



CID : 2408912869
Name : MR.ASHWINI KUMAR TIWARI
Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 29-Mar-2024 / 08:46
Reported : 29-Mar-2024 / 10:46

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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	14.6	13.0-17.0 g/dL	Spectrophotometric
RBC	5.25	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.1	40-50 %	Measured
MCV	84	80-100 fl	Calculated
MCH	27.8	27-32 pg	Calculated
MCHC	33.1	31.5-34.5 g/dL	Calculated
RDW	14.9	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6280	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	35.8	20-40 %	
Absolute Lymphocytes	2248.2	1000-3000 /cmm	Calculated
Monocytes	9.7	2-10 %	
Absolute Monocytes	609.2	200-1000 /cmm	Calculated
Neutrophils	47.5	40-80 %	
Absolute Neutrophils	2983.0	2000-7000 /cmm	Calculated
Eosinophils	6.5	1-6 %	
Absolute Eosinophils	408.2	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	31.4	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	174000	150000-400000 /cmm	Elect. Impedance
MPV	12.2	6-11 fl	Calculated
PDW	30.5	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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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	107.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	91.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.39	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.24	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	36.6	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	59.2	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	21.8	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	155.8	40-130 U/L	Colorimetric
BLOOD UREA, Serum	18.3	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.5	6-20 mg/dl	Calculated
CREATININE, Serum	0.80	0.67-1.17 mg/dl	Enzymatic



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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	4.4	3.5-7.2 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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



Bmhasakar

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



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.8	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.

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

*** End Of Report ***



J Thakker

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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
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	1.005	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	20	-	-
<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	5-6	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	++	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 ***



Bmhasakar

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



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Reported : 29-Mar-2024 / 14:47

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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 ***



Dr. Vrushi Shroff

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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	208.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	103.0	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	45.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	163.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	142.0	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	21.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.2	0-3.5 Ratio	Calculated

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



J Thakker

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



CID : 2408912869
 Name : MR.ASHWINI KUMAR TIWARI
 Age / Gender : 34 Years / Male
 Consulting Dr. : -
 Reg. Location : Kandivali East (Main Centre)

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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	4.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.0	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	4.62	0.35-5.5 microIU/ml	ECLIA



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Reg. Location : Kandivali East (Main Centre)

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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)

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*** End Of Report ***



Bmhasakar

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

Name : MR.ASHWINI KUMAR TIWARI

Age / Gender : 34 Years/Male

Consulting Dr. :

Collected : 29-Mar-2024 / 08:42

Reg.Location : Kandivali East (Main Centre)

Reported : 29-Mar-2024 / 16:02

PHYSICAL EXAMINATION REPORT

History and Complaints:

Headache off and on.

EXAMINATION FINDINGS:

Height (cms): 166 cms

Weight (kg): 67 kgs

Temp (0c): Afebrile

Skin: Normal

Blood Pressure (mm/hg): 120/70

Nails: Normal

Pulse: 72/min

Lymph Node: Not palpable

Systems

Cardiovascular: Normal

Respiratory: Normal

Genitourinary: Normal

GI System: Normal

CNS: Normal

IMPRESSION:

7 B1 Sugar (P)
7 HbA1c 5.87
WBC - 5-6 /HPF cells
Dyslipidemia

ADVICE:

Low fatty diet
" Carbs/diet

Name : MR.ASHWINI KUMAR TIWARI

Age / Gender : 34 Years/Male

Consulting Dr. :

Collected : 29-Mar-2024 / 08:42

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

PERSONAL HISTORY:

