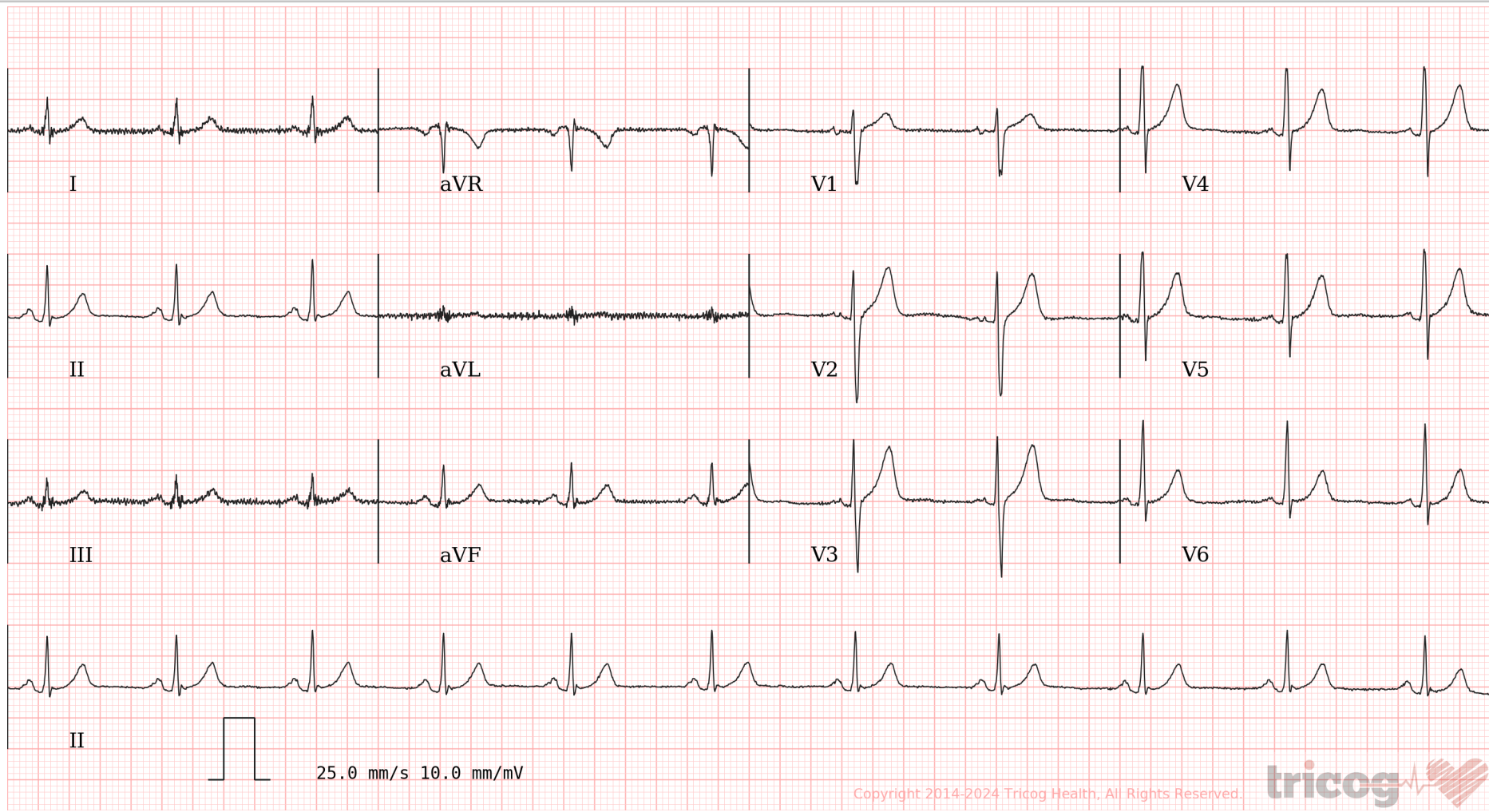


# SUBURBAN DIAGNOSTICS - KALINA, SANTACRUZ EAST



Patient Name: SAKSHAM MEHTA  
Patient ID: 2423725745

Date and Time: 24th Aug 24 1:23 PM



Age **31** NA NA  
years months days

Gender **Male**

Heart Rate **67bpm**

### Patient Vitals

BP: NA  
Weight: NA  
Height: NA  
Pulse: NA  
Spo2: NA  
Resp: NA  
Others: \_\_\_\_\_

### Measurements

QRSD: 70ms  
QT: 340ms  
QTcB: 359ms  
PR: 106ms  
P-R-T: 60° 62° 65°

Copyright 2014-2024 Tricog Health, All Rights Reserved.

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

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.

REPORTED BY  
  
Dr Naveed Sheikh  
PGDCC  
2016/11/4694



CID : 2423725745  
Name : MR.SAKSHAM MEHTA  
Age / Gender : 31 Years / Male  
Consulting Dr. : -  
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 24-Aug-2024 / 11:47  
Reported : 24-Aug-2024 / 16:45

Use a QR Code Scanner  
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>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	14.0	13.0-17.0 g/dL	Spectrophotometric
RBC	4.32	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.7	40-50 %	Calculated
MCV	101.3	81-101 fl	Measured
MCH	32.4	27-32 pg	Calculated
MCHC	32.0	31.5-34.5 g/dL	Calculated
RDW	14.4	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	8110	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	32.1	20-40 %	
Absolute Lymphocytes	2603.3	1000-3000 /cmm	Calculated
Monocytes	6.3	2-10 %	
Absolute Monocytes	510.9	200-1000 /cmm	Calculated
Neutrophils	56.6	40-80 %	
Absolute Neutrophils	4590.3	2000-7000 /cmm	Calculated
Eosinophils	4.8	1-6 %	
Absolute Eosinophils	389.3	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	16.2	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	227000	150000-410000 /cmm	Elect. Impedance
MPV	10.4	6-11 fl	Measured
PDW	20.9	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		



Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2423725745  
**Name** : MR.SAKSHAM MEHTA  
**Age / Gender** : 31 Years / Male  
**Consulting Dr.** : -  
**Reg. Location** : Kalina, Santacruz East (Main Centre)

**Collected** : 24-Aug-2024 / 11:47  
**Reported** : 24-Aug-2024 / 15:36

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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR                      **16**                      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 SDRL, Vidyavihar Lab

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



*Anupa*

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



CID : 2423725745  
Name : MR.SAKSHAM MEHTA  
Age / Gender : 31 Years / Male  
Consulting Dr. : -  
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 24-Aug-2024 / 11:47  
Reported : 24-Aug-2024 / 16:08

Use a QR Code Scanner  
Application To Scan the Code

**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 Fasting	77	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	80	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.93	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	<b>0.32</b>	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.61	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.6	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.4	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	25.2	<34 U/L	Modified IFCC
SGPT (ALT), Serum	33.2	10-49 U/L	Modified IFCC
GAMMA GT, Serum	17.4	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	<b>128.3</b>	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	20.4	19.29-49.28 mg/dl	Calculated
BUN, Serum	9.5	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	<b>0.67</b>	0.73-1.18 mg/dl	Enzymatic



Use a QR Code Scanner Application To Scan the Code

CID : 2423725745  
Name : MR.SAKSHAM MEHTA  
Age / Gender : 31 Years / Male  
Consulting Dr. : -  
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 24-Aug-2024 / 11:47  
Reported : 24-Aug-2024 / 16:08

eGFR, Serum	128	(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

URIC ACID, Serum	5.5	3.7-9.2 mg/dl	Uricase/ Peroxidase
------------------	-----	---------------	---------------------

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



*Anupa*

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



CID : 2423725745  
Name : MR.SAKSHAM MEHTA  
Age / Gender : 31 Years / Male  
Consulting Dr. : -  
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 24-Aug-2024 / 11:47  
Reported : 24-Aug-2024 / 17:39

Use a QR Code Scanner  
Application To Scan the Code

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

**Intended use:**

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

**Clinical Significance:**

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

**Test Interpretation:**

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

**Factors affecting HbA1c results:**

**Increased in:** High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

**Decreased in:** Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

**Reflex tests:** Blood glucose levels, CGM (Continuous Glucose monitoring)

**References:** ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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

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



*Dr. Leena Salunkhe*

**Dr.LEENA SALUNKHE**  
**M.B.B.S, DPB (PATH)**  
**Pathologist**



CID : 2423725745  
 Name : MR.SAKSHAM MEHTA  
 Age / Gender : 31 Years / Male  
 Consulting Dr. : -  
 Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 24-Aug-2024 / 11:47  
 Reported : 24-Aug-2024 / 19:40

Use a QR Code Scanner  
 Application To Scan the Code

**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	Yellow	Pale Yellow	Light scattering
Transparency	Clear	Clear	Light scattering
<b><u>CHEMICAL EXAMINATION</u></b>			
Specific Gravity	1.016	1.002-1.035	Refractive index
Reaction (pH)	5.5	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
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	Negative	Negative	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
(WBC)Pus cells / hpf	0.8	0-5/hpf	
Red Blood Cells / hpf	0.0	0-2 /hpf	
Epithelial Cells / hpf	0.1	0-5/hpf	
Hyaline Casts	0.0	0-1/hpf	
Pathological cast	0.0	0-0.3/hpf	
Crystals	0.2	0-1.4/hpf	
Calcium oxalate monohydrate crystals	0.0	0-1.4/hpf	
Calcium oxalate dihydrate crystals	0.0	0-1.4/hpf	
Triple phosphate crystals	0.0	0-1.4/hpf	
Uric acid crystals	0.1	0-1.4/hpf	
Amorphous debris	0.0	0-29.5/hpf	
Bacteria / hpf	19.7	0-29.5/hpf	
Yeast	0.0	0-0.7/hpf	



Use a QR Code Scanner  
Application To Scan the Code

CID : 2423725745  
Name : MR.SAKSHAM MEHTA  
Age / Gender : 31 Years / Male  
Consulting Dr. : -  
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 24-Aug-2024 / 11:47  
Reported : 24-Aug-2024 / 19:40

Others -

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

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





CID : 2423725745  
Name : MR.SAKSHAM MEHTA  
Age / Gender : 31 Years / Male  
Consulting Dr. : -  
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 24-Aug-2024 / 11:47  
Reported : 24-Aug-2024 / 18:01

Use a QR Code Scanner  
Application To Scan the Code

**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 \*\*\*



*Dr. Vrushi Shroff*

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



CID : 2423725745  
Name : MR.SAKSHAM MEHTA  
Age / Gender : 31 Years / Male  
Consulting Dr. : -  
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 24-Aug-2024 / 11:47  
Reported : 24-Aug-2024 / 16:12

Use a QR Code Scanner  
Application To Scan the Code

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	174.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	183	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	35.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	139.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	102.8	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	36.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.9	0-3.5 Ratio	Calculated

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



*Anupa*

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



CID : 2423725745  
 Name : MR.SAKSHAM MEHTA  
 Age / Gender : 31 Years / Male  
 Consulting Dr. : -  
 Reg. Location : Kalina, Santacruz East (Main Centre)

Use a QR Code Scanner  
 Application To Scan the Code  
 Collected : 24-Aug-2024 / 11:47  
 Reported : 24-Aug-2024 / 16:08

**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	5.2	3.5-6.5 pmol/L	CLIA
Free T4, Serum	13.5	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	1.976	0.55-4.78 microU/ml	CLIA



CID : 2423725745  
Name : MR.SAKSHAM MEHTA  
Age / Gender : 31 Years / Male  
Consulting Dr. : -  
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 24-Aug-2024 / 11:47  
Reported : 24-Aug-2024 / 16:08

Use a QR Code Scanner  
Application To Scan the Code

**Interpretation:**

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

**Clinical Significance:**

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be trasiently altered becuae of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

**Limitations:**

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

**Reference:**

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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

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



*Anupa*

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



Use a QR Code Scanner  
Application To Scan the Code

CID : 2423725745  
Name : MR.SAKSHAM MEHTA  
Age / Gender : 31 Years / Male  
Consulting Dr. : -  
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 25-Aug-2024 / 12:46  
Reported : 25-Aug-2024 / 16:17

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
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 SDRL, Vidyavihar Lab  
\*\*\* End Of Report \*\*\*



*Anupa*

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

Date:- 24/09/2024.

CID: 242372024

Name:- Mr. Saksham Mehta Sex / Age: / 31 yrs / Male

**EYE CHECK UP**

Chief complaints: Nil

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: RW  $\frac{6}{6}$  / N5      OJ  $\frac{6}{6}$  / N5

Aided Vision: —

Refraction: —

(Right Eye)

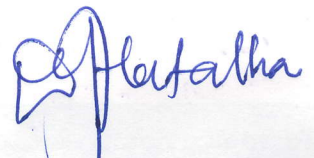
(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—————			6/6	—————			6/6
Near	—————			N5	—————			N5

Colour Vision:  Normal /  Abnormal

Remark: Wau

Suburban Diagnostics (I) Pvt. Ltd.  
1st Floor, Harbhajan, Above HDFC Bank,  
Opp. Nafa Petrol Pump, Kalina, CST Road,  
Santacruz (East),  
Tel. No. 022-61700000



**Dr. D.G. NATALKAR**  
R.No. 61067 M.D. (Ob.Gy)

9991625529  
Saksham

भारत सरकार  
Government of India

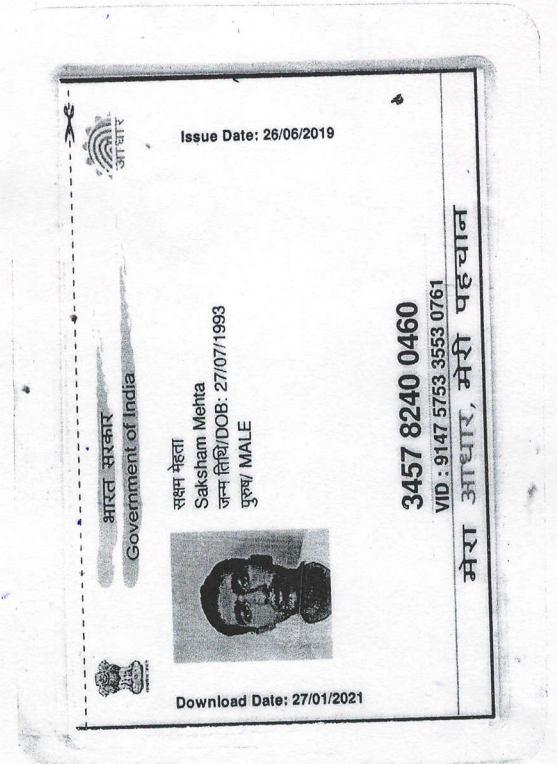
सक्षम मेहता  
Saksham Mehta  
जन्म तिथि/DOB: 27/07/1993  
पुलक/ MALE

Issue Date: 26/06/2019

3457 8240 0460  
VID : 9147 5753 3553 0761

मेरा आधार, मेरी पहचान

Download Date: 27/01/2021



Suburban Diagnostics (I) Pvt. Ltd.  
1st Floor, Harbhajan, Above HDFC Bank,  
Opp. Nala Petrol Pump, Kalina, CST Road,  
Santacruz (East),  
Tel. No. 022-61700000

**CID** : 2423725745  
**Name** : MR SAKSHAM MEHTA  
**Age / Sex** : 31 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Kalina, Santacruz East Main Centre  
**Reg. Date** : 24-Aug-2024  
**Reported** : 24-Aug-2024 / 13:15

Use a QR Code Scanner  
Application To Scan the Code

## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size, shape and smooth margins. It shows normal parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

### GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen

### PANCREAS:

The pancreas is well visualised and appears normal. No evidence of solid or cystic mass lesion.

### KIDNEYS:

Both the kidneys are normal in size shape and echotexture.  
No evidence of any calculus, hydronephrosis or mass lesion seen.  
Right kidney measures: 10.0 x 5.0 cm. Left kidney measures: 10.1 x 4.6 cm.

### SPLEEN:

The spleen is normal in size and echotexture. No evidence of focal lesion is noted.  
There is no evidence of any lymphadenopathy or ascites.

### URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

### PROSTATE:

The prostate is normal in size 3.3 x 2.7 x 2.6 cm and volume is 12.9 cc.

### IMPRESSION:

No significant abnormality is seen.

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



**DR. ASHA DHAVAN**  
**MBBS ; D.M.R.E**  
**CONSULTANT RADIOLOGIST**

Click here to view images <<ImageLink>>



CID : 2423725745  
Name : Mr Saksham Mehta  
Age / Sex : 31 Years/Male  
Ref. Dr :  
Reg. Location : Kalina, Santacruz East Main Centre

Reg. Date : 24-Aug-2024  
Reported : 24-Aug-2024 / 13:40

Use a QR Code Scanner  
Application To Scan the Code

**X-RAY CHEST PA VIEW**

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

**IMPRESSION:**

**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

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

*Asham*

**DR.ASHA DHAVAN**  
**MBBS ; D.M.R.E**  
**CONSULTANT RADIOLOGIST**

Click here to view images <<ImageLink>>

Page no 1 of 1

## Suburban Diagnostics Kalina

**Patient Details**      Date: 24-Aug-24      Time: 1:44:43 PM  
**Name:** SAKSHAM MEHTA ID: 2423725745  
**Age:** 31 y      **Sex:** M      **Height:** 177 cms.      **Weight:** 65 Kg.  
**Clinical History:** Routine Test

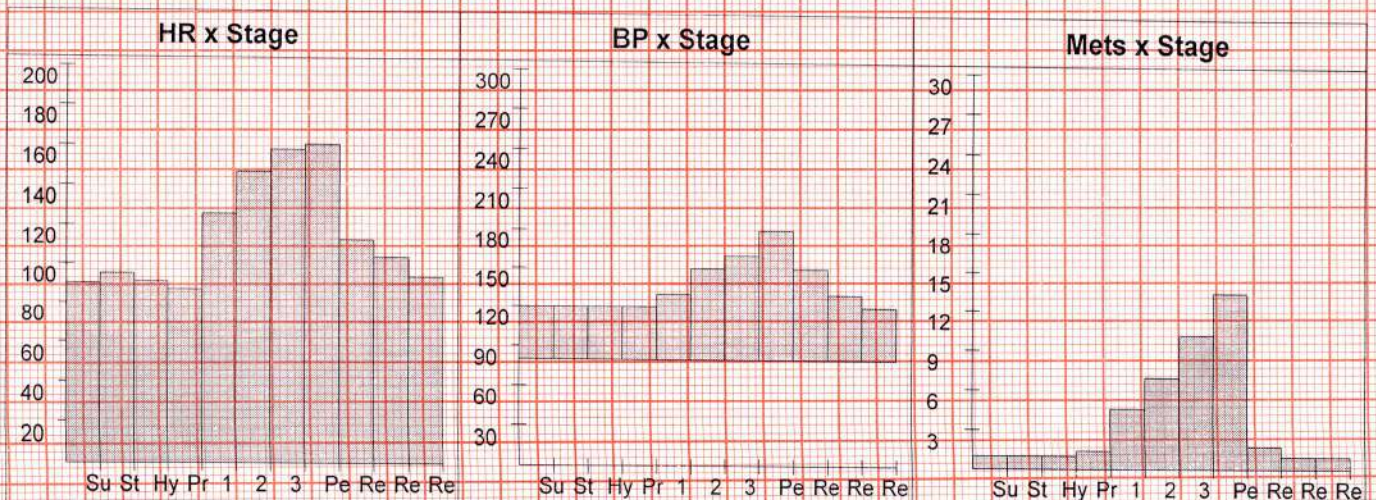
**Medications:** NONE

### Test Details

**Protocol:** Bruce      **Pr.MHR:** 189 bpm      **THR:** 160 (85 % of Pr.MHR) bpm  
**Total Exec. Time:** 9 m 9 s      **Max. HR:** 161 (85% of Pr.MHR) bpm      **Max. Mets:** 13.50  
**Max. BP:** 180 / 80 mmHg      **Max. BP x HR:** 28980 mmHg/min      **Min. BP x HR:** 7200 mmHg/min  
**Test Termination Criteria:** Target HR attained

### Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 36	1.0	0	0	90	120 / 80		
Standing	0 : 6	1.0	0	0	95	120 / 80		
Hyperventilation	0 : 8	1.0	0	0	91	120 / 80		
1	3 : 0	4.6	1.7	10	126	130 / 80		
2	3 : 0	7.0	2.5	12	147	150 / 80		
3	3 : 0	10.2	3.4	14	158	160 / 80		
Peak Ex	0 : 9	13.5	4.2	16	161	180 / 80		
Recovery(1)	2 : 0	1.8	1	0	113	150 / 80		
Recovery(2)	2 : 0	1.0	0	0	104	130 / 80		
Recovery(3)	0 : 9	1.0	0	0	94	120 / 80		



# Suburban Diagnostics Kalina

## Patient Details

Date: 24-Aug-24

Time: 1:44:43 PM

Name: SAKSHAM MEHTA ID: 2423725745

Age: 31 y

Sex: M

Height: 177 cms.

Weight: 65 Kg.

## Interpretation

GOOD EFFORT TOLERENCEANCE  
NORMAL HEART RATE RESPONSE  
NORMAL BLOOD PRESSURE RESPONSE  
NO ANGINA/ANGINA EQUIVALENTS  
NO ARRHYTHMIAS  
NO SIGNIFICANT ST-T CHANGES NOTED AS COMPARED TO BASELINE  
ECG  
IMPRESSION : STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHAEMIA

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



**Suburban Diagnostics (I) Pvt. Ltd.**  
1st Floor, Harbhajan, Above HDFC Bank,  
Opp. Nafa Petrol Pump, Kalina, CST Road,  
Santacruz (East),  
Tel. No. 022-61700000

**DR. SHEIKH NAVEED**  
MBBS/PGDCC  
Clinical Cardiologist  
Reg. No. 2016/11/4694

Ref. Doctor: .....

Doctor: NAVEED SHEIKH

( Summary Report edited by user )

# Suburban Diagnostics Kalina

SAKSHAM MEHTA (31 M)

ID: 2423725745

Date: 24-Aug-24

B.P: 120 / 80

Protocol: Bruce

Stage: Supine

Speed: 0 mph

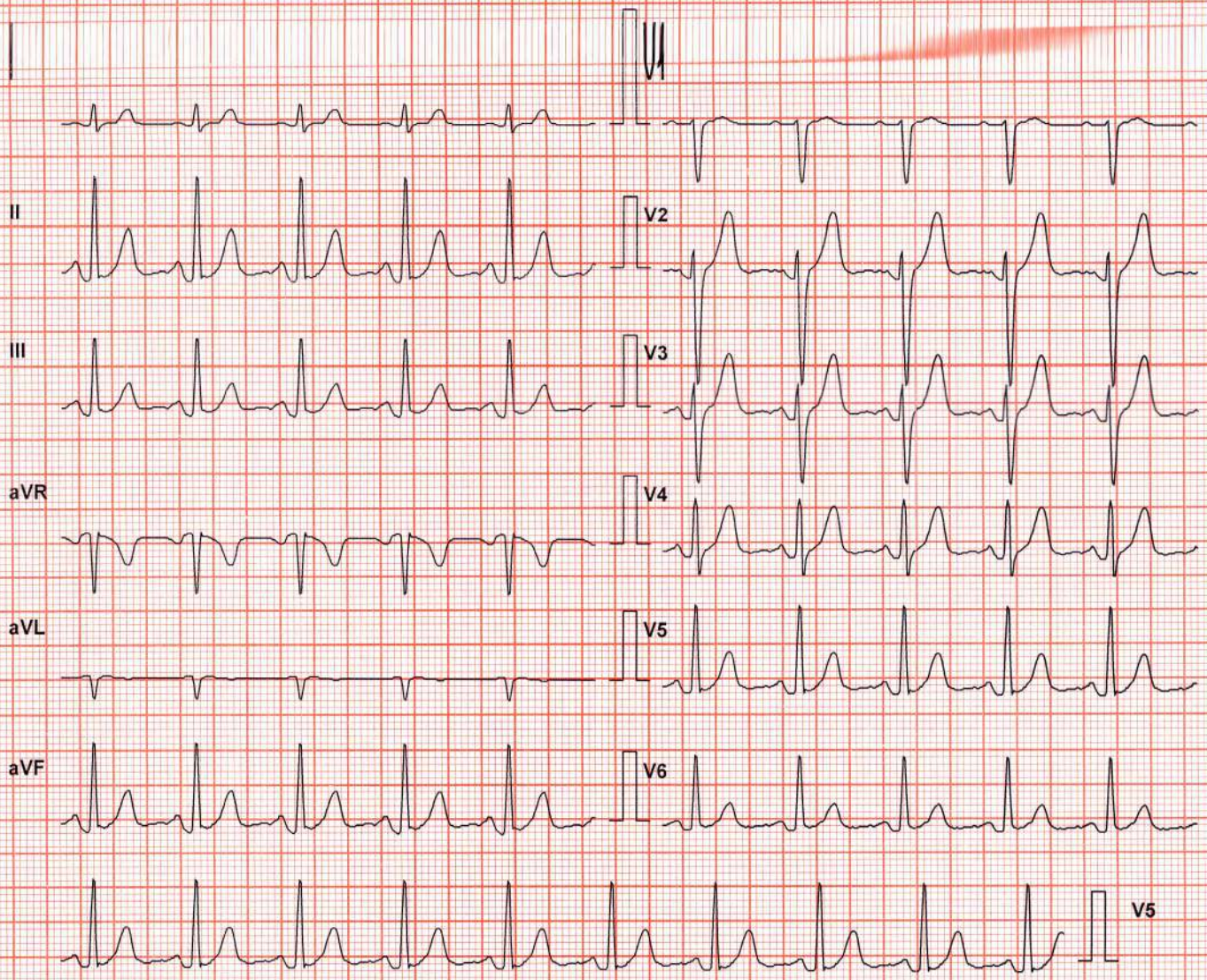
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 30 s

HR: 95 bpm

(THR: 160 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.4	0.4
aVR	-1.3	-1.1
V1	0.8	1.1
V4	2.5	2.5
II	2.3	2.5
aVL	-0.2	-0.4
V2	4.0	4.2
V5	1.7	1.8
III	1.3	1.4
aVF	1.9	1.8
V3	3.4	3.2
V6	1.3	1.1

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller Spandan V 4.51

Iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median

# Suburban Diagnostics Kalina

SAKSHAM MEHTA (31 M)

ID: 2423725745

Date: 24-Aug-24

B.P: 120 / 80

Protocol: Bruce

Stage: Standing

Speed: 0 mph

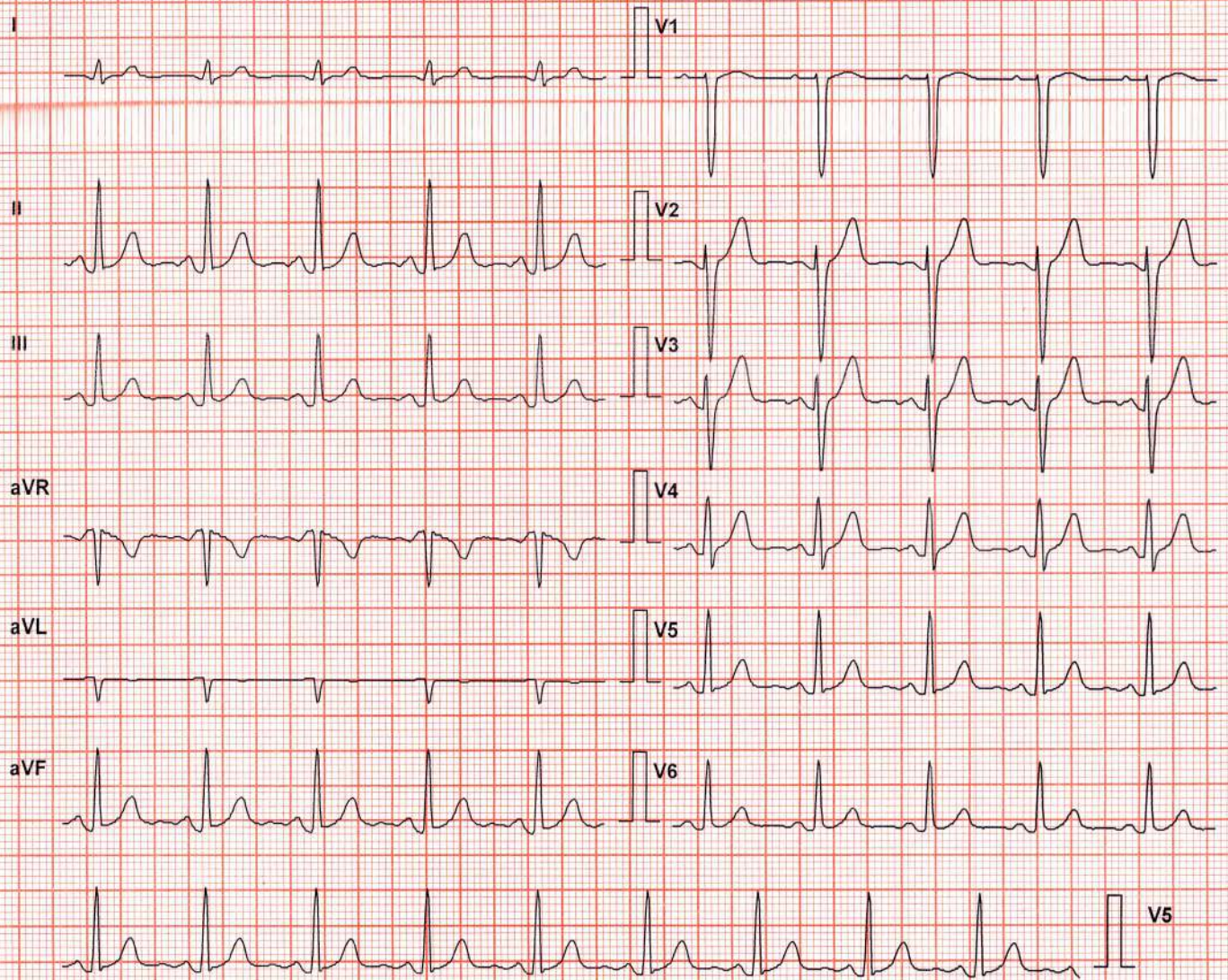
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 0 s

HR: 91 bpm

(THR: 160 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.2	0.4
aVR	-1.3	-1.1
V1	0.6	0.7
V4	2.1	1.8
II	2.1	1.8
aVL	-0.2	0.0
V2	3.4	3.5
V5	1.5	1.1
III	1.5	1.1
aVF	1.7	1.4
V3	3.0	2.8
V6	1.1	1.1

Chart Speed: 25 mm/sec  
Schiller Spandan V 4.51

Filter: 35 Hz  
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON  
Post J = J + 60 ms

Amp: 10 mm  
Linked Median

# Suburban Diagnostics Kalina

**SAKSHAM MEHTA (31 M)**

ID: 2423725745

Date: 24-Aug-24

B.P: 120 / 80

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

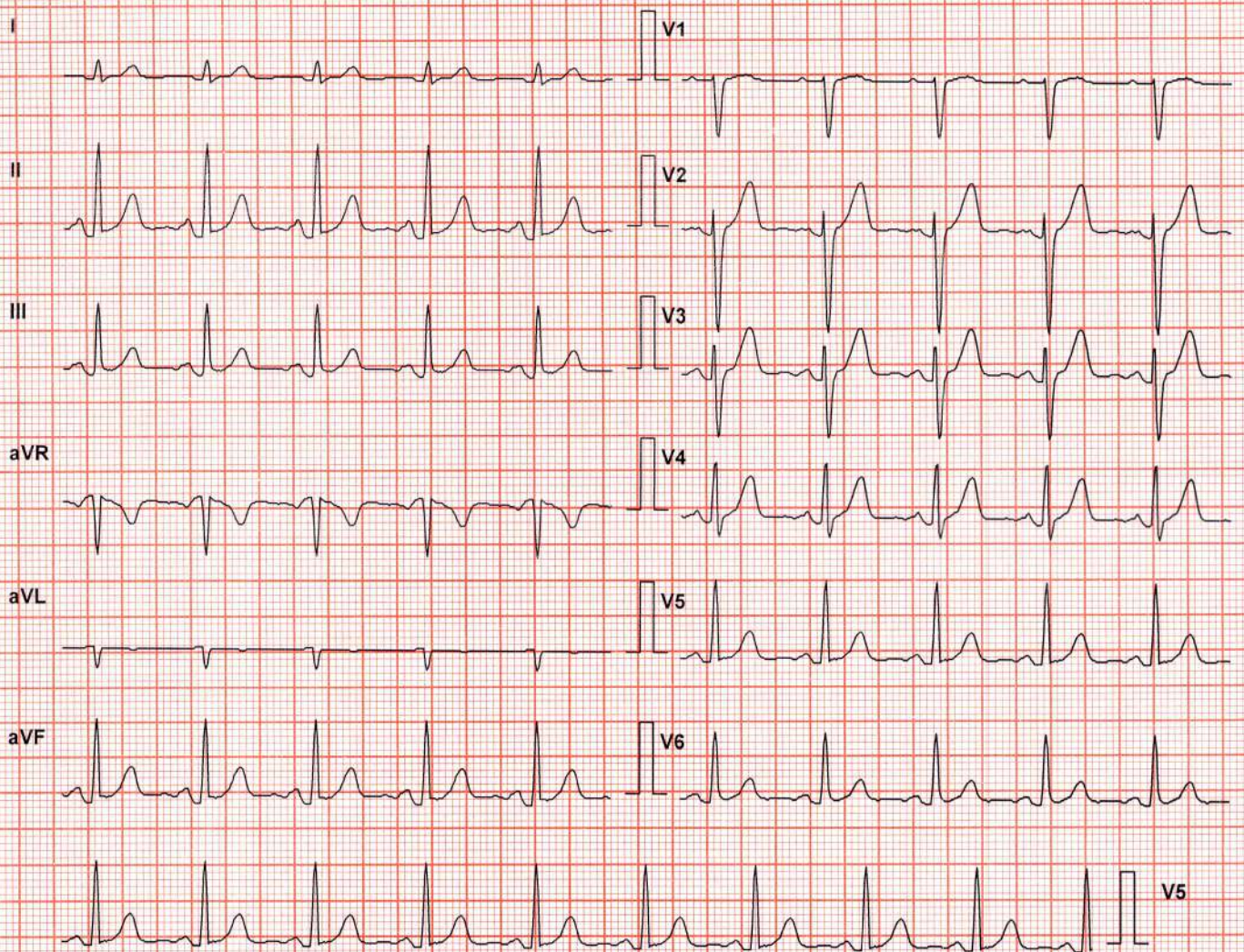
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 2 s

**HR: 93 bpm**

(THR: 160 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.4	0.0
aVR	-1.3	-1.1
V1	0.6	0.7
V4	2.3	1.8
II	2.1	1.8
aVL	-0.2	0.0
V2	3.2	3.5
V5	1.3	1.1
III	1.5	1.1
aVF	1.7	1.4
V3	3.0	2.8
V6	1.1	1.1

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller Spandan V 4.51

Iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median



# Suburban Diagnostics Kalina

SAKSHAM MEHTA (31 M)

ID: 2423725745

Date: 24-Aug-24

B.P: 130 / 80

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

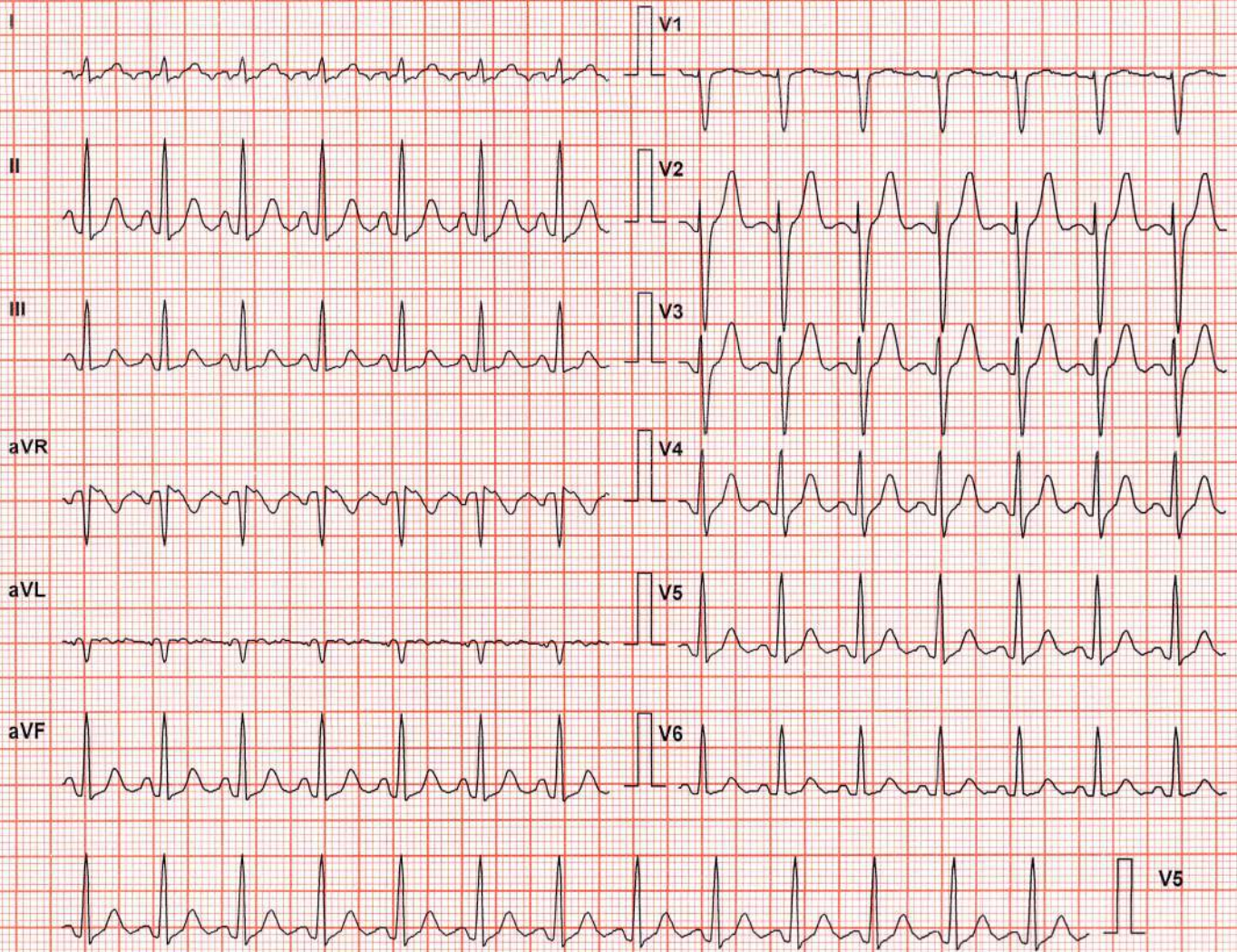
Grade: 10 %

Exec Time : 2 m 54 s

Stage Time : 2 m 54 s

HR: 127 bpm

(THR: 160 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.6	1.4
aVR	-1.3	-2.1
V1	0.8	0.7
V4	3.0	3.9
II	2.1	3.2
aVL	0.0	0.0
V2	4.7	5.7
V5	1.7	2.5
III	1.5	1.8
aVF	1.7	2.1
V3	4.0	5.0
V6	1.1	1.4

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller Spandan V 4.51

Iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median

# Suburban Diagnostics Kalina

SAKSHAM MEHTA (31 M)

ID: 2423725745

Date: 24-Aug-24

B.P: 150 / 80

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

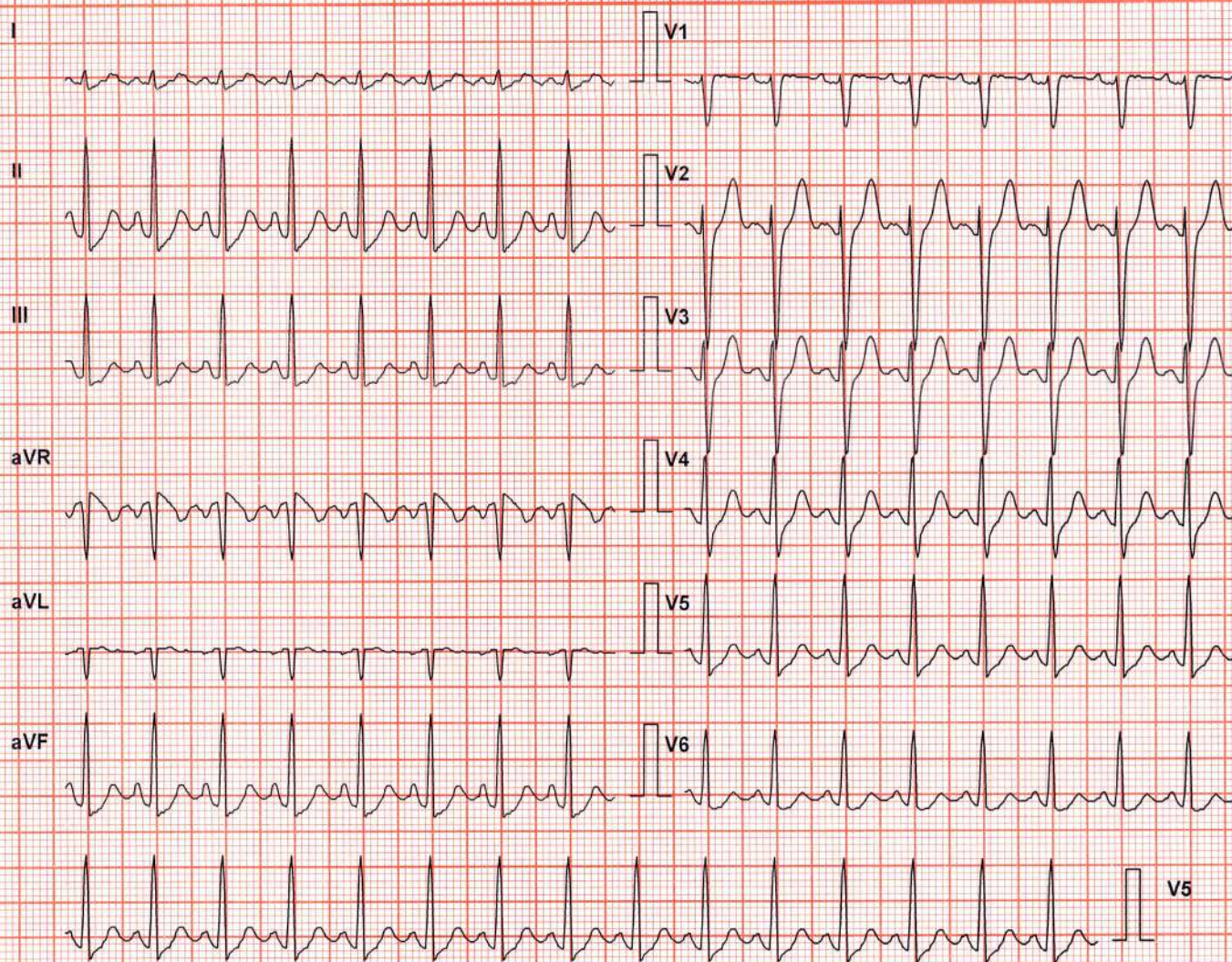
Grade: 12 %

Exec Time : 5 m 54 s

Stage Time : 2 m 54 s

HR: 146 bpm

(THR: 160 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.4	1.4
aVR	-0.8	-2.5
V1	0.8	-0.4
V4	2.5	4.6
II	1.5	3.9
aVL	0.0	-0.4
V2	4.9	5.7
V5	1.5	2.8
III	1.1	2.1
aVF	1.5	3.2
V3	4.0	5.0
V6	0.6	2.1

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller Spandan V 4.51

Iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median





# Suburban Diagnostics Kalina

**SAKSHAM MEHTA (31 M)**

ID: 2423725745

Date: 24-Aug-24

B.P: 160 / 80

Protocol: Bruce

Stage: 3

Speed: 3.4 mph

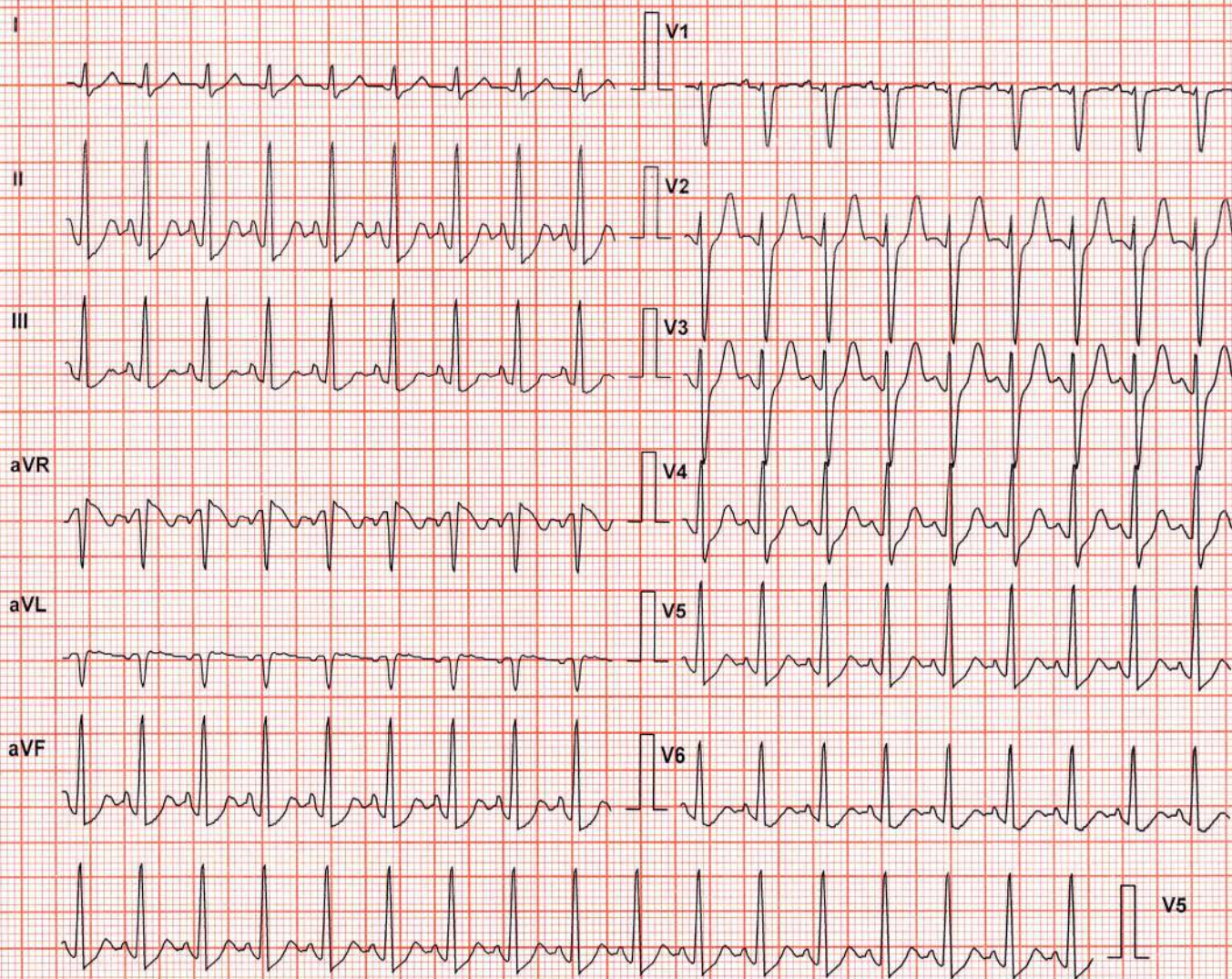
Grade: 14 %

Exec Time : 8 m 54 s

Stage Time : 2 m 54 s

**HR: 161 bpm**

(THR: 160 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.6	1.4
II	1.3	4.2
III	0.6	2.8
aVR	-1.1	-2.8
aVL	0.0	-0.4
aVF	1.1	3.5
V1	0.4	0.4
V2	4.9	5.7
V3	4.9	5.0
V4	2.3	5.3
V5	1.1	3.2
V6	0.6	2.5

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

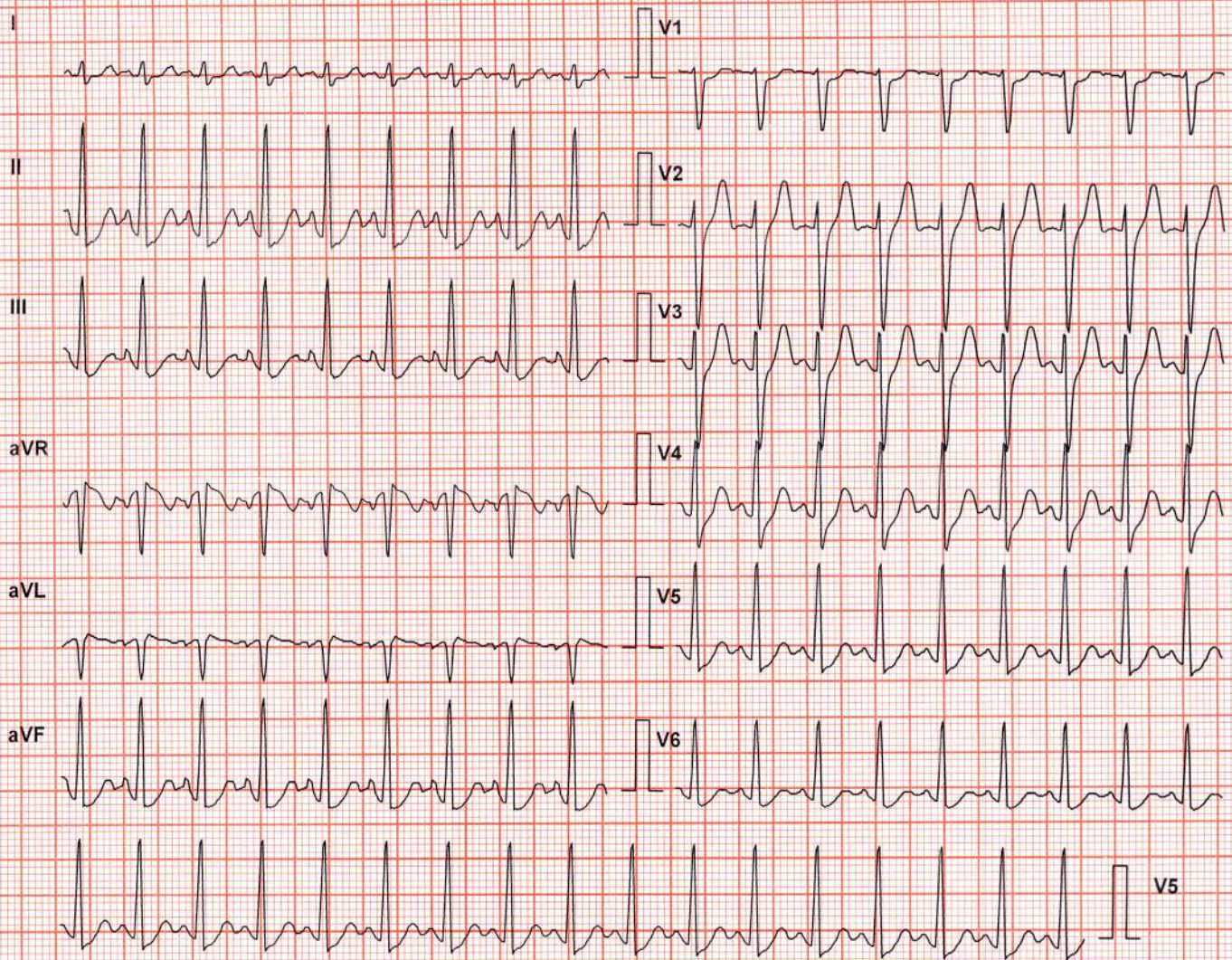
Schiller Spandan V 4.51

Iso = R + 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median





Lead	ST Level (mm)	ST Slope (mV/s)
I	0.4	1.1
aVR	-0.8	-2.5
V1	0.0	1.1
V4	2.8	5.7
II	1.5	5.0
aVL	0.2	-0.7
V2	5.1	5.7
V5	1.1	3.5
III	0.6	3.2
aVF	1.1	3.9
V3	5.1	5.0
V6	0.6	2.8

# Suburban Diagnostics Kalina

SAKSHAM MEHTA (31 M)

ID: 2423725745

Date: 24-Aug-24 B.P: 150 / 80

Protocol: Bruce

Stage: Recovery(1)

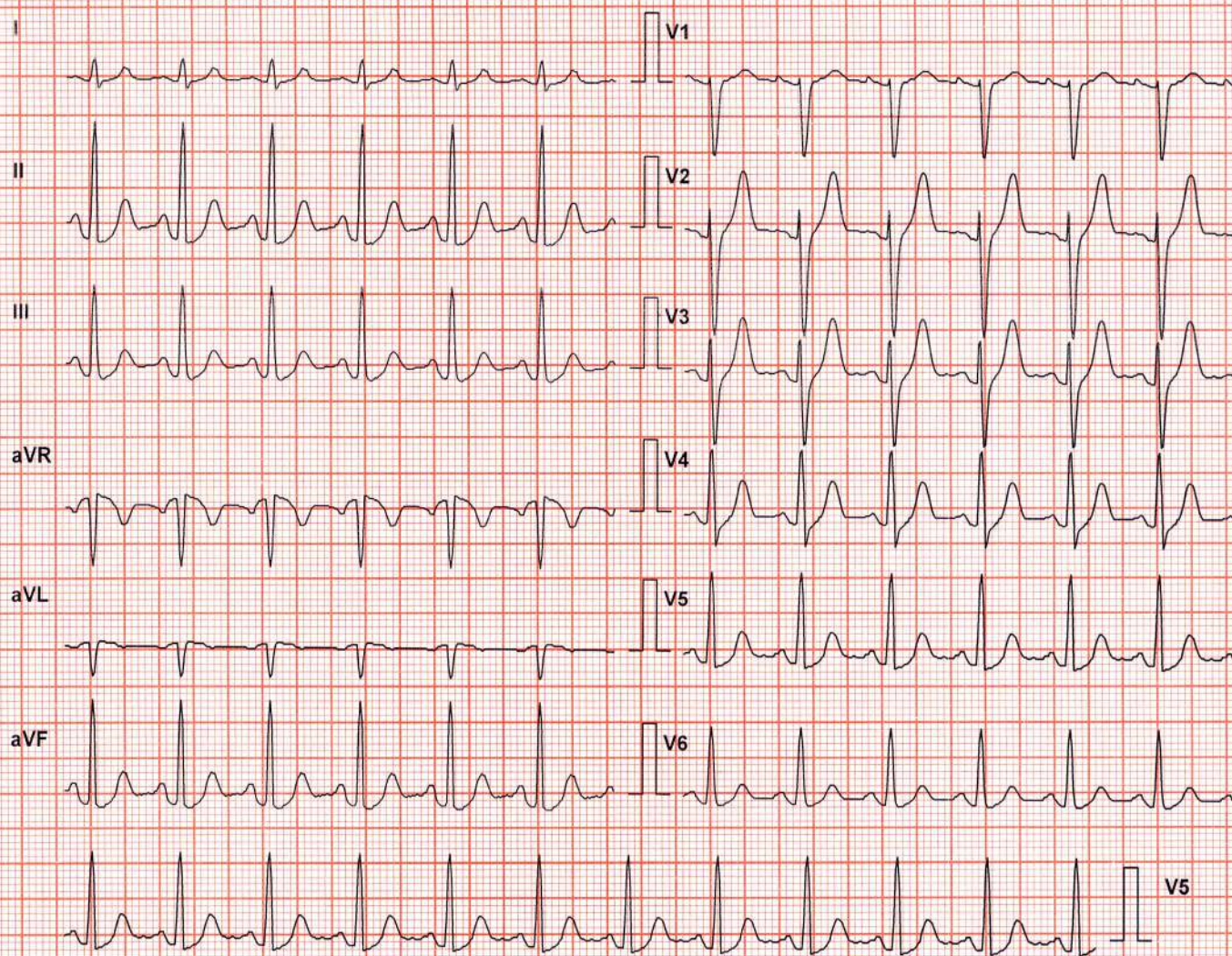
Speed: 1 mph

Grade: 0 %

Exec Time : 9 m 9 s

Stage Time : 1 m 54 s

HR: 113 bpm (THR: 160 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.4	0.7
II	1.5	3.2
III	0.6	1.4
aVR	-1.1	-2.1
aVL	0.0	0.0
aVF	1.3	2.5
V1	1.1	1.1
V2	4.2	5.3
V3	3.6	5.0
V4	2.1	3.2
V5	1.3	2.5
V6	0.6	1.4

Chart Speed: 25 mm/sec  
Schiller Spandan V 4.51

Filter: 35 Hz  
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON  
Post J = J + 60 ms

Amp: 10 mm  
Linked Median



# Suburban Diagnostics Kalina

**SAKSHAM MEHTA (31 M)**

ID: 2423725745

Date: 24-Aug-24

B.P: 130 / 80

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

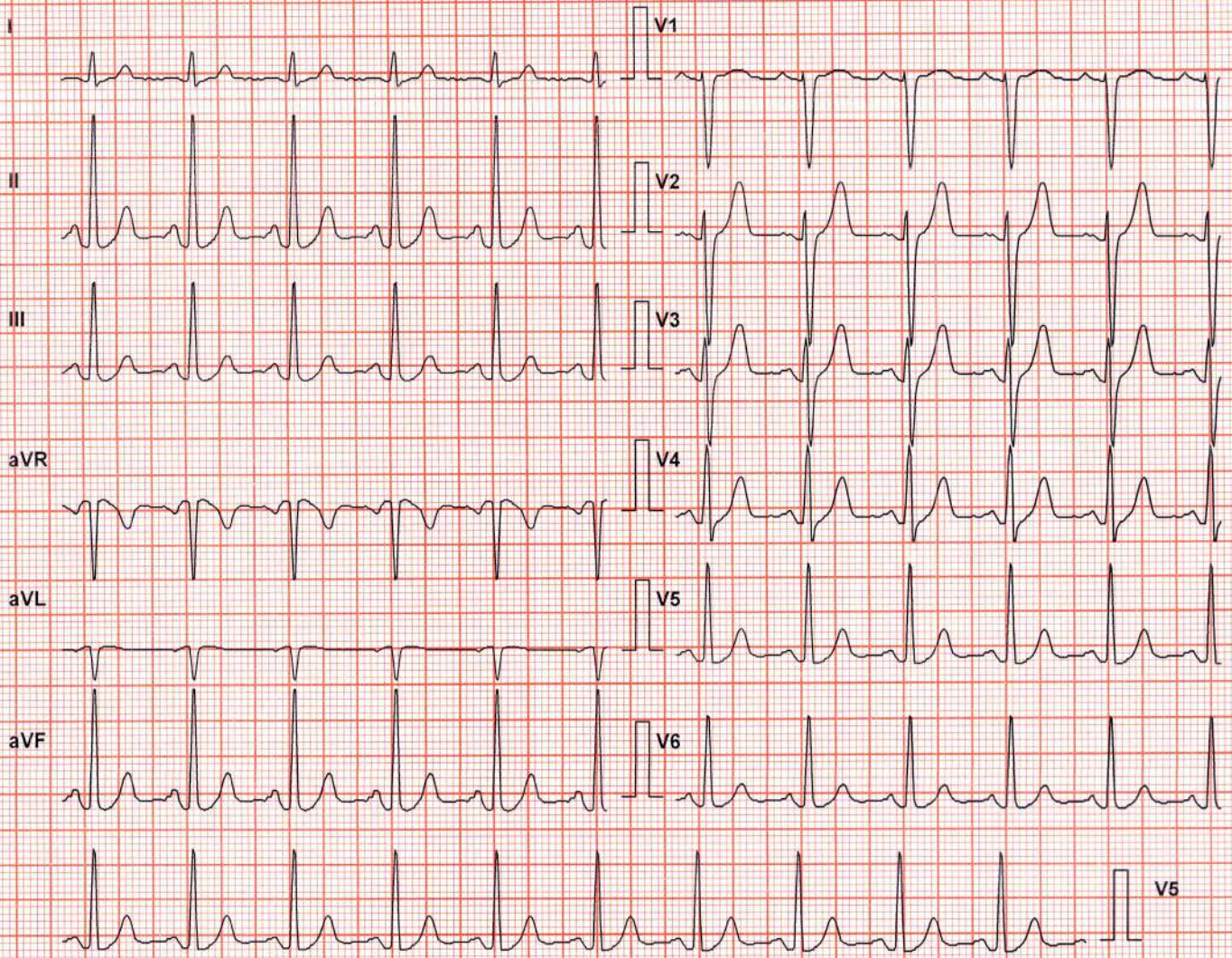
Grade: 0 %

Exec Time : 9 m 9 s

Stage Time : 1 m 54 s

**HR: 100 bpm**

(THR: 160 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.4	0.4
II	1.3	2.1
III	0.6	1.1
aVR	-1.1	-1.8
aVL	-0.2	-0.4
aVF	0.8	1.8
V1	0.8	0.4
V2	3.0	3.2
V3	2.5	2.8
V4	1.7	2.1
V5	1.1	1.8
V6	0.8	1.4

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Schiller Spandan V 4.51

Iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median



Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

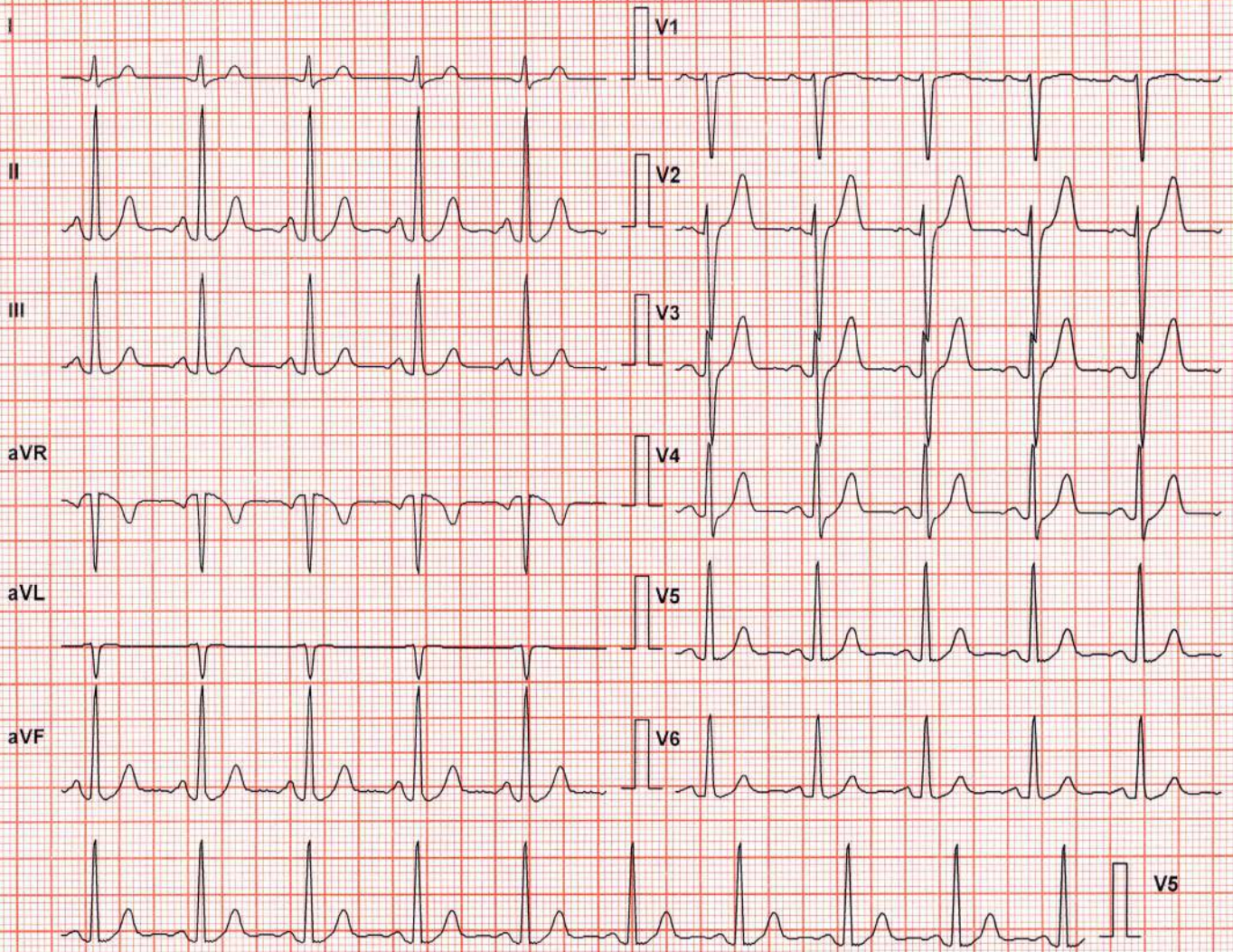
Grade: 0 %

Exec Time : 9 m 9 s

Stage Time : 0 m 3 s

HR: 94 bpm

(THR: 160 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.4	0.4
II	1.5	2.5
III	0.6	1.4
aVR	-1.1	-1.8
aVL	0.0	0.0
aVF	1.1	2.1
V1	0.6	0.7
V2	2.8	3.2
V3	2.5	2.8
V4	1.5	2.1
V5	1.1	1.8
V6	0.6	1.1

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller Spandan V 4.51

Iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median