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CID :2326618997 Name : MR.ARUN HATTEKAR GANESHRAO Age / Gender : 39 Years / Male Consulting Dr. : -Reg. Location : Borivali West (Main Centre)

Use a QR Code Scanner Application To Scan the Code Collected Reported

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood			
<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>	
15.2	13.0-17.0 g/dL	Spectrophotometric	
4.86	4.5-5.5 mil/cmm	Elect. Impedance	
45.1	40-50 %	Measured	
93	80-100 fl	Calculated	
31.2	27-32 pg	Calculated	
33.7	31.5-34.5 g/dL	Calculated	
13.9	11.6-14.0 %	Calculated	
5370	4000-10000 /cmm	Elect. Impedance	
DLUTE COUNTS			
39.2	20-40 %		
2105.0	1000-3000 /cmm	Calculated	
8.9	2-10 %		
477.9	200-1000 /cmm	Calculated	
44.3	40-80 %		
2378.9	2000-7000 /cmm	Calculated	
6.2	1-6 %		
332.9	20-500 /cmm	Calculated	
1.4	0.1-2 %		
75.2	20-100 /cmm	Calculated	
	RESULTS 15.2 4.86 45.1 93 31.2 33.7 13.9 5370 DLUTE COUNTS 39.2 2105.0 8.9 477.9 44.3 2378.9 6.2 332.9 1.4	RESULTS BIOLOGICAL REF RANGE 15.2 13.0-17.0 g/dL 4.86 4.5-5.5 mil/cmm 45.1 40-50 % 93 80-100 fl 31.2 27-32 pg 33.7 31.5-34.5 g/dL 13.9 11.6-14.0 % 5370 4000-10000 /cmm 5370 4000-10000 /cmm 5370 20-40 % 2105.0 1000-3000 /cmm 8.9 2-10 % 477.9 200-1000 /cmm 44.3 40-80 % 2378.9 2000-7000 /cmm 6.2 1-6 % 332.9 20-500 /cmm 1.4 0.1-2 %	

WBC Differential Count by Absorbance & Impedance method/Microscopy.

<u>PLATELET PARAMETERS</u>			
Platelet Count	177000	150000-400000 /cmm	Elect. Impedance
MPV	8.5	6-11 fl	Calculated
PDW	14.0	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		

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



I A G N O S T I C S					E	
CID Name Age / Gender Consulting Dr. Reg. Location	: 39 Years / 1 : -	ATTEKAR GANESHRAO	Collected Reported	Use a QR Code Scanner Application To Scan the Code : 23-Sep-2023 / 09:52 : 23-Sep-2023 / 12:06	O R T	
Macrocytosis		-				
Anisocytosis		-				
Poikilocytosis		-				
Polychromasia		-				
Target Cells		-				
Basophilic Stipp	oling	-				
Normoblasts		-				
Others		Normocytic,Normochromic				
WBC MORPHC	DLOGY	-				
PLATELET MO	RPHOLOGY	-				
COMMENT		-				
Specimen: EDTA W	/hole Blood					
ESR, EDTA WB	B-ESR	5	2-15 mm at 1 hr.	Sedimentation		

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



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Authenticity Check

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

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Use a QR Code Scanner Application To Scan the Code

Collected Reported :23-Sep-2023 / 09:52 :23-Sep-2023 / 12:14

CID	: 2326618997
Name	: MR.ARUN HATTEKAR GANESHRAO
Age / Gender	: 39 Years / Male
Consulting Dr. Reg. Location	: - : Borivali West (Main Centre)

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE			
PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	104.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	95.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.47	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.14	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.33	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
SGOT (AST), Serum	15.6	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	29.8	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	77.3	40-130 U/L	Colorimetric
BLOOD UREA, Serum	13.8	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.4	6-20 mg/dl	Calculated
CREATININE, Serum	0.81	0.67-1.17 mg/dl	Enzymatic

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CID Name Age / Gender Consulting Dr.	: 2326618997 : MR.ARUN HAT : 39 Years / Ma : -		Collected	Use a QR Code Scanner Application To Scan the Code : 23-Sep-2023 / 13:56	E P O R T
Reg. Location	: Borivali West	(Main Centre)	Reported	:23-Sep-2023 / 18:23	
eGFR, Serum		115	(ml/min/1.73sqm) Normal or High: Above Mild decrease: 60-89 Mild to moderate decr 59 Moderate to severe de -44 Severe decrease: 15-24 Kidney failure:<15	ease: 45- crease:30	
Note: eGFR estir	nation is calculated	using 2021 CKD-EPI GFR equ	uation w.e.f 16-08-2023		
URIC ACID, Se	rum	5.8	3.5-7.2 mg/dl	Enzymatic	
Urine Sugar (Fa	asting)	Absent	Absent		
Urine Ketones (Fasting)	Absent	Absent		
Urine Sugar (PF	²)	Absent	Absent		
Urine Ketones (PP)	Absent	Absent		
*Sample process	ed at SUBURBAN DIA	GNOSTICS (INDIA) PVT. LTD *** End Of	Borivali Lab, Borivali West Report ***		



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

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R E P O R

CID : 2326618997 Name : MR.ARUN HATTEKAR GANESHRAO Age / Gender : 39 Years / Male Consulting Dr. : -Reg. Location : Borivali West (Main Centre)

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:23-Sep-2023 / 09:52 :23-Sep-2023 / 12:13

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE <u>GLYCOSYLATED HEMOGLOBIN (HbA1c)</u> RESULTS BIOLOGICAL REF RANGE METHOD

PARAMETER

Glycosylated Hemoglobin

(HbA1c), EDTA WB - CC

5.4

Estimated Average Glucose 108.3 (eAG), EDTA WB - CC

Non-Diabetic Level: < 5.7 % HPLC Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 % mg/dl Calcu

Reported

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



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CID: 2326618997Name: MR.ARUN HATTEKAR GANESHRAOAge / Gender: 39 Years / MaleConsulting Dr.: -Reg. Location: Borivali West (Main Centre)

Use a QR Code Scanner Application To Scan the Code

Collected Reported

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

URINE EXAMINATION REPORT				
PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>	
PHYSICAL EXAMINATION				
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)	10	-	-	
CHEMICAL EXAMINATION				
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	
MICROSCOPIC EXAMINATION	<u>N</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	6-8	Less than 20/hpf		
Others	-			

Note:Sample quantity less than 12ml.

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



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

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PRECISE TESTING - HEAT	LYHIER LIVING			P
CID	: 2326618997			0
Name	: MR.ARUN HATTEKAR GANESHRAO			R
Age / Gender	: 39 Years / Male		Use a QR Code Scanner Application To Scan the Code	т
Consulting Dr.	: -	Collected	:23-Sep-2023 / 09:52	
Reg. Location	: Borivali West (Main Centre)	Reported	:23-Sep-2023 / 16:15	

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

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Authenticity Check R E P O O R

CID: 2326618997Name: MR.ARUN HATTEKAR GANESHRAOAge / Gender: 39 Years / MaleConsulting Dr.: -Reg. Location: Borivali West (Main Centre)

Collected Reported :23-Sep-2023 / 09:52 :23-Sep-2023 / 14:58

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Application To Scan the Code

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

PARAMETER

<u>RESULTS</u>

ABO GROUP A 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.

Refernces:

- 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 ***



June Kung

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

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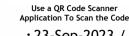
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CID: 2326618997Name: MR.ARUN HATTEKAR GANESHRAOAge / Gender: 39 Years / MaleConsulting Dr.: -Reg. Location: Borivali West (Main Centre)



Collected Reported :23-Sep-2023 / 09:52 :23-Sep-2023 / 14:24

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	182.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	304.4	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	29.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	152.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	122.5	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	30.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	6.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.2	0-3.5 Ratio	Calculated

Note : LDL test is performed by direct measurement.

