



CID : 2408913020  
Name : MR.PRAFULLA KUMAR  
Age / Gender : 39 Years / Male  
Consulting Dr. : -  
Reg. Location : Malad West (Main Centre)

Collected : 29-Mar-2024 / 09:29  
Reported : 29-Mar-2024 / 14:43

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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	14.9	13.0-17.0 g/dL	Spectrophotometric
RBC	4.84	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.9	40-50 %	Calculated
MCV	92.7	80-100 fl	Measured
MCH	30.7	27-32 pg	Calculated
MCHC	33.1	31.5-34.5 g/dL	Calculated
RDW	14.1	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	3830	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	36.7	20-40 %	
Absolute Lymphocytes	1405.6	1000-3000 /cmm	Calculated
Monocytes	8.2	2-10 %	
Absolute Monocytes	314.1	200-1000 /cmm	Calculated
Neutrophils	53.8	40-80 %	
Absolute Neutrophils	2060.5	2000-7000 /cmm	Calculated
Eosinophils	1.2	1-6 %	
Absolute Eosinophils	46.0	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	3.8	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

**PLATELET PARAMETERS**

Platelet Count	104000	150000-400000 /cmm	Elect. Impedance
MPV	12.2	6-11 fl	Measured
PDW	34.0	11-18 %	Calculated

**RBC MORPHOLOGY**

Hypochromia	-
Microcytosis	-



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

Result rechecked.  
 Kindly correlate clinically.

Specimen: EDTA Whole Blood

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



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**Clinical Significance:** The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

**Interpretation:**

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

**Limitations:**

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

**Reflex Test:** C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

**Reference:**

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West

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



MC-2111

*J Thakker*

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



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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	92.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	106.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.76	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.22	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.54	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	52.9	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	70.1	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	17.6	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	89.0	40-130 U/L	Colorimetric
BLOOD UREA, Serum	17.6	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.2	6-20 mg/dl	Calculated
CREATININE, Serum	0.92	0.67-1.17 mg/dl	Enzymatic



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Collected : 29-Mar-2024 / 11:36  
Reported : 29-Mar-2024 / 15:46

eGFR, Serum	109	(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	6.8	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 CPL, Andheri West  
\*\*\* End Of Report \*\*\*



*J. Thakker*

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



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Reported : 29-Mar-2024 / 13:06

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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	5.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	108.3	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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\*\*\* End Of Report \*\*\*



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Reported : 29-Mar-2024 / 17:52

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<b><u>CHEMICAL EXAMINATION</u></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><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	
Others	-		

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

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

Reference: Pack inert

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

<b>PARAMETER</b>	<b>RESULTS</b>
ABO GROUP	B
Rh TYPING	POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) 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 CPL, Andheri West  
\*\*\* End Of Report \*\*\*



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	138.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	112.4	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	40.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	98.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	76.0	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	22.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.9	0-3.5 Ratio	Calculated

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 Reported : 29-Mar-2024 / 13:50

**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	4.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.5	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.83	0.35-5.5 microIU/ml	ECLIA



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Reported : 29-Mar-2024 / 13:50

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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 becuae 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 CPL, Andheri West

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



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भारत सरकार  
Unique Identification Authority of India  
Government of India



नामांकन क्रमांक/Enrolment No.: 2016/01122/24514

Prafulla Kumar (प्रफुल्ल कुमार)

सूचना

S/O Lal Narayan Singh, Saket Kunj, Ahiyapur,  
MUJHAFARPUR, Muzaffarpur,  
Bihar - 842001

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- पहचान का प्रमाण ऑनलाइन ऑथेंटिकेशन द्वारा प्राप्त करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

Date: 01/11/2016

आपका आधार क्रमांक/ Your Aadhaar No.:

5566 8924 1012



INFORMATION

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- To establish identity, authenticate online.
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IDENTIFICATION AUTHORITY OF INDIA 01  
Date: 2016.11.01 11:52:45 IST

मेरा आधार, मेरी पहचान



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*Prafulla*  
*29/03/2024*  
*At Suburban*  
*diagnostic*  
*Malad, west.*



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GOVERNMENT OF INDIA



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प्रफुल्ल कुमार  
Prafulla Kumar  
जन्म तिथि/ DOB: 26/08/1984  
पुरुष / MALE



पता:

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5566 8924 1012

मेरा आधार, मेरी पहचान

MERA AADHAAR, MERI PEHACHAN



Name : MR.PRAFULLA KUMAR

Age / Gender : 39 Years/Male

Consulting Dr. :

Collected : 29-Mar-2024 / 09:00

Reg.Location : Malad West (Main Centre)

Reported : 29-Mar-2024 / 13:26

### PHYSICAL EXAMINATION REPORT

#### History and Complaints:

Nil

#### EXAMINATION FINDINGS:

Height (cms): 181

Weight (kg): 101

Temp (0c): Afebrile

Skin: Normal

Blood Pressure (mm/hg): 130/90

Nails: Normal

Pulse: 72/ min

Lymph Node: Not palpable

#### Systems

Cardiovascular: Normal

Respiratory: Normal

Genitourinary: Normal

GI System: Normal

CNS: Normal

#### IMPRESSION:

#### ADVICE:

*Regular exercise*

#### CHIEF COMPLAINTS:

- 1) Hypertension: No
- 2) IHD: No



PRECISE TESTING · HEALTHY RESULTS  
CID# 2408913020

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- |  |    |
|--|----|
| 3) Arrhythmia                            | No |
| 4) Diabetes Mellitus                     | No |
| 5) Tuberculosis                          | No |
| 6) Asthama                               | No |
| 7) Pulmonary Disease                     | No |
| 8) Thyroid/ Endocrine disorders          | No |
| 9) Nervous disorders                     | No |
| 10) GI system                            | No |
| 11) Genital urinary disorder             | No |
| 12) Rheumatic joint diseases or symptoms | No |
| 13) Blood disease or disorder            | No |
| 14) Cancer/lump growth/cyst              | No |
| 15) Congenital disease                   | No |
| 16) Surgeries                            | No |
| 17) Musculoskeletal System               | No |

**PERSONAL HISTORY:**

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

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

**DR. SONALI HONRAO**  
MD (G.MED)  
CONSULTING PHYSICIAN  
REG NO.2001/04/1882

**Dr.Sonali Honrao**  
MD physician  
Sr. Manager-Medical Services  
(Cardiology)

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Link Road, Malad (W), Mumbai - 400 064.

