

Name : Mr. PURUSHOTTAM KUMAR
VID : 2328725120
Ref By : Arcofemi Healthcare Limited

Reg Date : 14-Oct-2023 09:33
Age/Gender : 37 Years
Regn Centre : Borivali West (Main Centre)

PERSONAL HISTORY:

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

DR. NITIN SONAVANE
M.B.B.S A.F.L.I., D.D., B.D. CARD.
CONSULTANT-CARDIOLOGIST
REG. NO. : 87714

Dr.Nitin Sonavane
PHYSICIAN

Suburban Diagnostics (I) Pvt. Ltd.
3013 302, 3rd Floor, Vini Elegance
Above Tuniq Jeweller, L.T. Road,
Borivali (West), Mumbai - 400 092.



CID : 2328725120
Name : MR.PURUSHOTTAM KUMAR
Age / Gender : 37 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

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Reported : 14-Oct-2023 / 15:52

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	13.0	13.0-17.0 g/dL	Spectrophotometric
RBC	4.89	4.5-5.5 mil/cmm	Elect. Impedance
PCV	39.6	40-50 %	Measured
MCV	81	80-100 fl	Calculated
MCH	26.6	27-32 pg	Calculated
MCHC	32.9	31.5-34.5 g/dL	Calculated
RDW	15.7	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	9420	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	33.9	20-40 %	
Absolute Lymphocytes	3193.4	1000-3000 /cmm	Calculated
Monocytes	6.7	2-10 %	
Absolute Monocytes	631.1	200-1000 /cmm	Calculated
Neutrophils	43.3	40-80 %	
Absolute Neutrophils	4078.9	2000-7000 /cmm	Calculated
Eosinophils	15.1	1-6 %	
Absolute Eosinophils	1422.4	20-500 /cmm	Calculated
Basophils	1.0	0.1-2 %	
Absolute Basophils	94.2	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	150000(Manual method)	150000-400000 /cmm	Elect. Impedance
MPV	12.6	6-11 fl	Calculated
PDW	28.3	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	Mild
Microcytosis	Occasional



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Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	-
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	Megaplatelets seen on smear
COMMENT	Eosinophilia

Advice:1) Stool examination for parasites
2) Allergy testing

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 19 2-15 mm at 1 hr. Sedimentation

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



Bmhasakar

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



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Collected : 14-Oct-2023 / 09:39
Reported : 14-Oct-2023 / 15:06

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	79	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	84.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.44	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.28	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	22.3	<34 U/L	Modified IFCC
SGPT (ALT), Serum	24.5	10-49 U/L	Modified IFCC
GAMMA GT, Serum	10.1	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	67.4	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	14.3	19.29-49.28 mg/dl	Calculated
BUN, Serum	6.7	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.73	0.73-1.18 mg/dl	Enzymatic

Note: Kindly note in change in reference range w.e.f. 07-09-2023



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Reported : 14-Oct-2023 / 18:45

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eGFR, Serum	120	(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 w.e.f 16-08-2023

URIC ACID, Serum	8.4	3.7-9.2 mg/dl	Uricase/ Peroxidase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

*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
GLYCOSYLATED HEMOGLOBIN (HbA1c)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	125.5	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.

*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
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	
Others	-		

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

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

Reference: Pack inert

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



MC-2111

Bmhasakar

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



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

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

NOTE: Test performed by automated 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 ***



S. Sakhare
Dr.SUHAS SAKHARE
M.D. (PATH)
Pathologist



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Reg. Location : Borivali West (Main Centre)

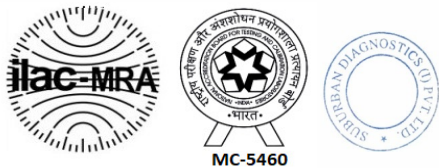
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	131.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	351.0	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	29.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	102.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	53.0	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	49.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.8	0-3.5 Ratio	Calculated

Note : LDL test is performed by direct measurement.

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



S. Sakhare
Dr.SUHAS SAKHARE
M.D. (PATH)
Pathologist



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Name : MR.PURUSHOTTAM KUMAR
Age / Gender : 37 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.9	3.5-6.5 pmol/L	CLIA
Free T4, Serum	13.0	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	12.771	0.55-4.78 microIU/ml	CLIA

Interpretation:

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

Clinical Significance:

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

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

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

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

Limitations:

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

Reference:

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



Anupa

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



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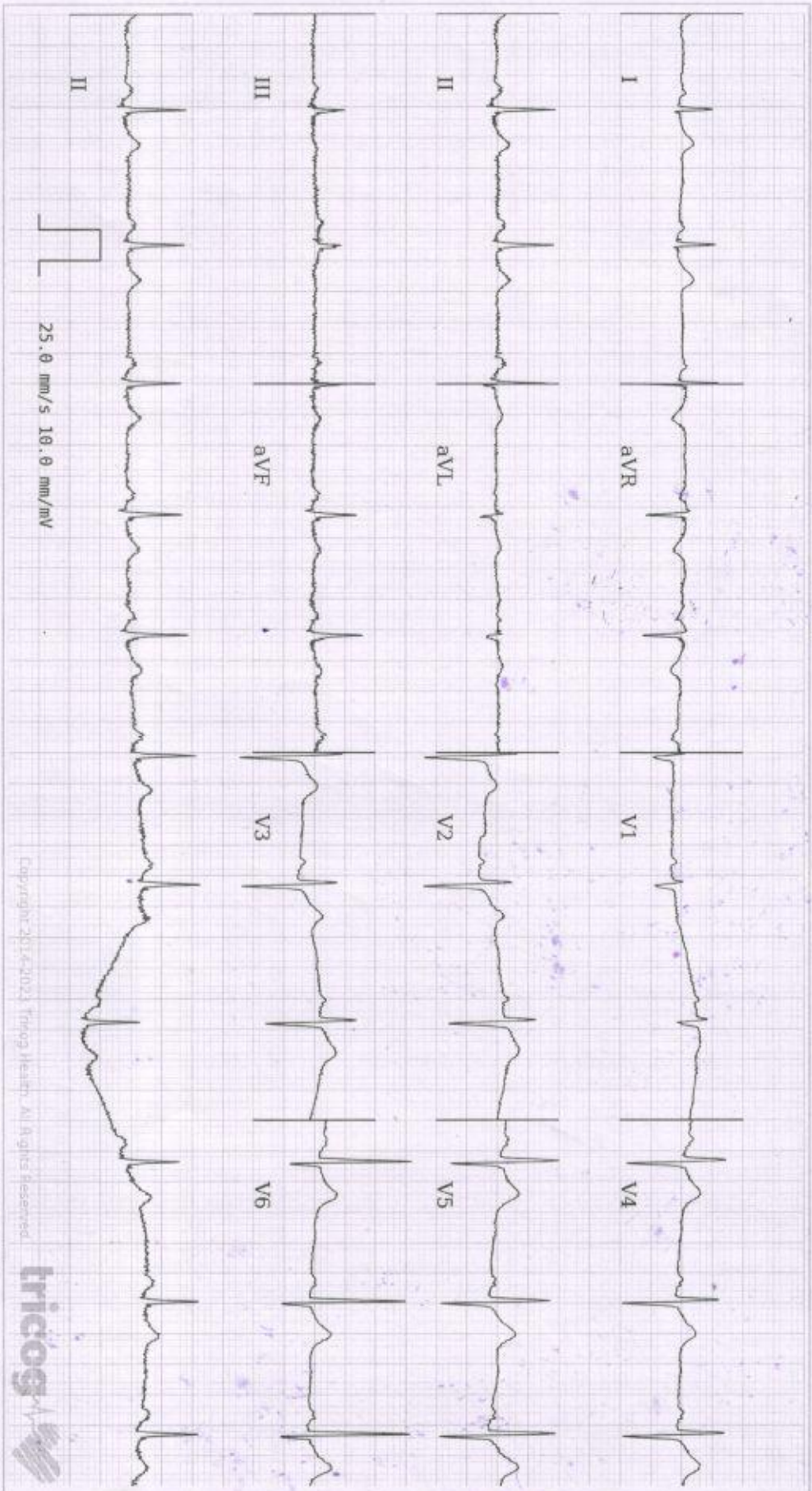
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*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab
*** End Of Report ***

