



Nitin D. Sonavane
08/10/22

Regd. Office:-

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

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

Date:

To,
Suburban Diagnostics (India) Private Limited
301, 302 3rd Floor, Vini Eligance,
Above Tanushq Jewellers,
Borivali (W), Mumbai- 400092

SUBJECT- TO WHOMSOEVER IT MAY CONCERN

Dear Sir/ Madam,

This is to informed you that I, Myself ~~Mr/ Mrs/ Ms.~~ Dutta Ishan
don't want to performed the following tests:

- 1) Stool-R
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

CID No. & Date : 2228120356

Corporate/ TPA/ Insurance Client Name : Medicwheel

Thanking you.

Yours sincerely,

(Mr/Mrs/Ms. Ishan Dutta)

CID# : 2228120356
Name : MR.ISHAN DUTTA
Age / Gender : 34 Years/Male
Consulting Dr. :-
Reg.Location : Borivali West (Main Centre)
Collected : 08-Oct-2022 / 10:02
Reported : 10-Oct-2022 / 12:04

PHYSICAL EXAMINATION REPORT

History and Complaints:

Asymptomatic

EXAMINATION FINDINGS:

Height (cms):	161cms	Weight (kg):	69kg
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	130/90mmhg	Nails:	Normal
Pulse:	74/min	Lymph Node:	Not palpable

Systems

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

IMPRESSION:

Normal

ADVICE:

CHIEF COMPLAINTS:

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

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

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

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

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

PERSONAL HISTORY:

- | | |
|---------------|-----|
| 1) Alcohol | NO |
| 2) Smoking | NO |
| 3) Diet | MIX |
| 4) Medication | NO |

*** End Of Report ***

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

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Date:- 08/10/22

CID: 2228120356

Name:- Ishan Dutta

Sex / Age: 34 / m

EYE CHECK UP

Chief complaints:

NIL

Systemic Diseases:

NIL

Past history:

NIL

Unaided Vision:

RT LT

Aided Vision:

6/6 6/6

Refraction:

N/6 N/6

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

~

Remark:

Normal

g

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CID : 2228120356
Name : Mr ISHAN DUTTA
Age / Sex : 34 Years/Male
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 08-Oct-2022
Reported : 08-Oct-2022 / 11:02

USG WHOLE ABDOMEN

LIVER: Liver is normal in size, 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.

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 10.5 x 4.9 cm. Left kidney measures 11x 5.2 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

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

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

PROSTATE: Prostate is normal in size and echotexture. Prostate measures 3.1 x 2.8 x 3.0 cm and prostatic weight is 14 gm. No evidence of any obvious focal lesion.

No free fluid or size significant lymphadenopathy is seen.



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Opinion:

- No significant abnormality is detected.

For clinical correlation and follow up.

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

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

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

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



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X-RAY CHEST PA VIEW

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-----

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

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



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Age / Gender : 34 Years / Male
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Collected : 08-Oct-2022 / 10:25
Reported : 08-Oct-2022 / 12:44

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	14.0	13.0-17.0 g/dL	Spectrophotometric
RBC	4.47	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.2	40-50 %	Measured
MCV	97	80-100 fl	Calculated
MCH	31.3	27-32 pg	Calculated
MCHC	32.3	31.5-34.5 g/dL	Calculated
RDW	13.8	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6190	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	16.7	20-40 %	
Absolute Lymphocytes	1033.7	1000-3000 /cmm	Calculated
Monocytes	6.7	2-10 %	
Absolute Monocytes	414.7	200-1000 /cmm	Calculated
Neutrophils	74.9	40-80 %	
Absolute Neutrophils	4636.3	2000-7000 /cmm	Calculated
Eosinophils	1.4	1-6 %	
Absolute Eosinophils	86.7	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	18.6	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	150000	150000-400000 /cmm	Elect. Impedance
MPV	12.0	6-11 fl	Calculated
PDW	26.6	11-18 %	Calculated



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RBC MORPHOLOGY

Hypochromia +
Microcytosis +
Macrocytosis -
Anisocytosis +
Poikilocytosis +
Polychromasia +
Target Cells +
Basophilic Stippling +
Normoblasts +
Others Normocytic, Normochromic

WBC MORPHOLOGY

-

PLATELET MORPHOLOGY

Megaplatelets seen on smear

COMMENT

Specimen: EDTA Whole Blood

ESR, EDTA WB

5

2-15 mm at 1 hr.

