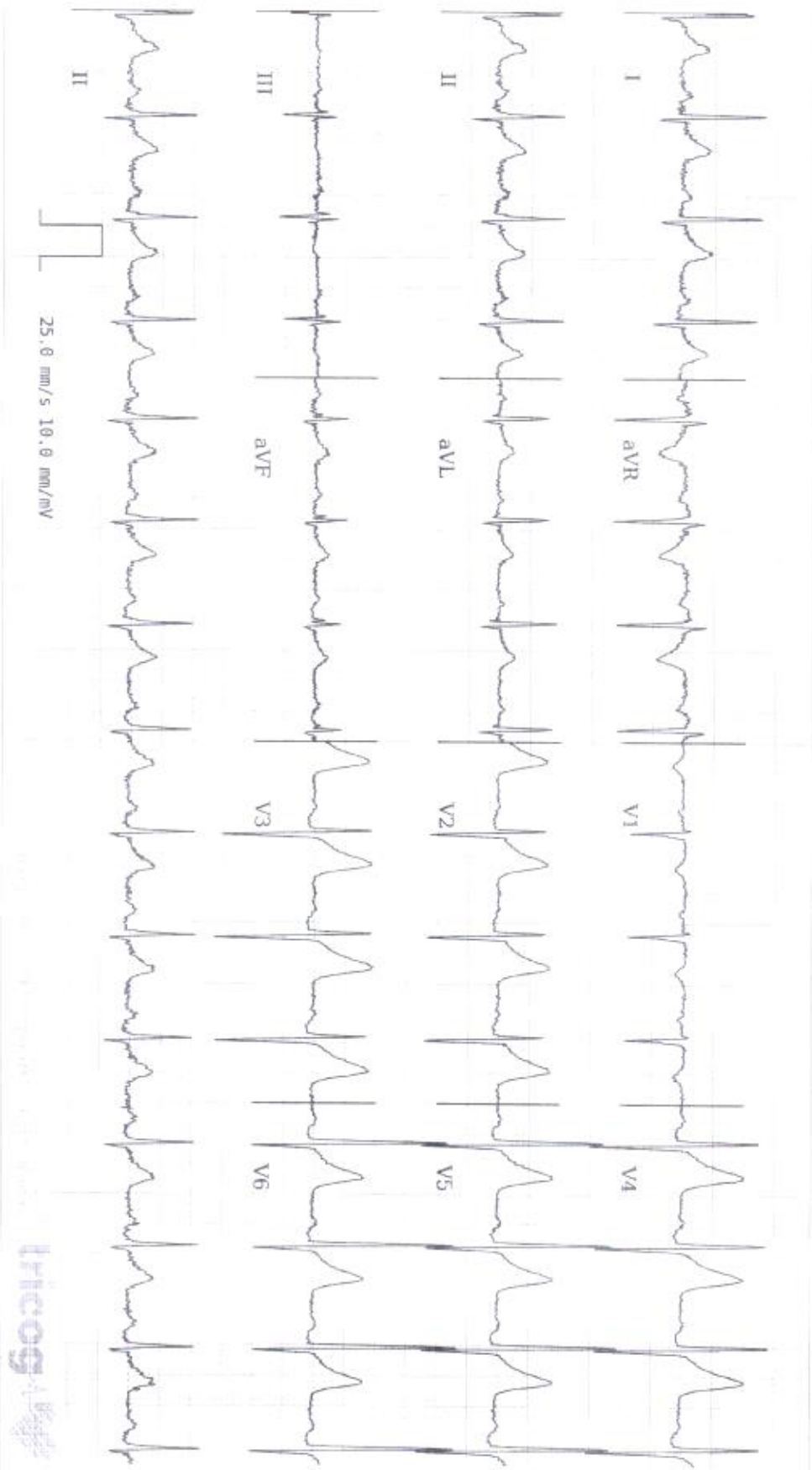


Patient Name: **RAKESH BRAHMA**
Patient ID: **2307722379**

Date and Time: **18th Mar 23 9:00 AM**



Age **37** **9** **18**
years months days

Gender **Male**

Heart Rate **89bpm**

Patient Vitals

BP: **140/90 mmHg**

Weight: **89 kg**

Height: **174 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **78ms**

QTc: **350ms**

QTc: **425ms**

PR: **164ms**

P-R-T: **37° 20° 25°**

Sinus Rhythm. Hyperacute T waves in leads V3, V4. Please correlate clinically.

REPORTED BY

[Signature]

DR ANJALI PARIJESAN
MBBS MD MEDICINE DNB Cardiology
Cardiologist
2012002463

Disclaimer: This analysis is based on ECG. Each report should be read in conjunction with clinical history, symptoms, and results of other relevant and to be interpreted by a qualified physician. This report is not intended to be used for clinical diagnosis.

