



CID : 2408913410
Name : MR. TRIPATHI CHANDRESHKUMAR TARASHANKAR
Age / Gender : 41 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 29-Mar-2024 / 09:48
Reported : 29-Mar-2024 / 13:39

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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	13.7	13.0-17.0 g/dL	Spectrophotometric
RBC	4.34	4.5-5.5 mil/cmm	Elect. Impedance
PCV	42.4	40-50 %	Measured
MCV	98	80-100 fl	Calculated
MCH	31.4	27-32 pg	Calculated
MCHC	32.2	31.5-34.5 g/dL	Calculated
RDW	14.3	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	16590	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	24.0	20-40 %	
Absolute Lymphocytes	3981.6	1000-3000 /cmm	Calculated
Monocytes	4.2	2-10 %	
Absolute Monocytes	696.8	200-1000 /cmm	Calculated
Neutrophils	70.4	40-80 %	
Absolute Neutrophils	11679.4	2000-7000 /cmm	Calculated
Eosinophils	1.4	1-6 %	
Absolute Eosinophils	232.3	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	265000	150000-400000 /cmm	Elect. Impedance
MPV	11.9	6-11 fl	Calculated
PDW	28.2	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 24 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	116.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	176.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.84	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.52	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.32	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.1	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.2	1 - 2	Calculated
SGOT (AST), Serum	30.2	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	26.8	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	71.5	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	83.3	40-130 U/L	Colorimetric
BLOOD UREA, Serum	22.3	12.8-42.8 mg/dl	Kinetic
BUN, Serum	10.4	6-20 mg/dl	Calculated
CREATININE, Serum	0.82	0.67-1.17 mg/dl	Enzymatic



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eGFR, Serum	113	(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	5.0	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 ***



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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	6.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	131.2	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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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	Yellow	Pale Yellow	-
Reaction (pH)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
<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	6-8	Less than 20/hpf	
Others	-		

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

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

Reference: Pack inert

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*** End Of Report ***



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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

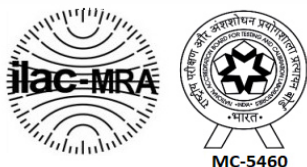
Limitations:

- 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 ***



Dr. Vrushi Shroff

Dr. VRUSHALI SHROFF
M.D.(PATH)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	182.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	80.7	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	36.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	145.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	130.0	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	15.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.6	0-3.5 Ratio	Calculated

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



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 Collected : 29-Mar-2024 / 09:48
 Reported : 29-Mar-2024 / 17:36

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	5.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	20.0	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.15	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 upto 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2) TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation: TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am, and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation: 19.7% (with in subject variation)

Reflex Tests: Anti thyroid Antibodies, USG Thyroid, TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until at least 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

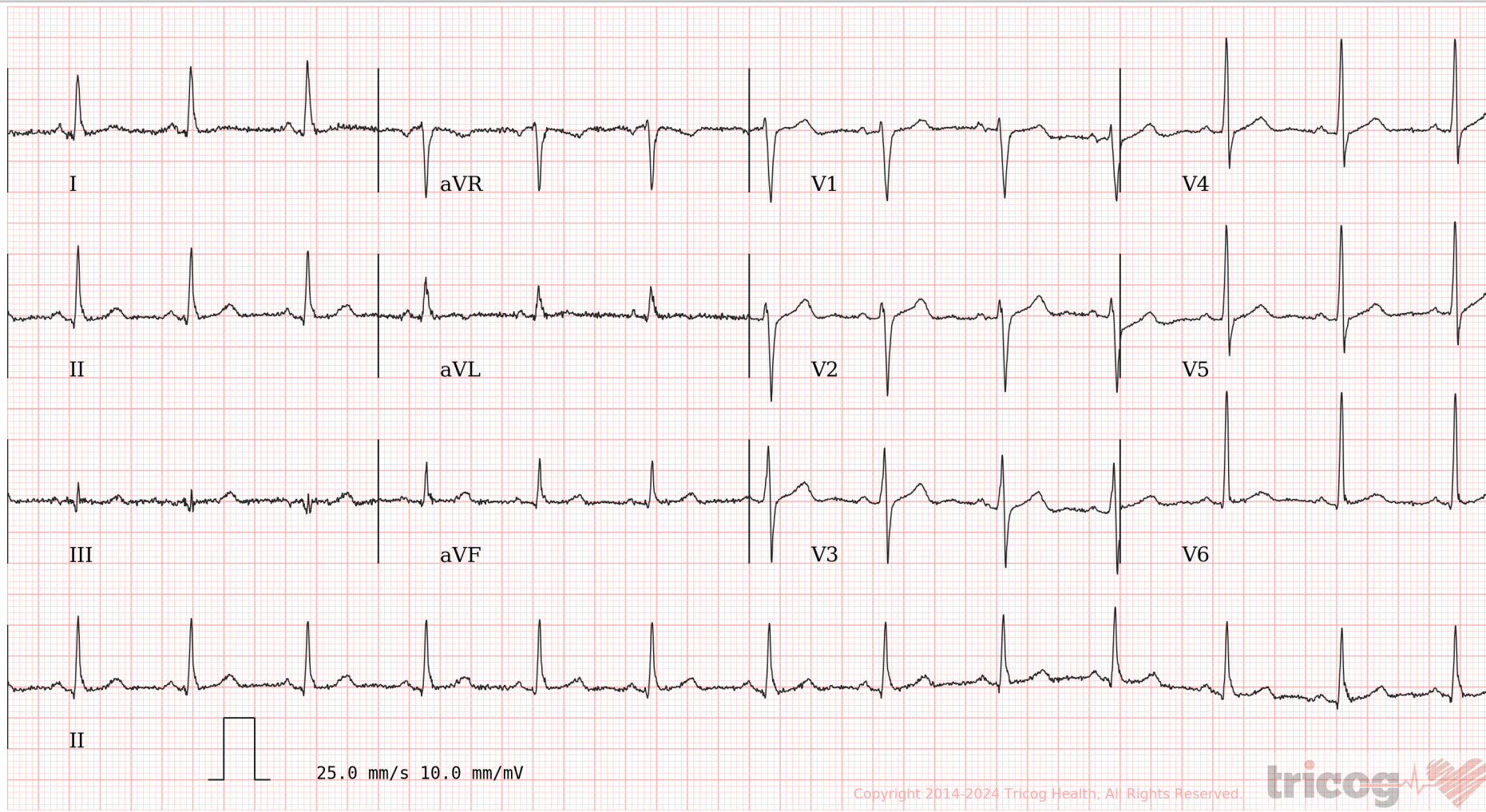
Dr. KETAKI MHASKAR
M.D. (PATH)
Pathologist

SUBURBAN DIAGNOSTICS - BORIVALI WEST



Patient Name: TRIPATHI CHANDRESHKUMAR
Patient ID: 2408913410

Date and Time: 29th Mar 24 10:29 AM



Age **41** **NA** **NA**
years months days

Gender **Male**

Heart Rate **81bpm**

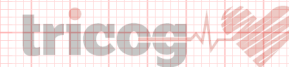
Patient Vitals

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

Measurements

QRSD: 90ms
QT: 366ms
QTcB: 425ms
PR: 142ms
P-R-T: 31° 33° 49°

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ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

REPORTED BY

Dr Nitin Sonavane
M.B.B.S.AFLH, D.DIAB, D.CARD
Consultant Cardiologist
87714

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.