Westergren

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



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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	92.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	74.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.61	0.3-1.2 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (DIRECT), Serum	0.23	0-0.3 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (INDIRECT), Serum	0.38	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.5	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	34.8	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	50.2	10-49 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
GAMMA GT, Serum	25.3	<73 U/L	Modified IFCC



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

ALKALINE PHOSPHATASE, Serum 85.5 46-116 U/L Modified IFCC

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

BLOOD UREA, Serum 49.4 19.29-49.28 mg/dl Calculated

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

BUN, Serum 23.1 9.0-23.0 mg/dl Urease with GLDH

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

CREATININE, Serum 0.97 0.67-1.17 mg/dl Enzymatic
eGFR, Serum 94 >60 ml/min/1.73sqm Calculated

URIC ACID, Serum 6.6 3.7-9.2 mg/dl Uricase/ Peroxidase

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

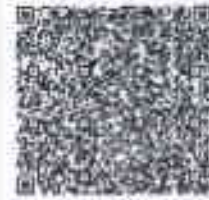
Urine Sugar (Fasting) Absent Absent

Urine Ketones (Fasting) Absent Absent

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



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



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



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>
<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)	25	-	-
<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	-	-	-

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*** End Of Report ***



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



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

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

NOTE: Test performed by automated 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 ***



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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	172.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	76.5	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	44.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	128.5	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	113.1	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	15.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.6	0-3.5 Ratio	Calculated

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*** End Of Report ***



J. Thakker

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



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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	7.6	3.5-6.5 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
Free T4, Serum	18.3	11.5-22.7 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
sensitiveTSH, Serum	2.599	0.55-4.78 microIU/ml	CLIA

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



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Interpretation:

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

Clinical Significance:

1) TSH Values between high abnormal upto 15 microU/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, hydatidum 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 at least 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.

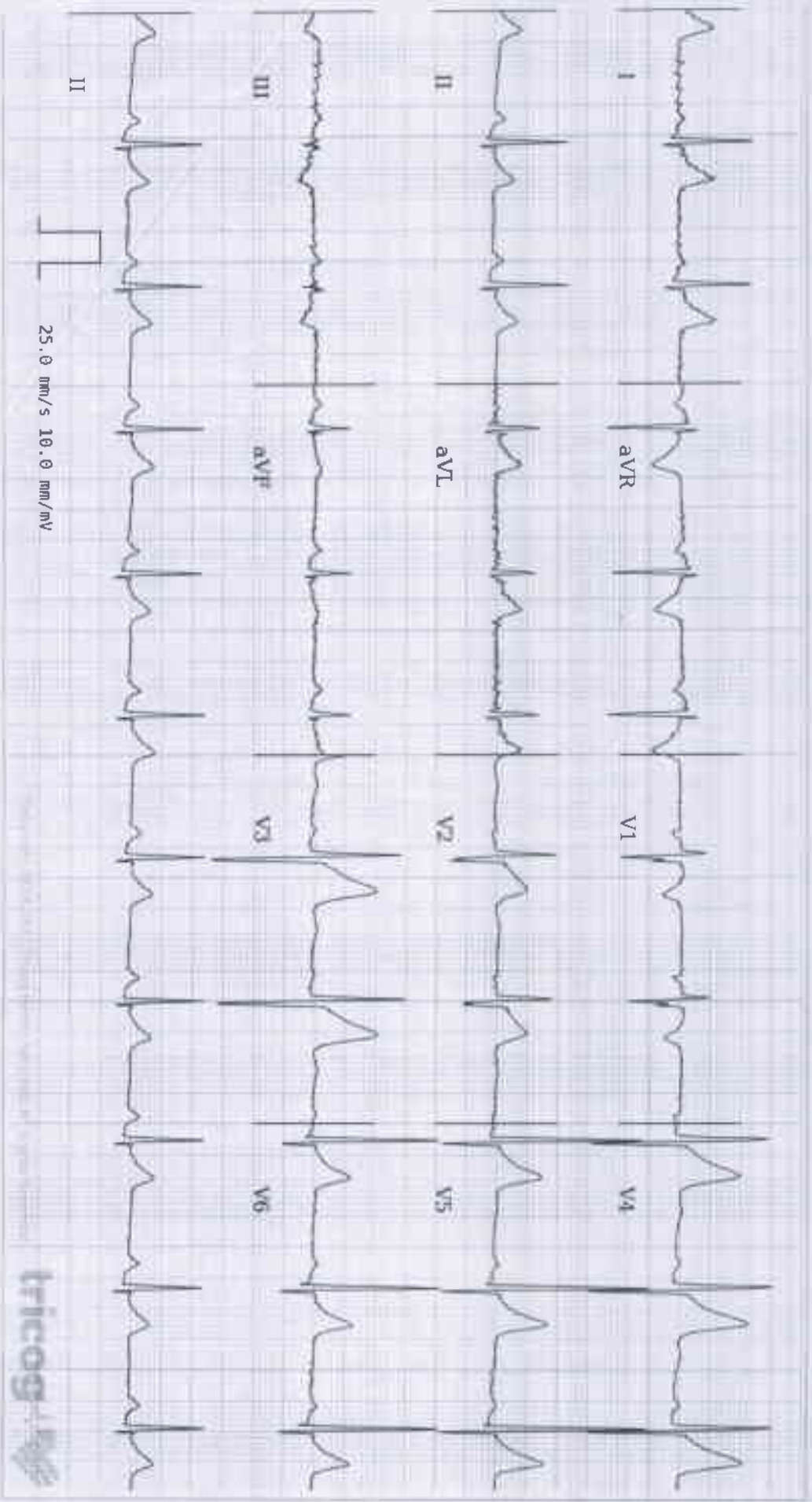
Reference:

1. J. Koukouri 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 (AACCC Press)

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



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



Age 34 years 2 months 16 days

Gender Male

Heart Rate 65bpm

Patient Vitals

BP: 130/90 mmHg

Weight: 69 kg

Height: 161 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 82ms

QT: 368ms

QTc: 382ms

PR: 174ms

P-R-T: 65° 30° 20°

REPORTED BY

[Signature]

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

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

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

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



Disclaimer: This report is for informational purposes only. It is not intended to be used for medical diagnosis or treatment. The results of this report should be correlated with the clinical findings. The accuracy of this report is dependent on the quality of the information provided. The results of this report are not to be used for legal purposes. © 2022 Tricog Diagnostics Pvt. Ltd.

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Name: ISHAN DUTTA

Date: 08-10-2022 Time: 11:22

Age: 34

Gender: F

Height: 161 cms

Weight: 69 Kg

ID: 2228120356

Clinical History: NIL

Medications: NIL

Test Details:

Protocol: Bruce

Predicted Max HR: 186

Target HR: 158

Exercise Time: 0:11:57

Achieved Max HR: 158 (85% of Predicted MHR)

Max BP: 160/90

Max BP x HR: 25280

Max Mets: 13.4

Test Termination Criteria: TEST COMPLETE

Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	00:14	1	0	0	68	130/90	8840	3.9 V4	0.7 V4
Standing	00:18	1	0	0	57	130/90	7410	3.8 V4	-0.8 AVR
HyperVentilation	00:21	1	0	0	69	130/90	8970	6.4 V3	1 V4
Pre Test	00:15	1	1.6	0	71	130/90	9230	4.1 V4	0.8 V4
Stage: 1	02:09	3.4	2.7	10	102	130/90	13260	3.7 V4	0.8 V4
Stage: 2	03:00	6	4	12	111	130/90	14430	4 V4	1.1 V4
Stage: 3	03:00	9.1	5.5	14	135	130/90	20250	3.5 V4	1.2 V4
Stage: 4	03:00	12.5	6.8	16	149	130/90	22350	3.2 V4	4.2 V3
Peak Exercise	00:48	13.4	8	18	158	160/90	25280	4.3 V4	1.8 V3
Recovery1	01:00	1	0	0	117	160/90	18720	6.6 V4	1.9 V4
Recovery2	01:00	1	0	0	100	140/90	14000	4.6 V4	1.2 V4

Interpretation

The Patient Exercised according to Bruce Protocol for 0:11:57 achieving a work level of 13.4 METS.

Resting Heart Rate, initially 68 bpm rose to a max. heart rate of 158bpm (85% of Predicted Maximum Heart Rate).

Resting Blood Pressure of 130/90 mmHg, rose to a maximum Blood Pressure of 160/90 mmHg

Normal HR & BP Response No Angina or Arrhythmias No Significant ST-T Change Noted During Exercise Stress test Negative

Ref. Doctor: ----

Doctor: DR. NITIN SONAVANE

SCHILLER

The Art of Diagnostics

Regd. Office:-

SUBURBAN DIAGNOSTICS INDIA PVT. LTD.
2nd Floor, Aston, Sundervan Complex,
Lokhandwala Road, Anchar (West),
Mumbai-400053

(Summary Report edited by User)

Grand: CB-20, Version: 1.1.0

DR. NITIN SONAVANE

M.B.B.S.AFLH, D.DIAB, D.CARD

CONSULTANT-CARDIOLOGIST

REGD. NO. : 87714

ISHAN DUTTA

Brush Protocol
STLead(mml) STSlpct(mV)

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ID: 2128120356

Date: 08-10-2022

Exec Time : 0:00:00

Stage Time: 00:14

HR: 68 bpm

Stage: Sepline

Speed: 0 Km/h

Slope: 0%

THR: 158 bpm

BP: 130/90 mmHg
STLead(mml) : STSlpct(mV)

