



CID : 2405000441
Name : MR.RAVI KHUDKHUDIYA
Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Collected : 19-Feb-2024 / 08:40
Reported : 19-Feb-2024 / 15:33

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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	14.4	13.0-17.0 g/dL	Spectrophotometric
RBC	5.53	4.5-5.5 mil/cmm	Elect. Impedance
PCV	42.6	40-50 %	Measured
MCV	77.0	80-100 fl	Calculated
MCH	26.1	27-32 pg	Calculated
MCHC	33.9	31.5-34.5 g/dL	Calculated
RDW	15.6	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5360	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	27.7	20-40 %	
Absolute Lymphocytes	1484.7	1000-3000 /cmm	Calculated
Monocytes	9.0	2-10 %	
Absolute Monocytes	482.4	200-1000 /cmm	Calculated
Neutrophils	53.4	40-80 %	
Absolute Neutrophils	2862.2	2000-7000 /cmm	Calculated
Eosinophils	9.6	1-6 %	
Absolute Eosinophils	514.6	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	16.1	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	272000	150000-400000 /cmm	Elect. Impedance
MPV	7.7	6-11 fl	Calculated
PDW	13.5	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	Mild		
Microcytosis	Occasional		



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Macrocytosis -
Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others -
WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT Eosinophilia

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 Borivali Lab, Borivali West

*** End Of Report ***



Bmhasakar

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



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Reported : 19-Feb-2024 / 16:38

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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	87.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	91.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.40	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.18	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.22	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.2	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	28.0	<34 U/L	Modified IFCC
SGPT (ALT), Serum	36.4	10-49 U/L	Modified IFCC
GAMMA GT, Serum	31.9	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	83.8	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	20.5	19.29-49.28 mg/dl	Calculated
BUN, Serum	9.6	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.78	0.73-1.18 mg/dl	Enzymatic

Note: Kindly note in change in reference range w.e.f. 07-09-2023



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Reported : 19-Feb-2024 / 16:38

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eGFR, Serum	121	(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	4.0	3.7-9.2 mg/dl	Uricase/ Peroxidase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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



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



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Reported : 19-Feb-2024 / 13:52

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	5.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	114.0	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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*** End Of Report ***



Bmhasakar

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Pathologist



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Collected : 19-Feb-2024 / 12:46
Reported : 19-Feb-2024 / 17:32

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
EXAMINATION OF FAECES

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

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Reg. Location : Bhayander East (Main Centre)

Collected : 19-Feb-2024 / 08:40
Reported : 19-Feb-2024 / 18:12

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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	yellow	Pale Yellow	-
Reaction (pH)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.001-1.030	Chemical Indicator
Transparency	clear	Clear	-
Volume (ml)	30	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	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 SDRL, Vidyavihar Lab
*** End Of Report ***



Dr. Vrushi Shroff

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



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Collected : 19-Feb-2024 / 08:40
Reported : 19-Feb-2024 / 15:01

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 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

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*** End Of Report ***



Dr. Vrushi Shroff

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



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Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

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Reported : 19-Feb-2024 / 16:38

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	119.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	65.0	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	39.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	80.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	67.5	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	13.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.7	0-3.5 Ratio	Calculated

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



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



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 Name : MR.RAVI KHUDKHUDIYA
 Age / Gender : 33 Years / Male
 Consulting Dr. : -
 Reg. Location : Bhayander East (Main Centre)

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 Collected : 19-Feb-2024 / 08:40
 Reported : 19-Feb-2024 / 16:16

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	5.2	3.5-6.5 pmol/L	CLIA
Free T4, Serum	16.3	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	1.503	0.55-4.78 microIU/ml mIU/ml	CLIA



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Consulting Dr. : -
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Reported : 19-Feb-2024 / 16:16

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 ***



Anupa

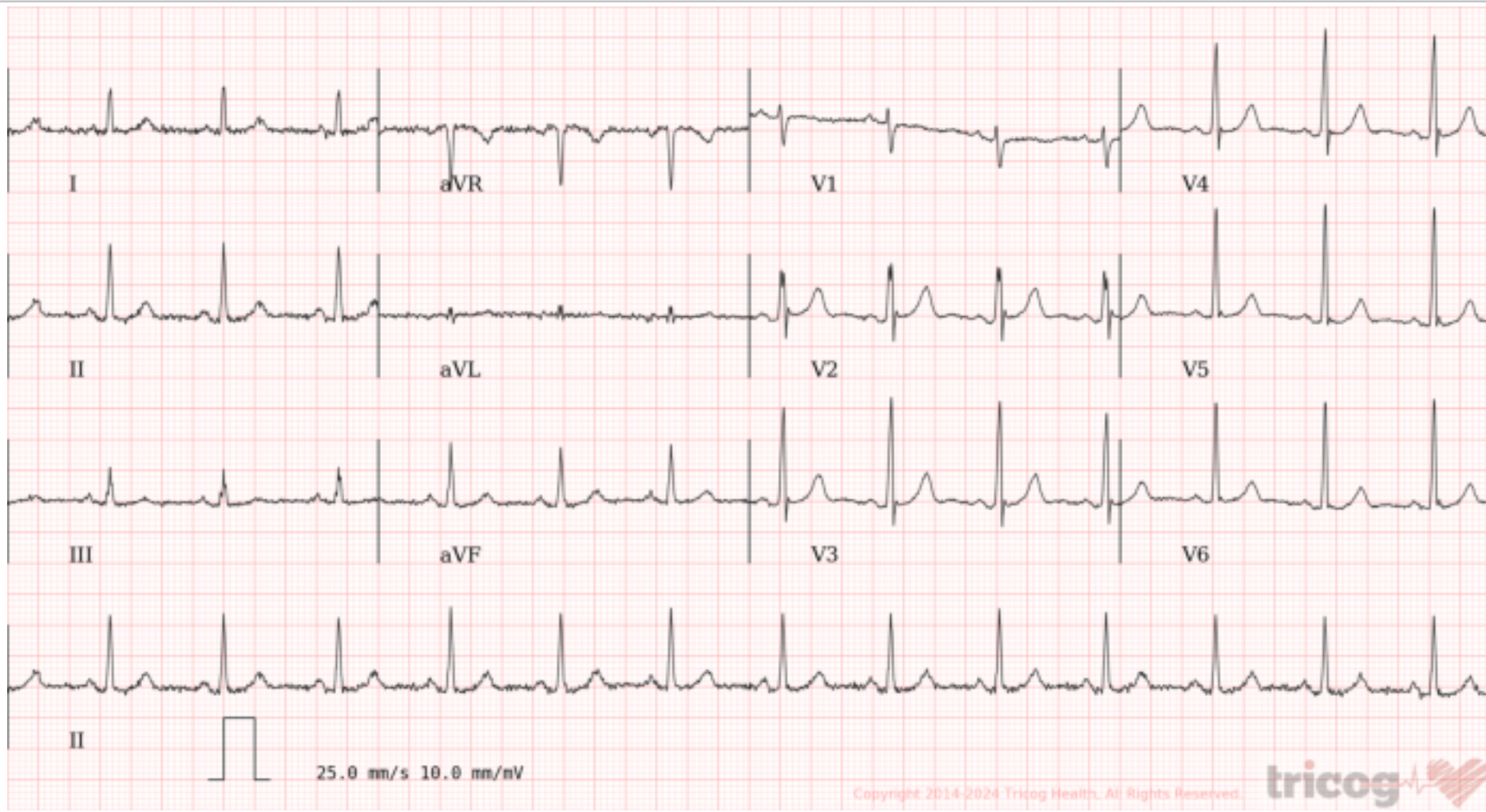
Dr.ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab Director

SUBURBAN DIAGNOSTICS - BHAYANDER EAST

Patient Name: RAVI KHUDKHUIYA

Date and Time: 19th Feb 24 10:26 AM

Patient ID: 2405000441



Age **33** **NA** **NA**
years months days

Gender **Male**

Heart Rate **84bpm**

Patient Vitals

BP: 110/80 mmHg
Weight: 83 kg
Height: 178 cm
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 74ms
QT: 350ms
QTcB: 413ms
PR: 140ms
P-R-T: 58° 58° 53°

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

REPORTED BY

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

Date: 19/12/24
 Name: Ravi Khudkhuja
 CID: 2405000044
 Sex / Age: 33 / M

(EYE CHECK UP)

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

} NO

RE LE
 6/6 6/6
 N/6 N/8

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

Colour Vision: Normal / Abnormal

Remark:

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 Kshiti Building, Vastu, Lombard,
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 Phone: 022 - 61700000

Name : MR. RAVI KHUDKHUDIYA
Age / Gender : 33 Years/Male
Consulting Dr. :
Reg. Location : Bhayander East (Main Centre)

Collected : 19-Feb-2024 / 08:34
Reported : 19-Feb-2024 / 16:24

PHYSICAL EXAMINATION REPORT

History and Complaints:
No Complaint

EXAMINATION FINDINGS:

Height (cms): 178
Temp (0c): Afebrile
Blood Pressure (mm/hg): 110/80
Pulse: 76/min

Weight (kg): 83
Skin: NAD
Nails: NAD
Lymph Node: Not Palpable

Systems

Cardiovascular: S1S2-Normal
Respiratory: Chest-Clear
Genitourinary: NAD
GI System: NAD
CNS: NAD

Normal

IMPRESSION:

cBC, Bio chemistry, ECG, TMT

ADVICE:

*USG
w/ S/O GI - I further lined.
Expert-consultation*

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

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

PERSONAL HISTORY:

- | | |
|---------------|-------------------|
| 1) Alcohol | Yes, Occasionally |
| 2) Smoking | Yes 3 / day |
| 3) Diet | Mixed |
| 4) Medication | No |

*** End Of Report ***

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

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Ravi K

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

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:09	0:09	00.0	00.0	01.0	066	35 %	110/80	072	00	
Standing	00:13	0:04	00.0	00.0	01.0	066	35 %	110/80	072	00	
HV	00:17	0:04	00.0	00.0	01.0	073	39 %	110/80	080	00	
ExStart	00:20	0:03	01.7	10.0	01.1	067	36 %	110/80	073	00	
BRUCE Stage 1	03:20	3:00	01.7	10.0	04.7	115	61 %	110/80	126	00	
BRUCE Stage 2	06:20	3:00	02.5	12.0	07.1	143	76 %	110/80	157	00	
PeakEx	07:53	1:33	03.4	14.0	08.7	164	88 %	150/80	246	00	
Recovery	08:53	1:00	01.1	00.0	01.1	144	77 %	150/80	216	00	
Recovery	09:53	2:00	00.0	00.0	01.0	121	65 %	140/80	169	00	
Recovery	11:53	4:00	00.0	00.0	01.0	103	55 %	130/80	133	00	
Recovery	12:10	4:18	00.0	00.0	01.0	101	54 %	120/80	121	00	

