



CID : 2425822810
Name : MR.ANKIT KUMAR
Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|---|----------------|-----------------------------|--------------------|
| <u>RBC PARAMETERS</u> | | | |
| Haemoglobin | 13.3 | 13.0-17.0 g/dL | Spectrophotometric |
| RBC | 4.61 | 4.5-5.5 mil/cmm | Elect. Impedance |
| PCV | 40.4 | 40-50 % | Measured |
| MCV | 88 | 80-100 fl | Calculated |
| MCH | 28.8 | 27-32 pg | Calculated |
| MCHC | 32.9 | 31.5-34.5 g/dL | Calculated |
| RDW | 15.6 | 11.6-14.0 % | Calculated |
| <u>WBC PARAMETERS</u> | | | |
| WBC Total Count | 7100 | 4000-10000 /cmm | Elect. Impedance |
| <u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u> | | | |
| Lymphocytes | 37.3 | 20-40 % | |
| Absolute Lymphocytes | 2648.3 | 1000-3000 /cmm | Calculated |
| Monocytes | 5.9 | 2-10 % | |
| Absolute Monocytes | 418.9 | 200-1000 /cmm | Calculated |
| Neutrophils | 49.9 | 40-80 % | |
| Absolute Neutrophils | 3542.9 | 2000-7000 /cmm | Calculated |
| Eosinophils | 6.3 | 1-6 % | |
| Absolute Eosinophils | 447.3 | 20-500 /cmm | Calculated |
| Basophils | 0.6 | 0.1-2 % | |
| Absolute Basophils | 42.6 | 20-100 /cmm | Calculated |
| Immature Leukocytes | - | | |
| WBC Differential Count by Absorbance & Impedance method/Microscopy. | | | |
| <u>PLATELET PARAMETERS</u> | | | |
| Platelet Count | 199000 | 150000-400000 /cmm | Elect. Impedance |
| MPV | 10.9 | 6-11 fl | Calculated |
| PDW | 19.0 | 11-18 % | Calculated |
| <u>RBC MORPHOLOGY</u> | | | |
| 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 8 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 ***



Bmhasakar

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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|--|----------------|---|------------------|
| GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting | 91.3 | Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl | Hexokinase |
| BILIRUBIN (TOTAL), Serum | 0.89 | 0.1-1.2 mg/dl | Colorimetric |
| BILIRUBIN (DIRECT), Serum | 0.36 | 0-0.3 mg/dl | Diazo |
| BILIRUBIN (INDIRECT), Serum | 0.53 | 0.1-1.0 mg/dl | Calculated |
| TOTAL PROTEINS, Serum | 7.8 | 6.4-8.3 g/dL | Biuret |
| ALBUMIN, Serum | 4.4 | 3.5-5.2 g/dL | BCG |
| GLOBULIN, Serum | 3.4 | 2.3-3.5 g/dL | Calculated |
| A/G RATIO, Serum | 1.3 | 1 - 2 | Calculated |
| SGOT (AST), Serum | 24.5 | 5-40 U/L | NADH (w/o P-5-P) |
| SGPT (ALT), Serum | 28.4 | 5-45 U/L | NADH (w/o P-5-P) |
| GAMMA GT, Serum | 16.6 | 3-60 U/L | Enzymatic |
| ALKALINE PHOSPHATASE, Serum | 77.5 | 40-130 U/L | Colorimetric |
| BLOOD UREA, Serum | 17.1 | 12.8-42.8 mg/dl | Kinetic |
| BUN, Serum | 8.0 | 6-20 mg/dl | Calculated |
| CREATININE, Serum | 0.82 | 0.67-1.17 mg/dl | Enzymatic |
| eGFR, Serum | 119 | (ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: <15 | Calculated |



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Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation

URIC ACID, Serum 5.9 3.5-7.2 mg/dl Enzymatic

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

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|---|----------------|--|---------------|
| Glycosylated Hemoglobin (HbA1c), EDTA WB - CC | 4.8 | Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 % | HPLC |
| Estimated Average Glucose (eAG), EDTA WB - CC | 91.1 | 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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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|---------------------------------------|----------------|-----------------------------|-------------------------|
| <u>PHYSICAL EXAMINATION</u> | | | |
| Color | Pale yellow | Pale Yellow | - |
| Transparency | Clear | Clear | - |
| <u>CHEMICAL EXAMINATION</u> | | | |
| Specific Gravity | 1.010 | 1.002-1.035 | Chemical Indicator |
| Reaction (pH) | 6.0 | 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 |
| <u>MICROSCOPIC EXAMINATION</u> | | | |
| (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 | +(>20/hpf) | 0-20/hpf | |
| Yeast | Absent | Absent | |
| Others | - | | |



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Note:

- Microscopic examination performed by Automated Cuvette based technology.
- All the Abnormal results are confirmed by reagent strips and Manual method.
- The Microscopic examination findings are mentioned in decimal numbers as the arithmetic mean of the multiple fields scanned using microscopy.

Reference: Pack Insert.

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

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



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

| <u>PARAMETER</u> | <u>RESULTS</u> |
|------------------|----------------|
| ABO GROUP | O |
| Rh TYPING | Positive |

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

ABO system is most important of all blood group in transfusion medicine

Limitations:

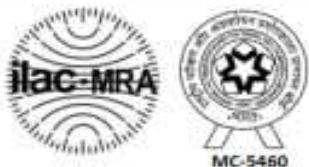
- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

References:

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

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

*** End Of Report ***



Dr. Vrushi Shroff

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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|----------------------------------|----------------|---|--|
| CHOLESTEROL, Serum | 142.0 | Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl | CHOD-POD |
| TRIGLYCERIDES, Serum | 106.0 | 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 | 35.0 | Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl | Homogeneous enzymatic colorimetric assay |
| NON HDL CHOLESTEROL, Serum | 107.0 | Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl | Calculated |
| LDL CHOLESTEROL, Serum | 86.0 | 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 | 21.0 | < /= 30 mg/dl | Calculated |
| CHOL / HDL CHOL RATIO, Serum | 4.1 | 0-4.5 Ratio | Calculated |
| LDL CHOL / HDL CHOL RATIO, Serum | 2.5 | 0-3.5 Ratio | Calculated |

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|---------------------|----------------|----------------------------------|---------------|
| Free T3, Serum | 6.1 | 3.5-6.5 pmol/L | ECLIA |
| Free T4, Serum | 19.6 | 11.5-22.7 pmol/L | ECLIA |
| sensitiveTSH, Serum | 1.14 | 0.35-5.5 microIU/ml microU/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 microU/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 becuae of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

Limitations:

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

Reference:

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

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
FUS and KETONES

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|-------------------------|----------------|-----------------------------|---------------|
| Urine Sugar (Fasting) | Absent | Absent | |
| Urine Ketones (Fasting) | Absent | Absent | |

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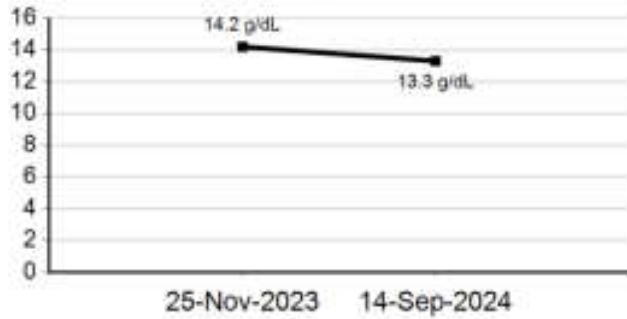
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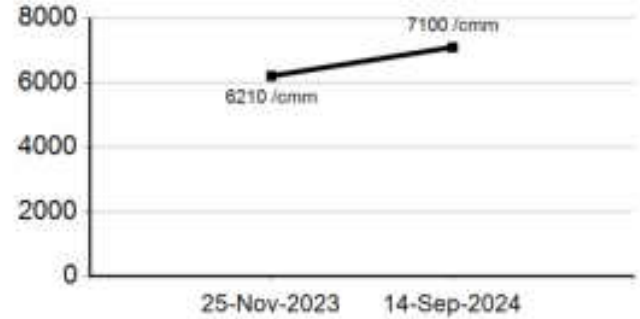
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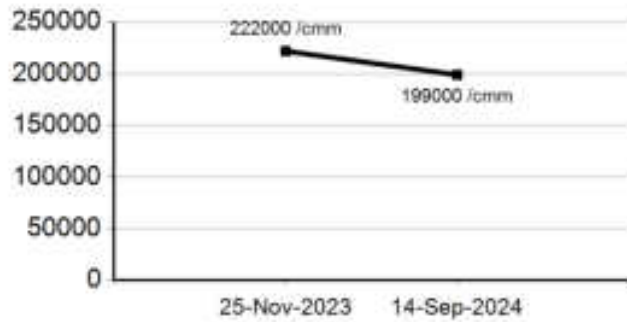
Haemoglobin



