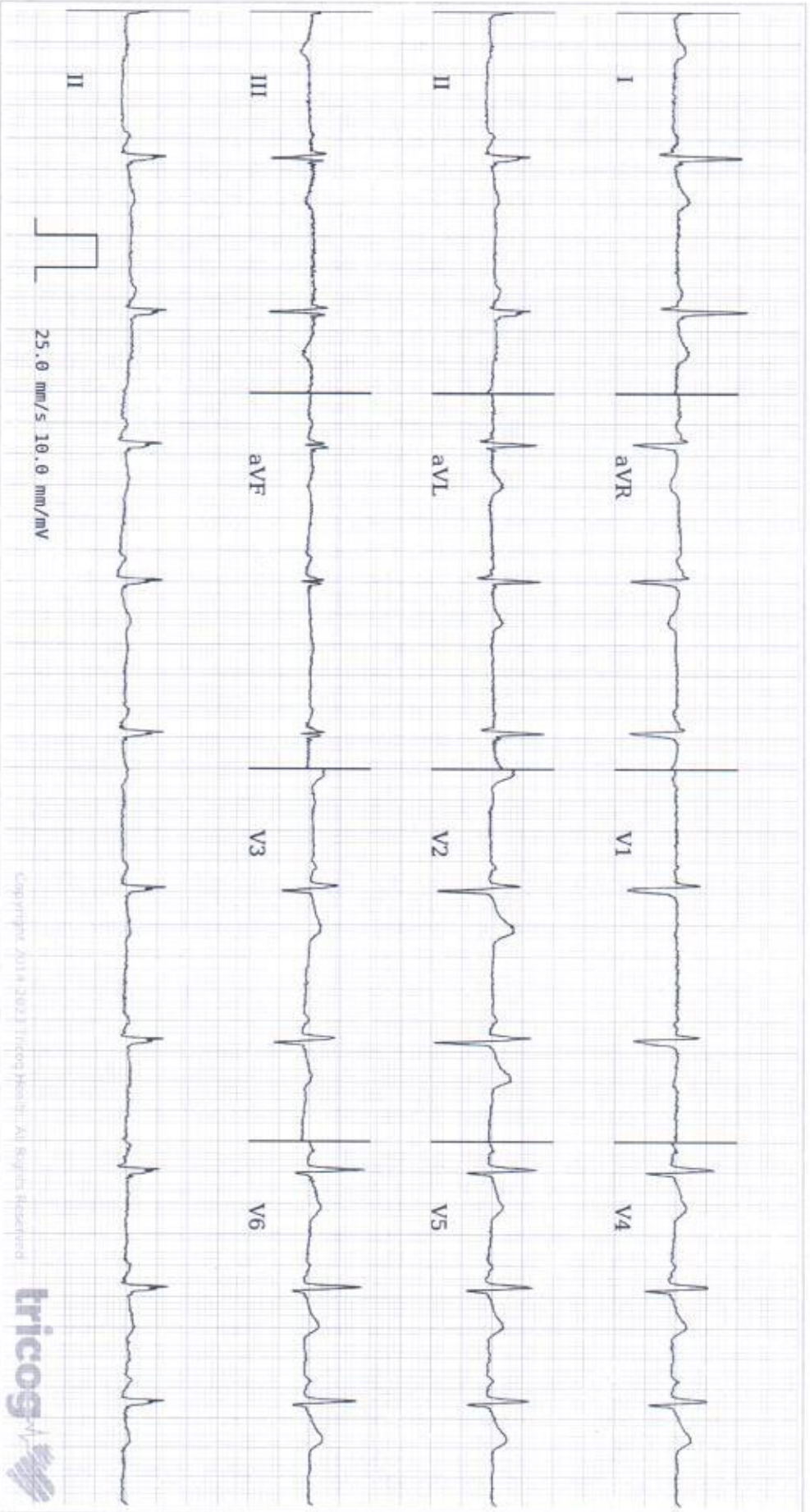


Patient Name: SHUBHAM ANKIT
Patient ID: 2325225102

Date and Time: 9th Sep 23 12:32 PM



Age **32** 9
years months

Gender **Male**

Heart Rate **68bpm**

Patient Vitals

BP: 120/70 mmHg

Weight: 118 kg

Height: 173 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 82ms

QT: 386ms

QTcB: 410ms

PR: 134ms

P-R-T: 38° 8° 12°

ECG Within Normal Limits: Sinus Rhythm, Sinus Arrhythmia Seen. Baseline wandering. Please correlate clinically.

REPORTED BY

[Signature]

DR AKHIL PARULAKAR
MBBS MD MEDICINE, DNB Cardiology

Cardiologist
2012082483

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 PEG.

Date: - 9/9/23

CID: 2325225702

Name: - Shubham Ankit

Sex/Age: 32/male

EYE CHECK UP

Chief complaints: NO

Systemic Diseases: NO

Past history: NO

Unaided Vision:

	RE	LE
<u>Aided Vision:</u>	6/6	6/6
Refraction:	N/G	N/G

(Right Eye)

(Left Eye)

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

Colour Vision: Normal / Abnormal

Remark: Normal

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Thakur Village, Khandivali (east),
Mumbai - 400 001.
Tel : 81700000



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CID : 2325225102
Name : Mr SHUBHAM ANKIT
Age / Sex : 32 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre
Reg. Date : 09-Sep-2023
Reported : 09-Sept-2023 / 10:59

USG WHOLE ABDOMEN

LIVER:

The liver is enlarged in size (18.2 cm), normal in shape and smooth margins. It shows bright 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 measures 12 mm and CBD measures 3.6 mm appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen

PANCREAS:

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

KIDNEYS:

Right kidney measures 13.1 x 5.6 cm. Left kidney measures 12.3 x 5.3 cm.
Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.

