



CID : 2429227606
Name : MR.RAJEEV MANWANI
Age / Gender : 23 Years / Male
Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

Collected : 18-Oct-2024 / 09:44
Reported : 18-Oct-2024 / 14:26

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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	14.4	13.0-17.0 g/dL	Spectrophotometric
RBC	4.81	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.0	40-50 %	Calculated
MCV	89.4	81-101 fl	Measured
MCH	29.9	27-32 pg	Calculated
MCHC	33.5	31.5-34.5 g/dL	Calculated
RDW	13.5	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	3530	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	42.7	20-40 %	
Absolute Lymphocytes	1507.3	1000-3000 /cmm	Calculated
Monocytes	7.7	2-10 %	
Absolute Monocytes	271.8	200-1000 /cmm	Calculated
Neutrophils	45.8	40-80 %	
Absolute Neutrophils	1616.7	2000-7000 /cmm	Calculated
Eosinophils	2.3	1-6 %	
Absolute Eosinophils	81.2	20-500 /cmm	Calculated
Basophils	1.5	0.1-2 %	
Absolute Basophils	53.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	217000	150000-410000 /cmm	Elect. Impedance
MPV	7.9	6-11 fl	Measured
PDW	12.0	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Normocytic, Normochromic
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	Leucopenia

Specimen: EDTA Whole Blood

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

Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

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

*** End Of Report ***



Anupa

Dr. ANUPA DIXIT
M.D.(PATH)
Consultant 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 Fasting	74.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	86.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	1.76	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.52	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	1.24	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.7	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	21.5	<34 U/L	Modified IFCC
SGPT (ALT), Serum	12.9	10-49 U/L	Modified IFCC
GAMMA GT, Serum	13.0	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	49.5	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	20.3	19.29-49.28 mg/dl	Calculated
BUN, Serum	9.5	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.86	0.73-1.18 mg/dl	Enzymatic



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Collected : 18-Oct-2024 / 09:44
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eGFR, Serum	125	(ml/min/1.73sqm)	Calculated
		Normal or High: Above 90	
		Mild decrease: 60-89	
		Mild to moderate decrease: 45-59	
		Moderate to severe decrease: 30-44	
		Severe decrease: 15-29	
		Kidney failure: <15	

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation

URIC ACID, Serum	4.9	3.7-9.2 mg/dl	Uricase/ Peroxidase
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*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab
*** End Of Report ***



Anupa

Dr.ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	102.5	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 SDRL, Vidyavihar Lab

*** End Of Report ***



Dr. Vrushi Shroff

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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	Light scattering
Transparency	Clear	Clear	Light scattering
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.007	1.002-1.035	Refractive index
Reaction (pH)	6	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
Glucose	Absent	Absent	GOD-POD
Ketones	Trace (5 mg/dl)	Absent	Legals Test
Blood	Trace	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Negative	Negative	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
(WBC)Pus cells / hpf	0.0	0-5/hpf	
Red Blood Cells / hpf	0.4	0-2 /hpf	
Epithelial Cells / hpf	0.0	0-5/hpf	
Hyaline Casts	0.0	0-1/hpf	
Pathological cast	0.0	0-0.3/hpf	
Calcium oxalate monohydrate crystals	0.0	0-1.4/hpf	
Calcium oxalate dihydrate crystals	0.0	0-1.4/hpf	
Triple phosphate crystals	0.0	0-1.4/hpf	
Uric acid crystals	0.0	0-1.4/hpf	
Amorphous debris	Absent	Absent	
Bacteria / hpf	5.6	0-29.5/hpf	
Yeast	Absent	Absent	



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Note: Microscopic examination performed by Automated Cuvette based technology. All the Abnormal results are confirmed by reagent strips and Manual method. The Microscopic examination findings are mentioned in decimal numbers as the arithmetic mean of the multiple fields scanned using microscopy. Reference: Pack Insert.

Others -

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*** End Of Report ***

Dr.ANUPA DIXIT
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Reported : 18-Oct-2024 / 14:10

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
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. Vrushi Shroff

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



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Collected : 18-Oct-2024 / 09:44
Reported : 18-Oct-2024 / 14:12

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	159.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	70	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	58.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	101.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	87.2	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	14.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.5	0-3.5 Ratio	Calculated

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Anupa

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Collected : 18-Oct-2024 / 09:44
 Reported : 18-Oct-2024 / 14:06

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	5.1	3.5-6.5 pmol/L	CLIA
Free T4, Serum	15.5	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	6.228	0.55-4.78 microU/ml	CLIA



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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 becuae 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

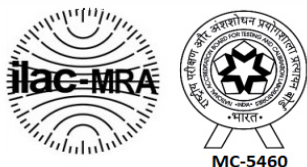
Limitations:

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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*** End Of Report ***



Anupa

Dr.ANUPA DIXIT
M.D.(PATH)
Consultant - 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>
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Trace (5 mg/dl)	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	+ (15 mg/dl)	Absent	

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*** End Of Report ***



Anupa

Dr.ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist

PHYSICAL EXAMINATION

CLIENT NAME : Mr. Rajeev Mahani	DATE : 18/10/2024.
CID : 2429227606	AGE/GENDER : 38/M.

History and Complaints : Nil

EXAMINATION FINDINGS :	
Height (cms) : 179	Weight (kg) : 61.5
Temp (oc) : Afebrile	Skin : <input checked="" type="checkbox"/>
Blood Pressure (mm/hg) : 118/74.	Nails : <input checked="" type="checkbox"/>
Pulse : 68/L	Lymph Node : N.P.

System	
Cardiovascular :	S ₁ S ₂ (+), No murmurs
Respiratory :	Lungs clear, AEBE
Genitourinary:	(N)
GI System :	Abd soft, non tender.
CNS :	(N).

IMPRESSION : USG abd - Rt renal calculi, WBC - 3530, Bil(Total) - 1.76, Bil(D) - 0.52, Bil(ID) - 1.24, TSH - 6.228
 urine ketones (fasting) - Trace (5mg/dl), urine keton PPT (+).
 All other attached reports are WNL

ADVICE : consult family physician in view of above findings.

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 disorder or symptoms	No
13	Blood disease or disorder	No
14	Cancer/Lump growth/Cyst	No
15	Congenital disease	No
16	Surgeries	Nil
17	Musculoskeletal System	No

PERSONAL HISTORY		
1	Alcohol	once in fortnight Beer/Whisky x 10yr.
2	Smoking	Nil
3	Diet	Mixed.
4	Medication	Nil

Suburban Diagnostics (I) Pvt. Ltd.
6th Floor, Gupte House,
81, S.V. Road, Khar (W), Mumbai - 400 052.
Tel.: 26484805 / 26484807

Rafat M. Parkar
Dr. Rafat M. Parkar
M.B.B.S.
Regn. No. 972366

Date:- 18/10/2024.

CID: 2429227606

Name:- Mr. Rajeev Manwani

Sex / Age: M / 38 y

EYE CHECK UP

Chief complaints: Nil

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: -N.V-NS (Bil) - Rt NS
- Lt NS

Aided Vision: -D.V-6/5 (Bil) - Rt 6/5
- Lt 6/5

Refraction:

	(Right Eye)				(Left Eye)				
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn	
Distance	—————				6/5	—————			6/5
Near	—————				NS	—————			NS

Colour Vision: Normal / Abnormal

Remark: Nil

Dr. Rafat M. Parkar
M.B.B.S.
Regn. No. 072366

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Authenticity Check



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Name	: Mr Rajeev Manwani	Reported	: 19-Oct-2024 / 9:22
Age / Sex	: 23 Years/Male		
Ref. Dr	:		
Reg. Location	: Khar West Main Centre		

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size is within normal limits.

