

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

SIDDHARTHA SHARMA  
AKHILESH KUMAR SHARMA

03/12/1985  
Permanent Account Number

DBNPS3472M

*Siddharth*  
Signature



*(Handwritten signature)*



## PHYSICAL EXAMINATION REPORT

Patient Name	Siddhartha Sharma	Sex/Age	M / 36
Date	23/3/22	Location	Thane

### History and Complaints

Nil

### EXAMINATION FINDINGS:

Height (cms):	172	Temp (0c):	②
Weight (kg):	91.9	Skin:	NAD
Blood Pressure	130/90	Nails:	
Pulse	76/min	Lymph Node:	

### Systems :

Cardiovascular:	NAD
Respiratory:	
Genitourinary:	
GI System:	
CNS:	

**Impression:** Overweight | ↑ Alkaline phosphatase.

ECG -  
PVC's  
(occasional)

BSL (f) - Impaired.

↑ TG's

**ADDRESS:** 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

**HEALTHLINE - MUMBAI:** 022-6170-0000 | **OTHER CITIES:** 1800-266-4343

**For Feedback -** customerservice@suburbandiagnosics.com | [www.suburbandiagnosics.com](http://www.suburbandiagnosics.com)

- Fatty Liver  
- left eye lazy.

wt. Reduction.

**Advice:**  
- low Fat, low sugar Diet.  
- Repeat Blood sugar profile & lipid profile after 6 Months.

1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	Nil
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthama	
7)	Pulmonary Disease	Covid in July (2021)
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders	
10)	GI system	
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptoms	Nil
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	
15)	Congenital disease	
16)	Surgeries	
17)	Musculoskeletal System	

**PERSONAL HISTORY:**

1)	Alcohol	Yes (occasional)
2)	Smoking	Yes
3)	Diet	mixed
4)	Medication	No

**Dr. Manasee Kulkarni**  
M.B.B.S

ADDRESS: 2<sup>nd</sup> Floor, Astor, Sindervan Complex, Above Mercedes Showroom, Andheri West - 400053

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CID : 2208211238  
Name : MR.SIDDHARTHA SHARMA  
Age / Gender : 36 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 23-Mar-2022 / 09:48  
Reported : 23-Mar-2022 / 12:32

**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	16.4	13.0-17.0 g/dL	Spectrophotometric
RBC	5.31	4.5-5.5 mil/cmm	Elect. Impedance
PCV	47.6	40-50 %	Measured
MCV	90	80-100 fl	Calculated
MCH	30.8	27-32 pg	Calculated
MCHC	34.4	31.5-34.5 g/dL	Calculated
RDW	12.7	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	8800	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	38.6	20-40 %	
Absolute Lymphocytes	3396.8	1000-3000 /cmm	Calculated
Monocytes	5.8	2-10 %	
Absolute Monocytes	510.4	200-1000 /cmm	Calculated
Neutrophils	52.2	40-80 %	
Absolute Neutrophils	4593.6	2000-7000 /cmm	Calculated
Eosinophils	3.3	1-6 %	
Absolute Eosinophils	290.4	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	8.8	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

**PLATELET PARAMETERS**

Platelet Count	250000	150000-400000 /cmm	Elect. Impedance
MPV	9.6	6-11 fl	Calculated
PDW	17.3	11-18 %	Calculated

**RBC MORPHOLOGY**

Hypochromia	-
Microcytosis	-







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Collected : 23-Mar-2022 / 09:48  
Reported : 23-Mar-2022 / 14:06

**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	104.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	99.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.86	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.33	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.53	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.4	1 - 2	Calculated
SGOT (AST), Serum	19.9	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	31.0	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	32.0	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	152.3	40-130 U/L	PNPP
BLOOD UREA, Serum	17.7	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	8.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.93	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	98	>60 ml/min/1.73sqm	Calculated



Authenticity Check



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Reported : 23-Mar-2022 / 14:47

URIC ACID, Serum	6.5	3.5-7.2 mg/dl	Uricase
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 G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



*Amit Taori*

Dr. AMIT TAORI  
M.D ( Path )  
Pathologist



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<b><u>CHEMICAL EXAMINATION</u></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><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	

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



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

PARAMETER	RESULTS
ABO GROUP	O
Rh TYPING	Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Note : This Sample has also been tested for Bombay group/Bombay phenotype /Oh using anti-H lectin.

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

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



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Reported : 23-Mar-2022 / 14:06

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	184.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	188.9	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	42.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	141.9	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	Homogeneous enzymatic colorimetric assay
VLDL CHOLESTEROL, Serum	37.9	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.5	0-3.5 Ratio	Calculated

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Collected : 23-Mar-2022 / 09:48  
Reported : 23-Mar-2022 / 12:42

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**THYROID FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.7	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.0	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.51	0.35-5.5 microIU/ml	ECLIA

**Interpretation:**

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

**Clinical Significance:**

- 1)TSH Values between 5.5 to 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: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.

**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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*Amit Taori*

Dr. AMIT TAORI  
M.D ( Path )  
Pathologist





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Consulting Dr. : -  
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Collected : 23-Mar-2022 / 09:48  
Reported : 23-Mar-2022 / 17:37

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	114.0	mg/dl	Calculated

**Intended use:**

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1c goal for non pregnant adults in general is Less than 7%.

**Clinical Significance:**

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

**Test Interpretation:**

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

**Factors affecting HbA1c results:**

**Increased in:** High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

**Decreased in:** Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

**Reflex tests:** Blood glucose levels, CGM (Continuous Glucose monitoring)

**References:** ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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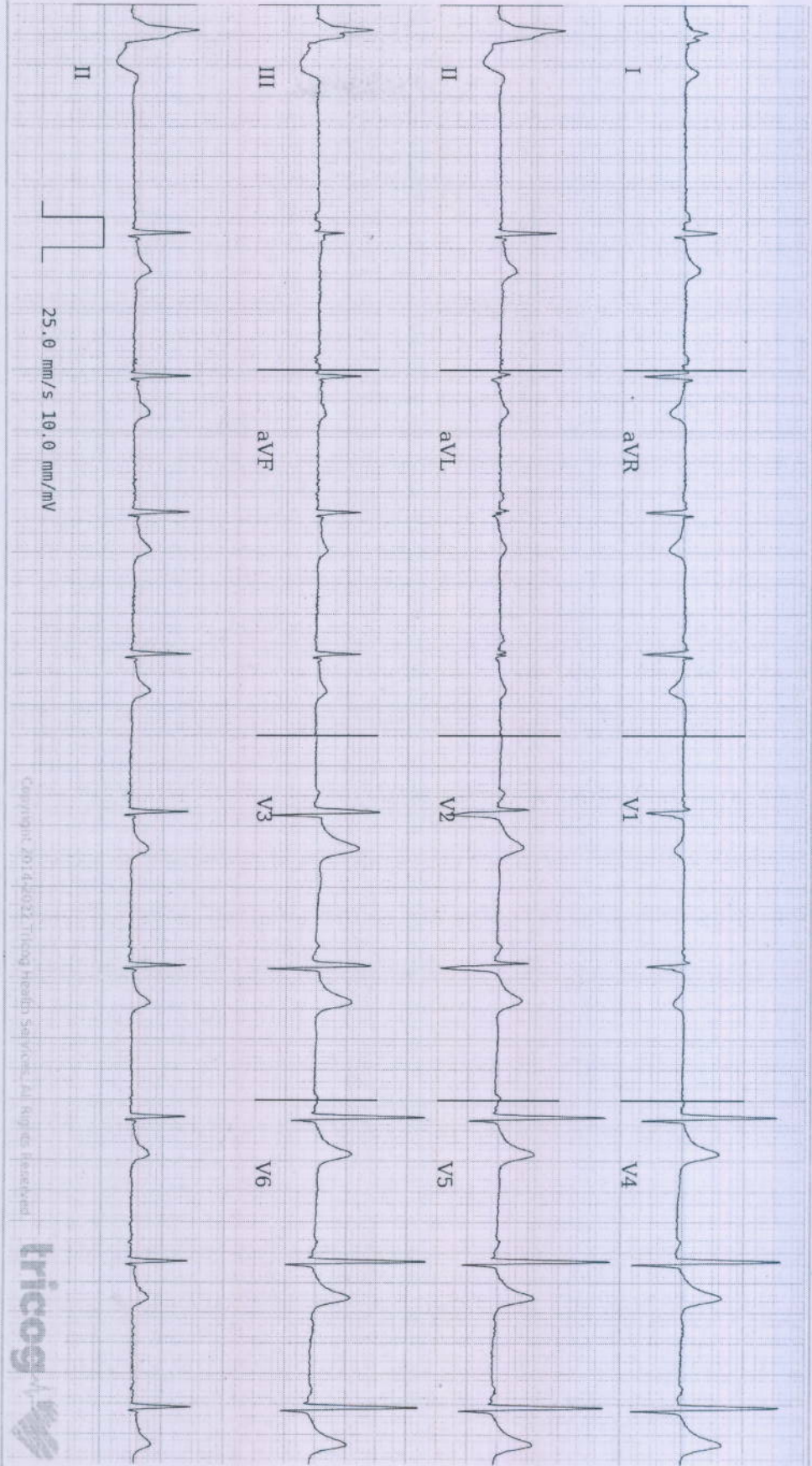


