

Name	: Mr. RAHUL .	Reg Date	: 13-May-2023 10:01
VID	: 2313319369	Age/Gender	: 31 Years
Ref By	: Arcofemi Healthcare Limited	Regn Centre	: Andheri West (Main Centre)

### History and Complaints:

Asymptomatic

### EXAMINATION FINDINGS:

Height (cms):	177 cms	Weight (kg):	76.6 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	130/80 mm of Hg	Nails:	Normal
Pulse:	64/min	Lymph Node:	Not palpable

### Systems

**Cardiovascular:** S1S2 audible  
**Respiratory:** AEBE  
**Genitourinary:** NAD  
**GI System:** Liver & Spleen not palpable  
**CNS:** NAD

### IMPRESSION:

High dyslipidemia,  
 ECG with in normal limits, Short PR interval, Early repolarisation with an ascending ST segment,  
 Rest reports appears to be in normal limits.

### ADVICE:

Kindly consult your family physician with all your reports,  
 Therapeutic life style modification is advised.

### CHIEF COMPLAINTS:

- |  |  |
|--|--|
| 1) Hypertension:                         | NO   |
| 2) IHD                                   | NO   |
| 3) Arrhythmia                            | NO   |
| 4) Diabetes Mellitus                     | NO   |
| 5) Tuberculosis                          | NO   |
| 6) Asthama                               | NO, H/O Childhood asthma was on Rota inhaler for 1-2 years |
| 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   |

Print Date : 16-May-2023 11:33

Page:1 of 2

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2<sup>nd</sup> Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.  
 CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar (W), Mumbai - 400086.

HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnosics.com | WEBSITE: www.suburbandiagnosics.com

Corporate Identity Number (CIN): U85110MH2002PTC136144

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15) Congenital disease NO  
16) Surgeries NO  
17) Musculoskeletal System NO

**PERSONAL HISTORY:**

1) Alcohol NO  
2) Smoking He has stopped since 6 months  
3) Diet Veg  
4) Medication NO

*Sangeeta Manwani*

**Dr.Sangeeta Manwani**  
**M.B.B.S. Reg.No.71083**



CID : 2313319369  
Name : MR. RAHUL .  
Age / Gender : 31 Years / Male  
Consulting Dr. : -  
Reg. Location : Andheri West (Main Centre)

Collected : 13-May-2023 / 10:05  
Reported : 13-May-2023 / 13:32

**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	13.8	13.0-17.0 g/dL	Spectrophotometric
RBC	5.06	4.5-5.5 mil/cmm	Elect. Impedance
PCV	42.8	40-50 %	Calculated
MCV	84.5	80-100 fl	Measured
MCH	27.2	27-32 pg	Calculated
MCHC	32.2	31.5-34.5 g/dL	Calculated
RDW	15.7	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	7620	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	38.3	20-40 %	
Absolute Lymphocytes	2920	1000-3000 /cmm	Calculated
Monocytes	7.0	2-10 %	
Absolute Monocytes	540	200-1000 /cmm	Calculated
Neutrophils	51.7	40-80 %	
Absolute Neutrophils	3910	2000-7000 /cmm	Calculated
Eosinophils	2.5	1-6 %	
Absolute Eosinophils	190	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	40	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	225000	150000-400000 /cmm	Elect. Impedance
MPV	11.4	6-11 fl	Measured
PDW	23.9	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		

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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 3 2-15 mm at 1 hr. Sedimentation

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri 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**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	81.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	145.5	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.43	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.17	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.26	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	18.5	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	19.2	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	47.8	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	88.0	40-130 U/L	Colorimetric
BLOOD UREA, Serum	14.2	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.6	6-20 mg/dl	Calculated
CREATININE, Serum	1.00	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	93	>60 ml/min/1.73sqm	Calculated

Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation

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URIC ACID, Serum	6.6	3.5-7.2 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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



*Anupa*

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



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Collected : 13-May-2023 / 10:05  
Reported : 13-May-2023 / 13:30

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
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.

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Collected : 13-May-2023 / 10:05  
Reported : 13-May-2023 / 14:55

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**EXAMINATION OF FAECES**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<b><u>PHYSICAL EXAMINATION</u></b>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<b><u>CHEMICAL EXAMINATION</u></b>		
Reaction (pH)	Acidic (6.5)	-
Occult Blood	Absent	Absent
<b><u>MICROSCOPIC EXAMINATION</u></b>		
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	Absent	Absent
WBC/hpf	Absent	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present ++	-
Concentration Method (for ova)	No ova detected	Absent
Reducing Substances	-	Absent

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



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Collected : 13-May-2023 / 10:05  
Reported : 13-May-2023 / 14:49

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	8.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<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
<b>MICROSCOPIC EXAMINATION</b>			
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	2-3	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 CPL, Andheri West  
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Reg. Location : Andheri West (Main Centre)

Collected : 13-May-2023 / 10:05  
Reported : 13-May-2023 / 13:27

**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 column agglutination technology (CAT) which is more sensitive than conventional methods.

Note: This sample is not tested for Bombay blood group.

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 CPL, Andheri West  
\*\*\* End Of Report \*\*\*



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Collected : 13-May-2023 / 10:05  
Reported : 13-May-2023 / 15:00

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	295.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	308.6	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	47.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	248.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	200.5	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	47.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	6.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.2	0-3.5 Ratio	Calculated

Note : LDL test is performed by direct measurement.

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



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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	4.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.6	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.08	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 upto 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2) TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal 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 at least 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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MC-2111

*Anupa*

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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 R K Bhandari  
M D , DMRE  
MMC REG NO. 34078

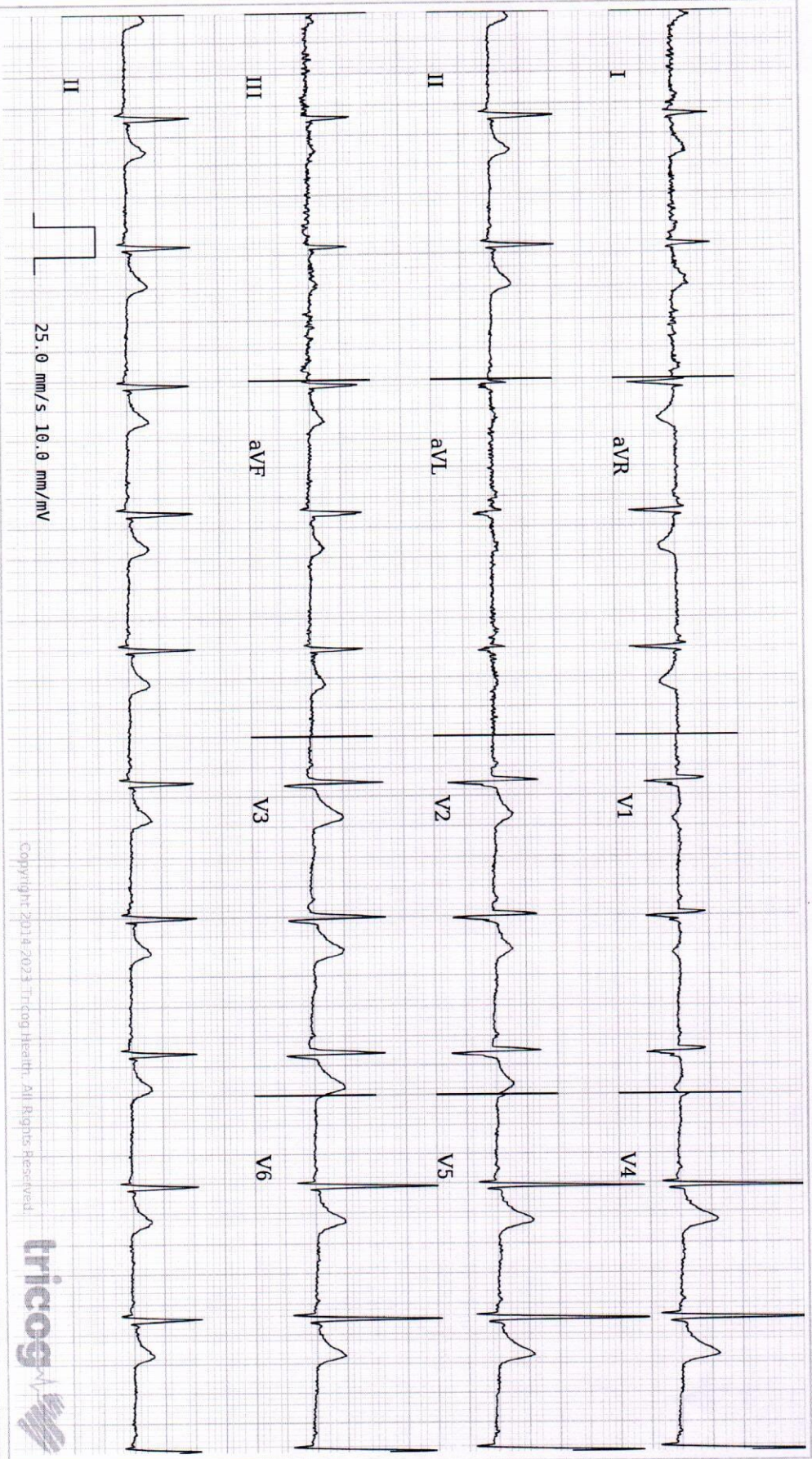
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Page no 1 of 1

Patient Name: RAHUL  
Patient ID: 233319369

**SUBURBAN DIAGNOSTICS - ANDHERI WEST**

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



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Age 31 NA NA  
years months days

Gender Male

Heart Rate 67bpm

Patient Vitals

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

Measurements

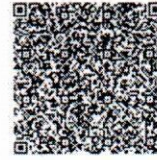
QRSD: 80ms  
QT: 366ms  
QTcB: 386ms  
PR: 106ms  
P-R-T: -1° 63° 50°

REPORTED BY

DR RAVI CHAVAN  
MD, D.CARD, D. DIABETES  
Cardiologist & Diabetologist  
2004/06/2468

**ECG Within Normal Limits: Sinus Rhythm, Short PR Interval, Early repolarization with an ascending ST segment.**  
Please correlate clinically.

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** : 13-May-2023 / 14:15

## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size (13.9cm), 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 lesions seen

### PANCREAS:

The pancreas is well visualised 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 10.3 x 4.2cm. Left kidney measures 9.8 x 4.4cm.

### SPLEEN:

The spleen is normal in size (9.3cm) 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 measuring 3.4 x 2.9 x 2.8cm and volume is 15.6cc.

### IMPRESSION:

**No significant abnormality is seen.**

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

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023051310022352>

Page no 1 of 1



Date:- 13/5/2023

CID: 2313319369

Name:- Rahul

Sex / Age: 31/M

**EYE CHECK UP**

Chief complaints:

Systemic Diseases:

Nil

Past history:

Unaided Vision:

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—	—	—	6/6	—	—	—	6/6
Near	—	—	—	NS	—	—	—	NS

Colour Vision: Normal / Abnormal

Remark:

Normal vision

## SUBURBAN DIAGNOSTICS

**Patient Details**

Date: 13-May-23

Time: 12:23:11

Name: RAHUL ID: 2313319369

Age: 31 y

Sex: M

Height: 177 cms

Weight: 76 Kgs

Clinical History: NONE

Medications: NONE

**Test Details**

Protocol: Bruce

Pr.MHR: 189 bpm

THR: 160 (85 % of Pr.MHR) bpm

Total Exec. Time: 9 m 52 s

Max. HR: 170 ( 90% of Pr.MHR )bpm

Max. Mets: 13.50

Max. BP: 190 / 80 mmHg

Max. BP x HR: 32300 mmHg/min

Min. BP x HR: 6400 mmHg/min

Test Termination Criteria: Target HR attained

**Protocol Details**

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 45	1.0	0	0	88	130 / 80	-1.49 aVR	2.12 V4
Standing	0 : 6	1.0	0	0	88	130 / 80	-1.27 aVR	2.12 V4
Hyperventilation	0 : 6	1.0	0	0	80	130 / 80	-1.06 aVR	1.06 II
1	3 : 0	4.6	1.7	10	104	140 / 80	-1.49 aVR	2.12 II
2	3 : 0	7.0	2.5	12	129	150 / 80	-1.27 aVR	3.54 II
3	3 : 0	10.2	3.4	14	157	160 / 80	-1.70 aVR	5.66 II
Peak Ex	0 : 52	13.5	4.2	16	170	190 / 80	-3.18 III	5.66 II
Recovery(1)	1 : 0	1.8	1	0	142	170 / 80	-2.97 aVR	5.66 V3
Recovery(2)	1 : 0	1.0	0	0	114	150 / 80	-3.61 aVR	5.66 III
Recovery(3)	0 : 14	1.0	0	0	108	130 / 80	-2.34 aVR	5.66 aVF

**Interpretation**

GOOD EFFORT TOLERANCE  
 NORMAL CHRONOTROPIC RESPONSE  
 NORMAL INOTROPIC RESPONSE  
 NO ANGINA/ ANGINA EQUIVALENTS  
 NO ARRHYTHMIAS  
 NO SIGNIFICANT ST-T CHANGES FROM BASELINE  
 IMPRESSION: STRESS TEST IS NEGATIVE FOR STRESS INDUCIBLE  
 ISCHAEMIA

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.

Dr. Ravi Chavan

MD; D Card

Consultant Cardiologist

Reg. No.: 2004/06/2468

Ref. Doctor: ARCOFEMI HEALTHCARE

( Summary Report edited by user )

Doctor: DR. RAVI CHAVAN

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# SUBURBAN DIAGNOSTICS

# Test Report

**RAHUL (31 M)**

ID: 2313319369

Date: 13-May-23

Exec Time : 0 m 0 s

Stage Time : 0 m 39 s

HR: 83 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 160 bpm)

B.P.: 130 / 80

ST Level (mm)    ST Slope (mV/s)

ST Level (mm)    ST Slope (mV/s)

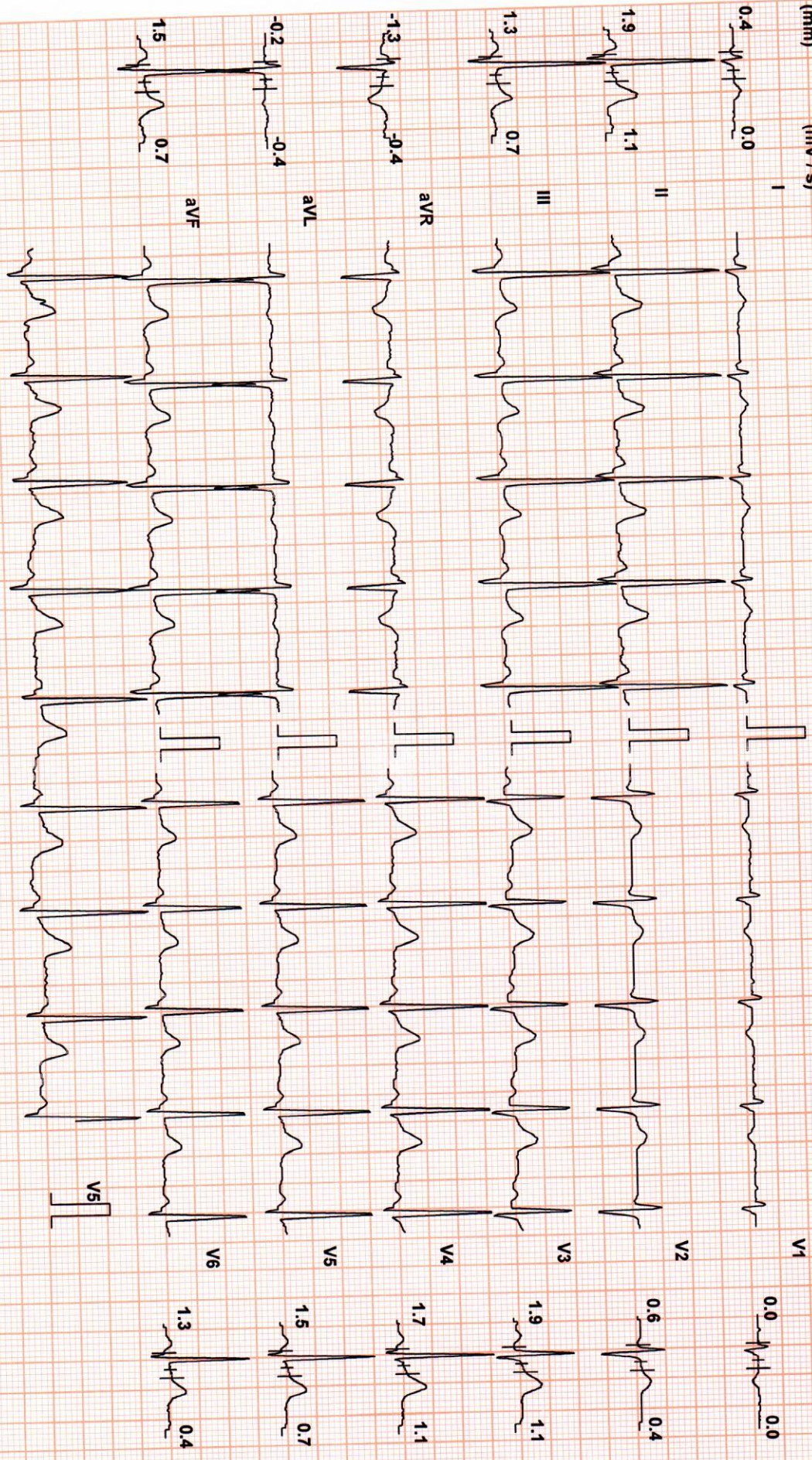


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandax V 4.7

Linked Median



**RAHUL (31 M)**

**SUBURBAN DIAGNOSTICS**

**Test Report**

Protocol: Bruce  
 ID: 2313319369  
 Date: 13-May-23  
 Exec Time : 0 m 0 s  
 Stage Time : 0 m 0 s  
 HR: 89 bpm  
 Stage: Standing  
 Speed: 0 mph  
 Grade: 0 %  
 (THR: 160 bpm)  
 B.P.: 130 / 80

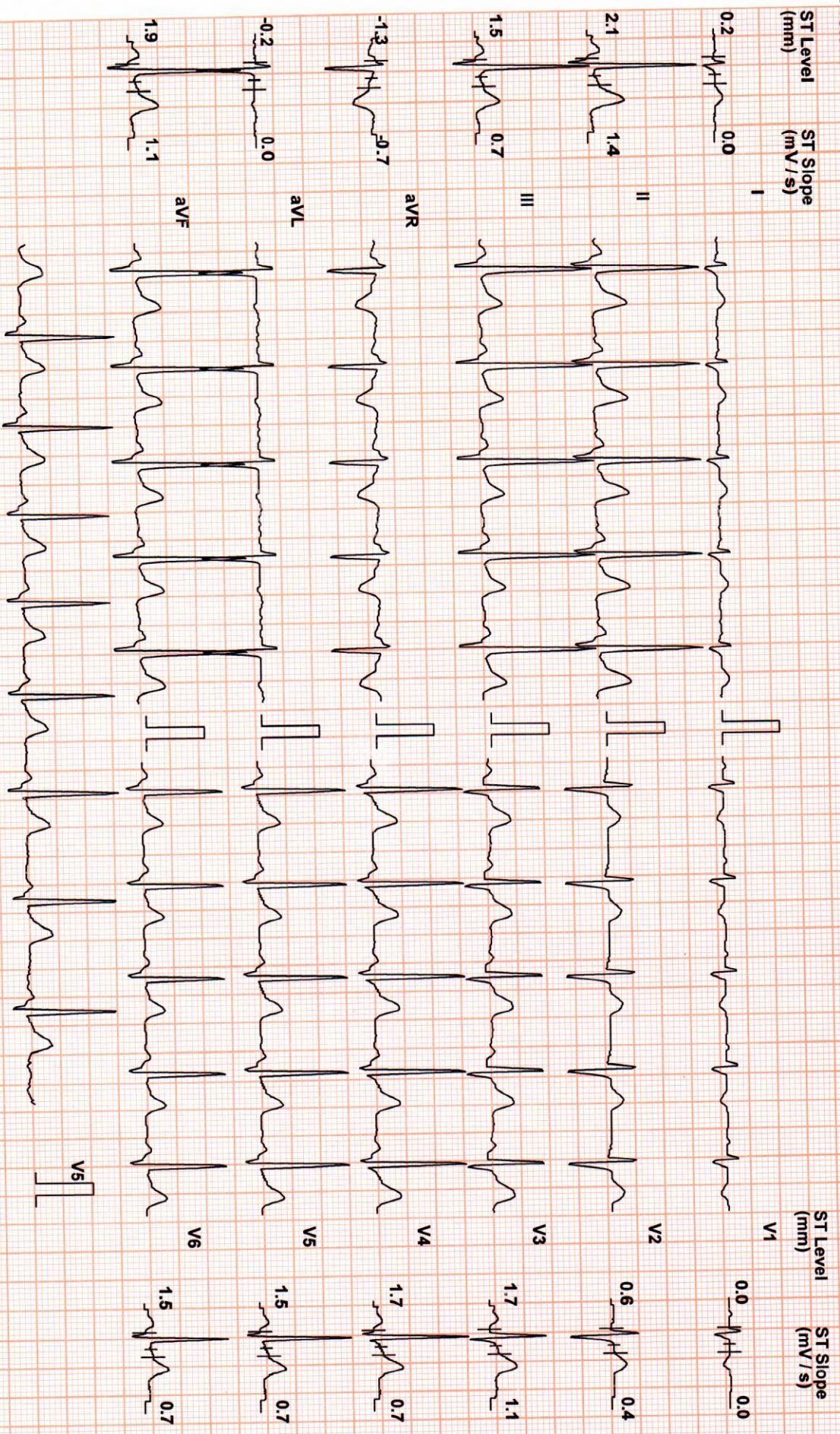


Chart Speed: 25 mm/sec  
 Filter: 35 Hz  
 Mains Fil: ON  
 Amp: 10 mm  
 Iso = R - 60 ms  
 J = R + 60 ms  
 Post J = J + 60 ms  
 Schiller Spandax V 4.7  
 Linked Median



# SUBURBAN DIAGNOSTICS

# Test Report

**RAHUL (31 M)**

ID: 2313319369

Date: 13-May-23

Exec Time : 0 m 0 s

Stage Time : 0 m 0 s

**HR: 75 bpm**

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 160 bpm)

B.P: 130 / 80

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

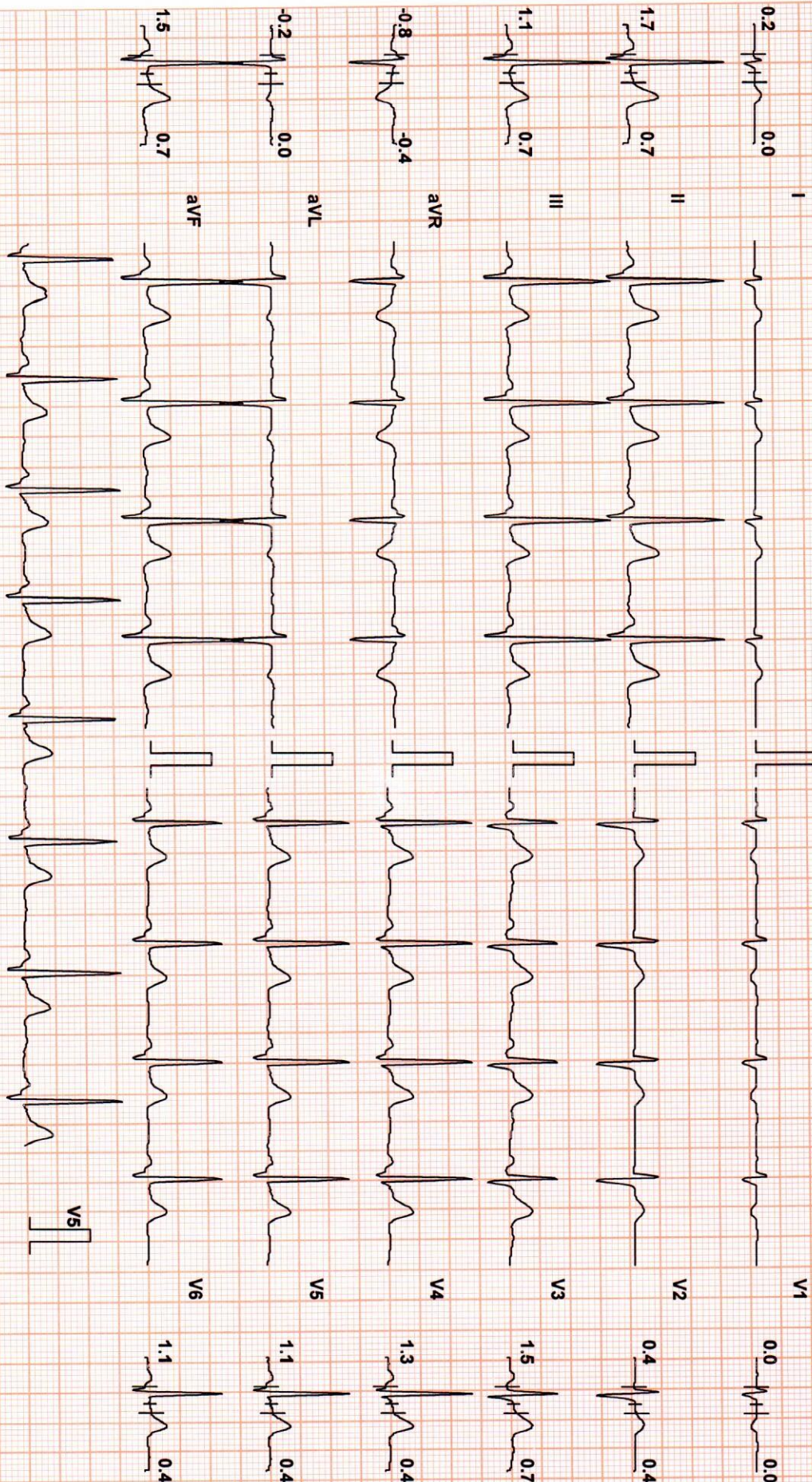


Chart Speed: 25 mm/sec  
Schiller Spandam V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

**RAHUL (31 M)**

ID: 2313319369

Date: 13-May-23

Exec Time : 2 m 54 s Stage Time : 2 m 54 s

HR: 105 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10%

(THR: 160 bpm)

B.P: 140 / 80

ST Level (mm)    ST Slope (mV/s)

ST Level (mm)    ST Slope (mV/s)

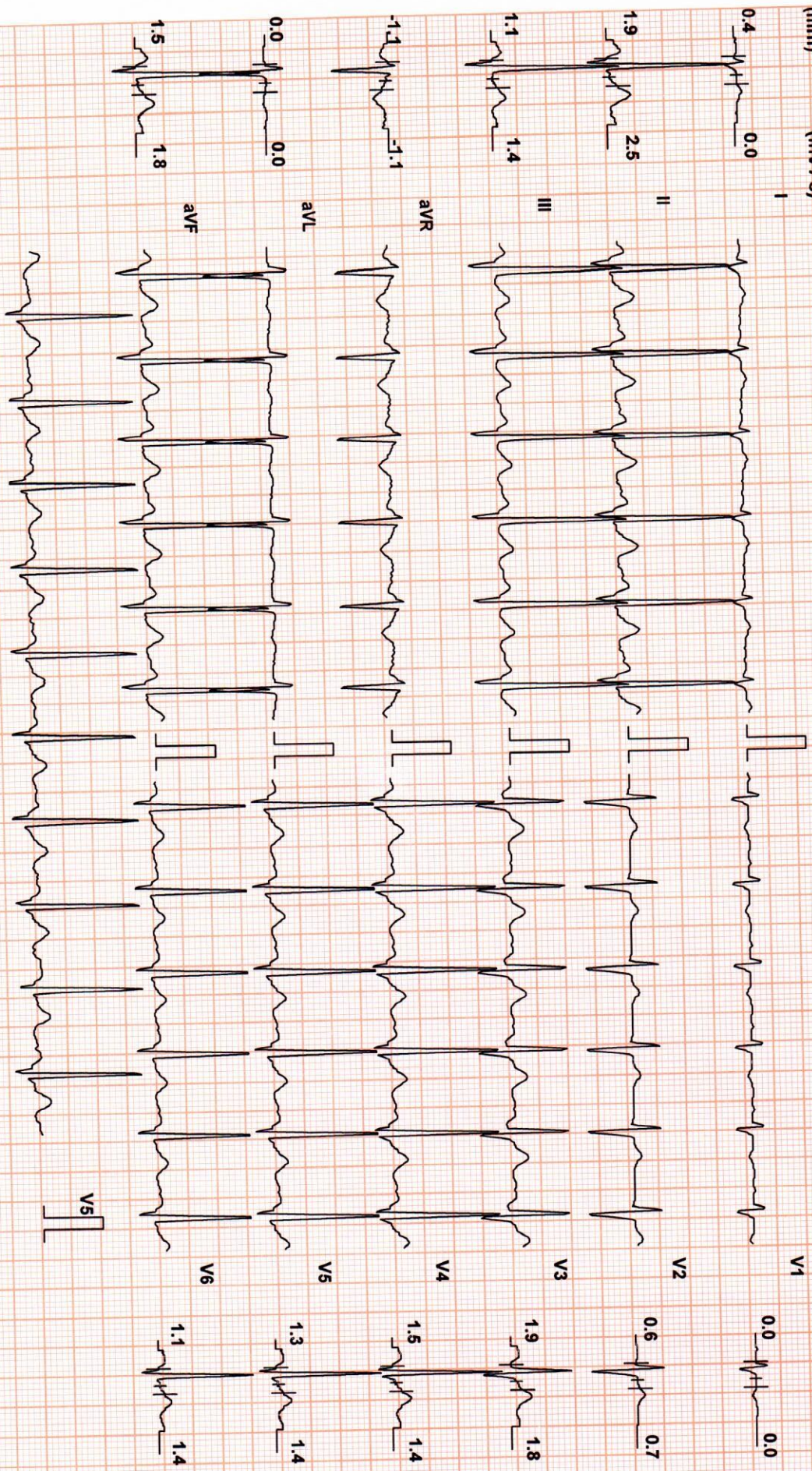


Chart Speed: 25 mm/sec  
Schiller Spandax V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



**RAHUL (31 M)**

**SUBURBAN DIAGNOSTICS**

**Test Report**

Protocol: Bruce

ID: 2313319369

Date: 13-May-23

Exec Time : 5 m 54 s

Stage Time : 2 m 54 s

HR: 126 bpm

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 160 bpm)

B.P: 150 / 80

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

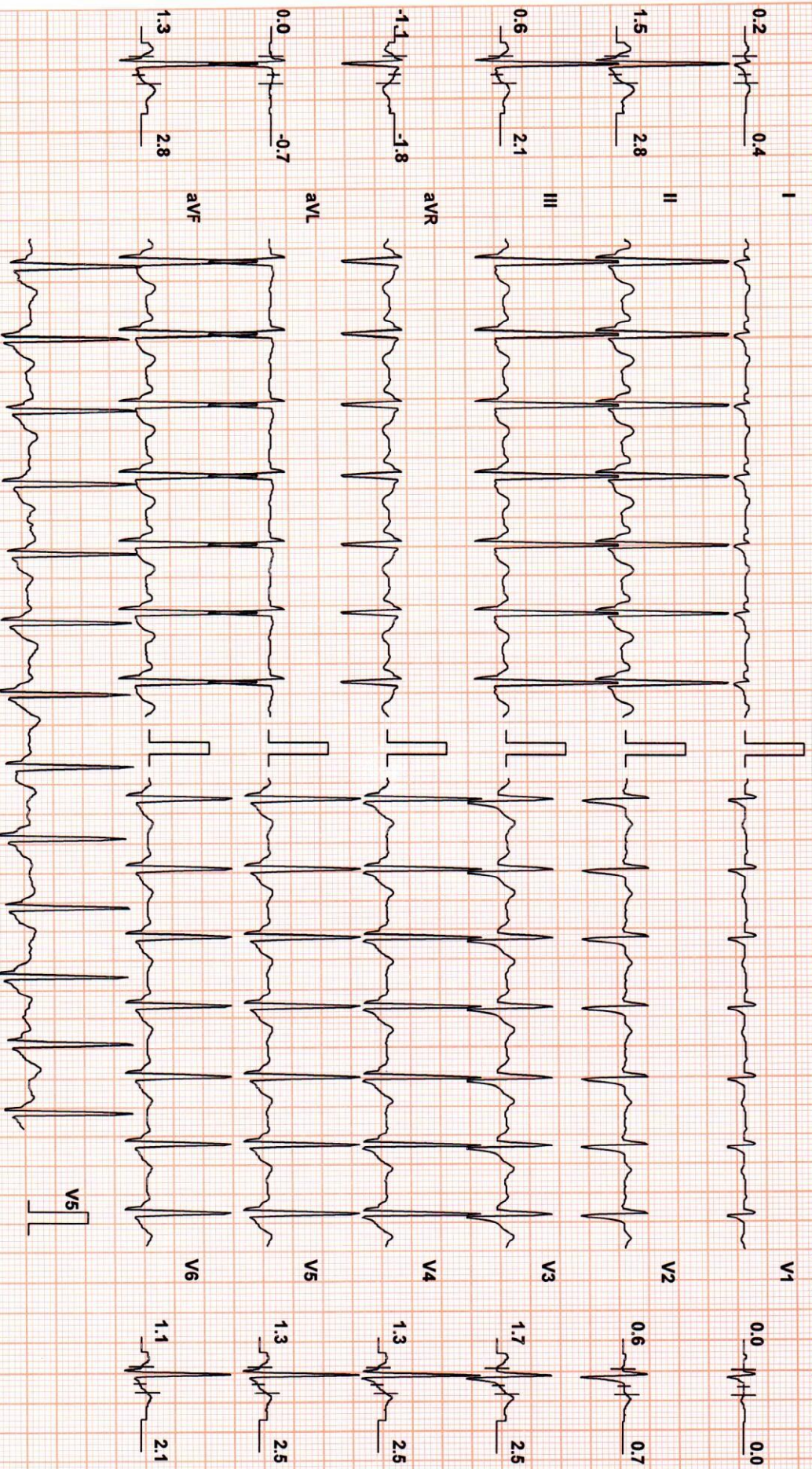


Chart Speed: 25 mm/sec  
Schiller Spandam V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

# SUBURBAN DIAGNOSTICS

# Test Report

**RAHUL (31 M)**

ID: 2313319369

Date: 13-May-23 Exec Time : 8 m 54 s Stage Time : 2 m 54 s HR: 157 bpm

Protocol: Bruce

Stage: 3

Speed: 3.4 mph

Grade: 14 %

(THR: 160 bpm)

B.P: 160 / 80

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

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

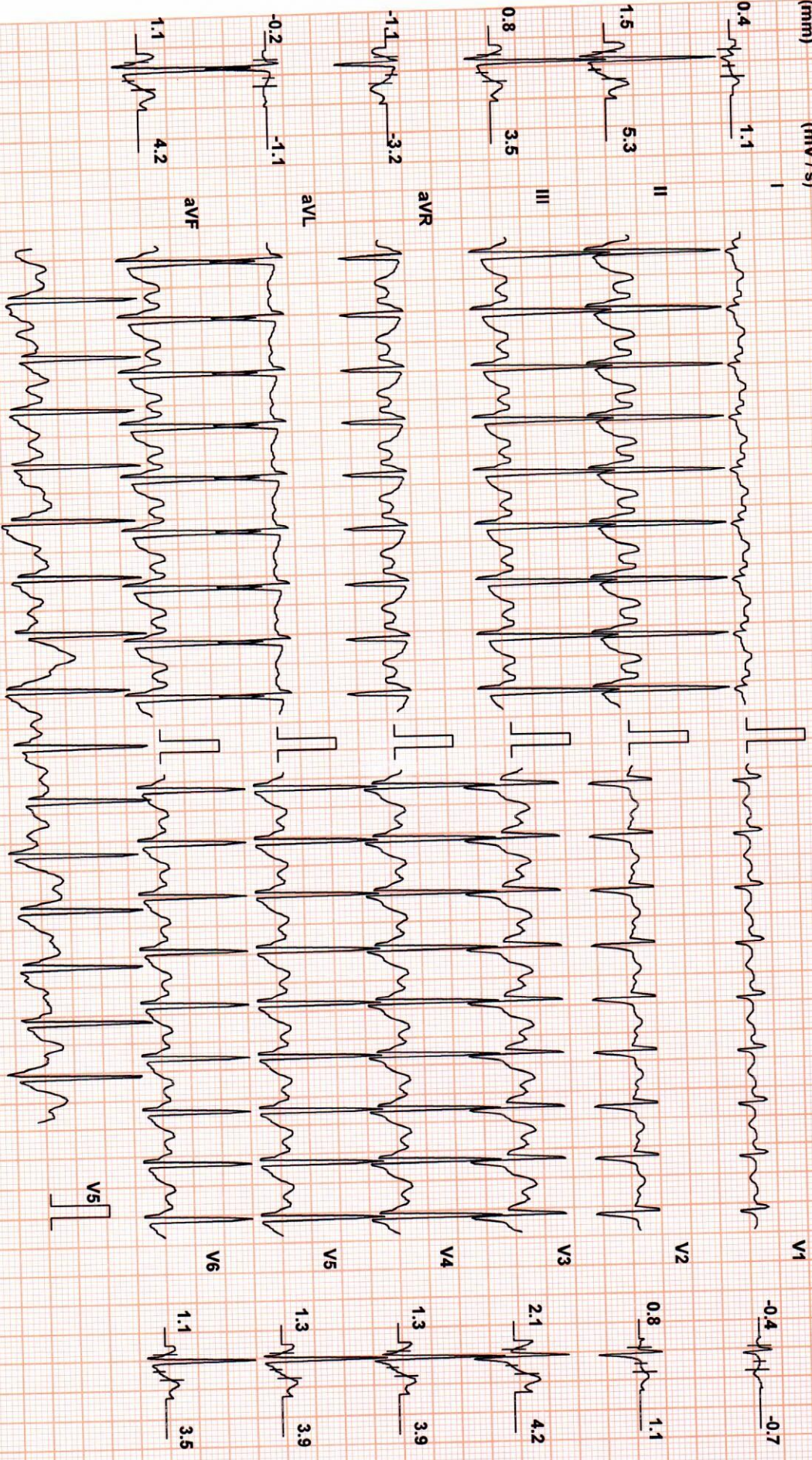


Chart Speed: 25 mm/sec  
Schiller Spandau V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



RAHUL (31 M)

Protocol: Bruce

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

SUBURBAN DIAGNOSTICS

Test Report

ID: 2313319369

Date: 13-May-23

Exec Time : 9 m 46 s Stage Time : 0 m 46 s HR: 169 bpm

Stage: Peak Ex

Speed: 4.2 mph

Grade: 16 %

(THR: 160 bpm)

B.P: 190 / 80

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

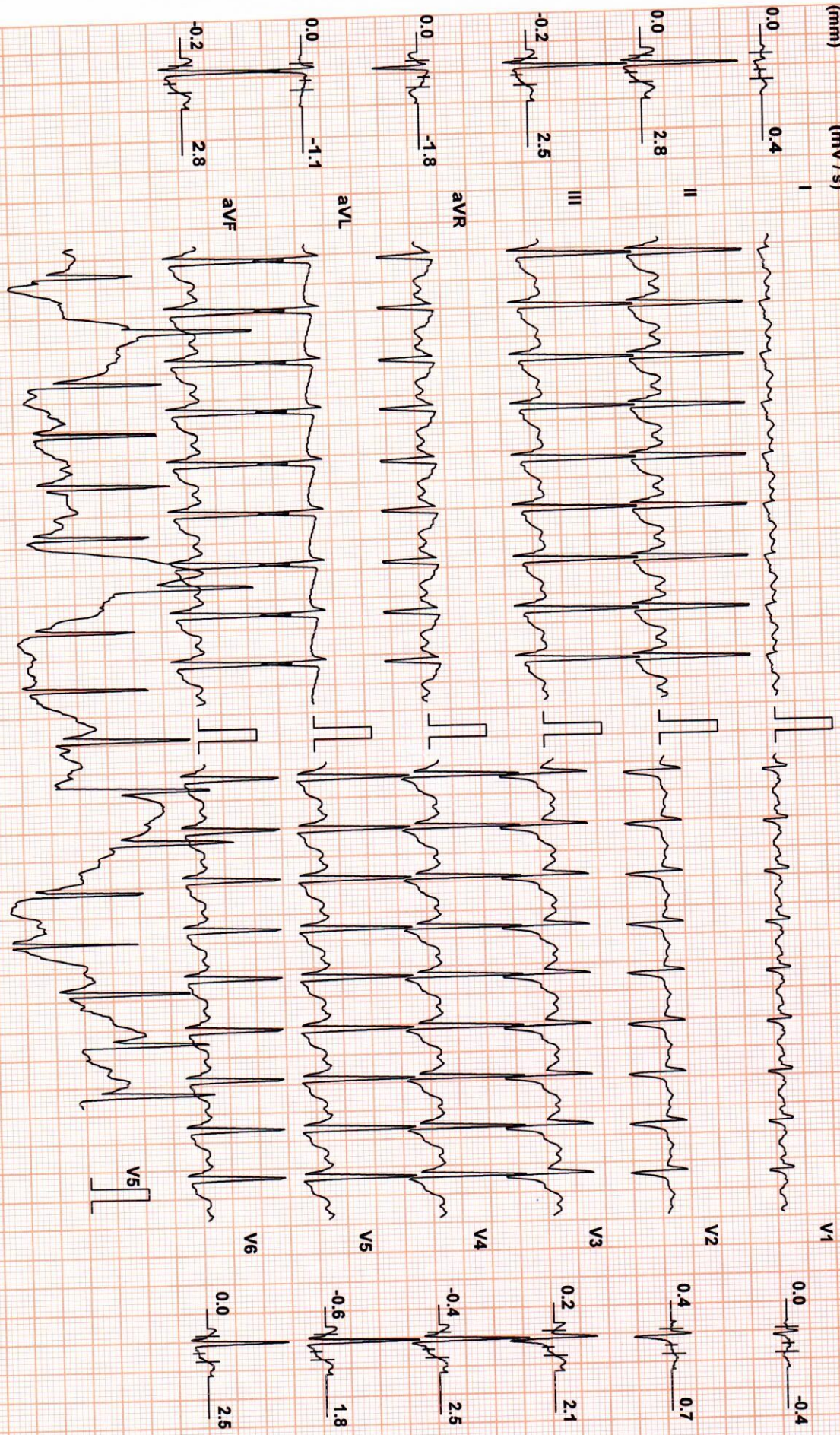


Chart Speed: 25 mm/sec  
Schiller Spandan V.4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms  
Linked Median

**SUBURBAN DIAGNOSTICS**

**Test Report**

**RAHUL (31 M)**

ID: 2313319369

Date: 13-May-23

Exec Time : 9 m 52 s Stage Time : 0 m 54 s **HR: 148 bpm**

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 160 bpm)

B.P: 170 / 80

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

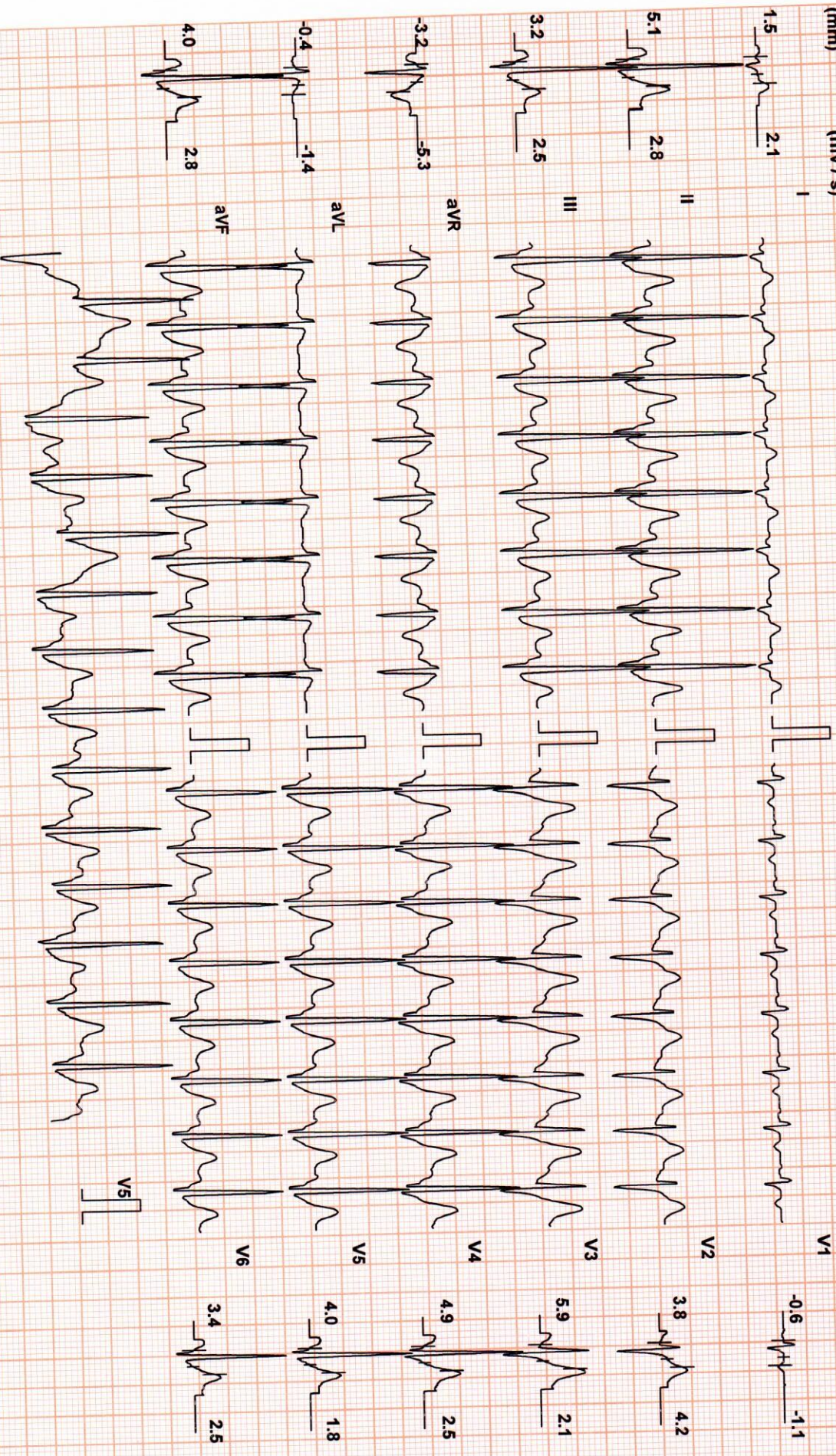


Chart Speed: 25 mm/sec  
Schiller Spandam V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Pos: J = J + 60 ms

Linked Median

# SUBURBAN DIAGNOSTICS

# Test Report

**RAHUL (31 M)**

ID: 2313319369 Date: 13-May-23 Exec Time : 9 m 52 s Stage Time : 0 m 54 s HR: 116 bpm

Protocol: Bruce

Stage: Recovery(2) Speed: 0 mph Grade: 0 % (THR: 160 bpm) B.P: 150 / 80

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

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

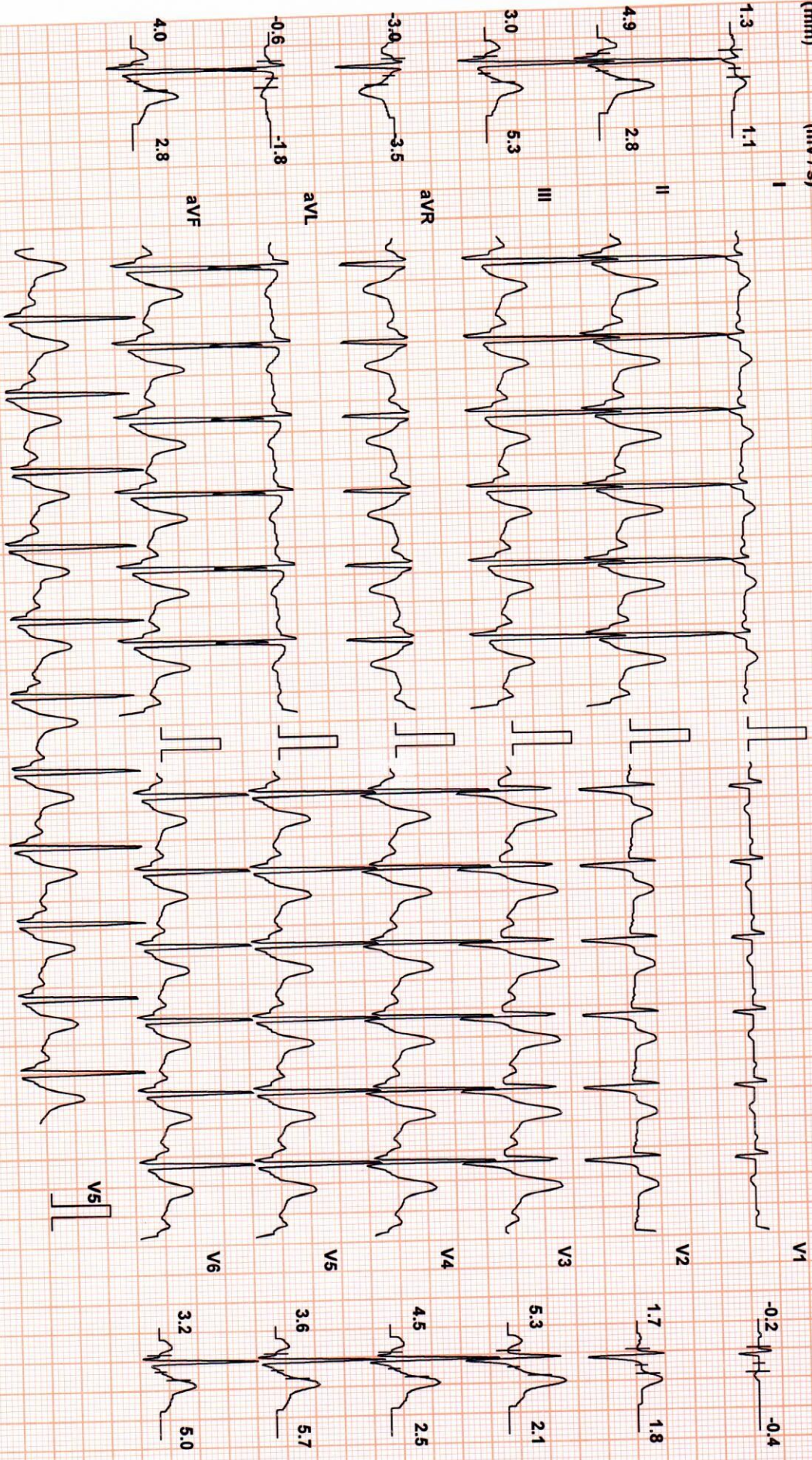


Chart Speed: 25 mm/sec  
Schiller Spandax V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



**RAHUL (31 M)**

**SUBURBAN DIAGNOSTICS**

**Test Report**

Protocol: Bruce

ID: 2313319369

Date: 13-May-23

Exec Time : 9 m 52 s Stage Time : 0 m 8 s

HR: 118 bpm

Stage: Recovery(3)

Speed: 0 mph

Grade: 0%

(THR: 160 bpm)

B.P: 130 / 80

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

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

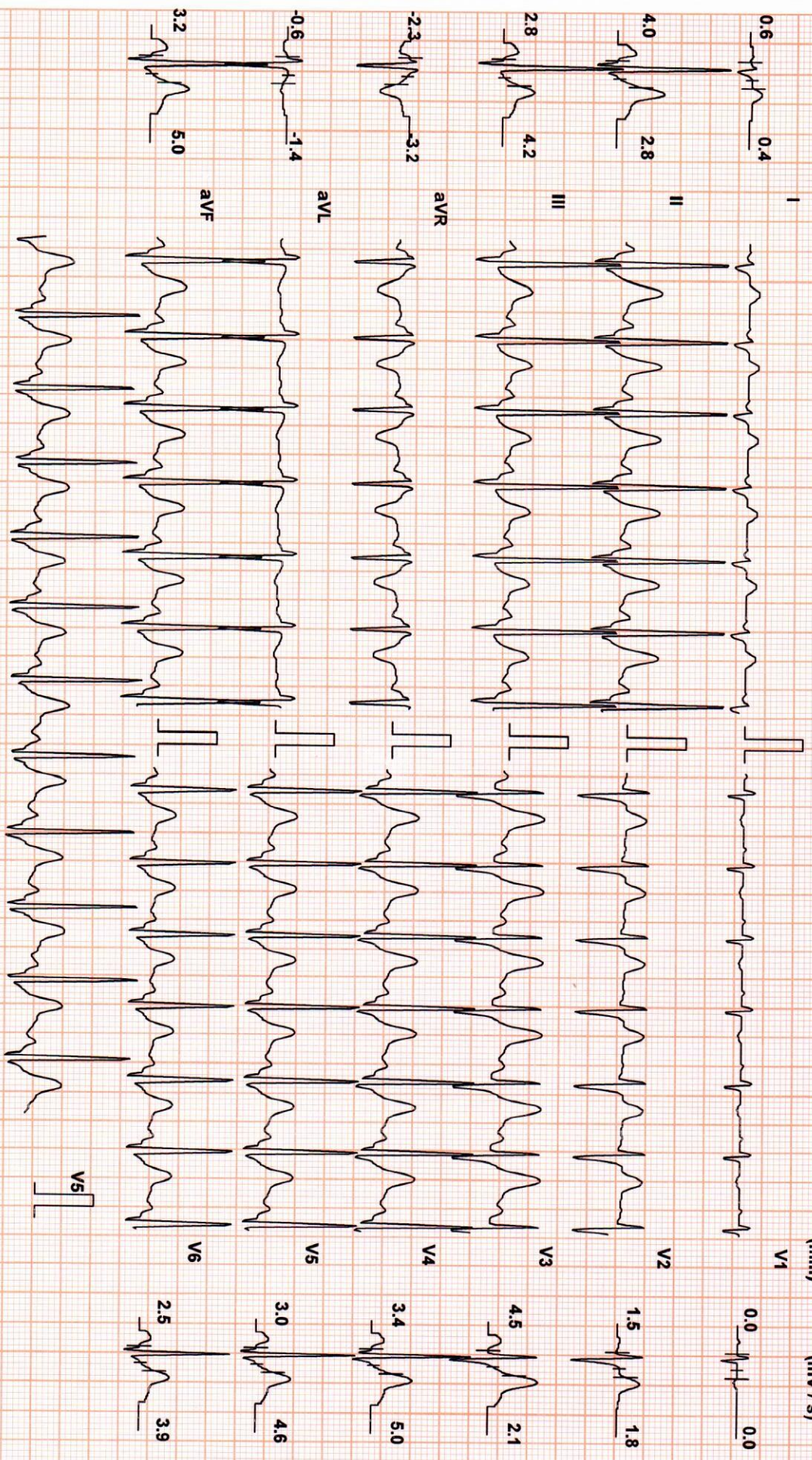


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Schiller Spandan V 4.7