



CID : 2406610206  
Name : MR.BIRMA RAM  
Age / Gender : 36 Years / Male  
Consulting Dr. : -  
Reg. Location : Malad West (Main Centre)

Collected : 06-Mar-2024 / 11:00  
Reported : 06-Mar-2024 / 15:05

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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	13.7	13.0-17.0 g/dL	Spectrophotometric
RBC	4.49	4.5-5.5 mil/cmm	Elect. Impedance
PCV	40.4	40-50 %	Calculated
MCV	90.0	80-100 fl	Measured
MCH	30.6	27-32 pg	Calculated
MCHC	34.0	31.5-34.5 g/dL	Calculated
RDW	14.2	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6930	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	30.0	20-40 %	
Absolute Lymphocytes	2079.0	1000-3000 /cmm	Calculated
Monocytes	5.8	2-10 %	
Absolute Monocytes	401.9	200-1000 /cmm	Calculated
Neutrophils	57.4	40-80 %	
Absolute Neutrophils	3977.8	2000-7000 /cmm	Calculated
Eosinophils	6.1	1-6 %	
Absolute Eosinophils	422.7	20-500 /cmm	Calculated
Basophils	0.7	0.1-2 %	
Absolute Basophils	48.5	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	115000	150000-400000 /cmm	Elect. Impedance
MPV	12.7	6-11 fl	Measured
PDW	34.2	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	Few megaplatelets seen on smear
COMMENT	-

Result rechecked.  
 Kindly correlate clinically.

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR                      17                      2-15 mm at 1 hr.                      Sedimentation



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**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 CPL, Andheri West

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



*J. Thakker*

**Dr. JYOT THAKKER**  
**M.D. (PATH), DPB**  
**Pathologist and 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	92.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	86.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.49	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.17	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.32	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	36.5	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	61.2	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	15.8	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	126.5	40-130 U/L	Colorimetric
BLOOD UREA, Serum	20.3	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.5	6-20 mg/dl	Calculated
CREATININE, Serum	0.79	0.67-1.17 mg/dl	Enzymatic



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Reported : 06-Mar-2024 / 20:04

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eGFR, Serum	118	(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	5.3	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	

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



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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	5.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	105.4	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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**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 (6.5)	-	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

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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	Yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.025	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Trace	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Occasional	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	5-6	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

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**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 column agglutination technology (CAT) which is more sensitive than conventional methods.

Note: This sample has been tested for Bombay group/Bombay phenotype/ OH using anti-H lectin.

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

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



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	203.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	273.2	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	29.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	174.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	142.3	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	32.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	7.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.9	0-3.5 Ratio	Calculated

Note : LDL test is performed by direct measurement.

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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	5.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.8	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	5.99	0.35-5.5 microIU/ml	ECLIA



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**Interpretation:**

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

**Clinical Significance:**

- 1) TSH Values between high abnormal upto 15 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 at least 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

**Reference:**

1. O. Koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
2. Interpretation of the thyroid function tests, Dayan et al. THE LANCET. Vol 357
3. Tietz, Text Book of Clinical Chemistry and Molecular Biology -5th Edition
4. Biological Variation: From principles to Practice - Callum G Fraser (AACC Press)

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



*J. Thakker*

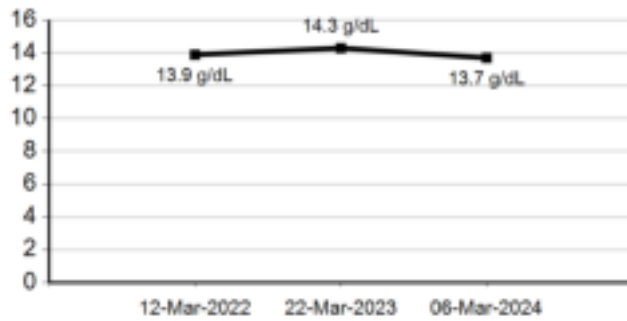
**Dr. JYOT THAKKER**  
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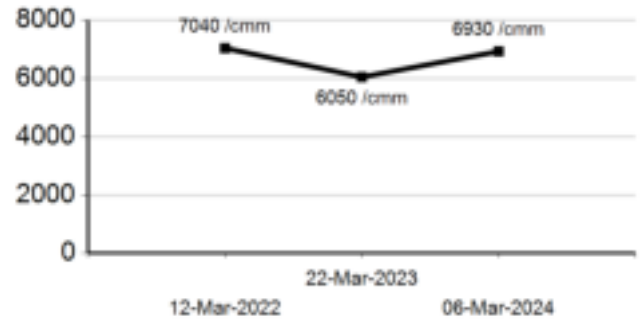
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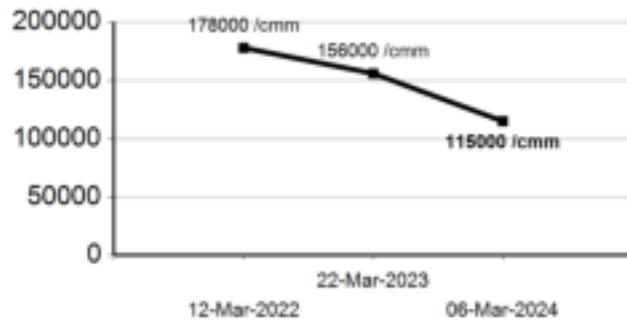
**Haemoglobin**



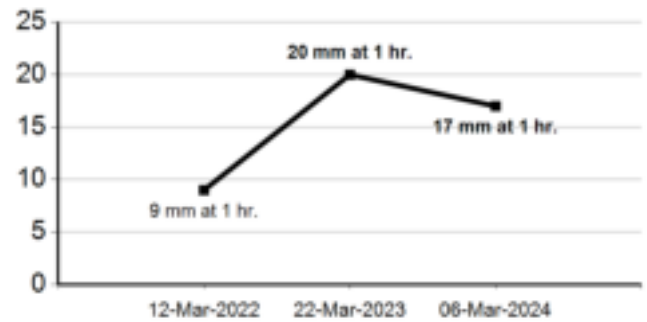
**WBC Total Count**



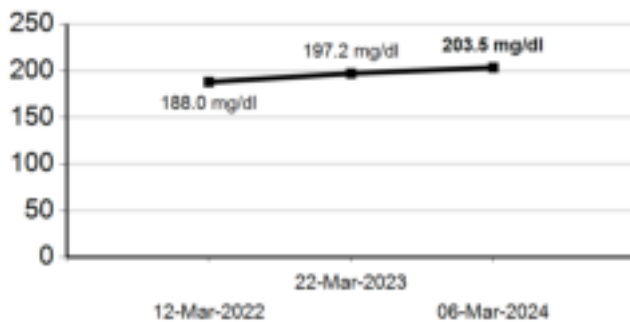
**Platelet Count**



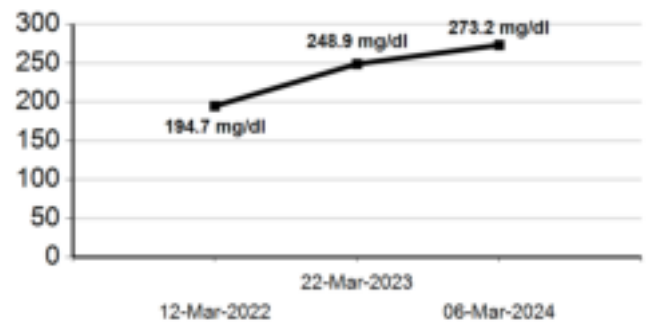
**ESR**



**CHOLESTEROL**



**TRIGLYCERIDES**

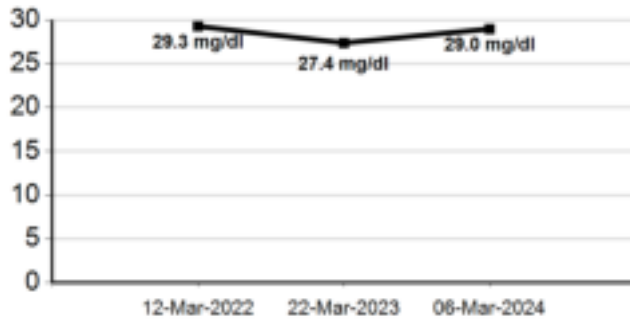




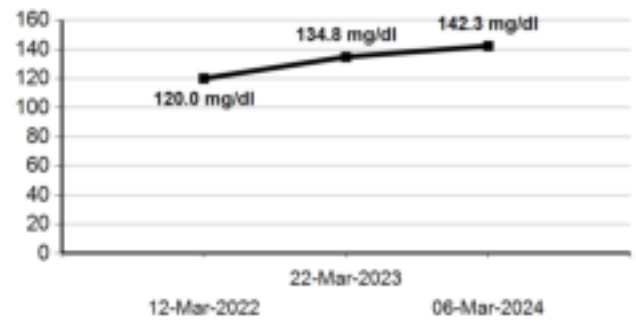
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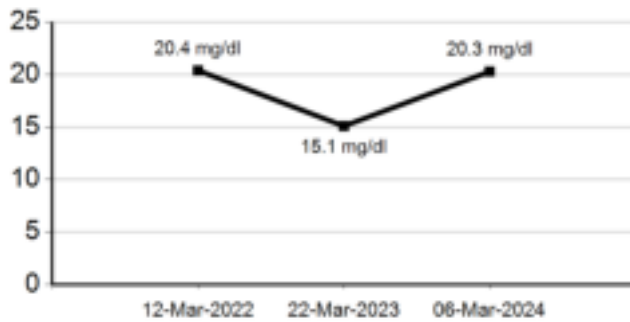
**HDL CHOLESTEROL**