*Dr. Vrushali Shroff*  
**Dr.VRUSHALI SHROFF**  
M.D.(PATH)  
Pathologist



Patient Name: **SIDDHARTHA SHARMA**  
Patient ID: **2208211238**

Date and Time: **23rd Mar 22 12:05 PM**



Age **36** **3** **15**  
years months days

Gender **Male**

Heart Rate **60bpm**

Patient Vitals

BP: **110/80 mmHg**

Weight: **91 kg**

Height: **172 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

**Measurements**

QSRD: **74ms**

QT: **372ms**

QTc: **372ms**

PR: **116ms**

P-R-T: **-20° 59° 31°**

REPORTED BY

**DR SHAILAJA PILLAI**  
MBBS, MD Physician  
MD Physician  
49972

**Sinus Rhythm, Normal Axis, with occasional, Premature Ventricular Complexes. 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.







111 / SIDDHARTHA SHARMA / 36 Yrs / M / 172 Cms / 91 Kg Date: 23-Mar-2022

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:04	0:04	00.0	00.0	01.0	076	41%	110/80	083	00	
Standing	00:10	0:06	00.0	00.0	01.0	076	41%	110/80	083	00	
HV	00:16	0:06	00.0	00.0	01.0	077	42%	110/80	084	00	
ExStart	00:18	0:02	01.7	10.0	01.1	077	42%	110/80	084	00	
BRUCE Stage 1	03:18	3:00	01.7	10.0	04.7	109	59%	120/80	130	00	
BRUCE Stage 2	06:18	3:00	02.5	12.0	07.1	133	72%	130/80	172	00	
PeakEX	08:47	2:29	03.4	14.0	09.7	156	85%	150/80	233	00	
Recovery	09:47	1:00	00.0	00.0	01.1	115	62%	150/80	172	00	
Recovery	10:47	2:00	00.0	00.0	01.0	099	54%	150/80	148	00	
Recovery	12:47	4:00	00.0	00.0	01.0	096	52%	120/80	115	00	
Recovery	12:50				00.0	000	0%	---/---	000	00	

**FINDINGS :**

Exercise Time : 08:29  
 Max HR Attained : 156 bpm 85% of Target 184  
 Max BP Attained : 150/80  
 Max WorkLoad Attained : 9.7 Good response to induced stress  
 Test End Reasons : Fatigue, Heart Rate Achieved

**DR. SHAILAJA PILLAI**  
 M.D. (GEN.MED)  
 R.NO. 49972

Doctor : DR SHAILAJA PILLAI



111 / SIDDHARTHA SHARMA / 36 Yrs / M / 172 Cms / 91 Kg Date: 23-Mar-2022

**REPORT :**


**PROCEDURE DONE:** Graded exercise treadmill stress test.

**STRESS ECG RESULTS:** The Initial HR was recorded as 76.0 bpm, and the maximum predicted Target Heart Rate 184.0. The BP increased at the time of generating report as 150.0/80.0 mmHg The Max Dep went upto 0.3. 0.0 Ectopic Beats were observed during the Test.

**CONCLUSIONS:**

1. TMT is negative for exercise induced ischemia.
2. Normal chronotropic and Normal Inotropic response.
3. No significant ST T changes seen.

**Dr. SHAILAJA PILLAI**  
**M.D. (GEN.MED)**  
**R.NO. 49972**



**Doctor : DR SHAILAJA PILLAI**



# SUBURBAN DIAGNOSTICS THANE GB

111 / SIDDHARTHA SHARMA / 36 Yrs / M / 172 Cms / 91 Kg / HR : 76

Date: 23-Mar-2022 12:45:12 PM METS: 1.0/ 76 bpm 41% of THR BP: 110/80 mmHg Raw ECG/BLC On/ Notch On/HF 0.05 Hz/LF 20 Hz

4X 80 ms Post J

SUPINE ( 00:02 )

ExTime: 00:00 0.0 mph, 0.0%  
25 mm/Sec 1.0 Cm/mV



I 0.7  
II 1.2  
III 0.6  
aVR -0.9  
aVL 0.1  
aVF 0.9  
STs 1.0

I 0.7  
II 1.2  
III 0.6

III 0.6  
aVR -0.9  
aVL 0.1

aVR -0.9  
aVL 0.1  
aVF 0.9

V1 0.0  
V2 1.4  
V3 1.6  
V4 1.4  
V5 1.1  
V6 0.9

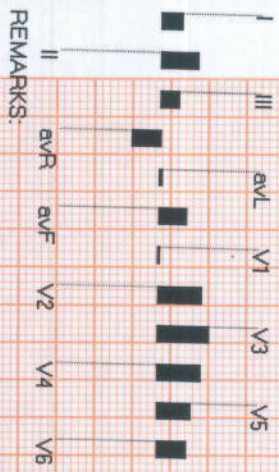
V2 1.4  
V3 1.6  
V4 1.4

V3 1.6  
V4 1.4  
V5 1.1

V4 1.4  
V5 1.1  
V6 0.9

aVF 0.9  
aVR -0.9  
aVL 0.1

V6 0.9  
V5 1.1  
V4 1.4



REMARKS:





# SUBURBAN DIAGNOSTICS THANE GB

111 / SIDDHARTHA SHARMA / 36 Yrs / M / 172 Cms / 91 Kg / HR : 76

Date: 23-Mar-2022 12:45:12 PM METS: 1.0/ 76 bpm 41% of THR BP: 110/80 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz  
4X 80 ms Post J

STANDING ( 00:00 )



