



CID# : 2405522142

Name : MR.ANSHUL .

Age / Gender : 36 Years/Male

Consulting Dr. :

Collected : 24-Feb-2024 / 09:46

Reg.Location : Andheri West (Main Centre)

Reported : 26-Feb-2024 / 09:40

PHYSICAL EXAMINATION REPORT

History and Complaints:

Asymptomatic

EXAMINATION FINDINGS:

Height (cms):	192 cms	Weight (kg):	96 cms
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	110/80 mm of hg	Nails:	Normal
Pulse:	84/min	Lymph Node:	Not palpable

Systems

Cardiovascular: S1S2 audible

Respiratory: AEBE

Genitourinary: NAD

GI System: Liver & Spleen not palpable

CNS: NAD

IMPRESSION:

Altered levels of liver enzymes,
Very high dyslipidemia,
Serum creatinine=1.23 mg/dl(elevated),eGFR=78(Mild decrease),
USG shows Mild hepatomegaly,
Rest reports appear to be in normal limits.

ADVICE:

Kindly consult your family physician with all your reports,
Repeat serum creatinine,if persistently high,then consult Nephrologist,
Therapeutic life style modification is advised.

CHIEF COMPLAINTS:

1) Hypertension: No



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- | | |
|--|----|
| 2) IHD | No |
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis | No |
| 6) Asthama | No |
| 7) Pulmonary Disease | No |
| 3) 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 | Occasional |
| 2) Smoking | Occasional |
| 3) Diet | Mixed |
| 4) Medication | No |

*** End Of Report ***

Sangeeta Manwani

Dr.Sangeeta Manwani
M.B.B.S. Reg.No.71083

Date:- 24/02/24
Name:- ANSHUL

CID: 2405522142
Sex / Age: M / 36 YRS.

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—————			6/6	—————			6/6
Near	—————			N5	—————			N5

Colour Vision: Normal / Abnormal

Remark: Normal vision

Suburban Diagnostics (I) Pvt. Ltd.
Aston, 2nd Floor, Opp. Sunshine Building
Sundervan Complex, Andheri (West)
Mumbai - 400 053, Tel.: 022-40274527



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Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 24-Feb-2024 / 09:51
Reported : 24-Feb-2024 / 12:38

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	15.5	13.0-17.0 g/dL	Spectrophotometric
RBC	5.18	4.5-5.5 mil/cmm	Elect. Impedance
PCV	47.9	40-50 %	Calculated
MCV	92.5	80-100 fl	Measured
MCH	29.9	27-32 pg	Calculated
MCHC	32.4	31.5-34.5 g/dL	Calculated
RDW	14.4	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5760	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	53.4	20-40 %	
Absolute Lymphocytes	3075.8	1000-3000 /cmm	Calculated
Monocytes	5.6	2-10 %	
Absolute Monocytes	322.6	200-1000 /cmm	Calculated
Neutrophils	35.1	40-80 %	
Absolute Neutrophils	2021.8	2000-7000 /cmm	Calculated
Eosinophils	4.4	1-6 %	
Absolute Eosinophils	253.4	20-500 /cmm	Calculated
Basophils	1.5	0.1-2 %	
Absolute Basophils	86.4	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	241000	150000-400000 /cmm	Elect. Impedance
MPV	10.1	6-11 fl	Measured
PDW	20.8	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	-
Microcytosis	-

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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 3 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 CPL, Andheri 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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	88.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	81.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.72	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.26	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.46	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	67.7	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	100.5	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	22.3	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	76.3	40-130 U/L	Colorimetric
BLOOD UREA, Serum	25.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	11.9	6-20 mg/dl	Calculated
CREATININE, Serum	1.23	0.67-1.17 mg/dl	Enzymatic

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eGFR, Serum	78	(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	

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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	5.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	102.5	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	Brown	Brown	-
Form and Consistency	Semi Solid	Semi Solid	-
Mucus	Absent	Absent	-
Blood	Absent	Absent	-
<u>CHEMICAL EXAMINATION</u>			
Reaction (pH)	Alkaline (7.5)	-	pH Indicator
Occult Blood	Absent	Absent	Guaiac
<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

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Collected : 24-Feb-2024 / 09:51
Reported : 24-Feb-2024 / 15:16

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	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 CPL, Andheri West
*** End Of Report ***



J. Thakkar

Dr. Megha More
M.D. (PATH), DPB
Pathologist and AVP (Medical Services)

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Collected : 24-Feb-2024 / 09:51

Reported : 24-Feb-2024 / 15:09

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh TYPING	Positive

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Note: This sample is not tested for Bombay blood group.

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 CPL, Andheri West

*** End Of Report ***



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	294.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	82.5	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	18.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	275.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	259.0	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	16.6	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	15.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	13.8	0-3.5 Ratio	Calculated

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*** End Of Report ***



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Collected : 24-Feb-2024 / 09:51
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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	3.7	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	19.5	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.95	0.35-5.5 microIU/ml	ECLIA

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Interpretation:

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

Clinical Significance:

- 1)TSH Values between high abnormal 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 transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until 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) PYT. LTD CPL, Andheri West

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 Age / Sex : 36 Years/Male
 Ref. Dr :
 Reg. Location : Andheri West (Main Center)

Reg. Date : 24-Feb-2024
 Reported : 24-Feb-2024 / 12:54

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 R K Bhandari
 M D , DMRE
 MMC REG NO. 34078

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USG WHOLE ABDOMEN

LIVER:

The liver is mildly enlarged in size (15.6cm). It shows normal parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

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

PANCREAS:

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

KIDNEYS:

Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.
Right kidney measures 11.2 x 4.3cm. Left kidney measures 11.0 x 5.9cm.

SPLEEN:

The spleen is normal in size (8.9cm) 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 measuring 3.8 x 3.6 x 3.4cm and volume is 25.2cc.

IMPRESSION:

Mild hepatomegaly as described above.

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

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024022409474341>

REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | CIN No.: L74899DL1995PLC065388

