



CID : 2335720173
Name : MR.TAMORE RAHUL DYANESHWAR
Age / Gender : 36 Years / Male
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 23-Dec-2023 / 09:04
Reported : 23-Dec-2023 / 12:11

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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	5.04	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.8	40-50 %	Calculated
MCV	88.9	80-100 fl	Measured
MCH	30.6	27-32 pg	Calculated
MCHC	34.4	31.5-34.5 g/dL	Calculated
RDW	12.7	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7910	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	20.8	20-40 %	
Absolute Lymphocytes	1645.3	1000-3000 /cmm	Calculated
Monocytes	9.1	2-10 %	
Absolute Monocytes	719.8	200-1000 /cmm	Calculated
Neutrophils	61.7	40-80 %	
Absolute Neutrophils	4880.5	2000-7000 /cmm	Calculated
Eosinophils	7.8	1-6 %	
Absolute Eosinophils	617.0	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	
Absolute Basophils	47.5	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	259000	150000-400000 /cmm	Elect. Impedance
MPV	7.9	6-11 fl	Measured
PDW	14.3	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 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 CPL, Andheri West

*** End Of Report ***



J. Thakker

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



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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	81.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	82.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.77	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.24	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.53	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	18.8	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	13.2	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	16.3	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	74.7	40-130 U/L	Colorimetric
BLOOD UREA, Serum	27.3	12.8-42.8 mg/dl	Kinetic
BUN, Serum	12.7	6-20 mg/dl	Calculated
CREATININE, Serum	1.05	0.67-1.17 mg/dl	Enzymatic



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eGFR, Serum	94	(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	3.7	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 ***



J. Thakker

Dr. JYOT THAKKER
M.D. (PATH), DPB



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	105.4	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 ***



Anupa

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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	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	2-3	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 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
BLOOD GROUPING & Rh TYPING

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

NOTE: Test performed by automated column agglutination technology (CAT) 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 CPL, Andheri West

*** End Of Report ***



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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	166.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	63.6	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	58.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	108.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	96.0	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	12.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.7	0-3.5 Ratio	Calculated

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



Anupa

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



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 Reported : 23-Dec-2023 / 14:34

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	13.5	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.44	0.35-5.5 microIU/ml mIU/ml	ECLIA



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Interpretation:

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

Clinical Significance:

- 1)TSH Values between high abnormal upto15 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 CPL, Andheri West
*** End Of Report ***



J. Thakker

Dr.JYOT THAKKER
M.D. (PATH), DPB

 भारत सरकार
GOVERNMENT OF INDIA

 राहुल दन्येश्वर तामोरे
Rahul Dnyaneshwar Tamore
जन्म तिथि/DOB: 04/05/1997
पुल्ल / MALE



3737 4046 9143

माझे आधार, माझी ओळख

Rahul



CID# : 2335720173
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Age / Gender : 36 Years/Male

Consulting Dr. :

Reg. Location : Malad West (Main Centre)

Collected : 23-Dec-2023 / 08:42

Reported : 23-Dec-2023 / 14:15

PHYSICAL EXAMINATION REPORT

History and Complaints:

Sinusites

EXAMINATION FINDINGS:

Height (cms): 167

Temp (0c): Afebrile

Blood Pressure (mm/hg): 100/80

Pulse: 72/min

Weight (kg): 67

Skin: Normal

Nails: Normal

Lymph Node: Not palpable

Systems

Cardiovascular: Normal

Respiratory: Normal

Genitourinary: Normal

GI System: Normal

CNS: Normal

IMPRESSION:

WNL

ADVICE:

Regular exercise

CHIEF COMPLAINTS:

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- 1) Hypertension: No
- n IHD No
- o 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

Dr. SONALI HONRAO
MD PHYSICIAN
REG. NO. 2001/04/1882

PERSONAL HISTORY:

- 1) Alcohol No
- 2) Smoking No
- 3) Diet Mixed
- 4) Medication No

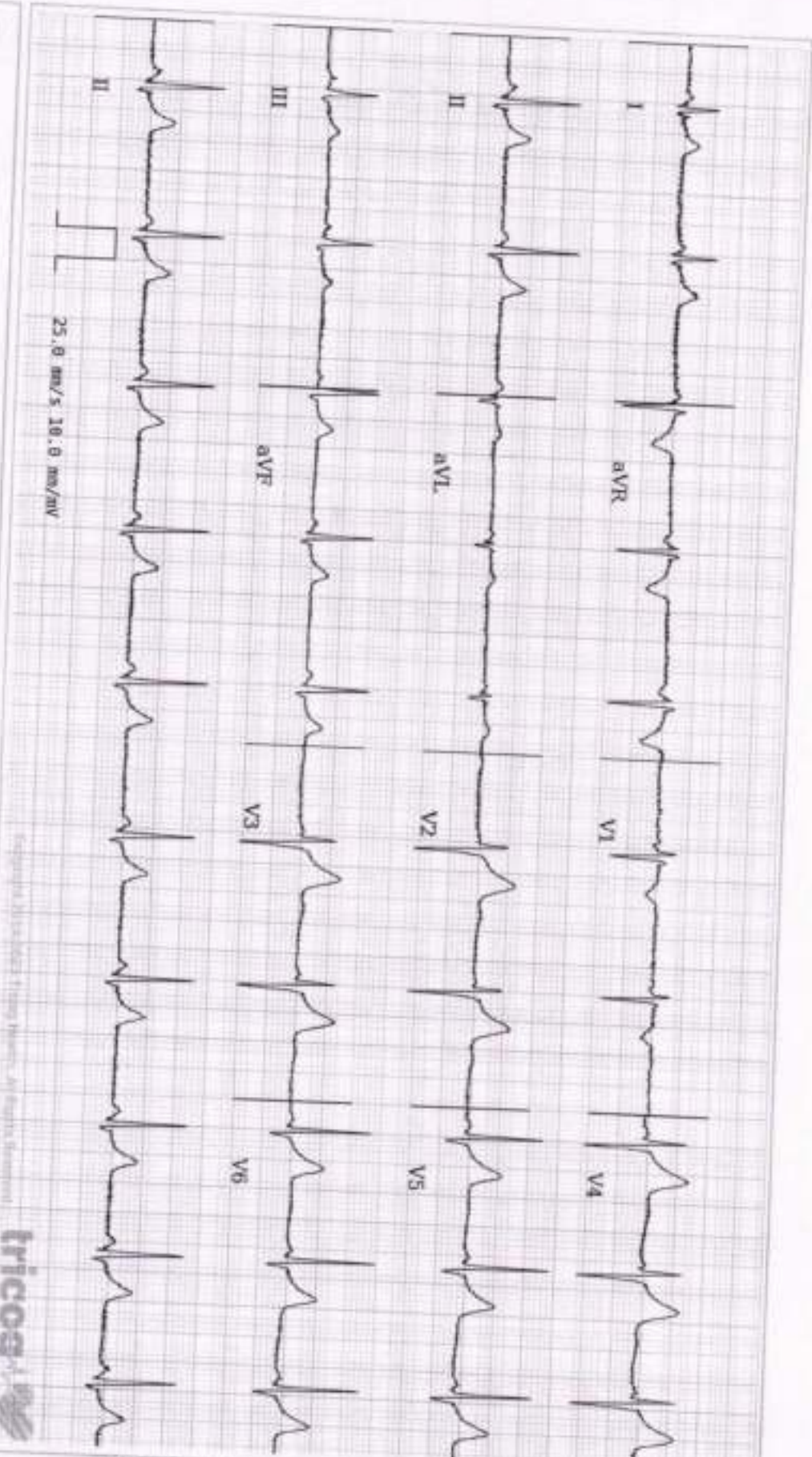
SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
102-104, Ghoomi Castle,
Opp. Gangaon Sports Club,
Link Road, Malad (W), Mumbai - 400 064.

