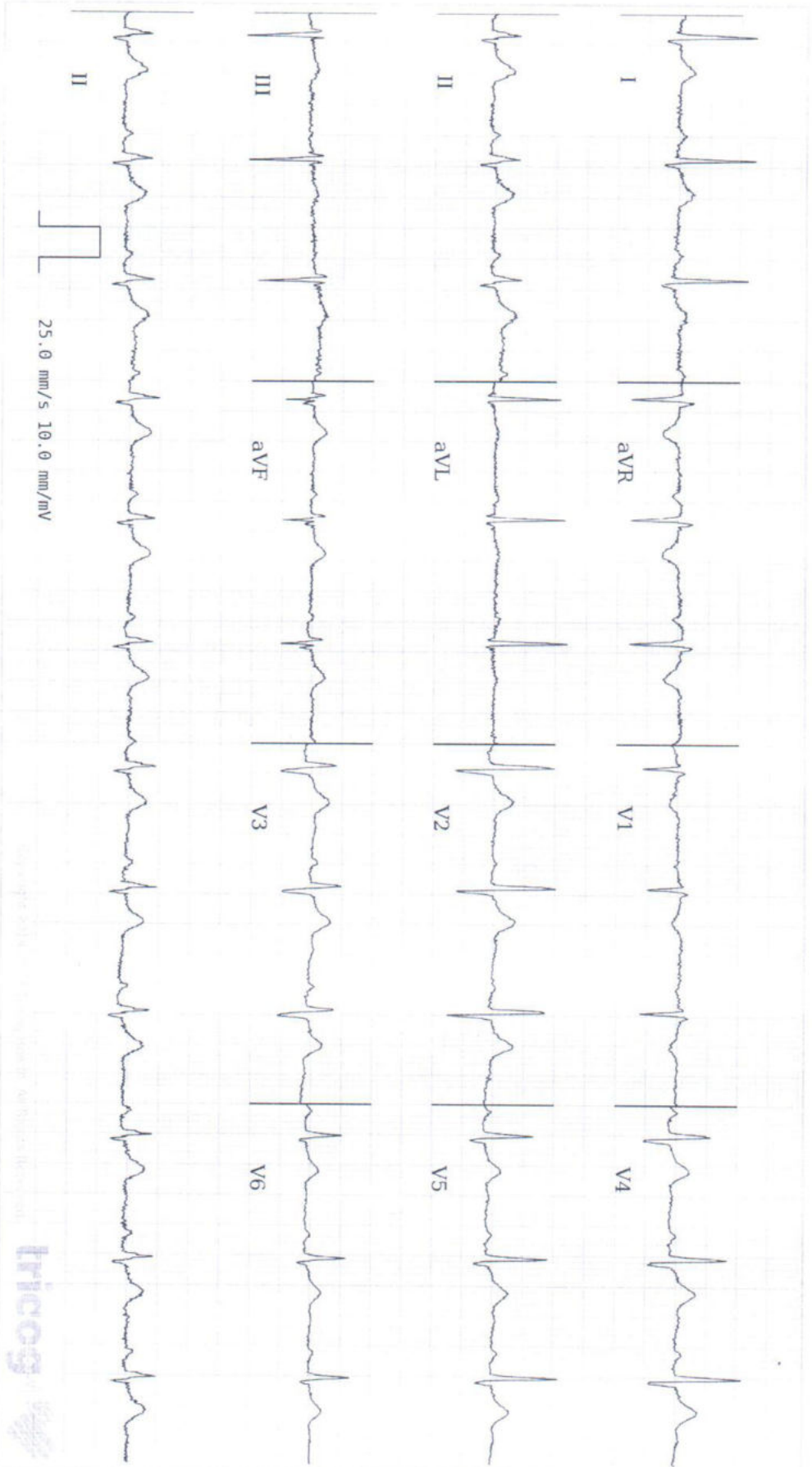


Patient Name: KOLI ABHIJEET NANDKUMAR Date and Time: 14th Apr 23 10:58 AM
Patient ID: 2310417336



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

Age 36 3 19
years months days

Gender Male

Heart Rate 74bpm

Patient Vitals

BP: NA
Weight: 84 kg
Height: 170 cm
Pulse: NA
Spo2: NA
Resp: NA
Others:

Measurements

QRSD: 88ms
QT: 366ms
QTcB: 406ms
PR: 158ms
P-R-T: 32° -15° 47°

REPORTED BY

Dr. M. B. S. Shinde
MBBS, DNB Medicine
2011/05/1544

SUBURBAN DIAGNOSTICS PVT. LTD.
Seraph Centre, Opp. Pentagon Mall,
Near Panchami Hotel,
Shahu College Road, Pune-411 009.
Tel: 020-41094509

Dr. I. U. BAMB
M.B.B.S., M.D. (Medicine)
Reg. No. 39452

Suburban Diagnostics Center ,Pune

Patient Details Date: 14-Apr-23 Time: 11:04:47 AM
Name: ABHIJEET KOLI ID: 2310417336
Age: 36 y Sex: M Height: 170 cms Weight: 84 Kgs
Clinical History: NO

Medications: NO

Test Details

Protocol: Bruce Pr.MHR: 184 bpm THR: 165 (90 % of Pr.MHR) bpm
Total Exec. Time: 6 m 36 s Max. HR: 157 (85% of Pr.MHR)bpm Max. Mets: 10.20
Max. BP: 162 / 82 mmHg Max. BP x HR: 25434 mmHg/min Min. BP x HR: 6400 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 : 16	1.0	0	0	89	130 / 80	-1.06 aVR	1.42 II
Standing	0 : 12	1.0	0	0	80	130 / 80	-1.27 aVR	1.42 II
Hyperventilation	0 : 3	1.0	0	0	83	130 / 80	-1.27 aVR	1.06 I
1	3 : 0	4.6	1.7	10	134	142 / 80	-1.91 V6	3.18 II
2	3 : 0	7.0	2.5	12	150	156 / 82	-2.12 aVR	4.60 II
Peak Ex	0 : 36	10.2	3.4	14	157	162 / 82	-1.49 aVR	4.60 II
Recovery(1)	1 : 0	1.8	1	0	135	162 / 82	-2.97 aVR	5.66 II
Recovery(2)	1 : 0	1.0	0	0	123	162 / 82	-3.40 aVR	5.66 II
Recovery(3)	1 : 0	1.0	0	0	110	162 / 82	-2.12 aVR	5.31 II
Recovery(4)	0 : 27	1.0	0	0	105	162 / 82	-1.70 aVR	2.83 II

Interpretation

Good Effort Tolerance.
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 dose not rule out coronary artery Diseases
Positive Stress Test is Suggestive but not confirmatory of Coronary Artery
Disease.
Hence Clinical Correlation is mandatory.

Dr. I. U. BAMB
M.B.B.S., M.D. (Medicine)
Reg. No. 39452

Ref. Doctor: ARCOFEMI
(Summary Report edited by user)

Doctor: I U BAMB

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

ABHIJEET KOLI (36 M)

Suburban Diagnostics Center, Pune

Test Report

Protocol: Bruce

ID: 2310417336

Date: 14-Apr-23

Exec Time : 0 m 0 s

Stage Time : 0 m 10 s

HR: 80 bpm

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 165 bpm)