ExTime: 00:00 0.0 mph, 0.0%  
25 mm/Sec - 1.0 Cm/mV



SNL 0.7  
STS 1.0

II 1.2  
0.6

III 0.6  
-0.4

avR -0.9  
-0.9

avL 0.1  
0.7

avF 0.9  
0.1

V1 0.0  
0.7

V2 1.4  
2.9

V3 1.6  
2.6

V4 1.4  
1.8

V5 1.1  
1.1

V6 0.9  
0.6



REMARKS:



# SUBURBAN DIAGNOSTICS THANE GB

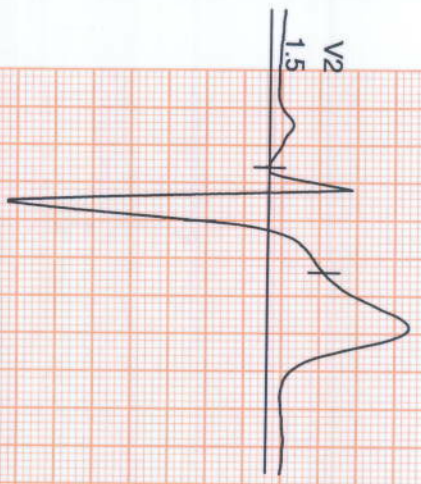
111 / SIDDHARTHA SHARMA / 36 Yrs / M / 172 Cms / 91 Kg / HR : 77

Date: 23-Mar-2022 12:45:12 PM METS: 1.0/77 bpm 42% of THR BP: 110/80 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 20 Hz  
4X 80 ms Post J

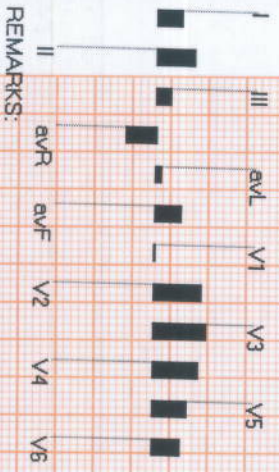
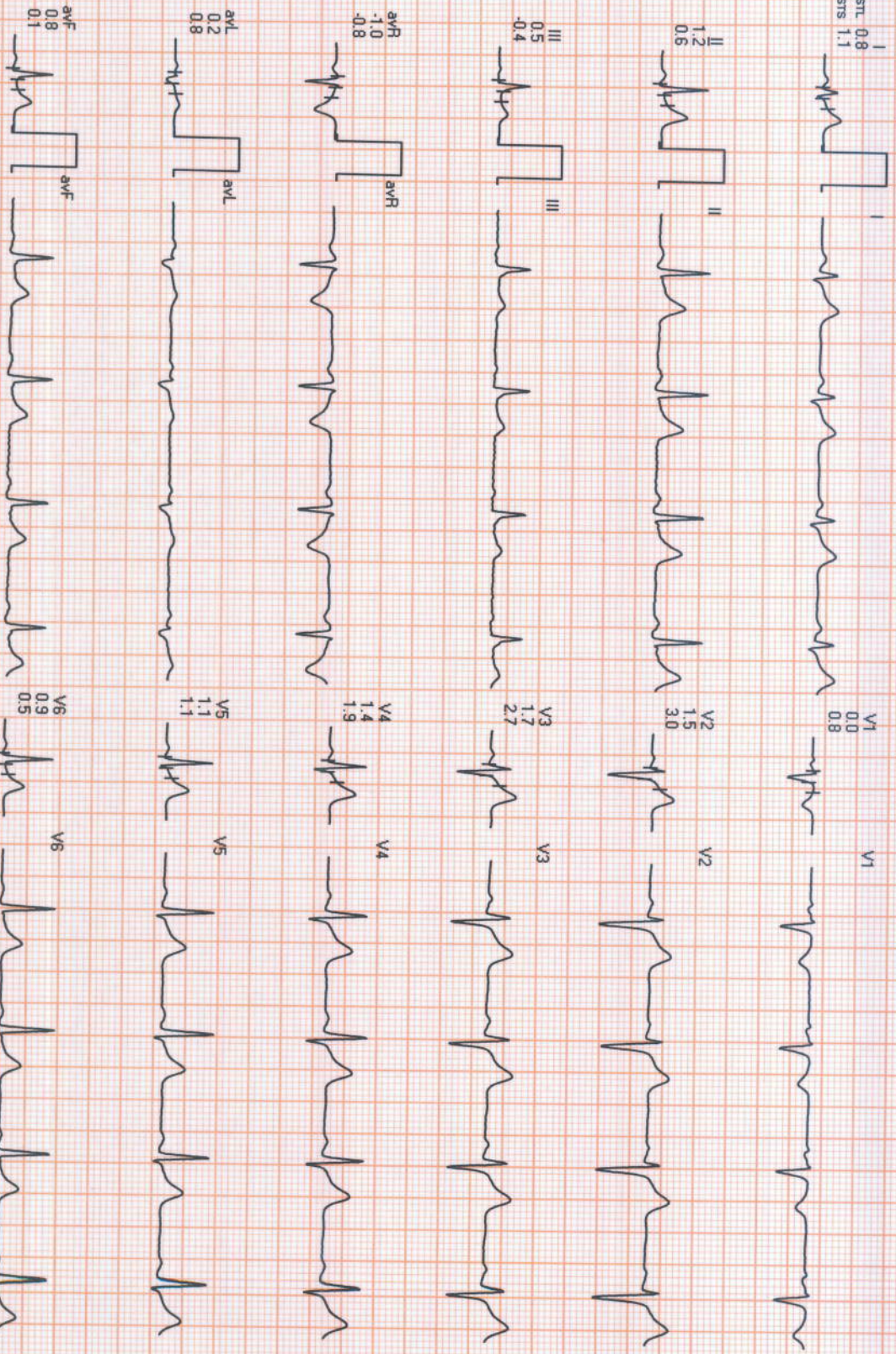
HV ( 00:00 )



ExTime: 00:00 0.0 mph, 0.0%  
25 mm/Sec 1.0 Cm/mV



STL 0.8  
STS 1.1



REMARKS:



**SUBURBAN DIAGNOSTICS THANE GB**

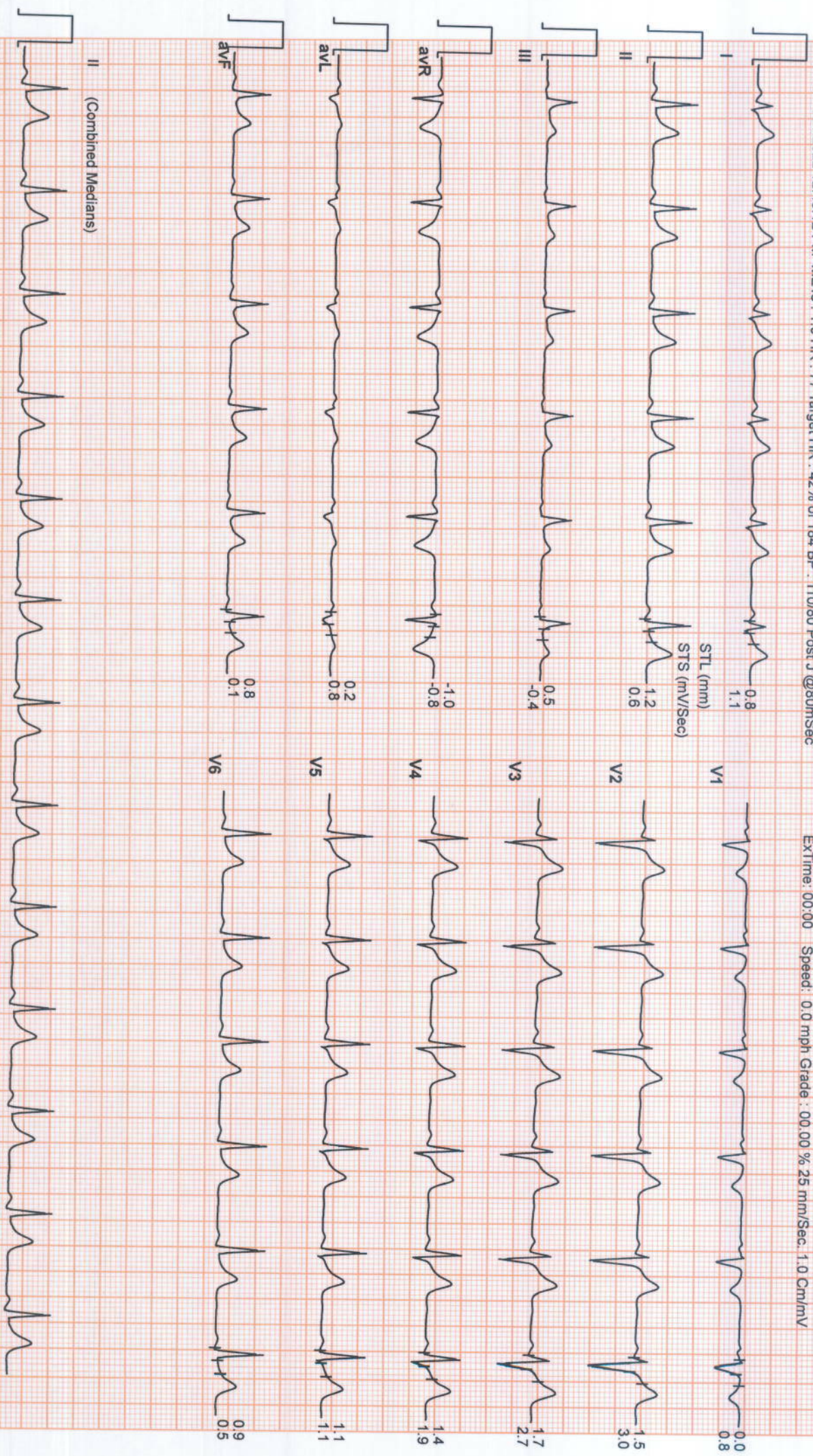
**THANE GB**  
111 / SIDDHARTHA SHARMA / 36 Yrs / Male / 172 Cm / 91 Kg

Date: 23 / 03 / 2022 12:45:12 PM METs : 1.0 HR : 77 Target HR : 42% of 184 BP : 110/80 Post J @80mSec

**6X2 Combine Medians + 1 Rhythm**

EXSt1

ExTime: 00:00 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec. 1.0 Cm/mV





# SUBURBAN DIAGNOSTICS THANE GB

THANE GB

111 / SIDDHARTHA SHARMA / 36 Yrs / Male / 172 Cm / 91 Kg

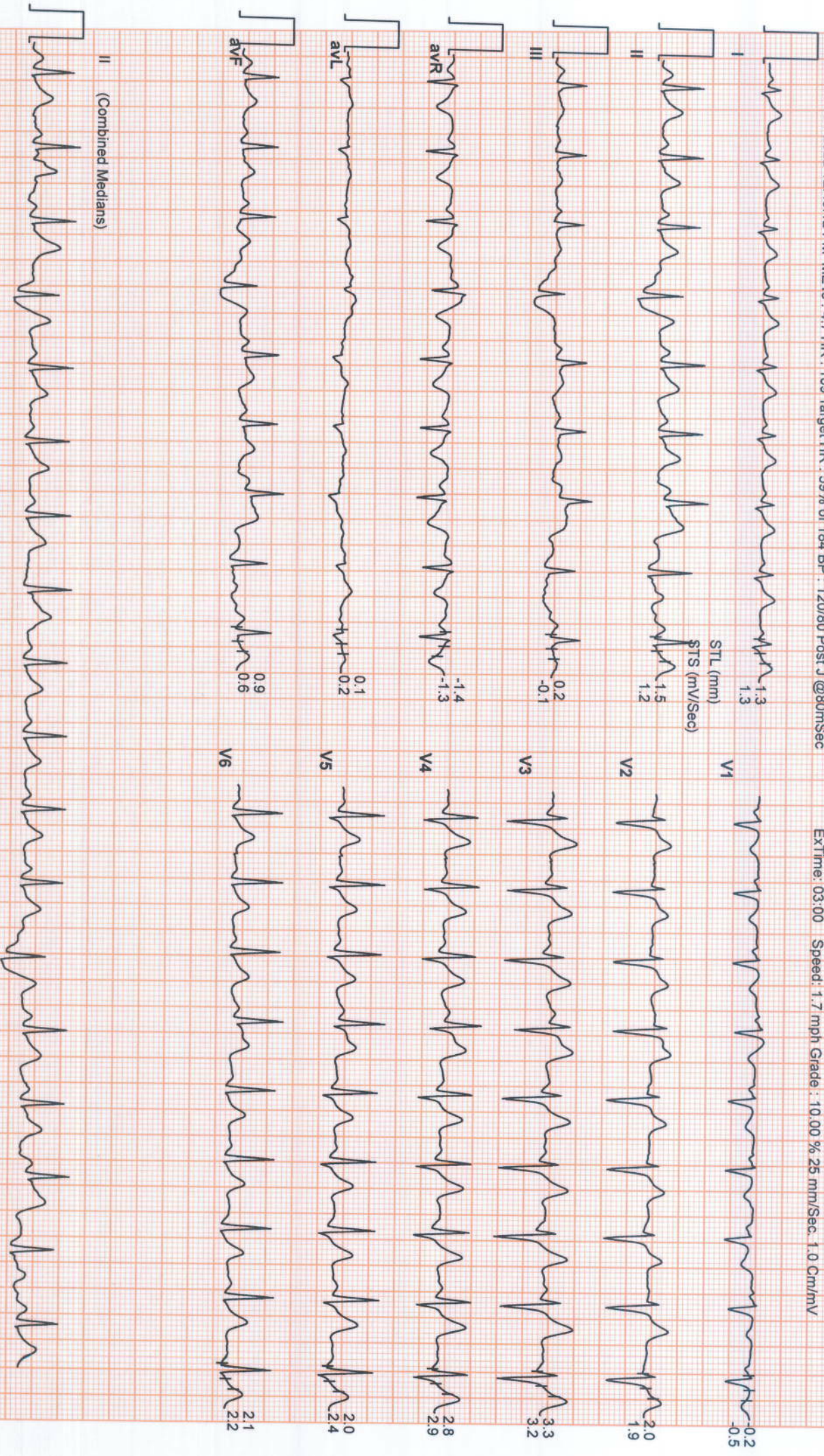
Date: 23 / 03 / 2022 12:45:12 PM METs : 4.7 HR : 109 Target HR : 59% of 184 BP : 120/80 Post J @80m/Sec

## 6X2 Combine Medians + 1 Rhythm

BRUCE : Stage 1 ( 03:00 )



