

SUBURBAN DIAGNOSTICS - BORIVALI WEST

Patient Name: SHRIKANT NOUSU

Date and Time: 11th Mar 23 11:32 AM

Patient ID: 2307019310

Age **37** **NA** **NA**
years months days

Gender **Male**

Heart Rate **85bpm**

Patient Vitals

BP: 120/80 mmHg

Weight: 75 kg

Height: 163 cm

Pulse: NA

Spo2: NA

Resp: NA

Others: _____

Measurements

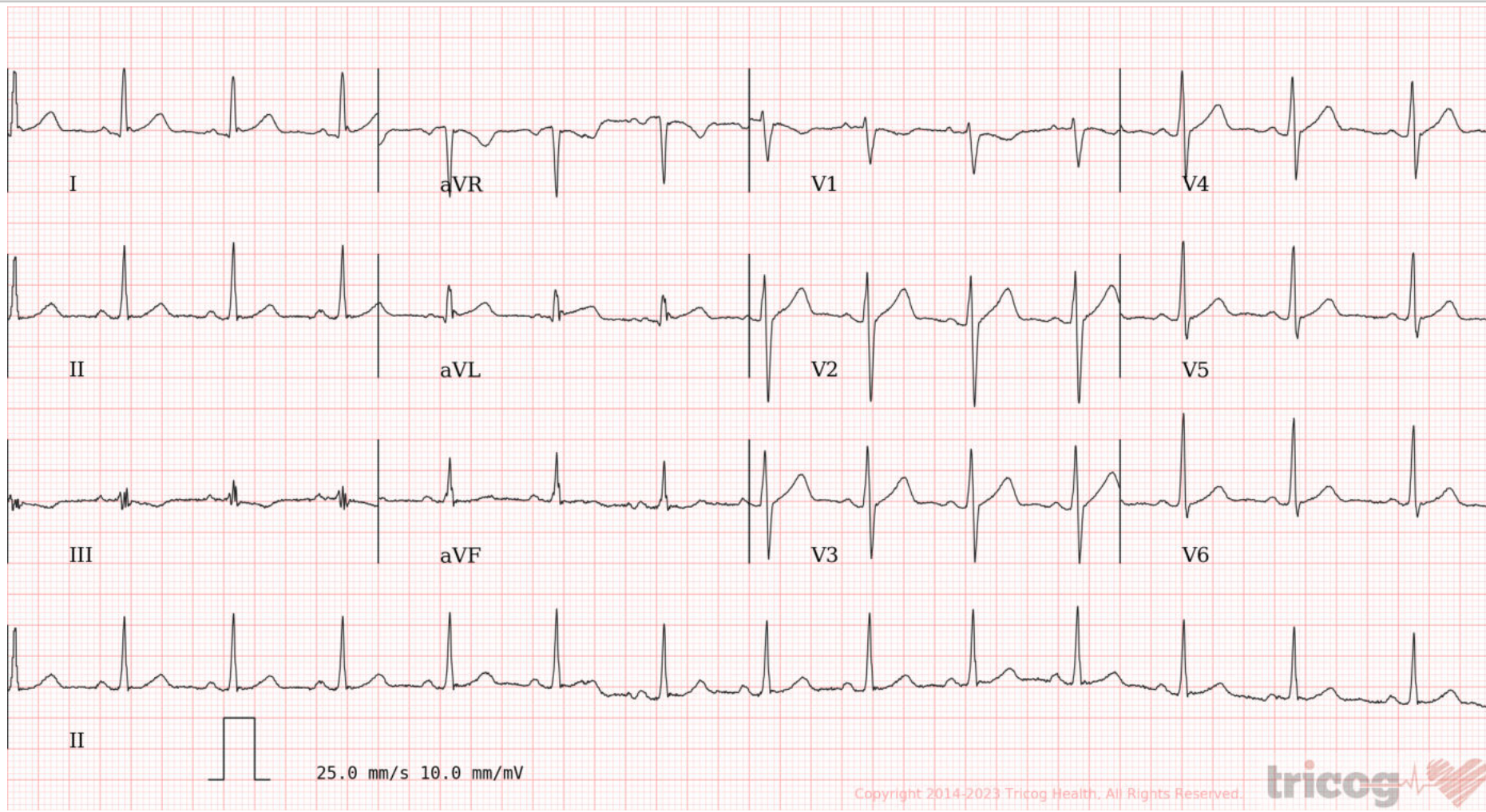
QRSD: 88ms

QT: 370ms

QTc: 440ms

PR: 142ms

P-R-T: 54° 38° 9°



ECG Within Normal Limits: Sinus Rhythm, Sinus Arrhythmia Seen, Early repolarization. Please correlate clinically.

REPORTED BY

Dr Nitin Sonavane
M.B.B.S.AFLH, D.DIAB,D.CARD
Consultant Cardiologist
87714

CID# : 2307019310

Name : MR.SRIKANTH NOUSU

Age / Gender : 37 Years/Male

Consulting Dr. :

Collected : 11-Mar-2023 / 09:48

Reg.Location : Borivali West (Main Centre)

Reported : 11-Mar-2023 / 16:31

PHYSICAL EXAMINATION REPORT

History and Complaints:

EXAMINATION FINDINGS:

Height (cms):	163	Weight (kg):	75
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	120/80	Nails:	Healthy
Pulse:	74/min	Lymph Node:	Not Palpable

Systems

Cardiovascular:	S1,S2 Normal No Murmurs
Respiratory:	Air Entry Bilaterally Equal
Genitourinary:	Normal
GI System:	Soft non tender No Organomegaly
CNS:	Normal

IMPRESSION:

Lipid ↑

ADVICE:

Low oily diet.

CHIEF COMPLAINTS:

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

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- | | |
|--|---------------------|
| 8) Thyroid/ Endocrine disorders : | No |
| 9) Nervous disorders : | No |
| 10) GI system : | No |
| 11) Genital urinary disorder : | No |
| 12) Rheumatic joint diseases or symptoms : | No |
| 13) Blood disease or disorder : | No |
| 14) Cancer/lump growth/cyst : | No |
| 15) Congenital disease : | No |
| 16) Surgeries : | Testical Sx in 2003 |

PERSONAL HISTORY:

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

*** End Of Report ***

DR. NITIN SONAVANE
M.B.B S.AFLH, D.DIAB, D.CARD.
CONSULTANT-CARDIOLOGIST
REGD. NO. 47714
Dr.NITIN SONAVANE
PHYSICIAN

Suburban Diagnostics (I) Pvt. Ltd.
301 & 302, 3rd Floor, Vini Elegance,
Above Tanisq Jeweller, L. T. Road,
Borivali (West), Mumbai - 400 082.



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Reg. Date : 11-Mar-2023
Reported : 11-Mar-2023 / 14:10

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-----

This report is prepared and physically checked by **DR SUDHANSHU SAXENA** before dispatch.

DR.SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
RegNo .MMC 2016061376.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023031109491604>

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USG WHOLE ABDOMEN

LIVER: Liver is enlarged in size 17 cm with mild generalized increase in parenchymal echotexture. There is no intra-hepatic biliary radical dilatation.No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. No obvious wall thickening is noted. There is no evidence of any calculus.

PORTAL VEIN: Portal vein is normal. **CBD:** CBD is normal.

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

KIDNEYS: Right kidney measures 11.4 x 4.9 cm. Left kidney measures 10.4 x 5.0 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

PROSTATE: Prostate is normal in size and echotexture. Prostate measures 3.8 x 2.7 x 3.5 cm and prostatic weight is 19.2 gm. No evidence of any obvious focal lesion.

No free fluid or size significant lymphadenopathy is seen.

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Opinion:

- Grade I fatty infiltration of liver with mild hepatomegaly, Advice LFT & Lipid profile correlation.

For clinical correlation and follow up.

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

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

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Reg. Location : Borivali West (Main Centre)

Collected : 11-Mar-2023 / 09:59
Reported : 11-Mar-2023 / 13:00

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	14.9	13.0-17.0 g/dL	Spectrophotometric
RBC	5.18	4.5-5.5 mil/cmm	Elect. Impedance
PCV	45.7	40-50 %	Measured
MCV	88	80-100 fl	Calculated
MCH	28.9	27-32 pg	Calculated
MCHC	32.7	31.5-34.5 g/dL	Calculated
RDW	13.8	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5310	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	26.4	20-40 %	
Absolute Lymphocytes	1401.8	1000-3000 /cmm	Calculated
Monocytes	6.4	2-10 %	
Absolute Monocytes	339.8	200-1000 /cmm	Calculated
Neutrophils	55.2	40-80 %	
Absolute Neutrophils	2931.1	2000-7000 /cmm	Calculated
Eosinophils	11.1	1-6 %	
Absolute Eosinophils	589.4	20-500 /cmm	Calculated
Basophils	0.9	0.1-2 %	
Absolute Basophils	47.8	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	291000	150000-400000 /cmm	Elect. Impedance
MPV	8.8	6-11 fl	Calculated
PDW	15.8	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 3 2-15 mm at 1 hr. Sedimentation

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



Bmhaskar

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



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Reported : 11-Mar-2023 / 13:22

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	99.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	93.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.43	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.21	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.22	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	19.8	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	42.6	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	27.3	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	114.4	40-130 U/L	Colorimetric
BLOOD UREA, Serum	14.5	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.8	6-20 mg/dl	Calculated
CREATININE, Serum	0.86	0.67-1.17 mg/dl	Enzymatic



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Reported : 11-Mar-2023 / 21:35

eGFR, Serum	106	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	6.6	3.5-7.2 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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



MC-2111

Bmhasakar

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



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Reported : 11-Mar-2023 / 12:30

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
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.