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

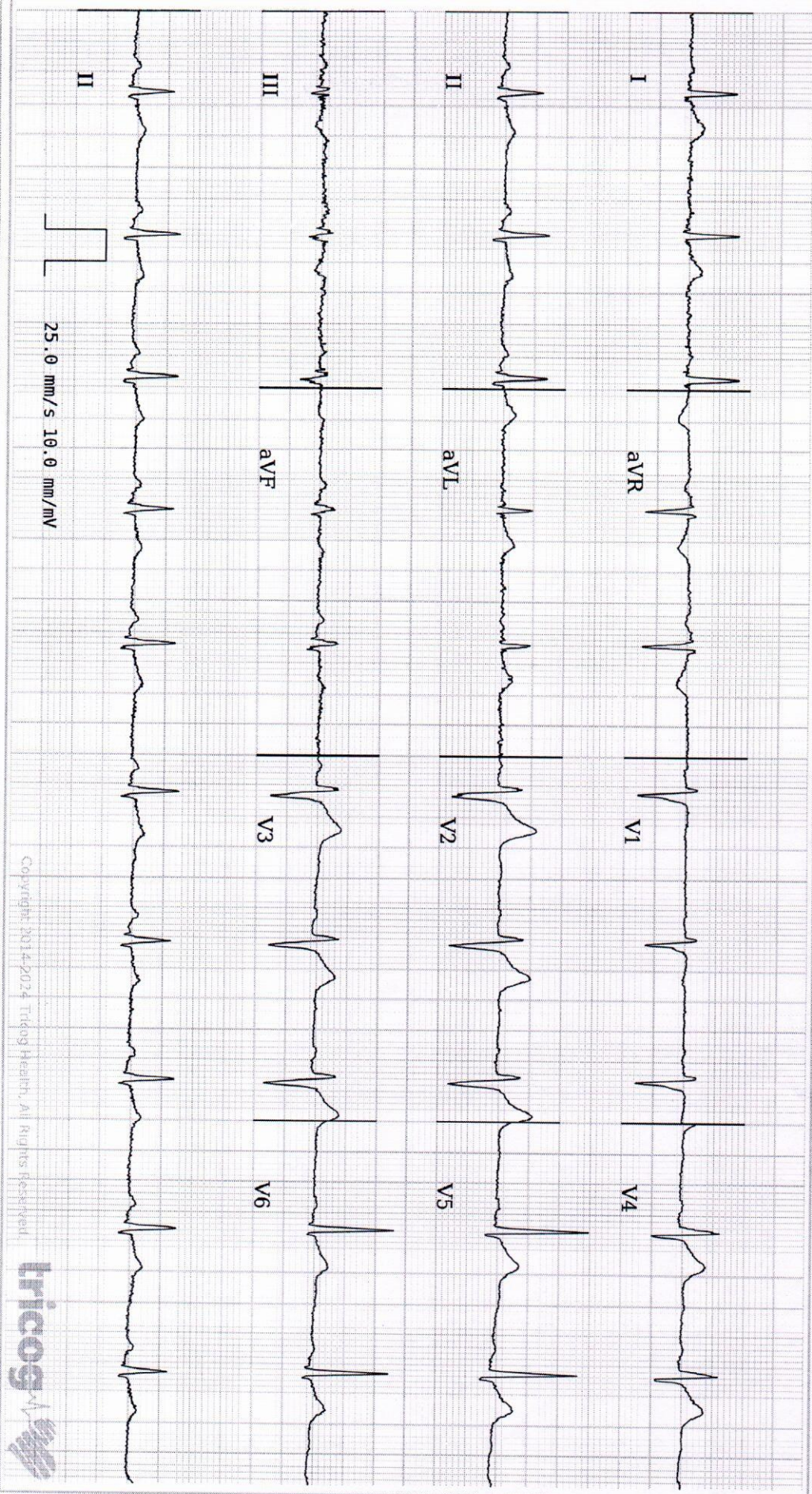
WEST REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar West, Mumbai - 400086.

HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnosics.com | WEBSITE: www.suburbandiagnosics.com

Patient Name: ANSHUL ANSHUL

Patient ID: 2405522142

Date and Time: 24th Feb 24 11:25 AM



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Age **36** NA NA
years months days

Gender **Male**

Heart Rate **65bpm**

Patient Vitals

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

Measurements

QRSD: 108ms
QT: 392ms
QTcB: 407ms
PR: 168ms
P-R-T: 60° 24° 31°

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

REPORTED BY

Dr Nitin Sonavane
M.B.B.S,AFIH,DDIAB,DCARD
Consultant Cardiologist
87714

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

SUBURBAN DIAGNOSTICS

Patient Details **Date:** 24-Feb-24 **Time:** 13:00:47
Name: ANSHUL **ID:** 2405522142
Age: 36 y **Sex:** M **Height:** 192 cms **Weight:** 96 Kgs
Clinical History: NONE

Medications: NONE

Test Details

Protocol: Bruce **Pr.MHR:** 184 bpm **THR:** 156 (85 % of Pr.MHR) bpm
Total Exec. Time: 12 m 16 s **Max. HR:** 166 (90% of Pr.MHR)bpm **Max. Mets:** 14.90
Max. BP: 150 / 80 mmHg **Max. BP x HR:** 24900 mmHg/min **Min. BP x HR:** 4560 mmHg/min
Test Termination Criteria: Target HR attained

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 : 11	1.0	0	0	65	110 / 80	0.00 I	0.00 II
Standing	0 : 6	1.0	0	0	57	110 / 80	-1.27 aVR	1.77 V3
Hyperventilation	0 : 48	1.0	0	0	62	110 / 80	-4.67 aVR	4.95 II
1	3 : 0	4.6	1.7	10	97	110 / 80	-4.67 V1	5.31 V4
2	3 : 0	7.0	2.5	12	103	120 / 80	-2.12 aVR	5.31 V4
3	3 : 0	10.2	3.4	14	121	130 / 80	-1.91 aVR	2.83 II
4	3 : 0	13.5	4.2	16	154	140 / 80	-5.52 V1	5.66 aVL
Peak Ex	0 : 16	14.9	5	18	166	150 / 80	-5.31 aVR	-5.31 V1
Recovery(1)	1 : 0	1.8	1	0	145	130 / 80	-5.73 aVF	-5.66 aVL
Recovery(2)	1 : 0	1.0	0	0	108	120 / 80	-3.18 aVR	5.66 V2
Recovery(3)	0 : 20	1.0	0	0	94	110 / 80	-1.91 aVR	3.18 II

Interpretation

GOOD EFFORT TOLERANCE
 NORMAL CHRONOTROPIC RESPONSE
 NORMAL INOTROPIC RESPONSE
 NO ANGINA/ANGINA EQUIVALENTS
 NO ARRHYTHMIAS
 NO SIGNIFICANT ST-T CHANGES FROM BASELINE
 IMPRESSION: STRESS TEST IS NEGATIVE FOR STRESS INDUCIBLE
 ISCHAEMIA

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. ASMITA CHATURVEDI
 M.B.B.S., M.D(MED).
 2003/03/1460

Asmita

Doctor: DR ASMITA CHATURVEDI
 (c) Schiller Healthcare India Pvt. Ltd. V 4.7

Ref. Doctor: ARCOFEMI HEALTHCARE
 (Summary Report edited by user)



ANSHUL (35 M)

SUBURBAN DIAGNOSTICS

Protocol: Bruce

ID: 2405622142

Date: 24-Feb-24

Exec Time : 0 m 0 s

Stage Time : 0 m 6 s

HR: 57 bpm

ST Level (mm)

ST Level (mm)

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 110 / 80

ST Slope (mV/s)

ST Slope (mV/s)

