



CID : 2216225708
Name : MR.ALOK SHARMA
Age / Gender : 41 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 11-Jun-2022 / 10:44
Reported : 11-Jun-2022 / 14:29

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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	14.4	13.0-17.0 g/dL	Spectrophotometric
RBC	5.07	4.5-5.5 mil/cmm	Elect. Impedance
PCV	41.9	40-50 %	Measured
MCV	83	80-100 fl	Calculated
MCH	28.3	27-32 pg	Calculated
MCHC	34.3	31.5-34.5 g/dL	Calculated
RDW	16.2	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5950	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	25.0	20-40 %	
Absolute Lymphocytes	1487.5	1000-3000 /cmm	Calculated
Monocytes	5.4	2-10 %	
Absolute Monocytes	321.3	200-1000 /cmm	Calculated
Neutrophils	67.4	40-80 %	
Absolute Neutrophils	4010.3	2000-7000 /cmm	Calculated
Eosinophils	1.7	1-6 %	
Absolute Eosinophils	101.2	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	29.8	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	269000	150000-400000 /cmm	Elect. Impedance
MPV	8.1	6-11 fl	Calculated
PDW	13.8	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	-
Microcytosis	-



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

Specimen: EDTA Whole Blood

ESR, EDTA WB 9 2-15 mm at 1 hr. Westergren

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



MC-2111

Bmhaskar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist

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Collected : 11-Jun-2022 / 10:44
Reported : 11-Jun-2022 / 14:45

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	79.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	91.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.7	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.26	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.44	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	5.1	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.2	1 - 2	Calculated
SGOT (AST), Serum	20.3	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	23.0	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	29.5	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	88.5	40-130 U/L	Colorimetric
BLOOD UREA, Serum	24.2	12.8-42.8 mg/dl	Kinetic
BUN, Serum	11.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.81	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	112	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	6.9	3.5-7.2 mg/dl	Enzymatic



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Reported : 11-Jun-2022 / 18:48

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 Borivali Lab, Borivali West
*** End Of Report ***



MC-2111

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Consultant Pathologist & Lab
Director

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Reported : 11-Jun-2022 / 21:10

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	116.9	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 ***



MC-2111



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Collected : 11-Jun-2022 / 10:44
Reported : 11-Jun-2022 / 16:58

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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	Absent	Absent
Blood	Absent	Absent
<u>CHEMICAL EXAMINATION</u>		
Reaction (pH)	Acidic (5.0)	-
Occult Blood	Absent	Absent
<u>MICROSCOPIC EXAMINATION</u>		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Absent	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present +	-
Concentration Method (for ova)	No ova detected	Absent
Reducing Substances	-	Absent

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West

*** End Of Report ***



MC-2111



Bmhaskar

Dr.KETAKI MHASKAR
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)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	
Others	-		

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*** End Of Report ***



MC-2111



Rashmi Monteiro

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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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*** End Of Report ***



M Jain

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M.D.(PATH)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	203.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	86.3	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	36.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	167.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	151.0	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	16.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.2	0-3.5 Ratio	Calculated

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*** End Of Report ***



MC-2111

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Reg. Location : Kandivali East (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	12.9	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	4.81	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 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: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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Anupa

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Date:- 11/6/22

CID:
2216225708

Name:- Mr. Abhish Sharma

Sex/Age: m/46

EYE CHECK UP

Chief complaints: Routine checkup

Systemic Diseases: No H/O S/I

Past history: No H/O Ocular surgeries

H/Ogl
H/O 75

Unaided Vision: 6/36 6/36

Aided Vision: 6/6 (R), 6/6 (L)

Refraction: EOMBI, Normal

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	-1.75	0.50	75	6/6	-1.75	0.25	80	6/6
Near	0.75	0.50	75	10/6	0.75	0.25	80	10/6

Colour Vision: Normal / Abnormal

Remark: Vn within normal limit
Adv. Progressive gl - 400

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OPTOMETRIST
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Thakur Village, Kandivali (east),
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Tel : 61700000

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CID#	: 2216225708	SID#	: 177804148910
Name	: MR.ALOK SHARMA	Registered	: 11-Jun-2022 / 10:47
Age / Gender	: 41 Years/Male	Collected	: 11-Jun-2022 / 10:47
Consulting Dr.	: -	Reported	: 11-Jun-2022 / 12:20
Reg.Location	: Kandivali East (Main Centre)	Printed	: 11-Jun-2022 / 12:25

X-RAY CHEST PA VIEW

The lung fields are clear with no parenchymal lesion.

The cardiothoracic ratio is maintained and the cardiac outline is normal

The domes of the diaphragm are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

IMPRESSION:

No significant abnormality detected.

*** End Of Report ***

Khilji F.R.A

Dr.Faizur Khilji
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Consulting Dr.	: -	Reported	: 11-Jun-2022 / 11:14
Reg.Location	: Kandivali East (Main Centre)	Printed	: 11-Jun-2022 / 11:19

USG WHOLE ABDOMEN

LIVER :

The liver is normal in size, shape and smooth margins. It shows **bright** 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 4.5 cm. Left kidney measures 10.5 x 5.0 cm.