*** End Of Report ***

Dr. Sonali Honrao
MD physician
Sr. Manager-Medical Services
(Cardiology)



SUBURBAN DIAGNOSTICS - MALAD WEST
 Patient Name: TAMORE RAHUL DYANESHWAR Date and Time: 23rd Dec 23 9:58 AM
 Patient ID: 2335720173



Short PR Interval, Sinus Rhythm. Please correlate clinically.

Age 36 NA
 year month
 Gender Male
 Heart Rate 62bp
 Patient Vitals
 BP: 100/80 mm
 Weight 67 kg
 Height 167 cm
 Pulse: NA
 SpO2: NA
 Resp: NA
 Others:

Measurements
 QRSd: 98ms
 QT: 380ms
 QTcb: 385ms
 PR: 84ms
 P-R-T: 49° 67° 48°



REPORTED BY

[Signature]

DR SONALI HONRAO
 MD (General Medicine)
 200/541302

Disclaimer: 1) Analysis in this report is based on ECG alone and should be read in an adjunct to clinical history, symptoms, and results of other studies and non-contrast tests and must be interpreted by a qualified physician. 2) Report cards are not covered by the contractor and are derived from the ECG.

Date:-

CID: 2335/20173

Name:-

Rahul Tamare

Sex / Age: /

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

DV-RE - 6/G
 LE - 6/G

NV-RE - N/G
 LE - N/G

Aided Vision:

Refraction:

(Right Eye)

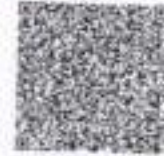
(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

Authenticity Check



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Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 23-Dec-2023
Reported : 23-Dec-2023 / 13:29

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.

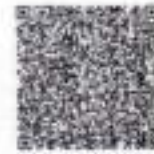
Kindly correlate clinically.

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. Akash Chhari
MBBS, MD, Radio-Diagnosis Mumbai
MMC REG NO - 2011/06/2862

Click here to view images <http://3.111.232.119/IRISViewer/NeoradViewer?AccessionNo=2023122308431129>



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Reg. Date : 23-Dec-2023
Reported : 23-Dec-2023 / 10:57

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, 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 and appears normal. No evidence of gall stones or mass lesions 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 8.7 x 3.5 cm. Left kidney measures 11.0 x 5.5 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:

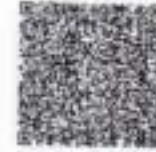
The urinary bladder is well distended and reveal no intraluminal abnormality.

PROSTATE:

The prostate is normal in size and echotexture.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023122308431111>

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2335720173
Name : Mr TAMORE RAHUL DYANESHWAR
Age / Sex : 36 Years/Male
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 23-Dec-2023
Reported : 23-Dec-2023 / 10:57

IMPRESSION:

No significant abnormality is seen.

Suggestion: Clinicopathological correlation.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some case for confirmation of findings. Patient has been explained in detail about the USG findings including its limitations and need for further imaging if clinically indicated. Please interpret accordingly. All the possible precaution have been taken under covid-19 pandemic.

-----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=2023122308431111>

SUBURBAN DIAGNOSTICS

Station

--
Malad West

Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: RAHUL , TAMORE

DOB: 04.05.1987

Patient ID: 2335720173

Age: 36yrs

Height: 167 cm

Gender: Male

Weight: 67 kg

Race: Asian

Study Date: 23.12.2023

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	00:14	0.00	0.00	71	100/80	
	STANDING	00:05	0.00	0.00	73	100/80	
	HYPERV.	00:05	0.00	0.00	75	100/80	
	WARM-UP	00:08	1.00	0.00	72	100/80	
EXERCISE	STAGE 1	03:00	1.70	10.00	101	110/80	
	STAGE 2	03:00	2.50	12.00	120	120/80	
	STAGE 3	03:00	3.40	14.00	126	130/80	
	STAGE 4	00:32	4.20	16.00	133		
RECOVERY		03:06	0.00	0.00	87	130/80	

The patient exercised according to the BRUCE for 9:32 mins, achieving a work level of Max. METS: 11.80. The resting heart rate of 69 bpm rose to a maximal heart rate of 133 bpm. This value represents 72 % of the maximal, age-predicted heart rate. The resting blood pressure of 100/80 mmHg, rose to a maximum blood pressure of 130/80 mmHg. The exercise test was stopped due to Fatigue.

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.

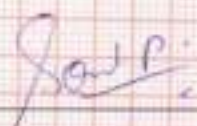
Overall impression: Normal stress test.

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. SONALI HONRAC
MD PHYSICIAN
REG. NO. 2001/04/1882

SUBURBAN DIAGNOSTICS (INDIA) PVT LTD.
1st Floor, 1st Cross,
Opp. Park Road Sports Club
Link Road, Wankar (W), Mumbai - 400 004.

