

SUBURBAN DIAGNOSTICS KANDIVALI EAST

REPORT



Email:

2955 / SURJAN KHADKA / 37 Yrs / M / 165 Cms / 50 Kg Date: 24 / 02 / 2024 09:54:17 AM Refd By : AERCOFEMI

REPORT :

Heart Rate 159.0 bpm
Systolic BP 160.0 mmHg Diastolic BP 80.0 mmHg
Exercise Time 07:22 Mins. Ectopic Beats 0.0
METS 8.5 Test End Reason , Heart Rate Achieved Target Heart Rate 87% of 183

TEST OBJECTIVE	ROUTINE CHECK UP
RISK FACTOR	POST AVR
ACTIVITY	MODERATE ACTIVE
MEDICATION	CARDACE WARE
REASON FOR TERMINATION	HEART RATE ACHIEVED
EXERCISE TOLERANCE	GOOD
EXERCISE INDUCED ARRHYTHMIAS	NO
HAEMODYNAMIC RESPONSE	NORMAL
CHRONOTROPIC RESPONSE	NORMAL
FINAL IMPRESSION	

ST T CHANGES NOTED PRESENT IN BASELINE ECG NO SYMPTOMS
STRESS TEST IS POSITIVE (FALSE POSITIVE) FOR EXERCISE INDUCED
ISCHAEMIC HEART/DISEASE FOR GIVEN DURATION OF EXERCISE
PRESENCE OF BASELINE CHANGES DECREASES SPECIFICITY OF TEST
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 (INDIA) PVT. LTD.
Kow House 1st, 3, Aangan,
Thakur Vihar, Kandivali (east),
Mumbai - 400101.

Tel : 61700000


Dr. Akhil P. Parulekar
MBBS, MD, Medicine
DNB Cardiology
Reg. No. 2012032483

Doctor : DR. AKHIL PARULEKAR

SUBURBAN DIAGNOSTICS KANDIVALI EAST

Email:

2955 (2405000854) / SURJAN KHADKA / 37 Yrs / M / 165 Cms / 50 Kg
 Date: 24 / 02 / 2024 09:54:17 AM Refd By : AERCOFEMI Examined By: DR.AKHIL PARULEKAR

Report



Stage	Time	Duration	Speed(Kmph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:10	0:10	00.0	00.0	01.0	095	52%	110/70	104	00	
Standing	01:15	1:05	00.0	00.0	01.0	101	55%	110/70	111	00	
HV	01:31	0:16	00.0	00.0	01.0	087	48%	110/70	095	00	
ExStart	01:59	0:28	00.0	00.0	01.0	104	57%	110/70	114	00	
BRUCE Stage 1	04:59	3:00	02.7	10.0	04.7	119	65%	110/70	130	00	
BRUCE Stage 2	07:59	3:00	04.0	12.0	07.1	138	75%	140/70	193	00	
PeakEx	09:21	1:22	05.5	14.0	08.5	159	87%	160/80	254	00	
Recovery	10:21	1:00	00.0	00.0	01.1	130	71%	150/90	195	00	
Recovery	10:38				00.0	000	0%	---	000	00	

FINDINGS :

Exercise Time : 07:22
 Initial HR (ExStrt) : 104 bpm 57% of Target 183
 Initial BP (ExStrt) : 110/70 (mm/Hg)
 Max Workload Attained : 8.5 Fair response to induced stress
 Duke Treadmill Score : 06:3
 Test End Reasons : Heart Rate Achieved

Max HR Attained 159 bpm 87% of Target 183
 Max BP Attained 160/80 (mm/Hg)

SUBURBAN DIAGNOSTICS (SUDA) PVT. LTD.
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 Thakur Village, Kandivali (East),
 Mumbai - 400101.
 Tel : 61700000

Dr. Akhil P. Parulekar,
 MBBS, MD, Medicine
 DNB Cardiology
 Reg. No. 2012092483

Doctor : DR.AKHIL PARULEKAR



SUBURBAN DIAGNOSTICS KANDIVALI EAST

STANDING (01:05)

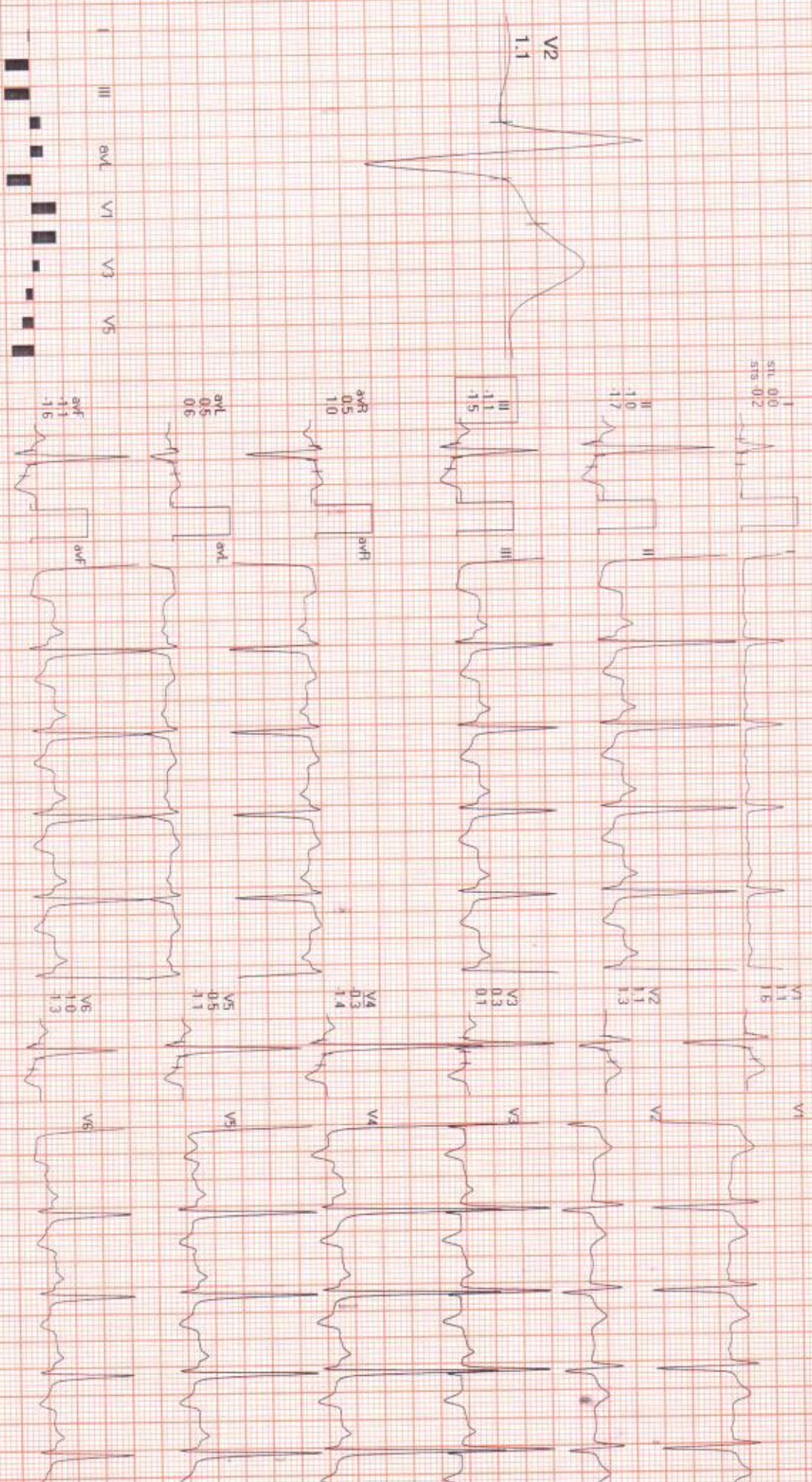


2955 (2405000854) / SURAJAN KHADKA / 37 Yrs / M / 165 Cms / 50 Kg / HR : 101

Date: 24 / 02 / 2024 09:54:17 AM METS: 1.0 / 101 bpm 55% of THR BP: 110/70 mmHg Flow ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

