

CID : 2432508160  
Name : MR.N SRIKANTH  
Age / Gender : 39 Years / Male  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected : 20-Nov-2024 / 19:31  
Reported : 20-Nov-2024 / 21:25

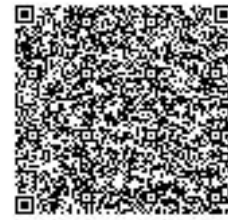
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**CBC (Complete Blood Count), Blood**

| <u>PARAMETER</u>  | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u>      |
|---|----------------|-----------------------------|--------------------|
| <b><u>RBC PARAMETERS</u></b>  |                |                             |                    |
| Haemoglobin   | 14.3           | 13.0-17.0 g/dL              | Spectrophotometric |
| RBC   | 4.86           | 4.5-5.5 mil/cmm             | Elect. Impedance   |
| PCV   | 43.1           | 40-50 %                     | Calculated         |
| MCV   | 88.8           | 81-101 fl                   | Measured           |
| MCH   | 29.4           | 27-32 pg                    | Calculated         |
| MCHC  | 33.1           | 31.5-34.5 g/dL              | Calculated         |
| RDW   | 13.4           | 11.6-14.0 %                 | Calculated         |
| <b><u>WBC PARAMETERS</u></b>  |                |                             |                    |
| WBC Total Count   | 4390           | 4000-10000 /cmm             | Elect. Impedance   |
| <b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>                  |                |                             |                    |
| Lymphocytes   | 22.3           | 20-40 %                     |                    |
| Absolute Lymphocytes  | <b>979.0</b>   | 1000-3000 /cmm              | Calculated         |
| Monocytes   | 7.2            | 2-10 %                      |                    |
| Absolute Monocytes  | 316.1          | 200-1000 /cmm               | Calculated         |
| Neutrophils   | 66.7           | 40-80 %                     |                    |
| Absolute Neutrophils  | 2928.1         | 2000-7000 /cmm              | Calculated         |
| Eosinophils   | 3.4            | 1-6 %                       |                    |
| Absolute Eosinophils  | 149.3          | 20-500 /cmm                 | Calculated         |
| Basophils   | 0.4            | 0.1-2 %                     |                    |
| Absolute Basophils  | <b>17.6</b>    | 20-100 /cmm                 | Calculated         |
| Immature Leukocytes   | -              |                             |                    |
| WBC Differential Count by Absorbance & Impedance method/Microscopy. |                |                             |                    |
| <b><u>PLATELET PARAMETERS</u></b>                                   |                |                             |                    |
| Platelet Count  | 250000         | 150000-410000 /cmm          | Elect. Impedance   |
| MPV   | 8.5            | 6-11 fl                     | Measured           |
| PDW   | 14.7           | 11-18 %                     | Calculated         |
| <b><u>RBC MORPHOLOGY</u></b>  |                |                             |                    |
| Hypochromia   | -              |                             |                    |
| Microcytosis  | -              |                             |                    |





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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 | 84.4           | Non-Diabetic: < 100 mg/dl<br>Impaired Fasting Glucose: 100-125 mg/dl<br>Diabetic: >/= 126 mg/dl   | Hexokinase         |
| GLUCOSE (SUGAR) PP, Fluoride Plasma PP           | 90.7           | Non-Diabetic: < 140 mg/dl<br>Impaired Glucose Tolerance: 140-199 mg/dl<br>Diabetic: >/= 200 mg/dl | Hexokinase         |
| BILIRUBIN (TOTAL), Serum                         | 0.47           | 0.3-1.2 mg/dl   | Vanadate oxidation |
| BILIRUBIN (DIRECT), Serum                        | 0.15           | 0-0.3 mg/dl   | Vanadate oxidation |
| BILIRUBIN (INDIRECT), Serum                      | 0.32           | <1.2 mg/dl  | Calculated         |
| TOTAL PROTEINS, Serum                            | 7.2            | 5.7-8.2 g/dL  | Biuret             |
| ALBUMIN, Serum                                   | 4.6            | 3.2-4.8 g/dL  | BCG                |
| GLOBULIN, Serum                                  | 2.6            | 2.3-3.5 g/dL  | Calculated         |
| A/G RATIO, Serum                                 | 1.8            | 1 - 2   | Calculated         |
| SGOT (AST), Serum                                | 18.4           | <34 U/L   | Modified IFCC      |
| SGPT (ALT), Serum                                | 20.6           | 10-49 U/L   | Modified IFCC      |
| GAMMA GT, Serum                                  | 23.2           | <73 U/L   | Modified IFCC      |
| ALKALINE PHOSPHATASE, Serum                      | 93.7           | 46-116 U/L  | Modified IFCC      |
| BLOOD UREA, Serum                                | 14.8           | 19.29-49.28 mg/dl   | Calculated         |
| BUN, Serum                                       | 6.9            | 9.0-23.0 mg/dl  | Urease with GLDH   |
| CREATININE, Serum                                | 0.74           | 0.73-1.18 mg/dl   | Enzymatic          |



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|             |     |                                    |            |
|-------------|-----|------------------------------------|------------|
| eGFR, Serum | 118 | (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 | 5.2 | 3.7-9.2 mg/dl | Uricase/ Peroxidase |
|------------------|-----|---------------|---------------------|

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



**Dr. ANUPA DIXIT**  
M.D.(PATH)  
Consultant - Pathologist



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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 | 5.1     | Non-Diabetic Level: < 5.7 %<br>Prediabetic Level: 5.7-6.4 %<br>Diabetic Level: >/= 6.5 % | HPLC       |
| Estimated Average Glucose (eAG), EDTA WB - CC | 99.7    | 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.

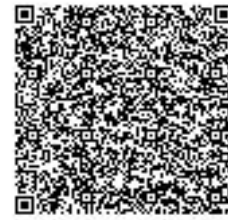
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*J Thakker*

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



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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>           |
|---------------------------------------|----------------|-----------------------------|-------------------------|
| <b><u>PHYSICAL EXAMINATION</u></b>    |                |                             |                         |
| Color                                 | Pale yellow    | Pale Yellow                 | -                       |
| Transparency                          | Clear          | Clear                       | -                       |
| <b><u>CHEMICAL EXAMINATION</u></b>    |                |                             |                         |
| Specific Gravity                      | 1.005          | 1.002-1.035                 | Chemical Indicator      |
| Reaction (pH)                         | 7.0            | 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                               | Absent         | Absent                      | Griess Test             |
| <b><u>MICROSCOPIC EXAMINATION</u></b> |                |                             |                         |
| (WBC)Pus cells / hpf                  | 1-2            | 0-5/hpf                     |                         |
| Red Blood Cells / hpf                 | Absent         | 0-2/hpf                     |                         |
| Epithelial Cells / hpf                | 0-1            | 0-5/hpf                     |                         |
| Hyaline Casts                         | Absent         | Absent                      |                         |
| Pathological cast                     | Absent         | Absent                      |                         |
| Calcium oxalate monohydrate crystals  | Absent         | Absent                      |                         |
| Calcium oxalate dihydrate crystals    | Absent         | Absent                      |                         |
| Triple phosphate crystals             | Absent         | Absent                      |                         |
| Uric acid crystals                    | Absent         | Absent                      |                         |
| Amorphous debris                      | Absent         | Absent                      |                         |
| Bacteria / hpf                        | 2-3            | 0-20/hpf                    |                         |
| Yeast                                 | Absent         | Absent                      |                         |
| Others                                | -              |                             |                         |



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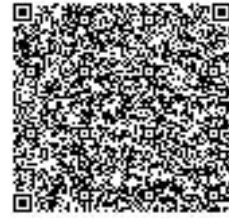
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*J Thakker*

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**M.D. (PATH), DPB**  
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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

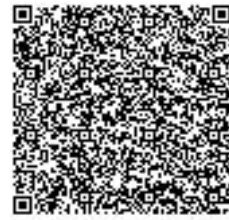
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**LIPID PROFILE**

| PARAMETER                        | RESULTS | BIOLOGICAL REF RANGE  | METHOD                 |
|----------------------------------|---------|---|------------------------|
| CHOLESTEROL, Serum               | 197.2   | Desirable: <200 mg/dl<br>Borderline High: 200-239mg/dl<br>High: >/=240 mg/dl  | CHOD-POD               |
| TRIGLYCERIDES, Serum             | 100     | Normal: <150 mg/dl<br>Borderline-high: 150 - 199 mg/dl<br>High: 200 - 499 mg/dl<br>Very high:>/=500 mg/dl                                     | Enzymatic colorimetric |
| HDL CHOLESTEROL, Serum           | 50.8    | Desirable: >60 mg/dl<br>Borderline: 40 - 60 mg/dl<br>Low (High risk): <40 mg/dl   | Elimination/ Catalase  |
| NON HDL CHOLESTEROL, Serum       | 146.4   | Desirable: <130 mg/dl<br>Borderline-high:130 - 159 mg/dl<br>High:160 - 189 mg/dl<br>Very high: >/=190 mg/dl                                   | Calculated             |
| LDL CHOLESTEROL, Serum           | 126.4   | Optimal: <100 mg/dl<br>Near Optimal: 100 - 129 mg/dl<br>Borderline High: 130 - 159 mg/dl<br>High: 160 - 189 mg/dl<br>Very High: >/= 190 mg/dl | Calculated             |
| VLDL CHOLESTEROL, Serum          | 20.0    | < /= 30 mg/dl   | Calculated             |
| CHOL / HDL CHOL RATIO, Serum     | 3.9     | 0-4.5 Ratio   | Calculated             |
| LDL CHOL / HDL CHOL RATIO, Serum | 2.5     | 0-3.5 Ratio   | Calculated             |

Reference:

- Executive Summary of the Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III).
- Pack Insert.