FINDINGS :

Exercise Time : 07:33
 Initial HR (ExStrt) : 67 bpm 36% of Target 187
 Initial BP (ExStrt) : 110/80 (mm/Hg)
 Max Workload Attained : 8.7 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : III & -1.1 mm in PeakEx
 Duke Treadmill Score : 05.8
 Test End Reasons : Test Complete

Max HR Attained 164 bpm 88% of Target 187
 Max BP Attained 150/80 (mm/Hg)

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DR. SMITA VALANI
 MBBS, D. CARDIOLOGY
 201110810581

Doctor: DR. SMITA VALANI

155 / RAVI KHUDDHUDDIYA / 33 Yrs / M / 178 Cms / 83 Kg Date: 19 / 02 / 2024 10:05:31 AM

REPORT :

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

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DR. SMITA VALANI
M.B.B.S. D. C. CARDIOLOGY
2011/02/0567

Doctor : DR. SMITA VALANI

SUPINE (00:01)

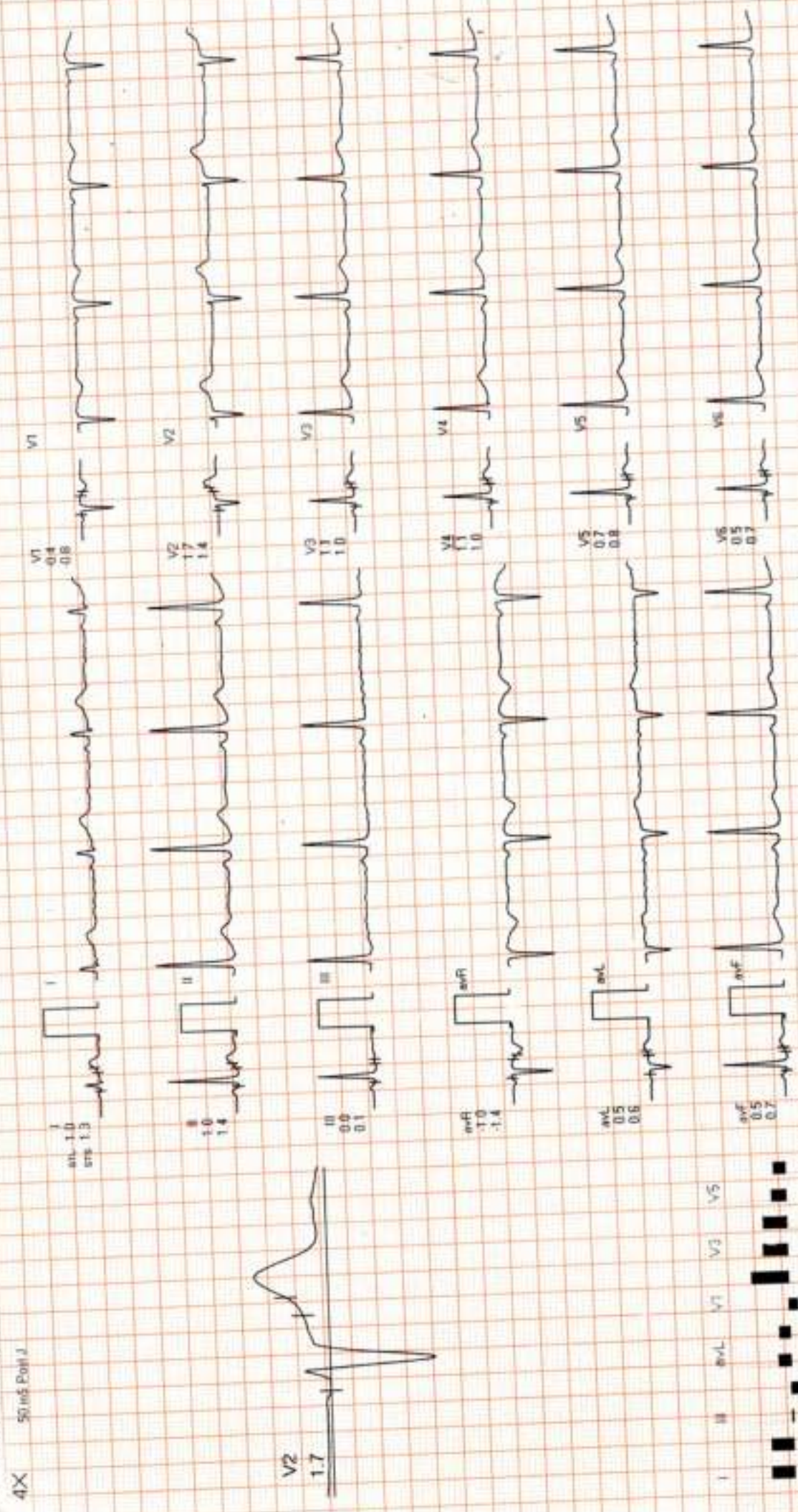


DIAGNOSTICS BHAYANDER

(2405000441) / RAVI KHUKHEDIYA / 33 Yrs / M / 178 Cms / 83 Kg / HR : 66

ExTime: 00:00:00 mph: 0.0%
25 mm/Sec 1.0 Cm/Div

19/02/2024 10:05:31 AM METS: 1.0/66 bpm 35% of THR BP: 110/80 mmHg Plead ECG/BLC On/Notch On/ HF 0.05 Hz/AF 35 Hz



4X 50 ms/Div

V2 1.7



REMARKS
II aVR aVL aVF V1 V2 V3 V4 V5 V6



Use a QR Code Scanner
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CID : 2405000441
Name : Mr RAVI KHUDKHUIYA
Age / Sex : 33 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 19-Feb-2024
Reported : 20-Feb-2024 / 9:13

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-----

Khilji Faizur

Dr.FAIZUR KHILJI
MBBS,RADIO DIAGNOSIS
Reg No-74850
Consultant Radiologist

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SUBURBAN DIAGNOSTICS BHAYANDER

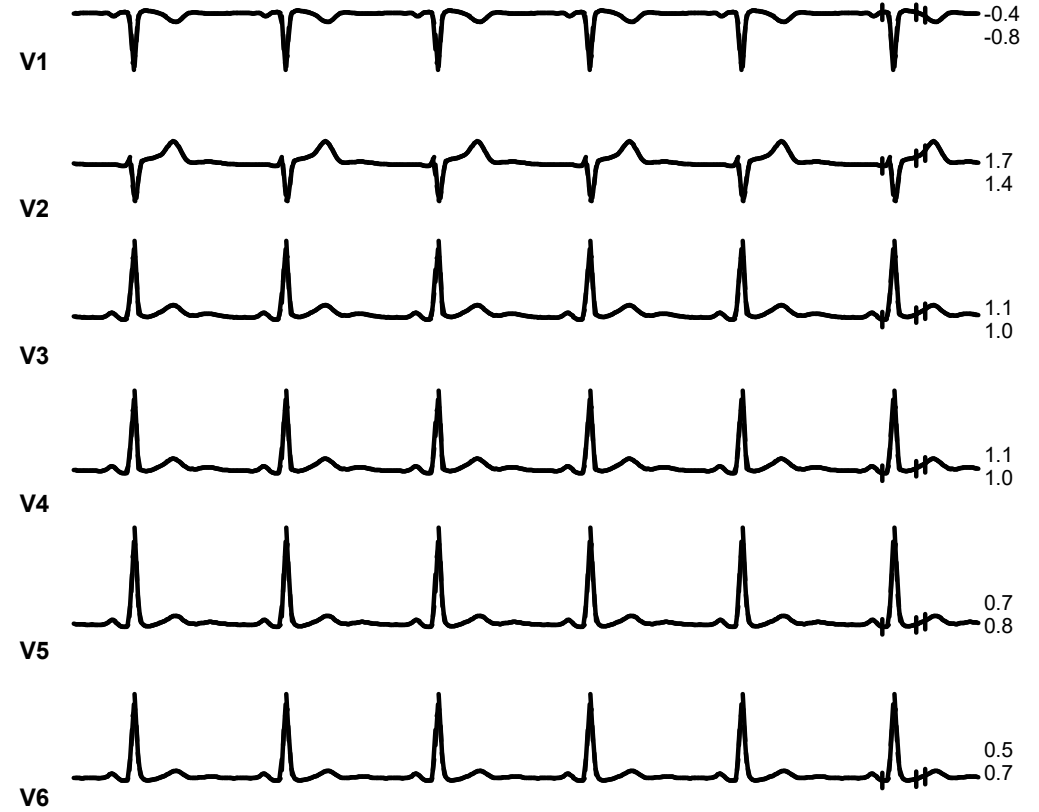
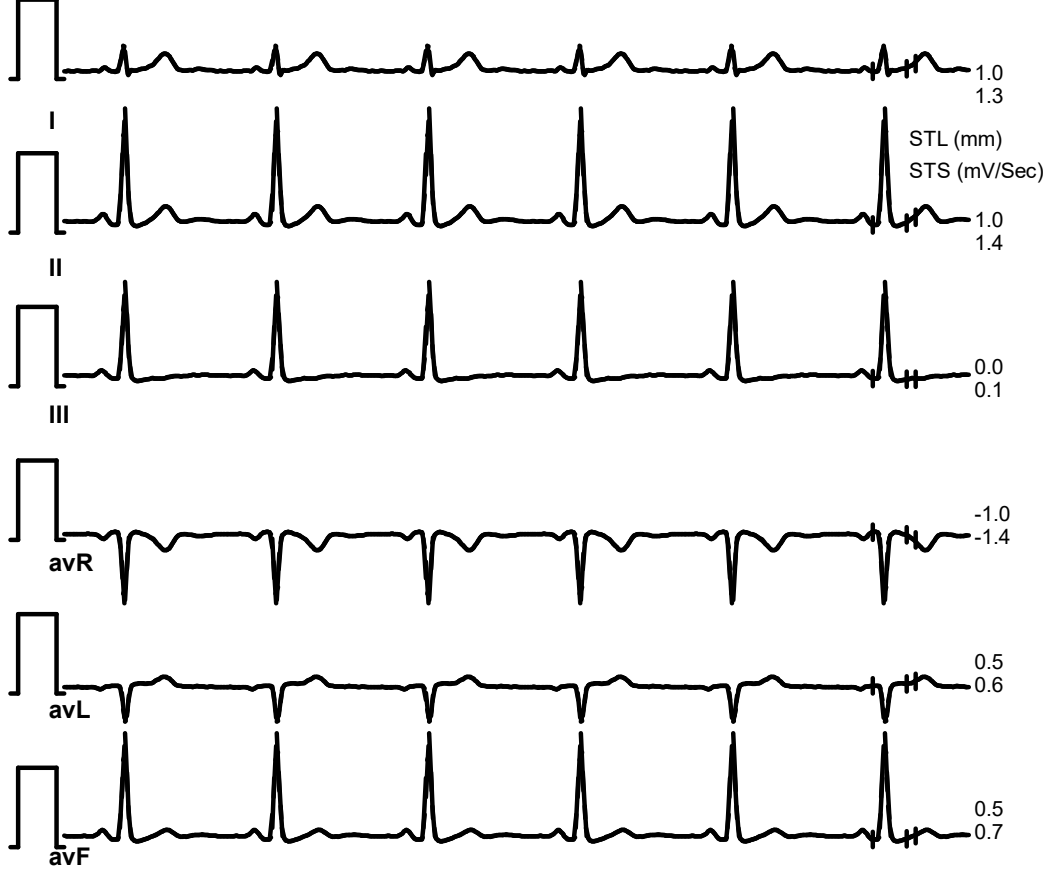
12347155 / RAVI KHUDKHUDIYA / 33 Yrs / Male / 178 Cm / 83 Kg

