

SUBURBAN DIAGNOSTICS BHAYANDER

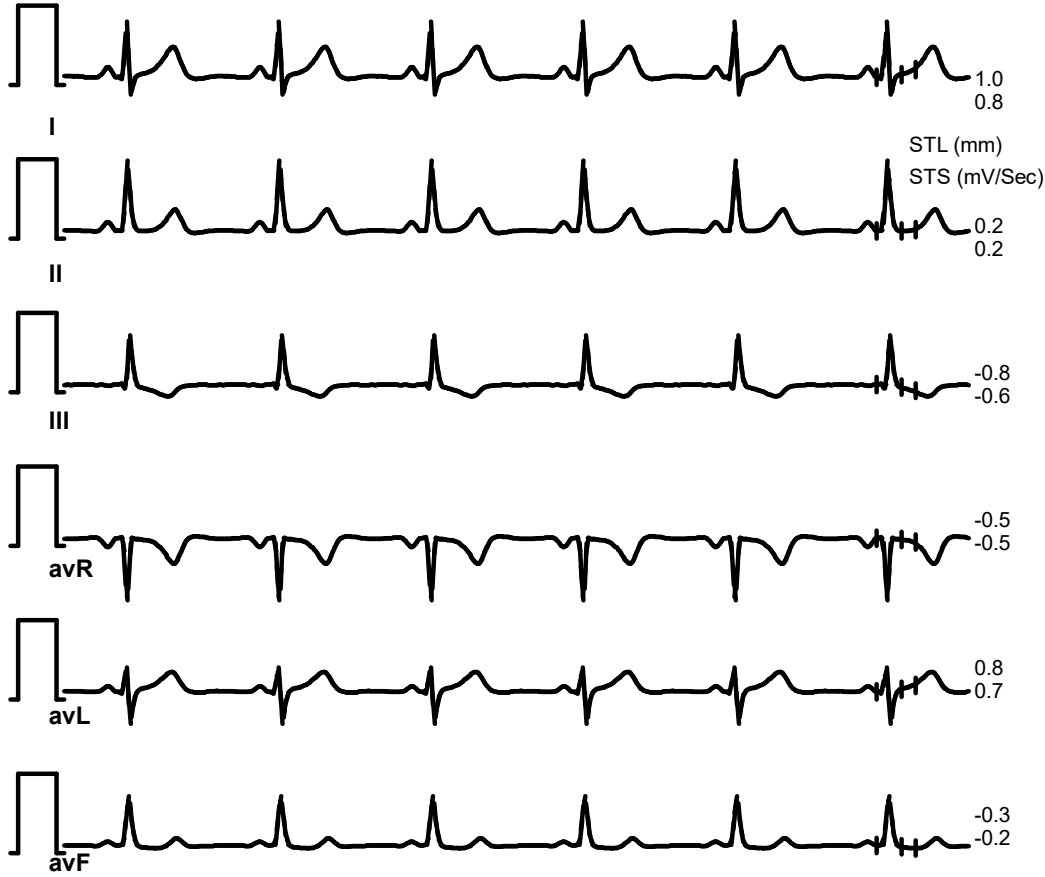
12347418 / SUHAS KODIXALAMATH / 35 Yrs / Male / 169 Cm / 86 Kg

6X2 Combine Medians + 1 Rhythm
BRUCE:Standing(0:05)



Date: 23 / 03 / 2024 12:23:09 PM METs : 1.0 HR : 72 Target HR : 39% of 185 BP : 120/80 Post J @80mSec

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)



SUBURBAN DIAGNOSTICS BHAYANDER

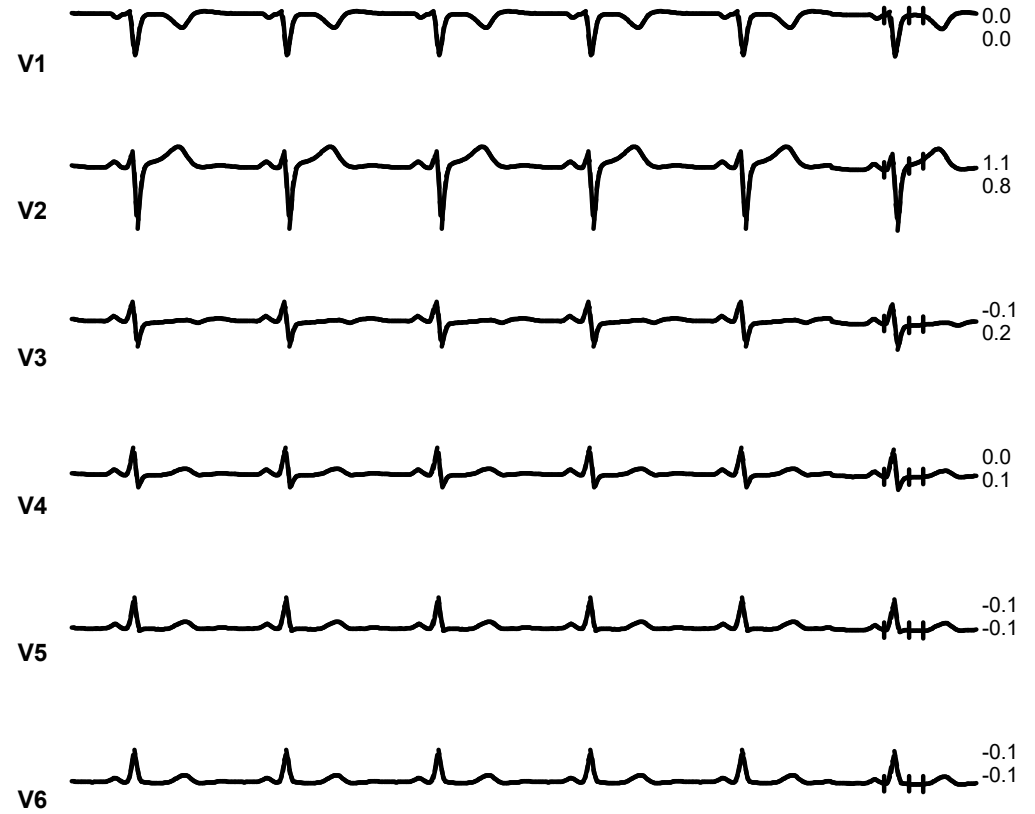
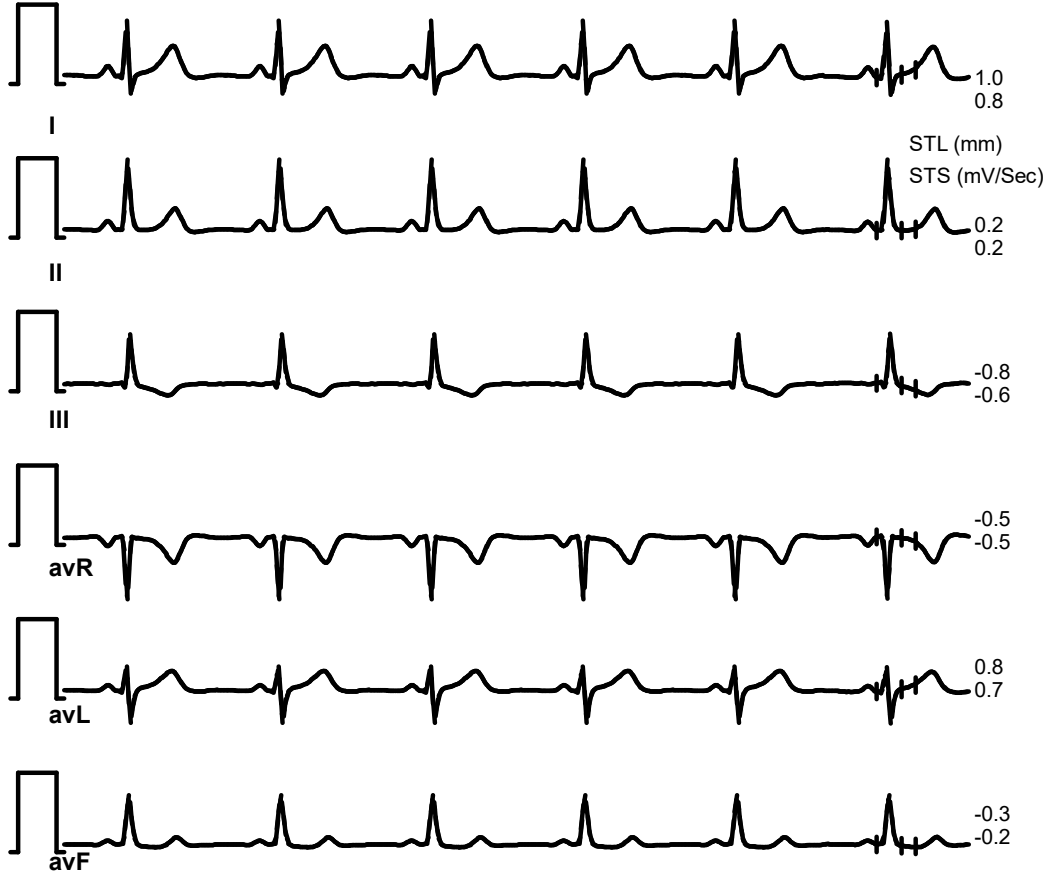
12347418 / SUHAS KODIXALAMATH / 35 Yrs / Male / 169 Cm / 86 Kg

6X2 Combine Medians + 1 Rhythm
BRUCE:HV(0:06)

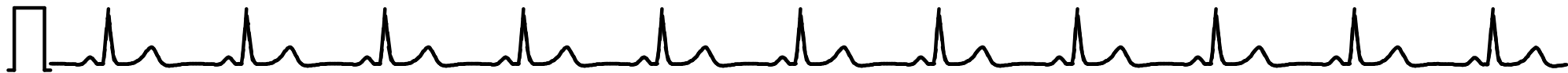


Date: 23 / 03 / 2024 12:23:09 PM METs : 1.1 HR : 68 Target HR : 37% of 185 BP : 120/80 Post J @80mSec

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



II (Combined Medians)



SUBURBAN DIAGNOSTICS BHAYANDER

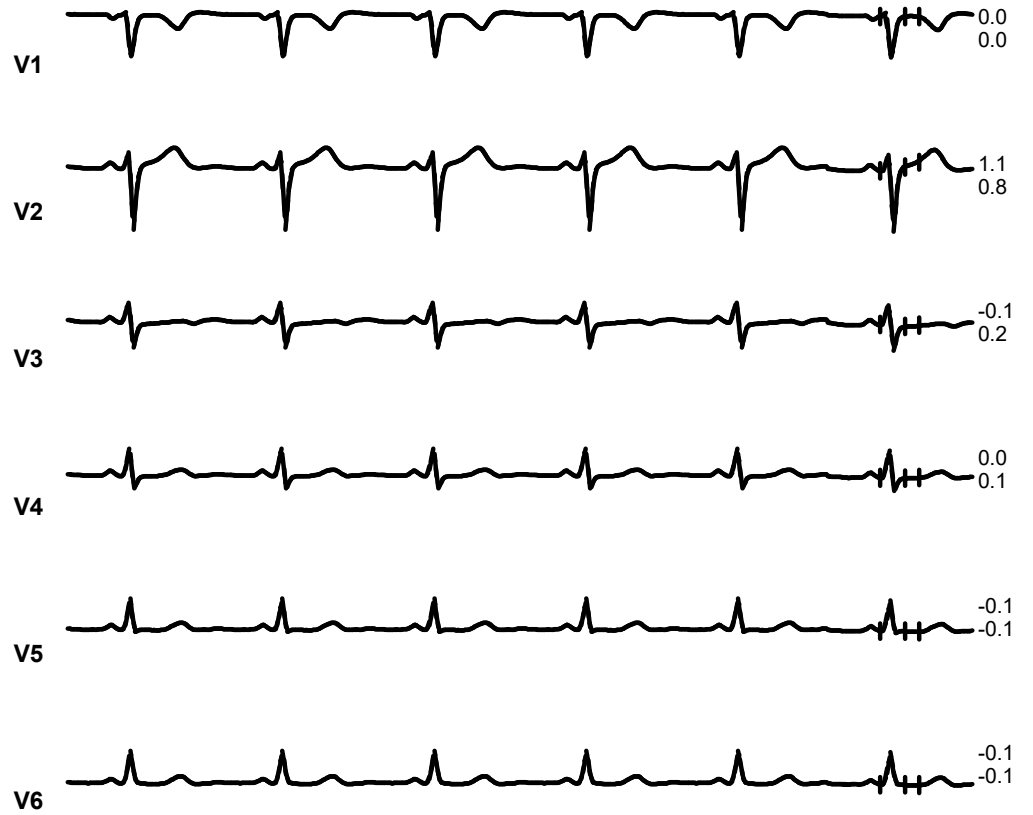
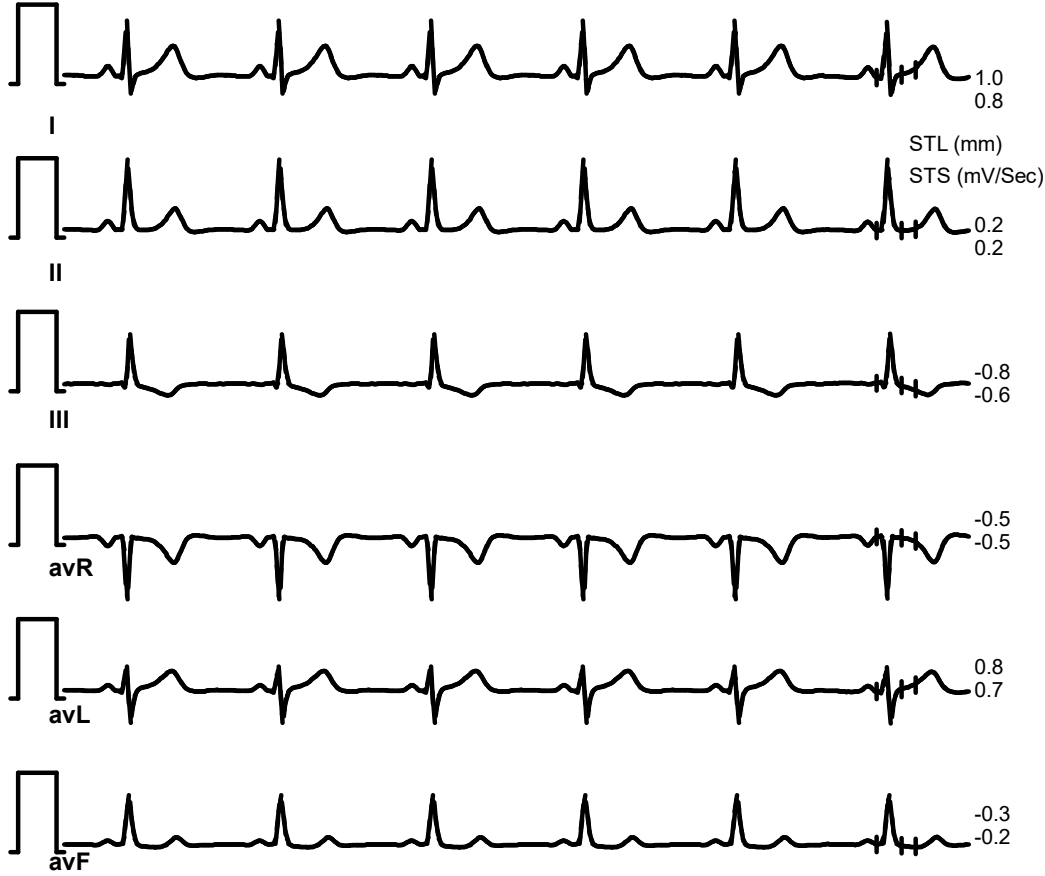
12347418 / SUHAS KODIXALAMATH / 35 Yrs / Male / 169 Cm / 86 Kg

6X2 Combine Medians + 1 Rhythm
ExStart



Date: 23 / 03 / 2024 12:23:09 PM METs : 1.1 HR : 68 Target HR : 37% of 185 BP : 120/80 Post J @80mSec

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



II (Combined Medians)



SUBURBAN DIAGNOSTICS BHAYANDER

12347418 / SUHAS KODIXALAMATH / 35 Yrs / Male / 169 Cm / 86 Kg

6X2 Combine Medians + 1 Rhythm
BRUCE:Stage 1(3:00)



Date: 23 / 03 / 2024 12:23:09 PM METs : 4.7 HR : 120 Target HR : 65% of 185 BP : 130/80 Post J @80mSec

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



II (Combined Medians)



SUBURBAN DIAGNOSTICS BHAYANDER

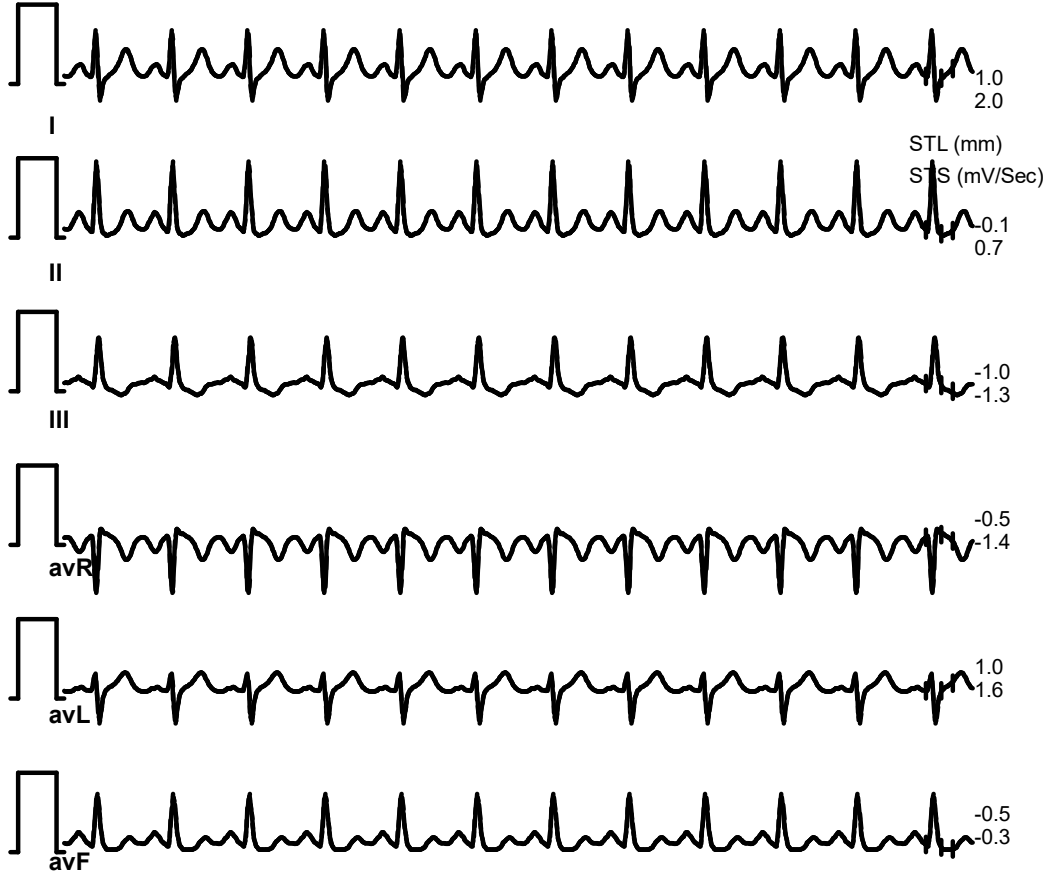
12347418 / SUHAS KODIXALAMATH / 35 Yrs / Male / 169 Cm / 86 Kg

6X2 Combine Medians + 1 Rhythm
BRUCE:Stage 2(3:00)



Date: 23 / 03 / 2024 12:23:09 PM METs : 7.1 HR : 144 Target HR : 78% of 185 BP : 140/80 Post J @60mSec

ExTime: 06:00 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)



SUBURBAN DIAGNOSTICS BHAYANDER

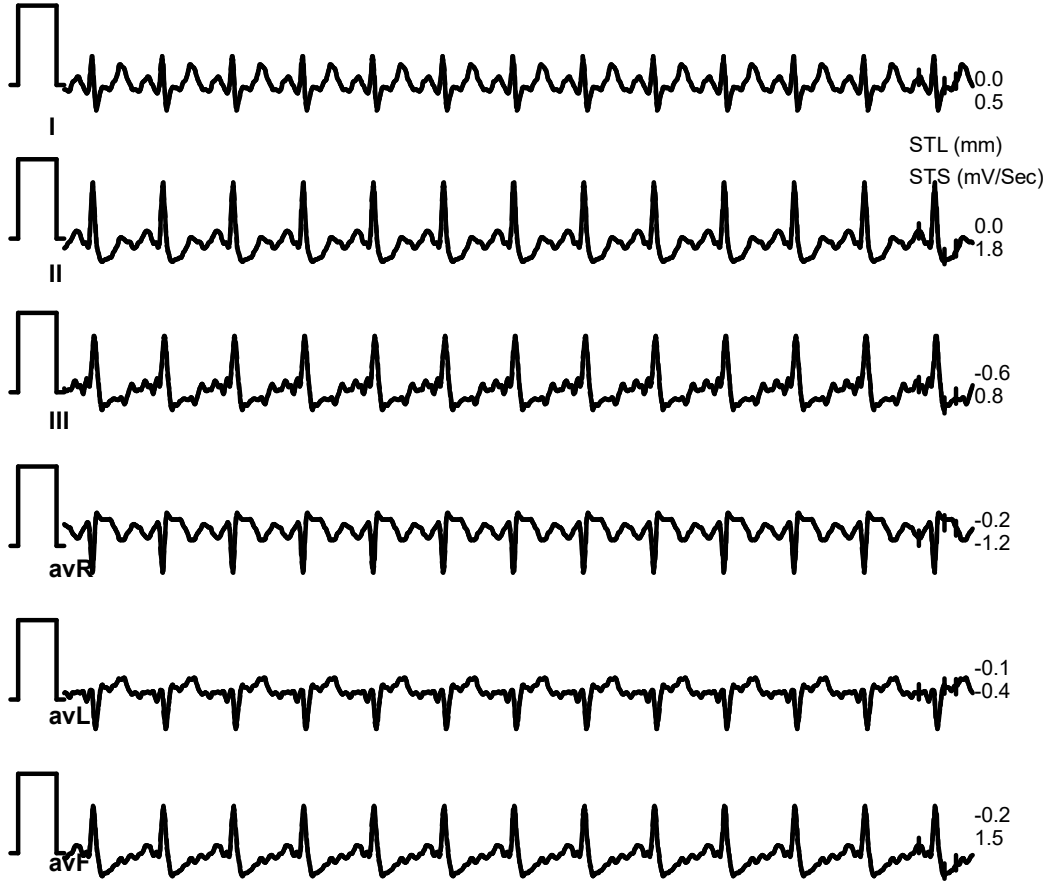
12347418 / SUHAS KODIXALAMATH / 35 Yrs / Male / 169 Cm / 86 Kg

6X2 Combine Medians + 1 Rhythm
PeakEx



Date: 23 / 03 / 2024 12:23:09 PM METs : 8.8 HR : 160 Target HR : 86% of 185 BP : 150/80 Post J @60mSec

ExTime: 07:36 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)



SUBURBAN DIAGNOSTICS BHAYANDER

12347418 / SUHAS KODIXALAMATH / 35 Yrs / Male / 169 Cm / 86 Kg

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



Date: 23 / 03 / 2024 12:23:09 PM METs : 1.1 HR : 146 Target HR : 79% of 185 BP : 160/80 Post J @60mSec

ExTime: 07:35 Speed: 1.1 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)



SUBURBAN DIAGNOSTICS BHAYANDER

12347418 / SUHAS KODIXALAMATH / 35 Yrs / Male / 169 Cm / 86 Kg

6X2 Combine Medians + 1 Rhythm
Recovery(2:00)



Date: 23 / 03 / 2024 12:23:09 PM METs : 1.0 HR : 125 Target HR : 68% of 185 BP : 140/80 Post J @70mSec

ExTime: 07:35 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)



SUBURBAN DIAGNOSTICS BHAYANDER

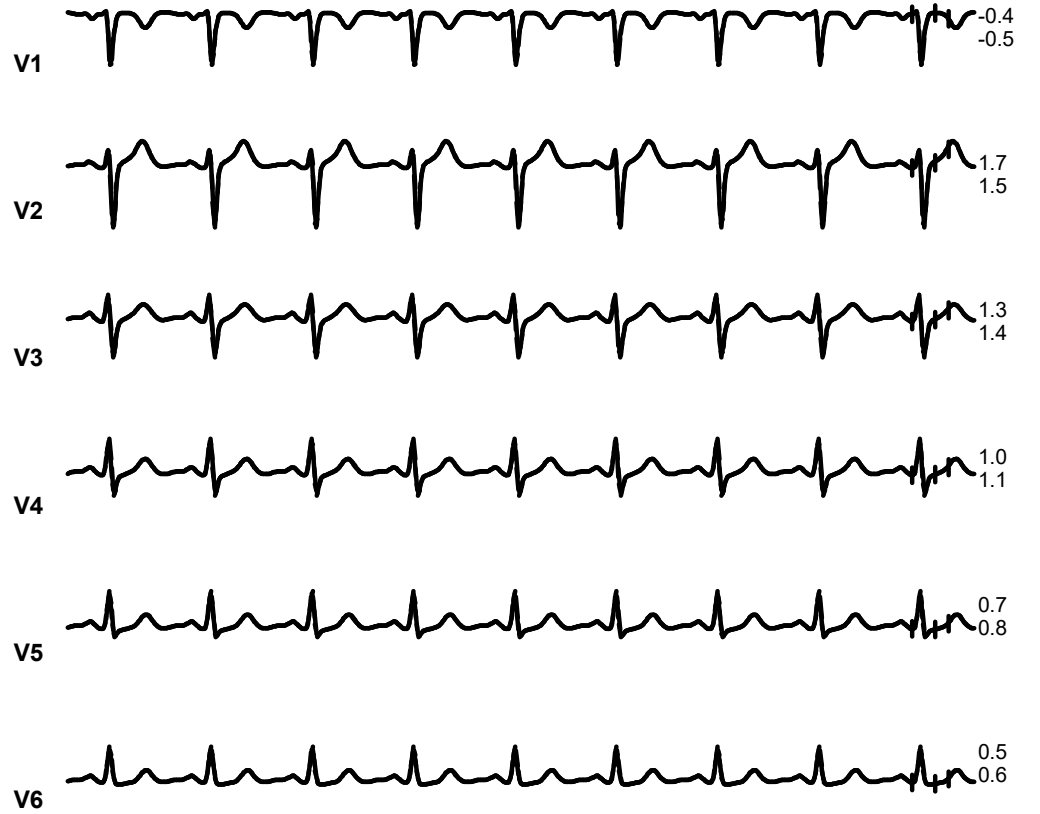
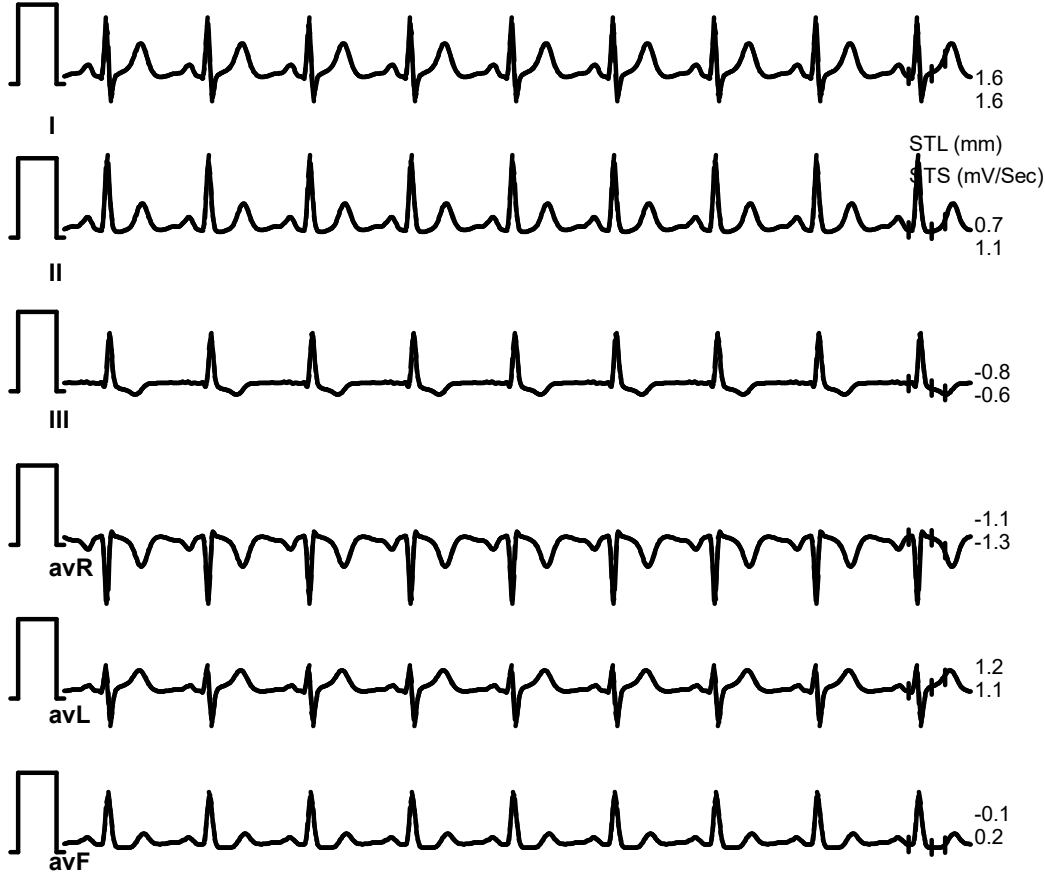
12347418 / SUHAS KODIXALAMATH / 35 Yrs / Male / 169 Cm / 86 Kg

6X2 Combine Medians + 1 Rhythm
Recovery(4:00)



Date: 23 / 03 / 2024 12:23:09 PM METs : 1.0 HR : 106 Target HR : 57% of 185 BP : 130/80 Post J @80mSec

ExTime: 07:35 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)



SUBURBAN DIAGNOSTICS BHAYANDER

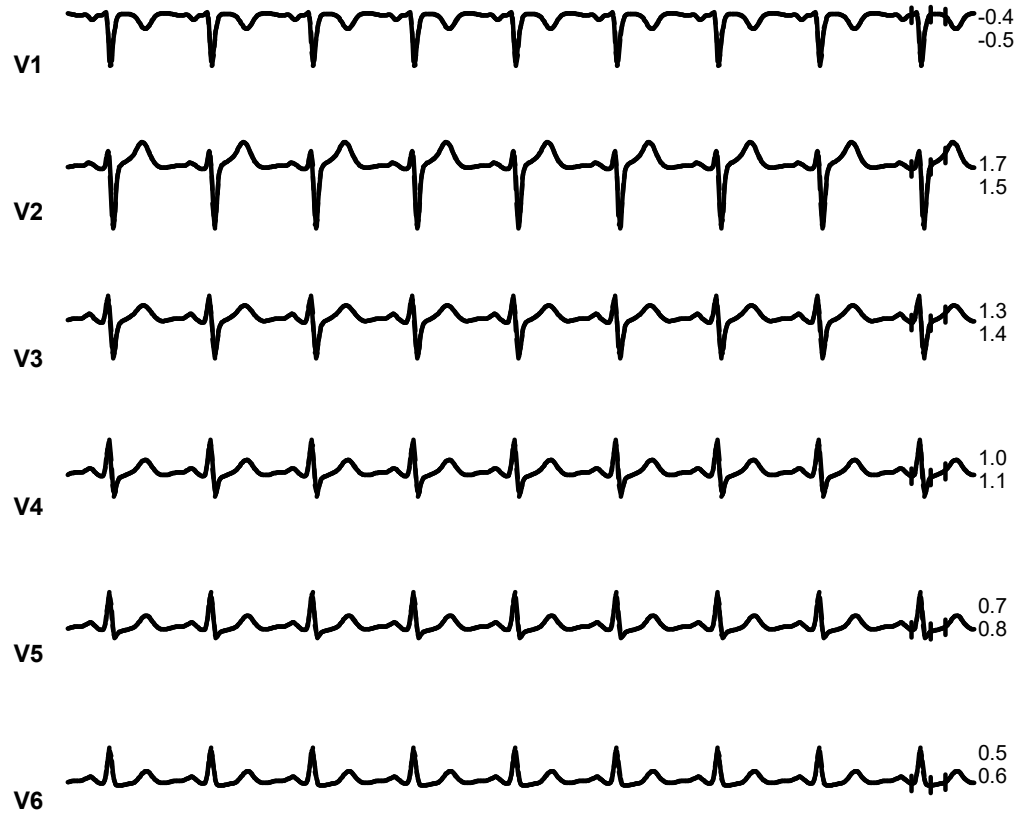
12347418 / SUHAS KODIXALAMATH / 35 Yrs / Male / 169 Cm / 86 Kg

6X2 Combine Medians + 1 Rhythm
Recovery(4:06)



Date: 23 / 03 / 2024 12:23:09 PM METs : 1.0 HR : 111 Target HR : 60% of 185 BP : 120/80 Post J @80mSec

ExTime: 07:35 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)





CID : 2408321242
Name : MR.SUHAS KODIYALAMATH
Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Collected : 23-Mar-2024 / 09:36
Reported : 23-Mar-2024 / 16:04

Use a QR Code Scanner
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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>
<u>RBC PARAMETERS</u>			
Haemoglobin	15.1	13.0-17.0 g/dL	Spectrophotometric
RBC	5.42	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.0	40-50 %	Measured
MCV	81	80-100 fl	Calculated
MCH	27.9	27-32 pg	Calculated
MCHC	34.4	31.5-34.5 g/dL	Calculated
RDW	17.3	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6020	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	29.3	20-40 %	
Absolute Lymphocytes	1763.9	1000-3000 /cmm	Calculated
Monocytes	9.8	2-10 %	
Absolute Monocytes	590.0	200-1000 /cmm	Calculated
Neutrophils	57.9	40-80 %	
Absolute Neutrophils	3485.6	2000-7000 /cmm	Calculated
Eosinophils	2.4	1-6 %	
Absolute Eosinophils	144.5	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	
Absolute Basophils	36.1	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	416000	150000-400000 /cmm	Elect. Impedance
MPV	7.4	6-11 fl	Calculated
PDW	11.8	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Collected : 23-Mar-2024 / 09:36
Reported : 23-Mar-2024 / 16:30

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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 3 2-15 mm at 1 hr. Sedimentation

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- Sick 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
- Brigiden 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 Borivali Lab, Borivali West

*** End Of Report ***



Dr. JAGESHWAR MANDAL
CHOUPAL
MBBS, DNB PATH
Pathologist



CID : 2408321242
Name : MR.SUHAS KODIYALAMATH
Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Collected : 23-Mar-2024 / 09:36
Reported : 23-Mar-2024 / 15:18

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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	97.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	82.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.64	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.19	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.45	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	3.2-4.8 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	22.0	<34 U/L	Modified IFCC
SGPT (ALT), Serum	18.4	10-49 U/L	Modified IFCC
GAMMA GT, Serum	25.1	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	121.9	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	19.9	19.29-49.28 mg/dl	Calculated
BUN, Serum	9.3	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.97	0.73-1.18 mg/dl	Enzymatic

Note: Kindly note in change in reference range w.e.f. 07-09-2023



CID : 2408321242
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Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Collected : 23-Mar-2024 / 15:27
Reported : 23-Mar-2024 / 18:22

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eGFR, Serum	104	(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	6.0	3.7-9.2 mg/dl	Uricase/ Peroxidase
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



CID : 2408321242
Name : MR.SUHAS KODIYALAMATH
Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Collected : 23-Mar-2024 / 09:36
Reported : 23-Mar-2024 / 16:26

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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	5.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	102.5	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 ***



Signature

Dr. JAGESHWAR MANDAL
CHOUPAL
MBBS, DNB PATH
Pathologist



CID : 2408321242
Name : MR.SUHAS KODIYALAMATH
Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

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Collected : 23-Mar-2024 / 09:36
Reported : 23-Mar-2024 / 17:11

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.5	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	1+	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	0-1	0-5/hpf	
Red Blood Cells / hpf	1-2	0-2/hpf	
Epithelial Cells / hpf	1-2		
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

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



Dr. Jageshwar Mandal

Dr. JAGESHWAR MANDAL
CHOU PAL
MBBS, DNB PATH
Pathologist



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Age / Gender : 35 Years / Male
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Collected : 23-Mar-2024 / 09:36
Reported : 23-Mar-2024 / 16:44

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

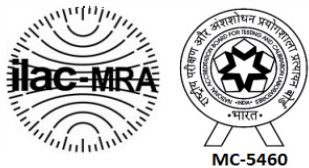
Limitations:

- 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 ***



Anupa

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



CID : 2408321242
Name : MR.SUHAS KODIYALAMATH
Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

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Collected : 23-Mar-2024 / 09:36
Reported : 23-Mar-2024 / 15:29

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	246.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	147.0	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	41.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	205.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	175.7	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	29.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.2	0-3.5 Ratio	Calculated

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



Namrata Raul

Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



CID : 2408321242
 Name : MR.SUHAS KODIYALAMATH
 Age / Gender : 35 Years / Male
 Consulting Dr. : -
 Reg. Location : Bhayander East (Main Centre)

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 Collected : 23-Mar-2024 / 09:36
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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	4.9	3.5-6.5 pmol/L	CLIA
Free T4, Serum	15.8	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	1.462	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 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 SDRL, Vidyavihar Lab
*** End Of Report ***



Namrata Raul

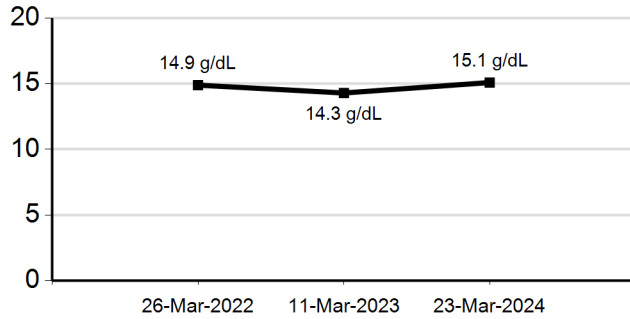
Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



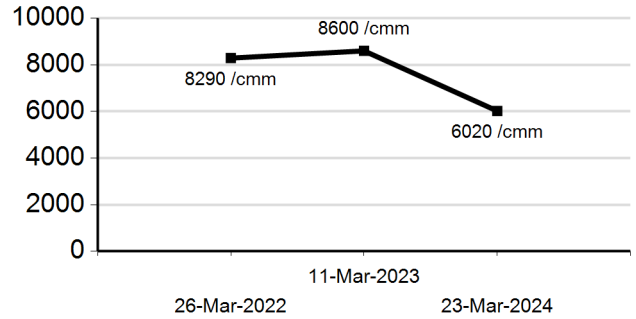
Use a QR Code Scanner Application To Scan the Code

CID : 2408321242
Name : MR.SUHAS KODIYALAMATH
Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

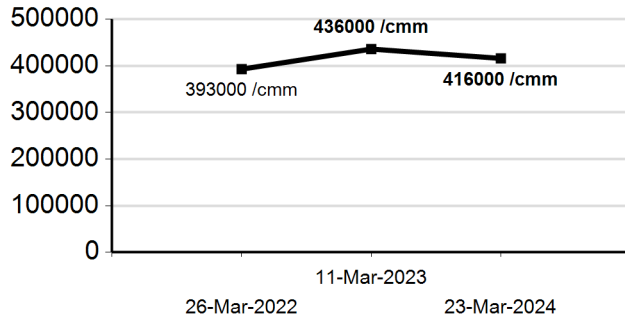
Haemoglobin



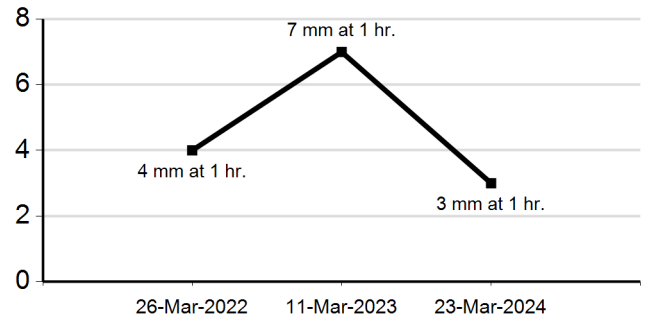
WBC Total Count



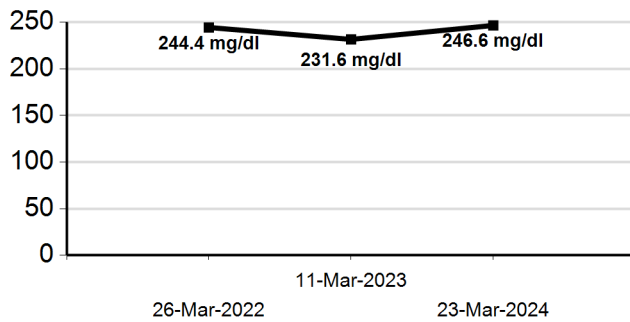
Platelet Count



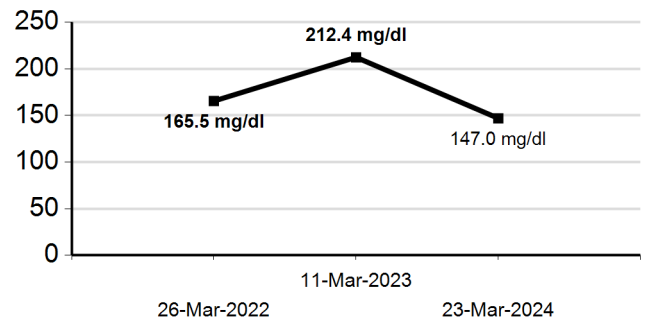
ESR



CHOLESTEROL



TRIGLYCERIDES

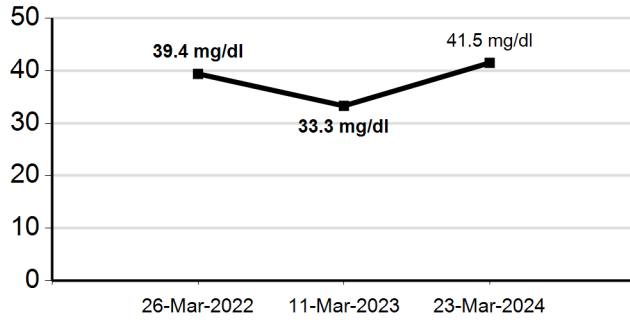




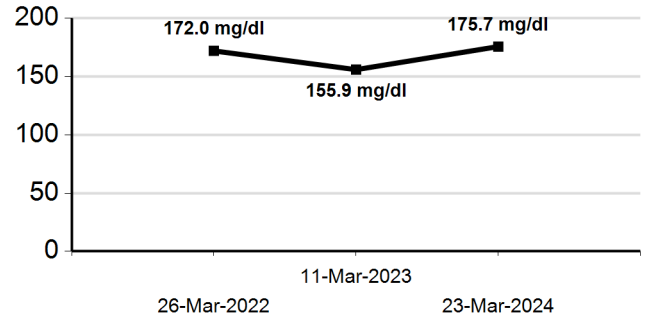
Use a QR Code Scanner Application To Scan the Code

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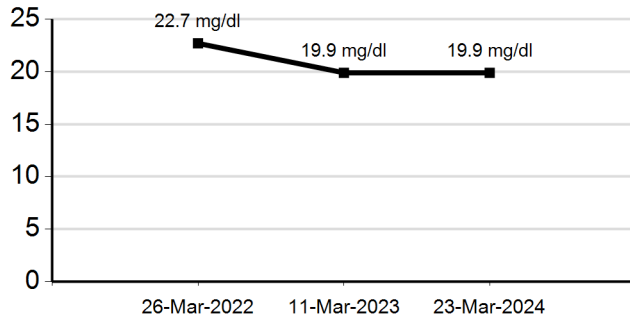
HDL CHOLESTEROL



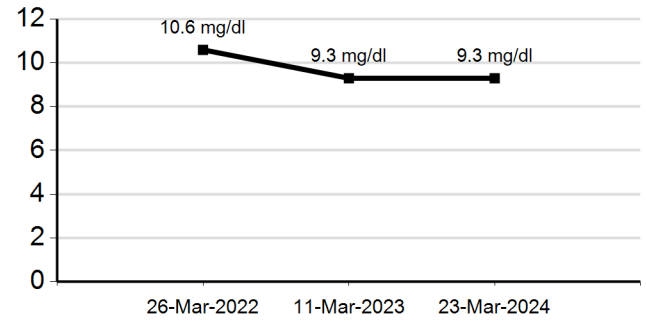
LDL CHOLESTEROL



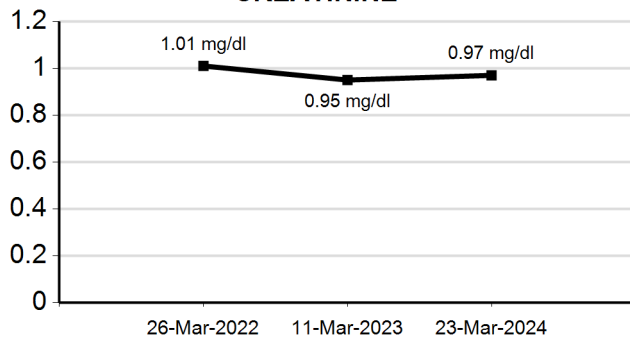
BLOOD UREA



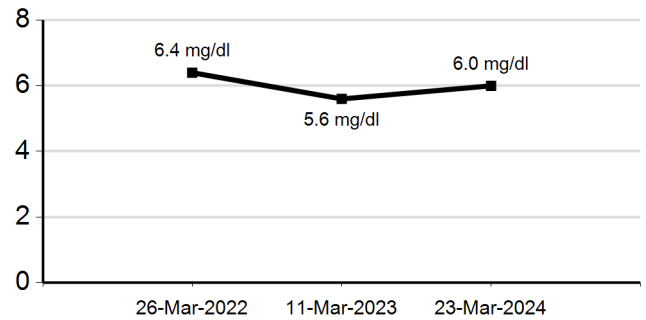
BUN



CREATININE



URIC ACID

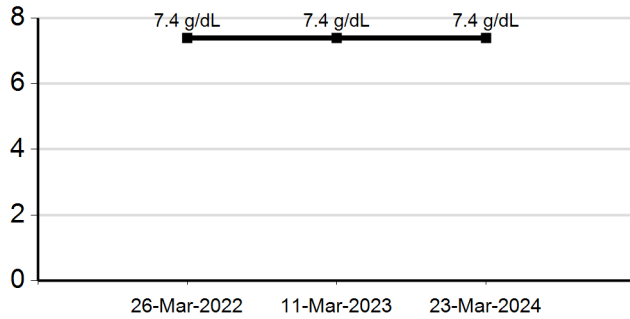




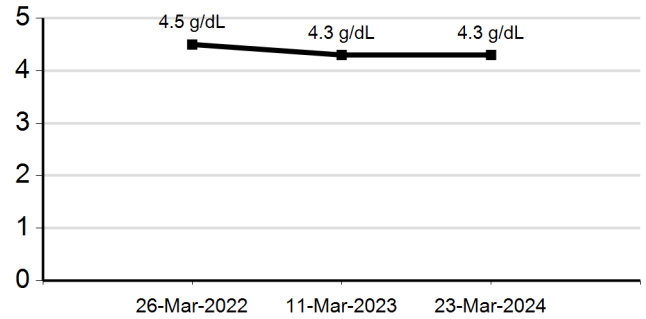
Use a QR Code Scanner
Application To Scan the Code

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Name : MR.SUHAS KODIYALAMATH
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Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

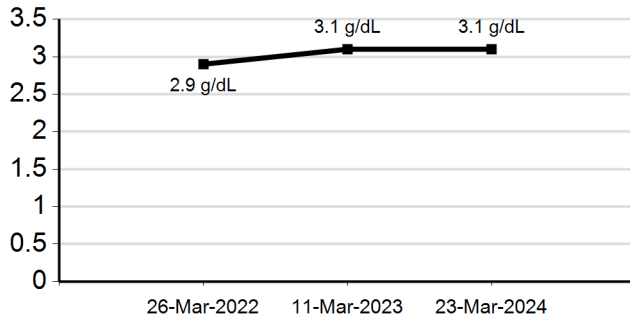
TOTAL PROTEINS



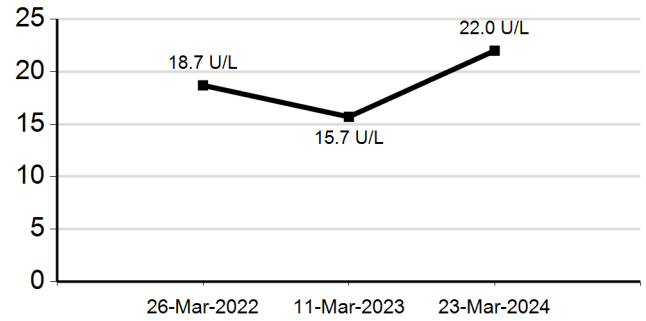
ALBUMIN



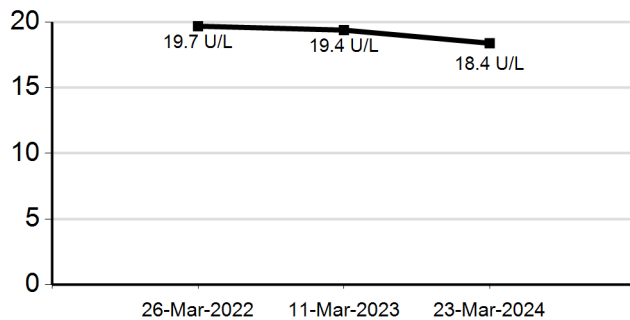
GLOBULIN



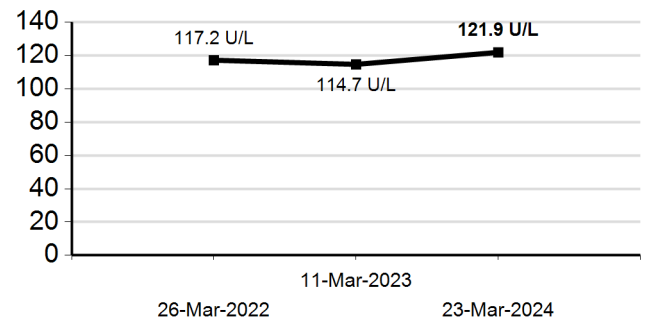
SGOT (AST)



SGPT (ALT)



ALKALINE PHOSPHATASE

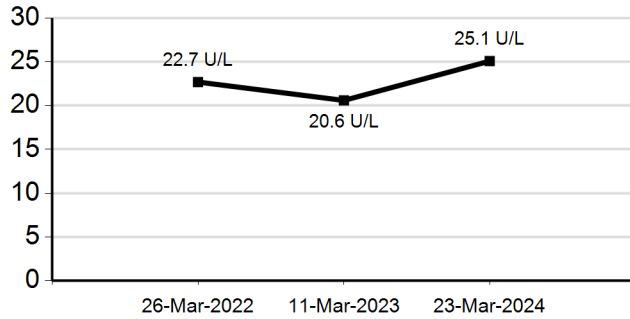




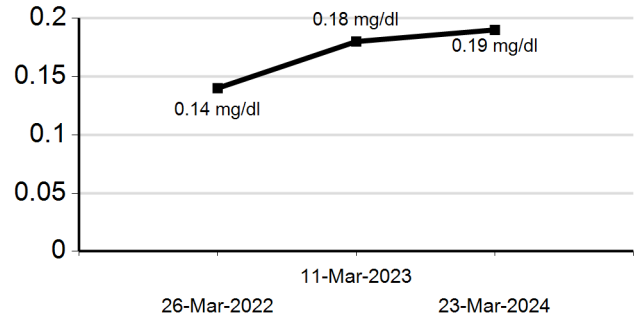
Use a QR Code Scanner
 Application To Scan the Code

CID : 2408321242
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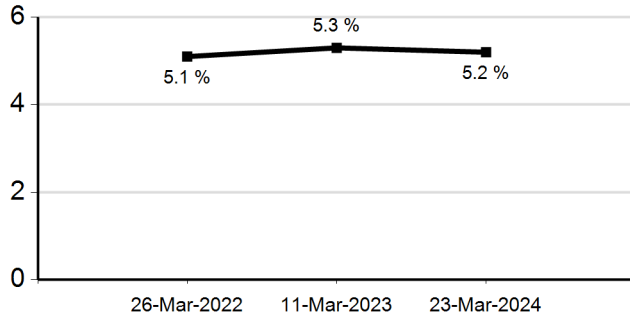
GAMMA GT



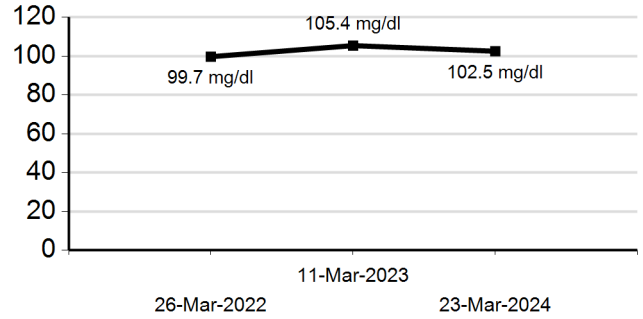
BILIRUBIN (DIRECT)



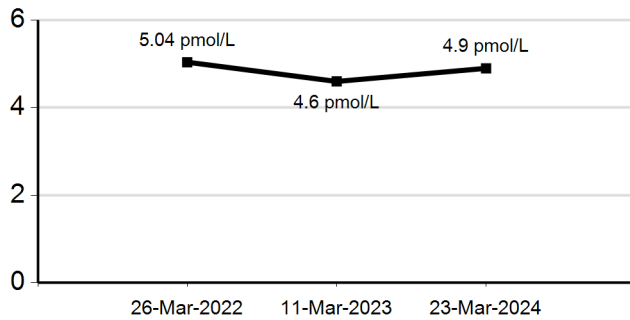
Glycosylated Hemoglobin (HbA1c)



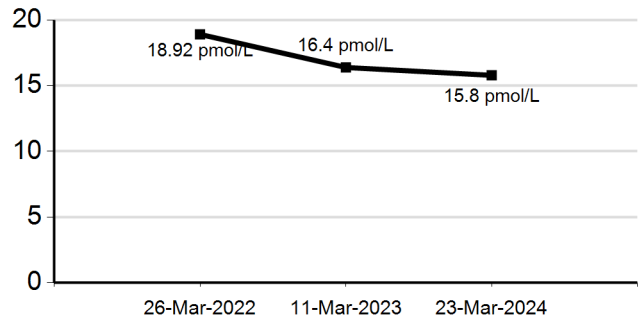
Estimated Average Glucose (eAG)



Free T3



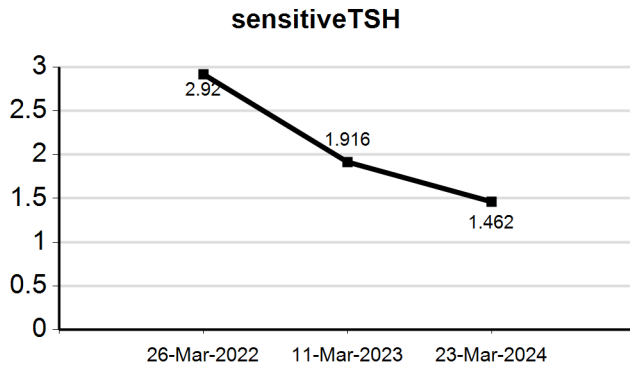
Free T4





Use a QR Code Scanner
Application To Scan the Code

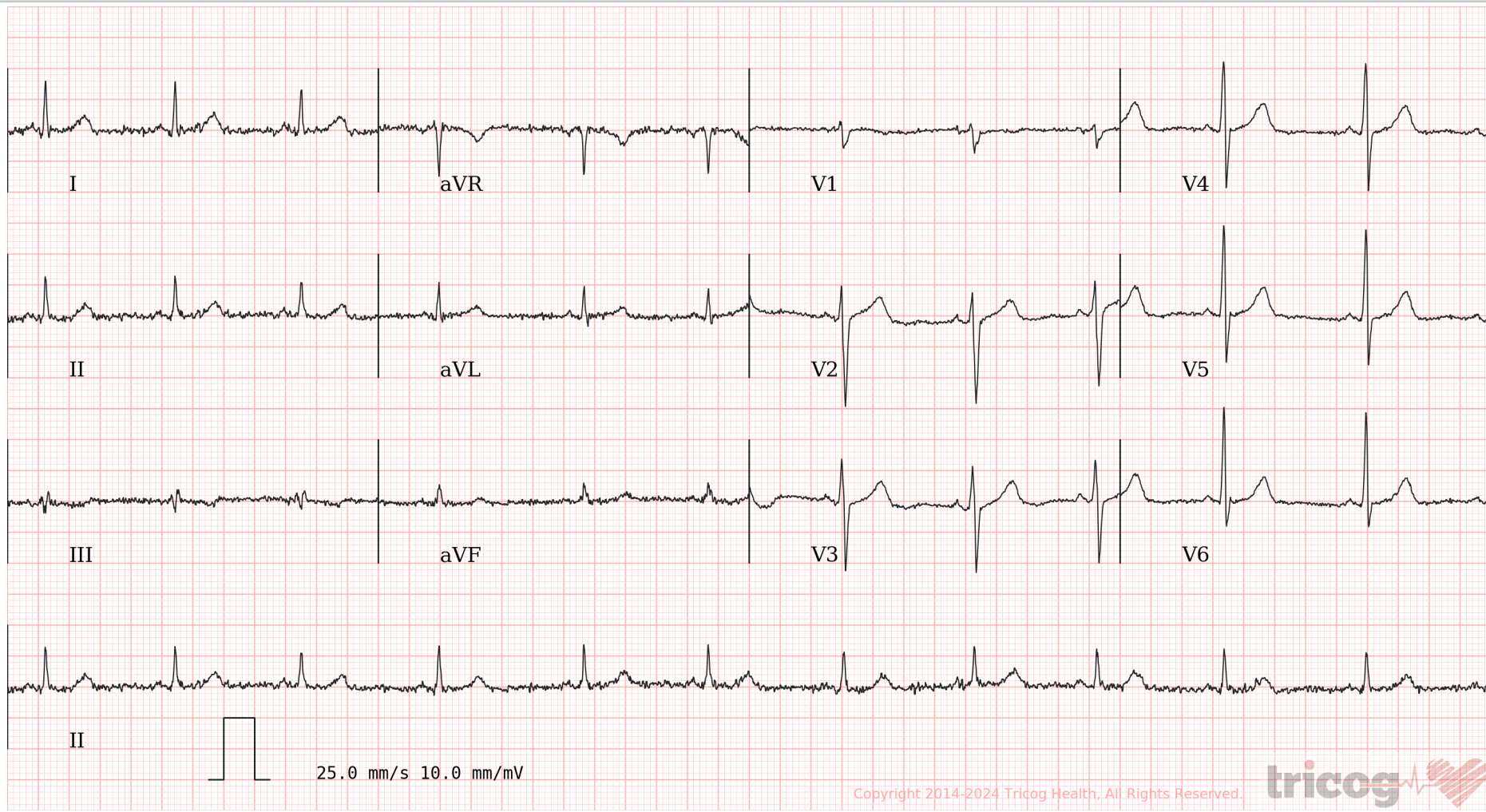
CID : 2408321242
Name : MR.SUHAS KODIYALAMATH
Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)



SUBURBAN DIAGNOSTICS - BHAYANDER EAST

Patient Name: SUHAS KODIYALAMATH
Patient ID: 2408321242

Date and Time: 23rd Mar 24 10:20 AM



Age **35** **NA** **NA**
years months days

Gender **Male**

Heart Rate **70bpm**

Patient Vitals

BP: 120/80 mmHg
Weight: 86 kg
Height: 169 cm
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 76ms
QT: 376ms
QTcB: 406ms
PR: 104ms
P-R-T: 30° 26° 18°

ECG Within Normal Limits: Sinus Rhythm, Normal axis. No significant ST-T changes. Please correlate clinically.

REPORTED BY

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

• PATIENT NAME : MR.SUHAS KODIYALAMATH	• SEX : MALE
• REFERRED DR. : DR-----	• AGE : 35 YEARS
• CID NO : 2408321242	• DATE : 23/03/2024

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (13.8 cm), normal in shape and shows smooth margins. **It shows raised 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 any calculus, mass lesion or sludge 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 9.5 x 4.0 cm. Left kidney measures 10.6 x 4.9 cm. Both the kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. **A 1.4 x 1.0 cm simple cortical cyst seen in the mid pole of left kidney.** No evidence of any calculus, hydronephrosis or mass lesion seen on both sides.

SPLEEN:

The spleen is normal in size (11.0 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 3.4 x 2.3 x 2.0 cm and weighs 16.0 gms. It shows normal parenchymal echotexture. No obvious calcification or mass lesion made out.

There is no evidence of any lymphadenopathy or ascites.

IMPRESSION:

- **Grade II fatty infiltration of liver.**
- **Left renal cortical cyst.**

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-----

Aishalakhani

DR AISHA LAKHANI
MBBS, MD (Radio-Diagnosis)
PDCC (Abdominal Radiology)
Reg. No. 2016/ 07/1521
CONSULTANT RADIOLOGIST



EM: 11

12347418 (2408321242) / SUHAS KODIKALAMATH / 35 Yrs / M / 169 Cms / 86 Kg
 Date: 23 / 03 / 2024 12:23:09 PM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:03	0:03	00.0	00.0	01.0	072	39%	120/80	086	00	
Standing	00:08	0:05	00.0	00.0	01.0	072	39%	120/80	086	00	
HV	00:11	0:03	01.7	10.0	01.1	068	37%	120/80	081	00	
ExStart	00:12	0:01	01.7	10.0	01.1	068	37%	120/80	081	00	
BRUCE Stage 1	03:12	3:00	01.7	10.0	04.7	120	65%	130/80	156	00	
BRUCE Stage 2	06:12	3:00	02.5	12.0	07.1	144	78%	140/80	201	00	
PeakEx	07:47	1:35	03.4	14.0	08.8	160	86%	150/80	240	00	
Recovery	08:47	1:00	01.1	00.0	01.1	146	79%	160/80	233	00	
Recovery	09:47	2:00	00.0	00.0	01.0	125	68%	140/80	175	00	
Recovery	11:47	4:00	00.0	00.0	01.0	106	57%	130/80	137	00	
Recovery	11:52	4:06	00.0	00.0	01.0	111	60%	120/80	133	00	

FINDINGS :

Exercise Time : 07:35
 Initial HR (ExStrt) : 68 bpm 37% of Target 185
 Initial BP (ExStrt) : 120/80 (mm/Hg)
 Max Workload Attained : 8.8 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : II & -2.3 mm in PeakEx
 Duke Treadmill Score : 05.9
 Test End Reasons : Test Complete

Max HR Attained 160 bpm 86% of Target 185
 Max BP Attained 160/80 (mm/Hg)

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 Mira Road (East), Dist. Thane - 401 105
 Phone : 022 - 61700700

Doctor : DR. SMITA VALANI

DR. SMITA VALANI
 MBB, D. CARDIOLOGIST
 2011/03/0587

W DIAGNOSTICS BHAYANDER

REPORT



/ SUHAS KODIXALAMATH / 35 Yrs / M / 169 Cms / 86 Kg Date: 23 / 03 / 2024 12:23:09 PM

REASON FOR TERMINATION : TARGET HR ACHIEVED

EXERCISE TOLERANCE : GOOD EFFORT TOLERANCE

EXERCISE INDUCED ARRHYTHMIAS : NO ANGINA AND ANGINA EQUIVALENT

HAEMODYNAMIC RESPONSE : NO SIGNIFICANT ST-T CHANGES DURING EXERCISE AND RECOVERY

CHRONOTROPIC RESPONSE : GOOD INOTROPIC RESPONSE

CHRONOTROPIC RESPONSE : GOOD CHRONOTROPIC RESPONSE

FINAL IMPRESSION : NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA AT THIS WORKLOAD.

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 Mira Road (East), Dist. Thane, 401 105
 Phone : 022 - 61700000

DR. SMITA VALANI
MBBS, D. CARDIOLOGY
2011/03/0587

Smita Valani
 Doctor : DR. SMITA VALANI



(2408321242) / SUHAS KODICALAMATH / 35 Yrs / M / 169 Cms / 86 Kg / HR : 72

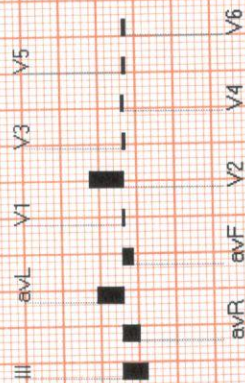
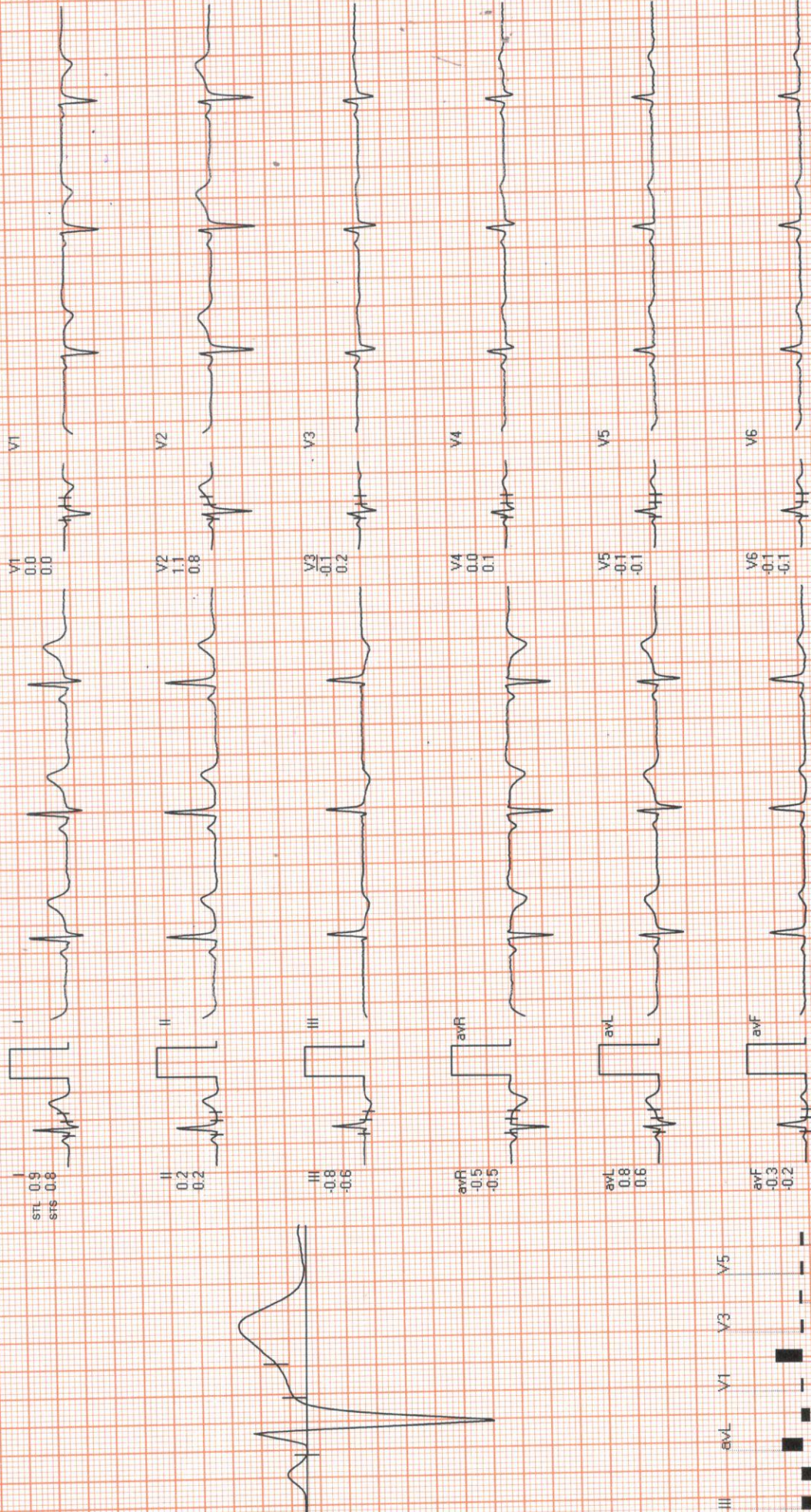
METS: 1.0 / 72 bpm 39% of THR BP: 120/80 mmHg Raw ECG/BLC On/Match On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 mph. 0.0%

25 mm/Sec 1.0 Cx/mV



80 mS Post J



APKS:

Name : MR.SUHAS KODIYALAMATH
Age / Gender : 35 Years/Male
Consulting Dr. :
Reg.Location : Bhayander East (Main Centre)

Collected : 23-Mar-2024 / 09:18
Reported : 26-Mar-2024 / 11:35

PHYSICAL EXAMINATION REPORT

History and Complaints:

No Complaint

EXAMINATION FINDINGS:

Height (cms): 169
Temp (0c): Afebrile
Blood Pressure (mm/hg): 120/80
Pulse: 77/min

Weight (kg): 86
Skin: NAD
Nails: NAD
Lymph Node: Not Palpable

Systems

Cardiovascular: S1S2-Normal
Respiratory: Chest-Clear
Genitourinary: NAD
GI System: NAD
CNS: NAD

O+ve

IMPRESSION:

CXR, CBC, Biochemistry all WNL

ADVICE:

CHIEF COMPLAINTS:

- 1) Hypertension: No
- 2) IHD: No
- 3) Arrhythmia: No
- 4) Diabetes Mellitus: No
- 5) Tuberculosis: No
- 6) Asthama: No
- 7) Pulmonary Disease: No

Name : MR.SUHAS KODIYALAMATH
Age / Gender : 35 Years/Male
Consulting Dr. :
Reg.Location : Bhayander East (Main Centre)

Collected : 23-Mar-2024 / 09:18
Reported : 26-Mar-2024 / 11:35

- | | |
|--|----|
| 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 | Vegetarian |
| 4) Medication | No |

*** End Of Report ***

Anita

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Shop No. 101, 1st Floor,
Kshiti Building, Mira-Bhayander East, Mira-
Near Thunga Hotel, Mira-Bhy. Road,
Mira Road (East), Dist. Thane - 401 105
Phone . 022 - 61700000

DR. ANITA CHOUDHARY
M.B.B.S.
CONSULTANT PHYSICIAN
Reg. No. 2017/12/5553



भारत सरकार
Government of India



Issue Date: 06/06/2013



सुहास गुरुशांतय्या कोडियालमथ
Suhas Gurushantayya
Kodiyalamath
जन्म तारीख / DOB: 09/10/1988
पुरुष / MALE



6181 8141 7240

6181 8141 7240

मेरा आधार, मेरी पहचान

*Submitted at Suburban diagnostics
at ID proof*

*Shrivastava
23/03/2024*

Anita

DR. ANITA CHOUDHARY

M.D. S.P.

CONSULTANT PHYSICIAN

Reg. No. 2017/12/5553

SUBURBAN DIAGNOSTICS (I) PVT. LTD.

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Kshitij Building, Opp. Reymond,
Near Thunga Hospital, Mira-Bhy. Road,
Mira Road (East), Dist. Thane - 401 105
Phone : 022 - 61700000

• PATIENT NAME :MR.SUHAS KODIYALAMATH	• SEX : MALE
• REFERRED BY. : DR. ---	• AGE : 35 YEARS
• CID NO :- 2408321242	• DATE : 23/03/2024

X-RAY CHEST PA VIEW

Positional rotation seen.

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 AISHA LAKHANI
MBBS, MD (Radio-Diagnosis)
Fellow in Abdominal Radiology
Reg. No. 2016/ 07/1521
CONSULTANT RADIOLOGIST

Date:- 23/3/24
 Name:- Subhas Kadiyalamon
 CID: 240832/242
 Sex / Age: 35/M

EYE CHECK UP

Chief complaints: }
 Systemic Diseases: } NO
 Past history: }
 Unaided Vision: } RE CE
 Aided Vision: } 6/6 6/6
 Refraction: } N/A N/A

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

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