

CID	: 2331802200
Name	: MR.RAMBABU TEJAVATH
Age / Gender	: 28 Years / Male
Consulting Dr.	: -
Reg. Location	: Thane Kasarvadavali (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

	<u>CBC (Complete Blood Count), Blood</u>				
PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>		
RBC PARAMETERS					
Haemoglobin	15.0	13.0-17.0 g/dL	Spectrophotometric		
RBC	5.38	4.5-5.5 mil/cmm	Elect. Impedance		
PCV	45.5	40-50 %	Measured		
MCV	84.5	80-100 fl	Calculated		
MCH	27.9	27-32 pg	Calculated		
MCHC	33.1	31.5-34.5 g/dL	Calculated		
RDW	12.7	11.6-14.0 %	Calculated		
WBC PARAMETERS					
WBC Total Count	6200	4000-10000 /cmm	Elect. Impedance		
WBC DIFFERENTIAL AND	ABSOLUTE COUNTS				
Lymphocytes	32.5	20-40 %			
Absolute Lymphocytes	2015.0	1000-3000 /cmm	Calculated		
Monocytes	6.3	2-10 %			
Absolute Monocytes	390.6	200-1000 /cmm	Calculated		
Neutrophils	58.0	40-80 %			
Absolute Neutrophils	3596.0	2000-7000 /cmm	Calculated		
Eosinophils	2.9	1-6 %			
Absolute Eosinophils	179.8	20-500 /cmm	Calculated		
Basophils	0.3	0.1-2 %			
Absolute Basophils	18.6	20-100 /cmm	Calculated		
Immature Leukocytes	-				

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	219000	150000-400000 /cmm	Elect. Impedance
MPV	9.1	6-11 fl	Calculated
PDW	11.1	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		

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HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com

Corporate Identity Number (CIN): U85110MH2002PTC136144



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Name	: MR.RAMBABU TEJAVATH			R
Age / Gender	:28 Years / Male		Use a QR Code Scanner Application To Scan the Code	т
Consulting Dr.	:-	Collected	:14-Nov-2023 / 08:40	
Reg. Location	: Thane Kasarvadavali (Main Centre)	Reported	:14-Nov-2023 / 15:07	

Macrocytosis	-				
Anisocytosis	-				
Poikilocytosis	-				
Polychromasia	-				
Target Cells	-				
Basophilic Stippling	-				
Normoblasts	-				
Others	Normocytic,Normochromic				
WBC MORPHOLOGY	-				
PLATELET MORPHOLOGY	-				
COMMENT	-				
Specimen: EDTA Whole Blood					
ESR, EDTA WB-ESR	15	2-15 mm at 1 hr.	Sedimentation		
*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West					

*** End Of Report ***



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CID : 2331802200 Name : MR.RAMBABU TEJAVATH Age / Gender : 28 Years / Male Consulting Dr. : -Reg. Location : Thane Kasarvadavali (Main Centre)

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Collected: 14-1Reported: 14-1

:14-Nov-2023 / 08:40 :14-Nov-2023 / 14:58

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE				
PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>	
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	94.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase	
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	85.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase	
BILIRUBIN (TOTAL), Serum	0.88	0.1-1.2 mg/dl	Diazo	
BILIRUBIN (DIRECT), Serum	0.22	0-0.3 mg/dl	Diazo	
BILIRUBIN (INDIRECT), Serum	0.66	0.1-1.0 mg/dl	Calculated	
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret	
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG	
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated	
A/G RATIO, Serum	2	1 - 2	Calculated	
SGOT (AST), Serum	23.9	5-40 U/L	IFCC without pyridoxal phosphate activation	
SGPT (ALT), Serum	26.4	5-45 U/L	IFCC without pyridoxal phosphate activation	
GAMMA GT, Serum	19.0	3-60 U/L	IFCC	
ALKALINE PHOSPHATASE, Serum	71.2	40-130 U/L	PNPP	
BLOOD UREA, Serum	31.0	12.8-42.8 mg/dl	Urease & GLDH	
BUN, Serum	14.5	6-20 mg/dl	Calculated	
CREATININE, Serum	0.73	0.67-1.17 mg/dl	Enzymatic	

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CID Name Age / Gender Consulting Dr. Reg. Location	: 2331802200 : MR.RAMBABU TEJAVATH : 28 Years / Male : - : Thane Kasarvadavali (Main Centre)	Collected Reported	Use a QR Code Scanner Application To Scan the Code : 14-Nov-2023 / 08:40 : 14-Nov-2023 / 12:52	E P O R T
eGFR, Serum	127	(ml/min/1.73sqm) Normal or High: Above Mild decrease: 60-89 Mild to moderate decr 59 Moderate to severe de -44 Severe decrease: 15-2 Kidney failure:<15	rease: 45- ecrease:30	
Note: eGFR estim	nation is calculated using 2021 CKD-EPI GFR equa	ition w.e.f 16-08-2023		
URIC ACID, Ser	um 4.0	3.5-7.2 mg/dl	Uricase	
Urine Sugar (Fas Urine Ketones (F *Sample processe				



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:2331802200

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

:14-Nov-2023 / 08:40 :14-Nov-2023 / 14:58

Calculated

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE GLYCOSYLATED HEMOGLOBIN (HbA1c) RESULTS BIOLOGICAL REF RANGE METHOD moglobin 4.4 Non-Diabetic Level: < 5.7 %</td> HPLC

mg/dl

Glycosylated Hemoglobin4.4(HbA1c), EDTA WB - CCEstimated Average Glucose79.6

Estimated Average Glucose (eAG), EDTA WB - CC

Intended use:

PARAMETER

- 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 G B Road Lab, Thane West *** End Of Report ***



