



CID : 2222522671
Name : MR.ANKUR SAINI
Age / Gender : 36 Years / Male
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Collected : 13-Aug-2022 / 10:07
Reported : 13-Aug-2022 / 13:55

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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	13.8	13.0-17.0 g/dL	Spectrophotometric
RBC	5.12	4.5-5.5 mil/cmm	Elect. Impedance
PCV	42.6	40-50 %	Measured
MCV	83	80-100 fl	Calculated
MCH	26.9	27-32 pg	Calculated
MCHC	32.4	31.5-34.5 g/dL	Calculated
RDW	13.7	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7940	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	41.3	20-40 %	
Absolute Lymphocytes	3279.2	1000-3000 /cmm	Calculated
Monocytes	7.8	2-10 %	
Absolute Monocytes	619.3	200-1000 /cmm	Calculated
Neutrophils	47.2	40-80 %	
Absolute Neutrophils	3747.7	2000-7000 /cmm	Calculated
Eosinophils	2.5	1-6 %	
Absolute Eosinophils	198.5	20-500 /cmm	Calculated
Basophils	1.2	0.1-2 %	
Absolute Basophils	95.3	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS



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Platelet Count	442000	150000-400000 /cmm	Elect. Impedance
MPV	8.8	6-11 fl	Calculated
PDW	13.3	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	-
Microcytosis	-
Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Normocytic, Normochromic

WBC MORPHOLOGY -

PLATELET MORPHOLOGY -

COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB 34 2-15 mm at 1 hr. Westergren

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



J. Mujawar
Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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Reported : 13-Aug-2022 / 15:30

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	96.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	132.5	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.6	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.22	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.38	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	27.1	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	39.4	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	29.9	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	97.4	40-130 U/L	Colorimetric
BLOOD UREA, Serum	16.9	12.8-42.8 mg/dl	Kinetic



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BUN, Serum	7.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.84	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	110	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.7	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 Panvel Lab, Panvel East
*** End Of Report ***



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist



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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	5.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	122.6	mg/dl	Calculated



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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 SDRL, Vidyavihar Lab

*** End Of Report ***



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



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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)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30 ml	-	-
<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	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	

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*** End Of Report ***



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Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



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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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	203.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	80.0	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	41.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	162.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	146.0	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	16.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.6	0-3.5 Ratio	Calculated

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



J. Mujawar
Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



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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	4.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.8	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.88	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, 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)

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*** End Of Report ***



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist



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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 10.9 x 3.8 cm.

Left kidney measures 11.3 x 4.4 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. It measures 3.3 x 2.7 x 2.5 cm and volume is 12.3 cc.

IMPRESSION:

Grade I fatty infiltration of liver .

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

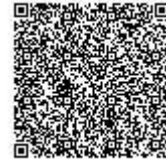
Dr Shilpa Beri
MBBS DMRE
Reg No 2002/05/2302
Consultant Radiologist



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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-----

Dr Shilpa Beri
MBBS DMRE
Reg No 2002/05/2302
Consultant Radiologist



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THE UNION OF INDIA
MAHARASHTRA STATE MOTOR DRIVING LICENCE

DL No. MH43 20210004072 DOJ/ 18-03-2021
Valid Till/ 17-03-2031 (NT)



18-03-2021
AUTHORISATION TO DRIVE FOLLOWING CLASS
OF VEHICLES THROUGHOUT INDIA
COV
DOI
LMV 18-03-2021
MCWG 18-03-2021

FORM 7
RULE 16 (2)



Name ANKUR SAINI
SDM of RAM KUMAR SAINI
Add C 604
MAHAVIR SADHNA CHS PLOT NO 18 G
SECTOR 14 SANPADA
PIN 400705
DOB 08-08-1986 BG O+

Signature & ID of
Issuing Authority MH43

Signature/Thumb
Impression of Holder

DR. ANAND N. MOTWANI
M.D. (GENERAL MEDICINE)
Reg. No. 39329 (M.M.C)

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Shop No 22, Ground Floor, Rakar Bhavan,
Sector-17, Vashi, Navi Mumbai - 400 703
Tel 27884547 / 27864548.

PHYSICAL EXAMINATION REPORT

Patient Name	Mr. Ankur Saini	Sex/Age	male/36
Date	18/08/2022	CID	2222522671

History and Complaints

EXAMINATION FINDINGS:

Height (cms):	172	Temp (0c):	Not done
Weight (kg):	90	Skin:	Not done
Blood Pressure	144/84	Nails:	Not done
Pulse	70/4	Lymph Node:	Not done
BMI	30.4		

Systems :

Cardiovascular:	Not done
Respiratory:	Not done
Genitourinary:	Not done
GI System:	Not done
CNS:	Not done

Impression: 1) Obesity 2) Borderline HT 3) ESR ↑ 4) Hb ↑ 5) Dyslipidemia + Fatty Liver

Advice: To reduce weight, to monitor BP & follow up with family physician

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DR. ANAND N. MOTWANI
M.D. (GENERAL MEDICINE)

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

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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	YES
2)	Smoking	YES
3)	Diet	Veg + legg.
4)	Medication	Zaride 5 mg. <i>Be HAKR + RESH nasser</i>

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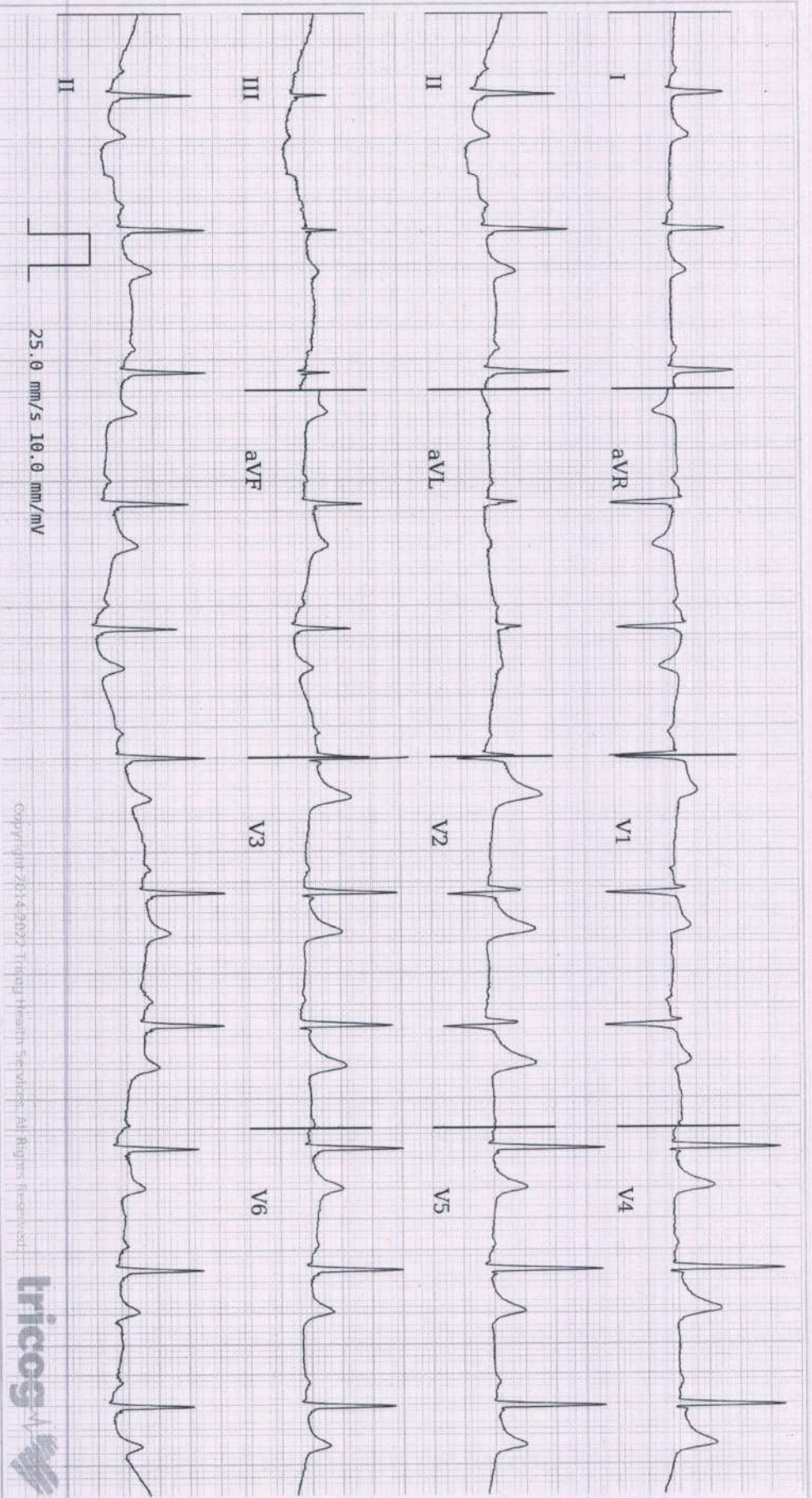
DR. ANAND N. MOTWANI
M.D. (GENERAL MEDICINE)
Reg. No. 39329 (M.M.C)

SUBURBAN DIAGNOSTICS - VASHI

Patient Name: ANKUR SAINI

Patient ID: 2222522671

Date and Time: 13th Aug 22 10:44 AM



Age **36** **0** **5**
years months days

Gender **Male**

Heart Rate **70bpm**

Patient Vitals

BP: 144/94 mmHg
Weight: 90 kg
Height: 172 cm
Pulse: NA
Spo2: NA
Resp: NA
Others:

Measurements

QRSD: 86ms
QT: 384ms
QTc: 41.4ms
PR: 154ms
P-R-T: 44° 48° 41°

REPORTED BY

Anand

Dr. Anand N Motwani
M.D. (General Medicine)
Reg No 39329 M.M.C

ECG Within Normal Limits: Sinus Rhythm, Normal Axis. Baseline wandering. Otherwise, Please correlate clinically.