Patient Name: PURUSHOTTAM KUMAR
Patient ID: 2328725120

SUBURBAN DIAGNOSTICS - BORIVALI WEST

Date and Time: 14th Oct 23 10:18 AM



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Age 37 NA NA
years months days

Gender Male

Heart Rate 69bpm

Patient Vitals

BP: 120/80 mmHg

Weight: 67 kg

Height: 162 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

Measurements

QRSD: 76ms

QT: 362ms

QTcB: 387ms

PR: 138ms

P-R-T: 55° 57° 31°

REPORTED BY

Dr Nilan Somanare
M.B.S.A.F.L.E. D.DIAB.D.CARD
Consultant Cardiologist
87714

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

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

Date:-

CID: 232 8725120

Name:- Purushottam

Sex / Age: m / 37

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

} NO
RE LE
6/6 6/6
M/6 H/6

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

Suburban Diagnostics (I) Pvt. Ltd.
301& 302, 2nd Floor, Vini Elegance,
Above Tera Mall, L. T. Road,
Borivali (West), Mumbai - 400 092.



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Age / Sex : 37 Years/Male
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 14-Oct-2023
Reported : 14-Oct-2023 / 12:32

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.

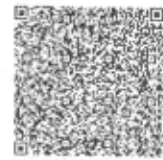
IMPRESSION:
NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

DR.SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
RegNo .MMC 2016061376.

Click here to view images [http://3.111.232.119/iRISViewer/NeoradViewer?
Access](http://3.111.232.119/iRISViewer/NeoradViewer?Access)

sionNo=2023101409340792



CID : 2328725120
Name : Mr PURUSHOTTAM KUMAR
Age / Sex : 37 Years/Male
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 14-Oct-2023
Reported : 14-Oct-2023 / 11:04

USG WHOLE ABDOMEN

LIVER: Liver is normal in size 13.8 cm with mild generalized increase in parenchymal echotexture. There is no intra-hepatic biliary radical dilatation.No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. No obvious wall thickening is noted. There is no evidence of any calculus.

PORTAL VEIN: Portal vein is 8.6 mm normal. **CBD:** CBD is 3.1 mm normal.

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

KIDNEYS: Right kidney measures 9.3 x3 .8 cm. Left kidney measures 9.2 x 4.6 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size 10.5 cm , 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. Prostate measures 3.4 x 3.0 x 3.8 cm and prostatic weight is 20.8 gm. No evidence of any obvious focal lesion.

No free fluid or size significant lymphadenopathy is seen.

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Reported : 14-Oct-2023 / 11:04

Opinion:

- Grade I fatty infiltration of liver.

For clinical correlation and follow up.

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. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification. Please interpret accordingly.

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

DR.SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
RegNo .MMC 2016061376.

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Ref By : Arcofemi Healthcare Limited

Reg Date : 14-Oct-2023 09:33
Age/Gender : 37 Years
Regn Centre : Borivali West (Main Centre)

History and Complaints:

Nil

EXAMINATION FINDINGS:

Height (cms):	162	Weight (kg):	67
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

IMPRESSION:

*Eosinophilia
Lipid profile
TSH ↑*

physician Refⁿ.

ADVICE:

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 |
| 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 |

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Name: PURUSHOTAM KUMAR Date: 14-10-2023 Time: 11:14

Age: 37 Gender: M Height: 162 cms Weight: 67 Kg ID: 2328725120

Clinical History: NIL

Medications: NIL

Test Details:

Protocol: Bruce Predicted Max HR: 183 Target HR: 155 (85% of Pr. MHR)

Exercise Time: 0:07:12 Achieved Max HR: 158 (86% of Pr. MHR)

Max BP: 150/80 Max BP x HR: 23700 Max Mets: 8.1

Test Termination Criteria: TEST COMPLET

Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	00:15	1	0	0	65	120/80	7800	2.8 III	-3.6 III
Standing	00:07	1	0	0	69	120/80	8280	1.1 V2	0.2 I
HyperVentilation	00:10	1	0	0	64	120/80	7680	0.9 V2	-0.2 III
PreTest	00:36	1	1.6	0	90	120/80	10800	1.5 V2	-0.5 V3
Stage: 1	03:00	4.7	2.7	10	113	140/80	15820	0.9 V3	0.3 I
Stage: 2	03:00	7	4	12	131	140/80	18340	0.5 V2	0.2 V2
Peak Exercise	01:12	8.1	5.5	14	158	150/80	23700	-0.6 V5	0.3 V6
Recovery1	01:00	1	0	0	117	150/80	17550	1.1 V3	0.8 V3
Recovery2	01:00	1	0	0	92	130/80	11960	0.4 V2	0.2 V3
Recovery3	01:00	1	0	0	85	130/80	11050	0.3 V2	0.2 V2
Recovery4	00:17	1	0	0	84	120/80	10080	0.3 V2	0.1 I

Interpretation

The Patient Exercised according to Bruce Protocol for 0:07:12 achieving a work level of 8.1 METS.
Resting Heart Rate, initially 65 bpm rose to a max. heart rate of 158bpm (86% of Predicted Maximum Heart Rate).
Resting Blood Pressure of 120/80 mmHg, rose to a maximum Blood Pressure of 150/80 mmHg
Good Effort tolerance Normal HR & BP Response No Angina or Arrhythmias
No Significant ST-T Change Noted During Exercise Stress test Negative for Stress inducible ischaemia.