Date:- 29/3/24

CID: 2408913020

Name:- Prafulla kumar

Sex / Age: M / 40

**EYE CHECK UP**

**Chief complaints:**

**Systemic Diseases:**

**Past history:**

**Unaided Vision:** DV  
 RE - 6/6  
 LE - 6/6

NV  
 RE - N16  
 LE - N16

**Aided Vision:**

**Refraction:**

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	_____			_____	_____			_____
Near	_____			_____	_____			_____

**Colour Vision:** Normal / Abnormal

**Remark:**

**SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.**  
 102-104, Bhoomi Centre,  
 Opp. Goregaon Sports Club,  
 Link Road, Madad (W), Mumbai - 400 034.

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2408913020  
Name : Mr PRAFULLA KUMAR  
Age / Sex : 39 Years/Male  
Ref. Dr :  
Reg. Location : Malad West Main Centre

Reg. Date : 29-Mar-2024  
Reported : 29-Mar-2024 / 17:04

**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.**

**Kindly correlate clinically.**

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. X-ray is known to have inter-observer variations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests further / follow-up imaging may be needed in some case for confirmation of findings. Please interpret accordingly.

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

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



Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2408913020  
Name : Mr PRAFULLA KUMAR  
Age / Sex : 39 Years/Male  
Ref. Dr :  
Reg. Location : Malad West Main Centre

Reg. Date : 29-Mar-2024  
Reported : 29-Mar-2024 / 10:32

## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size, shape and smooth margins. **It shows diffuse 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 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 visualised and appears normal. No evidence of solid or cystic mass lesion.

### KIDNEYS:

Both the kidneys are normal in size, shape and echotexture.  
No evidence of any calculus, hydronephrosis or mass lesion seen.  
Right kidney measures 11.5 x 5.1 cm.  
Left kidney measures 9.9 x 5.4 cm.

### SPLEEN:

The spleen is normal in size 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 echotexture.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024032909010836>

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2408913020  
Name : Mr PRAFULLA KUMAR  
Age / Sex : 39 Years/Male  
Ref. Dr :  
Reg. Location : Malad West Main Centre

Reg. Date : 29-Mar-2024  
Reported : 29-Mar-2024 / 10:32

**IMPRESSION:**

*Fatty liver.  
No other significant abnormality is seen.*

**Suggestion: Clinicopathological correlation.**

**Note :** Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some case for confirmation of findings. Patient has been explained in detail about the USG findings including its limitations and need for further imaging if clinically indicated. Please interpret accordingly. All the possible precaution have been taken under covid-19 pandemic.

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

Dr. Sunil Bhutka  
DMRD DNB  
MMC REG NO:2011051101

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024032909010836>

SUBURBAN DIAGNOSTICS

Station

Telephone:

Malad West

**EXERCISE STRESS TEST REPORT**

Patient Name: PRAFULLA, KUMAR  
 Patient ID: 2408913020  
 Height: 181 cm  
 Weight: 101 kg

DOB: 26.08.1984  
 Age: 39yrs  
 Gender: Male  
 Race: Asian

Study Date: 29.03.2024  
 Test Type: --  
 Protocol: BRUCE

Referring Physician: --  
 Attending Physician: DR SONALI HONRAO  
 Technician: --

Medications:

--

Medical History:

--

Reason for Exercise Test:

--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:14	0.00	0.00	80	130/90	
	STANDING	00:07	0.00	0.00	85	130/90	
	HYPERV.	00:05	0.00	0.00	84	130/90	
EXERCISE	WARM-UP	00:06	0.00	0.00	83	130/90	
	STAGE 1	03:00	1.70	10.00	115	140/90	
	STAGE 2	03:00	2.50	12.00	137	150/90	
RECOVERY	STAGE 3	02:13	3.40	14.00	166	160/90	
		03:07	0.00	0.00	89	160/90	

The patient exercised according to the BRUCE for 8:13 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 75 bpm rose to a maximal heart rate of 166 bpm. This value represents 91 % of the maximal, age-predicted heart rate. The resting blood pressure of 130/90 mmHg, rose to a maximum blood pressure of 160/90 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.

Functional Capacity: normal.

HR Response to Exercise: appropriate.

BP Response to Exercise: normal resting BP - appropriate response.

Chest Pain: none.

Arrhythmias: none.

ST Changes: none.

Overall impression: Normal stress test.

Conclusions

Good effort tolerance. No Significant ST- T changes as compared to baseline. No chest pain / arrythmia noted. Stress test is negative for inducible ischemia.

Disclaimer : Negative stress test does not rule out possibility of Coronary Artery Disease. Positive stress test is suggestive but not confirmatory of Coronary Artery Disease. Hence clinical correlation is mandatory.