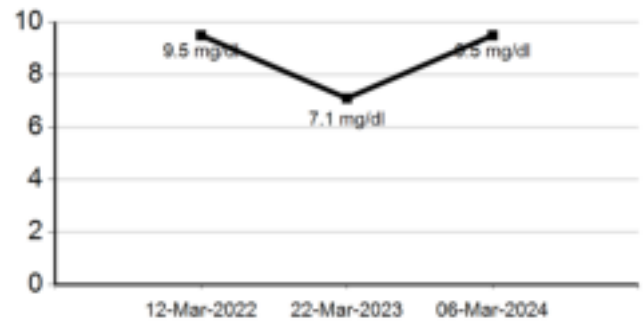
**LDL CHOLESTEROL**



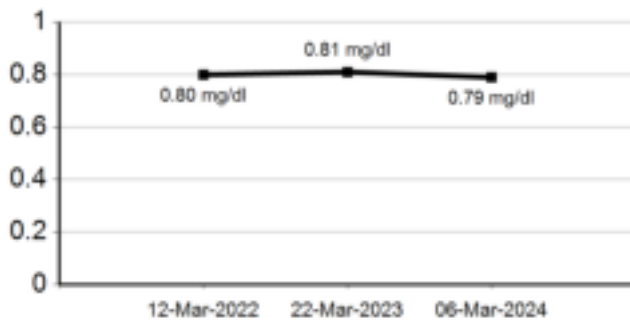
**BLOOD UREA**



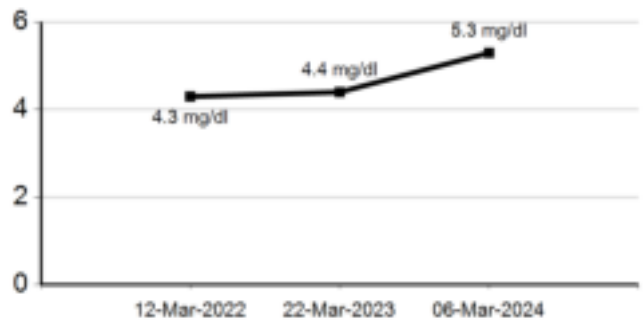
**BUN**



**CREATININE**



**URIC ACID**

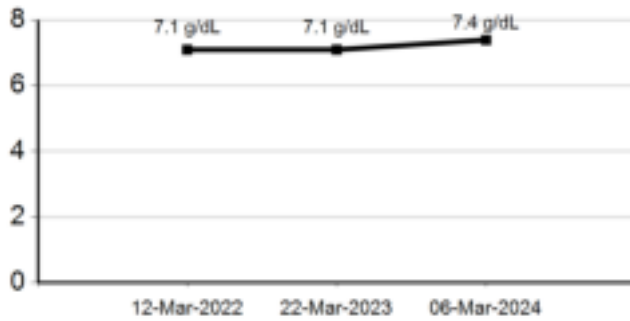




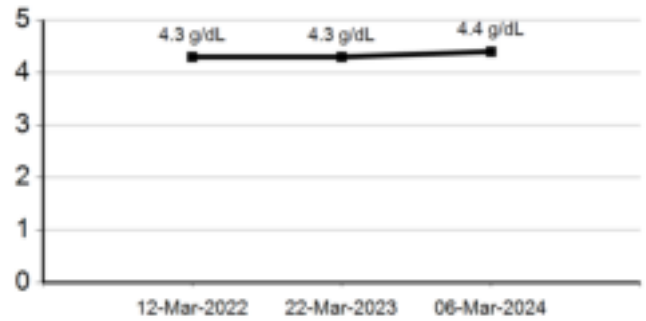
CID : 2406610206  
 Name : MR. BIRMA RAM  
 Age / Gender : 36 Years / Male  
 Consulting Dr. : -  
 Reg. Location : Malad West (Main Centre)

Use a QR Code Scanner  
 Application To Scan the Code

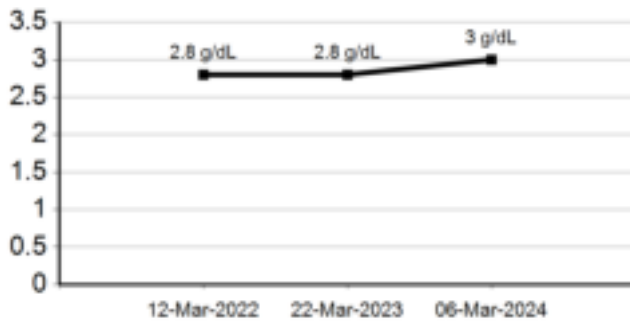
**TOTAL PROTEINS**



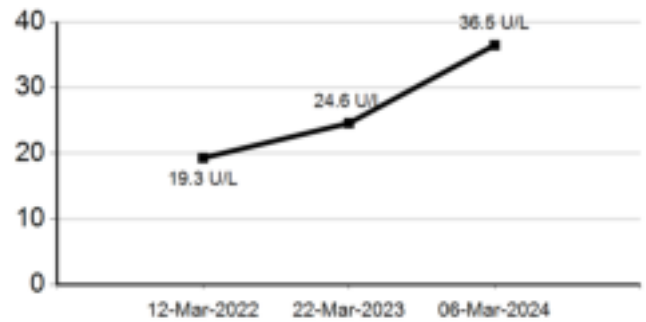
**ALBUMIN**



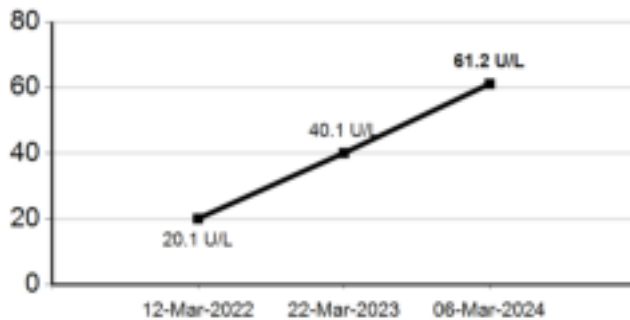
**GLOBULIN**



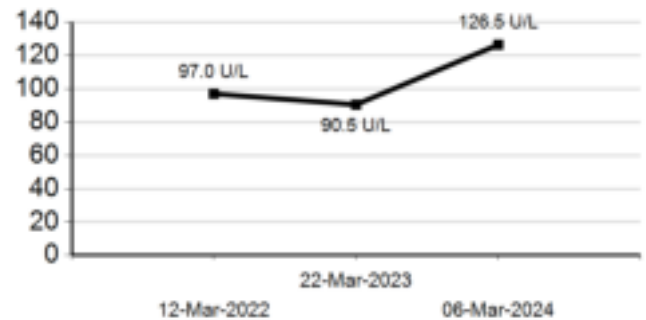
**SGOT (AST)**



**SGPT (ALT)**



**ALKALINE PHOSPHATASE**

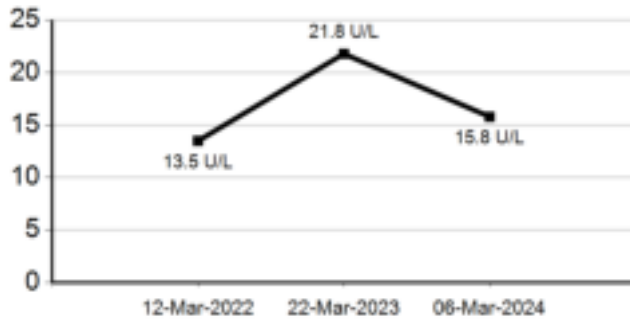




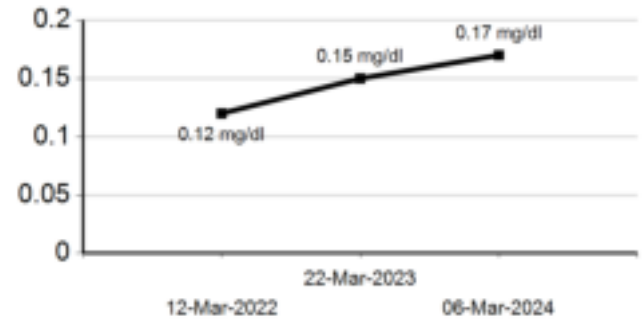
CID : 2406610206  
 Name : MR.BIRMA RAM  
 Age / Gender : 36 Years / Male  
 Consulting Dr. : -  
 Reg. Location : Malad West (Main Centre)