ExtTime: 03:00 Speed: 1.7 mph Grade: 10.00 % 25 mm/Sec. 1.0 Cm/mV





**SUBURBAN DIAGNOSTICS THANE GB**

**THANE GB**

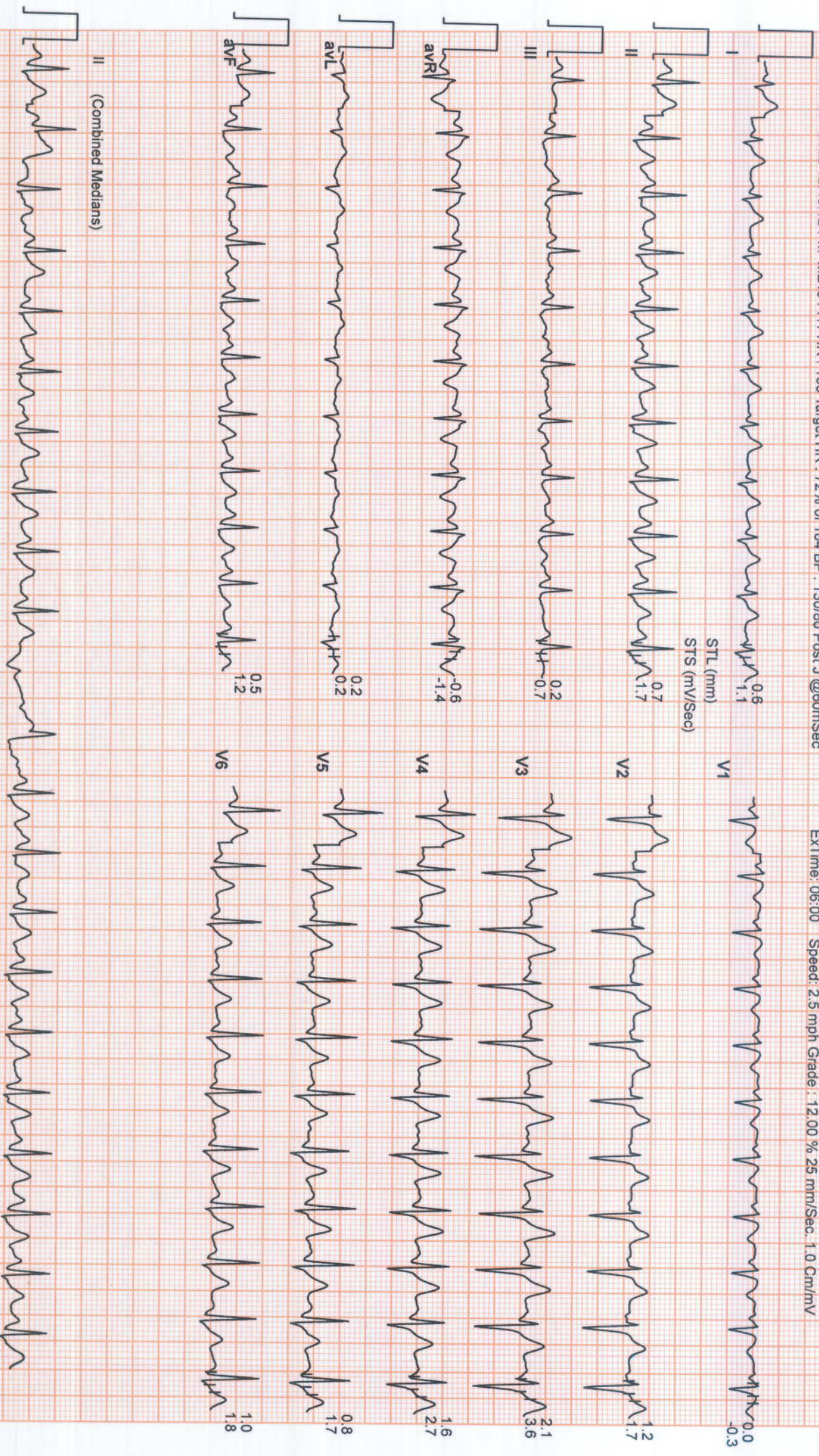
111 / SIDDHARTHA SHARMA / 36 Yrs / Male / 172 Cm / 91 Kg

Date: 23 / 03 / 2022 12:45:12 PM METs : 7.1 HR : 133 Target HR : 72% of 184 BP : 130/80 Post J @60mSec

**6X2 Combine Medians + 1 Rhythm**  
BRUCE : Stage 2 ( 03:00 )



ExtIme: 06:00 Speed: 2.5 mph Grade: 12.00 % 25 mm/Sec. 1.0 Cm/mV





**SUBURBAN DIAGNOSTICS THANE GB**

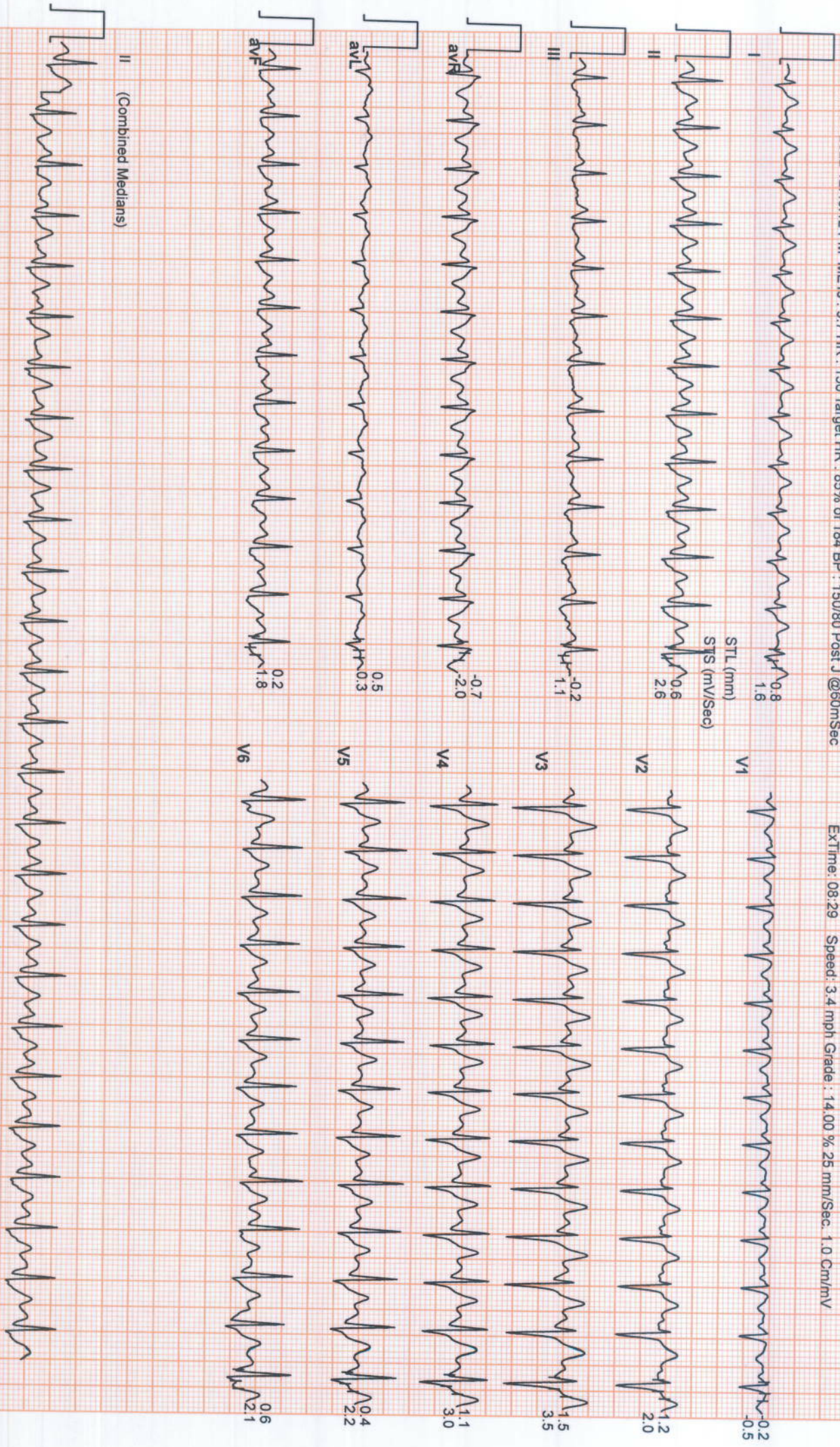
**THANE GB**  
111 / SIDDHARTHA SHARMA / 36 Yrs / Male / 172 Cm / 91 Kg

Date: 23 / 03 / 2022 12:45:12 PM MEIs : 9.7 HR : 156 Target HR : 85% of 184 BP : 150/80 Post J @60mSec

**6X2 Combine Medians + 1 Rhythm**  
PeakEx



EXTime: 08:29 Speed: 3.4 mph Grade: 14.00 % 25 mm/Sec. 1.0 Cm/mV





# SUBURBAN DIAGNOSTICS THANE GB

THANE GB

111 / SIDDHARTHA SHARMA / 36 Yrs / Male / 172 Cm / 91 Kg

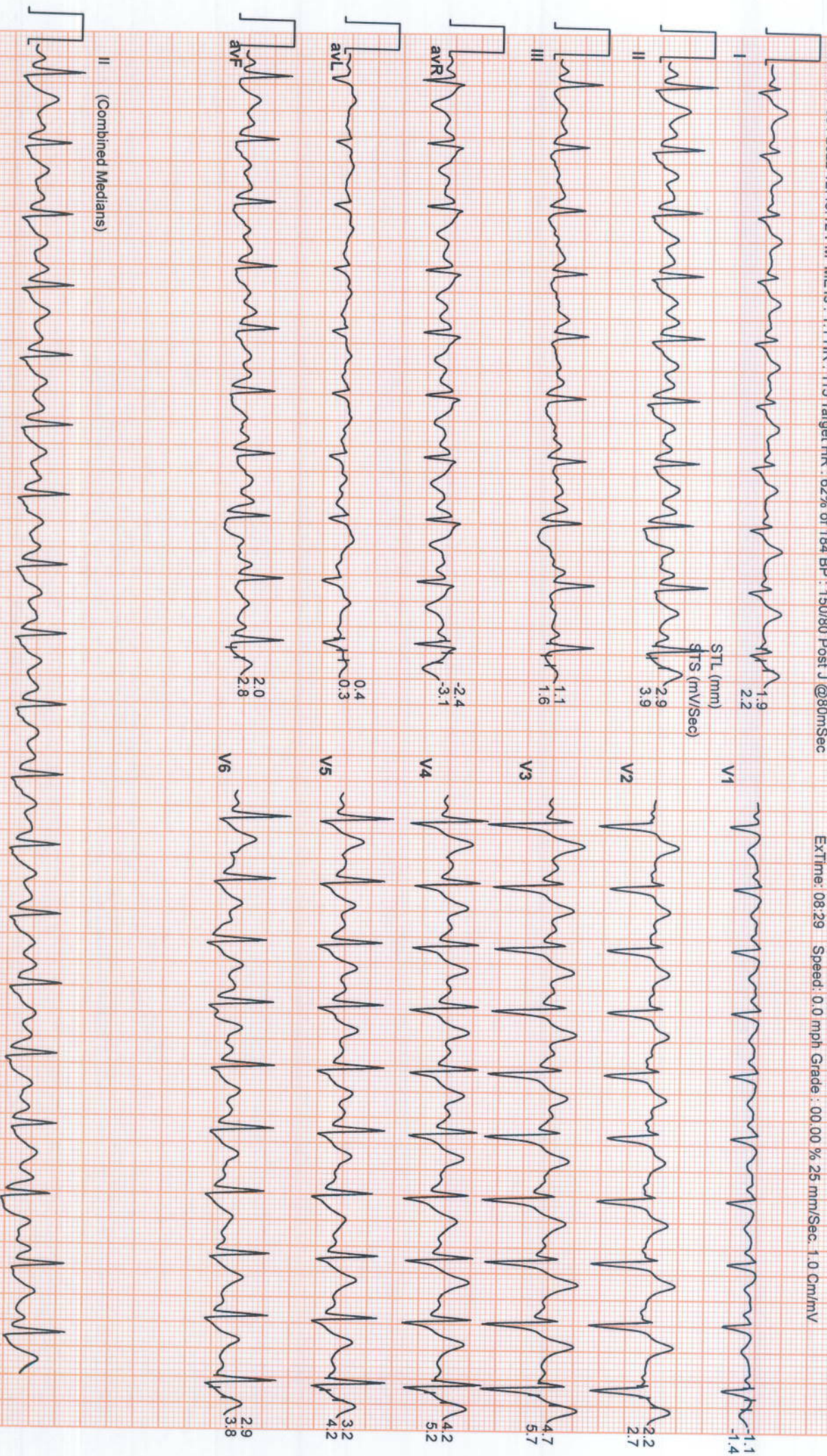
Date: 23 / 03 / 2022 12:45:12 PM METs : 1.1 HR : 115 Target HR : 62% of 184 BP : 150/80 Post J @80mSec

## 6X2 Combine Medians + 1 Rhythm

Recovery : ( 01:00 )