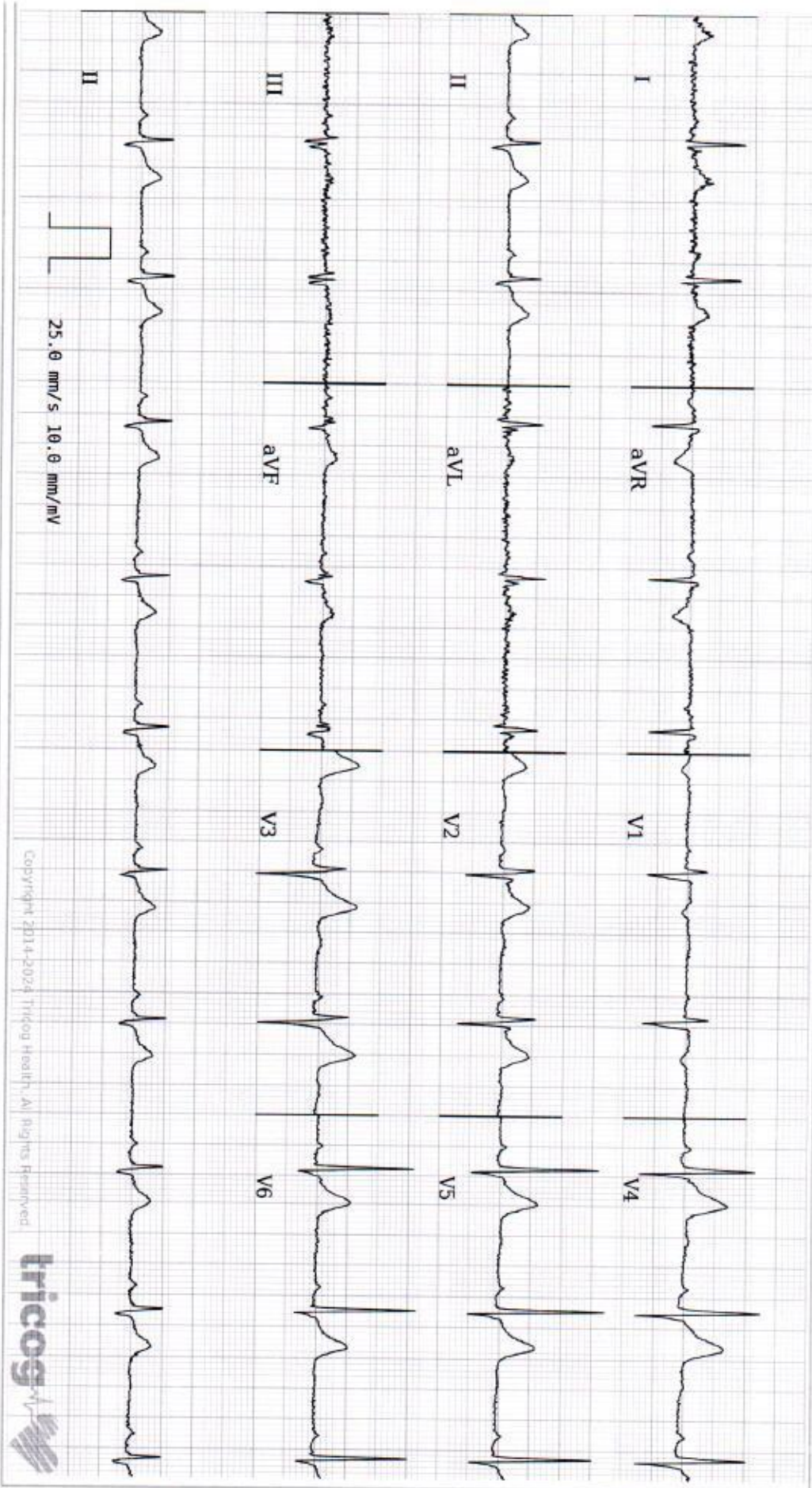
- | | |
|---------------|-----|
| 1) Alcohol | No |
| 2) Smoking | No |
| 3) Diet | Veg |
| 4) Medication | No |

*** End Of Report ***


Dr.JAGRUTI DHALE

Patient Name: **ASHWINI KUMAR TIWARI**
Patient ID: **2408912869**

Date and Time: **29th Mar 24 10:02 AM**



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Age **34** NA NA
years months days

Gender **Male**

Heart Rate **63bpm**

Patient Vitals

BP: **120/70 mmHg**

Weight: **67 kg**

Height: **166 cm**

Pulse: **NA**

SpO2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **88ms**

QT: **374ms**

QTcB: **382ms**

PR: **152ms**

P-R-T: **56° 7° 33°**

REPORTED BY

DR. AKHIL PARULEKAR
MBBS, MD, MEDICINE, DNB Cardiology
Cardiologist
2012082483

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



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Reg. Location : Kandivali East Main Centre

Reg. Date : 29-Mar-2024
Reported : 29-Mar-2024 / 14:28

R
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X-RAY CHEST PA VIEW

Both lung fields are clear.
Both costo-phrenic angles are clear.
The cardiac size and shape are within normal limits.
The domes of diaphragm are normal in position and outlines.
The skeleton under review appears normal.