Use a QR Code Scanner  
 Application To Scan the Code

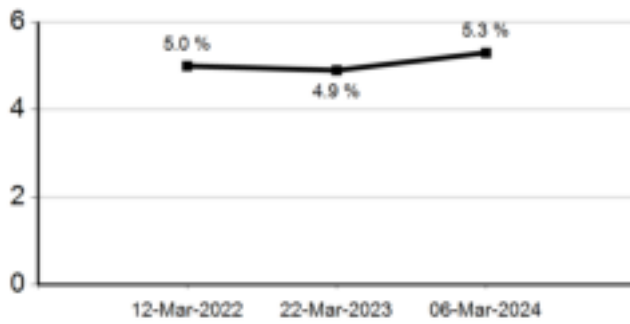
**GAMMA GT**



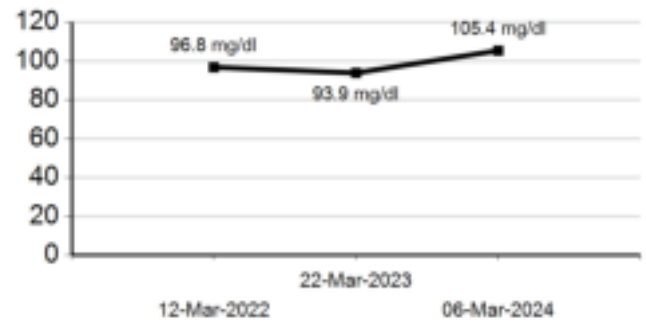
**BILIRUBIN (DIRECT)**



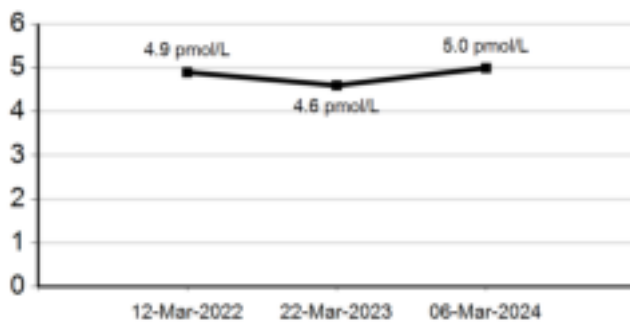
**Glycosylated Hemoglobin (HbA1c)**



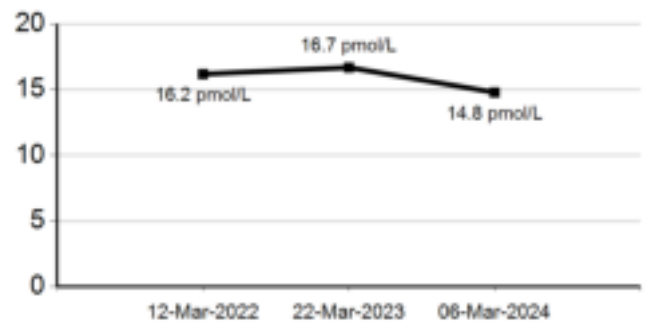
**Estimated Average Glucose (eAG)**



**Free T3**



**Free T4**

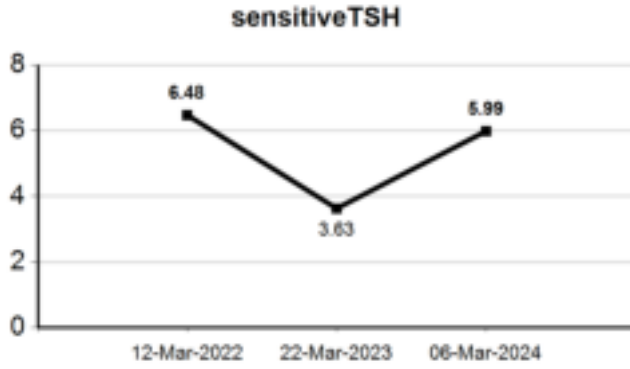






Use a QR Code Scanner  
Application To Scan the Code

CID : 2406610206  
Name : MR.BIRMA RAM  
Age / Gender : 36 Years / Male  
Consulting Dr. : -  
Reg. Location : Malad West (Main Centre)



भारत सरकार  
GOVERNMENT OF INDIA



नाम: Bina Mani  
आधार संख्या: 03021888  
लिंग: MALE

7867 5856 0157  
VOTER ID



मेरा आधार, मेरी पहचान

*Bina*

Name : MR.BIRMA RAM

Age / Gender : 36 Years/Male

Consulting Dr. :

Collected : 06-Mar-2024 / 10:02

Reg.Location : Malad West (Main Centre)

Reported : 06-Mar-2024 / 16:10

**PHYSICAL EXAMINATION REPORT****History and Complaints:**

Muscular strain on left side of chest since few weeks

**EXAMINATION FINDINGS:**

Height (cms):	184	Weight (kg):	79
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	120/90	Nails:	Normal
Pulse:	72/min	Lymph Node:	Not papable

**Systems**

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

**IMPRESSION:**

*Mild dyslipidemia  
Lifestyle modification.*

**ADVICE:****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 |

Name : MR.BIRMA RAM

Age / Gender : 36 Years/Male

Consulting Dr. :

Collected : 06-Mar-2024 / 10:02

Reg.Location : Malad West (Main Centre)

Reported : 06-Mar-2024 / 16:10

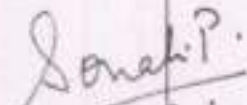
- 8) Thyroid/ Endocrine disorders No
- 9) Nervous disorders No
- 10) GI system No
- 11) Genital urinary disorder No
- 12) Rheumatic joint diseases or symptoms No
- 13) Blood disease or disorder No
- 15) Congenital disease No
- 16) Surgeries No
- 17) Musculoskeletal System No

**PERSONAL HISTORY:**

- 1) Alcohol No
- 2) Smoking No
- 3) Diet Veg
- 4) Medication No

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

**DR. SONALI HONRAO**  
MD (G.MED)  
CONSULTING PHYSICIAN  
REG NO.2001/04/1882

  
**Dr.Sonali Honrao**  
MD physician  
Sr. Manager-Medical Services  
(Cardiology)

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.  
102-105, Sakinaka Centre,  
Opp. Goregaon Sports Club,  
Link Road, Sakinaka (W), Mumbai - 400 064.

Date:- 2406610206  
 Name:- Birma. Ram

CID: 2406610206  
 Sex / Age: 36y/M

**EYE CHECK UP**

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision: DV-RE-6/6  
 LE-6/6

NV-RE-N/G  
 LE-N/G

Aided Vision:

Refraction:

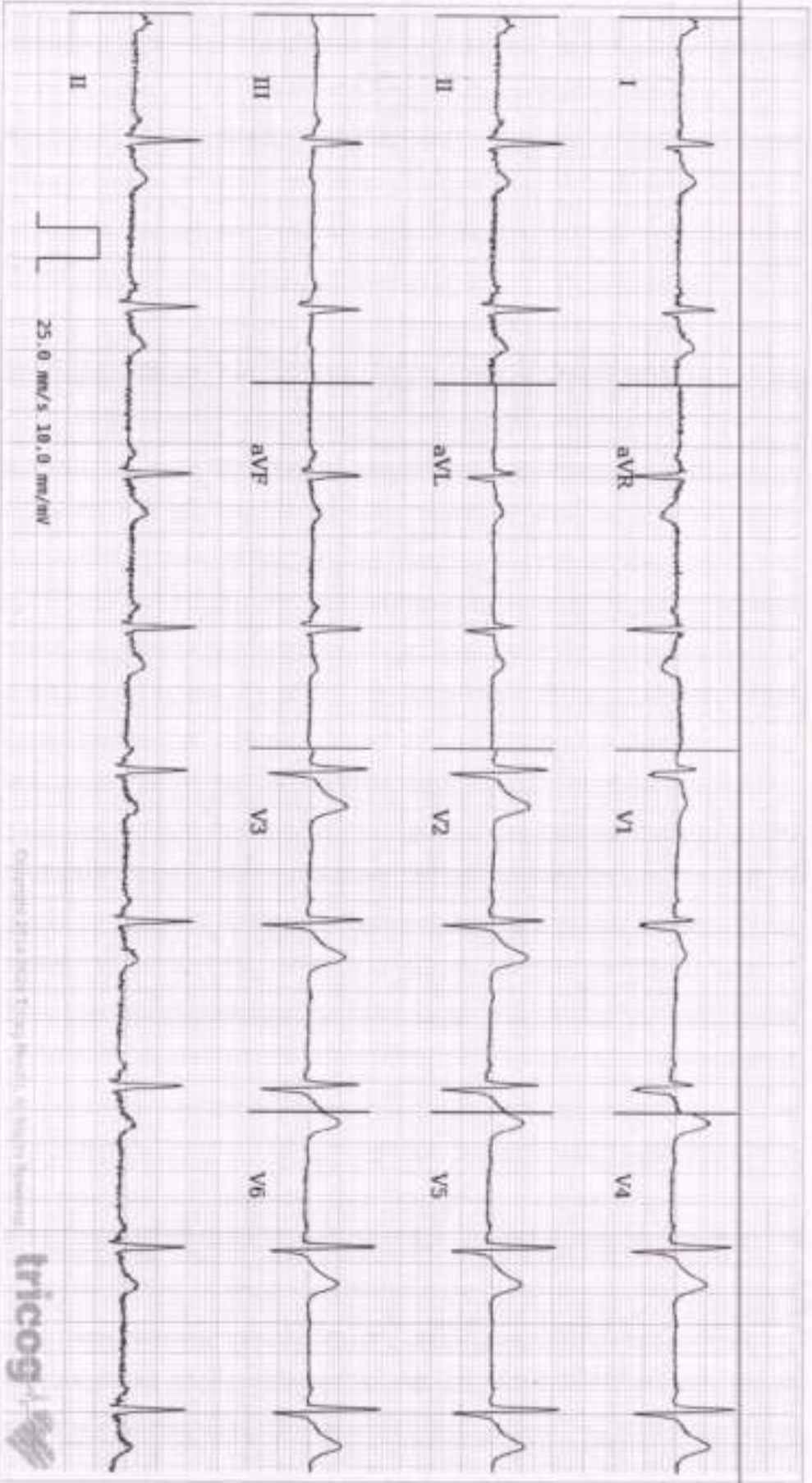
	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	_____				_____			
Near	_____				_____			

Colour Vision: Normal / Abnormal

Remark: DR. SONALI HONRAO  
 MD (G.MED)  
 CONSULTING PHYSICIAN  
 REG NO.2001/04/1882

Patient Name: **BIRMA RAM**  
Patient ID: **2406610206**

**SUBURBAN DIAGNOSTICS - MALAD WEST**  
Date and Time: **6th Mar 24 10:28 AM**



Colson's Standard ECG Method, copyright reserved



Age **36** NA  
years months

Gender **Male**

Heart Rate **57bpr**

Patient Vitals

BP: 120/90 mmHg  
Weight: 79 kg  
Height: 184 cm  
Pulse: NA  
SpO2: NA  
Resp: NA  
Others:

**Measurements**

QRSD: 94ms  
QT: 392ms  
QTcB: 381ms  
PR: 116ms  
P-R-T: 76° 69° 20°

ECG Within Normal Limits: Sinus Bradycardia. Please correlate clinically.

REPORTED BY

*[Signature]*

DR SONALI HONKAD  
MD (General Medicine)  
Physician  
2001061582

Disclaimer: This analysis is the report of the ECG above and should be read in conjunction with the clinical history, symptoms, and results of other services and non-invasive tests and must be interpreted by a qualified physician. This report was generated by the computer and was derived from the ECG.

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2406610206  
Name : Mr Birma Ram  
Age / Sex : 36 Years/Male  
Ref. Dr :  
Reg. Location : Malad West Main Centre

Reg. Date : 06-Mar-2024  
Reported : 06-Mar-2024 / 16:34

**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.**

**Kindly correlate clinically.**

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. X-ray is known to have inter-observer variations. 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.

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

Dr. Sunil Bhutka  
DMRD DNB  
MMC REG NO:2011051101

Click here to view images <http://3.111.232.119/IRISViewer/NeoradViewer?AccessionNo=2024030610031718>



CID : 2406610206  
Name : Mr Birma Ram  
Age / Sex : 36 Years/Male  
Ref. Dr :  
Reg. Location : Malad West Main Centre

Reg. Date : 06-Mar-2024  
Reported : 06-Mar-2024 / 12:24

## USG WHOLE ABDOMEN

### LIVER:

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

### GALL BLADDER:

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

### PANCREAS:

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

### KIDNEYS:

Both the kidneys are normal in size, shape and echotexture. No evidence of any calculus, hydronephrosis or mass lesion seen.  
Right kidney measures 10.9 x 5.2 cm.  
Left kidney measures 11.7 x 5.2 cm.

### SPLEEN:

The spleen is normal in size and echotexture. No evidence of focal lesion is noted. There is no evidence of any lymphadenopathy or ascites.

### URINARY BLADDER:

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

### PROSTATE:

The prostate is normal in size and echotexture.



Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2406610206  
Name : Mr Birma Ram  
Age / Sex : 36 Years/Male  
Ref. Dr :  
Reg. Location : Malad West Main Centre

Reg. Date : 06-Mar-2024  
Reported : 06-Mar-2024 / 12:24

**IMPRESSION:**

*No significant abnormality is seen.*

**Suggestion: 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 case for confirmation of findings. Patient has been explained in detail about the USG findings including its limitations and need for further imaging if clinically indicated. Please interpret accordingly. All the possible precaution have been taken under covid-19 pandemic.

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

Dr. Sunil Bhutka  
DMRD DNB  
MMC REG NO:2011051101

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024030610031707>

SUBURBAN DIAGNOSTICS

Station

Malad West

Telephone:

**EXERCISE STRESS TEST REPORT**

Patient Name: BIRMA, RAM

DOB: 03.02.1988

Patient ID: 2406010206

Age: 36yrs

Height: 184 cm

Gender: Male

Weight: 79 kg

Race: Asian

Study Date: 06.03.2024

Referring Physician: --

Test Type: --

Attending Physician: DR SONALI HONRAO

Protocol: BRUCE

Technician: --

Medications:

Medical History:

Reason for Exercise Test:Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:22	0.00	0.00	76	120/90	
	STANDING	00:07	0.00	0.00	75	120/90	
	HYPERV.	00:05	0.00	0.00	72	120/90	
	WARM-UP	00:07	1.00	0.00	71	120/90	
EXERCISE	STAGE 1	03:00	1.70	10.00	96	130/90	
	STAGE 2	03:00	2.50	12.00	112	140/90	
	STAGE 3	03:00	3.40	14.00	137	150/90	
	STAGE 4	02:58	4.20	16.00	164	160/90	
RECOVERY		03:05	0.00	0.00	101	160/90	

The patient exercised according to the BRUCE for 11:58 min:s, achieving a work level of Max. METS: 13.40. The resting heart rate of 82 bpm rose to a maximal heart rate of 164 bpm. This value represents 89 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/90 mmHg, rose to a maximum blood pressure of 160/90 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.

Functional Capacity: normal.

HR Response to Exercise: appropriate.

BP Response to Exercise: normal resting BP - appropriate response.

Chest Pain: none.

Arrhythmias: none.

ST Changes: none.

Overall impression: Normal stress test.

Conclusions

Good effort tolerance. No Significant ST- T changes as compared to baseline. No chest pain / arrhythmia noted. Stress test is negative for inducible ischemia.

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

Physician



Technician

DR. SONALI MOHRAO  
MD (G.MED)  
CONSULTING PHYSICIAN  
REG NO. 2001041082

SUDHAKAR DIAGNOSTICS (INDIA) PVT. LTD.  
102-104, BANGLORE CROSS,  
Opp. Gurugram Sports Club,  
Link Road, Sector 170, Gurgaon - 122 004.