RAHUL, TAMORE

Patient ID 2335720173

23.12.2023

10:22:47am

12-Lead Report

PRETEST

SUPINE

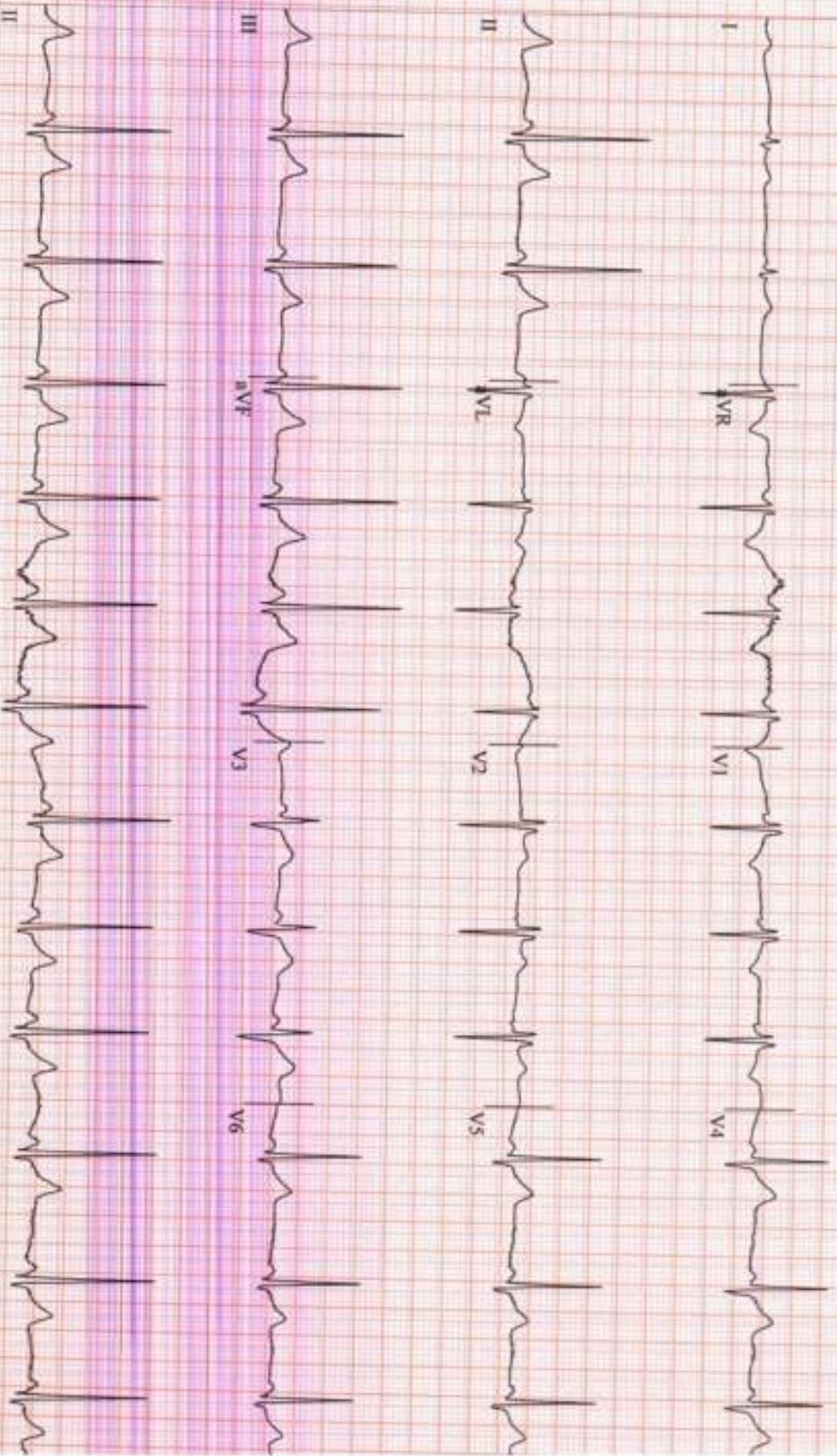
00:13

BRUCE

0.0 mph

0.0 %

SUBURBAN DIAGNOSTIC



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(LV4)

