



CID : 2335720055  
Name : MR.MUKESH KUMAR  
Age / Gender : 36 Years / Male  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Use a QR Code Scanner  
Application To Scan the Code  
Collected : 23-Dec-2023 / 08:33  
Reported : 23-Dec-2023 / 12:58

**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>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	15.1	13.0-17.0 g/dL	Spectrophotometric
RBC	5.22	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.8	40-50 %	Measured
MCV	86	80-100 fl	Calculated
MCH	28.9	27-32 pg	Calculated
MCHC	33.7	31.5-34.5 g/dL	Calculated
RDW	14.1	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	11340	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	21.9	20-40 %	
Absolute Lymphocytes	2483.5	1000-3000 /cmm	Calculated
Monocytes	6.4	2-10 %	
Absolute Monocytes	725.8	200-1000 /cmm	Calculated
Neutrophils	67.9	40-80 %	
Absolute Neutrophils	<b>7699.9</b>	2000-7000 /cmm	Calculated
Eosinophils	3.5	1-6 %	
Absolute Eosinophils	396.9	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	34.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	181000	150000-400000 /cmm	Elect. Impedance
MPV	12.6	6-11 fl	Calculated
PDW	29.6	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		



Use a QR Code Scanner  
Application To Scan the Code

CID : 2335720055  
Name : MR.MUKESH KUMAR  
Age / Gender : 36 Years / Male  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected : 23-Dec-2023 / 08:33  
Reported : 23-Dec-2023 / 12:58

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

Specimen: EDTA Whole Blood

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



*Bmhasakar*

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



CID : 2335720055  
Name : MR.MUKESH KUMAR  
Age / Gender : 36 Years / Male  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Use a QR Code Scanner  
Application To Scan the Code  
Collected : 23-Dec-2023 / 08:33  
Reported : 23-Dec-2023 / 17:12

**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	<b>313.0</b>	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	<b>378.4</b>	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.62	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.29	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.33	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	<b>2.1</b>	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.0	1 - 2	Calculated
SGOT (AST), Serum	17.5	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	35.4	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	41.0	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	<b>136.0</b>	40-130 U/L	Colorimetric
BLOOD UREA, Serum	16.9	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.69	0.67-1.17 mg/dl	Enzymatic



CID : 2335720055  
Name : MR.MUKESH KUMAR  
Age / Gender : 36 Years / Male  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected : 23-Dec-2023 / 08:33  
Reported : 23-Dec-2023 / 16:29

Use a QR Code Scanner  
Application To Scan the Code

eGFR, Serum	123	(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	4.2	3.5-7.2 mg/dl	Enzymatic
Urine Sugar (Fasting)	+++	Absent	
Urine Ketones (Fasting)	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



CID : 2335720055  
Name : MR.MUKESH KUMAR  
Age / Gender : 36 Years / Male  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Use a QR Code Scanner  
Application To Scan the Code  
Collected : 23-Dec-2023 / 08:33  
Reported : 23-Dec-2023 / 12:30

**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	13.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	335.0	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 Borivali Lab, Borivali West

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

*Bmhasakar*

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



CID : 2335720055  
Name : MR.MUKESH KUMAR  
Age / Gender : 36 Years / Male  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected : 23-Dec-2023 / 08:33  
Reported : 23-Dec-2023 / 15:32

Use a QR Code Scanner  
Application To Scan the Code

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**URINE EXAMINATION REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Proteins	Absent	Absent	pH Indicator
Glucose	3+	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	2-3	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	10-12	Less than 20/hpf	
Others	-		

Result rechecked  
Kindly correlate clinically.



Use a QR Code Scanner  
Application To Scan the Code

CID : 2335720055  
Name : MR.MUKESH KUMAR  
Age / Gender : 36 Years / Male  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected : 23-Dec-2023 / 08:33  
Reported : 23-Dec-2023 / 15:32

**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 Borivali Lab, Borivali West  
\*\*\* End Of Report \*\*\*



*Bmhasakar*

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



CID : 2335720055  
Name : MR.MUKESH KUMAR  
Age / Gender : 36 Years / Male  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Use a QR Code Scanner  
Application To Scan the Code  
Collected : 23-Dec-2023 / 08:33  
Reported : 23-Dec-2023 / 15:37

**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 \*\*\*



*Dr. Vrushi Shroff*

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





CID : 2335720055  
Name : MR.MUKESH KUMAR  
Age / Gender : 36 Years / Male  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Use a QR Code Scanner Application To Scan the Code  
Collected : 23-Dec-2023 / 08:33  
Reported : 23-Dec-2023 / 18:37

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	237.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	211.0	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	35.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	201.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	159.4	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	41.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	6.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.5	0-3.5 Ratio	Calculated

Note : LDL test is performed by direct measurement.

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

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



*Bmhasakar*

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



CID : 2335720055  
 Name : MR.MUKESH KUMAR  
 Age / Gender : 36 Years / Male  
 Consulting Dr. : -  
 Reg. Location : Borivali West (Main Centre)

Collected : 23-Dec-2023 / 08:33  
 Reported : 23-Dec-2023 / 17:12

Use a QR Code Scanner  
 Application To Scan the Code

**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	3.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.0	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	12.9	0.35-5.5 microIU/ml mIU/ml	ECLIA



CID : 2335720055  
Name : MR.MUKESH KUMAR  
Age / Gender : 36 Years / Male  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected : 23-Dec-2023 / 08:33  
Reported : 23-Dec-2023 / 17:12

