

Date:- 9/21/24
 Name:- Prakash Pillai
 CID: 24314200 26
 Sex / Age: M - 41

EYE CHECK UP

Chief complaints: RCU

Systemic Diseases: RCU

Past history: NCD

Unaided Vision: 6/6 2UR/1:6

Aided Vision:

Refraction:

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

Colour Vision: Normal / Abnormal

Remark: Good Vision

MR. PRAKASH KUDVA
 SR. OPTOMETRIST



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CID : 2431420026
Name : MR.PILLAI PRADEEP PANKAJAKSHAN
Age / Gender : 41 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 09-Nov-2024 / 08:26
Reported : 09-Nov-2024 / 12:22

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	15.2	13.0-17.0 g/dL	Spectrophotometric
RBC	5.11	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.1	40-50 %	Measured
MCV	86.3	80-100 fl	Calculated
MCH	29.7	27-32 pg	Calculated
MCHC	34.4	31.5-34.5 g/dL	Calculated
RDW	13.0	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	4880	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	33.8	20-40 %	
Absolute Lymphocytes	1649.4	1000-3000 /cmm	Calculated
Monocytes	10.0	2-10 %	
Absolute Monocytes	488.0	200-1000 /cmm	Calculated
Neutrophils	53.4	40-80 %	
Absolute Neutrophils	2605.9	2000-7000 /cmm	Calculated
Eosinophils	2.8	1-6 %	
Absolute Eosinophils	136.6	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
PLATELET PARAMETERS			
Platelet Count	263000	150000-400000 /cmm	Elect. Impedance
MPV	7.5	6-11 fl	Calculated
PDW	10.4	11-18 %	Calculated
RBC MORPHOLOGY			
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 6 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 ***

J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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Collected : 09-Nov-2024 / 11:53
Reported : 09-Nov-2024 / 14:24

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	90.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	117.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
KIDNEY FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	26.2	19.29-49.28 mg/dl	Calculated
BUN, Serum	12.2	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.96	0.73-1.18 mg/dl	Enzymatic
eGFR, Serum	102	(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 Kidney failure: <15	Calculated

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation

TOTAL PROTEINS, Serum	7.4	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.6	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
URIC ACID, Serum	7.1	3.7-9.2 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	3.9	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	10.3	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	140	136-145 mmol/l	IMT
POTASSIUM, Serum	5.2	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	106	98-107 mmol/l	IMT

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab
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Dr. Vrushi Shroff

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



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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	108.3	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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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
PROSTATE SPECIFIC ANTIGEN (PSA)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
TOTAL PSA, Serum	1.268	<4.0 ng/ml	CLIA

Clinical Significance:

- PSA is detected in the serum of males with normal, benign hyper-plastic, and malignant prostate tissue.
- Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment.
- Prostate cancer screening 4. The percentage of Free PSA (FPSA) in serum is described as being significantly higher in patients with BPH than in patients with prostate cancer. 5. Calculation of % free PSA (ie. FPSA/TPSA x 100), has been suggested as way of improving the differentiation of BPH and Prostate cancer.

Interpretation:

Increased In- Prostate diseases, Cancer, Prostatitis, Benign prostatic hyperplasia, Prostatic ischemia, Acute urinary retention, Manipulations like Prostatic massage, Cystoscopy, Needle biopsy, Transurethral resection, Digital rectal examination, Radiation therapy, Indwelling catheter, Vigorous bicycle exercise, Drugs (e.g., testosterone), Physiologic fluctuations. Also found in small amounts in other cancers (sweat and salivary glands, breast, colon, lung, ovary) and in Skene glands of female urethra and in term placenta, Acute renal failure, Acute myocardial infarction,

Decreased In- Ejaculation within 24-48 hours, Castration, Antiandrogen drugs (e.g., finasteride), Radiation therapy, Prostatectomy, PSA falls 17% in 3 days after lying in hospital, Artfactual (e.g., improper specimen collection; very high PSA levels). Finasteride (5- α -reductase inhibitor) reduces PSA by 50% after 6 months in men without cancer.

Reflex Tests: % FREE PSA , USG Prostate

Limitations:

- tPSA values determined on patient samples by different testing procedures cannot be directly compared with one another and could be the cause of erroneous medical interpretations. If there is a change in the tPSA assay procedure used while monitoring therapy, then the tPSA values obtained upon changing over to the new procedure must be confirmed by parallel measurements with both methods. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels.
- Patients who have been regularly exposed to animals or have received immunotherapy or diagnostic procedures utilizing immunoglobulins or immunoglobulin fragments may produce antibodies, e.g. HAMA, that interferes with immunoassays.
- PSA results should be interpreted in light of the total clinical presentation of the patient, including: symptoms, clinical history, data from additional tests, and other appropriate information.
- Serum PSA concentrations should not be interpreted as absolute evidence for the presence or absence of prostate cancer.

Note : The concentration of PSA in a given specimen, determined with assay from different manufacturers, may not be comparable due to differences in assay methods and reagent specificity.

Reference:

- Wallach's Interpretation of diagnostic tests
- Total PSA Pack insert



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



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Collected : 09-Nov-2024 / 08:26
Reported : 09-Nov-2024 / 14:00

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Transparency	Clear	Clear	-
CHEMICAL EXAMINATION			
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
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			
(WBC)Pus cells / hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3	0-5/hpf	
Hyaline Casts	Absent	Absent	
Pathological cast	Absent	Absent	
Calcium oxalate monohydrate crystals	Absent	Absent	
Calcium oxalate dihydrate crystals	Absent	Absent	
Triple phosphate crystals	Absent	Absent	
Uric acid crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	0-20/hpf	
Yeast	Absent	Absent	
Others	-		



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Collected : 09-Nov-2024 / 08:26
Reported : 09-Nov-2024 / 13:56

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
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.

References:

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

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Reported : 09-Nov-2024 / 17:34

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	310.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	324	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	47.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	262.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	188	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
Note: LDL test is performed by direct measurement			
VLDL CHOLESTEROL, Serum	74.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	6.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.9	0-3.5 Ratio	Calculated

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Shruti
Dr.ANUPA DIXIT
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Consultant Pathologist



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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.6	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.52	0.35-5.5 microIU/ml microU/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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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
LIVER FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	1.73	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.38	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	1.35	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.6	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	31.0	<34 U/L	Modified IFCC
SGPT (ALT), Serum	39.5	10-49 U/L	Modified IFCC
GAMMA GT, Serum	43.9	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	36.3	46-116 U/L	Modified IFCC

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
FUS and KETONES

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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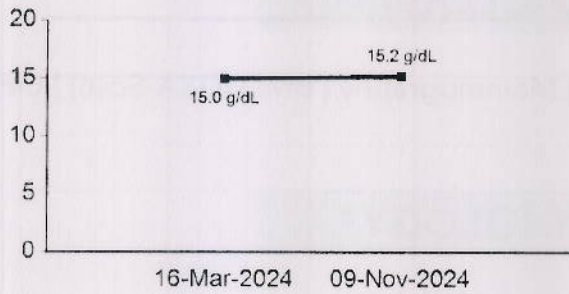
Authenticity Check



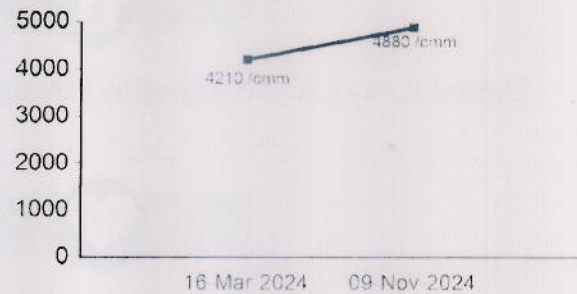
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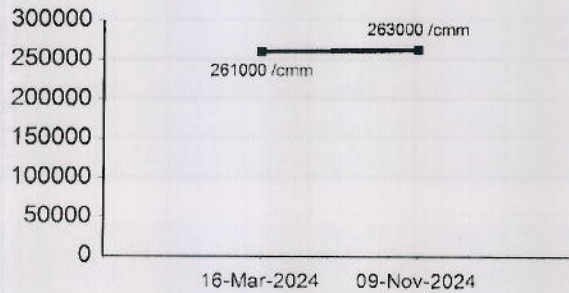
Haemoglobin



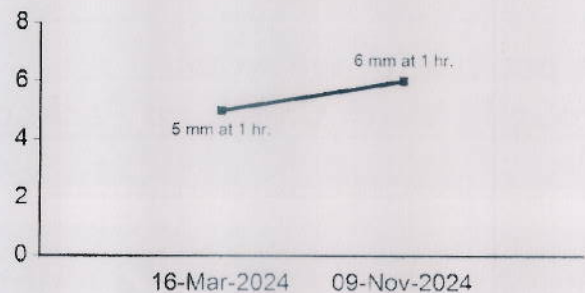
WBC Total Count



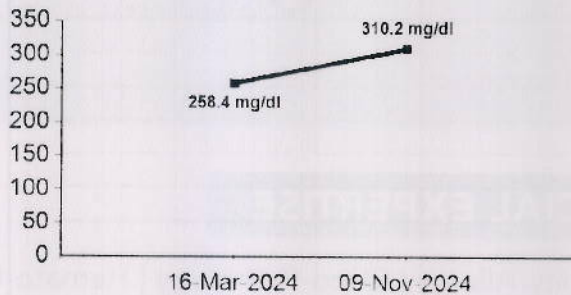
Platelet Count



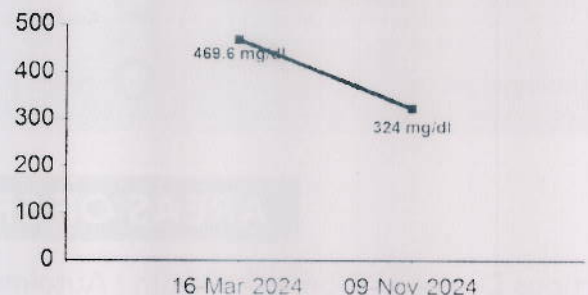
ESR



CHOLESTEROL



TRIGLYCERIDES

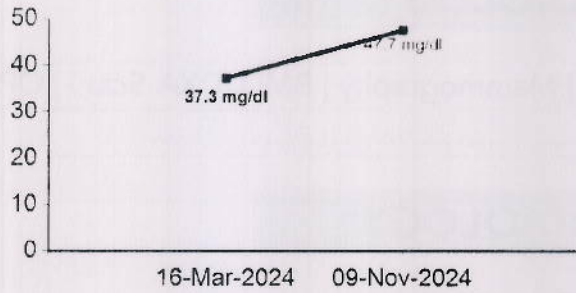




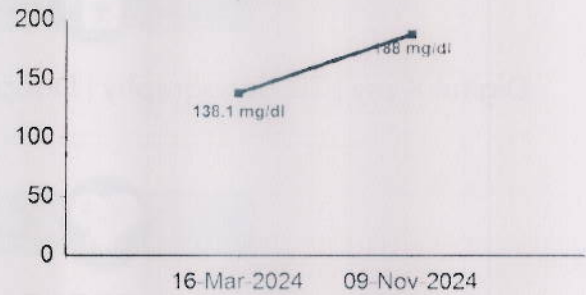
Use a QR Code Scanner Application To Scan the Code

CID : 2431420026
 Name : MR.PILLAI PRADEEP PANKAJAKSHAN
 Age / Gender : 41 Years / Male
 Consulting Dr. : -
 Reg. Location : G B Road, Thane West (Main Centre)

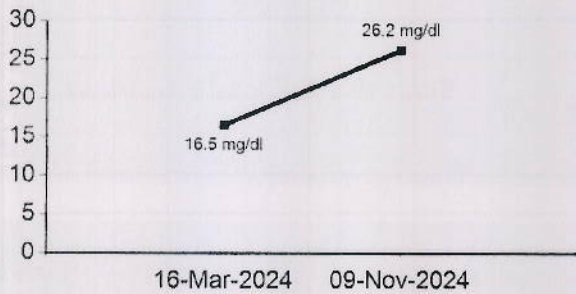
HDL CHOLESTEROL



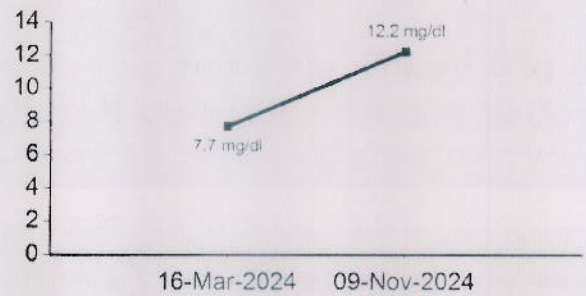
LDL CHOLESTEROL



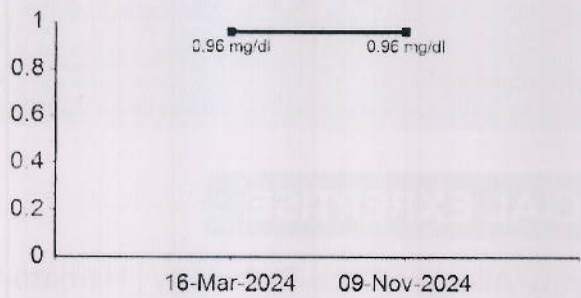
BLOOD UREA



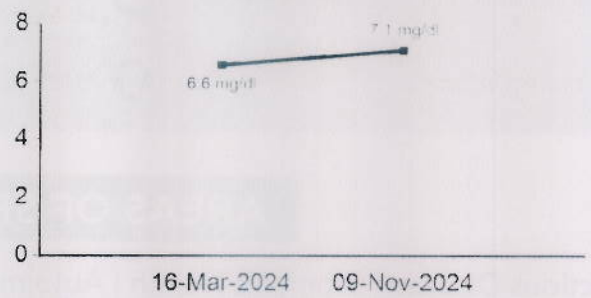
BUN



CREATININE



URIC ACID

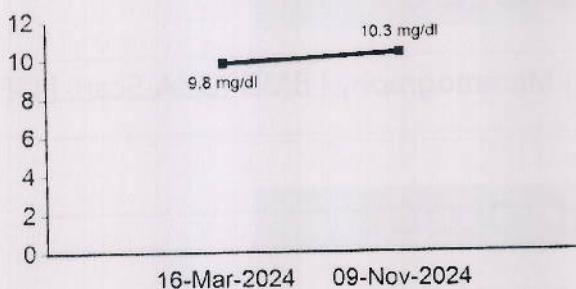




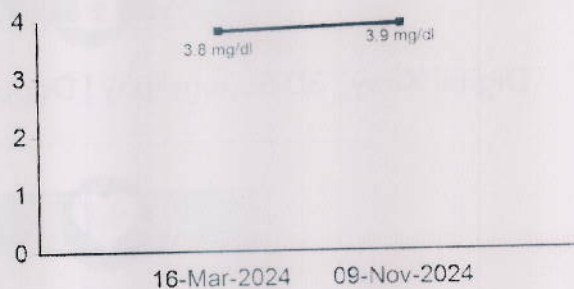
Use a QR Code Scanner Application To Scan the Code

CID : 2431420026
Name : MR. PILLAI PRADEEP PANKAJAKSHAN
Age / Gender : 41 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

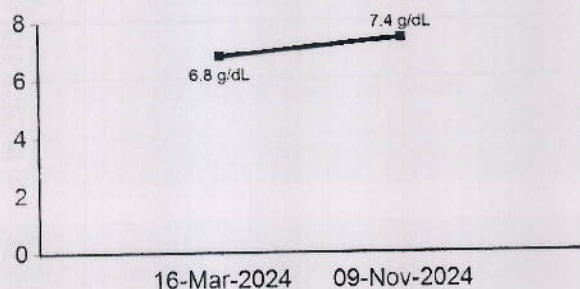
CALCIUM



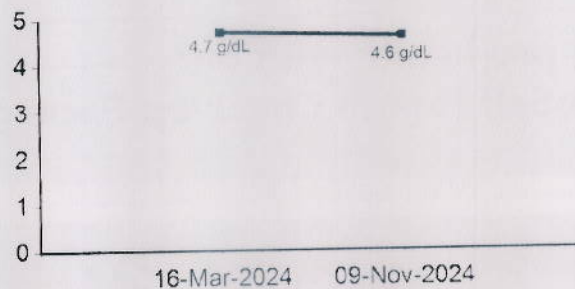
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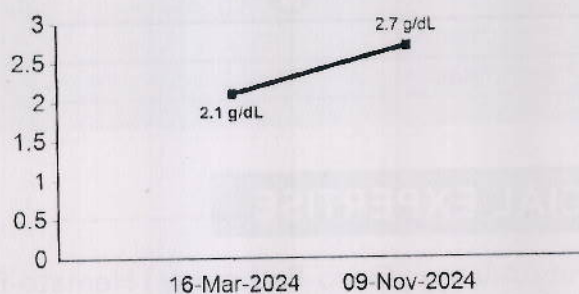
TOTAL PROTEINS



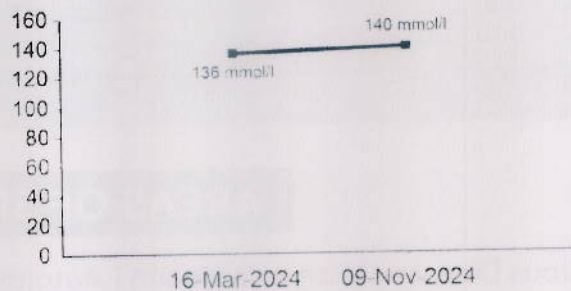
ALBUMIN



GLOBULIN



SODIUM



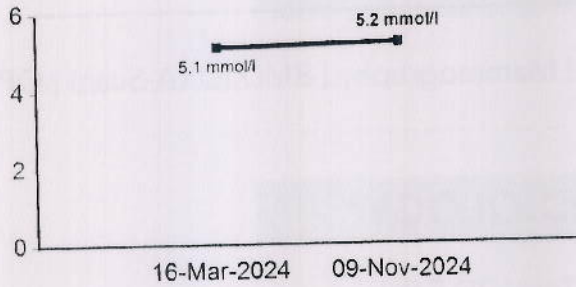
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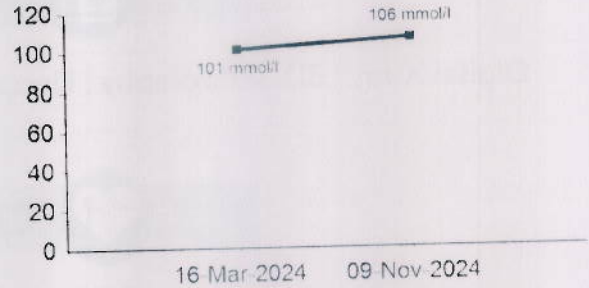
Use a QR Code Scanner Application To Scan the Code

CID : 2431420026
Name : MR.PILLAI PRADEEP PANKAJAKSHAN
Age / Gender : 41 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

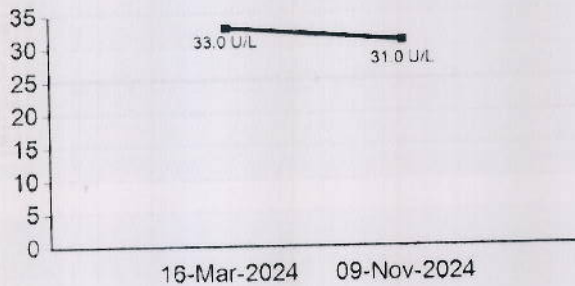
POTASSIUM



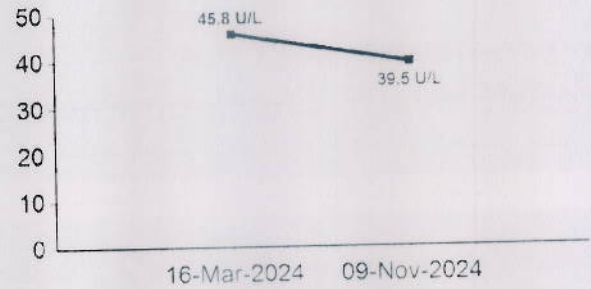
CHLORIDE



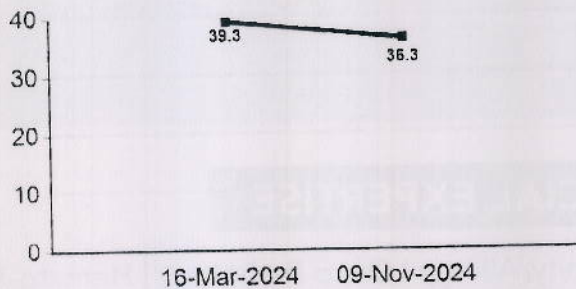
SGOT (AST)



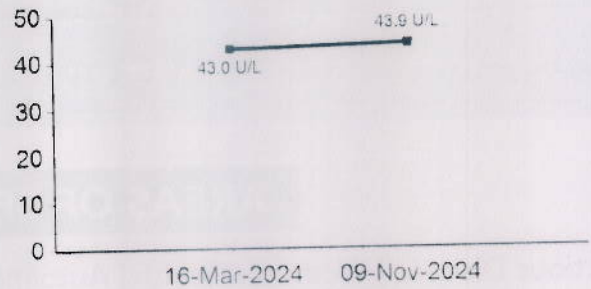
SGPT (ALT)



ALKALINE PHOSPHATASE

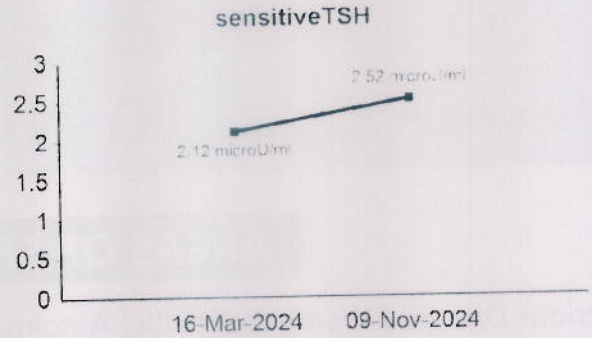
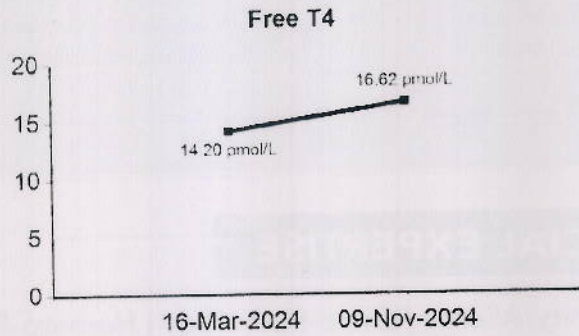
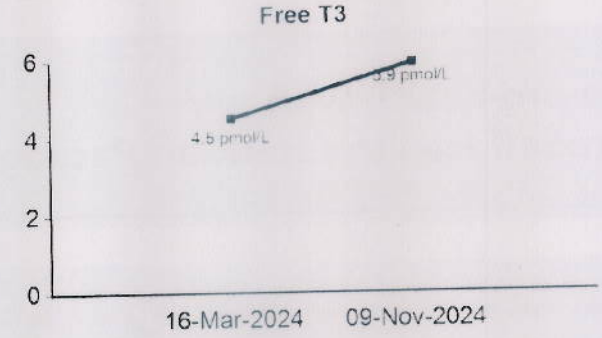
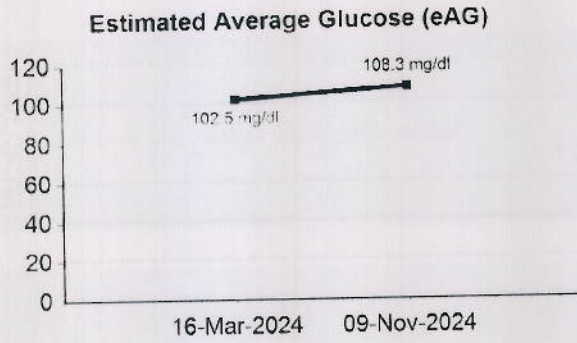
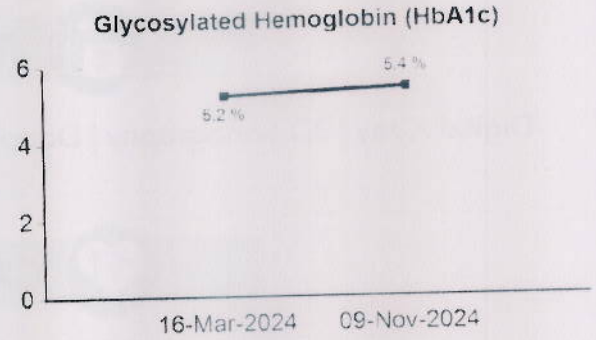
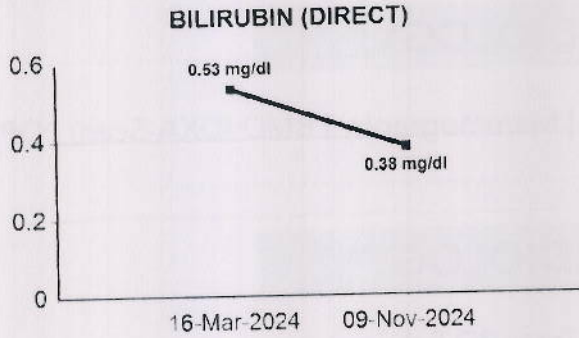


GAMMA GT





CID : 2431420026
 Name : MR. PILLAI PRADEEP PANKAJAKSHAN
 Age / Gender : 41 Years / Male
 Consulting Dr. : -
 Reg. Location : G B Road, Thane West (Main Centre)

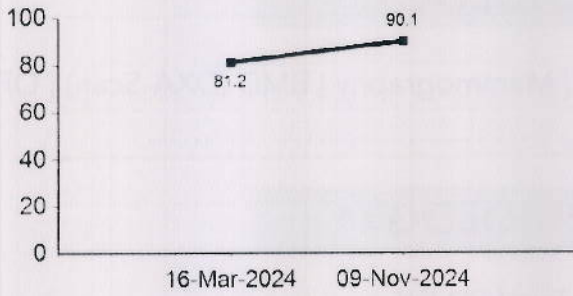




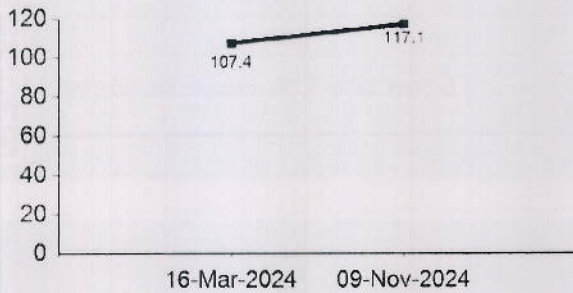
Use a QR Code Scanner Application To Scan the Code

CID : 2431420026
 Name : MR.PILLAI PRADEEP PANKAJAKSHAN
 Age / Gender : 41 Years / Male
 Consulting Dr. : -
 Reg. Location : G B Road, Thane West (Main Centre)

GLUCOSE (SUGAR) FASTING



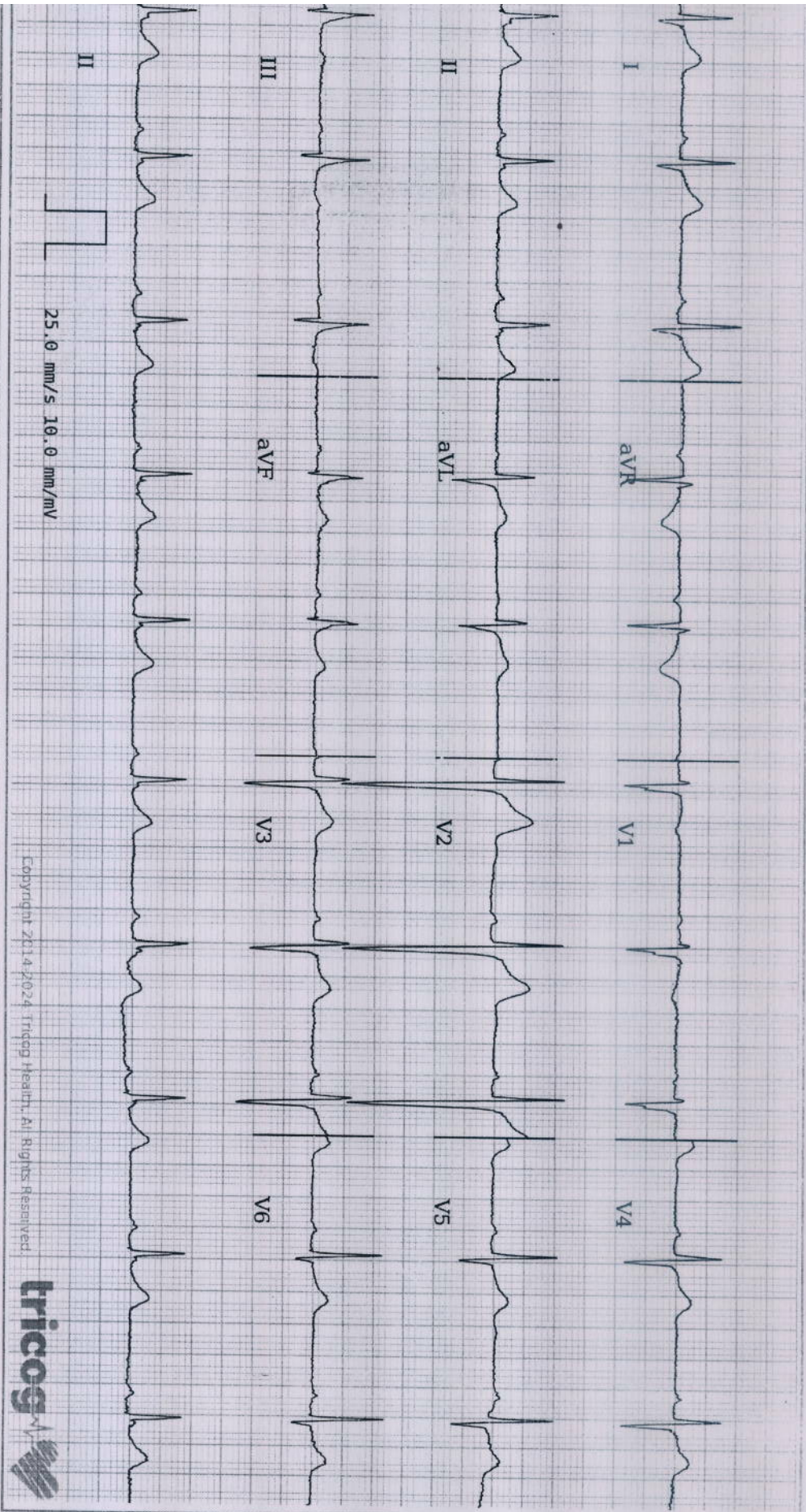
GLUCOSE (SUGAR) PP



Patient Name: **PILAI PRADEEP PANKAJAKSHIAN**
Patient ID: **2431420026**

SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST

Date and Time: **9th Nov 24 12:11 PM**



Copyright 2014-2024 Tricog Health. All Rights Reserved

Age **41** NA NA
years months days

Gender **Male**

Heart Rate **61bpm**

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
SpO2: NA
Resp: NA
Others: NA

Measurements

QRSD: 108ms
QT: 410ms
QTcB: 412ms
PR: 174ms
P-R-T: 46° 60° 24°

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

REPORTED BY

DR SHALAJA PILLAI
MBBS, MD Physician
49972

Disclaimer: 1) Analysis in this report is based on ECG alone 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) Patient vitals are as entered by the clinician and not derived from the ECG.



Email:

3305 (2431420026) / PRADEEP PILLAI / 41 Yrs / M / 170 Cms / 73 Kg
 Date: 09 / 11 / 2024 09:46:31 AM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:14	0:14	00.0	00.0	01.0	068	38 %	120/80	081	00	
Standing	00:28	0:14	00.0	00.0	01.0	071	40 %	120/80	085	00	
HV	00:42	0:14	00.0	00.0	01.0	070	39 %	120/80	084	00	
ExStart	00:53	0:11	00.0	00.0	01.0	072	40 %	120/80	086	00	
BRUCE Stage 1	03:53	3:00	01.7	10.0	04.7	095	53 %	130/80	123	00	
BRUCE Stage 2	06:53	3:00	02.5	12.0	07.1	109	61 %	140/80	152	00	
BRUCE Stage 3	09:53	3:00	03.4	14.0	10.2	138	77 %	140/80	193	00	
PeakEx	10:45	0:52	04.2	16.0	11.2	156	87 %	150/80	233	00	
Recovery	11:45	1:00	00.0	00.0	04.2	131	73 %	150/80	196	00	
Recovery	12:28				00.0	000	0 %	124/80	000	00	

FINDINGS :

Exercise Time : 09:52
 Initial HR (ExStrt) : 72 bpm 40% of Target 179
 Initial BP (ExStrt) : 120/80 (mm/Hg)
 Max Workload Attained : 11.2 Good response to induced stress
 Max ST Dep Lead & Avg ST Value : III & -1.3 mm in PeakEx
 Test End Reasons : , Fatigue, Heart Rate Achieved

Max HR Attained 156 bpm 87% of Target 179
 Max BP Attained 150/80 (mm/Hg)

DR. SHAILAJA PILLAI
 M.D. (GEN.MED)
 R.NO. 49372

Doctor : DR. SHAILAJA PILLAI



EMail: PRADEEP PILLAI / 41 Yrs / M / 170 Cms / 73 Kg Date: 09 / 11 / 2024 09:46:31 AM

REPORT :

Sample Name: Stress Test Graded Exercise Treadmill

PROCEDURE DONE: Graded exercise treadmill stress test.

STRESS ECG RESULTS: The initial HR was recorded as 71.0 bpm, and the maximum predicted Target Heart Rate 179.0. The BP increased at the time of generating report as 150.0/80.0 mmHg. The Max Dep went upto 0.1. 0.0 Ectopic Beats were observed during the Test.

The Test was completed because of , Fatigue, Heart Rate Achieved.

CONCLUSIONS:

1. Stress test is negative for ischemia.
2. No significant ST T changes seen. Vibrations seen.
3. HR and Blood pressure response to exercise is normal.

Disclaimer : Negative stress test does not rule out CAD.

Dr. SHAILAJA PILLAI
M.D. (GEN.MED)
R.No. 49972

Doctor : DR. SHAILAJA PILLAI



2805 (2431420026) / PRADEEP PILLAI / 41 Yrs / M / 170 Cms / 73 Kg / HR : 71

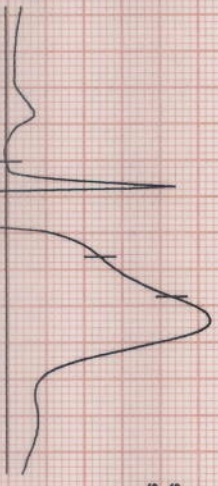
Date: 09 / 11 / 2024 09:46:31 AM METS: 1.0/ 71 bpm 40% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 mph, 0.0%

4X

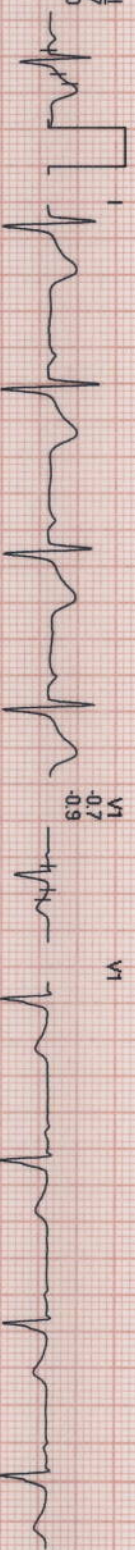
70 ms Post J

25 mm/Sec. 1.0 Cm/mV



V2
4.4

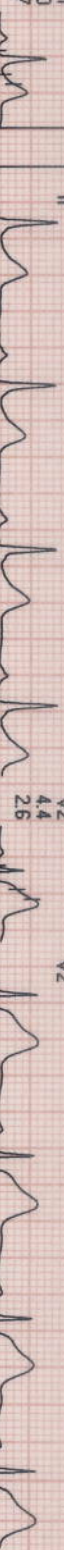
STL 2.7
STS 2.0



I
2.0
1.7



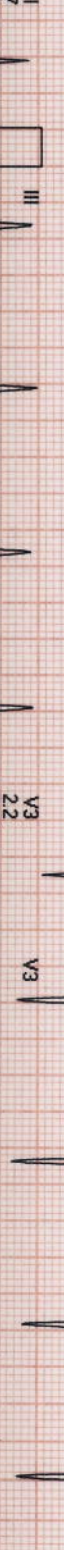
II
2.0
1.7



III
-0.7
-0.3



aVR
2.4
1.9



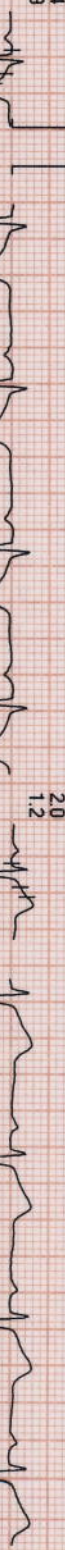
aVL
1.7
1.2



V1
-0.7
-0.9



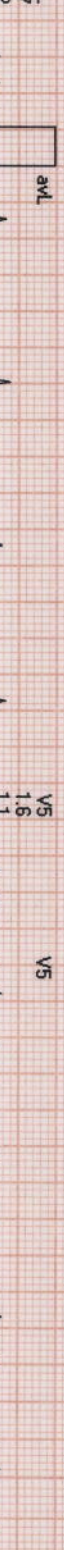
V2
4.4
2.6



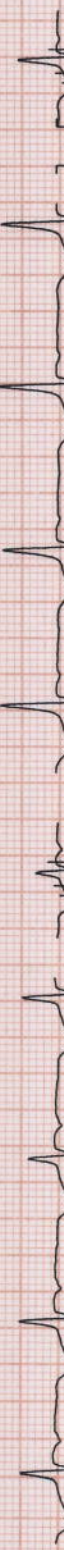
V3
2.2
1.2



V4
2.0
1.2



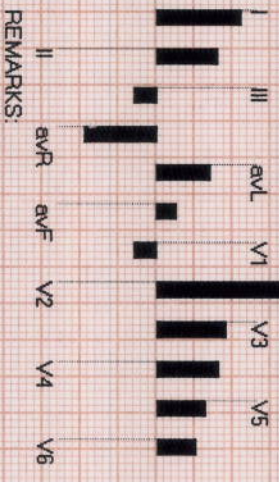
V5
1.6
1.1



V6
1.3
1.0



aVF
0.6
0.7



I
0.6
0.7



II
0.6
0.7



III
0.6
0.7



aVR
0.6
0.7



aVL
0.6
0.7



V1
0.6
0.7



V2
0.6
0.7



V3
0.6
0.7



V4
0.6
0.7



V5
0.6
0.7



V6
0.6
0.7

REMARKS:

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

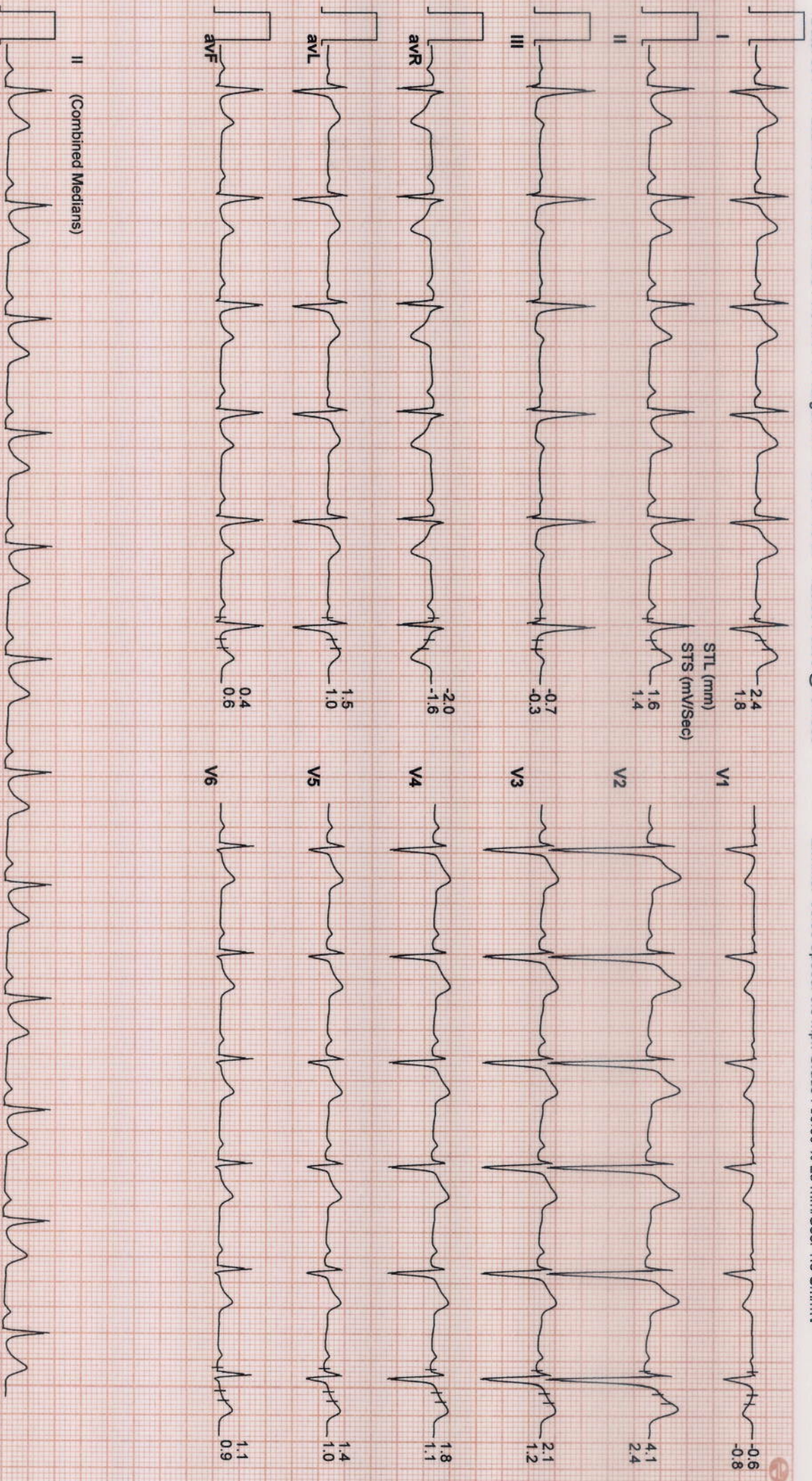
2805 / PRADEEP PILLAI / 41 Yrs / Male / 170 Cm / 73 Kg

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



Date: 09 / 11 / 2024 09:46:31 AM METs : 1.0 HR : 71 Target HR : 40% of 179 BP : 120/80 Post J @70mSec

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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

