

CID# : 2308421882

Name : MR.VISHNU G

Age / Gender : 29 Years/Male

Consulting Dr. :

Collected : 25-Mar-2023 / 09:40

Reg.Location : Kandivali East (Main Centre)

Reported : 26-Mar-2023 / 10:24

PHYSICAL EXAMINATION REPORT

History and Complaints:

No

EXAMINATION FINDINGS:

Height (cms): 179 cms

Weight (kg): 96 kgs

Temp (0c): Afebrile

Skin: Normal

Blood Pressure (mm/hg): 140/80

Nails: Normal

Pulse: 72/min

Lymph Node: Not palpable

Systems

Cardiovascular: Normal

Respiratory: Normal

Genitourinary: Normal

GI System: Normal

CNS: Normal

IMPRESSION:

neutrophilic leucocytosis
urine - 8-10 pus cells.
Borderline dyslipidemia
ECG - pre-excitation conduction delay

ADVICE:

Low fatty diet
2D ECHO

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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 | No |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

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

*** End Of Report ***

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Row House No. 3, Aangan,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700000

Dr. Jagruti Dhale
MBBS
Consultant Physician
Reg. No. 69548
J. Dhale
Dr.JAGRUTI DHALE

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2308421882
Name : Mr Vishnu G
Age / Sex : 29 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 25-Mar-2023
Reported : 25-Mar-2023 / 13:40

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 11.3 x 4.1 cm. Left kidney measures 11.2 x 5.7 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 14 cc.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032509412039>

Authenticity Check



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Ref. Dr :
Reg. Location : Kandivali East Main Centre

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IMPRESSION:

No significant abnormality is seen.

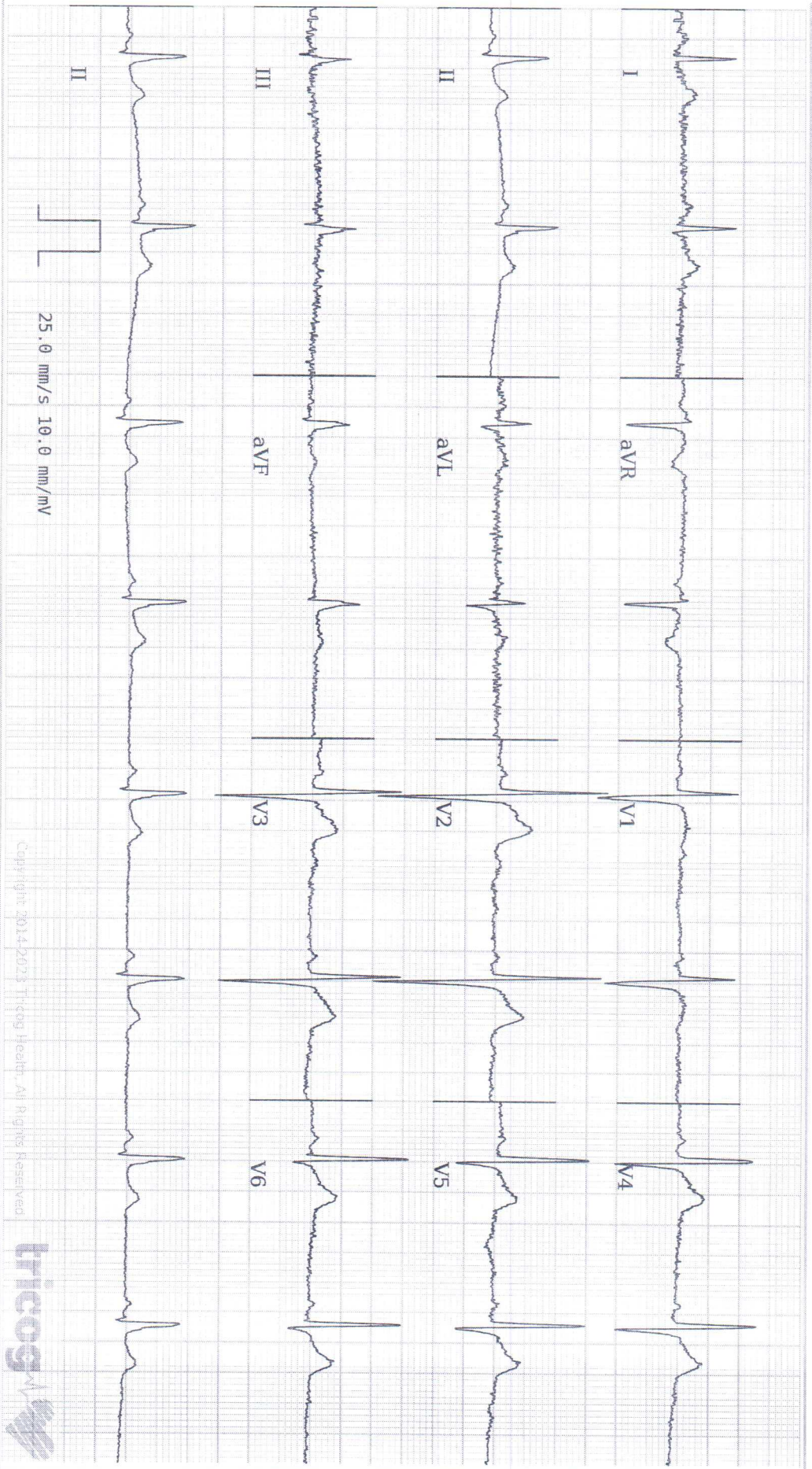
-----End of Report-----

BMS

DR. SHRIKANT M. BODKE
D.M.R.E., M.B.B.S.
Reg. No. 2006/04/2376

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.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032509412039>



Age **29** 8 12
years months days

Gender **Male**

Heart Rate **51bpm**

Patient Vitals

BP: 140/80 mmHg

Weight: 96 kg

Height: 179 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 98ms

QT: 388ms

QTc: 357ms

PR: 144ms

P-R-T: 34° 44° 19°

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Sinus Bradycardia, Intraventricular Conduction Delay. Please correlate clinically.

REPORTED BY

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

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

Date:- 25/3/23

CID: 2308121882

Name:- Mr. Vishnu G.

Sex/Age: m/29

EYE CHECK UP

Chief complaints: Blurred vision

Systemic Diseases: No H/O S/G

Past history: No H/O Ocular surgeries

Unaided Vision: 6/6 6/6/12 H/O gl not using

Aided Vision: - -

Refraction: *Both Normal*

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	0-25	-	-	6/6	0-50	-	-	6/6
Near				12/6				12/6

Colour Vision: Normal / Abnormal

Remark: m within normal limit

Kajal H.
KAJAL NAGRECHA
 OPTOMETRIST

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 Mumbai - 400101.
 Tel : 61700880

DENTAL CHECK - UP

Name:- G. Vishnu

CID : 2308421882 Sex / Age : m / 29

Occupation:-

Date: 25/03/2023

Chief complaints:- Food lodgment

Medical / dental history:- No relevant history.

GENERAL EXAMINATION:

1) Extra Oral Examination:

- a) TMJ: Normal movements
- b) Facial Symmetry: Bilateral symmetrical.

2) Intra Oral Examination:

- a) Soft Tissue Examination: Normal
- b) Hard Tissue Examination: \neq Evaluate for class II cavity.
- c) Calculus: \neq
Stains: \neq
on xray if any.

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

	Missing	#	Fractured
○	Filled/Restored	RCT	Root Canal Treatment
○	Cavity/Caries	RP	Root Piece

Advised: a) Scaling & Polishing [decaling]
b) \neq Filling of any class II cavity.

Provisional Diagnosis:-

- NULL -

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Tel : 61700600

DR. BHUMIK PATEL
(B.D.S) A - 23379
DR. Bhumik Patel

Dr. Jagruti Dhale
Consultant Physician
MBBS
Reg. No. 69548



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Mumbai - 409101.
Tel : 61700800





CID : 2308421882
Name : Mr Vishnu G
Age / Sex : 29 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 25-Mar-2023
Reported : 27-Mar-2023 / 10:04

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X-RAY CHEST PA VIEW

Bilateral hilar prominent is seen.

