

Malad West

Station

Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: RAJEEV, KANAUJIA

Patient ID: 2331520431

Height: 176 cm

Weight: 77 kg

DOB: 01.07.1987

Age: 36yrs

Gender: Male

Race: Asian

Study Date: 11.11.2023

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	00:14	0.00	0.00			
	STANDING	00:07	0.00	0.00	81	130/70	
	HYPERV.	00:11	0.00	0.00	76	130/70	
EXERCISE	WARM-UP	00:11	1.00	0.00	73	130/70	
	STAGE 1	03:00	1.70	10.00	69	130/70	
RECOVERY	STAGE 2	01:59	2.50	12.00	142	140/70	
		03:04	0.00	0.00	166		
					71	140/70	

The patient exercised according to the BRUCE for 4:58 min:s, achieving a work level of Max. METS: 7.00. The resting heart rate of 90 bpm rose to a maximal heart rate of 166 bpm. This value represents 90 % of the maximal, age-predicted heart rate. The resting blood pressure of 130/70 mmHg, rose to a maximum blood pressure of 140/70 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.

DR. SONALI HONRAO

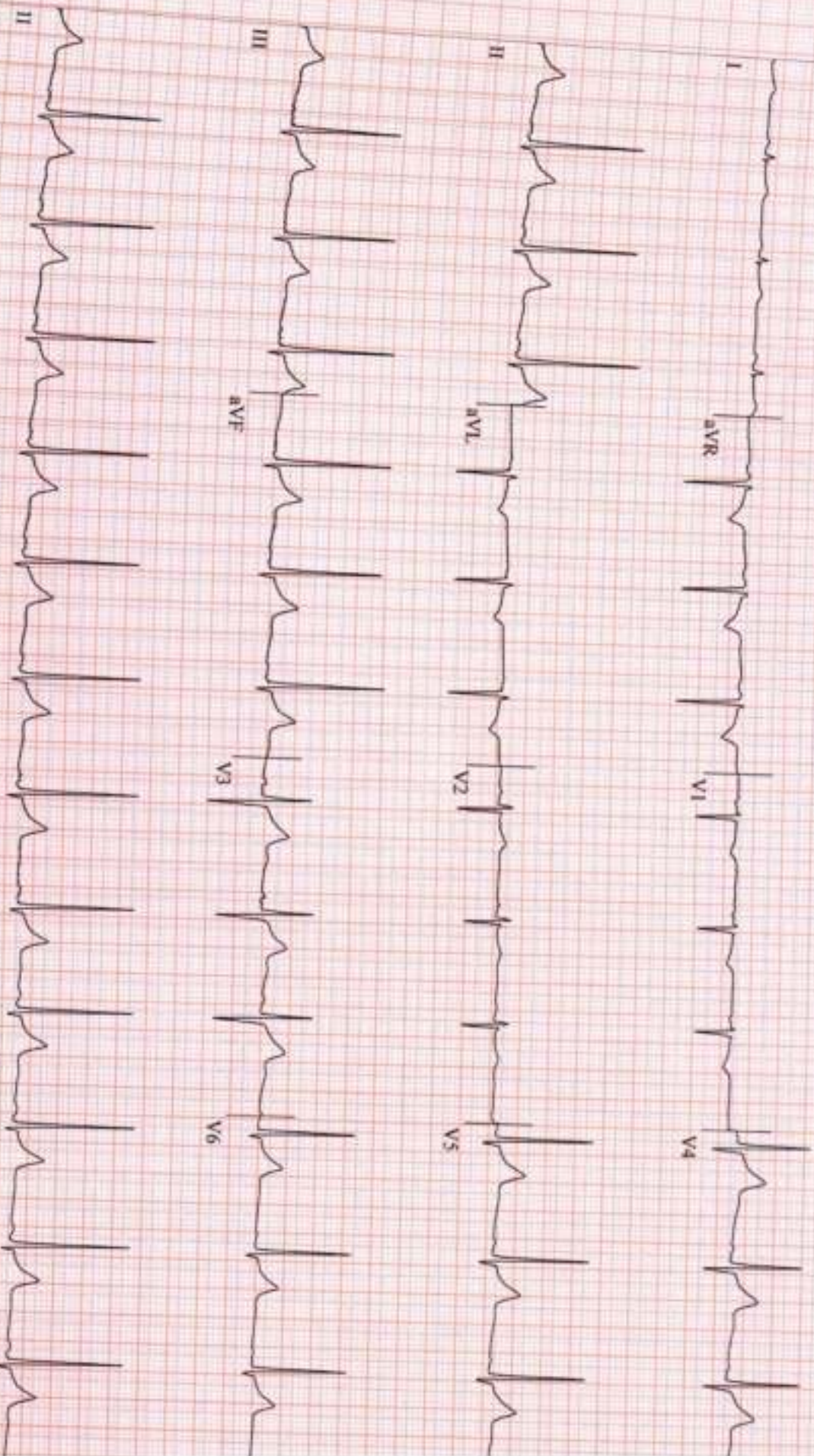
RAJEEV, KANAUJIA
Patient ID 2331520431
11.11.2023
10:36:03am

83 bpm
130/70 mmHg

12-Lead Report
PRETEST
SUPINE
00-12

BRUCE
0.0 mph
0.0%

SUBURBAN DIAGNOST



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

Start of Test: 10:35:45am

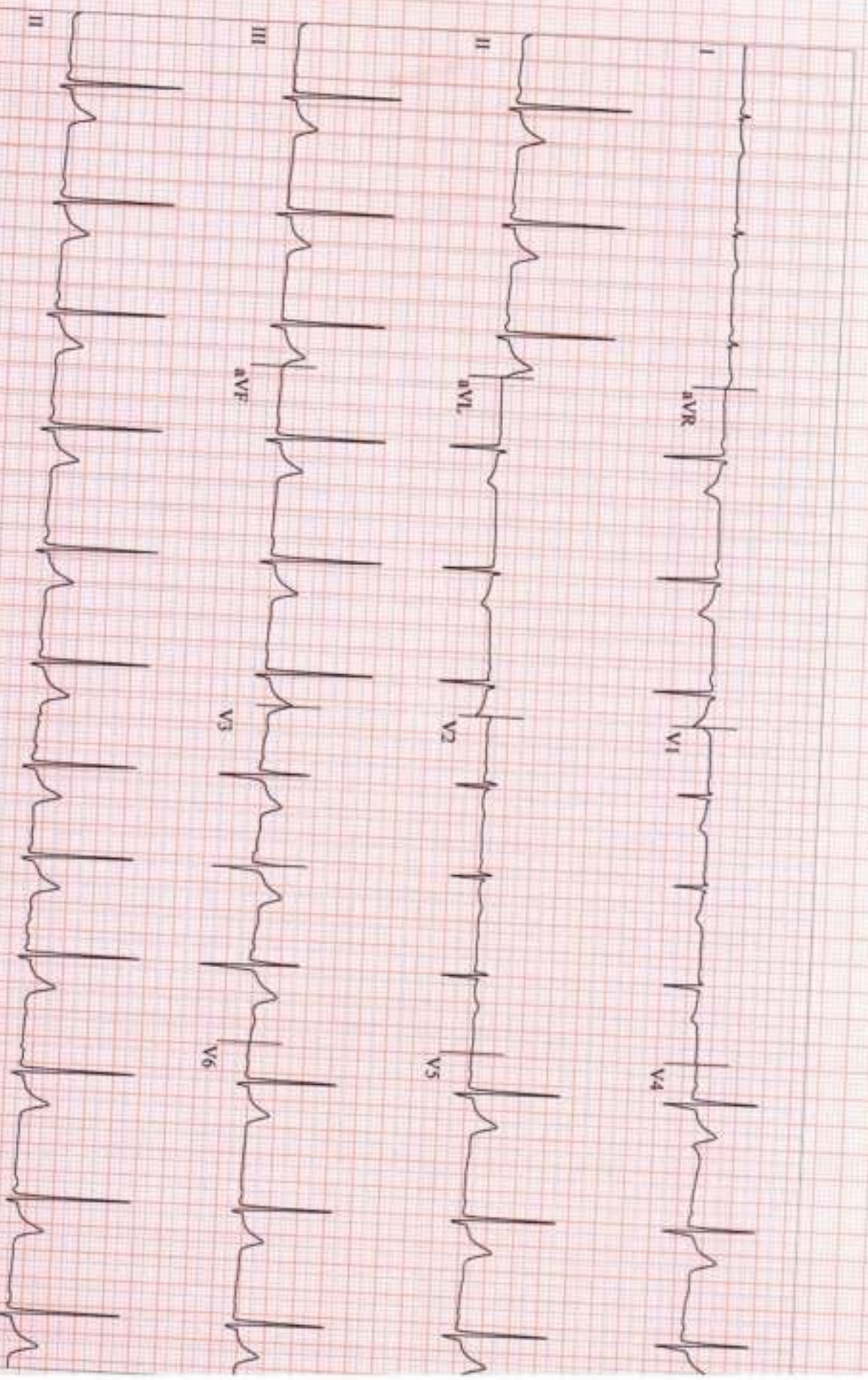
RAJEEV, KANVALIJA
Patient ID 2331520431
11/11/2023
10:36:10am

