



CID : 2308005079  
Name : MR.SANKET JAIN  
Age / Gender : 32 Years / Male  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected : 21-Mar-2023 / 09:09  
Reported : 21-Mar-2023 / 13:13

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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>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	15.1	13.0-17.0 g/dL	Spectrophotometric
RBC	5.00	4.5-5.5 mil/cmm	Elect. Impedance
PCV	46.2	40-50 %	Measured
MCV	92	80-100 fl	Calculated
MCH	30.1	27-32 pg	Calculated
MCHC	32.7	31.5-34.5 g/dL	Calculated
RDW	13.2	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	8530	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	25.5	20-40 %	
Absolute Lymphocytes	2175.2	1000-3000 /cmm	Calculated
Monocytes	11.2	2-10 %	
Absolute Monocytes	955.4	200-1000 /cmm	Calculated
Neutrophils	52.5	40-80 %	
Absolute Neutrophils	4478.3	2000-7000 /cmm	Calculated
Eosinophils	9.6	1-6 %	
Absolute Eosinophils	818.9	20-500 /cmm	Calculated
Basophils	1.2	0.1-2 %	
Absolute Basophils	102.4	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	177000	150000-400000 /cmm	Elect. Impedance
MPV	11.6	6-11 fl	Calculated
PDW	26.1	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			





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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	90.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	101.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	1.22	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.46	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.76	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.9	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
SGOT (AST), Serum	15.8	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	19.1	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	8.7	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	105.5	40-130 U/L	Colorimetric
BLOOD UREA, Serum	20.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.5	6-20 mg/dl	Calculated
CREATININE, Serum	0.89	0.67-1.17 mg/dl	Enzymatic



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Reported : 21-Mar-2023 / 16:49

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eGFR, Serum	105	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.1	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 \*\*\*

*Bmhasakar*

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



MC-2111





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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	4.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	88.2	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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Reported : 21-Mar-2023 / 12:19

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**URINE EXAMINATION REPORT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	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	-	-
<b>CHEMICAL EXAMINATION</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>MICROSCOPIC EXAMINATION</b>			
Leukocytes(Pus cells)/hpf	3-4	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	8-10	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 insert

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

*Bmhasakar*

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



MC-2111



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Collected :  
Reported :

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



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Reported : 21-Mar-2023 / 13:18

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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 \*\*\*

**Dr. TRUPTI SHETTY**  
**M. D. (PATH)**  
**Pathologist**







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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	113.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	93.7	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	35.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	78.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	59.0	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	19.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.7	0-3.5 Ratio	Calculated

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

*Bmhasakar*

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





CID : 2308005079  
Name : MR.SANKET JAIN  
Age / Gender : 32 Years / Male  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected : 21-Mar-2023 / 09:09  
Reported : 21-Mar-2023 / 14:08

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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	4.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.2	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.6	0.35-5.5 microIU/ml	ECLIA



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Reg. Location : Borivali West (Main Centre)

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Reported : 21-Mar-2023 / 14:08

**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)

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

*Bmhaskar*

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

CID# : 2308005079

Name : MR.SANKET JAIN

Age / Gender : 32 Years/Male

Consulting Dr. :

Collected : 21-Mar-2023 / 09:07

Reg.Location : Borivali West (Main Centre)

Reported : 21-Mar-2023 / 13:06

## PHYSICAL EXAMINATION REPORT

### History and Complaints:

NIL

### EXAMINATION FINDINGS:

Height (cms):	171	Weight (kg):	65
Temp (0c):	Afebrile	Skin:	NAD
Blood Pressure (mm/hg):	120/80	Nails:	NAD
Pulse:	72/per min	Lymph Node:	Not palpable

### Systems

Cardiovascular: S1S2-NORMAL

Respiratory: CHEST CLEAR

Genitourinary: NAD

GI System: NAD

CNS: NAD

### IMPRESSION:

*As per medical*

### ADVICE:

### CHIEF COMPLAINTS:

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



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Reg.Location : Borivali West (Main Centre) Reported : 21-Mar-2023 / 13:06

- |  |    |
|--|----|
| 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    | NO  |
| 2) Smoking    | NO  |
| 3) Diet       | VEG |
| 4) Medication | NO  |

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

**DR. NITIN SONAVANE**  
M.B.B.S., M.L.H., D.DIAB, D.CARD.  
CONSULTANT CARDIOLOGIST  
REGD. NO. 157714

Dr.NITIN SONAVANE  
PHYSICIAN

**Suburban Diagnostics (I) Pvt. Ltd.**  
301 & 302, 3rd Floor, Vini Elegance,  
Above Tanisq Jeweller, L. T. Road,  
Borivali (West), Mumbai - 400 092.

