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CID : 2312514473
Name : MR.SUJIT BHALERAO
Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 05-May-2023 / 08:01
Reported : 05-May-2023 / 10:08

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>CBC (Complete Blood Count), Blood</u>			
<u>RBC PARAMETERS</u>			
Haemoglobin	14.4	13.0-17.0 g/dL	Spectrophotometric
RBC	5.57	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.7	40-50 %	Calculated
MCV	78.5	80-100 fl	Measured
MCH	25.8	27-32 pg	Calculated
MCHC	32.9	31.5-34.5 g/dL	Calculated
RDW	13.5	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7400	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	29.8	20-40 %	
Absolute Lymphocytes	2200	1000-3000 /cmm	Calculated
Monocytes	8.5	2-10 %	
Absolute Monocytes	630	200-1000 /cmm	Calculated
Neutrophils	56.2	40-80 %	
Absolute Neutrophils	4140	2000-7000 /cmm	Calculated
Eosinophils	5.2	1-6 %	
Absolute Eosinophils	380	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.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	275000	150000-400000 /cmm	Elect. Impedance
MPV	8.0	6-11 fl	Measured
PDW	13.2	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 5 2-15 mm at 1 hr. Sedimentation

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



M. Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist



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Collected : 05-May-2023 / 08:01
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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	93.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	102.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.71	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.26	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.45	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	37.8	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	87.2	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	47.0	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	136.2	40-130 U/L	Colorimetric
BLOOD UREA, Serum	18.8	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.8	6-20 mg/dl	Calculated
CREATININE, Serum	0.76	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	125	>60 ml/min/1.73sqm	Calculated

Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation



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Reported : 05-May-2023 / 15:00

URIC ACID, Serum	6.0	3.5-7.2 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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*** End Of Report ***



Anupa

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



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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	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	111.1	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 ***



J. Thakker

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

Authenticity Check



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh TYPING	POSITIVE

NOTE: Test performed by automated 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 Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

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M Jain

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	187.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	78.6	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	50.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	136.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	121.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	15.9	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.4	0-3.5 Ratio	Calculated

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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	5.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.5	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.26	0.35-5.5 microIU/ml mIU/ml	ECLIA



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

Clinical Significance:
1)TSH Values between high abnormal 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 transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

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



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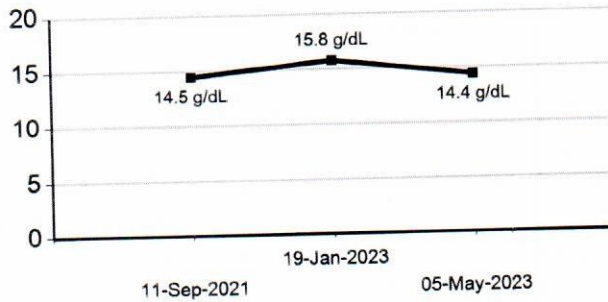
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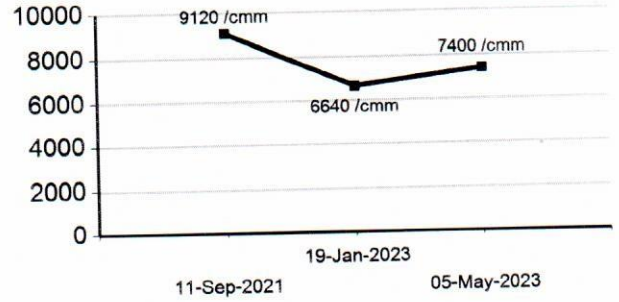
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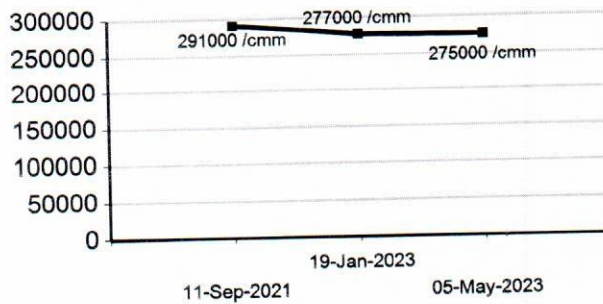
Haemoglobin



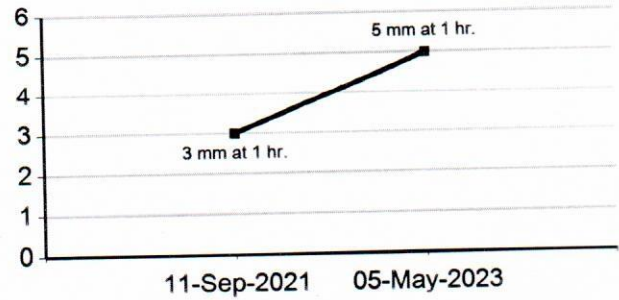
WBC Total Count



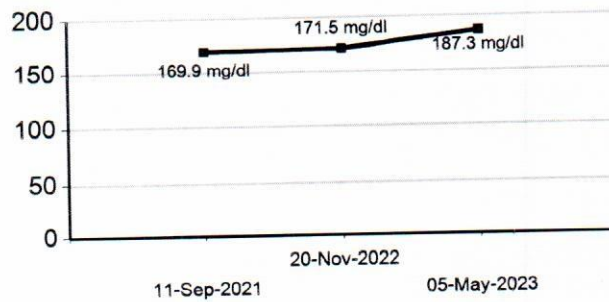
Platelet Count



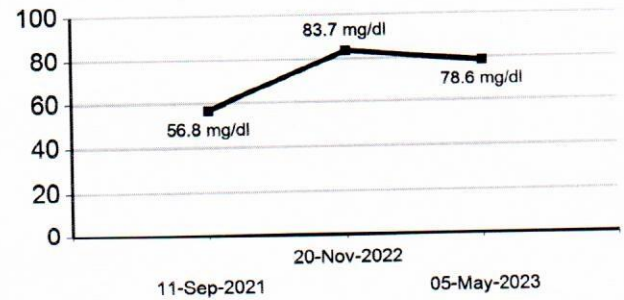
ESR



CHOLESTEROL



TRIGLYCERIDES



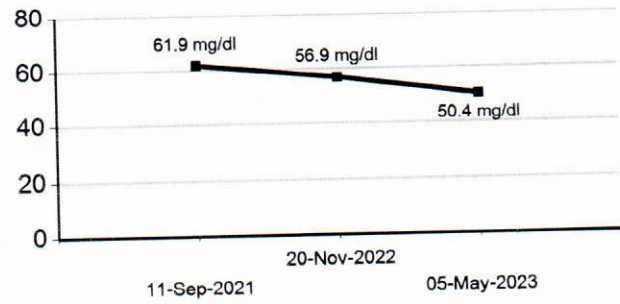
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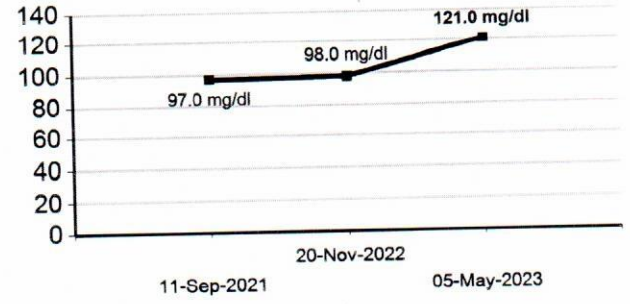
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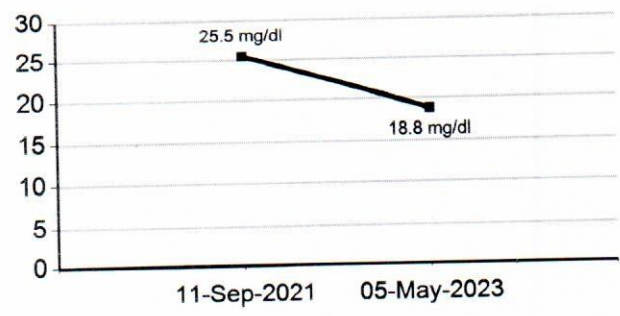
HDL CHOLESTEROL



