

Name : MR.SHYAM KARTICK GUPTA

: 38 Years / Male Age / Gender

Consulting Dr. Collected : 13-Jan-2024 / 09:55

Reported :13-Jan-2024 / 12:16 Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

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Authenticity Check

## AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

	CBC (Complet	<u>e Blood Count), Blood</u>	
<u>PARAMETER</u>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	14.1	13.0-17.0 g/dL	Spectrophotometric
RBC	4.87	4.5-5.5 mil/cmm	Elect. Impedance
PCV	40.7	40-50 %	Measured
MCV	84	80-100 fl	Calculated
MCH	29.0	27-32 pg	Calculated
MCHC	34.7	31.5-34.5 g/dL	Calculated
RDW	14.9	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	7130	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND A	ABSOLUTE COUNTS		
Lymphocytes	32.2	20-40 %	
Absolute Lymphocytes	2295.9	1000-3000 /cmm	Calculated
Monocytes	8.5	2-10 %	
Absolute Monocytes	606.0	200-1000 /cmm	Calculated
Neutrophils	54.1	40-80 %	
Absolute Neutrophils	3857.3	2000-7000 /cmm	Calculated
Eccinophile	4.2	1 6 9/	

Eosinophils 4.2 1-6 % Absolute Eosinophils 299.5 Calculated 20-500 /cmm Basophils 0.1-2 % 1.0 Absolute Basophils 71.3 20-100 /cmm Calculated

Immature Leukocytes

WBC Differential Count by Absorbance & Impedance method/Microscopy.

## **PLATELET PARAMETERS**

Platelet Count	356000	150000-400000 /cmm	Elect. Impedance
MPV	8.4	6-11 fl	Calculated
PDW	14.8	11-18 %	Calculated

## **RBC MORPHOLOGY**

Hypochromia Microcytosis

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Consulting Dr. Collected : 13-Jan-2024 / 09:55 : Mahavir Nagar, Kandivali West (Main Centre) Reported :13-Jan-2024 / 11:56 Reg. Location

Macrocytosis

Anisocytosis

Poikilocytosis

Polychromasia

**Target Cells** 

Basophilic Stippling

Normoblasts

Others Normocytic, Normochromic

WBC MORPHOLOGY

PLATELET MORPHOLOGY

COMMENT

Specimen: EDTA Whole Blood

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

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

## Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

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

## Limitations:

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

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

## Reference:

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

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





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

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Name : MR.SHYAM KARTICK GUPTA

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## AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	98.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	132.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.48	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.22	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.26	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	16.5	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	14.3	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	22.1	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	102.3	40-130 U/L	Colorimetric
BLOOD UREA, Serum	18.9	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.8	6-20 mg/dl	Calculated
CREATININE, Serum	0.78	0.67-1.17 mg/dl	Enzymatic



Name : MR.SHYAM KARTICK GUPTA

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Collected Consulting Dr. :13-Jan-2024 / 09:55

:13-Jan-2024 / 17:17 : Mahavir Nagar, Kandivali West (Main Centre) Reported Reg. Location

eGFR, Serum 117 (ml/min/1.73sqm)Calculated

Normal or High: Above 90 Mild decrease: 60-89

Mild to moderate decrease: 45-

Moderate to severe decrease:30

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-44

Severe decrease: 15-29 Kidney failure:<15

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

URIC ACID, Serum 6.0 3.5-7.2 mg/dl Enzymatic

Urine Sugar (Fasting) Absent Absent Urine Ketones (Fasting) **Absent Absent** 

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







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Reg. Location: Mahavir Nagar, Kandivali West (Main Centre) Reported: 13-Jan-2024 / 12:09

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

PARAMETER RESULTS BIOLOGICAL REF RANGE METHOD

Glycosylated Hemoglobin 5.3 Non-Diabetic Level: < 5.7 % HPLC (HbA1c), EDTA WB - CC Prediabetic Level: 5.7-6.4 %

Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %

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Estimated Average Glucose 105.4 mg/dl Calculated

(eAG), EDTA WB - CC

## 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 \*\*\*

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

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Name : MR.SHYAM KARTICK GUPTA

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**Consulting Dr. :** - **Collected :** 13-Jan-2024 / 09:55

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# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.5	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<b>CHEMICAL EXAMINATION</b>			
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 inert

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
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# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE BLOOD GROUPING & Rh TYPING

PARAMETER RESULTS

ABO GROUP 0

Rh TYPING Negative

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.

## Refernces:

- 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
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## AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	154.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	110.8	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	47.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	107.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	85.0	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	3.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.8	0-3.5 Ratio	Calculated

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







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Age / Gender : 38 Years / Male

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# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

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<u>PARAMETER</u>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
Free T3, Serum	5.7	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	19.0	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.6	0.35-5.5 microIU/ml mIU/ml	ECLIA



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## Interpretation:

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

## Clinical Significance:

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors
- can give falsely high TSH.
- 2)TSH values may be trasiently altered becuase 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