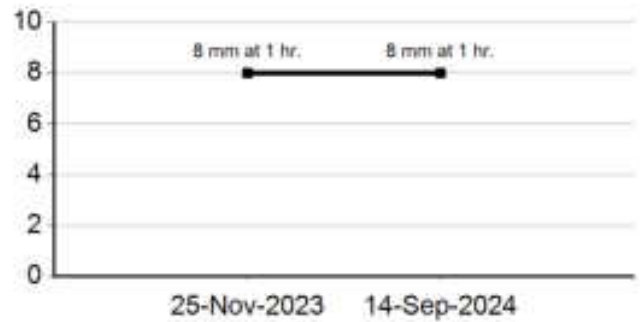
WBC Total Count



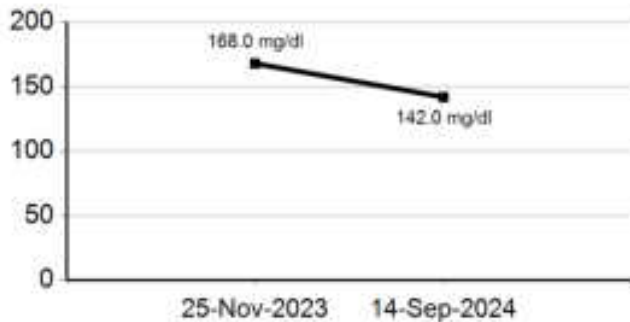
Platelet Count



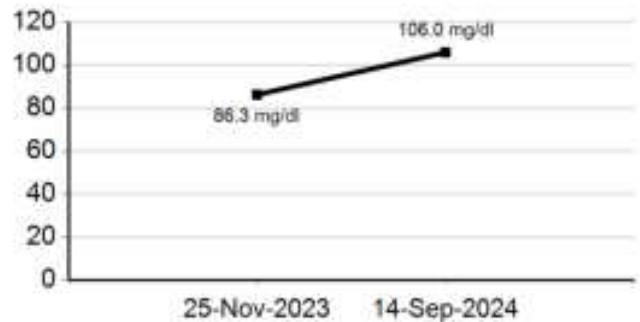
ESR



CHOLESTEROL



TRIGLYCERIDES

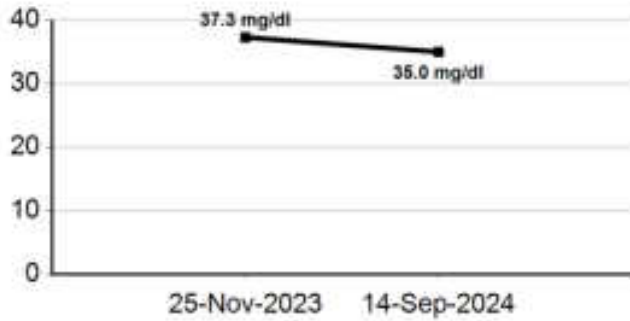




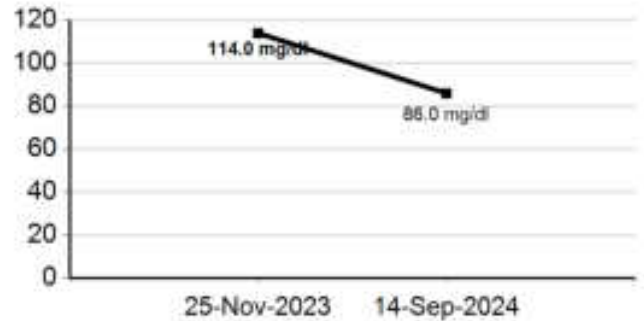
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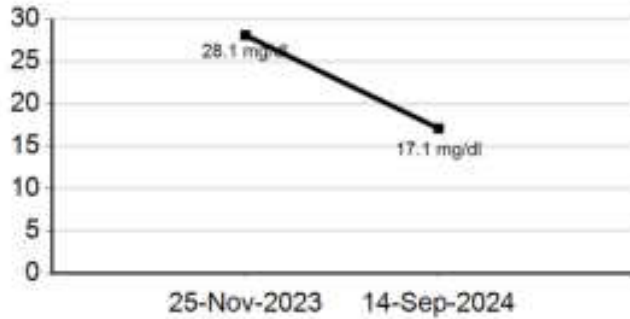
HDL CHOLESTEROL



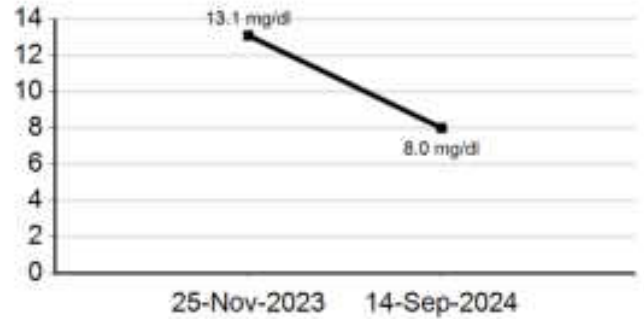
LDL CHOLESTEROL



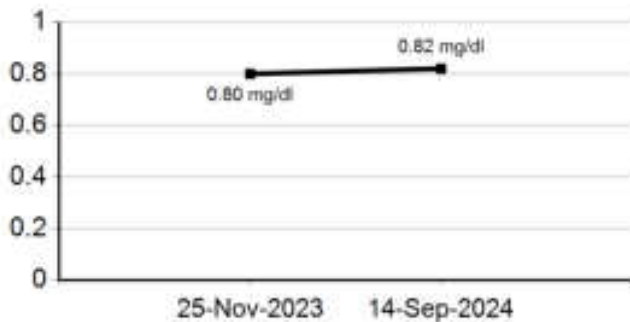
BLOOD UREA



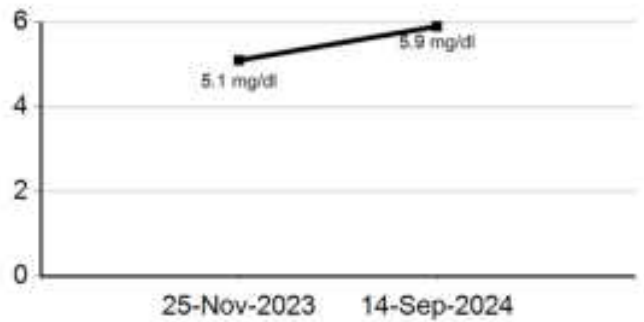
BUN



CREATININE



URIC ACID

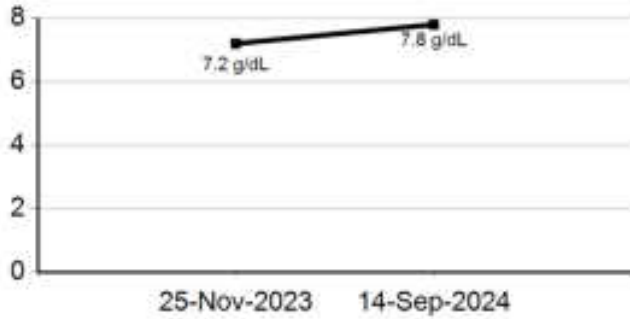




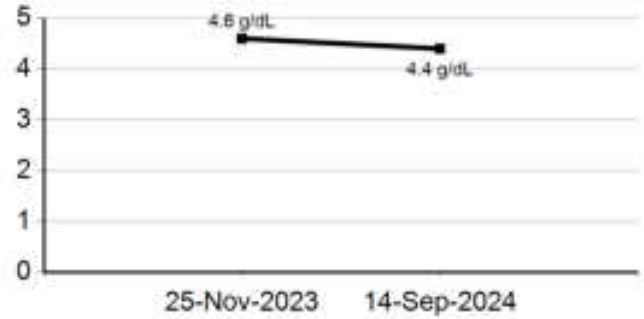
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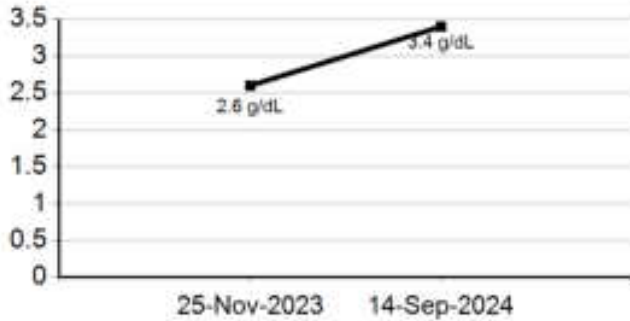
TOTAL PROTEINS



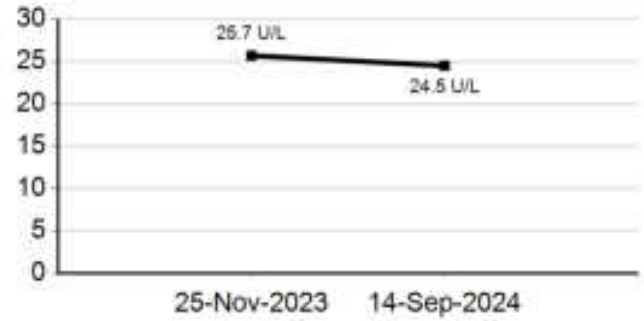
ALBUMIN



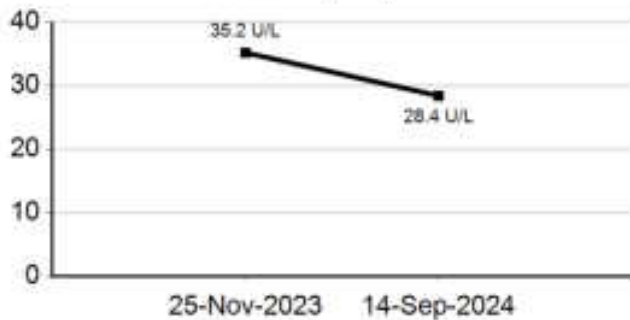
GLOBULIN



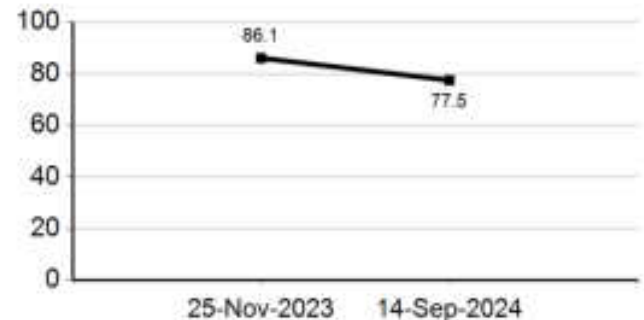
SGOT (AST)



