



CID : 2402718267  
Name : MR.BONAGIRI RAMU  
Age / Gender : 34 Years / Male  
Consulting Dr. : -  
Reg. Location : Malad West (Main Centre)

Collected : 27-Jan-2024 / 10:32  
Reported : 27-Jan-2024 / 13:04

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**CBC (Complete Blood Count), Blood**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	13.3	13.0-17.0 g/dL	Spectrophotometric
RBC	4.79	4.5-5.5 mil/cmm	Elect. Impedance
PCV	41.1	40-50 %	Calculated
MCV	85.7	80-100 fl	Measured
MCH	27.7	27-32 pg	Calculated
MCHC	32.3	31.5-34.5 g/dL	Calculated
RDW	12.7	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	5840	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	42.7	20-40 %	
Absolute Lymphocytes	2490	1000-3000 /cmm	Calculated
Monocytes	6.5	2-10 %	
Absolute Monocytes	380	200-1000 /cmm	Calculated
Neutrophils	48.9	40-80 %	
Absolute Neutrophils	2860	2000-7000 /cmm	Calculated
Eosinophils	1.6	1-6 %	
Absolute Eosinophils	90	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	20	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	330000	150000-400000 /cmm	Elect. Impedance
MPV	8.2	6-11 fl	Measured
PDW	14.2	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR                      **32**                      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
- Brigiden 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 CPL, Andheri West

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



*J. Thakker*

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



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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	90.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	99.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.44	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.14	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.30	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	19.4	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	16.1	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	25.6	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	74.1	40-130 U/L	Colorimetric
BLOOD UREA, Serum	14.8	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.86	0.67-1.17 mg/dl	Enzymatic



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eGFR, Serum	117	(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	5.6	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 CPL, Andheri West  
\*\*\* End Of Report \*\*\*



*J. Thakker*

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	114.0	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 CPL, Andheri West

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



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Reported : 27-Jan-2024 / 16:49

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**URINE EXAMINATION REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Trace	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Occasional	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

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



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Reported : 27-Jan-2024 / 15:10

**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 column agglutination technology (CAT) which is more sensitive than conventional methods.

Note: This sample is not tested for Bombay blood group.

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 Harming, 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 CPL, Andheri West  
\*\*\* End Of Report \*\*\*



*Thakker*

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	182.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	149.6	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	37.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	144.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	115.0	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	29.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.0	0-3.5 Ratio	Calculated

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



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**THYROID FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.0	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.67	0.35-5.5 microIU/ml mIU/ml	ECLIA



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Reg. Location : Malad West (Main Centre)

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Reported : 27-Jan-2024 / 13:56

**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)

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



*J Thakker*

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

Unique ID

To  
Shri M  
Sangeetha Varma  
W/O Sangeetha Reddy  
D-1-46  
Sudu camp East  
Bellamkonda  
Adilabad Andhra Pradesh  
502379413



Do Aadar Nidhi / Your Aadhaar  
9834 5850 7980  
Vid: 5115 930 998 514  
Do Aadar, Na Rudrababu



Shri M  
Sangeetha Varma  
W/O Sangeetha Reddy  
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Name : MR. BONAGIRI RAMU

Age / Gender : 34 Years/Male

Consulting Dr. :

Reg. Location : Malad West (Main Centre)

Collected : 27-Jan-2024 / 10:05

Reported : 27-Jan-2024 / 13:42

### PHYSICAL EXAMINATION REPORT

#### History and Complaints:

Increased frequency of urination

#### EXAMINATION FINDINGS:

Height (cms): 167

Temp (0c): Afebrile

Blood Pressure (mm/hg): 120/80

Pulse: 74/ min

Weight (kg): 79

Skin: Normal

Nails: Normal

Lymph Node: Not Palpable

#### Systems

Cardiovascular: Normal

Respiratory: Normal

Genitourinary: Normal

GI System: Normal

CNS: Normal

IMPRESSION: -

ADVICE: *Lifestyle modification.*

#### CHIEF COMPLAINTS:

- |                      |    |
|----------------------|----|
| 1) Hypertension:     | No |
| 2) IHD               | No |
| 3) Arrhythmia        | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis      | No |
| 6) Asthama           | No |
| 7) Pulmonary Disease | No |

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- |  |    |
|--|----|
| 8) Thyroid/ Endocrine disorders          | No |
| 9) Nervous disorders                     | No |
| 10) GI system                            | No |
| 11) Genital urinary disorder             | 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 |

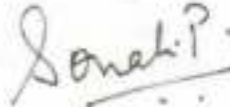
**PERSONAL HISTORY:**

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

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

**DR. SONALI HONRAO**  
MD (G.MED)  
CONSULTING PHYSICIAN  
REG NO.2001/04/1882

**SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.**  
102-104, Honrao Castle,  
Opp. G. Honrao Sports Club,  
Link Road, Malad (W), Mumbai - 400 064.