Start of Test: 10:22:28am

RAHUL, TAMORE

Patient ID 2335720173

23.12.2023

10:22-52am

12-Lead Report

PRETEST

STANDING

00:18

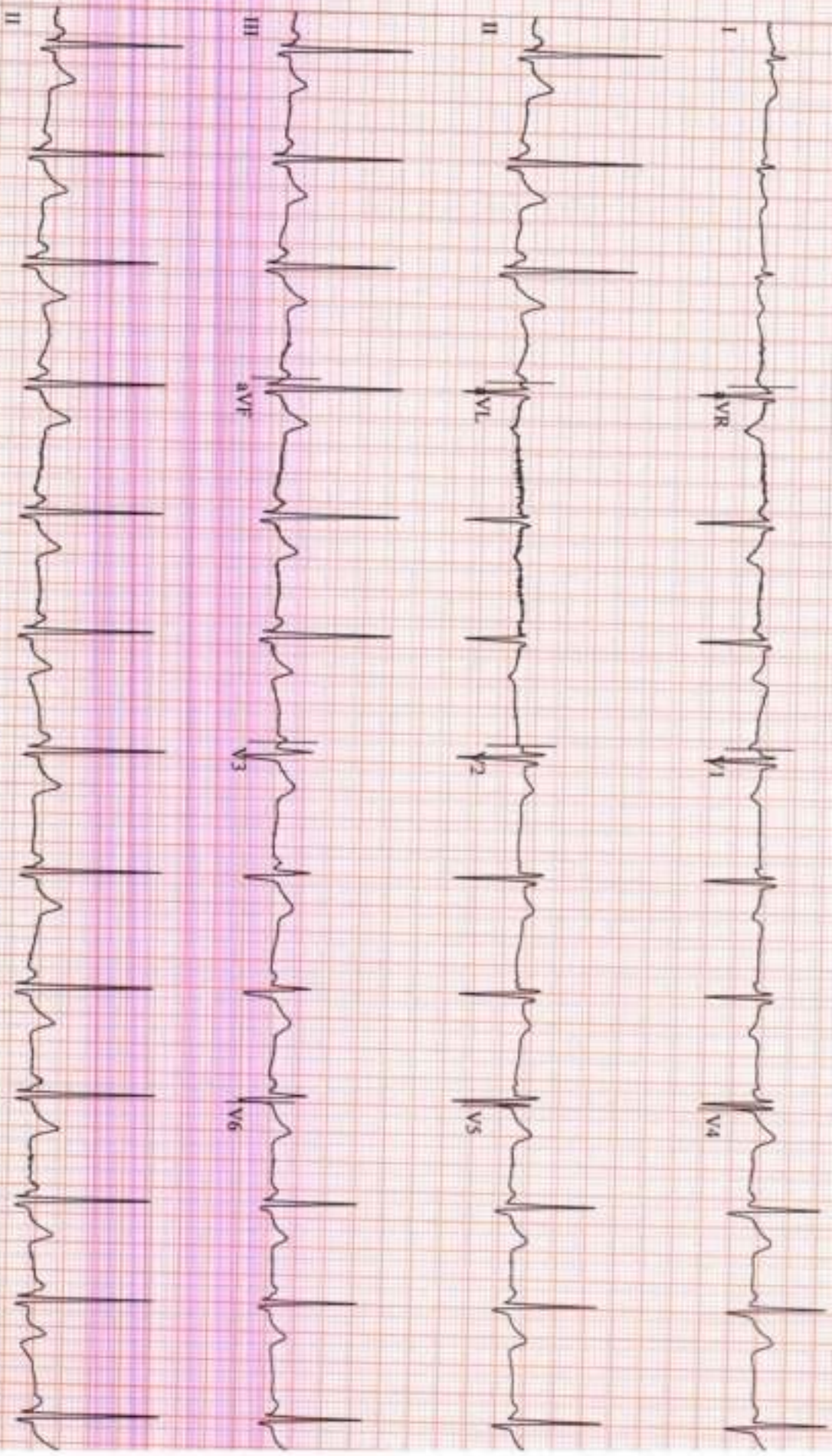
BRUCE

0.0 mph

0.0 %

SUBURBAN DIAGNOSTIC

73 bpm
100/80 mmHg



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

Start of Test: 10:22:28am

RAHUL, TAMORE

Patient ID 2335720173

23.12.2023

10:22:57am

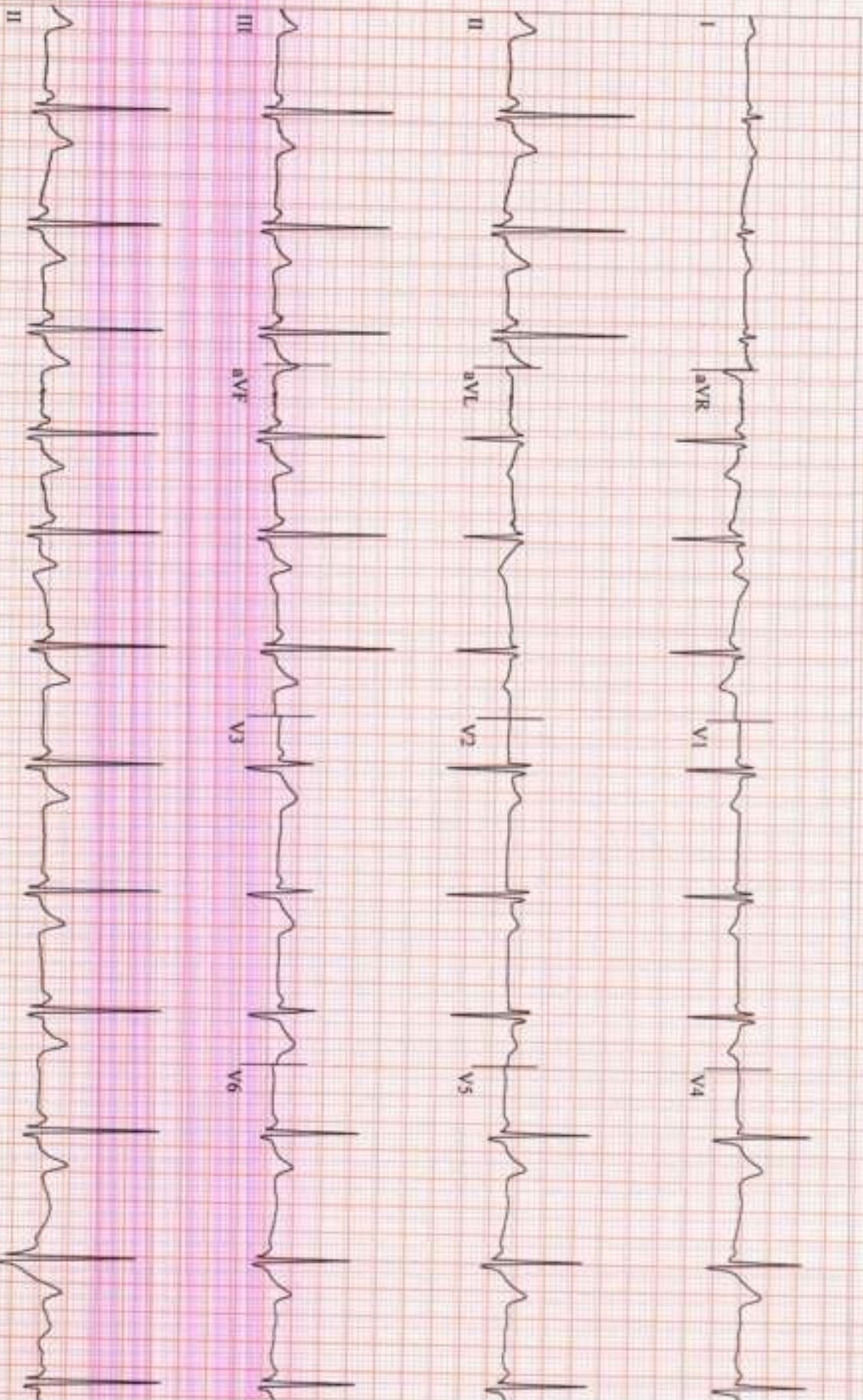
12-Lead Report

75 bpm
100/80 mmHg

PRETEST
WARM-UP
00:23

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOSTIC



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

Start of Test: 10:22:28am

RAHUL, TAMORE
Patient ID 2335720173

23.12.2023
10:25:48am

Linked Medians

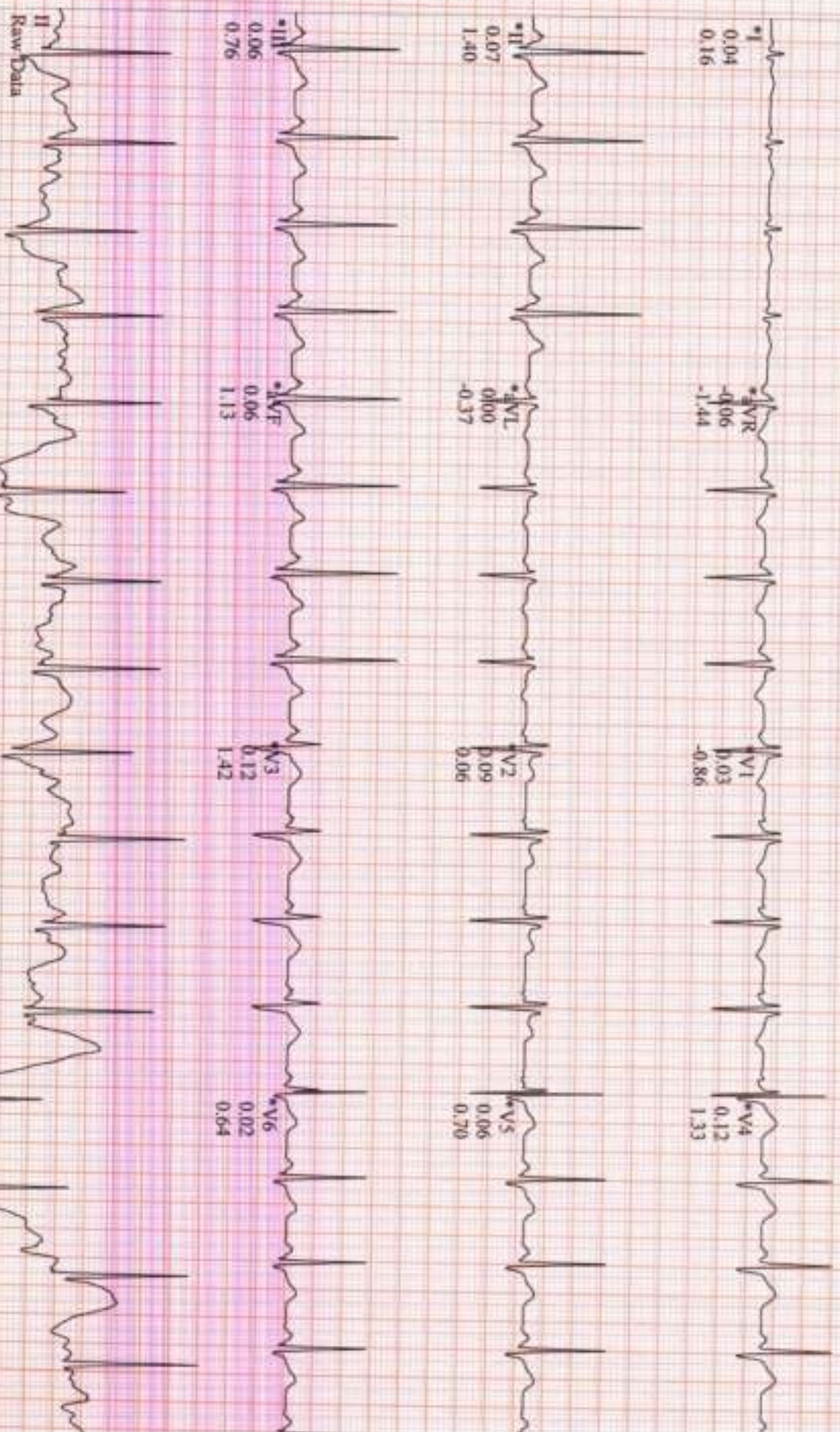
99 bpm

EXERCISE
STAGE 1
02:50

BRUCE
1.7 mph
10.0 %

SUBURBAN DIAGNOSTIC

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



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

Start of Test: 10:22:28am

*Computer Synthesized rhythms

RAHUL, TAMORE

Patient ID: 2335720173

23.12.2023

10:28:48am

Linked Medians

117 bpm
120/80 mmHg

EXERCISE
STAGE 2
05:50

BRUCE
2.5 mph
12.0%

SUBURBAN DIAGNOSTICS

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

*I
0.04
0.71

*aVR
-0.01
-1.47

*V1
0.03
-1.05

*V4
0.08
1.74

*II
-0.03
1.43

*aVL
0.06
-0.19

*V2
0.07
0.26

*V5
0.01
1.21

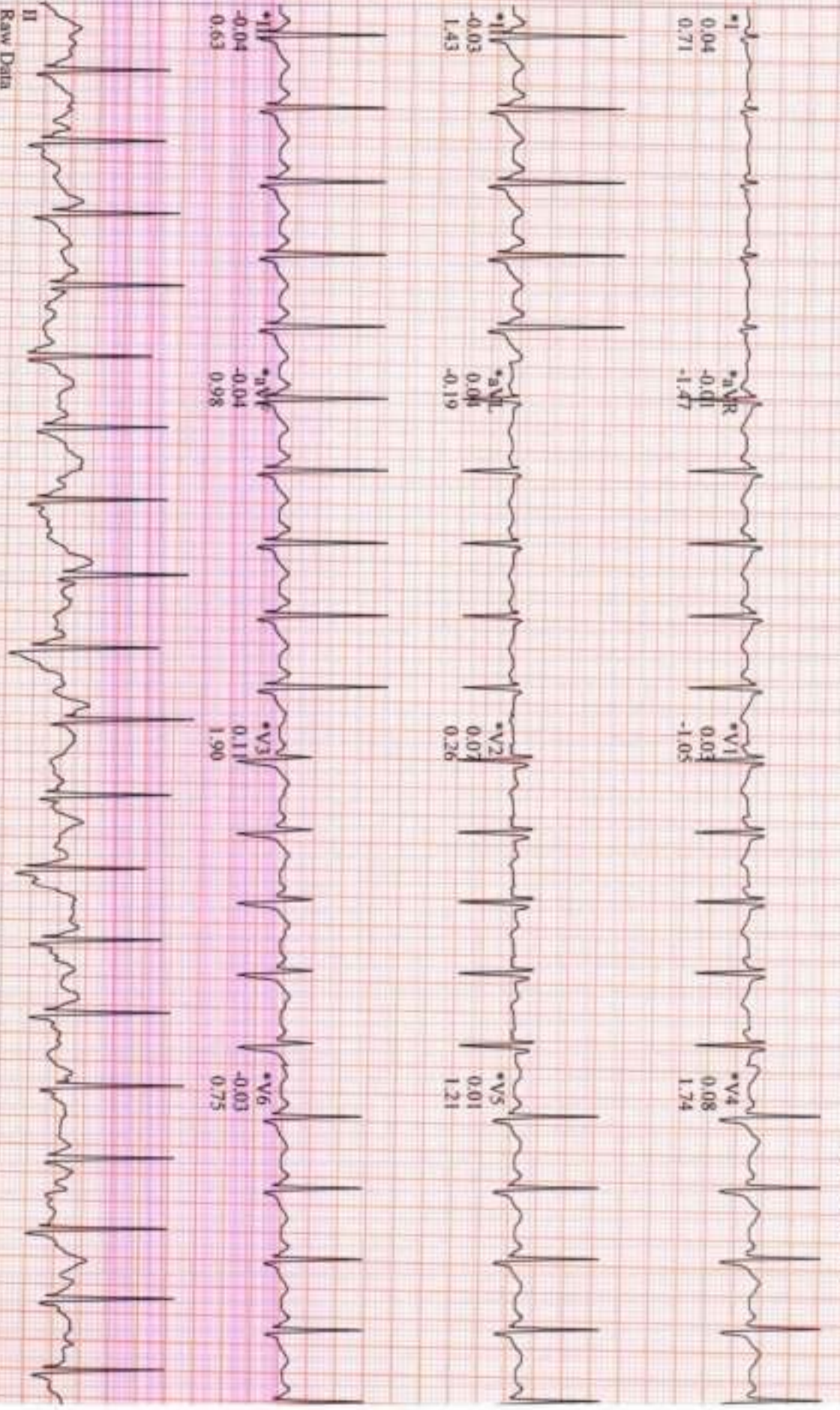
*III
-0.04
0.63

*aVF
-0.01
0.98

*V3
0.11
1.90

*V6
-0.03
0.75

II
Raw Data



*Computer Synthesized Rhythms

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

Start of Test: 10:22:28am

RAHUL, TAMORE

Patient ID 2335720173

23.12.2023

10:31:48am

Linked Medians

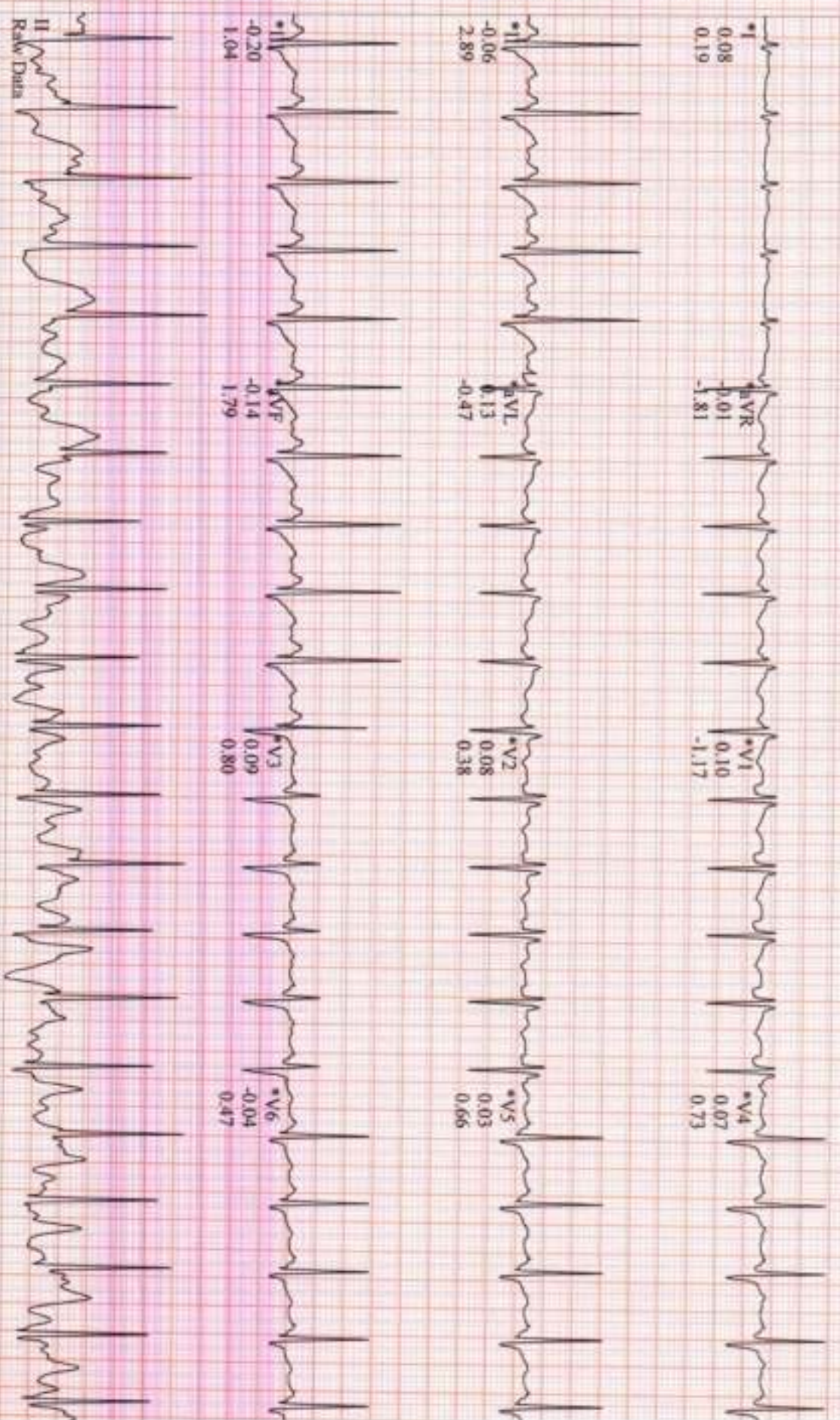
125 bpm
130/80 mmHg

EXERCISE
STAGE 3
08:50

BRUCE
3.4 mph
14.0 %

SUBURBAN DIAGNOSTIC

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 FRF+ HR(V5,V6)

Start of Test: 10:22:28am

RAHUL, TAMORE

Patient ID 2335720173

23.12.2023

10:32:35am

12-Lead Report (PEAK EXERCISE)

EXERCISE

STAGE 4

09:32

BRUCE

4.2 mph

16.0 %

SUBURBAN DIAGNOSTIC

133 bpm



RAHUL, TAMORE

Patient ID 2335720173

23.12.2023

10:33:30am

Linked Medians

RECOVERY

#1

01:00

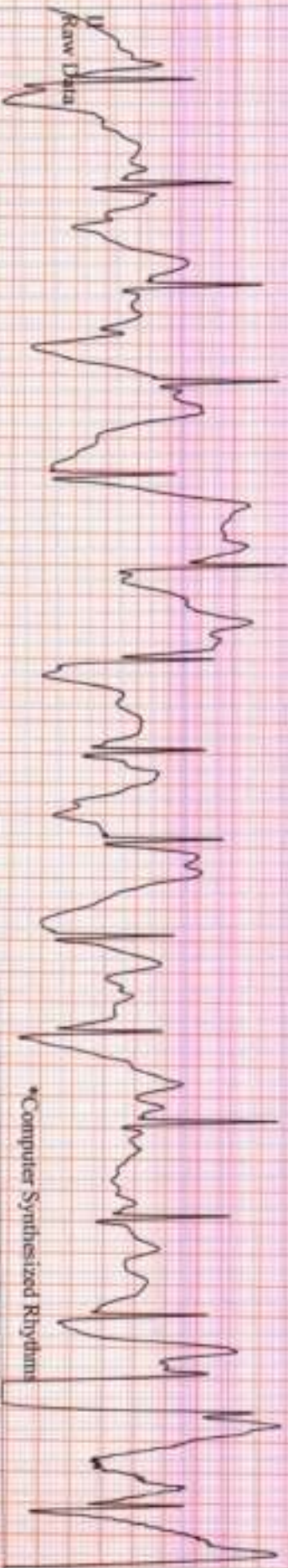
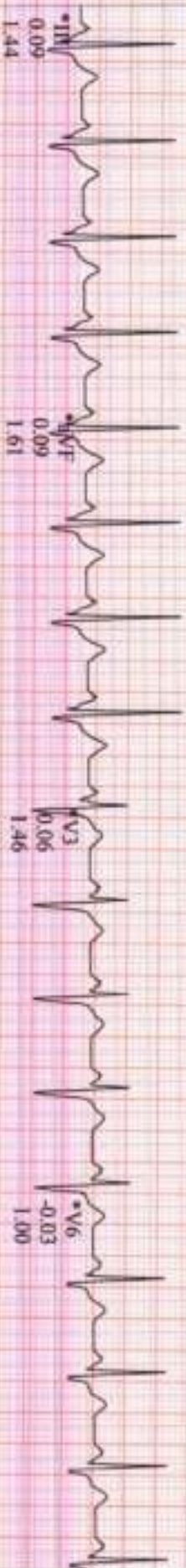
BRUCE

0.0 mph

0.0 %

SUBURBAN DIAGNOSTICS

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 FRF+ HR(V6,V5)

Start of Test: 10:22:28am

RAHUL, TAMORE

Patient ID 2335720173

23.12.2023

10:34:30am

Linked Medians

RECOVERY

#1

02:00

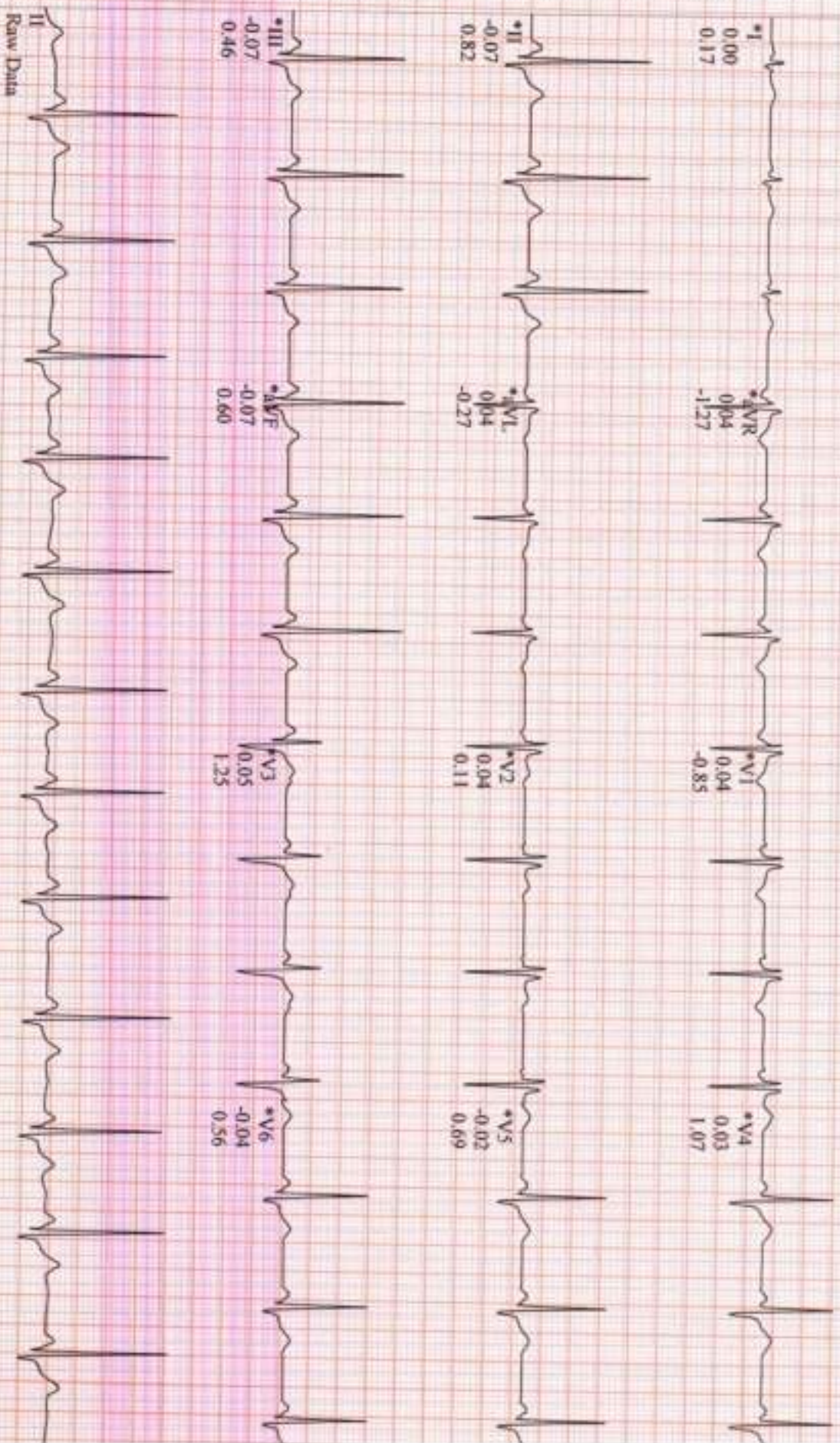
BRUCE

0.0 mph

0.0 %

SUBURBAN DIAGNOSTIC

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



Raw Data

*Computer Synthesized Rhythms

GE CardioSoft V6.73 (3)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,V5)

Start of Test: 10:22:28am

RAHUL, TAMORE

Patient ID: 2335720173

23.12.2023

10:35:30am

Linked Mediums

RECOVERY

#1

03:00

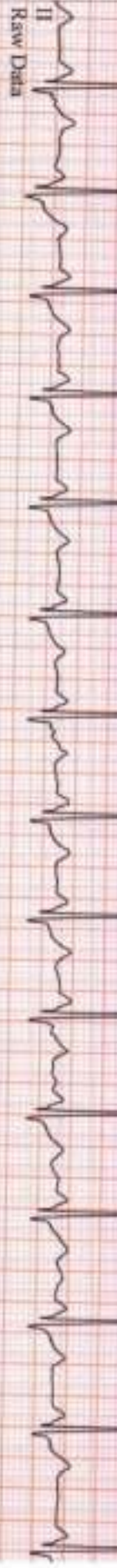
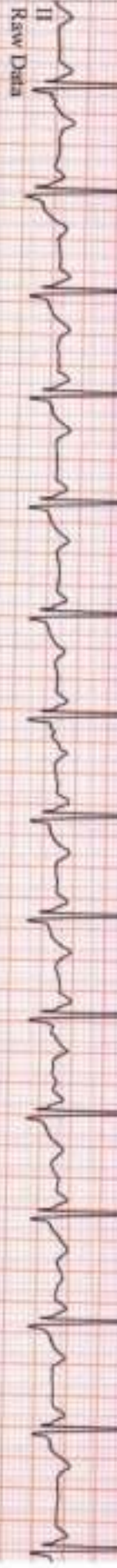
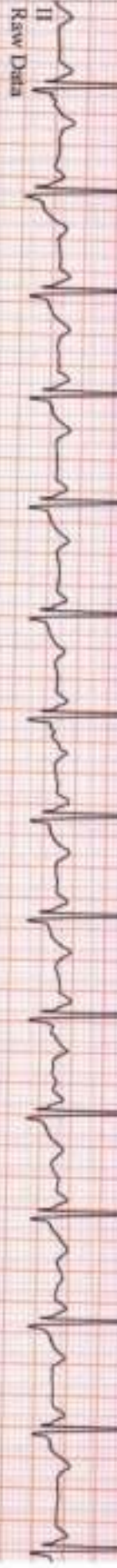
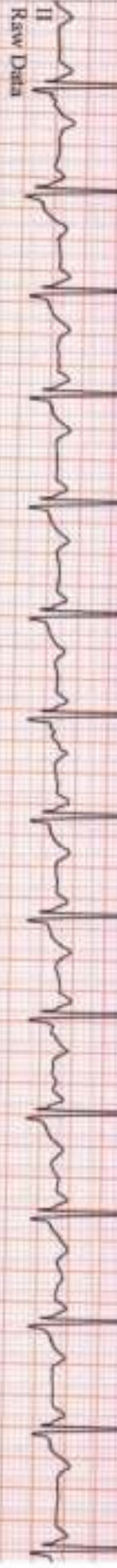
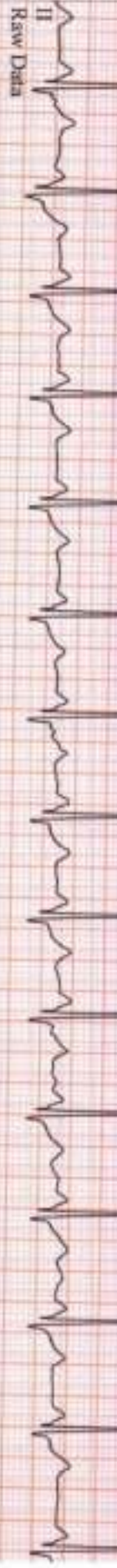
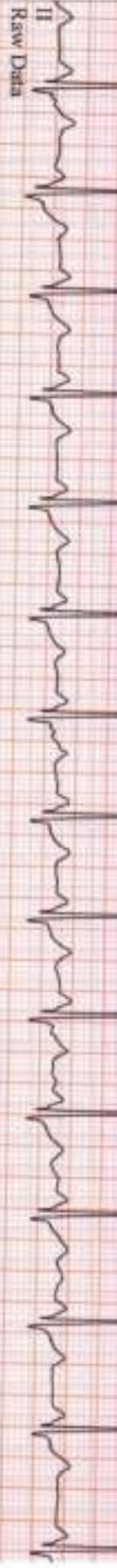
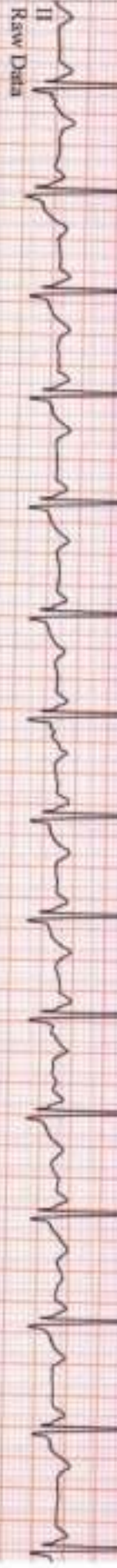
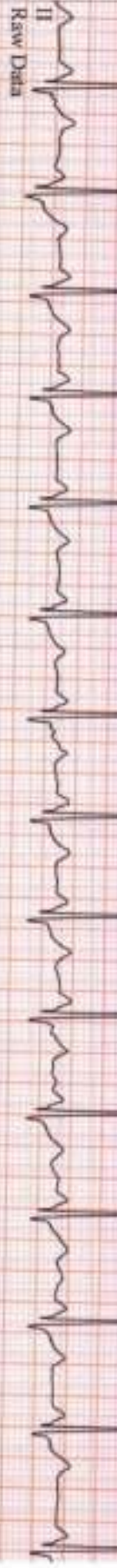
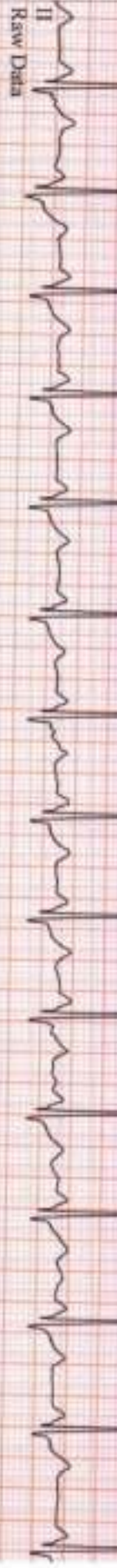
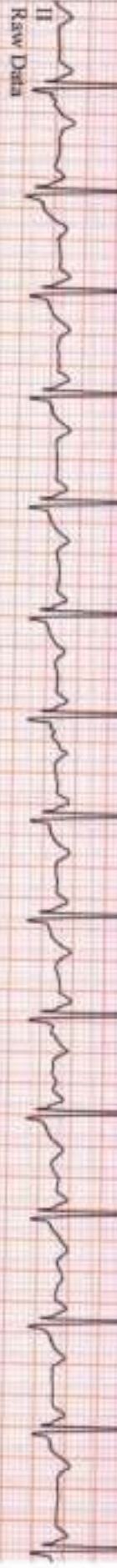
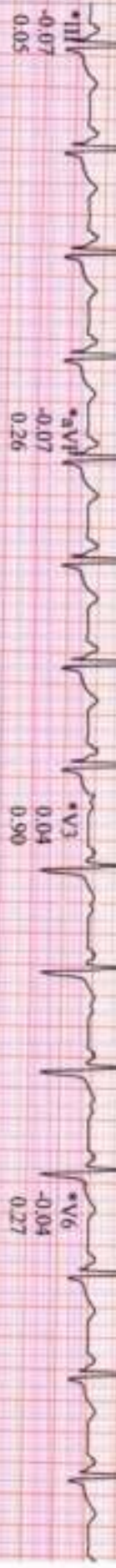
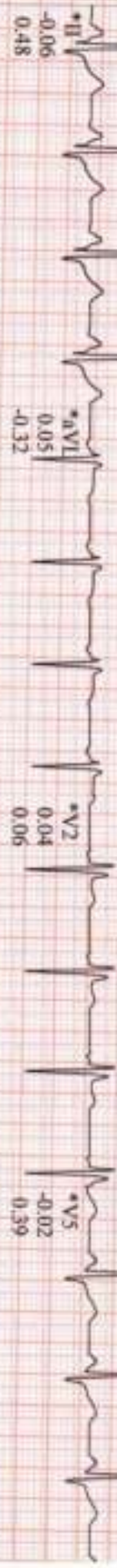
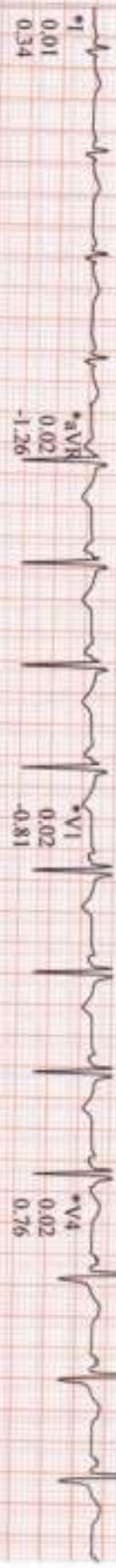
BRUCE

0.0 mph

0.0 %

SUBURBAN DIAGNOSTICS

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 FRF+ HR(V6,V5)

Start of Test: 10:22:28am