



CID : 2234420031
Name : MR.NEUTON MONDAL
Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 10-Dec-2022 / 10:12
Reported : 10-Dec-2022 / 14:27

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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	14.4	13.0-17.0 g/dL	Spectrophotometric
RBC	5.08	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.2	40-50 %	Measured
MCV	87	80-100 fl	Calculated
MCH	28.4	27-32 pg	Calculated
MCHC	32.6	31.5-34.5 g/dL	Calculated
RDW	13.2	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7090	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	44.6	20-40 %	
Absolute Lymphocytes	3162.1	1000-3000 /cmm	Calculated
Monocytes	7.4	2-10 %	
Absolute Monocytes	524.7	200-1000 /cmm	Calculated
Neutrophils	45.3	40-80 %	
Absolute Neutrophils	3211.8	2000-7000 /cmm	Calculated
Eosinophils	2.5	1-6 %	
Absolute Eosinophils	177.3	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	14.2	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	194000	150000-400000 /cmm	Elect. Impedance
MPV	12.9	6-11 fl	Calculated
PDW	27.8	11-18 %	Calculated



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RBC MORPHOLOGY

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

Specimen: EDTA Whole Blood

ESR, EDTA WB 3 2-15 mm at 1 hr. Sedimentation

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



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



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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	99.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	105.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.60	0.3-1.2 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (DIRECT), Serum	0.17	0-0.3 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (INDIRECT), Serum	0.43	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.6	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.7	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	31.9	<34 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
SGPT (ALT), Serum	70.4	10-49 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			



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Collected : 10-Dec-2022 / 13:21
Reported : 10-Dec-2022 / 20:00

GAMMA GT, Serum	29.7	<73 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALKALINE PHOSPHATASE, Serum	110.8	46-116 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
BLOOD UREA, Serum	18.1	19.29-49.28 mg/dl	Calculated
Kindly note change in Ref range and method w.e.f.11-07-2022			
BUN, Serum	8.5	9.0-23.0 mg/dl	Urease with GLDH
Kindly note change in Ref range and method w.e.f.11-07-2022			
CREATININE, Serum	0.69	0.60-1.10 mg/dl	Enzymatic
Kindly note change in Ref range and method w.e.f.11-07-2022			
eGFR, Serum	140	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	6.0	3.7-9.2 mg/dl	Uricase/ Peroxidase
Kindly note change in Ref range and method w.e.f.11-07-2022			
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



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	102.5	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 ***



Dr. Leena Salunkhe
Dr.LEENA SALUNKHE
M.B.B.S, DPB (PATH)
Pathologist



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Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 10-Dec-2022 / 10:12
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
EXAMINATION OF FAECES**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<u>PHYSICAL EXAMINATION</u>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<u>CHEMICAL EXAMINATION</u>		
Reaction (pH)	Acidic (6.0)	-
Occult Blood	Trace	Absent
<u>MICROSCOPIC EXAMINATION</u>		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Occasional	Absent
WBC/hpf	Absent	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present +	-
Concentration Method (for ova)	No ova detected	Absent
Reducing Substances	-	Absent

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

*** End Of Report ***



MC-2111

J. Thakker

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



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Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 10-Dec-2022 / 10:12
Reported : 10-Dec-2022 / 15:41

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	6-8	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



MC-2111



J. Thakker

Dr.JYOT THAKKER
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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 ***



Dr. Leena Salunkhe
Dr.LEENA SALUNKHE
M.B.B.S, DPB (PATH)
Pathologist



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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	173.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	110.4	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	29.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	144.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	122.0	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	22.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.1	0-3.5 Ratio	Calculated

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



Dr. Leena Salunkhe
Dr. LEENA SALUNKHE
M.B.B.S, DPB (PATH)
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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	6.1	3.5-6.5 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
Free T4, Serum	18.1	11.5-22.7 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
sensitiveTSH, Serum	1.775	0.55-4.78 microu/ml	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			



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Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

Limitations:

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

Reference:

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

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*** End Of Report ***

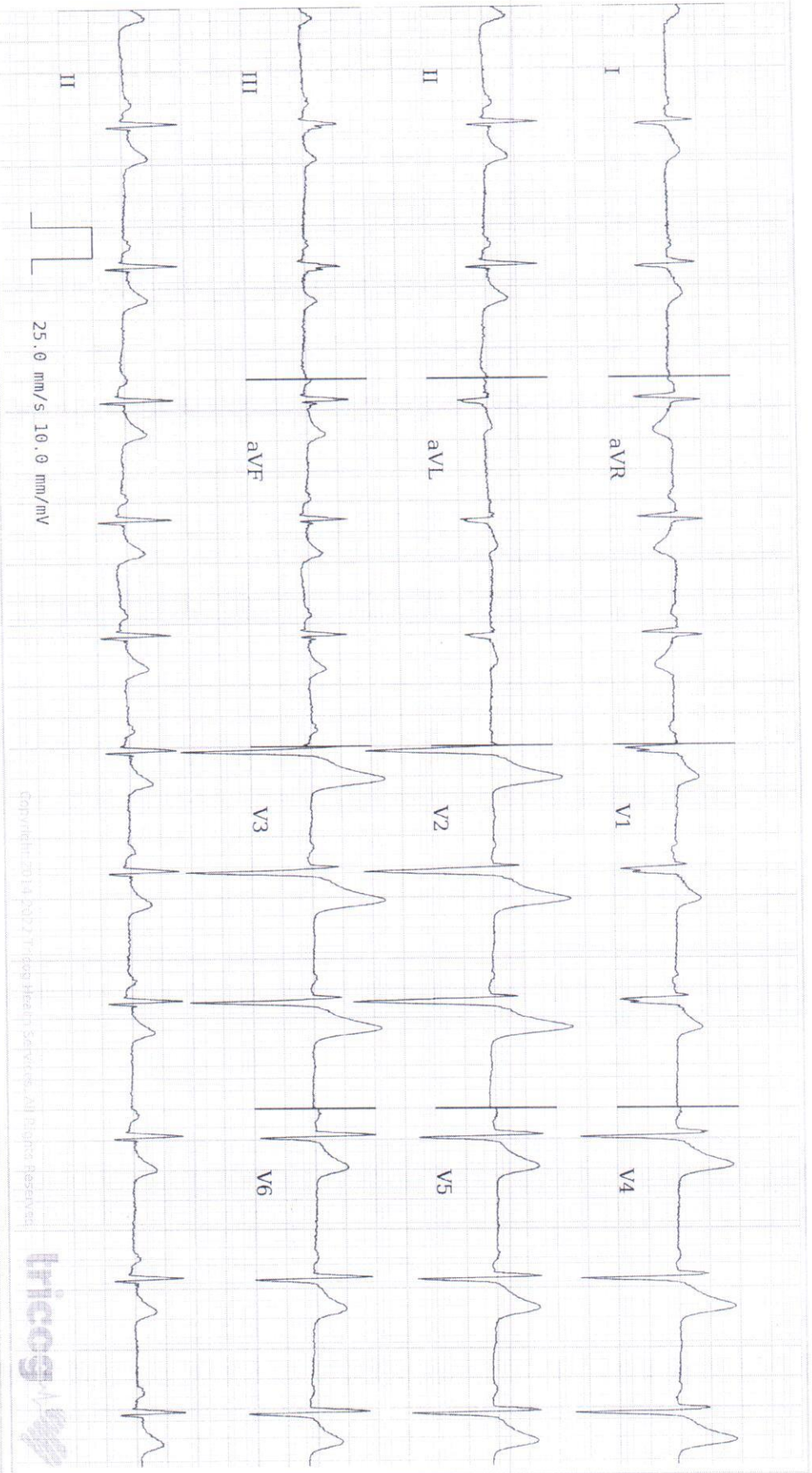


Anupa

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

Patient Name: NEUTON MONDAL
Patient ID: 2234420031

Date and Time: 10th Dec 22 10:02 AM



25.0 mm/s 10.0 mm/mV

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Age **34** NA NA
years months days

Gender **Male**

Heart Rate **71bpm**

Patient Vitals

BP: 140/80 mmHg

Weight: 63 kg

Height: 160 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

Measurements

QRSD: 86ms

QT: 342ms

QTc: 371ms

PR: 146ms

P-R-T: 60° 93° 52°

REPORTED BY

[Signature]

DR. ANIL PAULLEKAR

MBBS MD, MEDICINE, DNB Cardiology
Cardiologist
2012082483

Sinus Rhythm, with Sinus Arrhythmia, Rightward Axis. Please correlate clinically.

ESBURBAN DIAGNOSTICS (INDIA) PVT. LTD.

Row House No. 3, Aangan,
Thakur Village, Kandivalli (east),
Mumbai - 400101.

Tel : 61700000

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.



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Reported : 10-Dec-2022 / 12:09

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-----

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

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

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USG WHOLE ABDOMEN

LIVER:

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

GALL BLADDER:

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

PANCREAS:

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

KIDNEYS:

Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.
Right kidney measures 9.5 x 5.0 cm. Left kidney measures 10.5 x 5.5 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 16 cc.

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Reg. Location : Kandivali East Main Centre

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Reported : 10-Dec-2022 / 14:36

IMPRESSION:
Grade I fatty liver.

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

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

Khilji FA

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

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the centre for rectification. Please interpret accordingly.

Click here to view images <<ImageLink>>

DENTAL CHECK - UP

Name:- *Newton Mondal* CID : *2234470031* Sex / Age : *M / 34*
 Occupation:- Date: *10/12/2022*
 Chief complaints:- *No complaints*
 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: *76/67 Carious*
- c) Calculus: *++*
- Stains: *++*

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
<input type="radio"/>	Filled/Restored	RCT	Root Canal Treatment
<input type="radio"/>	Cavity/Caries	RP	Root Piece

Advised: a) *Filling* *for 76/67*
 b) *Scaling* *& Polishing*

Provisional Diagnosis:-
 - pulpitis -

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
 Row House No. 3, Aangan,
 Thekur Village, Kandivali (West),
 Mumbai - 400101.
 Tel : 61700000

DR. BHUMIK PATEL
 (B.D.S) A - 23378

Dr. Bhumik Patel


Date:- 10/12/22

CID:
2234420031

Name:- Mr. Newton Mondal

Sex/Age: m/34

EYE CHECK UP

Chief complaints: Routine checkup

Systemic Diseases: No +/to stz

Past history: No +/to Ocular injury

Unaided Vision: 6/6 6/6

Aided Vision:

Refraction:

Compl. normal

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	Plane			6/6	Plane			6/6
Near				6/6				6/6

Colour Vision: Normal / Abnormal

Remark: Vm within normal limit



KAJAL NAGRECHA
OPTOMETRIST

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Aangan,
Thakur Village, Kandivalli (east),
Mumbai - 400101.
Tel : 61700000

CID# : 2234420031
Name : MR.NEUTON MONDAL
Age / Gender : 34 Years/Male
Consulting Dr. : - Collected : 10-Dec-2022 / 10:09
Reg.Location : Kandivali East (Main Centre) Reported : 10-Dec-2022 / 16:57

PHYSICAL EXAMINATION REPORT

History and Complaints:

No

EXAMINATION FINDINGS:

Height (cms):	160 cms	Weight (kg):	63 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	140/80	Nails:	Normal
Pulse:	80/min	Lymph Node:	Not palpable

Systems

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

IMPRESSION:

mild dyslipidemia.

ADVICE:

Lifestyle modification.

CID# : 2234420031
Name : MR.NEUTON MONDAL
Age / Gender : 34 Years/Male
Consulting Dr. :- Collected : 10-Dec-2022 / 10:09
Reg.Location : Kandivali East (Main Centre) Reported : 10-Dec-2022 / 16:57

CHIEF COMPLAINTS:

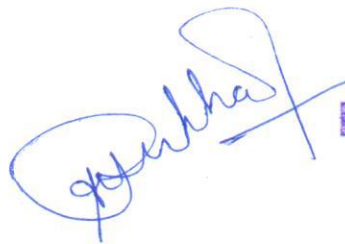
- | | |
|------------------------------------------|----|
| 1) Hypertension: | No |
| 2) IHD | No |
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis | No |
| 6) Asthama | No |
| 7) Pulmonary Disease | No |
| 8) Thyroid/ Endocrine disorders | No |
| 9) Nervous disorders | No |
| 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 | Occasionally |
| 2) Smoking | No |
| 3) Diet | Non veg |
| 4) Medication | No |

*** End Of Report ***

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Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700000



Dr. Akhil P. Parulekar.
MBBS. MD. Medicine
DNB Cardiology
Reg. No. 2012082483

E-Mail:
561 / NEUTON MONDAL / 34 Yrs / M / 160 Cms / 63 Kg Date: 10 / 12 / 2022 10:38:28 AM Refd By : ARCOFEMI

REPORT :

Heart Rate 165.0 bpm
Systolic BP 170.0 mmHg Diastolic BP 80.0 mmHg
Exercise Time 06:19 Mins. Ectopic Beats 0.0
METS 7.4 Test End Reason , Heart Rate Achieved Target Heart Rate 90% of 186

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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Mumbai - 400101.
Tel : 61700000

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

Doctor : DR. AKHIL PARULEKAR

SUBURBAN DIAGNOSTICS KANDIVALI EAST

Report



Email:

561 (2234420031) / NEUTON MONDAL / 34 Yrs / M / 160 Cms / 63 Kg
 Date: 10 / 12 / 2022 10:38:28 AM Refd By : ARCOFEMI Examined By: DR.AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	METs	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:19	0:19	00.0	00.0	01.0	105	56 %	140/80	147	00	
Standing	00:56	0:37	00.0	00.0	01.0	099	53 %	140/80	138	00	
HV	01:15	0:19	00.0	00.0	01.0	083	45 %	140/80	116	00	
ExStart	01:29	0:14	00.0	00.0	01.0	091	49 %	140/80	127	00	
BRUCE Stage 1	04:29	3:00	02.7	10.0	04.7	136	73 %	140/80	190	00	
BRUCE Stage 2	07:29	3:00	04.0	12.0	07.1	160	86 %	150/80	240	00	
PeakEx	07:48	0:19	05.5	14.0	07.4	165	89 %	170/80	280	00	
Recovery	08:48	1:00	00.2	00.0	01.1	131	70 %	170/80	222	00	
Recovery	09:02				00.0	000	0 %	---/---	000	00	

FINDINGS :

Exercise Time : 06:19
 Initial HR (ExStrt) : 91 bpm 49% of Target 186
 Initial BP (ExStrt) : 140/80 (mm/Hg)
 Max Workload Attained : 7.4 Fair response to induced stress
 Duke Treadmill Score : 05.6
 Test End Reasons : , Heart Rate Achieved

Max HR Attained: 165 bpm 89% of Target 186
 Max BP Attained: 170/80 (mm/Hg)

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 Tel: 61700000

Dr. Akhil P. Parulekar,
 MD, MD, Medicine
 DNB Cardiology,
 Reg. No. 2012032483

Doctor : DR.AKHIL PARULEKAR



SUBURBAN DIAGNOSTICS KANDIVALI EAST

SUPINE (00:19)



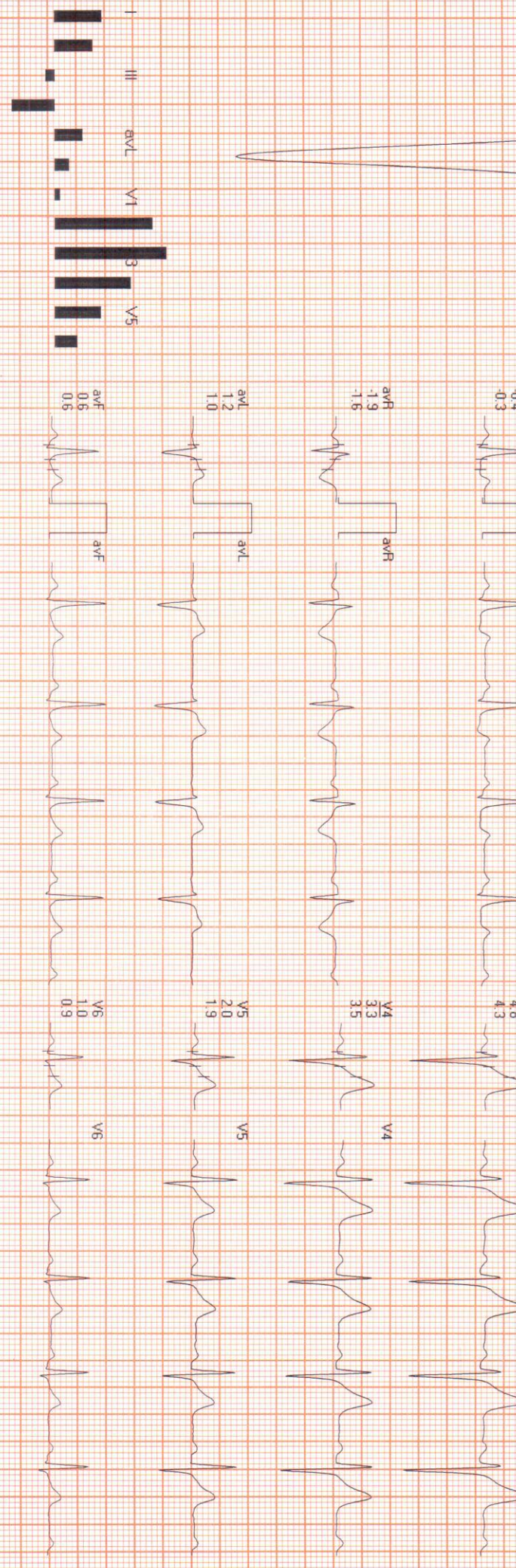
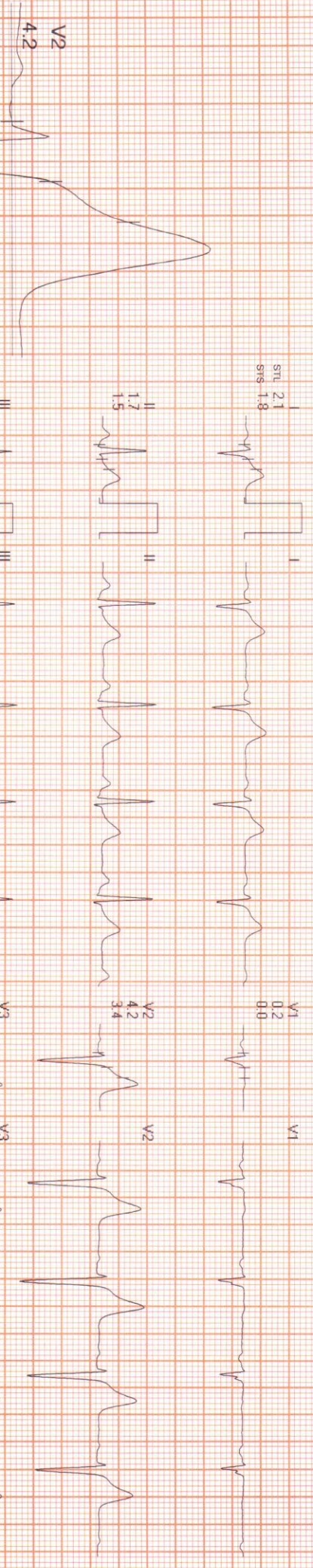
561 (2234420031) / NEUTON MONDAL / 34 Yrs / M / 160 Cms / 63 Kg / HR : 105

Date: 10/12/2022 10:38:28 AM METS: 1.0/105 bpm 56% of THR BP: 140/80 mmHg Raw ECG/BLC On/Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 0.0 Kmph, 0.0%

4X 80 mS PostJ

25 mm/Sec 1.0 Cm/mV



REMARKS



SUBURBAN DIAGNOSTICS KANDIVALI EAST

STANDING (00:37)



561 (2234420031) / NEUTON MONDAL / 34 Yrs / M / 160 Cms / 63 Kg / HR : 99

Date: 10 / 12 / 2022 10:38:28 AM METS: 1.0/99 bpm 53% of THR BP- 140/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 0.0 Kmph, 0.0%

4X 80 ms Post J

25 mm/Sec 1.0 Cm/mV

STL 1.7
STS 1.6

V1 0.3
V2 0.0

I 1.7

V3 6.0
V4 4.5
V5 2.6
V6 1.3

II 1.6

V4 4.5
V5 2.4
V6 1.3

III 0.0

V5 2.4
V6 1.3

aVR -1.7

V6 1.3

aVL 0.9

V6 1.3

aVF 0.8

V6 1.3

V2 3.4

V6 1.3

V3 6.0

V6 1.3

V4 4.5

V6 1.3

V5 2.6

V6 1.3

V6 1.3

V6 1.3

V6 1.3

V6 1.3

V6 1.3

V6 1.3

V6 1.3

V6 1.3

V6 1.3

V6 1.3

V6 1.3

V6 1.3

V6 1.3

V6 1.3

V6 1.3

V6 1.3

V6 1.3

V6 1.3

V6 1.3

V6 1.3

V6 1.3

V6 1.3

V6 1.3

V6 1.3

V6 1.3

V6 1.3

V6 1.3

V6 1.3

V6 1.3

V6 1.3

REMARKS



SUBURBAN DIAGNOSTICS KANDIVALI EAST

HV (00:19)



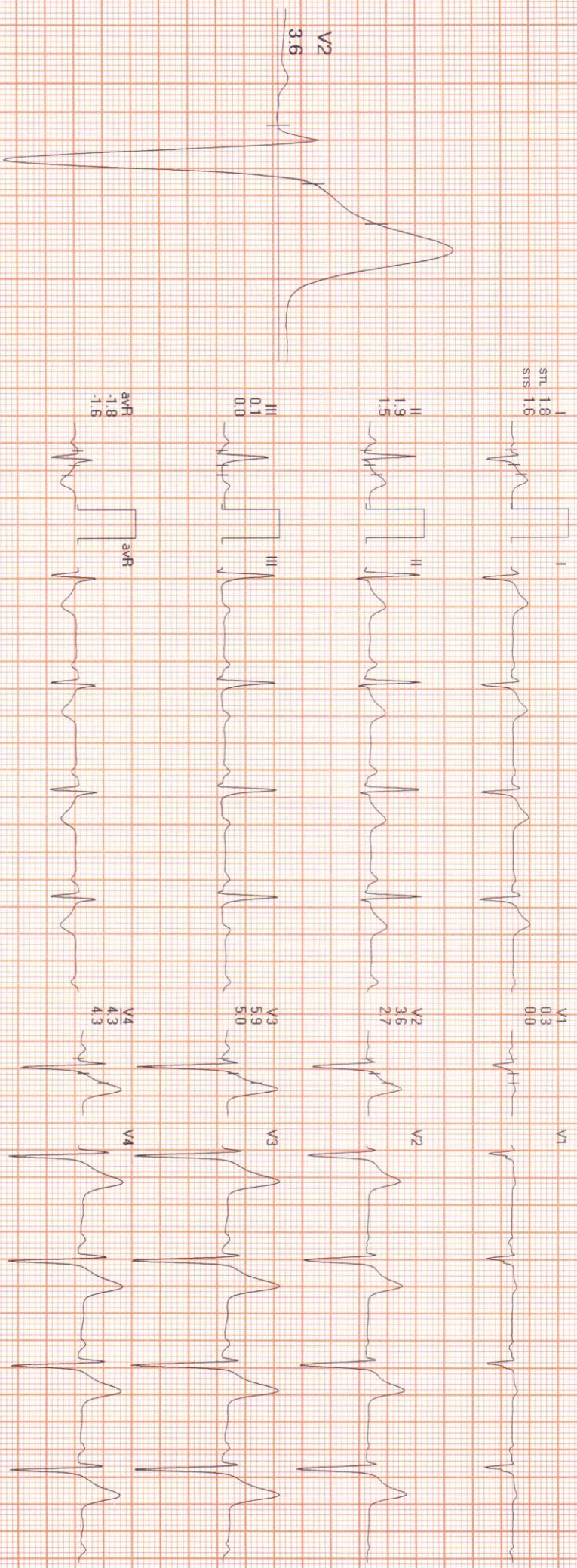
561 (2234420031) / NEUTON MONDAL / 34 Yrs / M / 160 Cms / 63 Kg / HR : 83

Date: 10/12/2022 10:38:28 AM METS: 1.0/93 bpm 45% of THR BP: 140/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 Kmph, 0.0%

4X 80 mS Post J

25 mm/Sec 1.0 Cm/mV



STL 1.8
STS 1.6

II 1.9
1.5

III 0.1
0.0

aVR -1.8
-1.6

aVL 0.9
0.8

aVF 1.0
0.8

V1 0.3
0.0

V2 3.6
2.7

V3 5.9
5.0

V4 4.3
4.3

V5 2.6
2.3

V6 1.3
1.2

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



SUBURBAN DIAGNOSTICS KANDIVALI EAST

561 (2234420031) / NEUTON MONDAL / 34 Yrs / M / 160 Cms / 63 Kg / HR : 91

Date: 10/12/2022 10:38:28 AM METS: 1.0/91 bpm 49% of THR BP: 140/80 mmHg Raw ECG/ BLC On/ Notch On/ HF: 0.05 Hz/LF: 35 Hz

4X 80 ms Post J

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

STL 2.5
 SIS 2.0

V1 0.1
 V2 3.8
 V3 5.5
 V4 3.5
 V5 2.2
 V6 1.9

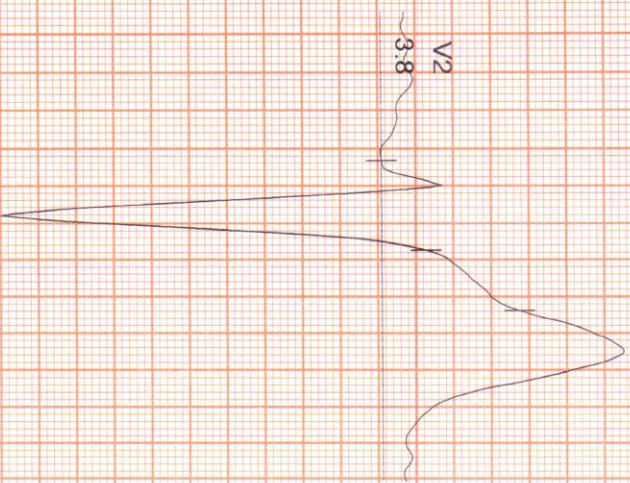
V1 0.0
 V2 3.0
 V3 5.0
 V4 4.1
 V5 2.1
 V6 2.3

II 2.2
 III 0.2
 aVR -2.3
 aVL 0.9
 aVF 1.2

II 2.2
 III 0.6
 aVR -2.0
 aVL 0.5
 aVF 1.4

V1 0.1
 V2 3.8
 V3 5.5
 V4 3.5
 V5 2.2
 V6 1.9

V1 0.0
 V2 3.0
 V3 5.0
 V4 4.1
 V5 2.1
 V6 2.3



REMARKS
 I aVR aVL V1 V2 V3 V4 V5 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 1 (03:00)



561 (2234420031) / NEULTON MONDAL / 34 Yrs / M / 160 Cms / 63 Kg / HR : 136

Date: 10 / 12 / 2022 10:38:28 AM METS: 4.7 / 136 bpm 73% of THR BP: 140/80 mmHg Raw ECG/ BLOC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

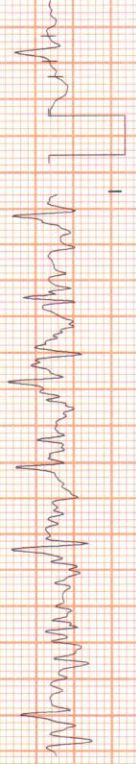
EXTime: 03:00 2.7 Km/h, 10.0%

4X 60 ms Post J

25 mm/Sec - 1.0 Cm/mV

STL 0.9
STs 1.2

V1 0.4
V2 0.2



II 1.2
III 1.6

V2 2.3
V3 2.6



III 0.3
aVR -0.4

V3 5.0
V4 6.4



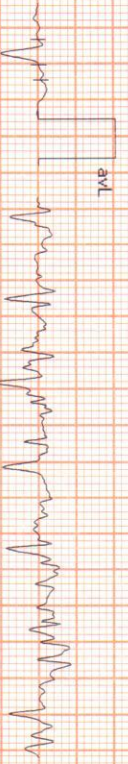
aVR -1.1
aVL -1.4

V4 4.2
V5 5.5



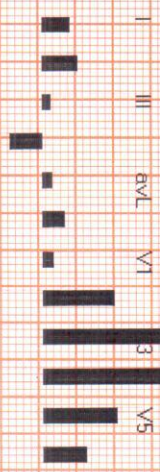
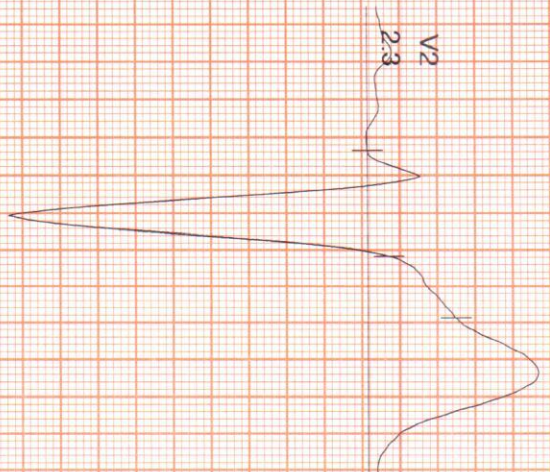
aVL 0.3
aVF 0.4

V5 2.4
V6 3.2



aVF 0.7
V1 1.0

V6 1.4
V6 1.8



REMARKS
I aVR aVL V1 V2 V3 V4 V5 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 2 (03:00)



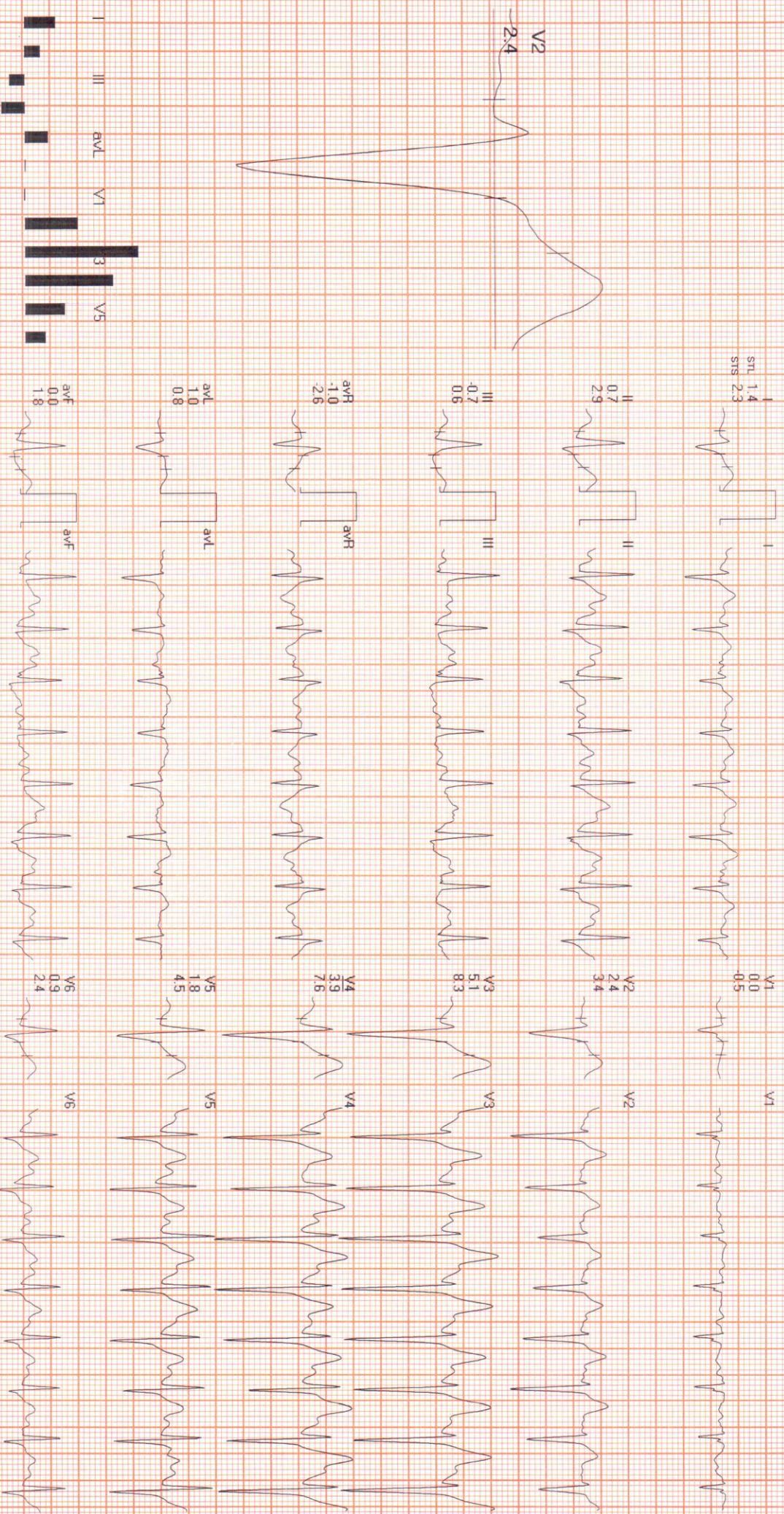
561 (2234420031) / NEULTON MONDAL / 34 Yrs / M / 160 Cms / 63 Kg / HR : 160

Date: 10/12/2022 10:38:28 AM METS: 7.1 / 160 bpm 86% of THR BP: 150/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 06:00 4.0 Km/h, 12.0%

4X 60 m5 Post J

25 mm/Sec : 1.0 Cm/mV



REMARKS



SUBURBAN DIAGNOSTICS KANDIVALI EAST

PeakEX



561 (2234420031) / NEUTON MONDAL / 34 Yrs / M / 160 Cms / 63 Kg / HR : 165

Date: 10 / 12 / 2022 10:38:28 AM METS: 7.4 / 165 bpm 89% of THR BP: 170/80 mmHg Raw ECG/BLCON/Notch On/HF 0.05 Hz/LF 35 Hz

EXTime: 06:19 5.5 KmPh, 14.0%

4X 60 ms Post J

25 mm/Sec : 1.0 Cm/mV

STL 1.1
STR 2.4

V1 0.0
V2 2.0
V3 3.6
V4 2.5
V5 0.7
V6 0.2

V1 0.4
V2 3.3
V3 8.1
V4 8.1
V5 3.7
V6 2.2

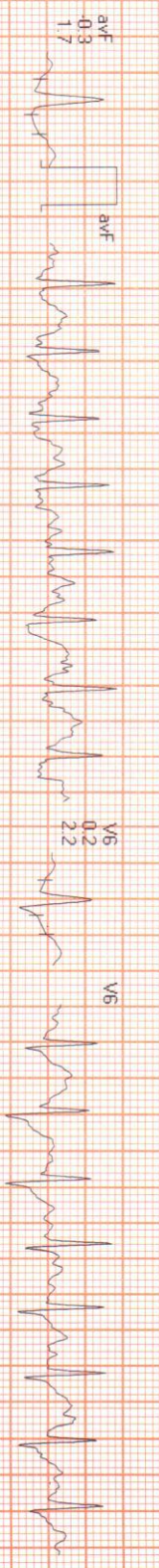
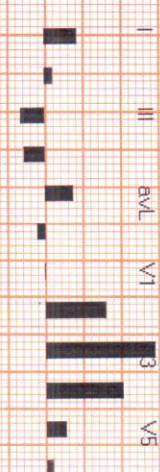
II 0.3
III 0.8
aVR -0.7
aVL 0.9
aVF -0.8
V1 0.0
V2 2.0
V3 3.6
V4 2.5
V5 0.7
V6 0.2

II 0.3
III 0.8
aVR -0.7
aVL 0.9
aVF -0.8
V1 0.0
V2 2.0
V3 3.6
V4 2.5
V5 0.7
V6 0.2

V2 -2.0

II 0.3
III 0.8
aVR -0.7
aVL 0.9
aVF -0.8
V1 0.0
V2 2.0
V3 3.6
V4 2.5
V5 0.7
V6 0.2

II 0.3
III 0.8
aVR -0.7
aVL 0.9
aVF -0.8
V1 0.0
V2 2.0
V3 3.6
V4 2.5
V5 0.7
V6 0.2



REMARKS:



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:00)



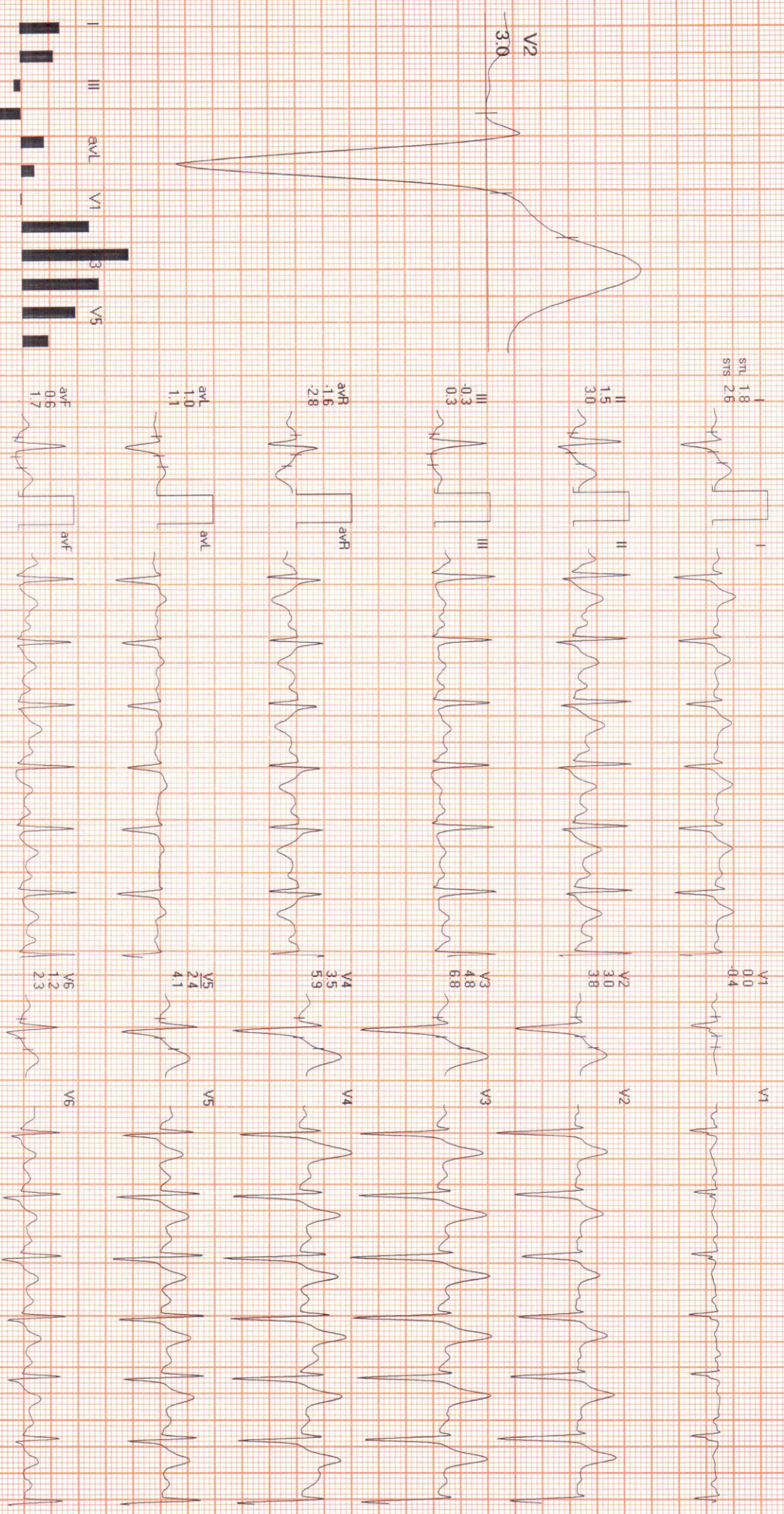
561 (2234420031) / NEUTON MONDAL / 34 Yrs / M / 160 Cms / 63 Kg / HR : 131

Date: 10 / 12 / 2022 10:38:28 AM METS: 1.1 / 1.31 bpm 70% of THR BP: 170/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 06:19 0.2 Km/ph. 0.0%

4X 60 ms Post J

25 mm/Sec. 1.0 Cm/mV



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



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:14)



561 (2234420031) // NEUTON MONDAL / 34 Yrs / M / 160 Cms / 63 Kg / HR 129

Date: 10 / 12 / 2022 10:38:28 AM METS: 1.0 / 129 bpm 69% of THR BP: 170/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 06:19 0.0 Km/h, 0.0%

4X 80 ms Post J

25 mmv/Sec 1.0 Cm/v

STL 2.4
STB 2.9

V1 0.3
V1 0.5

II 2.6
III 0.2
aVR 0.6

V2 4.2
V2 4.7

III 0.2
aVR 0.6

V3 7.1
V3 8.4

aVR 0.25
aVL 1.1
aVF 1.4

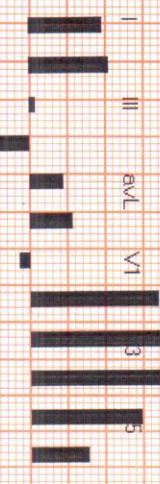
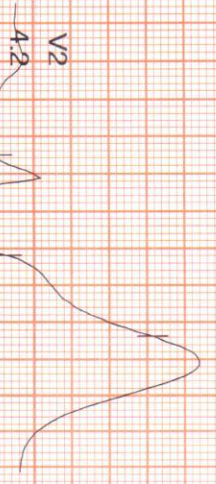
V4 5.8
V4 7.1

aVL 1.1
aVF 1.4
V1 2.0

V5 3.6
V5 4.8

aVF 1.4
V1 2.0

V6 1.9
V6 2.6



REMARKS