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

Date:- 13/8/2022

CID: 2222522671

Name:- Mr. Ankur Saini

Sex / Age: M / 36

EYE CHECK UP

Chief complaints: NO

Systemic Diseases: NO

Past history: NO

Unaided Vision:

without Glass

Aided Vision:

Both Eye - 6/6
Left Eye - 6/6

Refraction:

Right Eye - 6/6

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	_____			6/6	_____			6/6
Near	_____			Ng	_____			Ng

Colour Vision: Normal / Abnormal

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Remark:

Ankur

DR. ANAND N. MOTWANI
M.D. (GENERAL MEDICINE)
Reg. No. 39329 (M.M.C)

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

SUBURBAN DIAGNOSTICS

Patient Details

Name: MR.RANKUR SAINI ID: 2222522671
 Age: 36 y Sex: M
 Clinical History: NIL
 Medications: NIL

Date: 13-Aug-22

Time: 12:58:09 PM

Height: 172 cms

Weight: 90 Kgs

Test Details

Protocol: Bruce
 Total Exec. Time: 10 m 25 s
 Max. BP: 210 / 100 mmHg
 Test Termination Criteria: FATIGUE

Pr.MHR: 184 bpm
 Max. HR: 153 (83% of Pr.MHR) bpm
 Max. BP x HR: 32130 mmHg/min

THR: 156 (85 % of Pr.MHR) bpm
 Max. Mets: 13.50
 Min. BP x HR: 7614 mmHg/min

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	0 : 16	1.0	0	0	93	144 / 94	-1.27 aVR	1.77 II
Standing	0 : 19	1.0	0	0	81	144 / 94	-1.27 aVR	1.77 II
Hyperventilation	0 : 25	1.0	0	0	82	144 / 94	-0.85 aVR	1.77 II
1	3 : 0	4.6	1.7	10	110	150 / 94	-1.27 aVR	2.48 II
2	3 : 0	7.0	2.5	12	120	160 / 100	-1.27 III	3.54 II
3	3 : 0	10.2	3.4	14	141	170 / 100	-2.34 aVR	4.25 II
Peak Ex	1 : 25	13.5	4.2	16	153	190 / 100	-3.40 V6	3.89 V2
Recovery(1)	1 : 0	1.8	1	0	136	190 / 100	-5.52 V6	5.66 V6
Recovery(2)	1 : 0	1.0	0	0	110	210 / 100	-5.31 V6	5.66 V6
Recovery(3)	1 : 0	1.0	0	0	110	210 / 100	-5.10 V6	1.77 V2
Recovery(4)	1 : 0	1.0	0	0	107	190 / 100	-0.85 aVR	1.42 V2
Recovery(5)	1 : 0	1.0	0	0	103	180 / 100	-0.85 aVR	1.42 V2
Recovery(6)	0 : 9	1.0	0	0	104	180 / 100	-0.85 aVR	1.42 V2

SUBURBAN DIAGNOSTICS

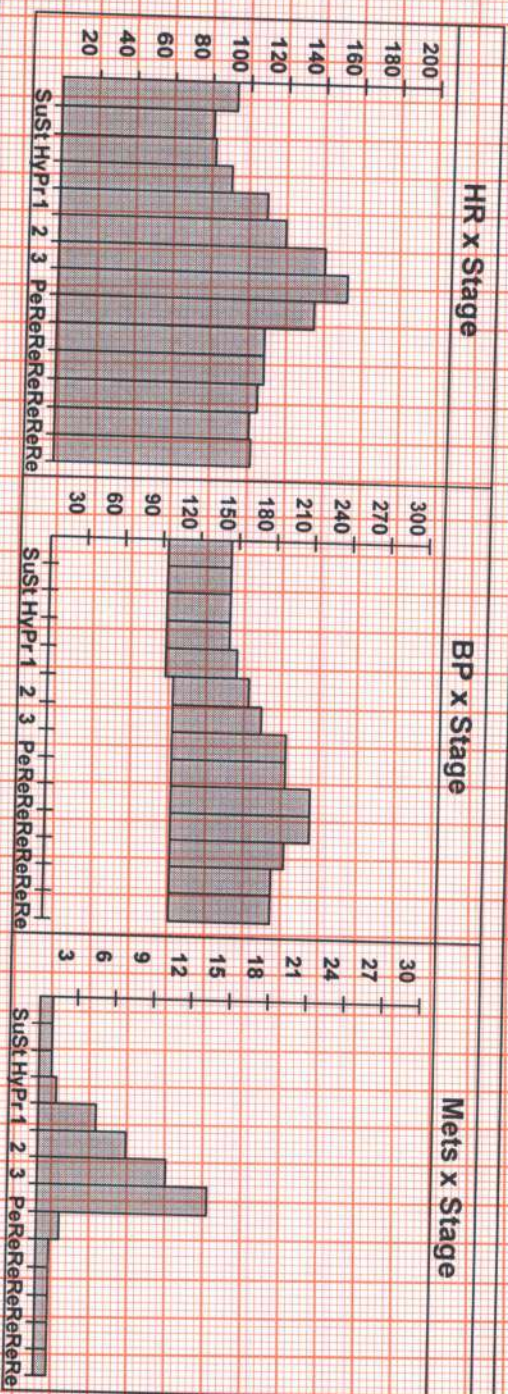
Patient Details

Name: MR. ANKUR SAINI ID: 2222622671
 Date: 13-Aug-22
 Age: 36 y Sex: M

Time: 12:58:09 PM

Height: 172 cms

Weight: 90 Kgs



Interpretation

GOOD EFFORT TOLERANCE
 NORMAL HEART RATE AND HYPERTENSIVE BP RESPONSE
 NO ANGINA / ANGINA EQUIVALENTS NO ARRHYTHMIAS
 NO SIGNIFICANT ST-T CHANGES FROM BASELINE SEEN DURING THE TEST

IMPRESSION:
 STRESS TEST IS NEGATIVE FOR STRESS INDUCIBLE ISCHAEMIA.

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

DR. ANAND N. MOTWANI

M.D. (GENERAL MEDICINE)

Reg. No. 39329 (Mh) M.D. Dr. Anand Motwani

SUBURBAN DIAGNOSTICS (I) PVT. LTD.
 Shop No. 22, Ground Floor, Raikar Bhavan,
 Sector-17, Vashi, Navi Mumbai - 400703
 Tel 27884547 / 27864548.

Ref. Doctor:
 (Summary Report edited by user)

MR. ANKUR SAINI (36 M)

ID: 2222522671

Date: 13-Aug-22

Exec Time: 0 m 0 s Stage Time: 0 m 10 s HR: 83 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 144 / 94