SPLEEN:

The spleen is normal in size (11.6 cm) 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 measures 3.4 x 3.2 x 2.6 cm and volume is 15 cc.

There is evidence of an umbilical hernia with omental herniation through an abdominal wall defect measuring 2.2 cms.



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CID : 2325225102
Name : Mr SHUBHAM ANKIT
Age / Sex : 32 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 09-Sep-2023
Reported : 09-Sept-2023 / 10:59

IMPRESSION:

HEPATOMEGALY WITH GRADE II FATTY LIVER.

**REDUCIBLE NON OBSTRUCTED UMBILICAL HERNIAL DEFECT CONTAINING
OMENTUM.**

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

DR. Akash Chhari
MBBS. MD. Radio-Diagnosis Mumbai
MMC REG NO - 2011/08/2862



Use a QR Code Scanner
Application To Scan the Code

CID : 2325225102
Name : Mr SHUBHAM ANKIT
Age / Sex : 32 Years/Male
Ref. Dr :
Reg. Date : 09-Sep-2023
Reg. Location : Kandivali East Main Centre
Reported : 09-Sept-2023 / 12:38

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.

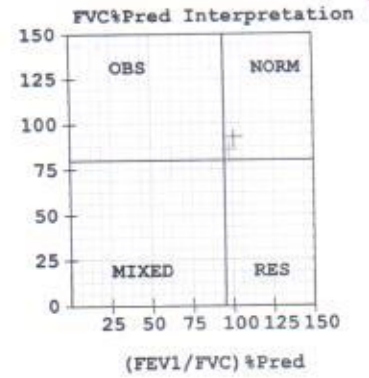
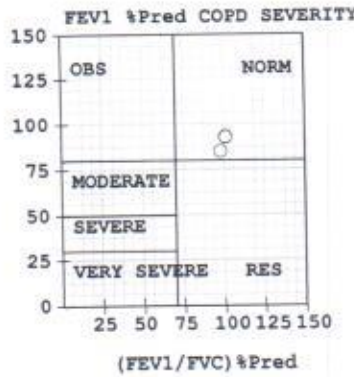
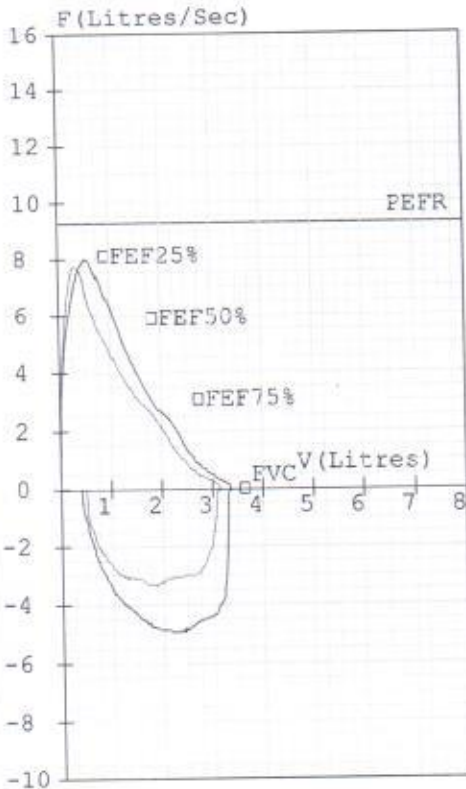
-----End of Report-----

DR. Akash Chhari
MBBS, MD, Radio-Diagnosis Mumbai
MMC REG NO - 2011/08/2862

Patient: SHUBHAM ANKIT
Refd. By:
Pred. Eqns: RECORDERS
Date : 09-Sep-2023 10:40 AM

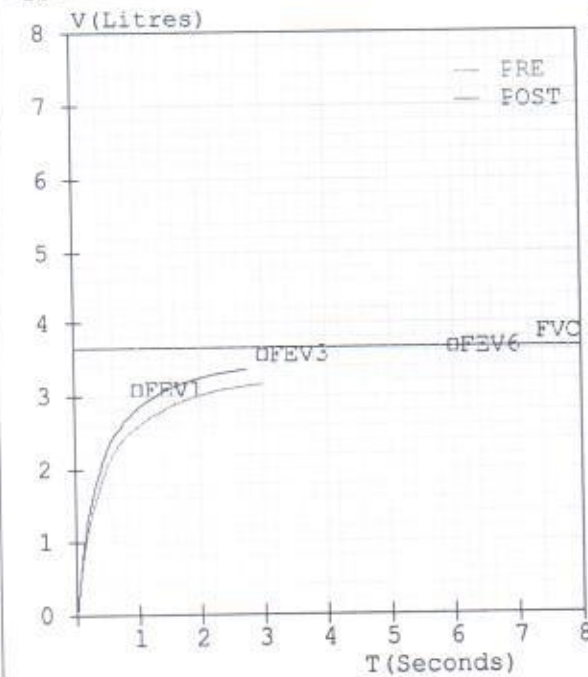
Age : 32 Yrs
Height : 172 Cms
Weight : 118 Kgs
ID : 25225124

