



CID : 2404122670  
Name : MR.BANDUNI PRAVESH  
Age / Gender : 38 Years / Male  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 10-Feb-2024 / 10:08  
Reported : 10-Feb-2024 / 14:24

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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>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	13.9	13.0-17.0 g/dL	Spectrophotometric
RBC	4.64	4.5-5.5 mil/cmm	Elect. Impedance
PCV	40.7	40-50 %	Measured
MCV	88	80-100 fl	Calculated
MCH	30.0	27-32 pg	Calculated
MCHC	34.2	31.5-34.5 g/dL	Calculated
RDW	14.3	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	4750	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	26.5	20-40 %	
Absolute Lymphocytes	1258.8	1000-3000 /cmm	Calculated
Monocytes	8.2	2-10 %	
Absolute Monocytes	389.5	200-1000 /cmm	Calculated
Neutrophils	60.3	40-80 %	
Absolute Neutrophils	2864.3	2000-7000 /cmm	Calculated
Eosinophils	4.7	1-6 %	
Absolute Eosinophils	223.3	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	14.3	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	177000	150000-400000 /cmm	Elect. Impedance
MPV	11.8	6-11 fl	Calculated
PDW	26.7	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		



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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                      6                      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 Borivali Lab, Borivali West

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



*J Thakker*

**Dr. JYOT THAKKER..**  
**M.D. (PATH), DPB**  
**Pathologist & AVP( Medical Services)**



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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	102.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	106.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.61	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.27	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.34	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.0	1 - 2	Calculated
SGOT (AST), Serum	21.1	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	21.6	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	10.9	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	95.5	40-130 U/L	Colorimetric
BLOOD UREA, Serum	28.8	12.8-42.8 mg/dl	Kinetic
BUN, Serum	13.4	6-20 mg/dl	Calculated
CREATININE, Serum	0.93	0.67-1.17 mg/dl	Enzymatic



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eGFR, Serum	108	(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 w.e.f 16-08-2023

URIC ACID, Serum	6.6	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



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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	5.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	96.8	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.JYOT THAKKER..**  
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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>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Colour	Brown	Brown	-
Form and Consistency	Semi Solid	Semi Solid	-
Mucus	Absent	Absent	-
Blood	Absent	Absent	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Reaction (pH)	Acidic (6.0)	-	pH Indicator
Occult Blood	Absent	Absent	Guaiaac
<b><u>MICROSCOPIC EXAMINATION</u></b>			
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	Benedicts

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



*(Signature)*

**Dr.JAGESHWAR MANDAL**  
**CHOUPAL**  
**MBBS, DNB 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>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<b><u>CHEMICAL EXAMINATION</u></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
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	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 inert

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



*Dr. Jageshwar Mandal*

**Dr.JAGESHWAR MANDAL**  
**CHOUPAL**  
**MBBS, DNB PATH**  
**Pathologist**



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

<b><u>PARAMETER</u></b>	<b><u>RESULTS</u></b>
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

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**Dr.NAMRATA RAUL**  
**M.D (Biochem)**  
**Biochemist**





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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	153.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	97.7	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	48.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	105.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	86.0	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	19.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.8	0-3.5 Ratio	Calculated

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



*Thakker*

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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	5.1	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.9	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.53	0.35-5.5 microIU/ml mIU/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)

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*Bmhasakar*

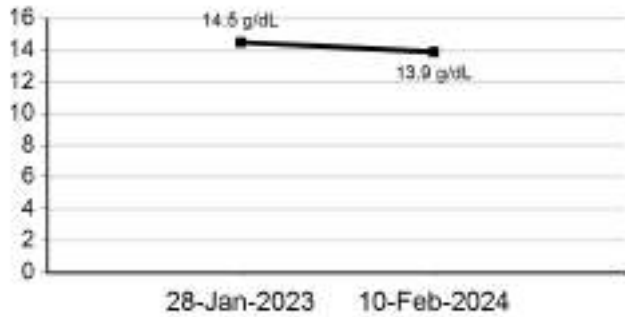
**Dr.KETAKI MHASKAR**  
M.D. (PATH)  
Pathologist



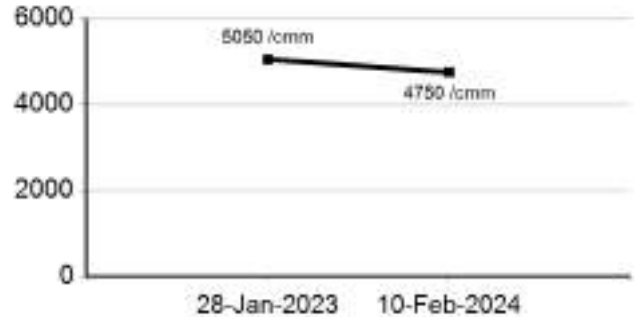
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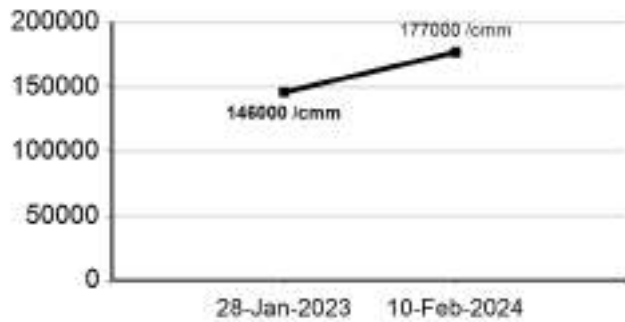
**Haemoglobin**



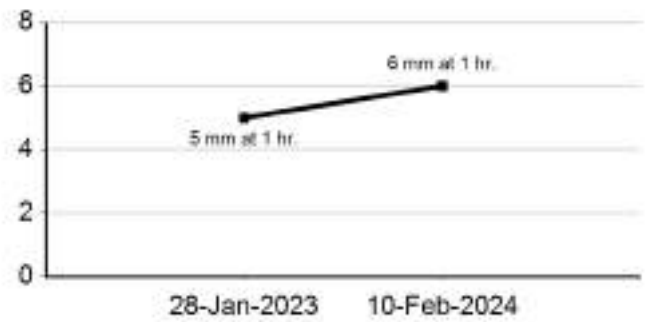
**WBC Total Count**



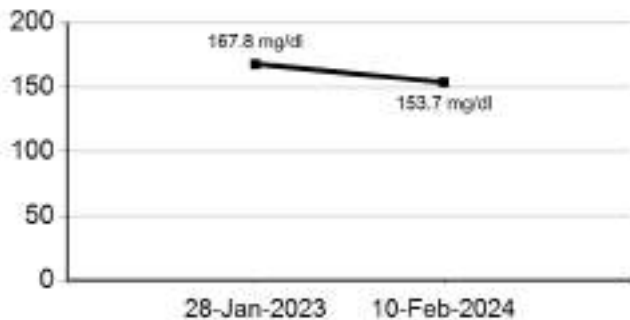
**Platelet Count**



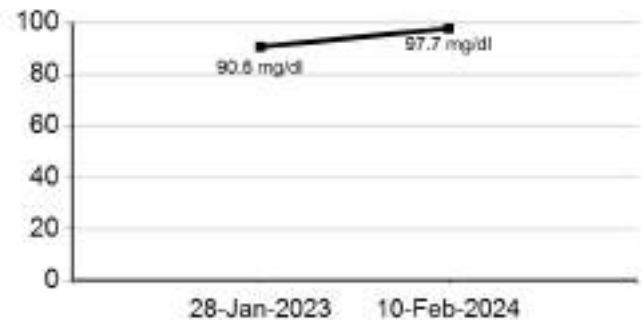
**ESR**



**CHOLESTEROL**



**TRIGLYCERIDES**

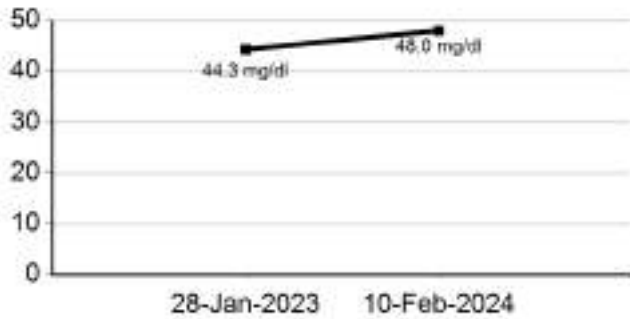




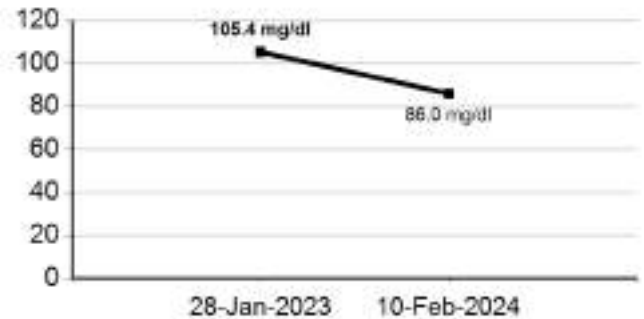
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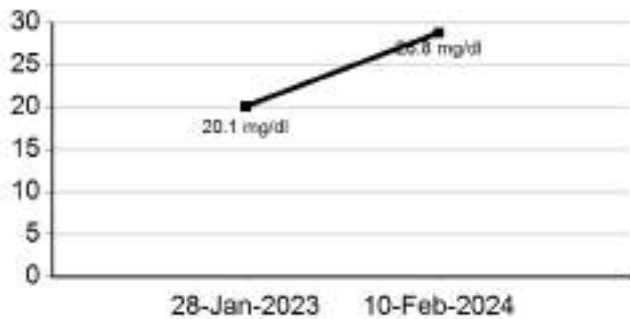
**HDL CHOLESTEROL**



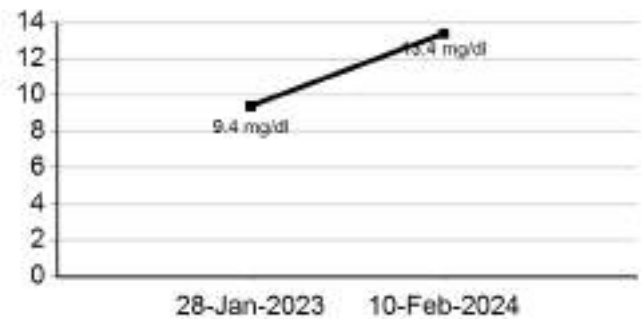
**LDL CHOLESTEROL**



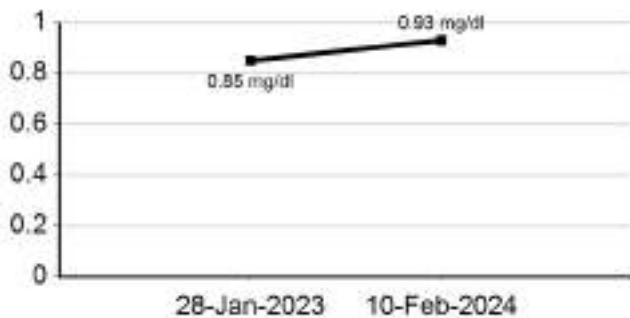
**BLOOD UREA**



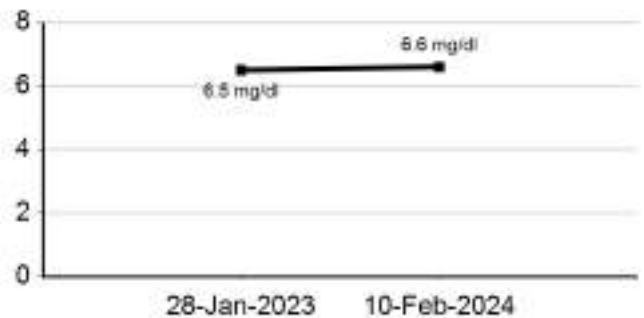
**BUN**



**CREATININE**



**URIC ACID**

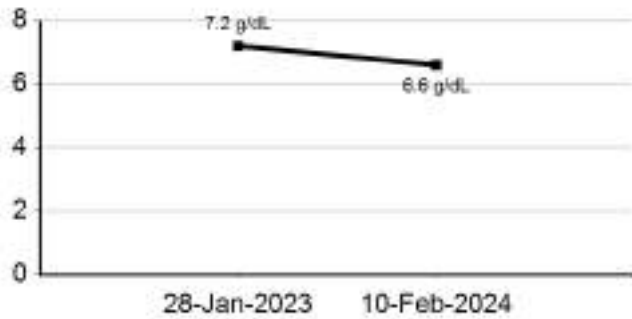




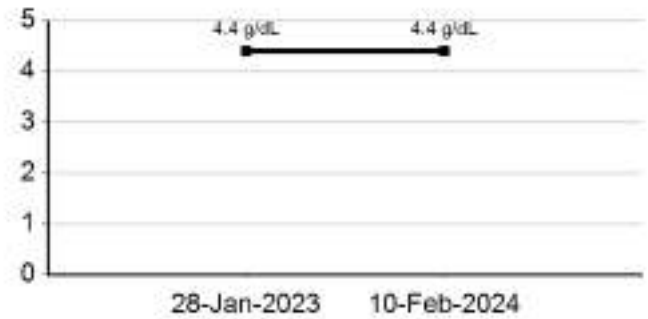
CID : 2404122670  
 Name : MR.BANDUNI PRAVESH  
 Age / Gender : 38 Years / Male  
 Consulting Dr. : -  
 Reg. Location : Kandivali East (Main Centre)

Use a QR Code Scanner  
 Application To Scan the Code

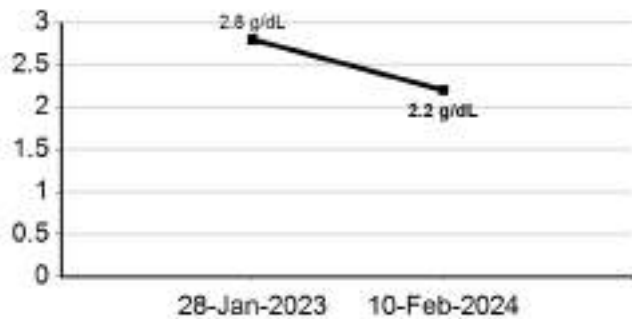
**TOTAL PROTEINS**



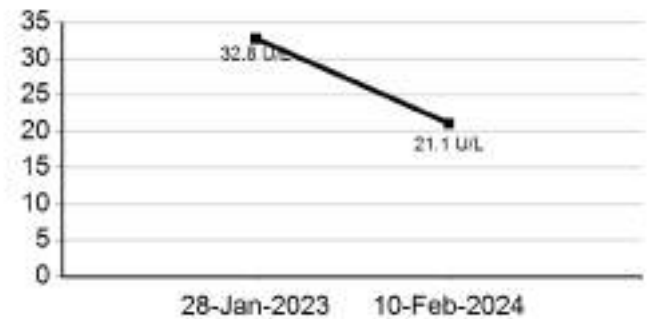
**ALBUMIN**



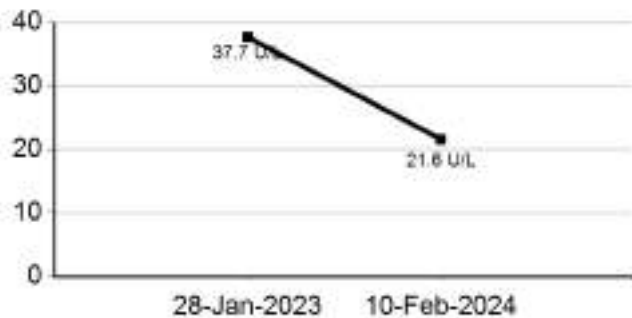
**GLOBULIN**



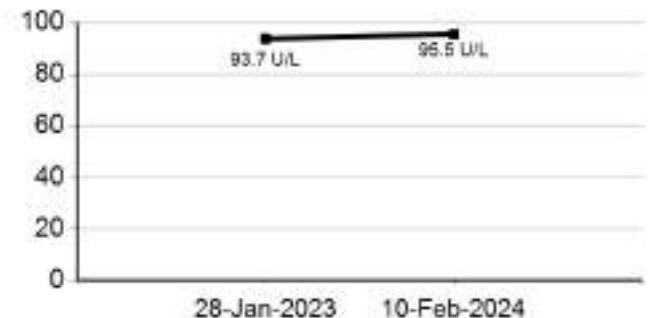
**SGOT (AST)**



**SGPT (ALT)**



**ALKALINE PHOSPHATASE**

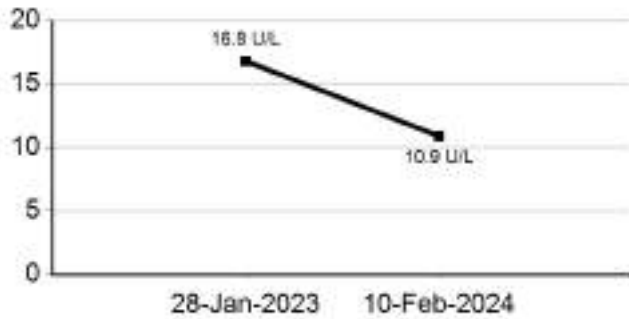




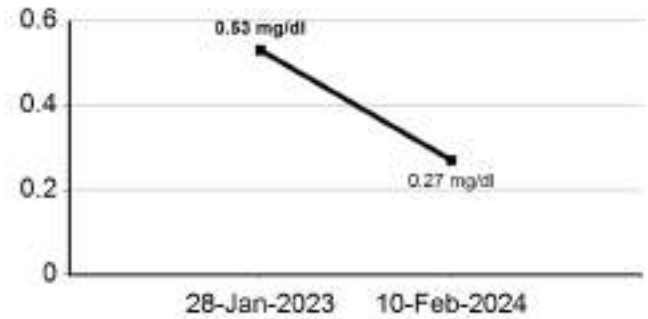
Use a QR Code Scanner Application To Scan the Code

CID : 2404122670  
Name : MR.BANDUNI PRAVESH  
Age / Gender : 38 Years / Male  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