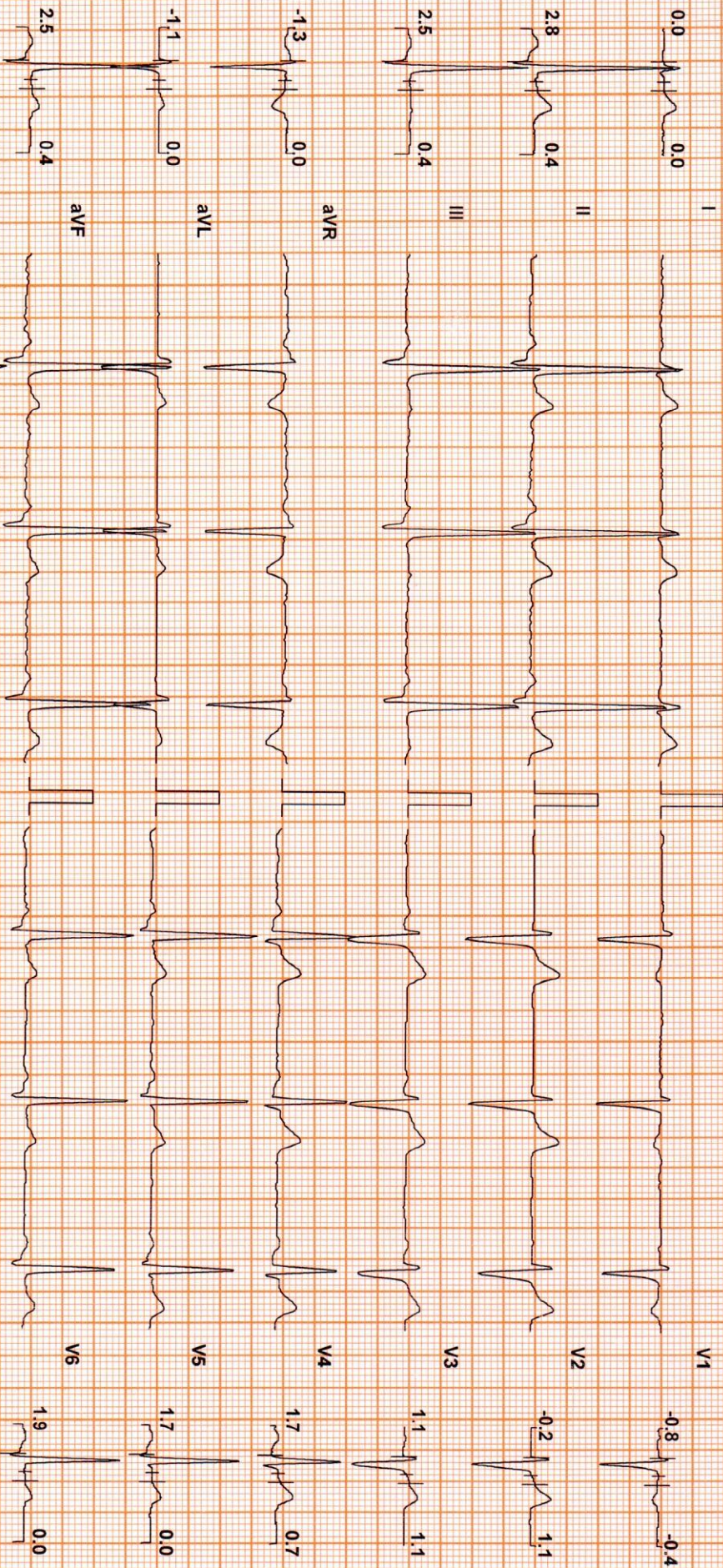


Chart Speed: 25 mm/sec
Schiller Spanden V 47

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



ANSHUL (36 M)

SUBURBAN DIAGNOSTICS

Protocol: Bruce

ID: 2405522142

Date: 24-Feb-24

Exec Time: 0 m 0 s

Stage Time: 0 m 4 s

HR: 67 bpm

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 110/80

ST Level (mm)

ST Slope (mV/s)