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

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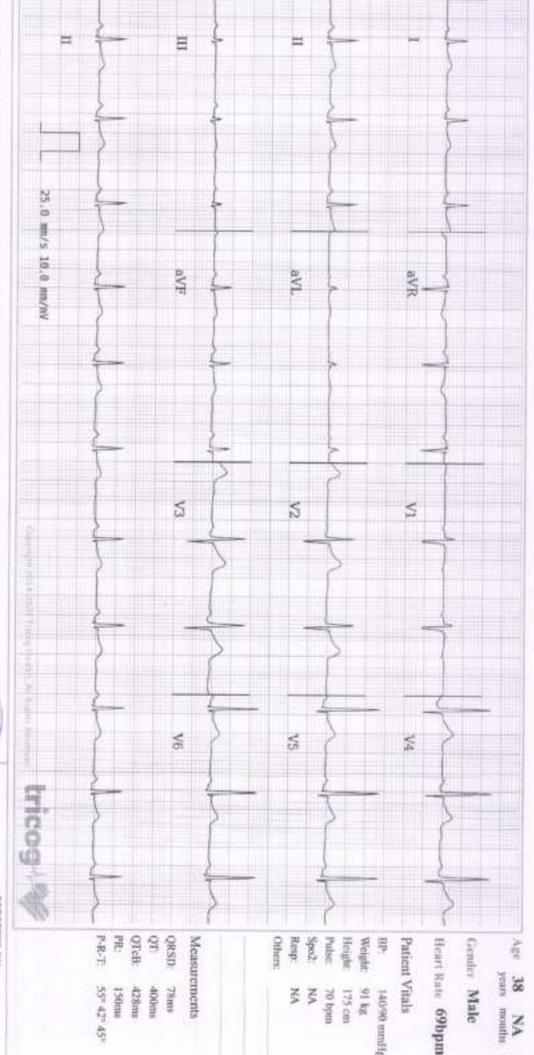
# SUBURBAN DIAGNOSTICS - MAHAVIR NAGAR, KANDIVALI WEST

PRECISE TESTING - HEALTHORN LIVING SUBURBAN.

Patient Name: SHYAM KARTICK GUPTA

Date and Time: 13th Jan 24 10:23 AM

Patient ID: 2401322190



Z 70 bpus

91.62 175 cm

140/90 mmHg

stpnou. XX

N N

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



REPORTED BY

55" 42" 45"

428ms 400ms 78ms

150ms

M.B.B.SEEG.D.C.C.(DIP Cardishigo) 201346200



: MR.SHYAM KARTICK GUPTA

Age / Gender

Name

: 38 Years/Male

Consulting Dr. :

Reg.Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected Reported : 13-Jan-2024 / 09:41

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: 15-Jan-2024 / 11:43

# PHYSICAL EXAMINATION REPORT

History and Complaints: NIL.

EXAMINATION FINDINGS:

Height (cms):

175

Weight (kg):

91

Temp (0c):

Afebrile

Skin:

Normal

140/90

Nails:

Healthy

Blood Pressure (mm/Hg):

69/MIN

Lymph Node:

Not Palpable

Pulse: Systems

Cardiovascular: \$1,\$2 Normal No Murmurs

Respiratory: Air Entry Bilaterally Equal

Genitourinary: NAD

GI System: Soft non tender No Organomegaly

CNS: NAD

IMPRESSION: OVER WEIGHT.

ADVICE: HEALTHY DIET. REGULAR EXERCISE.

# CHIEF COMPLAINTS:

Hypertension: 1)

NO

IHD: 2)

NO

Arrhythmia: 3)

NO

Diabetes Mellitus : 4)

NO

Tuberculosis: 5)

NO

Asthama: 6)

NO

Pulmonary Disease: 7)

NO



: MR. SHYAM KARTICK GUPTA Name

: 38 Years/Male Age / Gender

2)

3)

4)

Diet

Medication

Consulting Dr. : : Mahavir Nagar, Kandivali West (Main Centre) Reg.Location

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			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 :		
PER	SONAL HISTORY:	NO	
1)	Alcohol	NO	
2)	Smoking	NO	

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



MIXED

NO

Dr.Ajita Bhosale PHYSICIAN

Dr. AJITA BHOSAL Reg. No. 2013/0822 MBBS/D. Cardiolog,



E 0 R

R

Date: 13 01 24.

CID: 24 01322190

Name: Mr. Shyam Gupta.

Sex / Age: M/38488.

# EYE CHECK UP

NO. Chief complaints: -

Systemic Diseases: -

Past history:

Unaided Vision:

Aided Vision:

Refraction:

(Left Eye)

	(Right E	(av			(Fau EAn)			
			Axis	Vn	Sph	Cyl	Axis	Vn
	Sph	Cyi	PANIS					66
Distance				66				NIG
Near	-			N/6	-			1410

Colour Vision: Normal / Abnormal

Remark: Novemal viciou







# ಭಾರತ ಸರಕಾರ

## Unique Identification Authority of India Government of India

disconnected €20 xload, / Enrollment No.: 1208/71025/00110

To studied source rice,
Shyam Kartick Gupta
SNO: Jachwant Gupta
M281/13/3A
SPYS Club GT Road Bally Municipality
Chakpara Bally Howrah
West Bengal 711204
7760680085





ನಿಮ್ಮ ಅಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

4492 4516 0918

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



## क्षात्र प्रविचात GOVERNMENT OF INDIA



ಕ್ಕಾರ್ಟ್ ಕಾರ್ಷಿಕ್ ಗುವು, Shyam Kartick Gupta ಮತ್ತುದ ವರ್ಷ / Year of Birth : 1985 ಪುರಂಪ / Male



4492 4516 0918

ಆಧಾರ್ – ಅ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

Stem Kallyer Comple

SUBURBAN DIAGNOSTICS PVT LTD.

Patient Details

Date: 13-Jan-24

Time: 12:30:20 PM

Name: SHYAM KARTICK ID: 2401322190 Age: 38 y

Sex: M

Height: 175 cms

Weight: 91 Kgs

ROUTINE CHECK UP

Medications: NIL

Clinical History:

Test Details

Protocol: Bruce

Pr.MHR: 182 bpm

THR: 163 (90 % of Pr.MHR) bpm

Total Exec. Time: 9 m 39 s

Max, HR: 157 ( 86% of Pr.MHR )bpm

Max. Mets: 13.50 Max, BP x HR: 28260 mmHg/min

Max. BP: 180 / 80 mmHg

Test Termination Criteria: THR ACHIEVED

Min. BP x HR: 7040 mmHg/min

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Standing	0:34	1.0	0	0	88	140 / 90	-1.70 aVR	2.12.11
COLUMN TO SERVICE AND ADDRESS OF THE PARTY O	1:5	1.0	0	0	93	140 / 90	-1.27 aVR	
Hyperventilation	0:11	1,0	0	0	95	140 / 90	-0.85 aVR	-1.42 III
1	3:0	4.6	1.7	10	115	150/90	The state of the s	0.71 II
2	3.0	7.0	2.5	12	133	160/90	-1.06 aVR	1.42-V3
3	3:0	10.2	3.4	14		The second second second second	-0.85 aVR	2.48
Peak Ex	0 : 39	13.5	4.2	16	150	170/90	-0.64 II	2.83
Recovery(1)	3:0	1.6	1	and the second	157	180 / 80	-1.06 V4	2.48 II
Recovery(2)	1:19	_		0	110	160 / 80	-1.06 V4	3.18 II
The state of the s	11	1.0	0	0	105	130 / 80	-0.42 aVR	1.42 11

## Interpretation

GOOD EFFORT TOLERANCE HIGH WORKLOAD ACHIEVED. APPROPRIATE CHRONOTROPIC AND INOTROPIC RESPONSE NO SIGNIFICANT ST-T CHANGES AT PEAK EXERCISE NO SIGNIFICANT ST-T CHANGES AT RECOVERY. NO ARRYTHMIAS NOTED.

IMPRESSION: THIS EXERCISE STRESS TEST IS NEGATIVE FOR REVERSIBLE INDUCIBLE ISCHEMIA.

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

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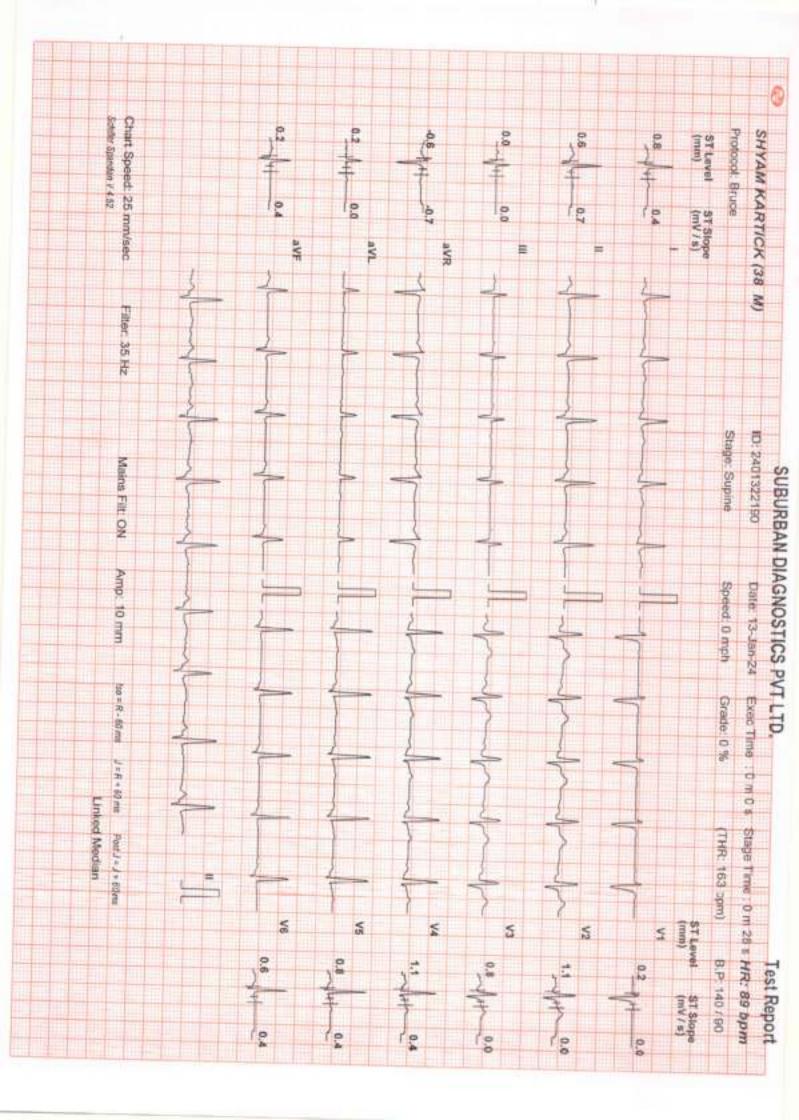
Ref. Doctor: ARCOFEMI HEALTHCARE

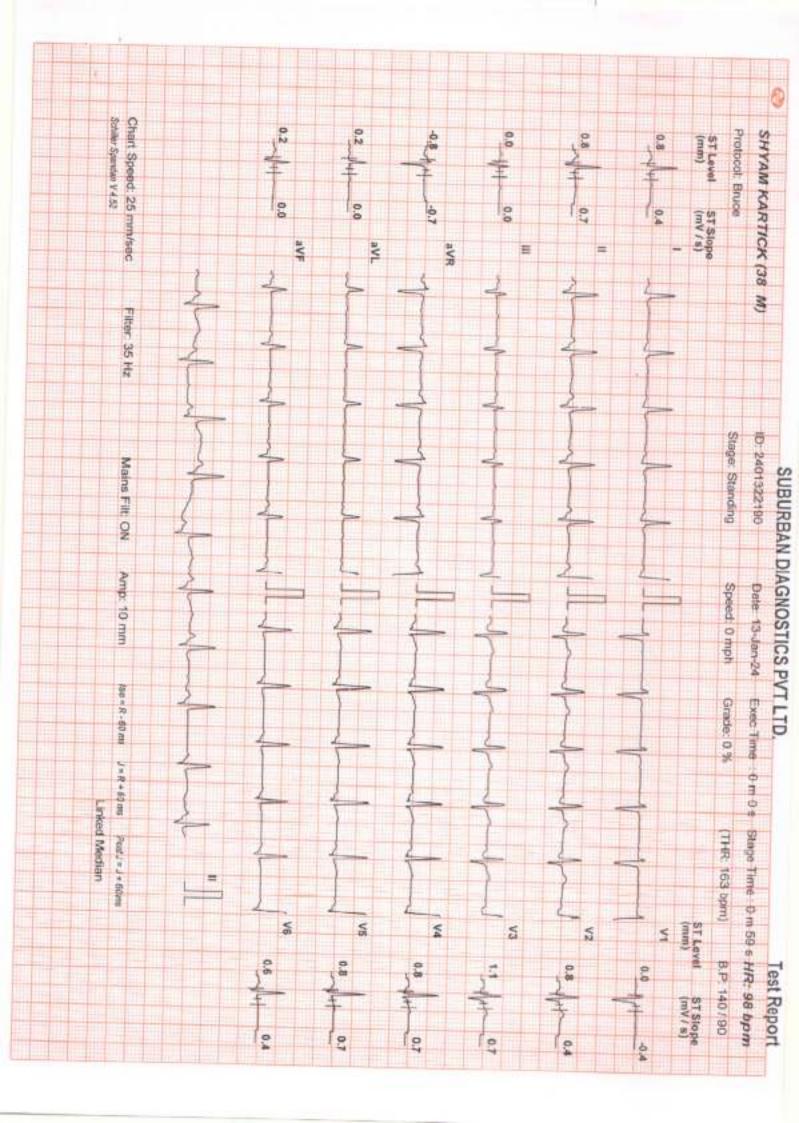
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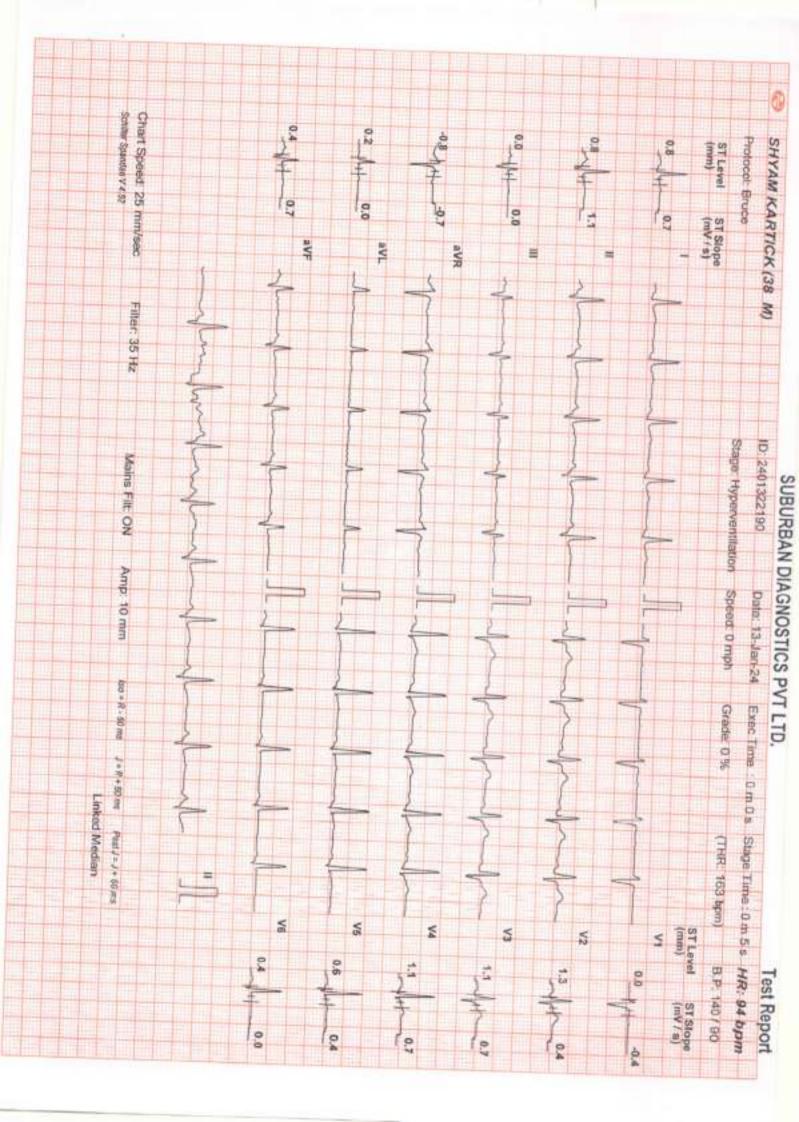
Doctor: DR AJITA BHOSALE

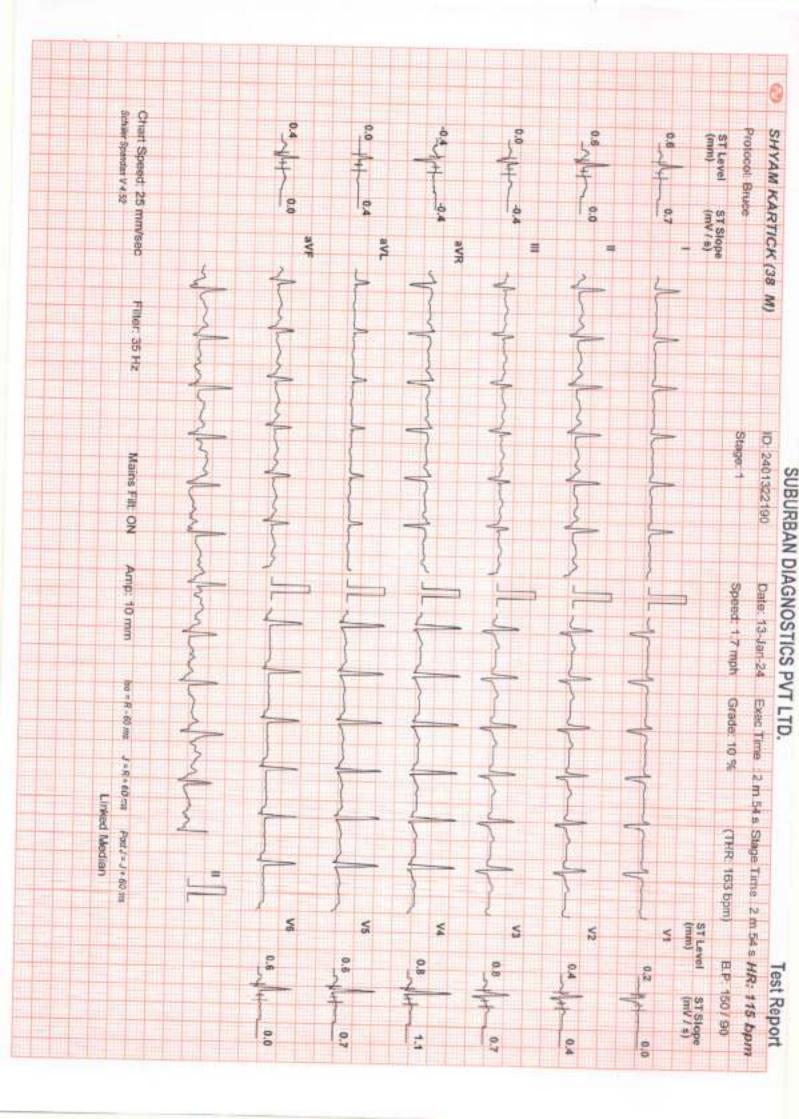
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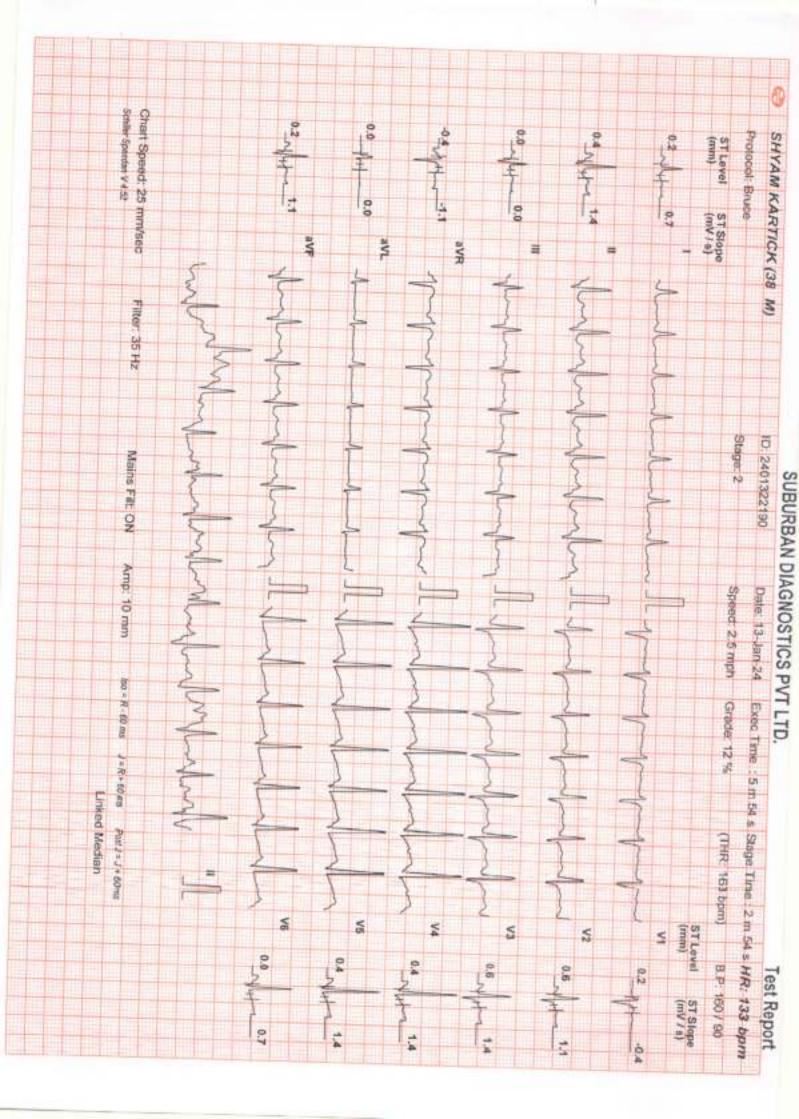
Dr. AJITA BHOS Reg. No. 2013/062200 MBBS/D, Cardiology