SPLEEN :

The spleen is normal in size and echotexture. No evidence of focal lesion is noted.
There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER :

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

PROSTATE :

The prostate is normal in size and volume is 14.7 cc.

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Consulting Dr.	: -	Reported	: 11-Jun-2022 / 11:14
Reg.Location	: Kandivali East (Main Centre)	Printed	: 11-Jun-2022 / 11:19

IMPRESSION :

Grade I fatty liver.

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 cases for confirmation / exclusion of diagnosis. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the centre for rectification. Please interpret accordingly. All safety precautions were taken before, during and after the USG examination in view of the ongoing Covid 19 pandemic.

*** End Of Report ***

Khilji F.R.A

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Age / Gender	: 41 Years/Male	Collected	: 11-Jun-2022 / 10:47
Consulting Dr.	: -	Reported	: 12-Jun-2022 / 08:46
Reg.Location	: Kandivali East (Main Centre)	Printed	: 12-Jun-2022 / 10:43

PHYSICAL EXAMINATION REPORT

History and Complaints:

FATTY LIVER SINCE 3-4 YRS, Breathless since 10-15 yrs, Bordline Hypothyroid-no med, Covid-2022

EXAMINATION FINDINGS:

Height (cms):	168 cms	Weight (kg):	87 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	120/80	Nails:	Normal
Pulse:	70/min	Lymph Node:	Not Palpable

Systems

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

IMPRESSION:

*Dyslipidemia
- overweight
- USG - fatty liver*

ADVICE:

*low fat diet
- regular exercise*

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

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

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

CID# : 2216225708
 Name : MR.ALOK SHARMA
 Age / Gender : 41 Years/Male
 Consulting Dr. : -
 Reg.Location : Kandivali East (Main Centre)

SID# : 177804148910
 Registered : 11-Jun-2022 / 10:47
 Collected : 11-Jun-2022 / 10:47
 Reported : 12-Jun-2022 / 08:46
 Printed : 12-Jun-2022 / 10:43

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 | No |
| 11) Genital urinary disorder | No |
| 12) Rheumatic joint diseases or symptoms | No |
| 13) Blood disease or disorder | No |
| 14) Cancer/lump growth/cyst | No |
| 15) Congenital disease | No |
| 16) Surgeries | No |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

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

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 Mumbai - 400101.
 Tel : 61700000

*** End Of Report ***

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

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

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

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DENTAL CHECK - UP

Name:- *Alok Sharma*

CID: *224622*

Sex / Age: *M / 41*

Occupation:-

Date: *13 / 06 / 2022*

Chief complaints:- *No complaints*

Medical / dental history:- *No relevant history*

GENERAL EXAMINATION:

1) Extra Oral Examination:

- a) TMJ: *Normal movements*
- b) Facial Symmetry: *Bilateral symmetrical*

2) Intra Oral Examination:

- a) Soft Tissue Examination: *Normal*
- b) Hard Tissue Examination: *Normal*
- c) Calculus: *-*
- Stains: *+*

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

<input type="checkbox"/>	Missing	#	Fractured
<input type="checkbox"/>	Filled/Restored	RCT	Root Canal Treatment
<input type="checkbox"/>	Cavity/Caries	RP	Root Piece

Advised: *a) Scaling & Polishing [cleaning]*

DR. BHUMIK PATEL
(B.D.8) A - 23376

Provisional Diagnosis:-

- NIL

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Dr. Bhumik Patel
[Signature]

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Date: - 13/8/2022

ENT Examination

Name :- Alok Sharma Age :- 41 M

History - Pain in throat off ear - 3 months

Examination	Right	Left
External Ear	NAD	- NAD
Middle Ears (Tympanic, membrane, Eustachian Tube, mastoid)	NAD	- NAD
Rinnes, Webers	-	-
Nose and paranasal Sinuses-(airway, septum, polyp)		
Throat	Both tonsils congested, follicle / ulceration (+) on Rt tonsil	
Speech	-	
Audiometry (when done)	-	

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SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

Patient Details

Date: 11-Jun-22

Time: 2:23:08 PM

Name: MR ALOK SHARMA ID: 2216225708

Age: 41 y

Sex: M

Height: 168 cms

Weight: 87 Kgs

Clinical History:

Medications:

Test Details

Protocol: Bruce

Pr.MHR: 179 bpm

THR: 161 (90 % of Pr.MHR) bpm

Total Exec. Time: 9 m 9 s

Max. HR: 156 (87% of Pr.MHR)bpm

Max. Mets: 13.50

Max. BP: 160 / 80 mmHg

Max. BP x HR: 24960 mmHg/min

Min. BP x HR: 4720 mmHg/min

Test Termination Criteria: THR ACHIEVED

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	1 : 25	1.0	0	0	75	120 / 80	-5.73 I	5.66 V1
Standing	0 : 38	1.0	0	0	59	120 / 80	-5.73 V6	-3.54 V6
Hyperventilation	0 : 11	1.0	0	0	61	120 / 80	0.42 aVR	0.71 II
1	3 : 0	4.6	1.7	10	105	130 / 80	-2.12 aVL	2.83 II
2	3 : 0	7.0	2.5	12	126	140 / 80	-1.06 aVR	1.42 II
3	3 : 0	10.2	3.4	14	145	150 / 80	-4.03 V6	4.95 V6
Peak Ex	0 : 9	13.5	4.2	16	156	150 / 80	-3.40 aVR	3.54 II
Recovery(1)	1 : 0	1.8	1	0	115	160 / 80	-4.25 V6	4.25 V6
Recovery(2)	1 : 0	1.0	0	0	90	150 / 80	-4.25 V6	4.60 V4
Recovery(3)	1 : 0	1.0	0	0	84	130 / 80	-2.34 V6	4.25 V6
Recovery(4)	1 : 0	1.0	0	0	85	130 / 80	-0.42 aVR	3.18 V6
Recovery(5)	0 : 8	1.0	0	0	86	130 / 80	-0.42 aVR	1.42 V6

Interpretation

The patient exercised according to the Bruce protocol for 9 m 9 s achieving a work level of Max. METS : 13.50. Resting heart rate initially 75 bpm, rose to a max. heart rate of 156 (87% of Pr.MHR) bpm. Resting blood Pressure 120 / 80 mmHg, rose to a maximum blood pressure of 160 / 80 mmHg.

Good Effort Tolerance.

Normal chronotropic and inotropic response.

No significant ST T changes as compared to Baseline.

No Chest pain/ Arrhythmias noted during the test.

IMPRESSION:

Stress Test is Negative for Stress Induced Ischemia..

Dr. Sneha Shetty

MBBS, PGDCC

Clinical Cardiology

Reg No. 2008/03/0660

Sneha Shetty

Doctor: DR SNEHA SHETTY

Disclaimer : Negative stress test does not rule out Coronary Artery Diseases.

Positive Stress Test is suggestive but not confirmatory of Coronary Artery Disease.

Hence clinical correlation is mandatory.

Ref. Doctor: AERFOCAMI HC

(Summary Report edited by user)

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SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

MR ALOK SHARMA (41 M)

ID: 2216225708

Date: 11-Jun-22

Exec Time: 0 m 0 s

Stage Time: 1 m 25 s **HR: 75 bpm**

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0%

(THR: 161 bpm)

B.P.: 120/80

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

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

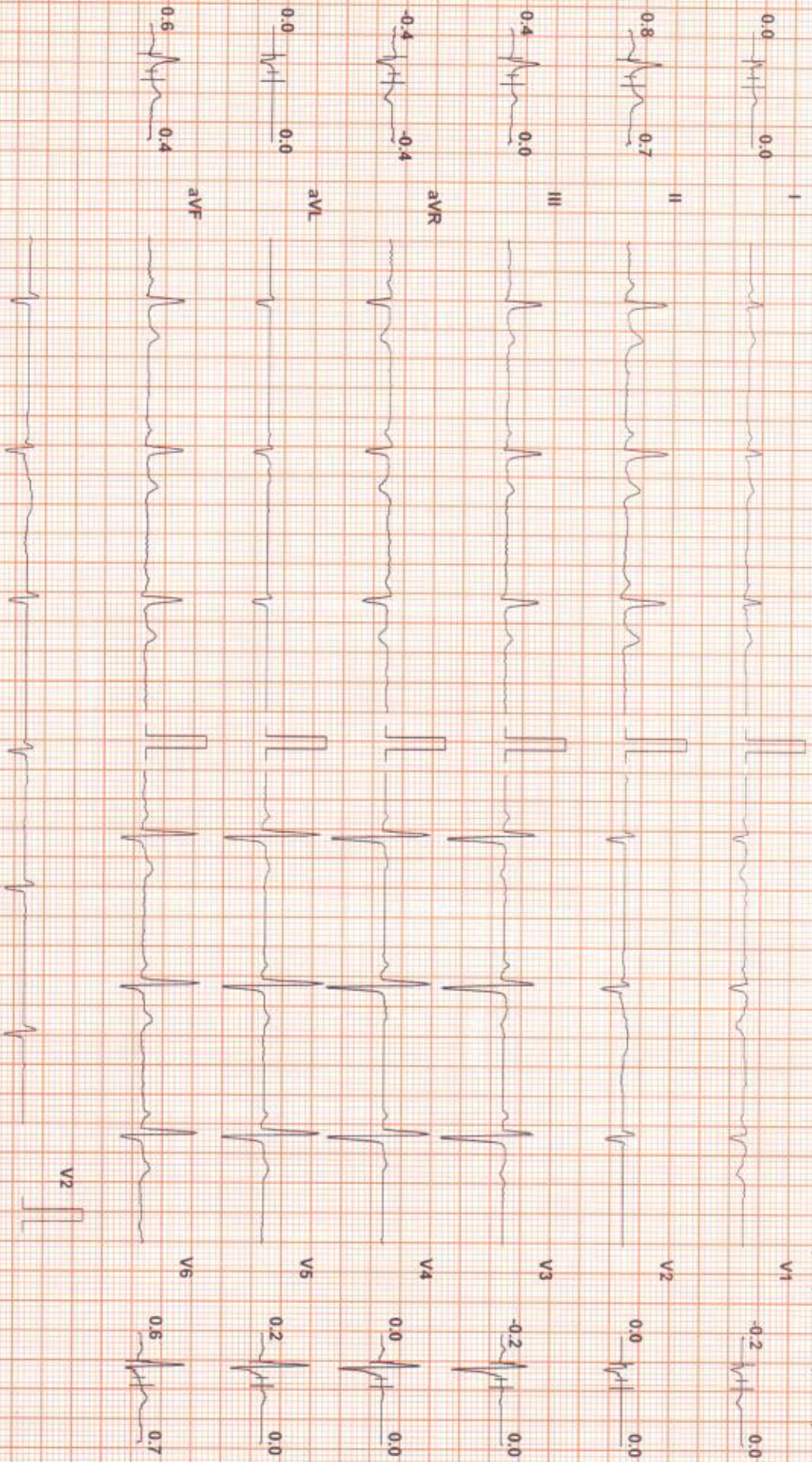


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO - R - 60 ms

J - R + 60 ms

Pos: J = J + 60 ms

Spiller Spindel V47



SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

MR ALOK SHARMA (41 M)

ID: 2216225708

Date: 11-Jun-22

Exec Time: 0 m 0 s

Stage Time: 0 m 38 s **HR: 59 bpm**

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0%

(THR: 161 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 Fil: ON

Amp: 10 mm

ISO = R - 50 ms

J = R + 50 ms

Pos: J = J + 50 ms

Schiller Spindler V 417



SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

MR ALOK SHARMA (41 M)

ID: 2216225708

Date: 11-Jun-22

Exec Time: 0 m 0 s

Stage Time: 0 m 11 s

HR: 61 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 161 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 Filter: ON

Amp: 10 mm

50 = R - 50 ms

J = R + 60 ms

Post J = J + 60 ms

Smaller Spinal V4.7

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

MR ALOK SHARMA (41 M)

ID: 2216225708

Date: 11-Jun-22

Exec Time: 3 m 0 s

Stage Time: 3 m 0 s

HR: 105 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 161 bpm)

