

CID# : 2233511878

Name : MR.KUSHWAH ABHISHEK

Age / Gender : 28 Years/Male

Consulting Dr. :-

Collected : 01-Dec-2022 / 08:10

Reg.Location : Andheri West (Main Centre)

Reported : 02-Dec-2022 / 09:11

PHYSICAL EXAMINATION REPORT

History and Complaints:

C/O Hyper pigmentation patch of skin since one year

EXAMINATION FINDINGS:

Height (cms): 169 cms
Temp (0c): Afebrile
Blood Pressure (mm/hg): 120/80 mm of hg
Pulse: 64 / min

Weight (kg): 67 kgs
Skin: Normal
Nails: Normal
Lymph Node: Not palpable

Systems

Cardiovascular: S1S2 audible
Respiratory: AEBE
Genitourinary: NAD
GI System: Liver and spleen not palpable
CNS: NAD

IMPRESSION:

Altered levels of bilirubin(Total bilirubin=1.27 mg/dl),
USG shows Gall bladder polyp,Prostatic cyst,
Rest reports appears to be in normal limits.

ADVICE:

Kindly consult your family physician with all your reports,
Therapeutic life style modification is advised,
Refgular exercise for 30-40 minutes is recommended.

CHIEF COMPLAINTS:

1) **Hypertension:** NO

CID# : 2233511878

Name : MR.KUSHWAH ABHISHEK

Age / Gender : 28 Years/Male

Consulting Dr. :-

Collected : 01-Dec-2022 / 08:10

Reg.Location : Andheri West (Main Centre)

Reported : 02-Dec-2022 / 09:11

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:

1) Alcohol	NO
2) Smoking	NO
3) Diet	MIXED
4) Medication	Local Application for skin problem

*** End Of Report ***

Sangeeta Manwani

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



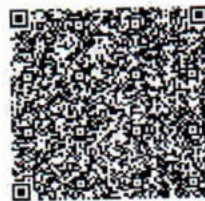
CID : 2233511878
Name : MR.KUSHWAH ABHISHEK
Age / Gender : 28 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 01-Dec-2022 / 08:14
Reported : 01-Dec-2022 / 12:18

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	14.8	13.0-17.0 g/dL	Spectrophotometric
RBC	4.46	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.1	40-50 %	Calculated
MCV	99.0	80-100 fl	Measured
MCH	33.2	27-32 pg	Calculated
MCHC	33.5	31.5-34.5 g/dL	Calculated
RDW	14.8	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4910	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	35.8	20-40 %	Calculated
Absolute Lymphocytes	1757.8	1000-3000 /cmm	Calculated
Monocytes	7.6	2-10 %	Calculated
Absolute Monocytes	373.2	200-1000 /cmm	Calculated
Neutrophils	50.5	40-80 %	Calculated
Absolute Neutrophils	2479.6	2000-7000 /cmm	Calculated
Eosinophils	5.7	1-6 %	Calculated
Absolute Eosinophils	279.9	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	Calculated
Absolute Basophils	19.6	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	309000	150000-400000 /cmm	Elect. Impedance
MPV	8.0	6-11 fl	Measured
PDW	11.9	11-18 %	Calculated

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2233511878
Name : MR.KUSHWAH ABHISHEK
Age / Gender : 28 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 01-Dec-2022 / 08:14
Reported : 01-Dec-2022 / 10:18

RBC MORPHOLOGY

Hypochromia -
Microcytosis -
Macrocytosis -
Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Normocytic, Normochromic

WBC MORPHOLOGY -

PLATELET MORPHOLOGY -

COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB 4 2-15 mm at 1 hr. Westergren

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



M. Jain
Dr.MILLU JAIN
M.D.(PATH)
Pathologist



CID : 2233511878
Name : MR.KUSHWAH ABHISHEK
Age / Gender : 28 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 01-Dec-2022 / 08:14
Reported : 01-Dec-2022 / 10:39

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	80.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	69.5	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	1.27	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.37	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.90	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
SGOT (AST), Serum	18.1	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	13.3	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	14.7	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	89.7	40-130 U/L	Colorimetric
BLOOD UREA, Serum	17.9	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.4	6-20 mg/dl	Calculated
CREATININE, Serum	0.93	0.67-1.17 mg/dl	Enzymatic

Authenticity Check



Use a QR Code Scanner Application To Scan the Code

CID : 2233511878
Name : MR. KUSHWAH ABHISHEK
Age / Gender : 28 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 01-Dec-2022 / 11:53
Reported : 01-Dec-2022 / 17:36

eGFR, Serum	103	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.3	3.5-7.2 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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



Anupa Dixit

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

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2233511878
Name : MR.KUSHWAH ABHISHEK
Age / Gender : 28 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 01-Dec-2022 / 08:14
Reported : 01-Dec-2022 / 12:02

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	4.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	88.2	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 CPL, Andheri West

*** End Of Report ***



M. Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2233511878
Name : MR.KUSHWAH ABHISHEK
Age / Gender : 28 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 01-Dec-2022 / 08:14
Reported : 01-Dec-2022 / 10:53

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh TYPING	POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

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

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

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

Limitations:

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

Refernces:

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

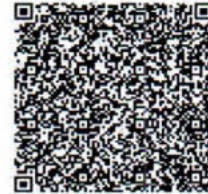
*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
*** End Of Report ***



M Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2233511878
Name : MR.KUSHWAH ABHISHEK
Age / Gender : 28 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 01-Dec-2022 / 08:14
Reported : 01-Dec-2022 / 12:02

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	191.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	125.2	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	40.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	150.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	126.0	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	24.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.1	0-3.5 Ratio	Calculated

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



MC-2111

M Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist



CID : 2233511878
Name : MR.KUSHWAH ABHISHEK
Age / Gender : 28 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Use a QR Code Scanner
Application To Scan the Code
Collected : 01-Dec-2022 / 08:14
Reported : 01-Dec-2022 / 10:39

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.8	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.4	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.24	0.35-5.5 microIU/ml	ECLIA

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2233511878
Name : MR.KUSHWAH ABHISHEK
Age / Gender : 28 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 01-Dec-2022 / 08:14
Reported : 01-Dec-2022 / 10:39