Patient Name: SANKET JAIN  
Patient ID: 2308005079

Date and Time: 21st Mar 23 12:23 PM



Age 32 NA NA  
years months days

Gender Male

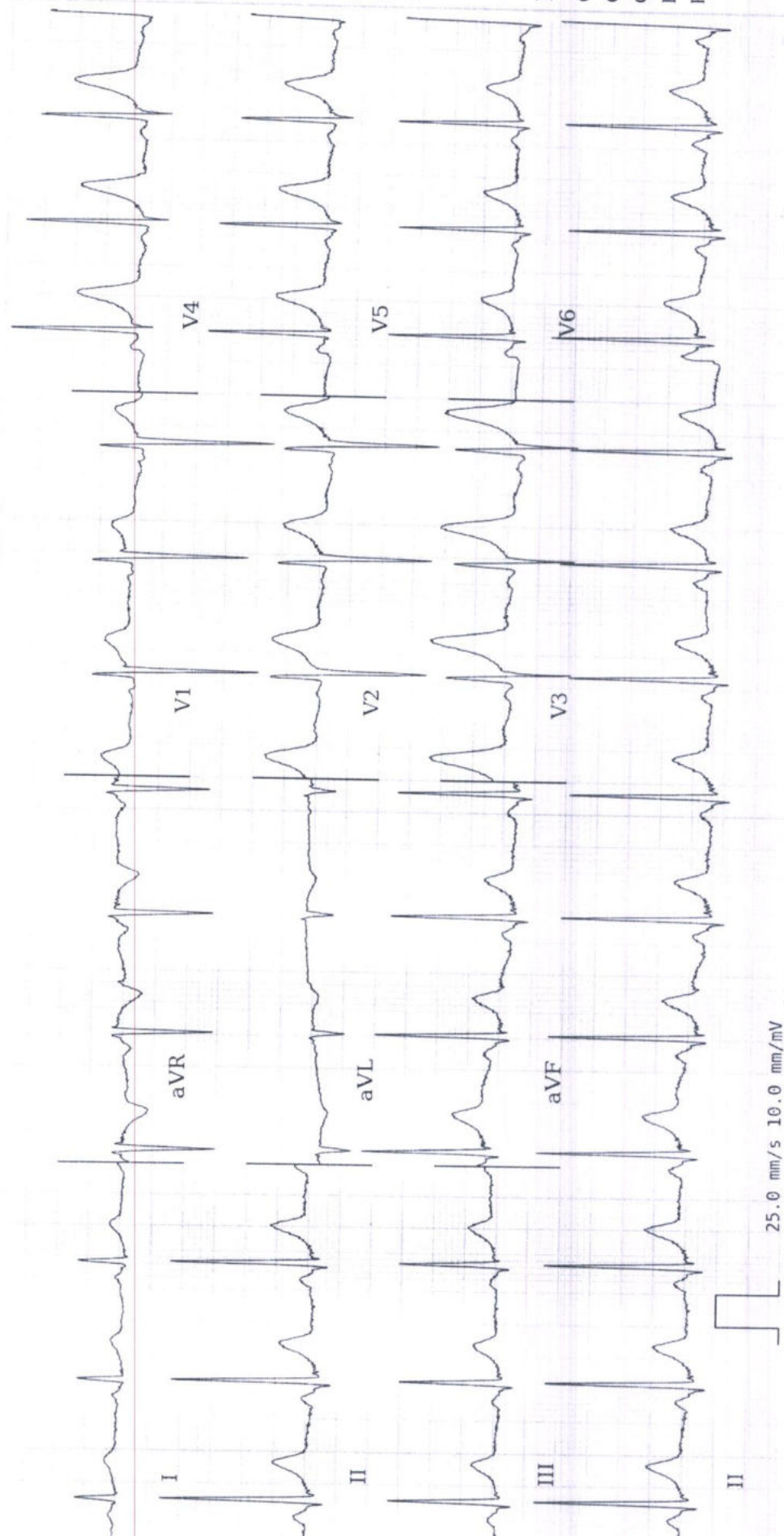
Heart Rate 84bpm

Patient Vitals

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

Measurements

QRSD: 76ms  
QT: 356ms  
QTc: 420ms  
PR: 112ms  
P-R-T: 68° 73° 75°



sinus Rhythm, Short PR Interval. Please correlate clinically.

REPORTED BY

*[Signature]*

Dr. Nitin Sonawane  
M.B.B.S., A.F.L.H., D.DIAB.D. CARD  
Consultant Cardiologist  
87714

Warning: In Arrhythmia interpretation, a single lead ECG (4-lead ambulatory) is insufficient for diagnosis. Progression of ECG changes, clinical correlation, and history are essential for accurate diagnosis. Interpretation should be correlated with clinical findings.



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Reported : 21-Mar-2023 / 13:01

R  
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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.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?AccessionNo=2023032109080682>



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### USG WHOLE ABDOMEN

**LIVER:** Liver is normal in size 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 normal. **CBD:** CBD is normal.

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

**KIDNEYS:** Right kidney measures 9.8 x 3.8 cm. Left kidney measures 9.5 x 5.0 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, 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 2.7 x 3.8 cm and prostatic weight is 20 gm. No evidence of any obvious focal lesion.

No free fluid or size significant lymphadenopathy is seen.

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Opinion:

➤ Grade I fatty infiltration of liver .

*For clinical correlation and follow up.*

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

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



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

Click here to view images <<ImageLink>>

Date:-

CID:

Name:-

Sanket

Sex / Age: /

**EYE CHECK UP**

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Far vision blur

R LE  
6/6 6/9  
NLG NLG

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision:  Normal /  Abnormal

Remark:

Normal

**Suburban Diagnostics (I) Pvt. Ltd.**  
301 & 302, 3<sup>rd</sup> Floor, Vini Elegance,  
Above Tanisq Jeweller, L. T. Road,  
Borivali (West), Mumbai - 400 092.



**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

**Name: SANKET JAIN** Date: 21-03-2023 Time: 11:56  
 Age: 32 Gender: M Height: 171 cms Weight: 65 Kg ID: 2308005079  
 Clinical History: NIL  
 Medications: NIL

**Test Details:**  
 Protocol: Bruce Predicted Max HR: 188 Target HR: 159  
 Exercise Time: 0:09:27 Achieved Max HR: 160 (85% of Predicted MHR)  
 Max BP: 160/80 Max BP x HR: 25600 Max Mets: 10.6  
 Test Termination Criteria: TEST COMPELT

**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	84	120/80	10080	1.1 V3	0.6 V2
Standing	00:11	1	0	0	91	120/80	10920	0.9 V3	0.7 V2
HyperVentilation	00:11	1	0	0	94	120/80	11280	-0.8 aVF	-0.4 III
PreTest	00:09	1	1.6	0	87	120/80	10440	0.9 V2	0.6 V2
Stage: 1	03:00	4.7	2.7	10	111	120/80	13320	1.1 V2	0.9 V2
Stage: 2	03:00	7	4	12	128	140/80	17920	-1.6 II	0.6 V3
Stage: 3	03:00	10.1	5.5	14	156	140/80	21840	-5.6 aVR	-1.6 aVR
Peak Exercise	00:27	10.6	6.8	16	160	160/80	25600	-2.7 aVR	-1.3 II
Recovery1	01:00	1	0	0	129	150/80	19350	-1.1 aVF	0.9 V2
Recovery2	01:00	1	0	0	112	140/80	15680	-0.8 V6	1 V2
Recovery3	01:00	1	0	0	107	130/80	13910	-0.8 II	0.7 V2

**Interpretation**  
 The Patient Exercised according to Bruce Protocol for 0:09:27 achieving a work level of 10.6 METS.  
 Resting Heart Rate, initially 84 bpm rose to a max. heart rate of 160bpm (85% of Predicted Maximum Heart Rate).  
 Resting Blood Pressure of 120/80 mmHg, rose to a maximum Blood Pressure of 160/80 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**  
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 CONSULTANT-CARDIOLOGIST  
 REGD. NO. : 87714

Ref. Doctor: ---- Doctor: DR. NITIN SONAVANE

**SCHILLER**  
 The Art of Diagnostics

( Summary Report edited by User )  
 Spandan CS-20 Version:2.14.0

**Suburban Diagnostics (I) Pvt. Ltd.**  
 301& 302- 3rd Floor, Vini Elegance,  
 Above Tanisq Jeweler, L. T. Road,  
 Borivali (West), Mumbai - 400 092.



# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**SANKET JAIN**

Bruce Protocol

STLevel(mm) STISlope(mV/s)

ID: 2308005079

Stage: Supine

Date: 21-03-2023

Speed: 0 kmph

Exec Time: 0:00:00

Grade: 0%

Stage Time: 00:15

THR: 159 bpm

**HR: 84 bpm**

BP: 120/80 mmHg

STLevel(mm) STISlope(mV/s)

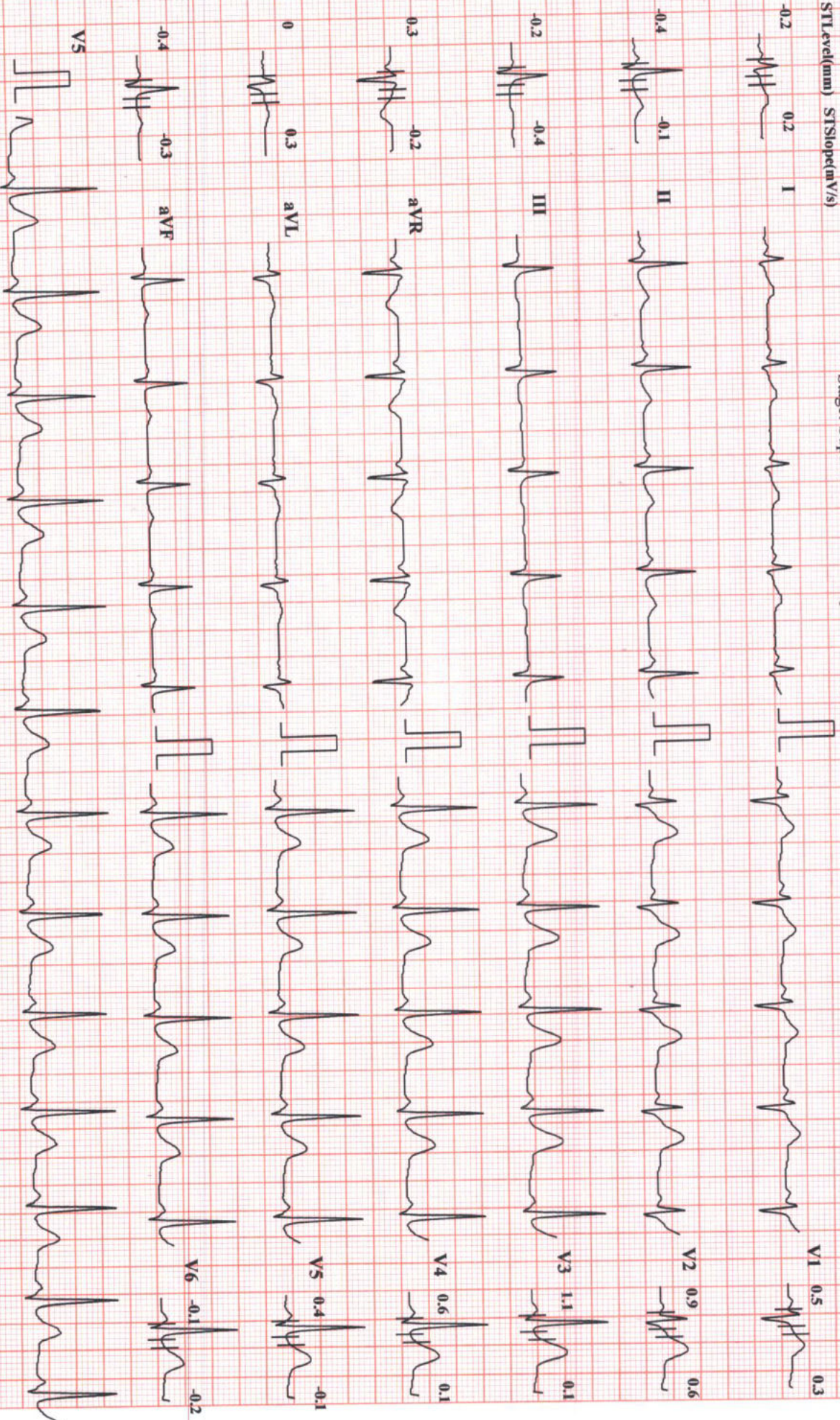


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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





# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**SANKET JAIN**

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2308005079

Date: 21-03-2023

Exec Time : 0:00:00

Stage Time: 00:11

Stage: Standing

Speed: 0 kmph

Grade: 0%

THR: 159 bpm

**HR: 91 bpm**

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

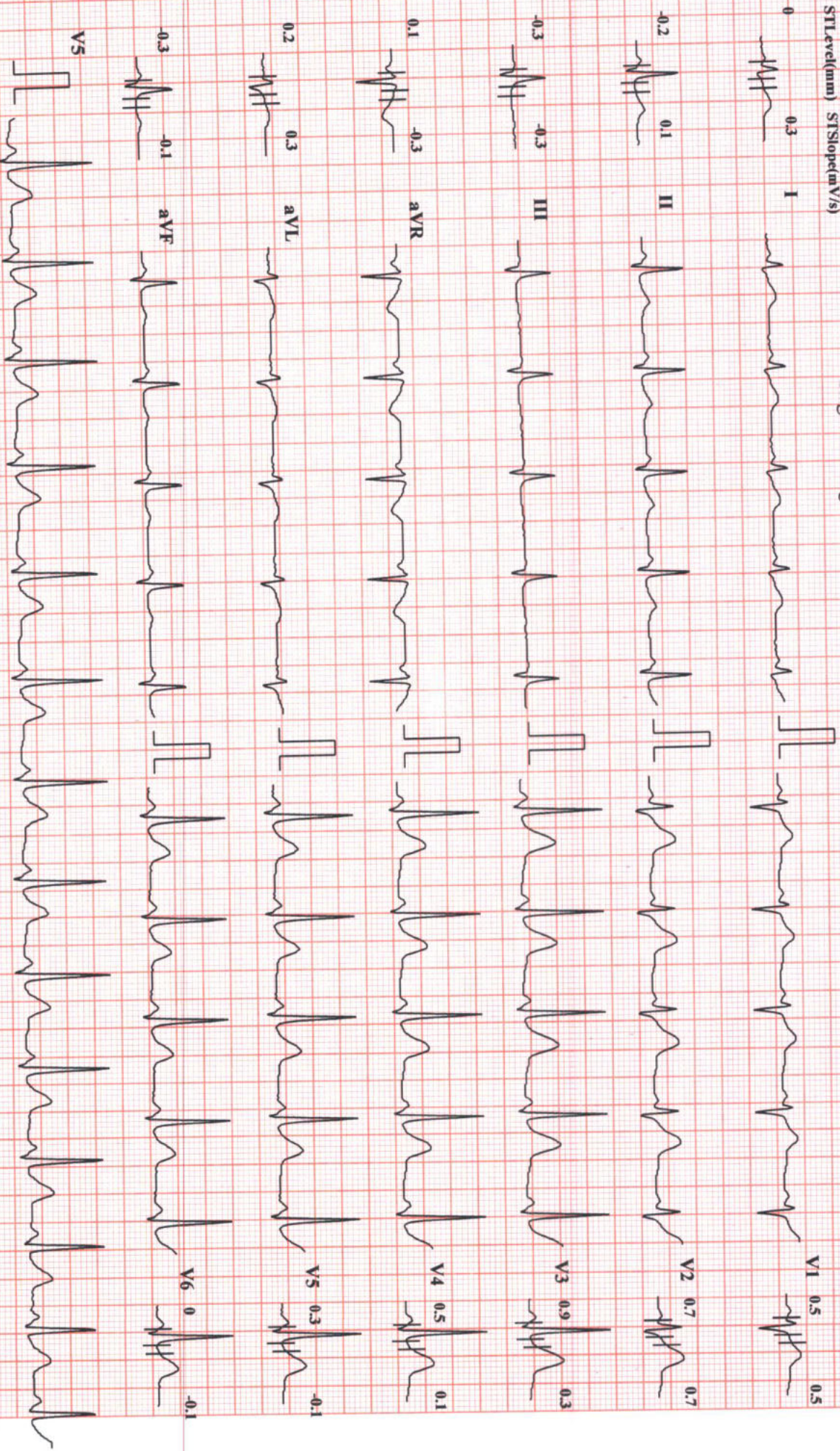


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Spandan CS-20 Version 2.1





# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**SANKET JAIN**

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2308005079

Date: 21-03-2023

Exec Time: 0:00:00

Stage Time: 00:11

Stage: HyperVentilation

Speed: 0 kmph

Grade: 0%

THR: 159 bpm

**HR: 94 bpm**

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

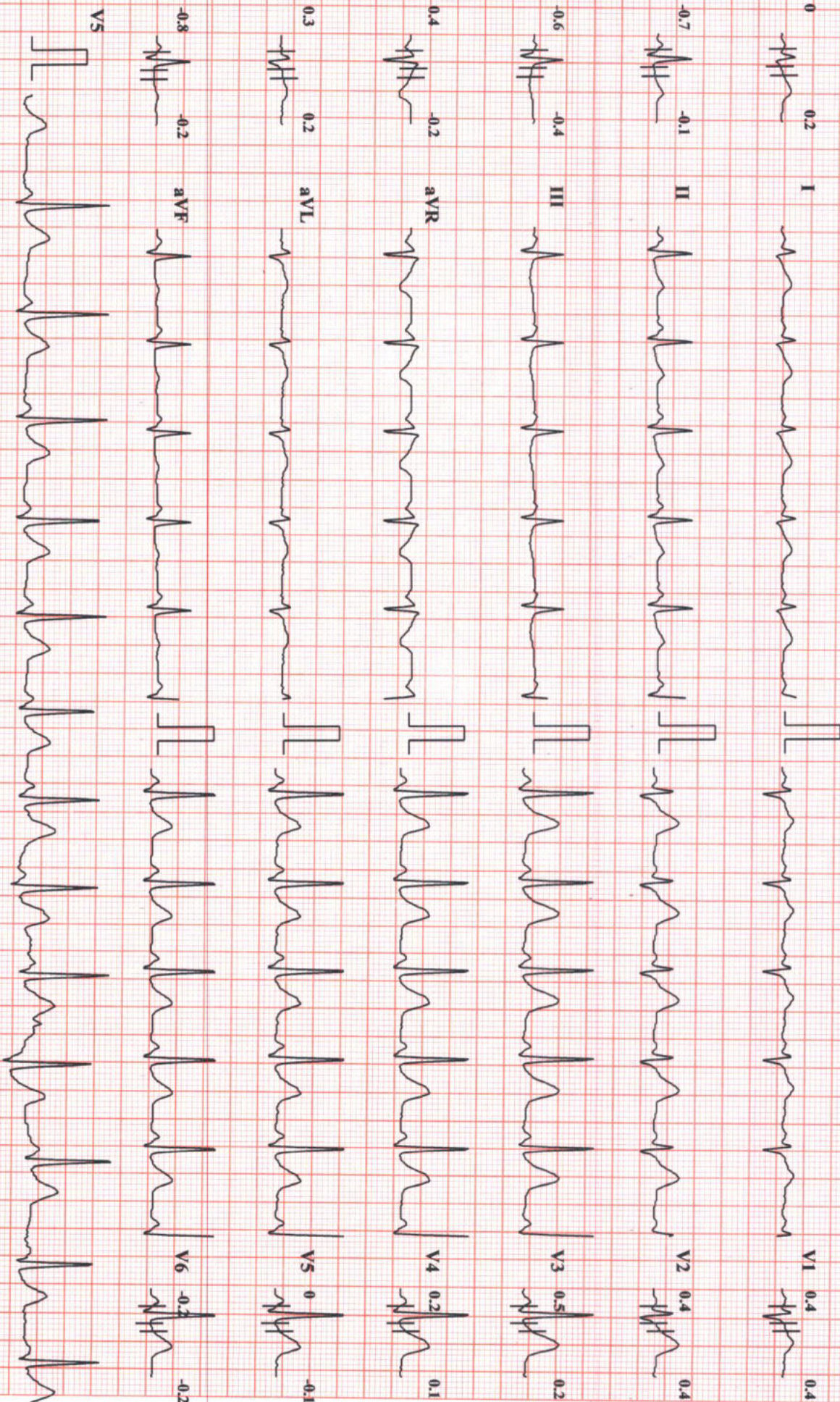


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Linked Median

Schiller Spandam CS-20 Version 2.1





# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**SANKET JAIN**

Bruce Protocol

STISlope(mm) STSlope(mV/s)

ID: 2308005079

Stage: Peak Exercise

Date: 21-03-2023  
Speed: 6.8 kmph

Exec Time : 0:09:00  
Grade: 16%

Stage Time: 00:00  
THR: 159 bpm

**HR: 157 bpm**

BP: 160/80 mmHg

STISlope(mm) STSlope(mV/s)

