



CID : 2229520443  
Name : MR.SURJAN KHADKA  
Age / Gender : 35 Years / Male  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 22-Oct-2022 / 09:02  
Reported : 22-Oct-2022 / 14:10

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## AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

### CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	16.4	13.0-17.0 g/dL	Spectrophotometric
RBC	5.10	4.5-5.5 mil/cmm	Elect. Impedance
PCV	47.8	40-50 %	Measured
MCV	94	80-100 fl	Calculated
MCH	32.2	27-32 pg	Calculated
MCHC	34.3	31.5-34.5 g/dL	Calculated
RDW	13.5	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	5560	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	37.0	20-40 %	
Absolute Lymphocytes	2057.2	1000-3000 /cmm	Calculated
Monocytes	7.0	2-10 %	
Absolute Monocytes	389.2	200-1000 /cmm	Calculated
Neutrophils	51.8	40-80 %	
Absolute Neutrophils	2880.1	2000-7000 /cmm	Calculated
Eosinophils	3.9	1-6 %	
Absolute Eosinophils	216.8	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	16.7	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	168000	150000-400000 /cmm	Elect. Impedance
MPV	8.1	6-11 fl	Calculated
PDW	13.2	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 -  
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB 6 2-15 mm at 1 hr. Westergren

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



*Bmhaskar*

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



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Collected : 22-Oct-2022 / 09:02  
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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	77.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	105.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.72	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	0.24	0-0.3 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (INDIRECT), Serum	0.48	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.4	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	26.8	<34 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
SGPT (ALT), Serum	15.7	10-49 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			



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**Collected** : 22-Oct-2022 / 12:45  
**Reported** : 22-Oct-2022 / 18:34

GAMMA GT, Serum	20.7	<73 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALKALINE PHOSPHATASE, Serum	56.2	46-116 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
BLOOD UREA, Serum	25.2	19.29-49.28 mg/dl	Calculated
Kindly note change in Ref range and method w.e.f.11-07-2022			
BUN, Serum	11.8	9.0-23.0 mg/dl	Urease with GLDH
Kindly note change in Ref range and method w.e.f.11-07-2022			
CREATININE, Serum	0.83	0.60-1.10 mg/dl	Enzymatic
Kindly note change in Ref range and method w.e.f.11-07-2022			
eGFR, Serum	112	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.8	3.7-9.2 mg/dl	Uricase/ Peroxidase
Kindly note change in Ref range and method w.e.f.11-07-2022			
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 \*\*\*



*Anupa*

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



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Reported : 22-Oct-2022 / 15:59

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	4.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	88.2	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 \*\*\*



*Anupa*

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**M.D.(PATH)**  
**Consultant Pathologist & Lab**  
**Director**



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE  
EXAMINATION OF FAECES**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<b><u>PHYSICAL EXAMINATION</u></b>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<b><u>CHEMICAL EXAMINATION</u></b>		
Reaction (pH)	Acidic (5.0)	-
Occult Blood	Absent	Absent
<b><u>MICROSCOPIC EXAMINATION</u></b>		
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

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West  
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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	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	
Others	-		

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



*Bmhaskar*

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	AB
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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\*\*\* End Of Report \*\*\*



*Dr. Vrushi Shroff*

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





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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	176.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	101.0	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	32.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	144.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	123.9	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	20.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.9	0-3.5 Ratio	Calculated

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



*Anupa*

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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	5.7	3.5-6.5 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
Free T4, Serum	13.8	11.5-22.7 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
sensitiveTSH, Serum	3.313	0.55-4.78 microu/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 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 transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

**Diurnal Variation:**TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

**Reflex Tests:**Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

**Limitations:**

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

**Reference:**

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

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



*Anupa*

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Reg.Location : Kandivali East (Main Centre)

Collected : 22-Oct-2022 / 08:57  
Reported : 25-Oct-2022 / 11:37

### PHYSICAL EXAMINATION REPORT

#### History and Complaints:

Aortic valve replacemen 2003,Rheumatic heart disease.

#### EXAMINATION FINDINGS:

Height (cms):	166 cms	Weight (kg):	49 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	100/70	Nails:	Normal
Pulse:	72/min	Lymph Node:	Not palpable

#### Systems

Cardiovascular: s2 loud,? murmur  
Respiratory: Normal  
Genitourinary: Normal  
GI System: Normal  
CNS: Normal

#### IMPRESSION:

*Dyslipidemia*  
*TMT-Stress test? mild positive*  
*(1 false positive)*  
*- ECG - marked ST abnormality*  
*possible Int. Subendocardial injury*  
*K&H center for CVH*

#### ADVICE:

*• low fatty diet*  
*- Cardiologist opinion*

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Thakur Village, Kandivali (east),  
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**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                            | Aortic valve replacement 2003 |
| 17) Musculoskeletal System               | No                            |

**PERSONAL HISTORY:**

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

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

Date: - 22/10/22

CID:

Name: - Mr. Sujan Khadke

Sex/Age: M/36

**EYE CHECK UP**

Chief complaints: Routine ch-up

Systemic Diseases: NO H/O S/G

Past history: NO H/O Ocular surgery

H/Oglaucoma  
← -6.75 -1.75 X 180  
← -6.75 -1.75 X 180

Unaided Vision: <6/60      <6/60

Aided Vision: 6/6 N/G      6/6 N/G

**Refraction:**

Compl. Normal

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	-6.50	-1.75	180	6/6	-6.75	-1.75	180	6/6
Near				N/G				N/G

Colour Vision: Normal / Abnormal  Red & green chr deficiency present in BE

Remark: vn within normal limit

*Kajal H.*  
**KAJAL NAGRECHA**  
OPTOMETRIST

**SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.**  
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Tel : 61700000

Authenticity Check



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**Name** : Mr SURJAN KHADKA  
**Age / Sex** : 35 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Kandivali East Main Centre

**Reg. Date** : 22-Oct-2022  
**Reported** : 22-Oct-2022 / 10:05

## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size, shape and smooth margins. It shows normal parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

### GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen.

### PANCREAS:

The pancreas is well visualized and appears normal. No evidence of solid or cystic mass lesion.

### KIDNEYS:

Both the kidneys are normal in size shape and echotexture.

No evidence of any calculus, hydronephrosis or mass lesion seen.

Right kidney measures 9.6 x 3.8 cm. Left kidney measures 10.3 x 4.9 cm.

### SPLEEN:

The spleen is normal in size and echotexture. No evidence of focal lesion is noted.

There is no evidence of any lymphadenopathy or ascites.

### URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

### PROSTATE:

The prostate is normal in size and volume is 13.4 cc.

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

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

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Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2229520443  
Name : Mr SURJAN KHADKA  
Age / Sex : 35 Years/Male  
Ref. Dr :  
Reg. Location : Kandivali East Main Centre

Reg. Date : 22-Oct-2022  
Reported : 22-Oct-2022 / 10:05

**IMPRESSION:**

No significant abnormality detected.

