



CID : 2408320741
Name : MR.ANAND KUMAR
Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Collected : 23-Mar-2024 / 08:33
Reported : 23-Mar-2024 / 12:15

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	13.4	13.0-17.0 g/dL	Spectrophotometric
RBC	4.42	4.5-5.5 mil/cmm	Elect. Impedance
PCV	40.7	40-50 %	Measured
MCV	92	80-100 fl	Calculated
MCH	30.2	27-32 pg	Calculated
MCHC	32.9	31.5-34.5 g/dL	Calculated
RDW	15.0	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5270	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	23.3	20-40 %	
Absolute Lymphocytes	1227.9	1000-3000 /cmm	Calculated
Monocytes	10.8	2-10 %	
Absolute Monocytes	569.2	200-1000 /cmm	Calculated
Neutrophils	62.9	40-80 %	
Absolute Neutrophils	3314.8	2000-7000 /cmm	Calculated
Eosinophils	2.8	1-6 %	
Absolute Eosinophils	147.6	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	10.5	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	200000	150000-400000 /cmm	Elect. Impedance
MPV	12.1	6-11 fl	Calculated
PDW	25.1	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR **34** 2-15 mm at 1 hr. Sedimentation

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

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

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

Limitations:

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

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

Reference:

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

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

*** End Of Report ***



Bmhasakar

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



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Reported : 23-Mar-2024 / 14:06

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	94.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	82.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.58	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.24	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.34	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	30.9	<34 U/L	Modified IFCC
SGPT (ALT), Serum	26.3	10-49 U/L	Modified IFCC
GAMMA GT, Serum	14.7	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	92.1	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	17.2	19.29-49.28 mg/dl	Calculated
BUN, Serum	8.0	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.78	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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eGFR, Serum	119	(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	7.7	3.7-9.2 mg/dl	Uricase/ Peroxidase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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



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M.D. (PATH)
Pathologist



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	119.8	mg/dl	Calculated

Intended use:

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

Clinical Significance:

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

Test Interpretation:

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

Factors affecting HbA1c results:

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

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

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

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

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Colour	Yellow	Brown	-
Form and Consistency	Liquid	Semi Solid	-
Mucus	Absent	Absent	-
Blood	Absent	Absent	-
<u>CHEMICAL EXAMINATION</u>			
Reaction (pH)	Acidic (6.0)	-	pH Indicator
Occult Blood	Trace	Absent	Guaiaac
<u>MICROSCOPIC EXAMINATION</u>			
Protozoa	Absent	Absent	-
Flagellates	Absent	Absent	-
Ciliates	Absent	Absent	-
Parasites	Absent	Absent	-
Macrophages	Absent	Absent	-
Mucus Strands	Absent	Absent	-
Fat Globules	Absent	Absent	-
RBC/hpf	Absent	Absent	-
WBC/hpf	Absent	Absent	-
Yeast Cells	Absent	Absent	-
Undigested Particles	Present +	-	-
Concentration Method (for ova)	No ova detected	Absent	-
Reducing Substances	-	Absent	Benedicts

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
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Dr.JAGESHWAR MANDAL
CHOUPAL
MBBS, DNB PATH
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<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	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	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
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Pathologist



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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

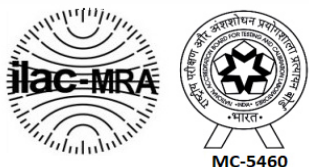
Limitations:

- 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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	116.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	105.0	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	27.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	89.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	68.2	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	21.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.5	0-3.5 Ratio	Calculated

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



Dr. Vrushi Shroff

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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.5	3.5-6.5 pmol/L	CLIA
Free T4, Serum	12.6	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	2.325	0.55-4.78 microIU/ml	CLIA



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Interpretation:

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

Clinical Significance:

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

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

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

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

Limitations:

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

Reference:

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

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*** End Of Report ***



Anupa

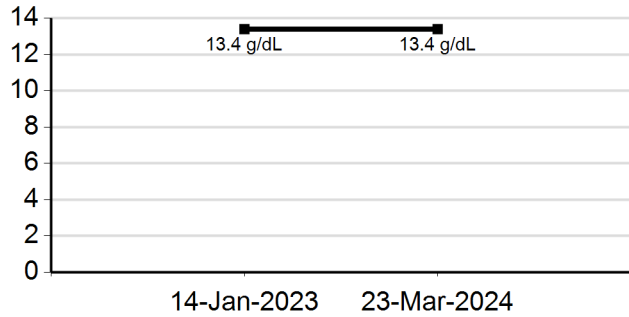
Dr.ANUPA DIXIT
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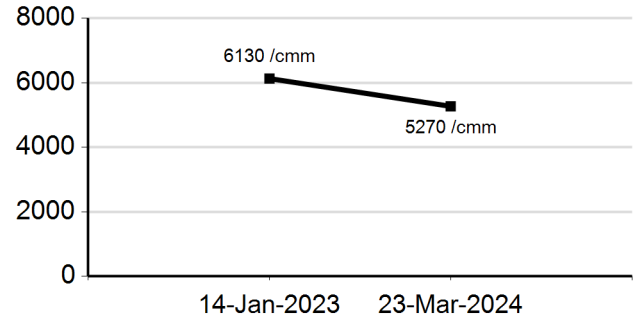
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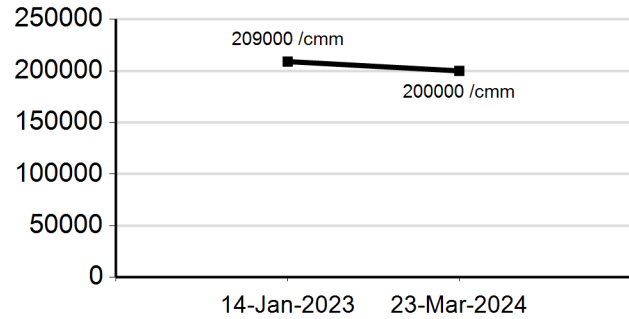
Haemoglobin



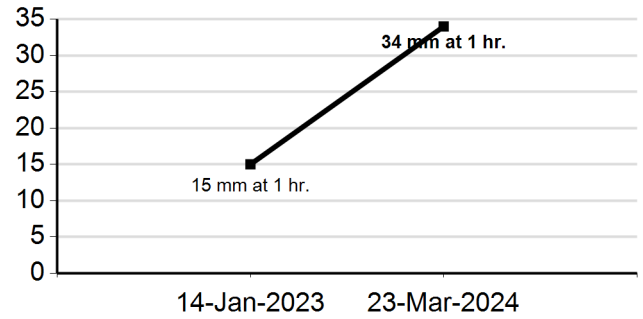
WBC Total Count



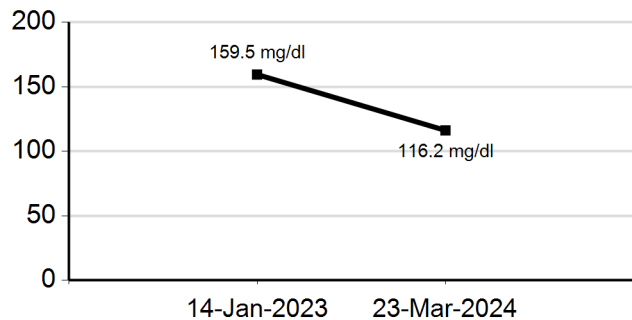
Platelet Count



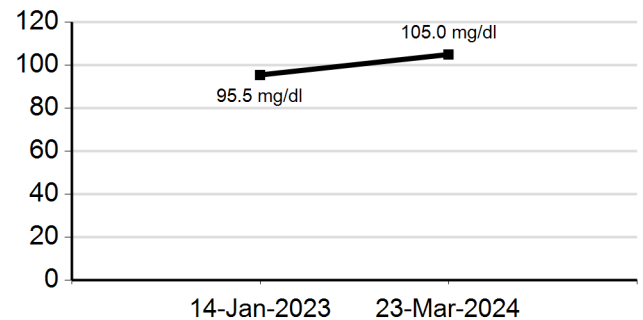
ESR



CHOLESTEROL



TRIGLYCERIDES

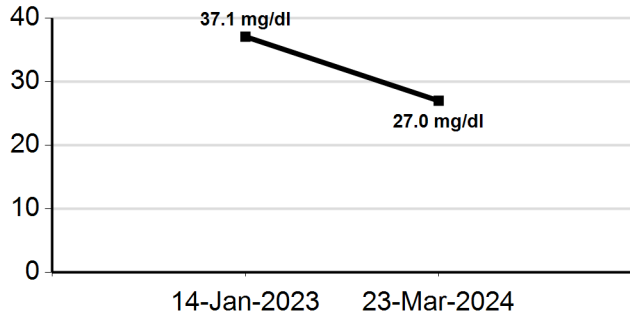




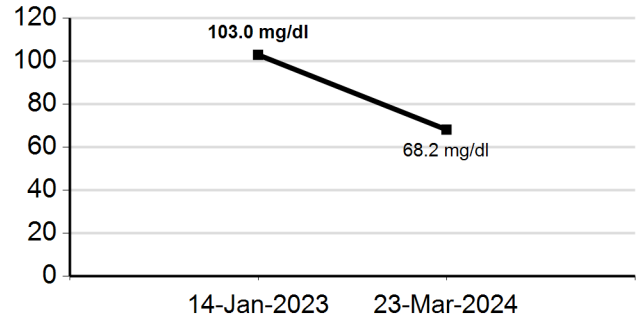
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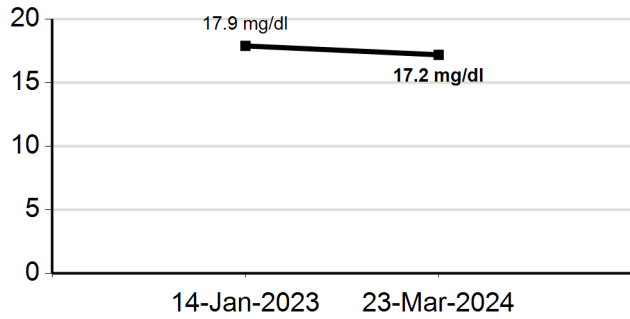
HDL CHOLESTEROL