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.

Suggest clinical correlation.

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

Khilji

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032509412046>

SUBURBAN DIAGNOSTICS KANDIVALI EAST

Report



1335 (2308421882) / G.VISHNU / 29 Yrs / M / 179 Cms / 96 Kg
Date: 25 / 03 / 2023 11:13:26 AM Refd By : AERCOFEMI Examined By: DR.AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:07	0:07	00.0	00.0	01.0	054	28 %	140/80	075	00	
Standing	00:35	0:28	00.0	00.0	01.0	065	34 %	140/80	091	00	
HV	00:40	0:05	00.0	00.0	01.0	059	31 %	140/80	082	00	
ExStart	00:57	0:17	00.0	00.0	01.0	059	31 %	140/80	082	00	
BRUCE Stage 1	03:57	3:00	02.7	10.0	04.7	096	50 %	140/80	134	00	
BRUCE Stage 2	06:57	3:00	04.0	12.0	07.1	123	64 %	140/80	172	00	
BRUCE Stage 3	09:57	3:00	05.5	14.0	10.2	155	81 %	140/80	217	00	
PeakEx	10:16	0:19	06.8	16.0	10.6	164	86 %	170/80	278	00	
Recovery	11:16	1:00	00.2	00.0	04.2	126	66 %	170/80	214	00	
Recovery	11:30				00.0	000	0 %	-----	000	00	

FINDINGS :

Exercise Time : 09:19
Initial HR (ExStrt) : 59 bpm 31% of Target 191
Initial BP (ExStrt) : 140/80 (mm/Hg)
Max Workload Attained : 10.6 Good response to induced stress
Duke Treadmill Score : 04.7
Test End Reasons : Heart Rate Achieved

Max HR Attained 164 bpm 86% of Target 191
Max BP Attained 170/80 (mm/Hg)

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

Doctor : DR.AKHIL PARULEKAR





Email:

1335 / G. VISHNU / 29 Yrs / M / 179 Cms / 96 Kg Date: 25 / 03 / 2023 11:13:26 AM Refd By : AERCOFEMI

REPORT :

Heart Rate 164.0 bpm
 Systolic BP 170.0 mmHg Diastolic BP 80.0 mmHg
 Exercise Time 09:19 Mins. Ectopic Beats 0.0
 METS 10.6 Test End Reason , Heart Rate Achieved Target Heart Rate 87% of 191

TEST OBJECTIVE	:	ROUTINE CHECK UP
RISK FACTOR	:	NONE
ACTIVITY	:	MODERATE ACTIVE
MEDICATION	:	NONE
REASON FOR TERMINATION	:	HEART RATE ACHIEVED
EXERCISE TOLERANCE	:	GOOD
EXERCISE INDUCED ARRHYTHMIAS	:	NO
HAEMODYNAMIC RESPONSE	:	NORMAL
CHRONOTROPIC RESPONSE	:	NORMAL
FINAL IMPRESSION	:	NO SIGNIFICANT ST T CHANGES NOTED STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHAEMIC HEART DISEASE FOR GIVEN DURATION OF EXERCISE

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.

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 Tel : 617000000

DR. AKHIL P. PARULEKAR,
 MBBS, MD, MCh (Cardio)
 DNB Cardiology
 Reg. No. - 20120082463

Doctor : DR. AKHIL PARULEKAR



SUBURBAN DIAGNOSTICS KANDIVALI EAST

SUPINE (00:07)

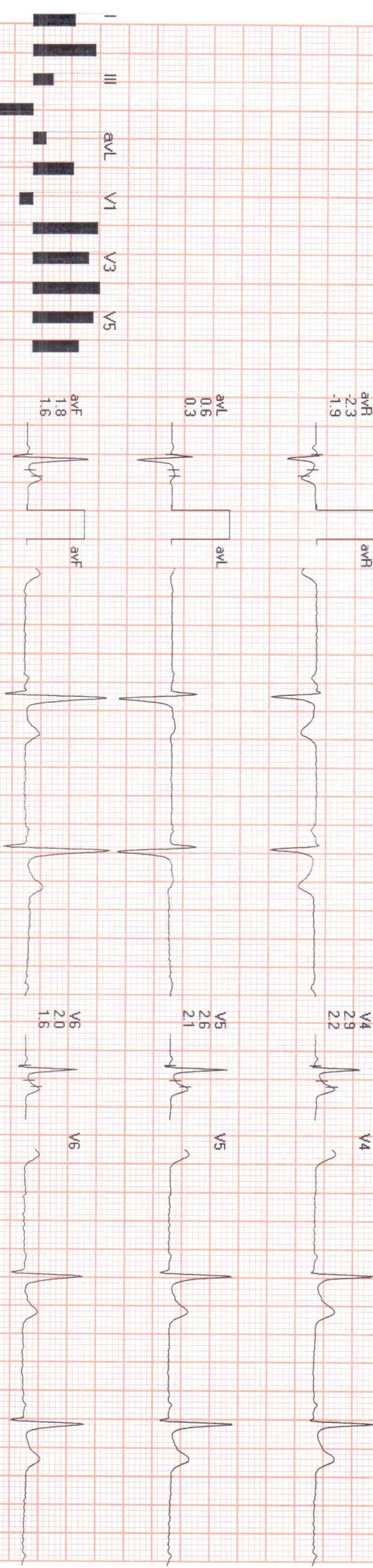
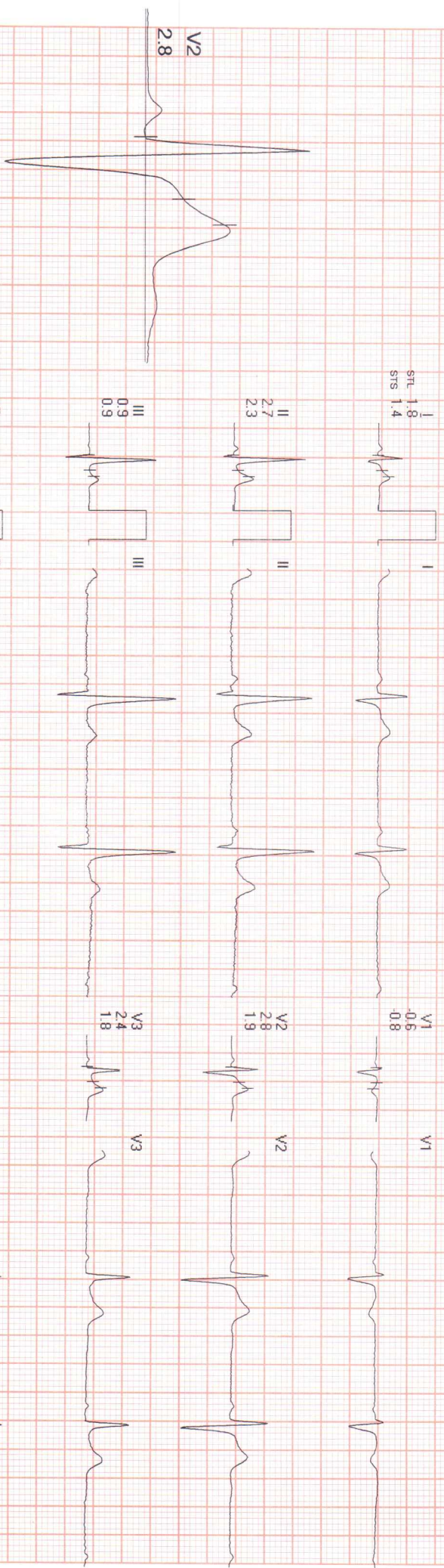


1335 (2308421882) / G.VISHNU / 29 Yrs / M / 179 Cms / 96 Kg / HR : 54

Date: 25 / 03 / 2023 11:13:26 AM METS: 1.0 / 54 bpm 28% of THR BP: 140/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

EXTime: 00:00 0.0 Km/h, 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:



SUBURBAN DIAGNOSTICS KANDIVALI EAST

STANDING (00:28)