SGPT (ALT)



ALKALINE PHOSPHATASE

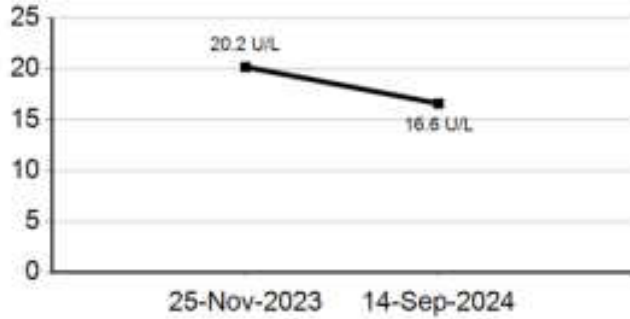




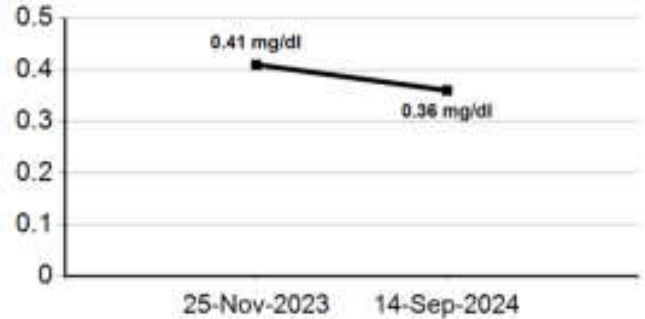
Use a QR Code Scanner Application To Scan the Code

CID : 2425822810
 Name : MR.ANKIT KUMAR
 Age / Gender : 33 Years / Male
 Consulting Dr. : -
 Reg. Location : Borivali West (Main Centre)

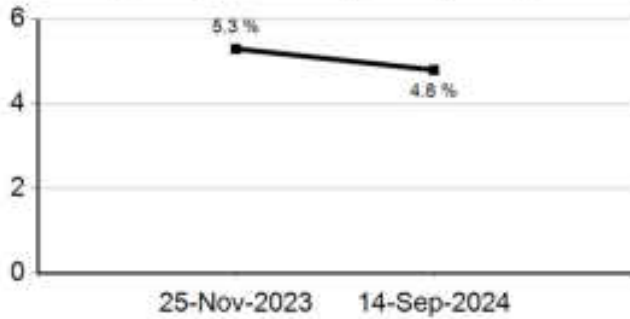
GAMMA GT



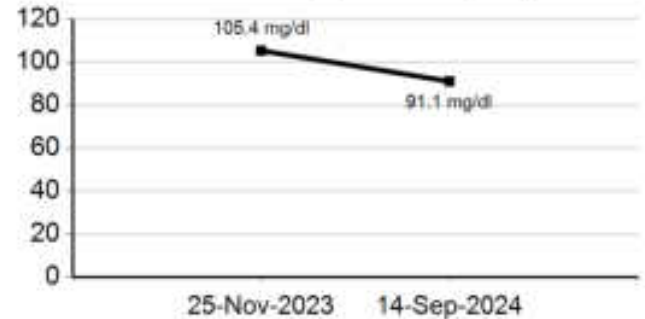
BILIRUBIN (DIRECT)



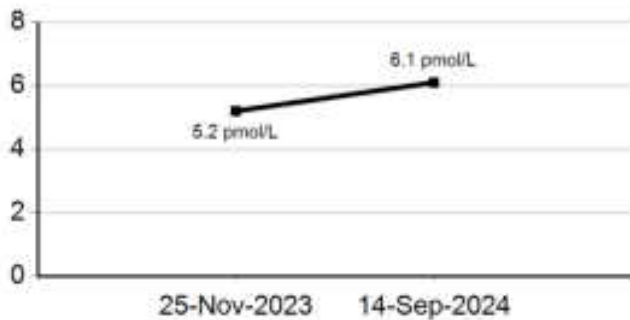
Glycosylated Hemoglobin (HbA1c)



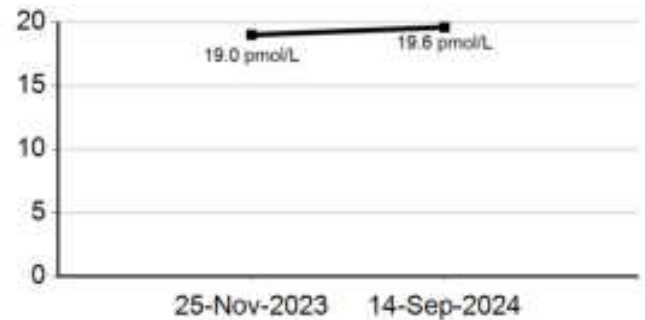
Estimated Average Glucose (eAG)



Free T3



Free T4

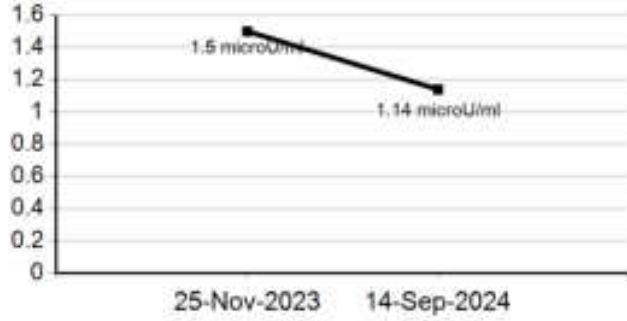




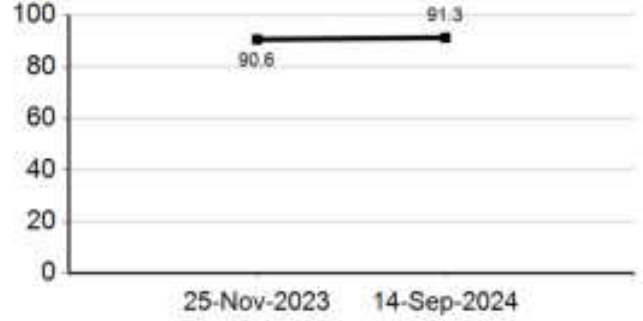
Use a QR Code Scanner Application To Scan the Code

CID : 2425822810
 Name : MR.ANKIT KUMAR
 Age / Gender : 33 Years / Male
 Consulting Dr. : -
 Reg. Location : Borivali West (Main Centre)

