

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

Patient Details **Date:** 09-Aug-22 **Time:** 10:43:29 AM
Name: RAVI SRIVASTAVA **ID:** 2222105069
Age: 32 y **Sex:** M **Height:** 175 cms **Weight:** 94 Kgs
Clinical History: Routine Test

Medications: NONE

Test Details

Protocol: Bruce **Pr.MHR:** 188 bpm **THR:** 169 (90 % of Pr.MHR) bpm
Total Exec. Time: 5 m 21 s **Max. HR:** 162 (86% of Pr.MHR) bpm **Max. Mets:** 7.00
Max. BP: 150 / 80 mmHg **Max. BP x HR:** 24300 mmHg/min **Min. BP x HR:** 7760 mmHg/min
Test Termination Criteria: Target HR attained

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 15	1.0	0	0	97	130 / 80	-0.64 aVR	1.06 V4
Standing	0 : 25	1.0	0	0	109	130 / 80	-2.76 III	4.25 V4
Hyperventilation	0 : 19	1.0	0	0	100	130 / 80	-0.85 aVR	1.42 V4
1	3 : 0	4.6	1.7	10	136	130 / 80	-2.34 III	3.54 V3
Peak Ex	2 : 21	7.0	2.5	12	162	150 / 80	-2.12 III	5.66 III
Recovery(1)	1 : 0	1.8	1	0	137	150 / 80	-1.49 II	4.25 V4
Recovery(2)	0 : 10	1.0	0	0	127	150 / 80	-0.64 III	3.54 V4
Recovery(3)	0 : 10	1.0	0	0	122	150 / 80	-0.64 III	3.54 V4

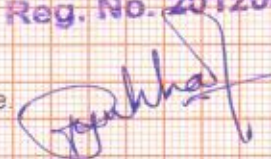
Interpretation

The patient exercised according to the Bruce protocol for 5 m 21 s achieving a work level of Max. METS : 7.00. Resting heart rate initially 97 bpm, rose to a max. heart rate of 162 (86% of Pr.MHR) bpm. Resting blood Pressure 130 / 80 mmHg, rose to a maximum blood pressure of 150 / 80 mmHg.

Good Effort Tolerance. Normal chronotropic and ionotropic response.
 No significant ST T changes as compared to Baseline.
 No Chest pain/ Arrhythmias noted during the test.
 Stress Test is Negative for Stress Induced Ischemia.

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

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



Ref. Doctor: AERFOCAMI

(Summary Report edited by user)

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

Doctor: DR. AKHIL PARULEKAR
 (C) Schiller Healthcare India Pvt. Ltd. V 4.7

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

RAVI SRIVASTAVA (32 M)

ID: 2222105069

Date: 09-Aug-22

Exec Time: 0 m 0 s

Stage Time: 0 m 15 s

HR: 97 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0%

(THR: 169 bpm)

