

EMail: 2343 / M N SUNIL / 35 Yrs / M / 181 Cms / 79 Kg Date: 14 / 11 / 2023 09:44:11 AM Refd By : ARCOFEMI

REPORT :

Heart Rate 163.0 bpm

Systolic BP 150.0 mmHg Diastolic BP 80.0 mmHg

Exercise Time 08:21 Mins. Ectopic Beats 0.0

METS 9.5 Test End Reason Heart Rate Achieved Target Heart Rate 88% of 185

TEST OBJECTIVE	ROUTINE CHECK UP
RISK FACTOR	NONE
ACTIVITY	MODERATE ACTIVE
MEDICATION	NONE
REASON FOR TERMINATION	HEART RATE ACHIEVED
EXERCISE TOLERANCE	GOOD
EXERCISE INDUCED ARRHYTHMIAS	NO
HAEMODYNAMIC RESPONSE	NORMAL
CHRONOTROPIC RESPONSE	NORMAL
FINAL IMPRESSION	NO SIGNIFICANT ST T CHANGES NOTED STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHAEMIC HEART DISEASE FOR GIVEN DURATION OF EXERCISE.

DISCLAIMER Negative stress test does not rule out coronary artery disease. Positive stress test is suggestive but not confirmatory of coronary artery disease. Hence clinical correlation is mandatory.

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Aangan,
Thakur Village, Kandivali (east),
Mumbai - 400 101.
Tel : 61700000

Dr. Akhil P. Parulekar
MBBS. MD. Medicine
DNB Cardiology
Reg. No. 2012082483

Doctor : DR. AKHIL PARULEKAR

SUBURBAN DIAGNOSTICS KANDIVALI EAST

Report

Email:

2343 (2331802134) / M N SUNIL / 35 Yrs / M / 181 Cms / 79 Kg
 Date: 14 / 11 / 2023 09:44:11 AM Refd By : ARCOFEMI Examined By: DR.AKHIL PARULEKAR



Stage	Time	Duration	Speed(kmph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
Supine	01:06	1:06	00.0	00.0	01.0	064	35%	120/80	076	00	
Standing	01:41	0:35	00.0	00.0	01.0	070	38%	120/80	084	00	
HV	01:54	0:13	00.0	00.0	01.0	075	41%	120/80	090	00	
ExStart	02:16	0:22	00.0	00.0	01.0	085	46%	120/80	102	00	
BRUCE Stage 1	05:16	3:00	02.7	10.0	04.7	116	63%	120/80	139	00	
BRUCE Stage 2	08:16	3:00	04.0	12.0	07.1	134	72%	120/80	160	00	
PeakEX	10:37	2:21	05.5	14.0	09.5	162	88%	150/80	243	00	
Recovery	11:37	1:00	00.0	00.0	01.2	115	62%	150/80	172	00	
Recovery	11:46	1:09	00.0	00.0	01.0	115	62%	150/80	172	00	

FINDINGS :

Exercise Time : 08:21
 Initial HR (ExStrt) : 85 bpm 46% of Target 185
 Initial BP (ExStrt) : 120/80 (mm/Hg)
 Max Workload Attained : 9.5 Good response to induced stress
 Duke Treadmill Score : 08.4
 Test End Reasons : Heart Rate Achieved

Max HR Attained 162 bpm 88% of Target 185
 Max BP Attained 150/80 (mm/Hg)

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 Reg. No. 2012082483

Doctor : DR.AKHIL PARULEKAR

SUBURBAN DIAGNOSTICS KANDIVALI EAST

SUPINE (01:06)



2343 (2331802134) / M N SUNIL / 35 Yrs / M / 181 Cms / 79 Kg / HR : 64

Date 14/11/2023 09:44:11 AM

METS: 1.0/ 64 bpm 35% of THR BP: 120/80 mmHg

Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 Kempth: 0.0%

4X 80 mS Paced

25 mm/Sec 1.0 Cm/mV



REMARKS: I aVR aVL V1 V2 V3 V4 V5



SUBURBAN DIAGNOSTICS KANDIVALI EAST

STANDING (00:35)