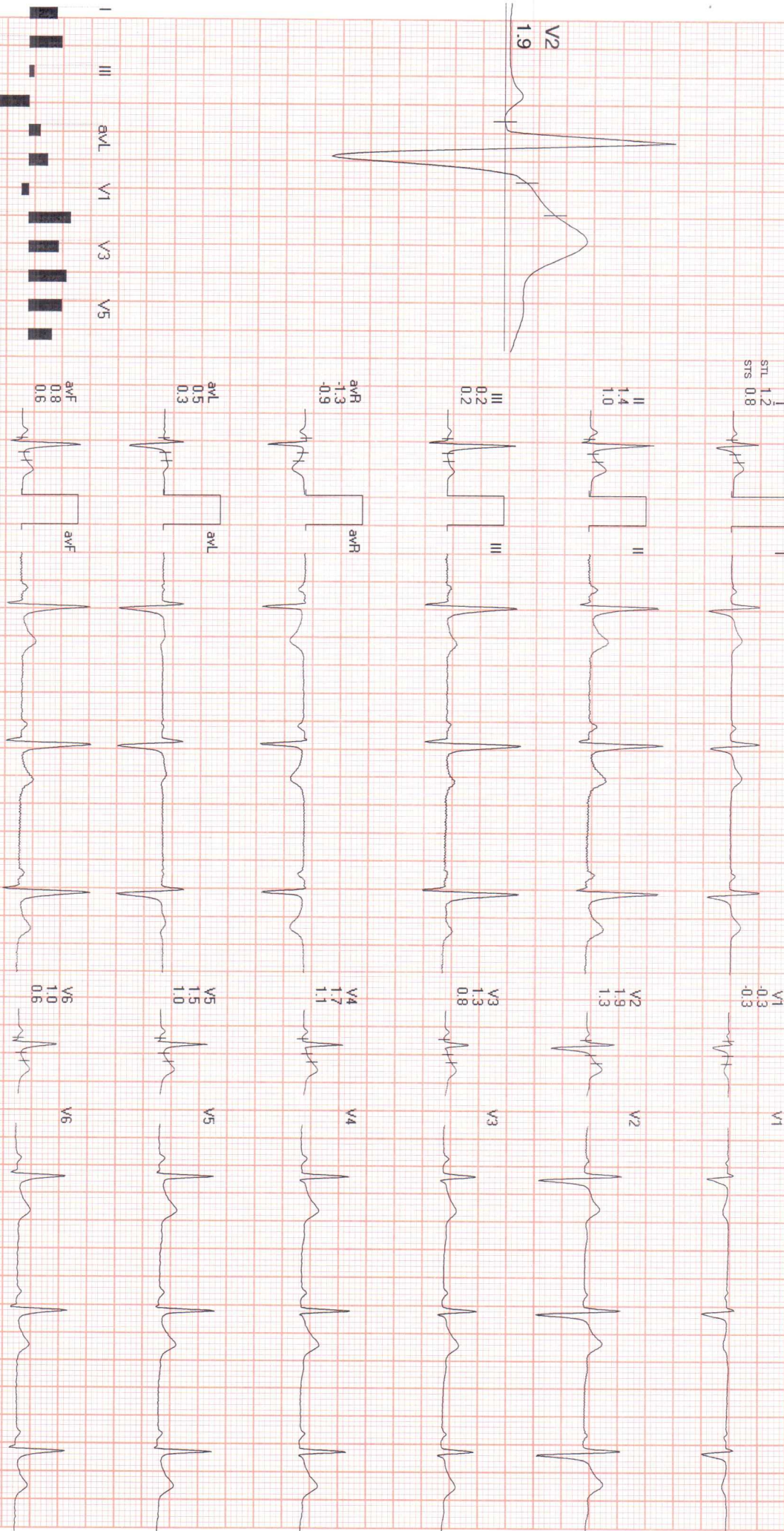
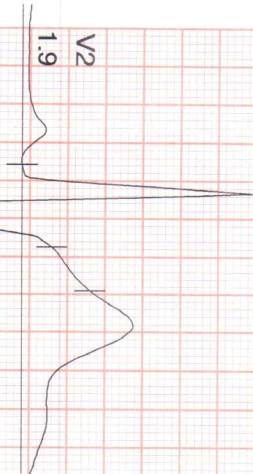


1335 (2308421882) / G. VISHNU / 29 Yrs / M / 179 Cms / 96 Kg / HR : 65

Date: 25 / 03 / 2023 11:13:26 AM METS: 1.0 / 65 bpm 34% of THR BP: 140/80 mmHg P_{aw} ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

EXTime: 00:00 0.0 Km/h, 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:



SUBURBAN DIAGNOSTICS KANDIVALI EAST

HV (00:05)

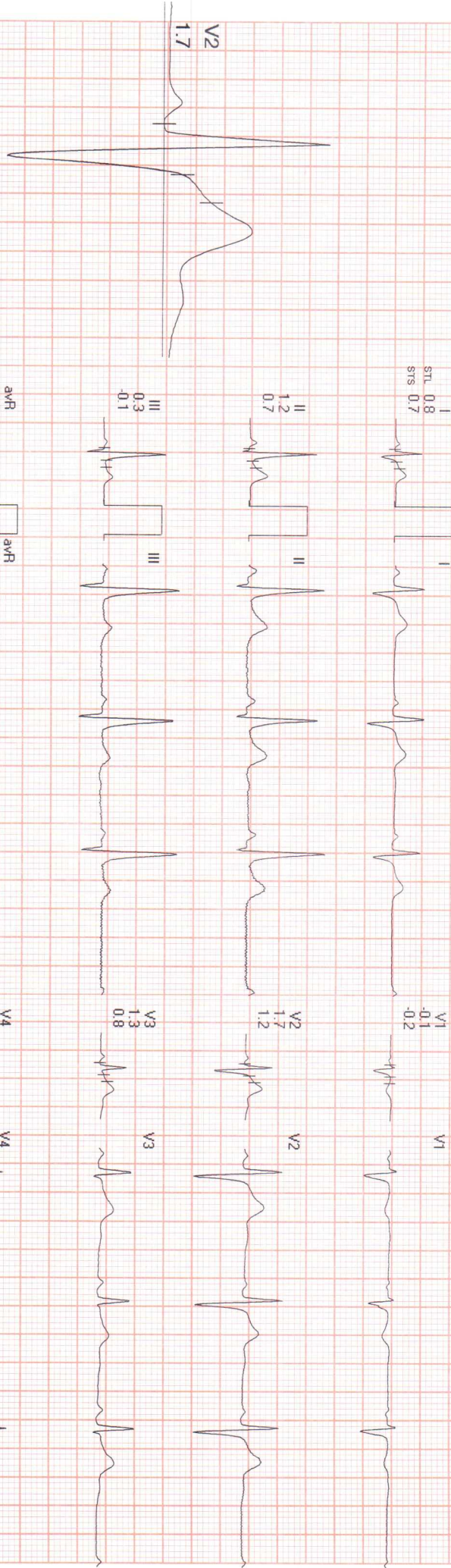


1335 (2308421882) / G. VISHNU / 29 Yrs / M / 179 Cms / 96 Kg / HR : 65

Date: 25 / 03 / 2023 11:13:26 AM METS: 1.0/65 bpm 34% of THR BP: 140/80 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

EXTime: 00:00 0.0 Kmph, 0.0%
25 mm/Sec 1.0 Cm/mV



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



SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 1 (03:00)