B.P.: 130/80

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

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

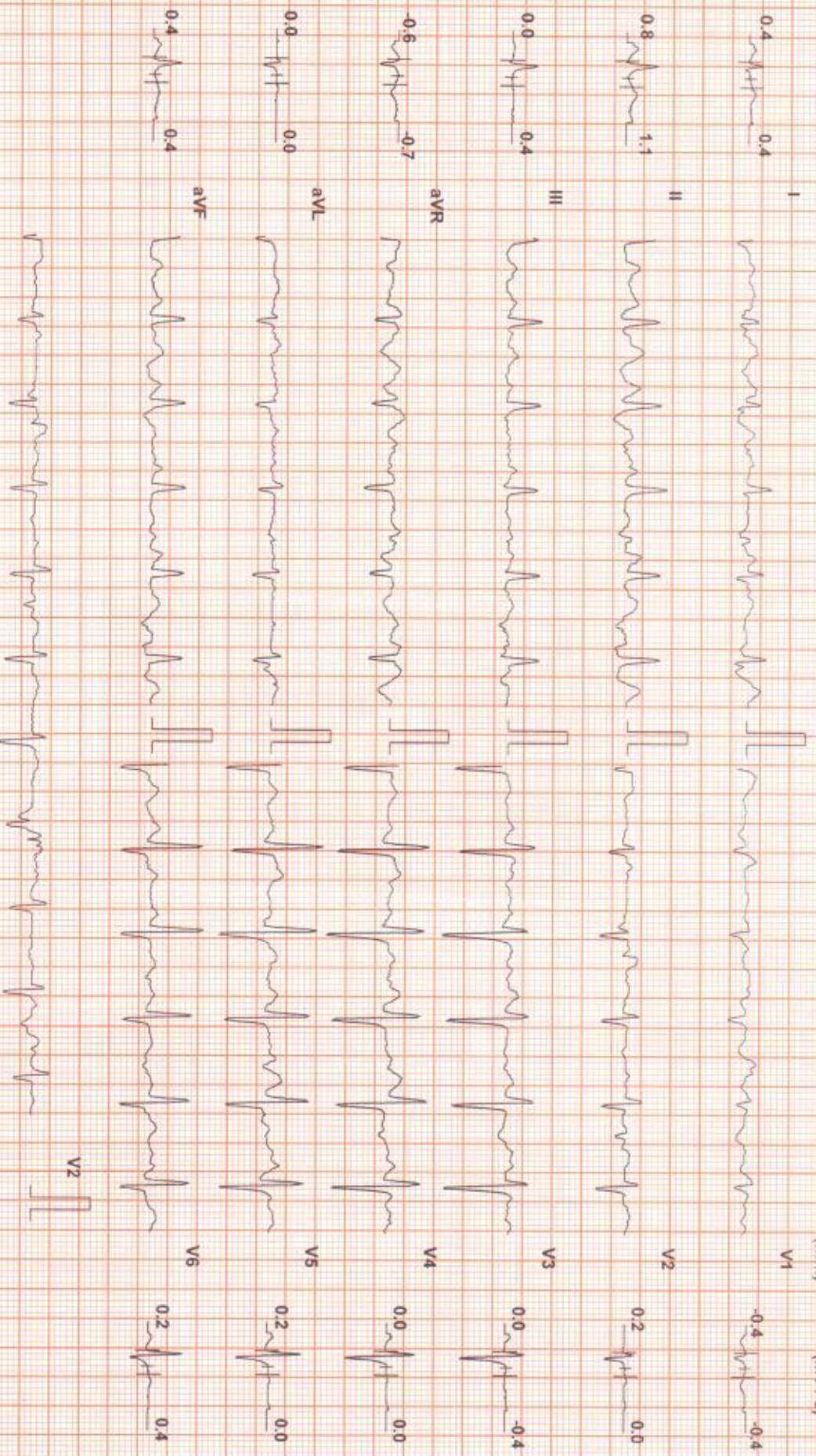


Chart Speed 25 mm/sec

Filter 35 HZ

Mains Filtr ON

Amp: 10 mm

150 x R = 60 ms J = R + 60 ms

Post J = J + 60 ms

Spencer-Schwartz V4.7



MR ALOK SHARMA (41 M)

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

Protocol: Bruce

ID: 2216226708

Date: 11-Jun-22

Exec Time: 6 m 0 s

Stage Time: 3 m 0 s

HR: 126 bpm

Stage: 2

Speed: 2.5 mph

Grade: 12%

(THR: 161 bpm)