Use a QR Code Scanner  
Application To Scan the Code

**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)

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

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



*Bmhasakar*

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

# SUBURBAN DIAGNOSTICS - BORIVALI WEST

Patient Name: MUKESH KUMAR

Date and Time: 23rd Dec 23 9:58 AM

Patient ID: 2335720055

Age **36** NA NA  
years months days

Gender **Male**

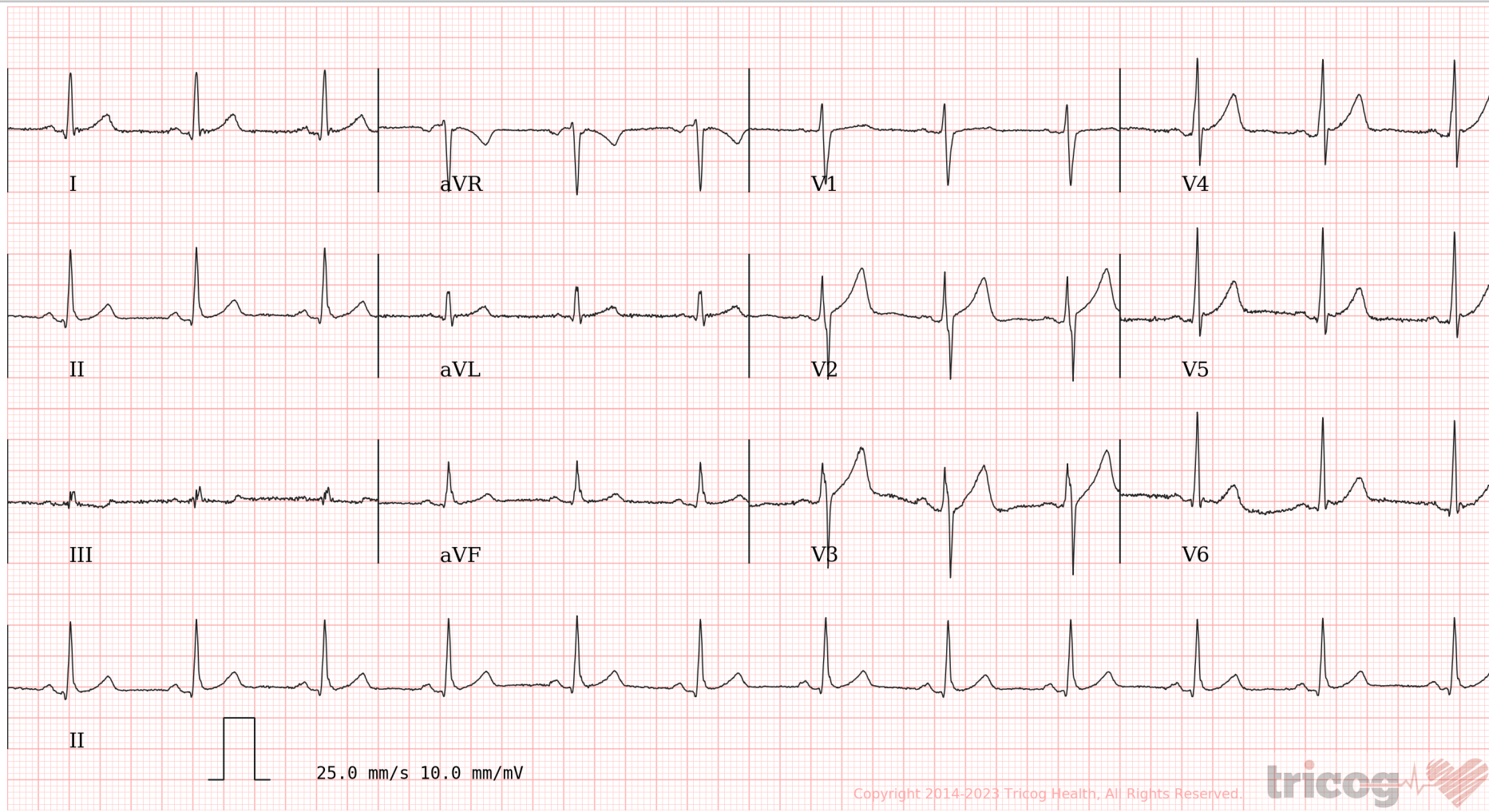
Heart Rate **74bpm**

### Patient Vitals

BP: NA  
Weight: NA  
Height: NA  
Pulse: NA  
Spo2: NA  
Resp: NA  
Others: \_\_\_\_\_

### Measurements

QRSD: 84ms  
QT: 374ms  
QTcB: 415ms  
PR: 132ms  
P-R-T: 49° 37° 29°



Copyright 2014-2023 Tricog Health, All Rights Reserved.



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

REPORTED BY

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

<b>CID NO: 2335720055</b>		
<b>NAME: MR.MUKESH KUMAR</b>	<b>AGE: 36 YRS</b>	<b>SEX: MALE</b>
<b>REF. BY : ----</b>	<b>DATE: 23/12/2023</b>	

### USG WHOLE ABDOMEN

**LIVER:** Liver is normal in size with mild generalized increase in parenchymal echotexture. There is no intra-hepatic biliary radical dilatation.No evidence of any focal lesion.

**GALL BLADDER:** Gall bladder is distended and appears normal. No obvious wall thickening is noted. There is no evidence of any calculus.

**PORTAL VEIN:** Portal vein is normal. **CBD:** CBD is normal.

**PANCREAS:** Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

**KIDNEYS:** Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

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

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

**PROSTATE:** Prostate is normal in size and echotexture. No evidence of any obvious focal lesion.

No free fluid or size significant lymphadenopathy is seen.

#### Opinion:

- **Grade I fatty infiltration of liver .**  
*For clinical correlation and follow up.*



**Dr. Vikrant Patil, MD**  
**Consultant Radiologist**  
**Reg no. 2014052421**

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 center for rectification within 7 days post which the center will not be responsible for any rectification. Please interpret accordingly.

Date:-

CID: 233572005

Name:- mukesh . kumar

Sex / Age: 36 / m

**EYE CHECK UP**

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

} NO  
RE LE  
6/6 6/6  
NLG NLG

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

Suburban Diagnostics (I) Pvt. Ltd.  
3018-302, 3rd Floor, Vignette Elegance  
Above Tanisikwaller, L. T. Road,  
Borivali (West), Mumbai - 400 092.

CID# : 2335720055  
 Name : MR.MUKESH KUMAR  
 Age / Gender : 36 Years/Male  
 Consulting Dr. : Collected : 23-Dec-2023 / 08:28  
 Reg.Location : Borivali West (Main Centre) Reported : 23-Dec-2023 / 16:34

**PHYSICAL EXAMINATION REPORT**

**History and Complaints:**

Nil

**EXAMINATION FINDINGS:**

Height (cms):	163	Weight (kg):	76
Temp (0c):	Afebrile	Skin:	NAD
Blood Pressure (mm/hg):	100/70	Nails:	NAD
Pulse:	72/min	Lymph Node:	Not Palpable

**Systems**

Cardiovascular: S1S2-Normal  
 Respiratory: Chest-CLEAR  
 Genitourinary: NAD  
 GI System: NAD  
 CNS: NAD

**IMPRESSION:**

TMT → Cardiologist ref<sup>y</sup>

**ADVICE:**

Pl. Sugar  
 \* HbA1c ↑, Lipid ↑, TSH  
 |  
 Diabetologist ref<sup>n</sup>

**CHIEF COMPLAINTS:**

- |                      |            |
|----------------------|------------|
| 1) Hypertension:     | No         |
| 2) IHD               | No         |
| 3) Arrhythmia        | No         |
| 4) Diabetes Mellitus | Yes, 2 Yrs |
| 5) Tuberculosis      | No         |
| 6) Asthama           | No         |
| 7) Pulmonary Disease | No         |

CID# : 2335720055  
Name : MR.MUKESH KUMAR  
Age / Gender : 36 Years/Male  
Consulting Dr. :  
Reg.Location : Borivali West (Main Centre)

Collected : 23-Dec-2023 / 08:28  
Reported : 23-Dec-2023 / 16:34

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

**PERSONAL HISTORY:**

- |               |           |
|---------------|-----------|
| 1) Alcohol    | No        |
| 2) Smoking    | No        |
| 3) Diet       | Mix       |
| 4) Medication | Yes,DM,RX |

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

**Suburban Diagnostics (I) Pvt. Ltd.**  
301& 302, 3rd Floor, Mini Elegance  
Above Tardeo Tower, L. T. Road,  
Borivali (West), Mumbai - 400 092

**Dr.NITIN SONAVANE**  
PHYSICIAN

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



**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

**Name: MUKESH KUMAR**

Date: 23-12-2023 Time: 10:56

Age: 36 Gender: M Height: 163 cms Weight: 76 Kg ID: 2335720055

Clinical History: DM

Medications: DM RX.