78 bpm
130/70 mmHg

12-lead Report
PRETEST
STANDING
00:19

BRUCE
0.0 mph
0.0%

SUBURBAN DIAGNOST



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

Start of Test: 10:35:45am

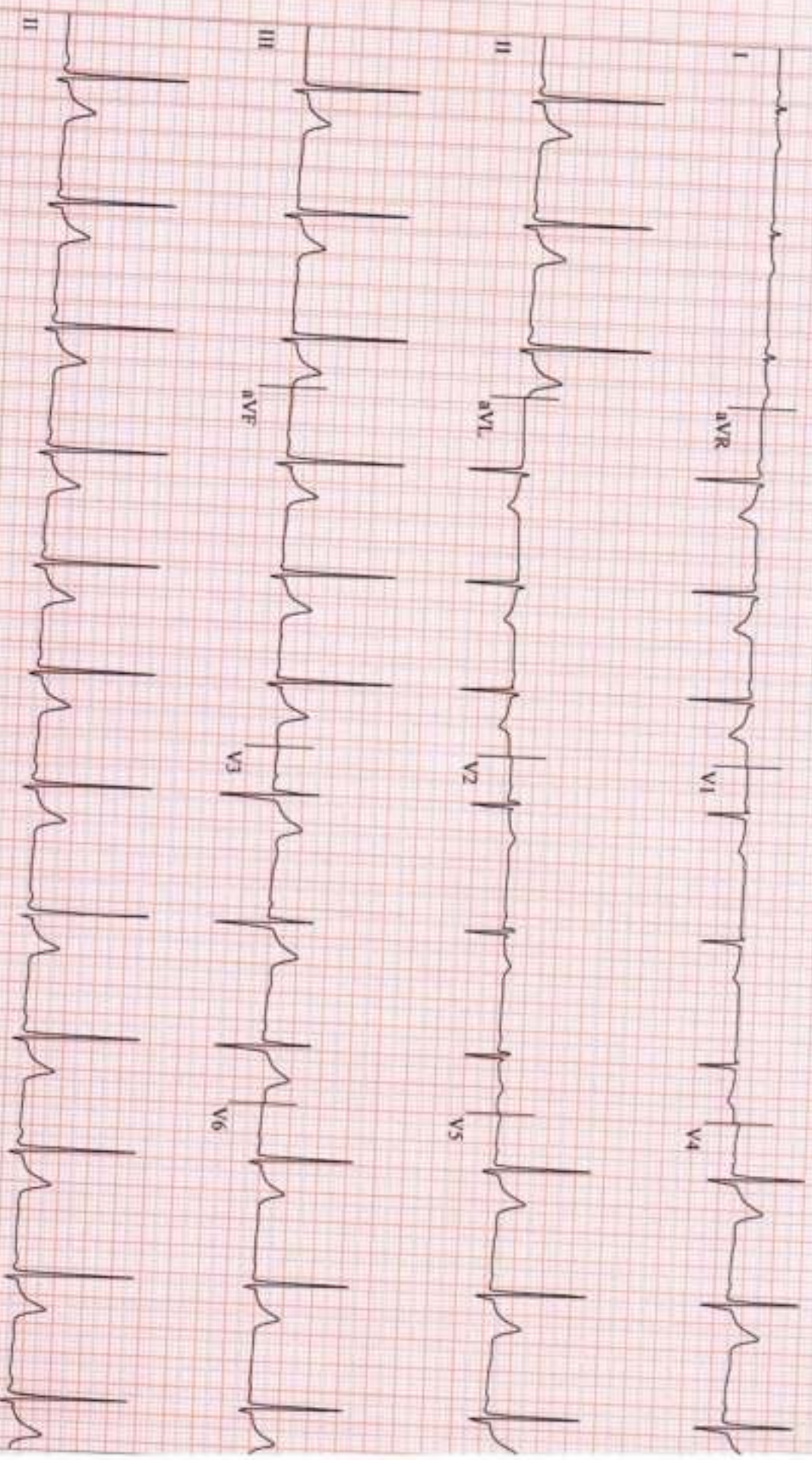
RAJEEV, KANAUJIA
Patient ID 2331520431
11/11/2023
10:36:18am