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*Anupa*

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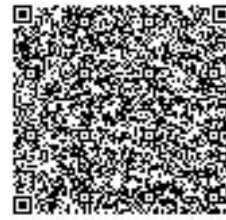
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**THYROID FUNCTION TESTS**

| <u>PARAMETER</u>    | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|---------------------|----------------|-----------------------------|---------------|
| Free T3, Serum      | 4.7            | 3.5-6.5 pmol/L              | CLIA          |
| Free T4, Serum      | 16.4           | 11.5-22.7 pmol/L            | CLIA          |
| sensitiveTSH, Serum | 2.220          | 0.55-4.78 microU/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:**

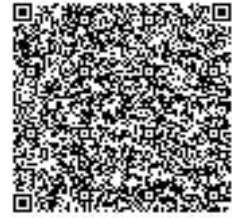
- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles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

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**FUS and KETONES**

| <u>PARAMETER</u>        | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|-------------------------|----------------|-----------------------------|---------------|
| Urine Sugar (Fasting)   | Absent         | Absent                      |               |
| Urine Ketones (Fasting) | Absent         | Absent                      |               |

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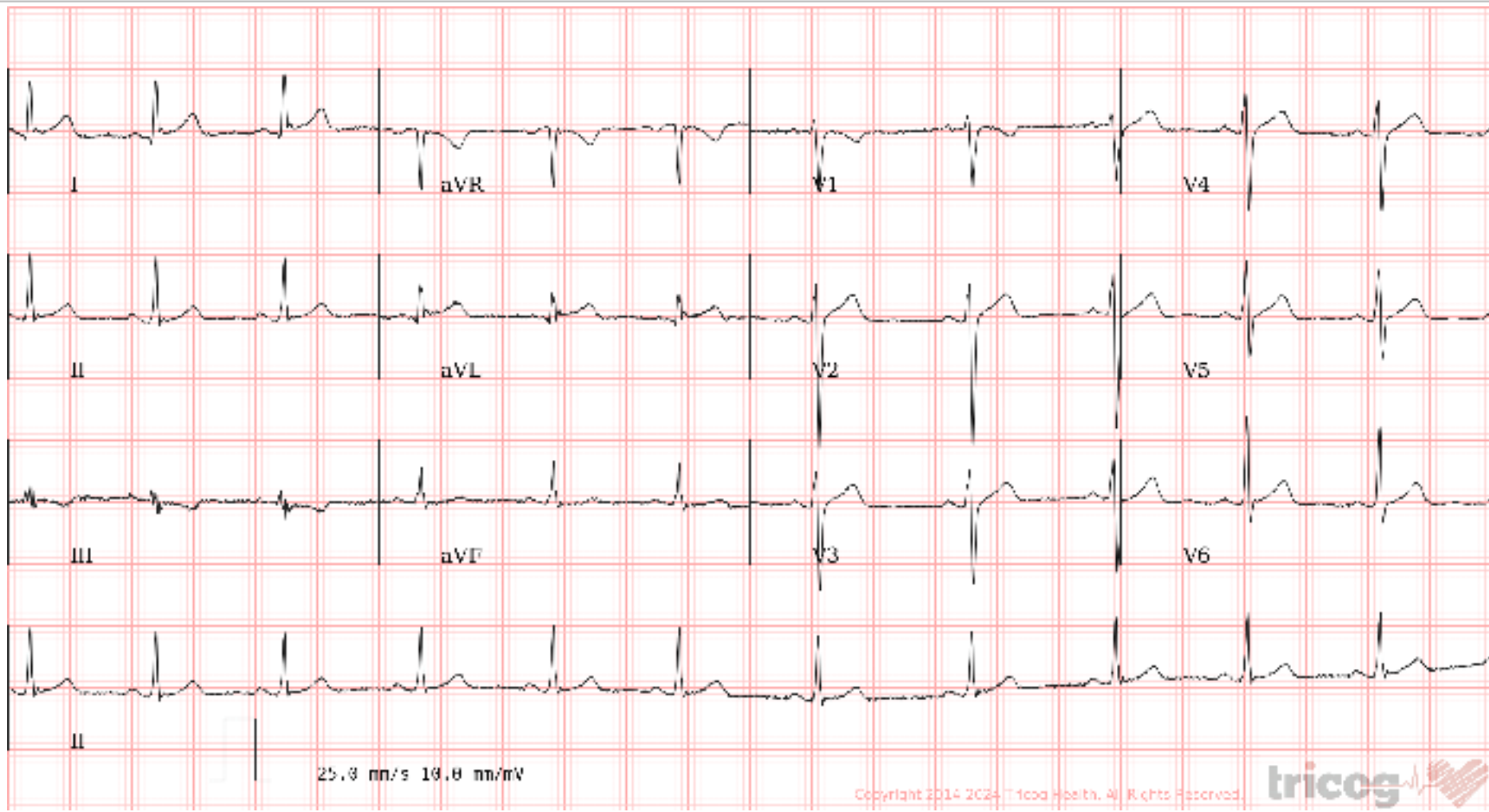
# SUBURBAN DIAGNOSTICS - BORIVALI WEST



Patient Name: N SRIKANTH

Date and Time: 20th Nov 24 10:16 AM

Patient ID: 2432508160



Age **39** NA NA  
years months days

Gender **Male**

Heart Rate **69bpm**

### Patient Vitals

BP: 110/80 mmHg

Weight: 72 kg

Height: 166 cm

Pulse: NA

Spo2: NA

Resp: NA

Others: \_\_\_\_\_

### Measurements

QRSD: 94ms

QT: 376ms

QTcB: 402ms

PR: 140ms

P-R-T: 47° 33° 29°

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

REPORTED BY

Dr Nitin Sonavane  
M.B.B.S.AFLH, D.DIAB, D.CARD  
Consultant Cardiologist  
87714

N Age/Gender : 39  
 SRIKANTH Years/Male

**History and Complaints:**

No Complaints.

**EXAMINATION FINDINGS:**

|                         |          |              |              |
|-------------------------|----------|--------------|--------------|
| Height (cms):           | 166      | Weight (kg): | 72           |
| Temp (0c):              | Afebrile | Skin:        | NAD          |
| Blood Pressure (mm/hg): | 110/80   | Nails:       | NAD          |
| Pulse:                  | 74/min   | Lymph Node:  | Not Palpable |

**Systems**

|                 |                    |
|-----------------|--------------------|
| Cardiovascular: | S1S2(N) No Murmurs |
| Respiratory:    | AEFE Clear         |
| Genitourinary:  | Normal             |
| GI System:      | Normal             |
| CNS:            | Normal             |

**IMPRESSION:**

Normal

**ADVICE:**

**CHIEF COMPLAINTS:**

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

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

**PERSONAL HISTORY:**

|               |         |
|---------------|---------|
| 1) Alcohol    | No      |
| 2) Smoking    | No      |
| 3) Diet       | Veg/Mix |
| 4) Medication | NO      |

*✱*  
Suburban Diagnostics (I) Pvt. Ltd.  
301 & 302, Skyline Wealth Space Building, Above Mercedes Showroom, Andheri West, Mumbai - 400068.  
Above Ganesh Jeweller L. T. Road,  
Borivali (West), Mumbai - 400 092

**DR. NITIN SONAVANE**  
M.B.B.S., F.I.C.C., D.DIAB., D.CARD.  
CONSULTANT-CARDIOLOGIST  
REGD. No. 2087714

|                         |                  |  |
|-------------------------|------------------|--|
| CID NO: 2425613897      |                  |  |
| NAME: MR.SRIKANTH NOUSU | SEX: M           |  |
| REF. BY : —             | DATE: 20/11/2024 |  |

### USG WHOLE ABDOMEN

**LIVER:** Liver is normal in size 15.9 cm, shape and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any obvious focal lesion.

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

(Tiny polyps/calculi may be missed due to technical limitations, sub-optimal distension of GB, adjacent gases and inter-machine variability in resolution settings)

**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 11.4 x 5.1 cm. Left kidney measures 11.2 x 6.1 cm.  
**A calculus of size 8.6 mm seen in mid pole of right kidney.**

Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter.

**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 2.4 x 3.8 x 2.3 cm and prostatic weight is 11.6 gm. No evidence of any obvious focal lesion.

