

Name : MR.ANKUR KANTILAL KALANTRI

: 38 Years / Male Age / Gender

Consulting Dr. Collected : -:10-Feb-2024 / 10:06 Reported Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Authenticity Check

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:10-Feb-2024 / 11:59

Calculated

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

	_		
<u>PARAMETER</u>	RESULTS	ete Blood Count), Blood BIOLOGICAL REF RANGE	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	14.9	13.0-17.0 g/dL	Spectrophotometric
RBC	4.76	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.6	40-50 %	Measured
MCV	92	80-100 fl	Calculated
MCH	31.2	27-32 pg	Calculated
MCHC	34.1	31.5-34.5 g/dL	Calculated
RDW	14.9	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	6290	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND A	BSOLUTE COUNTS		
Lymphocytes	34.2	20-40 %	
Absolute Lymphocytes	2151.2	1000-3000 /cmm	Calculated
Monocytes	6.4	2-10 %	
Absolute Monocytes	402.6	200-1000 /cmm	Calculated
Neutrophils	48.9	40-80 %	
Absolute Neutrophils	3075.8	2000-7000 /cmm	Calculated
Eosinophils	9.5	1-6 %	
Absolute Eosinophils	597.5	20-500 /cmm	Calculated

WBC Differential Count by Absorbance & Impedance method/Microscopy.

1.0

62.9

PLATELET PARAMETERS

Platelet Count	321000	150000-400000 /cmm	Elect. Impedance
MPV	7.2	6-11 fl	Calculated
PDW	11.4	11-18 %	Calculated

0.1-2 %

20-100 /cmm

RBC MORPHOLOGY

Basophils

Absolute Basophils

Immature Leukocytes

Hypochromia Microcytosis

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Consulting Dr. : -Collected : 10-Feb-2024 / 10:06 : Mahavir Nagar, Kandivali West (Main Centre) Reported :10-Feb-2024 / 11:56 Reg. Location

Macrocytosis

Anisocytosis

Poikilocytosis

Polychromasia

Target Cells

Basophilic Stippling

Normoblasts

Others Normocytic, Normochromic

WBC MORPHOLOGY PLATELET MORPHOLOGY

COMMENT Eosinophilia

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 5 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 ***



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

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Name : MR.ANKUR KANTILAL KALANTRI

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Consulting Dr. : -

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

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Reported

: 10-Feb-2024 / 10:06 : 10-Feb-2024 / 18:41

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	93.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	81.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.41	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.2	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.21	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	23.3	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	45.3	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	43.1	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	114.0	40-130 U/L	Colorimetric
BLOOD UREA, Serum	14.8	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.80	0.67-1.17 mg/dl	Enzymatic



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Reg. Location : Mahavir Nagar, Kandivali West (Main Centre) Reported : 10-Feb-2024 / 17:00

eGFR, Serum 116 (ml/min/1.73sqm) Calculated

Normal or High: Above 90 Mild decrease: 60-89

Mild to moderate decrease: 45-

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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 4.5 3.5-7.2 mg/dl Enzymatic

Urine Sugar (Fasting)AbsentAbsentUrine Ketones (Fasting)AbsentAbsent

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





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Name : MR.ANKUR KANTILAL KALANTRI

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Consulting Dr. : - Collected : 10-Feb-2024 / 10:06

Reg. Location : Mahavir Nagar, Kandivali West (Main Centre) Reported :10-Feb-2024 / 12:02

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

PARAMETER RESULTS BIOLOGICAL REF RANGE METHOD

Glycosylated Hemoglobin 5.6 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 %

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Estimated Average Glucose 114.0 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 Borivali Lab, Borivali West
*** End Of Report ***



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

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Name : MR.ANKUR KANTILAL KALANTRI

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:10-Feb-2024 / 19:17

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

<u>PARAMETER</u>	<u>RESULTS</u>	RESULTS BIOLOGICAL REF RANGE	
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.5	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	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	2-3	Less than 20/hpf	
Others	-		

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

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

Reference: Pack inert

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



m Dr.JAGESHWAR MANDAL **CHOUPAL** MBBS, DNB PATH **Pathologist**

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Name : MR.ANKUR KANTILAL KALANTRI

Age / Gender :38 Years / Male

Consulting Dr. : -Collected Reg. Location

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

RESULTS PARAMETER

ABO GROUP 0

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.

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 ***







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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	179.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	109.0	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	39.4 Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl		Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	139.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	118.0	Optimal: <100 mg/dl C Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	
VLDL CHOLESTEROL, Serum	21.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.0	0-3.5 Ratio	Calculated

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



mi Dr.JAGESHWAR MANDAL **CHOUPAL** MBBS, DNB PATH **Pathologist**

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Name : MR.ANKUR KANTILAL KALANTRI

: 38 Years / Male Age / Gender

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

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	4.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.4	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.33	0.35-5.5 microIU/ml mIU/ml	ECLIA



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Reg. Location: Mahavir Nagar, Kandivali West (Main Centre) Reported: 10-Feb-2024 / 13:04

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 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 Borivali Lab, Borivali West

*** End Of Report ***



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

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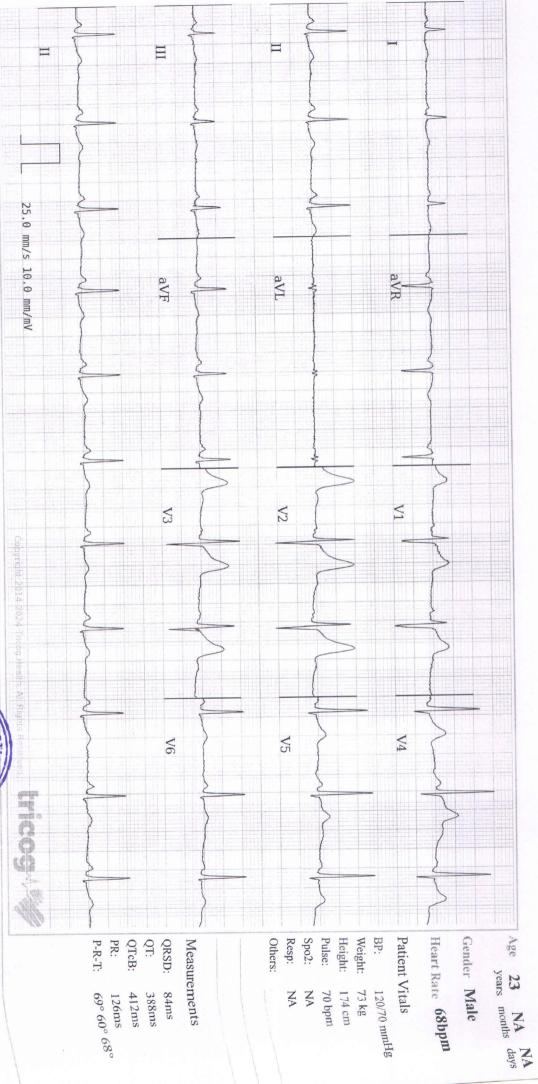
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SUBURBAN DIAGNOSTICS - MAHAVIR NAGAR, KANDIYALI WEST

Patient Name: ANKUR KANTILAL KALANTRI Date and Time: 10th Feb 24 11:23 AM

Patient ID: 2404122644



120/70 mmHg

73 kg

70 bpm

174 cm

X

NA

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



REPORTED BY

69° 60° 68°

126ms

388ms 412ms

84ms

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



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Date:- 10 | 02 | 24 -

CID: 2404122644.

Name:-M2. Ankur Kantilal

Sex / Age: 10/23 /23

Kalante

EYE CHECK UP

Chief complaints: - No

Systemic Diseases: - No

Past history:

- NO

Unaided Vision:

Aided Vision:



(E) 6/6

(Right Eye)

(Left Eye)

	(1119111 -	, - /						
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance				616				6/6
Near				NI6				N/6

Colour Vision: Normal / Abnormal

Remark: Moternal Vision





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Consulting Dr. :

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

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: 10-Feb-2024 / 10:05

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: 12-Feb-2024 / 09:59

PHYSICAL EXAMINATION REPORT

History and Complaints: NIL.

EXAMINATION FINDINGS:

Height (cms):

174

Weight (kg):

73

Temp:

Afebrile

Skin:

Normal

Blood Pressure (mm/Hg):

120/70

Nails:

Healthy

Pulse:

70/MIN

Lymph Node:

Not Palpable

Systems

Cardiovascular: S1,S2 Normal No Murmurs

Respiratory: Air Entry Bilaterally Equal

Genitourinary: NAD

GI System: Soft non tender No Organomegaly

CNS: NAD

IMPRESSION: HEALTHY.

ADVICE: HEALTHY DIET. REGULAR EXERCISE.

CHIEF COMPLAINTS:

Hypertension: 1)

NO

2) IHD: NO

Arrhythmia: 3)

NO

Diabetes Mellitus: 4)

NO

Tuberculosis: 5)

NO

Asthama: 6)

NO

7) **Pulmonary Disease:** NO



Name resting HE MR. ANKUR KANTILAL KALANTRI

Age / Gender : 38 Years/Male

Consulting Dr.

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

Collected

: 10-Feb-2024 / 10:05

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: 12-Feb-2024 / 09:59

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

PERSONAL HISTORY:

Alcohol 1)

NO

Smoking 2)

NO

3) Diet **VEG**

Medication 4)

NO

*** End Of Report ***



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

INCOME TAX DEPARIMENT



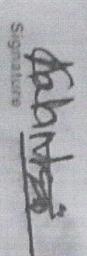
GOVT. OF INDIA

ANKUR KANTILAL KALANTRI

KANTILAL SHANKARLAL KALANTRI

11/10/1985 Permanent Account Number

AYLPK7754L





America

SUBURBAN DIAGNOSTICS PVT LTD.

Patient Details Name: ANKUR KALANTRI ID: 2404122644

Date: 10-Feb-24

Time: 11:44:28 AM

Sex: M

Age: 38 y Clinical History:

ROUTINE CHECK UP

Height: 174 cms

Weight: 73 Kgs

Medications: NIL

Test Details

Protocol: Bruce

182 bpm Pr.MHR:

Min. BP x HR:

THR: 163 (90 % of Pr.MHR) bpm

Total Exec. Time:

Max. BP x HR:

Max. HR: 161 (88% of Pr.MHR)bpm 25760 mmHg/min

Max. Mets: 13.50

4830 mmHg/min

Max. BP: 160 / 70 mmHg Test Termination Criteria:

THR ACHIEVED

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
	4.42	1.0	0	0	69	120 / 70	-1.27 III	2.48 V5
Supine	1:13	1.0	0	0	87	120 / 70	-0.64 II	1.77 V2
Standing	1:9	1.0	0	0	79	120 / 70	-0.21 aVR	1.42 V3
Hyperventilation	0:7	4.6	1.7	10	111	130 / 70	-0.85 II	2.12 V2
1	3:0		2.5	12	131	140 / 70	-1.27 II	3.89 V3
2	3:0	7.0	3.4	14	148	150 / 70	-1.91 II	5.66 V2
3	3:0	10.2	4.2	16	161	160 / 70	-2.76 11	5.66 V2
Peak Ex	0:29	13.5	4.2	0	85	140 / 70	-2.76 11	5.66 V2
Recovery(1)	3:0	1.8			86	120 / 70	-0.64 II	2.48 V2
Recovery(2)	0:40	1.0	0	0	00	120770		

Interpretation

GOOD EFFORT TOLERANCE HIGH WORKLOAD ACHIEVED.

APPROPRIATE CHRONOTROPIC AND INOTROPIC RESPONSE

NO SIGNIFICANT ST-T CHANGES AT PEAK EXERCISE.

NO SIGNIFICANT ST-T CHANGES AT RECOVERY.

NO ARRYTHMIAS NOTED.

IMPRESSION: THIS EXERCISE STRESS TEST IS NEGATIVE FOR REVERSIBLE INDUCIBLE ISCHEMIA.

Disclaimer: Negative stress test does not rule out Coronay Artery Disease. Positive test is suggestive but not confirmatory of Coronary Artery Disease. Hence, clinical correlation is mandatory.

Ref. Doctor: ARCOFEMI HEALTHCARE

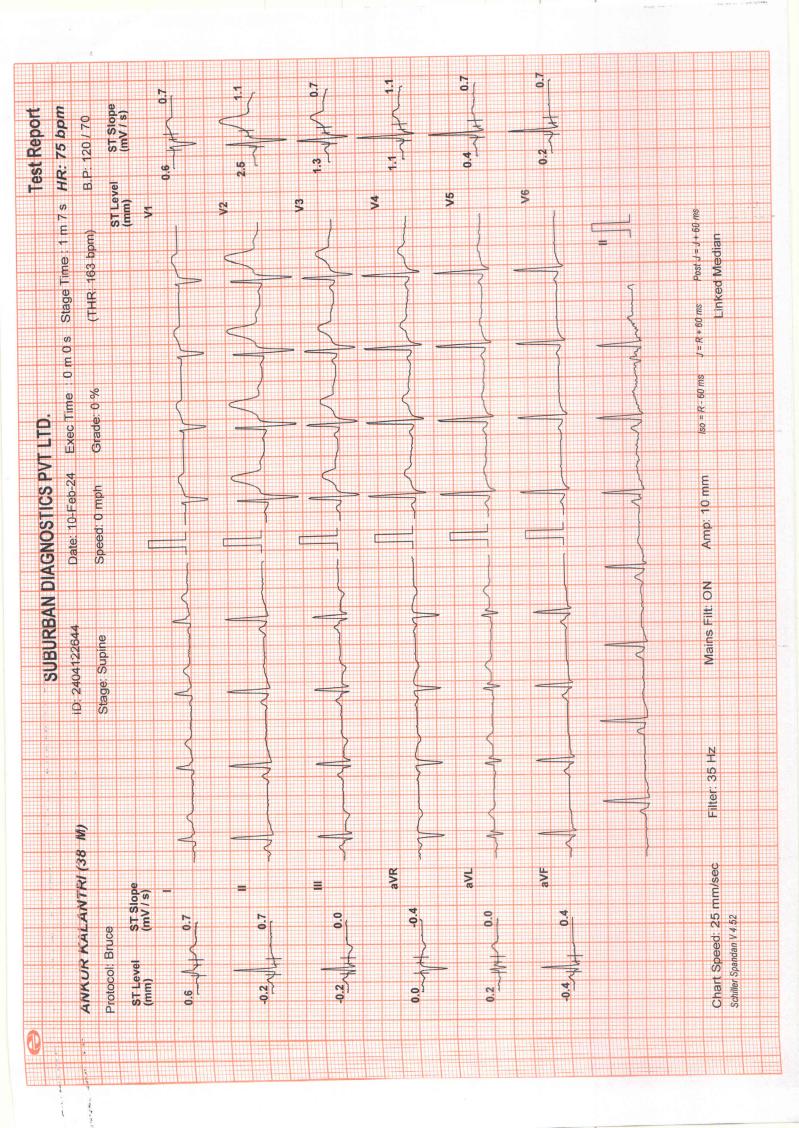
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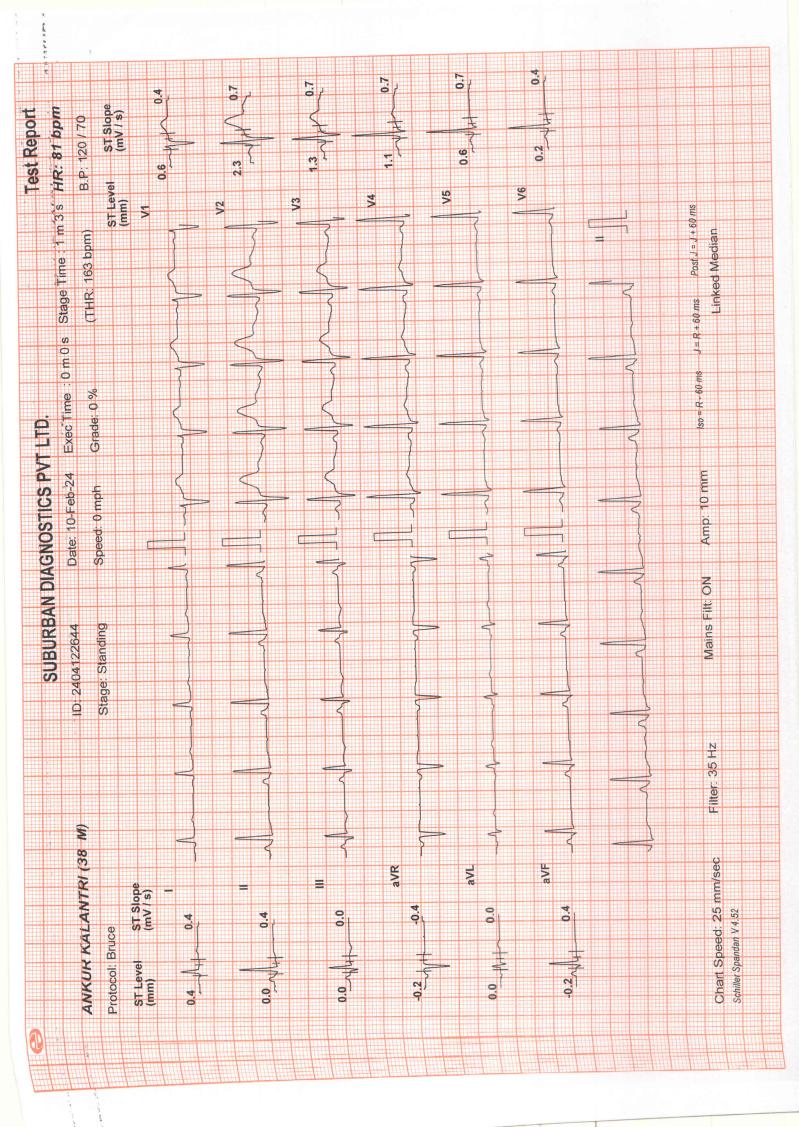
Doctor: DR AJITA BHOSALE

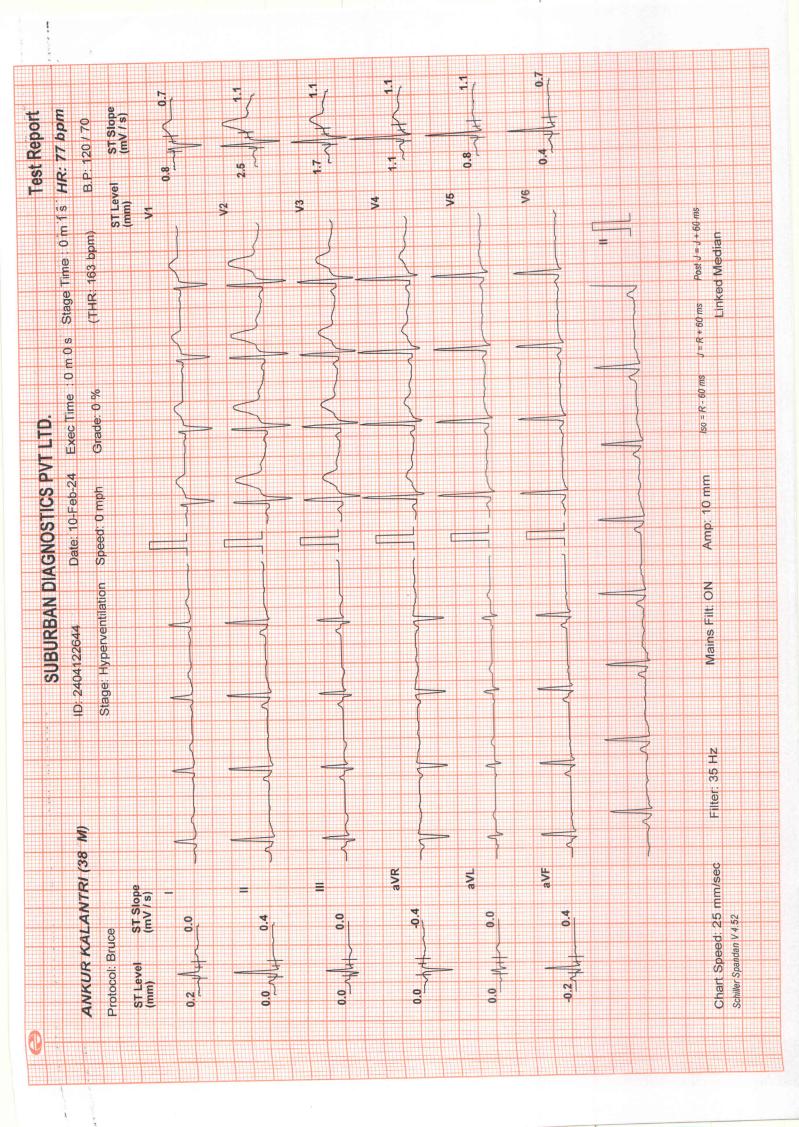
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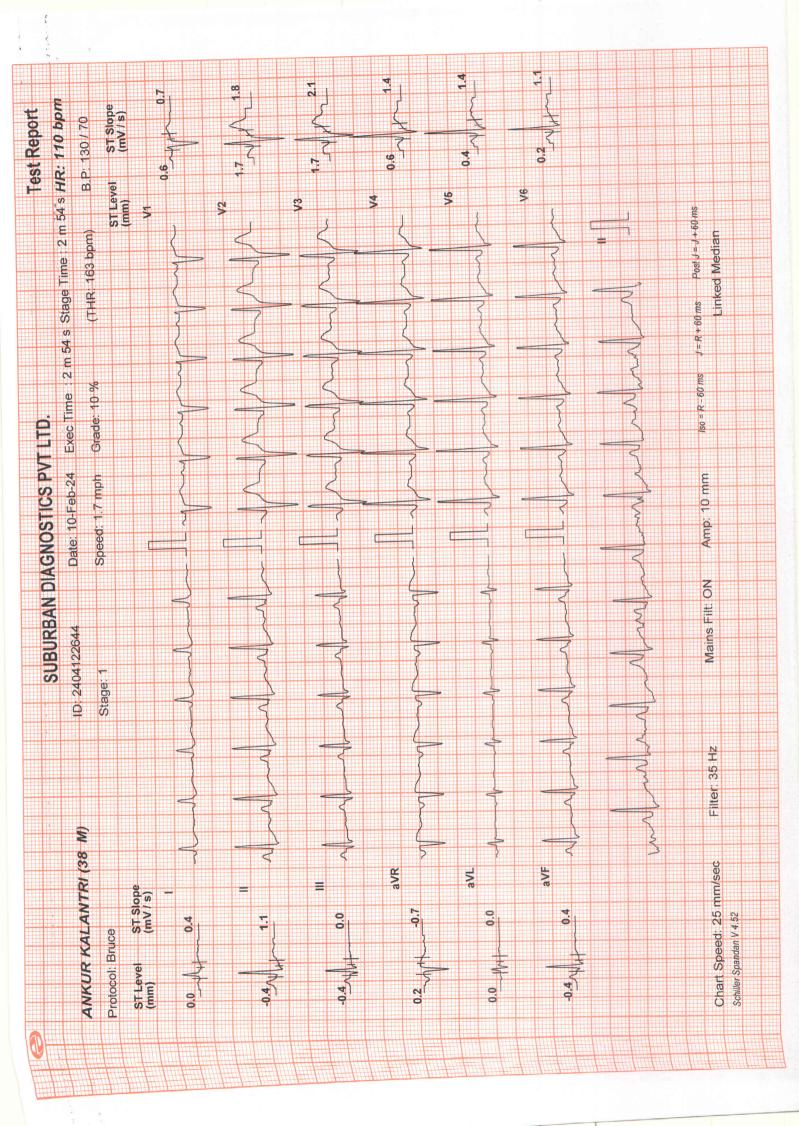
Dr. AJITA BHOSALE Reg. No. 2013/062200 MBBS/D. Cardiology