1335 (2308421882) / G. VISHNU / 29 Yrs / M / 179 Cms / 96 Kg / HR : 96

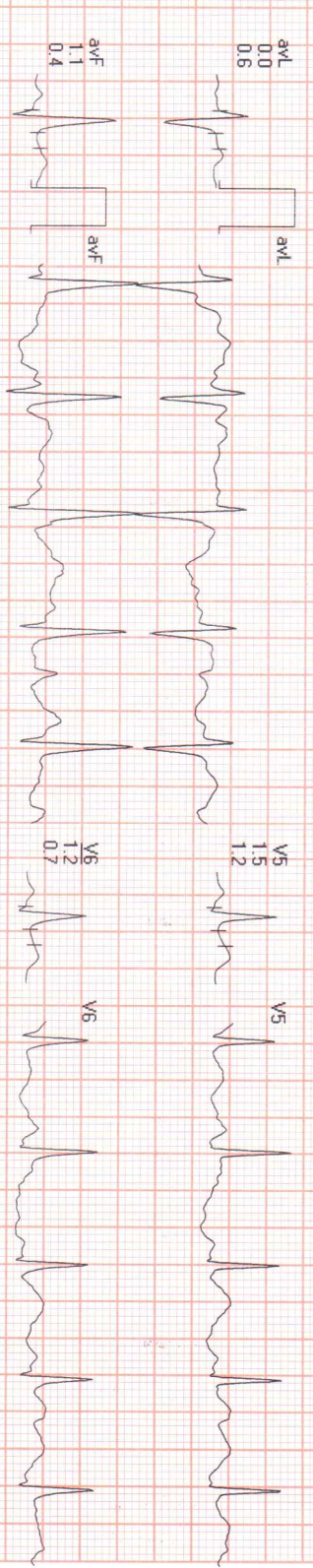
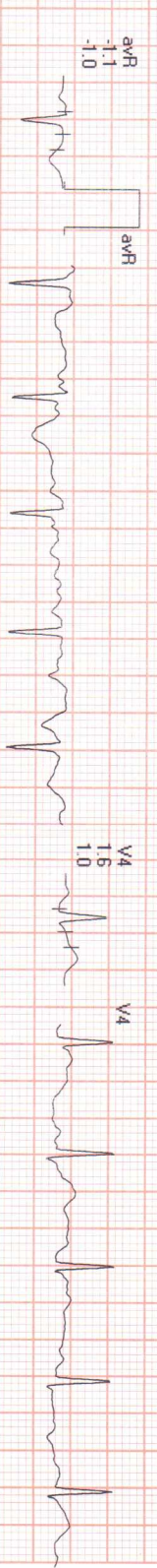
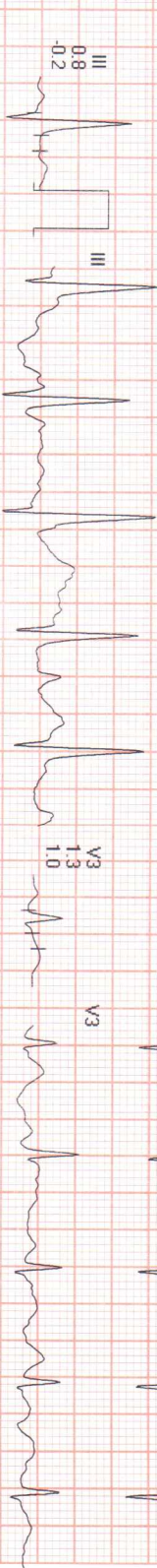
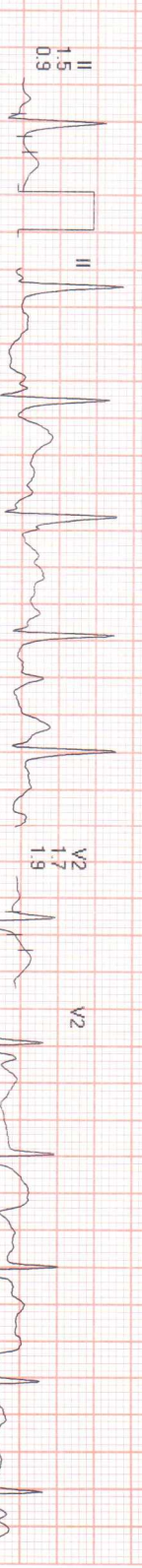
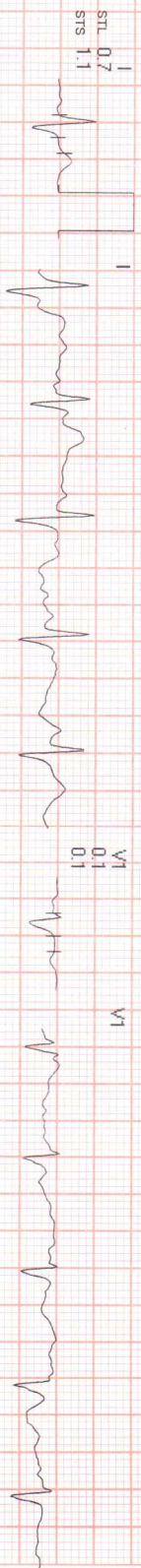
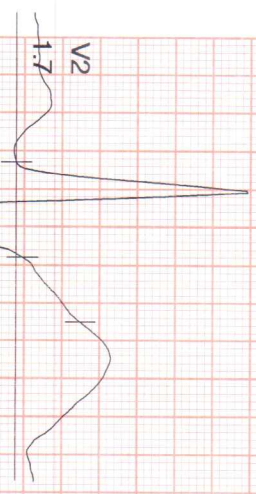
Date: 25 / 03 / 2023 11:13:26 AM

METS: 4.7 / 96 bpm 50% of THR BP: 140/80 mmHg

Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

EXTime: 03:00 2.7 Kmph, 10.0%
25 mm/Sec. 1.0 Cm/mV



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



SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 2 (03:00)

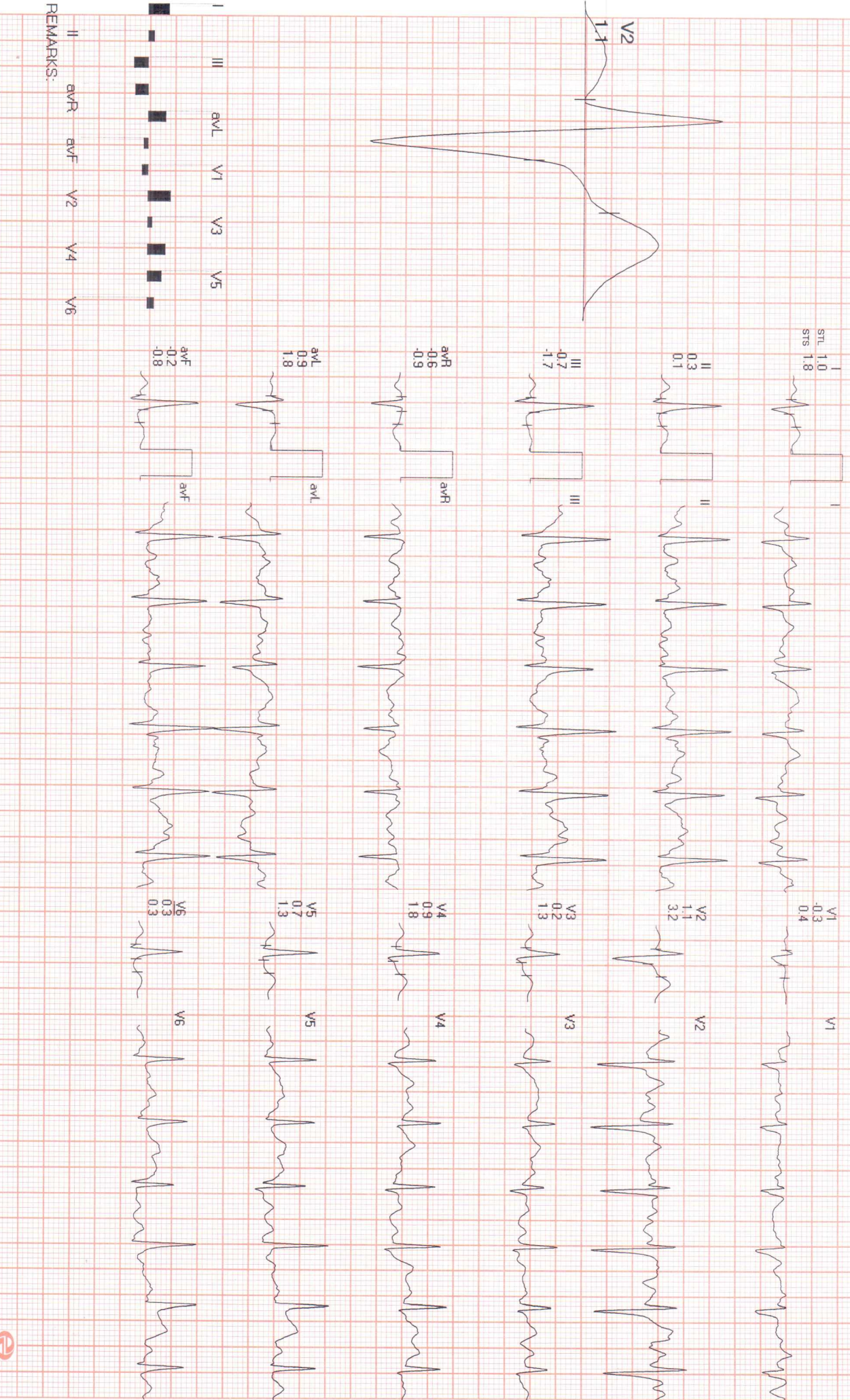


1335 (2308421882) / G.VISHNU / 29 Yrs / M / 179 Cms / 96 Kg / HR : 123

Date: 25 / 03 / 2023 11:13:26 AM
4X 80 ms Post J

METS: 7.1 / 123 bpm 64% of THR BP- 140/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 06:00 4.0 Kmph, 12.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:



SUBURBAN DIAGNOSTICS KANDIVALI EAST

1335 (2308421882) / G. VISHNU / 29 Yrs / M / 179 Cms / 96 Kg / HR : 155

BRUCE : Stage 3 (03:00)

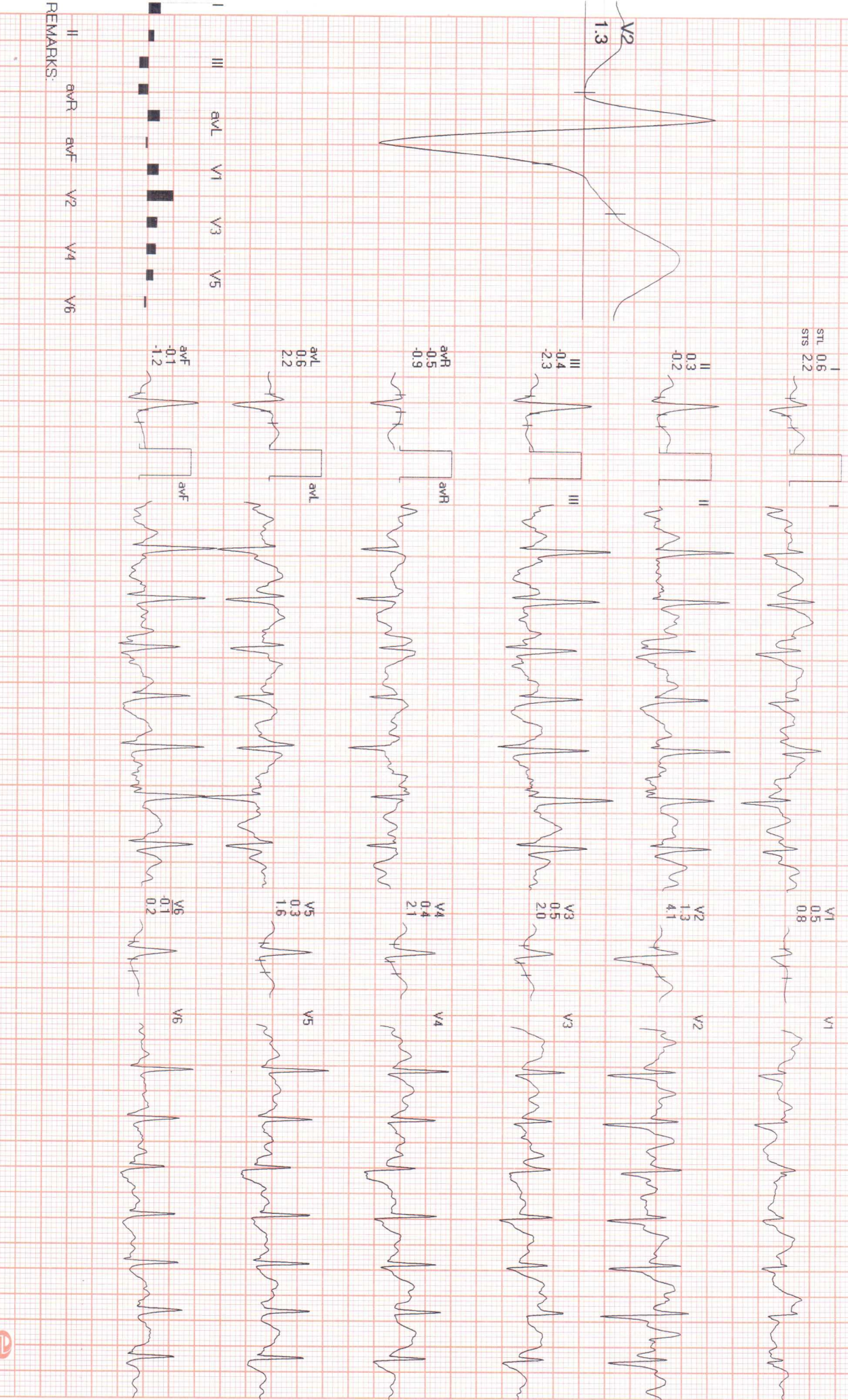


Date: 25 / 03 / 2023 11:13:26 AM
4X 60 ms Post J

METS: 10.2 / 155 bpm 81% of THR BP: 140/80 mmHg

Raw ECG/BLC On/Notch On/HF 0.05 Hz/F 35 Hz

EXTime: 09:00 5.5 Kmph, 14.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:
II aVR aVF V2 V4 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST



PeakEX

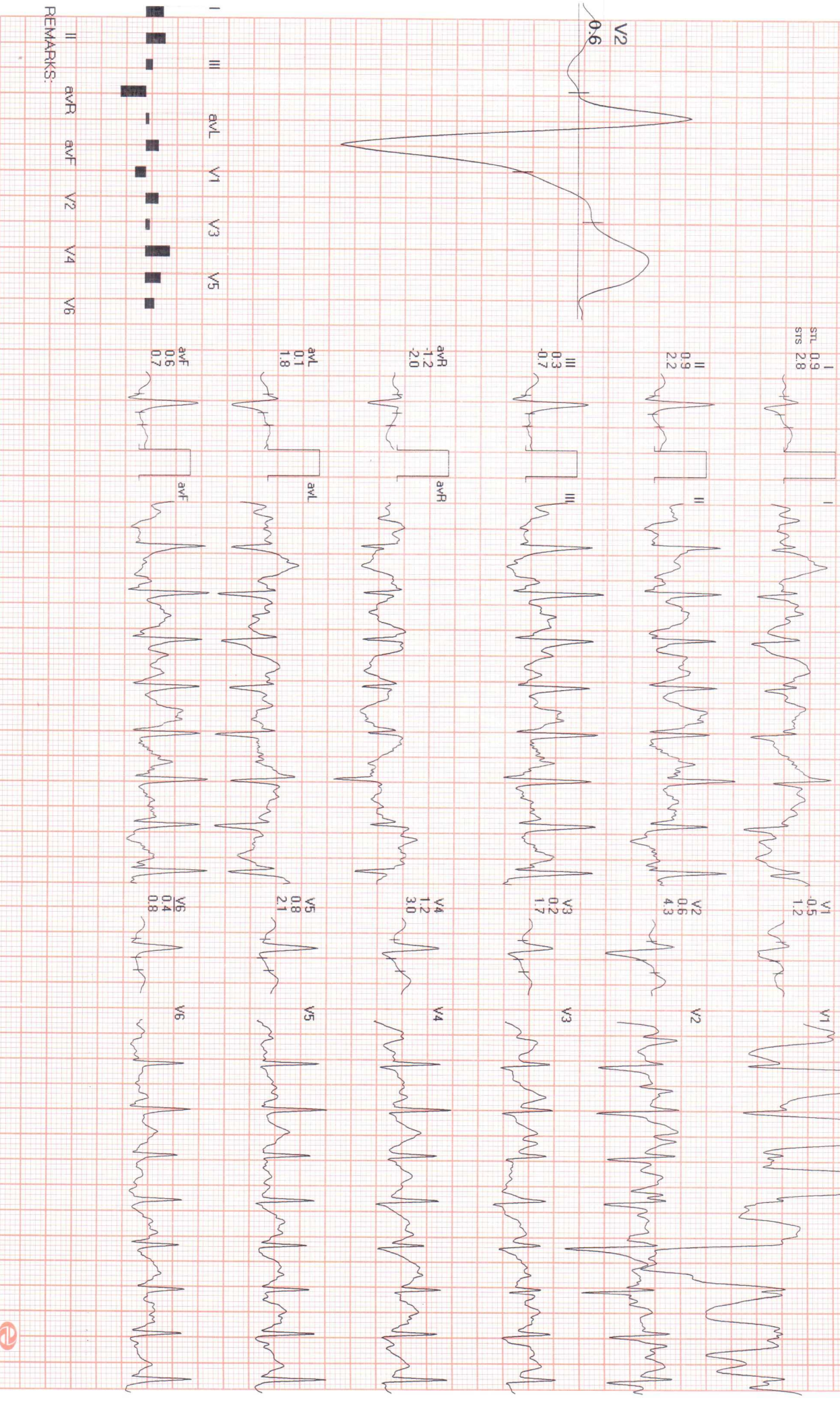
1335 (2308421882) / G. VISHNU / 29 Yrs / M / 179 Cms / 96 Kg / HR : 164