IMPRESSION:
NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

DR. Akash Chhari
MBBS. MD. Radio-Diagnosis Mumbai
MMC REG NO - 2011/08/2862

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MUMBAI OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.

WEST REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar West, Mumbai - 400086.

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Reported : 29-Mar-2024 / 12:04

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (12.5 cm) 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 appears normal. No evidence of gall stones or mass lesions seen

PANCREAS: The pancreas appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Right kidney measures 9.4 x 4.5 cm. Left kidney measures 9.9 x 4.9 cm.
Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.

SPLEEN:

The spleen is normal in size (8.1 cm) and echotexture. No evidence of focal lesion is noted.
There is no evidence of any lymphadenopathy or ascites.

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

PROSTATE: The prostate is normal in size and measures 3.9 x 3.4 x 3.1 cm and volume is 22 cc.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS SEEN.

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

DR. Akash Chhari
MBBS. MD. Radio-Diagnosis Mumbai
MMC REG NO - 2011/08/2862

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Date: - 29/3/2024

CID: 24089/2869

Name: - Ashwini Tiwari

Sex/Age: 34/m

EYE CHECK UP

Chief complaints: NO

Systemic Diseases: NO

Past history: NO

Unaided Vision:

Aided Vision:

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	-	-	-	G/G	-	-	-	G/G
Near	-	-	-	N/G	-	-	-	N/G

Colour Vision: Normal / Abnormal

Remark: Normal

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Aangan,
Thakur Vihar, Kandivali (West),
Mumbai - 400101.
Tel : 61708000



Email: 3222 / ASHWINI TIWARI / 34 Yrs / M / 166 Cms / 67 Kg Date: 29 / 03 / 2024 10:58:55 AM Refd By : AERCOFEMI

REPORT :

Heart Rate 180.0 bpm
Systolic BP 160.0 mmHg Diastolic BP 80.0 mmHg
Exercise Time 07:01 Mins. Ectopic Beats 0.0
METS 8.2 Test End Reason , Heart Rate Achieved Target Heart Rate 98% of 186

TEST OBJECTIVE	ROUTINE CHECK UP
RISK FACTOR	NONE
ACTIVITY	MODERATE ACTIVE
MEDICATION	NONE
REASON FOR TERMINATION	HEART RATE ACHIEVED
EXERCISE TOLERANCE	GOOD
EXERCISE INDUCED ARRHYTHMIAS	NO
HAEMODYNAMIC RESPONSE	NORMAL
CHRONOTROPIC RESPONSE	NORMAL
FINAL IMPRESSION	NO SIGNIFICANT ST T CHANGES NOTED STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHAEMIC HEART DISEASE FOR GIVEN DURATION OF EXERCISE

DISCLAIMER Negative stress test does not rule out coronary artery disease. Positive stress test is suggestive but not confirmatory of coronary artery disease. Hence clinical correlation is mandatory.

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

SUBURBAN DIAGNOSTICS (POM) PVT. LTD.
Flow House No. 3, Aaregaur,
Thakur Vihar, Kandivali (East),
Mumbai - 400101.
Tel : 61700000

Doctor : DR. AKHIL PARULEKAR

SUBURBAN DIAGNOSTICS KANDIVALI EAST

Report



Email:

3222 (2408912869) / ASHWINI TWARI / 34 Yrs / M / 166 Cms / 67 Kg
 Date: 29 / 03 / 2024 10:58:55 AM Refd By : AERCOFEMI Examined By: DR AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:13	0:13	00.0	00.0	01.0	064	34%	120/80	076	00	
Standing	00:42	0:29	00.0	00.0	01.0	066	35%	120/80	079	00	
HV	00:51	0:09	00.0	00.0	01.0	065	35%	120/80	078	00	
ExStart	01:11	0:20	00.0	00.0	01.0	072	39%	120/80	086	00	
BRUCE Stage 1	04:11	3:00	02.7	10.0	04.7	113	61%	120/80	135	00	
BRUCE Stage 2	07:11	3:00	04.0	12.0	07.1	155	83%	140/80	217	00	
PeakEx	08:12	1:01	05.5	14.0	08.2	180	97%	160/80	288	00	
Recovery	09:12	1:00	00.0	00.0	01.1	143	77%	160/80	228	00	
Recovery	09:21	1:10	00.0	00.0	01.0	139	75%	160/80	222	00	

