

SUBURBAN DIAGNOSTICS PVT LTD.

Patient Details **Date:** 23-Mar-24 **Time:** 9:30:55 AM
Name: ADITYA PUJARI ID: 2408320397
Age: 32 y **Sex:** M **Height:** 177 cms **Weight:** 79 Kgs
Clinical History: ROUTINE CHECK UP

Medications: NIL

Test Details

Protocol: Bruce **Pr.MHR:** 188 bpm **THR:** 169 (90 % of Pr.MHR) bpm
Total Exec. Time: 8 m 37 s **Max. HR:** 160 (85% of Pr.MHR) bpm **Max. Mets:** 10.20
Max. BP: 160 / 70 mmHg **Max. BP x HR:** 25600 mmHg/min **Min. BP x HR:** 4550 mmHg/min
Test Termination Criteria: THR ACHIEVED

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 50	1.0	0	0	65	130 / 70	-1.49 aVR	-4.95 II
Standing	1 : 32	1.0	0	0	67	130 / 70	-5.73 aVR	5.66 III
Hyperventilation	0 : 7	1.0	0	0	75	130 / 70	-0.85 aVR	1.77 V2
1	3 : 0	4.6	1.7	10	105	140 / 70	-2.55 aVR	2.83 V3
2	3 : 0	7.0	2.5	12	123	150 / 70	-1.27 aVR	3.18 II
Peak Ex	2 : 37	10.2	3.4	14	160	160 / 70	-1.49 aVR	4.25 V3
Recovery(1)	3 : 0	1.8	1	0	93	140 / 70	-1.70 aVR	4.25 V4
Recovery(2)	0 : 41	1.0	0	0	91	120 / 70	-0.85 aVR	1.06 II

Interpretation

GOOD EFFORT TOLERANCE.
 MODERATE WORKLOAD ACHIEVED.
 APPROPRIATE CHRONOTROPIC AND INOTROPIC RESPONSE.
 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
 (Summary Report edited by user)



Doctor: DR AJITA BHOSALE
 (c) Schiller Healthcare India Pvt. Ltd. V 4.53
Dr. AJITA BHOSALE
 Reg. No. 2013/062200
 MBBS/D. Cardiology



ADITYA PUJARI (32 M)

SUBURBAN DIAGNOSTICS PVT LTD.

Test Report

Protocol: Bruce

ID: 2408320397

Date: 23-Mar-24

Exec Time : 0 m 0 s

Stage Time : 0 m 44 s

HR: 58 bpm

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

Stage: Supine

Speed: 0 mph

Grade: 0%

(THR: 169 bpm)

B.P.: 130/70

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

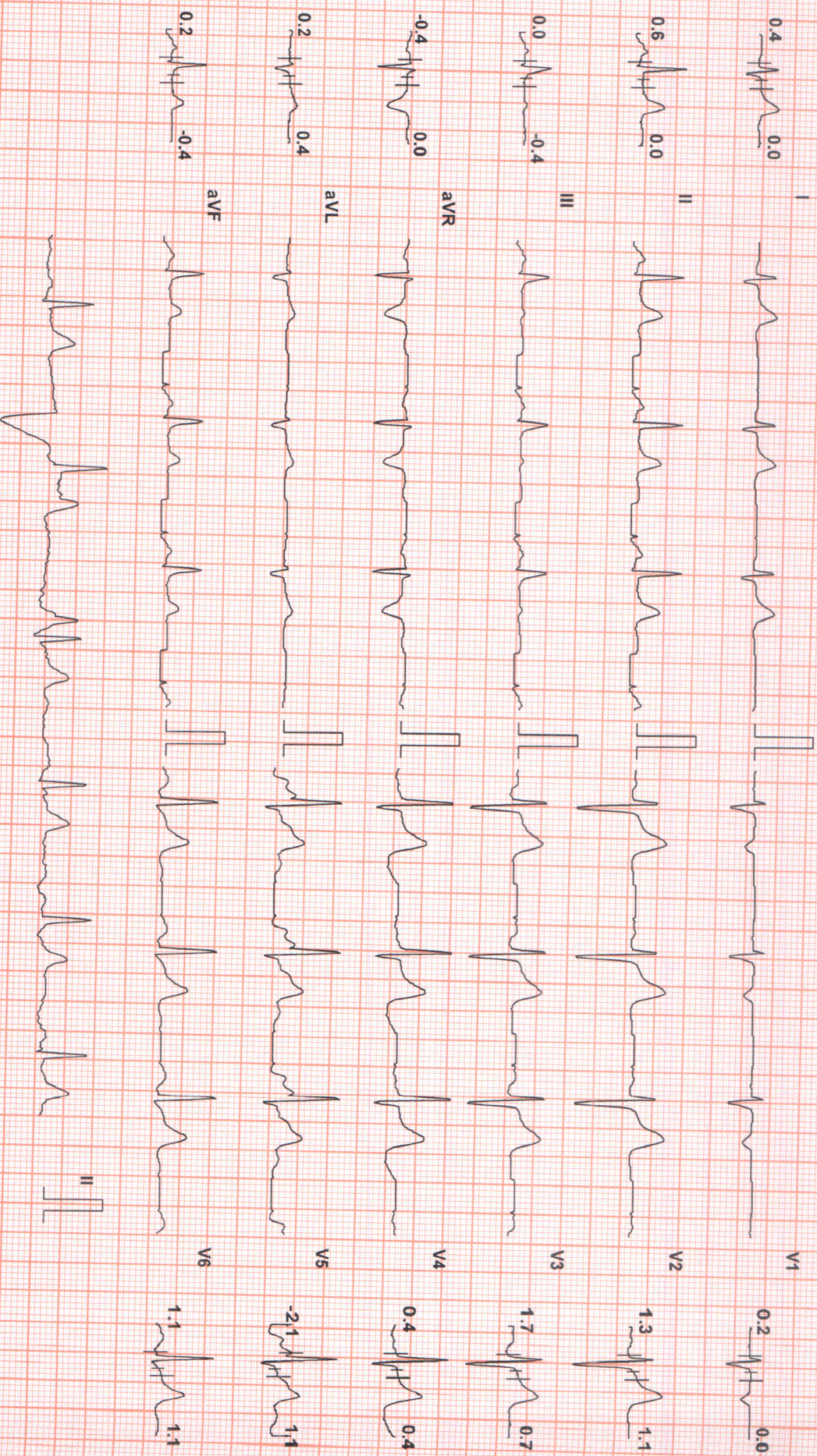


Chart Speed: 25 mm/sec
Schiller Spandax V 4.52

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUBURBAN DIAGNOSTICS PVT LTD.

