



CID : 2431420341
Name : MR.ASHOK SINGH
Age / Gender : 37 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 09-Nov-2024 / 09:22
Reported : 09-Nov-2024 / 13:06

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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	15.4	13.0-17.0 g/dL	Spectrophotometric
RBC	5.13	4.5-5.5 mil/cmm	Elect. Impedance
PCV	47.2	40-50 %	Calculated
MCV	92.0	80-100 fl	Measured
MCH	30.0	27-32 pg	Calculated
MCHC	32.6	31.5-34.5 g/dL	Calculated
RDW	15.3	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5570	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	36.0	20-40 %	
Absolute Lymphocytes	2005.2	1000-3000 /cmm	Calculated
Monocytes	9.2	2-10 %	
Absolute Monocytes	512.4	200-1000 /cmm	Calculated
Neutrophils	45.4	40-80 %	
Absolute Neutrophils	2528.8	2000-7000 /cmm	Calculated
Eosinophils	9.2	1-6 %	
Absolute Eosinophils	512.4	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	11.1	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	184000	150000-400000 /cmm	Elect. Impedance
MPV	8.7	6-11 fl	Measured
PDW	13.9	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 Eosinophilia

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 3 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 CPL, Andheri West

*** End Of Report ***



M Jain

Dr.MILLU JAIN
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	78.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	57.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.89	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.20	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.69	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.1	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	25.8	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	26.4	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	16.3	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	78.0	40-130 U/L	Colorimetric
BLOOD UREA, Serum	23.6	12.8-42.8 mg/dl	Kinetic
BUN, Serum	11.0	6-20 mg/dl	Calculated
CREATININE, Serum	0.87	0.67-1.17 mg/dl	Enzymatic



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eGFR, Serum	114	(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

URIC ACID, Serum	5.8	3.5-7.2 mg/dl	Enzymatic
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M.D.(PATH)
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	99.7	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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*** 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	Yellow	Pale Yellow	Light scattering
Transparency	Clear	Clear	Light scattering
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.016	1.002-1.035	Refractive index
Reaction (pH)	5.5	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	Negative	Negative	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
(WBC)Pus cells / hpf	1.4	0-5/hpf	
Red Blood Cells / hpf	0.0	0-2/hpf	
Epithelial Cells / hpf	0.0	0-5/hpf	
Hyaline Casts	0.0	0-1/ hpf	
Pathological cast	0.0	0-0.3/hpf	
Calcium oxalate monohydrate crystals	0.0	0-1.4/hpf	
Calcium oxalate dihydrate crystals	0.0	0-1.4/hpf	
Triple phosphate crystals	0.0	0-1.4/hpf	
Uric acid crystals	0.0	0-1.4/hpf	
Amorphous debris	Absent	Absent	
Bacteria / hpf	14.6	0-29.5/hpf	
Yeast	Absent	Absent	



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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.

Others -

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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 column agglutination technology (CAT) which is more sensitive than conventional methods.

Note: This sample has been tested for Bombay group/Bombay phenotype/ OH using anti-H lectin.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

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

Limitations:

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

References:

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

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



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M.D.(PATH)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	137.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	57.3	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	45.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	92.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	82.0	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	10.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.8	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
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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	5.4	3.5-6.5 pmol/L	CLIA
Free T4, Serum	17.6	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	1.215	0.55-4.78 microU/ml	CLIA



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

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

Dr.ANUPA DIXIT
M.D.(PATH)
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
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 ***



J. Thakker

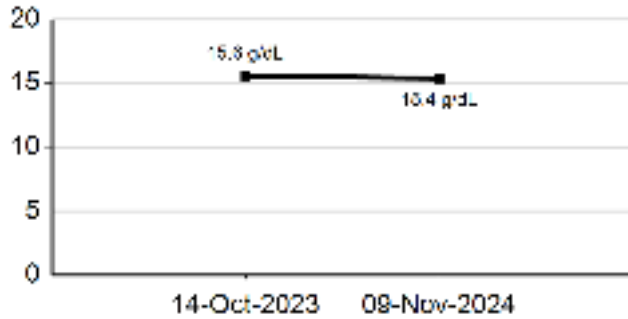
Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP(Medical Services)



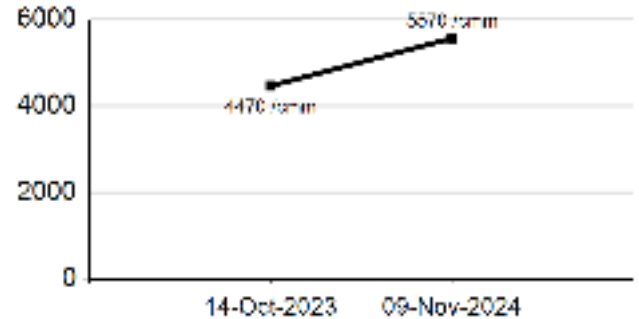
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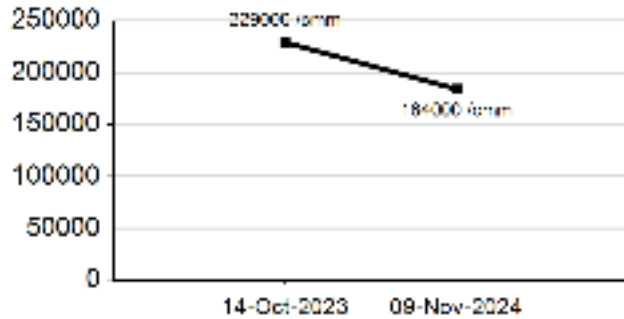
Haemoglobin