FINDINGS :

Exercise Time : 07:01
 Initial HR (ExStrt) : 72 bpm 39% of Target 186
 Initial BP (ExStrt) : 120/80 (mm/Hg)
 Max Workload Attained : 8.2 Fair response to induced stress
 Duke Treadmill Score : 04.3
 Test End Reasons : Heart Rate Achieved

Max HR Attained 180 bpm 97% of Target 186
 Max BP Attained 160/80 (mm/Hg)

Dr. Akhil P. Parulekar.

MBBS, MD, Medicine

DNB Cardiology

Reg. No. 2012082481

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.

Row House 150, 3, Aamgen, 1,

Thakur Village, Kandivali (east),

Mumbai - 400101.

Tel : 61700000

Doctor : DR. AKHIL PARULEKAR



3222 (2408912869) / ASHWINI TIWARI / 34 Yrs / M / 166 Cms / 67 Kg / HR : 64

Date: 29 / 03 / 2024 10:58:55 AM METS: 1.0/64 bpm 34% of THR BP: 120/80 mmHg Raw ECG/ BLC Orig/ Notch Orig/ HF 0.05 Hz/LF 35 Hz

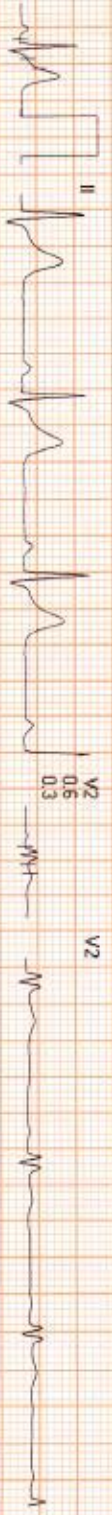
4X 100 ms Post J

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

I
ST1 0.7
STs 0.7



II
2.4
1.9



III
1.7
1.2



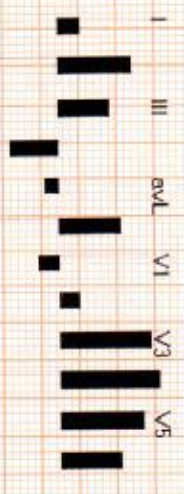
aVR
-1.6
-1.3



aVL
-0.4
-0.3



aVF
2.0
1.6



II aVR aVF V2 V4 V6

REMARKS:

SUBURBAN DIAGNOSTICS KANDIVALI EAST

STANDING (00:29)



3222 (2408912869) / ASHWINI TIWARI / 34 Yrs / M / 166 Cms / 67 Kg / HR : 66

Date: 29 / 03 / 2024 10:58:55 AM METS: 1.0/66 bpm 35% of THR BP: 120/80 mmHg Paw ECG/BL/C On/Notch On/HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 0.0 KempH: 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV

sn: 0.8
sr: 0.6

V1 -0.9
V1 -0.8



II 2.5
I 1.9

V2 0.4
V2 0.2



III 1.7
III 1.3

V3 3.0
V3 2.1



V2 0.4



avR -1.7
avR -1.3

V4 3.3
V4 2.5



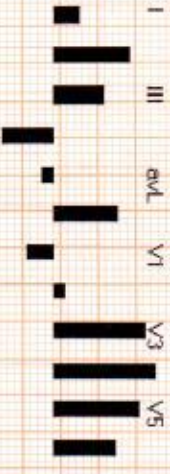
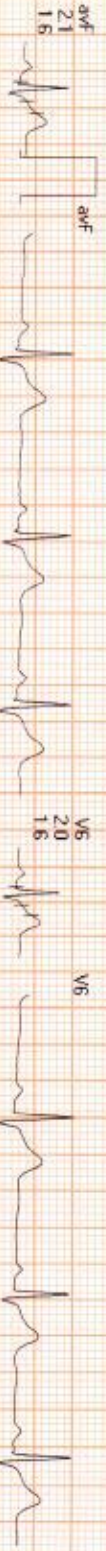
avL -0.4
avL -0.3