Test Report

ADITYA PUJARI (32 M)

ID: 2408320397

Date: 23-Mar-24

Exec Time : 0 m 0 s

Stage Time : 1 m 26 s HR: 72 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 169 bpm)

B.P: 130 / 70

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

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

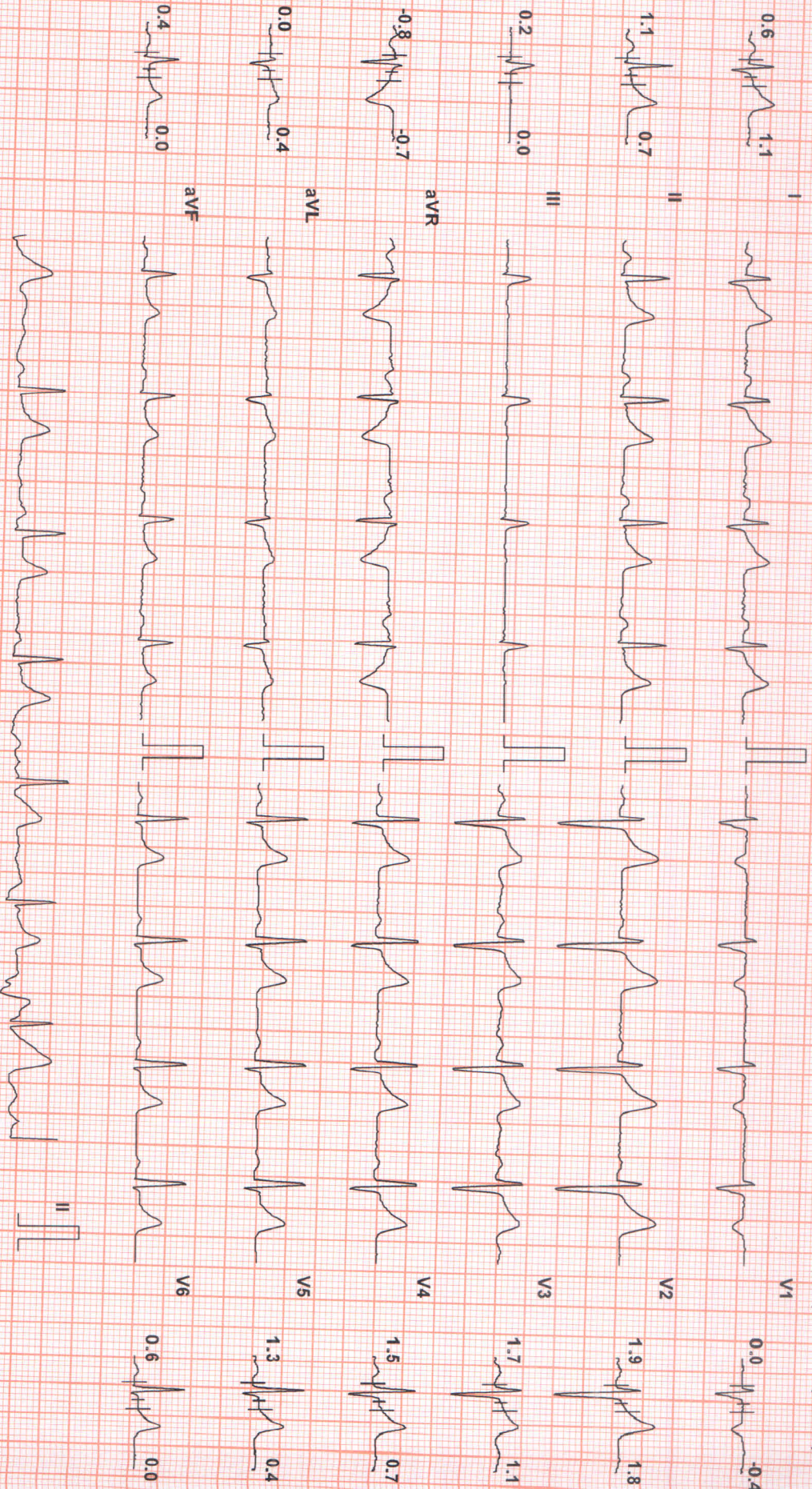


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schlier Standard V 4.52

Linked Median



SUBURBAN DIAGNOSTICS PVT LTD.