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TARASHANKAR

Age / Gender : 41 Years/Male

Consulting Dr. :

Collected : 29-Mar-2024 / 09:42

Reg. Location : Borivali West (Main Centre)

Reported : 30-Mar-2024 / 07:53

PHYSICAL EXAMINATION REPORT

History and Complaints:

Nil

EXAMINATION FINDINGS:

Height (cms):	172	Weight (kg):	83
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	120/80	Nails:	Normal
Pulse:	72/min	Lymph Node:	Not palpable

Systems

Cardiovascular: Normal
Respiratory: Normal
Genitourinary: Normal
GI System: Normal
CNS: Normal

IMPRESSION:

*β1- suzd
HDL ↓
prediabetic*

ADVICE:

*- Regular exercise
- wt- reduction 10 kg.
- Rpt- HbA1c after 6 mth.*

CHIEF COMPLAINTS:

- | | |
|------------------|----|
| 1) Hypertension: | No |
| 2) IHD | No |
| 3) Arrhythmia | No |

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

PERSONAL HISTORY:

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

*** End Of Report ***

DR. NITIN SONAVANE
M.B.B.S. (DIPLOMA IN DIABETES & ENDOCRINOLOGY)
CONSULTANT IN CARDIOLOGY
REGD. NO. 137714

Suburban Diagnostics (India) Pvt. Ltd.
301/2, D.M. 2, 3rd Floor, of Resonance
Above Indus, V. K. Road,
Borivali (West), Mumbai - 400092


Dr. NITIN SONAVANE
PHYSICIAN

Date:-

CID:

Name:-

Tripathi

Sex / Age: /

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

RE LE

Aided Vision:

6/9 6/9

Refraction:

ENLO 4/6

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

Normal

y

Suburban Diagnostics (India) Pvt. Ltd.
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 Bandra West, Mumbai - 400086.

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*β1- suzd
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301/2, D.M. 2, 3rd Floor, of Independence
Above Indira Park, Borivali West,
Borivali (West), Mumbai - 400092


Dr. NITIN SONAVANE
PHYSICIAN

Date:-

CID:

Name:-

Tripathi

Sex / Age: /

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

RE LE

Aided Vision:

6/9 6/9

Refraction:

ENLO 4/6

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

Normal

y

Suburban Diagnostics (India) Pvt. Ltd.
3rd Floor, Above Mercedes Showroom, Andheri West, Mumbai - 400053.
Above Mercedes Showroom, T. Road,
Borivali (West), Mumbai - 400086.

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Name: CHANDRESHKUMAR TRIPATHI

Date: 29-03-2024 Time: 12:24

Age: 41

Gender: M

Height: 172 cms

Weight: 83 Kg

ID: 2408913410

Clinical History: NIL

Medications: NIL

Test Details:

Protocol: Bruce

Predicted Max HR: 179

Target HR: 152 (85% of Pr. MHR)

Exercise Time: 0:09:01

Achieved Max HR: 154 (86% of Pr. MHR)

Max BP: 170/80

Max BP x HR: 26180

Max Mets: 10.1

Test Termination Criteria: TEST COMPLET

Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	00:57	1	0	0	95	120/80	11400	0.7 V3	0.2 I
Standing	00:11	1	0	0	95	120/80	11400	0.6 V2	0.2 V2
HyperVentilation	00:21	1	0	0	93	120/80	11160	0.6 V3	0.4 I
PreTest	00:10	1	1.6	0	93	120/80	11160	0.6 V2	0.2 I
Stage: 1	03:00	4.7	2.7	10	120	140/80	16800	0.5 II	0.4 II
Stage: 2	03:00	7	4	12	138	150/80	20700	-0.5 V5	0.2 II
Stage: 3	03:00	10.1	5.5	14	154	170/80	26180	1.1 V2	0.7 V2
Peak Exercise	00:01	10.1	6.8	16	154	170/80	26180	1.1 V2	0.7 V2
Recovery1	01:00	1	0	0	133	170/80	22610	0.9 V2	0.7 V3
Recovery2	01:00	1	0	0	124	150/80	18600	1 aVR	0.9 V3
Recovery3	01:00	1	0	0	118	130/80	15340	0.5 V2	0.1 I
Recovery4	01:00	1	0	0	110	120/80	13200	0.4 V2	0.1 I
Recovery5	01:00	1	0	0	110	120/80	13200	-2.4 V5	-0.1 aVR
Recovery6	00:04	1	0	0	109	120/80	13080	0.3 II	-1.7 II

Interpretation

The Patient Exercised according to Bruce Protocol for 0:09:01 achieving a work level of 10.1 METS.
 Resting Heart Rate, initially 95 bpm rose to a max. heart rate of 154bpm (86% of Predicted Maximum Heart Rate).
 Resting Blood Pressure of 120/80 mmHg, rose to a maximum Blood Pressure of 170/80 mmHg
 Good Effort tolerance Normal HR & BP Response No Angina or Arrhymias , VPCS NOTED DURING RECOVERY.
 No Significant ST-T Change Noted During Exercise Stress test Negative for Stress inducible ischaemia.

Suburban Diagnostics (Pvt. Ltd.)
 301 & 302, 3rd Floor, Vini Elegance
 Above Tanisq Jeweller, L. T. Road,
 Borivali (West), Mumbai - 400 092.

DR. NITIN SONAVANE
 M.B.B.S.AFLH, D.DIAB, D.CARD.
 CONSULTANT-CARDIOLOGIST

REGD. NO. : 57774

Doctor: DR. NITIN SONAVANE

Ref. Doctor: ----

SCHILLER

The Art of Diagnostics

(Summary Report edited by User)
 Cardiovit CS-20 Version:3.4

CHANDRESHKUMAR TRIPATHI (41 M)

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2408913410
Stage: Supine

Date: 29-03-2024
Speed: 0 km/h

Exec Time : 0:00:00
Slope: 0%

Stage Time: 00:57
THR: 152 bpm

HR: 96 bpm
BP: 120/80 mmHg
STLevel(mm) STSlope(mV/s)

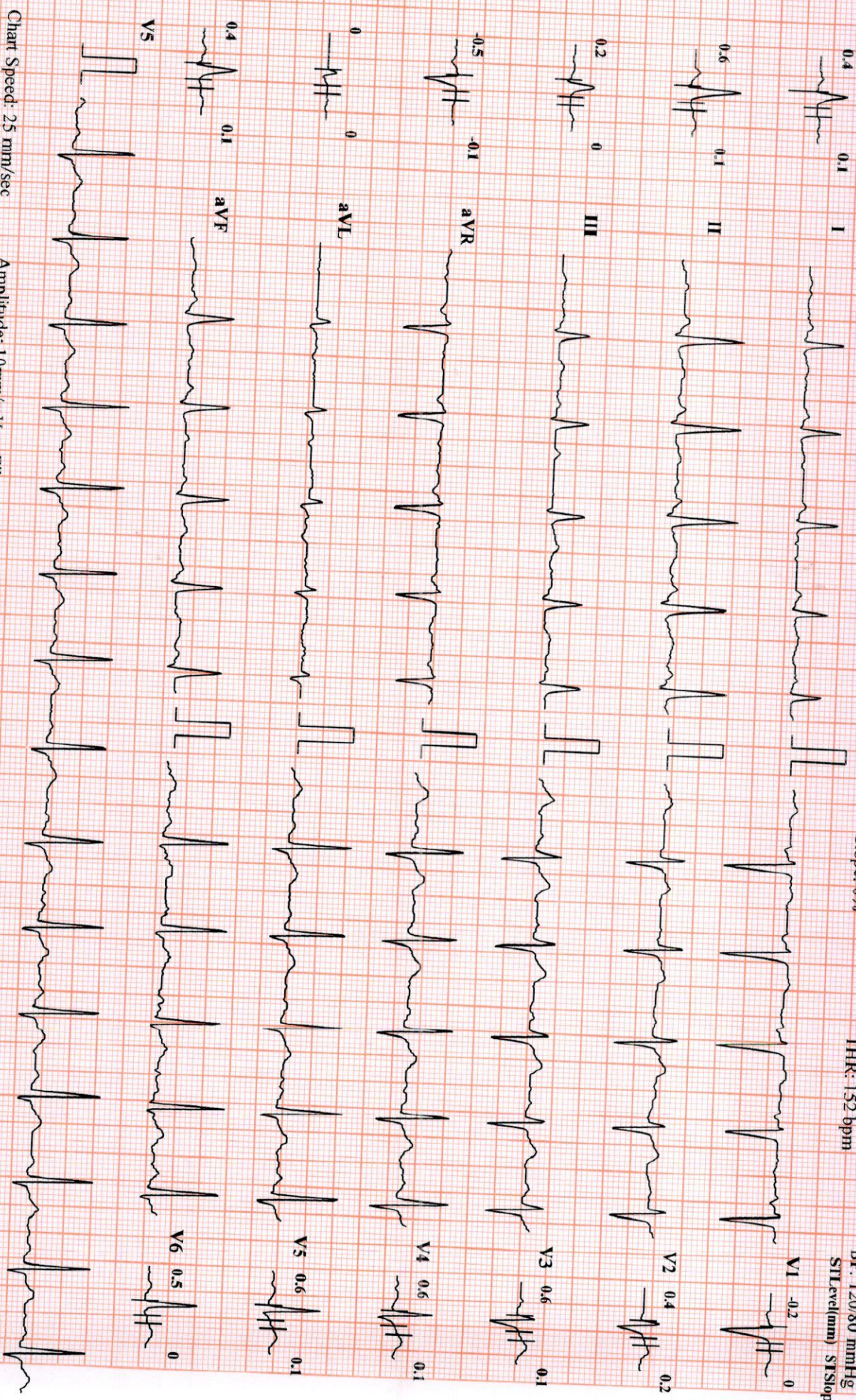


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

CHANDRESHKUMAR TRIPATHI (41 M)