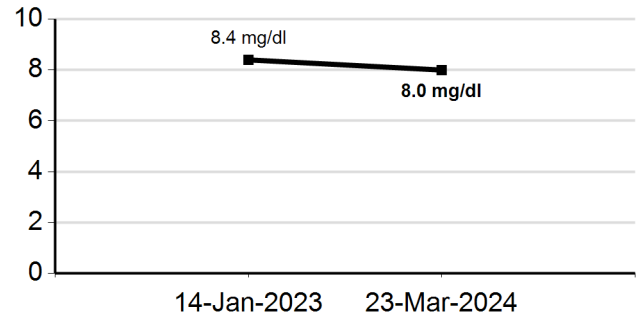
LDL CHOLESTEROL



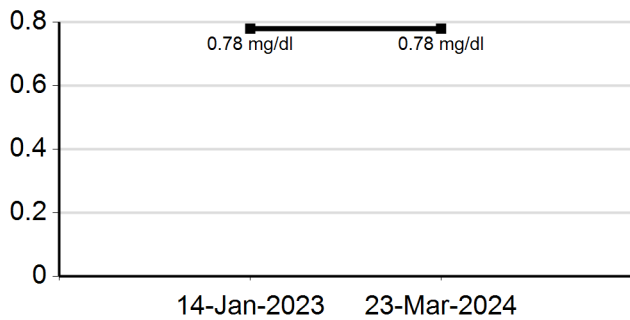
BLOOD UREA



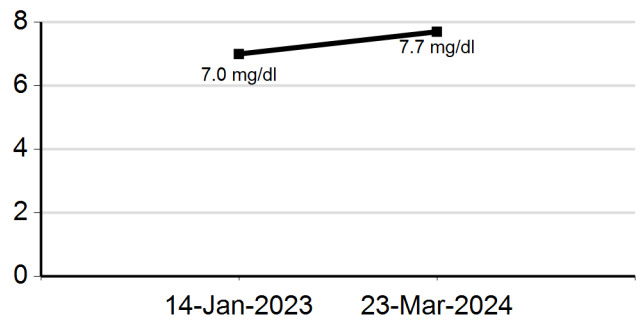
BUN



CREATININE



URIC ACID

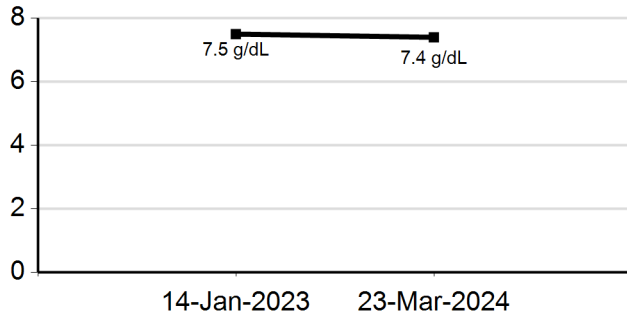




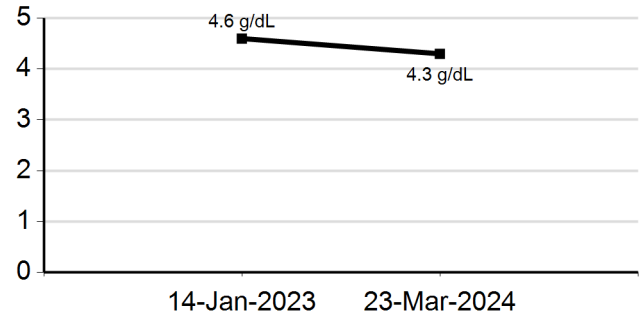
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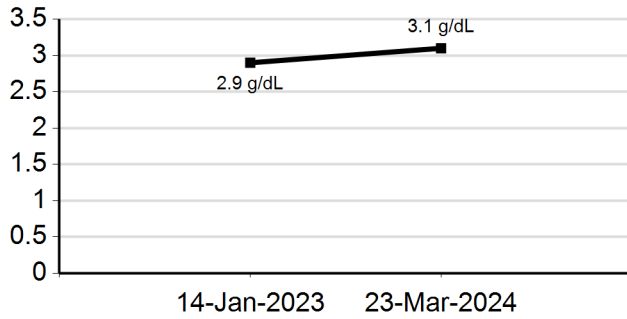
TOTAL PROTEINS



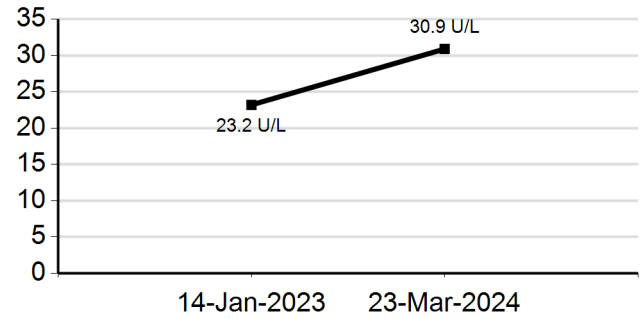
ALBUMIN



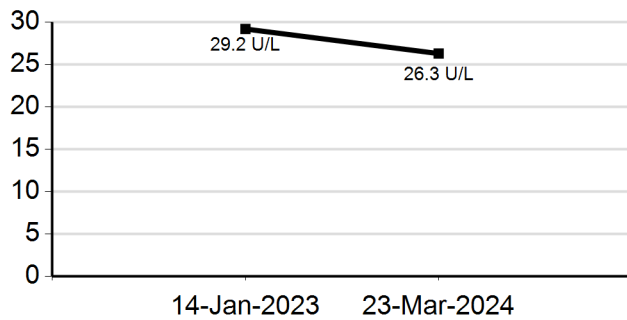
GLOBULIN



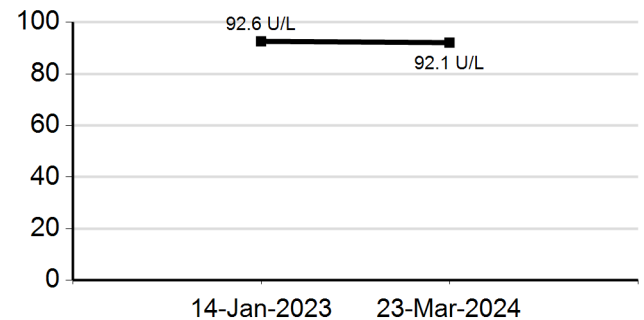
SGOT (AST)



SGPT (ALT)



ALKALINE PHOSPHATASE

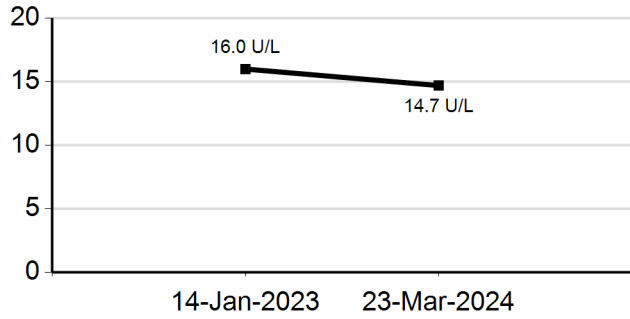




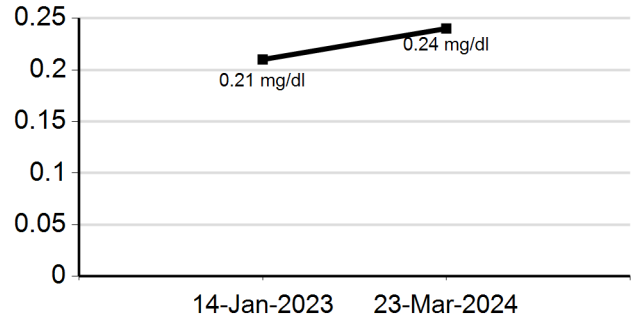
Use a QR Code Scanner
Application To Scan the Code

CID : 2408320741
Name : MR.ANAND KUMAR
Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

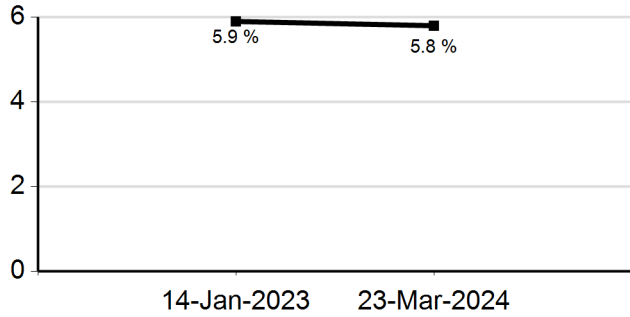
GAMMA GT



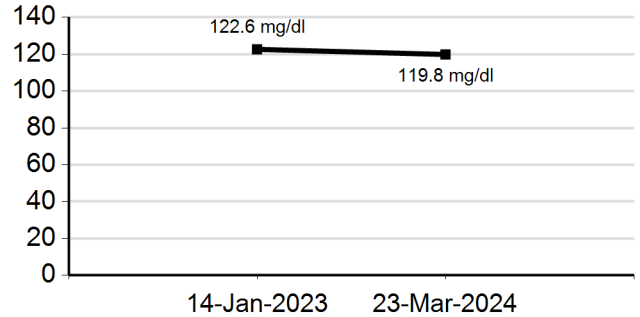
BILIRUBIN (DIRECT)



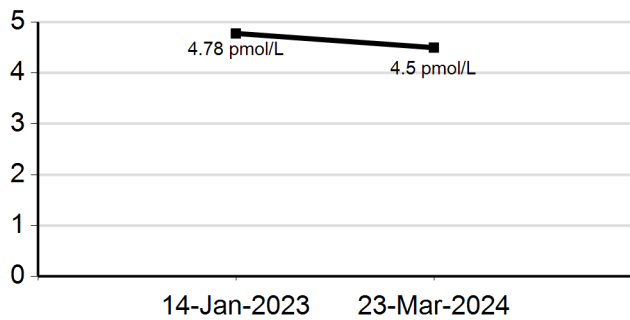
Glycosylated Hemoglobin (HbA1c)



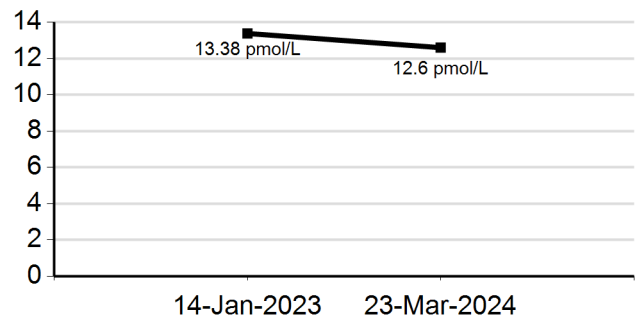
Estimated Average Glucose (eAG)