Date: 25 / 03 / 2023 11:13:26 AM
4X 60 ms Post J

METS: 10.6 / 164 bpm 86% of THR BP: 120/80 mmHg Raw ECG: BLC On / Natch On / HF 0.05 Hz / LF 35 Hz

EXTime: 03:19 6.8 Kmph, 16.0%

25 mm/Sec 1.0 Cm/mV



REMARKS:



SUBURBAN DIAGNOSTICS KANDIVALI EAST

1335 (2308421882) / G. VISHNU / 29 Yrs / M / 179 Cms / 96 Kg / HR : 126

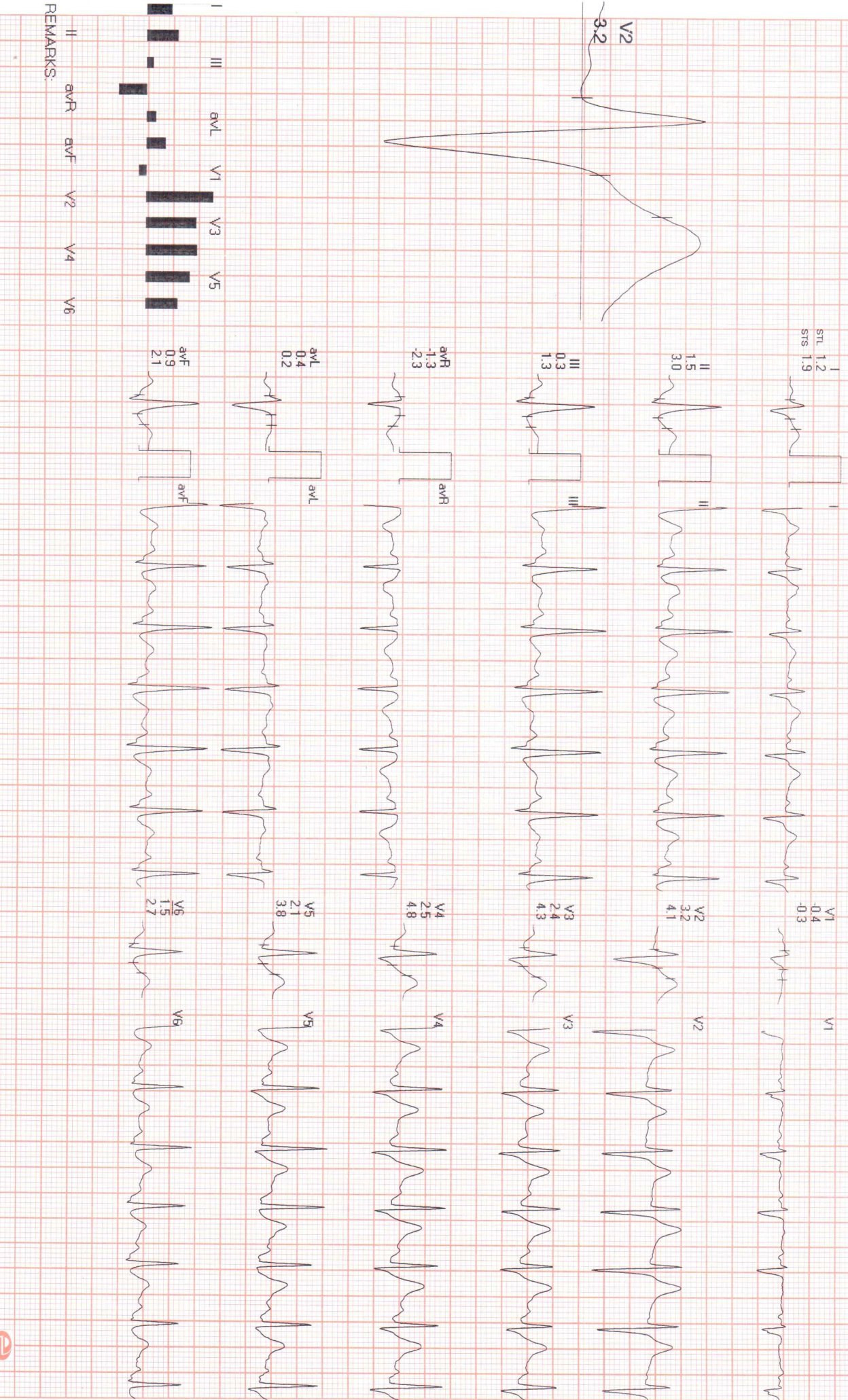
Recovery : (01:00)



Date: 25 / 03 / 2023 11:13:26 AM
4X 60 ms Post J

METS: 4.2 / 126 bpm 66% of THR BP: 170/80 mmHg
Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 09:19 0.2 Kmph, 0.0%
25 mm/Sec: 1.0 Cm/mV



REMARKS:



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:14)

