



CID : 2427222740
Name : MR.KHANDEBHARAD ANIL BHAGOJI
Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 28-Sep-2024 / 08:06
Reported : 28-Sep-2024 / 11:31

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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	15.9	13.0-17.0 g/dL	Spectrophotometric
RBC	5.64	4.5-5.5 mil/cmm	Elect. Impedance
PCV	48.2	40-50 %	Calculated
MCV	85.4	80-100 fl	Measured
MCH	28.1	27-32 pg	Calculated
MCHC	32.9	31.5-34.5 g/dL	Calculated
RDW	13.4	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6190	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	38.9	20-40 %	
Absolute Lymphocytes	2410.0	1000-3000 /cmm	Calculated
Monocytes	8.7	2-10 %	
Absolute Monocytes	540.0	200-1000 /cmm	Calculated
Neutrophils	49.6	40-80 %	
Absolute Neutrophils	3070.0	2000-7000 /cmm	Calculated
Eosinophils	2.6	1-6 %	
Absolute Eosinophils	160.0	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	10.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	278000	150000-400000 /cmm	Elect. Impedance
MPV	7.3	6-11 fl	Measured
PDW	11.4	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 5 2-15 mm at 1 hr. Sedimentation

Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West

*** End Of Report ***



J Thakker

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



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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 Fasting	87.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	124.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.61	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.22	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.39	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
SGOT (AST), Serum	33.0	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	52.9	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	24.3	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	92.5	40-130 U/L	Colorimetric
BLOOD UREA, Serum	20.6	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.6	6-20 mg/dl	Calculated
CREATININE, Serum	0.75	0.67-1.17 mg/dl	Enzymatic



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eGFR, Serum	122	(ml/min/1.73sqm)	Calculated
		Normal or High: Above 90	
		Mild decrease: 60-89	
		Mild to moderate decrease: 45-59	
		Moderate to severe decrease: 30-44	
		Severe decrease: 15-29	
		Kidney failure: <15	

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation

URIC ACID, Serum	5.4	3.5-7.2 mg/dl	Enzymatic
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*** End Of Report ***



J. Thakker

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	96.8	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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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Colour	Brown	Brown	-
Form and Consistency	Semi Solid	Semi Solid	-
Mucus	Absent	Absent	-
Blood	Absent	Absent	-
<u>CHEMICAL EXAMINATION</u>			
Reaction (pH)	Acidic (6.5)	-	pH Indicator
Occult Blood	Absent	Absent	Guaiaac
<u>MICROSCOPIC EXAMINATION</u>			
Protozoa	Absent	Absent	-
Flagellates	Absent	Absent	-
Ciliates	Absent	Absent	-
Parasites	Absent	Absent	-
Note: Microscopic examination performed by Automated Cuvette based technology. All the Abnormal results are confirmed by reagent strips and Manual method. The Microscopic examination findings are mentioned in decimal numbers as the arithmetic mean of the multiple fields scanned using microscopy. Reference: Pack Insert.			
Macrophages	Absent	Absent	-
Mucus Strands	Absent	Absent	-
Fat Globules	Absent	Absent	-
RBC/hpf	Absent	Absent	-
WBC/hpf	Absent	Absent	-
Yeast Cells	Occasional	Absent	-
Undigested Particles	Present ++	-	-
Concentration Method (for ova)	No ova detected	Absent	-
Reducing Substances	-	Absent	Benedicts

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*** End Of Report ***



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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	Yellow	Pale Yellow	Light scattering
Transparency	Clear	Clear	Light scattering
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.022	1.002-1.035	Refractive index
Reaction (pH)	5.5	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
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	Negative	Negative	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
(WBC)Pus cells / hpf	0.2	0-5/hpf	
Red Blood Cells / hpf	0.0	0-2/hpf	
Epithelial Cells / hpf	0.0	0-5/hpf	
Hyaline Casts	0.0	0-1/ hpf	
Pathological cast	0.0	0-0.3/hpf	
Calcium oxalate monohydrate crystals	0.0	0-1.4/hpf	
Calcium oxalate dihydrate crystals	0.0	0-1.4/hpf	
Triple phosphate crystals	0.0	0-1.4/hpf	
Uric acid crystals	0.0	0-1.4/hpf	
Amorphous debris	Absent	Absent	
Bacteria / hpf	5.3	0-29.5/hpf	
Yeast	Absent	Absent	
Others	-		



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*** End Of Report ***

Dr.SWATI ARORA
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 column agglutination technology (CAT) which is more sensitive than conventional methods.

Note: 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

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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	189.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	154.8	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	34.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	155.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	155.0	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	0.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.5	0-3.5 Ratio	Calculated

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



Swati

Dr.SWATI ARORA
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	5.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	19.1	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.83	0.35-5.5 microIU/ml microU/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 trasiently altered becuae 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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<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	15.9	13.0-17.0 g/dL	Spectrophotometric
RBC	5.64	4.5-5.5 mil/cmm	Elect. Impedance
PCV	48.2	40-50 %	Calculated
MCV	85.4	80-100 fl	Measured
MCH	28.1	27-32 pg	Calculated
MCHC	32.9	31.5-34.5 g/dL	Calculated
RDW	13.4	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6190	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	38.9	20-40 %	
Absolute Lymphocytes	2410.0	1000-3000 /cmm	Calculated
Monocytes	8.7	2-10 %	
Absolute Monocytes	540.0	200-1000 /cmm	Calculated
Neutrophils	49.6	40-80 %	
Absolute Neutrophils	3070.0	2000-7000 /cmm	Calculated
Eosinophils	2.6	1-6 %	
Absolute Eosinophils	160.0	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	10.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	278000	150000-400000 /cmm	Elect. Impedance
MPV	7.3	6-11 fl	Measured
PDW	11.4	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 5 2-15 mm at 1 hr. Sedimentation

Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

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Reported : 28-Sep-2024 / 13:51

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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 Fasting	87.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	124.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.61	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.22	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.39	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
SGOT (AST), Serum	33.0	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	52.9	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	24.3	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	92.5	40-130 U/L	Colorimetric
BLOOD UREA, Serum	20.6	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.6	6-20 mg/dl	Calculated
CREATININE, Serum	0.75	0.67-1.17 mg/dl	Enzymatic



CID : 2427222740
Name : MR.KHANDEBHARAD ANIL BHAGOJI
Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 28-Sep-2024 / 08:06
Reported : 28-Sep-2024 / 15:42

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eGFR, Serum	122	(ml/min/1.73sqm)	Calculated
		Normal or High: Above 90	
		Mild decrease: 60-89	
		Mild to moderate decrease: 45-59	
		Moderate to severe decrease: 30-44	
		Severe decrease: 15-29	
		Kidney failure: <15	

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation

URIC ACID, Serum	5.4	3.5-7.2 mg/dl	Enzymatic
------------------	-----	---------------	-----------

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



J. Thakker

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



CID : 2427222740
Name : MR.KHANDEBHARAD ANIL BHAGOJI
Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 28-Sep-2024 / 08:06
Reported : 28-Sep-2024 / 11:14

Use a QR Code Scanner
Application To Scan the Code

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	96.8	mg/dl	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West

*** End Of Report ***



J. Thakker

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



CID : 2427222740
Name : MR.KHANDEBHARAD ANIL BHAGOJI
Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 28-Sep-2024 / 08:06
Reported : 28-Sep-2024 / 15:45

Use a QR Code Scanner
Application To Scan the Code

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Colour	Brown	Brown	-
Form and Consistency	Semi Solid	Semi Solid	-
Mucus	Absent	Absent	-
Blood	Absent	Absent	-
<u>CHEMICAL EXAMINATION</u>			
Reaction (pH)	Acidic (6.5)	-	pH Indicator
Occult Blood	Absent	Absent	Guaiaac
<u>MICROSCOPIC EXAMINATION</u>			
Protozoa	Absent	Absent	-
Flagellates	Absent	Absent	-
Ciliates	Absent	Absent	-
Parasites	Absent	Absent	-
Note: Microscopic examination performed by Automated Cuvette based technology. All the Abnormal results are confirmed by reagent strips and Manual method. The Microscopic examination findings are mentioned in decimal numbers as the arithmetic mean of the multiple fields scanned using microscopy. Reference: Pack Insert.			
Macrophages	Absent	Absent	-
Mucus Strands	Absent	Absent	-
Fat Globules	Absent	Absent	-
RBC/hpf	Absent	Absent	-
WBC/hpf	Absent	Absent	-
Yeast Cells	Occasional	Absent	-
Undigested Particles	Present ++	-	-
Concentration Method (for ova)	No ova detected	Absent	-
Reducing Substances	-	Absent	Benedicts

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



J Thakker

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



CID : 2427222740
Name : MR.KHANDEBHARAD ANIL BHAGOJI
Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 28-Sep-2024 / 08:06
Reported : 28-Sep-2024 / 12:27

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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	Yellow	Pale Yellow	Light scattering
Transparency	Clear	Clear	Light scattering
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.022	1.002-1.035	Refractive index
Reaction (pH)	5.5	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
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	Negative	Negative	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
(WBC)Pus cells / hpf	0.2	0-5/hpf	
Red Blood Cells / hpf	0.0	0-2/hpf	
Epithelial Cells / hpf	0.0	0-5/hpf	
Hyaline Casts	0.0	0-1/ hpf	
Pathological cast	0.0	0-0.3/hpf	
Calcium oxalate monohydrate crystals	0.0	0-1.4/hpf	
Calcium oxalate dihydrate crystals	0.0	0-1.4/hpf	
Triple phosphate crystals	0.0	0-1.4/hpf	
Uric acid crystals	0.0	0-1.4/hpf	
Amorphous debris	Absent	Absent	
Bacteria / hpf	5.3	0-29.5/hpf	
Yeast	Absent	Absent	
Others	-		



Use a QR Code Scanner
Application To Scan the Code

CID : 2427222740
Name : MR.KHANDEBHARAD ANIL BHAGOJI
Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 28-Sep-2024 / 08:06
Reported : 28-Sep-2024 / 12:27

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

Dr.SWATI ARORA
M.D. (PATH)
Pathologist



CID : 2427222740
Name : MR.KHANDEBHARAD ANIL BHAGOJI
Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 28-Sep-2024 / 08:06
Reported : 28-Sep-2024 / 11:31

Use a QR Code Scanner
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh TYPING	POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Note: This sample 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 Harming, 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 CPL, Andheri West
*** End Of Report ***



J Thakker

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



CID : 2427222740
Name : MR.KHANDEBHARAD ANIL BHAGOJI
Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 28-Sep-2024 / 08:06
Reported : 28-Sep-2024 / 14:04

Use a QR Code Scanner
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	189.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	154.8	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	34.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	155.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	155.0	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	0.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.5	0-3.5 Ratio	Calculated

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



Swati

Dr.SWATI ARORA
M.D. (PATH)
Pathologist



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CID : 2427222740
Name : MR.KHANDEBHARAD ANIL BHAGOJI
Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 28-Sep-2024 / 08:06
Reported : 28-Sep-2024 / 11:58

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	5.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	19.1	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.83	0.35-5.5 microIU/ml microU/ml	ECLIA



CID : 2427222740
Name : MR.KHANDEBHARAD ANIL BHAGOJI
Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

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Collected : 28-Sep-2024 / 08:06
Reported : 28-Sep-2024 / 11:58

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 becuae 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 CPL, Andheri West
*** End Of Report ***



J Thakker

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



CID : 2427222740
Name : MR.KHANDEBHARAD ANIL BHAGOJI
Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Use a QR Code Scanner Application To Scan the Code
Collected : 28-Sep-2024 / 11:21
Reported : 28-Sep-2024 / 15:43

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
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 CPL, Andheri West
*** End Of Report ***



Swati

Dr.SWATI ARORA
M.D. (PATH)
Pathologist

SUBURBAN DIAGNOSTICS

Patient Details

Name: KHANDEBHARAD A BHAGOJI ID: 2427222740

Date: 28-Sep-24

Time: 10:13:13

Age: 33 y

Sex: M

Height: 174 cms

Clinical History: NONE

Weight: 68 Kgs

Medications: NONE

Test Details

Protocol: Bruce

Total Exec. Time: 8 m 17 s

Max. BP: 170 / 80 mmHg

Test Termination Criteria: Target HR attained

Pr.MHR: 187 bpm

Max. HR: 161 (86% of Pr.MHR)bpm

Max. BP x HR: 27370 mmHg/min

THR: 158 (85 % of Pr.MHR) bpm

Max. Mets: 10.20

Min. BP x HR: 5040 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 : 12	1.0	0	0	63	130 / 80	-0.85 aVR	2.12 V2
Standing	0 : 6	1.0	0	0	64	130 / 80	-1.06 aVR	2.48 V2
Hyperventilation	0 : 55	1.0	0	0	81	130 / 80	-5.31 II	4.95 V2
1	3 : 0	4.6	1.7	10	102	140 / 80	-1.49 aVR	4.95 V2
2	3 : 0	7.0	2.5	12	132	150 / 80	-2.12 aVR	5.66 V2
Peak Ex	2 : 17	10.2	3.4	14	161	170 / 80	-2.97 aVR	5.66 II
Recovery(1)	1 : 0	1.8	1	0	132	150 / 80	-5.10 aVR	5.66 I
Recovery(2)	1 : 0	1.0	0	0	101	140 / 80	-4.88 aVR	5.66 I
Recovery(3)	0 : 28	1.0	0	0	99	130 / 80	-3.40 aVR	5.66 II

Interpretation

GOOD EFFORT TOLERANCE
 NORMAL CHRONOTROPIC RESPONSE
 NORMAL INOTROPIC RESPONSE
 NO ANGINA/ ANGINA EQUIVALENTS
 NO ARRHYTHMIAS
 NO SIGNIFICANT ST-T CHANGES FROM BASELINE
 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. Ravi Chavan
 MD: D Card
 Consultant Cardiologist
 Reg. No. 2004/06/2468

Ref. Doctor: ARCOFEMI HEALTHCARE

(Summary Report)

Protocol: Bruce

ID: 2427222740

Date: 28-Sep-24

Exec Time : 0 m 0 s

Stage Time : 0 m 6 s

Test Report

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

Stage: Supine

Speed 0 mph

Grade: 0 %

(THR: 158 bpm)

HR: 63 bpm

0.6 0.0

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

1.1 1.1

B.P: 130 / 80

0.2 0.4

0.2 0.0

-0.8 -0.7

2.1 2.1

0.0 0.0

0.8 0.7

0.6 0.7

0.8 0.7

0.0 0.0

1.1 1.1

0.0 0.0

0.8 1.1

0.6 0.7

0.8 0.7

0.0 0.0

1.1 1.1

0.0 0.0

0.8 0.7

0.6 0.7

0.8 0.7

Chart Speed: 25 mm/sec
Schlifer Spanden V 4.7

Filter: 35 Hz

Mains Filtr: ON

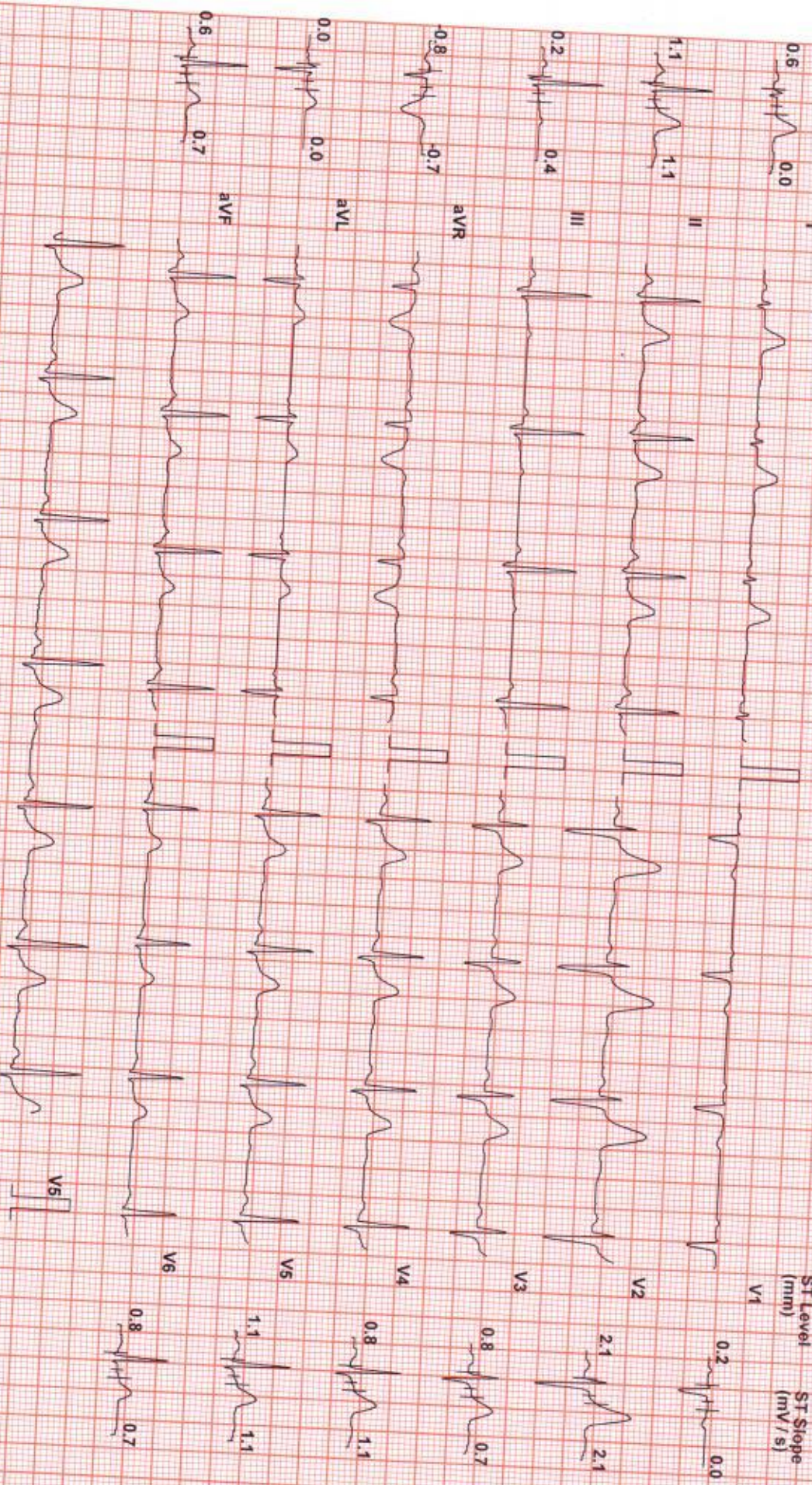
Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



Protocol: Bruce

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

Stage: Standing

Date: 28-Sep-24

Exec Time: 0 m 0 s

Stage Time: 0 m 0 s

Test Report

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

B.P: 130 / 80

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



Chart Speed: 25 mm/sec
Schiller Spandon 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



KHANDERBHARAD A BHAGOJI (33 M)

SUBURBAN DIAGNOSTICS

Protocol: Bruce

ID: 2427222740

Date: 28-Sep-24

Exec Time: 0 m 0 s

Stage Time: 0 m 49 s

HR: 81 bpm

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

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

B.P: 130 / 80

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

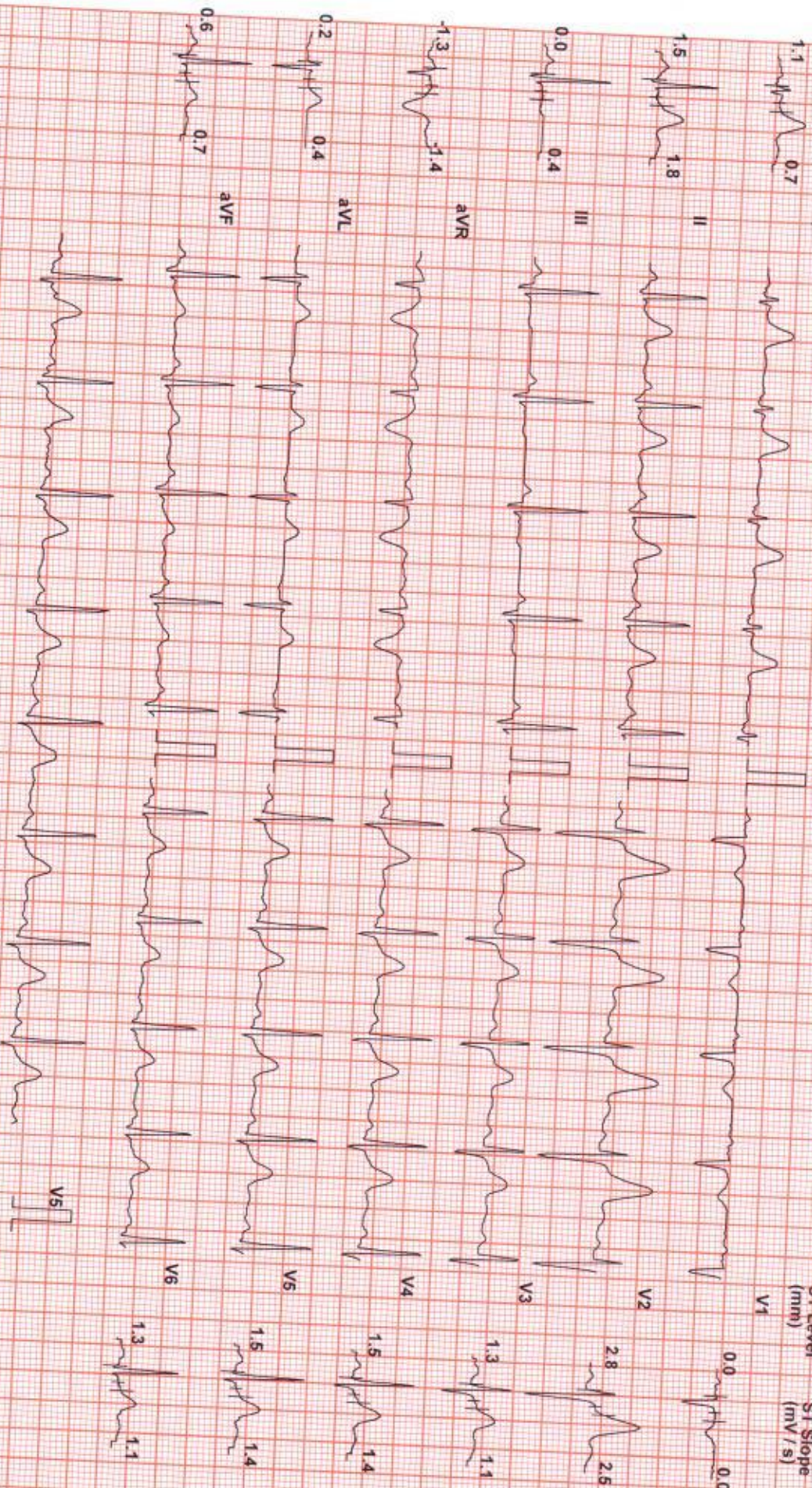


Chart Speed: 25 mm/sec
Schlifer Spannung V4.7

Filter 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R - 60 ms

Post J = J + 60 ms

Linked Median

Protocol: Bruce ID: 2427222740

Stage: 1

Date: 28-Sep-24 Exec Time: 2 m 54 s Stage Time: 2 m 54 s HR: 104 bpm
Speed: 1.7 mph Grade: 10% (THR: 158 bpm) B.P.: 140 / 80

Test Report

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

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

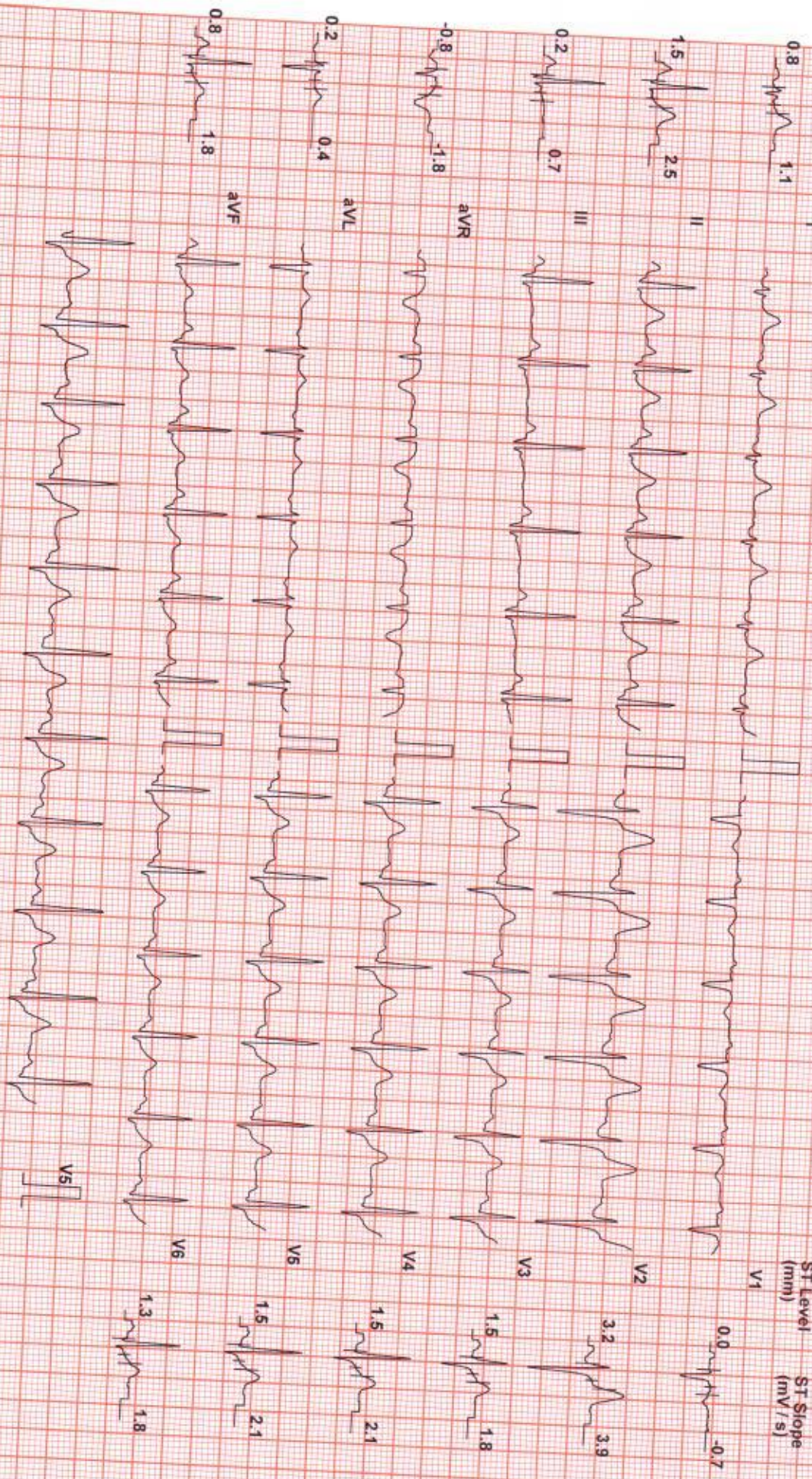


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filtr. ON

Amp: 10 mm

Isr = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Protocol: Bruce

ID: 2427222740

Date: 28-Sep-24

Exec Time: 5 m 54 s Stage Time: 2 m 54 s HR: 131 bpm

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

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 158 bpm)

B.P: 150/80

1.5 2.8

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

V1

-0.4 -1.1

2.8 5.0

V2

4.9 3.9

1.1 1.8

V3

2.8 4.6

-2.1 -3.5

V4

3.0 5.0

0.4 0.7

V5

2.8 4.2

1.7 3.2

V6

2.1 3.2

AVF

AVL

AVR

III

II

Chart Speed: 25 mm/sec
Schiller Spacelab 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

Protocol: Bruce

ID: 2427222740

Date: 28-Sep-24

Exec Time : 8 m 11 s Stage Time : 2 m 11 s

Test Report

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

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 158 bpm)

HR: 161 bpm
B.P: 170 / 80

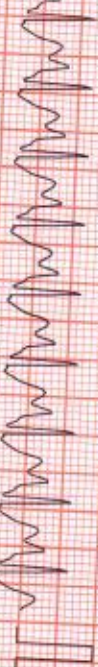
ST Level (mm) ST Slope (mV/s)

1.9 3.5



0.0 -1.8

3.2 5.0



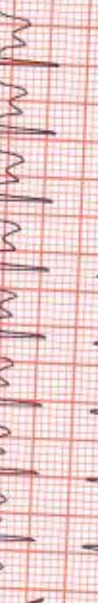
5.7 3.9

0.8 2.1



3.6 4.6

-2.5 -5.0



3.8 5.0

0.6 0.7



3.0 5.7

1.9 3.9



1.9 3.9

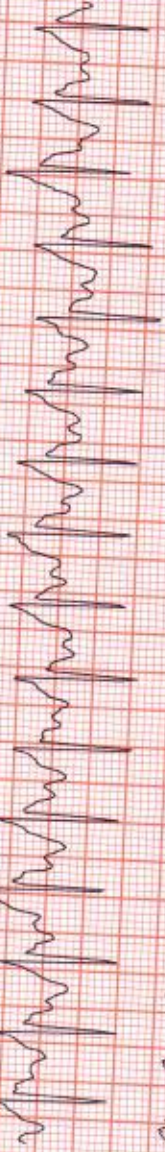


Chart Speed: 25 mm/sec
Schiller Spentan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

fs = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

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

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 158 bpm)

B.P.: 150 / 80

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

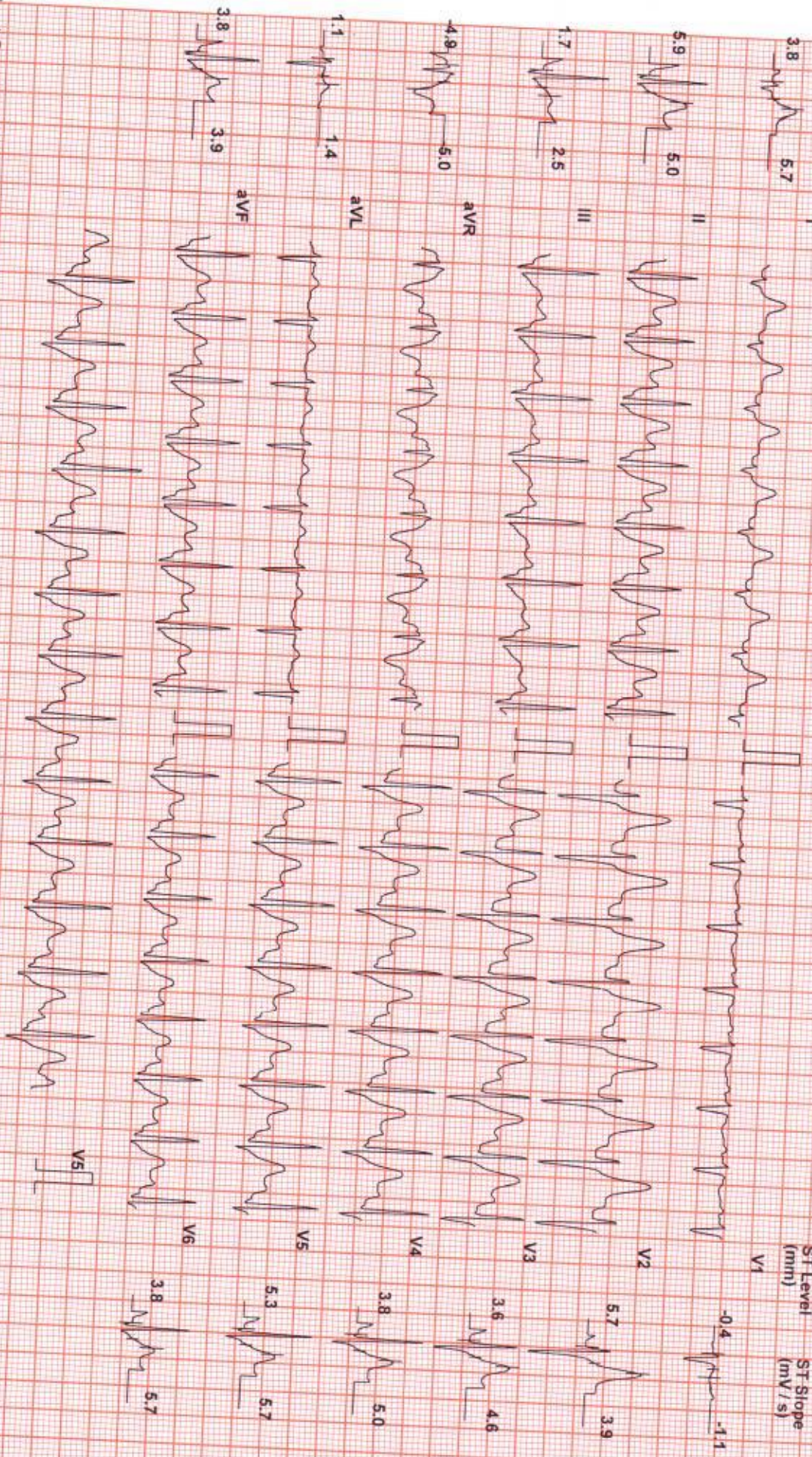


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

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

Test Report

KHANDEBHARAD A BHAGGOJI (33 M)

ID: 2427222740

Date: 28-Sep-24

Exec Time: 8 m 17 s Stage Time: 0 m 54 s **HR: 106 bpm**

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

B.P: 140 / 80

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

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

2.8 4.2

0.0 -0.7



4.9 5.0

5.7 3.9



1.7 2.5

5.3 4.6



-3.6 -5.7

4.9 5.0



0.4 1.1

4.0 5.7



3.4 5.0

3.4 4.6



Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

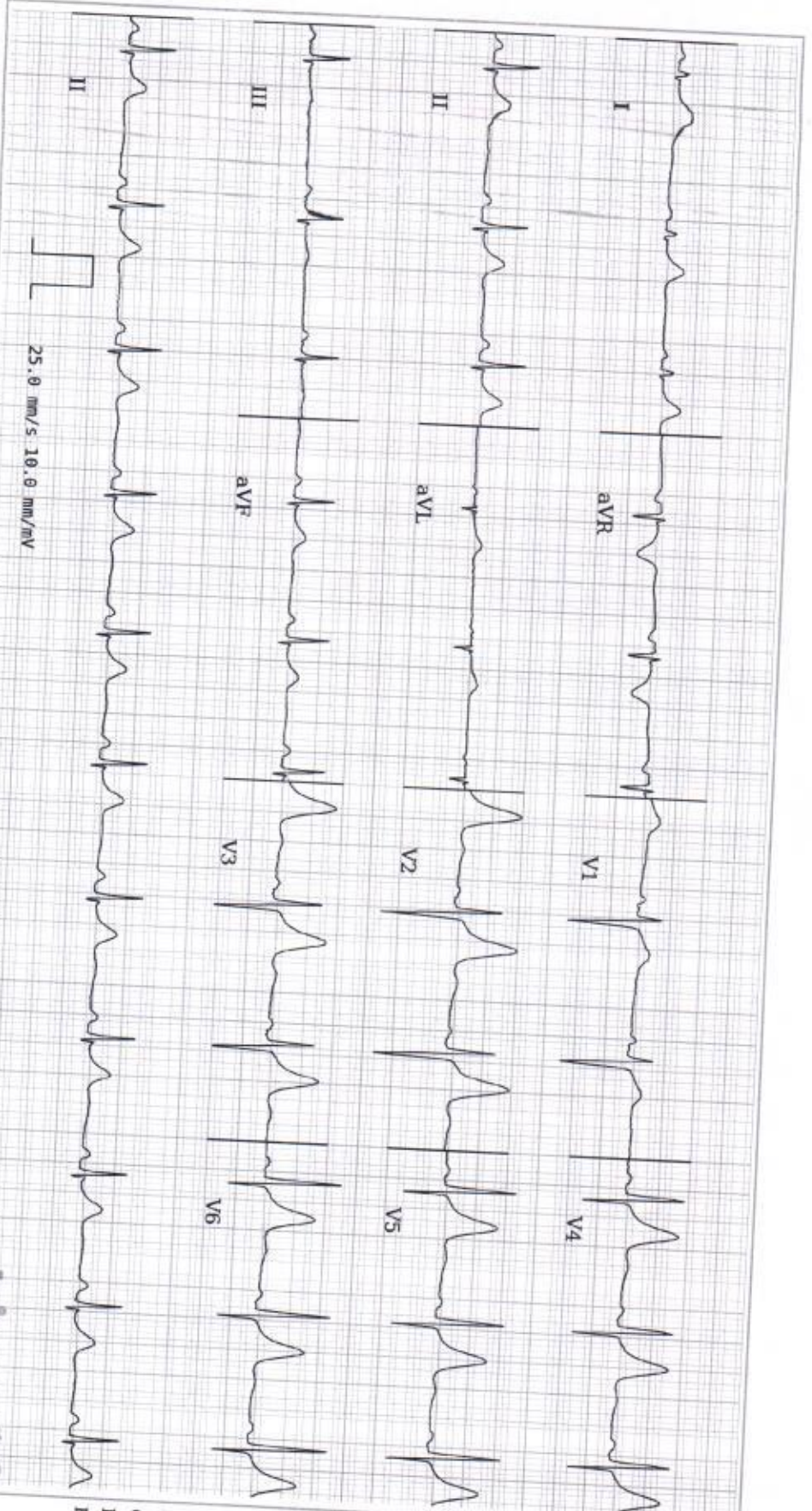
Post J = J + 60 ms

Schiller Spankan V4.7

Linked Median

Patient Name: **KHANDEBHARAD ANIL BHAGOJI**
Patient ID: **2427222740**

SUBURBAN DIAGNOSTICS - ANDHERI WEST
Date and Time: **28th Sep 24 8:42 AM**



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ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

Age: _____
Gender: _____
Heart I: _____
Patient: _____
BP: _____
Weight: _____
Height: _____
Pulse: _____
Spo2: _____
Resp: _____
Others: _____

Measure: _____
QRSD: _____
QT: _____
QTcB: _____
PR: 1
P-R-T: 6

REPORTED BY

[Signature]

DR. RAVI CHAVAN
MD, D. CARD, D. DIABETES
Cardiologist & Diabetologist
2004/09/24/68

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 received by the clinician and not derived from the ECG.



CID : 2427222740
Name : Mr KHANDEBHARAD ANIL BHAGOJI
Age / Sex : 33 Years/Male
Ref. Dr :
Reg. Location : Andheri West (Main Center)

Reg. Date : 28-Sep-2024
Reported : 28-Sept-2024 / 11:40


Use a QR Code Scanner
Application To Scan the Code

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 R K Bhandari
M D , DMRE
MMC REG NO. 34078

Patient's Name : K. ANIL BHAGOJI

Age : 33 YRS / MALE

Requesting Doctor :---

DATE: 28.09.2024

CID. No :2427222740

2D-ECHO & COLOUR DOPPLER REPORT

Structurally Normal : MV / AV / TV / PV.
No significant valvular stenosis.

Trivial Mitral Regurgitation, Trivial Aortic Regurgitation
Trivial Pulmonary Regurgitation,

Trivial Tricuspid regurgitation. No Pulmonary arterial hypertension.
PASP by TR jet vel.method = 28 mm Hg.

LV / LA / RA / RV - Normal in dimension.
IAS / IVS is Intact.

No Left Ventricular Diastolic Dysfunction [LVDD].
No Doppler evidence of raised LVEDP

No regional wall motion abnormality. No thinning / scarring / dyskinesia of LV
wall noted. Normal LV systolic function. LVEF = 60 % by visual estimation.

No e/o thrombus in LA /LV.
No e/o Pericardial effusion.

IVC normal in dimension with good inspiratory collapse.
Normal RV systolic function (by TAPSE)

IMPRESSION:

**NORMAL LV SYSTOLIC FUNCTION, LVEF = 60 % ,
NO RWMA, NO PAH, NO LVDD,
NO LV HYPERTROPHY.**

M-MODE STUDY	Value	Unit	COLOUR DOPPLER STUDY	Value	Unit
IVSd	10	mm	Mitral Valve E velocity	1.1	m/s
LVIDd	40	mm	Mitral Valve A velocity	0.5	m/s
LVPWd	10	mm	E/A Ratio	2	-
IVSs	15	mm	Mitral Valve Deceleration Time	160	ms
LVIDs	22	mm	E/E'	6	-
LVPWs	15	mm	TAPSE	22	
			Aortic valve		
IVRT	-	ms	AVmax	1	m/s
			AV Peak Gradient	4	mmHg
2D STUDY			LVOT Vmax	0.9	m/s
LVOT	18	mm	LVOT gradient	1.2	mmHg
LA	38	mm	Pulmonary Valve		
RA	28	mm	PVmax	0.8	m/s
RV [RVID]	24	mm	PV Peak Gradient	2.6	mmHg
IVC	12	mm	Tricuspid Valve		
			TR jet vel.	2.4	m/s
			PASP	28	mmHg

*** End of Report **



DR. RAVI CHAVAN

CARDIOLOGIST
REG.NO.2004 /06/2468

Disclaimer: 2D echocardiography is an observer dependent investigation. Minor variations in report are possible when done by two different examiners or even by same examiner on two different occasions. These variations may not necessarily indicate a change in the underlying cardiac condition. In the event of previous reports being available, these must be provided to improve clinical correlation.

Date:- 28/09/2024

Name:- Khandebhano

CID: 2427222740

Sex / Age: 33 / M

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

MI

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—	—	—	6/6	—	—	—	6/6
Near	—	—	—	MS	—	—	—	MS

Colour Vision: Normal / Abnormal

Remark:

normal vision

CID# : 2427222740
Name : MR.KHANDEBHARAD ANIL BHAGOJI
Age / Gender : 33 Years/Male
Consulting Dr. : Collected : 28-Sep-2024 / 07:58
Reg.Location : Andheri West (Main Centre) Reported : 30-Sep-2024 / 09:41

PHYSICAL EXAMINATION REPORT

History and Complaints:

Asymptomatic

EXAMINATION FINDINGS:

Height (cms):	174 cms	Weight (kg):	68 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	130/80 mm of Hg	Nails:	Normal
Pulse:	72/min	Lymph Node:	Not palpable

Systems

Cardiovascular: S1S2 audible
Respiratory: AEBE
Genitourinary: NAD
GI System: Liver & Spleen not palpable
CNS: NAD

IMPRESSION:

Borderline high LDL, Triglycerides,
Rest reports appears to be in normal limits.

ADVICE:

Kindly consult your family physician with all your reports,
Therapeutic life style modification is advised.

CHIEF COMPLAINTS:

- | | |
|-----------------------------|----|
| 1) Hypertension: | No |
| 2) IHD | No |
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis | No |

CENTRAL PROCESSING LAB: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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

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

CID# : 2427222740

Name : MR.KHANDEBHARAD ANIL BHAGOJI

Age / Gender : 33 Years/Male

Consulting Dr. :

Collected : 28-Sep-2024 / 07:58

Reg.Location : Andheri West (Main Centre)

Reported : 30-Sep-2024 / 09:41

6) Asthama	No
7) Pulmonary Disease	No
8) Thyroid/ Endocrine disorders	No
9) Nervous disorders	No
10) GI system	No
11) Genital urinary disorder	No
12) Rheumatic joint diseases or symptoms	No
13) Blood disease or disorder	No
14) Cancer/lump growth/cyst	No
15) Congenital disease	No
16) Surgeries	No
17) Musculoskeletal System	No

PERSONAL HISTORY:

1) Alcohol	No
2) Smoking	No
3) Diet	Mixed
4) Medication	No

*** End Of Report ***

Sangeeta Manwani

Dr.Sangeeta Manwani
M.B.B.S. Reg.No.71083

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