

Suburban Diagnostics Lullanagar

Patient Details **Date:** 11-Feb-23 **Time:** 10:59:05 AM
Name: CHARAN AHUJA ID: 2304221853
Age: 35 y **Sex:** M **Height:** 177 cms **Weight:** 94 Kgs
Clinical History: NIL

Medications: NIL

Test Details

Protocol: Bruce **Pr.MHR:** 185 bpm **THR:** 166 (90 % of Pr.MHR) bpm
Total Exec. Time: 9 m 25 s **Max. HR:** 165 (89% of Pr.MHR)bpm **Max. Mets:** 13.50
Max. BP: 172 / 104 mmHg **Max. BP x HR:** 28380 mmHg/min **Min. BP x HR:** 7650 mmHg/min
Test Termination Criteria: Target HR attained

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 : 11	1.0	0	0	85	150 / 90	-1.06 aVR	-1.42 aVR
Standing	0 : 6	1.0	0	0	86	150 / 90	-1.06 aVR	1.77 V2
Hyperventilation	0 : 6	1.0	0	0	86	150 / 90	-1.06 aVR	1.77 V2
1	3 : 0	4.6	1.7	10	117	150 / 90	-1.27 III	2.48 V2
2	3 : 0	7.0	2.5	12	132	156 / 96	-2.34 III	2.83 V2
3	3 : 0	10.2	3.4	14	161	162 / 100	-3.40 III	4.95 V2
Peak Ex	0 : 25	13.5	4.2	16	165	172 / 104	-2.76 III	4.95 V2
Recovery(1)	1 : 0	1.8	1	0	142	172 / 104	-3.61 III	5.66 V2
Recovery(2)	1 : 0	1.0	0	0	118	172 / 104	-2.12 aVR	5.66 V2
Recovery(3)	1 : 0	1.0	0	0	109	172 / 104	-2.12 V6	4.60 V2
Recovery(4)	1 : 0	1.0	0	0	101	172 / 104	-1.27 III	2.83 V2
Recovery(5)	0 : 16	1.0	0	0	100	172 / 104	-1.06 V6	1.77 V2

Interpretation

The patient exercised according to the Bruce protocol for 9 m 25 s achieving a work level of Max. METS : 13.50. Resting heart rate initially 85 bpm, rose to a max. heart rate of 165 (89% of Pr.MHR) bpm. Resting blood Pressure 150 / 90 mmHg, rose to a maximum blood pressure of 172 / 104 mmHg.

Good Effort Tolerance.

No Angina/Arrhythmia/Dyspnea/significant ST T changes during test/recovery.

Stress Test is **NEGATIVE** for Inducible Myocardial Ischemia .

Disclaimer :

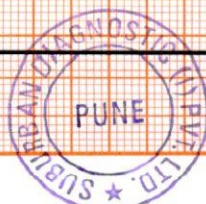
Negative Stress Test does not rule out Coronary Artery Diseases.
 Positive Test is suggestive but not confirmatory of Coronary Artery Disease.
 Hence clinical correlation is mandatory.

Ref. Doctor: BOB

(Summary Report edited by user)

Doctor: DR.MILIND SHINDE

(c) Schiller Healthcare India Pvt. Ltd. V 4.51



Dr. MILIND SHINDE
 MBBS, DNB (Medicine)
 Reg. No. 2011/05/1544

Adv *BP & Blood pressure monitoring*
Milind



CHARAN AHUJA (35 M)

Suburban Diagnostics Lullanagar

Test Report

Protocol: Bruce

ID: 2304221853

Date: 11-Feb-23

Stage: Supine

Speed: 0 mph

Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 5 s

(THR: 166 bpm)

HR: 89 bpm

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

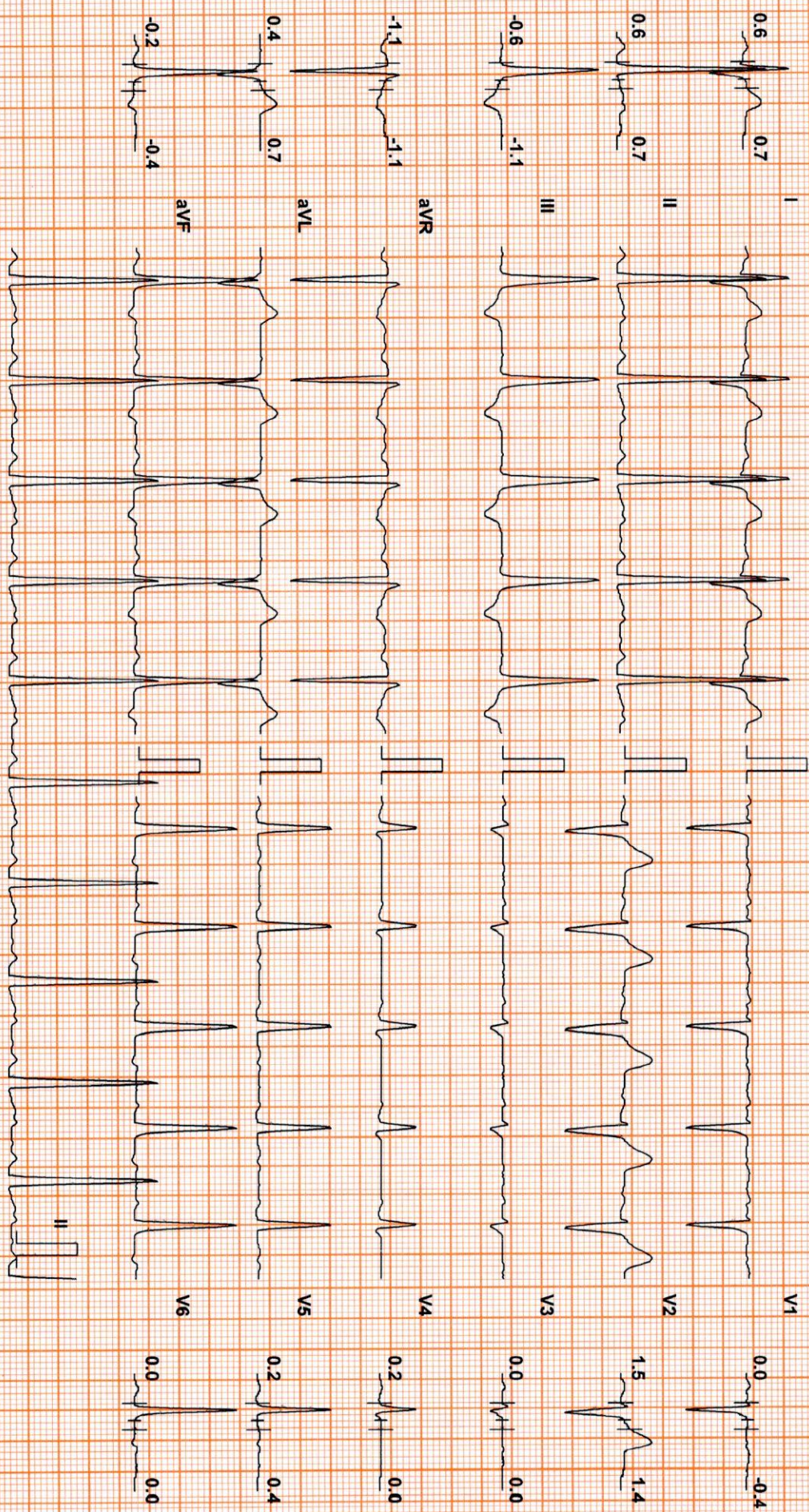


Chart Speed: 25 mm/sec
Schiller Spandax V 4 51

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms
Linked Median



CHARAN AHUJA (35 M)

Suburban Diagnostics Lullanagar

Test Report

Protocol: Bruce

ID: 230422183

Date: 11-Feb-23

Stage: Standing

Speed: 0 mph

Grade: 0 %

Exec Time : 0 m 0 s Stage Time : 0 m 0 s HR: 86 bpm

(THR: 166 bpm)

B.P.: 150 / 90

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

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

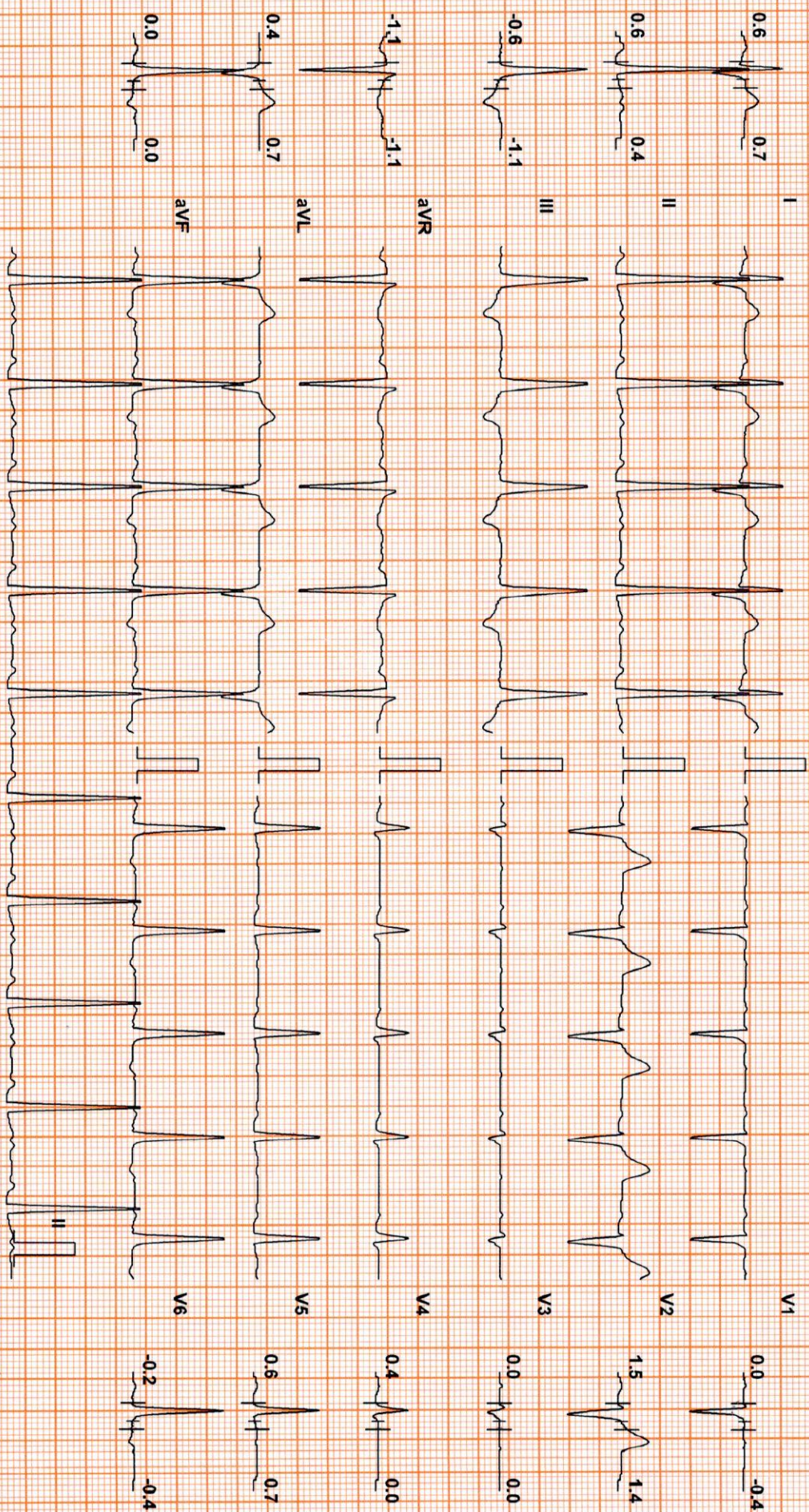


Chart Speed: 25 mm/sec
Schiller Spandan V 4.51

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



CHARAN AHUJA (35 M)

Suburban Diagnostics Lullanagar

Test Report

ID: 2304221853

Date: 11-Feb-23

Exec Time : 0 m 0 s

Stage Time : 0 m 0 s

HR: 83 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 166 bpm)

B.P: 150 / 90

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

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

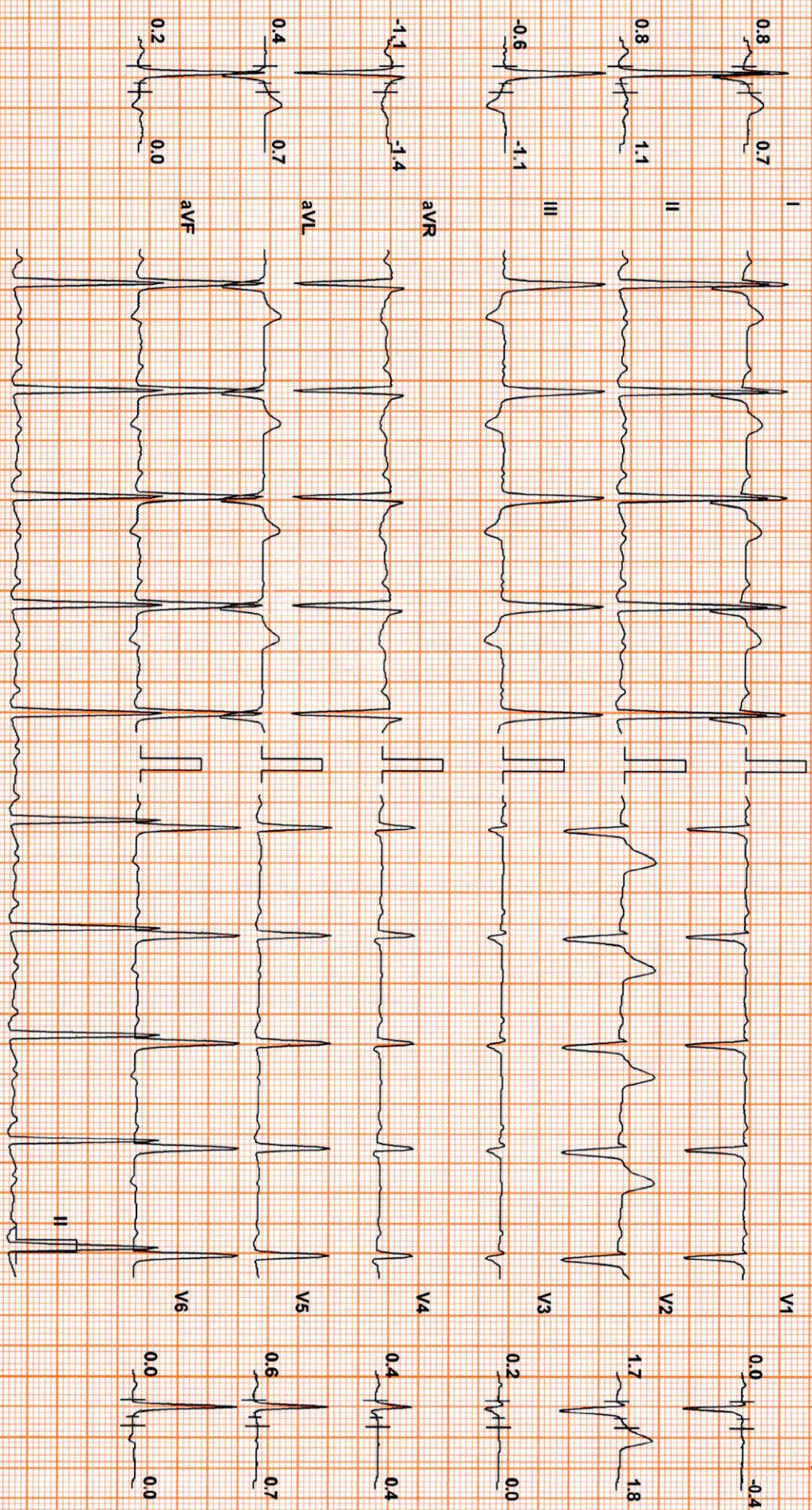


Chart Speed: 25 mm/sec
Schiller Spandan V 4.57

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



CHARAN AHUJA (35 M)

Suburban Diagnostics Lullianagar

Test Report

Protocol: Bruce

ID: 2304221853

Date: 11-Feb-23

Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 117 bpm

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 166 bpm)

B.P: 150 / 90

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

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

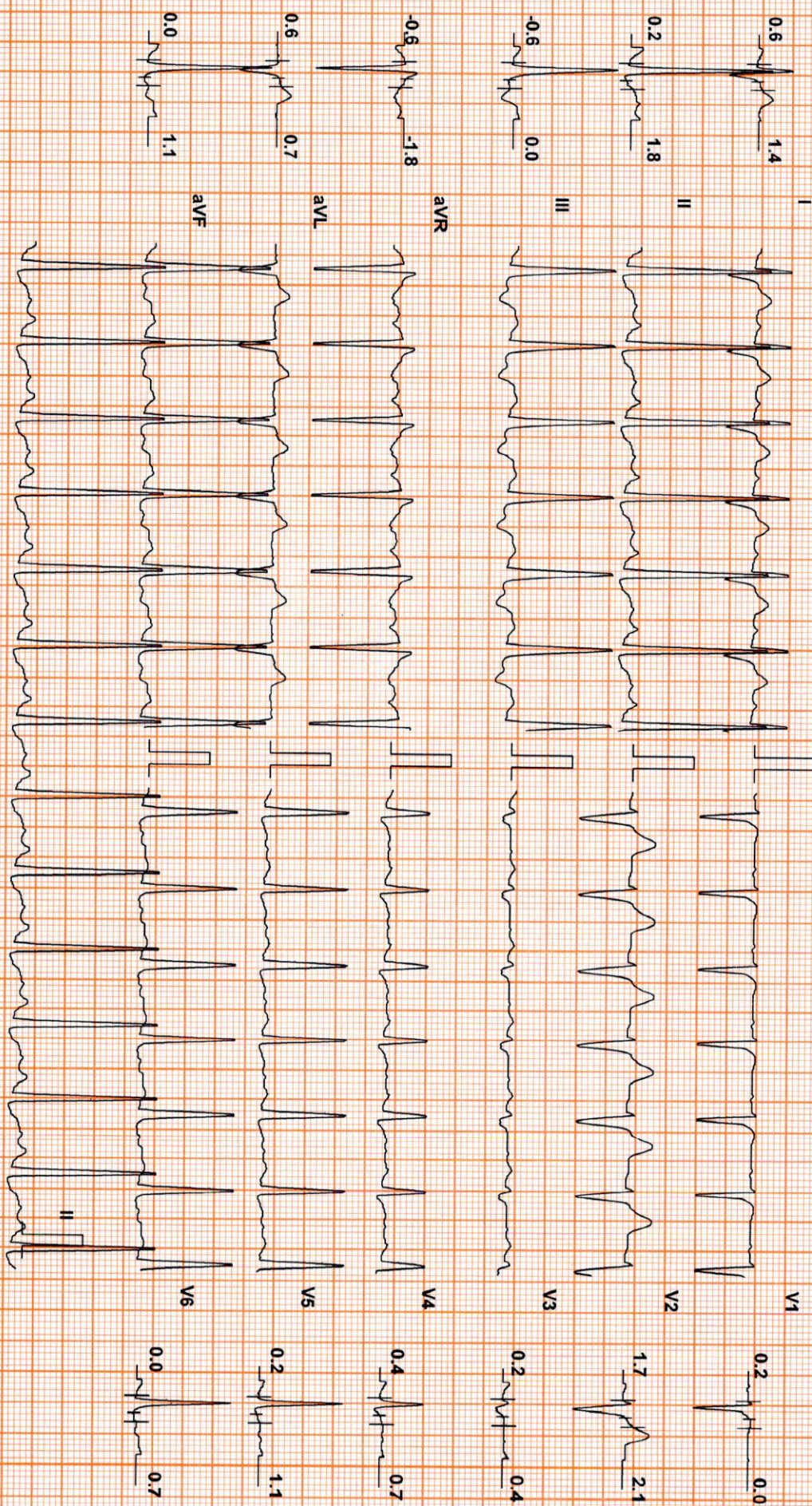


Chart Speed: 25 mm/sec
Schiller Spandam V 4 51

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

180 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



CHARAN AHUJA (35 M)

Protocol: Bruce

ID: 2304221853
Stage: 2

Date: 11-Feb-23
Speed: 2.5 mph
Grade: 12 %

Exec Time : 5 m 54 s
Stage Time : 2 m 54 s
(THR: 166 bpm)

HR: 132 bpm
B.p: 156 / 96

Suburban Diagnostics Lullianagar

Test Report

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

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

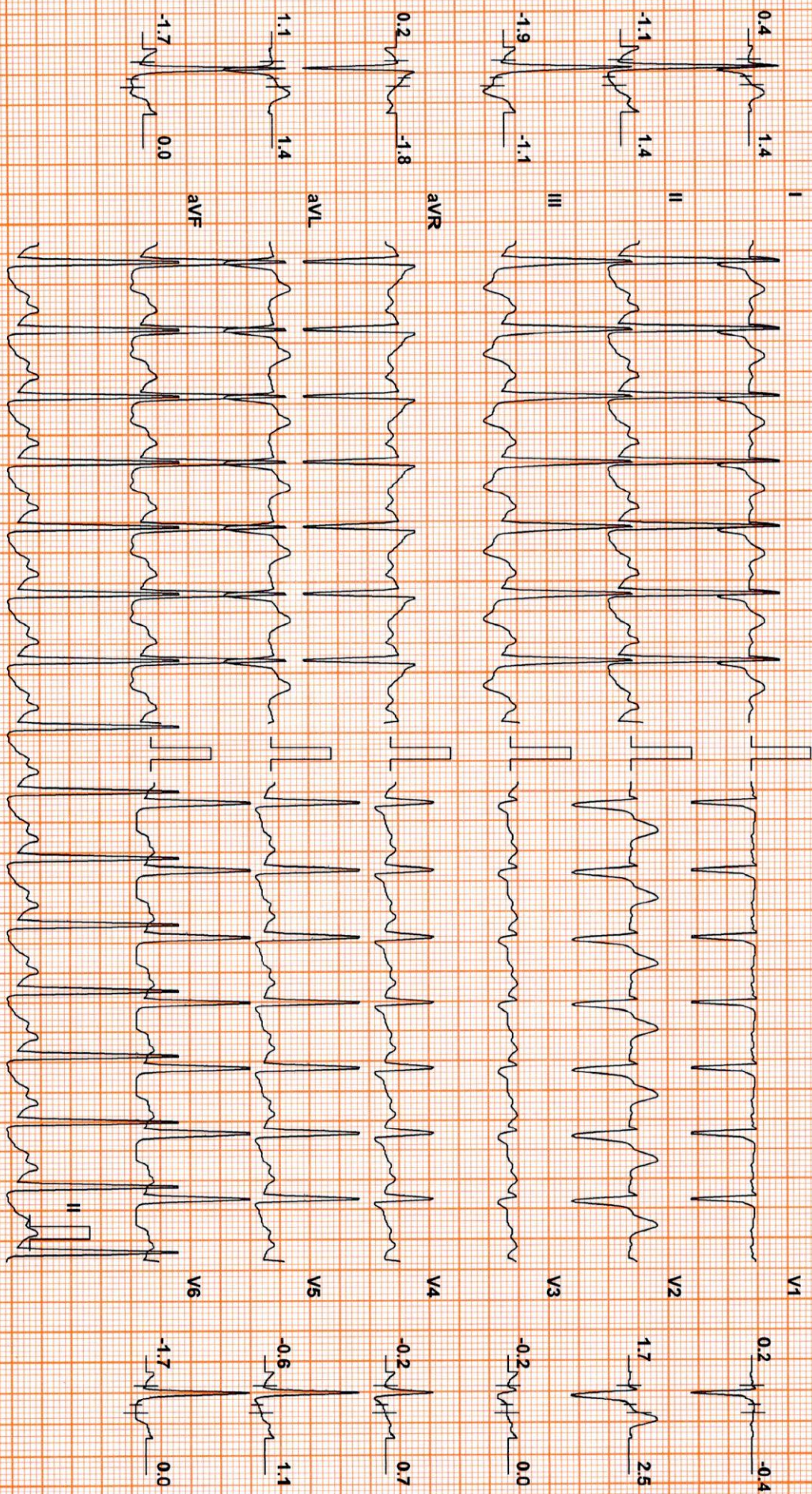


Chart Speed: 25 mm/sec
Schlitz Sparden V 4.51

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Isr = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



CHARAN AHUJA (35 M)

ID: 2304221853

Date: 11-Feb-23 Exec Time : 8 m 54 s Stage Time : 2 m 54 s HR: 161 bpm

Protocol: Bruce

Stage: 3

Speed: 3.4 mph Grade: 14 % (THR: 166 bpm) B.P: 162 / 100

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

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

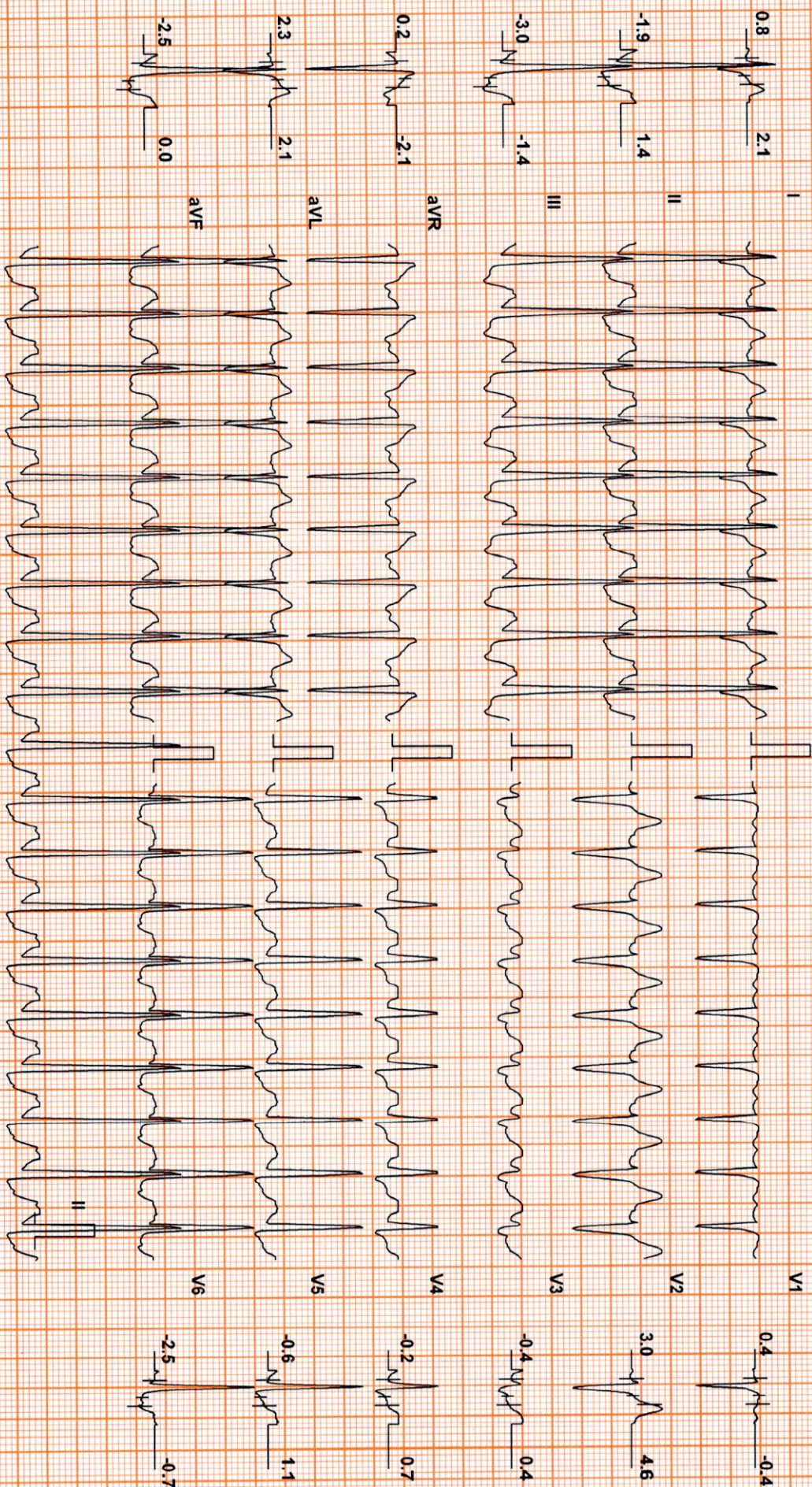


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



CHARAN AHUJA (35 M)

Suburban Diagnostics Lullanagar

Test Report

Protocol: Bruce

ID: 2304221853

Date: 11-Feb-23

Exec Time : 9 m 19 s

Stage Time : 0 m 19 s

HR: 163 bpm

Stage: Peak Ex

Speed: 4.2 mph

Grade: 16 %

(THR: 166 bpm)

B.P: 172 / 104

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

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

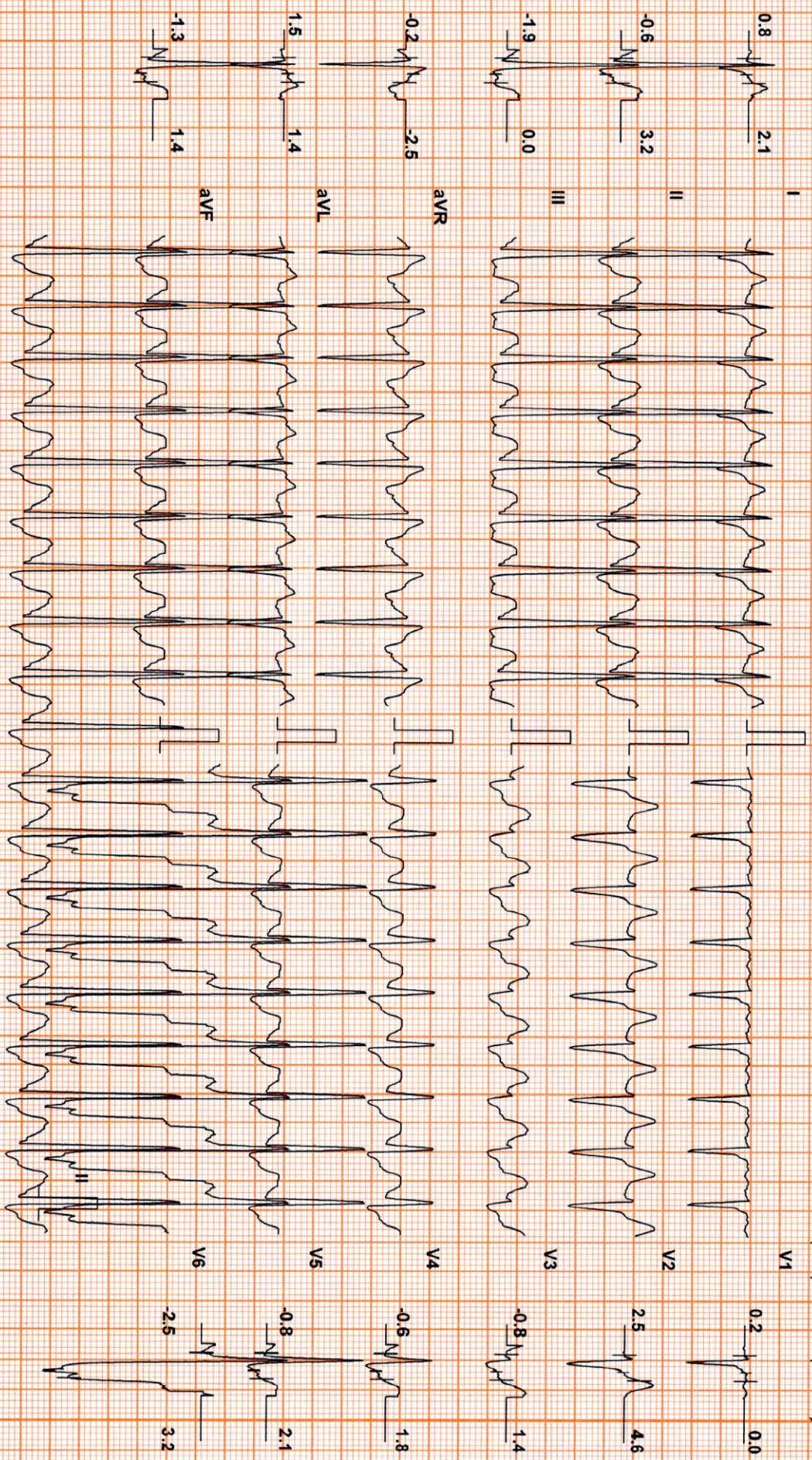


Chart Speed: 25 mm/sec
Schiller Spandan V4 51

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



CHARAN AHUJA (35 M)

Suburban Diagnostics Lullanagar

Test Report

ID: 2304221853 Date: 11-Feb-23 Exec Time : 9 m 25 s Stage Time : 0 m 54 s HR: 142 bpm

Protocol: Bruce Stage: Recovery(1) Speed: 1 mph Grade: 0 % (THR: 166 bpm) B.P: 172 / 104

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

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

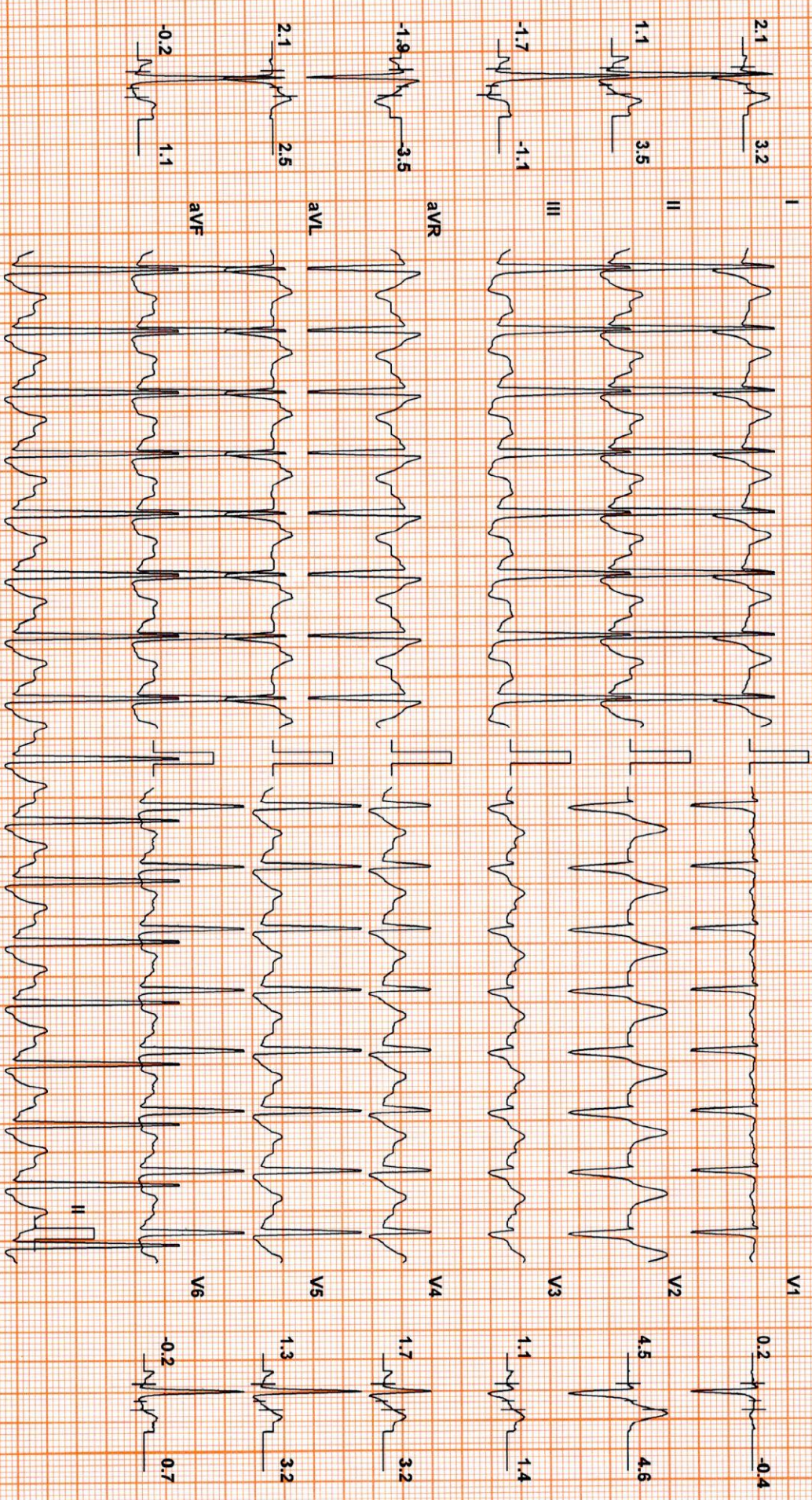


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm ISO = R - 60 ms J = R + 60 ms Post J = J + 60 ms

Schiller Standard V 4.51

Linked Median



CHARAN AHUJA (35 M)

ID: 2304221853

Date: 11-Feb-23

Exec Time : 9 m 25 s Stage Time : 0 m 54 s HR: 121 bpm

Suburban Diagnostics Lullanagar

Test Report

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 166 bpm)

B.P: 172 / 104

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

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

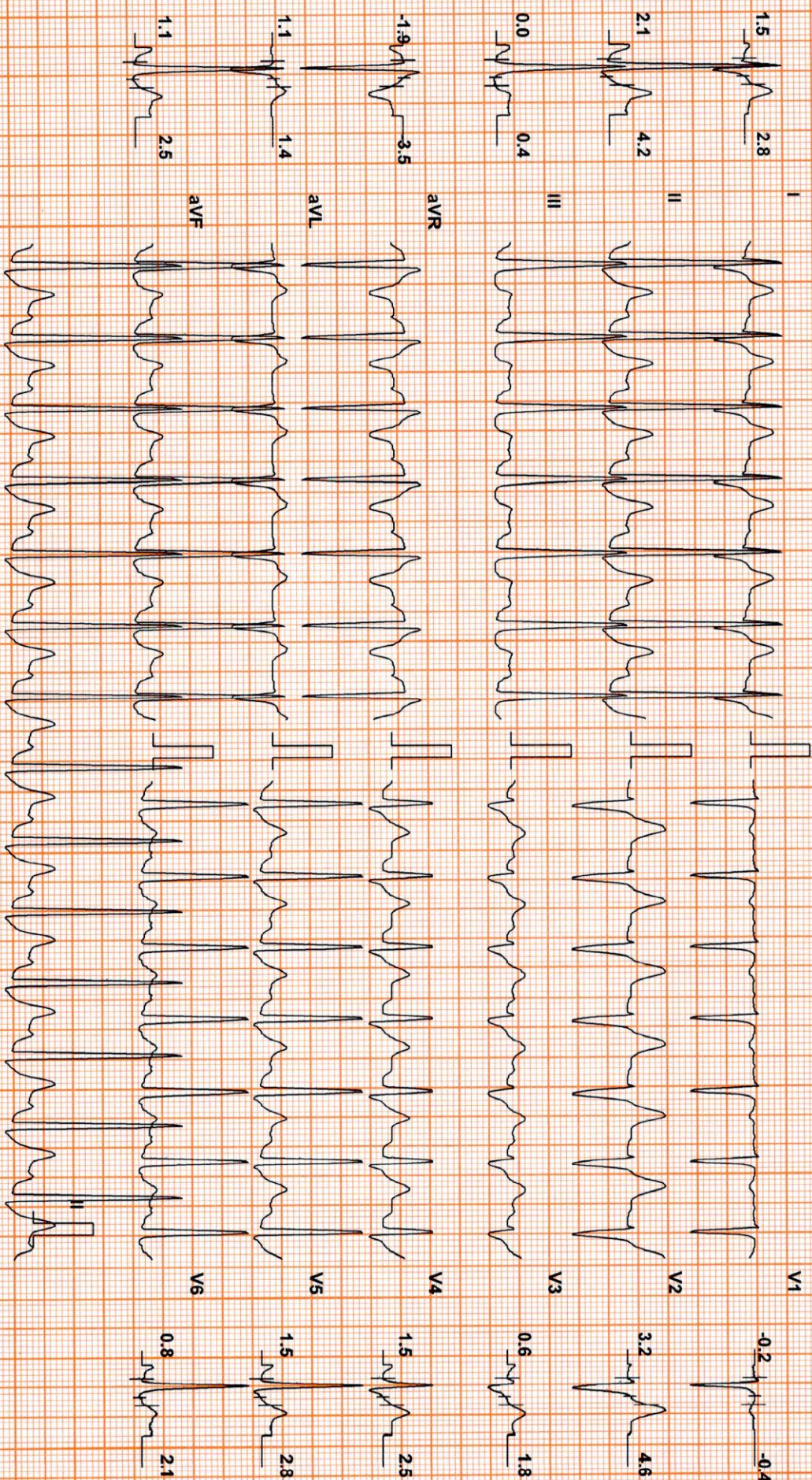


Chart Speed: 25 mm/sec
Schiller Spardan V 4.5f

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



CHARAN AHUJA (35 M)

Suburban Diagnostics Lullanagar

Test Report

ID: 2304221853

Date: 11-Feb-23

Exec Time : 9 m 25 s Stage Time : 0 m 54 s HR: 110 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 166 bpm)

B.P: 172 / 104

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

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

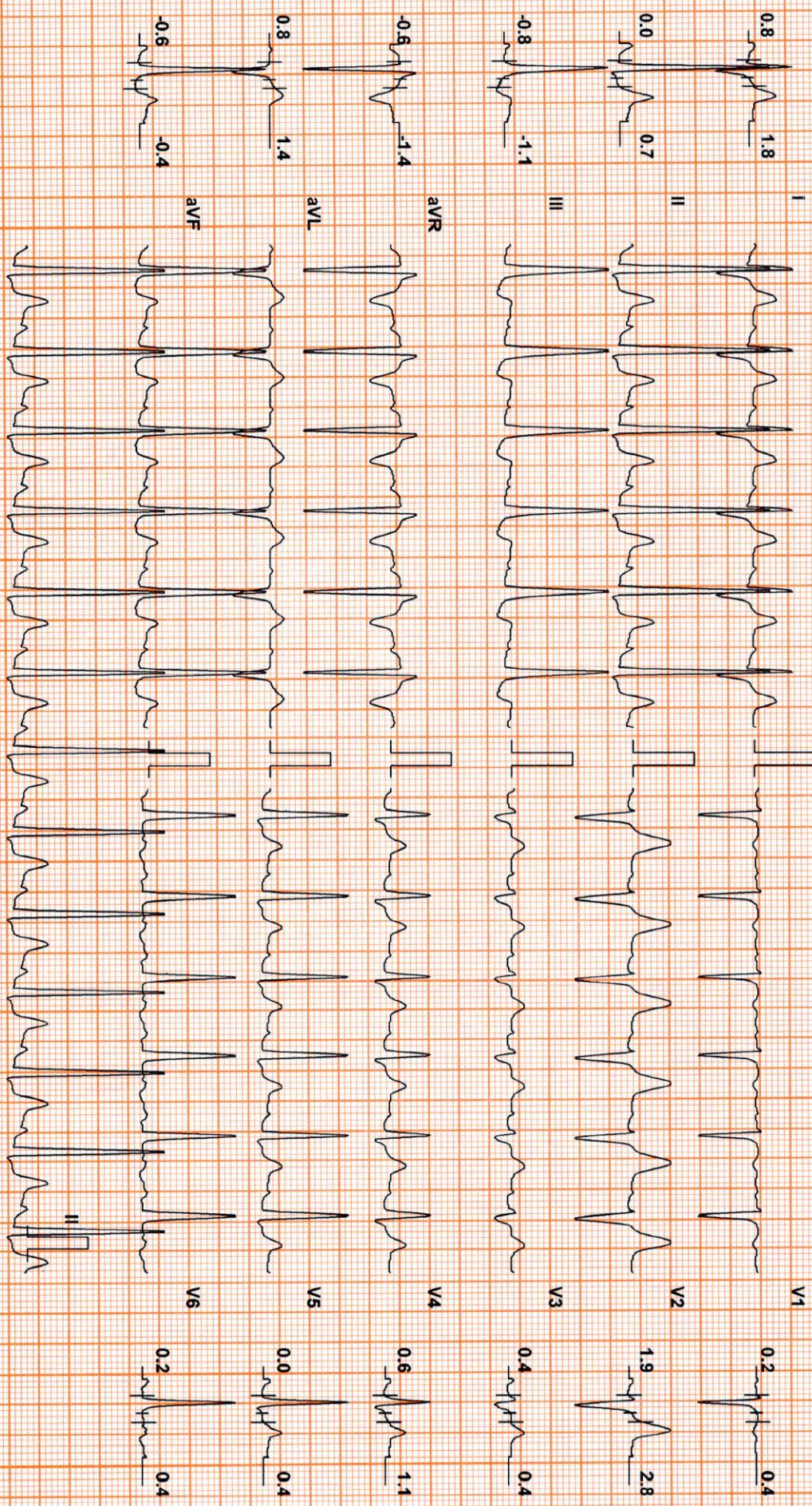


Chart Speed: 25 mm/sec
Schiller Spardan V 4.51

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



CHARAN AHUJA (35 M)

Suburban Diagnostics Lullanagar

Test Report

Protocol: Bruce

ID: 2304221853
Stage: Recovery(4)

Date: 11-Feb-23
Speed: 0 mph

Exec Time : 9 m 25 s
Grade: 0 %
(THR: 166 bpm)

HR: 102 bpm
B.P: 172 / 104

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

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

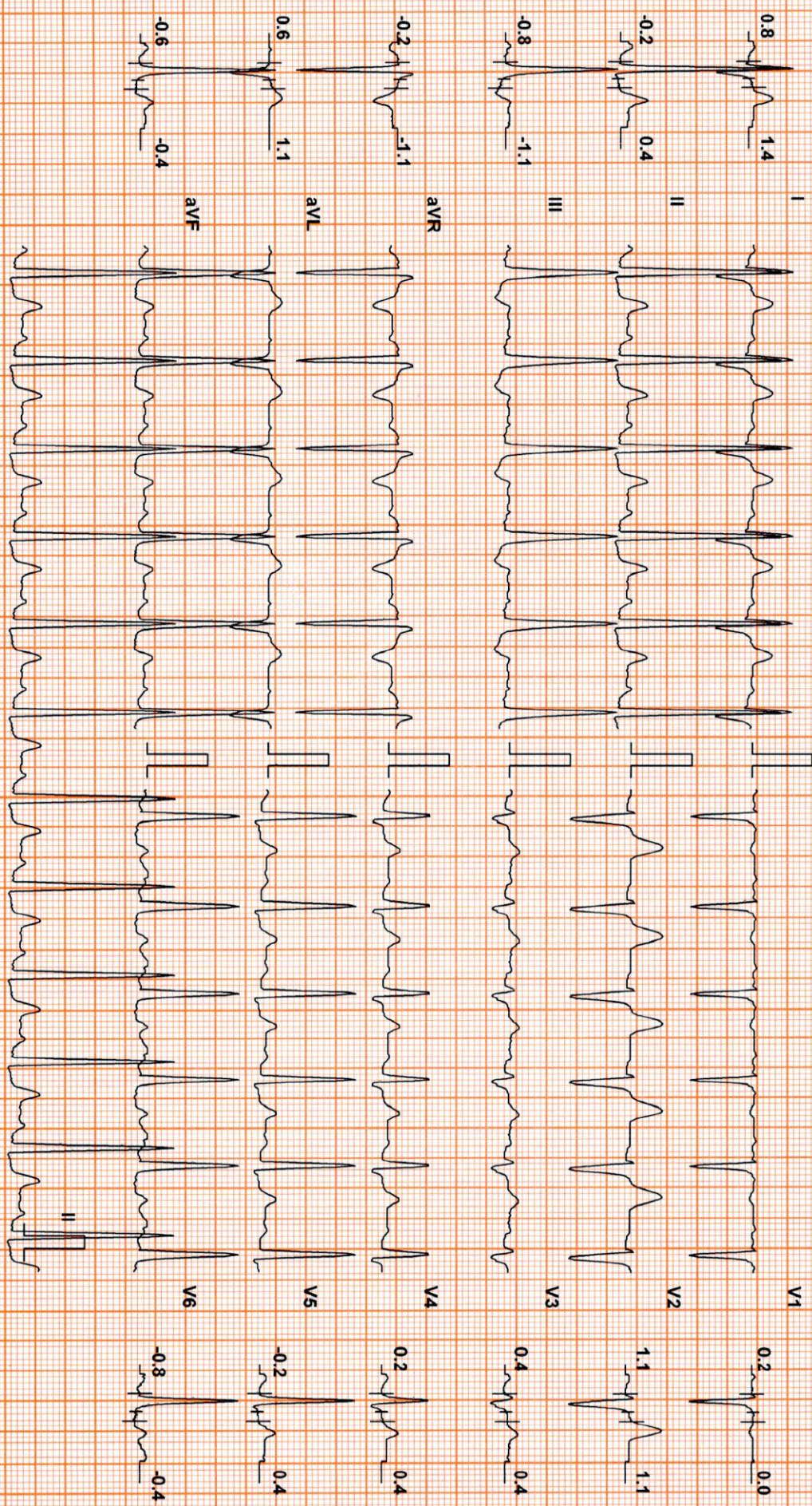


Chart Speed: 25 mm/sec
Schiller Spandian V 4.51

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



CHARAN AHUJA (35 M)

Suburban Diagnostics Lullanagar

Test Report

ID: 2304221853

Date: 11-Feb-23

Exec Time : 9 m 25 s Stage Time : 0 m 10 s **HR: 106 bpm**

Protocol: Bruce

Stage: Recovery(5)

Speed: 0 mph

Grade: 0 %

(THR: 166 bpm)

B.P: 172 / 104

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

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

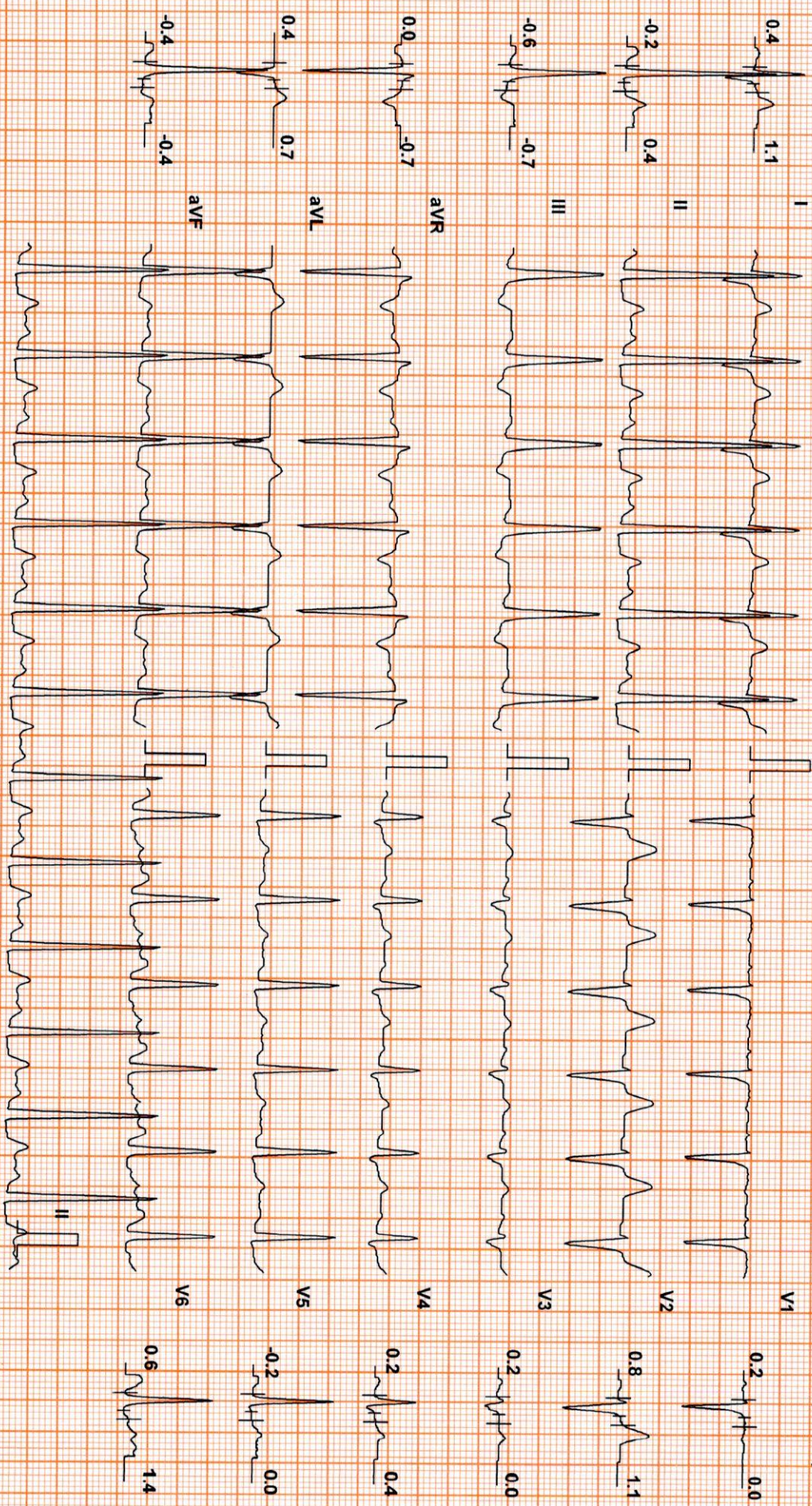


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Schiller Spandan V 4.51

CID# : 2304221853
Name : MR.CHARAN AHUJA
Age / Gender : 35 Years/Male
Consulting Dr. :
Reg.Location : Lulla Nagar, Pune (Main Centre)

Collected : 11-Feb-2023 / 08:44
Reported : 11-Feb-2023 / 16:20

PHYSICAL EXAMINATION REPORT

History and Complaints:

NO

EXAMINATION FINDINGS:

Height (cms):177

Weight (kg):94

Temp (0c): Afebrile

Skin: Normal

Blood Pressure (mm/hg):150/90

Nails: Healthy

Pulse:76

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

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 |

CID# : 2304221853

Name : MR.CHARAN AHUJA

Age / Gender : 35 Years/Male

Consulting Dr. :

Collected : 11-Feb-2023 / 08:44

Reg.Location : Lulla Nagar, Pune (Main Centre)

Reported : 11-Feb-2023 / 16:20


- | | |
|--|--|
| 10) GI system : | NO |
| 11) Genital urinary disorder : | NO |
| 12) Rheumatic joint diseases or symptoms : | Both Knee Joint Pain since 5 months on & off |
| 13) Blood disease or disorder : | NO |
| 14) Cancer/lump growth/cyst : | NO |
| 15) Congenital disease : | NO |
| 16) Surgeries : | NO |

PERSONAL HISTORY:

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

*** End Of Report ***

Uric acid 7.9
Cholesterol: 256.6
Triglycerides: 172.9
LDC: 176
BP monitoring
Ref to primary physician.



Dr.Milind Shinde
MBBS, DNB, Consuling Physician,
Diabetologist & Echocardiologist



CID : 2304221853
Name : MR.CHARAN AHUJA
Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : Lulla Nagar, Pune (Main Centre)

Collected : 11-Feb-2023 / 08:50
Reported : 11-Feb-2023 / 12:58

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	13.4	13.0-17.0 g/dL	Spectrophotometric
RBC	4.48	4.5-5.5 mil/cmm	Elect. Impedance
PCV	39.5	40-50 %	Calculated
MCV	88	80-100 fl	Calculated
MCH	29.9	27-32 pg	Calculated
MCHC	33.9	31.5-34.5 g/dL	Calculated
RDW	13.4	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5500	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	48.1	20-40 %	
Absolute Lymphocytes	2645.5	1000-3000 /cmm	Calculated
Monocytes	5.9	2-10 %	
Absolute Monocytes	324.5	200-1000 /cmm	Calculated
Neutrophils	41.2	40-80 %	
Absolute Neutrophils	2266.0	2000-7000 /cmm	Calculated
Eosinophils	4.8	1-6 %	
Absolute Eosinophils	264.0	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	268000	150000-400000 /cmm	Elect. Impedance
MPV	9.1	6-11 fl	Calculated
PDW	16.8	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



Use a QR Code Scanner
Application To Scan the Code

CID : 2304221853
Name : MR.CHARAN AHUJA
Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : Lulla Nagar, Pune (Main Centre)

Collected : 11-Feb-2023 / 08:50
Reported : 11-Feb-2023 / 13:46

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	89.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	98.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.22	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.11	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.11	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	38.8	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	71.7	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	85.7	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	107.8	40-130 U/L	Colorimetric
BLOOD UREA, Serum	15.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.2	6-20 mg/dl	Calculated
CREATININE, Serum	0.66	0.67-1.17 mg/dl	Enzymatic

Authenticity Check



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Name : MR.CHARAN AHUJA
Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : Lulla Nagar, Pune (Main Centre)

Collected : 11-Feb-2023 / 11:42
Reported : 11-Feb-2023 / 13:46

eGFR, Serum	146	>60 ml/min/1.73sqm	Calculated by MDRD equation (Modification of Diet in Renal Disease)
URIC ACID, Serum	7.9	3.5-7.2 mg/dl	Enzymatic
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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



Shamla Kulkarni
**Dr.SHAMLA
KULKARNI
M.D.(PATH)
Pathologist**



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Name : MR.CHARAN AHUJA
Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : Lulla Nagar, Pune (Main Centre)

Collected : 11-Feb-2023 / 08:50
Reported : 11-Feb-2023 / 15:27

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	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	111.1	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 Pune Lab, Pune Swargate
*** End Of Report ***



Dr. Shamla Kulkarni
**Dr.SHAMLA
KULKARNI
M.D.(PATH)
Pathologist**



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Reg. Location : Lulla Nagar, Pune (Main Centre)

Collected : 11-Feb-2023 / 08:50
Reported : 11-Feb-2023 / 12:58

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	Dark Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Trace	Absent
Blood	Absent	Absent
<u>CHEMICAL EXAMINATION</u>		
Reaction (pH)	Acidic (6.0)	-
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	Flakes +	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Occasional	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present +	-
Concentration Method (for ova)	No ova detected	Absent

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



Shamla Kulkarni

**Dr.SHAMLA
KULKARNI
MD (PATH)
Consultant Pathologist**



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Age / Gender : 35 Years / Male
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Reg. Location : Lulla Nagar, Pune (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
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			
Leukocytes(Pus cells)/hpf	0-1	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	5-6	Less than 20/hpf	

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 Pune Lab, Pune Swargate
*** End Of Report ***



Shamla Kulkarni
**Dr.SHAMLA
KULKARNI
M.D.(PATH)
Pathologist**



Use a QR Code Scanner Application To Scan the Code

CID : 2304221853
Name : MR.CHARAN AHUJA
Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : Lulla Nagar, Pune (Main Centre)

Collected : 11-Feb-2023 / 08:50
Reported : 11-Feb-2023 / 14:01

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 Semi- automated column agglutination technology (CAT)

"This sample has been tested for Bombay group /Bombay phenotype /Oh using anti;H Lectin".

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 ***



Shamla Kulkarni
**Dr.SHAMLA
KULKARNI
MD (PATH)
Consultant Pathologist**



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Reported : 11-Feb-2023 / 13:46

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	246.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	172.9	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	35.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	211.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	176.0	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	35.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	7.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	5.0	0-3.5 Ratio	Calculated

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



MC-2463

Shamla Kulkarni
Dr.SHAMLA KULKARNI
M.D.(PATH)
Pathologist



CID : 2304221853
Name : MR.CHARAN AHUJA
Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : Lulla Nagar, Pune (Main Centre)

Collected : 11-Feb-2023 / 08:50
Reported : 11-Feb-2023 / 13:25

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	4.8	2.6-5.7 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
Free T4, Serum	11.7	9-19 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
sensitiveTSH, Serum	2.15	0.35-4.94 microIU/ml	CMIA

Kindly note change in reference range and method w.e.f. 16/08/2019. NOTE: 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 & heart failure, severe burns, trauma & surgery etc.

Authenticity Check



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Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : Lulla Nagar, Pune (Main Centre)

Collected : 11-Feb-2023 / 08:50
Reported : 11-Feb-2023 / 13:25

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:

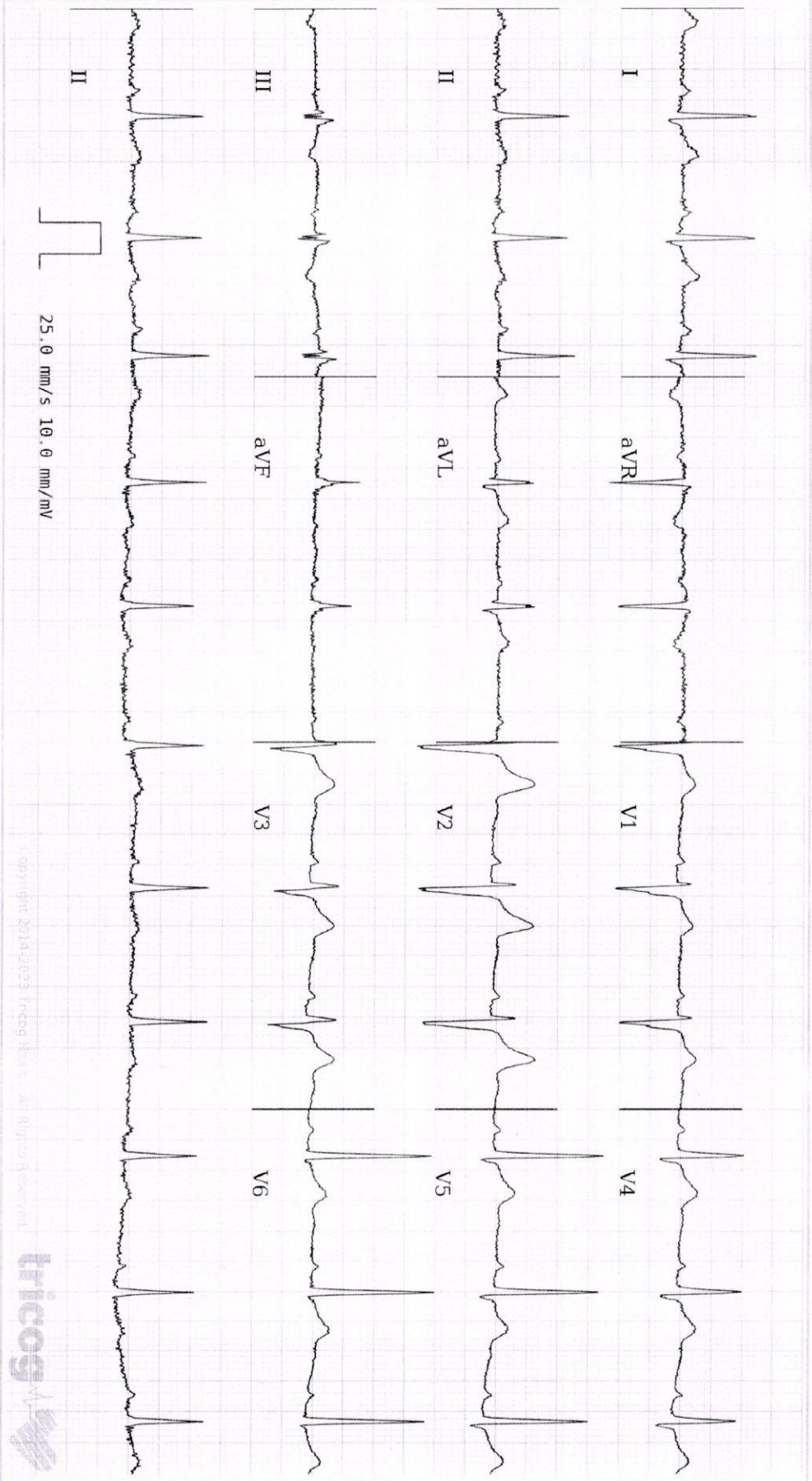
- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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



Shamla Kulkarni

**Dr.SHAMLA
KULKARNI
M.D.(PATH)
Pathologist**



Age **36** **1** **5**
years months days

Gender **Male**

Heart Rate **70bpm**

Patient Vitals

BP: **150/90 mmHg**
Weight: **94 kg**
Height: **177 cm**
Pulse: **NA**
Spo2: **NA**
Resp: **NA**
Others:

Measurements
QRSD: **108ms**
QT: **398ms**
QTc: **429ms**
PR: **166ms**
P-R-T: **27° 32° 2°**

ECG Within Normal Limits: Sinus Rhythm. 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.



Dr. Milind Shinde
MBBS, DNB Medicine
20110571544

REPORTED BY



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CID : 2304221853
Name : Mr CHARAN AHUJA
Age / Sex : 36 Years/Male
Ref. Dr :
Reg. Location : Lulla Nagar, Pune Main Centre

Reg. Date : 11-Feb-2023
Reported : 11-Feb-2023 / 10:13

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USG (ABDOMEN + PELVIS)

LIVER : The liver is normal in size, shape and smooth margins.
It shows raised parenchymal echo pattern s/o grade I fatty infiltration.
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.
The visualized gall bladder appears normal. No evidence of pericholecystic fluid is seen.

PANCREAS : The pancreas is well visualised and appears normal.
No evidence of solid or cystic mass lesion is noted.

KIDNEYS : Both the kidneys are normal in size, shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.

SPLEEN : The spleen is normal in size, shape and echotexture. No evidence of focal lesion is noted.

URINARY BLADDER : The urinary bladder is well distended. It shows thin walls and sharp mucosa.
No evidence of calculus is noted. No mass or diverticulum is seen.

PROSTATE : The prostate is normal in size and echotexture.

Visualized small bowel loops appear non-dilated. Gaseous distension of large bowel loops.
There is no evidence of any lymphadenopathy or ascitis.

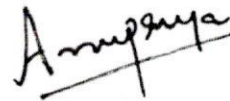
IMPRESSION :

➤ Grade I fatty liver.

Advice - Clinical and lab correlation.

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

This report is prepared and physically checked by Dr. Anupriya Batra before dispatch.



DR. ANUPRIYA BATRA
MD Radiology
Reg. No. 2021/12/8725

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Reg. Location : Lulla Nagar, Pune Main Centre

Reg. Date : 11-Feb-2023
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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.

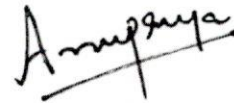
The skeleton under review appears normal.

IMPRESSION:

No significant abnormality is detected.

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

This report is prepared and physically checked by Dr. Anupriya Batra before dispatch.



DR. ANUPRIYA BATRA
MD Radiology
Reg. No. 2021/12/8725

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