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

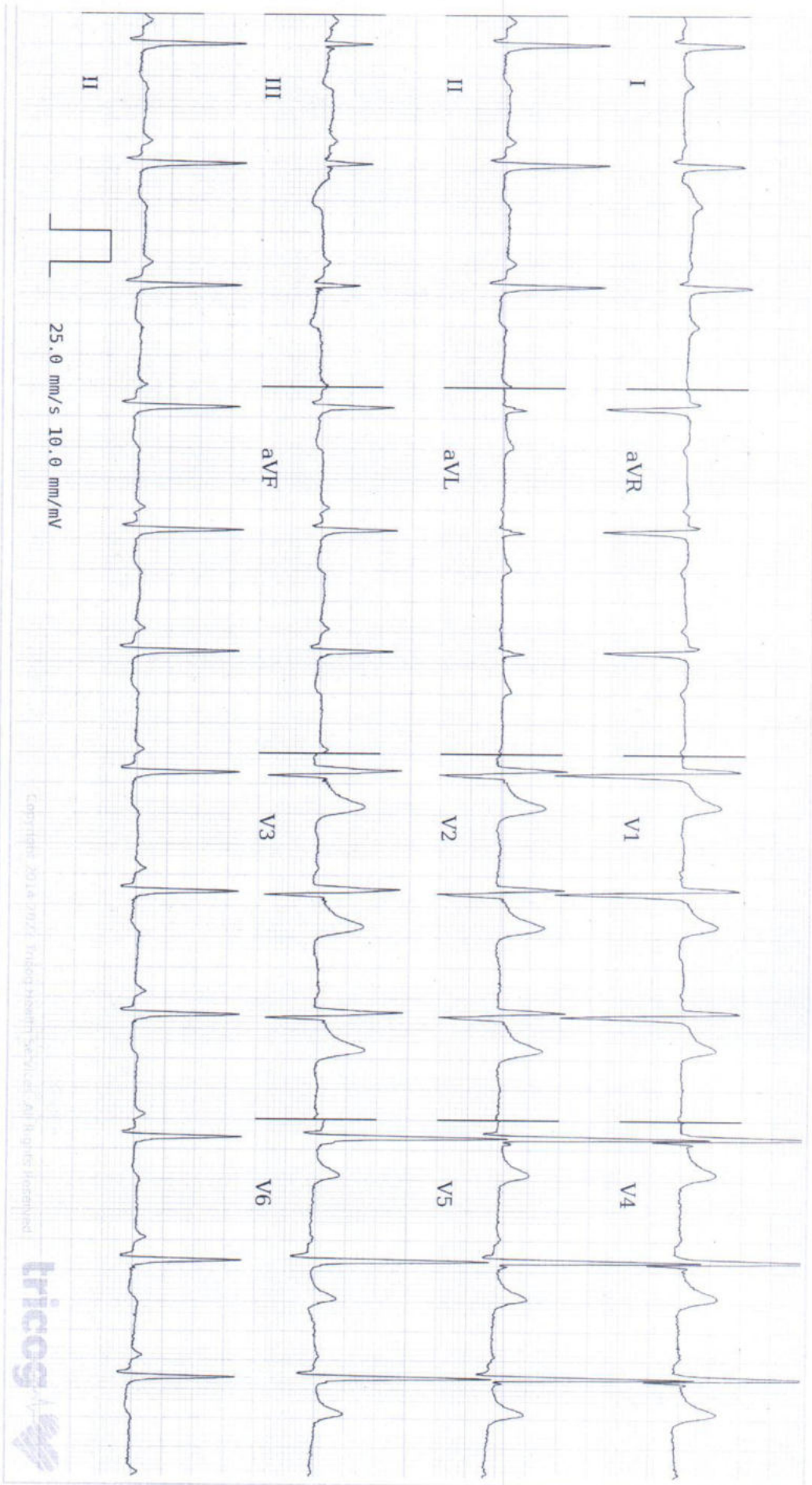
**This report is prepared and physically checked by DR. FAIZUR KHILJI before dispatch.**

*KLJI FA*

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

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 centre for rectification. Please interpret accordingly. All safety precautions were taken before, during and after the USG examination in view of the ongoing Covid 19 pandemic.





Sinus Rhythm, Normal Axis, Marked ST Abnormality, possible Inferior Subendocardial Injury, Voltage Criteria for Left Ventricular Hypertrophy. Please correlate clinically.

Age 35 9 25  
years months day

Gender Male

Heart Rate 76bpm

Patient Vitals

BP: 100/70 mmHg

Weight: 49 kg

Height: 166 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

Measurements

QRSD: 110ms

QT: 376ms

QTc: 423ms

PR: 140ms

P-R-T: 74° 56° -13°

REPORTED BY

DR AKHIL PARULEKAR  
MBBS MD, MEDICINE, DNB Cardiology  
Cardiologist  
2012082483

**SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.**

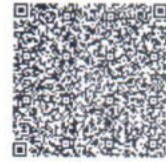
ROV HADKE RD, AANGAN,

THAKUR VILAGE, KANDIVALI (EAST),

MUMBAI - 400101.

Tel : 617700000





CID : 2229520443  
Name : Mr SURJAN KHADKA  
Age / Sex : 35 Years/Male  
Ref. Dr :  
Reg. Location : Kandivali East Main Centre

Reg. Date : 22-Oct-2022  
Reported : 22-Oct-2022 / 17:28

Use a QR Code Scanner  
Application To Scan the Code

**X-RAY CHEST PA VIEW**

**Sternal sutures are noted, Suggestive of Post CABG status.**

Both lung fields are clear.

Both costophrenic 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.

**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 interobserver variations. Further / follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Not all fractures may be visible in given X ray views, hence a clinical correlation is suggested in cases of injury with swelling and restricted movements. Please interpret accordingly.

