

Name : MR.PRATIK VIRA

Age / Gender : 33 Years / Male

Consulting Dr.

Reg. Location

: Bhayander East (Main Centre)

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:25-Mar-2023 / 08:54

Collected Reported :25-Mar-2023 / 15:12

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

	CBC (Complet	<u>e Blood Count), Blood</u>	
<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	11.5	13.0-17.0 g/dL	Spectrophotometric
RBC	5.92	4.5-5.5 mil/cmm	Elect. Impedance
PCV	36.4	40-50 %	Measured
MCV	61	80-100 fl	Calculated
MCH	19.5	27-32 pg	Calculated
MCHC	31.7	31.5-34.5 g/dL	Calculated
RDW	17.0	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	6620	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND A	ABSOLUTE COUNTS		
Lymphocytes	36.6	20-40 %	
Absolute Lymphocytes	2422.9	1000-3000 /cmm	Calculated
Monocytes	5.1	2-10 %	
Absolute Monocytes	337.6	200-1000 /cmm	Calculated
Neutrophils	54.3	40-80 %	
Absolute Neutrophils	3594.7	2000-7000 /cmm	Calculated
Eosinophils	3.7	1-6 %	
Absolute Eosinophils	244.9	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	19.9	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	235000	150000-400000 /cmm	Elect. Impedance
MPV	9.6	6-11 fl	Calculated
PDW	23.0	11-18 %	Calculated

RBC MORPHOLOGY



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:25-Mar-2023 / 15:36

Reported

Hypochromia ++
Microcytosis ++

Macrocytosis -

Anisocytosis Mild Poikilocytosis Mild

Polychromasia -Target Cells -

Basophilic Stippling -

Normoblasts - Others -

WBC MORPHOLOGY PLATELET MORPHOLOGY -

COMMENT -

Note: Features suggest thalassemia trait.

Advice: Hb electrophoresis & Reticulocyte count.

Specimen: EDTA Whole Blood

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

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







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

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Name : MR.PRATIK VIRA

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

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<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	105.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	128.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.61	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.21	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.40	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.7	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	32.4	<34 U/L	Modified IFCC
SGPT (ALT), Serum	52.6	10-49 U/L	Modified IFCC
GAMMA GT, Serum	29.3	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	72.8	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	22.1	19.29-49.28 mg/dl	Calculated
BUN, Serum	10.3	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.76	0.60-1.10 mg/dl	Enzymatic



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Reported :25-Mar-2023 / 23:36

Collected

eGFR, Serum 126 >60 ml/min/1.73sqm Calculated

Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation

URIC ACID, Serum 6.5

3.7-9.2 mg/dl

Uricase/ Peroxidase

Urine Sugar (Fasting)AbsentAbsentUrine Ketones (Fasting)AbsentAbsent

Urine Sugar (PP)AbsentAbsentUrine Ketones (PP)AbsentAbsent

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







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

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Name : MR. PRATIK VIRA

:33 Years / Male Age / Gender

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Calculated

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Collected

mg/dl

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE **GLYCOSYLATED HEMOGLOBIN (HbA1c)**

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC

Intended use:

In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year

122.6

- 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:

Estimated Average Glucose

(eAG), EDTA WB - CC

- 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 ***



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

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Name : MR. PRATIK VIRA

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

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RAN	<u>GE METHOD</u>
PHYSICAL EXAMINATION			
Color	Yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATIO	<u>N</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	6-8	Less than 20/hpf	

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 SDRL, Vidyavihar Lab





Others



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

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Reported

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Collected

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

<u>PARAMETER</u> <u>RESULTS</u>

ABO GROUP 0

Rh TYPING POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Note: This sample is not tested for Bombay blood group.

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.

Refernces:

- 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 CPL, Andheri West
*** End Of Report ***







Dr.ANUPA DIXIT M.D.(PATH)

Consultant Pathologist & Lab Director

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

Collected

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	167.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	223.7	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	32.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	135.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated l
LDL CHOLESTEROL, Serum	118.0	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	17.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.7	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 ***









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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE **THYROID FUNCTION TESTS**

Collected

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	5.6	3.5-6.5 pmol/L	CLIA
Free T4, Serum	14.7	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	0.629	0.55-4.78 microIU/ml	CLIA



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Consulting Dr. : - Collected :25-Mar-2023 / 08:54

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Interpretation

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

Clinical Significance:

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors
 - can give falsely high TSH.
- 2)TSH values may be trasiently altered becuase 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)