2343 (2331802134) / M N SUNIL / 35 Yrs / M / 181 Cms / 79 Kg / HR : 70

Date: 14 / 11 / 2023 09:44:11 AM METS: 1.0/70 bpm 38% 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: 00:00:00 kmph 0.0%
25 mm/Sec 1.0 Cm/mV



REMARKS:
II aVR aVF V2 V4 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

HV (00:13)



2343 (2331802134) / M N SUNIL / 35 Yrs / M / 181 Cms / 79 Kg / HR : 75

Date: 14 / 11 / 2023 09:44:11 AM METS: 1.0 / 75 bpm 41% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 0.0 Kmph, 0.0%

AX 90 mS Post J

SI 0.7
STV 0.5

V1 0.0
0.0
0.1

II 0.6
0.6
0.3

V2 1.3
1.3
0.8

III 0.1
0.1
0.2

V3 0.2
0.2
0.5

aVR 0.7
0.7
0.4

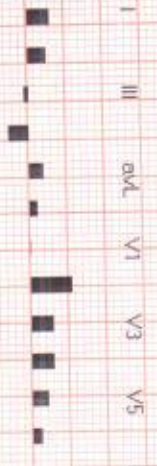
V4 0.2
0.2
0.5

aVL 0.5
0.5
0.4

V5 0.5
0.5
0.3

aVF 0.2
0.2
0.1

V6 0.3
0.3
0.2



REMARKS



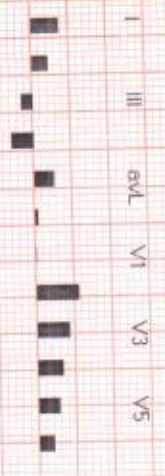
SUBURBAN DIAGNOSTICS KANDIVALI EAST

2343 (2337802134) / M N SUNIL / 35 Yrs / M / 181 Cms / 79 Kg / HR : 85

Date: 14/11/2023 09:44:11 AM METS: 1.0/85 bpm 46% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Naich On/ HF 0.05 Hz/LF 35 Hz

4X 80ms Post J

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



REMARKS:
I aVR aVL V1 V3 V5
II aVF aVF V2 V4 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 1 (03:00)

2343 (2331802134) / M/N SUNIL / 35 Yrs / M / 181 Cms / 79 Kg / HR : 116

Date: 14 / 11 / 2023 09:44:11 AM METS: 47/116 bpm 63% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

ExTime: 03:00 2.7 Km/Ph 10.0%

4X 80 ms Paper J

25 mm/Sec 1.0 Cm/mV



REMARKS: I II aVR aVL aVF V1 V2 V3 V4 V5 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 2 (03:00)

2343 (2331802134) / M N SUNIL / 35 Yrs / M / 181 Cms / 79 Kg / HR : 134

Date 14/11/2023 09:44:11 AM METS: 7.1/134 bpm 72% of THR BP: 120/80 mmHg Pw/ECG/BLOC/Noch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 06:00 4.0 Kmph 12.0%
25 mm/Sec 1.0 Div/mV

4X 60 ms Post J



REMARKS:



SUBURBAN DIAGNOSTICS KANDIVALI EAST

PeakEx

2343 (2331802134) / M / N SUNIL / 35 Yrs / M / 181 Cms / 79 Kg / HR : 162



Date: 14/11/2023 09:44:11 AM METS: 9.5 / 162 bpm 88% of THR BP: 150/80 mmHg Pgw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 08:21 5.5 Kmph 14.0%