B.P.: 130 / 80

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

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

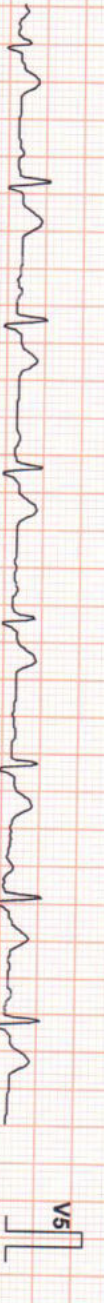
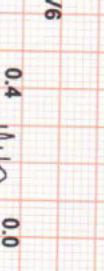
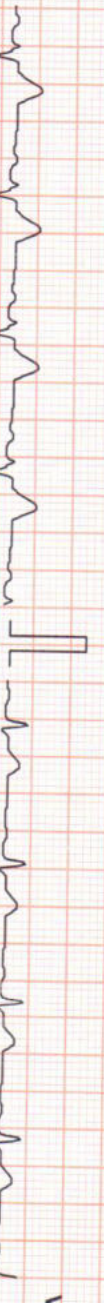
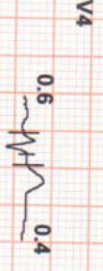
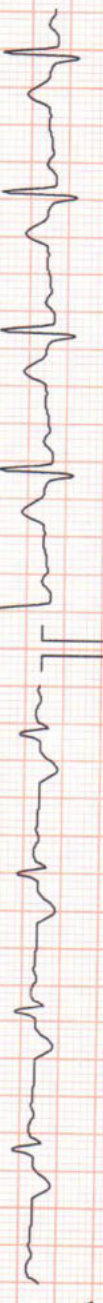
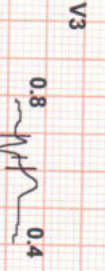
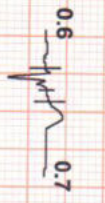
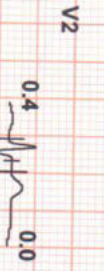
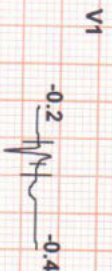
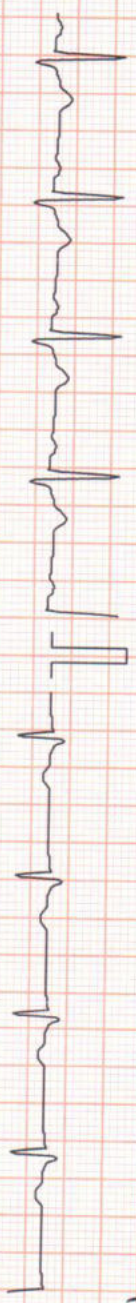
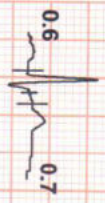


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



ABHIJEET KOLI (36 M)

Suburban Diagnostics Center, Pune

Test Report

Protocol: Bruce

ID: 2310417336

Date: 14-Apr-23

Exec Time : 0 m 0 s

Stage Time : 0 m 6 s

HR: 81 bpm

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 165 bpm)

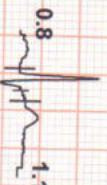
B.P: 130 / 80

ST Level (mm)

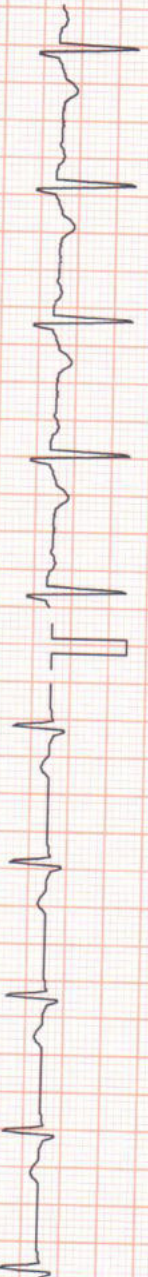
ST Slope (mV/s)

ST Level (mm)

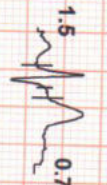
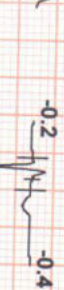
ST Slope (mV/s)



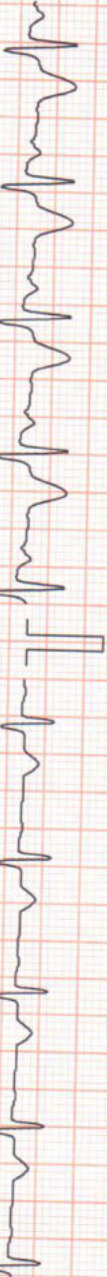
I



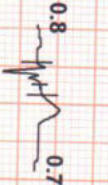
V1



II



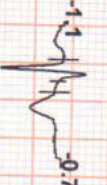
V2



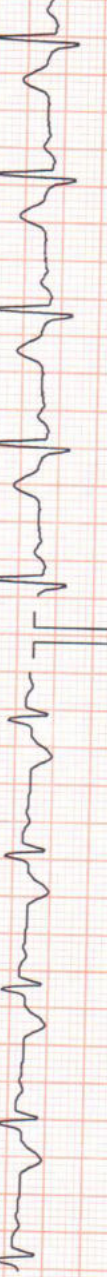
III



V3



aVR



V4



aVL



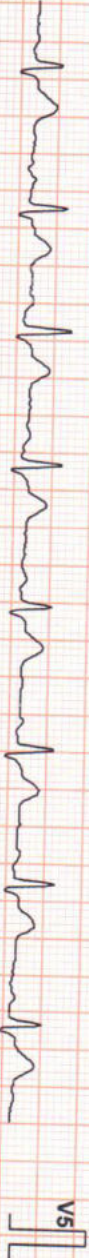
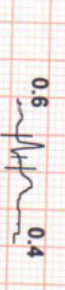
V5



aVF



V6



V5

Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



ABHIJEET KOLI (36 M)

Suburban Diagnostics Center, Pune

ID: 2310417336

Date: 14-Apr-23

Exec Time : 0 m 0 s

Stage Time : 0 m 9 s

Test Report

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 165 bpm)