**Test Details:**

Protocol: Bruce

Predicted Max HR: 184

Target HR: 156 (85% of Pr. MHR)

Exercise Time: 0:06:19

Achieved Max HR: 157 (85% of Pr. MHR)

Max BP: 160/70

Max BP x HR: 25120

Max Mets: 7.1

Test Termination Criteria: TEST COMPLET

**Protocol Details:**

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	00:45	1	0	0	95	100/70	9500	1.8 V2	-3 II
Standing	00:13	1	0	0	89	100/70	8900	0.6 V3	-2.7 II
Hyper-Ventilation	00:12	1	0	0	92	100/70	9200	0.8 V4	0.2 V2
Pre-Test	00:07	1	1.6	0	90	100/70	9000	0.9 V5	-2.4 II
Stage: 1	03:00	4.7	2.7	10	137	130/70	17810	-4.3 V5	0.2 V3
Stage: 2	03:00	7	4	12	148	150/70	22200	-0.7 V5	-0.6 II
Peak Exercise	00:19	7.1	5.5	14	157	160/70	25120	-5.6 V5	0.3 I
Recovery1	01:00	1	0	0	118	160/70	18880	-0.3 V6	0.2 V3
Recovery2	01:00	1	0	0	107	140/70	14980	-0.3 V3	-0.1 II
Recovery3	01:00	1	0	0	103	120/70	12360	-0.4 V3	-0.8 II
Recovery4	00:14	1	0	0	95	120/70	11400	-0.5 V3	-0.2 II

**Interpretation**

The Patient Exercised according to Bruce Protocol for 0:06:19 achieving a work level of 7.1 METS.  
 Resting Heart Rate, initially 95 bpm rose to a max. heart rate of 157bpm (85% of Predicted Maximum Heart Rate).  
 Resting Blood Pressure of 100/70 mmHg, rose to a maximum Blood Pressure of 160/70 mmHg  
 Good Effort tolerance Normal HR & BP Response No Angina or Arrhythmias  
 ST-T DEPRESSION IN INFERIOR LATERAL LEAD Noted During Exercise  
 Stress test POSITIVE for Stress inducible ischaemia.  
 ADV. CARDIOLOGIST REF.

Suburban Diagnostics Pvt. Ltd.  
 37/300, ...  
 Borivali (West) ...  
 400-082

*[Signature]*

Doctor: DR. NITIN SONAVANE

Ref. Doctor: ---

**SCHILLER**  
The Art of Diagnostics

**DR. NITIN SONAVANE**  
M.D. ...  
CARDIOLOGIST  
8/7/12

(Summary Report edited by User)  
Cardiovit CS-20 Version 3.4

# SUBRBAN DIANOSTICS PVT. LTD. BORIVALI

**MUKESH KUMAR (36 M)**

Brace Protocol  
STLevel(mm) STSlope(mV/s)

ID: 2335720055

Date: 23-12-2023

Exec Time : 0:00:00

Stage Time: 00:45

**HR: 95 bpm**

BP: 100/70 mmHg  
STLevel(mm) STSlope(mV/s)

Stage: Supine

Speed: 0 km/h

Slope: 0%

THR: 156 bpm

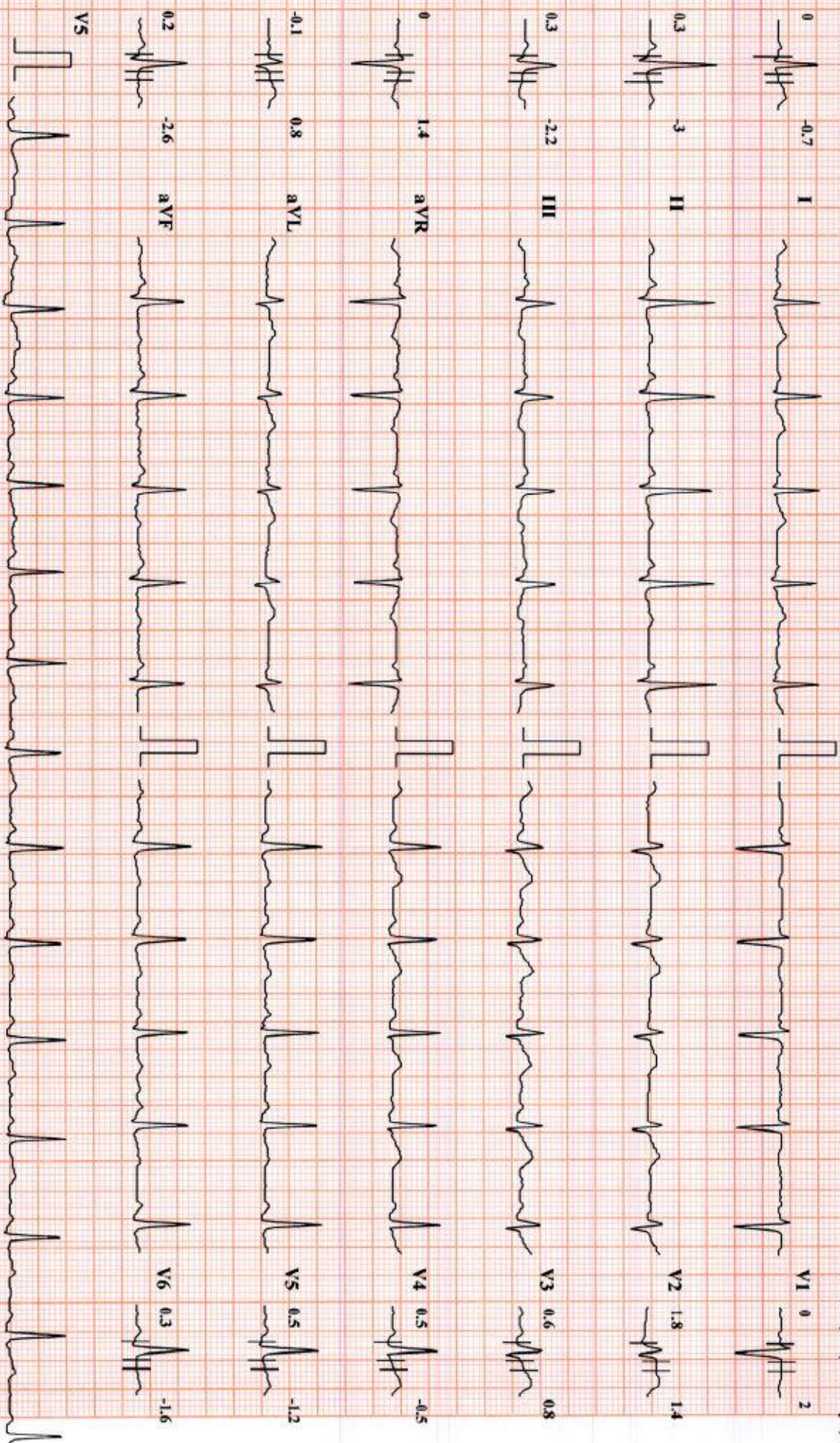


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Cardiovi CS-20 Version:3.4



# SUBRBAN DIANOSTICS PVT. LTD. BORIVALI

**MUKESH KUMAR (36 M)**

Bruce Protocol

ID: 2335720055

Date: 23-12-2023

Exec Time : 0:00:00

Stage Time: 00:13

**HR: 89 bpm**

STLevel(mm) STSlope(mV/s)

Stage: Standing

Speed: 0

Slope: 0%

THR: 156 bpm

BP: 100/70 mmHg

STLevel(mm) STSlope(mV/s)