EXTime: 08:29 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





**SUBURBAN DIAGNOSTICS THANE GB**

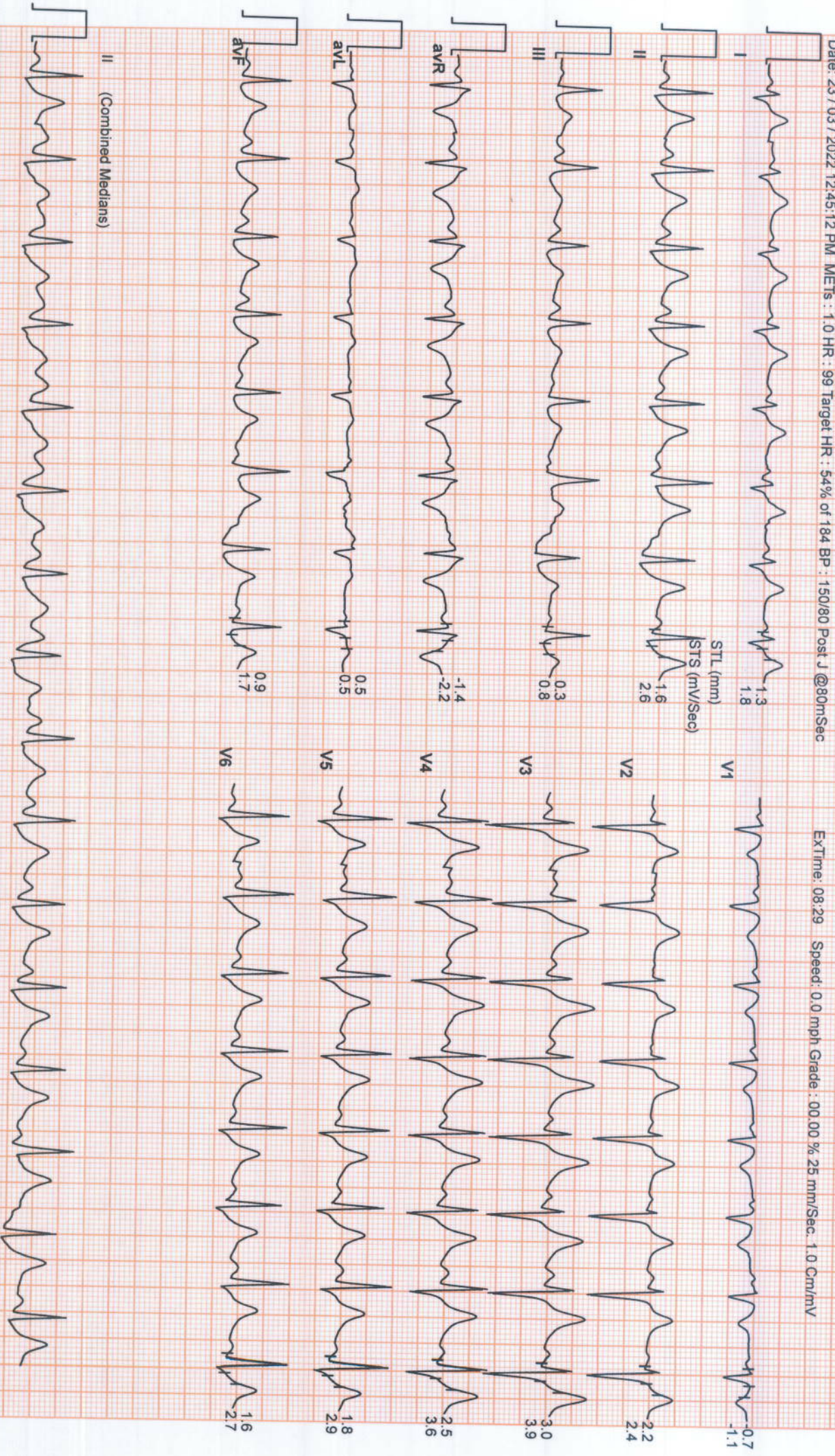
**THANE GB**

111 / SIDDHARTHA SHARMA / 36 Yrs / Male / 172 Cm / 91 Kg

Date: 23 / 03 / 2022 12:45:12 PM METs : 1.0 HR : 99 Target HR : 54% of 184 BP : 150/80 Post J @80mSec

**6X2 Combine Medians + 1 Rhythm**  
Recovery : ( 02:00 )

EXTime: 08:29 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





# SUBURBAN DIAGNOSTICS THANE GB

THANE GB

111 / SIDDHARTHA SHARMA / 36 Yrs / Male / 172 Cm / 91 Kg

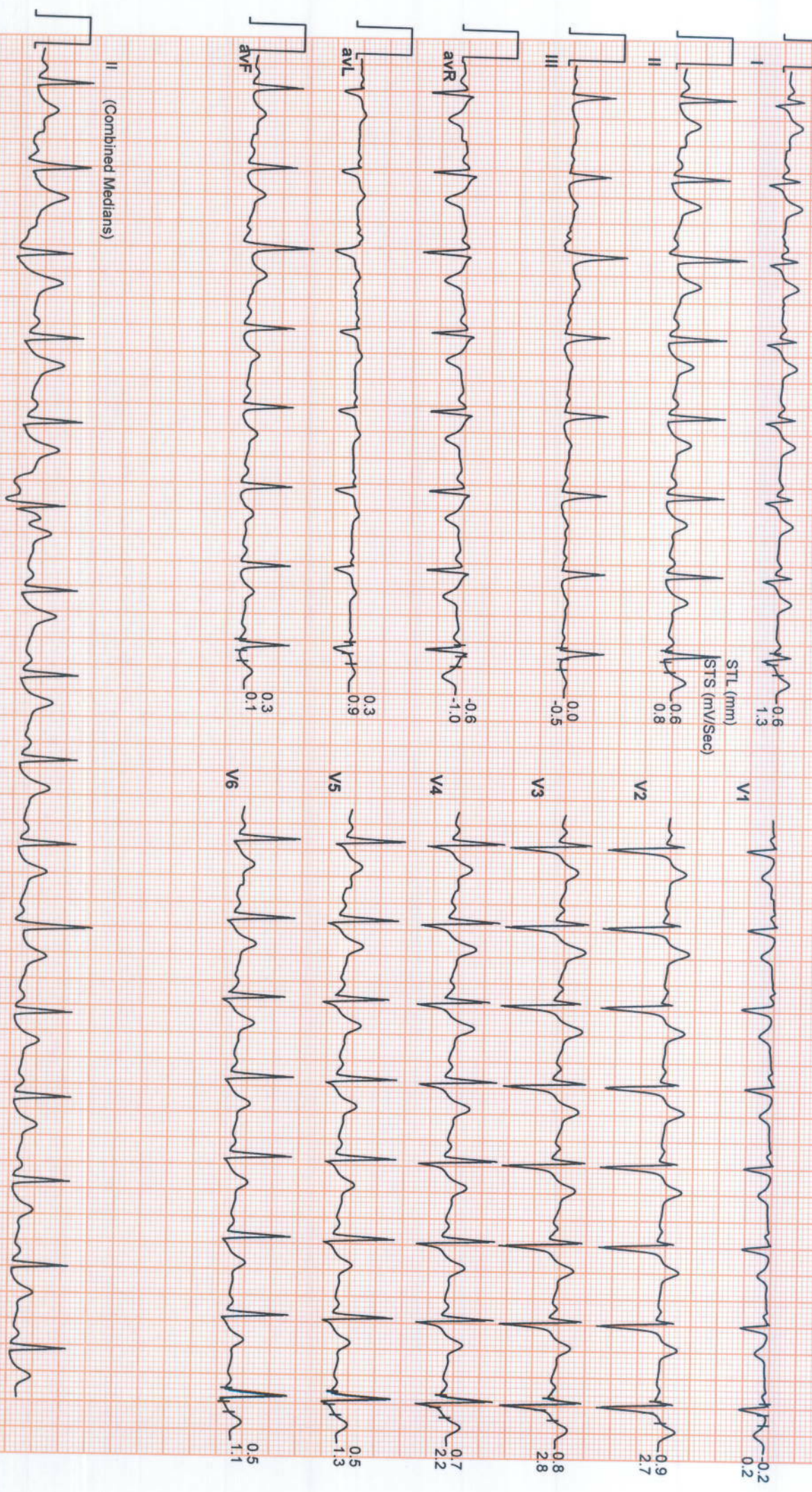
Date: 23 / 03 / 2022 12:45:12 PM METs : 1.0 HR : 96 Target HR : 52% of 184 BP : 120/80 Post J @80mSec

## 6X2 Combine Medians + 1 Rhythm

Recovery : ( 04:00 )



ExTime: 08:29 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





# SUBURBAN DIAGNOSTICS THANE GB

THANE GB

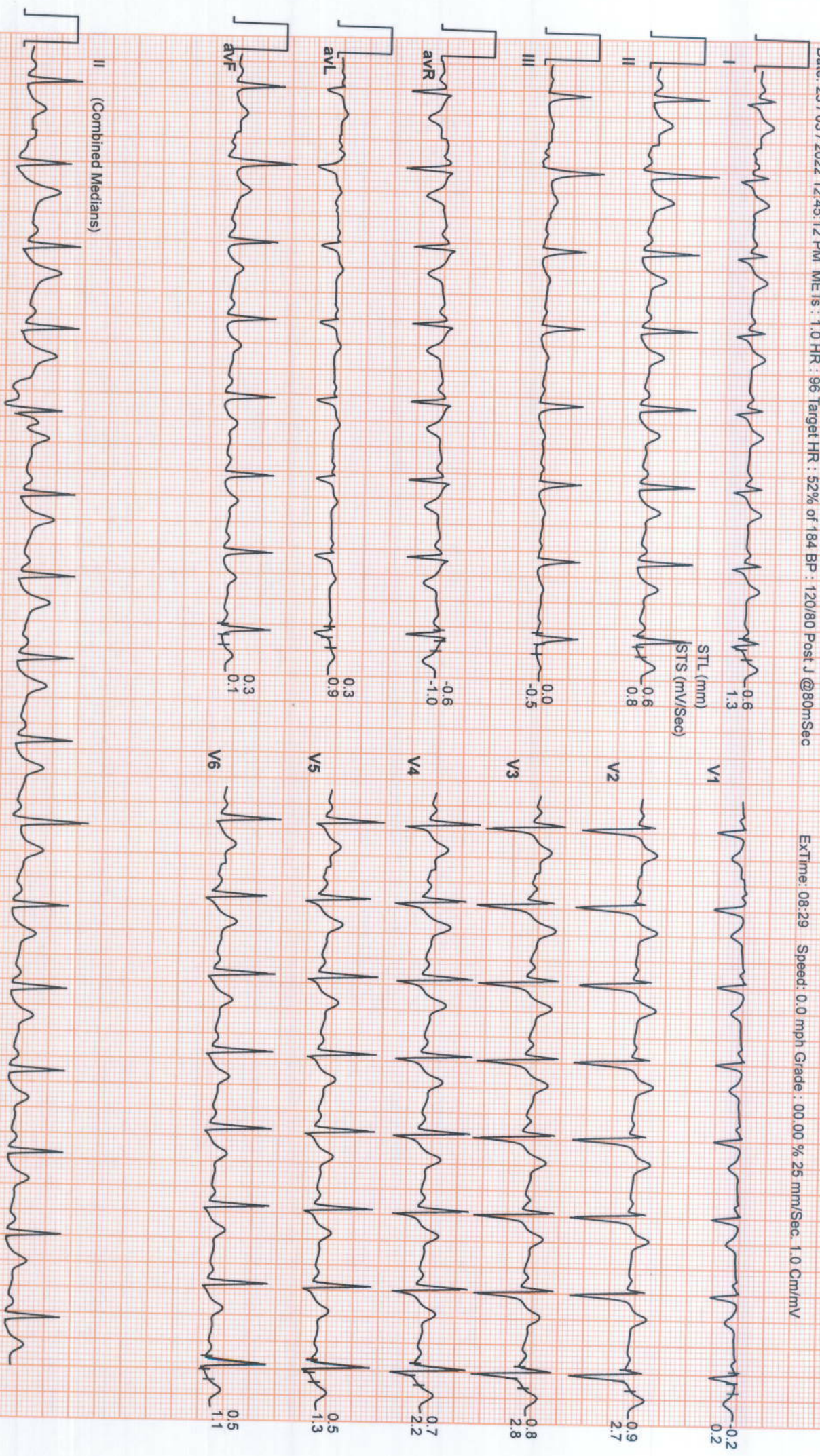
111 / SIDDHARTHA SHARMA / 36 Yrs / Male / 172 Cm / 91 Kg

Date: 23 / 03 / 2022 12:45:12 PM METs : 1.0 HR : 96 Target HR : 52% of 184 BP : 120/80 Post J @80mSec

## 6X2 Combine Medians + 1 Rhythm



ExTime: 08:29 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec. 1.0 Cm/mV





CID#	: 2208211238	SID#	: 177802006555
Name	: MR.SIDDHARTHA SHARMA	Registered	: 23-Mar-2022 / 09:44
Age / Gender	: 36 Years/Male	Collected	: 23-Mar-2022 / 09:44
Consulting Dr.	: -	Reported	: 23-Mar-2022 / 12:08
Reg.Location	: G B Road, Thane West (Main Centre)	Printed	: 23-Mar-2022 / 12:51

### X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

No hilar abnormality is seen.

The cardiac size and shape are within normal limits.

The aorta shows normal radiological features.

The trachea is central.

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. Patil*

**Dr.DEVENDRA PATIL**  
**M.D(RADIO DIAGNOSIS)**  
**RADIOLOGIST**

**ADDRESS:** 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

**HEALTHLINE - MUMBAI:** 022-6170-0000 | **OTHER CITIES:** 1800-266-4343

**For Feedback -** customerservice@suburbandiagnosics.com | **www.suburbandiagnosics.com**



CID#	: 2208211238	SID#	: 177802006555
Name	: MR.SIDDHARTHA SHARMA	Registered	: 23-Mar-2022 / 09:44
Age / Gender	: 36 Years/Male	Collected	: 23-Mar-2022 / 09:44
Consulting Dr.	: -	Reported	: 23-Mar-2022 / 10:56
Reg.Location	: G B Road, Thane West (Main Centre)	Printed	: 23-Mar-2022 / 11:00

### **USG WHOLE ABDOMEN**

**LIVER:** Liver appears enlarged in size(19.0 cm)and shows increased echoreflectivity. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

**GALL BLADDER:**Gall bladder is contracted.(Not evaluated)

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

**PANCREAS:** Visualised head of pancreas appears normal in size & echotexture. Rest is obscured by excessive bowel gas.

**KIDNEYS:** Right kidney measures 10.8 x 4.0 cm. Left kidney measures 10.9 x 4.5 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

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

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

**PROSTATE:** Prostate is normal in size and echotexture and measures 3.0 x 3.2 x 3.6 cm in dimension and 18.6 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

**Bowel gas++**

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CID#	: 2208211238	SID#	: 177802006555
Name	: MR.SIDDHARTHA SHARMA	Registered	: 23-Mar-2022 / 09:44
Age / Gender	: 36 Years/Male	Collected	: 23-Mar-2022 / 09:44
Consulting Dr.	: -	Reported	: 23-Mar-2022 / 10:56
Reg.Location	: G B Road, Thane West (Main Centre)	Printed	: 23-Mar-2022 / 11:00

**IMPRESSION:**

- **HEPATOMEGALY WITH GRADE I FATTY INFILTRATION OF LIVER.**

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.

**Advice: Clinical co-relation and further evaluation.**

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

*D.Patil*  
**Dr.DEVENDRA PATIL**  
**M.D(RADIO DIAGNOSIS)**  
**RADIOLOGIST**

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Date:- 23/3/22 CID:  
Name:- Siddhartha Shekar Sex / Age: M / 36

**EYE CHECK UP**

Chief complaints: RCO

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: RE 6/6 LK 6/24 Lazy Eye MVAEN 6

Aided Vision:

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: Left Eye Lazy

MR. PRAKASH KUDVA  
SR. OPTOMETRIST

ADDRESS: 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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