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	
PHYSICAL EXAMINATION			
Colour	Brown	Brown	
Form and Consistency	Semi Solid	Semi Solid	
Mucus	Absent	Absent	
Blood	Absent	Absent	
CHEMICAL EXAMINATION			
Reaction (pH)	Acidic (6.0)	-	
Occult Blood	Absent	Absent	
MICROSCOPIC EXAMINATION	N		
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	

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West *** End Of Report ***



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
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 EXAMINATIO	<u>N</u>		
Leukocytes(Pus cells)/hpf	1-2	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	2-3	Less than 20/hpf	
Othors			

Others

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein (1+ = 25 mg/dl , 2+ = 75 mg/dl , 3+ = 150 mg/dl , 4+ = 500 mg/dl)
- Glucose(1+ = 50 mg/dl , 2+ =100 mg/dl , 3+ =300 mg/dl ,4+ =1000 mg/dl)
- Ketone (1+ =5 mg/dl , 2+ = 15 mg/dl , 3+= 50 mg/dl , 4+ = 150 mg/dl)

Reference: Pack inert

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Application To Scan the Code Collected Reported

:14-Nov-2023 / 08:40 :14-Nov-2023 / 13:16

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

PARAMETER

RESULTS

ABO GROUP **Rh TYPING**

Positive

А

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.

Refernces:

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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West *** End Of Report **



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	138.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	112.1	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	28.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	109.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	88.0	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	21.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.0	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West *** End Of Report ***



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:2331802200

: -

:28 Years / Male

: MR.RAMBABU TEJAVATH

: Thane Kasarvadavali (Main Centre)

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Name

Age / Gender

Consulting Dr.

Reg. Location

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:14-Nov-2023 / 13:34

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Reported

11.5-22.7 pmol/L

0.35-5.5 microIU/ml

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE **THYROID FUNCTION TESTS** PARAMETER RESULTS **BIOLOGICAL REF RANGE** METHOD Free T3, Serum 4.8 3.5-6.5 pmol/L **ECLIA** Free T4, Serum

sensitiveTSH, Serum

Interpretation:

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

Clinical Significance:

1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors

can give falsely high TSH.

2)TSH values may be trasiently altered becuase of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.

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

Reference:

1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)

- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3. Tietz , Text Book of Clinical Chemistry and Molecular Biology -5th Edition

4.Biological Variation: From principles to Practice-Callum G Fraser (AACC Press)



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PRECISE TESTING - HEA	LYHIER LIVING			P
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Name	: MR.RAMBABU TEJAVATH			R
Age / Gender	: 28 Years / Male		Use a QR Code Scanner Application To Scan the Code	т
Consulting Dr.	:-	Collected	:14-Nov-2023 / 08:40	
Reg. Location	: Thane Kasarvadavali (Main Centre)	Reported	:14-Nov-2023 / 13:34	

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PHYSICAL EXAMINATION REPORT

Patient Name	Mr. Rambaby	Teiavath	Sex/Age	male / 28yrs		
Date	14.11.23	1.0	Location	KASARVADAVALI		
History an	d Complaints					
	lozence surce	2 who to the B	0			
ALC: U						
EXAMINAT	TION FINDINGS					
Height	172cm	Temp (0c):	HOPM	ife		
Weight	82 kay	Skin:	Molen (ki.		
Blood Pressur	1	Nails:	North	AL		
Pulse	7264	Lymph Node:	heren	de		
Systems :						
Cardiovascula	ar: hotenal					
Respiratory:	NORMAL	NORMA				
Genitourinar	y: HORALL					
GI System:	MORNA					
CNS:	wornta					

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ADVICE :

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DR. ANAND 1. MOTWANI

CHIEF CO	OMPLA	INTS:
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1)	Hypertension:	No Reg. 110, 39329 (M.M.C)
1)	IHD	No
2)		No
3)	Arrhythmia Dialactor Mallitus	170
4)	Diabetes Mellitus	No
5)	Tuberculosis	No
6)	Asthma	NO
7)	Pulmonary Disease	NO
8)	Thyroid/ Endocrine disorders	No
9)	Nervous disorders	No
10)	GI system	NO
11)	Genital urinary disorder	110
12)	Rheumatic joint diseases or symptom	NO
13)	Blood disease or disorder	No
14)	Cancer/lump growth/cyst	NO
15)	Congenital disease	No
16)	Surgeries	Mil

PERSONAL HISTORY:

1)	Alcohol	No
2)	Smoking	NO
2)		Mixed.
3)	Diet	Nil
4)	Medication	and the



DR. ANAND H. MOTWANI M.D. (GENERAL MEDICINE) Reg. No. 39329 (M.M.C)

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Date: 14.11.23 Name: Mr. Rambabu Tejavath Sex/Age: male / 2845 R