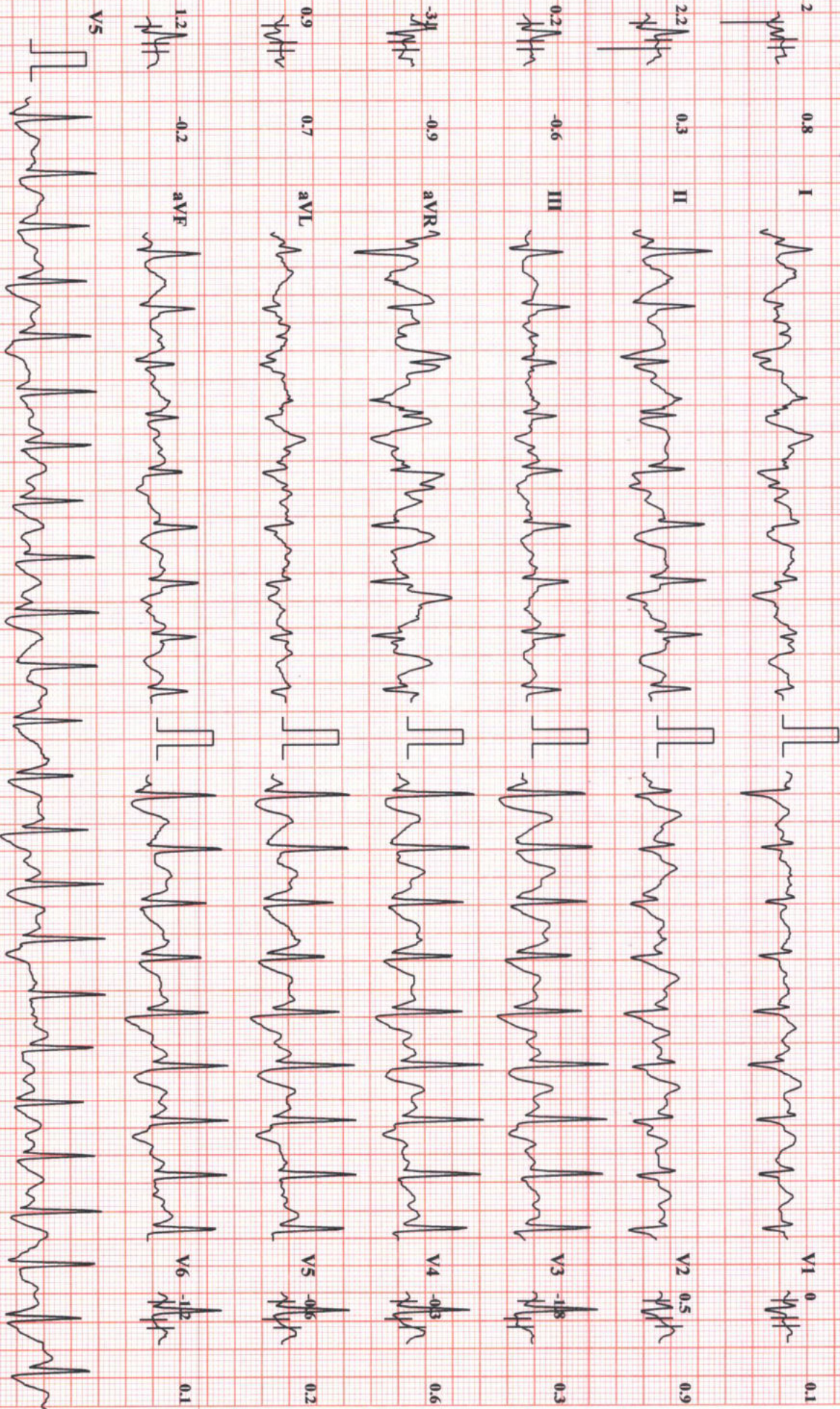


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Spardan CS-20 Version: 2.1.1





# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**SANKET JAIN**

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2308005079

Date: 21-03-2023

Exec Time: 0:03:00

Stage Time: 03:00

Stage: 1

Speed: 2.7 kmph

Grade: 10%

THR: 159 bpm

**HR: 111 bpm**

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

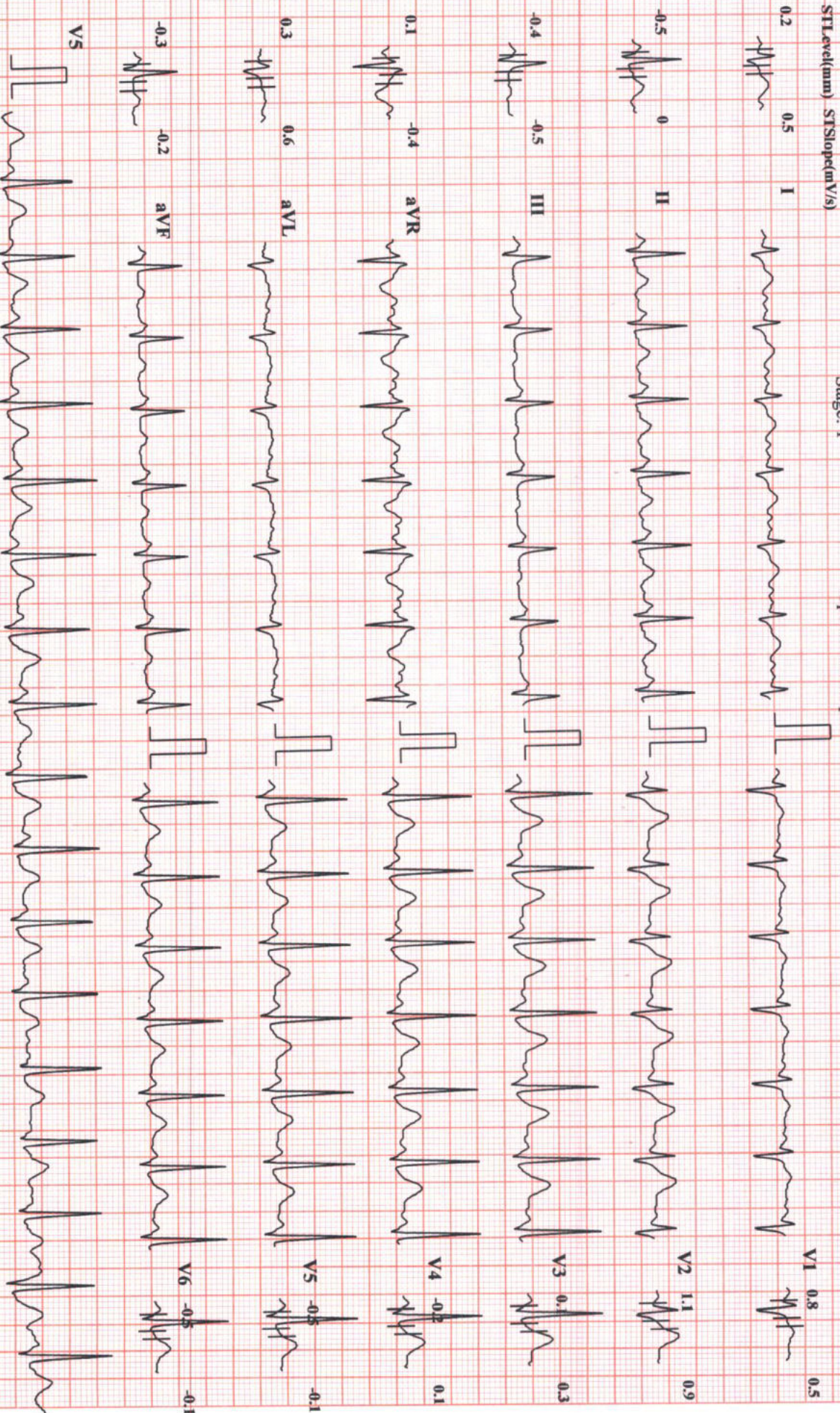


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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





# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**SANKET JAIN**

Bruce Protocol

STL:aveI(mm) STS:Slope(mV/s)

