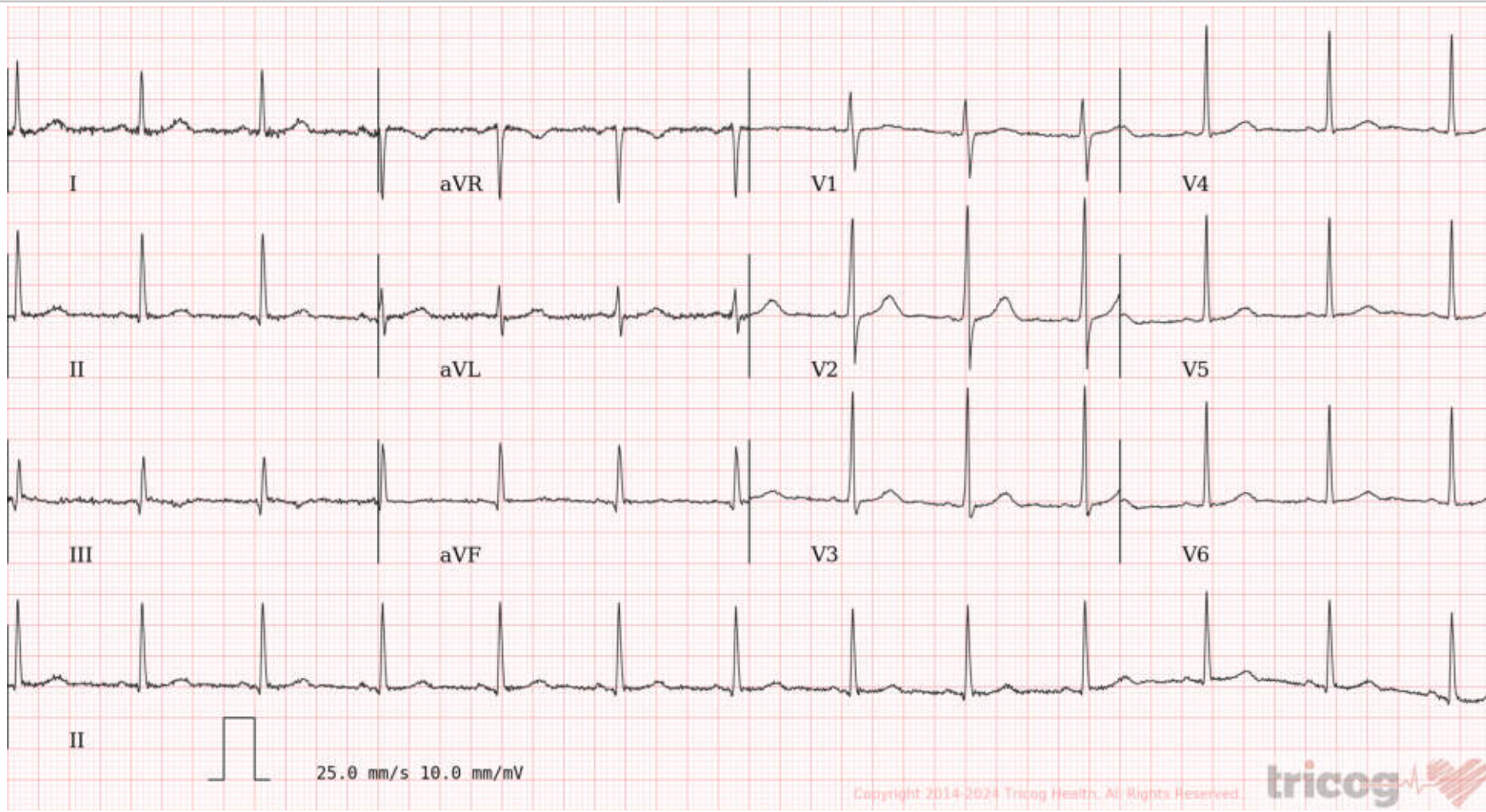


SUBURBAN DIAGNOSTICS - MALAD WEST



Patient Name: SACHIN CHAVAN
Patient ID: 2405522037

Date and Time: 24th Feb 24 11:14 AM



Age **34** NA NA
years months days

Gender **Male**

Heart Rate **78bpm**

Patient Vitals

BP: 120/80 mmHg
Weight: 77 kg
Height: 166 cm
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 80ms
QT: 380ms
QTcB: 433ms
PR: 126ms
P-R-T: 28° 51° 43°

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

REPORTED BY

DR SONALI HONRAO
MD (General Medicine)
Physician
2001/04/1882



CID : 2405522037
Name : MR.SACHIN CHAVAN
Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 24-Feb-2024 / 09:45
Reported : 24-Feb-2024 / 12:20

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	16.1	13.0-17.0 g/dL	Spectrophotometric
RBC	5.44	4.5-5.5 mil/cmm	Elect. Impedance
PCV	47.3	40-50 %	Calculated
MCV	87.0	80-100 fl	Measured
MCH	29.6	27-32 pg	Calculated
MCHC	34.0	31.5-34.5 g/dL	Calculated
RDW	13.4	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6540	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	26.6	20-40 %	
Absolute Lymphocytes	1739.6	1000-3000 /cmm	Calculated
Monocytes	6.0	2-10 %	
Absolute Monocytes	392.4	200-1000 /cmm	Calculated
Neutrophils	65.0	40-80 %	
Absolute Neutrophils	4251.0	2000-7000 /cmm	Calculated
Eosinophils	2.2	1-6 %	
Absolute Eosinophils	143.9	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	13.1	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	242000	150000-400000 /cmm	Elect. Impedance
MPV	7.7	6-11 fl	Measured
PDW	13.1	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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

Result rechecked.
 Kindly correlate clinically.