Physician \_\_\_\_\_

*Sonali P.*

Technician \_\_\_\_\_

Dr. SONALI HONRAC  
MD PHYSICIAN  
REG. NO. 2001/04/1882

SONALI DIAGNOSTICS (INDIA) PVT. LTD.  
102-104, Blomont Center,  
Opp. Goregoon Sports Club,  
Link Road, Malad (W), Mumbai - 400 064.

PRAFULLA, KUMAR

Patient ID 2408913020

29.03.2024

9:41:02am

12-Lead Report

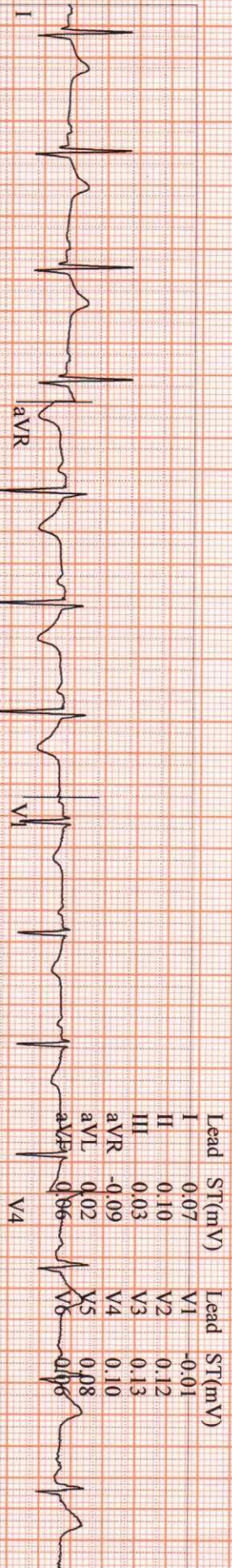
79 bpm  
130/90 mmHg

PRETEST  
SUPINE  
00:12

BRUCE  
0.0 mph  
0.0%

SUBURBAN DIAGNOSTIC

Measured at 60ms Post J  
Auto Points



GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(Q,I,D)

Start of Test: 9:40:43am

PRAFULLA, KUMAR  
Patient ID 2408913020

29.03.2024  
9:41:08am

83 bpm  
130/90 mmHg

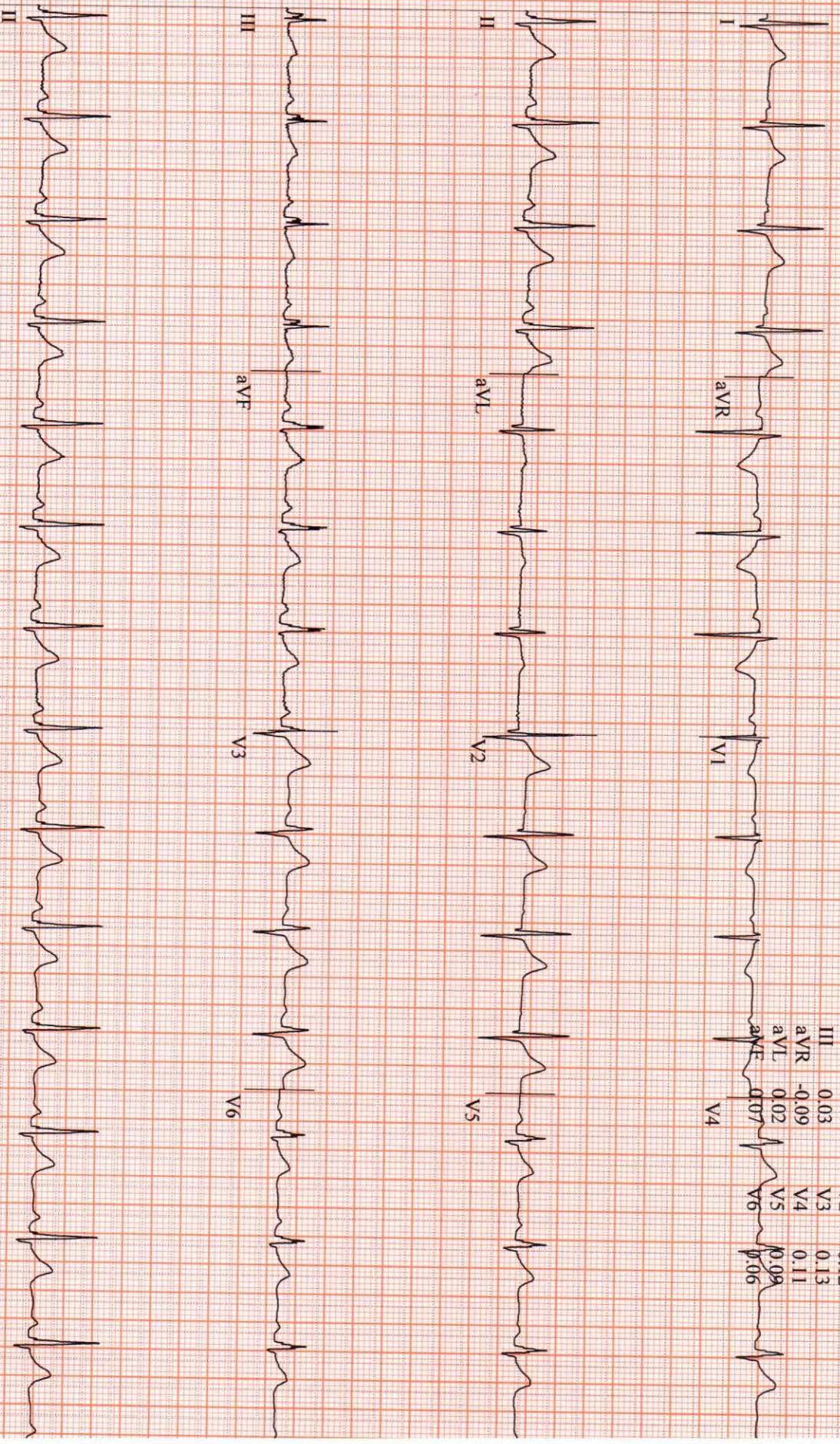
PRETEST  
STANDING  
00:19

BRUCE  
0.0 mph  
0.0 %

Measured at 60ms Post J  
Auto Points

SUBURBAN DIAGNOSTIC

12-Lead Report



GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(III,I)