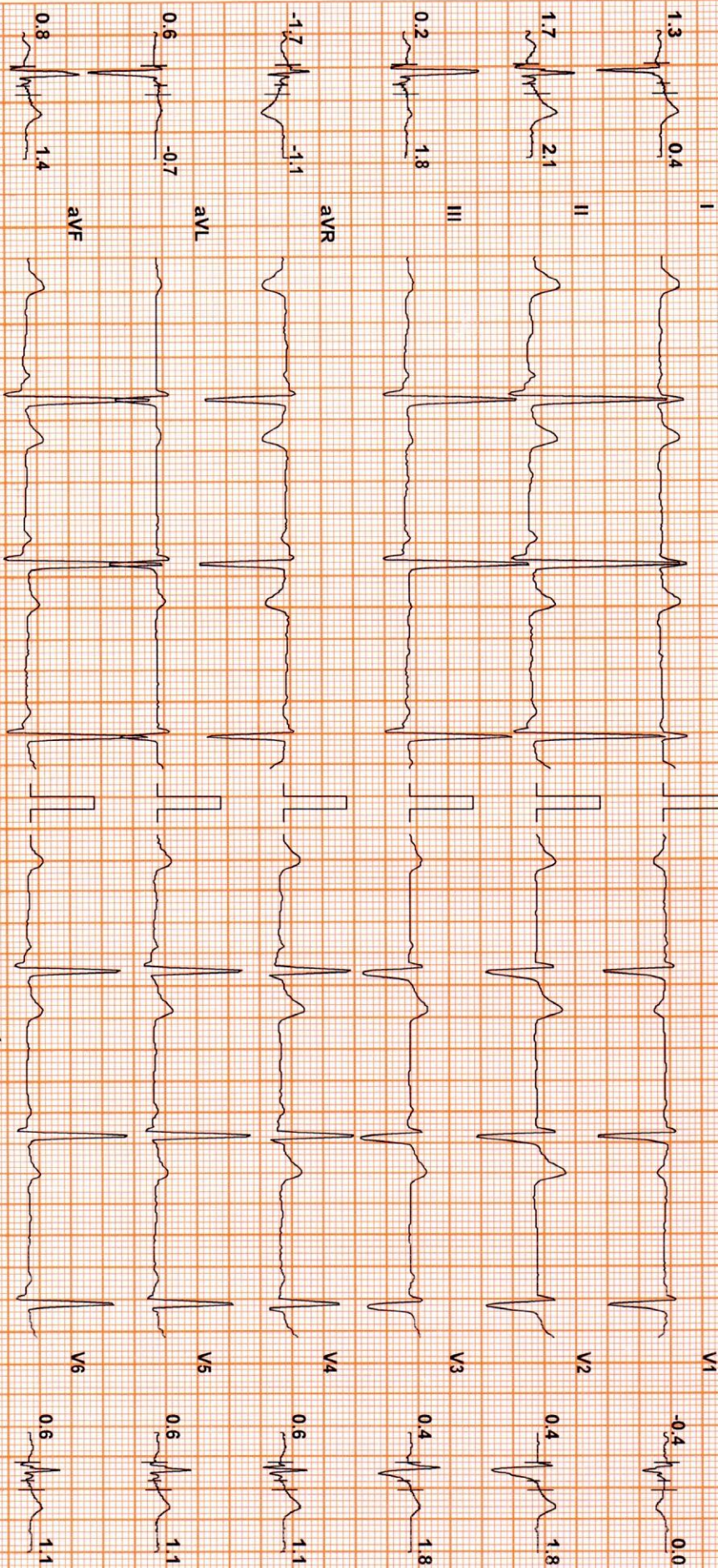


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V4.7



ANSHUL (36 M)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2405522142

Date: 24-Feb-24

Exec Time : 0 m 0 s

Stage Time : 0 m 42 s

HR: 63 bpm

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P.: 110 / 80

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

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

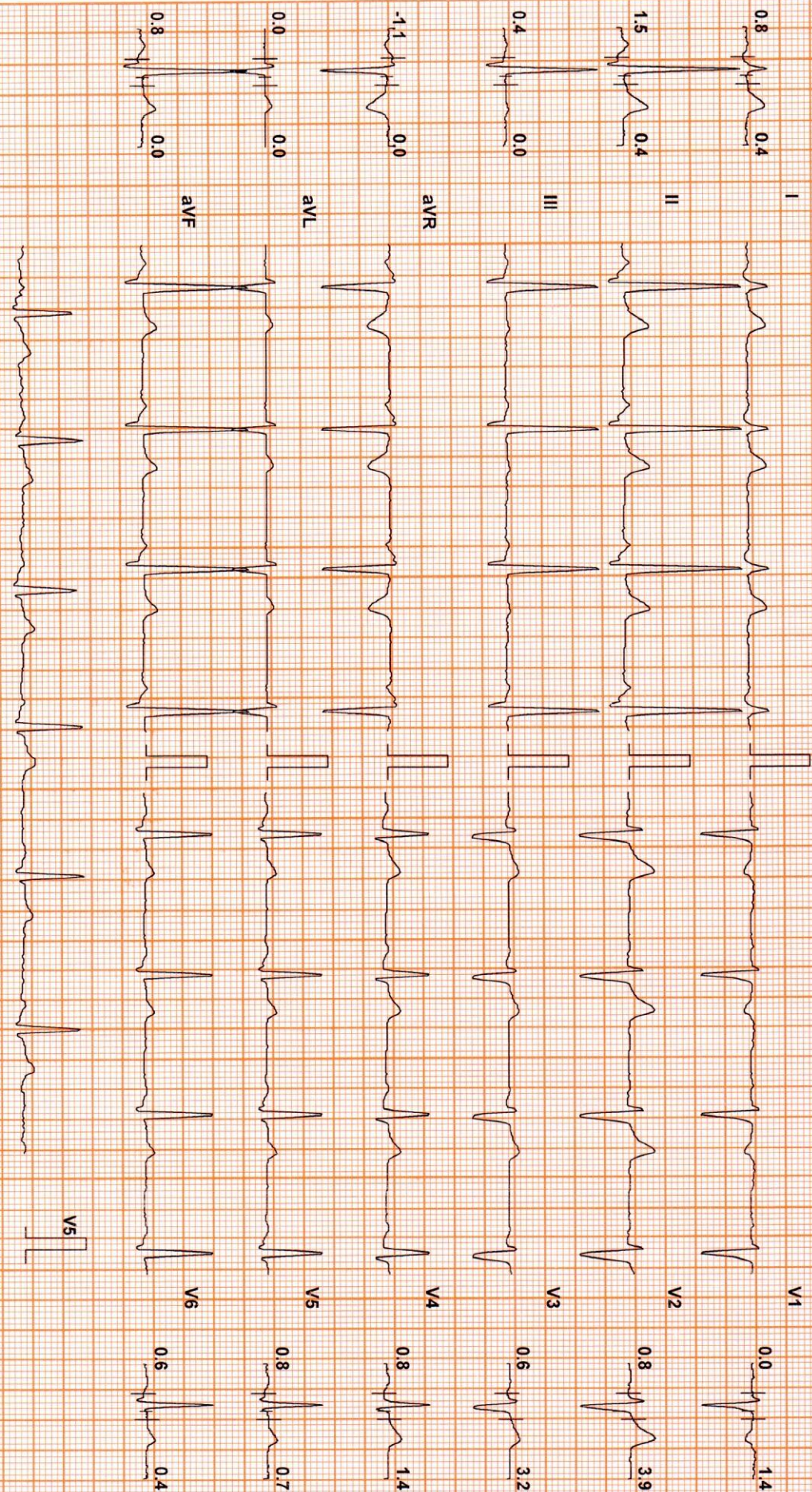


Chart Speed: 25 mm/sec
Schlier Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms
Linked Median



ANSHUL (36 M)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2405522142

Date: 24-Feb-24

Exec Time : 2 m 54 s

Stage Time : 2 m 54 s

HR: 99 bpm

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 156 bpm)

B.P: 110 / 80

ST Level (mm)

ST Slope (mV/s)

I

V1

0.0

-0.8

II

V2

3.4

-0.6

III

V3

3.2

-0.4

aVR

V4

-1.2

0.8

aVL

V5

-1.3

2.5

aVF

V6

3.4

1.3

V5

1.4

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 Spanden V 4.7

Linked Median



ANSHUL (36 M)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2405622142

Date: 24-Feb-24

Exec Time : 5 m 54 s

Stage Time : 2 m 54 s

HR: 102 bpm

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 156 bpm)

B.P: 120 / 80

ST Level (mm)

ST Slope (mV/s)