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







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

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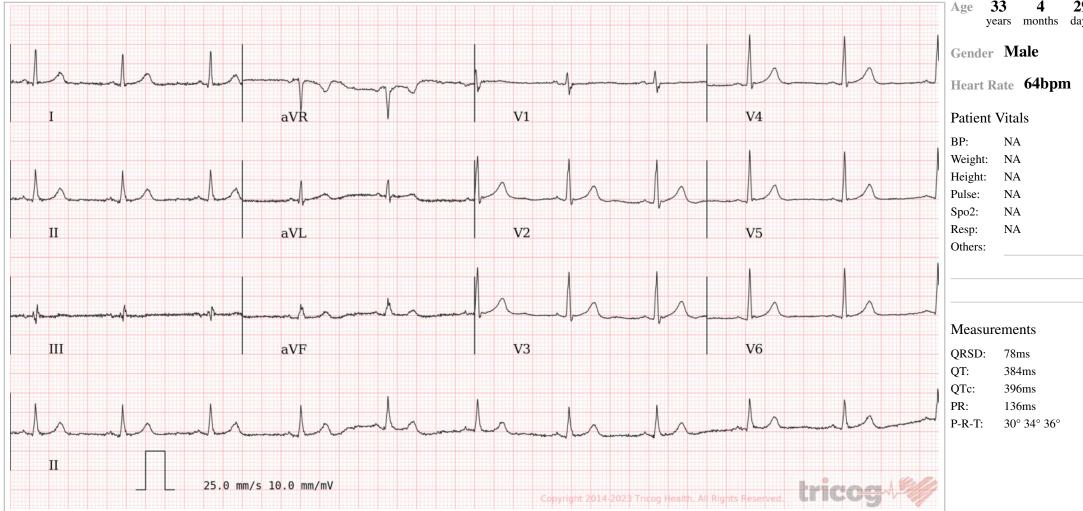
Page 11 of 11

SUBURBAN DIAGNOSTICS - BHAYANDER EAST



Patient Name: PRATIK VIRA

Patient ID: 2308421213 Date and Time: 25th Mar 23 9:14 AM



years months days

ECG Within Normal Limits: Sinus Rhythm, Normal axis No significant ST-T changes. Prominent R wave in V1-V3. Please correlate clinically.

REPORTED BY



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

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.



Name : Mr PRATIK VIRA

Age / Sex : 33 Years/Male

Ref. Dr Reg. Date : 25-Mar-2023

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USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (13.1 cm), normal in shape and shows smooth margins. It shows increased parenchymal echotexture. No obvious cystic or solid lesion made out in the parenchyma. The intra hepatic biliary and portal radicals appear normal. The main portal vein appears normal.

GALL BLADDER:

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

COMMON BILE DUCT:

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

PANCREAS:

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

KIDNEYS:

Right kidney measures 9.6 x 4.4 cm. Left kidney measures 10.6 x 5.3 cm. Both the kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. No evidence of any calculus, hydronephrosis or mass lesion seen on both sides.

SPLEEN:

The spleen is normal in size (11 cm) and echotexture. No evidence of focal lesion is noted.

URINARY BLADDER:

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

PROSTATE:

The prostate is normal in size, weighs 18 gms. Parenchymal echotexture is normal. No obvious mass or calcification made out.

There is no evidence of any lymphadenopathy or ascites.



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IMPRESSION:

- Grade I fatty infiltration of liver.
- No other significant abnormality made out.

Kindly correlate clinically.

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

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

KLIMHER

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



Name : Mr PRATIK VIRA

Age / Sex : 33 Years/Male

Ref. Dr

Reg. Location : Bhayander East Main Centre

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Name : Mr PRATIK VIRA

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Ref. Dr

: Bhayander East Main Centre Reg. Location

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Reported : 25-Mar-2023/11:44

X-RAY CHEST PA VIEW

Mid expiratory rotated film.

The lung fields are clear with no parenchymal lesion.

The cardiothoracic ratio is maintained and the cardiac outline is normal.

The domes of the diaphragm and hila are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

IMPRESSION:

No significant abnormality made out.

Kindly correlate clinically	•
	End of Report

DR. VIBHA S KAMBLE MBBS, DMRD Reg No -65470

Consultant Radiologist



Name : Mr PRATIK VIRA

Age / Sex : 33 Years/Male

Ref. Dr :

Reg. Location: Bhayander East Main Centre

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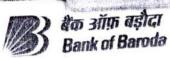
चित्रा का नाम। Father's Name VASANT GANGJI VIRA

जन्म की नारीगा। Date of Birth 27/10/1989



21102019





E.C. No.

प्रतीक वसन्त वीरा Pratik Vasant Vira

कर्मचारी कुट क्र

73389

जारोकर्ता प्राधिकारी

Issuing Authority

CONS. Reg. No.