Test Report

ADITYA PUJARI (32 M)

ID: 2408320397

Date: 23-Mar-24

Exec Time : 0 m 0 s

Stage Time : 0 m 1 s

HR: 73 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 169 bpm)

B.P: 130 / 70

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

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

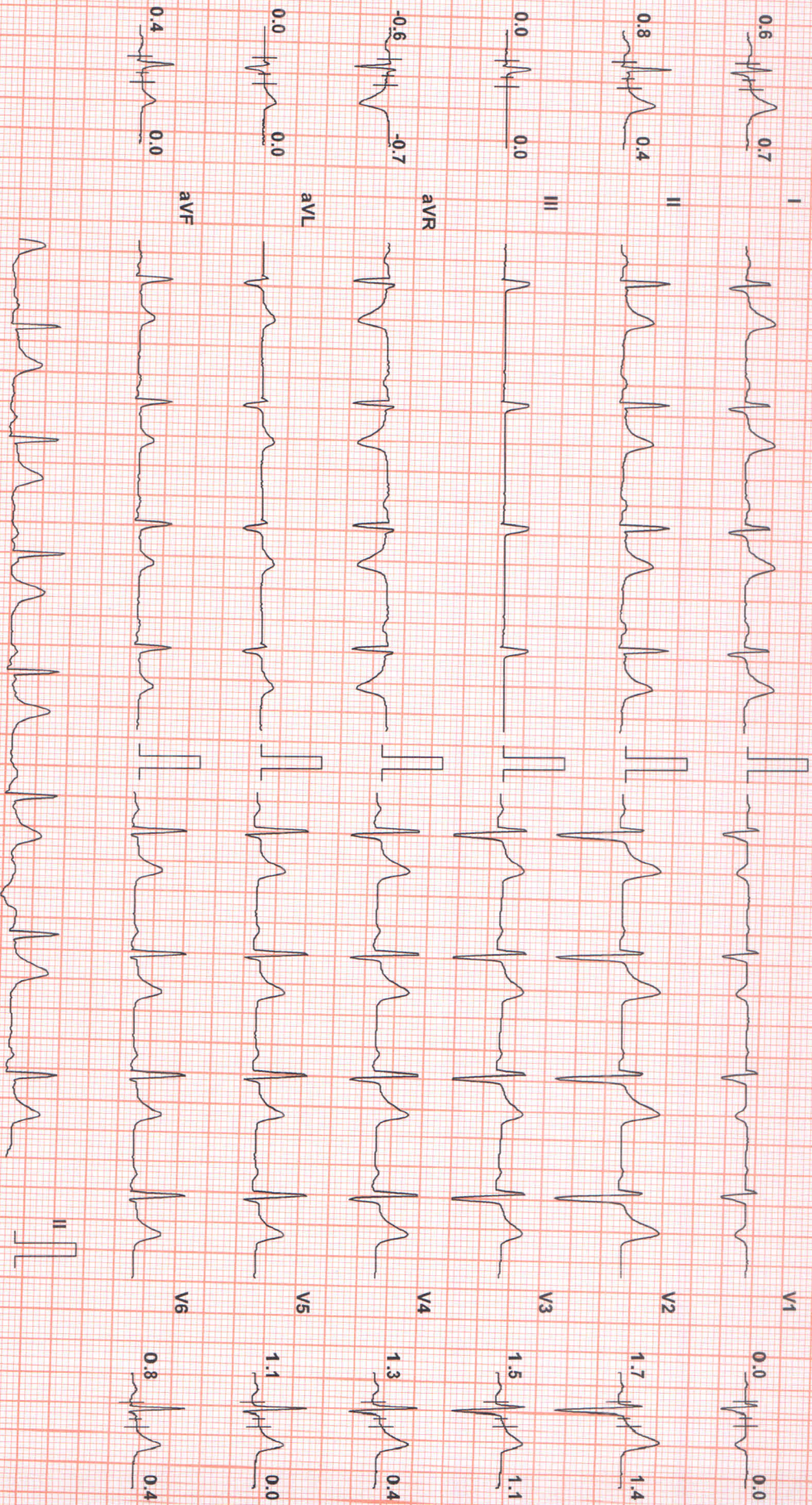


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.52

Linked Median



ADITYA PUJARI (32 M)

SUBURBAN DIAGNOSTICS PVT LTD.

Test Report

Protocol: Bruce

ID: 2408320397

Date: 23-Mar-24

Exec Time : 2 m 54 s Stage Time : 2 m 54 s

HR: 102 bpm

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

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 169 bpm)