Free T3



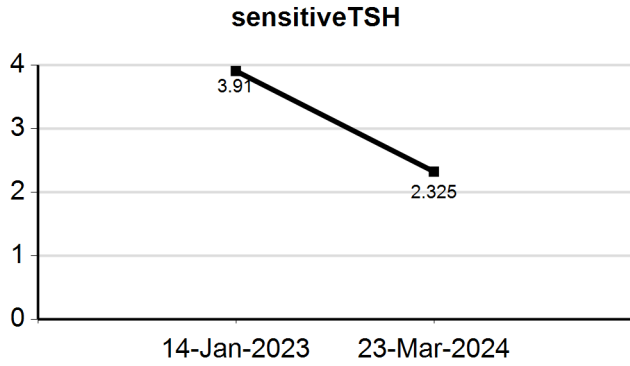
Free T4

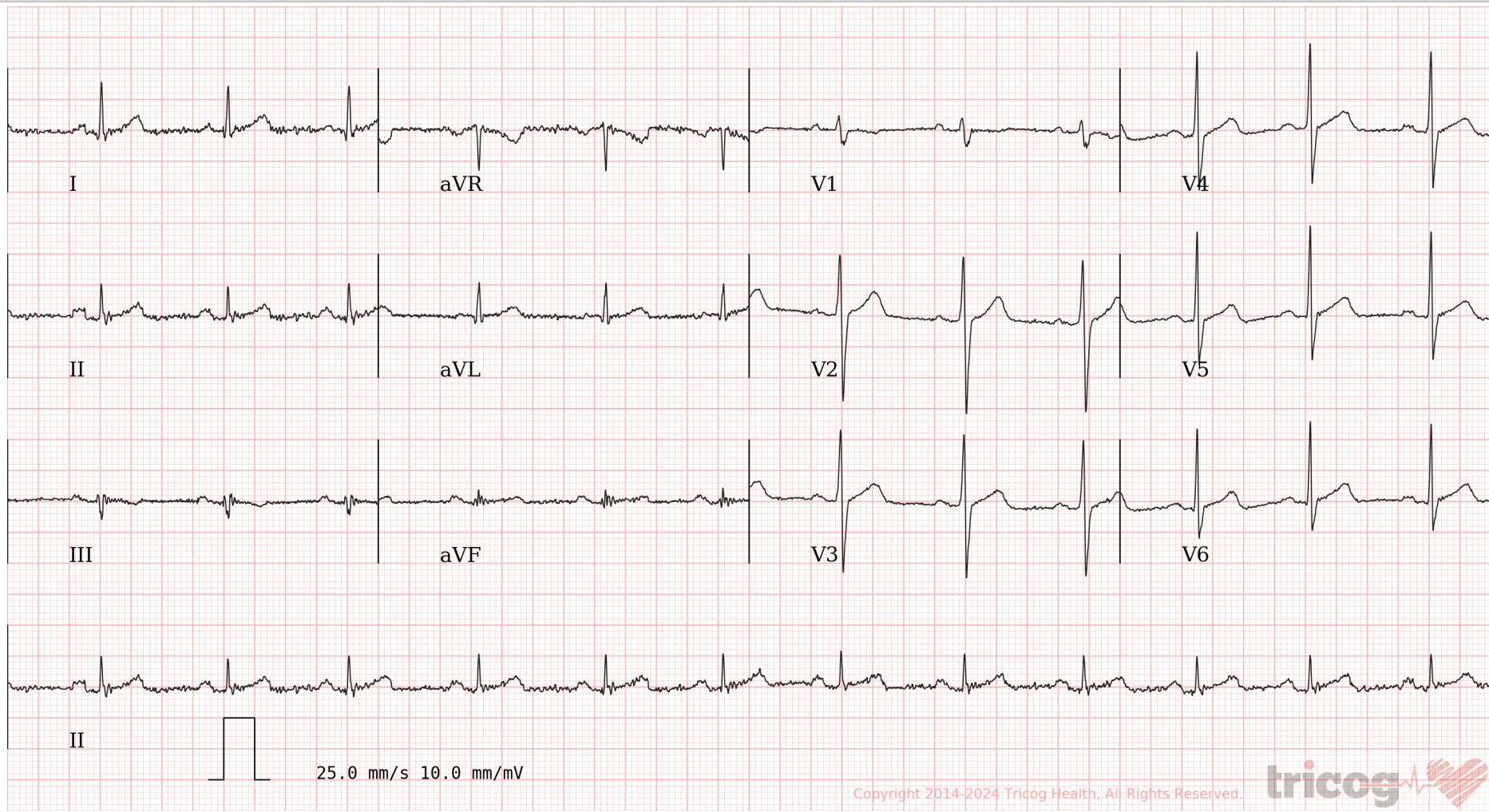




Use a QR Code Scanner
Application To Scan the Code

CID : 2408320741
Name : MR.ANAND KUMAR
Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)





Age **35** NA NA
years months days

Gender **Male**

Heart Rate **77bpm**

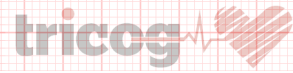
Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 84ms
QT: 344ms
QTcB: 389ms
PR: 156ms
P-R-T: 64° 19° 29°

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ECG Within Normal Limits: Sinus Rhythm, Normal axis. No significant ST-T changes. Please correlate clinically.

REPORTED BY

Smita Valani

Dr. Smita Valani
MBBS, D. Cardiology
2011/03/0587

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

• PATIENT NAME :Mr.ANAND KUMAR	• SEX : MALE
• REFERRED BY. : DR. ----	• AGE : 35 YEARS
• CID NO :- 2408320741	• DATE : 23/03/2024

X-RAY CHEST PA VIEW

Positional rotation seen.

Both the lung fields are clear with no active parenchymal lesion.

The cardiothoracic ratio is maintained and the cardiac outline is normal.

The domes of the diaphragm and hila are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

Aisha
DR. AISHA LAKHANI
MBBS, MD (Radio-Diagnosis)
Fellow in Abdominal Radiology
Reg. No. 2016/07/1521
CONSULTANT RADIOLOGIST

12347409 (2408320741) / ANAND KUMAR / 35 Yrs / M / 180 Cms / 91 Kg
 Date: 23 / 03 / 2024 08:47:46 AM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:05	0:05	00.0	00.0	01.0	090	49%	110/80	099	00	
Standing	00:07	0:02	00.0	00.0	01.0	090	49%	110/80	099	00	
HV	00:11	0:04	01.7	10.0	01.1	089	48%	110/80	097	00	
ExStart	00:13	0:02	01.7	10.0	01.1	093	50%	110/80	102	00	
BRUCE Stage 1	03:13	3:00	01.7	10.0	04.7	134	72%	120/80	160	00	
BRUCE Stage 2	06:13	3:00	02.5	12.0	07.1	152	82%	130/80	197	00	
PeakEx	07:13	1:00	03.4	14.0	08.2	167	90%	130/80	217	00	
Recovery	08:13	1:00	01.1	00.0	01.1	154	83%	150/80	231	00	
Recovery	09:13	2:00	00.0	00.0	01.0	126	68%	150/80	189	00	
Recovery	11:13	4:00	00.0	00.0	01.0	099	54%	120/80	118	00	
Recovery	11:21				00.0	000	0%	---/---	000	00	

FINDINGS :

Exercise Time : 07:00
 Initial HR (ExStrt) : 93 bpm 50% of Target 185
 Initial BP (ExStrt) : 110/80 (mm/Hg)
 Max WorkLoad Attained : 8.2 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : V1 & -1.1 mm in Supine
 Duke Treadmill Score : -01.0
 Test End Reasons : Test Complete

Max HR Attained 167 bpm 90% of Target 185
 Max BP Attained 150/80 (mm/Hg)

DR. SMITA VALANI
 MBBS, D. CARDIOLC
 2011/03/0587

SUBURBAN DIAGNOSTICS (I) PVT. LT
 Shop No. 101 & 102, 1st Floor,
 Kshmi Building, Behind Shivajinagar,
 Near Shivajinagar Bus Stop, Shivajinagar,
 Mira Road (East), Dist. Thane - 401 111
 Phone: 022-61700000

Doctor: DR. SMITA VALANI

ANAND KUMAR BHAYANDER

EMail: 12347409 / ANAND KUMAR / 35 Yrs / M / 180 Cms / 91 Kg Date: 23 / 03 / 2024 08:47:46 AM


REPORT :

REASON FOR TERMINATION	TARGET HR ACHIEVED
EXERCISE TOLERANCE	GOOD EFFORT TOLERANCE
EXERCISE INDUCED ARRHYTHMIAS	NO ANGINA AND ANGINA EQUIVALENT
HAEMODYNAMIC RESPONSE	NO SIGNIFICANT ST-T CHANGES DURING EXERCISE AND RECOVERY
CHRONOTROPIC RESPONSE	GOOD INOTROPIC RESPONSE
FINAL IMPRESSION	GOOD CHRONOTROPIC RESPONSE
	NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA AT THIS WORKLOAD

SUBURBAN DIAGNOSTICS (I) PVT

Plot No. 177, 1st floor
Kshir, East Main Road, Koyam
Near Thunga Hospital, Mitta Bhy
Mitta Road (East), Dist. Thane
Phone : 022 - 61700000