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

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

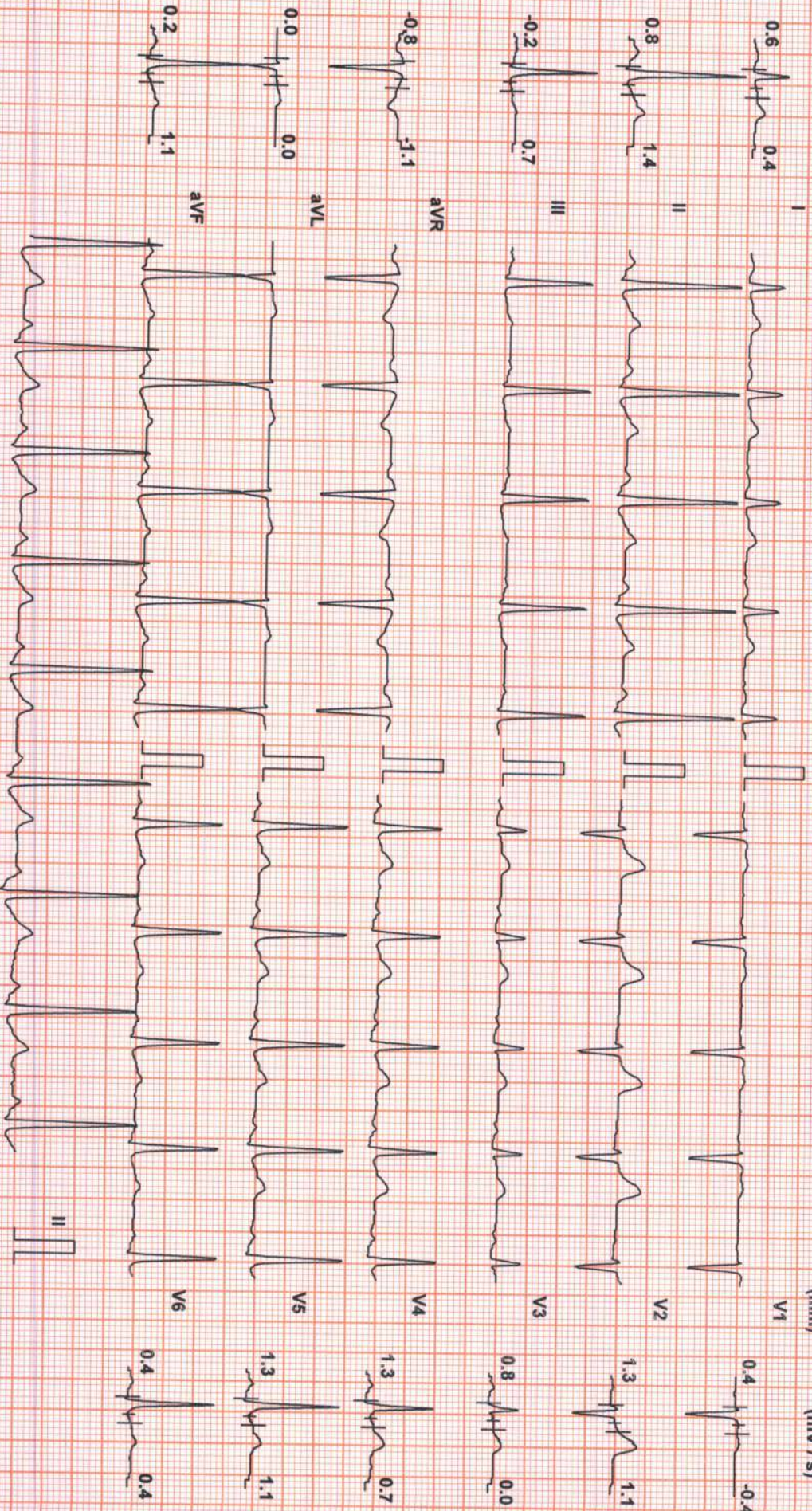


Chart Speed: 25 mm/sec
Schiller Spardan V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

MR. ANKUR SAINI (36 M)

ID: 2222522671

Date: 13-Aug-22

Exec Time : 0 m 0 s

Stage Time : 0 m 13 s

HR: 82 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 144 / 94

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

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

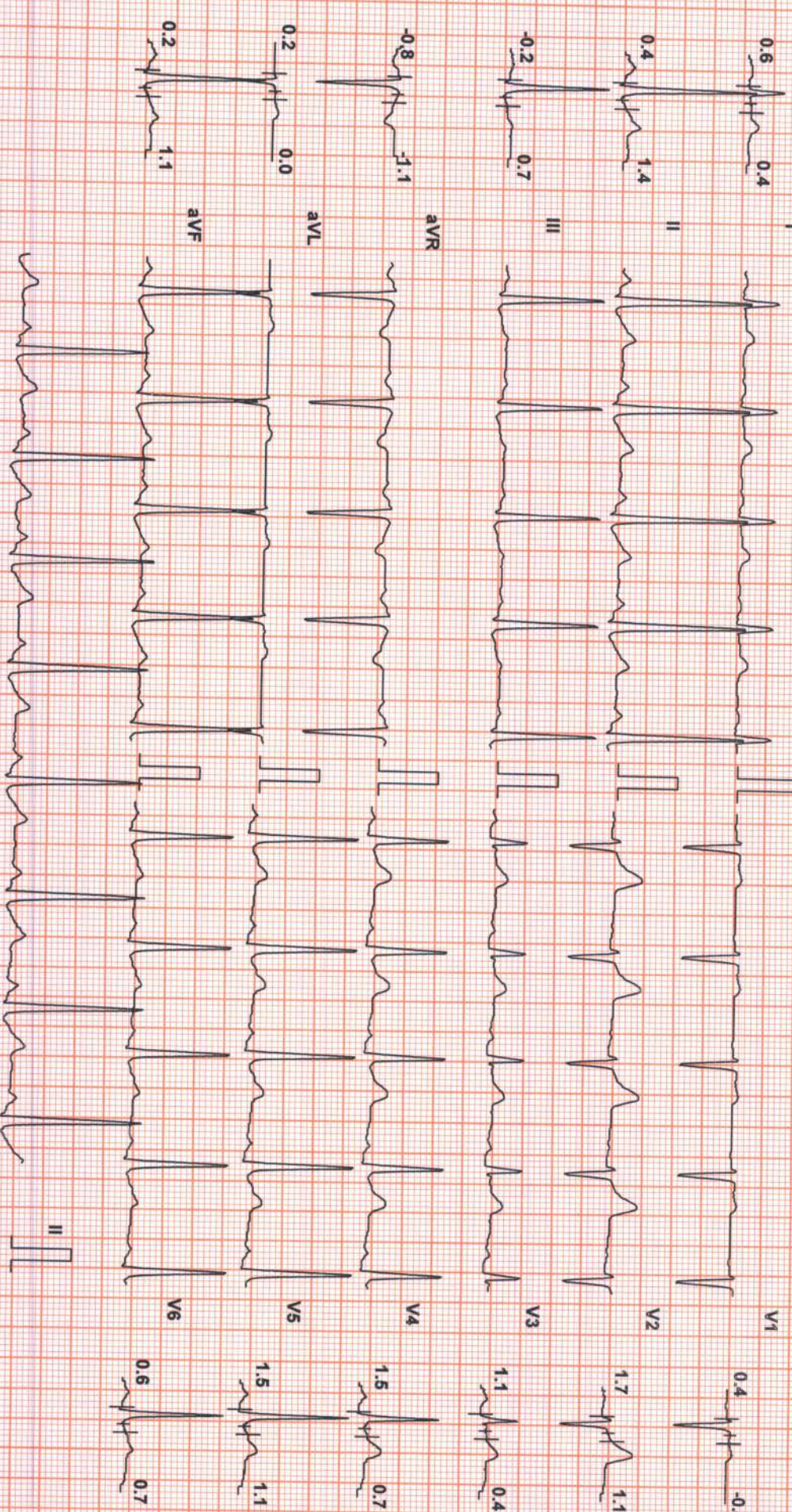


Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

MR. ANKUR SAINI (36 M)

ID: 2222522671

Date: 13-Aug-22

Exec Time: 0 m 0 s

Stage Time: 0 m 19 s HR: 82 bpm

Protocol: Bruce

Stage: Hyperventilation Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P.: 144 / 94

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

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

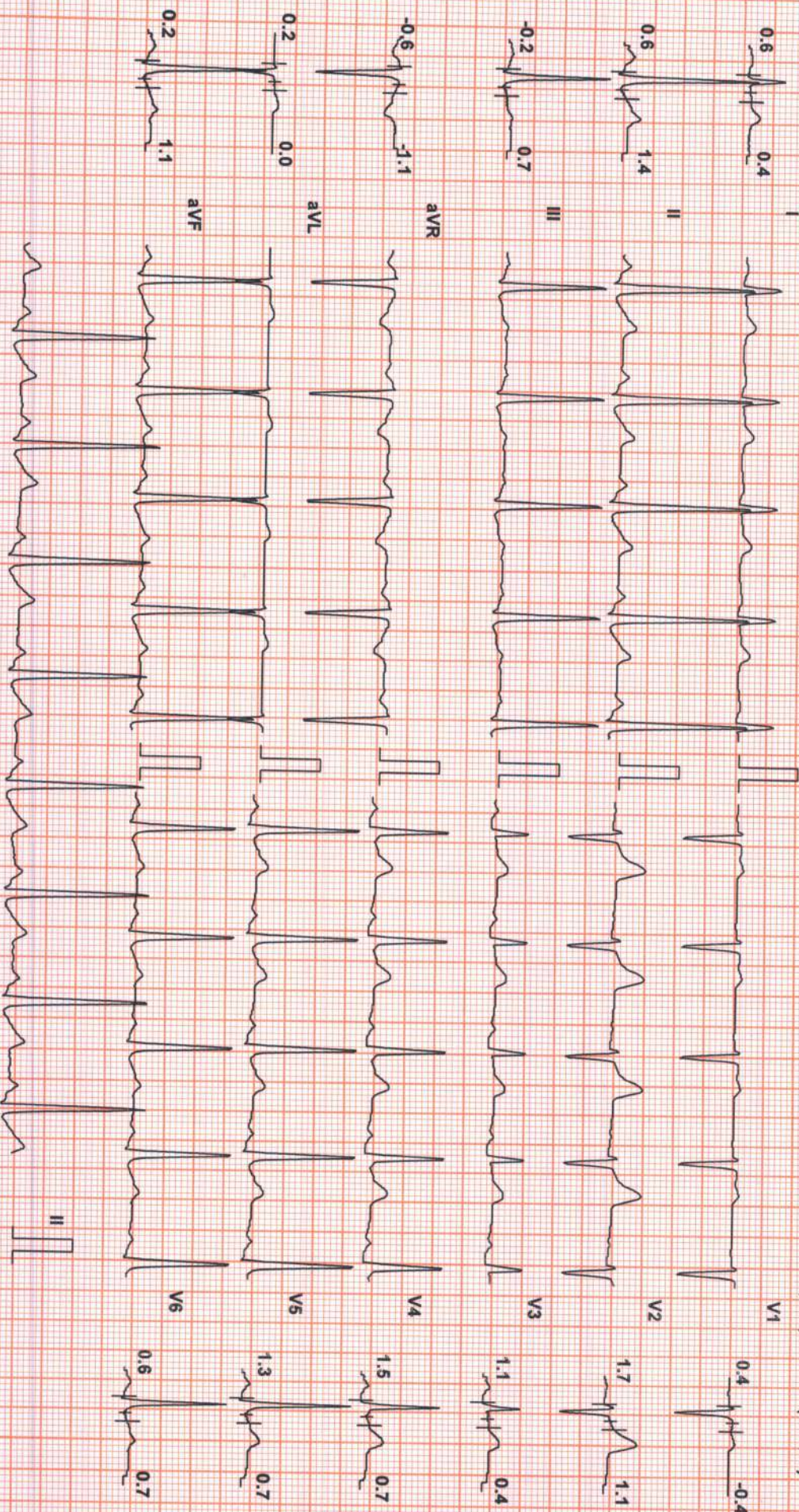


Chart Speed: 25 mm/sec
Schiller Spandan V.4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

MR. ANKUR SAINI (36 M)

ID: 2222522671

Date: 13-Aug-22

Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 108 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 156 bpm)

B.P: 150 / 94

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

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

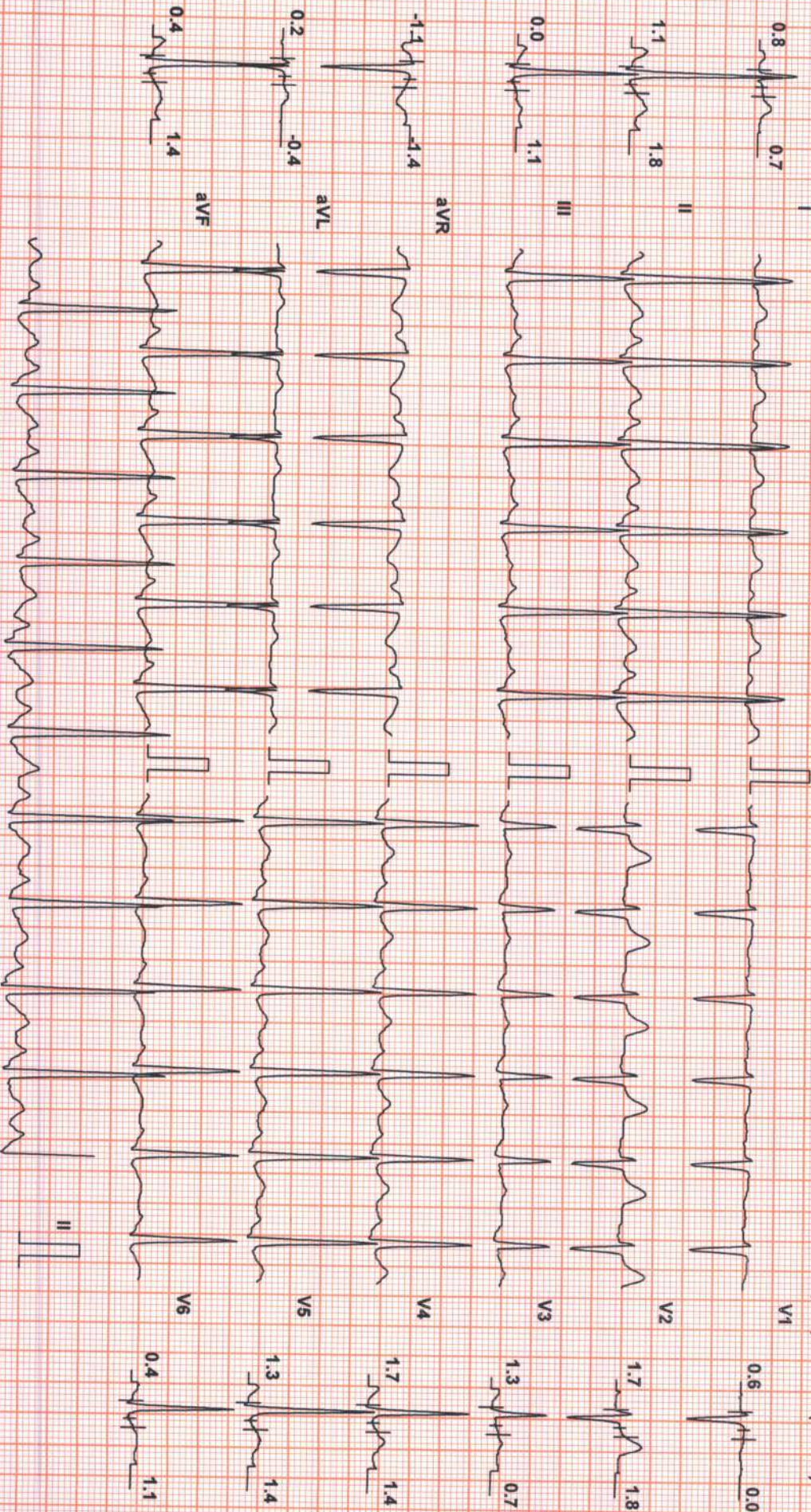


Chart Speed: 25 mm/sec
Schiller Spanidan V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MR ANKUR SAINI (36 M)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 22222522671

Date: 13-Aug-22

Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 121 bpm

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 156 bpm)

B.P: 160 / 100

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

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

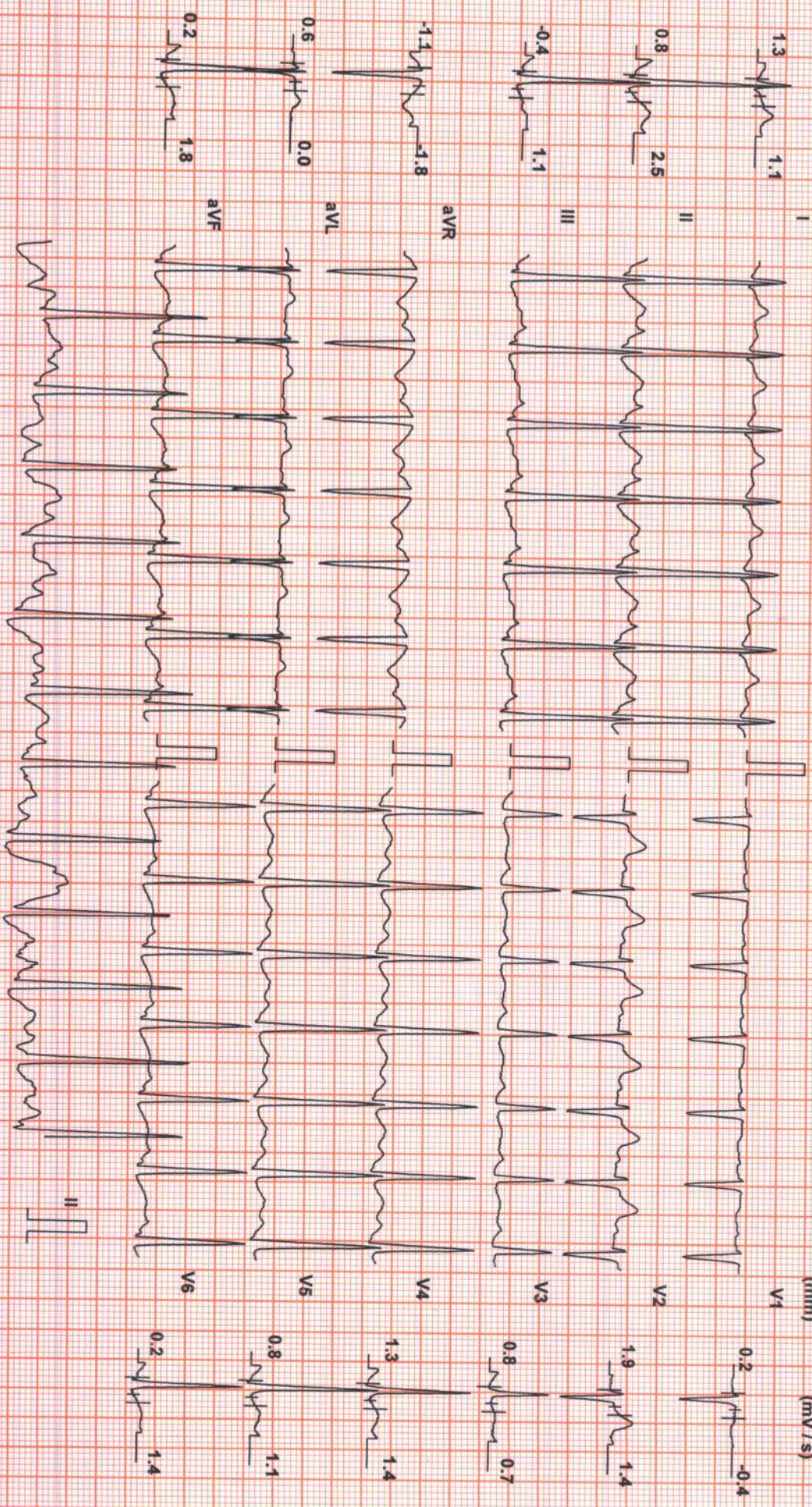


Chart Speed: 25 mm/sec
Schiller Spandau V.4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MR ANKUR SAINI (36 M)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2222522671
Stage: 3

Date: 13-Aug-22 Exec Time : 8 m 54 s Stage Time : 2 m 54 s HR: 142 bpm
Speed: 3.4 mph Grade: 14 % (THR: 156 bpm) B.P: 170 / 100

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

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

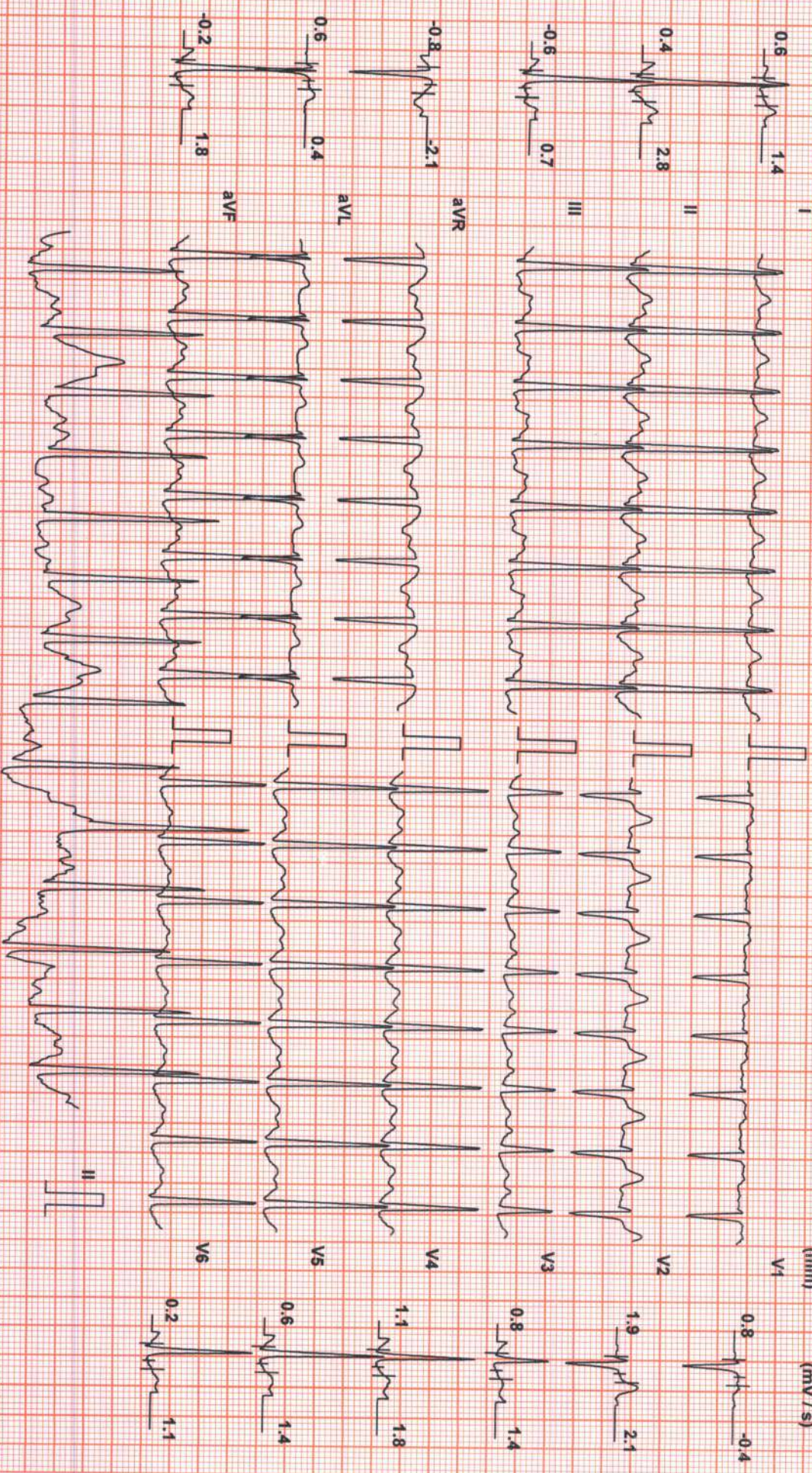


Chart Speed: 25 mm/sec
Schiller Spandax V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Posit J = J + 60 ms

Linked Median



MR ANKUR SAINI (36 M)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2222522671
Stage: Peak Ex

Date: 13-Aug-22 Exec Time : 10 m 19 s Stage Time : 1 m 19 s HR: 155 bpm
Speed: 4.2 mph Grade: 16 % (THR: 156 bpm) B.P: 190 / 100