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Bmhaskar

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	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	Trace	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	Occasional	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	
Others	-		

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein:(1+ -25 mg/dl, 2+ -75 mg/dl, 3+ - 150 mg/dl, 4+ - 500 mg/dl)
- Glucose:(1+ - 50 mg/dl, 2+ -100 mg/dl, 3+ -300 mg/dl,4+ -1000 mg/dl)
- Ketone:(1+ -5 mg/dl, 2+ -15 mg/dl, 3+ - 50 mg/dl, 4+ - 150 mg/dl)

Reference: Pack insert

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



Bmhasakar

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Reported :

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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 Erythrocytes magnetized technology (EMT) 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.

References:

1. Denise M Harmening, 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 SDRL, Vidyavihar Lab
*** End Of Report ***



Dr. Vrushi Shroff

Dr. VRUSHALI SHROFF
M.D.(PATH)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	200.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	199.5	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	40.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	160.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	120.0	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	40.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.0	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	5.1	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.4	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.34	0.35-5.5 microIU/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, tyrosin 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 ***



MC-2111

Bmhasakar

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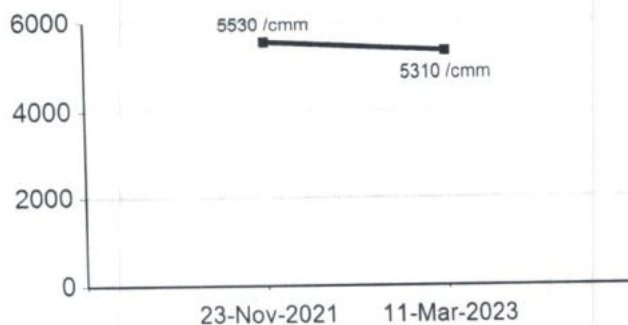


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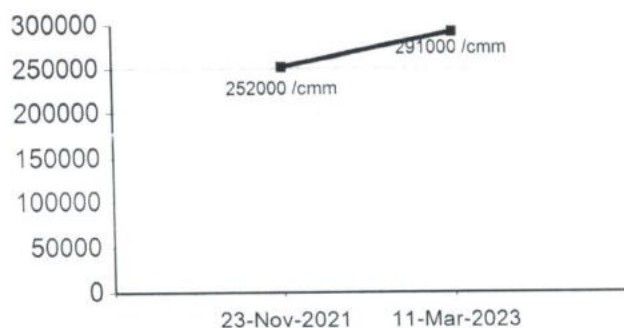
Haemoglobin



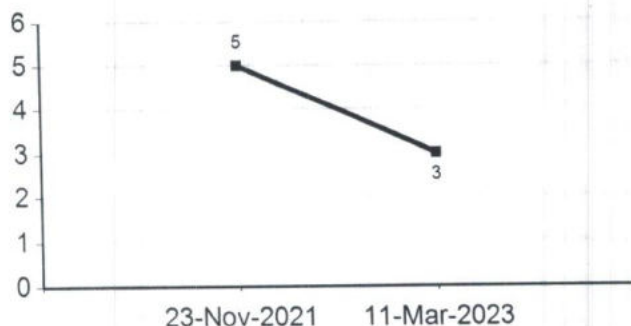
WBC Total Count



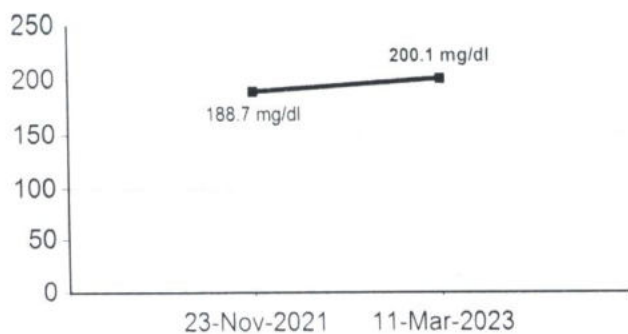
Platelet Count



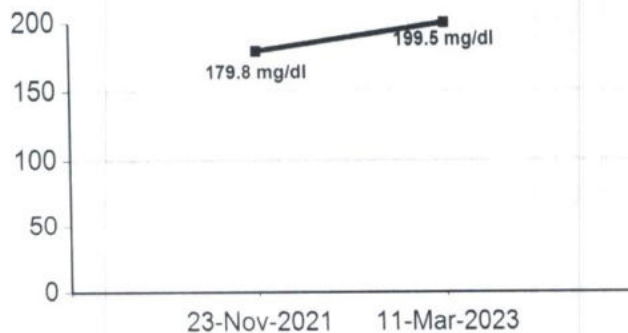
ESR



CHOLESTEROL



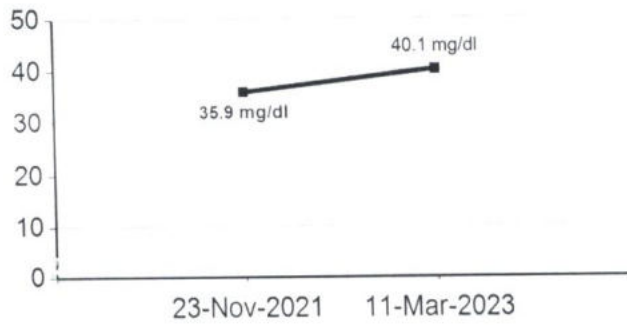
TRIGLYCERIDES



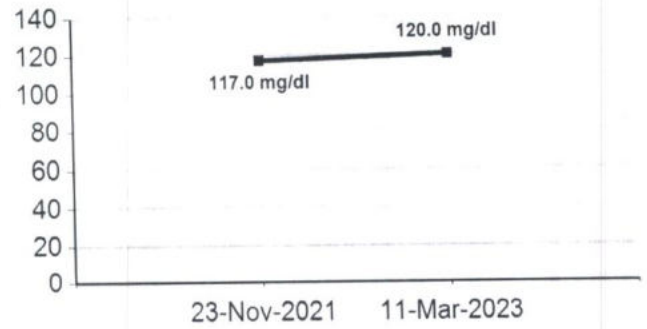


CID : 2307019310
 Name : MR.SRIKANTH NOUSU
 Age / Gender : 37 Years / Male
 Consulting Dr. : -
 Reg. Location : Borivali West (Main Centre)