4X 20 ms Post J

25 mm/Sec 1.0 Cm/mV

I 1
STL -0.3
STB 0.4

V1 0.3
T1

V1

II -1.5
-0.8

V2 0.2
2.0

V2

III -1.2
-1.2

V3 0.9
4.9

V3

avR 0.9
0.9
0.3

V4 -1.5
3.1

V4



avL 0.4
0.8

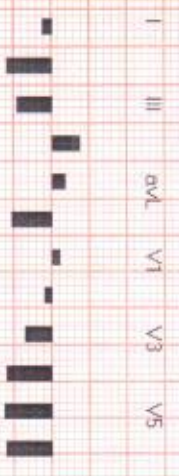
V5 -1.6
0.2

V5

avF -1.3
1.0

V6 -1.5
0.5

V6



REMARKS:
I avR avL V1 V2 V3 V4 V5 V6
II avR avL V1 V2 V3 V4 V5 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:00)



2343 (2331802134) / M N SUNIL / 35 Yrs / M / 181 Cms / 79 Kg / HR : 115

Date: 14/11/2023 09:44:11 AM

METS: 1.1/1.115 bpm 62% of THR BP- 150/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

EXTime: 08:21 0.0 Kmph 0.0%

4X 80 mS Post J

25 mm/Sec 1.0 Cal/1mv

AVL 1.2
AVS 1.0

V1 0.2
0.5

II 0.8
1.9

V2 1.7
1.7
2.2

III 0.4
0.2

V3 1.0
1.0
1.7

AVR -1.1
-1.9

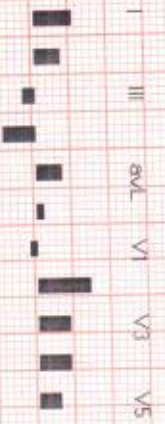
V4 1.0
1.0
2.1

AVL 0.8
0.8

V5 0.7
0.4
1.6

AVF 0.2
1.1

V6 0.4
0.4
1.1



REMARKS
I aVR aVF V2 V4 V6
II aVR aVF V2 V4 V6

SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:09)

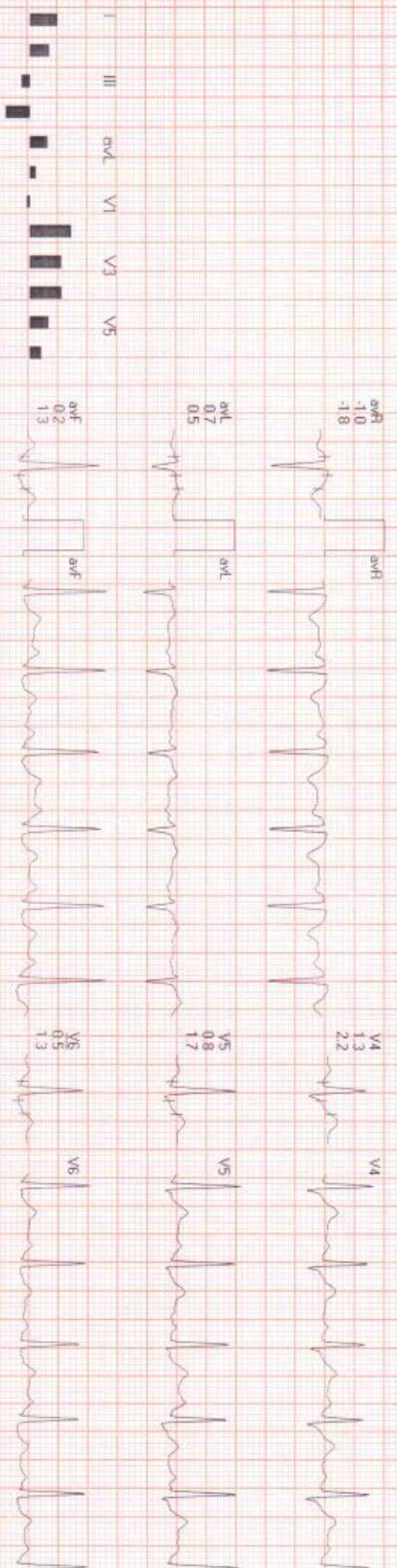
2343 (2331802134) / M / N SUNIL / 35 Yrs / M / 181 Cms / 79 Kg / HR 115

Date: 14/11/2023 09:44:11 AM METS: 1.0/115 bpm 62% of THR BP: 150/80 mmHg Row ECG/BLC On/ Natch On/ HF 0.05 Hz/ LF 35 Hz

ExtTime: 08:21 0.0 kmph 0.0%

4X 80 nS Post J

25 mm/Sec 1.0 Emv/mV



REMARKS
II aVR aVL aVF V1 V2 V3 V4 V5 V6





CID : 2331802134
Name : MR.M N SUNIL
Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 14-Nov-2023 / 09:00
Reported : 14-Nov-2023 / 14:05

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>
<u>RBC PARAMETERS</u>			
Haemoglobin	15.1	13.0-17.0 g/dL	Spectrophotometric
RBC	4.92	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.0	40-50 %	Measured
MCV	90	80-100 fl	Calculated
MCH	30.8	27-32 pg	Calculated
MCHC	34.4	31.5-34.5 g/dL	Calculated
RDW	12.8	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6980	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	43.5	20-40 %	
Absolute Lymphocytes	3036.3	1000-3000 /cmm	Calculated
Monocytes	5.6	2-10 %	
Absolute Monocytes	390.9	200-1000 /cmm	Calculated
Neutrophils	45.9	40-80 %	
Absolute Neutrophils	3203.8	2000-7000 /cmm	Calculated
Eosinophils	4.8	1-6 %	
Absolute Eosinophils	335.0	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	14.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	263000	150000-400000 /cmm	Elect. Impedance
MPV	8.0	6-11 fl	Calculated
PDW	13.9	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



CID : 2331802134
Name : MR.M N SUNIL
Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 14-Nov-2023 / 09:00
Reported : 14-Nov-2023 / 13:34

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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 8 2-15 mm at 1 hr. Sedimentation

*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



CID : 2331802134
Name : MR.M N SUNIL
Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 14-Nov-2023 / 09:00
Reported : 14-Nov-2023 / 15:02

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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	89.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	108.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.96	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.41	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.55	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	23.0	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	20.5	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	33.5	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	123.0	40-130 U/L	Colorimetric
BLOOD UREA, Serum	27.3	12.8-42.8 mg/dl	Kinetic
BUN, Serum	12.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.81	0.67-1.17 mg/dl	Enzymatic



CID : 2331802134
Name : MR.M N SUNIL
Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 14-Nov-2023 / 11:51
Reported : 14-Nov-2023 / 20:24

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eGFR, Serum	118	(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	5.6	3.5-7.2 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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



MC-2111

Bmhasakar

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



CID : 2331802134
Name : MR.M N SUNIL
Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 14-Nov-2023 / 09:00
Reported : 14-Nov-2023 / 14:14

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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	5.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	122.6	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



CID : 2331802134
Name : MR.M N SUNIL
Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 14-Nov-2023 / 09:00
Reported : 14-Nov-2023 / 14:05

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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)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
<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	3-4	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

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M.D. (PATH)
Pathologist



CID : 2331802134
Name : MR.M N SUNIL
Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 14-Nov-2023 / 09:00
Reported : 14-Nov-2023 / 15:21

Use a QR Code Scanner
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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. Vrushali Shroff

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



CID : 2331802134
Name : MR.M N SUNIL
Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

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Collected : 14-Nov-2023 / 09:00
Reported : 14-Nov-2023 / 18:33

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	285.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	248.0	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	56.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	228.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	188.8	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	39.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.3	0-3.5 Ratio	Calculated

Note : LDL test is performed by direct measurement.

