

**DR. NITIN SONAVANE**  
M.B.B.S, F.I.C., D. DIAB, D. CARD.  
CONSULTANT CARDIOLOGIST  
REGD. NO. 47714

Regd. Office:-  
**SUBURBAN DIAGNOSTICS INDIA PVT. LTD.**  
2nd Floor, Aston, Sundervan Complex,  
Lokhandwala Road, Andheri (West),  
Mumbai-400053.

*Nitin Sawant*



DR. NO. MH02 20070112265  
Valid Till: 11-11-2027 (INT)

DOJ: 12-11-2007

REGISTRATION TO PRACTISE FOLLOWING CLASS  
OF VEHICLES 3-4-ROUNDER MDA

DOB: 17-12-1983 BG

Name: HARSHAL SAWANT  
S/D/W of KANHLAKAR SAWANT  
Add: A/301, AMBER APT., L. T. ROAD,  
DAGDASAR (W),  
MUMBAI  
PIN: 400068

COV: DOJ  
MCHG: 12-11-2007  
LMV: 12-11-2007

Signature & ID of Issuing Authority: MH02 200761

Signature/Thumb Impression of holder

CID# : 2302818917  
Name : MR.HARSHAL SAWANT  
Age / Gender : 39 Years/Male  
Consulting Dr. :-  
Reg.Location : Borivali West (Main Centre)

Collected : 28-Jan-2023 / 08:53  
Reported : 29-Jan-2023 / 12:29

**PHYSICAL EXAMINATION REPORT**

**History and Complaints:**

Asymptomatic *K1c/o venous malformation on left chest since birth*

**EXAMINATION FINDINGS:**

Height (cms): 168cm  
Temp (0c): Afebrile  
Blood Pressure (mm/hg): 140/80mmhg  
Pulse: 72min

Weight (kg): 75kg  
Skin: Normal  
Nails: Normal  
Lymph Node: Normal

**Systems**

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

**IMPRESSION:**

*HDL ↓*

**ADVICE:**

*- Regular exercise  
- wt reduction 7 kg.*

**CHIEF COMPLAINTS:**

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



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- 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

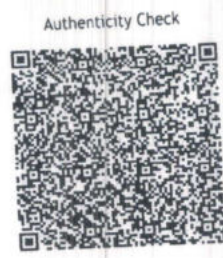
**PERSONAL HISTORY:**

- 1) Alcohol No
- 2) Smoking No
- 3) Diet mix
- 4) Medication No

\*\*\* End Of Report \*\*\*

**DR. NITIN SONAVANE**  
M.B.B.S.AFLH, D.DIAB, D.CARD.  
CONSULTANT-CARDIOLOGIST  
REGD. NO. : 87714  
Dr.NITIN SONAVANE  
PHYSICIAN

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 Reported : 28-Jan-2023 / 12:03

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	13.9	13.0-17.0 g/dL	Spectrophotometric
RBC	4.85	4.5-5.5 mil/cmm	Elect. Impedance
PCV	42.3	40-50 %	Measured
MCV	87	80-100 fl	Calculated
MCH	28.7	27-32 pg	Calculated
MCHC	32.8	31.5-34.5 g/dL	Calculated
RDW	13.0	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	4610	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	35.3	20-40 %	Calculated
Absolute Lymphocytes	1627.3	1000-3000 /cmm	Calculated
Monocytes	8.1	2-10 %	Calculated
Absolute Monocytes	373.4	200-1000 /cmm	Calculated
Neutrophils	54.8	40-80 %	Calculated
Absolute Neutrophils	2526.3	2000-7000 /cmm	Calculated
Eosinophils	1.3	1-6 %	Calculated
Absolute Eosinophils	59.9	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	Calculated
Absolute Basophils	23.1	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	121000	150000-400000 /cmm	Elect. Impedance
MPV	11.1	6-11 fl	Calculated
PDW	24.6	11-18 %	Calculated







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 Reported : 28-Jan-2023 / 12:21

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	113.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	100.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	1.07	0.3-1.2 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (DIRECT), Serum	0.38	0-0.3 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (INDIRECT), Serum	0.69	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.3	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.2	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.0	1 - 2	Calculated
SGOT (AST), Serum	14.9	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	29.5	10-49 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
GAMMA GT, Serum	23.8	<73 U/L	Modified IFCC





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ALKALINE PHOSPHATASE, Serum 76.5

46-116 U/L

Modified IFCC

Kindly note change in Ref range and method w.e.f.11-07-2022

BLOOD UREA, Serum 31.6

19.29-49.28 mg/dl

Calculated

Kindly note change in Ref range and method w.e.f.11-07-2022

BUN, Serum 14.8

9.0-23.0 mg/dl

Urease with GLDH

Kindly note change in Ref range and method w.e.f.11-07-2022

CREATININE, Serum 1.12  
eGFR, Serum 78

0.67-1.17 mg/dl  
>60 ml/min/1.73sqm

Enzymatic  
Calculated

URIC ACID, Serum 7.5

3.7-9.2 mg/dl

Uricase/ Peroxidase

Kindly note change in Ref range and method w.e.f.11-07-2022

Urine Sugar (Fasting) Absent

Absent

Urine Ketones (Fasting) Absent

Absent

Urine Sugar (PP) Absent

Absent

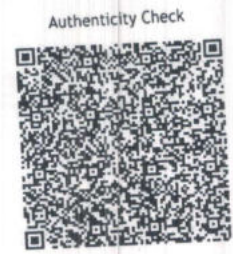
Urine Ketones (PP) Absent

Absent

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\*\*\* End Of Report \*\*\*



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



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	119.8	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 Borivali Lab, Borivali West  
\*\*\* End Of Report \*\*\*



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





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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**URINE EXAMINATION REPORT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<b>CHEMICAL EXAMINATION</b>			
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
<b>MICROSCOPIC EXAMINATION</b>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	
Others	-		

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

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

Reference: Pack insert



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



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

PARAMETER	RESULTS
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. Trupti Shetty*  
Dr. TRUPTI SHETTY  
M. D. (PATH)  
Pathologist



