

Name : MR.AJAY KUMAR

Age / Gender : 39 Years / Male

Consulting Dr. : -

Reg. Location

: Kandivali East (Main Centre)

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:12-Dec-2022 / 08:32 :12-Dec-2022 / 12:50

### **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

	CBC (Complete Bloo	d Count), Blood	
<u>PARAMETER</u>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	14.0	13.0-17.0 g/dL	Spectrophotometric
RBC	4.84	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.6	40-50 %	Measured
MCV	90	80-100 fl	Calculated
MCH	28.9	27-32 pg	Calculated
MCHC	32.2	31.5-34.5 g/dL	Calculated
RDW	14.1	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	6440	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABS	OLUTE COUNTS		
Lymphocytes	48.5	20-40 %	
Absolute Lymphocytes	3123.4	1000-3000 /cmm	Calculated
Monocytes	8.0	2-10 %	
Absolute Monocytes	515.2	200-1000 /cmm	Calculated
Neutrophils	41.5	40-80 %	
Absolute Neutrophils	2672.6	2000-7000 /cmm	Calculated
Eosinophils	1.7	1-6 %	
Absolute Eosinophils	109.5	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	19.3	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

### **PLATELET PARAMETERS**

Platelet Count	207000	150000-400000 /cmm	Elect. Impedance
MPV	12.5	6-11 fl	Calculated
PDW	27.0	11-18 %	Calculated

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



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Age / Gender : 39 Years / Male

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### **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 7 2-15 mm at 1 hr. Sedimentation

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	109.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	118.3	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	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.2	1 - 2	Calculated
SGOT (AST), Serum	32.3	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	58.5	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	34.8	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	114.7	40-130 U/L	Colorimetric
BLOOD UREA, Serum	27.7	12.8-42.8 mg/dl	Kinetic
BUN, Serum	12.9	6-20 mg/dl	Calculated
CREATININE, Serum	1.13	0.67-1.17 mg/dl	Enzymatic
BILIRUBIN (DIRECT), Serum BILIRUBIN (INDIRECT), Serum TOTAL PROTEINS, Serum ALBUMIN, Serum GLOBULIN, Serum A/G RATIO, Serum SGOT (AST), Serum SGPT (ALT), Serum GAMMA GT, Serum ALKALINE PHOSPHATASE, Serum BLOOD UREA, Serum BUN, Serum	0.18 0.20 7.0 4.8 2.2 2.2 32.3 58.5 34.8 114.7	0-0.3 mg/dl 0.1-1.0 mg/dl 6.4-8.3 g/dL 3.5-5.2 g/dL 2.3-3.5 g/dL 1 - 2 5-40 U/L 5-45 U/L 3-60 U/L 40-130 U/L 12.8-42.8 mg/dl 6-20 mg/dl	Diazo Calculated Biuret BCG Calculated Calculated NADH (w/o P-5-P NADH (w/o P-5-P Enzymatic Colorimetric Kinetic Calculated

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eGFR, Serum 77 >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

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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

6.4

Non-Diabetic Level: < 5.7 %

HPLC

Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %

Estimated Average Glucose (eAG), EDTA WB - CC

137.0

mg/dl

Calculated

### Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

### Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

### Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

### Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

**Decreased in:** Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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

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

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:12-Dec-2022 / 19:52

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

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

**PHYSICAL EXAMINATION** 

ColourBrownBrownForm and ConsistencySemi SolidSemi SolidMucusAbsentAbsentBloodAbsentAbsent

**CHEMICAL EXAMINATION** 

Reaction (pH) Acidic (6.0)

Occult Blood Absent Absent

**MICROSCOPIC EXAMINATION** 

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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### **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<b>CHEMICAL EXAMINATION</b>			
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	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 4-5 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 insert







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

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### **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE BLOOD GROUPING & Rh TYPING**

**RESULTS PARAMETER** 

**ABO GROUP** В

Rh TYPING Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods

Specimen: EDTA Whole Blood and/or serum

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.

### Refernces:

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

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Dr. VRUSHALI SHROFF M.D.(PATH) **Pathologist** 

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### **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE** LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	242.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	148.3	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	50.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	191.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated l
LDL CHOLESTEROL, Serum	162.0	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	29.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.2	0-3.5 Ratio	Calculated

<sup>\*</sup>Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
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### AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>ME I HOI</u>
Free T3, Serum	5.1	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.6	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	8.65	0.35-5.5 microIU/ml	ECLIA

Page 11 of 12



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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.
- Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

### Reference

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

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

: 2234600380

Name

: MR.AJAY KUMAR

Age / Gender

: 39 Years/Male

Consulting Dr. : -

Reg.Location : Kandivali East (Main Centre)

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: 13-Dec-2022 / 09:07

### PHYSICAL EXAMINATION REPORT

### **History and Complaints:**

No

### **EXAMINATION FINDINGS:**

Height (cms):

170 cms

Weight (kg):

92 kgs

Temp (0c):

Afebrile

Skin:

Normal

Blood Pressure (mm/hg): 130/80

Nails:

Normal

Pulse:

78/min

Lymph Node:

Not Palpable

Systems

Cardiovascular: Normal

Respiratory:

Normal

Genitourinary:

Normal

GI System:

Normal

CNS:

Normal

IMPRESSION:

Hyperuricemia Pre-diabetic.