DR. NITIN SONAVANE
M.B.B.S. AFLH, D.D., B.D.CARD.
CONSULTANT-CARDIOLOGIST
REC.D. NO. : 87714

Ref. Doctor: ----

Doctor: DR. NITIN SONAVANE

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Above Tansil Jeweller, L. T. Road,
Borivali (West), Mumbai - 400 092.

(Summary Report edited by User)
Cardiovit CS-20 Version:3.4



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

PURUSHOTAM KUMAR (37 M)

ID: 2328725120

Date: 14-10-2023

Exec Time : 0:00:00

Stage Time: 00:15

HR: 65 bpm

Bruce Protocol

STLevel(mm) STSlope(mV/s)

Stage: Supine

Speed: 0 km/h

Slope: 0%

THR: 155 bpm

BP: 120/80 mmHg
STLevel(mm) STSlope(mV/s)

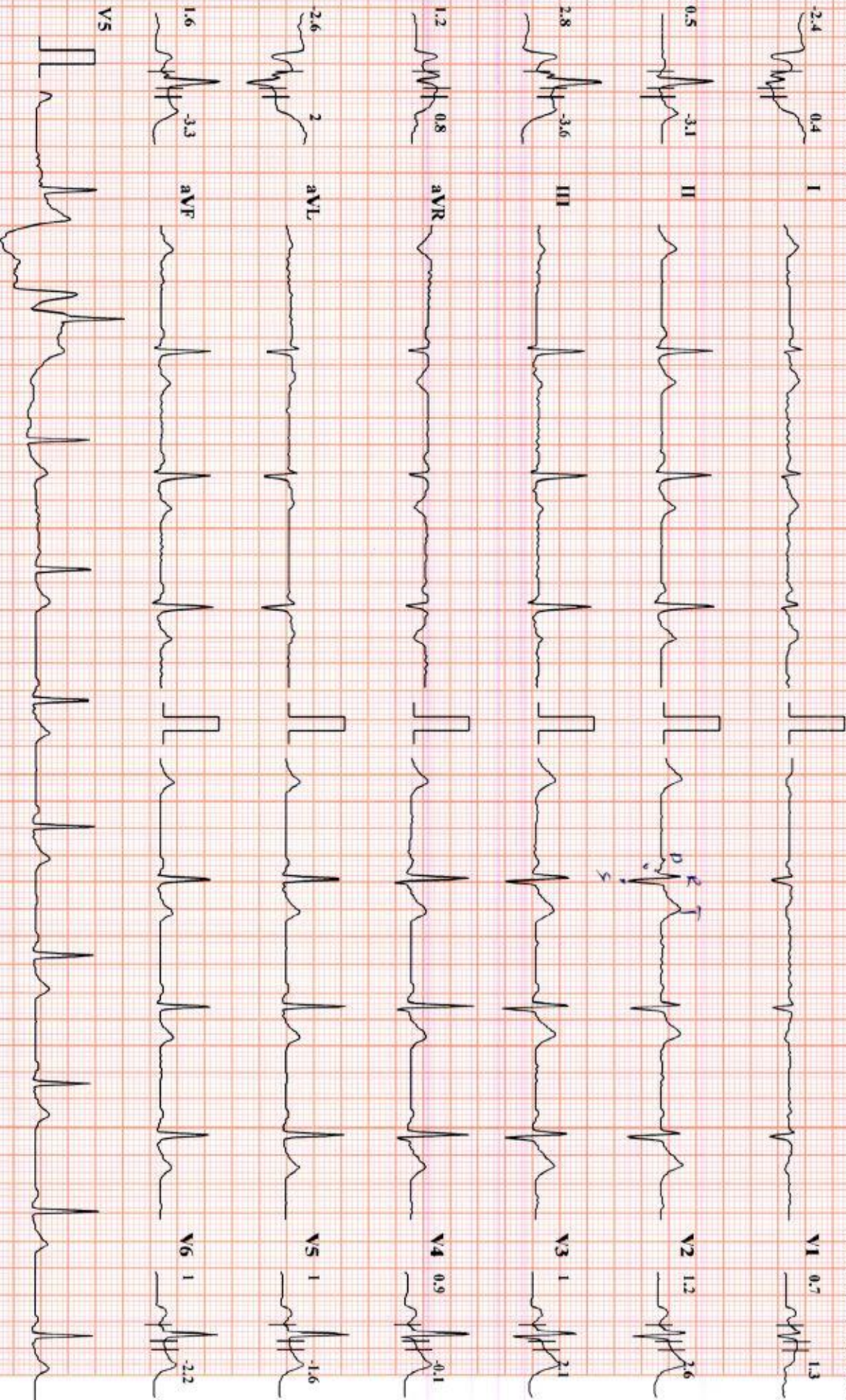


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller CardioVt CS-20 Version 3.4



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

PURUSHOTAM KUMAR (37 M)

Bruce Protocol ID: 2328725120

STLevel(mm) STSlope(mV/s)