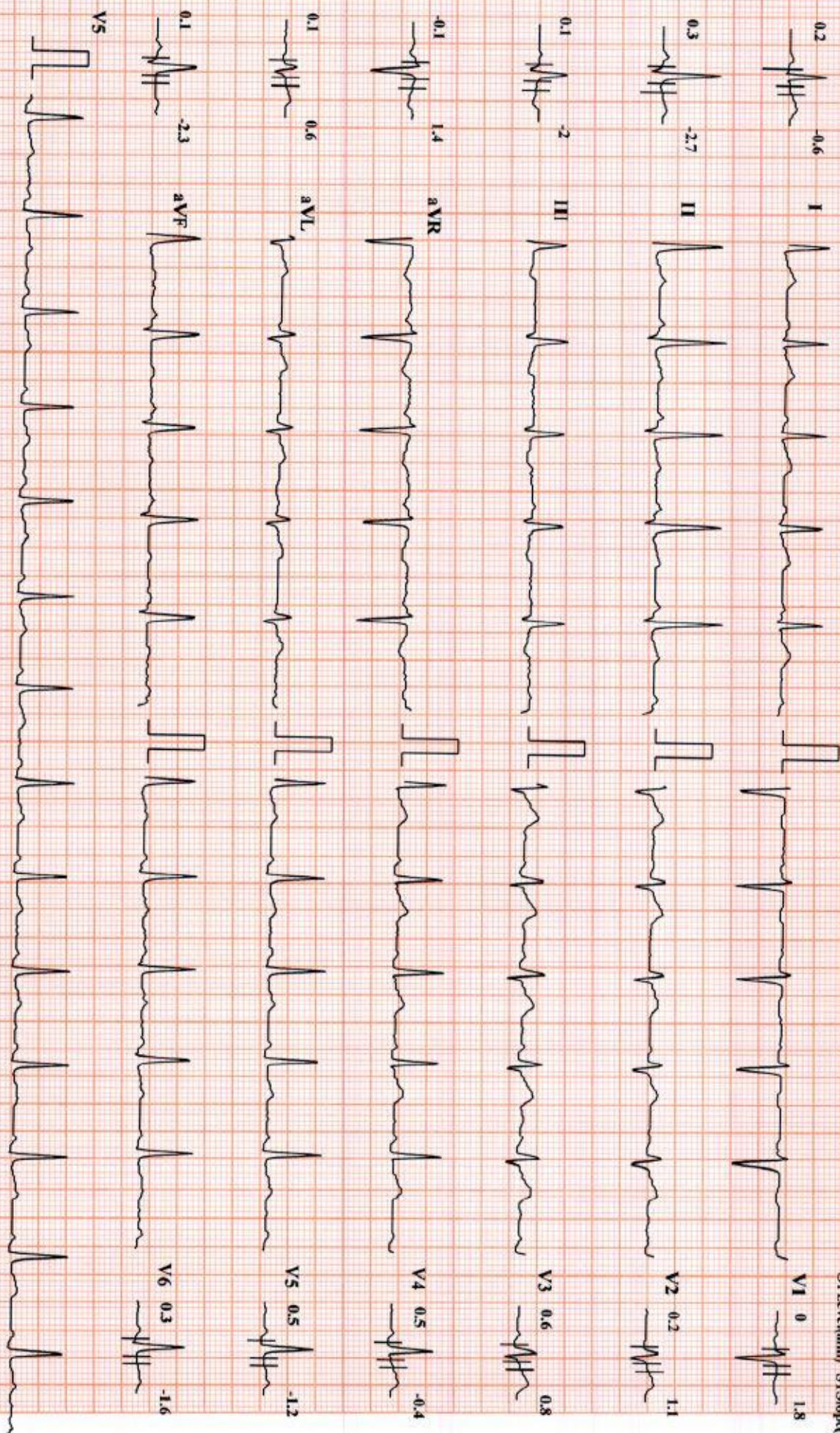


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Main Filter: ON

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



**MUKESH KUMAR (36 M)**

**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

Bruce Protocol  
STLevel(mm) STSlope(mV/s)

ID: 2335720055  
Date: 23-12-2023  
Stage: Hyper Ventilation  
Speed: 0

Exec Time : 0:00:00  
Slope: 0 %  
Stage Time: 00:12  
THR: 156 bpm

**HR: 92 bpm**  
BP: 100/70 mmHg  
STLevel(mm) STSlope(mV/s)

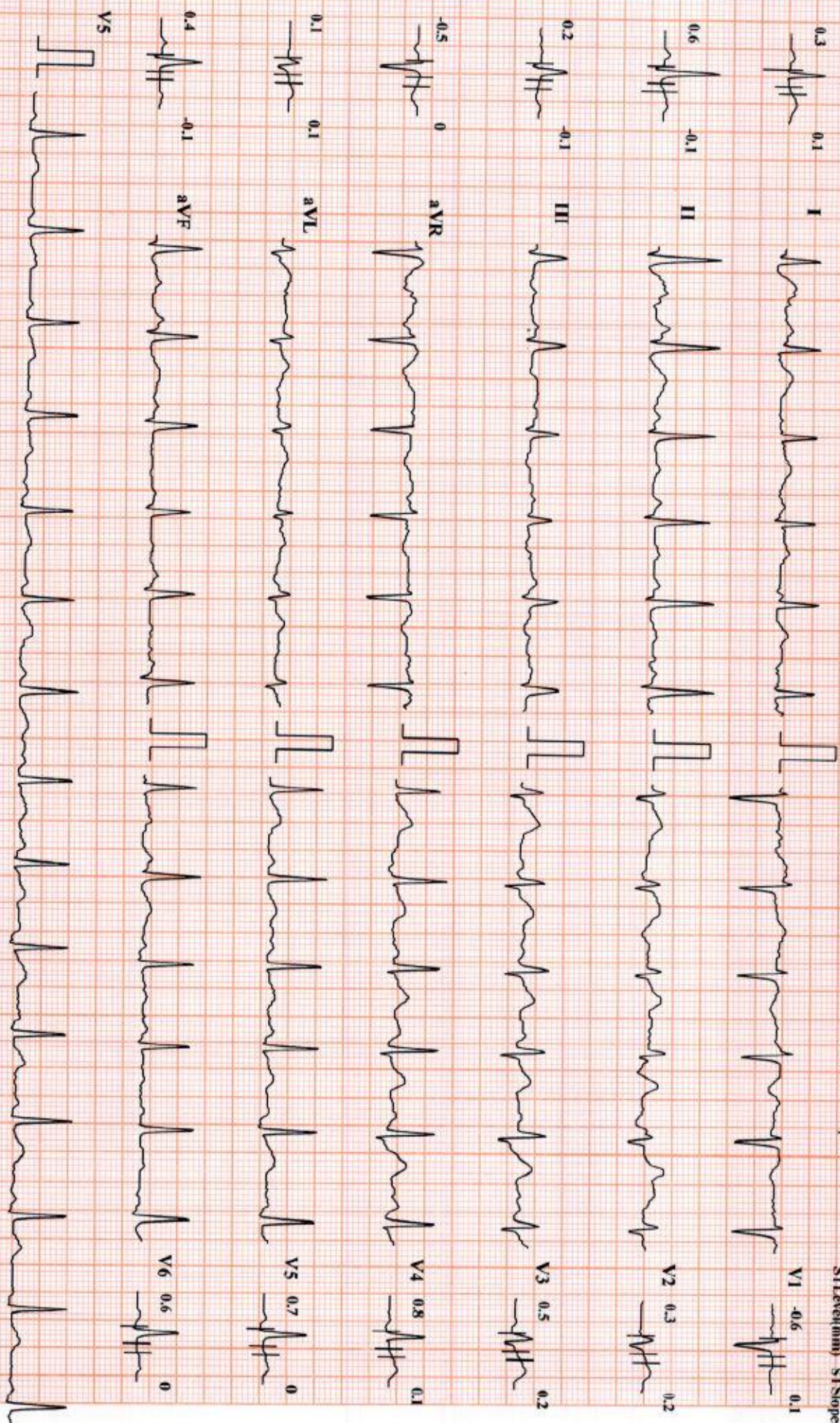


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

**MUKESH KUMAR (36 M)**

Bruce Protocol  
STLevel(mm) STSlope(mV/s)

ID: 2335720055  
Stage: 1

Date: 23-12-2023  
Speed: 2.7 kmph

Exec Time : 0:03:00  
Slope: 10 %

Sage Time: 03:00  
THR: 156 bpm

**HR: 137 bpm**

Bp: 130/70 mmHg  
STLevel(mm) STSlope(mV/s)