ID: 2308005079

Date: 21-03-2023

Exec Time : 0:06:00

Stage Time: 03:00

Stage: 2

Speed: 4 kmph

Grade: 12%

THR: 159 bpm

**HR: 128 bpm**

BP: 140/80 mmHg

STL:aveI(mm) STS:Slope(mV/s)

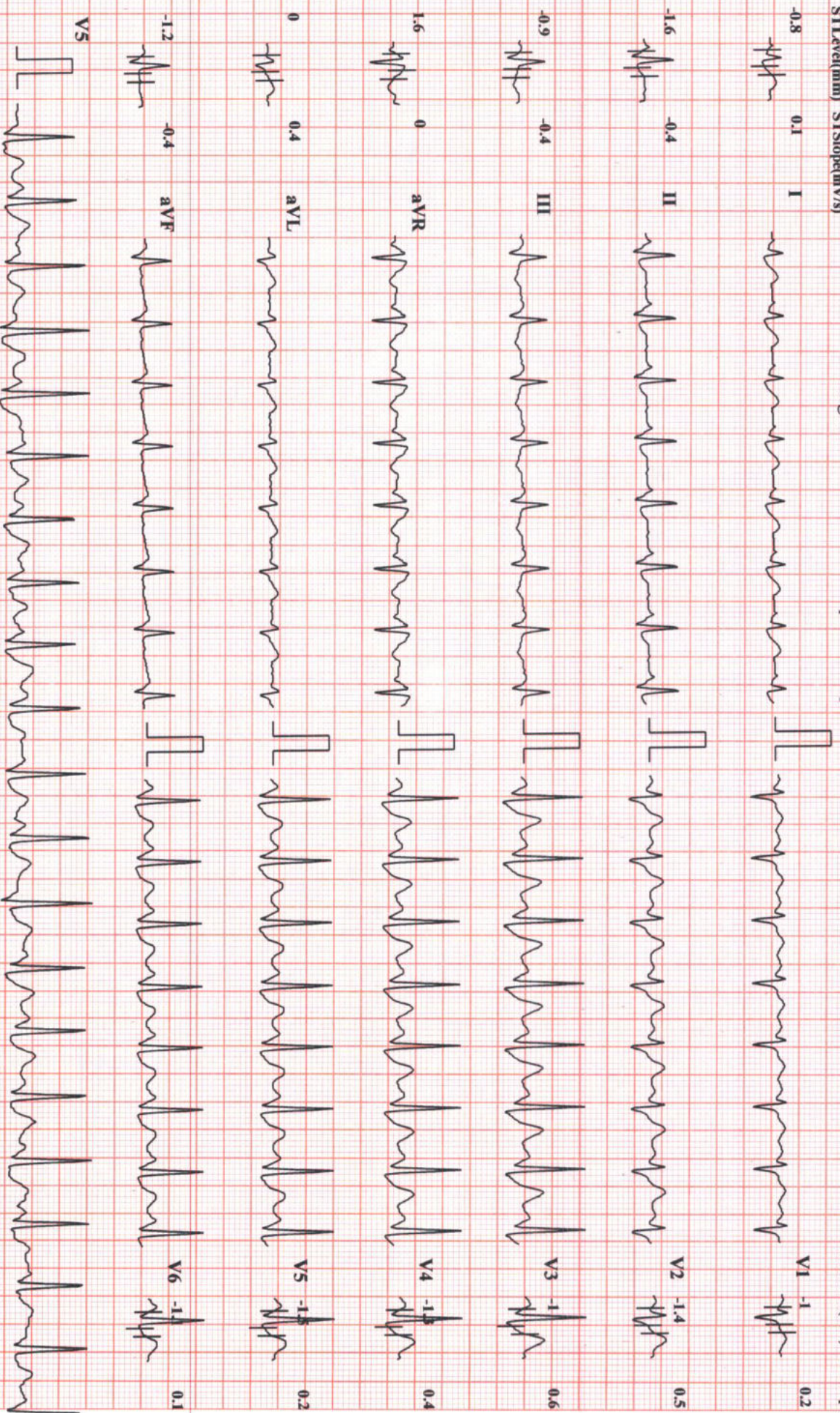


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Linked Median





# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**SANKET JAIN**

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

ID: 2308005079  
Stage: 3

Date: 21-03-2023  
Speed: 5.5 kmph

Exec Time: 0:09:00  
Grade: 14%

Stage Time: 03:00  
THR: 159 bpm

**HR: 156 bpm**

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

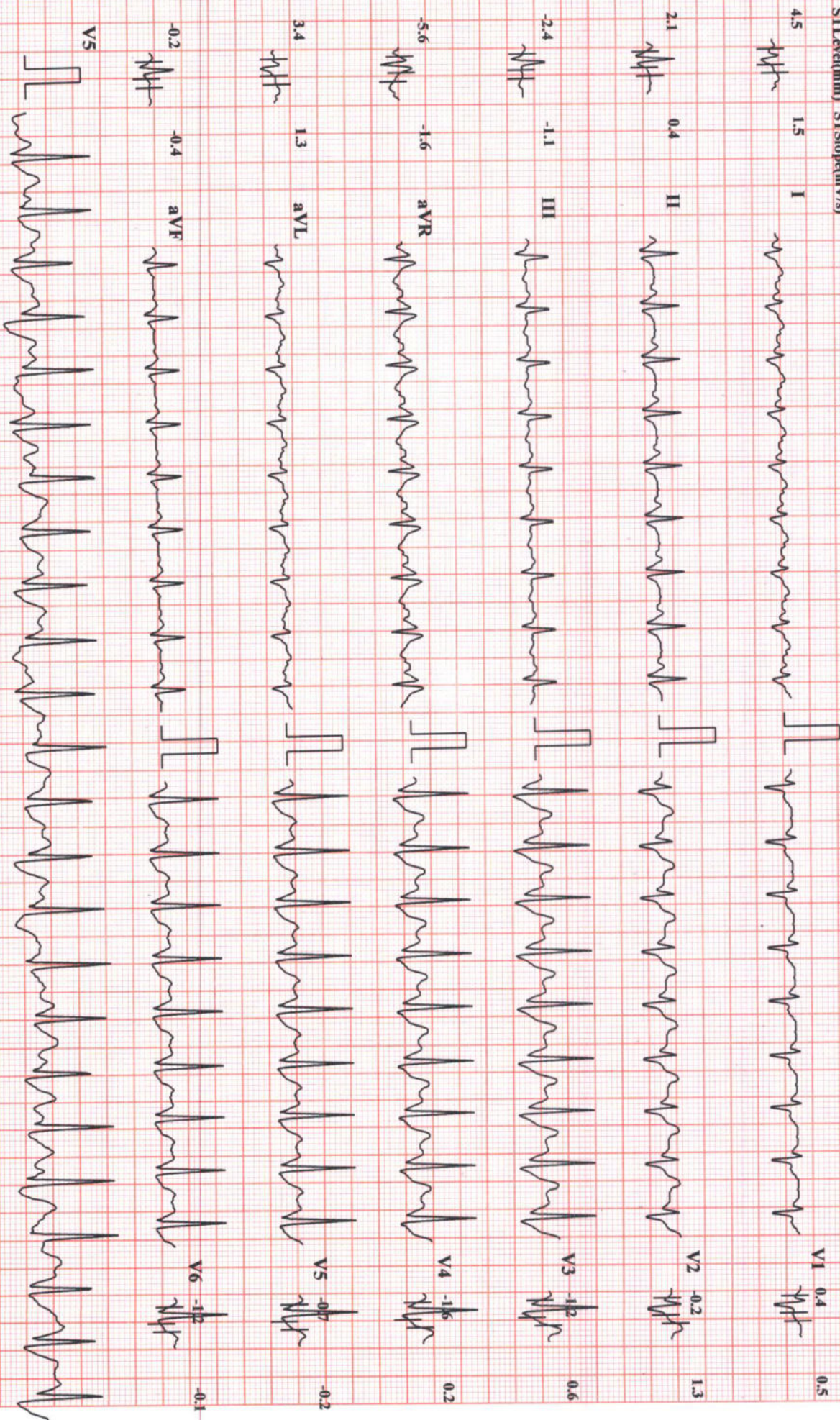


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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





# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**SANKET JAIN**

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2308005079

Date: 21-03-2023

Exec Time: 0:00:00

Stage Time: 00:09

Stage: PreTest

Speed: 1.6 kmph

Grade: 0%

THR: 159 bpm

**HR: 87 bpm**

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

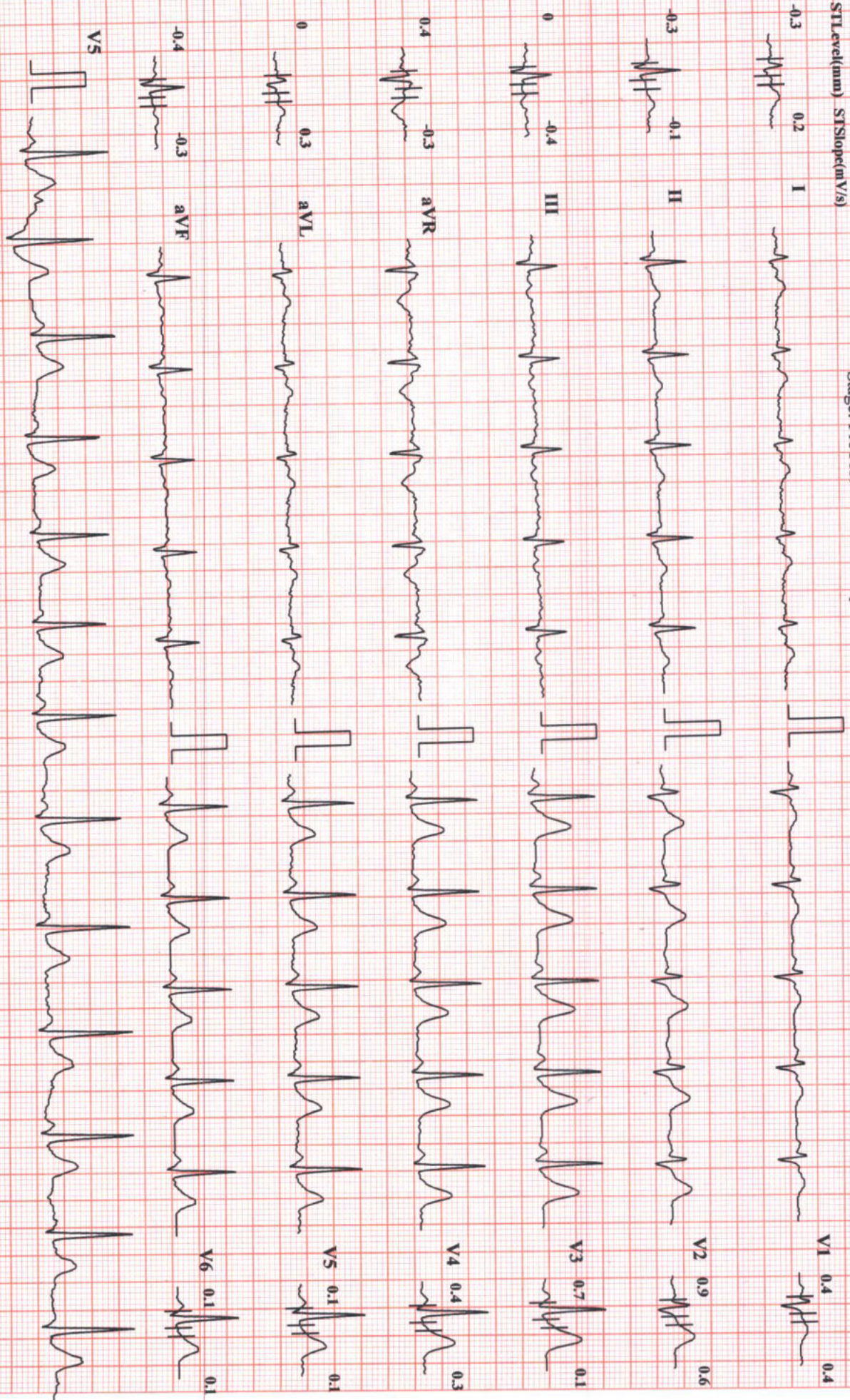


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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









# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**SANKET JAIN**

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2308005079

Date: 21-03-2023

Exec Time : 0:00:00

Stage Time: 01:00

**HR: 112 bpm**

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)

Stage: Recovery2

Speed: 0 kmph

Grade: 0%

THR: 159 bpm

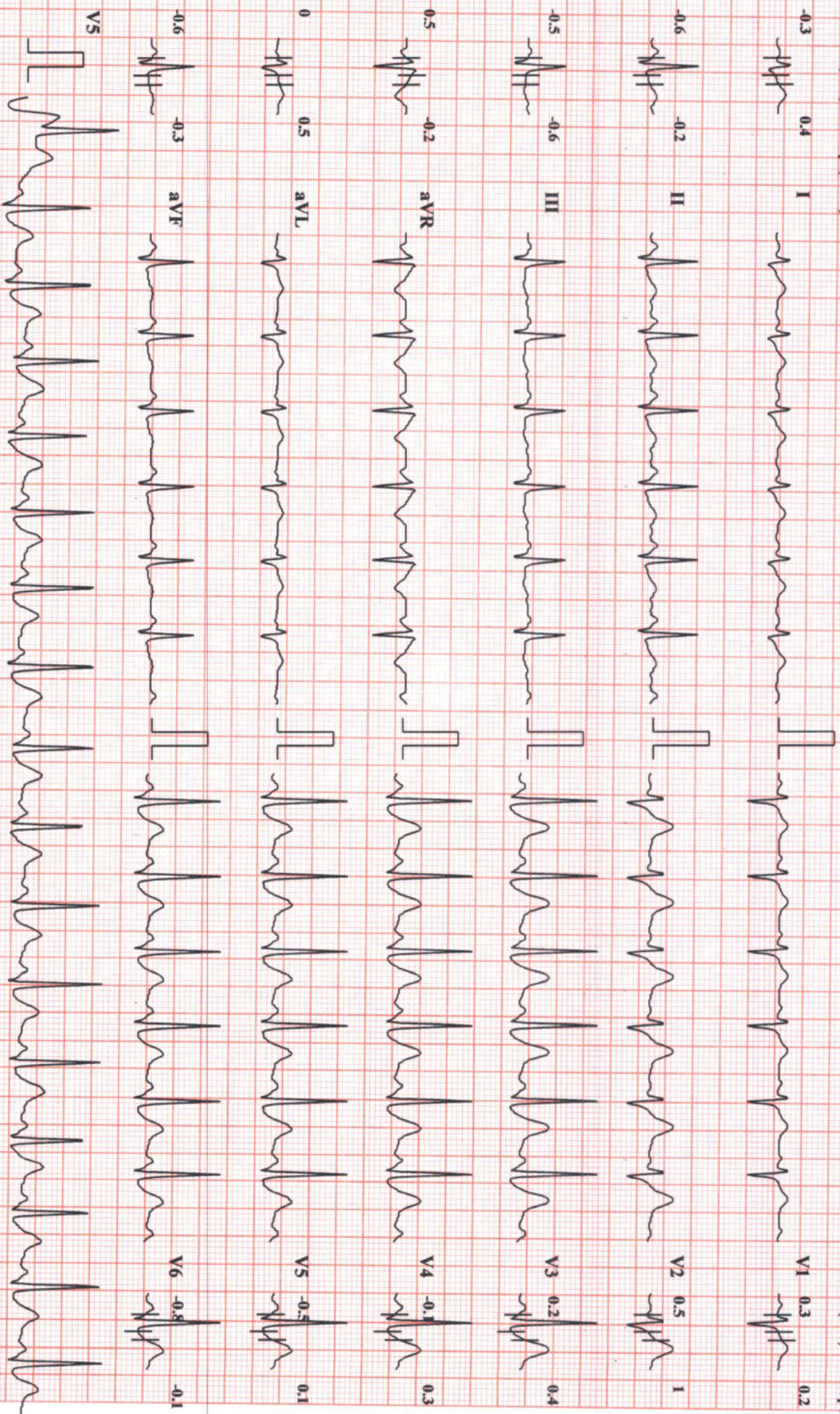


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

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Linked Median





# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**SANKET JAIN**

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2308005079

Date: 21-03-2023

Exec Time : 0:00:00

Stage Time: 01:00

Stage: Recovery3

Speed: 0 kmph

Grade: 0%

THR: 159 bpm

**HR: 107 bpm**

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

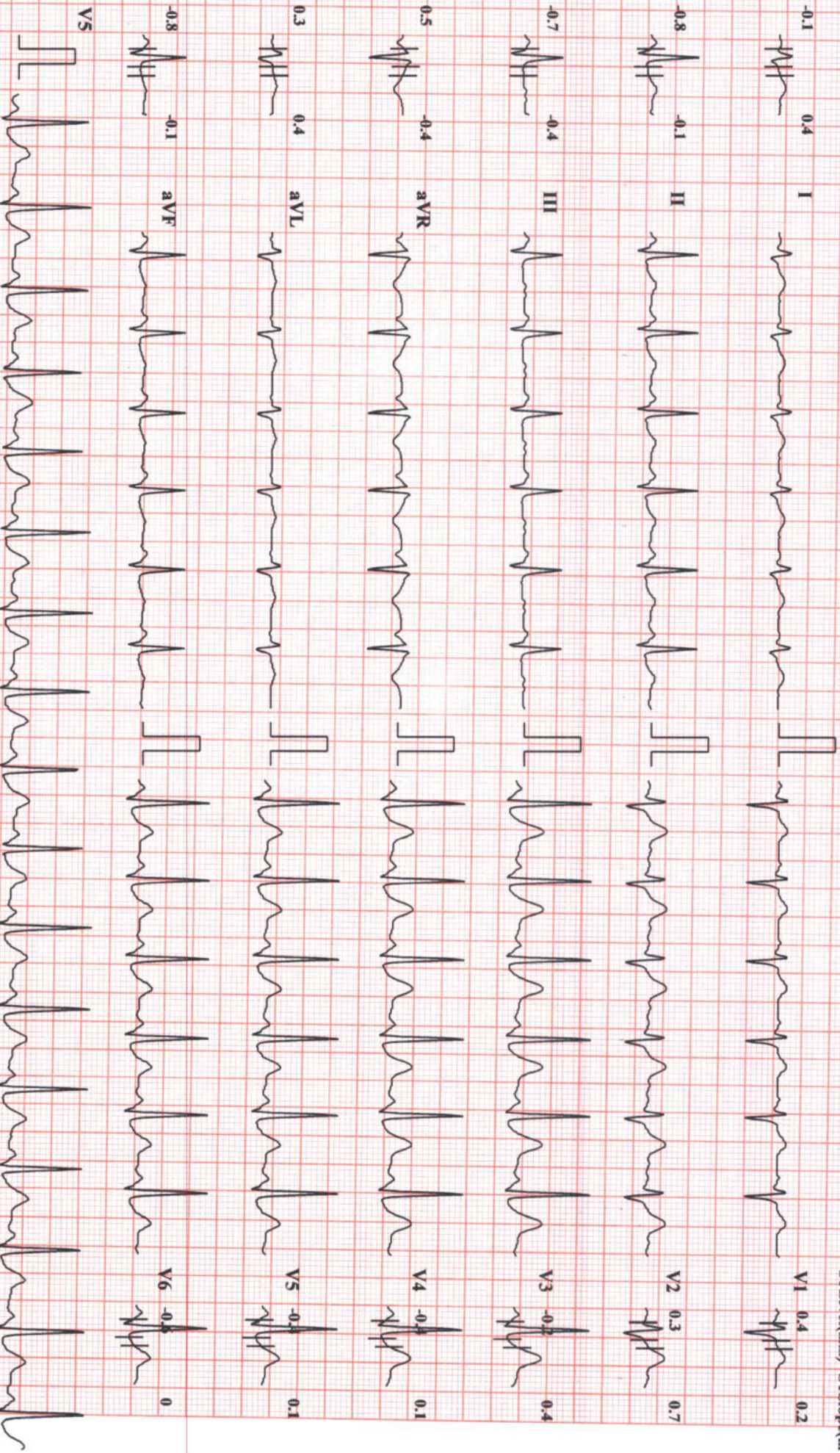


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Spandan CS-20 Version:2.1

Linked Median