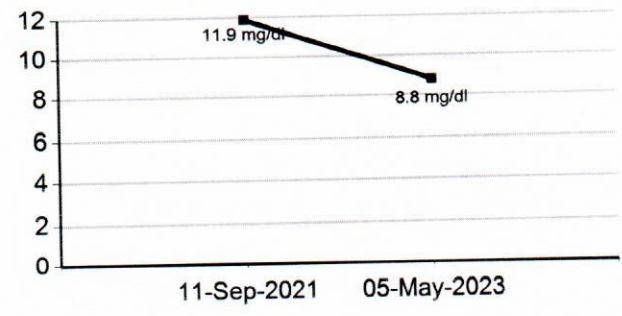
LDL CHOLESTEROL



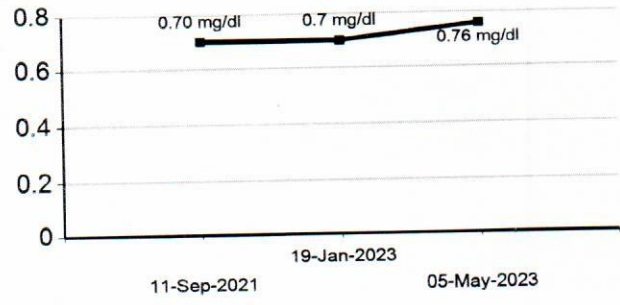
BLOOD UREA



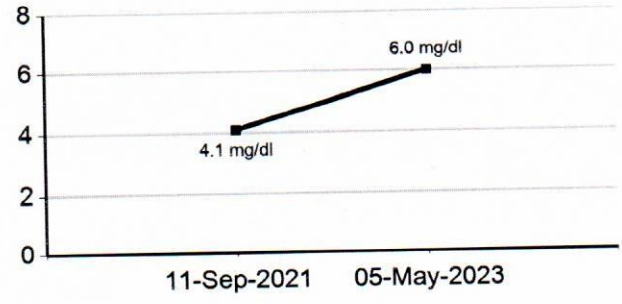
BUN



CREATININE



URIC ACID



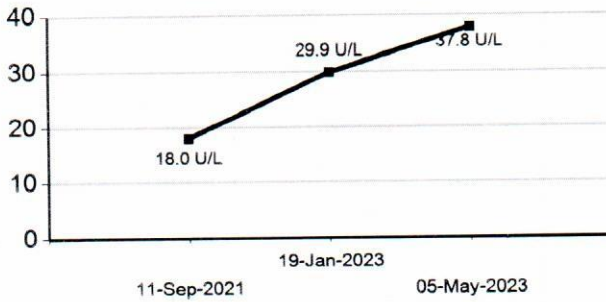
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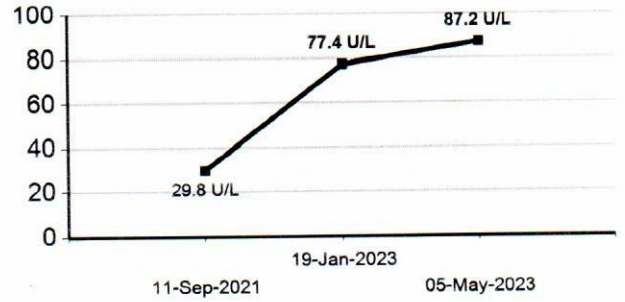
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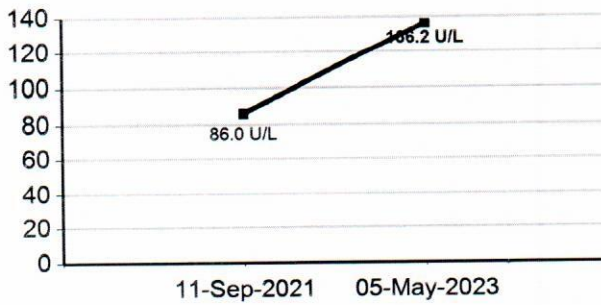
SGOT (AST)



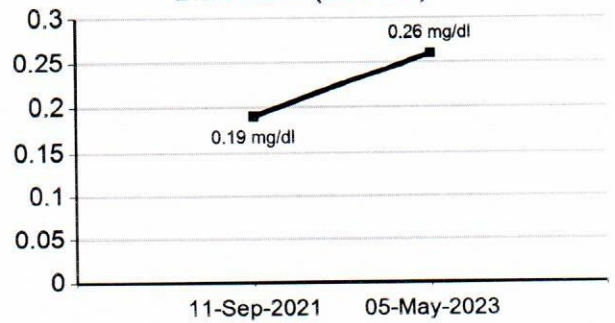
SGPT (ALT)



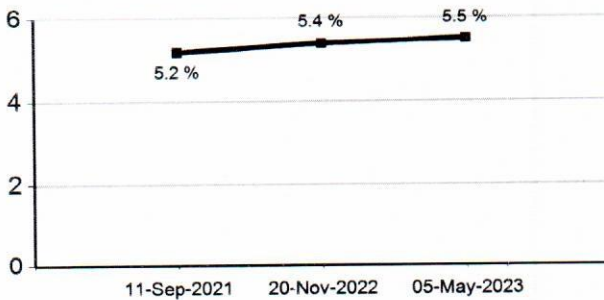
ALKALINE PHOSPHATASE



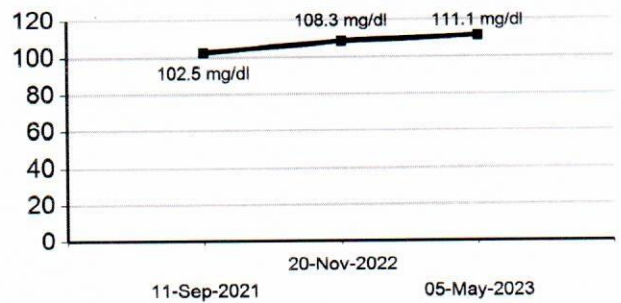
BILIRUBIN (DIRECT)



Glycosylated Hemoglobin (HbA1c)



Estimated Average Glucose (eAG)



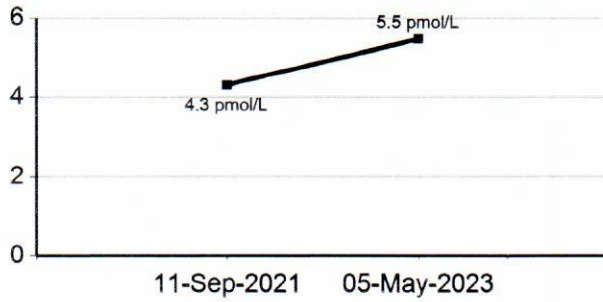
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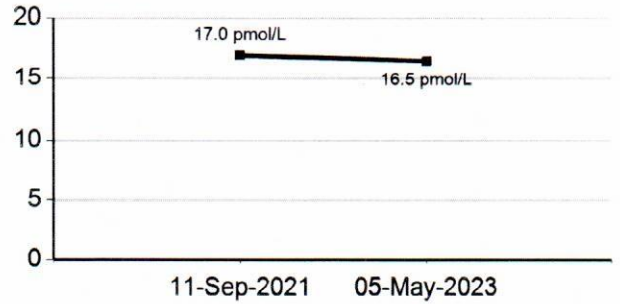
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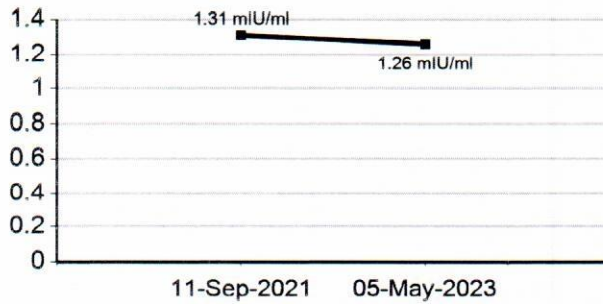
Free T3



Free T4



sensitiveTSH





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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<u>PHYSICAL EXAMINATION</u>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Present	Absent
Blood	Absent	Absent
<u>CHEMICAL EXAMINATION</u>		
Reaction (pH)	Alkaline (7.5)	-
Occult Blood	Present	Absent
<u>MICROSCOPIC EXAMINATION</u>		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Flakes +++	Absent
Fat Globules	Absent	Absent
RBC/hpf	2-3	Absent
WBC/hpf	70-75*	Absent

Large clumps restricted to mucus flakes.