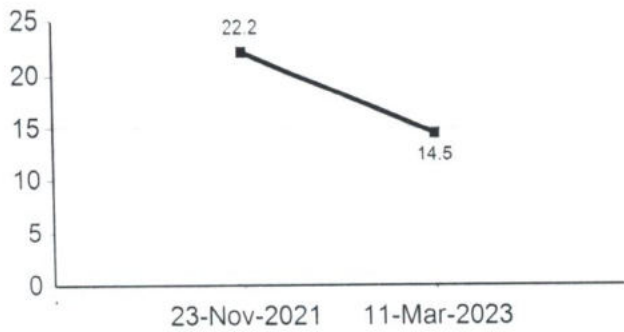
HDL CHOLESTEROL



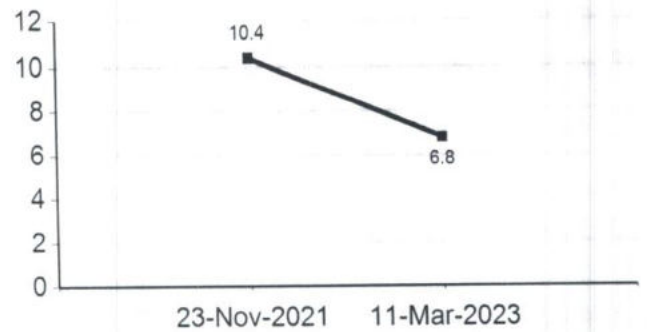
LDL CHOLESTEROL



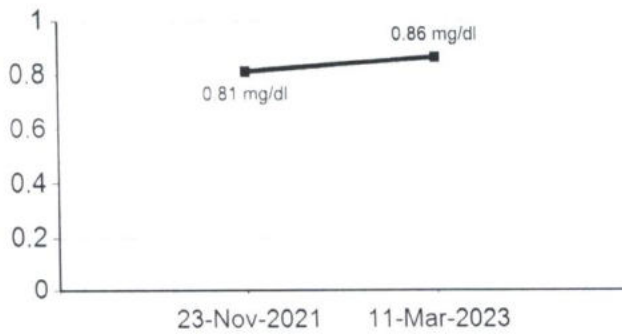
BLOOD UREA



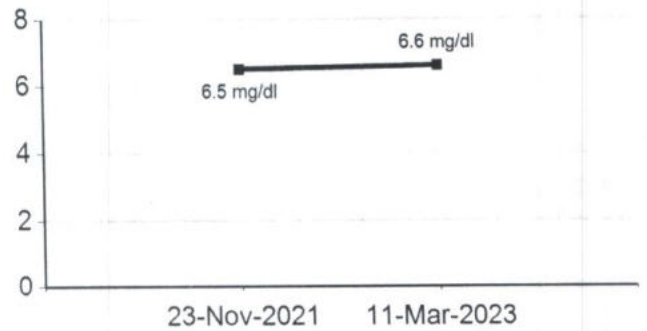
BUN



CREATININE

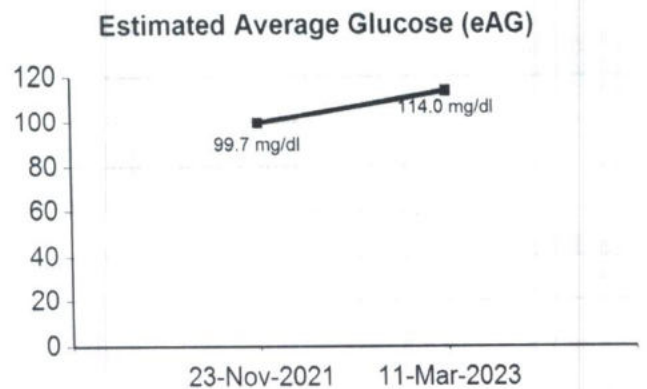
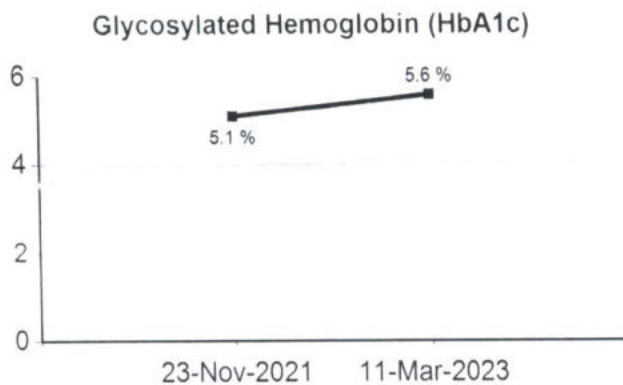
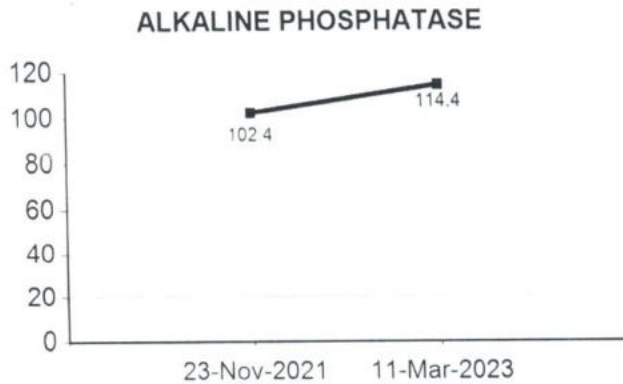
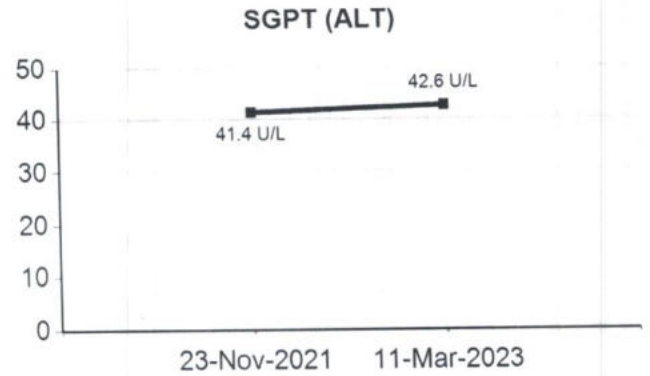
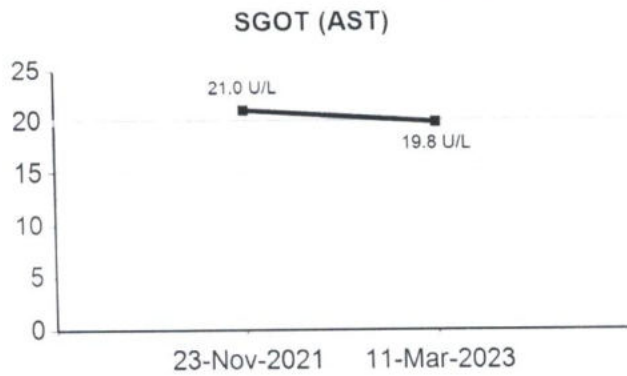


URIC ACID



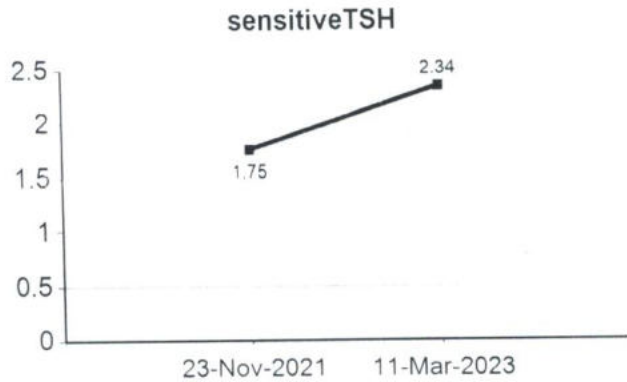
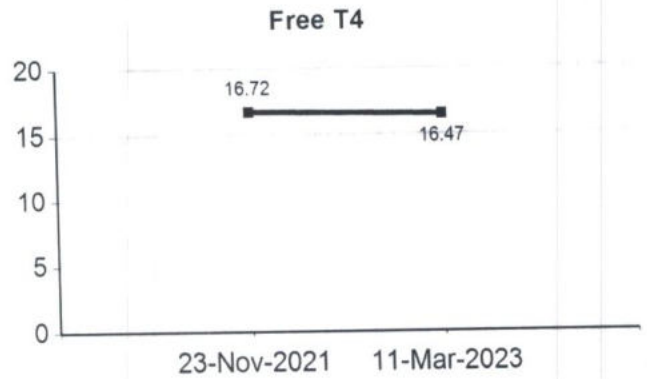
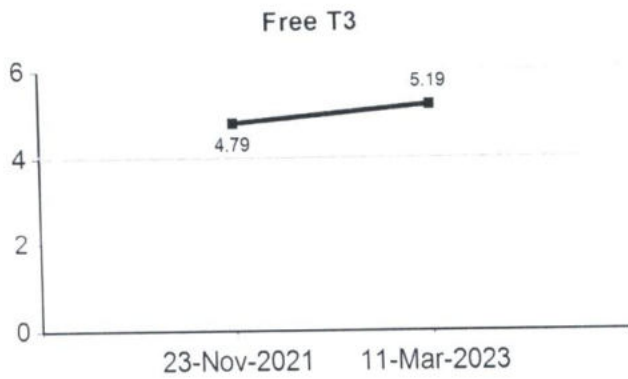


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 Consulting Dr. : -
 Reg. Location : Borivali West (Main Centre)



Date:-

CID: 2307019310

Name:-

Shrikanth

Sex / Age: 37 / m

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

No

RE LE

6/6 6/6

M/G M/G

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

Suburban Diagnostics (I) Pvt. Ltd.
501 & 502, 3rd Floor, Vini Elegance,
Above Tanisq Jeweller, L. T. Road,
Borivali (West), Mumbai - 400 082.