73 bpm
130/70 mmHg

12-Lead Report
PRETEST
HYPERV.
00:27

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOSTI



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

Start of Test: 10:35:45am

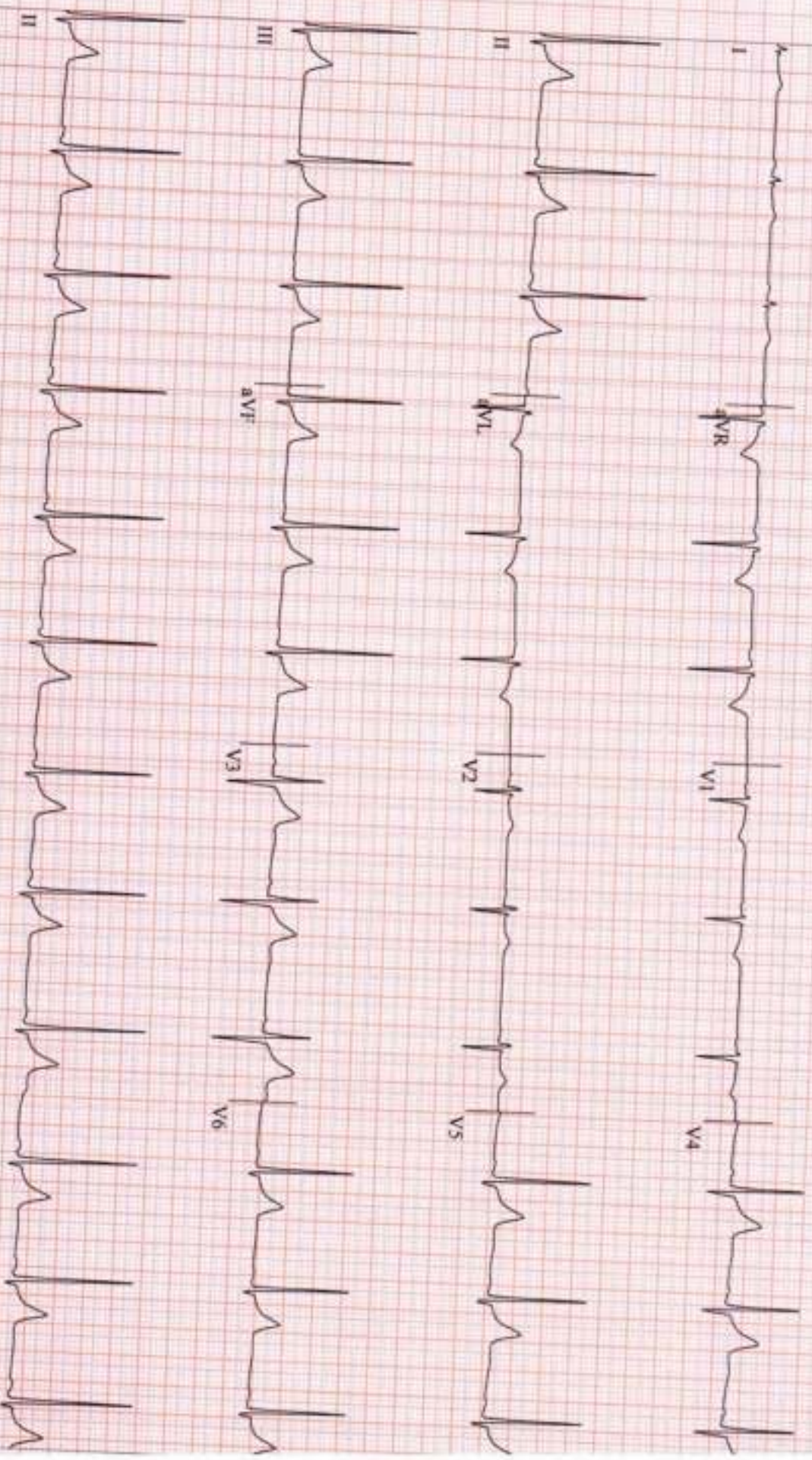
RAJEEV, KANALIJA
Patient ID 2331520431
11.11.2023
10:36:23am

73 bpm
130/70 mmHg

12-Lead Report
PRETEST
WARM-UP
00:32

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOSTI



GE CardioSoft V6.71 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(IL,V5)