Dyslipidemia.

Hypothymoidism

ADVICE:

Consider stanling-after family physician consult - Februsostal 40 or of.

- Rosuvas - 20 ool.

. Elhoxin 501-00.

Meshole modification



CID#

2234600380

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### CHIEF COMPLAINTS:

1)	Hypertension:	No
2)	IHD	No
3)	Arrhythmia	No
4)	Diabetes Mellitus	No
5)	Tuberculosis	No
6)	Asthama	No
7)	Pulmonary Disease	No
8)	Thyroid/ Endocrine disorders	No
9)	Nervous disorders	No
10)	GI system	No
11)	Genital urinary disorder	No
12)	Rheumatic joint diseases or symptoms	No
13)	Blood disease or disorder	No
14)	Cancer/lump growth/cyst	No
15)	Congenital disease	No
16)	Surgeries	No
17)	Musculoskeletal System	No

### PERSONAL HISTORY:

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

\*\*\* End Of Report \*\*\*

Dr. Akhil P. Parulekar, MBBS, MD. Medicine DNB Cardiology Reg. No. 2012032433

URBAN DIAGNOSTICS (INDIA) PVT. LTD. Row House No. 3, Aangan, Thekur Village, Kandivali (cust), Mumbai - 400101. Tel: 61700000



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### DENTAL CHECK - UP

Name: Ajay Kuman

CID: 2734600380 Sex/Age: M/37

Occupation:-

Date: 12 /12 / 2022

Chief complaints: Missing teeth.

Medical / dental history: - Extraction dene

GENERAL EXAMINATION:

1) Extra Oral Examination:

a) TMJ: Normal movements

b) Facial Symmetry: Bilateral Symmetrical

2) Intra Oral Examination:

a) Soft Tissue Examination: Numal | mild received Seen.

b) Hard Tissue Examination: \_\_\_\_ mursing

c) Calculus: 1

Stains: ,

18	17	16	15	14	13	11	22	23	24	25	26	27	28
48	47						32						

Missing Fractured Filled/Restored RCT Root CanalTreatment Cavity/Caries

a) Implant of

(BCT Scan per Implant planning

Provisional Diagnosis:-

- NUL SUBERRANDIAGNOSTICS (INDIA) PVT. LTD. ouse No. 3 Aangan, Thum. (cast), Mumbal - 400101.

Tel: 61709000

DR. BHUMK PATEL (B.D.S) A - 23378

DR. Blumik Pate



Date: 12/12/22

Name: - mor. Ajay kumar

CID:

2234600380

J-30X180,

Sex/Age: m 39

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EYE CHECK UP

Chief complaints: Rowline ch-up

Systemic Diseases: NO HOST

Past history: NO HIO Orulas sx/9 yorg

6 ablus 6 lablus **Unaided Vision:** 

**Aided Vision:** 

Refraction:

Come! notional

	(Right	Eye)		(Left E	(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	1	3-0	180	616		3.0	180.	616
Near				NOCE				alb

Colour Vision: Normal / Abnormal

Remark: Vn Within normal Limit

SUBURBAN DIACNOSTICS (INDIA) PVT. LTD.

Row House No. 3, Aangag, Thekur Visiose, Kandivali (east), Munical - 400101. Tel: 61700000

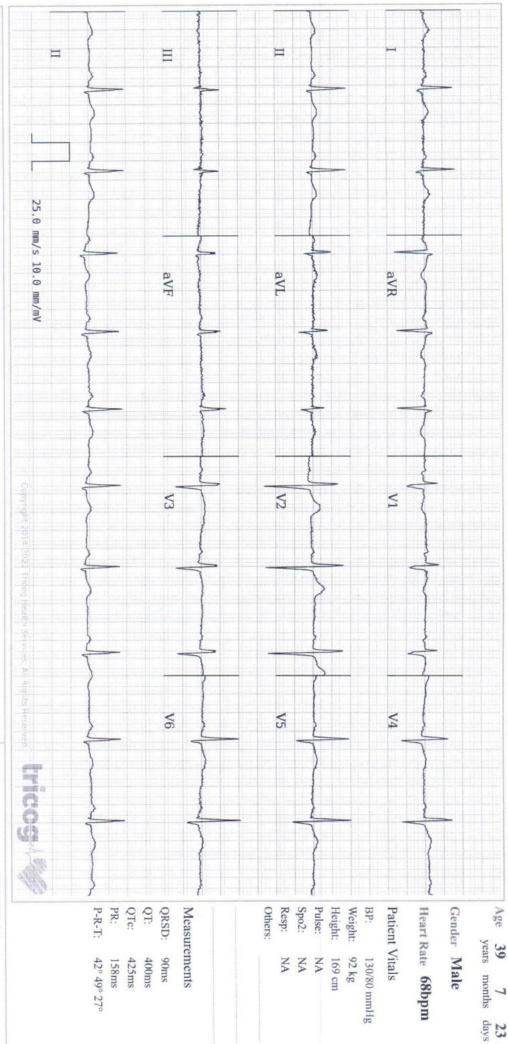
KAJAL NAGRECHA **OPTOMETRIST** 

### SUBURBAN STICS

### SUBURBAN DIAGNOSTICS - KANDIVALI EAST

Date and Time: 12th Dec 22 10:58 AM

Patient Name: AJAY KUMAR
Patient ID: 2234600380



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

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.

Thakur Visage, Kundivali (cast), Mumbai - 483101. Tel: 61760003

REPORTED BY

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

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 must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.



**Authenticity Check** 



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Use a QR Code Scanner

Application To Scan the Code

Reg. Date : 12-Dec-2022

Reported : 12-Dec-2022 / 8:53

CID

: 2234600380

Name

: Mr AJAY KUMAR

Age / Sex

: 39 Years/Male

Ref. Dr

Reg. Location

: Kandivali East Main Centre

### USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size (14.6 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 (10 mm) and CBD (3.4mm) appears normal.

### GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen.

### PANCREAS:

The pancreas is well visualized and appears normal. No evidence of solid or cystic mass lesion.

### KIDNEYS:

Right kidney measures 10.6 x 5.4 cm. Left kidney measures 10.8 x 4.9 cm.

Both the kidneys are normal in size shape and echotexture.

No evidence of any calculus, hydronephrosis or mass lesion seen.

### SPLEEN:

The spleen is normal in size (9.7cm) 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 3.2 x 3.0 x 3.0 cm and volume is 15.6 cc.

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2022121208231865



CID

: 2234600380

Name

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Reg. Date

: 12-Dec-2022

Reported

: 12-Dec-2022 / 8:53

**IMPRESSION:** 

GRADE I FATTY LIVER.

-----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



CID

: 2234600380

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Age / Sex

Reg. Location

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Ref. Dr

: Kandivali East Main Centre

**Authenticity Check** 

R

Use a QR Code Scanner Application To Scan the Code

Reg. Date Reported

: 12-Dec-2022

: 12-Dec-2022 / 10:13

### 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.

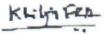
The skeleton under review appears normal.

### **IMPRESSION:**

NO SIGNIFICANT ABNORMALITY IS DETECTED.

End	of	Report

This report is prepared and physically checked by DR. FAIZUR KHILJI before dispatch.



Dr.FAIZUR KHILJI MBBS, RADIO DIAGNOSIS Reg No-74850 **Consultant Radiologist** 

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2022121208231871



नाम

कुमार अजय

Name

KUMAR AJAY

क क, मं:

E.C. No.

160886

जारीकर्ना पाधिकारी Issuing Authority



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धारक के हस्ताक्षर Signalure of Holder

# SUBURBAN DIAGNOSTICS KANDIVALI EAST





576 / AJAY KUMAR / 39 Yrs / M / 169 Cms / 92 Kg Date: 12 / 12 / 2022 11:37:50 AM Refd By : MEDIWHEEL

EXERCISE TOLERANCE MEDICATION RISK FACTOR DISCLAIMER Negative stress test does not rule out coronary artery diseas. Positive stress test is suggestive but not confirmatory of coronary artery disease. Hence clinical corellation CHRONOTROPIC RESPONSE HAEMODYNAMIC RESPONSE EXERCISE INDUCED ARRYTHMIAS REASON FOR TERMINATION ACTIVITY is mandatory. FINAL IMPRESSION TEST OBJECTIVE METS 7.5Test End Reason, Heart Rate Achieved Target Heart Rate 87% of 181 Systolic BP 150.0 mmHg Diastolic BP 80.0 mmHg Exercise Time 06:20 Mins. Ectopic Beats 0.0 Heart Rate 157.0 bpm DISEASE FOR GIVEN DURATION OF EXERCISE STRESSITEST IS NEGATIVE FOR EXERCISE INDUCED ISCHAEMIC HEART NONE NO SIGNIFICANT ST T CHANGES NOTED NORMAL Z O NONE NORMAL GOOD HEART BATE ACHIEVED MODERATE ACTIVE ROUTINE CHECK UP SUBURBAN DIACHOSTICS (INDIA) PVT. LTD Thakur Vikage, Kandivali (cast) Row House No. 3, Aangan,

KCQ. No. 2012082

Doctor: DR.AKHIL PARULEKAR

Wiumbai - 400101 Tel : 61700000

# SUBURBAN DIAGNOSTICS KANDIVALI EAST

EMail:

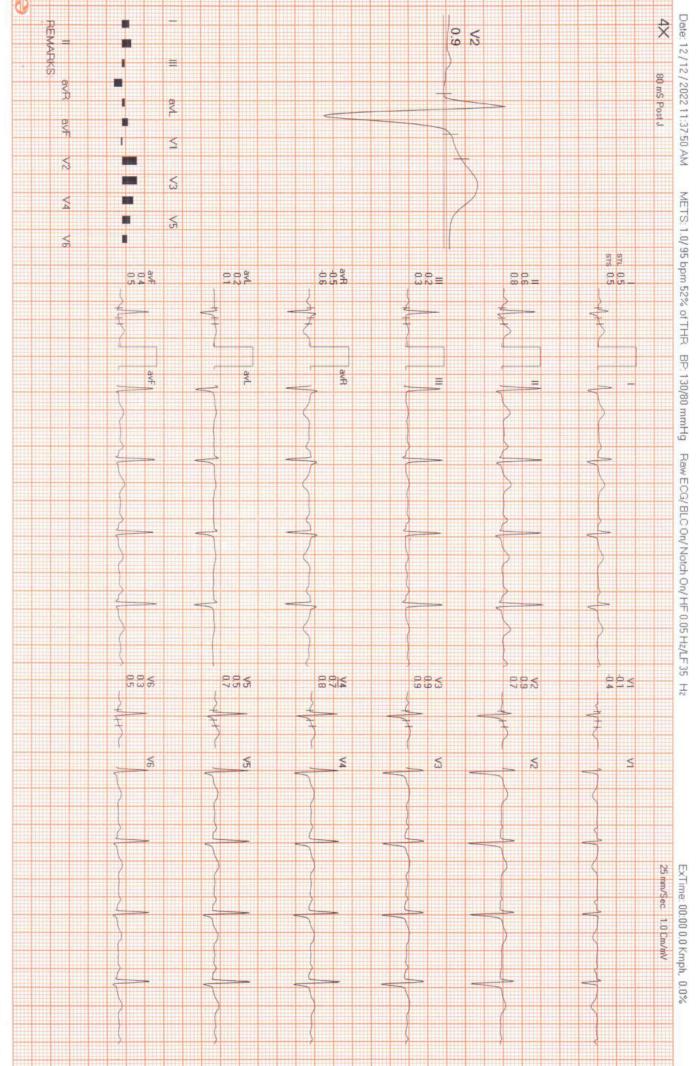


576 (2234600380) / AJAY KUMAR / 39 Yrs / M / 169 Cms / 92 Kg

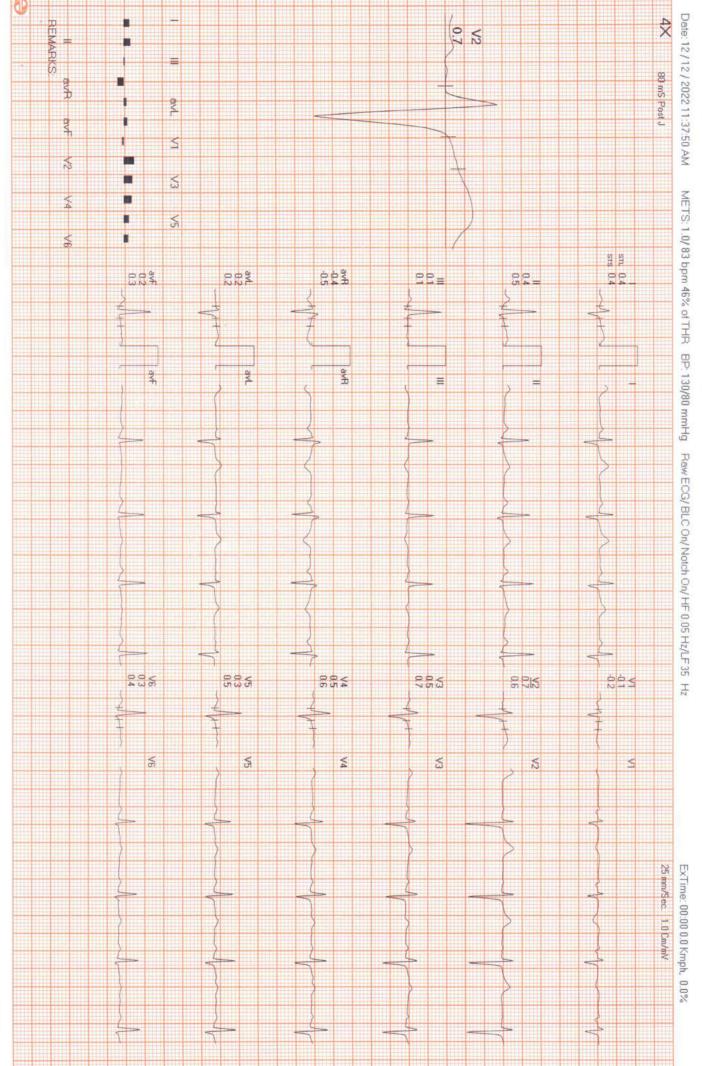
Date: 12 / 12 / 2022 11:37:50 AM Refd By : MEDIWHEEL Examined By: DR.AKHIL PARULEKAR

	Max WorkLoad Attained Duke Treadmill Score Test End Reasons	Initial HR (ExStrt)	Exercise Time	FINDINGS:	Recovery	Recovery	PeakEx	BRUCE Stage 2	BRUCE Stage 1	ExStart	HV VH	Standing	Supine	Stage
	ad Attained nill Score asons	cStrt)			09:33	09:14	08:14	07:54	04:54	01:54	01:21	01:10	00:41	Time
	: 7.5 F : 02.9 : , Hea	: 94 t	: 06:20			1:00	0:20	3:00	3:00	0:33	0:11	0:29	0:41	Duration
	7.5 Fair response to in 12.9 Heart Rate Achieved	94 bpm 52% of Target 181 : 130/80 (mm/Hg)	20			00.2	05.5	04.0	02.7	00.0	00.0	00.0	00.0	Speed(Km
	7.5 Fair response to induced stress 02.9 , Heart Rate Achieved	farget 181				00.0	14.0	12.0	10.0	00.0	00.0	00.0	00.0	Speed(Kmph) Elevation
0	stress				00.0	01.1	07.5	07.1	04.7	01.0	01.0	01.0	01.0	METs
Dr. Akhii MBBS: DNB Reg. No		Max HR At Max BP At			000	119	155	147	122	094	080	083	095	Rate
MBBS MD. Wadicine DNB Candiddesy Reg. No. 2012082483		Attained 155 bpm 86% of Attained 150/80 (mm/Hg)			0%	66 %	86 %	81 %	67 %	52 %	44 %	46 %	52 %	% THR
lekar.		Attained 155 bpm 86% of Target 181 Attained 150/80 (mm/Hg)			/	130/80	130/80	130/80	130/80	130/80	130/80	130/80	130/80	BP
SUBBREAM DIA CNOSTI Row House No Humber Tel: 617		get 181			000	154	201	191	158	122	104	107	123	RPP
MAN DIACNOS ow House IV fumber 1					00	00	00	8	00	00	00	00	00	PVC
RBAN DIACNOSTICS (IIIDIA) PVT. LTD. Rowy House No. 3 "Aargan, anur Vivage, Kandirali (dash). Mumbai - 400101 Tel : 61709000														CO





STANDING (00:29.)





576 (2234600380) / AJAY KUMAR / 39 Yrs / M / 169 Cms / 92 Kg / HR : 80

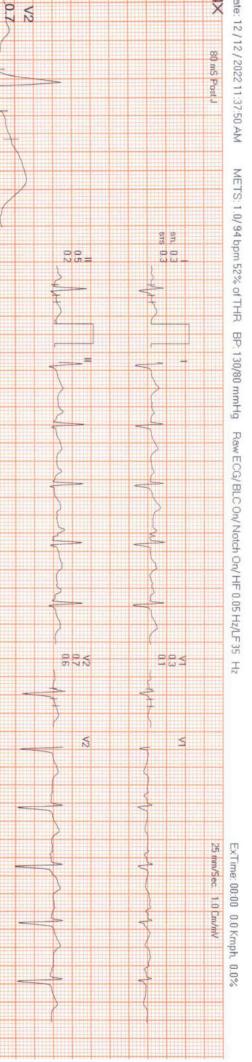
Date: 12 / 12 / 2022 11:37:50 AM METS: 1.0/80 bpm 44% of THR BP 130/80 mmHp B

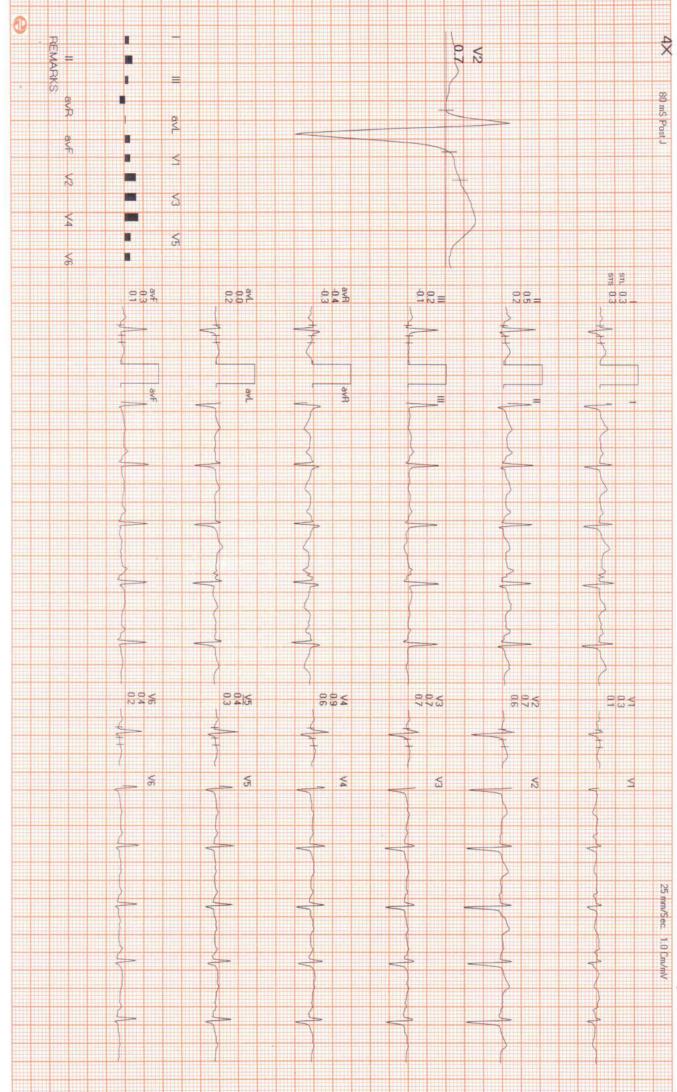
4× Date: 12 / 12 / 2022 11:37:50 AM 0.7 80 mS Post J avA avL avF ≤ ₹2 స్ట METS: 1.0/80 bpm 44% of THR BP: 130/80 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 V4 √5 8 STS 0.5 0.5 0.4 0.0 0.2 0.5 0.5 0.3 03≡ 0.6 avf avA avL Ħ 0 4 0 3 055 06 0.7 0.7 0.7 0.7 V5 94 ¥4 √3 ٧2 S 25 mm/Sec. 1.0 Cm/mV ExTime: 00:00 0.0 Kmph, 0.0%

### SUBURBAN DIAGNOSTICS KANDIVALI EAST

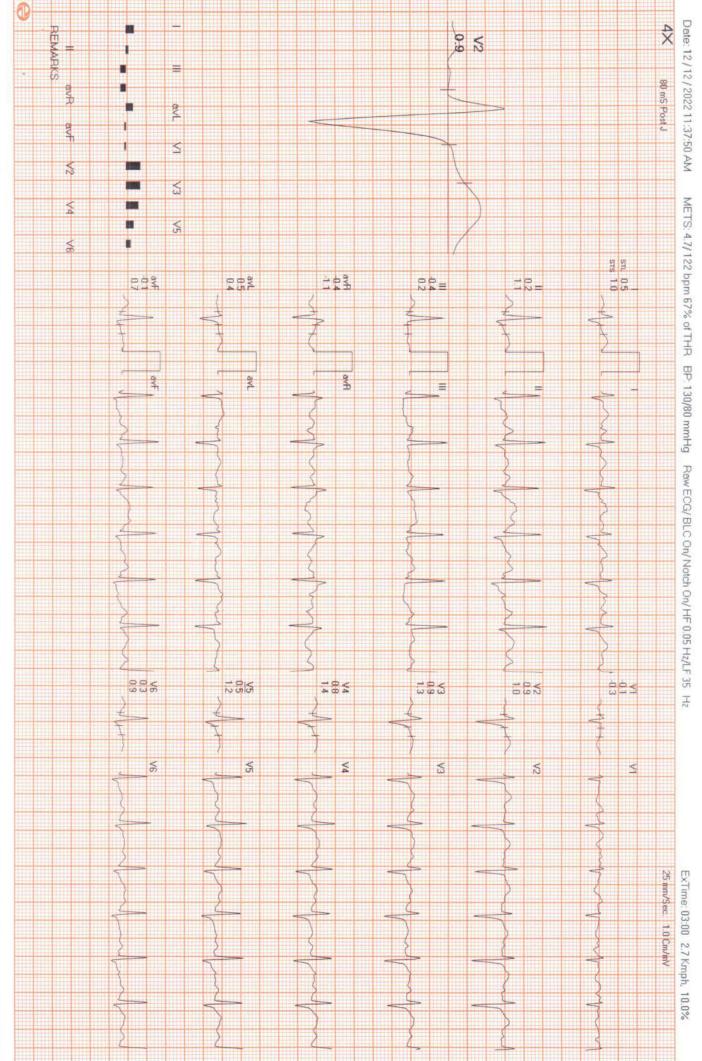
576 (2234600380) / AJAY KUMAR / 39 Yrs / M / 169 Cms / 92 Kg / HR : 94

Date: 12 / 12 / 2022 11:37:50 AM METS: 1.0/94 bpm 52% of THR BP: 130/80 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF35 Hz

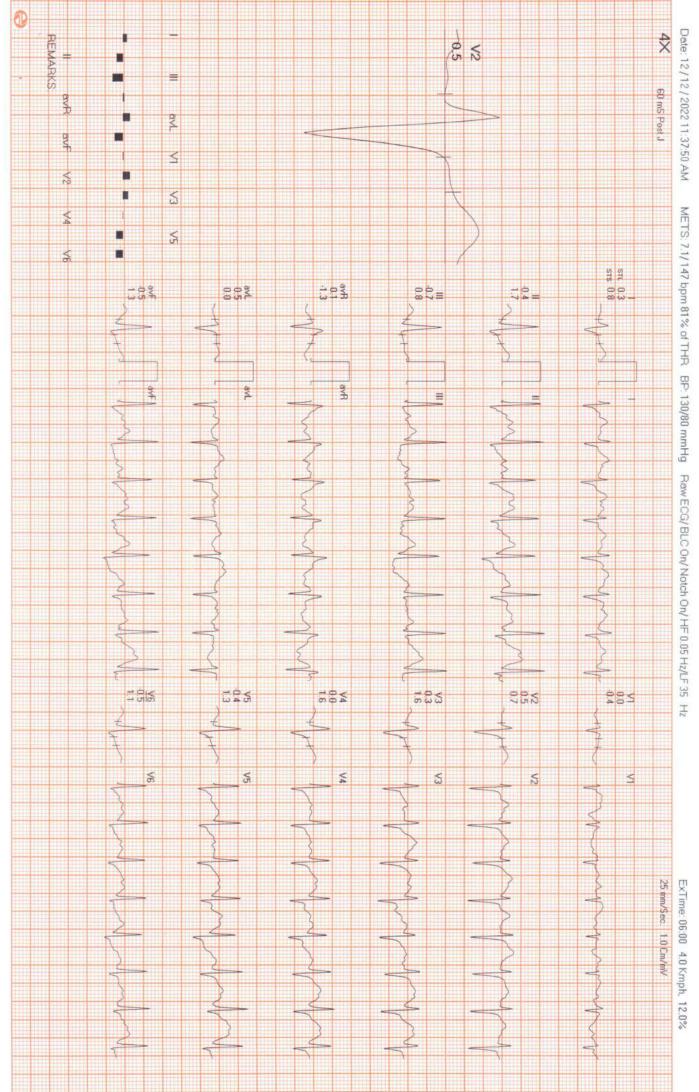




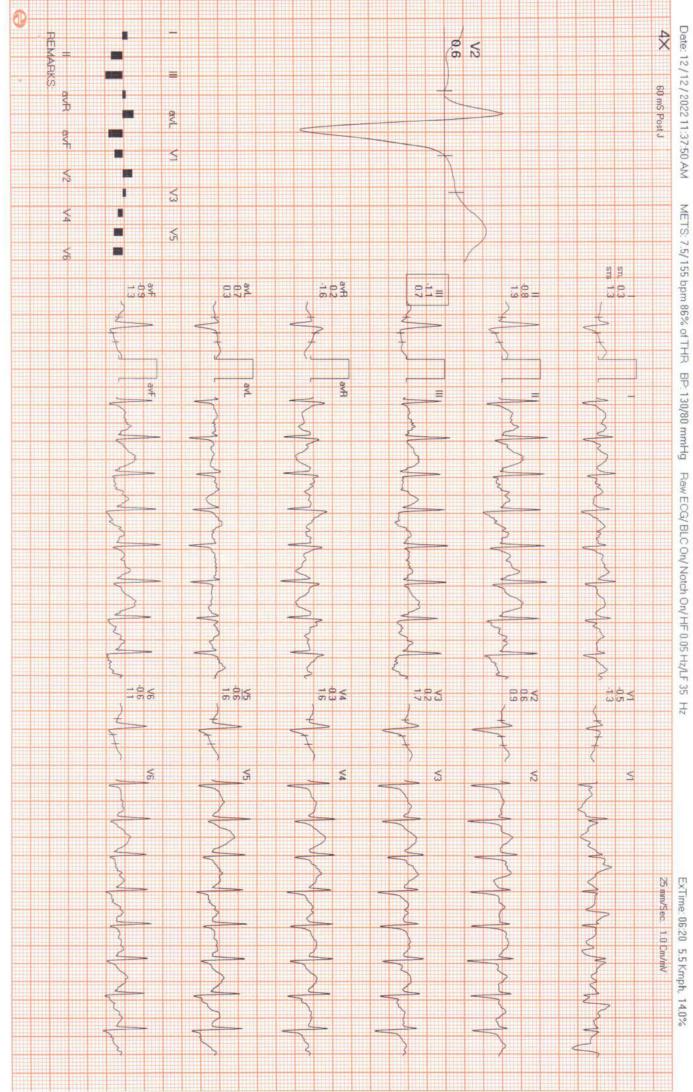
BRUCE : Stage 1 ( 03:00.)



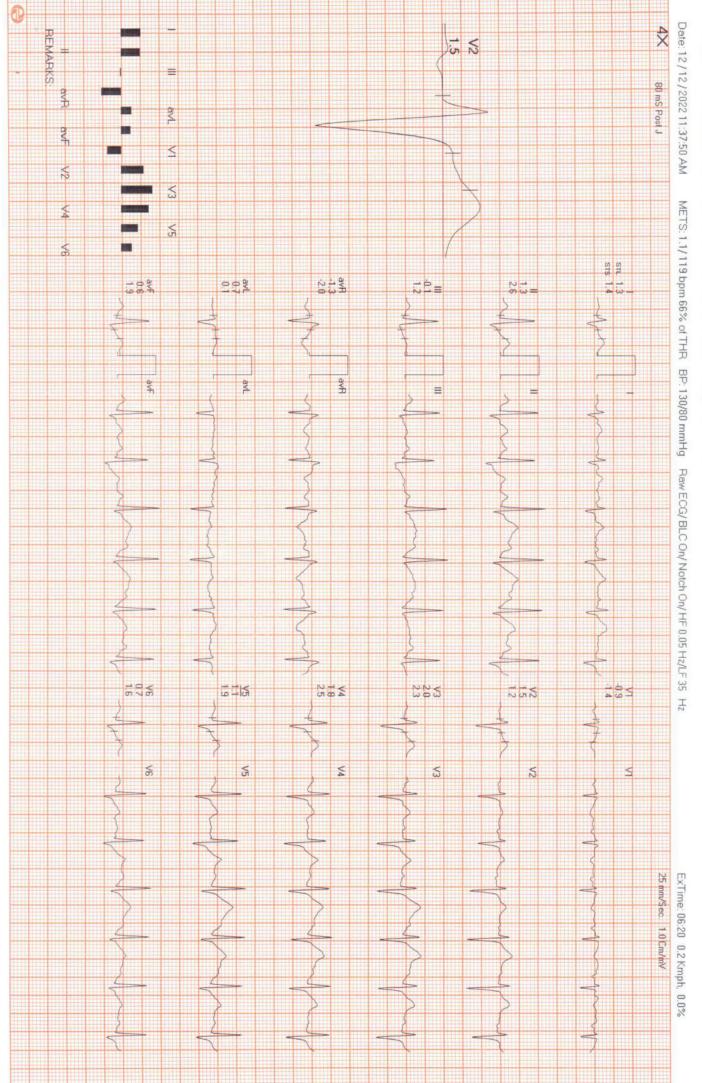
BRUCE : Stage 2 ( 03:00.)



PeakEx ...



Recovery: (01:00)



576 (2234600380) / AJAY KUMAR / 39 Yrs / M / 169 Cms / 92 Kg / HR 109

4X 80 mS Post J Date: 12/12/2022 11:37:50 AM METS: 1.0/109 bpm 60% of THR BP: 150/80 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz 25 mm/Sec. 1.0 Cm/mV ExTime: 06:20 0.0 Kmph, 0.0%

Recovery: (01:19.).