No free fluid or size significant lymphadenopathy is seen.



|                                |                         |  |
|--------------------------------|-------------------------|--|
| <b>NAME: MR.SRIKANTH NOUSU</b> | <b>SEX: M</b>           |  |
| <b>REF. BY : ----</b>          | <b>DATE: 20/11/2024</b> |  |

**Opinion:**

**Right renal calculus.**

***For clinical correlation and follow up.***

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification. Please interpret accordingly.



**Dr. Pranali Mahale**  
**MD, Radiodiagnosis**  
**Consultant Radiologist**  
**Reg no. 2019/07/5682**

|                                   |                  |
|-----------------------------------|------------------|
| PATIENT'S NAME: MR SRIKANTH NOUSU | AGE/SEX: 39Y/M   |
| REF BY: -----                     | DATE: 20/11/2024 |

**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.**

**Kindly correlate clinically.**

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. X-ray is known to have inter-observer variations. Further / follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Please interpret accordingly. In case of any typographical error / spelling error in the report, patient is requested to immediately contact the centre within 7 days post which the center will not be responsible for any rectification.

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

**Dr. Pranali Mahale**  
MD,Radiodiagnosis  
Consultant Radiologist  
Reg no. 2019/07/5682

Date: \_\_\_\_\_  
Name: **N. Shrikanth**

CID: \_\_\_\_\_  
Sex / Age: **39 / M**

**EYE CHECK UP**

Chief complaints:  
Systemic Diseases:  
Past history:  
Unaided Vision:  
Aided Vision:  
Refraction:

**Nil**

**RE      LE**

**6/6      6/6**

**Nil      Nil**

(Right Eye)

(Left Eye)

|          | Sph | Cyl | Axis | Vn | Sph | Cyl | Axis | Vn |
|----------|-----|-----|------|----|-----|-----|------|----|
| Distance |     |     |      |    |     |     |      |    |
| Near     |     |     |      |    |     |     |      |    |

Colour Vision: Normal / Abnormal

Remark:

**Suburban Diagnostics (I) Pvt. Ltd.**  
301 & 302, 3rd Floor, Siddhaganga  
Above P... Road,  
Borivali... 400 692

**SUBURBAN DIAGNOSTICS PVT. LTD.**

**Name: SRIKANTH N** Date: 16-11-2024 Time: 04:53  
 Age: 39 Gender: M Height: 166 cms Weight: 72 Kg ID: 2432508160  
 Clinical History: NIL  
 Medications: NIL

**Test Details:**  
 Protocol: Bruce Predicted Max HR: 181 Target HR: 153 (85% of Pr. MHR)  
 Exercise Time: 0:10:33 Achieved Max HR: 154 (85% of Pr. MHR)  
 Max BP: 150/80 Max BP x HR: 23100 Max Mets: 11.9  
 Test Termination Criteria: TEST COMPLETE

**Protocol Details:**

| Stage Name       | Stage Time | METS | Speed<br>km/h | Grade<br>% | Heart Rate<br>bpm | BP<br>mmHg | RPP   | Max ST Level<br>mm | Max ST Slope<br>mV/s |
|------------------|------------|------|---------------|------------|-------------------|------------|-------|--------------------|----------------------|
| Supine           | 01:10      | 1    | 0             | 0          | 90                | 120/80     | 10800 | -1.4 aVR           | 0.3 V5               |
| Standing         | 00:06      | 1    | 0             | 0          | 130               | 120/80     | 15600 | 10.4 III           | -3.3 V6              |
| HyperVentilation | 00:08      | 1    | 0             | 0          | 79                | 120/80     | 9480  | -1.4 aVR           | 0.3 V4               |
| PreTest          | 00:10      | 1    | 1.6           | 0          | 77                | 130/80     | 9240  | 0.9 II             | -1.1 II              |
| Stage: 1         | 03:00      | 4.7  | 2.7           | 10         | 103               | 120/80     | 12360 | -0.9 aVR           | 0.4 I                |
| Stage: 2         | 03:00      | 7    | 4             | 12         | 118               | 140/80     | 16520 | 0.5 V2             | 0.3 V4               |
| Stage: 3         | 03:00      | 10.1 | 5.5           | 14         | 127               | 140/80     | 17780 | 0.6 V2             | 0.4 V4               |
| Peak Exercise    | 01:33      | 11.9 | 6.8           | 16         | 154               | 140/80     | 21560 | -1 V6              | 0.5 II               |
| Recovery1        | 01:00      | 1    | 0             | 0          | 108               | 150/80     | 16200 | -1 V4              | 3.8 V3               |
| Recovery2        | 01:00      | 1    | 0             | 0          | 90                | 150/80     | 13500 | 0.3 V4             | 0.3 V5               |
| Recovery3        | 01:00      | 1    | 0             | 0          | 86                | 130/80     | 11180 | -0.5 aVR           | 0.5 V5               |
| Recovery4        | 00:35      | 1    | 0             | 0          | 82                | 130/80     | 10660 | 0.4 V2             | 0.2 V2               |

**Interpretation**

The Patient Exercised according to Bruce Protocol for 0:10:33 achieving a work level of 11.9 METS  
 Resting Heart Rate, initially 90 bpm rose to a max. heart rate of 154bpm (85% of Predicted Maximum Heart Rate)  
 Resting Blood Pressure of 120/80 mmHg, rose to a maximum Blood Pressure of 150/80 mmHg  
 Good Effort tolerance Normal HR & BP Response No Angina or Arrhythmias  
 No Significant S-T Change Noted During Exercise Stress test Negative for Stress inducible ischaemia.

**DR. NITIN SONAVANE**  
 M.B.B.S. D.I.P.H. D.I.I.B. D.I.C.A.R.D.  
 CONSULTANT CARDIOLOGIST  
 RECD. NO. 87714

Ref. Doctor: ---

Doctor: **DR. NITIN SONAVANE**

**SCHILLER**  
 The Art of Diagnostics

Subscribed by: \_\_\_\_\_  
 30/11/24  
 Date: \_\_\_\_\_  
 By: \_\_\_\_\_

(Summary Report edited by User)  
 Cardiofit CS-20 Version:3.6

# SUBURBAN DIAGNOSTICS PVT. LTD.

**SRIKANTH N (39 M)**

ID: 2432508160

Date: 16-11-2024

Exec Time: 0:00:00

Stage Time: 01:10

**HR: 90 bpm**

90 bpm TPR

BP: 120/80 mmHg

ST level (mm)

ST Slope (mm/s)

Brice Protocol  
ST level (mm) ST Slope (mm/s)