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EYE CHECK UP

Chief complaints : Mil

Systematic Diseases : Mil

Past History : Nrl

Unaided Vision: Rt - 6/36Lt - 6/36

Aided Vision: Rt - 616, NG Lt - 619, NG

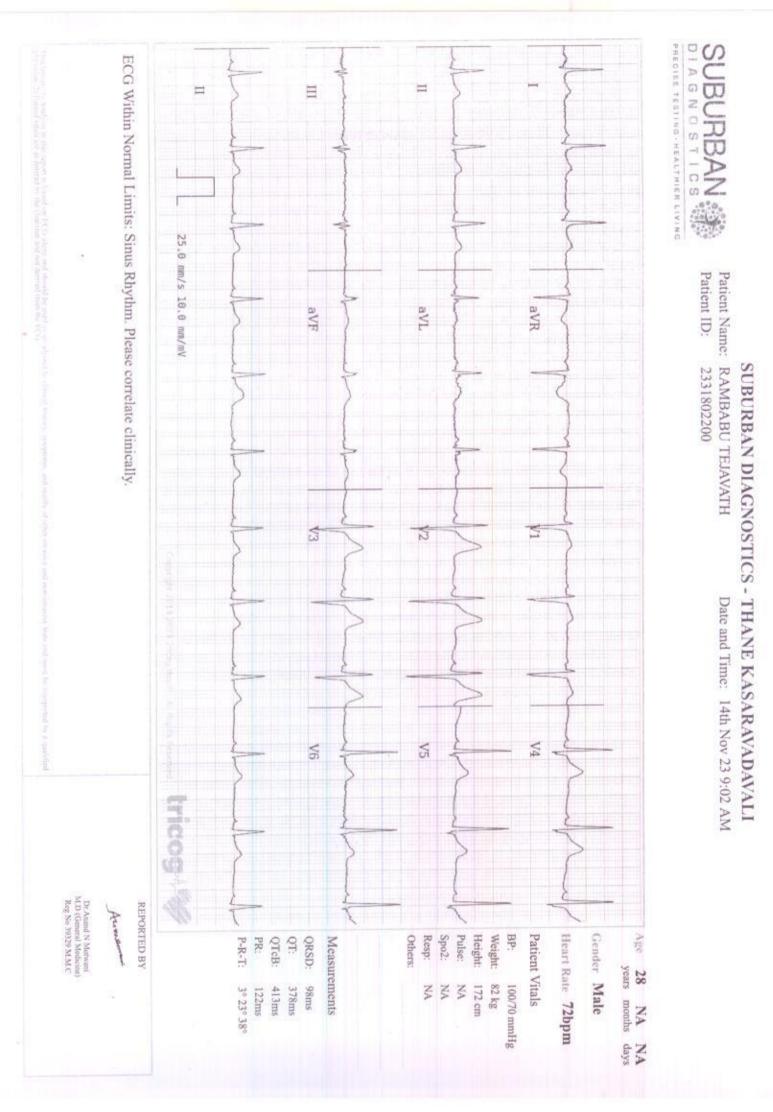
Refraction : -

Colour Vision: Normal

Remarks : ____

30 N

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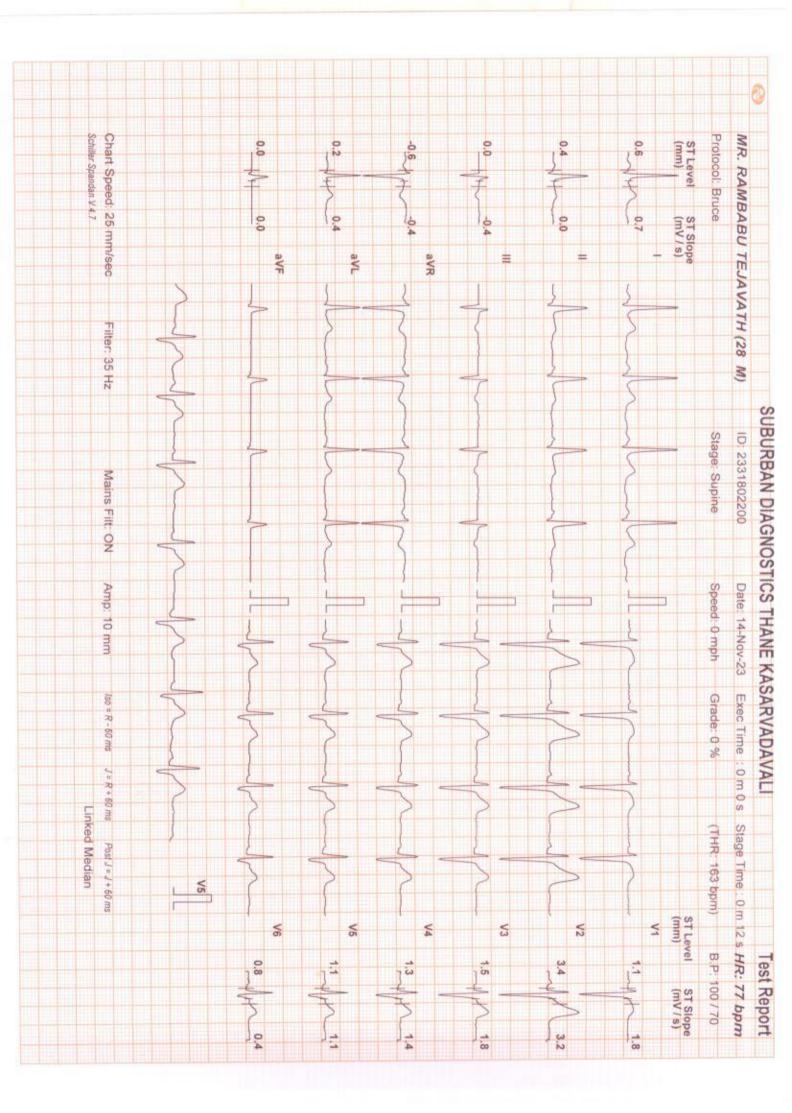
Patient Details Name: MR. RAMBABU TEJA	Date: 14-Nov-23	Time: 9:59:12 Al	M
Age: 28 y Clinical History: NIL	Sex: M	Height: 172 cms	s Weight: 82 Kgs
Medications: NIL			
Test Details			
Protocol: Bruce	Pr.MHR: 192	bpm	THR: 163 (85 % of Pr.MHR) bp
Total Exec. Time: 7 m 12	s Max. HR: 157 ((82% of Pr.MHR)bpm	Max. Mets: 10.20
Max. BP: 160 / 90 mmHg	Max, BP x HR:	25120 mmHg/min	Min. BP x HR: 5390 mmHg/r