B.P: 130 / 80

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

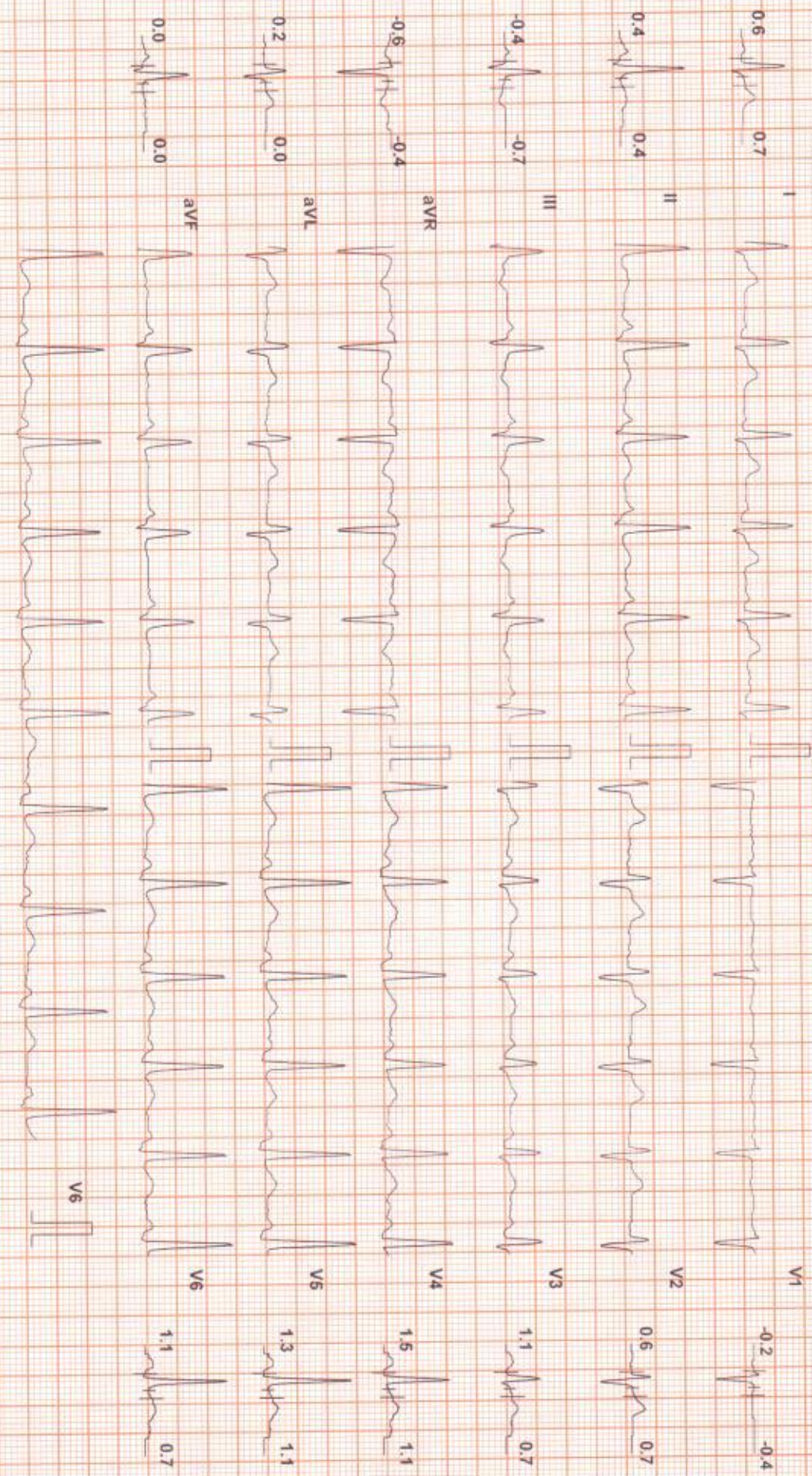


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO ± R - 60 ms

J = R + 60 ms

POST J = J + 60 ms

Schiller Standard V 4.7



SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

RAVI SRIVASTAVA (32 M)

ID: 2222105069

Date: 09-Aug-22

Exec Time: 0 m 0 s

Stage Time: 0 m 25 s **HR: 109 bpm**

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0%

(THR: 169 bpm)

