



CID : 2408914244
Name : MR.HIREN PATEL
Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Collected : 29-Mar-2024 / 12:23
Reported : 29-Mar-2024 / 16:20

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Application To Scan the Code

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	14.2	13.0-17.0 g/dL	Spectrophotometric
RBC	5.43	4.5-5.5 mil/cmm	Elect. Impedance
PCV	40.5	40-50 %	Measured
MCV	75	80-100 fl	Calculated
MCH	26.2	27-32 pg	Calculated
MCHC	34.5	31.5-34.5 g/dL	Calculated
RDW	15.9	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	8270	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	28.8	20-40 %	
Absolute Lymphocytes	2381.8	1000-3000 /cmm	Calculated
Monocytes	8.2	2-10 %	
Absolute Monocytes	678.1	200-1000 /cmm	Calculated
Neutrophils	54.6	40-80 %	
Absolute Neutrophils	4515.4	2000-7000 /cmm	Calculated
Eosinophils	7.7	1-6 %	
Absolute Eosinophils	636.8	20-500 /cmm	Calculated
Basophils	0.7	0.1-2 %	
Absolute Basophils	57.9	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	299000	150000-400000 /cmm	Elect. Impedance
MPV	7.7	6-11 fl	Calculated
PDW	13.1	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	Mild		
Microcytosis	Mild		



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 12 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



CID : 2408914244
Name : MR.HIREN PATEL
Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Collected : 29-Mar-2024 / 12:23
Reported : 29-Mar-2024 / 19:35

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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	87.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	95.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.29	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.11	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.18	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.3	1 - 2	Calculated
SGOT (AST), Serum	20.0	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	9.8	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	23.0	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	159.0	40-130 U/L	Colorimetric
BLOOD UREA, Serum	29.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	13.7	6-20 mg/dl	Calculated
CREATININE, Serum	1.08	0.67-1.17 mg/dl	Enzymatic



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Collected : 29-Mar-2024 / 15:44
Reported : 29-Mar-2024 / 20:49

eGFR, Serum	92	(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	6.2	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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Collected : 29-Mar-2024 / 12:23
Reported : 29-Mar-2024 / 18:22

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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	5.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	119.8	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 ***



Bmhasakar

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



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Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Collected : 29-Mar-2024 / 13:55
Reported : 29-Mar-2024 / 19:29

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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>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.5	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	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	+(>20/hpf)	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 ***



Bmhasakar

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



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Reg. Location : Bhayander East (Main Centre)

Collected : 29-Mar-2024 / 12:23
Reported : 29-Mar-2024 / 17:14

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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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Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

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Reported : 29-Mar-2024 / 20:49

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	261.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	241.0	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	46.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	214.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	181.0	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	33.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.9	0-3.5 Ratio	Calculated

Note : LDL test is performed by direct measurement.

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

*** End Of Report ***



J. Thakker

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



CID : 2408914244
 Name : MR.HIREN PATEL
 Age / Gender : 35 Years / Male
 Consulting Dr. : -
 Reg. Location : Bhayander East (Main Centre)

Use a QR Code Scanner Application To Scan the Code
 Collected : 29-Mar-2024 / 12:23
 Reported : 29-Mar-2024 / 21:46

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	4.6	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.9	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.84	0.35-5.5 microIU/ml	ECLIA



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Reported : 29-Mar-2024 / 21:46

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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

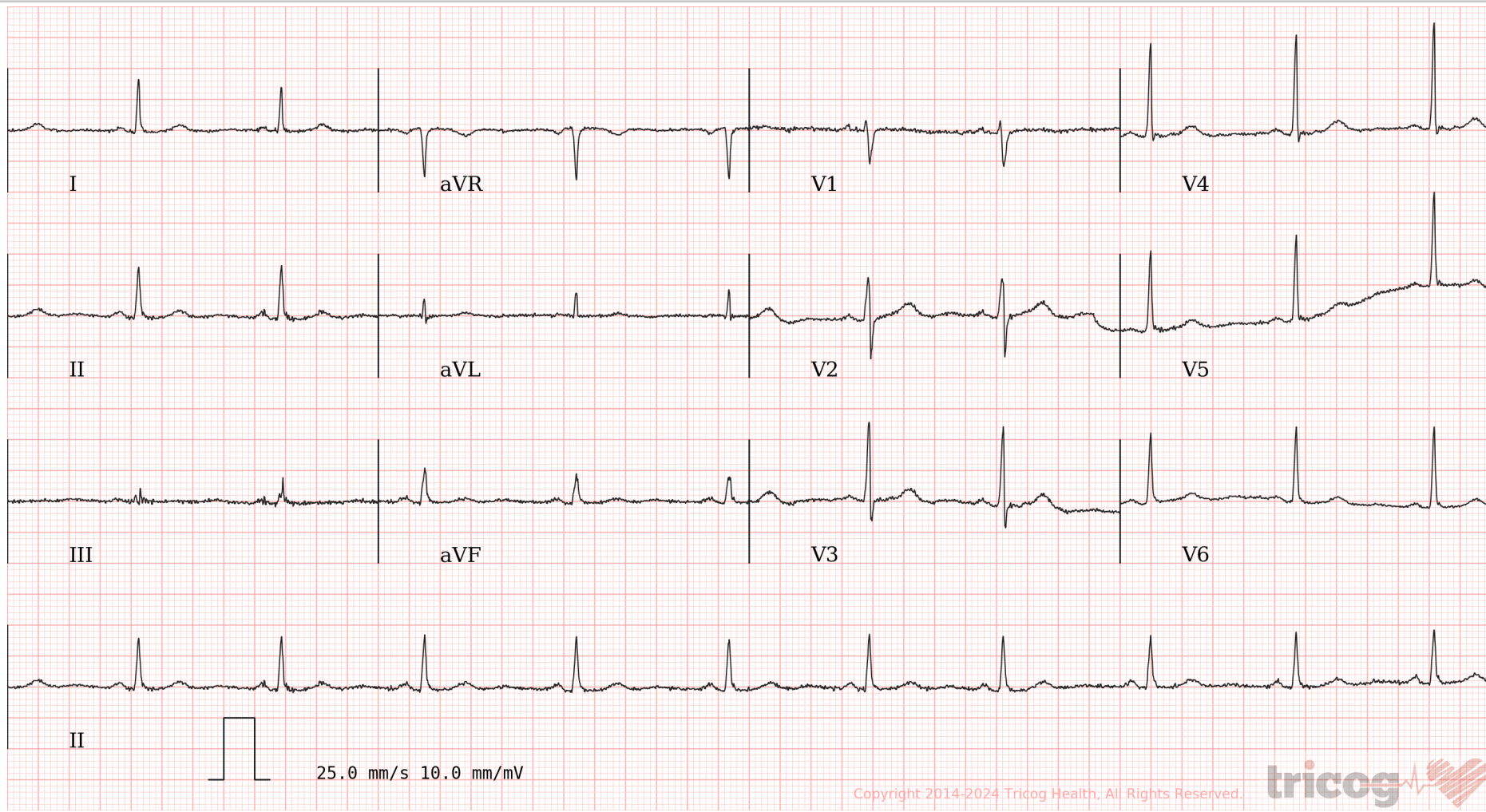
Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist

SUBURBAN DIAGNOSTICS - BHAYANDER EAST

Patient Name: HIREN PATEL

Date and Time: 29th Mar 24 11:32 AM

Patient ID: 2408914244



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

Gender **Male**

Heart Rate **65bpm**

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 70ms
QT: 406ms
QTcB: 422ms
PR: 136ms
P-R-T: 61° 46° 40°

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

Name: MR. HIREN PATEL

Age / Gender : 35 Years/Male

Consulting Dr. :

Reg. Location : Bhayander East (Main Centre)

Collected : 29-Mar-2024 / 11:26

Reported : 29-Mar-2024 / 15:19

R
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P
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T

PHYSICAL EXAMINATION REPORT

History and Complaints:

No Complaint

EXAMINATION FINDINGS:

Height (cms): 172
Temp (0c): Afebrile
Blood Pressure (mm/hg): 130/80
Pulse: 76/min

Weight (kg): 82
Skin: NAD
Nails: NAD
Lymph Node: Not Palpable

Systems

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

IMPRESSION:

*ECCG, TMT, CXR, CBC and Biochemistry
all WNL
USG with GI-Fatty liver.*

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

Age / Gender : 35 Years/Male

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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 | Yes |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

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

*** End Of Report ***

DR. ANITA CHOUDHARY

M.B.B.S.

CONSULTANT PHYSICIAN

Reg. No. 2017/125553

Anita

SUBURBAN DIAGNOSTICS (I) PVT. LTD.

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MUMBAI OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053

WEST REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar West, Mumbai - 400086

HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnosics.com | WEBSITE: www.suburbandiagnosics.com

SUBURBAN DIAGNOSTICS BHAYANDER

Report

AGHPL

Email:

12347457 (2408914244) / HIREN PATEL / 35 Yrs / M / 172 Cms / 82 Kg
 Date: 29 / 03 / 2024 12:24:18 PM

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:08	0:08	00.0	00.0	01.0	063	34 %	130/80	081	00	
Standing	00:15	0:07	00.0	00.0	01.0	060	32 %	130/80	078	00	
HV	00:18	0:03	00.0	00.0	01.0	060	32 %	130/80	078	00	
ExStart	00:20	0:02	01.7	10.0	01.1	058	31 %	130/80	075	00	
BRUCE Stage 1	03:20	3:00	01.7	10.0	04.7	112	61 %	140/80	156	00	
BRUCE Stage 2	06:20	3:00	02.5	12.0	07.1	138	75 %	150/80	207	00	
PeakEx	08:50	2:30	03.4	14.0	09.7	170	92 %	160/80	272	00	
Recovery	09:50	1:00	01.1	00.0	01.1	146	79 %	160/80	233	00	
Recovery	10:50	2:00	00.0	00.0	01.0	112	61 %	150/80	168	00	
Recovery	12:50	4:00	00.0	00.0	01.0	094	51 %	130/80	122	00	
Recovery	13:00				00.0	000	0 %	---/---	000	00	

FINDINGS :

Exercise Time : 08:30
 Initial HR (ExStrt) : 58 bpm 31% of Target 185
 Initial BP (ExStrt) : 130/80 (mm/Hg)
 Max WorkLoad Attained : 9.7 Good response to induced stress
 Max ST Dep Lead & Avg ST Value : V4 & -2.3 mm in Stage 1
 Duke Treadmill Score : 07.9
 Test End Reasons : ... Test Complete

Max HR Attained 170 bpm 92% of Target 185
 Max BP Attained 160/80 (mm/Hg)

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DR. SMITA VALANI
M.B.B.S, D. CARDIOLOGY
 2011/03/0587

Smita Valani

Doctor : DR. SMITA VALANI

HIREN PATEL / 35 Yrs / M / 172 Cms / 82 Kg Date: 29 / 03 / 2024 12:24:18 PM

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

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 Phone.: 022 - 61700000

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

Selam
 Doctor : DR. SMITA VALANI

DIAGNOSTICS BHAYANDER

SUPINE (00:01)

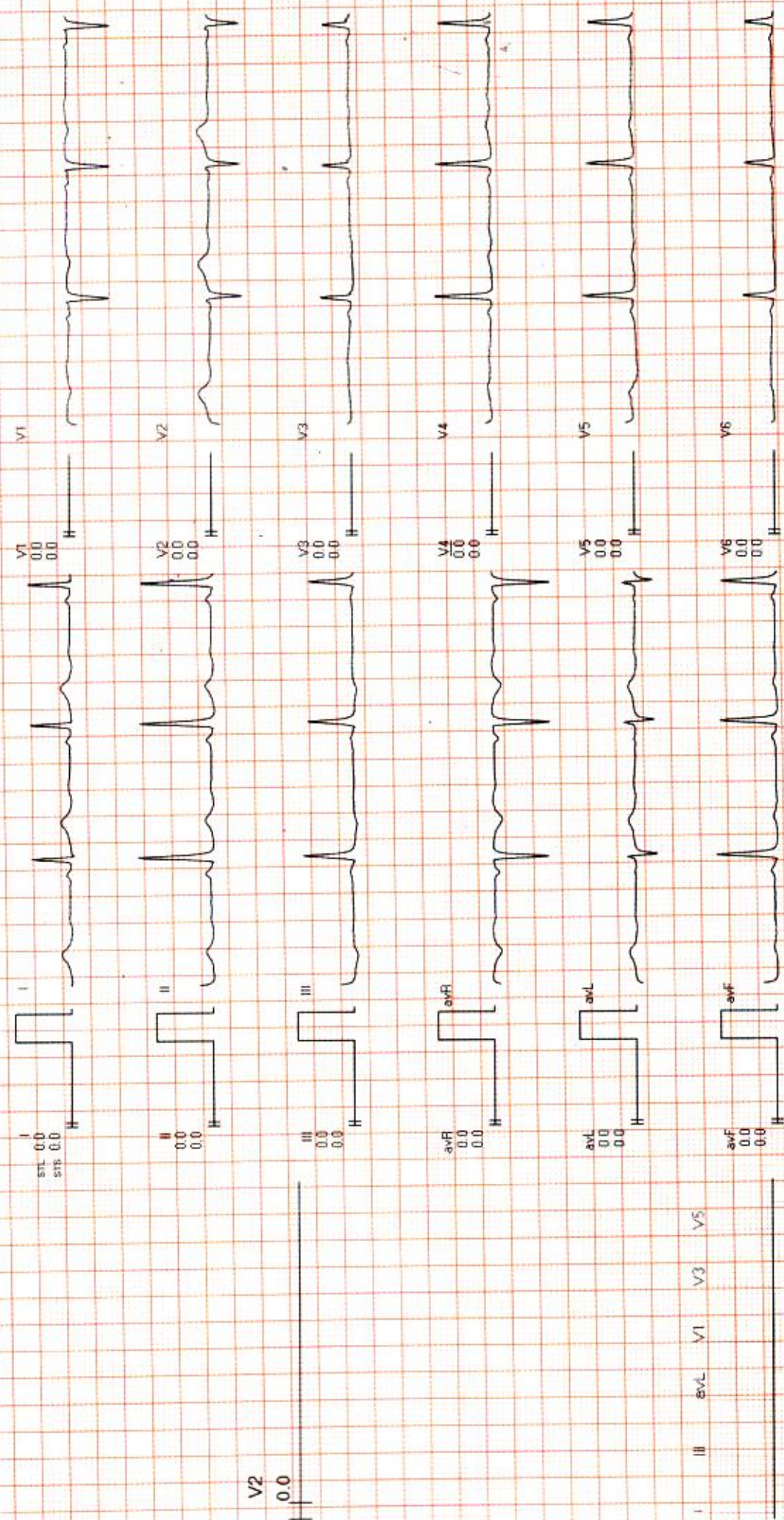
ACHPL

6914244 / HIREN PATEL / 35 Yrs / M / 172 Cms / 82 Kg / HR : 63

17/05/2024 12:24:18 PM METS: 1.0/63 bpm 34% at THR BP-130/80 mmHg Flow ECG/BLC Dry/Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00:00 mph 0.0%