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2408913410
Stage: Standing

Date: 29-03-2024
Speed: 0

Exec Time : 0:00:00
Slope: 0 %

Stage Time: 00:11
THR: 152 bpm

HR: 95 bpm

Bp: 120/80 mmHg
STLevel(mm) STSlope(mV/s)

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

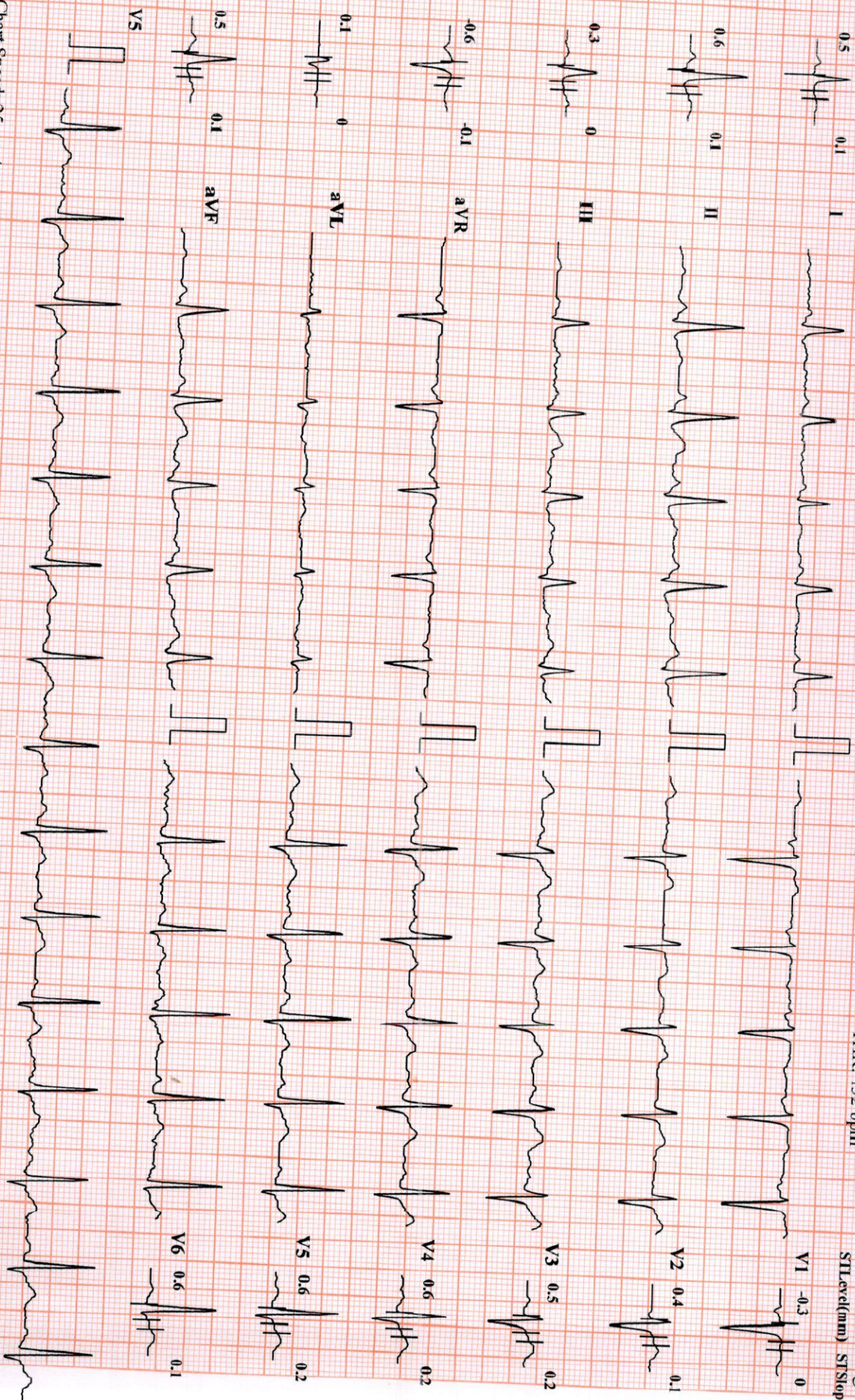


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-20 Version 3.4

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

CHANDRESHKUMAR TRIPATHI (41 M)

Bruce Protocol ID: 2408913410

STLevel(mm) STISlope(mV/s)

Stage: HyperVentilation

Date: 29-03-2024

Exec Time : 0:00:00

Stage Time: 00:21

HR: 93 bpm

BP: 126/80 mmHg

STLevel(mm) STISlope(mV/s)

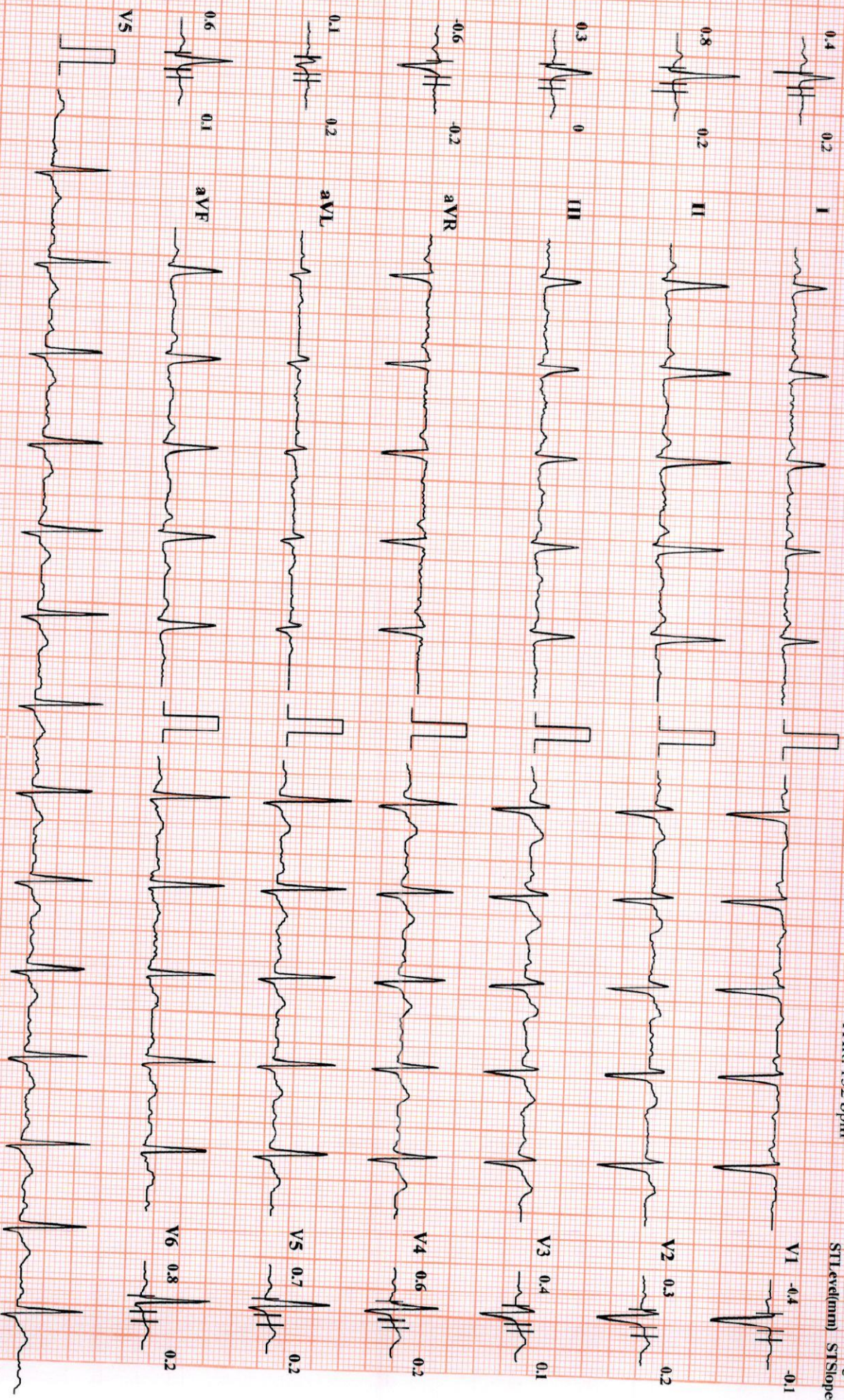


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R · 60 ms, J = R + 60 ms, Post J = J + 60 ms