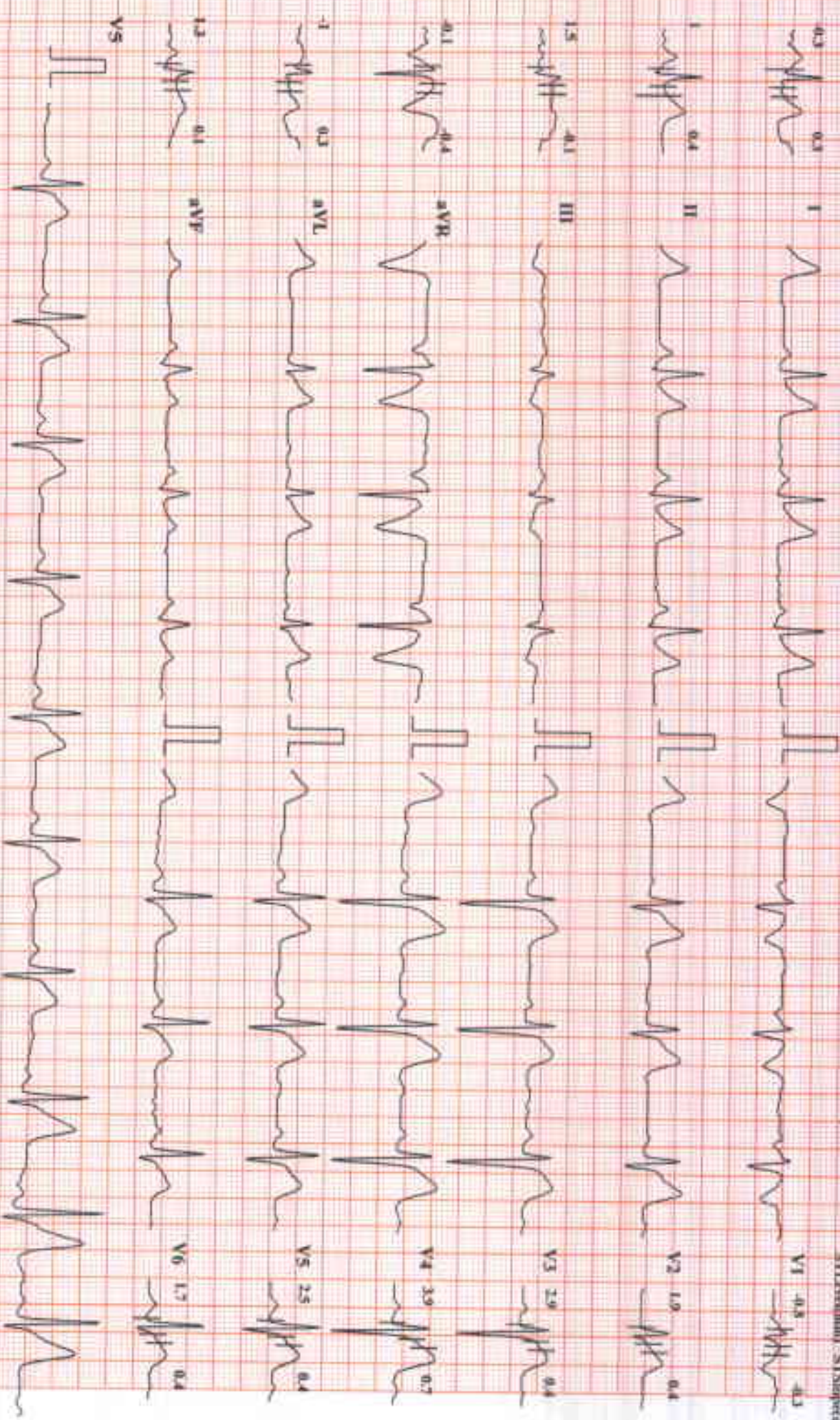


Chart Speed: 25 mm/sec

Amplifier: 10mm/mV

Filter: 35 Hz Main Filter ON

ISO - R - 66 mV, J - R + 60 mV, W - J + 60 mV

ISHAN DUTTA

Branch: Protocol
STL:exel(enu) : STL:report(VA)

SUBURBAN DIAGNOSTICS PVT. LTD. BORIVALI

ID: 2128120156
Stage: Standing

Date: 08-10-2022
Speed: 0

Exoc Time : 0:00:00
Slope: 0%

Stage Time: 00:18
THR: 158 bpm

HR: 57 bpm

RR: 130/90 mmHg
STL:exel(enu) : STL:report(VA)