Date:- 18/3/23

CID: 2307A22379

Name:- Mr. Rakesh Brahma

Sex/Age: m/37

EYE CHECK UP

Chief complaints: Routine check

Systemic Diseases: HT @ 4 mths

Past history: no h/o ocular surgery

Unaided Vision: 6/60w, r/o l e 6/60w, r/o l e

Aided Vision:

Refraction: Emmetropic

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	±	0 ⁺ 50	130	6/6	±	0 ⁺ 50	50	6/6
Near				note				note

Colour Vision: Normal / Abnormal

Remark: Adv dilated refraction and IOP check

Kajal H.
KAJAL NAGRECHA
OPTOMETRIST

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Aangan,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700600

CID : 2307722379
Name : Mr RAKESH BRAHMA
Age / Sex : 37 Years/Male
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 18-Mar-2023
Reported : 18-Mar-2023 / 11:06

Use a QR Code Scanner
Application To Scan the Code

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (14.8 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 12 mm and CBD appears measures 3.2 mm .The main portal vein and CBD appears normal.

GALL BLADDER:

Gall bladder not visualised, Post cholecystectomy status.

PANCREAS:

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

KIDNEYS:

Right kidney measures 11.1 x 5.0 cm. Left kidney measures 11.0 x 5.6 cm.
Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus,hydronephrosis or mass lesion seen.

SPLEEN:

The spleen is normal in size (11.1 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 3.8 x 3.1 x 3.2 cm and volume is 20.5 cc.

IMPRESSION:

GRADE I FATTY LIVER.

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

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

Click here to view images <<ImageLink>>

SUBURBAN DIAGNOSTICS KANDIVALI EAST

Email:

Report



1249 (2307722379) / RAKESH BRAHMA / 37 Yrs / F / 174 Cms / 89 Kg
 Date: 18 / 03 / 2023 09:10:21 AM Refd By : AERCOFEMI Examined By: DR.AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:10	0:10	00.0	00.0	01.0	079	43 %	140/90	110	00	
Standing	00:27	0:17	00.0	00.0	01.0	086	47 %	140/90	120	00	
HV	00:38	0:11	00.0	00.0	01.0	085	46 %	140/90	119	00	
ExStart	01:18	0:40	00.0	00.0	01.0	096	52 %	140/90	134	00	
BRUCE Stage 1	04:18	3:00	02.7	10.0	04.7	123	67 %	140/90	172	00	
BRUCE Stage 2	07:18	3:00	04.0	12.0	07.1	140	77 %	140/90	196	00	
PeakEx	08:33	1:15	05.5	14.0	08.4	155	85 %	170/80	263	00	
Recovery	09:33	1:00	00.2	00.0	01.2	124	68 %	170/80	210	00	
Recovery	09:42	1:09	00.0	00.0	01.0	121	66 %	170/80	205	00	

FINDINGS :

Exercise Time : 07:15
 Initial HR (ExStrt) : 96 bpm 52% of Target 183
 Initial BP (ExStrt) : 140/90 (mm/Hg)
 Max Workload Attained : 8.4 Fair response to induced stress
 Duke Treadmill Score : 06.2
 Test End Reasons : Heart Rate Achieved

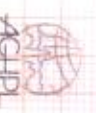
Max HR Attained 155 bpm 85% of Target 183
 Max BP Attained 170/80 (mm/Hg)

Dr. Akhil P. Parulekar.
 MBBS. MD. Medicine
 DNB Cardiology
 Reg. No. 2012032483

SUBURBAN DIAGNOSTICS (INDIA) PVT LTD.
 Row House No. 3, Aasagan,
 Thakur Village, Kandivali (east),
 Mumbai - 400101.
 Tel : 61700800

Doctor : DR.AKHIL PARULEKAR





Email:

1249 / RAKESH BRAHMA / 37 Yrs / F / 174 Cms / 89 Kg Date: 18 / 03 / 2023 09:10:21 AM Refd By : AERCOFEMI

REPORT :

Heart Rate 155.0 bpm
 Systolic BP 170.0 mmHg Diastolic BP 80.0 mmHg
 Exercise Time 07.15 Mins. Ectopic Beats 0.0
 METS 8.4 Test End Reason Heart Rate Achieved Target Heart Rate 85% of 183

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.