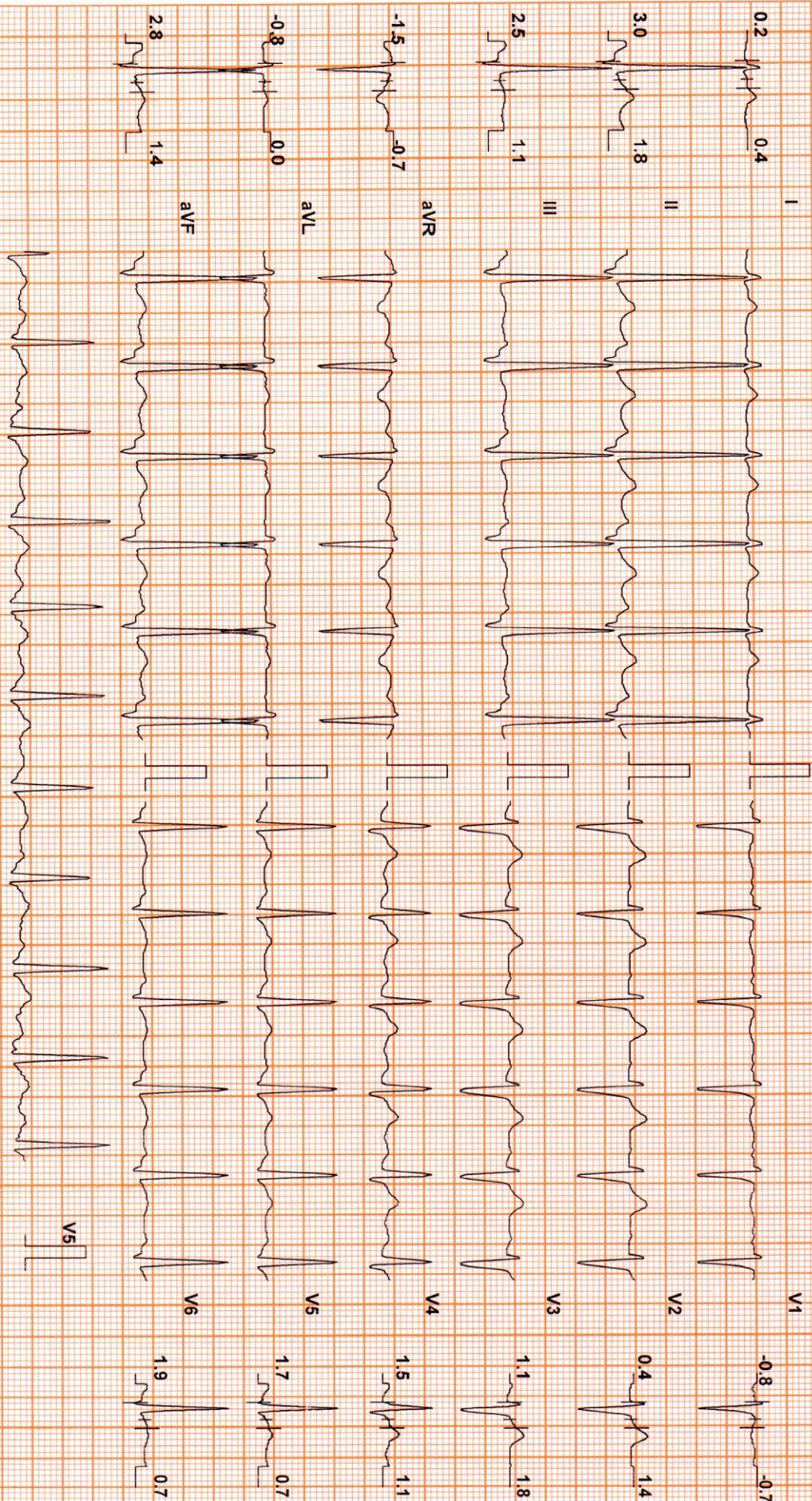


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schlier Standard V 4.7

Linked Median



ANSHUL (36 M)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2405522142

Date: 24-Feb-24

Exec Time : 8 m 54 s Stage Time : 2 m 54 s HR: 120 bpm

Stage: 3

Speed: 3.4 mph

Grade: 14 %

(THR: 156 bpm)

B.P: 130 / 80

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

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

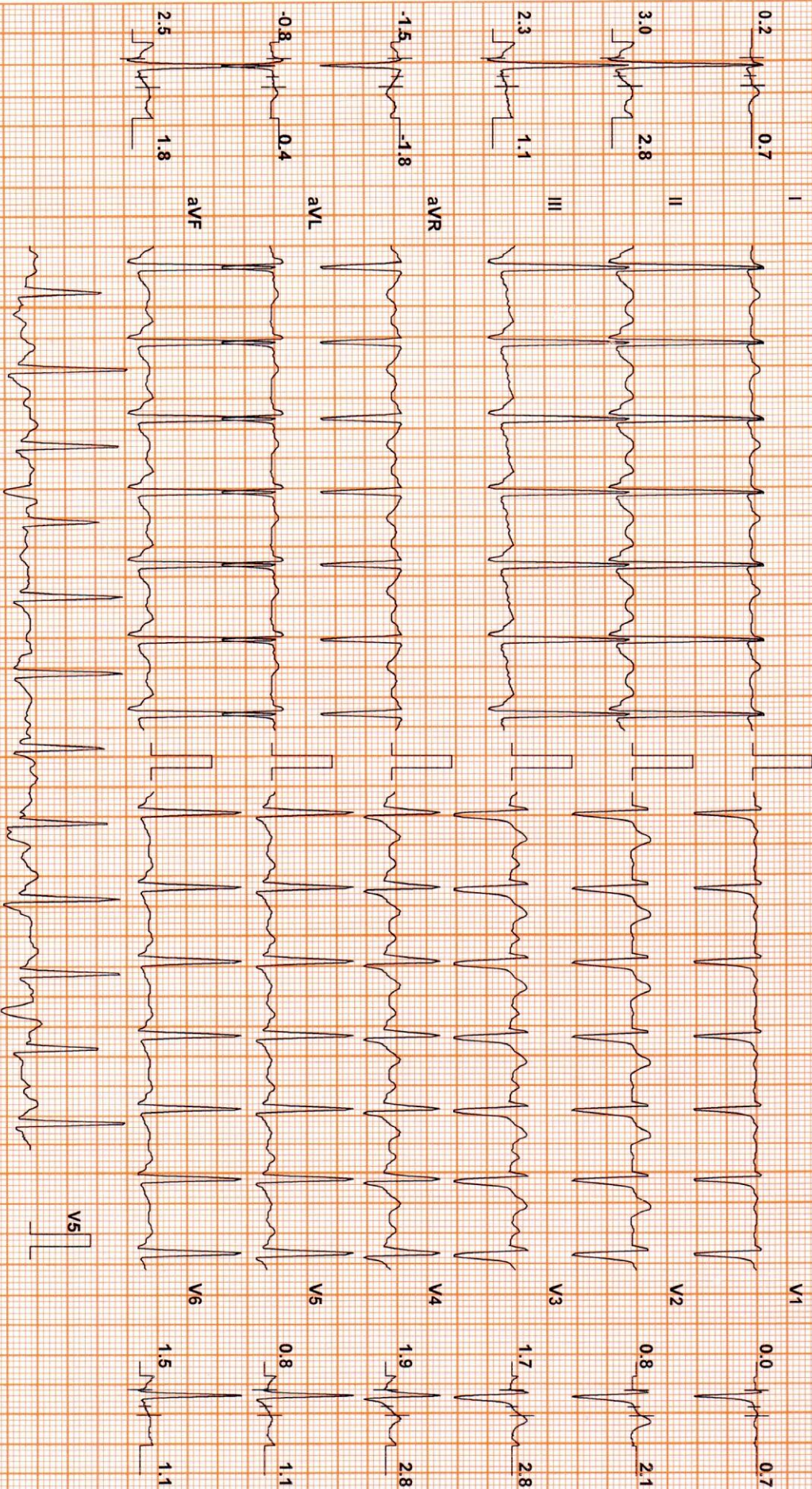


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandau V 47

Linked Median



SUBURBAN DIAGNOSTICS

Test Report

ANSHUL (36 M)

ID: 2405522142

Date: 24-Feb-24

Exec Time : 11 m 54 s

Stage Time : 2 m 54 s **HR: 153 bpm**

Protocol: Bruce

Stage: 4

Speed: 4.2 mph

Grade: 16 %

(THR: 156 bpm)