B.P.: 140/80

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

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

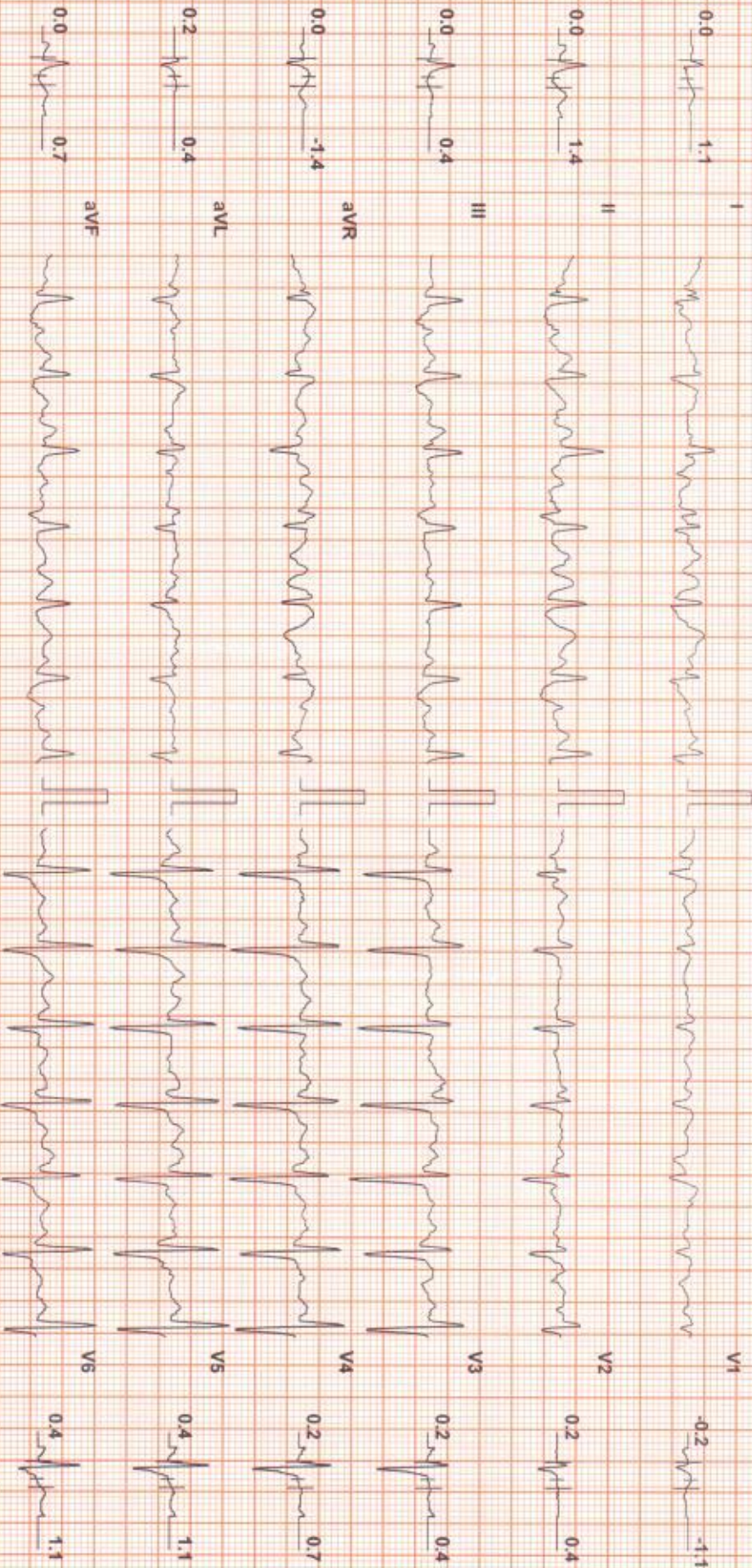


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr ON

Amp: 10 mm

ISO ± R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schnee-Spindel: V 4.7



MR ALOK SHARMA (41 M)

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

Protocol: Bruce

ID: 2216225708

Date: 11-Jun-22

Exec Time: 9 m 0 s

Stage Time: 3 m 0 s

HR: 145 bpm

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

Stage: 3

Speed: 3.4 mph

Grade: 14%

(THR: 161 bpm)

B.P: 150/80

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

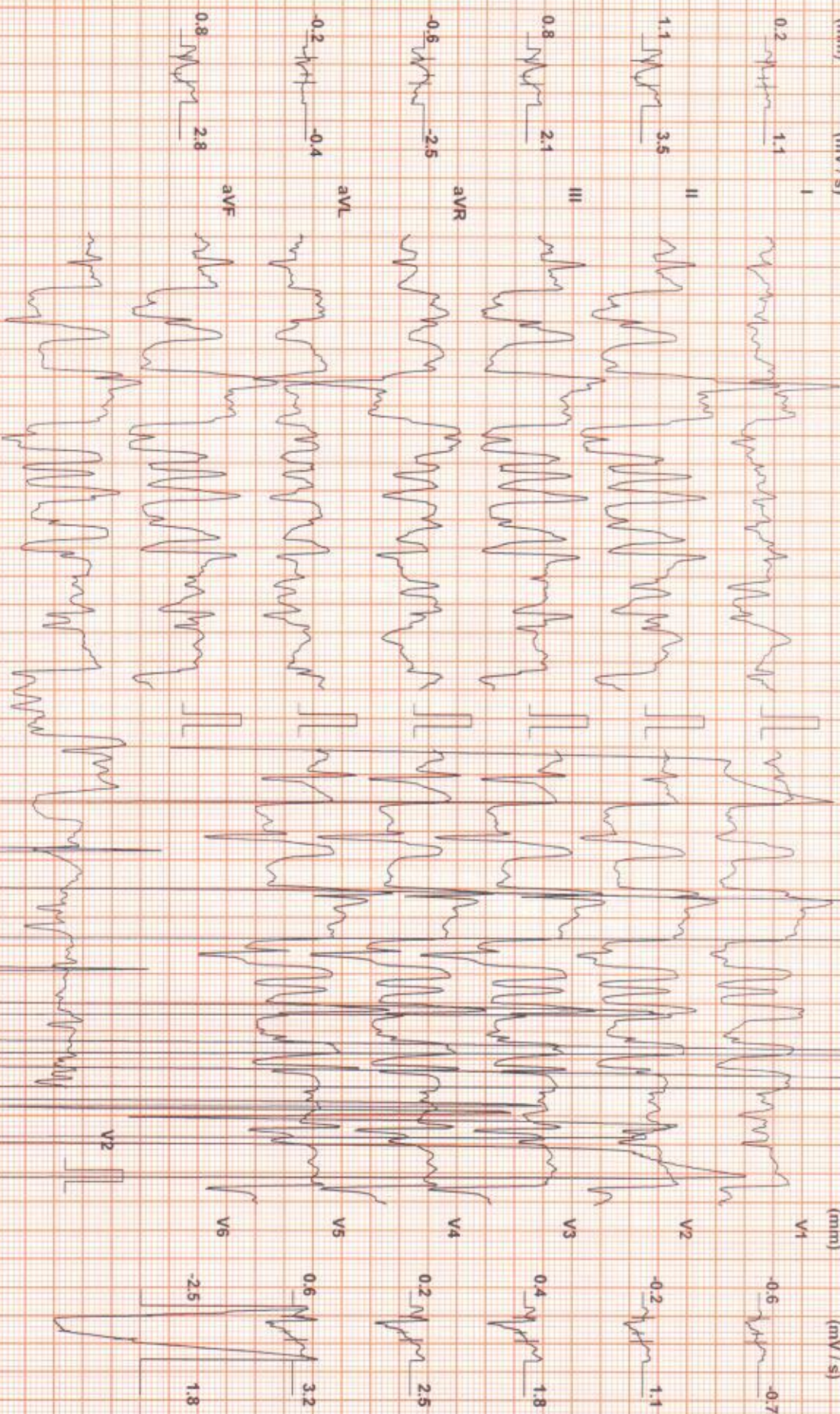


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filter ON

Amp: 10 mm

ISO - P - 60 ms

V1 - P - 60 ms

Paper J - P - 60 ms

Scale: Standard V4.7

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

MR ALOK SHARMA (41 M)

ID: 2216225708

Date: 11-Jun-22

Exec Time: 9 m 9 s

Stage Time: 0 m 9 s

HR: 156 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 4.2 mph

Grade: 16%

(THR: 161 bpm)

B-P: 150/80

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 Isp: R: 60 ms J: R: 60 ms Post J: J: 60 ms

Schickel Standard V 47



MR ALOK SHARMA (41 M)

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

Protocol: Bruce

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

ID: 2216225708

Date: 11 Jun 22

Exec Time: 9 m 9 s

Stage Time: 1 m 0 s

HR: 115 bpm

Stage: Recovery(1)

Speed: 0 mph

Grade: 0%

(THR: 161 bpm)

B.P: 160 / 80

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

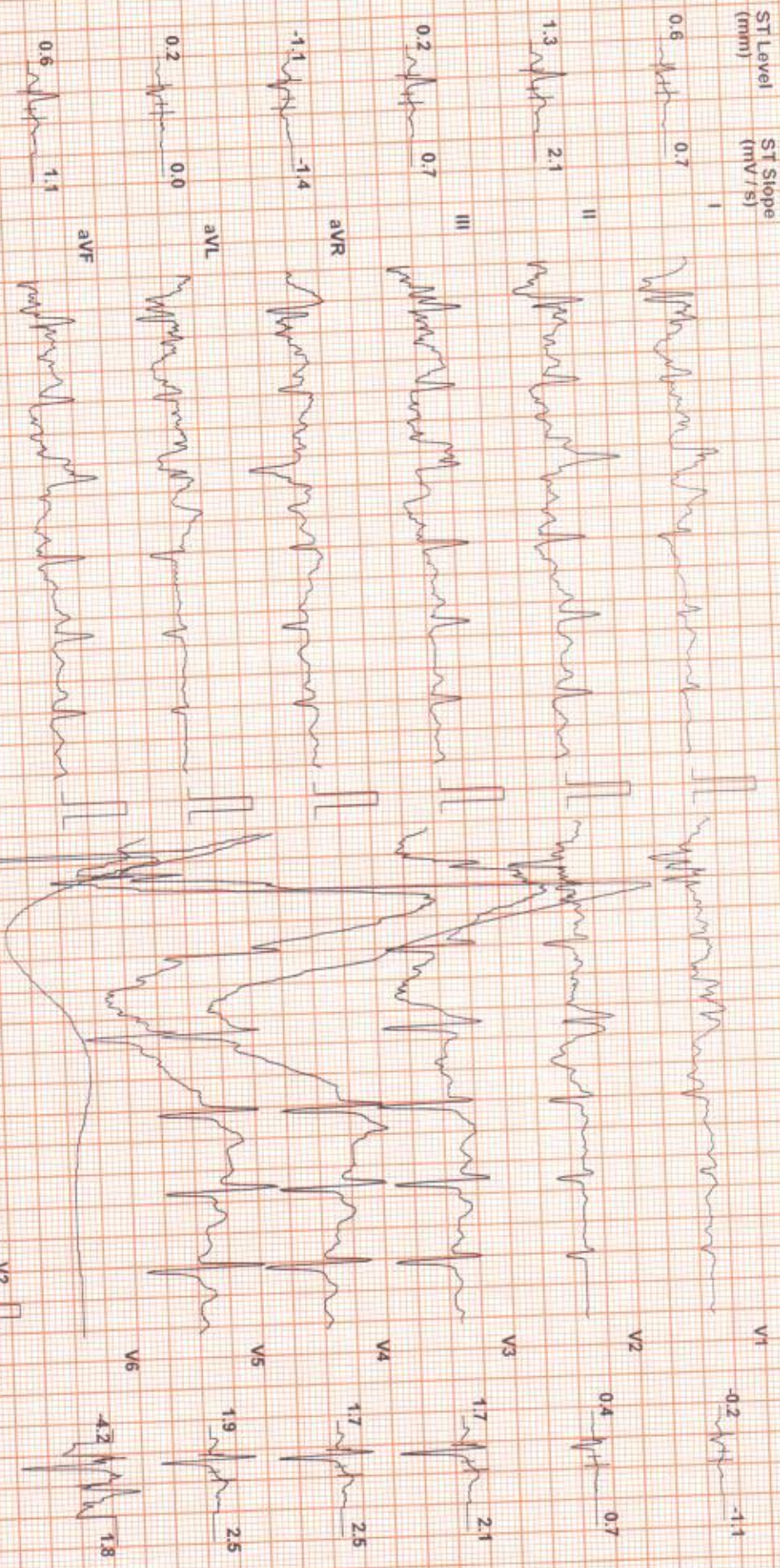


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = P - 60 ms J = R + 60 ms Post J = V + 60 ms