sensitiveTSH



GLUCOSE (SUGAR) FASTING



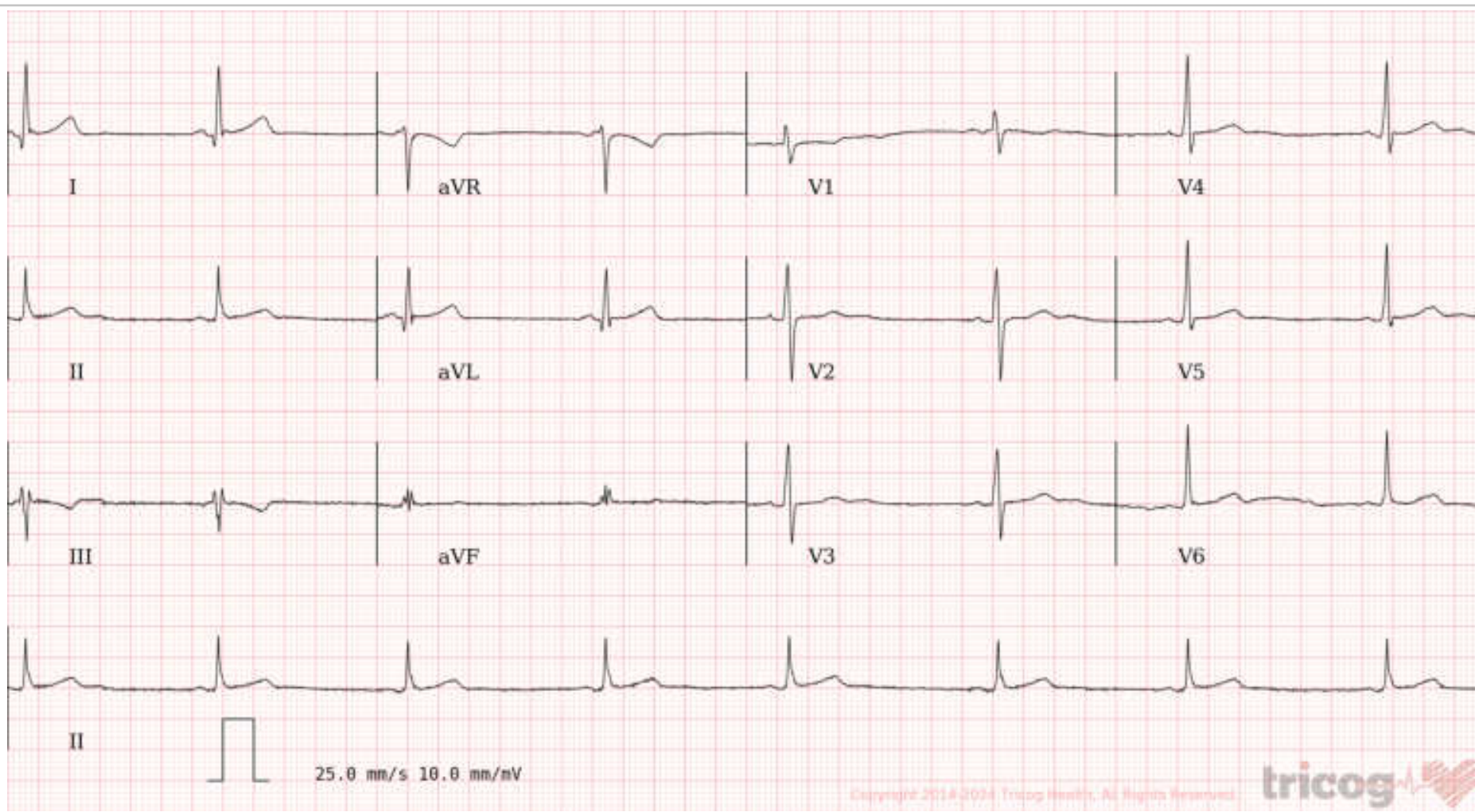
SUBURBAN DIAGNOSTICS - BORIVALI WEST



Patient Name: ANKIT KUMAR

Date and Time: 14th Sep 24 11:32 AM

Patient ID: 2425822810



Age **32** **NA** **NA**
years months days

Gender **Male**

Heart Rate **48bpm**

Patient Vitals

BP: NA

Weight: NA

Height: NA

Pulse: NA

Spo2: NA

Resp: NA

Others: _____

Measurements

QRSD: 84ms

QT: 428ms

QTcB: 382ms

PR: 120ms

P-R-T: -13° 14° 13°

Marked sinus bradycardia. Please correlate clinically.

REPORTED BY

Dr Nitin Sonavane
M.B.B.S.AFLH, D.DIAB, D.CARD
Consultant Cardiologist
87714

Date:-

CID: 24253228/10

Name:-

Ankit Kumar

Sex / Age: 33 / M

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

} No

RE LE
6/6 6/6
N/6 N/6

(Right Eye)

(Left Eye)

| | Sph | Cyl | Axis | Vn | Sph | Cyl | Axis | Vn |
|----------|-----|-----|------|----|-----|-----|------|----|
| Distance | | | | | | | | |
| Near | | | | | | | | |

Colour Vision: Normal / Abnormal

Remark:

Suburban Diagnostics (I) Pvt. Ltd.
101 & 302, 3rd Floor, Vini Elegance
Above Tanishq, Outer L. T. Road,
Borivali (West), Mumbai - 400 092

Name : MR. ANKIT KUMAR

Age / Gender : 33 Years/Male

Consulting Dr. :

Reg. Location : Borivali West (Main Centre)

Collected : 14-Sep-2024 / 10:31

Reported : 14-Sep-2024 / 15:53

PHYSICAL EXAMINATION REPORT

History and Complaints:

Nil

EXAMINATION FINDINGS:

Height (cms):

174

Temp (0c):

Afebrile

Blood Pressure (mm/hg): 110/80

Pulse:

76/min

Weight (kg):

75

Skin:

NAD

Nails:

NAD

Lymph Node:

Not Palpable

Systems

Cardiovascular: S1S2-Normal

Respiratory: Chest-Clear

Genitourinary: NAA

GI System: NAD

CNS: NAD

IMPRESSION:

ELK

TMT

ADVICE:

Cardiologist ref^y.

CHIEF COMPLAINTS:

- | | |
|----------------------|----|
| 1) Hypertension: | No |
| 2) IHD | No |
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis | No |
| 6) Asthama | No |
| 7) Pulmonary Disease | No |

Name : MR. ANKIT KUMAR

Age / Gender : 33 Years/Male

Consulting Dr. :

Collected : 14-Sep-2024 / 10:31

Reg. Location : Borivali West (Main Centre)

Reported : 14-Sep-2024 / 15:53

- | | |
|--|------------------------|
| 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 | Yes, Piles 1Month Back |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

- | | |
|---------------|-----|
| 1) Alcohol | No |
| 2) Smoking | No |
| 3) Diet | Veg |
| 4) Medication | No |

*** End Of Report ***

DR. NITIN SONAVANE
M.D.S. APLS - 3048, D.CARD.
CONSULTANT-CARDIOLOGIST
REGD. NO. 87714


Dr. NITIN SONAVANE
PHYSICIAN

Suburban Diagnostics (I) Pvt. Ltd.
301 & 302, 3rd Floor, Viri Elegance
Above Tanish Jeweller, L. T. Road,
Borivali (West), Mumbai - 400 092

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Name: ANKIT KUMAR

Date: 14-09-2024 Time: 12:25

Age: 33

Gender: M

Height: 174 cms

Weight: 75 Kg

ID: 2425822810

Clinical History: NIL

Medications: NIL

Test Details:

Protocol: Bruce

Predicted Max HR: 187

Target HR: 158 (85% of Pr. MHR)

Exercise Time: 0:09:31

Achieved Max HR: 169 (90% of Pr. MHR)

Max BP: 160/80

Max BP & HR: 27040

Max Mets: 10.7

Test Termination Criteria: LEFT FOOT PAIN

Protocol Details:

| Stage Name | Stage Time | METS | Speed kmph | Grade % | Heart Rate bpm | BP mmHg | RPP | Max ST Level mm | Max ST Slope mV/s |
|------------------|------------|------|---------------|------------|-------------------|------------|-------|--------------------|----------------------|
| Supine | 00:53 | 1 | 0 | 0 | 85 | 120/80 | 10200 | 1.8 III | 0.4 I |
| Standing | 00:06 | 1 | 0 | 0 | 74 | 120/80 | 8880 | 0.9 II | -2.5 III |
| HyperVentilation | 00:06 | 1 | 0 | 0 | 63 | 120/80 | 7560 | 1.1 II | -2.7 II |
| Pre Test | 00:07 | 1 | 1.6 | 0 | 67 | 120/80 | 8040 | 1 II | 4 V2 |
| Stage 1 | 03:00 | 4.7 | 2.7 | 10 | 107 | 120/80 | 12840 | 0.8 II | 4 V2 |
| Stage 2 | 03:00 | 7 | 4 | 12 | 144 | 140/80 | 20160 | -1.1 V3 | 2.6 V2 |
| Stage 3 | 03:00 | 10.1 | 5.5 | 14 | 169 | 140/80 | 23660 | -1.7 V4 | 3.6 V2 |
| Peak Exercise | 00:31 | 10.7 | 6.8 | 16 | 169 | 160/80 | 27040 | -1.7 V5 | 0.6 V2 |
| Recovery1 | 01:00 | 1 | 0 | 0 | 122 | 160/80 | 19520 | 2 III | -0.6 V5 |
| Recovery2 | 01:00 | 1 | 0 | 0 | 100 | 140/80 | 15260 | 1.3 V2 | 0.8 V2 |
| Recovery3 | 01:00 | 1 | 0 | 0 | 99 | 130/80 | 12870 | 0.9 II | 4.8 V2 |
| Recovery4 | 00:08 | 1 | 0 | 0 | 97 | 130/80 | 12610 | 0.9 II | 5.2 V2 |

Interpretation

The Patient Exercised according to Bruce Protocol for 0:09:31 achieving a work level of 10.7 METS.
Resting Heart Rate, initially 84 bpm rose to a max. heart rate of 169bpm (90% of Predicted Maximum Heart Rate).
Resting Blood Pressure of 120/80 mmHg, rose to a maximum Blood Pressure of 160/80 mmHg.
Good Effort tolerance Normal HR & BP Response No Angina or Arrhythmias
ST-T depression in inferior-lateral lead. Noted at peak Exercise
Stress test borderline positive for Stress inducible ischaemia.
Adv. Cardiologist ref.