NIEURBAN'S



CID#

2308421213

Name

: MR.PRATIK VIRA

Age / Gender : 33 Years/Male

Consulting Dr. :

Reg.Location : Bhayander East (Main Centre)

Collected

: 25-Mar-2023 / 08:49

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: 27-Mar-2023 / 09:24

PHYSICAL EXAMINATION REPORT

History and Complaints:

No Complaints

EXAMINATION FINDINGS:

Height (cms):

167

Weight (kg):

91

Temp (0c):

Afebrile

Skin:

NAD

Blood Pressure (mm/hg): 130/80

Nails:

NAD

Pulse:

76/min

Lymph Node:

Not Palpable

Systems

Cardiovascular: S1S2-Normal

Chest-Clear

Respiratory: Genitourinary:

NAD

GI System:

NAD

IMPRESSION: CBC, Biochemistry, CXR pur WNL
USh hitto. St-I factly lines.

ADVICE: Weight Reduction

Expert consultation.

CHIEF COMPLAINTS:

CHIEF COMPLAINTS:

1) Hypertension:

No

2) IHD

No

3) Arrhythmia

No

4) Diabetes Mellitus 5) Tuberculosis

No No



CID#

: 2308421213

Name

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Age / Gender

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: 25-Mar-2023 / 08:49

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Reported

: 27-Mar-2023 / 09:24

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

PERSONAL HISTORY:

1) Alcohol

No No

Smoking 2)

3) Diet Vegetarian / Mixed

Medication 4)

No

*** End Of Report ***

SUBURBAN DIAGNOSTICS (I) PVT. LTD Shop No. 101-A, 1st Floor, Kshitij Building Above Reymond, Near 1 200 Hospital. Mira - Bhayander Roso, or aynoder (E) Phone No : 022 - 61700000

DR. ANITA CHOUDHARY CONSU (SICIA Reg. No. 2017/12/5553



R E

Date: 25/03/2023

Name: Mr Pratik Vira

CID: 2308421213

Sex / Age: 33/ M

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

RE LE

Aided Vision:

-> 616 616

M16 M16

Refraction:

(Right Eye)

(Left Eye)

	Sph	СуІ	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

SUBURBAN CLACHOSTICS (1) PVT. LTD Shop No. 101-A, 1st Floor, Kehitil Building.
Above Reymond, Meat Thomas Hospital.
Mira - Briayander Road, Briaynader (E) Phone No : 022 - 61700000

12345961 (2308421213) / PRATIK VIRA / 33 Yrs / M / 167 Cms / 91 Kg Date: 25 / 03 / 2023 10:28:21 AM