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

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
 Row House No. 3, Aangan,
 Thakur Village, Kandivali (east),
 Mumbai - 400101.
 Tel : 91790800

Doctor : DR.AKHIL PARULEKAR





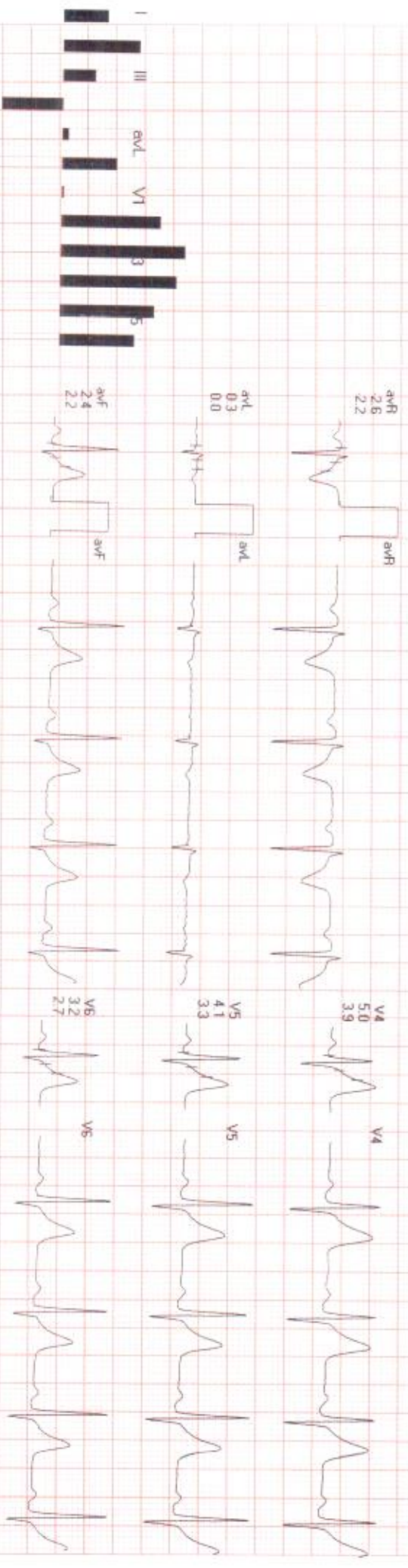
1249 (2307222379) / RAKESH BRAHMA / 37 Yrs / F / 174 Cms / 89 Kg / HR : 79

Date: 18 / 03 / 2023 05:10:21 AM

NETS: 1 0 / 79 bpm 43% of THF BP: 140/90 mmHg Raw ECG/BLC On/Noch On/HF 0.05 Hz/AF 35 Hz

4X (80 ms Post J)

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



REMARKS:



SUBURBAN DIAGNOSTICS KANDIVALI EAST

STANDING (00:17)

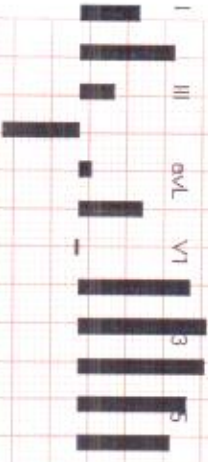


1249 (2307722379) / RAKESH BRAHMA / 37 Yrs / F / 174 Cms / 89 Kg / HR : 86

Date 18/03/2023 09:10:21 AM METS 1.0/86 bpm 47% of THR BP 140/90 mmHg Raw ECG/BLC On/Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms PostI

ExTime 00:00 0.0Kmpn 0.0%
25 mm/Sec 1.0 Cm/mv



REMARKS



SUBURBAN DIAGNOSTICS KANDIVALI EAST

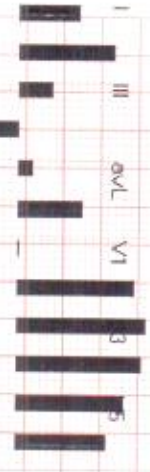
1249 (2307222379) / RAKESH BRAHMA / 37 Yrs / F / 174 Cms / 89 Kg / HR : 85

Date: 18/03/2023 09:10:21 AM METS: 1.0/ 85 bpm 46% of THR BP: 140/90 mmHg Raw ECG/BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz
 4X 80 ms Post J

HV (00:11)



Ext time 00:00 0.0 Kmph, 0.0%
 25 mm/Sec 1.0 Cm/mV



REMARKS:



SUBURBAN DIAGNOSTICS KANDIVALI EAST

ExStit



1249 (2307222379) / RAKESH BRAHMA / 37 Yrs / F / 174 Cms / 89 Kg / HR : 96

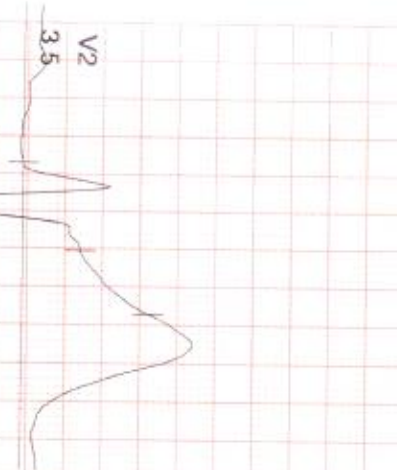
Date: 18/03/2023 09:10:21 AM

METS: 1.0/ 96 bpm 52% of THR BP: 140/90 mmHg

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

4X 90 mS Post J

ExTime: 00:00 0.0 Kmph, 0.0%
25 mm/Sec 1.0 Cm/mV



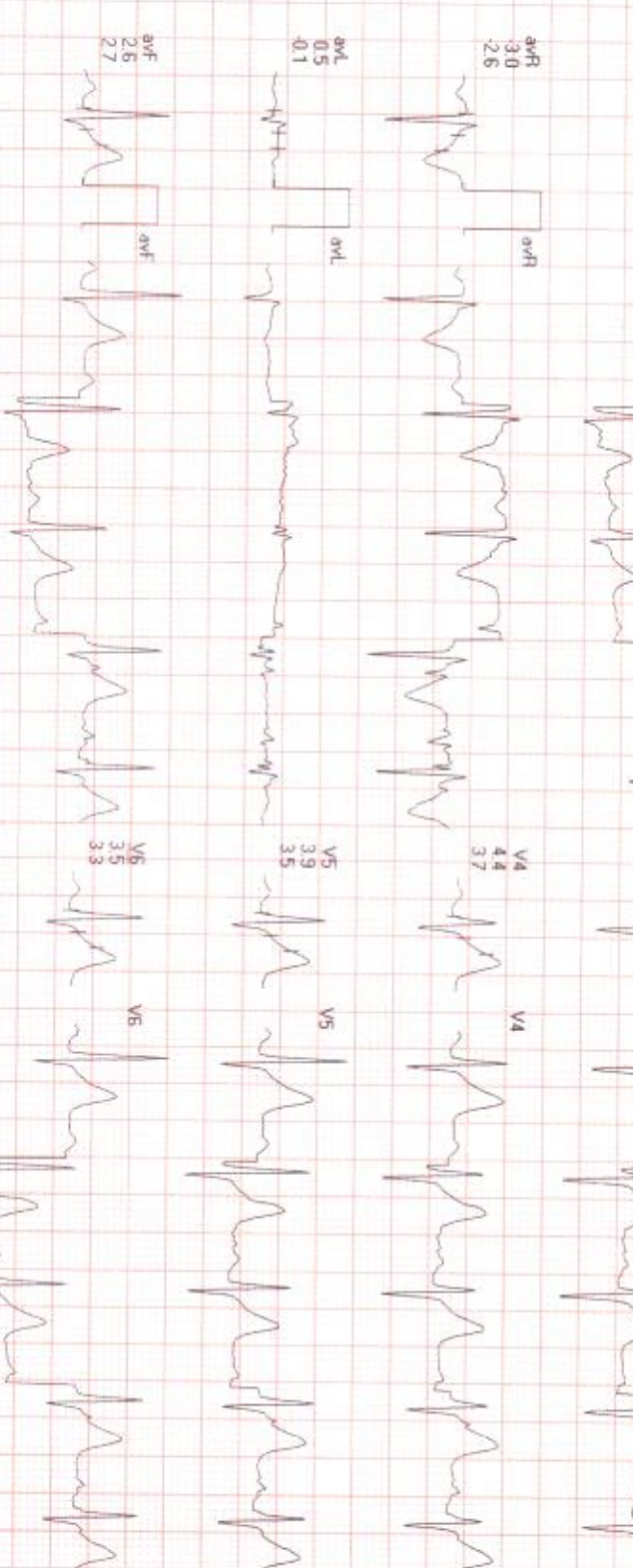
STL 2.3
STB 1.6

I 1.4
II 3.7
III 3.5

IV 1.4
V 1.8

avR 3.0
avL 0.5
avF 2.6

V1 0.1
V2 0.4
V3 0.4
V4 0.4
V5 0.4
V6 0.4



REMARKS:



SUBURBAN DIAGNOSTICS KANDIVALI EAST

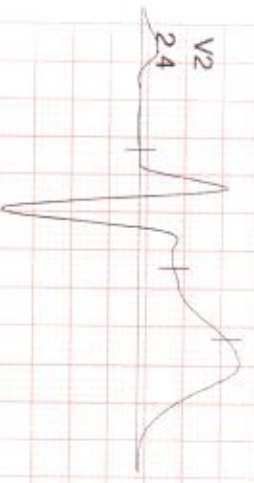
1249 (2307222379) / RAKESH BRAHMA / 37 Yrs / F / 174 Cms / 89 Kg / HR : 123

