

CID# : 2307900521
Name : MR. TIBUDE UJWALKUMAR RAMPRASAD
Age / Gender : 32 Years/Male
Consulting Dr. : Collected : 20-Mar-2023 / 08:39
Reg. Location : Kandivali East (Main Centre) Reported : 21-Mar-2023 / 08:44

PHYSICAL EXAMINATION REPORT

History and Complaints:

No

EXAMINATION FINDINGS:

Height (cms):	168 cms	Weight (kg):	72 min
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	130/80	Nails:	Normal
Pulse:	72/min	Lymph Node:	Not palpable

Systems

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

IMPRESSION:

T 5007, SEPT, Gamma G7
USG - Rt renal calculus
ECG - rsr pattern in V1

ADVICE:

- T lev. 52
1-1-1 x 1m
- Surgeon/proctologist opinion

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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 |

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

*** End Of Report ***

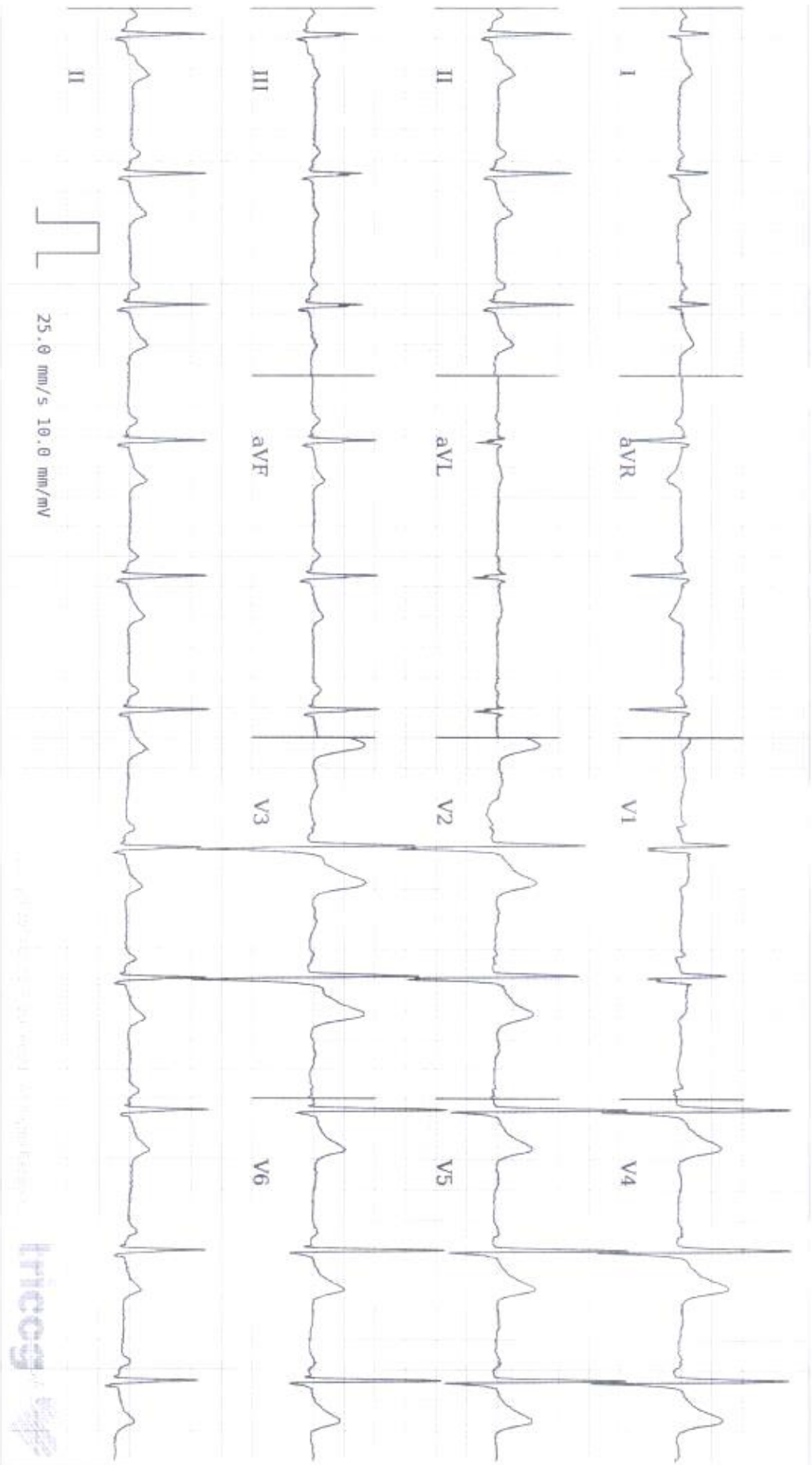
SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Aangan,
Thakar Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700800

Jagbals

Patient Name: **TIBUDE UJWALKUMAR RAMPRASAD**
Patient ID: **2307900521**

SUBURBAN DIAGNOSTICS - KANDIVALI EASI

Date and Time: **20th Mar 23 9:54 AM**



Age **32** years **4** months **16** days

Gender **Male**

Heart Rate **67bpm**

Patient Vitals

BP: **130/80 mmHg**

Weight: **72 kg**

Height: **168 cm**

Pulse: **NA**

SpO2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **94ms**

QT: **390ms**

QTc: **412ms**

PR: **144ms**

P-R-T: **68° 72° 49°**



ECG Within Normal Limits: Sinus Rhythm. rsr' Pattern in V1. Please correlate clinically.

REPORTED BY

[Signature]

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

Disclaimer: 1) Analysis in this report is based on ECGs above and should be used as an adjunct to clinical history, symptoms, and results of other tests. 2) All non-invasive tests and traces to be interpreted by a qualified physician. 3) Patient vitals are as entered by the clinician and not derived from the ECG.