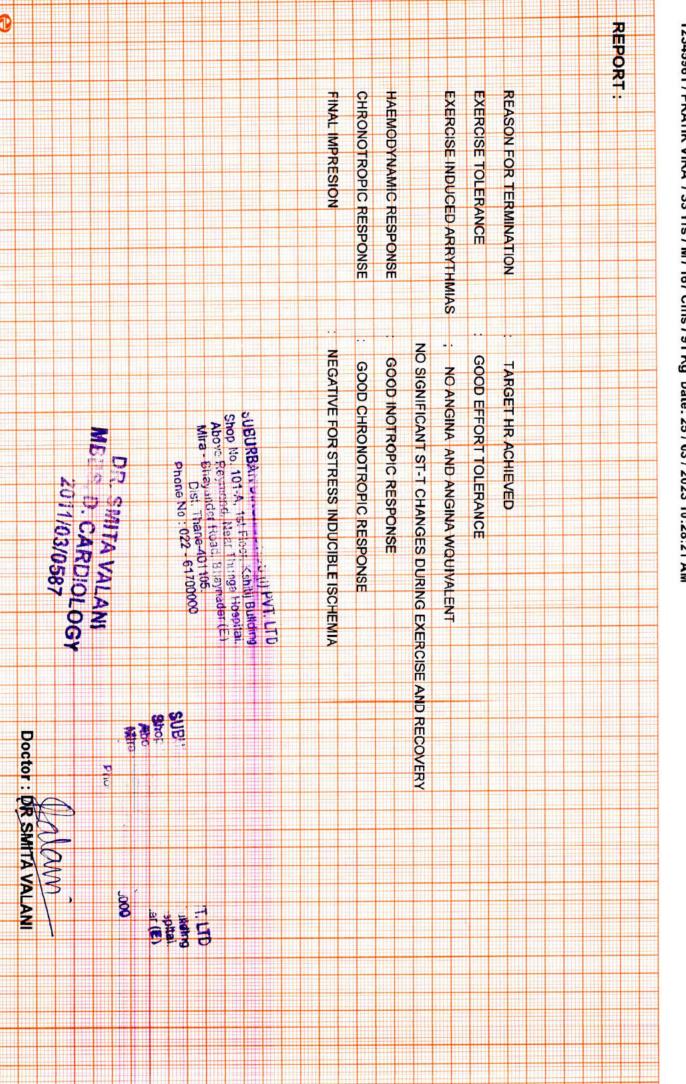
Report



0										lest End Reasons	Dave Headilli Scole	Midx 31 Dep	Max VVOINEON Annue	May Workl and A	Initial BR (ExStr)	Exercise Time	FINDINGS:	Recovery	Recovery	Recovery	Recovery	Peakex	BRUCE Stage 2	BRUCE Stage 1	ExStart	1 11/	Standing	Supine	Stage
										asons	IIII ocore	Max 31 Lep Lead & Avg ST Value : II & -4. / mm in PeakEx	ad Attailled		(Sin)	1		12:29	12:19	10:19	09:19	08:19	06:17	03:17	00:17	00:12	00:08	00:03	Time
										:, Teg	. 00.0	Value . II &	. 9.2	ر ا	90	. 08:02		4:11	4:00	2:00	1:00	2:02	3:00	3:00	0:05	0:04	0:05	0:03	Duration
										, Test Complete		4. / mm in P	9.2 Good response to induced stress	130/80 (mm/Hg)	90 bpm 48% of Target 187	72		00.0	00.0	00.0	01.1	03.4	02.5	01.7	01.7	00.0	00.0	00.0	Speed(mph)
												eakEx	se to induced		arget 187			00.0	00.0	00.0	00.0	14.0	12.0	10.0	10.0	00.0	00.0	00.0	h) Elevation
													stress					01.0	01.0	01.0	01.1	09.2	07.1	04.7	01.1	01.0	01.0	01.0	METs
	2	MBB3,	7	200										Max BP Att	Max HR At			114	106	116	149	155	136	115	090	090	095	095	Rate
	2011100	3010105	n CARDIULUS	B SMITA VAL										Max BP Attained 170/80 (mm/Hg)	ained 155 bp			61 %	57 %	62 %	80 %	83 %	73 %	61 %	48 %	48 %	51 %	51 %	%THR
		87	0100	COCY	Z									(mm/Hg)	Max HR Attained 155 bpm 83% of Target 187			130/80	140/80	160/80	170/80	160/80	150/80	140/80	130/80	130/80	130/80	130/80	8
ctoff: DR SI	XX		ð		S)	Wita - E	Above No	Shop No. 10	JUBURBAN						get 187			148	148	185	253	248	204	161	117	117	123	123	RPP
Doctor DR SMITA VALANI	JULIVI) - - - -			Chouse Mo.	DIST 11022	Above Resyander Road 10105	mond Naer	1 St Floor	ALCONOSTIC								8	8	8	8	8	8	8	8	8	8	8	PVC
	\ .					- 6170000	Above her word wood 1005.	Bhaynader (F	Kama Hospital	STICS III THINGS	TD TWE																		Comments

REPORT





SUPINE (00:01)



Date: 25 / 03 / 2023 10:28:21 AM

12345961 (2308421213) / PRATIK VIRA /33 Yrs / M / 167 Cms / 91 Kg / HR : 105 METS: 1.0/ 105 bpm 56% afTHR BP: 130/80 mmHg Rew ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz STL 1.4 STS 1.2 . 2025 2025 17K 25 mm/Sec. 1.0 Cm/mV ExTime: 00:00 0.0 mph, 0.0%

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PEMARKS

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0 REMARKS 1 ≥ 2 ≡ ev. 80 mS Post J 똮 2 ₹ METS: 1.0/ 95 bpm 51% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz 5 8 ± ± ± ₹ 3.38 STL 1.4 STS 1.2 0.9 8.0.9 0.3 **4** avf av avA 825 285 282 ន្តិនិង 12/2 8 ś 4 3 25 mm/Sec. 1,0 Cm/mV ExTime: 00:00 0.0 mph, 0.0%

