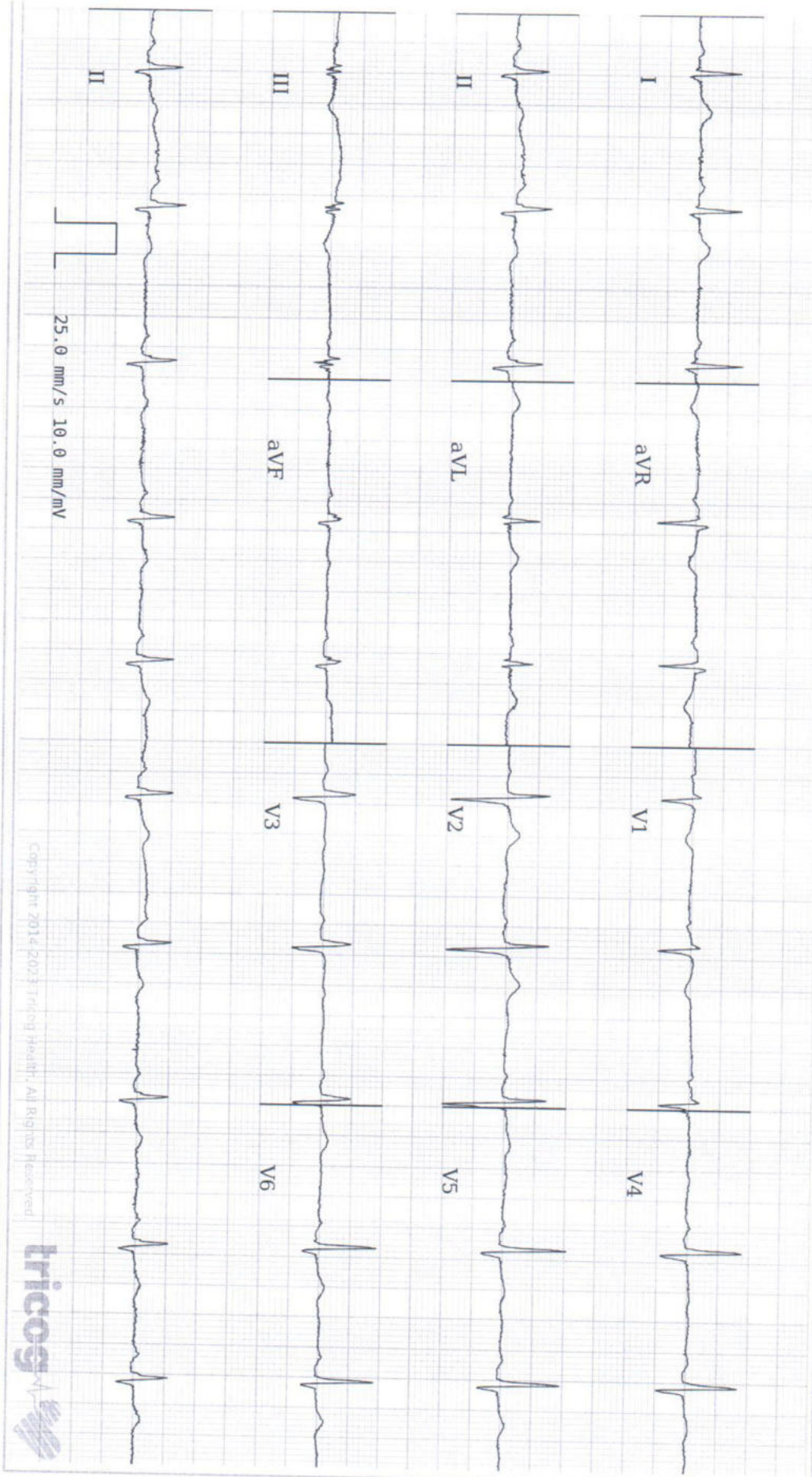


Patient Name: **RAVIKUMAR LAXMIKANT BHANDARI**
 Patient ID: **2305621998**

SUBURBAN DIAGNOSTICS - SWARGATE, PUNE

Date and Time: **25th Feb 23 10:51 AM**



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Age **33** 5 years month

Gender **Male**

Heart Rate **62b**

Patient Vitals

BP: **120/80 mmHg**

Weight: **91 kg**

Height: **174 cm**

Pulse: **NA**

SpO2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **94ms**
 QT: **412ms**
 QTc: **418ms**
 PR: **166ms**
 P-R-T: **33° 19° 90°**

Sinus Rhythm. ST T flat to depressed in III AVF V3 V4. Please correlate clinically.

REPORTED BY

[Signature]

SUBURBAN DIAGNOSTICS PVT. LTD.
 Seraph Centre, Opp. Pentagon W.III,
 Near Panchami Hotel,
 Shahu College Road, Pune-411 009.
 Tel : 020-41094509

Dr. I. U. BAMB
 M.B.B.S., M.D. (Medicine)
 Reg. No. 39452

DR ISHWARLAL BAMB
 M.B.B.S MD (MEDICINE)
 cardiologist
 39452

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 diagnostic tests and must be interpreted by a qualified physician. 2) Patient vital are entered by the clinician and not derived from the ECG.

Suburban Diagnostics Center ,Pune

Patient Details **Date:** 25-Feb-23 **Time:** 11:01:48 AM
Name: RAVIKUMAR BHANDHARI ID: 2305621998
Age: 33 y **Sex:** M **Height:** 174 cms **Weight:** 91 Kgs
Clinical History: NO

Medications: NO

Test Details

Protocol: Bruce **Pr.MHR:** 187 bpm **THR:** 168 (90 % of Pr.MHR) bpm
Total Exec. Time: 9 m 25 s **Max. HR:** 160 (86% of Pr.MHR)bpm **Max. Mets:** 13.50
Max. BP: 164 / 84 mmHg **Max. BP x HR:** 26240 mmHg/min **Min. BP x HR:** 6720 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 : 27	1.0	0	0	85	120 / 80	-3.18 V2	2.12 V2
Standing	0 : 13	1.0	0	0	84	120 / 80	-0.42 aVR	0.35 I
Hyperventilation	0 : 4	1.0	0	0	87	120 / 80	-0.64 aVL	0.35 I
1	3 : 0	4.6	1.7	10	125	134 / 80	-1.70 I	3.18 I
2	3 : 0	7.0	2.5	12	143	148 / 80	-1.06 III	2.12 I
3	3 : 0	10.2	3.4	14	156	160 / 82	-1.70 III	2.12 II
Peak Ex	0 : 25	13.5	4.2	16	160	164 / 84	-0.85 aVR	2.12 II
Recovery(1)	1 : 0	1.8	1	0	126	164 / 84	-1.27 aVR	2.48 V2
Recovery(2)	1 : 0	1.0	0	0	101	164 / 84	-1.06 aVR	2.48 II
Recovery(3)	1 : 0	1.0	0	0	94	164 / 84	-0.64 III	1.06 II
Recovery(4)	0 : 17	1.0	0	0	99	164 / 84	-0.64 III	0.35 I

Interpretation

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 dose not rule out coronary artery Diseases
 Positive Stress Test is Suggestive but not confirmatory of Coronary Artery
 Disease.
 Hence Clinical Correlation is mandatory.

Dr. I. U. BAMB
 M.B.B.S., M.D. (Medicine)
 Reg. No. 39452

Doctor: I U BAMB

Ref. Doctor: ARCOFEMI
 (Summary Report edited by user)

(c) Schiller Healthcare India Pvt. Ltd. V 4.7



Suburban Diagnostics Center, Pune

Test Report

RAVIKUMAR BHANDHARI (33 M)

ID: 2305621998

Date: 25-Feb-23

Exec Time : 0 m 0 s

Stage Time : 0 m 21 s

HR: 84 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 168 bpm)

B.P: 120 / 80

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

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

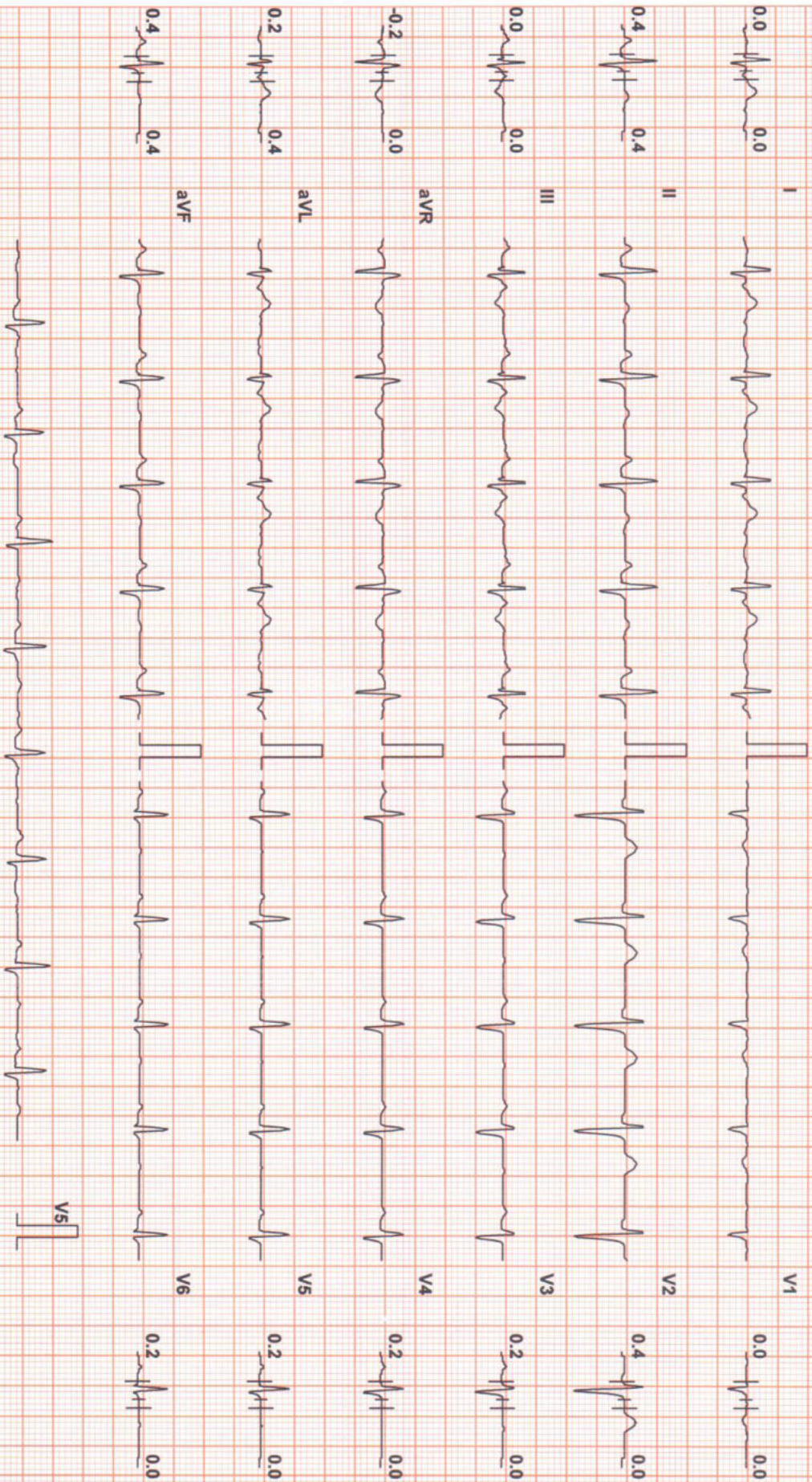


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Standard V 4.7

Linked Median



Suburban Diagnostics Center, Pune

Test Report

RAVIKUMAR BHANDHARI (33 M)

ID: 2305621998

Date: 26-Feb-23

Exec Time : 0 m 0 s

Stage Time : 0 m 7 s

HR: 86 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 168 bpm)

B.P: 120 / 80

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

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

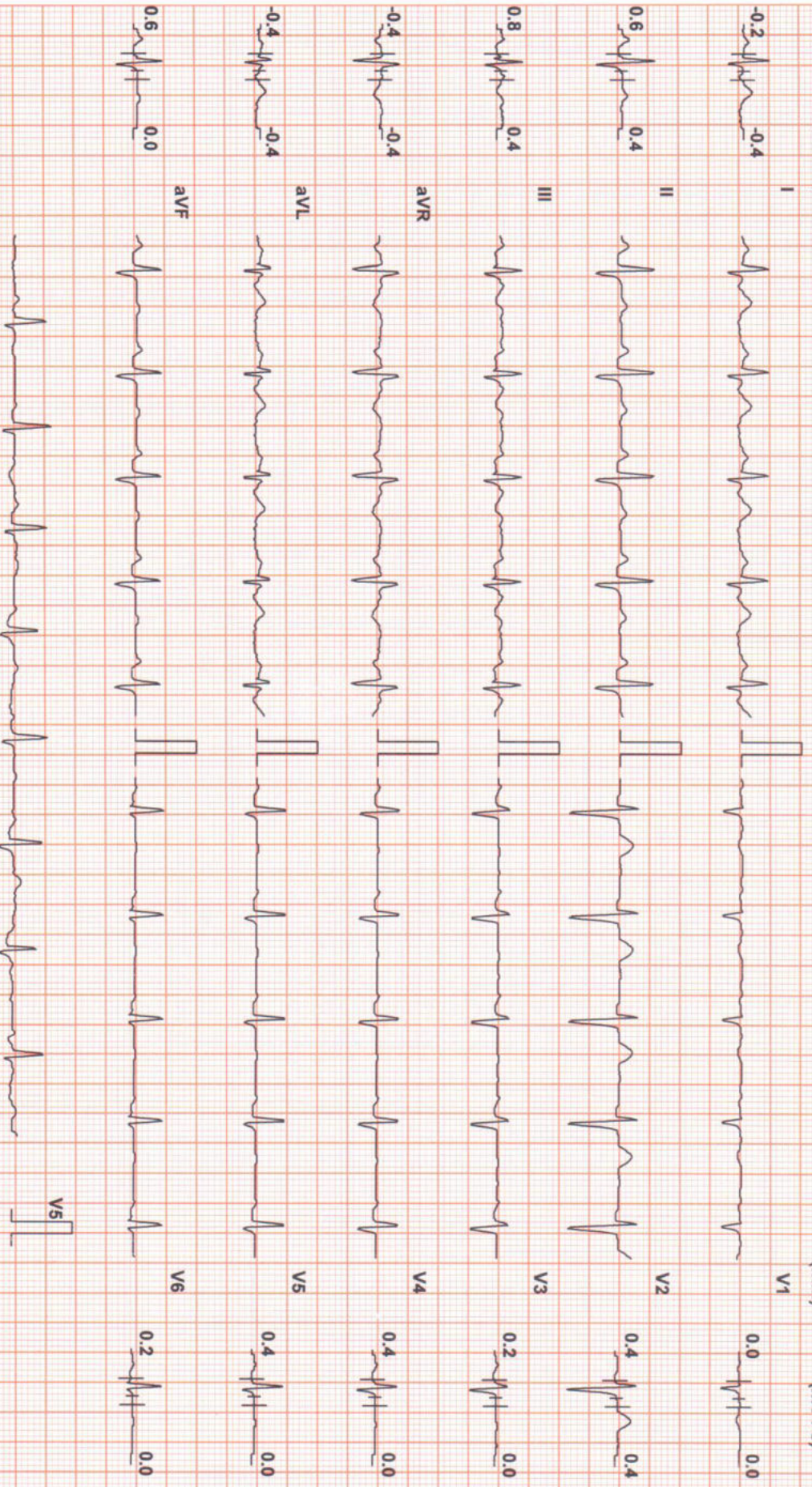


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



Suburban Diagnostics Center, Pune

Test Report

RAVIKUMAR BHANDHARI (33 M)

ID: 2305621998

Date: 25-Feb-23

Exec Time : 0 m 0 s

Stage Time : 0 m 11 s **HR: 86 bpm**

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 168 bpm)

B.P: 120 / 80

ST Level (mm)

ST Level (mm)

ST Slope (mV/s)

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 Standard V 4.7

Linked Median



Suburban Diagnostics Center, Pune

Test Report

RAVIKUMAR BHANDHARI (33 M)

ID: 2305621998

Date: 25-Feb-23

Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 125 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 168 bpm)

B.P: 134 / 80

ST Level (mm)

ST Slope (mV / s)

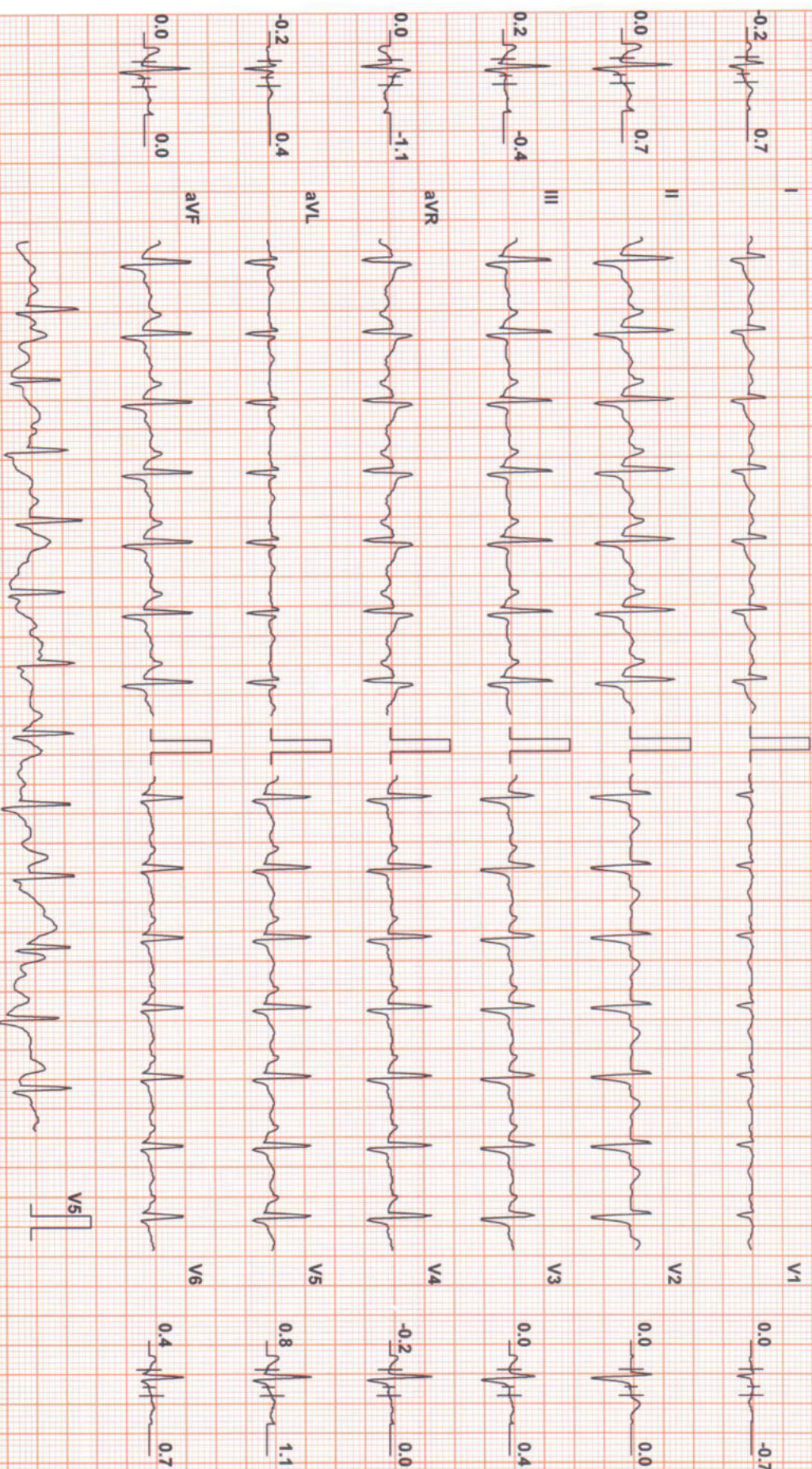


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Standard V 4.7

Linked Median



Suburban Diagnostics Center, Pune

Test Report

RAVIKUMAR BHANDHARI (33 M)

ID: 2305621998

Date: 25-Feb-23

Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 143 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 168 bpm)

B.P: 148 / 80

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

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

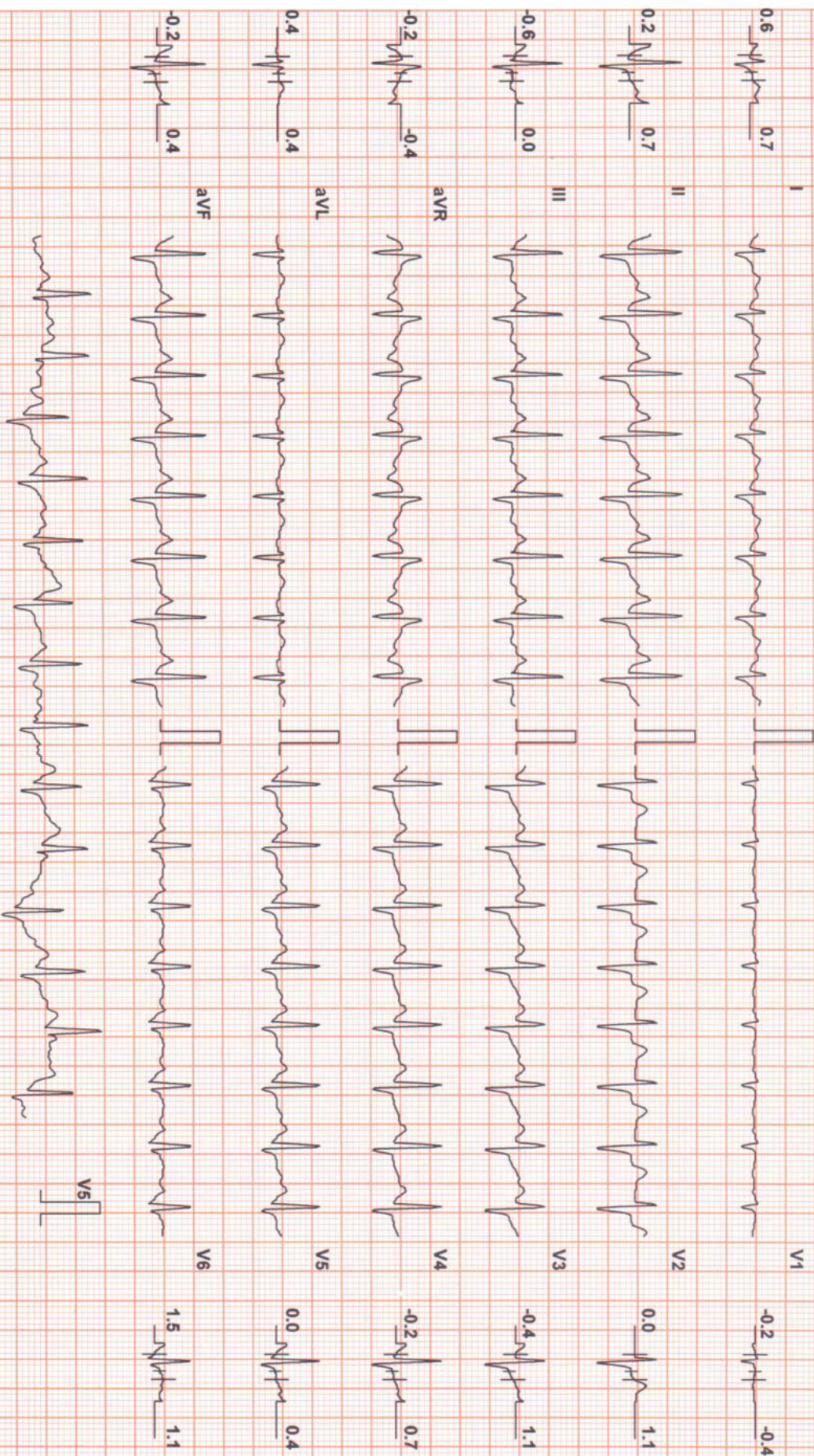


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schlier-Spandan V 4.7

Linked Median



Suburban Diagnostics Center, Pune

Test Report

RAVIKUMAR BHANDHARI (33 M)

ID: 2305621998

Date: 25-Feb-23 Exec Time : 8 m 54 s Stage Time : 2 m 54 s **HR: 156 bpm**

Protocol: Bruce

Stage: 3

Speed: 3.4 mph Grade: 14 % (THR: 168 bpm) B.P: 160 / 82

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

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

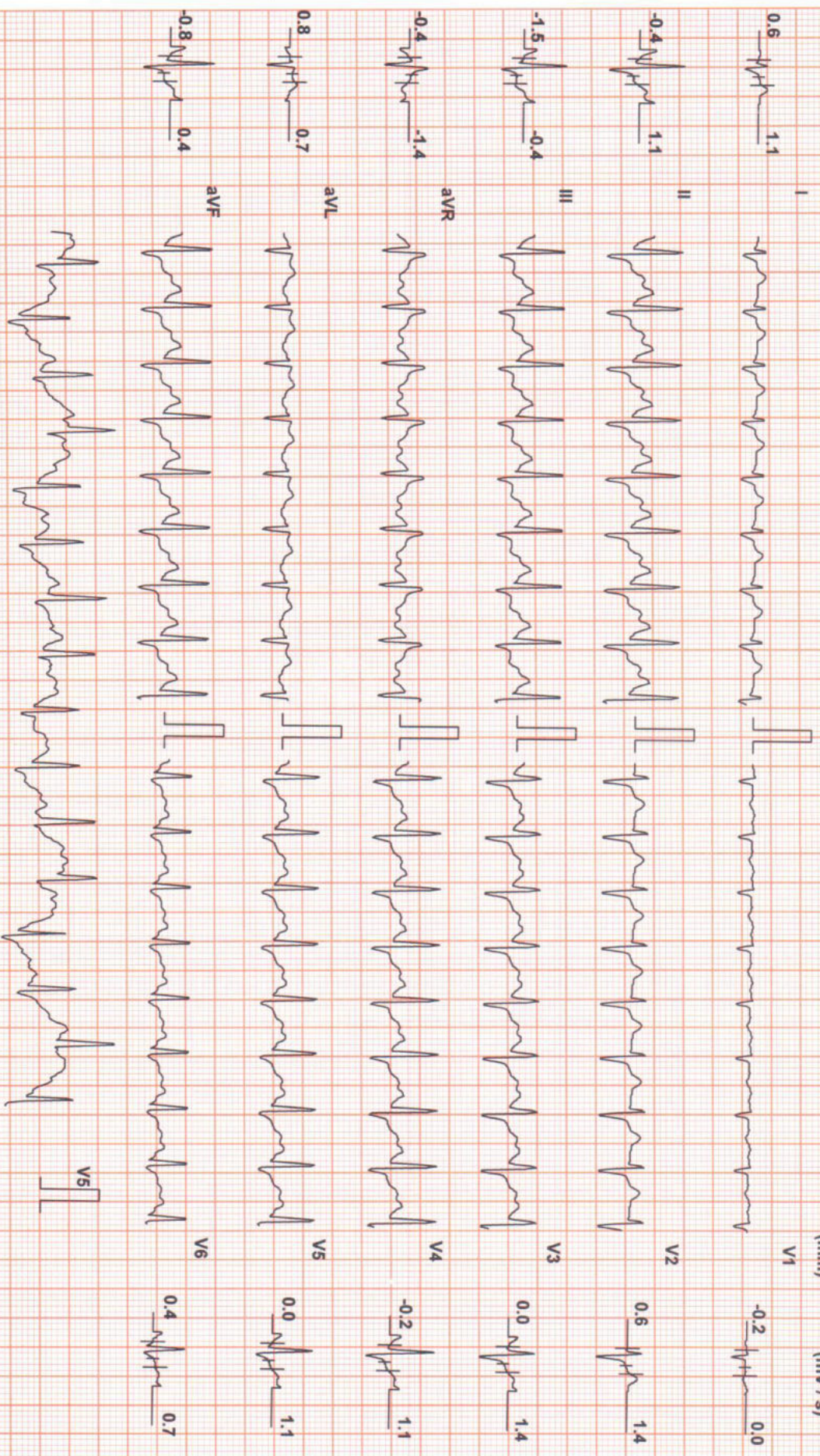


Chart Speed: 25 mm/sec

Filter: 35 Hz

Main Filter: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller, Spanlan V 4.7

Linked Median



Suburban Diagnostics Center, Pune

Test Report

RAVIKUMAR BHANDHARI (33 M)

ID: 230621998

Date: 26-Feb-23

Exec Time : 9 m 19 s Stage Time : 0 m 19 s HR: 158 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 4.2 mph

Grade: 16 %

(THR: 168 bpm)

B.P: 164 / 84

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

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

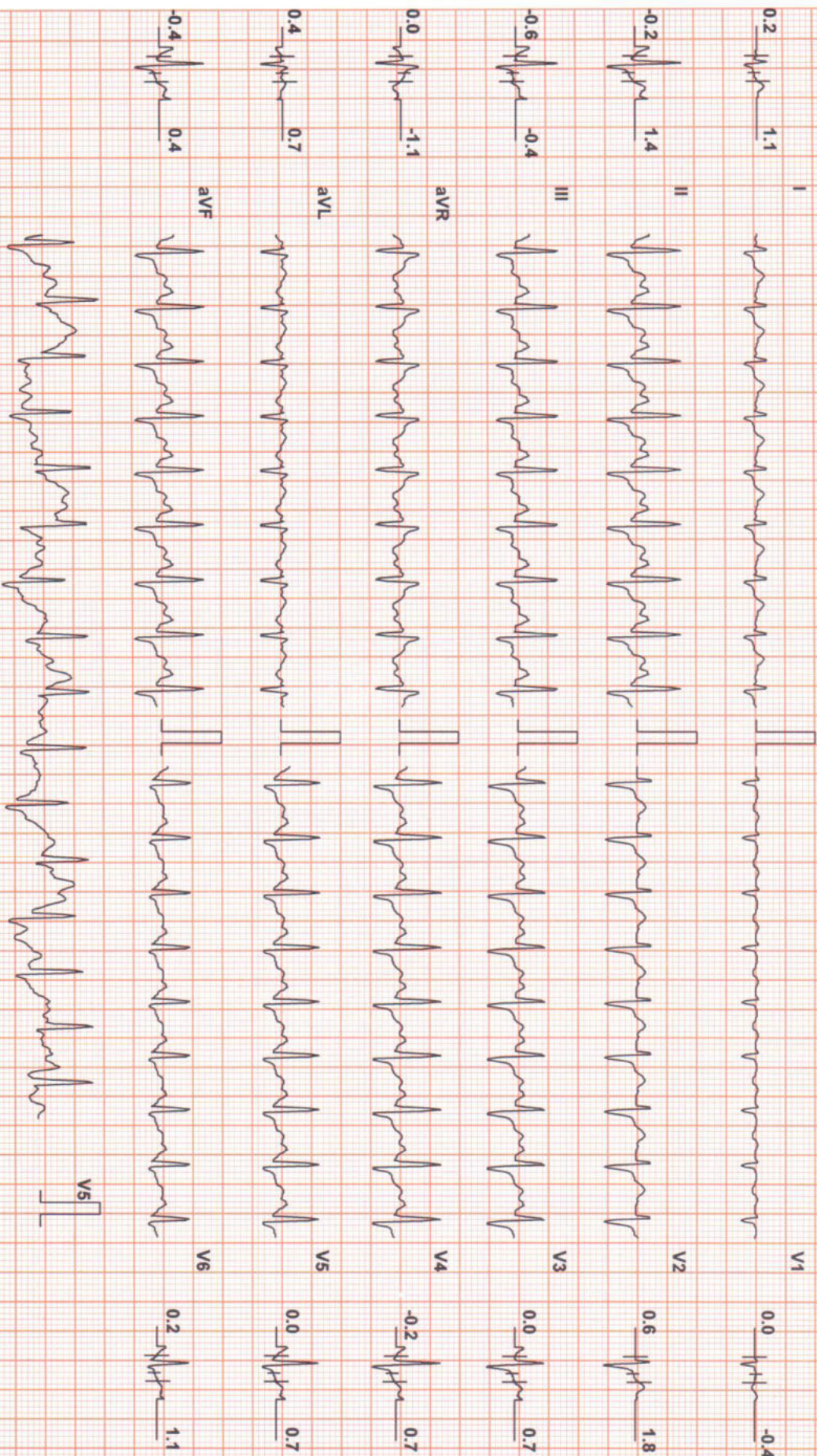


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spardan V 4.7

Linked Median



Suburban Diagnostics Center, Pune

Test Report

RAVIKUMAR BHANDHARI (33 M)

ID: 2305621998

Date: 25-Feb-23

Exec Time : 9 m 25 s Stage Time : 0 m 54 s **HR: 130 bpm**

Protocol: Bruce

Stage: Recovery/(1)

Speed: 1 mph

Grade: 0 %

(THR: 168 bpm)

B.P: 164 / 84

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

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

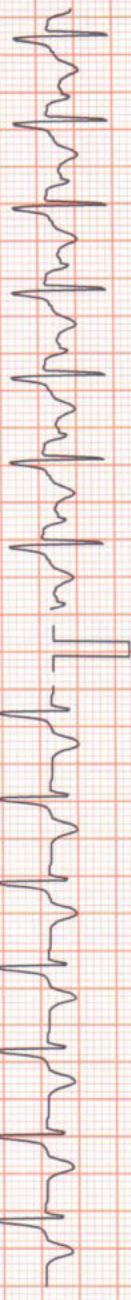
0.8 1.1



0.0 0.0

II

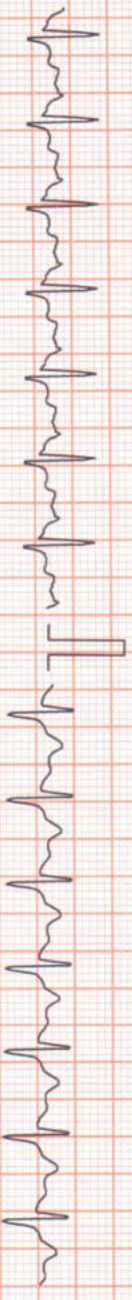
1.5 1.8



1.3 2.1

III

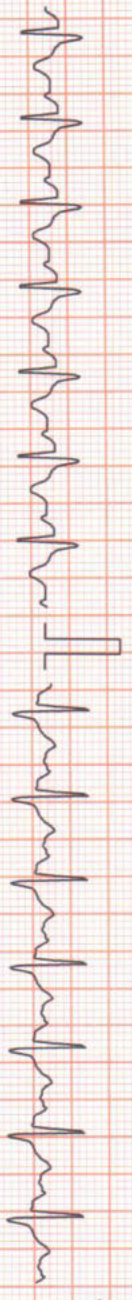
0.4 0.4



1.1 1.4

aVR

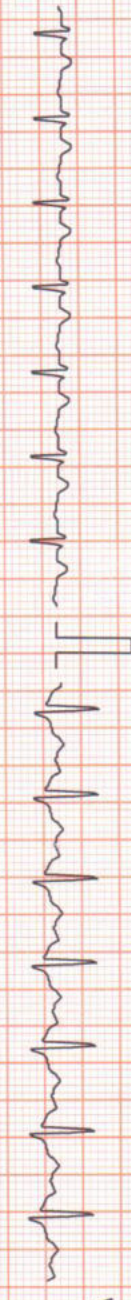
-1.1 -1.1



0.8 1.4

aVL

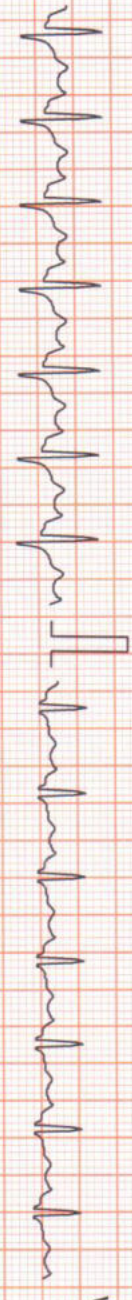
0.4 0.7



0.6 0.7

aVF

1.1 1.1



0.4 0.4

V5



V6

Chart Speed: 25 mm/sec
Schiller Spanden V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



Suburban Diagnostics Center, Pune

Test Report

RAVIKUMAR BHANDHARI (33 M)

ID: 2305621998

Date: 25-Feb-23

Exec Time : 9 m 25 s Stage Time : 0 m 54 s **HR: 104 bpm**

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

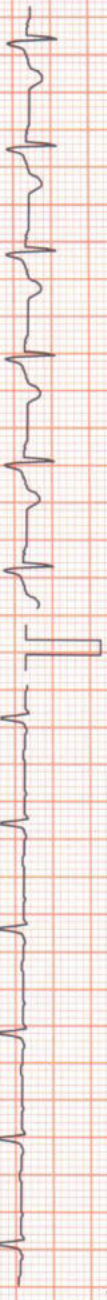
(THR: 168 bpm)

B.P: 164 / 84

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

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

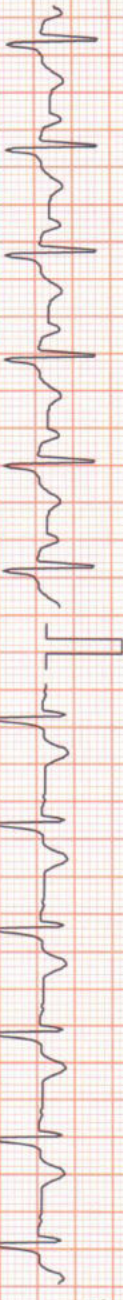
0.4 0.7



0.0 -0.4

I

0.4 1.1



0.6 0.7

II

II

-0.2 0.0

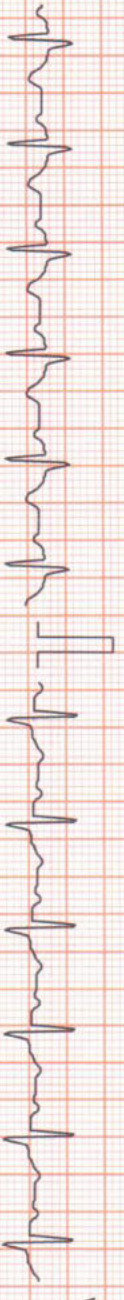


0.2 0.4

III

III

-0.4 -1.1

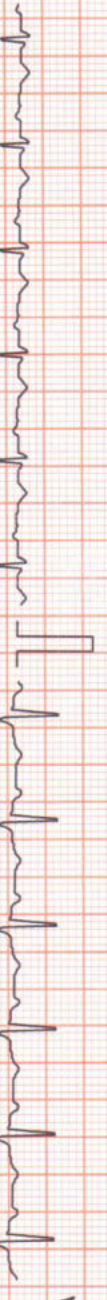


0.2 0.7

aVR

aVR

0.0 0.0



0.2 0.4

aVL

aVL

0.2 0.7



0.2 0.4

aVF



V5

0.2 0.4

V5

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

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



Suburban Diagnostics Center, Pune

Test Report

RAVIKUMAR BHANDHARI (33 M)

ID: 2305621998

Date: 25-Feb-23

Exec Time : 9 m 26 s Stage Time : 0 m 54 s **HR: 95 bpm**

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 168 bpm)

B.P: 164 / 84

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

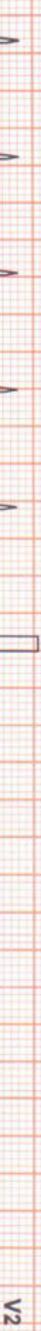
ST Level (mm) ST Slope (mV/s)

0.4 0.4



0.0 0.0

I



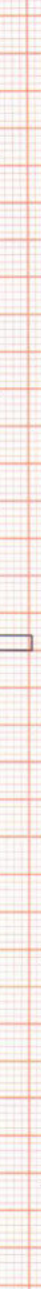
0.2 0.4

II



0.2 0.0

III



0.0 0.0

aVR



0.0 0.0

aVL



0.0 0.0

aVF



0.0 0.0

V1



0.2 0.4

V2



0.2 0.0

V3



0.4 0.0

V4



0.2 0.0

V5



0.4 0.4

V6

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



RAVIKUMAR BHANDHARI (33 M)

ID: 2305621998

Date: 25-Feb-23

Exec Time : 9 m 25 s Stage Time : 0 m 11 s HR: 96 bpm

Protocol: Bruce

Stage: Recovery(4)

Speed: 0 mph

Grade: 0 %

(THR: 168 bpm)

B.P: 164 / 84

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 Sparten V.4.7

Linked Median

CID# : 2305621998
Name : MR.RAVIKUMAR LAXMIKANT BHANDARI
Age / Gender : 33 Years/Male
Consulting Dr. :
Reg.Location : Swargate, Pune (Main Centre)

Collected : 25-Feb-2023 / 09:21
Reported : 25-Feb-2023 / 12:57

PHYSICAL EXAMINATION REPORT

History and Complaints:

NO

EXAMINATION FINDINGS:

Height (cms):	174cm	Weight (kg):	91kg
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	120/80mmHg	Nails:	Healthy
Pulse:	62/min	Lymph Node:	Not Palpable

Systems

Cardiovascular: S1 S2 Normal No Murmurs
Respiratory: Normal
Genitourinary: Normal
GI System: Soft non tender no Organomegaly
CNS: Normal

IMPRESSION:

ECG - changes in fatty liver

ADVICE:

*- consult family physician -
- low fat diet
- 2D - Echo*

CHIEF COMPLAINTS:

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

[Signature]
Dr. I. U. BAMB
M.B.B.S., M.D. (Medicine)
Reg. No. 39452

CID# : 2305621998
Name : MR.RAVIKUMAR LAXMIKANT BHANDARI
Age / Gender : 33 Years/Male
Consulting Dr. :
Reg.Location : Swargate, Pune (Main Centre)
Collected : 25-Feb-2023 / 09:21
Reported : 25-Feb-2023 / 12:57

- | | |
|--|-----|
| 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 | Yes |
| 17) Musculoskeletal System | NO |

PERSONAL HISTORY:

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

*** End Of Report ***

Dr.I U BAMB



CID : 2305621998
Name : MR.RAVIKUMAR LAXMIKANT BHANDARI
Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

Collected : 25-Feb-2023 / 09:27
Reported : 25-Feb-2023 / 11:58

Use a QR Code Scanner
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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	15.1	13.0-17.0 g/dL	Spectrophotometric
RBC	5.33	4.5-5.5 mil/cmm	Elect. Impedance
PCV	46.0	40-50 %	Calculated
MCV	86.3	80-100 fl	Calculated
MCH	28.3	27-32 pg	Calculated
MCHC	32.8	31.5-34.5 g/dL	Calculated
RDW	14.6	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	9790	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	33.7	20-40 %	
Absolute Lymphocytes	3299.2	1000-3000 /cmm	Calculated
Monocytes	6.8	2-10 %	
Absolute Monocytes	665.7	200-1000 /cmm	Calculated
Neutrophils	56.0	40-80 %	
Absolute Neutrophils	5482.4	2000-7000 /cmm	Calculated
Eosinophils	2.7	1-6 %	
Absolute Eosinophils	264.3	20-500 /cmm	Calculated
Basophils	0.8	0.1-2 %	
Absolute Basophils	78.3	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	361000	150000-400000 /cmm	Elect. Impedance
MPV	11.1	6-11 fl	Calculated
PDW	20.8	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			



CID : 2305621998
Name : MR.RAVIKUMAR LAXMIKANT BHANDARI
Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

Collected : 25-Feb-2023 / 09:27
Reported : 25-Feb-2023 / 11:08

Use a QR Code Scanner Application To Scan the Code

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-ESR 5 2-15 mm at 1 hr. Sedimentation

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



Shamla Kulkarni

Dr. SHAMLA KULKARNI
MD (PATH)
Consultant Pathologist



Use a QR Code Scanner
Application To Scan the Code

CID : 2305621998
Name : MR.RAVIKUMAR LAXMIKANT BHANDARI
Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

Collected : 25-Feb-2023 / 09:27
Reported : 25-Feb-2023 / 11:02

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	87.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	95.5	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.68	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.3	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.38	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	21.3	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	24.0	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	28.6	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	116.5	40-130 U/L	Colorimetric
BLOOD UREA, Serum	25.3	12.8-42.8 mg/dl	Kinetic
BUN, Serum	11.8	6-20 mg/dl	Calculated
CREATININE, Serum	0.74	0.67-1.17 mg/dl	Enzymatic



Use a QR Code Scanner
Application To Scan the Code

CID : 2305621998
Name : MR.RAVIKUMAR LAXMIKANT BHANDARI
Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

Collected : 25-Feb-2023 / 12:10
Reported : 25-Feb-2023 / 13:39

eGFR, Serum	129	>60 ml/min/1.73sqm	Calculated by MDRE equation (Modification of Diet in Renal Disease)
URIC ACID, Serum	6.8	3.5-7.2 mg/dl	Enzymatic
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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



MC-2463

Dr.SHAMLA KULKARNI
M.D.(PATH)
Pathologist



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Application To Scan the Code

CID : 2305621998
Name : MR.RAVIKUMAR LAXMIKANT BHANDARI
Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

Collected : 25-Feb-2023 / 09:27
Reported : 25-Feb-2023 / 11:38

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	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	111.1	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 Pune Lab, Pune Swargate
*** End Of Report ***



MC-2463

Dr.SHAMLA KULKARNI
MD (PATH)
Consultant Pathologist



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Name : MR.RAVIKUMAR LAXMIKANT BHANDARI
Age / Gender : 33 Years / Male
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Reg. Location : Swargate, Pune (Main Centre)