The domes of diaphragm are normal in position and outlines.

The visualized bony thorax appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

SUGGEST CLINICAL CORRELATION.

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

Vishal K. M.

Dr. Vishal Kumar Mulchandani
MD DMRE
REG No : 2006/03/1660
Consultant Radiologist

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024101809351975>

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Authenticity Check



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Reported : 19-Oct-2024 / 9:17

USG WHOLE ABDOMEN

LIVER: Liver is normal in size (measures 12.8 cm). Liver shows normal echotexture. There is no intra-hepatic biliary radical dilatation.
Approx. 9 x 8 mm simple cyst is noted in right lobe of liver.

GALL BLADDER: Gall bladder is distended. **Minimal sludge is noted in gallbladder lumen.** Wall thickness is within normal limits.

PORTAL VEIN: Portal vein is normal. **CBD:** CBD appears normal.

PANCREAS: Part of body of pancreas is visualized, appears normal in echotexture. Rest of pancreas is obscured by bowel gases.

KIDNEYS: Both kidneys are normal in size and echotexture. Corticomedullary differentiation is maintained. No obvious mass lesion is noted at present scan.

Minimal fullness of bilateral pelvicalyceal system(Both ureters are obscured by bowel gases).

Right kidney measures 11.0 x 3.3 cm. **Small concretion is noted at mid pole of right kidney.**

Approx. 4.4 mm calculus is noted at mid pole of right kidney.

Approx. 3.3 mm calculus is noted at mid pole of right kidney.

Left kidney measures 10.8 x 5.0 cm. **Small concretion is noted at mid pole of left kidney.**

SPLEEN: Spleen is normal in size (measures 8.1 cm) and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended. Wall thickness is within normal limits.

PROSTATE: Prostate is normal in size and measures 4.5 x 3.1 x 2.8 cm and prostatic volume is 20.1 cc

No free fluid or significant abdominal lymphadenopathy is noted at present scan.

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2429227606
Name : Mr Rajeev Manwani
Age / Sex : 38 Years/Male
Ref. Dr :
Reg. Location : Khar West Main Centre

Reg. Date : 18-Oct-2024
Reported : 19-Oct-2024 / 9:17

IMPRESSION:

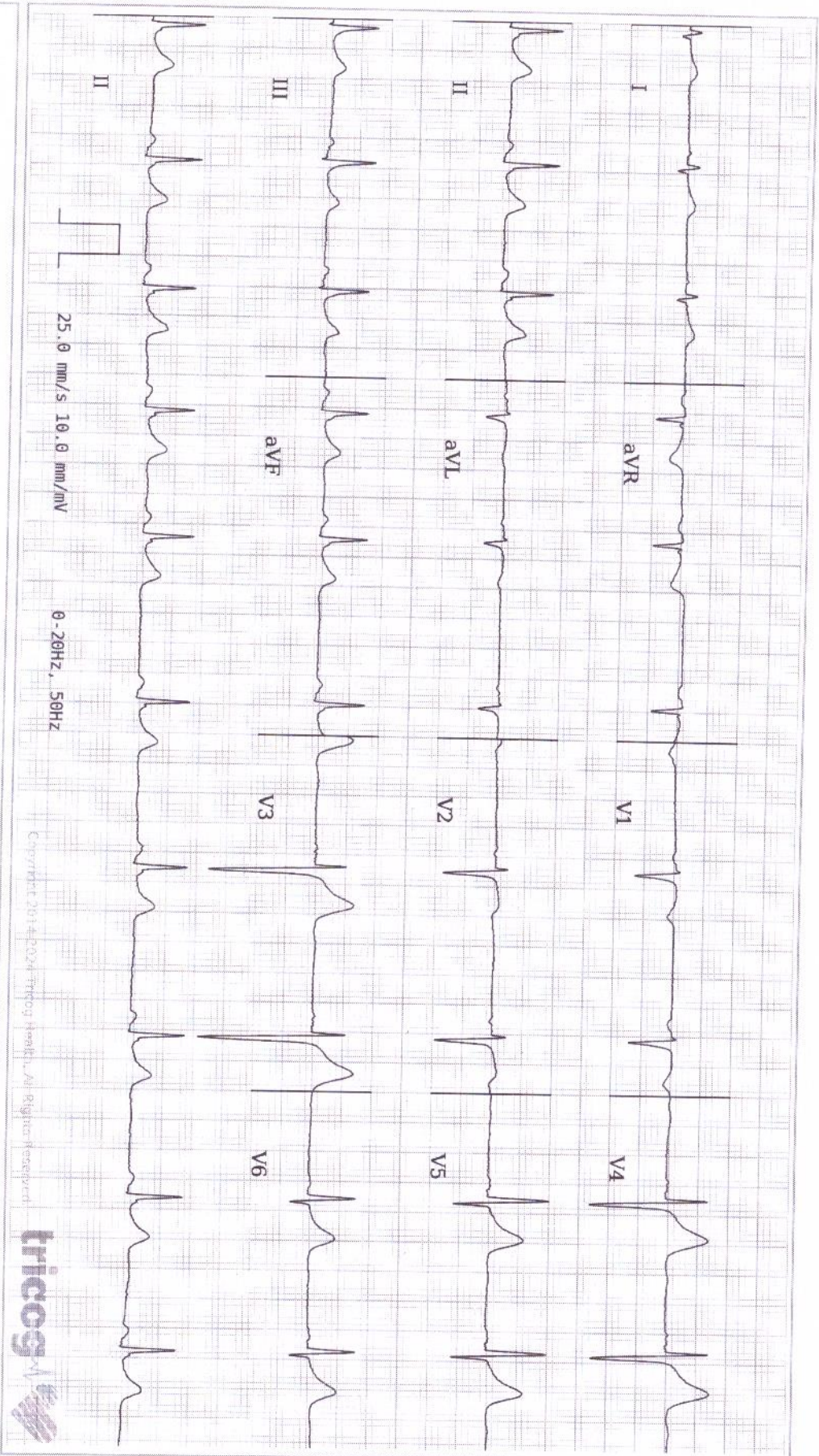
- Simple hepatic cyst.
- Minimal sludge is noted in gallbladder lumen.
- Minimal fullness of bilateral pelvicalyceal system(Both ureters are obscured by bowel gases)
- Right renal calculi.

Suggest clinicopathological correlation.

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 for confirmation/exclusion of diagnosis. Patient was explain 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 center for rectification. Please interpret accordingly. of diagnosis. Patient v explain in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report , patient is request immediately contact the center for rectification. Please interpret accordingly.

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

Dr. Vishal Kumar Mulchandani
MD DMRE
REG No : 2006/03/1660
Consultant Radiologist



Age **38** NA NA
years months days

Gender **Male**

Heart Rate **60bpm**

Patient Vitals

BP: **118/74 mmHg**

Weight: **61 kg**

Height: **179 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **90ms**

QT: **396ms**

QTcB: **396ms**

PR: **136ms**

P-R-T: **70° 85° 70°**

REPORTED BY

Disha Vipulkumar Sheth
MBBS, DNB Medicine
Consultant Physician & Diabetologist
Reg no. 2017084116

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

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.