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

**This report is prepared and physically checked by Dr Vivek Singh before dispatch.**

**Dr. Vivek Singh**  
**MD Radiodiagnosis**  
**Reg No: 2013/03/0388**

Click here to view images [http://3.111.232.119/iRISViewer/NeoradViewer?](http://3.111.232.119/iRISViewer/NeoradViewer?Access)  
Access

sionNo=2022102208580873

# SUBURBAN DIAGNOSTICS KANDIVALI EAST

Report



Email:

317 (2229520443) / SURJAN KHADKA / 35 Yrs / M / 166 Cms / 49 Kg  
 Date: 22 / 10 / 2022

Refd By : AERFOCAMI Examined By: DR.AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	ME/TS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:43	0:43	00.0	00.0	01.0	075	41%	100/70	075	00	
Standing	01:09	0:26	00.0	00.0	01.0	097	52%	100/70	097	00	
HV	01:34	0:25	00.0	00.0	01.0	080	43%	100/70	080	00	
ExStart	01:49	0:15	00.0	00.0	01.0	094	51%	100/70	094	00	
BRUCE Stage 1	04:49	3:00	02.7	10.0	04.7	110	59%	100/70	110	00	
BRUCE Stage 2	07:49	3:00	04.0	12.0	07.1	129	70%	120/80	154	00	
PeaKEx	09:52	2:03	05.5	14.0	09.2	156	84%	150/80	233	00	
Recovery	10:52	1:00	00.2	00.0	01.2	123	66%	150/80	184	00	
Recovery	11:19	1:27	00.0	00.0	01.0	109	59%	140/80	152	00	

## FINDINGS :

Exercise Time : 08:03  
 Initial HR (ExStrt) : 94 bpm 51% of Target 185  
 Initial BP (ExStrt) : 100/70 (mm/Hg)  
 Max Workload Attained : 9-2 Good response to induced stress  
 Duke Treadmill Score : 08.1  
 Test End Reasons : Heart Rate Achieved

Max HR Attained 156 bpm 84% of Target 185  
 Max BP Attained 150/80 (mm/Hg)

**SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD**  
 FLOW PROPOSE No. 1, Amanjari,  
 Thakker Village, Kandivali (East),  
 Mumbai - 400101  
 Tel : 61700000

**DR. AKHIL P. PARULEKAR.**  
 MBBS, MD, DNB (Cardiology)  
 Reg. No. 2012082403

  
 Doctor : DR.AKHIL PARULEKAR



Email:

317 / SURJAN KHADKA / 35 Yrs / M / 166 Cms / 49 Kg Date: 22 / 10 / 2022

Refd By : AERFOCAMI

**REPORT :**

Heart Rate 97.0 bpm  
 Systolic BP 150.0 mmHg Diastolic BP 80.0 mmHg  
 Exercise Time 08:03 Mins. Ectopic Beats 0.0 METS 9.2  
 Test End Reason Heart Rate Achieved Target Heart Rate 185.0

TEST OBJECTIVE	:	ROUTINE CHECK UP
HISTORY	:	RHD POST AVR
ACTIVITY	:	MODERATE ACTIVE
MEDICATION	:	WARF CARDACE PENICILIN
REASON FOR TERMINATION	:	HEART RATE ACHIEVED
EXERCISE TOLERANCE	:	GOOD
EXERCISE INDUCED ARRHYTHMIAS	:	NO
HAEMODYNAMIC RESPONSE	:	NORMAL
CHRONOTROPIC RESPONSE	:	NORMAL

ST DEPRESSION NOTED AT PEAK EXERCISE NO CHEST PAIN NO DYSPNEA STRESS TEST IS MILD POSITIVE ( ? FALSE POSITIVE) FOR EXERCISE INDUCED ISCHAEMIC HEART DISEASE

Disclaimer Negative stress test does not rule out coronary artery disease. Positive stress test is suggestive but not confirmatory of coronary artery disease. Hence clinical correlation is mandatory.

SUBURBAN DIAGNOSTICS (POM) PVT. LTD  
 Row House No. 11, Jangam,  
 Thacker Vallye, Kandivali (east),  
 Mumbai - 400101,  
 Tel:- 617000593

Dr. Akhil P. Parulekar,  
 MBBS, MD, DNB (C) 101033  
 Reg. No. 2012052483

Doctor : DR. AKHIL PARULEKAR

SUBURBAN DIAGNOSTICS KANDIVALI EAST

SUPINE ( 00:43 )



317 (2229520443) / SURJAN KHADKA / 35 Yrs / M / 166 Cms / 49 Kg / HR : 75

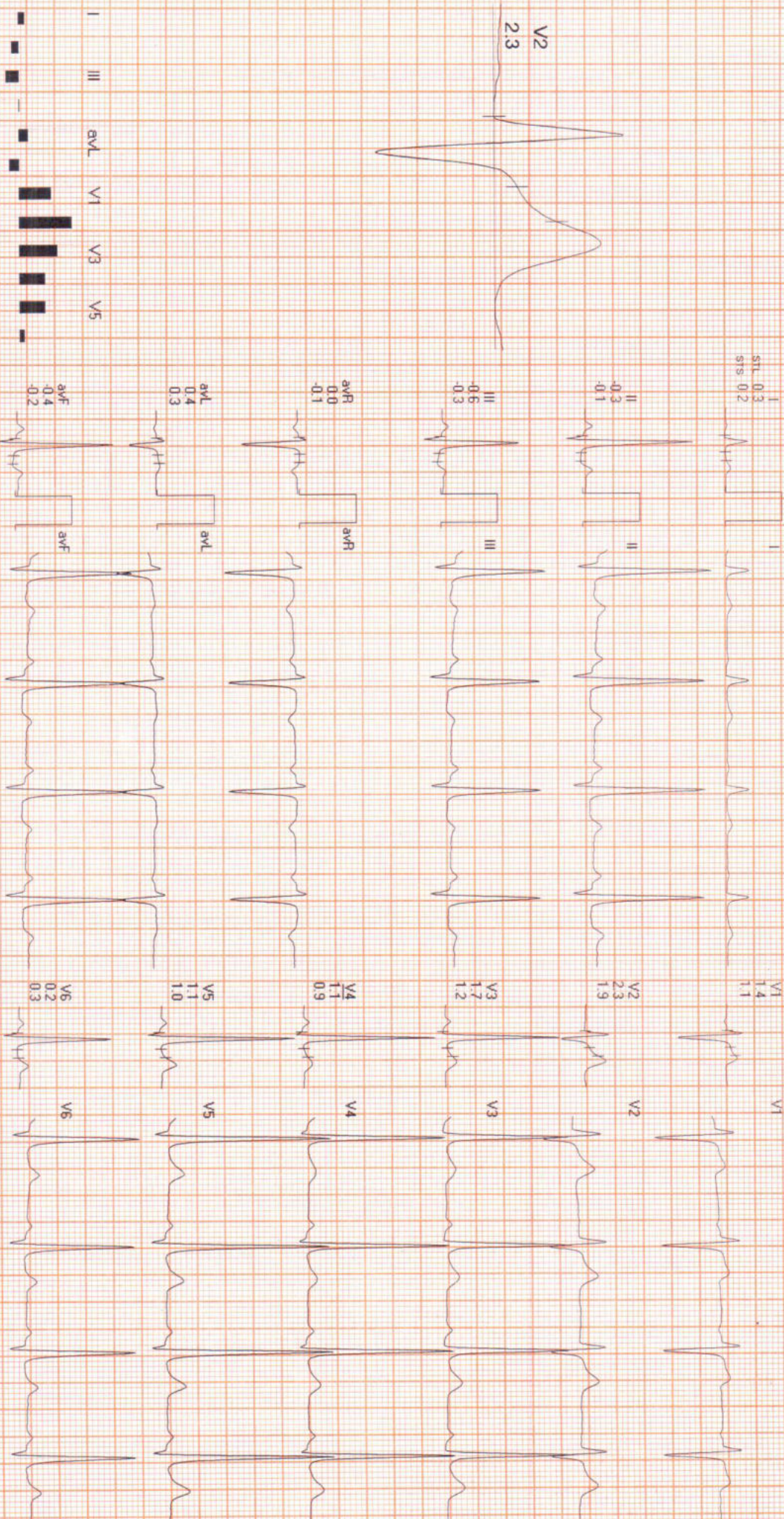
Date: 22/10/2022

METS: 1.0/ 75 bpm 41% of THR BP- 100/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

EXTime: 00:00 0.0 Kmph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS: I II aVR aVL aVF V1 V2 V3 V4 V5 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

STANDING ( 00:26 )



317 (2229520443) / SURJAN KHADKA / 35 Yrs / M / 166 Cms / 49 Kg / HR : 97

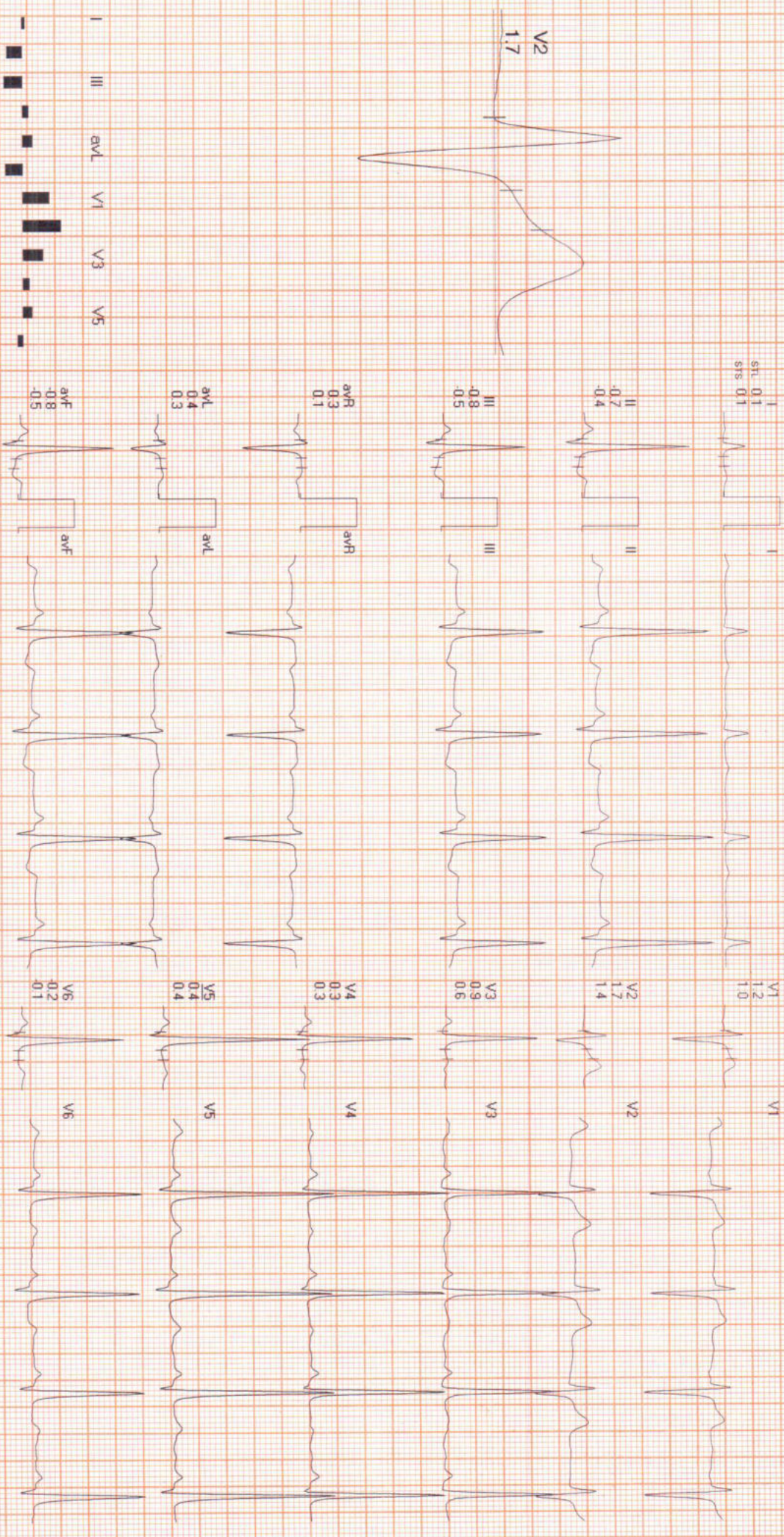
Date: 22/10/2022

METS: 1.07/97 bpm 52% of THR BP: 100/70 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 20 Hz

ExTime: 00:00 0.0 Km/ph, 0.0%

4X 80 ms Post J

25 mm/Sec 1.0 Cm/mV



REMARKS: I, II, III, aVR, aVL, aVF, V1, V2, V3, V4, V5, V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

HV ( 00:25 )



317 (2229520443) / SURJAN KHADKA / 35 Yrs / M / 166 Cms / 49 Kg / HR : 80

Date: 22 / 10 / 2022

METS: 1.0/80 bpm 43% of THR BP- 100/70 mmHg Raw ECG/ BLCOn/ Notch On/ HF 0.05 Hz/LF 20 Hz

ExTime: 00:00 0.0 Kmph 0.0%

4X

80 ms Post J

25 mm/Sec 1.0 Cm/mV

SR 0.1  
SRS 0.1

V1 1.5  
V2 1.2

V1

II -0.9  
III -0.5

V2 2.1  
V3 1.7

V2

III -1.0  
aVF -0.6

V3 1.1  
V4 0.7

V3

aVR 0.4  
aVL 0.2

V4 0.4  
V5 0.3

V4

aVL 0.6  
aVF 0.4

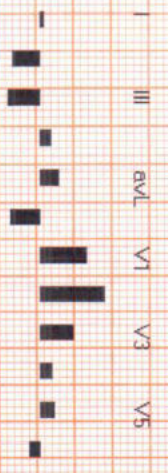
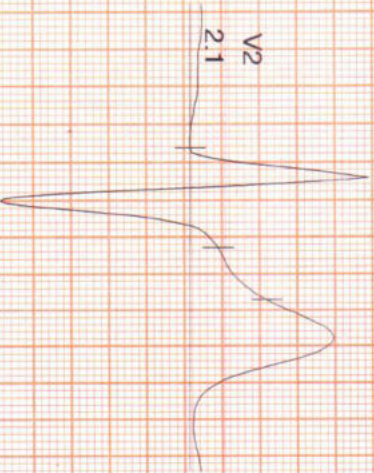
V5 0.5  
V6 0.3

V5

aVF -1.0  
aVR -0.6

V6 -0.4  
V7 -0.2

V6



REMARKS:



317 (2229520443) / SURAJAN KHADKA / 35 Yrs / M / 166 Cms / 49 Kg / HR : 94

Date: 22/10/2022

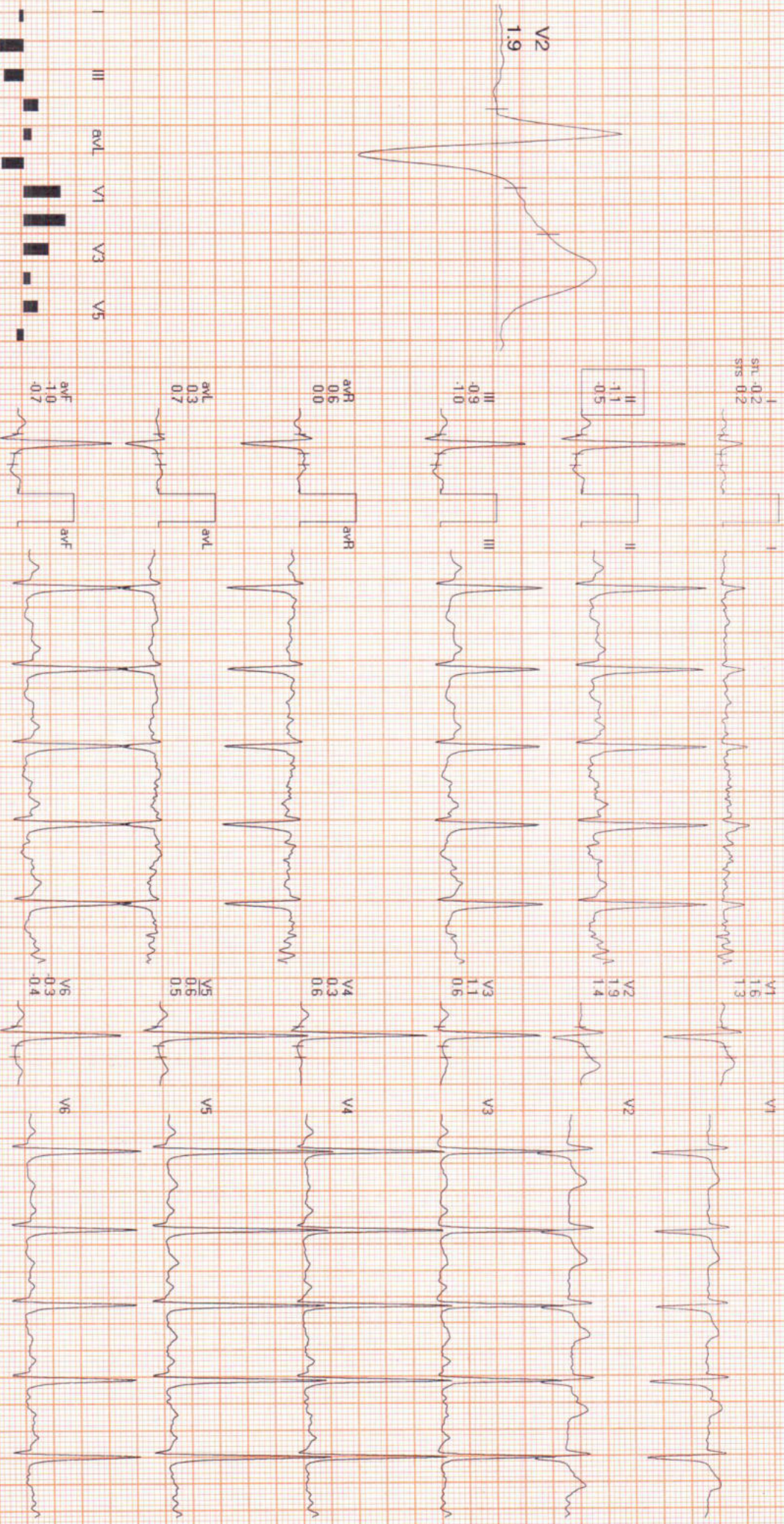
METS: 1.0/94 bpm 51% of THR BP-100/70 mmHg Raw ECG/BLOCK/Notch On/ HF 0.05 Hz/LF 20 Hz

ExTime: 00:00 0.0 Km/h, 0.0%

4X

80 mS Post J

25 mm/Sec 1.0 Cm/mV



REMARKS:





SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 1 ( 03:00 )