Start of Test: 10:34:45am

RAJEEV, KANAUJIA
Patient ID 2331520431
11.11.2023
10:39-18am

137 bpm
140/70 mmHg

EXERCISE
STAGE 1
02:50

BRUCE
1.7 mph
10.0 %

Linked Medians

SUBURBAN DIAGNOST



Raw Data

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

Start of Test: 10:35:45am

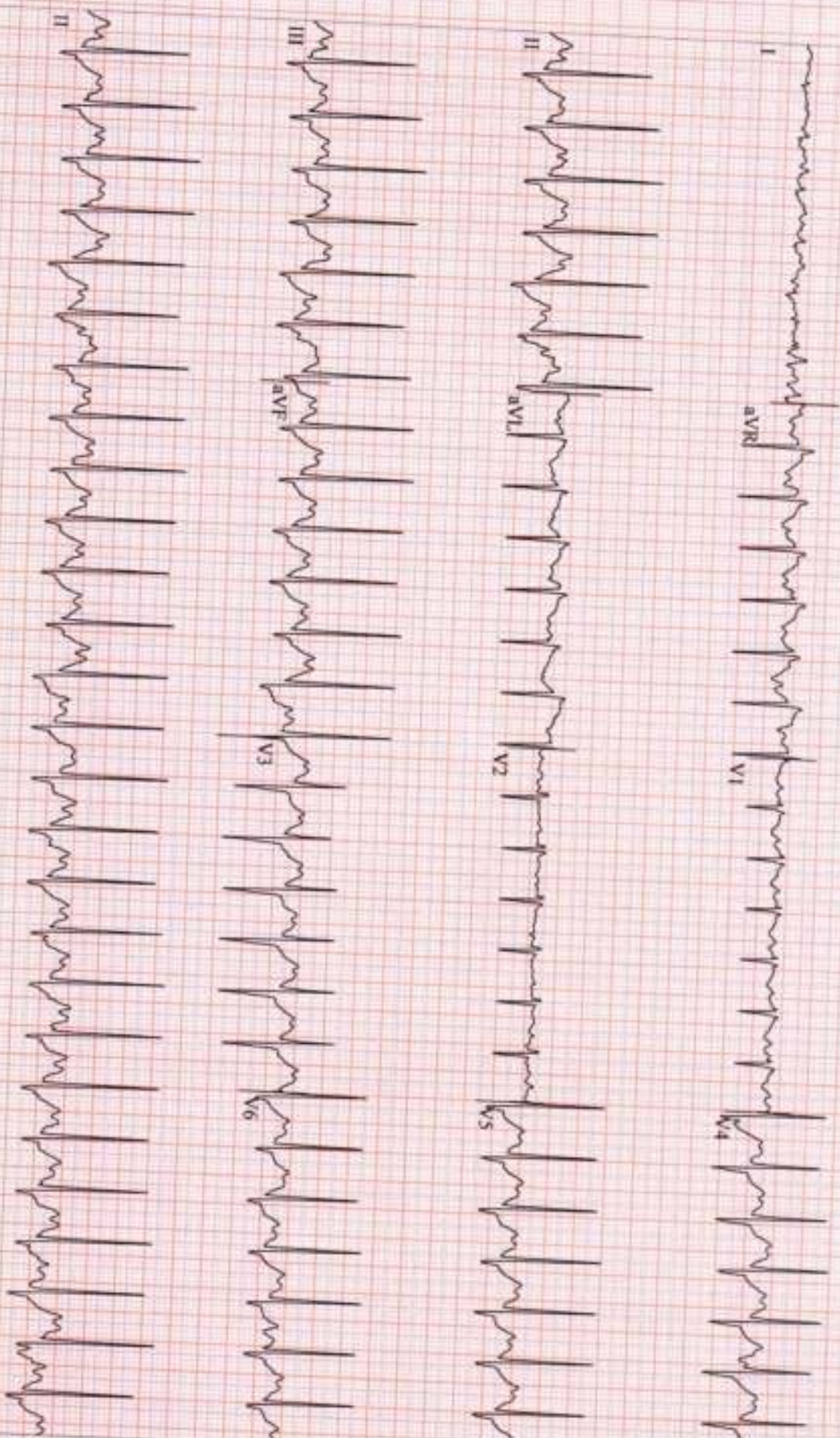
*Computer Synthesized Rhythms

RAJEEV, KANAUJIA
Patient ID: 2331520431
11.11.2023
10:41:32am

166 bpm

12-Lead Report (PEAK EXERCISE)
EXERCISE STAGE 2
04:59
BRUCE
2.5 mph
12.0 %

SUBURBAN DIAGNOST



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

Start of Test: 10:35:45am

RAJEEV, KANAUJIA
Patient ID 2331520431
11.11.2023
10:42:26am

131 bpm

RECOVERY
#1
01:00

BRUCE
0.0 mph
0.0%

SUBURBAN DIAGNOST



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

Start of Test: 10:35:45am

*Computer Synthesized Rhythms

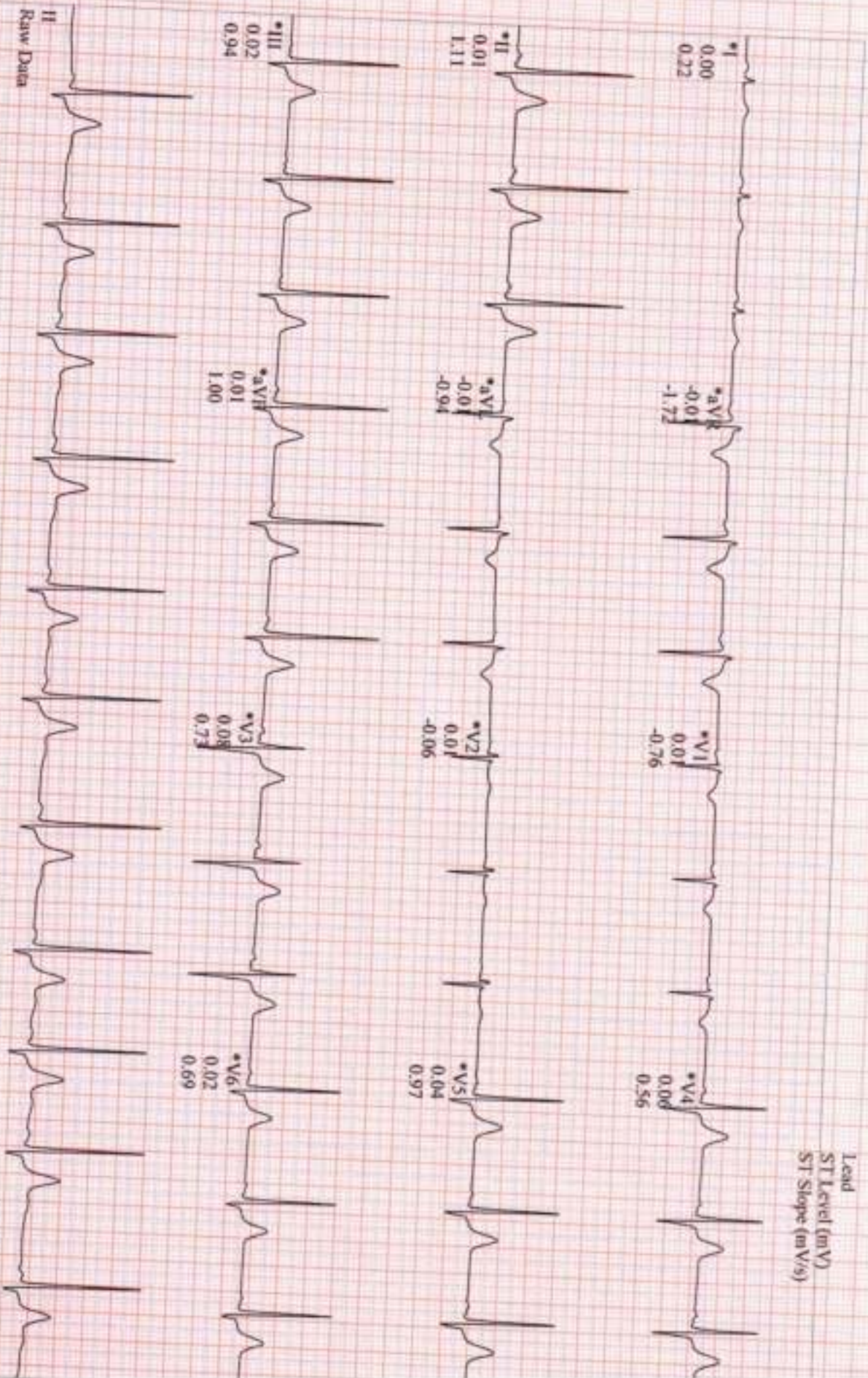
RAJEEV, KANAUJIA
Patient ID 2331520431
11.11.2023
10:43:26am

70 bpm

Linked Medians
RECOVERY #1
02:00

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOST



Raw Data

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

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

Start of Test: 10:35:45am

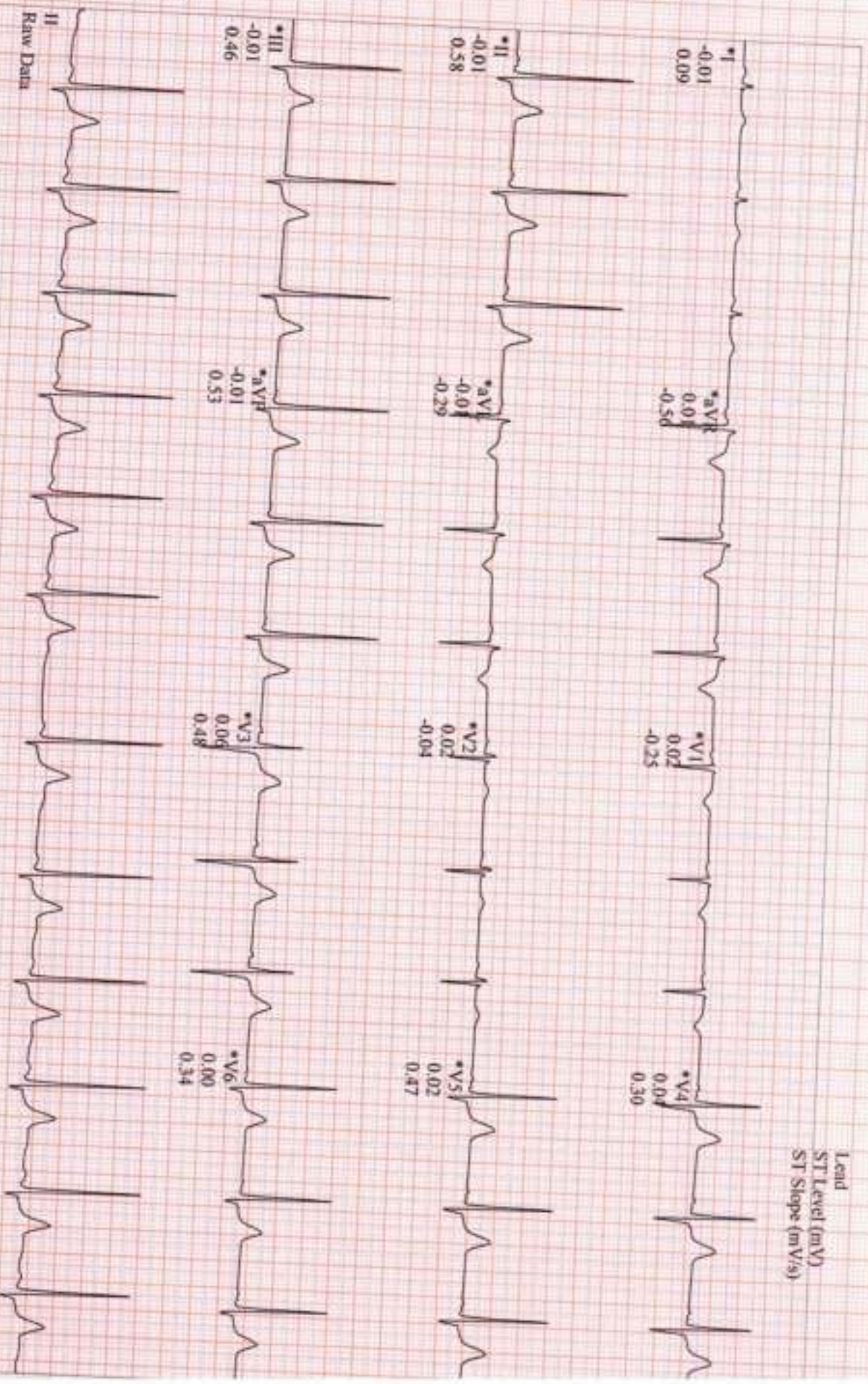
*Computer Synthesized Rhythms

RAJEEV, KANALUJA
Patient ID: 2331520431
11.11.2023
10:44:26am

Linked Medians
73 bpm
140/70 mmHg
RECOVERY #1
03:00

BRUCE
0.0 mph
0.0%

SUBURBAN DIAGNOST



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

Start of Test: 10:35:45am

*Computer Synthesized Rhythms



CID : 2331520431
Name : MR.RAJEEV KANAUIA
Age / Gender : 36 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 11-Nov-2023 / 09:53
Reported : 11-Nov-2023 / 14:33

