Normal in size and echopattern. No focal lesion. Splenic vein is normal.

**RIGHT KIDNEY :** Measures 9.2 x 4.0 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

**LEFT KIDNEY :** Measures 9.7 x 4.4 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

**Retroperitonium and flanks obscured due to bowel gas.**  
Paraaortic and paracaval region appears to be normal.  
No evidence of lymphnodes noted.  
No free fluid in abdomen.

**URINARY BLADDER :** Well distended. No calculi. Wall thickness is normal.

**PROSTATE :** Normal in size and shows normal echotexture.

**IMPRESSION :** USG Abdomen and pelvis study is within normal limits.

Clinical correlation is indicated.

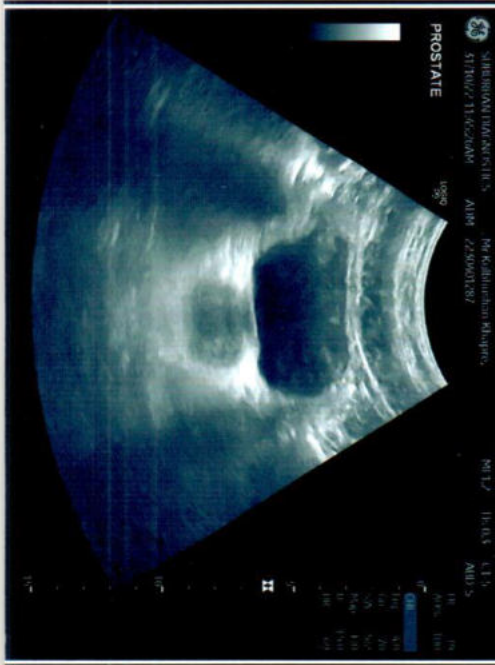
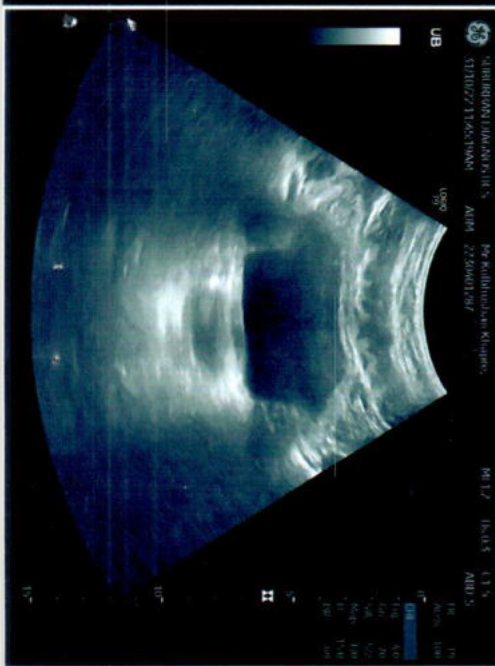
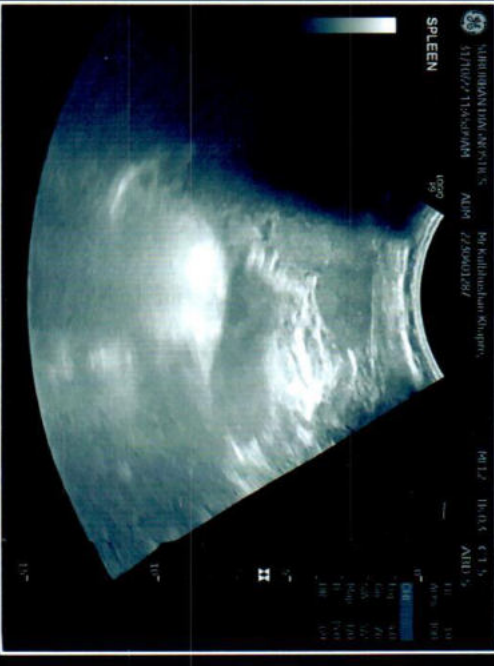
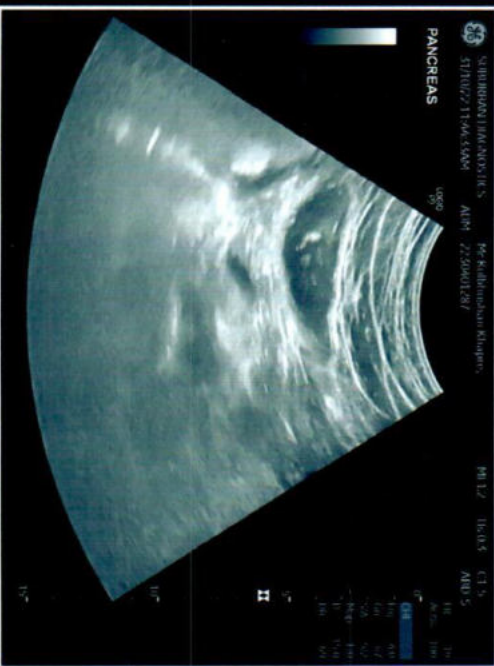
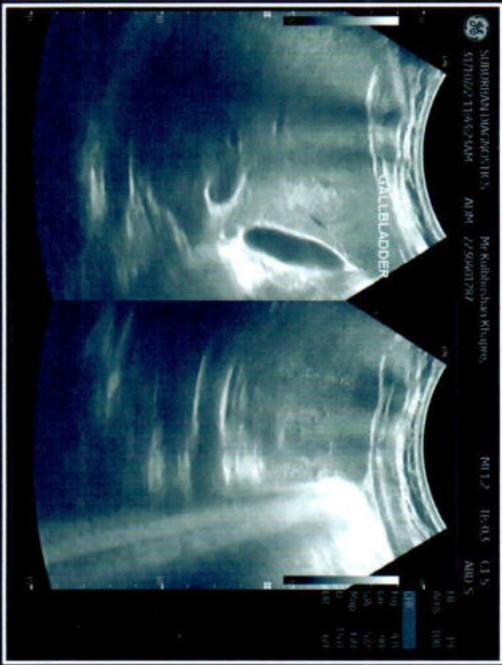
\*\*\* End Of Report \*\*\*



*Signature of Dr. Nikhil Joshi*

**Dr.NIKHIL JOSHI**  
**MBBS , DMRE**  
**CONSULTANT RADIOLOGIST**

**Dr. NIKHIL G. JOSHI**  
**M.B.B.S., D.M.R.E.**  
**Reg. No. 2001/02/397**



आयकर विभाग  
INCOME TAX DEPARTMENT  
K S KHAPRE  
S K KHAPRE  
25/05/1982  
Permanent Account Number  
ALAPK7851L  
Signature  
भारत सरकार  
GOVT. OF INDIA  
  


K S Khapre