4X 90 mS Post J

ExtTime: 00:00 0.0 Kmph 0.0%
25 mm/Sec 1.0 Cm/Div



REMARKS
II aVR aVL V1 V2 V3 V4 V5 V6

SUBURBAN DIAGNOSTICS KANDIVALI EAST

ExStt



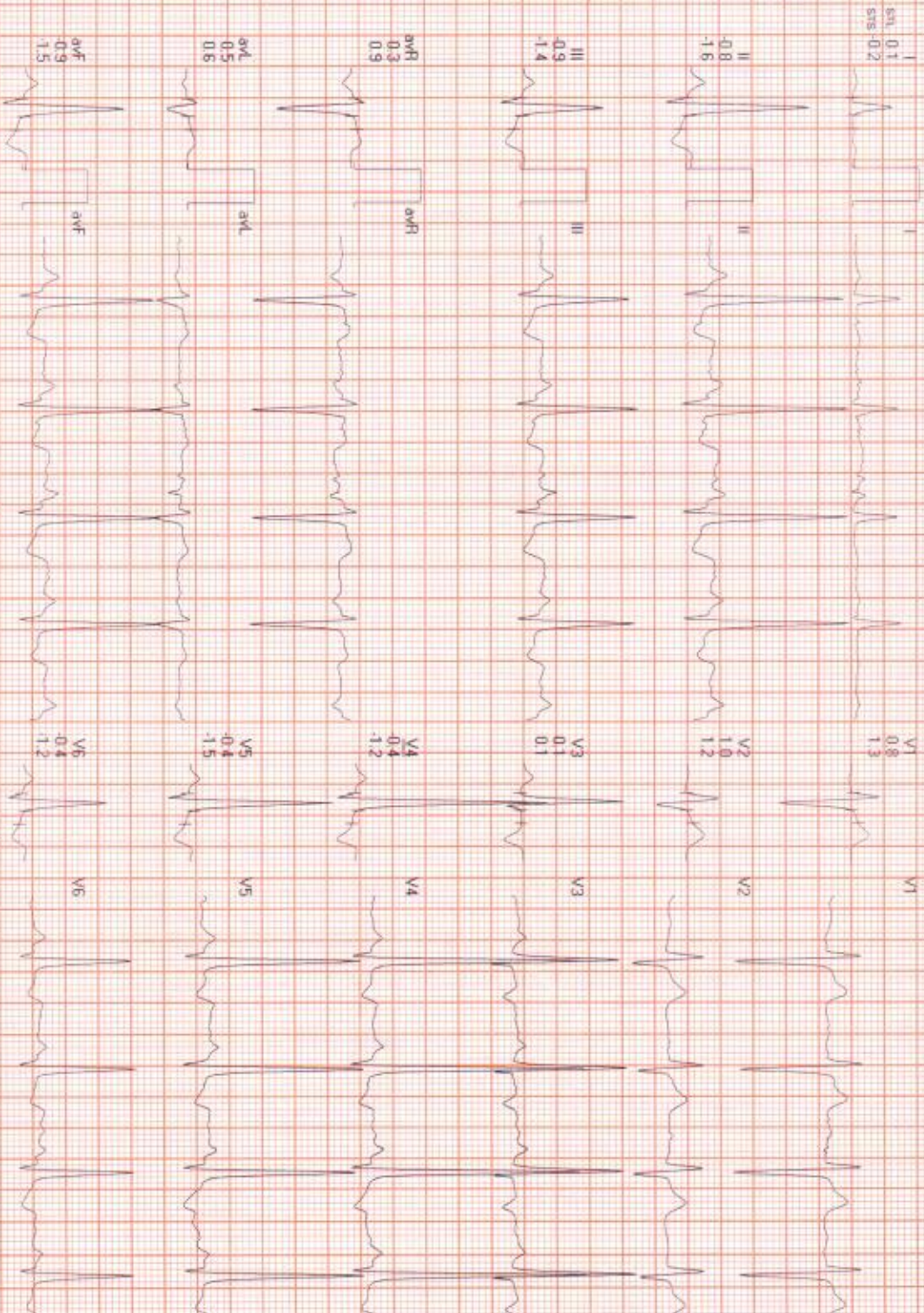
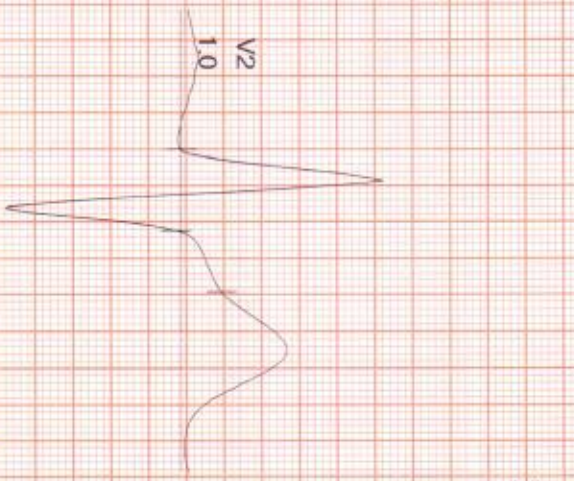
2955 (2405000854) / SURJAN KHADKA / 37 Yrs / M / 165 Cms / 50 Kg / HR : 104

Date: 24/02/2024 09:54:17 AM METS: 1.0/ 104 bpm 57% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 kmph 0.0%

4X 80ms PostJ

25 mm/Sec 1.0 Cmv/mV



REMARKS:
I aVR aVL aVF V1 V2 V3 V4 V5 V6

SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 1 (03:00)

2955 (2405000854) / SURJAN KHADKA / 37 Yrs / M / 165 Cms / 50 Kg / HR : 119

Date: 24/02/2024 09:54:17 AM METS: 4.7/119 bpm 65% of THR BP: 110/70 mmHg Raw ECG/BLC On/Notch On/ HF 0.05 Hz/LF 35 Hz

EXTIME: 03:00 2.7 Kmph, 10.0%

4X 80ms Post J

25 mm/s dc 1.0 Ch/AmV



REMARKS:

SUBURBAN DIAGNOSTICS KANDIVALI EAST

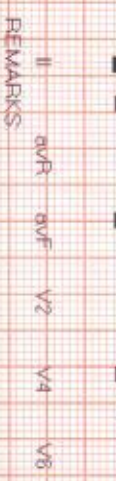
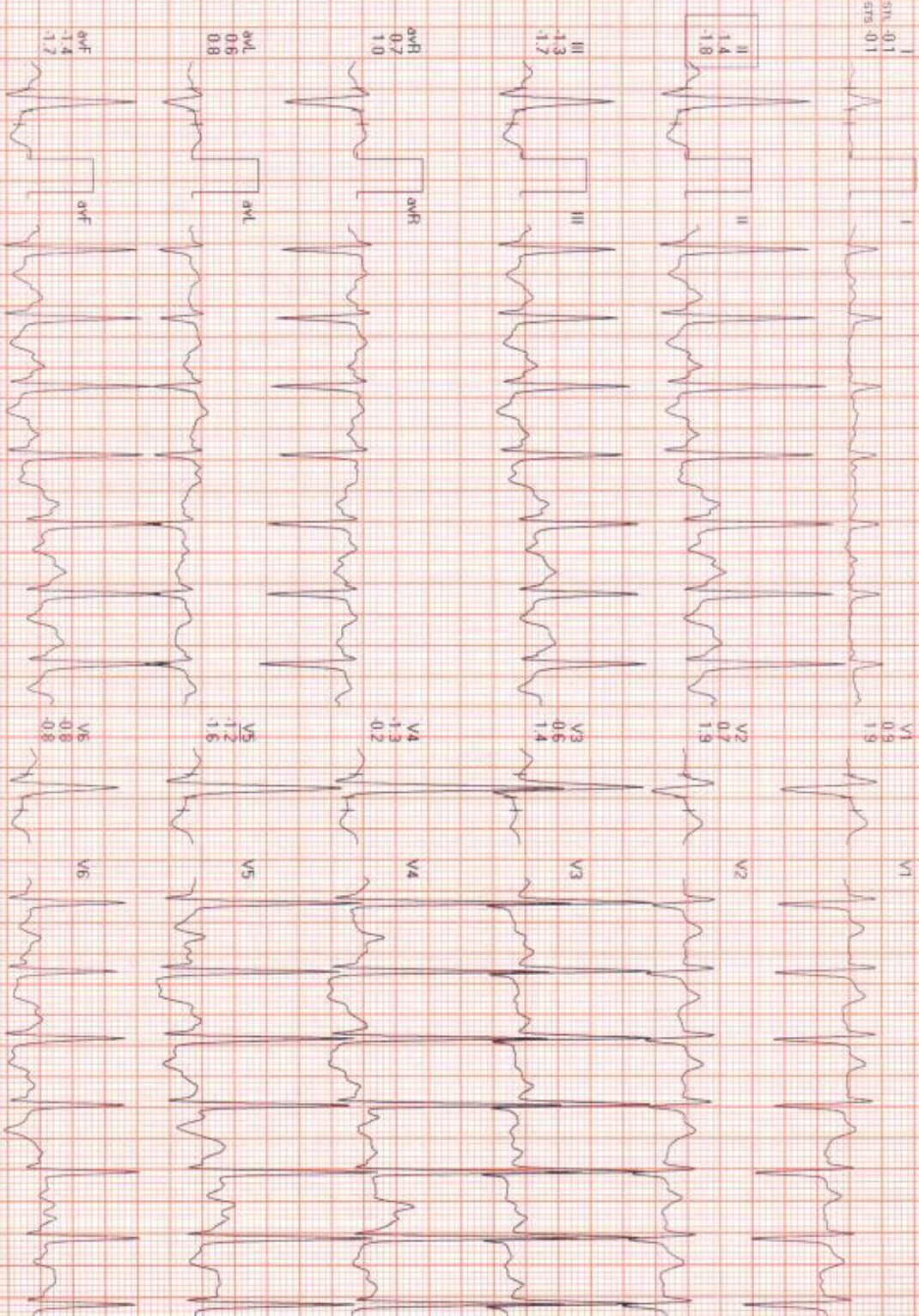
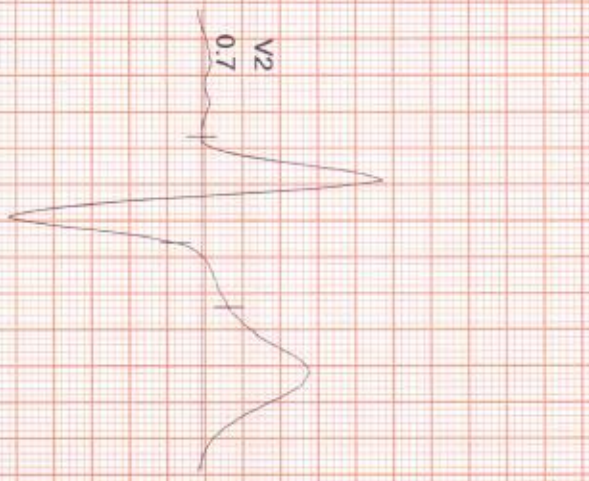
BRUCE : Stage 2 (03:00)

2955 (2405000854) / SURJAN KHADKA / 37 Yrs / M / 165 Cms / 50 Kg / HR : 138

Date: 24 / 02 / 2024 09:54:17 AM METS: 7.1 / 138 bpm 75% of THR BP: 140/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

4X 60 ms Post J

Extme: 06:00 4.0 Km/h 12.0%



REMARKS

SUBURBAN DIAGNOSTICS KANDIVALI EAST

PeakEx



2955 (2405000854) / SURJAN KHADKA / 37 Yrs / M / 165 Cms / 50 Kg / HR : 159

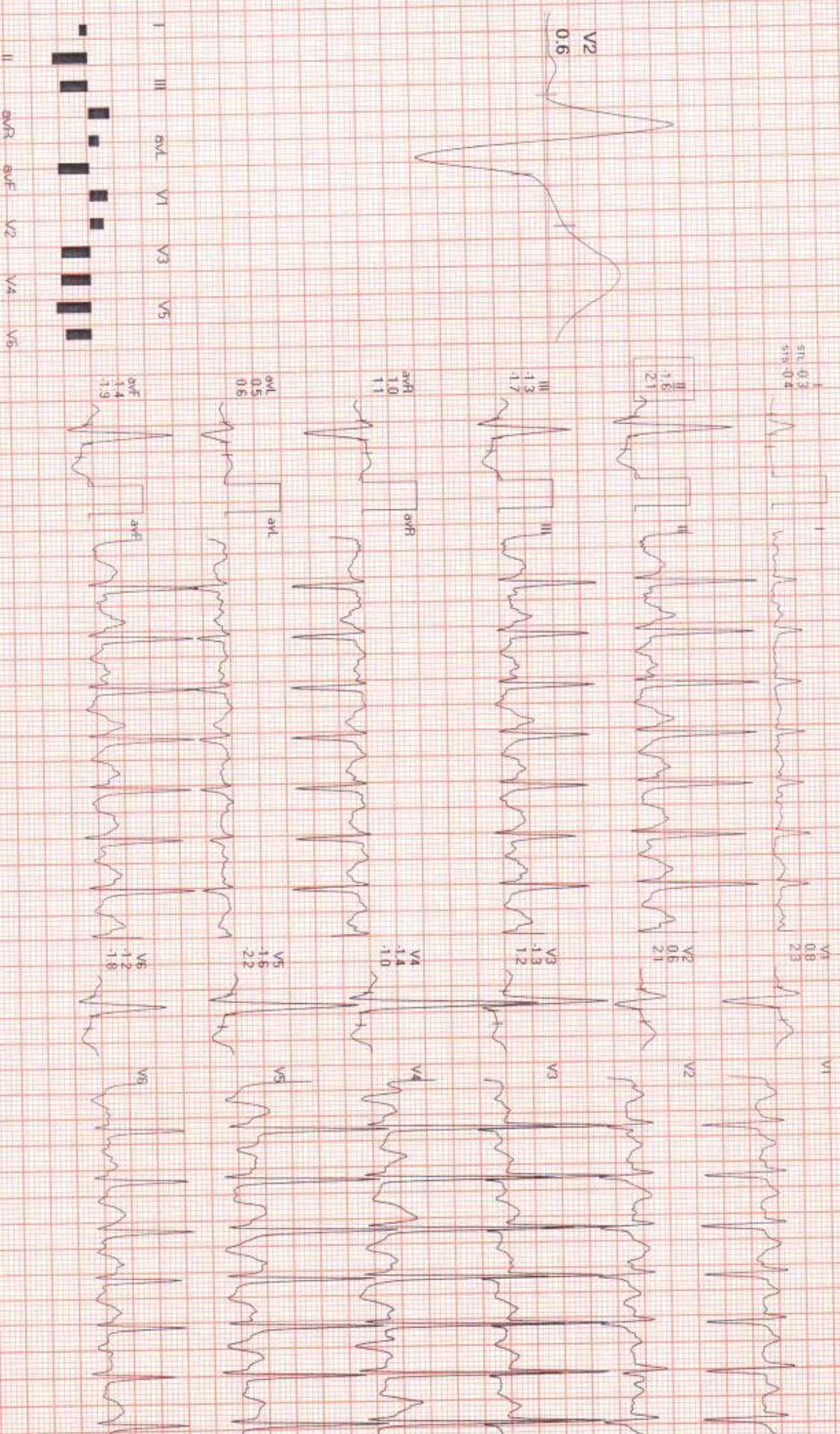
Date 24 / 02 / 2024 09:54:17 AM

METS: 8.5 / 159 bpm 87% of THR BP- 160/80 mmHg Row ECG/BLC On/Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 07:22 5.5 Kmph 14.0%