Stage: Standing

Date: 14-10-2023

Speed: 0

Exec Time: 0:00:00

Slope: 0%

Stage Time: 00:07

THR: 155 bpm

HR: 69 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

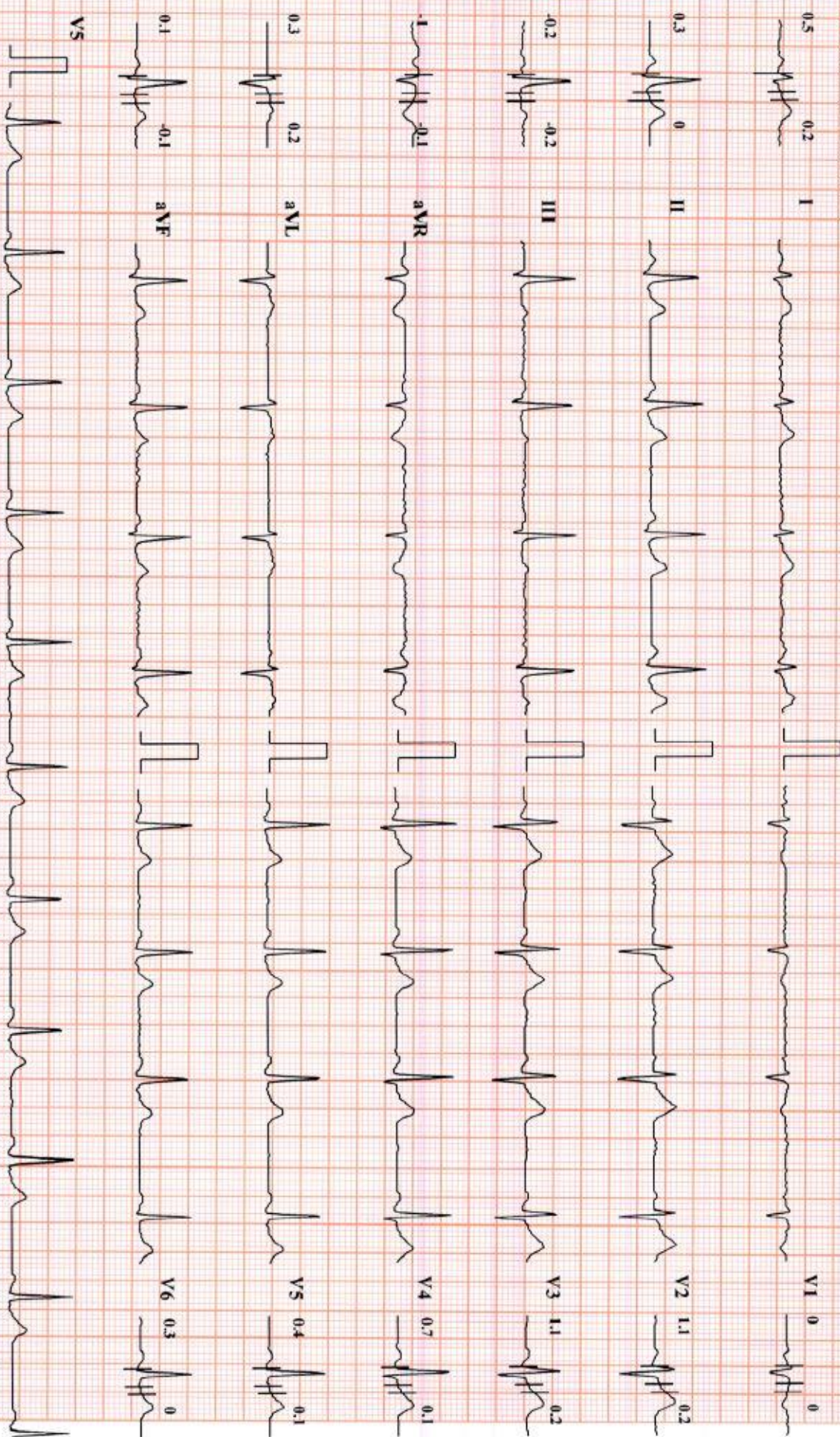


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Cardiovit CS-20 Version 3.4



SUBURBAN DIAGNOSTICS PVT. LTD. BORIVALI

PURUSHOTAM KUMAR (37 M)

Bruce Protocol ID: 2328725120
STLevel(mm) STSlope(mV/s)

Date: 14-10-2023
Stage: Hyper Ventilation Speed: 0

Exec Time : 0:00:00
Slope: 0 %

Stage Time: 00:10
THR: 155 bpm

HR: 64 bpm

BP: 120/80 mmHg
STLevel(mm) STSlope(mV/s)

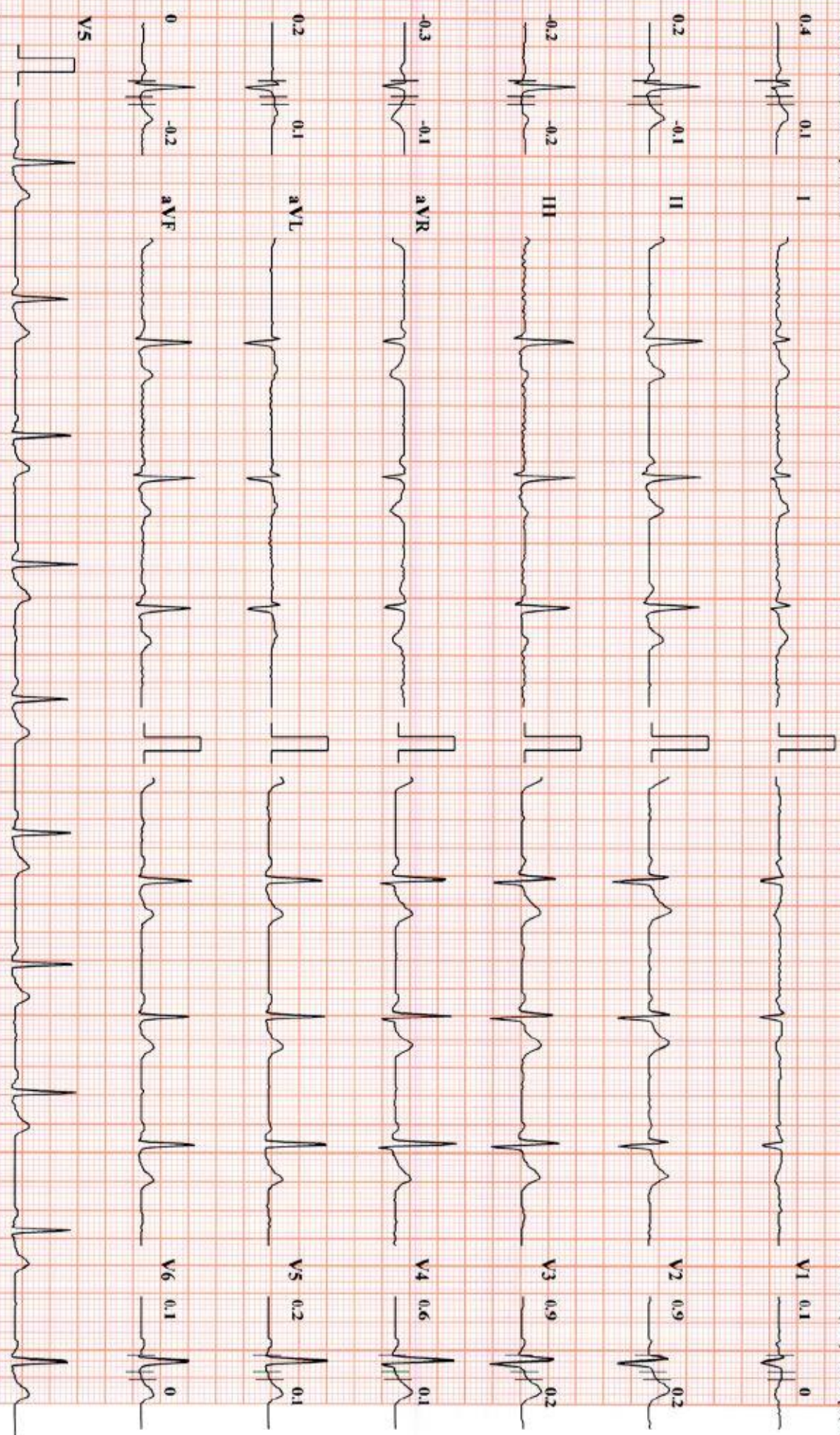


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Cardiovit CS-20 Version 3.4

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

PURUSHOTAM KUMAR (37 M)