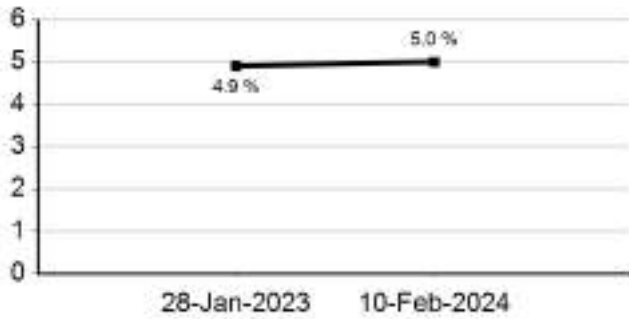
**GAMMA GT**



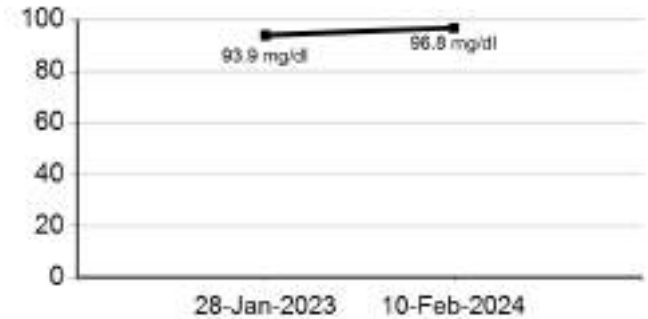
**BILIRUBIN (DIRECT)**



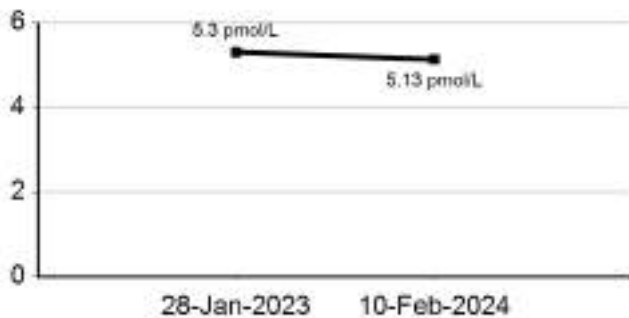
**Glycosylated Hemoglobin (HbA1c)**



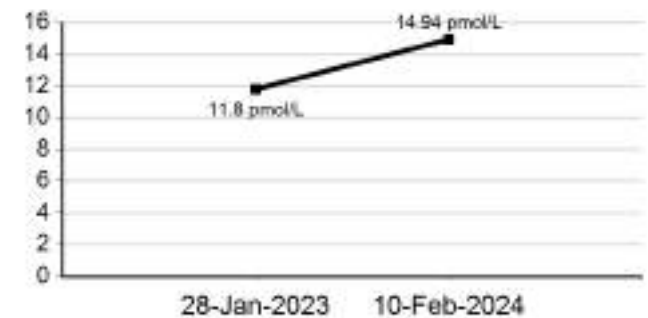
**Estimated Average Glucose (eAG)**



**Free T3**



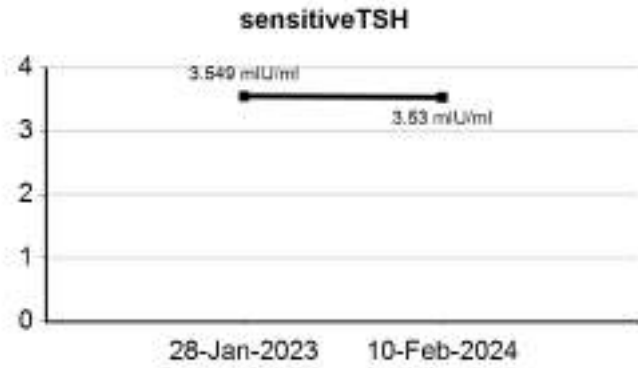
**Free T4**





Use a QR Code Scanner  
Application To Scan the Code

CID : 2404122670  
Name : MR.BANDUNI PRAVESH  
Age / Gender : 38 Years / Male  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)





Name : MR. BANDUNI PRAVESH

Age / Gender : 38 Years/Male

Consulting Dr. :

Reg. Location : Kandivali East (Main Centre)

Collected : 10-Feb-2024 / 10:07

Reported : 11-Feb-2024 / 10:47

**PHYSICAL EXAMINATION REPORT**

**History and Complaints:**

No

**EXAMINATION FINDINGS:**

Height (cms): 167 cms  
Temp (0c): Afebrile  
Blood Pressure (mm/hg): 150/90  
Pulse: 72/min

Weight (kg): 74 kgs  
Skin: Normal  
Nails: Normal  
Lymph Node: Not Palpable

**Systems**

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

**IMPRESSION:**

*T BP  
↑ GI sugar  
TMT. Stress test true for  
ischemia induced IHD  
- USG. fatty liver  
ECG - old PAC  
Residualive WH  
suspected non-specific  
ST segment eleva*

**ADVICE:**

*Monitor BP  
low fatty, cardio diet  
- Cardiologist opinion*

**CHIEF COMPLAINTS:**

1) Hypertension:

No

Name : MR.BANDUNI PRAVESH

Age / Gender : 38 Years/Male

Consulting Dr. :

Reg.Location : Kandivali East (Main Centre)

Collected : 10-Feb-2024 / 10:07

Reported : 11-Feb-2024 / 10:47

- |  |    |
|--|----|
| 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    |

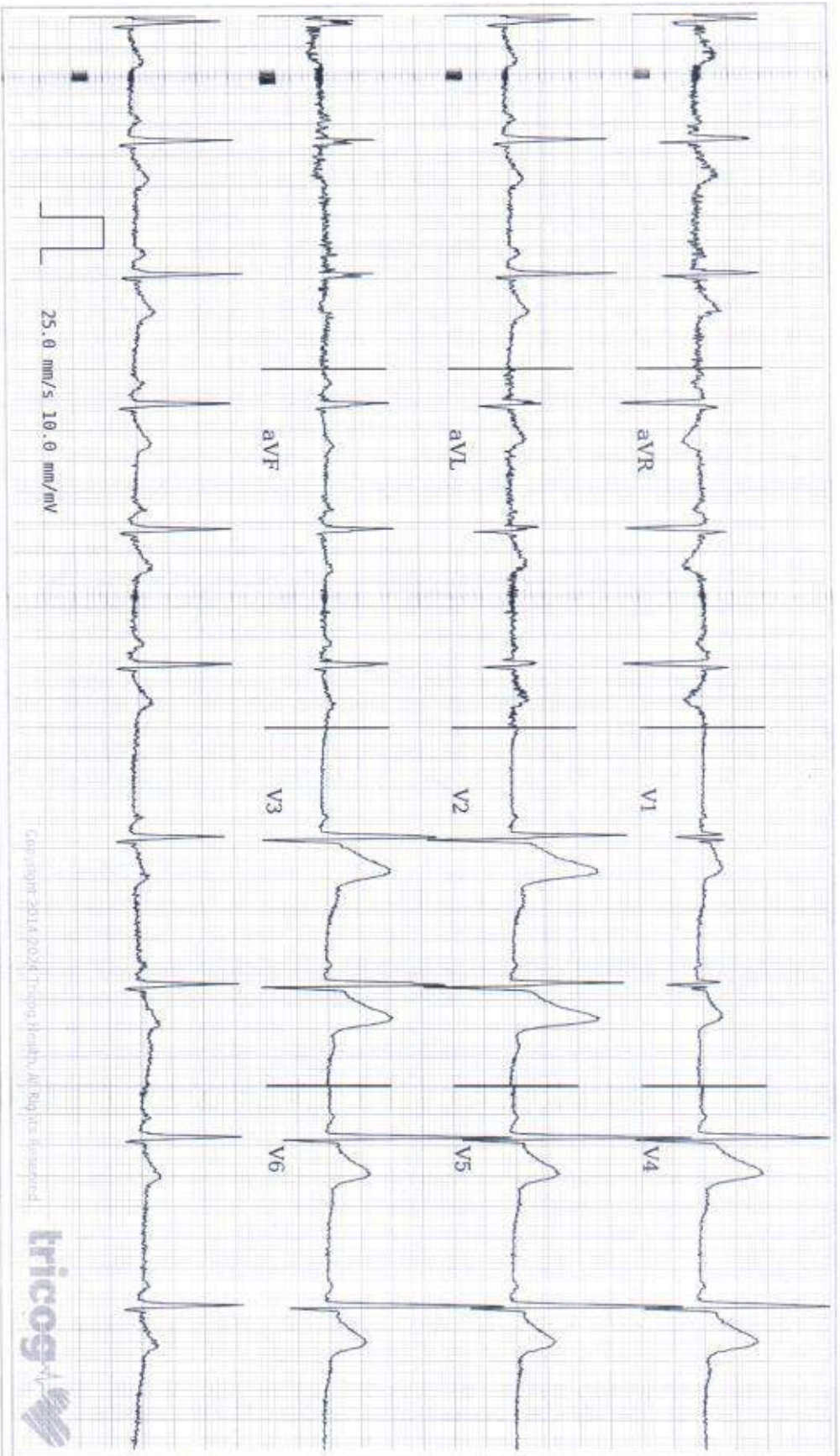
\*\*\* End Of Report \*\*\*

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.  
Flaw House No. 3, Kangan,  
Thakur Village, Kandivali (east),  
Mumbai - 400101.  
Tel : 61700060

Dr.JAGRUTI DHALE

Patient Name: **BANJUNI PRAVESH**  
Patient ID: **2404ID2670**

Date and Time: **10th Feb 24 9:11 AM**



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Age **38** NA  
years months

Gender **Male**

Heart Rate **62bpm**

Patient Vitals

BP: **150/90 mmHg**

Weight: **74 kg**

Height: **167 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

**Measurements**

QRSd: **82ms**

QT: **370ms**

QTcB: **37.5ms**

PR: **130ms**

P-R-T: **30° 57° 17°**

REPORTED BY

*[Signature]*

DR AKHIL PATELLEKAR  
MBBS MD MEDICINE, DNB Cardiology  
Cardiologist  
2012082481

**Sinus Rhythm Occasional PACs seen Borderline Left Ventricular Hypertrophy suspected Non-specific ST segment elevation. Please correlate clinically.**

The findings in this report are based on ECG tracing and should be used as an adjunct to clinical history, symptoms, and results of other investigations and not intended to be interpreted by a qualified physician. Patient consent is advised by the clinician and not derived from the ECG.

Date: - 10/2/24

CID:

Name: - Paravesh Banduni

Sex/Age: 38/M

**EYE CHECK UP**

Chief complaints: NO

Systemic Diseases: NO

Past history: NO

Unaided Vision:

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	-5	-	-	G/C	-	-	-	G/C
Near				N/C				N/C

Colour Vision: Normal / Abnormal

Remark: Normal

**SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.**  
Itow House No. 3, Aangan,  
Thakur Village, Kandivall (east),  
Mumbai - 405101.  
Tel : 61700000



CID : 2404122670  
Name : Mr BANDUNI PRAVESH  
Age / Sex : 38 Years/Male  
Ref. Dr :  
Reg. Location : Kandivali East Main Centre

Reg. Date : 10-Feb-2024  
Reported : 11-Feb-2024 / 7:47

Use a QR Code Scanner  
Application To Scan the Code

**X-RAY CHEST PA VIEW**

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

**IMPRESSION:**

**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

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. X ray is known to have inter observer variations. Further / follow up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Please interpret accordingly. In case of any typographical error / spelling error in the report, patient is requested to immediately contact the centre within 7 days, post which the center will not be responsible for any rectification.

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

DR.SUDHANSHU SAXENA  
Consultant Radiologist  
M.B.B.S DMRE (RadioDiagnosis)  
RegNo .MMC 2016061376.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024021010080814>

NAME : MR PRAVESH BANDUNI  
REF BY :  
CID NO :-

DATE : 10/02/2024  
AGE / SEX : 38 YR / M

**USG WHOLE ABDOMEN**

**LIVER:**

The liver is normal in size (14.2 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 measures 12 mm and CBD appears measures 3.9 mm .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:**

Right kidney measures 10.5 x 5.2 cm. Left kidney measures 10.7 x 4.8 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 (11.2 cm) 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 4.0 x 3.1 x 2.9 cm and volume is 20 cc.

**IMPRESSION:**

**GRADE I FATTY LIVER.**

----End of Report----

**DR AKASH CHHARI**  
**MD, RADIOLOGY**  
**CONSULTANT RADIOLOGIST**



Email:

2836 / PRAVESH BHANDUNI / 38 Yrs / M / 167 Cms / 74 Kg Date: 10 / 02 / 2024 09:51:05 AM Refd By : AERCOFEMI

**REPORT :**

Heart Rate 155.0 bpm  
 Systolic BP 190.0 mmHg Diastolic BP 90.0 mmHg  
 Exercise Time 06:44 Mins. Ectopic Beats 0.0  
 METS 7.9 Test End Reason , Heart Rate Achieved Target Heart Rate 86% of 182

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 :

ST DEPRESSION NOTED AT PEAK AND IN EARLY RECOVERY  
 STRESS TEST IS POSITIVE FOR EXERCISE INDUCED ISCHAEMIC HEART  
 DISEASE FOR GIVEN DURATION OF EXERCISE.  
 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.

**DR. AKHIL P. PARULEKAR.**

M.B.B.S. MD. MEDICINE  
 DNB Cardiology  
 Reg. No. 2012002483

Doctor : DR.AKHIL PARULEKAR

SUBURBAN DIAGNOSTICS (PROM) PVT. LTD.  
 Plot No. 10/10, 11/10, 12/10, 13/10, 14/10, 15/10, 16/10, 17/10, 18/10, 19/10, 20/10, 21/10, 22/10, 23/10, 24/10, 25/10, 26/10, 27/10, 28/10, 29/10, 30/10, 31/10, 32/10, 33/10, 34/10, 35/10, 36/10, 37/10, 38/10, 39/10, 40/10, 41/10, 42/10, 43/10, 44/10, 45/10, 46/10, 47/10, 48/10, 49/10, 50/10, 51/10, 52/10, 53/10, 54/10, 55/10, 56/10, 57/10, 58/10, 59/10, 60/10, 61/10, 62/10, 63/10, 64/10, 65/10, 66/10, 67/10, 68/10, 69/10, 70/10, 71/10, 72/10, 73/10, 74/10, 75/10, 76/10, 77/10, 78/10, 79/10, 80/10, 81/10, 82/10, 83/10, 84/10, 85/10, 86/10, 87/10, 88/10, 89/10, 90/10, 91/10, 92/10, 93/10, 94/10, 95/10, 96/10, 97/10, 98/10, 99/10, 100/10.  
 Kandivali - 402101.  
 Tel : 61700000

# SUBURBAN DIAGNOSTICS KANDIVALI EAST

Report



Email:

2836 (9958714263) / PRAVESH BHANDUNI / 38 Yrs / M / 167 Cms / 74 Kg  
 Date: 10 / 02 / 2024 09:51:05 AM Refd By : AERCOFEMI Examined By: DR.AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:08	0:08	00.0	00.0	01.0	075	41%	150/90	112	00	
Standing	00:32	0:24	00.0	00.0	01.0	094	52%	150/90	141	00	
HV	00:46	0:14	00.0	00.0	01.0	084	46%	150/90	126	00	
ExStart	01:02	0:16	00.0	00.0	01.0	072	40%	150/90	108	00	
BRUCE Stage 1	04:02	3:00	02.7	10.0	04.7	120	66%	150/90	180	00	
BRUCE Stage 2	07:02	3:00	04.0	12.0	07.1	138	76%	170/90	234	00	
PeakEx	07:46	0:44	05.5	14.0	07.9	155	85%	190/90	294	00	
Recovery	08:46	1:00	00.0	00.0	01.1	104	57%	190/90	197	00	
Recovery	09:01	1:16	00.0	00.0	01.0	104	57%	190/90	197	00	

## FINDINGS :

Exercise Time : 06:44  
 Initial HR (ExStrt) : 72 bpm 40% of Target 182  
 Initial BP (ExStrt) : 150/90 (mm/Hg)  
 Max Workload Attained : 7.9 Fair response to induced stress  
 Duke Treadmill Score : 05.4  
 Test End Reasons : Heart Rate Achieved

Max HR Attained 155 bpm 85% of Target 182  
 Max BP Attained 190/90 (mm/Hg)

**Dr. Akhil P. Parulekar.**  
 MBBS, MD, Medicine  
 DNB Cardiology  
 Reg. No. 2012082483

SUBURBAN DIAGNOSTICS KANDIVALI EAST PVT. LTD.  
 Row House No. 3, Ashgani,  
 Thakar Vihar, Kandivali (east),  
 Mumbai - 405101.  
 Tel: 61700090

Doctor : DR.AKHIL PARULEKAR



SUBURBAN DIAGNOSTICS KANDIVALI EAST

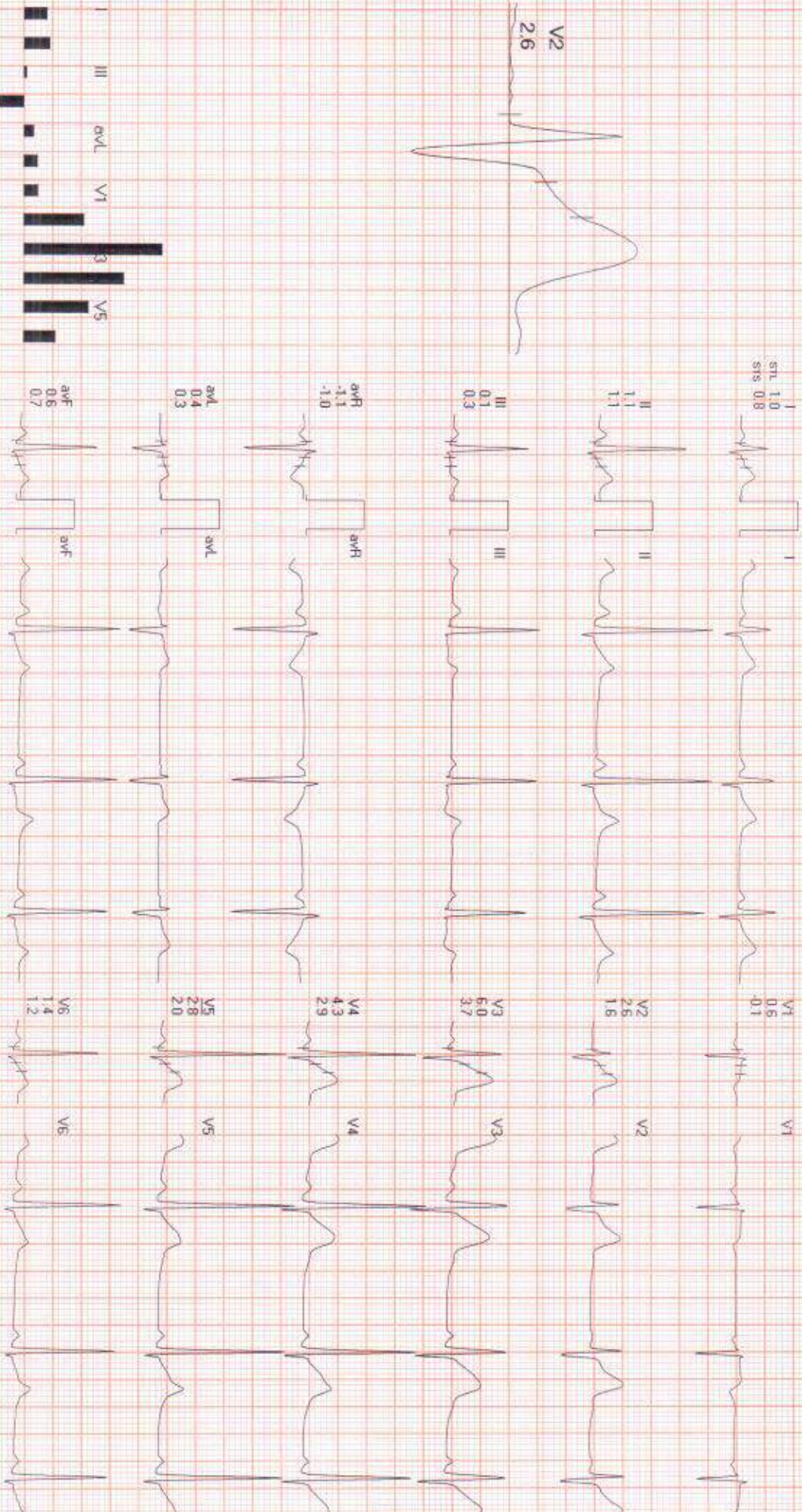
SUPINE ( 00:08 )

2836 (9958714263) / PRAVESH BHANDUNI / 38 Yrs / M / 167 Cms / 74 Kg / HR : 75

Date: 10/02/2024 09:51:05 AM METS: 10/ 75 bpm 41% of THR BP: 150/90 mmHg Raw ECG/BLC On/ Natch On/ HF 0.05 Hz/LF 35% H2

4X 80 ms Post J

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



REMARKS:



# SUBURBAN DIAGNOSTICS KANDIVALI EAST

STANDING ( 00:24 )

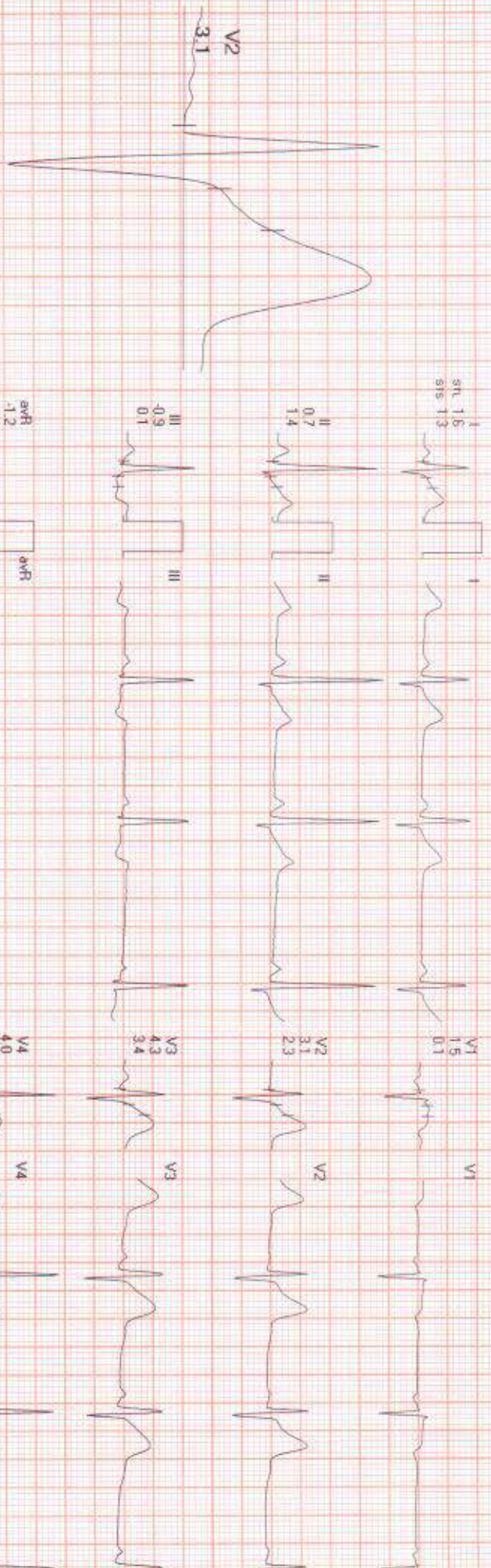


2836 (9958714263) / PRAVESH BHANDUNI / 38 Yrs / M / 167 Cms / 74 Kg / HR : 94

Date : 10 / 02 / 2024 09:51:05 AM METS: 1.0 / 94 bpm 52% of THR BP: 150/90 mmHg Raw ECG/BLD On/Notch On/HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

EXTIME: 00:00 0.0 Km/hk 0.0%



REMARKS: II aVR aVF V2 V4 V6

# SUBURBAN DIAGNOSTICS KANDIVALI EAST

HV ( 00:14 )

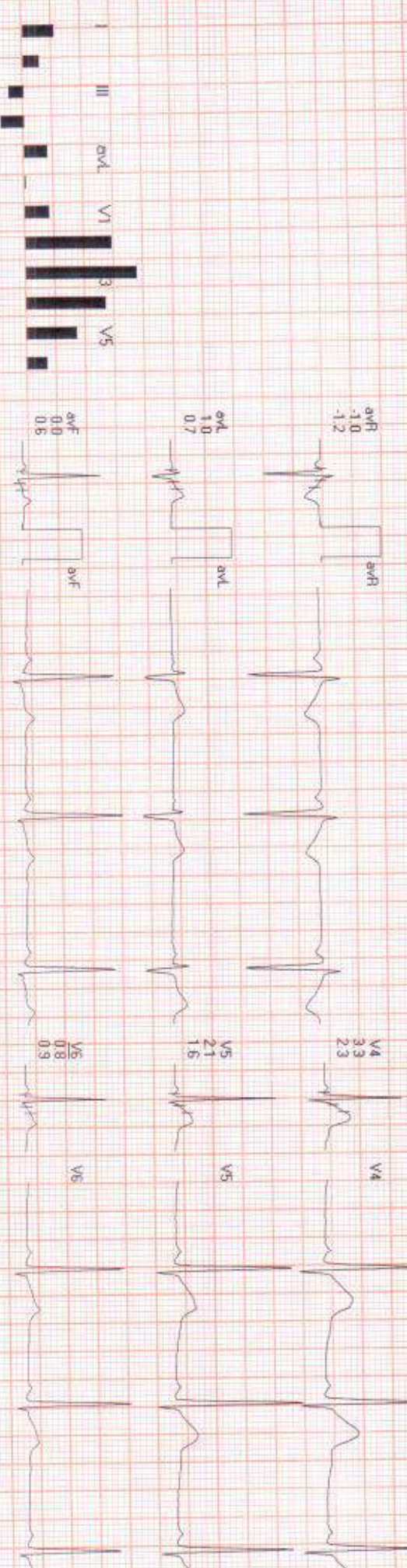
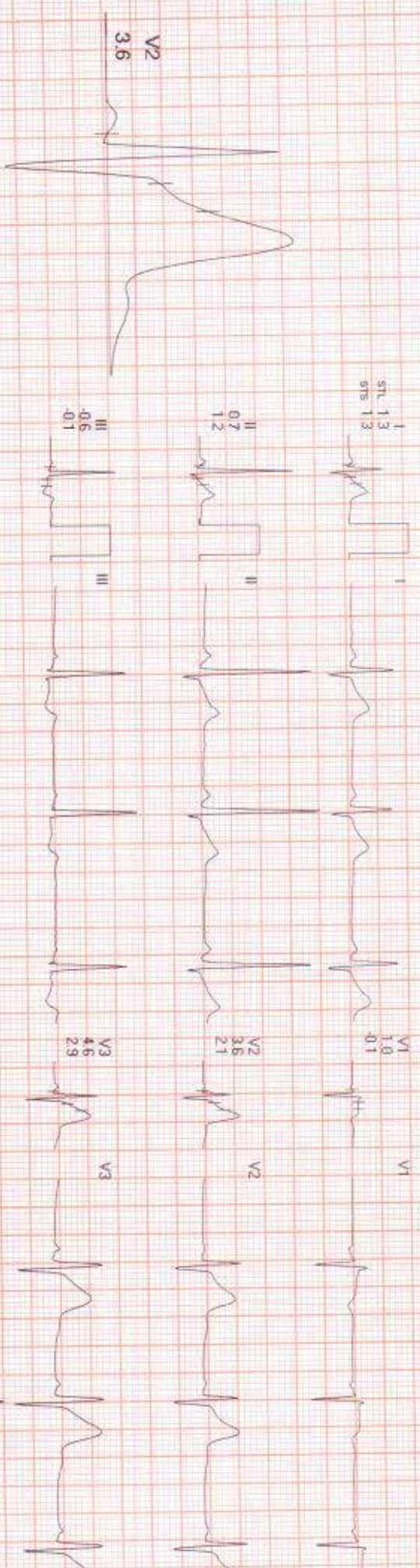


2836 (9958714263) / PRAVESH BHANDUNI / 38 Yrs / M / 167 Cms / 74 Kg / HR : 84

Date: 10 / 02 / 2024 09:51 05 AM METS: 1.0 / 84 bpm 46% of THR BP- 150/90 mmHg Paw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

ExTime: 00:00:0.0 Kempn. 0.0%  
25 mm/Sec. 1.0 Div/Div



REMARKS:  
I aVR aVL V1 V2 V4 V5 V6  
II aVF aVF V2 V4 V5 V6



**SUBURBAN DIAGNOSTICS KANDIVALI EAST**

ExStIt

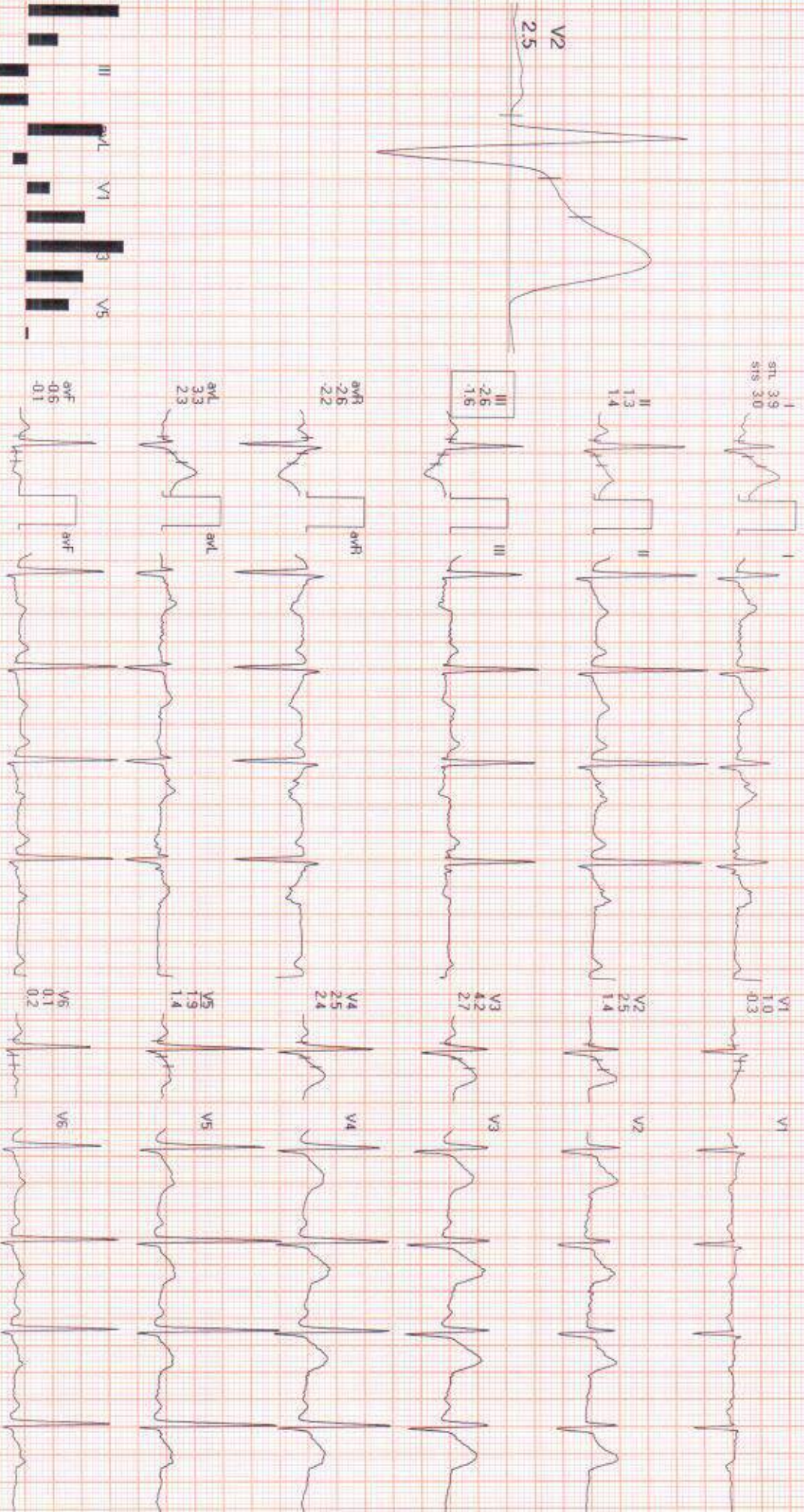


2836 (9958714263) / PRAVESH BHANDUNI / 38 Yrs / M / 167 Cms / 74 Kg / HR : 72

Date: 10 / 02 / 2024 09:51:05 AM METS: 1.0/72 bpm/40% of THR BP: 150/90 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/EF:35 Hz

4X 80 ms Post J

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



REMARKS: I aVR aVL aVF V1 V2 V3 V4 V6



# SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 1 ( 03:00 )

2836 (9958714263) / PRAVESH BHANDUNI / 38 Yrs / M / 167 Cms / 74 Kg / HR : 120

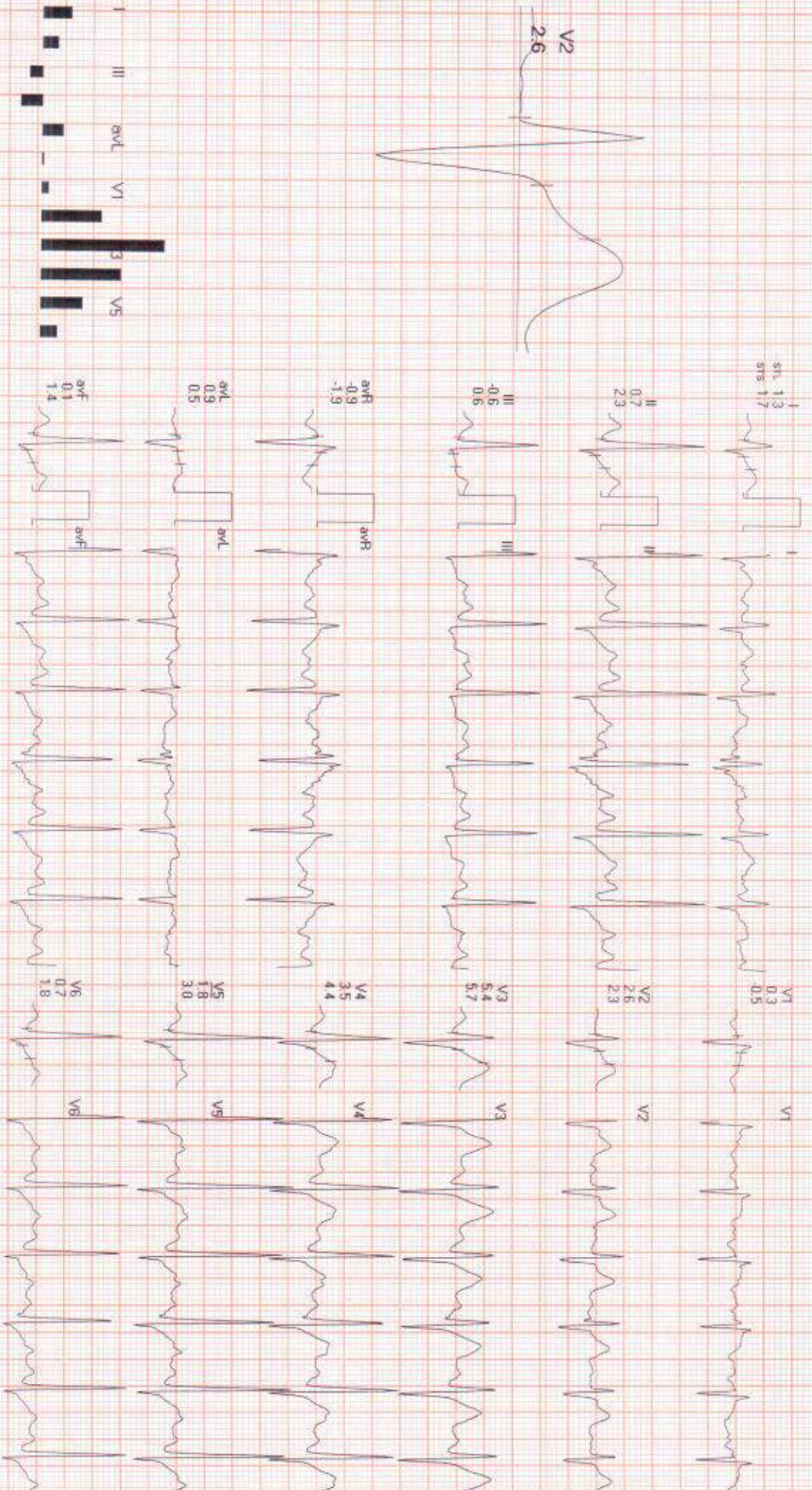


Date: 10 / 02 / 2024 09:51:05 AM METS: 4.7 / 120 bpm 66% of THR BP: 150/90 mmHg Raw ECG: BLC On/ Natch On/ HF 0.05 Hz/LF 35 -Hz

EXTime: 03:00 2.7 kmph, 10.0%

4X 80 m/s Page 1

25 mm/Sec: 1.0 Cm/mV



REMARKS: I II III aVR aVL aVF V1 V2 V3 V4 V5 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 2 ( 03:00 )



2836 (9958714263) / PRAVESH BHANDUNI / 38 Yrs / M / 167 Cms / 74 Kg / HR : 138

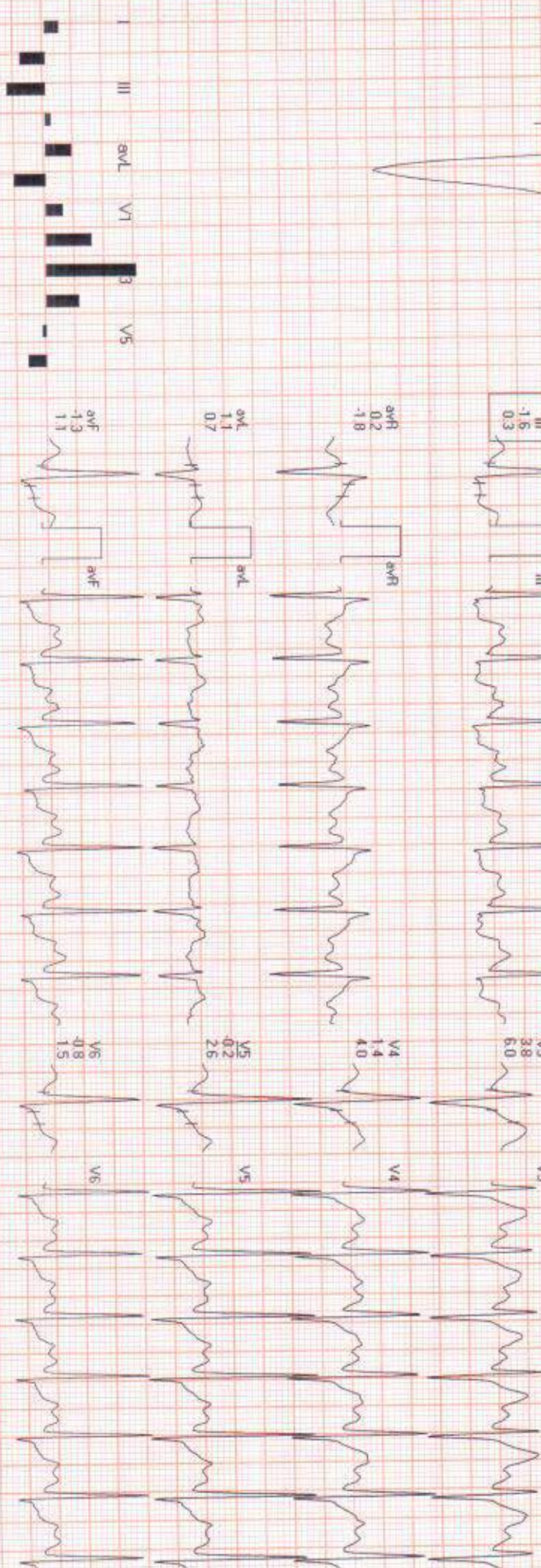
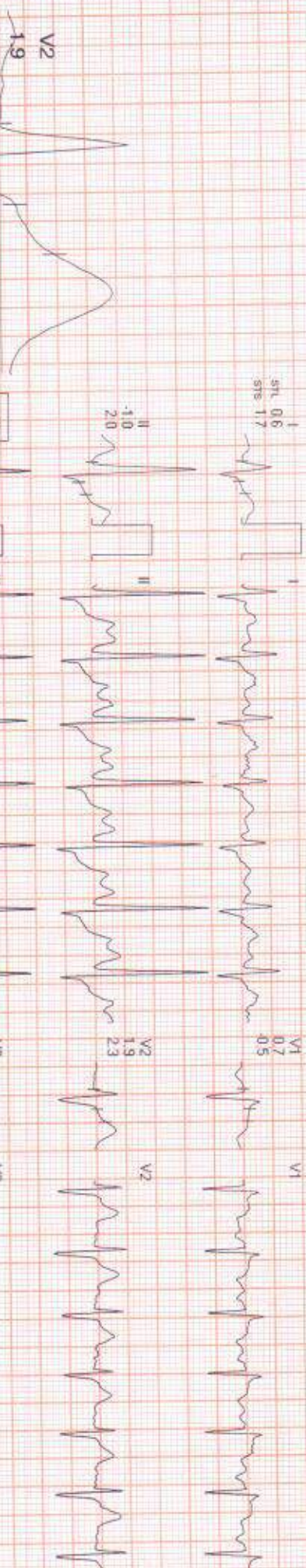
Date: 10/02/2024 09:51:05 AM

METS: 7.1/138bpm 76% of THR BP: 170/90 mmHg Paw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExtTime: 06:00 4.0 Kmpt: 12.0%

AX 60 ms Post J

25mm/Sec 1.0 Cm/mV



REMARKS:

I aVR aVL aVF V1 V2 V3 V4 V5 V6



**SUBURBAN DIAGNOSTICS KANDIVALI EAST**

**PeakEx**

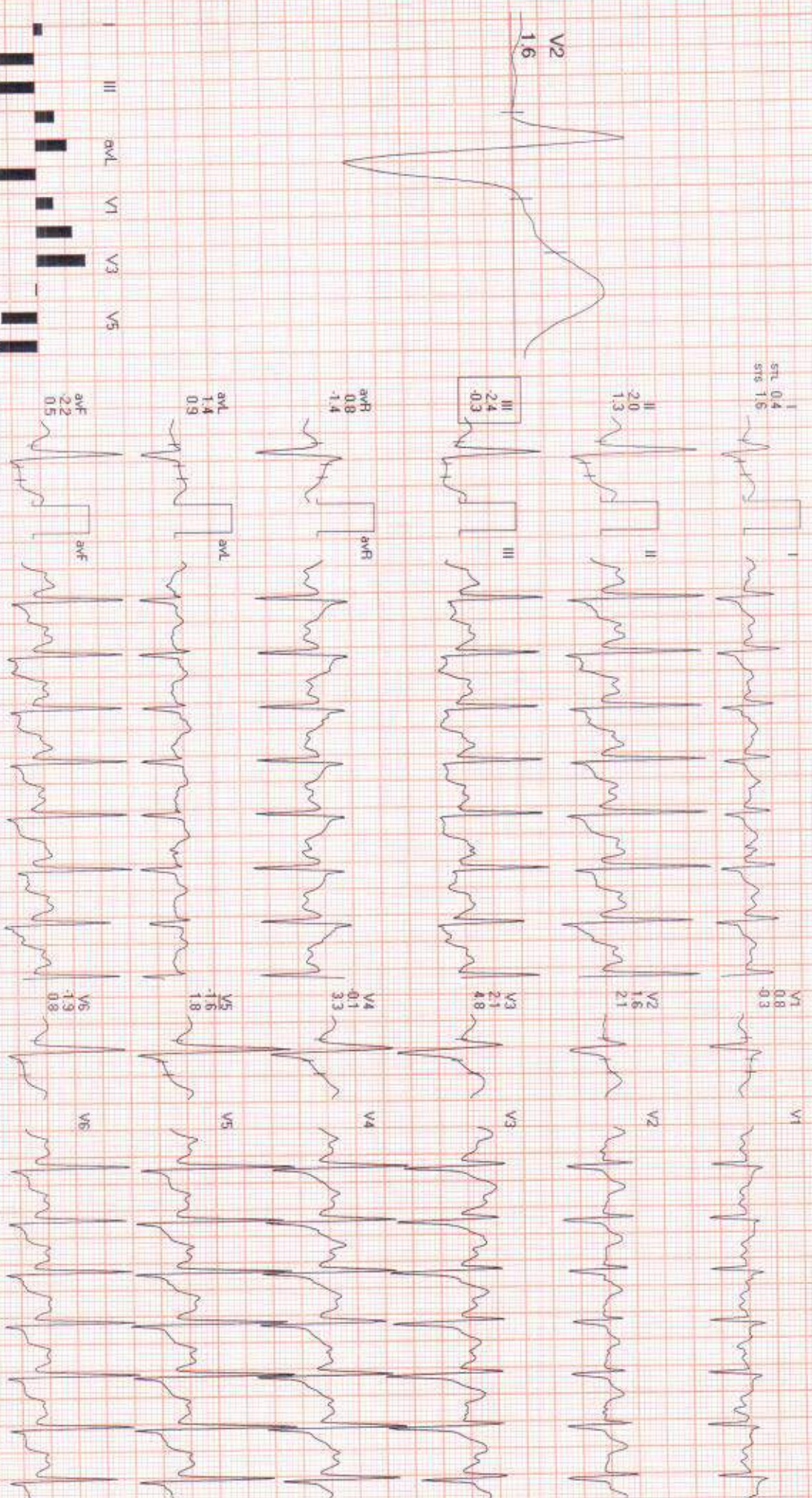


2836 (9958714263) / PRAVESH BHANDUNI / 38 Yrs / M / 167 Cms / 74 Kg / HR : 155

Date: 10 / 02 / 2024 09:51:05 AM METS: 7.9 / 155 bpm 85% of THR BP- 190/90 mmHg Paw ECG/BLCOw/Notch On/HF 0.05 Hz/LF 35 Hz

EXTime: 06:44 5.5 kmph 14.0%  
25 mm/Sec 1.0 Cm/mV

4X 60 ms Peak J



REMARKS:  
II aVR aVF V2 V4 V6



**SUBURBAN DIAGNOSTICS KANDIVALI EAST**

Recovery : ( 00:25 )

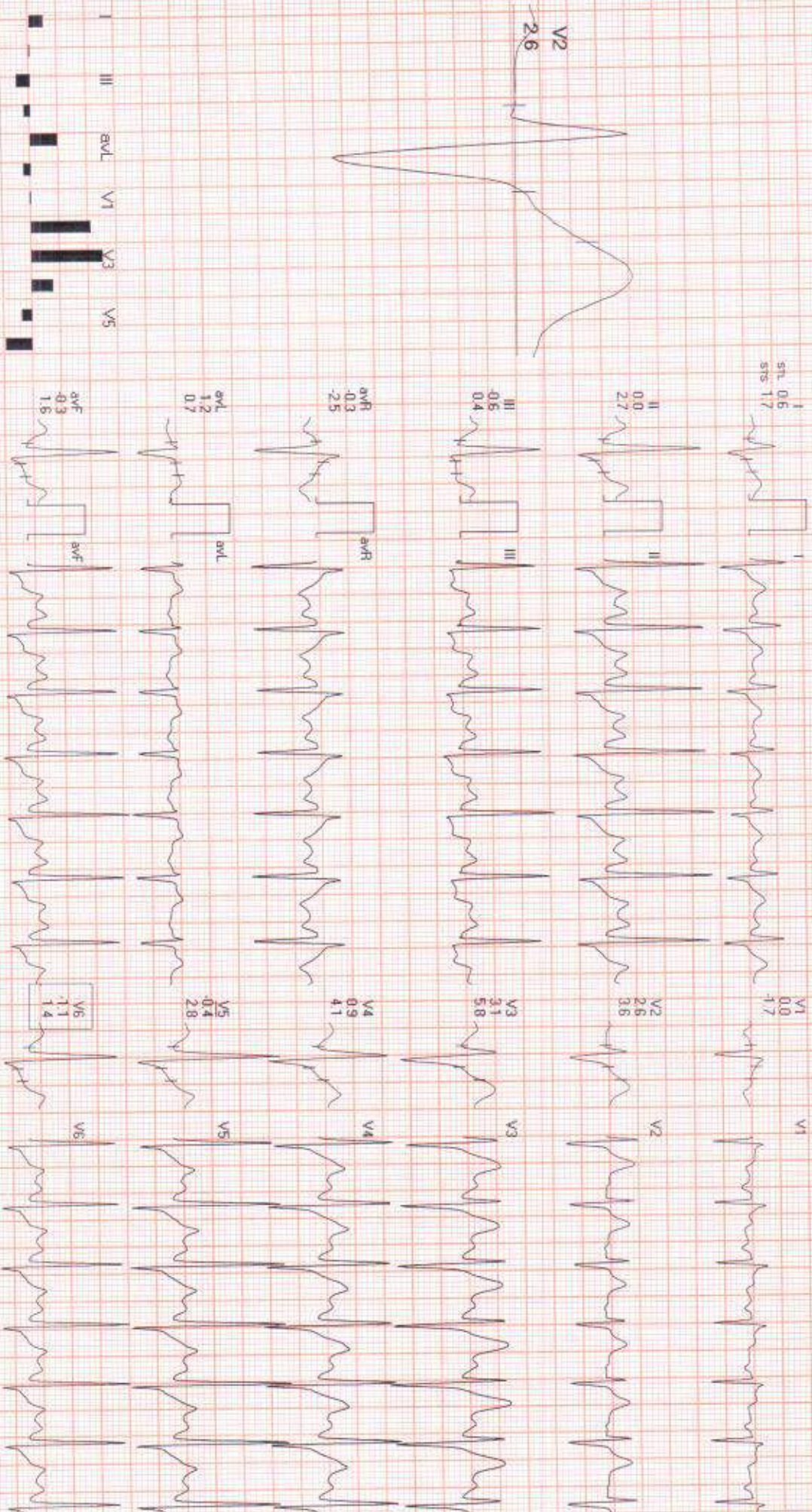


2836 (9958714263) / PRAVESH BHANDUNI / 38 Yrs / M / 167 Cms / 74 Kg / HR : 146

Date: 10 / 02 / 2024 09:51:05 AM METS: 4.5 / 146 bpm 80% of THR BP-190/90 mmHg Raw ECG/BLCON/Notch On/ HF 0.05 Hz/LF 35 Hz

AX 60 ms Paper J

EXTime 06:44 0.0Kmph, 0.0%  
25 mm/Sec 1.0 Cm/mV



REMARKS:  
II aVR aVF V2 V4 V6





# SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : ( 01:00 )

2836 (9958714263) / PRAVESH BHANDUNI / 38 Yrs / M / 167 Cms / 74 Kg / HR : 104

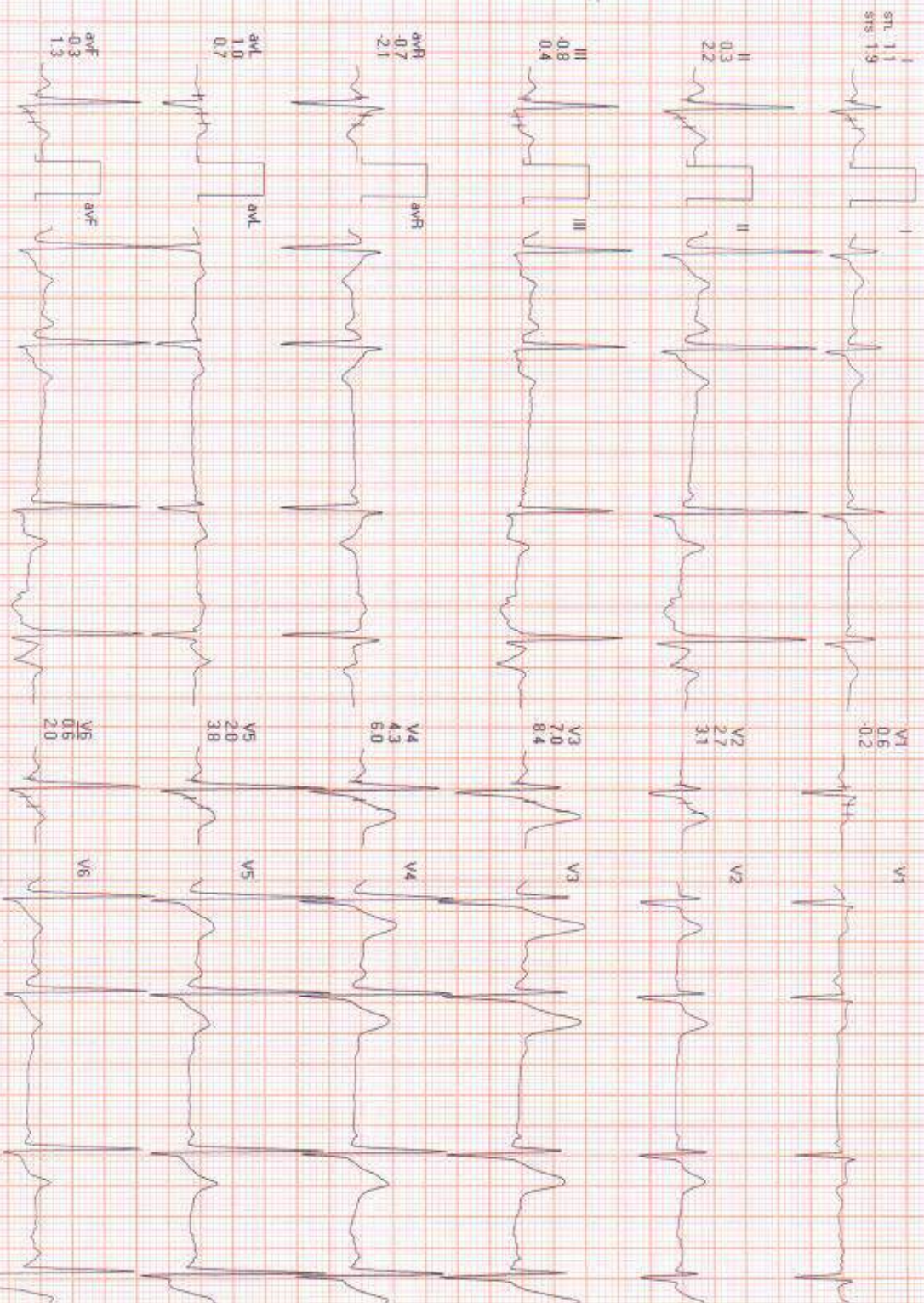
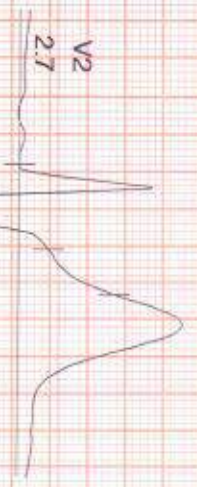


Date: 10 / 02 / 2024 09:51:05 AM METS: 1.1/104 bpm 57% of THR BR: 190/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35. Hz

EXTime: 06:44 0.0 Kmph, 0.0%

4X 60 ms Paper J

25 mm/Sec 1.0 Cm/mV



REMARKS



# SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : ( 01:15 )

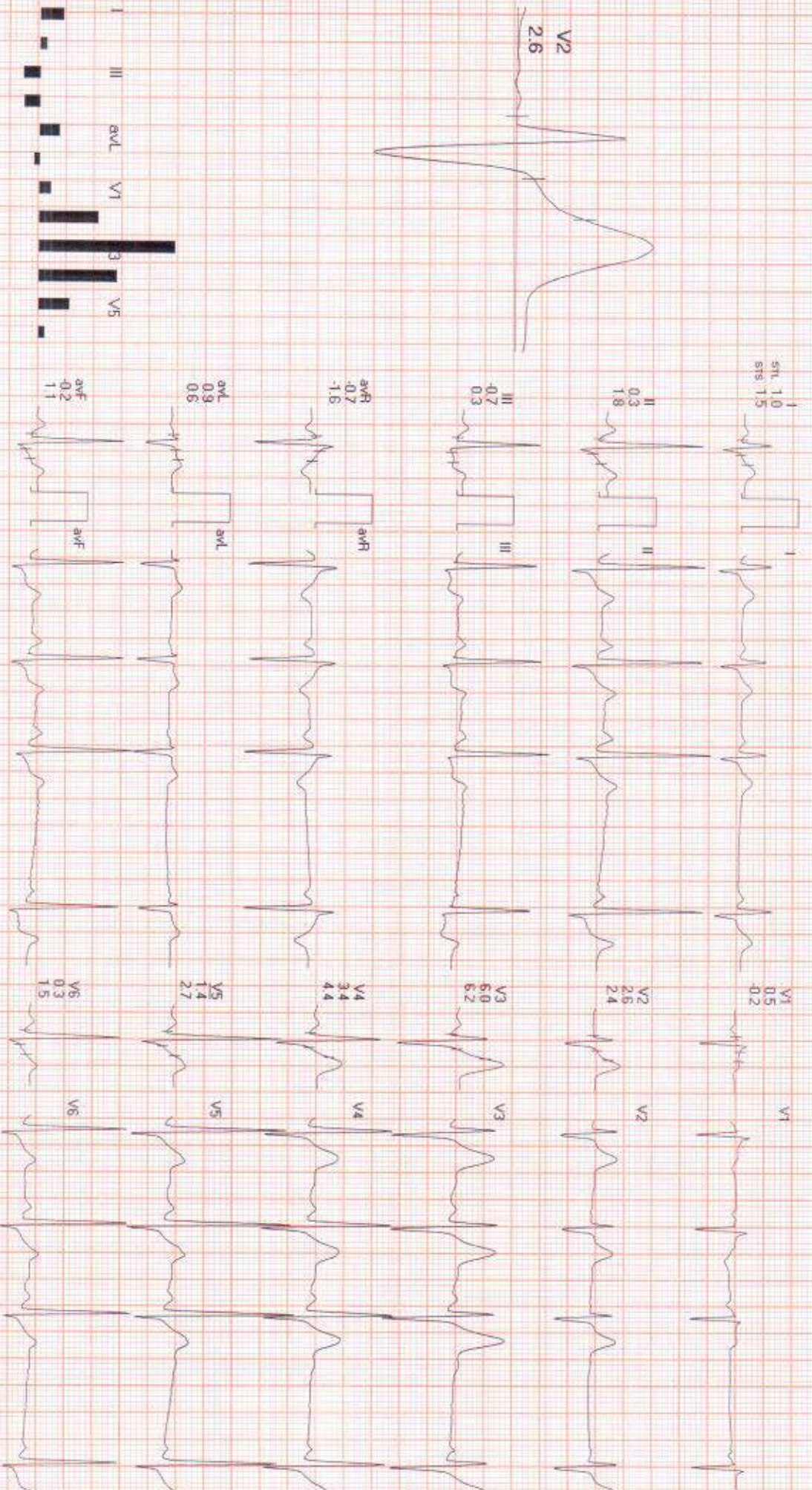


2836 (9998714263) / PRAVEESH BHANDUNI / 38 Yrs / M / 167 Cms / 74 Kg / HR 104

Date: 10/02/2024 09:51:05 AM METS: 1.0/104 bpm 57% of THR BP: 100/90 mmHg Rew ECG BLOC On/Match On/HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

EXTime: 06:44 0.0 Kmph, 0.0%  
25 mm/Sec 1.0 Cm/mV



REMARKS:  
I aVL V1 V2 V4 V6