Stage: Supine

Speed: 0 km/h

Slope: 0%

THR: 153 bpm

0.7 0.1 I



V1 0.2 0

0.2 0.2 II



V2 0.9 0.1

0.1 0.1 III



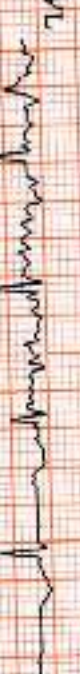
V3 0.5 0.2

0.1 0.1 aVR



V4 0.6 0.1

0.3 0 aVL



V5 0.9 0.3

0.4 0.1 aVF



V6 0.6 0.2

VS



V5 0.9 0.3

Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz

Mains Filter: ON

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

# SUBURBAN DIAGNOSTICS PVT. LTD.

**SRIKANTH N (39 M)**

Brace Protocol  
ST1: 0.1 mV ST2: 0.05 mV V1: 1.0 mV

ID: 2412508169

Date: 16-11-2024

Exec Time: 0:00:00

Stage Time: 00:06

Stage: Standing

Speed: 0

Slope: 0%

THR: 153 bpm

**HR: 130 bpm**

85% of HR  
BP: 120/80 mmHg  
ST1: 0.1 mV ST2: 0.05 mV V1: 1.0 mV

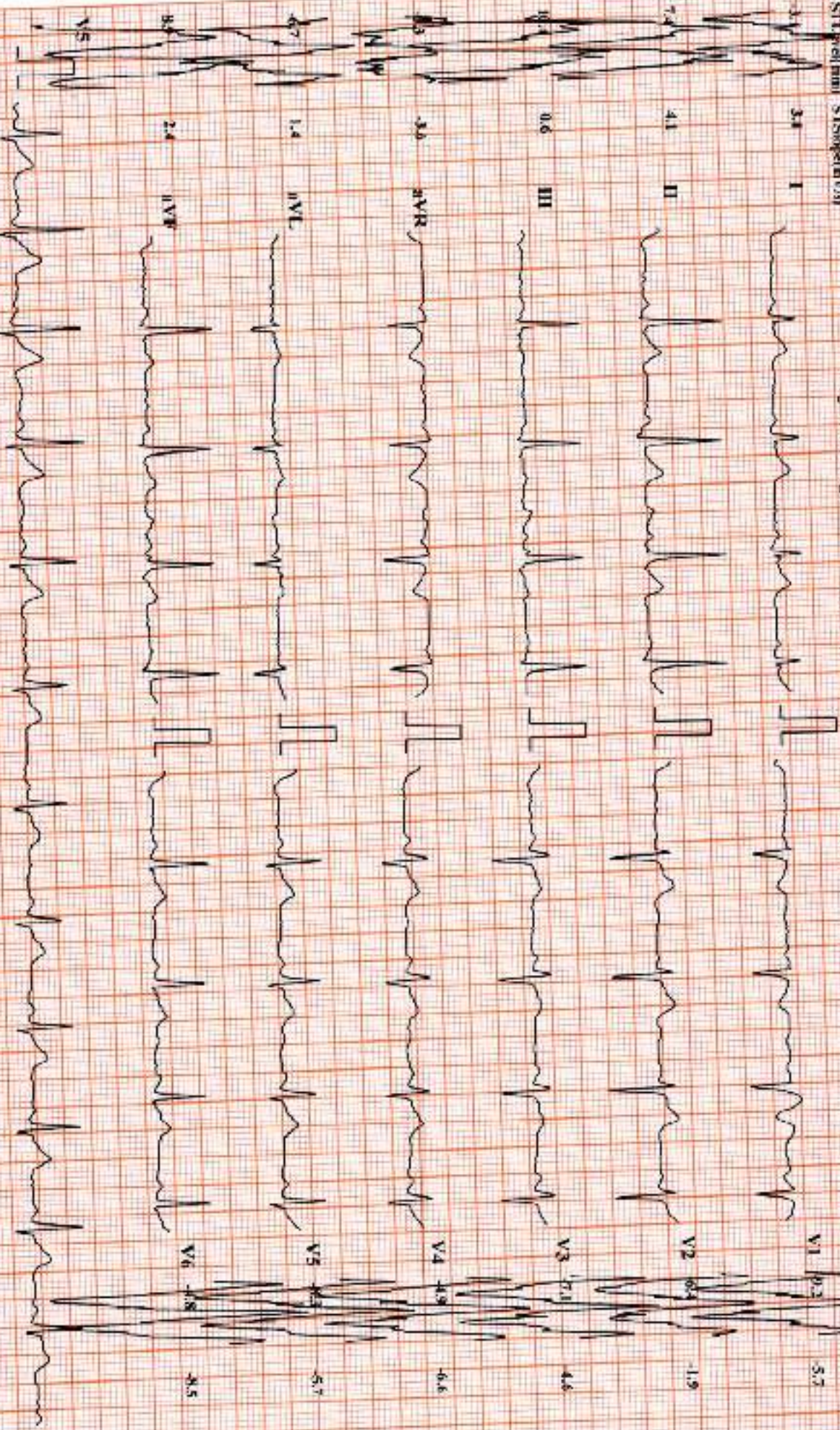


Chart Speed: 25 mm/sec    Amplitude: 10mm/mV    Filter: 35 Hz    Main Filter: ON    ISO - R - 60 ms; J - R + 60 ms; Post J - J - 60 ms

# SUBURBAN DIAGNOSTICS PVT. LTD.

**SRIKANTH N (39 M)**

ID: 2432504160

Date: 16-11-2024

Exam Time: 0:00:00

Stage Time: 00:08

**HR: 79 bpm**

52% of TEHR

RF: 126/80 mmHg

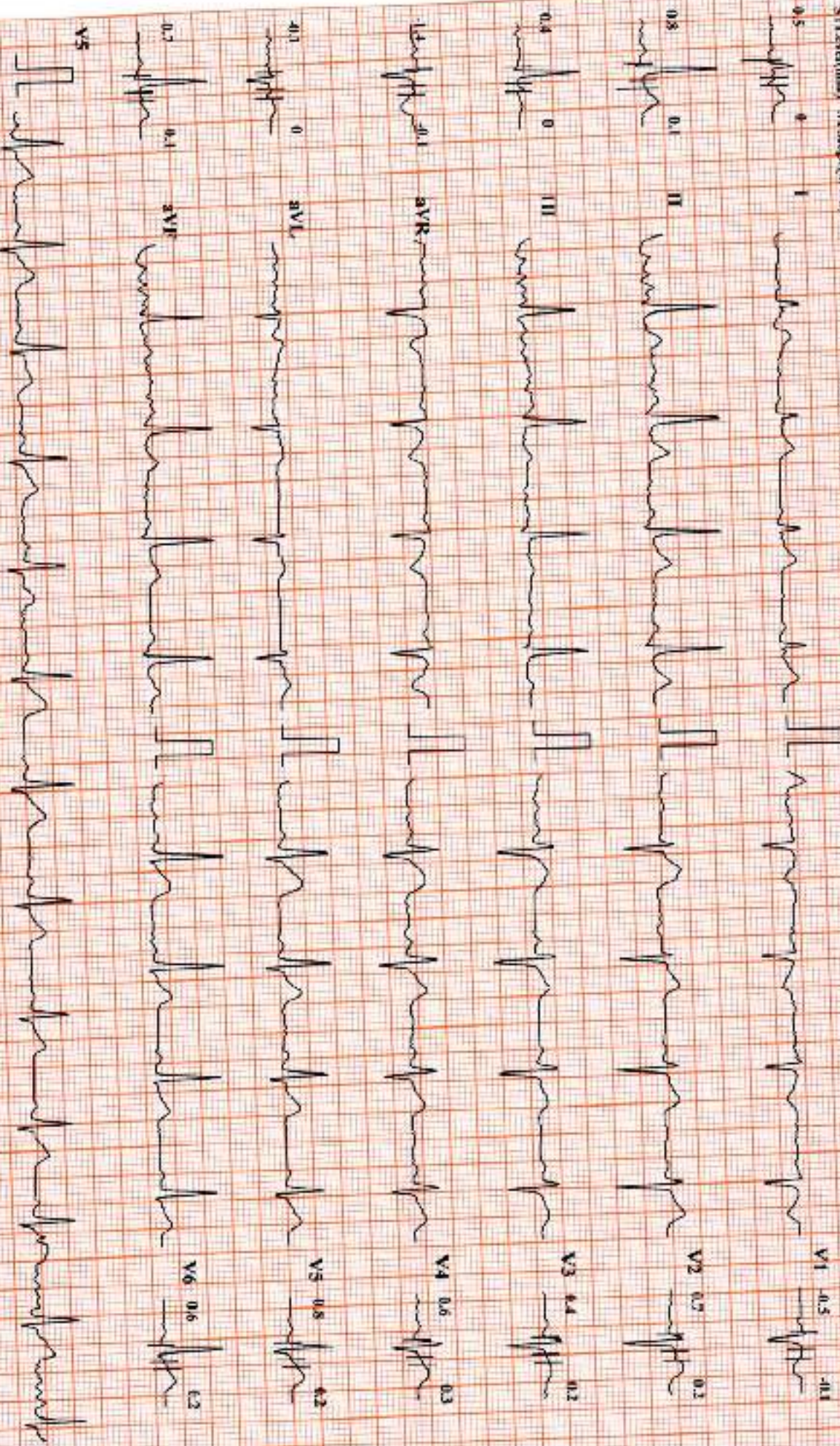
ST1: 4000mV ST1 Slope: Vx)

Brace Protocol  
ST1 end(mv) ST1 Slope(mV/s)

Stage: Hyper Ventilation

Speed: 0

Slope: 0%



# SEBURBAN DIAGNOSTICS PVT. LTD.

**SRIKANTH N (39 M)**

Trace Protocol

STI Leash(mm) STISlope(mV/s)

ID: 2432508160

Date: 16-11-2024

Exam Time : 0:03:00

Stage Time: 03:00

**HR: 103 bpm**

67% of HR

BP: 120/80 mmHg

STI Leash(mm) STISlope(mV/s)

Stage: 1

Speed: 2.7 kmph

Slope: 10%

THR: 153 bpm

V1 -0.3 0

V2 0.8 0.1

V3 4.7 0.2

V4 0.9 0.2

V5 0.9 0.3

V6 0.6 0.1



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO - R - 60 ms, J - R + 60 ms, Pwd J - R + 60 ms

Stability Cardiotec CS-20 Version 3.0



# SUBURBAN DIAGNOSTICS PVT. LTD.

**SRIKANTHIN (39 M)**

**HR: 118 bpm**

75% of EHR

BP: 140/80 mmHg

STL (overlimb) STSlope(mV)

ID: 2432508160

Date: 16-11-2024

Exam Time: 0:06:00

Stage Time: 03:00

Stage: 2

Speed: 4 mmph

Slope: 12%

HR: 153 bpm

Brute Protocol  
STL (overlimb) STSlope(mV)

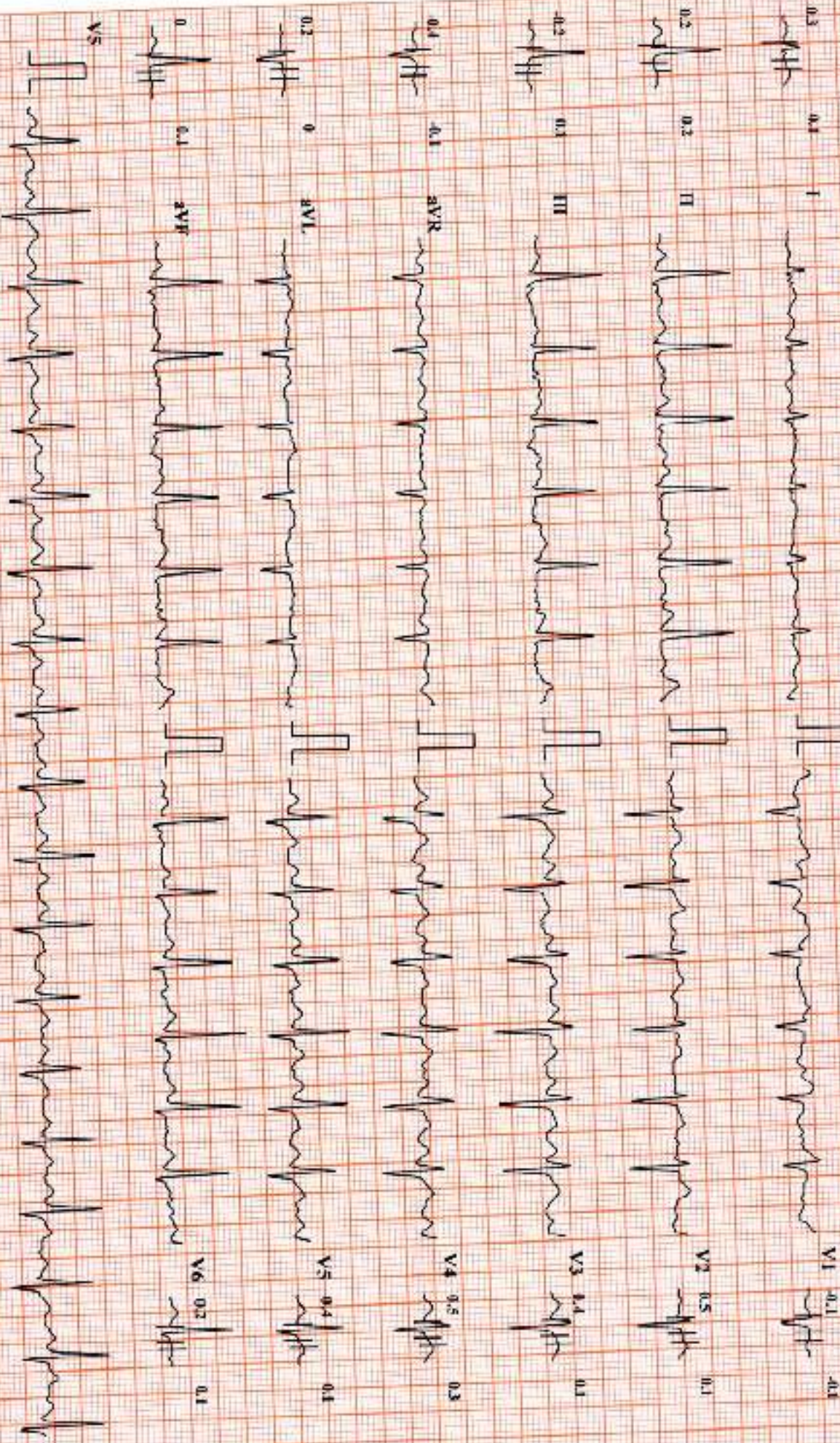


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz - Main Filter: ON

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

Schiller CardioITCS-20 Version 3.6

**SRIKANTH N (39 M)**

**SUBURBAN DIAGNOSTICS PVT.LTD.**

**HR: 127 bpm**

Brace Protocol  
STLevel(mm) STSlope(%)

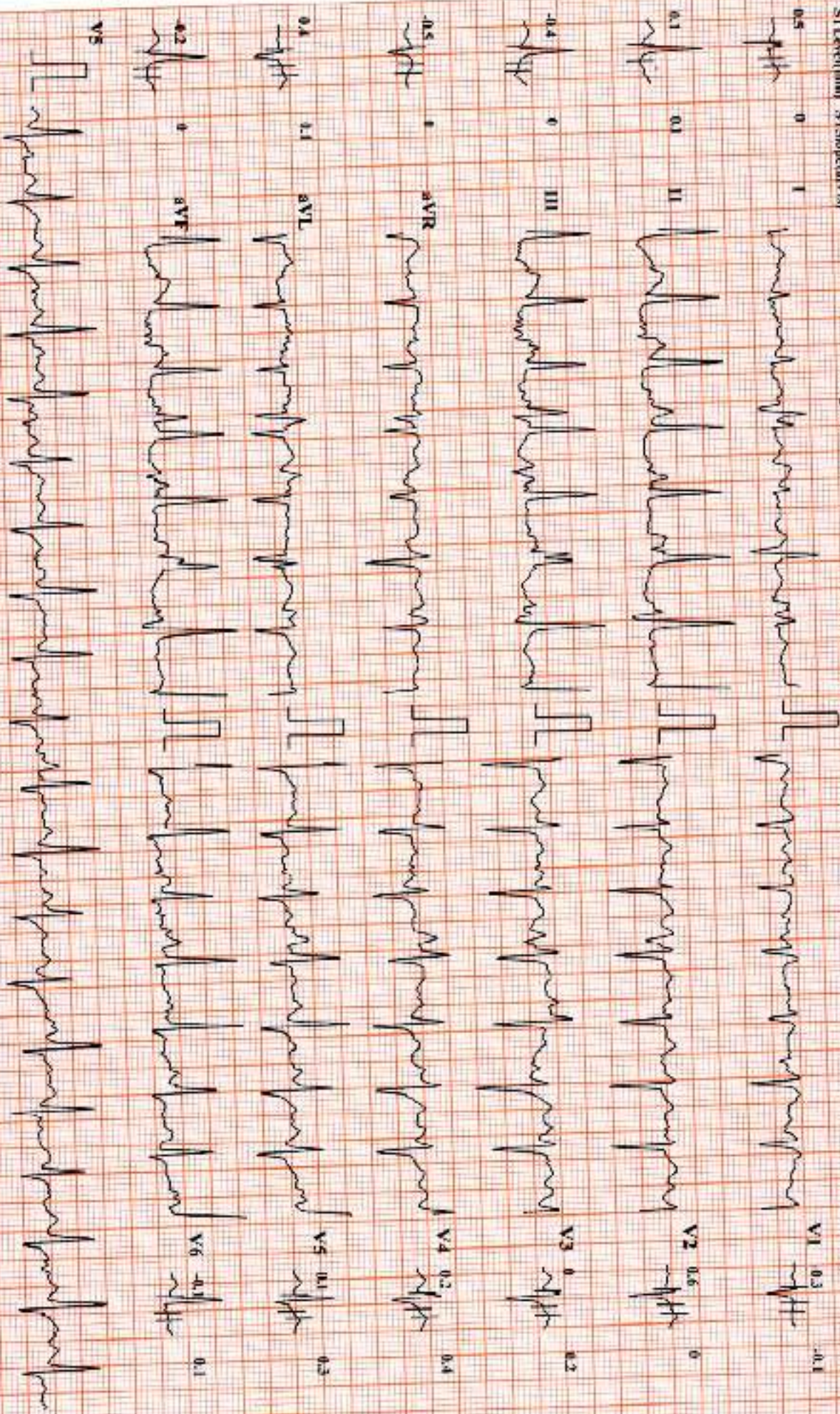
ID: 2412508160  
Stage: 3

Date: 16-11-2024  
Speed: 5.5 kmph

Exer Time: 0:09:10  
Slope: 14%

Stage Time: 0:03  
THR: 153 bpm

83% of THR  
BPR: 140/80 mmHg  
STLevel(mm) STSlope(%)



# SUBURBAN DIAGNOSTICS PVT. LTD.

**SRIKANTH N (39 M)**

Brace Protocol  
STLcard(mv) STSlope(mV/s)

ID: 2432508160

Date: 16-11-2024

Test Time: 0:10:33

Stage Time: 01:33

Stage: 4 Peak Exercise

Speed: 6.8 kmph

Slope: 16 %

THR: 153 bpm

**HR: 154 bpm**

100%aTHR  
BPR: 140/80 mmHg  
STLcard(mv) STSlope(mV/s)

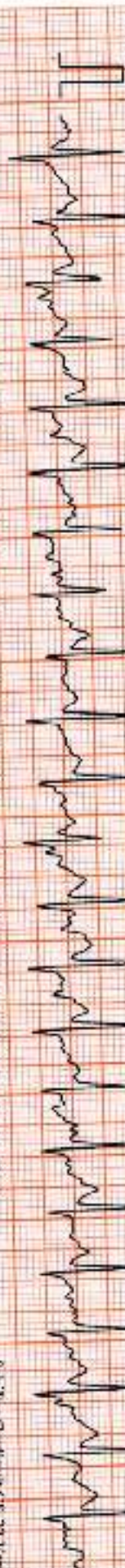
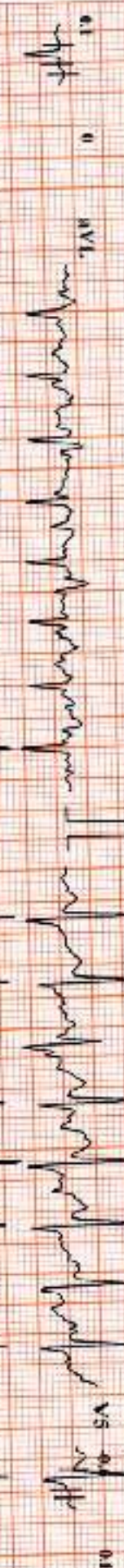