4X 0 mS Post J 25 mm/Sec 1.0 cm/mV



REMARKS

DIAGNOSTICS BHAYANDER

(16914244) / HIREN PATEL / 35 Yrs / M / 172 Cms / 82 Kg / HR : 60

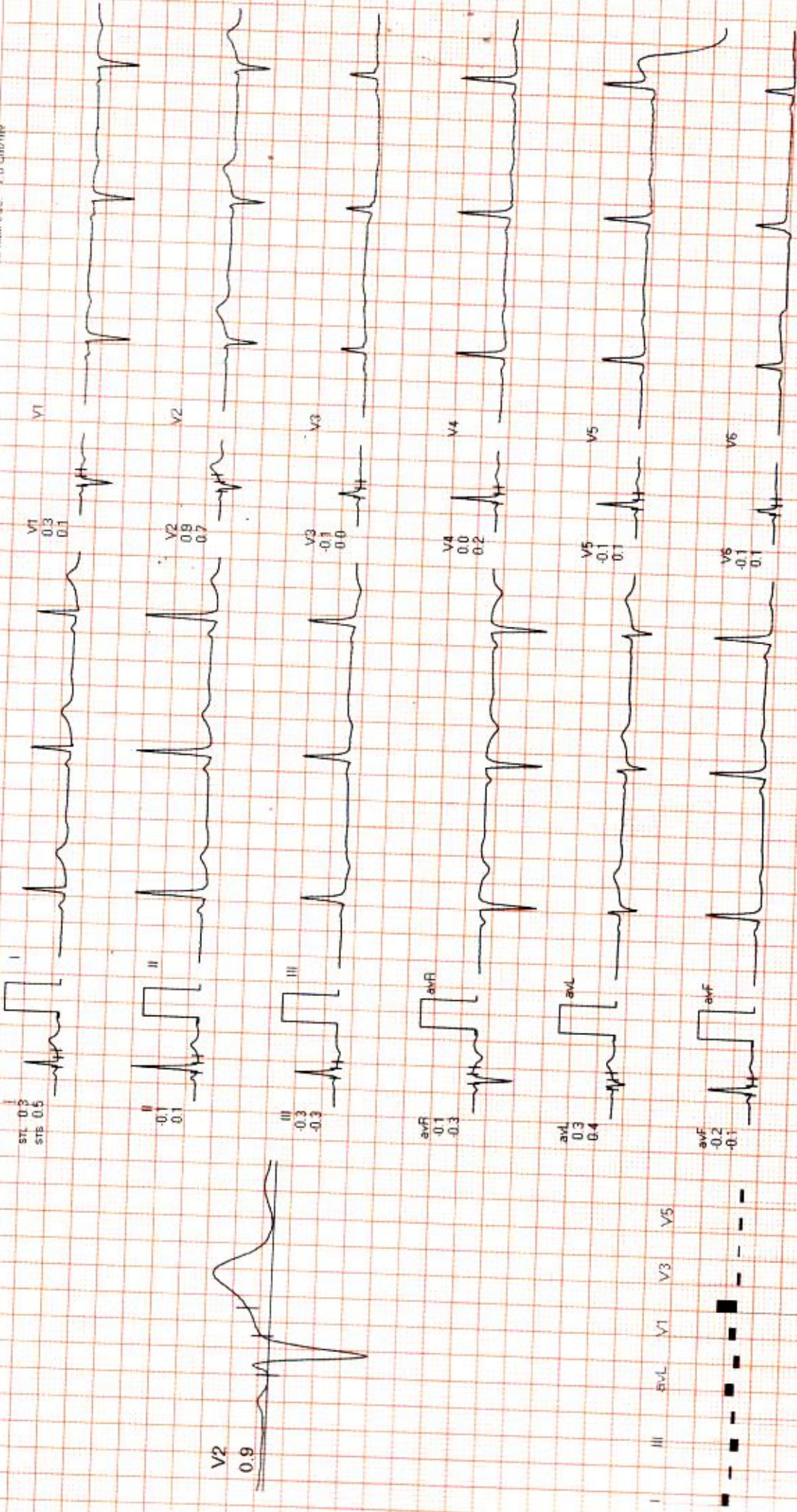
STANDING (00:00)

AGHP

03/2024 12:24:18 PM METS 1.0/60 bpm 32% of THR BP-130/80 mmHg Flow ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post-J

ExTime 00:00 0.0 mph 0.0%



REMARKS

DIAGNOSTICS BHAYANDER

HV (00:00)

AGPL

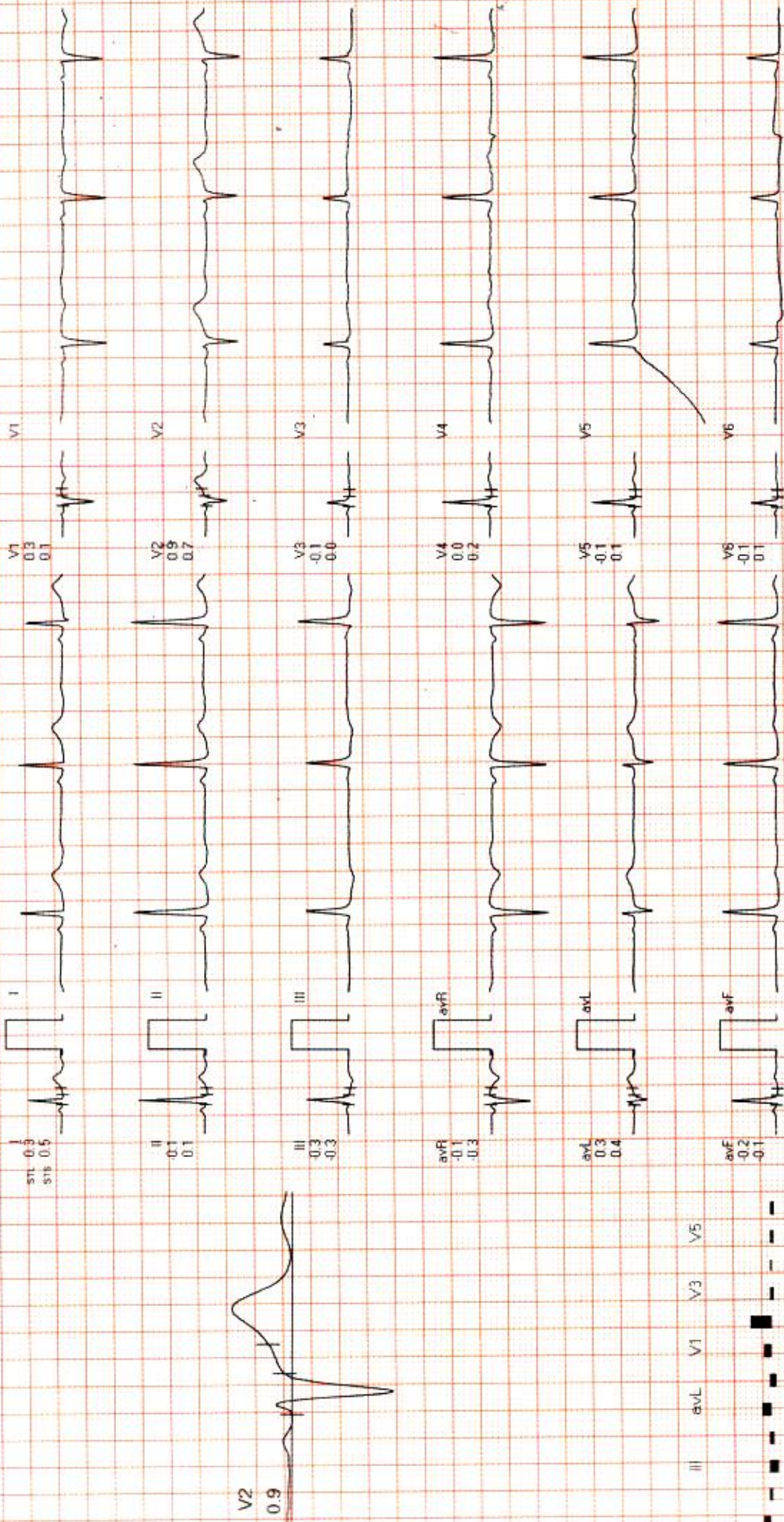
0914244) / HIREN PATEL / 35 Yrs / M / 172 Cms / 82 Kg / HR : 58

01/2024 12:24:18 PM METS 1.0/58 bpm 31% of THR BP 130/80 mmHg Pwv ECG/BLC Or/ Notch Or/ HF 0.05 Hz/LF 35 Hz

ExTime 00:00:0.0 mph 0.0%

80 mS Post J

25 mm/sec 10 mm/mV



ST1 0.3
ST2 0.5

II -0.1
-0.1

III 0.3
-0.3
-0.3

aVR -0.1
-0.3
-0.3

aVL 0.3
-0.1
0.4

aVF -0.2
-0.1
-0.1

V2 0.9

I II aVL V1 V3 V5

II aVR aVF V2 V4 V6

REMARKS:

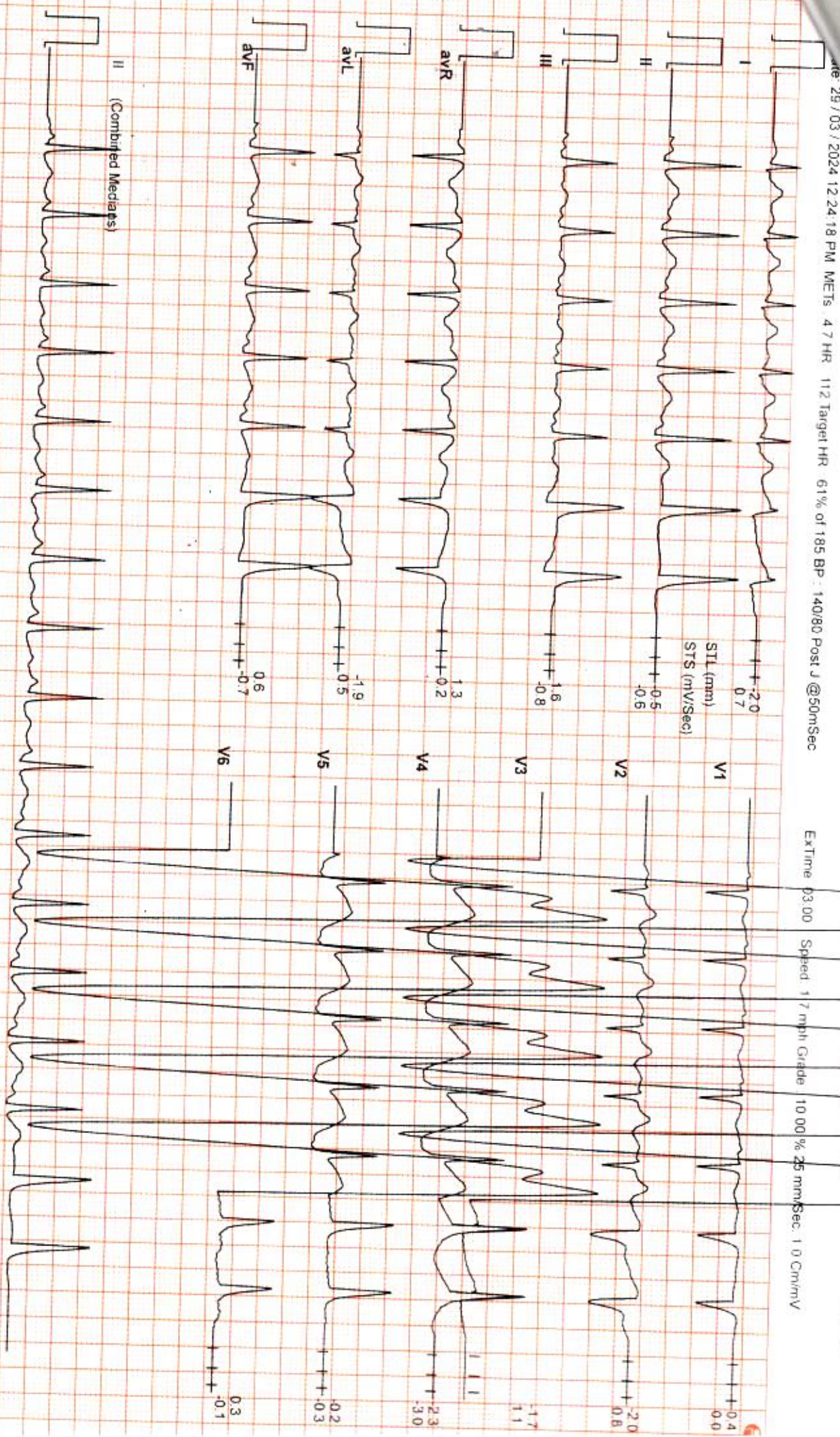
MIREN PATEL / 35 Yrs / Male / 172 Cm / 82 Kg

Date: 29 / 03 / 2024 12:24:18 PM METs 4.7 HR 112 Target HR 61% of 185 BP 140/80 Post J @50mSec

6X2 Combine Medians + 1 Rhythm

BRUCE : Stage 1 (03:00)