SUBURBAN DIAGNOSTICS KHAR-W

Name: MR RAJEEV MANWANI **Date:** 18-10-2024 **Time:** 11:28
Age: 38 **Gender:** M **Height:** 179 cms **Weight:** 61 Kg **ID:** 2429227606
Clinical History: NIL
Medications: NONE

Test Details:

Protocol: Bruce **Predicted Max HR:** 182 **Target HR:** 154 (85% of Pr. MHR)
Exercise Time: 0:07:38 **Achieved Max HR:** 161 (88% of Pr. MHR)
Max BP: 150/70 **Max BP x HR:** 24150 **Max Mets:** 8.5
Test Termination Criteria: Target HR attained

Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	00:10	1	0	0	63	118/74	7434	1.6 V3	0.7 V3
Standing	00:20	1	0	0	73	120/74	8760	1.6 V3	0.8 V3
HyperVentilation	00:09	1	0	0	65	124/74	8060	1.6 V3	0.8 V3
PreTest	00:07	1	1.6	0	65	130/74	8450	2 V3	0.8 V3
Stage: 1	03:00	4.7	2.7	10	101	136/74	13736	1.8 V3	0.9 V3
Stage: 2	03:00	7	4	12	129	140/74	18060	2.2 V3	2 V3
Peak Exercise	01:38	8.5	5.5	14	161	150/70	24150	2.1 V3	1.9 V3
Recovery1	01:00	1	0	0	113	140/70	15820	2.8 V3	2.8 V3
Recovery2	01:00	1	0	0	106	130/70	13780	2.7 V3	2.2 V3
Recovery3	00:57	1	0	0	96	120/70	11520	2.2 V3	1.7 V3

Interpretation

GOOD EFFORT TOLERANCE
 NORMAL CHRONOTROPIC RESPONSE
 NORMAL INOTROPIC RESPONSE
 NO ANGINA/ANGINA EQUIVALENTS
 NO ARRHYTHMIAS
 NO SIGNIFICANT ST-T CHANGES FROM BASELINE

IMPRESSION:
 STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

DISCLAIMER:
 NEGATIVE STRESS TEST DOES NOT RULE OUT CORONARY ARTERY DISEASE
 POSITIVE STRESS TEST IS SUGGESTIVE BUT NOT CONFIRMATORY OF CORONARY ARTERY DISEASE
 HENCE CLINICAL CORRELATION IS MANDATORY.

Ref. Doctor: ---


Doctor: DR DISHA SHET

SCHILLER

The Art of Diagnostics

(Summary Report edited by User)
 Cardiovit CS-20 Version:3.4



SUBURBAN DIAGNOSTICS KHAR-W

MR RAJEEV MANWANI (38 M)

Bruce Protocol ID: 2429227606

STLevel(mm) STSlope(mV/s)

Stage: Supine

Date: 18-10-2024

Exec Time : 0:00:00

Stage Time: 00:10

HR: 63 bpm

BP: 118/74 mmHg

STLevel(mm) STSlope(mV/s)

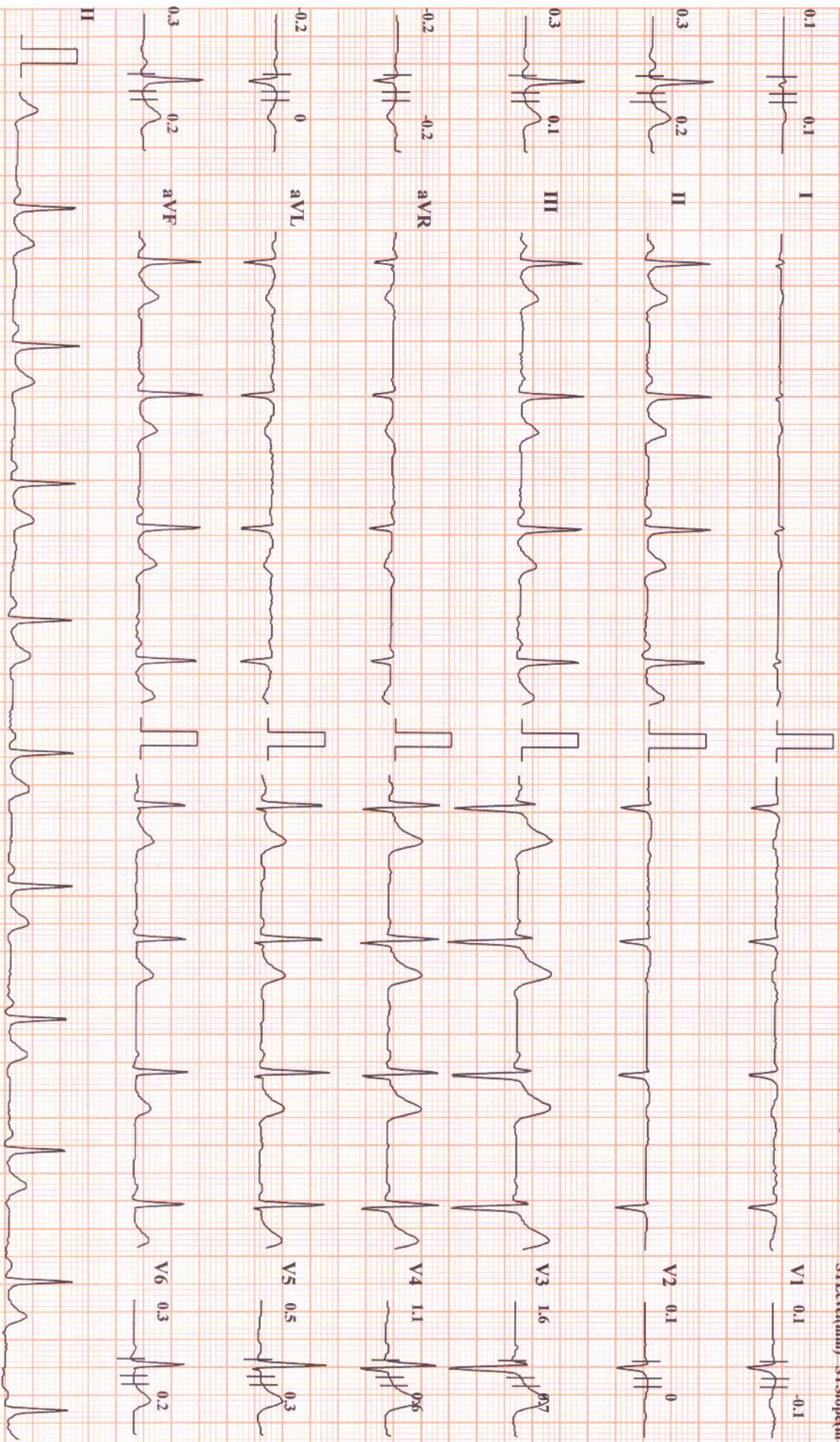


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit GS-20 Version:3.4

SUBURBAN DIAGNOSTICS KHAR-W

MR RAJEEV MANWANI (38 M)

ID: 2429227606

Date: 18-10-2024

Exec Time : 0:00:00

Stage Time: 00:20

HR: 73 bpm

BP: 120/74 mmHg

STLevel(mm) STISlope(mV/s)

STLevel(mm) STISlope(mV/s)

Stage: Standing

Speed: 0 kmph

Grade: 0%

THR: 154 bpm

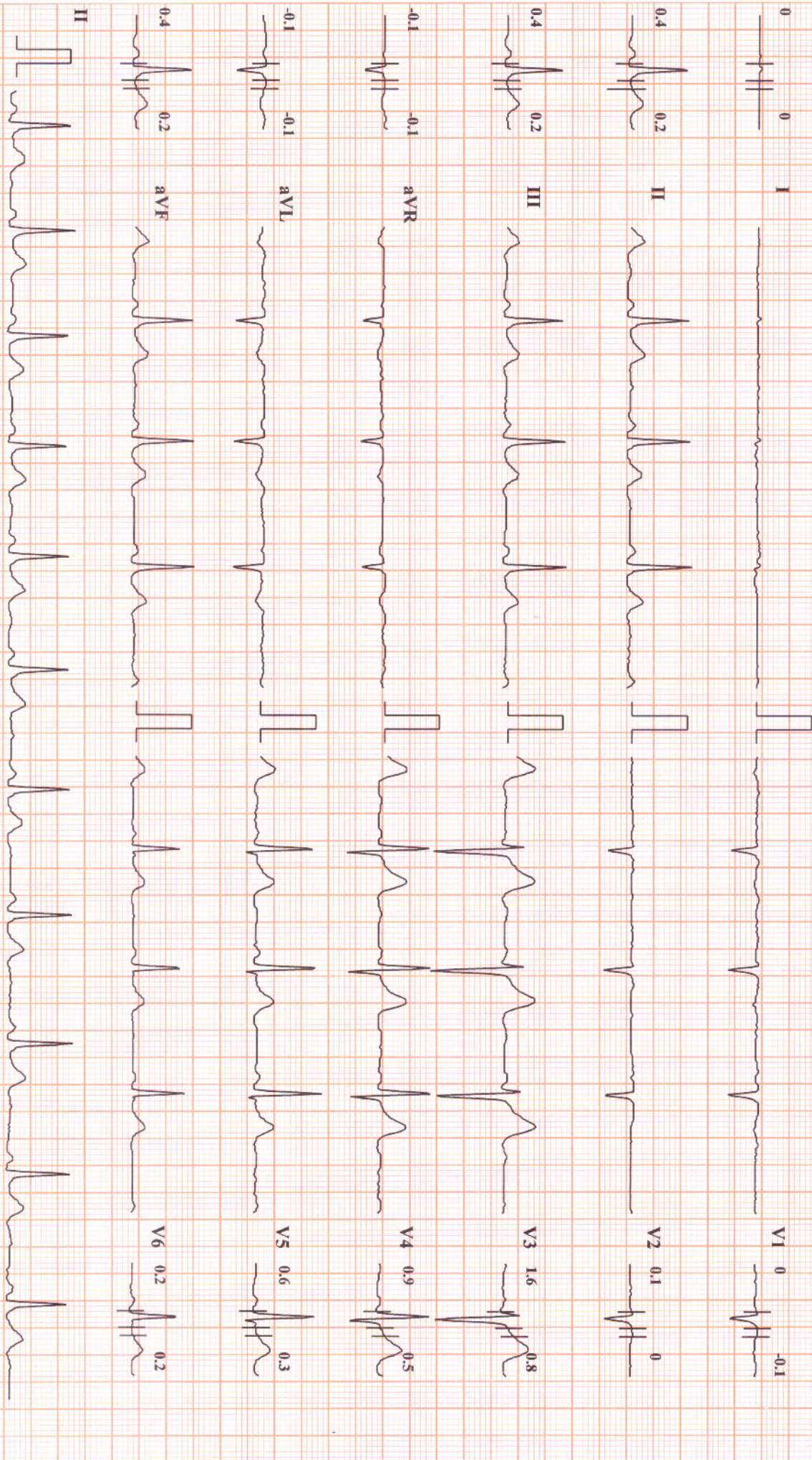


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-20 Version:3.4

SUBURBAN DIAGNOSTICS KHAR-W

MRRAJEEV MANWANI (38 M)

Brice Protocol

ID: 2429227606

Date: 18-10-2024

Exec Time : 0:00:00

Stage Time: 00:09

HR: 65 bpm

STLevel(mm) STSlope(mV/s)

Stage: HyperVentilation Speed: 0 kmph

Grade: 0%

THR: 154 bpm

BP: 124/74 mmHg
STLevel(mm) STSlope(mV/s)

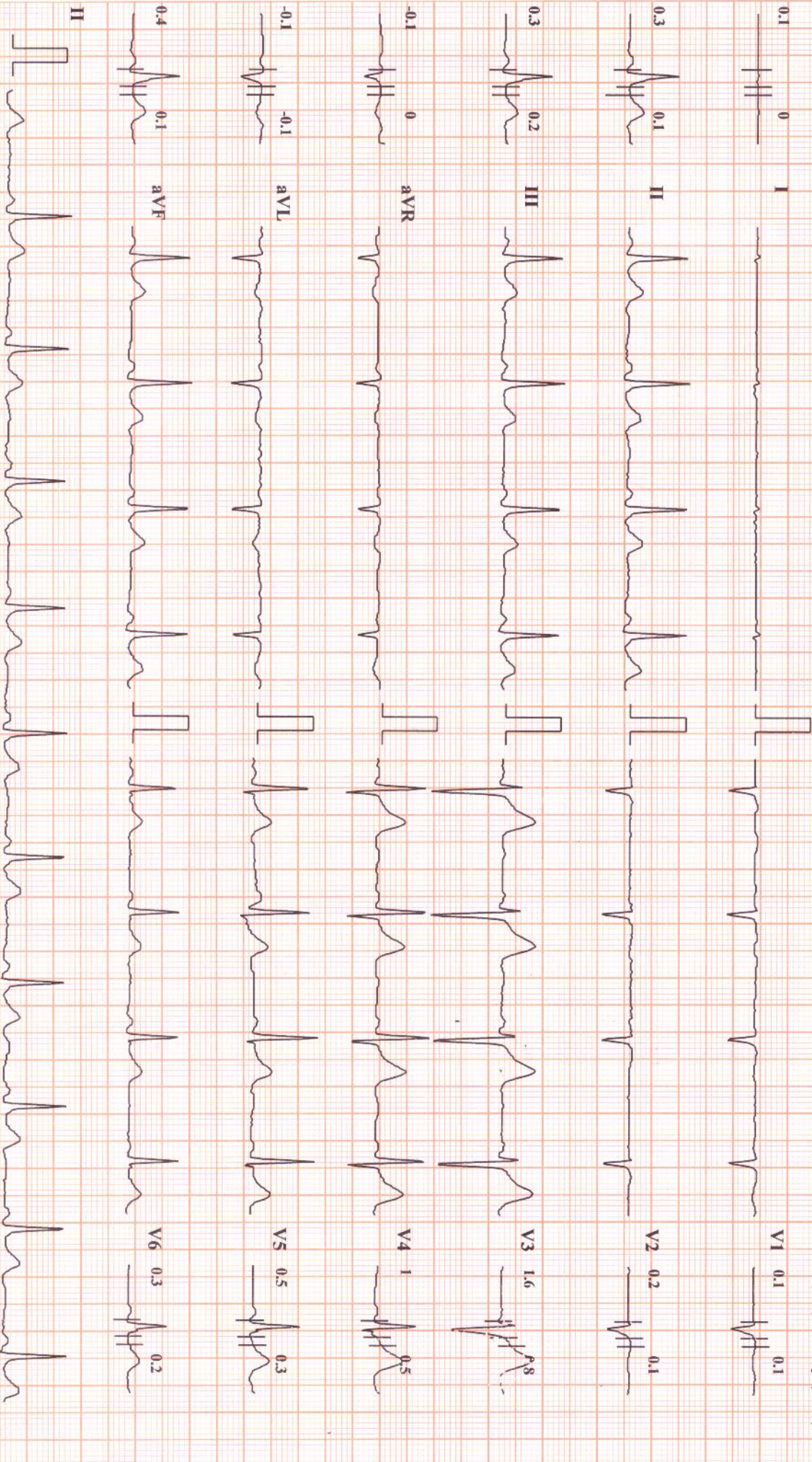


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-20 Version:3.4

SUBURBAN DIAGNOSTICS KHAR-W

MR RAJEEV MANWANI (38 M)

Bruce Protocol ID: 2429227606

Date: 18-10-2024

Exec Time : 0:00:00

Stage Time: 00:07

HR: 65 bpm

STLevel(mm) STSlope(mV/s)