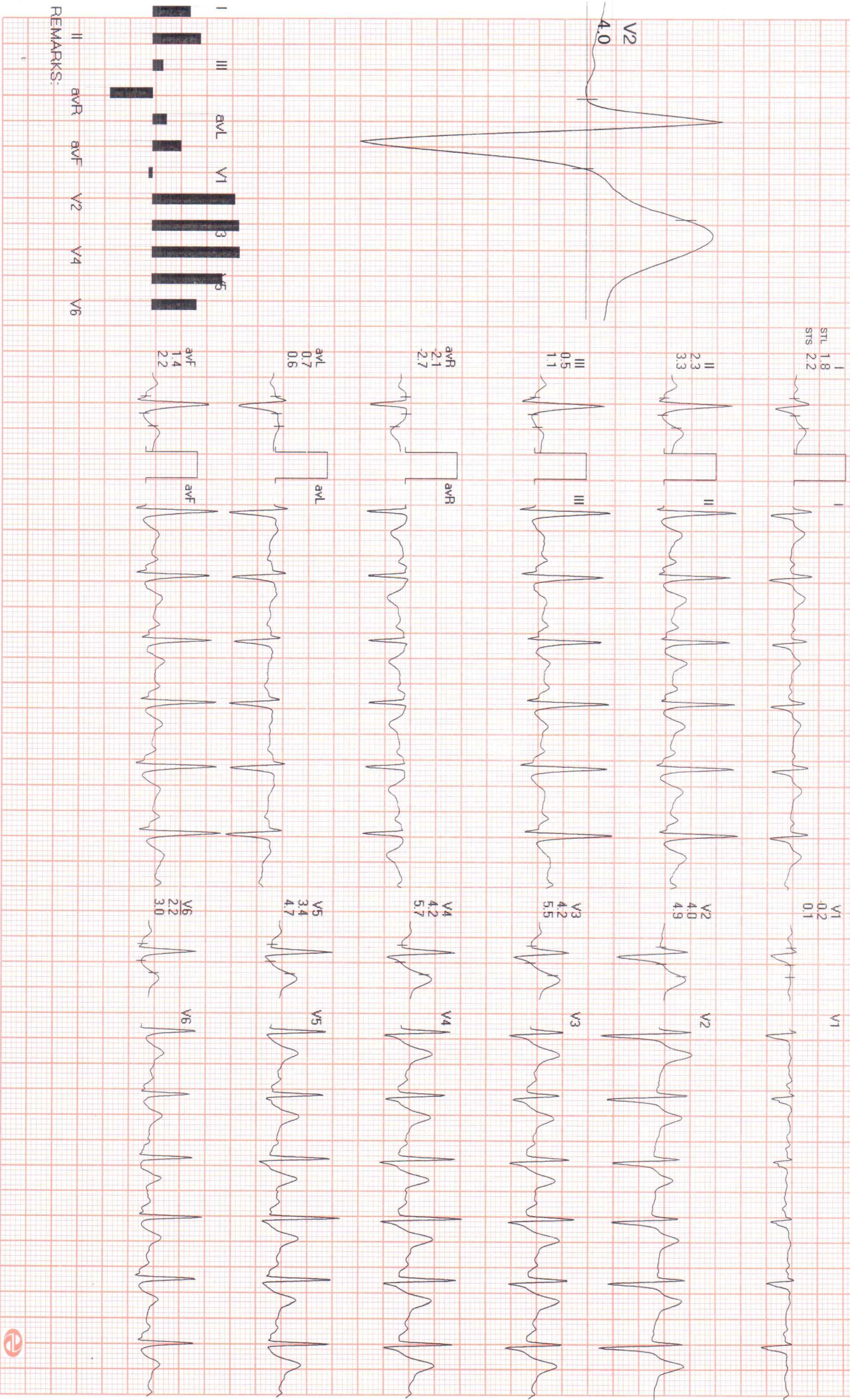


1335 (2308421882) / G. VISHNU / 29 Yrs / M / 179 Cms / 96 Kg / HR 128

Date: 25 / 03 / 2023 11:13:26 AM METS: 1.0 / 128 bpm 67% of THR BP: 150/80 mmHg Raw ECG/ BLC On/ Notch On/ HF: 0.05 Hz/ LF: 35 Hz

4X 80 ms Post J

EXTime: 09:19 0.0 Km/h, 0.0%
25 mm/Sec 1.0 Cm/mV



REMARKS:





CID : 2308421882
Name : MR.VISHNU G
Age / Gender : 29 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 25-Mar-2023 / 09:55
Reported : 26-Mar-2023 / 16:50

Use a QR Code Scanner
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
BLOOD GROUPING & Rh TYPING

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

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

References:

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

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

*** End Of Report ***

M Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist





CID : 2308421882
Name : MR.VISHNU G
Age / Gender : 29 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 25-Mar-2023 / 09:55
Reported : 25-Mar-2023 / 14:56

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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	14.2	13.0-17.0 g/dL	Spectrophotometric
RBC	5.07	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.4	40-50 %	Measured
MCV	88	80-100 fl	Calculated
MCH	27.9	27-32 pg	Calculated
MCHC	31.9	31.5-34.5 g/dL	Calculated
RDW	16.9	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	23790	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	14.0	20-40 %	
Absolute Lymphocytes	3330.6	1000-3000 /cmm	Calculated
Monocytes	4.8	2-10 %	
Absolute Monocytes	1141.9	200-1000 /cmm	Calculated
Neutrophils	80.5	40-80 %	
Absolute Neutrophils	19151.0	2000-7000 /cmm	Calculated
Eosinophils	0.7	1-6 %	
Absolute Eosinophils	166.5	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	503000	150000-400000 /cmm	Elect. Impedance
MPV	7.5	6-11 fl	Calculated
PDW	12.0	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			



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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	78.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	113.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.58	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.18	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.40	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.2	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	13.2	<34 U/L	Modified IFCC
SGPT (ALT), Serum	21.6	10-49 U/L	Modified IFCC
GAMMA GT, Serum	39.8	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	92.8	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	41.9	19.29-49.28 mg/dl	Calculated
BUN, Serum	19.6	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.81	0.60-1.10 mg/dl	Enzymatic



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eGFR, Serum	120	>60 ml/min/1.73sqm	Calculated
Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation			
URIC ACID, Serum	4.9	3.7-9.2 mg/dl	Uricase/ Peroxidase
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 Borivali Lab, Borivali West
*** End Of Report ***

Bmhasakar

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



MC-2111



CID : 2308421882
Name : MR.VISHNU G
Age / Gender : 29 Years / Male
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Reg. Location : Kandivali East (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	5.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	108.3	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 ***



Namrata

Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



CID : 2308421882
Name : MR.VISHNU G
Age / Gender : 29 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (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)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	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	8-10	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	6-8		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	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 insert

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

NR Jain

Dr.VIPUL JAIN
M.D. (PATH)
Pathologist



MC-2111



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Name : MR.VISHNU G
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Reported :

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	209.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	121.9	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	56.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	152.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	128.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	24.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.2	0-3.5 Ratio	Calculated

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



Namrata

Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



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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	3.8	3.5-6.5 pmol/L	CLIA
Free T4, Serum	16.2	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	1.237	0.55-4.78 microIU/ml	CLIA



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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)

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

*** End Of Report ***

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

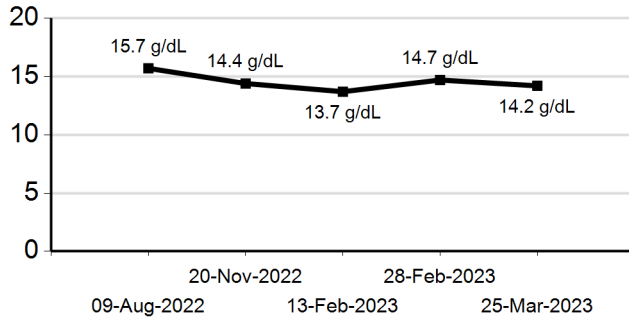




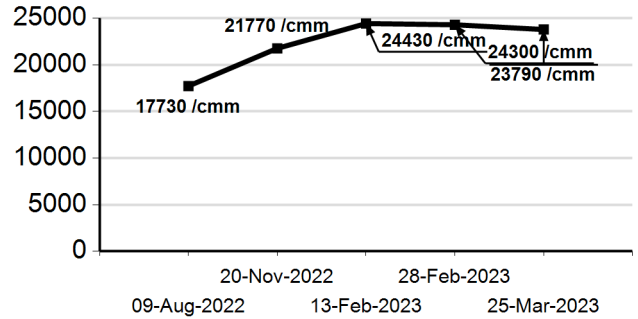
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 Reg. Location : Kandivali East (Main Centre)

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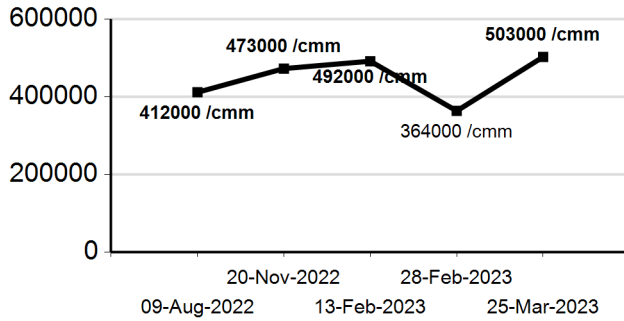
Haemoglobin