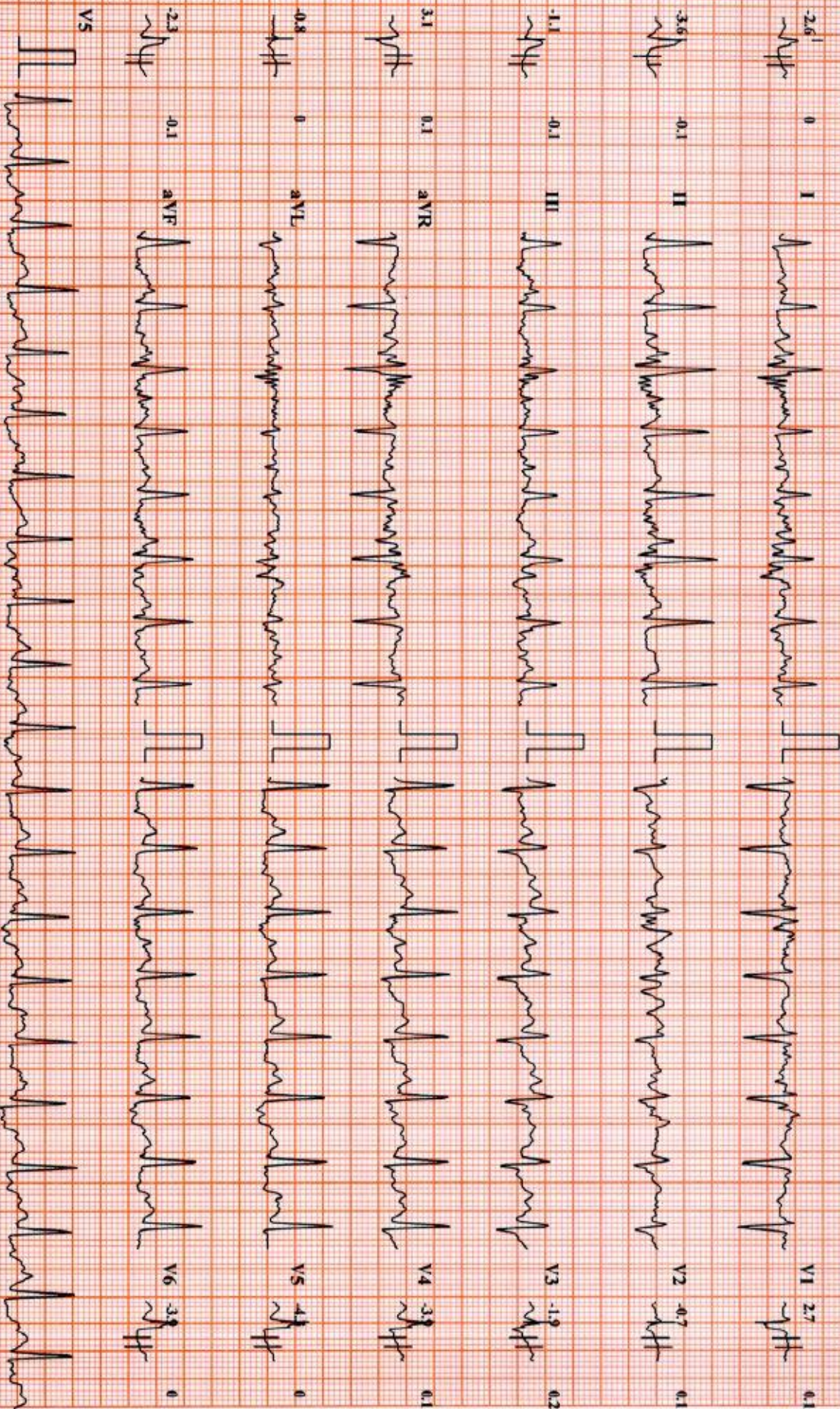


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Main Filter: ON

ISO = K - 60 ms, J = R + 60 ms, Post J = J + 66 ms

Schiller Cardiofit CS-20 Version:3.4

# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**MUKESH KUMAR (36 M)**

Bruce Protocol

ID: 2335720055

Date: 23-12-2023

Exec Time: 0:06:00

Stage Time: 03:00

**HR: 148 bpm**

BP: 150/70 mmHg

STLevel(mm) STSlope(mV/s)

Stage: 2

Speed: 4 kmph

Slope: 12 %

THR: 156 bpm

STLevel(mm) STSlope(mV/s)

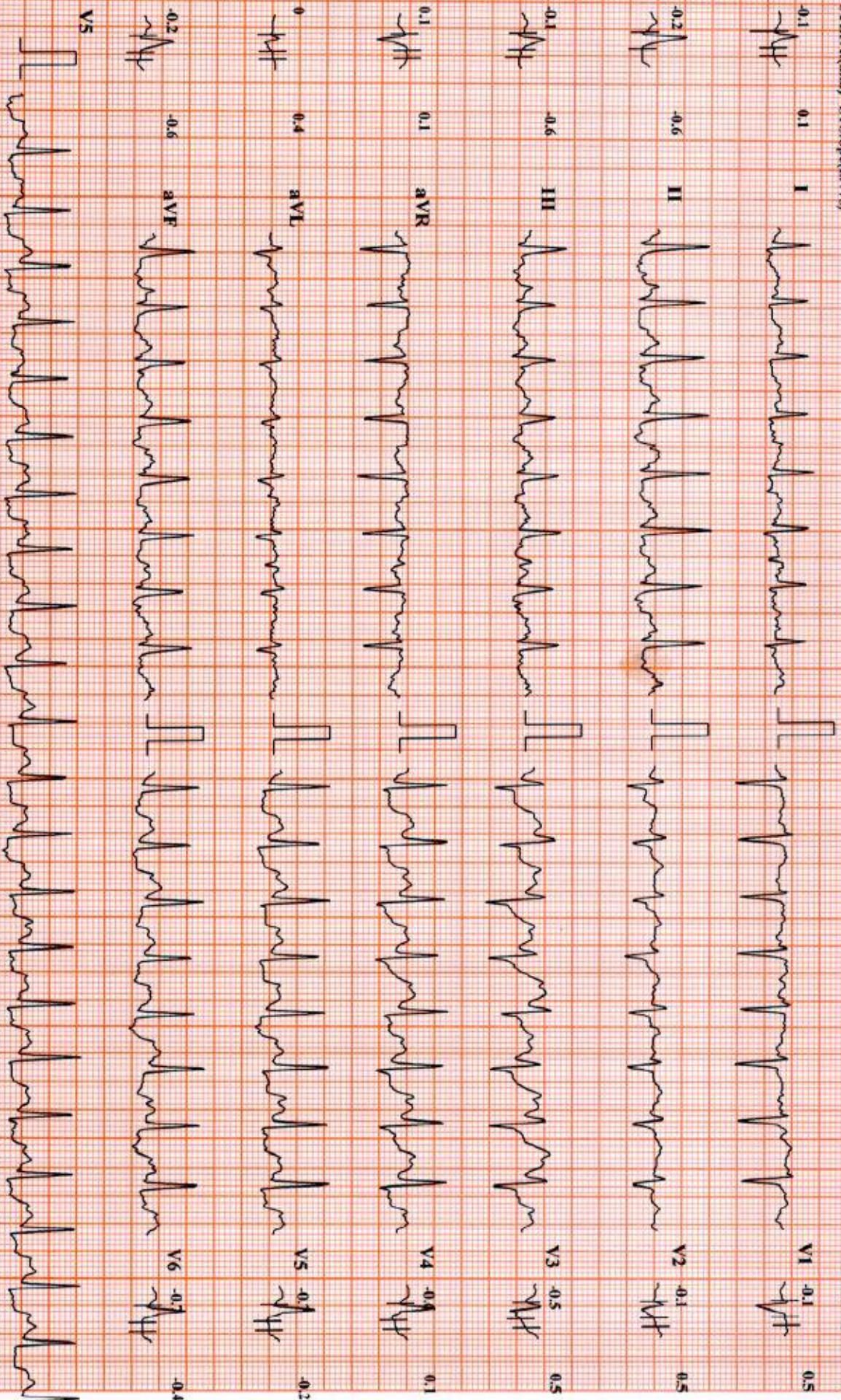


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Cardio 11 CS-20 Version 3.4

# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**MUKESH KUMAR (36 M)**

Bruce Protocol  
STLevel(mm) STSlope(mV/s)

ID: 2335726055  
Stage: Recovery/1

Date: 23-12-2023  
Speed: 0 kmph

Exec Time : 00:00  
Slope: 0 %

Stage Time: 01:00  
THR: 156 bpm

**HR: 118 bpm**

BP: 160/70 mmHg  
STLevel(mm) STSlope(mV/s)

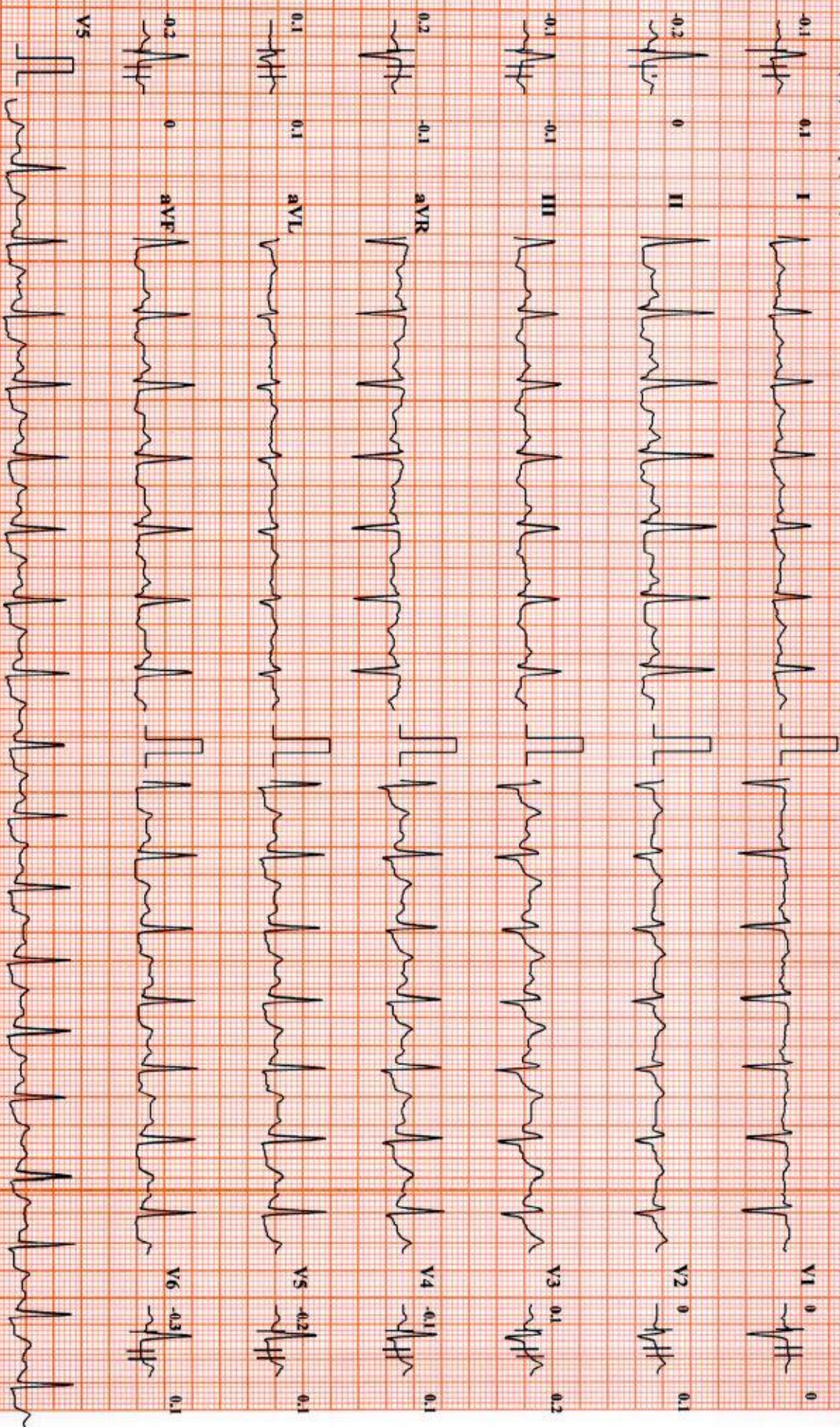


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Main Filter: ON

ISO = R - 60 ms, L + R + 60 ms, Post I = I + 60 ms

# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**MUKESH KUMAR (36 M)**

Bruce Protocol  
STLevel(mm) STSlope(mV/s)

ID: 2335720055  
Date: 23-12-2023  
Stage: Recovery2  
Speed: 0 kmph

Exec Time: 00:00  
Slope: 0 %  
Stage Time: 00:17  
THR: 156 bpm

**HR: 114 bpm**

BP: 160/70 mmHg  
STLevel(mm) STSlope(mV/s)