Gender : Male
Smoker : No
Eth. Corr: 100
Temp :



FVC Results

Parameter	Pred	M. Pre	%Pred	M. Post	%Pred	%Imp
FVC (L)	03.66	03.16	086	03.36	092	+06
FEV1 (L)	03.08	02.61	085	02.85	093	+09
FEV1/FVC (%)	84.15	82.59	098	84.82	101	+03
FEF25-75 (L/s)	04.34	02.57	059	03.07	071	+19
PEFR (L/s)	09.27	07.73	083	07.98	086	+03
FIVC (L)	-----	02.62	---	02.94	---	+12
FEV.5 (L)	-----	02.04	---	02.26	---	+11
FEV3 (L)	03.55	03.15	089	03.36	095	+07
PIFR (L/s)	-----	03.33	---	04.91	---	+47
FEF75-85 (L/s)	-----	00.76	---	00.91	---	+20
FEF.2-1.2 (L/s)	07.54	05.58	074	06.76	090	+21
FEF 25% (L/s)	08.11	05.37	066	06.85	084	+28
FEF 50% (L/s)	05.91	02.97	050	03.43	058	+15
FEF 75% (L/s)	03.08	01.11	036	01.31	043	+18
FEV.5/FVC (%)	-----	64.56	---	67.26	---	+04
FEV3/FVC (%)	96.99	99.68	103	100.00	103	---
FET (Sec)	-----	03.12	---	02.87	---	---
ExptTime (Sec)	-----	00.04	---	00.06	---	---
Lung Age (Yrs)	032	037	116	034	106	-08
FEV6 (L)	03.66	-----	---	-----	---	---
FIF25% (L/s)	-----	01.20	---	04.28	---	+257
FIF50% (L/s)	-----	03.02	---	04.88	---	+62
FIF75% (L/s)	-----	03.28	---	04.42	---	+35



Pre Test COPD Severity
Test within normal limits
Post Test COPD Severity
Test within normal limits

Dr. Akhil P. Parulekar.
MBBS. MD. Medicine
DNB Cardiology
Reg. No. 2012082483

Pre Medication Report Indicates
Early Small Airway Obstruction as FEF 25-75 %Pred or PEFR %Pred < 70
Spirometry within normal limits as (FEV1/FVC)%Pred >95 and FVC%Pred >80
Post Medication Report Indicates
Spirometry within normal limits as (FEV1/FVC)%Pred >95 and FVC%Pred >80

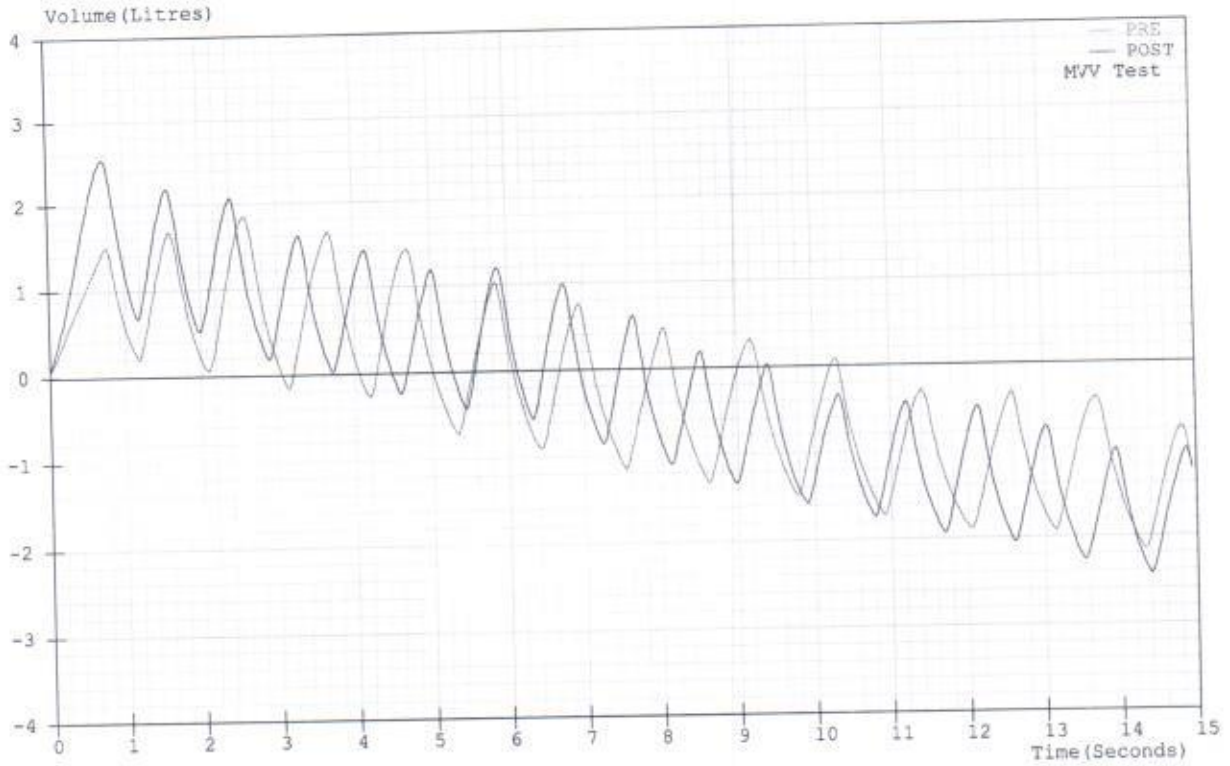
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Mumbai - 400101.
Tel : 61700000

PRECISE TESTING HEALTHIER LIVING

Patient: SHUBHAM ANKIT
Refd. By:
Pred. Eqns: RECORDERS
Date : 09-Sep-2023 10:41 AM

Age : 32 Yrs
Height : 172 Cms
Weight : 118 Kgs
ID : 25225124

Gender : Male
Smoker : No
Eth. Corr: 100
Temp :



MVV Results

Parameter	Pred	M.Pre	%Pred	M.Post	%Pred	%Imp
MVV (L/min)	142	095	067	106	075	+10
MRf (l/min)	-----	36.09	---	66.11	---	+18
MVT (L)	-----	01.69	---	01.60	---	-05

Dr. Akhil P. Parulekar.
MBBS. MD. Medicine
DNB Cardiology
Reg. No. 2012082483

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Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700000

Name : Mr . SHUBHAM ANKIT
VID : 2325225102
Ref By : Arcofemi Healthcare Limited

Reg Date : 09-Sep-2023 09:48
Age/Gender : 32 Years
Regn Centre : Kandivali East (Main Centre)

History and Complaints:

No

EXAMINATION FINDINGS:

Height (cms):	173 cms	Weight (kg):	118 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	120/70	Nails:	Normal
Pulse:	72/min	Lymph Node:	Not Palpable

Systems

Cardiovascular: Normal
Respiratory: Normal
Genitourinary: Normal
GI System: Normal
CNS: Normal

IMPRESSION:

ADVICE:

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 |
| 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 | No |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

Name : Mr. SHUBHAM ANKIT
VID : 2325225102
Ref By : Arcofemi Healthcare Limited

Reg Date : 09-Sep-2023 09:48
Age/Gender : 32 Years
Regn Centre : Kandivali East (Main Centre)

- | | |
|---------------|-----------------|
| 1) Alcohol | Occasioanly |
| 2) Smoking | 3-4 cig per day |
| 3) Diet | Mixed |
| 4) Medication | No |

Dr. Jagruti Dhale
MBBS
Consultant Physician
Reg. No. 69548

J Dhale
Dr. Jagruti Dhale

Impression - overweight
: P & S (F)
↑ HbA1c 6.4%
USG - fatty liver
- Reducible - Non-Obstructed
umbilical hernia (F)

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Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700000

Advice

- Low fatty diet
- ↓ carbs
- Reduce weight
- Diabetologist / opinion
Surgeon

Email:

2118 / SHUBHAM ANKIT / 32 Yrs / M / 173 Cms / 118 Kg Date: 09 / 09 / 2023 01:06:31 PM Refd By : AERCOFEMI



REPORT :

Heart Rate 167.0 bpm

Systolic BP 150.0 mmHg Diastolic BP 70.0 mmHg

Exercise Time 06:34 Mins. Ectopic Beats 0.0

METS 7.7 Test End Reason , Heart Rate Achieved Target Heart Rate 92% of 188

TEST OBJECTIVE	:	ROUTINE CHECK UP
RISK FACTOR	:	NONE
ACTIVITY	:	MODERATE ACTIVE
MEDICATION	:	NONE
REASON FOR TERMINATION	:	HEART RATE ACHIEVED
EXERCISE TOLERANCE	:	GOOD
EXERCISE INDUCED ARRHYTHMIAS	:	NO
HAEMODYNAMIC RESPONSE	:	NORMAL
CHRONOTROPIC RESPONSE	:	NORMAL
FINAL IMPRESSION	:	NO SIGNIFICANT ST T CHANGES NOTED

STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHAEMIC HEART DISEASE FOR GIVEN DURATION OF EXERCISE.

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

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Mumbai - 400101.

Tel : 61700000

Dr. Akhil P. Parulekar
 MBBS, MD, Medicine
 DNB Cardiology
 Reg. No. 2012082483


 Doctor : DR. AKHIL PARULEKAR

SUBURBAN DIAGNOSTICS KANDIVALI EAST

Report



Email:

2118 (2325225102) / SHUBHAM ANKIT / 32 Yrs / M / 173 Cms / 118 Kg
 Date: 09 / 09 / 2023 01:06:31 PM Refd By : AERCOFEMI Examined By: DR.AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:09	0:09	00.0	00.0	01.0	071	38 %	120/70	085	00	
Standing	00:41	0:32	00.0	00.0	01.0	076	40 %	120/70	091	00	
HV	00:52	0:11	00.0	00.0	01.0	086	46 %	120/70	103	00	
ExStart	01:28	0:36	00.0	00.0	01.0	093	49 %	120/70	111	00	
BRUCE Stage 1	04:28	3:00	02.7	10.0	04.7	134	71 %	120/70	160	00	
BRUCE Stage 2	07:28	3:00	04.0	12.0	07.1	153	81 %	120/70	183	00	
PeakEx	08:02	0:34	05.5	14.0	07.7	173	92 %	150/70	259	00	
Recovery	09:02	1:00	00.0	00.0	01.1	140	74 %	150/70	210	00	
Recovery	09:16	1:15	00.0	00.0	01.0	132	70 %	150/70	198	00	

FINDINGS :

Exercise Time 06:34
 Initial HR (ExStrt) 93 bpm 49% of Target 188
 Initial BP (ExStrt) 120/70 (mm/Hg)
 Max WorkLoad Attained 7.7 Fair response to induced stress
 Duke Treadmill Score 04.1
 Test End Reasons , Heart Rate Achieved

Max HR Attained 173 bpm 92% of Target 188
 Max BP Attained 150/70 (mm/Hg)

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 Thakur Village, Kandivali (east),
 Mumbai - 408 101.
 Tel : 61700000

Dr. Akhil P. Parulekar.

M.B.B.S. MD. Medicine

DNB Cardiology

Reg. No. 2012082483

Doctor : DR. AKHIL PARULEKAR

SUBURBAN DIAGNOSTICS KANDIVALI EAST

SUPINE (00:09)

2118 (2325225102) / SHUBHAM ANKIT / 32 Yrs / M / 173 Cms / 118 Kg / HR : 71

Date: 09 / 09 / 2023 01:06:31 PM METS: 1.0 / 71 bpm 38% of THR BP: 120/70 mmHg Raw ECG/BLC On/Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

ExTime: 00:00:0.0 Kmph, 0.0%
25 mm/Sec, 1.0 Cal/cmV



REMARKS
I II aVR aVL aVF V1 V2 V3 V4 V5 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

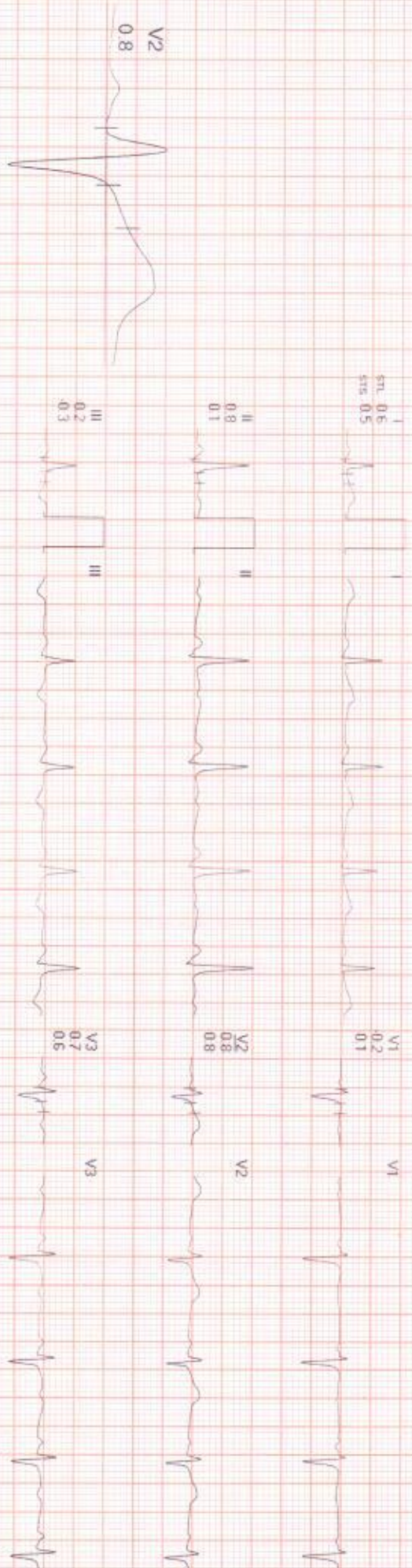
STANDING (00:32)

2118 (2325225102) / SHUBHAM ANKIT / 32 Yrs / M / 173 Cms / 118 Kg / HR : 76

Date: 09/09/2023 01:06:31 PM METS: 1.0/76 bpm 40% of THR BP: 120/70 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

ExTime: 00:00:0.0 Km/h 0.0%
25 mm/Sec 1.0 Cm/mV



REMARKS: I aVR aVF V2 V4 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

HV (00:11)

2118 (2325225102) / SHUBHAM ANKIT / 32 Yrs / M / 173 Cms / 118 Kg / HR : 86

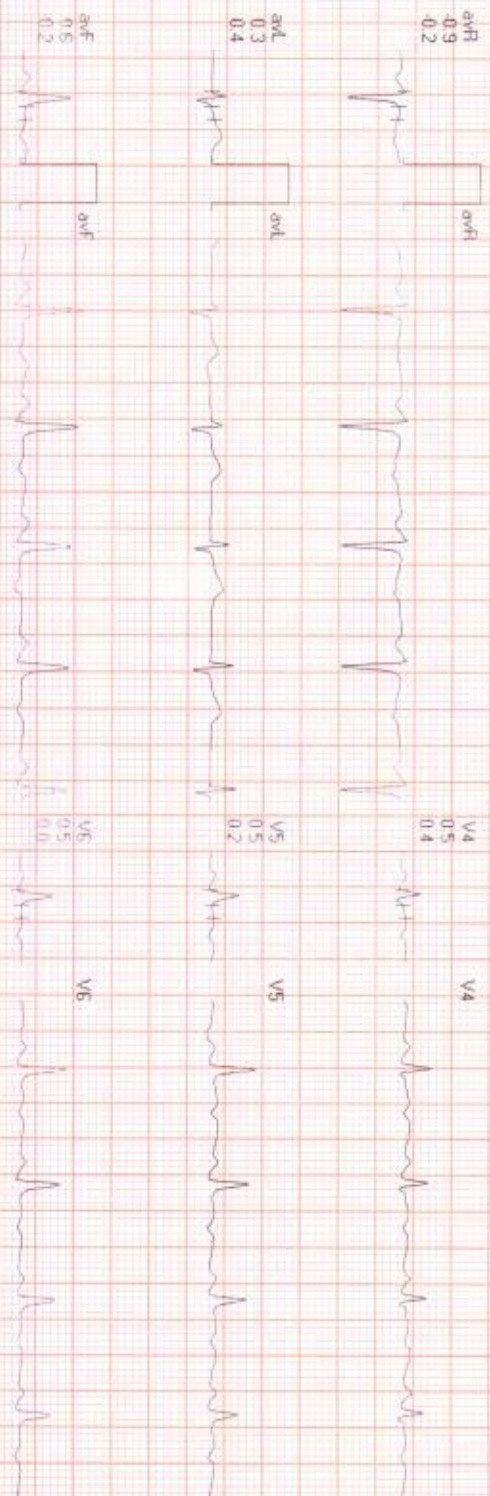
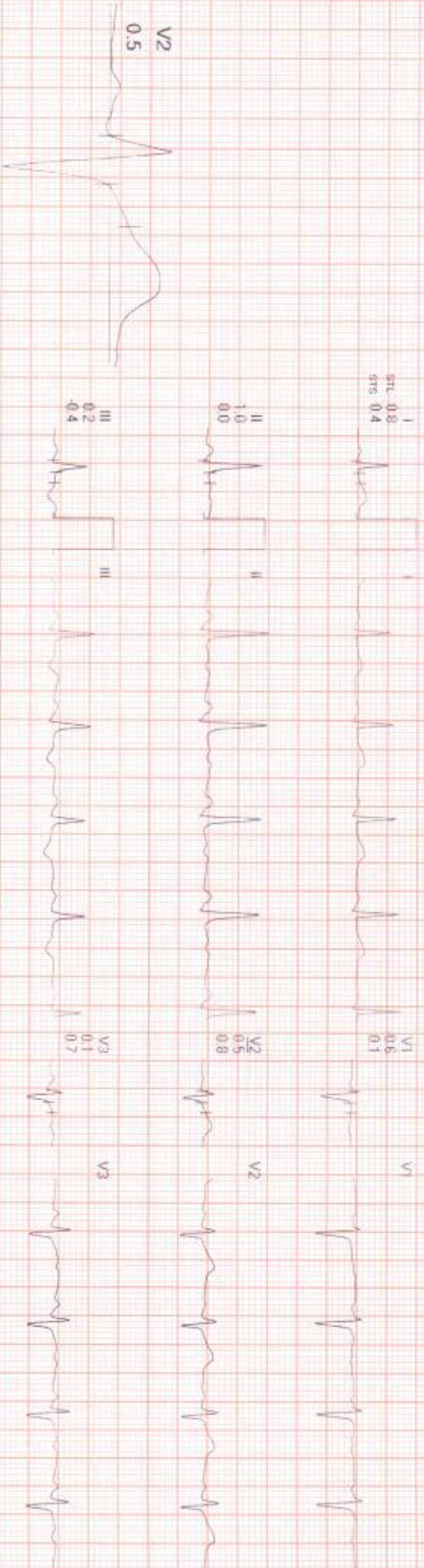


Date: 09 / 09 / 2023 01:06:31 PM METS: 1.0/86 bpm 46% of THR BP: 120/70 mmHg Raw ECG/BLC On/Notch On/HE 0.05 Hz/LF 35 Hz

Ext Time: 00:00 0.0 Kmph 0.0%

4X 80 mS Post U

25 mm/Sec 1.0 Cm/mV



REMARKS



SUBURBAN DIAGNOSTICS KANDIVALI EAST

ExStit



2118 (2325225102) / SHUBHAM ANKIT / 32 Yrs / M / 173 Cms / 118 Kg / HR : 93

Date 09 / 09 / 2023 01:06:31 PM METS 1 0/93 bpm 49% of THR BP 120/70 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 Km/h, 0.0%

AX 80 and Post J

25 mm/Sec 1.0 Cm/mV



REMARKS: II avFr avF V2 V4 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 1 (03:00)

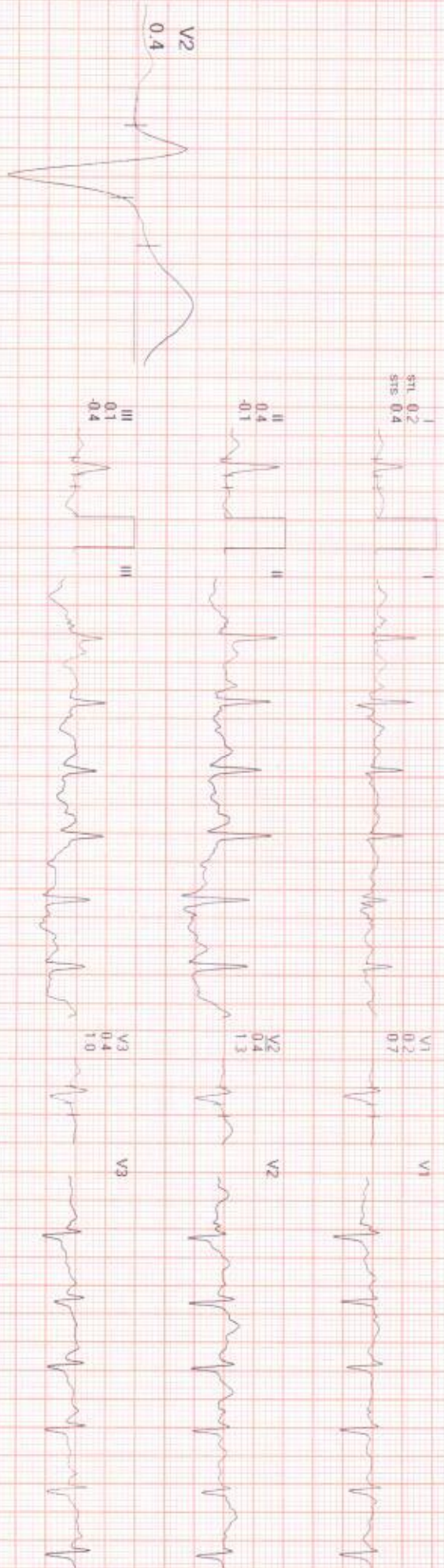
2118 (2325225102) / SHUBHAM ANKIT / 32 Yrs / M / 173 Cms / 118 Kg / HR : 134

Date: 09 / 09 / 2023 01:06:31 PM METS: 4.7 / 134 bpm 71% of THR BP: 120/70 mmHg Row ECG/ BLC On/ Notch On/ HF: 0.05 Hz/LF: 35 Hz

ExTime: 03:00 2.7 Kmph 10.0%

AX 60 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS
I II aVR aVL aVF V1 V2 V3 V4 V5 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 2 (03:00)

2118 (2325225102) / SHUBHAM ANKIT / 32 Yrs / M / 173 Cms / 118 Kg / HR : 153

Date: 09 / 09 / 2023 01:06:31 PM METS: 7.1 / 153 bpm 81% of THR BP: 120/70 mmHg Raw ECG/ BLC On/ Notch On/ HF: 0.05 Hz/ LF: 35 Hz

ExTime: 06:00 4.0 Km/h 12.0%

4X 60 ms Post J

25 mm/Sec 1.0 Cm/mV



REMARKS: II aVR aVF V2 V4 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

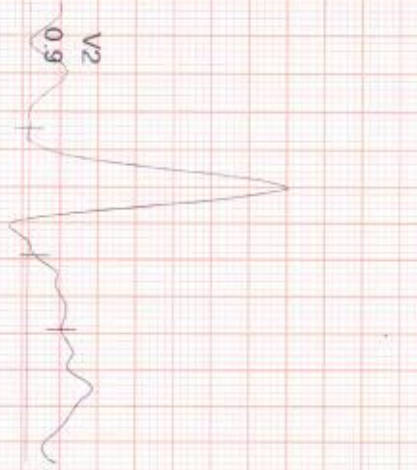
2118 (2325225102) / SHUBHAM ANKIT / 32 Yrs / M / 173 Cms / 118 Kg / HR : 173

Date 09 / 09 / 2023 01:06:31 PM METS 7.7 / 173 bpm 92% of THR BP 150/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ AF 35 Hz

EXTIME 06:34 5.5 Km/h 14.0%

4X 60 ms Post-I

25 mm/Sec 1.0 Cm/mV



REMARKS



PeaKx



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:00)

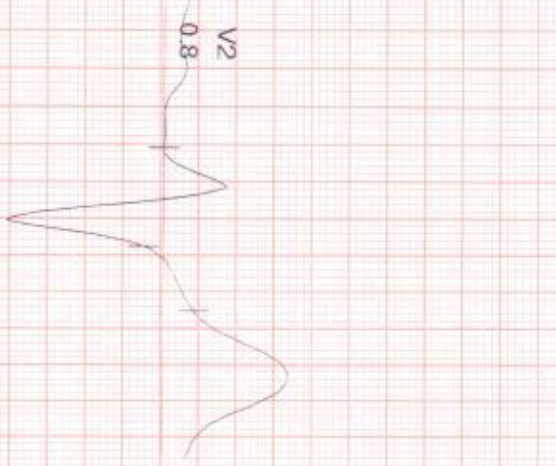
2118 (2325225102) / SHUBHAM ANKIT / 32 Yrs / M / 173 Cms / 118 Kg / HR : 140

Date: 09 / 09 / 2023 01:06:31 PM METS: 1.1/1.40 bpm 74% of THR BP: 150/70 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

ExTime: 06:34 0.0 Kmph, 0.0%

4X 60 ms Post J

25 mm/Sec 1.0 Cm/mV



STL 0.5
STs 1.3

II 0.5
0.8

III 0.0
0.0
0.5

aVR -0.5
-0.5
1.0

aVL 0.2
0.2
0.8

aVF 0.3
0.3
0.2



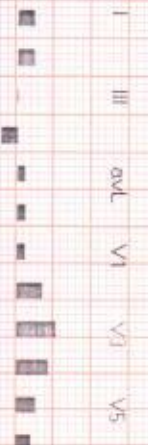
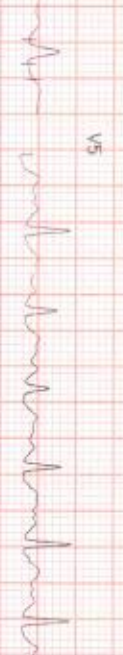
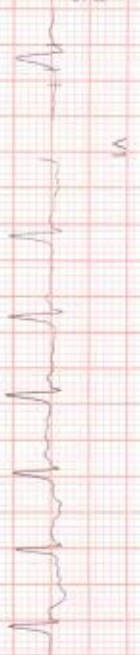
V2 0.6
0.6
2.0

V3 1.3
1.3
2.5

V4 1.1
1.1
2.1

V5 0.6
1.2

V6 0.5
0.7



REMARKS



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:14)



2118 (2325225102) / SHUBHAM ANKIT / 32 Yrs / M / 173 Cms / 118 Kg / HR 132

Date: 09 / 09 / 2023 01:06:31 PM METS: 1.0 / 132 bpm 70% of THR BP: 150/70 mmHg Rew ECG/BLC On/ Noich On/ HF 0.05 Hz ALF 35 Hz

Ex Time 06:34 0.0 Km/h 0.0%

4X 60 ms Post J

25 mm/Sec 1.0 Cm/mV



REMARKS
II aVR aVL V1 V2 V3 V4 V5 V6





CID : 2325225102
Name : MR.SHUBHAM ANKIT
Age / Gender : 32 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 09-Sep-2023 / 09:51
Reported : 09-Sep-2023 / 17:21

Use a QR Code Scanner
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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	13.8	13.0-17.0 g/dL	Spectrophotometric
RBC	5.04	4.5-5.5 mil/cmm	Elect. Impedance
PCV	42.2	40-50 %	Measured
MCV	84	80-100 fl	Calculated
MCH	27.3	27-32 pg	Calculated
MCHC	32.6	31.5-34.5 g/dL	Calculated
RDW	14.7	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7180	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	24.5	20-40 %	
Absolute Lymphocytes	1759.1	1000-3000 /cmm	Calculated
Monocytes	5.9	2-10 %	
Absolute Monocytes	423.6	200-1000 /cmm	Calculated
Neutrophils	65.5	40-80 %	
Absolute Neutrophils	4702.9	2000-7000 /cmm	Calculated
Eosinophils	4.0	1-6 %	
Absolute Eosinophils	287.2	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	7.2	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	341000	150000-400000 /cmm	Elect. Impedance
MPV	9.0	6-11 fl	Calculated
PDW	16.1	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	-
Microcytosis	-



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Reg. Location : Kandivali East (Main Centre)

Collected : 09-Sep-2023 / 09:51
Reported : 09-Sep-2023 / 14:54

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 17 2-15 mm at 1 hr. Sedimentation

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



Bmhasakar

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



CID : 2325225102
Name : MR.SHUBHAM ANKIT
Age / Gender : 32 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

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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	105.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	103.5	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.46	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.17	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.29	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.5	3.2-4.8 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	22.6	<34 U/L	Modified IFCC
SGPT (ALT), Serum	45.8	10-49 U/L	Modified IFCC
GAMMA GT, Serum	28.1	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	112.3	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	18.1	19.29-49.28 mg/dl	Calculated
BUN, Serum	8.5	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.82	0.73-1.18 mg/dl	Enzymatic

Note: Kindly note in change in reference range w.e.f. 07-09-2023



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Reg. Location : Kandivali East (Main Centre)

Collected : 09-Sep-2023 / 15:56
Reported : 09-Sep-2023 / 19:27

eGFR, Serum	120	(ml/min/1.73sqm)	Calculated
		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	

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

URIC ACID, Serum	6.0	3.7-9.2 mg/dl	Uricase/ Peroxidase
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 ***



Bmhasakar

Dr.KETAKI MHASKAR
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Pathologist



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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	6.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	137.0	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.

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

*** End Of Report ***



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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	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	2-3	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	3-4	Less than 20/hpf	
Others	-		

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein (1+ = 25 mg/dl , 2+ =75 mg/dl , 3+ = 150 mg/dl , 4+ = 500 mg/dl)
- Glucose(1+ = 50 mg/dl , 2+ =100 mg/dl , 3+ =300 mg/dl ,4+ =1000 mg/dl)
- Ketone (1+ =5 mg/dl , 2+ = 15 mg/dl , 3+= 50 mg/dl , 4+ = 150 mg/dl)

Reference: Pack inert

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



MC-2111

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
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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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	164.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	144.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	38.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	126.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	98.1	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	28.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.6	0-3.5 Ratio	Calculated

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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.6	3.5-6.5 pmol/L	CLIA
Free T4, Serum	16.2	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	4.218	0.55-4.78 microIU/ml	CLIA

Interpretation:

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

Clinical Significance:

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