



CID : 2406923361
Name : MR.VIPUL RAUT
Age / Gender : 37 Years / Male
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Collected : 09-Mar-2024 / 10:55
Reported : 09-Mar-2024 / 15:56

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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	15.2	13.0-17.0 g/dL	Spectrophotometric
RBC	5.60	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.5	40-50 %	Measured
MCV	78	80-100 fl	Calculated
MCH	27.2	27-32 pg	Calculated
MCHC	34.5	31.5-34.5 g/dL	Calculated
RDW	15.8	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	9120	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	27.2	20-40 %	
Absolute Lymphocytes	2480.6	1000-3000 /cmm	Calculated
Monocytes	6.4	2-10 %	
Absolute Monocytes	583.7	200-1000 /cmm	Calculated
Neutrophils	62.1	40-80 %	
Absolute Neutrophils	5663.5	2000-7000 /cmm	Calculated
Eosinophils	3.7	1-6 %	
Absolute Eosinophils	337.4	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	
Absolute Basophils	54.7	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	253000	150000-400000 /cmm	Elect. Impedance
MPV	8.6	6-11 fl	Calculated
PDW	14.9	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 6 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 Borivali Lab, Borivali West

*** End Of Report ***



Bmhasakar

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



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<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	87.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	173.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.37	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.13	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.24	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.4	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	39.8	<34 U/L	Modified IFCC
SGPT (ALT), Serum	58.6	10-49 U/L	Modified IFCC
GAMMA GT, Serum	41.4	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	113.8	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	19.2	19.29-49.28 mg/dl	Calculated
BUN, Serum	9.0	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.70	0.73-1.18 mg/dl	Enzymatic

Note: Kindly note in change in reference range w.e.f. 07-09-2023



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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 w.e.f 16-08-2023

URIC ACID, Serum	6.9	3.7-9.2 mg/dl	Uricase/ Peroxidase
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 Borivali Lab, Borivali West
*** End Of Report ***



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	148.5	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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Collected : 09-Mar-2024 / 12:33
Reported : 09-Mar-2024 / 18:18

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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 (5.5)	-	pH Indicator
Occult Blood	Absent	Absent	Guaiaac
<u>MICROSCOPIC EXAMINATION</u>			
Protozoa	Absent	Absent	-
Flagellates	Absent	Absent	-
Ciliates	Absent	Absent	-
Parasites	Absent	Absent	-
Macrophages	Absent	Absent	-
Mucus Strands	Absent	Absent	-
Fat Globules	Absent	Absent	-
RBC/hpf	Absent	Absent	-
WBC/hpf	Absent	Absent	-
Yeast Cells	Absent	Absent	-
Undigested Particles	Present +	-	-
Concentration Method (for ova)	No ova detected	Absent	-
Reducing Substances	-	Absent	Benedicts

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Reported : 09-Mar-2024 / 18:45

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
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 inert

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
BLOOD GROUPING & Rh TYPING

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

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:
ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

References:

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

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



Anupa

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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	185.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	195.0	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	29.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	155.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	116.7	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	39.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	6.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.0	0-3.5 Ratio	Calculated

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



Dr. Vrushi Shroff

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



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 Collected : 09-Mar-2024 / 10:55
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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	5.1	3.5-6.5 pmol/L	CLIA
Free T4, Serum	16.6	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	0.696	0.55-4.78 microIU/ml	CLIA



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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)

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



Anupa

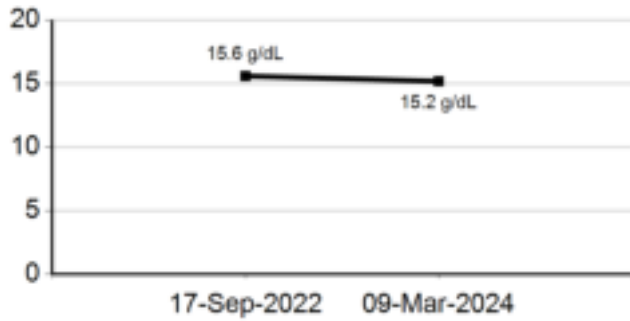
Dr.ANUPA DIXIT
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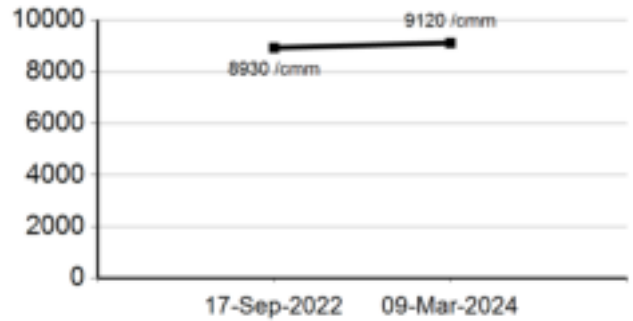
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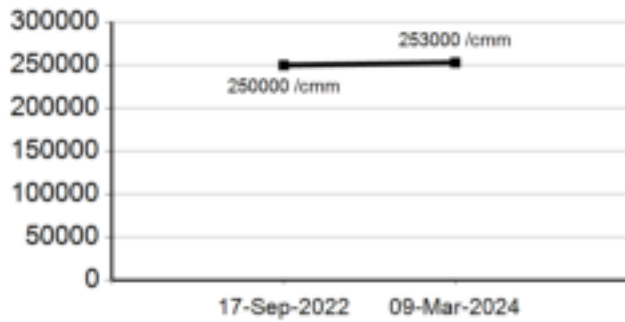
Haemoglobin



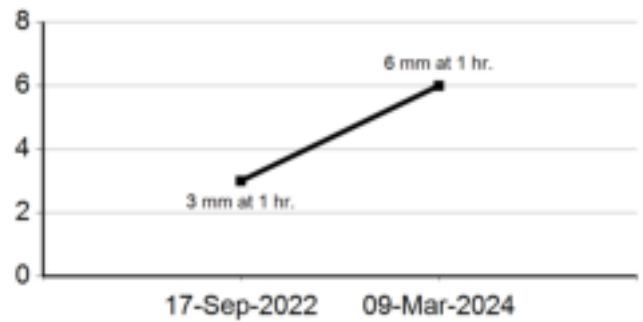
WBC Total Count



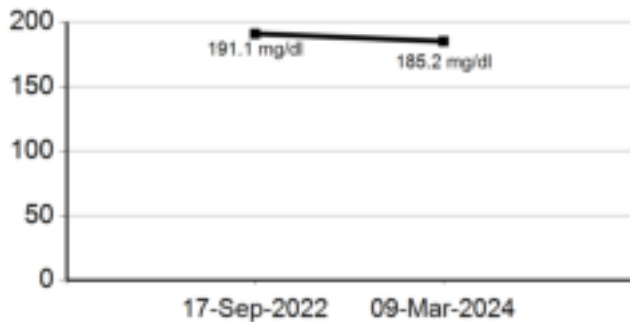
Platelet Count



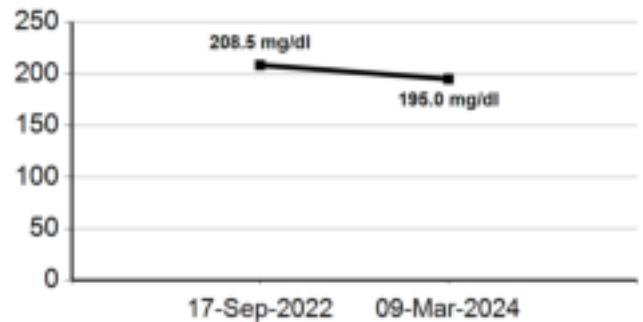
ESR



CHOLESTEROL



TRIGLYCERIDES

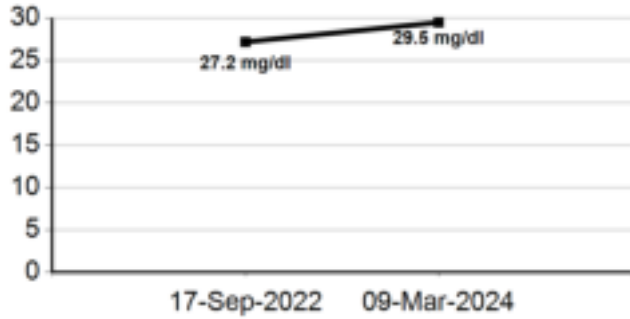




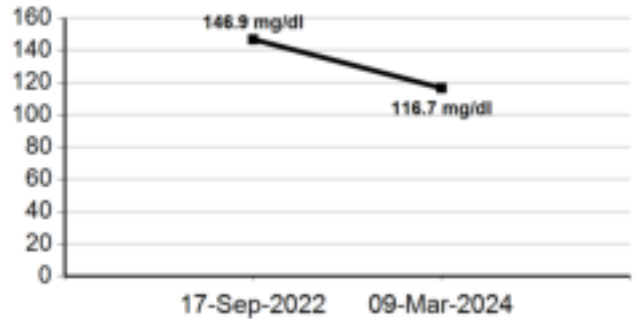
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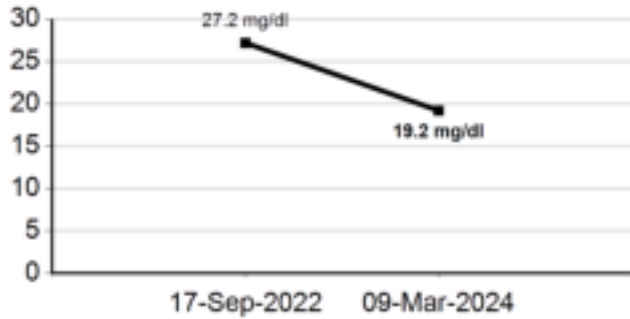
HDL CHOLESTEROL



