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## Arcofemi Healthcare Pvt Ltd

- (Formerly known as Arcofemi Healthcare Ltd) F-701A, Lado Sarai, Mehrauli, New Delhi - 110030
- Email: wellness@mediwheel.in, Website: www.mediwheel.in
  - Tel: +91-11-41195959, Fax: +91-11-29523020

CIN: U24240DL2011PTC216307

## MEDICAL FITNESS CERTIFICATE

(To be signed by a registered medical practitioner holding a Medical degree)

This is to certify that <u>Mr. Amaan Maqsood Kagzi</u> aged, <u>32yr</u>. Based on the examination, I certify that he is in good dental and physical health and it is free from any physical defects such as deafness, color blindness, and any chronic or contagious diseases.

Place: Mumbai

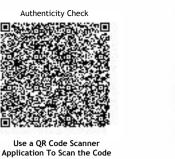
Date: 05/10/2024

Dr. Nitesh Kumur BCMR 47093 Name & Signature of

Medical officer



CID	: 2427922352
Name	: MR.AMAAN MAQSOOD KAGZI
Age / Gender	: 32 Years / Male
Consulting Dr. Reg. Location	: - : Borivali West (Main Centre)



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Collected : Reported :

:05-Oct-2024 / 10:16 :05-Oct-2024 / 14:50

## AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

	<u>CBC (Complet</u>	<u>e Blood Count), Blood</u>	
PARAMETER	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
<b>RBC PARAMETERS</b>			
Haemoglobin	13.8	13.0-17.0 g/dL	Spectrophotometric
RBC	5.13	4.5-5.5 mil/cmm	Elect. Impedance
PCV	40.6	40-50 %	Measured
MCV	79	80-100 fl	Calculated
МСН	26.8	27-32 pg	Calculated
MCHC	33.9	31.5-34.5 g/dL	Calculated
RDW	12.8	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	6980	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND	ABSOLUTE COUNTS		
Lymphocytes	36.3	20-40 %	
Absolute Lymphocytes	2530.0	1000-3000 /cmm	Calculated
Monocytes	7.9	2-10 %	
Absolute Monocytes	550.0	200-1000 /cmm	Calculated
Neutrophils	53.8	40-80 %	
Absolute Neutrophils	3730.0	2000-7000 /cmm	Calculated
Eosinophils	1.2	1-6 %	
Absolute Eosinophils	90.0	20-500 /cmm	Calculated
Basophils	0.8	0.1-2 %	
Absolute Basophils	50.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

### PLATELET PARAMETERS

Platelet Count	258000	150000-400000 /cmm	Elect. Impedance
MPV	9.1	6-11 fl	Calculated
PDW	15.6	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		

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

Corporate Identity Number (CIN): U85110MH2002PTC136144



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CID	: 2427922352			0
Name	: MR.AMAAN MAQSOOD KAGZI			R
Age / Gender	: 32 Years / Male		Use a QR Code Scanner Application To Scan the Code	т
Consulting Dr. Reg. Location	: - : Borivali West (Main Centre)	Collected Reported	:05-Oct-2024 / 10:16 :05-Oct-2024 / 16:28	
Macrocytosis	-			
Anisocytosis	-			
Poikilocytosis	-			
Polychromasia	-			
Target Cells	-			
Basophilic Stipp	ling -			
Normoblasts	-			
Others	Normocytic,Normochromi	c		

PLATELET MORPHOLOGY COMMENT

Specimen: EDTA Whole Blood

WBC MORPHOLOGY

ESR, EDTA WB-ESR

2-15 mm at 1 hr.

Sedimentation

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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

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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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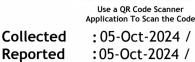
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CID	: 2427922352
Name	: MR.AMAAN MAQSOOD KAGZI
Age / Gender	: 32 Years / Male
Consulting Dr. Reg. Location	: - : Borivali West (Main Centre)



AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE				
PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>	
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	92.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase	
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	92.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase	
BILIRUBIN (TOTAL), Serum	0.6	0.1-1.2 mg/dl	Colorimetric	
BILIRUBIN (DIRECT), Serum	0.25	0-0.3 mg/dl	Diazo	
BILIRUBIN (INDIRECT), Serum	0.35	0.1-1.0 mg/dl	Calculated	
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret	
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG	
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated	
A/G RATIO, Serum	1.6	1 - 2	Calculated	
SGOT (AST), Serum	26.5	5-40 U/L	NADH (w/o P-5-P)	
SGPT (ALT), Serum	21.7	5-45 U/L	NADH (w/o P-5-P)	
GAMMA GT, Serum	23.5	3-60 U/L	Enzymatic	
ALKALINE PHOSPHATASE, Serum	90.4	40-130 U/L	Colorimetric	
BLOOD UREA, Serum	18.5	12.8-42.8 mg/dl	Kinetic	
BUN, Serum	8.6	6-20 mg/dl	Calculated	
CREATININE, Serum	1.07	0.67-1.17 mg/dl	Enzymatic	



CID Name	: 2427922352 : MR.AMAAN MAQSOOD KAGZI			E P O R
Age / Gender Consulting Dr. Reg. Location	: 32 Years / Male : - : Borivali West (Main Centre)	Collected Reported	Use a QR Code Scanner Application To Scan the Code :05-Oct-2024 / 10:16 :05-Oct-2024 / 16:22	т
eGFR, Serum	95	(ml/min/1.73sqm) Normal or High: Above Mild decrease: 60-89 Mild to moderate decr 59 Moderate to severe de -44 Severe decrease: 15-2 Kidney failure:<15	rease: 45- ecrease:30	
Note: eGFR estir	nation is calculated using 2021 CKD-EPI GFR	equation		
URIC ACID, Se	rum 6.5	3.5-7.2 mg/dl	Enzymatic	

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



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

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CID :2427922352 Name : MR.AMAAN MAQSOOD KAGZI Age / Gender : 32 Years / Male Consulting Dr. : -Reg. Location : Borivali West (Main Centre)



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#### AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE **GLYCOSYLATED HEMOGLOBIN (HbA1c) BIOLOGICAL REF RANGE** PARAMETER RESULTS METHOD HPLC Glycosylated Hemoglobin 5.6 Non-Diabetic Level: < 5.7 % (HbA1c), EDTA WB - CC Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %

mg/dl

Estimated Average Glucose 114.0 (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 SDRL, Vidyavihar Lab \*\*\* End Of Report \*\*\*



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

Page 5 of 12



CID :2427922352 Name : MR.AMAAN MAQSOOD KAGZI : 32 Years / Male Age / Gender Consulting Dr. : -Reg. Location : Borivali West (Main Centre)



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:05-Oct-2024 / 10:16 :05-Oct-2024 / 17:36

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

UNINE EXAMINATION REPORT				
PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>	
PHYSICAL EXAMINATION				
Color	Pale yellow	Pale Yellow	-	
Transparency	Clear	Clear	-	
CHEMICAL EXAMINATION				
Specific Gravity	1.020	1.002-1.035	Chemical Indicator	
Reaction (pH)	5.0	5-8	pH Indicator	
Proteins	Absent	Absent	Protein error principle	
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				
(WBC)Pus cells / hpf	1-2	0-5/hpf		
Red Blood Cells / hpf	Absent	0-2/hpf		
Epithelial Cells / hpf	0-1	0-5/hpf		
Hyaline Casts	Absent	Absent		
Pathological cast	Absent	Absent		
Calcium oxalate monohydrate crystals	Absent	Absent		
Calcium oxalate dihydrate crystals	Absent	Absent		
Triple phosphate crystals	Absent	Absent		
Uric acid crystals	Absent	Absent		
Amorphous debris	Absent	Absent		
Bacteria / hpf	2-3	0-20/hpf		
Yeast	Absent	Absent		
Others	-			



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Name	: MR.AMAAN MAQSOOD KAGZI			R
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Reg. Location	: Borivali West (Main Centre)	Reported	:05-Oct-2024 / 17:36	

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



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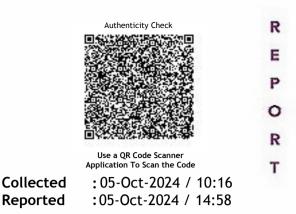
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**Dr.JAGESHWAR MANDAL CHOUPAL MBBS, DNB PATH** Pathologist

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CID : 2427922352 Name : MR.AMAAN MAQSOOD KAGZI Age / Gender : 32 Years / Male Consulting Dr. : -Reg. Location : Borivali West (Main Centre)



### AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE BLOOD GROUPING & Rh TYPING

**PARAMETER** 

## <u>RESULTS</u>

ABO GROUP 0 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.

#### 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

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



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

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CID	: 2427922352
Name	: MR.AMAAN MAQSOOD KAGZI
Age / Gender	: 32 Years / Male
Consulting Dr. Reg. Location	: - : Borivali West (Main Centre)

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	168.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	140.0	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	35.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	132.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	104.0	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	28.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.9	0-3.5 Ratio	Calculated

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



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

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CID : 2427922352 Name : MR.AMAAN MAQSOOD KAGZI Age / Gender : 32 Years / Male Consulting Dr. : -Reg. Location : Borivali West (Main Centre)



microU/ml

:05-Oct-2024 / 10:16 :05-Oct-2024 / 16:22

#### AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE **THYROID FUNCTION TESTS RESULTS BIOLOGICAL REF RANGE** PARAMETER METHOD Free T3, Serum 5.2 3.5-6.5 pmol/L **ECLIA** Free T4, Serum ECLIA 15.3 11.5-22.7 pmol/L sensitiveTSH, Serum **ECLIA** 1.67 0.35-5.5 microIU/ml

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	: MR.AMAAN MAQSOOD KAGZI		目的词题的关键	R
r	: 32 Years / Male		Use a QR Code Scanner Application To Scan the Code	т
	: -	Collected	:05-Oct-2024 / 10:16	
	: Borivali West (Main Centre)	Reported	:05-Oct-2024 / 16:22	

#### Interpretation:

Age / Gender Consulting Dr. Reg. Location

CID Name

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



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

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Name: MR.AMAAN MAQSOOD KAGZIAge / Gender: 32 Years / MaleConsulting Dr.: -Reg. Location: Borivali West (Main Centre)

:2427922352

Collected Reported :05-Oct-2024 / 13:12 :05-Oct-2024 / 18:59

**METHOD** 

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE						
PARAMETER	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>				
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 \*\*\*



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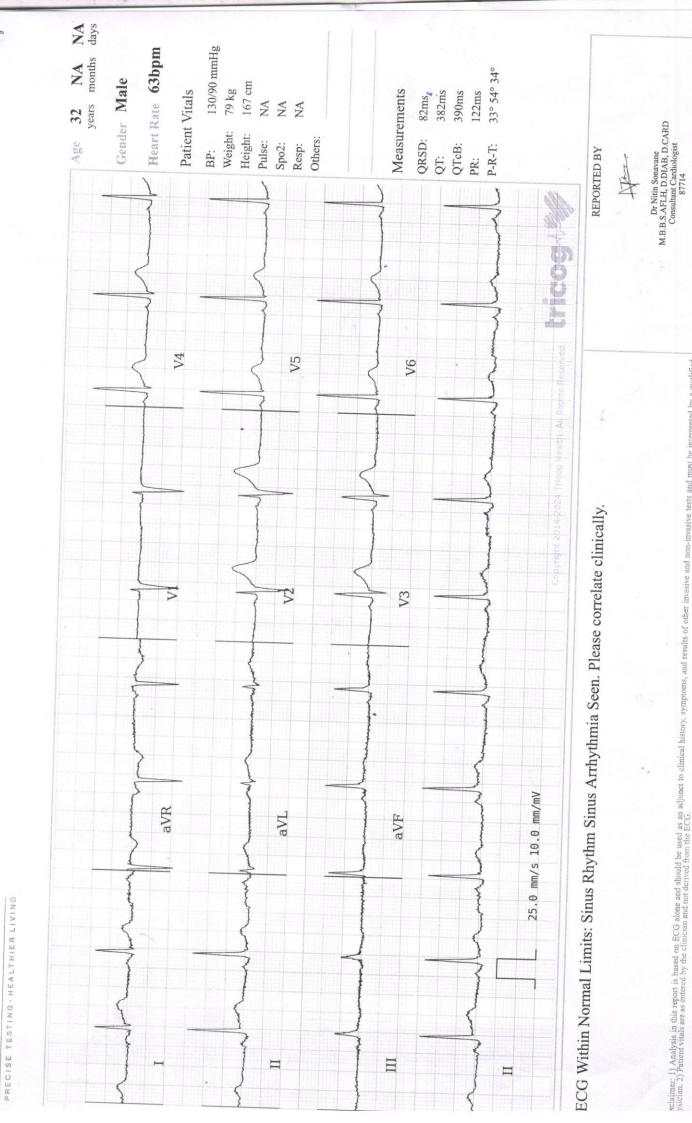
Dr.KETAKI MHASKAR M.D. (PATH) Pathologist

Page 12 of 12

2427922352 Patient Name: Patient ID: SUBURBAN ... ⊢ ഗ DIAGNO

SUBURBAN DIAGNOSTICS - BORIVALI WEST AMAAN MAQSOOD KAGZI

Date and Time: 5th Oct 24 11:54 AM



celaimer: 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 visician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.



CID NO: 2427922352	
PATIENT'S NAME: MR.AMAAN MAQSOOD KAGZI	AGE/SEX: 32 Y/M
REF BY:	DATE: 05/10/2024

## **2-D ECHOCARDIOGRAPHY**

- 1. RA, LA RV is Normal Size.
- 2. No LV Hypertrophy.

3. Normal LV systolic function. LVEF 60 % by bi-plane

4. No RWMA at rest.

5. Aortic, Pulmonary, Mitral, Tricuspid valves normal.

- 6. Great arteries: Aorta: Normal a. No mitral valve prolaps.
- 7. Inter-ventricular septum is intact and normal.

8. Intra Atrial Septum intact.

9. Pulmonary vein, IVC, hepatic are normal.

10.No LV clot

11.No Pericardial Effusion

12.No Diastolic disfunction. No Doppler evidence of raised LVEDP.

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REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | CIN No.: L74899DL1995PLC065388

PATIENT'S NAMI	2: MR.AMA	AN MAQSOOD I	KAGZI	AGE/SEX	K: 32 Y/M	
REF BY:				DATE: 0	5/10/2024	
1. AO root dia	meter	2.8 cm				
2. IVSd		1.0 cm				
3. LVIDd		4.2 cm				
4. LVIDs		2.1 cm				
5. LVPWd		1.0 cm				
6. LA dimensio	on	3.7 cm				
7. RA dimensio	on	3.7 cm				
8. RV dimensio	on	3.0 cm				
9. Pulmonary f	low vel:	0.9 m/s				
10. Pulmonary C	Gradient	3.4 m/s				
11. Tricuspid flo	w vel	1.4 m/s		3		
12. Tricuspid Gr	adient	8 m/s				
13. PASP by TR	Tet					
4. TAPSE		18 mm Hg				
5. Aortic flow y	ve1	2.6 cm				
6. Aortic Gradi		1.4 m/s				
7. MV:E		9 m/s				
8. A vel		0.8 m/s				
9. IVC		0.6 m/s				
		16 mm				
20. E/E'		8				

## Impression: Normal 2d echo study.

## Disclaimer

Echo may have inter/Intra observer variations in measurements as the study is observer dependent and changes with Pt's hemodynamics. Please co-relate findings with patients clinical status.

\*\*\*End of Report\*\*\*

DR. S. NITIN Consultant Cardiologist Reg. No. 87714 R

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REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | CIN No.: L74899DL1995PLC065388

MUMBAI OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2<sup>nd</sup> Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053. WEST REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar West, Mumbai - 400086. HEALTHLINE: 022-61700000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com

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AGNOSTICS				E
PRECISE TESTING · HEALTHIEI	RLIVING	٠.		Ρ
CID	: 2427922352			0
Name	: Mr AMAAN MAQSOOD KAGZI			R
Age / Sex	: 32 Years/Male			Т
Ref. Dr	:	Reg. Date	: 05-Oct-2024	
Reg. Location	: Borivali West	Reported	: 08-Oct-2024 / 13:41	

## 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.

Abnormal contour of the diaphragmatic done with no disruption to the diaphragmatic continuity.

The skeleton under review appears normal.

## Kindly correlate clinically.

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. X ray is known to have inter-observer variations. Further / follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Please interpret accordingly. In case of any typographical error / spelling error in the report, patient is requested to immediately contact the centre within 7 days post which the centre will not be responsible for any rectification.

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

ranal

Dr. Pranali Mahale MD,Radiodiagnosis Consultant Radiologist Reg no. 2019/07/5682

Click here to view images <<<ImageLink>>

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## AMAAN MAQSOOD KAGZI

## Age/Gender : 32 Years/Male

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## **History and Complaints:**

No Complaints.

<b>EXAMINATION FINDINGS:</b>		1	
Height (cms):	167	Weight (kg):	79
Temp (0c):	Afebrile	Skin:	NAD
Blood Pressure (mm/hg):	130/80	Nails:	NAD
Pulse:	74/min	Lymph Node:	Not Palpable
Systems			
Cardiovascular:	\$1\$2(N)	No Murmurs	
Respiratory:	AEBE C		
Genitourinary:	Normal		
GI System:	Normal		
CNS:	Normal		

**IMPRESSION:** 

Nomial

**ADVICE:** 

# CHIEF COMPLAINTS:1)Hypertension:NO

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2)IHDNO3)ArrhythmiaNO4)Diabetes MellitusNO5)TuberculosisNO6)AsthamaNO7)Pulmonary DiseaseNO8)Thyroid/ Endocrine disordersNO9)Nervous disordersNO10)GI systemNO11)Genital urinary disorderNO12)Rheumatic joint diseases or symptomsNO13)Blood disease or disorderNO14)Cancer/lump growth/cystNO	NGIHEA	ALTHIER LIVING	
3)ArrhythmiaNO4)Diabetes MellitusNO5)TuberculosisNO6)AsthamaNO7)Pulmonary DiseaseNO8)Thyroid/ Endocrine disordersNO9)Nervous disordersNO10)GI system.NO11)Genital urinary disorderNO12)Rheumatic joint diseases or symptomsNO13)Blood disease or disorderNO14)Cancer/lump growth/cystNO		м	NO
4)Diabetes MellitusNO5)TuberculosisNO6)AsthamaNO6)AsthamaNO7)Pulmonary DiseaseNO8)Thyroid/ Endocrine disordersNO9)Nervous disordersNO10)GI systemNO11)Genital urinary disorderNO12)Rheumatic joint diseases or symptomsNO13)Blood disease or disorderNO14)Cancer/lump growth/cystNO			
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6)AsthamaNO7)Pulmonary DiseaseNO8)Thyroid/ Endocrine disordersNO9)Nervous disordersNO10)GI systemNO11)Genital urinary disorderNO12)Rheumatic joint diseases or symptomsNO13)Blood disease or disorderNO14)Cancer/lump growth/cystNO			
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8)Thyroid/ Endocrine disordersNO9)Nervous disordersNO10)GI systemNO11)Genital urinary disorderNO12)Rheumatic joint diseases or symptomsNO13)Blood disease or disorderNO14)Cancer/lump growth/cystNO	1		
9)Nervous disordersNO10)GI systemNO11)Genital urinary disorderNO12)Rheumatic joint diseases or symptomsNO13)Blood disease or disorderNO14)Cancer/lump growth/cystNO			
10)GI systemNO11)Genital urinary disorderNO12)Rheumatic joint diseases or symptomsNO13)Blood disease or disorderNO14)Cancer/lump growth/cystNO			
11)Genital urinary disorderNO12)Rheumatic joint diseases or symptomsNO13)Blood disease or disorderNO14)Cancer/lump growth/cystNO	9)	Nervous disorders	NO
12)Rheumatic joint diseases or symptomsNO13)Blood disease or disorderNO14)Cancer/lump growth/cystNO	10)		NO
13)Blood disease or disorderNO14)Cancer/lump growth/cystNO	11)	Genital urinary disorder	NO
14) Cancer/lump growth/cyst 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	month back

17)Musculoskeletal System

## PERSONAL HISTORY.

I L	NOUNAL IIIS	IUNI.	
1)	Alcohol	No	
2)	Smoking	No	
3)	Diet	Mix	
4)	Medication	No	
4)	Iviedication	INO	

Suburben Diagnostics (I) Pvt. Ltd. 301& 302, 3rd Floor Vini Loganance Above Tanieg Justiler, L. T. Road, Borivali (West), Mumbai - 400 092

DR. MTIN SONAVANE M.B.B.C.AFLH, D.DIAB, D.CARD. CONSULTANT-CARDIOLOGIST 

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Date:-

Name:- Amacin. /20021 Sex/Age: 32/M

CID: 241279223J2

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EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

**Refraction:** 

(Right Eye)

RE CE 6/6 6/6 H/6 M/6 (Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	-							
Near								

Colour Vision: Normal / Abnormal

Remark:

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