DR. SMITA VALA
MBBS, D. CAR, MDL
2011/03/0587

Doctor  **DR. SMITA VALANI**

2347409 (2408320741) / ANAND KUMAR / 35 Yrs / M / 180 Cms / 91 Kg / HR : 90

Date: 23 / 03 / 2024 08:47:46 AM

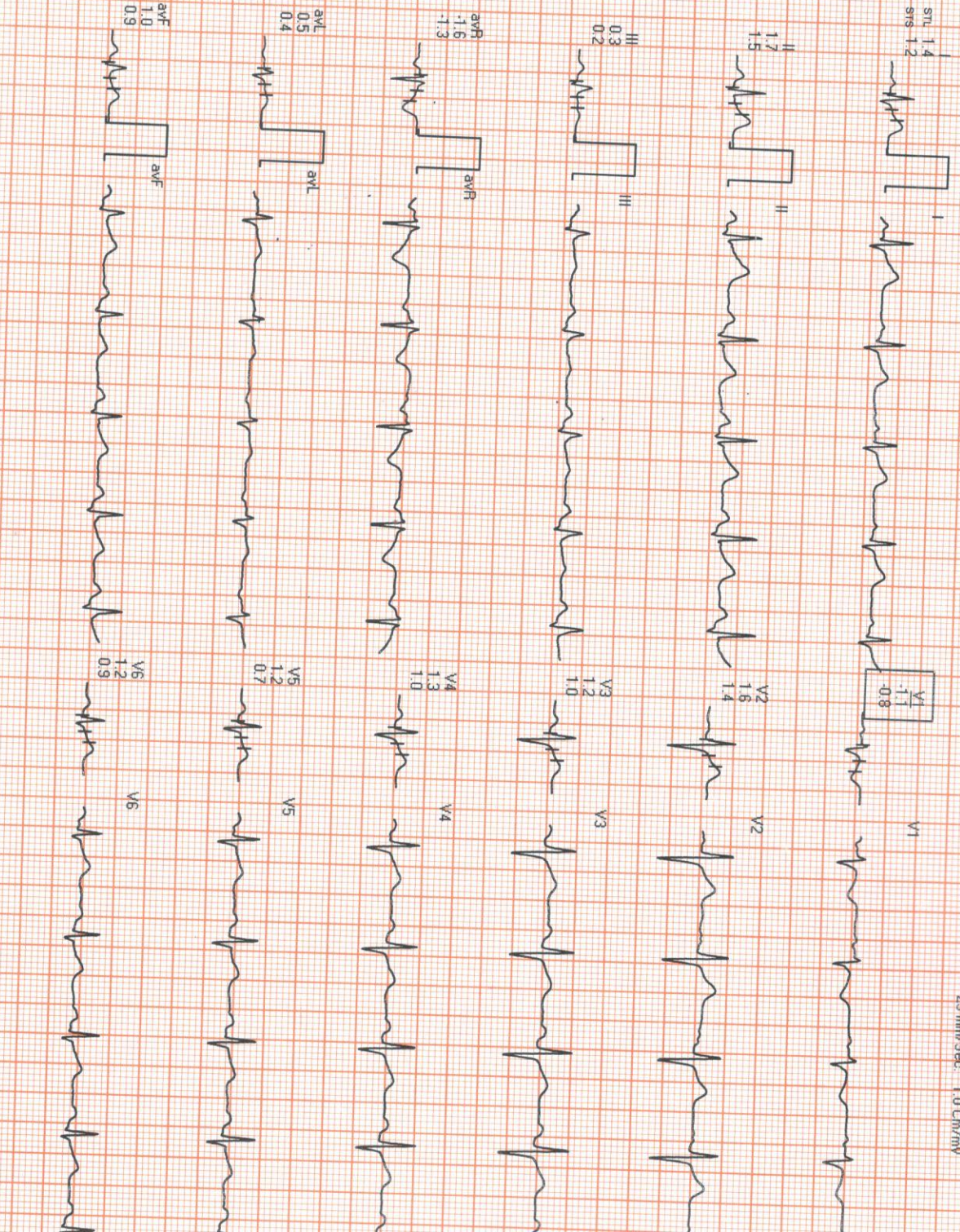
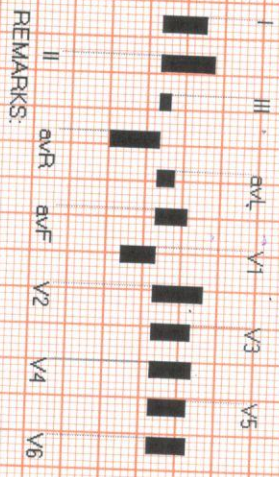
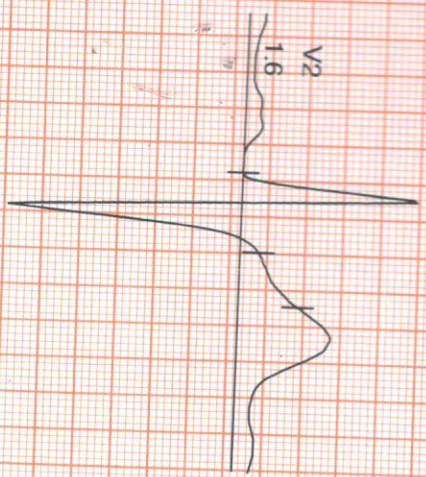
METS: 1.0/ 90 bpm 49% of THR BP: 110/80 mmHg

Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

EXTime: 00:00 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV



REMARKS:



12347409 (2408320741) / ANAND KUMAR / 35 Yrs / M / 180 Cms / 91 Kg / HR : 90

Date: 23 / 03 / 2024 08:47:46 AM METS: 1.0 / 90 bpm 49% of THR BP: 110/80 mmHg Raw ECG/ BLOCm/ Notch On/ HF 0.05 Hz/ LF 35 Hz

4X

80 mS Post: J

25 mm/Sec: 1.0 Cm/Div

EXTime: 00:00 0.0 mph, 0.0%

STL 1.4
STS 1.2

V1
1.1
1.1
-0.8

II
1.7
1.5

V2
1.6
1.4

III
0.3
0.2

V3
1.2
1.0

aVR
-1.6
-1.3

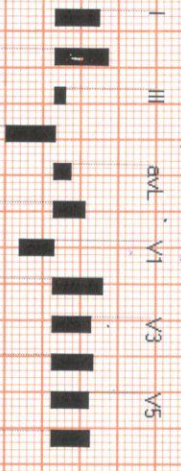
V4
1.3
1.0

aVL
0.5
0.4

V5
1.2
0.7

aVF
1.0
0.9

V6
1.2
0.9



REMARKS:



2347409 (2408320741) / ANAND KUMAR / 35 Yrs / M / 180 Cms / 91 Kg / HR : 89

Date: 23/03/2024 08:47:46 AM

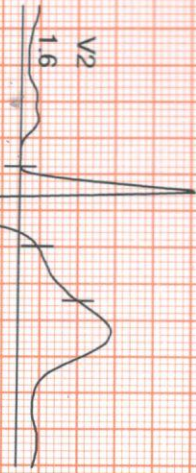
METS: 1.0/ 89 bpm 48% of THR

BP: 110/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

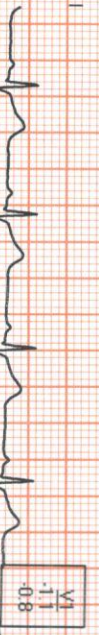
EXTime: 00:00 0.0 mph, 0.0%

4X 80ms Post J

25 mm/Sec: 1.0 Cm/mV



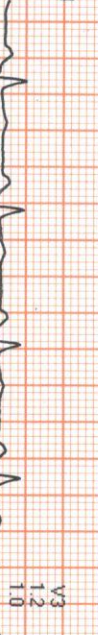
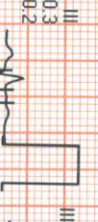
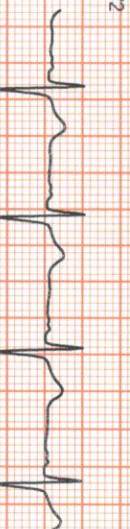
ST1 1.4
ST5 1.2



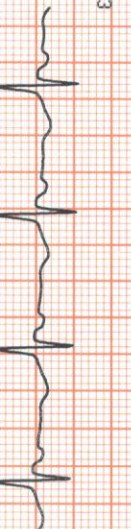
V1
1.1
1.1
-0.8



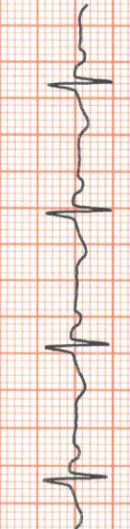
V2
1.7
1.5
1.4



V3
1.2
1.0
1.0



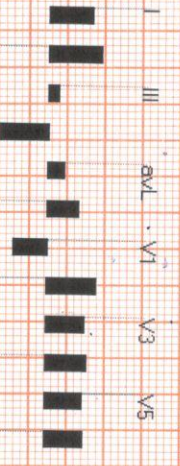
V4
1.3
1.3
1.0



V5
1.2
0.7
0.7



V6
1.2
0.9
0.9



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

Date: 23/03/2024 08:47:46 AM

METS: 1.0/ 89 bpm 48% of THR

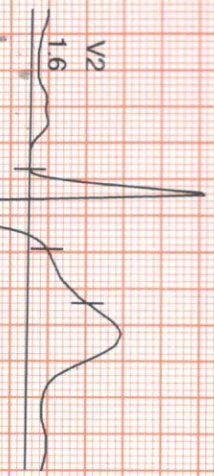
BP: 110/80 mmHg Raw ECG/BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

EXTIME: 00:00 0.0 mph, 0.0%

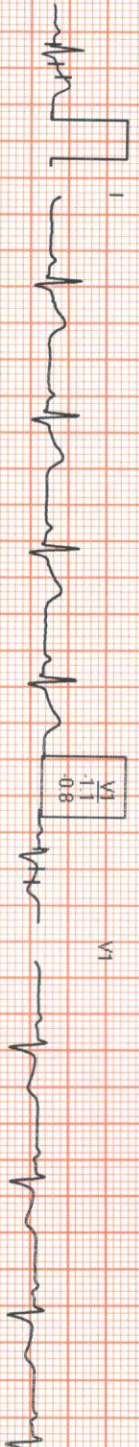
4X

80 ms Post

25 mm/Sec 1.0 Cm/mV



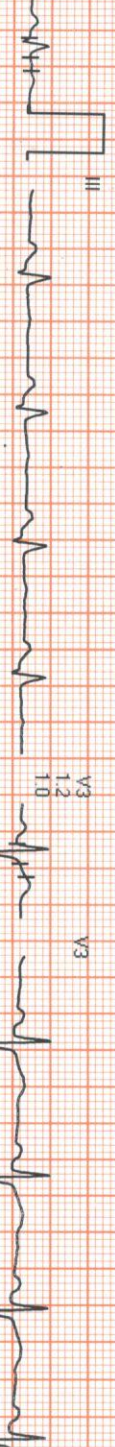
STL 1.4
STS 1.2



II 1.7
I 1.5



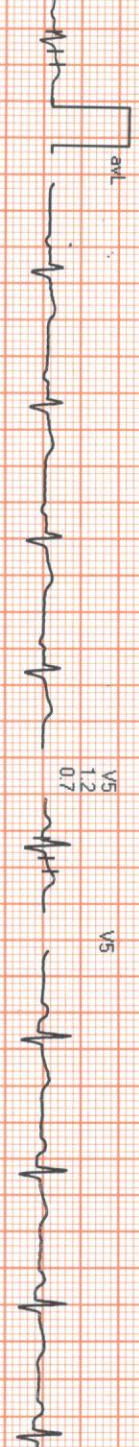
III 0.3
II 0.2



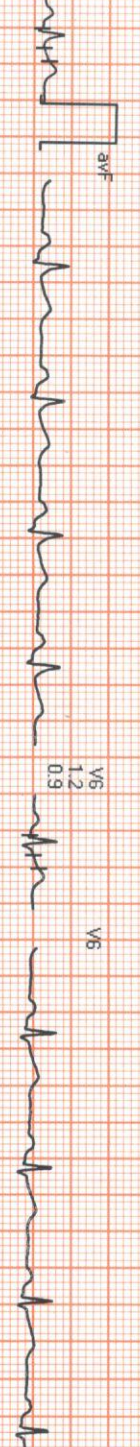
aVR -1.6
aVL -1.3



aVL 0.5
aVF 0.4



aVF 1.0
aVR 0.9



REMARKS:
I aVR aVF V2 V4 V6
II aVR aVF V2 V4 V6

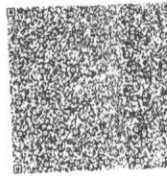
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
ASNPA1937H