Start of Test: 9:40:43am

PRAFULLA, KUMAR  
Patient ID 2408913020

29.03.2024  
9:41:14am

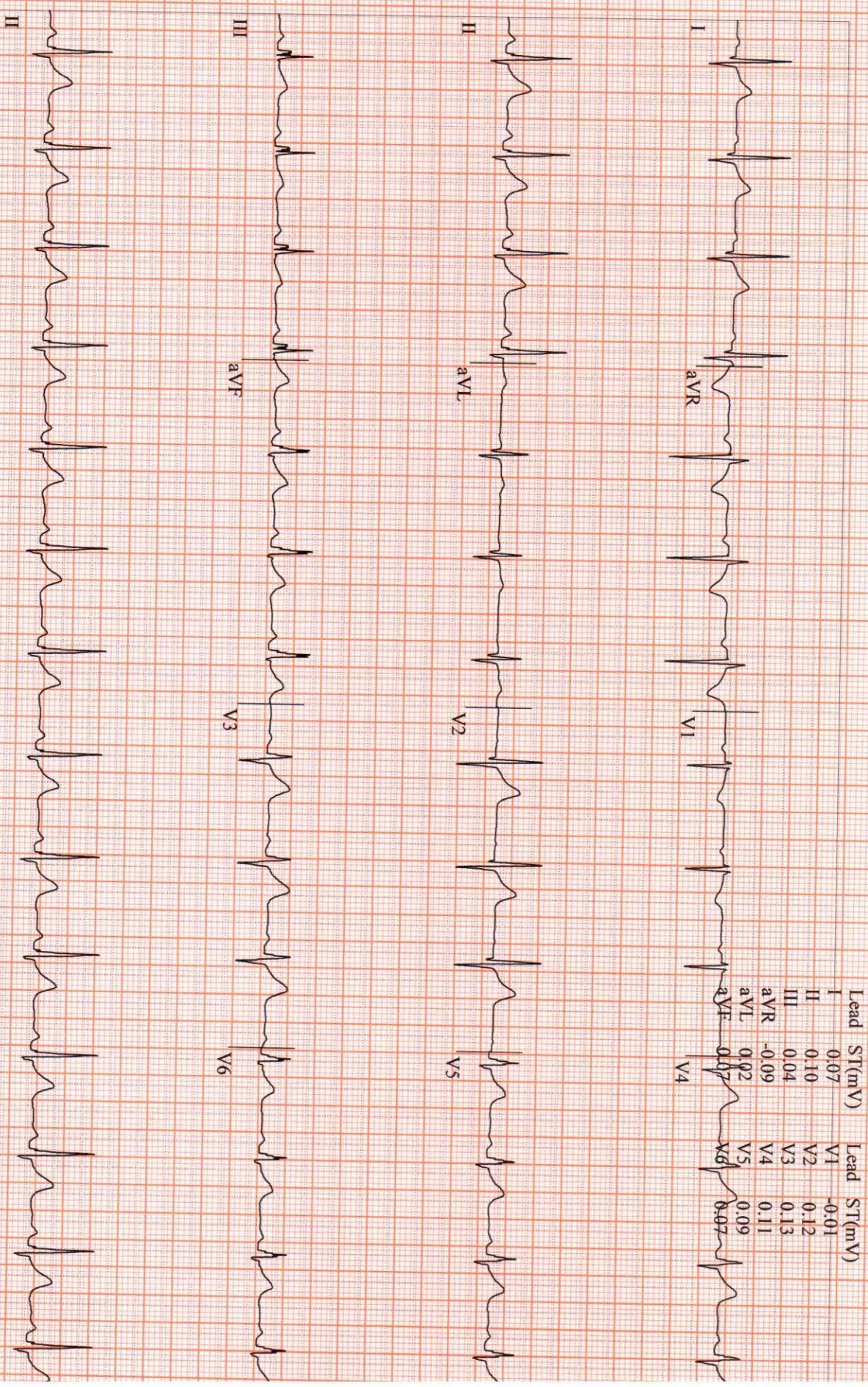
85 bpm  
130/90 mmHg

12-Lead Report  
PRETEST  
HYPERTV.  
00:24

BRUCE  
0.0 mph  
0.0 %

Measured at 60ms Post J  
Auto Points

SUBURBAN DIAGNOSTIC



GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(QI,J)

Start of Test: 9:40:43am

PRAFULLA, KUMAR  
Patient ID 2408913020  
29.03.2024  
9:44:06am

110 bpm  
140/90 mmHg

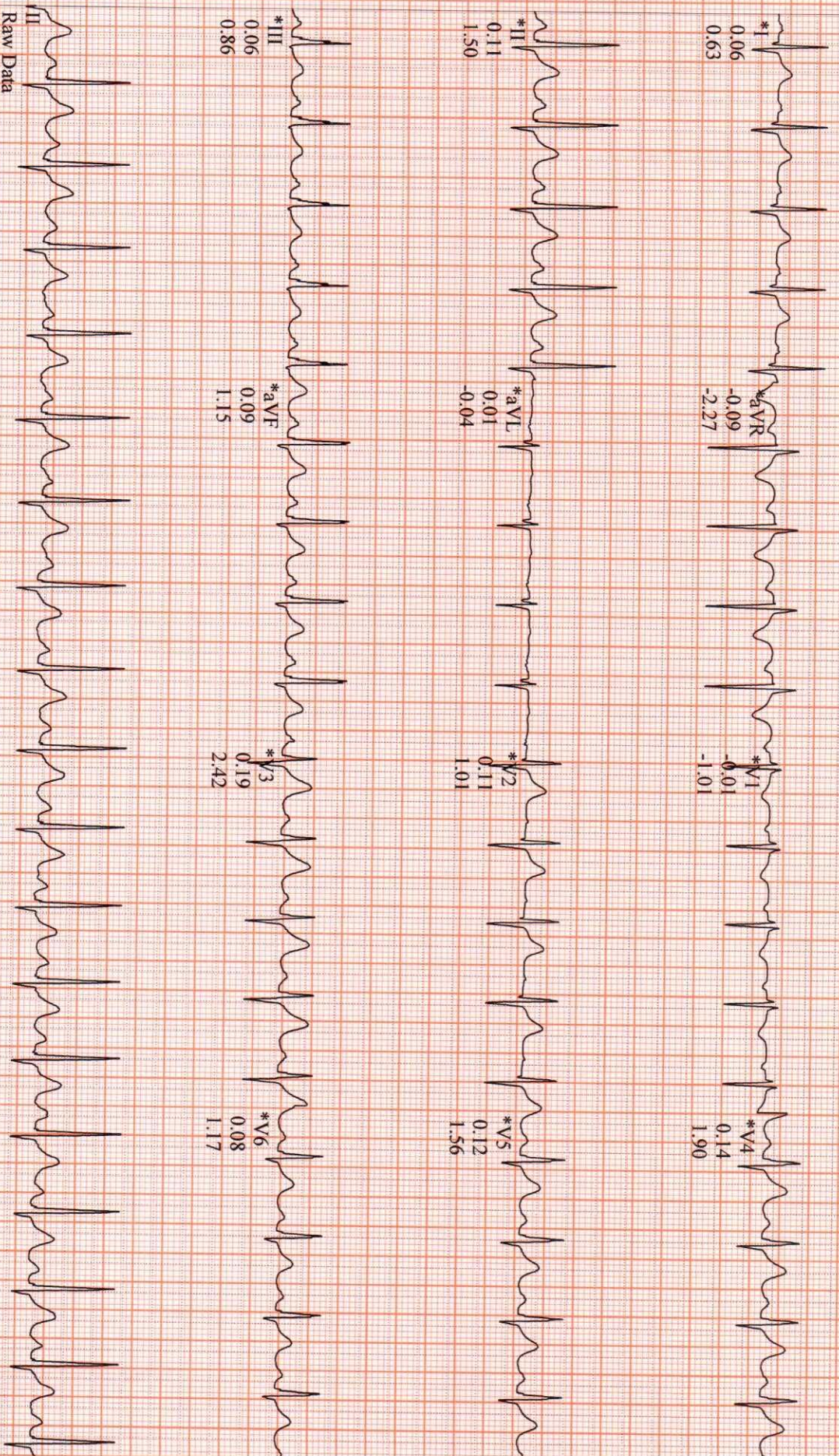
EXERCISE  
STAGE 1  
02:50

BRUCE  
1.7 mph  
10.0%

Linked Medians

SUBURBAN DIAGNOSTIC

Lead  
ST Level (mV)  
ST Slope (mV/s)



Raw Data

\*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(1,1)

Start of Test: 9:40:43am



PRAFULLA, KUMAR  
Patient ID 2408913020  
29.03.2024  
9:47:06am

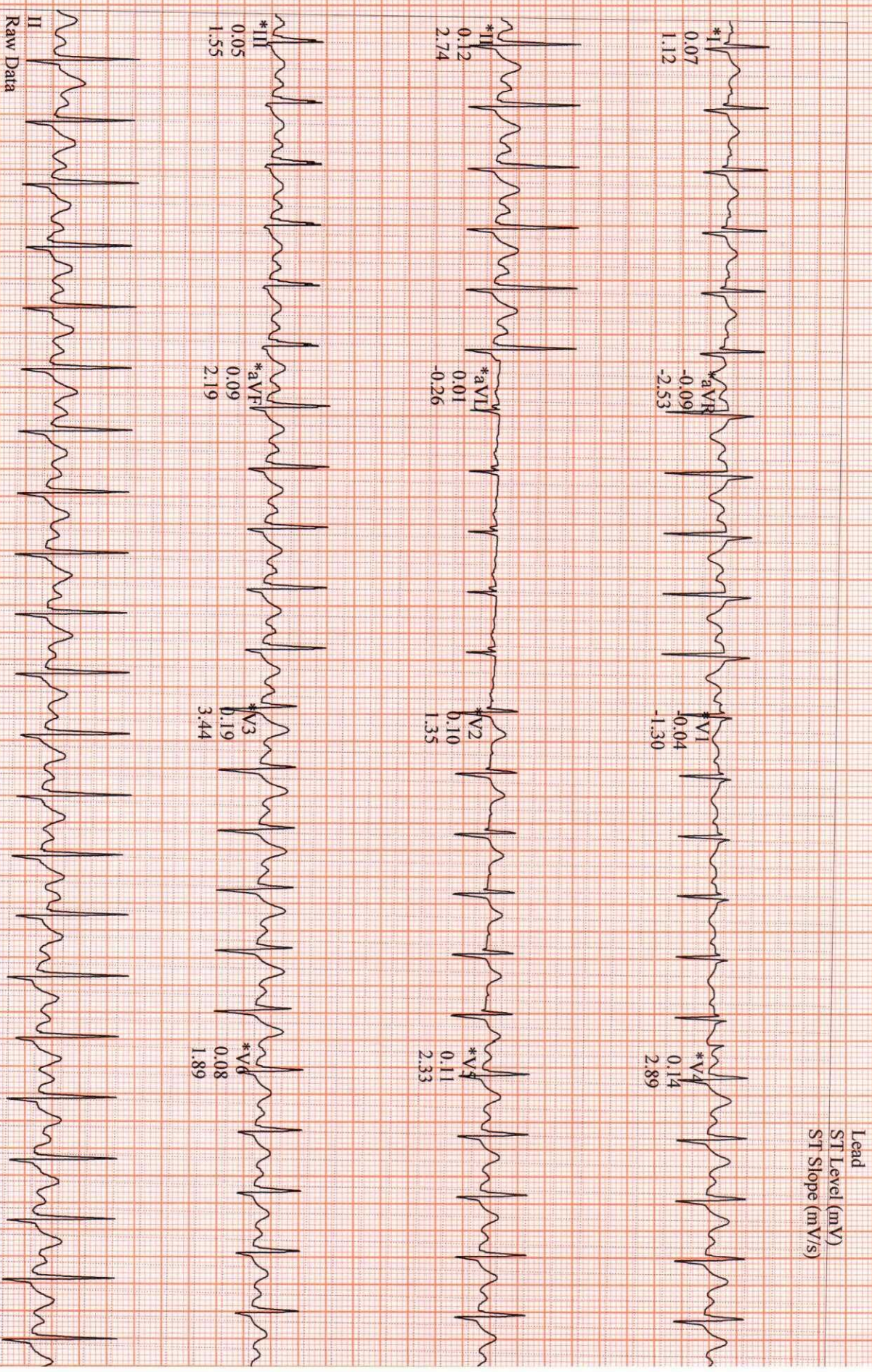
134 bpm  
150/90 mmHg

EXERCISE  
STAGE 2  
05:50

BRUCE  
2.5 mph  
12.0%

SUBURBAN DIAGNOSTIC

Linked Medians



GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,I)

Start of Test: 9:40:43am

\*Computer Synthesized Rhythms

PRAFULLA, KUMAR

Patient ID 2408913020

29.03.2024

9:49:34am

12-Lead Report ( PEAK EXERCISE )

EXERCISE

STAGE 3

08:13

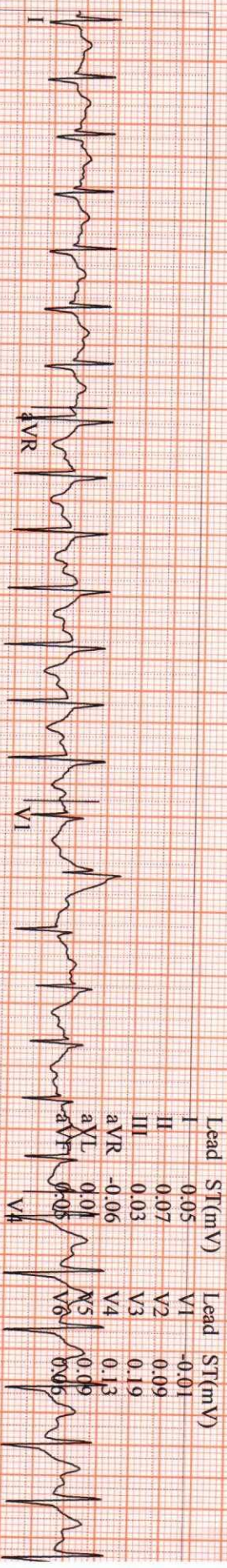
BRUCE

3.4 mph

14.0 %

SUBURBAN DIAGNOSTIC

Measured at 60ms Post J  
Auto Points



GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II, I)

Start of Test: 9:40:43am

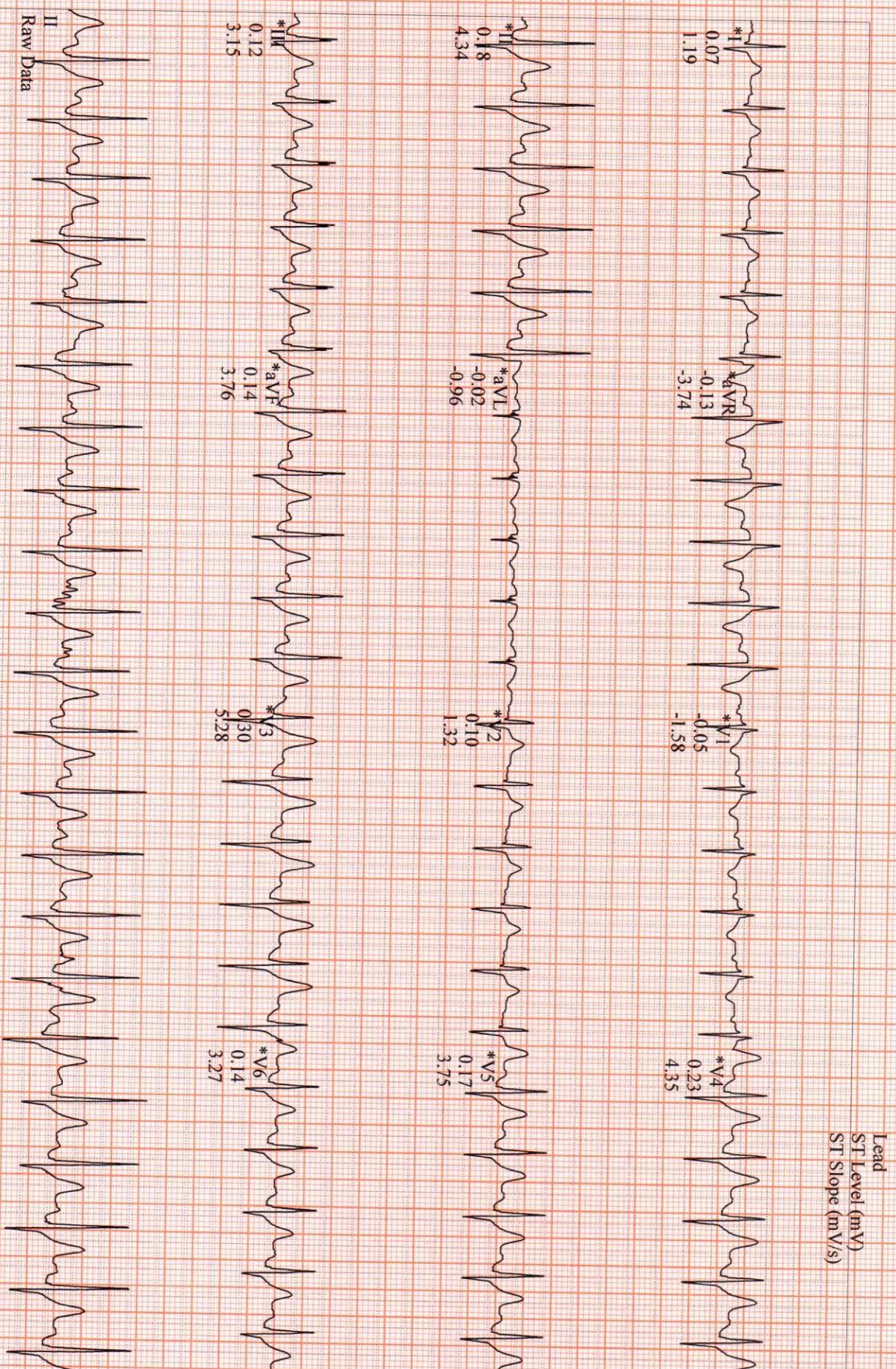
PRAFULLA, KUMAR  
Patient ID 2408913020  
29.03.2024  
9:50:29am

133 bpm

Linked Medians  
RECOVERY  
#1  
01:00

BRUCE  
0.0 mph  
0.0%

SUBURBAN DIAGNOSTIC



Raw Data

\*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRR+ HR(ILD)

Start of Test: 9:40:43am

PRAFULLA, KUMAR  
Patient ID 2408913020  
29.03.2024  
9:51:29am

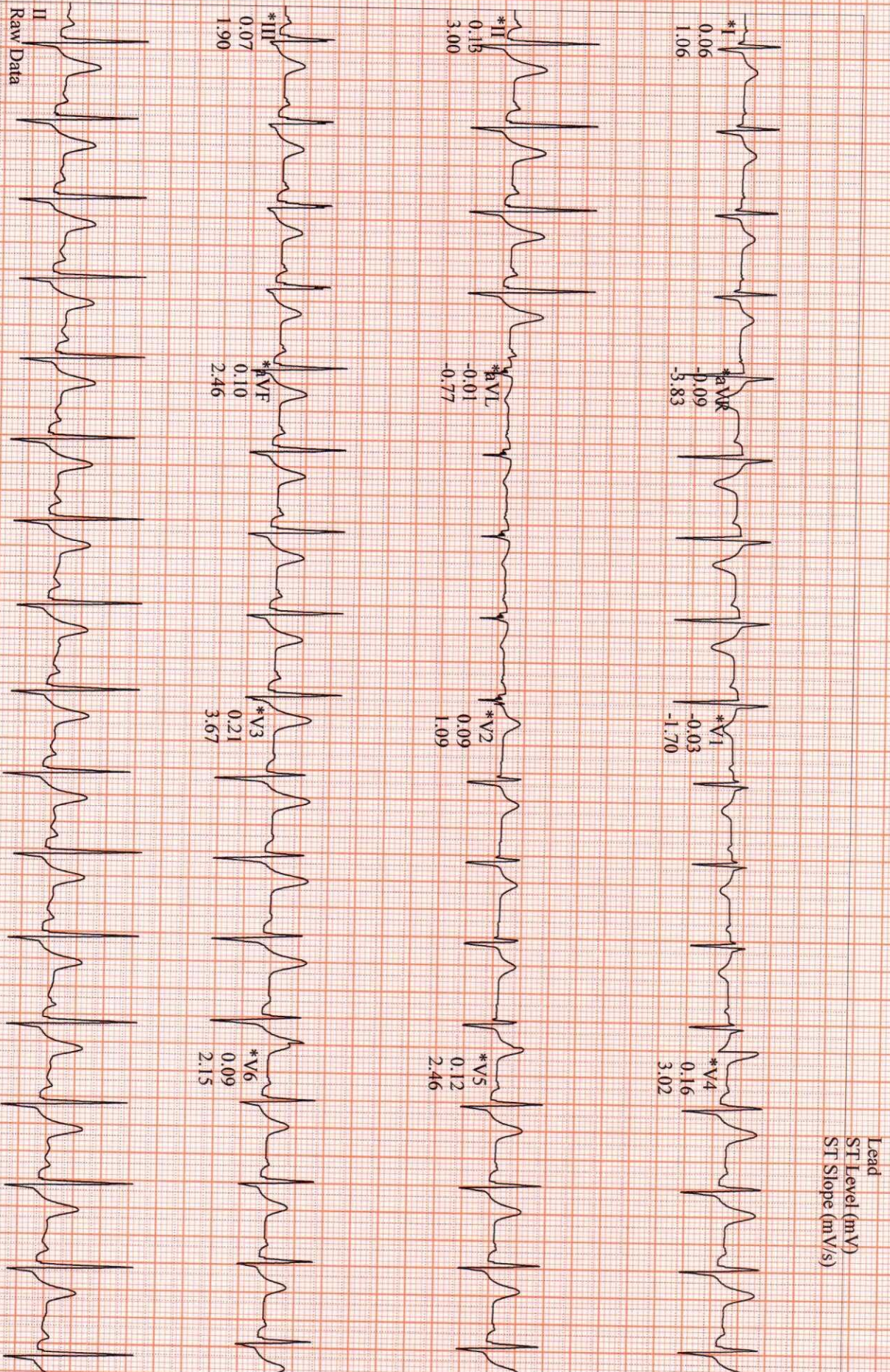
102 bpm

RECOVERY  
#1  
02:00

Linked Medians

BRUCE  
0.0 mph  
0.0%

SUBURBAN DIAGNOSTIC



Raw Data

Lead  
ST Level (mV)  
ST Slope (mV/s)

\*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRR+ HR(1,1)

Start of Test: 9:40:43am

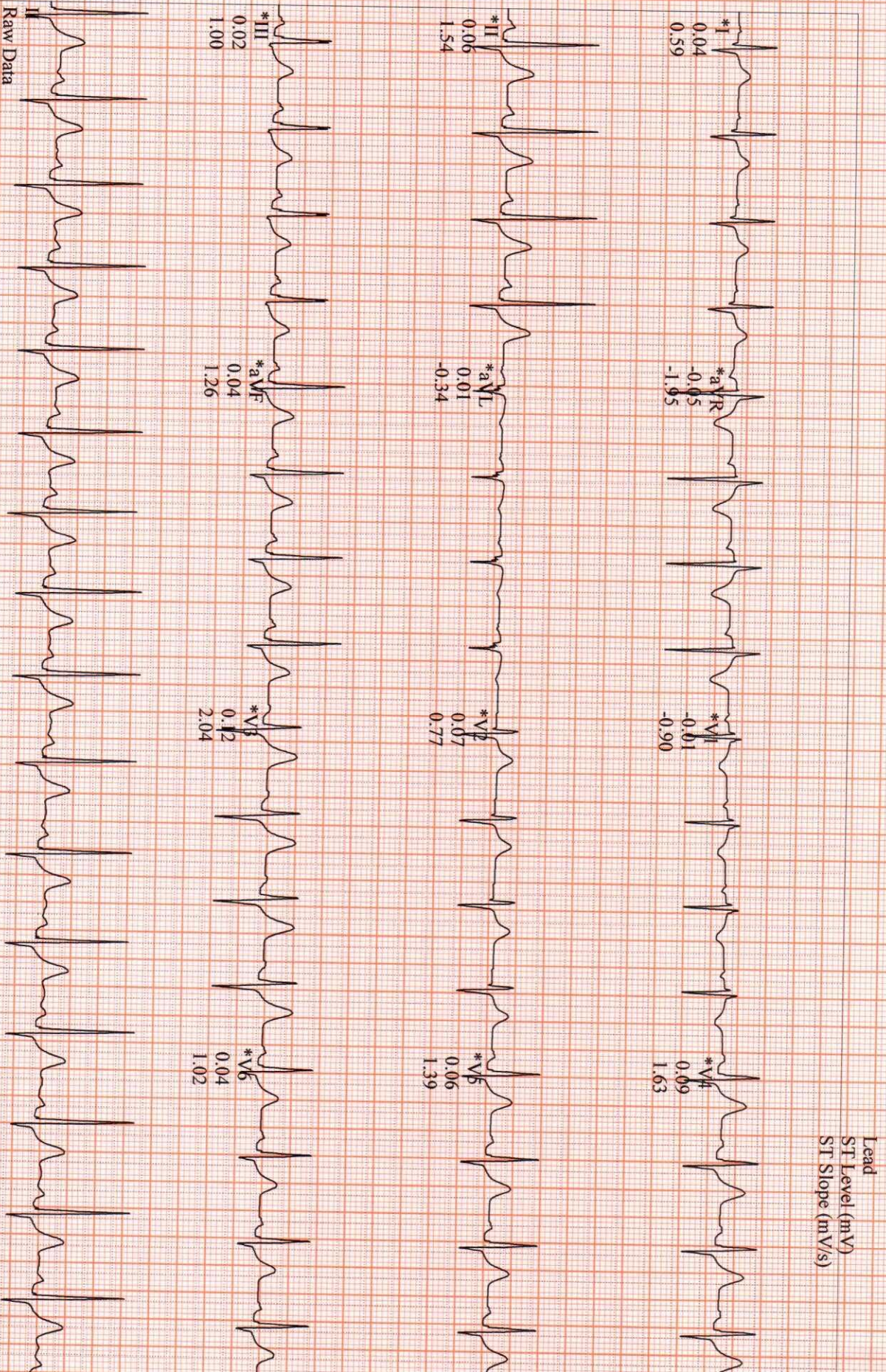
PRAFULLA, KUMAR  
Patient ID 2408913020  
29.03.2024  
9:52:29am

96 bpm  
160/90 mmHg

Linked Medians  
RECOVERY  
#1  
03:00

BRUCE  
0.0 mph  
0.0 %

SUBURBAN DIAGNOSTIC



GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(ULD)

Start of Test: 9:40:43am

\*Computer Synthesized Rhythms