ID: 2328725120

Date: 14-10-2023

Exec Time : 0:03:00

Stage Time: 03:00

HR: 113 bpm

Brace Protocol
STLevel(mm) STSlope(mV/s)

Stage: 1

Speed: 2.7 kmph

Slope: 10 %

THR: 155 bpm

BP: 140/80 mmHg
STLevel(mm) STSlope(mV/s)

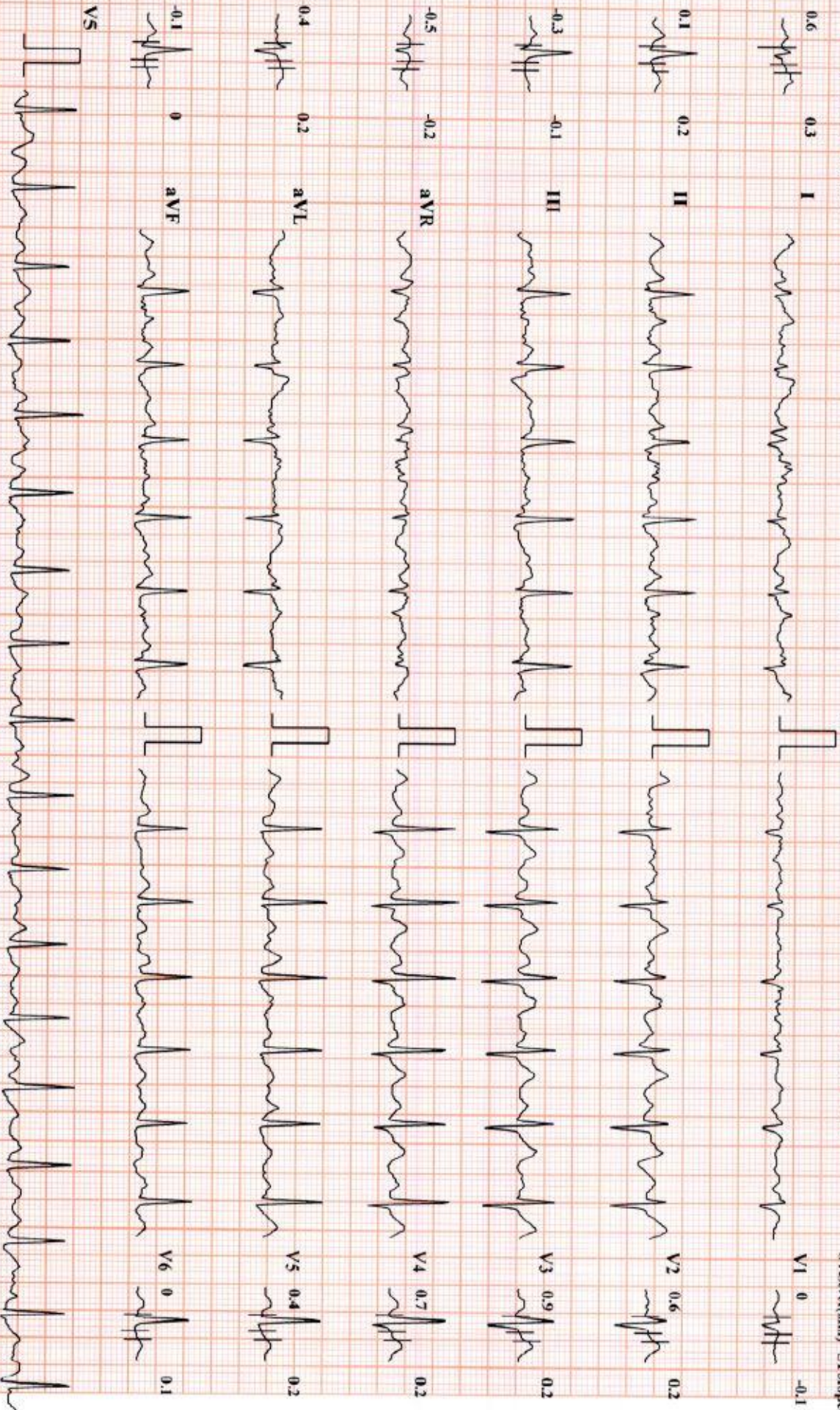


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

SUBURBAN DIANOSTICS PVT. LTD. BORIVALLI

PURUSHOTAM KUMAR (37 M)

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2328725120
Stage: 3 Peak Exercise

Date: 14-10-2023
Speed: 5.5 kmph

Exec Time : 0:07:12
Slope: 14 %

Stage Time: 01:12
THR: 155 bpm

HR: 158 bpm

BP: 150/80 mmHg
STLevel(mm) STSlope(mV/s)