BIRMA, RAM

Patient ID 2406010206

06/03/2024

10:45:40am

12-Lead Report

PRETEST

SUPINE

00:20

BRUCE

0.0 mph

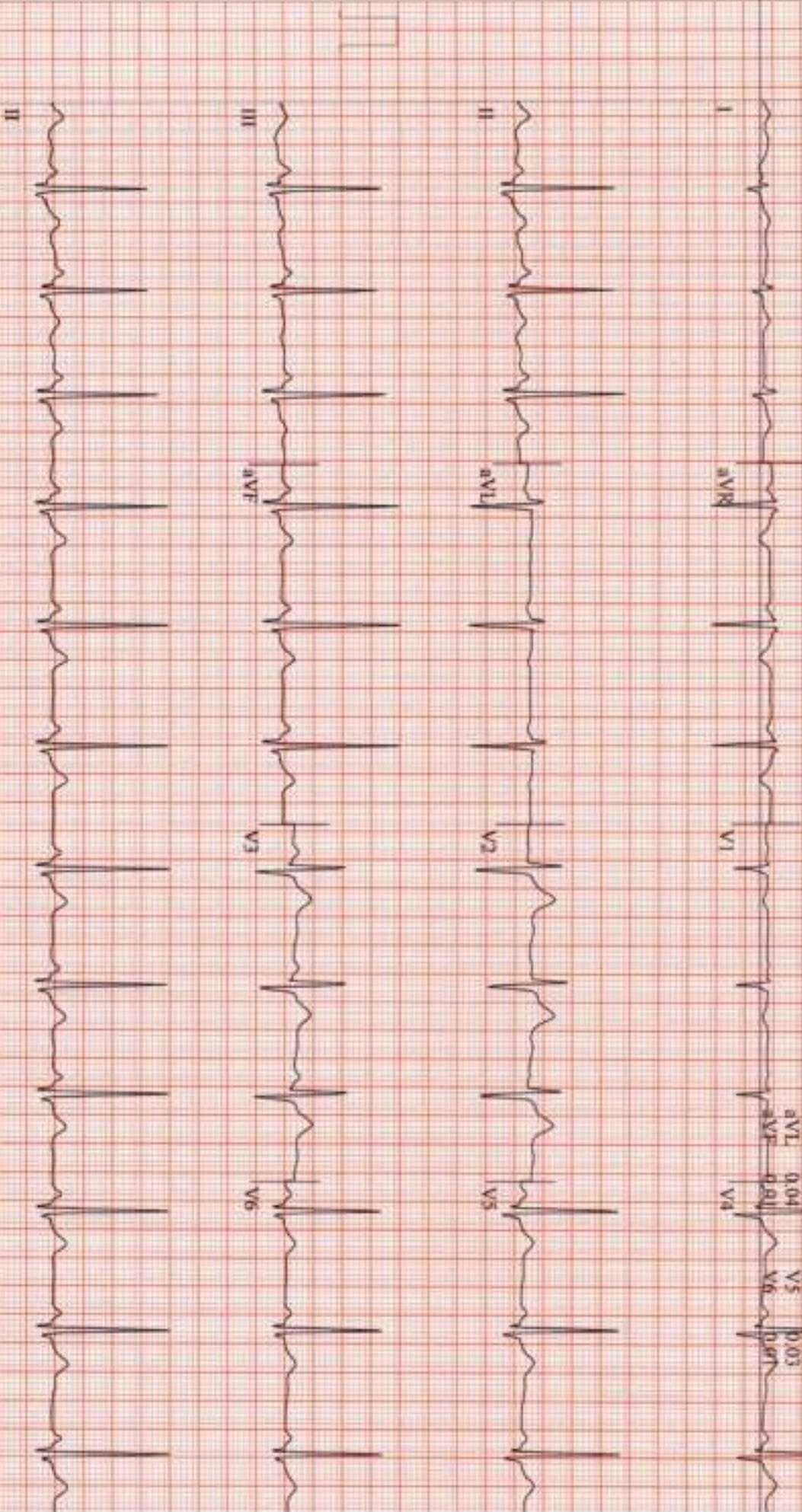
0.0 %

SUBURBAN DIAGNOSTIC

Measured at 6mins Post-J

Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.04	V1	-0.01
II	0.02	V2	0.14
III	-0.03	V3	0.09
aVR	-0.03	V4	0.05
aVL	0.04	V5	0.03
aVF	0.01	V6	0.01



GE CardioSoft V6.73 (2)  
25 mm/s, 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,V5)

Start of Test: 10:45:14am

BIRMA, RAM

Patient ID 2406010206

06.03.2024

10:45:47am

12-Lead Report

PRETEST  
STANDING

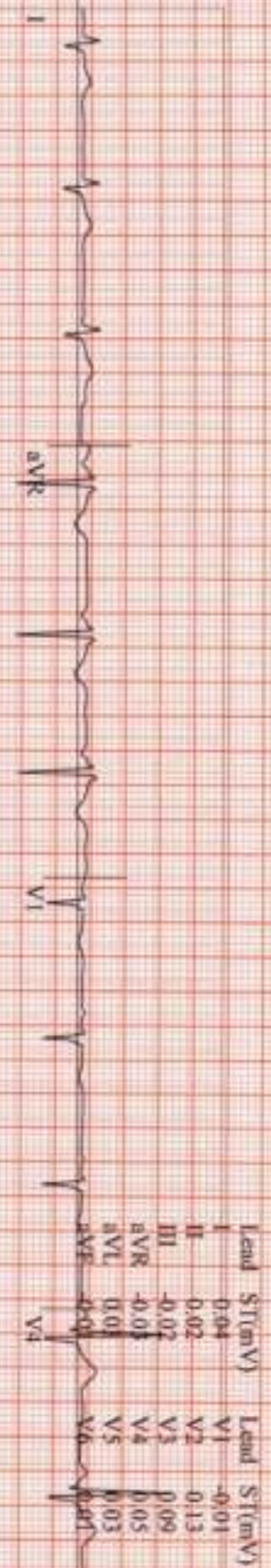
00:27

74 bpm  
120/90 mmHg

BRUCE  
0.0 mph  
0.0 %

SUBURBAN DIAGNOSTIC

Measured at 60bpm Post J  
Auto Points



Lead	ST(mV)	Lead	ST(mV)
I	0.04	V1	-0.01
II	0.02	V2	0.13
III	-0.02	V3	0.09
aVR	-0.03	V4	0.05
aVL	0.01	V5	0.03
aVF	0.01	V6	0.01

GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,V5)

Start of Test: 10:45:14am



**BIRMA, RAM**

Patient ID 2406010206

06/03/2024

10-4-5-52am

12-Lead Report

PRETEST:

HYPERTV

00-52

BRUCE

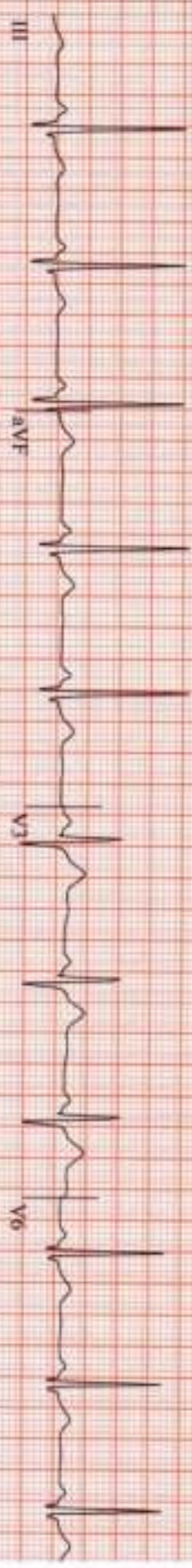
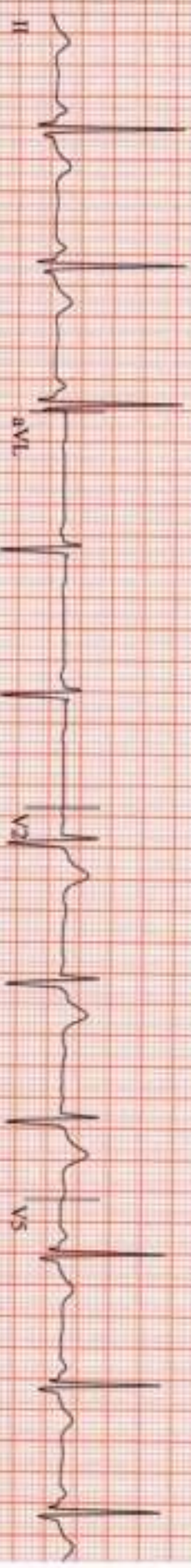
0.0 mph

0.0 %

SUBURBAN DIAGNOSTIC

Measured at 60ims-Post J

Auto Points



GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,V5)

Start of Test: 0:45:14am



BIRMA, RAN

Patient ID: 2406010206

06.03.2024

10:48:44am

Linked Medians:

EXERCISE

STAGE 1

02-50

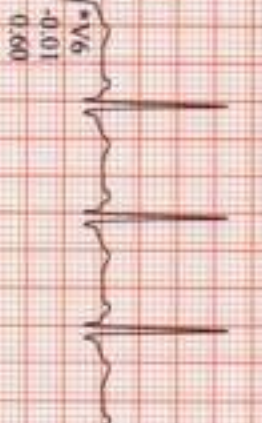
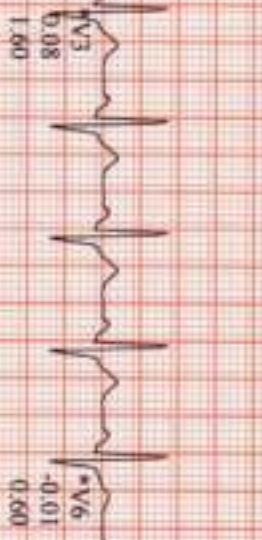
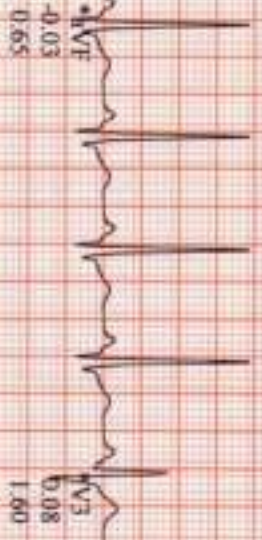
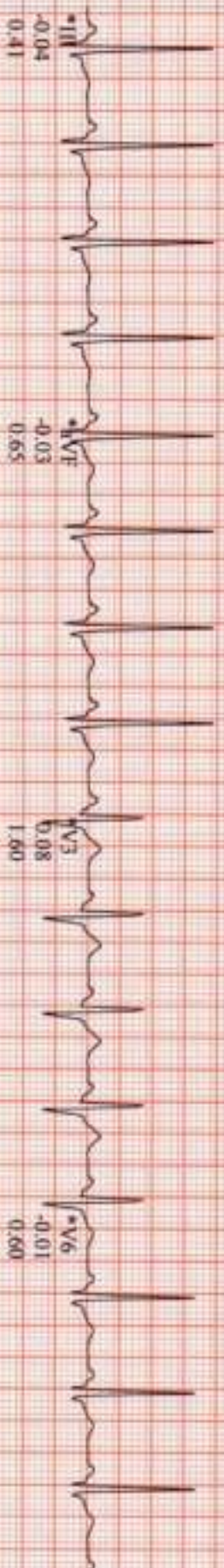
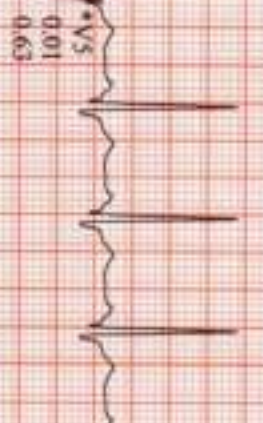
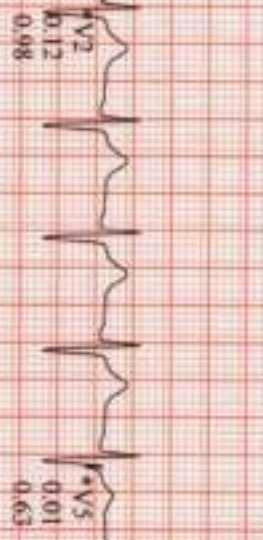
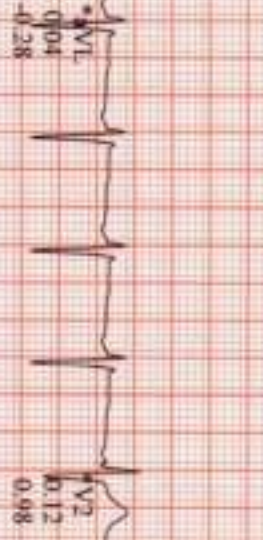
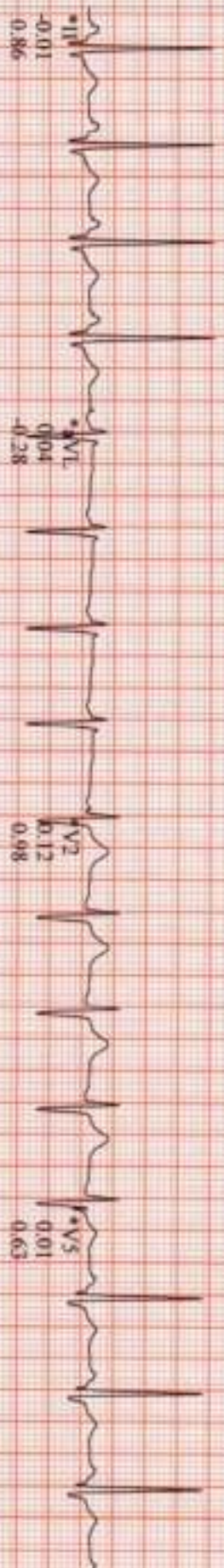
BRUCE

1.7 mph

10.0 %

SUBURBAN DIAGNOSTIC

Lead  
ST Level (mV)  
ST Slope (mV/s)



\*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz PRF+ HR(V6,V5)

Start of Test: 10:45:14am



BIRMA, RAN

Patient ID 2406010206

06/03/2024

10:51:44am

Linked Medians

EXERCISE

STAGE 2

05:50

BIRUCE

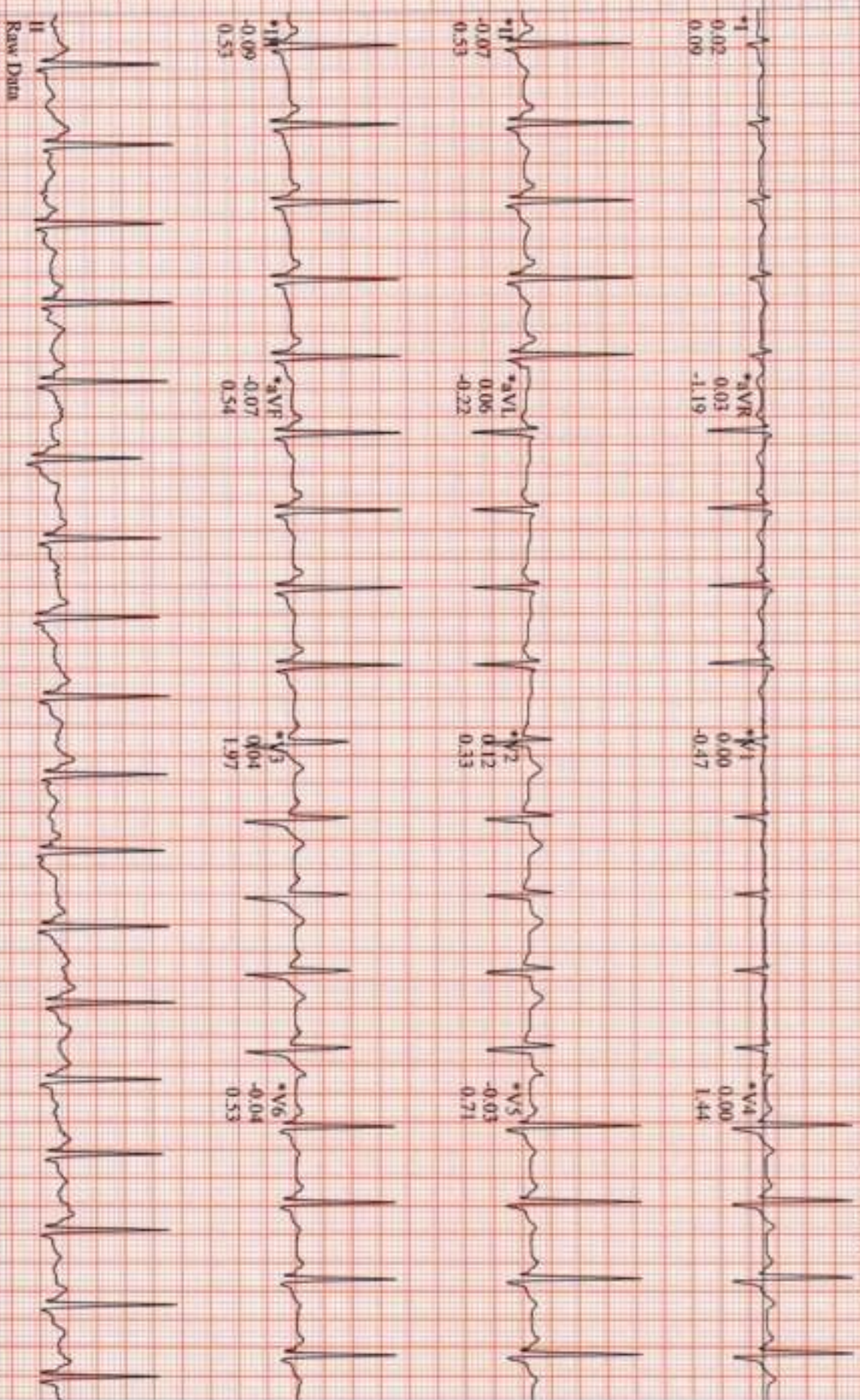
2.5 mph

12.0%

SUBURBAN DIAGNOSTIC

110 bpm  
140/90 mmHg

Lead  
ST Level (mV)  
ST Slope (mV/s)



Raw Data

\*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,V5)

Start of Test: 10:45:14am





BIRMA, RAM

Patient ID 2406010206

06/03/2024

10:54:44am

Linked Medians

134 bpm

EXERCISE

STAGE: 3

08:50

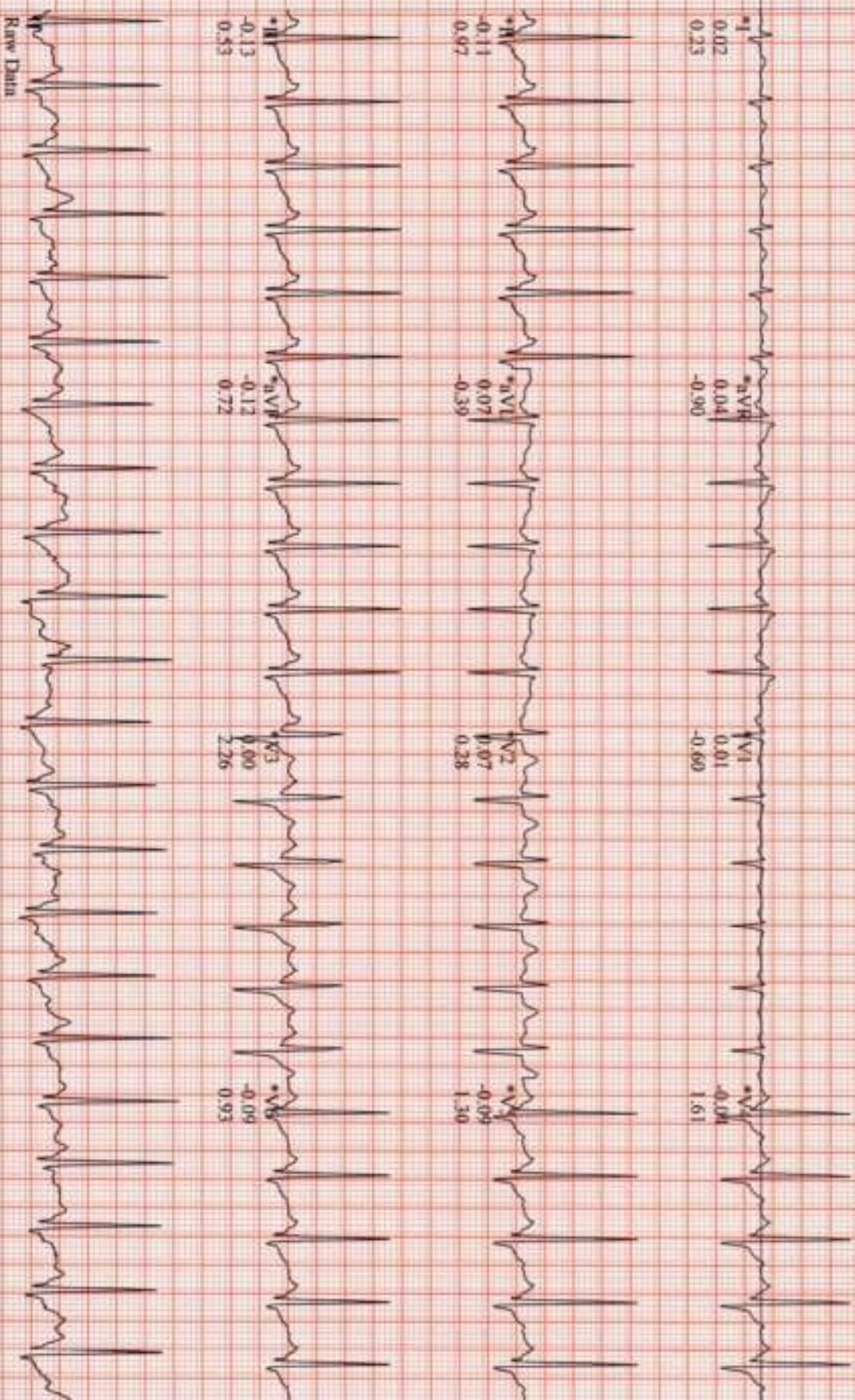
BRUCE

3.4 mph

14.0 %

SUBURBAN DIAGNOSTIC

Lead  
ST Level (mV)  
ST Slope (mV/s)



Raw Data

\*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)

25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,V5)

Start of Test: 10:45:14am

HIRNIA, RAMI

Patient ID 2406010206

06/03/2024

10:57:44am

Linked Medians

EXERCISE

STAGE 4

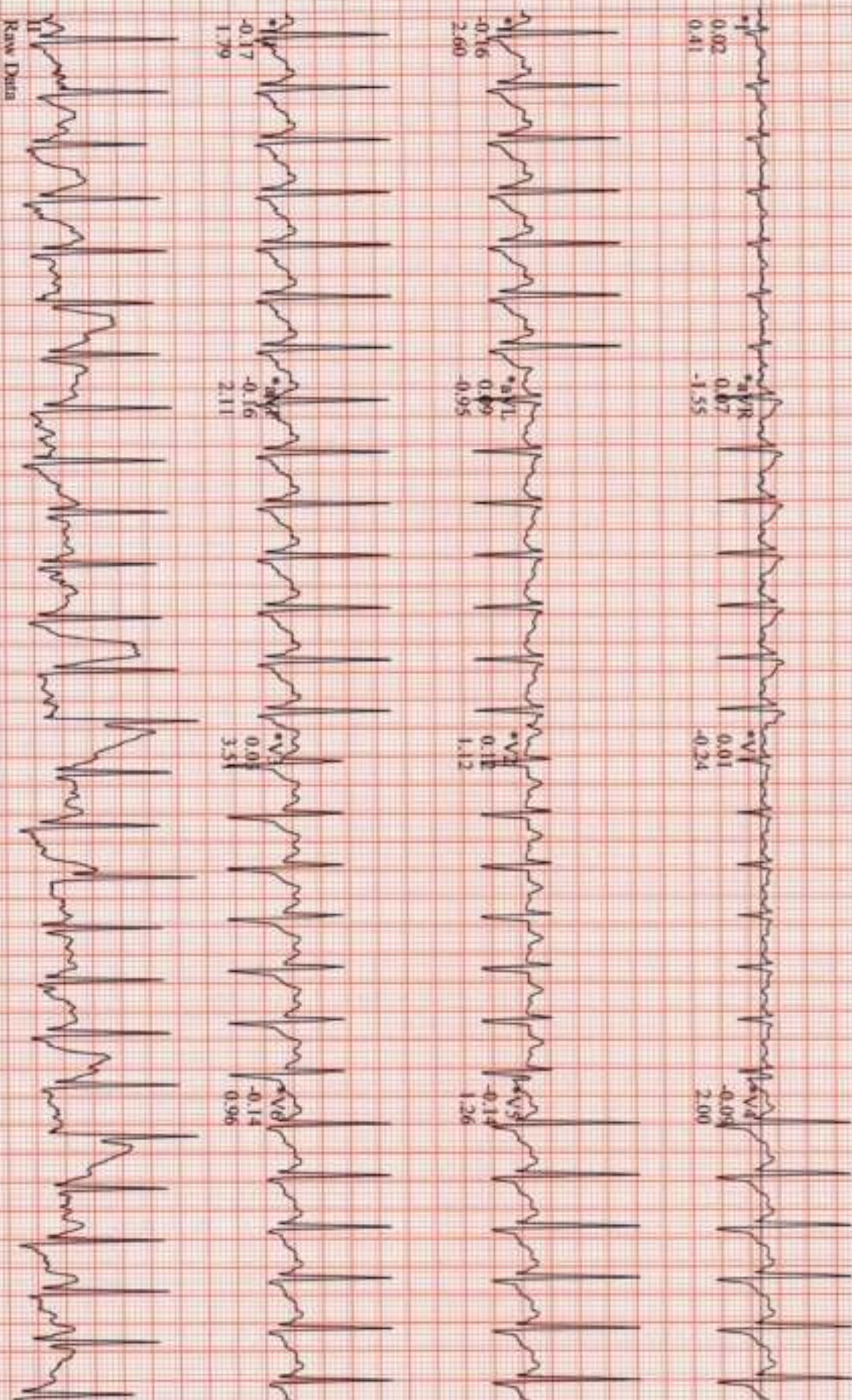
BRUCE

4.2 mph

16.0%

SUBURBAN DIAGNOSTIC

Legend  
ST Level (mV)  
ST Slope (mV/s)



Raw Data

\*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,V5)

Start of Test: 10:45:14am



12-Lead Report ( PEAK EXERCISE )

SUBURBAN DIAGNOSTIC

**BIRMA, RAM**  
 Patient ID 2406010206  
 06/03/2024  
 10:57:57 am

164 bpm  
 160/90 mmHg  
 EXERCISE STAGE 4  
 11:58

BRUCE  
 4.2 mph  
 16.0 %

Measured at 60ms Post J  
 Auto Points



Lead	ST(mV)	Lead	ST(mV)
I	0.05	V1	0.00
II	-0.14	V2	0.14
III	-0.17	V3	0.02
aVR	0.04	V4	-0.07
aVL	0.11	V5	-0.14
aVF	0.16	V6	-0.04

GE CardioSoft V6.73 (2)  
 25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,V5)

Start of Test: 10:45:14am



BIRMA, RAM

Patient ID 2406010206

06/03/2024

10:58:52am

Linked Medians

139 bpm

RECOVERY #1

01:00

BRUCE

0.0 mph

0.0 %

SUBURBAN DIAGNOSTIC

Lead  
ST Level (mV)  
ST Slope (mVs)



\*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,V5)

Start of Test: 10:45:14am



HIRMA, RAM

Patient ID: 2406010206

06/03/2024

10:59:52am

Linked Medians

RECOVERY

#1

02:00

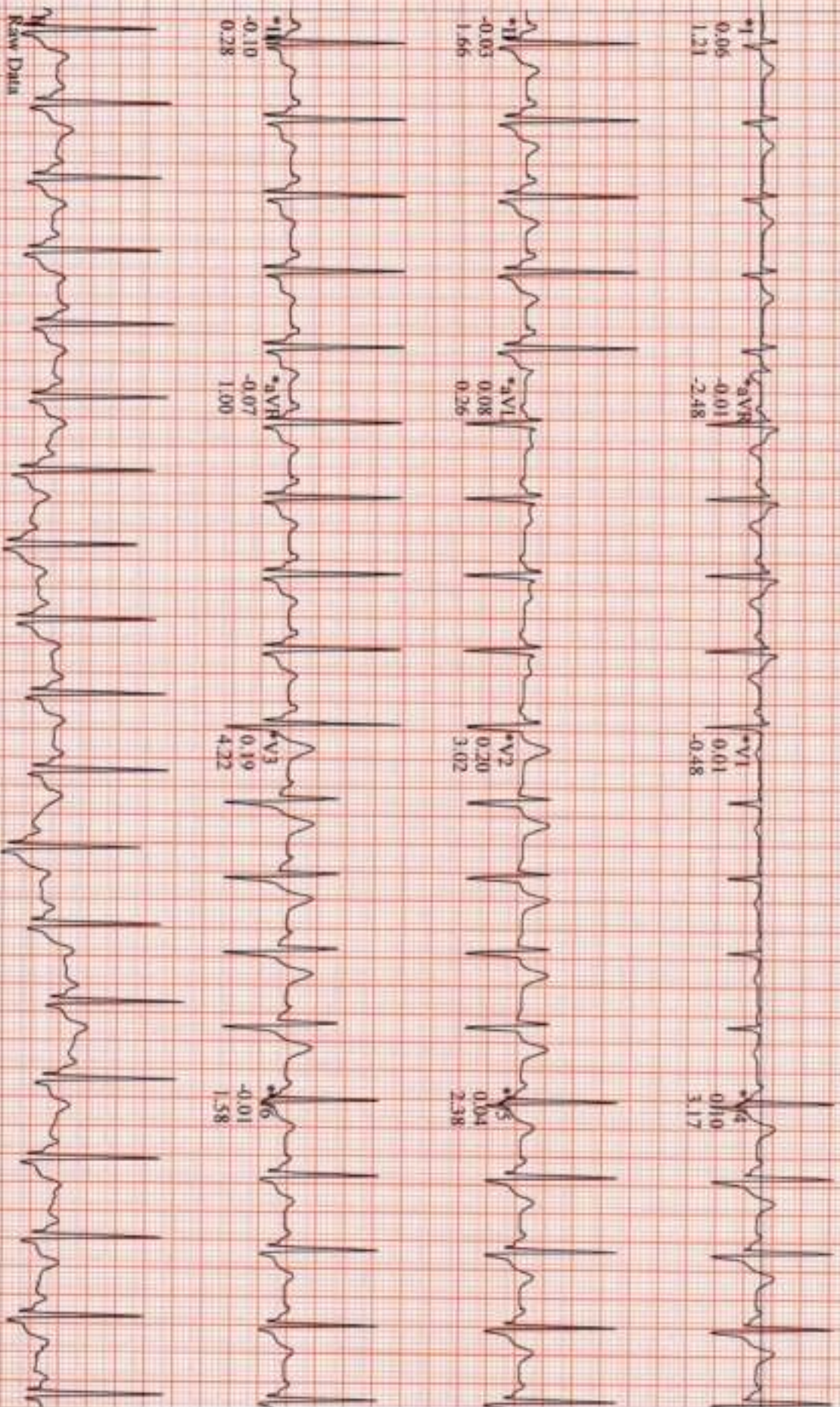
BRUCE

0.0 mph

0.0 %

SUBURBAN DIAGNOSTIC

Lead  
ST Level (mV)  
ST Slope (mV/s)



Raw Data

\*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRR+ HR(V6,V5)

Start of Test: 10:45:14am



HIRMA, RAM  
Patient ID 2406010206

Linked Medians  
RECOVERY

SUBURBAN DIAGNOSTI

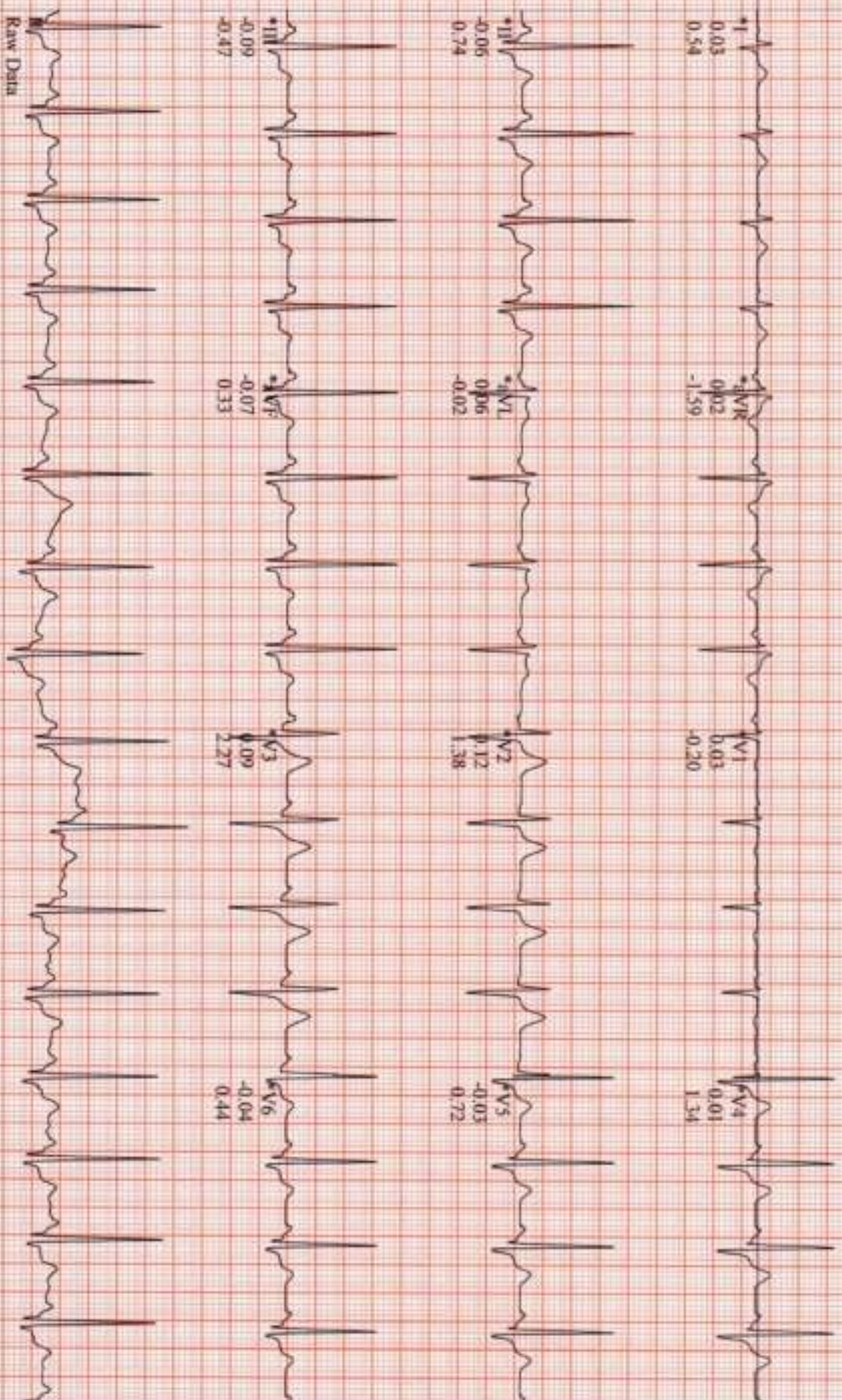
06.03.2024  
11:00-52am

99 bpm  
160/90 mmHg

#1  
03:00

BRUCE  
0.0 mph  
0.0 %

Lead  
ST Level (mV)  
ST Slope (mV/s)



Raw Data

\*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,V5)

Start of Test: 10:45:14am