Date: 25/03/2023 10:28:21 AM

SUBURBAN DIGNOSTICS BHAYANDER

12345961 (2308421213) / PRATIK VIRA /33 Yrs / M/167 Cms /91 Kg / HR : 95

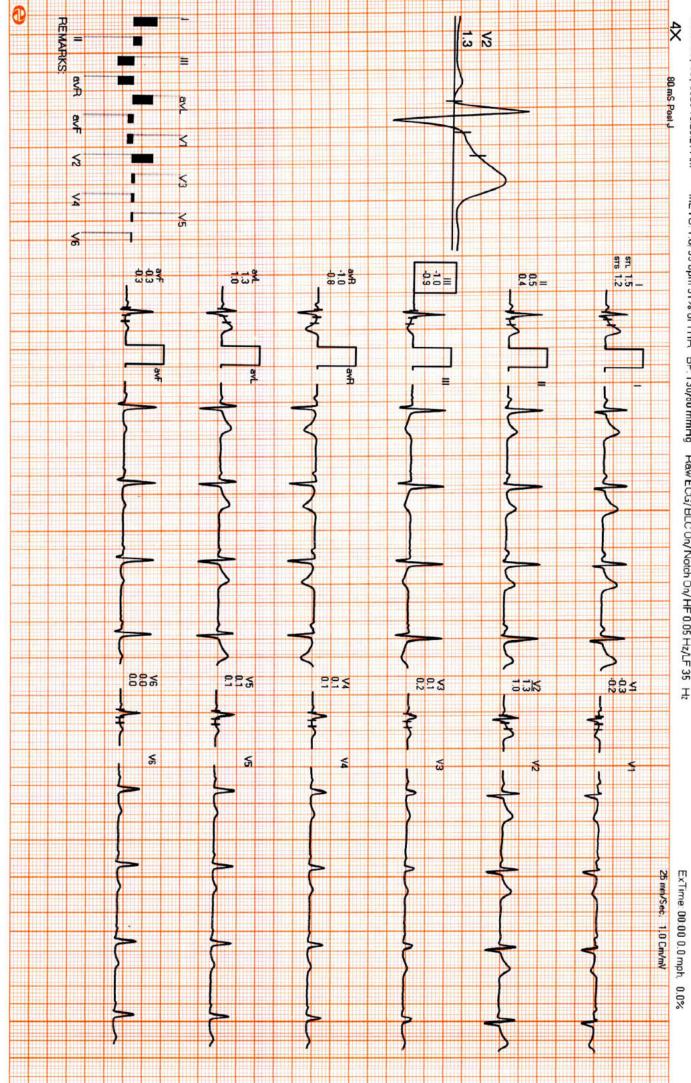
STANDING (00:00)

HV (00:00)



12345961 (2308421213) / PRATIK VIRA /33 Yrs / M/167 Cms / 91 Kg / HR : 95

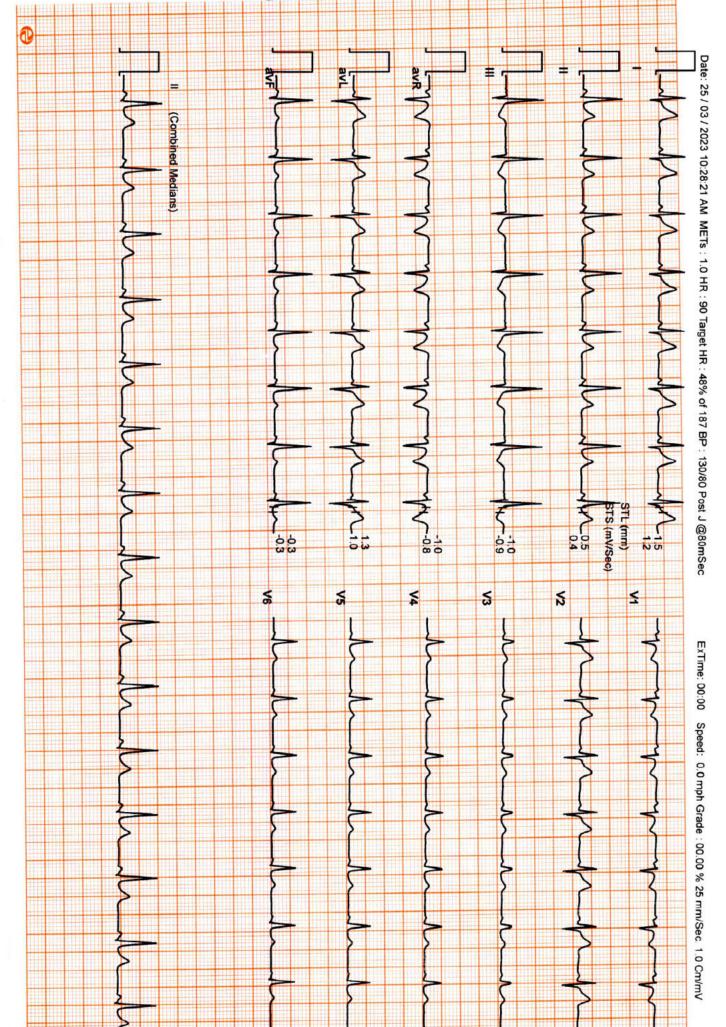
Date: 25 / 03 / 2023 10:28:21 AM METS: 1.0/95 bpm 51% of THR BP: 130/80 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz



12345961 / PRATIK VIRA / 33 Yrs / Male / 167 Cm / 91 Kg

6X2 Combine Medians + 1 Rhythm ExStrt





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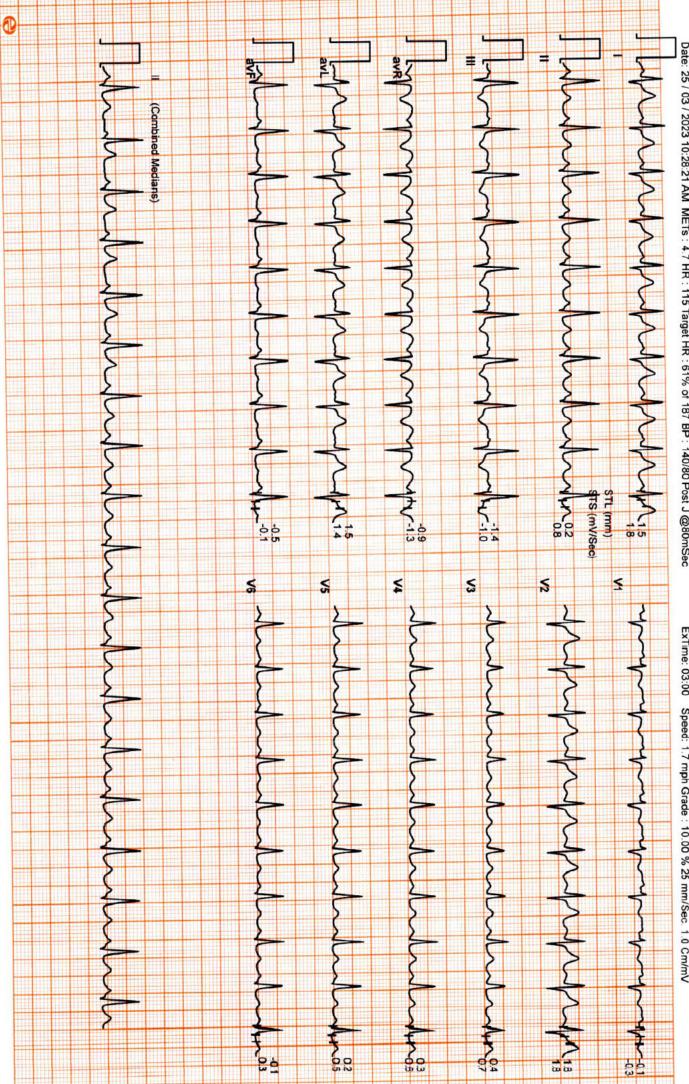
103

12345961 / PRATIK VIRA / 33 Yrs / Male / 167 Cm / 91 Kg

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

Date: 25 / 03 / 2023 10:28:21 AM METs: 4.7 HR: 115 Target HR: 61% of 187 BP: 140/80 Post J @80mSec

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



12345961 / PRATIK VIRA / 33 Yrs / Male / 167 Cm / 91 Kg

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

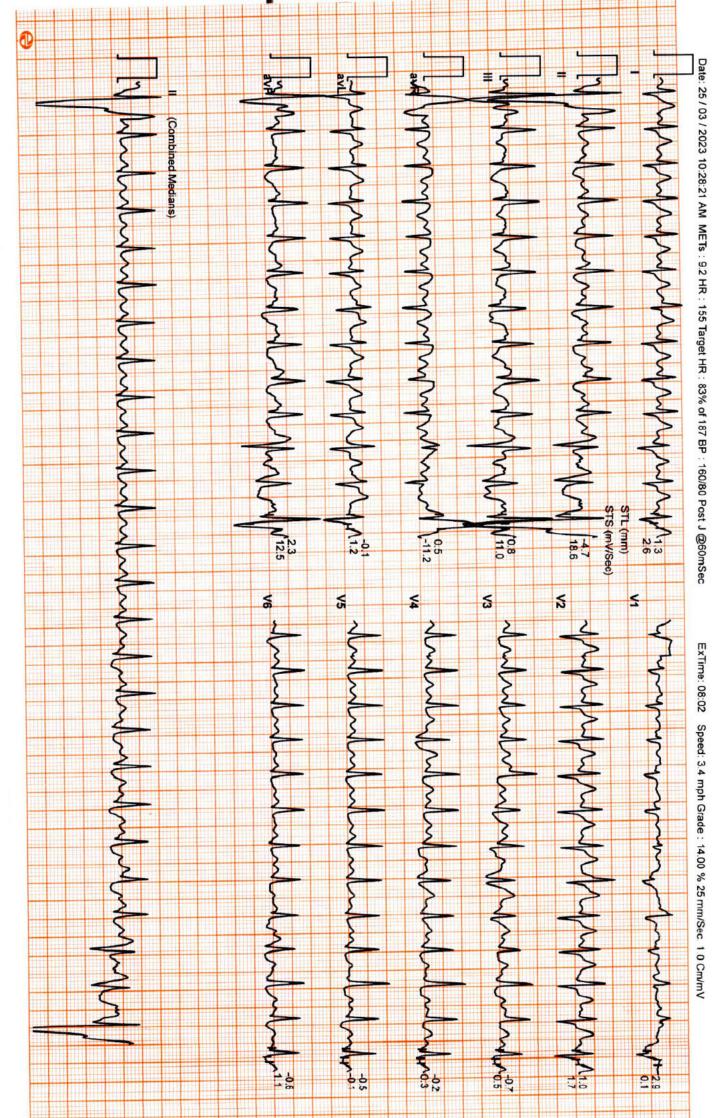
Date: 25 / 03 / 2023 10:28:21 AM METs: 7.1 HR: 136 Target HR: 73% of 187 BP: 150/80 Post J @50mSec