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Name: SRIKANTH NOUSU

Date: 11-03-2023 Time: 10:56

Age: 37

Gender: M

Height: 163 cms

Weight: 75 Kg

ID: 2307019310

Clinical History: NIL

Medications: NIL

Test Details:

Protocol: Bruce

Predicted Max HR: 183

Target HR: 155

Exercise Time: 0:10:09

Achieved Max HR: 160 (87% of Predicted MHR)

Max BP: 150/80

Max BP x HR: 24000

Max Mets: 11.4

Test Termination Criteria: TEST COMPLET

Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	00:25	1	0	0	92	120/80	11040	1.5 V2	0.3 V6
Standing	00:12	1	0	0	76	120/80	9120	1.6 V2	0.3 V2
HyperVentilation	00:13	1	0	0	77	120/80	9240	1.4 V4	0.4 V4
PreTest	00:13	1	1.6	0	75	120/80	9000	1.2 V2	0.3 I
Stage: 1	03:00	4.7	2.7	10	102	130/80	13260	1.6 V6	0.4 V5
Stage: 2	03:00	7	4	12	119	130/80	15470	1.4 V4	0.6 V4
Stage: 3	03:00	10.1	5.5	14	129	150/80	19350	1.8 II	0.9 V3
Peak Exercise	01:09	11.4	6.8	16	160	150/80	24000	1.4 V1	0.6 II
Recovery1	01:00	1	0	0	120	140/80	16800	0.9 V2	0.8 V4
Recovery2	01:00	1	0	0	105	140/80	14700	0.7 V2	0.6 V4

Interpretation

The Patient Exercised according to Bruce Protocol for 0:10:09 achieving a work level of 11.4 METS.
Resting Heart Rate, initially 92 bpm rose to a max. heart rate of 160bpm (87% of Predicted Maximum Heart Rate).
Resting Blood Pressure of 120/80 mmHg, rose to a maximum Blood Pressure of 150/80 mmHg

Good Effort tolerance Normal HR & BP Response No Angina or Arrhythmias
No Significant ST-T Change Noted During Exercise Stress test Negative for Stress inducible ischaemia.

Suburban Diagnostics (P) Pvt. Ltd.
301 & 302, 3rd Floor, Vini Elegance,
Above Tanisq Jeweller, L. T. Road,
Borivali (West), Mumbai - 400 092.

DR. NITIN SONAVANE
M.B.B.S. AFLLM (DIPAB) D.CARD.
CONSULTANT CARDIOLOGIST

Ref. Doctor: ----

SCHILLER

The Art of Diagnostics

(Summary Report edited by User)
Spandan CS-20 Version:2.14.0

SRIKANTH NOUSU

Bruce Protocol

STLevel(mm) STSlope(mV/s)

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ID: 2307019310

Stage: Supine

Date: 11-03-2023

Speed: 0 km/h

Exec Time: 0:00:00

Slope: 0%

Stage Time: 00:25

THR: 155 bpm

HR: 92 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV)

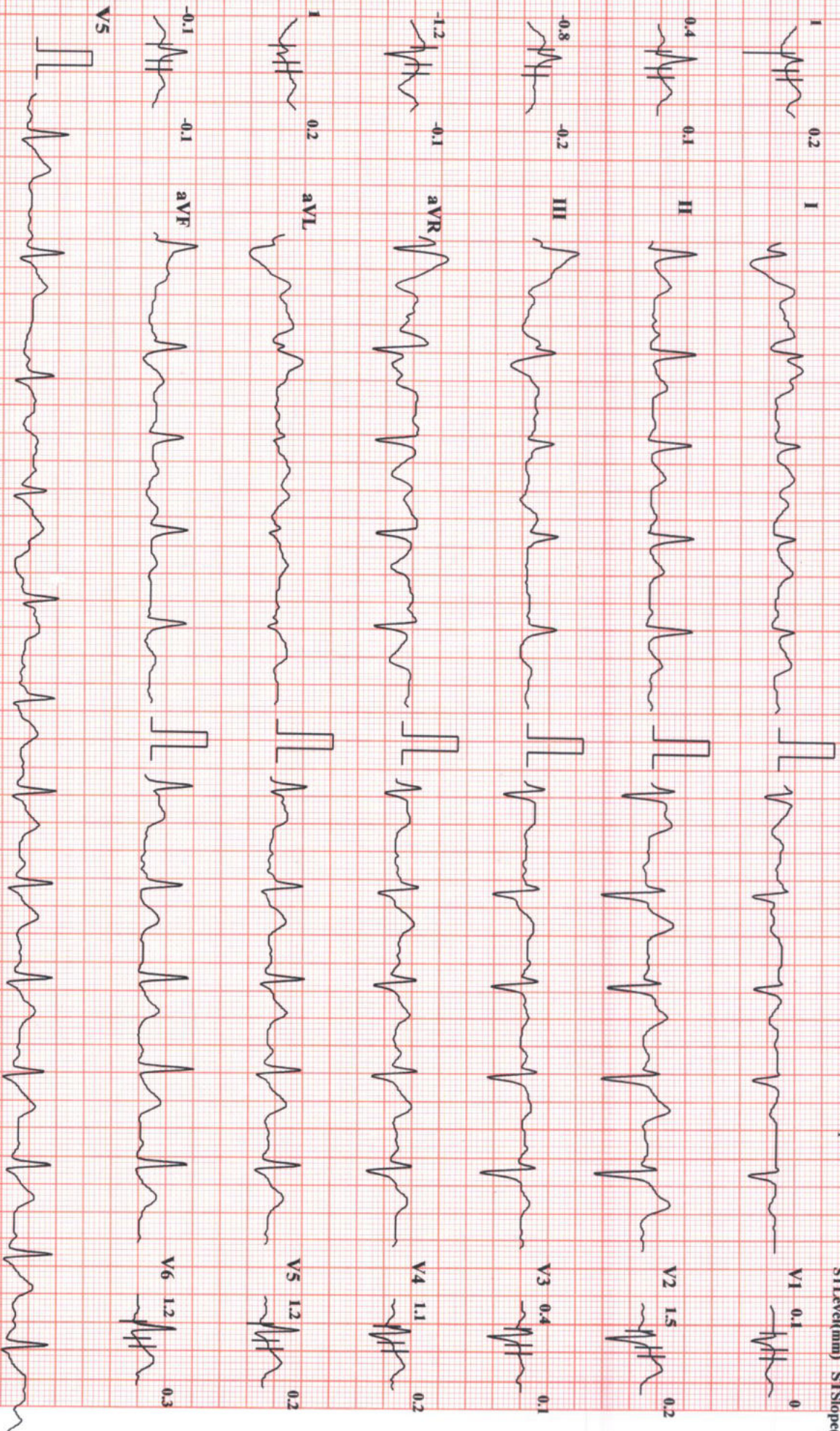


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz

Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

SRIKANTH NOUSU

Bruce Protocol
STLevel(mm) STSlope(mV/s)

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ID: 2307019310

Date: 11-03-2023

Exec Time : 0:00:00

Stage Time: 00:12

Stage: Standing

Speed: 0

Slope: 0%

THR: 155 bpm

HR: 76 bpm

BP: 120/80 mmHg
STLevel(mm) STSlope(mV)

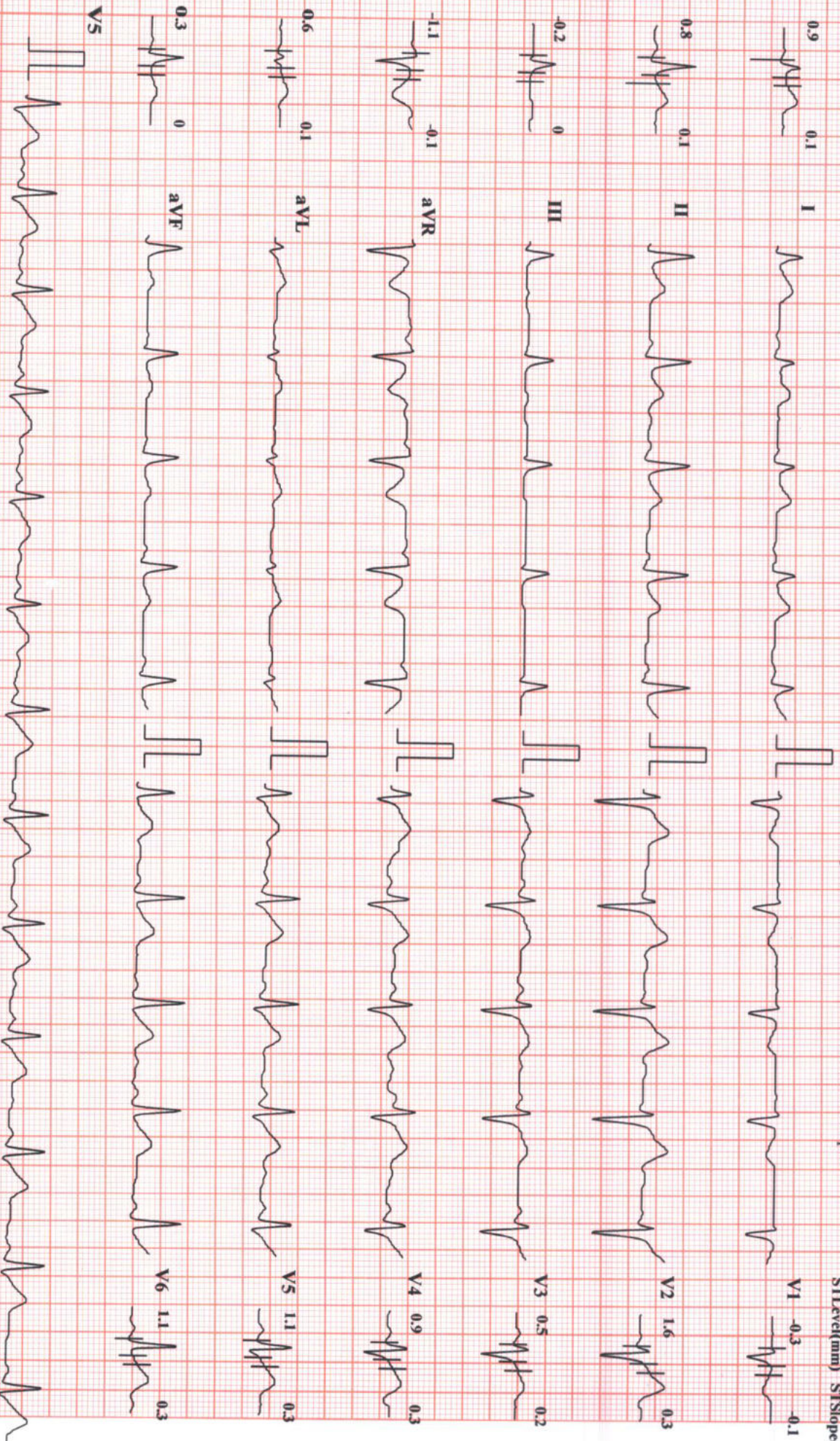


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

SRIKANTH NOUSU

Bruce Protocol

STLevel(mm) STSlope(mV/s)

SUBRBAN DIANOSTICS PVT. LTD. BORIVALI

ID: 2307019310

Date: 11-03-2023

Exec Time : 0:00:00

Stage Time: 00:13

Stage: HyperVentilation

Speed: 0

Slope: 0%

THR: 155 bpm

HR: 77 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV)

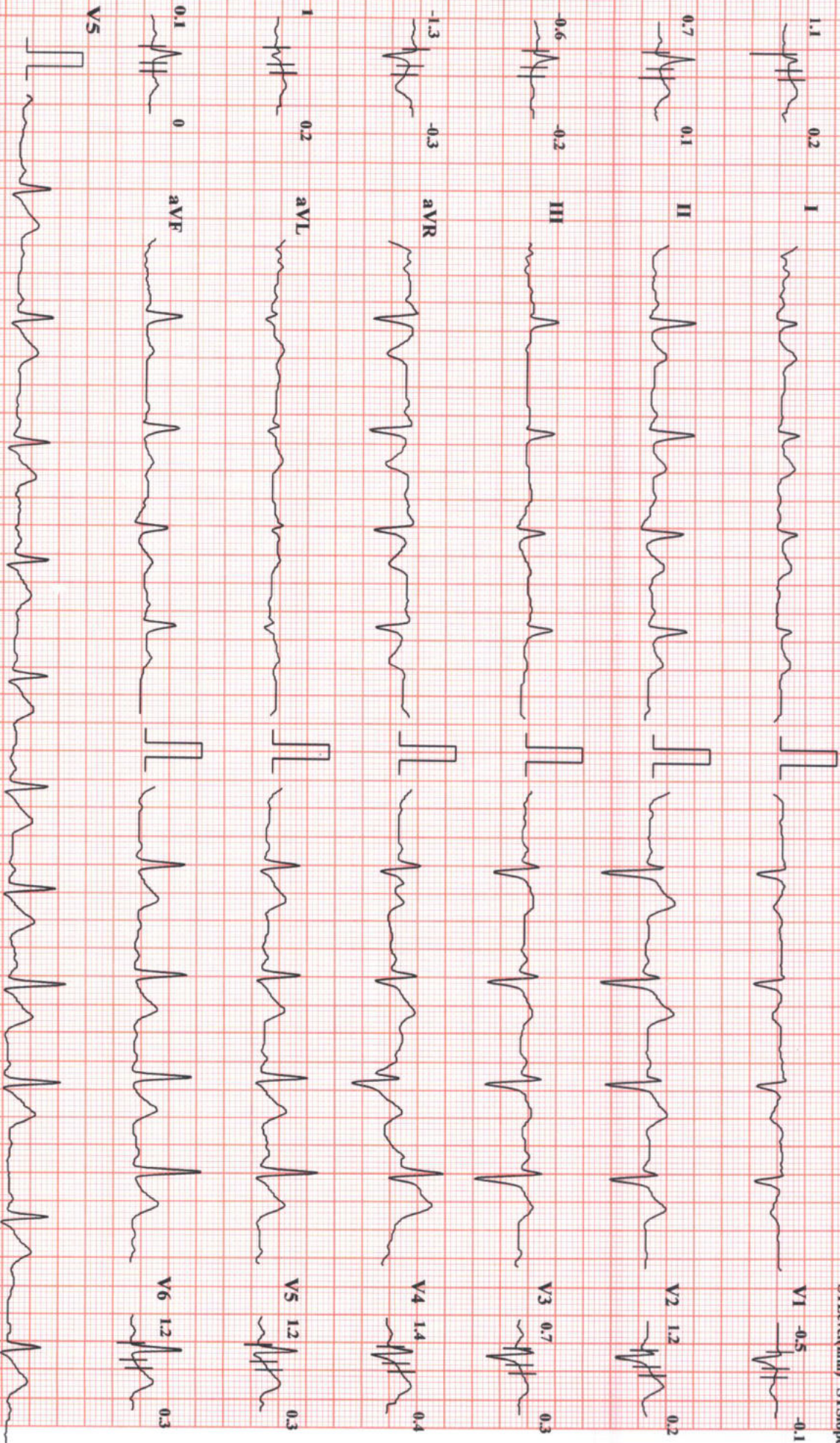


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

SRIKANTH NOUSU

Bruce Protocol

STL:evl(mm) STSlope(mV/s)

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ID: 2307019310

Date: 11-03-2023

Exec Time: 0:03:00

Stage Time: 03:00

Stage: 1

Speed: 2.7 kmph

Slope: 10 %

THR: 155 bpm

HR: 102 bpm

BP: 130/80 mmHg

STL:evl(mm) STSlope(mV)

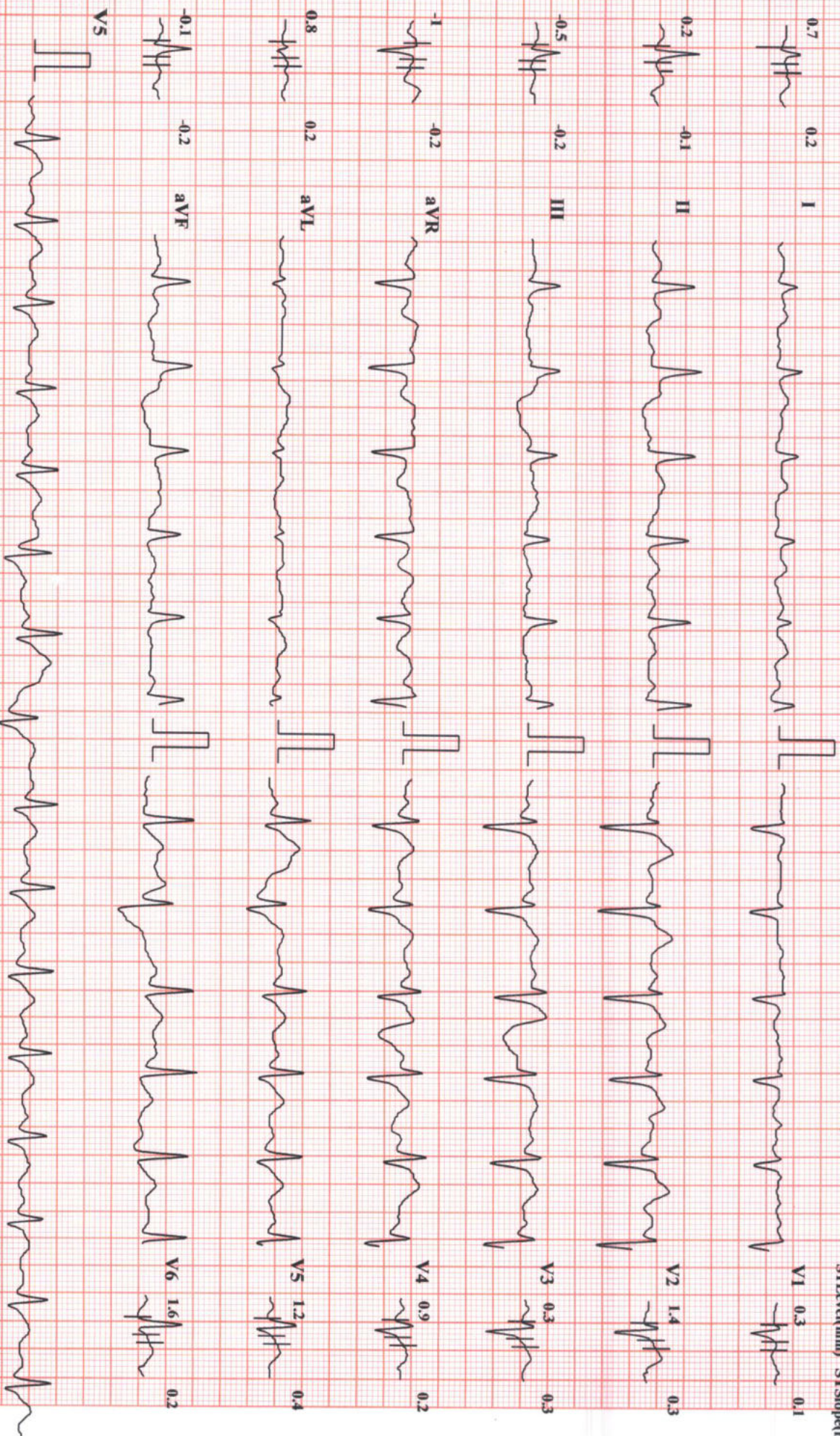


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms



SRIKANTH NOUSU

Bruce Protocol

STLevel(mm) STSlope(mV/s)