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



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

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:23-Sep-2023 / 20:20

CID	: 2326618997
Name	: MR.ARUN HATTEKAR GANESHRAO
Age / Gender	: 39 Years / Male
Consulting Dr. Reg. Location	: - : Borivali West (Main Centre)



Collected

Reported

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	4.7	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.2	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.05	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 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:

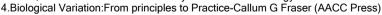
1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours

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





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

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



DIAGNOSTI	c s			E
PRECISE TESTING - HEAT	THER LIVING			P
CID	: 2326618997			0
Name	: MR.ARUN HATTEKAR GANESHRAO			R
Age / Gender	: 39 Years / Male		Use a QR Code Scanner Application To Scan the Code	т
Consulting Dr.	: -	Collected	:23-Sep-2023 / 09:52	
Reg. Location	: Borivali West (Main Centre)	Reported	:23-Sep-2023 / 20:20	

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

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Name VID Ref By	: Mr. ARUN HATTEKAR GA : 2326618997 : Arcofemi Healthcare Limited		Reg Date Age/Gender Regn Centre	: 23-Sep-2023 : 39 Years : Borivali Wes	09:42 t (Main Centre)
History a	nd Complaints:				
<u> 79 19 19 19 19 19 19 19 19 19 19 19 19 19</u>	ATION FINDINGS:	100		Maight (kg):	80
Height (c		169 Afabrila		Weight (kg): Skin:	NAD
Temp (Oc		Afebrile 120/80		Nails:	NAD
	essure (mm/hg):	72/min		Lymph Node:	Not Palpable
Pulse:		72/110		Lymph Node.	Hot i apablo
Systems					
Cardiova	scular: S1S2-Normal				
Respirat	ory: Chest-Clear				
Genitour	rinary: NAD				
GI Syste	m: NAD				
CNS:	NAD				
IMPRES	SION: SV TG	ijan Kld ^m			
CHIEF C	OMPLAINTS:				
	ertension:	No			
2) IHD		No			
	ythmia	No			
A 12.250.0	etes Mellitus	No			
17M - 14110	erculosis	No			
- 1	nama	No No			
	nonary Disease roid/ Endocrine disorders	No			
CO.S.C	vous disorders	No			
10) GI s		No			
a second s	ital urinary disorder	No			
12) Rhe	umatic joint diseases or sy	mptoms No			
	od disease or disorder	No			
	cer/lump growth/cyst	No	1577		
100 m 100	genital disease	No	-		
	geries	No	1		

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E P O R T

R



Name	: Mr. ARUN HATTEKAR GANESHRAO	Reg Date	: 23-Sep-2023 09:42
VID	: 2326618997	Age/Gender	: 39 Years
Ref By	: Arcofemi Healthcare Limited	Regn Centre	: Borivali West (Main Centre)

PERSONAL HISTORY:

Alcohol
Smoking
Diet
Medication

No No Mix∕Veg No

> Dr.Nitin Sonavane PHYSICIAN

DR. NITIN SONAVANE

M.B.B.S.AFLH, D.DIAB, D.CARD. CONSULTANT-CARDIOLOGIST REGD. NO. : 87714

Suburban Diagnostics (I) Pvt. Ltd. 3013 302 3rd Thore Mini Eleganance. Above Tail and L. T. Road.

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USG WHOLE ABDOMEN

LIVER:

CID

Name

Age / Sex

Reg. Location

Ref. Dr

Liver is normal in size with mild generalized increase in parenchymal echotexture it measures 14.0 cm. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

: Mr ARUN HATTEKAR GANESHRAO

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 norma 14 mm. CBD: CBD is normal 3.5 mm.

: 2326618997

:

: 39 Years/Male

: Borivali West

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 11.2 x 5.5 cm and Left kidney measures 10.8 x 5.7 cm.

SPLEEN:

The spleen is normal in size and echotexture it measures 11.5 cm. 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 it measures 3.1 x 2.8 x 2.2 cm and volume is 10.4 cc.

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023092309432698

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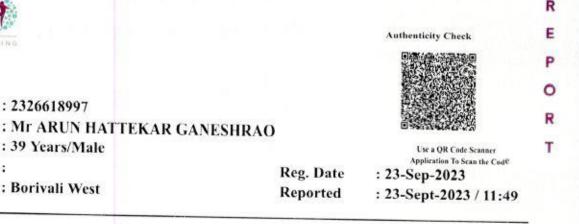
CID

Name

Age / Sex

Reg. Location

Ref. Dr



IMPRESSION:

Grade I fatty infiltration of liver .