Yeast Cells	Absent	Absent
Undigested Particles	Present +	-
Concentration Method (for ova)	No ova detected	Absent
Reducing Substances	-	Absent

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M Jain

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M.D.(PATH)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	-
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	Chemical Indicator
Volume (ml)	20	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	2+	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	3-4	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 insert

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



MC-2111

M. Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist

Authenticity Check


 Use a QR Code Scanner
 Application To Scan the Code

CID	: 2312514473	Reg. Date	: 05-May-2023
Name	: Mr SUJIT BHALERAO	Reported	: 05-May-2023 / 9:40
Age / Sex	: 34 Years/Male		
Ref. Dr	:		
Reg. Location	: Andheri West (Main Center)		

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-----

Dr R K Bhandari
M D , DMRE
MMC REG NO. 34078

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023050507520671>

Page no 1 of 1



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CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar (W), Mumbai - 400086.

about:blank

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

Corporate Identity Number (CIN): U85110MH2002PTC136144

Date:- 5/5/23

CID: 2312514423

Name:- MR. Susit Bhakerao

Sex / Age: / M / 34

EYE CHECK UP

Chief complaints: Nil

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: Distance \leftarrow 12+ 6/6
4 6/6

Aided Vision:

Refraction:

Near \leftarrow R+ N/5
4 N/5

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	\leftarrow	\leftarrow	\leftarrow	6/6	\leftarrow	\leftarrow	\leftarrow	6/6
Near	\leftarrow	\leftarrow	\leftarrow	N/5	\leftarrow	\leftarrow	\leftarrow	N/5

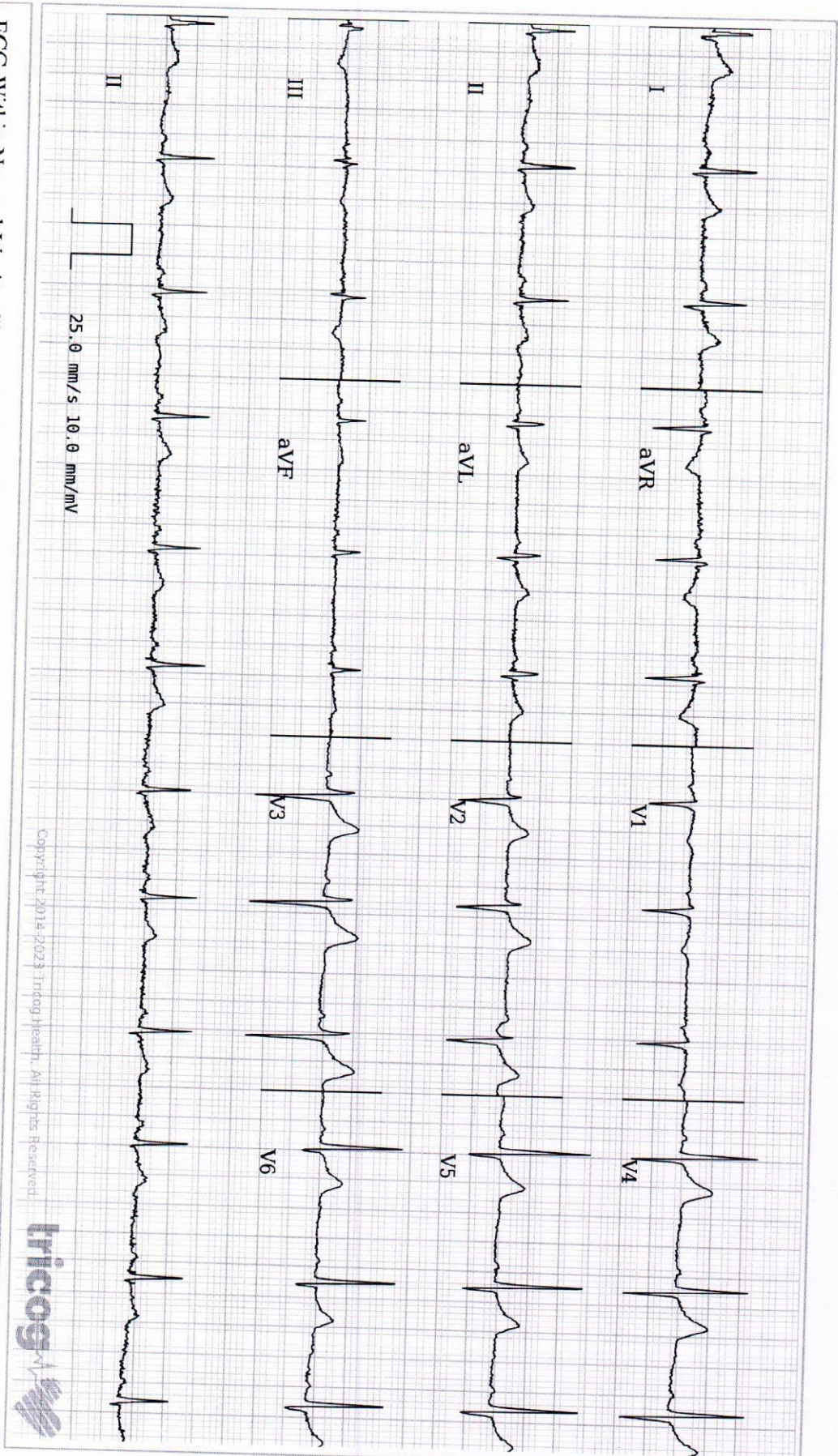
Colour Vision: Normal / Abnormal

Remark: Both eyes Normal -

Patient Name: SUJIT BHALERAO
Patient ID: 2312514473

SUBURBAN DIAGNOSTICS - ANDHERI WEST

Date and Time: 5th May 23 8:33 AM



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Age **34** **4** **16**
years months days

Gender **Male**

Heart Rate **72bpm**

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
SpO2: NA
Resp: NA
Others:

Measurements

QRSD: 80ms
QT: 376ms
QTcB: 411ms
PR: 116ms
P-R-T: 32° 39° 13°

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

REPORTED BY

Dr. Raj Amber

Dr. Raj Amber
MBBS, DNB Medicine
2015053015

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.

SUBURBAN DIAGNOSTICS

Patient Details **Date:** 05-May-23 **Time:** 10:08:05
Name: SUJIT BHALERAO **ID:** 2312514473
Age: 34 y **Sex:** M **Height:** -- cms. **Weight:** -- Kg.
Clinical History:

Medications:

Test Details

Protocol: Bruce **Pr.MHR:** 186 bpm **THR:** 158 (85 % of Pr.MHR) bpm
Total Exec. Time: 7 m 46 s **Max. HR:** 166 (89% of Pr.MHR)bpm **Max. Mets:** 10.20
Max. BP: 170 / 80 mmHg **Max. BP x HR:** 28220 mmHg/min **Min. BP x HR:** 7280 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 : 32	1.0	0	0	91	120 / 80	-0.85 aVR	1.42 V2
Standing	0 : 8	1.0	0	0	94	120 / 80	-0.64 aVR	1.42 V2
Hyperventilation	0 : 10	1.0	0	0	92	120 / 80	-0.42 aVR	1.06 V2
1	3 : 0	4.6	1.7	10	129	130 / 80	-1.27 aVR	-1.77 aVR
2	3 : 0	7.0	2.5	12	151	140 / 80	-1.70 II	2.12 V2
Peak Ex	1 : 46	10.2	3.4	14	166	170 / 80	-2.55 II	2.12 V2
Recovery(1)	1 : 0	1.8	1	0	137	160 / 80	-2.55 aVR	3.54 V2
Recovery(2)	1 : 0	1.0	0	0	114	140 / 80	-0.85 III	3.89 V2
Recovery(3)	0 : 31	1.0	0	0	99	130 / 80	-0.42 III	1.77 V2

Interpretation

GOOD EFFORT TOLERANCE
 NORMAL CHRONOTROPIC RESPONSE
 NORMAL INOTROPIC RESPONSE
 NO ANGINA/ ANGINA EQUIVALENTS
 NO ARRHYTHMIAS
 NO SIGNIFICANT ST-T CHANGES FROM BASELINE
 IMPRESSION: STRESS TEST IS NEGATIVE FOR STRESS 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.