6X2 Combine Medians + 1 Rhythm
BRUCE:Supine(0:10)



Date: 19 / 02 / 2024 10:05:31 AM METs : 1.0 HR : 66 Target HR : 35% of 187 BP : 110/80 Post J @50mSec

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



SUBURBAN DIAGNOSTICS BHAYANDER

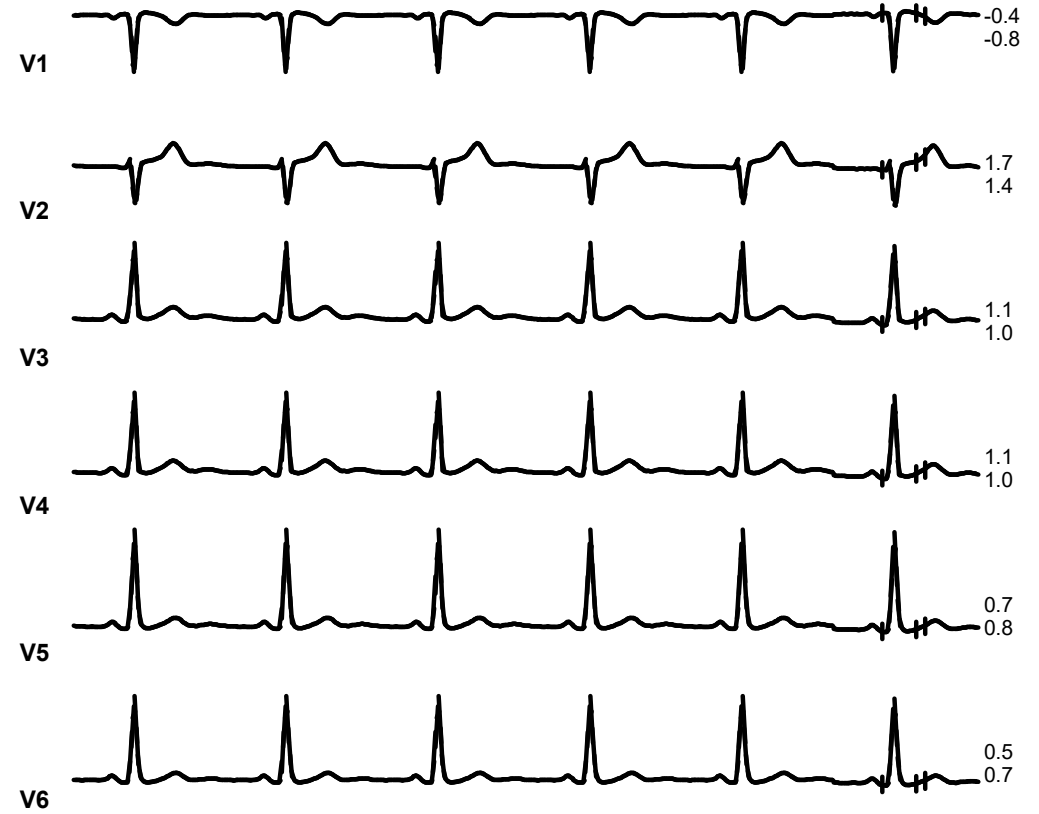
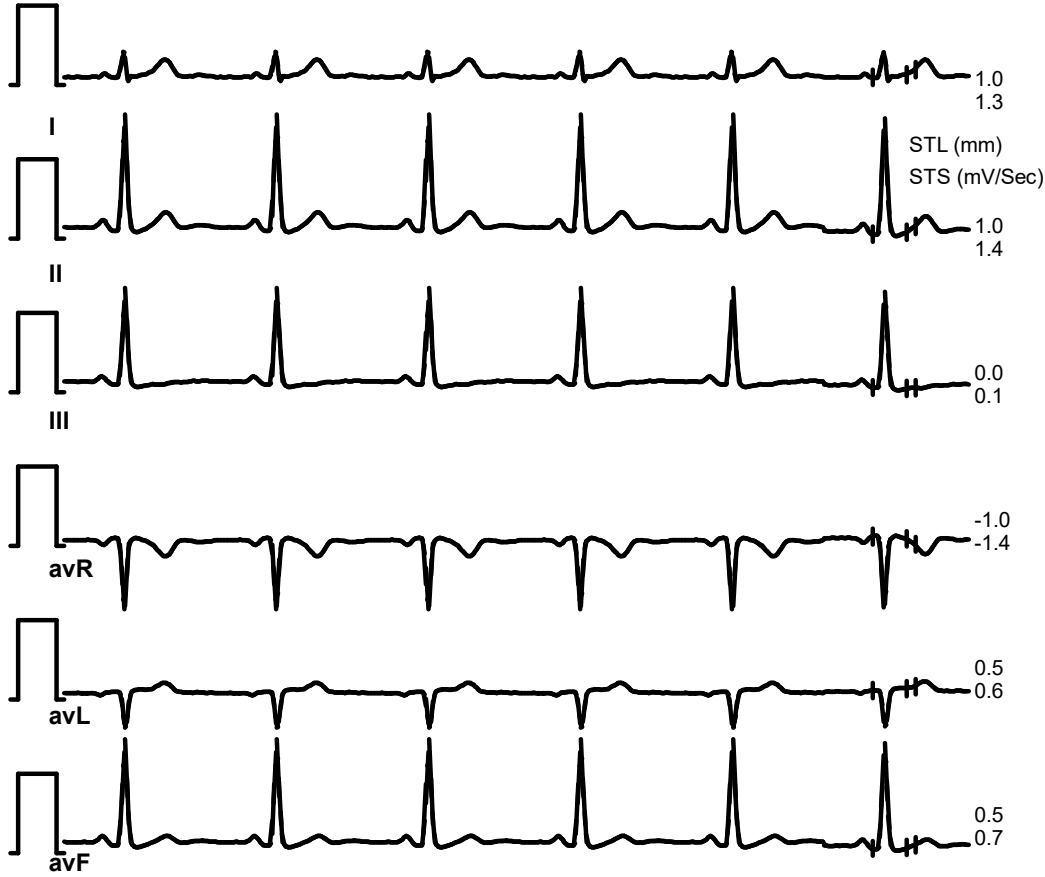
12347155 / RAVI KHUDKHUDIYA / 33 Yrs / Male / 178 Cm / 83 Kg

6X2 Combine Medians + 1 Rhythm
BRUCE:Standing(0:09)



Date: 19 / 02 / 2024 10:05:31 AM METs : 1.0 HR : 66 Target HR : 35% of 187 BP : 110/80 Post J @50mSec