DR. NITIN SONAVANE
M.B.B.S. (DIPLOMA) D.CARD.
CONSULTANT CARDIOLOGIST
REGD. NO: 87714

Suburban Diagnostics (P) Pvt. Ltd.
3018 302, 3rd Floor, Mani Elegance
Above Taniaq, Near L. T. Road,
Borivali (West), Mumbai - 400 092

Ref. Doctor: _____

Doctor: DR. NITIN SONAVANE

SCHILLER

The Art of Diagnostics

(Summary Report edited by User)
Cardiovit CS-20 Version 3.4

ANKIT KUMAR (33 MB)

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Bruce Protocol

ID: 2425822810

Date: 14-09-2024

Exec Time: 0:00:10

Stage Time: 00:53

STLevel(mV/s)

Stage: Supine

Speed: 0 km/h

Slope: 0%

THR: 158 bpm

HR: 84 bpm

BP: 120/80 mmHg

STLevel(mV/s)

I 0.8



V1 0.1

0.3

II 0.6



V2 0.1

0.4

III 0.3



V3 0.3

0.2

aVR -0.7



V4 0.2

0.5

aVL 0.6



V5 0.3

0.3

aVF 0.1



V6 0.1

0.2

V5



V6 0.1

0.2

Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter ON

ISO - R - 60 ms, J - R - 60 ms, Post J - J - 60 ms

Schiller Cardiovet CS-20 Version 3.4



ANKIT KUMAR (33 M)

SUBURBAN DIAGNOSTICS PVT. LTD. BORIVALI

Brand: Protecol

ID: 2475822810

Date: 14-09-2024

Exec Time : 0:00:00

Stage Time: 00:06

ST1:ref(m) ST3:lope(mV/s)

Stage: Standing

Speed: 0

Slope: 0 %

THR: 158 bpm

HR: 156 bpm

BP: 120/80 mmHg

ST1:ref(m) ST3:lope(mV/s)

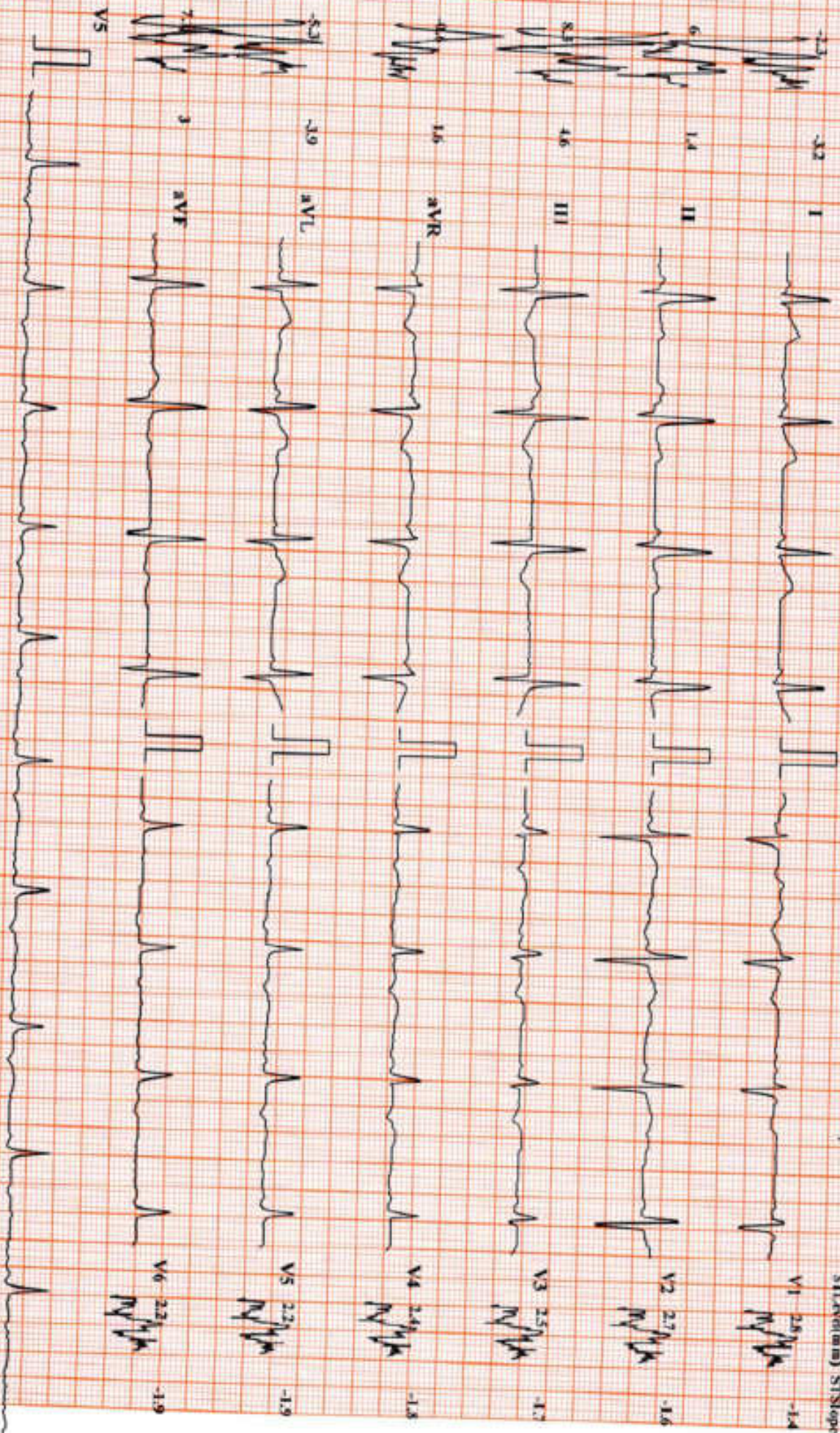


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Main Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

ANKIT KUMAR (33 M)

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Bruce Protocol

ID: 2425822810

Date: 14-09-2024

Exec Time: 0:00:00

Stage Time: 00:06

HR: 62 bpm

STLevel(mV) STSlope(mV/s)

Stage: HyperVentilation

Speed: 0

Slope: 0%

THR: 158 bpm

BP: 120/80 mmHg

STLevel(mV) STSlope(mV/s)

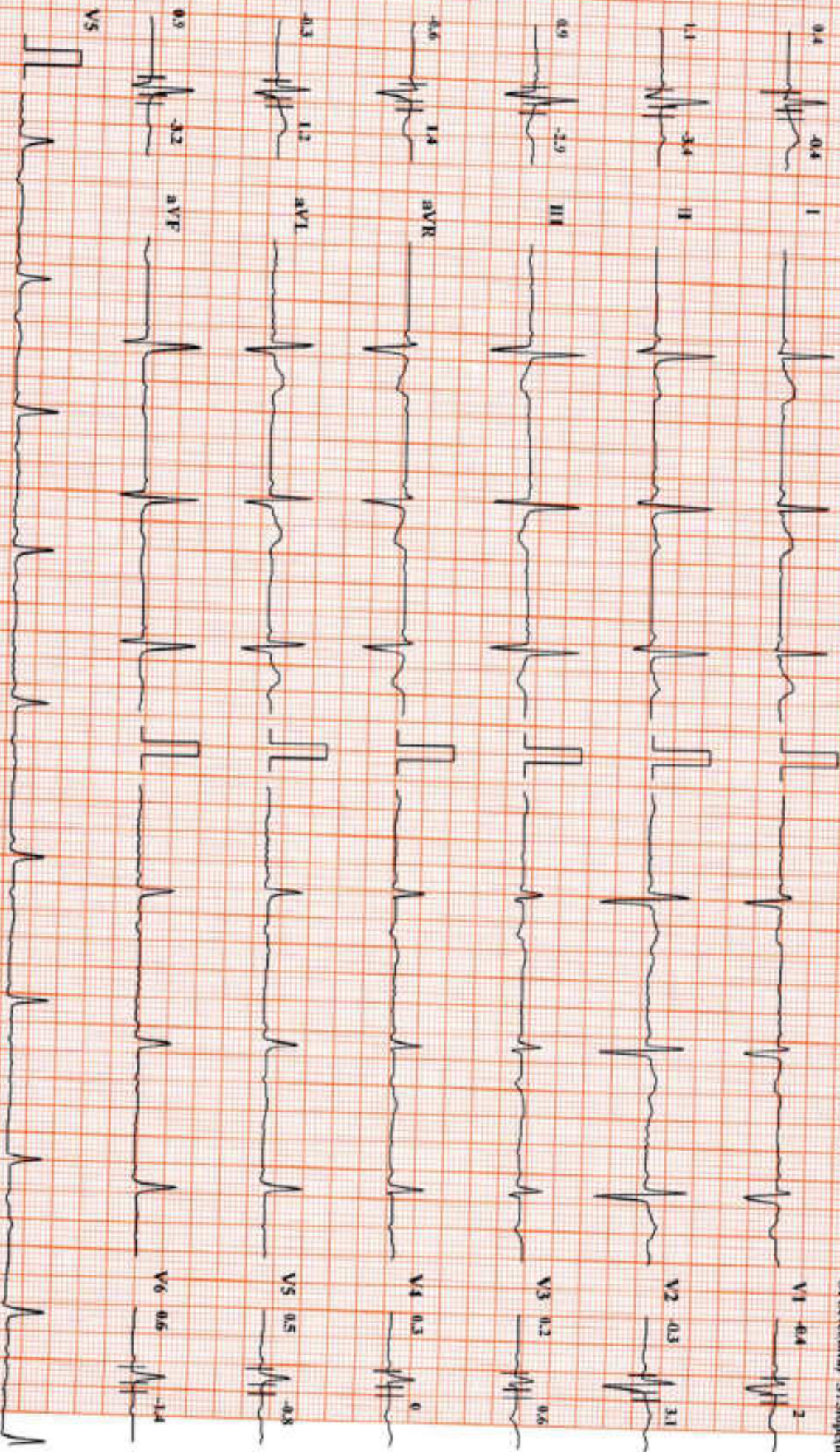


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post P = J + 60 ms

Schiller Cardiofit CS-20 Version:3.4

ANKIT KUMAR (33 M)

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Bruce Protocol

ID: 2425822810

Date: 14-09-2024

Exec Time: 0:03:00

Sage Time: 03:00

HR: 107 bpm

STLevel(mm) STSlope(mV/s)