CHANDRESHKUMAR TRIPATHI (41 M)

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Bruce Protocol
STLevel(mm) STSlope(mV/s)

Date: 29-03-2024
Speed: 2.7 kmph

Exec Time : 0:03:00
Slope: 10 %

Stage Time: 03:00
THR: 152 bpm

HR: 121 bpm

BP: 140/80 mmHg
STLevel(mm) STSlope(mV/s)

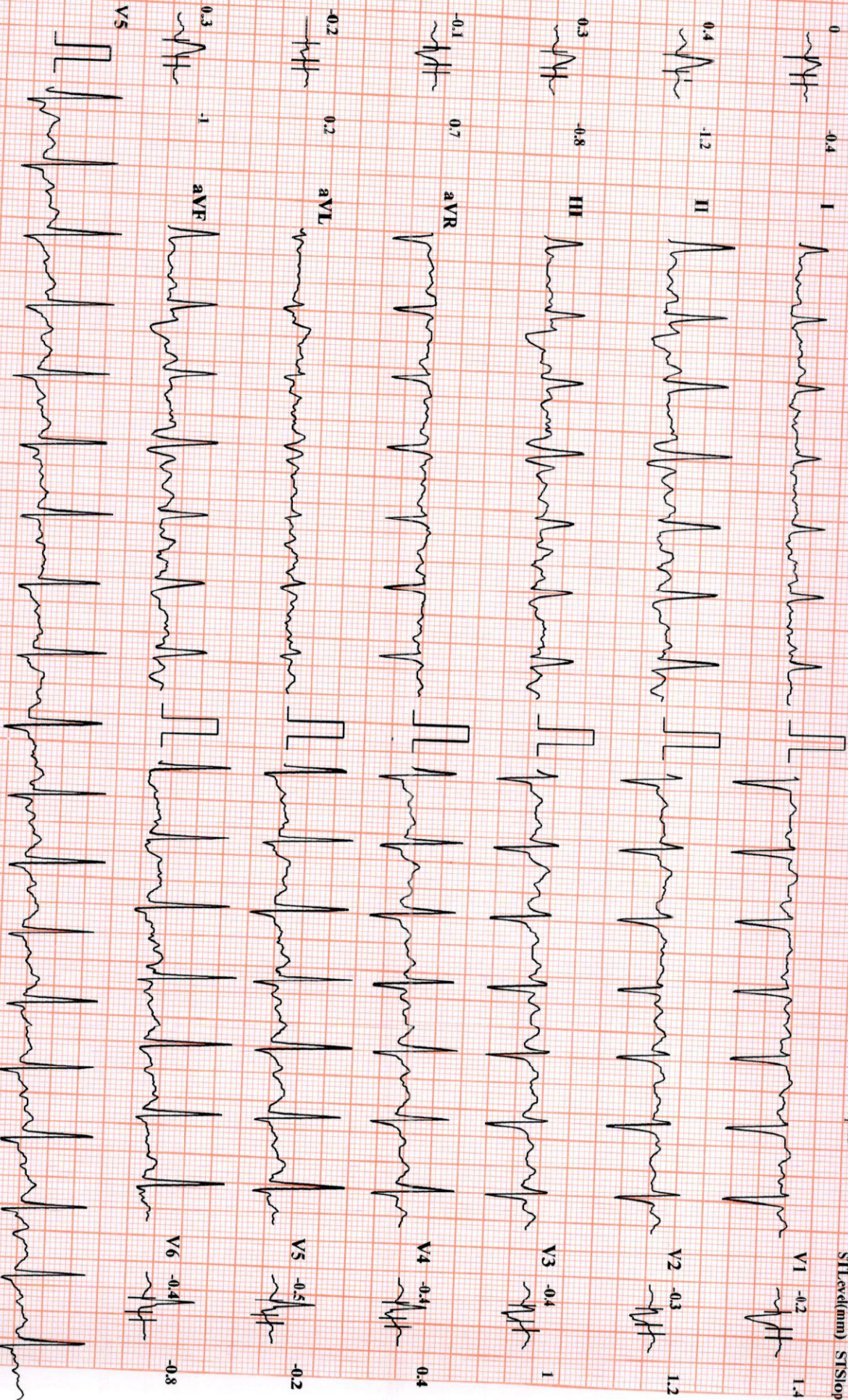


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

CHANDRESHKUMAR TRIPATHI (41 M)
SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2408913410
Stage: 2

Date: 29-03-2024
Speed: 4 kmph

Exec Time : 0:06:00
Slope: 12 %

Stage Time: 03:00
THR: 152 bpm

HR: 138 bpm
BP: 150/80 mmHg
STLevel(mm) STSlope(mV/s)