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



Bmhasakar

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



CID : 2331802134
Name : MR.M N SUNIL
Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 14-Nov-2023 / 09:00
Reported : 14-Nov-2023 / 14:44

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.7	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.6	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.17	0.35-5.5 microIU/ml	ECLIA

Interpretation:

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

Clinical Significance:

- 1)TSH Values between 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)



MC-2111

Bmhasakar

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



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

Name : Mr . M N SUNIL
VID : 2331802134
Ref By : Arcofemi Healthcare Limited

Reg Date : 14-Nov-2023 08:15
Age/Gender : 35 Years
Regn Centre : Kandivali East (Main Centre)

History and Complaints:

No

EXAMINATION FINDINGS:

Height (cms):	181 cms	Weight (kg):	79 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	120/80	Nails:	Normal
Pulse:	72/min	Lymph Node:	Not Palpable

Systems

Cardiovascular: Normal
Respiratory: Normal
Genitourinary: Normal
GI System: Normal
CNS: Normal

IMPRESSION:

↑ HbA1c - 5.9%
↑ cholesterol
USA - fatty liver
- BIL renal complaints

ADVICE:

• low fatty diet
• carb
• T Resuvan - (long)
• Metlogon / Surgeon opinion

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 |

Name : Mr. M N SUNIL
VID : 2331802134
Ref By : Arcofemi Healthcare Limited

Reg Date : 14-Nov-2023 08:15
Age/Gender : 35 Years
Regn Centre : Kandivali East (Main Centre)

-
- | | |
|--|----|
| 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 | Occasioanlly |
| 2) Smoking | No |
| 3) Diet | Mixed |
| 4) Medication | No |

Dr. Jagruti Dhale
MBBS
Consultant Physician
Reg. No. 69548

Jagruti Dhale
Dr. Jagruti Dhale

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Aangan,
Thakur Viliage, Kandivali (east),
Mumbai - 400101.
Tel : 61700000

Date:- 14/11/23

CID: 233180434

Name:- M. N. Sunil

Sex/Age: 35 M

EYE CHECK UP

Chief complaints: NO

Systemic Diseases: NO

Past history: NO

Unaided Vision:

Aided Vision: 6/6 6/6

Refraction: NilG NilG

(Right Eye)

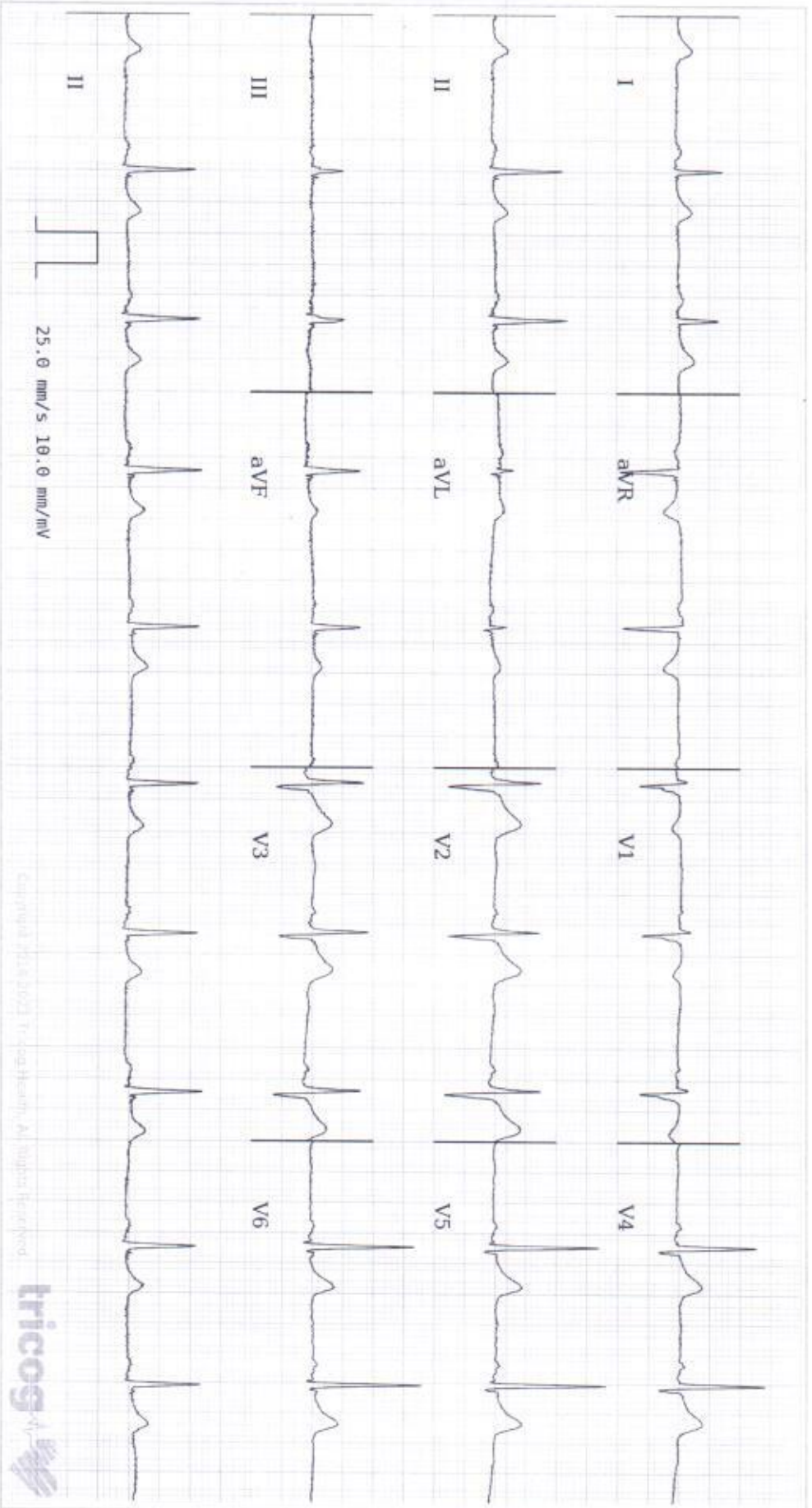
(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal/ Abnormal