Collected : 25-Feb-2023 / 09:27
Reported : 25-Feb-2023 / 13:54

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	Yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	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	0-1	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	1-2	Less than 20/hpf	

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 insert

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate

*** End Of Report ***



MC-2463

Dr.SHAMLA KULKARNI
M.D.(PATH)
Pathologist



CID : 2305621998
Name : MR.RAVIKUMAR LAXMIKANT BHANDARI
Age / Gender : 33 Years / Male
Consulting Dr. : -
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Collected : 25-Feb-2023 / 09:27
Reported : 25-Feb-2023 / 12:49

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

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

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

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 3 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 ***



MC-2463

Dr.SHAMLA KULKARNI
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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	151.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	119.9	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	35.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	115.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	92	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	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.3	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 ***



MC-2463

Shamla Kulkarni

Dr.SHAMLA KULKARNI
MD (PATH)
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Name : MR.RAVIKUMAR LAXMIKANT BHANDARI
Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

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Reported : 25-Feb-2023 / 11:46

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.2	2.6-5.7 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
Free T4, Serum	12.7	9-19 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
sensitiveTSH, Serum	2.09	0.35-4.94 microIU/ml	CMIA

Kindly note change in reference range and method w.e.f. 16/08/2019. NOTE: 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 & heart failure, severe burns, trauma & surgery etc.



CID : 2305621998
Name : MR.RAVIKUMAR LAXMIKANT BHANDARI
Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

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Collected : 25-Feb-2023 / 09:27
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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, tyrosin 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)

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



MC-2463

Shamla Kulkarni

Dr.SHAMLA KULKARNI
M.D.(PATH)
Pathologist

Name: Ravikumar Bhundari

Date: 25/2/23

Age/sex: 33yr 1M

EYE EXAMINATION

VISION

Distance Vision Without Glasses	Right Eye 6/6	Left Eye 6/6
Distance Vision With Glasses	Right Eye	Left Eye
Near Vision Without Glasses	Right Eye N/C	Left Eye N/C
Near Vision With Glasses	Right Eye	Left Eye

GENERAL EXAMINATION:

LIDS
CORNEA
CONJUNCTIVAE
EYE MOVEMENTS
COLOUR VISION



Authenticity Check
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CID : 2305621998
Name : Mr Ravikumar Laxmikant Bhandari
Age / Sex : 33 Years/Male
Ref. Dr :
Reg. Location : Swargate, Pune Main Centre

Reg. Date : 25-Feb-2023
Reported : 25-Feb-2023 / 12:29

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USG WHOLE ABDOMEN

LIVER: Normal in size (measures 14.0 cms) and **shows generalised increased echogenicity.** No IHBR dilatation. Hepatic veins appear normal. Portal vein and common bile duct show normal caliber.

GALL BLADDER : Partially distended. No evidence of any pericholecystic collection.

PANCREAS : Normal in size and echotexture. Pancreatic duct is normal.

SPLEEN : Normal in size and echopattern. No focal lesion. Splenic vein is normal.

RIGHT KIDNEY : Measures 10.0 x 4.5 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

LEFT KIDNEY : Measures 10.4 x 4.7 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

Retroperitonium,paraaortic and flanks obscured due to excessive bowel gas.

Paraaortic and paracaval region appears to be normal.

No evidence of lymphnodes noted.

No free fluid in abdomen.

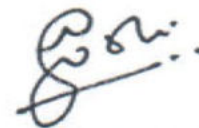
URINARY BLADDER : Well distended. No calculi. Wall thickness is normal.

PROSTATE : Normal in size and shows normal echotexture.

IMPRESSION : Normal size liver with fatty changes.

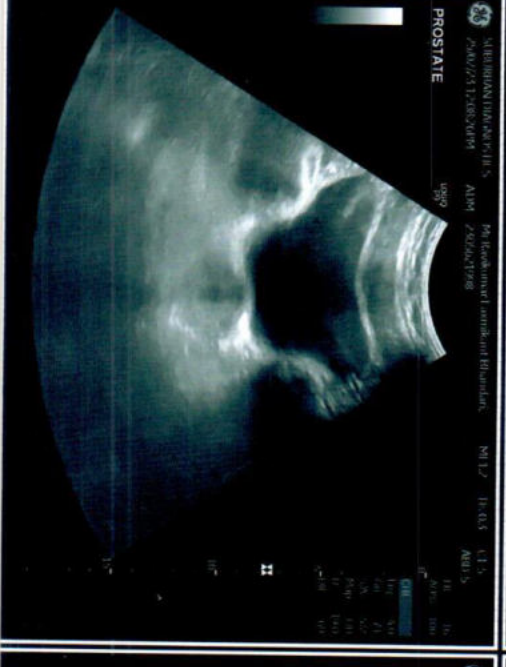
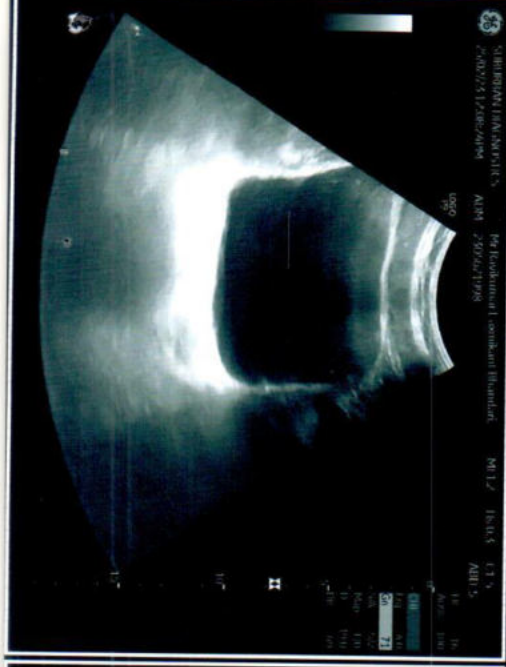
Clinical correlation is indicated.-----End of Report-----

This report is prepared and physically checked by Dr Nikhil Joshi before dispatch.



DR. NIKHIL G. JOSHI
M.B.B.S., D.M.R.E.
REG. NO. 2001/02/397

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Reg. Date : 25-Feb-2023
Reported : 25-Feb-2023 / 10:12

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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 : Essentially normal X-ray of the chest.

Clinical corelation is indicated.

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

This report is prepared and physically checked by Dr Nikhil Joshi before dispatch.



DR. NIKHIL G. JOSHI
M.B.B.S., D.M.R.E.
REG. NO. 2001/02/397


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भारत सरकार
GOVT. OF INDIA

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