Chart Speed: 25 mm/sec  
Amplitude: 10mm/mV  
Filter: 35 Hz  
Main Filter: ON  
ISO - R - 60 ms, J - R + 60 ms, P - J - J + 60 ms

# SUBURBAN DIAGNOSTICS PVT. LTD.

**SRIKANTH N (39 M)**

**HR: 126 bpm**

Bruce Protocol  
SIT (awake) STS (postV3)

ID: 2412503169  
Stage: Recovery1

Date: 16-11-2024  
Speed: 0 kmph

Exc Time: 00:00  
Slope: 0%

Stage Time: 00:36  
THR: 153 bpm

82% of HR  
100% (60/80 min) He  
ST (awake) STS (postV3)

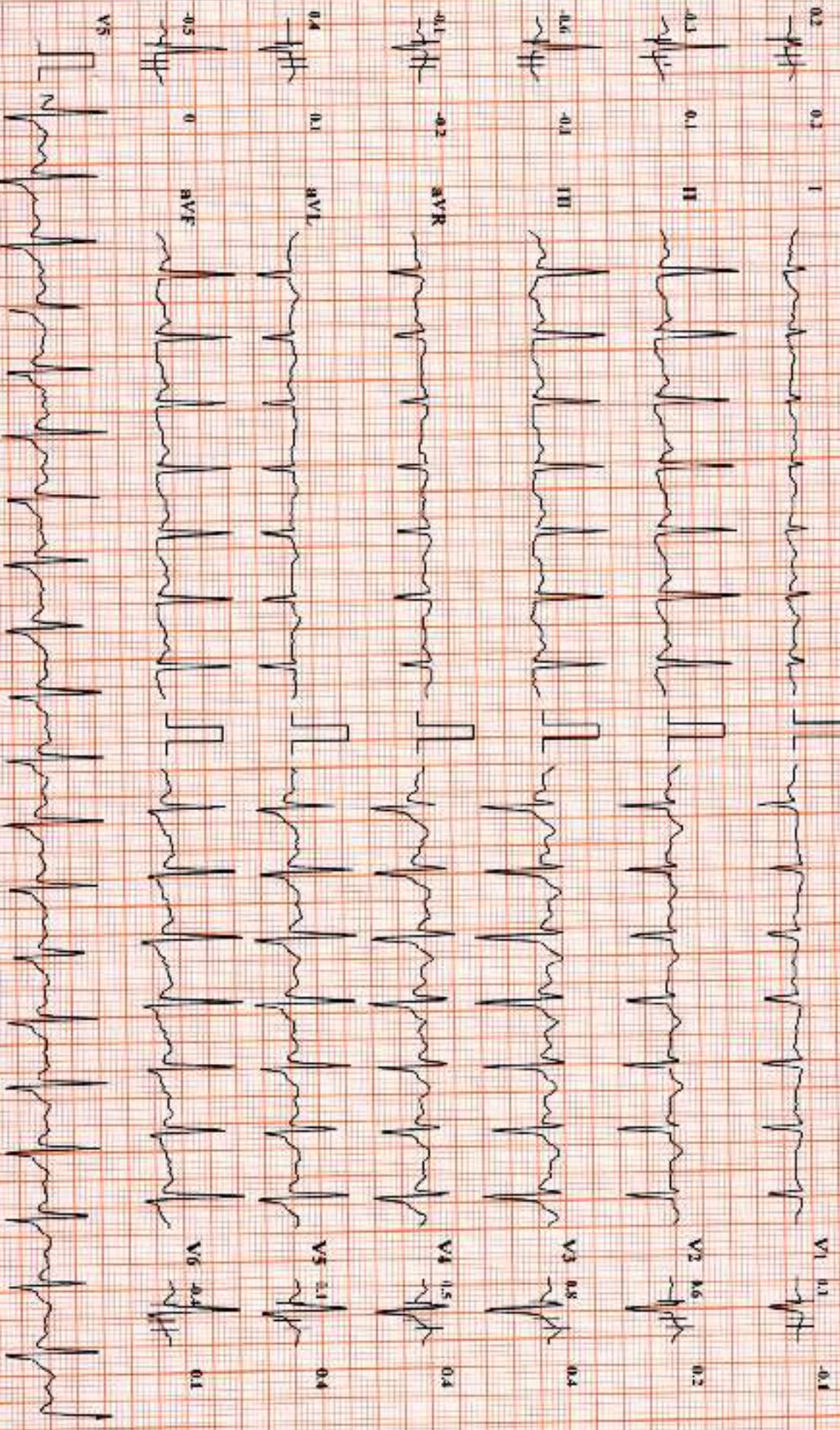


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz

Males Filter: ON

150 - R - 60 ms, J - R + 60 ms, Post - J + 50 ms

Schiller Cardiofit CS-20 Version 3.5

# SUBURBAN DIAGNOSTICS PVT. LTD.

**SRIKANTH N (39 M)**

**HR: 108 bpm**

Bruce Protocol  
STLead(mV) STSlope(mV/s)

ID: 2432508160  
Stage: Recovery/1

Date: 16-11-2024  
Speed: 0 kmph

Exec Time: 00:00  
Slope: 0 %

Stage Time: 01:00  
THR: 153 bpm

75% of THR  
BP: 150/80 mmHg  
STLead(mV) STSlope(mV/s)

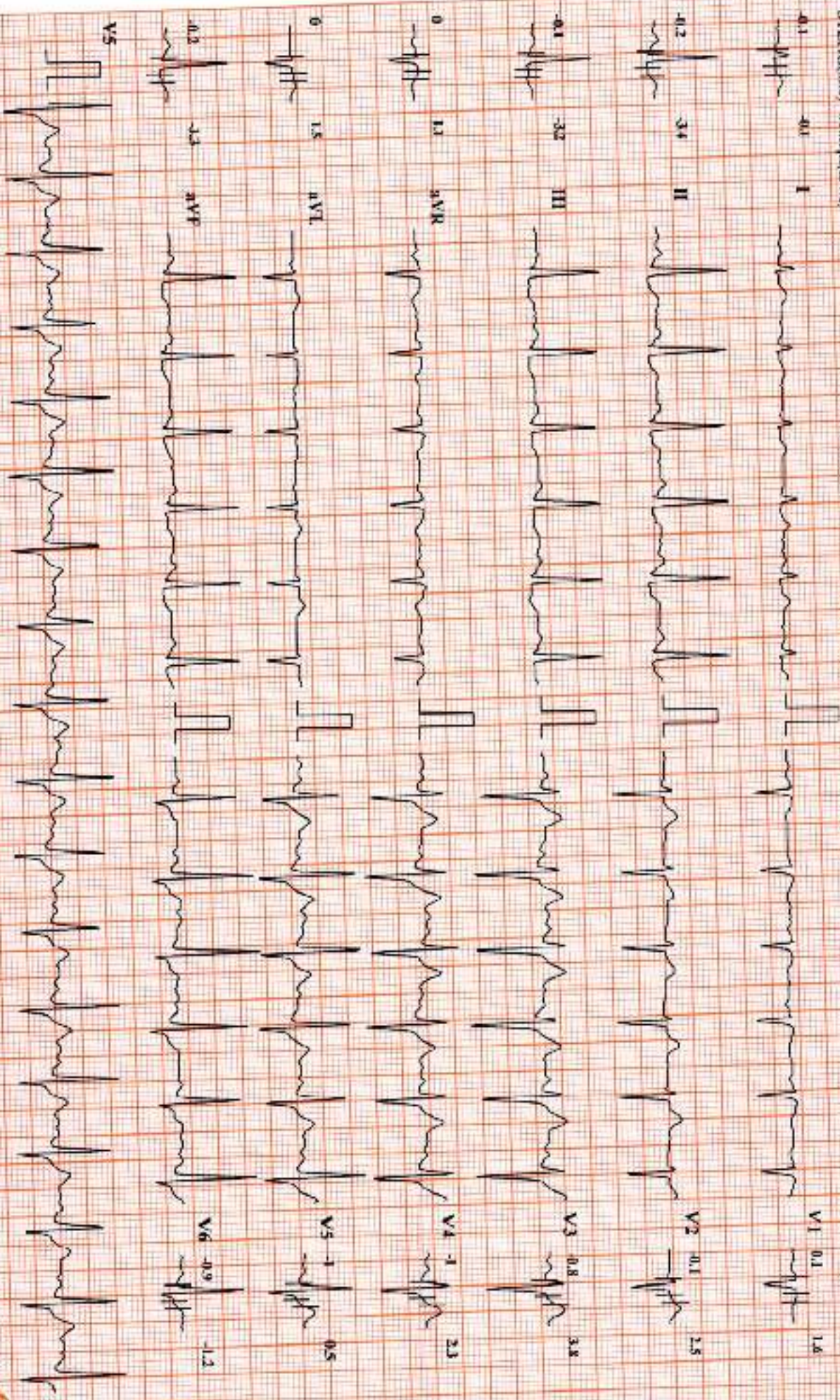


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Main Filter: ON

ESO - R - 50 ms, J - R - 60 ms, Post J - J + 50 ms

Schiller CardioV C.S. 20 Version 2.5

# SUBURBAN DIAGNOSTICS PVT. LTD.

**SRIKANTH N (39 M)**

Bruce Protocol  
STL evd(mm) STStop(mV/s)