B.P.: 130/80

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

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

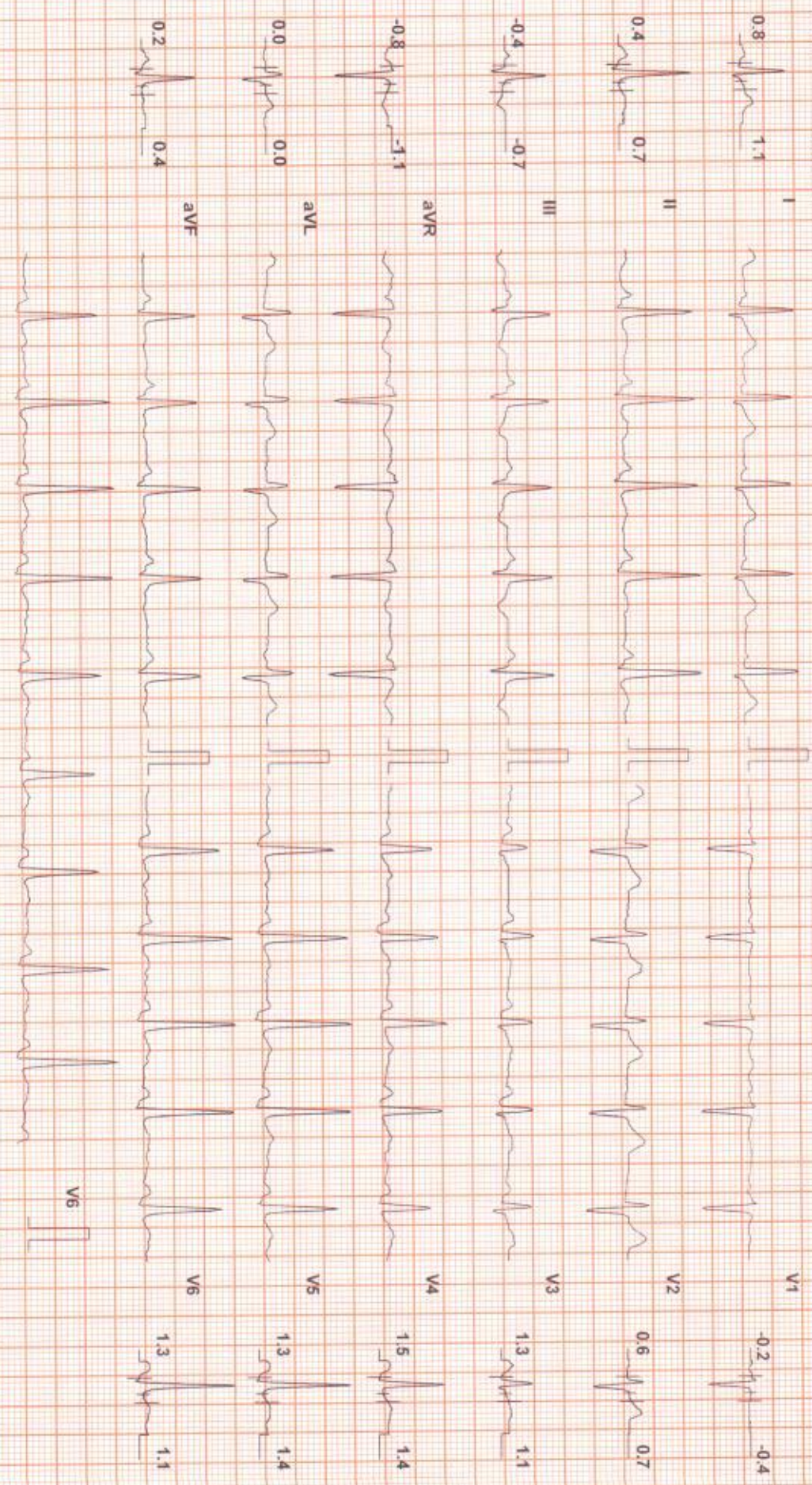


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr. ON

Amp: 10 mm

ISO: R: 60 ms

J: R: 60 ms

Post: J: 60 ms

Schiller Spandol V4.7



SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

RAVI SRIVASTAVA (32 M)

ID: 2222105069

Date: 09-Aug-22

Exec Time: 0 m 0 s

Stage Time: 0 m 19 s **HR: 100 bpm**

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0%

(THR: 169 bpm)