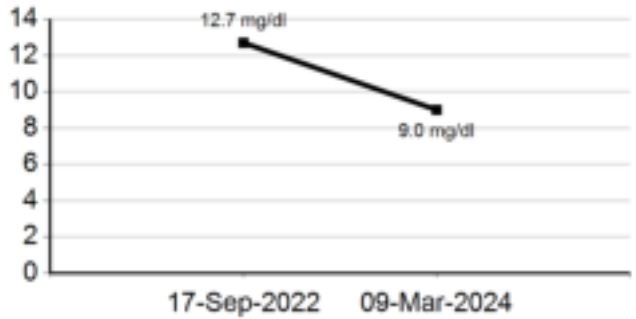
LDL CHOLESTEROL



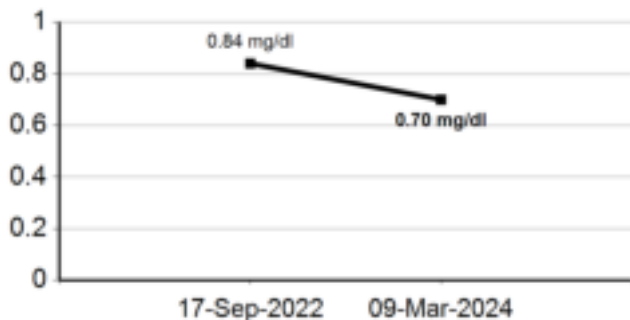
BLOOD UREA



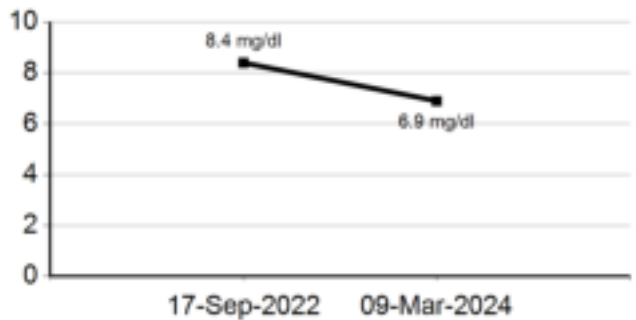
BUN



CREATININE



URIC ACID

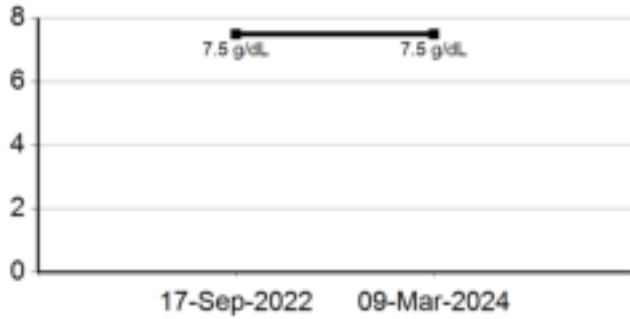




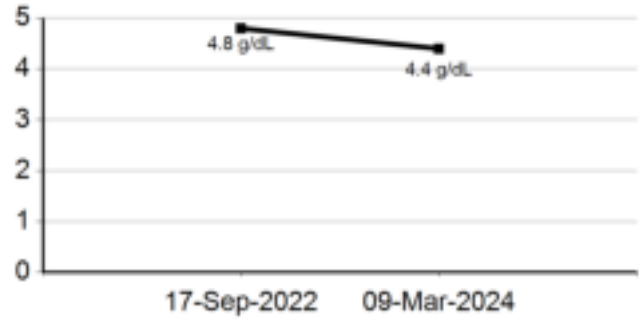
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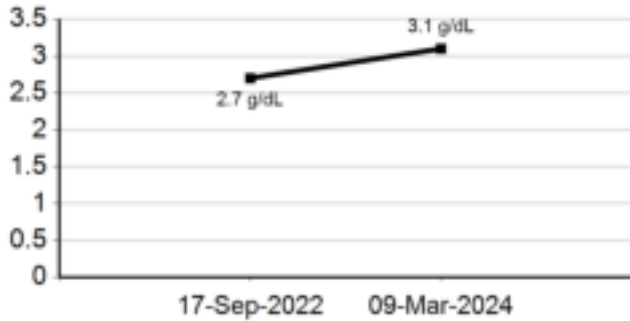
TOTAL PROTEINS



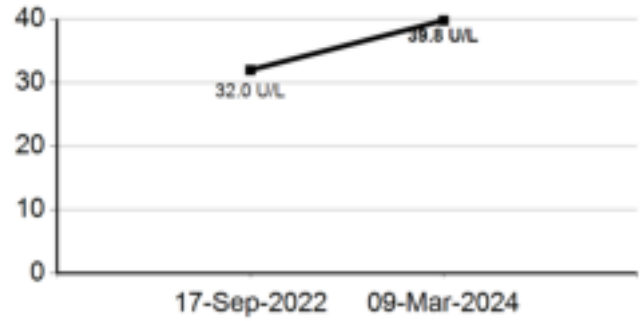
ALBUMIN



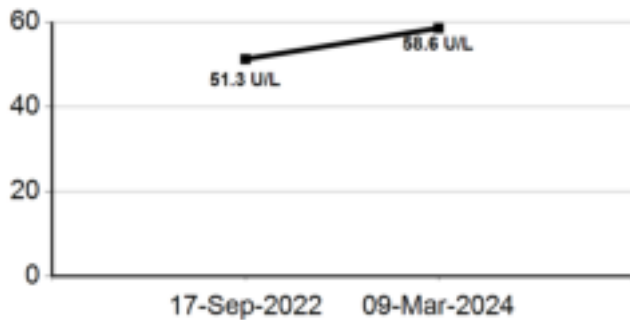
GLOBULIN



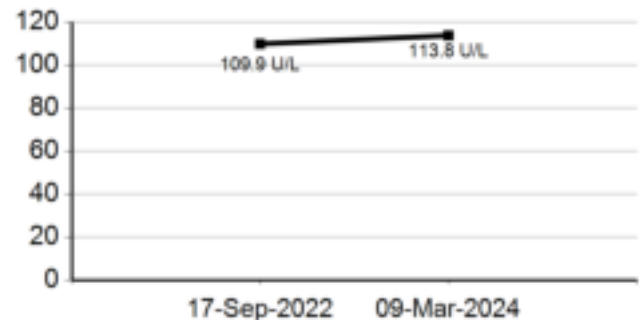
SGOT (AST)



SGPT (ALT)



ALKALINE PHOSPHATASE

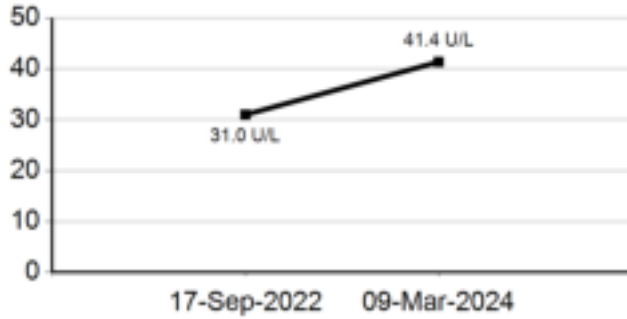




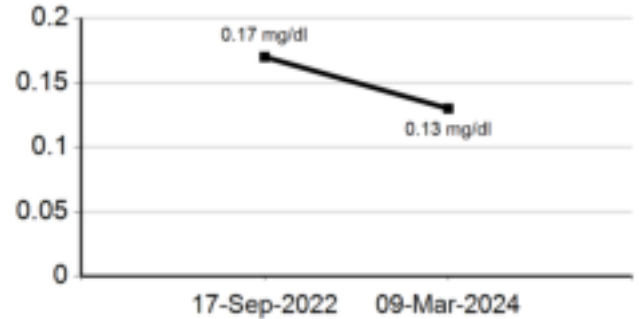
CID : 2406923361
 Name : MR.VIPUL RAUT
 Age / Gender : 37 Years / Male
 Consulting Dr. : -
 Reg. Location : Bhayander East (Main Centre)