4X 60ms Post I

25 mm/Sec 1.0 um/mV



REMARKS:

SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:00)



2955 (2405000854) / SURJAN KHADKA / 37 Yrs / M / 165 Cms / 50 Kg / HR : 130

Date: 24 / 02 / 2024 09:54:17 AM METS: 1.1 / 130 bpm 71% of THR BP- 150/90 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 300 ms Post U

EXTIME 07:22 0.0 Km/Ph 0.0%



REMARKS:

SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:17)



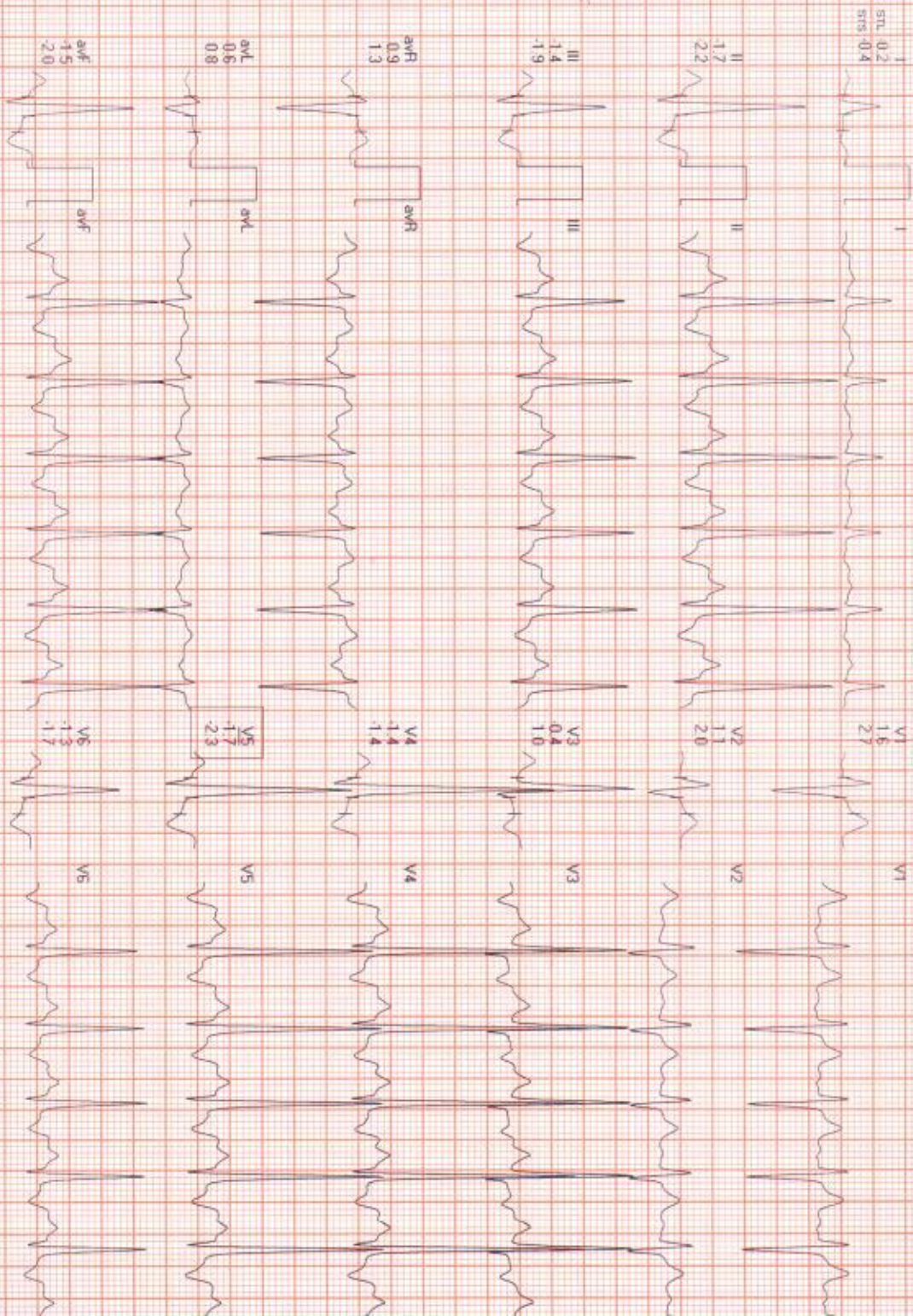
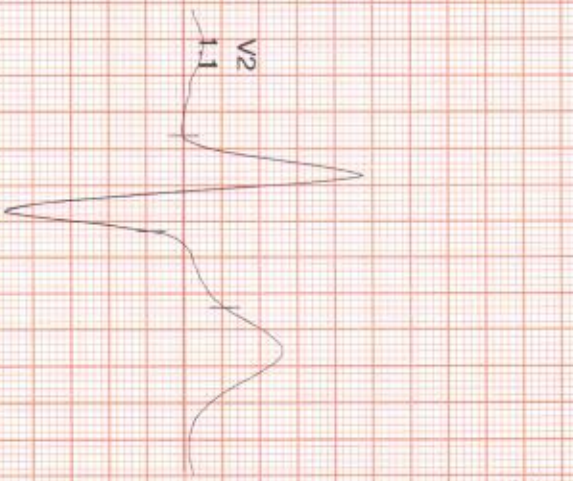
2955 (2405000854) / SURJAN KHADKA / 37 Yrs / M / 165 Cms / 50 Kg / HR 129

Date: 24 / 02 / 2024 09:54:17 AM METS: 1.0/ 129 bpm 70% of THR BP: 150/90 mmHg Rew ECG/ BLC Orig/ Notch Orig/ HF 0.05 Hz/ LF 35 Hz

ExtTime: 07:22 0.0 Kmph 0.0%

4X 80ms PostJ

25 mm/Sec 1.0 Cm/mV



REMARKS:



CID : 2405000854
Name : MR.SURJAN KHADKA
Age / Gender : 37 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 19-Feb-2024 / 09:26
Reported : 19-Feb-2024 / 17:13

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>
<u>RBC PARAMETERS</u>			
Haemoglobin	16.9	13.0-17.0 g/dL	Spectrophotometric
RBC	5.34	4.5-5.5 mil/cmm	Elect. Impedance
PCV	51.0	40-50 %	Calculated
MCV	95.5	81-101 fl	Measured
MCH	31.7	27-32 pg	Calculated
MCHC	33.1	31.5-34.5 g/dL	Calculated
RDW	13.9	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5110	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	38.3	20-40 %	
Absolute Lymphocytes	1957.1	1000-3000 /cmm	Calculated
Monocytes	5.3	2-10 %	
Absolute Monocytes	270.8	200-1000 /cmm	Calculated
Neutrophils	50.5	40-80 %	
Absolute Neutrophils	2580.6	2000-7000 /cmm	Calculated
Eosinophils	5.5	1-6 %	
Absolute Eosinophils	281.1	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	20.4	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	174000	150000-410000 /cmm	Elect. Impedance
MPV	7.8	6-11 fl	Measured
PDW	12.5	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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Reported : 19-Feb-2024 / 16:57

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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	79.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	111.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.82	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.26	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.56	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.2	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	30.6	<34 U/L	Modified IFCC
SGPT (ALT), Serum	17.4	10-49 U/L	Modified IFCC
GAMMA GT, Serum	15.0	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	67.0	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	25.8	19.29-49.28 mg/dl	Calculated
BUN, Serum	12.0	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.75	0.73-1.18 mg/dl	Enzymatic

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



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Collected : 19-Feb-2024 / 13:40
Reported : 20-Feb-2024 / 13:43

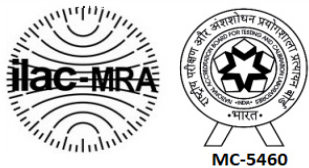
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eGFR, Serum	119	(ml/min/1.73sqm)	Calculated
		Normal or High: Above 90	
		Mild decrease: 60-89	
		Mild to moderate decrease: 45-59	
		Moderate to severe decrease: 30-44	
		Severe decrease: 15-29	
		Kidney failure: <15	

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

URIC ACID, Serum	5.7	3.7-9.2 mg/dl	Uricase/ Peroxidase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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



Anupa

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



CID : 2405000854
Name : MR.SURJAN KHADKA
Age / Gender : 37 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

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Collected : 19-Feb-2024 / 09:26
Reported : 19-Feb-2024 / 16:57

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	4.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	91.1	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 ***



Dr. Vrushi Shroff

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



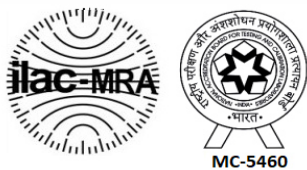
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Reported : 24-Feb-2024 / 14:13

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Colour	Brown	Brown	-
Form and Consistency	Semi Solid	Semi Solid	-
Mucus	Absent	Absent	-
Blood	Absent	Absent	-
<u>CHEMICAL EXAMINATION</u>			
Reaction (pH)	Acidic (6.5)	-	pH Indicator
Occult Blood	Absent	Absent	Guaiaac
<u>MICROSCOPIC EXAMINATION</u>			
Protozoa	Absent	Absent	-
Flagellates	Absent	Absent	-
Ciliates	Absent	Absent	-
Parasites	Absent	Absent	-
Macrophages	Absent	Absent	-
Mucus Strands	Absent	Absent	-
Fat Globules	Absent	Absent	-
RBC/hpf	Absent	Absent	-
WBC/hpf	Absent	Absent	-
Yeast Cells	Absent	Absent	-
Undigested Particles	Present ++	-	-
Concentration Method (for ova)	No ova detected	Absent	-
Reducing Substances	-	Absent	Benedicts

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



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



CID : 2405000854
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Age / Gender : 37 Years / Male
Consulting Dr. : -
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Use a QR Code Scanner
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Collected : 19-Feb-2024 / 09:26
Reported : 19-Feb-2024 / 19:05

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	1.005	1.001-1.030	Chemical Indicator
Transparency	clear	Clear	-
Volume (ml)	40	-	-
<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	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	
Others	-		

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

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

Reference: Pack inert

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*** End Of Report ***



Dr. Vrushi Shroff

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



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Age / Gender : 37 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 19-Feb-2024 / 09:26
Reported : 19-Feb-2024 / 15:01

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	AB
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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Reg. Location : Kandivali East (Main Centre)

Use a QR Code Scanner Application To Scan the Code
Collected : 19-Feb-2024 / 09:26
Reported : 19-Feb-2024 / 17:42

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	191.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	111.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	31.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	159.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	137.3	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	22.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	6.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.3	0-3.5 Ratio	Calculated

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*** End Of Report ***



Dr. TRUPTI SHETTY
M. D. (PATH)
Pathologist



CID : 2405000854
 Name : MR.SURJAN KHADKA
 Age / Gender : 37 Years / Male
 Consulting Dr. : -
 Reg. Location : Kandivali East (Main Centre)

Collected : 19-Feb-2024 / 09:26
 Reported : 19-Feb-2024 / 16:52

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	5.2	3.5-6.5 pmol/L	CLIA
Free T4, Serum	15.2	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	2.175	0.55-4.78 microIU/ml	CLIA



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Interpretation:

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

Clinical Significance:

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

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

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

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

Limitations:

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

Reference:

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

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

*** End Of Report ***



Anupa

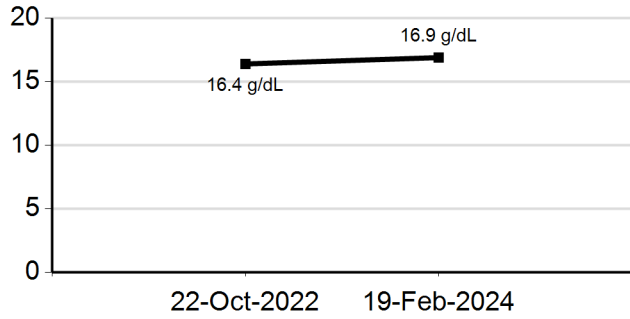
Dr.ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab Director



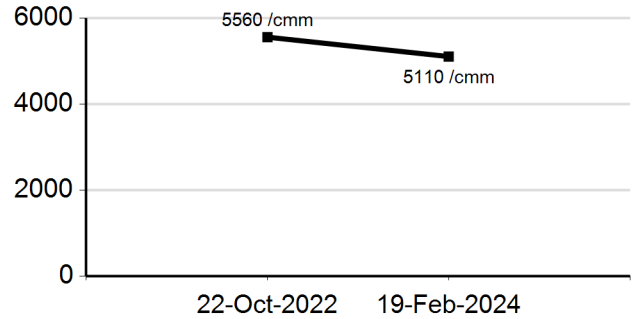
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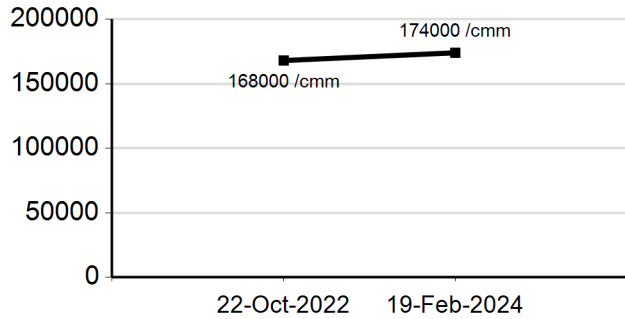
Haemoglobin