Stage: 1

Speed: 2.7 kmph

Slope: 10%

THR: 158 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

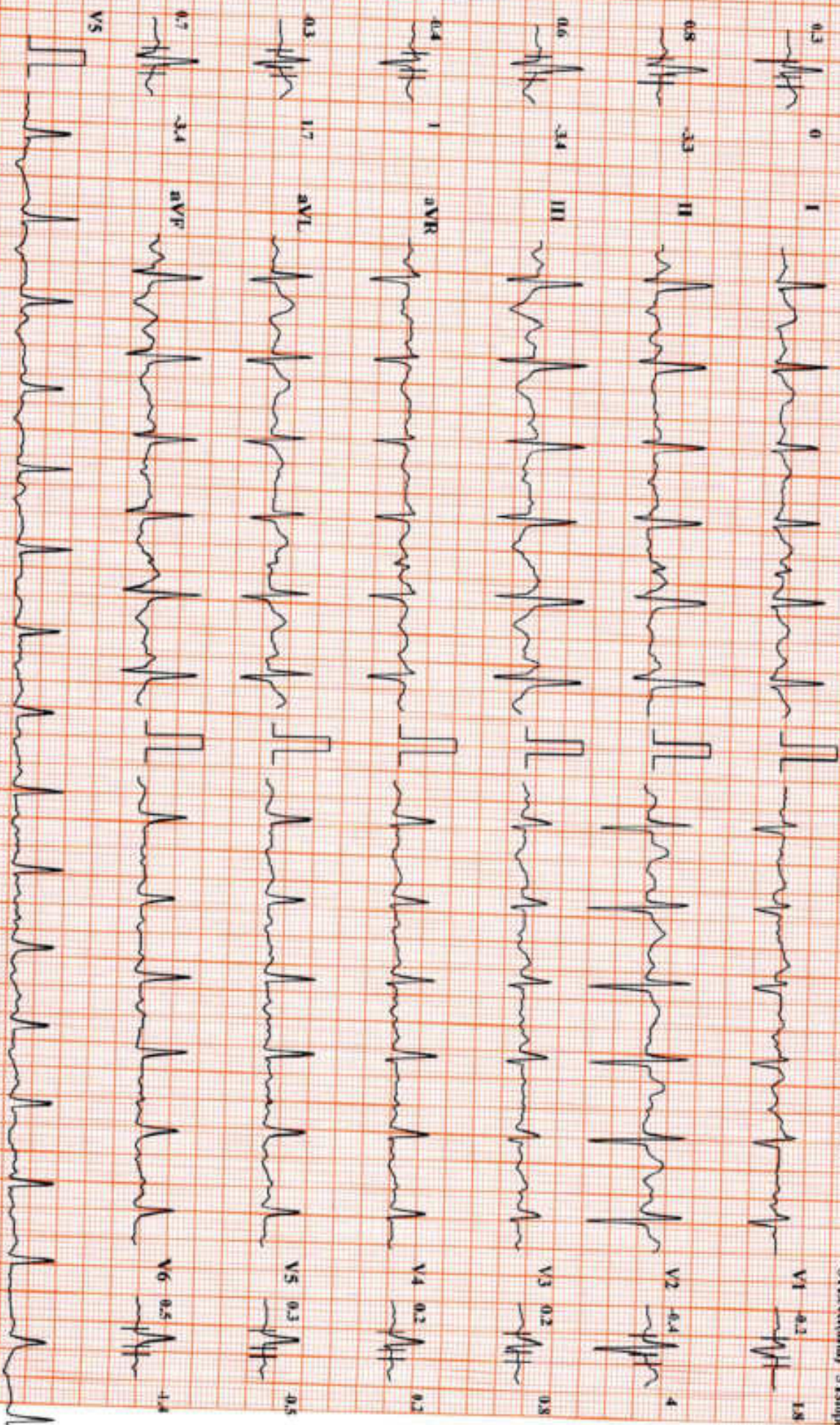


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Host J = J + 60 ms

ANKIT KUMAR (33 M)

SUBURBAN DIAGNOSTICS PVT. LTD. BORIVALI

Bruce Protocol

ID: 2425822810

Date: 14-09-2024

Exec Time: 0:06:00

Stage Time: 03:30

HR: 145 bpm

STLeve(mn) STISlope(mV/s)

Stage: 2

Speed: 4 kmph

Slope: 1.2 %

THR: 158 bpm

BP: 140/80 mmHg

STLeve(mn) STISlope(mV/s)



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Main Filter: ON

ISO = R - 60 ms, J = R - 60 ms, Post J - J + 60 ms

Schiller Cardioval CS 2.0 Version 3.4

ANKIT KUMAR (33 M)

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Erace Protocol
STL:avd(frm) STStopon:V6

ID: 2425822810
Stage: 3

Date: 14-09-2024
Speed: 5.5 kmph

Exec Time: 0:09:30
Slope: 14 %

Stage Time: 03:00
THR: 158 bpm

HR: 169 bpm

BP: 140/80 mmHg
STL:erl(mn) STStopon:V6

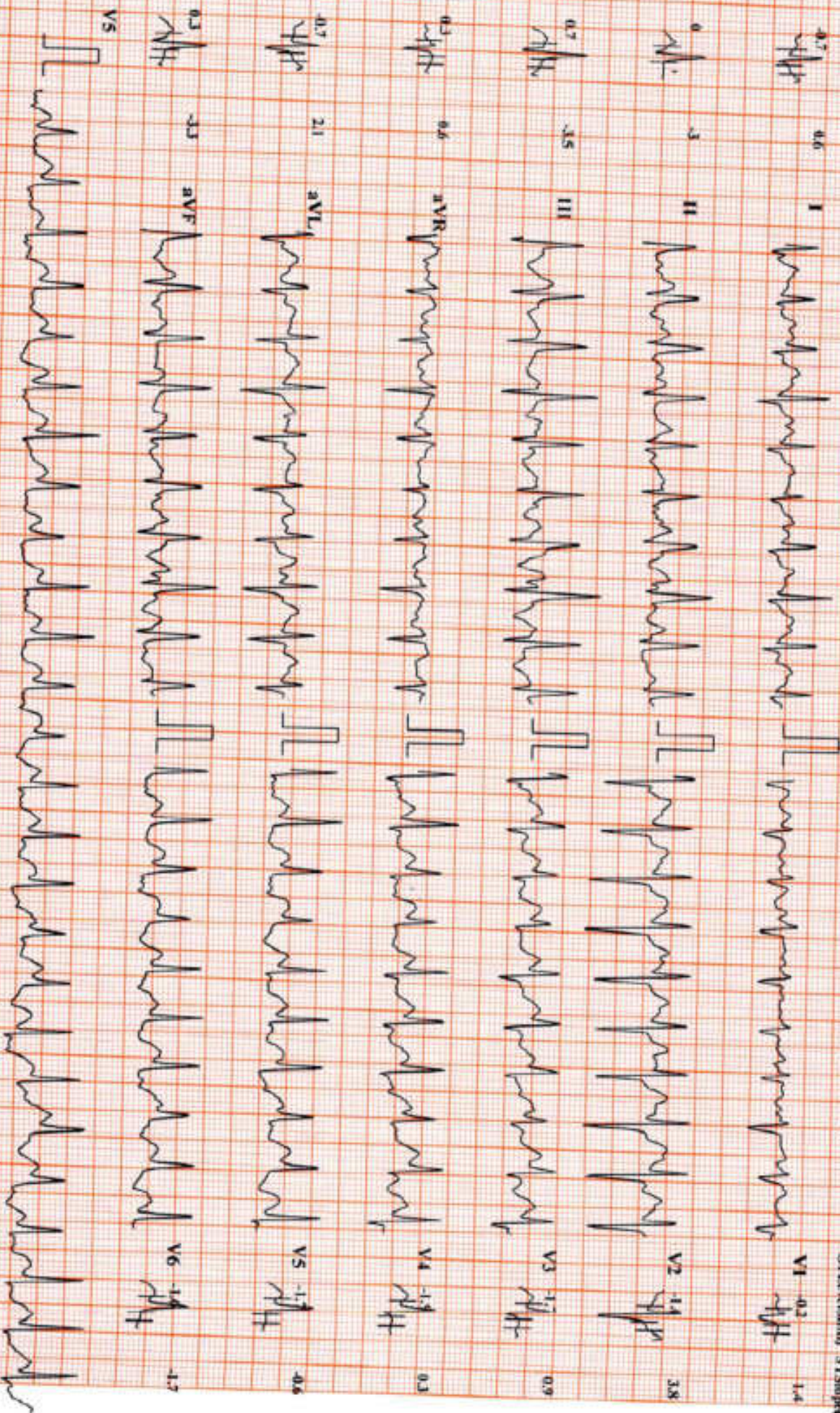


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Main Filter: ON

250 = R - 60 ms, J = R + 60 ms, PQR J = J + 60 ms

ANKIT KUMAR (33 MO)

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Trace Protocol

ID: 2425822810

Date: 14-09-2024

Exec Time: 0:09:31

Stage Time: 00:31

HR: 169 bpm

STLevel(mm) STSlope(mV/s)

Stage: 4 Peak Exercise

Speed: 6.8 kmph

Slope: 16 %

THR: 158 bpm

BP: 160/80 mmHg

STLevel(mm) STSlope(mV/s)