2

: 2326618997

: 39 Years/Male

: Borivali West

For clinical correlation and follow up.

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 center for rectification within 7 days post which the center will not be responsible for any rectification. Please interpret accordingly.

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

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=2023092309432698

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Authenticity Check << QRCode>>

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CID	: 2326618997		
Name	: Mr ARUN HATTEKAR GANESHRA	0	
Age / Sex	: 39 Years/Male		Use a QR Code Scanner Application To Scan the Code
Ref. Dr		Reg. Date	: 23-Sep-2023
Reg. Location	: Borivali West	Reported	: 23-Sept-2023 / 13:19

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.

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. X ray is known to have inter-observer variations. Further / follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Please interpret accordingly. In case of any typographical error / spelling error in the report, patient is requested to immediately contact the centre within 7 days post which the center will not be responsible for any rectification.

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

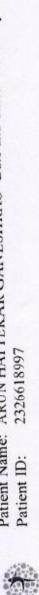
DR.SUDHANSHU SAXENA Consultant Radiologist M.B.B.S DMRE (RadioDiagnosis) RegNo .MMC 2016061376.

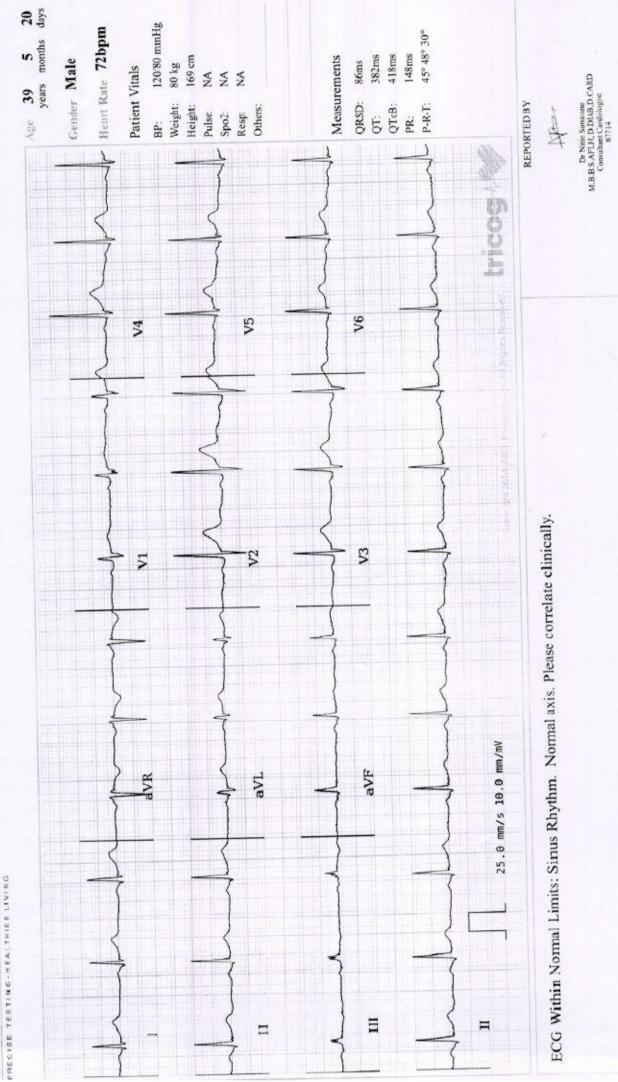
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Patient Name: ARUN HATTEKAR GANESHRAO Date and Time: 23rd Sep 23 12:14 PM SUBURBAN DIAGNOSTICS - BORIVALI WEST

SUBURBAN





Decounter 11 Amiliasis in this appendix based on EC to along and should be used on an alphasecond T, phase with any element of the stational factorial from the first fit in



Date:-

Name:-

CID:

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Aryn. Ganeshrad Sex/Age: 1

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
	opn	0,	M. 5975					
Distance								
Near								

J HO RE LE 616 616 M)6 M/6

Colour Vision: Normal / Abnormal

Remark:

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Bunvali (Wosi), Mumbal - 405 092.