V5 2.8
V5 2.1



avF 2.1
avF 1.6

V6 2.0
V6 1.6



REMARKS:



Date: 29 / 03 / 2024 10:58:55 AM METS: 1.0/65 bpm 35% of THR BP: 120/80 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J

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

sn: 1.0
str: 0.7

V1 -1.0
-1.0
0.9

V1



II 2.8
2.2

II

V2 0.5
0.3

V2



III 1.9
1.5

III

V3 3.7
2.5

V3



avR -1.9
-1.5

avR

V4 4.1
2.9

V4



avL -0.5
-0.4

avL

V5 3.3
2.5

V5

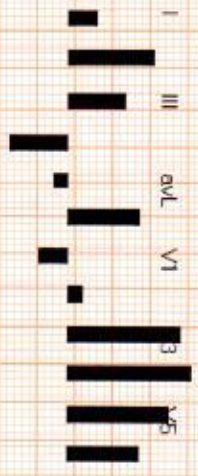


avF 2.4
1.8

avF

V6 2.4
1.8

V6



REMARKS:

Date: 29 / 03 / 2024 10:58:55 AM METS: 1.0 / 72 bpm 39% of THR BP: 120/80 mmHg Raw ECG/BLC On/Match On/ HF 0.05 Hz/LF 35 Hz

4X 70 ms Post J

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

STL 0.8
STB 1.2

V1 1.0
V2 0.4
V3 0.2

II 3.1
III 2.0

V4 3.9
V5 3.4
V6 2.3

avR -2.1
avL -0.7
avF 2.2

V7 2.5
V8 2.2



III 2.0
aVF 2.2

V3 3.3
V4 3.7

II 3.1
III 2.0

V3 3.3
V4 3.7

avR -2.1
avL -0.7
avF 2.2

V5 3.4
V6 2.3

avR -2.1
avL -0.7
avF 2.2

V4 3.9
V5 3.4
V6 2.3

avR -2.1
avL -0.7
avF 2.2

V5 3.4
V6 2.3

avR -2.1
avL -0.7
avF 2.2

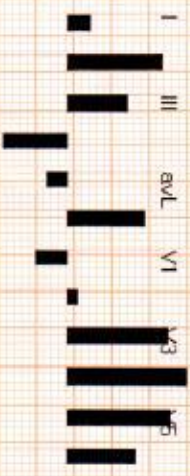
V6 2.3
V7 2.5
V8 2.2

avR -2.1
avL -0.7
avF 2.2

V7 2.5
V8 2.2

avR -2.1
avL -0.7
avF 2.2

V8 2.2



REMARKS:



3222 (2408912869) / ASHWINI TIWARI / 34 Yrs / M / 166 Cms / 67 Kg / HR : 113

Date: 29/03/2024 10:58:55 AM METS: 4.7/11.3 bpm 61% of THR BP: 120/80 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