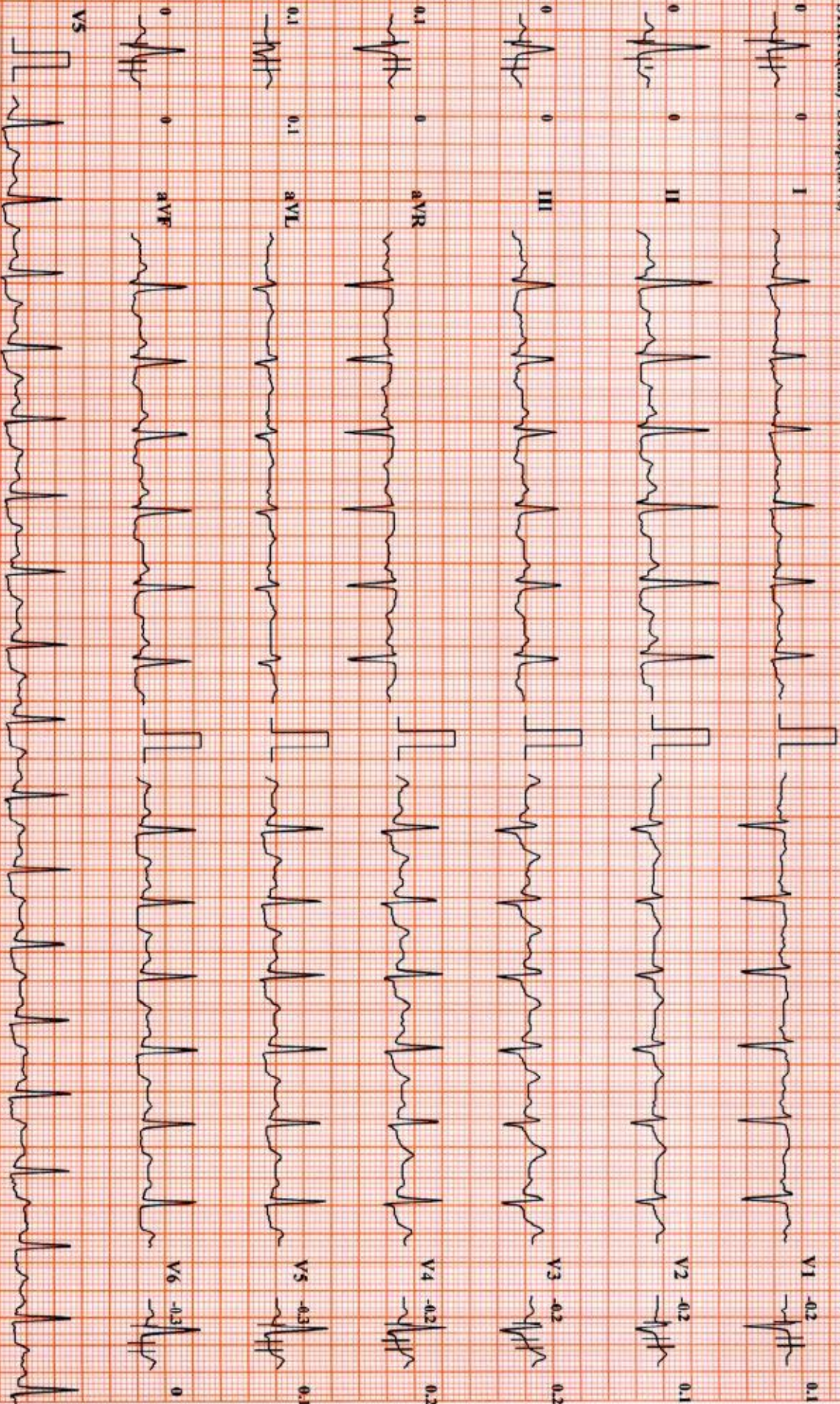


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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



**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

**MUKESH KUMAR (36 M)**

**HR: 107 bpm**

Bruce Protocol  
STLevel(mm) STSlope(mV/s)

ID: 2335720055  
Stage: Recovery2

Date: 23-12-2023  
Speed: 0 kmph

Exec Time : 00:00  
Slope: 0 %  
Stage Time: 01:00  
THR: 156 bpm

BP: 140/70 mmHg  
STLevel(mm) STSlope(mV/s)

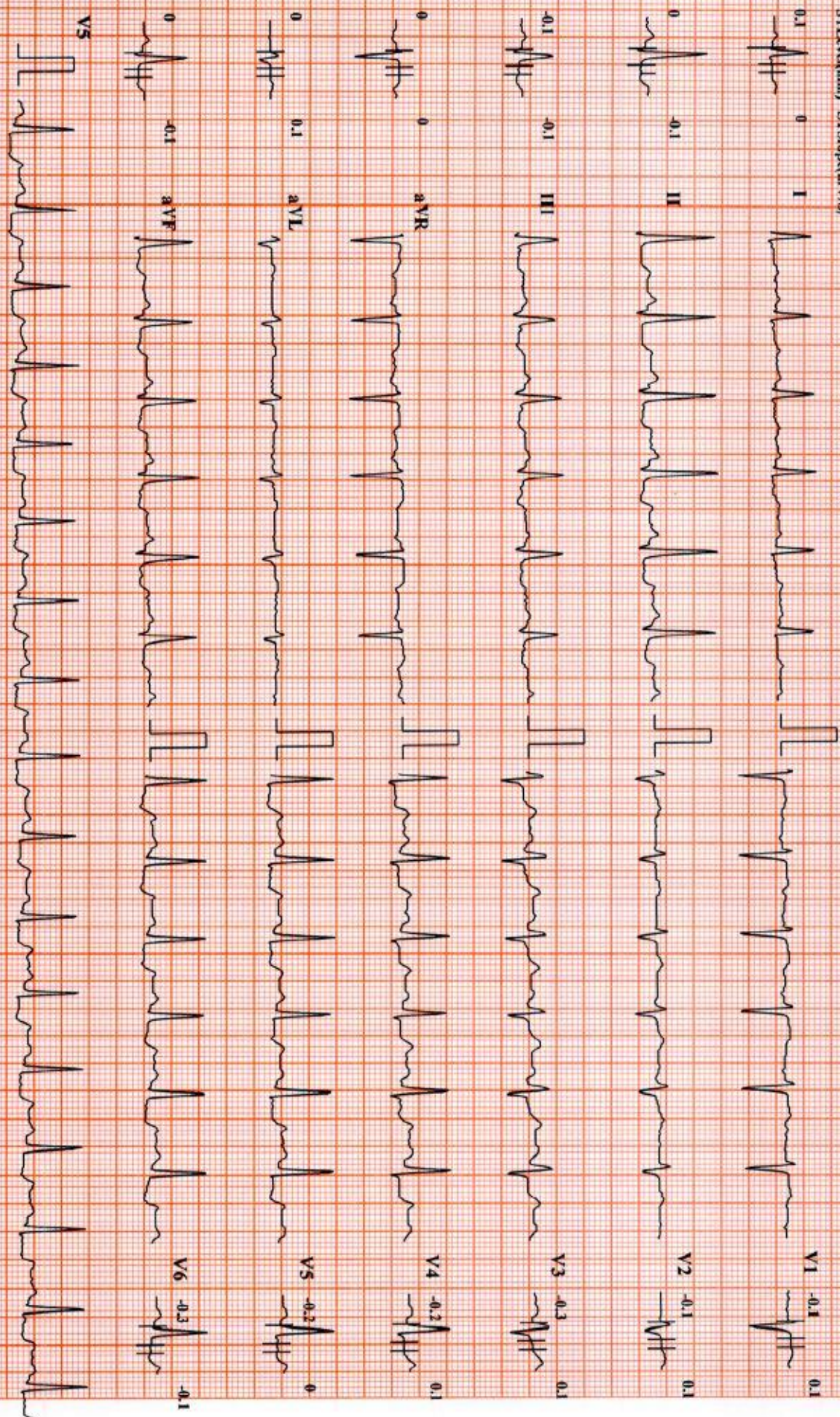


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

filter: 25 Hz Mains Filter: ON

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



# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**MUKESH KUMAR (36 M)**

Bruce Protocol  
STLevel(mm) STSlope(mV/s)

ID: 2335720055  
Stage: Recovery<sup>3</sup>

Date: 23-12-2023  
Speed: 0 kmph

Exec Time: 00:00  
Slope: 0 %

Stage Time: 01:00  
THR: 156 bpm

**HR: 103 bpm**

BP: 120/70 mmHg  
STLevel(mm) STSlope(mV/s)