BRUCE : Stage 1 (03:00)



Date: 18/03/2023 09:10:21 AM METS: 47/123 bpm 67% of THR BP: 140/90 mmHg Raw ECG/BLC On/Notch On/ HF 0.05 Hz/LF 35 Hz
 4X 70 ms Post J

ExtTime: 03:00 2.7 Kmph, 10.0%
 25 mm/Sec 1.0 Cm/mV



sn 1.9
 str 1.8

II 4.4
 III 4.6

III 2.5
 V2 2.7

avR 3.1
 avL 3.2

avL 0.3
 avF 0.5

avF 3.4
 V5 3.6

V1 -0.8
 V2 -1.2

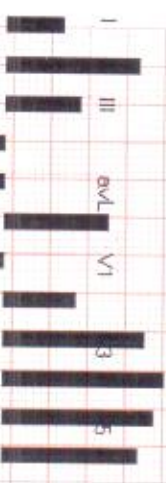
V2 2.4
 V3 2.0

V3 4.5
 V4 4.2

V4 5.3
 V5 5.1

V5 5.0
 V6 4.9

V5 4.4
 V6 4.5



REMARKS-



SUBURBAN DIAGNOSTICS KANDIVALI EAST

1249 (2307222379) / RAKESH BRAHMA / 37 Yrs / F / 174 Cms / 89 Kg / HR : 140

Date: 18/03/2023 09:10:21 AM METS: 7.1/140 bpm 77% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 35. Hz
 4X 60 ms/ Post J

BRUCE : Stage 2 (03:00)