Authenticity Check



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RAMPRASAD
Age / Sex : 32 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 20-Mar-2023
Reported : 20-Mar-2023 / 9:48

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, shape and smooth margins. It shows normal parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

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

PANCREAS:

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

KIDNEYS:

Both the kidneys are normal in size shape and echotexture.

A 4 mm sized calculus is seen in the lower pole of right kidney.

No evidence of any mass lesion seen.

Right kidney measures 10.0 x 4.2 cm. Left kidney measures 10.7 x 4.6 cm.

SPLEEN:

The spleen is normal in size and echotexture. No evidence of focal lesion is noted.

There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

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

PROSTATE:

The prostate is normal in size and volume is 10 cc.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032008401552>

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IMPRESSION:
Right renal calculus.

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

Khilji Faizur

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

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the centre for rectification. Please interpret accordingly.

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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-----

Khilji

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

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Reported : 20-Mar-2023 / 13:18

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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	17.9	13.0-17.0 g/dL	Spectrophotometric
RBC	5.04	4.5-5.5 mil/cmm	Elect. Impedance
PCV	52.0	40-50 %	Measured
MCV	103	80-100 fl	Calculated
MCH	35.4	27-32 pg	Calculated
MCHC	34.3	31.5-34.5 g/dL	Calculated
RDW	12.1	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6800	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	32.3	20-40 %	
Absolute Lymphocytes	2196.4	1000-3000 /cmm	Calculated
Monocytes	8.7	2-10 %	
Absolute Monocytes	591.6	200-1000 /cmm	Calculated
Neutrophils	51.7	40-80 %	
Absolute Neutrophils	3515.6	2000-7000 /cmm	Calculated
Eosinophils	7.3	1-6 %	
Absolute Eosinophils	496.4	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	278000	150000-400000 /cmm	Elect. Impedance
MPV	8.6	6-11 fl	Calculated
PDW	12.8	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 5 2-15 mm at 1 hr. Sedimentation

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

Bmhasakar

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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	93.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	139.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	1.00	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.34	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.66	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	84.2	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	191.9	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	60.9	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	87.6	40-130 U/L	Colorimetric
BLOOD UREA, Serum	16.2	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.6	6-20 mg/dl	Calculated
CREATININE, Serum	0.81	0.67-1.17 mg/dl	Enzymatic



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eGFR, Serum	117	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	6.7	3.5-7.2 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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

Bmhasakar

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



MC-2111



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	4.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	91.1	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.

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*** End Of Report ***



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Dr.KETAKI MHASKAR
M.D. (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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*** End Of Report ***

NR Jain

Dr.VIPUL JAIN
M.D. (PATH)
Pathologist



MC-2111





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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Trace	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	3-4	0-5/hpf	
Red Blood Cells / hpf	Occasional	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	8-10	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

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

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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 Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

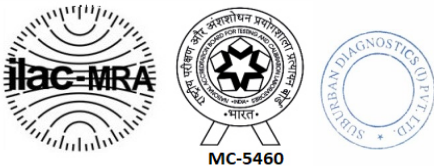
Clinical significance:
ABO system is most important of all blood group in transfusion medicine

- Limitations:**
- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
 - Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
 - Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
 - Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
 - The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

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

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

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





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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	169.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	132.6	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	47.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	122.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	95.0	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	27.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.0	0-3.5 Ratio	Calculated

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*** End Of Report ***

Bmhasakar

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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	15.9	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.5	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 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 Borivali Lab, Borivali West

*** End Of Report ***

Bmhasakar

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



MC-2111



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Report



Email:

1274 (2307900521) / UJJAWALKUMAR RAMPRASAD TIBUDE / 32 Yrs / M / 168 Cms / 72 Kg
 Date: 20/03/2023 11:09:24 AM Refd By: AERCOFEMI Examined By: DR.AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:28	0:28	00.0	00.0	01.0	070	37%	130/80	091	00	
Standing	00:57	0:29	00.0	00.0	01.0	085	45%	130/80	110	00	
HV	01:06	0:09	00.0	00.0	01.0	079	42%	130/80	102	00	
ExStart	01:20	0:14	00.0	00.0	01.0	093	49%	130/80	120	00	
BRUCE Stage 1	04:20	3:00	02.7	10.0	04.7	110	59%	130/80	143	00	
BRUCE Stage 2	07:20	3:00	04.0	12.0	07.1	127	68%	130/80	165	00	
PeakX	09:08	1:48	05.5	14.0	09.0	160	85%	160/80	256	00	
Recovery	10:08	1:00	00.2	00.0	01.1	117	62%	160/80	187	00	
Recovery	10:17				00.0	000	0%	---	000	00	

FINDINGS :

Exercise Time : 07:48
 Initial HR (ExStrt) : 93 bpm 49% of Target 188
 Initial BP (ExStrt) : 130/80 (mm/Hg)
 Max Workload Attained : 9 Good response to induced stress
 Duke Treadmill Score : 08.3
 Test End Reasons : , Heart Rate Achieved

Max HR Attained 160 bpm 85% of Target 188
 Max BP Attained 160/80 (mm/Hg)

Dr Akhil P. Parulekar,

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 Plot House No. 3, Aangan,
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 Mumbai - 400101.
 Tel : 61700066

Doctor : DR.AKHIL PARULEKAR



Email:

1274 / UJJAWALKUMAR RAMPRASAD TIBUDE / 32 Yrs / M / 168 Cms / 72 Kg Date: 20 / 03 / 2023 11:09:24 AM Refd By : AERCOFEMI

REPORT :

Heart Rate 160.0 bpm

Systolic BP: 160.0 mmHg Diastolic BP 80.0 mmHg

Exercise Time 07.48 Mins. Ectopic Beats 0.0

METS 9.0 Test End Reason . Heart Rate Achieved Target Heart Rate 85% of 188

TEST OBJECTIVE	:	ROUTINE CHECK UP
RISK FACTOR	:	NONE
ACTIVITY	:	MODERATE ACTIVE
MEDICATION	:	NONE
REASON FOR TERMINATION	:	HEART RATE ACHIEVED
EXERCISE TOLERANCE	:	GOOD
EXERCISE INDUCED ARRHYTHMIAS	:	NO
HAEMODYNAMIC RESPONSE	:	NORMAL
CHRONOTROPIC RESPONSE	:	NORMAL
FINAL IMPRESSION	:	NO SIGNIFICANT ST T CHANGES NOTED

STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHAEMIC HEART DISEASE FOR GIVEN DURATION OF EXERCISE

DISCLAIMER Negative stress test does not rule out coronary artery diseases. Positive stress test is suggestive but not confirmatory of coronary artery disease. Hence clinical correlation is mandatory.

Dr. Akhil P. Parulekar-

M.B.S., M.D. Medicine

DNB Cardiology

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Doctor : DR. AKHIL PARULEKAR

SUBURBAN DIAGNOSTICS KANDIVALI EAST

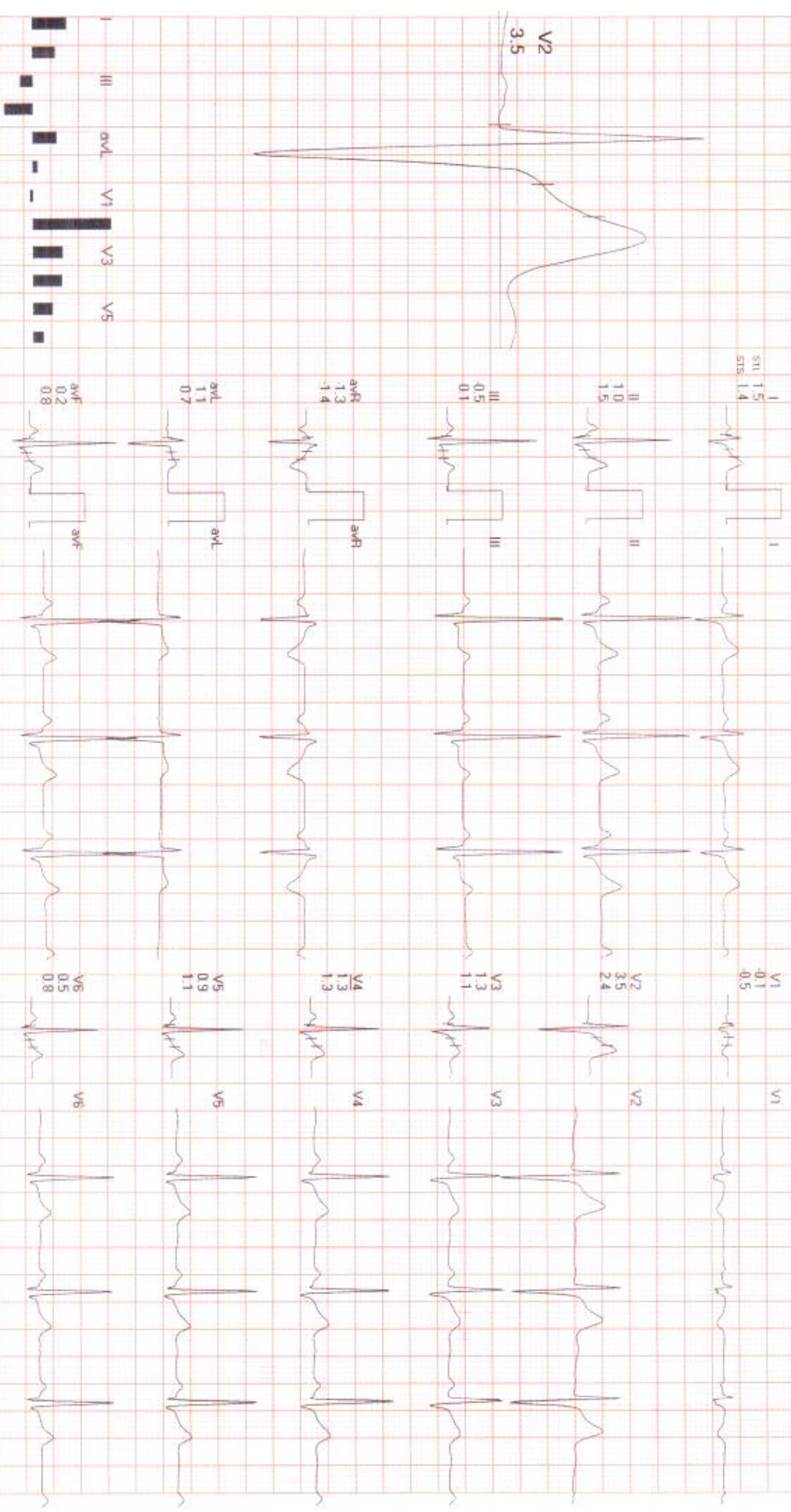
SUPINE (00:28)

1274 (23079005271) / UJAJWALKUMAR RAMPRASAD TIBUDE / 32 Yrs / M / 168 Cms / 72 Kg / HR : 70

Date: 20/03/2023 11:09:24 AM METS: 1.0/7.0 bpm/37% of THR BP: 130/80 mmHg Raw ECG/BLC Dry/Notch On/ HF: 0.05 Hz/AF: 35 Hz

4X 80 ms Post J

ExTime: 00:00.0 @ kmph, 0.0%
25 mm/Sec 1.0 Cm/mV



REMARKS:





SUBURBAN DIAGNOSTICS KANDIVALI EAST

1274 (2307900521) / UJAJWALKUMAR RAMPRASAD TIBUDE / 32 Yrs / M / 168 Cms / 72 Kg / HR : 85

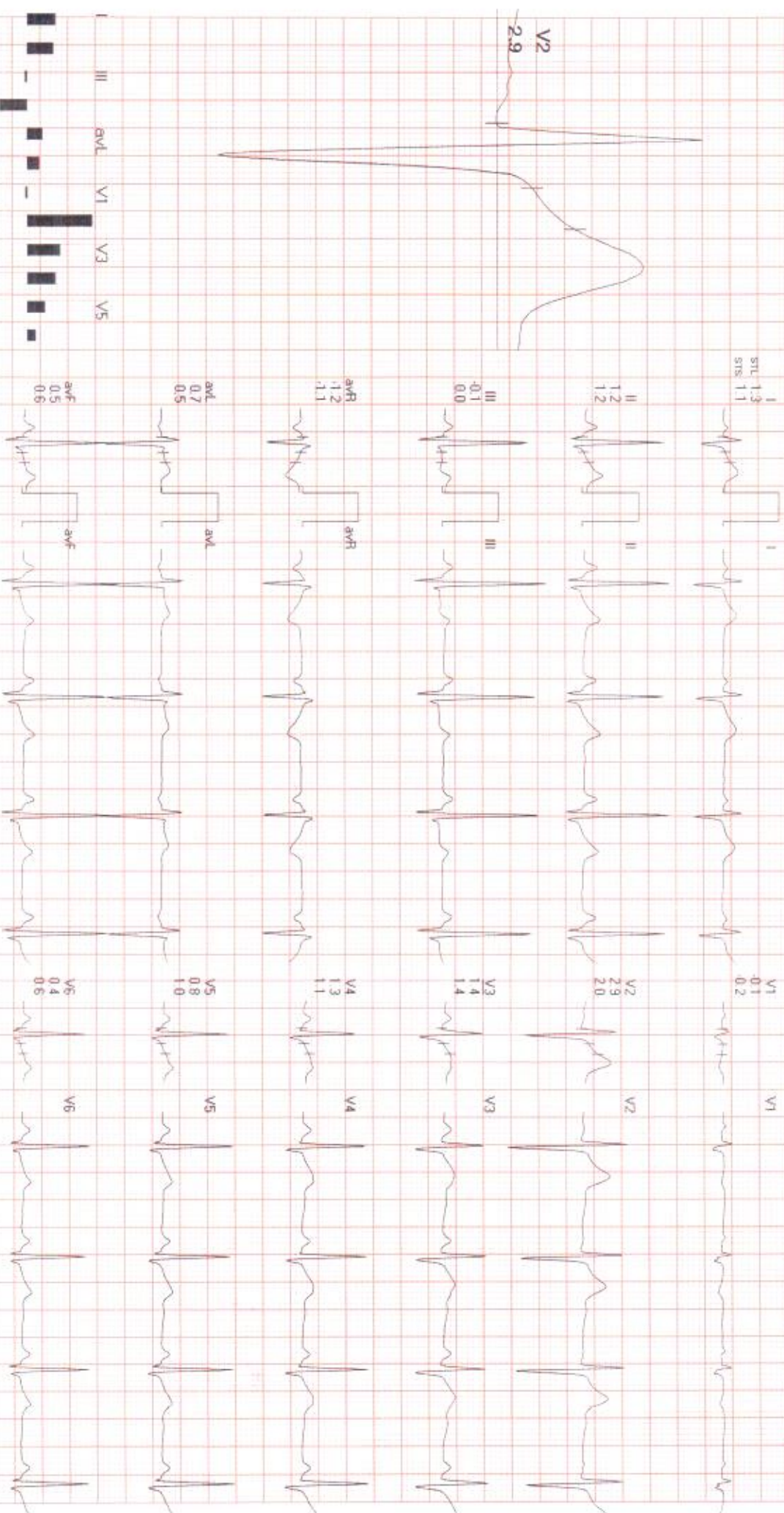
Date: 20/03/2023 11:09:24 AM METS: 1.0/85 bpm 45% of THR BP: 130/80 mmHg Row ECG/BLC/On/Notch On/HE 0.05 Hz/LF 35 Hz

4X 80 ms Post J

STANDING (00:29)



ExTime: 00:00 0.0 Km/h, 0.0%
25 mm/Sec - 1.0 Cm/mV



REMARKS:



SUBURBAN DIAGNOSTICS KANDIVALI EAST

HV (00:09)



1274 (2307900521) / UJAJWALKUMAR RAMPRASAD TIBUDE / 32 Yrs / M / 168 Cms / 72 Kg / HR : 79

Date: 20/03/2023 11:09:24 AM METS: 1.0/ 79 bpm 42% of THR BP: 130/80 mmHg Row ECG/BLG Qm/Notch Qm/HF: 0.05 Hz/LF 35. Hz

ExTime: 00:00 0.0 Km/ph. 0.0%
25 mm/Sec. 1.0 Cm/mV

4X 90 ms Post J



ST1 1.2
ST2 1.1
ST3 1.1

II 0.8
III 0.4
aVR -1.0

III 0.4
aVR -1.0

aVL 0.8
aVF 0.7

aVL 0.8
aVF 0.7

aVL 0.8
aVF 0.7

V1 0.2
V2 0.1

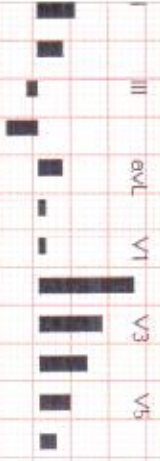
V1 0.2
V2 0.1

V3 2.1
V4 1.7

V4 1.6
V5 1.4

V5 1.0
V6 1.1

V6 0.5
V5 0.8



II aVR aVL aVF V1 V2 V3 V4 V5 V6

REMARKS



SUBURBAN DIAGNOSTICS KANDIVALI EAST

1274 (2307900527) / UJAJWALKUMAR RAMPRASAD TIBUDE / 32 Yrs / M / 168 Cms / 72 Kg / HR : 93

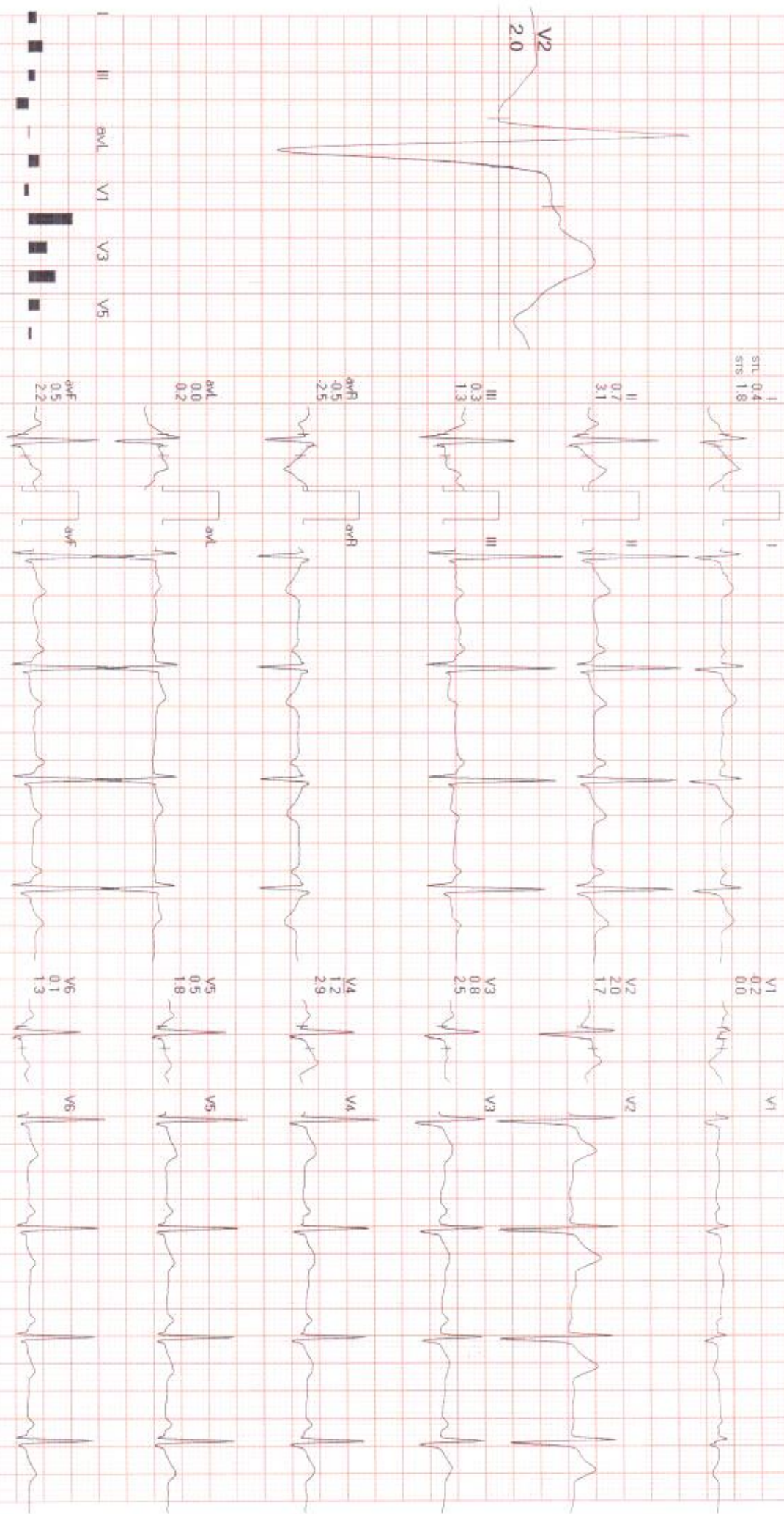
Date: 20/03/2023 11:09:24 AM METS: 1.0/93 bpm 49% of THR BP: 130/80 mmHg Raw ECG/BLC On/Notch On/HE 0.05 Hz/LE 35 Hz

4X 80 mS Post J

ExStt



ExTime: 00:00 0.0 Km/h, 0.0%
25 mm/Sec 1.0 Cm/mV



REMARKS:

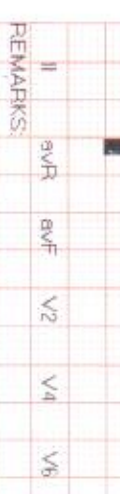
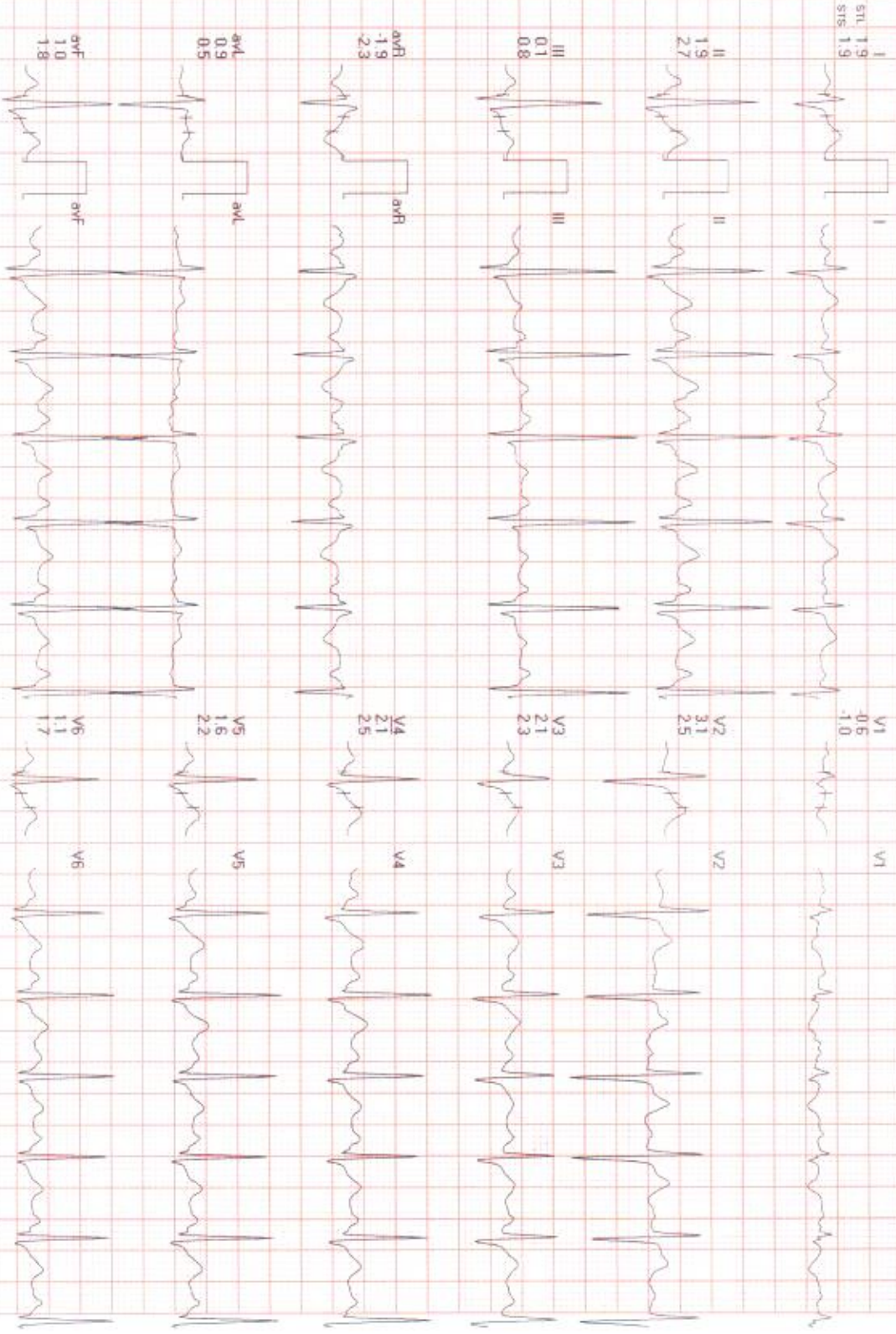
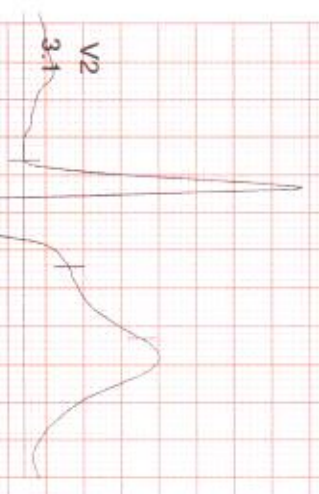
SUBURBAN DIAGNOSTICS KANDIVALI EAST

1274 (2307900521) / UJAJWALKUMAR RAMPRASAD TIBUDE / 32 Yrs / M / 168 Cms / 72 Kg / HR : 110

BRUCE : Stage 1 (03:00)

Date: 20/03/2023 11:09:24 AM METS: 47/110 bpm 59% of THR BP: 130/80 mmHg Row ECG/BLG On/Notch On/HF 0.05 Hz/AF 35 Hz
 4X 80 mg Post J

ExTime: 03:00 2.7 Kmph 10.0%
 25 mm/Sec - 1.0 Cm/mV



REMARKS:

SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 2 (03:00)

1274 (2307900521) / **LUJAWALKUMAR RAMPRASAD TIBUDE / 32 Yrs / M / 168 Cms / 72 kg / HR : 127**

Date: 20/03/2023 11:09:24 AM METS: 7.1/127 bpm 68% of THR BP: 130/80 mmHg Raw ECG/BLG On/Notch On/HF 0.05 Hz/AF 35 Hz

4X 80 ms Post J

ExTime: 06:00 4.0 kmph 12.0%
25 mm/Sec 1.0 Cm/mV



REMARKS

SUBURBAN DIAGNOSTICS KANDIVALI EAST

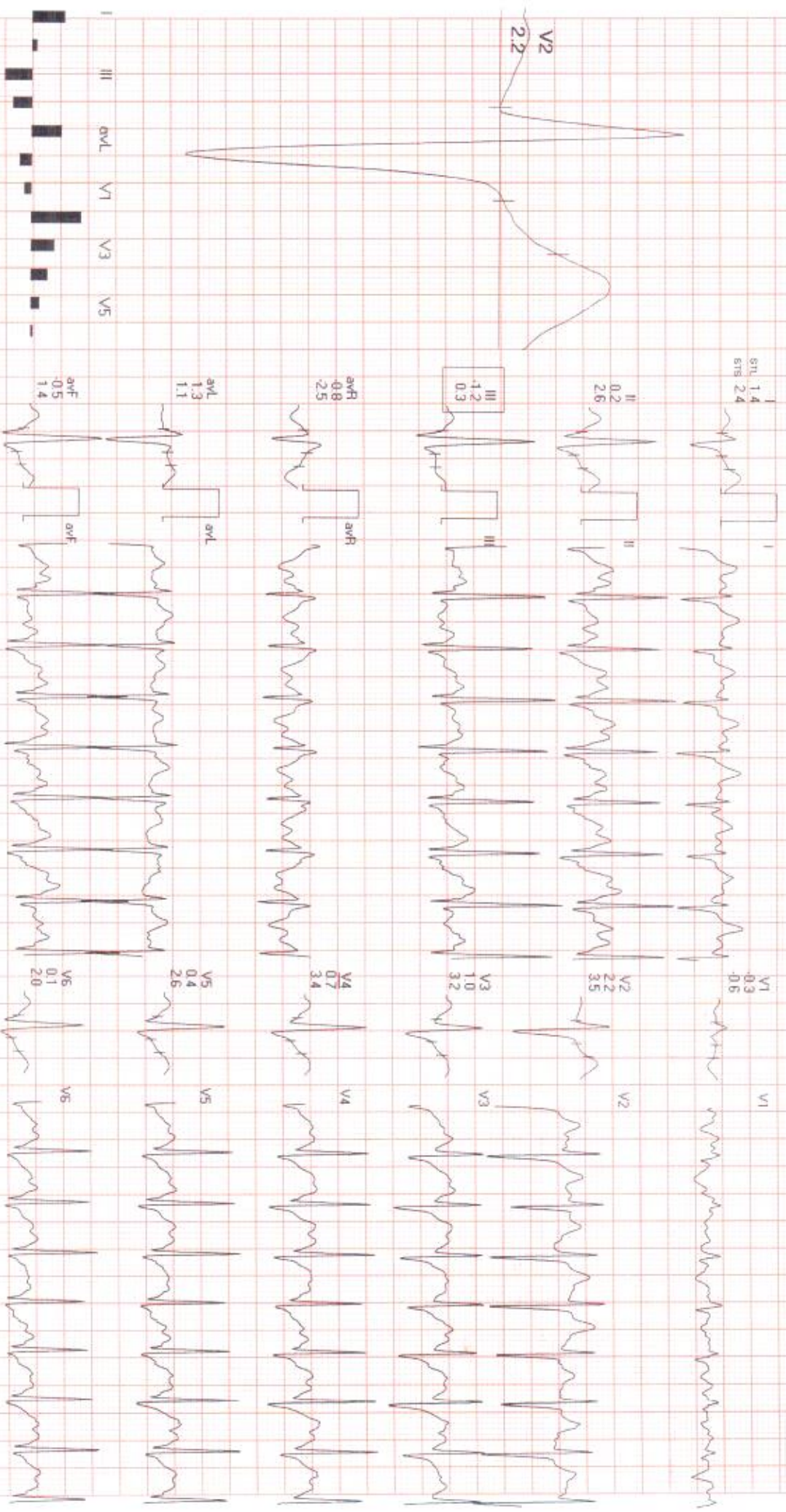
1274 (P307900521) / UJAJAWALKUMAR RAMPRASAD TIBUDE / 32 Yrs / M / 168 Cms / 72 Kg / HR : 160

Date: 20 / 03 / 2023 11:08:24 AM METS: 9.0 / 160 bpm 85% of THR BP: 160/80 mmHg Raw ECG/BLD ON/Notch DN/HF 0.05 Hz/LF 35 Hz
4X 50 ms Post J

PeakEx

AC-IP1

ExTime: 07:48 5.5 Kempa: 14.0%
25 mm/Sec - 1.0 Cm/Div



REMARKS:

SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:00)

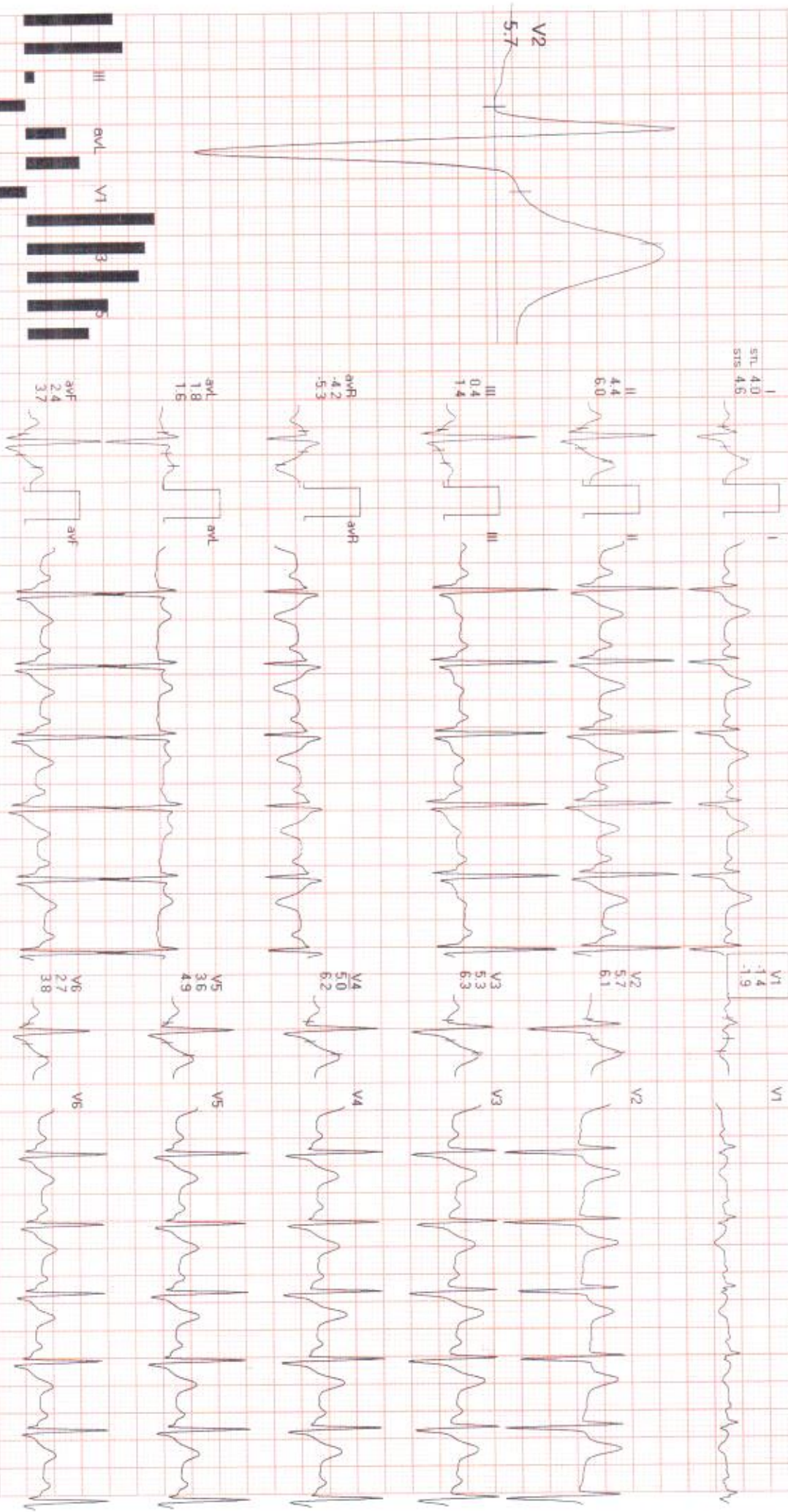


1274 / 23079005211 / UJAWALKUMAR RAMPRASAD TIBUDE / 32 Yrs / M / 168 Cms / 72 Kg / HR : 117

Date: 20 / 03 / 2023 11:09:24 AM METS: 1.1 / 117 bpm 62% of THR BP: 160/80 mmHg Row ECG/ BLC On/ Match On/ HF 0.05 Hz/ AF 35 Hz

4X 80 mS Post J

ExTime: 07:48 0.2 Kmph 0.0%
25 mm/Sec 1.0 Cm/mV



REMARKS:

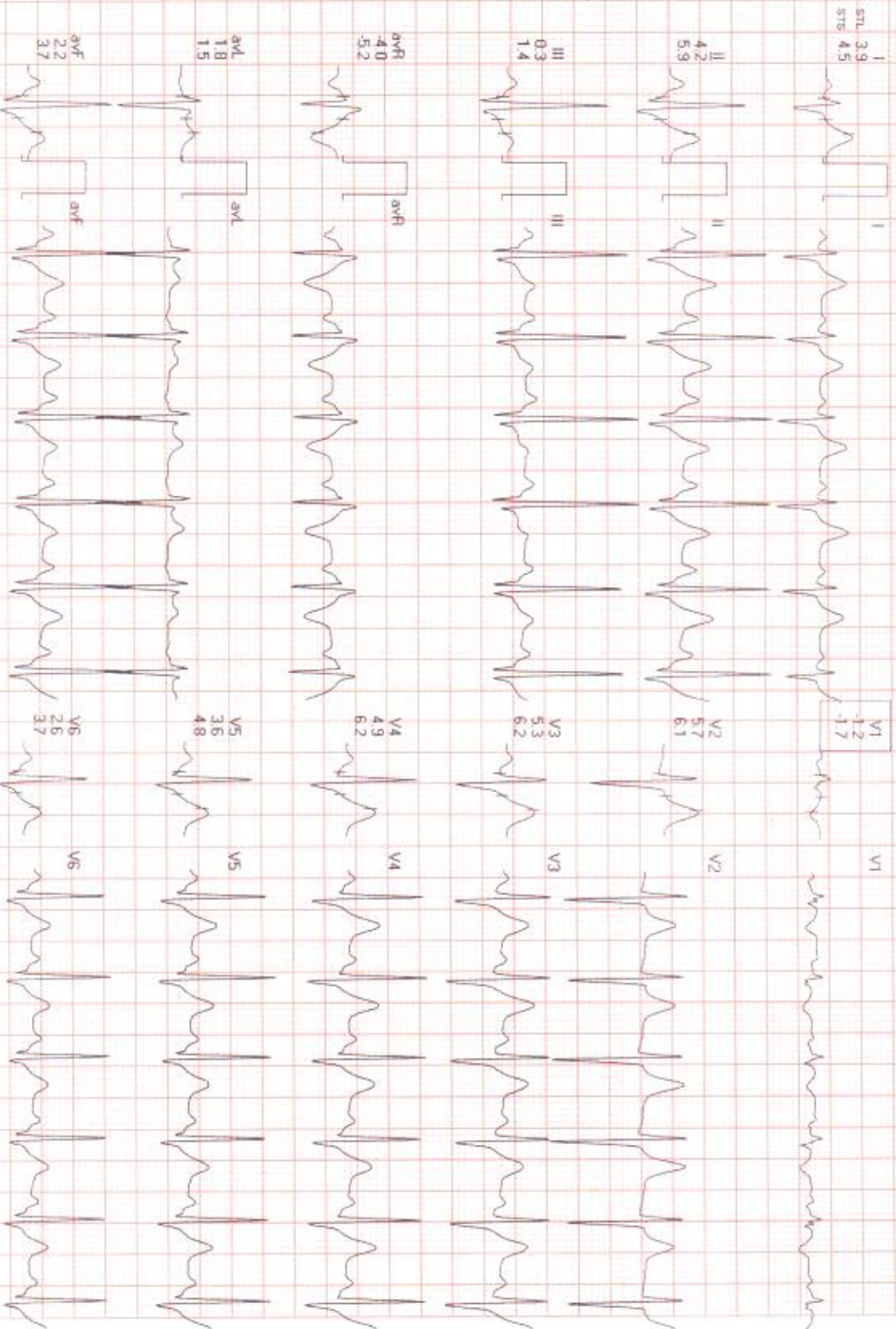
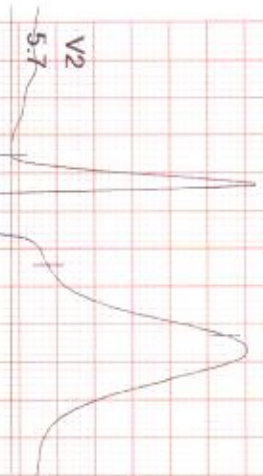
SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:09)

1274 (23079005271) / UJAWALKUMAR RAMPRASAD TIBUDE / 32 Yrs / M / 168 Cms / 72 Kg / HR 114

Date: 20 / 03 / 2023 11:09:24 AM METS: 1.0 / 114 bpm 61% of THR BP: 160/80 mmHg Row ECG/BLC On/Noch On/HE 0.05 Hz/LE 35 Hz
4X 90ms Post J

ExTime: 07:48 0.0 Km/h 0.0%
25mm/Sec 1.0 Cm/mV



REMARKS

