

CID : 2134540090

Name : Mr AKHIL BABU

Age / Sex : 34 Years/Male

Ref. Dr :

Reg.Location : Kalina, Santacruz East Main Centre

Reg. Date : 11-Dec-2021 / 09:51

Report Date : 11-Dec-2021 / 10:34

Printed : 11-Dec-2021 / 10:34

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-----

Arsham

Dr. Asha Rajendra Dhavan MBBS, DMRE Reg No: 2489 Consultant Radiologist

Click here to view images

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HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

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:2134540090

: MR.AKHIL BABU

: 34 Years / Male

CID

Name

Age / Gender

Authenticity Check

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Application To Scan the Code

Consulting Dr. Collected :11-Dec-2021 / 09:30 Reported :11-Dec-2021 / 15:00 Reg. Location : Kalina, Santacruz East (Main Centre)

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood						
<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>			
RBC PARAMETERS						
Haemoglobin	16.3	13.0-17.0 g/dL	Spectrophotometric			
RBC	5.77	4.5-5.5 mil/cmm	Elect. Impedance			
PCV	48.6	40-50 %	Measured			
MCV	84.3	80-100 fl	Calculated			
MCH	28.2	27-32 pg	Calculated			
MCHC	33.5	31.5-34.5 g/dL	Calculated			
RDW	13.8	11.6-14.0 %	Calculated			
WBC PARAMETERS						
WBC Total Count	5320	4000-10000 /cmm	Elect. Impedance			
WBC DIFFERENTIAL AND ABSO	LUTE COUNTS					
Lymphocytes	52.2	20-40 %				
Absolute Lymphocytes	2777.0	1000-3000 /cmm	Calculated			
Monocytes	7.9	2-10 %				
Absolute Monocytes	420.3	200-1000 /cmm	Calculated			
Neutrophils	38.6	40-80 %				
Absolute Neutrophils	2053.5	2000-7000 /cmm	Calculated			
Eosinophils	1.0	1-6 %				
Absolute Eosinophils	53.2	20-500 /cmm	Calculated			
Basophils	0.3	0.1-2 %				
Absolute Basophils	16.0	20-100 /cmm	Calculated			

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	195000	150000-400000 /cmm	Elect. Impedance
MPV	10.9	6-11 fl	Calculated
PDW	19.5	11-18 %	Calculated

RBC MORPHOLOGY

Immature Leukocytes

Hypochromia	-	
Microcytosis	_	

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:11-Dec-2021 / 09:30

:11-Dec-2021 / 13:03

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Consulting Dr.

: Kalina, Santacruz East (Main Centre) Reg. Location

:2134540090

: MR.AKHIL BABU : 34 Years / Male

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 2-15 mm at 1 hr. Westergren

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







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





ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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CID : 2134540090

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Consulting Dr. :

Reg. Location

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Reported :11-Dec-2021 / 13:45

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	72.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	78.7	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	0.15	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.29	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	5.1	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	21.5	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	22.0	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	3.1	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	95.5	40-130 U/L	Colorimetric
BLOOD UREA, Serum	15.8	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.4	6-20 mg/dl	Calculated
CREATININE, Serum	0.96	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	95	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.7	3.5-7.2 mg/dl	Enzymatic

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Name : MR.AKHIL BABU

: 34 Years / Male Age / Gender

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: 11-Dec-2021 / 14:02

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 ***







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

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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:11-Dec-2021 / 09:30 :11-Dec-2021 / 14:17