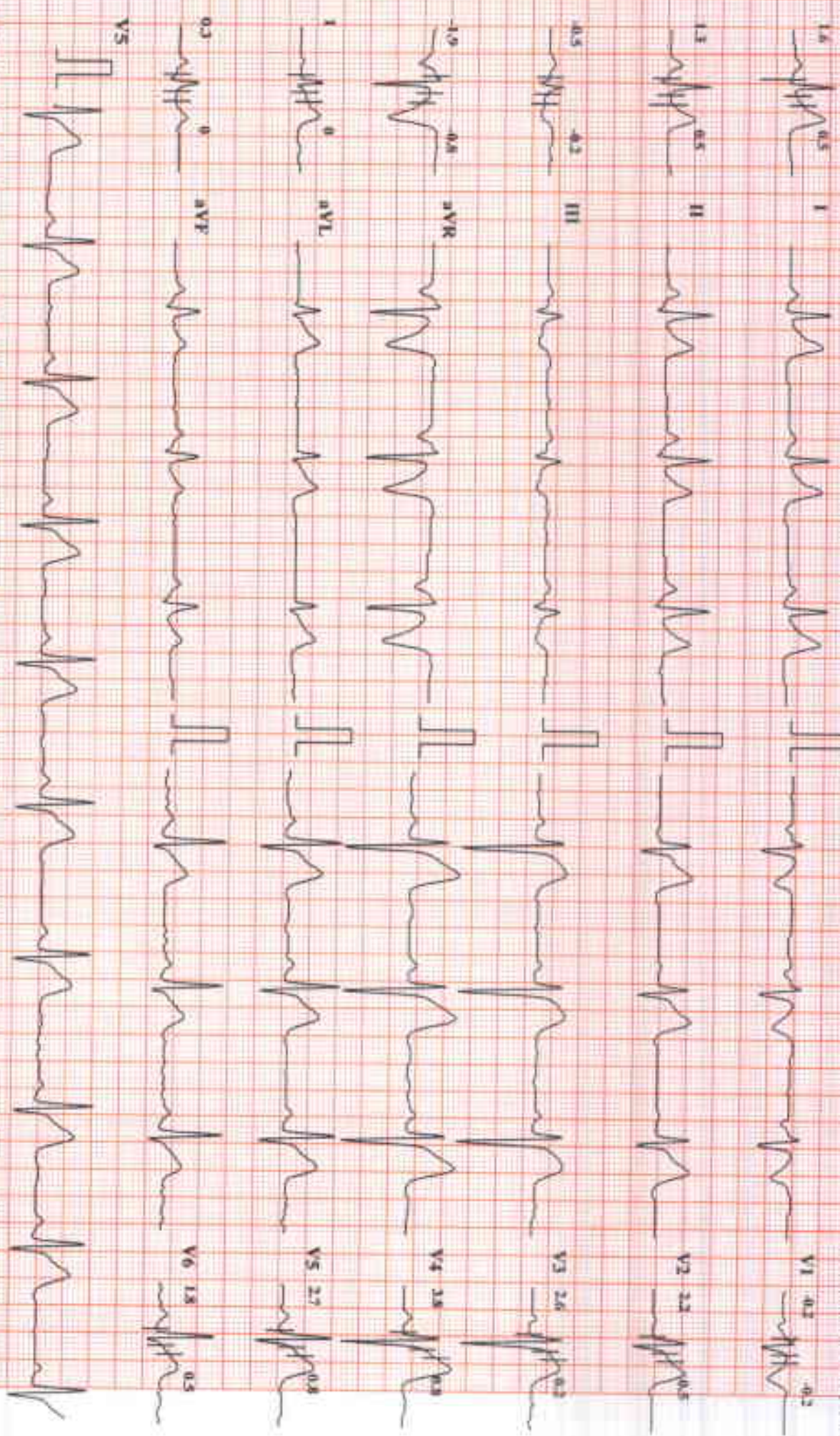


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Paper: 35 Hz Main Filter: ON