B.P: 140 / 70

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

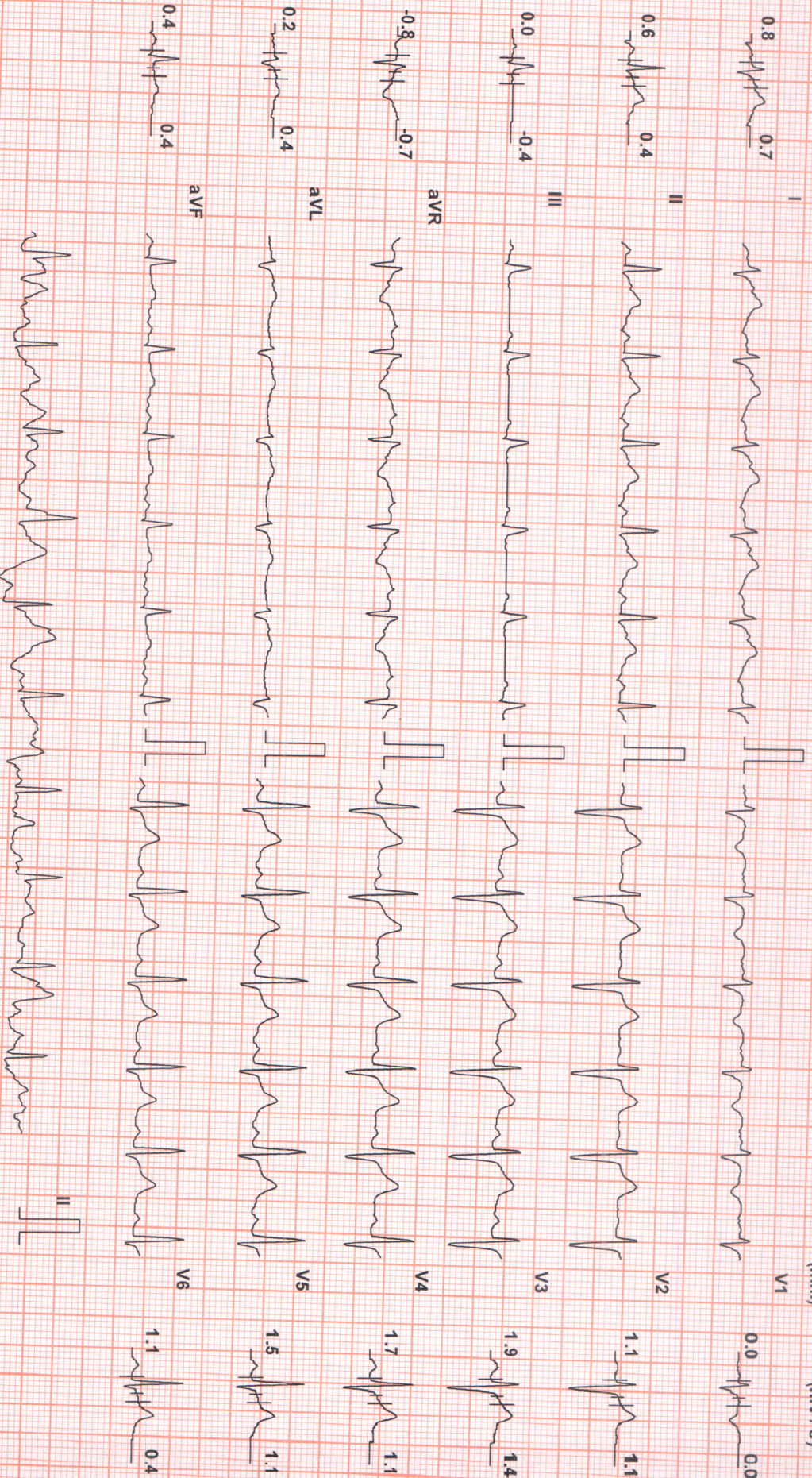


Chart Speed: 25 mm/sec
Schiller Spandan V 4 52

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = V + 60 ms

Linked Median



SUBURBAN DIAGNOSTICS PVT LTD.

Test Report

ADITYA PUJARI (32 M)

ID: 2408320397

Date: 23-Mar-24 Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 124 bpm

Protocol: Bruce

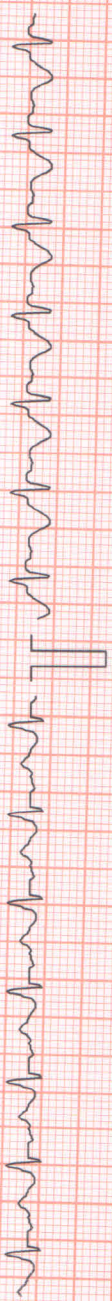
Stage: 2

Speed: 2.5 mph Grade: 12 % (THR: 169 bpm) B.P: 150 / 70

ST Level (mm) ST Slope (mv/s)

ST Level (mm) ST Slope (mv/s)

1.5 2.1



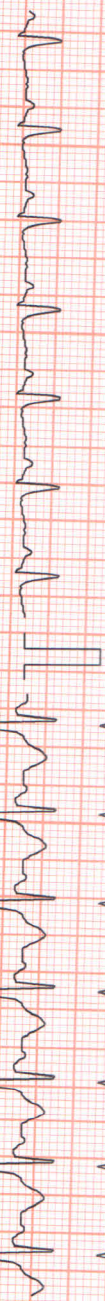
0.2 -1.1

1.3 2.1



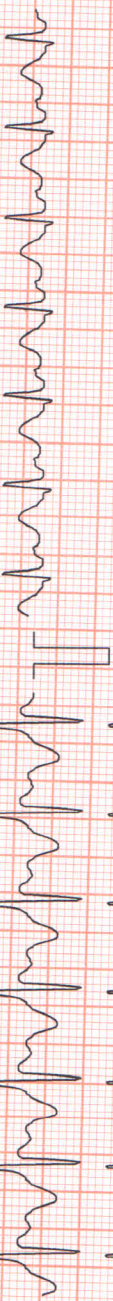
1.5 1.8

0.0 0.0



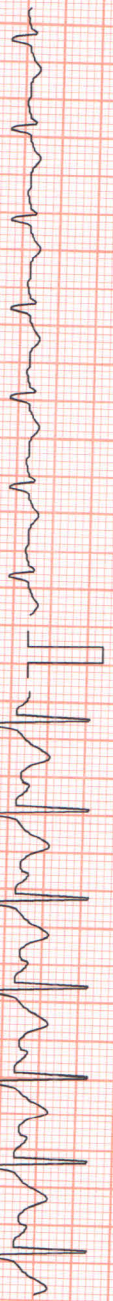
1.9 2.1

-1.5 -2.1



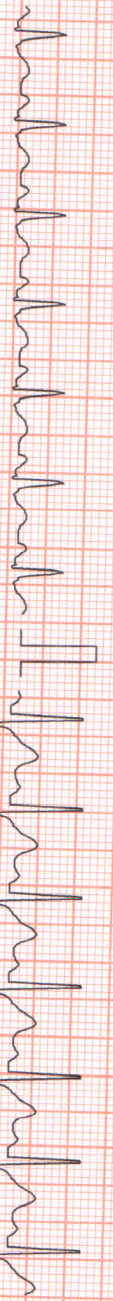
2.5 2.5

0.4 0.7

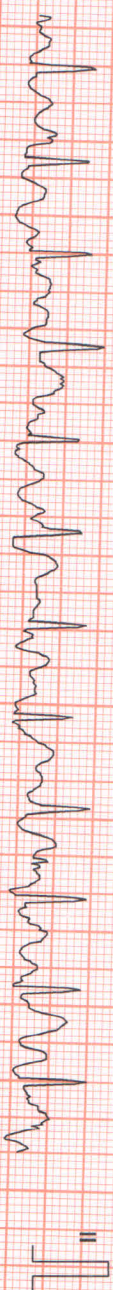


1.9 2.1

0.8 1.4



1.5 1.8



1.5 1.8

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

60 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.52

Linked Median



ADITYA PUJARI (32 M)

SUBURBAN DIAGNOSTICS PVT LTD.