B.P: 130/80

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

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

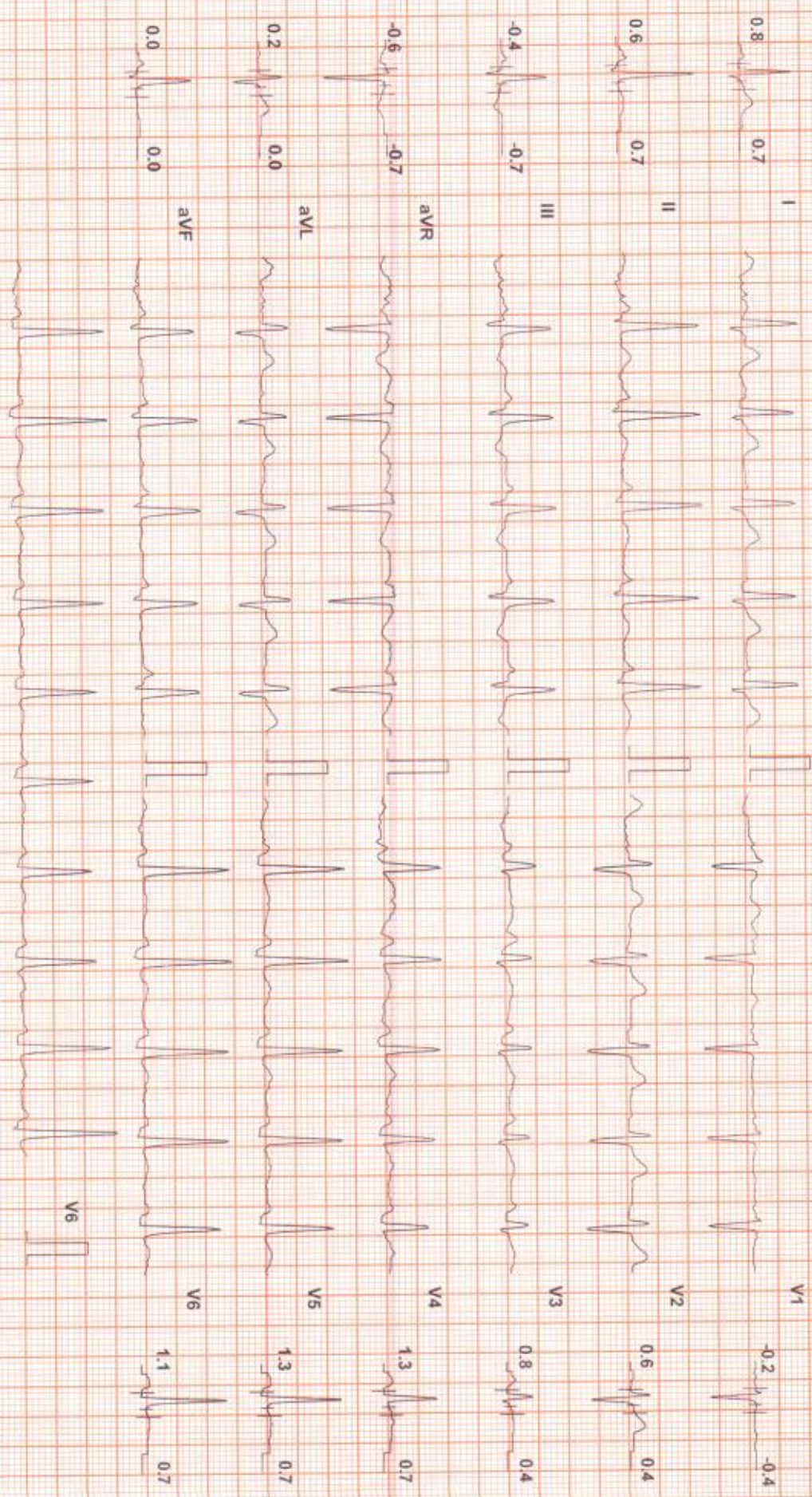


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO - R - 60 ms

J - R - 60 ms

Post J - J + 60 ms

Schuler-Saunders V.4.7



SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

RAVI SRIVASTAVA (32 M)

ID: 2222106069

Date: 09-Aug-22

Exec Time: 3 m 0 s

Stage Time: 3 m 0 s

HR: 136 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

THR: 169 bpm

B.P.: 130 / 80

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

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



Chart Speed 25 mm/sec

Filter 35 Hz

Mains Fil. ON

Amp. 10 mm

150 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Standard V 4.7



SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

RAVI SRIVASTAVA (32 M)

ID: 22222105069

Date: 09-Aug-22

Exec Time: 5 m 21 s

Stage Time: 2 m 21 s

HR: 162 bpm

Protocol: Brdce

Stage: Peak Ex

Speed: 2.5 mph

Grade: 12%

(THR: 169 bpm)

B.P: 150 / 80

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

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



Chart Speed 25 mm/sec

Filter 35 Hz

Mains Fil: ON

Amp: 10 mm

50 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Printer: Spandan V 4.7



SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

RAVI SRIVASTAVA (32 M)

ID: 2222105069

Date: 09-Aug-22

Exec Time: 5 m 21 s

Stage Time: 1 m 0 s

HR: 137 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 0 mph

Grade: 0%

(THR: 169 bpm)

B-P: 150/80

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

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

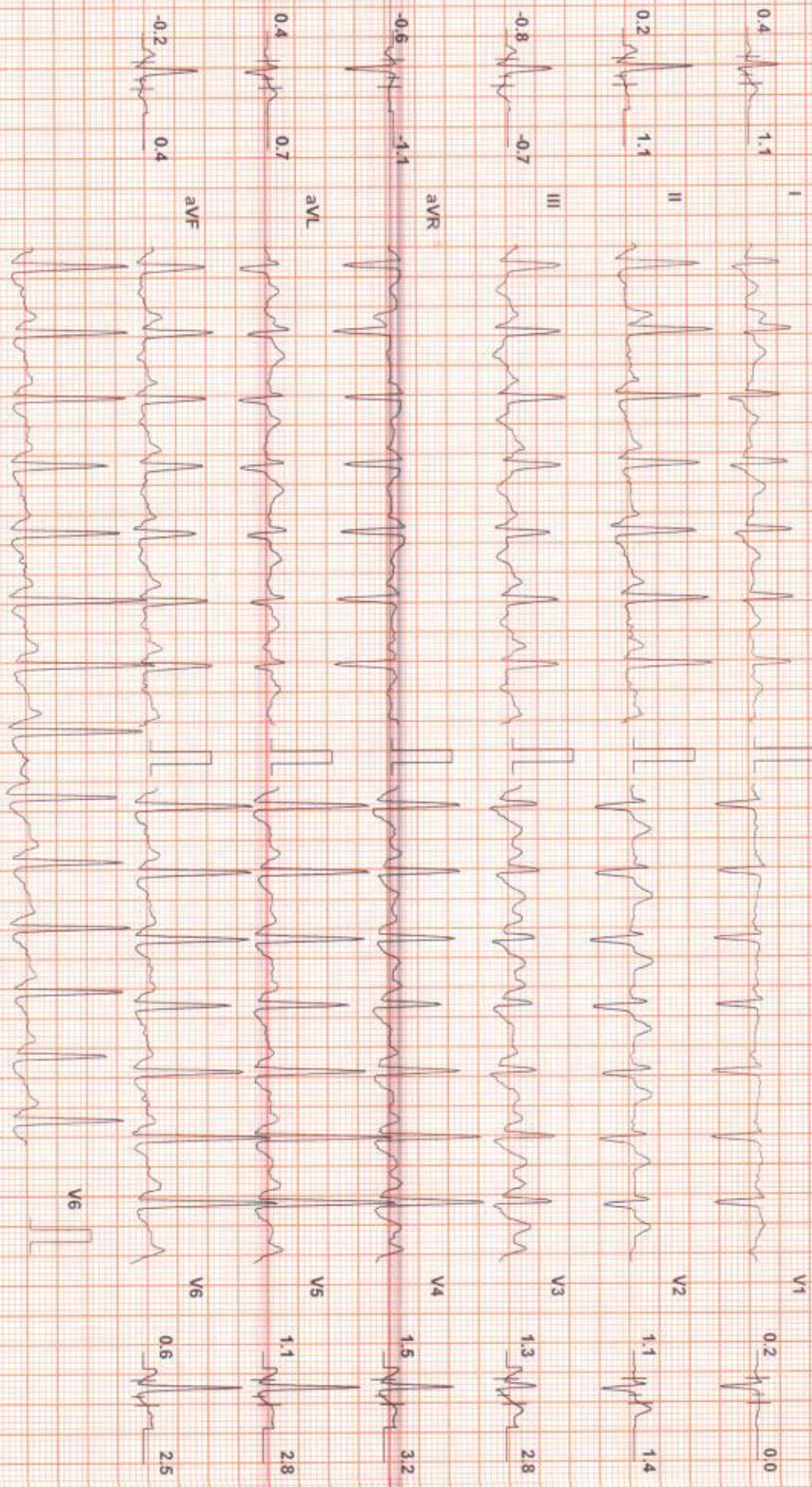


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 80 ms

J = R + 60 ms

Post J = J + 60 ms

Schuler Sponder V 47



SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

RAVI SRIVASTAVA (32 M)

Protocol: Bruce

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

ID: 2222105069 Date: 09-Aug-22 Exec Time: 5 m 21 s Stage Time: 0 m 10 s HR: 127 bpm
 Stage: Recovery(2) Speed: 0 mph Grade: 0% (THR: 169 bpm) B.P.: 150/80

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

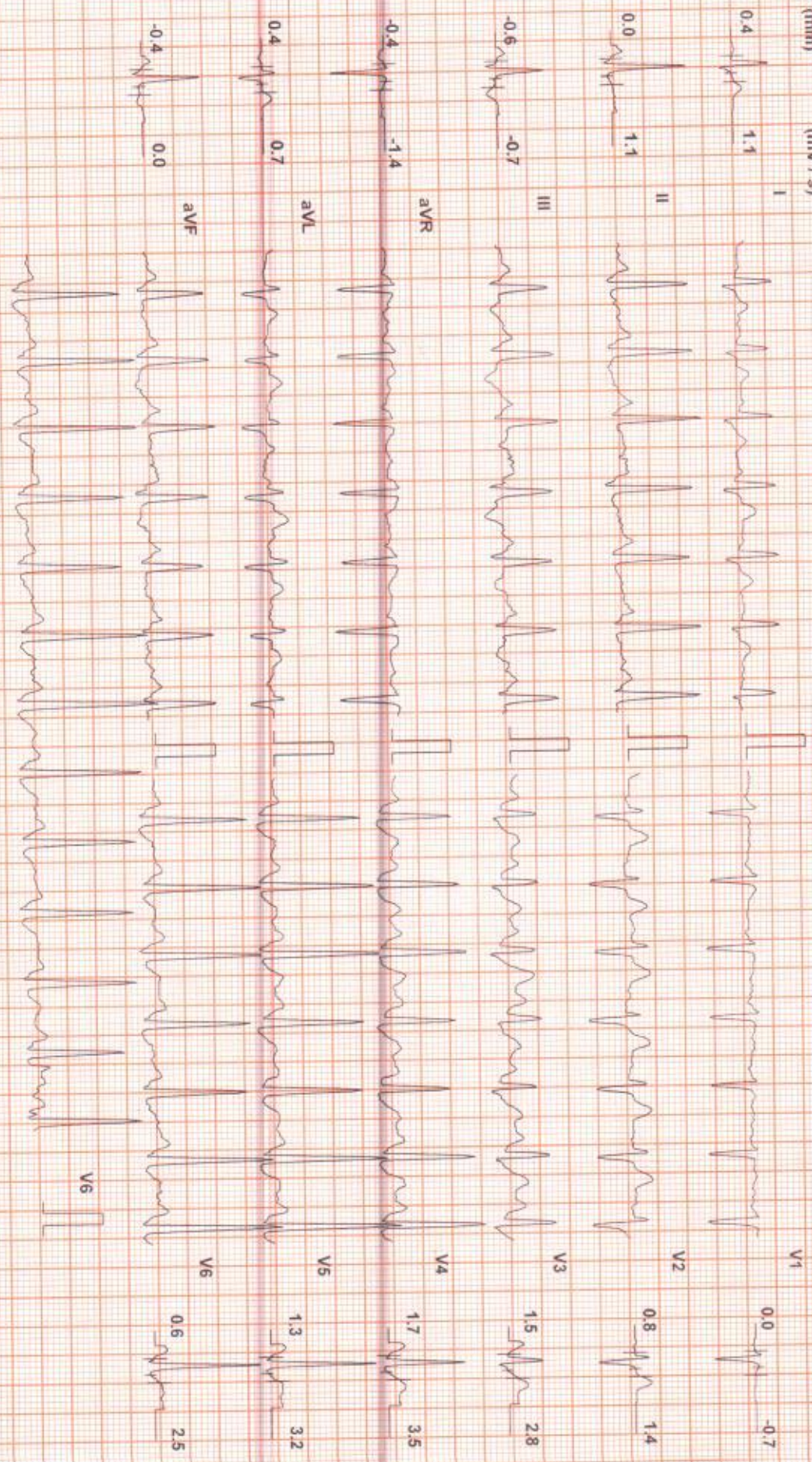


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = F - 60 ms

J = R + 60 ms

Post U = J + 60 ms

Scanner Spenidri V.4.7



SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

RAVI SRIVASTAVA (32 M)

ID: Z222105069

Date: 09-Aug-22

Exec Time: 5 m 21 s

Stage Time: 0 m 6 s

HR: 129 bpm

Protocol: Bruce

Stage Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 169 bpm)

B.P: 150 / 80

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

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



Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R: 60 ms

J = R + 60 ms

Post J = J + 60 ms

Scale: Standard V1.7



CID# : 2222105069
Name : MR.SRIVASTAVA RAVI NARAYAN
Age / Gender : 32 Years/Male
Consulting Dr. :-
Reg.Location : Kandivali East (Main Centre)

Collected : 09-Aug-2022 / 08:40
Reported : 10-Aug-2022 / 09:50

PHYSICAL EXAMINATION REPORT

History and Complaints:

H/o Asthma since 15 days.

EXAMINATION FINDINGS:

Height (cms): 175 cms
Temp (0c): Afebrile
Blood Pressure (mm/hg): 130/80
Pulse: 80/min

Weight (kg): 94 kgs
Skin: Normal
Nails: Normal
Lymph Node: Not palpable

Systems

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

IMPRESSION:

All the Blood Reports Normal
USG whole abdomen — left Renal cyst.

ADVICE:

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

CID# : 2222105069

Name : MR.SRIVASTAVA RAVI NARAYAN

Age / Gender : 32 Years/Male

Consulting Dr. :-

Collected : 09-Aug-2022 / 08:40

Reg.Location : Kandivali East (Main Centre)

Reported : 10-Aug-2022 / 09:50

CHIEF COMPLAINTS:

- | | |
|--|----------------|
| 1) Hypertension: | No |
| 2) IHD | No |
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis | No |
| 6) Asthama | except Asthama |
| 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 | Rarely |
| 2) Smoking | No |
| 3) Diet | Mixed |
| 4) Medication | For Asthma inhaler |

*** End Of Report ***

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

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

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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CID : 2222105069
Name : Mr SRIVASTAVA RAVI NARAYAN
Age / Sex : 32 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 09-Aug-2022
Reported : 09-Aug-2022 / 10:05

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USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (13 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 measures 10 mm and CBD measures 3.4 mm. 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:

Right kidney measures 10.6 x 5.2 cm. Left kidney measures 10.8 x 4.9 cm.
A 2.5 x 2.0 cms sized exophytic cyst is noted at the lower pole of left kidney.
Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus, hydronephrosis is seen.

SPLEEN:

The spleen is normal in size (8.8 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 3.8 x 3.0 x 2.8 cm and volume is 16.9 cc.

IMPRESSION:

GRADE II FATTY LIVER.
LEFT RENAL SIMPLE EXOPHYTIC CYST .

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

This report is prepared and physically checked by Dr Akash Chhari before dispatch.

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?
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Page no 1 of 1

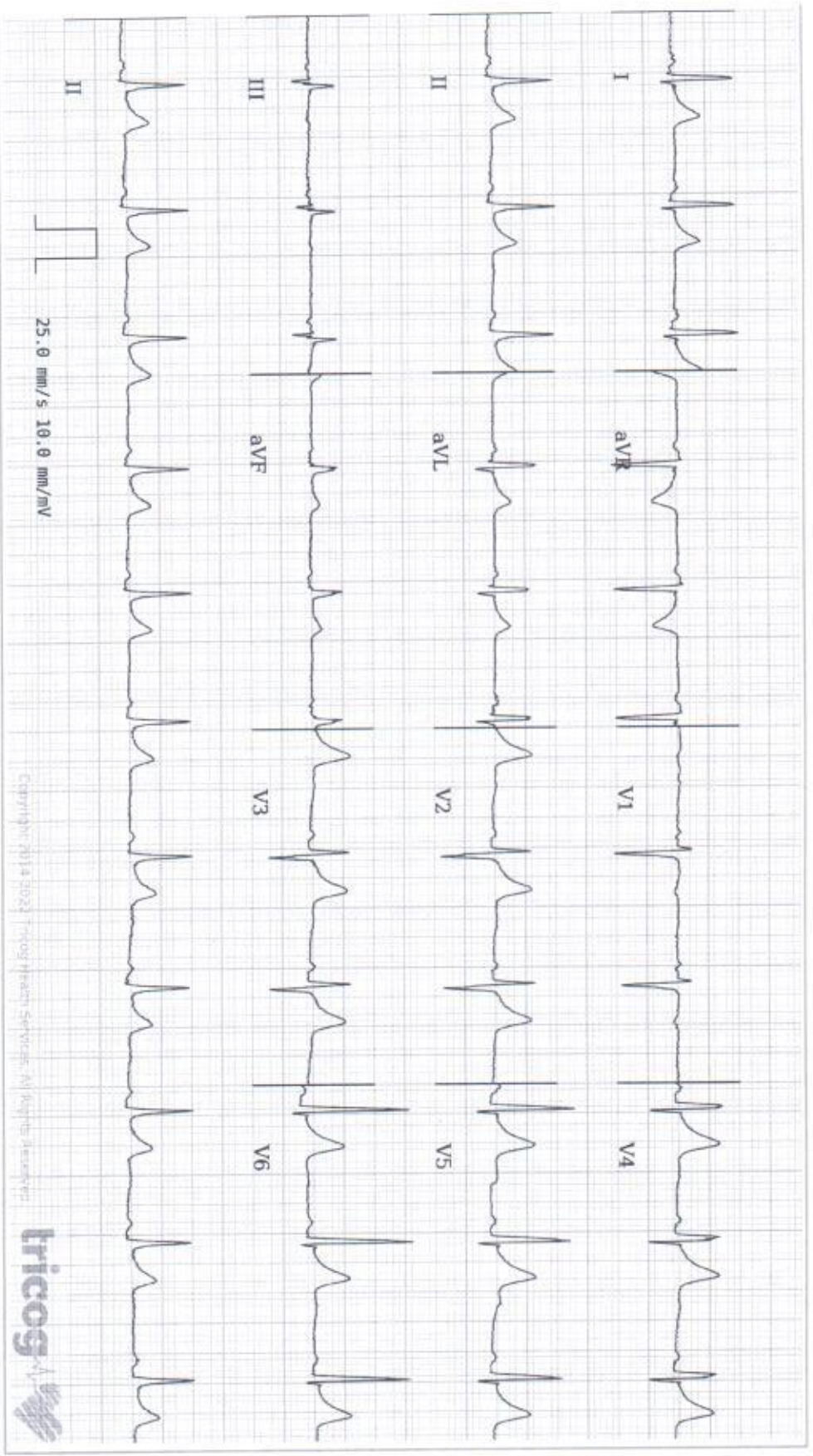
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HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

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SUBURBAN DIAGNOSTICS - KANDIVALI EAST

Patient Name: SRIVASTAVA RAVI NARAYAN Date and Time: 9th Aug 22 9:15 AM
Patient ID: 2222105069



25.0 mm/s 10.0 mm/mV

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Age **32** 7 25
years months days

Gender **Male**

Heart Rate **69bpm**

Patient Vitals

BP: 130/80 mmHg

Weight: 94 Kg

Height: 175 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 94ms

QT: 374ms

QTc: 400ms

PR: 126ms

P-R-T: 19° 34° 25°

REPORTED BY

Dr. Akhil Parulekar

DR. AKHIL PARULEKAR
MBBS, MD, MEDICINE, DNB Cardiology
Cardiologist
2012082483

ECG Within Normal Limits: Sinus Rhythm, Normal Axis. Please correlate clinically.

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.

Row House No. 3, Aangan,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Mobile: 617000000

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and 2) Patient vitals are as entered by the clinician and not derived from the ECG.



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CID : 2222105069
Name : Mr SRIVASTAVA RAVI NARAYAN
Age / Sex : 32 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 09-Aug-2022
Reported : 09-Aug-2022 / 18:34

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.

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. X ray is known to have inter-observer variations. Further / follow up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Please interpret accordingly.

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

This report is prepared and physically checked by Dr. Shrikant Bodke before dispatch.


DR. SHRIKANT M. BODKE
D.M.R.E., M.B.B.S.
Reg. No. 2006/04/2376

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2022080908412374>

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HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

Date:- 9/8/22

CID: 222105069

Name:- MR. Srivastava Ravi Narayan

Sex/Age: M/33

EYE CHECK UP

Chief complaints: Routine eyecheckup.

Systemic Diseases: Asthma & V.R.X.

Past history: H/O of glasses :- Grown in back. Last checkup :- 2 months back.

Unaided Vision: —

Aided Vision: Vn < 6/6, N.B.
6/6, N.B.

Refraction: —

Eoms is normal.

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: Vn within normal limits



KAJAL NAGRECHA

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

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DENTAL CHECK - UP

Name:- *Shrivastava Ravi Narayan* CID: *2222105069* Sex / Age: *M / 32*

Occupation:- _____ Date: *09 05 2022*

Chief complaints:- *Sensitivity*

Medical / dental history:- *No relevant history*

GENERAL EXAMINATION:

1) Extra Oral Examination:

- a) TMJ: *Normal movements*
- b) Facial Symmetry: *Bilateral asymmetrical.*

2) Intra Oral Examination:

- a) Soft Tissue Examination: *Normal*
- b) Hard Tissue Examination: *Cavious $\frac{6}{87/78}$*
- c) Calculus:

Stains:

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

<input type="radio"/>	Missing	#	Fractured
<input type="radio"/>	Filled/Restored	RCT	Root Canal Treatment
<input type="radio"/>	Cavity/Caries	RP	Root Piece

Advised: a) *Filling for Cavious teeth.*

Provisional Diagnosis:-

- Pulpitis -

L.K. BHUMIK PATEL
(B.D.S) A - 23378

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

Dr. Bhumik Patel
rd

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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CID : 2222105069
Name : MR.SRIVASTAVA RAVI NARAYAN
Age / Gender : 32 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 09-Aug-2022 / 08:43
Reported : 09-Aug-2022 / 12:59

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	13.9	13.0-17.0 g/dL	Spectrophotometric
RBC	4.68	4.5-5.5 mil/cmm	Elect. Impedance
PCV	41.5	40-50 %	Measured
MCV	89	80-100 fl	Calculated
MCH	29.7	27-32 pg	Calculated
MCHC	33.5	31.5-34.5 g/dL	Calculated
RDW	15.2	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	9810	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	31.9	20-40 %	
Absolute Lymphocytes	3129.4	1000-3000 /cmm	Calculated
Monocytes	5.2	2-10 %	
Absolute Monocytes	510.1	200-1000 /cmm	Calculated
Neutrophils	58.1	40-80 %	
Absolute Neutrophils	5699.6	2000-7000 /cmm	Calculated
Eosinophils	4.7	1-6 %	
Absolute Eosinophils	461.1	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	9.8	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	416000	150000-400000 /cmm	Elect. Impedance
MPV	8.5	6-11 fl	Calculated



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Age / Gender : 32 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 09-Aug-2022 / 08:43
Reported : 09-Aug-2022 / 13:09

PDW 14.0 11-18 % Calculated

RBC MORPHOLOGY

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

WBC MORPHOLOGY -

PLATELET MORPHOLOGY -

COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB 21 2-15 mm at 1 hr. Westergren

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

*** End Of Report ***



MC-2111

Bmhasakar

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



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Name : MR.SRIVASTAVA RAVI NARAYAN
Age / Gender : 32 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 09-Aug-2022 / 08:43
Reported : 09-Aug-2022 / 13:33

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	91.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	111.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.33	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.18	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.0	1 - 2	Calculated
SGOT (AST), Serum	26.8	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	45.8	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	37.4	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	81.1	40-130 U/L	Colorimetric
BLOOD UREA, Serum	20.5	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.6	6-20 mg/dl	Calculated



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Name : MR.SRIVASTAVA RAVI NARAYAN
Age / Gender : 32 Years / Male
Consulting Dr. : -
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CREATININE, Serum	0.91	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	103	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	8.3	3.5-7.2 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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



Anupa

Dr. ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab
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Name : MR.SRIVASTAVA RAVI NARAYAN
Age / Gender : 32 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

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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	5.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	122.6	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



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M. Sharma
Dr. MEGHA SHARMA
M.D. (PATH), DNB (PATH)
Pathologist



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
EXAMINATION OF FAECES**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<u>PHYSICAL EXAMINATION</u>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<u>CHEMICAL EXAMINATION</u>		
Reaction (pH)	Acidic (6.0)	-
Occult Blood	Absent	Absent
<u>MICROSCOPIC EXAMINATION</u>		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Absent	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present +	-
Concentration Method (for ova)	No ova detected	Absent
Reducing Substances	-	Absent

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Bmhasakar
Dr.KETAKI MHASKAR
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Pathologist



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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)	6.5	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	
Others	-		

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Bmhaskar

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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

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*** End Of Report ***



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	176.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	157.1	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	44.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	132.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	101.0	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	31.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.3	0-3.5 Ratio	Calculated

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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	4.7	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	19.5	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.98	0.35-5.5 microIU/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 becuase of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

Limitations:

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

Reference:

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

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