ExTime: 06:00 4.0 Km/h 12.0%
 25 mm/Sec 1.0 Cm/mV



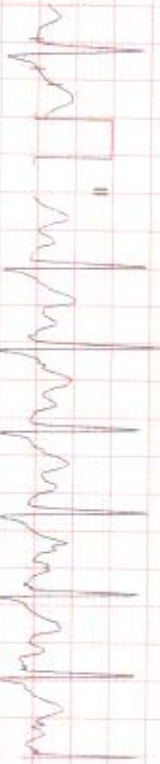
SV1 1.4
 STS 1.8



SV1 0.3
 STS 0.8

V1

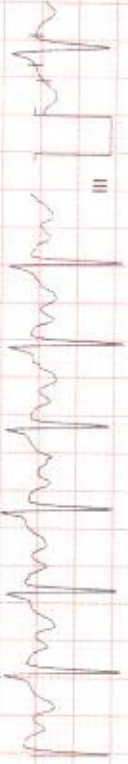
II 2.5
 III 3.8



II 1.4
 III 1.5

V2

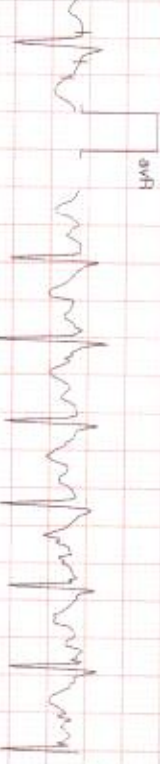
III 1.1
 V3 2.0



V3 2.9
 V3 3.6

V3

avFR 1.9
 V4 2.8



V4 3.3
 V4 4.3

V4

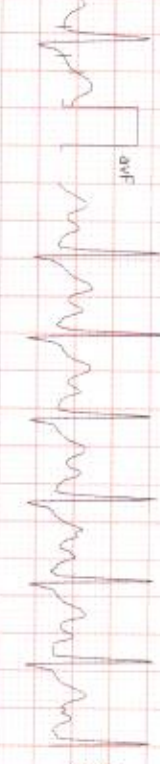
avL 0.1
 V5 0.1



V5 3.1
 V5 4.1

V5

avF 1.8
 V6 2.9



V6 2.7
 V6 3.6

V6

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



SUBURBAN DIAGNOSTICS KANDIVALI EAST

1249 (2307722379) / RAKESH BRAHMA / 37 Yrs / F / 174 Cms / 89 Kg / HR - 155

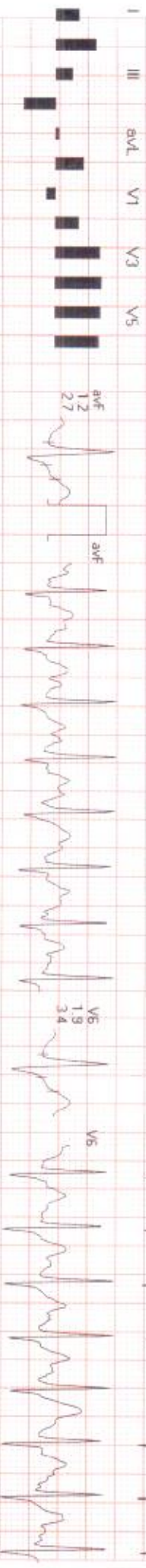
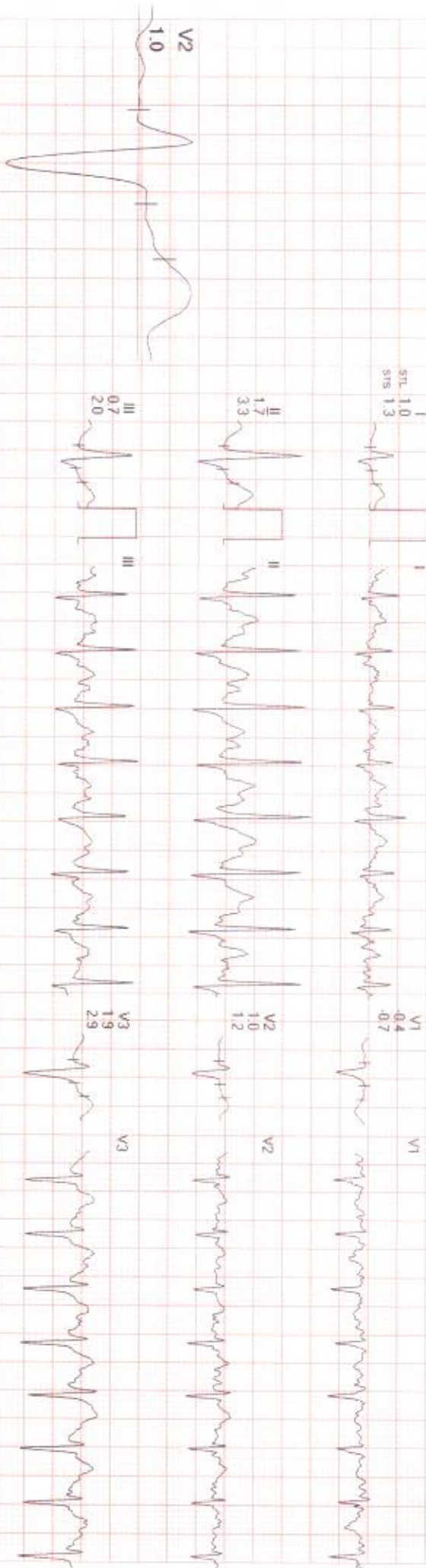
Date: 18/03/2023 09:10:21 AM METS: 8.4 / 155 bpm 85% of THR BP- 170/80 mmHg Raw ECG/BLOM/Notch On/ HF 0.05 Hz/LF 35 Hz

4X 60 mS Post J

PeakEX



ExTime 07:15 5.5 Kmoh, 14.0%
25 mm/Sec 1.0 Cm/mV



REMARKS:



SUBURBAN DIAGNOSTICS KANDIVALI EAST

1249 (2307722379) / RAKESH BRAHMA / 37 Yrs / F / 174 Cms / 89 Kg / HR : 124

Recovery : (01:00)



Date 18 / 03 / 2023 09:10:21 AM METS 1.1 / 124 bpm 68% of THR BP 170/80 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LE 35 Hz
 4X 60 ms Post J

ExTime 07:15 0.2 Km/h, 0.0%
 25 mm/Sec 1.0 Cm/mV

I
 STL 1.0
 STS 1.2

V1
 -0.3
 -0.6

V1

II
 2.4
 3.4

V2
 1.2
 1.2

V2

III
 1.3
 2.2

V3
 3.0
 3.4

V3

aVR
 -1.7
 2.3

V4
 3.1
 4.0

V4

aVL
 -0.1
 0.4

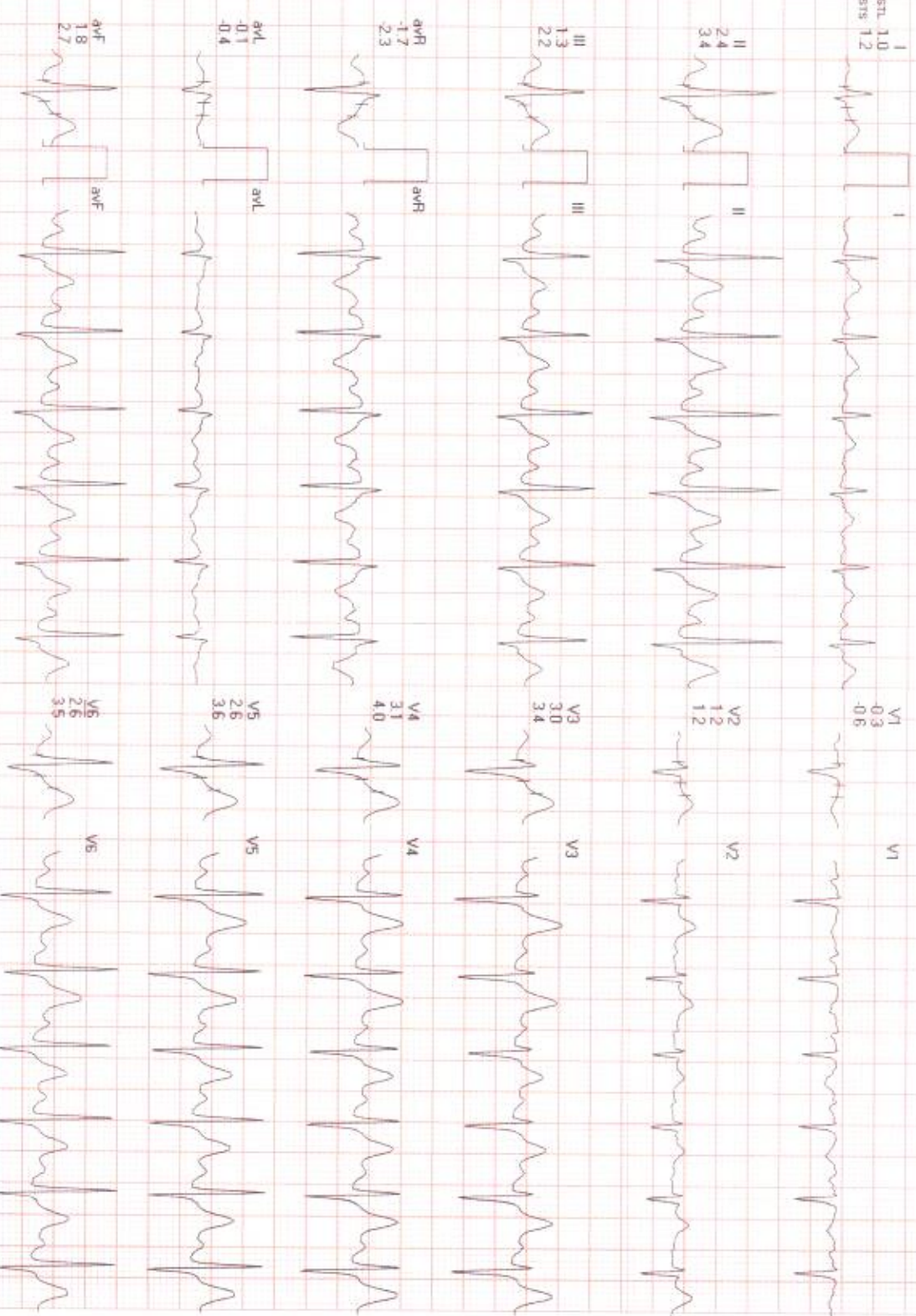
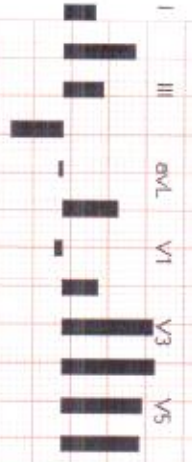
V5
 2.6
 3.6

V5

aVF
 1.8
 2.7

V6
 2.6
 3.5

V6



REMARKS
 II aVR aVL aVF V1 V2 V3 V4 V5 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

1249 (2307222379) / RAKESH BRAHMA / 37 Yrs / F / 174 Cms / 89 Kg / HR 121

Date: 18/03/2023 09:10:21 AM METS: 1.0/1.21 bpm 66% of THR BP: 170/80 mmHg Raw ECG/BLC On/Notch On/HE 0.05 Hz/LF 35 Hz
 4X 80 mS Post J

Recovery : (01:09)



ExTime: 07:15 0.0 Km/h 0.0%
 25 mm/Sec 1.0 Cm/mV



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





CID : 2307722379
Name : MR.RAKESH BRAHMA
Age / Gender : 37 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Use a QR Code Scanner
Application To Scan the Code
Collected : 18-Mar-2023 / 12:25
Reported : 18-Mar-2023 / 16:38