Test Report

Protocol: Bruce

ID: 2408320397
Stage: Peak Ex

Date: 23-Mar-24
Speed: 3.4 mph
Grade: 14 %
Exec Time : 8 m 31 s
Stage Time : 2 m 31 s
HR: 158 bpm
(THR: 169 bpm)
B.P: 160 / 70

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

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

0.8 1.4 I



-0.6 -1.4 V1

1.1 2.1 II



1.5 1.4 V2

-0.2 0.4 III



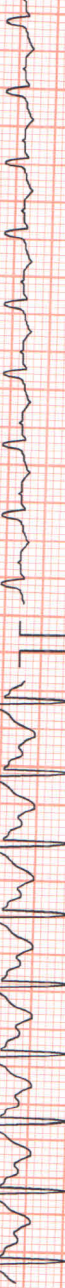
2.3 3.5 V3

-1.1 -1.8 aVR



2.3 3.2 V4

0.4 0.7 aVL



1.9 3.2 V5

0.4 1.4 aVF



1.5 2.1 V6



Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R-60 ms

J = R+60 ms

Post J = J+60 ms

Schiller Spandan V 4.52

Linked Median



ADITYA PUJARI (32 M)

SUBURBAN DIAGNOSTICS PVT LTD.

Test Report

Protocol: Bruce

ID: 2408320397

Date: 23-Mar-24

Exec Time : 8 m 37 s Stage Time : 2 m 54 s

HR: 92 bpm

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

Speed: 1 mph

Grade: 0 %

(THR: 169 bpm)

B.P: 140 / 70

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

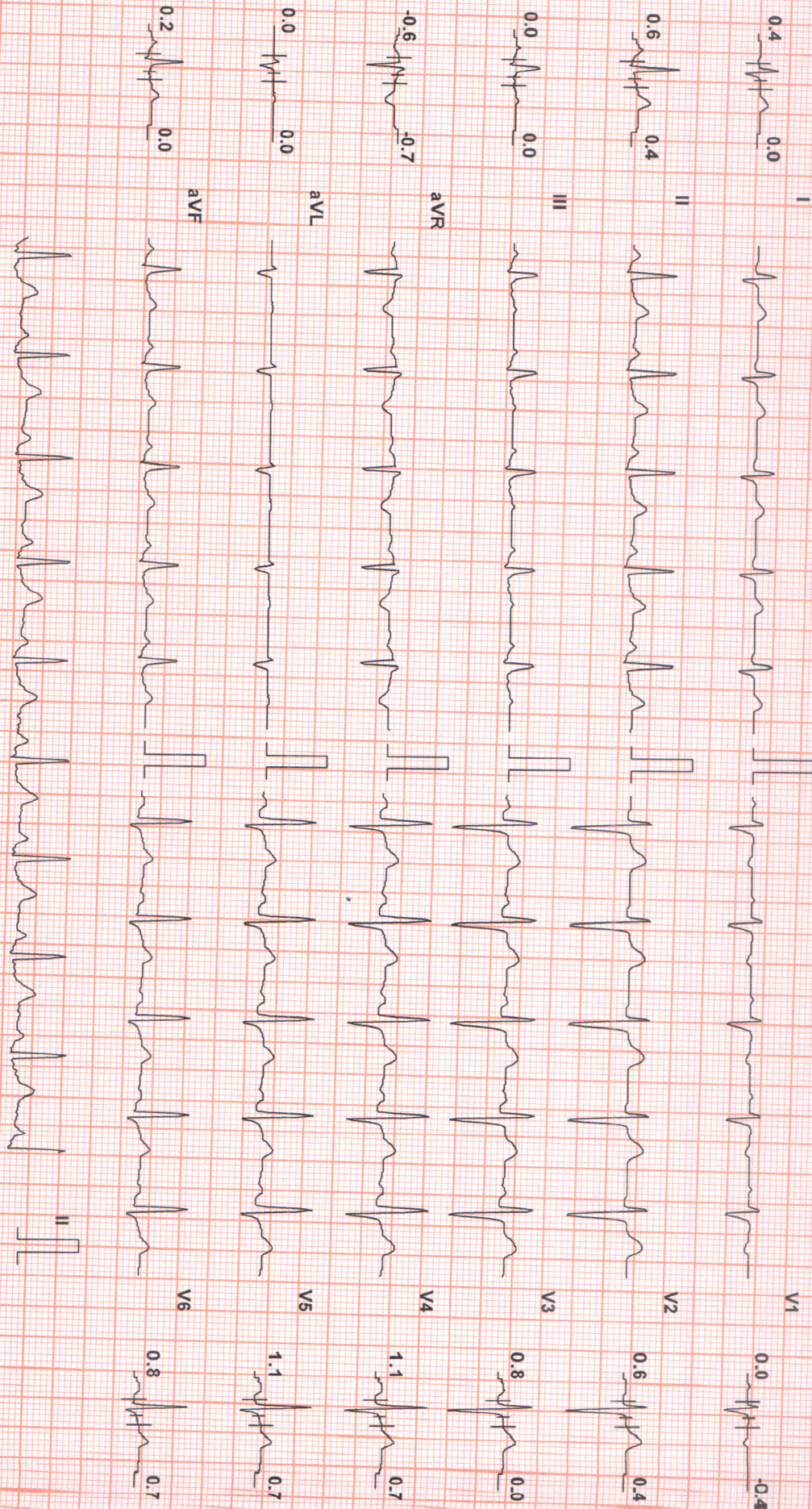


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandau V 4 52

Linked Median



ADITYA PUJARI (32 M)

SUBURBAN DIAGNOSTICS PVT LTD.

Test Report

Protocol: Bruce

ID: 2408320397
Stage: Recovery(2)

Date: 23-Mar-24
Speed: 0 mph

Exec Time : 8 m 37 s
Grade: 0 %
(THR: 169 bpm)

HR: 90 bpm
B.P: 120/70

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

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

0.2 0.4

0.0 0.0

0.6 0.4

0.6 0.4

0.0 0.0

0.8 0.0

-0.6 -0.7

1.1 0.7

0.0 0.0

1.1 0.7

0.4 0.7

0.6 0.4

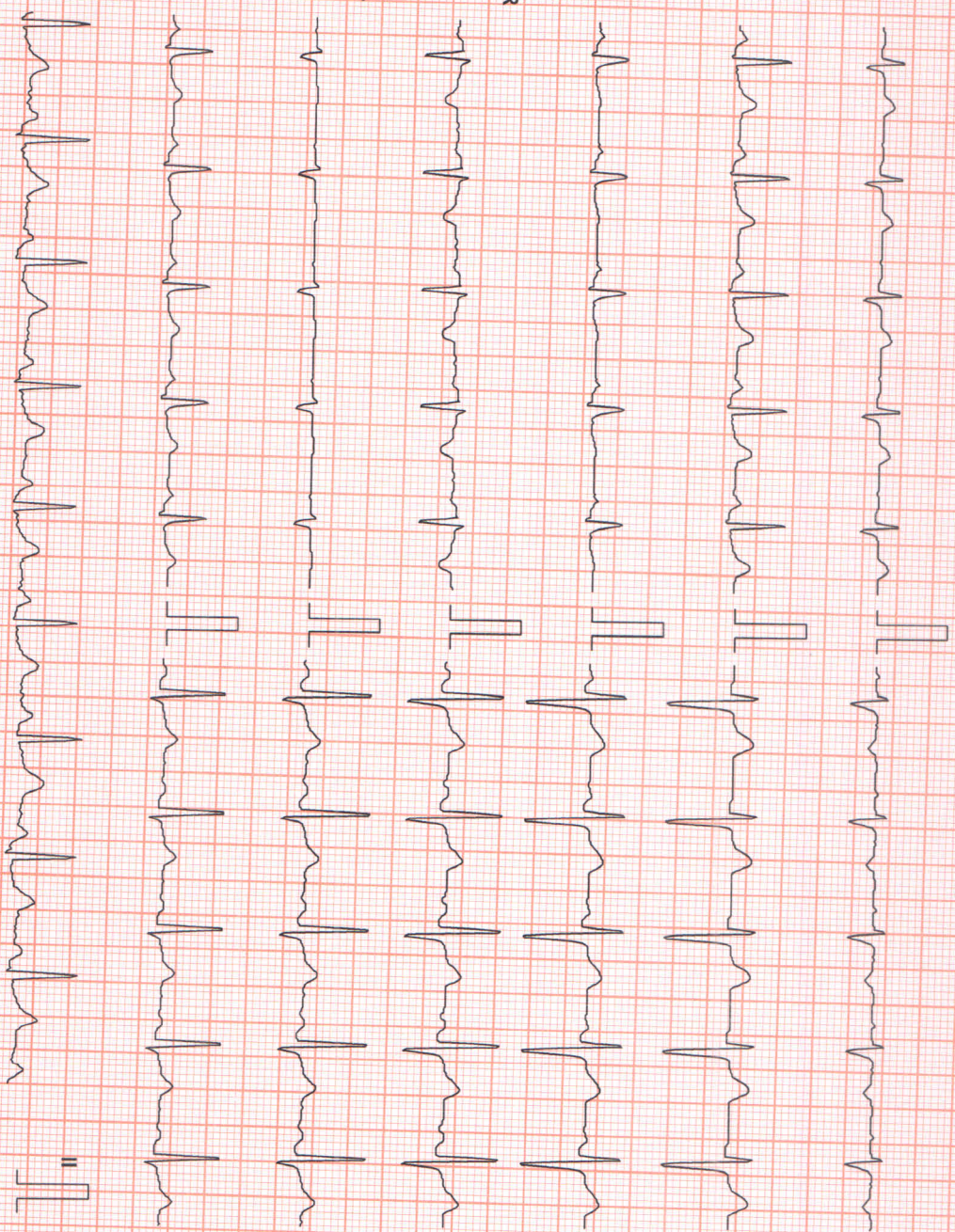


Chart Speed: 25 mm/sec
Schiller Spandax V 4.52

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Ise = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



CID : 2408320397
Name : MR.ADITYA S PUJARI
Age / Gender : 32 Years / Male
Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 23-Mar-2024 / 07:48
Reported : 23-Mar-2024 / 12:01

Use a QR Code Scanner
Application To Scan the Code

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	15.1	13.0-17.0 g/dL	Spectrophotometric
RBC	5.03	4.5-5.5 mil/cmm	Elect. Impedance
PCV	45.1	40-50 %	Measured
MCV	90	80-100 fl	Calculated
MCH	30.0	27-32 pg	Calculated
MCHC	33.5	31.5-34.5 g/dL	Calculated
RDW	14.3	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5970	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	44.6	20-40 %	
Absolute Lymphocytes	2662.6	1000-3000 /cmm	Calculated
Monocytes	7.0	2-10 %	
Absolute Monocytes	417.9	200-1000 /cmm	Calculated
Neutrophils	46.6	40-80 %	
Absolute Neutrophils	2782.0	2000-7000 /cmm	Calculated
Eosinophils	1.7	1-6 %	
Absolute Eosinophils	101.5	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	6.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	323000	150000-400000 /cmm	Elect. Impedance
MPV	7.8	6-11 fl	Calculated
PDW	12.7	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



CID : 2408320397
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Age / Gender : 32 Years / Male
Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 23-Mar-2024 / 07:48
Reported : 23-Mar-2024 / 15:21

Use a QR Code Scanner
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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	97.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.41	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.25	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 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	24.4	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	41.7	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	15.3	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	102.8	40-130 U/L	Colorimetric
BLOOD UREA, Serum	21.1	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.89	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	117	(ml/min/1.73sqm) 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	Calculated



CID : 2408320397

Name : MR.ADITYA S PUJARI

Age / Gender : 32 Years / Male

Consulting Dr. : -

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

Collected : 23-Mar-2024 / 07:48

Reported : 23-Mar-2024 / 18:33

Use a QR Code Scanner
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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

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

*** End Of Report ***



Bmhasakar

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



CID : 2408320397
Name : MR.ADITYA S PUJARI
Age / Gender : 32 Years / Male
Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 23-Mar-2024 / 07:48
Reported : 23-Mar-2024 / 11:56

Use a QR Code Scanner
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	116.9	mg/dl	Calculated

Intended use:

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

Clinical Significance:

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

Test Interpretation:

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

Factors affecting HbA1c results:

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

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

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

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

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

*** End Of Report ***



Bmhasakar

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



CID : 2408320397

Name : MR.ADITYA S PUJARI

Age / Gender : 32 Years / Male

Consulting Dr. : -

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

Collected : 23-Mar-2024 / 07:48

Reported : 23-Mar-2024 / 16:28

Use a QR Code Scanner
Application To Scan the Code

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	15	-	-
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
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
CHOUPAL
MBBS, DNB PATH
Pathologist



CID : 2408320397

Name : MR.ADITYA S PUJARI

Age / Gender : 32 Years / Male

Consulting Dr. : -

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

Collected : 23-Mar-2024 / 07:48

Reported : 23-Mar-2024 / 19:10

Use a QR Code Scanner
Application To Scan the Code

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

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

*** End Of Report ***



Anupa

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



CID : 2408320397
Name : MR.ADITYA S PUJARI
Age / Gender : 32 Years / Male
Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 23-Mar-2024 / 07:48
Reported : 23-Mar-2024 / 15:21

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Application To Scan the Code

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	171.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	79.7	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	30.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	140.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	124.0	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	16.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.1	0-3.5 Ratio	Calculated

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



Bmhasakar

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



CID : 2408320397

Name : MR.ADITYA S PUJARI

Age / Gender : 32 Years / Male

Consulting Dr. : -

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

Collected : 23-Mar-2024 / 07:48

Reported : 23-Mar-2024 / 17:57

Use a QR Code Scanner
 Application To Scan the Code

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	4.6	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.8	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	11.62	0.35-5.5 microIU/ml	ECLIA



CID : 2408320397

Name : MR.ADITYA S PUJARI

Age / Gender : 32 Years / Male

Consulting Dr. : -

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

Use a QR Code Scanner
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Interpretation:

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

Clinical Significance:

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be trasiently altered becuae of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:

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

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

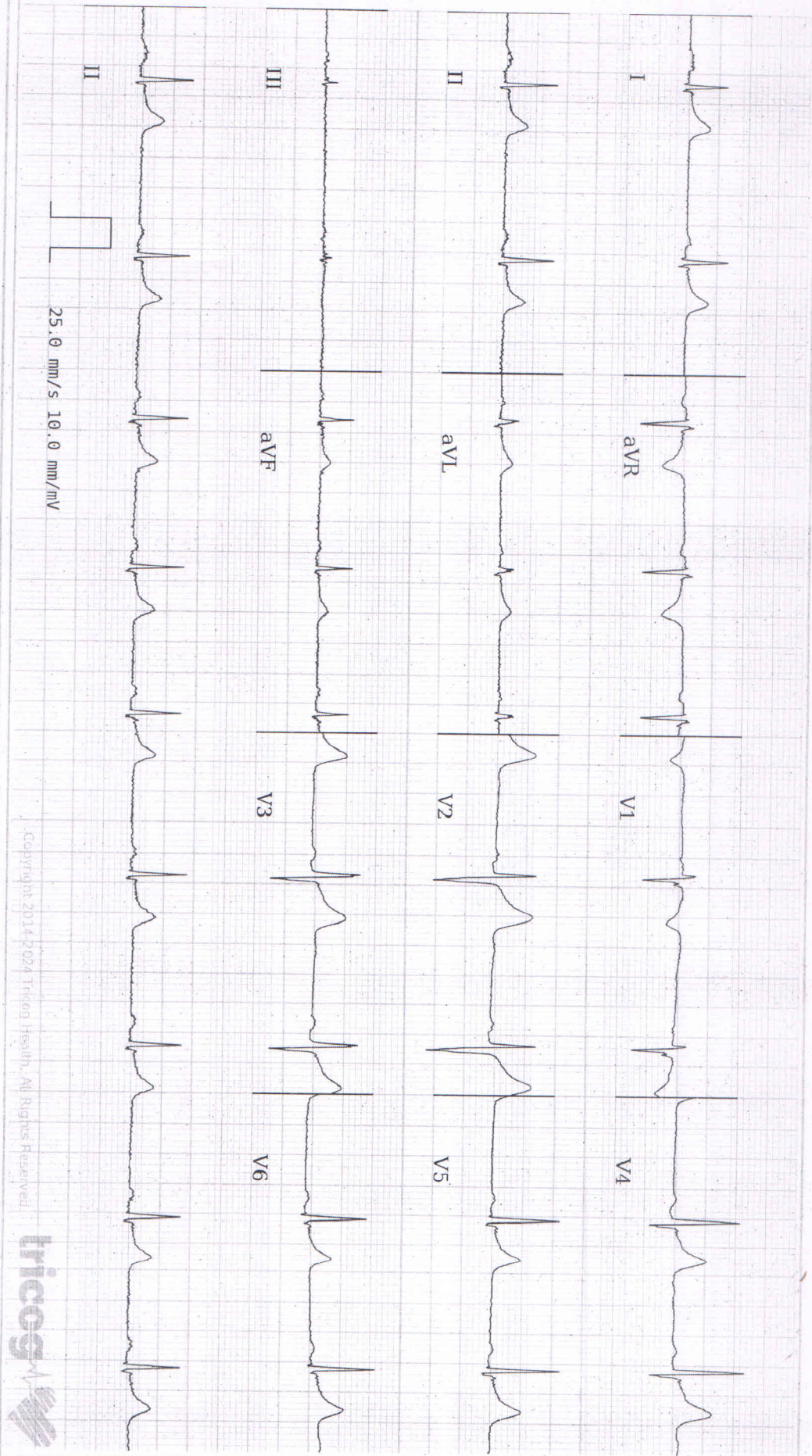
*** End Of Report ***



Dr.JAGESHWAR MANDAL
CHOUPAL
MBBS, DNB PATH
Pathologist

Patient Name: **ADITYA S PUJARI**
Patient ID: **2408320397**

Date and Time: **23rd Mar 24 8.30 AM**



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Age **32** NA NA
years months days

Gender **Male**

Heart Rate **56bpm**

Patient Vitals

BP: **130/70 mmHg**

Weight: **79 kg**

Height: **177 cm**

Pulse: **56 bpm**

Spo2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **82ms**

QT: **404ms**

QTcB: **389ms**

PR: **160ms**

P-R-T: **31° 46° 31°**

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

REPORTED BY

Dr. Ajita Bhoosale

Dr. Ajita Bhoosale
M.B.B.S/P.G.D.C.C (DIP Cardiology)
2013062200



Disclaimer: This analysis is the report based on ECG alone and should be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a physician. © Paragon Health. All rights reserved. The information should not be derived from the ECG.

Date:- 23/3/24

CID: 2408320397

Name:- MR. Aditya Puyati

Sex / Age: M / 32 yrs

EYE CHECK UP

Chief complaints: — No

Systemic Diseases: — No

Past history: — No

Unaided Vision: — No

Aided Vision: — No

Refraction: (R) 6/6 (L) 6/6

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	/			6/6	/			6/6
Near	/			N/6	/			N/6

Colour Vision: Normal / Abnormal

Remark: Normal vision.



Name : MR. ADITYA S PUJARI

Age / Gender : 32 Years/Male

Consulting Dr. :

Collected : 23-Mar-2024 / 07:44

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

Reported : 26-Mar-2024 / 11:03

PHYSICAL EXAMINATION REPORT

History and Complaints: NIL

EXAMINATION FINDINGS:

Height (cms):	177	Weight (kg):	79
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	130/70	Nails:	Healthy
Pulse:	56	Lymph Node:	Not Palpable

Systems

Cardiovascular: S1,S2 Normal No Murmurs

Respiratory: Air Entry Bilaterally Equal

Genitourinary: Normal

GI System: Soft non tender No Organomegaly

CNS: Normal

IMPRESSION: HEALTHY

ADVICE: REGULAR EXERCISE & HEALTHY DIET

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. ADITYA S PUJARI

Age / Gender : 32 Years/Male

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- 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

PERSONAL HISTORY:

- 1) Alcohol NO
- 2) Smoking NO
- 3) Diet VEG
- 4) Medication NO

*** End Of Report ***




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

MAHARASHTRA STATE MOTOR DRIVING LICENCE
THE UNION OF INDIA
DL No. MH02 20140008450
Valid Till: 23-01-2034 (NT) DOI: 24-01-2014

AUTHORISATION TO DRIVE FOLLOWING CLASS OF VEHICLES THROUGHOUT INDIA
COV DOI
LMV 24-01-2014
MCWG 24-01-2014

FORM 7
RULE 16(2)

Name: ADITYA PUJARI
S/D/W of: SANDEEP PUJARI
Add: C/12, INDRAPRASHTHA CHS PLOT 131, RSC-3,
MHADA MALWANI MALAD (W), MUMBAI
DOB: 16-09-1991 BG:
PIN: 400095
Signature & ID of Issuing Authority: MH02 2014357

Signature/Thumb Impression of Holder

Aditya Pujari

CID : 2408320397
Name : Mr ADITYA S PUJARI
Age / Sex : 32 Years/Male
Ref. Dr :
Reg. Location : Mahavir Nagar, Kandivali West Main Centre
Reg. Date : 23-Mar-2024
Reported : 23-Mar-2024 / 11:40

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, echotexture, shape and smooth margins. It shows normal 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:

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 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 .

ADDITIONAL COMMENTS:

Visualized bowel loops shows normal peristalsis.
There is no evidence of any lymphadenopathy or ascites.

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Reported : 23-Mar-2024 / 11:40

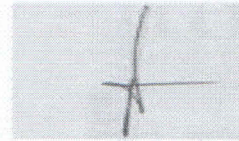
IMPRESSION:-

- No significant abnormality detected

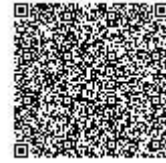
ADVICE: Clinical correlation

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. VIKRANT S. PATIL
M. D. Radio Diagnosis
Reg No 2014052421



CID : 2408320397
Name : Mr ADITYA S PUJARI
Age / Sex : 32 Years/Male
Ref. Dr :
Reg. Location : Mahavir Nagar, Kandivali West Main Centre
Reg. Date : 23-Mar-2024
Reported : 23-Mar-2024/16:54

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. NIKHIL DEV
M.B.B.S, MD (Radiology)
Reg No – 2014/11/4764
Consultant Radiologist



Use a QR Code Scanner
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CID : 2408320397
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Reg. Date : 23-Mar-2024
Reported : 23-Mar-2024/16:54