4X 70 ms Post J

EXTime: 03:00 2.7 Km/h, 10.0%
25 mm/Sec 1.0 Cm/hV

STL 0.7
STB 0.7



V1
-1.4
-1.3

II
2.8
2.6



V2
0.0
0.1



III
2.0
1.9



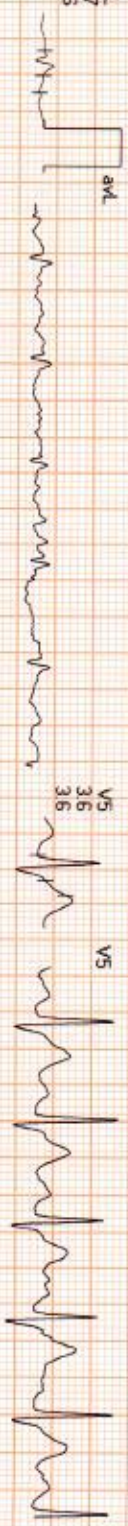
V3
2.9
3.2

aVR
-1.7
-1.6

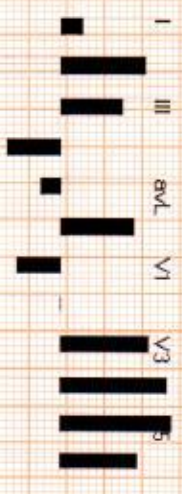


V4
3.5
3.7

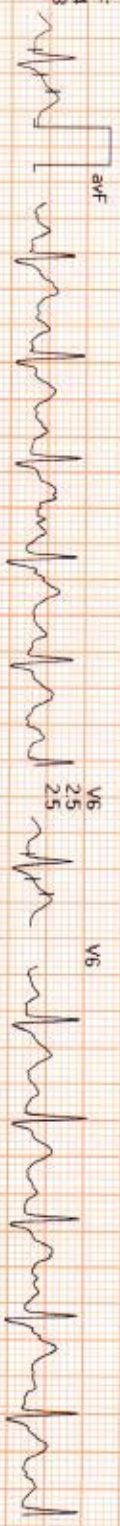
aVL
-0.7
-0.6



V5
3.6
3.6



aVF
2.4
2.3



V6
2.5
2.5

REMARKS:

SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 2 (03:00)



3222 (2408912869) / ASHWINI TIWARI / 34 Yrs / M / 166 Cms / 67 Kg / HR : 155

Date: 29 / 03 / 2024 10:58:55 AM

METS: 7.1 / 155 bpm 83% of THR BP: 140/80 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime 06:00 4.0 KmPh 12.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV

STL 0.7
STB 1.2

V1 0.6
V2 1.3



II 1.3
III 2.7

V2 0.3
V3 0.4



V2 0.3



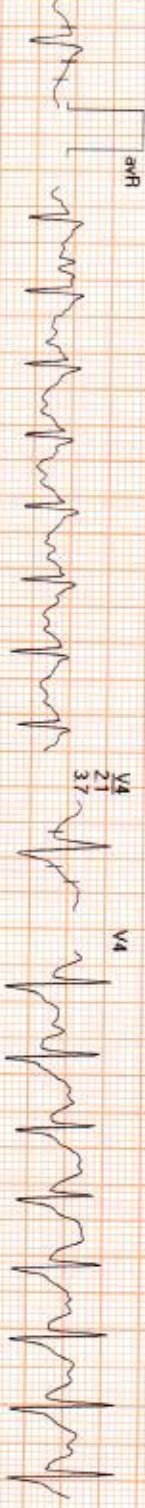
III 0.6
aVR 1.5

V3 2.3
V4 3.5



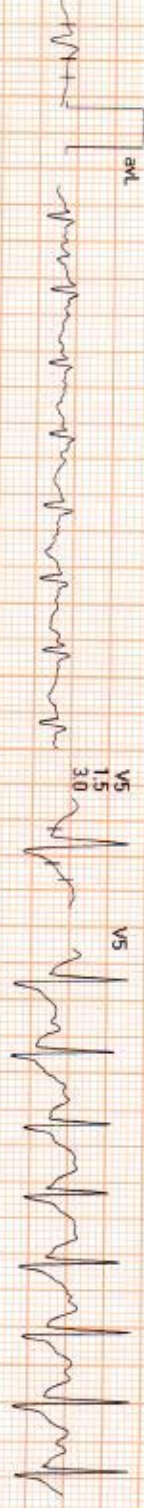
aVR -1.0
aVL -1.9

V4 2.1
V5 3.7



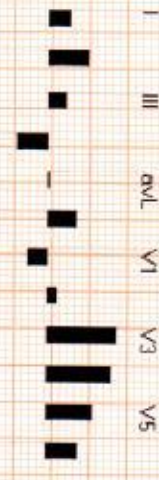
aVL 0.1
aVF -0.1

V5 1.5
V6 3.0



aVF 0.9
V1 2.1

V6 1.0
V7 2.1



REMARKS:
II aVR aVL V1 V2 V3 V4 V5 V6

SUBURBAN DIAGNOSTICS KANDIVALI EAST

PeakEx



3222 (2408912869) / ASHWINI TIWARI / 34 Yrs / M / 166 Cms / 67 Kg / HR : 180

Date: 29 / 03 / 2024 10:58:55 AM METS: 8.2/180 bpm 97% of THR BP: 160/80 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 60 ms Peak J