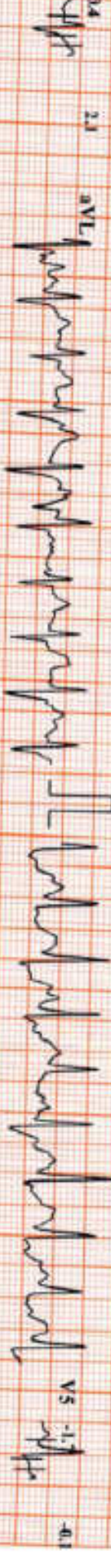


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Main Filter: ON

ISO - R - (9) ms, J - R + 60 ms, Post J - J - 60 ms

ANKIT KUMAR (33 M)

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Bruce Protocol
ST(LeadII) ST(Slope)uV/s

ID: 2425822810
Stage: Recovery 1

Date: 14-09-2024
Speed: 0 kmph

Exec Time: 00:00
Slope: 0 %

Stage Time: 01:00
THR: 158 bpm

HR: 121 bpm

BP: 160/80 mmHg
ST(LeadII) ST(Slope)uV/s

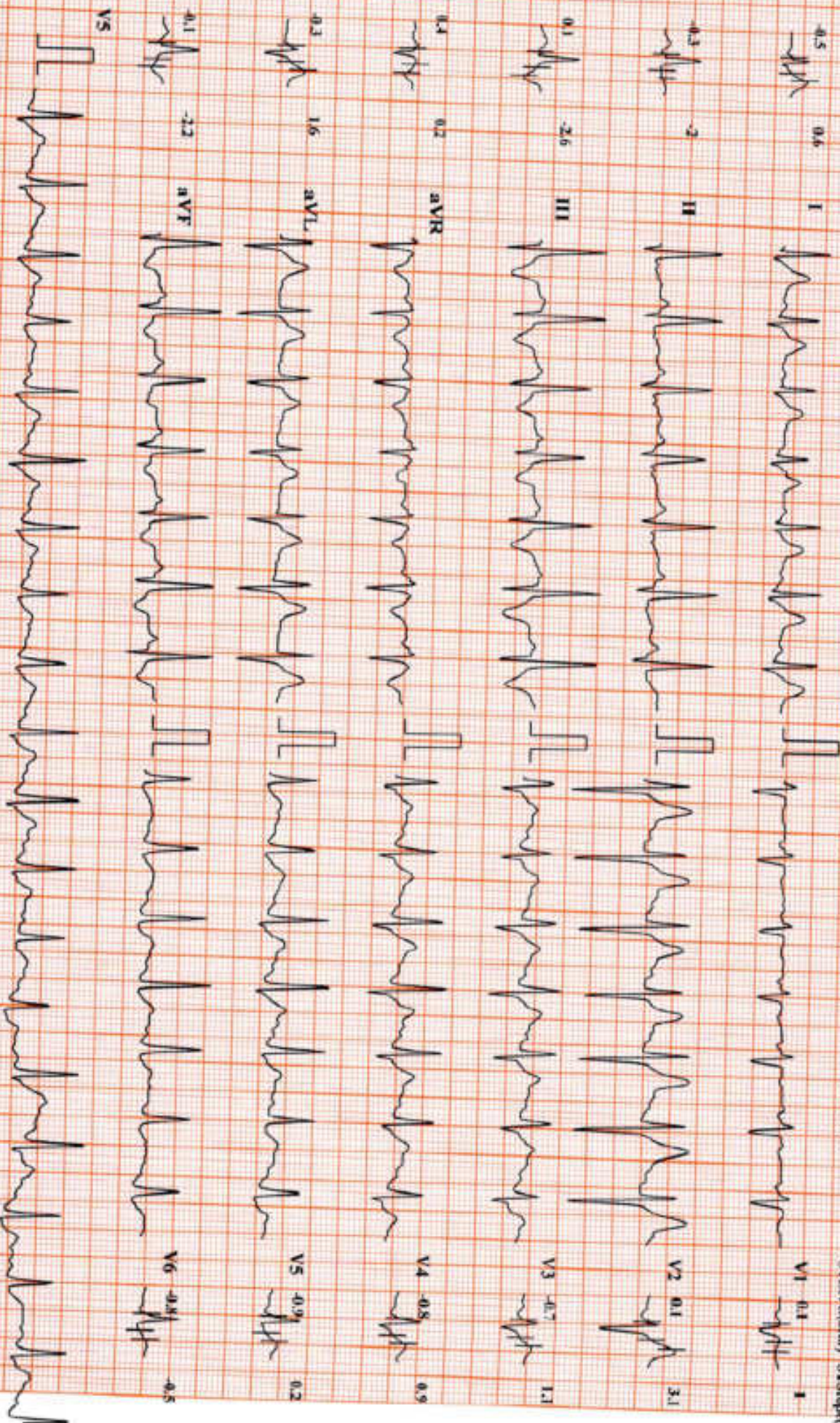


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Main Filter ON

ISS - K - 60 ms J - R - 60 ms Rec J - J - 60 ms

ANKIT KUMAR (33 M)

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Erice Praticeol

ST1evd(ann) STSlope(mV/s)

ID: 2425822810

Stage: Recovery2

Date: 14-09-2024

Speed: 0 kmph

Exec Time: 00:00

Slope: 0 %

Stage Time: 01:00

THR: 158 bpm

HR: 109 bpm

BP: 140/80 mmHg

ST1evd(ann) STSlope(mV/s)

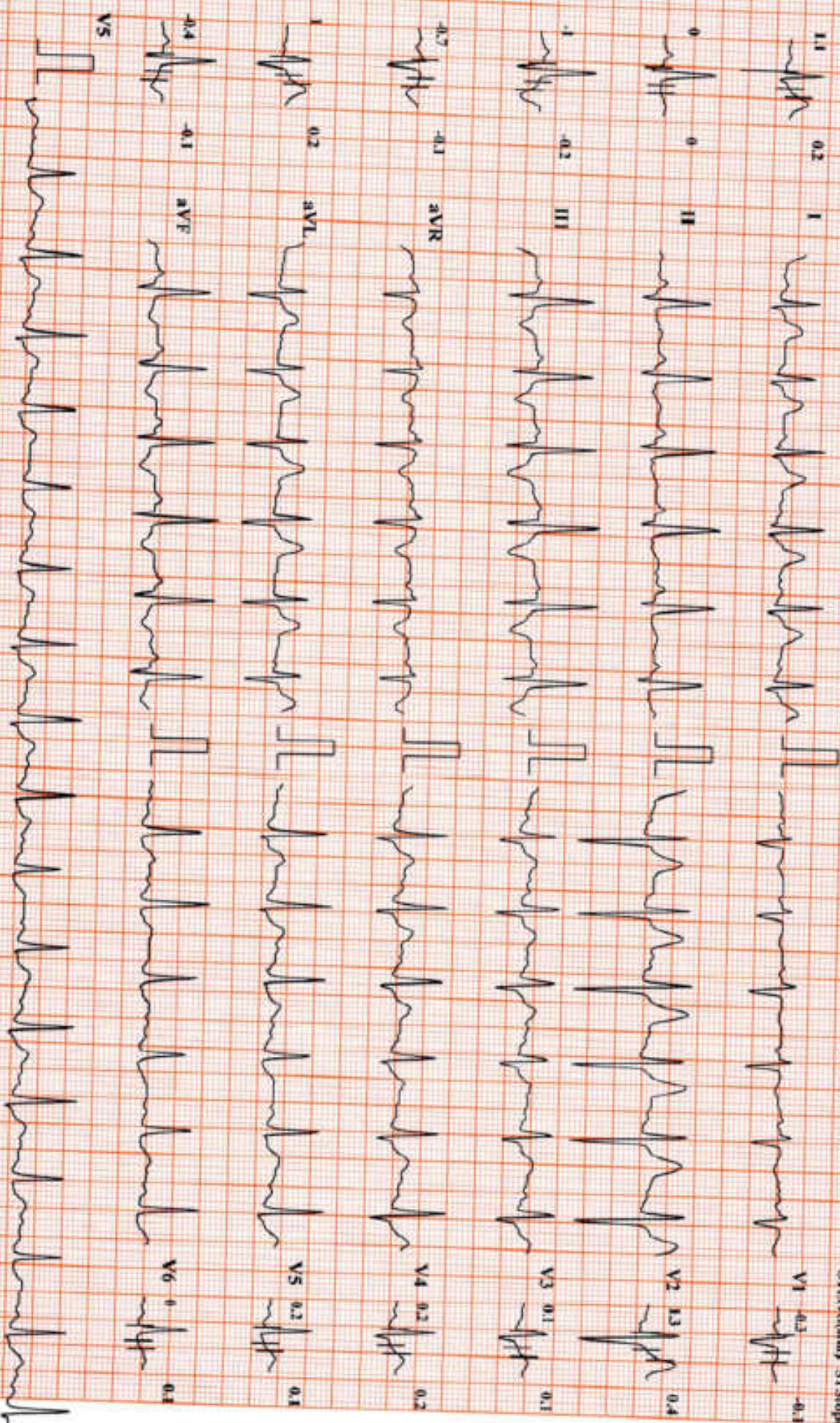


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Main Filter ON

ISO = R + 60 ms, J = R + 60 ms, PostJ = J + 60 ms

ANKIT KUMAR (33 MD)

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Bruce Protocol

ID: 2425822810

Date: 14-09-2024

Exec Time: 00:00

Stage Time: 00:06

HR: 97 bpm

ST1(ecd) ST1slope(V/s)

Stage: Recovery4

Speed: 0 kmph

Slope: 0 %

THR: 158 bpm

BP: 130/80 mmHg

ST1(ecd) ST1slope(V/s)

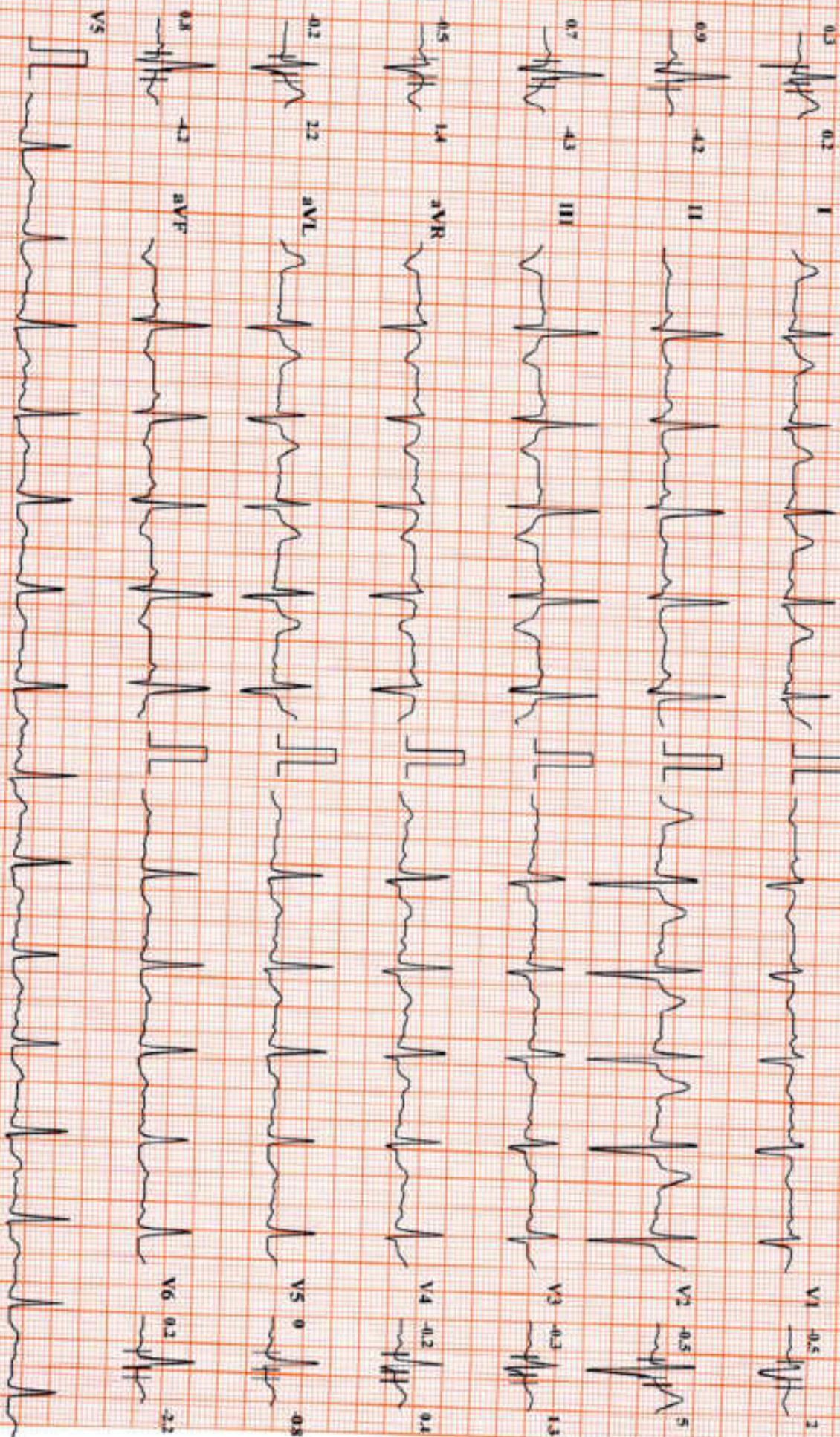


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Main Filter ON

ISO-R: 60 ms, J-R: 60 ms, Post-J: J + 60 ms

Schiller Cardioit CS-20 Version 3.4

ANKIT KUMAR (33 M)

SUBURBAN DIAGNOSTICS PVT. LTD. BORIVALI

Bruce Protocol

ID: 2425822810

Date: 14-09-2024

Exec Time: 00:00

Stage Time: 01:00

STiled(mV) STSlope(mV/s)

Stage: Recovery3

Speed: 0 kmph

Slope: 0 %

THR: 158 bpm

HR: 99 bpm

BP: 130/80 mmHg

STiled(mV) STSlope(mV/s)

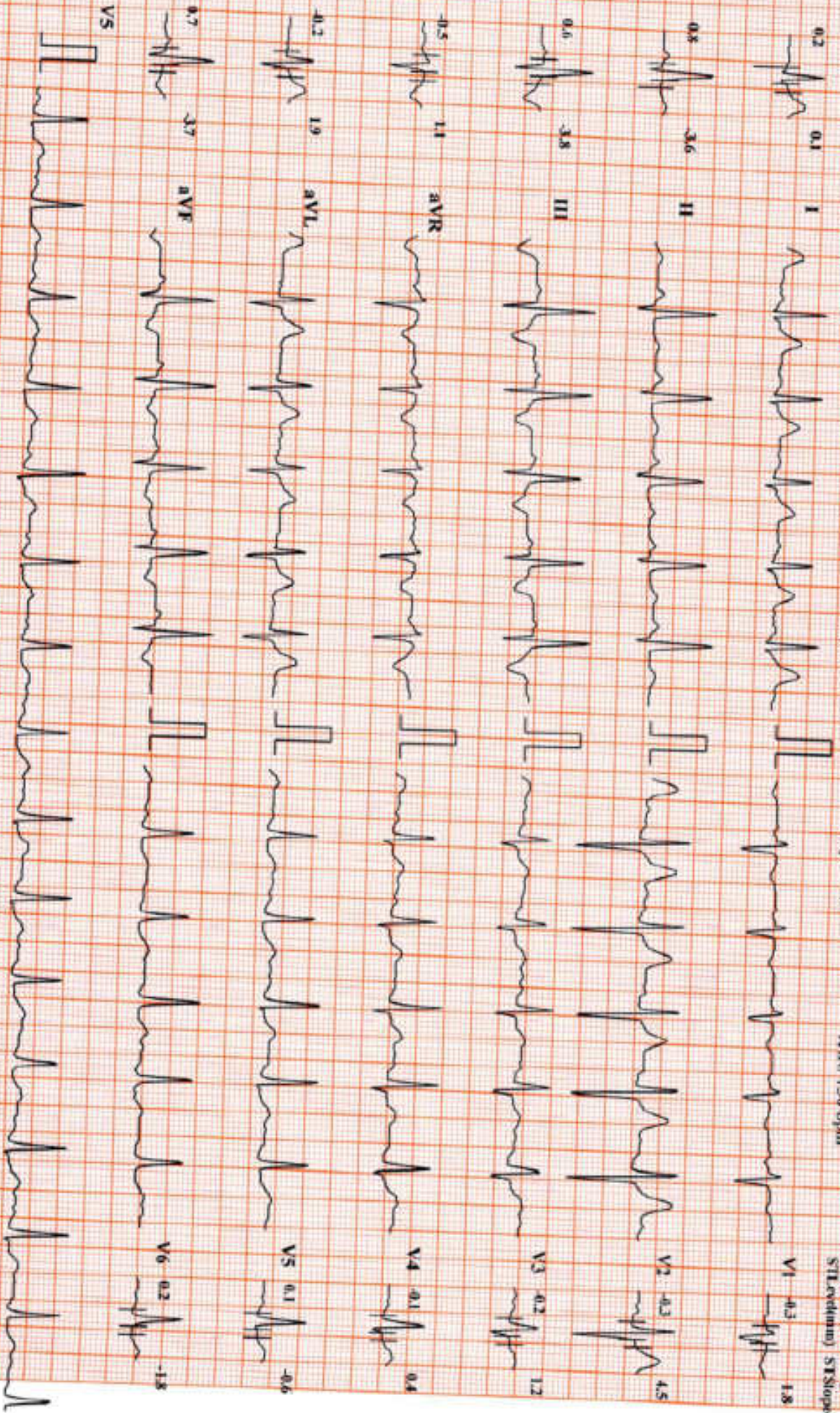
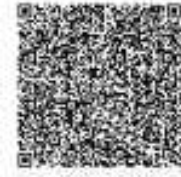


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Main Filter ON

ISO - R - 90 mm, J - R + 60 mm, Post J - J + 60 mm



CID : 2425822810
Name : Mr ANKIT KUMAR
Age / Sex : 33 Years/Male
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 14-Sep-2024
Reported : 14-Sep-2024/12:09

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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 center will not be responsible for any rectification.

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

DR.SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
RegNo .MMC 2016061376.



Use a QR Code Scanner
Application To Scan the Code

CID : 2425822810
Name : Mr ANKIT KUMAR
Age / Sex : 33 Years/Male
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 14-Sep-2024
Reported : 14-Sep-2024/12:09