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



SUBURBAN DIAGNOSTICS BHAYANDER

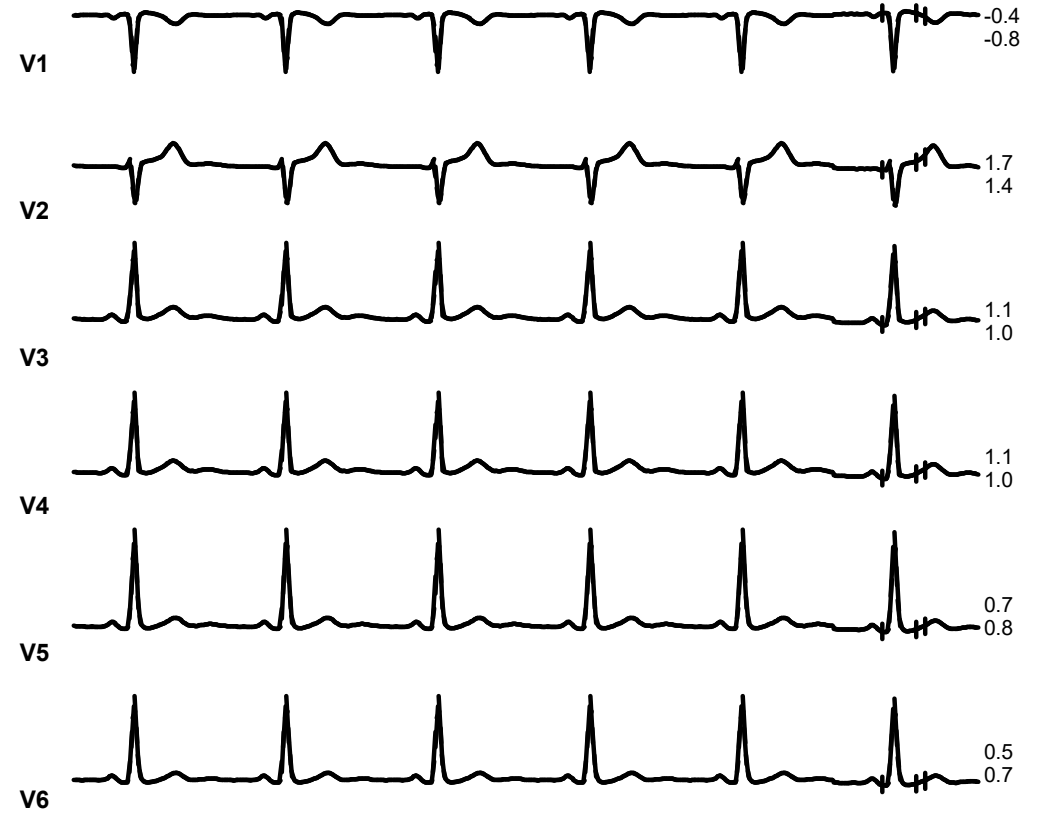
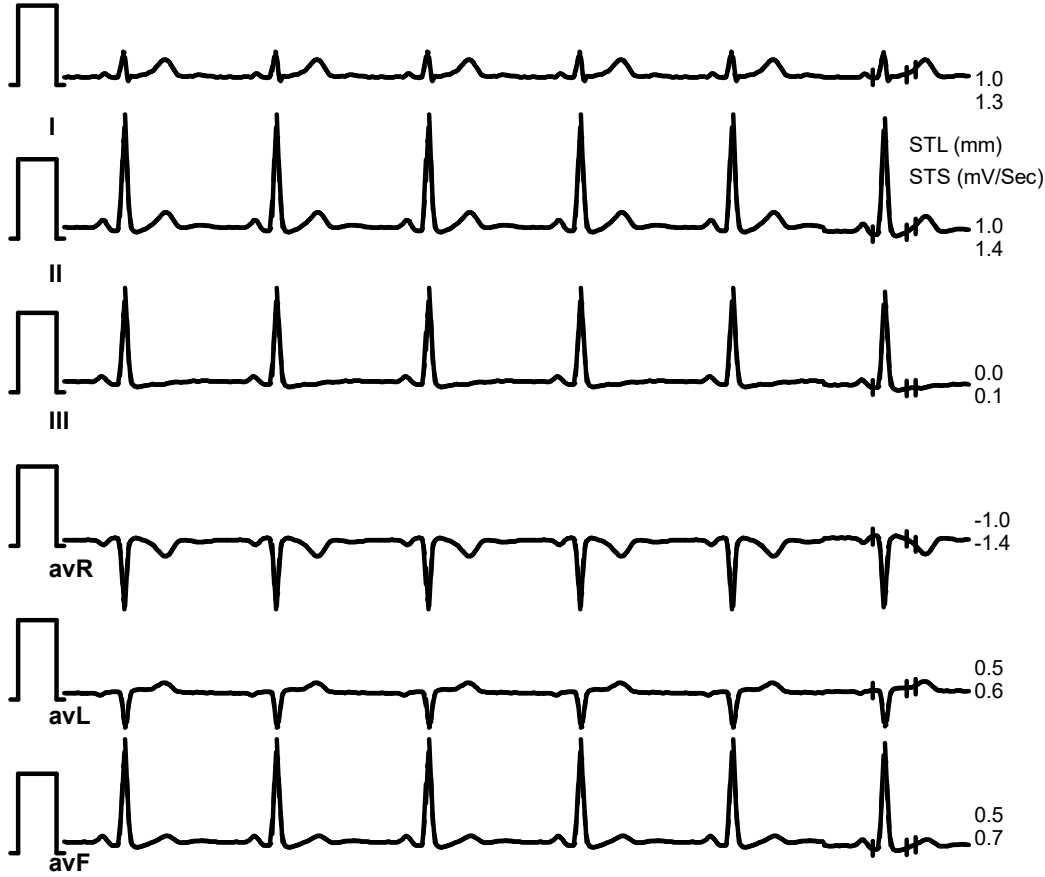
12347155 / RAVI KHUDKHUDIYA / 33 Yrs / Male / 178 Cm / 83 Kg

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



Date: 19 / 02 / 2024 10:05:31 AM METs : 1.0 HR : 73 Target HR : 39% of 187 BP : 110/80 Post J @50mSec

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



SUBURBAN DIAGNOSTICS BHAYANDER

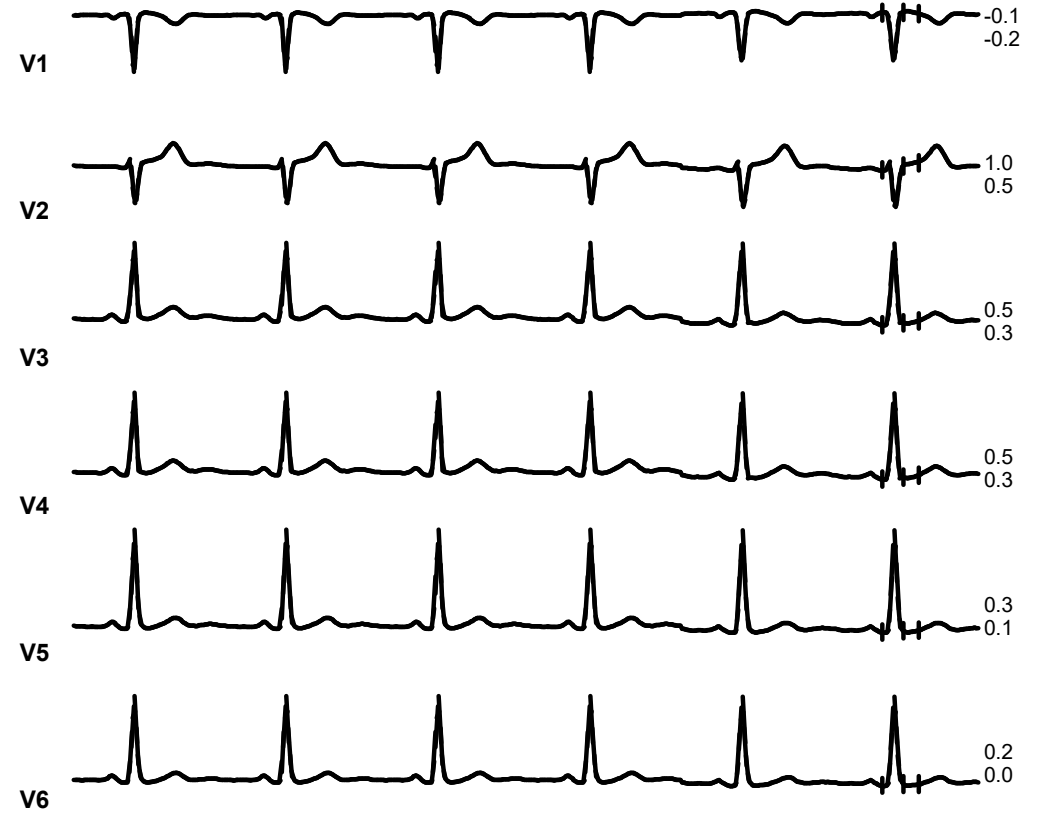
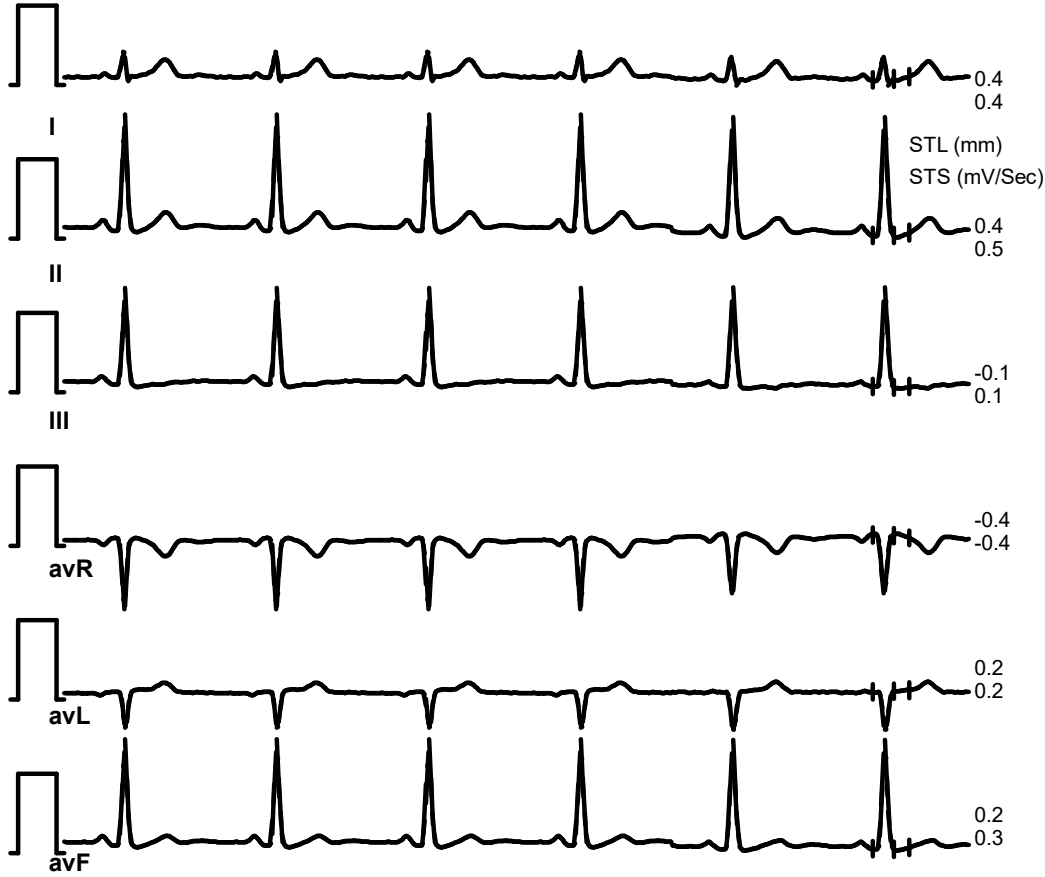
12347155 / RAVI KHUDKHUDIYA / 33 Yrs / Male / 178 Cm / 83 Kg

6X2 Combine Medians + 1 Rhythm
ExStart



Date: 19 / 02 / 2024 10:05:31 AM METs : 1.1 HR : 67 Target HR : 36% of 187 BP : 110/80 Post J @80mSec

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



SUBURBAN DIAGNOSTICS BHAYANDER

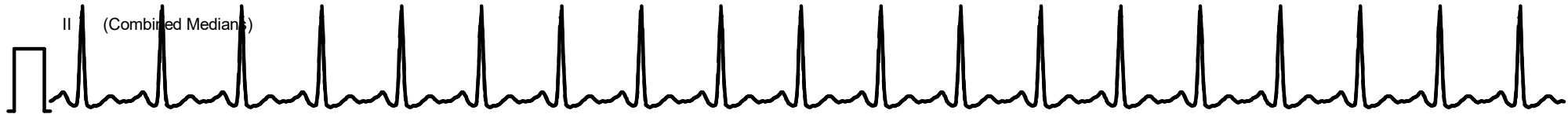
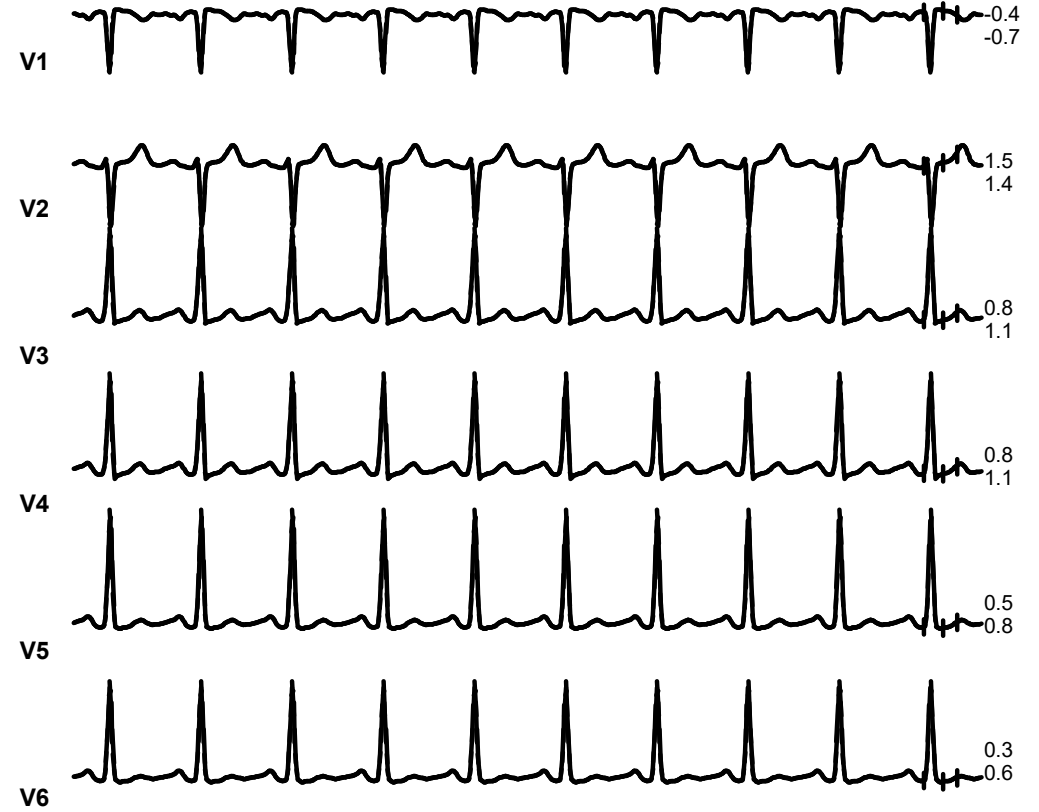
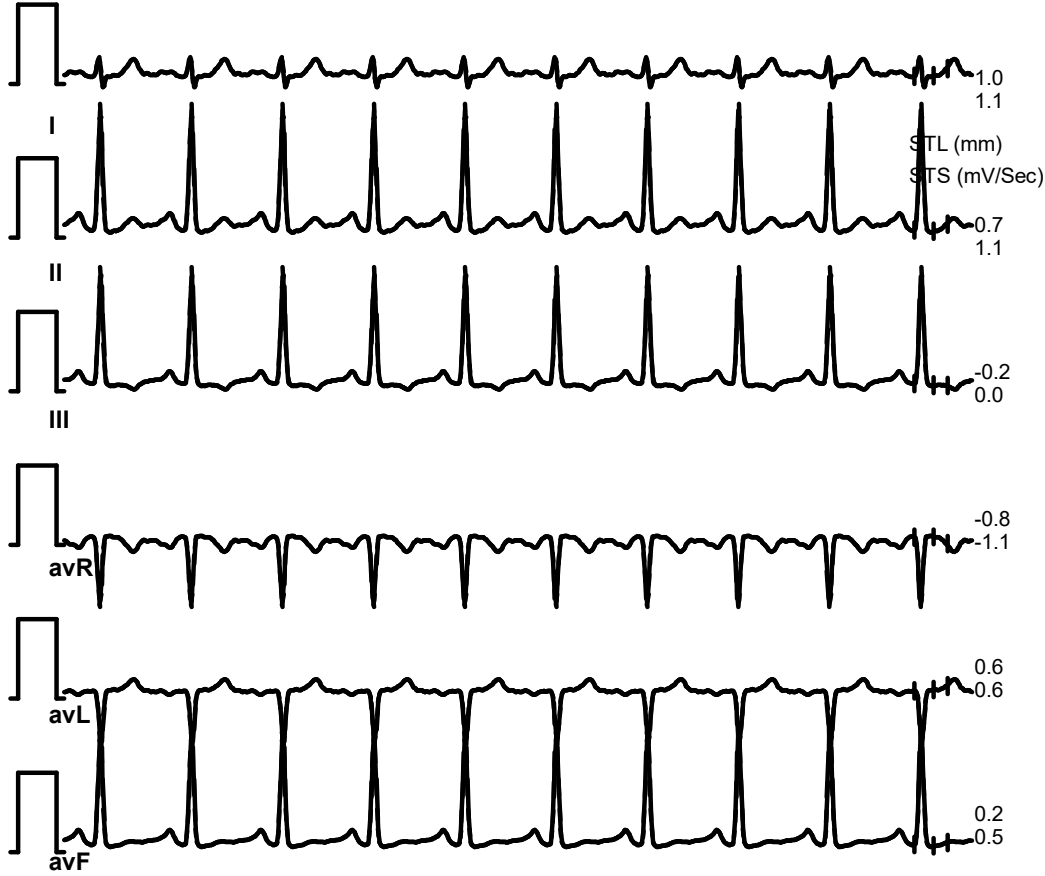
12347155 / RAVI KHUDKHUDIYA / 33 Yrs / Male / 178 Cm / 83 Kg

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



Date: 19 / 02 / 2024 10:05:31 AM METs : 4.7 HR : 115 Target HR : 61% of 187 BP : 110/80 Post J @80mSec

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



SUBURBAN DIAGNOSTICS BHAYANDER

12347155 / RAVI KHUDKHUDIYA / 33 Yrs / Male / 178 Cm / 83 Kg

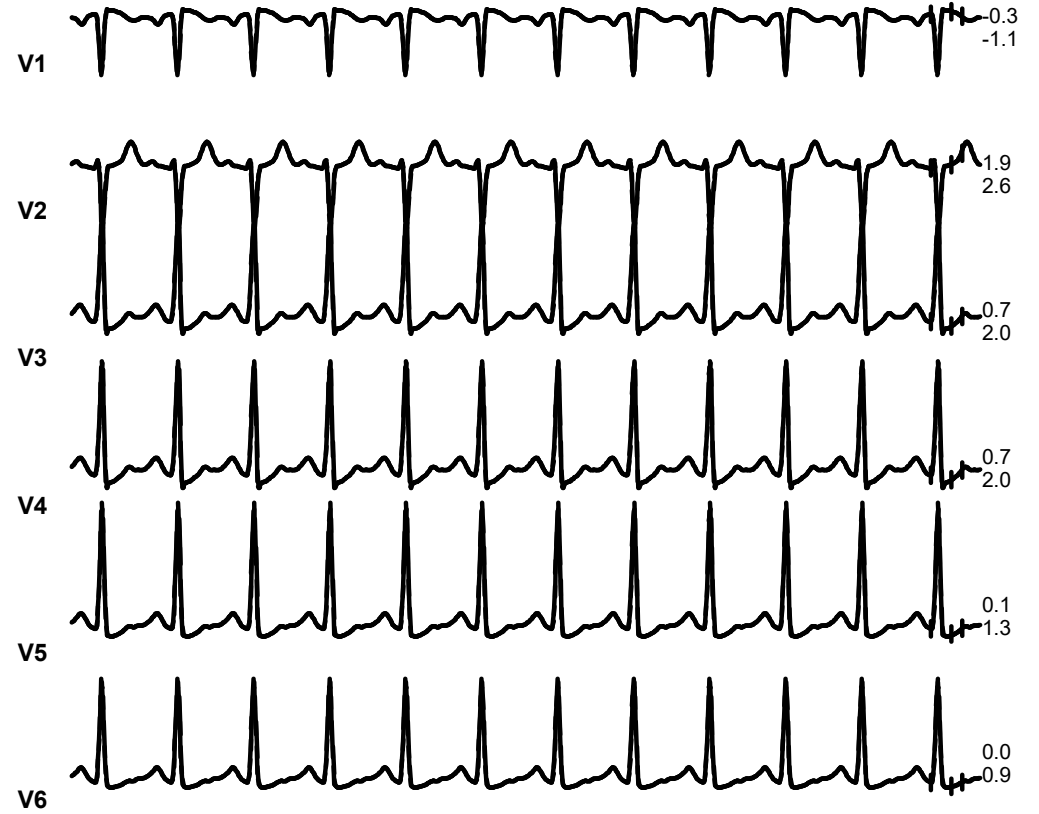
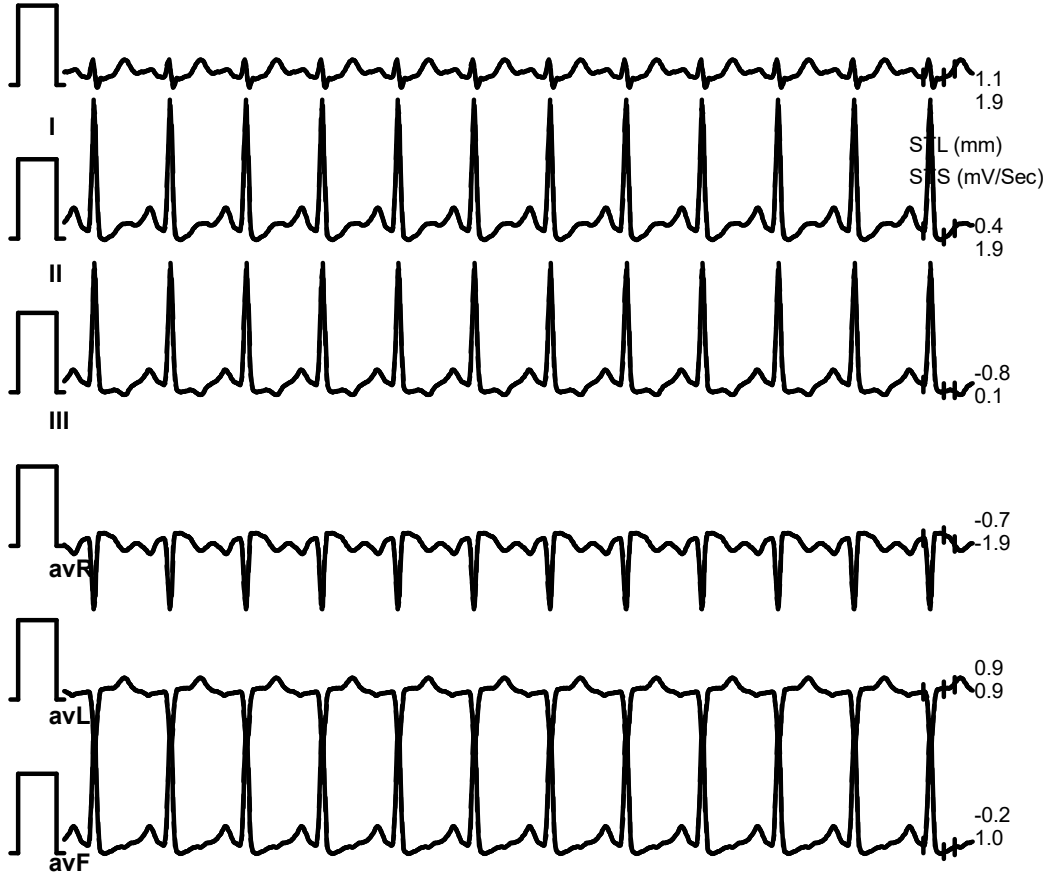
6X2 Combine Medians + 1 Rhythm