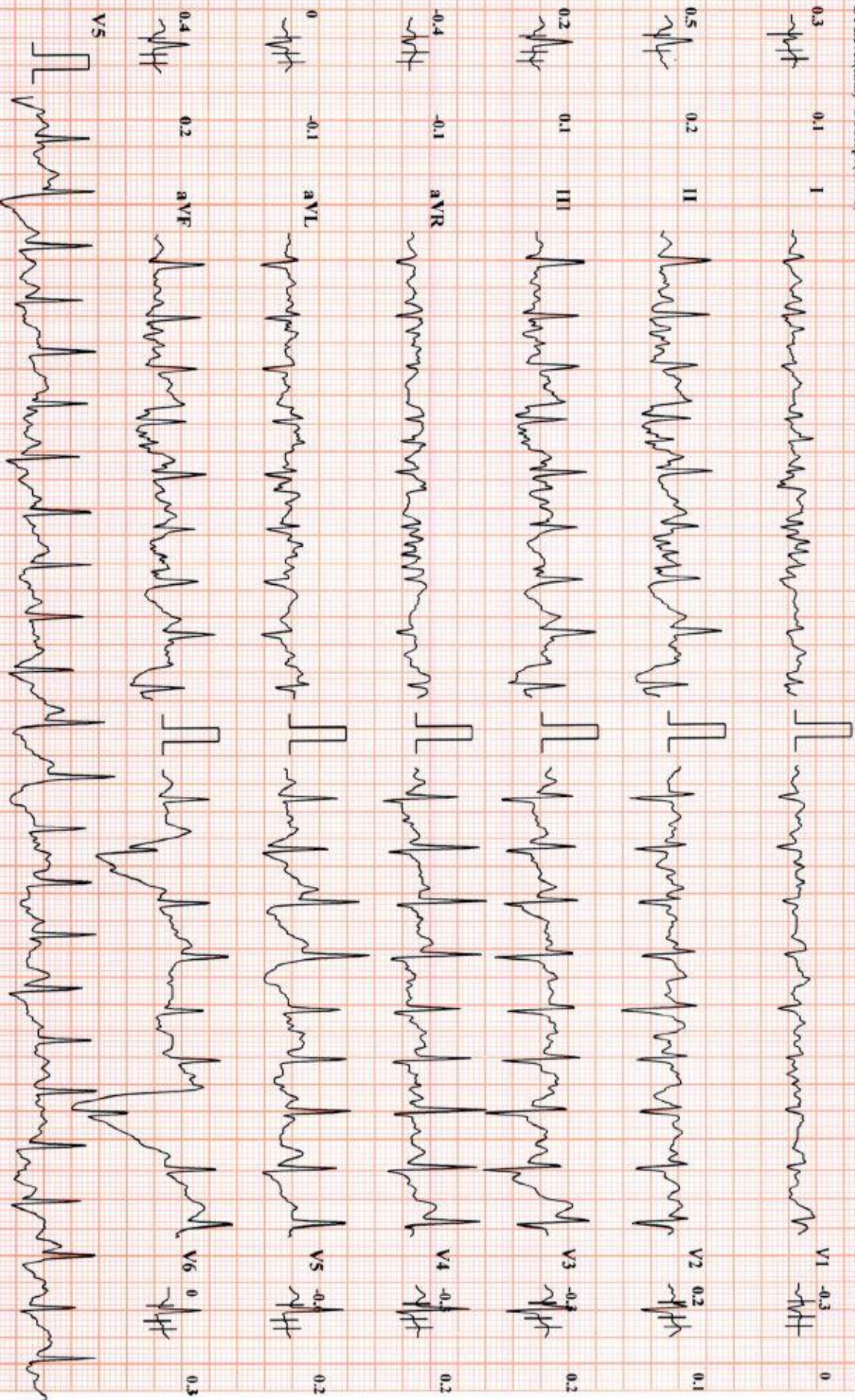


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller CardioXt CS 20i Version:3.4



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

PURUSHOTAM KUMAR (37 M)

Bruce Protocol ID: 2328725120

STLevel(mm) STSlope(mV/s)

Stage: Recovery 1

Date: 14-10-2023

Speed: 0 kmph

Exec Time : 00:00

Stage Time: 01:00

HR: 117 bpm

BI: 150/80 mmHg

STLevel(mm) STSlope(mV/s)

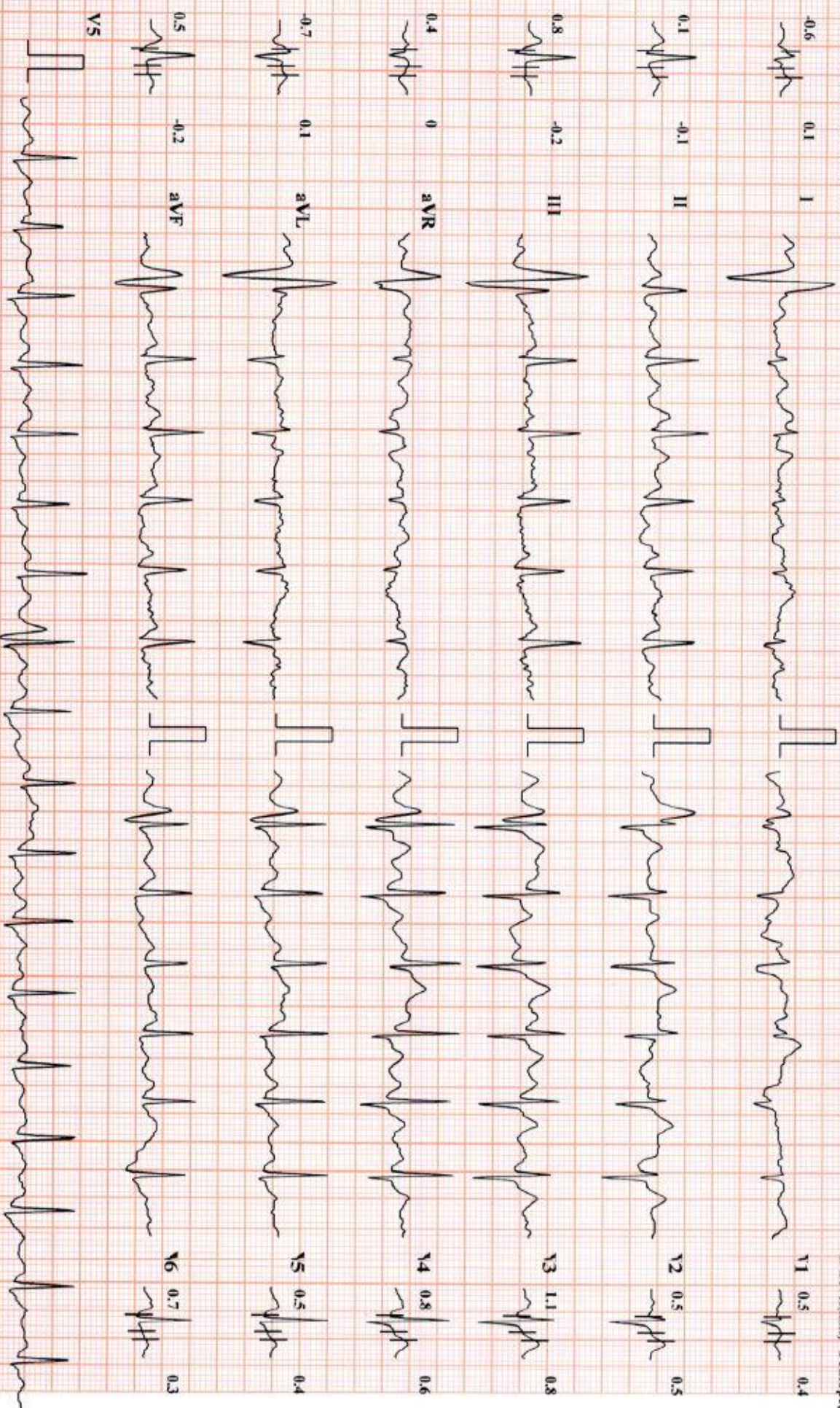


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller CardioV CS-20 Version 3.4