317 (2229520443) / SURAJAN KHADKA / 35 Yrs / M / 166 Cms / 49 Kg / HR : 110

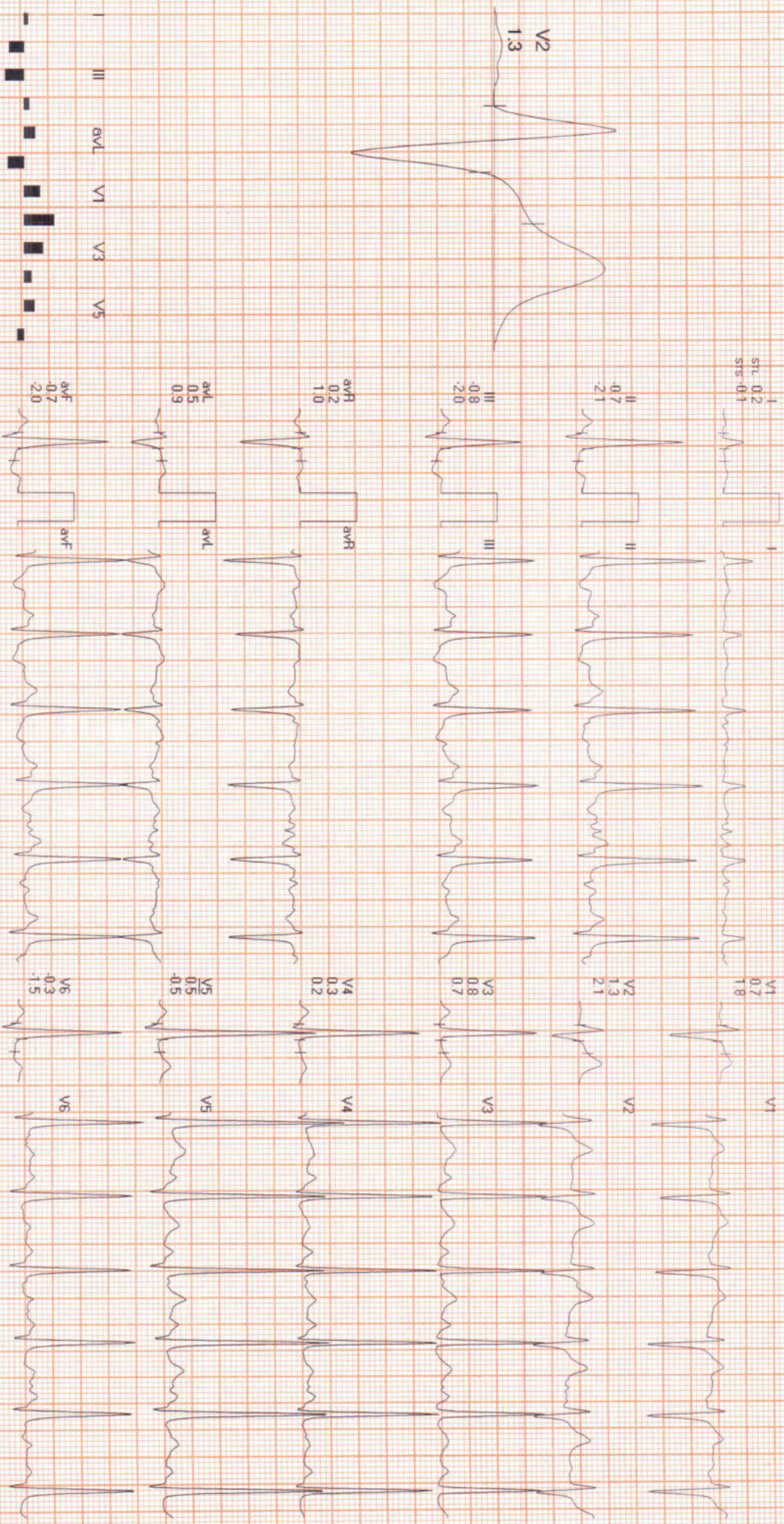
Date: 22 / 10 / 2022

METS: 4.7 / 110 bpm 59% of THR BP: 100/70 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 20 Hz

ExTime: 03:00 2.7 Kmph, 10.0%

4X 80 ms Post J

25 mm/Sec 1.0 Cm/mV



REMARKS: II aVR aVL V1 V2 V3 V4 V5 V6



**SUBURBAN DIAGNOSTICS KANDIVALI EAST**

**BRUCE : Stage 2 ( 03:00 )**



317 (22229520443) / SURJAN KHADKA / 35 Yrs / M / 166 Cms / 49 Kg / HR : 129

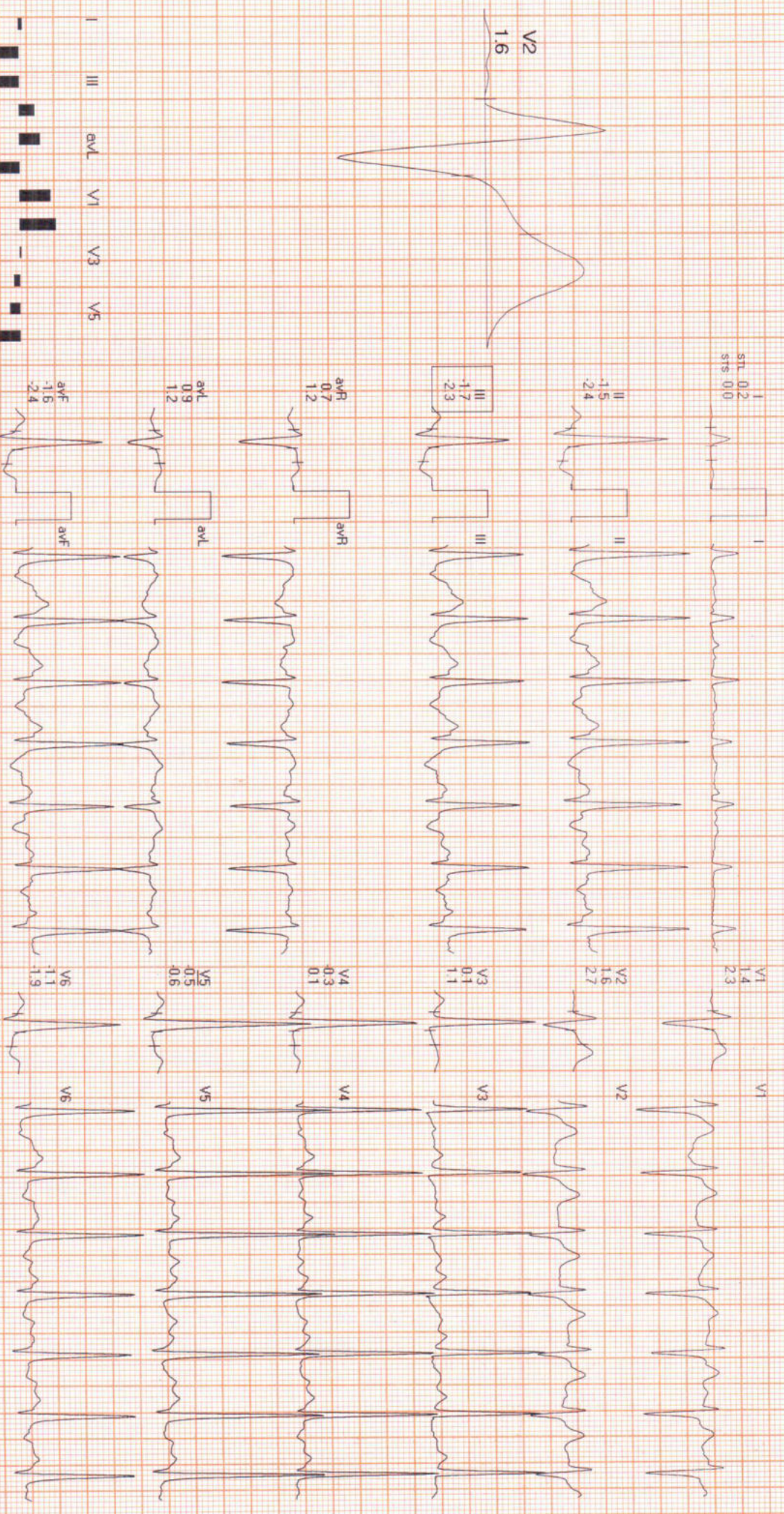
Date: 22 / 10 / 2022

METS: 7.1/129 bpm 70% of THR BP: 120/80 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

ExTime: 06:00 4.0 Kmph, 12.0%

4X 80 mS Post J

25 mm/Sec 1.0 Cm/mV



REMARKS  
I II III aVR aVL aVF V1 V2 V3 V4 V5 V6



# SUBURBAN DIAGNOSTICS KANDIVALI EAST

PeakEX



317 (2229520443) / SURJAN KHADKA / 35 Yrs / M / 166 Cms / 49 Kg / HR : 161

Date: 22/10/2022

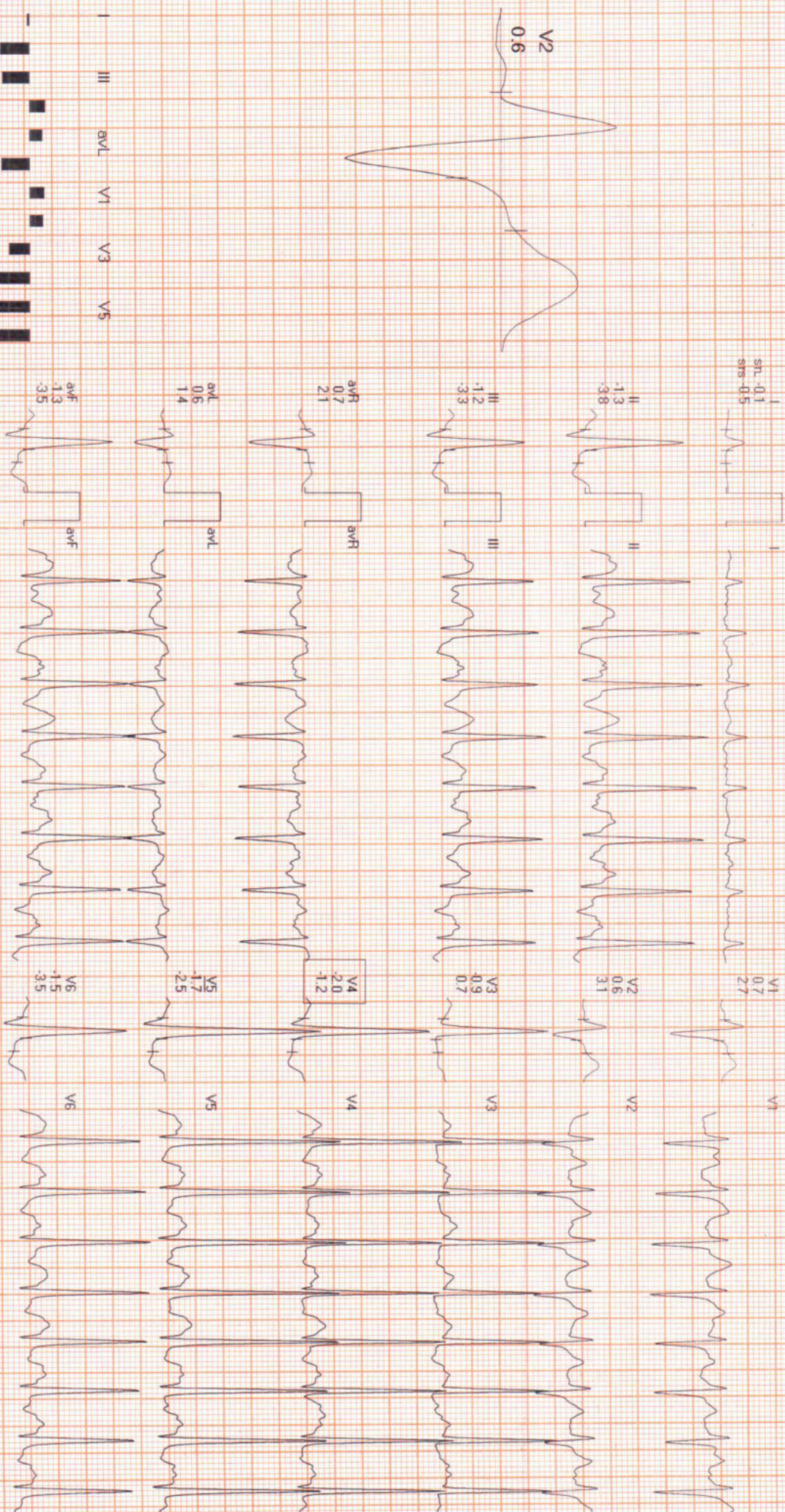
METS: 9.2/161 bpm 87% of THR BP: 150/80 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 20 Hz

EXTime: 08:03 5.5 Kmph, 14.0%

4X

50 mS Post J

25 mm/Sec 1.0 Cm/mV



REMARKS:



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : ( 01:00 )



317 (2229520443) / SURJAN KHADKA / 35 Yrs / M / 166 Cms / 49 Kg / HR : 123

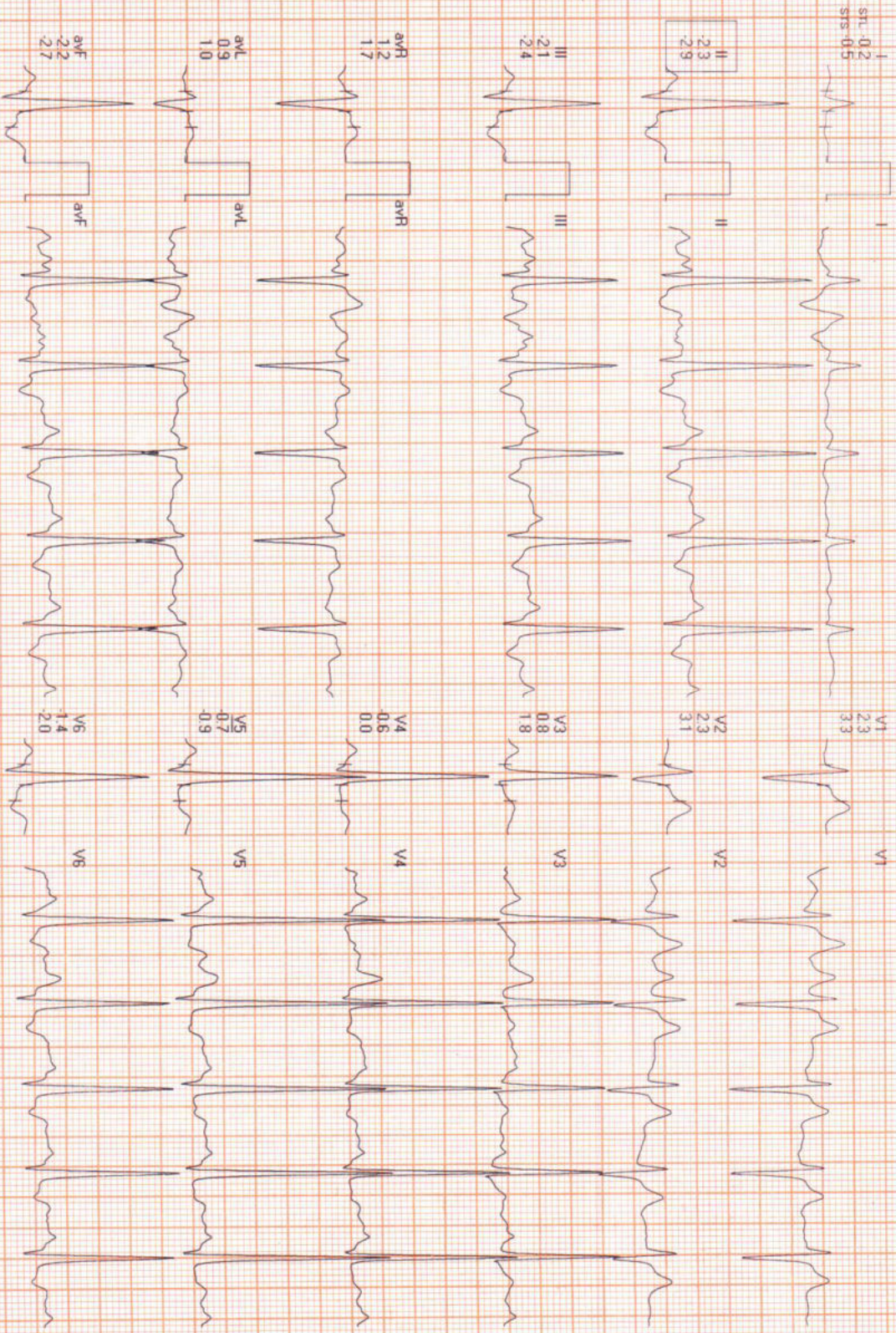
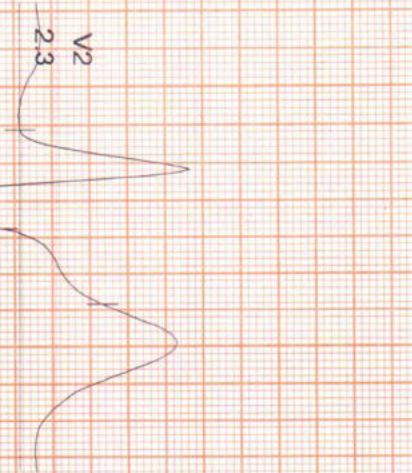
Date: 22/10/2022