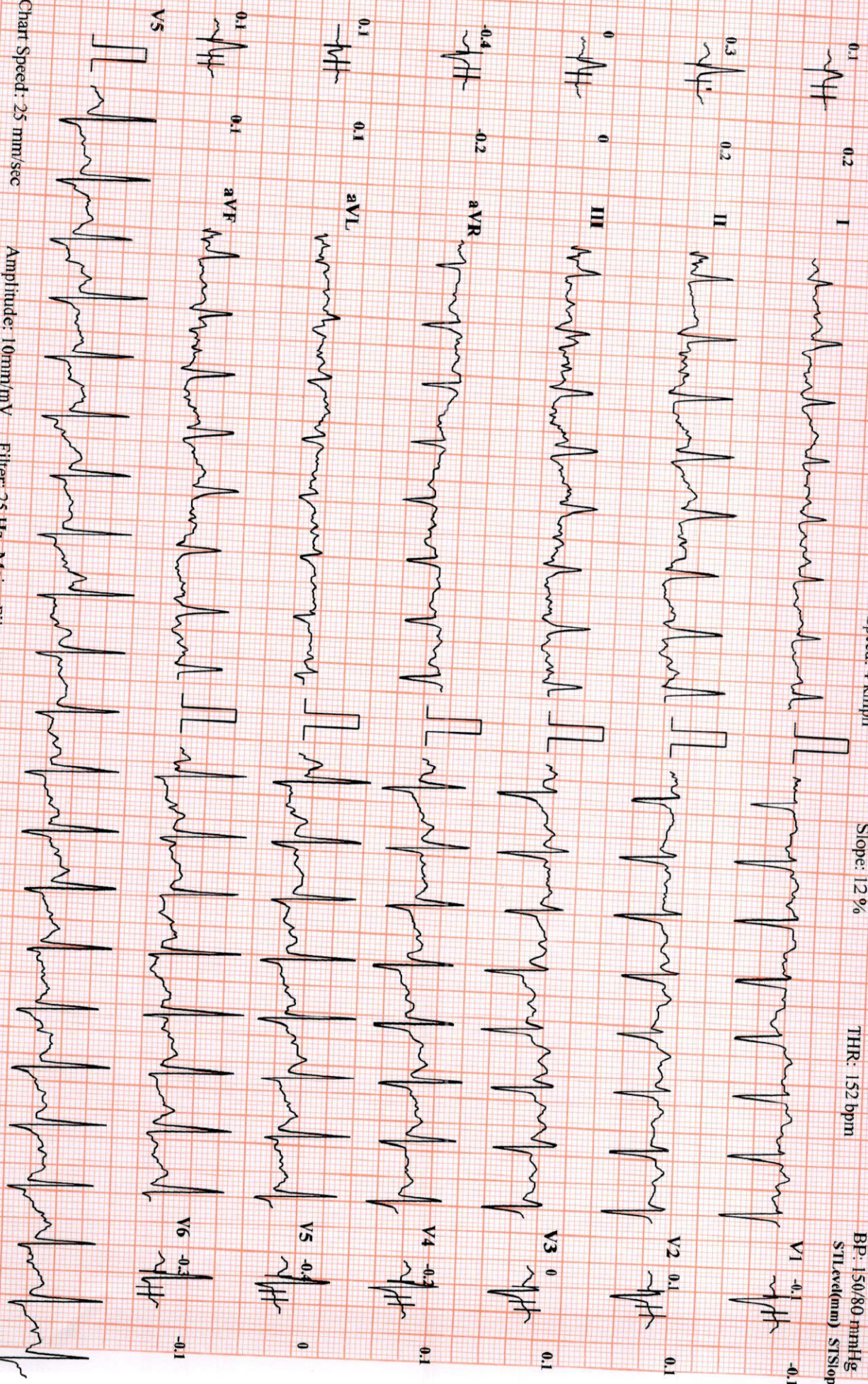


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

CHANDRESHKUMAR TRIPATHI (41 M)

Bruce Protocol

ID: 2408913410

STLevel(mm) STSlope(mV/s)

Stage: 3

Date: 29-03-2024

Exec Time: 0:09:00

Stage Time: 03:00

Speed: 5.5 kmph

Slope: 14 %

THR: 152 bpm

HR: 154 bpm

BP: 170/80 mmHg

STLevel(mm) STSlope(mV/s)

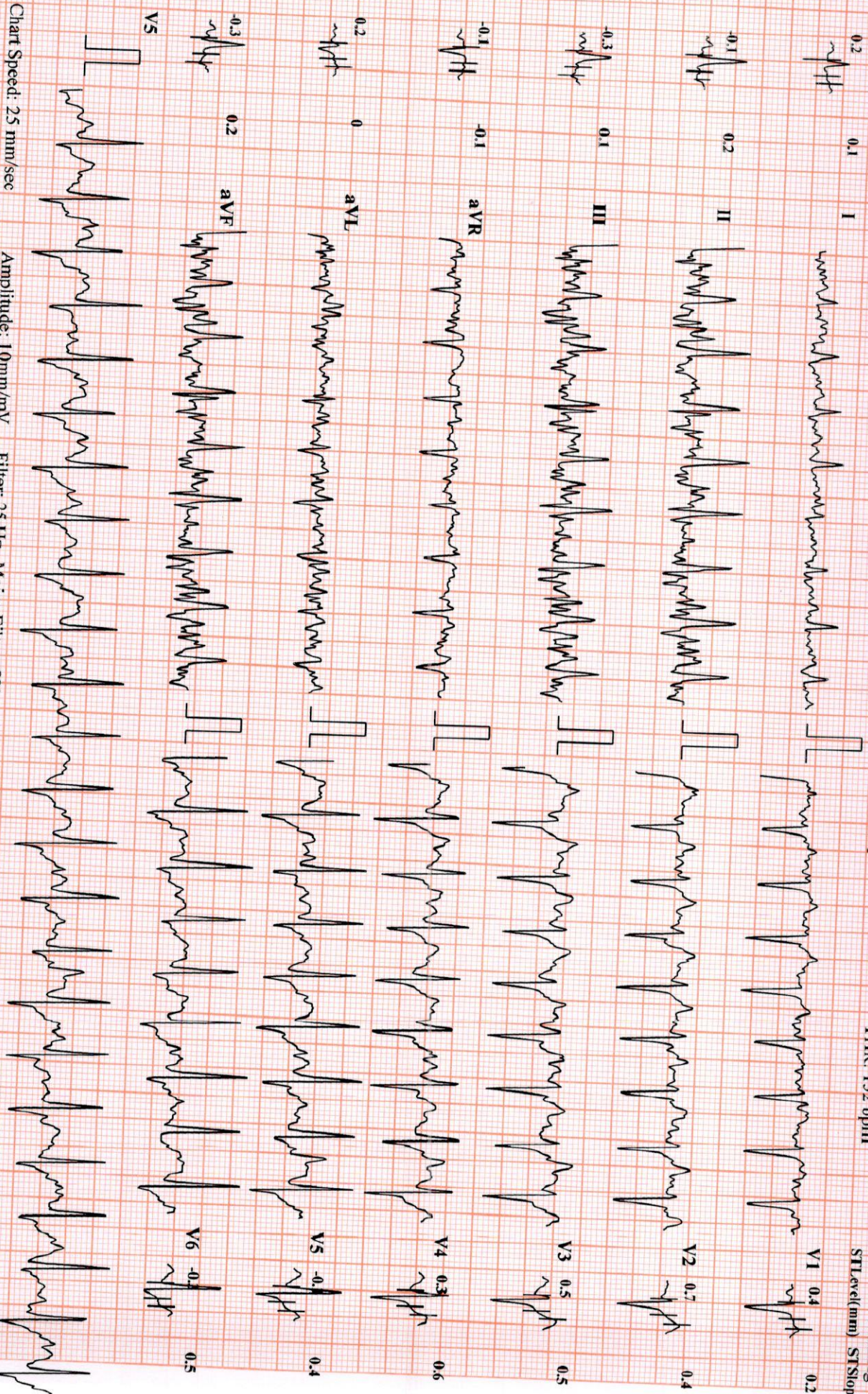


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

CHANDRESHKUMAR TRIPATHI (41M)

Bruce Protocol

ID: 2408913410

Date: 29-03-2024

Exec Time: 0:09:01

Stage Time: 00:01

HR: 154 bpm

STLevel(mm) STSlope(mV/s)

Stage: 4 Peak Exercise

Speed: 6.8 kmph

Slope: 16 %

THR: 152 bpm

BP: 170/80 mmHg
STLevel(mm) STSlope(mV/s)