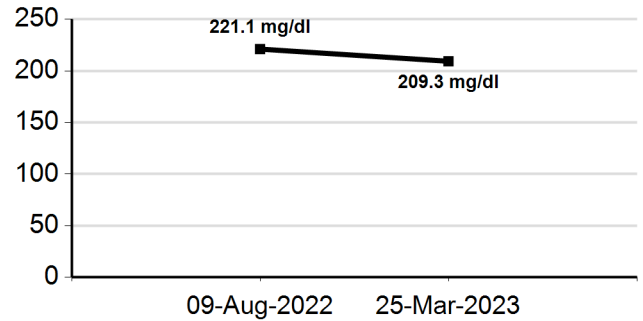
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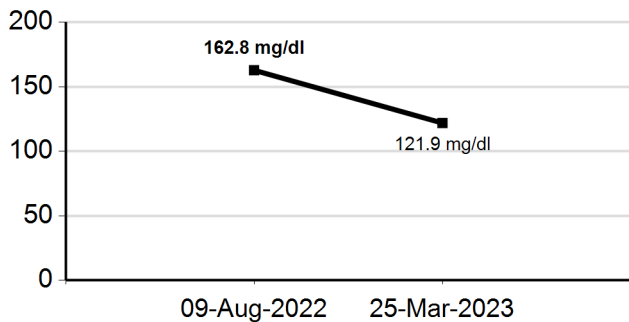
Platelet Count



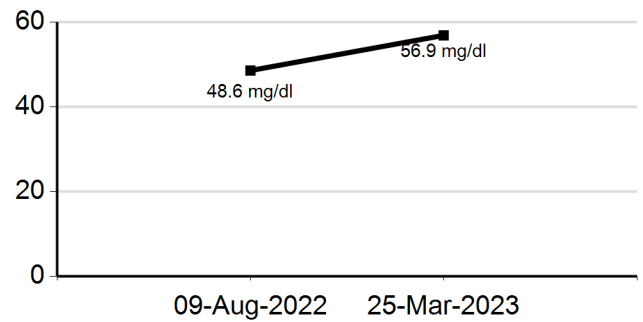
CHOLESTEROL



TRIGLYCERIDES



HDL CHOLESTEROL

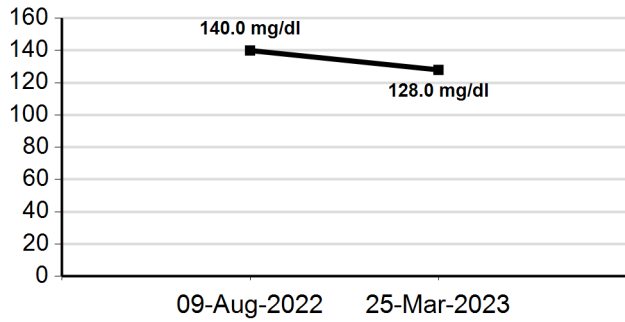




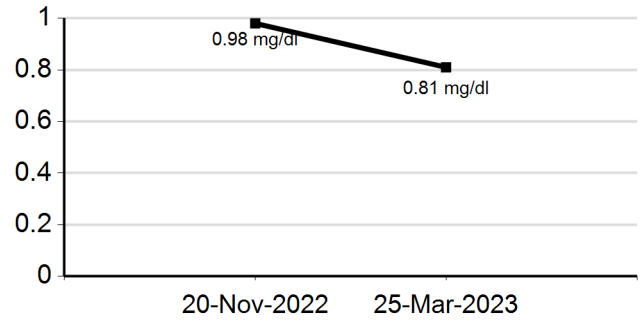
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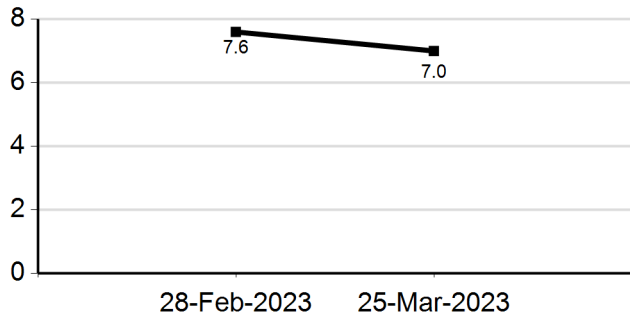
LDL CHOLESTEROL



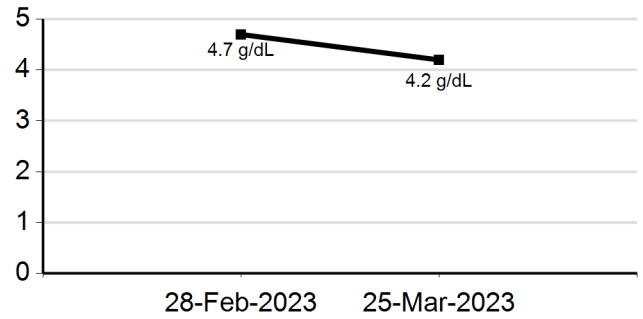
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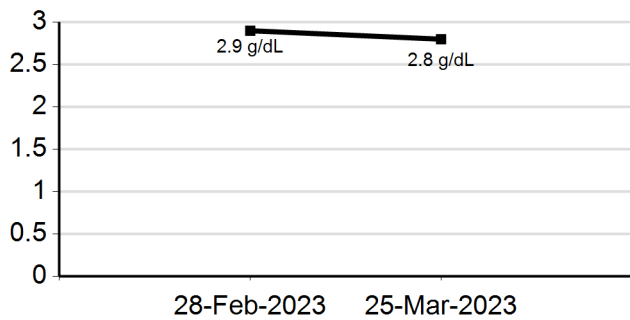
TOTAL PROTEINS



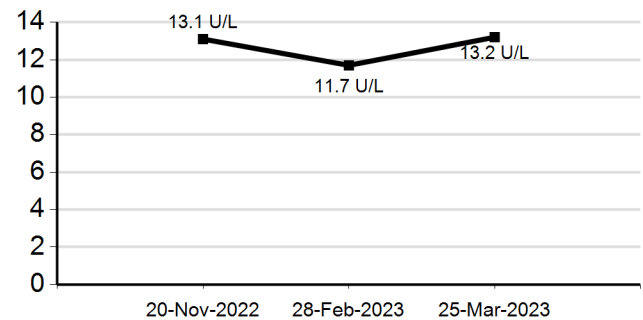
ALBUMIN



GLOBULIN



SGOT (AST)

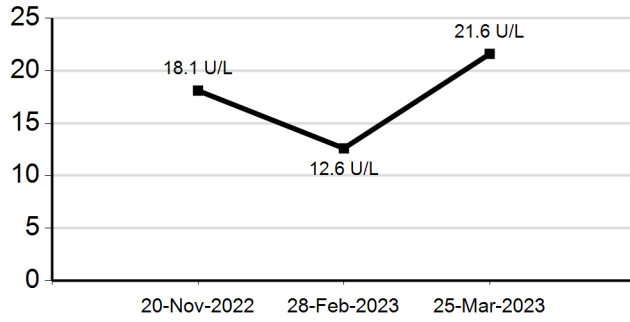




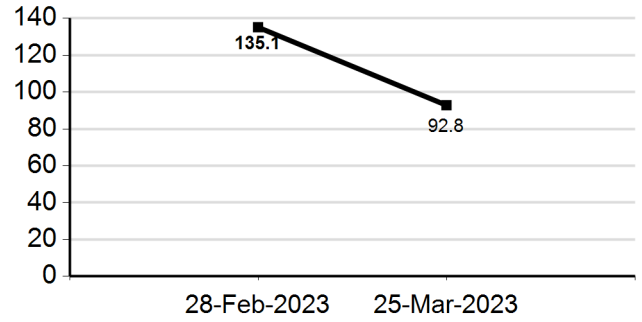
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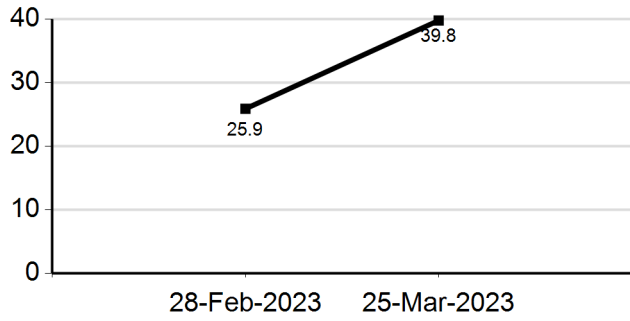
SGPT (ALT)



ALKALINE PHOSPHATASE



GAMMA GT



BILIRUBIN (DIRECT)

