



Email:

2953 / NAVNEET MISHRA / 32 Yrs / M / 177 Cms / 65 Kg Date: 24 / 02 / 2024 09:24:39 AM Refd By : AERCOFEMI

REPORT :

Heart Rate 165.0 bpm

Systolic BP 160.0 mmHg Diastolic BP 90.0 mmHg

Exercise Time 07.11 Mins. Ectopic Beats 0.0

NETS 8.31 test End Reason Heart Rate Achieved Target Heart Rate 89% 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.

DR. AKHIL P. PARULEKAR.

MDS MD Medicine

DWS Cardiology

Reg. No. 2012082483

SUBURBAN DIAGNOSTICS KANDIVALI EAST
Row House No. 3, Aangan,
Thakar Vihar, Kandivali (east),
Mumbai - 400101.
Tel : 61700000

Doctor : DR. AKHIL PARULEKAR

SUBURBAN DIAGNOSTICS KANDIVALI EAST

Email:

Report



2953 (2405521095) / NAVNEET MISHRA / 32 Yrs / M / 177 Cms / 65 Kg
 Date: 24 / 02 / 2024 09:24:39 AM Refd By : AERCOFEMI Examined By: DR.AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:27	0:27	00.0	00.0	01.0	080	32%	120/80	072	00	
Standing	00:49	0:22	00.0	00.0	01.0	068	36%	120/80	081	00	
HV	00:58	0:09	00.0	00.0	01.0	075	40%	120/80	090	00	
ExStart	01:28	0:30	00.0	00.0	01.0	080	43%	120/80	096	00	
BRUCE Stage 1	04:28	3:00	02.7	10.0	04.7	112	60%	120/80	134	00	
BRUCE Stage 2	07:28	3:00	04.0	12.0	07.1	143	76%	150/80	214	00	
PeakEX	08:39	1:11	05.5	14.0	08.3	165	88%	160/90	264	00	
Recovery	09:39	1:00	00.0	00.0	01.2	131	70%	160/90	209	00	
Recovery	09:53	1:14	00.0	00.0	01.0	127	68%	160/90	203	00	

FINDINGS :

Exercise Time : 07:11
 Initial HR (ExStrt) : 80 bpm 43% of Target 188
 Initial BP (ExStrt) : 120/80 (mm/Hg)
 Max Workload Attained : 8.3 Fair response to induced stress
 Duke Treadmill Score : 06.3
 Test End Reasons : Heart Rate Achieved

Max HR Attained 165 bpm 88% of Target 188
 Max BP Attained 160/90 (mm/Hg)

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
 Row No. 3, Aangan,
 Thakur Vihar, Kandivali (east),
 Mumbai - 400101.
 Tel : 017000000

Dr. Akhil P. Parulekar,
 M.D., DNB Cardiology
 Reg. No. 2012082483

(Signature)

Doctor : DR.AKHIL PARULEKAR

SUBURBAN DIAGNOSTICS KANDIVALI EAST

SUPINE (00:27)

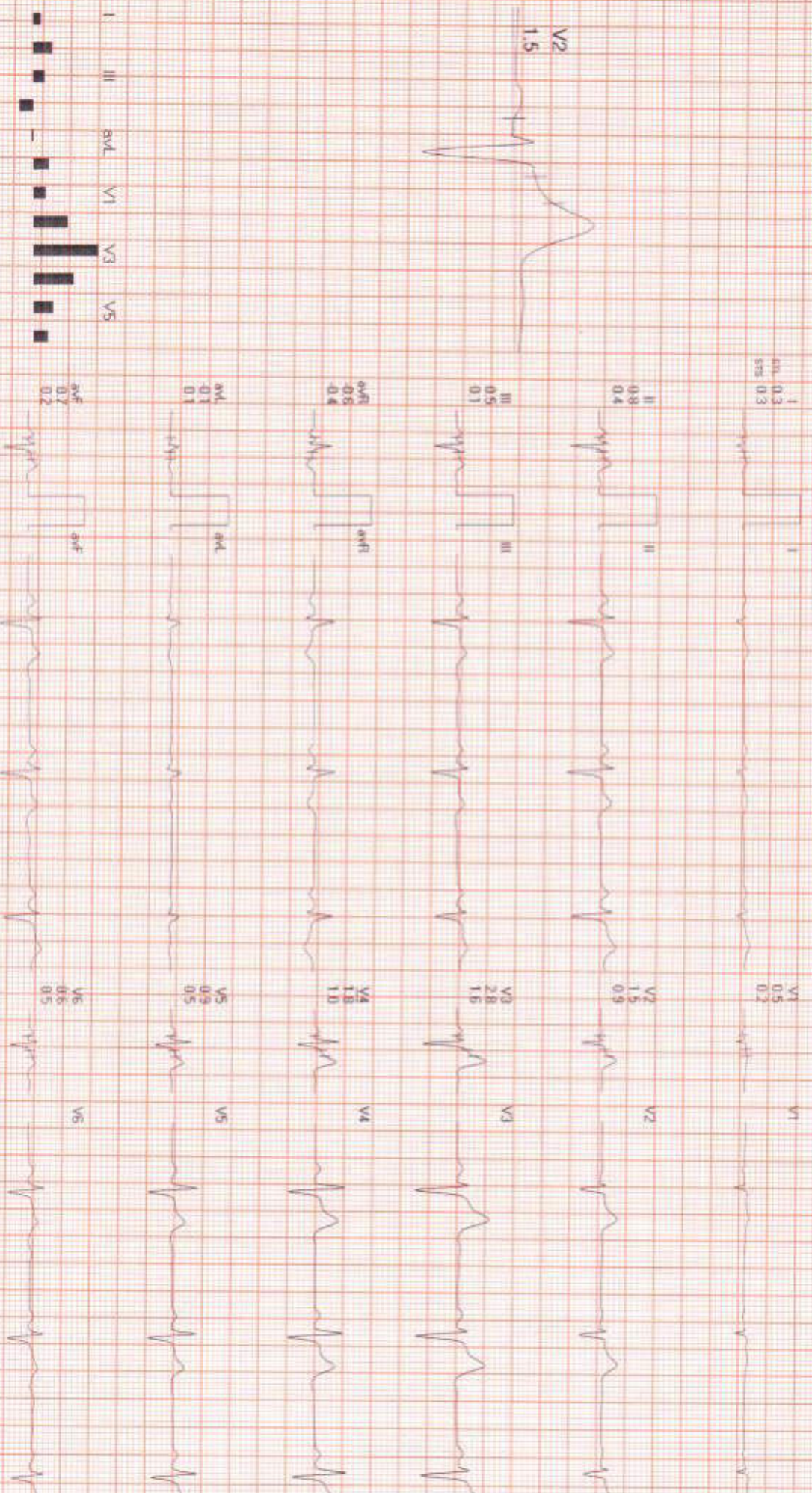
2953 (2405521095) / NAVNEET MISHRA / 32 Yrs / M / 177 Cms / 65 Kg / HR : 60

Date: 24 / 02 / 2024 09:24:39 AM METS: 1 (V) 50 bpm 32% of THR BP: 120/80 mmHg Pw ECG/BLC 0m/Noch 0m/HF 0.05 Hz/LF 35 Hz

ExtTime 00:00 0.0 Kmph, 0.0%

4X 90ms Post I

25 mm/Sec 1.0 Cm/mV



REMARKS

SUBURBAN DIAGNOSTICS KANDIVALI EAST

2953 (2405521095) / NAINIET MISHRA / 32 Yrs / M / 177 Cms / 65 Kg / HR : 68

Date: 24/02/2024 09:24:39 AM METS: 1.0/68 bpm 36% of THIR BP: 120/80 mmHg Raw ECG: BLC 0mV/Notch 0mV/HF 0.05 Hz/LF 35 Hz

4X 80 MS Post 1

ExtTime: 00:00 0.0 Km/h 0.0% 25 mm/Sec 10 Cm/mV

I 1.0
SII 0.3
SIV 0.3

VI 0.4
VII 0.0

VI

II 1.2
III 0.5

V2 1.0
V3 0.6

V2

III 0.9
IV 0.3

V3 3.0
V4 2.4

V3

aVR 0.6
aVL 0.4

V4 2.0
V5 1.3

V4

aVL 0.3
aVF 0.0

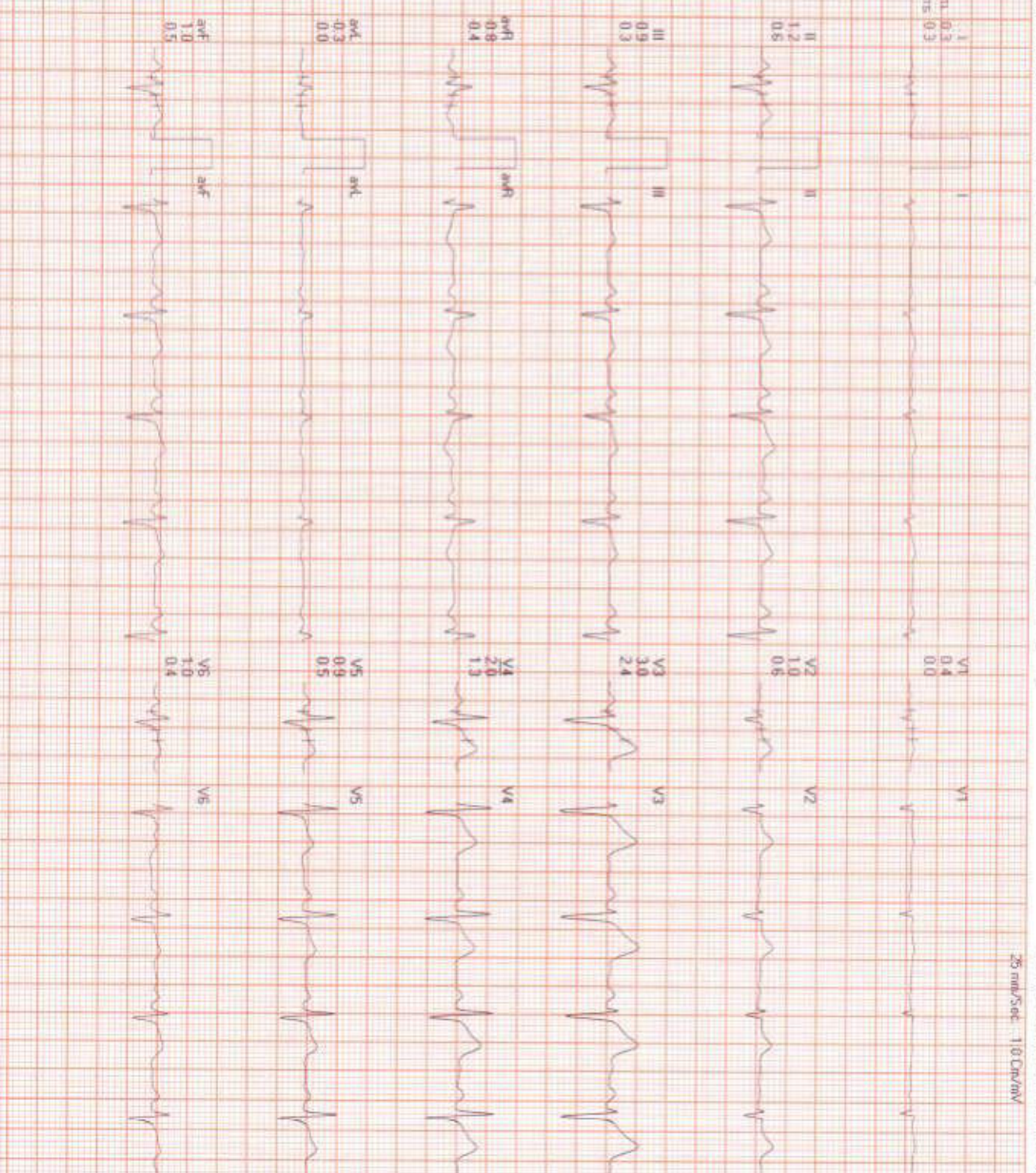
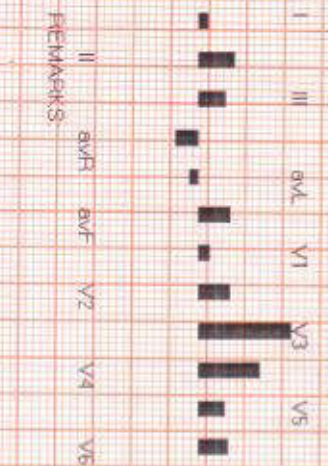
V5 0.9
V6 0.5

V5

aVF 1.0
V6 0.5

V6 1.0
V7 0.4

V6



STANDING (00:22)



SUBURBAN DIAGNOSTICS KANDIVALI EAST

HV (00:09)

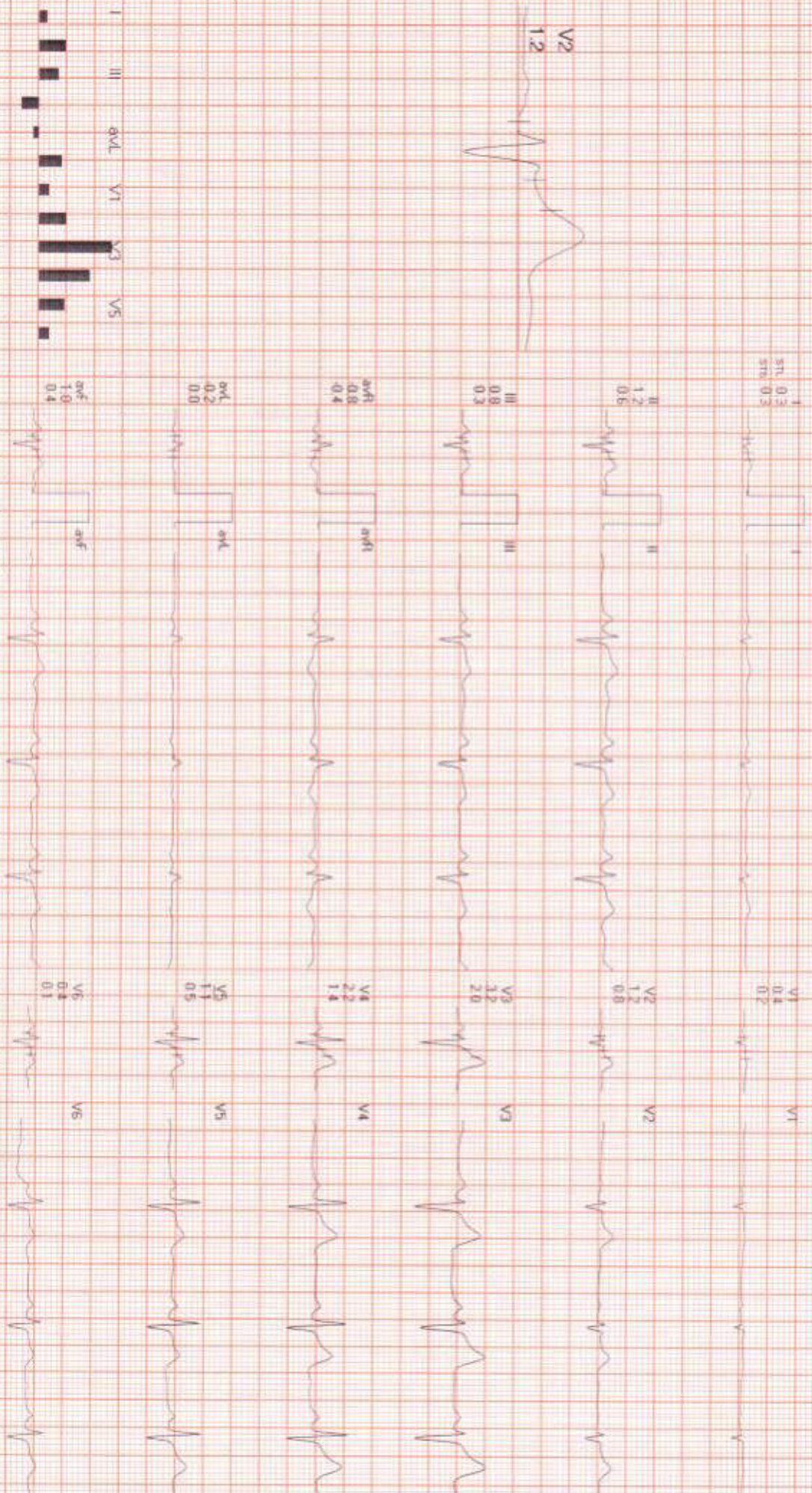
2853 (240521095) / NAVNEET MISHRA / 32 Yrs / M / 177 Cms / 65 Kg / HR : 75

Date: 24 / 02 / 2024 09:24:39 AM METS: 1.0/75 bpm 40% of THR BP: 120/80 mmHg Pwv ECG/BLC On/Notch On/HF 0.05 Hz/ALF 35 Hz

ExTime: 00:00:0.0 KeypH: 0.0%

4X 80 ms Plead 2

25 mm/Sec 1.0 Cm/mV



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



SUBURBAN DIAGNOSTICS KANDIVALI EAST

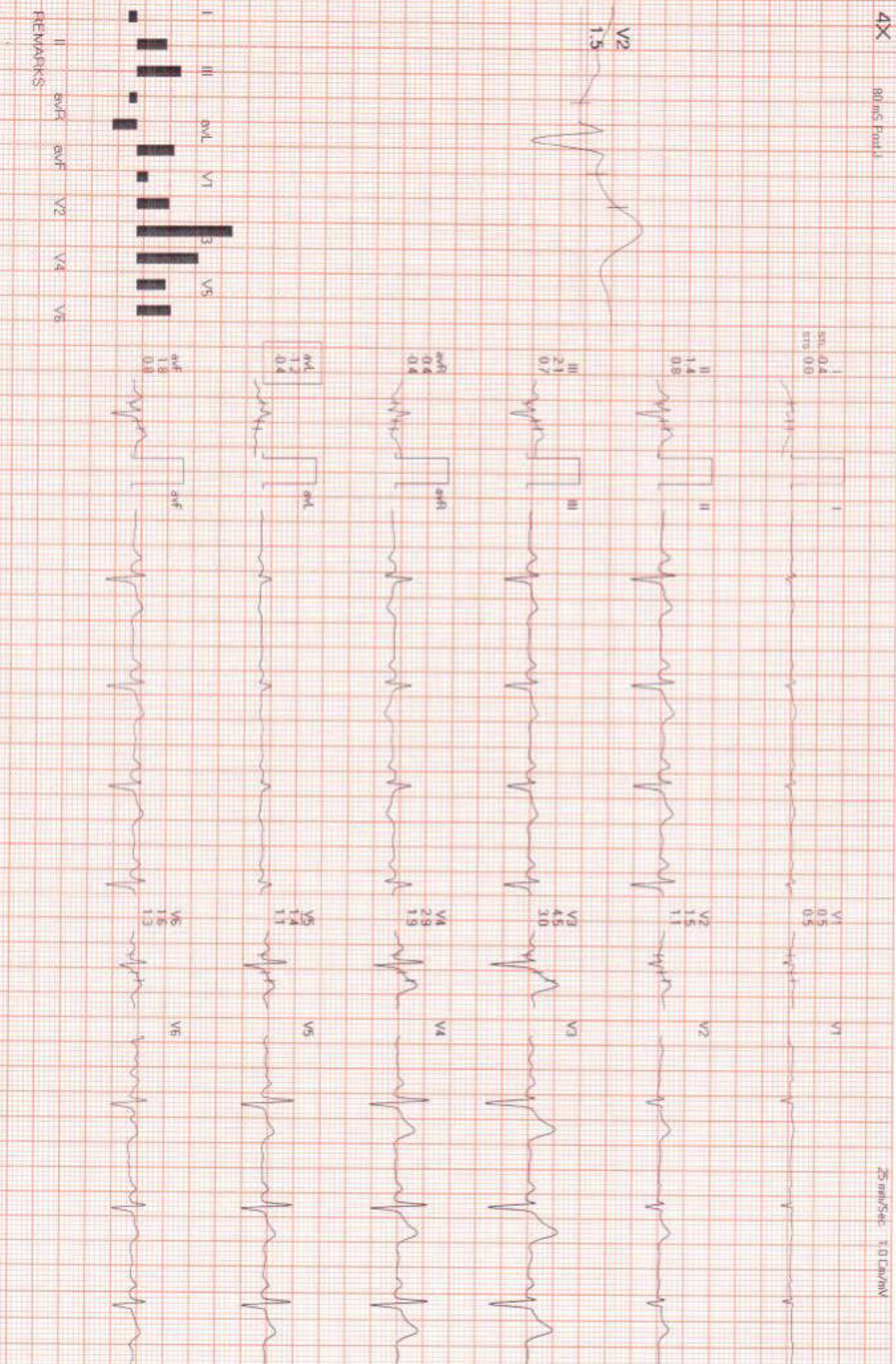
2953 (2405521095) / NAVNEET MISHRA / 32 Yrs / M / 177 Cms / 65 Kg / HR : 80

Date: 24 / 02 / 2024 09:24:39 AM METS: 1 @ 80 bpm 43% of T-HR BP: 120/80 mmHg Raw ECG BLD On/Notch On/HF 0.05 HzALF 3S_Hz

4X 80 ms Pauli

Ext time: 00:00 0.0 kmph 0.0%

ExStt



REMARKS

SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 1 (03:00)



2953 (2405521095) / NAVNEET MISHRA / 32 Yrs / M / 177 Cms / 65 Kg / HR : 112

Date: 24/02/2024 09:24:39 AM METS: 47/112 bpm 60% of THR BP: 120/80 mmHg P_{aw} ECG/BLC-DW/Notch DW/HE 0.05 Hz/LF 35 Hz

EXTIME: 03:00 2.7 Kmph 10.0%

4X 70 MS PAPER

25 mm/Sec 1.0 Cm/mV

ST: 0.4
SB: 0.5

V1 0.3
V2 0.5

II 2.4
III 2.1

V2 0.3
V3 0.4

V2 0.3

III 2.0
aVR -1.7

V3 4.2
V4 4.4

aVR -1.4
aVL -1.3

V4 3.0
V5 3.7

aVL -0.8
aVF -0.6

V5 1.8
V6 2.4

aVF 2.2
V5 1.9

V6 0.9
V6 1.0

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

SUBURBAN DIAGNOSTICS KANDIVALI EAST

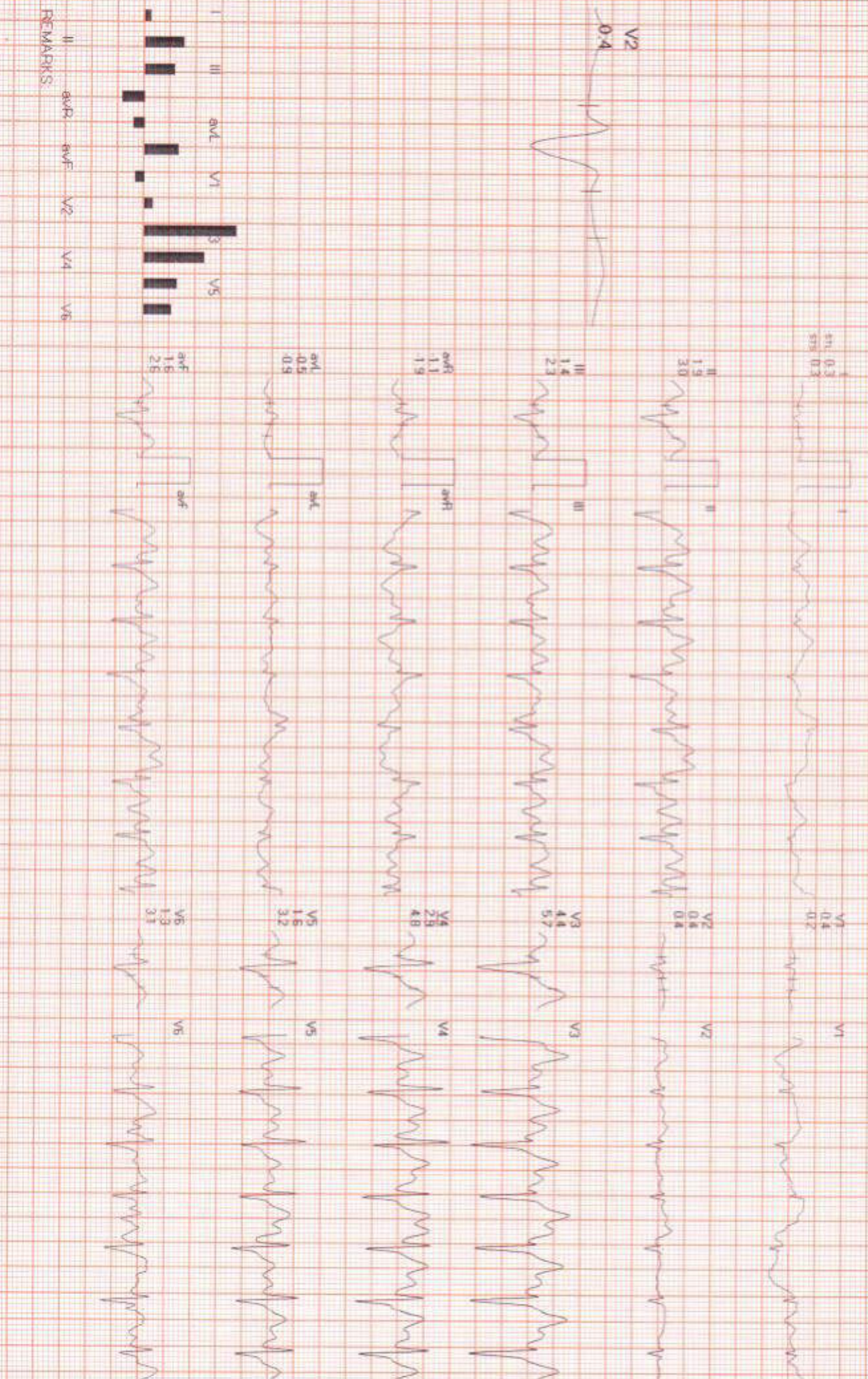
BRUCE : Stage 2 (03:00)

2953 (2405521095) / NAVNEET MISHRA / 32 Yrs / M / 177 Cms / 65 Kg / HR : 143

Date : 24 / 02 / 2024 09:24:39 AM METS 7.1 / 143 bpm 76% of THR BP: 150/80 mmHg Pwv ECG/EKG Dry/Notch Dry/HR 0.05 Hz/LF 35 Hz

ExTime 06:00 4.0 Kmph 12.0%

4X 60 ms (Part 1) 25 mm/Sec 1.0 cm/mV



REMARKS: II aVR aVL V1 V2 V3 V4 V5 V6

SUBURBAN DIAGNOSTICS KANDIVALI EAST

PeakEx



2953 (2405521095) / NAVNEET MISHRA / 32 Yrs / M / 177 Cms / 65 Kg / HR : 165

Date: 24 / 02 / 2024 09:24:39 AM METS: 8.3 / 165 bpm 68% of THR BP: 160/90 mmHg Raw ECG/BLC/DW/Notch DW/HF 0.05 Hz/LF 35 Hz

4X 60 ms Post J

ExTime: 07:11 5.5 Km/h, 14.0% 25 mm/Sec 1.0 Channel

I 1.08
aVL 0.8
aVR 0.4

V1 -0.2
V2 -1.6

II 1.8
aVF 3.2

V2 0.2
V3 0.1

III 1.5
aVF 2.6

V3 3.2
V4 5.4

aVR -1.0
aVL -1.9

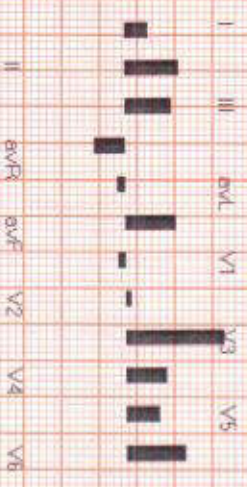
V4 1.3
V5 4.1

aVL -0.3
aVF -1.1

V5 1.1
V6 3.5

aVR -1.7
aVL -2.9

V6 1.5
V7 3.4



REMARKS

SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:00)



2953 (2405521095) / NAVNEET MISHRA / 32 Yrs / M / 177 Cms / 65 Kg / HR : 131

Date: 24/02/2024 09:24:39 AM METS: 1/1/131 bpm 70% of THR BP: 160/90 mmHg Prew ECG/ BLC ON/ Noich On/ HF: 0.05 Hz/LF: 35 Hz

EXTIME: 07:11 0.0 KmPH 0.0%

4X 60 ms Post J

25 mm/Sec 1.0 Cm/mV

I 0.5
STI 0.5
STV 0.8

VI 0.2
VII 0.8

VI

II 3.7
III 5.2

V2 0.8
V3 7.8
V4 8.4

V2

V2 0.9

III 3.2
STI 5.2

V3 7.8
V4 8.4

V3

aVR -0.2
aVL -0.3
aVF -0.3

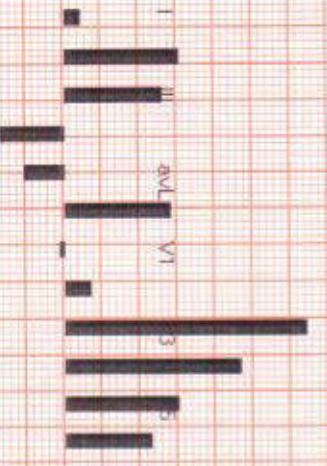
V4 5.7
V5 3.7
V6 4.5

V4

aVL -0.3
aVF -0.3

V5 3.7
V6 4.5

V5



aVL -0.3
aVF -0.3
V1 3
V2 3
V4 5
V6 5

V1 2.8
V2 4.5

V1

REMARKS:

SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:14)



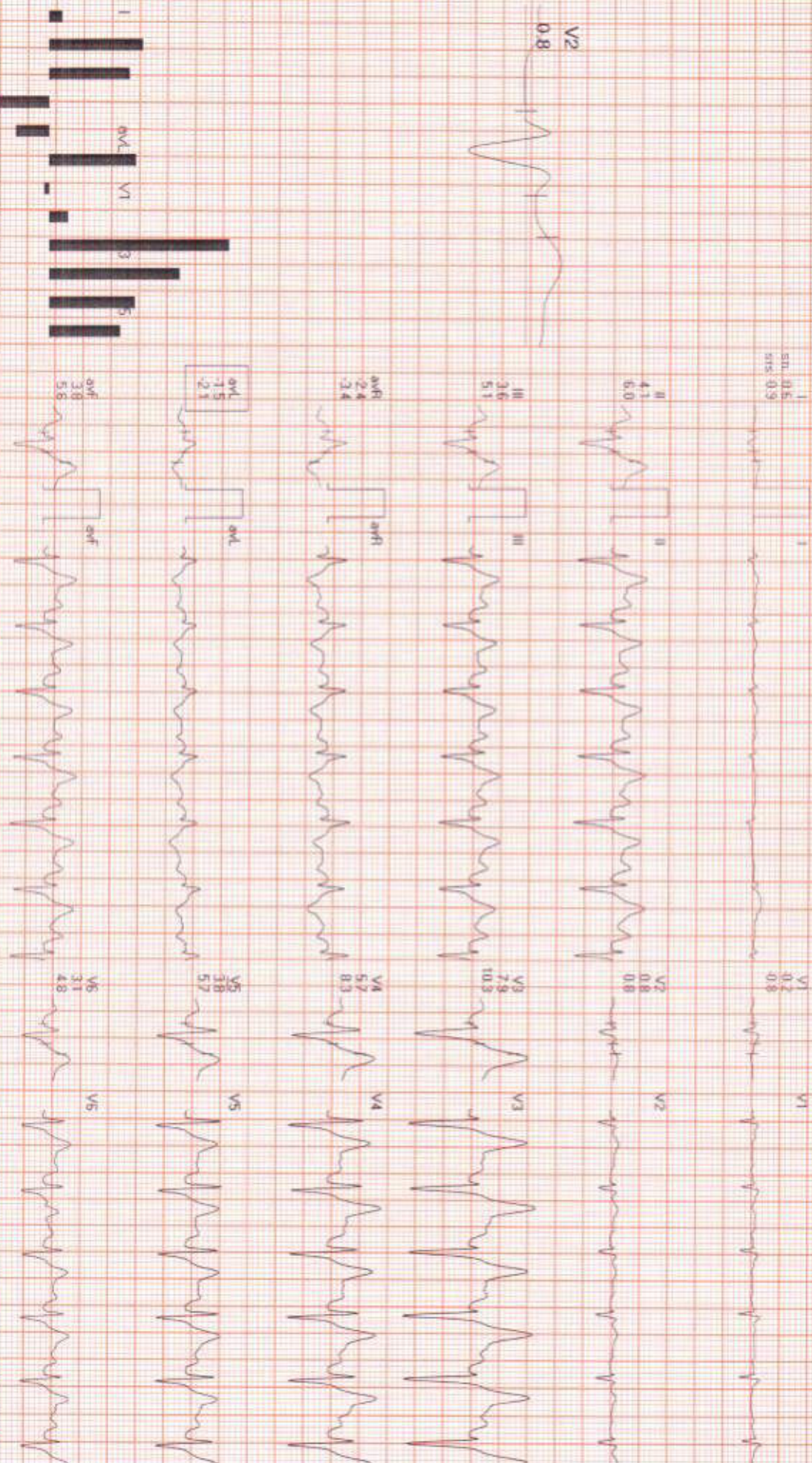
2953 (2405521095) / NAINIET MISHRA / 32 Yrs / M / 177 Cms / 65 Kg / HR 127

Date: 24 / 02 / 2024 09:24:39 AM METS: 1.0 / 127 bpm 68% of THP BP: 160/90 mmHg Pwv ECG/ BLC/ SW/ Natch/ SW/ HF: 0.05 Hz/ LF 35 Hz

ExtTime: 07:11 0.0 Km/Ph: 0.0%

4X 60ms PostU

25mm/Sec 1.0 Cm/Div



REMARKS

Name: MR. NAVNEET MISHRA

Age / Gender : 32 Years/Male

Consulting Dr. :

Reg. Location : Kandivali East (Main Centre)

Collected : 24-Feb-2024 / 07:58

Reported : 25-Feb-2024 / 11:24

PHYSICAL EXAMINATION REPORT

History and Complaints:

No

EXAMINATION FINDINGS:

Height (cms):	177 cms	Weight (kg):	65 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	120/80	Nails:	Normal
Pulse:	72/min	Lymph Node:	Not Palpable

Systems

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

IMPRESSION:

USA fatty liver - Cor E

ADVICE:

Low fatty liver

CHIEF COMPLAINTS:

Name BE TESTING - R MR. NAVNEET MISHRA

Age / Gender : 32 Years/Male

Consulting Dr. :

Reg.Location : Kandivali East (Main Centre)

Collected : 24-Feb-2024 / 07:58

Reported : 25-Feb-2024 / 11:24

- | | |
|--|----|
| 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. Jagruti Dhale
MBBS
Consultant Physician
Reg. No. 69548

Jagruti Dhale
Dr.JAGRUTI DHALE

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Aangan,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 81700060

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2405521095
Name : Mr NAVNEET MISHRA
Age / Sex : 32 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 24-Feb-2024
Reported : 24-Feb-2024 / 8:55

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (12.2 cm), 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 (12 mm) and CBD (2.6 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 10.3 x 4.0 cm. Left kidney measures 10.5 x 4.5 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 (10.5 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 and measures 3.6 x 2.5 x 2.5 cm and volume is 12 cc.

IMPRESSION:

GRADE I FATTY LIVER.

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

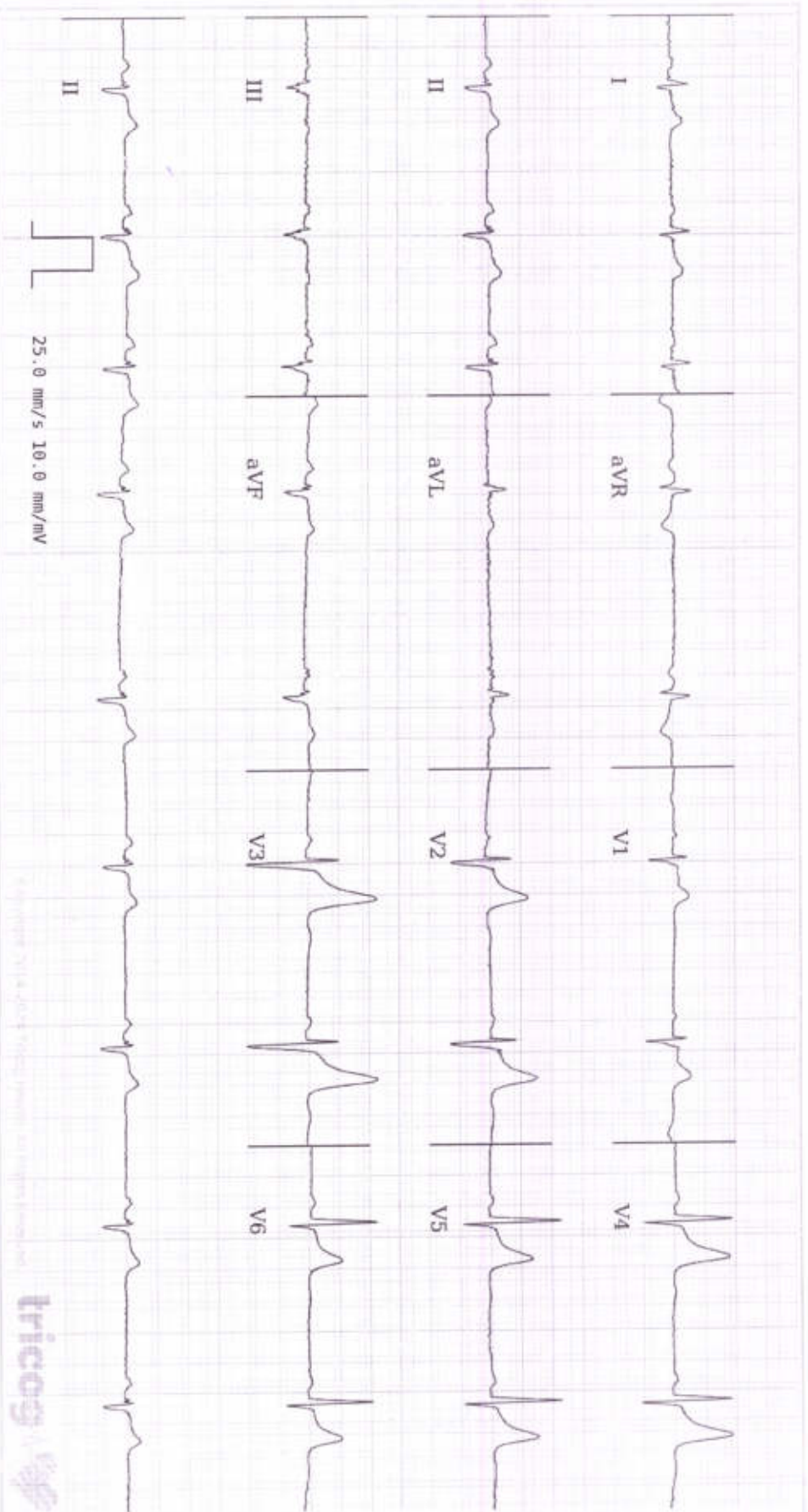
DR. Akash Chhari
MBBS. MD. Radio-Diagnosis Mumbai
MMC REG NO - 2011/08/2862

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024022407590957>

Patient Name: NAVNEET MISHRA
Patient ID: 2405521095

SUBURBAN DIAGNOSTICS - KANDIVALI EAST

Date and Time: 24th Feb 24 8:33 AM



Age **32** NA
years months

Gender **Male**

Heart Rate **57bpm**

Patient Vitals

BP: 120/80 mmHg
Weight: 65 kg
Height: 177 cm
Pulse: NA
SpO2: NA
Resp: NA
Others:

Measurements

QRSD: 94ms
QT: 358ms
QTcB: 348ms
PR: 154ms
P-R-T: 56° -72° 27°

Sinus Bradycardia Sinus Arrhythmia Seen. Please correlate clinically.

REPORTED BY

DR AKHIL PARULEKAR
MBBS MD MEDICINE, DNB Cardiology
Cardiologist
2012083483

Disclaimer: This analysis is for informational purposes only 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. All patient vitals are as entered by the clinician and not derived from the ECG.



Date:- 24/2/24

CID: 2405521095

Name:- Navneet Mishra

Sex/Age: 34 M

EYE CHECK UP

Chief complaints: No

Systemic Diseases: No

Past history: No

Unaided Vision:

Aided Vision:

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	-	-	-	6/6	-	-	-	6/6
Near	-	-	-	N/G	-	-	-	N/G

Colour Vision: Normal / Abnormal

Remark: Normal

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Aangan,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700000



Use a QR Code Scanner
Application To Scan the Code

CID : 2405521095
Name : Mr NAVNEET MISHRA
Age / Sex : 32 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 24-Feb-2024
Reported : 24-Feb-2024 / 12:52

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024022407590973>



CID : 2405521095
Name : MR.NAVNEET MISHRA
Age / Gender : 32 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Use a QR Code Scanner
Application To Scan the Code
Collected : 24-Feb-2024 / 08:01
Reported : 24-Feb-2024 / 10:29

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	16.4	13.0-17.0 g/dL	Spectrophotometric
RBC	5.41	4.5-5.5 mil/cmm	Elect. Impedance
PCV	47.6	40-50 %	Measured
MCV	88	80-100 fl	Calculated
MCH	30.4	27-32 pg	Calculated
MCHC	34.5	31.5-34.5 g/dL	Calculated
RDW	13.3	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6720	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	31.8	20-40 %	
Absolute Lymphocytes	2137.0	1000-3000 /cmm	Calculated
Monocytes	6.3	2-10 %	
Absolute Monocytes	423.4	200-1000 /cmm	Calculated
Neutrophils	56.0	40-80 %	
Absolute Neutrophils	3763.2	2000-7000 /cmm	Calculated
Eosinophils	4.8	1-6 %	
Absolute Eosinophils	322.6	20-500 /cmm	Calculated
Basophils	1.1	0.1-2 %	
Absolute Basophils	73.9	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	232000	150000-400000 /cmm	Elect. Impedance
MPV	7.4	6-11 fl	Calculated
PDW	12.0	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



CID : 2405521095
Name : MR.NAVNEET MISHRA
Age / Gender : 32 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 24-Feb-2024 / 08:01
Reported : 24-Feb-2024 / 10:34

Use a QR Code Scanner
Application To Scan the Code

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 5 2-15 mm at 1 hr. Sedimentation

Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

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

*** End Of Report ***



Bmhasakar

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



CID : 2405521095
Name : MR.NAVNEET MISHRA
Age / Gender : 32 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Use a QR Code Scanner Application To Scan the Code
Collected : 24-Feb-2024 / 08:01
Reported : 24-Feb-2024 / 14:23

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	87.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	84.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.53	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.19	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.34	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	5.1	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.2	1 - 2	Calculated
SGOT (AST), Serum	18.7	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	10.7	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	7.9	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	133.0	40-130 U/L	Colorimetric
BLOOD UREA, Serum	21.3	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.89	0.67-1.17 mg/dl	Enzymatic



CID : 2405521095
Name : MR.NAVNEET MISHRA
Age / Gender : 32 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 24-Feb-2024 / 11:00
Reported : 24-Feb-2024 / 16:02

Use a QR Code Scanner
Application To Scan the Code

eGFR, Serum	117	(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	5.1	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 Borivali Lab, Borivali West
*** End Of Report ***



Bmhasakar

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



CID : 2405521095
Name : MR.NAVNEET MISHRA
Age / Gender : 32 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 24-Feb-2024 / 08:01
Reported : 24-Feb-2024 / 11:40

Use a QR Code Scanner
Application To Scan the Code

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	4.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	93.9	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 ***



Bmhasakar

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



CID : 2405521095
Name : MR.NAVNEET MISHRA
Age / Gender : 32 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 24-Feb-2024 / 08:01
Reported : 24-Feb-2024 / 14:23

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>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Colour	Yellow	Brown	-
Form and Consistency	Semi Solid	Semi Solid	-
Mucus	Absent	Absent	-
Blood	Absent	Absent	-
<u>CHEMICAL EXAMINATION</u>			
Reaction (pH)	Acidic (5.5)	-	pH Indicator
Occult Blood	Absent	Absent	Guaiaac
<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	Benedicts

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



Bmhasakar

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



CID : 2405521095
Name : MR.NAVNEET MISHRA
Age / Gender : 32 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Use a QR Code Scanner
Application To Scan the Code
Collected : 24-Feb-2024 / 08:01
Reported : 24-Feb-2024 / 13:00

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)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	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	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	5-6	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 ***



Bmhasakar

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



CID : 2405521095
Name : MR.NAVNEET MISHRA
Age / Gender : 32 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 24-Feb-2024 / 08:01
Reported : 24-Feb-2024 / 12:35

Use a QR Code Scanner
Application To Scan the Code

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.

References:

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

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



Dr. TRUPTI SHETTY
M. D. (PATH)
Pathologist



CID : 2405521095
Name : MR.NAVNEET MISHRA
Age / Gender : 32 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Use a QR Code Scanner Application To Scan the Code
Collected : 24-Feb-2024 / 08:01
Reported : 24-Feb-2024 / 14:23

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	173.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	82.4	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	53.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	119.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	104.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	15.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.9	0-3.5 Ratio	Calculated

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



Bmhasakar

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



CID : 2405521095
 Name : MR.NAVNEET MISHRA
 Age / Gender : 32 Years / Male
 Consulting Dr. : -
 Reg. Location : Kandivali East (Main Centre)

Use a QR Code Scanner
 Application To Scan the Code
 Collected : 24-Feb-2024 / 08:01
 Reported : 24-Feb-2024 / 15:50

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	4.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.5	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.14	0.35-5.5 microIU/ml	ECLIA



CID : 2405521095
Name : MR.NAVNEET MISHRA
Age / Gender : 32 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Use a QR Code Scanner Application To Scan the Code
Collected : 24-Feb-2024 / 08:01
Reported : 24-Feb-2024 / 15:50

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 Borivali Lab, Borivali West
*** End Of Report ***



Bmhasakar

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