Remark: Normal

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Aangan,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700000



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Age 35 NA
years months

Gender Male

Heart Rate 61bpm

Patient Vitals

BP: 120/80 mmHg
Weight: 79 kg
Height: 181 cm
Pulse: NA
Spo2: NA
Resp: NA
Others: NA

Measurements

QRSD: 84ms
QT: 388ms
QTcB: 390ms
PR: 132ms
P-R-T: 17° 54° 32°

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

REPORTED BY

DR. AKHIL PARTHEKAR
MBBS, MD, MEDICINE, DNB Cardiology
Cardiologist
2012082483

Disclaimer: This report is based on ECG done and should be read in conjunction with clinical history, symptoms and results of other laboratory and non-laboratory tests and must be interpreted by a qualified physician. If clinical codes are entered by the clinician and not derived from the ECG.



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Name : Mr M N SUNIL
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Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 14-Nov-2023
Reported : 14-Nov-2023 / 8:49

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (14.4 cm) shape and smooth margins. **It shows bright parenchymal echo pattern.** The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein measures 10 mm and CBD measures 2.6 mm .
The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal.No evidence of gall stones or mass lesions seen

PANCREAS:

The pancreas is well visualized and appears normal.No evidence of solid or cystic mass lesion.

KIDNEYS:

Right kidney measures 10.2 x 5.2 cm. Left kidney measures 10.6 x 5.8 cm.

Bilateral renal concretions noted.

Both the kidneys are normal in size shape and echotexture.

No evidence of any obvious calculus,hydronephrosis or mass lesion seen.

SPLEEN:

The spleen is normal in size (10.2 cm) and echotexture. No evidence of focal lesion is noted.

There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

PROSTATE:

The prostate is normal in size and measures 3.4 x 2.6 x 2.3 cm and volume is 11 cc.

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IMPRESSION:

GRADE I FATTY LIVER.

BILATERAL RENAL CONCRETIONS.

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

DR. Akash Chhari
MBBS, MD, Radio-Diagnosis Mumbai
MMC REG NO - 2011/08/2862

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Age / Sex : 35 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 14-Nov-2023
Reported : 14-Nov-2023 / 10:56

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X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

DR. Akash Chhari
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MMC REG NO - 2011/08/2862

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