ExTime: 07:01 5.5 Km/h 14.0%

25 mm/Sec 1.0 Cm/hV

STL 0.4
STR 0.9



V1 -0.7
-1.1



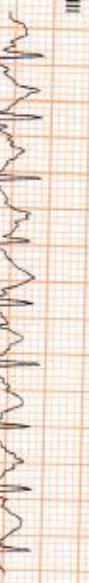
II 1.1
I 1.1
2.6



V2 0.4
0.3



III 0.4
1.5



V3 1.4
3.7



avR 0.9
0.9
-1.8



V4 1.2
3.3



avL 0.1
0.1
0.2



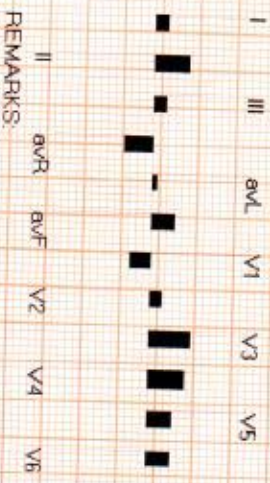
V5 0.8
3.1



avF 0.8
0.8
2.0



V6 0.8
1.9



REMARKS:

SUBURBAN DIAGNOSTICS KANDIVALI EAST

3222 (2408912869) / ASHWINI TIWARI / 34 Yrs / M / 166 Cms / 67 Kg / HR : 153

Recovery : (01:00)

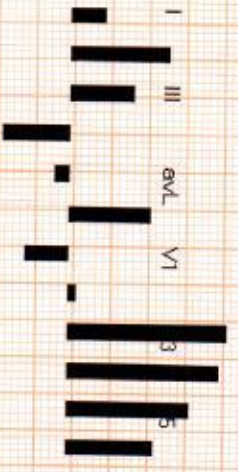
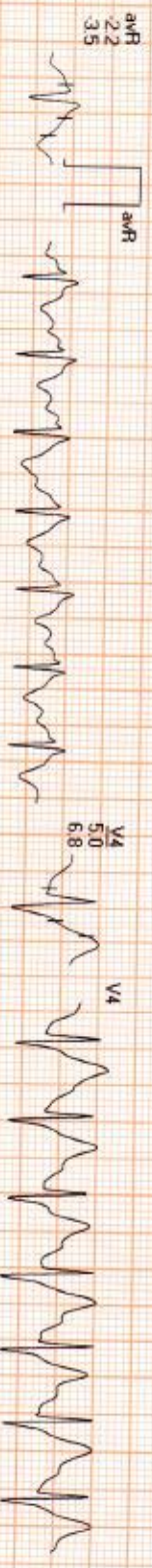
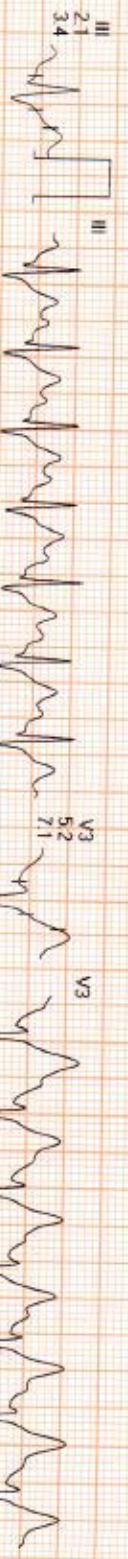


Date: 29 / 03 / 2024 10:58:55 AM METS: 1.1 / 153 bpm 82% of THR BP: 160/80 mmHg Raw ECG/BL C Orig/Notch Orig/HF 0.05 Hz/LF 35 Hz

EXTime: 07:01 0.0 Km/h, 0.0%

25 mm/Sec 1.0 cm/mV

4X 60 ms Post J



REMARKS:

SUBURBAN DIAGNOSTICS KANDIVALI EAST

3222 (2408912869) / ASHWINI TIWARI / 34 Yrs / M / 166 Cms / 67 Kg / HR 139

Recovery : (01:09)



Date: 29 / 03 / 2024 10:58:55 AM METS: 1.0 / 139 bpm 75% of THR BP: 160/80 mmHg Raw ECG/BLC On/Naich On/ HF 0.05 Hz/LF 35 Hz