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	12.8	13.0-17.0 g/dL	Spectrophotometric
RBC	6.75	4.5-5.5 mil/cmm	Elect. Impedance
PCV	40.8	40-50 %	Measured
MCV	60	80-100 fl	Calculated
MCH	19.0	27-32 pg	Calculated
MCHC	31.4	31.5-34.5 g/dL	Calculated
RDW	16.6	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5680	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	30.8	20-40 %	
Absolute Lymphocytes	1749.4	1000-3000 /cmm	Calculated
Monocytes	12.1	2-10 %	
Absolute Monocytes	687.3	200-1000 /cmm	Calculated
Neutrophils	47.3	40-80 %	
Absolute Neutrophils	2686.6	2000-7000 /cmm	Calculated
Eosinophils	9.2	1-6 %	
Absolute Eosinophils	522.6	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	
Absolute Basophils	34.1	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	162000	150000-400000 /cmm	Elect. Impedance
MPV	9.3	6-11 fl	Calculated
PDW	14.9	11-18 %	Calculated

RBC MORPHOLOGY



CID : 2307722379
Name : MR.RAKESH BRAHMA
Age / Gender : 37 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Use a QR Code Scanner
Application To Scan the Code
Collected : 18-Mar-2023 / 12:25
Reported : 18-Mar-2023 / 15:54

Hypochromia	++
Microcytosis	++
Macrocytosis	-
Anisocytosis	Mild
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	-
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	Eosinophilia

Features suggest of thalassemia trait.
Advice : Hb analysis (HPLC) & Reticulocyte count.

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 11 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



CID : 2307722379
Name : MR.RAKESH BRAHMA
Age / Gender : 37 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 18-Mar-2023 / 12:25
Reported : 18-Mar-2023 / 18:22

Use a QR Code Scanner
Application To Scan the Code

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	123.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	111.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	1.47	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.54	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.93	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.5	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	27.7	<34 U/L	Modified IFCC
SGPT (ALT), Serum	45.8	10-49 U/L	Modified IFCC
GAMMA GT, Serum	32.2	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	82.7	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	24.4	19.29-49.28 mg/dl	Calculated
BUN, Serum	11.4	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.90	0.60-1.10 mg/dl	Enzymatic



CID : 2307722379
Name : MR.RAKESH BRAHMA
Age / Gender : 37 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Use a QR Code Scanner
Application To Scan the Code
Collected : 18-Mar-2023 / 12:25
Reported : 18-Mar-2023 / 21:12

eGFR, Serum	101	>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	6.4	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 Borivali Lab, Borivali West
*** End Of Report ***



Bmhasakar

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



CID : 2307722379
Name : MR.RAKESH BRAHMA
Age / Gender : 37 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Use a QR Code Scanner
Application To Scan the Code

Collected : 18-Mar-2023 / 18:36
Reported : 19-Mar-2023 / 15:35

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	See Note .	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC

In view of Variant window more than 60.0%on HPLC chromatogram,
Advice: Serum fructosamine level for glycemic control and Hb electrophoresis for detection of abnormal hemoglobin.

Estimated Average Glucose (eAG), EDTA WB - CC - 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.



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Age / Gender : 37 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

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*** End Of Report ***



J. Thakker

Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP(Medical Services)



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Age / Gender : 37 Years / Male
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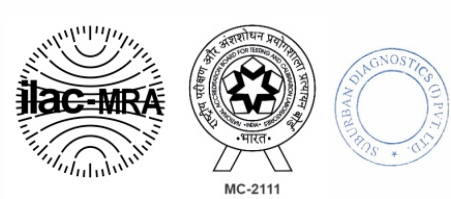
AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<u>PHYSICAL EXAMINATION</u>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<u>CHEMICAL EXAMINATION</u>		
Reaction (pH)	Acidic (5.5)	-
Occult Blood	Absent	Absent
<u>MICROSCOPIC EXAMINATION</u>		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Absent	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Absent	-
Concentration Method (for ova)	No ova detected	Absent
Reducing Substances	-	Absent

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*** End Of Report ***

Bmhasakar

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





CID : 2307722379
Name : MR.RAKESH BRAHMA
Age / Gender : 37 Years / Male
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>PHYSICAL EXAMINATION</u>			
Color	Pale 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	-	-
<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	6-8	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

NR Jain

Dr.VIPUL JAIN
M.D. (PATH)
Pathologist



MC-2111



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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

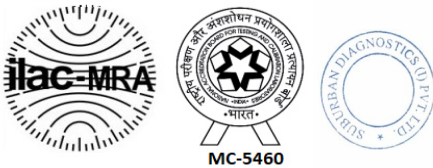
Clinical significance:
ABO system is most important of all blood group in transfusion medicine

- 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

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*** End Of Report ***

Dr.VRUSHALI SHROFF
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	155.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	83.7	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	33.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	121.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	104.6	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	16.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.1	0-3.5 Ratio	Calculated

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*** End Of Report ***



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M.D (Biochem)
Biochemist



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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	5.5	3.5-6.5 pmol/L	CLIA
Free T4, Serum	16.4	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	2.910	0.55-4.78 microIU/ml	CLIA



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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 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 ***



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