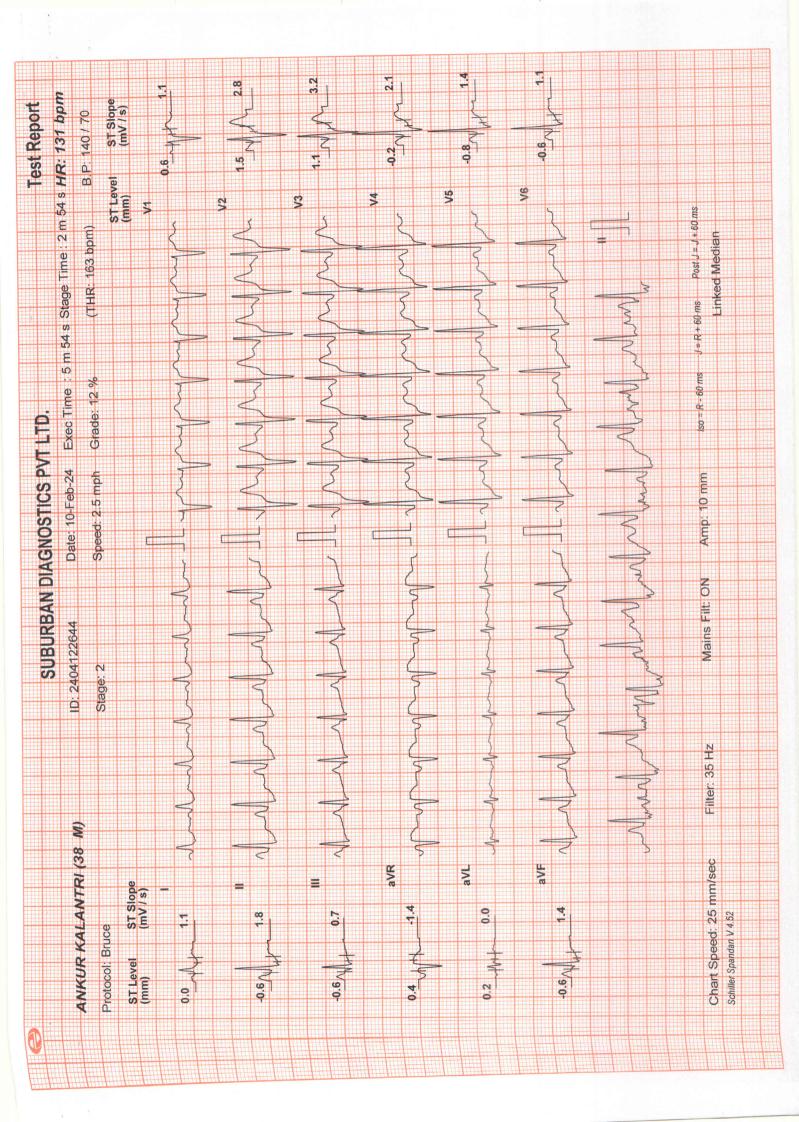


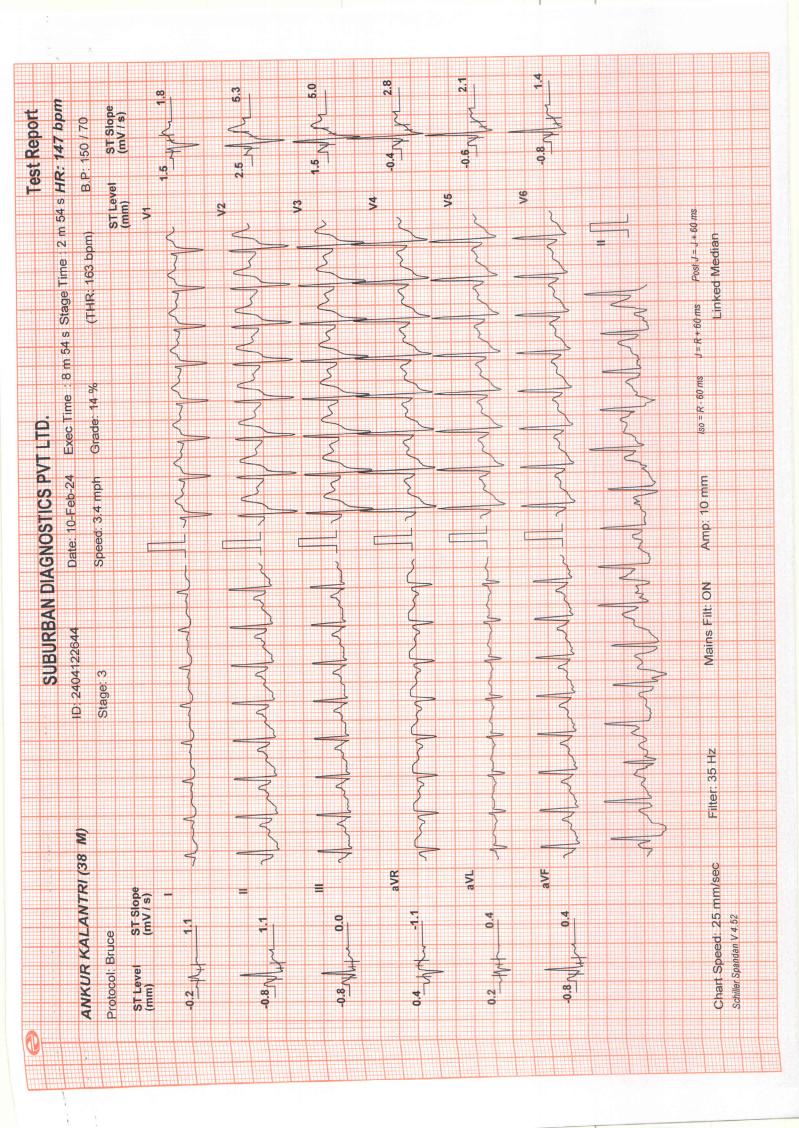


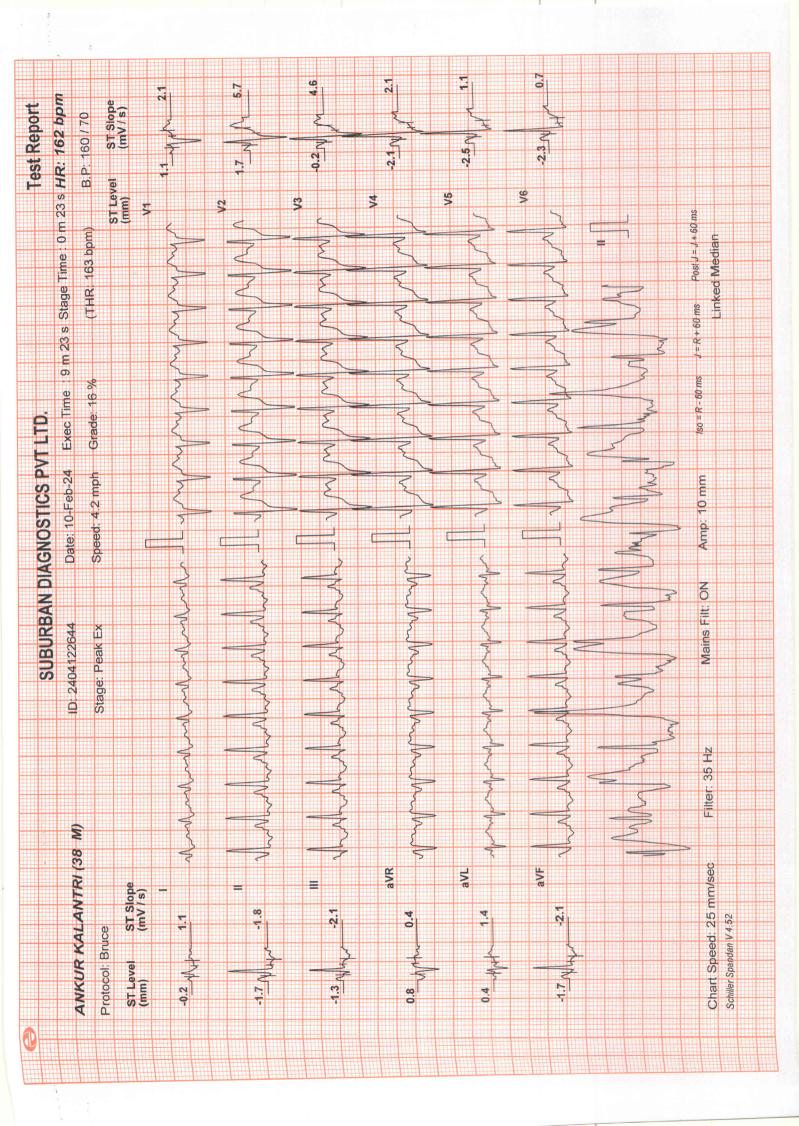


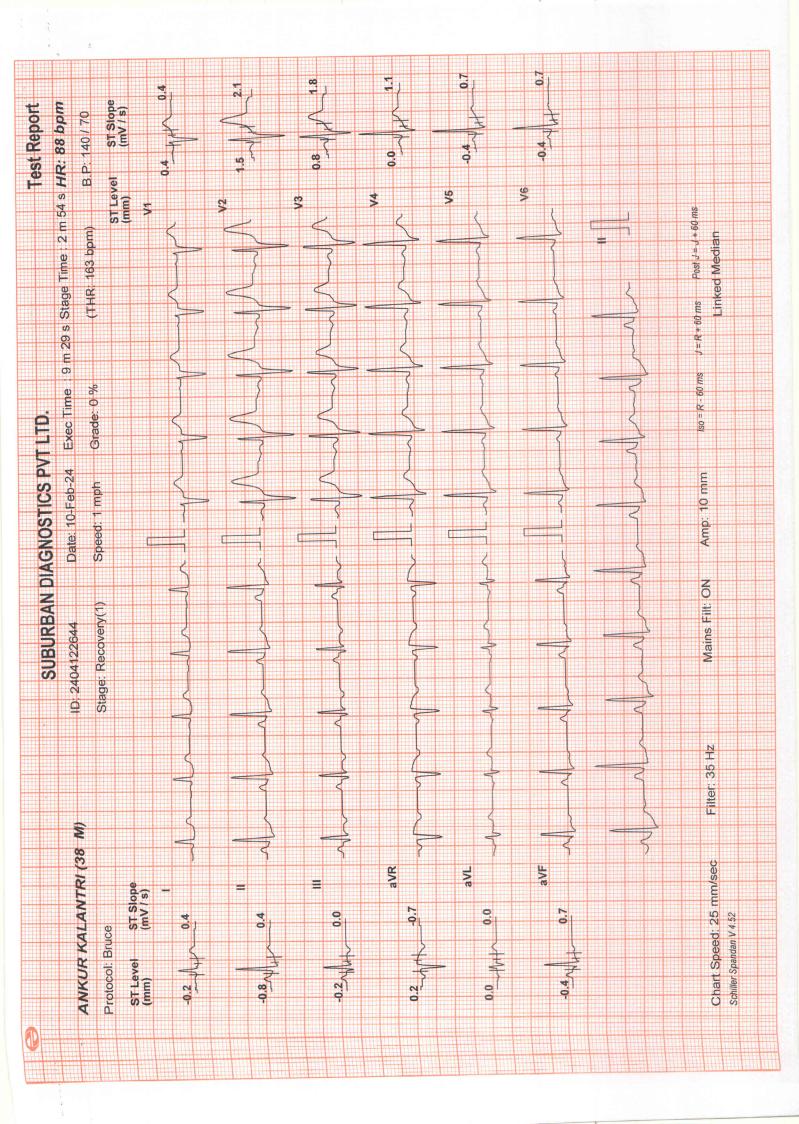


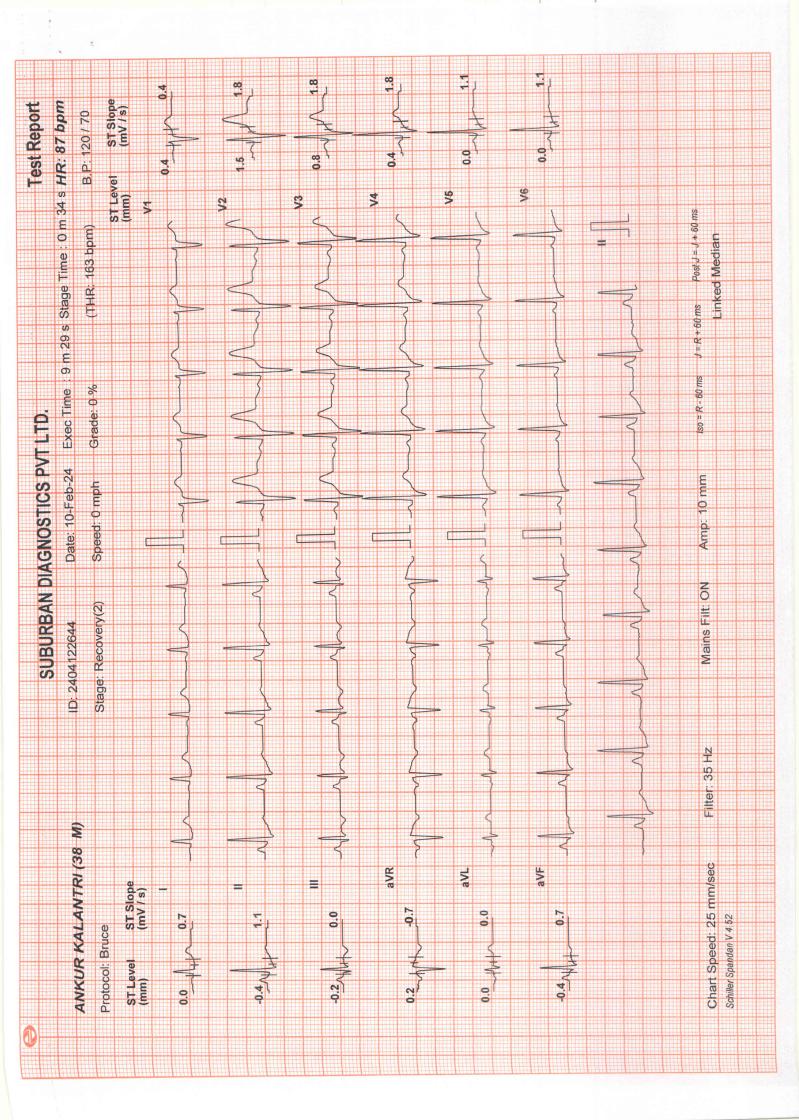














Name : Mr Ankur Kantilal Kalantri

Age / Sex : 23 Years/Male

Ref. Dr : Reg. Date : 10-Feb-2024

Reg. Location: Mahavir Nagar, Kandivali West Main Reported: 10-Feb-2024/10:45

Centre

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (12.9 cm), echotexture, shape and smooth margins. **It shows raised echogenicity.** The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

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

PANCREAS:

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

KIDNEYS:

Right kidney measures 9.4 x 3.8cm. Left kidney measures 10.0 x 5.1 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 (10 cm) and echotexture. No evidence of focal lesion is noted.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality. Wall thickness appears normal.

PROSTATE:

The prostate is normal measuring 3.6 x 3.0 x 2.6 cm, volume 15.1 cc.

ADDITIONAL COMMENTS:

Visualized bowel loops shows normal peristalsis.

There is no evidence of any lymphadenopathy or ascites.

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10 T CO 2024

IMPRESSION:-

• Grade I fatty Liver

ADVICE: Clinical correlation

NOTE: Above USG report is subject to findings evident at the time of scan & associated bowel gases. Sonography is known to have inter-observer variations. This modality has its own limitations & should be considered as a professional opinion. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Further / Follow-up imaging may be needed in some case for confirmation of findings. Please interpret accordingly. This report cannot be used for medico - legal purposes

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

Dr. Chirag Patel

Consultant Radiologist

M.B.B.S, MD (Radiodiagnosis)



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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. Chirag Patel Consultant Radiologist

M.B.B.S, MD (Radiodiagnosis) Reg. No. MMC 2017073319



Name : Mr Ankur Kantilal Kalantri

Age / Sex : 23 Years/Male

Reg. Date Ref. Dr : 10-Feb-2024

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