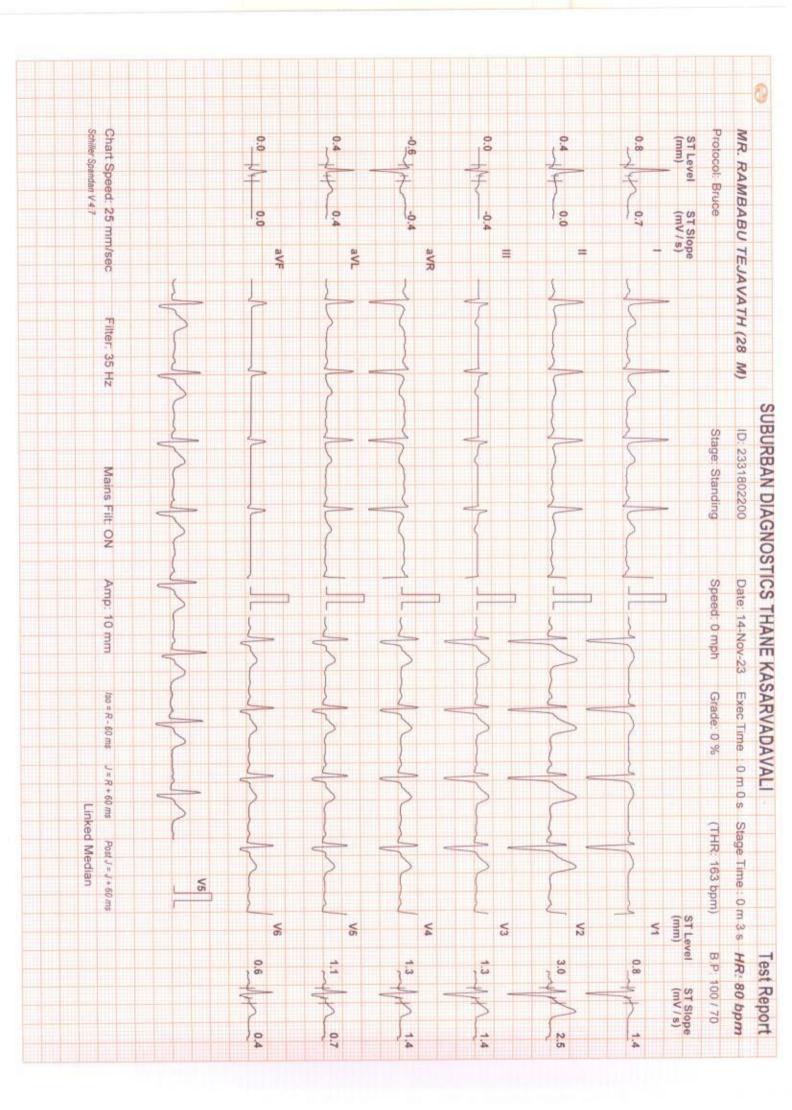
Test Termination Criteria: FATIGUE

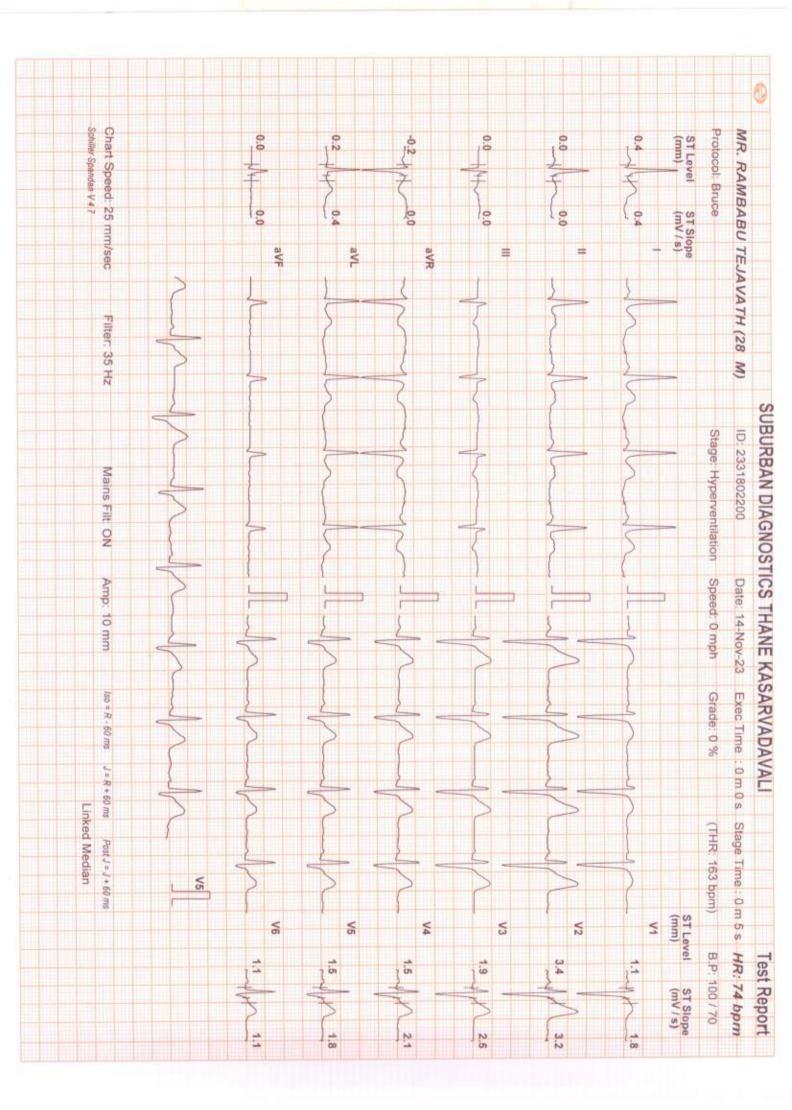
Protocol Details

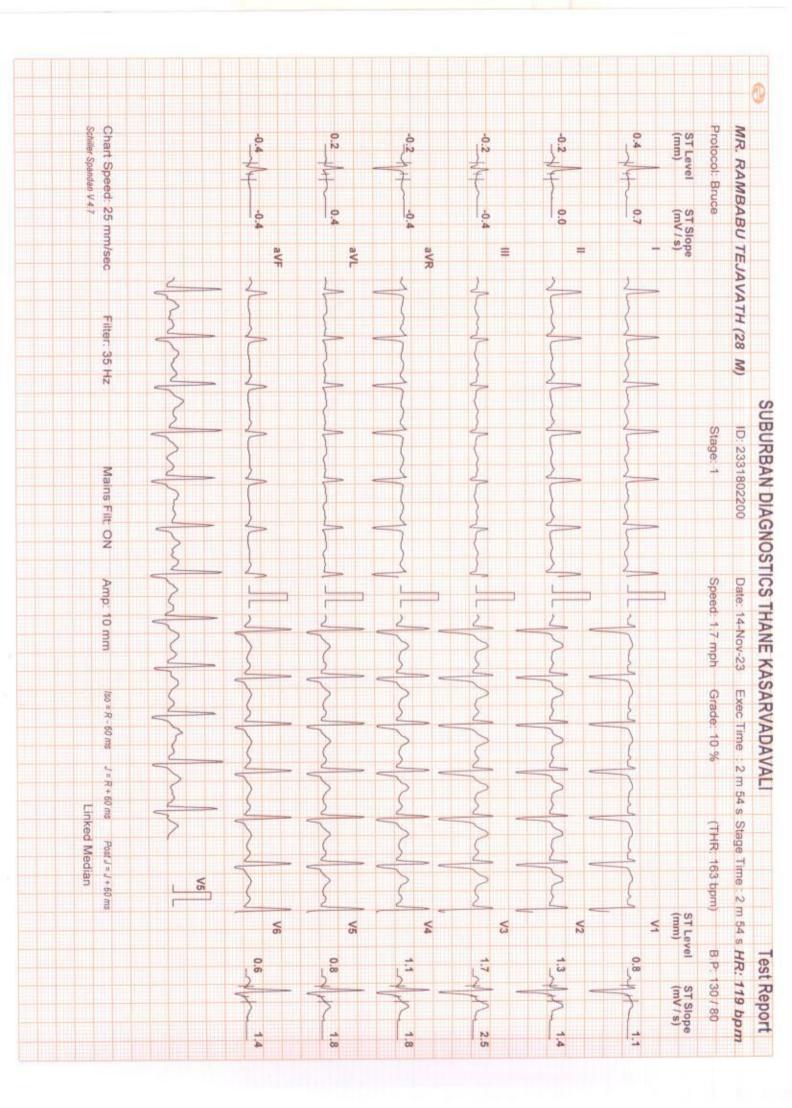
Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0:18	1.0	0	0	77	100/70	-1.06 aVR	3.18 aVL
Standing	0:9	1.0	0	0	77	100/70	-1.91	-5.66 aVF
Hyperventilation	0:11	1.0	0	0	78	100/70	-0.64 aVR	3.18 V2
1	3:0	4.6	1.7	10	118	130/80	-5.94 aVF	5.66 V2
2	3:0	7.0	2.5	12	143	150 / 80	-0.85 II	4.95 V3
Peak Ex	1:12	10.2	3.4	14	157	160/90	-1.49 V6	5.66 V3
Recovery(1)	1:0	1.8	1	0	118	160/90	-0.64	5.66 V3
Recovery(2)	1:0	1.0	0	0	110	150 / 90	-0.85	5.31 V3
Recovery(3)	1:0	1.0	0	0	88	140/90	-0.85	3.89 V3
Recoverv(4)	0:15	1.0	0	0	87	130/90	-0.64 11	2.83 V3

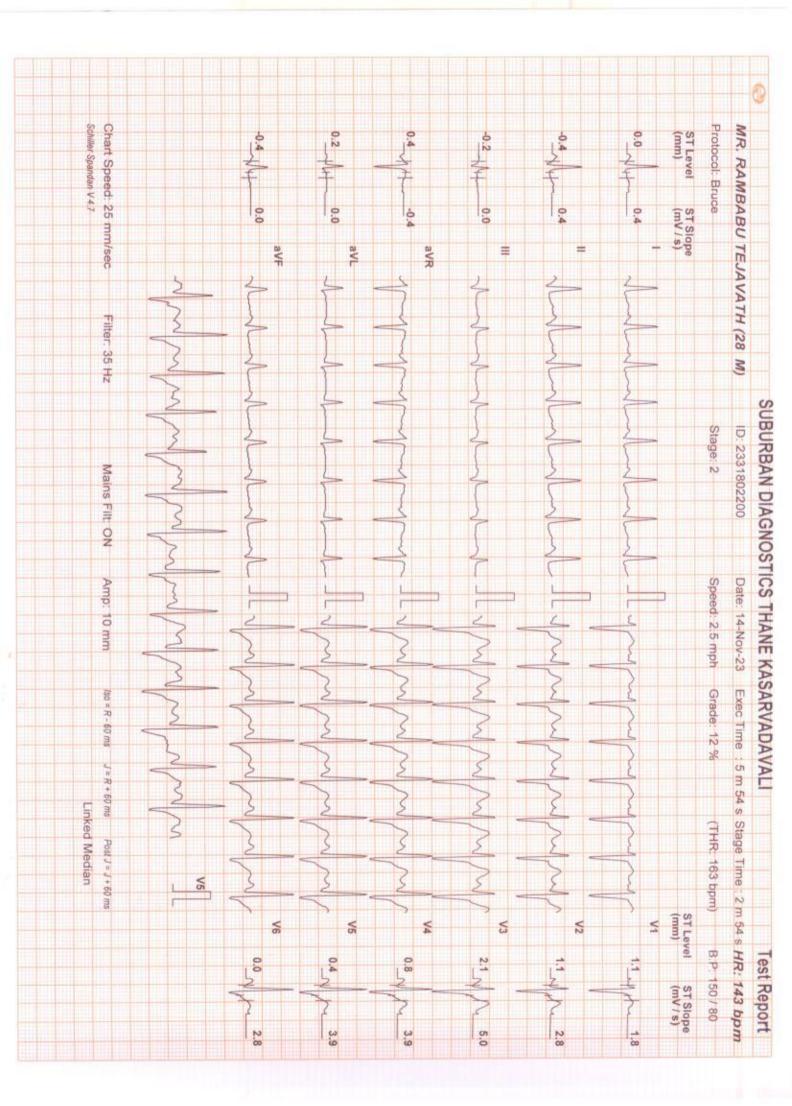
승규는 것 같아요. 것 같아요. 것 같아요. 그는 것 같아요. 가 봐야 한 것 같아요. 것	Here
Interpretation	
FAIR EFFORT TOLERANCE	DR. ANAND N. MOTWANI
NORMAL HEART RATE AND BP RESPONSE	M.D. IGENERAL MEDICINE)
NO ARRHYTHMIAS	Reg. 10. 39329 (M.M.C)
NO ANGINAL OR ANGINAL EQUIVALENT SYMPTOMS	Neg. 10. 03025 (MININ)
NO SIGNIFICANT ST-T CHANGES FROM BASELINE SEEN DURING THE	
TEST	Glagno
IMPRESSION	3
STRESS TEST IS NEGATIVE FOR STRESS INDUCIBLE MYOCARDIAL	12/13a. Vel
ISCHAEMIA	E March 1
ISCHALMIA	13 23
DISCLAIMER: Negative stress test does not rule out coronary artery disease	* -p12
and positive stress test is suggestive but not confirmatory of coronary artery	
disease. Hence clinical co-relation is mandatory.	
	Doctor: Dr. Anand Motwani
Ref. Doctor: SELF	(c) Schiller Healthcare India Pvt. Ltd. V 4.7
(Summary Report edited by user)	(c) Schiner Heannsare India PVI. Ltd. V 4.7