HR: 81 bpm

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

B.P.: 130 / 80

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

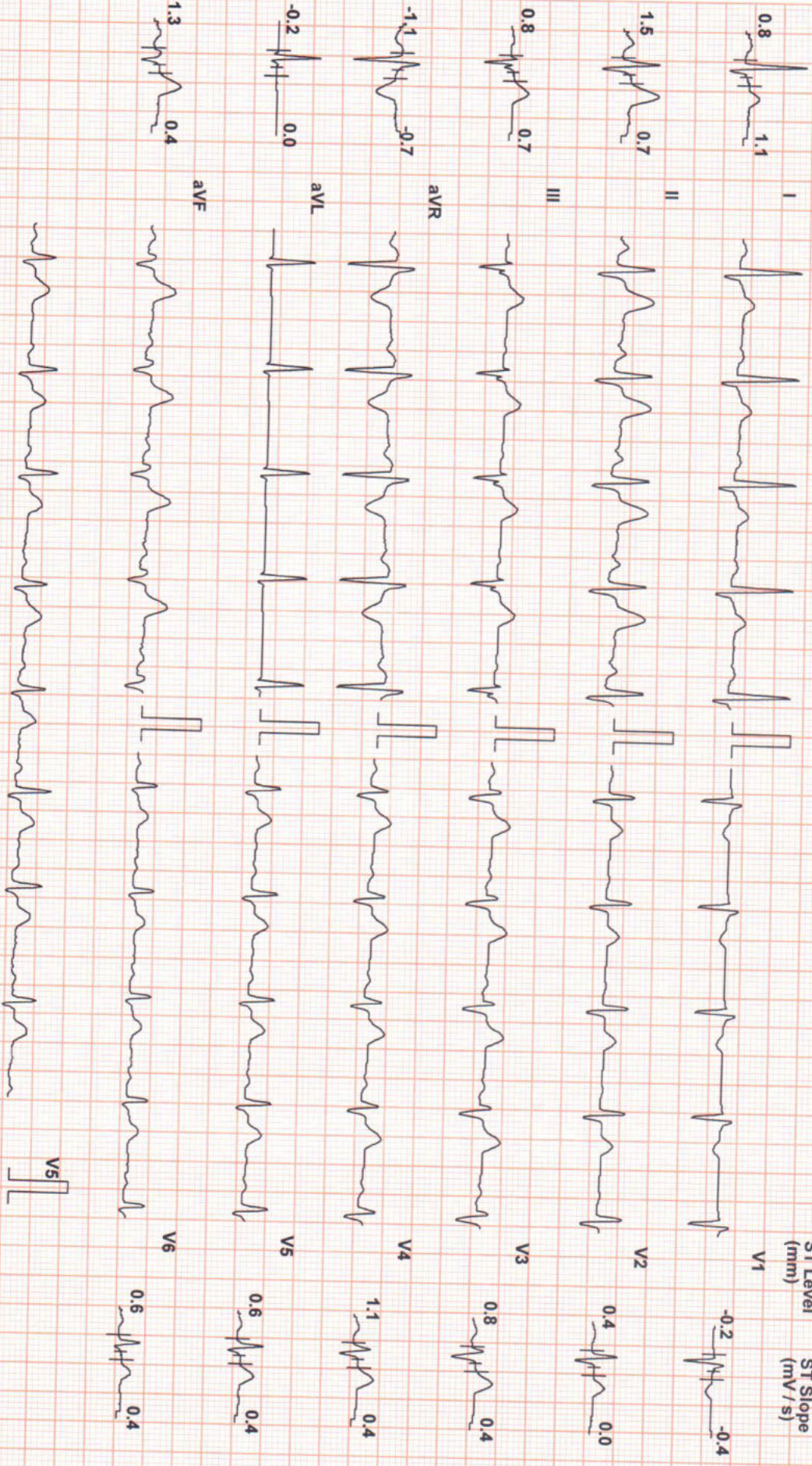


Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



ABHIJEET KOLI (36 M)

Suburban Diagnostics Center, Pune

Test Report

Protocol: Bruce

ID: 2310417336

Date: 14-Apr-23

Exec Time : 2 m 54 s Stage Time : 2 m 54 s

HR: 134 bpm

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 165 bpm)

B.P.: 142 / 80

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

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

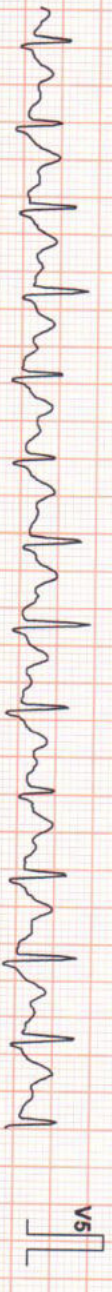
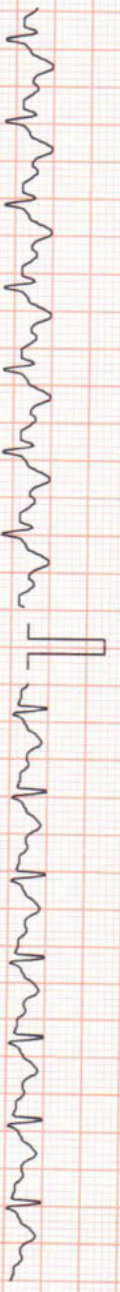
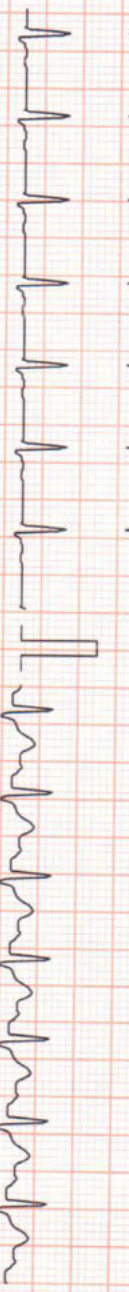
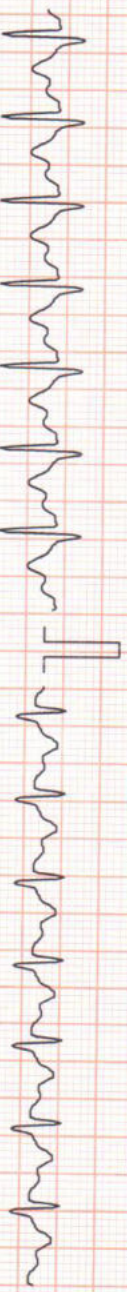
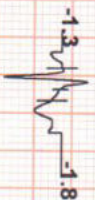
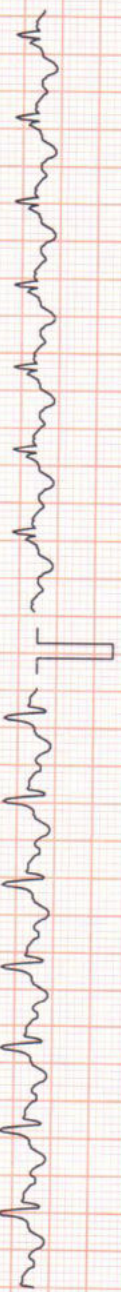
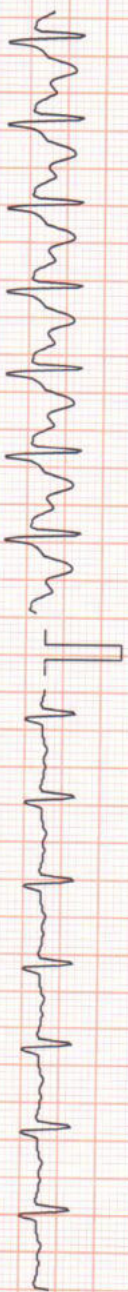
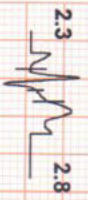
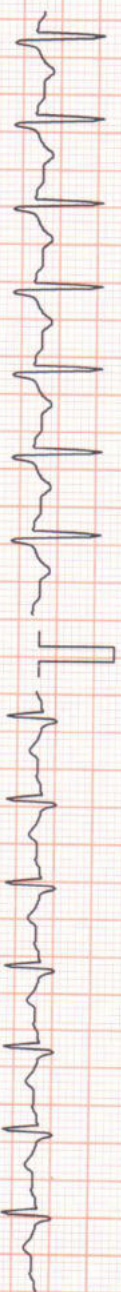


Chart Speed: 25 mm/sec
Schiller Spandax V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



ABHIJEET KOLI (36 M)

Suburban Diagnostics Center, Pune

Test Report

Protocol: Bruce

ID: 2310417336

Date: 14-Apr-23

Exec Time : 5 m 54 s Stage Time : 2 m 54 s

HR: 150 bpm

Stage: 2

Speed: 2.5 mph

Grade: 12%

(THR: 165 bpm)

B.P.: 156 / 82

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

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

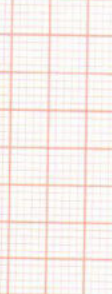
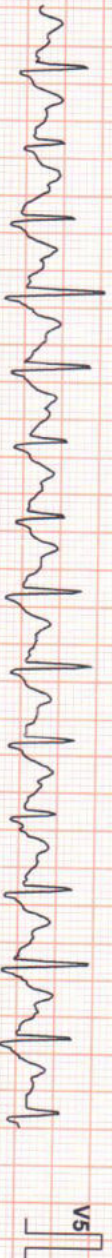
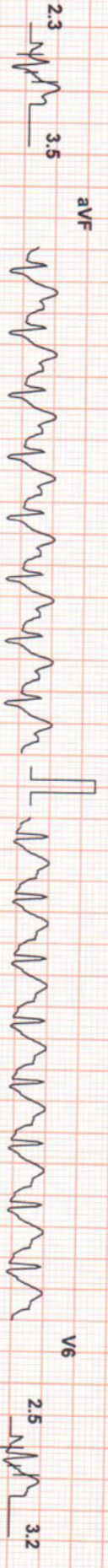
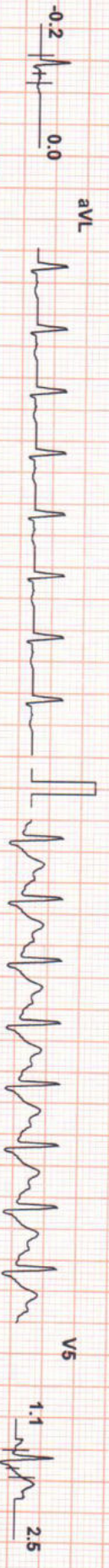
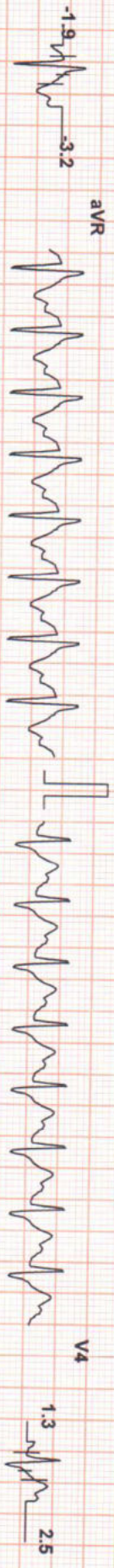
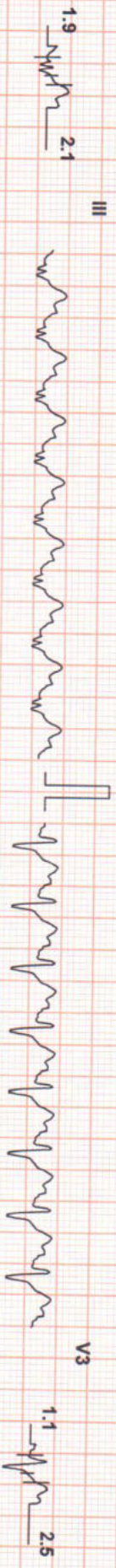
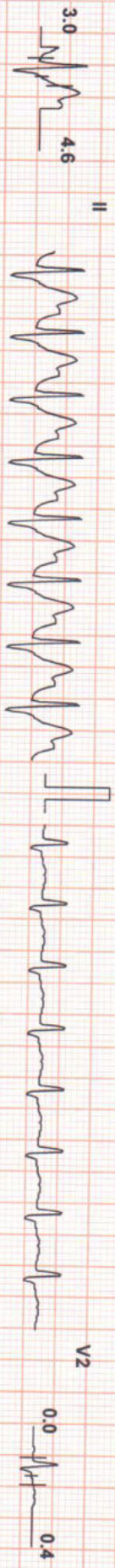


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



Suburban Diagnostics Center, Pune

Test Report

ABHIJEET KOLI (36 M)

ID: 2310417336

Date: 14-Apr-23

Exec Time : 6 m 30 s Stage Time : 0 m 30 s **HR: 157 bpm**

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 165 bpm)

B.P.: 162 / 82

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

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

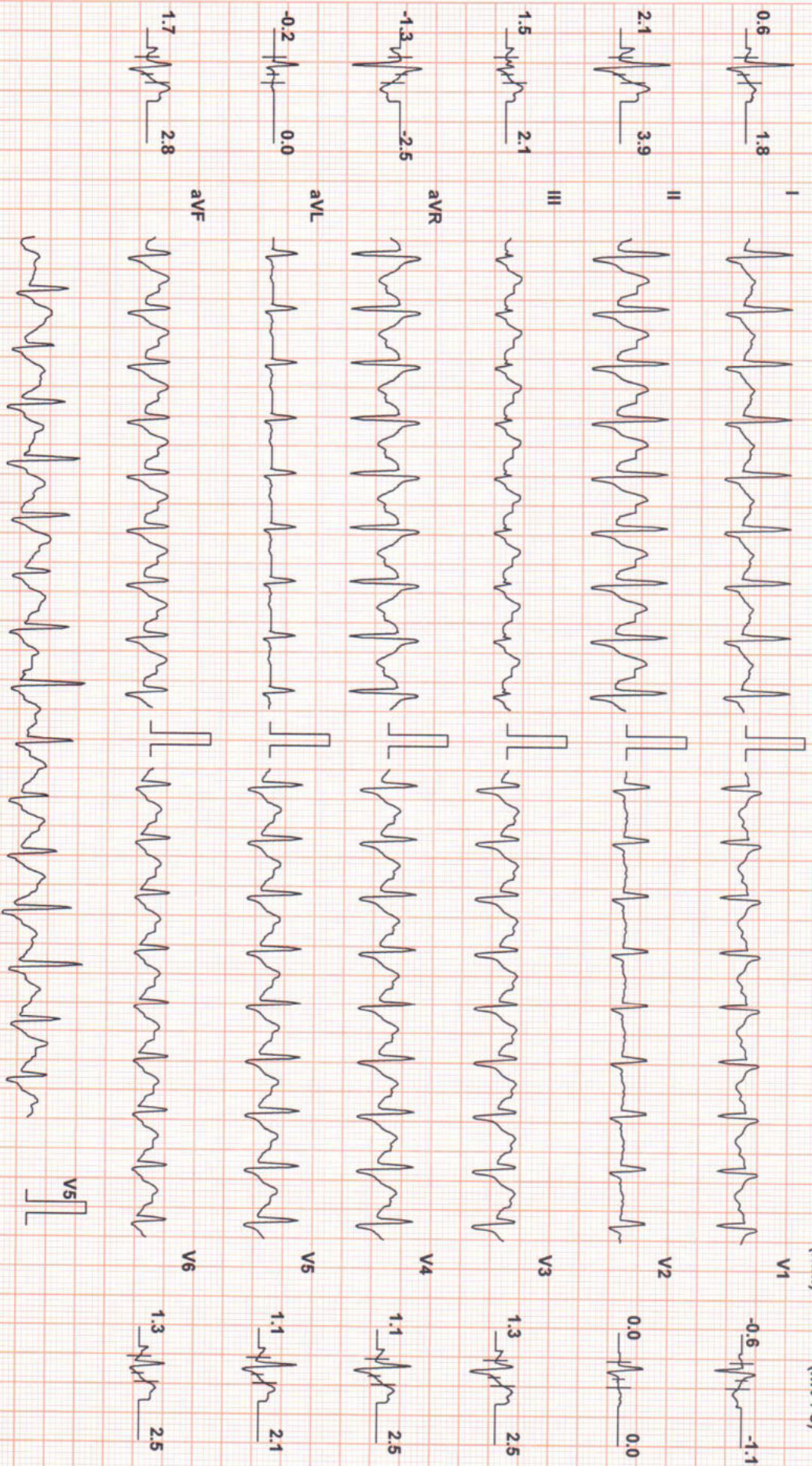


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

Linked Median



ABHIJEET KOLI (36 M)

Suburban Diagnostics Center, Pune

Test Report

Protocol: Bruce

ID: 2310417336
Stage: Recovery(1)

Date: 14-Apr-23
Speed: 1 mph

Exec Time : 6 m 36 s
Grade: 0 %

Stage Time : 0 m 54 s
(THR: 165 bpm)

HR: 138 bpm
B.P.: 162 / 82

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

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

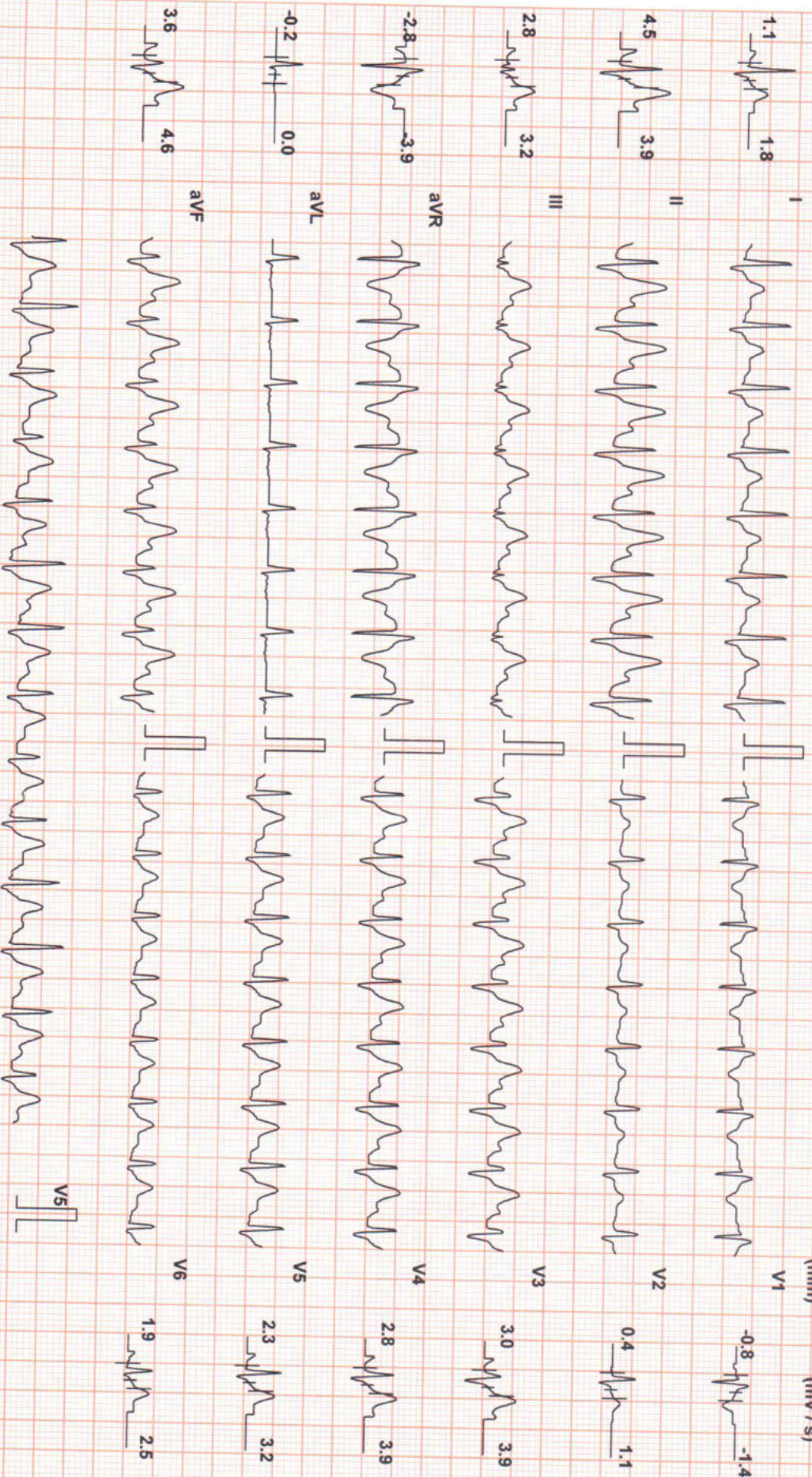


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V4.7

Linked Median



ABHIJEET KOLI (36 M)

Suburban Diagnostics Center, Pune

Test Report

Protocol: Bruce

ID: 2310417336 Date: 14-Apr-23 Exec Time : 6 m 36 s Stage Time : 0 m 54 s HR: 123 bpm
Stage: Recovery(2) Speed: 0 mph Grade: 0 % (THR: 165 bpm) B.P.: 162 / 82

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 = J + 60 ms

Linked Median

Schiller Spandan V 4.7



ABHIJEET KOLI (36 M)

Suburban Diagnostics Center, Pune

Test Report

Protocol: Bruce

ID: 2310417336

Date: 14-Apr-23

Exec Time : 6 m 36 s

Stage Time : 0 m 21 s

HR: 107 bpm

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

Stage: Recovery(4)

Speed: 0 mph

Grade: 0 %

(THR: 165 bpm)

B.P: 162 / 82

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

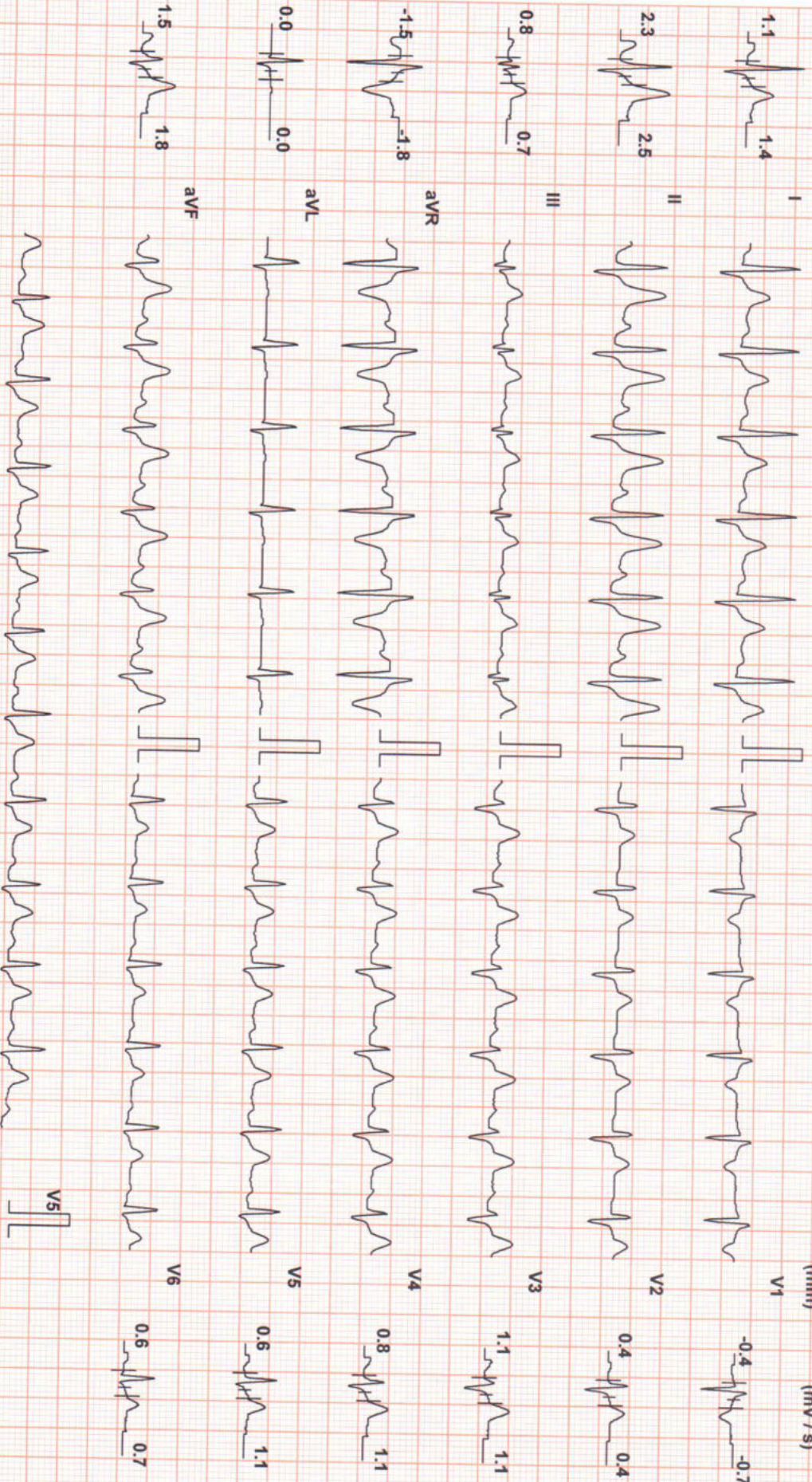


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V4.7

Linked Median



Name : Mr . KOLI ABHIJEET NANDKUMAR
VID : 2310417336
Ref By : Arcofemi Healthcare Limited

Reg Date : 14-Apr-2023 09:34
Age/Gender : 36 Years
Regn Centre : Swargate, Pune (Main Centre)

History and Complaints:

NO

EXAMINATION FINDINGS:

Height (cms):	170cm	Weight (kg):	84kg
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	130/80mmHg	Nails:	Healthy
Pulse:	74/min	Lymph Node:	Not Palpable

Systems

Cardiovascular: S1 S2 Normal No murmurs
Respiratory: Normal
Genitourinary: Normal
GI System: Soft non tender no Organomegaly
CNS: Normal

IMPRESSION:

BSL (P.O) ↑ C ↑ HbA1c

ADVICE:

*Consult - family physician
low carb diet*

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 | Yes |
| 17) Musculoskeletal System | NO |

Dr. I. U. BAMB
M.B.B.S., M.D. (Medicine)
Reg. No. 39452

Name : Mr . KOLI ABHIJEET NANDKUMAR
VID : 2310417336
Ref By : Arcofemi Healthcare Limited

Reg Date : 14-Apr-2023 09:34
Age/Gender : 36 Years
Regn Centre : Swargate, Pune (Main Centre)

PERSONAL HISTORY:

- | | |
|---------------|-------|
| 1) Alcohol | NO |
| 2) Smoking | NO |
| 3) Diet | Mixed |
| 4) Medication | NO |

Dr.I U Bamb



Use a QR Code Scanner Application To Scan the Code

CID : 2310417336
Name : MR.KOLI ABHIJEET NANDKUMAR
Age / Gender : 36 Years / Male
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

Collected : 14-Apr-2023 / 09:43
Reported : 14-Apr-2023 / 12:00

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	14.4	13.0-17.0 g/dL	Spectrophotometric
RBC	5.25	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.1	40-50 %	Calculated
MCV	84	80-100 fl	Calculated
MCH	27.5	27-32 pg	Calculated
MCHC	32.7	31.5-34.5 g/dL	Calculated
RDW	16.4	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6700	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	46.3	20-40 %	
Absolute Lymphocytes	3102.1	1000-3000 /cmm	Calculated
Monocytes	6.8	2-10 %	
Absolute Monocytes	455.6	200-1000 /cmm	Calculated
Neutrophils	42.3	40-80 %	
Absolute Neutrophils	2834.1	2000-7000 /cmm	Calculated
Eosinophils	4.5	1-6 %	
Absolute Eosinophils	301.5	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	6.7	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	320000	150000-400000 /cmm	Elect. Impedance
MPV	9.0	6-11 fl	Calculated
PDW	14.5	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



Use a QR Code Scanner Application To Scan the Code

CID : 2310417336
Name : MR.KOLI ABHIJEET NANDKUMAR
Age / Gender : 36 Years / Male
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

Collected : 14-Apr-2023 / 09:43
Reported : 14-Apr-2023 / 12:08

Macrocytosis	-
Anisocytosis	Mild
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	-
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 6 2-15 mm at 1 hr. Sedimentation

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



Dr.PRACHI KHANDEKAR
MBBS M.D (Pathology)



Use a QR Code Scanner Application To Scan the Code

CID : 2310417336
Name : MR.KOLI ABHIJEET NANDKUMAR
Age / Gender : 36 Years / Male
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

Collected : 14-Apr-2023 / 09:43
Reported : 14-Apr-2023 / 12:52

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	99.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	144.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.38	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.18	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.20	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	30.0	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	34.6	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	30.9	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	77.3	40-130 U/L	Colorimetric
BLOOD UREA, Serum	19.9	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.97	0.67-1.17 mg/dl	Enzymatic

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Name : MR.KOLI ABHIJEET NANDKUMAR
Age / Gender : 36 Years / Male
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

Collected : 14-Apr-2023 / 09:43
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eGFR, Serum	93	>60 ml/min/1.73sqm	Calculated by MDRD equation (Modification of Diet in Renal Disease)
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Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation

URIC ACID, Serum	6.4	3.5-7.2 mg/dl	Enzymatic
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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



Dr. Chandrakant Pawar

Dr.CHANDRAKANT PAWAR
M.D.(PATH)
Pathologist



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Name : MR.KOLI ABHIJEET NANDKUMAR
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Collected : 14-Apr-2023 / 09:43
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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	6.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	142.7	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.

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



(Signature)

Dr.PRACHI KHANDEKAR
MBBS M.D (Pathology)



CID : 2310417336
Name : MR.KOLI ABHIJEET NANDKUMAR
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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	Trace	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	Flakes +	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Occasional	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present +	-
Concentration Method (for ova)	No ova detected	Absent

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



Chandrakant Pawar
Dr.CHANDRAKANT PAWAR
M.D.(PATH)
Pathologist



CID : 2310417336
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.025	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	0-1	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	1-2	Less than 20/hpf	

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:
 • Protein:(1+ -25 mg/dl, 2+ -75 mg/dl, 3+ - 150 mg/dl, 4+ - 500 mg/dl)
 • Glucose:(1+ - 50 mg/dl, 2+ -100 mg/dl, 3+ -300 mg/dl,4+ -1000 mg/dl)
 • Ketone:(1+ -5 mg/dl, 2+ -15 mg/dl, 3+ - 50 mg/dl, 4+ - 150 mg/dl)

Reference: Pack insert

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



Signature

Dr.CHANDRAKANT PAWAR
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	A
Rh TYPING	Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

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 Pune Lab, Pune Swargate
*** End Of Report ***



Dr.PRACHI KHANDEKAR
MBBS M.D (Pathology)



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	197.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	113.7	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	41.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	156.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	134	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	23	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.3	0-3.5 Ratio	Calculated

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



Dr.PRACHI KHANDEKAR
MBBS M.D (Pathology)



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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	4.9	2.6-5.7 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
Free T4, Serum	14.1	9-19 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
sensitiveTSH, Serum	0.96	0.35-4.94 microIU/ml	CMIA

Kindly note change in reference range and method w.e.f. 16/08/2019. NOTE: 1) TSH values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH. 2) TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal & heart failure, severe burns, trauma & surgery etc.



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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 transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until 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 Pune Lab, Pune Swargate
*** End Of Report ***



Dr. Chandrakant Pawar

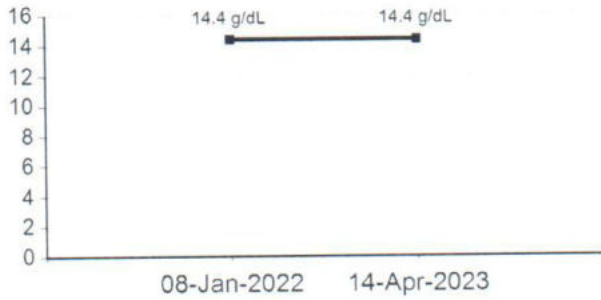
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M.D.(PATH)
Pathologist



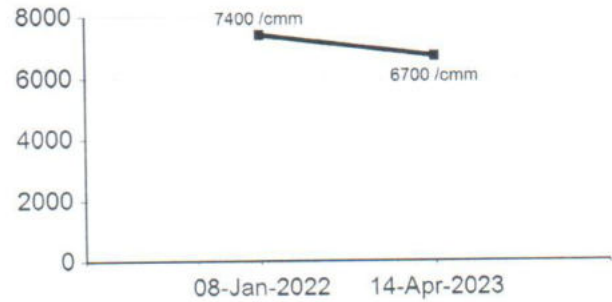
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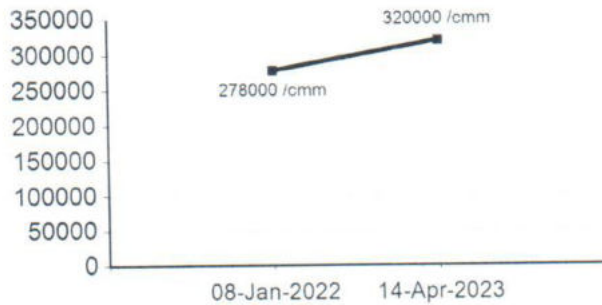
Haemoglobin



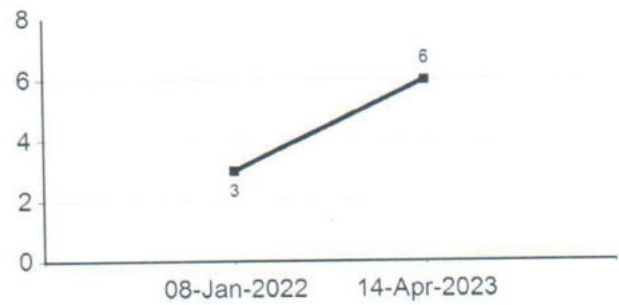
WBC Total Count



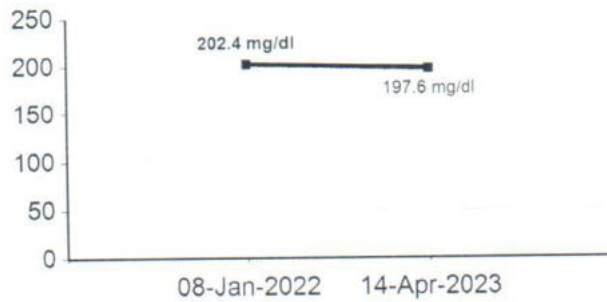
Platelet Count



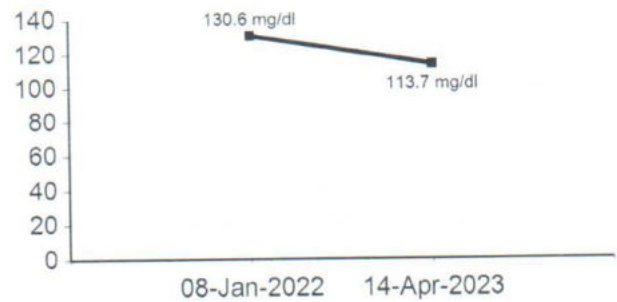
ESR



CHOLESTEROL



TRIGLYCERIDES

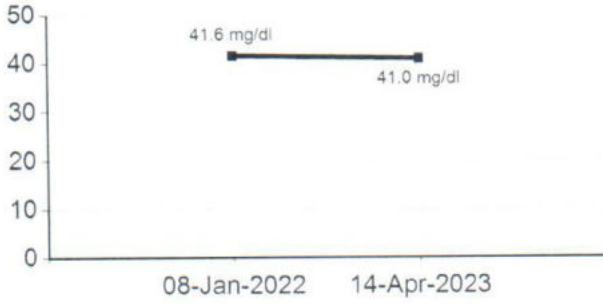




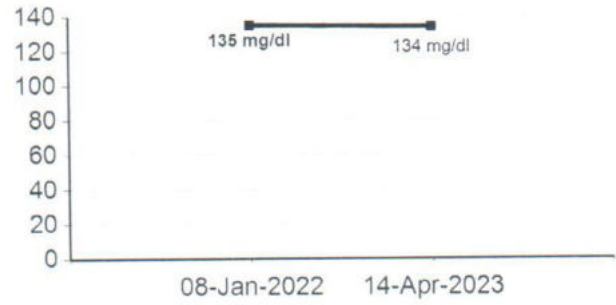
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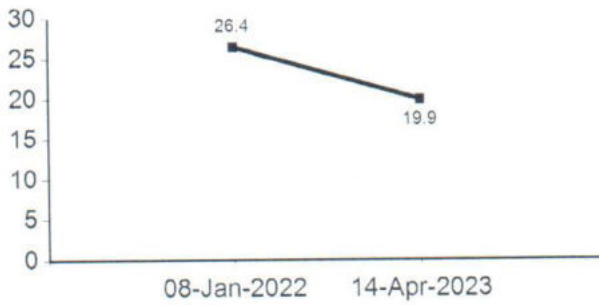
HDL CHOLESTEROL



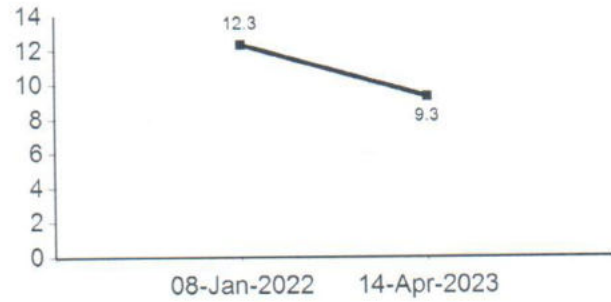
LDL CHOLESTEROL



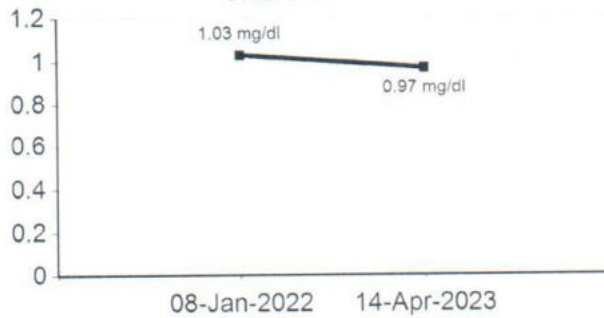
BLOOD UREA



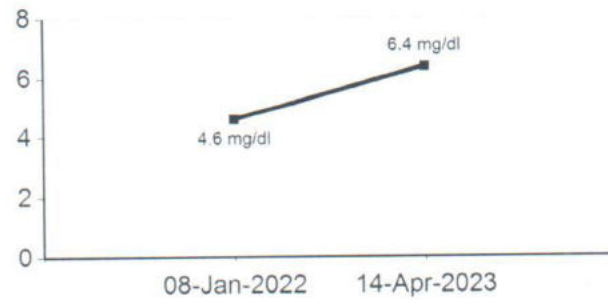
BUN



CREATININE



URIC ACID

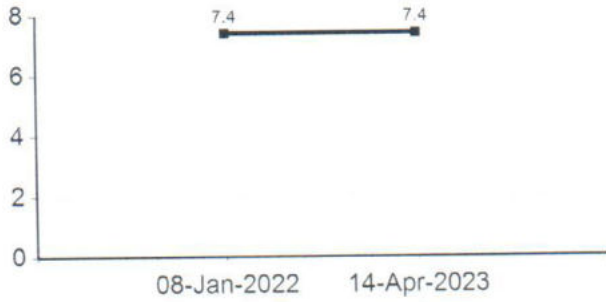




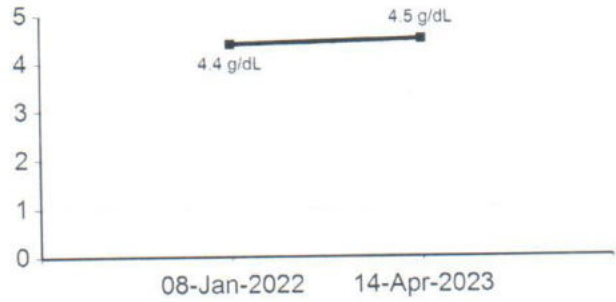
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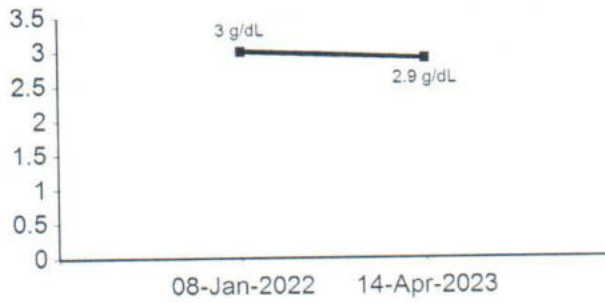
TOTAL PROTEINS



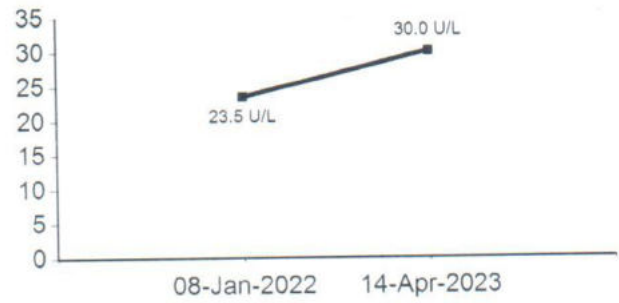
ALBUMIN



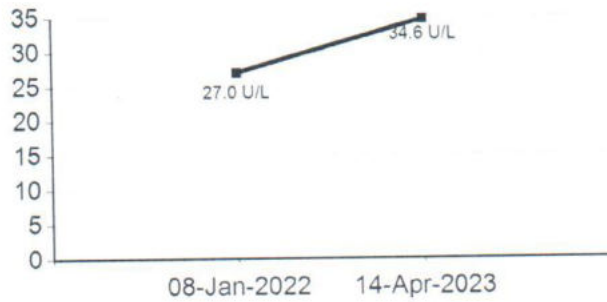
GLOBULIN



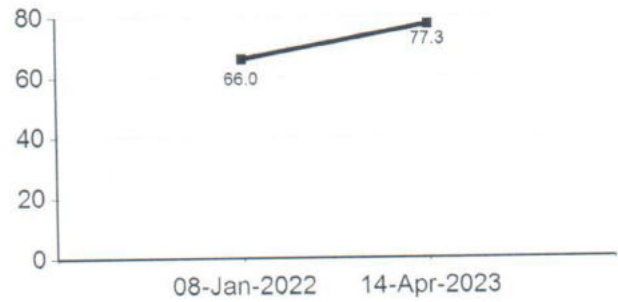
SGOT (AST)



SGPT (ALT)



ALKALINE PHOSPHATASE

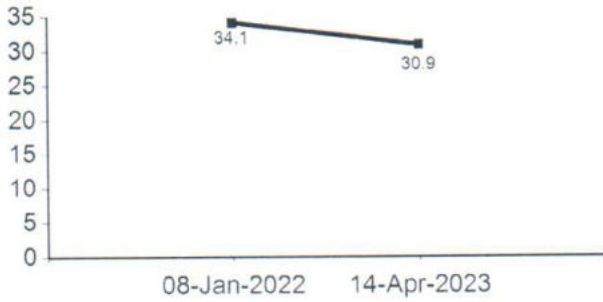




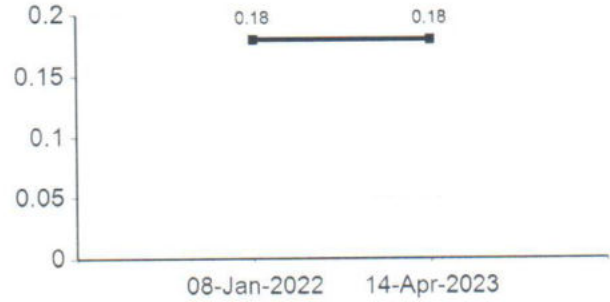
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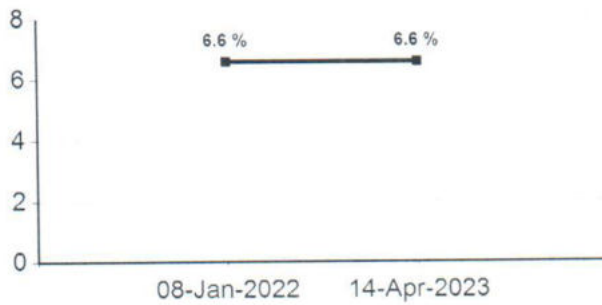
GAMMA GT



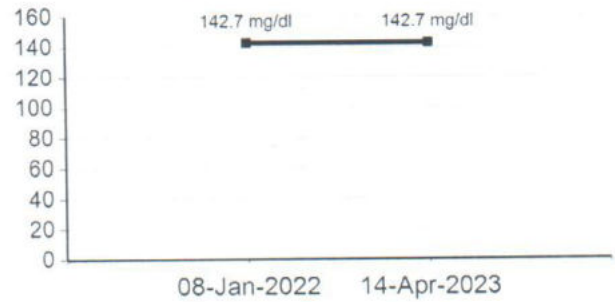
BILIRUBIN (DIRECT)



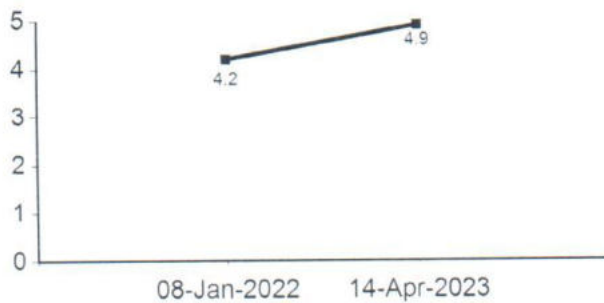
Glycosylated Hemoglobin (HbA1c)



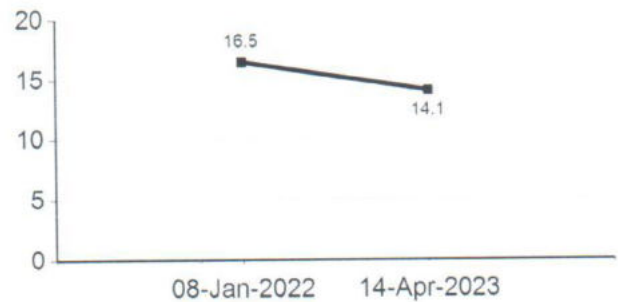
Estimated Average Glucose (eAG)



Free T3



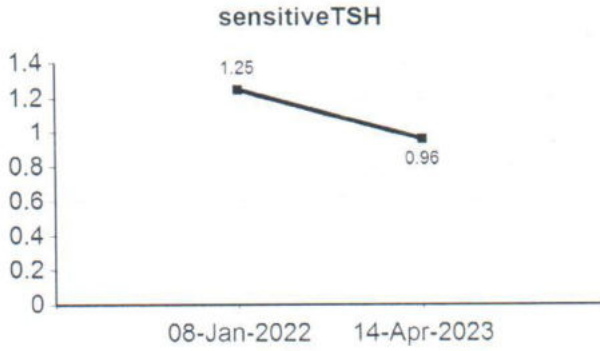
Free T4





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Name : Mr KOLI ABHIJEET NANDKUMAR
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Ref. Dr :
Reg. Location : Swargate, Pune Main Centre

Reg. Date : 14-Apr-2023
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USG WHOLE ABDOMEN

LIVER: Size, shape and echopattern are normal. No focal lesions noted. No IHBR dilatation. Hepatic veins appear normal. Portal vein and common bile duct show normal caliber.

GALL BLADDER : Well distended. No calculi. Wall thickness is normal. No evidence of any pericholecystic collection.

PANCREAS : Normal in size and echotexture. Pancreatic duct is normal.

SPLEEN : Normal in size and echopattern. No focal lesion. Splenic vein is normal.

RIGHT KIDNEY : Measures 9.4 x 4.5 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

LEFT KIDNEY : Measures 9.5 x 4.6 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

Retroperitonium,paraaortic and flanks obscured due to excessive bowel gas.

Paraaortic and paracaval region appears to be normal.

No evidence of lymphnodes noted.

No free fluid in abdomen.

URINARY BLADDER : Well distended. No calculi. Wall thickness is normal.

PROSTATE : Normal in size and shows normal echotexture.

IMPRESSION : USG Abdomen and pelvis study is within normal limits.

Clinical correlation is indicated.-----End of Report-----



DR. NIKHIL G. JOSHI
M.B.B.S., D.M.R.E.
REG. NO. 2001/02/397

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CID : 2310417336
Name : Mr KOLI ABHIJEET NANDKUMAR
Age / Sex : 36 Years/Male
Ref. Dr :
Reg. Location : Swargate, Pune Main Centre

Reg. Date : 14-Apr-2023
Reported : 14-Apr-2023 / 11:56

Use a QR Code Scanner
Application To Scan the Code

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. NIKHIL G. JOSHI
M.B.B.S., D.M.R.E.
REG. NO. 2001/02/397

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Page no 1 of 1



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अभिजीत नंदकुमार कोळी
Abhijeet Nandkumar Koli
जन्म तारीख/DOB: 26/12/1986
पुरुष/ MALE
Mobile No: 9922748698



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VID : 9127 5757 8886 6986

मेरा आधार, मेरी पहचान

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