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SUBURBAN D	ANOSTICS PVT.	LTD.	BORIVA	H
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Name: ARU	JN GANESHR	AO		Date: 23-09-2023 Time: 12:18
Age: 39	Gender: M	Height: 169 cms	Weight: 80 Kg	ID: 2326618997
Clinical History	: NIL			
Medications:	NIL			
Test Detail	s:			
Protocol: Bru	ce	Predicted Max HR:	181	Target HR: 153 (85% of Pr. MHR)
Exercise Time:	0:07:11	Achieved Max HR:	162 (90% of Pr.	MHR)
Max BP:	160/80	Max BP x HR:	25920	Max Mets: 8

Test Termination Criteria: TEST COMPLET

Protocol Details:

Stage Name	Stage Time	METS	Speed	Grade %	Heart Rate	BP mmHg	RPP	Max ST Level	mV/s
Supine	00:18	1	0	0	72	120/80	8640	0.9 V2	-2.3 III
Standing	00:13	1	0	0	68	120/80	8160	0.8 V2	-2.5 111
HyperVentilation	00:09	Ĩ	0	0	76	120/80	9120	0.6 V2	-2.1 111
PreTest	00:06	ī	1.6	0	76	120/80	9120	0.8 V2	-2.4 III
	03:00	4.7	2.7	10	126	120/80	15120	0.5 V3	-1.8 11
Stage: 1	and the second	7	4	12	146	140/80	20440	0.9 I	2.2 V2
Stage: 2	03:00		5.5	14	162	160/80	25920	-1 V6	2.1 V2
Peak Exercise	01:11	8		0	129	140/80	18060	0.4 VI	2.2 V2
Recoveryl	01:00	1	0		129	140/80	14840	-0.3 11	-2.4 111
Recovery2	01.00	1	0	0			12740	0.3 aVR	-2.4 111
Recovery3	01:00	1	0	0	98	130/80			-2.2 10
Recovery4	00:19	1	0	0	95	120/80	11400	-0.21	-4.4 10

Interpretation

The Patient Exercised according to Bruce Protocol for 0:07:11 achieving a work level of 8 METS. Resting Heart Rate, initially 72 bpm rose to a max. heart rate of 162bpm (90% of Predicted Maximum Heart Rate). Resting Blood Pressure of 120/80 mmHg, rose to a maximum Blood Pressure of 160/80 mmHg Good Effort tolerance Normal HR & BP Respone No Angina or Arrhymias No Significant ST-T Change Noted During Exercise Stress test Negative for Stress inducible ischaemia.