B.P: 140 / 80

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

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

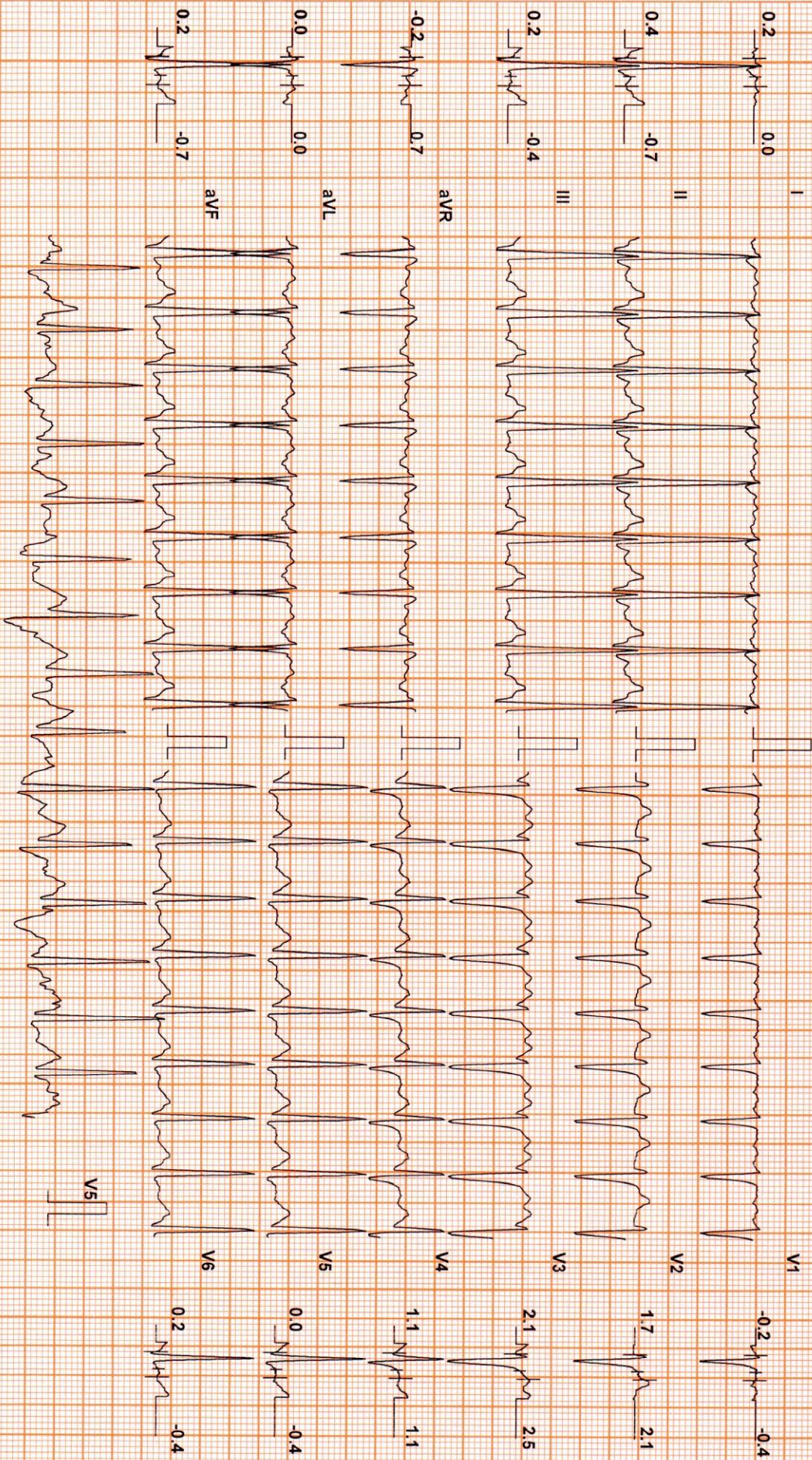


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schler Spandan V 4.7

Linked Median



ANSHUL (35 M)

SUBURBAN DIAGNOSTICS

Protocol: Bruce

ID: 2405522142

Date: 24-Feb-24

Exec Time : 12 m 5 s Stage Time : 0 m 5 s

HR: 154 bpm

Stage: Peak Ex

Speed: 5 mph

Grade: 18 %

(THR: 156 bpm)

B.P: 150 / 80

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

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

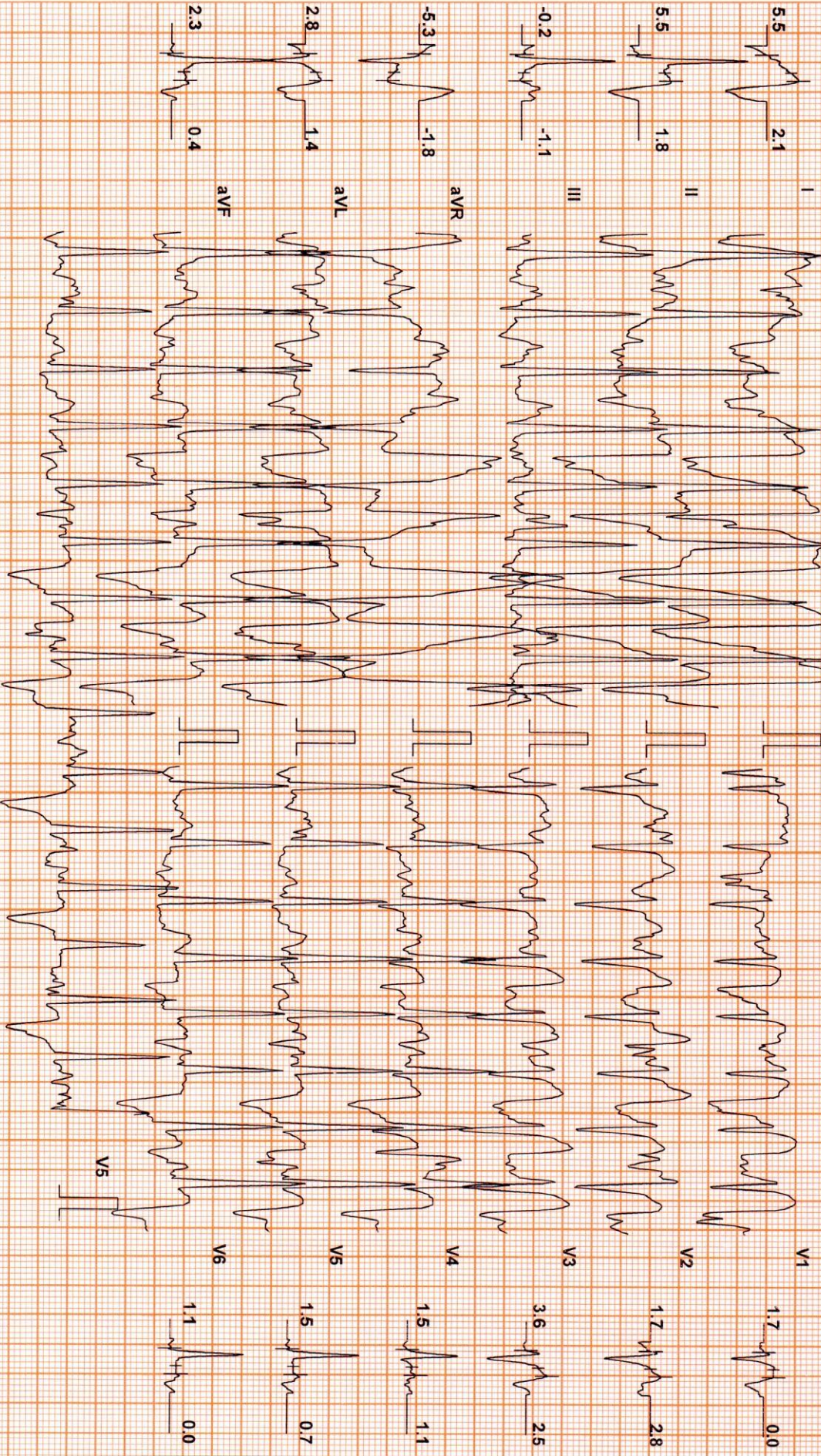


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso ± R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schlier Spandan V 47



ANSHUL (36 M)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2405522142
Stage: Recovery(1)

Date: 24-Feb-24
Speed: 1 mph
Grade: 0 %

Exec Time : 12 m 16 s
Stage Time : 0 m 54 s
HR: 153 bpm
(THR: 156 bpm) B.P: 130 / 80

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

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

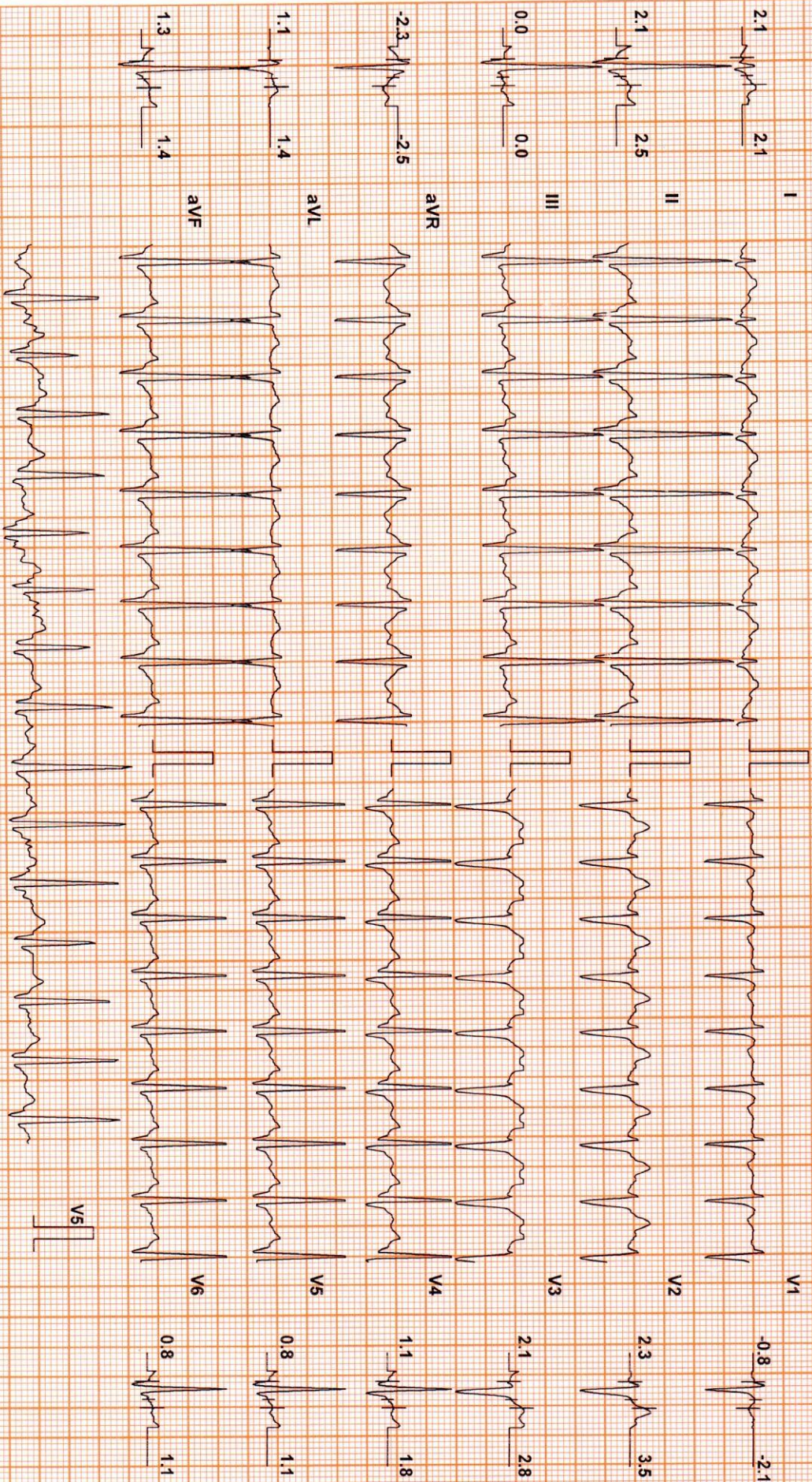


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = + 60 ms

Schiller Spacelan V 4.7

Linked Median



ANSHUL (36 M)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2405522142

Date: 24-Feb-24

Exec Time : 12 m 16 s Stage Time : 0 m 54 s **HR: 97 bpm**

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 120 / 80

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

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

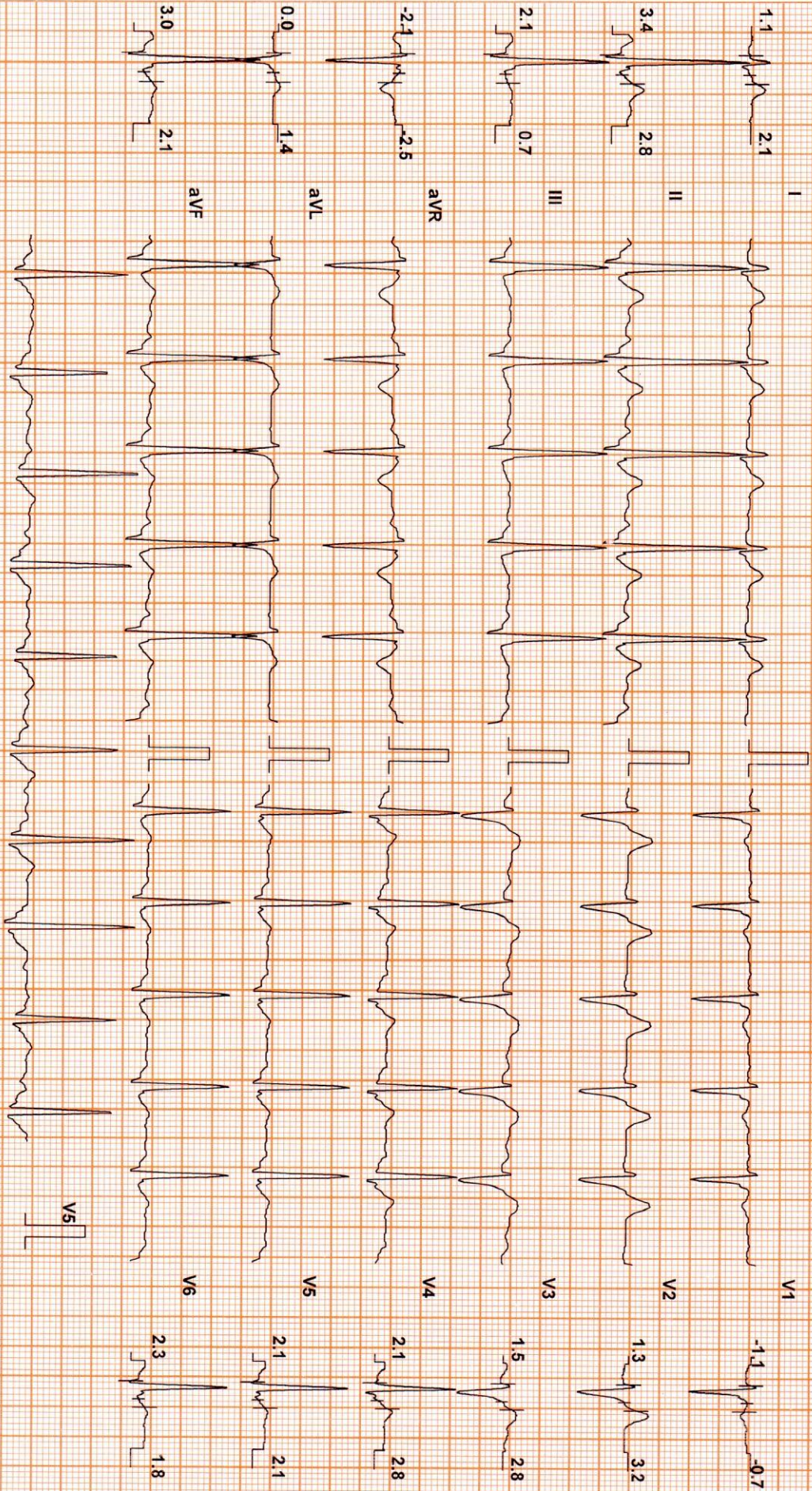


Chart Speed: 25 mm/sec
Schiller Spandan V47

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Isr = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



ANSHUL (36 M)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2405522142
Stage: Recovery(3)

Date: 24-Feb-24
Speed: 0 mph

Exec Time : 12 m 16 s
Glade: 0 %

Stage Time : 0 m 14 s
(THR: 156 bpm)

HR: 103 bpm
B.P: 110 / 80

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

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

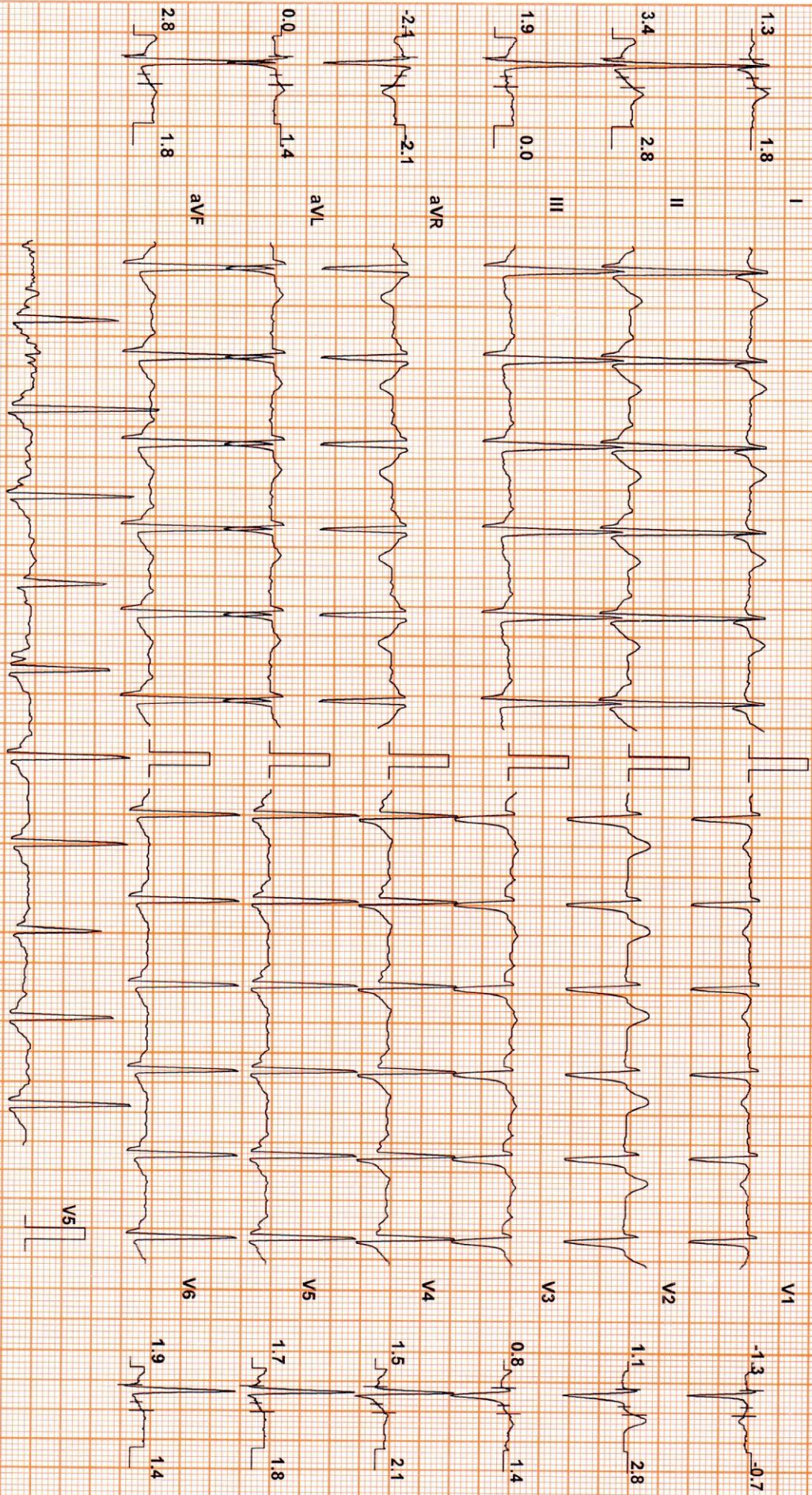


Chart Speed: 25 mm/sec
Schlier Spandan V 47

Filter: 35 Hz

Mains Filtr ON

Amp: 10 mm

ISO = R + 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median