ACAPL



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

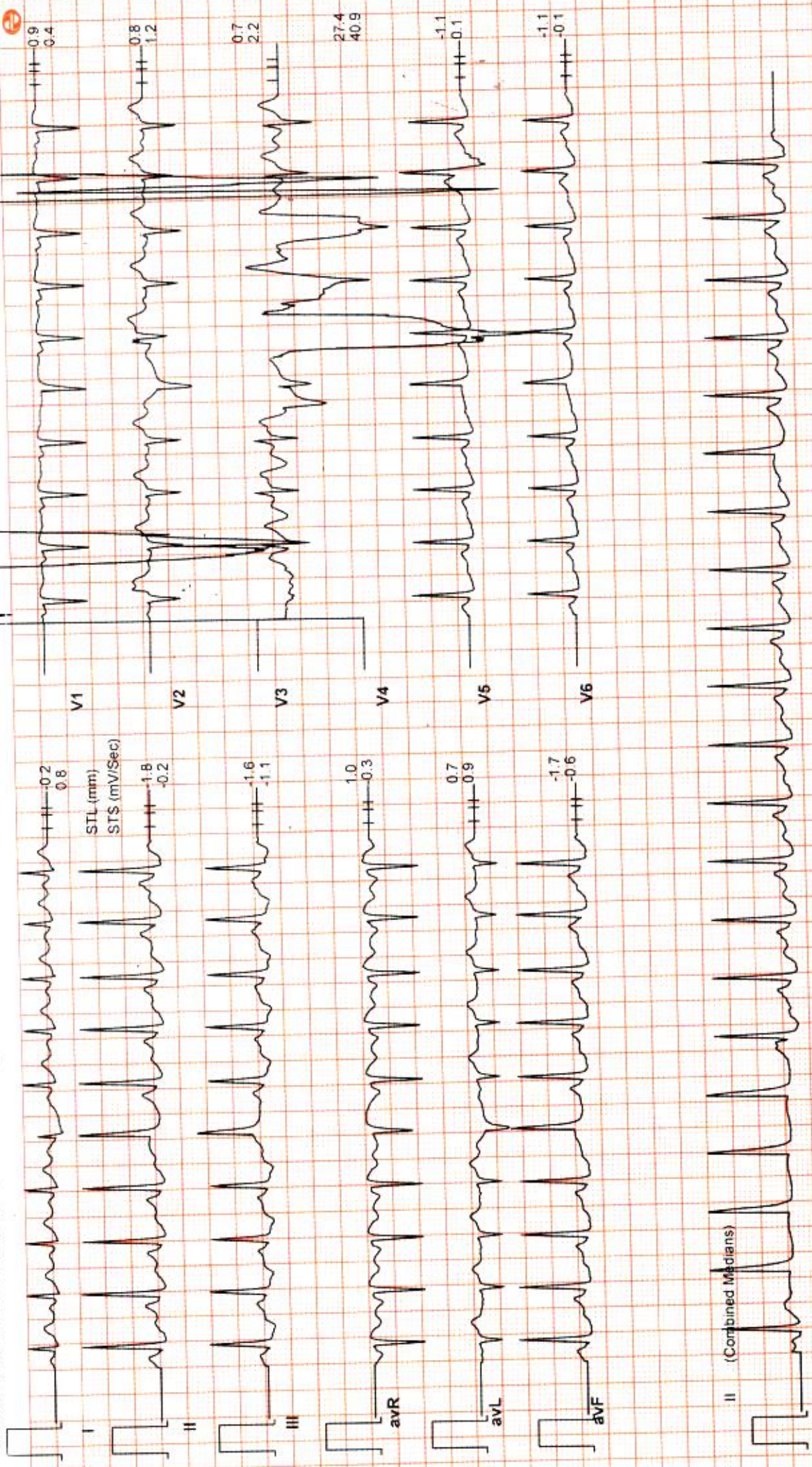
II (Combined Medians)

CHIREN PATEL / 35 Yrs / Male / 172 Cm / 82 Kg

Date: 29 / 03 / 2024 12:24:18 PM METs: 7.1 HR: 138 Target HR: 75% of 185 BP: 150/80 Post J @60mSec