ISO = R - 60 mm, J = R + 60 mm, PPR = J = 60 mm

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ISHAN DUTTA

Ecg Protocol
STLcodoml, S1S2pedimV3

ID: 22281203556

Date: 08-10-2022

Exec Time : 0:00:00

Stage Time: 00:31

Stage: HyperVentilation

Speed: 0

Slope: 0%

THC: 158 bpm

HR: 69 bpm

BP: 130/90 mmHg
STLcodoml, S1S2pedimV3

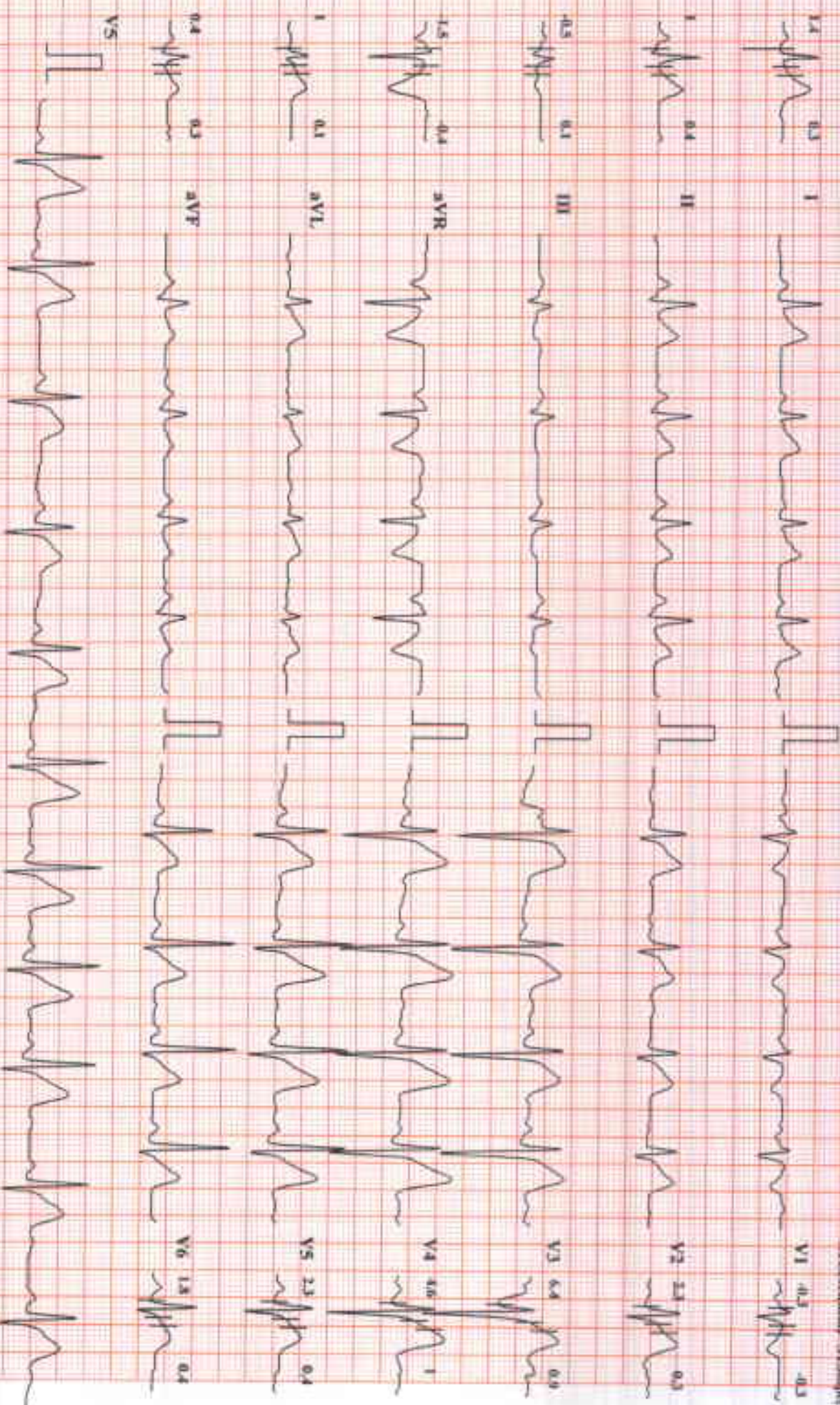


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz, Main Filter: ON

PRC - R - 60 mm, J - R + 60 mm, Pnc J - J - 60 mm

ISHAN DUTTA

Brace Protocol
ST1cedaw001 ST1Slope(mV/s)

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ID: 22281203356

Date: 08-10-2022

Exec Time: 0:07:09

Stage Time: 07:09

HR: 102 bpm

Stage: 1

Speed: 2.7 kmph

Slope: 10 %

THR: 158 bpm

BP: 130/90 mmHg
ST1cedaw001 ST1Slope(mV/s)