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

BIOLOGICAL REF RANGE PARAMETER RESULTS METHOD

Glycosylated Hemoglobin (HbA1c), EDTA WB - CC

5.1

Non-Diabetic Level: < 5.7 %

Collected

Reported

HPLC

Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %

99.7

(eAG), EDTA WB - CC

Estimated Average Glucose

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 ***







Dr.MEGHA SHARMA M.D. (PATH), DNB (PATH) **Pathologist**



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:11-Dec-2021 / 09:30

Collected Reported :11-Dec-2021 / 16:00

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIRINF FXAMINATION REPORT

ORINE EXAMINATION REPORT								
<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>						
Pale yellow	Pale Yellow	-						
6.0	4.5 - 8.0	Chemical Indicator						
1.010	1.001-1.030	Chemical Indicator						
Clear	Clear	-						
30	-	-						
Absent	Absent	pH Indicator						
Absent	Absent	GOD-POD						
Absent	Absent	Legals Test						
Absent	Absent	Peroxidase						
Absent	Absent	Diazonium Salt						
Normal	Normal	Diazonium Salt						
Absent	Absent	Griess Test						
2-3	0-5/hpf							
	Pale yellow 6.0 1.010 Clear 30 Absent Absent Absent Absent Normal Absent	Pale yellow 6.0 1.010 1.001-1.030 Clear Clear 30 Absent						

Red Blood Cells / hpf 0-2/hpf Absent

Epithelial Cells / hpf 0-1

Casts Absent Absent Crystals **Absent Absent** Amorphous debris Absent Absent

Bacteria / hpf 3-4 Less than 20/hpf

Others







Dr.SHASHIKANT DIGHADE M.D. (PATH) **Pathologist**



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Age / Gender : 34 Years / Male

Consulting Dr.

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:11-Dec-2021 / 09:30

:11-Dec-2021 / 14:24

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

PARAMETER RESULTS

ABO GROUP В

Rh TYPING **POSITIVE**

NOTE: Test performed by automated column agglutination technology (CAT) 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.

Refernces:

- Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
- AABB technical manual

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Dr.MEGHA SHARMA M.D. (PATH), DNB (PATH) **Pathologist**

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	212.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	177.3	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	40.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	172.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	137.0	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	35.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.4	0-3.5 Ratio	Calculated

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







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Name : MR.AKHIL BABU

Age / Gender : 34 Years / Male

Consulting Dr. : - Collected : 11-Dec-2021 / 09:30

Reg. Location : Kalina, Santacruz East (Main Centre) Reported :11-Dec-2021 / 13:45

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

PARAMETER	RESUL 1S	BIOLOGICAL REF RANGE	ME I HOD
Free T3, Serum	5.7	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.4	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.57	0.35-5.5 microIU/ml	ECLIA

Interpretation:

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

Clinical Significance:

- 1)TSH Values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be trasiently altered becuase 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: 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.

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 ***







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

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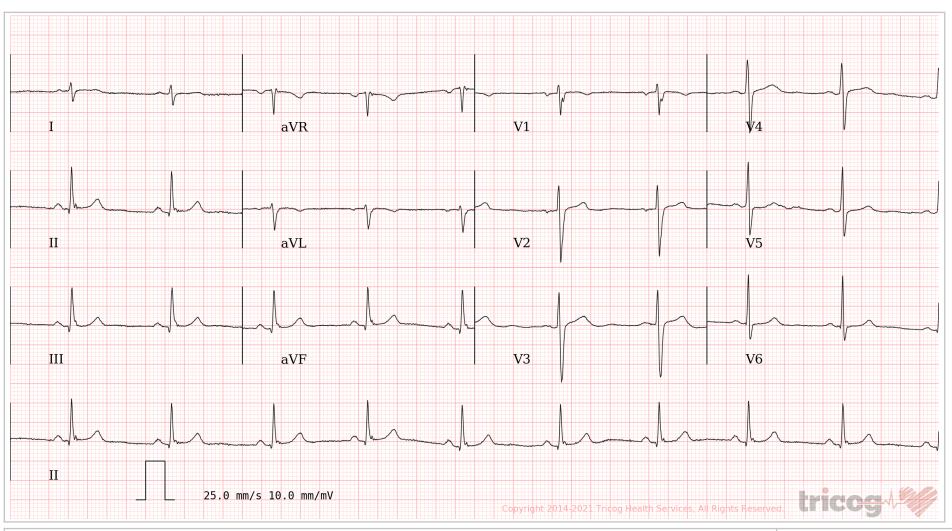
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SUBURBAN DIAGNOSTICS PRECISE TESTING HEALTHIER LIVING

SUBURBAN DIAGNOSTICS - KALINA, SANTACRUZ EAST

Patient Name: AKHIL BABU Date and Time: 11th Dec 21 10:03 AM

Patient ID: 2134540090



Age 34 9 20 years months days

Gender Male

Heart Rate 60 bpm

Patient Vitals

BP: 110/80 mmHg

Weight: 56 kg

Height: 174 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QSRD: 94 ms

QT: 392 ms

QTc: 392 ms

PR: 152 ms

P-R-T: 71° 90° 77°

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

Sm+ Ar

REPORTED BY

Dr Naveed Sheikh PGDCC 2016/11/4694

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.



E

R

CID# : **2134540090** SID# : 177804516783

Name : MR.AKHIL BABU Registered : 11-Dec-2021 / 09:30

Age / Gender : 34 Years/Male Collected : 11-Dec-2021 / 09:30

Consulting Dr. : - Reported : 13-Dec-2021 / 14:42

Reg.Location : Kalina, Santacruz East (Main Centre) Printed : 13-Dec-2021 / 14:44

PHYSICAL EXAMINATION REPORT

History and Complaints:

H/O COVID-19 April 2021

EXAMINATION FINDINGS:

Height (cms):174 cmsWeight (kg):56.5 kgsTemp (0c):AfebrileSkin:NormalBlood Pressure (mm/hg):110/80 mmHgNails:Normal

Pulse: 69/ bpm Lymph Node: Not palpable

Systems

Cardiovascular: S1S2 audible, No murmur

Respiratory: AEBE **Genitourinary:** NAD

GI System: Liver and Spleen not palpable

CNS: NAD

IMPRESSION:

Lymphocytes-52, Cholesterol-213, Triglycerides-177

ADVICE:

Refer to Physician

CHIEF COMPLAINTS:

Hypertension: No
 IHD No
 Arrhythmia No
 Diabetes Mellitus No

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5) Tuberculosis No

6) **Asthama** No

7) **Pulmonary Disease** No

8) Thyroid/ Endocrine disorders No

9) Nervous disorders No

10) **GI system** No

11) **Genital urinary disorder** No

12) Rheumatic joint diseases or symptoms No

13) Blood disease or disorder No

14) Cancer/lump growth/cyst No

15) Congenital disease No

16) Surgeries Bike accident 2 months back (stiches on

forehead)

17) Musculoskeletal System No

PERSONAL HISTORY:

1) Alcohol Occasional

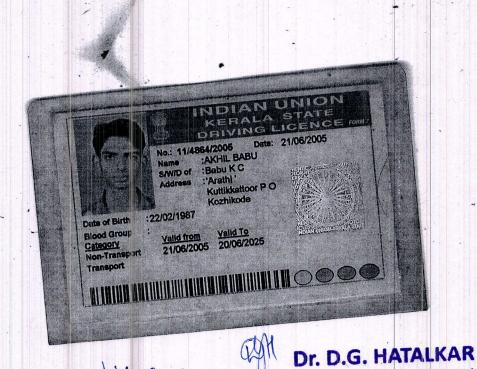
2) Smoking No3) Diet Mixed4) Medication No

*** End Of Report ***

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M.D. (Ob.Gy)

R.No. 61067

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



Date: 11/12/2021

Name: Mr. Alchil Rabin

CID: 2134540090 Sex/Age: / 3445/Male

EYE CHECK UP

Chief complaints: Mil

Systemic Diseases: Ni

Past history:

Unaided Vision: N.V le 3 HLS

D.V 11 2 6/9

Refraction:

(Right Eye)

(Left Eye)

	Sph	СуІ	Axis	Vn	Sph	Су	Axis	Vn
Distance				49				6/9
Near				NS				HIC

Colour Vision: Normal / Abnormal

Remark: WNL

Suburban Diagnostics (I) Pvt. Ltd.

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

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Suburban Diagnost<mark>i</mark>cs Kalina

Time: 10:13:02 AM

Patient Details Date: 11-Dec-21

Name: MR. AKHIL BABU ID: 2134540090

Age: 34 y Sex: M Height: 174 cms. Weight: 56 Kg.

Clinical History: Routine Test

Medications: NONE

Test Details

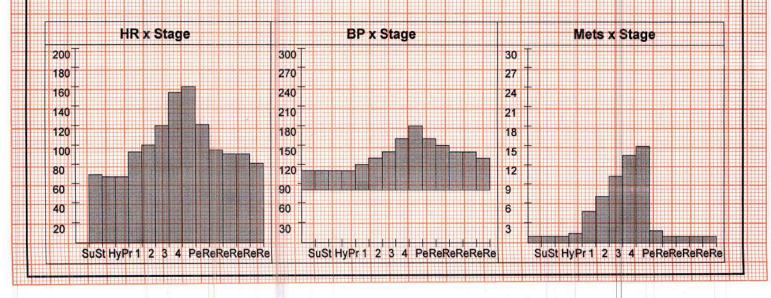
Protocol: Bruce Pr.MHR: 186 bpm THR: 158 (85 % of Pr.MHR) bpm

Total Exec. Time: 12 m 10 s Max. HR: 160 (86% of Pr.MHR)bpm Max. Mets: 14.90

Test Termination Criteria: Target HR attained

Protocol Details

Stage Name	Stage Time	Mets	Speed	Grade	Heart	Max. BP	Max. ST	Max. ST
	(min : sec)		(mph)	(%)	Rate (bpm)	(mm/Hg)	Level (mm)	Slope (mV/s)
Supine	0:11	1.0	0	0	0	110 / 80	0.001	0.00 11
Standing	0:7	1.0	0	0	69	110 / 80	-0.21 aVR	1.42 V3
Hyperventilation	0:7	1.0	0	0	67	110 / 80	-0.42 aVR	1.42 V3
1	3:0	4.6	1.7	10	93	120 / 80	-2.34 III	2.48 II
2	3:0	7.0	2.5	12	100	130 / 80	-0.64 aVR	1.77 II
3	3:0	10.2	3.4	14	120	140 / 80	-0.85 III	2.48 II
4	3:0	13.5	4.2	16	154	160 / 80	-1.06 III	3.89 II
Peak Ex	0 : 10	14.9	5	18	160	180 / 80	-1.27 V4	3.54 II
Recovery(1)	1:0	1.8	1	0	121	160 / 80	-1.06 aVR	4.60 V4
Recovery(2)	1:0	1.0	0	0	95	150 / 80	-0.85 aVR	4.60 V4
Recovery(3)	1:0	1.0	0	0	91	140 / 80	-0.85 aVR	2.83 V3
Recovery(4)	1:0	1,0	0	0	91	140 / 80	-0.42 aVR	1.77
Recovery(5)	0:59	1.0	0	0	81	130 / 80	-0.42 aVR	1.42



Suburban Diagnostics Kalina

Patient Details Date: 11-Dec-21 Time: 10:13:02 AM

Name: MR. AKHIL BABU ID: 2134540090

Age: 34 y Sex: M Height: 174 cms. Weight: 56 Kg

Interpretation

GOOD EFFORT TOLEREANCE
NORMAL HEART RATE RESPONSE
NORMAL BLOOD PRESSURE RESPONSE
NO ANGINA/ANGINA EQUIVALENTS
NO ARRTHYMIAS

NO SIGNIFICANT ST-T CHANGES NOTED AS COMPARED TO BASELINE ECG.
IMPRESSION: STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHAEMIA

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

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

Ref. Doctor:

(Summary Report edited by user)

DR. SHEIKH NAVEED

MBBS/PGDCC

Clinical Cardiologist

Reg. No. 2016/11/4694

Doctor. ----

Suburban Diagnostics Kalina ID: 2134540090 Da B.P: 110 / 80 Date: 11-Dec-21 MR. AKHIL BABU (34 M) Grade: 0 % Stage: Supine Speed: 0 mph Protocol: Bruce (THR: 158 bpm) Stage Time: 0 m 5 s HR: 66 bpm Exec Time : 0 m 0 s 11 Ш aVR V5 aVL aVF V5 aVR ST Level (mm) 0.0 -0.2 0.0 ST Slope (mV/s) -0.4 0.0 0.0 V2 V5 H 0.6 -0.2 0.6 0.0 0.0 0.7 0.7 aVF V3 V6 Ш 0.6 0.6 1.3 0.7 0.7 1.8 0.0 Chart Speed: 25 mm/sec Amp: 10 mm Filter: 35 Hz Mains Filt: ON Iso = R - 60 ms Post J = J + 60 msSchiller Spandan V 4.51 $J = R + 60 \, ms$ Linked Median

Suburban Diagnostics Kalina ID: 2134540090 Da Date: 11-Dec-21 B.P: 110 / 80 MR. AKHIL BABU (34 M) Stage: Standing Speed: 0 mph Grade: 0 % Protocol: Bruce (THR: 158 bpm) HR: 69 bpm Stage Time: 0 m 1 s Exec Time : 0 m 0 s 11 ٧3 Ш aVR V5 aVL aVF V5 V1 aVR ST Level 0.0 -0.2 0.0 0.8 (mm) 0.0 -0.4 0.0 0.7 H aVL V2 V5 -0.2 0.6 0.4 0.4 0.0 0.7 0.7 0.4 V3 Ш aVF V6 0.4 0.6 0.0 0.7 0.4 Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm Schiller Spandan V 4.51 Post J = J + 60 msIso = R - 60 ms J = R + 60 ms Linked Median

Suburban Diagnostics Kalina ID: 2134540090 MR. AKHIL BABU (34 M) B.P: 110 / 80 Date: 11-Dec-21 Protocol: Bruce Stage: Hyperventilation Speed: 0 mph Grade: 0 % Exec Time : 0 m 0 s Stage Time: 0 m 1 s (THR: 158 bpm) HR: 67 bpm 11 111 aVR aVL. aVF aVR V1 ST Level (mm) 0.0 -0.4 0.0 ST Slope (mV / s) 0.0 -0.4 0.0 aVL V2 11 -0.2 0.6 0.6 0.4 -0.4 1.1 aVF 111 V3 V6 0.0 0.4 Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm Schiller Spandan V 4.51 Iso = R - 60 ms Post J = J + 60 ms $J = R + 60 \, ms$ Linked Median

Suburban Diagnostics Kalina ID: 2134540090 MR. AKHIL BABU (34 M) Date: 11-Dec-21 B.P: 120 / 80 Protocol: Bruce Stage: 1 Speed: 1.7 mph Grade: 10 % Exec Time : 2 m 54 s Stage Time: 2 m 54 s HR: 92 bpm (THR: 158 bpm) ı 11 Ш aVR V5 aVL aVF ST Level (mm) 0.0 -0.6 0.0 ST Slope (mV/s) 0.0 -0.4 0.0 V2 V5 aVL 0.8 -0.2 0.6 0.6 0.7 -0.4 0.7 0.4 Ш aVF V3 V6 0.6 0.6 1.3 0.6 0.7 0.7 1.8 0.7 Filter: 35 Hz Chart Speed: 25 mm/sec Mains Filt: ON Amp: 10 mm Iso = R - 60 ms Schiller Spandan V 4.51 Post J = J + 60 ms $J = R + 60 \, ms$ Linked Median

Suburban Diagnostics Kalina ID: 2134540090 Date: 11-Dec-21 B.P: 130 / 80 MR. AKHIL BABU (34 M) Grade: 12 % Stage: 2 Speed: 2.5 mph Protocol: Bruce Exec Time : 5 m 54 s Stage Time: 2 m 54 s (THR: 158 bpm) HR: 99 bpm 1 H aVR aVL aVF ST Level (mm) 0.2 8.0 0.0 0.0 -0.4 0.4 0.0 V5 V2 H -0.2 0.8 0.4 0.6 -0.4 0.7 0.7 V3 Ш aVF 1.1 0.4 0.6 1.1 1.4 Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm Schiller Spandan V 4.51 Iso = R - 60 ms J = R + 60 msPost J = J + 60 msLinked Median

Suburban Diagnostics Kalina ID: 2134540090 Da Date: 11-Dec-21 B.P: 140 / 80 MR. AKHIL BABU (34 M) Grade: 14 % Speed: 3.4 mph Protocol: Bruce Stage: 3 (THR: 158 bpm) Stage Time: 2 m 54 s HR: 120 bpm Exec Time: 8 m 54 s aVR aVL aVF ST Level (mm) 0.2 -0.6 -1.1 0.0 0.0 1.1 0.6 0.4 0.2 0.0 1.8 1.1 a√F Ħ -0.2 0.2 1.1 0.4 1.1 1.4 1.4 1.1 Mains Filt: ON Amp: 10 mm Chart Speed: 25 mm/sec Filter: 35 Hz Post J = J + 60 msIso = R - 60 ms $J = R + 60 \, ms$ Linked Median Schiller Spandan V 4.51

Suburban Diagnostics Kalina ID: 2134540090 Date: 11-Dec-21 B.P: 160 / 80 MR. AKHIL BABU (34 M) Speed: 4.2 mph Grade: 16 % Protocol: Bruce Stage: 4 Exec Time : 11 m 54 s Stage Time: 2 m 54 s (THR: 158 bpm) HR: 151 bpm 11 aVR aVL ST Level (mm) 0.2 -0.2 0.2 0.8 -2.5 -0.4 V5 V2 H -0.4 0.6 1.3 0.8 -0.7 1.8 1.8 Ш aVF V6 -0.6 1.5 0.8 2.8 2.1 Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm Schiller Spandan V 4.51 Iso = R - 60 ms $J = R + 60 \, \text{ms}$ Post J = J + 60 msLinked Median

Suburban Diagnostics Kalina ID: 2134540090 B.P: 180 / 80 Date: 11-Dec-21 MR. AKHIL BABU (34 M) Stage: Peak Ex Speed: 5 mph Grade: 18 % Protocol: Bruce Stage Time: 0 m 4 s (THR: 158 bpm) Exec Time : 12 m 4 s HR: 155 bpm aVR aVL ST Level (mm) -0.2 0.4 0.2 -1.4 -0.7 0.6 1.3 0.2 -0.4 1.8 V3 Ш 0.8 0.0 2.1 2.8 Filter: 35 Hz Mains Filt: ON Amp: 10 mm Chart Speed: 25 mm/sec Iso = R - 60 ms Post J = J + 60 msSchiller Spandan V 4.51 $J = R + 60 \, ms$ Linked Median

Suburban Diagnostics Kalina
ID: 2134540090 Da MR. AKHIL BABU (34 M) Date: 11-Dec-21 B.P: 160 / 80 Protocol: Bruce Stage: Recovery(1) Speed: 1 mph Grade: 0 % Exec Time : 12 m 10 s Stage Time: 0 m 54 s HR: 129 bpm (THR: 158 bpm) 1 11 aVR aVL ST Level (mm) 0.2 -0.2 ST Slope (mV/s) -2.1 -0.4 0.4 H V2 -0.2 1.5 1.9 -1.1 2.1 4.2 3.5 V3 Ш 3.6 1.3 1.7 1.5 4.6 Filter: 35 Hz Amp: 10 mm Chart Speed: 25 mm/sec Mains Filt: ON Schiller Spandan V 4.51 Iso = R - 60 ms $J = R + 60 \, ms$ Post J = J + 60 msLinked Median

Suburban Diagnostics Kalina ID: 2134540090 Da B.P: 150 / 80 MR. AKHIL BABU (34 M) Date: 11-Dec-21 Grade: 0 % Speed: 0 mph Protocol: Bruce Stage: Recovery(2) (THR: 158 bpm) Stage Time: 0 m 54 s HR: 93 bpm Exec Time: 12 m 10 s H aVR aVL aVF V5 ST Level (mm) 0.0 0.0 -0.8 0.0 -0.4 V2 H -0.2 8.0 1.3 -0.7 1.4 2.8 V3 a∀F V6 Ħ 0.6 2.3 1.1 2.5 3.2 1.8 Filter: 35 Hz Mains Filt: ON Amp: 10 mm Chart Speed: 25 mm/sec Iso = R - 60 ms $J = R + 60 \, \text{ms}$ Post J = J + 60 msLinked Median Schiller Spandan V 4.51

Suburban Diagnostics Kalina ID: 2134540090 Date: 11-Dec-21 B.P: 140 / 80 MR. AKHIL BABU (34 IV) Stage: Recovery(3) Speed: 0 mph Grade: 0 % Protocol: Bruce Stage Time: 0 m 54 s (THR: 158 bpm) Exec Time: 12 m 10 s HR: 90 bpm 1 11 Ш aVR **V**4 aVL aVF V5 ST Level (mm) 0.0 -0.6 0.0 1.3 -1.1 ST Slope (mV / s) 0.0 0.0 V2 -0.2 0.4 0.8 0.8 -0.4 0.7 1.8 Ш aVF **V3 V6** 0.4 0.8 1.5 0.6 1.4 1.8 1.8 Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm Schiller Spandan V 4.51 Iso = R - 60 ms $J = R + 60 \, ms$ Post J = J + 60 msLinked Median

Suburban Diagnostics Kalina ID: 2134540090 MR. AKHIL BABU (34 M) Date: 11-Dec-21 B.P: 140 / 80 Protocol: Bruce Stage: Recovery(4) Speed: 0 mph Grade: 0 % Exec Time: 12 m 10 s Stage Time: 0 m 54 s (THR: 158 bpm) HR: 93 bpm ı 11 111 aVR aVL V5 aVF V5 V1 ST Level (mm) 0.0 -0.4 0.0 ST Slope (mV / s) 0.0 -0.7 0.0 aVL V2 V5 0.4 0.0 0.4 0.6 1.4 -0.4 0.7 0.7 Ш aVF V3 V6 0.4 0.2 0.8 0.6 1.1 0.7 1.1 1.1 Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm $Post J = J + 60 \, ms$ Schiller Spandan V 4.51 Iso = R - 60 ms J = R + 60 msLinked Median

Suburban Diagnostics Kalina ID: 2134540090 Da B.P: 130 / 80 Date: 11-Dec-21 MR. AKHIL BABU (34 M) Speed: 0 mph Grade: 0 % Stage: Recovery(5) Protocol: Bruce Stage Time: 0 m 53 s (THR: 158 bpm) HR: 84 bpm Exec Time: 12 m 10 s H Ш V4 aVR V5 aVL aVF V5 ST Level (mm) 0.0 0.6 -0.4 0.0 -0.7 0.0 0.0 V5 aVL V2 H 0.0 0.4 0.6 0.7 0.0 0.7 1.1 111 aVF 1.1 0.4 0.7 1.4 1.1 1.1 Filter: 35 Hz Mains Filt: ON Amp: 10 mm Chart Speed: 25 mm/sec Post J = J + 60 msLinked Median Schiller Spandan V 4.51 Iso = R - 60 ms $J = R + 60 \, ms$



R

: 2134540090 CID

: Mr AKHIL BABU Name

: 34 Years/Male Age / Sex

Ref. Dr

Reg.Location : Kalina, Santacruz East Main Centre

Report Date : 11-Dec-2021 / 11:10

Reg. Date

: 11-Dec-2021 / 11:06

Printed

: 11-Dec-2021 / 11:10

USG WHOLE ABDOMEN

LIVER:

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

GALL BLADDER:

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

PANCREAS:

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

KIDNEYS:

Both the kidneys are normal in size shape and echotexture.

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

Right kidney measures 10.0 x 4.1 cm. Left kidney measures 9.4 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 3.8 x 3.0 x 3.0 cm in size and volume is 18 cc.

IMPRESSION:

No significant abnormality is seen.

----End of Report--

Dr Asha Rajendra Dhavan MBBS, DMRE Radiologist Reg No: 2489

Dr. Asha Rajendra Dhavan MBBS, DMRE Reg No: 2489 Consultant Radiologist

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