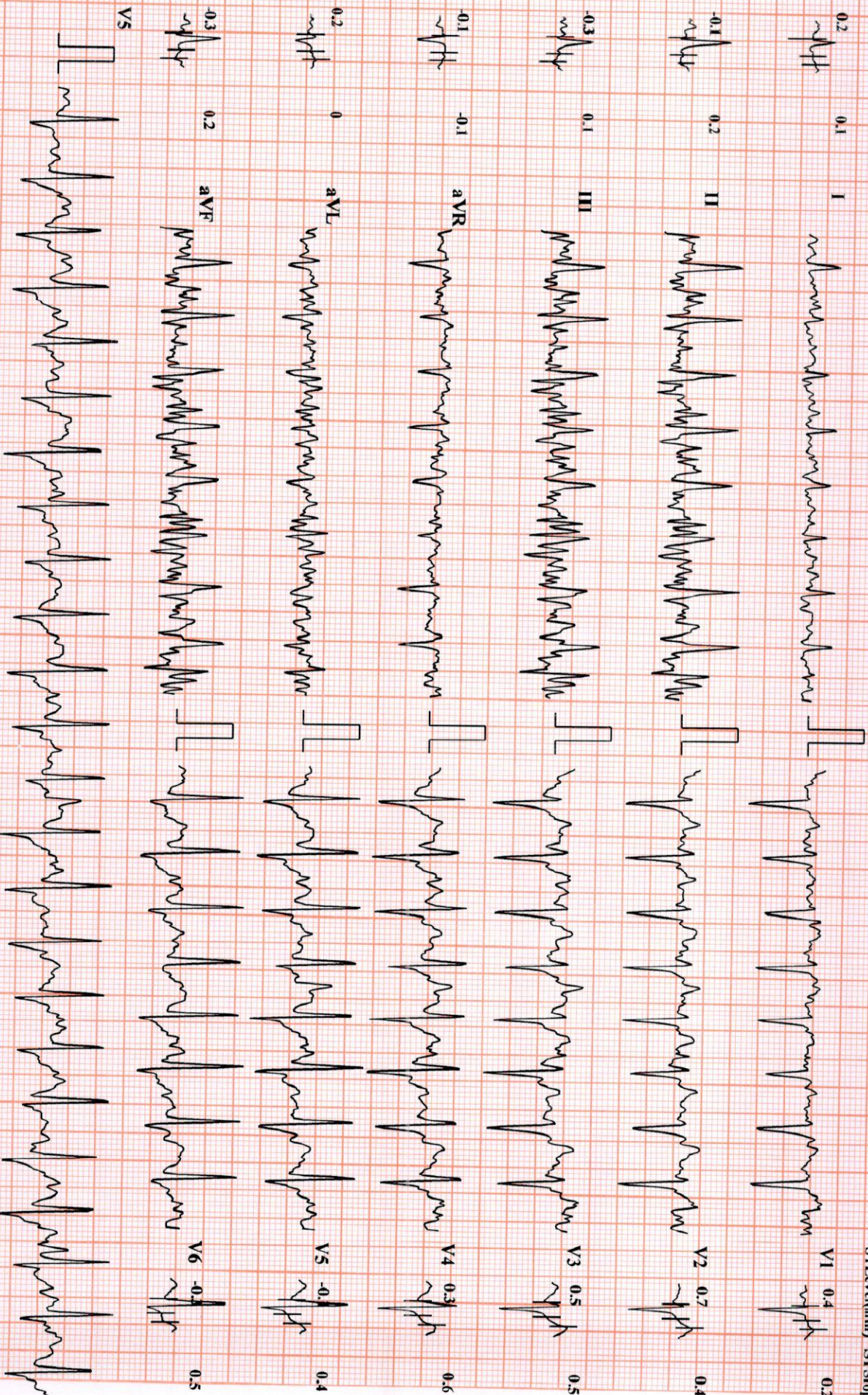


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

CHANDRESHKUMAR TRIPATHI (41 M)

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2408913410
Stage: Recovery1

Date: 29-03-2024
Speed: 0 kmph

Exec Time : 00:00
Slope: 0 %

Stage Time: 01:00
THR: 152 bpm

HR: 133 bpm

BP: 170/80 mmHg
STLevel(mm) STSlope(mV/s)

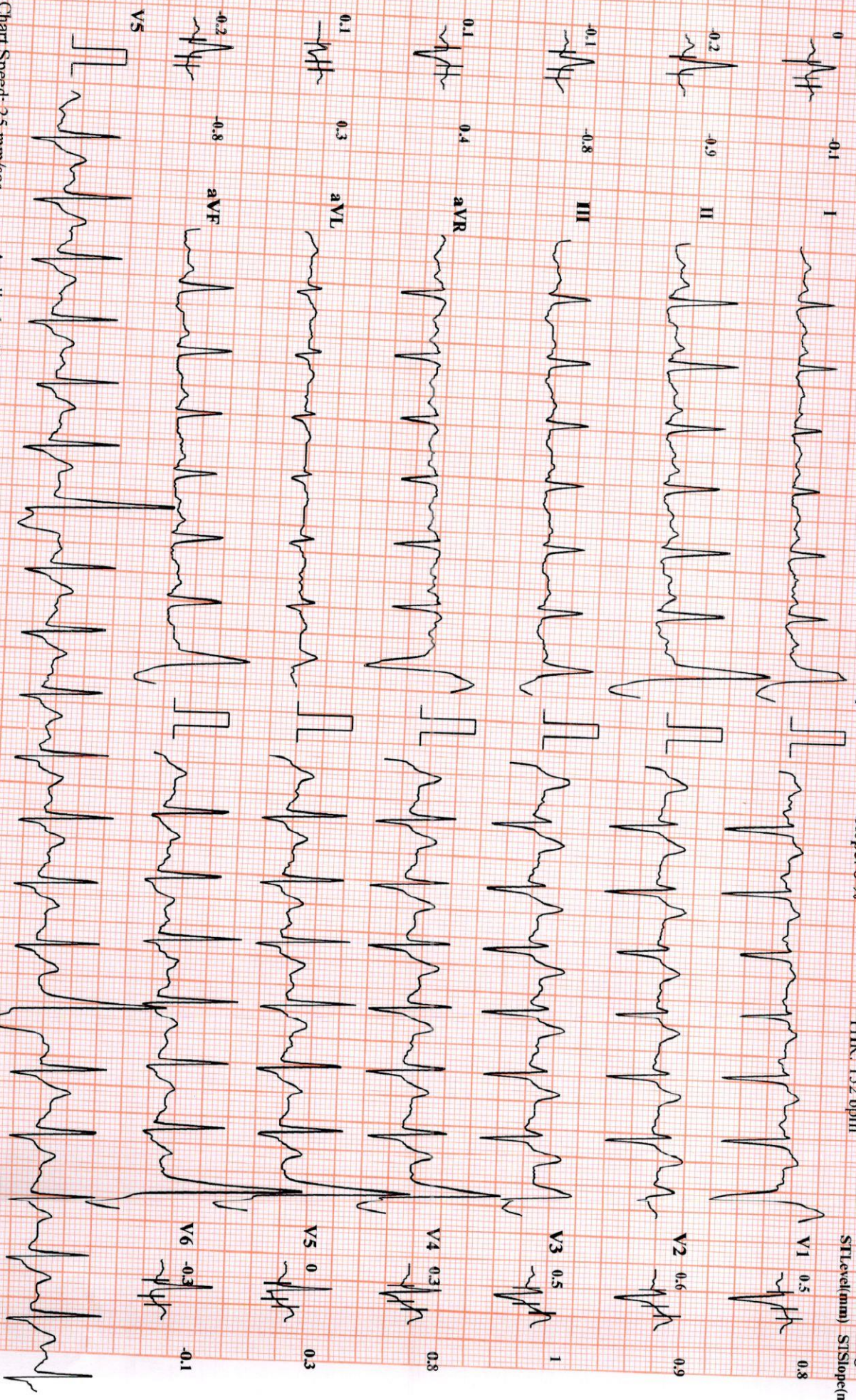


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

CHANDRESHKUMAR TRIPATHI (41 M)

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2408913410

Stage: Recovery2

Date: 29-03-2024

Speed: 0 kmph

Exec Time : 00:00

Slope: 0 %

Stage Time: 01:00

THR: 152 bpm

HR: 125 bpm

BP: 150/80 mmHg

STLevel(mm) STSlope(mV/s)

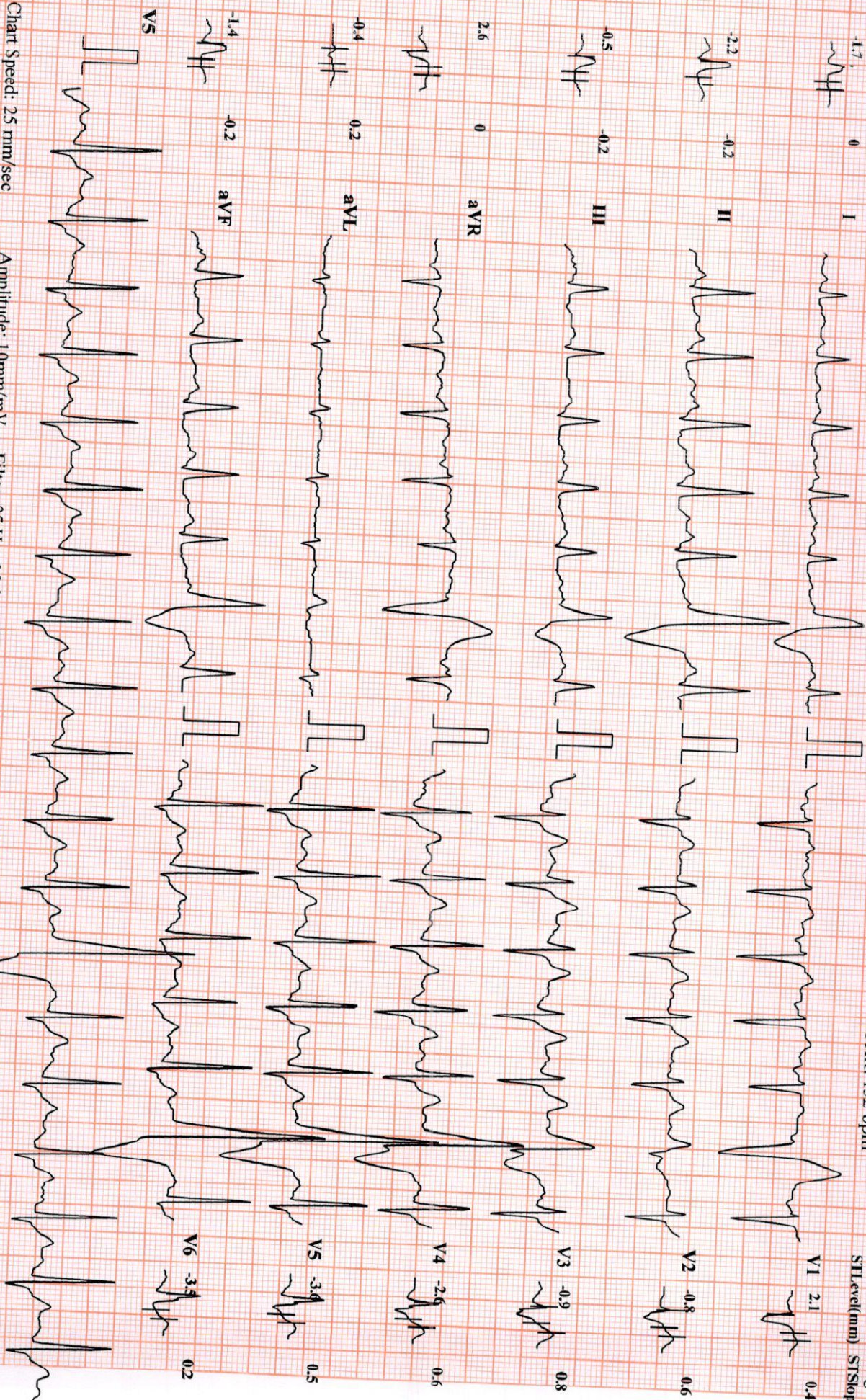


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post A = J + 60 ms

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

CHANDRESHKUMAR TRIPATHI (41 M)

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2408913410

Stage: Recovery3

Date: 29-03-2024

Speed: 0 kmph

Exec Time : 00:00

Slope: 0 %

Stage Time: 01:00

THR: 152 bpm

HR: 118 bpm

Bp: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

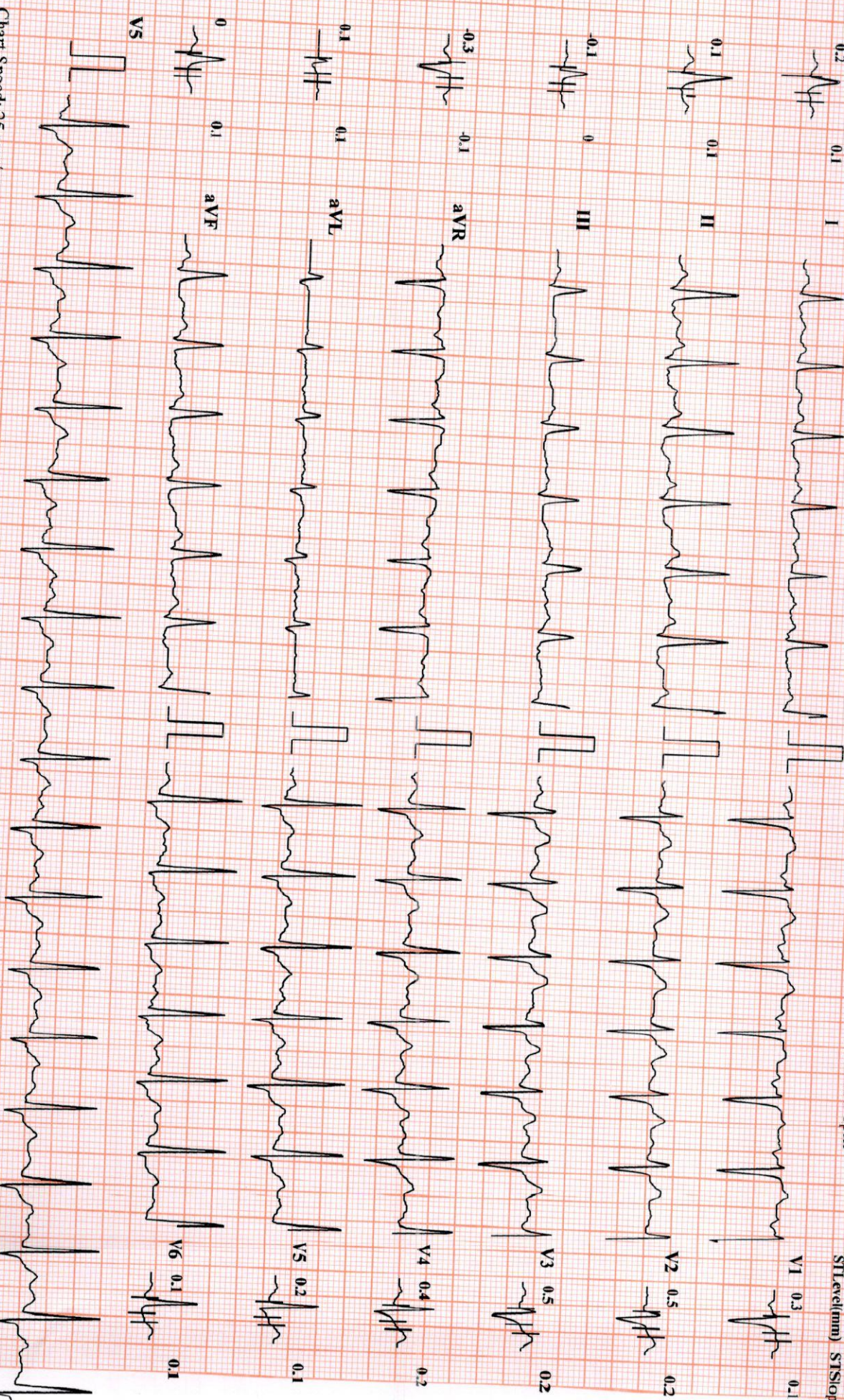


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

CHANDRESHKUMAR TRIPATHI (41 M)

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2408913410
Stage: Recovery4

Date: 29-03-2024
Speed: 0 kmph

Exec Time : 00:00
Slope: 0%

Stage Time: 01:00
THR: 152 bpm

HR: 110 bpm

BP: 120/80 mmHg
STLevel(mm) STSlope(mV/s)

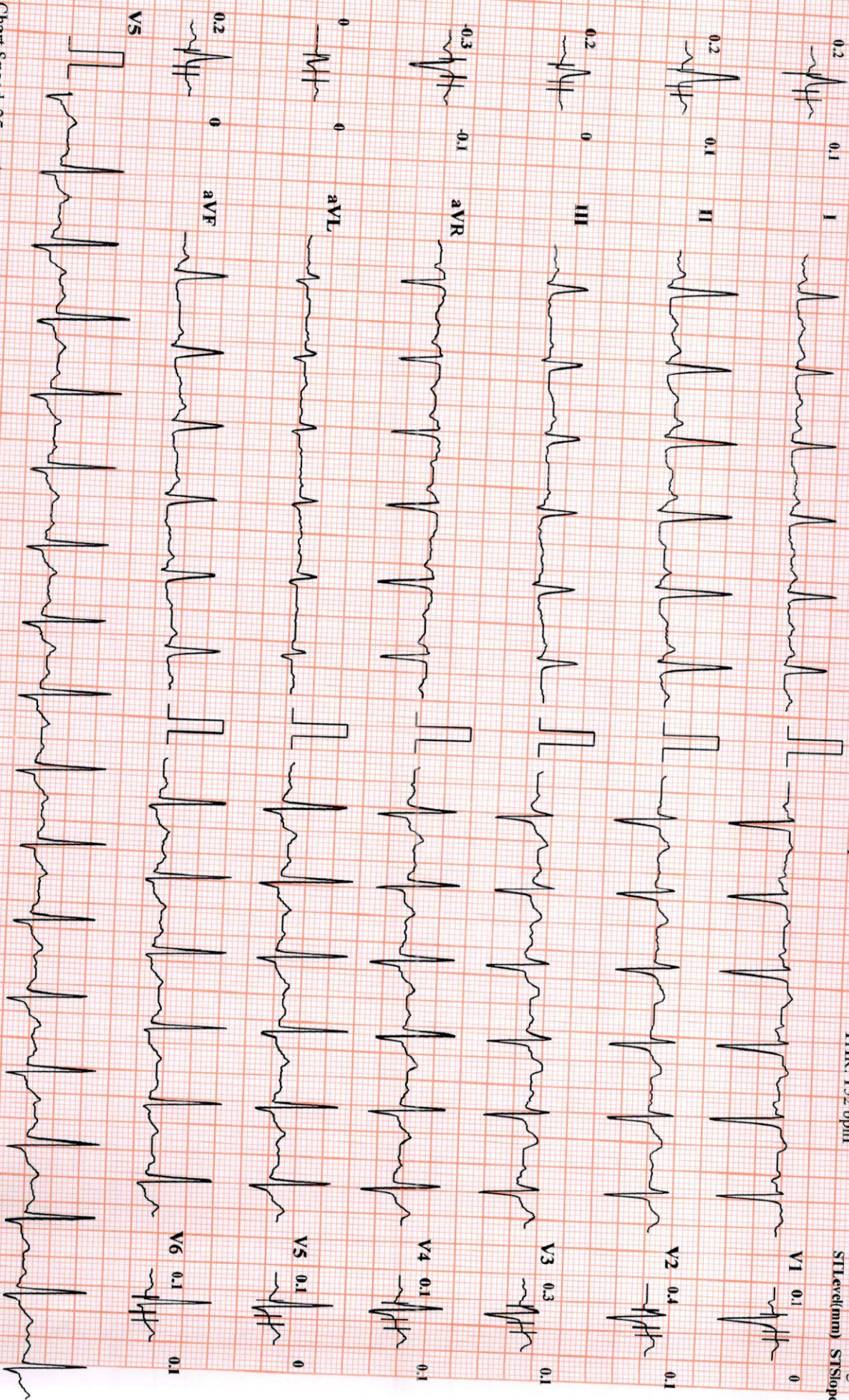


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-20 Version:3.4

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

CHANDRESHKUMAR TRIPATHI (41 M)

Bruce Protocol ID: 2408913410

STLevel(mm) STSlope(mV/s) Stage: Recovery⁵

Date: 29-03-2024

Speed: 0 kmph

Exec Time: 00:00

Slope: 0 %

Stage Time: 01:00

THR: 152 bpm

HR: 110 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

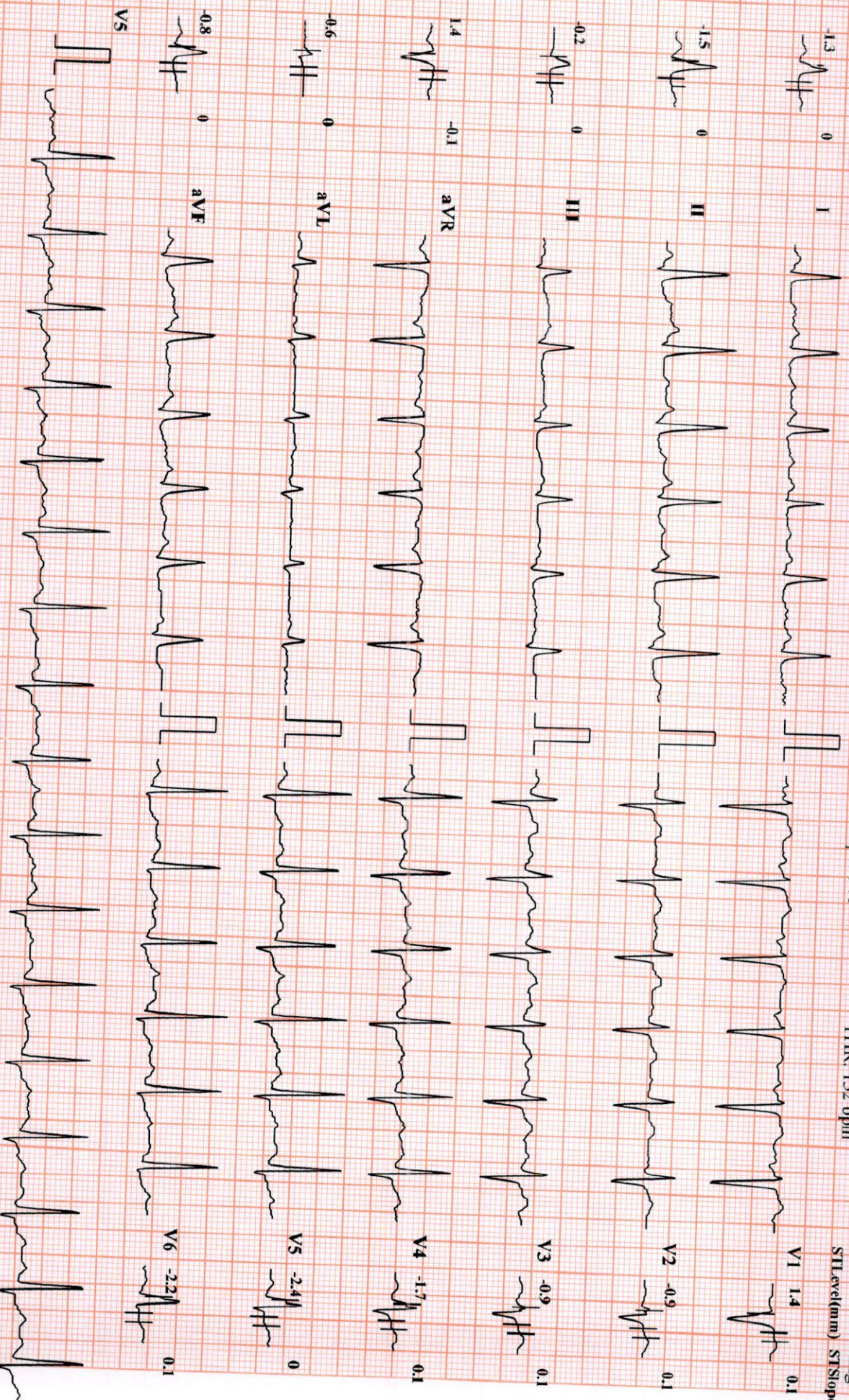


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms



CID : 2408913410
Name : Mr TRIPATHI
CHANDRESHKUMAR
TARASHANKAR
Age / Sex : 41 Years/Male
Ref. Dr :
Reg. Location : Borivali West

Use a QR Code Scanner
Application To Scan the Code
Reg. Date : 29-Mar-2024
Reported : 29-Mar-2024/11:38

USG WHOLE ABDOMEN

LIVER: Liver is enlarged in size 17 cm, with mild generalized increase in parenchymal echotexture. There is no intra-hepatic biliary radical dilatation.No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended with multiple calculi are seen largest measuring 5.8 mm and 3 mm . No obvious wall thickening is noted.

(Tiny polyps/calculi may be missed due to technical limitations, sub-optimal distension of GB, adjacent gases and inter-machine variability in resolution settings)

PORTAL VEIN: Portal vein is normal. **CBD:** CBD is normal.

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

KIDNEYS: Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

PROSTATE: Prostate is normal in size and echotexture. Prostate measures 3.3 x 3.2 x 3.5 cm and prostatic weight is 20 gm. No evidence of any obvious focal lesion.

No free fluid or size significant lymphadenopathy is seen.



CID : 2408913410
Name : Mr TRIPATHI
CHANDRESHKUMAR
TARASHANKAR
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Opinion:

- **Grade I fatty infiltration of liver with mild hepatomegaly, Advice LFT & Lipid profile correlation.**
- **Cholelithiasis without cholecystitis.**

For clinical correlation and follow up.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification. Please interpret accordingly.

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

DR.SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
RegNo .MMC 2016061376.



CID : 2408913410
Name : Mr TRIPATHI
CHANDRESHKUMAR
TARASHANKAR
Age / Sex : 41 Years/Male
Ref. Dr :
Reg. Location : Borivali West

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Reg. Date : 29-Mar-2024
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