### SUBURBAN DIAGNOSTICS - KALINA, SANTACRUZ EAST

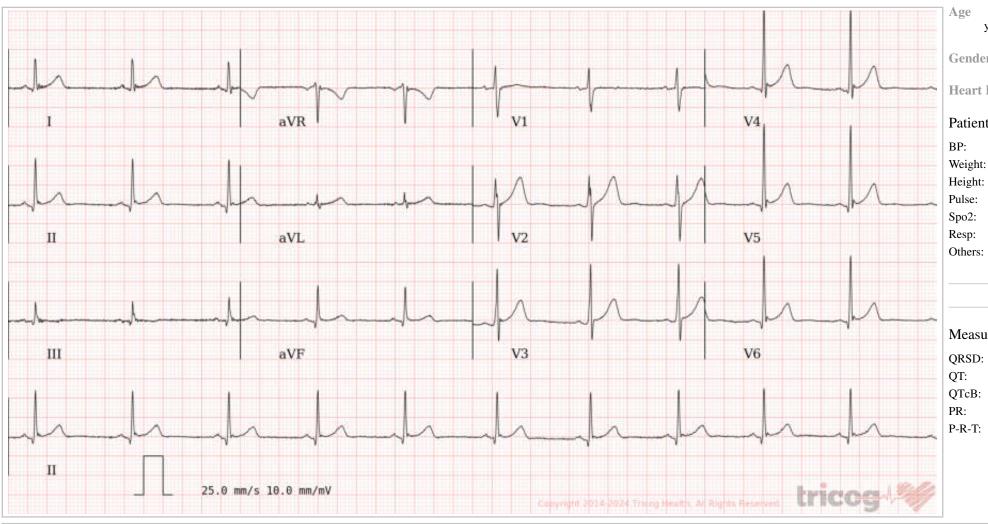


Patient Name: DEEPAK KUMAR

Patient ID:

2408601753

Date and Time: 26th Mar 24 11:02 AM



months days

Gender Male

Heart Rate 64bpm

### **Patient Vitals**

110/70 mmHg

Weight: 84 kg

178 cm NA

NA

NA Resp:

Others:

#### Measurements

QRSD: 86ms 376ms

QTcB:

387ms 120ms

P-R-T: 47° 53° 31°

ECG Within Normal Limits: Sinus Rhythm Early repolarization pattern. Please correlate clinically.

REPORTED BY



Dr Naveed Sheikh PGDCC 2016/11/4694

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.



Use a QR Code Scanner Application To Scan the Code

CID : 2408601753

Name : MR.DEEPAK KUMAR

Age / Gender : 31 Years / Male

Consulting Dr. : - Collected : 26-Mar-2024 / 10:24
Reg. Location : Kalina, Santacruz East (Main Centre) Reported : 26-Mar-2024 / 12:16

### AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

### CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	14.5	13.0-17.0 g/dL	Spectrophotometric
RBC	4.78	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.9	40-50 %	Calculated
MCV	91.7	81-101 fl	Measured
MCH	30.3	27-32 pg	Calculated
MCHC	33.1	31.5-34.5 g/dL	Calculated
RDW	15.4	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	6370	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSO	LUTE COUNTS		
Lymphocytes	38.9	20-40 %	
Absolute Lymphocytes	2480	1000-3000 /cmm	Calculated
Monocytes	7.3	2-10 %	
Absolute Monocytes	460	200-1000 /cmm	Calculated
Neutrophils	49.7	40-80 %	
Absolute Neutrophils	3170	2000-7000 /cmm	Calculated
Eosinophils	4.1	1-6 %	
Absolute Eosinophils	260	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

### **PLATELET PARAMETERS**

Platelet Count	221000	150000-410000 /cmm	Elect. Impedance
MPV	8.5	6-11 fl	Measured
PDW	14.8	11-18 %	Calculated

### **RBC MORPHOLOGY**

Hypochromia -Microcytosis -



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Age / Gender :31 Years / Male

Consulting Dr. Collected : 26-Mar-2024 / 10:24 Reported :26-Mar-2024 / 12:24 : Kalina, Santacruz East (Main Centre) Reg. Location

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 14 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:

- 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 SDRL, Vidyavihar Lab \*\*\* End Of Report \*\*\*





**Dr.TRUPTI SHETTY** M. D. (PATH) **Pathologist** 



CID : 2408601753

Name : MR.DEEPAK KUMAR

Age / Gender : 31 Years / Male

Consulting Dr. : -

Reg. Location

: Kalina, Santacruz East (Main Centre)

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Collected : 26-Mar-2024 / 10:24

**Reported** :26-Mar-2024 / 13:50

### AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	106.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	130.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.57	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.18	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.39	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	28.6	<34 U/L	Modified IFCC
SGPT (ALT), Serum	35.4	10-49 U/L	Modified IFCC
GAMMA GT, Serum	21.5	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	99.1	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	24.7	19.29-49.28 mg/dl	Calculated
BUN, Serum	11.5	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.85	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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: 26-Mar-2024 / 14:52

:26-Mar-2024 / 18:55

Calculated

: 2408601753

: MR.DEEPAK KUMAR

:31 Years / Male

: Kalina, Santacruz East (Main Centre)

119

eGFR, Serum

CID

Name

Age / Gender

Consulting Dr.

Reg. Location

(ml/min/1.73sqm)

Normal or High: Above 90

Collected

Reported

Mild decrease: 60-89

Mild to moderate decrease: 45-

Moderate to severe decrease:30

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

7.5

3.7-9.2 mg/dl

Uricase/ Peroxidase

Urine Sugar (Fasting)

Absent

Absent Absent

Urine Ketones (Fasting)

Absent

Absent

Urine Sugar (PP) Urine Ketones (PP) Absent **Absent** 

**Absent** 





Dr.ANUPA DIXIT M.D.(PATH)

Consultant Pathologist & Lab Director

<sup>\*</sup>Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab \*\*\* End Of Report \*\*\*



Use a OR Code Scanner

Application To Scan the Code

CID : 2408601753

Name : MR.DEEPAK KUMAR

Age / Gender : 31 Years / Male

Consulting Dr. : - Collected : 26-Mar-2024 / 10:24

Reg. Location : Kalina, Santacruz East (Main Centre) Reported : 26-Mar-2024 / 12:54

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

PARAMETER RESULTS BIOLOGICAL REF RANGE METHOD

Glycosylated Hemoglobin 5.3 Non-Diabetic Level: < 5.7 % HPLC (HbA1c), EDTA WB - CC Prediabetic Level: 5.7-6.4 %

Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %

Estimated Average Glucose 105.4 mg/dl Calculated

(eAG), EDTA WB - CC

#### 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 SDRL, Vidyavihar Lab
\*\*\* End Of Report \*\*\*





Dr.NAMRATA RAUL M.D (Biochem) Biochemist



Name : MR.DEEPAK KUMAR Use a QR Code Scanner Application To Scan the Code

Age / Gender :31 Years / Male

: 2408601753

CID

Consulting Dr. Collected :26-Mar-2024 / 10:24 Reported :26-Mar-2024 / 15:21 Reg. Location : Kalina, Santacruz East (Main Centre)

### AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

	OINITE ENVI	MINATION NEI ONI	
<u>PARAMETER</u>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANG</b>	<u>SE METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale Yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	clear	Clear	-
Volume (ml)	30	-	-
<b>CHEMICAL EXAMINATION</b>			
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 EXAMINATIO	<u>N</u>		
Leukocytes(Pus cells)/hpf	3-4	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	4-5		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	5-6	Less than 20/hpf	
Others	-		

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein ( 1+ = 25 mg/dl , 2+ = 75 mg/dl , 3+ = 150 mg/dl , 4+ = 500 mg/dl )
- Glucose(1+ = 50 mg/dl, 2+ =100 mg/dl, 3+ =300 mg/dl, 4+ =1000 mg/dl)
- Ketone (1+ = 5 mg/dl, 2+ = 15 mg/dl, 3+ = 50 mg/dl, 4+ = 150 mg/dl)

Reference: Pack inert

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





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



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: 26-Mar-2024 / 10:24 :26-Mar-2024 / 12:49

Collected

Reported

: MR. DEEPAK KUMAR

: 2408601753

Age / Gender :31 Years / Male

: Kalina, Santacruz East (Main Centre) Reg. Location

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

**RESULTS PARAMETER** 

**ABO GROUP** В

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:

CID

Name

Consulting Dr.

- 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.

### Refernces:

- 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. VRUSHALI SHROFF M.D.(PATH) **Pathologist** 



Use a QR Code Scanner Application To Scan the Code

CID : 2408601753

Name : MR.DEEPAK KUMAR

Age / Gender :31 Years / Male

Consulting Dr. Collected :26-Mar-2024 / 10:24 Reg. Location : Kalina, Santacruz East (Main Centre) Reported :26-Mar-2024 / 14:15

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

<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	182.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	139.0	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	35.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	147.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	119.2	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	27.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.3	0-3.5 Ratio	Calculated

<sup>\*</sup>Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab  $^{***}$  End Of Report  $^{***}$ 



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



Name : MR.DEEPAK KUMAR Use a QR Code Scanner Application To Scan the Code

Age / Gender :31 Years / Male

: 2408601753

CID

Consulting Dr. Collected :26-Mar-2024 / 10:24 :26-Mar-2024 / 12:28 Reg. Location : Kalina, Santacruz East (Main Centre) Reported

### AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE **THYROID FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	5.6	3.5-6.5 pmol/L	CLIA
Free T4, Serum	15.9	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	3.890	0.55-4.78 microIU/ml	CLIA



Use a OR Code Scanner

Application To Scan the Code

: 26-Mar-2024 / 10:24

:26-Mar-2024 / 12:28

Collected

Reported

: MR. DEEPAK KUMAR

: 2408601753

Age / Gender :31 Years / Male

Reg. Location : Kalina, Santacruz East (Main Centre)

#### Interpretation:

Consulting Dr.

CID

Name

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
- can give falsely high TSH.
- 2)TSH values may be trasiently altered becuase of non thyroidal illness like severe infections liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

#### Limitations:

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

### Reference:

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

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





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

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Date: - 26. 03. 2024.

CID: 240 860 1753

Name:- Mr. Deepak kumar

Sex/Age: / 31 yrs/Male.

EYE CHECK UP

Chief complaints: Ni

Systemic Diseases: Ni

Past history:

Nil

Unaided Vision: M·V Re 2 H/5 P·V Re 616.

Aided Vision:

BL J H/5 P·V Re 616.

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	_		-	96				6/6
Near	-			NS				NS

Colour Vision: Normal / Abnormal

Remark: WML.

Suburban Diagnostics (I) Pvt. Ltd. 1st Floor, Harbhajan, Above HDFC Bank, Opp. Nafa Petrol Pump, Kalina, CST Road, Santacruz (East), Tel. No. 022-61700000

Dr. D.G. HATALKAR M.D. (Ob.Gy)

Dr. D. B. 116



8826829306 Dr. D.G. HATALKAR R.No. 61067 M.D. (Ob.Gy)

- Suburban Diagnostics (1) Pvt. Ltd. 1st Floor, Harbhajan, Above HDFC Bank, Opp. Nela Petroi Pump, Kalina, CST Road, Santacruz (East), Tel. No. 022-61700000



Name : TESTING: MR.DEEPAK KUMAR

Age / Gender : 31 Years/Male

Consulting Dr. :

Reg.Location : Kalina, Santacruz East (Main Centre)

Collected

: 26-Mar-2024 / 10:18

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Reported

: 27-Mar-2024 / 14:02

### PHYSICAL EXAMINATION REPORT

### **History and Complaints:**

Asymptomatic

### **EXAMINATION FINDINGS:**

Height (cms):

178 cms

Weight (kg):

84.2 kgs

Temp (0c):

Afebrile

Skin:

Normal

Blood Pressure (mm/hg): 110/70 mmHg

Nails:

Normal

Pulse:

64 bpm

Lymph Node:

Not palpable

### Systems

Cardiovascular: S1S2 auidble, No murmur

Respiratory:

AEBE

Genitourinary:

NAD

GI System:

Liver and Spleen not palpable

CNS:

NAD

### IMPRESSION:

HDL- 36, NHDL- 147, LDL- 119,

X-RAY chest- left basal congestion, blunting of Cardiophrenic

USG- Mild fatty liver/ Small umbilical hernia

ECG- Early repolarization

### ADVICE:

Refer to Physician

### CHIEF COMPLAINTS:

Hypertension:

No

2) IHD

No

3) Arrhythmia

No

4) Diabetes Mellitus

No



Name \*\* TESTING: MR.DEEPAK KUMAR

Age / Gender : 31 Years/Male

Consulting Dr. : Collected : 26-Mar-2024 / 10:18

Reg.Location : Kalina, Santacruz East (Main Centre) Reported : 27-Mar-2024 / 14:02

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	Mixed
4)	Medication	No

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

Suburban Diagnostics (I) Pvt. Ltd.

1st Floor, Marbhajan, Above HDFC Bank,
Santacruz (East),
Tel. No. 022-61700000

Dr.Dhanwanti Hatalkar PHYSICIAN R

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Dr. D.G. HATALKAR R.No. 61067 M.D. (Ob.Gy)

## Suburban Diagnostics Kalina

**Patient Details** 

Time: 41:09:02 AM

Name: MR. DEEPAK KUMAR ID: 2408601753

Age: 31 y

Sex: M

Height: 178 cms

Weight: 84 Kgs

Clinical History:

Routine Test

Medications:

NONE

**Test Details** 

Protocol: Bruce

Pr.MHR:

189 bpm

THR: 160 (85 % of Pr.MHR) bpm

Total Exec. Time:

9 m 26 s

Max. HR: 148 (78% of Pr.MHR)bpm

Max. Mets: 13.50

Max. BP: 150 / 70 mmHg

Max. BP x HR:

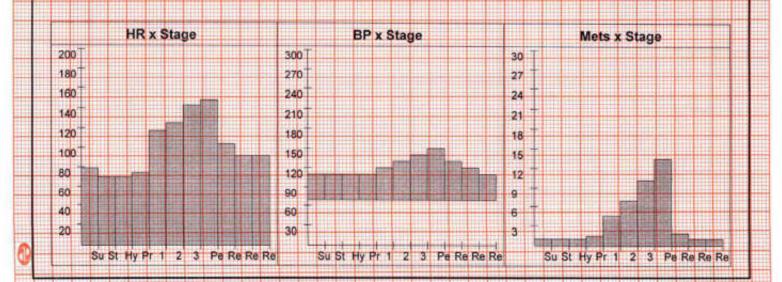
22200 mmHg/min Min. BP x HR: 4900 mmHg/min

**Test Termination Criteria:** 

Fatigue

### **Protocol Details**

Stage Name	Stage Time	Mets	Speed	Grade	Heart	Max. BP	Max. ST	Max. ST
	(min : sec)		(mph)	(%)	Rate (bpm)	(mm/Hg)	Level (mm)	Slope (mV/s)
Supine	0:39	1.0	0	0	79	110 / 70	-2.12 aVR	3.54
Standing	0 8	1.0	0	0	70	110 / 70	-1.49 aVR	2.12 V2
Hyperventilation	0:11	1.0	0	0	70	110 / 70	-1.49 aVR	2.12 V2
1	3:0	4.6	1.7	10	117	120 / 70	-3.18 aVR	-5,31 aVL
2	3:0	7.0	2.5	12	125	130 / 70	-3.61 III	5.661
3	3:0	10.2	3.4	14	143	140 / 70	-5.31 aVL	-5,66 aVL
Peak Ex	0 26	13.5	4.2	16	148	150 / 70	-2.55 aVR	5.31 (
Recovery(1)	2:0	1.8	1	0	104	130 / 70	-4.88 III	-5,31 aVR
Recovery(2)	2:0	1.0	0	0	92	120 / 70	-1.70 aVR	3.18 V2
Recovery(3)	1:2	1.0	0	0	92	110 / 70	-1.70 aVR	2.1211



### Suburban Diagnostics Kalina

Patient Details Date: 26-Mar-24 Time: 11:09:02 AM

Name: MR. DEEPAK KUMAR ID: 2408601753

Age: 31 y Sex: M Height: 178 cms Weight: 84 Kgs

### Interpretation

AVERAGE EFFORT TOLEREANCE
NORMAL HEART RATE RESPONSE
NORMAL BLOOD PRESSURE RESPONSE
NO ANGINA/ANGINA EQUIVALENTS
NO ARRTHYMIAS
NO SIGNIFICANT ST-T CHANGES NOTED AS COMPARED TO BASELINE
ECG
IMPRESSION: STRESS TEST IS NEGATIVE FOR 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

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Opp, Nafa Petrol Pump, Kalina, CST Road,
Santagruz (East),
Tel. No. 022-61700000

DR. SHEIKH NAVEED

MBBS/PGDGC

Clinical Cardiologist

Reg. No. 2016/11/4694

Ref. Doctor: .....

Doctor: NAVEED SHEIKH

( Summary Report edited by user)

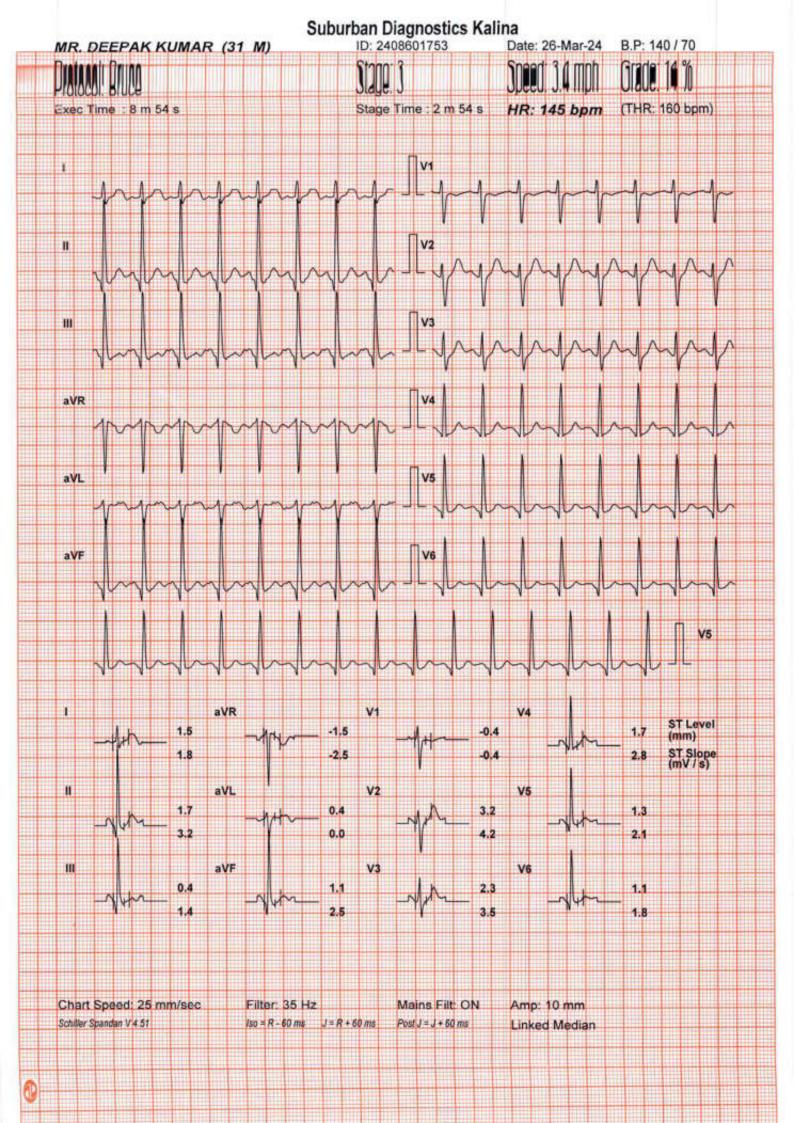
Suburban Diagnostics Kalina ID: 2408601753 Da Date: 26-Mar-24 B.P: 110 / 70 MR. DEEPAK KUMAR (31 M) Grade: 0 % Stage: Supine Speed: 0 mph Protocol: Bruce (THR: 160 bpm) Stage Time: 0 m 33 s HR: 70 bpm Exec Time : 0 m 0 s 11 111 aVR aVL aVF V5 1 ST Level (mm) 0.4 -1.3 0.0 1.5 ST Slope (mV/s) -0.7 0.4 0.0 0.4 aVL V2 V5 H 1.9 0.0 2.1 0.8 0.0 0.4 V3 Ш aVF V6 0.8 0.8 1.3 1.5 0.0 0.0 0.0 Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt ON Amp: 10 mm Iso = R - 60 ms Post J = J + 60 ms Schiller Spanden V 4.51 J + R + 50 ms Linked Median

Suburban Diagnostics Kalina B.P: 110 / 70 Date: 26-Mar-24 MR. DEEPAK KUMAR (31 M) Speed: 0 mph Grade: 0 % Stage: Standing Protocol: Bruce (THR: 160 bpm) Exec Time ; 0 m 0 s Stage Time: 0 m 2 s HR: 70 bpm Ħ m aVR aVL. aVF ı aVR V4 ST Level (mm) -1.3 0.0 0.6 1.5 ST Slope (mV/s) -0.7 0.0 0.0 0.4 aVL V5 H V2 1.9 0.0 2.1 1.1 0.7 0.0 0.4 Ш V6 0.8 1.3 1.9 0.8 0.0 0.4 0.7 0.4 Chart Speed: 25 mm/sec Filter, 35 Hz Mains Filt ON Amp: 10 mm Schiller Spandan V 4.51 Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms Linked Median

Suburban Diagnostics Kalina ID: 2408601753 Da B.P: 110 / 70 Date: 26-Mar-24 MR. DEEPAK KUMAR (31 M) Grade: 0 % Stage: Hyperventilation Speed: 0 mph Protocol: Bruce Exec Time : 0 m 0 s Stage Time: 0 m 5 s HR: 75 bpm (THR: 160 bpm) 1 11 ш aVR aVL aVF 1 V1 aVR V4 ST Level (mm) 0.6 -1.1 0.0 1.3 -0.7 ST Slope (mV/s) 0.0 0.0 0.4 H aVL V2 V5 -0.2 1.5 1.9 1,1 1.1 0.0 1.4 0.4 m aVF V3 V6 0.6 1.3 1,5 0.8 0.7 0.0 0.7 0.0 Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm Schiller Spandan V 4,51 Iso = R - 60 ms  $J = R + 60 \, ms$ Post J = J + 60 msLinked Median

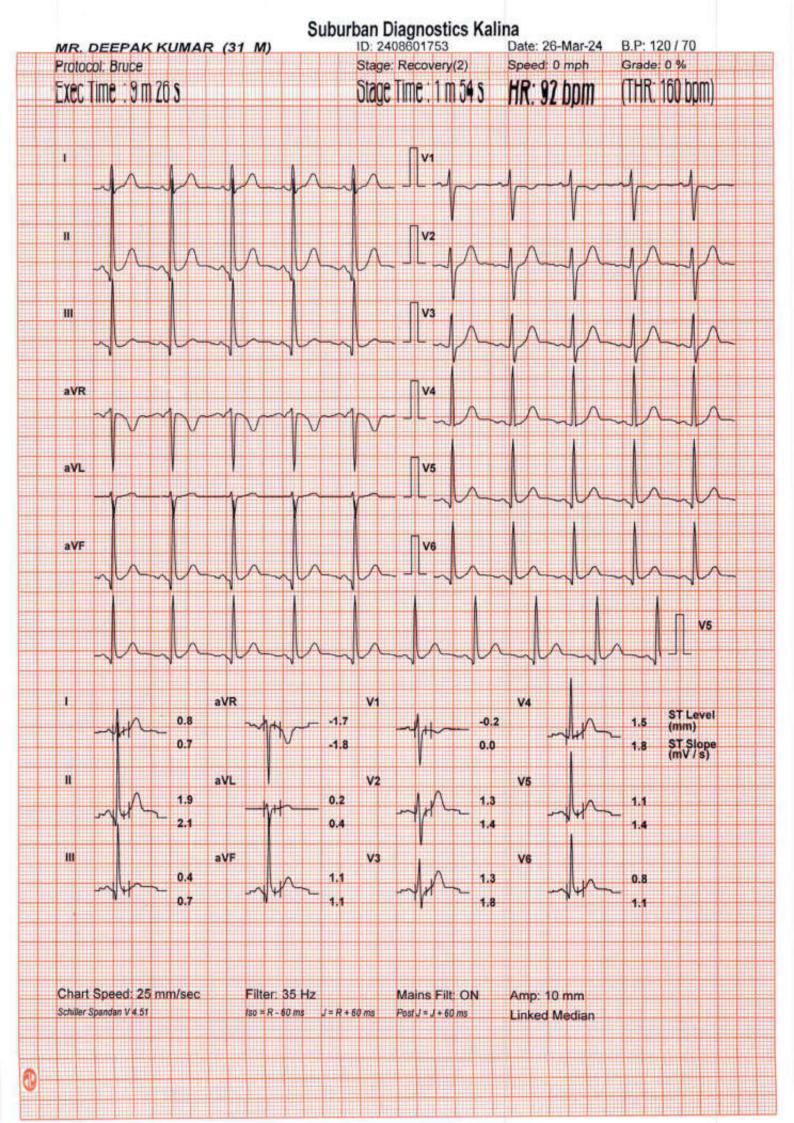
Suburban Diagnostics Kalina ID: 2408601753 Da MR. DEEPAK KUMAR (31 M) Date: 26-Mar-24 B.P: 120 / 70 Protocol: Bruce Stage: 1 Speed: 1.7 mph Grade: 10 % Exec Time : 2 m 54 s Stage Time: 2 m 54 s HR: 114 bpm (THR: 160 bpm) 11 Ш aVR aVL aVF aVR ST Level (mm) 2.1 -2.1 -0.2 ST Slope (mV/s) 3.2 -3.5 0.0 11 aVL V2 2.1 1.3 3.0 1.7 1.4 Ш aVF V3 V6 -0.2 0.8 2.5 1.3 Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm Schiller Spandan V 4.51 Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms Linked Median

Suburban Diagnostics Kalina ID: 2408601753 Da MR. DEEPAK KUMAR (31 M) Date: 26-Mar-24 B.P: 130 / 70 Protocol: Bruce Stage: 2 Speed: 2.5 mph Grade: 12 % Exec Time : 5 m 54 s Stage Time: 2 m 54 s (THR: 160 bpm) HR: 122 bpm ı 11 m aVR aVL aVF 1 ST Level (mm) 1.5 -1.5 -0.4 1.3 2.1 -2 1 ST Slope (mV/s) H aVL V2 V5 1.7 0.6 1.9 1.1 1.1 2.8 2.1 m aVF V3 0.0 0.8 1.7 0.8 1.8 1.4 Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt, ON Amp: 10 mm Schiller Spandan V 4.51 Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms Linked Median



Suburban Diagnostics Kalina ID: 2408601753 Da Date: 26-Mar-24 B.P: 150 / 70 MR. DEEPAK KUMAR (31 M) Protocol: Bruce Stage: Peak Ex Speed: 4.2 mph Grade: 16 % Exec Time: 9 m 20 s Stage Time: 0 m 20 s HR: 149 bpm (THR: 160 bpm) ı m aVR aVL aVF 1 aVR V4 ST Level -0.4 -0.6 0.0 2.3 (mm) -2.8 1.8 ST Slope (mV/s) 0.0 3.2 11 aVL V2 V5 1.7 -1.3 3.4 1.7 -0.4 3.9 3.9 2.8 m aVF V3 V6 2.1 2.1 3,4 1.5 2.8 2.1 Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm Schiller Spandan V 4.51 Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms Linked Median

an Diagnosti ID: 2408601753 MR. DEEPAK KUMAR (31 M) Date: 26-Mar-24 B.P: 130 / 70 Protocol: Bruce Stage: Recovery(1) Speed: 1 mph Grade: 0 % Exec Time : 9 m 26 s Stage Time: 1 m 54 s HR: 100 bpm (THR: 160 bpm) 1 11 111 aVR aVL aVF 1 aVR VI V4 ST Level (mm) 0.8 -1.5 0.0 1.3 0.7 -2.1 0.0 2.1 11 aVL V2 V5 1.7 0.4 1.5 1.1 2.8 0.4 1.8 Ш aVF V3 V6 0.2 8.0 1.3 1.1 0.7 1.8 Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm Schiller Spandan V 4.51 Iso = R - 60 ms J = R + 60 ms Post J = J + 60 msLinked Median



Suburban Diagnostics Kalina ID: 2408601753 Da MR. DEEPAK KUMAR (31 M) Date: 26-Mar-24 B.P: 110 / 70 Protocol: Bruce Stage: Recovery(3) Speed: 0 mph Grade: 0 % Exec Time: 9 m 26 s Stage Time: 0 m 56 s (THR: 160 bpm) HR: 92 bpm 1 H m aVR aVL V5 aVF aVR V4 ST Level 0.8 -1.3 -0.2 (mm) -1,1 0.0 H aVL V2 V5 1.7 0.2 1.1 1.1 0.4 0.7 1.1 Ш aVF V3 V6 1.3 1.1 0.7 0.7 0.7 Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm Schiller Spandan V 4.51 Iso = R - 60 ms  $J = R + 60 \, ms$ Post J = J + 60 ms Linked Median



Name : Kumar Deepak Mr

Age / Sex : 31 Years/Male

Ref. Dr Reg. Date : 26-Mar-2024

: 26-Mar-2024/13:31 Reg. Location : Kalina, Santacruz East Main Centre Reported



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## **USG WHOLE ABDOMEN**

### LIVER:

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

### **GALL BLADDER:**

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

### **PANCREAS:**

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

### **KIDNEYS:**

Both the kidneys are normal in size shape and echotexture.

No evidence of any calculus, hydronephrosis or mass lesion seen.

Right kidney measures: 10.1 x 4.5 cm. Left kidney measures: 9.5 x 5.0 cm.

### **SPLEEN:**

The spleen is normal in size and echotexture. No evidence of focal lesion is noted.

There is no evidence of any lymphadenopathy or ascites.

There is small 1.1 cm size hernial defect noted at umbilical region.

#### **URINARY BLADDER:**

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

### **PROSTATE:**

The prostate is normal in size 3.6 x 3.2 x 3.0 cm and volume is 19.1 cc.

### **IMPRESSION:**

Mild fatty Liver.

Small umbilical hernia.

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

DR.ASHA DHAVAN MBBS: D.M.R.E

Arohum

CONSULTANT RADIOLOGIST



: Kumar Deepak Mr Name

Age / Sex : 31 Years/Male Ref. Dr

Reg. Location : Kalina, Santacruz East Main Centre

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Reg. Date : 26-Mar-2024

Reported : 26-Mar-2024/13:31



Name : Kumar Deepak Mr Age / Sex : 31 Years/Male

Ref. Dr : 26-Mar-2024 Reg. Date

: Kalina, Santacruz East Main Centre : 26-Mar-2024/10:55 Reg. Location Reported

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### X-RAY CHEST PA VIEW

### Left basal congestion noted.

Both costo-phrenic angles are clear.

### Blunting of left cardiophrenic angle noted.

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.

SUG -Correlate clinically.

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

DR.ASHA DHAVAN MBBS; D.M.R.E CONSULTANT RADIOLOGIST

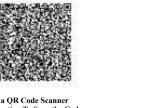


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