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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>
<u>RBC PARAMETERS</u>			
Haemoglobin	10.6	13.0-17.0 g/dL	Spectrophotometric
RBC	5.62	4.5-5.5 mil/cmm	Elect. Impedance
PCV	33.6	40-50 %	Calculated
MCV	59.8	80-100 fl	Measured
MCH	18.9	27-32 pg	Calculated
MCHC	31.7	31.5-34.5 g/dL	Calculated
RDW	20.6	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5600	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	26.1	20-40 %	
Absolute Lymphocytes	1461.6	1000-3000 /cmm	Calculated
Monocytes	11.1	2-10 %	
Absolute Monocytes	621.6	200-1000 /cmm	Calculated
Neutrophils	61.6	40-80 %	
Absolute Neutrophils	3449.6	2000-7000 /cmm	Calculated
Eosinophils	1.1	1-6 %	
Absolute Eosinophils	61.6	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	5.6	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	292000	150000-400000 /cmm	Elect. Impedance
MPV	9.5	6-11 fl	Measured
PDW	19.2	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	++
Microcytosis	+++



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

Features suggest of thalassemia trait and/or iron deficiency anemia.
Advice : Hb electrophoresis, Iron studies & Ferritin, Reticulocyte count

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 ***



J. Thakker

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



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Name : MR.RAJEEV KANAUIA
Age / Gender : 36 Years / Male
Consulting Dr. : -
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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	98.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	73.5	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.83	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.28	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.55	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	15.1	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	14.6	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	18.3	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	113.1	40-130 U/L	Colorimetric
BLOOD UREA, Serum	20.6	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.6	6-20 mg/dl	Calculated
CREATININE, Serum	0.89	0.67-1.17 mg/dl	Enzymatic



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Collected : 11-Nov-2023 / 14:05
Reported : 11-Nov-2023 / 18:33

eGFR, Serum	114	(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	5.1	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 ***



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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 : 11-Nov-2023 / 15:31

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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)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<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

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



Thakker

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Collected : 11-Nov-2023 / 09:53
Reported : 11-Nov-2023 / 14:36

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 ***



M Jain

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



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Collected : 11-Nov-2023 / 09:53
Reported : 11-Nov-2023 / 14:30

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	147.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	77.7	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	43.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	104.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	88.0	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	16.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.0	0-3.5 Ratio	Calculated

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*** End Of Report ***



J. Thakker

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	3.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.1	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.20	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 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)



M Jain

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



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Name : MR.RAJEEV KANAUJIA
Age / Gender : 36 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Use a QR Code Scanner
Application To Scan the Code

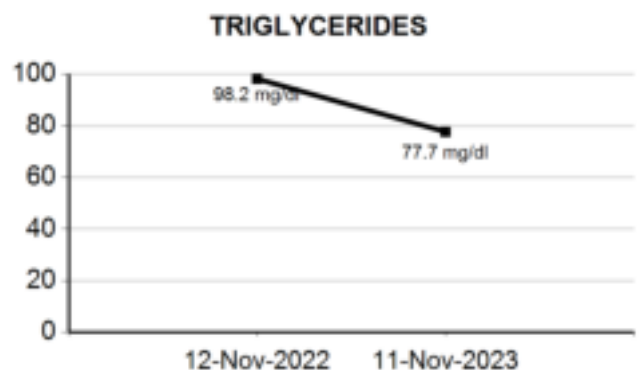
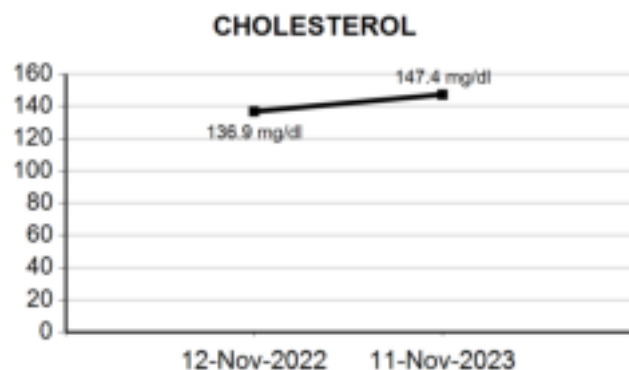
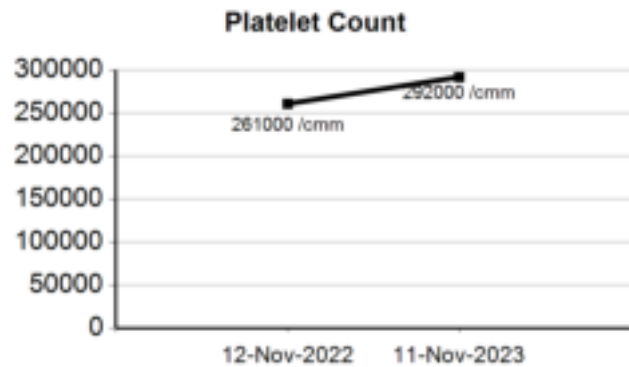
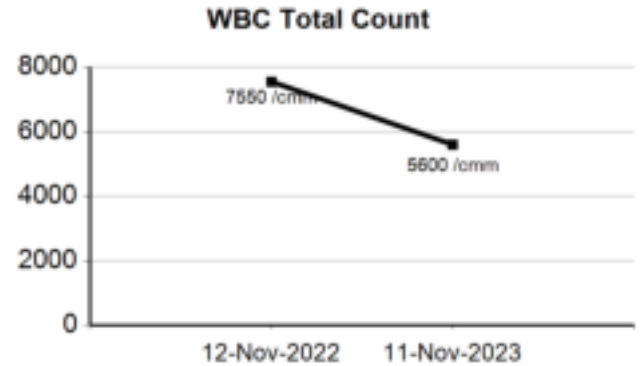
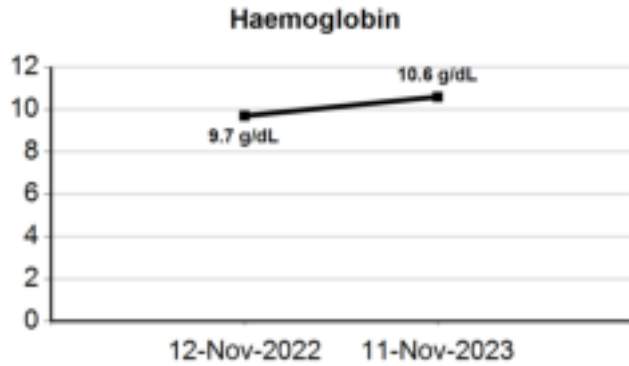
Collected : 11-Nov-2023 / 09:53
Reported : 11-Nov-2023 / 14:36