BRUCE:Stage 2(3:00)



Date: 19 / 02 / 2024 10:05:31 AM METs : 7.1 HR : 143 Target HR : 76% of 187 BP : 110/80 Post J @60mSec

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



SUBURBAN DIAGNOSTICS BHAYANDER

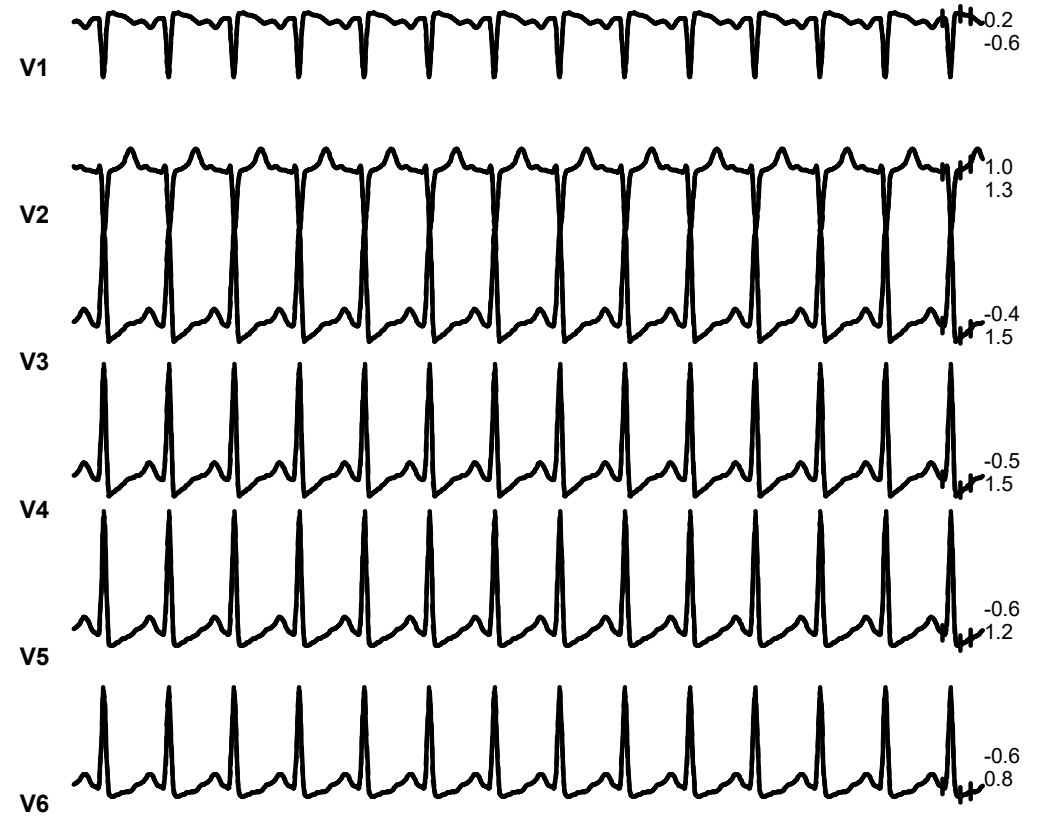
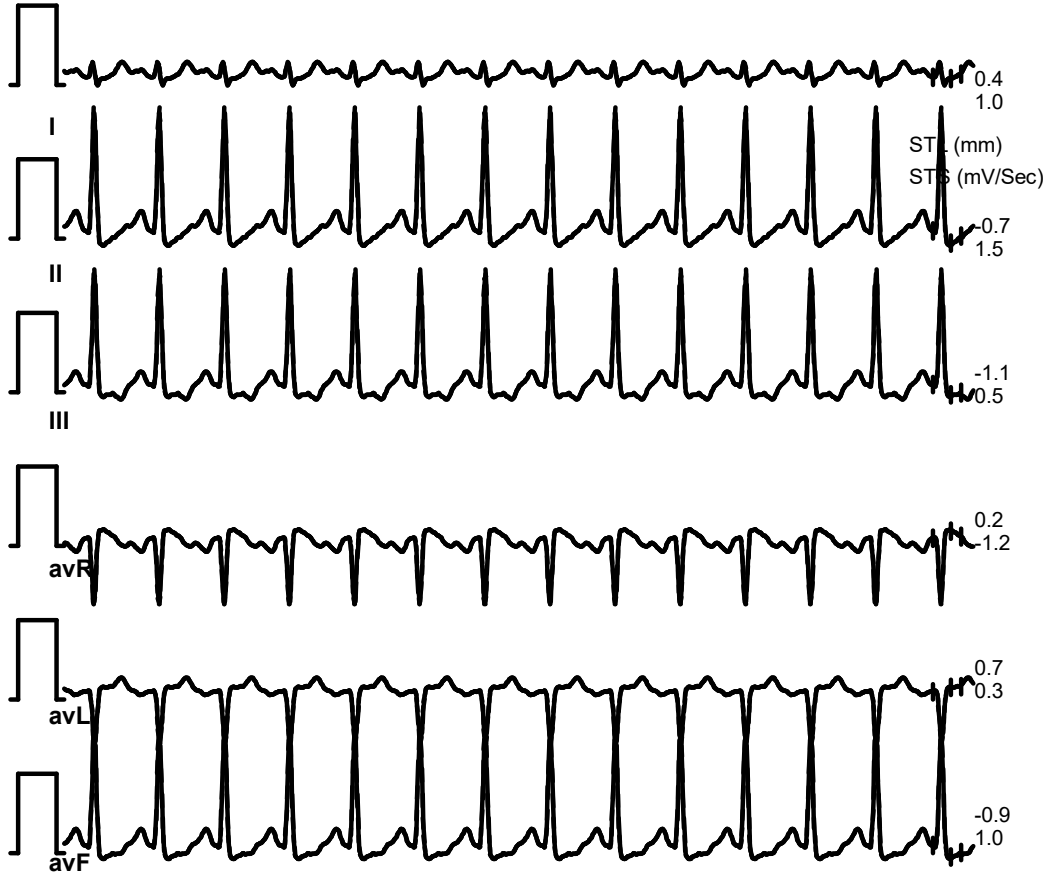
12347155 / RAVI KHUDKHUDIYA / 33 Yrs / Male / 178 Cm / 83 Kg

6X2 Combine Medians + 1 Rhythm
PeakEx



Date: 19 / 02 / 2024 10:05:31 AM METs : 8.7 HR : 164 Target HR : 88% of 187 BP : 150/80 Post J @60mSec

ExTime: 07:34 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS BHAYANDER

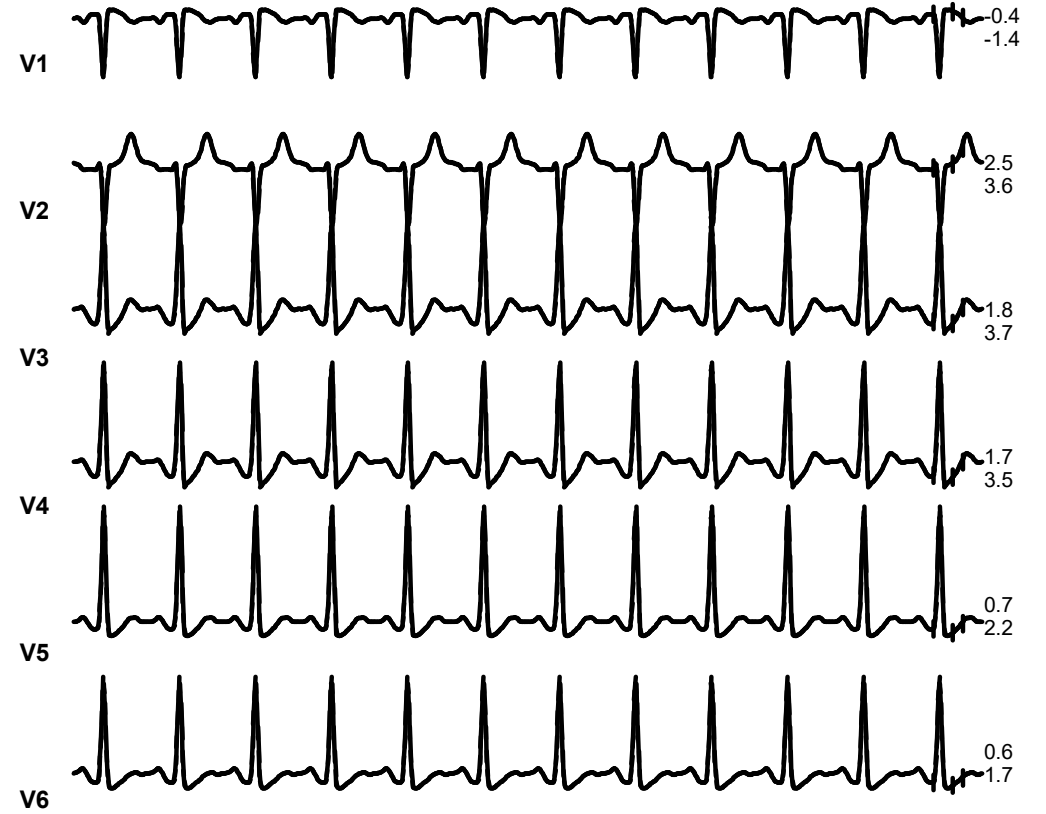
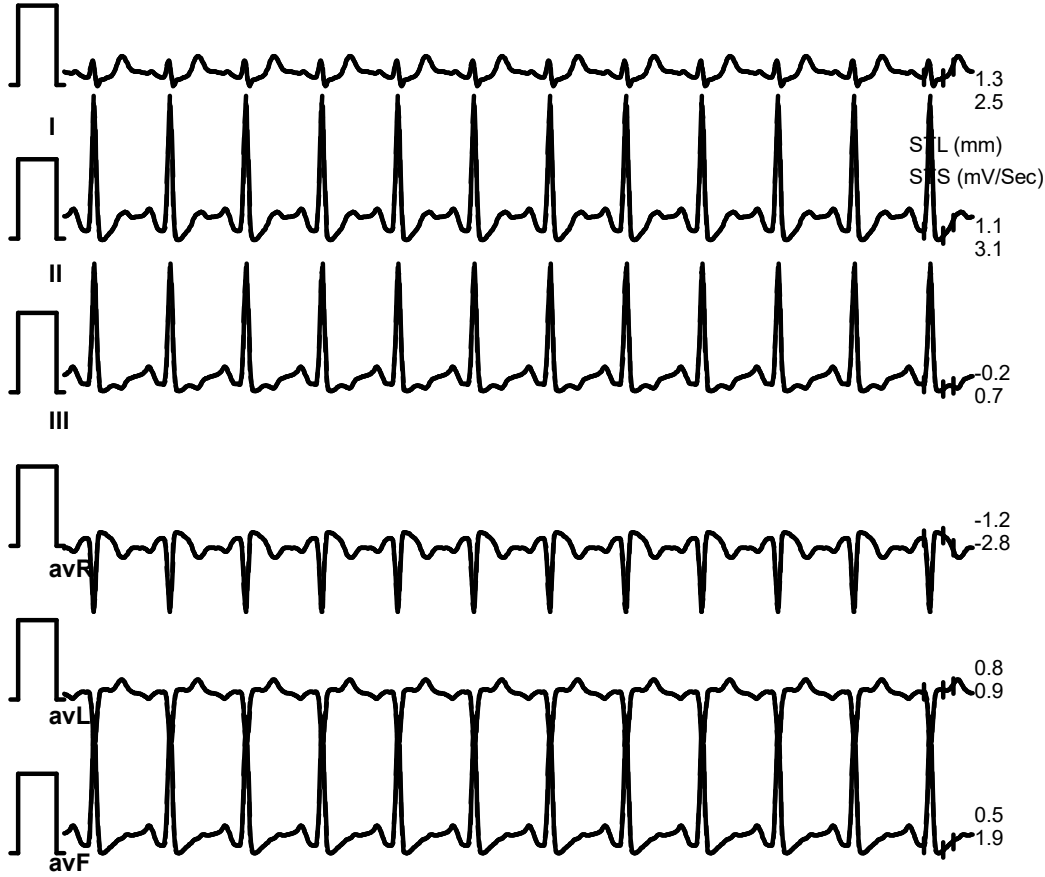
12347155 / RAVI KHUDKHUDIYA / 33 Yrs / Male / 178 Cm / 83 Kg

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



Date: 19 / 02 / 2024 10:05:31 AM METs : 1.1 HR : 144 Target HR : 77% of 187 BP : 150/80 Post J @60mSec

ExTime: 07:33 Speed: 1.1 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS BHAYANDER

12347155 / RAVI KHUDKHUDIYA / 33 Yrs / Male / 178 Cm / 83 Kg

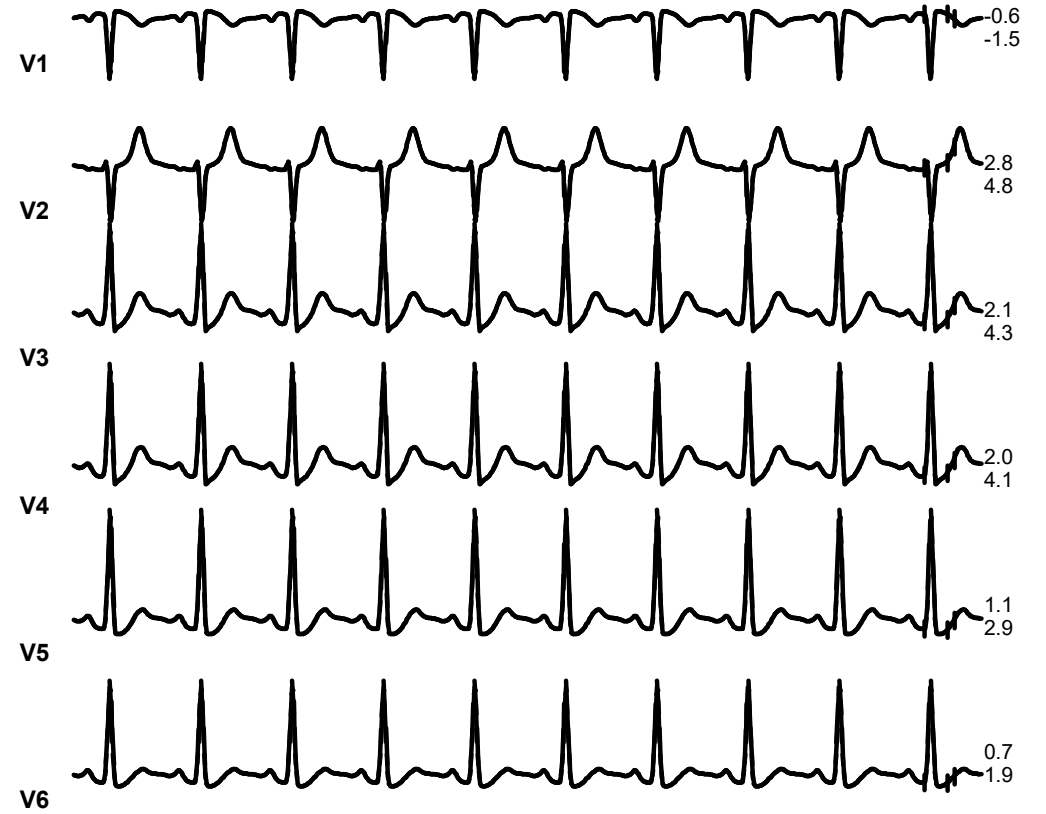
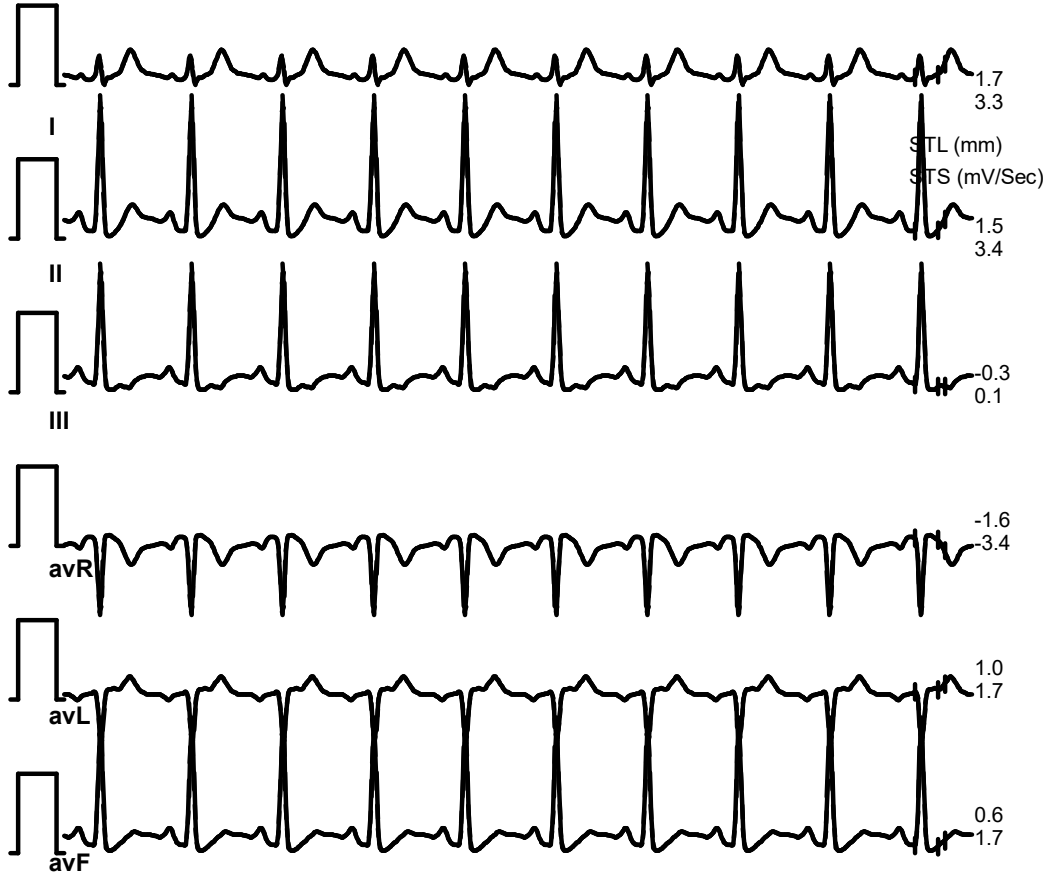
6X2 Combine Medians + 1 Rhythm

Recovery(2:00)



Date: 19 / 02 / 2024 10:05:31 AM METs : 1.0 HR : 121 Target HR : 65% of 187 BP : 140/80 Post J @40mSec

ExTime: 07:33 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS BHAYANDER

12347155 / RAVI KHUDKHUDIYA / 33 Yrs / Male / 178 Cm / 83 Kg

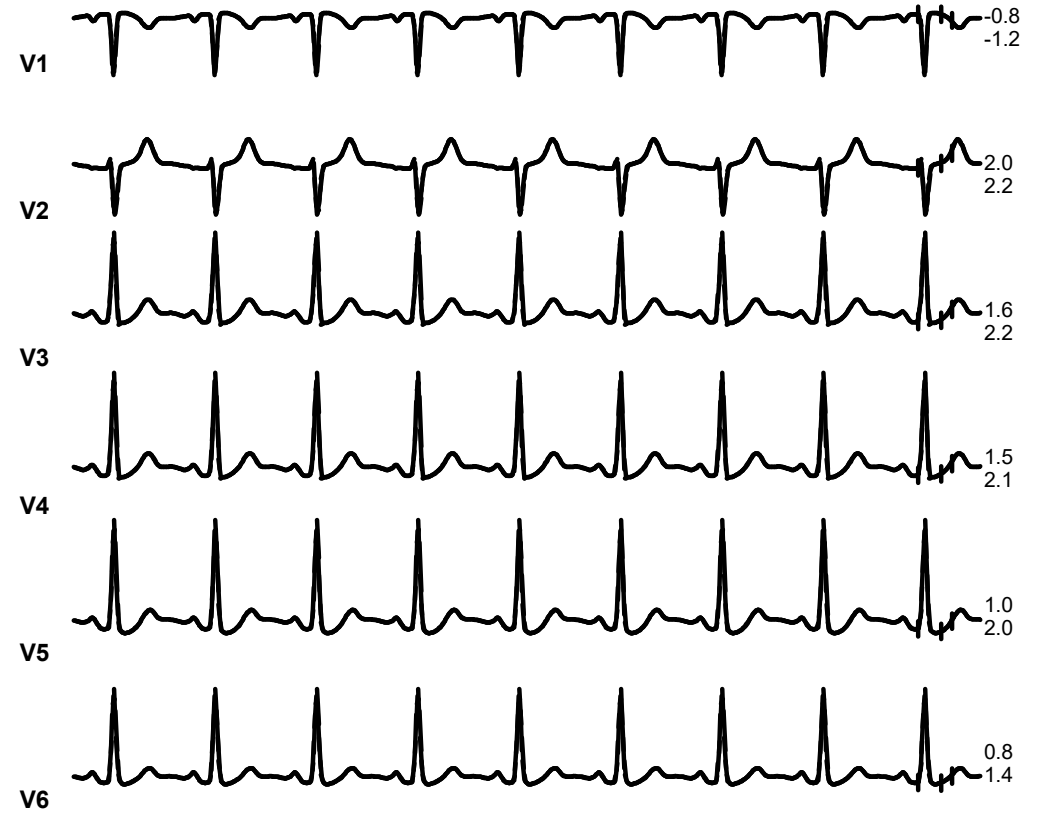
6X2 Combine Medians + 1 Rhythm

Recovery(4:00)



Date: 19 / 02 / 2024 10:05:31 AM METs : 1.0 HR : 103 Target HR : 55% of 187 BP : 130/80 Post J @60mSec

ExTime: 07:33 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS BHAYANDER

12347155 / RAVI KHUDKHUDIYA / 33 Yrs / Male / 178 Cm / 83 Kg

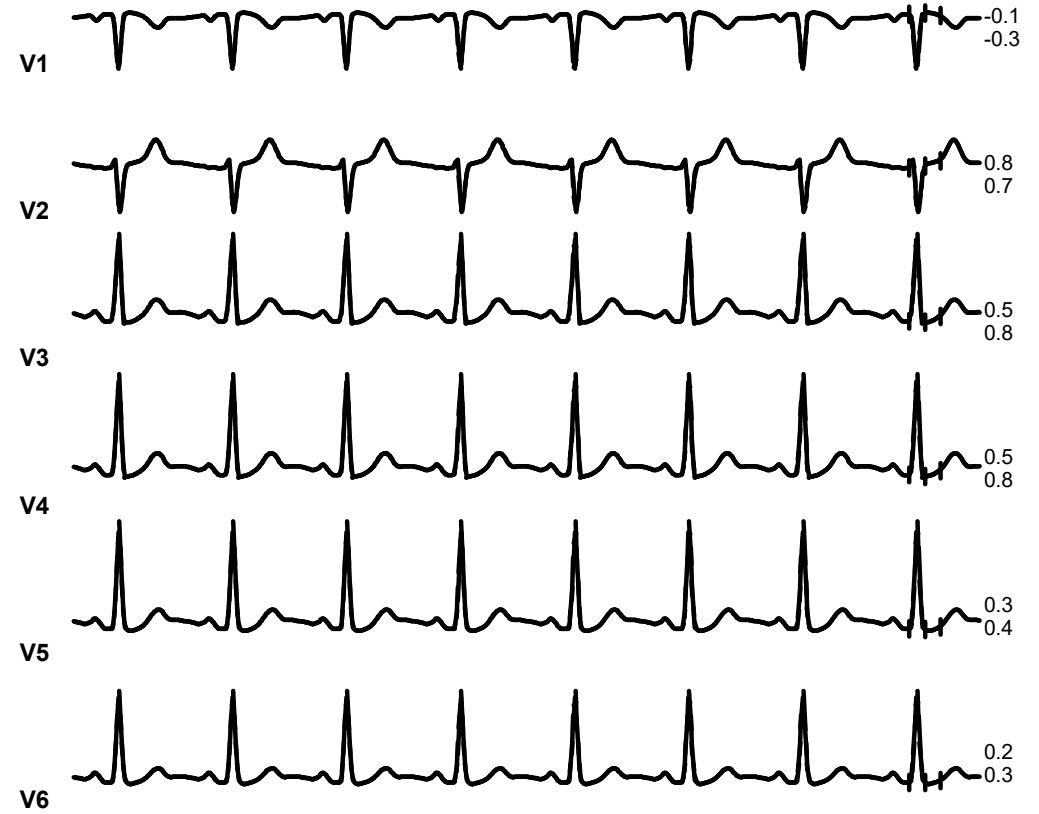
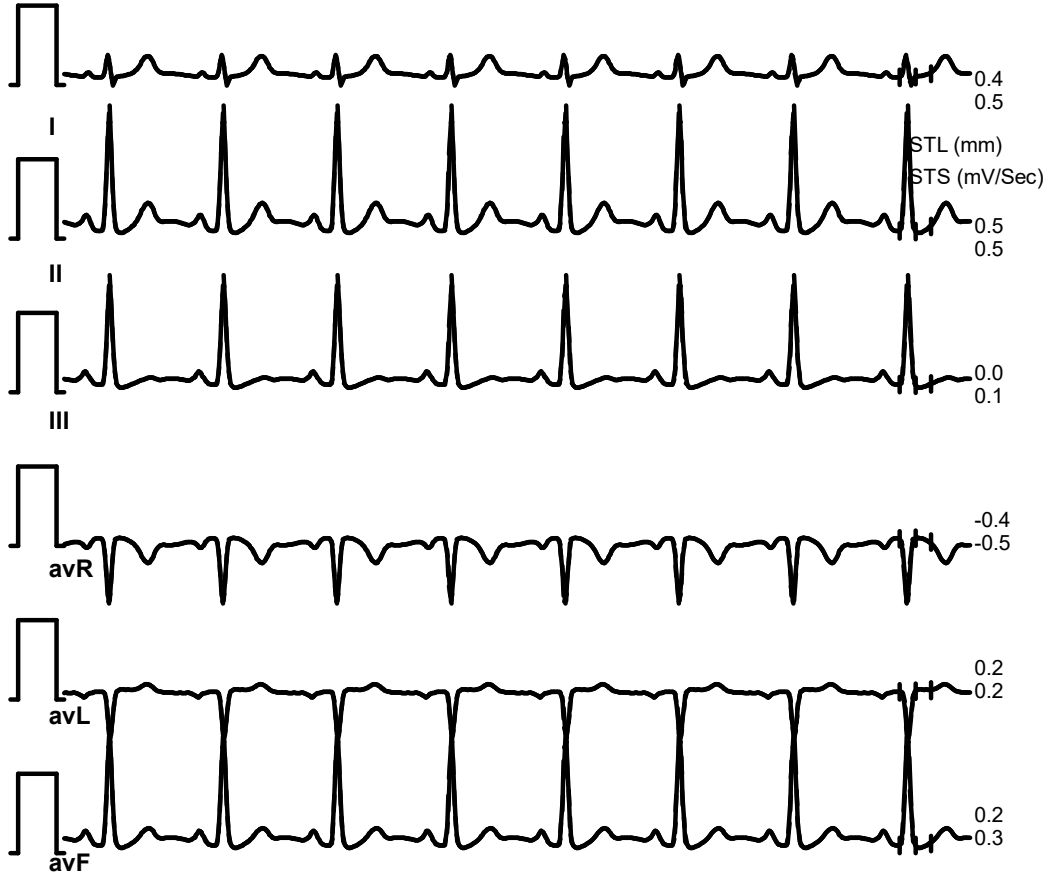
6X2 Combine Medians + 1 Rhythm

Recovery(4:18)



Date: 19 / 02 / 2024 10:05:31 AM METs : 1.0 HR : 101 Target HR : 54% of 187 BP : 120/80 Post J @80mSec

ExTime: 07:33 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





CID : 2405000441
Name : Mr RAVI KHUDKHUIYA
Age / Sex : 33 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 19-Feb-2024
Reported : 19-Feb-2024/11:49

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (13.2 cm), normal in shape and shows smooth margins. It shows **bright** parenchymal echotexture. No obvious cystic or solid lesion made out in the parenchyma. The intra hepatic biliary and portal radicals appear normal. The main portal vein appears normal.

GALL BLADDER:

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

COMMON BILE DUCT:

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

PANCREAS:

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

KIDNEYS:

Right kidney measures 10.5 x 5.0 cm. Left kidney measures 11.0 x 5.0 cm. Both the kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. No evidence of any calculus, hydronephrosis or mass lesion seen on both sides.

SPLEEN:

The spleen is normal in size (11.0 cm) and echotexture. No evidence of focal lesion is noted.

URINARY BLADDER:

The urinary bladder is well distended and reveals no intraluminal abnormality. Bladder wall appears normal. No obvious calculus or mass lesion made out in the lumen.

Prevoid vol:-150.0 cc

Postvoid vol:- Nil

PROSTATE:

The prostate is normal in size 3.9 x 3.3 x 3.0 cm and weighs 20.0 gms. It shows normal parenchymal echotexture. No obvious calcification or mass lesion made out.

There is no evidence of any lymphadenopathy or ascites.



Use a QR Code Scanner
Application To Scan the Code

CID : 2405000441
Name : Mr RAVI KHUDKHUIYA
Age / Sex : 33 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 19-Feb-2024
Reported : 19-Feb-2024/11:49

IMPRESSION:

- **Grade I fatty liver.**
- **No significant abnormality made out.**

Kindly correlate clinically.

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

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

Khilji FA

Dr.FAIZUR KHILJI
MBBS,RADIO DIAGNOSIS
Reg No-74850
Consultant Radiologist



Use a QR Code Scanner
Application To Scan the Code

CID : 2405000441
Name : Mr RAVI KHUDKHUIYA
Age / Sex : 33 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 19-Feb-2024
Reported : 19-Feb-2024/11:49