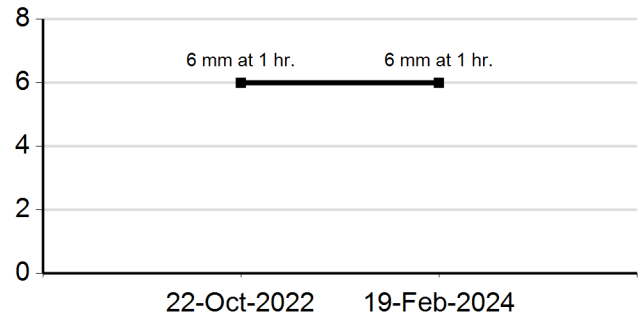
WBC Total Count



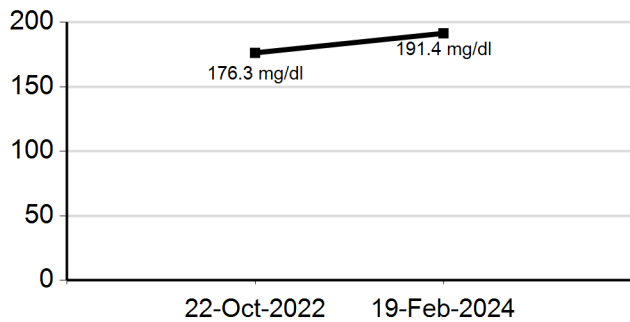
Platelet Count



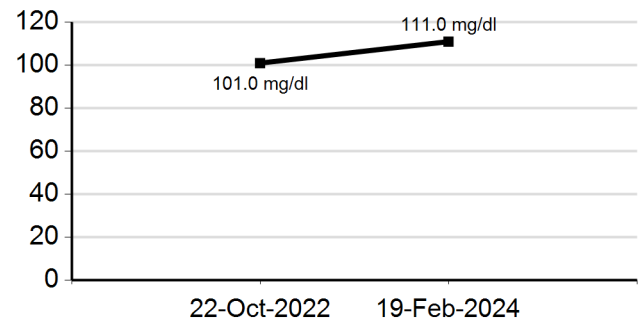
ESR



CHOLESTEROL



TRIGLYCERIDES

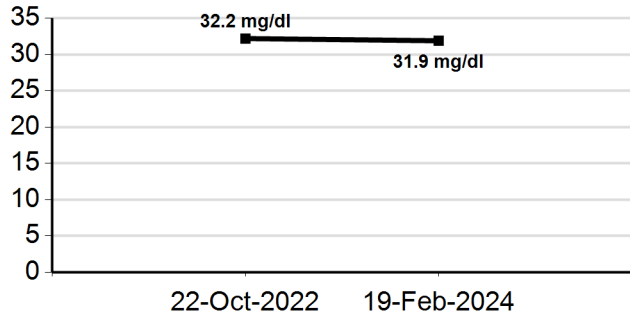




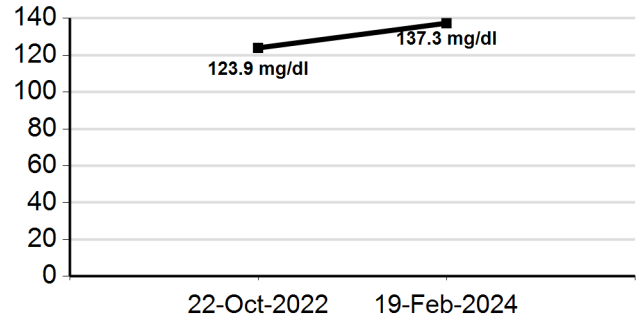
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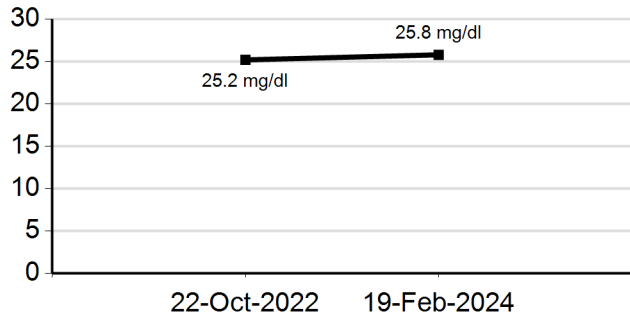
HDL CHOLESTEROL



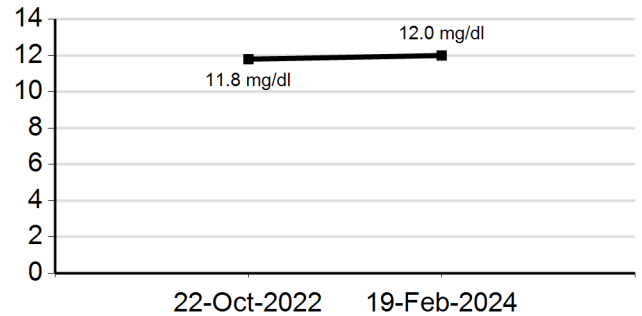
LDL CHOLESTEROL



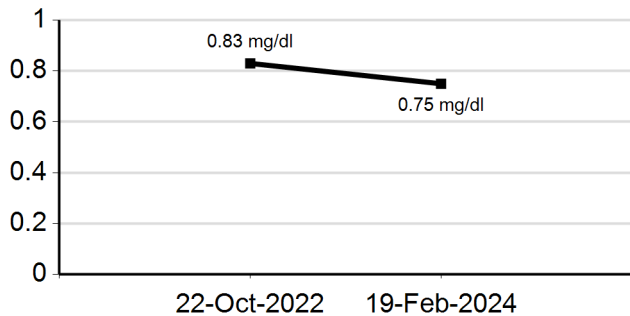
BLOOD UREA



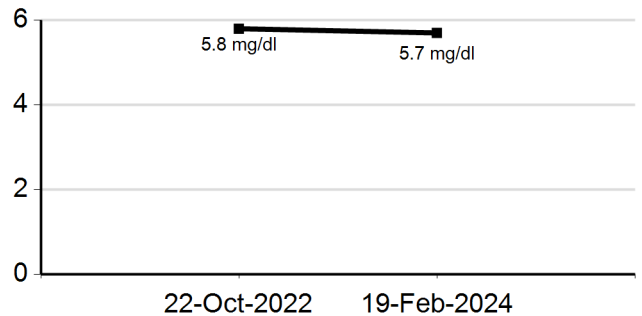
BUN



CREATININE



URIC ACID

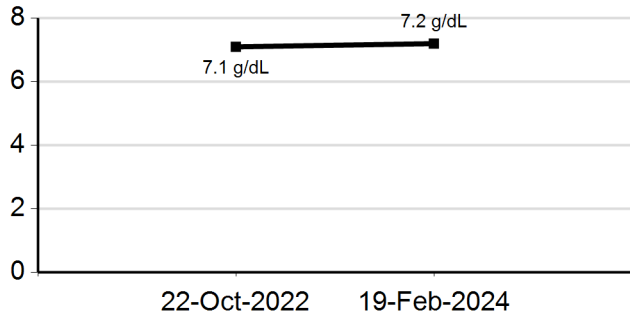




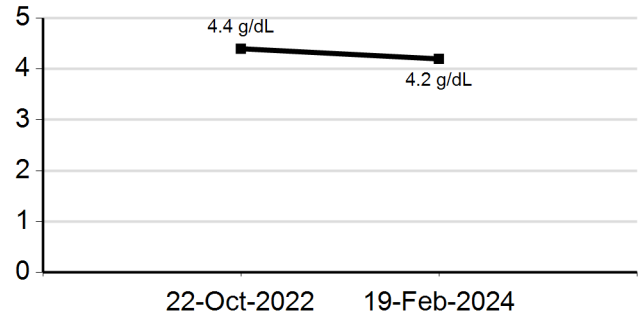
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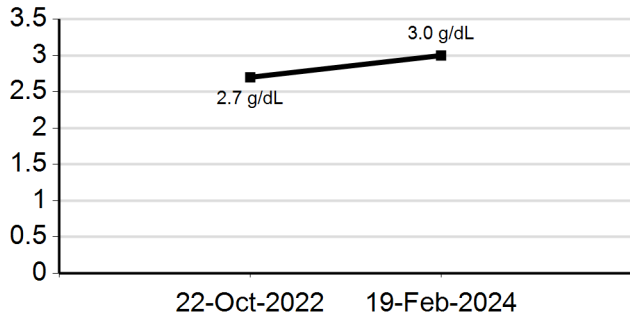
TOTAL PROTEINS



