



CID : 2404716426  
Name : MR.KIRAN SABADU SHASHI  
Age / Gender : 34 Years / Male  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected : 16-Feb-2024 / 08:21  
Reported : 16-Feb-2024 / 10:59

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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	17.3	13.0-17.0 g/dL	Spectrophotometric
RBC	5.72	4.5-5.5 mil/cmm	Elect. Impedance
PCV	50.8	40-50 %	Measured
MCV	89	80-100 fl	Calculated
MCH	30.2	27-32 pg	Calculated
MCHC	33.9	31.5-34.5 g/dL	Calculated
RDW	14.5	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	4400	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	36.4	20-40 %	
Absolute Lymphocytes	1601.6	1000-3000 /cmm	Calculated
Monocytes	6.9	2-10 %	
Absolute Monocytes	303.6	200-1000 /cmm	Calculated
Neutrophils	52.2	40-80 %	
Absolute Neutrophils	2296.8	2000-7000 /cmm	Calculated
Eosinophils	3.2	1-6 %	
Absolute Eosinophils	140.8	20-500 /cmm	Calculated
Basophils	1.3	0.1-2 %	
Absolute Basophils	57.2	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	289000	150000-400000 /cmm	Elect. Impedance
MPV	9.2	6-11 fl	Calculated
PDW	17.4	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		





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**Reported** : 16-Feb-2024 / 16:14

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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	107.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	122.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.7	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.39	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.31	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	5.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.3	1 - 2	Calculated
SGOT (AST), Serum	37.3	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	67.3	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	31.4	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	61.9	40-130 U/L	Colorimetric
BLOOD UREA, Serum	14.0	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.5	6-20 mg/dl	Calculated
CREATININE, Serum	0.96	0.67-1.17 mg/dl	Enzymatic



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Reported : 16-Feb-2024 / 16:14

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eGFR, Serum	106	(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	4.2	3.5-7.2 mg/dl	Enzymatic
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 Borivali Lab, Borivali West  
\*\*\* End Of Report \*\*\*



*Bmhasakar*

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





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Reported : 16-Feb-2024 / 11:05

**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	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	111.1	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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**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	Yellow	Brown	-
Form and Consistency	Semi Solid	Semi Solid	-
Mucus	Absent	Absent	-
Blood	Absent	Absent	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Reaction (pH)	Acidic (6.0)	-	pH Indicator
Occult Blood	Absent	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

\*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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Collected : 16-Feb-2024 / 08:21  
Reported : 16-Feb-2024 / 15:13

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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	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
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	+(>20/hpf)	Less than 20/hpf	
Others	-		

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

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

Reference: Pack inert

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



*Bmhasakar*

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Reported : 16-Feb-2024 / 14:04

**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

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	104.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	101.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	39.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	64.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
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	19.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.1	0-3.5 Ratio	Calculated

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



*Bmhasakar*

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**M.D. (PATH)**  
**Pathologist**



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 Reported : 16-Feb-2024 / 18:12

**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	6.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.7	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.7	0.35-5.5 microIU/ml mIU/ml	ECLIA



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Reported : 16-Feb-2024 / 18:12

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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)

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

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



*Bmhasakar*

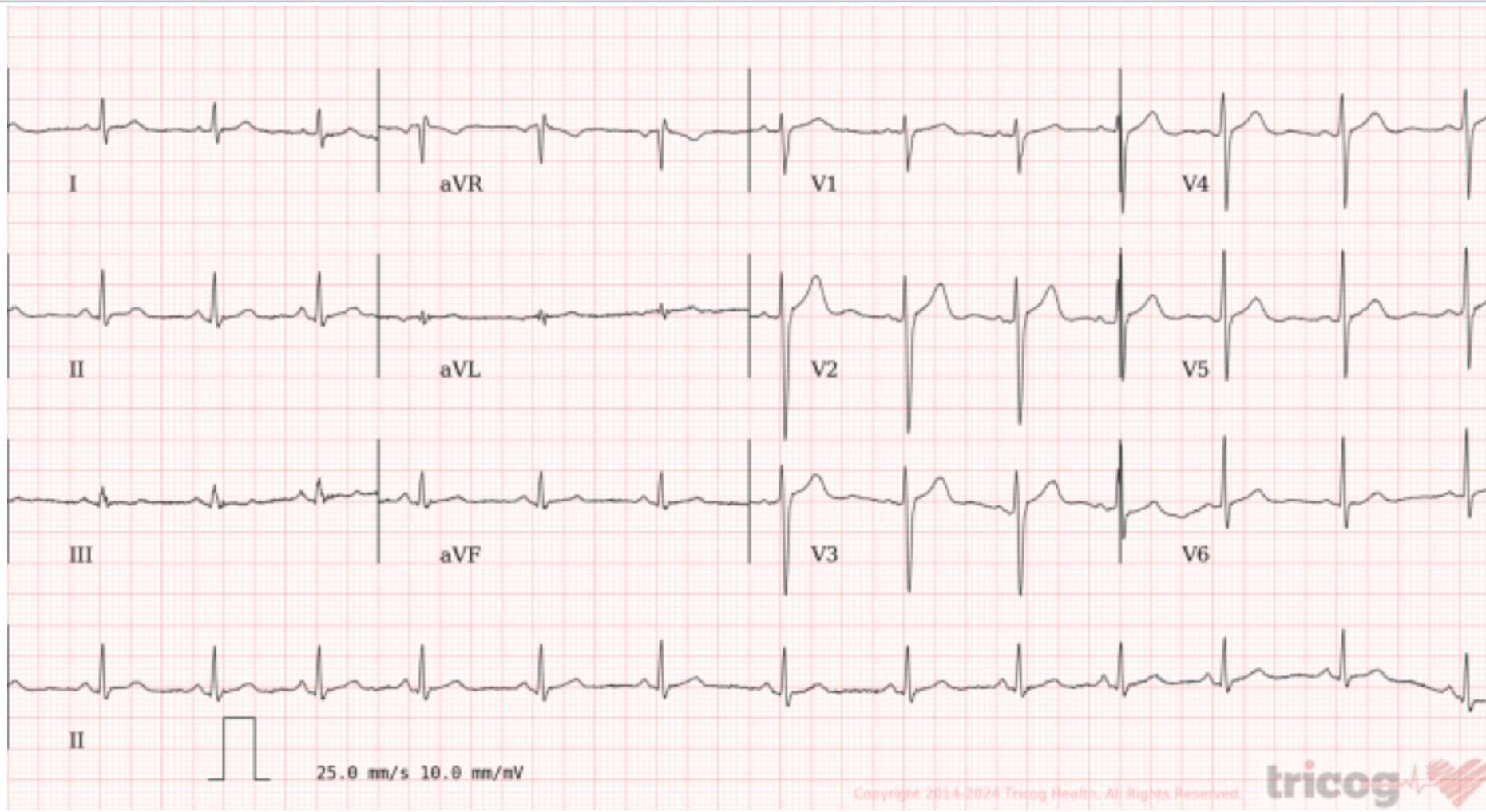
**Dr.KETAKI MHASKAR**  
M.D. (PATH)  
Pathologist

# SUBURBAN DIAGNOSTICS - BORIVALI WEST



Patient Name: KIRAN SABADU SHASHI  
Patient ID: 2404716426

Date and Time: 16th Feb 24 9:10 AM



Age **34** **NA** **NA**  
years months days

Gender **Male**

Heart Rate **82bpm**

### Patient Vitals

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

### Measurements

QRSD: 90ms  
QT: 354ms  
QTcB: 413ms  
PR: 122ms  
P-R-T: 75° 56° 46°

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

REPORTED BY

Dr Nitin Sonavane  
M.B.B.S.AFLH, D.DIAB, D.CARD  
Consultant Cardiologist  
87714



Date:-

CID: 2404716426

Name:-

Kiran. Shashi

Sex / Age: 34 / m

**EYE CHECK UP**

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

NO  
y RE LE  
6/6 6/6  
N/6 N/6

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

Normal

2

REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | CIN No.: L74899DL1995PLC065388  
MUMBAI OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Astor, 2<sup>nd</sup> Floor, Sunderwan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.  
WEST REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavehar West, Mumbai - 400086.

Name : MR.KIRAN SABADU SHASHI

Age / Gender : 34 Years/Male

Consulting Dr. :

Reg.Location : Borivali West (Main Centre)

Collected : 16-Feb-2024 / 08:17

Reported : 16-Feb-2024 / 16:47

### PHYSICAL EXAMINATION REPORT

#### History and Complaints:

Nil *rectal fissure : 1 mth.*

#### EXAMINATION FINDINGS:

Height (cms):	162	Weight (kg):	52
Temp (0c):	Afebrile	Skin:	NAD
Blood Pressure (mm/hg):	120/80	Nails:	NAD
Pulse:	72/min	Lymph Node:	Not Palpable

#### Systems

Cardiovascular: S1S2-Normal

Respiratory: Chest-Clear

Genitourinary: NAD

GI System: NAD

CNS: NAD

#### IMPRESSION:

*Normal*

#### 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 |

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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 No
- 2) Smoking No
- 3) Diet Mix
- 4) Medication No

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

**DR. NITIN SONAVANE**  
M.B.B.S AFLH, D.DIAR, D.CARD,  
CONSULTANT RADIOLOGIST  
REGD. NO. 87714

Dr.NITIN SONAVANE  
PHYSICIAN

Suburban Diagnostics (I) Pvt. Ltd.  
301& 302, 3rd Floor, The Regency  
Above Mercedes Showroom, Andheri West,  
Borivali (West) - 400086



**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

**Name: KIRAN SHASHI**

Date: 16-02-2024 Time: 09:26

Age: 34 Gender: M Height: 162 cms Weight: 52 Kg ID: 2404716426

Clinical History: NIL

Medications: NIL

**Test Details:**

Protocol: Bruce Predicted Max HR: 186 Target HR: 158 (85% of Pr. MHR)

Exercise Time: 0:09:02 Achieved Max HR: 178 (96% of Pr. MHR)

Max BP: 150/80 Max BP x HR: 26700 Max Mets: 10.2

Test Termination Criteria: TEST COMPLET

**Protocol Details:**

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	00:11	1	0	0	96	120/80	11520	0.7 V3	0.2 V3
Standing	00:49	1	0	0	70	120/80	8400	0.7 V3	0.6 V3
Hyper Ventilation	00:10	1	0	0	77	120/80	9240	0.7 V3	0.7 V3
Pic Test	00:09	1	1.6	0	85	120/80	10200	1 V3	+1.1
Stage 1	03:00	4.7	2.7	10	116	120/80	13920	1.7 V3	0.6 V3
Stage 2	03:00	7	4	12	133	140/80	18620	1.2 V3	0.8 V3
Stage 3	03:00	10.1	5.5	14	178	150/80	26700	0.9 V3	0.8 V3
Peak Exercise	00:02	10.2	6.8	16	178	150/80	26700	0.9 V3	0.8 V3
Recovery 1	01:00	1	0	0	111	140/80	15540	1.2 V3	1.0
Recovery 2	01:00	1	0	0	85	120/80	10200	-0.9 AVR	1.6 V3
Recovery 3	00:06	1	0	0	88	120/80	10560	1 V3	1.6 V3

**Interpretation**

The Patient Exercised according to Bruce Protocol for 0:09:02 achieving a work level of 10.2 METS.  
Resting Heart Rate, initially 96 bpm rose to a max. heart rate of 178bpm (96% of Predicted Maximum Heart Rate).  
Resting Blood Pressure of 120/80 mmHg, rose to a maximum Blood Pressure of 150/80 mmHg  
Good Effort tolerance Normal HR & BP Response No Angina or Arrhythmias  
No Significant ST-T Change Noted During Exercise Stress test Negative for Stress inducible ischaemia.

Suburban Diagnostics (P) Pvt. Ltd.  
301 & 302, 3rd Floor, Vignette Elegance  
Above Jackson Jvoker, L. T. Road,  
Borivali (West), Mumbai - 400 092

Ref. Doctor: ---

Doctor: DR. NITIN SONAVANE

**SCHILLER**  
The Art of Diagnostics

( Summary Report edited by User )  
Cardiovit CS-20 Version 3.4

**DR. NITIN SONAVANE**  
M.B.B.S, F.H.D, D.I.A.R, D.I.C.C, D.D.  
CONSULTANT CARDIOLOGIST  
REGD. NO. : 87714



**KIRAN SHASHI (34 M)**

**SUBURBAN DIAGNOSTICS PVT. LTD. BORIVALI**

Bruce Protocol  
ST(Slope(m)) ST(Slope(mV/s))

ID: 2404716426  
Sagec: Supte

Date: 16-02-2024  
Speed: 0 km/h

Exec Time : 0:00:00  
Slope: 0%

Sagec Time: 00:11  
THR: 158 bpm

**HR: 96 bpm**

BP: 120/80 mmHg  
ST(Slope(m)) ST(Slope(mV/s))

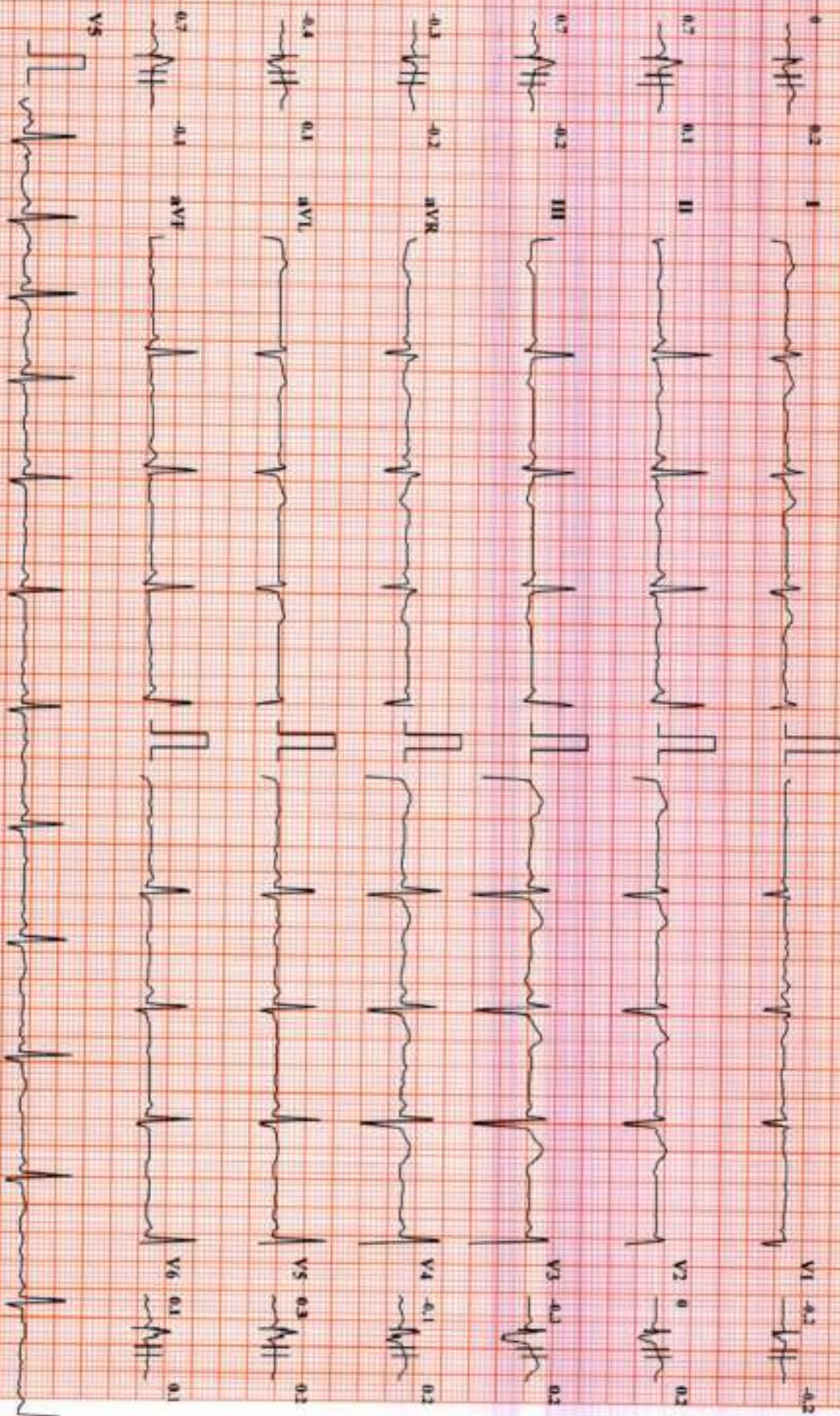


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Matrix Filter: ON

ISO: R +60 ms, L +8 +60 ms, Post I = 1 +60ms

Schiller Cardiotrac CS-30 Version 3.4





KIRAN SHASHI (34 M)

Brace Protocol  
STLevel(mm) STSlope(mV/s)

ID: 240416126  
Sage: Standing

Date: 16-02-2024  
Speed: 0

Exec Time: 0:00:00  
Slope: 0 %

Sage Time: 03:49  
THR: 158 bpm

HR: 70 bpm

ISP: 120/80 mmHg  
STLevel(mm) STSlope(mV/s)

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

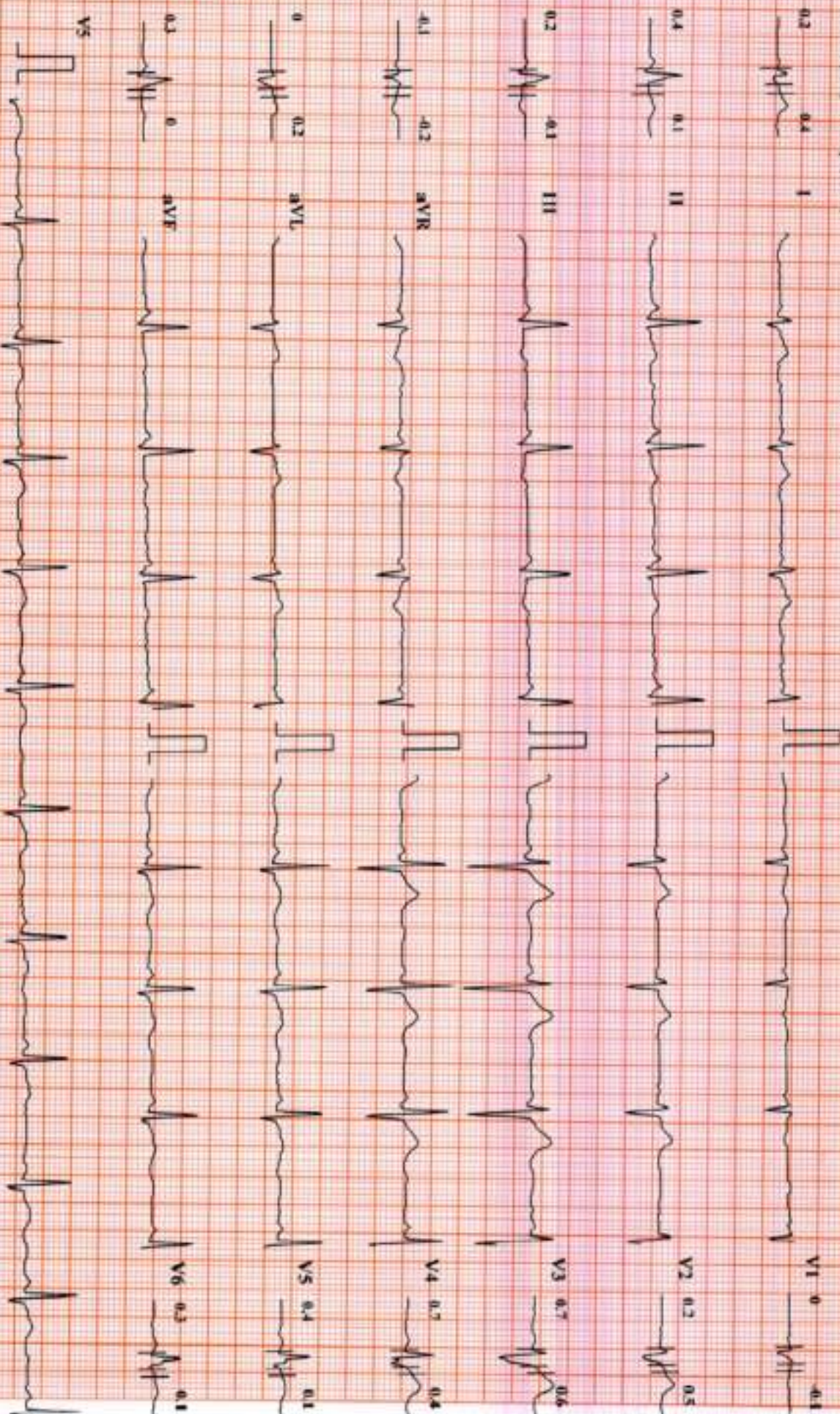


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Main Filter: ON

ISO = R - 60 ms, I = R + 60 ms, V4 I = I + 60 ms

Scanner CapSure CS-20 Version 3.4





# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**KIRAN SHASHI (34 M)**

**HR: 77 bpm**

Bruce Protocol

ID: 2404716426

Date: 16-05-2024

Exec Time: 0:00:30

Stage Time: 00:10

Bp: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

Stage: Hyper-Ventilation

Speed: 0

Slope: 0 %

THR: 158 bpm

STLevel(mm) STSlope(mV/s)

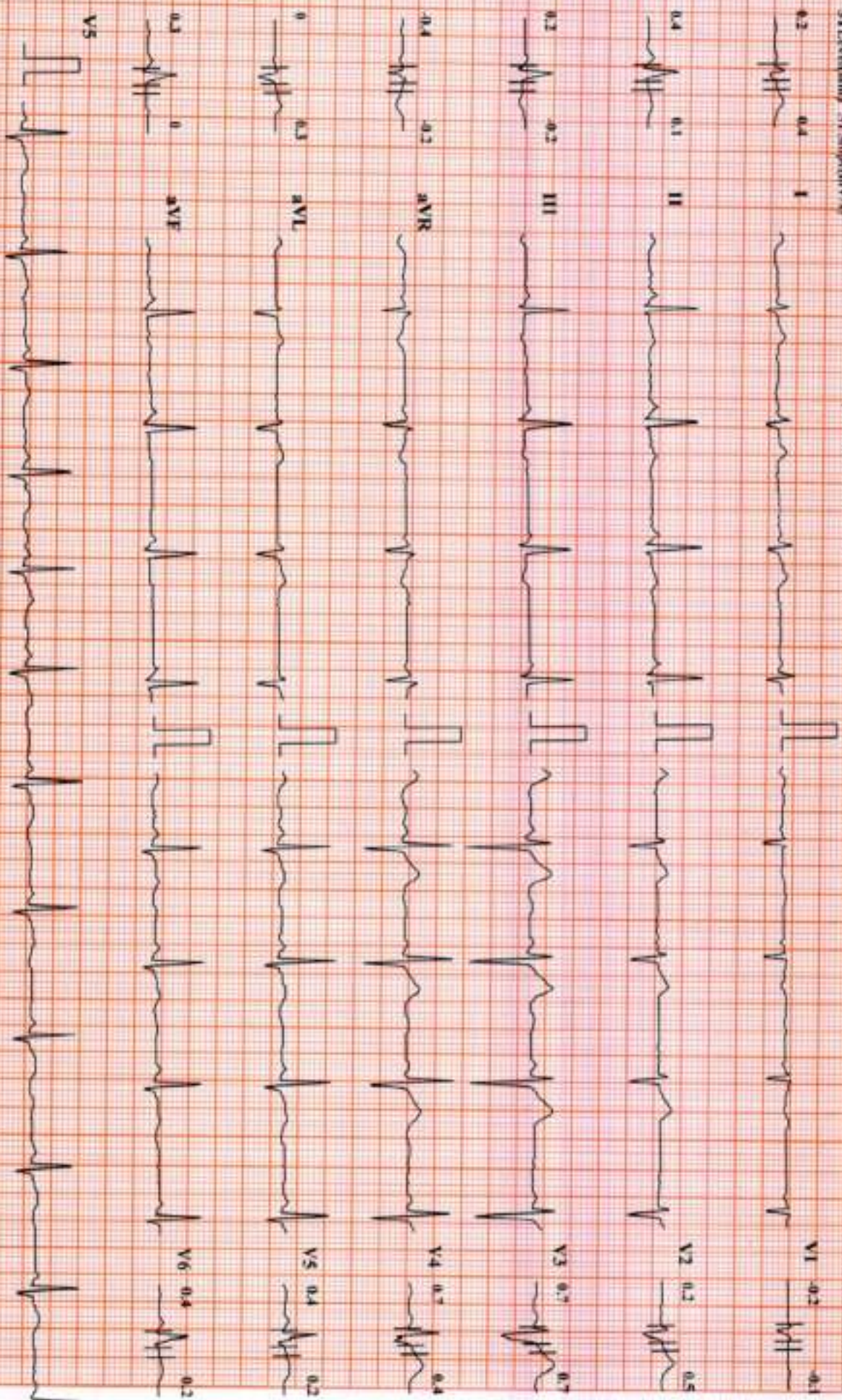


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Main Filter ON

ISO + R - 60 ms, J - R + 60 ms, Post J + I + 60 ms



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

KIRAN SHASHI (34 M)

HR: 116 bpm

Brace Protocol  
STL(ave)mm ST(Slope)V/s

ID: 2404716426  
Stage: 1

Date: 16-03-2024  
Speed: 2.7 kmph

Exec Time: 0:03:00  
Scope: 10%

Stage Time: 03:00  
THR: 158 bpm

RF: 120/80 mmHg  
STL(ave)mm ST(Slope)(mV/s)



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz

Main Filter: ON

ISO = I - 60 ms, J = R + 60 ms, Post T - T + 60 ms



# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**KIRAN SHASHI (34 M)**

Bruce Protocol  
ST12ced1mm ST15neg1mV/6

ID: 2404716426  
Stage: 2

Date: 16-02-2024  
Speed: 4 mmph

Exec Time: 0:06:00  
Slope: 12.5%

Stage Time: 03:00  
THR: 158 bpm

**HR: 133 bpm**

BP: 140/80 mmHg  
ST12ced1mm ST15neg1mV/6

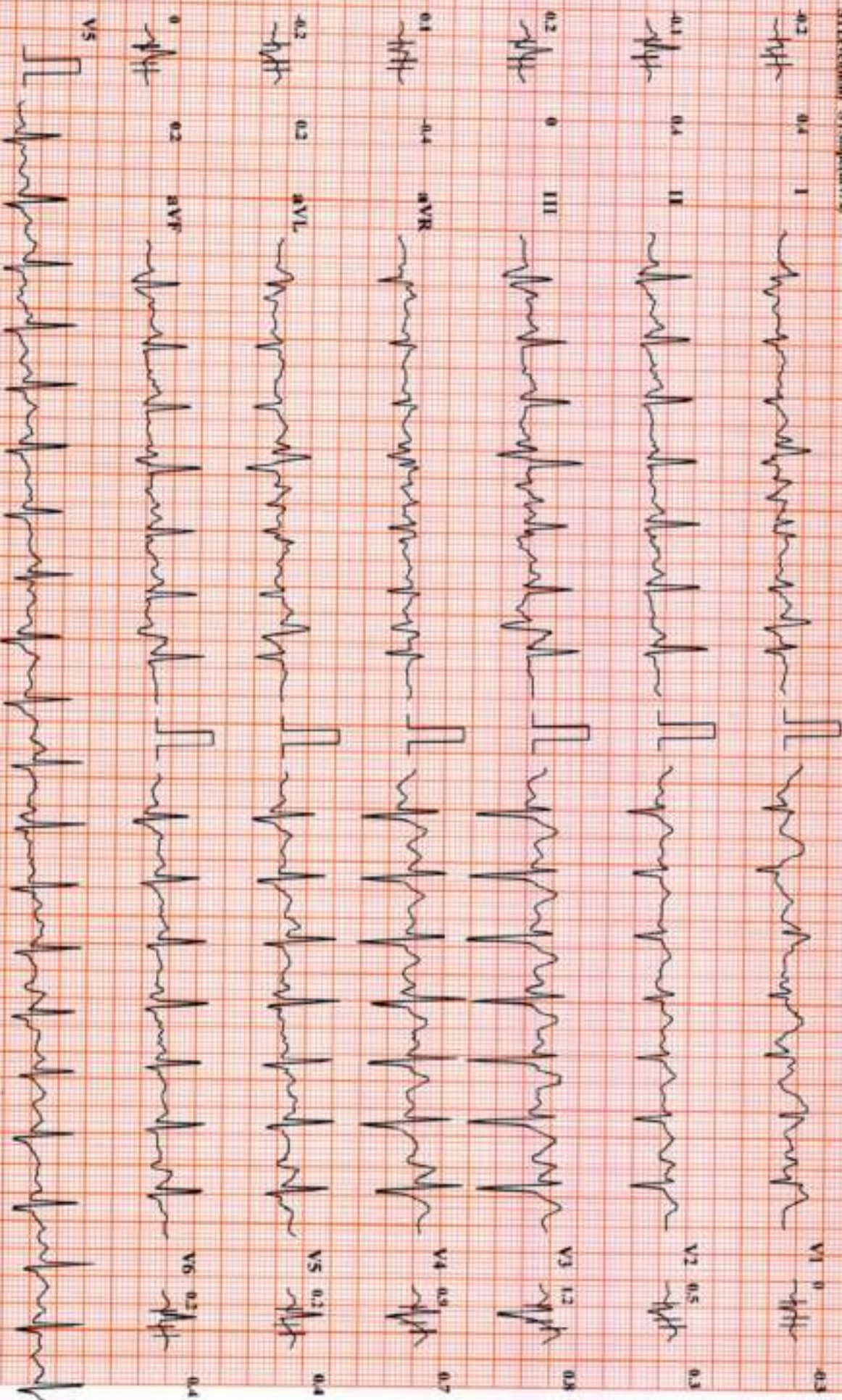


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Main Filter ON

ISO = R + 60 ms, J = R + 60 ms, Pcd J = J + 60 ms



# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**KIRAN SHASHI (34 M)**

**HR: 178 bpm**

Bruce Protocol  
ST/Sec (mm) ST/Sec (mV%)

ID: 2404716426  
Stage: 3

Date: 16-02-2024  
Speed: 5.5 kmph

Exec Time: 0:09:00  
Slope: 14%

Stage Time: 03:00  
THR: 158 bpm

BP: 150/80 mmHg  
ST/Sec (mm) ST/Sec (mV%)

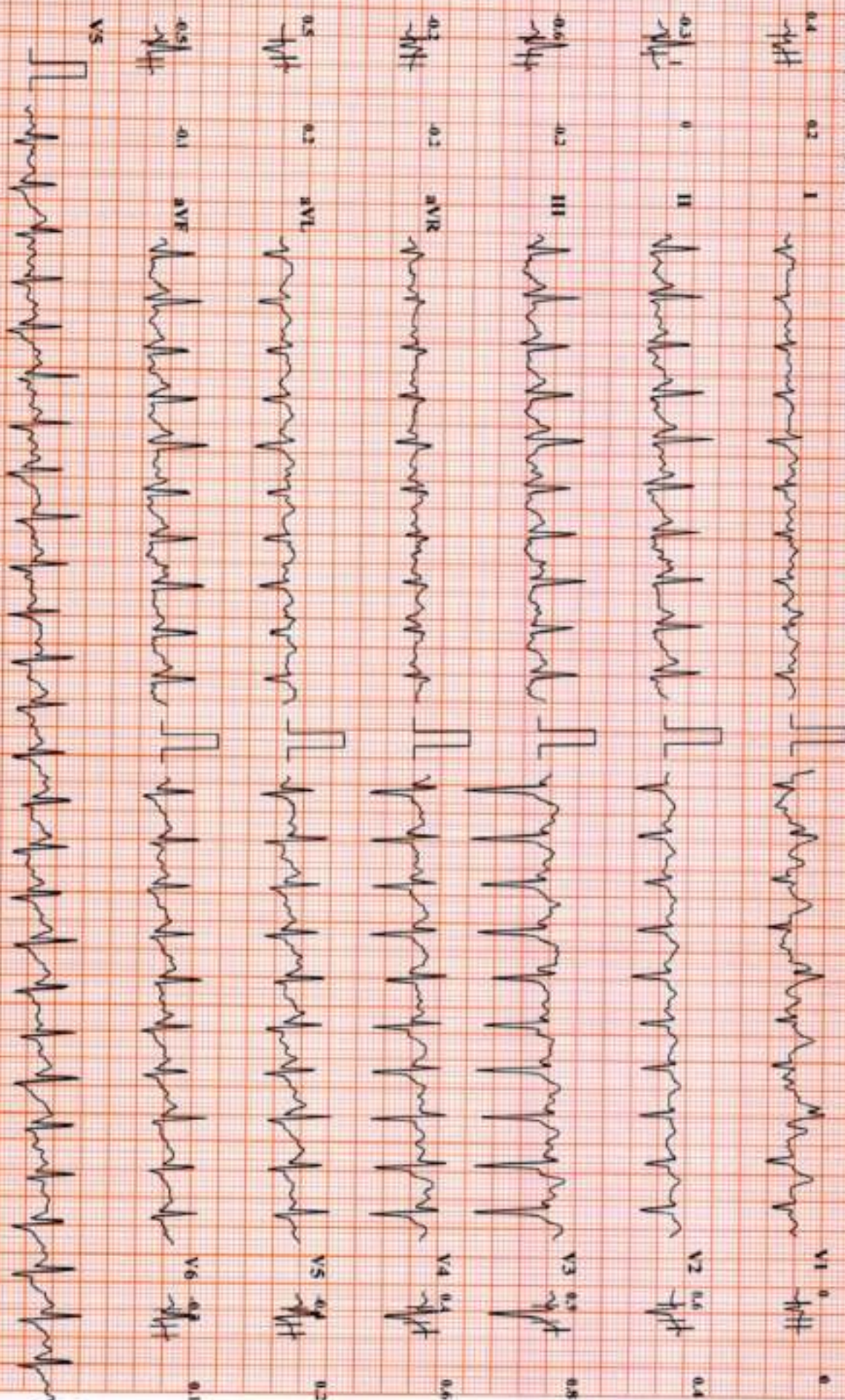


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J - R + 60 ms, P - J + 50 ms

Schiller CardView 4 GS-30 Version 3.4





# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**KIRAN SHASHI (34 M)**

**HR: 178 bpm**

Bruce Protocol

ID: 2404716426

Date: 16-02-2024

Exec Time: 0:09:02

Stage Time: 00:02

BP: 150/80 mmHg

STI (red/mm) ST (Sep/cm)V/4

Stage: 4 Peak Exercise

Speed: 6.8 kmph

Slope: 16%

THR: 158 bpm

STI (red/mm) ST (Sep/cm)V/4

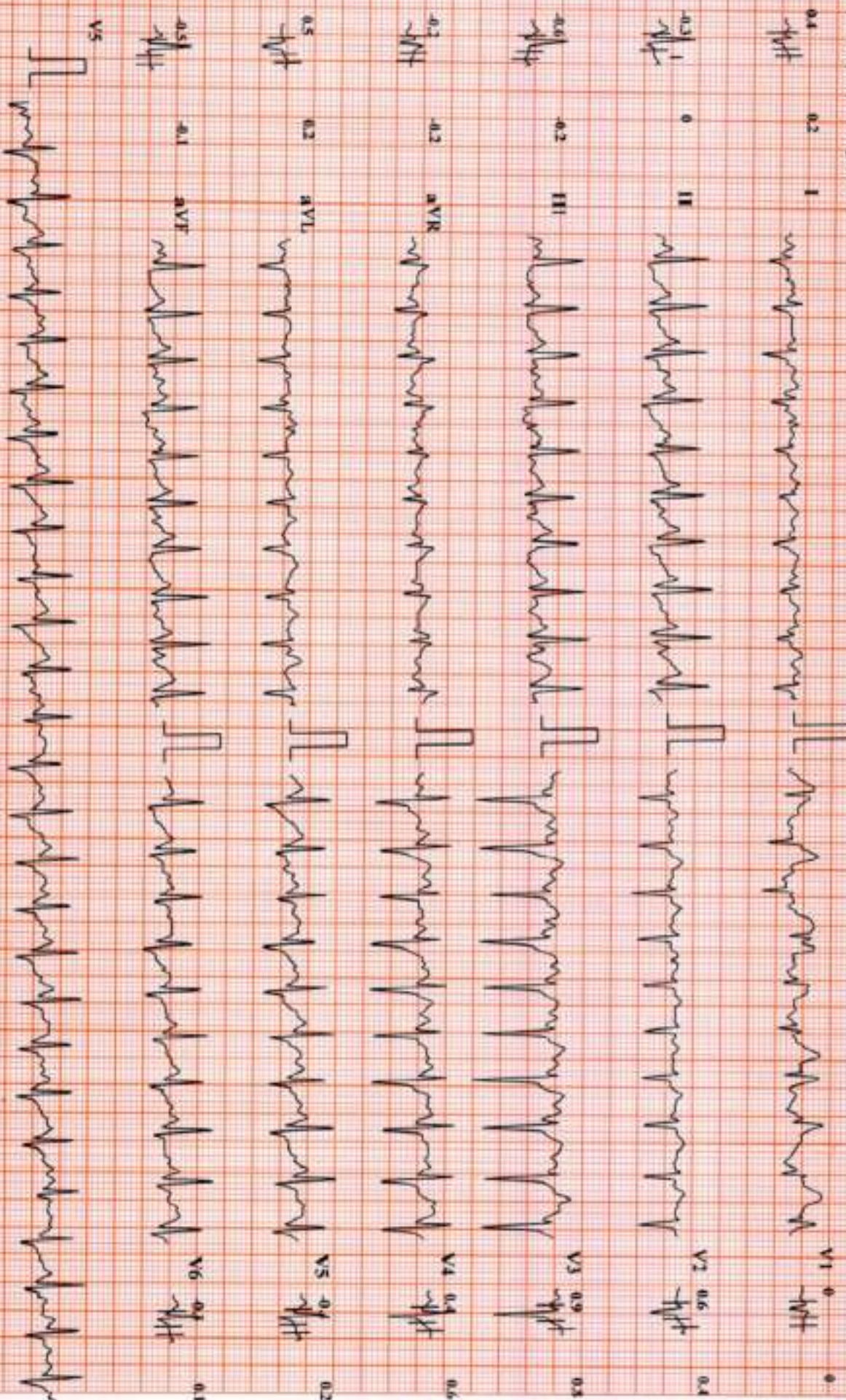


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Main Filter: ON

ISO + R - 60 ms, J - R + 60 ms, Post I - J + 60 ms

Seattle-Cardiot (S-3) Version 3.4





# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**KIRAN SHASHI (34 M)**

Brace Protocol  
STLead(mn) STScope(V/4)

ID: 2404716426

Date: 16-02-2024

Stage: Recovery:1

Speed: 0 kmph

Slope: 0 %

THR: 158 bpm

Exec Time: 00:00

Stage Time: 00:25

**HR: 167 bpm**

Bp: 160/80 mmHg

STLead(mn) STScope(V/3)

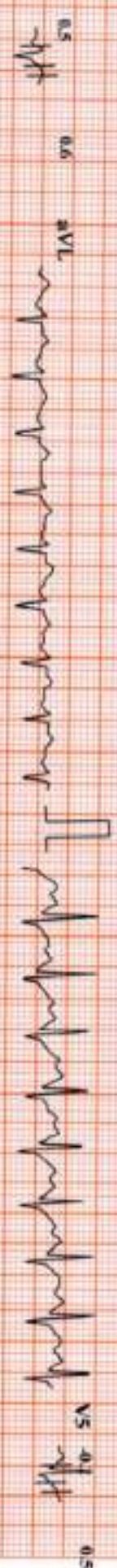
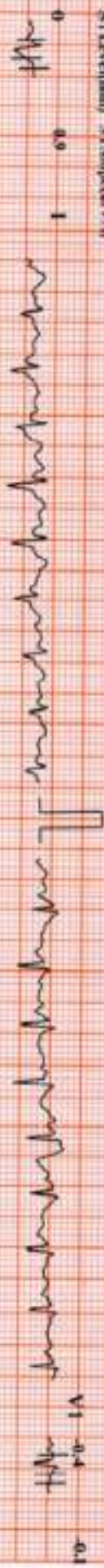


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter ON

50 + R + 60 mV - R + 60 mV Pos: J = J + 60 mV

ScatterChart (S-3) Version: 3.4



# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**KIRAN SHASHI (34 M)**

Bruce Protocol  
STL:ref(1mm) ST:Speed(mV/s)

ID: 2404716426  
Stage: Recovery/1

Date: 16-02-2024  
Speed: 0 kmph

Exec Time: 00:00  
Slope: 0.5%

Stage Time: 01:30  
THR: 158 bpm

**HR: 111 bpm**

Bp: 140/80 mmHg  
STL:ref(1mm) ST:Speed(mV/s)

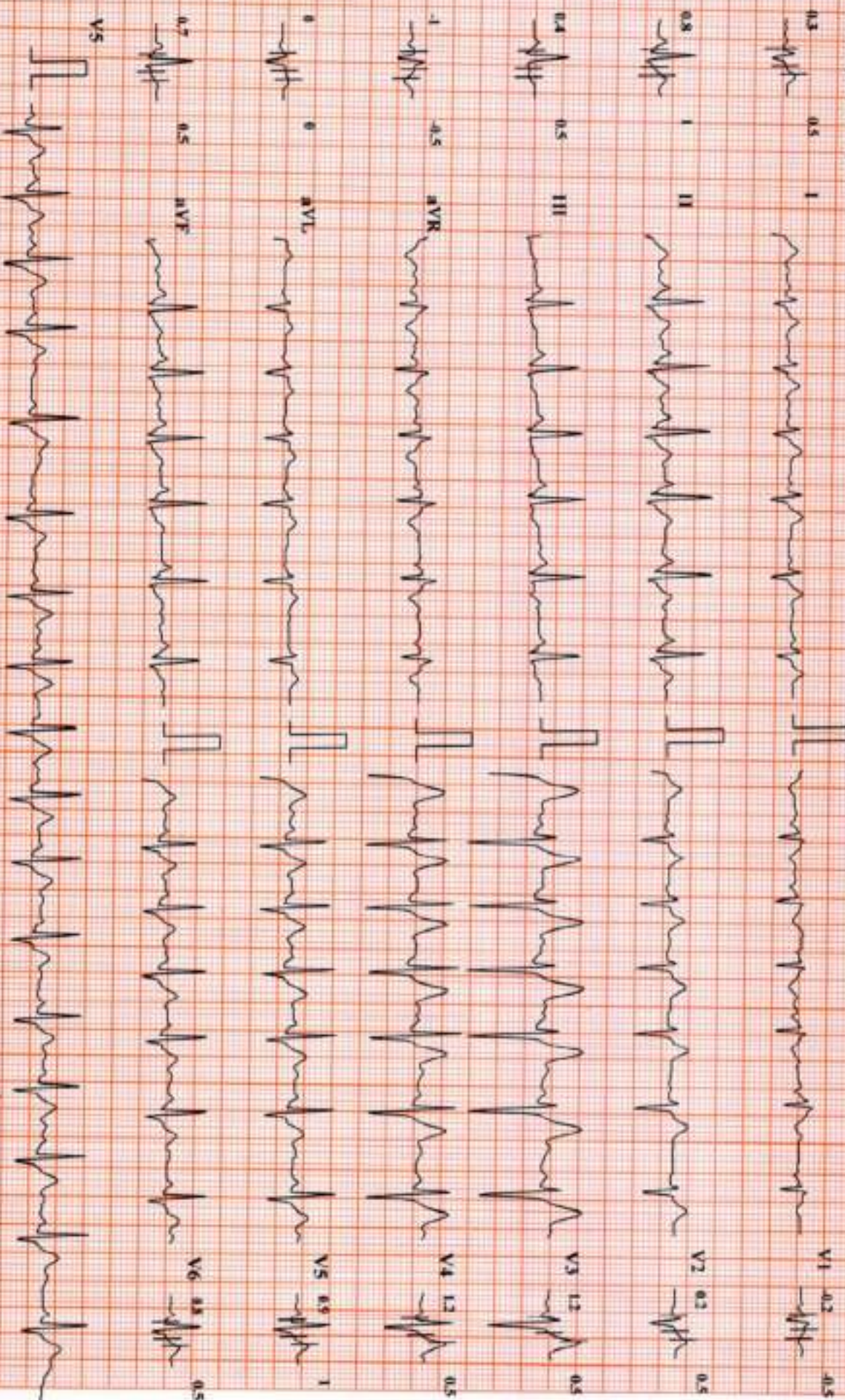


Chart Speed: 25 mm/sec

Amplifier: 10mm/mV

Filter: 25 Hz Mains Filter: ON

SD = R + 60 ms, J = R + 60 ms, Pst J = J + 60 ms

Stalder Cardiosol Cs-30 Version 3.4



# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**KIRAN SHASHI (34 M)**

Brace Protocol  
SITLereqlmmj SITSelqetnVto

HD: 2404716426  
Stage: Keenover2

Date: 16-02-2024  
Speed: 0 mmph

Exec Time: 00:00  
Slope: 0 %

Stage Time: 01:00  
THR: 158 bpm

**HR: 85 bpm**

BP: 120/80 mmHg  
SITLereqlmmj SITSelqetnVto

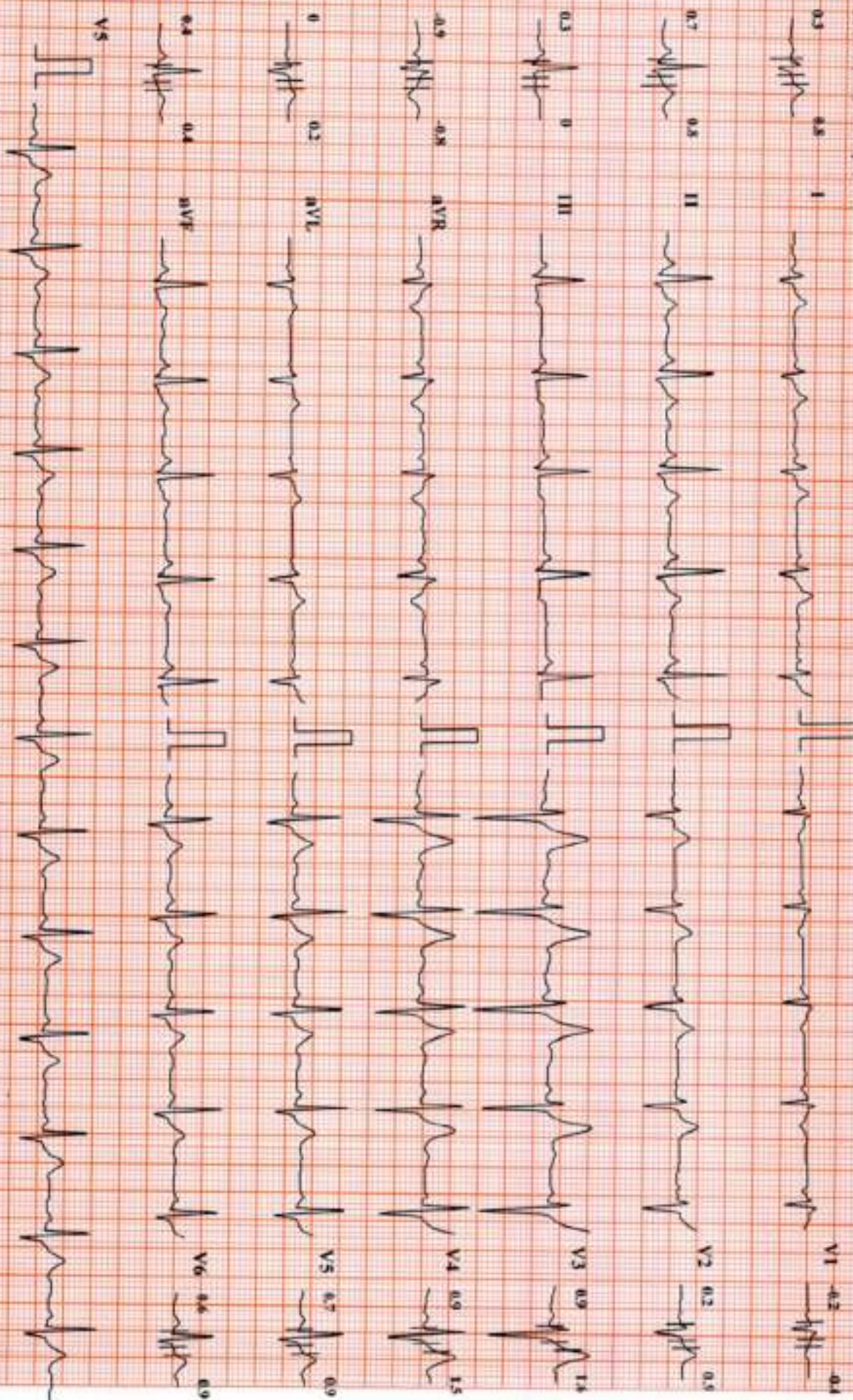


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz  
Main Filter: ON

ISO = R + 60 ms, J = R + 60 ms, Post J = J + 60 ms



**KIRAN SHASHI (34 M)**

Bruce Protocol  
ST1(LeadI) ST3(LeadV3)

**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

ID: 2404716426

Date: 16-02-2024

Exec Time: 00:00

Stage Time: 00:04

Stage: Recovery3

Speed: 0 kmph

Slope: 0 %

THR: 158 bpm

**HR: 88 bpm**

HR: 120/80 mmHg  
ST1(LeadI) ST3(LeadV3)

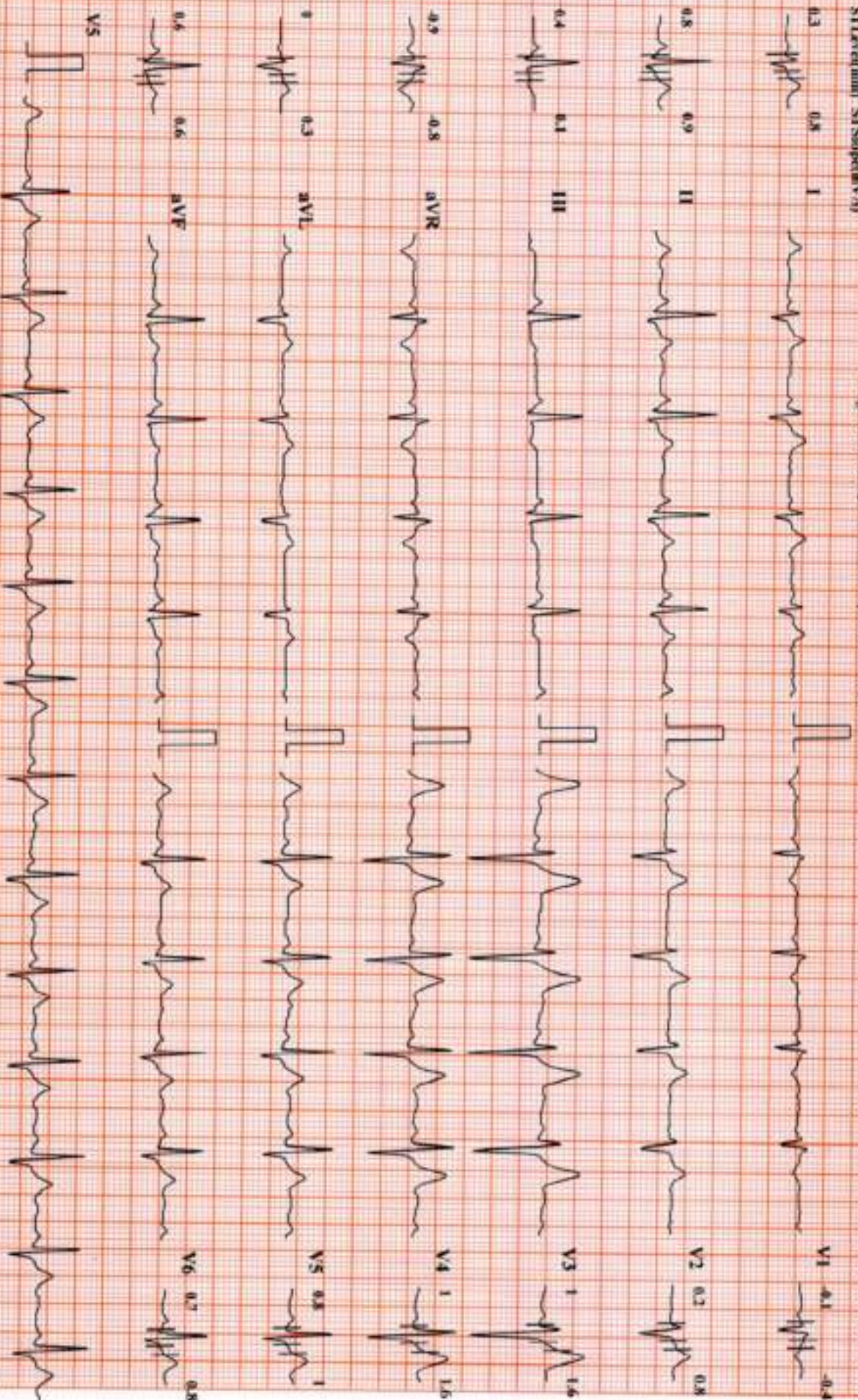


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

80 + R = 60 ms, J = R + 60 ms, P+T J = 3 + 80 ms

Schiller Cardioport Co-3D Version: 3.4







**CID** : 2404716426  
**Name** : Mr KIRAN SABADU SHASHI  
**Age / Sex** : 34 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Borivali West

**Reg. Date** : 16-Feb-2024  
**Reported** : 16-Feb-2024/10:09

## **USG WHOLE ABDOMEN**

**LIVER:** Liver is normal in size 10.9 cm, with mild generalized increase in parenchymal echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

**GALL BLADDER:** Gall bladder is distended and appears normal. No obvious wall thickening is noted. There is no evidence of any calculus.

**PORTAL VEIN:** Portal vein is normal. **CBD:** CBD is normal.

**PANCREAS:** Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

**KIDNEYS:** Right kidney measures 8.3 x 4.2 cm. Left kidney measures 9.2 x 4.2 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

**SPLEEN:** Spleen is normal in size 8 cm, shape and echotexture. No focal lesion is seen.

**URINARY BLADDER:** Urinary bladder is distended and normal. Wall thickness is within normal limits.

**PROSTATE:** Prostate is normal in size and echotexture. Prostate measures 3.0 x 3.0 x 3.2 cm and prostatic weight is 16 gm. No evidence of any obvious focal lesion.

No free fluid or size significant lymphadenopathy is seen.



Use a QR Code Scanner  
Application To Scan the Code

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**Reg. Location** : Borivali West

**Reg. Date** : 16-Feb-2024  
**Reported** : 16-Feb-2024/10:09

**Opinion:**

**Grade I fatty infiltration of liver.**

**For clinical correlation and follow up.**

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification. Please interpret accordingly.

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

**DR.SUDHANSHU SAXENA**  
**Consultant Radiologist**  
**M.B.B.S DMRE (RadioDiagnosis)**  
**RegNo .MMC 2016061376.**





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**Reg. Location** : Borivali West

**Reg. Date** : 16-Feb-2024  
**Reported** : 16-Feb-2024/11:33

**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.**

**Kindly correlate clinically.**

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. X ray is known to have inter-observer variations. Further / follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Please interpret accordingly. In case of any typographical error / spelling error in the report, patient is requested to immediately contact the centre within 7 days post which the center will not be responsible for any rectification.

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

**DR.SUDHANSHU SAXENA**  
**Consultant Radiologist**  
**M.B.B.S DMRE (RadioDiagnosis)**  
**RegNo .MMC 2016061376.**





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