ID: 2432508160

Date: 16-11-2024

Exec Time: 00:00

Stage Time: 01:00

Stage: Recovery2

Speed: 0 kmph

Slope: 0 %

THR: 153 bpm

**HR: 90 bpm**

62% of THR  
BP: 150/80 mmHg  
STL evd(mm) STStop(mV/s)

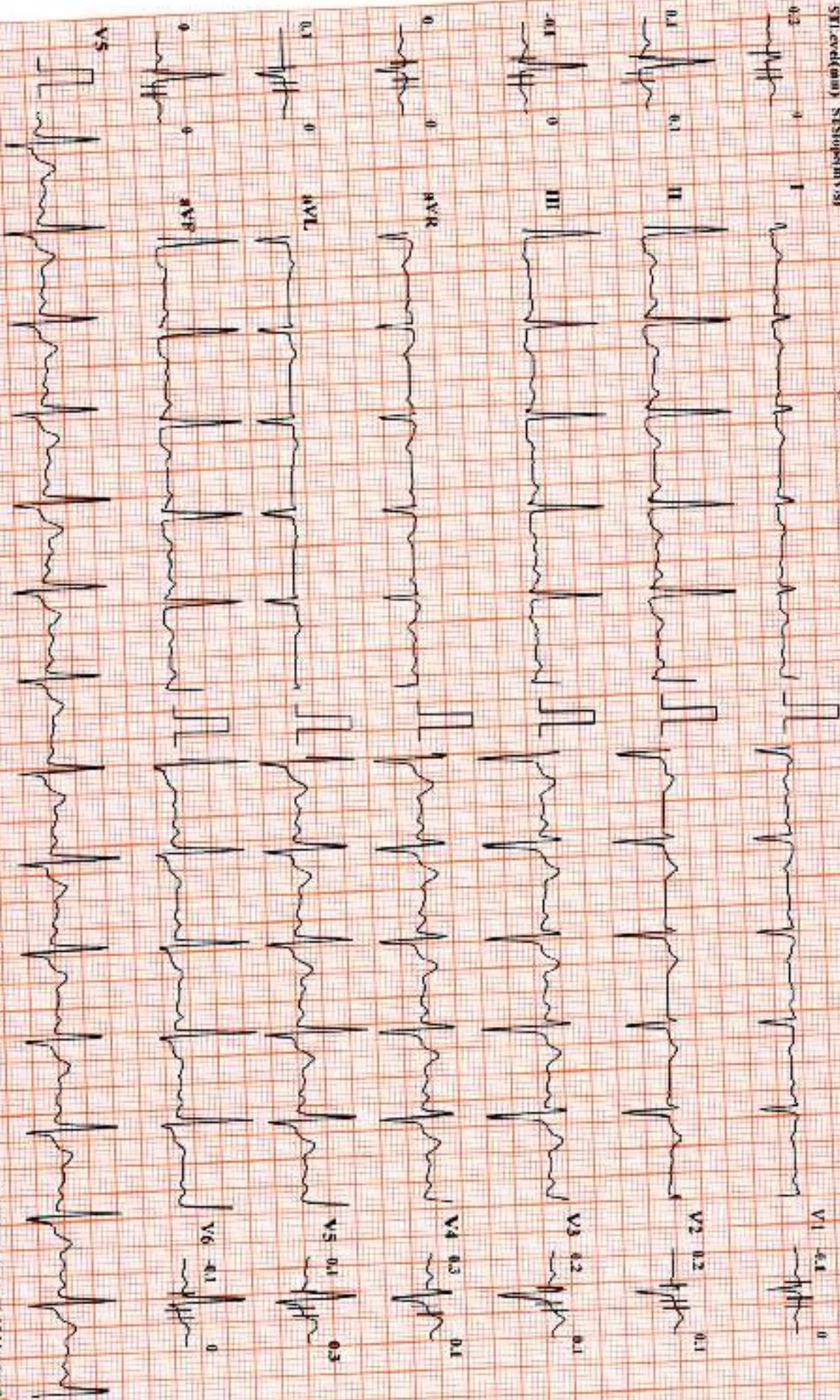


Chart Speed: 25 mm/sec

Ampl: 10mm/mV

Filter: 35 Hz Main Filter: QN

ISO - 3 - 50 ms, J - R + 60 ms, Post J - J - 60 ms

Schiller Cardiotec CS-20 Version 3.6

# SUBURBAN DIAGNOSTICS PVT. LTD.

**SRIKANTH N (39 M)**

Trace Protocol  
ST level(mv) ST slope(mV/s)

ID: 2432508160  
Scale: Recovery 3

Date: 16-11-2024  
Speed: 0 kmph  
Evec Time: 06:30  
Slope: 0 %

Stage Time: 01:30  
THR: 153 bpm

**HR: 86 bpm**

565 cTIR  
R/T: 130/89 mmHg  
ST level(mv) ST slope(mV/s)

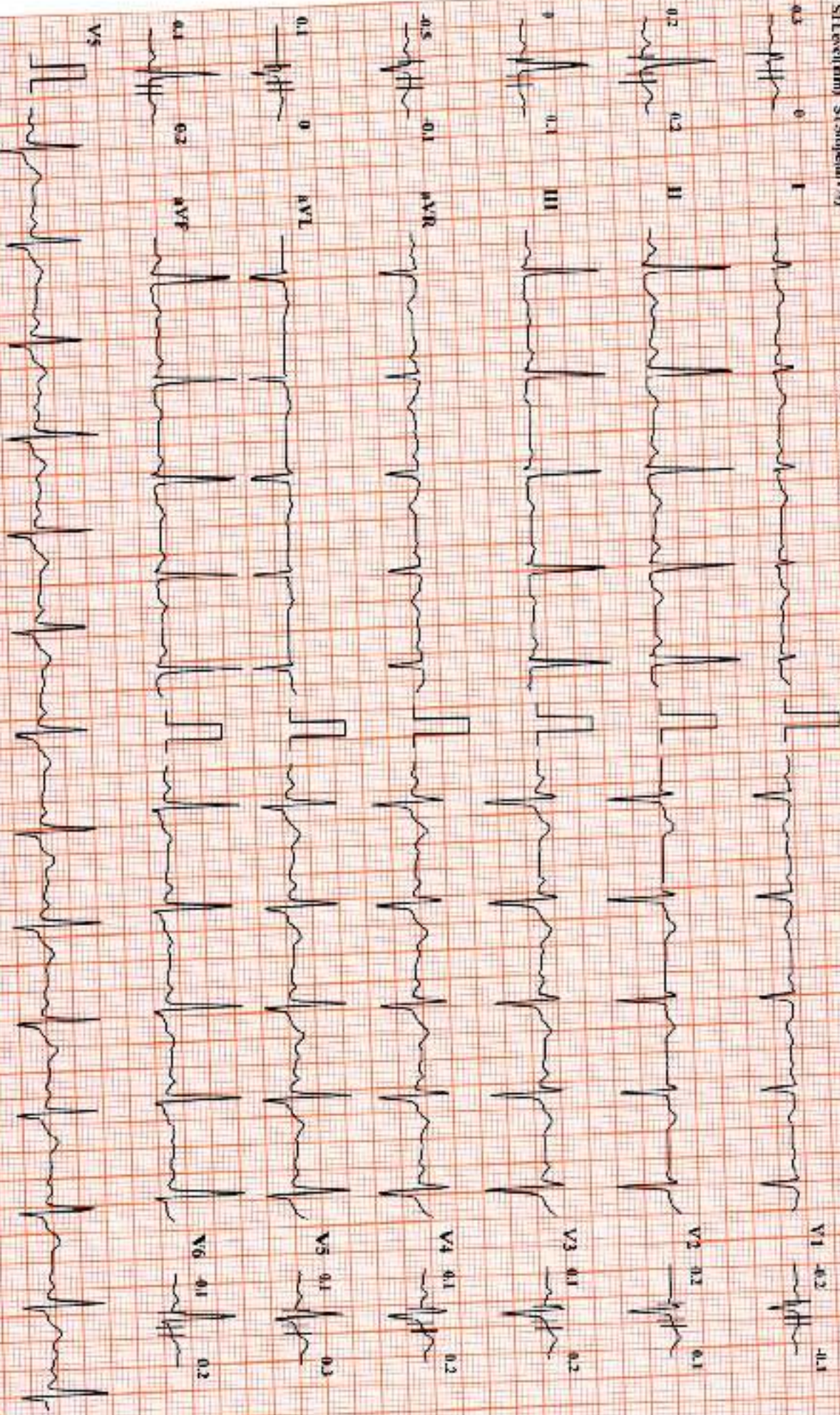


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz - Mains Filter: ON

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

# SUBURBAN DIAGNOSTICS PVT. LTD.

**SRIKANTH N (39 M)**

**HR: 86 bpm**

Bruce Protocol  
ST1:ave(1mm) ST2:step(0.5v)

ID: 2432508160  
Date: 16-11-2024  
Stage: Recovered  
Speed: 0 kmph

Exc Time: 00:00  
Stop: 0 %  
Stage Time: 00:02  
THR: 153 bpm

556 cal HR  
130/80 mmHg  
ST1:ave(1mm) ST2:step(0.5v)

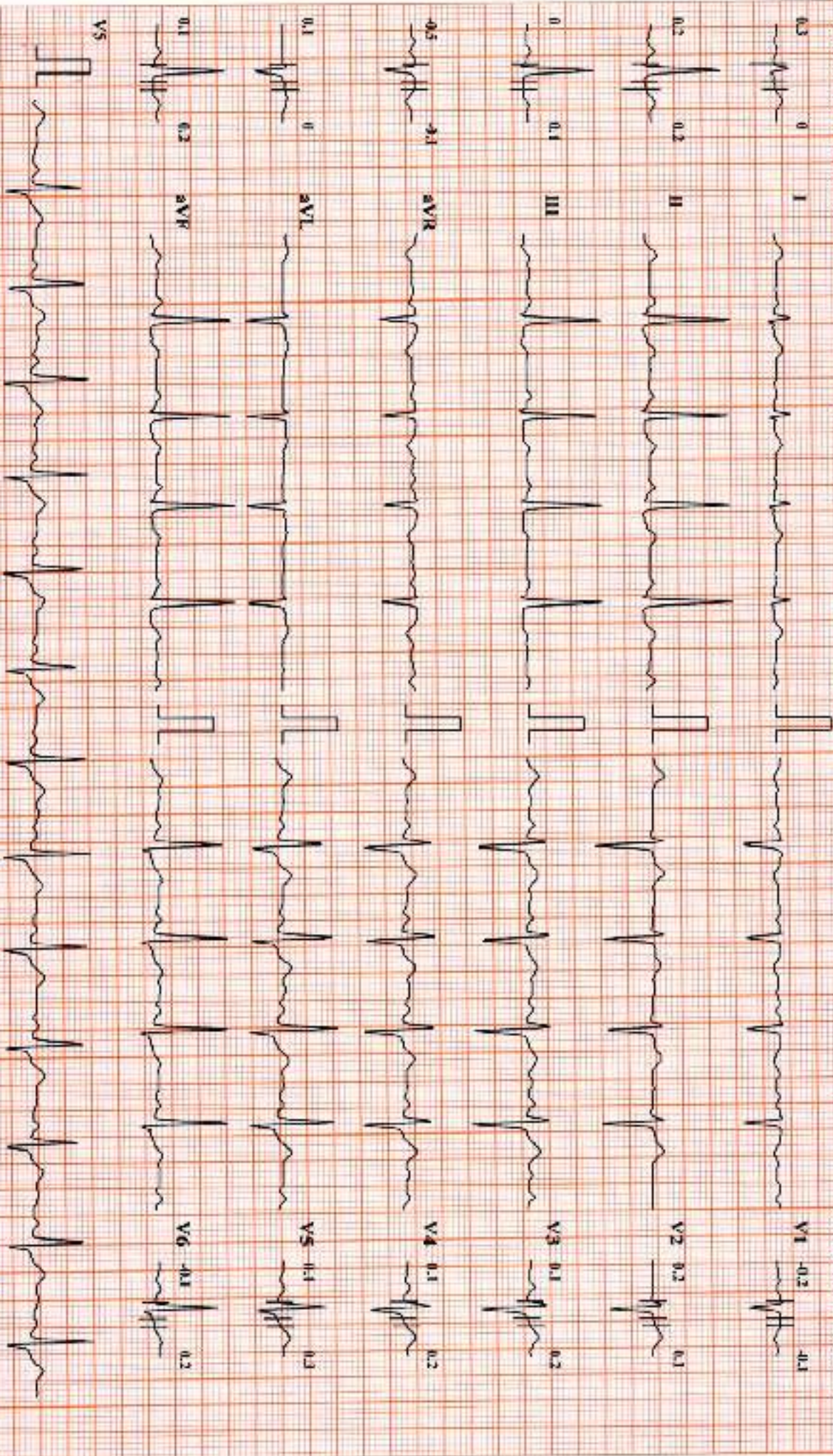


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz - Main Filter: ON

30 = R - 60 ms, 1 = R + 60 ms, P=60 ms, Q=60 ms

Schiller CardioNet CS-210 Version 3.06



**SRIKANTH N (39 M)**

**SUBURBAN DIAGNOSTICS PVT. LTD.**

Base Protocol

ID: 2432508160

Date: 16-11-2024

Exam Time: 00:00

Stage Time: 00:05

**HR: 82 bpm**

ST/Lead(mv): ST/Seg(mv/s)

Stage: Recovery4

Speed: 0 kmph

Slope: 0%

THR: 153 bpm

54% of THR  
BP: 130/80 mmHg  
ST/Lead(mv): ST/Seg(mv/s)

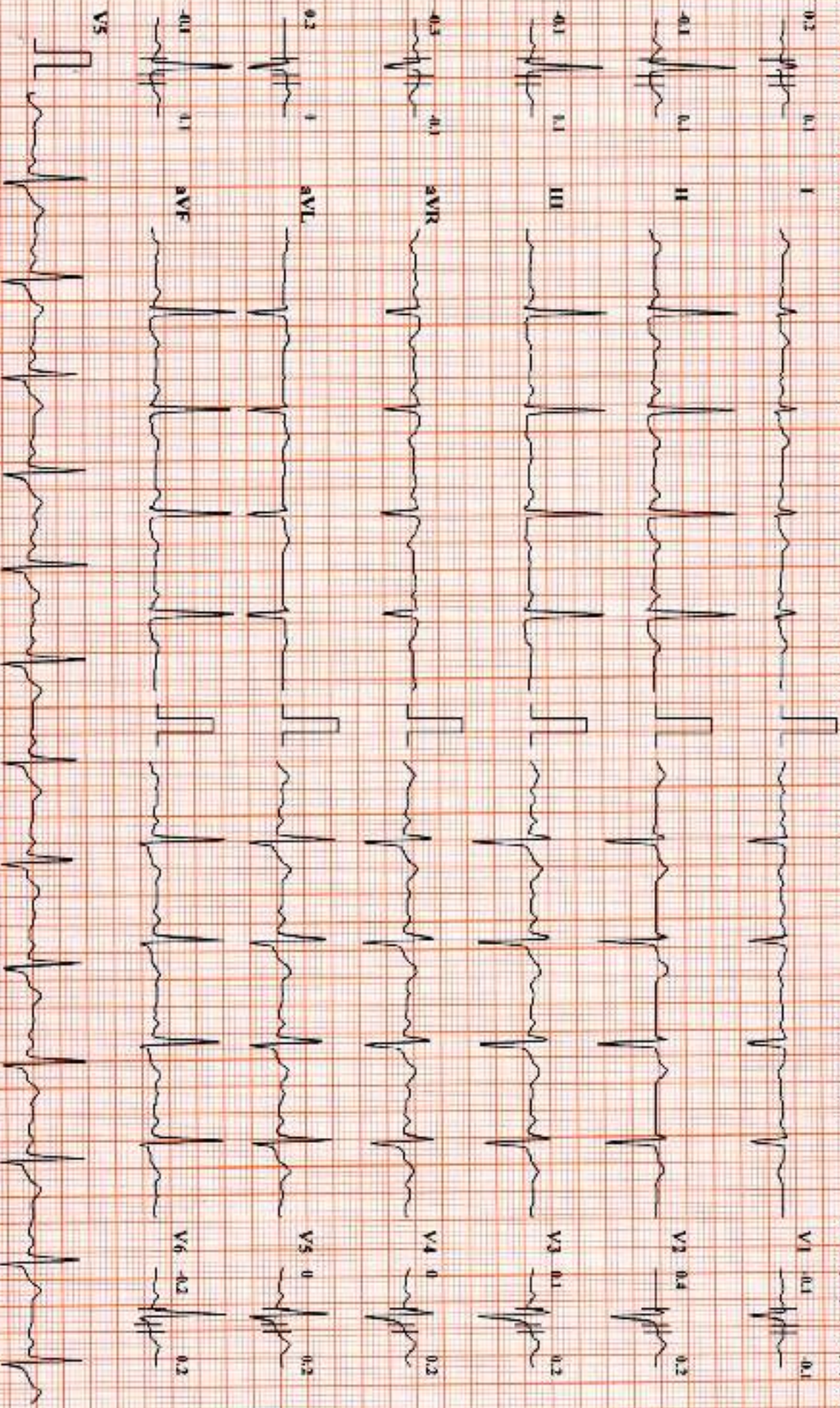


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Main Filter ON

ISO - R - 160 ms, J - R + 60 ms, Post J - 1 + 60 ms

Schiller Cardiotrak GS-20 Version 2.6