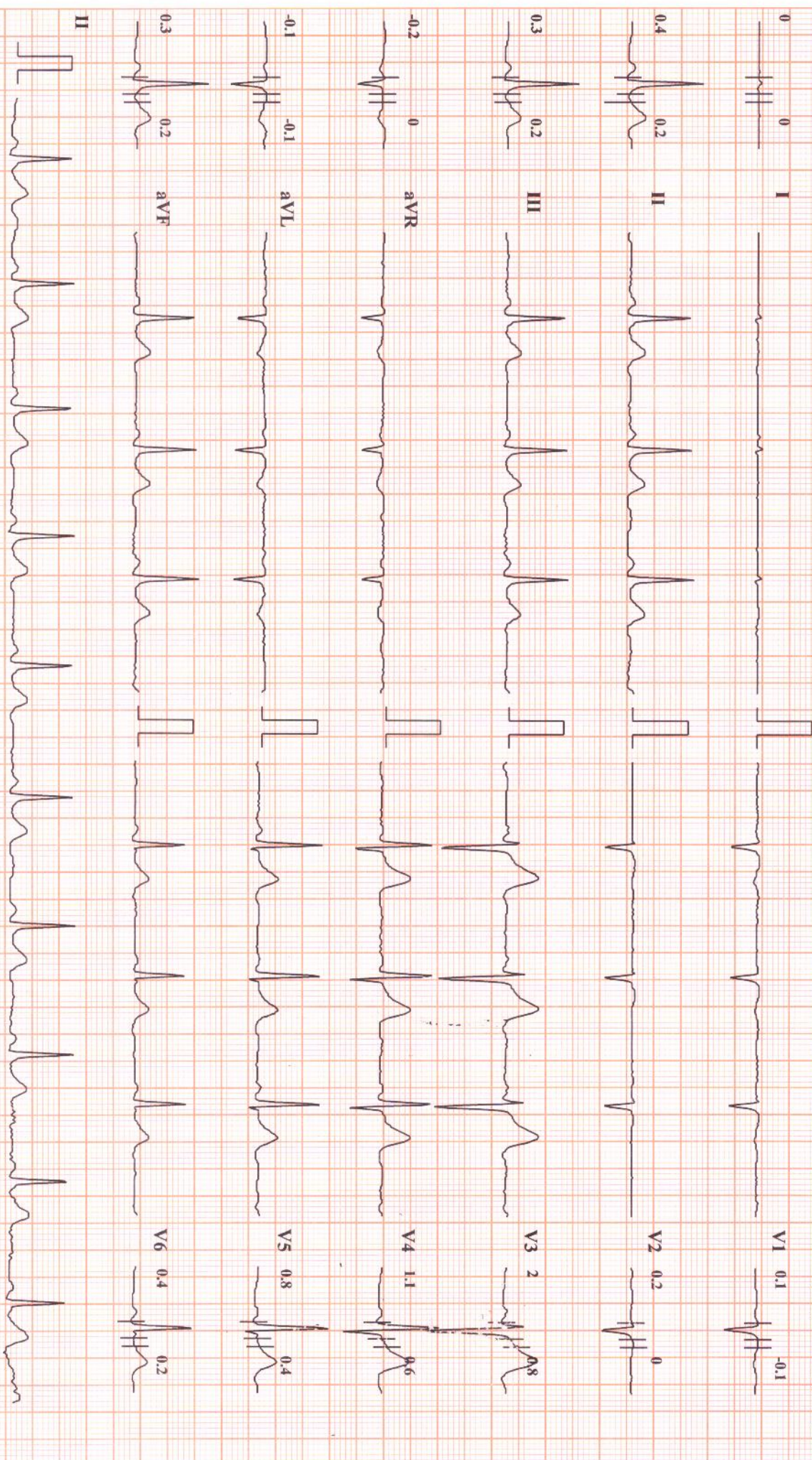
Stage: PreTest

Speed: 1.6 kmph

Grade: 0%

THR: 154 bpm

BP: 130/74 mmHg
STLevel(mm) STSlope(mV/s)



SUBURBAN DIAGNOSTICS KHAR-W

MR RAJEEV MANWANI (38 M)

ID: 2429227606

Date: 18-10-2024

Exec Time : 0:03:00

Stage Time: 03:00

HR: 101 bpm

Brice Protocol

STLevel(mm) STSlope(mV/s)

Stage: 1

Speed: 2.7 kmph

Grade: 10%

THR: 154 bpm

BP: 136/74 mmHg

STLevel(mm) STSlope(mV/s)

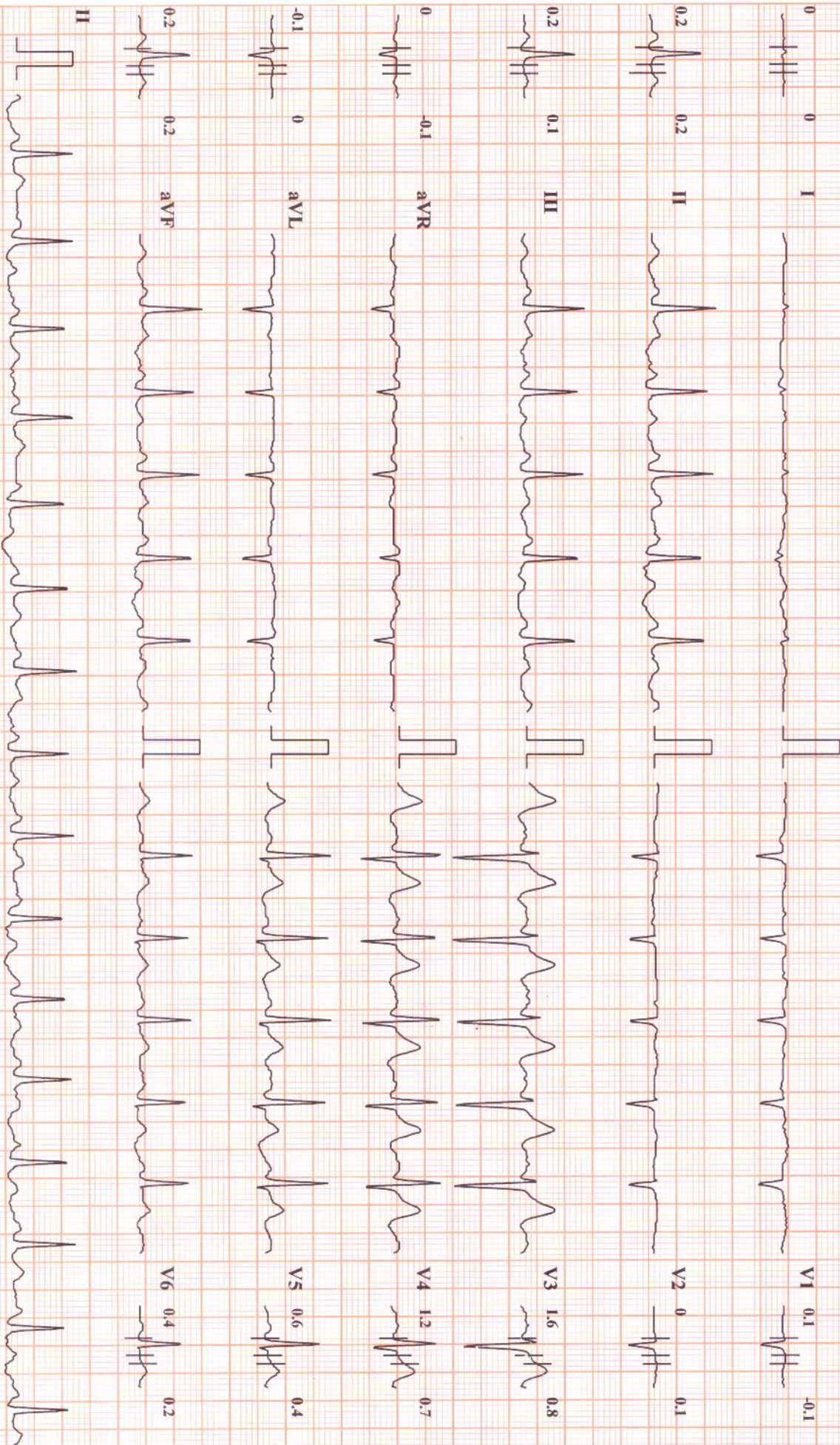


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit GS-20 Version:3.4

SUBURBAN DIAGNOSTICS KHAR-W

MR RAJEEV MANWANI (38 M)

Bruce Protocol ID: 2429227606

STLevel(mm) STISlope(mV/s)

Stage: 2

Date: 18-10-2024

Speed: 4 kmph

Exec Time : 0:06:00

Grade: 12%

HR: 129 bpm

BP: 140/74 mmHg

STLevel(mm) STISlope(mV/s)

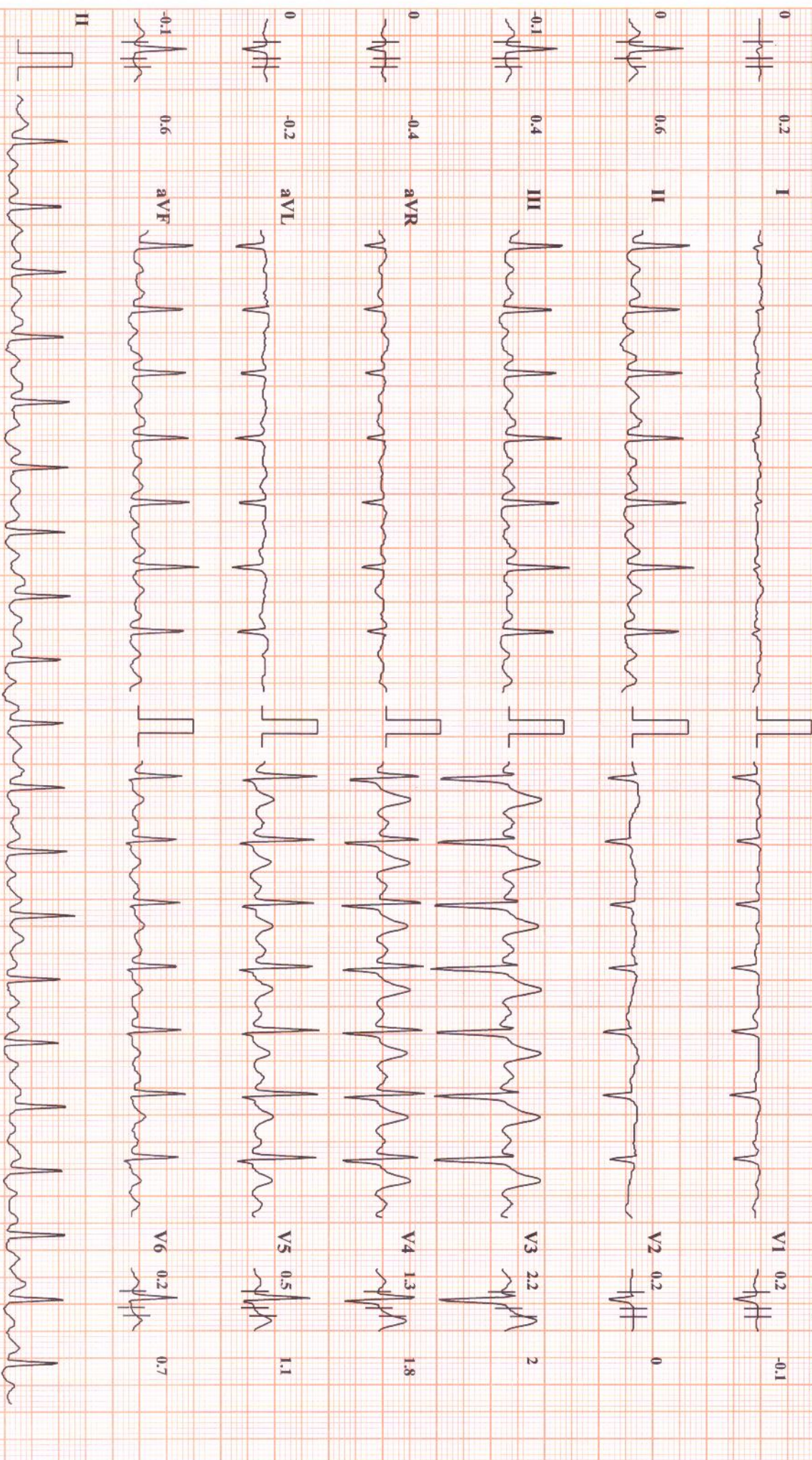


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-20 Version:3.4

SUBURBAN DIAGNOSTICS KHAR-W

MR RAJEEV MANWANI (38 M)

Bruce Protocol

ID: 2429227606

Date: 18-10-2024

Exec Time : 0:07:38

Stage Time: 01:38

HR: 161 bpm

STLevel(mm) STSlope(mV/s)

Stage: Peak Exercise

Speed: 5.5 kmph

Grade: 14%

THR: 154 bpm

BP: 150/70 mmHg

STLevel(mm) STSlope(mV/s)

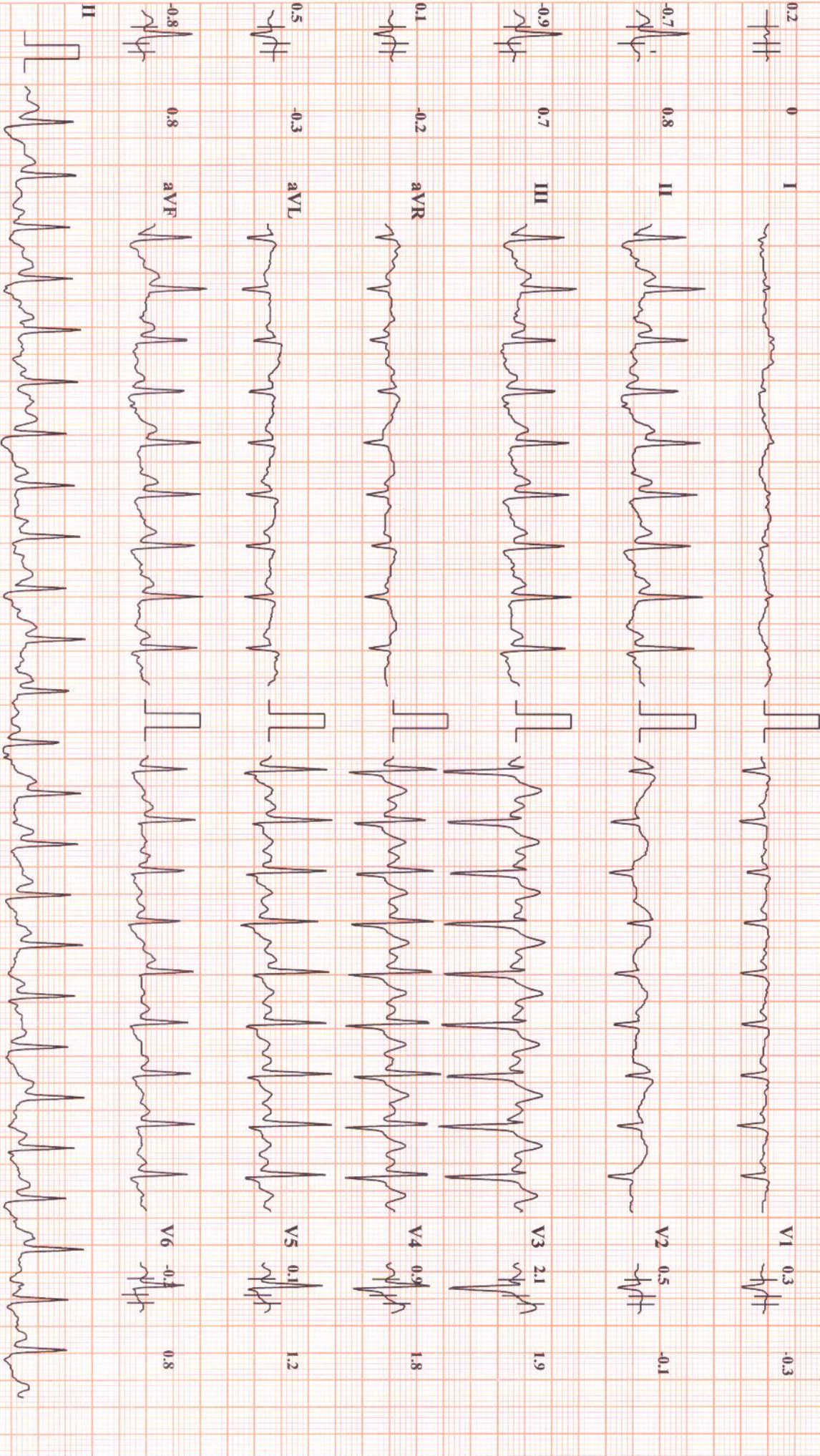


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-20 Version:3.4

SUBURBAN DIAGNOSTICS KHAR-W

MR RAJEEV MANWANI (38 M)

Bruce Protocol

ID: 2429227606

Date: 18-10-2024

Exec Time : 0:08:38

Stage Time: 01:00

HR: 113 bpm

STLevel(mm) STISlope(mV/s)

Stage: Recovery1

Speed: 0 kmph

Grade: 0%

THR: 154 bpm

BP: 140/70 mmHg
STLevel(mm) STISlope(mV/s)

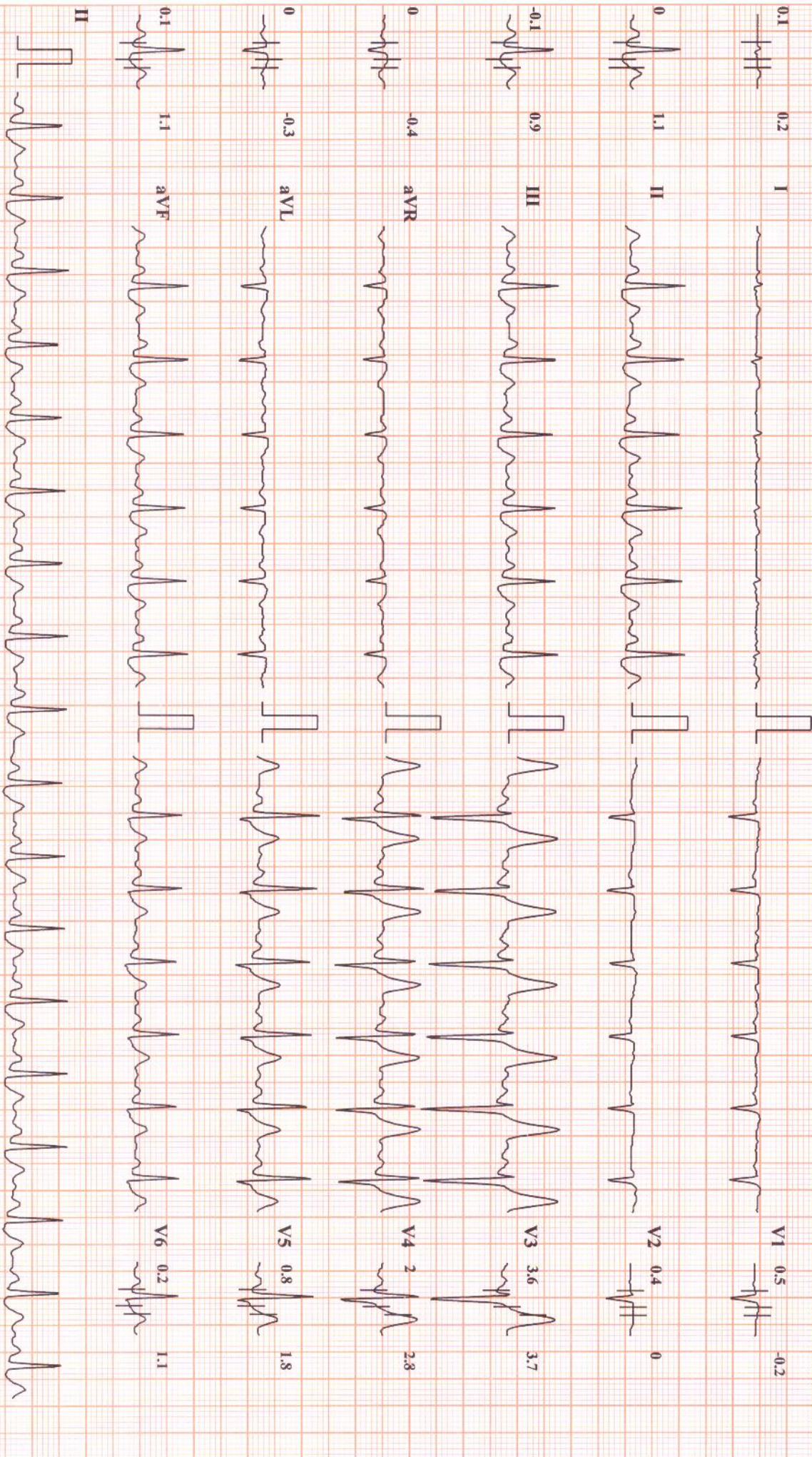


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-20 Version:3.4

SUBURBAN DIAGNOSTICS KHAR-W

MRRAJEEV MANWANI (38 M)

Bruce Protocol

ID: 2429227606

Date: 18-10-2024

Exec Time : 0:09:38

Stage Time: 01:00

STLevel(mm) STSlope(mV/s)

Stage: Recovery2

Speed: 0 kmph

Grade: 0%

THR: 154 bpm

HR: 106 bpm

BP: 130/70 mmHg

STLevel(mm) STSlope(mV/s)