METS: 1.1/123 bpm 66% of THR BP: 150/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

EXTime: 08:03 0.2 Kmph 0.0%

4X 80 and Post J

25 mm/Sec 1.0 Cm/mV



REMARKS:



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : ( 01:27 )



317 (2229520443) / SURAJAN KHADKA / 35 Yrs / M / 166 Cms / 49 Kg / HR 109

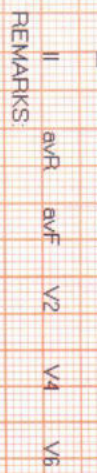
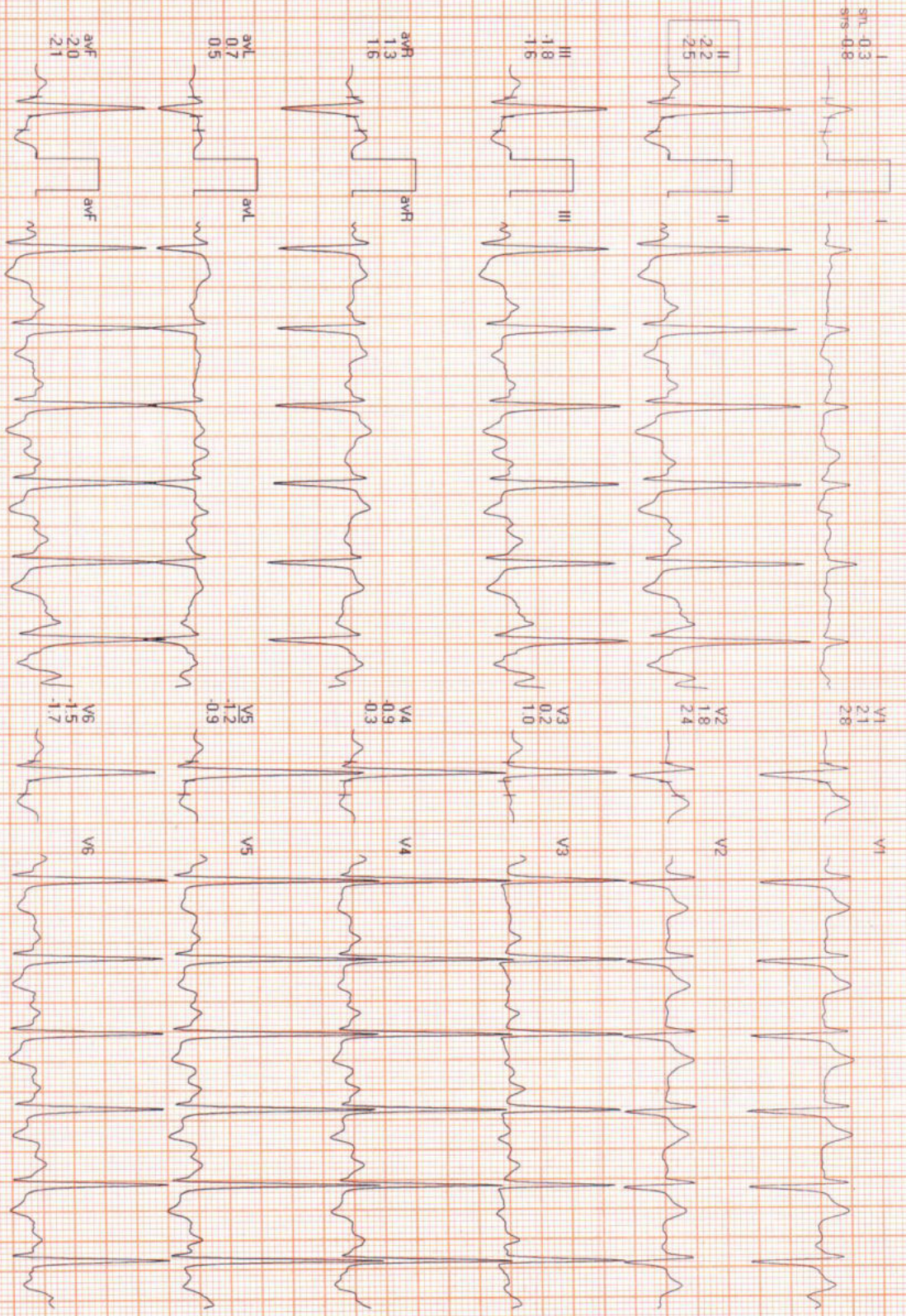
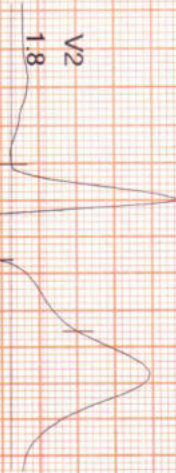
Date: 22 / 10 / 2022

METS: 1.0 / 109 bpm 59% of THR BP: 140/80 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 20 Hz

ExTime: 08:03 0.0 Kmph. 0.0%

4X 80 mg Post J

25 mm/Sec 1.0 Cm/mV



REMARKS:

