

CID : 2328724969

Name : MR.PRASHANT NANDA

Age / Gender : 30 Years / Male

Consulting Dr. : -Collected :14-Oct-2023 / 09:25

Reported :14-Oct-2023 / 13:09 Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

### AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

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CBC (	(Complete	Blood	Count),	<b>Blood</b>

<u>PARAMETER</u>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	15.3	13.0-17.0 g/dL	Spectrophotometric
RBC	4.94	4.5-5.5 mil/cmm	Elect. Impedance
PCV	45.9	40-50 %	Measured
MCV	93	80-100 fl	Calculated
MCH	31.1	27-32 pg	Calculated
MCHC	33.4	31.5-34.5 g/dL	Calculated
RDW	14.6	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	7790	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND A	BSOLUTE COUNTS		
Lymphocytes	41.3	20-40 %	
Absolute Lymphocytes	3217.3	1000-3000 /cmm	Calculated
Monocytes	6.3	2-10 %	
Absolute Monocytes	490.8	200-1000 /cmm	Calculated
Neutrophils	42.8	40-80 %	
Absolute Neutrophils	3334.1	2000-7000 /cmm	Calculated
Eosinophils	8.9	1-6 %	
Absolute Eosinophils	693.3	20-500 /cmm	Calculated
Basophils	0.7	0.1-2 %	
Absolute Basophils	54.5	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

### **PLATELET PARAMETERS**

Platelet Count	381000	150000-400000 /cmm	Elect. Impedance
MPV	8.3	6-11 fl	Calculated
PDW	14.3	11-18 %	Calculated

### **RBC MORPHOLOGY**

Hypochromia Microcytosis



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Macrocytosis -

Anisocytosis -

Poikilocytosis -

Polychromasia -

Target Cells -

Basophilic Stippling -

Normoblasts -

Others Normocytic, Normochromic

WBC MORPHOLOGY -

PLATELET MORPHOLOGY -

COMMENT Eosinophilia

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 3 2-15 mm at 1 hr. Sedimentation

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





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

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**PARAMFTFR** 

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BIOLOGICAL REF RANGE METHOD

### AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	<u>RESUL 15</u>	BIOLOGICAL REF RANGE	METHOD
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	98.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.64	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.19	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.45	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.7	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	31.3	<34 U/L	Modified IFCC
SGPT (ALT), Serum	57.2	10-49 U/L	Modified IFCC
GAMMA GT, Serum	29.2	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	94.8	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	23.7	19.29-49.28 mg/dl	Calculated
BUN, Serum	11.1	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.83	0.73-1.18 mg/dl	Enzymatic

Note: Kindly note in change in reference range w.e.f. 07-09-2023



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Consulting Dr. : - Collected : 14-Oct-2023 / 15:15

Reg. Location : Mahavir Nagar, Kandivali West (Main Centre) Reported : 14-Oct-2023 / 18:36

eGFR, Serum 121 (ml/min/1.73sqm) Calculated

Normal or High: Above 90 Mild decrease: 60-89

Mild to moderate decrease: 45-

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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 6.4 3.7-9.2 mg/dl Uricase/ Peroxidase

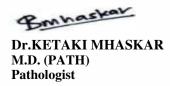
Urine Sugar (Fasting)AbsentAbsentUrine Ketones (Fasting)AbsentAbsent

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 \*\*\*









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

PARAMETER RESULTS BIOLOGICAL REF RANGE METHOD

Glycosylated Hemoglobin 5.8 Non-Diabetic Level: < 5.7 % HPLC (HbA1c), EDTA WB - CC Prediabetic Level: 5.7-6.4 %

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

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Estimated Average Glucose 119.8 mg/dl Calculated

(eAG), EDTA WB - CC

### Intended use:

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

### Clinical Significance:

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

### Test Interpretation:

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

### Factors affecting HbA1c results:

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

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

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

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

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

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

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Age / Gender : 30 Years / Male

Consulting Dr. : - Collected : 14-Oct-2023 / 09:25

Reg. Location : Mahavir Nagar, Kandivali West (Main Centre) Reported : 14-Oct-2023 / 16:56



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# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

	<u> </u>	111011 IXEI 01XI	
<u>PARAMETER</u>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	5 ml	-	-
<b>CHEMICAL EXAMINATION</b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	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	-		

Note: Sample quantity less than 12ml.

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





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

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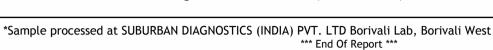
CID : 2328724969

Name : MR.PRASHANT NANDA

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Consulting Dr. Collected

:14-Oct-2023 / 16:56 Reg. Location : Mahavir Nagar, Kandivali West (Main Centre) Reported



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

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

ABO GROUP 0

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.

### Refernces:

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

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# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

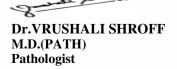
<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	193.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	287.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	41.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	151.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	128.0	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	23.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.1	0-3.5 Ratio	Calculated

Note: LDL test is performed by direct measurement.

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







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# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	6.1	3.5-6.5 pmol/L	CLIA
Free T4, Serum	17.9	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	1.508	0.55-4.78 microIU/ml	CLIA

### 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)





Dr.ANUPA DIXIT M.D.(PATH) Consultant Pathologist & Lab Director

Ampa

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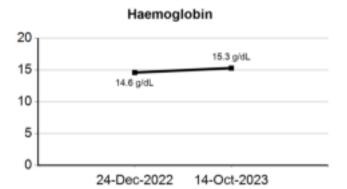
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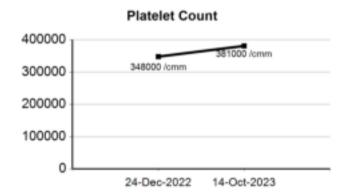
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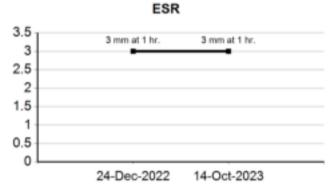


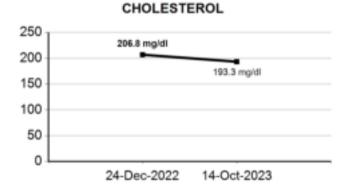
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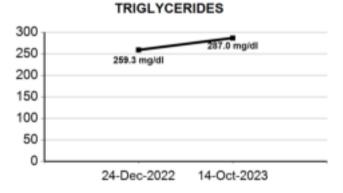














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128.0 mg/dl

14-Oct-2023

140

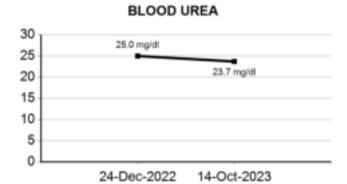
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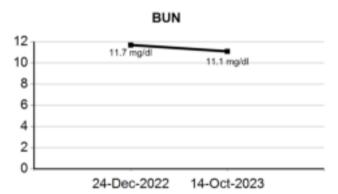
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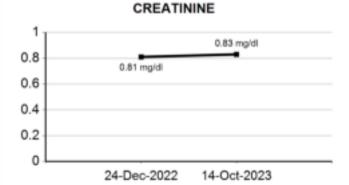


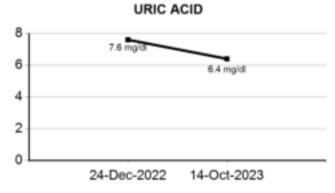




LDL CHOLESTEROL

118.9 mg/dl







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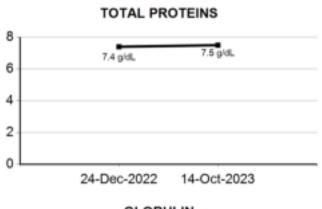
Consulting Dr. :

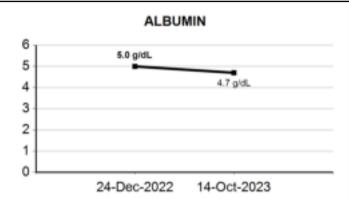
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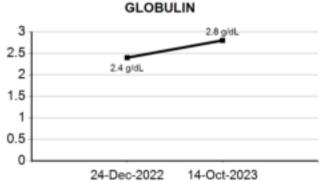


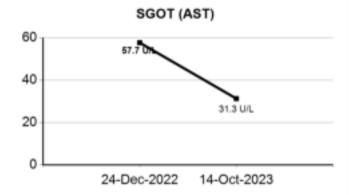
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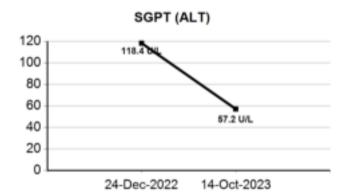
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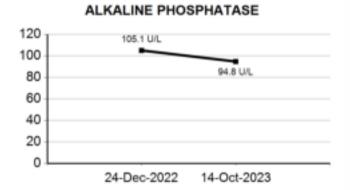














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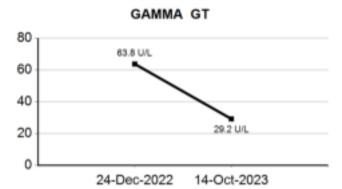
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Consulting Dr. :

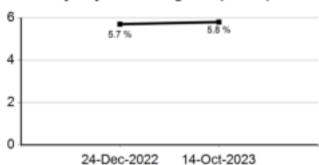
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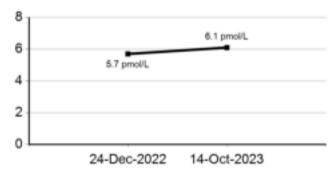
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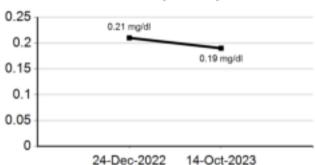




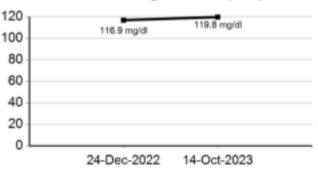
Free T3



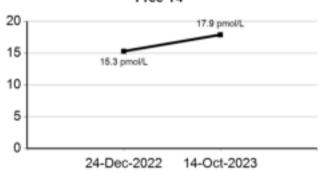
# BILIRUBIN (DIRECT)



### Estimated Average Glucose (eAG)



Free T4





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Consulting Dr. : -

Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)



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1.508 1.193 1.193 24-Dec-2022 14-Oct-2023

# SHINK Y WEST TARM OF STATES AND SHE

# SUBURBAN DIAGNOSTICS - MAHAVIR NAGAR, KANDIVALI WEST

Patient Name: PRASHANT NANDA Patient ID: 2328724969

Date and Time: 14th Oct 23 10:44 AM

H 25.8 mm/s 10.8 mm/sV aVR aVL aVF 2 5 V4 ₩6 AS CHURCHER Gender Male Rusp: Spo2 Hoight Weight Patient Vitals Heartible 75bpm Others QTcB: QT. QRSD. Pulse P.R.T PR: Measurements 30 NA NA years months days 74 bpm 79 kg 174 cm Z 1 10/70 mmf-g

Stims

27" -6" 2" 142ms 404ms 362ms

Sinus Rhythm. Voltage criteria noted. Please correlate clinically.