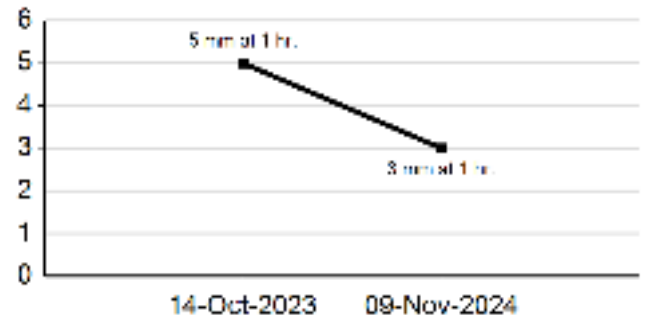
WBC Total Count



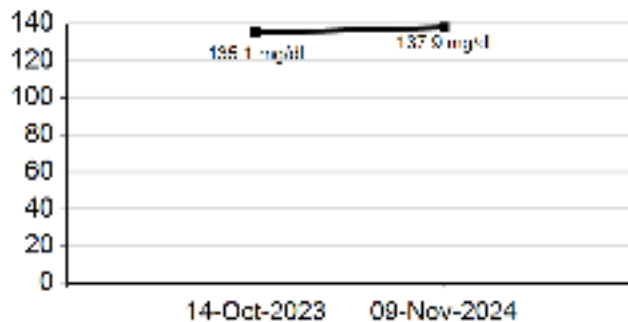
Platelet Count



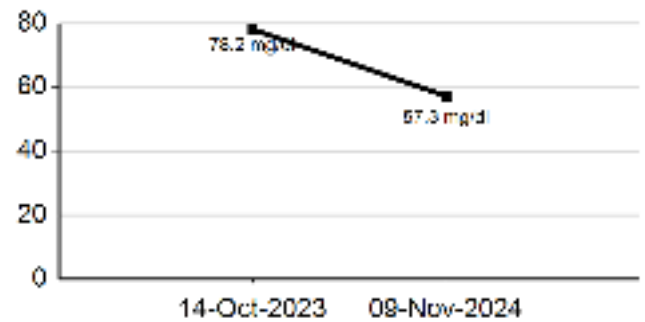
ESR



CHOLESTEROL



TRIGLYCERIDES

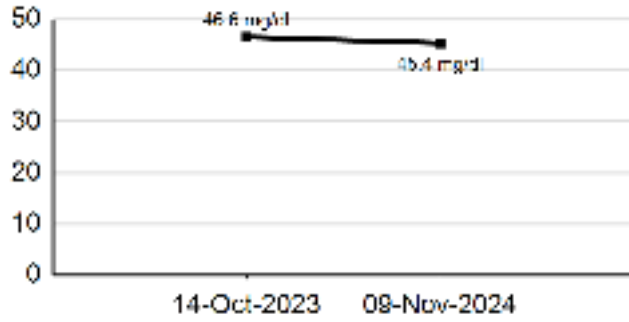




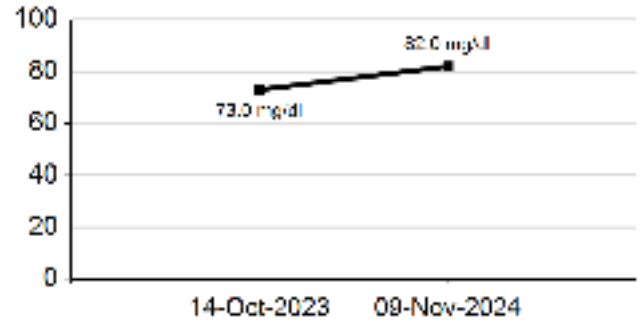
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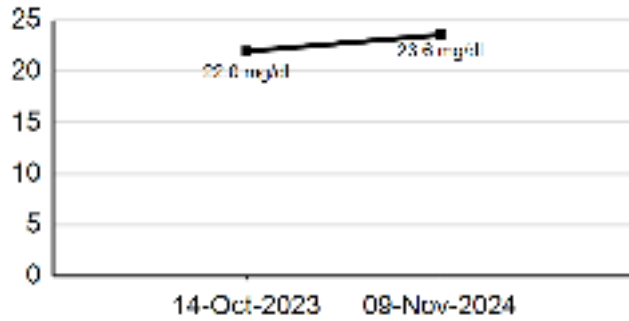
HDL CHOLESTEROL



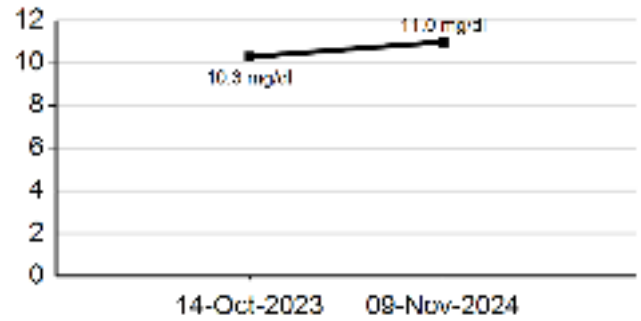
LDL CHOLESTEROL



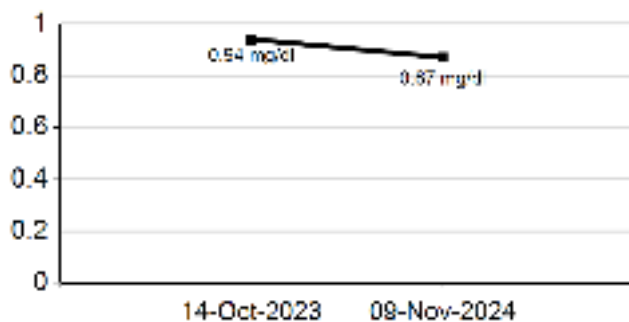
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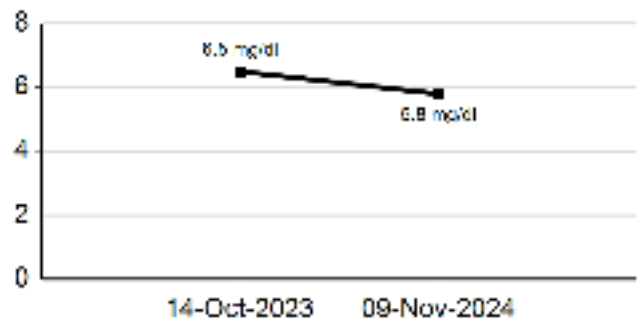
BUN



CREATININE



URIC ACID

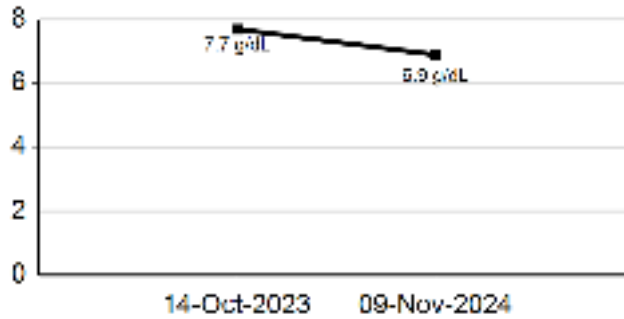




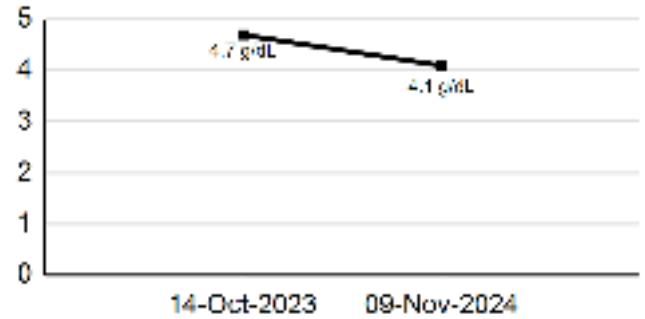
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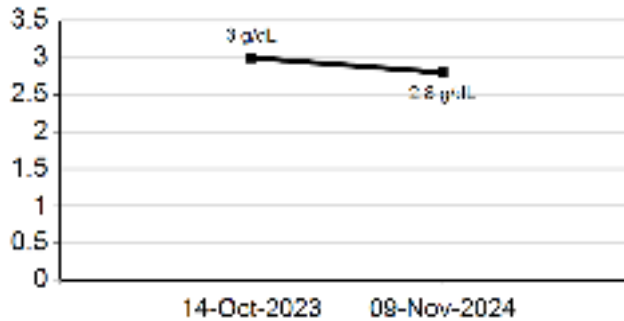
TOTAL PROTEINS



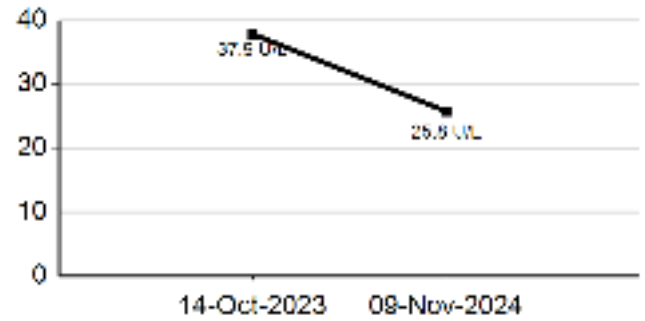
ALBUMIN



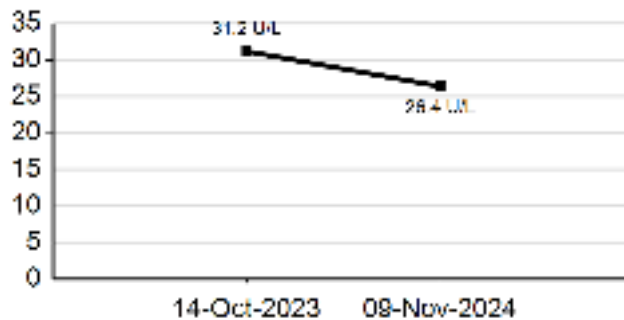
GLOBULIN



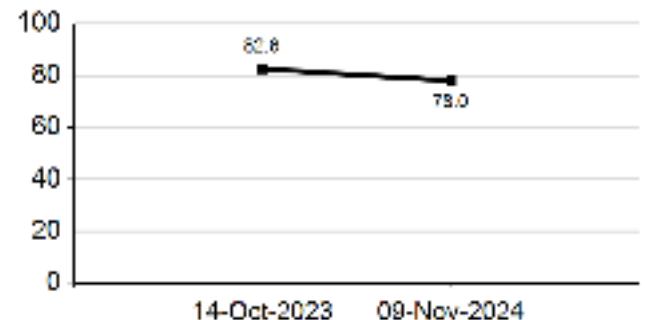
SGOT (AST)



SGPT (ALT)



ALKALINE PHOSPHATASE

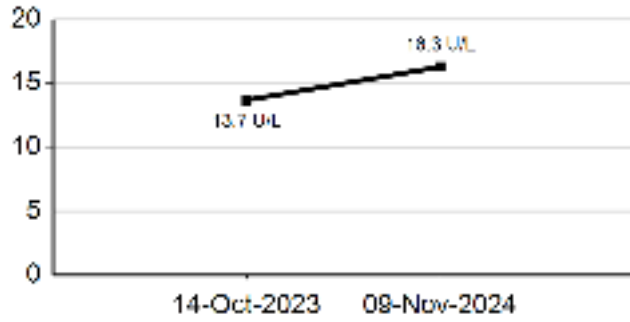




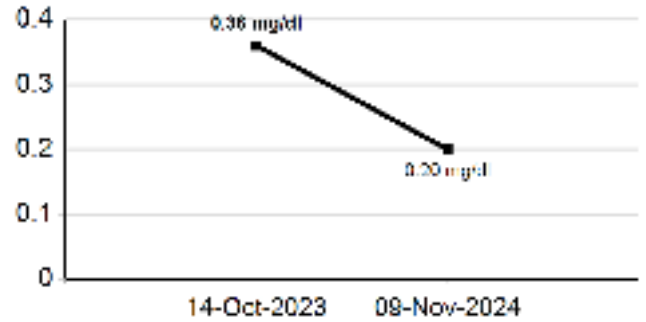
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 Consulting Dr. : -
 Reg. Location : Malad West (Main Centre)

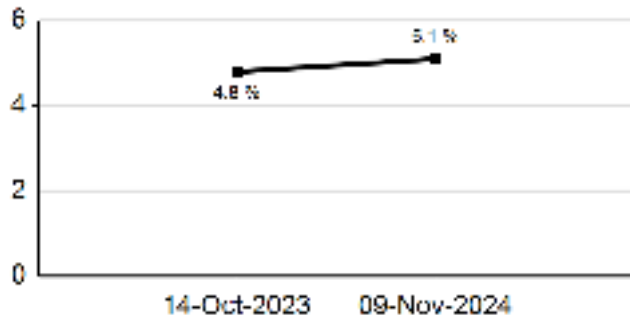
GAMMA GT



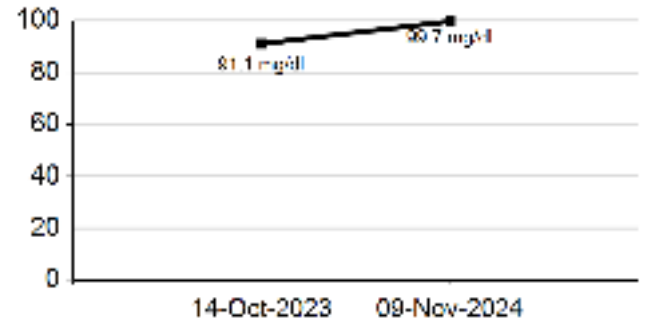
BILIRUBIN (DIRECT)



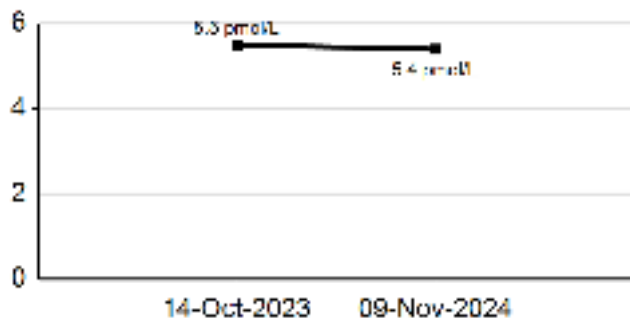
Glycosylated Hemoglobin (HbA1c)



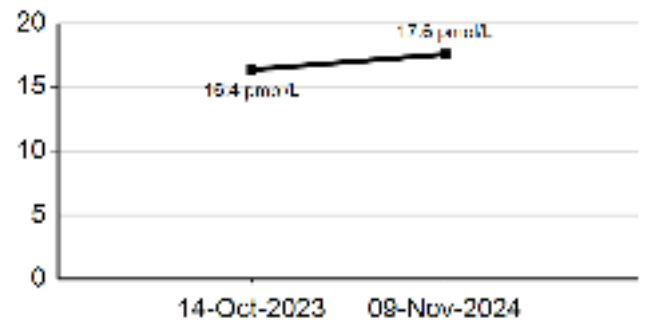
Estimated Average Glucose (eAG)



Free T3



Free T4

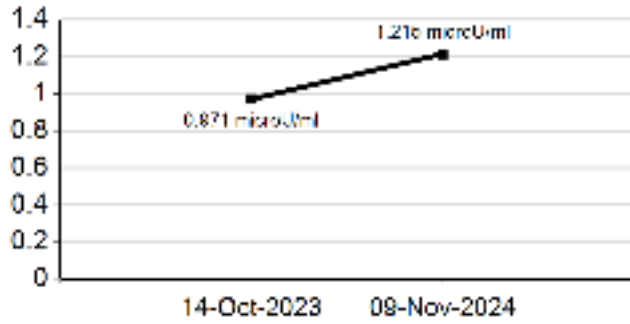




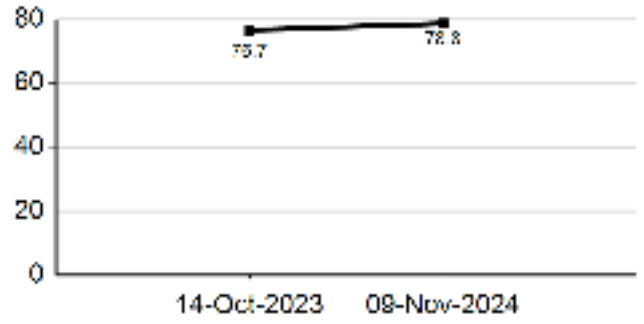
Use a QR Code Scanner
 Application To Scan the Code

CID : 2431420341
 Name : MR.ASHOK SINGH
 Age / Gender : 37 Years / Male
 Consulting Dr. : -
 Reg. Location : Malad West (Main Centre)

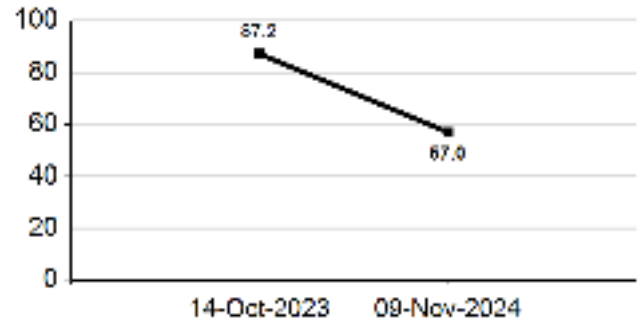
sensitiveTSH



GLUCOSE (SUGAR) FASTING



GLUCOSE (SUGAR) PP



CENTRAL MOTOR VEHICLES

DL No: RAJDLG1206025

Date: 25/10/2012



RULE 1988
FORM 20 (New Rule 1987)

DRIVING LICENCE

Name: ASHOK SINGH
Sex of: MALE

Address: 100 MANDUPURA TETI DUDHANA BAGHUR
OLD BANK OF BARODA GANSHI CHOWK



is issued ~~valid~~ throughout India a vehicle of the
category (class) (B)
MOTORS Cycle, L.V.

The holder is drive other than transport vehicle is valid
From: 25/10/2012 To: 24/10/2012

Ashok

100001

[Signature]
Deputy Director, SUPWR

Ashok



Name : MR.ASHOK SINGH

Age / Gender : 37 Years/Male

Consulting Dr. :

Reg.Location : Malad West (Main Centre)

Collected : 09-Nov-2024 / 09:00

Reported : 09-Nov-2024 / 13:56

PHYSICAL EXAMINATION REPORT

History and Complaints:

Nil

EXAMINATION FINDINGS:

Height (cms): 181

Temp (0c): Afebrile

Blood Pressure (mm/hg): 120/70

Pulse: 74/min

Weight (kg): 73

Skin: Normal

Nails: Normal

Lymph Node: Not Palpable

Systems

Cardiovascular: Normal

Respiratory: Normal

Genitourinary: Normal

GI System: Normal

CNS: Normal

IMPRESSION:

—

ADVICE:

Regular exercise



Name : MR.ASHOK SINGH

Age / Gender : 37 Years/Male

Consulting Dr. :

Reg.Location : Malad West (Main Centre)

Collected : 09-Nov-2024 / 09:00

Reported : 09-Nov-2024 / 13:56

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:

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

*** End Of Report ***

Dr.Sonali Honrao
MD physician

Date:- 09/11/2024
 Name:- Ashok Singh

CID: 2431420341
 Sex / Age: 37 / Male

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision: DV - RF - N/6
 LE - N/6

NV - RF / N/6
 LE / N/6.

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

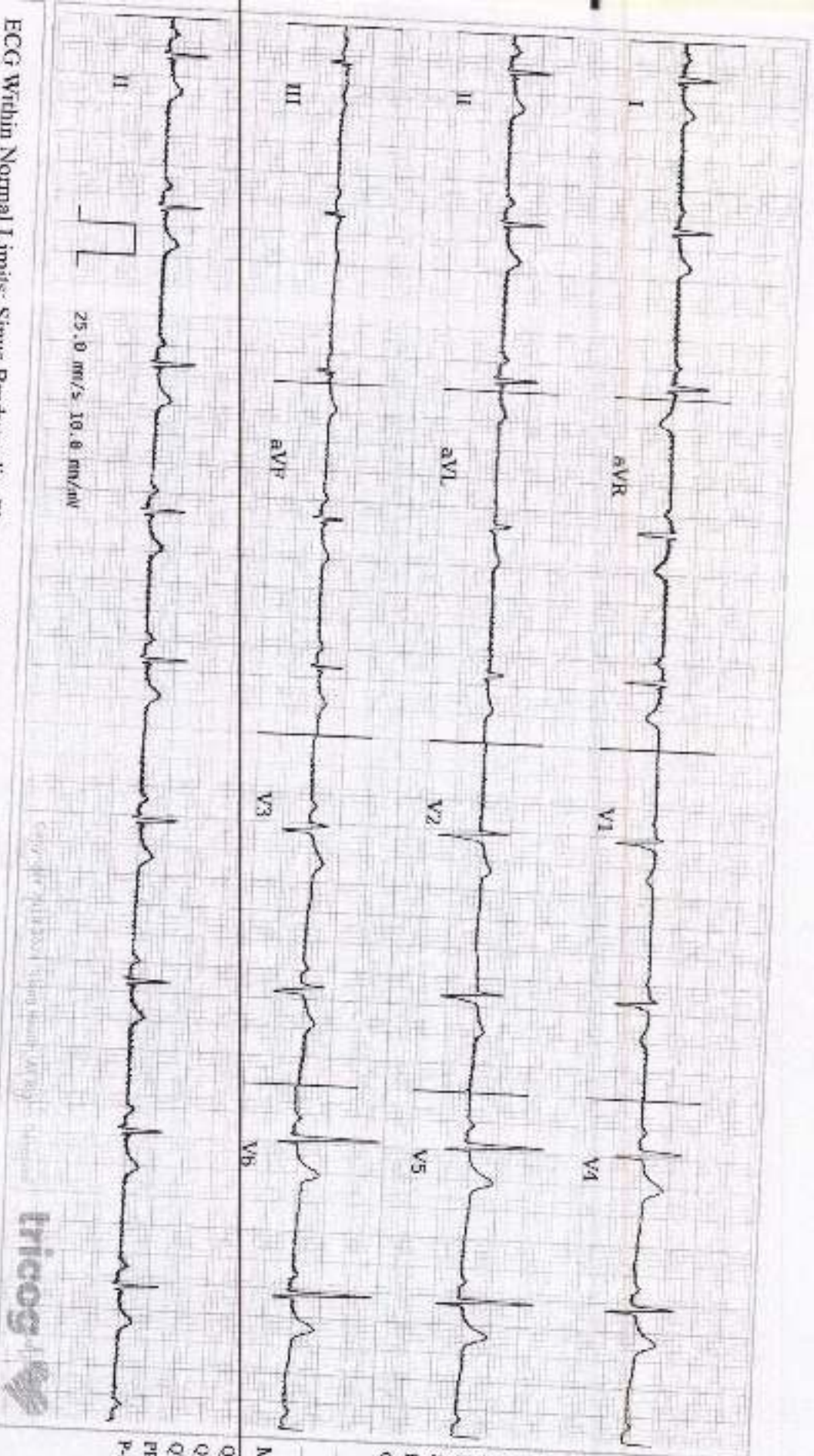
Remark:

SUBURBAN DIAGNOSTICS PRIVATE LTD.
 102-104, Bloom's Centre,
 Opp. Ganga Sagar Chowk,
 Link Road, Malad (W), Mumbai - 400 064.

Patient Name: **ASHOK SINGH**
Patient ID: **2431420341**

SUBURBAN DIAGNOSTICS - MALAD WEST

Date and Time: **9th Nov 24 10:09 AM**



25.0 mm/s 10.0 mm/mV

ECG Within Normal Limits: Sinus Bradycardia. Please correlate clinically.

Age **37** NA
years month
Gender **Male**
Heart Rate **58bpm**
Patient Vitals
BP: **120/70** mmHg
Weight: **73** kg
Height: **181** cm
Pulse: **NA**
SpO2: **NA**
Resp: **NA**
O2Sat: **NA**

Measurements
QRSd: **78ms**
QT: **372ms**
QTcB: **365ms**
PR: **143ms**
P-R-T: **42° 28° 41°**



REPORTED BY

[Signature]

DR. SURESH K. JAYARAMAN
MD, General Medicine
Physician
2001/20/3562

Disclaimer: Analysis in the ECG report is based on 12-lead ECG and should be used for reference only. Clinical history, symptoms, and results of other studies and investigations must not be interpreted in a qualified manner. The above information is provided by the physician and not by the computer software.

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2431420341
Name : Mr ASHOK SINGH
Age / Sex : 37 Years/Male
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 09-Nov-2024
Reported : 09-Nov-2024 / 17:15

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. X-ray is known to have inter-observer variations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests further / follow-up imaging may be needed in some case for confirmation of findings. Please interpret accordingly.

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

Dr. Sunil Bhutka
DMRD DNB
MMC REG NO:2011051101

Click here to view images <http://3.111.232.119/IRISViewer/NeoradViewer?AccessionNo=2024110909015603>

Authenticity Check



Use a QR Code Scanner
Application to Scan this Code

CID : 2431420341
Name : Mr ASHOK SINGH
Age / Sex : 37 Years/Male
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 09-Nov-2024
Reported : 09-Nov-2024 / 11:17

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, 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 and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended. Tiny polyp measuring 3.9 mm is seen. Wal appears normal. No evidence of gall stones seen

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 10.1 x 3.8 cm. Left kidney measures 10.5 x 4.5 cm.

SPLEEN:

The spleen is normal in size 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 and volume is 13.4 cc.

Click here to view images <http://3.111.232.109/RISViewer/NeuroViewer?AccessionNo=202410909015586>

Authenticity Check



Use a QR Code Scanner
Application to Scan the Code

CID : 2431420341
Name : Mr ASHOK SINGH
Age / Sex : 37 Years/Male
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 09-Nov-2024
Reported : 09-Nov-2024 / 11:17

IMPRESSION:
Fatty liver.
Tiny gall bladder polyp.

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

Dr. Sunil Bhutka
DMRD DNB
MMC REG NO.2011051101

Click here to view images <http://3.111.232.119/IRISViewer/NeoradViewer/?AccessionNo=2024110909015586>

Station

Malad West

Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: ASHOK, SINGH

DOB: 25.12.1986

Patient ID: 2431420341

Age: 37yrs

Height: 181 cm

Gender: Male

Weight: 73 kg

Race: Asian

Study Date: 09.11.2024

Referring Physician: --

Test Type: --

Attending Physician: DR SONALI HONRAO

Protocol: BRUCE

Technician: --

Medications:

--

Medical History:

--

Reason for Exercise Test:

--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:16	0.00	0.00	81	120/70	
	STANDING	00:14	0.00	0.00	71	120/70	
	HYPERV	00:14	0.00	0.00	75	120/70	
	WARM-UP	00:06	1.00	0.00	75	120/70	
EXERCISE	STAGE 1	03:00	1.70	10.00	114	130/70	
	STAGE 2	03:00	2.50	12.00	139	140/70	
	STAGE 3	03:00	3.40	14.00	162	150/70	
	STAGE 4	00:19	4.20	16.00	166		
RECOVERY		03:09	0.00	0.00	111	150/70	

The patient exercised according to the BRUCE for 9:19 min:s, achieving a work level of Max. METS: 11.00. The resting heart rate of 82 bpm rose to a maximal heart rate of 166 bpm. This value represents 90 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/70 mmHg, rose to a maximum blood pressure of 150/70 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.

Functional Capacity: normal.

HR Response to Exercise: appropriate.

BP Response to Exercise: normal resting BP - appropriate response.

Chest Pain: none.

Arrhythmias: none.

ST Changes: none.

Overall impression: Normal stress test.

Conclusions

Good effort tolerance. No Significant ST- T changes as compared to baseline. No chest pain / arrhythmia noted. Stress test is negative for inducible ischemia.

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

Physician



Technician

DR. BONALI MONRAL
MD PHYSICIAN
REG. NO. 2001/04/1882

DIAGNOSTICS (PVT) PVT. LTD.
101/102, Eros, Sector 102
Gurgaon, Haryana 122001
Durgam Road, Sector 29, Gurgaon - 122008

ASHOK, SINGH

Patient ID: 2431420341

09/11/2024

12:29:20pm

12-lead Report

42 bpm

120/70 mmHg

PROUTEST

SCP/NE

00/14

BRUCE

0.0 mph

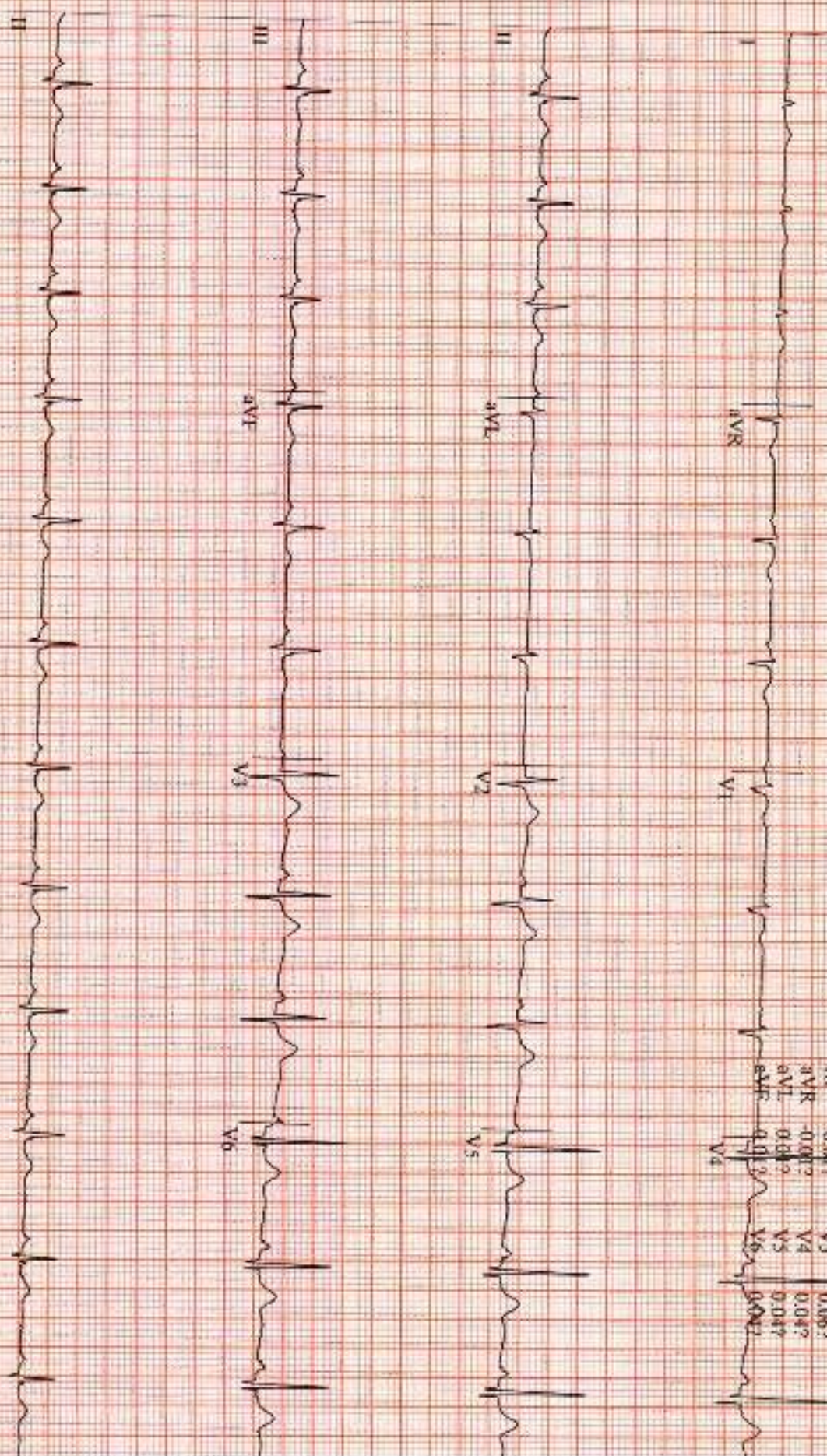
0.0 %

SUBURBAN DIAGNOS

Measured at 60ms Post J

Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.019	V1	-0.022
II	0.009	V2	0.059
III	-0.007	V3	0.069
aVR	-0.002	V4	0.049
aVL	0.049	V5	0.047
aVF	0.119	V6	0.002



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FR+ HR(V4,V5)

Start of Test: 12:29:00pm

ASHOK, SINGH

Patient ID 2431420341

09/11/2024

12:29:33pm

12-Lead Report

74 bpm

120/70 mmHg

PRETEST
STANDING

09:27

BRUCE

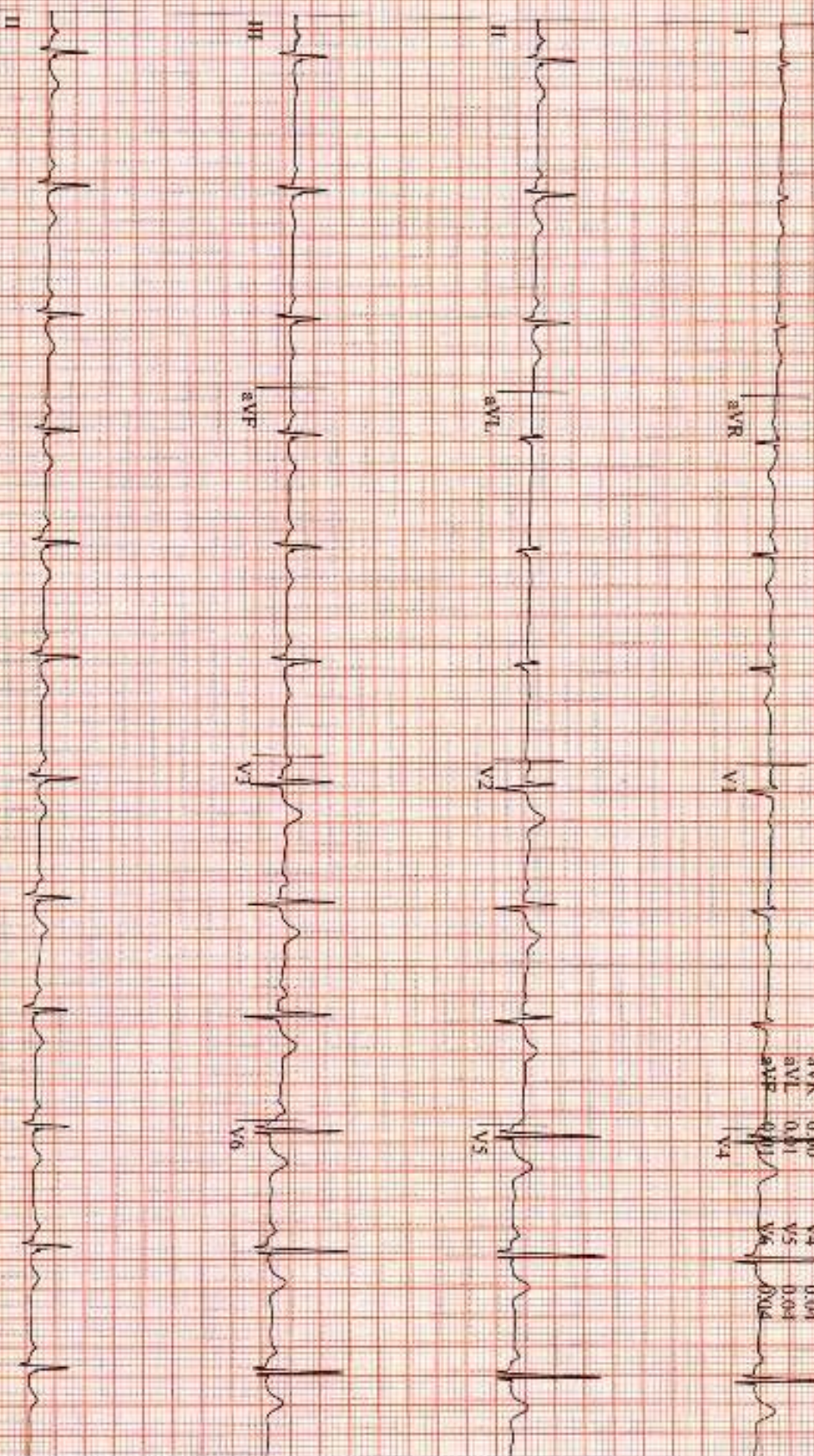
0.0 mph

0.0 %

SUBURBAN DIAGNOST

Measured at 60ms Post J
Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.01	V1	0.03
II	-0.01	V2	0.05
III	-0.01	V3	0.05
aVR	0.00	V4	0.04
aVL	0.01	V5	0.04
aVF	0.01	V6	0.04



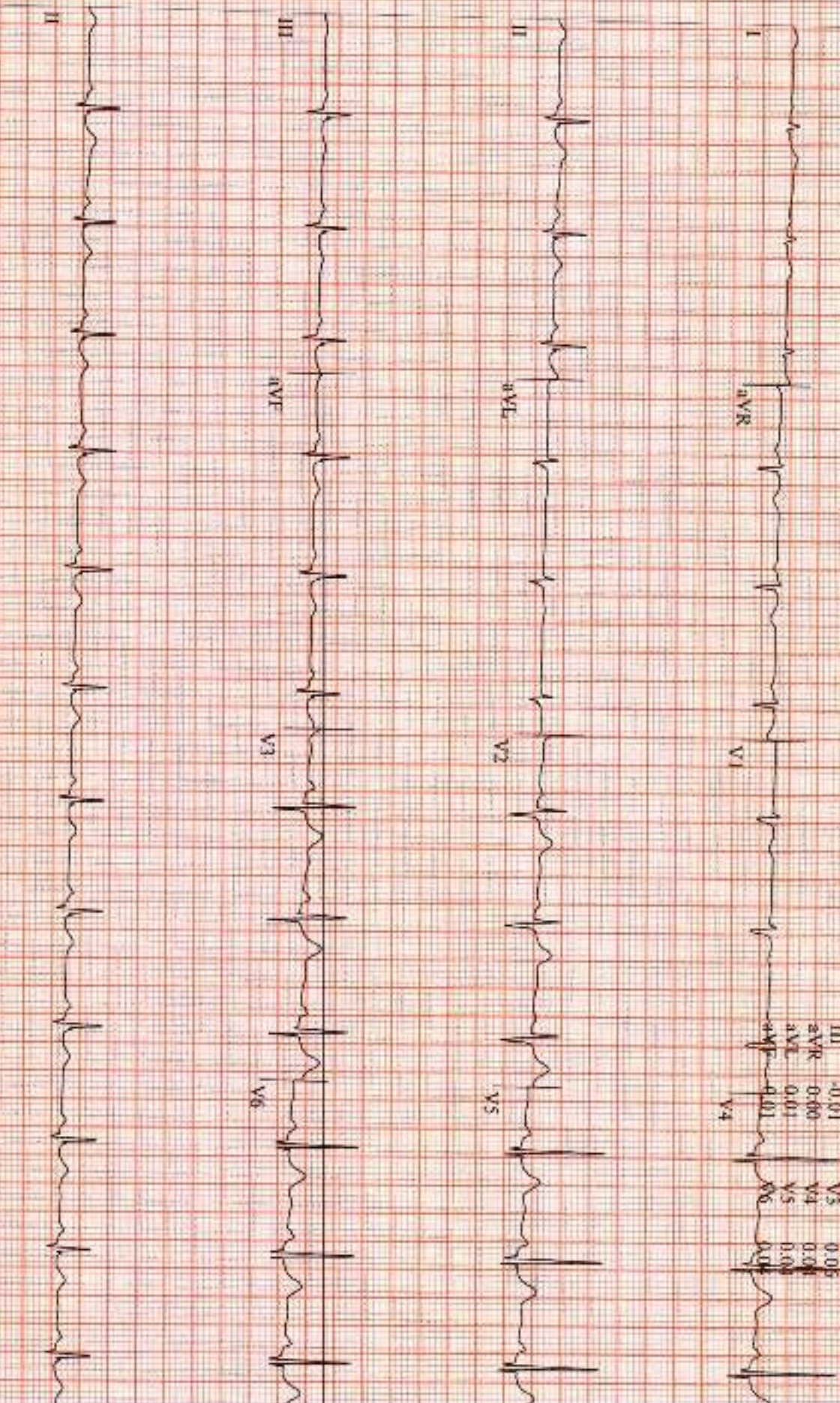
GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz PRP+ HR(V4,V5)

Start of Test: 12:29:00pm

Measured at 60ms Post J

Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.01	V1	0.03
II	-0.01	V2	0.05
III	-0.01	V3	0.05
aVR	-0.00	V4	0.04
aVL	0.01	V5	0.04
		V6	0.04



ASHOK SINGH

Patient ID: 2431420541

09/11/2024

12:38:38pm

Unknt Medians

EXERCISE

STAGE 3

08:50

BRICE

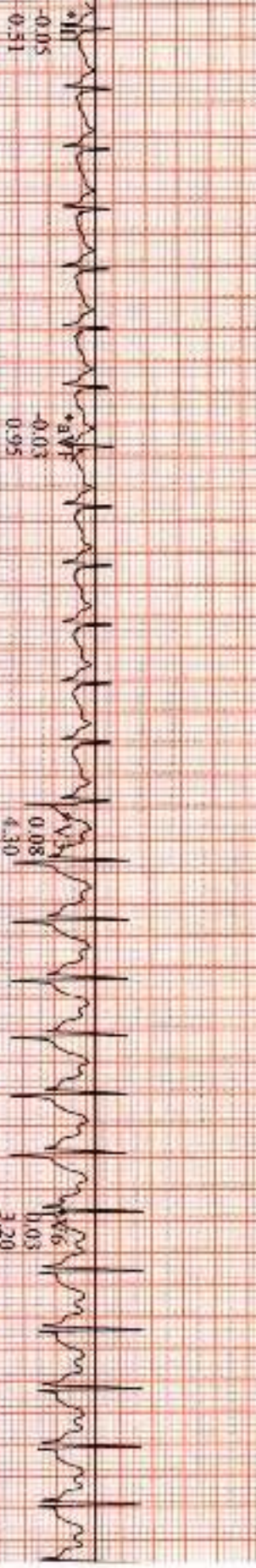
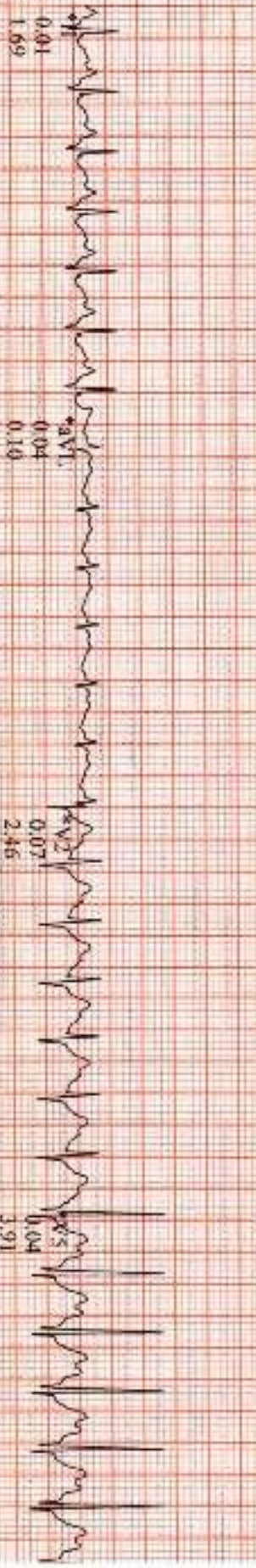
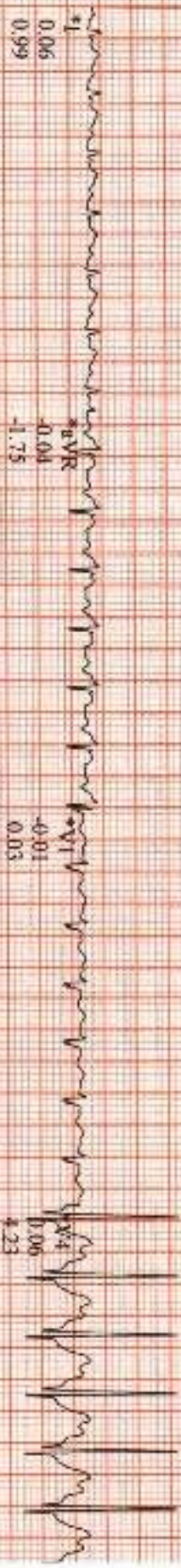
3.4 mph

14.0 %

SUBURBAN DIAGNOST

162 bpm
150/70 mmHg

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



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01 Hz FKI + HR(V4,V5)

Start of Test: 12:29:00pm

*Computer Synthesized Rhythms



ASHOK, SINGH

Patient ID: 2431420141

09/11/2024

12:39:12pm

166 bpm

12-Lead Report (PEAK EXERCISE)

EXERCISE

STAGE 4

09-19

BRUCE

4.2 mph

16.0 %

SUBURBAN DIAGNOSI

Measured at 60ms Post J
Auto Points



Lead	ST(mV)	Lead	ST(mV)
I	-0.08	V1	-0.03
II	0.02	V2	0.12
III	0.06	V3	0.13
aVR	-0.03	V4	0.06
aVL	-0.04	V5	0.07
aVF	0.09	V6	0.07



ASHOK, SINGH

Patient ID 2431420341

09/11/2024

12:40:07pm

Linked Medians

146 bpm

RECOVERY

/1

01:00

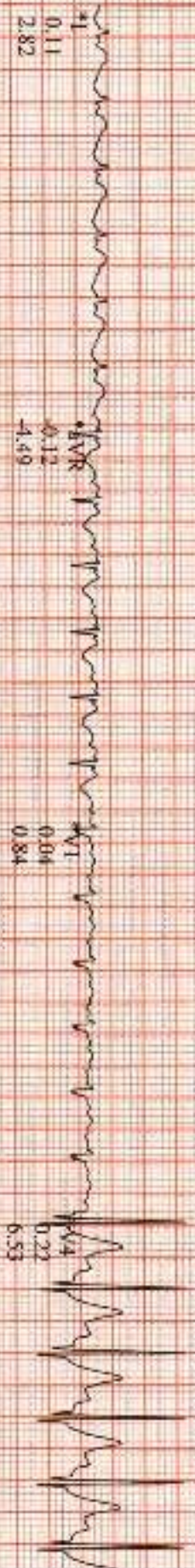
BRUCE

0.0 mph

0.0 %

STABLE/NOAN DIAGNOST

L lead
ST Level (mV)
ST Slope (mV/s)



GE CardioSoft V6.73 (2)
25 mm/s 10 mV/1V 50Hz 0.01Hz FR+ HR(V4,V5)

Start of Test: 12:29:00pm

*Computer Synthesized Rhythms



ASHOK, SINGH
Patient ID 2431420341
09-11-2024
12:41:07pm

120 bpm

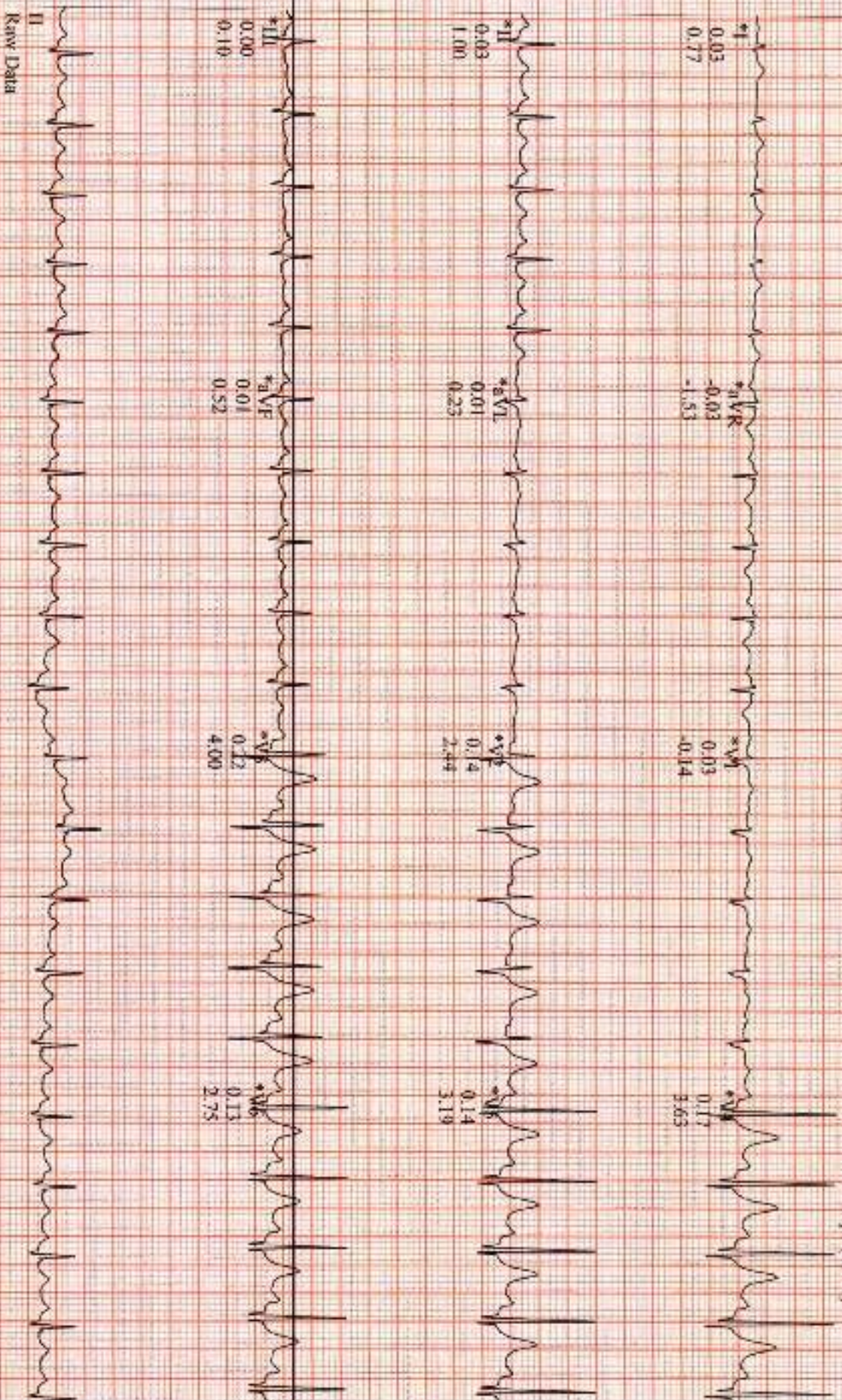
RECOVERY #1
02:00

HR/LCE
0.0 mph
0.0 %

Linked Medians

SUBJECT DIAGNOSIS

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



Raw Data

Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRR+ HR(V4,V5)

Start of Test: 12:29:00pm



ASHOK, SINGH

Patient ID 2431420341

09/11/2024

12:42:07pm

Linked Medians

RECOVERY

#1

03:00

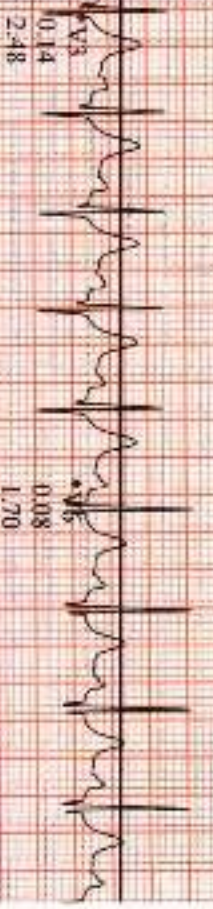
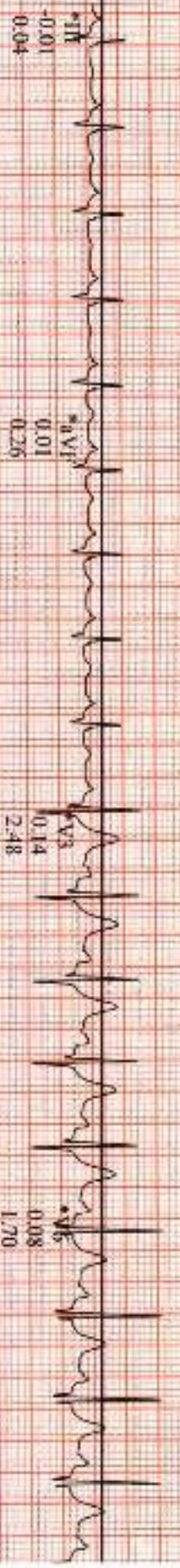
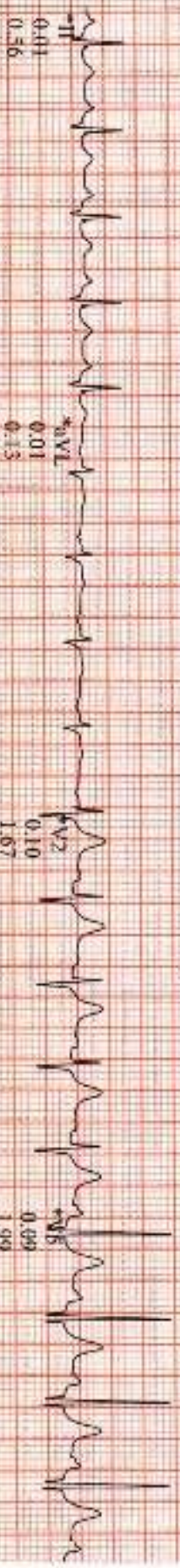
BRUCE

0.0 mph

0.0%

SUBURBAN DIAGNOSTIC

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



*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz PRF+ HR(V4, V5)

Start of Test: 12:39:00pm

