

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

Patient Details

Date: 02-Oct-21

Time: 11:03:23 AM

Name: NAV PRABHAT RAYAL ID: 2127553626

Age: 29 y

Sex: M

Height: 168 cms

Weight: 59 Kgs

Clinical History:

Medications:

Test Details

Protocol: Bruce

Pr.MHR: 191 bpm

THR: 171 (90 % of Pr.MHR) bpm

Total Exec. Time: 8 m 24 s

Max. HR: 166 (87% of Pr.MHR)bpm

Max. Mets: 13.50

Max. BP: 150 / 80 mmHg

Max. BP x HR: 24900 mmHg/min

Min. BP x HR: 6880 mmHg/min

Test Termination Criteria: Target HR attained

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 15	1.0	0	0	86	120 / 80	-0.64 aVR	3.18 V3
Standing	0 : 27	1.0	0	0	89	120 / 80	-5.73 aVL	5.66 V3
Hyperventilation	0 : 18	1.0	0	0	92	120 / 80	-0.85 aVR	3.18 V3
1	3 : 0	4.6	1.7	10	111	120 / 80	-5.31 V1	5.66 V3
2	2 : 0	7.0	2.5	12	129	120 / 80	-5.52 V2	5.66 V3
3	3 : 0	10.2	3.4	14	154	130 / 80	-2.76 aVR	5.66 V3
Peak Ex	0 : 24	13.5	4.2	16	166	150 / 80	-1.06 aVR	5.66 V3
Recovery(1)	1 : 0	1.8	1	0	142	150 / 80	-1.91 aVR	5.66 V3
Recovery(2)	0 : 15	1.0	0	0	130	150 / 80	-0.85 aVR	5.66 V3
Recovery(3)	0 : 11	1.0	0	0	126	150 / 80	-0.85 aVR	5.66 V3

Interpretation

The patient exercised according to the Bruce protocol for 8 m 24 s achieving a work level of Max. METS : 13.50. Resting heart rate initially 86 bpm, rose to a max. heart rate of 166 (87% of Pr.MHR) bpm. Resting blood Pressure 120 / 80 mmHg, rose to a maximum blood pressure of 150 / 80 mmHg.

Good Effort Tolerance.

No significant ST T changes as compared to Baseline.

No Chest pain/ Arrhythmias noted during the test.

Stress Test is Negative for Stress Induced Ischemia.

Disclaimer : Negative stress test does not rule out Coronary Artery Diseases.

Positive Stress Test is suggestive but not confirmatory of Coronary Artery Disease.

Hence clinical correlation is mandatory.

Dr. Akhil P. Parulekar.
MBBS, MD, Medicine
DNB Cardiology
Reg. No. 2012082483

Doctor: DR.AKHIL PARULEKAR

Ref. Doctor: BOB

(Summary Report edited by user)

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Thakur Village, Kandivali (east),
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Tel : 61700000

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SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

NAV PRABHAT RAYAL (29 M)

ID: 2127553626

Date: 02-Oct-21

Exec Time: 0 m 0 s

Stage Time: 0 m 15 s

HR: 86 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 171 bpm)

B.P.: 120/80

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

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

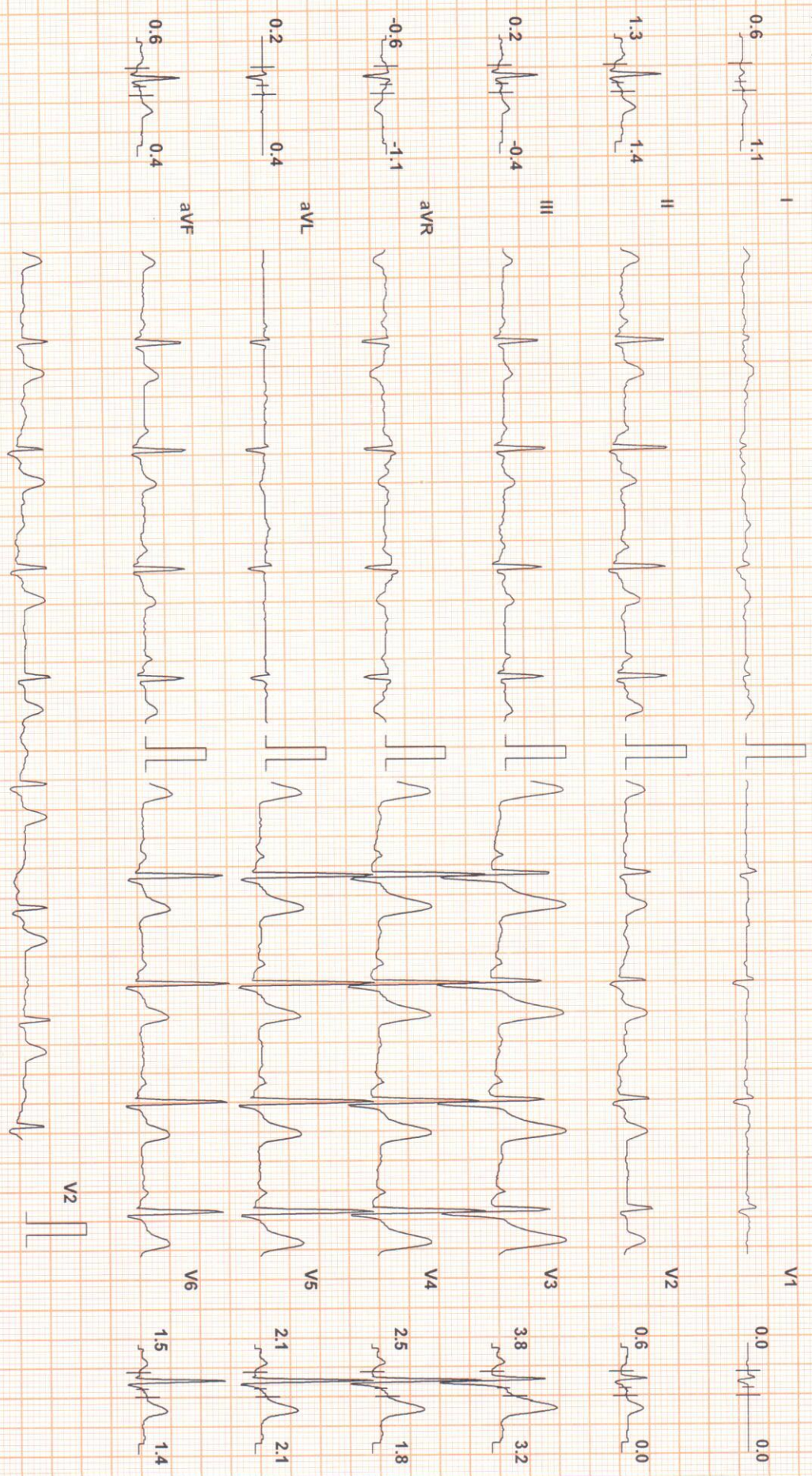


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

NAV PRABHAT RAYAL (29 M)

ID 2127553626

Date: 02-Oct-21

Exec Time : 0 m 0 s

Stage Time : 0 m 27 s

HR: 89 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 171 bpm)

B.P: 120/80

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

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

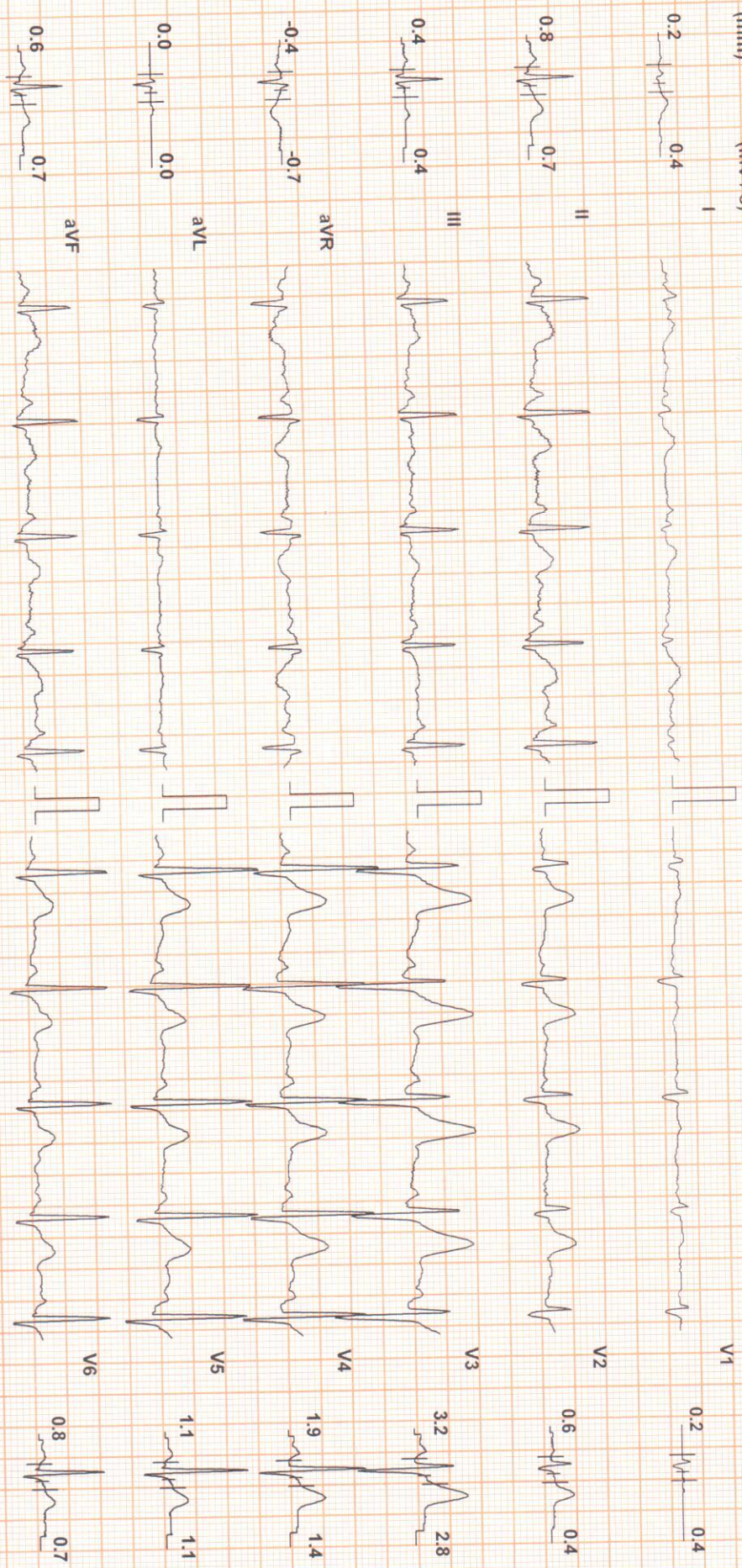


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

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SUBURBAN DIAGNOSTICS (I) PVT LTD THAKKUR VILLAGE

NAV PRABHAT RAYAL (29 M)

ID: 2127553626

Date: 02-Oct-21

Exec Time : 0 m 0 s

Stage Time : 0 m 18 s HR: 92 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0%

(THR: 171 bpm)

B.P.: 120/80

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

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

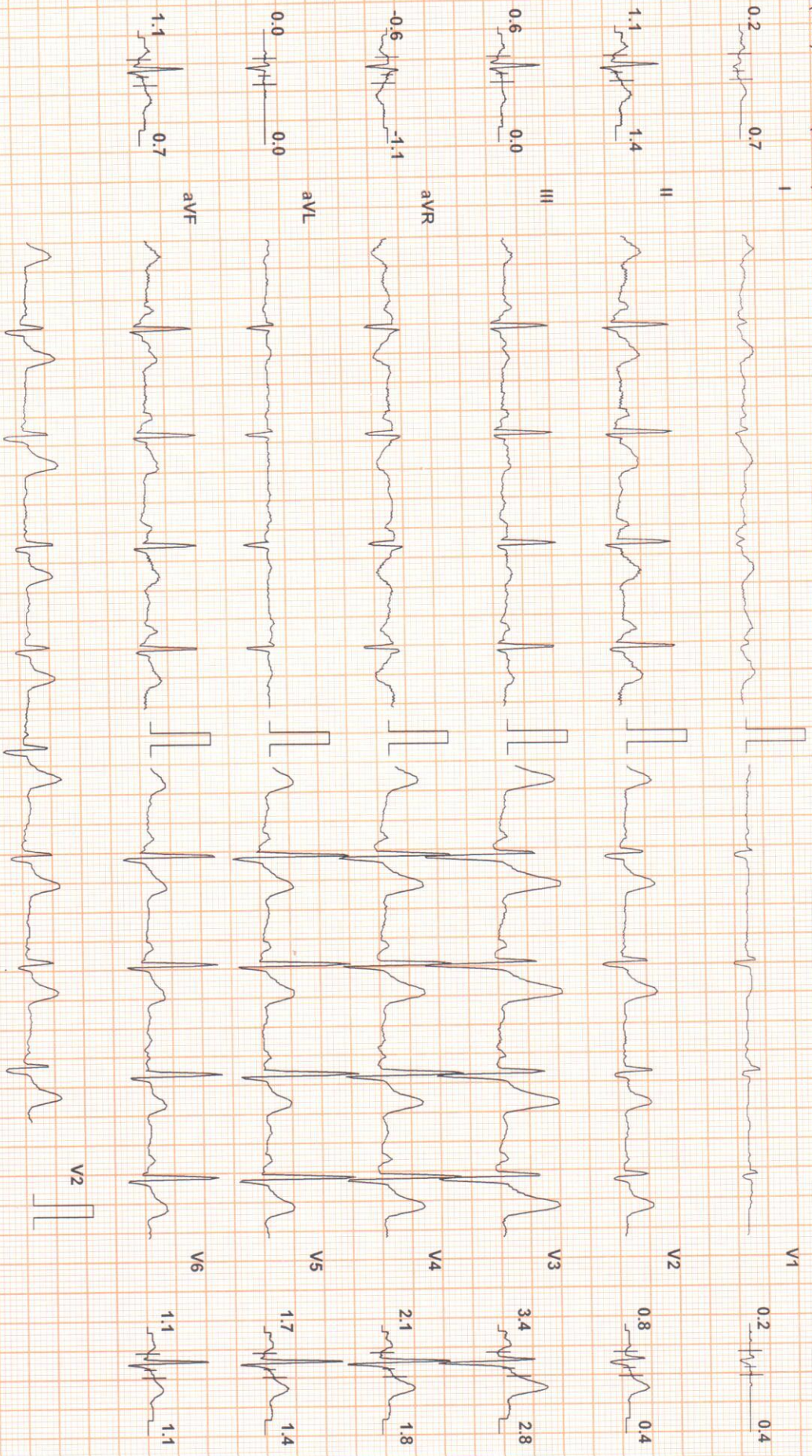


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandau V 4.7



SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

NAV PRABHAT RAYAL (29 M)

ID: 2127553626

Date: 02-Oct-21

Exec Time : 3 m 0 s

Stage Time : 3 m 0 s

HR: 111 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 171 bpm)

B.P.: 120 / 80

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

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



Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V4.7



NAV PRABHAT RAYAL (29 M)

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

ID: 2127553626

Date: 02-Oct-21

Exec Time : 5 m 0 s

Stage Time : 2 m 0 s

HR: 129 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 171 bpm)

B.P: 120/80

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

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

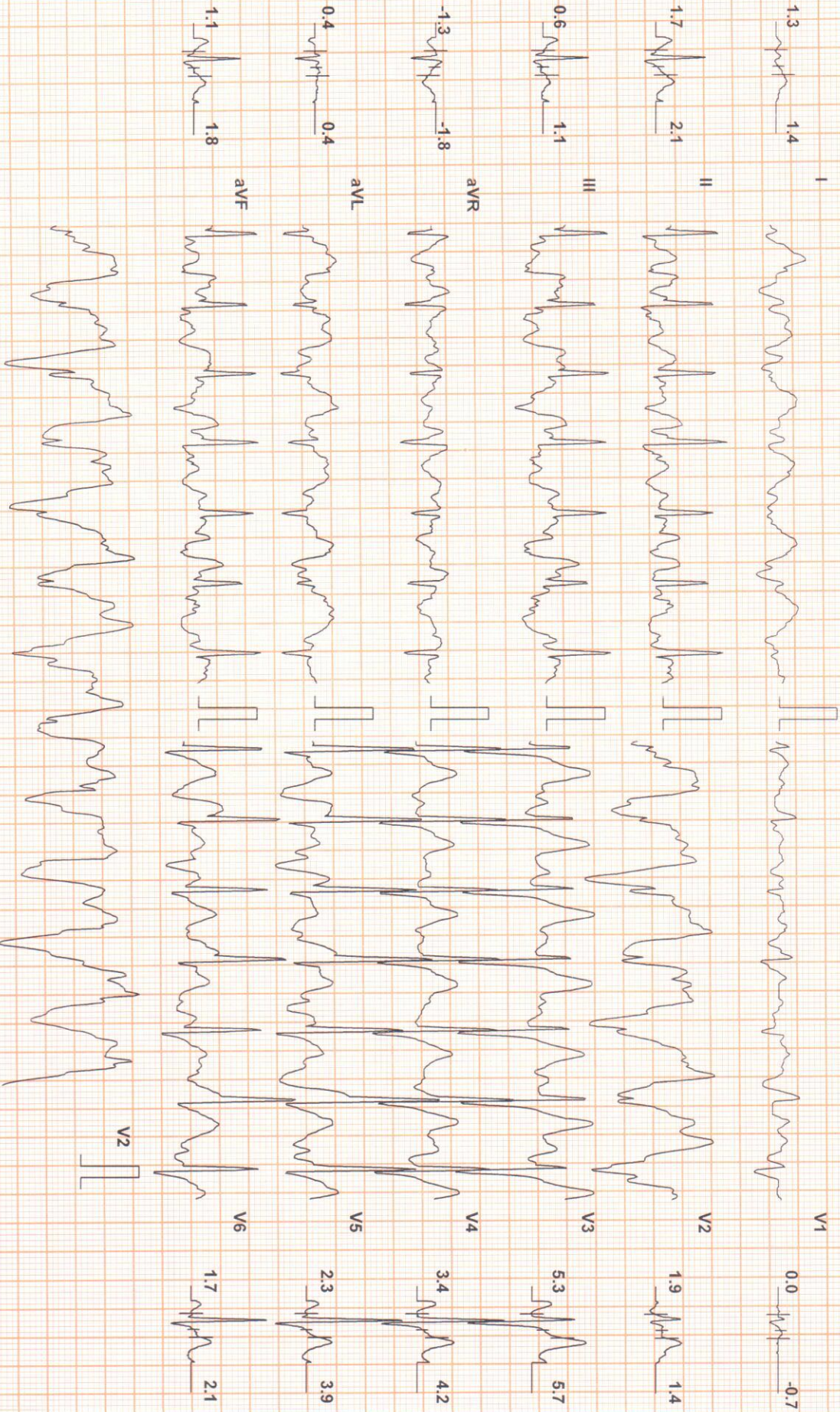


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spantian V 4.7

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

NAV PRABHAT RAYAL (29 M)

ID: 2127553626

Date: 02-Oct-21

Exec Time : 8 m 0 s

Stage Time : 3 m 0 s

HR: 154 bpm

Protocol: Bruce

Stage: 3

Speed: 3.4 mph

Grade: 14 %

(THR: 171 bpm)

B.P: 130/80

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

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



Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm Iso ± R - 60 ms J = R + 60 ms Post J = J + 60 ms Schiller-Spandau V 4.7



SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

NAV PRABHAT RAYAL (29 M)

ID: 2127553626

Date: 02-Oct-21

Exec Time : 8 m 24 s

Stage Time : 0 m 24 s

HR: 166 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 4.2 mph

Grade: 16 %

(THR: 171 bpm)

B.P: 150 / 80

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

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



Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

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

Post J = J + 60 ms

Schiller Spandan V 4.7



SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

NAV PRABHAT RAYAL (29 M)

ID: 2127553626

Date: 02-Oct-21

Exec Time: 8 m 24 s

Stage Time: 1 m 0 s

HR: 142 bpm

Stage: Recovery/(1)

Speed: 0 mph

Grade: 0%

(THR: 171 bpm)

B.P: 150/80

Protocol: Bruce

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

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



Chart Speed: 25 mm/sec
Schlier Spandan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

NAV PRABHAT RAYAL (29 M)

ID: 2127553626

Date: 02-Oct-21

Exec Time : 8 m 24 s

Stage Time : 0 m 15 s

HR: 130 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0%

(THR: 171 bpm)

B.P: 150/80

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

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



Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

NAV PRABHAT RAYAL (29 M)

ID: 2127553626

Date: 02-Oct-21

Exec Time : 8 m 24 s

Stage Time : 0 m 7 s

HR: 126 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0%

(THR: 171 bpm)

B.P: 150/80

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

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



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

Schiller Standard V47



CID : 2127553626
Name : MR.NAV PRABHAT RAYAL
Age / Gender : 29 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 02-Oct-2021 / 09:52
Reported : 02-Oct-2021 / 14:26

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	15.2	13.0-17.0 g/dL	Spectrophotometric
RBC	4.75	4.5-5.5 mil/cmm	Elect. Impedance
PCV	45.5	40-50 %	Measured
MCV	96	80-100 fl	Calculated
MCH	32.0	27-32 pg	Calculated
MCHC	33.4	31.5-34.5 g/dL	Calculated
RDW	12.6	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6500	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	33.6	20-40 %	
Absolute Lymphocytes	2184.0	1000-3000 /cmm	Calculated
Monocytes	4.8	2-10 %	
Absolute Monocytes	312.0	200-1000 /cmm	Calculated
Neutrophils	57.9	40-80 %	
Absolute Neutrophils	3763.5	2000-7000 /cmm	Calculated
Eosinophils	3.3	1-6 %	
Absolute Eosinophils	214.5	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	26.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	206000	150000-400000 /cmm	Elect. Impedance
MPV	10.1	6-11 fl	Calculated
PDW	18.5	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	-
Microcytosis	-
Macrocytosis	-



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Age / Gender : 29 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 02-Oct-2021 / 09:52
Reported : 02-Oct-2021 / 12:54

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

Specimen: EDTA Whole Blood

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

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



MC-2111



Dr. Trupti Shetty

Dr. TRUPTI SHETTY
M. D. (PATH)
Pathologist

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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Age / Gender : 29 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 02-Oct-2021 / 09:52
Reported : 02-Oct-2021 / 12:42

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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	88.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	1.43	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.53	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.90	0.1-1.0 mg/dl	Calculated
SGOT (AST), Serum	16.5	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	14.5	5-45 U/L	NADH (w/o P-5-P)
ALKALINE PHOSPHATASE, Serum	75.0	40-130 U/L	Colorimetric
BLOOD UREA, Serum	23.0	12.8-42.8 mg/dl	Kinetic
BUN, Serum	10.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.73	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	135	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.8	3.5-7.2 mg/dl	Enzymatic

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



MC-2111



Anupa

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CID : 2127553626
Name : MR.NAV PRABHAT RAYAL
Age / Gender : 29 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 02-Oct-2021 / 09:52
Reported : 02-Oct-2021 / 13:36

Use a QR Code Scanner
Application To Scan the Code

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	4.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	93.9	mg/dl	Calculated

Intended use:

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

Clinical Significance:

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

Test Interpretation:

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

Factors affecting HbA1c results:

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

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

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

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

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

*** End Of Report ***



MC-2111

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DR. LEENA SALUNKHE
M.B.B.S, DPB (PATH)
Pathologist

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Age / Gender : 29 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 02-Oct-2021 / 09:52
Reported : 02-Oct-2021 / 15:22

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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)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<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	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	-		

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



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Age / Gender : 29 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 02-Oct-2021 / 09:52
Reported : 02-Oct-2021 / 14:02

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	182.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	117.5	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	41.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	141	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	117.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	24.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.8	0-3.5 Ratio	Calculated

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*** End Of Report ***



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Age / Gender : 29 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 02-Oct-2021 / 09:52
Reported : 02-Oct-2021 / 15:09

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.6	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.86	0.35-5.5 microIU/ml	ECLIA

Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

- 1)TSH Values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal 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: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.

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 Borivali Lab, Borivali West
*** End Of Report ***



MC-2111



Anupa

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

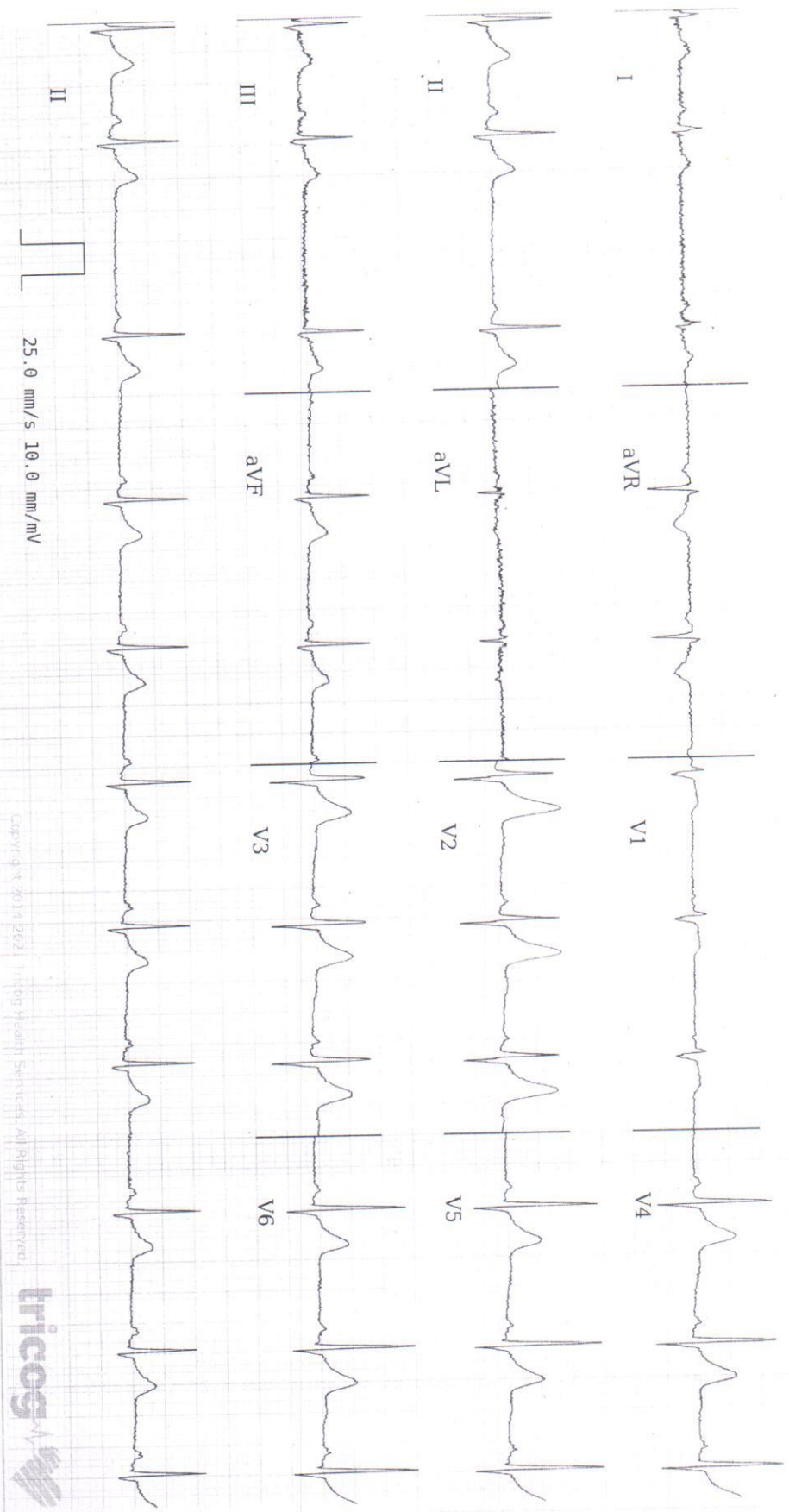
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SUBURBAN DIAGNOSTICS - KANDIVALI EAST

Patient Name: NAV PRABHAT RAYAL Date and Time: 2nd Oct 21 10:40 AM
Patient ID: 2127553626



Age: 29 5 23
years months days

Gender: Male

Heart Rate: 64 bpm

Patient Vitals

BP: 120/80 mmHg

Weight: 59 kg

Height: 168 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QSRD: 82 ms

QT: 358 ms

QTc: 369 ms

PR: 136 ms

P-R-T: 65° 77° 67°

ECG Within Normal Limits: Sinus Rhythm, Normal Axis, with Marked Sinus Arrhythmia. Please correlate clinically.

REPORTED BY

Dr Akhil Parulekar

DR AKHIL PARULEKAR

MBBS, MD, MEDICINE, DNB Cardiology

Cardiologist

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Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

ENT Examination

Name :- Nav Prashant Royal Age :- 29/11/17

History - - NIL

Examination Right Left

External Ear NAD - NAD

Middle Ears — —
(Tympanic, membrane, Eustachian Tube, mastoid)

Rinnes, Webers — —

Nose and paranasal Sinuses-(airway, septum, polyp) - NAD

Throat —
Speech — NAD
 → Normal

Audiometry (when done) —

CID : 2127553626
Name : MR.NAV PRABHAT RAYAL
Age / Gender : 29 Years/Male
Ref. Dr : -
Reg.Location : Kandivali East (Main Centre)

SID : 177804247036
Registered : 02-Oct-2021 / 09:45
Collected : 02-Oct-2021 / 09:45
Reported : 02-Oct-2021 / 18:34
Printed : 02-Oct-2021 / 18:35

X-RAY CHEST PA VIEW

The lung fields are clear with no parenchymal lesion.

The cardiothoracic ratio is maintained and the cardiac outline is normal

The domes of the diaphragm are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

IMPRESSION:

No significant abnormality detected.

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.

*** End Of Report ***

Bme.

Dr.SHRIKANT BODKE
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CONSULTANT RADIOLOGIST

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