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	183.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	149.9	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	26.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	157.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	127.7	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	29.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	7.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.9	0-3.5 Ratio	Calculated

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab  
\*\*\* End Of Report \*\*\*



*Namrata Raul*  
Dr.NAMRATA RAUL  
M.D (Biochem)  
Biochemist





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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	5.5	3.5-6.5 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
Free T4, Serum	16.0	11.5-22.7 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
sensitiveTSH, Serum	2.019	0.55-4.78 microlU/ml	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			





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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 upto 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 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 SDRL, Vidyavihar Lab  
\*\*\* End Of Report \*\*\*



*Raul*  
**Dr.NAMRATA RAUL**  
M.D (Biochem)  
Biochemist





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## USG WHOLE ABDOMEN

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

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

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

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

**KIDNEYS:** Right kidney measures 9.7 x 4.2 cm. Left kidney measures 8.4 x 4.4 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

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

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

**PROSTATE:** Prostate is normal in size and echotexture. Prostate measures 3.5 x 2.9 x 3.3 cm and prostatic weight is 18 gm. No evidence of any obvious focal lesion.

No free fluid or size significant lymphadenopathy is seen.

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Opinion:

Grade I fatty infiltration of liver .

*For clinical correlation and follow up.*

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

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

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

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

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**X-RAY CHEST PA VIEW**

Soft tissue swelling is noted along the lateral body of left chest.

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.

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

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

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

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Date:- 28/1/23  
Name:- Harshal Sawant

CID: 2302818917  
Sex / Age: 89 / M

EYE CHECK UP

Chief complaints:  
Systemic Diseases: NIL

Past history:  
Unaided Vision: NIL

Aided Vision:

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance				6/6				6/6
Near				N/G				N/G

Colour Vision: Normal / Abnormal

Remark:

Regd. Office:-  
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2nd Floor, Aston, Sundervan Complex,  
Lokhandwala Road, Andheri (West),  
Mumbai-400053.



Patient Name: HARSHAL SAWANT  
Patient ID: 2302818917

Date and Time: 28th Jan 23 9:27 AM

Age 39 1 11  
years months days

Gender **Male**

Heart Rate **56bpm**

Patient Vitals

BP: 140/80 mmHg

Weight: 75 Kg

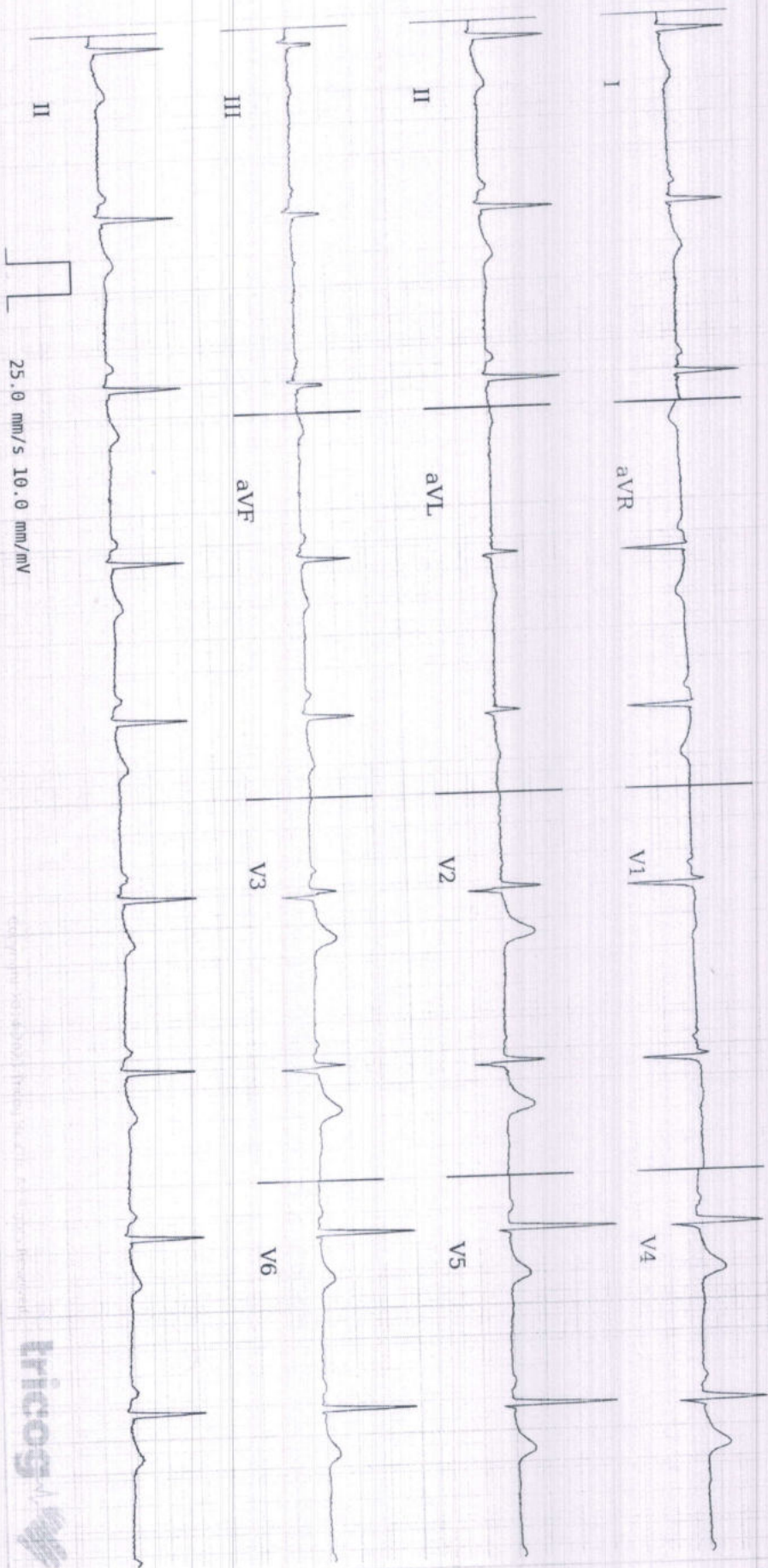
Height: 168 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:



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

**DR. NITIN SONAVANE**  
M.B.S.A.F.H., D.DIAB., D.CARD.  
CONSULTANT CARDIOLOGIST  
REGD. NO. : 87714

Regd. Office:-  
**SUBURBAN DIAGNOSTICS INDIA PVT. LTD.**  
2nd Floor, A/cen, Sundervan Complex,  
Lokhandwaja Road, Andheri (West),  
Mumbai-400053.

REPORTED BY

*(Signature)*

Dr Nitin Sonavane  
M.B.S.A.F.H., D.DIAB.D.CARD  
Consultant Cardiologist  
87714

Disclaimer: 1) Analysis in this report is based on ECG trace and should be used as an adjunct to clinical history, symptoms and results of other investigations. 2) Patient vitals are as entered by the clinician and not derived from the ECG.



**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

**Name: HARSHAL SAWANT** Date: 28-01-2023 Time: 11:01  
 Age: 39 Gender: M Height: 168 cms Weight: 75 Kg ID: 2302818917  
 Clinical History: NIL  
 Medications: NIL

**Test Details:**  
 Protocol: Bruce Predicted Max HR: 181 Target HR: 153  
 Exercise Time: 0:09:36 Achieved Max HR: 160 (88% of Predicted MHR)  
 Max BP: 170/80 Max BP x HR: 27200 Max Mets: 10.8  
 Test Termination Criteria: TEST COMPLET

**Protocol Details:**

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	00:17	1	0	0	65	140/80	9100	-1.4 V1	-1.3 II
Standing	00:16	1	0	0	115	140/80	16100	3.6 III	1.6 aVR
HyperVentilation	00:18	1	0	0	61	140/80	8540	-0.4 aVL	-1 II
PreTest	00:17	1	1.6	0	73	140/80	10220	0.9 V5	-1.1 II
Stage: 1	03:00	4.7	2.7	10	98	160/80	15680	-21.3 V5	3.1 V5
Stage: 2	03:00	7	4	12	119	160/80	19040	-58.1 V5	0.8 V1
Stage: 3	03:00	10.1	5.5	14	143	160/80	22880	49.3 V5	-8.3 V5
Peak Exercise	00:36	10.8	6.8	16	160	170/80	27200	15.1 V5	26.3 V5
Recovery1	01:00	1	0	0	120	150/80	18000	0.9 V4	0.4 V3

**Interpretation**

The Patient Exercised according to Bruce Protocol for 0:09:36 achieving a work level of 10.8 METS.  
 Resting Heart Rate, initially 65 bpm rose to a max. heart rate of 160bpm (88% of Predicted Maximum Heart Rate).  
 Resting Blood Pressure of 140/80 mmHg, rose to a maximum Blood Pressure of 170/80 mmHg  
 Good Effort tolerance Normal HR & BP Response No Angina or Arrhymias  
 No Significant ST-T Change Noted During Exercise Stress test Negative for Stress inducible ischaemia.

Ref. Doctor :-  
 SUBURBAN DIAGNOSTICS PVT. LTD.  
 2nd Fl. Preet-Asto B. Suburban Complex,  
 Lokeshwari Wala Road, Borivali (West),  
 Mumbai - 400053.

**DR. NITIN SONAVANE**  
 M.B.B.S. AFM, D. DIAB. D. CARD.  
 CONSULTANT CARDIOLOGIST  
 REGD. NO. : 87314

Ref. Doctor: ---

Doctor: DR. NITIN SONAVANE

**SCHILLER**

The Art of Diagnostics

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







# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**HARSHAL SAWANT**

Brue Protocol  
STLevel(mm) STISlope(mV/s)

ID: 2302818917  
Stage: Supine

Date: 28-01-2023  
Speed: 0 km/h

Exec Time : 0:00:00  
Slope: 0%

Stage Time: 00:17  
THR: 153 bpm

**HR: 65 bpm**

BP: 140/80 mmHg  
STLevel(mm) STISlope(mV/s)

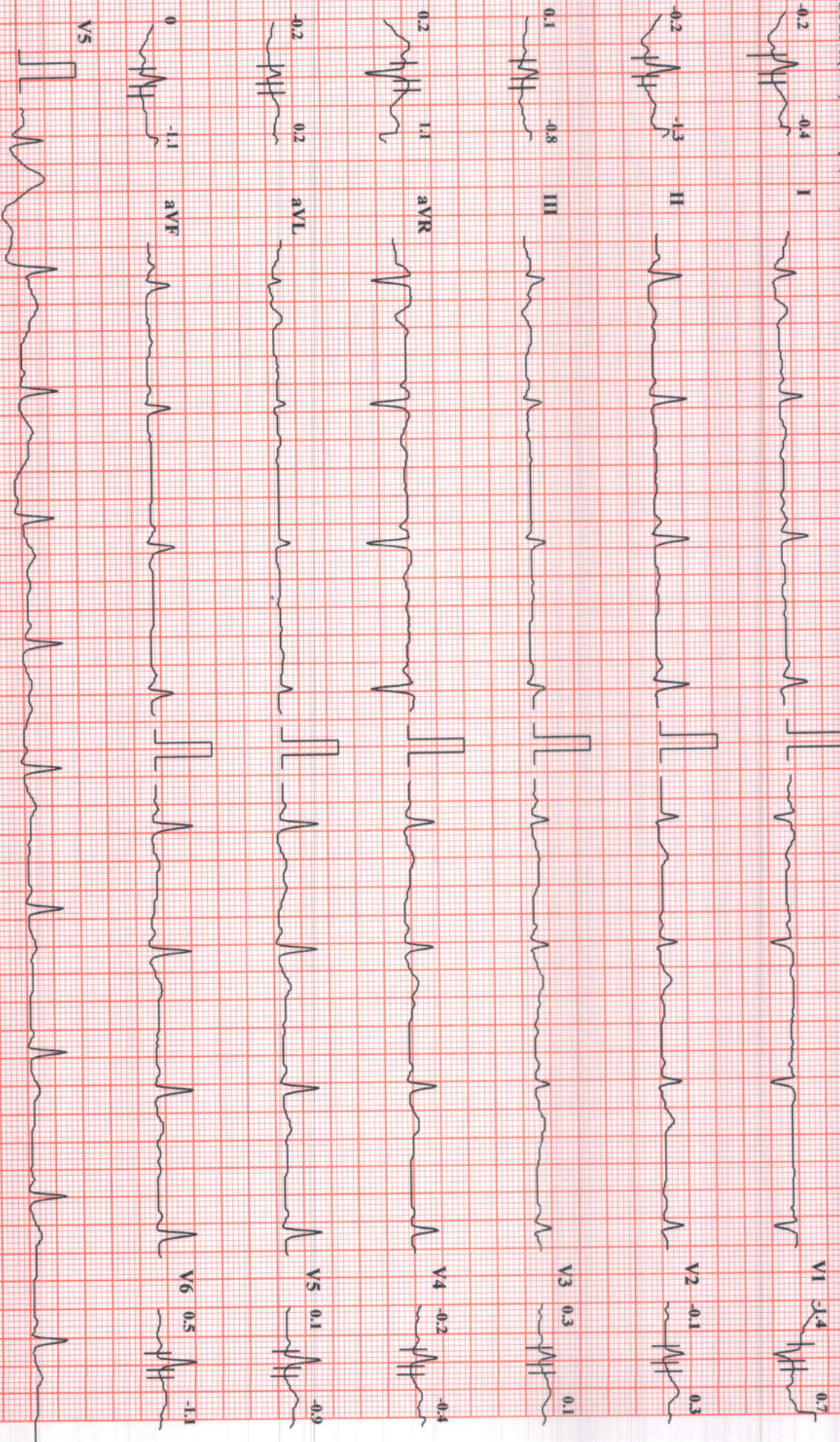


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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





# HARSHAL SAWANT

Bruce Protocol

STLevel(mm) STSlope(mV/s)

# SUBURBAN DIANOSTICS PVT. LTD. BORIVALLI

ID: 2302818917

Stage: Standing

Date: 28-01-2023

Speed: 0

Exec Time : 0:00:00

Slope: 0 %

Stage Time: 00:16

THR: 153 bpm

HR: 115 bpm

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)

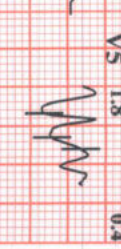
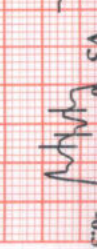
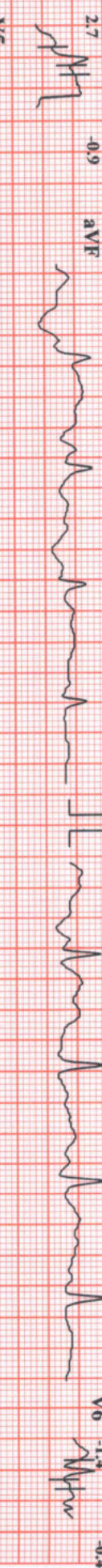
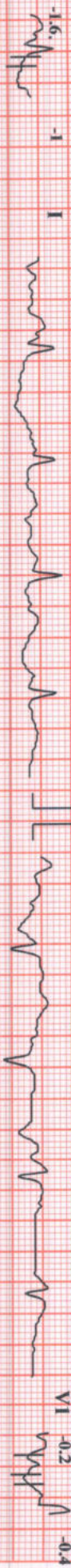


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Spandau CS-20 Version: 2.14





# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**HARSHAL SAWANT**

ID: 2302818917

Date: 28-01-2023

Exec Time : 0:00:00

Stage Time: 00:18

**HR: 61 bpm**

Bruce Protocol

Stage: HyperVentilation

Speed: 0

Slope: 0 %

THR: 153 bpm

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

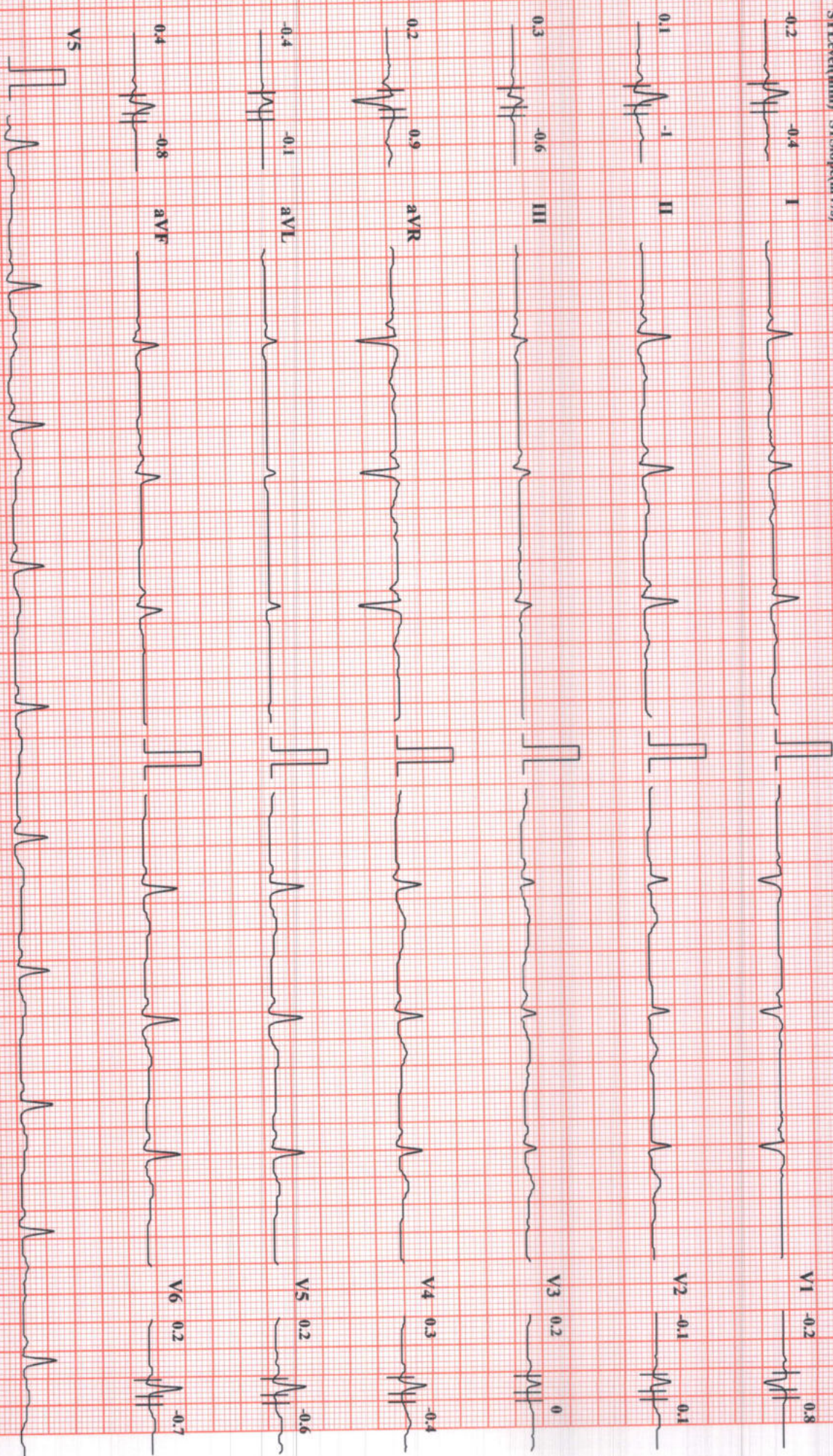


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Spandian CS-20 Version 2.14





# SUBURBAN DIAGNOSTICS PVT. LTD. BORIVALI

**HARSHAL SAWANT**

**HR: 98 bpm**

Bruce Protocol

ID: 2302818917

Date: 28-01-2023

Exec Time : 0:03:00

Stage Time: 03:00

BP: 160/80 mmHg

STLevel(mm) STSlope(mV/s)

Stage: 1

Speed: 2.7 kmph

Slope: 10%

THR: 153 bpm

STLevel(mm) STSlope(mV/s)



Chart Speed 25 mm/sec

Amplitude: 10mm/mV

Filter 25 Hz Mains Filter: ON

SO - R - 60 ms, J - R - 150 ms, Pst - J - 60 ms





# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**HARSHAL SAWANT**

ID: 2302818917

Date: 28-01-2023

Exec Time : 0:06:00

Stage Time: 03:00

**HR: 119 bpm**

Bruce Protocol

Stage: 2

Speed: 4 kmph

Slope: 12 %

THR: 153 bpm

BP: 160/80 mmHg

STLevel(mm) STISlope(mV/s)

STLevel(mm) STISlope(mV/s)



Chart Speed: 25 mm/sec

Amplitude: 0mV/1mV

Filter: 25 Hz

Mains Filter: ON

ISO = R - 60 ms, J = R + 50 ms, Post J = J + 60 ms

Shihler Spinkant CS-20 Version: 2.14





**HARSHAL SAWANT**

Bruce Protocol

STLevel(mm) STSlope(mV/s)

**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

ID: 2302818917

Date: 28-01-2023

Exec Time : 0:09:00

Stage Time: 03:00

**HR: 143 bpm**

BP: 160/80 mmHg

STLevel(mm) STSlope(mV/s)

Stage: 3

Speed: 5.5 kmph

Slope: 14 %

THR: 153 bpm

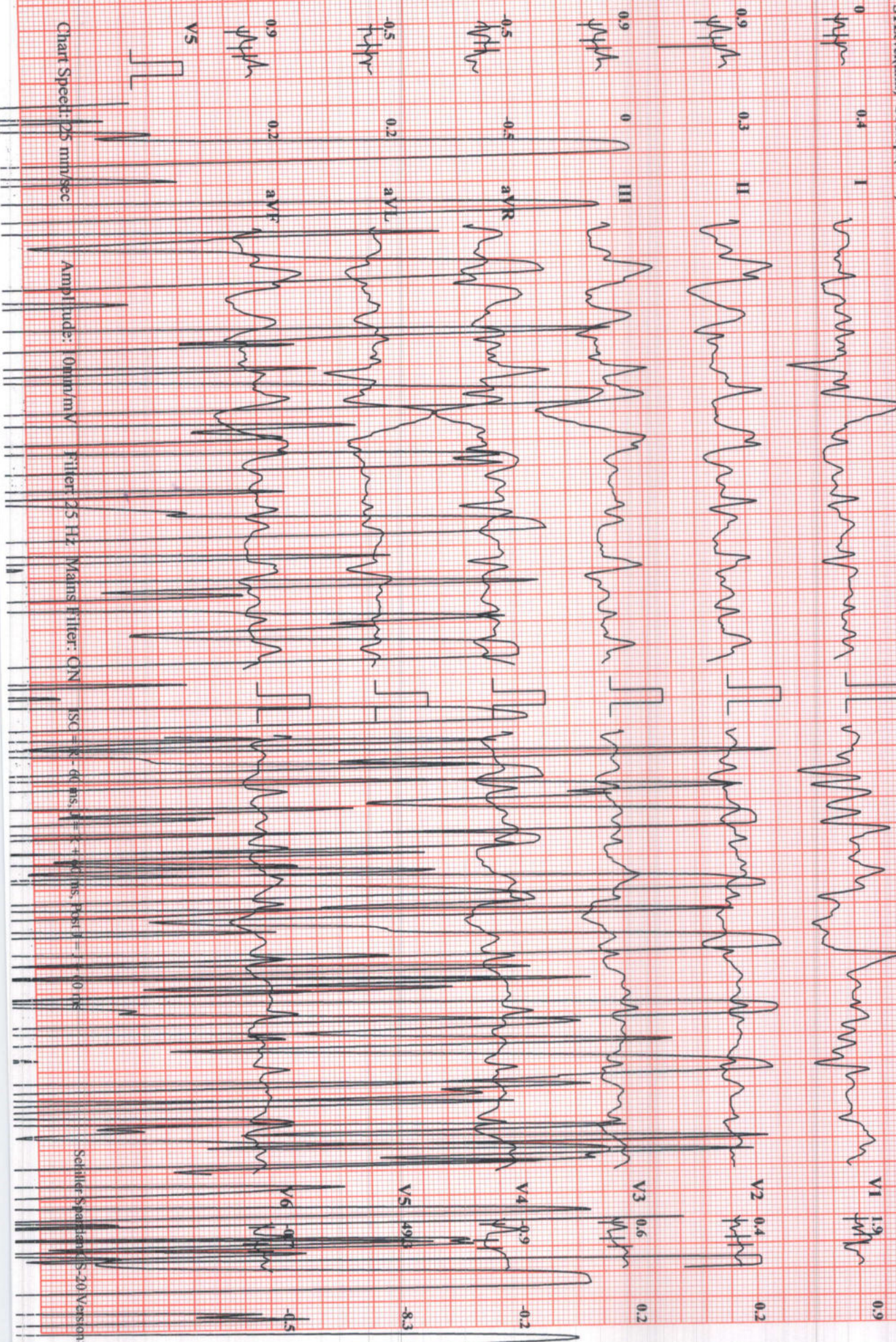


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Main Filter: ON

ISC = R - 60 ms, I = R + 60 ms, Post I = 1:1 (10 ms)

Schiller Spacelab S-20 Version: 2.14





**HARSHAL SAWANT**

Bruce Protocol

STLevel(mm) STSlope(mV/s)

**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

ID: 2302818917

Date: 28-01-2023

Exec Time: 0:09:36

Stage: 4 Peak Exercise

Speed: 6.8 kmph

Slope: 16 %

Stage Time: 00:36  
THR: 153 bpm

**HR: 160 bpm**

BP: 170/80 mmHg

STLevel(mm) STSlope(mV/s)

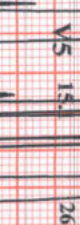
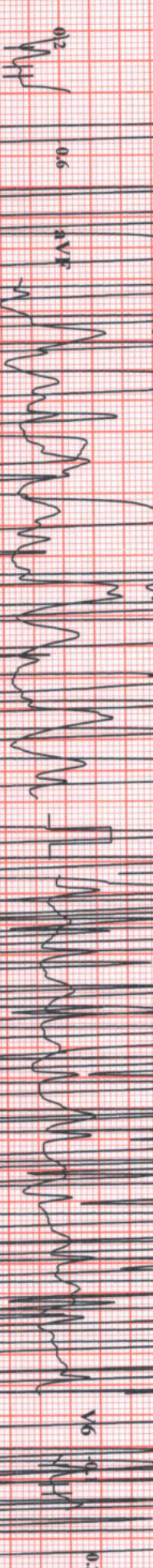
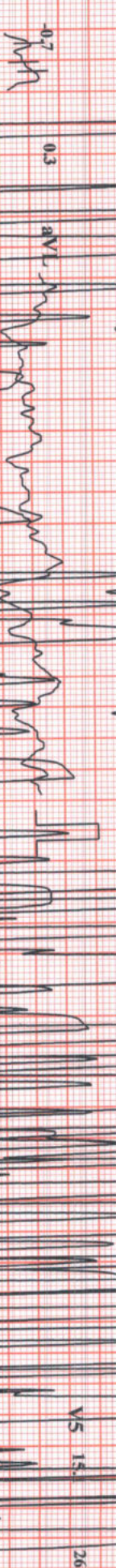
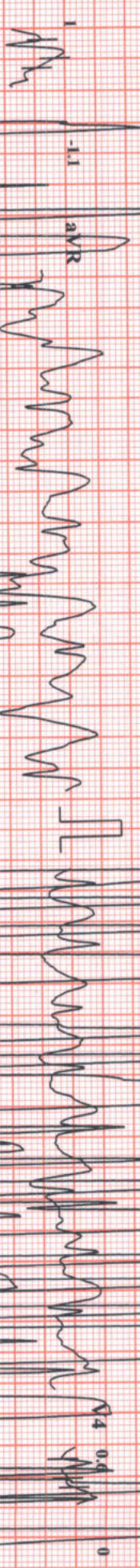
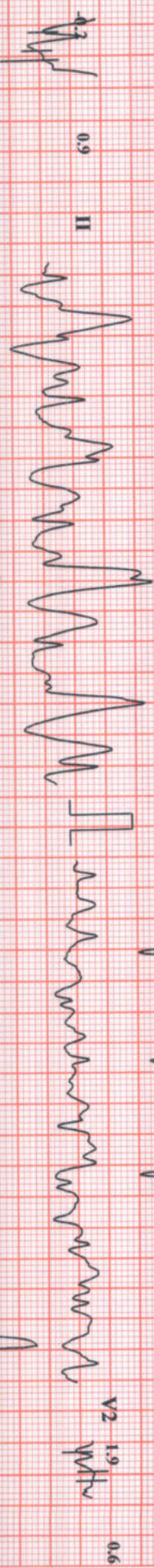
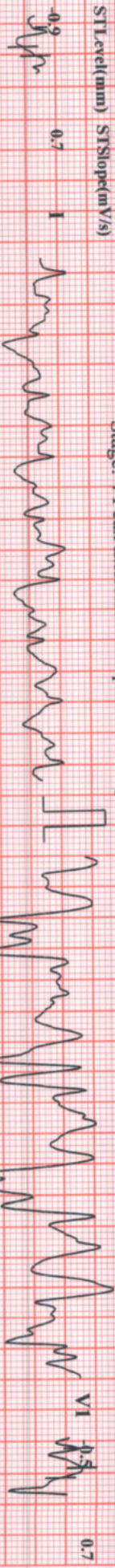


Chart Speed: 25 mm/Sec

Amplitude: 10mm/mV

Filter: 25 Hz, Mains Filter: ON

ISO = R - 50 ms, L = R + 60 ms, Post = J + 60 ms

Schiller Spandam C3.20 Version 2.1



# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**HARSHAL SAWANT**

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

ID: 2302818917  
Stage: Recovery1

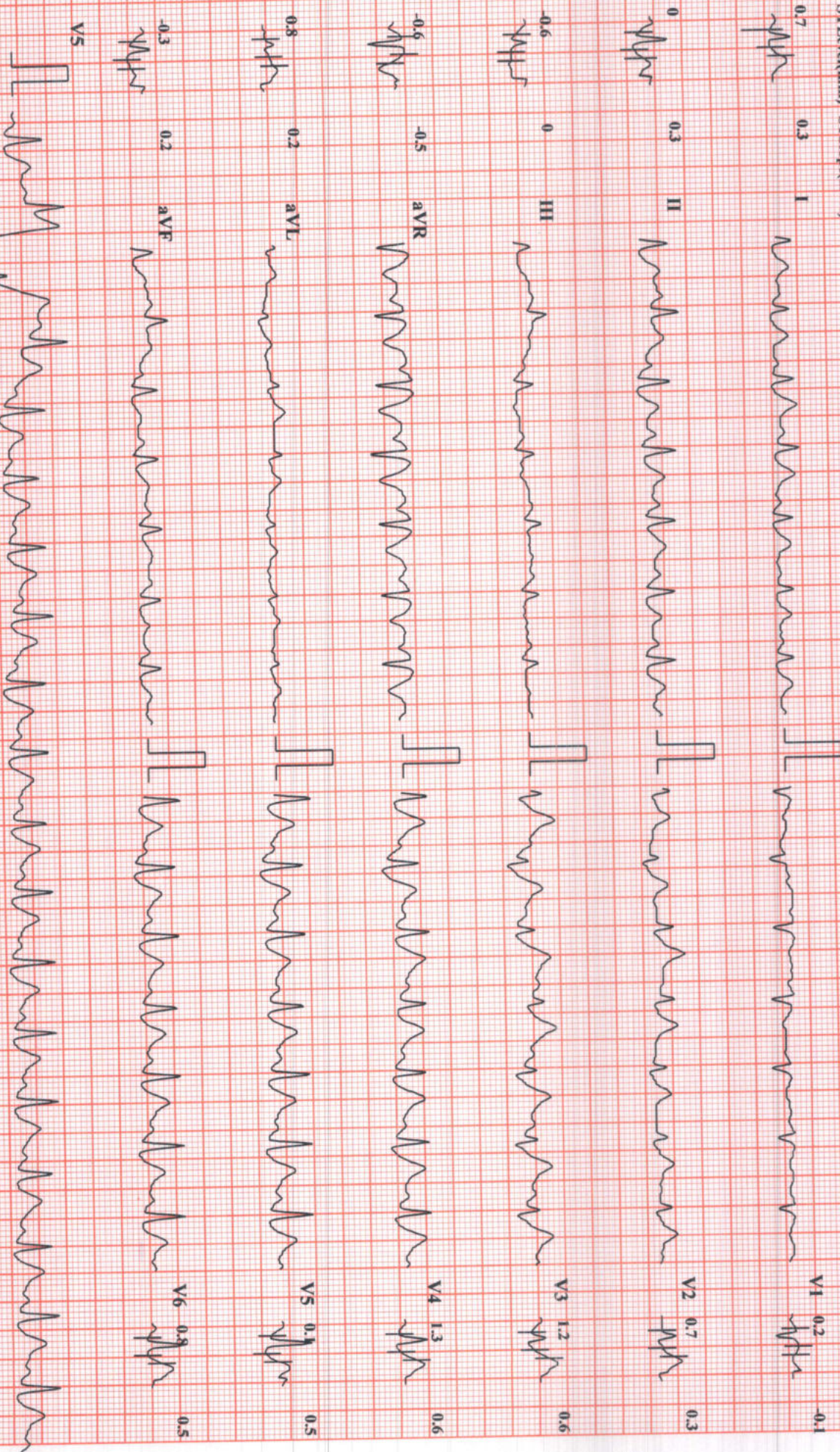
Date: 28-01-2023  
Speed: 0 kmph

Exec Time: 00:00  
Slope: 0%

Stage Time: 00:56  
THR: 153 bpm

**HR: 126 bpm**

BP: 150/80 mmHg  
STLevel(mm) STSlope(mV/s)







# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**HARSHAL SAWANT**

ID: 2302818917

Date: 28-01-2023

Exec Time : 00:00

Stage Time: 01:00

**HR: 120 bpm**

Bruce Protocol

Stage: Recovery1

Speed: 0 kmph

Slope: 0 %

THR: 153 bpm

Bp: 150/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

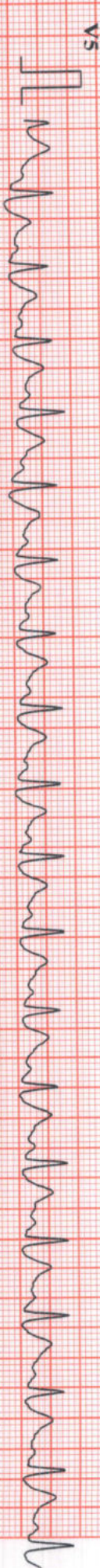
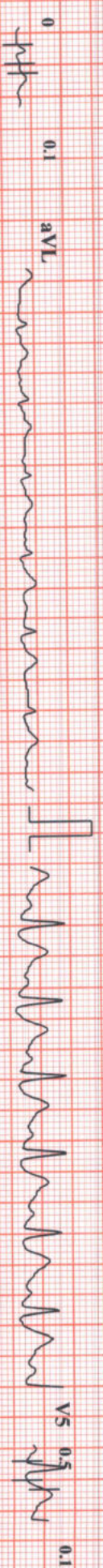
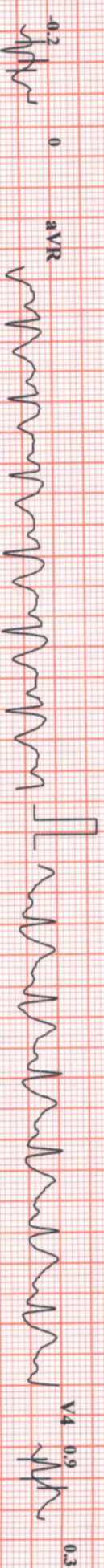
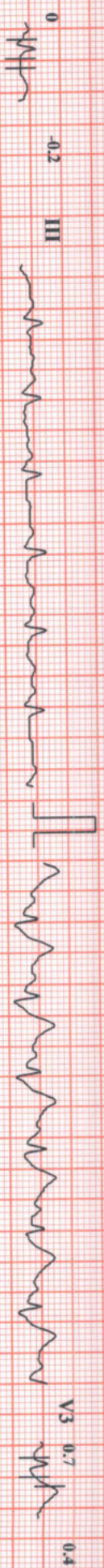
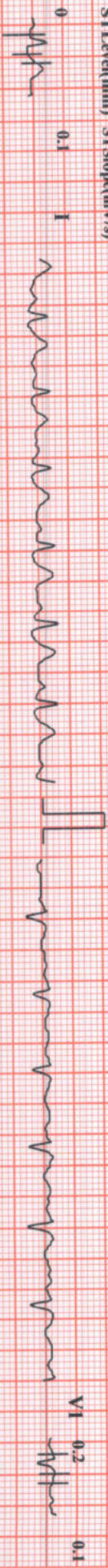


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Spandax CS-20 Version: 2.14





# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**HARSHAL SAWANT**

ID: 2302818917

Date: 28-01-2023

Exec Time: 00:00

Stage Time: 00:08

**HR: 118 bpm**

BP: 150/80 mmHg

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

Stage: Recovery2

Speed: 0 kmph

Slope: 0%

THR: 153 bpm

STLevel(mm) STSlope(mV/s)

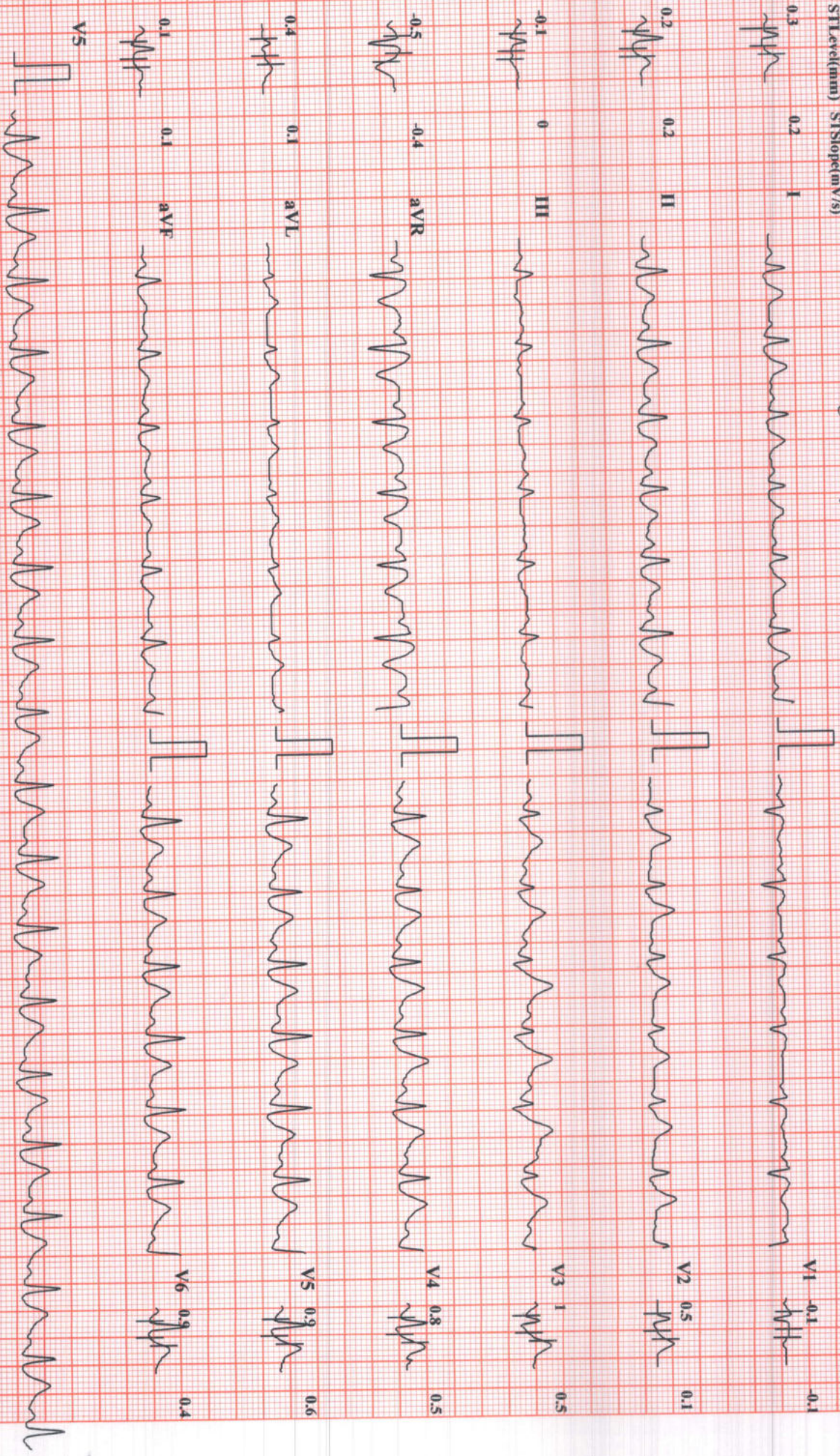


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO - R - 60 ms; J - R + 60 ms; Post J - J + 60 ms

Schiller Spandax CS-20 Version: 2.14