

Name : MR.SANTOSH SINGH

Age / Gender : 36 Years / Male

Consulting Dr. : - Collected : 22-Feb-2024 / 09:35

Reg. Location : Mahavir Nagar, Kandivali West (Main Centre) Reported : 22-Feb-2024 / 13:54



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### AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood					
<u>PARAMETER</u>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>		
RBC PARAMETERS					
Haemoglobin	12.9	13.0-17.0 g/dL	Spectrophotometric		
RBC	3.98	4.5-5.5 mil/cmm	Elect. Impedance		
PCV	39.1	40-50 %	Measured		
MCV	98	80-100 fl	Calculated		
MCH	32.4	27-32 pg	Calculated		
MCHC	33.0	31.5-34.5 g/dL	Calculated		
RDW	16.3	11.6-14.0 %	Calculated		
WBC PARAMETERS					
WBC Total Count	7820	4000-10000 /cmm	Elect. Impedance		
WBC DIFFERENTIAL AND A	ABSOLUTE COUNTS				
Lymphocytes	31.4	20-40 %			
Absolute Lymphocytes	2455.5	1000-3000 /cmm	Calculated		
Monocytes	6.9	2-10 %			
Absolute Monocytes	539.6	200-1000 /cmm	Calculated		
Neutrophils	58.3	40-80 %			
Absolute Neutrophils	4559.1	2000-7000 /cmm	Calculated		
Eosinophils	3.1	1-6 %			
Absolute Eosinophils	242.4	20-500 /cmm	Calculated		
Basophils	0.3	0.1-2 %			
Absolute Basophils	23.5	20-100 /cmm	Calculated		
Immature Leukocytes	-				

WBC Differential Count by Absorbance & Impedance method/Microscopy.

### **PLATELET PARAMETERS**

Platelet Count	184000	150000-400000 /cmm	Elect. Impedance
MPV	10.7	6-11 fl	Calculated
PDW	20.9	11-18 %	Calculated

### **RBC MORPHOLOGY**

Hypochromia -Microcytosis -



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Macrocytosis -

Anisocytosis Mild Poikilocytosis Mild

Polychromasia -

Target Cells -

Basophilic Stippling -

Normoblasts -

Others -

WBC MORPHOLOGY -

PLATELET MORPHOLOGY -

COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 10 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 \*\*\*





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

Page 2 of 15



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### AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

GLUCOSE (SUGAR) FASTING, Fluoride Plasma	87.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl	Hexokinase
		Diabetic: >/= 126 mg/dl	
BILIRUBIN (TOTAL), Serum	0.38	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.23	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.15	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.9	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2	1 - 2	Calculated
SGOT (AST), Serum	31.0	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	35.9	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	21.0	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	62.1	40-130 U/L	Colorimetric
BLOOD UREA, Serum	21.1	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.95	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	106	(ml/min/1.73sqm) 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	Calculated



Reg. Location

CID : 2405313860

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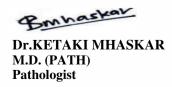
Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

URIC ACID, Serum 8.7 3.5-7.2 mg/dl Enzymatic

Urine Sugar (Fasting) Absent Absent Urine Ketones (Fasting) Absent Absent

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
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### AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE **GLYCOSYLATED HEMOGLOBIN (HbA1c)**

**BIOLOGICAL REF RANGE PARAMETER RESULTS METHOD** 

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

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

Estimated Average Glucose 116.9 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.JYOT THAKKER.. M.D. (PATH), DPB Pathologist & AVP( Medical Services)

Page 5 of 15



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# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

<u>PARAMETER</u>	ETER RESULTS BIOLOGICAL REF RANGE		<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	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	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	
Others	-		
•	- -	Less than 20/hpi	

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 \*\*\*





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Page 6 of 15



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

PARAMETER RESULTS

ABO GROUP AB

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

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Page 7 of 15



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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	126.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	155.0	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	50.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	76.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/d High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated l
LDL CHOLESTEROL, Serum	45.0	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	31.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	0.9	0-3.5 Ratio	Calculated

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



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

Page 8 of 15



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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	5.6	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.0	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.42	0.35-5.5 microIU/ml	ECLIA



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### Interpretation:

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

### Clinical Significance:

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors
- can give falsely high TSH.
- 2)TSH values may be 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)

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

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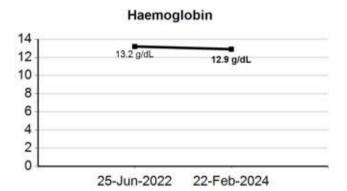
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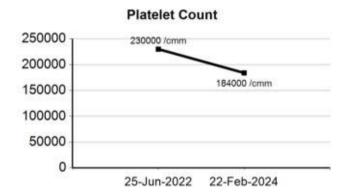
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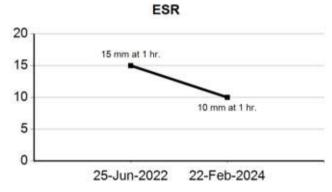


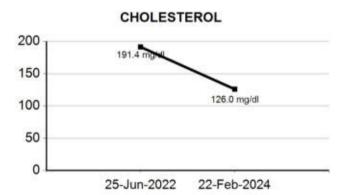
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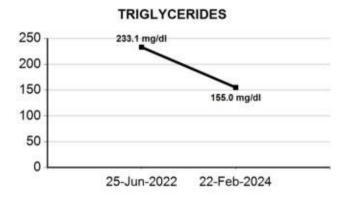














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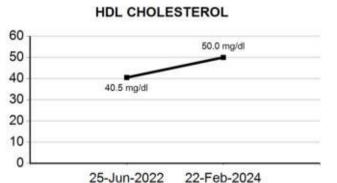
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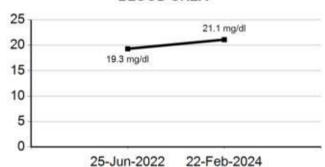
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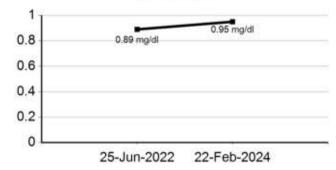
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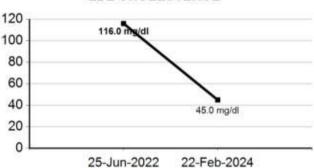




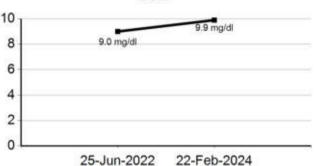
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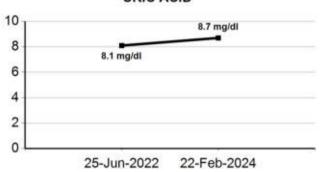
### LDL CHOLESTEROL



### BUN



### **URIC ACID**





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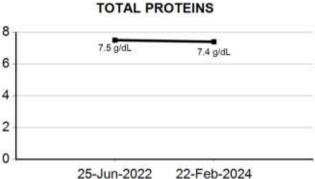
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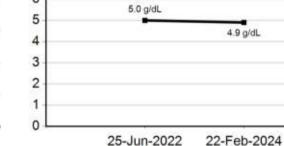


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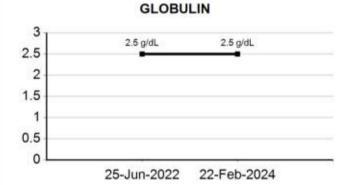
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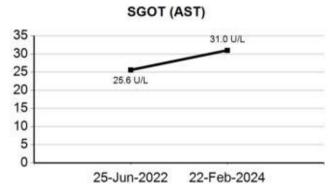
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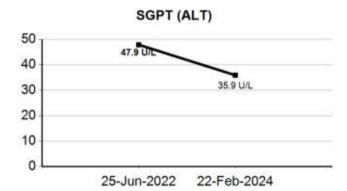


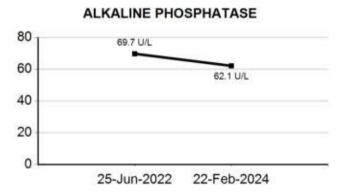
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ALBUMIN







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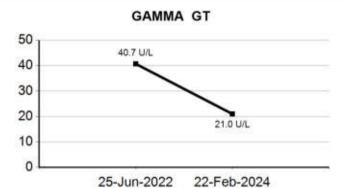
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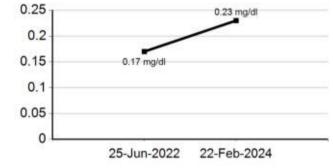


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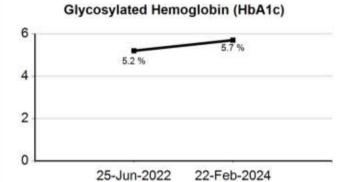
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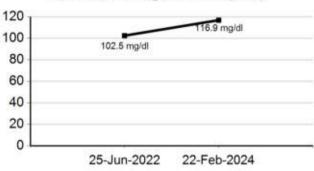


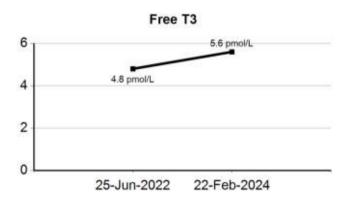


**BILIRUBIN (DIRECT)** 













Name : MR.SANTOSH SINGH

Age / Gender : 36 Years / Male

Consulting Dr. : -

3.5

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sensitiveTSH



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### 2.5 2 1.5 1 0.5 0 25-Jun-2022 22-Feb-2024

# SUBURBAN DIAGNOSTICS - MAHAVIR NAGAR, KANDIVALI WEST

Patient ID: Patient Name: SANTOSH SINGH 2405313860

PRECISE TESTING . HEALTHIER LIVING

Date and Time: 22nd Feb 24 10:05 AM



75 kg

120/80 mmHg

X 76 bpm 173 cm

Dischimer: 1) Analysts in this ruport is based on ECO ators and about he used as an adjunct to clinical bish playsteinn. 2) Pariori vitals are as entered by the clinician and not derived from the ECO.

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

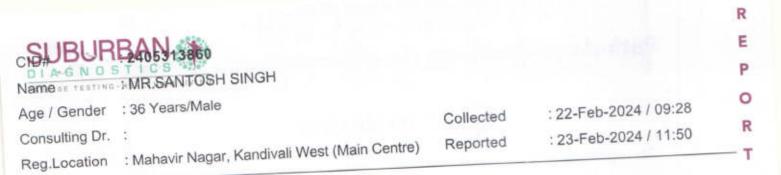
REPORTED BY

29° 21° 42°

389ms 354ms 108ms

156ms

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



# PHYSICAL EXAMINATION REPORT

History and Complaints: K/C/O HTN/DYSLIPIDEMIA.

**EXAMINATION FINDINGS:** 

75 Weight (kg): 173

Height (cms): Normal Skin: Afebrile

Temp: Healthy Nails: 120/80

Blood Pressure (mm/Hg): Not Palpable Lymph Node: **76/MIN** Pulse:

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: REGULAR EXERCISE. HEALTHY DIET.DENTAL CHECK-UP.

## CHIEF COMPLAINTS:

CHIE	F COMPLAINTS.	YES
1)	Hypertension:	NO
2)	IHD:	NO
3)	Arrhythmia:	NO
4)	Diabetes Mellitus :	NO
5)	Tuberculosis:	NO
6)	Asthama:	NO
7)	Pulmonary Disease :	

Name SE TESTING - MR. SANTOSH SINGH

Age / Gender : 36 Years/Male

Consulting Dr. :

2)

3)

4)

Diet

Medication

Collected

: 22-Feb-2024 / 09:28

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

Reported

: 23-Feb-2024 / 11:50

	10 10 10 10 10 10 10 10 10 10 10 10 10 1		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:		
PER	SONAL HISTORY:	NO	
1)	Alcohol		
2)	Smoking	NO	



Dr.Ajita Bhosale PHYSICIAN

VEG

YES

Dr. AJITA PUOSALE Reg. No 701. . 2208 MBBSID. Cardiology



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CID: 2405313860

Date: 22/02/24

Name: M2. Santosh Singh Sex/Age: 10/36/28.

### EYE CHECK UP

No Chief complaints: -

NO Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

0 6/6

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance				616				6 6
Near				NIG	_			N16

Colour Vision: Normal / Abnormal

Remark: Normal Vision.





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### SUBURBAN DIAGNOSTICS PVT LTD.

**Patient Details** 

Date: 22-Feb-24

Time: 10:45:04 AM

Name: SANTOSH SINGH ID: 2405313860

Age: 36 y

Sex: M

Height: 173 cms

Weight: 75 Kgs

Clinical History:

ROUTINE CHECK UP, K/C/O HTN/DYSLIPIDEMIA

Medications: TAB COVERSYL PLUS, PITAVASTATIN

### Test Details

Protocol: Bruce

Pr.MHR: 184 bpm

THR: 165 (90 % of Pr.MHR) bpm

Total Exec. Time: 8 m 25 s

Max. HR: 161 ( 88% of Pr.MHR )bpm

Max. Mets: 10.20

Max. BP: 170 / 80 mmHg

Max. BP x HR: 27370 mmHg/min

Min. BP x HR: 6640 mmHg/min

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)
Supine	1:2	1.0	0	0	83	120 / 80	-2.12 aVR	4.60 V6
Standing	0 : 50	1.0	0	0	85	120 / 80	-1.70 aVR	4.60 V6
Hyperventilation	0:26	1.0	0	0	91	120 / 80	-2.12 aVR	3.891
1	3:0	4.6	1.7	10	111	130 / 80	-3.40 aVR	5.31 I
2	3:0	7.0	2.5	12	137	150 / 80	-3.18 aVR	4.95 V2
Peak Ex	2:25	10.2	3.4	14	161	170 / 80	-1.91 aVR	3.89 V2
Recovery(1)	3:0	1.8	1	0	103	140 / 80	-1.70 III	4.25 V2
Recovery(2)	0:52	1.0	0	0	103	120 / 80	-0.85 III	1 77 V2

### Interpretation

GOOD EFFORT TOLERANCE MODERATE 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.

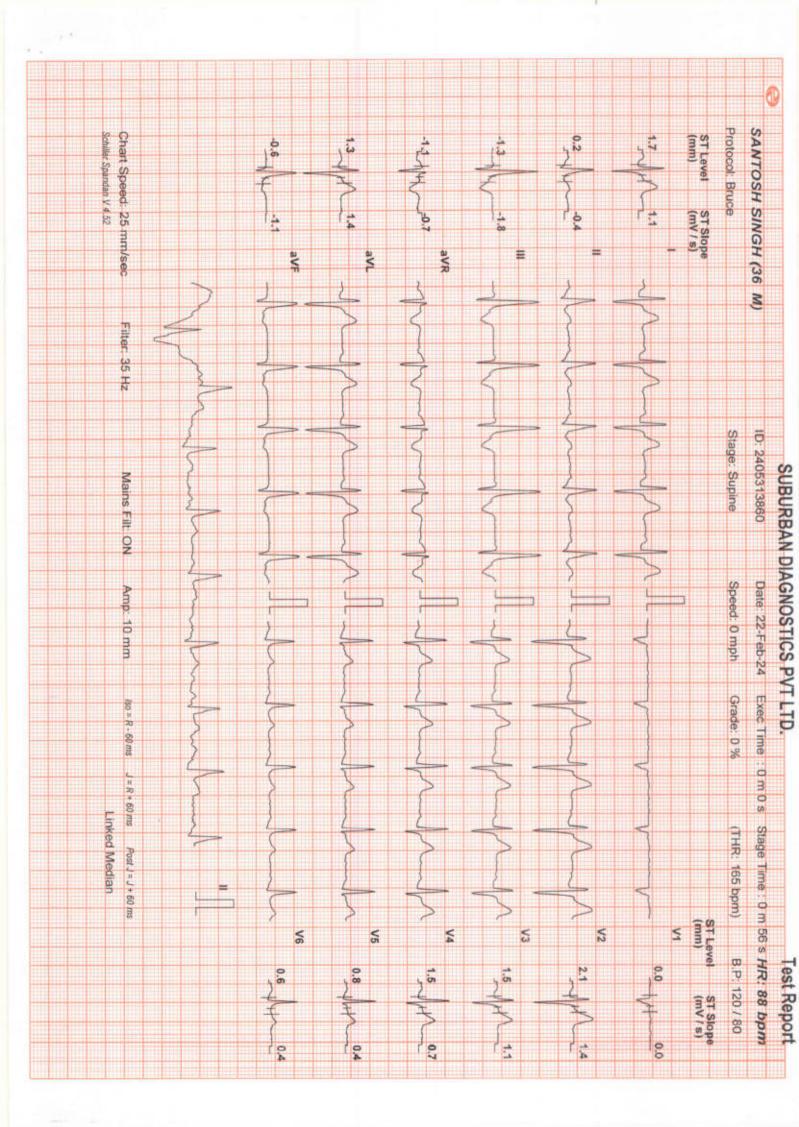
Ref. Doctor: ARCOFEMI HEALTHCARE (Summary Report edited by user)

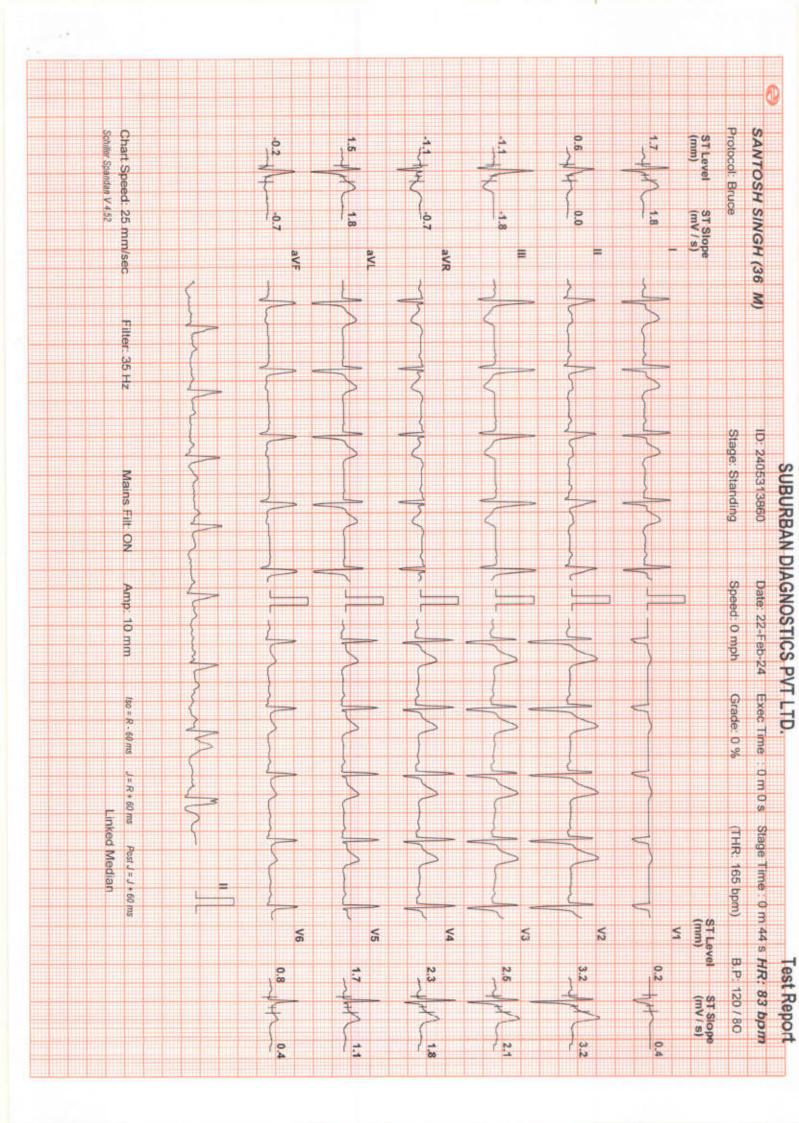


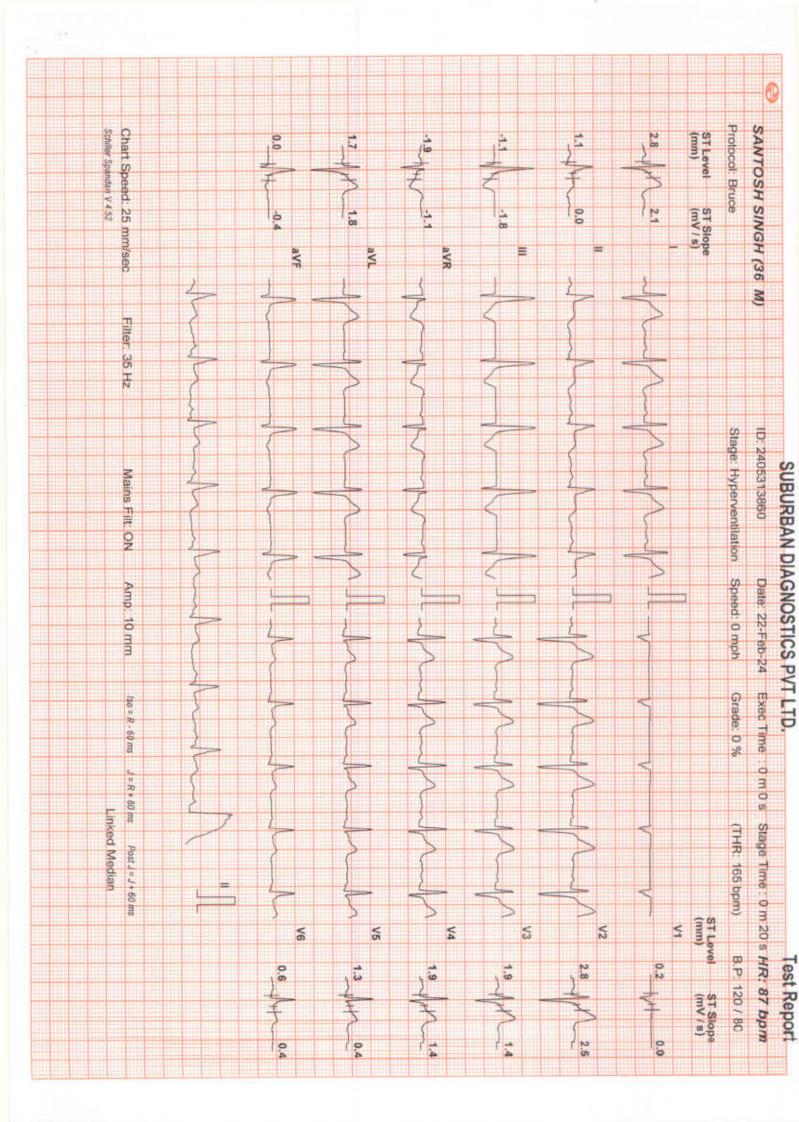
Doctor: DR AJITA BHOSALE

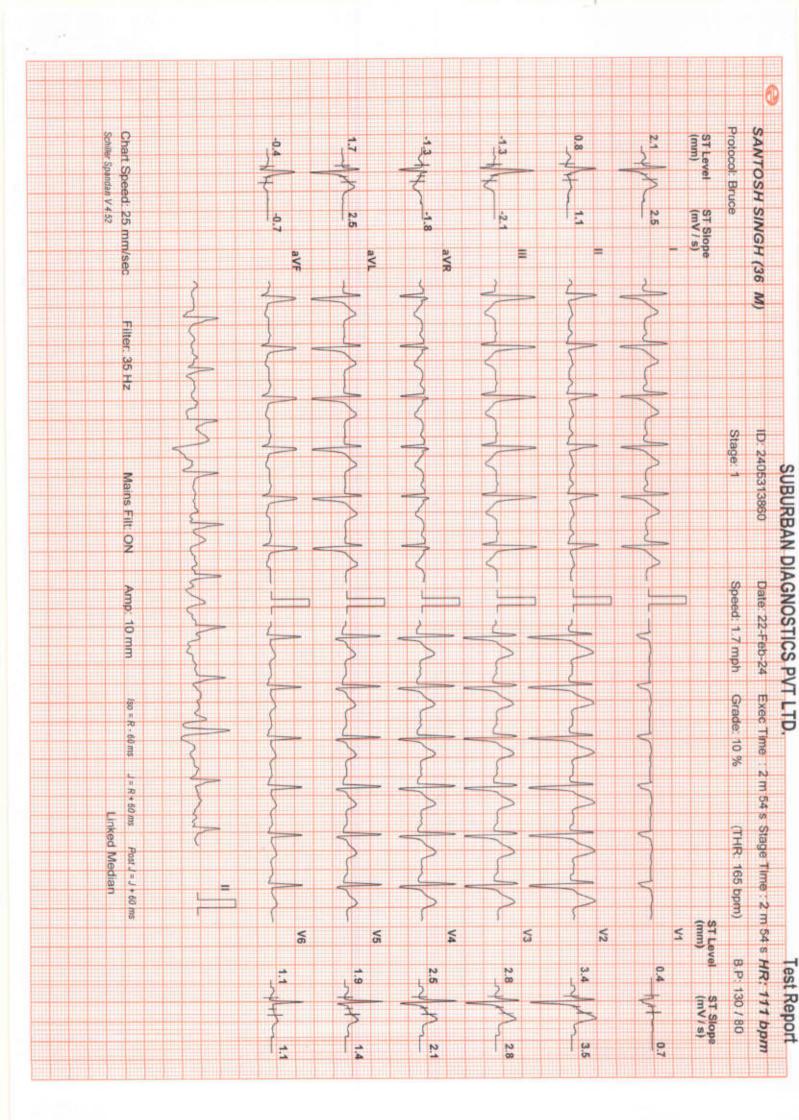
(c) Schiller Healthcare India Pvt. Ltd. V 4,53

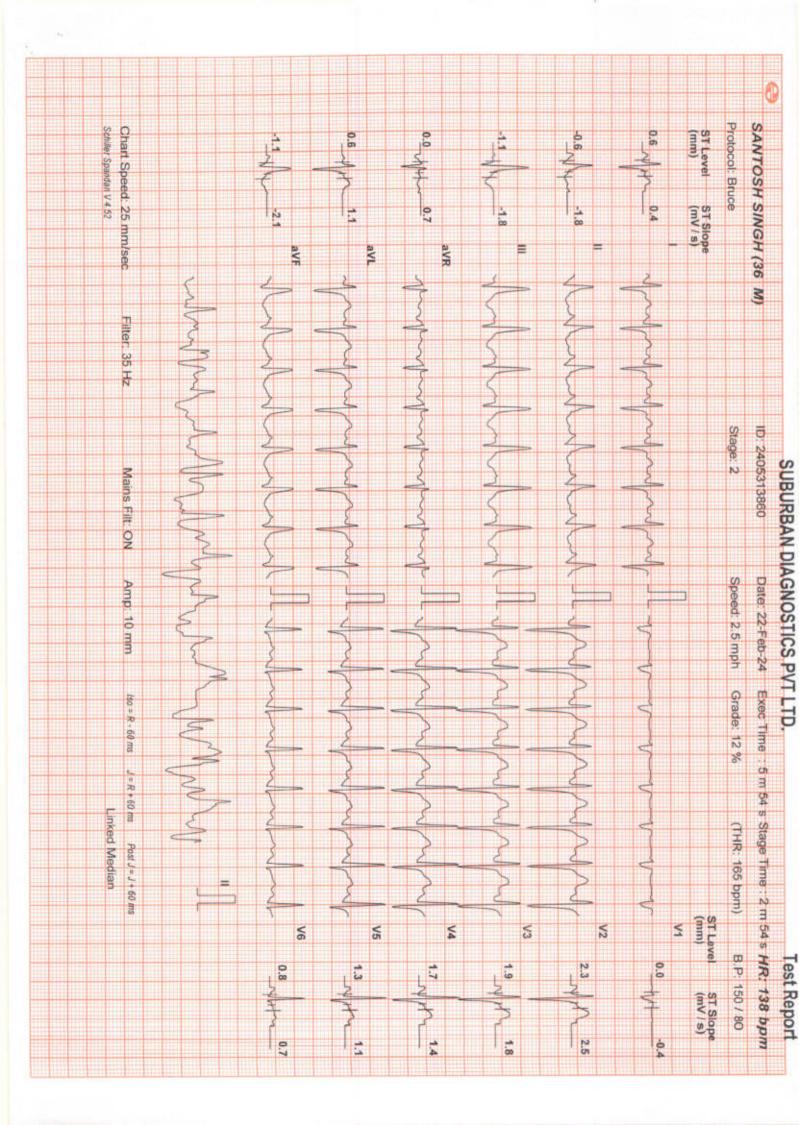
Dr. AJITA BHOSALE Reg. No 2013/062200 MBBS/D. Cardiology

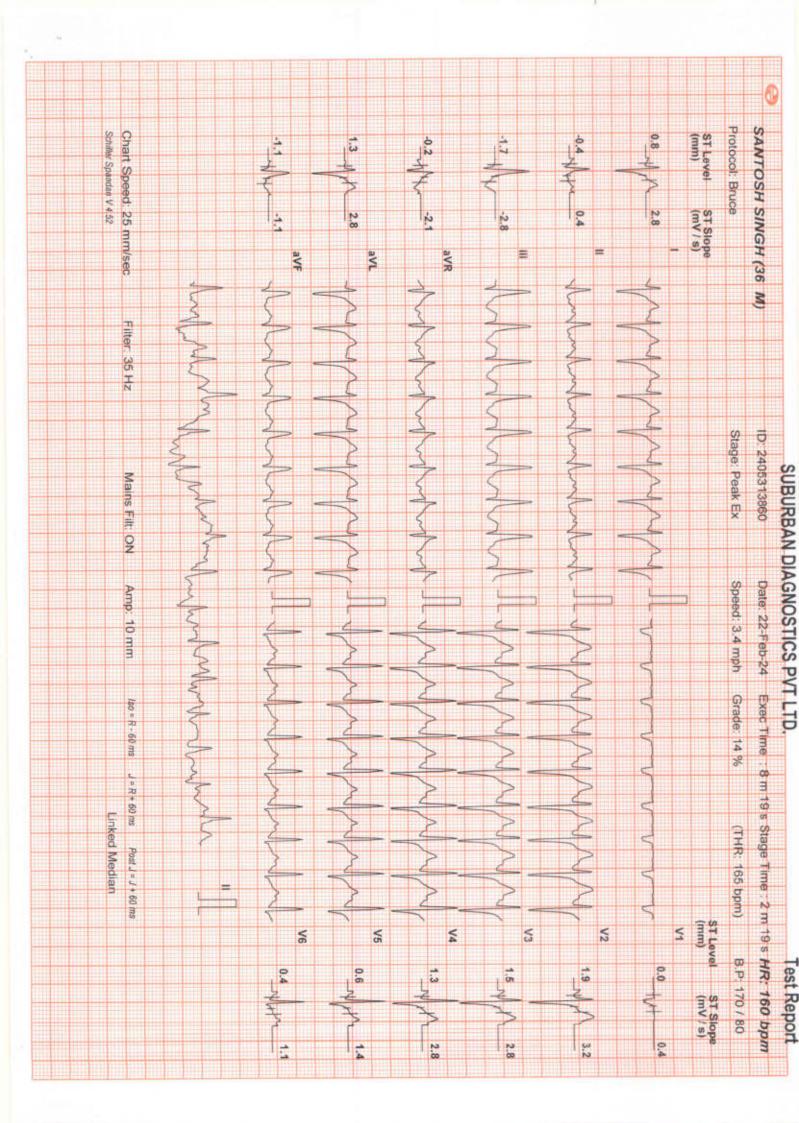


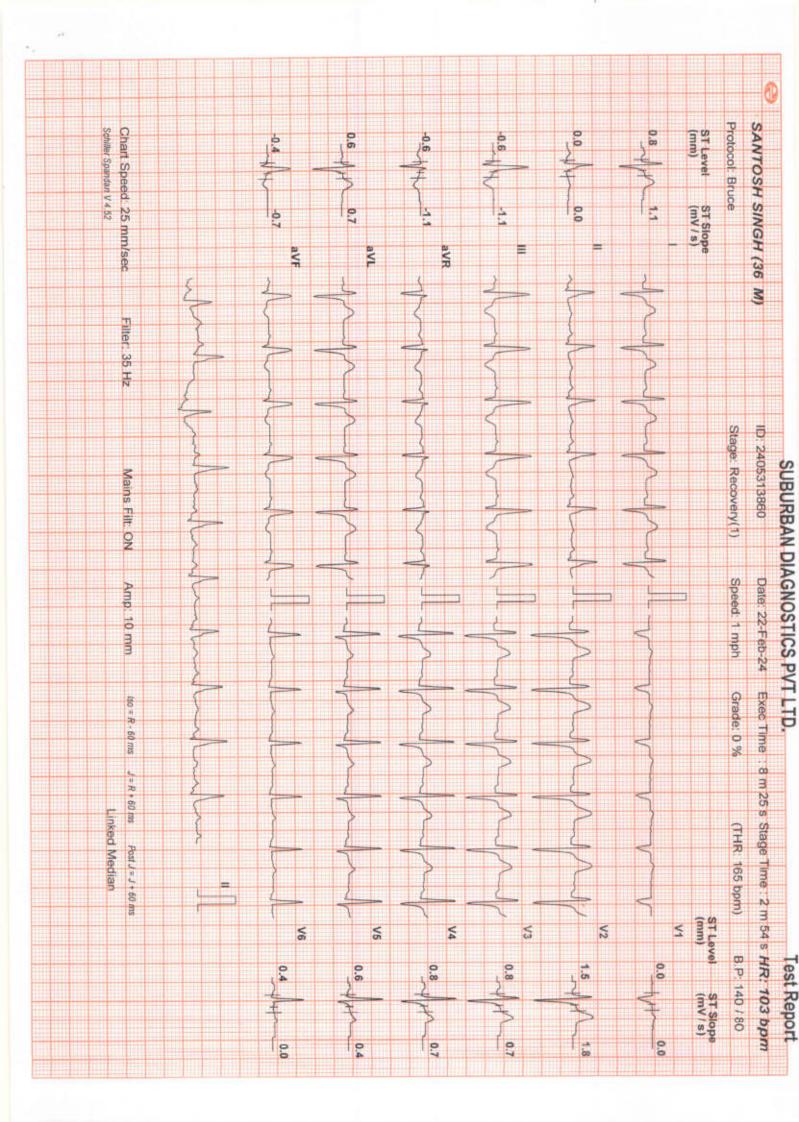


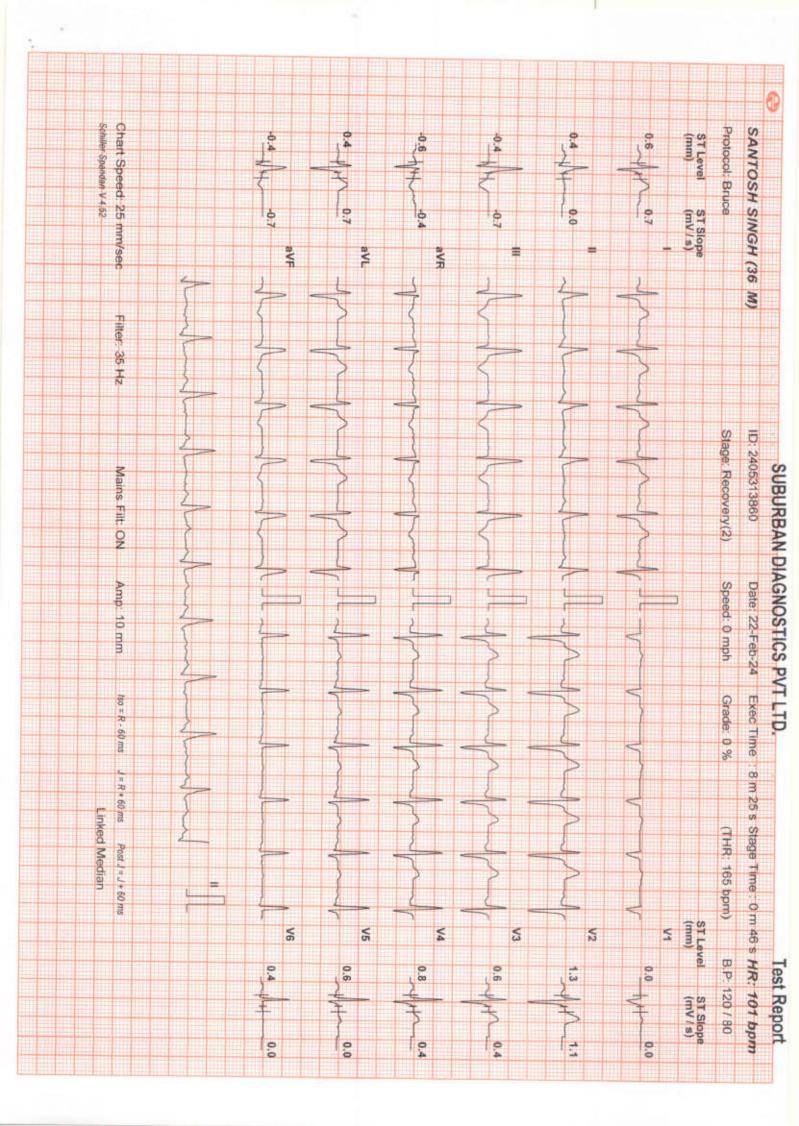














Name : Mr SANTOSH SINGH

Age / Sex : 36 Years/Male

Ref. Dr : Reg. Date : 22-Feb-2024

Reg. Location: Mahavir Nagar, Kandivali West Main Reported: 22-Feb-2024/11:33

Centre

### **USG WHOLE ABDOMEN**

### LIVER:

The liver is normal in size (14.2 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 9.9 x 4.6 cm. Left kidney measures 10.5 x 5.3 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 (10.4 cm) and echotexture. No evidence of focal lesion is noted.

### **URINARY BLADDER:**

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

### **PROSTATE:**

The prostate is grossly normal

### **ADDITIONAL COMMENTS:**

Visualized bowel loops shows normal peristalsis.

There is no evidence of any lymphadenopathy or ascites.

Authenticity Check

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Name : Mr SANTOSH SINGH

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### **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)

Reg. No. MMC 2017073319



Name : Mr SANTOSH SINGH

Age / Sex : 36 Years/Male

Ref. Dr Reg. Date : 22-Feb-2024

: Mahavir Nagar, Kandivali West Main Reg. Location Reported

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Name : Mr SANTOSH SINGH

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: 22-Feb-2024/12:56

### 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 SANTOSH SINGH

Age / Sex : 36 Years/Male

Ref. Dr Reg. Date : 22-Feb-2024

: Mahavir Nagar, Kandivali West Main Reg. Location Reported

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