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

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

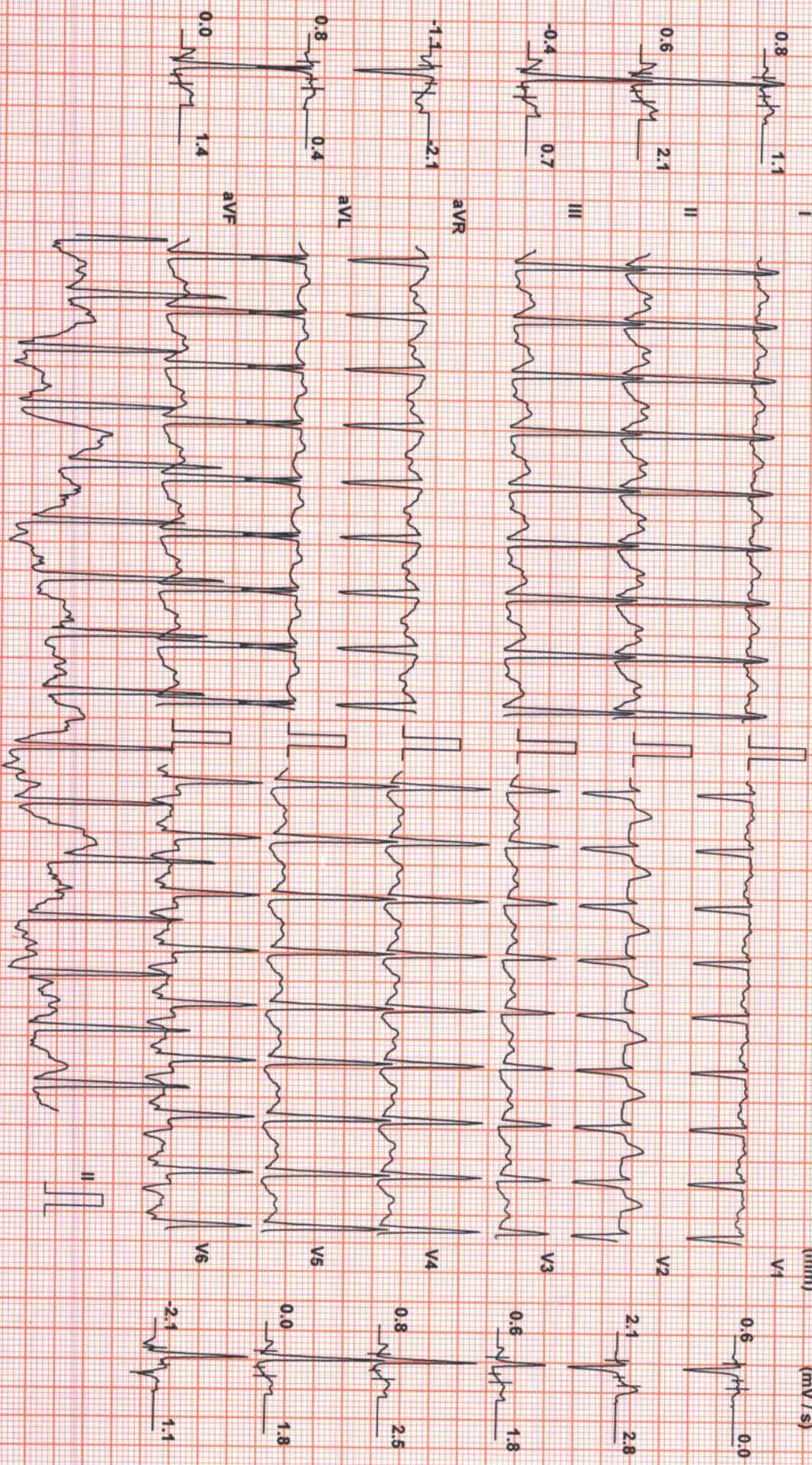


Chart Speed: 25 mm/sec
Schlifer Standard V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MR. ANKUR SAINI (36 M)

Protocol: Bruce

ID: 2222522671

Date: 13-Aug-22

Exec Time : 10 m 25 s Stage Time : 0 m 58 s HR: 124 bpm

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 156 bpm)

B.P.: 190 / 100

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

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

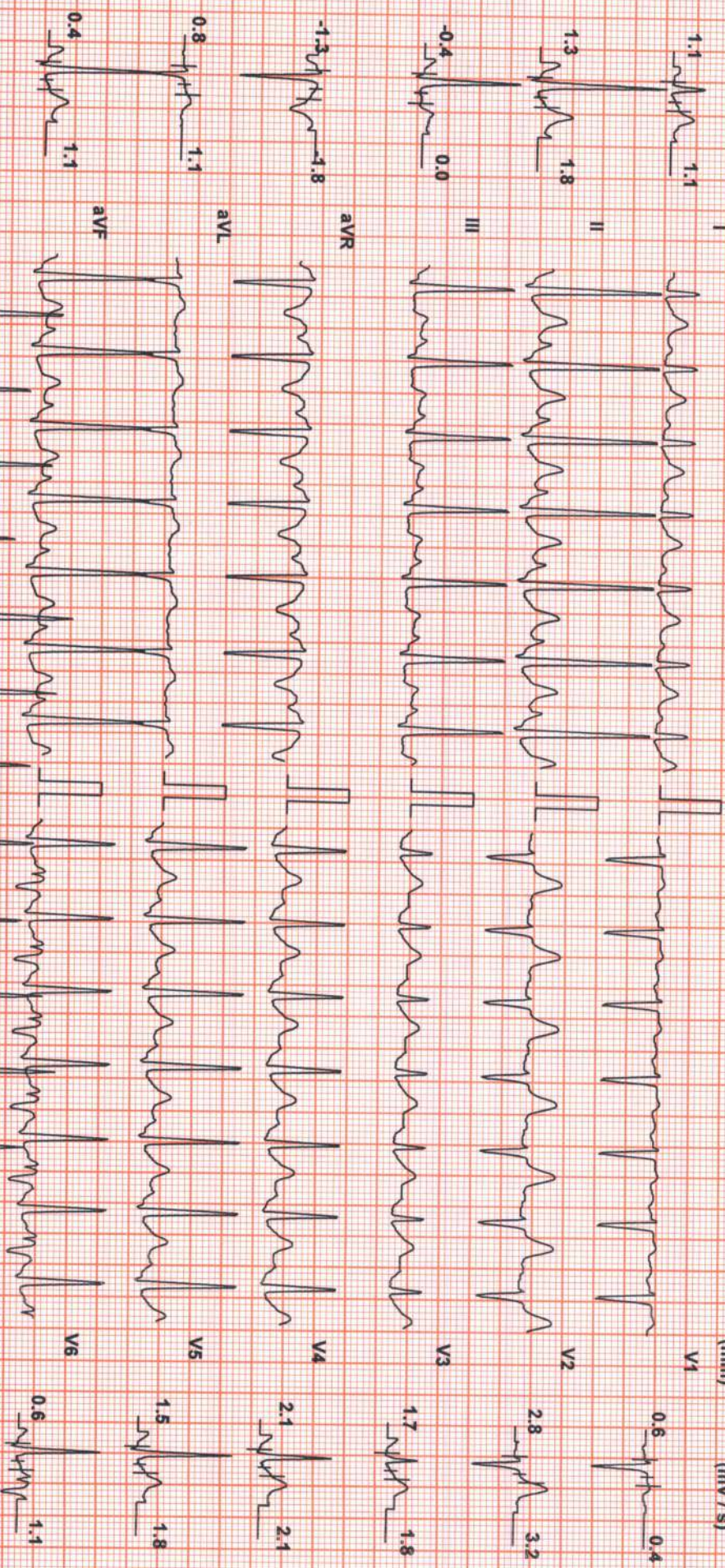


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

SUBURBAN DIAGNOSTICS



MR. ANKUR SAINI (36 M)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2222522671

Date: 13-Aug-22

Exec Time : 10 m 25 s

Stage: Recovery(2)

Stage Time : 0 m 54 s HR: 109 bpm

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

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 210 / 100

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

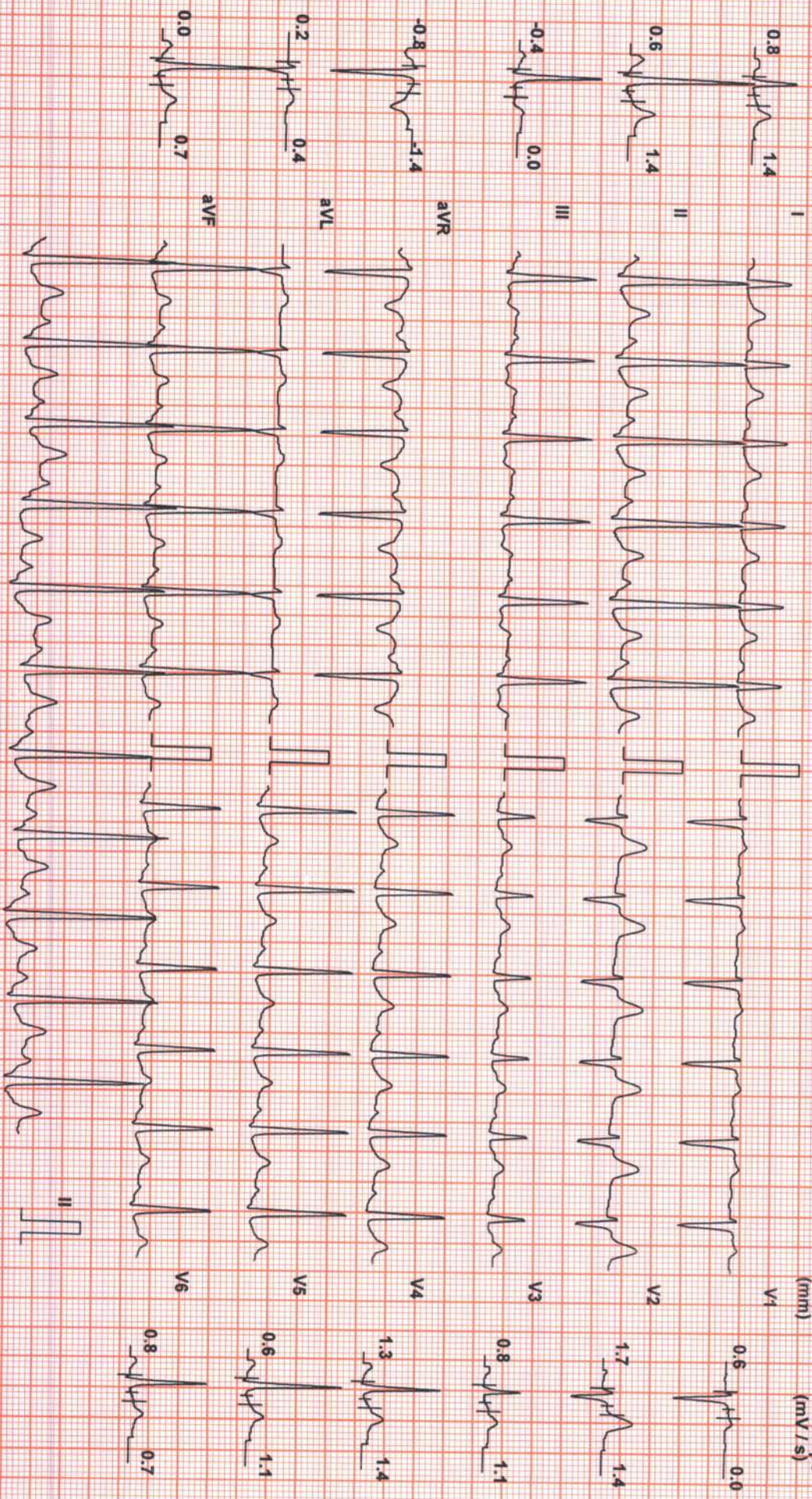


Chart Speed: 25 mm/sec
Schlier Spanden V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MR ANKUR SAINI (36 M)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 22222522671

Date: 13-Aug-22

Exec Time : 10 m 25 s Stage Time : 0 m 54 s HR: 109 bpm

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 210 / 100

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

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

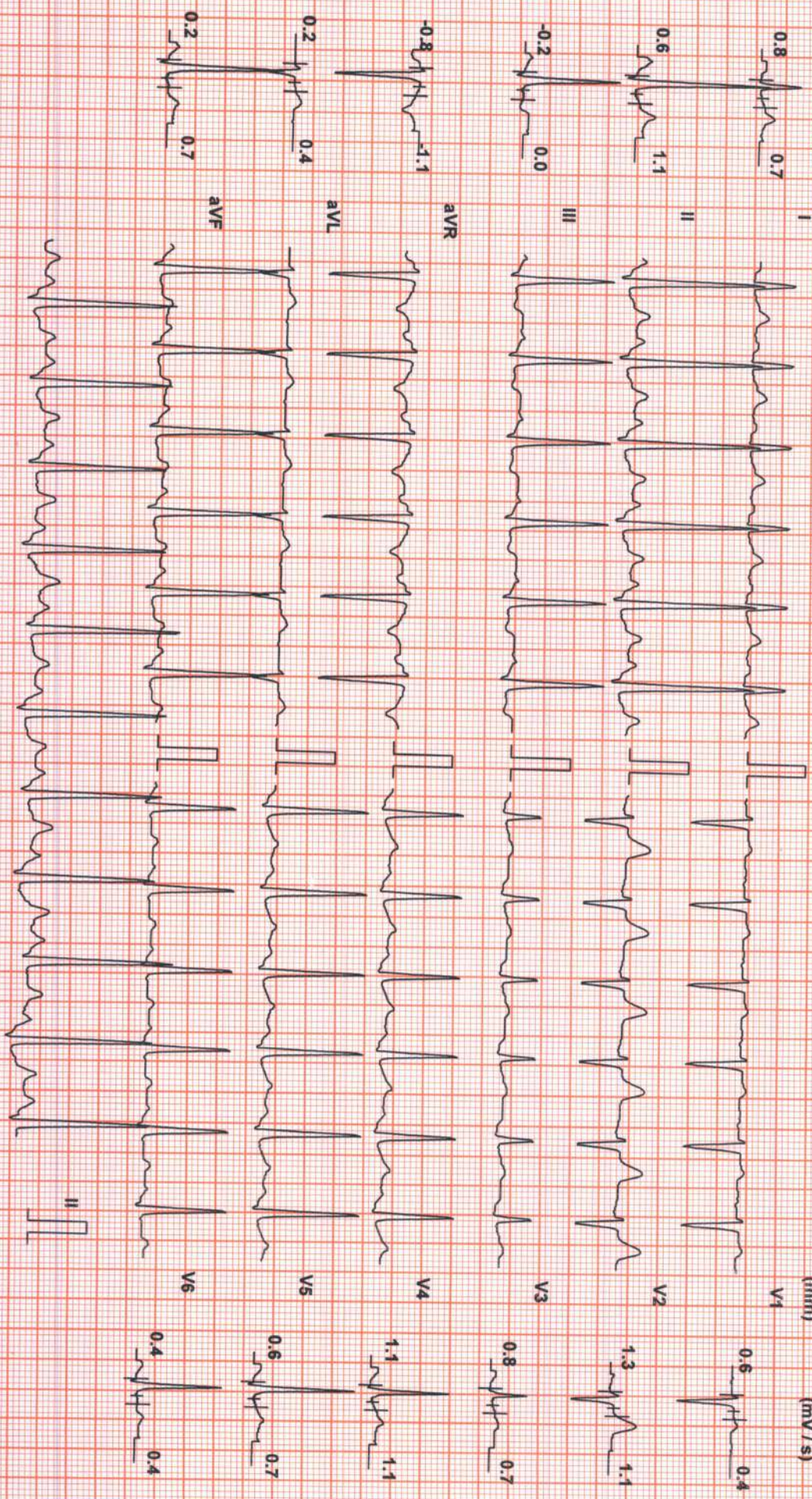


Chart Speed: 25 mm/sec
Schiller Spandau V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post I = J + 60 ms

Linked Median



MR ANKUR SAINI (36 M)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2222522671

Date: 13-Aug-22

Exec Time : 10 m 25 s Stage Time : 0 m 54 s

HR: 106 bpm

Stage: Recovery(4)

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 190 / 100

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

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

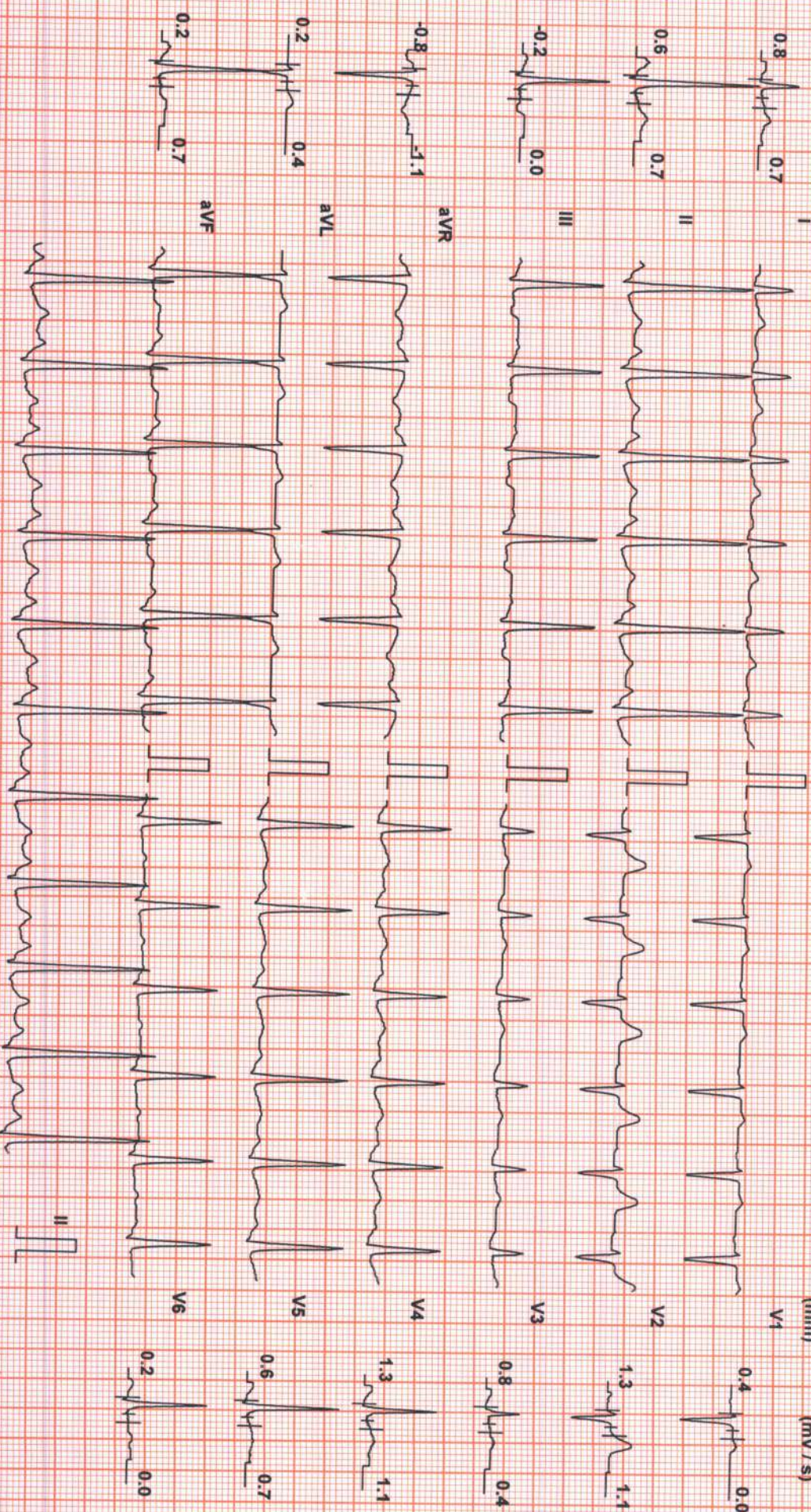


Chart Speed: 25 mm/sec
Schlier Spandan V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MR. ANKUR SAINI (36 M)

Protocol: Bruce

ID: 2222822671

Stage: Recovery(5)

Date: 13-Aug-22

Speed: 0 mph

Exec Time : 10 m 25 s Stage Time : 0 m 54 s HR: 104 bpm

Grade: 0 %

(THR: 156 bpm)

B.P: 180 / 100

SUBURBAN DIAGNOSTICS

Test Report

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

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

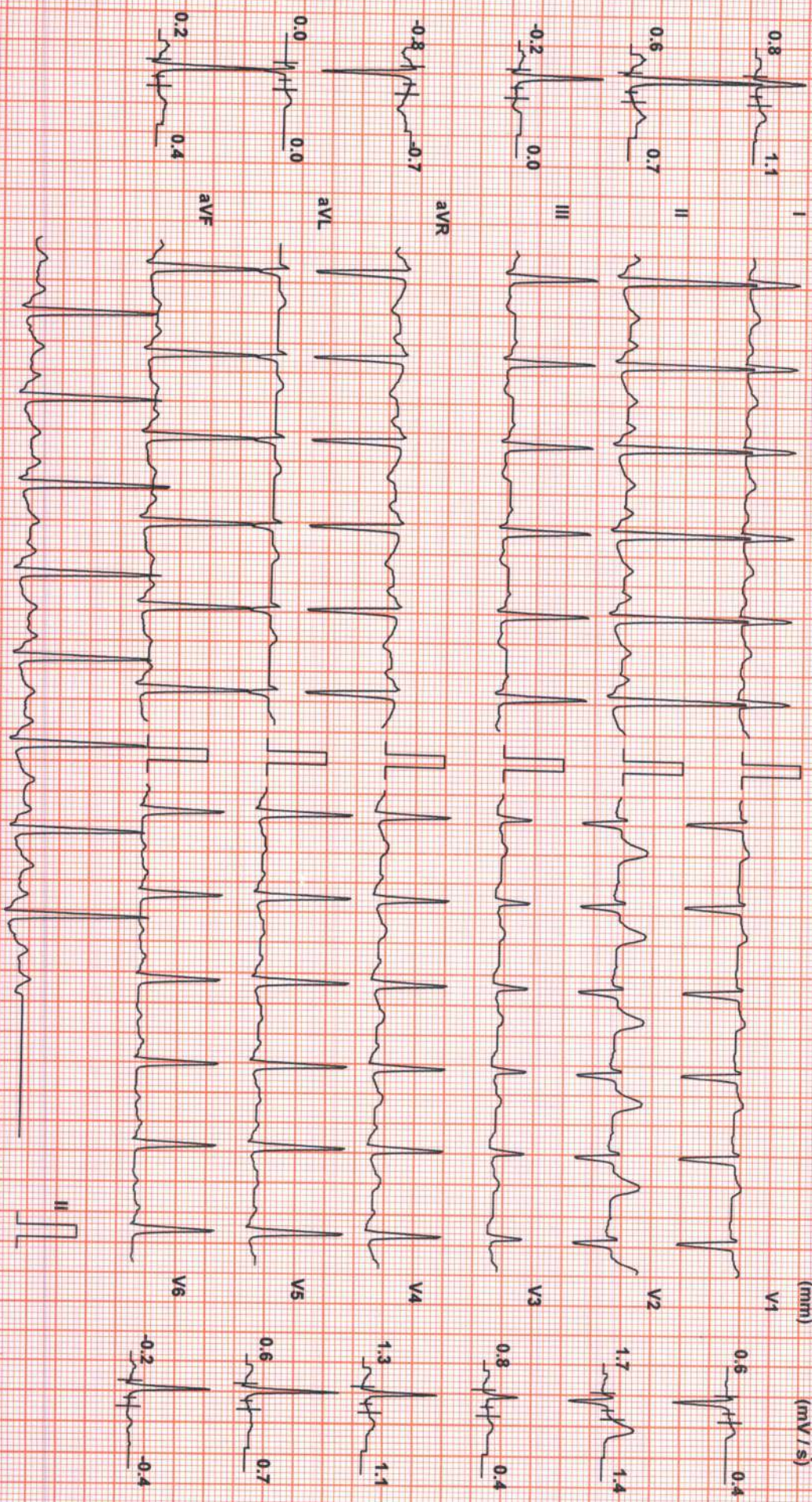


Chart Speed: 25 mm/sec
Schiller Spardan V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Pos: J = J + 60 ms

Linked Median



MRANKUR SAINI (36 M)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2222522671

Date: 13-Aug-22

Exec Time : 10 m 25 s Stage Time : 0 m 54 s HR: 104 bpm

Stage: Recovery(6)

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 180 / 100

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

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

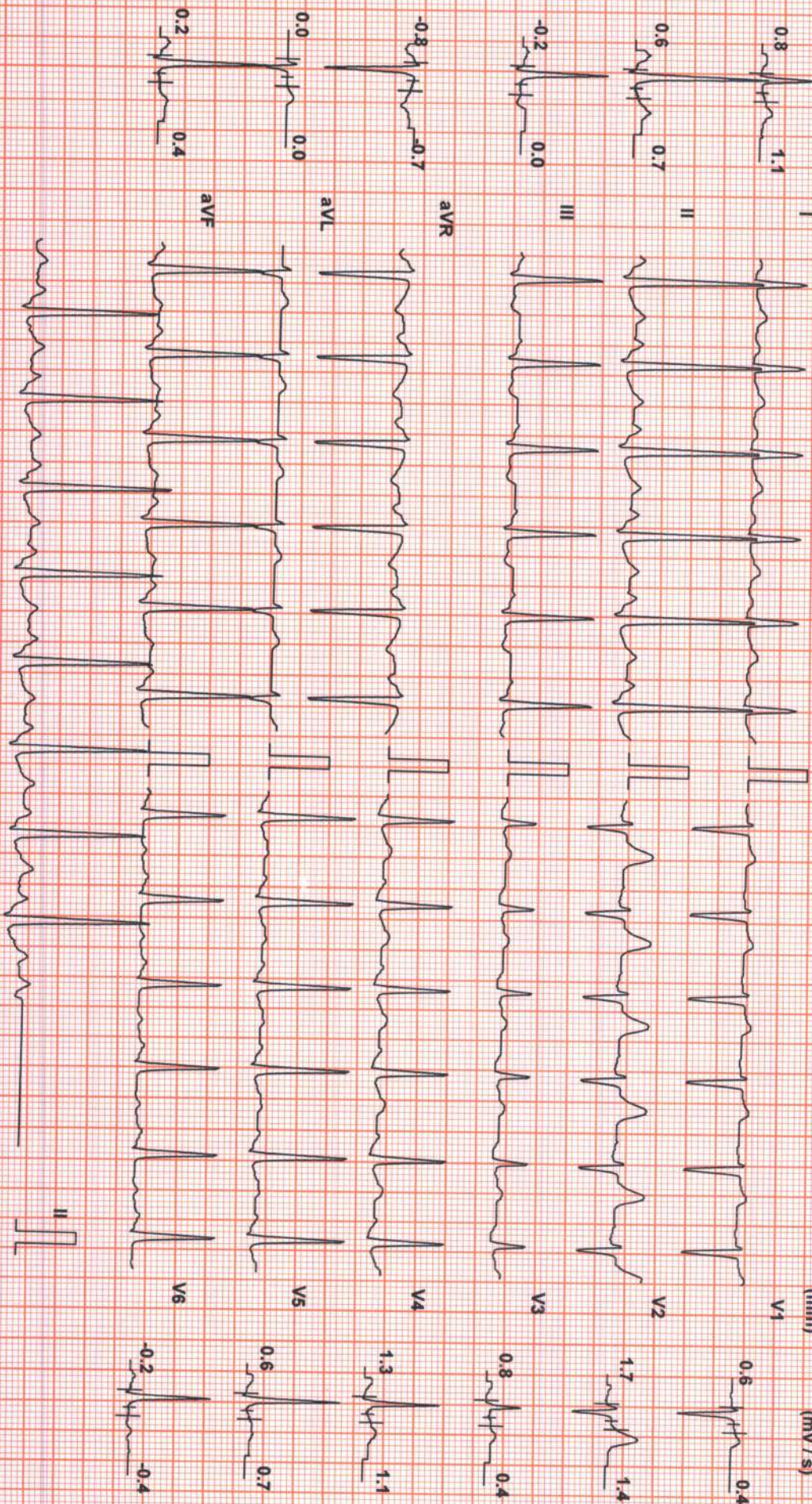


Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median