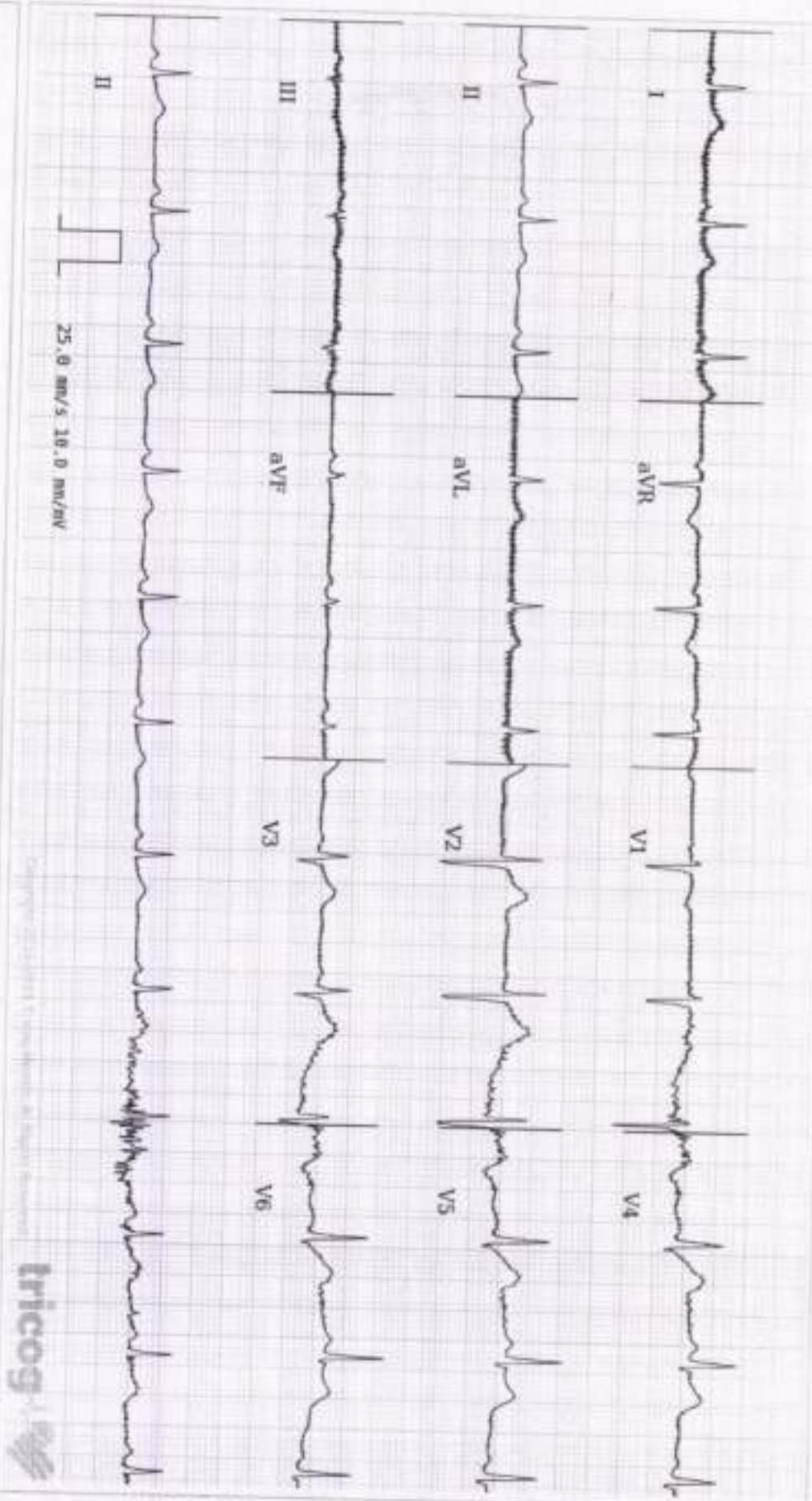
  
**Dr.Sonali Honrao**  
MD physician  
Sr. Manager-Medical Services  
(Cardiology)



Patient Name: **BONAGIRI RAMU**  
Patient ID: **2402718267**

**SUBURBAN DIAGNOSTICS - MALAD WEST**

Date and Time: **27th Jun 24 10:30 AM**



Age: **34** NA  
years months

Gender: **Male**

Heart Rate: **72bp**

Patient Vitals

BP: 120/80 mm  
Weight: 79 kg  
Height: 167 cm  
Pulse: NA  
SpO2: NA  
Resp: NA  
Others: NA

**Measurements**

QRSd: 76ms  
QT: 376ms  
QTcb: 411ms  
PR: 130ms  
P-R-T: 54° 23° 23°

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

REPRINTED BY

*[Signature]*

DR SONALI HONBHOAD  
MD (General Medicine)  
Physician  
28th Jun 2024

Disclaimer: This analysis is the report is based on ECG alone and should be read in conjunction with clinical history, symptoms, and results of other studies and investigations. All findings are to be read by the clinician and are not to be used for legal purposes.

Date:- 27/01/24  
Name:- Bonagiri Ramu

CID: 24 02718267  
Sex / Age: 34y / M

**EYE CHECK UP**

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

DV-RE-6/18  
LE-6/6

NV-RE-N/6  
LE-N/6

Aided Vision:

Refraction:

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

Colour Vision: Normal / Abnormal

Remark:

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.  
102-104, Bhoomi Co-Op,  
Opp. Gorakshan Sports Club,  
Link Road, Malad (W), Mumbai - 400 064.

Authenticity Check



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Ref. Dr :  
Reg. Location : Malad West Main Centre

Reg. Date : 27-Jan-2024  
Reported : 27-Jan-2024 / 16:30

**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.**

**Kindly correlate clinically.**

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. X-ray is known to have inter-observer variations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests further / follow-up imaging may be needed in some case for confirmation of findings. Please interpret accordingly.

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

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





CID : 2402718267  
Name : Mr BONAGIRI RAMU  
Age / Sex : 34 Years/Male  
Ref. Dr :  
Reg. Location : Malad West Main Centre

Reg. Date : 27-Jan-2024  
Reported : 27-Jan-2024 / 11:54

## 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 9.7 x 3.8 cm.  
Left kidney measures 10.6 x 4.9 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:

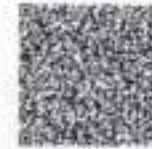
The urinary bladder is well distended and reveal no intraluminal abnormality.

### PROSTATE:

The prostate is normal in size and echotexture.

Click here to view images <http://3.111.232.119/IRISViewer/NeoradViewer?AccessionNo=2024012710060651>

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2402718267  
Name : Mr BONAGIRI RAMU  
Age / Sex : 34 Years/Male  
Ref. Dr :  
Reg. Location : Malad West Main Centre

Reg. Date : 27-Jan-2024  
Reported : 27-Jan-2024 / 11:54

**IMPRESSION:**

*No significant abnormality is seen.*

**Suggestion: Clinicopathological correlation.**

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 case for confirmation of findings. Patient has been explained in detail about the USG findings including its limitations and need for further imaging if clinically indicated. Please interpret accordingly. All the possible precaution have been taken under covid-19 pandemic.

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

Dr. Sunil Bhutka  
DMRD DNB  
MMC REG NO:2011051101

Click here to view images <http://3.111.232.119/IRISViewer/NeoradViewer?AccessionNo=2024012710060651>

Page no 2 of 2

SUBURBAN DIAGNOSTICS

Malad West

Station

Telephone:

**EXERCISE STRESS TEST REPORT**

Patient Name: BONAGIRI, RAMU

Patient ID: 2402718267

Height: 167 cm

Weight: 79 kg

DOB: 01.06.1989

Age: 34yrs

Gender: Male

Race: Asian

Study Date: 27.01.2024

Test Type: --

Protocol: BRUCE

Referring Physician: --

Attending Physician: DR SONALI HONRAO

Technician: --

Medications:

--

Medical History:

--

Reason for Exercise Test:

--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:20	0.00	0.00	73	120/80	
	STANDING	00:05	0.00	0.00	70	120/80	
	HYPERV.	00:05	0.00	0.00	68	120/80	
	WARM-UP	00:07	0.00	0.00	67	120/80	
	EXERCISE	STAGE 1	03:00	1.70	10.00	111	130/80
	STAGE 2	03:00	2.50	12.00	136	140/80	
	STAGE 3	03:00	3.40	14.00	166	150/80	
	STAGE 4	00:09	4.20	16.00	169		
RECOVERY		03:03	0.00	0.00	115	150/80	

The patient exercised according to the BRUCE for 9:09 min:s, achieving a work level of Max. METS: 10.50. The resting heart rate of 85 bpm rose to a maximal heart rate of 169 bpm. This value represents 90 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 150/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.

Functional Capacity: normal.

HR Response to Exercise: appropriate.

BP Response to Exercise: normal resting BP - appropriate response.

Chest Pain: none.

Arrhythmias: none.

ST Changes: none.

Overall impression: Normal stress test.

Conclusions

Good effort tolerance. No Significant ST- T changes as compared to baseline. No chest pain / arrhythmia noted. Stress test is negative for inducible ischemia.

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

Physician \_\_\_\_\_

*Sonal?*

Technician \_\_\_\_\_

**DR. SONALI HONRAO**  
**MD (G.MED)**  
**CONSULTING PHYSICIAN**  
**REG NO.2001/04/1882**

**SUBURBAN DIAGNOSTICS (PVT.) LTD.**  
102-104, Bhamburda Caste,  
Opp. Goregaon Sports Club,  
Link Road, Malad (W), Mumbai - 400 064.

BONAGIRI, RAMU  
Patient ID 2402718267  
27.01.2024  
12:58:08pm

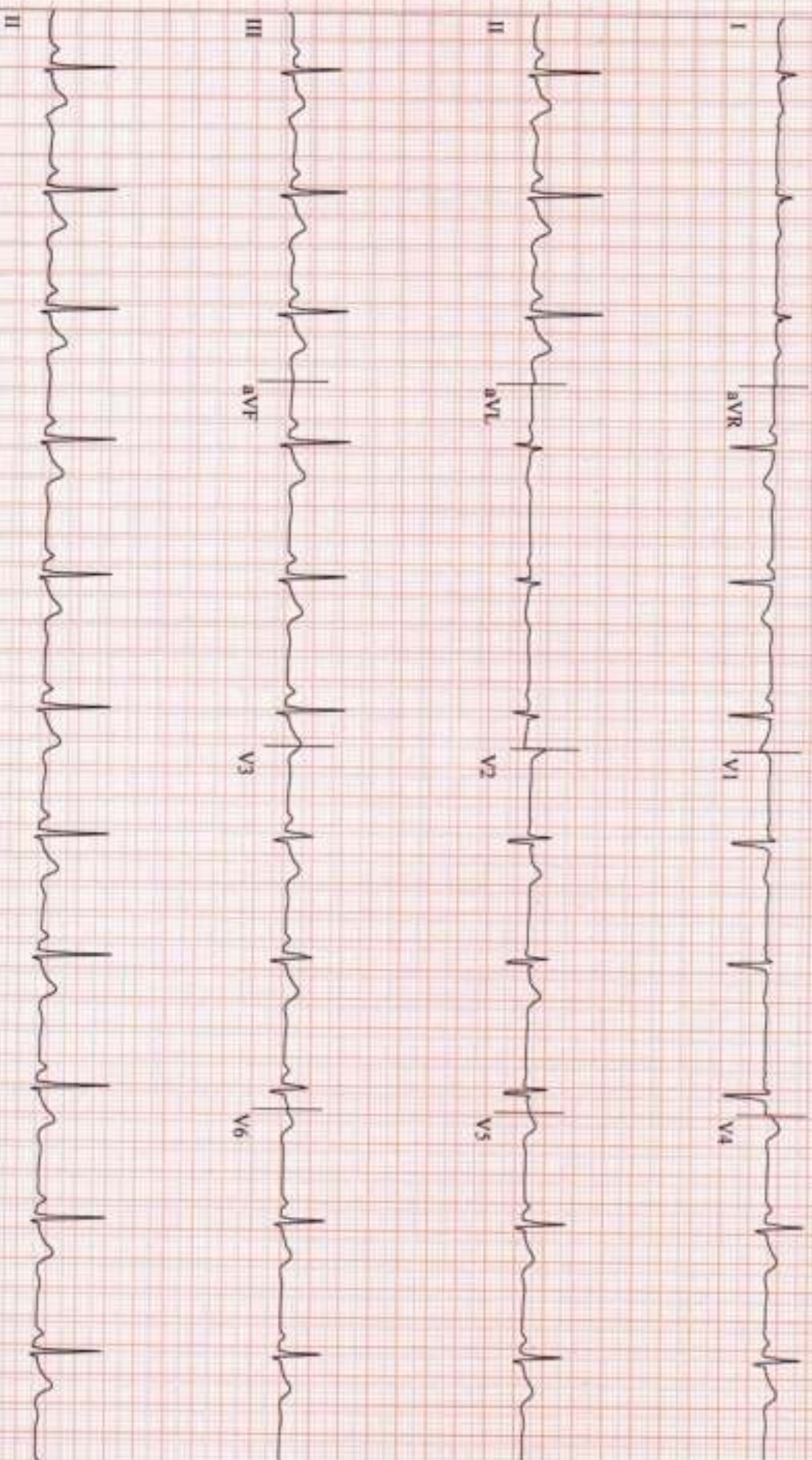
75 bpm  
120/80 mmHg

PRETEST  
SUPINE  
00:17

BRUCE  
0.0 mph  
0.0 %

12-Lead Report

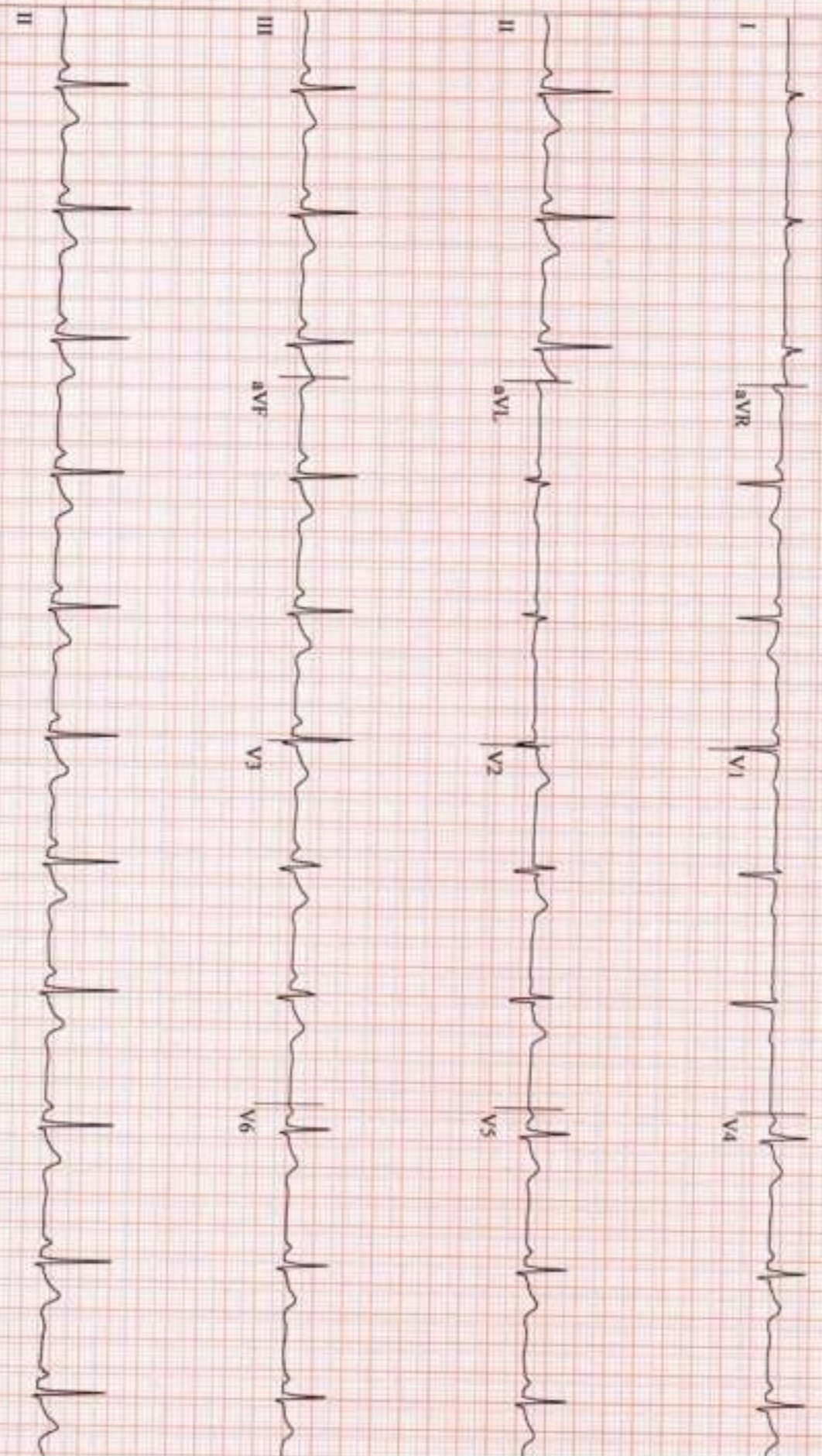
SUBURBAN DIAGNOSTIC



GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V2,V1)

Start of Test: 12:57:45pm

71 bpm  
120/80 mmHg



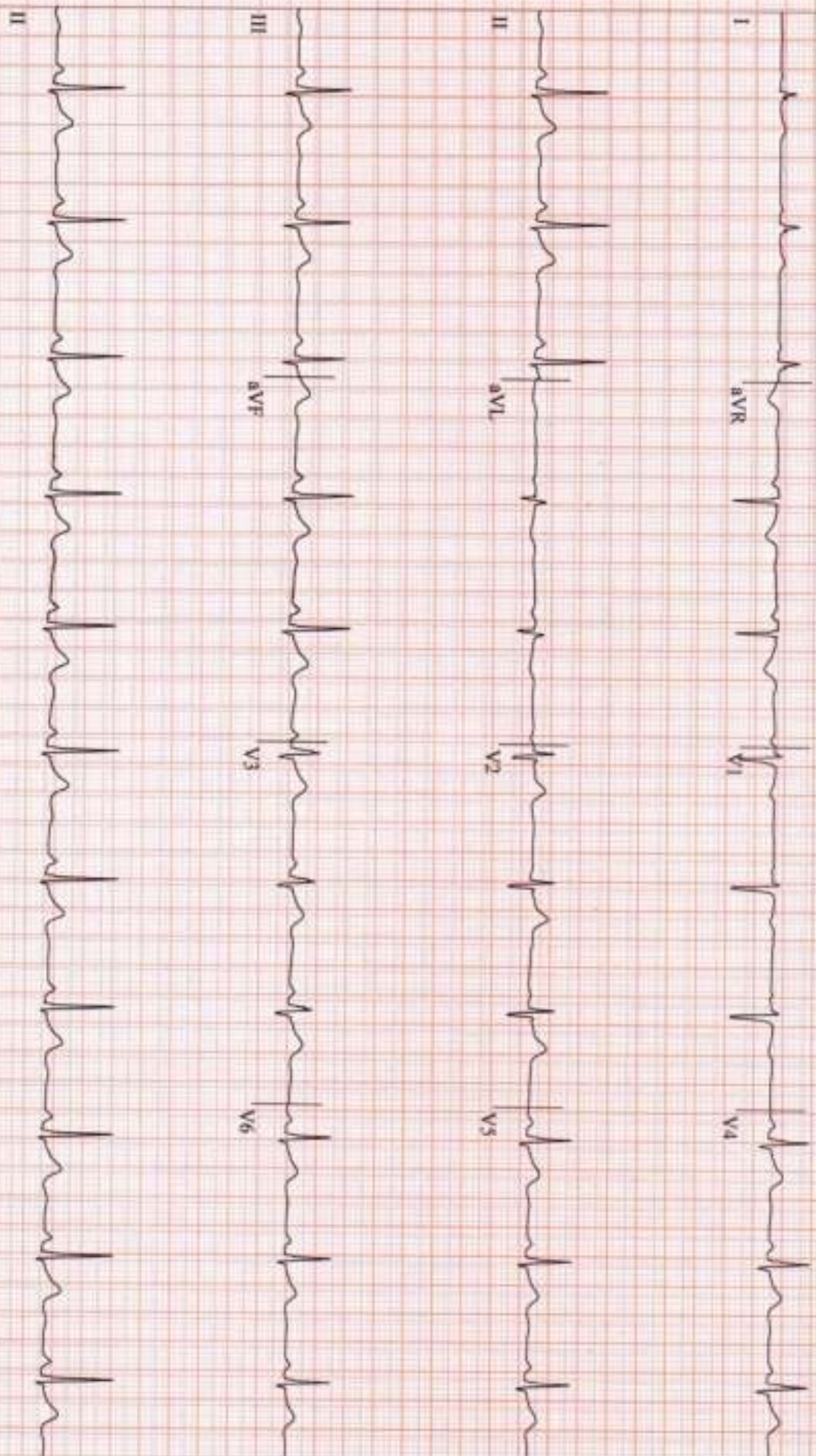
GE CardioSoft V6.73 (2)  
 25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V2,V1)

Start of Test: 12:57:45pm

68 bpm  
120/80 mmHg

PRETEST  
HYPERV.  
00:28

BRUCE  
0.0 mph  
0.0 %



GE CardioSoft V6.73 (Z)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V2,V1)

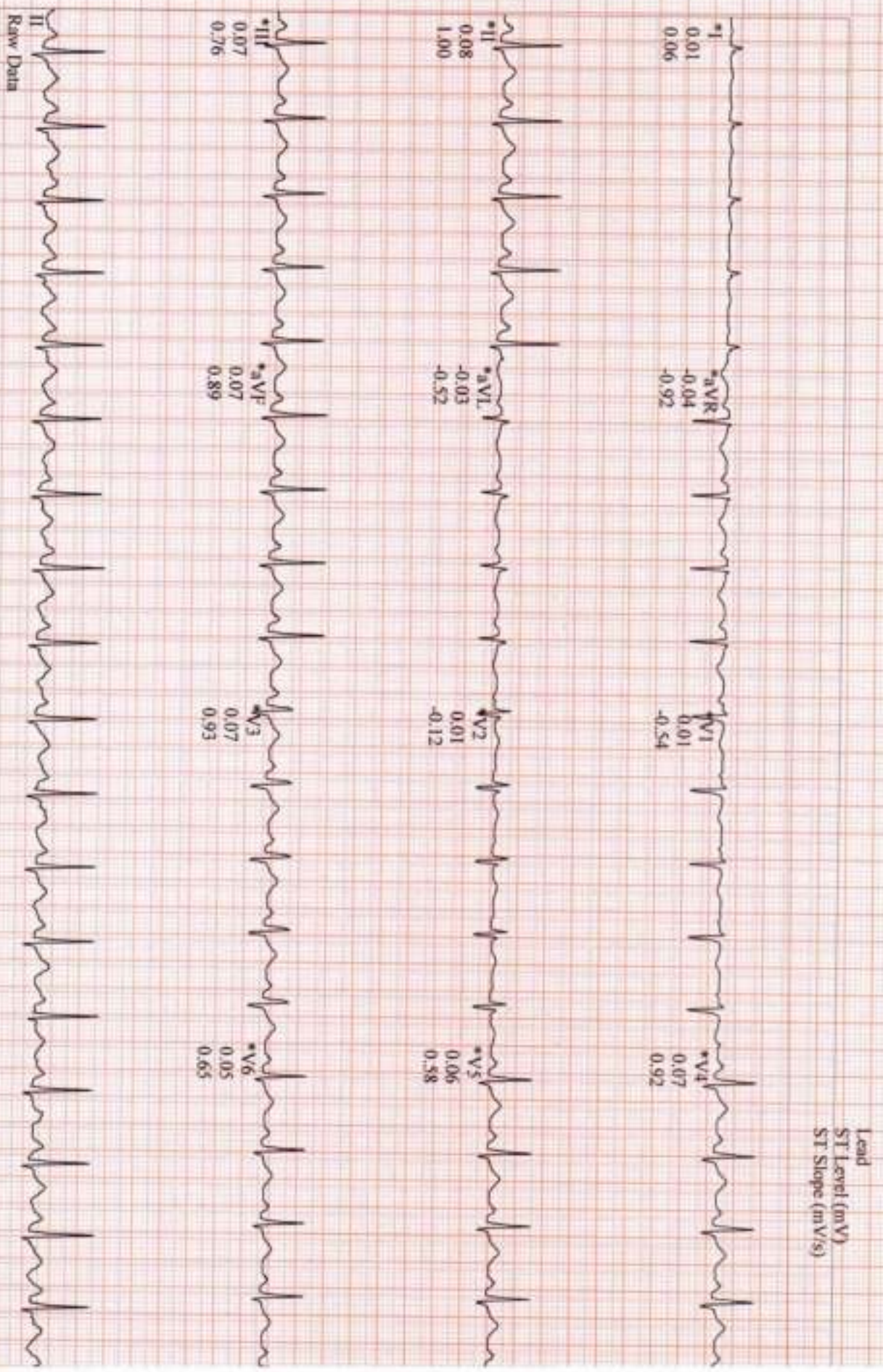
Start of Test: 12:57:45pm

BONAGIRI, RAMU  
Patient ID 2402718267  
27.01.2024  
1:01:10pm

Linked Medians  
111 bpm  
130/80 mmHg  
EXERCISE  
STAGE 1  
02:50

BRUCE  
1.7 mph  
10.0 %

SUBURBAN DIAGNOSTIC



\*Computer Synthesized Rhythms

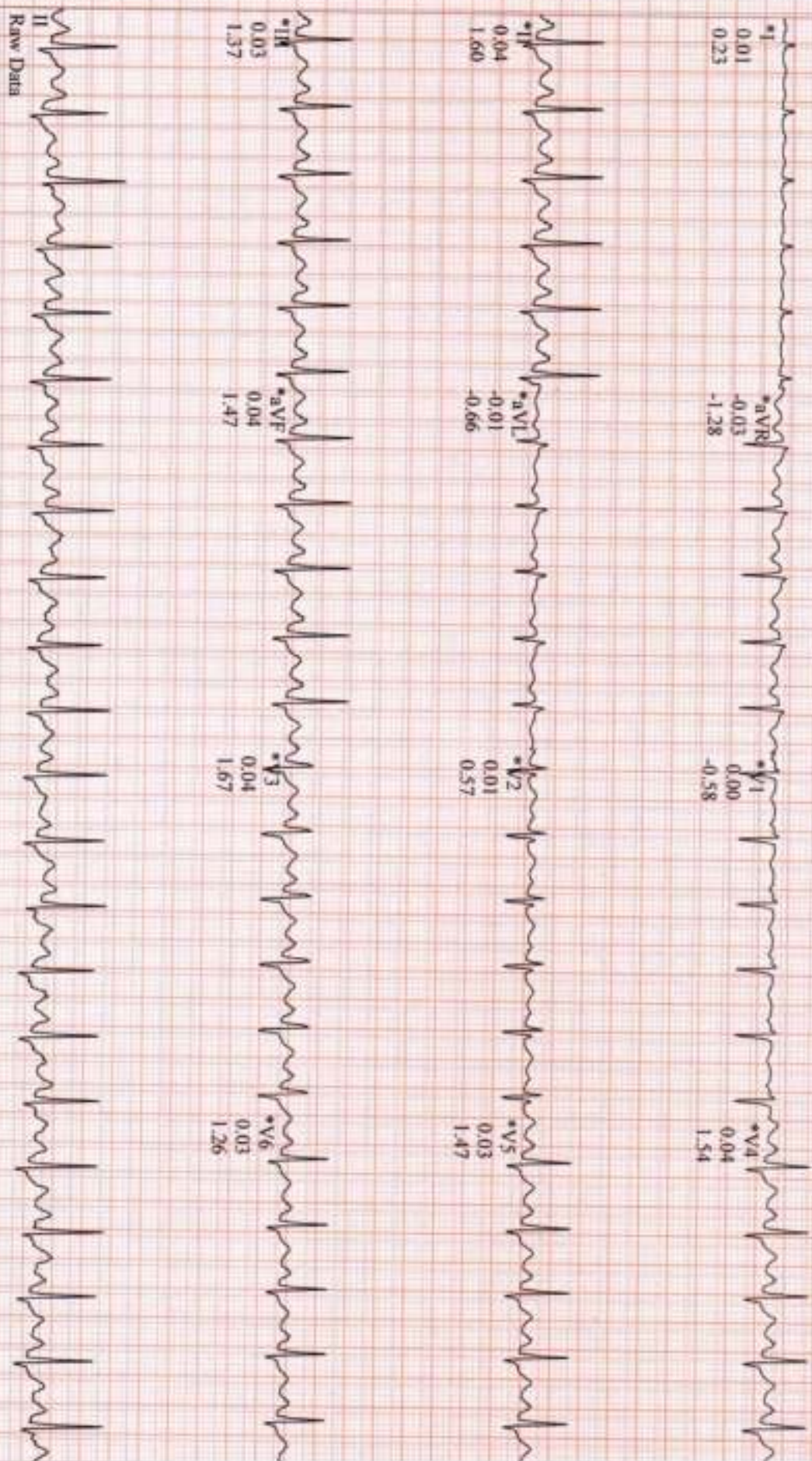
GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(LL,V6)

Start of Test: 12:57:45pm



133 bpm  
140/80 mmHg

Lead  
ST Level (mV)  
ST Slope (mV/s)



Raw Data

\*Computer Synthesized Rhythms

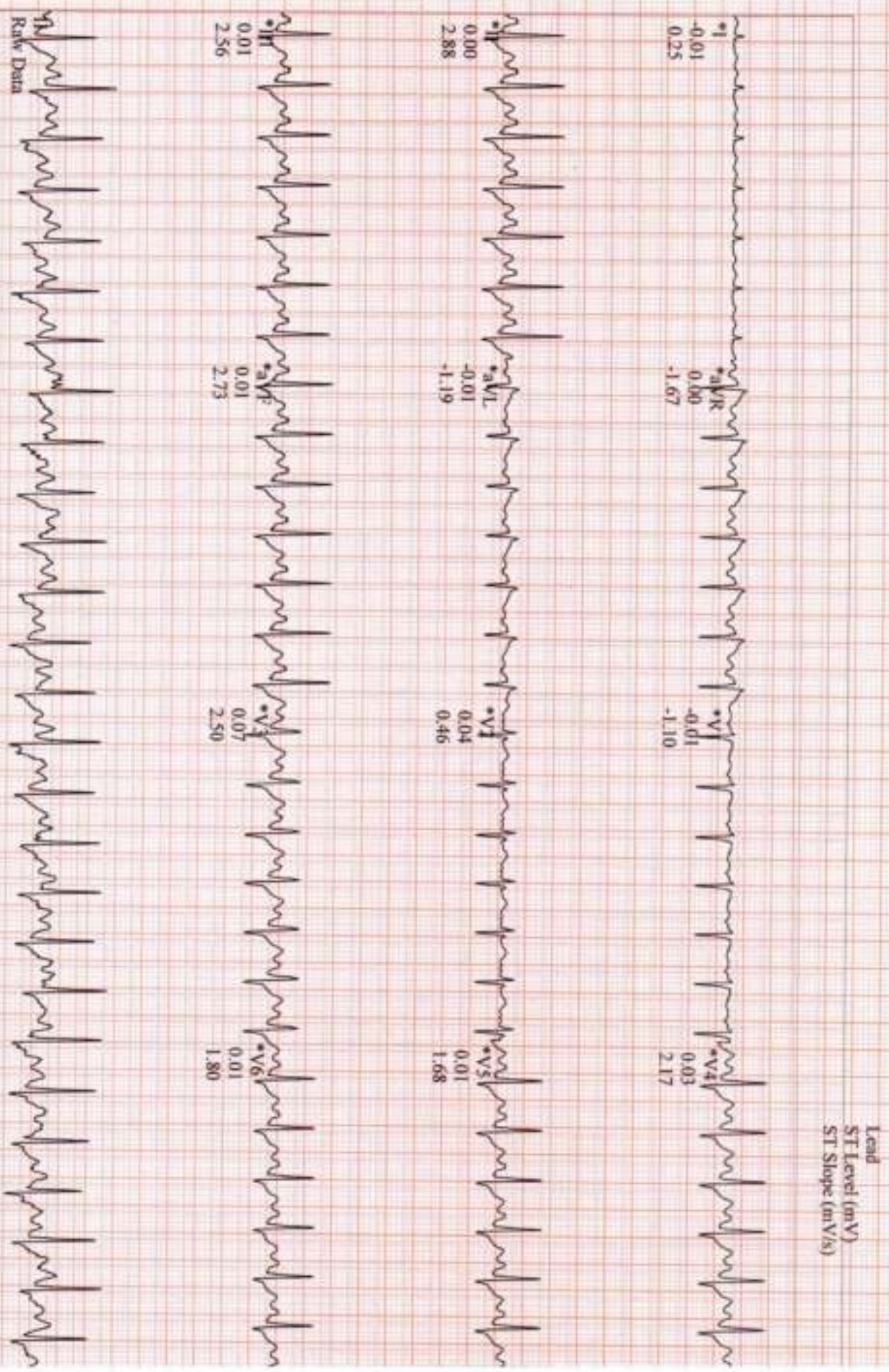
**BONAGIRI, RAMU**  
Patient ID 2402718267  
27.01.2024  
1:07:10pm

164 bpm  
150/80 mmHg  
**EXERCISE**  
STAGE 3  
08:50

**BRUCE**  
3.4 mph  
14.0 %

Linked Medians

**SUBURBAN DIAGNOSTIC**



GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V5,V4)

Start of Test: 12:57:45pm

•Computer Synthesized Rhythms

BONAGIRI, RAMU  
Patient ID 2402718267  
27-01-2024  
1:07:34pm

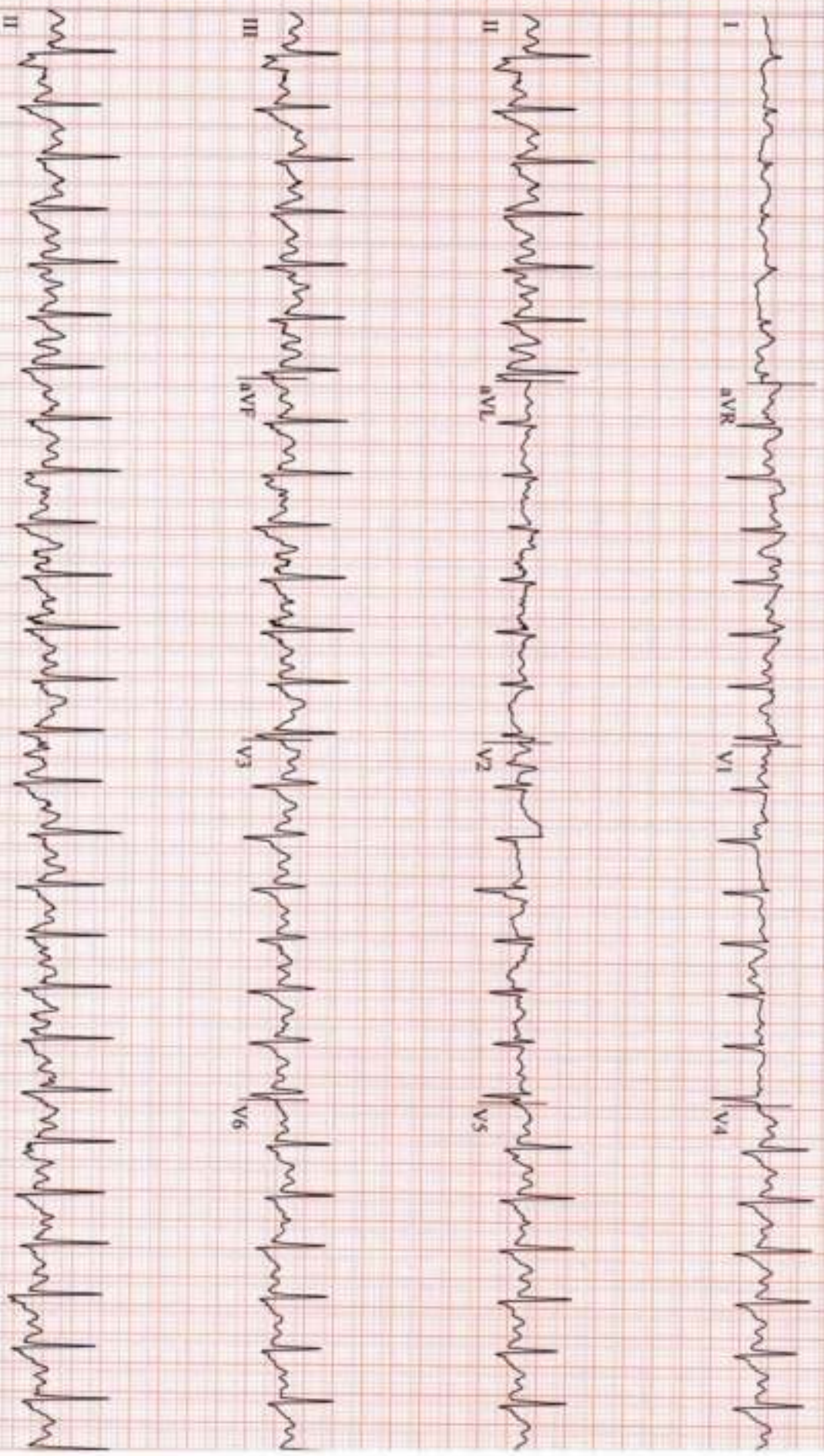
169 bpm

EXERCISE  
STAGE 4  
09:09

BRUCE  
4.2 mph  
16.0 %

12-Lead Report ( PEAK EXERCISE )

SUBURBAN DIAGNOSTIC



GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V5,V4)

Start of Test: 12:57:45pm

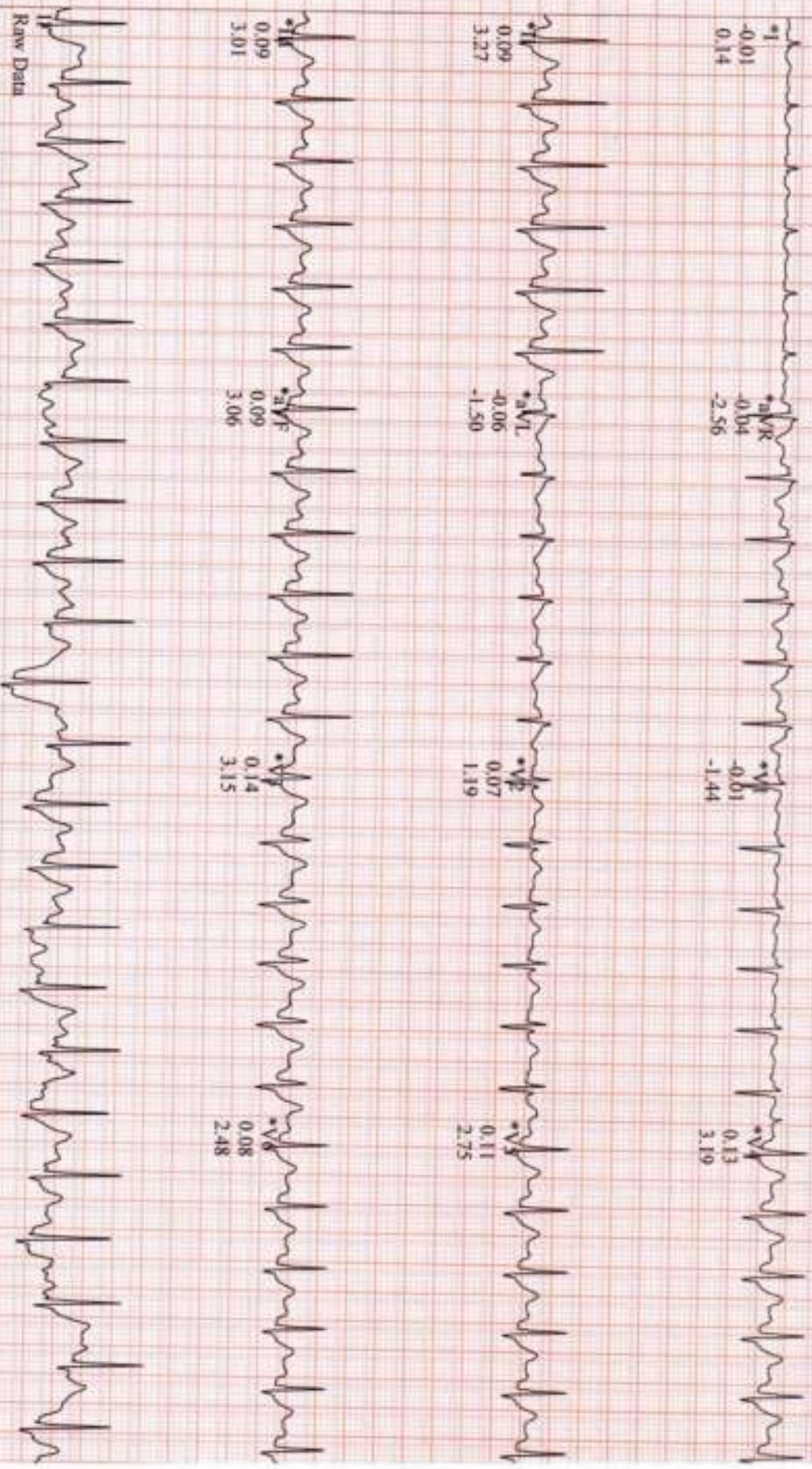
BONAGIRI, RAMU  
Patient ID 2402718267  
27.01.2024  
1:08:29pm

Linked Medians  
142 bpm  
RECOVERY #1  
01:00

BRUCE  
0.0 mph  
0.0 %

SUBURBAN DIAGNOSTIC

Lead  
ST Level (mV)  
ST Slope (mV/s)



Raw Data

\*Computer Synthesized Rhythms

GE CardioSoft V6.73 (C)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(LL.V1)

Start of Test: 12:57:45pm

126 bpm

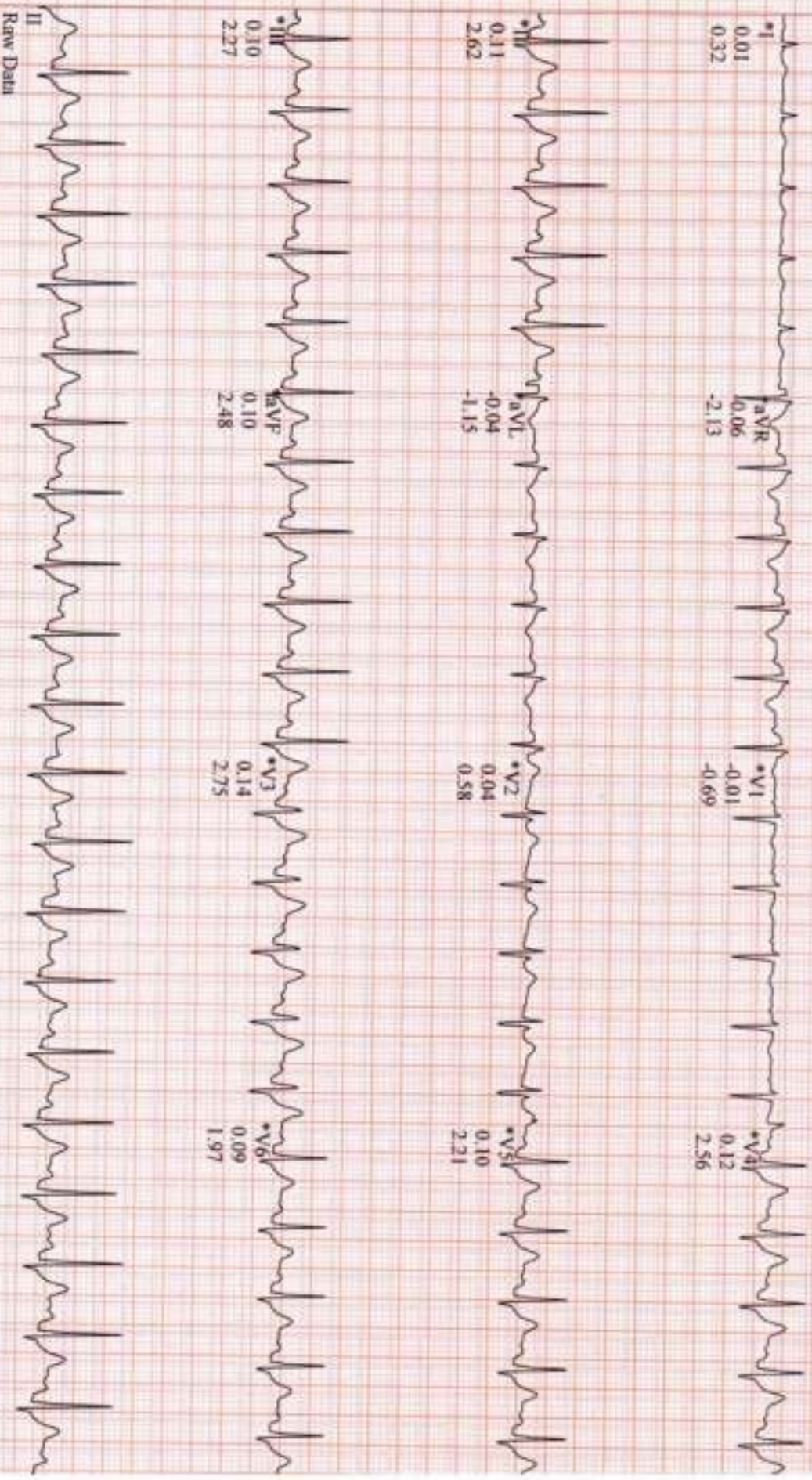
RECOVERY #1  
02:00

BRUCE  
0.0 mph  
0.0 %

Linked Medians

SUBURBAN DIAGNOSTIC

Lead  
ST Level (mV)  
ST Slope (mV/s)



Raw Data

\*Computer Synthesized Rhythms

BONAGIRI, RAMU

Patient ID 2402718267

27.01.2024

1:10:29pm

Linked Medians

RECOVERY

#1

03:00

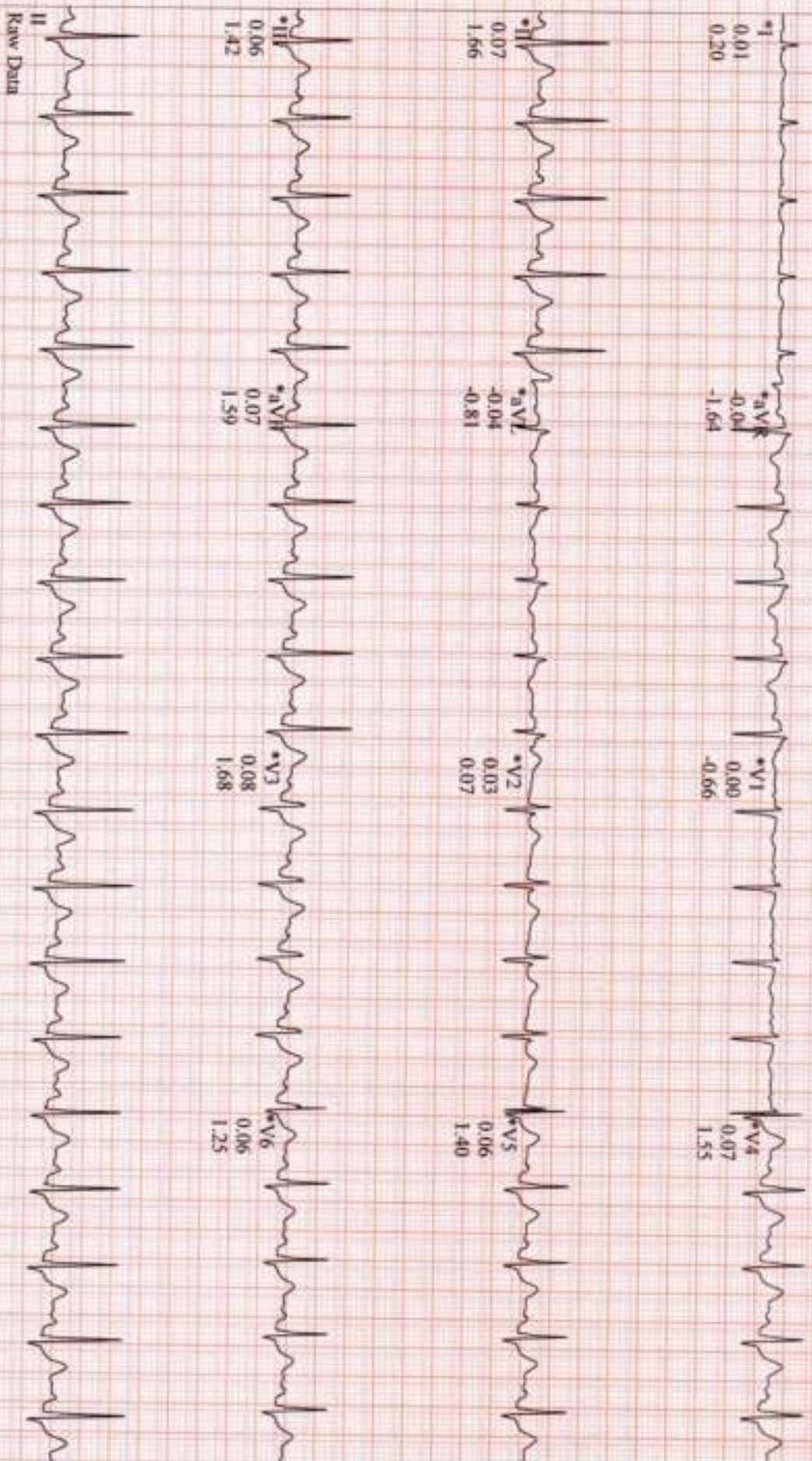
BRUCE

0.0 mph

0.0 %

SUBURBAN DIAGNOSTIC

Lead  
ST Level (mV)  
ST Slope (mV/s)



\*Computer Synthesized Rhythms

GE CardioSoft V6.73 (Z)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(ILV6)

Start of Test: 12:57:45pm