Specimen: EDTA Whole Blood

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



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Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

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

*** End Of Report ***



J Thakker

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



CID : 2405522037
Name : MR.SACHIN CHAVAN
Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

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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	97.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	82.5	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.85	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.28	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.57	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 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	16.7	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	38.0	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	25.2	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	141.7	40-130 U/L	Colorimetric
BLOOD UREA, Serum	17.6	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.2	6-20 mg/dl	Calculated
CREATININE, Serum	0.94	0.67-1.17 mg/dl	Enzymatic



CID : 2405522037
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Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

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eGFR, Serum	109	(ml/min/1.73sqm)	Calculated
		Normal or High: Above 90	
		Mild decrease: 60-89	
		Mild to moderate decrease: 45-59	
		Moderate to severe decrease: 30-44	
		Severe decrease: 15-29	
		Kidney failure: <15	

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

URIC ACID, Serum	6.2	3.5-7.2 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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



J. Thakker

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



CID : 2405522037
Name : MR.SACHIN CHAVAN
Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	4.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	91.1	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 ***



J. Thakker

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



CID : 2405522037
Name : MR.SACHIN CHAVAN
Age / Gender : 34 Years / Male
Consulting Dr. : -
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Colour	Brown	Brown	-
Form and Consistency	Semi Solid	Semi Solid	-
Mucus	Absent	Absent	-
Blood	Absent	Absent	-
<u>CHEMICAL EXAMINATION</u>			
Reaction (pH)	Acidic (6.5)	-	pH Indicator
Occult Blood	Absent	Absent	Guaiaac
<u>MICROSCOPIC EXAMINATION</u>			
Protozoa	Absent	Absent	-
Flagellates	Absent	Absent	-
Ciliates	Absent	Absent	-
Parasites	Absent	Absent	-
Macrophages	Absent	Absent	-
Mucus Strands	Absent	Absent	-
Fat Globules	Absent	Absent	-
RBC/hpf	Absent	Absent	-
WBC/hpf	Absent	Absent	-
Yeast Cells	Absent	Absent	-
Undigested Particles	Present ++	-	-
Concentration Method (for ova)	No ova detected	Absent	-
Reducing Substances	-	Absent	Benedicts

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



J. Thakker

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Pathologist & AVP(Medical Services)



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Name : MR.SACHIN CHAVAN
Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

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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)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<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	-		

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein (1+ = 25 mg/dl , 2+ =75 mg/dl , 3+ = 150 mg/dl , 4+ = 500 mg/dl)
- Glucose(1+ = 50 mg/dl , 2+ =100 mg/dl , 3+ =300 mg/dl ,4+ =1000 mg/dl)
- Ketone (1+ =5 mg/dl , 2+ = 15 mg/dl , 3+= 50 mg/dl , 4+ = 150 mg/dl)

Reference: Pack inert

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



J. Thakkar

Dr.Megha More
M.D. (PATH), DPB
Pathologist and AVP(Medical
Services)



CID : 2405522037
Name : MR.SACHIN CHAVAN
Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

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

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

NOTE: Test performed by automated column agglutination technology (CAT) 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 CPL, Andheri West
*** End Of Report ***



J. Thakker

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M.D. (PATH), DPB
Pathologist and AVP(Medical Services)



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Name : MR.SACHIN CHAVAN
Age / Gender : 34 Years / Male
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	140.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	136.3	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	39.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	100.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	74.0	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	26.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.9	0-3.5 Ratio	Calculated

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



J Thakker

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M.D. (PATH), DPB
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CID : 2405522037
 Name : MR.SACHIN CHAVAN
 Age / Gender : 34 Years / Male
 Consulting Dr. : -
 Reg. Location : Malad West (Main Centre)

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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	5.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.4	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	0.652	0.35-5.5 microIU/ml	ECLIA



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Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

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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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*** End Of Report ***



J Thakker

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



बैंक ऑफ बड़ोदा
Bank of Baroda



नाम : **Sachin N Chavan**
ए.सी.नं. : **114501**



व्यक्तिगत अधिकारी
Issuing Authority
Chief Manager (Security)
Pune Zone

Sachin
होल्डर का हस्ताक्षर
Signature of Holder

[Handwritten mark]

Sachin

PHYSICAL EXAMINATION REPORT

History and Complaints:

Nil

EXAMINATION FINDINGS:

Height (cms):	166	Weight (kg):	77
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	120/80	Nails:	Normal
Pulse:	72/min	Lymph Node:	Not palpable

Systems

Cardiovascular: Normal
Respiratory: Normal
Genitourinary: Normal
GI System: Normal
CNS: Normal

IMPRESSION: -

ADVICE:

Regular exercise

CHIEF COMPLAINTS:

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

Date:- 24/04/24
 Name:- Sachin Chavan

CID: 2465522057
 Sex / Age: 34y / M

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision: DV-RE- 6/6
 LE- 6/6

NV-RE- N/6
 LE- N/6

Refraction:

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

Colour Vision: Normal / Abnormal

Remark:

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
 102-104, Bhandari Complex,
 Opp. Goregaon Sports Club,
 Link Road, Malad (W), Mumbai - 400 064.

Authenticity Check



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CID : 2405522037
 Name : Mr Sachin Chavan
 Age / Sex : 34 Years/Male
 Ref. Dr :
 Reg. Location : Malad West Main Centre

Reg. Date : 24-Feb-2024
 Reported : 24-Feb-2024 / 15:10

R
E
P
O
R
T

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. X-ray is known to have inter-observer variations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests further / follow-up imaging may be needed in some case for confirmation of findings. Please interpret accordingly.

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

DR. Akash Chhari
 MBBS. MD. Radio-Diagnosis Mumbai
 MMC REG NO - 2011/08/2862

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024022409382445>

Authenticity Check



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CID : 2405522037
Name : Mr Sachin Chavan
Age / Sex : 34 Years/Male
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 24-Feb-2024
Reported : 24-Feb-2024 / 11:08

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 visualised 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 9.3 x 3.8 cm.
Left kidney measures 10.5 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 echotexture.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024022409382430>

--
Malad West

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: SACHIN, CHAVAN
Patient ID: 2405522037
Height: 166 cm
Weight: 77 kg

DOB: 30.08.1989
Age: 34yrs
Gender: Male
Race: Asian

Study Date: 24.02.2024
Test Type: --
Protocol: BRUCE

Referring Physician: --
Attending Physician: DR SNEHA SHETTY
Technician: --

Medications:
NIL

Medical History:
--

Reason for Exercise Test:
ROUTINE

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:15	0.00	0.00	83	120/80	
	STANDING	00:12	0.00	0.00	81	120/80	
	HYPERV.	00:16	0.00	0.00	80	120/80	
	WARM-UP	00:09	1.00	0.00	84		
EXERCISE	STAGE 1	03:00	1.70	10.00	116	130/80	
	STAGE 2	03:00	2.50	12.00	139	140/80	
	STAGE 3	02:04	3.40	14.00	162	150/80	
RECOVERY		03:01	0.00	0.00	108	120/80	

The patient exercised according to the BRUCE for 8:03 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 86 bpm rose to a maximal heart rate of 162 bpm. This value represents 87 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 150/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.
Functional Capacity: normal.
HR Response to Exercise: appropriate.
BP Response to Exercise: normal resting BP - appropriate response.
Chest Pain: none.
Arrhythmias: none.
ST Changes: none.
Overall impression: Normal stress test.

Conclusions

Good effort tolerance.
No Significant ST- T changes as compared to baseline.
No chest pain / arrhythmia noted.

IMPRESSION:

Stress test is negative for inducible ischemia.

Disclaimer : Negative stress test does not rule out possibility of Coronary Artery Disease. Positive stress test is suggestive but not confirmatory of Coronary Artery Disease. Hence clinical correlation is mandatory.

Physician _____

Technician _____

Sneha Shetty

Dr. Sneha Shetty
MBBS, PGDCC
Clinical Cardiology
Reg. No. 2008/03/0660

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
102-104, Bhoomini Castle,
Opp. Garageon Sports Club,
Link Road, Malad (W), Mumbai - 400 064.

SACHIN, CHAVAN

Patient ID 2405522037

24.02.2024

1:12:19pm

12-Lead Report

PRETEST

SUPINE

00:14

83 bpm
120/80 mmHg

BRUCE

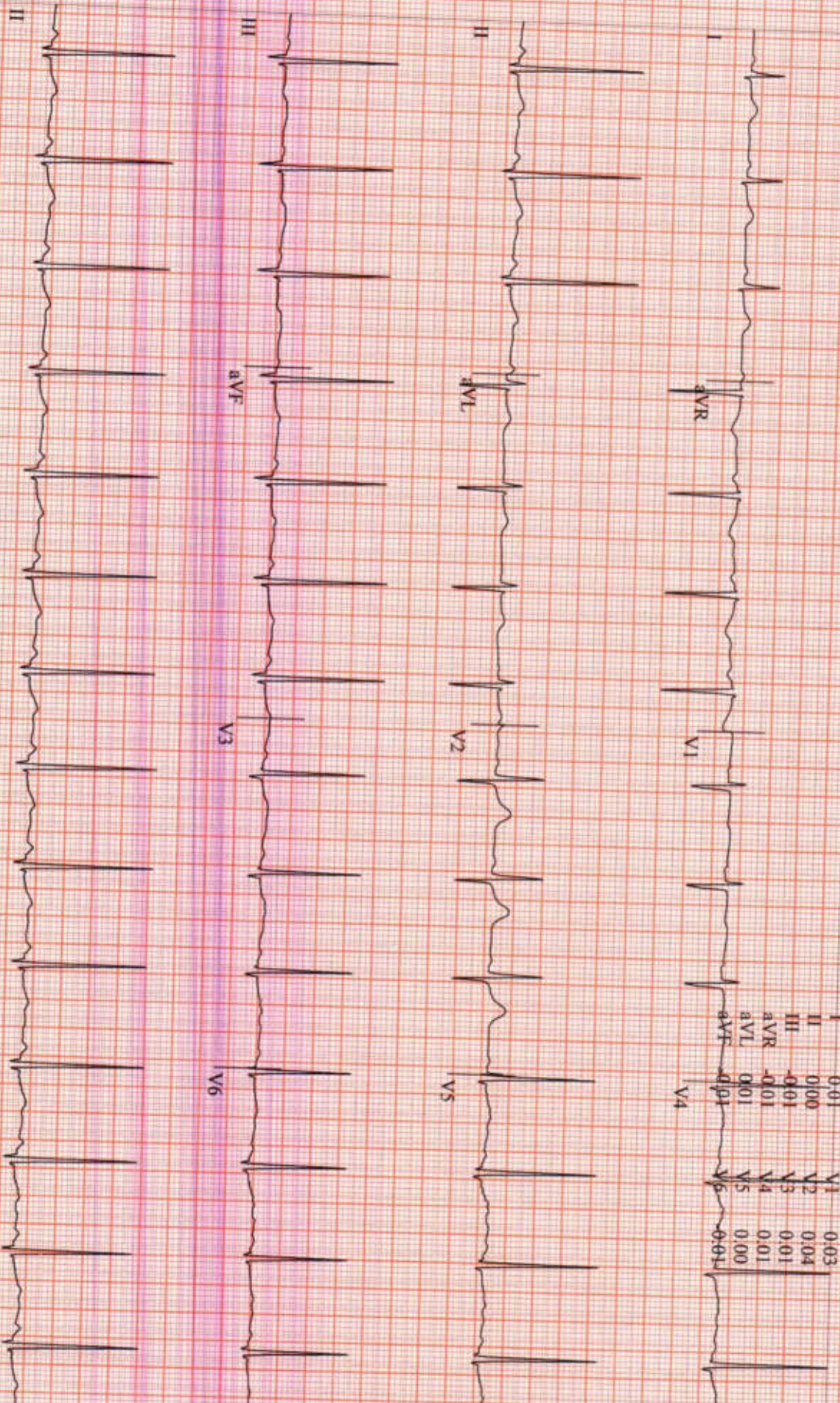
0.0 mph

0.0 %

SLIBURBAN DIAGNOSTI

Measured at 60ms Post J
Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.01	V1	0.03
II	0.00	V2	0.04
III	-0.01	V3	0.01
aVR	-0.01	V4	0.01
aVL	0.01	V5	0.00
aVF	0.01	V6	-0.01



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(IL,V4)

Start of Test: 1:12:00pm

SACHIN, CHAVAN

Patient ID 2405522037

24.02.2024

1:12:25pm

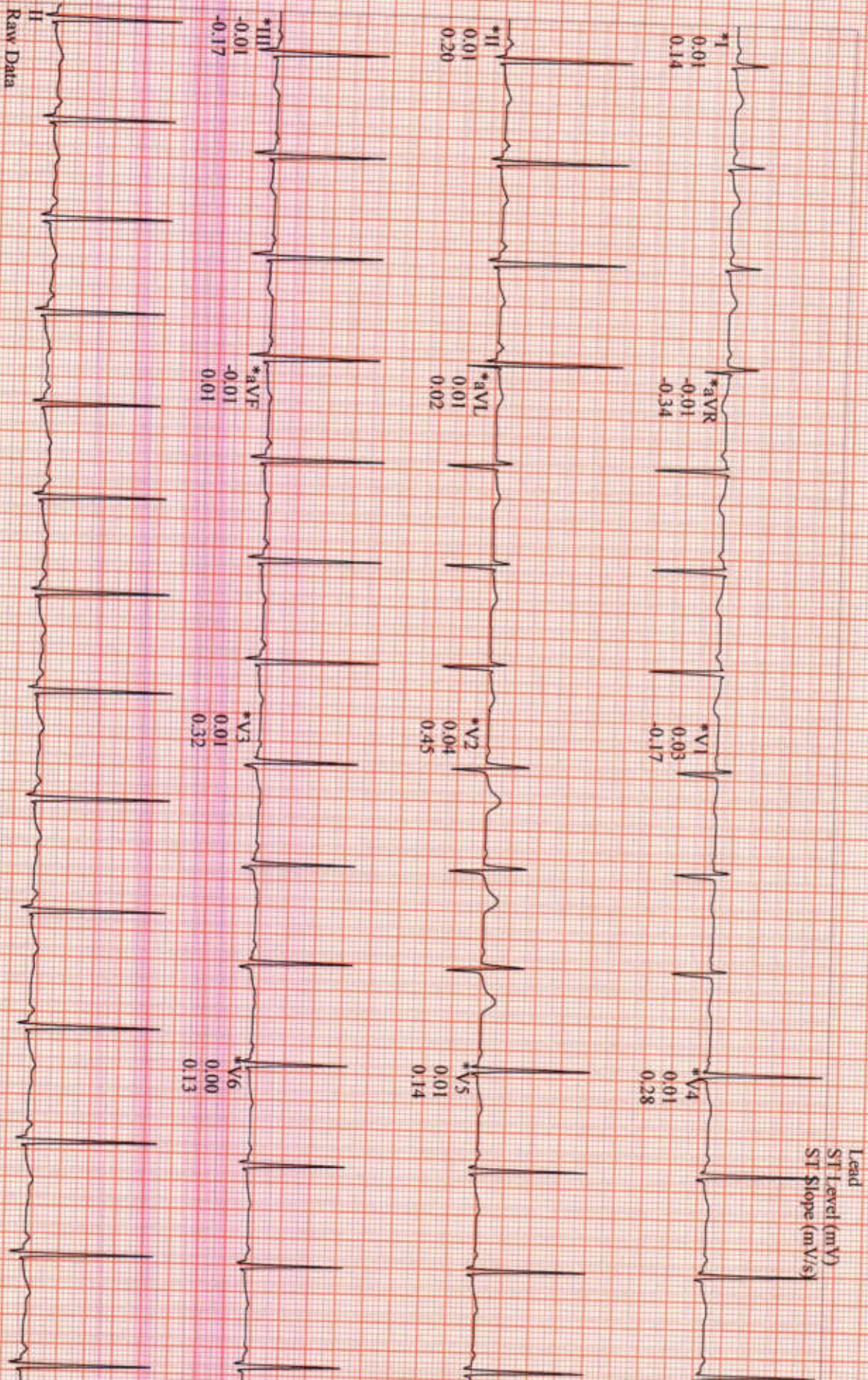
Linked Medians

82 bpm
120/80 mmHg

PRETEST
STANDING
00:25

BRUCE
0.0 mph
0.0%

SUBURBAN DIAGNOSTI



Raw Data

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz FRR+ HR(IL.V4)

Start of Test: 1:12:00pm

*Computer Synthesized Rhythms

SACHIN, CHAVAN

Patient ID 2405522037

24.02.2024

1:12:38pm

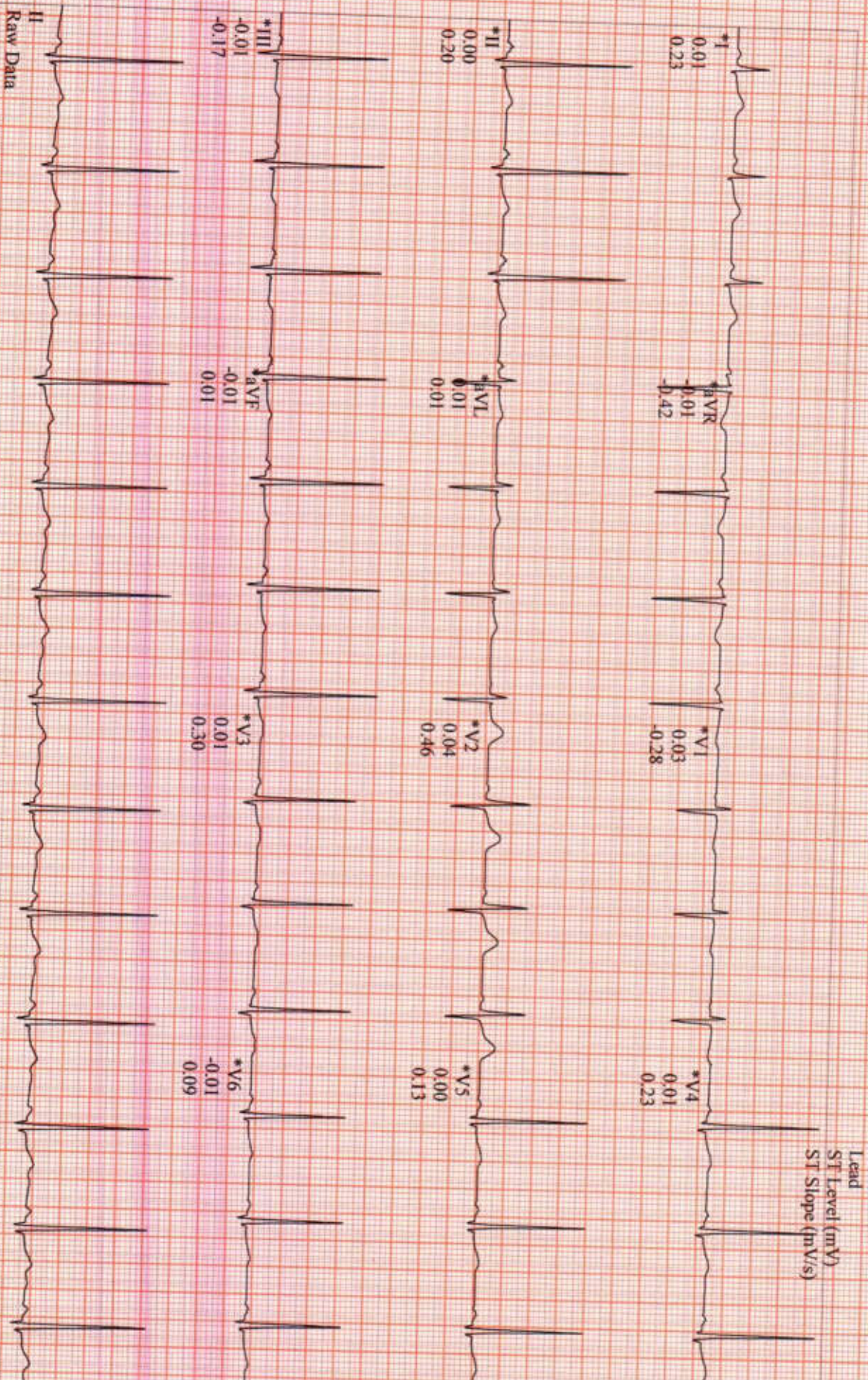
Linked Medians

77 bpm
120/80 mmHg

PRETEST
HYPERV.

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOSTI



Raw Data

GE CardioSoft V6.73 (2)

25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V4)

Start of Test: 1:12:00pm

*Computer Synthesized Rhythms

SACHIN, CHAVAN

Patient ID 2405522037

24.02.2024

1:15:40pm

117 bpm

Linked Medians

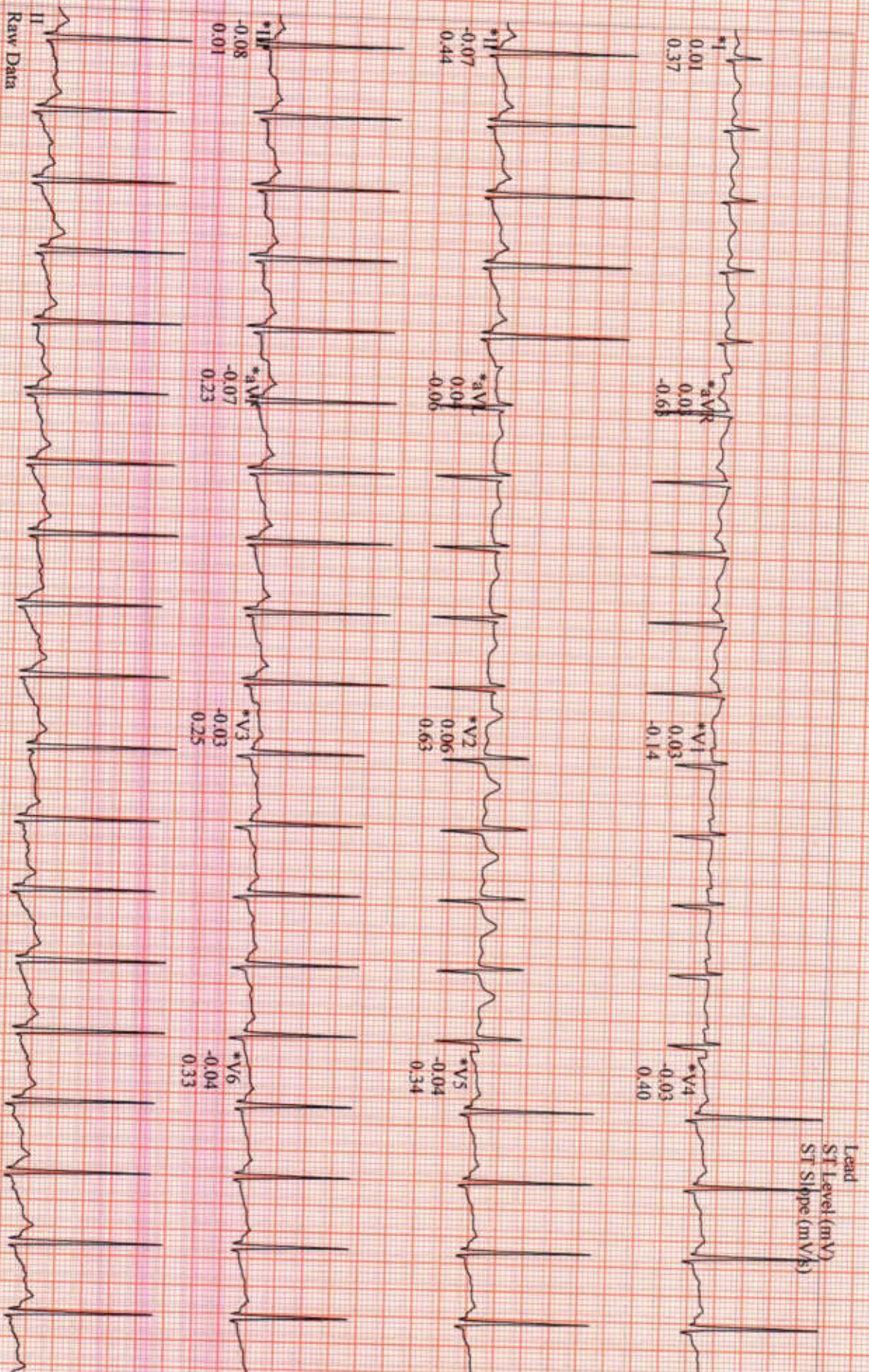
EXERCISE
STAGE 1

02:50

BRUCE

1.7 mph
10.0 %

SUBURBAN DIAGNOST



GE CardioSoft V6.73 (2)

25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(1,V4)

*Computer Synthesized Rhythms

Start of Test: 1:12:00pm

SACHIN, CHAVAN

Patient ID 2405522037

24.02.2024

1:18:40pm

Linked Medians

EXERCISE

STAGE 2

05:50

SUBURBAN DIAGNOSTI

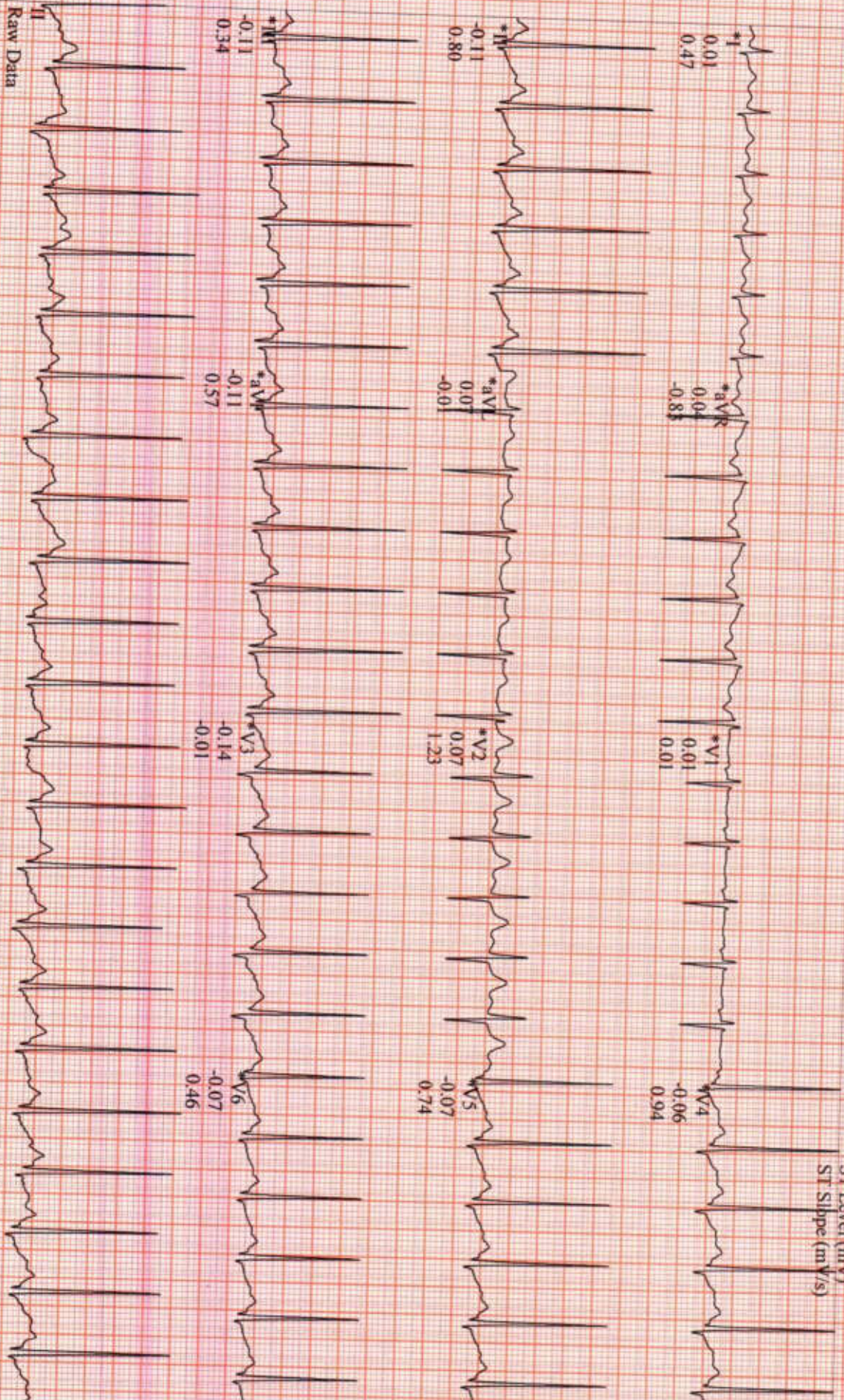
BRUCE

2.5 mph

12.0%

137 bpm
140/80 mmHg

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



Raw Data

GE CardioSoft V6.73 (2)

25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V4)

Start of Test: 1:12:00pm

*Computer Synthesized Rhythms

SACHIN, CHAVAN

Patient ID 2405522037

24.02.2024

1:30:59pm

12-Lead Report (PEAK EXERCISE)

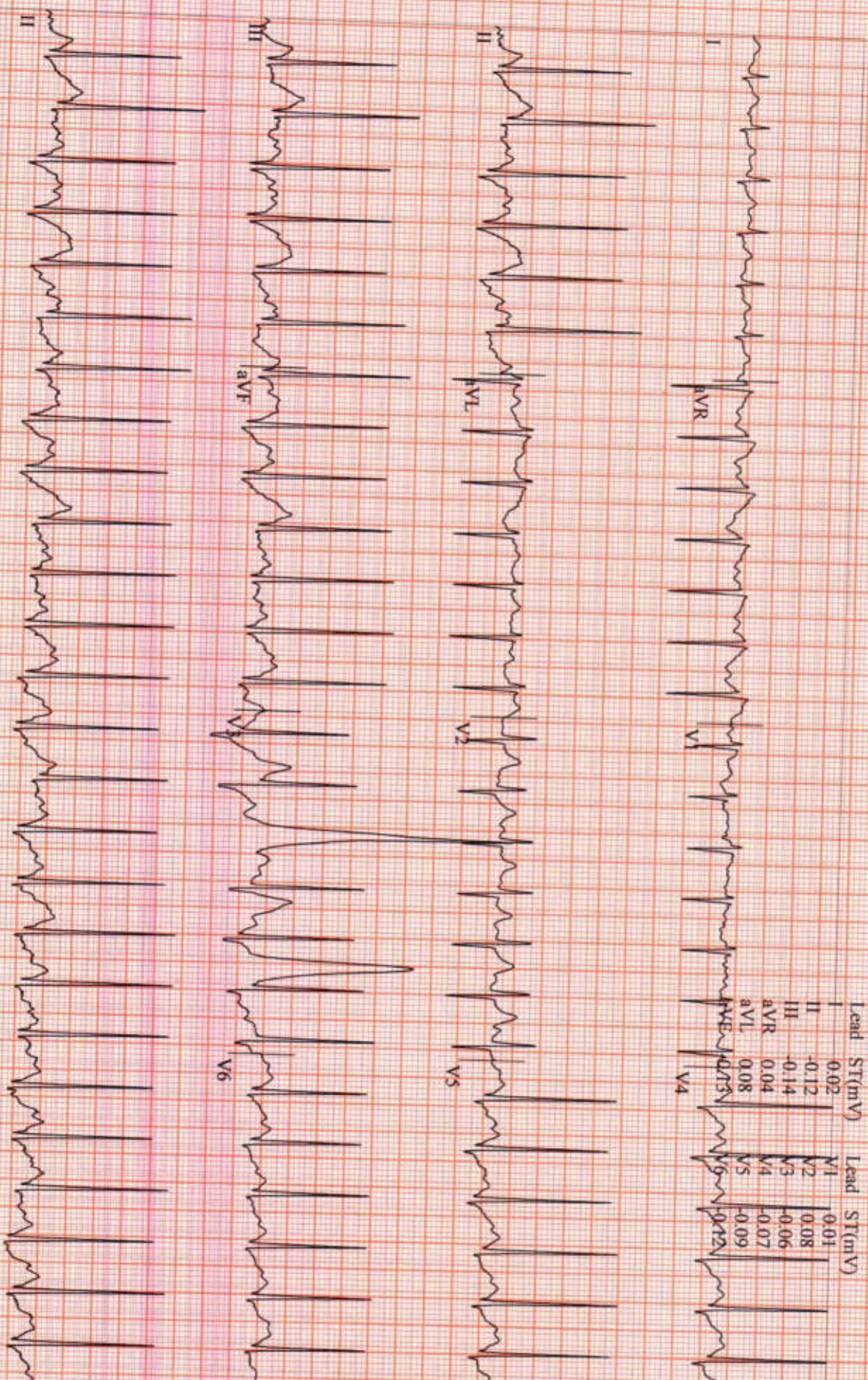
162 bpm
150/80 mmHg

EXERCISE
STAGE 3
08:04

BRUCE
3.4 mph
14.0 %

SUBURBAN DIAGNOST

Measured at 60ms Post J
Auto Points



GE CardioSoft V6.73 (2)

25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V4)

Start of Test: 1:12:00pm

SACHIN, CHAVAN

Patient ID 2405522037

24.02.2024

1:21:53pm

122 bpm

Linked Medians

RECOVERY

#1

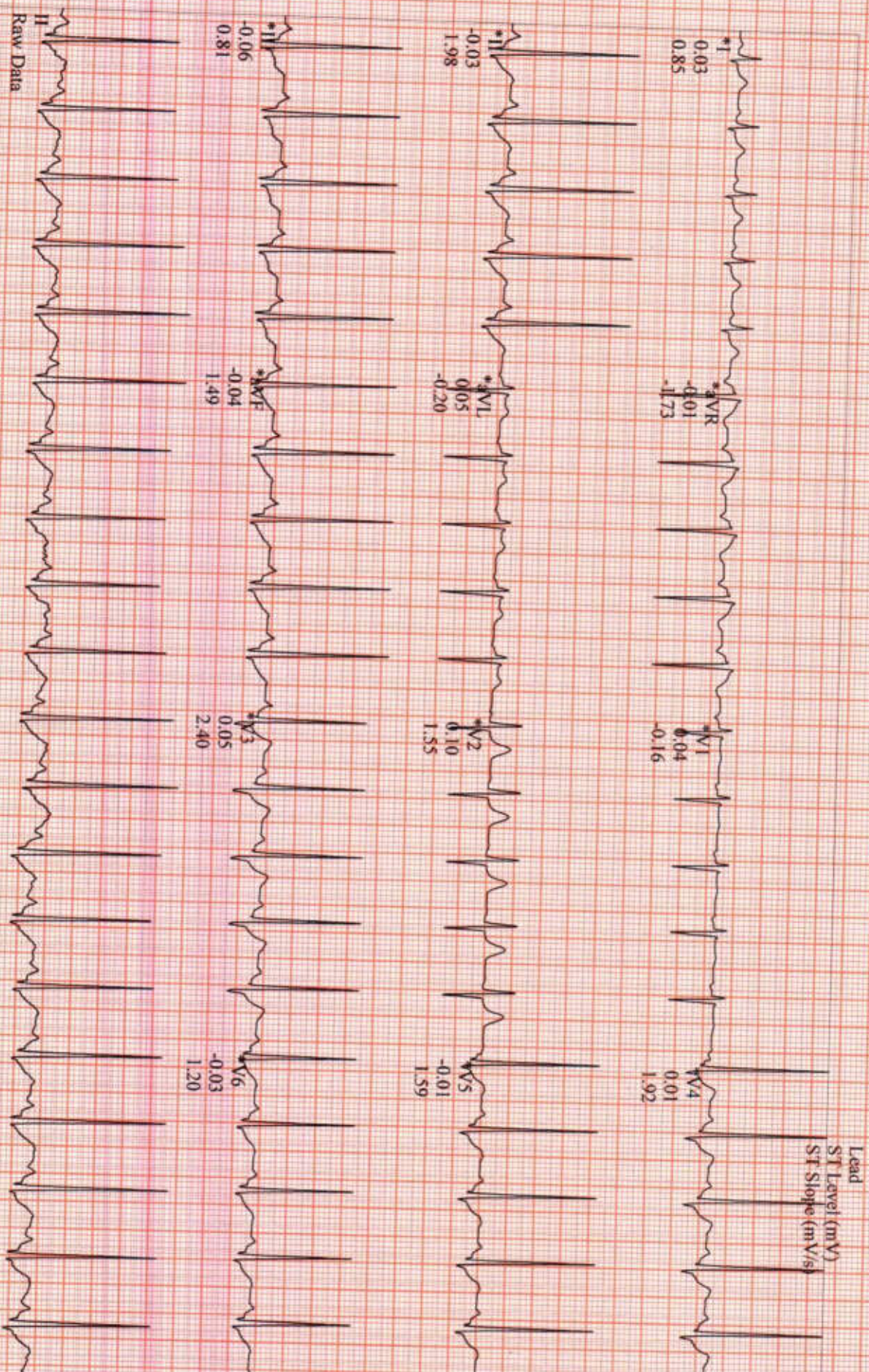
01:00

BRUCE

0.0 mph

0.0 %

SUBURBAN DIAGNOSTI



Raw Data

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

GE CardioSoft V6.73 (2)

25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(LV4)