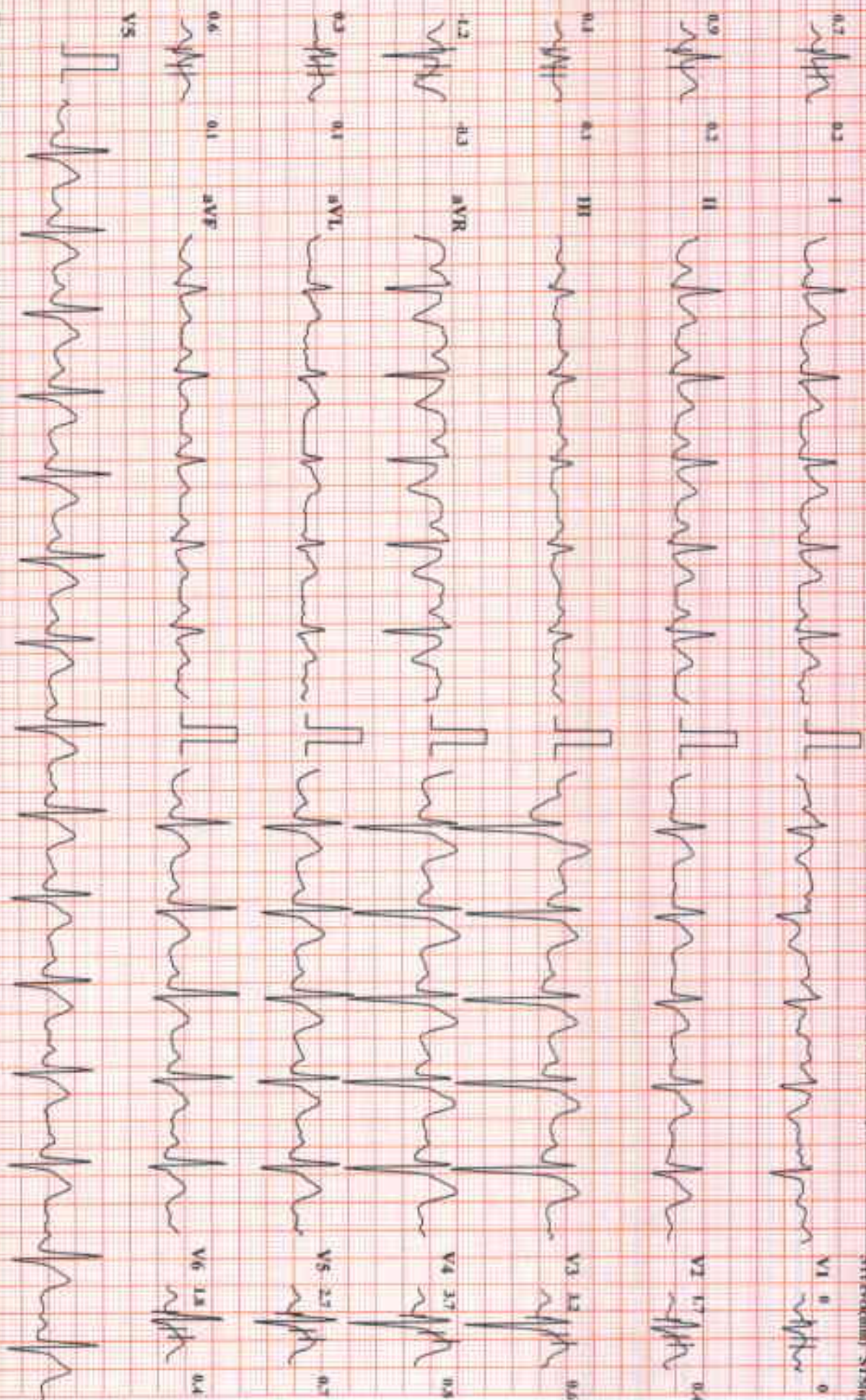


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 3.5 Hz Marins Filter: CN

50 = R - 40 mm, J = H + 40 mm, Pvc J + I + 40 mm

Scatter Plotter: CS-30 Version 2.14

ISHAN DUTTA

Brilio Protocol
STI:sdhnmj STS:sdqnmVx/

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ID: 2228120356
Stage: 2

Date: 08-10-2022
Speed: 4 kmph

Exec Time: 0:05:09
Slope: 12 %

Stage Time: 03:00
THR: 158 bpm

HR: 111 bpm

HR: 130/90 mmHg
STI:sdhnmj STS:sdqnmVx/



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Main Filter: ON

ISO - R - 60 mm, I - R - 60 mm, Pape J - J - 60 mm

Software: Dignatum CS-20 Version: 2.14



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ISHAN DUTTA

Bruce Protocol

ST1 Level(mm) ST1 Slope(mV/s)

ID: 2228120356

Date: 08-10-2022

Exec Time : 0:08:09

Stage Time: 03:00

Stage: 3

Speed: 5.5 kmph

Slope: 14 %

THR: 158 bpm

HR: 135 bpm

BP: 150/90 mmHg

ST1 Level(mm) ST1 Slope(mV/s)

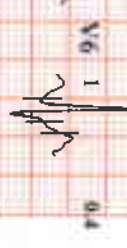
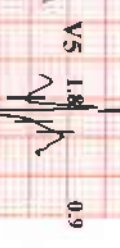
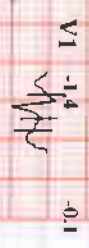


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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

Schiller Spandan C-50 Version 2.14

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ISHAN DUTTA

Bridge Protocol
STSegment(mV) STSegment(V/5)

ID: 2228120356
Stage: 4

Date: 08-10-2022
Speed: 6.8 mmph

Exe Time: 0-11-00
Slope: 16 %

Stage Time: 03:00
THR: 138 bpm

HR: 149 bpm
DP: 150/90 mmHg
STSegment(mV) STSegment(V/5)



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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

Schiller System CS-20 Version 2.14

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ISHAN DUTTA

Bruce Protocol
S114441001 ST150pctmV7

ID: 2228120156
Signal: 5 Peak Exercise
Speed: 8 kmph

Date: 08-10-2022
Slope: 18%

Exec Time: 01:11:57
THR: 158 bpm

HR: 158 bpm

BP: 150/90 mmHg
S114441001 ST150pctmV7



Chart Speed: 25 mm/sec

Amplitude: 1mm/mV

Filter: 35 Hz, Main Filter: ON

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

Schiller Spandax CS-20 Version 2.14

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ISHAN DUTTA

Brake Protocol

STLevel(mm) STSlope(mV/s)