Ref. Doctor:

(Summary Report edited by user)


Dr. Ravi Chavan
 MD, D Card
 Consultant Cardiologist
 Reg. No.: 2004/06/2468

Doctor: DR. RAVI CHAVAN

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SUJIT BHALERAO (34 M)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2312514473

Date: 05-May-23

Exec Time : 0 m 0 s

Stage Time : 0 m 26 s

HR: 93 bpm

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

B.P: 120 / 80

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

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

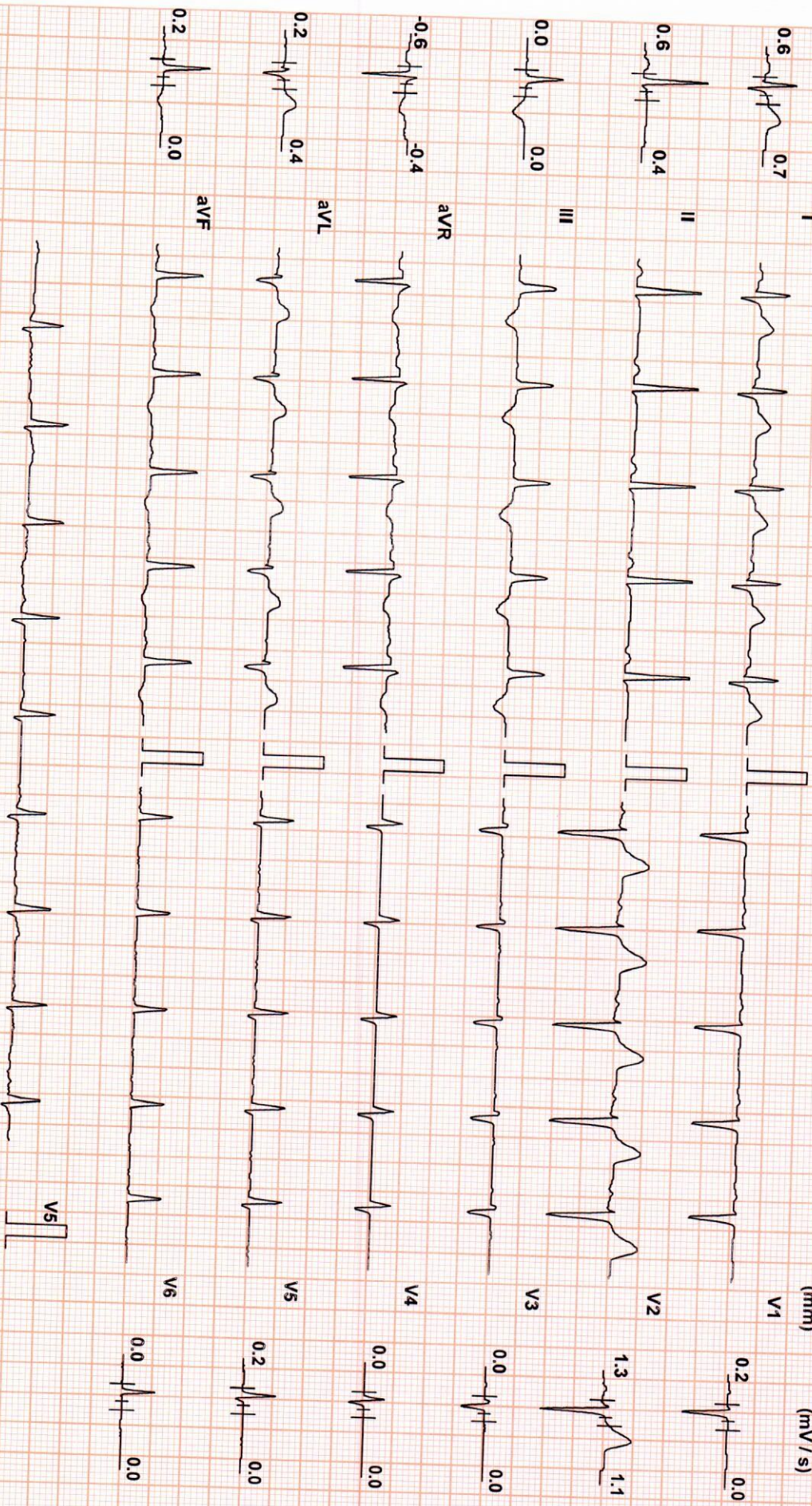


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Schlier Spandan V 4.7

SUJIT BHALERAO (34 M)

SUBURBAN DIAGNOSTICS

ID: 2312514473

Date: 05-May-23

Exec Time : 0 m 0 s

Stage Time : 0 m 2 s

Test Report

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

B.P: 120 / 80

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

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

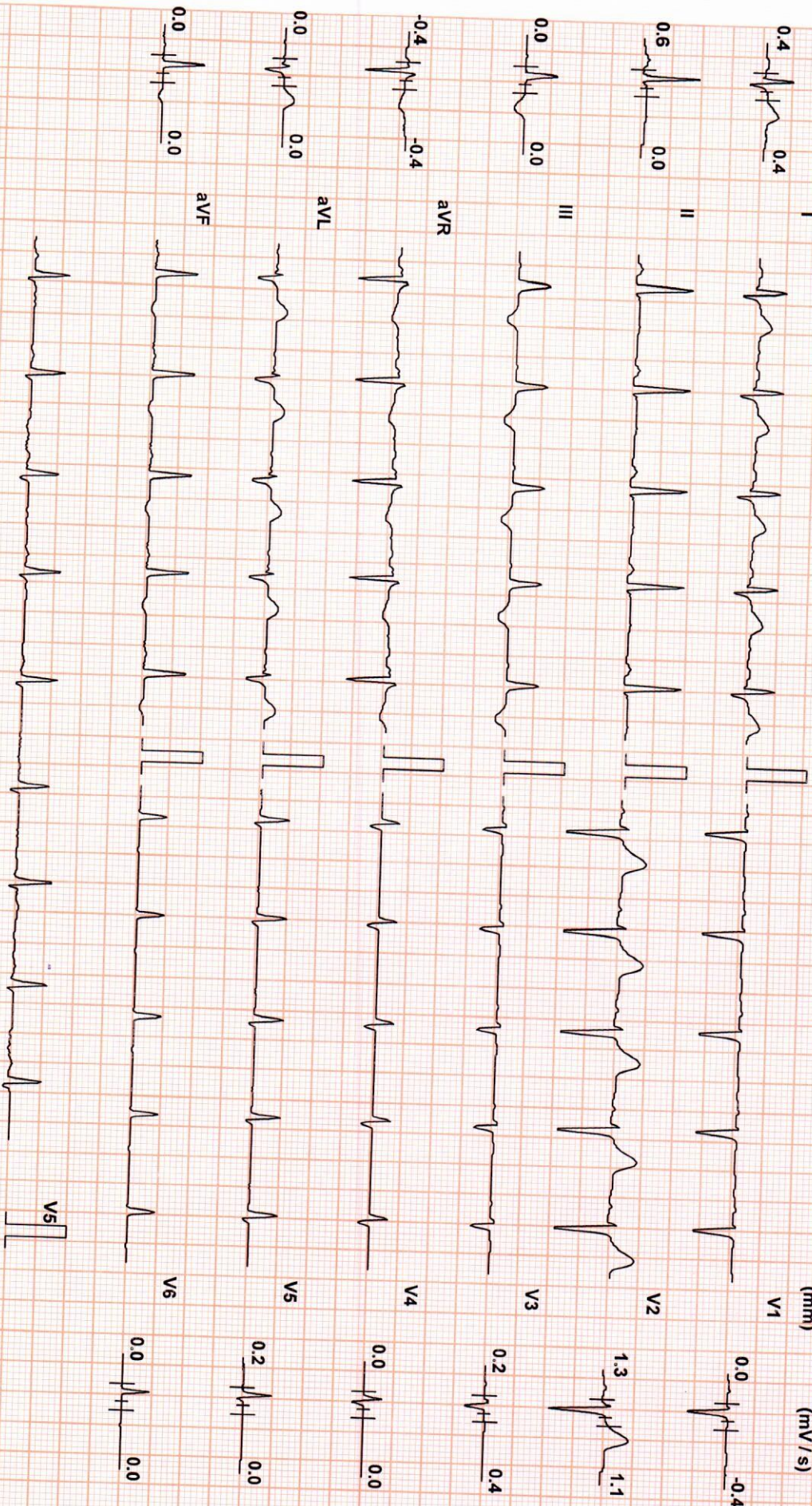


Chart Speed: 25 mm/sec
Schiller Spandian V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUBURBAN DIAGNOSTICS

Test Report

SUJIT BHALERAO (34 M)

ID: 2312514473

Date: 05-May-23

Exec Time : 0 m 0 s

Stage Time : 0 m 4 s

HR: 91 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

B.P: 120 / 80

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

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

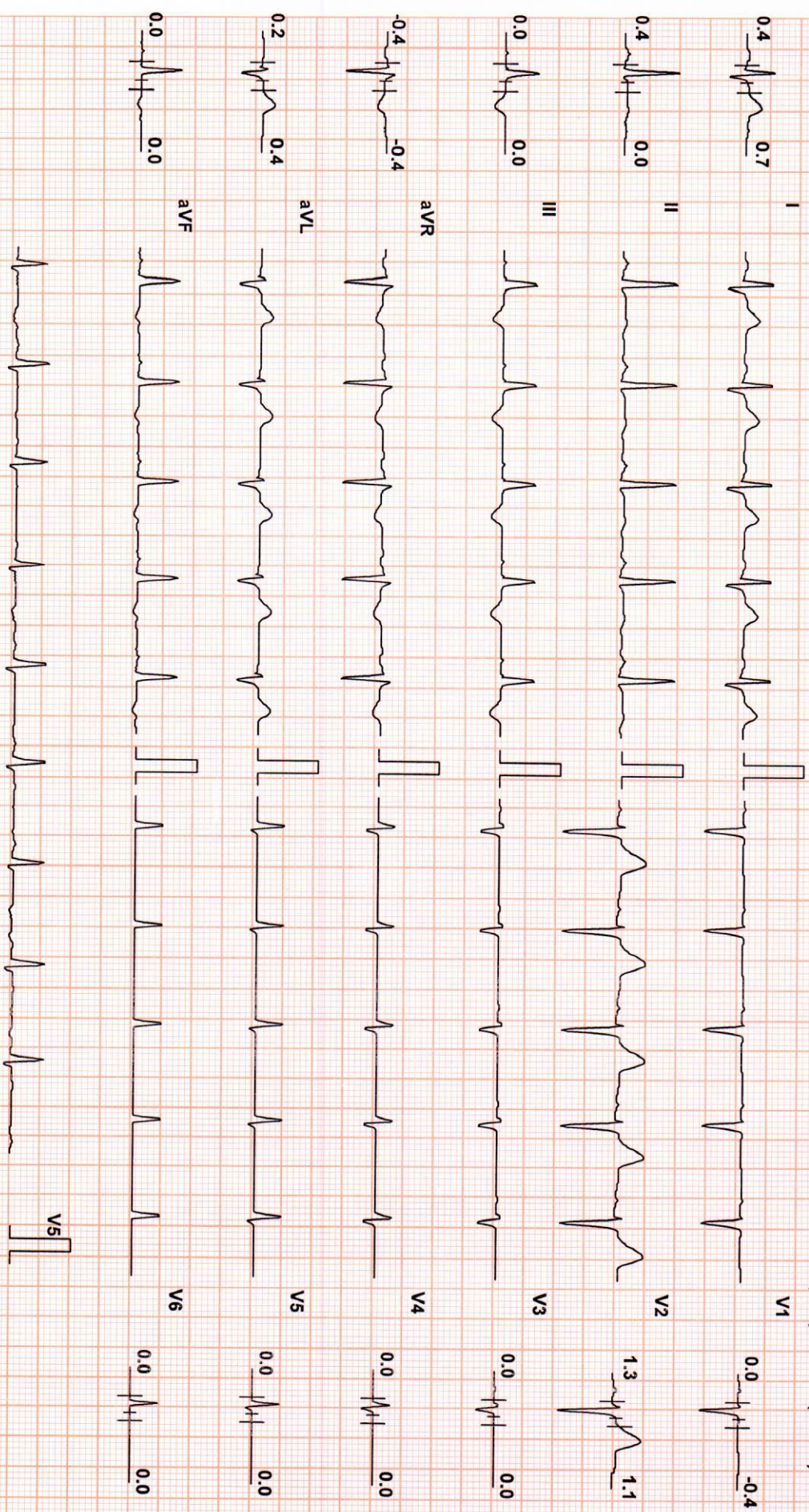


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUJIT BHALERAO (34 M)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2312514473

Date: 05-May-23 Exec Time : 2 m 54 s Stage Time: 2 m 54 s HR: 129 bpm

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 158 bpm)

B.P: 130 / 80

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

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

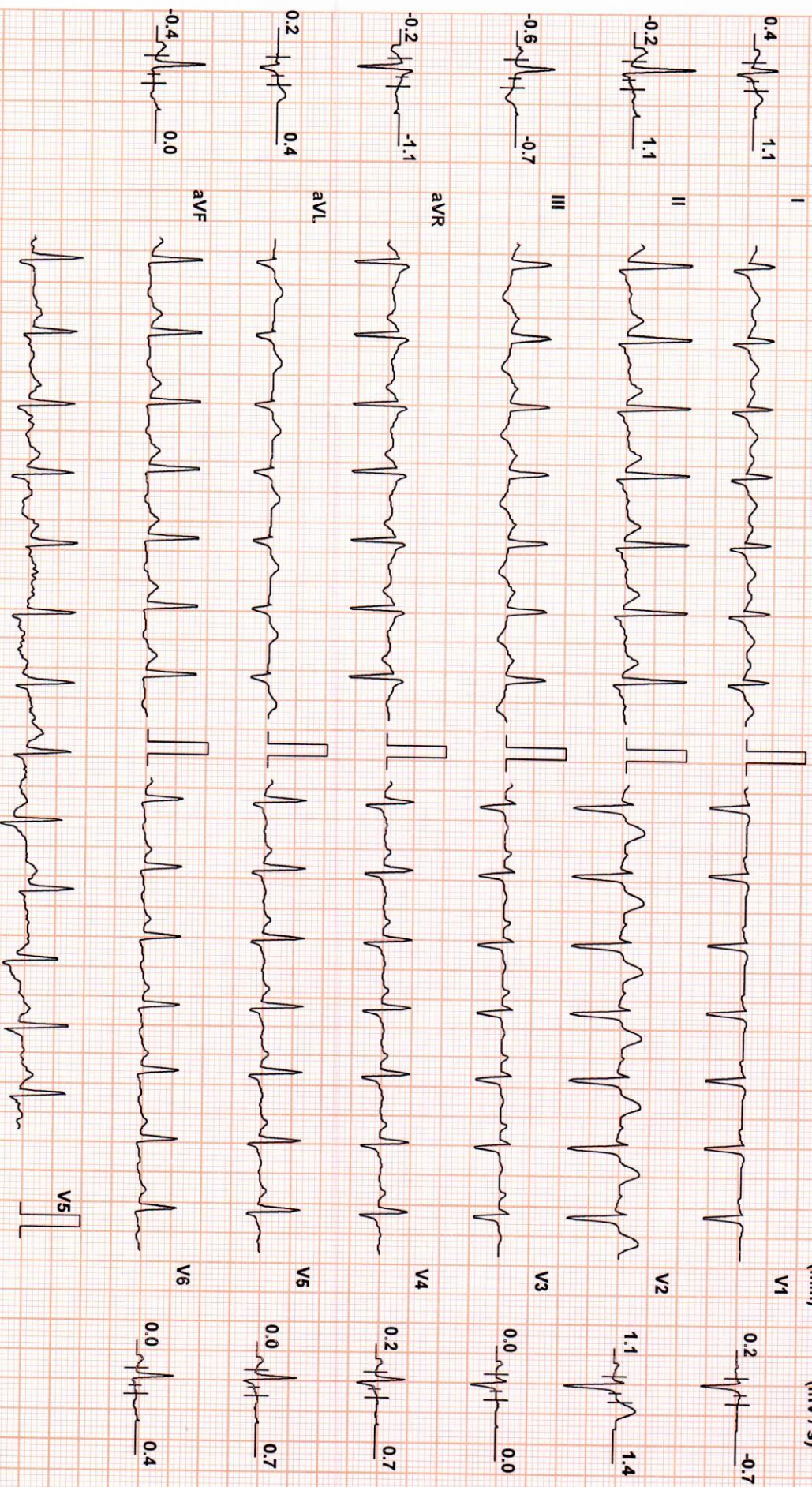


Chart Speed: 25 mm/sec
Schiller Spanden V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUJIT BHALERAO (34 M)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2312514473

Date: 05-May-23

Exec Time : 5 m 54 s

Stage Time : 2 m 54 s

HR: 151 bpm

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 158 bpm)

B.P: 140 / 80

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

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

0.4 1.1 I

0.6 -0.4 V1

-1.1 0.0 II

1.3 1.8 V2

-1.1 -1.1 III

0.0 0.4 V3

0.4 -0.7 aVR

-0.4 0.4 V4

0.6 0.7 aVL

-0.5 0.4 V5

-1.1 -0.4 aVF

-0.5 0.0 V6

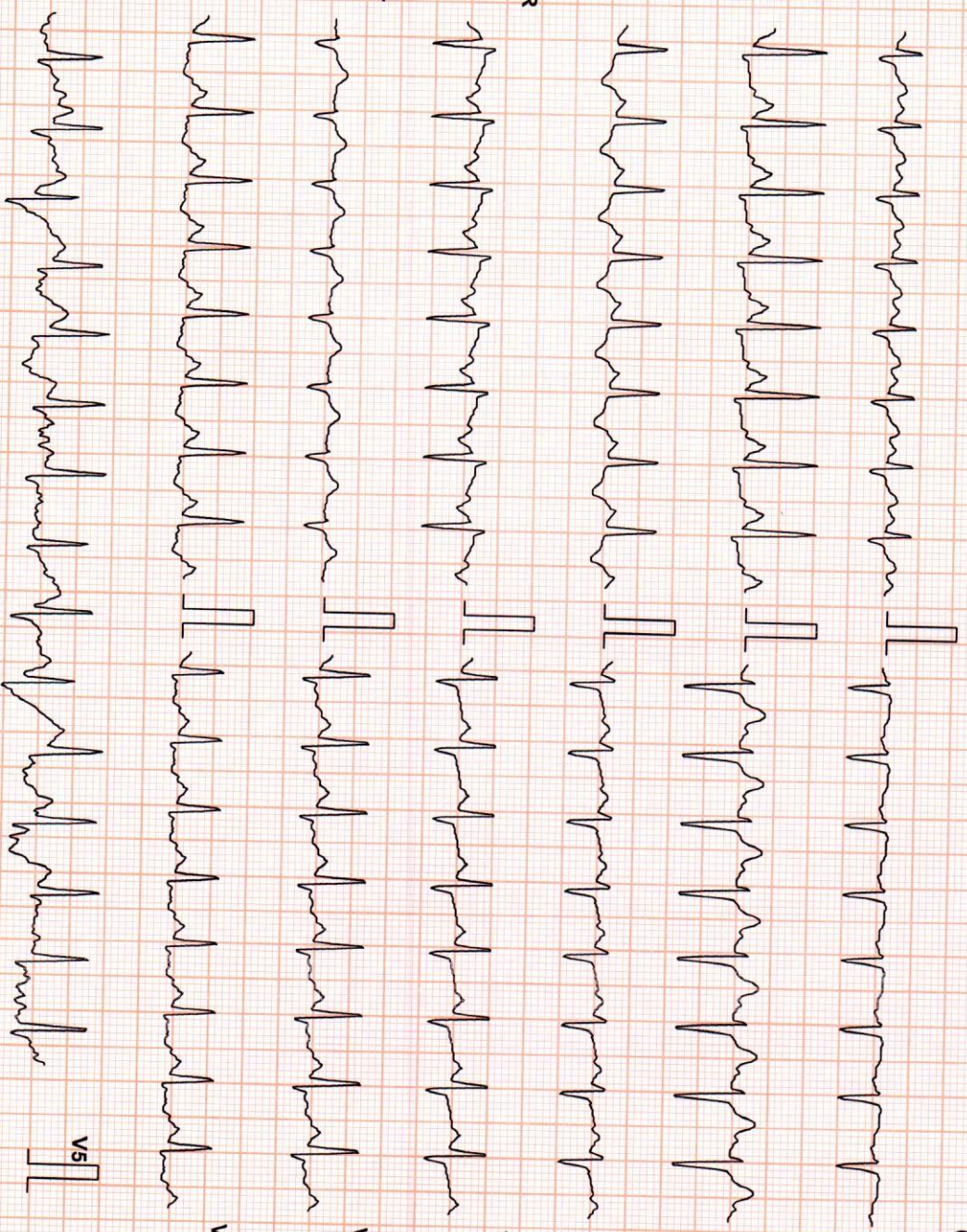


Chart Speed: 25 mm/sec
Schiller Spandon V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUBURBAN DIAGNOSTICS

SUJIT BHALERAO (34 M)

ID: 2312514473 Date: 05-May-23 Exec Time : 7 m 43 s Stage Time : 1 m 43 s HR: 166 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 158 bpm)

B.P: 170 / 80

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

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

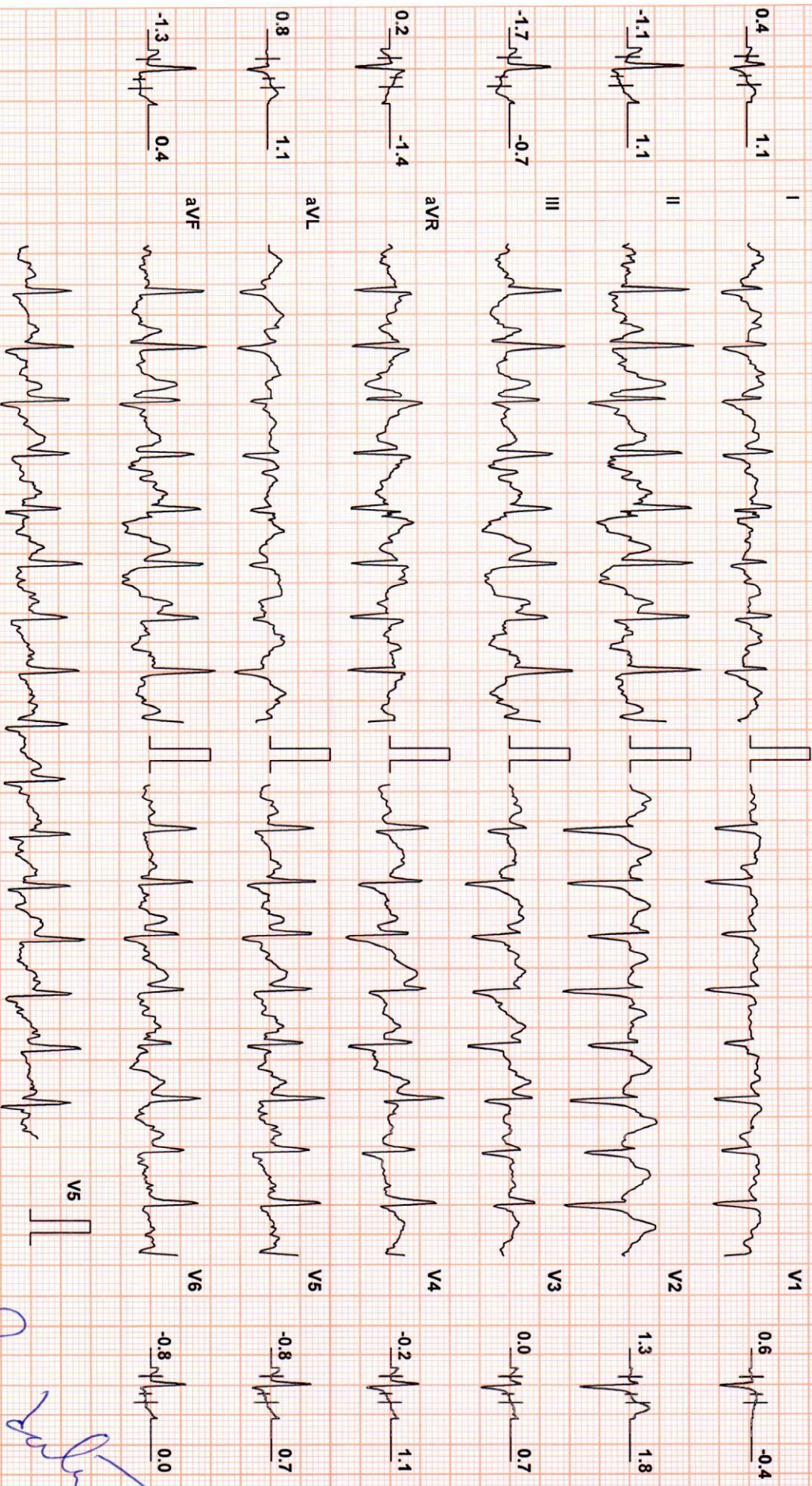


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

[Handwritten signature]



