



CID : 2430020899  
Name : MR. BALAKRISHNA TADELA  
Age / Gender : 37 Years / Male  
Consulting Dr. : -  
Reg. Location : Bhayander East (Main Centre)

Collected : 26-Oct-2024 / 09:03  
Reported : 26-Oct-2024 / 14:28

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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>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	16.4	13.0-17.0 g/dL	Spectrophotometric
RBC	6.23	4.5-5.5 mil/cmm	Elect. Impedance
PCV	47.7	40-50 %	Measured
MCV	76	80-100 fl	Calculated
MCH	26.4	27-32 pg	Calculated
MCHC	34.5	31.5-34.5 g/dL	Calculated
RDW	14.3	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	8430	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	21.4	20-40 %	
Absolute Lymphocytes	1800.0	1000-3000 /cmm	Calculated
Monocytes	4.9	2-10 %	
Absolute Monocytes	410.0	200-1000 /cmm	Calculated
Neutrophils	71.8	40-80 %	
Absolute Neutrophils	6020.0	2000-7000 /cmm	Calculated
Eosinophils	1.5	1-6 %	
Absolute Eosinophils	130.0	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	30.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	194000	150000-400000 /cmm	Elect. Impedance
MPV	7.8	6-11 fl	Calculated
PDW	12.5	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		





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Reported : 26-Oct-2024 / 19:36

**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 Fasting	94.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	75.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.65	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.22	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.43	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	21.7	<34 U/L	Modified IFCC
SGPT (ALT), Serum	15.5	10-49 U/L	Modified IFCC
GAMMA GT, Serum	21.7	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	83.8	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	19.6	19.29-49.28 mg/dl	Calculated
BUN, Serum	9.2	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.89	0.73-1.18 mg/dl	Enzymatic



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eGFR, Serum	113	(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

URIC ACID, Serum	6.2	3.7-9.2 mg/dl	Uricase/ Peroxidase
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\*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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Age / Gender : 37 Years / Male  
Consulting Dr. : -  
Reg. Location : Bhayander East (Main Centre)

Collected : 26-Oct-2024 / 09:03  
Reported : 26-Oct-2024 / 16:56

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	116.9	mg/dl	Calculated

**Intended use:**

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

**Clinical Significance:**

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

**Test Interpretation:**

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

**Factors affecting HbA1c results:**

**Increased in:** High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

**Decreased in:** Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

**Reflex tests:** Blood glucose levels, CGM (Continuous Glucose monitoring)

**References:** ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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

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



*J. Thakker*

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



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Name : MR. BALAKRISHNA TADELA  
Age / Gender : 37 Years / Male  
Consulting Dr. : -  
Reg. Location : Bhayander East (Main Centre)

Collected : 27-Oct-2024 / 12:03  
Reported : 27-Oct-2024 / 19:01

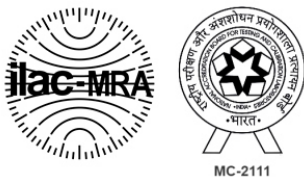
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**EXAMINATION OF FAECES**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Colour	Brown	Brown	-
Form and Consistency	Semi Solid	Semi Solid	-
Mucus	Absent	Absent	-
Blood	Absent	Absent	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Reaction (pH)	Acidic (6.5)	-	pH Indicator
Occult Blood	Trace	Absent	Guaiaac
<b><u>MICROSCOPIC EXAMINATION</u></b>			
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

Note: Microscopic examination performed by Automated Cuvette based technology. All the Abnormal results are confirmed by reagent strips and Manual method. The Microscopic examination findings are mentioned in decimal numbers as the arithmetic mean of the multiple fields scanned using microscopy. Reference: Pack Insert.

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West  
\*\*\* End Of Report \*\*\*



*J. Thakker*

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



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Reg. Location : Bhayander East (Main Centre)

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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>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Yellow	Pale Yellow	Light scattering
Transparency	Clear	Clear	Light scattering
<b><u>CHEMICAL EXAMINATION</u></b>			
Specific Gravity	1.012	1.002-1.035	Refractive index
Reaction (pH)	6.5	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
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	Negative	Negative	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
(WBC)Pus cells / hpf	0.2	0-5/hpf	
Red Blood Cells / hpf	0.0	0-2 /hpf	
Epithelial Cells / hpf	0.0	0-5/hpf	
Hyaline Casts	0.0	0-1/hpf	
Pathological cast	0.0	0-0.3/hpf	
Calcium oxalate monohydrate crystals	0.0	0-1.4/hpf	
Calcium oxalate dihydrate crystals	0.0	0-1.4/hpf	
Triple phosphate crystals	0.0	0-1.4/hpf	
Uric acid crystals	0.0	0-1.4/hpf	
Amorphous debris	Absent	Absent	
Bacteria / hpf	12.3	0-29.5/hpf	
Yeast	Absent	Absent	



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Note: Microscopic examination performed by Automated Cuvette based technology. All the Abnormal results are confirmed by reagent strips and Manual method. The Microscopic examination findings are mentioned in decimal numbers as the arithmetic mean of the multiple fields scanned using microscopy. Reference: Pack Insert.

Others -

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

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





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Reg. Location : Bhayander East (Main Centre)

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Collected : 26-Oct-2024 / 09:03  
Reported : 26-Oct-2024 / 16:02

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

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

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

**Clinical significance:**  
ABO system is most important of all blood group in transfusion medicine

**Limitations:**

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

**References:**

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

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

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



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Age / Gender : 37 Years / Male  
Consulting Dr. : -  
Reg. Location : Bhayander East (Main Centre)

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Reported : 26-Oct-2024 / 19:36

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	158.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	97	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	36.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	122.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	103.0	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	19.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.8	0-3.5 Ratio	Calculated

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



*Anupa*

**Dr. ANUPA DIXIT**  
**M.D.(PATH)**  
**Consultant - Pathologist**



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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	5.0	3.5-6.5 pmol/L	CLIA
Free T4, Serum	15.5	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	1.657	0.55-4.78 microU/ml	CLIA



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**Interpretation:**

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

**Clinical Significance:**

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be trasiently altered becuae of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

**Limitations:**

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

**Reference:**

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

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



*Anupa*

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M.D.(PATH)  
Consultant - Pathologist





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Reg. Location : Bhayander East (Main Centre)

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Collected : 26-Oct-2024 / 11:44  
Reported : 26-Oct-2024 / 18:16

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**PPUS and KETONES**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West  
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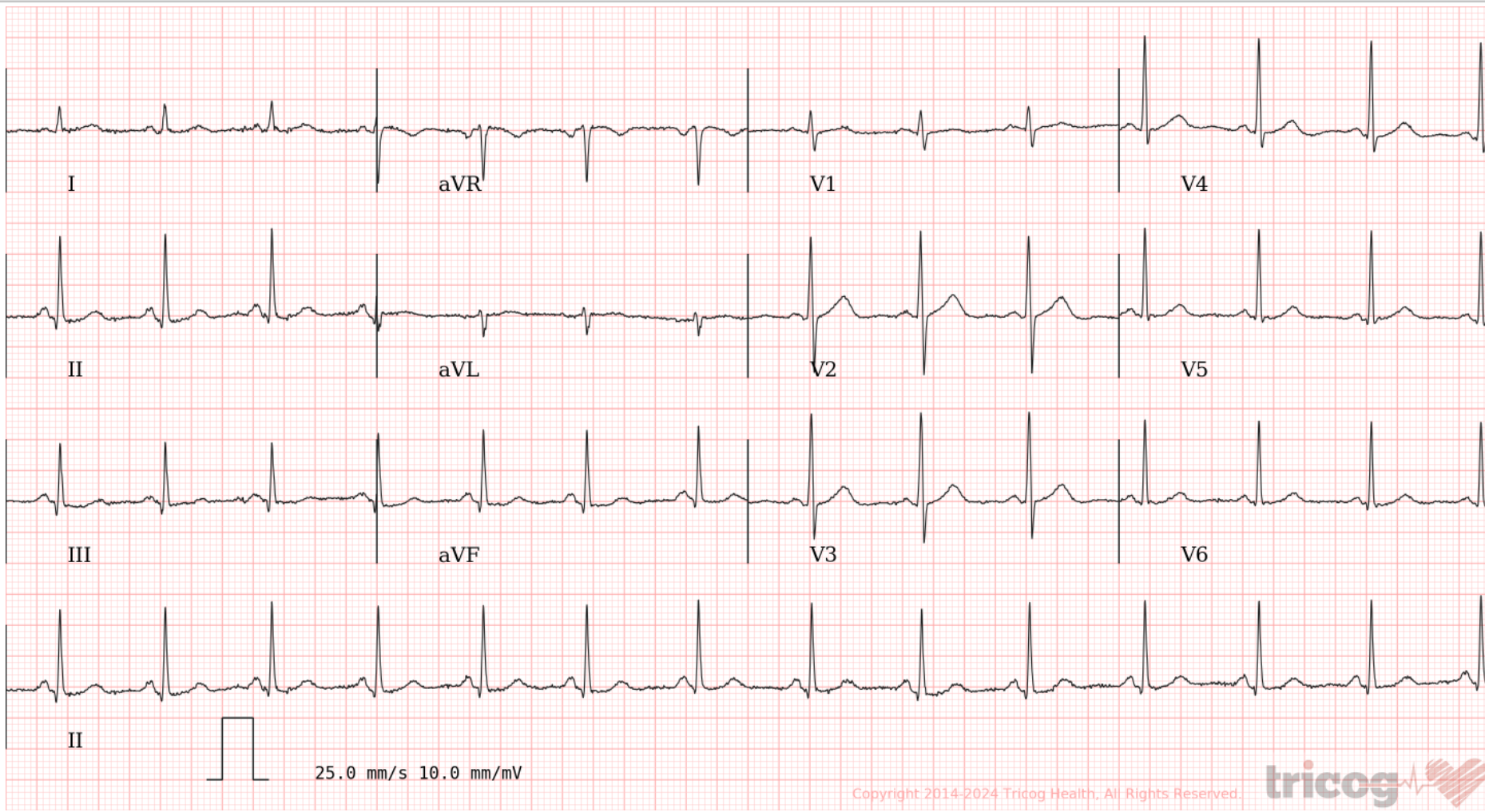
**Dr. JAGESHWAR MANDAL**  
**CHOUPAL**  
**MBBS, DNB PATH**  
**Pathologist**

# SUBURBAN DIAGNOSTICS - BHAYANDER EAST



Patient Name: BALAKRISHNA TADELA  
Patient ID: 2430020899

Date and Time: 26th Oct 24 10:20 AM



Age **37** NA NA  
years months days

Gender **Male**

Heart Rate **85bpm**

### Patient Vitals

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

### Measurements

QRSD: 72ms  
QT: 350ms  
QTcB: 416ms  
PR: 124ms  
P-R-T: 73° 70° 46°

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:- 26/10/24      CID: 2430020899  
Name:- Balakrishna Tadda      Sex / Age: M / 37

**EYE CHECK UP**

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

} NO

RE      LE  
616      616  
N16      N16

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

SUBURBAN DIAGNOSTICS (I) PVT. LTD.  
Shop No. 9, 101 to 105, Skyline Wealth Space Building,  
Kshiti, Near Dmart, Premier Road, Vidyavihar West, Mumbai - 400086.  
Near Thung, Mira-Thane - 401105  
Mira Road (East), Dist. Thane - 401105  
Phone: 022 - 61700000

CID# : 2430020899

Name : MR. BALAKRISHNA TADELA

Age / Gender : 37 Years/Male

Consulting Dr. :

Collected : 26-Oct-2024 / 08:39

Reg. Location : Bhayander East (Main Centre)

Reported : 28-Oct-2024 / 11:03

## PHYSICAL EXAMINATION REPORT

### History and Complaints:

No Complaint

### EXAMINATION FINDINGS:

Height (cms): 160

Temp (0c): Afebrile

Blood Pressure (mm/hg): 110/80

Pulse: 76/min

Weight (kg): 57

Skin: NAD

Nails: NAD

Lymph Node: Not Palpable

### Systems

Cardiovascular: S1S2-Normal

Respiratory: Chest-Clear

Genitourinary: NAD

GI System: NAD

CNS: NAD

(Blue)

### IMPRESSION:

TMT, ECG, CXR, USG, CBC and  
Biochemistry are WNL

### ADVICE:

### 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 |



CID# TESTING ID : 2430020899

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Reported : 28-Oct-2024 / 11:03

- 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** Vegetarian
- 4) **Medication** No

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

  
**DR. ANIL CHAUDHARY**  
CONSULTANT PHYSICIAN  
Reg. No. 2017/12/5553  
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Near Dmart, Premier Road, Vidyavihar West, Mumbai - 400086.  
Thungeshwar Road (East), Dist. Thane - 401 105  
Phone : 022 - 61700000



12348225 (2430020899) / BALKRISHNA TADELA / 38 Yrs / M / 160 Cms / 57 Kg  
 Date: 26 / 10 / 2024 08:44:04 AM Refd By : -- Examined By: DR.SMITA VALANI



Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:06	0:06	00.0	00.0	01.0	085	47 %	110/80	093	00	
Standing	00:10	0:04	00.0	00.0	01.0	085	47 %	110/80	093	00	
HV	00:13	0:03	01.7	10.0	01.1	075	41 %	110/80	082	00	
ExStart	00:14	0:01	01.7	10.0	01.1	075	41 %	110/80	082	00	
BRUCE Stage 1	03:14	3:00	01.7	10.0	04.7	115	63 %	120/80	138	00	
BRUCE Stage 2	06:14	3:00	02.5	12.0	07.1	129	71 %	130/80	167	00	
PeakEx	08:14	2:00	03.4	14.0	09.2	161	88 %	140/80	225	00	
Recovery	09:14	1:00	01.1	00.0	01.1	135	74 %	150/80	202	00	
Recovery	10:14	2:00	00.0	00.0	01.0	122	67 %	140/80	170	00	
Recovery	12:14	4:00	00.0	00.0	01.0	100	55 %	130/80	130	00	
Recovery	12:16				00.0	000	0 %	--/--	000	00	

**FINDINGS :**

Exercise Time : 08:00  
 Initial HR (ExStrt) : 75 bpm 41% of Target 182  
 Initial BP (ExStrt) : 110/80 (mm/Hg)  
 Max WorkLoad Attained : 9.2 Good response to induced stress  
 Max ST Dep Lead & Avg ST Value : III & -0.8 mm in Stage 2  
 Duke Treadmill Score : 06.3  
 Test End Reasons : Test Complete ... Test Complete

Max HR Attained 161 bpm 88% of Target 182  
 Max BP Attained 150/80 (mm/Hg)

**SUBURBAN DIAGNOSTICS (I) PVT. LTD.**

Shop No. 101-A, 1st Floor,  
 Keshav Estate, Opp. to Raymond,  
 Near Thubga-Murugai, East-Bay Road,  
 Mira Road (East), Dist. Thane - 401 105  
 Phone: 022-61700000

**DR. SMITA VALANI**  
**MBBS, D. CARDIOLOGY**  
 2011/03/0587

*Salam*  
 Doctor : DR.SMITA VALANI







**सुखानुखान डायग्नोस्टिक्स भयान्दर**  
**12348225 (2430020899) / BALKRISHNA TADELA / 38 Yrs / M / 160 Cms / 57 Kg / HR : 85**

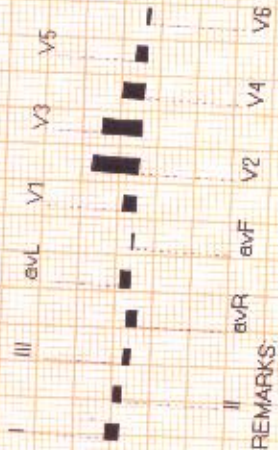
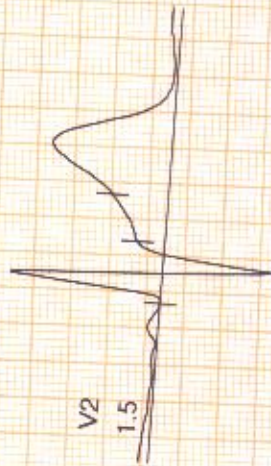
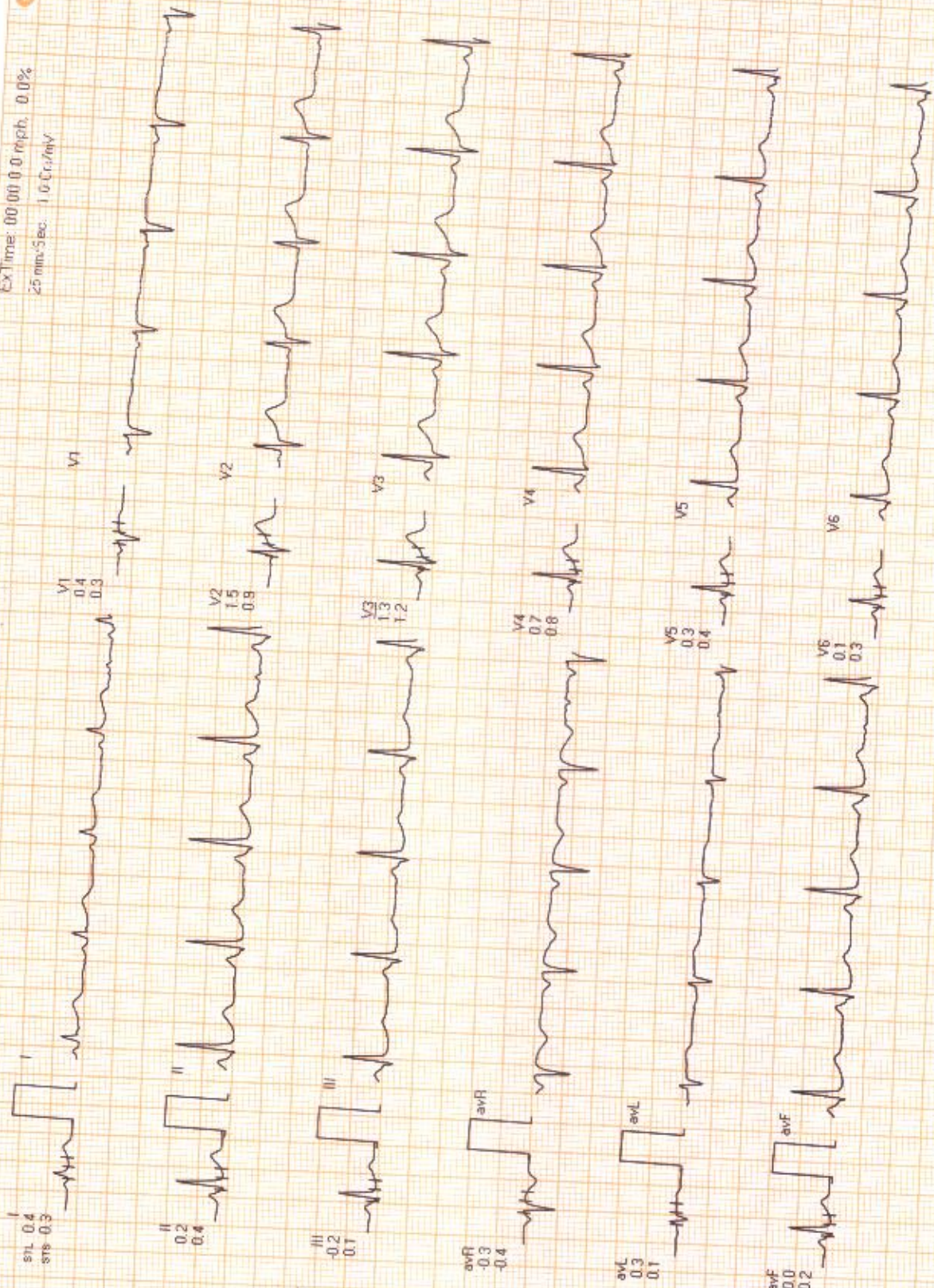
Date: 26 / 10 / 2024 08:44:04 AM METS: 1.0/85 bpm 47% of THR BP: 110/80 mmHg Raw ECG/BLC On/Notch On/ HF 0.05 Hz/LF 35 Hz

**SUPINE ( 00:01 )**



90 mS Post J

Ex Time: 00:00:00 m:ph, 0.0%  
 25 mm/Sec. 1.0 Cr/mV



REMARKS:

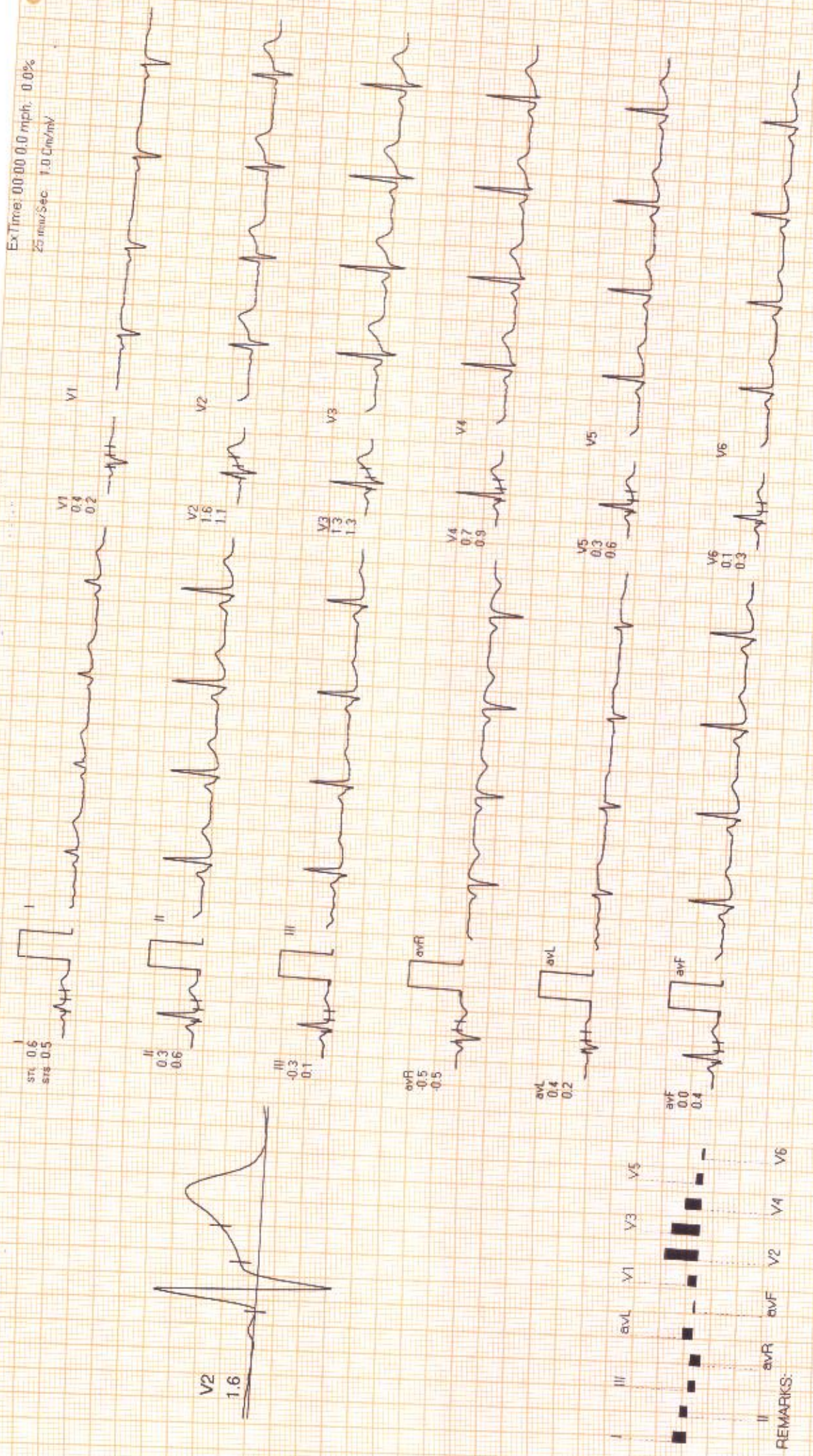




4X

20 ms Post J

Ex Time: 00:00 0.0 mph. 0.0%  
25 mm/Sec 1.0 uV/mm



REMARKS:



# JUDUKBAN DIAGNOSTICS BHAYANDER

12348225 (2430020899) / BALKRISHNA TADELA / 38 Yrs / M / 160 Cms / 57 Kg / HR : 85

Date: 26 / 10 / 2024 08:44:04 AM

METS: 1.0 / 85 bpm 47% of THR BP: 110/80 mmHg

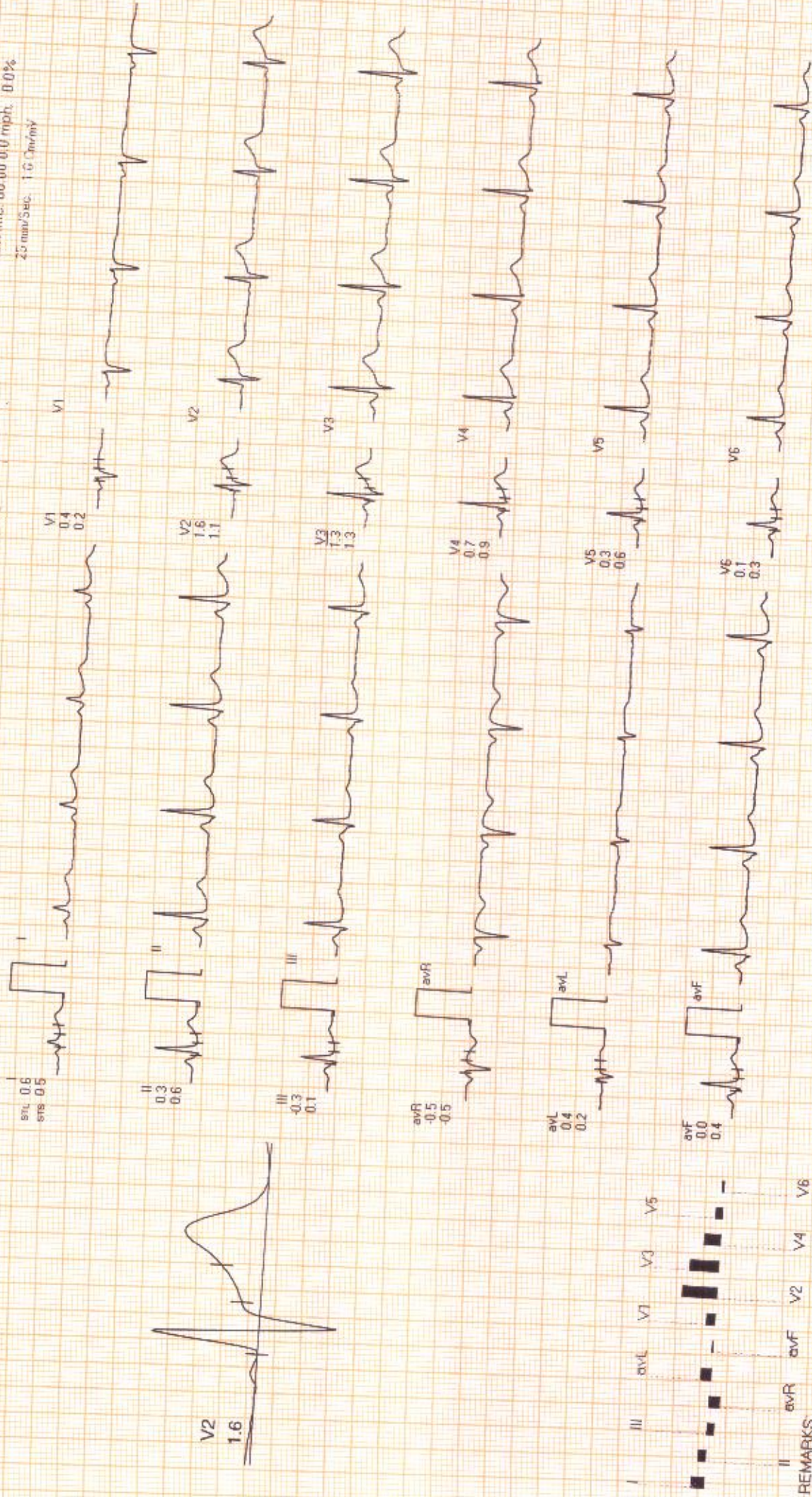
4X 80 ms Post J

HV ( 00:00 )



ExTime: 00:00 0.0 mpt. 0.0%

25 mm/Sec. 1 G Ohm/ny



REMARKS:



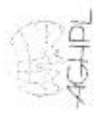
# SUEURBAN DIAGNOSTICS BHAYANDER

12348225 (2430020899) / BALKRISHNA TADELA / 38 Yrs / M / 160 Cms / 57 Kg / HR : 85

Date: 25 / 10 / 2024 08:44:04 AM

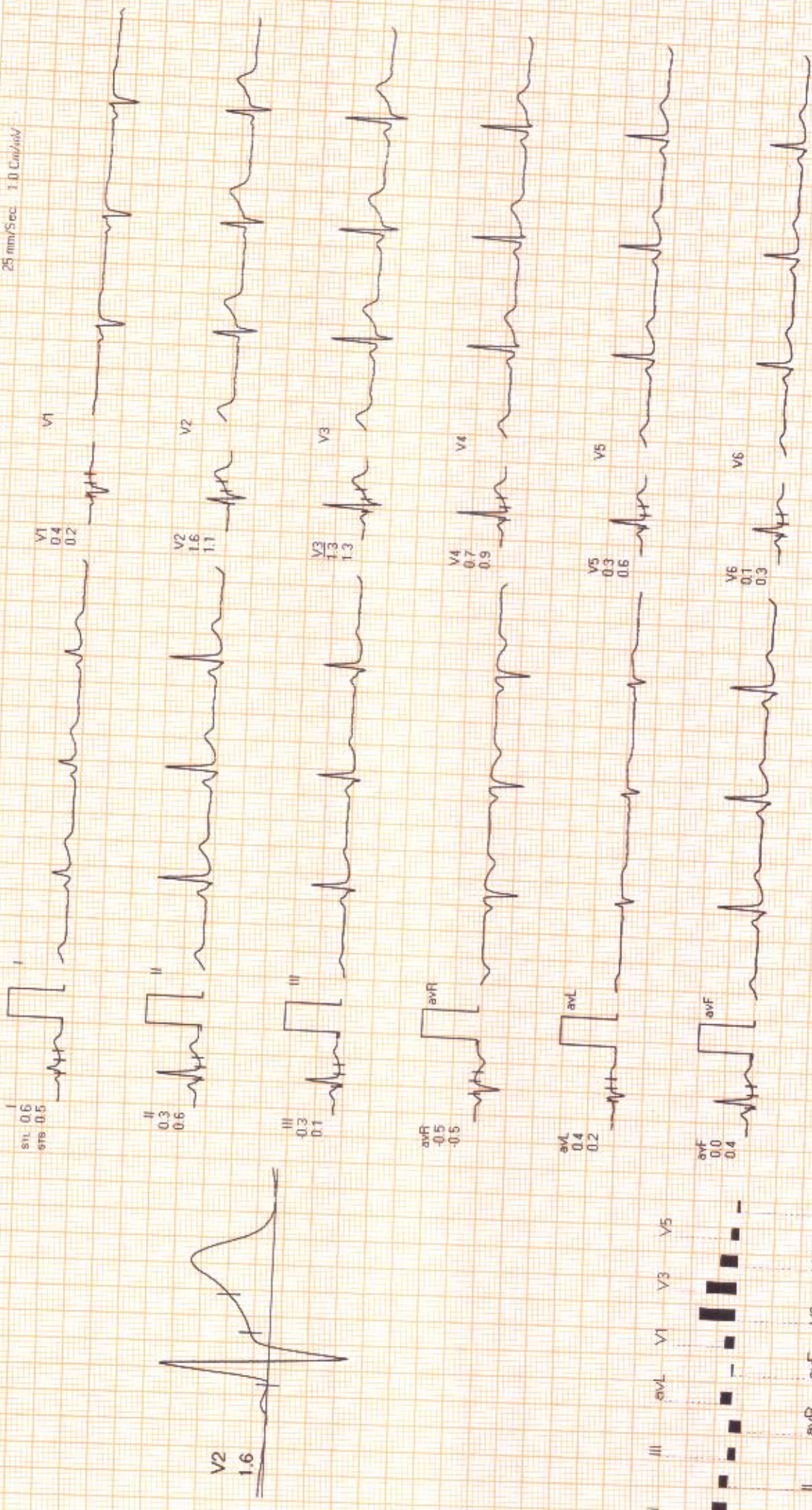
METS: 1.0 / 85 bpm 47% of THR BP: 110/80 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExStrt



4X 80 mS Post J

ExTime 00:00 0.0 mph 0.0%  
25 mm/Sec 1.0 Cal/mV



REMARKS:



6X2 Combine Medians + 1 Rhythm  
BRUCE : Stage 1 ( 03:00 )



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

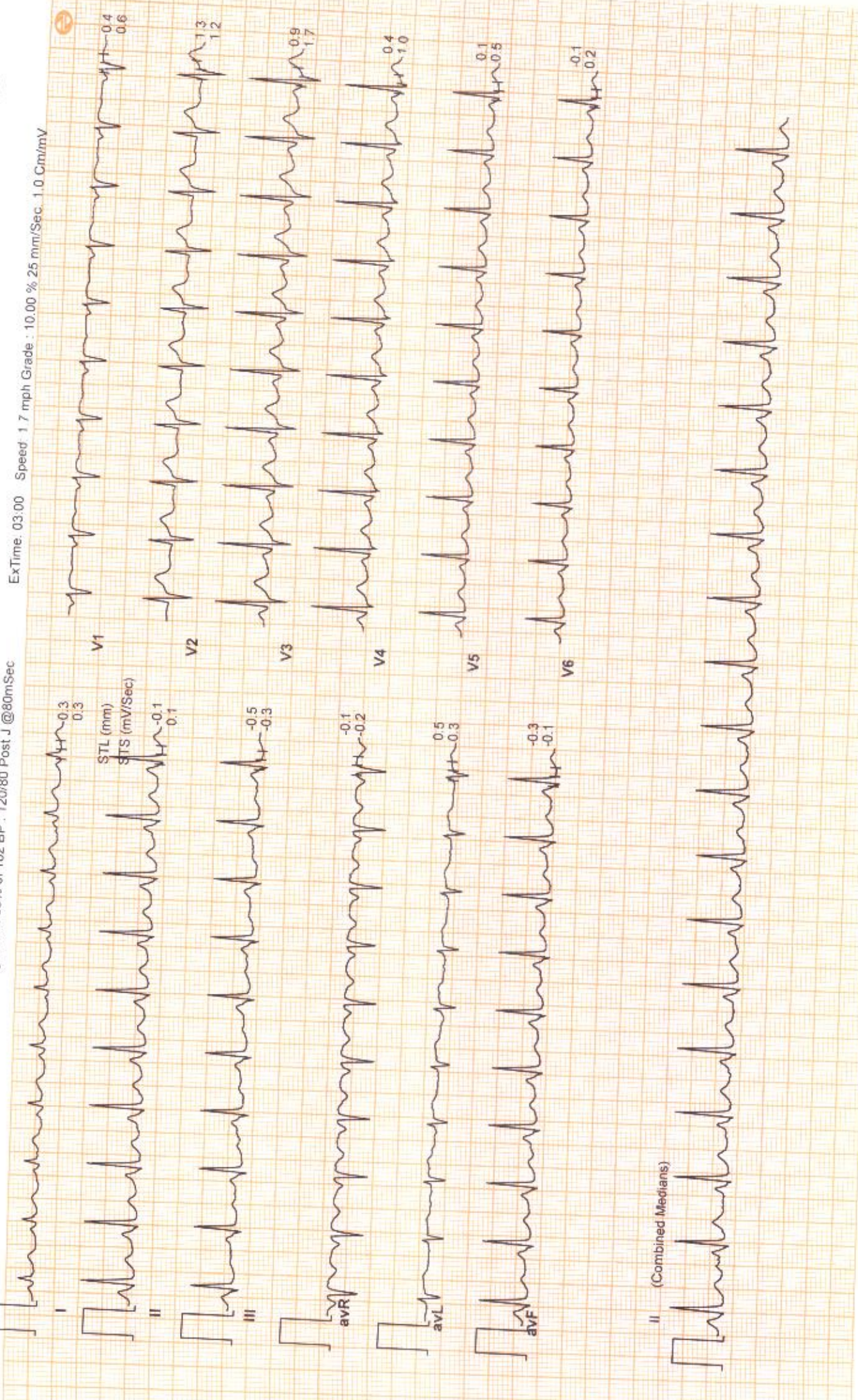
STL (mm) 0.3  
STs (mV/Sec) 0.3

avR -0.1  
avL 0.5  
avF -0.3

V1 0.4  
V2 1.3  
V3 0.9  
V4 0.4

V5 0.1  
V6 -0.1

II (Combined Medians)

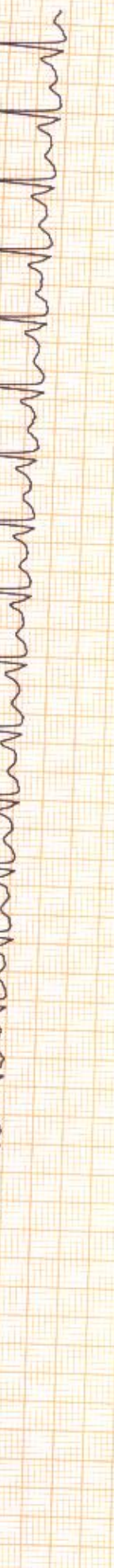
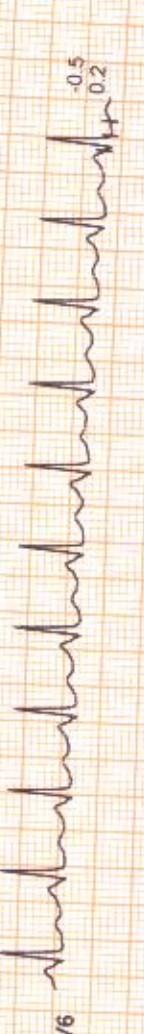
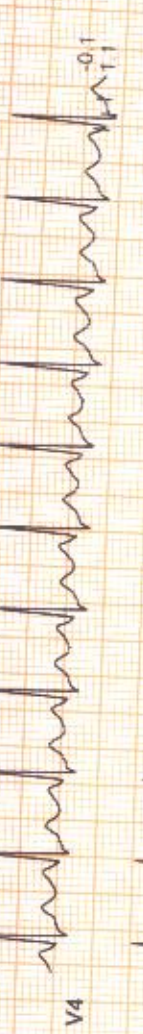
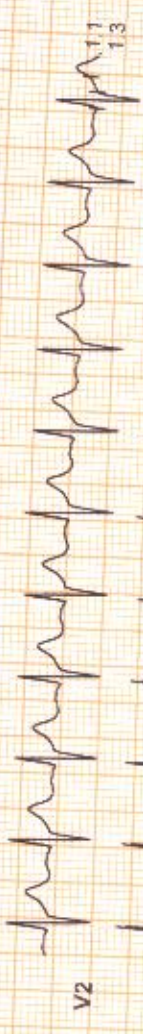




6X2 Combine Medians + 1 Rhythm  
BRUCE : Stage 2 ( 03:00 )



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

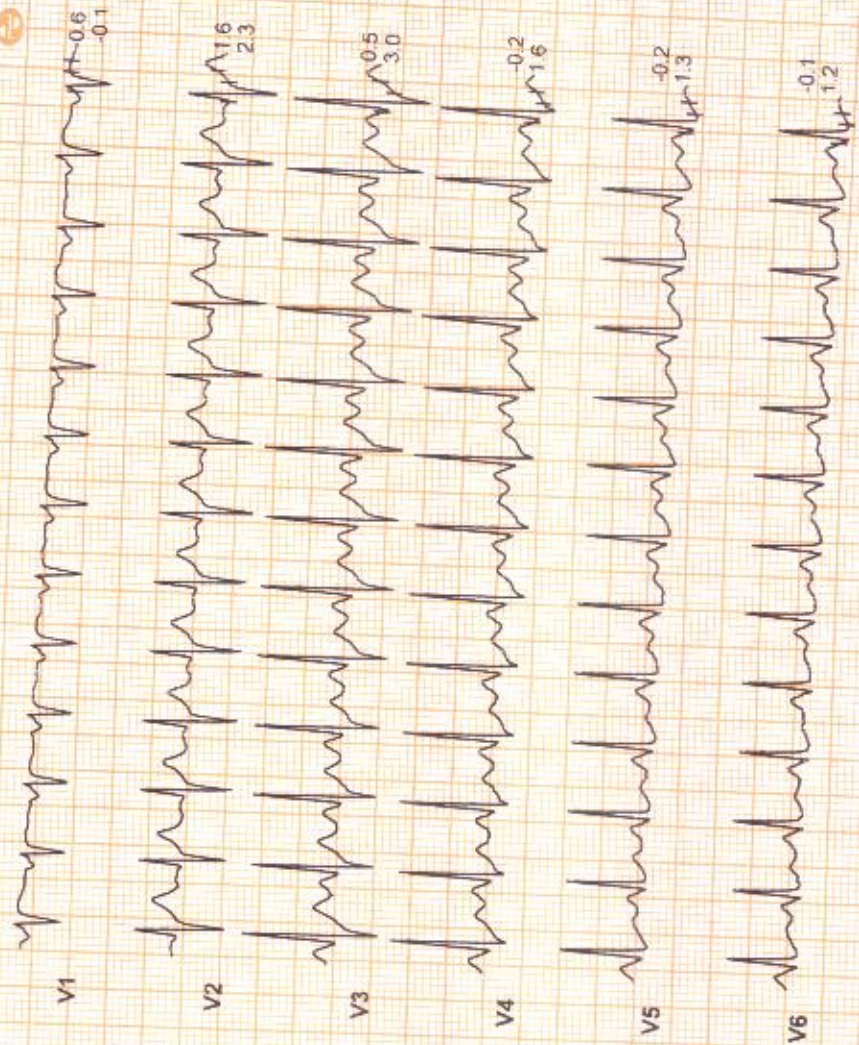
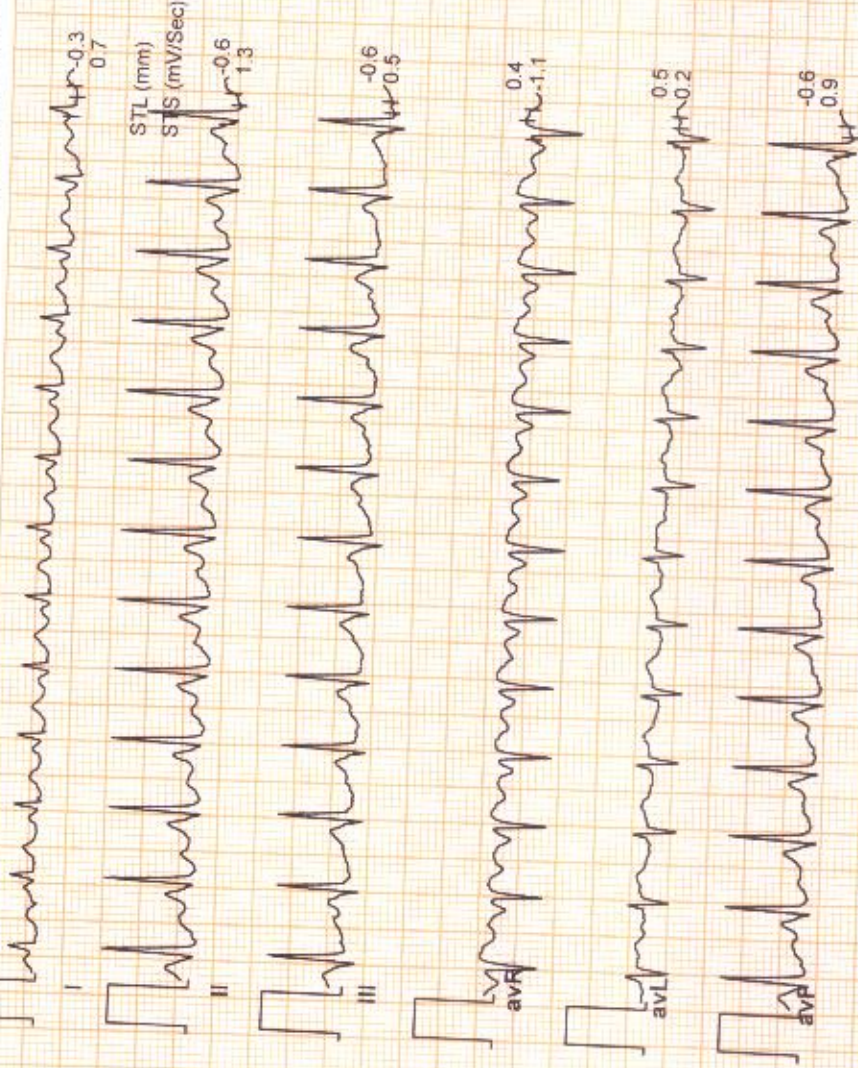




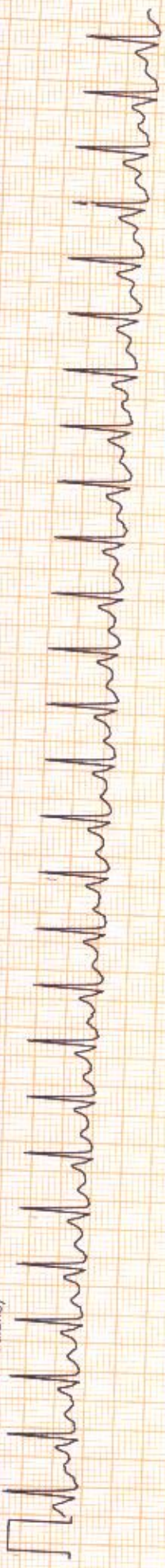


Date: 26 / 10 / 2024 08:44:04 AM METs : 9.2 HR : 161 Target HR : 88% of 182 BP : 140/80 Post J @60mSec

ExTime: 08:00 Speed: 3.4 mph Grade: 14.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)





12348225 / BALKRISHNA TADELA / 38 Yrs / Male / 160 Cm / 57 Kg

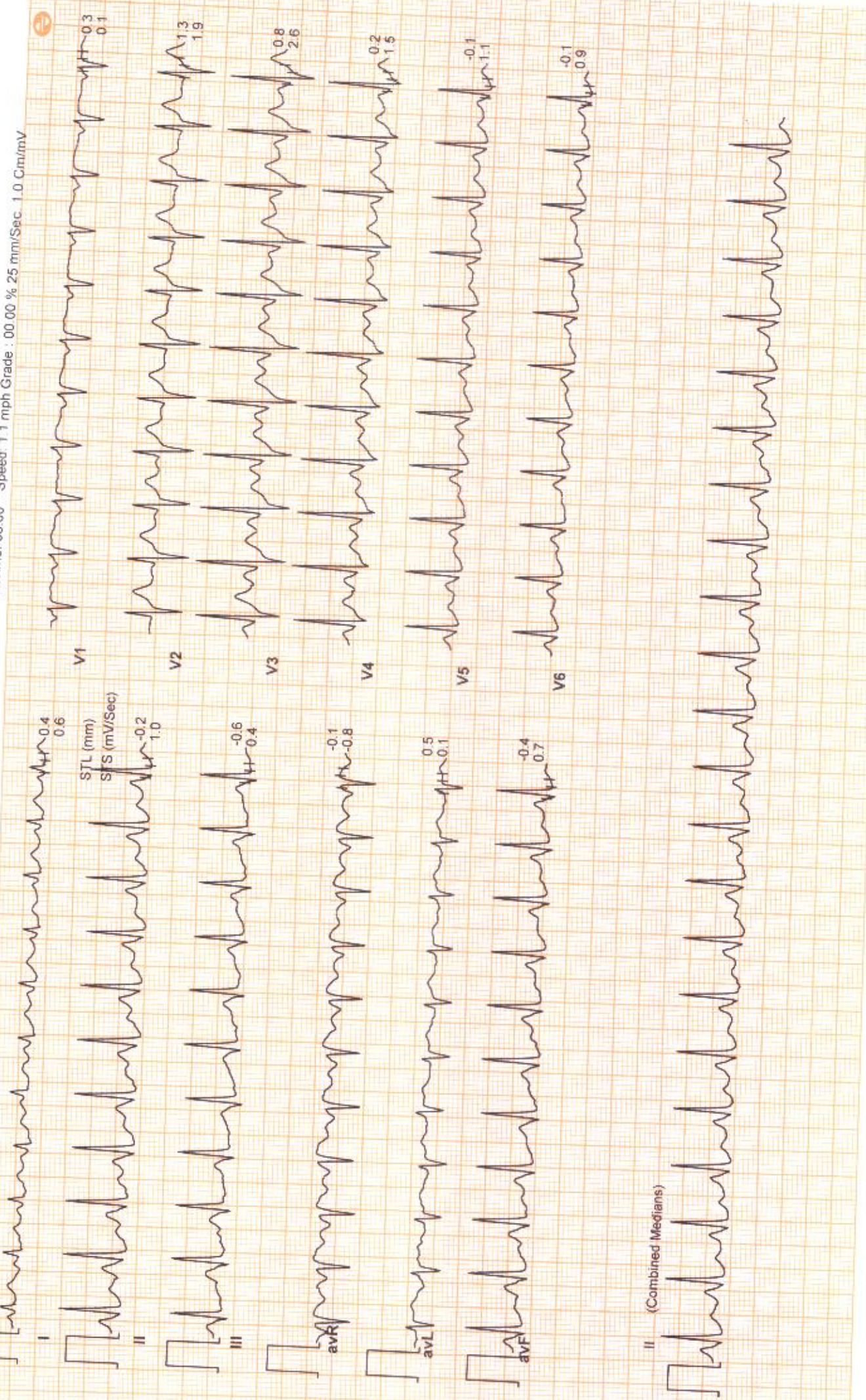
# 6X2 Combine Medians + 1 Rhythm

Recovery : ( 01:00 )



Date: 26 / 10 / 2024 08:44:04 AM METs : 1.1 HR : 135 Target HR : 74% of 182 BP : 150/80 Post J @60mSec

ExTime: 08:00 Speed: 1.1 mph Grade: 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)



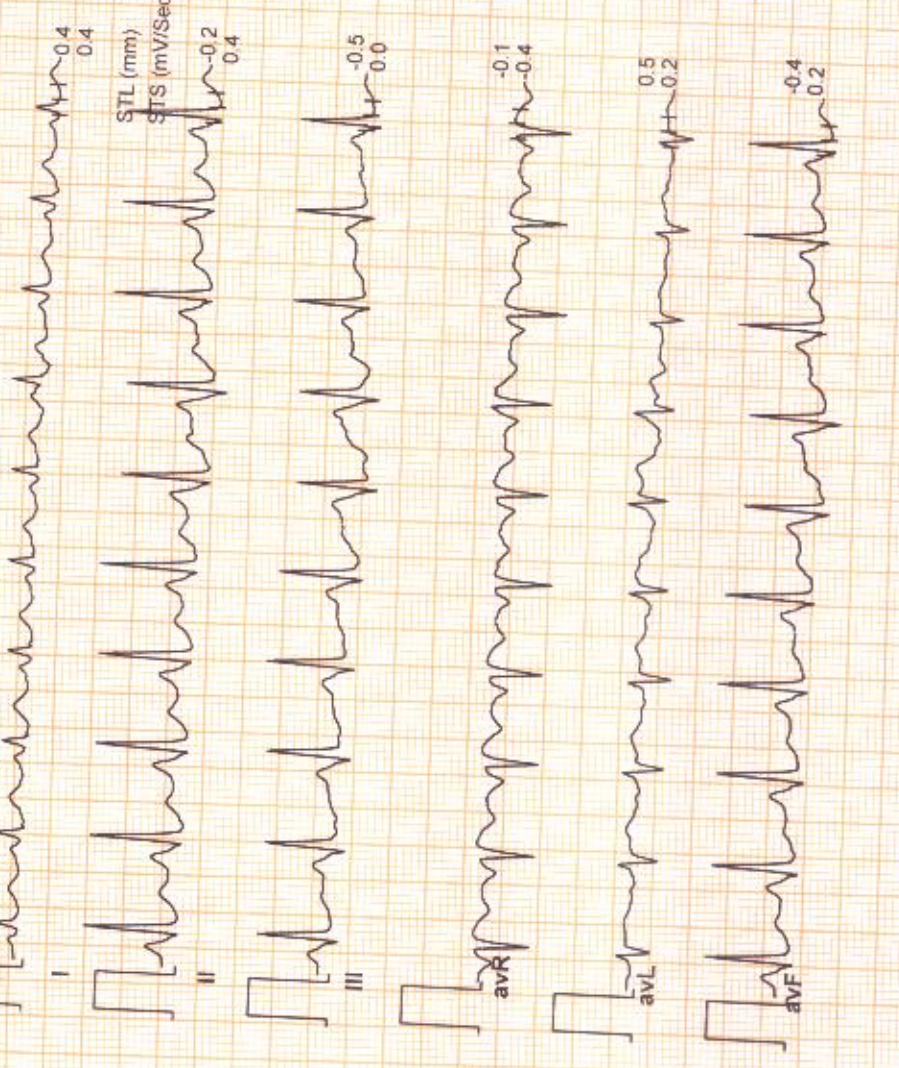
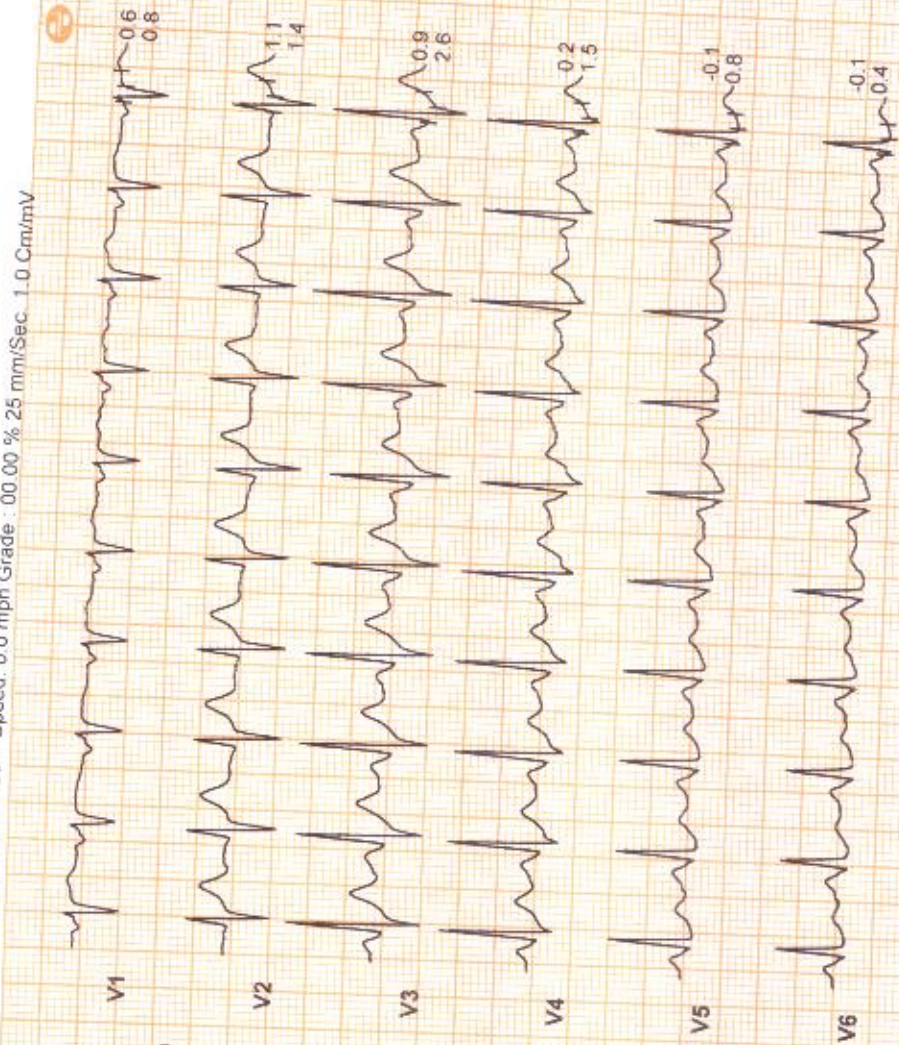
12348225 / BALKRISHNA TADELA / 38 Yrs / Male / 160 Cm / 57 Kg

# 6X2 Combine Medians + 1 Rhythm

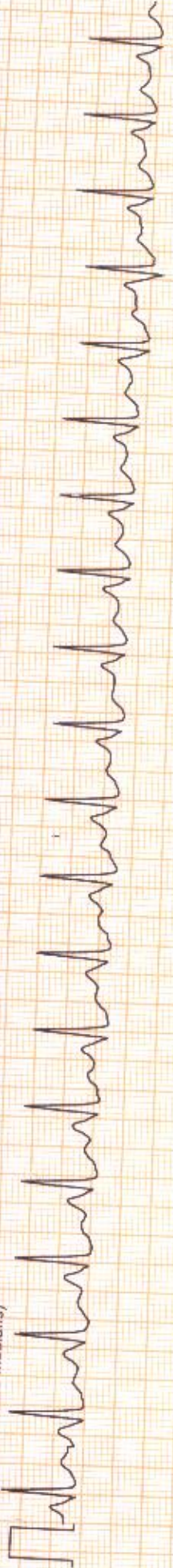
Recovery : ( 02:00 )

Date: 26 / 10 / 2024 08:44:04 AM METs : 1.0 HR : 122 Target HR : 67% of 182 BP : 140/80 Post J @80mSec

ExTime 08:00 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV



II (Combined Medians)





... ..

12348225 / BALKRISHNA TADELA / 38 Yrs / Male / 160 Cm / 57 Kg

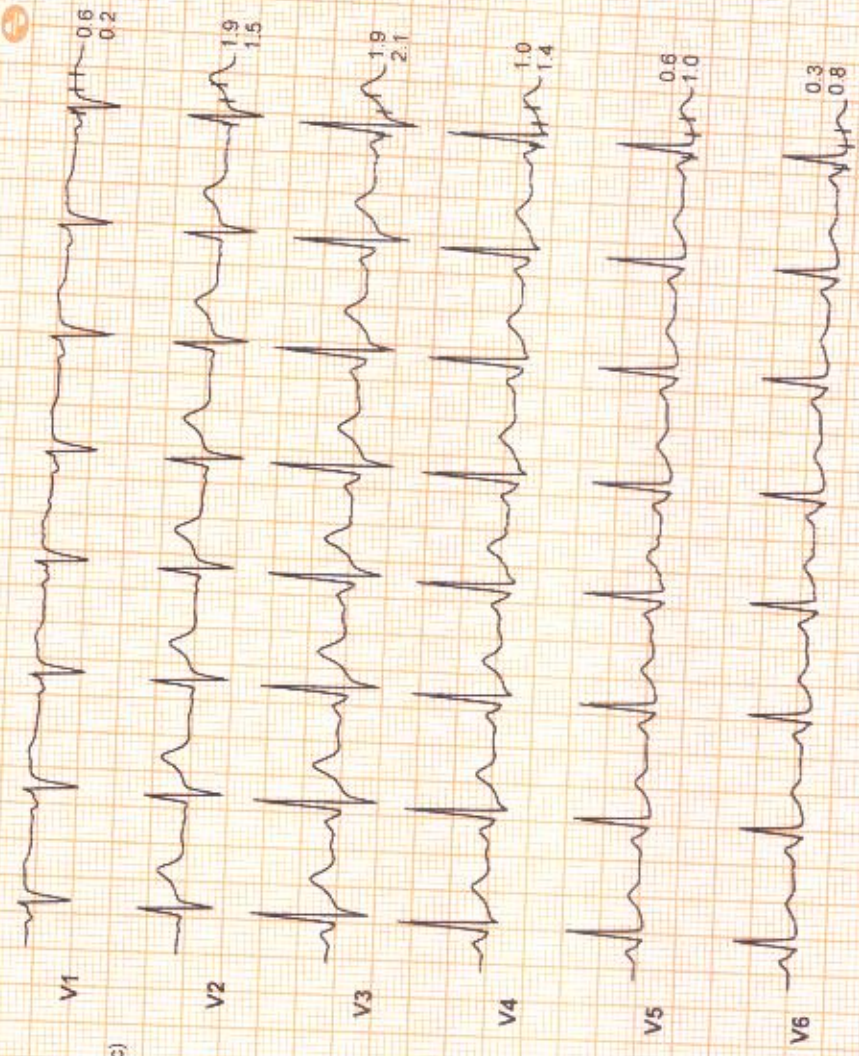
# 6X2 Combine Medians + 1 Rhythm

Recovery : ( 04:00 )



Date: 26 / 10 / 2024 08:44:04 AM METs : 1.0 HR : 100 Target HR : 55% of 182 BP : 130/80 Post J @80mSec

ExTime: 08:00 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)



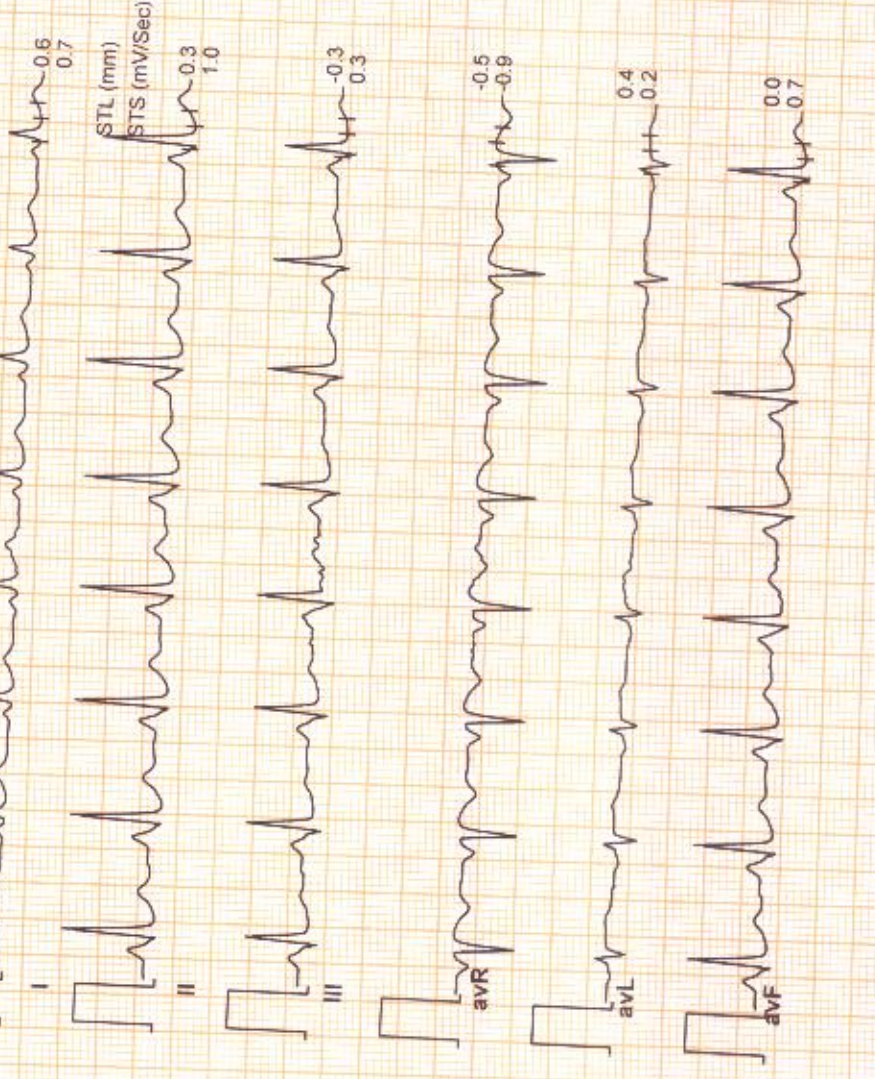
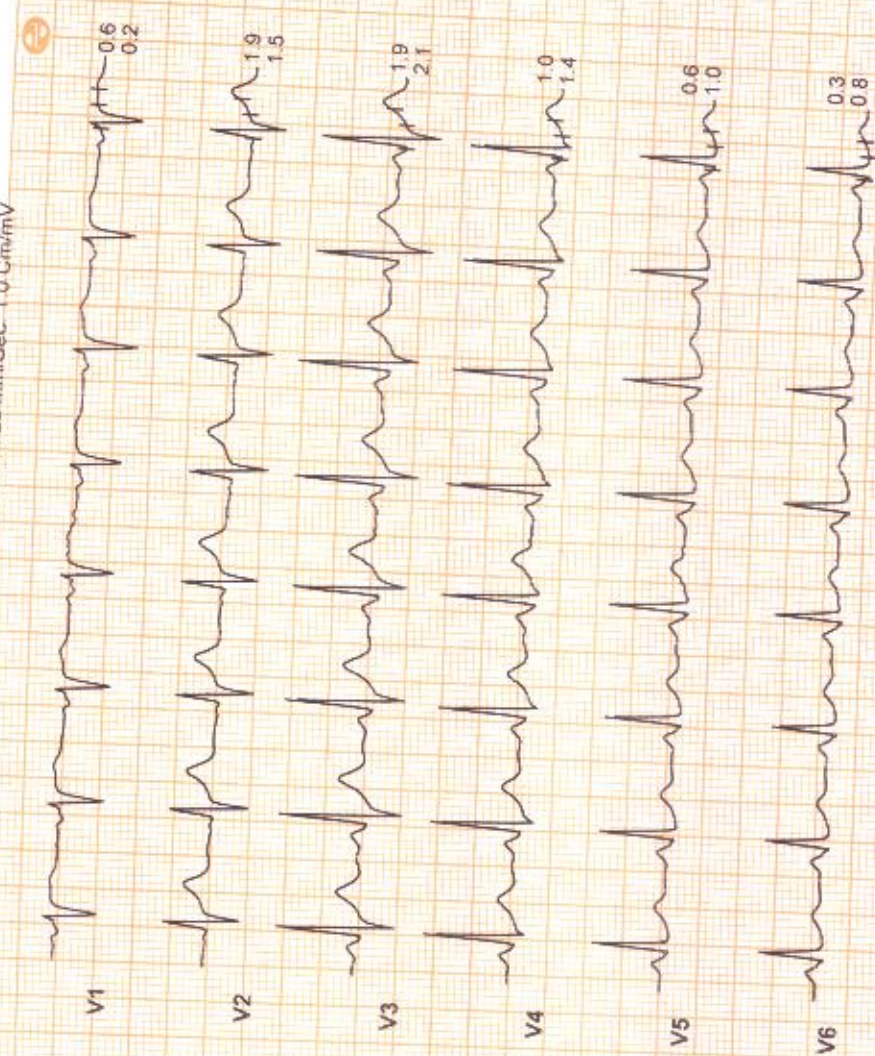


# 6X2 Combine Medians + 1 Rhythm Recovery : ( 04.02 )



Date: 26 / 10 / 2024 08:44:04 AM METs : 1.0 HR : 100 Target HR : 55% of 182 BP : 130/80 Post J @80mSec

ExTime: 08:00 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV



II (Combined Medians)





**CID** : 2430020899  
**Name** : Mr BALAKRISHNA TADELA  
**Age / Sex** : 37 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

**Reg. Date** : 26-Oct-2024  
**Reported** : 26-Oct-2024/13:45

### USG WHOLE ABDOMEN

#### LIVER:

The liver is normal in size (12.0 cm), normal in shape and shows smooth margins. It shows normal 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 caliber. Terminal common bile duct is obscured due to bowel gas artefacts.

#### PANCREAS:

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

#### KIDNEYS:

Right kidney measures 8.0 x 3.0 cm. Left kidney measures 9.0 x 4.5 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 (8.0 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 :- 350.0 cc

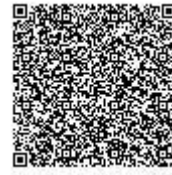
Postvoid vol :- Nil

#### PROSTATE:

The prostate is normal in size 4.5 x 2.7 x 2.7 cm and weighs 17.0 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  
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**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

**Reg. Date** : 26-Oct-2024  
**Reported** : 26-Oct-2024/13:45

**IMPRESSION:**

- **No other 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-----

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



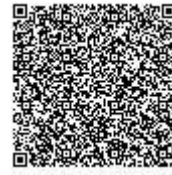


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**Reg. Location** : Bhayander East Main Centre

**Reg. Date** : 26-Oct-2024  
**Reported** : 26-Oct-2024/13:45





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**Age / Sex** : 37 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

**Reg. Date** : 26-Oct-2024  
**Reported** : 26-Oct-2024/15:22

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





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**CID** : 2430020899  
**Name** : Mr BALAKRISHNA TADELA  
**Age / Sex** : 37 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

**Reg. Date** : 26-Oct-2024  
**Reported** : 26-Oct-2024/15:22