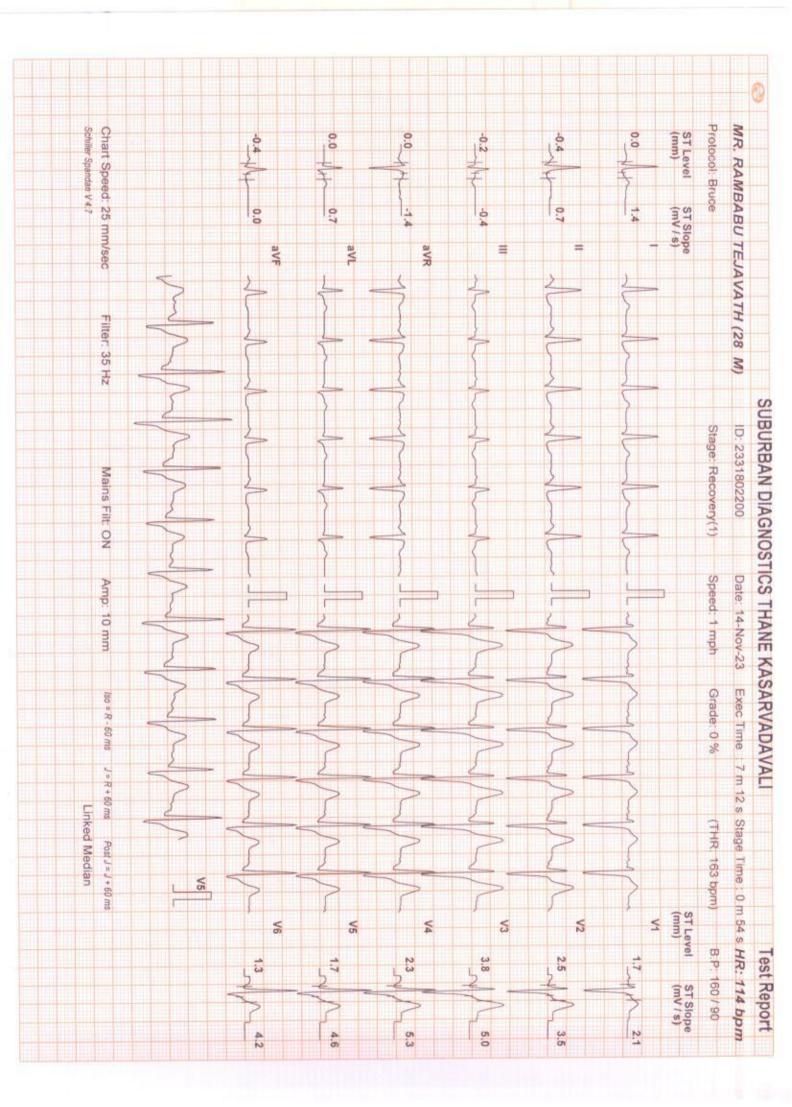


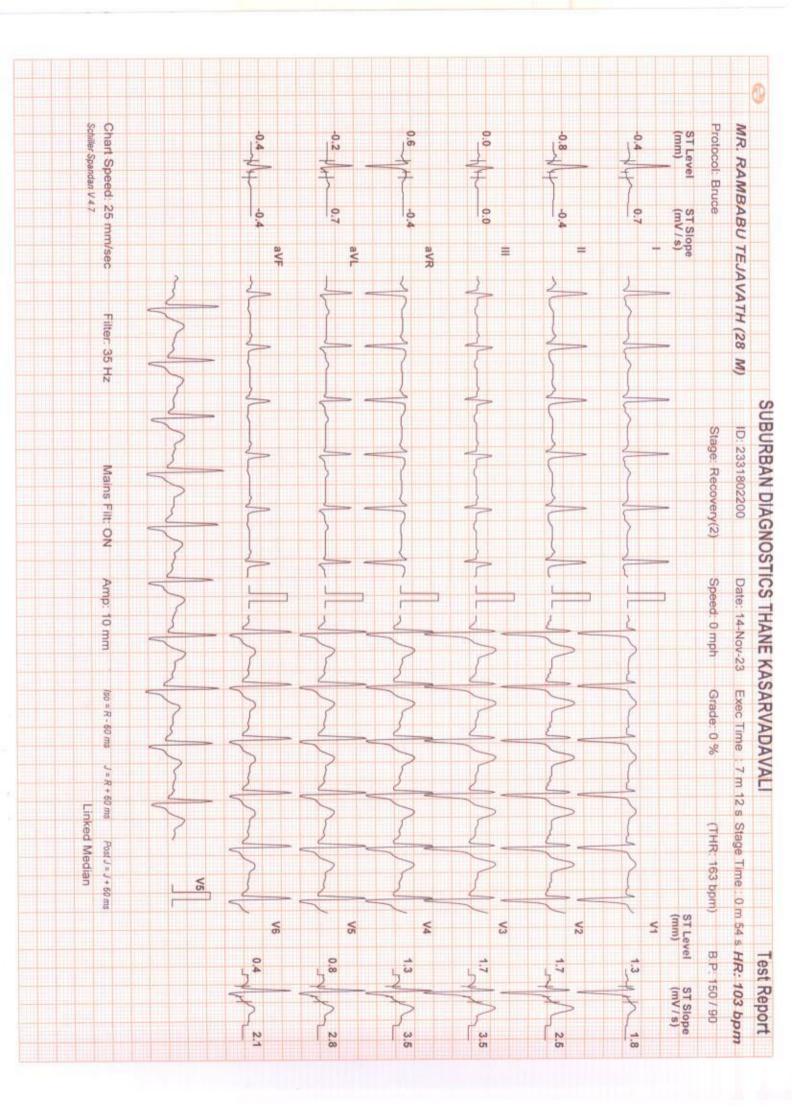


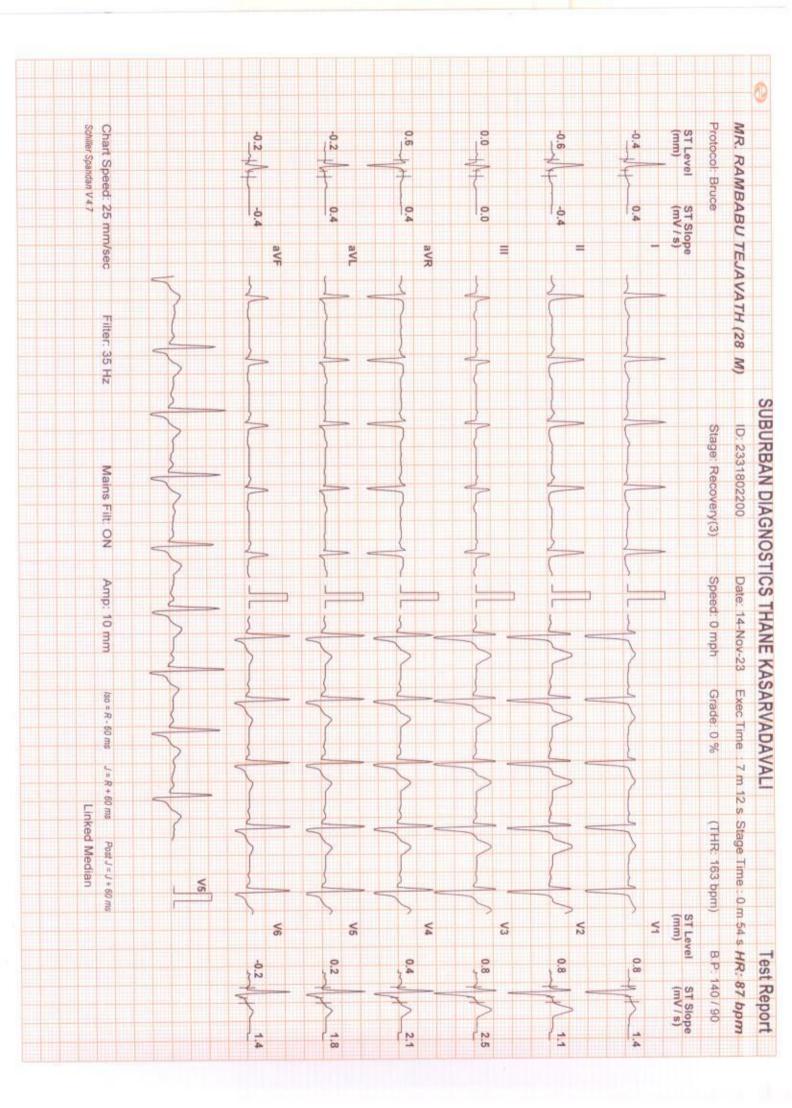


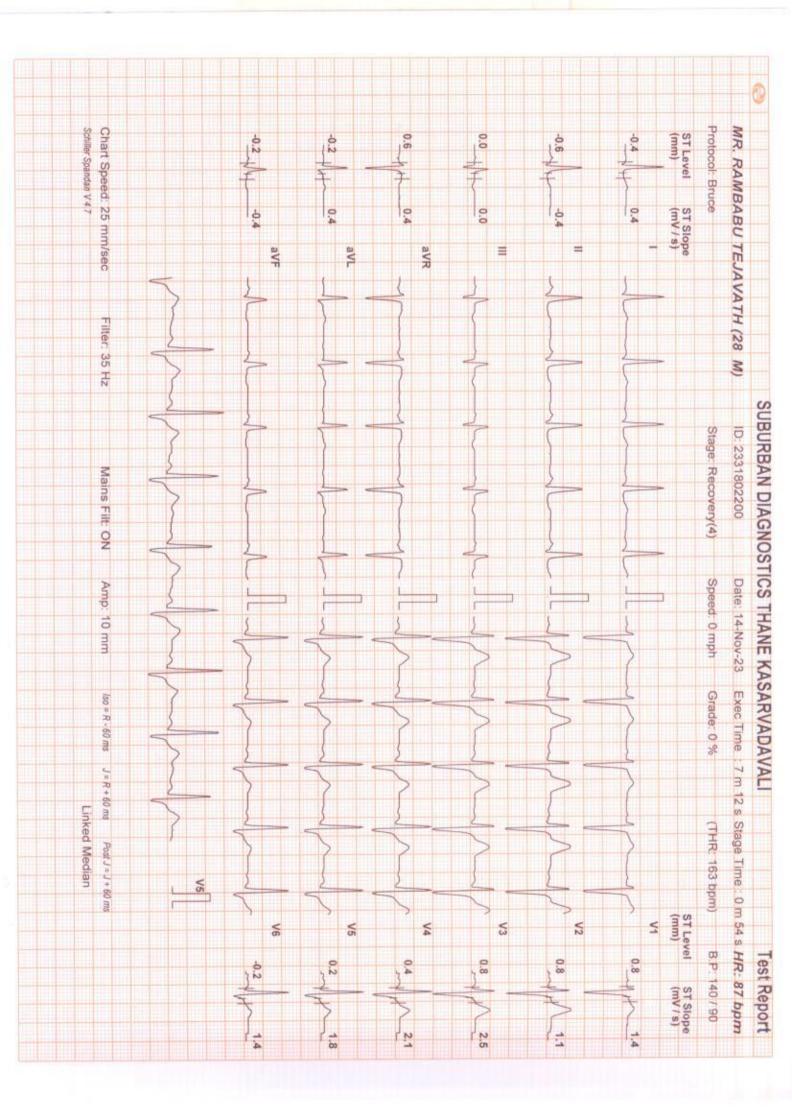


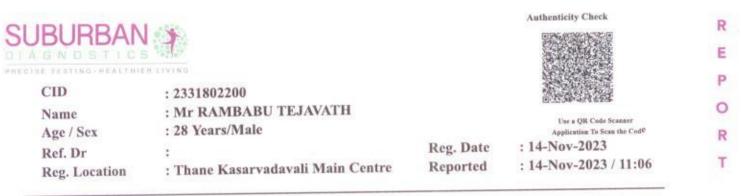
Stringen Stringen <td< th=""><th></th><th>Post J = J + 60 ms</th><th></th><th>J = R + 60 ms</th><th></th><th>lso = R - 60 ms</th><th></th><th>Amp: 10 mm</th><th></th><th>Mains Filt: ON</th><th>Filter: 35 Hz</th><th></th><th>Chart Speed: 25 mm/sec</th><th>Chart Speed: 2</th></td<>		Post J = J + 60 ms		J = R + 60 ms		lso = R - 60 ms		Amp: 10 mm		Mains Filt: ON	Filter: 35 Hz		Chart Speed: 25 mm/sec	Chart Speed: 2
ST. Love ST. Lo		5	5	-	~	Z		m	May	my	Mm	m		
ST Stope 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.		2	3	3	5	-5-	-				-	ave	4- 0:0	-0.6 V
11 I I I I I I I I I I I I I I I I I I			3	3	3	5	2		1			avr	4 <u>0.7</u>	0.0_1
In Vision (In Vision (1.3	2	3	3	3	3-	2	11/2				avr	-0.7	0.4
ST Siope (mV/s) (mV/s) 1,1 1,1 1,1 1,1 1,1 1,1 1,1 1,	3.0		2	2	2		2	JL JA	2 L	-	- A		-0.4	-0.4
ST Stope (mV/s) ST 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.			2	2	2		2-			Malal	Mul	" J.J.	0.7	-0.6
ST Slope (mV/s) (mV/s)		2	2	2	Z	2	3	5	2	AL	alat	-		-0.4
												s) s)		ST Leve (mm)











USG ABDOMEN AND PELVIS

LIVER:

Liver is enlarged in size (16.0 cm) and shows mild fatty infiltrations. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER:

Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

PORTAL VEIN:

Portal vein is normal. CBD: CBD is normal.

PANCREAS:

Visualised pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS:

Right kidney measures 10.4 x 4.0 cm. Left kidney measures 10.8 x 5.0 cm. Both kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN:

Spleen is enalreed in size (13.4 cm) with normal echotexture. No focal lesion is seen.

URINARY BLADDER:

Urinary bladder is distended and normal. Wall thickness is within normal limits.

PROSTATE:

Prostate is normal in size, normal echotexture and measures 2.6 x 3.5 x 2.9 cm in dimension and 14.3 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023111408291438

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			Authenticity Check	R
SUBURBAN				E
PRECISE TENTING REALTRIE	: 2331802200			Ρ
Name	: Mr RAMBABU TEJAVATH		回过25.9843443684	0
Age / Sex	: 28 Years/Male		Use a QR Code Scanner Application To Scan the Code	R
Ref. Dr	:	Reg. Date	: 14-Nov-2023 : 14-Nov-2023 / 11:06	т
Reg. Location	: Thane Kasarvadavali Main Centre	Reported	: 14-Nov-2023 / 11:00	

IMPRESSION: SPLENOMEGALY. HEPATOMEGALY WITH MILD FATTY LIVER.

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 interobserver variations. Further/follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis.

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

G. R. Forde

Dr.GAURAV FARTADE MBBS, DMRE Reg No -2014/04/1786 Consultant Radiologist

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CID

Name

Age / Sex

Ref. Dr

: 2331802200 : Mr RAMBABU TEJAVATH : 28 Years/Male + : Thane Kasarvadavali Main Centre Reg. Location

Reg. Date :1 Reported :1

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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-----

G. R. Forth

Dr.GAURAV FARTADE MBBS, DMRE Reg No -2014/04/1786 **Consultant Radiologist**

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