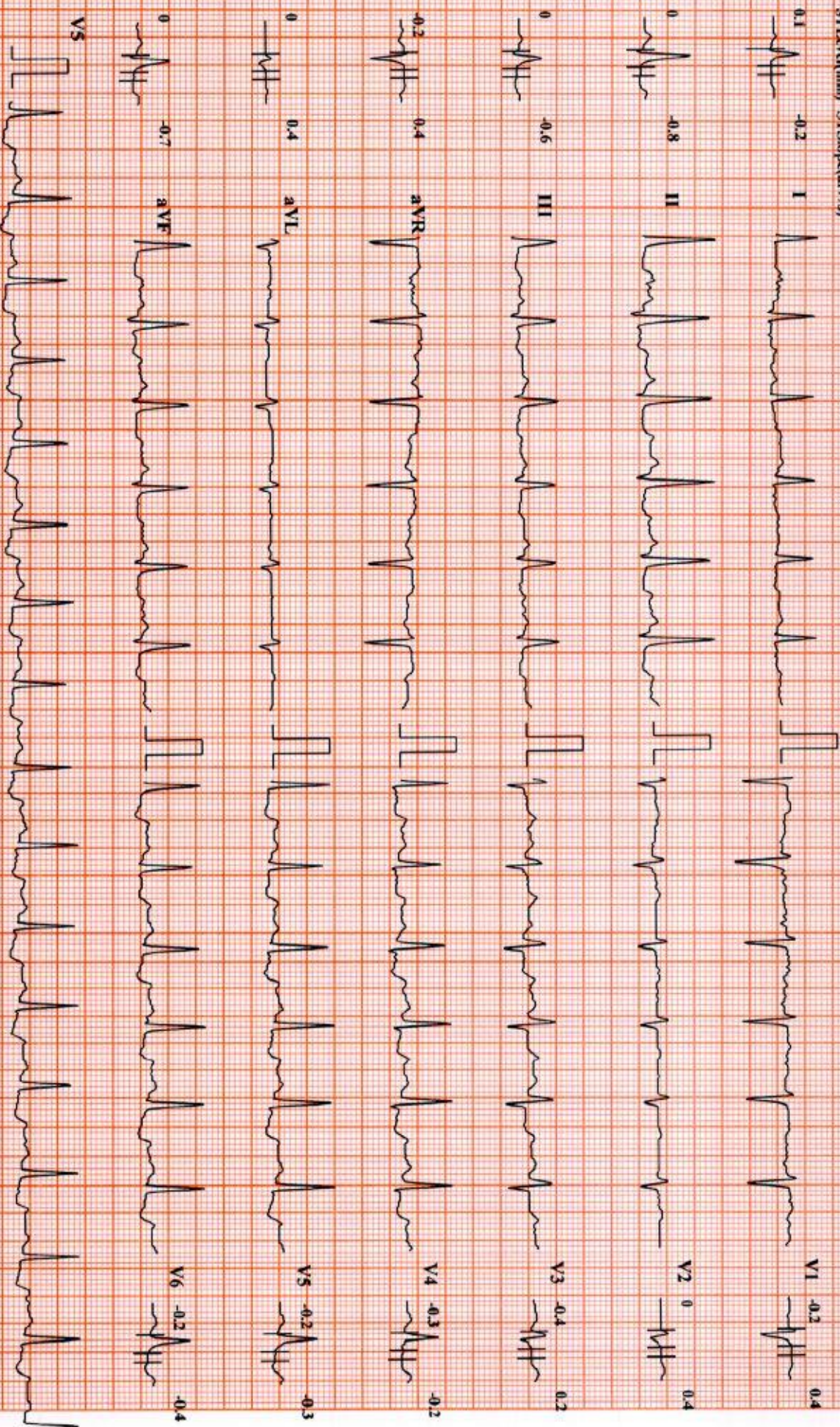


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO - R - 60 ms, I - R + 60 ms, Pos J = J + 60 ms

**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

**MUKESH KUMAR (36 M)**

Bruce Protocol  
STLevel(mm) STISlope(mV/s)

ID: 2335720055  
Stage: Recovery<sup>4</sup>

Date: 23-12-2023  
Speed: 0 kmph

Exec Time: 00:00  
Slope: 0%

Stage Time: 00:11  
THR: 156 bpm

**HR: 100 bpm**

BP: 120/70 mmHg  
STLevel(mm) STISlope(mV/s)

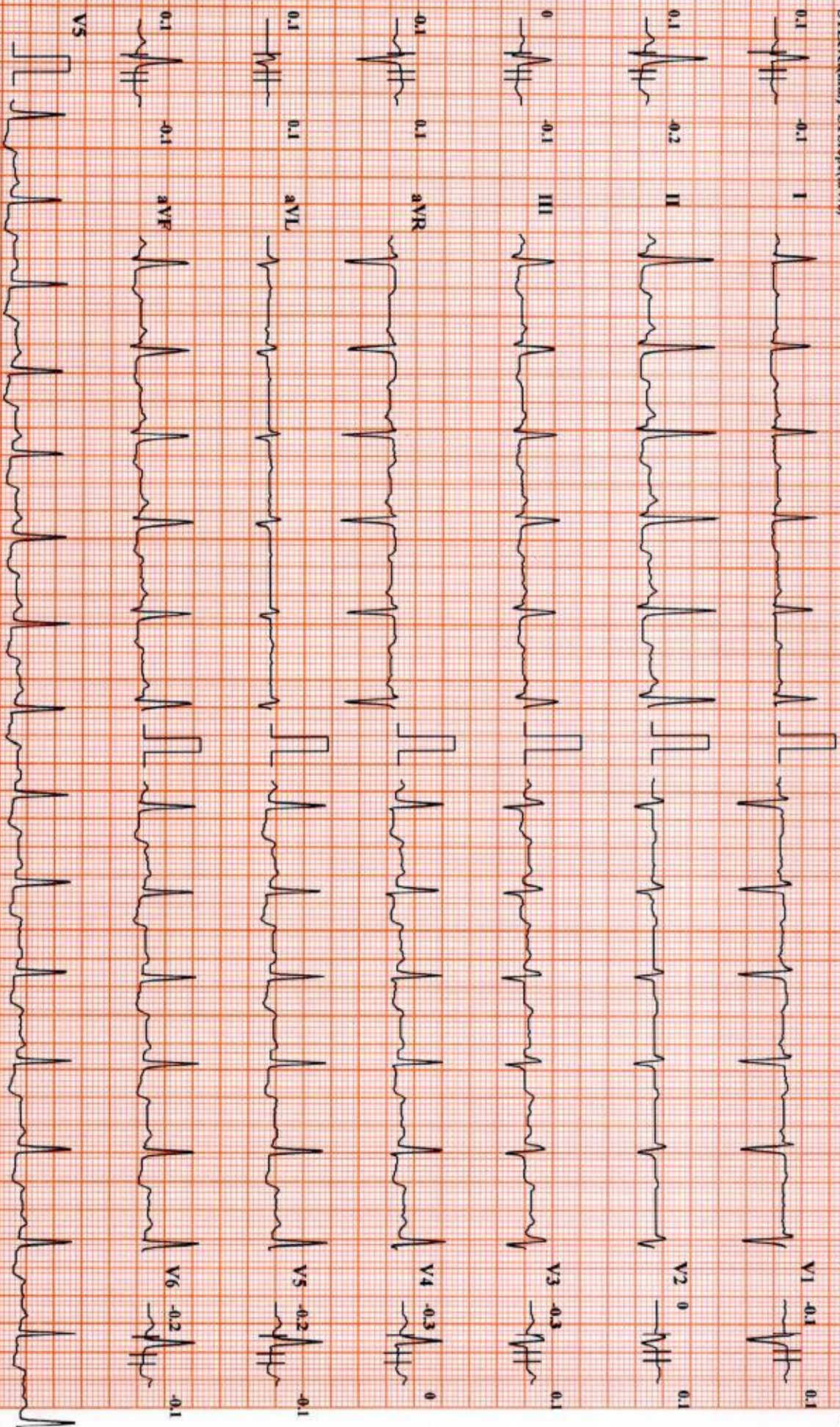


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Cardiofit CS-2.0 Version:3.4



**CID** : 2335720055  
**Name** : Mr MUKESH KUMAR  
**Age / Sex** : 36 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Borivali West

**Reg. Date** : 23-Dec-2023  
**Reported** : 23-Dec-2023/18:13

**X-RAY CHEST PA VIEW**

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

**IMPRESSION:**

**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

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

**DR. ROHIT MALIK**  
**DNB, DMRD, DMRE (MUM)**  
**RADIO DIAGNOSIS**  
**REG. No. 82356**



Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2335720055  
**Name** : Mr MUKESH KUMAR  
**Age / Sex** : 36 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Borivali West

**Reg. Date** : 23-Dec-2023  
**Reported** : 23-Dec-2023/18:13