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



CID : 2331520431
 Name : MR. RAJEEV KANAUIA
 Age / Gender : 36 Years / Male
 Consulting Dr. : -
 Reg. Location : Malad West (Main Centre)

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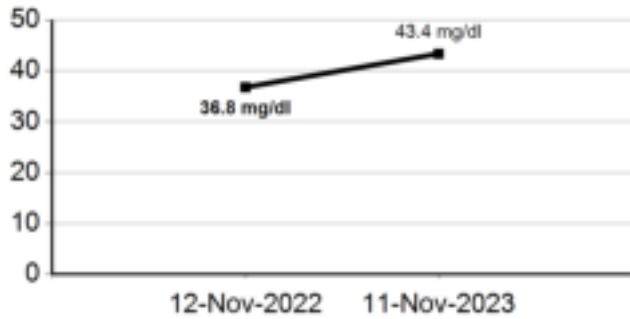




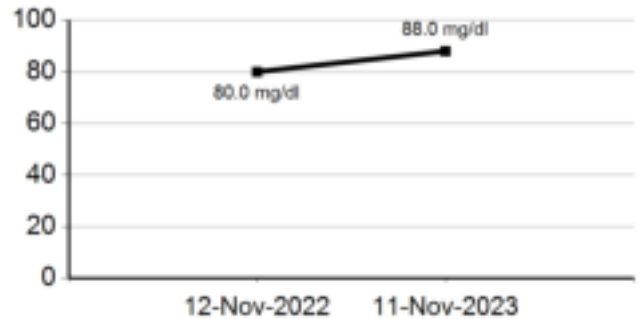
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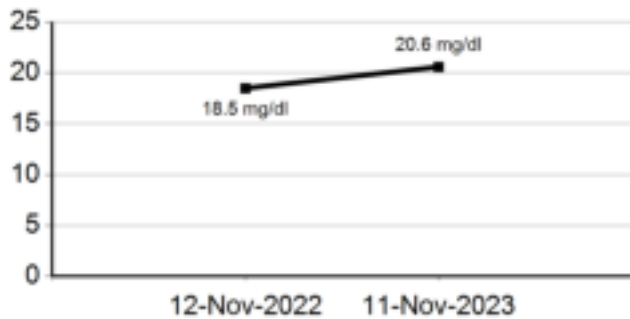
HDL CHOLESTEROL



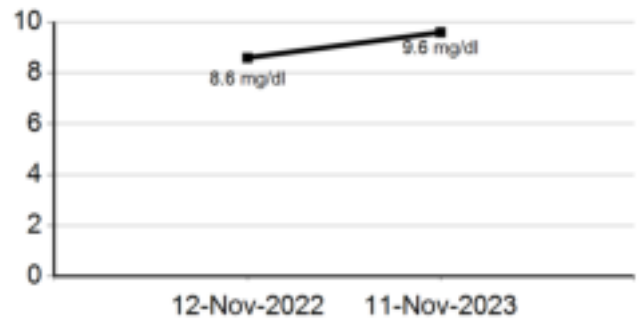
LDL CHOLESTEROL



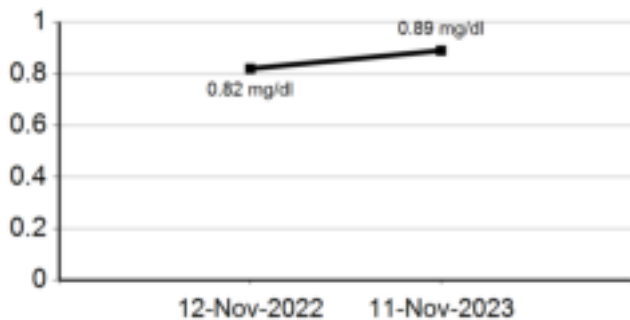
BLOOD UREA



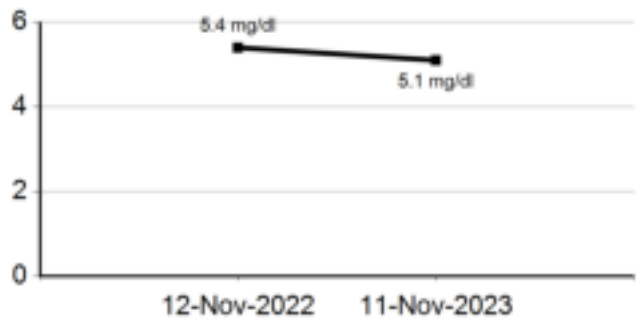
BUN



CREATININE



URIC ACID

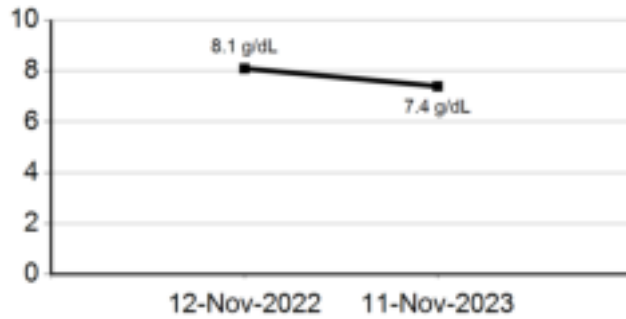




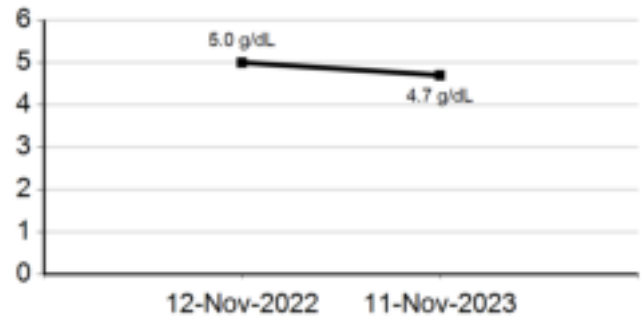
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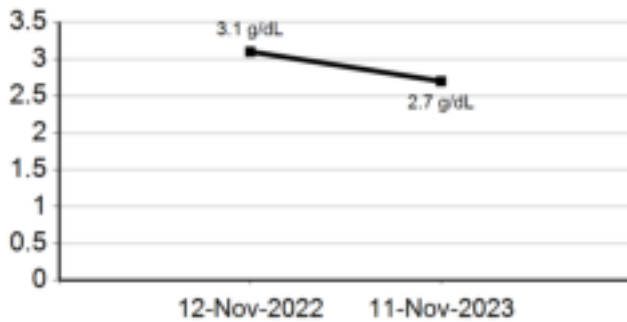
TOTAL PROTEINS



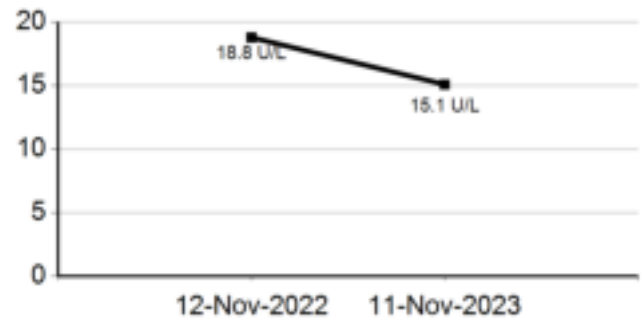
ALBUMIN



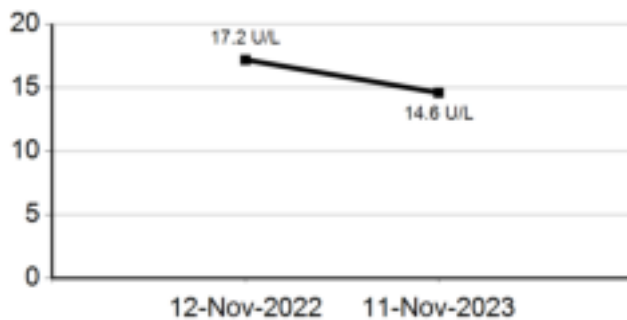
GLOBULIN



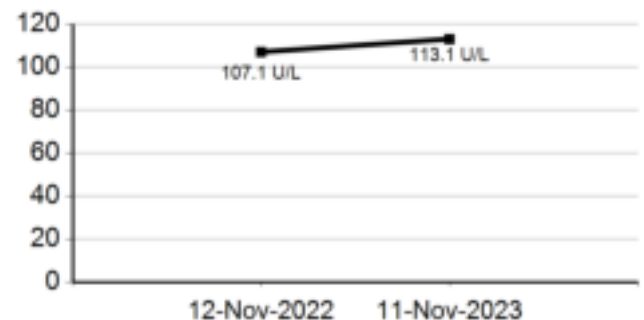
SGOT (AST)



SGPT (ALT)



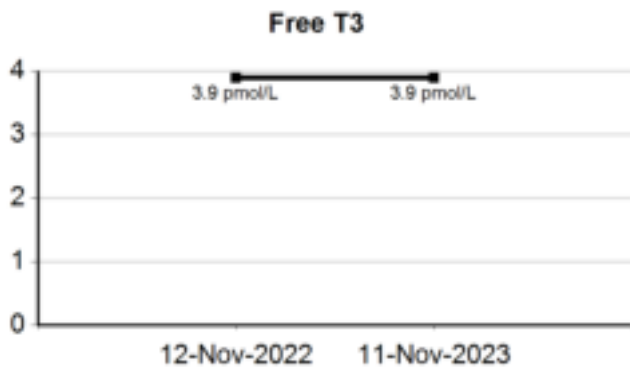
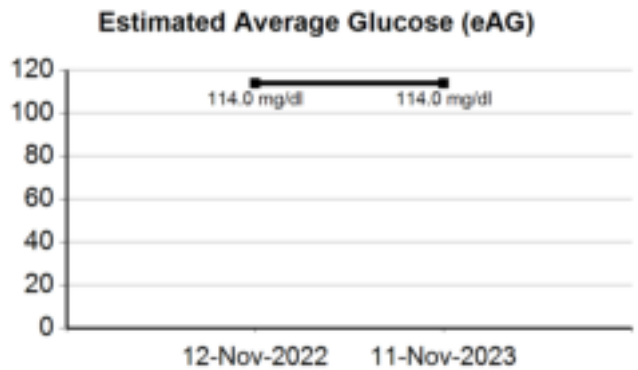
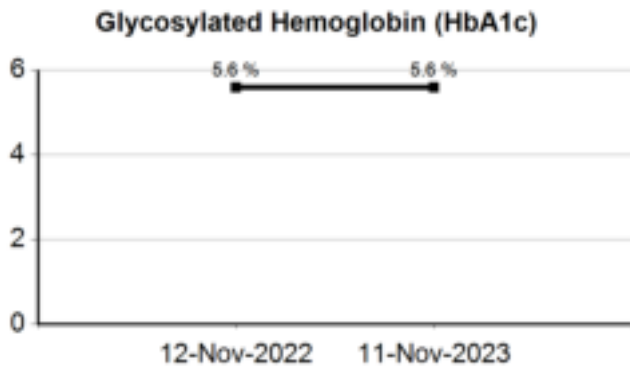
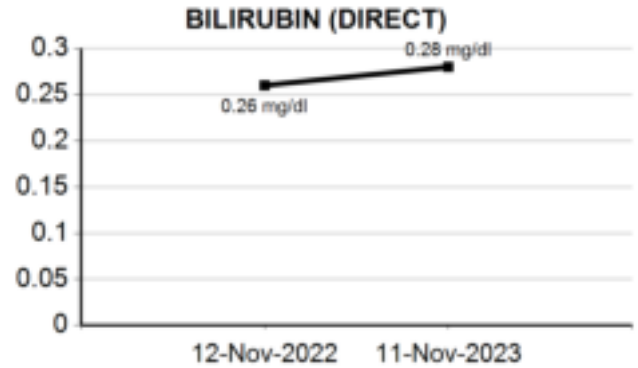
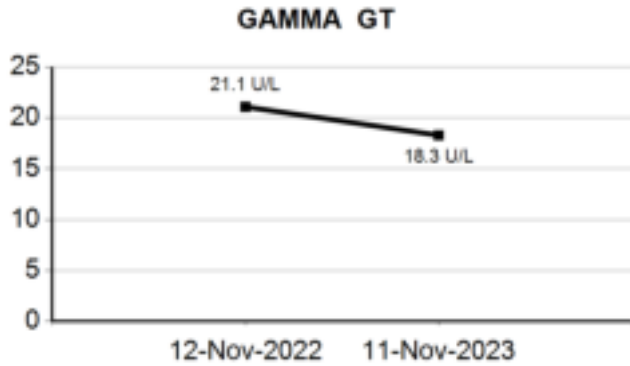
ALKALINE PHOSPHATASE





Use a QR Code Scanner Application To Scan the Code

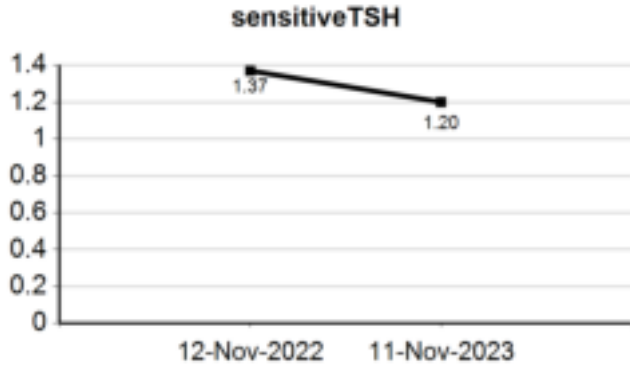
CID : 2331520431
 Name : MR.RAJEEV KANAUIA
 Age / Gender : 36 Years / Male
 Consulting Dr. : -
 Reg. Location : Malad West (Main Centre)





Use a QR Code Scanner
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CID : 2331520431
Name : MR.RAJEEV KANAUIA
Age / Gender : 36 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)



Download Date: 03/03/2021



भारत सरकार
Ministry of Health
Government of India

रजि. संख्या
Rajon, Karnataka
डॉ. (REGD) 08 01-07/1987
SEX: MALE

4242 6607 1884

VID : 9101 3321 9769 6016

प्राप्त
अर्जित, प्राप्ति
पंजीयन

भारत सरकार

Download Date: 03/03/2021

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

Name : Mr . rajeev kanaujia
VID : 2331520431
Ref By : Arcofemi Healthcare Limited

Reg Date : 11-Nov-2023 09:29
Age/Gender : 36 Years
Regn Centre : Malad West (Main Centre)

History and Complaints:

Nil

EXAMINATION FINDINGS:

Height (cms):	176	Weight (kg):	77
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	130/70	Nails:	Normal
Pulse:	72/min	Lymph Node:	not palpable

Systems

Cardiovascular: Normal
Respiratory: Normal
Genitourinary: Normal
GI System: Normal
CNS: Normal

IMPRESSION:

Mild anaemia

ADVICE:

Further inv ad R for anaemia.