Interpretation:

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

Clinical Significance:

- 1) TSH Values between high abnormal upto 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2) TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

Limitations:

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

Reference:

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

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



Anupa Dixit

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

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2233511878
Name : MR.KUSHWAH ABHISHEK
Age / Gender : 28 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 01-Dec-2022 / 08:14
Reported : 01-Dec-2022 / 14:49

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	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<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	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	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 insert



M Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist

Authenticity Check



CID : 2233511878
Name : MR. KUSHWAH ABHISHEK
Age / Gender : 28 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 01-Dec-2022 / 08:14
Reported : 01-Dec-2022 / 15:47

Use a QR Code Scanner
Application To Scan the Code

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
EXAMINATION OF FAECES

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

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



M Jain

Dr. MILLU JAIN
M.D.(PATH)
Pathologist

CID# : 2233511878

Name : MR.KUSHWAH ABHISHEK

Age / Gender : 28 Years/Male

Consulting Dr. :-

Collected : 01-Dec-2022 / 08:10

Reg.Location : Andheri West (Main Centre)

Reported : 01-Dec-2022 / 10:49

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.

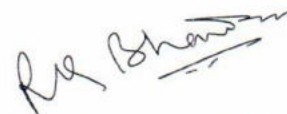
The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

*** End Of Report ***



Dr.R K BHANDARI
M.D.,D.M.R.E
CONSULTANT RADIOLOGIST

Date:- 1-12-22

CID: 2233571878

Name:- KUSHWAH ABHISHEK

Sex / Age: M / 28

EYE CHECK UP

Chief complaints: Nil

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: -

Aided Vision: -

Refraction: -

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—	—	—	6/6	—	—	—	6/6
Near	—	—	—	N5	—	—	—	N5

Colour Vision: Normal / Abnormal

Remark: Normal vision

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2233511878
Name : Mr KUSHWAH ABHISHEK
Age / Sex : 28 Years/Male
Ref. Dr :
Reg. Location : Andheri West (Main Center)

Reg. Date : 01-Dec-2022
Reported : 01-Dec-2022 / 14:28

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (12.3cm), shape and smooth margins. It shows normal parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended. No evidence of gall stones seen. A well defined, hyperechoic lesion is noted adherent to the wall of the gall bladder measuring 4.4mm. Features are suggestive of Gall bladder polyp.

PANCREAS:

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

KIDNEYS:

Both the kidneys are normal in size shape and echotexture. No evidence of any calculus, hydronephrosis or mass lesion seen. Right kidney measures 9.2 x 3.6cm. Left kidney measures 9.0 x 4.0cm.

SPLEEN:

The spleen is normal in size (8.3cm) and echotexture. No evidence of focal lesion is noted. There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

PROSTATE:

The prostate is normal in size measuring 3.4 x 2.7 x 2.5cm and volume is 12.5cc. A 9.7 x 9.5mm sized cyst is noted in the prostate.

IMPRESSION:

Gall bladder polyp as described above.
Prostatic cyst as described above

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

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2022120108111408>

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.

CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar (W), Mumbai - 400086.

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

Corporate Identity Number (CIN): U85110MH2002PTC136144

SUBURBAN DIAGNOSTICS

Patient Details

Date: 01-Dec-22

Time: 08:56:20

Name: KUSHWAH ABHISHEK ID: 2233511878

Age: 28 y

Sex: M

Height: 169 cms

Weight: 67 Kgs

Clinical History: NONE

Medications: NONE

Test Details

Protocol: Bruce

Pr.MHR: 192 bpm

THR: 163 (85 % of Pr.MHR) bpm

Total Exec. Time: 9 m 57 s

Max. HR: 167 (87% of Pr.MHR)bpm

Max. Mets: 13.50

Max. BP: 160 / 80 mmHg

Max. BP x HR: 26720 mmHg/min

Min. BP x HR: 6480 mmHg/min

Test Termination Criteria: Target HR attained

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 14	1.0	0	0	81	120 / 80	-0.21 aVR	1.42 II
Standing	0 : 7	1.0	0	0	83	120 / 80	-0.42 aVR	2.12 V3
Hyperventilation	0 : 54	1.0	0	0	93	120 / 80	-2.12 aVR	4.95 V3
1	3 : 0	4.6	1.7	10	108	130 / 80	-0.85 aVR	2.83 V3
2	3 : 0	7.0	2.5	12	128	140 / 80	-0.64 aVR	3.18 II
3	3 : 0	10.2	3.4	14	150	150 / 80	-0.42 I	4.60 V4
Peak Ex	0 : 57	13.5	4.2	16	167	160 / 80	-1.06 V5	5.66 V4
Recovery(1)	1 : 0	1.8	1	0	128	140 / 80	-1.27 aVR	5.66 II
Recovery(2)	1 : 0	1.0	0	0	109	130 / 80	-0.85 aVR	5.66 V3
Recovery(3)	0 : 10	1.0	0	0	105	120 / 80	-0.64 aVR	3.54 II

Interpretation

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

Disclaimer: Negative stress test does not rule out Coronary Artery Disease.
Positive stress test is suggestive but not confirmatory of Coronary Artery Disease.
Hence clinical correlation is mandatory.

Dr. Ravi Chavan
MD: D Card
Consultant Cardiologist
Reg. No : 2004/06/246

Ref. Doctor: ARCOFEMI HEALTHCARE

(Summary Report edited by user)

Doctor: DR. RAVI CHAVAN

(c) Schiller Healthcare India Pvt. Ltd. V 4.7



SUBURBAN DIAGNOSTICS

Test Report

KUSHWAH ABHISHEK (28 M)

ID: 2233511878

Date: 01-Dec-22

Exec Time : 0 m 0 s

Stage Time : 0 m 8 s

HR: 81 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0%

(THR: 163 bpm)

B.P: 120 / 80

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

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

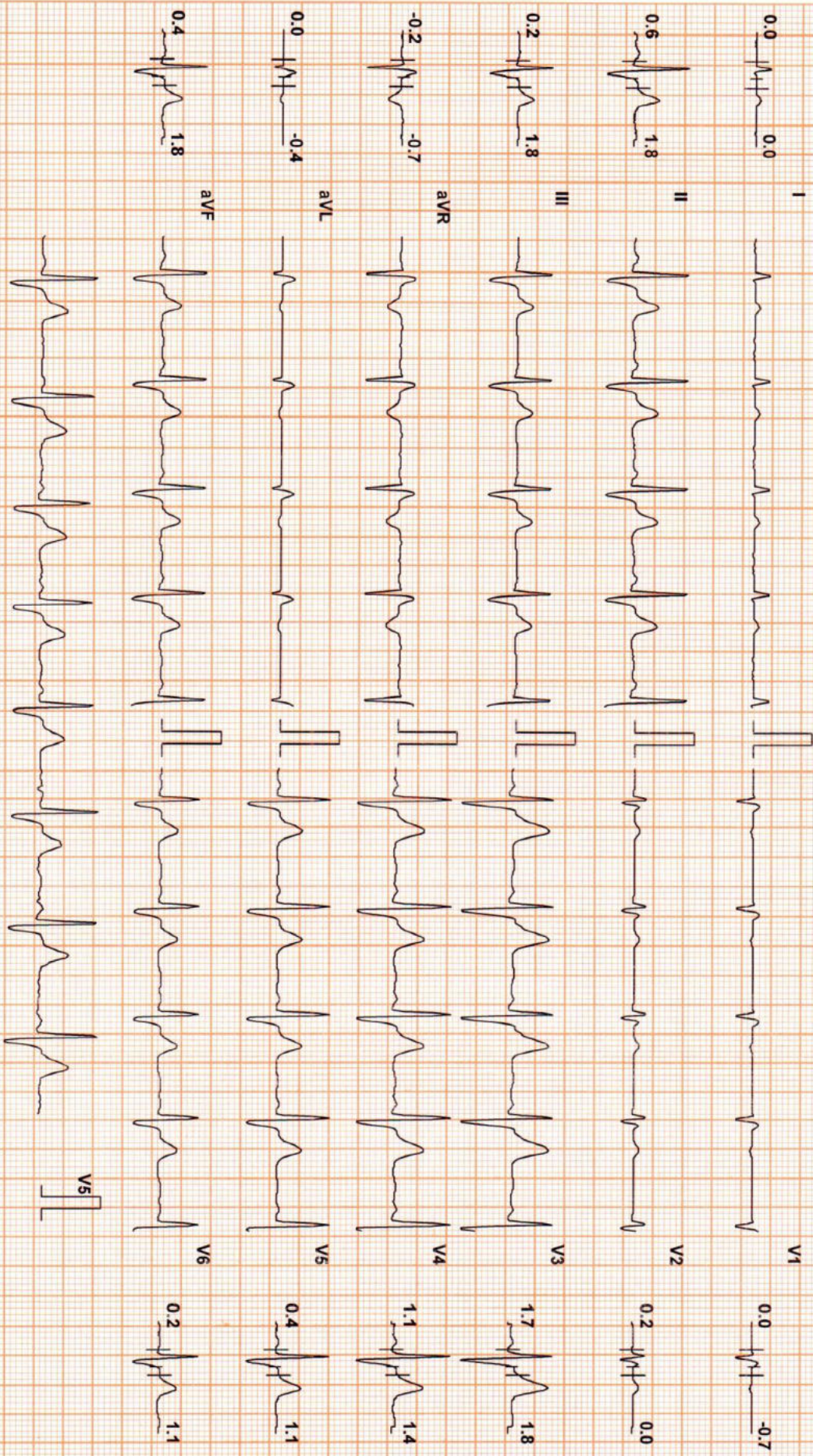


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUBURBAN DIAGNOSTICS

Test Report

KUSHWAH ABHISHEK (28 M)

ID: 2233511878

Date: 01-Dec-22

Exec Time : 0 m 0 s

Stage Time : 0 m 1 s

HR: 84 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 163 bpm)

B.P: 120 / 80

ST Level (mm)

ST Slope (mV/s)

0.0 0.0

0.0 -0.4

0.6 1.8

0.2 0.0

0.2 1.4

1.7 1.4

-0.2 -0.7

1.1 1.4

0.0 -0.4

0.8 1.1

0.4 1.4

0.2 0.7

I

V1

II

V2

III

V3

aVR

V4

aVL

V5

aVF

V6

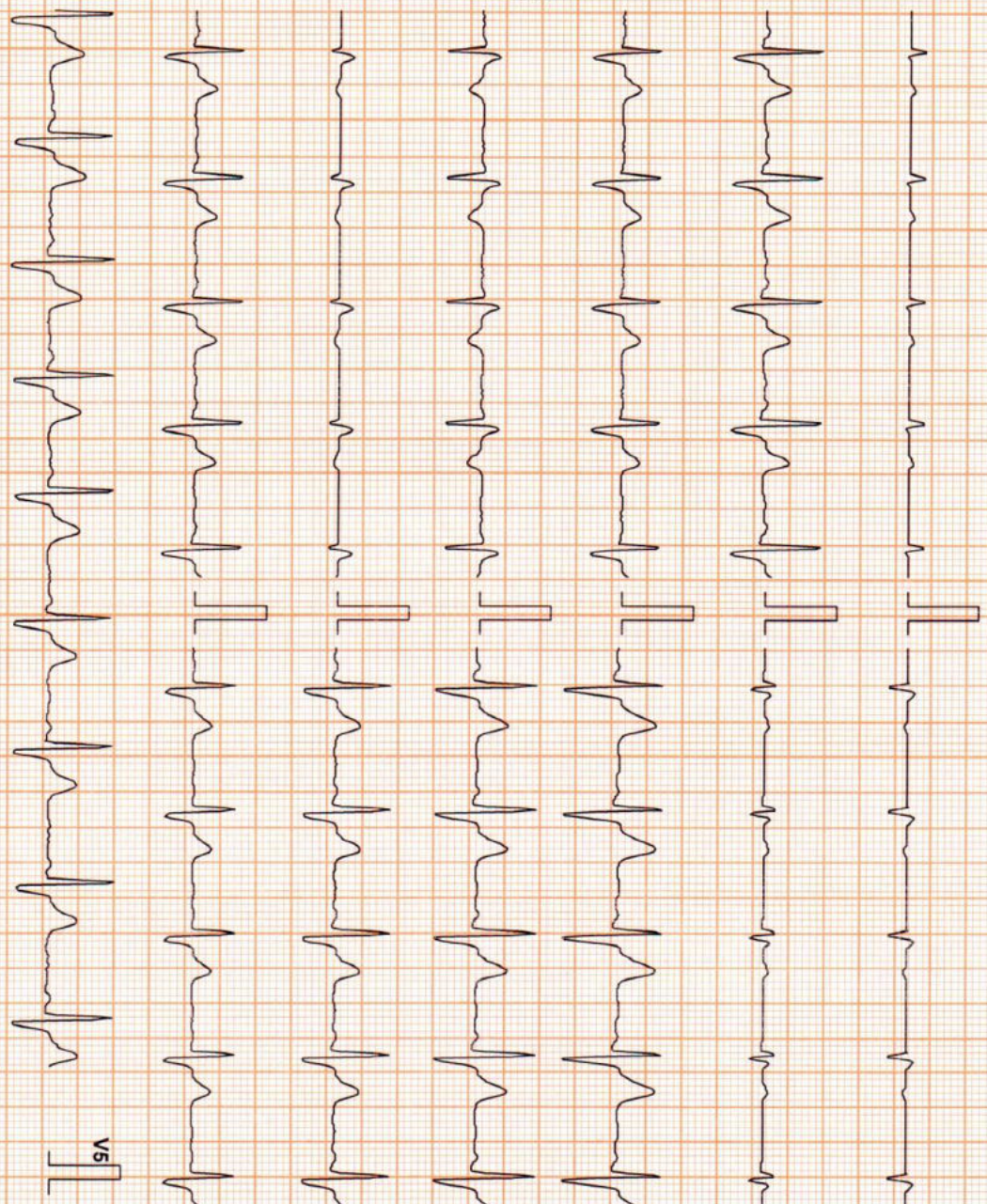


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

Linked Median



SUBURBAN DIAGNOSTICS

Test Report

KUSHWAH ABHISHEK (28 M)

ID: 2233511878

Date: 01-Dec-22

Exec Time : 0 m 0 s

Stage Time : 0 m 48 s **HR: 90 bpm**

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 % (THR: 163 bpm)

B.P: 120 / 80

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

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

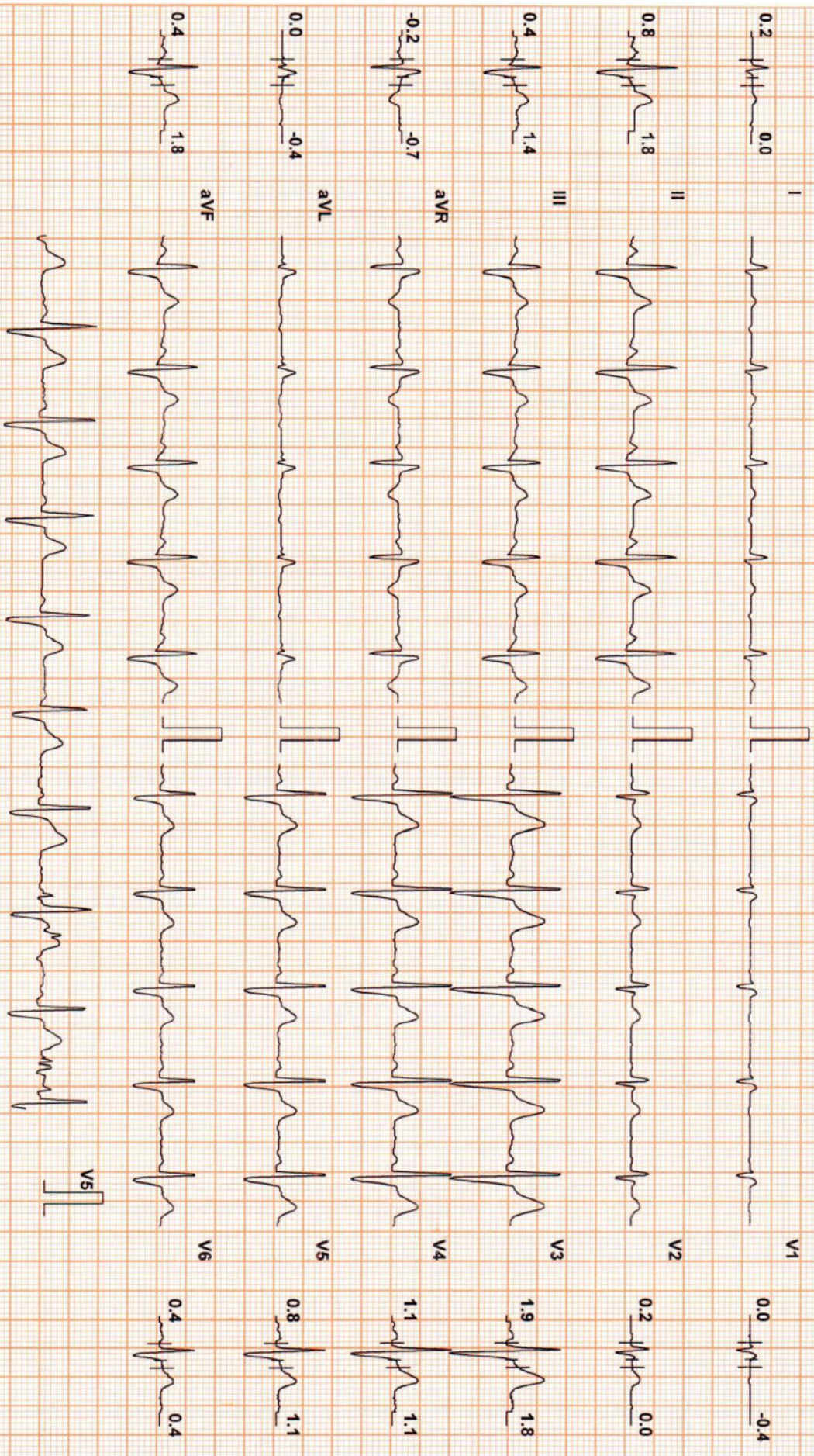


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



KUSHWAH ABHISHEK (28 M)

ID: ZZ335T1878

Date: 01-Dec-22

Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 107 bpm

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 163 bpm)

B.P.: 130 / 80

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

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

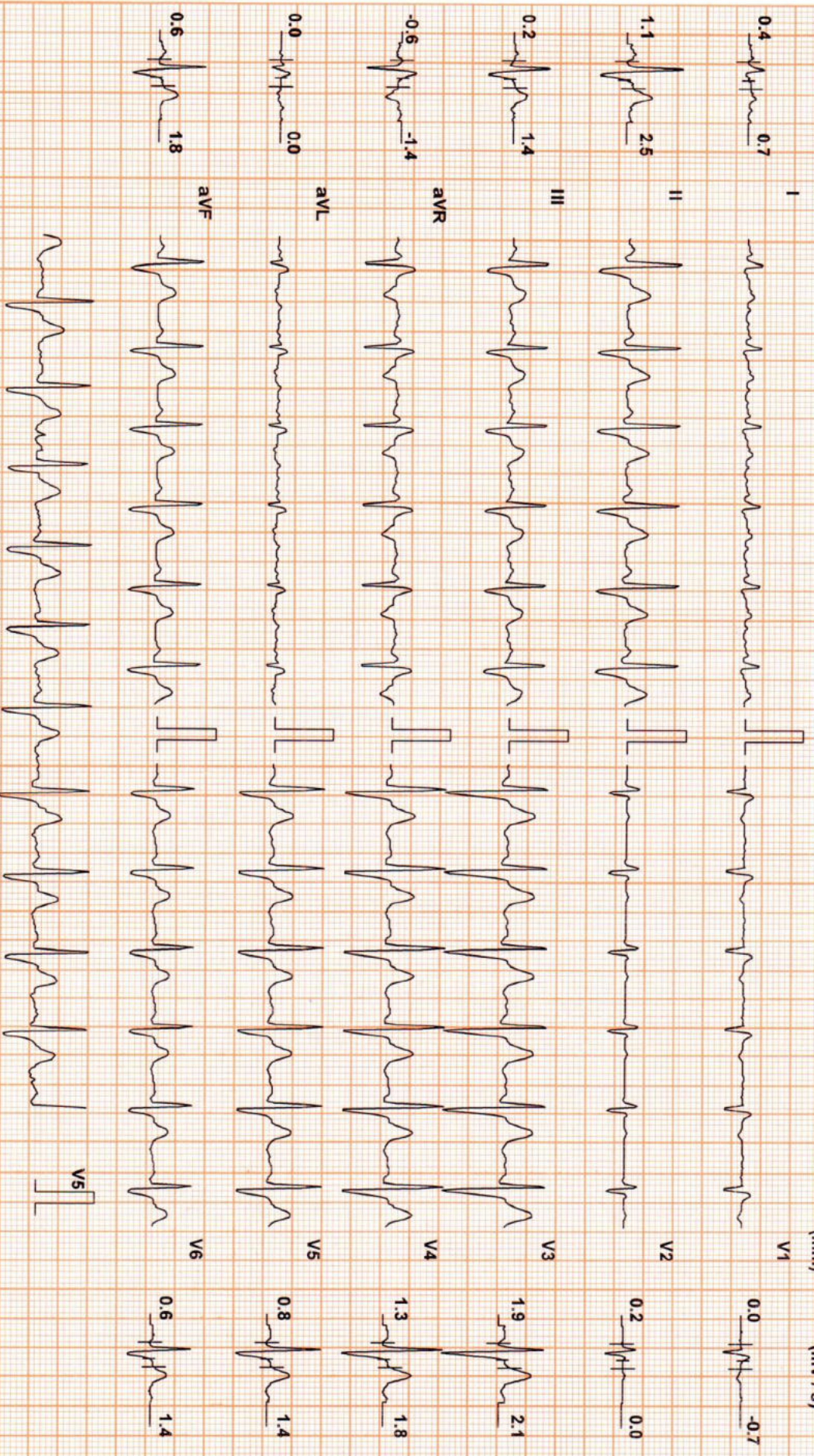


Chart Speed: 25 mm/sec
Schiller Spandax V 47

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUBURBAN DIAGNOSTICS

Test Report

KUSHWAH ABHISHEK (28 M)

ID: 2233511878

Date: 01-Dec-22

Exec Time : 5 m 54 s

Stage Time : 2 m 54 s

HR: 129 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 163 bpm)

B.P: 140 / 80

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

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

I

V1

0.2 0.4

-0.2 -1.1

II

V2

0.4 2.5

0.0 0.0

III

V3

0.2 1.8

1.1 2.8

aVR

V4

-0.4 -1.4

0.6 2.5

aVL

V5

0.0 -0.4

0.6 1.8

aVF

V6

0.4 2.5

0.4 1.8

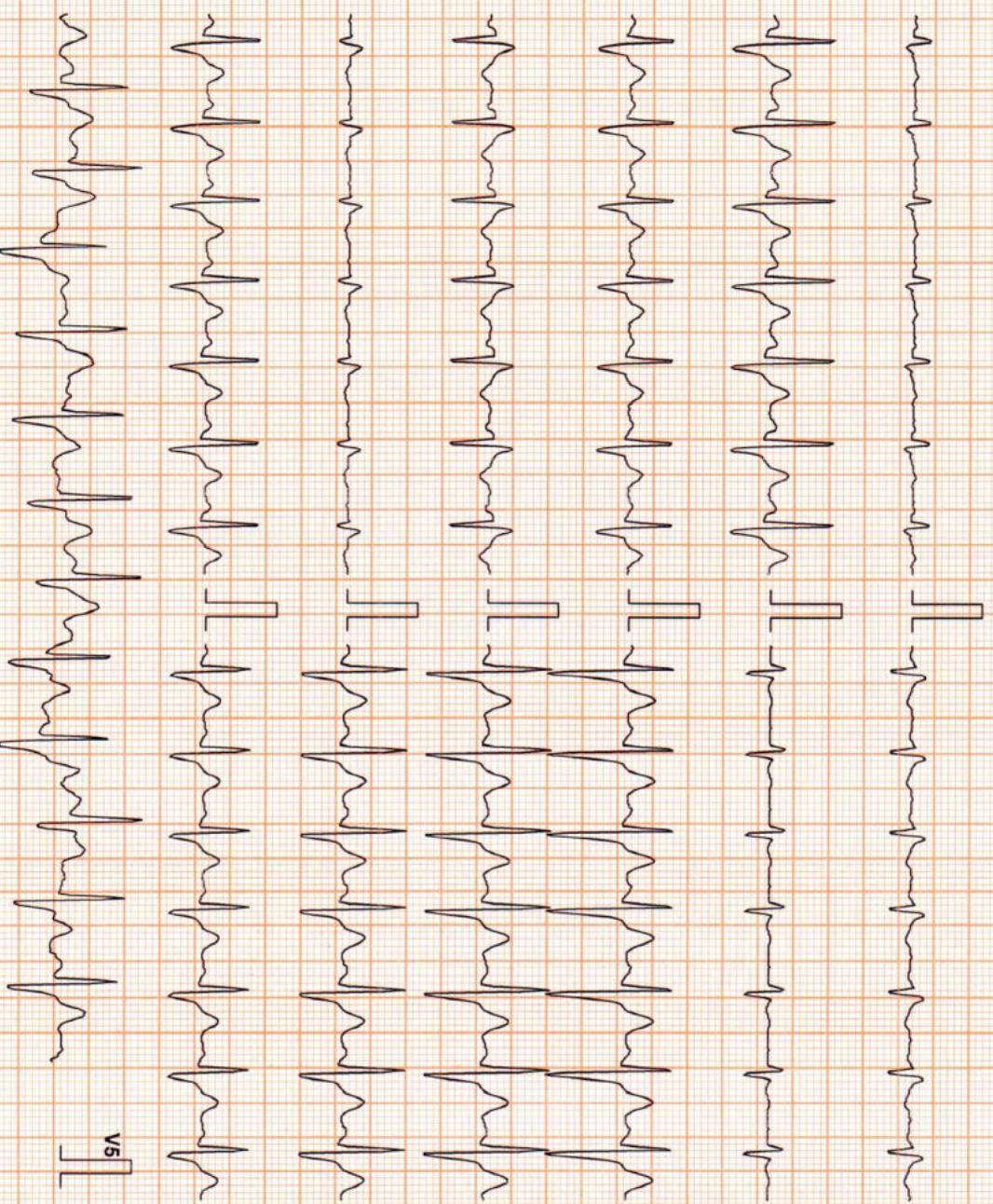


Chart Speed: 25 mm/sec
Schiller Spardan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUBURBAN DIAGNOSTICS

Test Report

KUSHWAH ABHISHEK (28 M)

ID: Z233511878

Date: 01-Dec-22 Exec Time : 8 m 54 s Stage Time : 2 m 54 s HR: 150 bpm

Protocol: Bruce

Stage: 3

Speed: 3.4 mph

Grade: 14 %

(THR: 163 bpm)

B.P.: 150 / 80

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

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

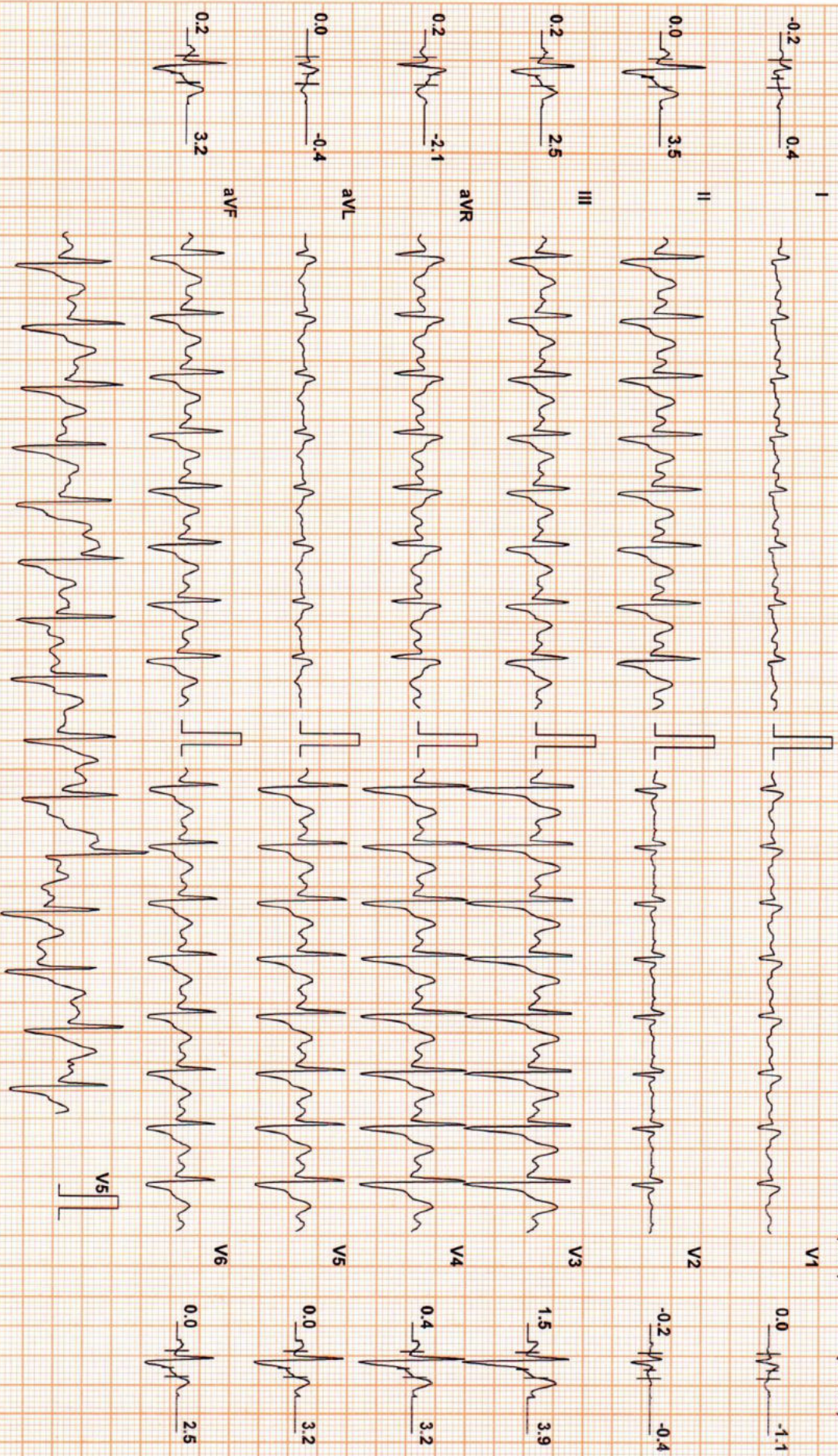


Chart Speed: 25 mm/sec
Schiller Standard V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUBURBAN DIAGNOSTICS

KUSHWAH ABHISHEK (28-M)

ID: 2233511878

Date: 01-Dec-22

Exec Time : 9 m 35 s Stage Time : 0 m 35 s **HR: 164 bpm**

Protocol: Bruce

Stage: Peak Ex

Speed: 4.2 mph

Grade: 16 %

(THR: 163 bpm)

B.P: 160 / 80

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

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

-0.4 0.7

I

V1

-0.4 0.7

II

V2

-0.6 2.8

III

V3

0.0 2.5

avR

V4

0.4 -1.8

avL

V5

0.0 -0.7

avF

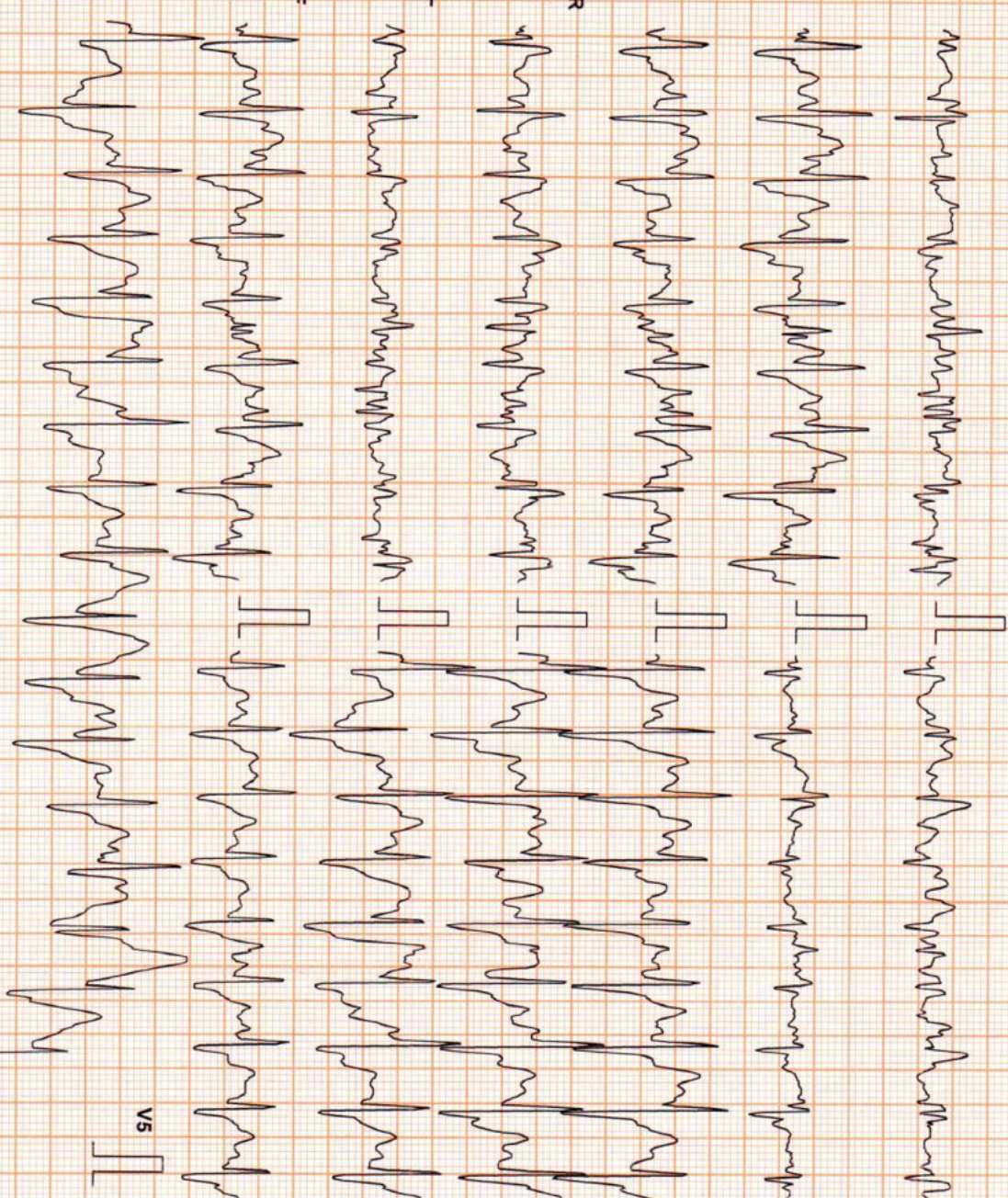
V6

-0.2 2.8

V5

0.0 2.1

V6



Dr. Patel

Chart Speed: 25 mm/sec
Schiller-Spenden V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



SUBURBAN DIAGNOSTICS

Test Report

KUSHWAH ABHISHEK (28 M)

ID: 2233511878

Date: 01-Dec-22

Exec Time : 9 m 57 s Stage Time : 0 m 54 s HR: 139 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0%

(THR: 163 bpm)

B.P: 140 / 80

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

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

I

V1

0.2 0.7

-0.2 -1.1

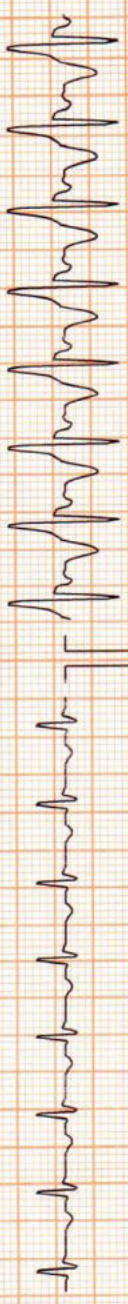


II

V2

1.9 5.3

0.2 0.0



III

V3

1.1 3.5

3.6 5.7

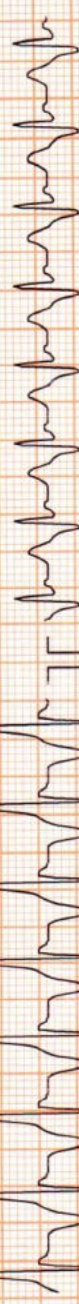


avR

V4

-1.1 -2.8

2.8 5.3



avL

V5

-0.2 -0.7

2.3 5.0



avF

V6

1.5 4.2

1.7 3.9



V5



Chart Speed: 25 mm/sec
Schiller Spandax V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

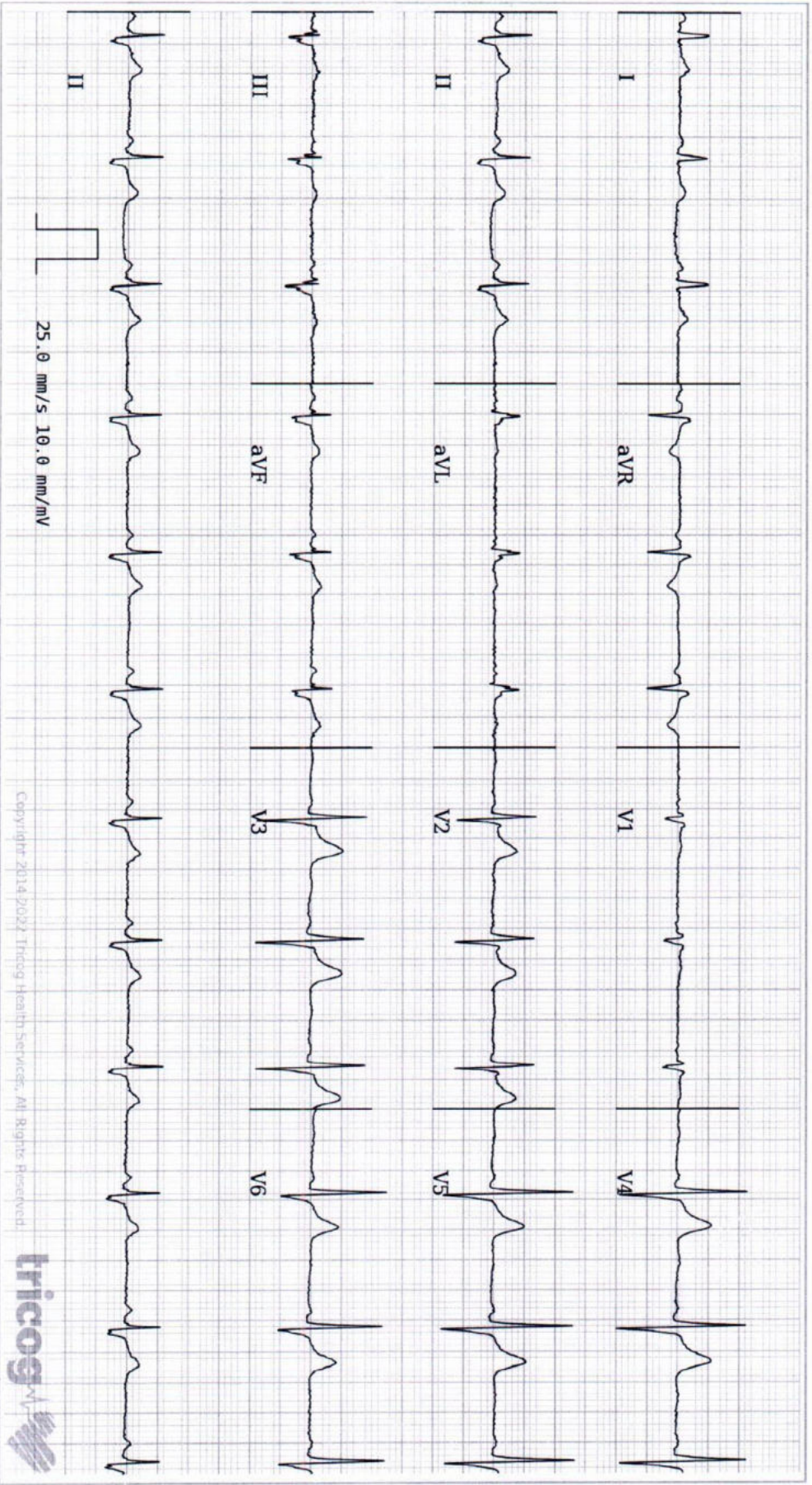
J = R + 60 ms

Post J = J + 60 ms

Linked Median

Patient Name: KUSHWAH ABHISHEK
Patient ID: 2233511878

Date and Time: 1st Dec 22 8:44 AM



Copyright 2014-2022 Tricog Health Services. All Rights Reserved.



Age **28** years **8** months **20** days

Gender **Male**

Heart Rate **70bpm**

Patient Vitals

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

Measurements

QRSD: 102ms
QT: 356ms
QTc: 384ms
PR: 126ms
P-R-T: 49° -3° 48°

Sinus Rhythm, Normal Axis, Incomplete Right Bundle Branch Block. Please correlate clinically.

REPORTED BY

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

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical 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.