MANUAL MA STL (mm)
STS (mV/Sec) **5**3 2 5 ExTime: 06:00 Speed: 2.5 mph Grade: 12.00 % 25 mm/Sec 1.0 Cm/mV

12345961 / PRATIK VIRA / 33 Yrs / Male / 167 Cm / 91 Kg

6X2 Combine Medians + 1 Rhythm PeakEx





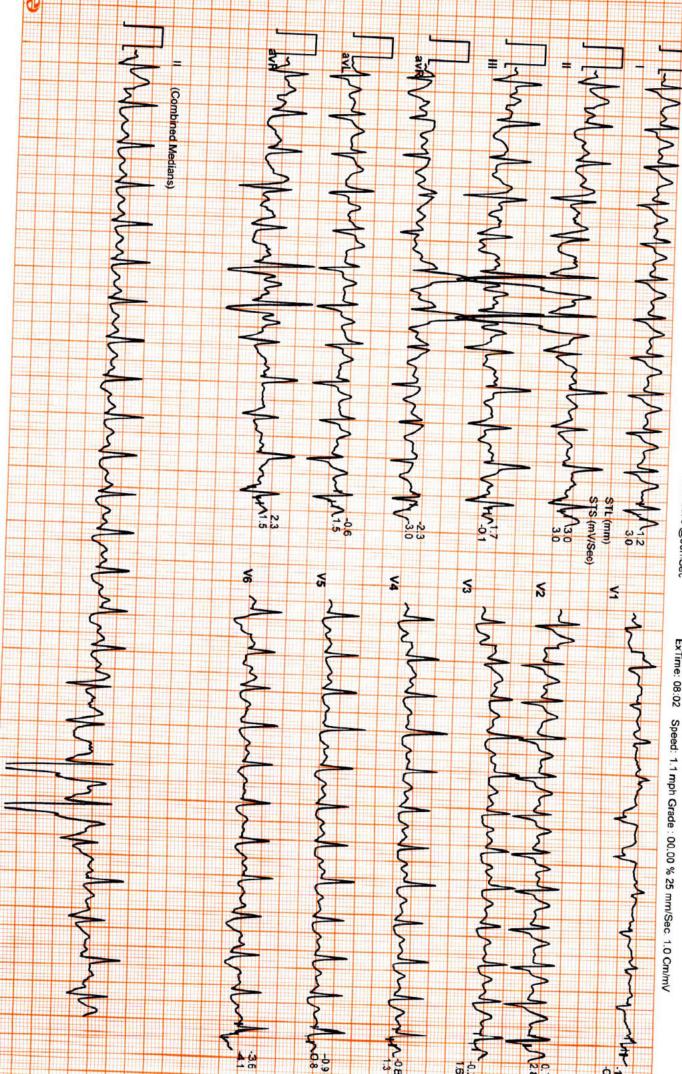
12345961 / PRATIK VIRA / 33 Yrs / Male / 167 Cm / 91 Kg

6X2 Combine Medians + 1 Rhythm

Recovery: (01:00)



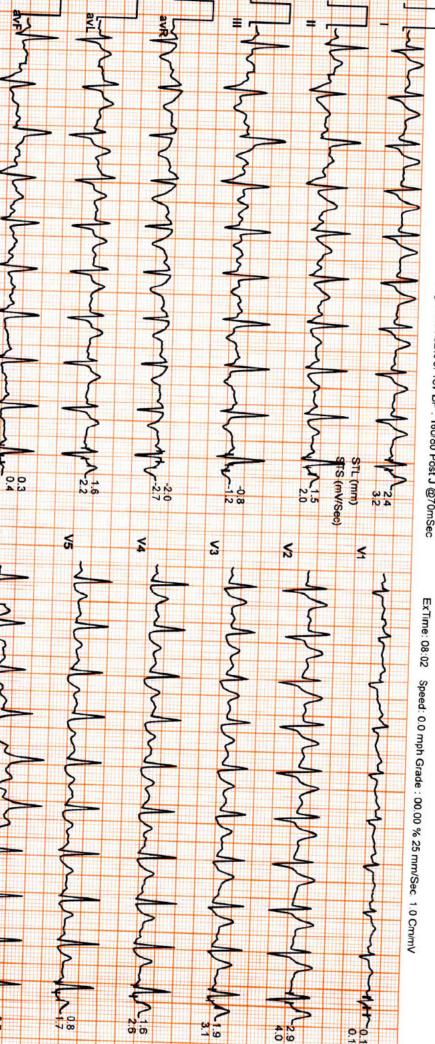
Date: 25 / 03 / 2023 10:28:21 AM METs: 1.1 HR: 149 Target HR: 80% of 187 BP: 170/80 Post J @60mSec



12345961 / PRATIK VIRA / 33 Yrs / Male / 167 Cm / 91 Kg

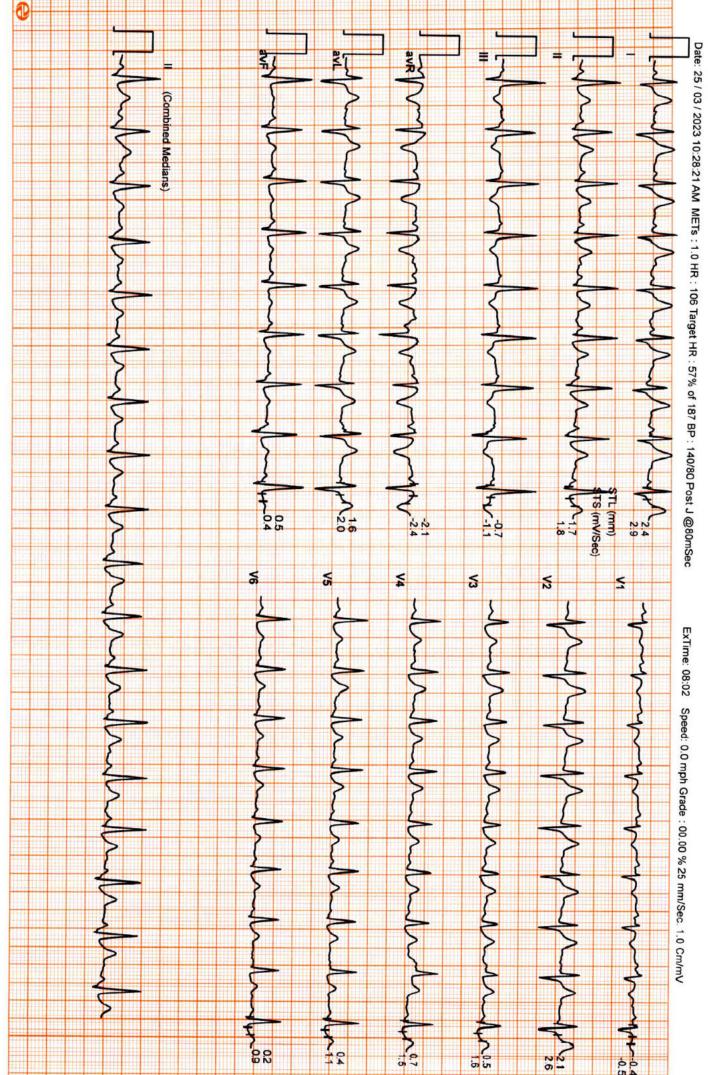
6X2 Combine Medians + 1 Rhythm Recovery : (02:00)

Date: 25 / 03 / 2023 10:28:21 AM METs: 1.0 HR: 116 Target HR: 62% of 187 BP: 160/80 Post J @70mSec



12345961 / PRATIK VIRA / 33 Yrs / Male / 167 Cm / 91 Kg

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



12345961 / PRATIK VIRA / 33 Yrs / Male / 167 Cm / 91 Kg

6X2 Combine Medians + 1 Rhythm Recovery: (04:10)