SUBURBAN DIAGNOSTICS

Test Report

SUJIT BHALERAO (34 M)

ID: 2312514473

Date: 05-May-23

Exec Time : 7 m 46 s Stage Time : 0 m 54 s **HR: 138 bpm**

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 158 bpm)

B.P: 160 / 80

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

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

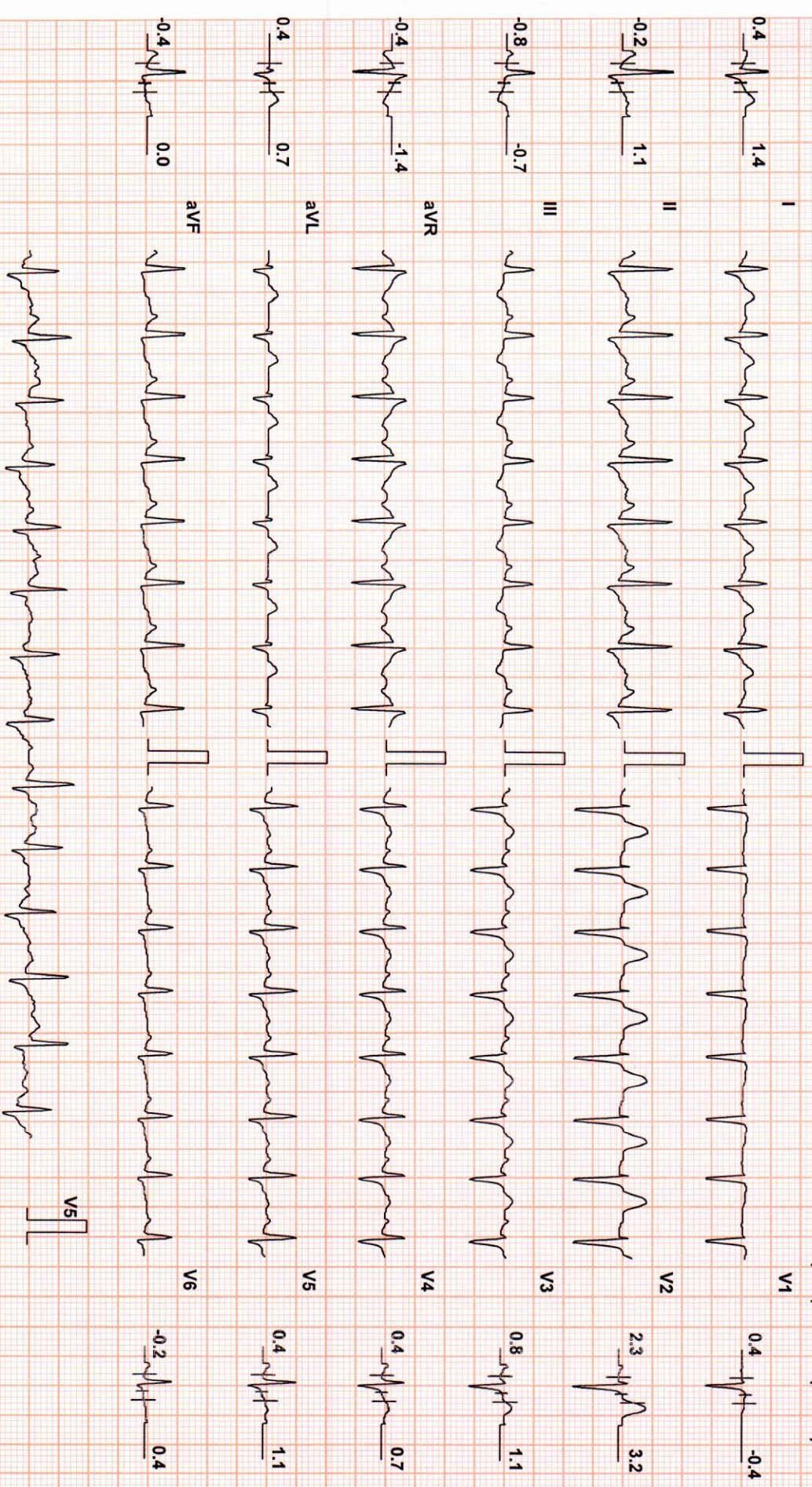


Chart Speed: 25 mm/sec
Schlier Spandau V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUJIT BHALERAO (34 M)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2312514473

Date: 05-May-23

Exec Time : 7 m 46 s Stage Time : 0 m 54 s HR: 115 bpm

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

B.P: 140 / 80

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

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

I 0.4 1.1

V1 0.6 0.4

II -0.4 0.0

V2 1.5 1.8

III -0.6 -0.7

V3 0.8 0.7

aVR 0.2 -0.4

V4 0.4 0.4

aVL 0.2 0.4

V5 0.2 0.4

aVF -0.6 -0.4

V6 0.0 0.0

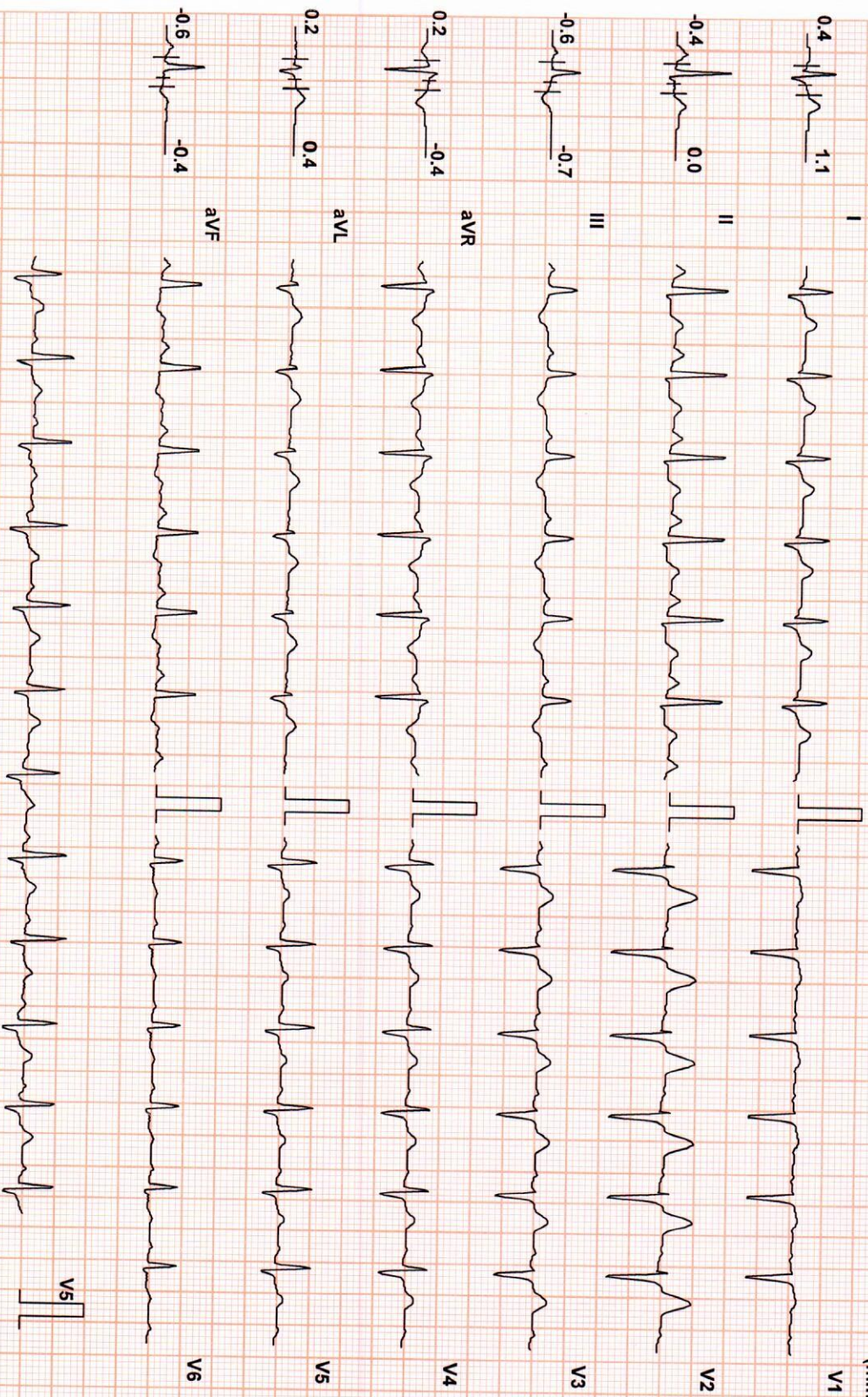


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Schiller Spandan V 4.7



SUJIT BHALERAO (34 M)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2312514473

Date: 05-May-23

Exec Time : 7 m 46 s Stage Time : 0 m 25 s

HR: 117 bpm

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

B.P: 130 / 80

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

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

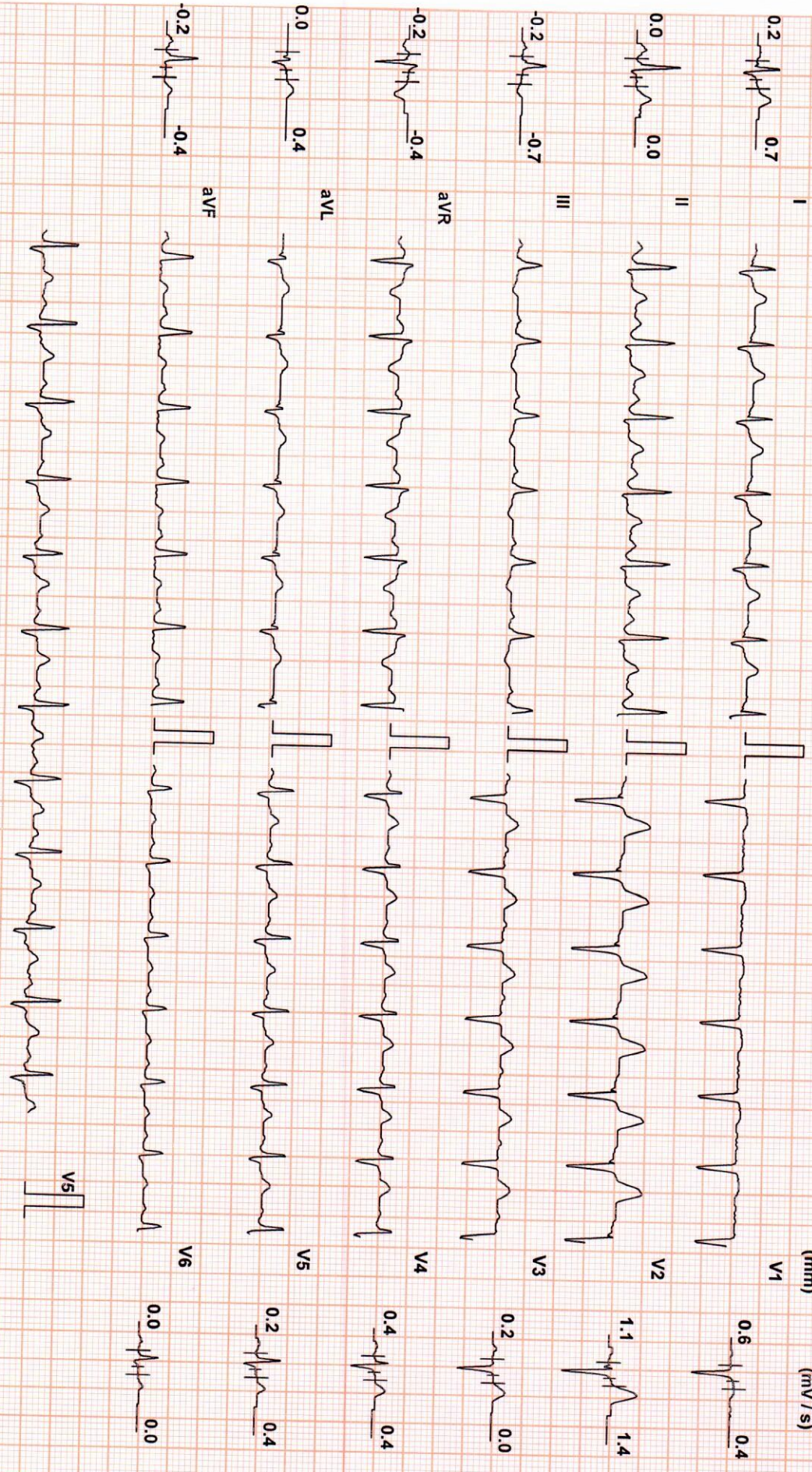


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median





Use a QR Code Scanner
Application To Scan the Code

CID : 2312514473
Name : Mr SUJIT BHALERAO
Age / Sex : 34 Years/Male
Ref. Dr :
Reg. Location : Andheri West (Main Center)
Reg. Date : 05-May-2023
Reported : 05-May-2023 / 11:13

R
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R
T

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (14.7cm), 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:

Right kidney measures 10.1 x 4.4cm. Left kidney measures 10.6 x 4.7cm.

Both the kidneys are normal in size shape and echotexture.

No evidence of any hydronephrosis or mass lesion seen.

Multiple calculi are noted in both the kidneys, largest measuring 5.9mm, 4.4mm in the lower pole in the right kidney and 6.1, 5.2mm in the lower pole, 5.3mm in the upper pole of the left kidney.

SPLEEN:

The spleen is normal in size (10.0cm) 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 measuring 3.9 x 3.7 x 3.6cm and volume is 27.6cc.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023050507520662>

Page no 1 of 2



Use a QR Code Scanner
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CID : 2312514473
Name : Mr SUJIT BHALERAO
Age / Sex : 34 Years/Male
Ref. Dr :
Reg. Location : Andheri West (Main Center)

Reg. Date : 05-May-2023
Reported : 05-May-2023 / 11:13

IMPRESSION:

Bilateral renal calculi as described above.

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

DR. NIKHIL DEV
M.B.B.S, MD (Radiology)
Reg No - 2014/11/4764
Consultant Radiologist

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023050507520662>

Name : Mr . SUJIT BHALERAO Reg Date : 05-May-2023 07:51
VID : 2312514473 Age/Gender : 34 Years
Ref By : Arcofemi Healthcare Limited Regn Centre : Andheri West (Main Centre)

History and Complaints:

C/O VOMITING SINCE 3 DAYS

EXAMINATION FINDINGS:

Height (cms):	160 CMS	Weight (kg):	80 KGS
Temp (0c):	AFBERILE	Skin:	NAD
Blood Pressure (mm/hg):	130/80 MMHG	Nails:	NAD
Pulse:	80/MIN	Lymph Node:	NOT PALPABLE

Systems

Cardiovascular: S1 S2 HEARD
Respiratory: AEBE
Genitourinary: NAD
GI System: NAD
CNS: NAD

IMPRESSION:

Altered liver enzymes,SGPT=87.2,Alkaline Phosphatase,=136.2 u/l.(elevated),
Borderline high dyslipidemia,
Stool shows occult blood=present,WBC/hpf=70-75,Mucus strands=flakesplus;plus;plus;,
Urine shows blood=2plus;(hematuria),Rbcs=3-4/hpf.
USG shows bilateral renal calculi

ADVICE:

Kindly consult your treating physician with all your reports,
Urologist opinion in vie of USG report and Urine reports
Repeat stool after treatment,
Therapeutic life style modification is advised.

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 |
| 8) Thyroid/ Endocrine disorders | NO |
| 9) Nervous disorders | NO |
| 10) GI system | C/O IBS DIAGNOSED IN APRIL 2023 |
| 11) Genital urinary disorder | NO |

Print Date : 09-May-2023 09:15

Page:1 of 2

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

Corporate Identity Number (CIN): U85110MH2002PTC136144

Name : Mr . SUJIT BHALERAO
VID : 2312514473
Ref By : Arcofemi Healthcare Limited

Reg Date : 05-May-2023 07:51
Age/Gender : 34 Years
Regn Centre : Andheri West (Main Centre)

-
- 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 C/O ENDOSCOPY IN JAN.2023
17) Musculoskeletal System NO

PERSONAL HISTORY:

- 1) Alcohol NO
2) Smoking NO
3) Diet VEG
4) Medication TAB-VOMISTOP

Sangeeta Manwani

Dr.Sangeeta Manwani
M.B.B.S. Reg.No.71083