Start of Test: 1:12:00pm

*Computer Synthesized Rhythms

SACHIN, CHAVAN

Patient ID 2405522037

24.02.2024

1-22-53pm

Linked Medians

113 bpm

130/80 mmHg

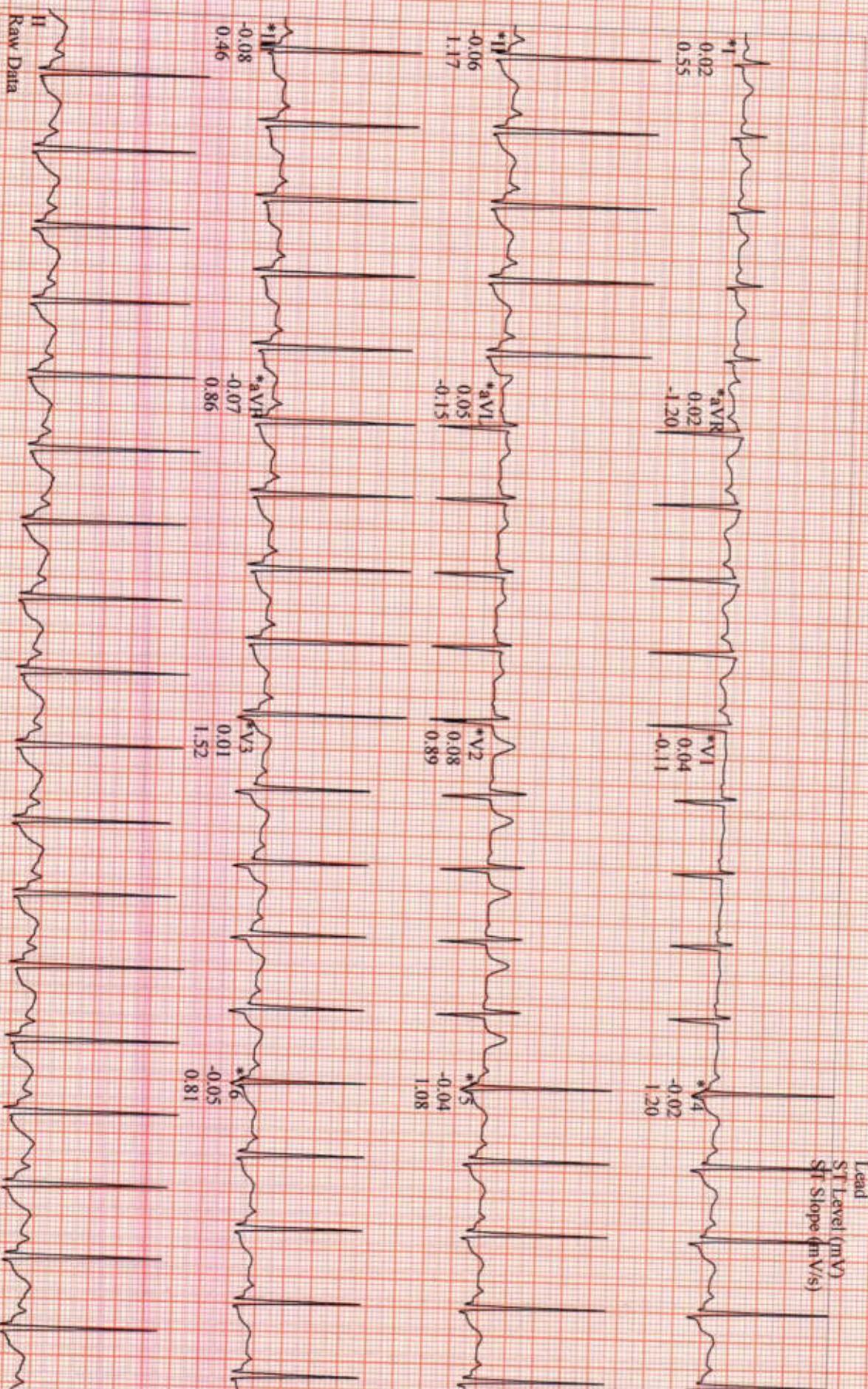
RECOVERY #1

02:00

BRUCE

0.0 mph
0.0 %

SUBURBAN DIAGNOST



GE CardioSoft V6.73 (2)

25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II, V4)

Start of Test: 1:12:00pm

*Computer Synthesized Rhythms

SACHIN, CHAVAN

Patient ID 2405522037

24.02.2024

1-23-53pm

Linked Medians

RECOVERY #1

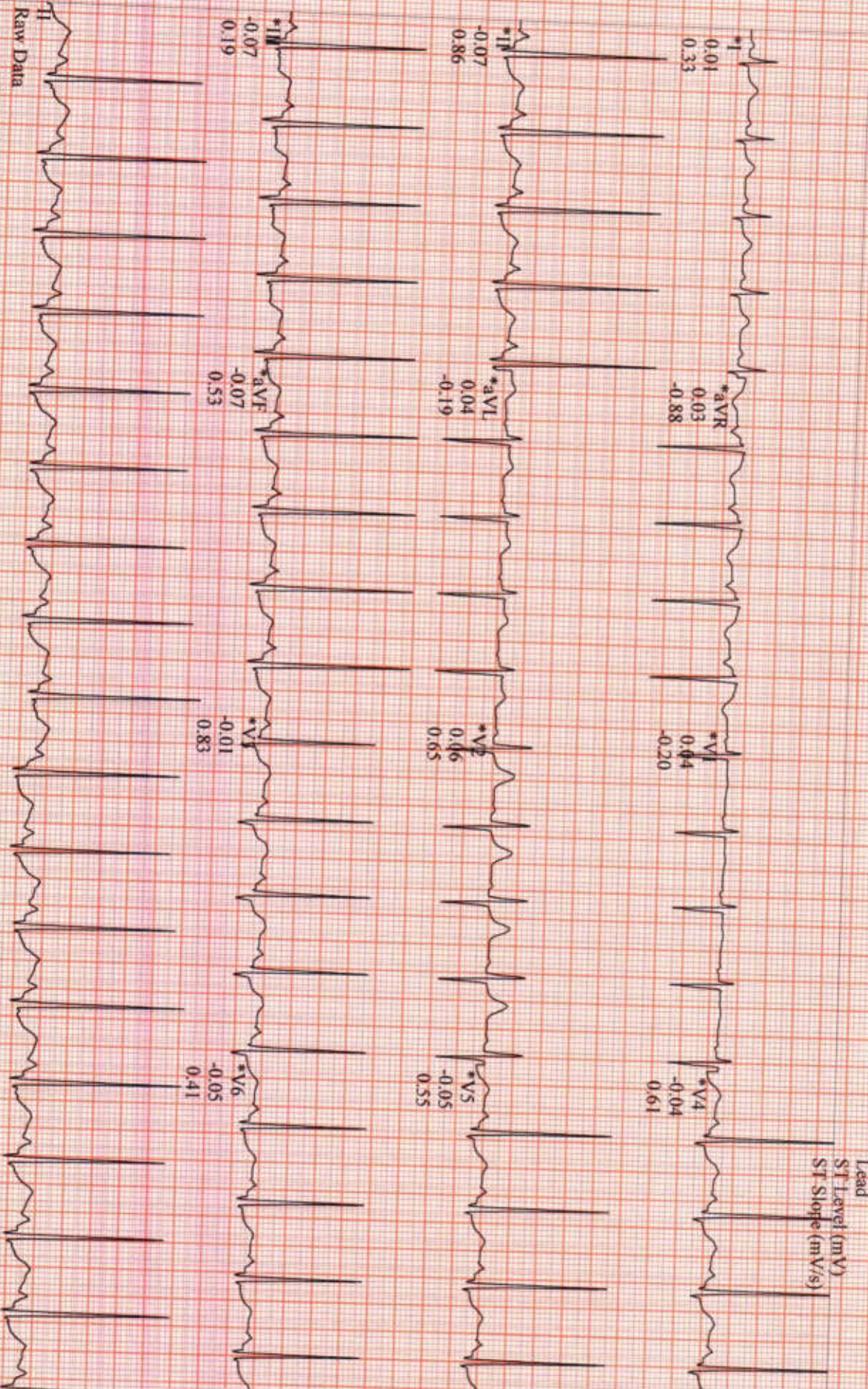
03:00

BRUCE

0.0 mph

0.0 %

SUBURBAN DIAGNOSTI



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V4)

*Computer Synthesized Rhythms

Start of Test: 1:12:00pm