DLAJm Burah M.B.B.SP.G.D.C.C.GSP Cadadogs 304304200



R

E

Name

: Mr. PRASHANT NANDA

VID

12328724969

Ref By

: Arcofemi Healthcare Limited

Reg Date

: 14-Oct-2023 09:20

Age/Gender

: 30 Years

Regn Centre

; Mahavir Nagar, Kandivali West (Main

Centre)

History and Complaints: NIL

**EXAMINATION FINDINGS:** 

Height (cms):

174

Weight (kg):

79

Temp:

Afebrile

Skin:

Normal

Blood Pressure (mm/Hg):

110/70

Nails:

Healthy

Pulse:

74/MIN

Lymph Node:

Not Palpable

Systems

Cardiovascular: \$1,\$2 Normal No Murmurs Respiratory: Air Entry Bilaterally Equal

Genitourinary: NAD

GI System: Soft non tender No Organomegaly

CNS: NAD

IMPRESSION: HEALTHY.

ADVICE: REGULAR EXERCISE. HEALTHY DIET.

CHIEF COMPLAINTS:

Hypertension: 1)

NO NO

IHD: 2)

NO

Arrhythmia: 31

NO

Diabetes Mellitus : 43

NO

Tuberculosis: 5)

NO

Asthama: 6)

NO

Pulmonary Disease: 7)

NO

Thyroid/ Endocrine disorders : 8)

NO

Nervous disorders : 9) GI system :

NO

10) Genital urinary disorder:

NO

11) Rheumatic joint diseases or symptoms : NO

12) Blood disease or disorder :

NO

13)

NO

Cancer/lump growth/cyst: 14)

Congenital disease : 15)

NO

Surgeries:

NO

PERSONAL HISTORY:



Name VID Ref By	: Mr . PRASHANT NANDA : 2328724969 : Arcofemi Healthcare Limited	Reg Date Age Gender Regn Centre	: 14-Oct-2023-09:20 : 30 Years : Mahavir Nagar, Kandivali West (Main Centre)
	TOURANS	NO	
1)	Alcohol	OCCASIONAL	
2)	Smoking	VEG	
3)	Diet	NO	
4)	Medication	110	



Dr.Ajita Bhosale PHYSICIAN

Dr. AJITA BHOSALE Reg. No. 2013/062200 MBBS/D. Cardiology



Date:- 14/10/23

CID: 2328724842

Name: Mr. Prashaut Manda sex/Age: m/40 yrs.

### EYE CHECK UP

Chief complaints: ← N €

Systemic Diseases: - No

Past history: \_ No

Unaided Vision: - No

Alded Vision:

Refraction: (2) Ela



0 6/6

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	٧n	Sph	Gyl	Axis	Vn
Distance			_	616			_	6/6
Near				N16	_			NIG

Colour Vision: Normal / Abnormal

Remark: Normal Vision.





# SUBURBAN DIAGNOSTICS PVT LTD. Time: 10:57:57 AM

190 bpm

Date: 14-Oct-23 Patient Details

Name: PRASHANT NANDA ID: 2328724969 Sex: M

Age: 30 y

ANNUAL CHECK UP Clinical History:

NIL Medications:

Test Details

Protocol: Bruce

Total Exec. Time:

9 m 22 s

Pr.MHR:

Max. HR: 165 ( 87% of Pr.MHR )bpm Max. BP x HR: 26400 mmHg/min

Height: 174 cms

THR: 171 (90 % of Pr.MHR) bpm Max. Mets: 13.50

5740 mmHg/min Min. BP x HR:

Weight: 79 Kgs

Max. BP: 160 / 70 mmHg **Test Termination Criteria:** 

THR ACHIEVED

**Protocol Details** 

stocol Details				Grade	Heart	Max. BP	Max. ST	Max. ST
Stage Name	Stage Time (min ; sec)	Mets	Speed (mph)	(%)	Rate (bpm)	(mm/Hg)	Level (mm)	Slope (mV/s)
	2:2	1.0	0	0	82	110 / 70	-1.70 III	-2.12 111
Supine Standing	1 1	1.0	0	0	93 89	110 / 70	-1.70 III	1.771
Hyperventilation	0 19	4.6	1.7	10	108	130 / 70	-2.12 III -1.91 III	3.541
2	3:0	7.0	3.4	14	157	140 / 70	-2.55 III -2.55 aVR	5.66 V2
3 Peak Ex	0 22	13.5	4.2	16	165	140 / 70	-4.46-V1	5,661
Recovery(1) Recovery(2)	1 48	1.8	0	0	113	120 / 70	-1.06 aVR	1.51.5

# Interpretation

GOOD EFFORT TOLERANCE

APPROPRIATE CHRONOTROPIC AND INCLUSION NO SIGNIFICANT ST-T CHANGES AT PEAK EXERCISE NO SIGNIFICANT ST-T CHANGES AT RECOVERY

NO ARRYTHMIAS NOTED

IMPRESSION: THIS EXERCISE STRESS TEST IS NEGATIVE FOR REVERSIBLE INDUCIBLE ISCHEMIA.

Disclaimer, Negative stress test does not rule out Coronay Artery Disease. Positive test is suggestive but not confirmatory of Coronary Artery Disease Hence, clinical correlation is mandatory.

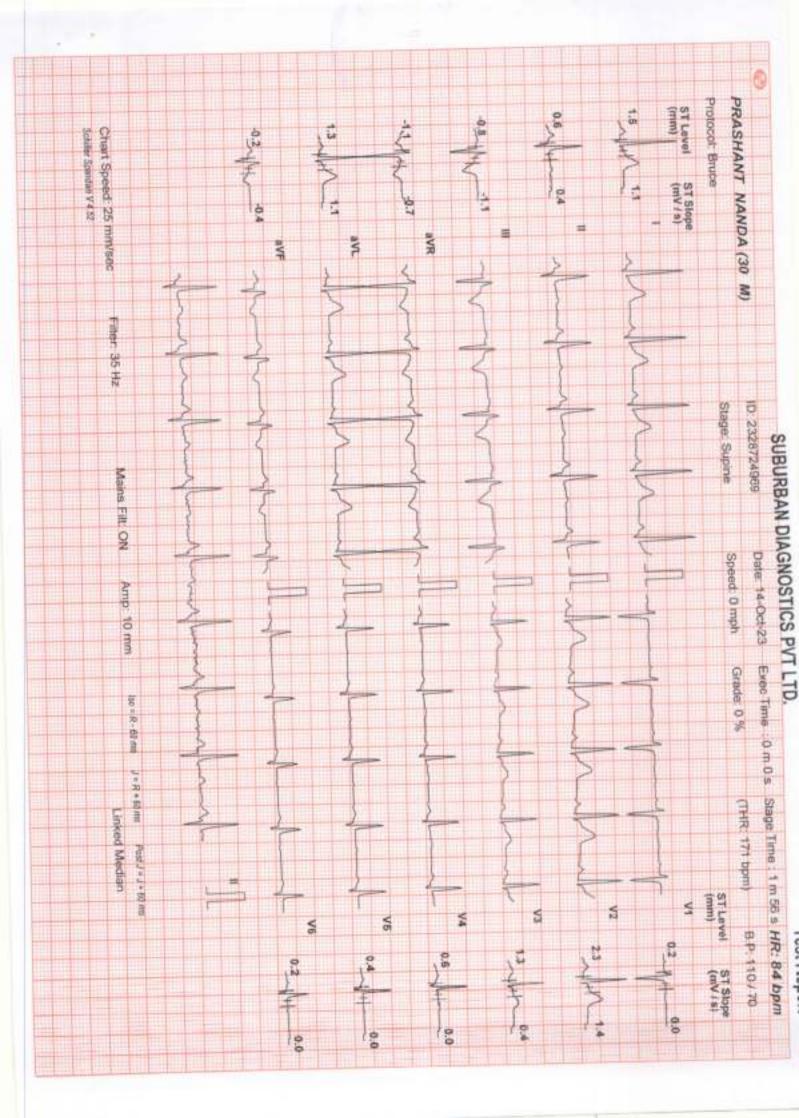
Ref. Doctor: ARCOFEMI

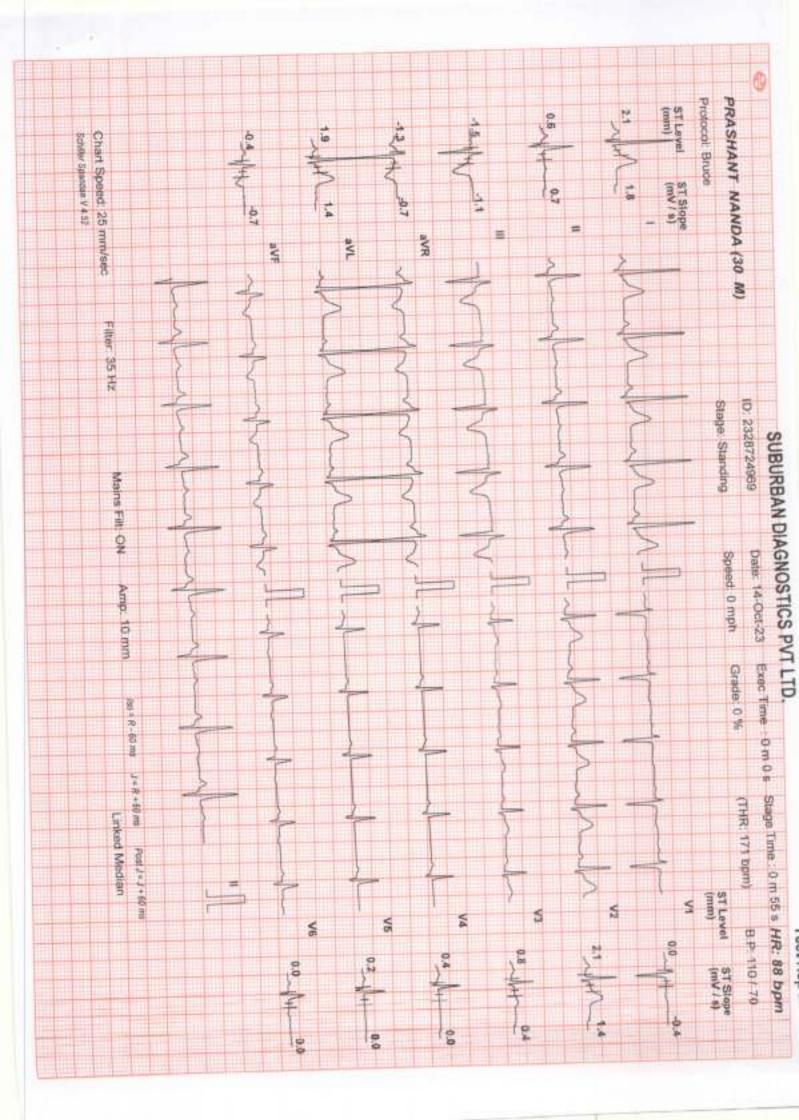
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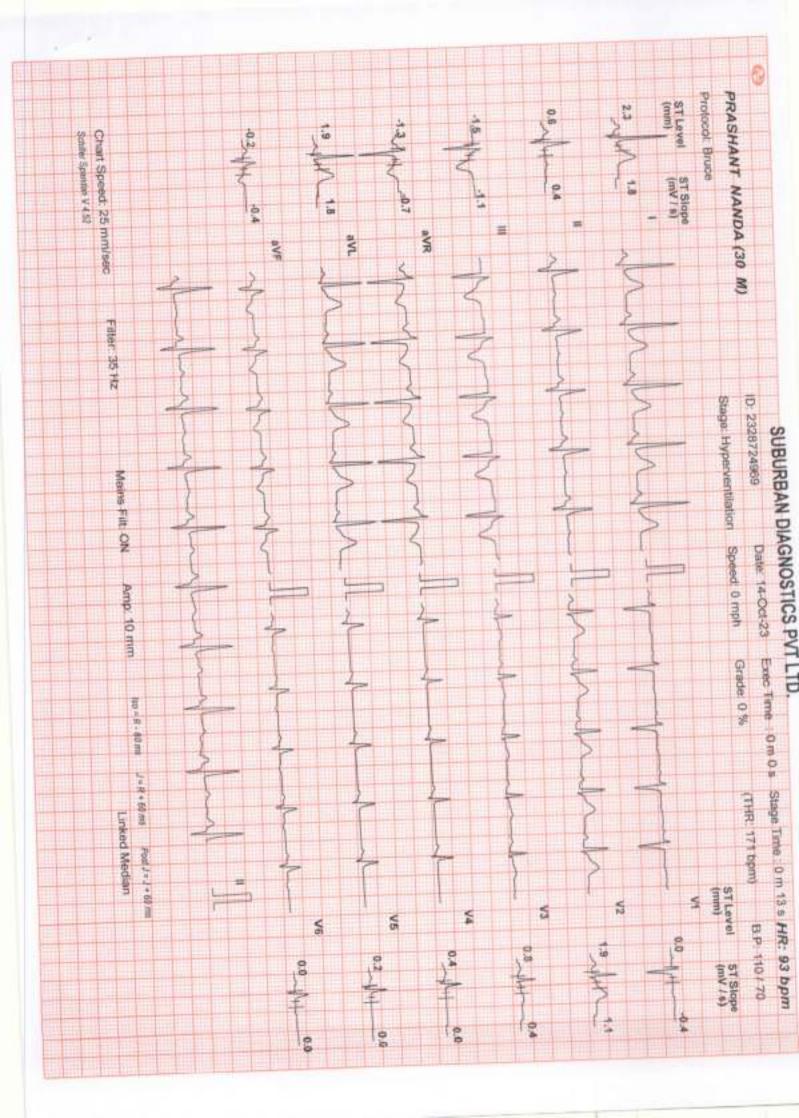
Doctor DR AJITA BHOSALE

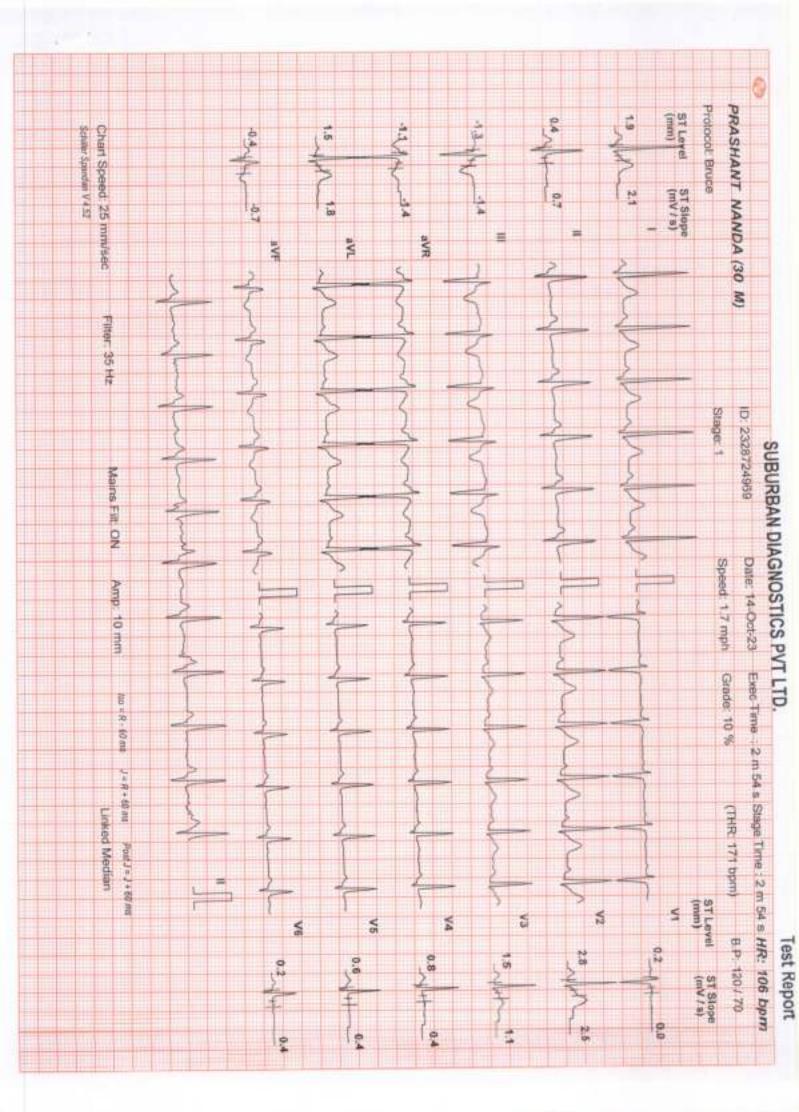
(c) Schiller Healthcare India Pvt Ltd. V 4 53

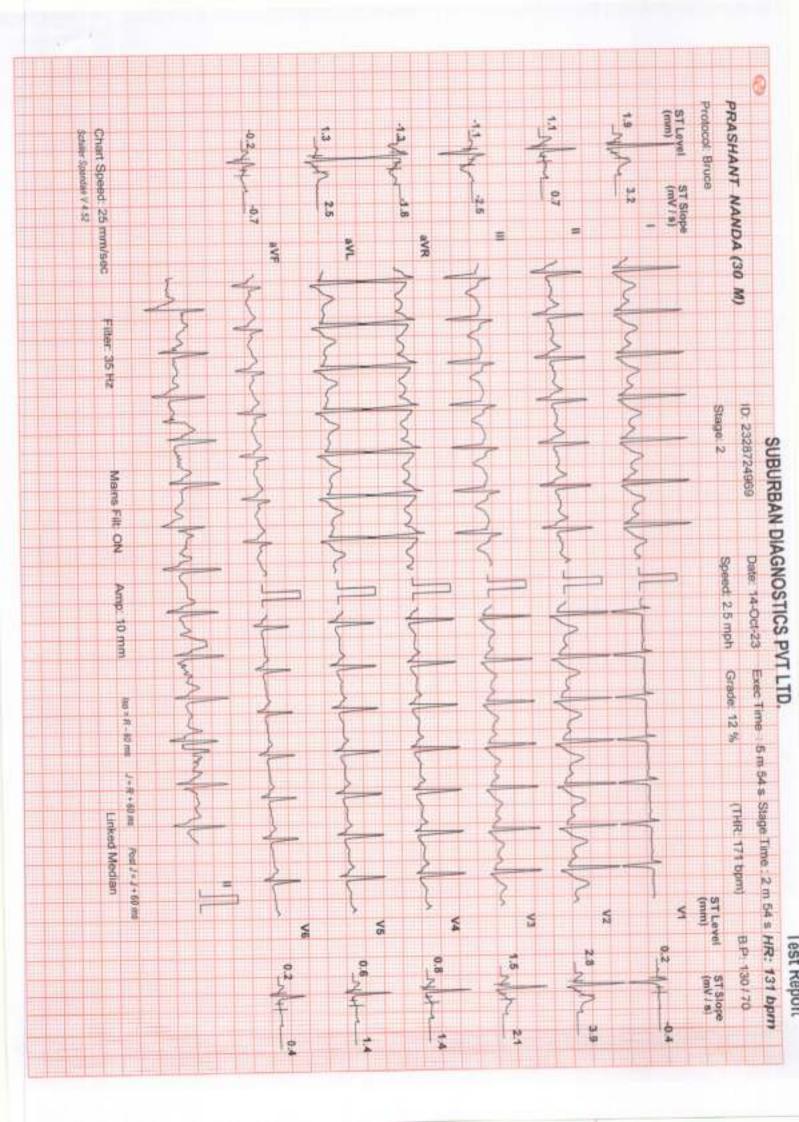
Dr. AJITA BHOSALE Reg. No. 2013/062200 MBBS/D. Cardiology

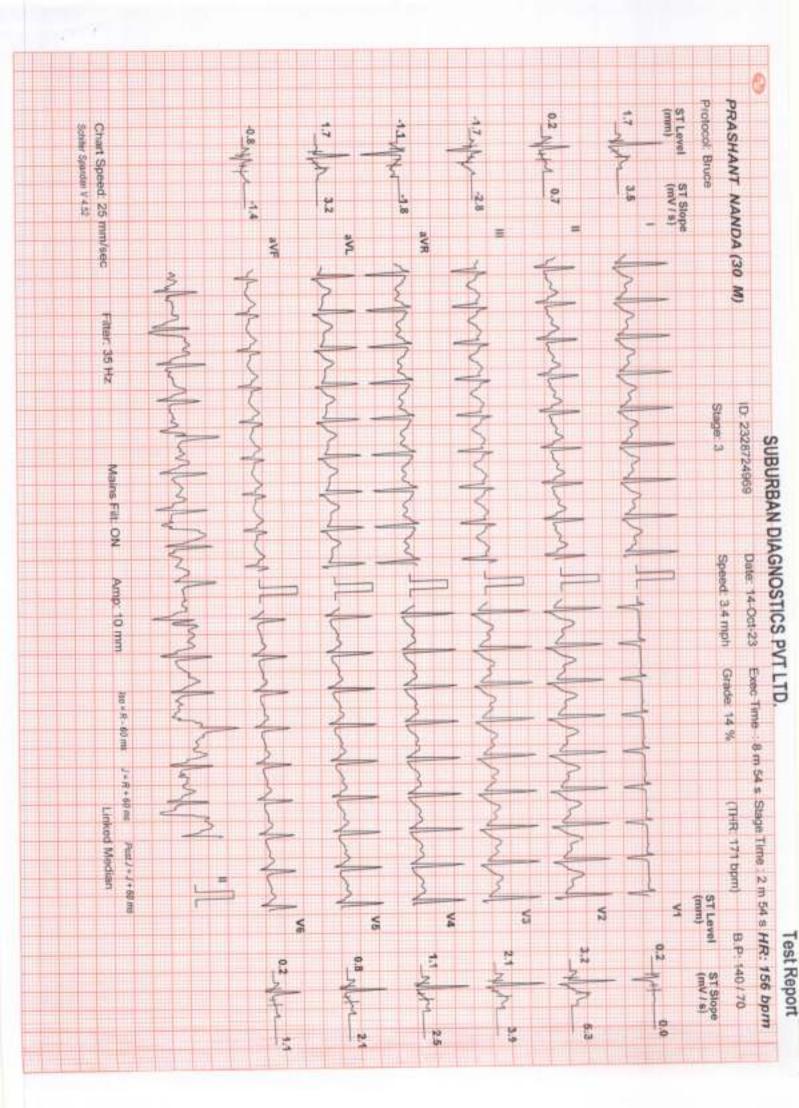


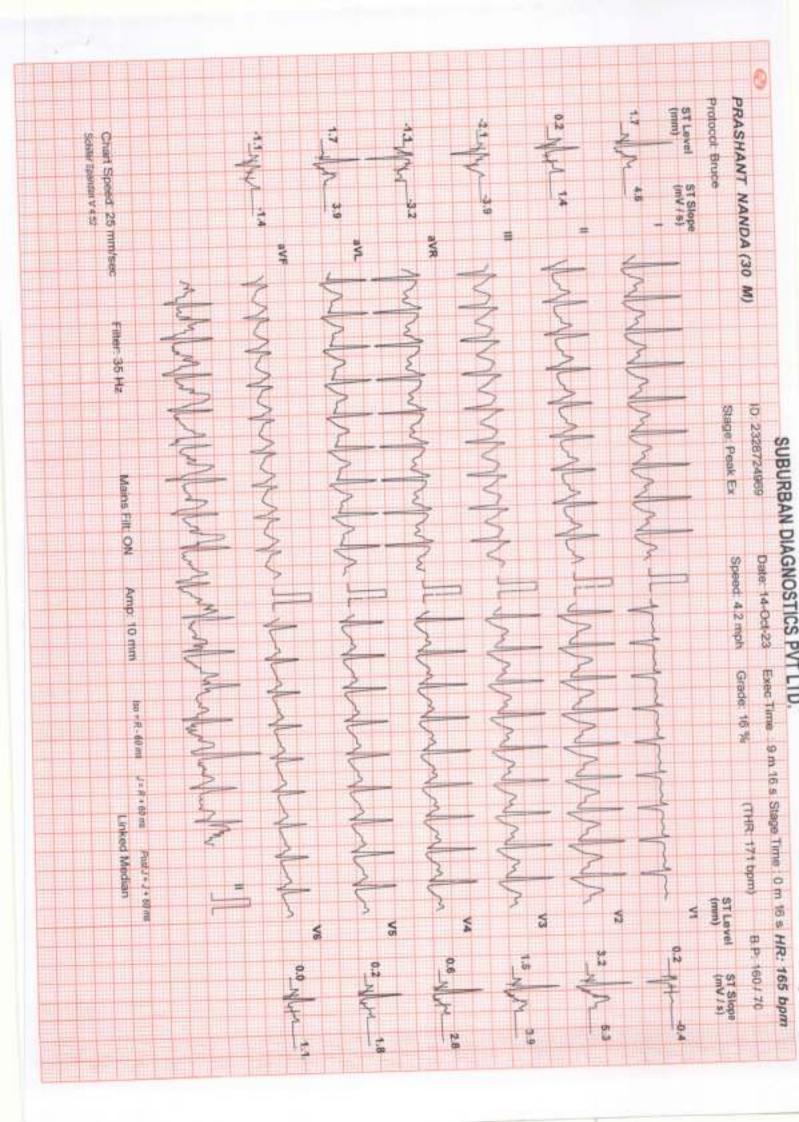


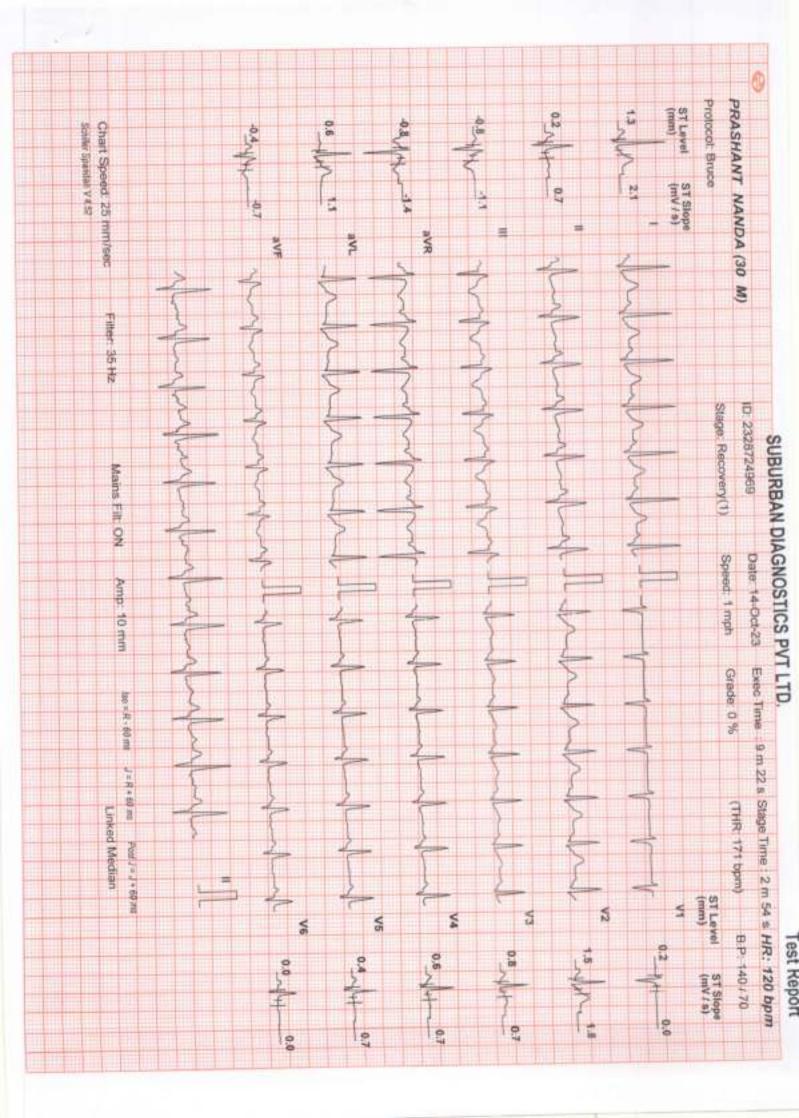


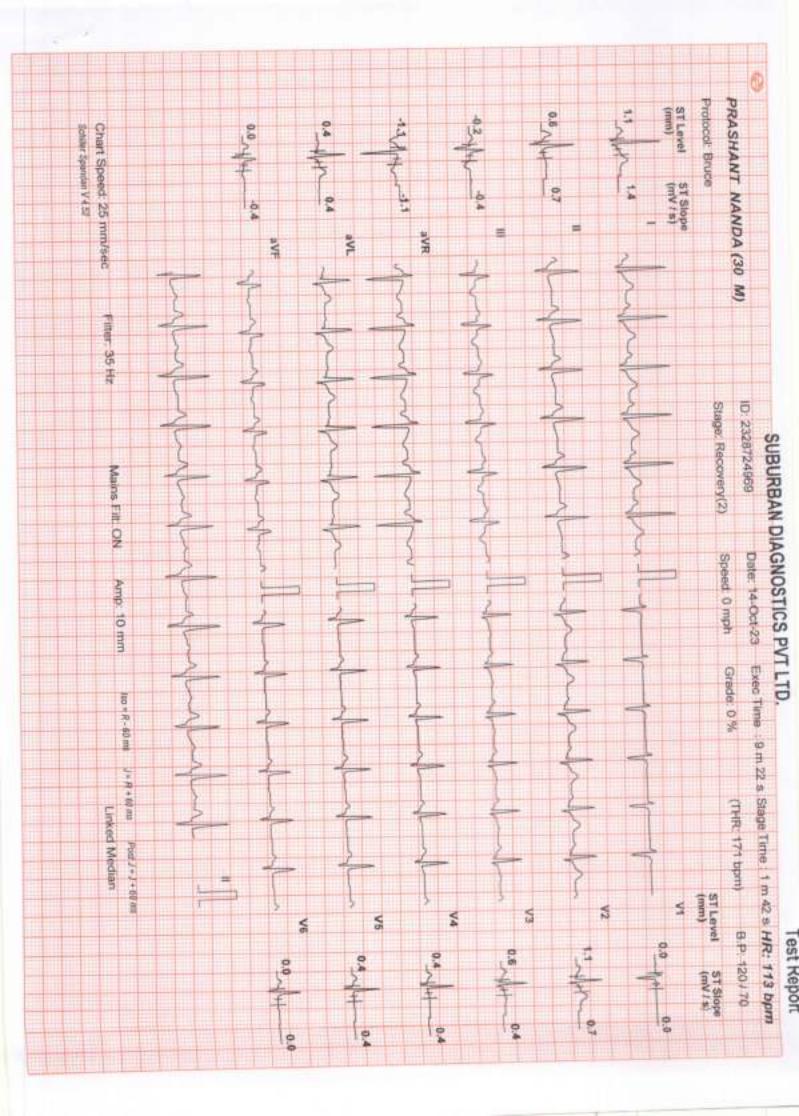














Name : Mr PRASHANT NANDA

Age / Sex : 30 Years/Male

Ref. Dr : Reg. Date : 14-Oct-2023

Reg. Location: Mahavir Nagar, Kandivali West Main Reported: 14-Oct-2023/09:51

Centre

### **USG WHOLE ABDOMEN**

### LIVER:

The liver is normal in size (14.9 cm), echotexture, shape and smooth margins. **It shows raised echogenicity.** The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

### **GALL BLADDER:**

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

### **PANCREAS:**

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

### **KIDNEYS:**

Right kidney measures 10.0 x 5.3 cm. Left kidney measures 9.3 x 4.5 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 (11.4 cm) and echotexture. No evidence of focal lesion is noted.

### **URINARY BLADDER:**

The urinary bladder is well distended and reveal no intraluminal abnormality. Wall thickness appears normal.

### **PROSTATE:**

The prostate is normal measuring  $3.3 \times 3.1 \times 3.0$  cm, volume 16.5 cc. Small 5 mm cyst noted within the prostate.

### **ADDITIONAL COMMENTS:**

Visualized bowel loops shows normal peristalsis.

There is no evidence of any lymphadenopathy or ascites.

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### **IMPRESSION:**-

- **➤** Grade I-II fatty Liver
- > Small Prostatic cyst as described

### **ADVICE:** Clinical correlation

NOTE: Above USG report is subject to findings evident at the time of scan & associated bowel gases. Sonography is known to have inter-observer variations. This modality has its own limitations & should be considered as a professional opinion. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Further / Follow-up imaging may be needed in some case for confirmation of findings. Please interpret accordingly. This report cannot be used for medico - legal purposes

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

Dr. Chirag Patel Consultant Radiologist M.B.B.S, MD (Radiodiagnosis) Reg. No. MMC 2017073319

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Authenticity Check



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Reg. Location: Mahavir Nagar, Kandivali West Main Reported: 14-Oct-2023/13:32

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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-----

Dr. Chirag Patel Consultant Radiologist M.B.B.S, MD (Radiodiagnosis)

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Reg. No. MMC 2017073319



**CID** : 2328724969

Name : Mr PRASHANT NANDA

Age / Sex : 30 Years/Male

Reg. Date Ref. Dr : 14-Oct-2023

: Mahavir Nagar, Kandivali West Main : 14-Oct-2023/13:32 Reg. Location Reported

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