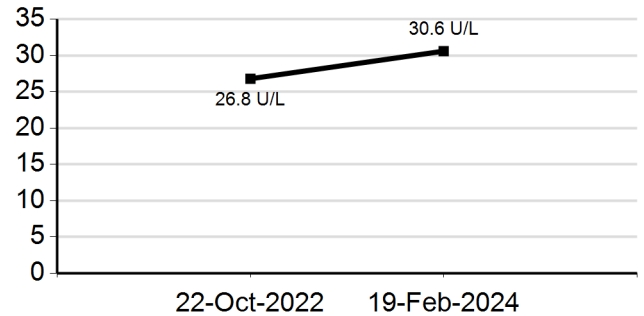
ALBUMIN



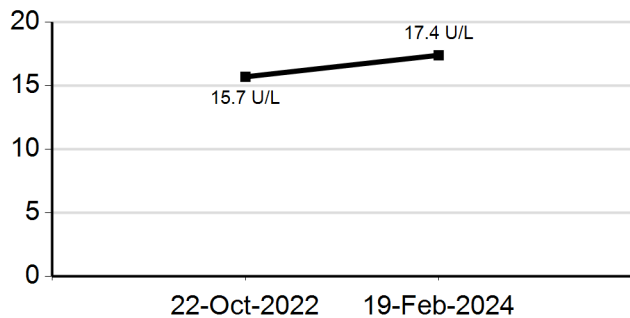
GLOBULIN



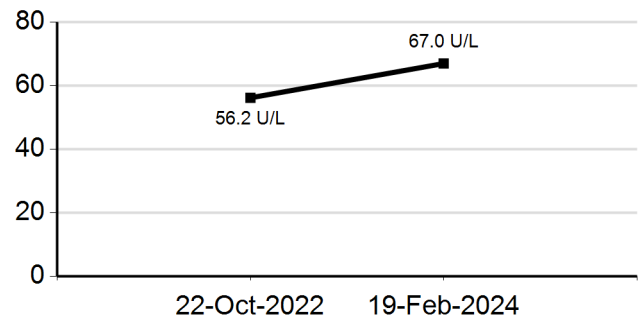
SGOT (AST)



SGPT (ALT)



ALKALINE PHOSPHATASE

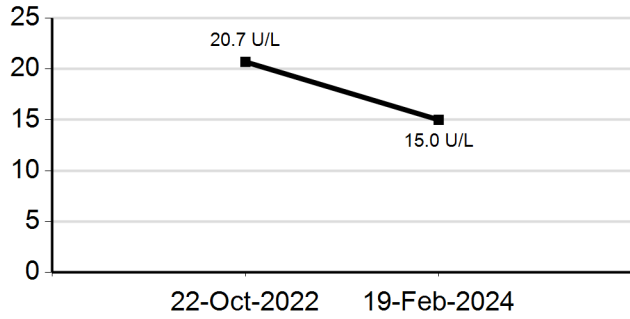




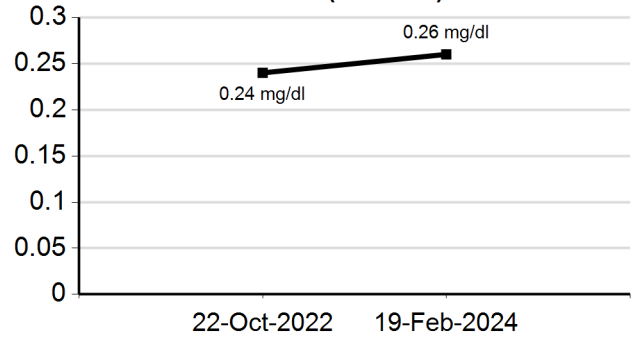
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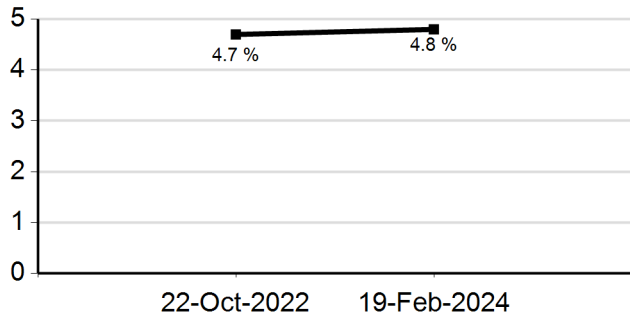
GAMMA GT



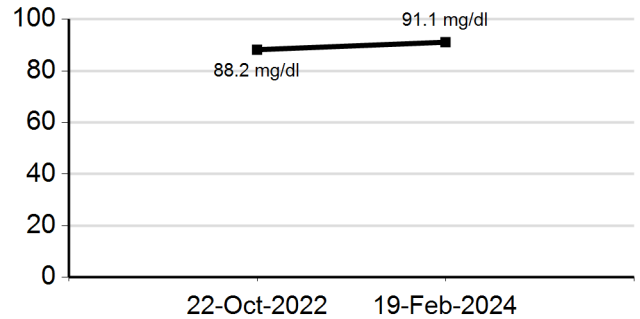
BILIRUBIN (DIRECT)



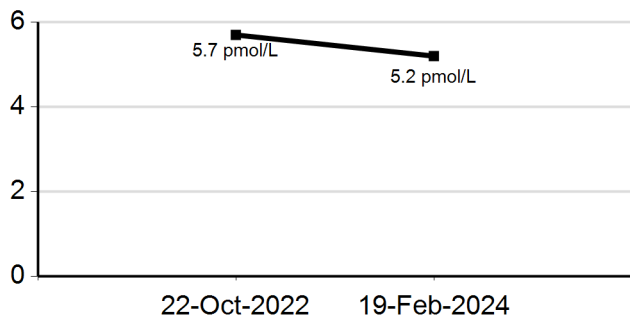
Glycosylated Hemoglobin (HbA1c)



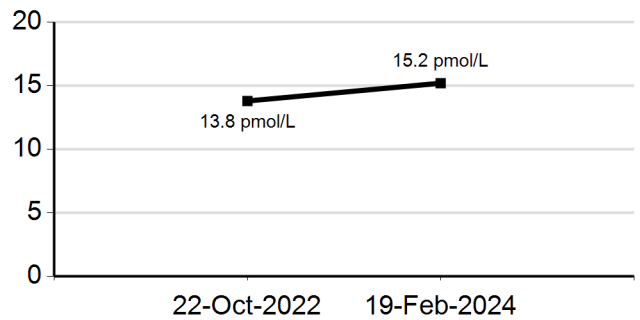
Estimated Average Glucose (eAG)



Free T3



Free T4

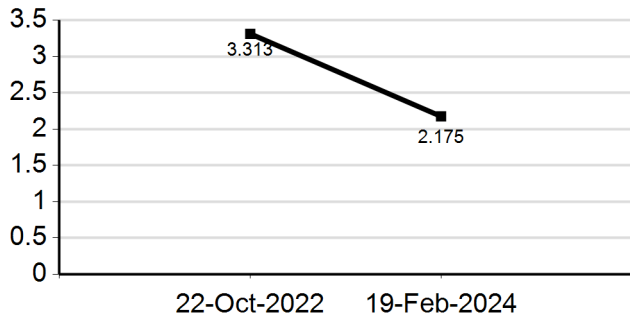




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sensitiveTSH



Name : MR. SURJAN KHADKA

Age / Gender : 37 Years/Male

Consulting Dr. :

Collected : 19-Feb-2024 / 09:24

Reg. Location : Kandivali East (Main Centre)

Reported : 25-Feb-2024 / 11:25

PHYSICAL EXAMINATION REPORT

History and Complaints:

Rh heart disease, Aortic valve replacement-2003

EXAMINATION FINDINGS:

Height (cms):	165 cms	Weight (kg):	50 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	110/70	Nails:	Normal
Pulse:	72/min	Lymph Node:	Not Plapable

Systems

Cardiovascular: loud Hear sounds-murmur+

Respiratory: Normal

Genitourinary: Normal

GI System: Normal

CNS: Normal

IMPRESSION:

*Borderline dyslipidemia
TmT - Stress test is +ve (false +ve)
for exercise induced IHD*

ADVICE:

*Low fat diet
Cardiologist opinion*

*ECG - WH
Inferior Infarct Suspected*

CHIEF COMPLAINTS:

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

Name : MR. SURJAN KHADKA

Age / Gender : 37 Years/Male

Consulting Dr. :

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- | | |
|--|-------------------------------|
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis | No |
| 6) Asthama | No |
| 7) Pulmonary Disease | No |
| 8) Thyroid/ Endocrine disorders | No |
| 9) Nervous disorders | vNo |
| 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 | Aortic valve replacement-2003 |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

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

*** End Of Report ***

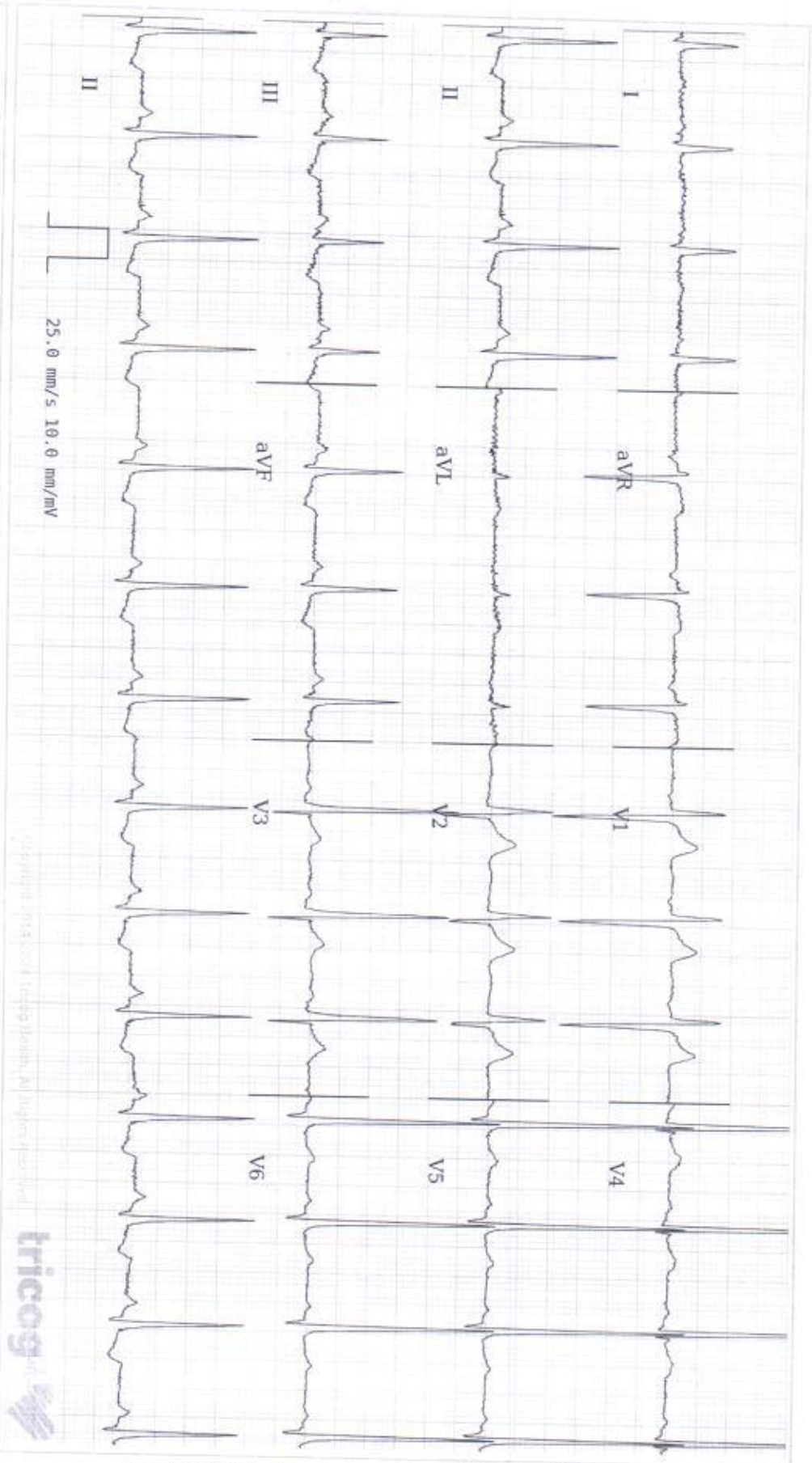
Dr. Jagruti Dhale
MBBS
Consultant Physician
Reg. No. 69548


DR.JAGRUTI DHALE

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Aangan,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700080

Patient Name: **SURJAN KHADKA**
Patient ID: **2405000854**

Date and Time: **19th Feb 24 1:51 PM**



Sinus Rhythm Left Ventricular Hypertrophy Inferior Ischemia suspected. Please correlate clinically.

Age **37** NA
years months
Gender **Male**
Heart Rate **83bpm**
Patient Vitals
BP: **110/70 mmHg**
Weight: **50 kg**
Height: **165 cm**
Pulse: **NA**
SpO2: **NA**
Resp: **NA**
Others:

Measurements
QRSD: **102ms**
QT: **380ms**
QTcB: **446ms**
PR: **138ms**
P-R-T: **67° 62° -56°**

REPORTED BY

[Signature]

DR. AKHIL PARILTEKAR
MBBS MD MEDICINE, DNB Cardiology
Cardiologist
3012082403

This tracing is a copy of the original ECG and should be used in conjunction with the patient's history, physical, and laboratory and other information and must be interpreted by a qualified physician. All printed information is subject to the discretion of the manufacturer.



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Reg. Date : 19-Feb-2024
Reported : 19-Feb-2024 / 11:13

R
E
P
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R
T

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (12.7 cm), 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 measures 10 mm and CBD measures 3 mm appears normal.

GALL BLADDER: The gall bladder appears normal. No evidence of gall stones or mass lesions seen

PANCREAS: The pancreas appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Right kidney measures 10.0 x 4.1 cm. Left kidney measures 9.4 x 4.8 cm.

Both the kidneys are normal in size shape and echotexture.

No evidence of any calculus, hydronephrosis or mass lesion seen.

SPLEEN:

The spleen is normal in size (10.4 cm) 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 and measures 3.6 x 2.8 x 2.7 cm volume is 14 cc.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS SEEN.

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

DR. Akash Chhari
MBBS. MD. Radio-Diagnosis Mumbai
MMC REG NO - 2011/08/2862

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Age / Sex : 37 Years/Male
Ref. Dr :
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Reg. Date : 19-Feb-2024
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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.
Sternal sutures are noted , Post operated status.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

DR. Akash Chhari
MBBS. MD. Radio-Diagnosis Mumbai
MMC REG NO - 2011/08/2862

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