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

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

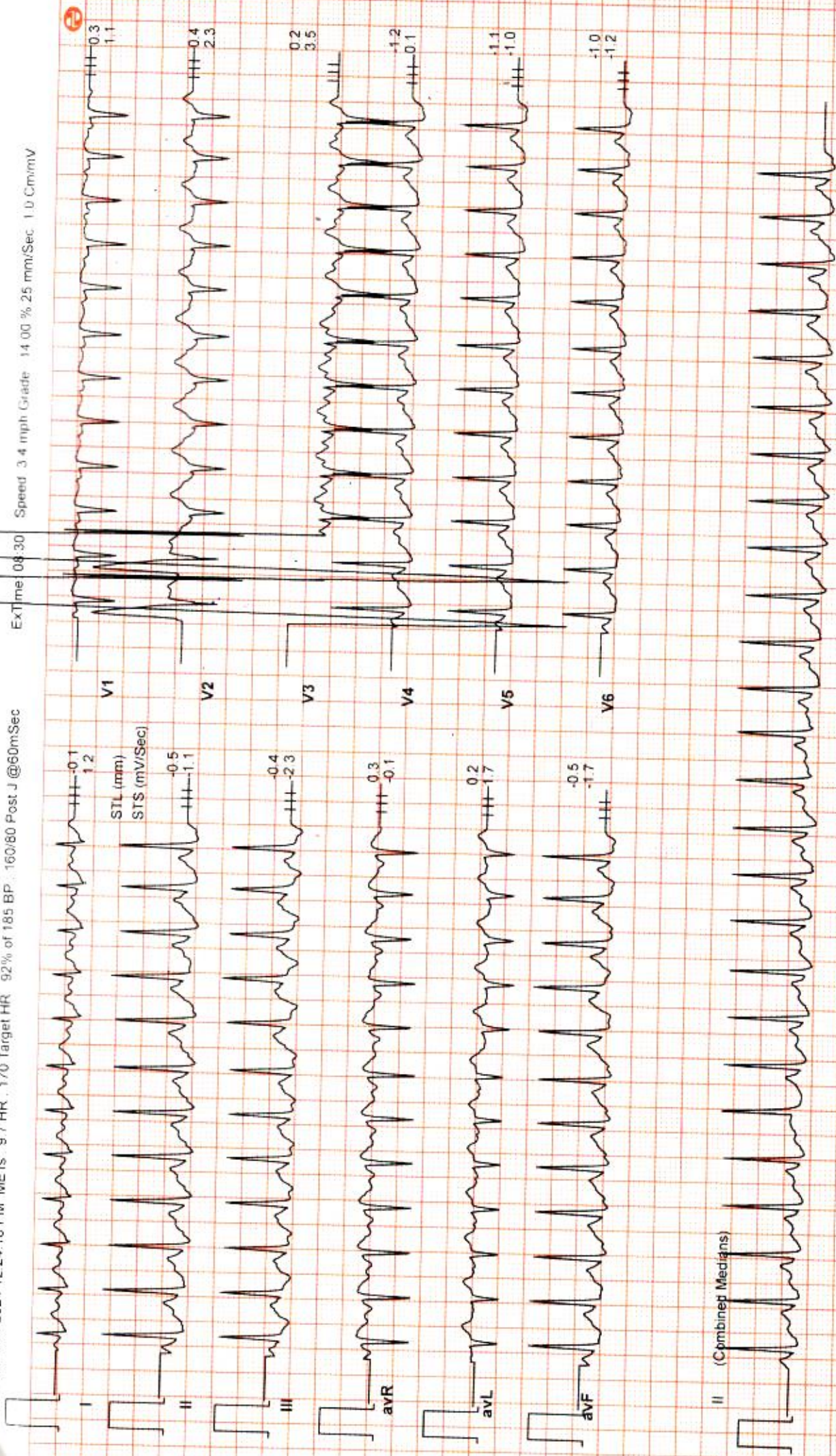


6X2 Combine Medians + 1 Rhythm

PeakEx

AGHPCL

ExTime 08:30 Speed 3.4 mph Grade 14.00 % 25 mm/Sec 1.0 Cm/mV

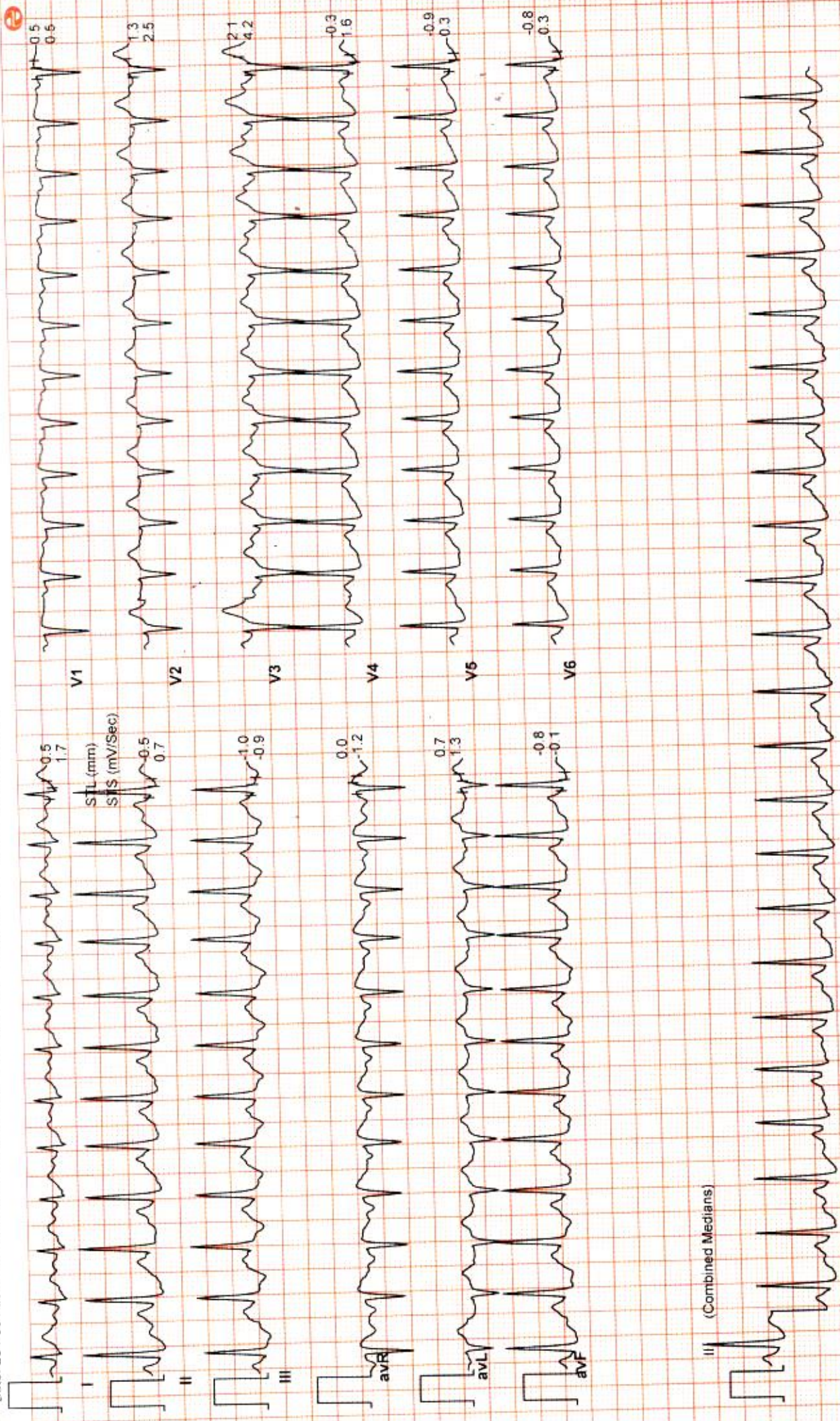


II (Combined Medians)

HIREN PATEL / 35 Yrs / Male / 172 Cm / 82 Kg

ExTime 08:30 Speed 1.1 mph Grade 00.00 % 25 mm/Sec 1.0 Cm/mV

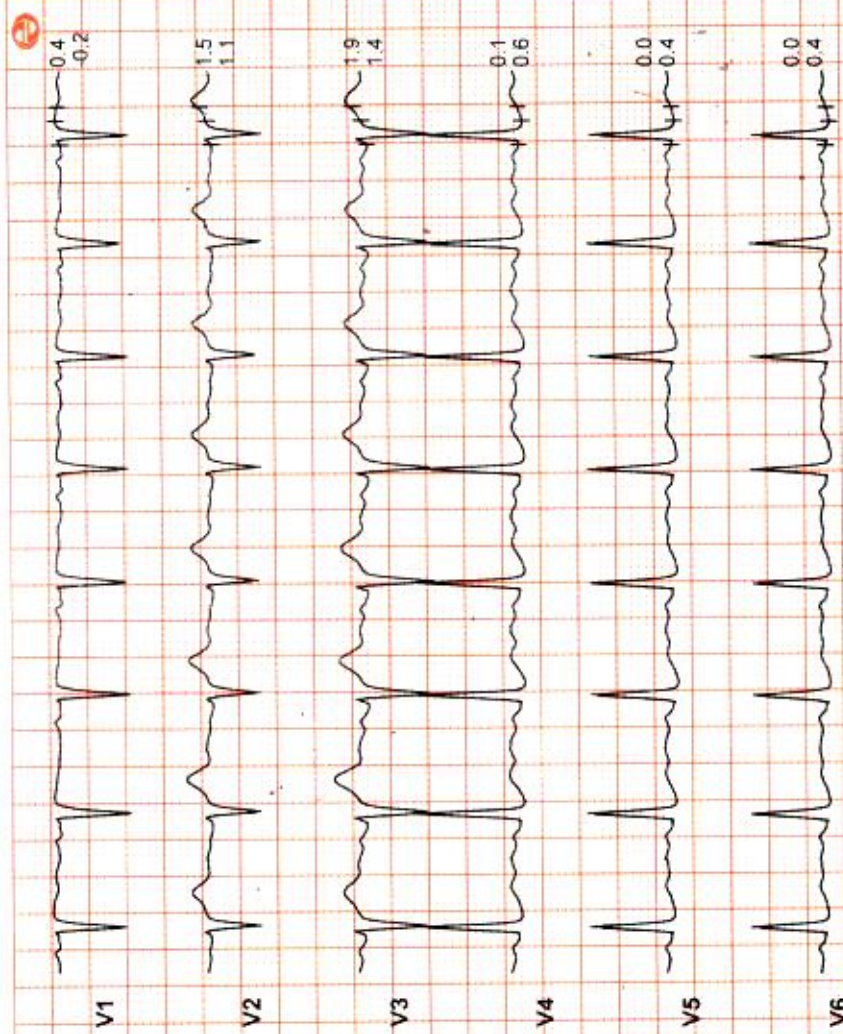
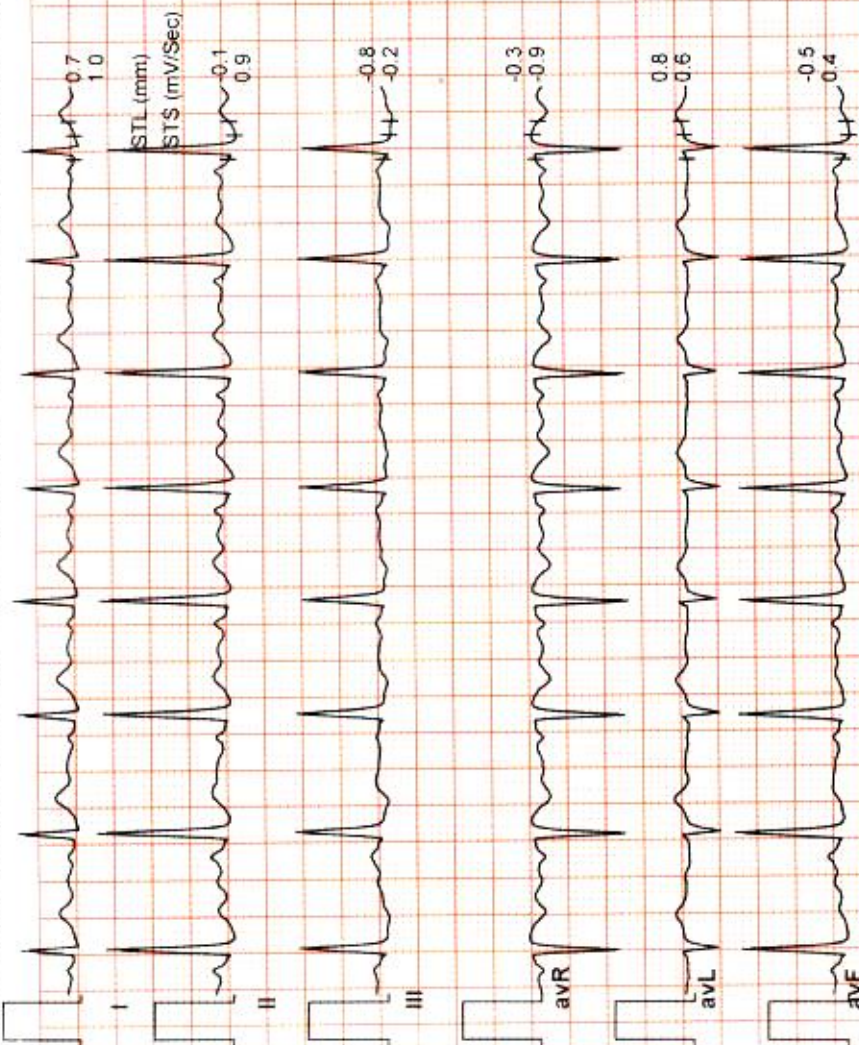
Date: 29 / 03 / 2024 12:24:18 PM METs : 1.1 HR 145 Target HR 79% of 185 BP 160/80 Post J @60mSec



III (Combined Medians)

Date: 29 / 03 / 2024 12:24:18 PM METs 1.0 HR: 94 Target HR 51% of 185 BP: 130/80 Post J @80mSec

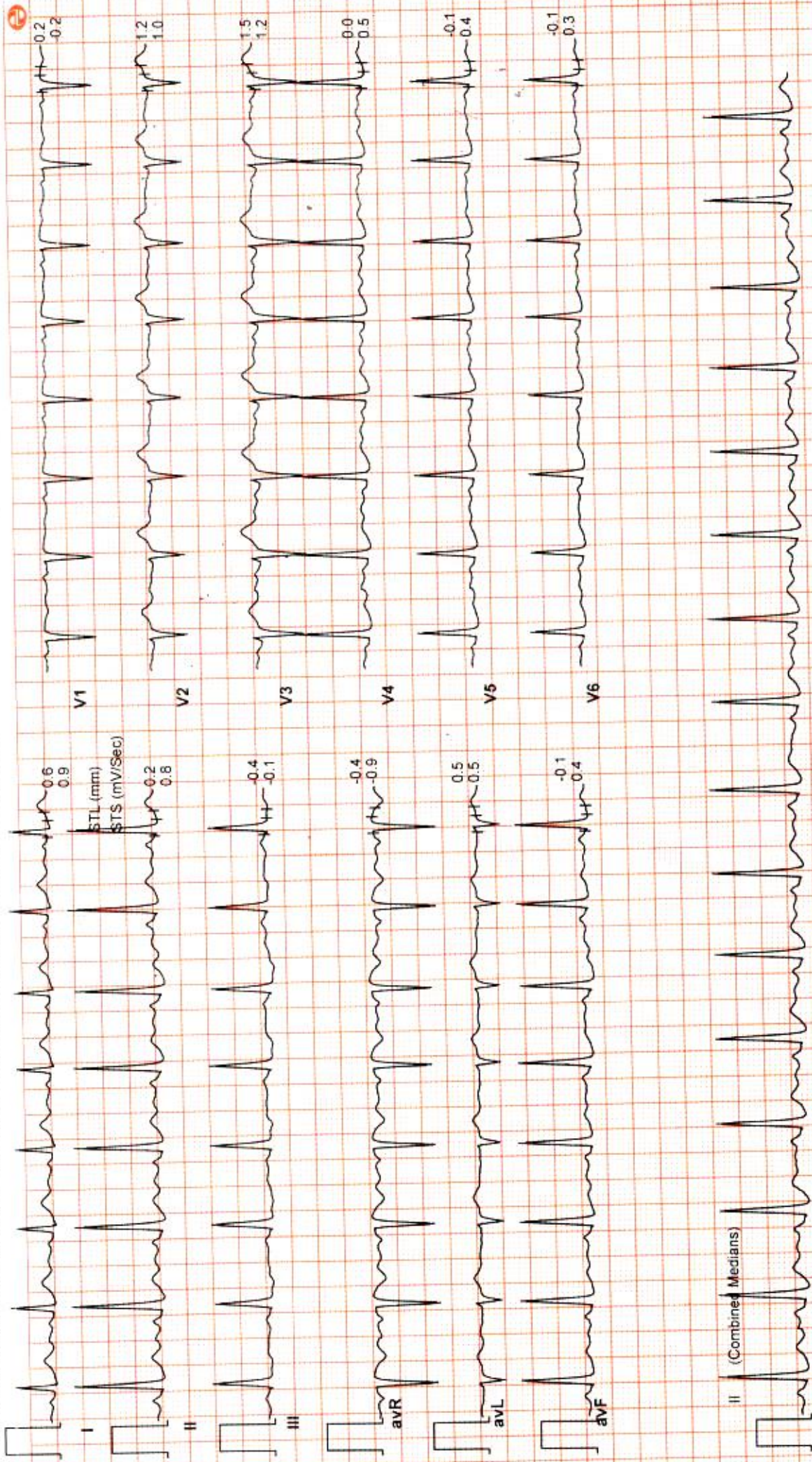
ExTime: 08:30 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV



HIREN PATEL / 35 Yrs / Male / 172 Cm / 82 Kg

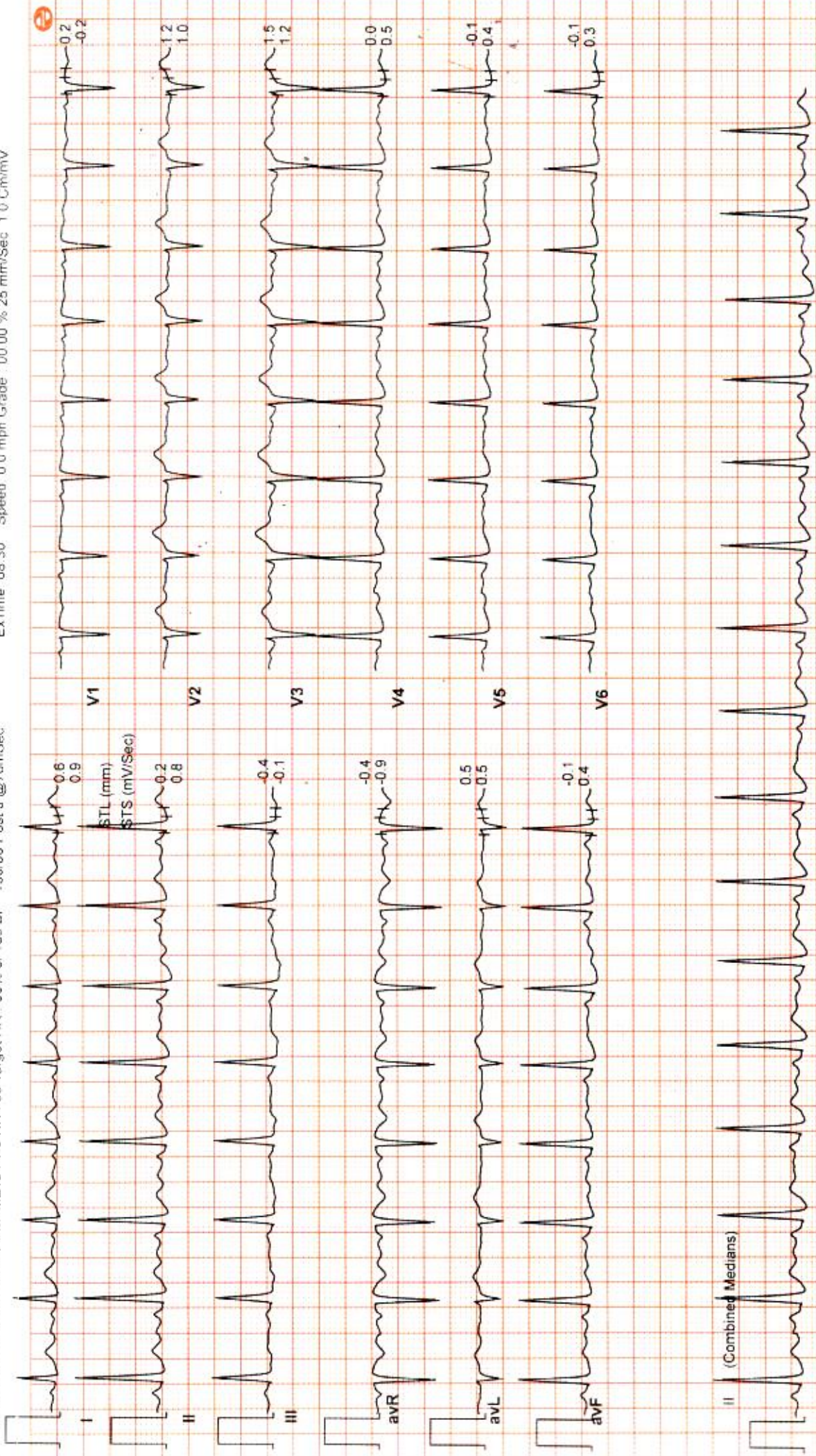
ExTime 08:30 Speed 0.0 mph Grade 00.00 % 25 mm/Sec. 1.0 Cm/mV

Date: 29 / 03 / 2024 12:24:18 PM METs 1.0 HR : 93 Target HR : 50% of 185 BP : 130/80 Post J @70mSec



Date: 29 / 03 / 2024 12:24:18 PM METs : 1.0 HR : 93 Target HR : 50% of 185 BP : 130/80 Post J @70mSec

ExTime 08:30 Speed 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV



Date:- 29/3/24
Name:- Hiren Patel

CID: 2408914244
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:

M/G M/G

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

Colour Vision: Normal / Abnormal

Remark:

DR. ANITA CHOUDHARY
CONSULTANT Ophthalmologist
Reg. No. 2017/12/5553



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 भारत सरकार
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 Government of India

नोंदविण्याचा क्रमांक / Enrollment No 1034/90001/63180

To:
 हिरन नटवरनाथ पटेल
 Hiren Natwarlal Patel
 301, J-5, Poonam Sagar Complex
 100 Feet Road
 Near Parvati Hotel Mira Road East
 Thane
 Mira Road, Thane Thane
 Maharashtra 401107
 970212976

MH 20317 03A 80R088 808220 / P



SH731673006FT



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भारत सरकार
 Government of India



हिरन नटवरनाथ पटेल
 Hiren Natwarlal Patel
 जन्म तारीख / DOL: 23/07/1989
 पुरुष / Male



7345 9388 8083

आधार - सामान्य माणसाचा अधिकार

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DR. ANITA CHOUDHARY

CONSULTANT PHYSICIAN
 Reg. No. 2017/12/5553

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 near Suburban Hospital,
 Mira Road East, Thane (E),
 Dist. Thane - 401 105.

Phone: 022 - 61700000

Handwritten signature

CID : 2408914244
Name : Mr HIREN PATEL
Age / Sex : 35 Years/Male[®]
Ref. Dr :
Reg. Location : Bhayander East Main Centre
Reg. Date : 29-Mar-2024
Reported : 29-Mar-2024 / 21:30

Use a QR Code Scanner
Application To Scan the Code

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (13.3 cm), normal in shape and shows smooth margins. It shows normal 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 caliber. 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 10.1 x 5.3 cm. Left kidney measures 9.6 x 5.2 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 (9.2 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 3.5 x 2.6 x 2.2 cm and weighs 11.0 gms. It shows normal parenchymal echotexture. No obvious calcification or mass lesion made out.

There is no evidence of any lymphadenopathy or ascites.

Click here to view images <<ImageLink>>

CID : 2408914244
Name : Mr HIREN PATEL
Age / Sex : 35 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

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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-----

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

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CID : 2408914244
Name : Mr HIREN PATEL
Age / Sex : 35 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 29-Mar-2024
Reported : 29-Mar-2024/22:06

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



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CID : 2408914244
Name : Mr HIREN PATEL
Age / Sex : 35 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 29-Mar-2024
Reported : 29-Mar-2024/22:06