ID: 2228120356

Date: 08-10-2022

Exec Time : 00:00

Stage Time: 01:00

HR: 117 bpm

BP: 160/90 mmHg

STLevel(mm) STSlope(mV/s)

Stage: Recovery1

Speed: 0 kmph

Slope: 0%

THR: 158 bpm

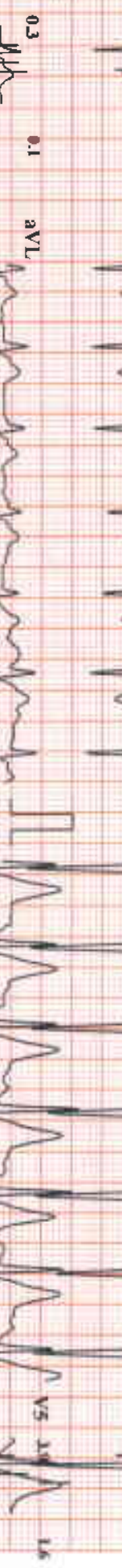
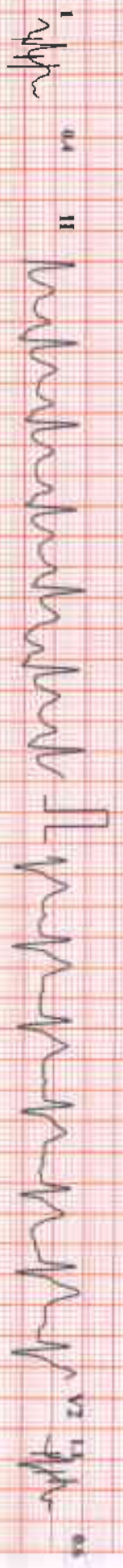


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter ON

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

ISHAN DUTTA

Birth Protocol

ST15ashdunm ST15shdunmVx1

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ID: 2328120356

Stage: Recovery2

Date: 08-10-2022

Speed: 0 kmph

Exec Time: 00:00

Slope: 0.54

Stage Time: 00:31

THR: 158 bpm

HR: 109 bpm

BP: 140/90 mmHg

ST15ashdunm ST15shdunmVx1

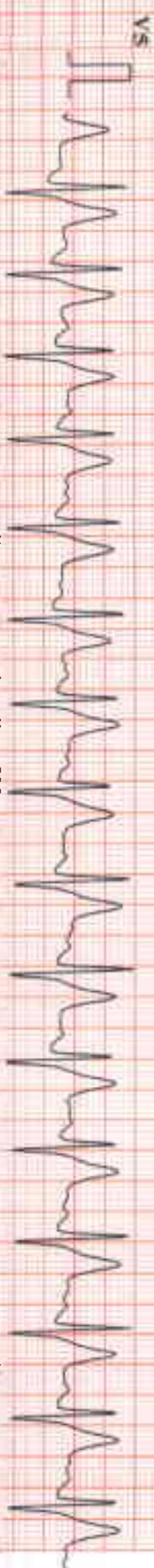


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

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

Schiller Spandau CS-20 Version 2.14

ISHAN DUTTA

Invite Protocol

ST1:evl:invnt: S35shg:inv:V1

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ID: 2228120556

Stage: Recovery-2

Date: 08-10-2022

Speed: 0 kmph

Exec Time: 00:00

Shape: 0 %

Stage Time: 01:00

THR: 158 bpm

HR: 100 bpm

BP: 140/90 mmHg

ST1:evl:invnt: S35shg:inv:V1



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Matrix Filter: ON

RPD = R - 60 mm, J = R + 60 mm, Post J = J + 60 mm

Scholar: Spondar CS-511 Version: 2.14

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ISHAN DUTTA

Bridge Protocol
STL:evd(armi) STL:spq(a)VA

ID: 2228120356 Date: 08-10-2022
Stage: Recovery3 Speed: 0 kmph
Exec Time: 00:00 Slope: 0.5
Stage Time: 00:09 THIR: 158 bpm

HR: 105 bpm

BP: 140/90 mmHg
STL:evd(armi) STL:spq(a)VA

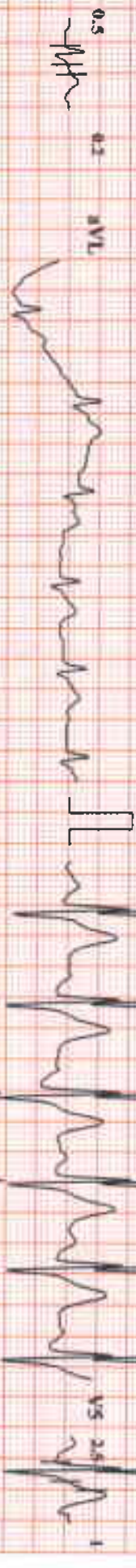


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz

Mains Filter: ON

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

Schiller Spandax CS-20 Version 2.14