Use a QR Code Scanner
 Application To Scan the Code

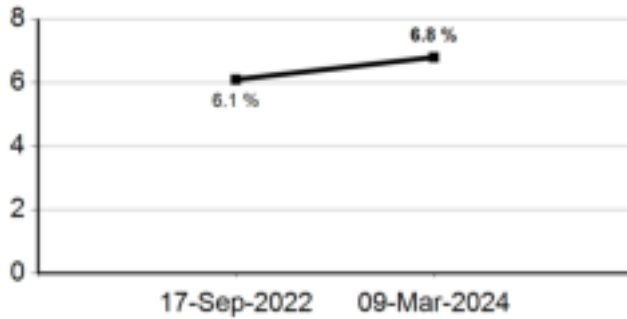
GAMMA GT



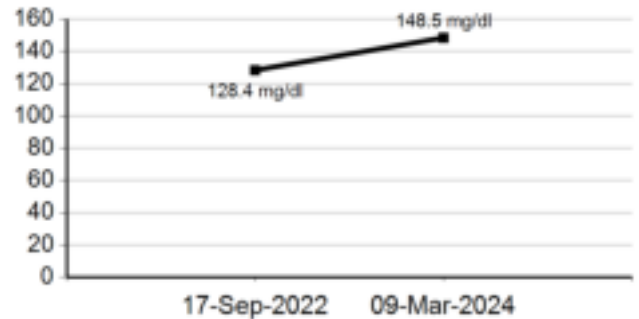
BILIRUBIN (DIRECT)



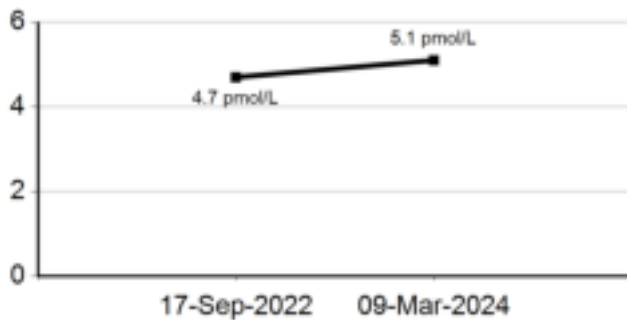
Glycosylated Hemoglobin (HbA1c)



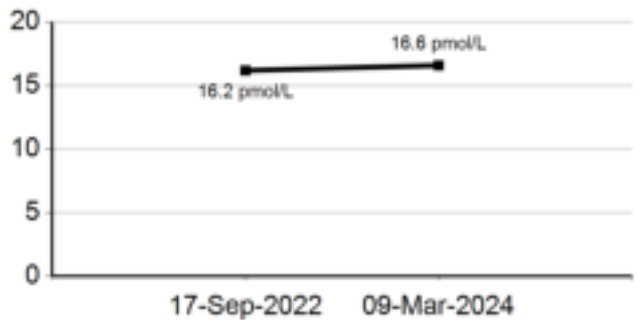
Estimated Average Glucose (eAG)



Free T3



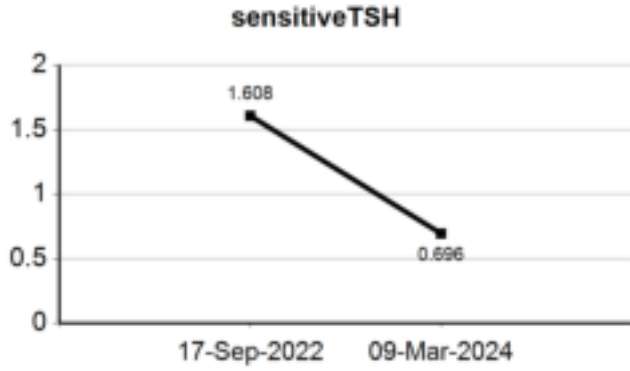
Free T4





Use a QR Code Scanner
Application To Scan the Code

CID : 2406923361
Name : MR.VIPUL RAUT
Age / Gender : 37 Years / Male
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

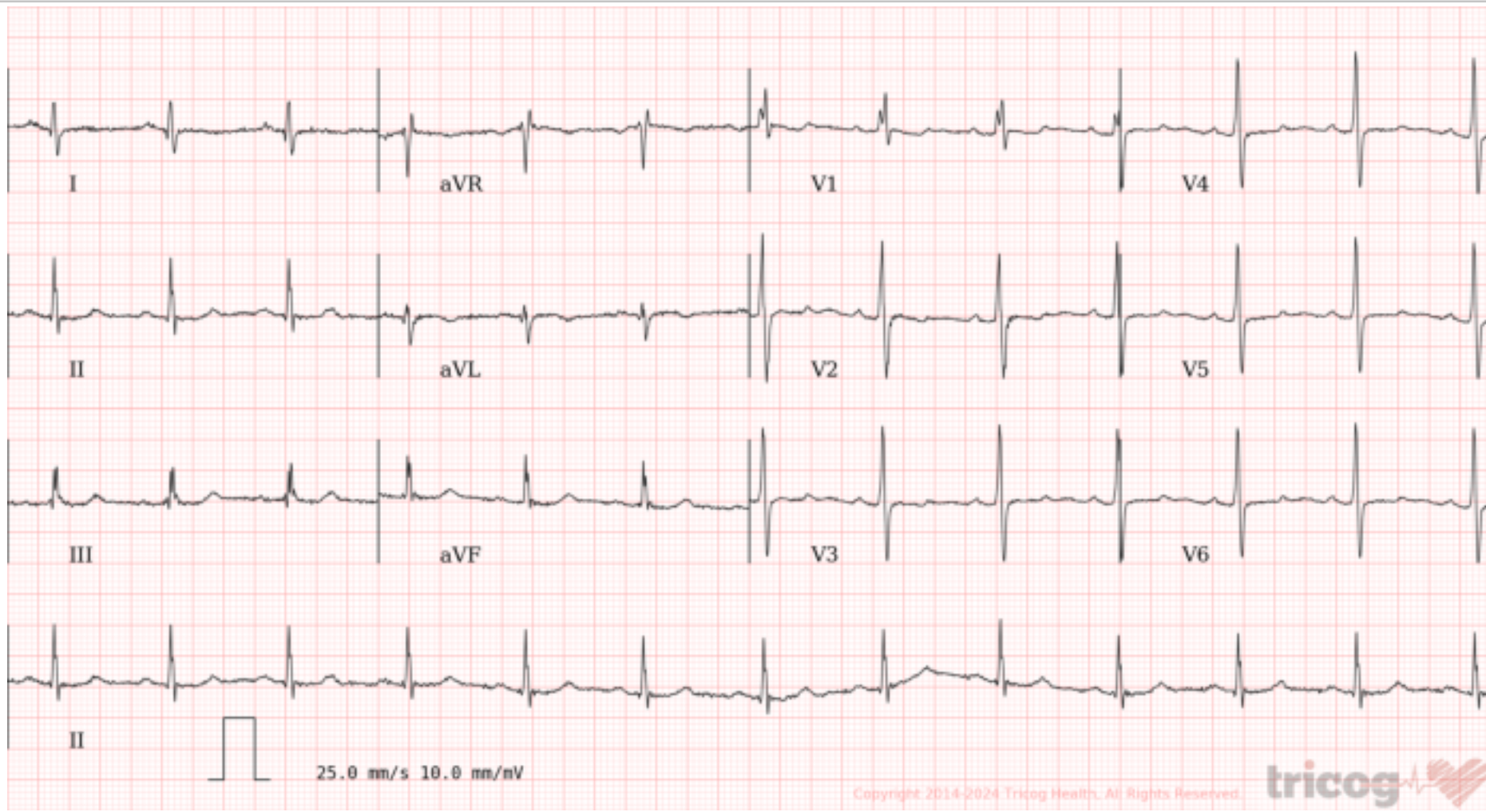


SUBURBAN DIAGNOSTICS - BHAYANDER EAST



Patient Name: VIPUL RAUT
Patient ID: 2406923361

Date and Time: 9th Mar 24 12:20 PM



Age **37** **NA** **NA**
years months days

Gender **Male**

Heart Rate **78bpm**

Patient Vitals

BP: 130/80 mmHg
Weight: 76 kg
Height: 167 cm
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 92ms
QT: 390ms
QTcB: 444ms
PR: 162ms
P-R-T: 27° 82° 82°

ECG Within Normal Limits: Sinus Rhythm, Normal axis. Prominent R wave in V1-V3. No significant ST-T changes. Please correlate clinically.

REPORTED BY

Dr. Smita Valani
MBBS, D. Cardiology
2011/03/0587

Name : MR. VIPUL RAUT

Age / Gender : 37 Years/Male

Consulting Dr. :

Reg. Location : Bhayander East (Main Centre)

Collected : 09-Mar-2024 / 10:52

Reported : 09-Mar-2024 / 14:14

PHYSICAL EXAMINATION REPORT

History and Complaints:

No Complaint

EXAMINATION FINDINGS:

Height (cms): 167
Temp (0c): Afebrile
Blood Pressure (mm/hg): 130/80
Pulse: 76/min

Weight (kg): 76
Skin: NAD
Nails: NAD
Lymph Node: Not palpable

Systems

Cardiovascular: S1S2-Normal
Respiratory: Chest-Clear
Genitourinary: NAD
GI System: NAD
CNS: NAD

0+ve

IMPRESSION: Hb A1c → 6.2%
Liver F: Test - Borderline.
USG abd. GI-T fatty liver and cholelithiasis
ADVICE: ECG with. Prominent R wave with V1-V3
↳ expect conversion.

CHIEF COMPLAINTS:

- | | |
|----------------------|-----|
| 1) Hypertension: | Yes |
| 2) IHD | No |
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis | No |
| 6) Asthama | No |
| 7) Pulmonary Disease | No |

CID# : 2406923361

Name : MR.VIPUL RAUT

Age / Gender : 37 Years/Male

Consulting Dr. :

Reg.Location : Bhayander East (Main Centre)

Collected : 09-Mar-2024 / 10:52

Reported : 09-Mar-2024 / 14:14

- | | |
|--|-----|
| 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 | Yes |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

- | | |
|---------------|-------|
| 1) Alcohol | Yes |
| 2) Smoking | No |
| 3) Diet | Mixed |
| 4) Medication | Yes |

*** End Of Report ***

Anita

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Phone : 022 - 61700000

DR. ANITA CHOUDHARY

MBBS
CONSULTANT PHYSICIAN
Reg. No. 2017/12/5553



भारत सरकार
Government of India



Front View only (40x40)



विश्व शैले कोठ
Vishw Shendra Road
Mira Road/DOB: 19/11/1986
SEX: MALE

9240 6024 6286

VID - 9156 9565 3522 6863

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DR. ANITA CHODHARY
CONSULTANT PHYSICIAN
Reg. No. 2017/125553

SUBURBAN DIAGNOSTICS BHAYANDER

Report



Email:

12347329 (2406923361) / VIPUL RAUT / 37 Yrs / M / 167 Cms / 76 Kg
 Date: 09 / 03 / 2024 12:34:48 PM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:08	0:06	00.0	00.0	01.0	088	48%	130/80	114	00	
Standing	00:12	0:04	00.0	00.0	01.0	087	48%	130/80	113	00	
HV	00:14	0:02	00.0	00.0	01.0	087	48%	130/80	113	00	
ExStart	00:17	0:03	01.7	10.0	01.1	090	49%	130/80	117	00	
BRUCE Stage 1	03:17	3:00	01.7	10.0	04.7	153	84%	140/80	214	00	
PeakEX	04:06	0:49	02.5	12.0	05.4	160	87%	140/80	224	00	
Recovery	05:06	1:00	01.1	00.0	01.0	153	84%	150/80	229	00	
Recovery	06:06	2:00	00.0	00.0	01.0	128	70%	140/80	179	00	
Recovery	08:06	4:00	00.0	00.0	01.0	109	60%	130/80	141	00	
Recovery	08:08	4:03	00.0	00.0	01.0	106	58%	130/80	137	00	

FINDINGS :

Exercise Time : 03:49
 Initial HR (ExStrt) : 90 bpm 49% of Target 183
 Initial BP (ExStrt) : 130/80 (mm/Hg)
 Max WorkLoad Attained : 5.4 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : V1 & -0.6 mm in Recovery
 Duke Treadmill Score : 01.7
 Test End Reasons : Test Complete . . . Test Complete

Max HR Attained 160 bpm 87% of Target 183
 Max BP Attained 150/80 (mm/Hg)

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 1st Cross, 2nd Stage, Above 7th,
 V.K.V. Road, Bhayander, Dist. Thane - 401105
 Phone: (022) - 41760000

DR. SMITA VALANI
 MBBS, D. CARDIOLOGY
 2011/03/0587

Doctor: DR. SMITA VALANI



SUPINE (00:01)

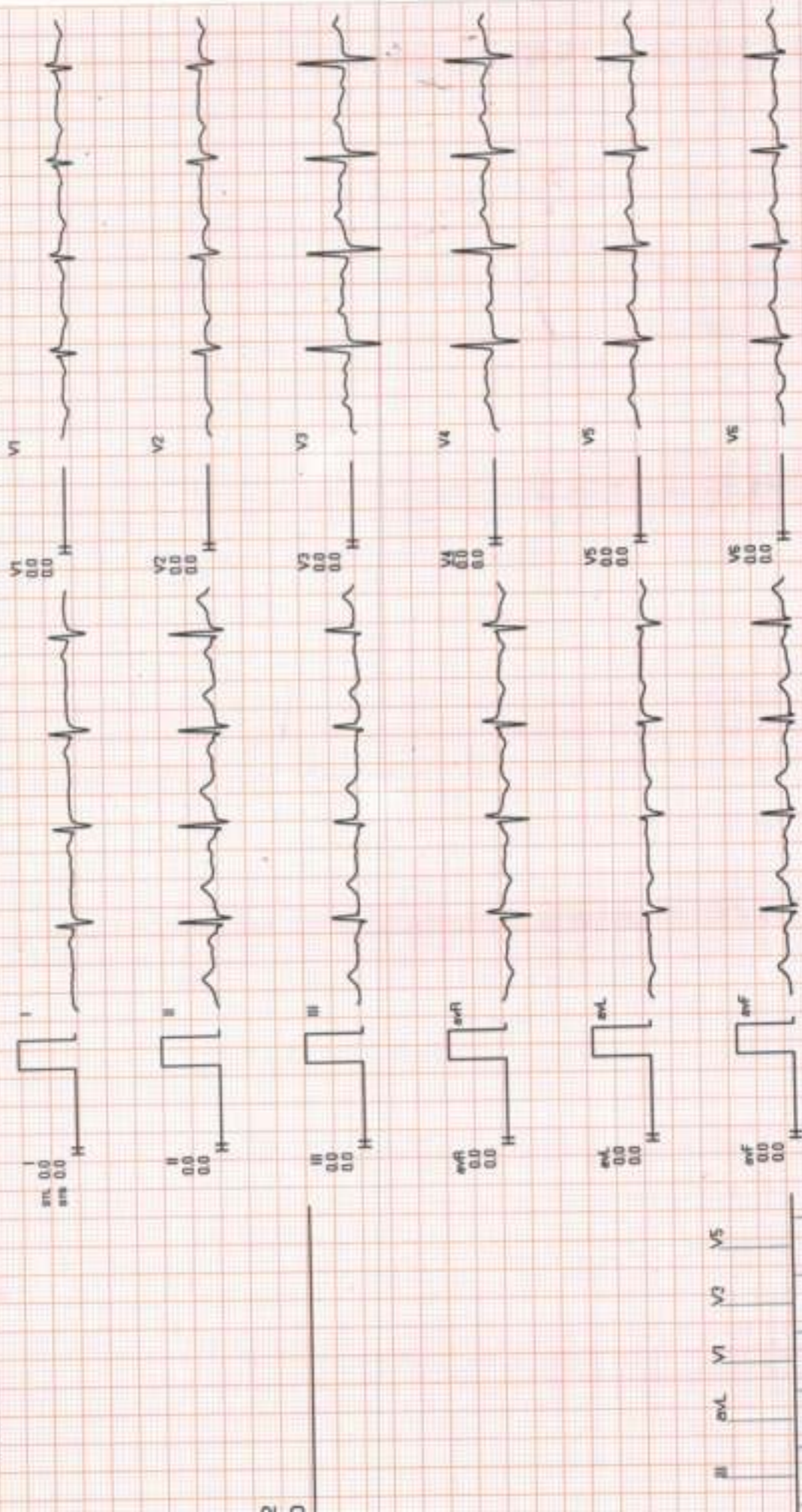
ExTime: 00:00 0.0 mph, 0.0%

DIAGNOSTICS BHAYANDER
2406923361) / VIPUL RAUT / 37 Yrs / M / 167 Cms / 76 Kg / HR : 87

MEETS: 1.0/87 bpm 48% of THR. BP: 130/80 mmHg. Prew ECG/ BLC. On/ Match On/ HF 0.05 Hz/LF 35 Hz

19/03/2024 12:34:48 PM

0.m5 Post J



II aVL V1 V3 V5
 III aVR V2 V4 V6
 V
 MAPUS

STANDING (00:00)



DIAGNOSTICS BHAYANDER

00223361) / VIFUL RAUT / 37 Yrs / M / 167 Cms / 76 Kg / HR : 88

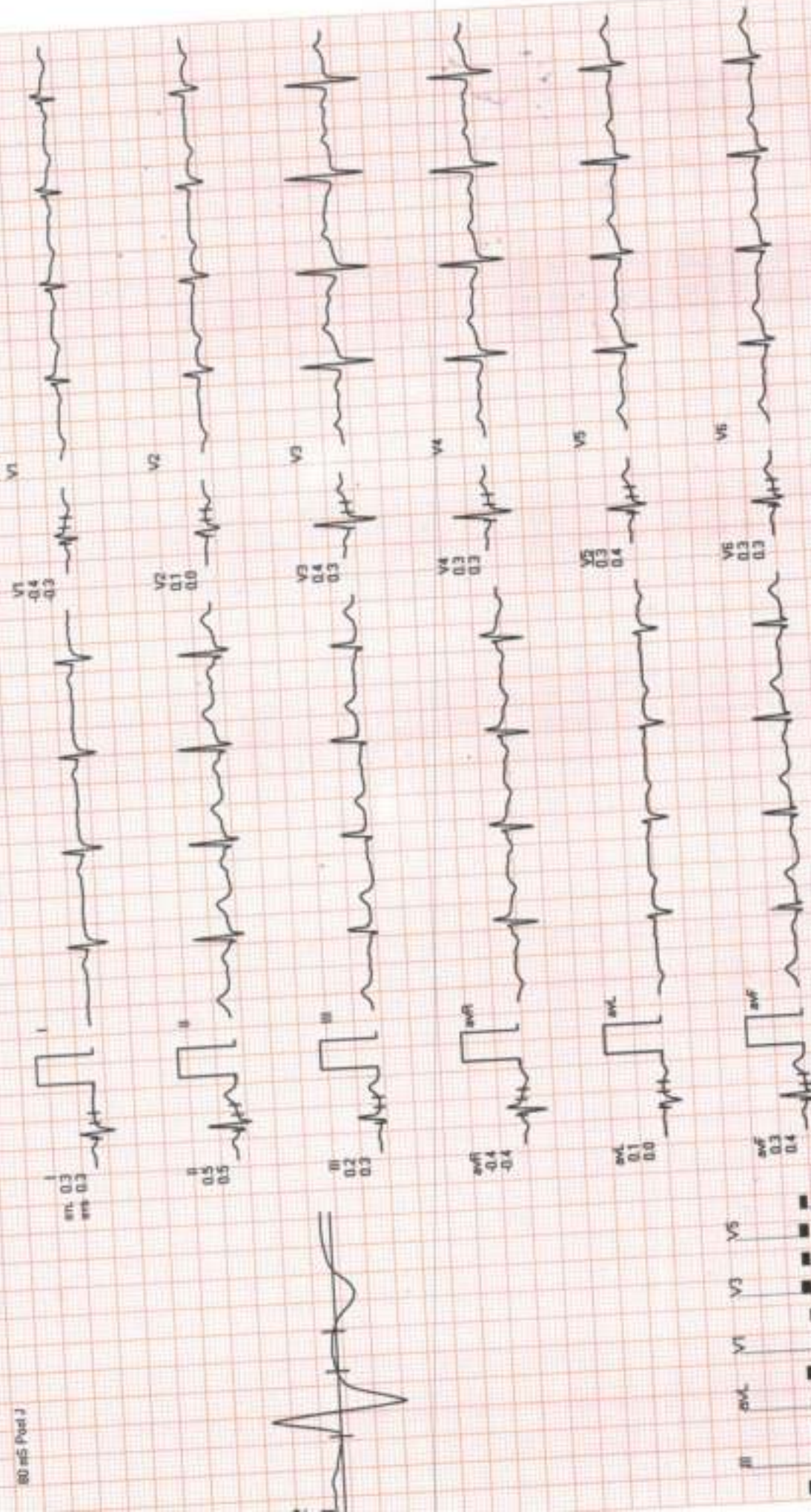
ExTime: 00:00 0.0 mph. 0.0%
25 mm/s sec. 1.0 Cm/mV

03 / 2024 12:34:46 PM

MEETS: 1.0/ 60 bpm 48% of Ther. BP: 130/80 mmHg

Paper ECG/ BLC On/ Notch On/ HF 0.05 Hz/ F 35 Hz

60 mS Post J



REMARKS:

Doctor: DR. SMITA VALANI



HV (00:00)

ExTime: 00:00 0.0 mph, 0.0%
25 mm/Sec, 1.0 Cal/cm

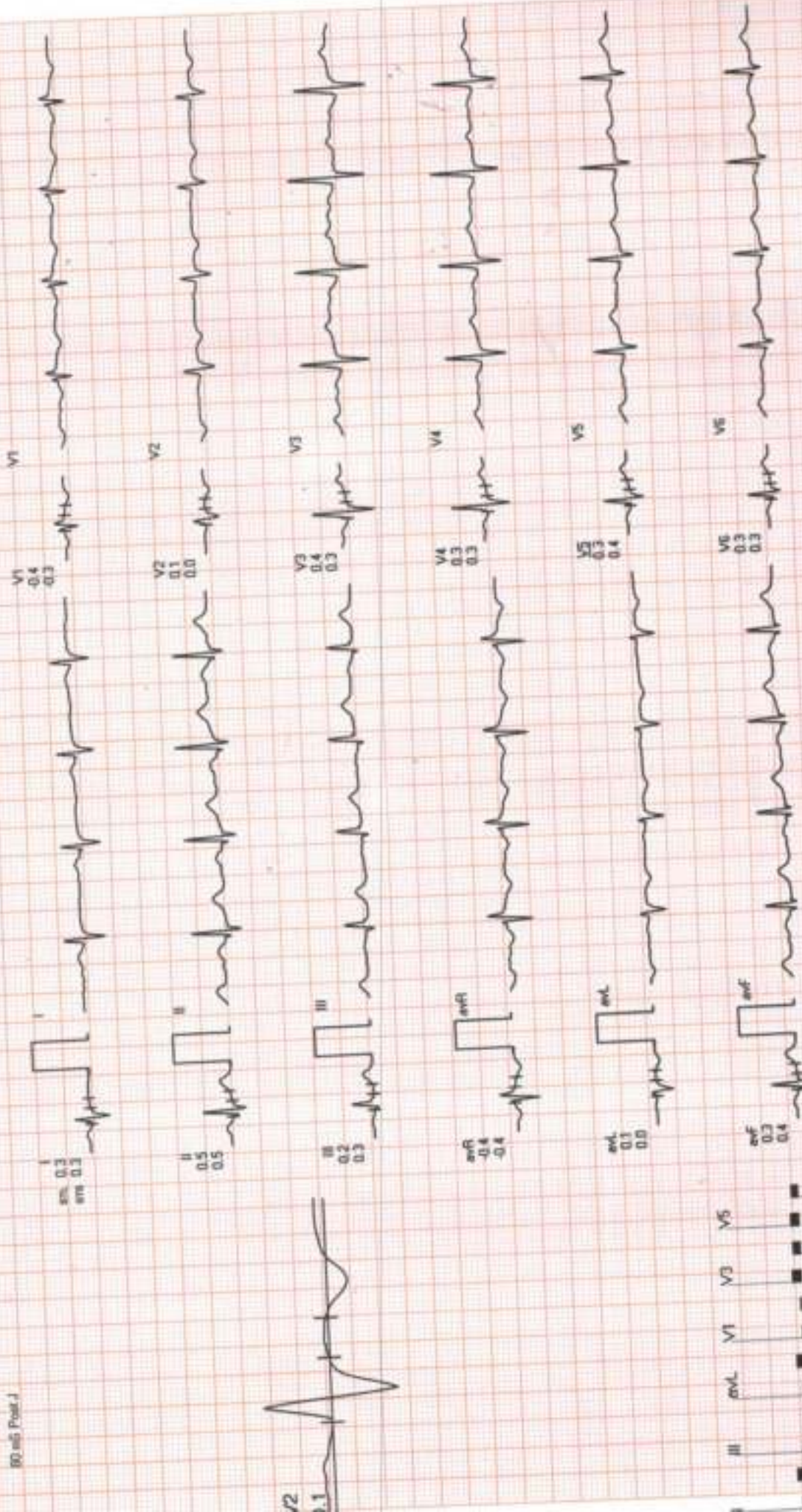
DIAGNOSTICS BHAYANDER

(2406023361) / VIPUL RAUT / 37 Yrs / M / 167 Cms / 76 Kg / HR : 68

METS: 1.0 / 80 bpm 46% of THR BP: 130/80 mmHg Rew ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

05 / 03 / 2024 12:34 48 PM

80 ms Post J



REMARKS:

Date:- 9/3/24
Name:- Vipul Raw

CID: 240692336/
Sex / Age: 37/M

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

} NO

RE LE
6/6 6/6
N/G H/O

	(Right Eye)			(Left Eye)				
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

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SUBURBAN DIAGNOSTICS BHAYANDER

12347329 / VIPUL RAUT / 37 Yrs / Male / 167 Cm / 76 Kg

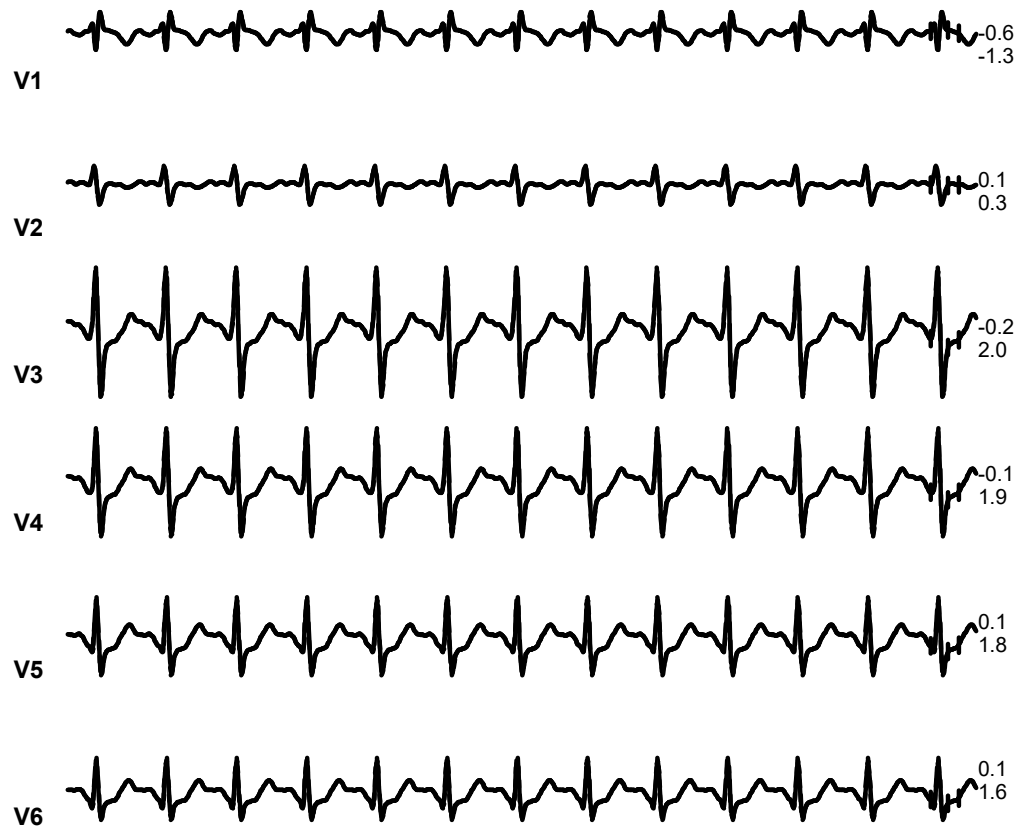
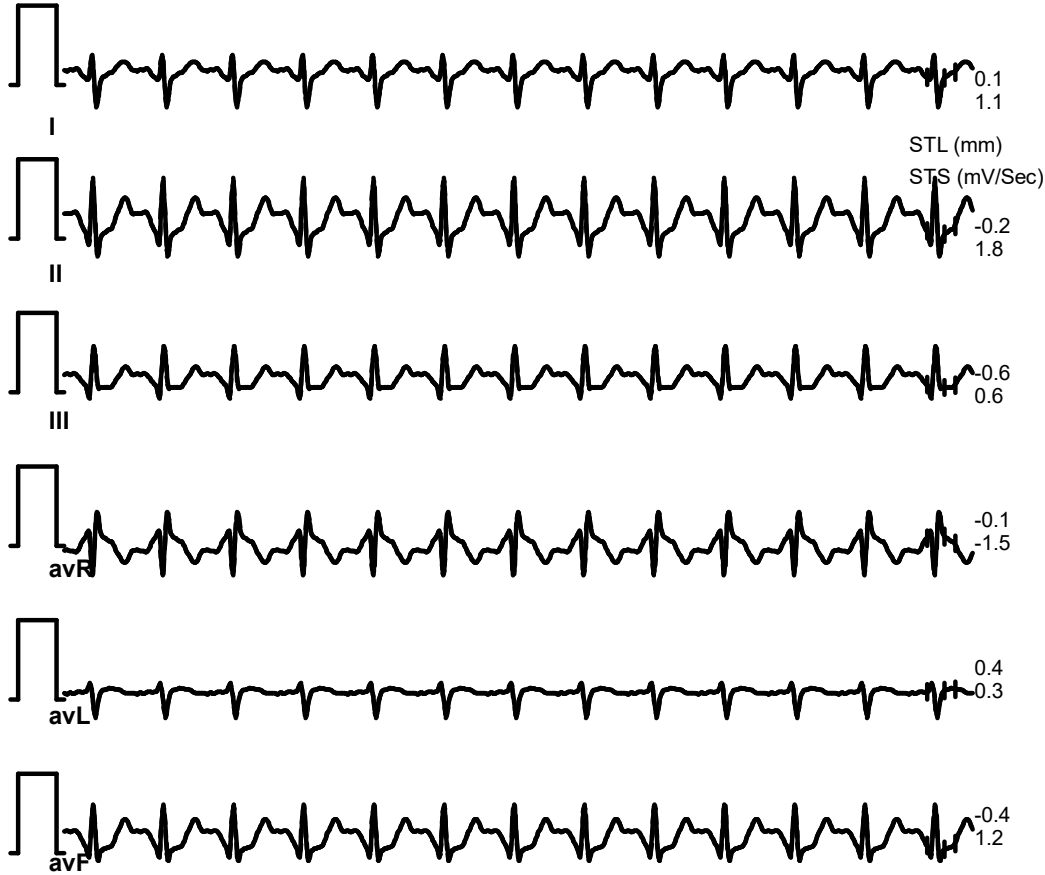
6X2 Combine Medians + 1 Rhythm

BRUCE:Stage 1(3:00)



Date: 09 / 03 / 2024 12:34:48 PM METs : 4.7 HR : 153 Target HR : 84% of 183 BP : 140/80 Post J @60mSec

ExTime: 03:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)



SUBURBAN DIAGNOSTICS BHAYANDER

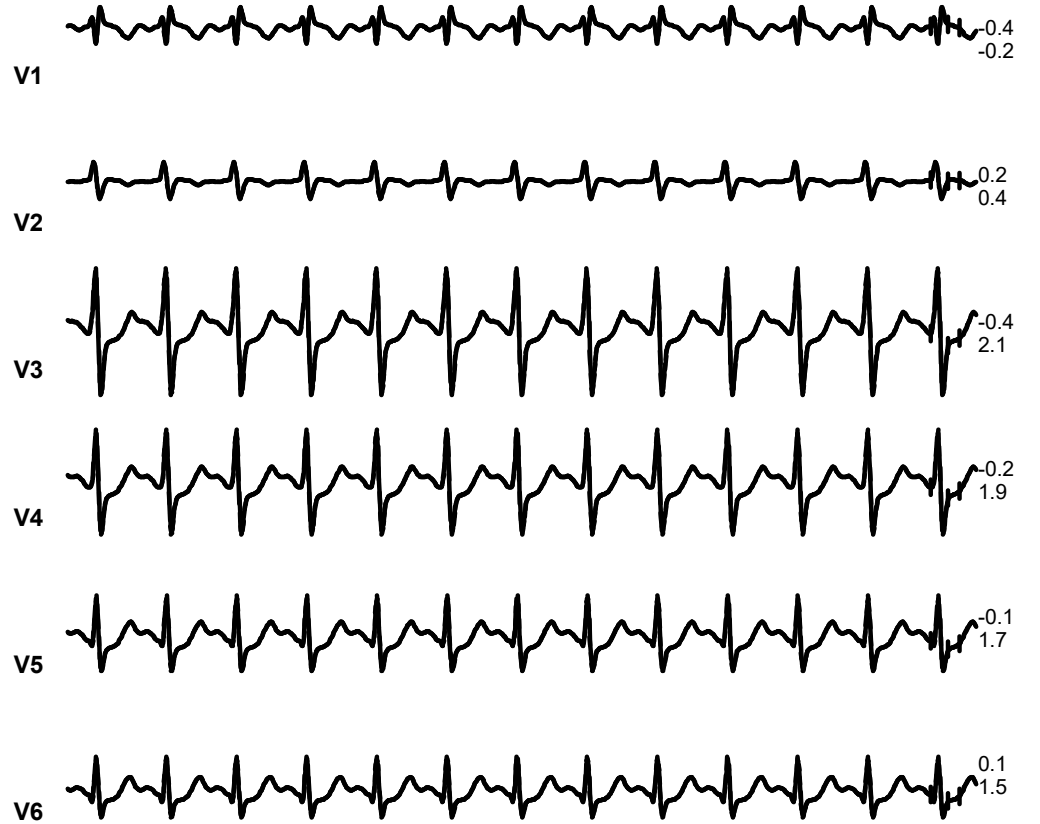
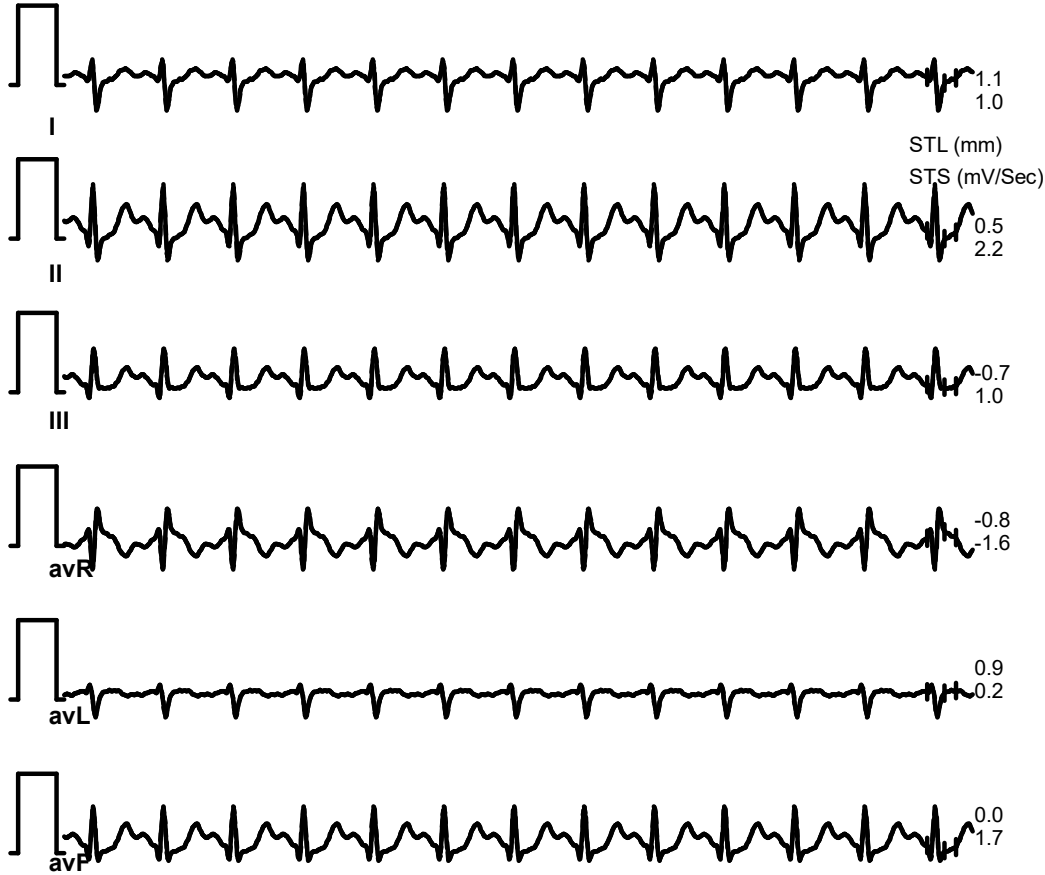
12347329 / VIPUL RAUT / 37 Yrs / Male / 167 Cm / 76 Kg

6X2 Combine Medians + 1 Rhythm PeakEx



Date: 09 / 03 / 2024 12:34:48 PM METs : 5.4 HR : 160 Target HR : 87% of 183 BP : 140/80 Post J @60mSec

ExTime: 03:49 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)



SUBURBAN DIAGNOSTICS BHAYANDER

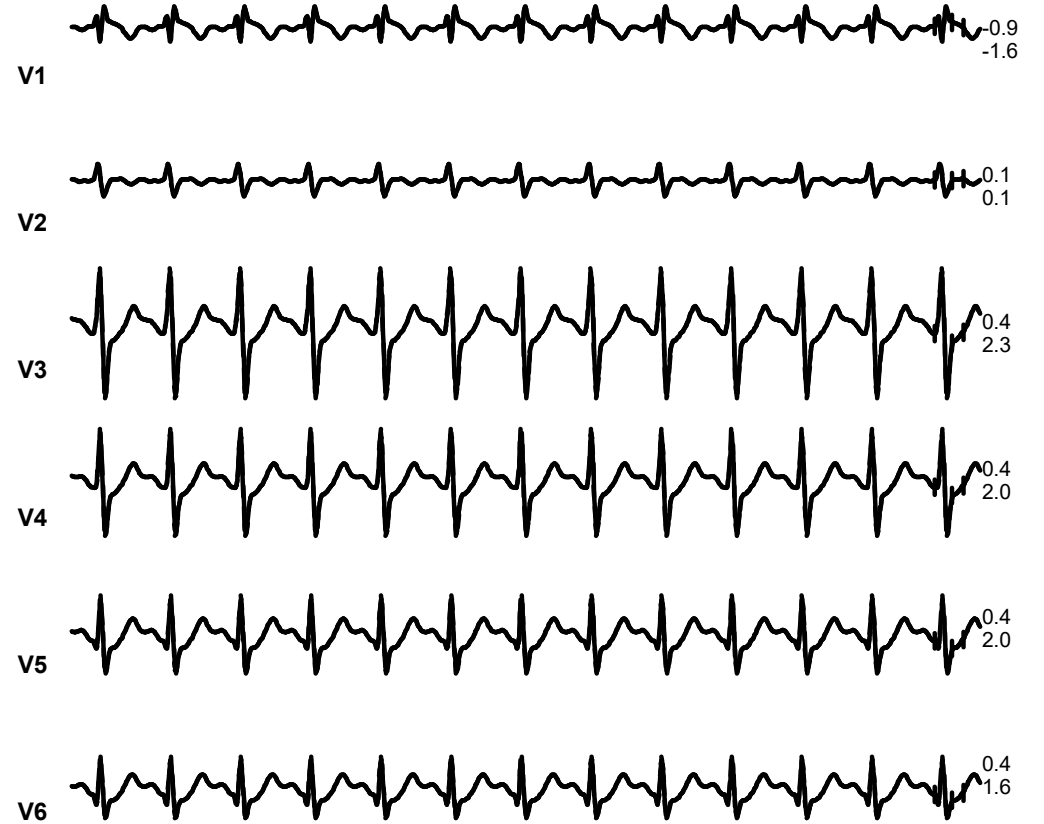
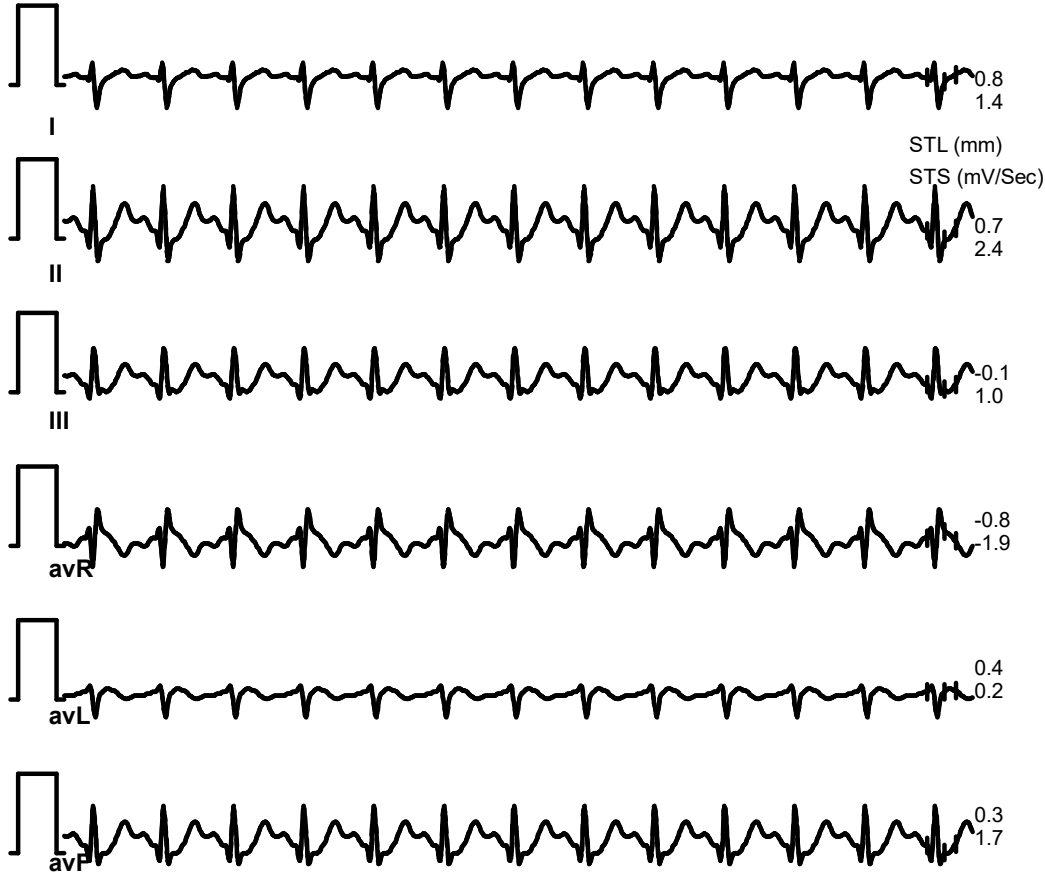
12347329 / VIPUL RAUT / 37 Yrs / Male / 167 Cm / 76 Kg

6X2 Combine Medians + 1 Rhythm
Recovery(1:00)



Date: 09 / 03 / 2024 12:34:48 PM METs : 1.0 HR : 153 Target HR : 84% of 183 BP : 150/80 Post J @60mSec

ExTime: 03:49 Speed: 1.1 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)



SUBURBAN DIAGNOSTICS BHAYANDER

12347329 / VIPUL RAUT / 37 Yrs / Male / 167 Cm / 76 Kg

6X2 Combine Medians + 1 Rhythm

Recovery(2:00)



Date: 09 / 03 / 2024 12:34:48 PM METs : 1.0 HR : 128 Target HR : 70% of 183 BP : 140/80 Post J @60mSec

ExTime: 03:49 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)



SUBURBAN DIAGNOSTICS BHAYANDER

12347329 / VIPUL RAUT / 37 Yrs / Male / 167 Cm / 76 Kg

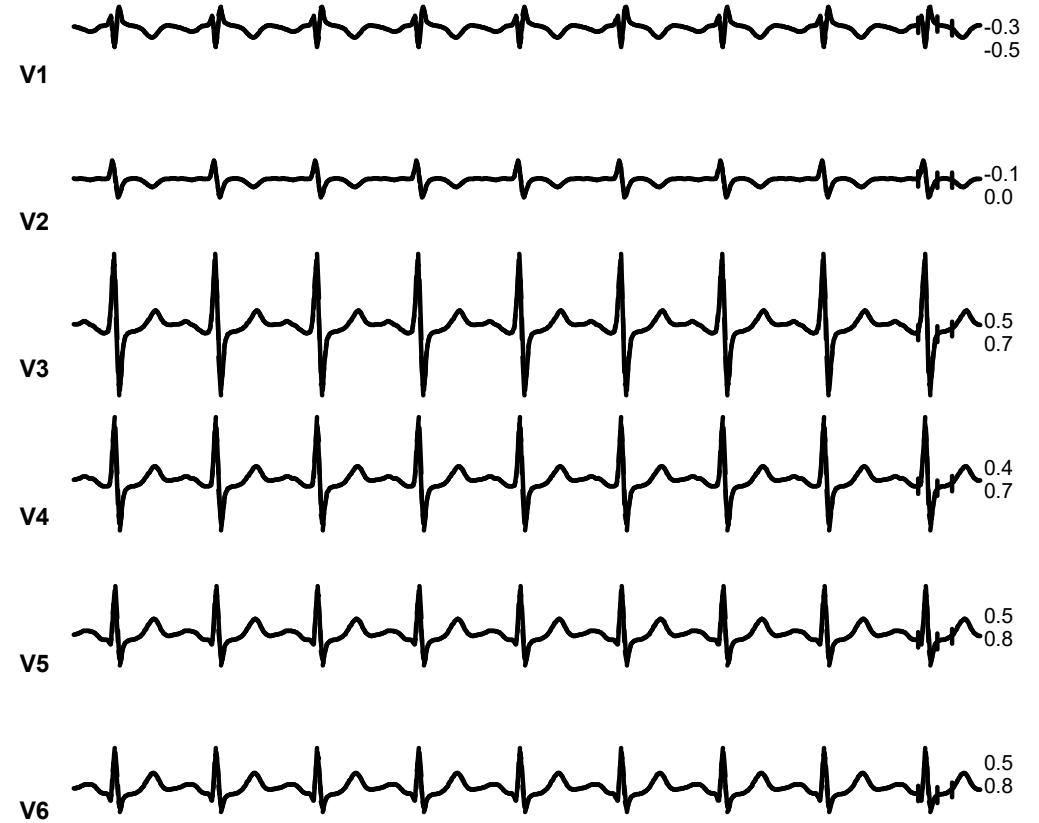
6X2 Combine Medians + 1 Rhythm

Recovery(4:00)



Date: 09 / 03 / 2024 12:34:48 PM METs : 1.0 HR : 109 Target HR : 60% of 183 BP : 130/80 Post J @80mSec

ExTime: 03:49 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)



SUBURBAN DIAGNOSTICS BHAYANDER

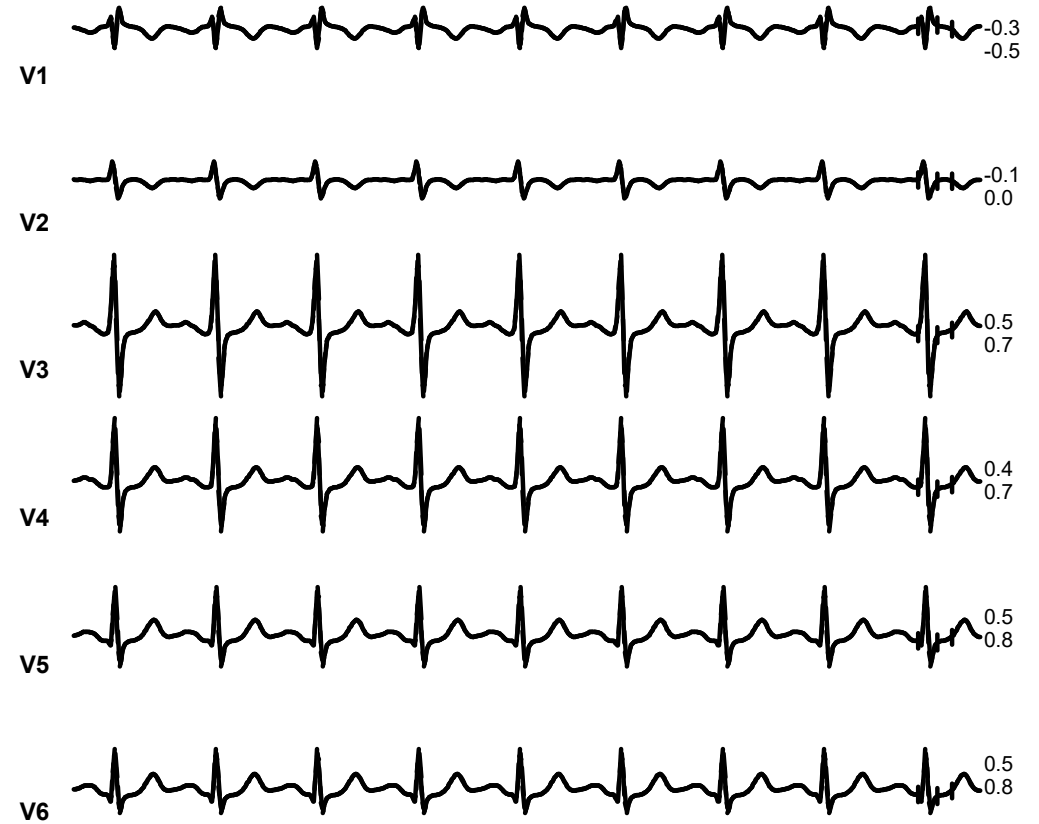
12347329 / VIPUL RAUT / 37 Yrs / Male / 167 Cm / 76 Kg

6X2 Combine Medians + 1 Rhythm
Recovery(4:03)



Date: 09 / 03 / 2024 12:34:48 PM METs : 1.0 HR : 106 Target HR : 58% of 183 BP : 130/80 Post J @80mSec

ExTime: 03:49 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)





CID : 2406923361
Name : Mr VIPUL RAUT
Age / Sex : 37 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 09-Mar-2024
Reported : 09-Mar-2024/16:57

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (14.9 cm), normal in shape and shows smooth margins. It shows **bright** parenchymal echotexture. No obvious cystic or solid lesion made out in the parenchyma. The intra hepatic biliary and portal radicals appear normal. The main portal vein appears normal.

GALL BLADDER:

The gall bladder is folded and physiologically distended. Neck region is not well visualised. Gall bladder wall appears normal. A 18.1 mm single calculus seen in the gall bladder. No evidence of mass lesion or sludge seen in the visualised lumen.

COMMON BILE DUCT:

The visualized common bile duct is normal in calibre. Terminal common bile duct is obscured due to bowel gas artefacts.

PANCREAS:

The pancreas appears normal. No evidence of solid or cystic mass lesion seen.

KIDNEYS:

Right kidney measures 9.0 x 4.4 cm. Left kidney measures 10.4 x 5.0 cm. Both the kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. No evidence of any calculus, hydronephrosis or mass lesion seen on both sides.

SPLEEN:

The spleen is normal in size (10.0 cm) and echotexture. No evidence of focal lesion is noted.

URINARY BLADDER:

The urinary bladder is well distended and reveals no intraluminal abnormality. Bladder wall appears normal. No obvious calculus or mass lesion made out in the lumen.

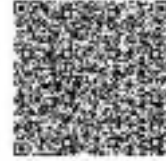
Prevoid vol:-350.0 cc

Postvoid vol:- Nil

PROSTATE:

The prostate is normal in size 3.9 x 3.5 x 3.1 cm and weighs 23.0 gms. It shows normal parenchymal echotexture. No obvious calcification or mass lesion made out.

There is no evidence of any lymphadenopathy or ascites.



Use a QR Code Scanner
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CID : 2406923361
Name : Mr VIPUL RAUT
Age / Sex : 37 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 09-Mar-2024
Reported : 09-Mar-2024/16:57

IMPRESSION:

- **Grade I fatty liver.**
- **Cholelithiasis.**
- **No other significant abnormality made out.**

Kindly correlate clinically.

Investigations have their limitation. Solitary pathological/Radiological & other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms & other related tests. Please interpret accordingly.

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

Dr.FAIZUR KHILJI
MBBS,RADIO DIAGNOSIS
Reg No-74850
Consultant Radiologist



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CID : 2406923361
Name : Mr VIPUL RAUT
Age / Sex : 37 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 09-Mar-2024
Reported : 09-Mar-2024/16:57



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CID : 2406923361
Name : Mr VIPUL RAUT
Age / Sex : 37 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 09-Mar-2024
Reported : 09-Mar-2024/19:26

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.FAIZUR KHILJI
MBBS,RADIO DIAGNOSIS
Reg No-74850
Consultant Radiologist



Use a QR Code Scanner
Application To Scan the Code

CID : 2406923361
Name : Mr VIPUL RAUT
Age / Sex : 37 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 09-Mar-2024
Reported : 09-Mar-2024/19:26