नाम / Name
ANAND KUMAR

पिता का नाम / Father's Name
UMA KANT CHOUDHARY

07092022

जन्म की तारीख /
Date of Birth
11/10/1988

PAN Application Digitally Signed; Card Not
Valid unless Physically Signed

Anand Kumar

SUBURBAN DIAGNOSTICS (I) PVT. LTD.
Shop No. 101-A, 1st Floor,
Kshit Building - Opp. Raymond,
Near Thunga Hospital, Mira-Bhy. Road,
Mira Road (East), Dist. Thane - 401 105
Phone . 022 - 61700000

Date:- 23/8/24
 Name:- Anand Kumar

CID: 240832074/
 Sex / Age: 35/M

EYE CHECK UP

Chief complaints:

Systemic Diseases: } NO
 Past history: }

Unaided Vision:

RE CE
 6/6 6/6
 N/6 N/6

Aided Vision:

Refraction:

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

Colour Vision: Normal / Abnormal

Remark:

SUBURBAN DIAGNOSTICS (I) PVT. LTD.
 Shop No. 101, 1st Floor,
 Kirti, East of Link Road, Kurla Road,
 Near Thunga Hospital, Mira-Bh. Road,
 Mira Road (East), Dist. Thane - 401 105
 Phone : 022 - 61700000

Name : MR. ANAND KUMAR

Age / Gender : 35 Years/Male

Consulting Dr. :

Reg. Location : Bhayander East (Main Centre)

Collected : 23-Mar-2024 / 08:29

Reported : 26-Mar-2024 / 11:18

PHYSICAL EXAMINATION REPORT

History and Complaints:

No Complaint

EXAMINATION FINDINGS:

Height (cms):

Temp (0c): Afebrile

Blood Pressure (mm/hg):

Pulse: 78/min

Weight (kg):

Skin: NAD

Nails: NAD

Lymph Node: Not Palapble

Systems

Cardiovascular: S1S2-Normal

Respiratory: Chest-Clear

Genitourinary: NAD

GI System: NAD

CNS: NAD

(bone)

IMPRESSION:

ECG, USG, EBC,

Biochemistry are normal

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. ANAND KUMAR

Age / Gender : 35 Years/Male

Consulting Dr. :

Reg. Location : Bhayander East (Main Centre)

Collected : 23-Mar-2024 / 08:29

Reported : 26-Mar-2024 / 11:18

R
E
P
O
R
T

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

PERSONAL HISTORY:

- 1) Alcohol Yes / *Rarely*
- 2) Smoking No
- 3) Diet Mixed
- 4) Medication Yes - No

*** End Of Report ***

DR. ANITA CHOUDHARY
M.B.B.S.
CONSULTANT PHYSICIAN
Reg. No. 2017/12/5553

Anita

SUBURBAN DIAGNOSTICS (I) PVT. LTD.
Shop No. 101, 1st Floor,
Kshitij Building, 100ft Reymond,
Near Thunga Hospital, Mira-Bhy. Road,
Mira Road (East), Dist. Thane - 401 105
Phone . 022 - 61700000

● PATIENT NAME : MR.ANAND KUMAR	● SEX : MALE
● REFERRED DR. : DR-----	● AGE : 35 YEARS
● CID NO : 2408320741	● DATE : 23/03/2024

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (11.5 cm), normal in shape and shows smooth margins. It shows normal parenchymal echotexture. No obvious cystic or solid lesion made out in the parenchyma. The intra hepatic biliary and portal radicals appear normal. The main portal vein appears normal.

GALL BLADDER:

The gall bladder is folded and physiologically distended. Neck region is not well visualised. Gall bladder wall appears normal. No evidence of any calculus, mass lesion or sludge seen in the visualised lumen.

COMMON BILE DUCT:

The visualized common bile duct is normal in calibre. Terminal common bile duct is obscured due to bowel gas artefacts.

PANCREAS:

The pancreas obscured due to excessive bowel gases.

KIDNEYS:

Right kidney measures 8.9 x 4.7 cm. Left kidney measures 9.3 x 4.8 cm. Both the kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. No evidence of any calculus, hydronephrosis or mass lesion seen on both sides.

SPLEEN:

The spleen is normal in size (9.3 cm) and echotexture. No evidence of focal lesion is noted.

URINARY BLADDER:

The urinary bladder wall is partially distended.

PROSTATE:

The prostate is normal in size 3.8 x 2.9 x 1.7 cm and weighs 10.4 gms. It shows normal parenchymal echotexture. No obvious calcification or mass lesion made out.

There is no evidence of any lymphadenopathy or ascites.

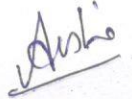
IMPRESSION:

➤ **No other significant abnormality made out.**

Kindly correlate clinically.

Investigations have their limitation. Solitary pathological/Radiological & other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms & other related tests. Please interpret accordingly.

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



DR AISHA LAKHANI
MBBS, MD (Radio-Diagnosis)
Fellow in Abdominal Radiology
Reg. No. 2016/ 07/1521
CONSULTANT RADIOLOGIST

SUBURBAN DIAGNOSTICS BHAYANDER

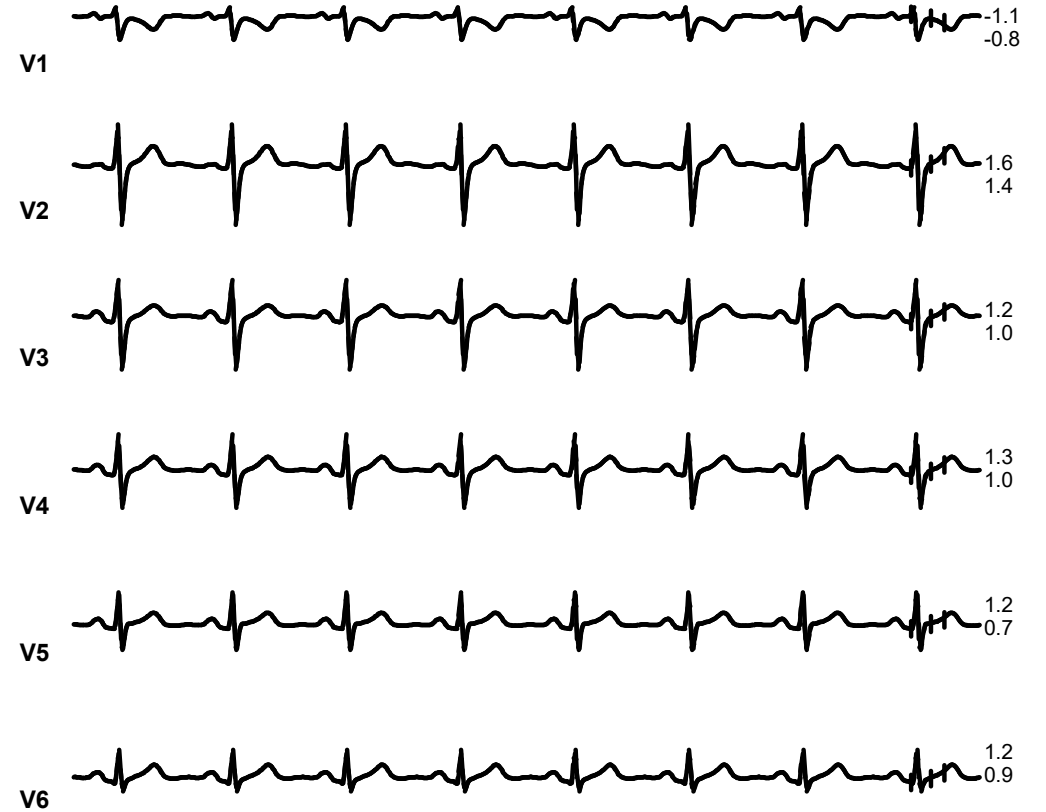
12347409 / ANAND KUMAR / 35 Yrs / Male / 180 Cm / 91 Kg

6X2 Combine Medians + 1 Rhythm
BRUCE:Supine(0:05)



Date: 23 / 03 / 2024 08:47:46 AM METs : 1.0 HR : 90 Target HR : 49% of 185 BP : 110/80 Post J @80mSec

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)



SUBURBAN DIAGNOSTICS BHAYANDER

12347409 / ANAND KUMAR / 35 Yrs / Male / 180 Cm / 91 Kg

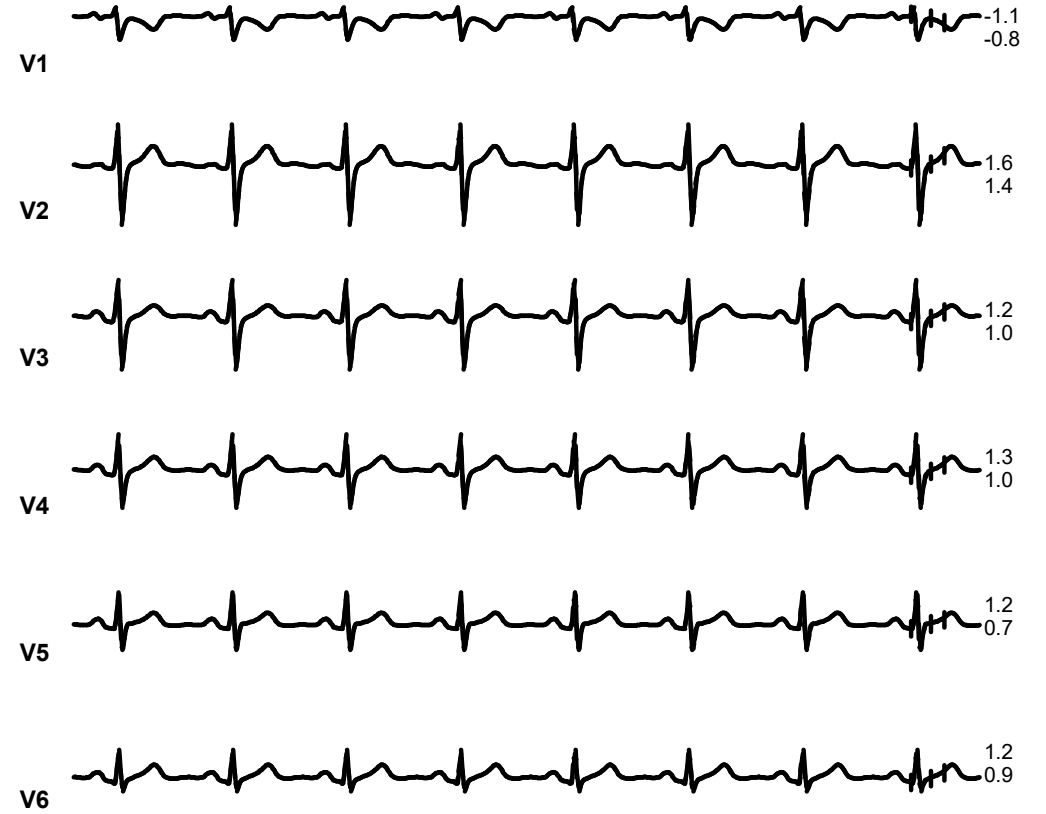
6X2 Combine Medians + 1 Rhythm

BRUCE:Standing(0:04)



Date: 23 / 03 / 2024 08:47:46 AM METs : 1.0 HR : 90 Target HR : 49% of 185 BP : 110/80 Post J @80mSec

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)



SUBURBAN DIAGNOSTICS BHAYANDER

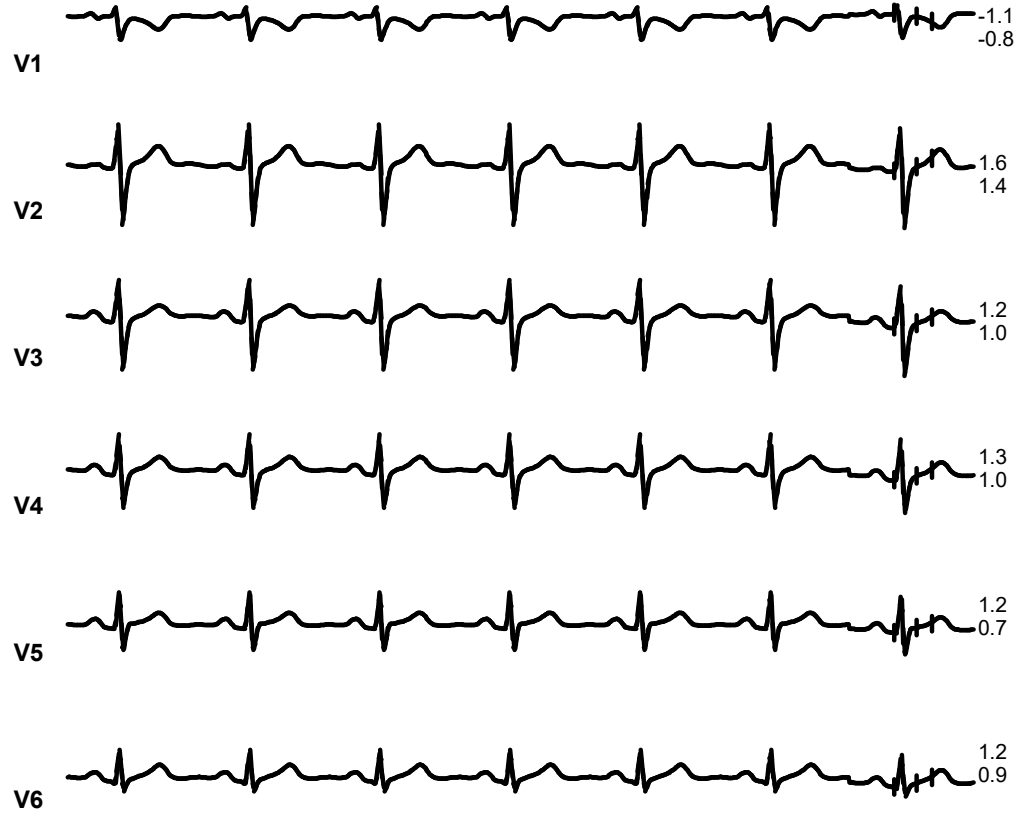
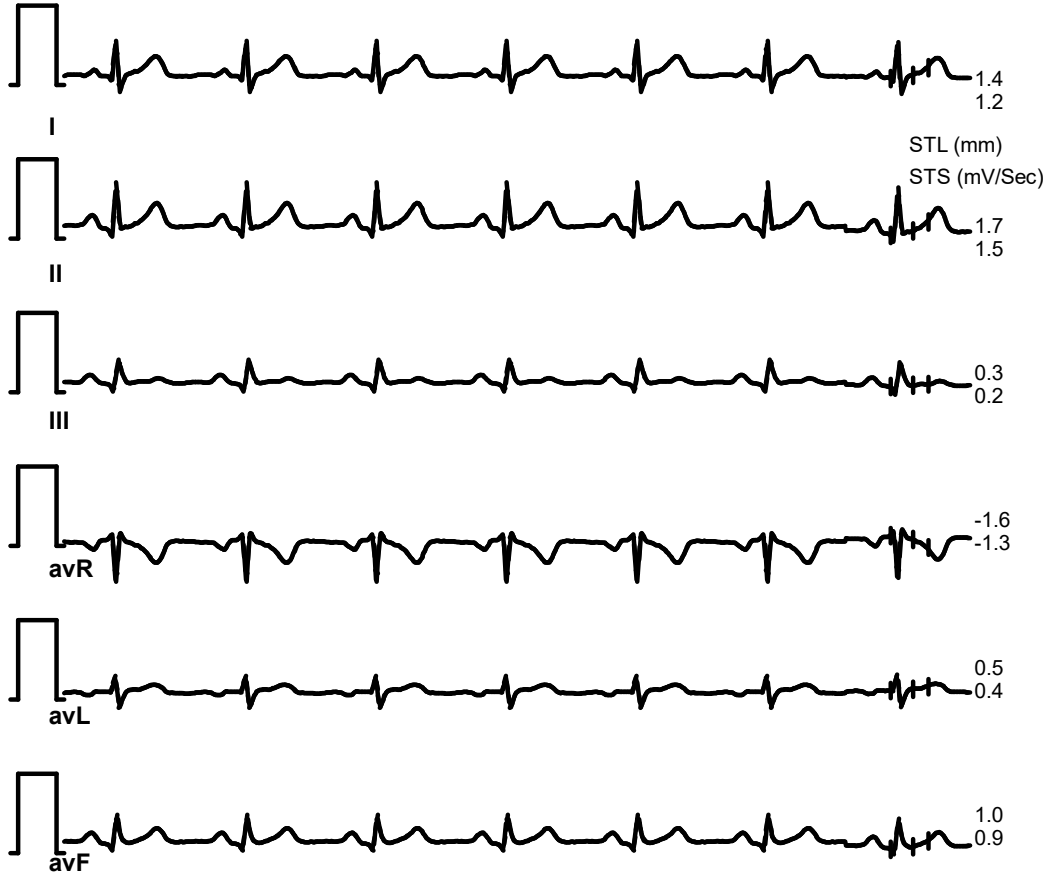
12347409 / ANAND KUMAR / 35 Yrs / Male / 180 Cm / 91 Kg

6X2 Combine Medians + 1 Rhythm
BRUCE:HV(0:05)



Date: 23 / 03 / 2024 08:47:46 AM METs : 1.1 HR : 89 Target HR : 48% of 185 BP : 110/80 Post J @80mSec

ExTime: 00:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)



SUBURBAN DIAGNOSTICS BHAYANDER

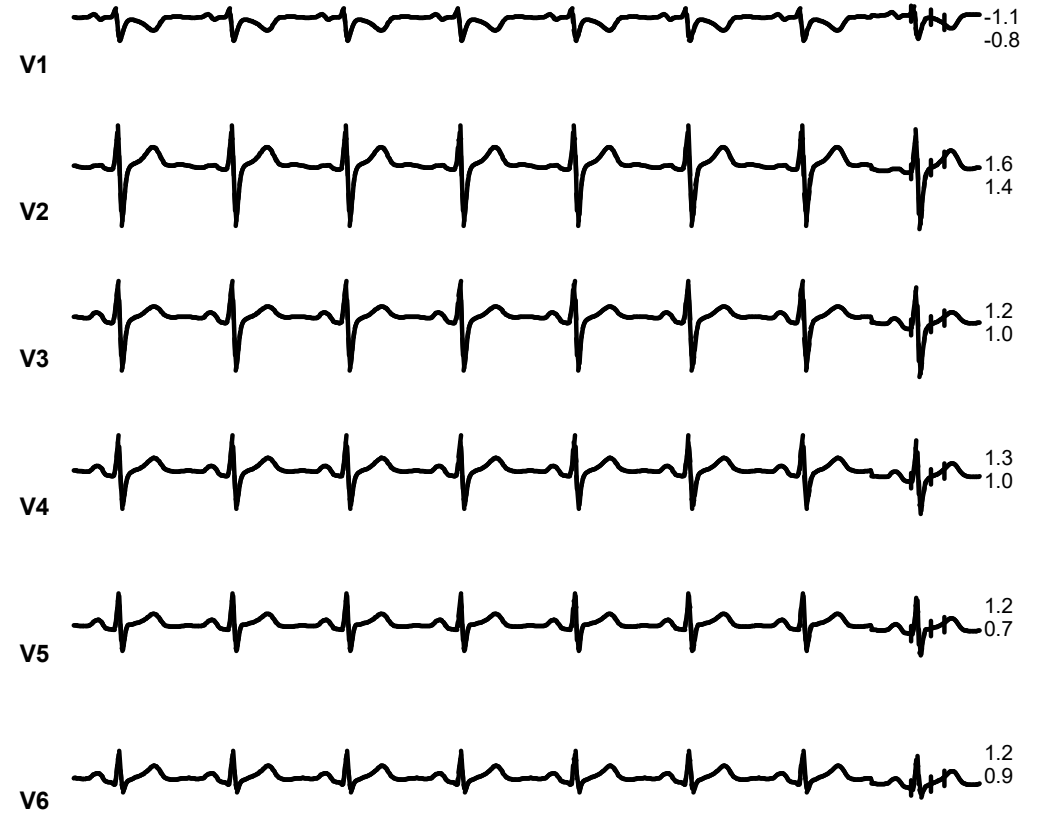
12347409 / ANAND KUMAR / 35 Yrs / Male / 180 Cm / 91 Kg

6X2 Combine Medians + 1 Rhythm
ExStart



Date: 23 / 03 / 2024 08:47:46 AM METs : 1.1 HR : 93 Target HR : 50% of 185 BP : 110/80 Post J @80mSec

ExTime: 00:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)



SUBURBAN DIAGNOSTICS BHAYANDER

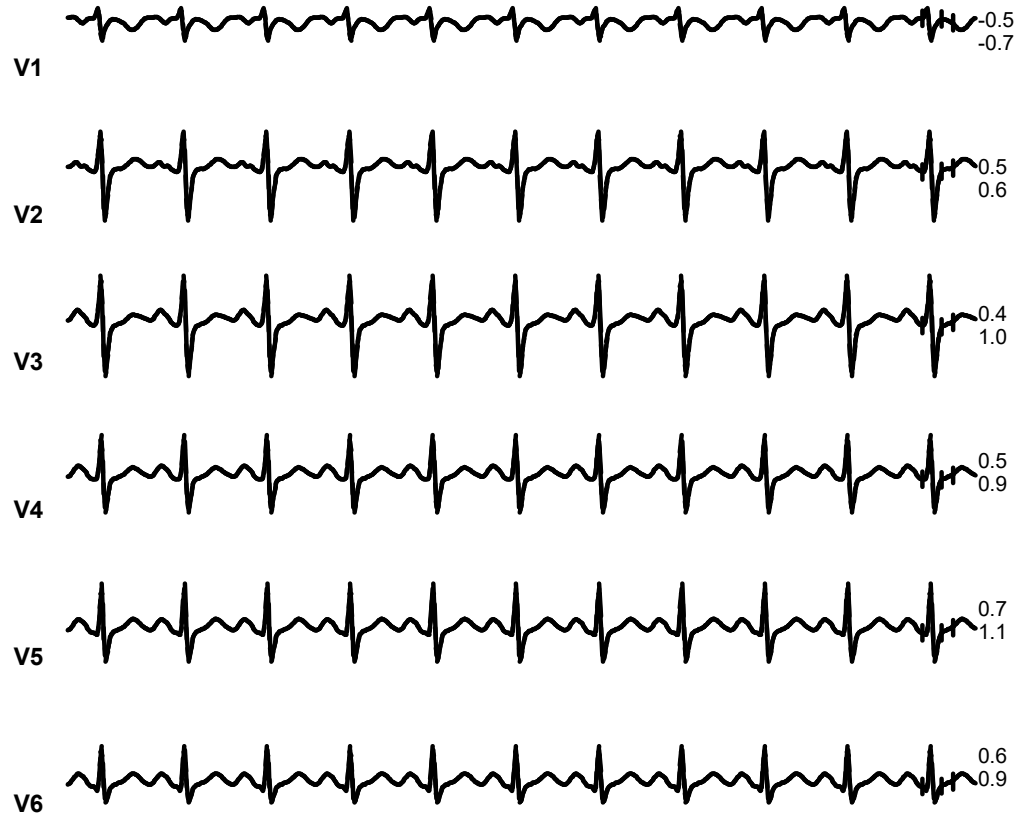
12347409 / ANAND KUMAR / 35 Yrs / Male / 180 Cm / 91 Kg

6X2 Combine Medians + 1 Rhythm
BRUCE:Stage 1(3:00)



Date: 23 / 03 / 2024 08:47:46 AM METs : 4.7 HR : 134 Target HR : 72% of 185 BP : 120/80 Post J @60mSec

ExTime: 03:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)



SUBURBAN DIAGNOSTICS BHAYANDER

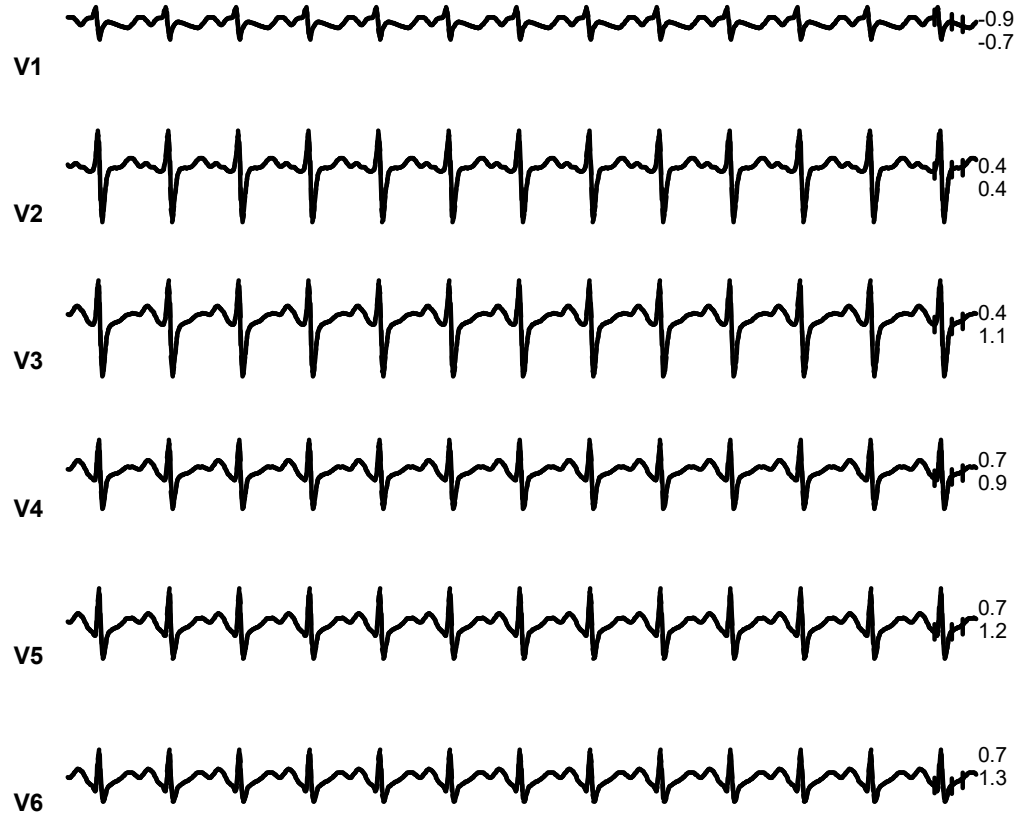
12347409 / ANAND KUMAR / 35 Yrs / Male / 180 Cm / 91 Kg

6X2 Combine Medians + 1 Rhythm
BRUCE:Stage 2(3:00)



Date: 23 / 03 / 2024 08:47:46 AM METs : 7.1 HR : 152 Target HR : 82% of 185 BP : 130/80 Post J @60mSec

ExTime: 06:00 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)



SUBURBAN DIAGNOSTICS BHAYANDER

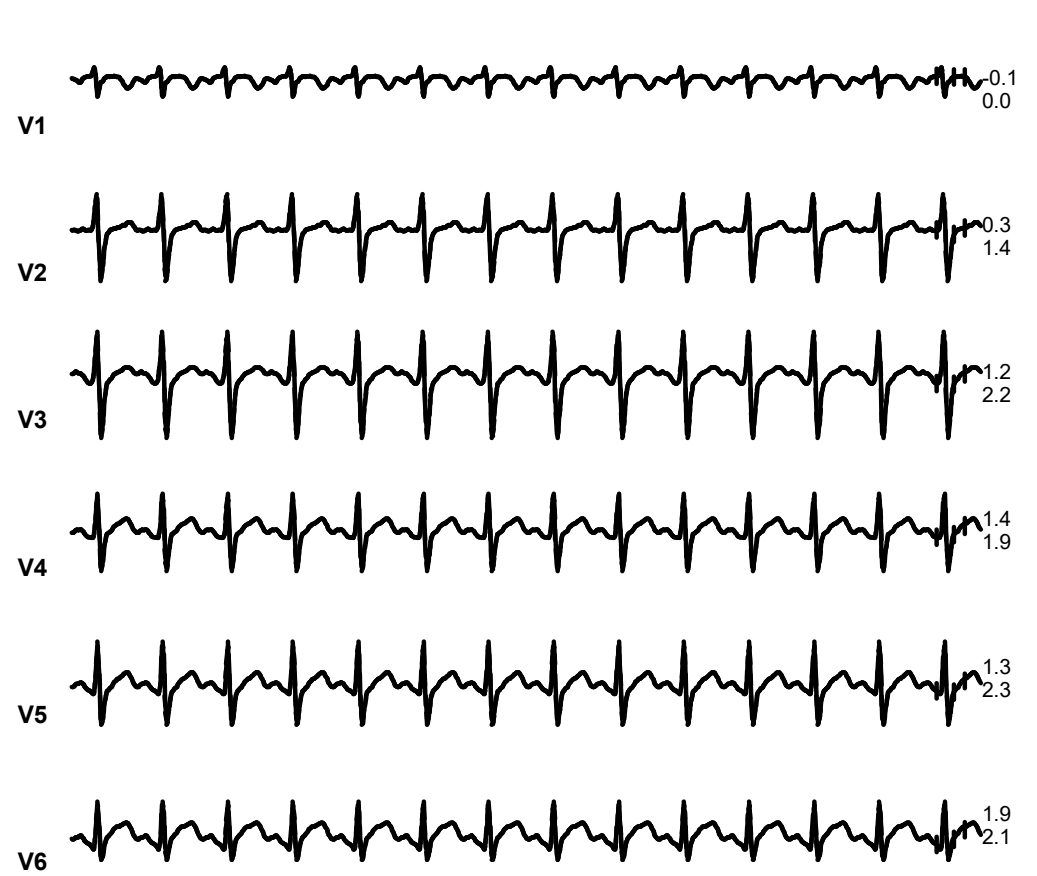
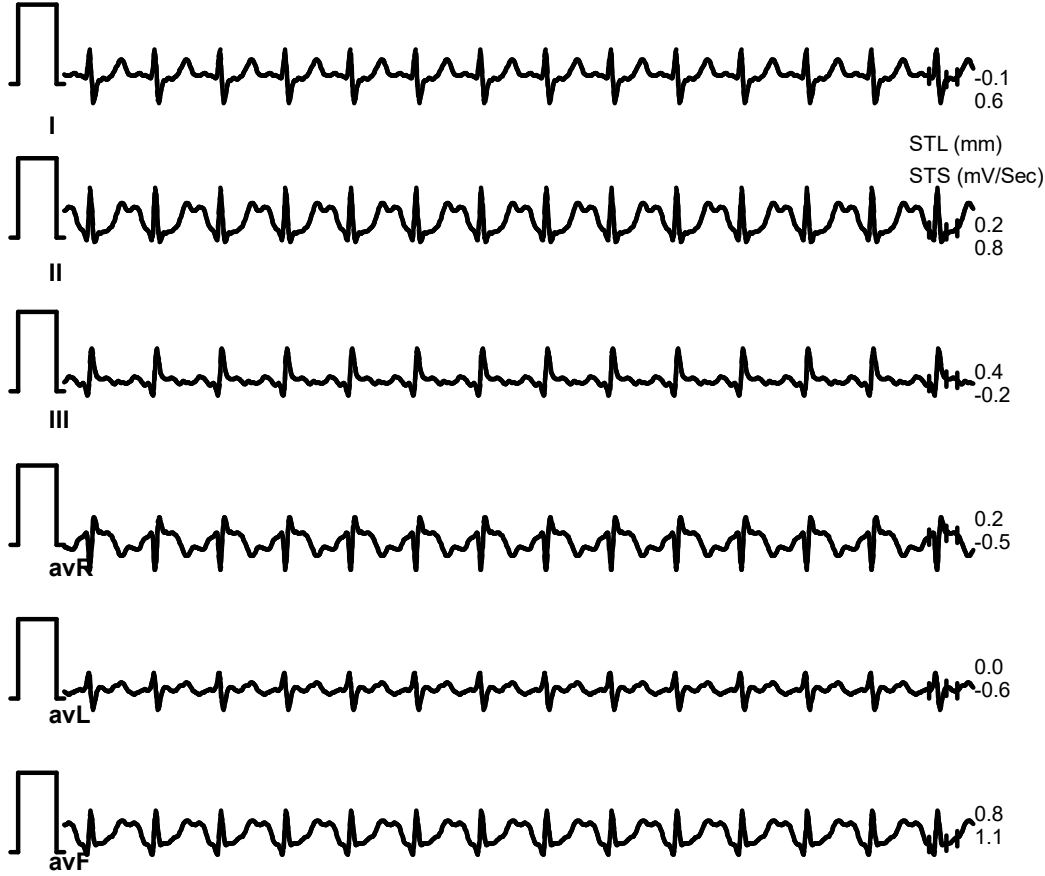
12347409 / ANAND KUMAR / 35 Yrs / Male / 180 Cm / 91 Kg

6X2 Combine Medians + 1 Rhythm PeakEx



Date: 23 / 03 / 2024 08:47:46 AM METs : 8.2 HR : 167 Target HR : 90% of 185 BP : 130/80 Post J @60mSec

ExTime: 07:00 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)



SUBURBAN DIAGNOSTICS BHAYANDER

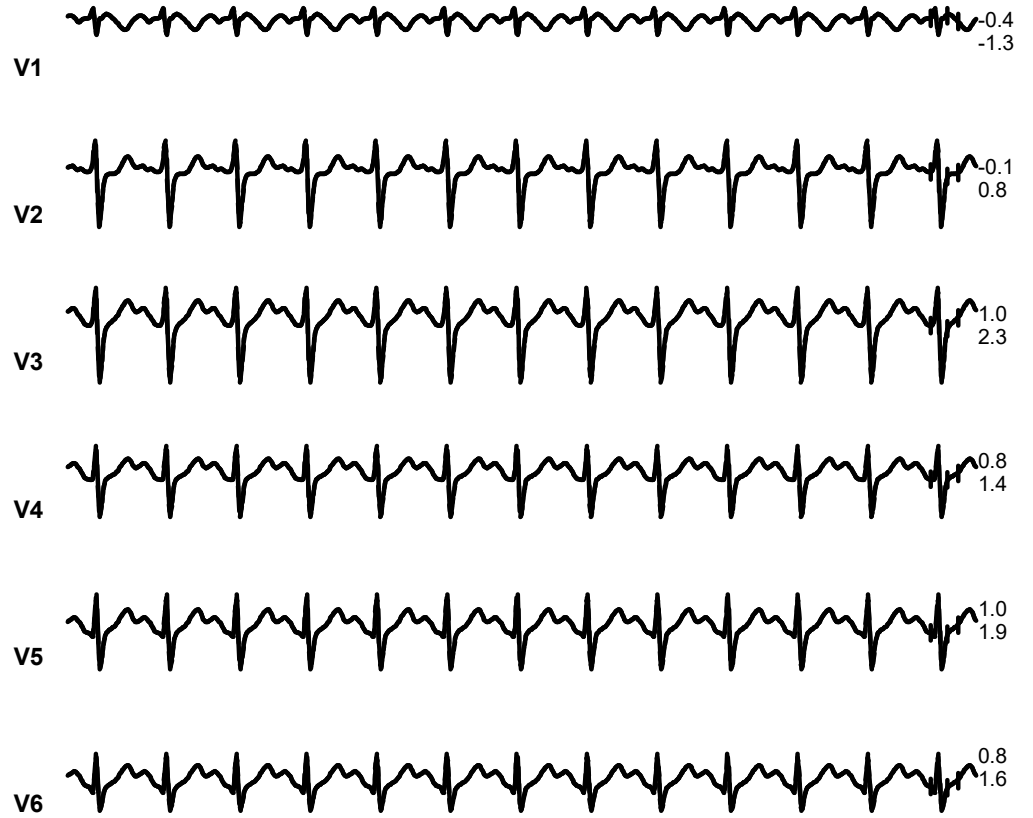
12347409 / ANAND KUMAR / 35 Yrs / Male / 180 Cm / 91 Kg

6X2 Combine Medians + 1 Rhythm
Recovery(1:00)



Date: 23 / 03 / 2024 08:47:46 AM METs : 1.1 HR : 154 Target HR : 83% of 185 BP : 150/80 Post J @60mSec

ExTime: 07:00 Speed: 1.1 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)



SUBURBAN DIAGNOSTICS BHAYANDER

12347409 / ANAND KUMAR / 35 Yrs / Male / 180 Cm / 91 Kg

6X2 Combine Medians + 1 Rhythm
Recovery(2:00)



Date: 23 / 03 / 2024 08:47:46 AM METs : 1.0 HR : 126 Target HR : 68% of 185 BP : 150/80 Post J @60mSec

ExTime: 07:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)



SUBURBAN DIAGNOSTICS BHAYANDER

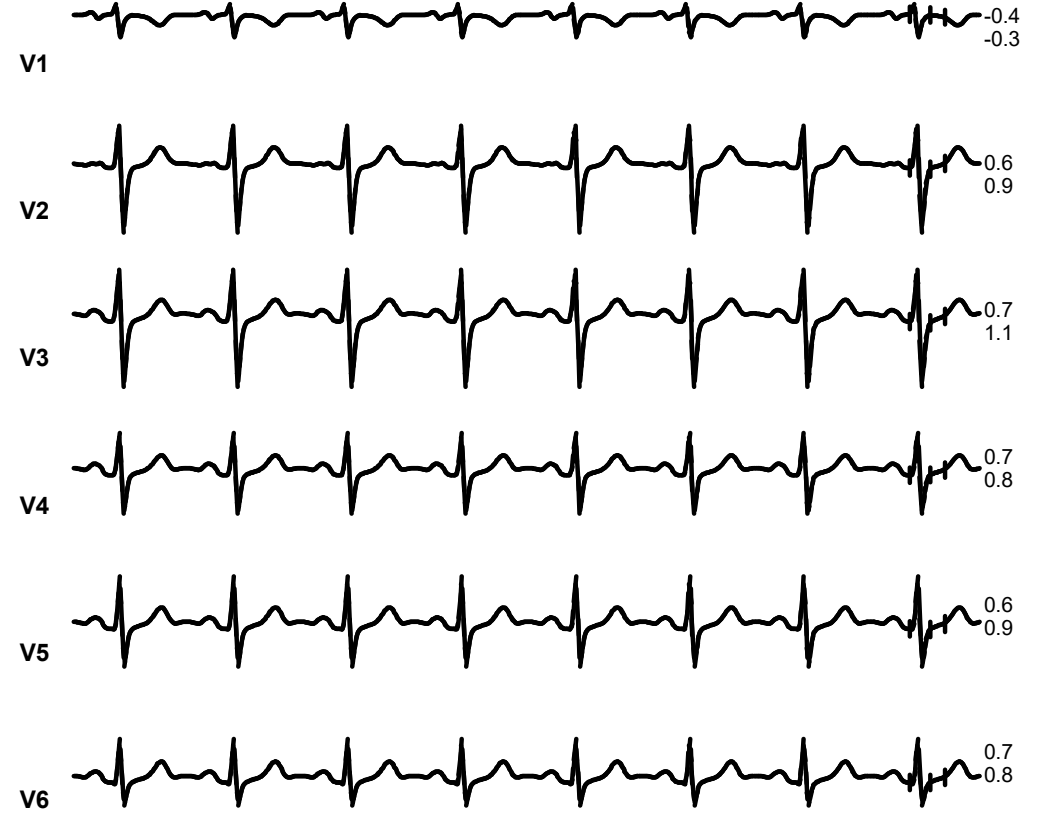
12347409 / ANAND KUMAR / 35 Yrs / Male / 180 Cm / 91 Kg

6X2 Combine Medians + 1 Rhythm
Recovery(4:00)



Date: 23 / 03 / 2024 08:47:46 AM METs : 1.0 HR : 99 Target HR : 54% of 185 BP : 120/80 Post J @80mSec

ExTime: 07:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)