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ID: 2307019310

Stage: 2

Date: 11-03-2023

Speed: 4 kmph

Exec Time : 0:06:00

Slope: 12 %

Stage Time: 03:00

THR: 155 bpm

HR: 119 bpm

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

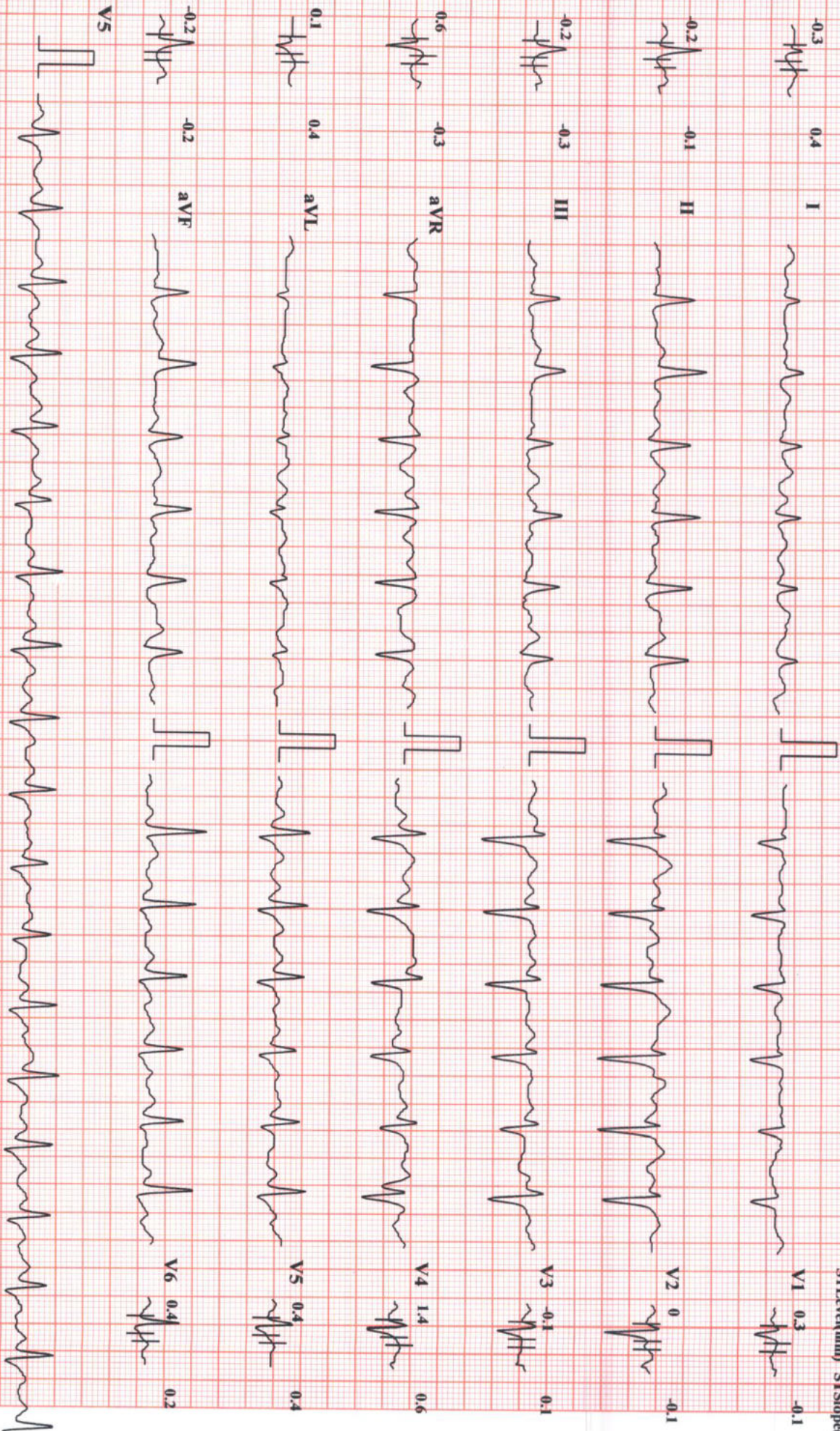


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz

Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms



SRIKANTH NOUSU

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Brice Protocol

ID: 2307019310

Date: 11-03-2023

Exec Time: 0:09:00

Stage Time: 03:00

STLevel(mm) STSlope(mV/s)

Stage: 3

Speed: 5.5 kmph

Slope: 14 %

THR: 155 bpm

HR: 129 bpm

BP: 150/80 mmHg

STLevel(mm) STSlope(mV/s)

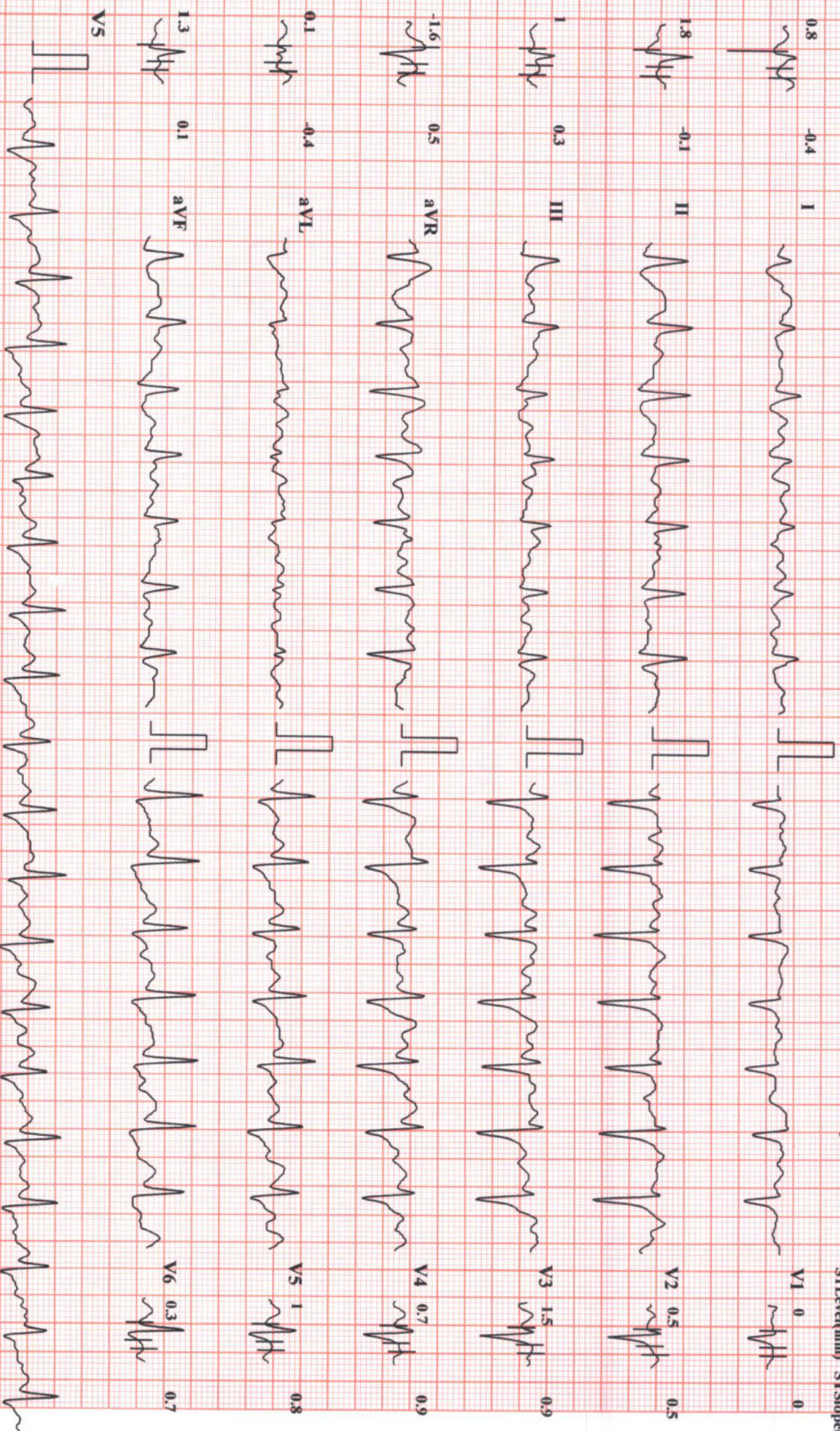


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz

Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms



SRIKANTH NOUSU

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Bruce Protocol

ID: 2307019310

Date: 11-03-2023

Exec Time : 0:10:09

Stage Time: 01:09

HR: 160 bpm

STLevel(mm) STSlope(mV/s)

Stage: 4 Peak Exercise

Speed: 6.8 kmph

Slope: 16 %

THR: 155 bpm

BP: 150/80 mmHg

STLevel(mm) STSlope(mV/s)

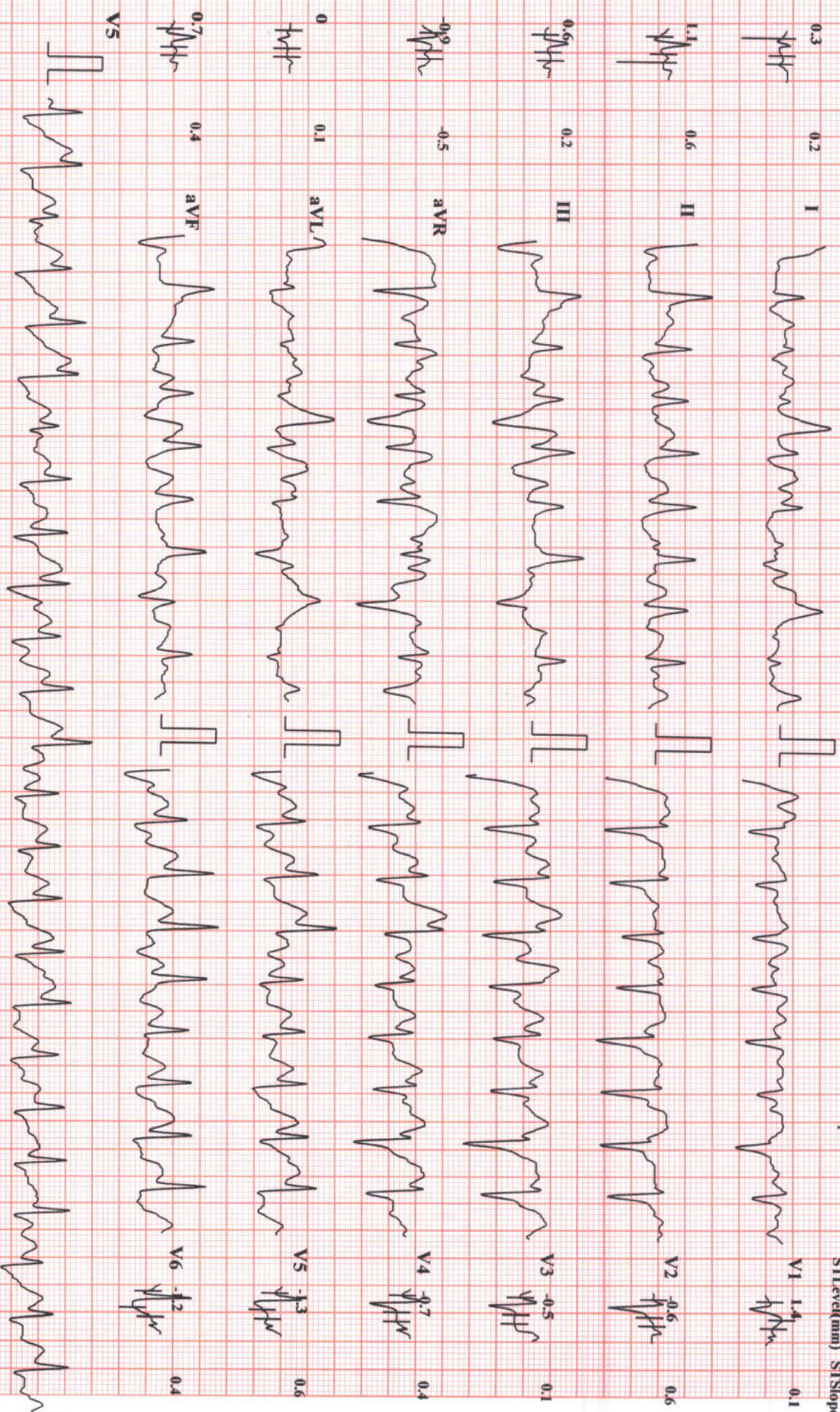


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R + 60 ms, J = R + 60 ms, Post J = J + 60 ms

SRIKANTH NOUSU

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Bruce Protocol

ID: 2307019310

Date: 11-03-2023

Exec Time : 00:00

Stage Time: 01:00

HR: 120 bpm

STLevel(mm) STSlope(mV/s)

Stage: Recovery I

Speed: 0 kmph

Slope: 0%

THR: 155 bpm

BP: 140/80 mmHg

STLevel(mm) STSlope(mV)

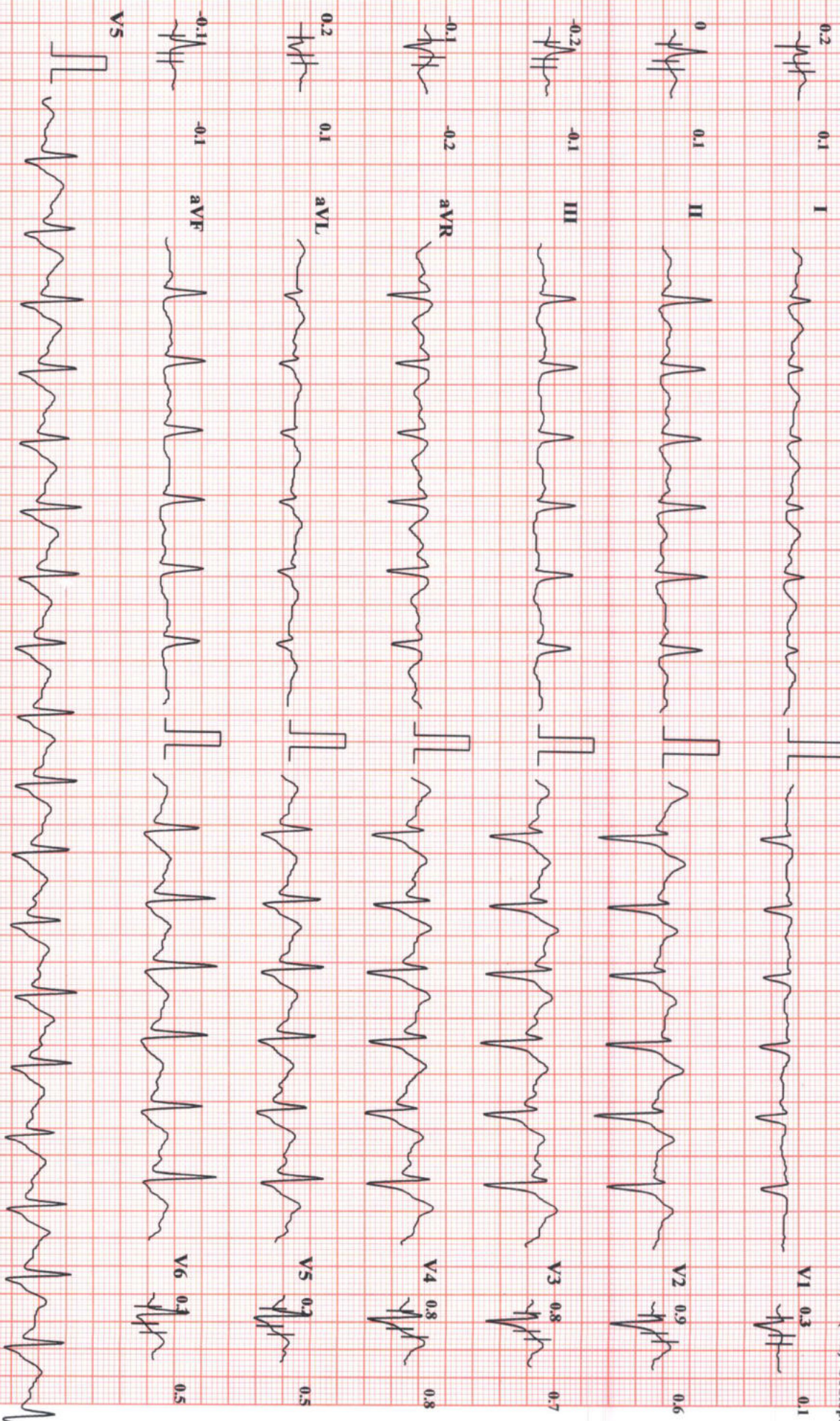


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R + 60 ms, J = R + 60 ms, Post J = J + 60 ms



SRIKANTH NOUSU

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Bruce Protocol

ID: 2307019310

Date: 11-03-2023

Exec Time : 00:00

Stage Time: 01:00

HR: 105 bpm

STLevel(mm) STSlope(mV/s)

Stage: Recovery²

Speed: 0 kmph

Slope: 0 %

THR: 155 bpm

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)

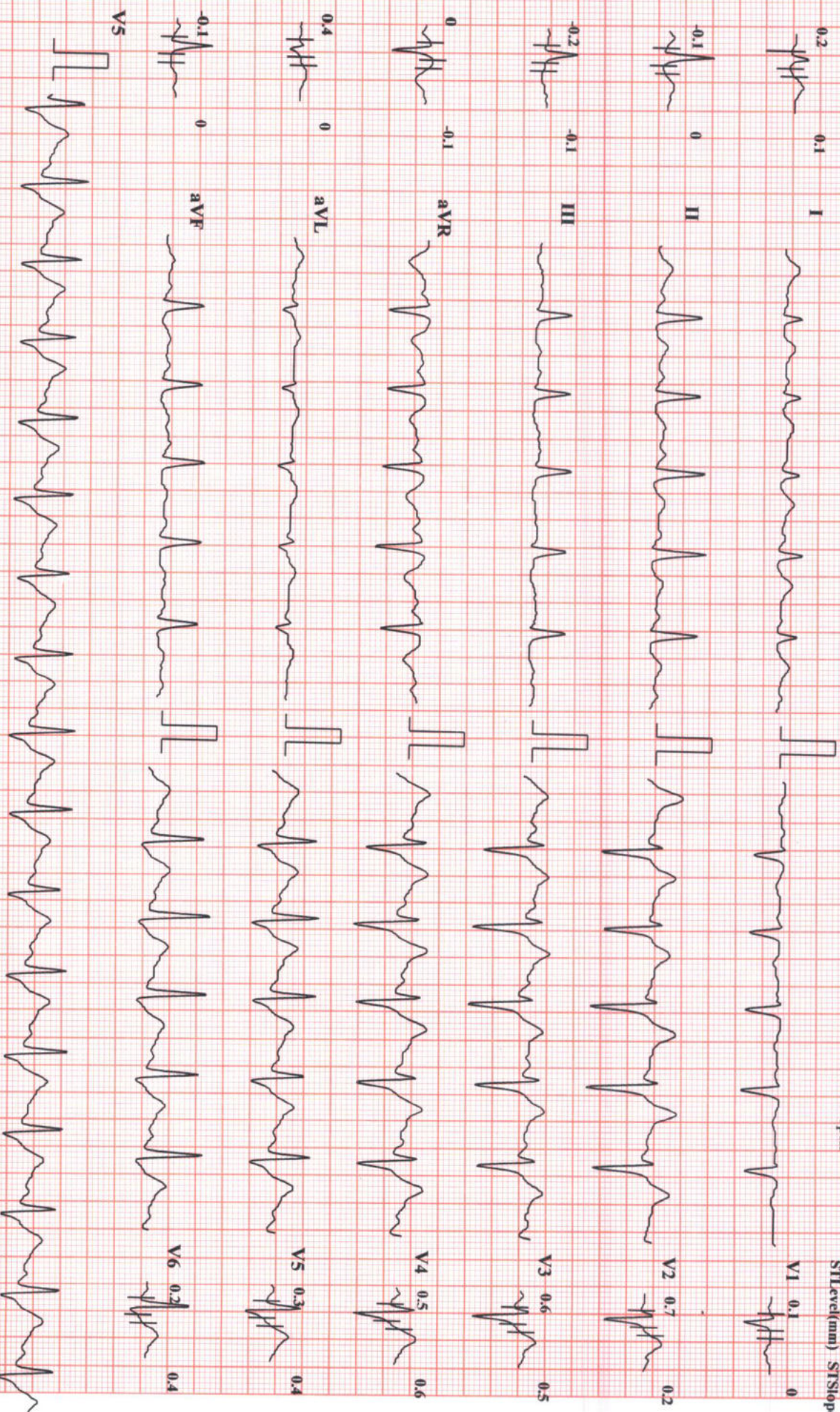


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

SRIKANTH NOUSU

Bruce Protocol

ID: 2307019310

Date: 11-03-2023

Exec Time : 00:00

Stage Time: 00:09

HR: 102 bpm

STLevel(mm) STTSlope(mV/s)

Stage: Recovery3

Speed: 0 kmph

Slope: 0 %

THR: 155 bpm

BP: 130/80 mmHg

STLevel(mm) STTSlope(m

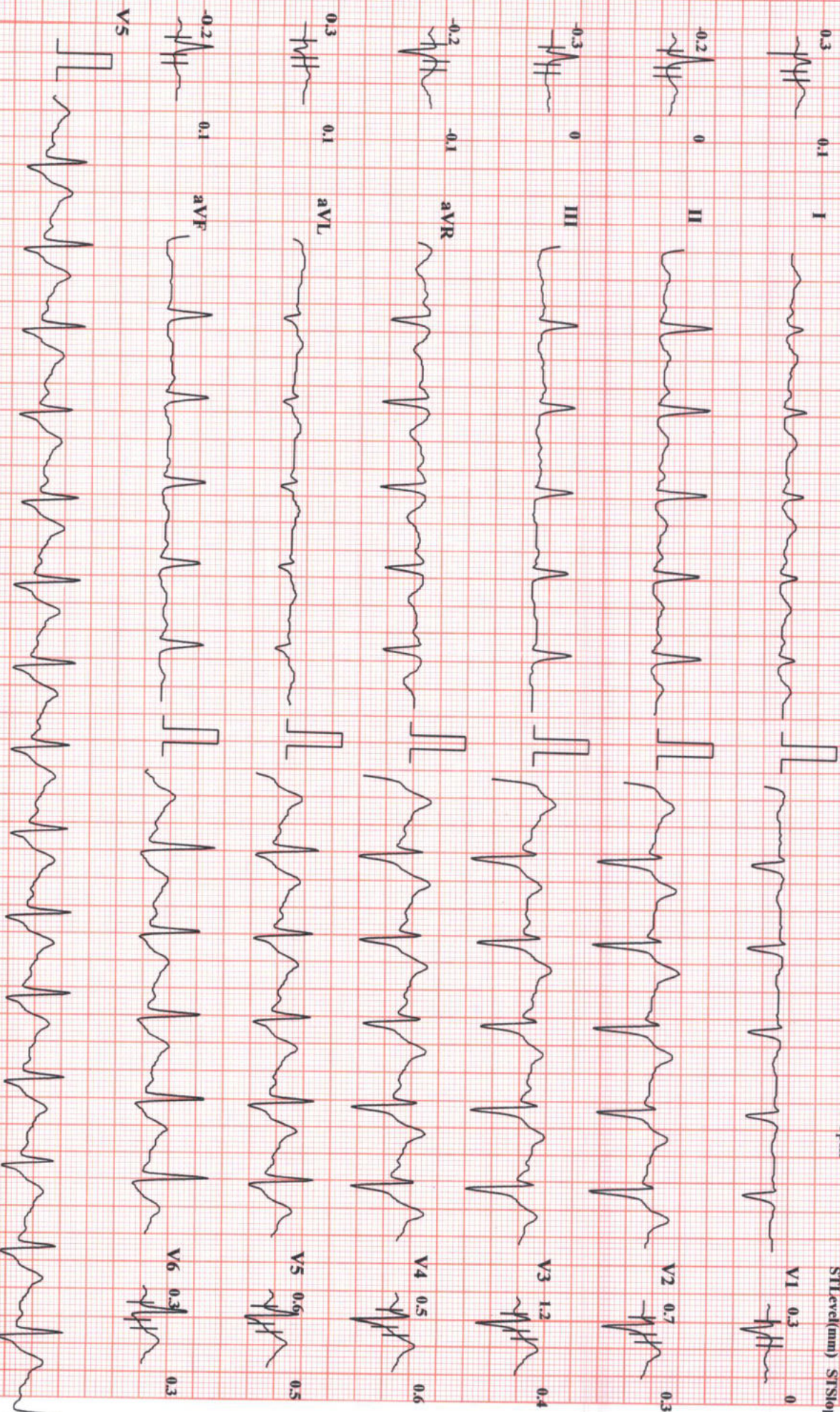


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms