



CID : 2408913860  
Name : MR.MAYUR LILADHAR NAGRALE  
Age / Gender : 34 Years / Male  
Consulting Dr. : -  
Reg. Location : Bhayander East (Main Centre)

Collected : 29-Mar-2024 / 10:43  
Reported : 29-Mar-2024 / 15:21

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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	13.3	13.0-17.0 g/dL	Spectrophotometric
RBC	4.75	4.5-5.5 mil/cmm	Elect. Impedance
PCV	39.0	40-50 %	Measured
MCV	82	80-100 fl	Calculated
MCH	28.1	27-32 pg	Calculated
MCHC	34.2	31.5-34.5 g/dL	Calculated
RDW	13.9	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	5230	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	25.5	20-40 %	
Absolute Lymphocytes	1333.7	1000-3000 /cmm	Calculated
Monocytes	7.6	2-10 %	
Absolute Monocytes	397.5	200-1000 /cmm	Calculated
Neutrophils	65.4	40-80 %	
Absolute Neutrophils	3420.4	2000-7000 /cmm	Calculated
Eosinophils	1.2	1-6 %	
Absolute Eosinophils	62.8	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	15.7	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

**PLATELET PARAMETERS**

Platelet Count	182000	150000-400000 /cmm	Elect. Impedance
MPV	8.8	6-11 fl	Calculated
PDW	15.4	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	-
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR                      14                      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- 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 Borivali Lab, Borivali West

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



*Bmhasakar*

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



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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	92.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	87.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.48	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.32	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	21.9	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	20.5	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	15.7	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	60.6	40-130 U/L	Colorimetric
BLOOD UREA, Serum	21.0	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.8	6-20 mg/dl	Calculated
CREATININE, Serum	0.81	0.67-1.17 mg/dl	Enzymatic



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Reported : 29-Mar-2024 / 20:14

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eGFR, Serum	119	(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	6.4	3.5-7.2 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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



*Bmhasakar*

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



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Reported : 29-Mar-2024 / 15:49

**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	5.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	122.6	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 \*\*\*



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**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)	20	-	-
<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	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	3-4		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	4-5	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 \*\*\*



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**Pathologist**



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Reported : 29-Mar-2024 / 16:37

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
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**



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	143.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	78.8	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	33.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	110.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	94.0	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	16.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.8	0-3.5 Ratio	Calculated

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



*Bmhasakar*

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





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Collected : 29-Mar-2024 / 10:43  
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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	4.1	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.5	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.34	0.35-5.5 microIU/ml	ECLIA



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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)

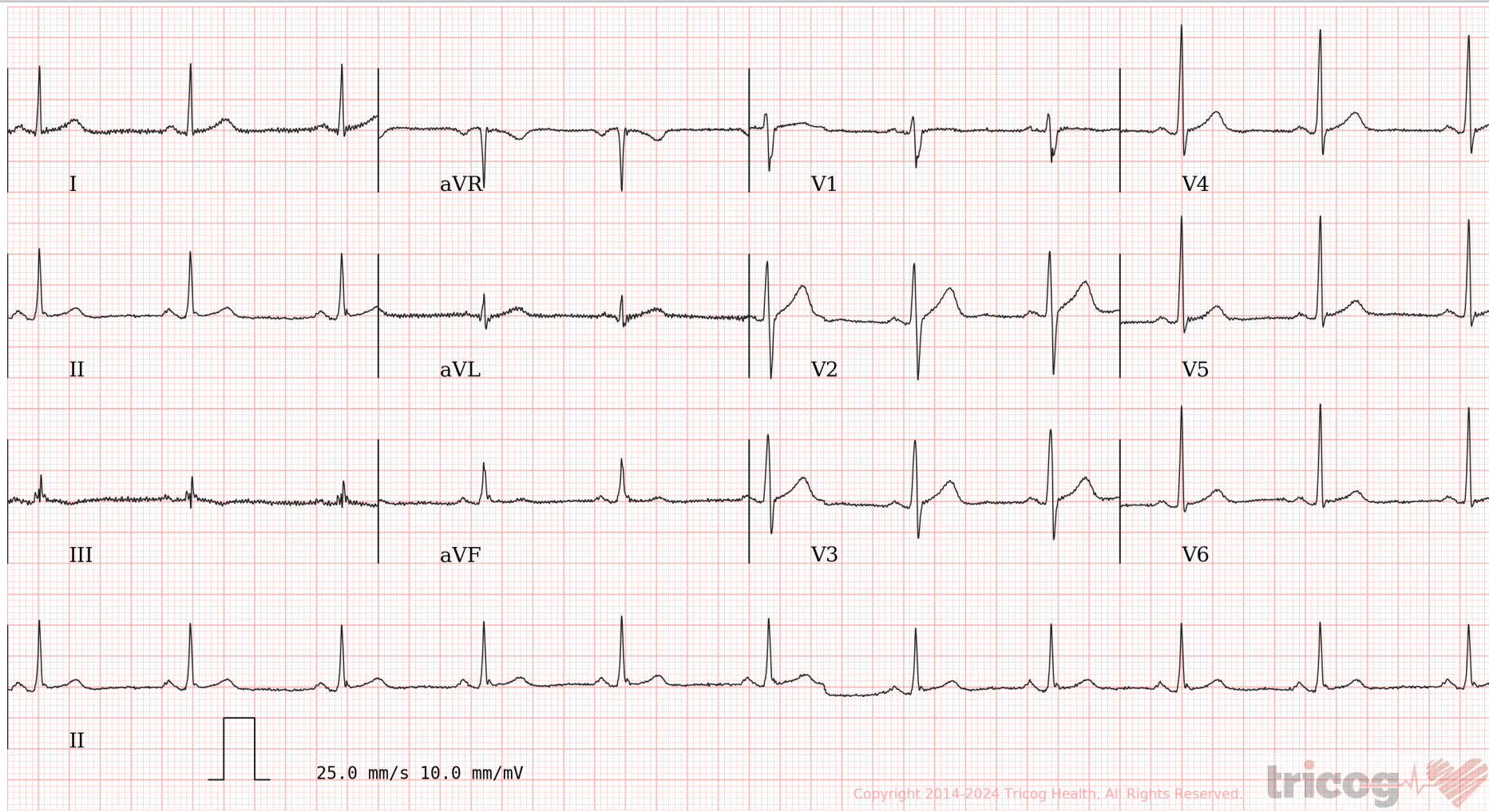
\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West

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



*Bmhasakar*

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



Age **34** NA NA  
 years months days

Gender **Male**

Heart Rate **65bpm**

**Patient Vitals**

BP: 120/80 mmHg  
 Weight: 72 kg  
 Height: 162 cm  
 Pulse: NA  
 Spo2: NA  
 Resp: NA  
 Others: \_\_\_\_\_

**Measurements**

QRSD: 78ms  
 QT: 370ms  
 QTcB: 384ms  
 PR: 146ms  
 P-R-T: 42° 45° 23°

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

REPORTED BY

*Smita Valani*

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

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

QID# 2408913560  
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Reported : 29-Mar-2024 / 15:20

**PHYSICAL EXAMINATION REPORT**

**History and Complaints:**

No Complaint

**EXAMINATION FINDINGS:**

Height (cms):	158	Weight (kg):	55
Temp (0c):	Afebrile	Skin:	NAD
Blood Pressure (mm/hg):	110/80.	Nails:	NAD
Pulse:	66/min	Lymph Node:	Not Palpable

**Systems**

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

**IMPRESSION:** ECG, EFT, TMT, CBC, Bio chemistry all WNL  
USG abd. GI - I healthy WNL.

**ADVICE:** Expert consultation.

**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

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- 8) **Thyroid/ Endocrine disorders** No
- 9) **Nervous disorders** No
- 10) **GI system** No
- 11) **Genital urinary disorder**
- 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** Mixed
- 4) **Medication** No

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

**DR. ANITA CHAUDHARY**

CONSULTANT  
Reg. No. 2017/12/5553

ANITA CHAUDHARY

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.

Dist. Tq. No. 400053  
Phone.: 022 - 61700000

12347454 (2408913860) / MAYUR LILADHAR NAGRALE / 34 Yrs / M / 162 Cms / 72 Kg  
 Date: 29 / 03 / 2024 11:38:16 AM

Email:

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:05	0:05	00.0	00.0	01.0	068	37%	120/80	081	00	
Standing	00:09	0:04	00.0	00.0	01.0	068	37%	120/80	081	00	
HV	00:13	0:04	01.7	10.0	01.1	060	32%	120/80	072	00	
ExStart	00:14	0:01	01.7	10.0	01.1	060	32%	120/80	072	00	
BRUCE Stage 1	03:14	3:00	01.7	10.0	04.7	111	60%	130/80	144	00	
BRUCE Stage 2	06:14	3:00	02.5	12.0	07.1	132	71%	140/80	184	00	
PeakEx	08:14	2:00	03.4	14.0	09.2	160	86%	150/80	240	00	
Recovery	09:14	1:00	01.1	00.0	01.1	150	81%	160/80	240	00	
Recovery	10:14	2:00	00.0	00.0	01.0	115	62%	140/80	161	00	
Recovery	12:14	4:00	00.0	00.0	01.0	077	41%	150/80	115	00	
Recovery	12:23				00.0	000	0%	---/---	000	00	

**FINDINGS :**

Exercise Time : 08:00  
 Initial HR (ExStrt) : 60 bpm 32% of Target 186  
 Initial BP (ExStrt) : 120/80 (mm/Hg)  
 Max Workload Attained : 9.2 Good response to induced stress  
 Max ST Dep Lead & Avg ST Value : V1 & -5.6 mm in Recovery  
 Duke Treadmill Score : 05.9  
 Test End Reasons : Test Complete

Max HR Attained 160 bpm 86% of Target 186  
 Max BP Attained 160/80 (mm/Hg)

**SUBURBAN DIAGNOSTICS (PVT.) LTD.**  
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 Above Rajiv  
 Wing - Bldg  
 Dist. T. Nagar  
 Phone: 022-61700000

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

Doctor: **DR. SMITA VALANI**

REPORT

DIAGNOSTICS BHAYANDER

454 / MAYUR LILADHAR NAGRALE / 34 Yrs / M / 162 Cms / 72 Kg Date: 29 / 03 / 2024 11:38:16 AM

REPORT :

REASON FOR TERMINATION : TARGET HR ACHIEVED  
 EXERCISE TOLERANCE : GOOD EFFORT TOLERANCE  
 EXERCISE INDUCED ARRHYTHMIAS : NO ANGINA AND ANGINA WQUIVALENT  
 NO SIGNIFICANT ST-T CHANGES DURING EXERCISE AND RECOVERY  
 HAEMODYNAMIC RESPONSE : GOOD INOTROPIC RESPONSE  
 CHRONOTROPIC RESPONSE : GOOD CHRONOTROPIC RESPONSE  
 FINAL IMPRESSION : NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA AT THIS WORKLOAD

SUBURBAN DIAGNOSTICS III PVT. LTD.  
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DR. SMITA VALANI  
 MBBS, D. CARDIOLOGY  
 2011/03/0587

*S. Valani*

Doctor : DR. SMITA VALANI

DIAGNOSTICS BHAYANDER

SUPINE ( 00:01 )

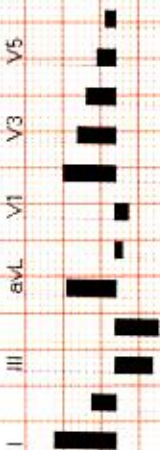
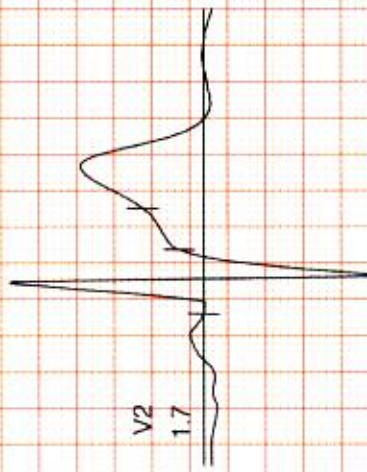
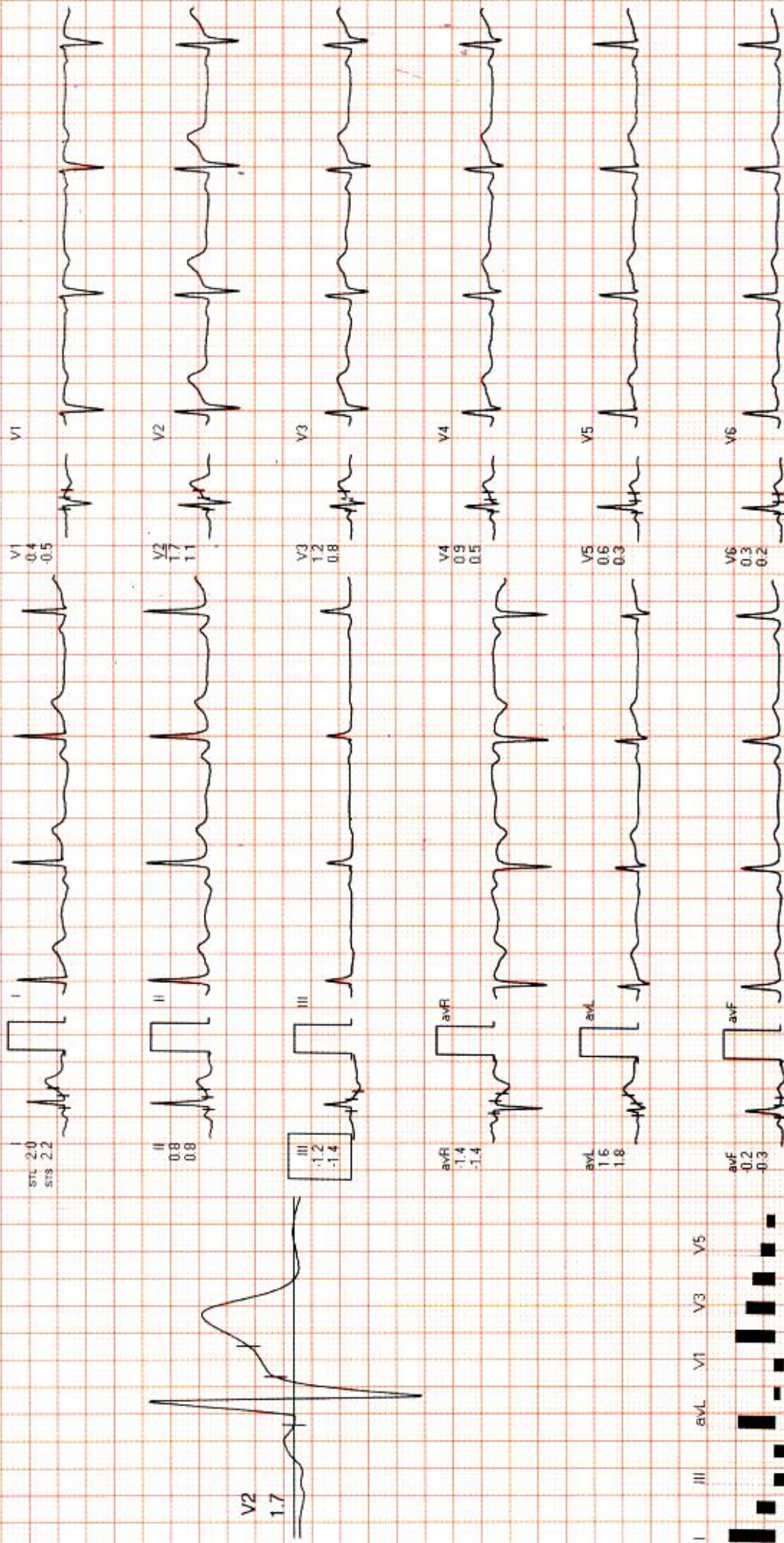
ACIPL

(2408913860) / MAYUR LILADHAR NAGRALE / 34 Yrs / M / 162 Cms / 72 Kg / HR : 65

date 29/03/2024 11:38:15 AM METS: 1.0/ 65 bpm 35% of THR BP: 120/80 mmHg Raw ECG/BLC On/ Norch On/ HF 0.05 Hz/ LF 35 Hz

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

4X 90 ms Post J



REMARKS:



Date:-

29/3/24

CID:

24089/3800

Name:-

mayur Nagrate

Sex / Age:

34 / M

**EYE CHECK UP**

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

} NO

RE      LE  
6/6      6/6  
N/6      N/6

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

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# SUBURBAN DIAGNOSTICS BHAYANDER

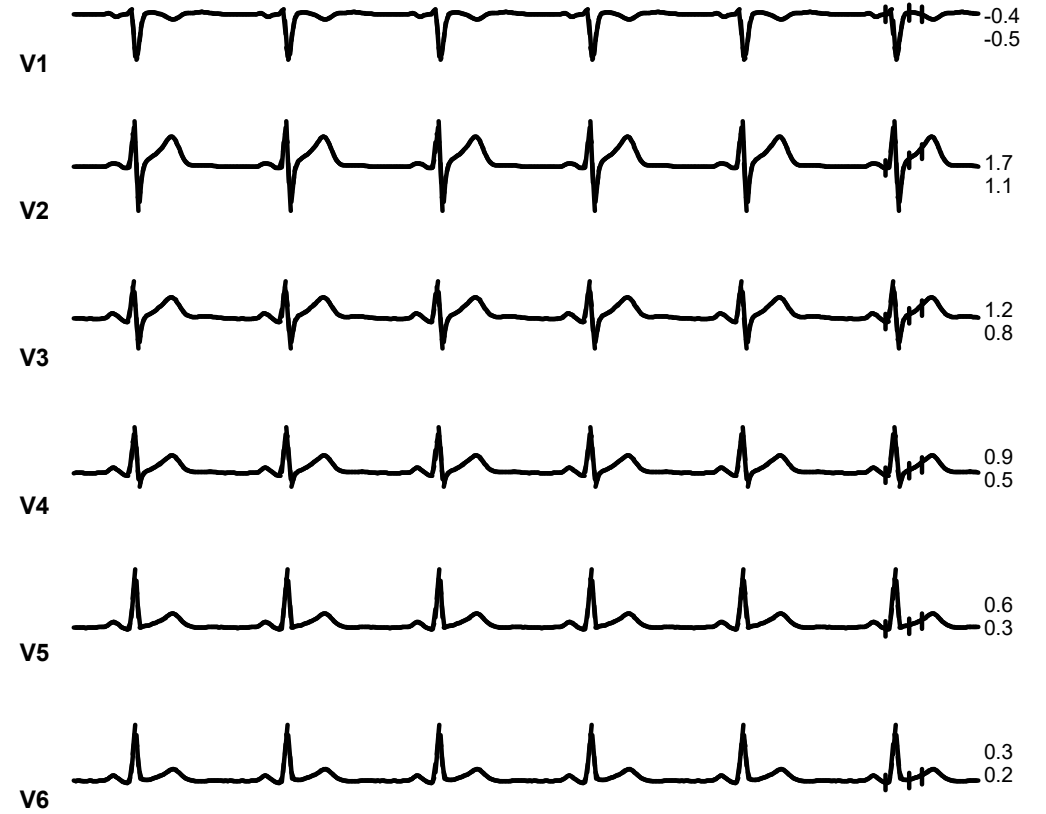
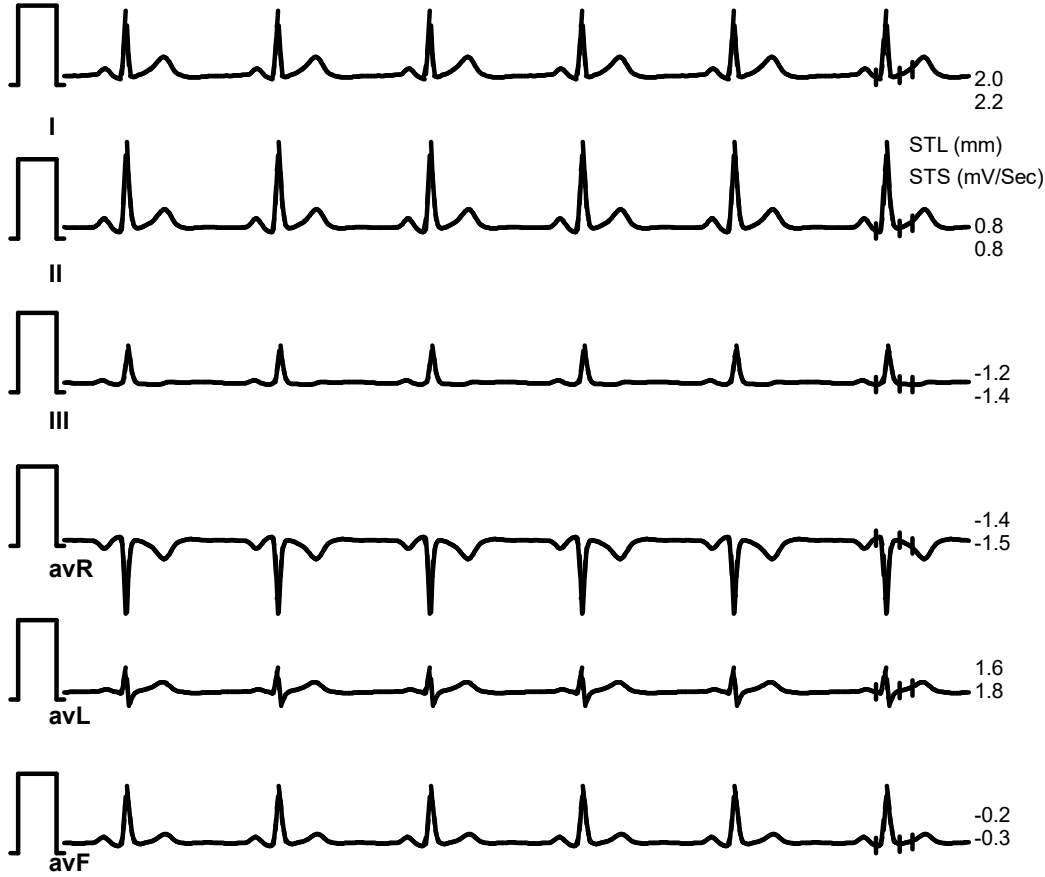
12347454 / MAYUR LILADHAR NAGRALE / 34 Yrs / Male / 162 Cm / 72 Kg

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



Date: 29 / 03 / 2024 11:38:16 AM METs : 1.0 HR : 68 Target HR : 37% of 186 BP : 120/80 Post J @80mSec

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



# SUBURBAN DIAGNOSTICS BHAYANDER

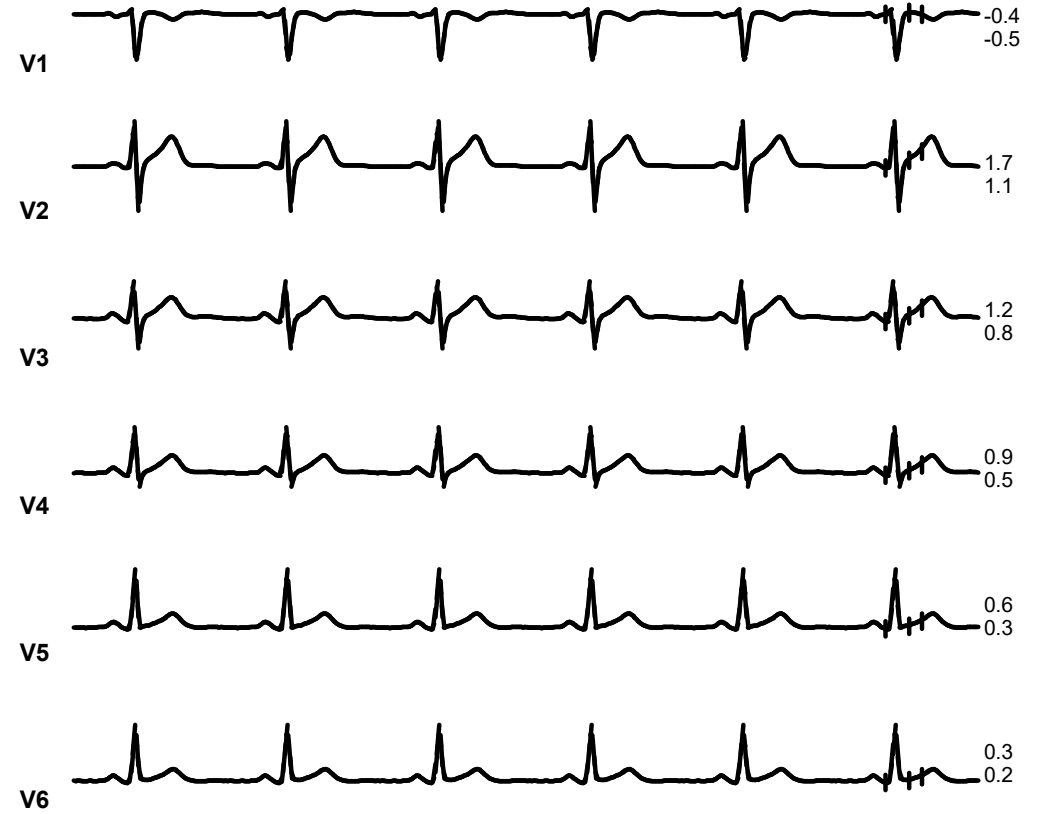
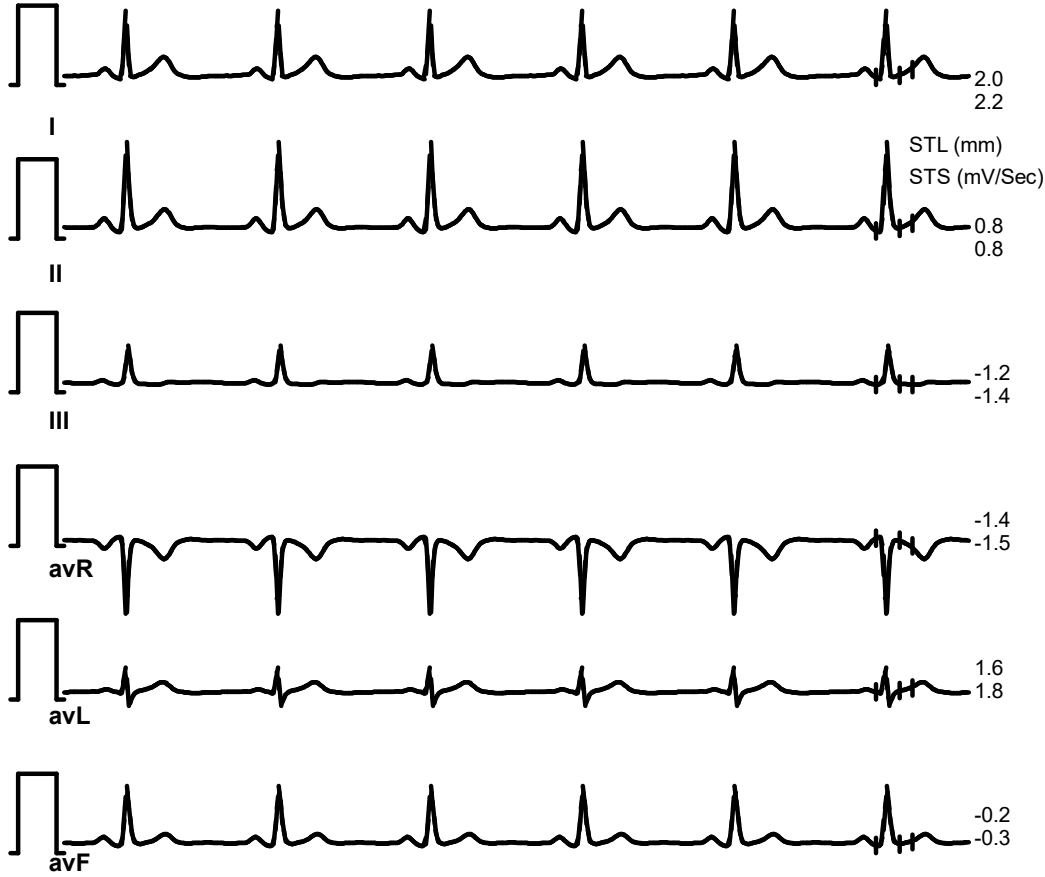
12347454 / MAYUR LILADHAR NAGRALE / 34 Yrs / Male / 162 Cm / 72 Kg

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



Date: 29 / 03 / 2024 11:38:16 AM METs : 1.0 HR : 68 Target HR : 37% of 186 BP : 120/80 Post J @80mSec

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



# SUBURBAN DIAGNOSTICS BHAYANDER

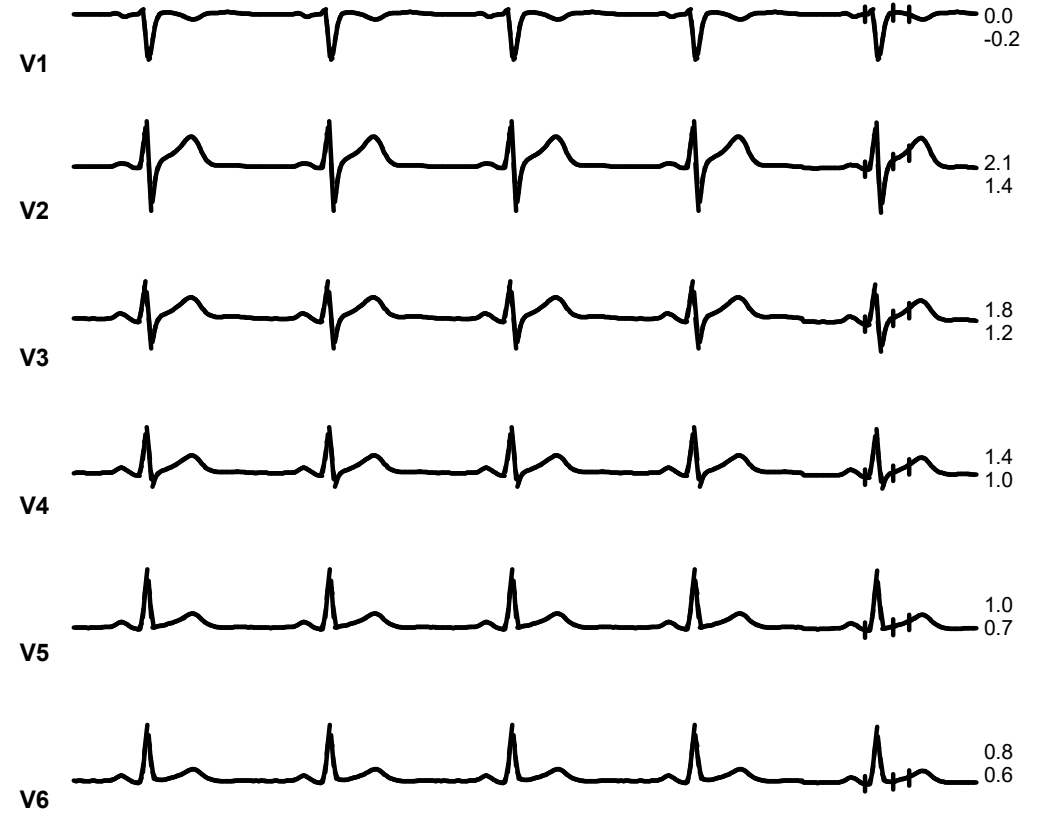
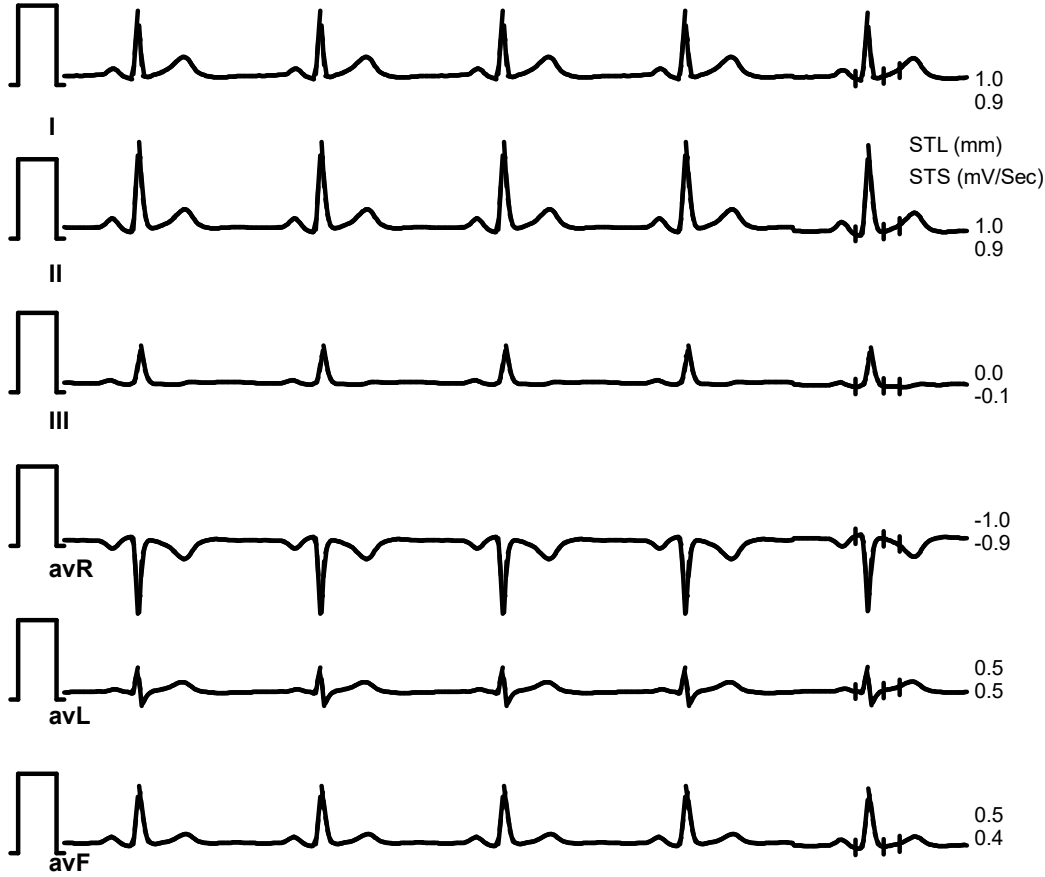
12347454 / MAYUR LILADHAR NAGRALE / 34 Yrs / Male / 162 Cm / 72 Kg

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



Date: 29 / 03 / 2024 11:38:16 AM METs : 1.1 HR : 60 Target HR : 32% of 186 BP : 120/80 Post J @80mSec

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



# SUBURBAN DIAGNOSTICS BHAYANDER

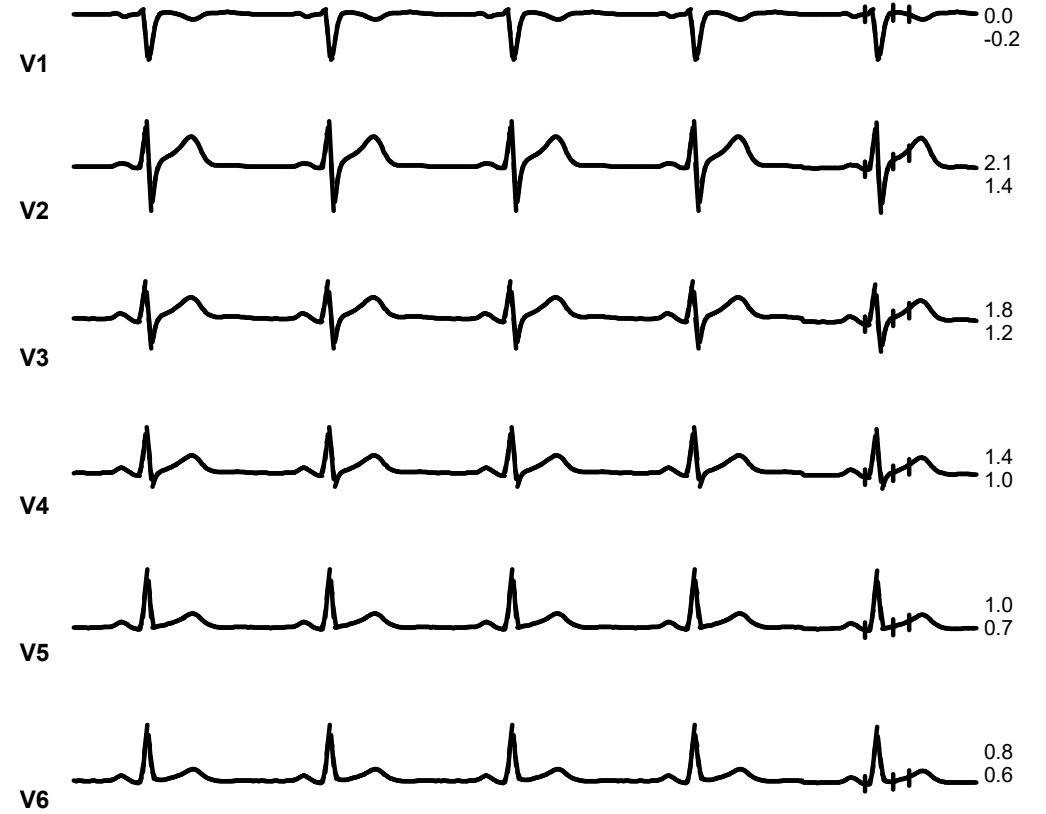
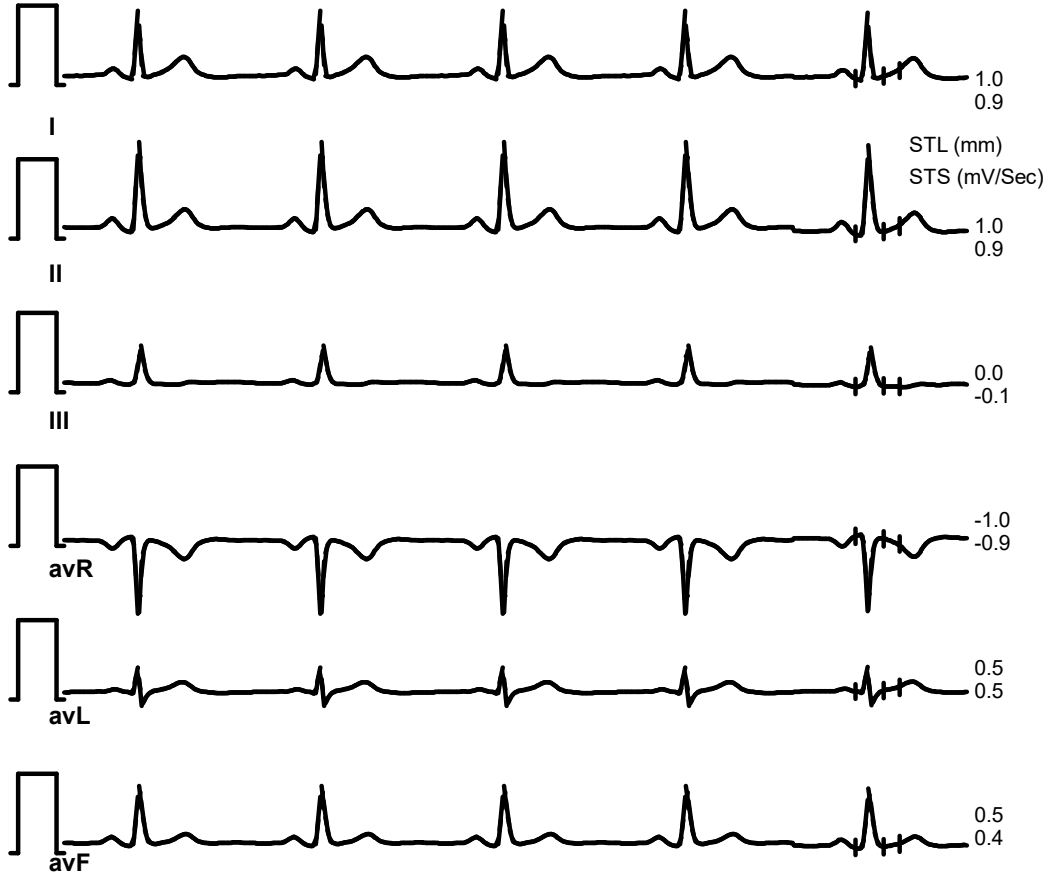
12347454 / MAYUR LILADHAR NAGRALE / 34 Yrs / Male / 162 Cm / 72 Kg

6X2 Combine Medians + 1 Rhythm  
ExStart



Date: 29 / 03 / 2024 11:38:16 AM METs : 1.1 HR : 60 Target HR : 32% of 186 BP : 120/80 Post J @80mSec

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



# SUBURBAN DIAGNOSTICS BHAYANDER

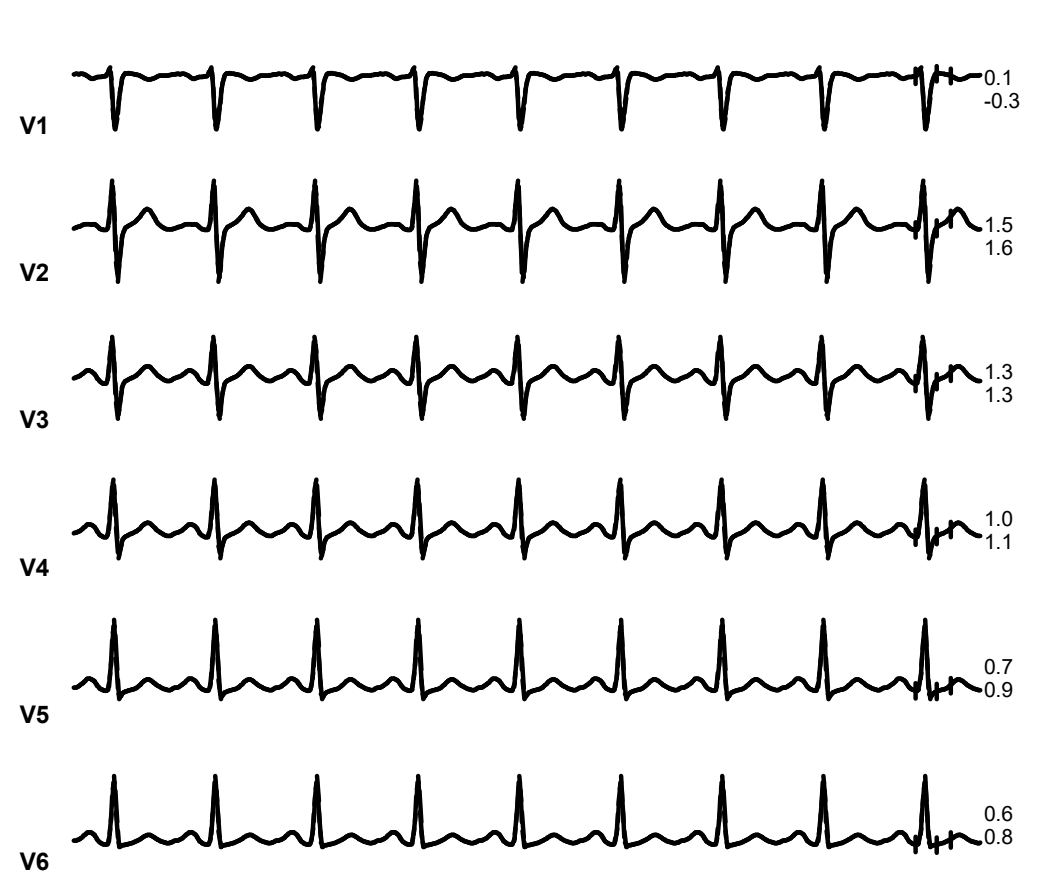
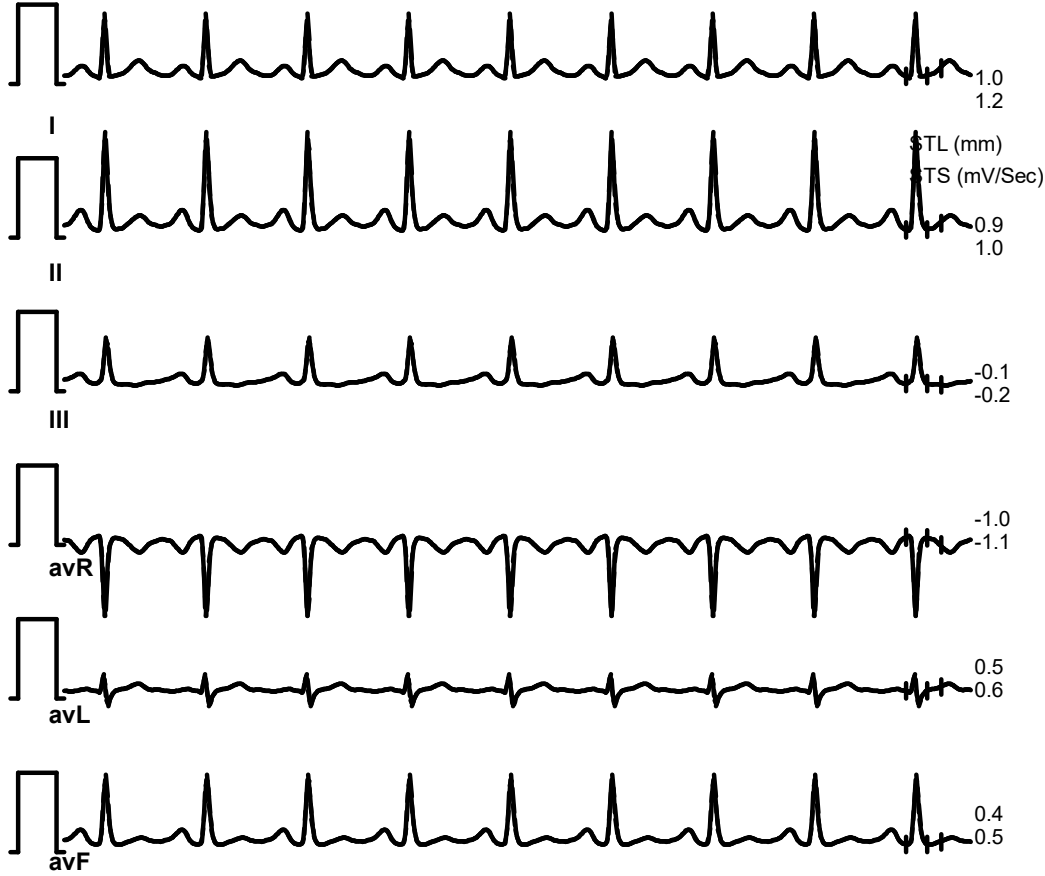
12347454 / MAYUR LILADHAR NAGRALE / 34 Yrs / Male / 162 Cm / 72 Kg

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



Date: 29 / 03 / 2024 11:38:16 AM METs : 4.7 HR : 111 Target HR : 60% of 186 BP : 130/80 Post J @80mSec

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



# SUBURBAN DIAGNOSTICS BHAYANDER

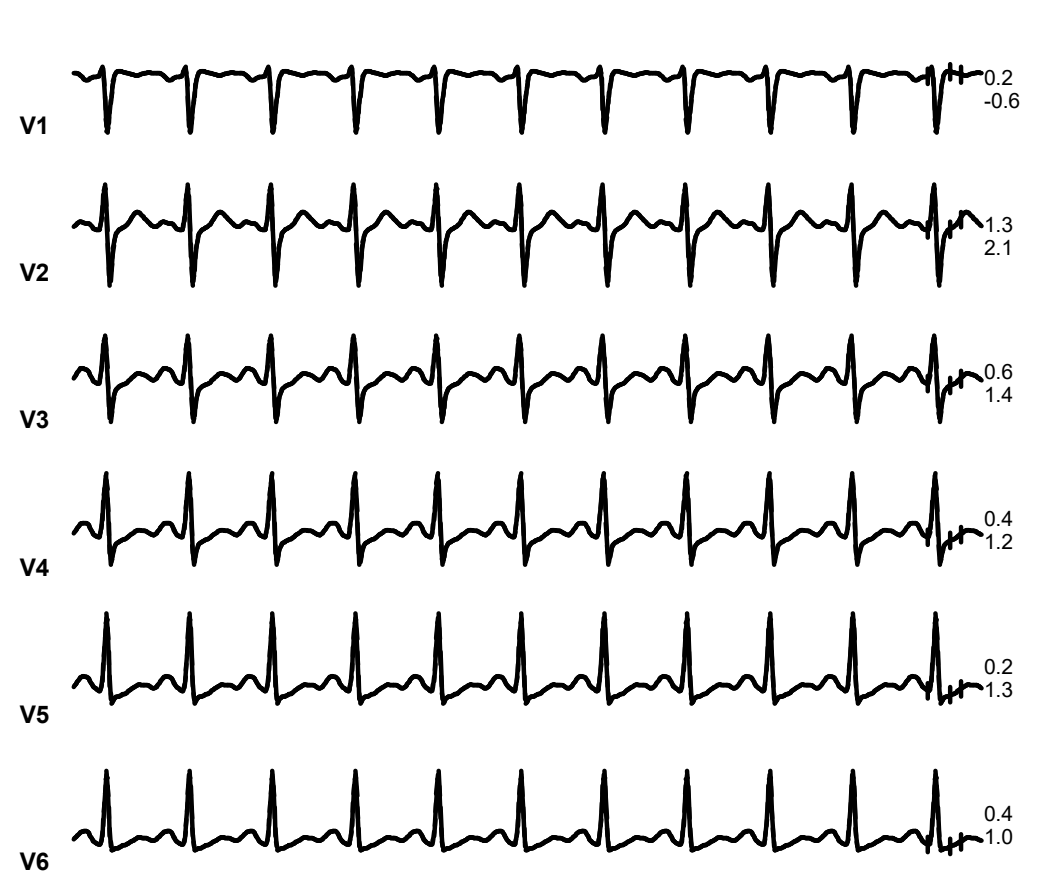
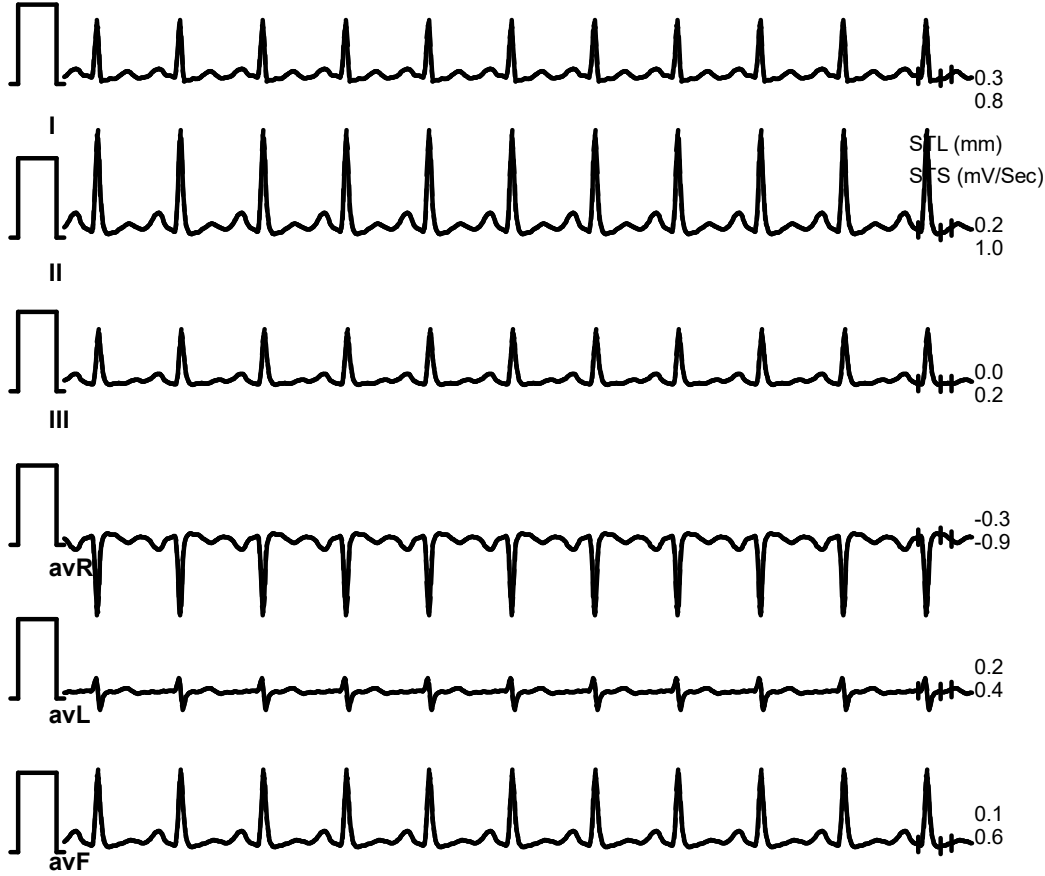
12347454 / MAYUR LILADHAR NAGRALE / 34 Yrs / Male / 162 Cm / 72 Kg

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



Date: 29 / 03 / 2024 11:38:16 AM METs : 7.1 HR : 132 Target HR : 71% of 186 BP : 140/80 Post J @60mSec

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



# SUBURBAN DIAGNOSTICS BHAYANDER

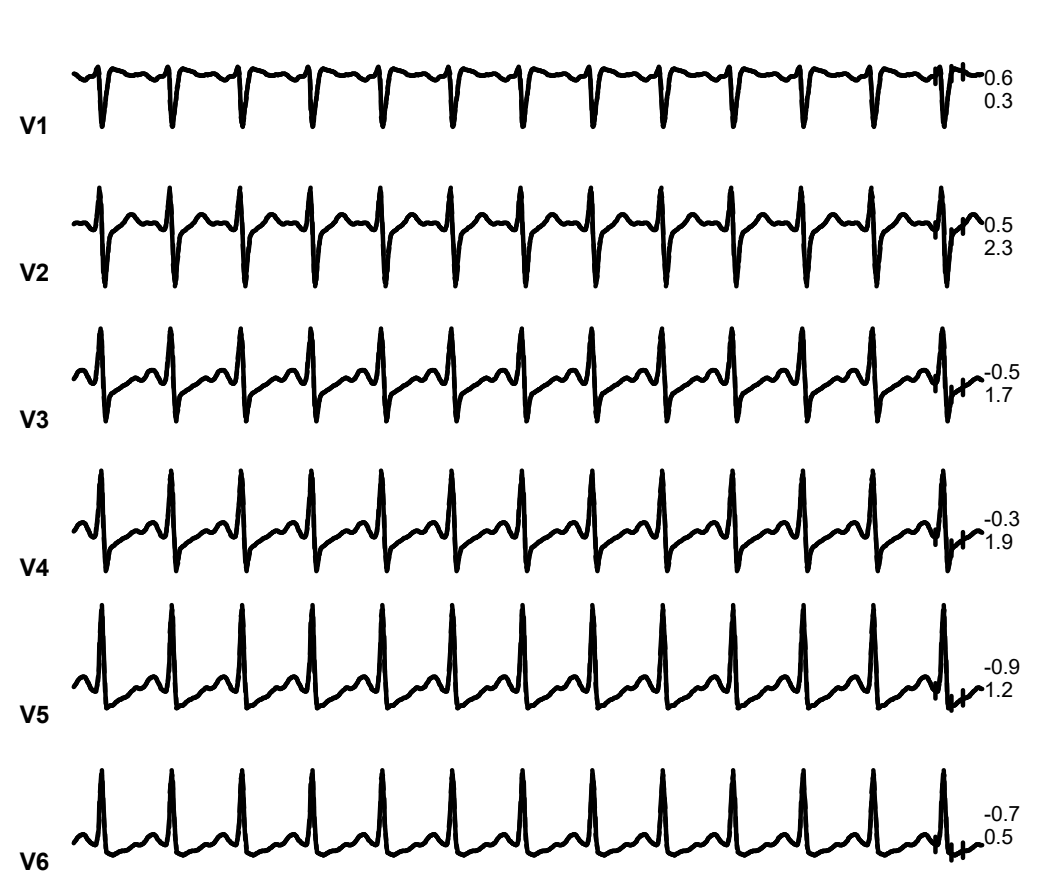
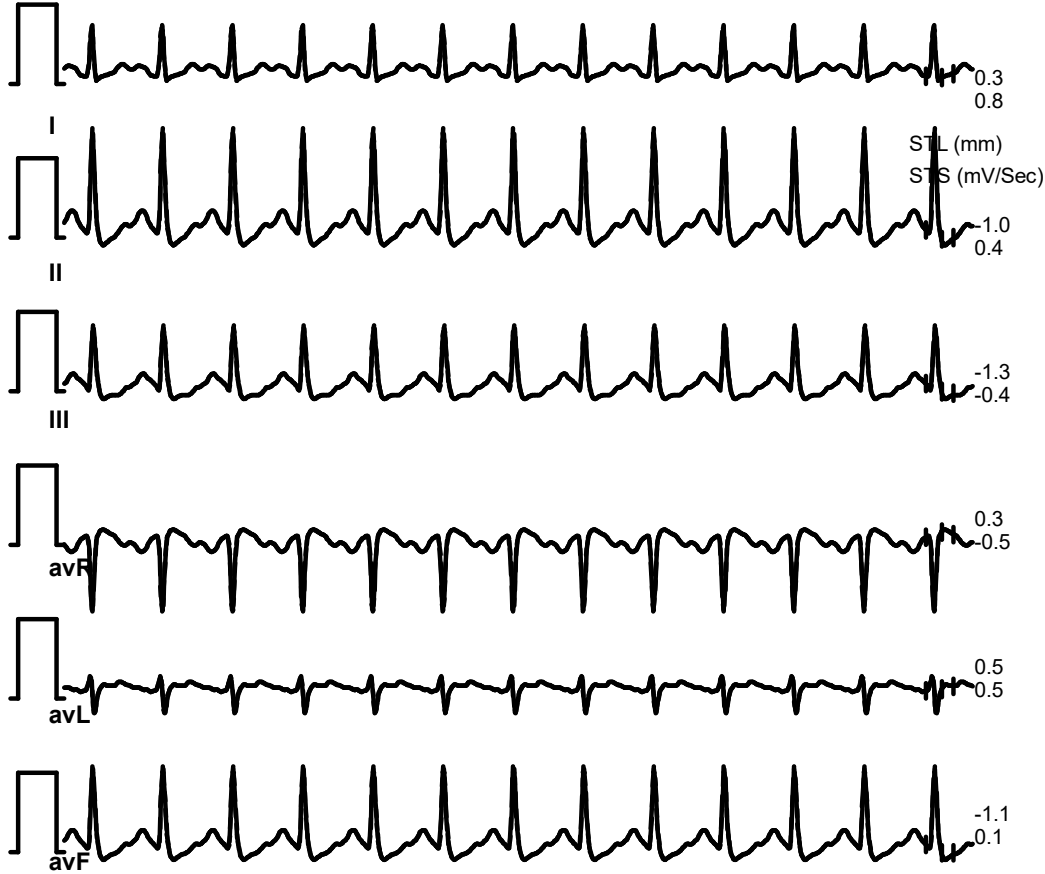
12347454 / MAYUR LILADHAR NAGRALE / 34 Yrs / Male / 162 Cm / 72 Kg

6X2 Combine Medians + 1 Rhythm  
PeakEx



Date: 29 / 03 / 2024 11:38:16 AM METs : 9.2 HR : 160 Target HR : 86% of 186 BP : 150/80 Post J @60mSec

ExTime: 08:01 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV





# SUBURBAN DIAGNOSTICS BHAYANDER

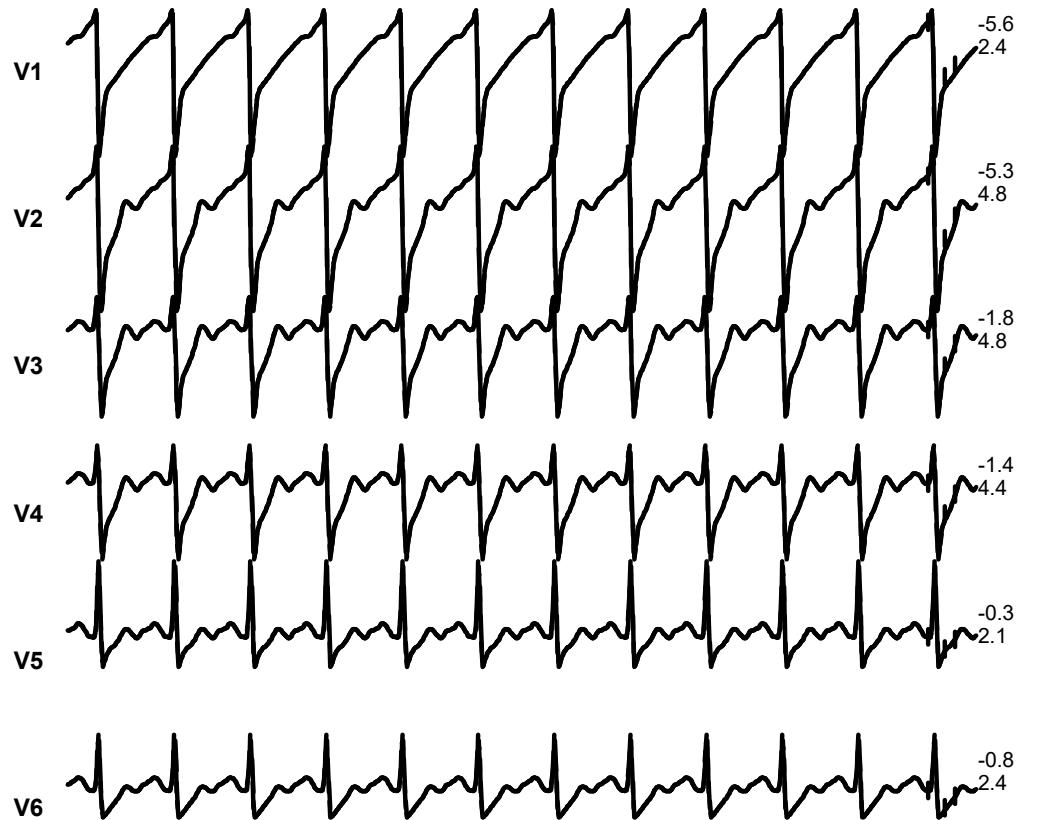
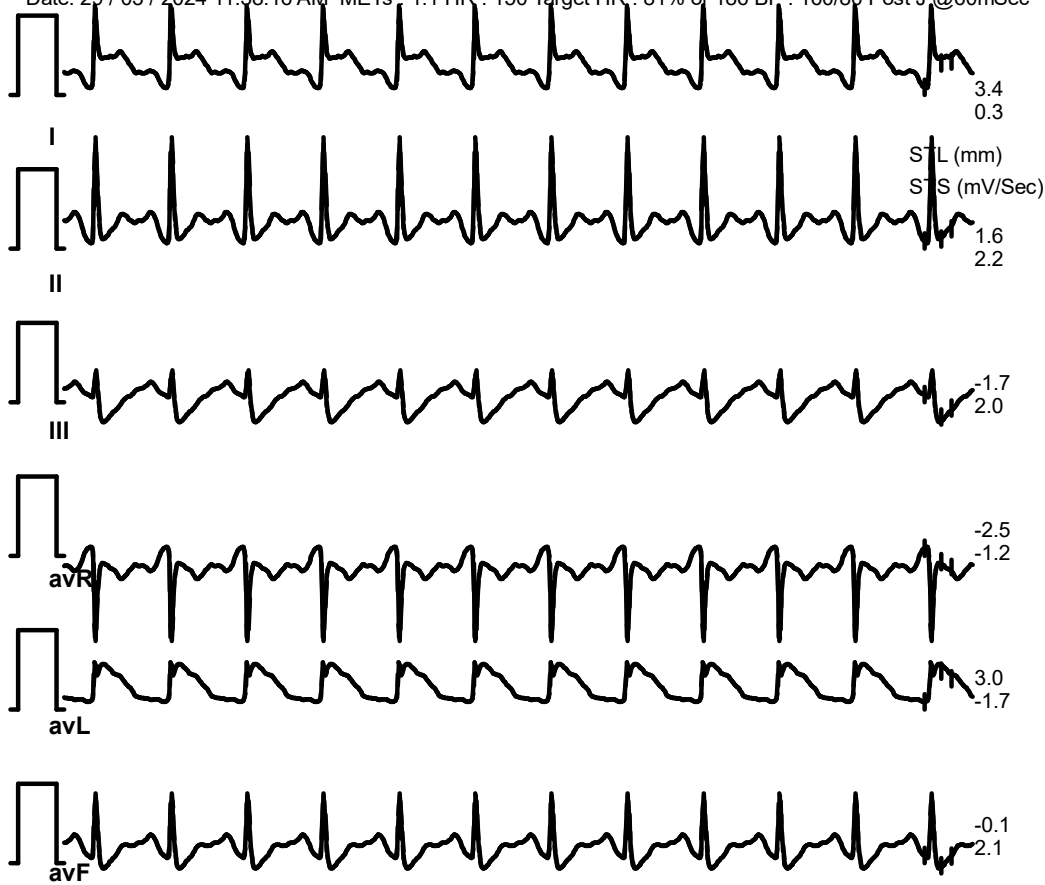
12347454 / MAYUR LILADHAR NAGRALE / 34 Yrs / Male / 162 Cm / 72 Kg

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



Date: 29 / 03 / 2024 11:38:16 AM METs : 1.1 HR : 150 Target HR : 81% of 186 BP : 160/80 Post J @60mSec

ExTime: 08:00 Speed: 1.1 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



# SUBURBAN DIAGNOSTICS BHAYANDER

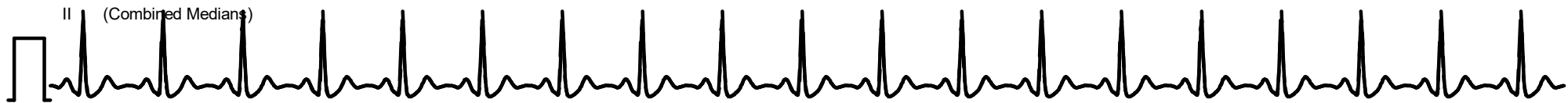
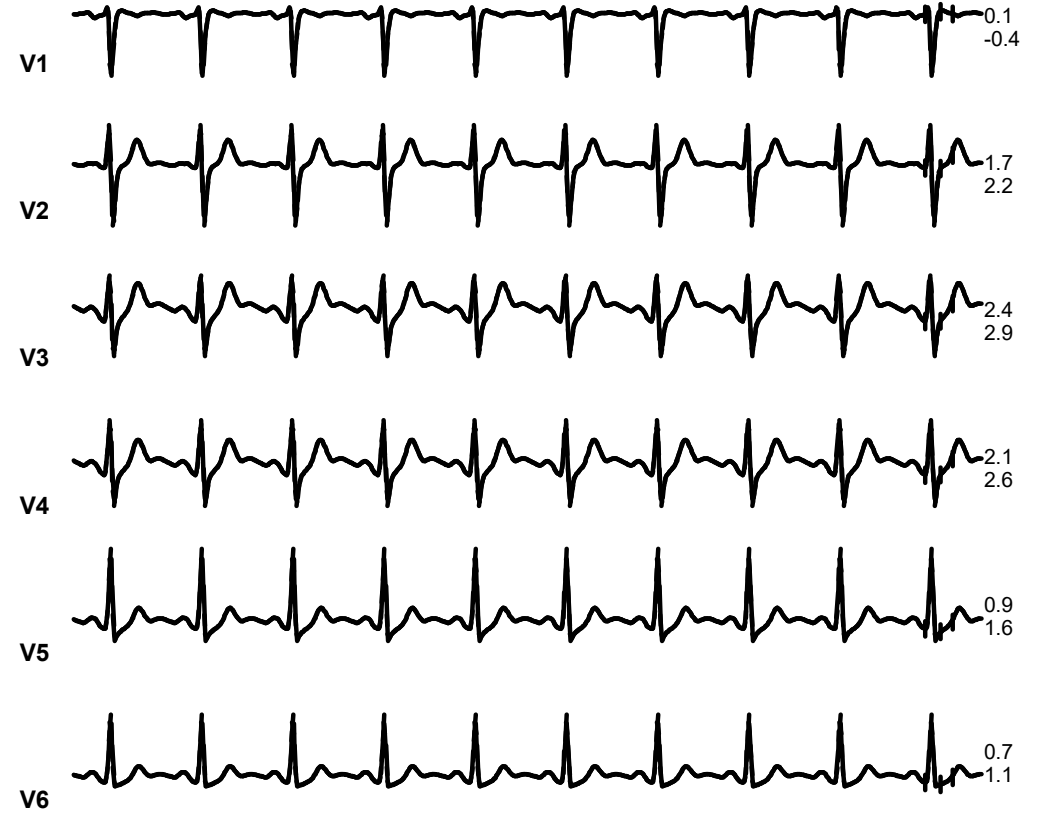
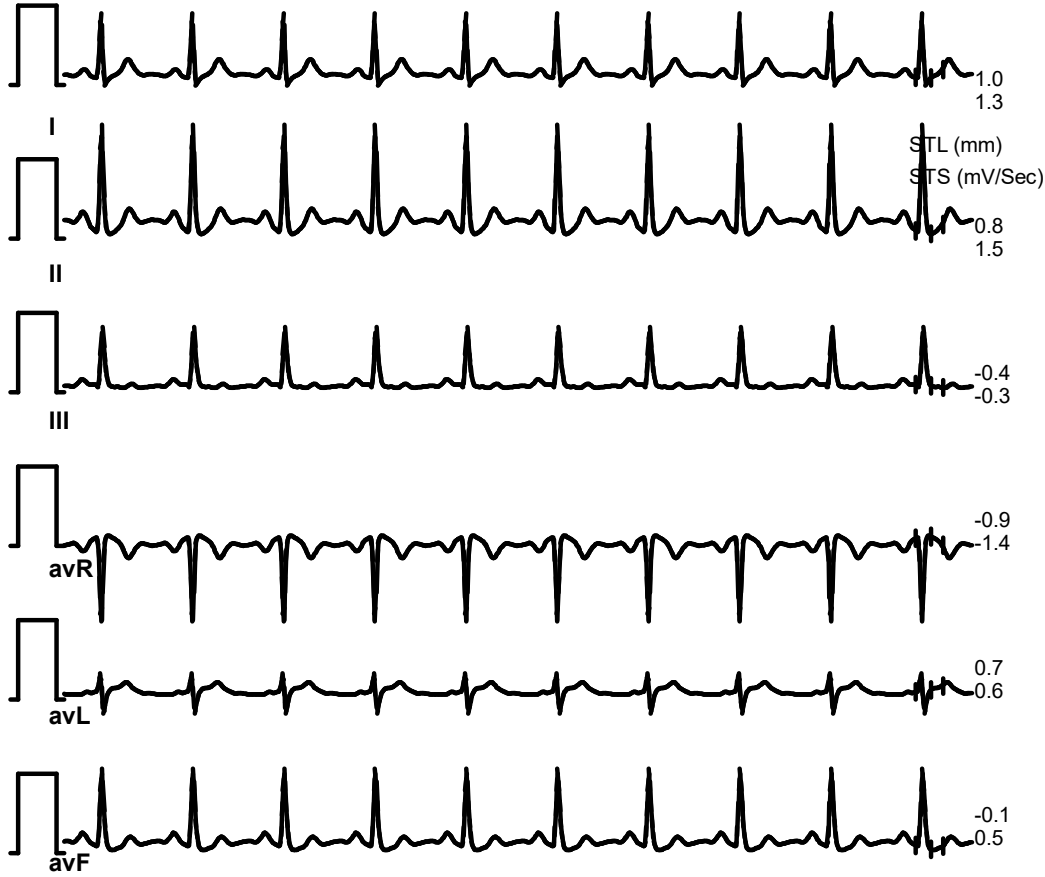
12347454 / MAYUR LILADHAR NAGRALE / 34 Yrs / Male / 162 Cm / 72 Kg

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



Date: 29 / 03 / 2024 11:38:16 AM METs : 1.0 HR : 115 Target HR : 62% of 186 BP : 140/80 Post J @80mSec

ExTime: 08:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



# SUBURBAN DIAGNOSTICS BHAYANDER

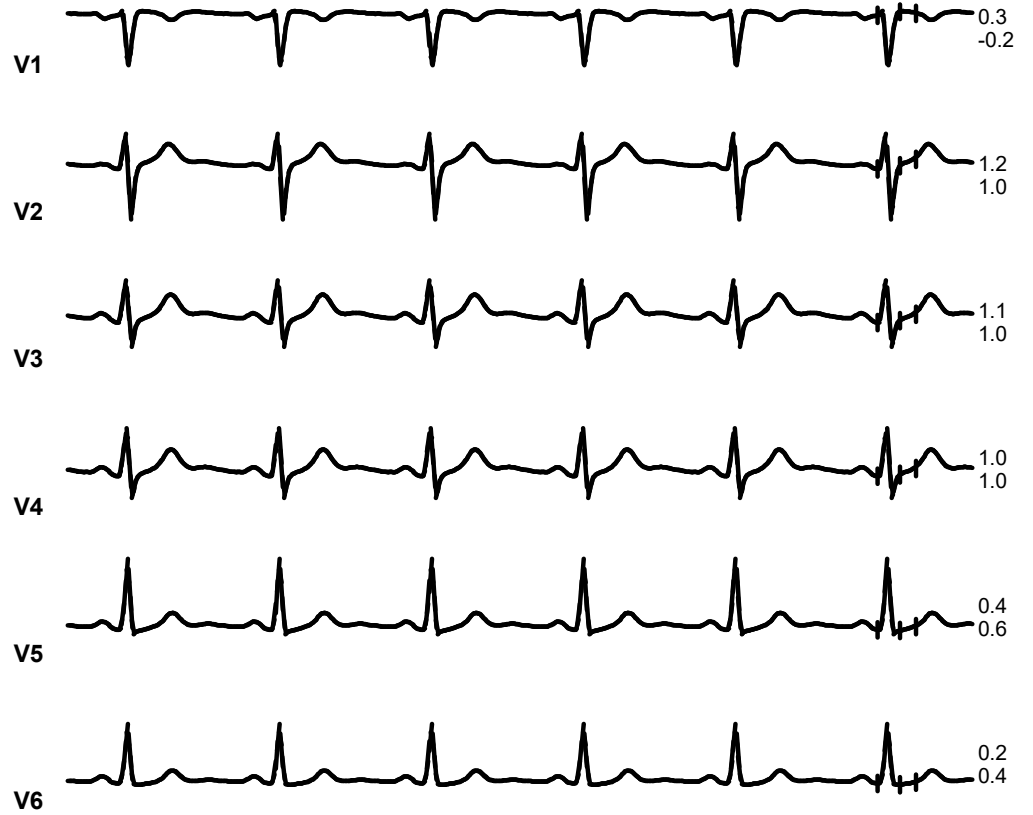
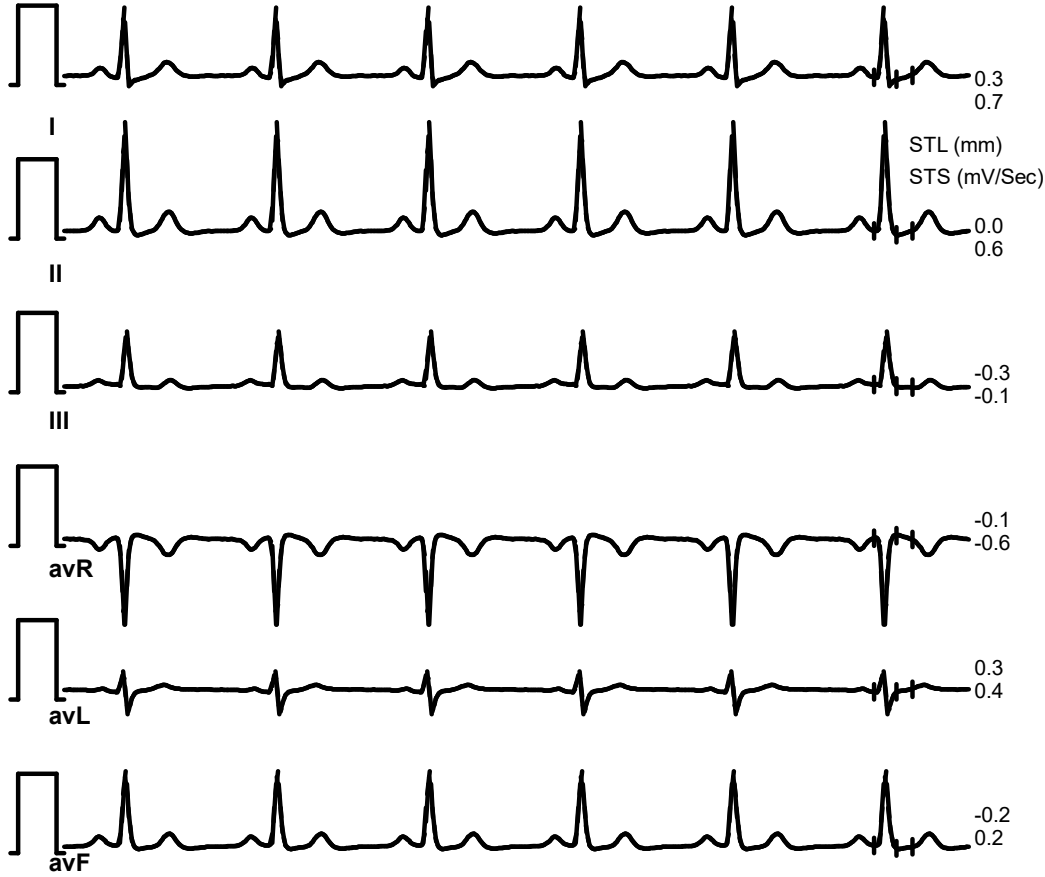
12347454 / MAYUR LILADHAR NAGRALE / 34 Yrs / Male / 162 Cm / 72 Kg

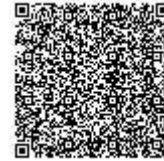
6X2 Combine Medians + 1 Rhythm  
Recovery(4:00)



Date: 29 / 03 / 2024 11:38:16 AM METs : 1.0 HR : 77 Target HR : 41% of 186 BP : 150/80 Post J @80mSec

ExTime: 08:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





**CID** : 2408913860  
**Name** : Mr MAYUR LILADHAR  
NAGRALE  
**Age / Sex** : 34 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

Use a QR Code Scanner  
Application To Scan the Code  
**Reg. Date** : 29-Mar-2024  
**Reported** : 29-Mar-2024/21:22

### USG WHOLE ABDOMEN

#### LIVER:

The liver is normal in size (12.5 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 10.2 x 4.2 cm. Left kidney measures 9.1 x 4.2 cm. Both the kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. No evidence of any calculus, hydronephrosis or mass lesion seen on both sides.

#### SPLEEN:

The spleen is normal in size (11.0 cm) and echotexture. No evidence of focal lesion is noted.

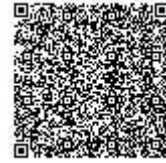
#### URINARY BLADDER:

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 3.1 x 3.0 x 2.8 cm and weighs 14.1 gms. It shows normal parenchymal echotexture. No obvious calcification or mass lesion made out.

There is no evidence of any lymphadenopathy or ascites.



**CID** : 2408913860  
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NAGRALE  
**Age / Sex** : 34 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

Use a QR Code Scanner  
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**Reg. Date** : 29-Mar-2024  
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**IMPRESSION:**

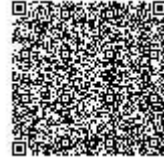
- **Grade I fatty infiltration of liver.**
- **No other significant abnormality made out.**

**Kindly correlate clinically.**

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

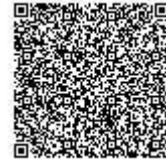
-----End of Report-----

**Dr. Aisha Lakhani**  
**Mbbs, Md (Radio**  
**Diagnosis)**  
**Bhayander center**



**CID** : 2408913860  
**Name** : Mr MAYUR LILADHAR  
NAGRALE  
**Age / Sex** : 34 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

Use a QR Code Scanner  
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**CID** : 2408913860  
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NAGRALE  
**Age / Sex** : 34 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

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**Reported** : 29-Mar-2024/22:11

**X-RAY CHEST PA VIEW**

Both the lung fields are clear with no active parenchymal lesion.

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

The domes of the diaphragm and hila are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

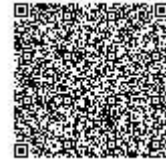
**IMPRESSION:**

- **No obvious active parenchymal lesion made out.**

**Kindly correlate clinically.**

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

**Dr. Aisha Lakhani**  
**Mbbs, Md (Radio**  
**Diagnosis)**  
**Bhayander center**



**CID** : 2408913860  
**Name** : Mr MAYUR LILADHAR  
NAGRALE  
**Age / Sex** : 34 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

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**Reported** : 29-Mar-2024/22:11