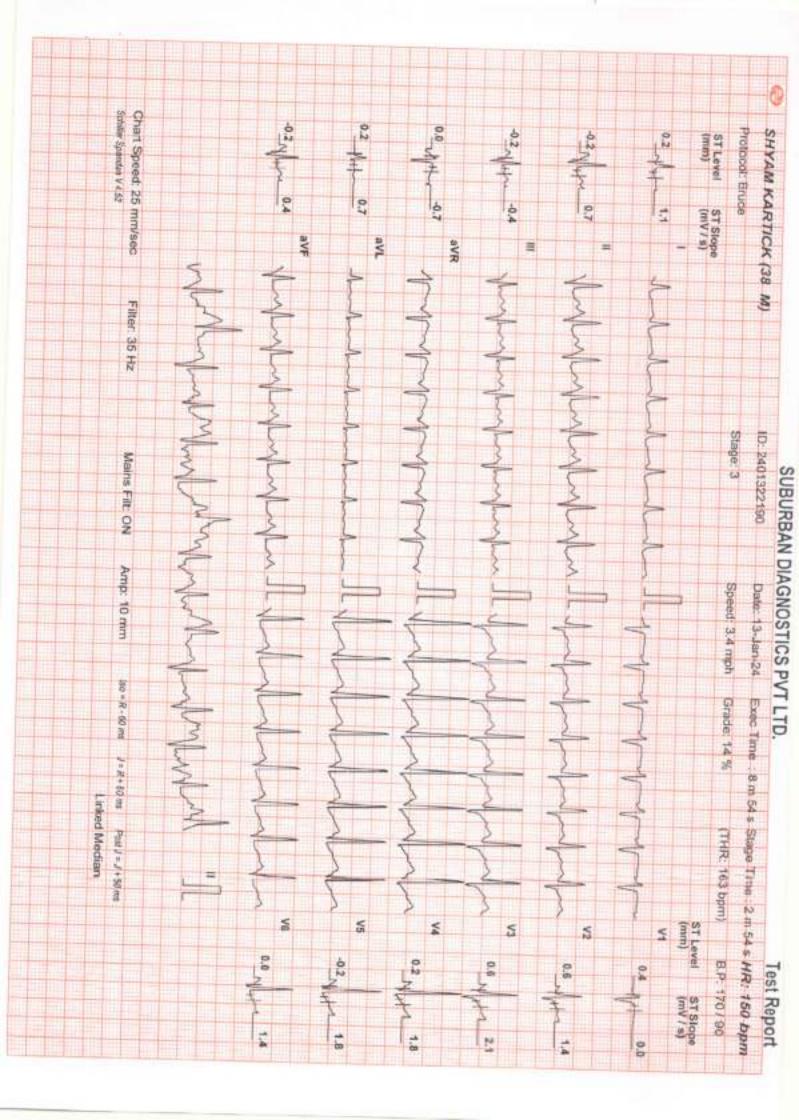


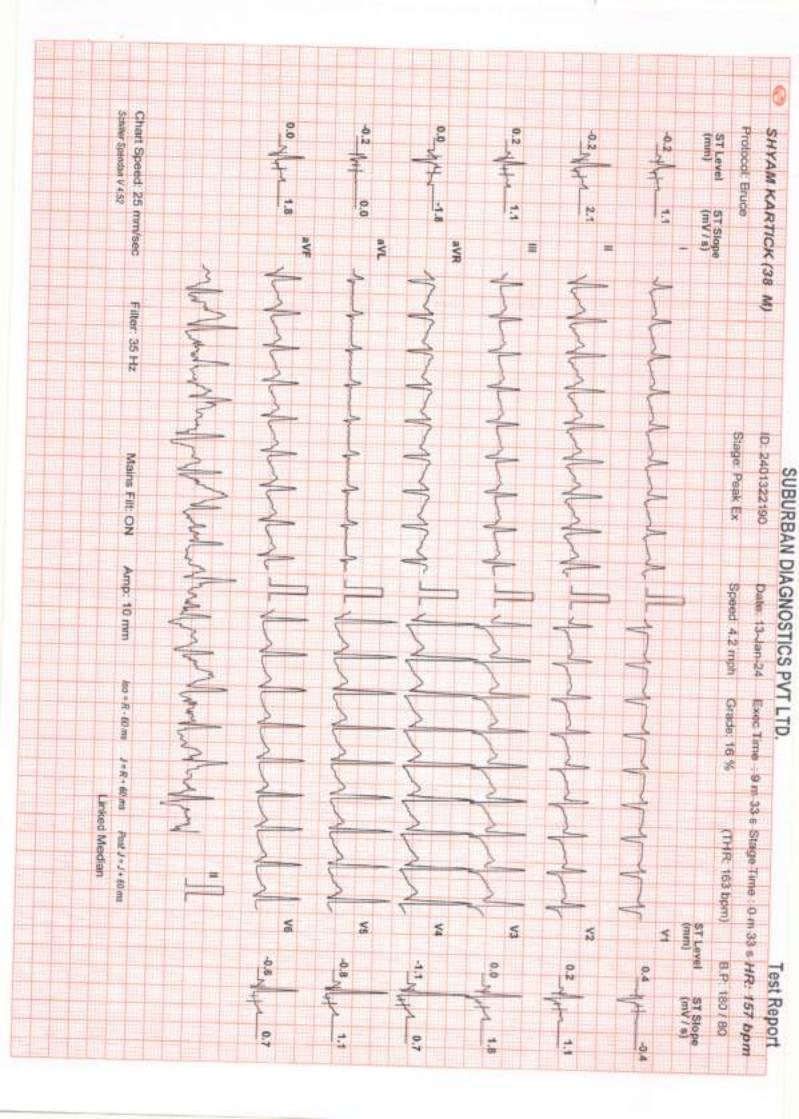


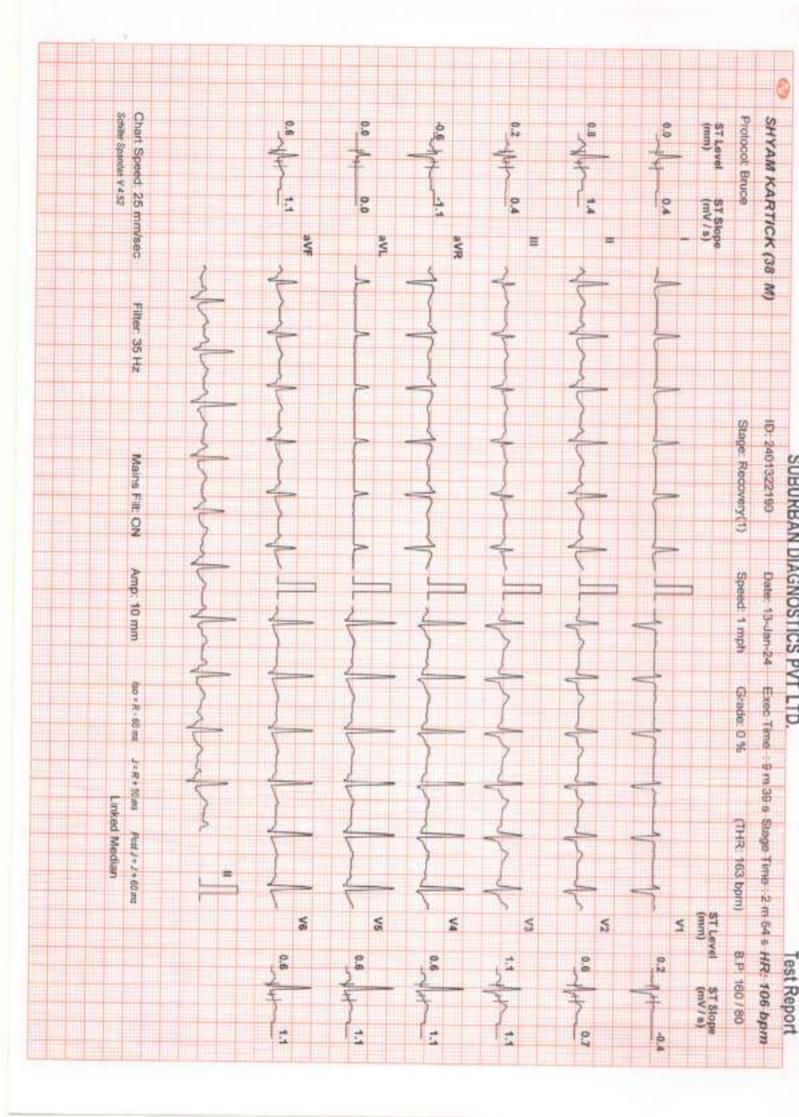


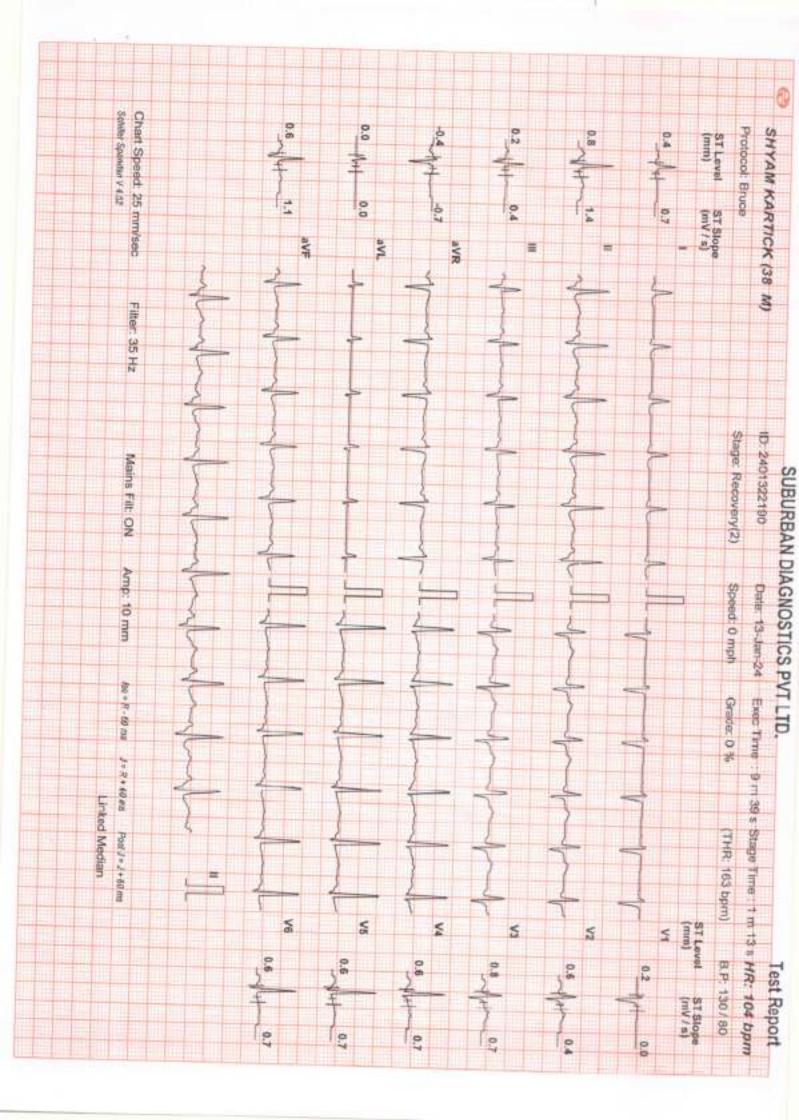














Name : Mr SHYAM KARTICK GUPTA

Age / Sex : 38 Years/Male

**Ref. Dr** : **Reg. Date** : 13-Jan-2024

Reg. Location: Mahavir Nagar, Kandivali West Main Reported: 13-Jan-2024/11:21

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# **USG WHOLE ABDOMEN**

## LIVER:

The liver is normal in size (14.5 cm), echotexture, shape and smooth margins. It shows normal echogenicity. 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 shows normal wall thickness. No evidence of gall stones or mass lesions seen

## **PANCREAS:**

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

## **KIDNEYS:**

Right kidney measures 11.1 x 5.6 cm. Left kidney measures 10.5 x 6.0 cm.

Both the kidneys are normal in size shape and echotexture.

No evidence of any calculus, hydronephrosis or mass lesion seen.

## **SPLEEN:**

The spleen is normal in size (11.1 cm) and echotexture. No evidence of focal lesion is noted.

## **URINARY BLADDER:**

The urinary bladder is well distended and reveal no intraluminal abnormality. Wall thickness appears normal.

## **PROSTATE:**

The prostate is normal measuring 3.5 x 3.3 x 3.0 cm, volume 18.2 cc.

## **ADDITIONAL COMMENTS:**

Visualized bowel loops shows normal peristalsis.

There is no evidence of any lymphadenopathy or ascites.

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## **IMPRESSION:**

No significant abnormality detected

## **ADVICE:** Clinical correlation

NOTE: Above USG report is subject to findings evident at the time of scan & associated bowel gases. Sonography is known to have inter-observer variations. This modality has its own limitations & should be considered as a professional opinion. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Further / Follow-up imaging may be needed in some case for confirmation of findings. Please interpret accordingly. This report cannot be used for medico - legal purposes

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

Dr. Chirag Patel Consultant Radiologist M.B.B.S, MD (Radiodiagnosis)

Reg. No. MMC 2017073319



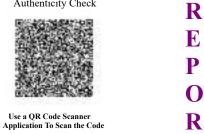
: Mr SHYAM KARTICK GUPTA Name

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: Mr SHYAM KARTICK GUPTA Name

Age / Sex : 38 Years/Male

Ref. Dr Reg. Date : 13-Jan-2024

Reg. Location : Mahavir Nagar, Kandivali West Main Reported : 13-Jan-2024/17:09

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## 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. NIKHIL DEV M.B.B.S, MD (Radiology) Reg No - 2014/11/4764 Consultant Radiologist



: Mr SHYAM KARTICK GUPTA Name

Age / Sex : 38 Years/Male

Reg. Date Ref. Dr : 13-Jan-2024

: Mahavir Nagar, Kandivali West Main Reg. Location Reported

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: 13-Jan-2024/17:09

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