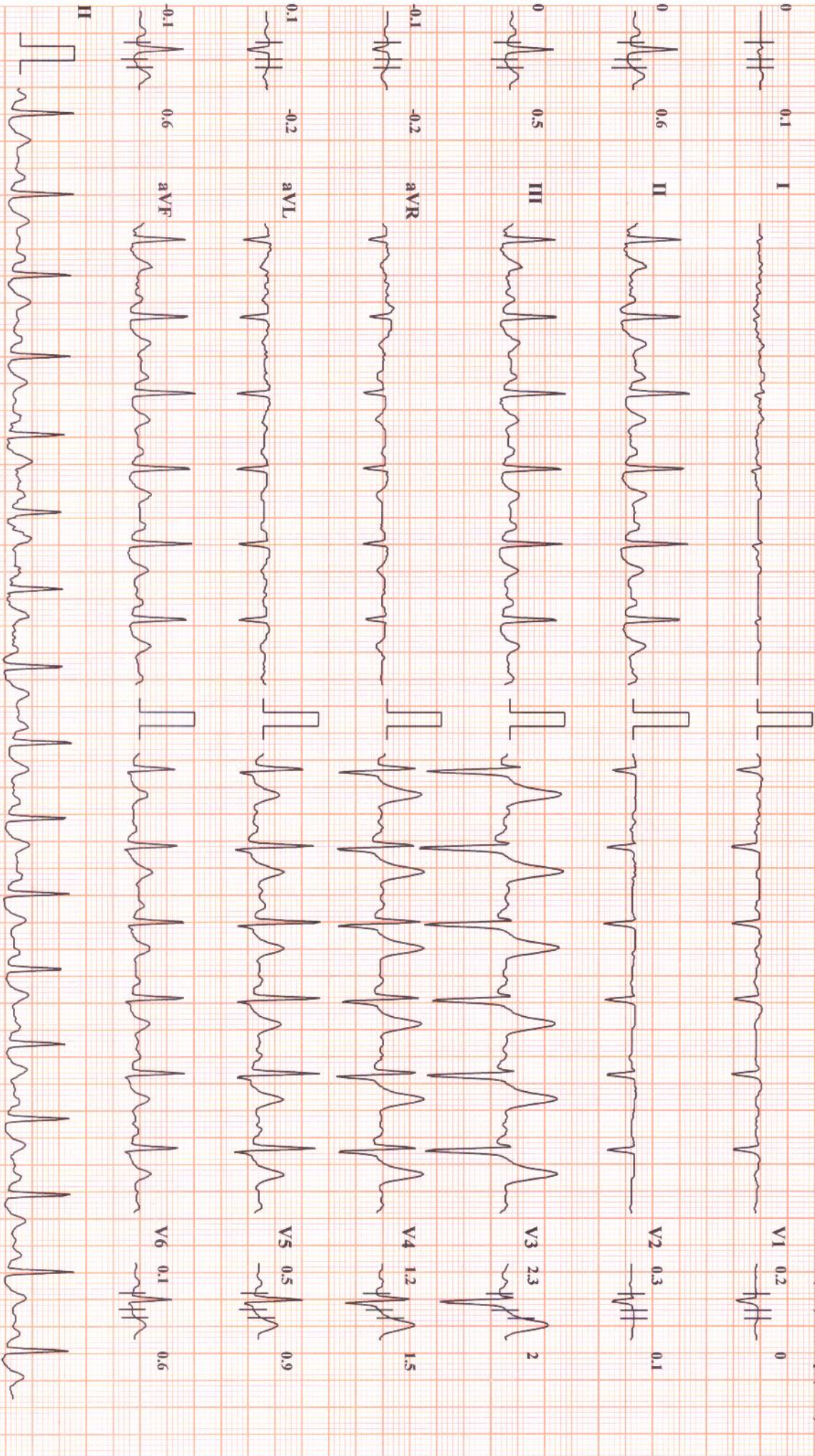


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-20 Version:3.4

SUBURBAN DIAGNOSTICS KHAR-W

MR RAJEEV MANWANI (38 M)

Bruce Protocol

ID: 2429227606

Date: 18-10-2024

Exec Time : 0:10:35

Stage Time: 00:57

STLevel(mm) STISlope(mV/s)

Stage: Recovery3

Speed: 0 kmph

Grade: 0%

THR: 154 bpm

HR: 96 bpm

BP: 120/70 mmHg

STLevel(mm) STISlope(mV/s)

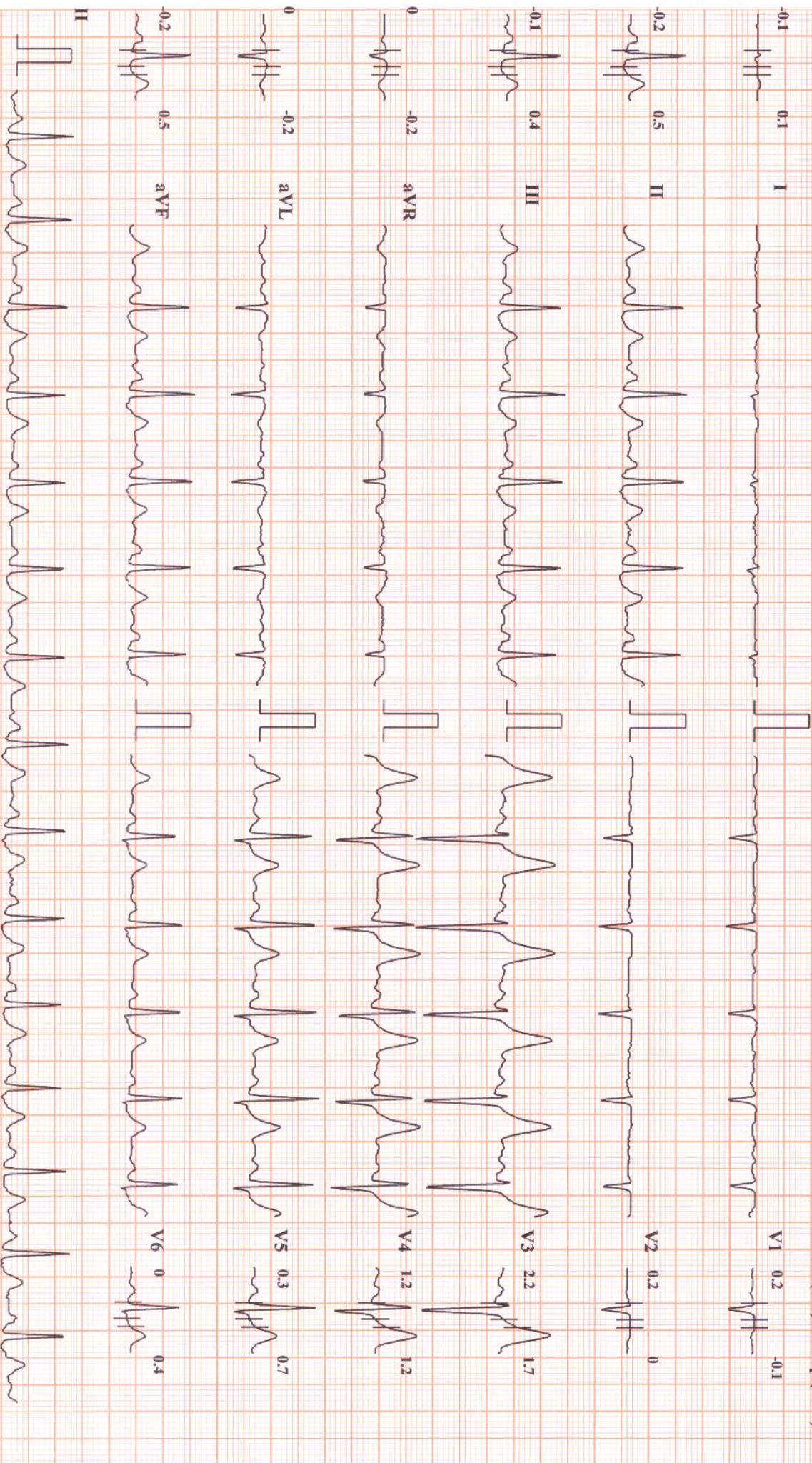


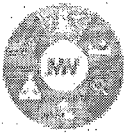
Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-20 Version:3.4



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Tel: +91-11-41195959, Fax: +91-11-29523020

CIN: U24240DL2011PTC216307

MEDICAL FITNESS CERTIFICATE

(To be signed by a registered medical practitioner holding a Medical degree)

This is to certify that Mr. Rajeev Manwani aged, 23yr. Based on the examination, I certify that he is in good dental and physical health and it is free from any physical defects such as deafness, color blindness, and any chronic or contagious diseases.

Place: Mumbai

Date: 18/09/2024

D. Anil Kumar
MBBS
18/09/2024

Name & Signature of
Medical officer