CHIEF COMPLAINTS:

1) Hypertension:	No
2) IHD	No
3) Arrhythmia	No
4) Diabetes Mellitus	No
5) Tuberculosis	No
6) Asthama	No

Name : Mr. rajeev kanaujia
VID : 2331520431
Ref By : Arcofemi Healthcare Limited

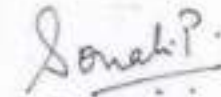
Reg Date : 11-Nov-2023 09:29
Age/Gender : 36 Years
Regn Centre : Malad West (Main Centre)

- | | |
|--|----|
| 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 | No |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

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

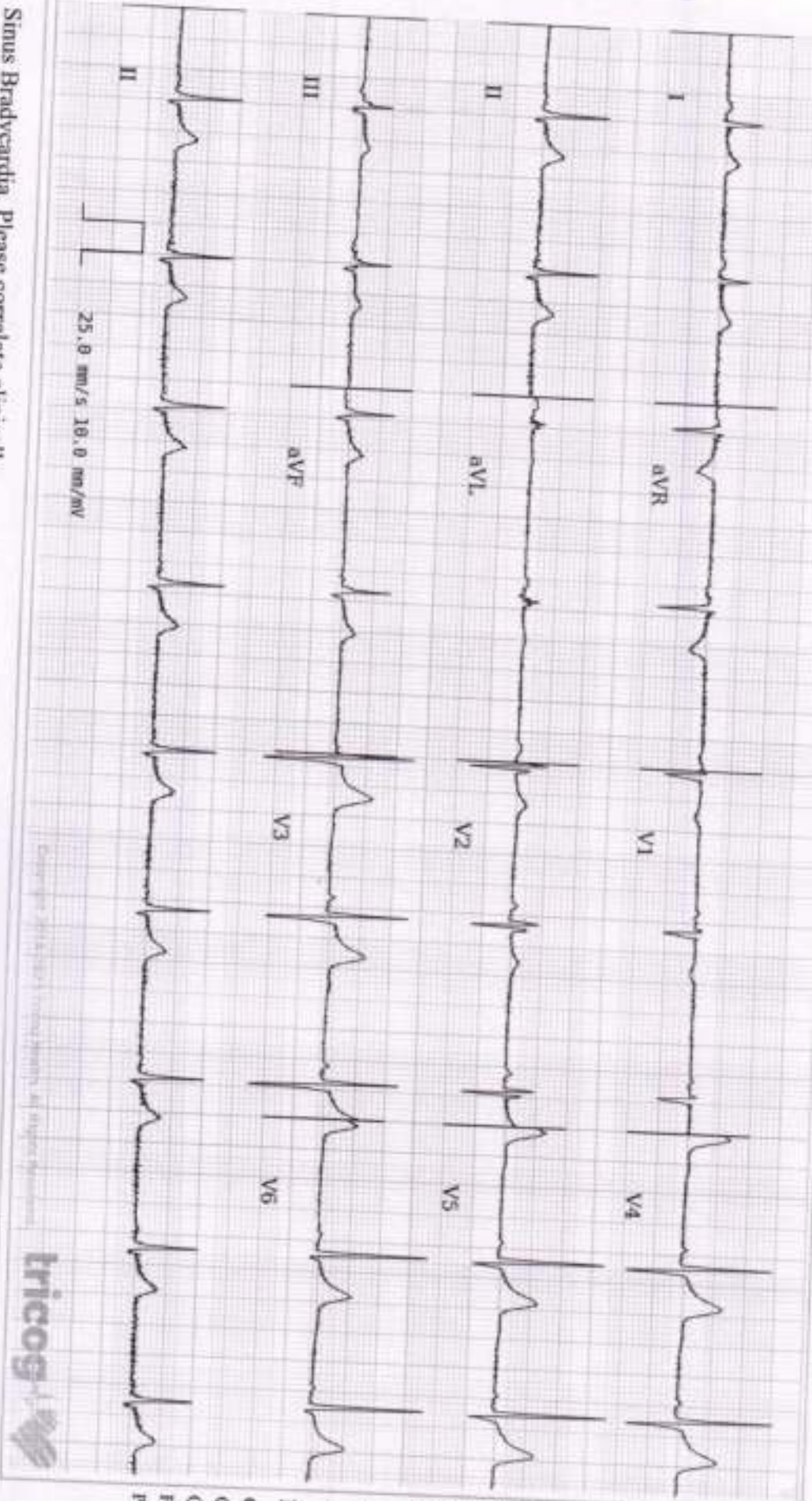
SUBURBAN DIAGNOSTICS (PUNE) PVT. LTD.
102-104, Bhoomi Centre,
Opp. Goregaon Sports Club,
Link Road, Malad (W), Mumbai - 400 064.



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

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

SUBURBAN DIAGNOSTICS - MALAD WEST
Patient Name: RAJEEV KANAUIJA
Patient ID: 2331520431
Date and Time: 11th Nov 23 10:13 AM



25.0 mm/5 10.0 mm/mV

Sinus Bradycardia. Please correlate clinically.

Age 36 years
Gender Ma
Heart Rate 48
Patient Vitals
BP: 130/7
Weight 77 kg
Height 176 cm
Pulse: NA
SpO2: NA
Resp: NA
Others: NA

Measurements
QRSD: 84ms
QT: 388ms
QTcB: 374ms
PR: 128ms
P-R-T: -12° 48°



REPORTED BY

[Signature]

DR SONALI HONBAGO
MD (General Medicine)
2007041982

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct or clinical history, symptoms, and results of other studies and vice-versa. 2) Patient records are as entered by the clinician and are derived from the ECG.

Date:- 11/11/23

CID: 2331502431

Name:- Rajeev Kanaujia

Sex / Age: 36y / M

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision: D.V -

N.V -

Aided Vision: R.E - 6/12

R.E - N/G

Refraction: L.E - 6/6

L.E - N/G

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

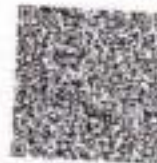
Colour Vision: Normal / Abnormal

Remark:

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

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

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2331520431
Name : Mr Rajeev Kanaujia
Age / Sex : 36 Years/Male
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 11-Nov-2023
Reported : 11-Nov-2023 / 15:03

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

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2331520431
Name : Mr Rajeev Kanaujia
Age / Sex : 36 Years/Male
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 11-Nov-2023
Reported : 11-Nov-2023 / 12:55

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (16.0 cm), shape and smooth margins (Normal as per the height). 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 (10.7 mm) and CBD (1.9 mm) 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 visualized 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 10.9 x 3.0 cm.

Left kidney measures 9.4 x 4.6 cm.

SPLEEN:

The spleen is normal in size (11.1 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 2.7 x 2.4 x 2.2 cm and volume is 7.9 cc.

Click here to view images <http://3-111.232.119:8181/Viewer/NormalViewer?AccessionNo=2023111109301126>

Authenticity Check



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Name : Mr Rajeev Kanaujia
Age / Sex : 36 Years/Male
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 11-Nov-2023
Reported : 11-Nov-2023 / 12:55

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. NILIMA CHOUDHARY
DNB (RADIOLOGY)
REG NO. 2009072865

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023111109301126>