Schuler Standard V 47

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

MR ALOK SHARMA (41 M)

ID: 2216225708

Date: 11-Jun-22

Exec Time: 9 m 9 s

Stage Time: 1 m 0 s

HR: 90 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0%

(THR: 161 bpm)

B.P.: 140/80

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

150 ± R - 60 ms

J = R + 60 ms

Page J = J + 60 ms

Schuler-Spindel V 4.7



SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

MR ALOK SHARMA (41 M)

ID: 2216225708

Date: 11-Jun-22

Exec Time: 9 m 9 s

Stage Time: 1 m 0 s

HR: 84 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0%

(THR: 161 bpm)

B.P: 130/80

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

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

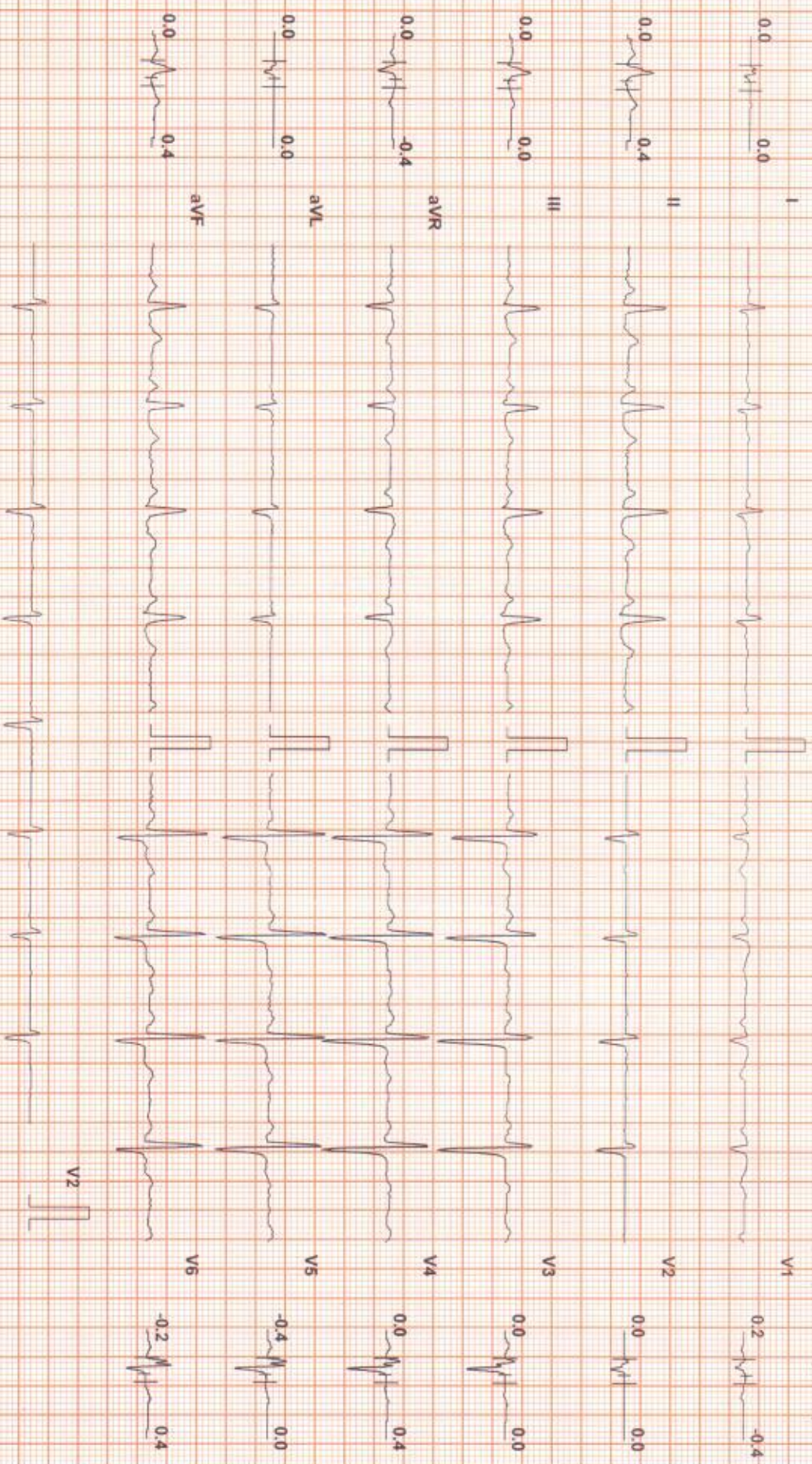


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

50 = R - 60 ms

J = P + 60 ms

Post J = J + 60 ms

Software: Spaldina V.4.7