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

PURUSHOTAM KUMAR (37 M)

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2328725120

Stage: Recovery2

Date: 14-10-2023

Speed: 0 kmph

Exec Time: 00:00

Slope: 0 %

Stage Time: 01:00

THR: 155 bpm

HR: 92 bpm

BP: 130/80 mmHg
STLevel(mm) STSlope(mV/s)

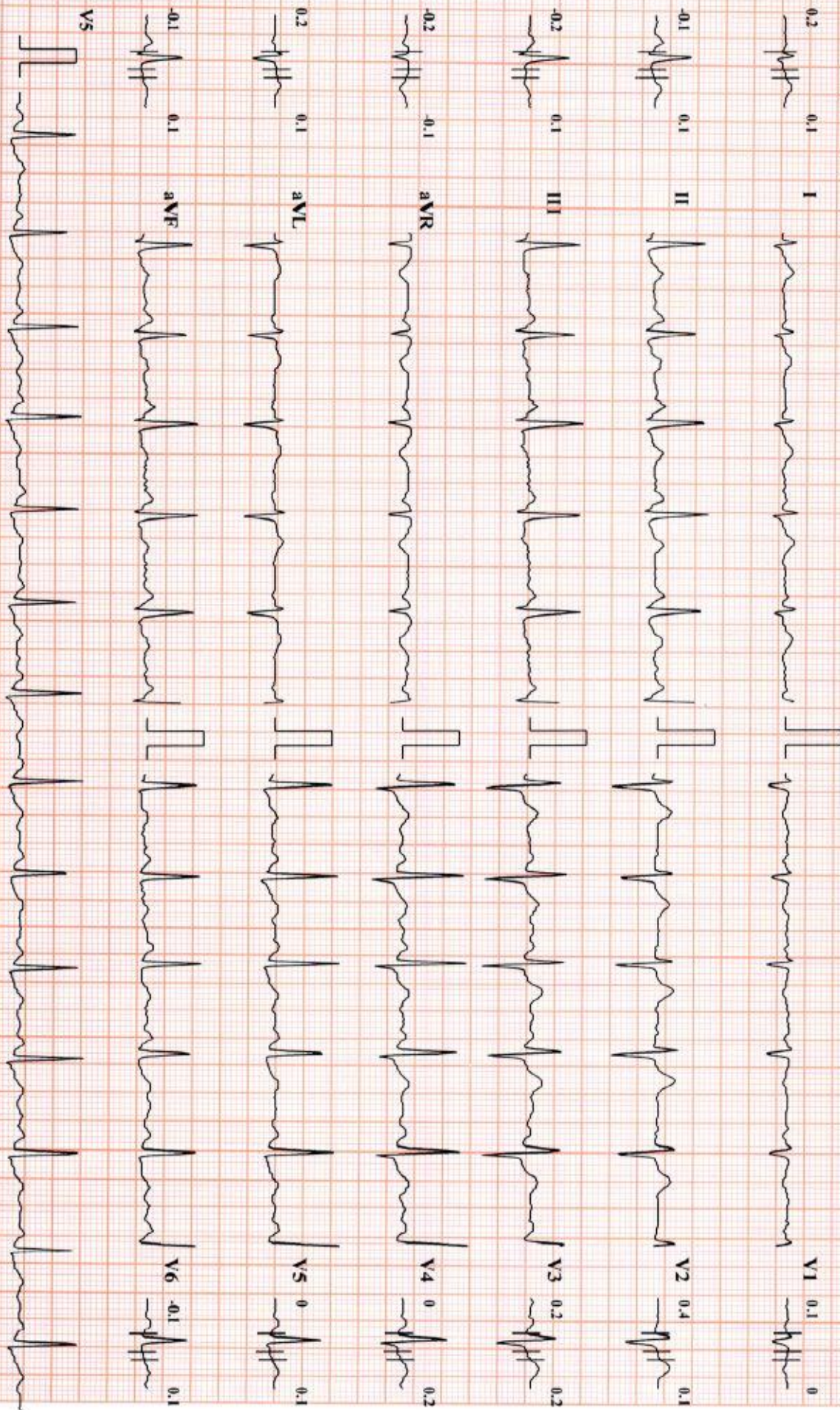


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller CardioVital CS-20 Version: 3.4

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

PURUSHOTAM KUMAR (37 M)

Bruce Protocol ID: 2328725120
STLevel(mm) STSlope(mV/s) Stage: Recovery3

Date: 14-10-2023
Speed: 0 kmph

Exec Time: 00:00
Slope: 0 %

Stage Time: 01:00
THR: 155 bpm

HR: 85 bpm

BP: 130/80 mmHg
STLevel(mm) STSlope(mV/s)

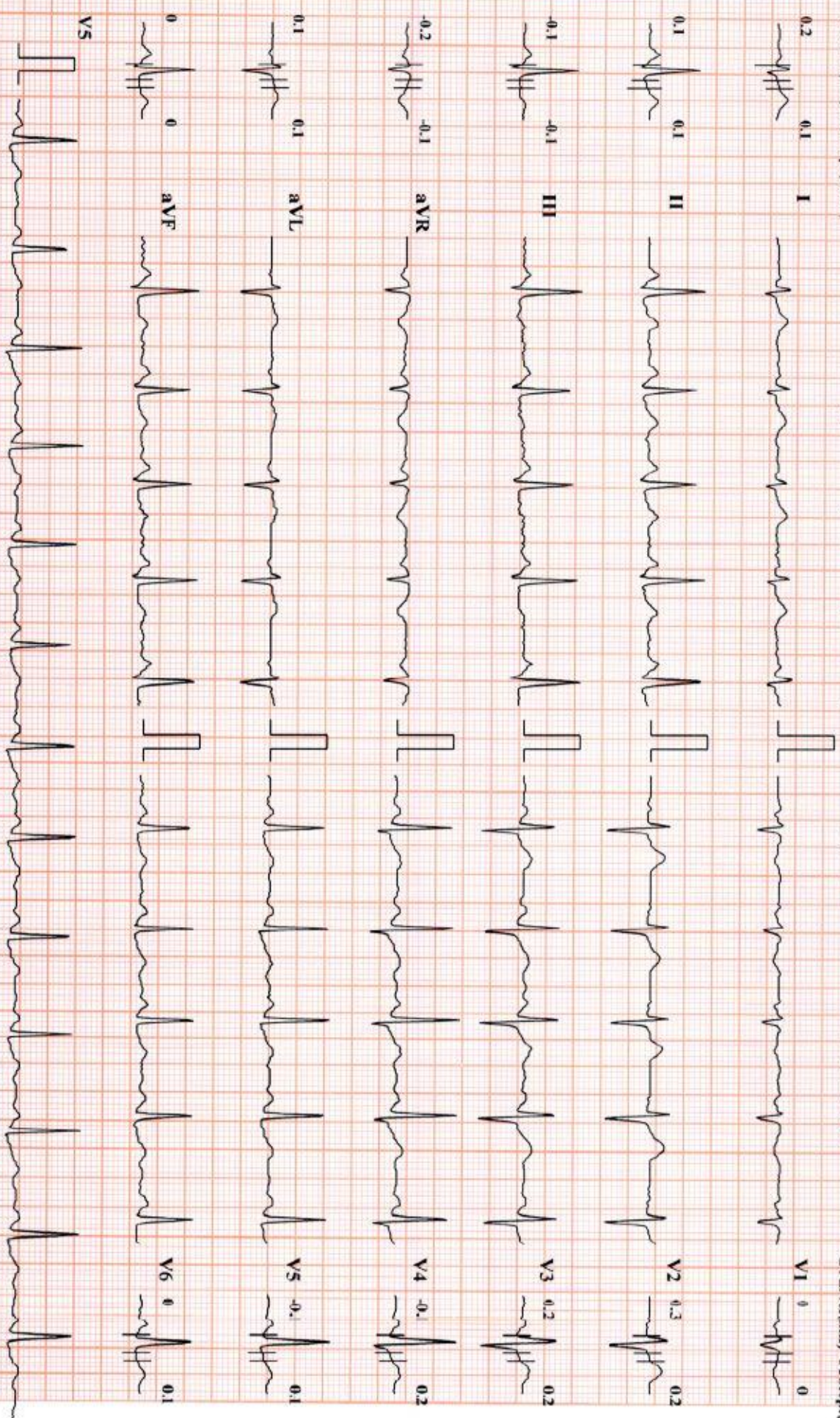


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R · 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardioy CS-20 Version 3.4



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

PURUSHOTAM KUMAR (37 M)

ID: 2328725120

Bruce Protocol

STLevel(mm) STSlope(mV/s)

Stage: Recovery4

Date: 14-10-2023

Exec Time : 00:00

Stage Time: 00:10

HR: 89 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

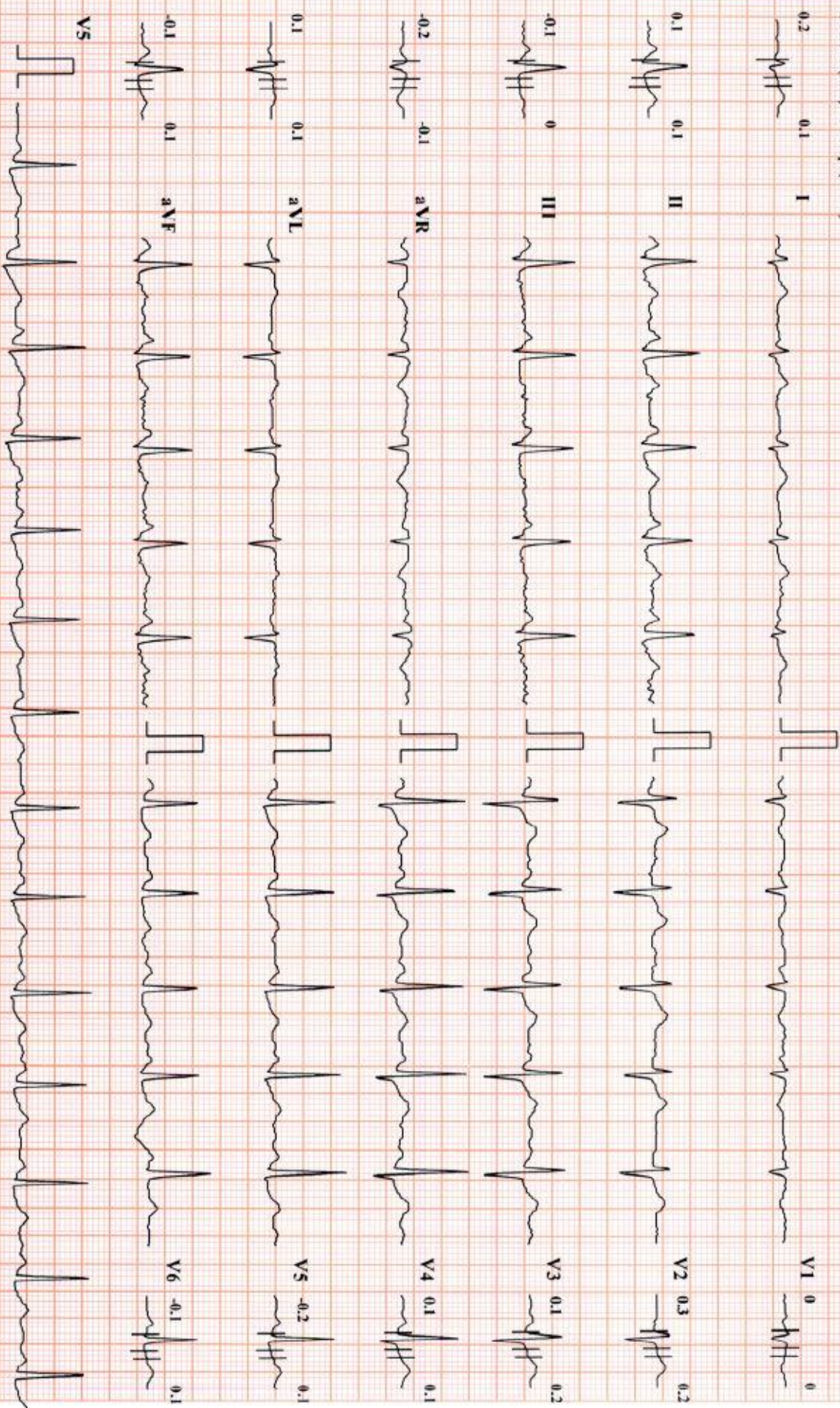


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Cardiovis CS-20 Version 3.4