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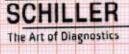
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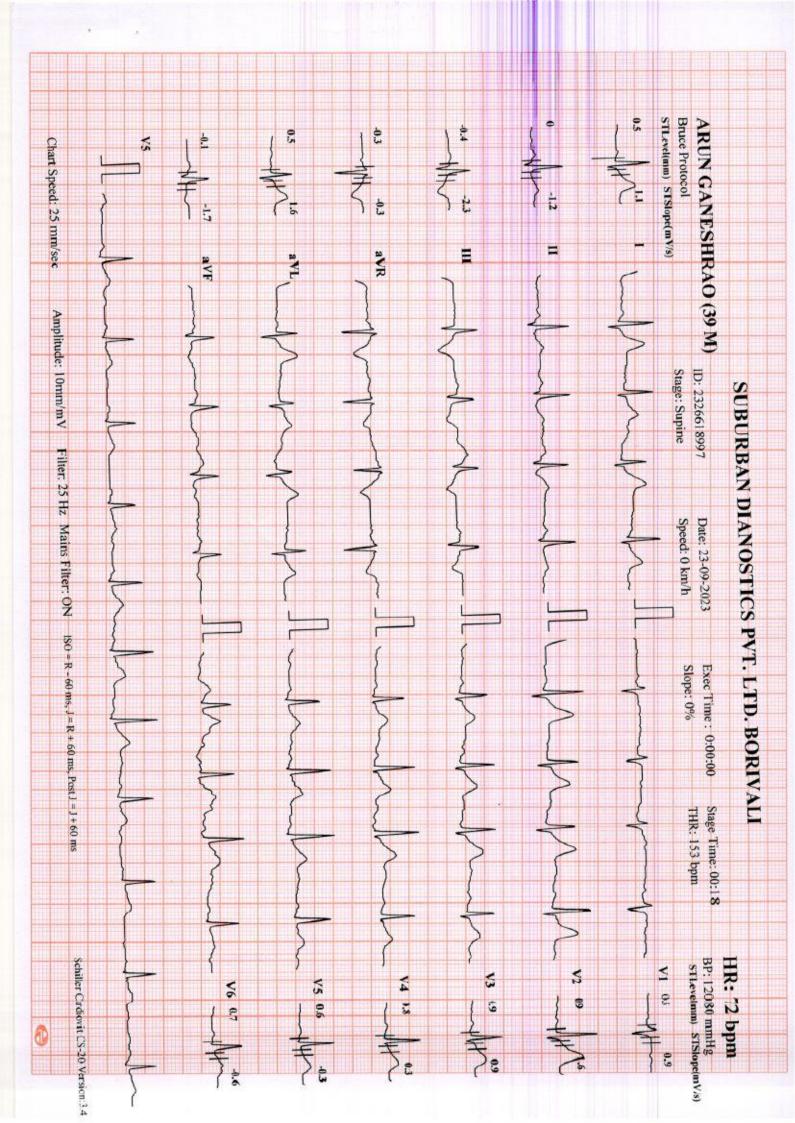
NP Doctor: DR. NITIN SONAVANE

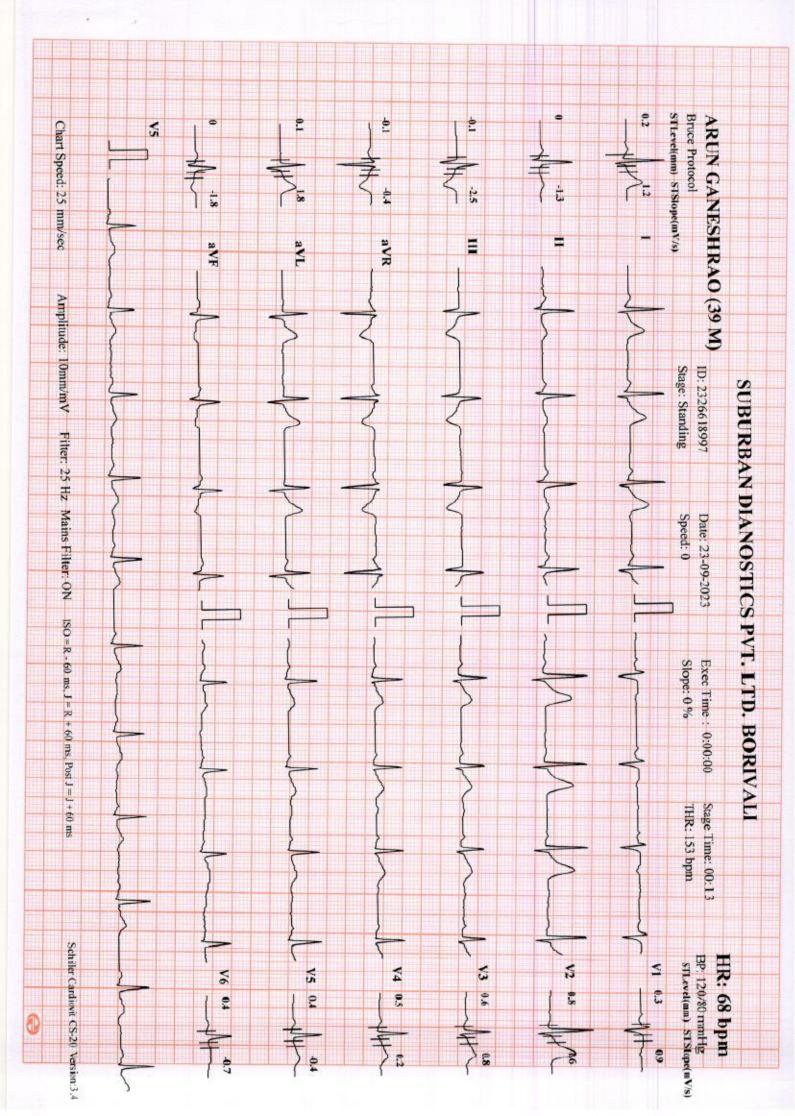
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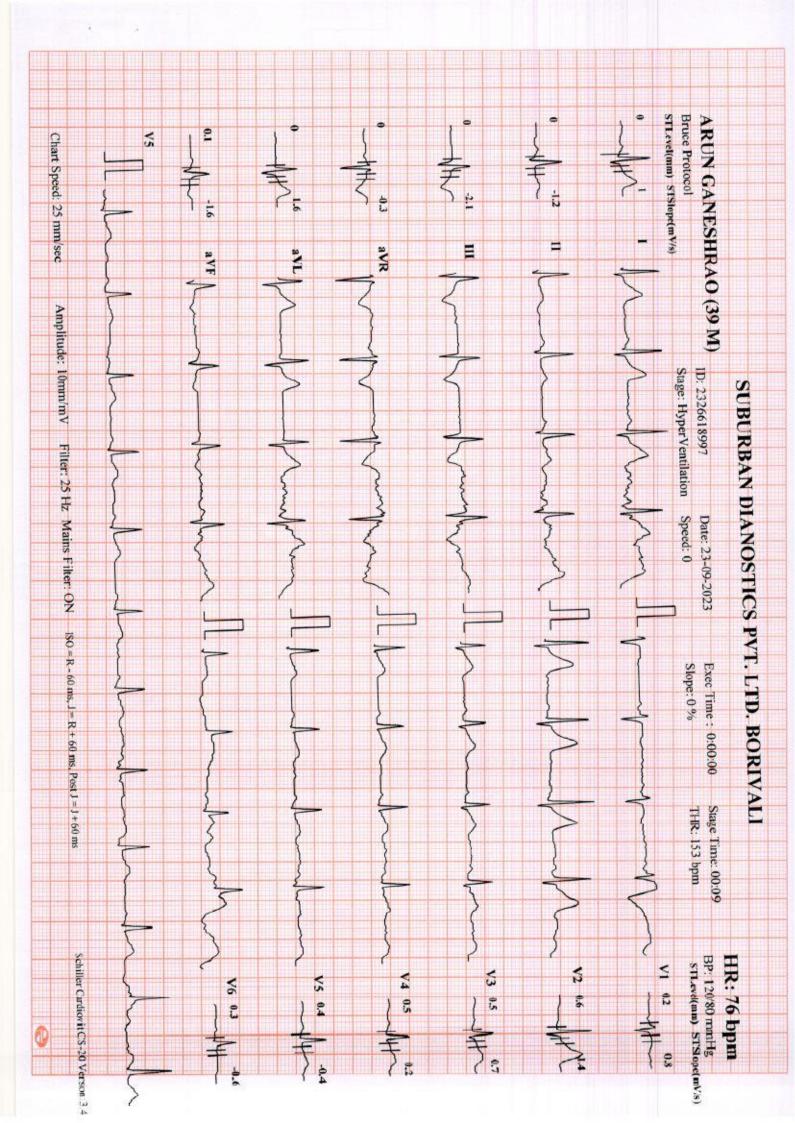
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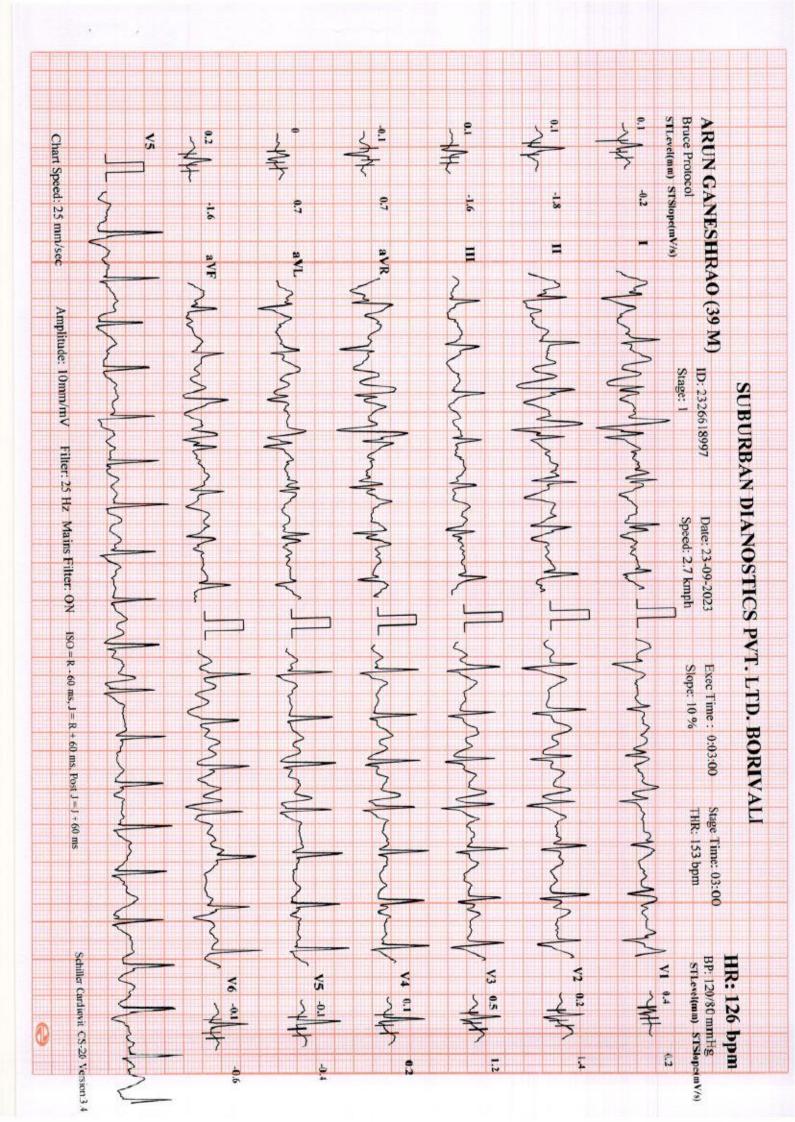
Ref. Doctor: -











ARUN GANESHRAO (39 M) Bruce Protocol STLevel(mm) STSlope(mV/s)	RAO (39 M)	SUBURBAN DIANOSTICS PVT 2326618997 Date: 23-09-2023 tge: 2 Speed: 4 kmph	PVT. LTD. BORIVALI Exec Time : 0:06:00 Stat Slope: 12 % TH	ge Time: 03:00 R: 153 bpm	HR: 146 bpm BP 140/80 mmHg SILevel(mm) STStope(mV/s)
All 60	Why My My	WWWWW J-m	munuh	hor when	VI 1.8
0.9 -0.5	"month for my "	My IL My	untrut	Man	the cr
-14 -18	" hohn hand	Mul Jum	up my my	mont	V3 0.2
to the	AVR WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW	MMm Ilm	my my	Mange	VI - N
9.5 WHY 1.6	My my my my	My Lunn	thereway	Antra	200
244 -i2	ave have have have	Muyhy Ilh	howman	Andrehand	V6 -0.3
I J	Malalah	Andrah	hardente	Jul 1	~
Chart Speed: 25 mm/sec	Amplitude: 10mm/mV	Filter: 25 Hz Mains Filter: ON ISO=R-6	60 ms, J = R + 60 ms, Post J = J + 60 ms		Schiller Cardiovit CS-20 Version 3 4

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INCLUDE GANESHRAO (39 M) DD: 23:06 (897) DD: 23:06 (897) Excertime : 607:11 Stage Time: 607:11 Stage T