ExTime: 07:01 0.0 Kmph 0.0%

25 mm/Sec 1.0 Cm/mV

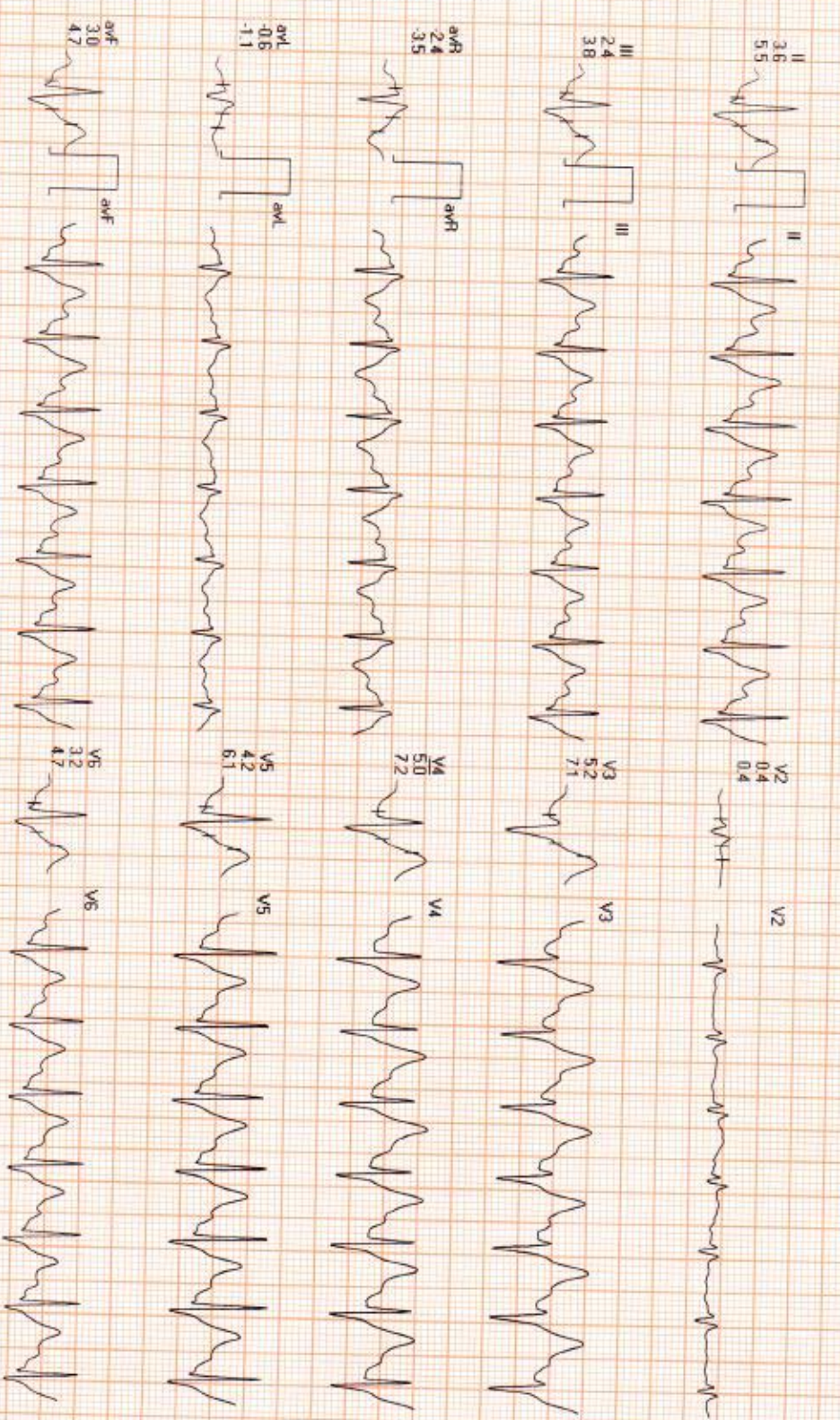
4X 50 ms Post J

ST: 1.2
STS: 1.6

V1: 1.4
V2: 2.3

II: 3.6
III: 2.4
aVR: 2.4
aVL: -0.6
aVF: 3.0
V4: 5.0
V5: 4.2
V6: 3.2

V2: 0.4
V3: 5.2
V4: 7.2
V5: 6.1
V6: 4.7



REMARKS: