



CID : 2405521271  
Name : MR.ASHISH ASHOK PAULEKAR  
Age / Gender : 35 Years / Male  
Consulting Dr. : -  
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 24-Feb-2024 / 08:33  
Reported : 24-Feb-2024 / 12:10

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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	15.8	13.0-17.0 g/dL	Spectrophotometric
RBC	5.33	4.5-5.5 mil/cmm	Elect. Impedance
PCV	48.7	40-50 %	Measured
MCV	91.4	80-100 fl	Calculated
MCH	29.7	27-32 pg	Calculated
MCHC	32.5	31.5-34.5 g/dL	Calculated
RDW	13.6	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	5880	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	<b>48.0</b>	20-40 %	
Absolute Lymphocytes	2822.4	1000-3000 /cmm	Calculated
Monocytes	7.0	2-10 %	
Absolute Monocytes	411.6	200-1000 /cmm	Calculated
Neutrophils	41.6	40-80 %	
Absolute Neutrophils	2446.1	2000-7000 /cmm	Calculated
Eosinophils	3.1	1-6 %	
Absolute Eosinophils	182.3	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	<b>17.6</b>	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	271000	150000-400000 /cmm	Elect. Impedance
MPV	8.2	6-11 fl	Calculated
PDW	<b>10.1</b>	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		



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Macrocytosis -  
Anisocytosis -  
Poikilocytosis -  
Polychromasia -  
Target Cells -  
Basophilic Stippling -  
Normoblasts -  
Others Normocytic, Normochromic  
WBC MORPHOLOGY -  
PLATELET MORPHOLOGY -  
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 5 2-15 mm at 1 hr. Sedimentation

**Clinical Significance:** The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

**Interpretation:**

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

**Limitations:**

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

**Reflex Test:** C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

**Reference:**

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

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

**Dr. IMRAN MUJAWAR**  
**M.D ( Path )**  
**Pathologist**



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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	90.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	81.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.47	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.20	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.27	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	46.5	<34 U/L	Modified IFCC
SGPT (ALT), Serum	63.3	10-49 U/L	Modified IFCC
GAMMA GT, Serum	29.2	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	68.6	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	21.4	19.29-49.28 mg/dl	Calculated
BUN, Serum	10.0	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.80	0.73-1.18 mg/dl	Enzymatic

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



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eGFR, Serum	118	(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	5.8	3.7-9.2 mg/dl	Uricase/ Peroxidase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*

*J. Mujawar*

**Dr.IMRAN MUJAWAR**  
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Pathologist



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**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	5.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	105.4	mg/dl	Calculated

**Intended use:**

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

**Clinical Significance:**

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

**Test Interpretation:**

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

**Factors affecting HbA1c results:**

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

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

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

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

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Collected : 24-Feb-2024 / 08:33  
Reported : 24-Feb-2024 / 14:08

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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	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	-

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

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

*J. Mujawar*

**Dr.IMRAN MUJAWAR**  
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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)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	40	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Trace	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	0-1	0-5/hpf	
Red Blood Cells / hpf	Occasional	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	1-2	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 G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*

*Vandana Kulkarni*

**Dr.VANDANA KULKARNI**  
**M.D ( Path )**  
**Pathologist**



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

<b><u>PARAMETER</u></b>	<b><u>RESULTS</u></b>
ABO GROUP	A
Rh TYPING	Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

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 G B Road Lab, Thane West

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

**Dr.IMRAN MUJAWAR**  
**M.D ( Path )**  
**Pathologist**





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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	179.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	139.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	30.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	149.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	121.7	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	27.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.0	0-3.5 Ratio	Calculated

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	5.1	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.9	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.01	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 transiently altered because 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 \*\*\*

*J. Mujawar*

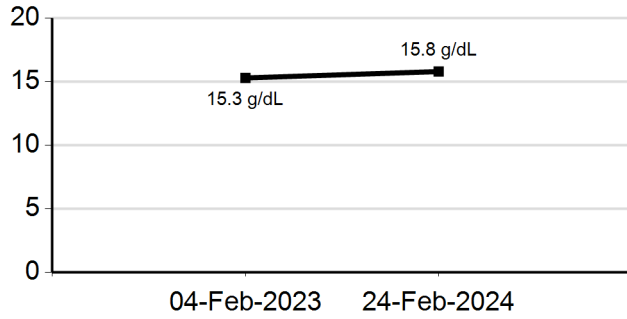
**Dr.IMRAN MUJAWAR**  
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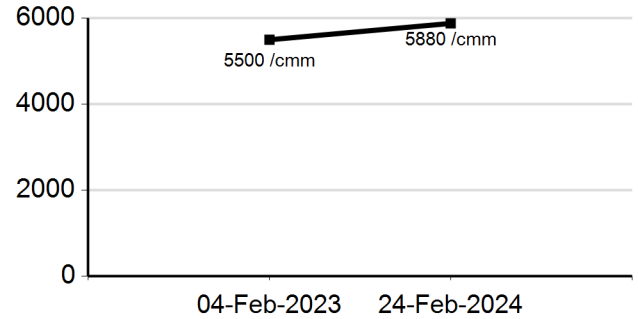
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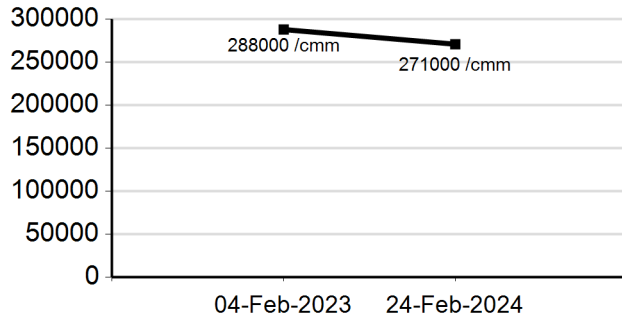
**Haemoglobin**



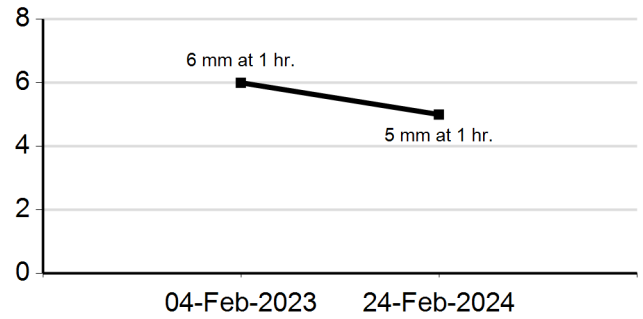
**WBC Total Count**



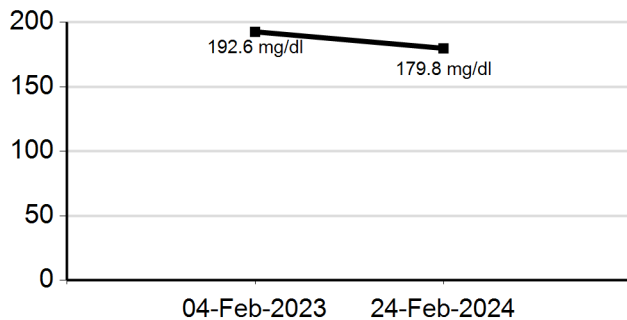
**Platelet Count**



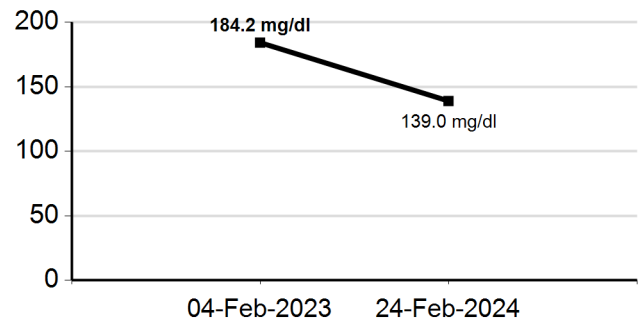
**ESR**



**CHOLESTEROL**



**TRIGLYCERIDES**

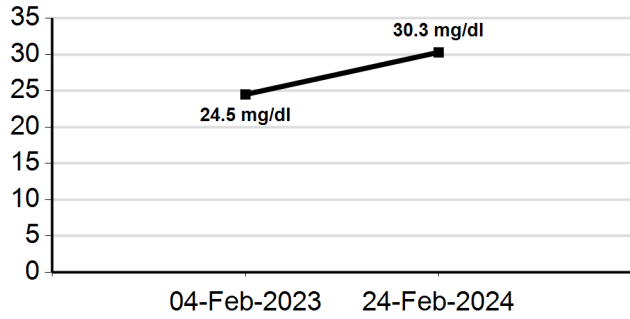




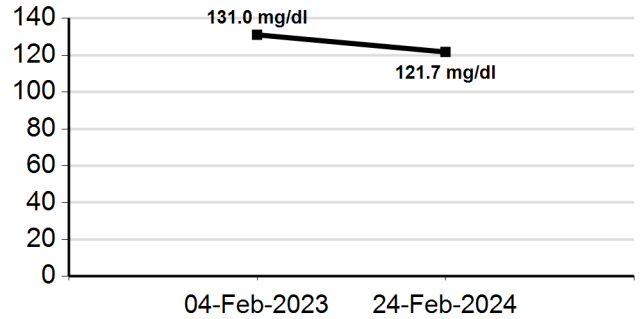
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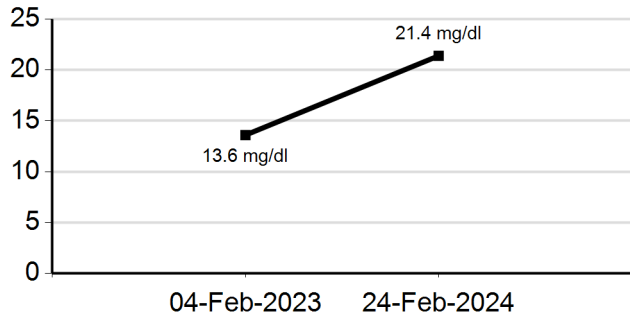
**HDL CHOLESTEROL**



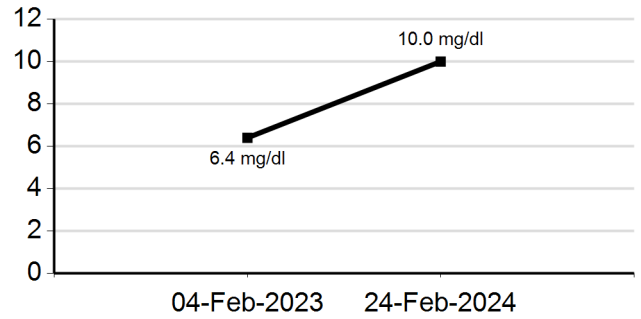
**LDL CHOLESTEROL**



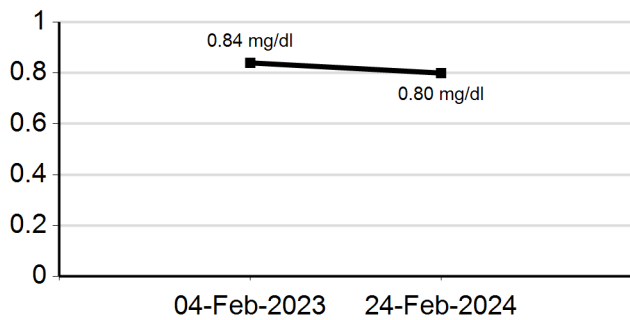
**BLOOD UREA**



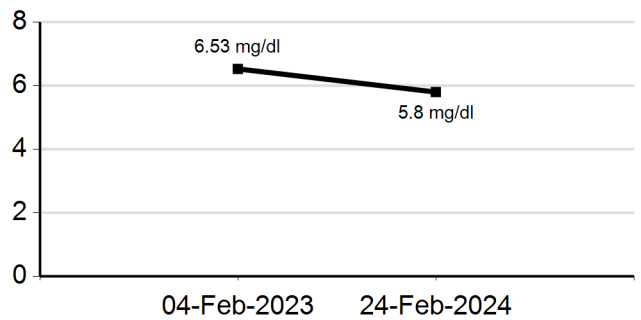
**BUN**



**CREATININE**



**URIC ACID**

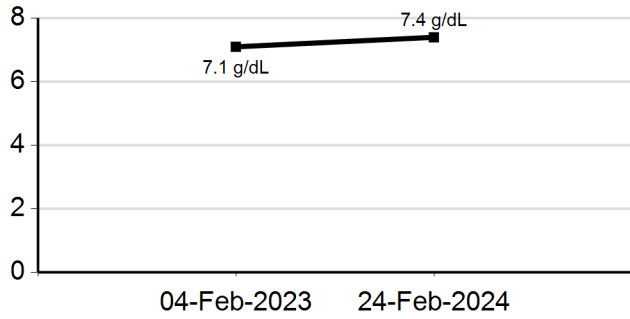




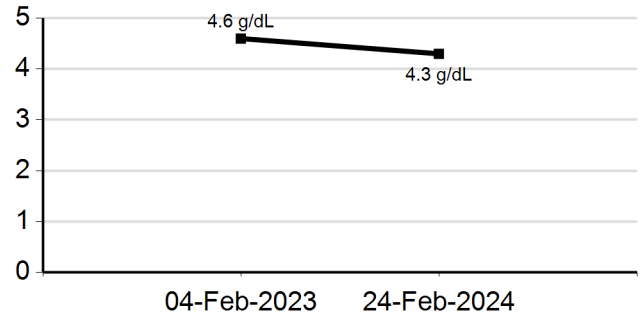
Use a QR Code Scanner  
 Application To Scan the Code

**CID** : 2405521271  
**Name** : MR.ASHISH ASHOK PAULEKAR  
**Age / Gender** : 35 Years / Male  
**Consulting Dr.** : -  
**Reg. Location** : Thane Kasarvadavali (Main Centre)

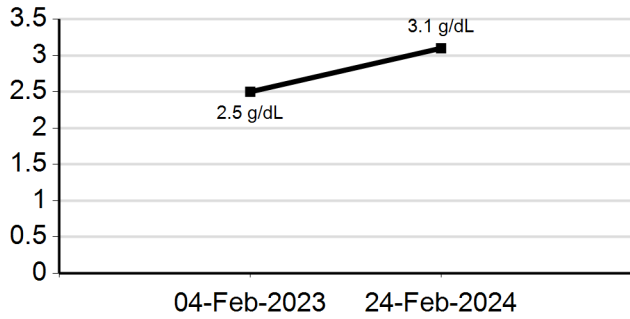
**TOTAL PROTEINS**



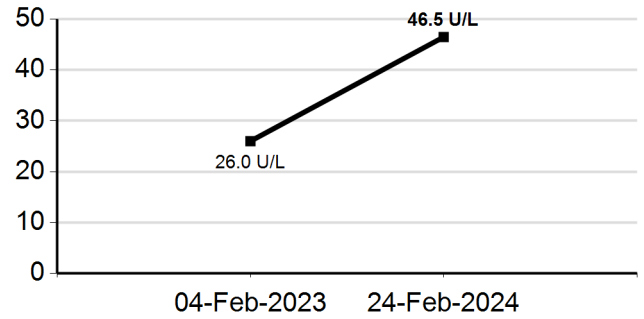
**ALBUMIN**



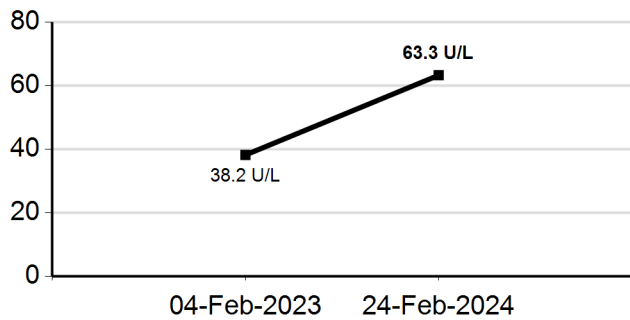
**GLOBULIN**



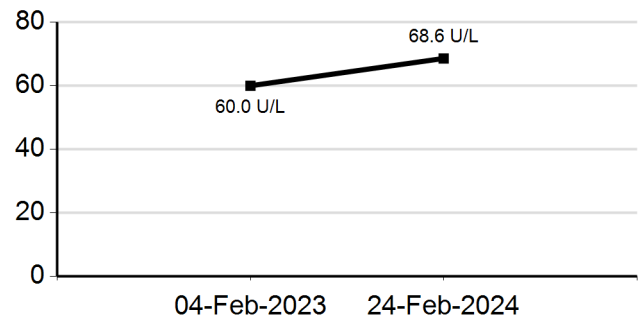
**SGOT (AST)**



**SGPT (ALT)**



**ALKALINE PHOSPHATASE**

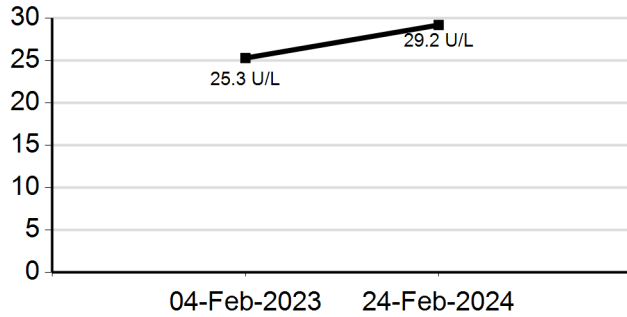




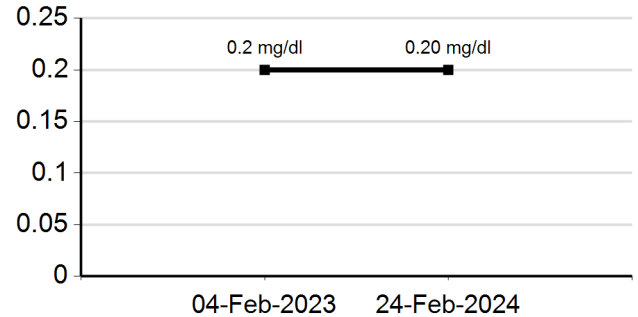
Use a QR Code Scanner  
 Application To Scan the Code

**CID** : 2405521271  
**Name** : MR.ASHISH ASHOK PAULEKAR  
**Age / Gender** : 35 Years / Male  
**Consulting Dr.** : -  
**Reg. Location** : Thane Kasarvadavali (Main Centre)

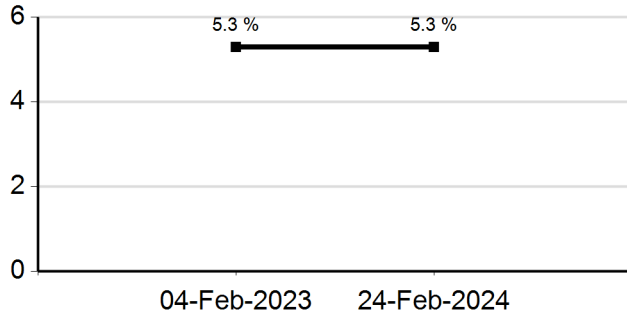
**GAMMA GT**



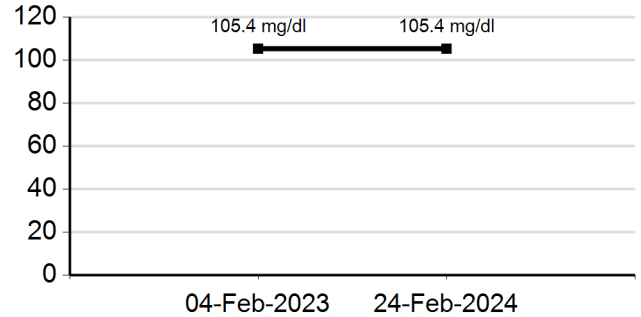
**BILIRUBIN (DIRECT)**



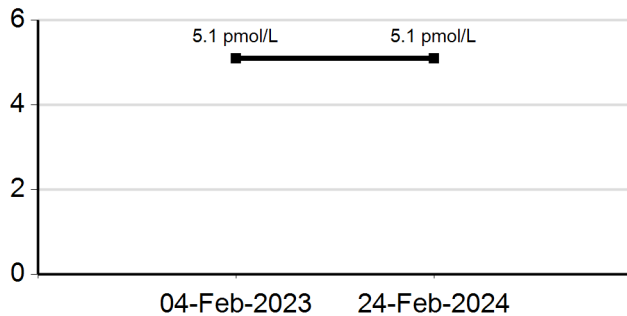
**Glycosylated Hemoglobin (HbA1c)**



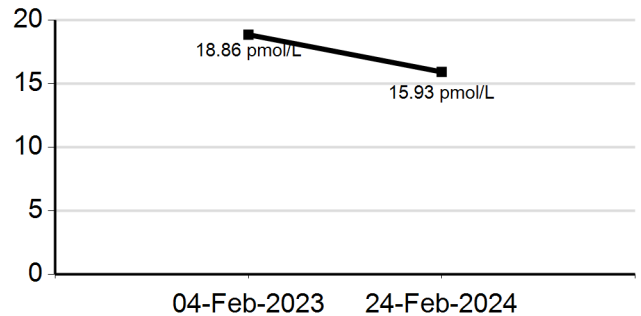
**Estimated Average Glucose (eAG)**



**Free T3**



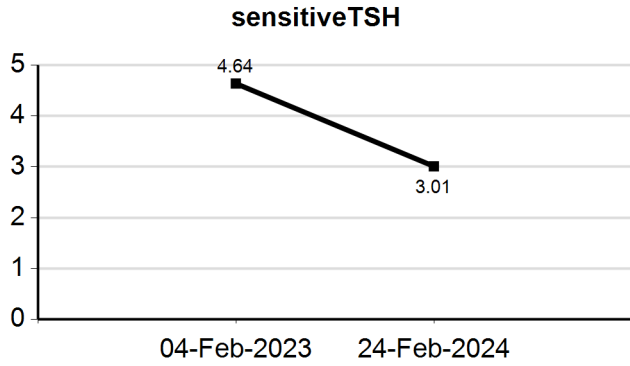
**Free T4**





Use a QR Code Scanner  
Application To Scan the Code

CID : 2405521271  
Name : MR.ASHISH ASHOK PAULEKAR  
Age / Gender : 35 Years / Male  
Consulting Dr. : -  
Reg. Location : Thane Kasarvadavali (Main Centre)





Issue Date: 02/04/2012



भारत सरकार  
Government of India

आशिश आशोक पौलेकार  
Ashish Ashok Paulekar  
पुरुष लिंग / DOB: 11/08/1988  
पुरुष / MALE

6839 5734 5269  
सेरा आधार, सेरी पहचान



**PHYSICAL EXAMINATION REPORT**

Patient Name	Mr. Ashish Paulekar	Sex/Age	Male / 35 yrs
Date	24.02.24	Location	KASARVADAVALI

**History and Complaints**

Nil

**EXAMINATION FINDINGS:**

Height	163 cm	Temp (0c):	Normal
Weight	65 kg	Skin:	Normal
Blood Pressure	110/80	Nails:	Normal
Pulse	52/m	Lymph Node:	Normal

**Systems :**

Cardiovascular:	Normal
Respiratory:	Normal
Genitourinary:	Normal
GI System:	Normal
CNS:	Normal

**Impression:**

1) Fatty liver 2) SGOT ↑ SGPT ↑ 3) Dyslipidemia

**ADVICE :**

TO KEEP LOW FAT DIET & TO MONITOR LIPID PROFILE AND FOLLOW UP WITH FAMILY PHYSICIAN

**CHIEF COMPLAINTS :**

*As above*

**DR. ANAND N. MOTWANI**  
M.D. (GENERAL MEDICINE)  
Reg. No. 39329 (M.M.C)



1)	Hypertension:	No
2)	IHD	No
3)	Arrhythmia	No
4)	Diabetes Mellitus	No
5)	Tuberculosis	No
6)	Asthma	No
7)	Pulmonary Disease	No
8)	Thyroid/ Endocrine disorders	No
9)	Nervous disorders	No
10)	GI system	No Except H/O Acidity
11)	Genital urinary disorder	No
12)	Rheumatic joint diseases or symptom	No
13)	Blood disease or disorder	No
14)	Cancer/lump growth/cyst	No
15)	Congenital disease	No
16)	Surgeries	No

**PERSONAL HISTORY:**

1)	Alcohol	No
2)	Smoking	No
3)	Diet	Veg.
4)	Medication	At Nil

Date: 24.02.24

CID: 2405521271

Name: Mr. Ashish Pawlekar

Sex/Age: male/35ys

**EYE CHECK UP**

Chief complaints: Nil

Systematic Diseases: Nil

Past History: Nil

Unaided Vision: Rt - 6/6, NG  
Lt - 6/6, NG

Aided Vision: -

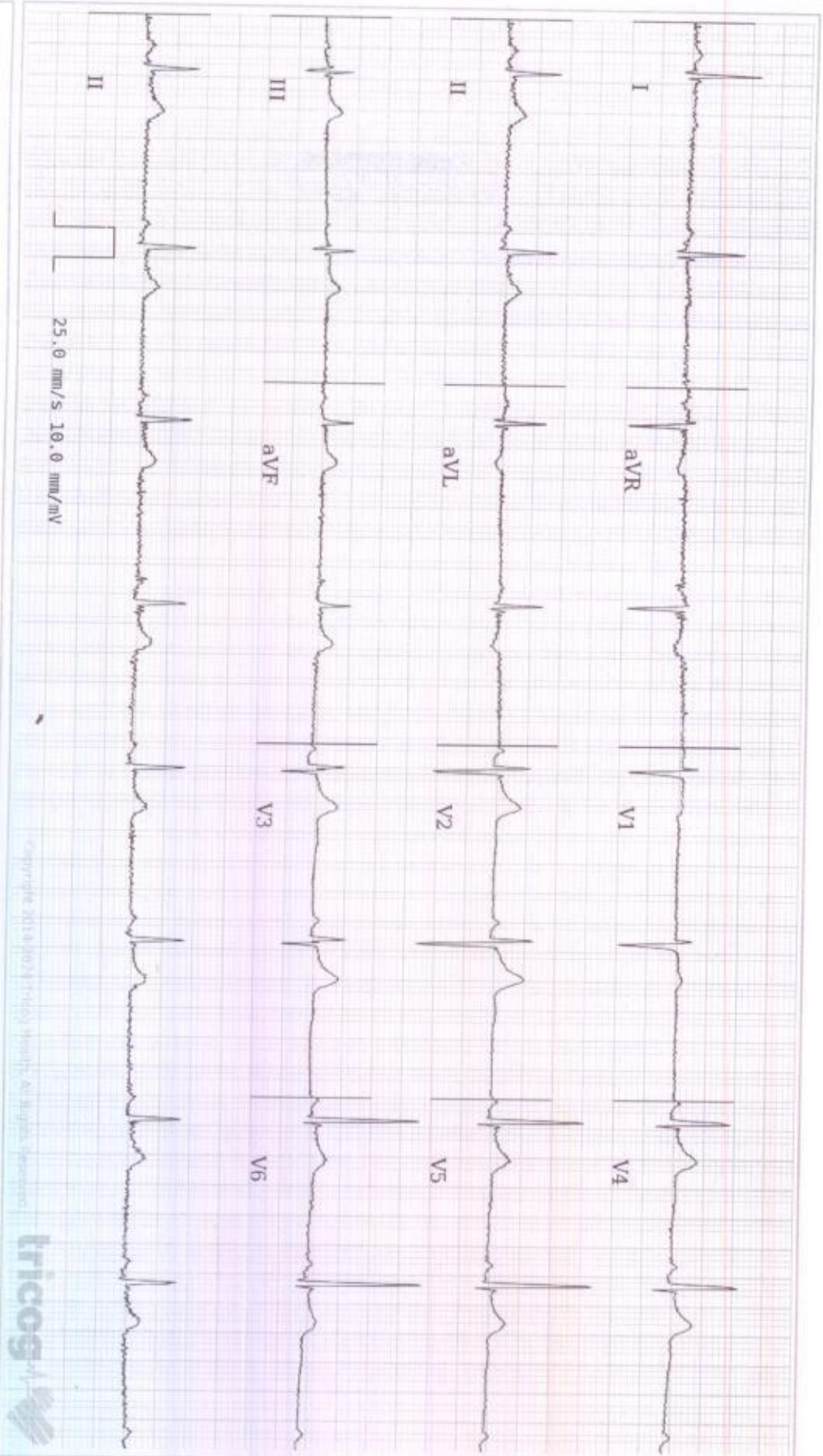
Refraction: -

Colour Vision: Normal

Remarks: -

Patient Name: **ASHISH ASHOK PAULEKAR**  
Patient ID: **2405521271**

Date and Time: **24th Feb 24 9:13 AM**



Age **35** NA NA  
years months days

Gender **Male**

Heart Rate **52bpm**

Patient Vitals

BP: **110/80 mmHg**

Weight: **65 kg**

Height: **163 cm**

Pulse: **NA**

SpO2: **NA**

Resp: **NA**

Others:

**Measurements**

QRSD: **78ms**

QT: **398ms**

QTcB: **370ms**

PR: **142ms**

P-R-T: **31° 31° 71°**

ECG Within Normal Limits: Sinus Bradycardia, Nonspecific T wave changes in lead aVL, Otherwise. Please correlate clinically.

REPORTED BY

*Aravind*

Dr. Aravind N. Mohanani  
M.D. (General Medicine)  
Reg. No. 39329 M.M.C

Disclaimer: 1) Analysis on this report is based on ECGs above and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Inherent risks are associated by the clinician and not derived from the ECG.



# SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

**Patient Details**                      **Date:** 24-Feb-24                      **Time:** 10:59:46 AM  
**Name:** MR. ASHISH PAULEKAR ID: 2405521271  
**Age:** 35 y                      **Sex:** M                      **Height:** 163 cms                      **Weight:** 65 Kgs  
**Clinical History:** NIL

**Medications:** NIL

## Test Details

**Protocol:** Bruce                      **Pr.MHR:** 185 bpm                      **THR:** 157 (85 % of Pr.MHR) bpm  
**Total Exec. Time:** 6 m 43 s                      **Max. HR:** 162 ( 88% of Pr.MHR )bpm                      **Max. Mets:** 10.20  
**Max. BP:** 150 / 80 mmHg                      **Max. BP x HR:** 24300 mmHg/min                      **Min. BP x HR:** 4800 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	0 : 24	1.0	0	0	61	110 / 80	-1.06 aVR	1.77 II
Standing	0 : 13	1.0	0	0	61	110 / 80	-0.21 aVR	1.06 I
Hyperventilation	0 : 10	1.0	0	0	60	110 / 80	-0.21 aVR	0.71 I
1	3 : 0	4.6	1.7	10	102	120 / 80	-5.73 aVL	4.95 aVR
2	3 : 0	7.0	2.5	12	141	140 / 80	-1.70 V1	3.18 V6
Peak Ex	0 : 43	10.2	3.4	14	162	150 / 80	-1.06 V6	2.83 V4
Recovery(1)	1 : 0	1.8	1	0	107	150 / 80	-1.06 V6	3.18 V3
Recovery(2)	1 : 0	1.0	0	0	79	150 / 80	-0.64 aVR	2.83 V3
Recovery(3)	1 : 0	1.0	0	0	71	140 / 80	-0.21 I	1.42 V4
Recovery(4)	0 : 10	1.0	0	0	75	130 / 80	-0.21 aVR	0.71 I

## Interpretation

FAIR EFFORT TOLERANCE  
 NORMAL HEART RATE AND BP RESPONSE  
 NO ARRHYTHMIAS NO ANGINAL OR ANGINAL EQUIVALENT SYMPTOMS  
 NO SIGNIFICANT ST-T CHANGES FROM BASELINE SEEN DURING THE TEST

## IMPRESSION

STRESS TEST IS NEGATIVE FOR STRESS INDUCIBLE MYOCARDIAL ISCHAEMIA

**DISCLAIMER:** Negative stress test does not rule out coronary artery disease and positive stress test is suggestive but not confirmatory of coronary artery disease. Hence clinical co-relation is mandatory.

  
**DR. ANAND N. MOTWANI**  
 M.D. (GENERAL MEDICINE)  
 Reg. No. 38329 (M.M.C)



Ref. Doctor: CORPORATE  
 ( Summary Report edited by user )

**Doctor: Dr. Anand Motwani**  
 (c) Schiller Healthcare India Pvt. Ltd. V 4.7



MR. ASHISH PAULEKAR (35 M)

Protocol: Bruce

ID: 2405521271

Stage: Supine

Date: 24-Feb-24

Speed: 0 mph

Exec Time : 0 m 0 s

Grade: 0 %

Stage Time: 0 m 18 s

(THR: 157 bpm)

HR: 59 bpm

B.P: 110/80

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

0.4 1.1

0.2 0.0

0.2 0.4

0.4 0.0

0.0 -0.7

1.1 0.4

-0.2 -0.7

0.6 0.0

0.2 0.7

0.6 0.0

0.0 0.0

0.6 0.0

Chart Speed: 25 mm/sec  
Schuler Standen V4.7

Filter: 35 Hz

Mains Filtr: ON

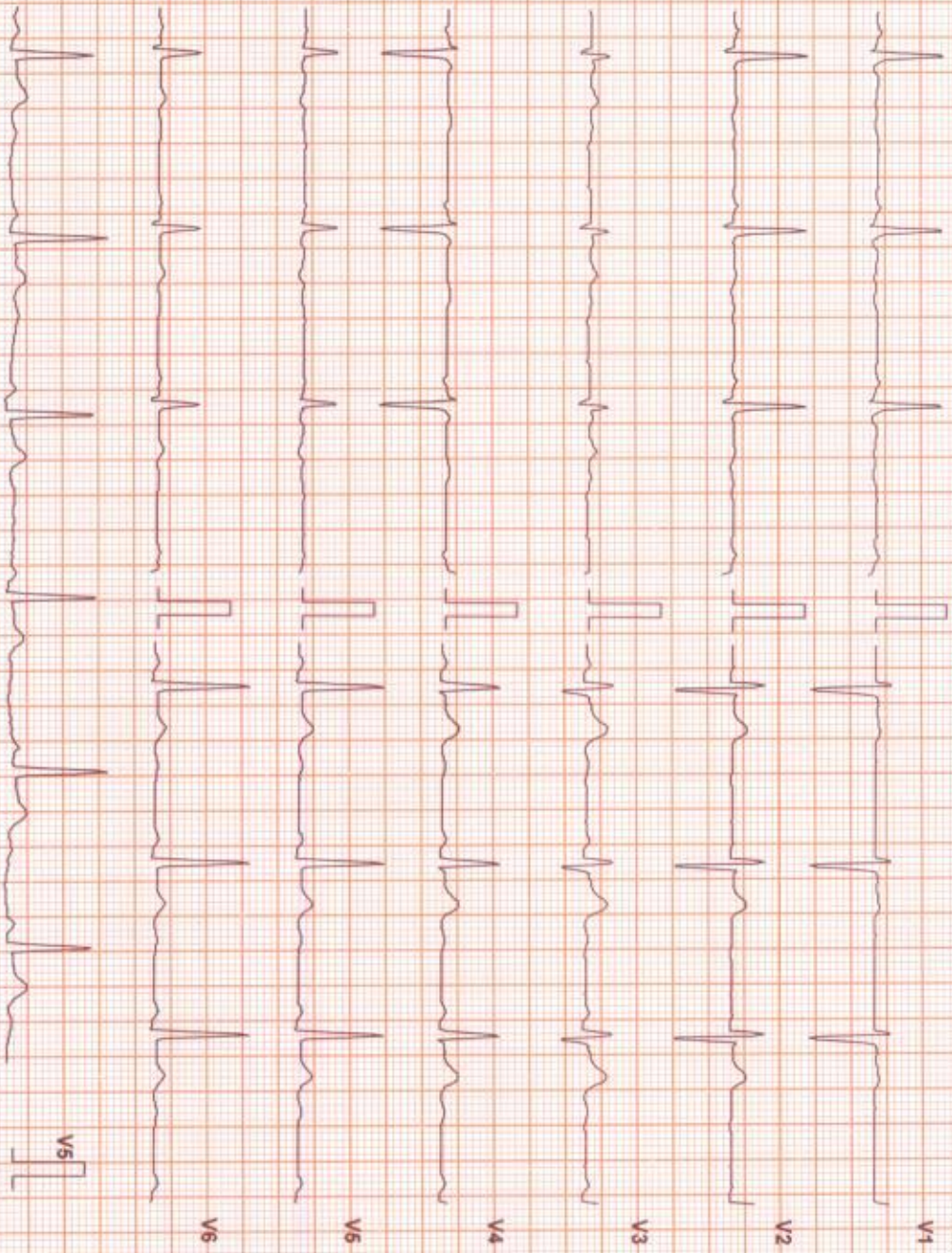
Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median





MR. ASHISH PAULEKAR (35 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

ID: 2405521271

Date: 24-Feb-24

Exec Time : 0 m 0 s

Stage Time : 0 m 7 s

HR: 61 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 157 bpm)

B.P: 110 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

0.0 0.7

V1

0.2 0.0

V2

0.2 0.0

V3

0.2 0.0

V4

0.2 0.0

V5

0.2 0.0

V6

0.2 0.0

aVR

0.0 0.7

aVL

0.0 0.0

aVF



Chart Speed: 25 mm/sec  
Schlier Standard V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

50 ± R - 50 ms

J = R \* 50 ms

Post J = J \* 50 ms

Linked Median





MR. ASHISH PAULEKAR (35 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

ID: 2405521271

Date: 24-Feb-24

Exec Time : 0 m 0 s

Stage Time : 0 m 4 s

HR: 62 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 157 bpm)

B.P: 110 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

0.6 0.7

I



V1

0.0 -0.4

0.4 0.0

II



V2

0.4 0.0

0.0 -0.7

III



V3

0.6 0.4

-0.4 -0.4

aVR



V4

0.6 0.0

0.4 0.7

aVL



V5

0.4 0.0

0.0 0.0

aVF



V6

0.4 0.0



V5

Chart Speed: 25 mm/sec  
Schlifer Spandan V 4.7

Filter: 35 Hz

Maine Fil: ON

Amp: 10 mm

150 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MR. ASHISH PAULEKAR (35 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2405521271

Date: 24-Feb-24

Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 109 bpm

Stage: 1

Speed: 1.7 mph

Grade: 10%

(THR: 157 bpm)

B.P: 120/80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

-0.2 -0.4



-0.5 -0.4

-0.2 -0.7



0.0 -0.4

0.0 -0.4



0.6 -0.4

0.2 -0.4



0.8 -1.1

0.2 -0.4



0.6 -1.1

0.2 -0.4



0.6 -1.1

0.2 -0.4



0.6 -1.1

0.2 -0.4



0.6 -1.1

0.2 -0.4



0.6 -1.1

0.2 -0.4



0.6 -1.1

0.2 -0.4



0.6 -1.1

0.2 -0.4



0.6 -1.1

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schuler Spindel V 47

Linked Median



MR. ASHISH PAULEKAR (35 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

ID: 2405521271

Date: 24-Feb-24

Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 130 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 157 bpm)

B.P: 140 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

0.4 1.1



0.4 0.0

0.2 1.4



0.2 0.4

-0.2 0.0



0.8 1.8

-0.2 -1.1



0.6 2.1

0.0 0.0



0.6 2.5

0.0 0.7



0.6 2.1

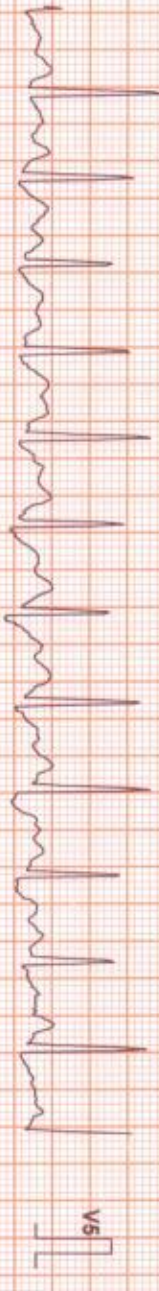


Chart Speed: 25 mm/sec  
Schiller Spandax V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 80 ms

J = R \* 80 ms

Post J = J \* 60 ms

Linked Median



MR. ASHISH PAULEKAR (35 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2405521271

Date: 24-Feb-24

Exec Time : 6 m 37 s Stage Time : 0 m 37 s

HR: 165 bpm

ST Level (mm) ST Slope (mV/s)

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 157 bpm)

B.P: 150 / 80

ST Level (mm) ST Slope (mV/s)

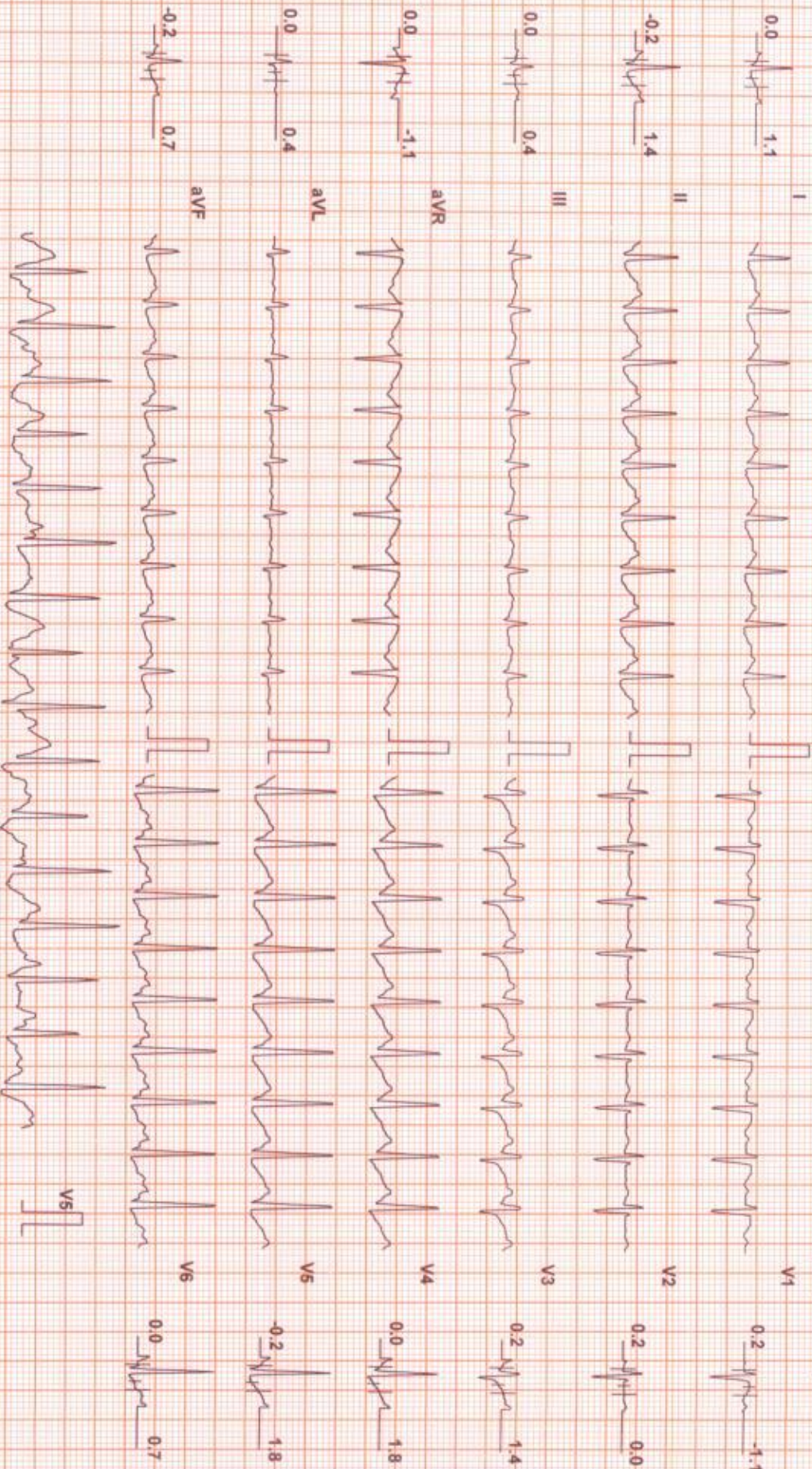


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

50 + R - 60 ms

J - R + 60 ms

Post J - J + 60 ms

Schiller Spandian V 4.7

Linked Median



MR. ASHISH PAULEKAR (35 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2405621271

Date: 24-Feb-24

Exec Time : 6 m 43 s Stage Time : 0 m 54 s HR: 95 bpm

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 157 bpm)

B.P. 150/80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

0.4 1.4

0.4 0.4

0.6 1.8

1.1 1.1

0.0 0.0

2.1 2.5

-0.4 -1.8

1.5 2.5

0.0 0.4

1.1 2.1

0.2 0.7

1.1 2.1

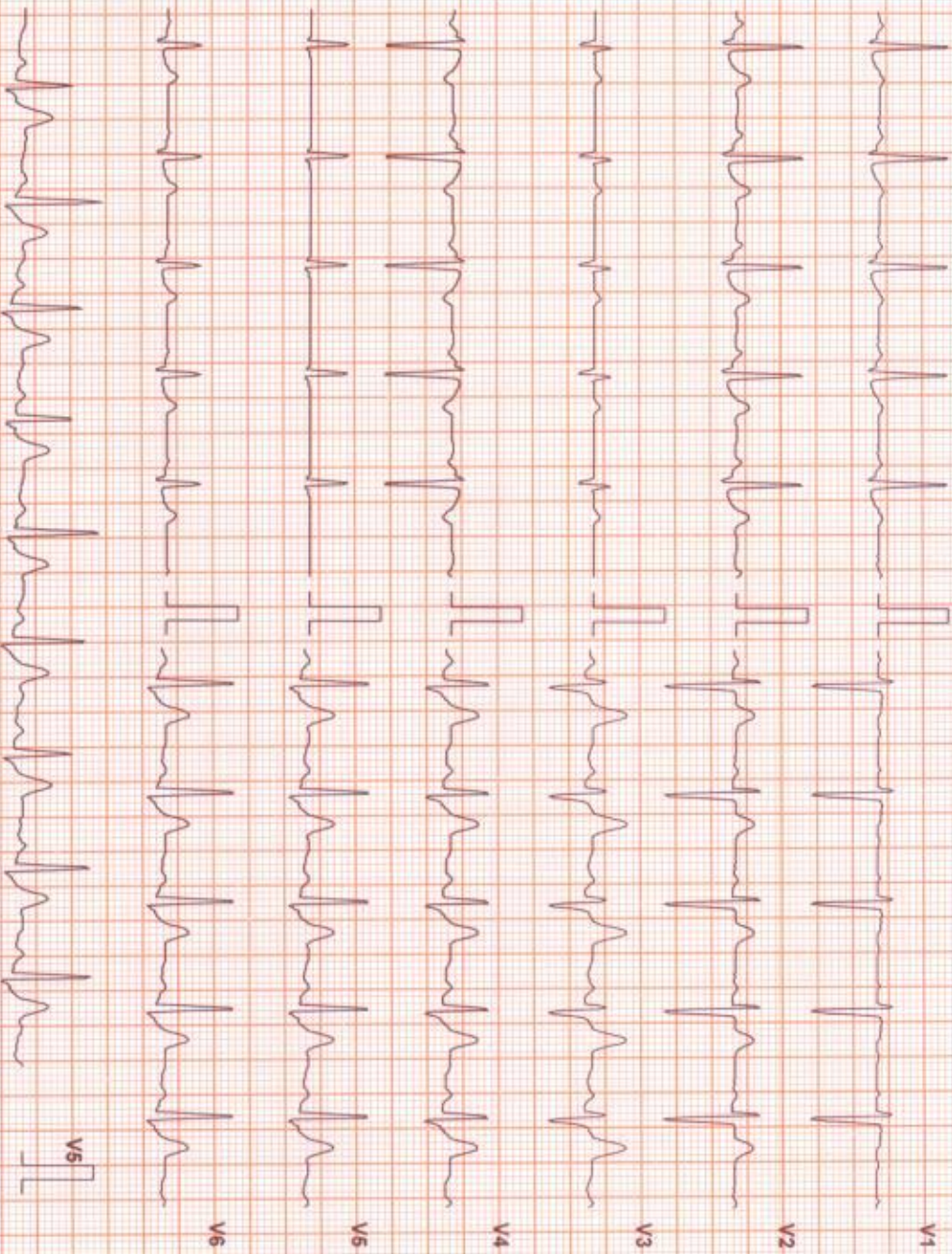


Chart Speed: 25 mm/sec  
Schlier: Spandah V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R = 60 ms

J = R = 60 ms

Post J = J + 60 ms

Linked Median



MR ASHISH PAULEKAR (35 M)

ID: 2405521271

Date: 24-Feb-24

Exec Time : 6 m 43 s Stage Time : 0 m 54 s HR: 72 bpm

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 157 bpm)

B.P: 150/80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

0.0 0.7

0.4 0.4

0.0 1.1

0.6 0.4

0.0 0.0

0.6 0.4

0.0 -0.7

0.6 1.4

0.0 0.4

0.4 1.1

0.0 0.4

0.4 1.4

0.0 0.4

0.4 1.4

0.0 0.4

0.4 1.4

Chart Speed: 25 mm/sec  
Schiller Spandani V4.7

Filter: 35 Hz

Mains Filtr: ON

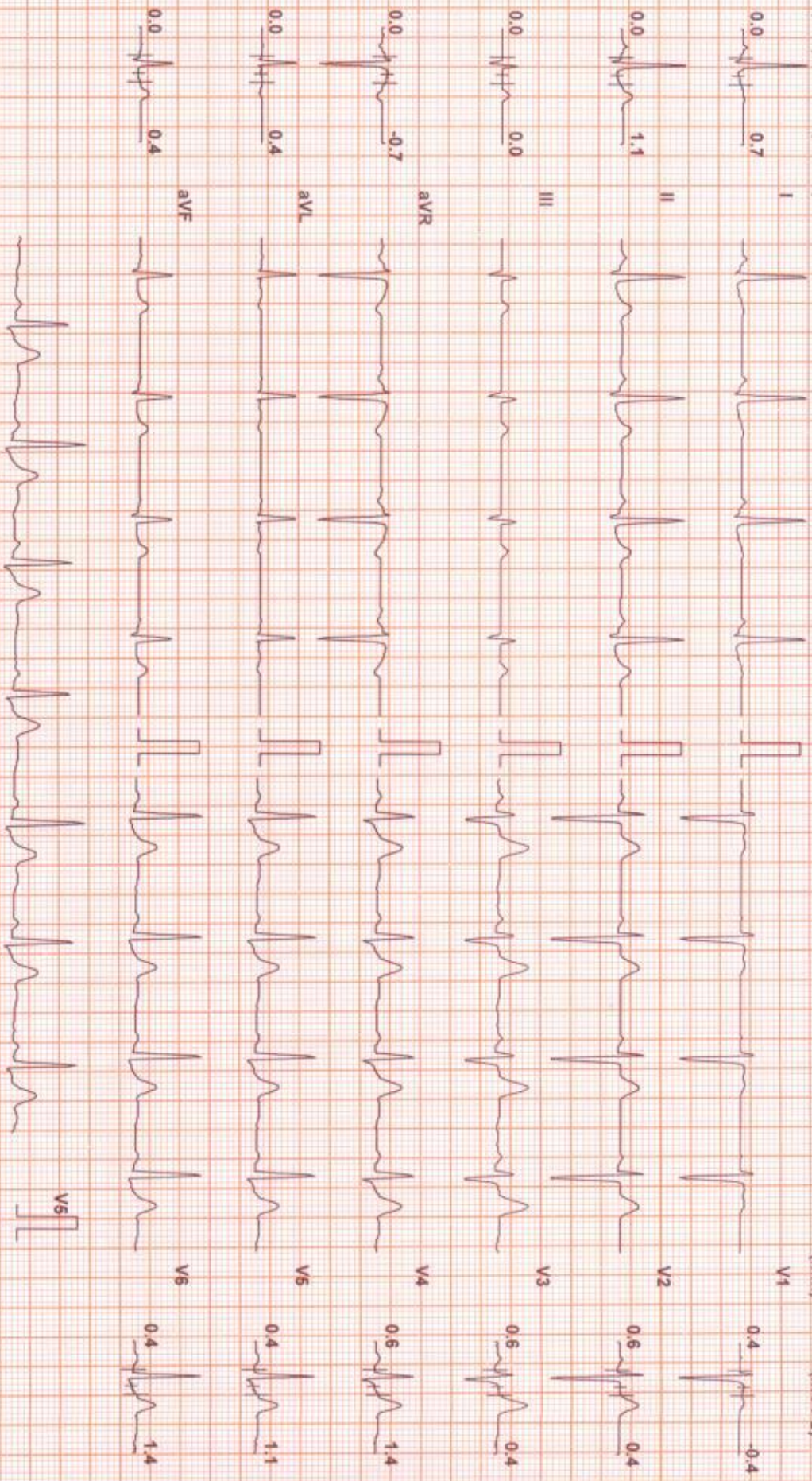
Amp: 10 mm

150 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median





MR. ASHISH PAULEKAR (35 M)

Protocol: Bruce

ID: 2405521271

Date: 24-Feb-24

Exec Time : 6 m 43 s Stage Time : 0 m 54 s HR: 77 bpm

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 157 bpm)

B.P: 140 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

0.0 0.4

0.4 0.4

0.0 0.4

0.6 0.4

0.0 0.0

0.6 0.0

0.0 -0.4

0.6 0.7

0.0 0.0

0.4 0.4

0.0 0.0

0.4 0.7

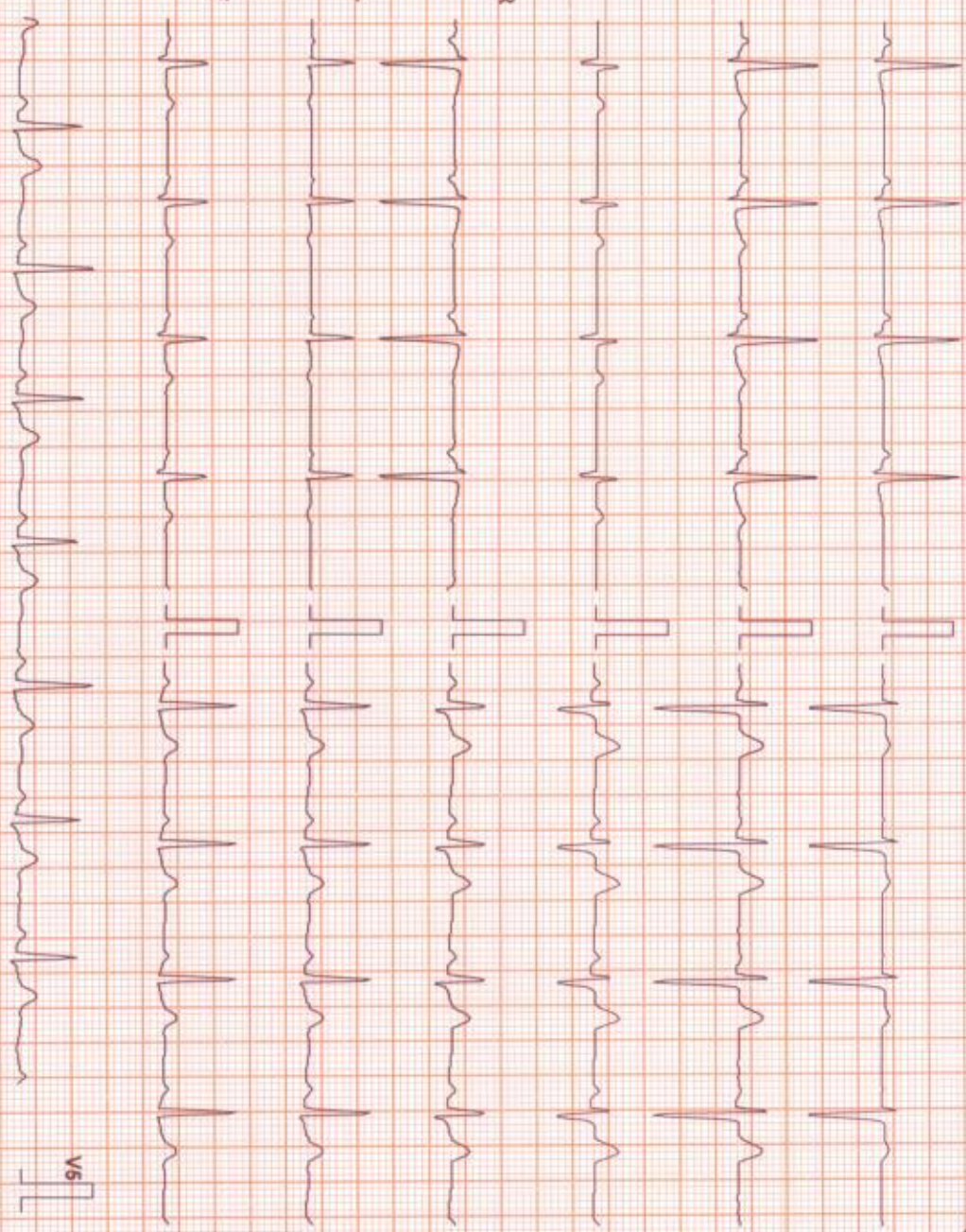


Chart Speed: 25 mm/sec  
Schiller Spandah V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MR. ASHISH PAULEKAR (35 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2405521271

Date: 24-Feb-24

Exec Time : 6 m 43 s Stage Time : 0 m 54 s HR: 77 bpm

Stage: Recovery(4)

Speed: 0 mph

Grade: 0 %

(THR: 157 bpm)

B.P: 140 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

0.0 0.4

0.4 0.4

0.0 0.4

0.4 0.4

0.0 0.4

0.6 0.4

0.0 0.0

0.6 0.0

0.0 -0.4

0.6 0.7

0.0 0.0

0.4 0.4

0.0 0.0

0.4 0.7



Chart Speed: 25 mm/sec  
Schiller Spandau V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R + 60 ms

J = R + 60 ms

Post J = J + 50 ms

Linked Median





Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2405521271  
**Name** : Mr ASHISH ASHOK PAULEKAR  
**Age / Sex** : 35 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Thane Kasarvadavali Main Centre

**Reg. Date** : 24-Feb-2024  
**Reported** : 24-Feb-2024 / 10:00

**USG ABDOMEN AND PELVIS**

**LIVER:** Liver is normal in size and shows mild fatty infiltrations. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

**GALL BLADDER:** Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

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

**PANCREAS:** Visualised pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

**KIDNEYS:** Right kidney measures 10.0 x 4.3 cm. Left kidney measures 10.6 x 5.1 cm. Both kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

**SPLEEN:** Spleen is normal in size, 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, normal echotexture and measures 2.7 x 3.8 x 3.2 cm in dimension and 18.0 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

**IMPRESSION:**  
**MILD FATTY LIVER.**

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.

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

*G. R. Fartade*

**Dr. GAURAV FARTADE**  
**MBBS, DMRE**  
**Reg No -2014/04/1786**  
**Consultant Radiologist**

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024022408251691>

Page no 1 of 1



CID : 2405521271  
Name : Mr ASHISH ASHOK PAULEKAR  
Age / Sex : 35 Years/Male  
Ref. Dr :  
Reg. Location : Thane Kasarvadavali Main Centre  
Reg. Date : 24-Feb-2024  
Reported : 24-Feb-2024 / 9:57

**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-----

*G. R. Fartade*  
Dr. GAURAV FARTADE  
MBBS, DMRE  
Reg No -2014/04/1786  
Consultant Radiologist

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024022408251706>