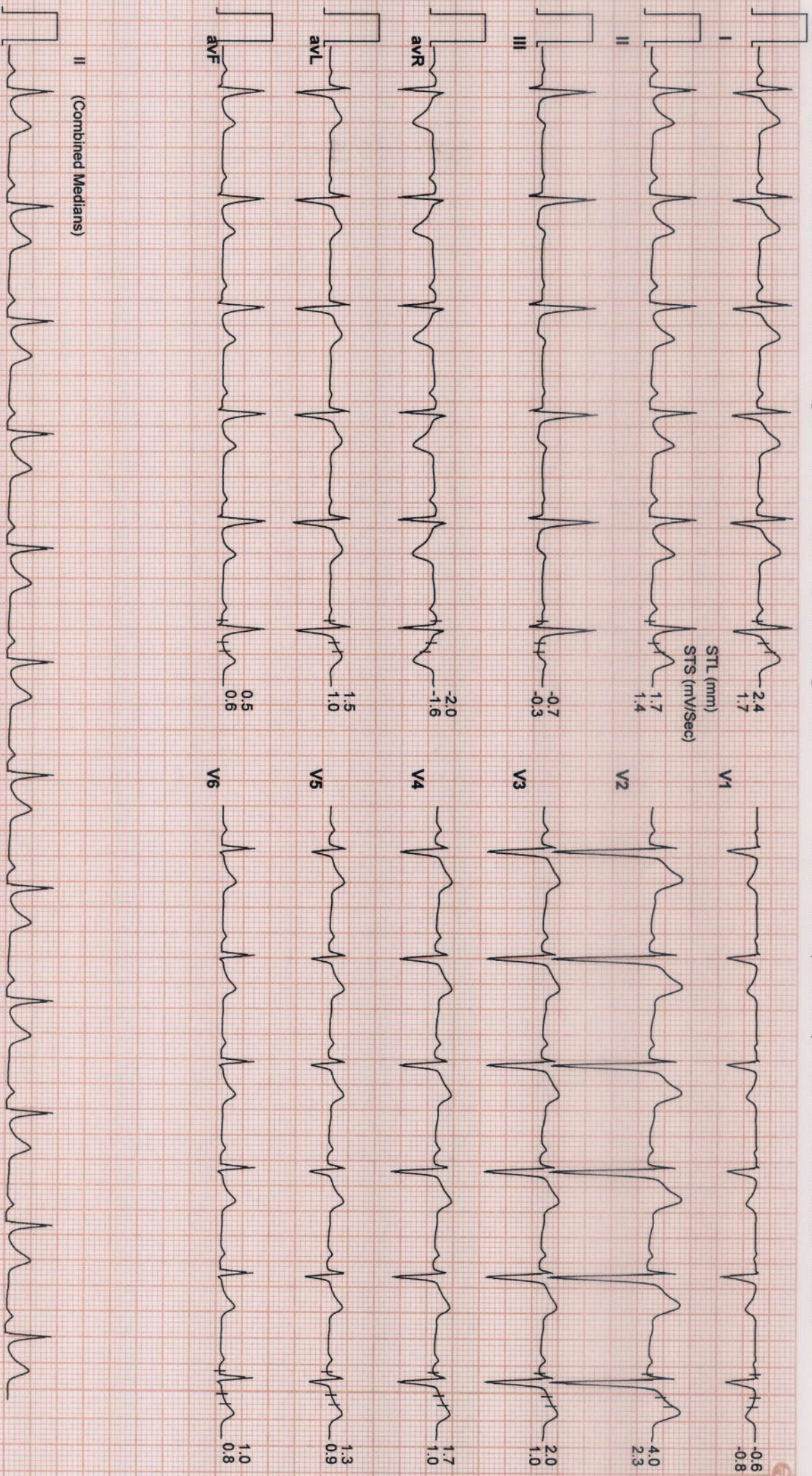
2805 / PRADEEP PILLAI / 41 Yrs / Male / 170 Cm / 73 Kg

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



Date: 09 / 11 / 2024 09:46:31 AM METs : 1.0 HR : 70 Target HR : 39% of 179 BP : 120/80 Post J @70mSec

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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

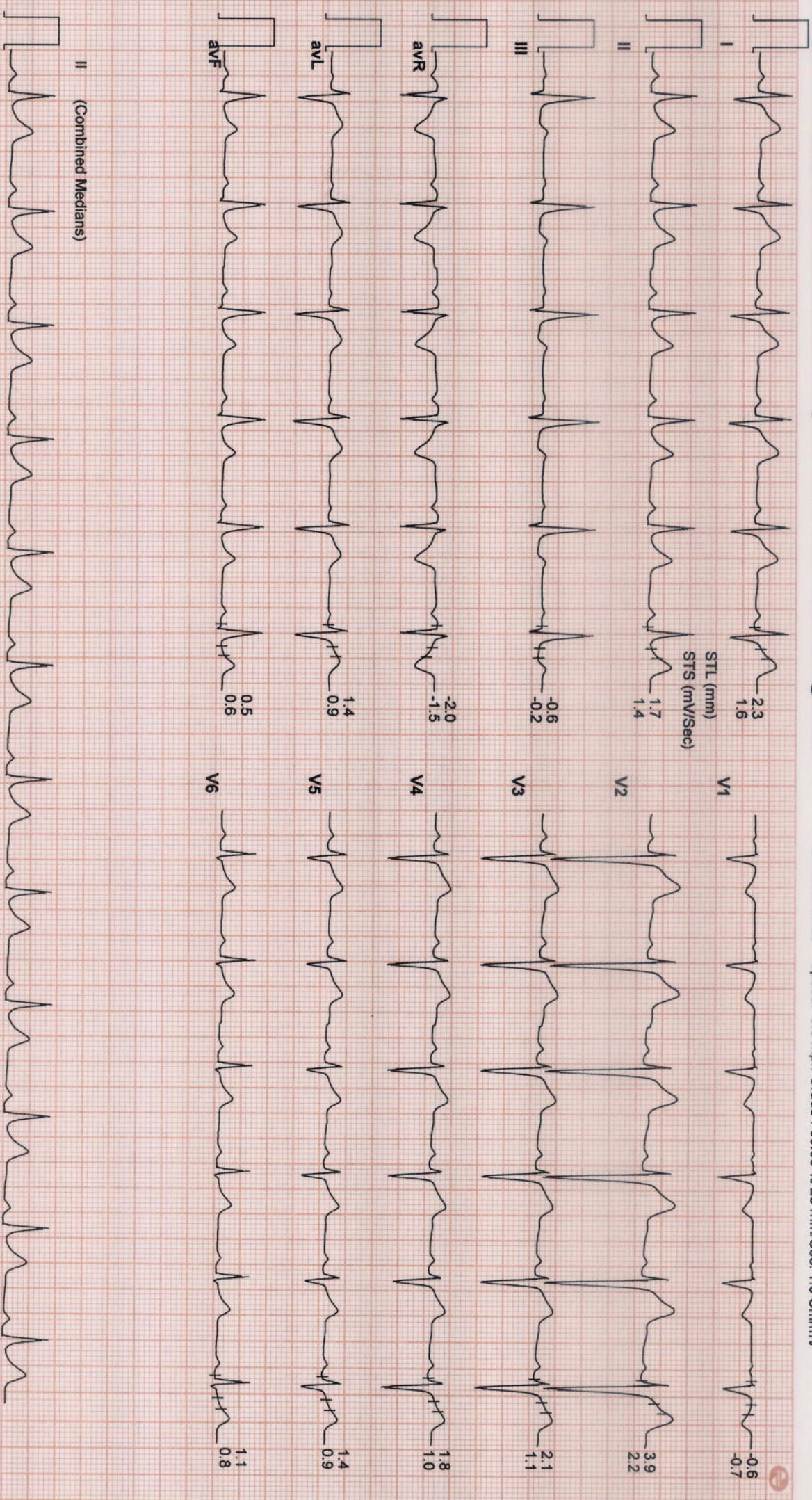
2805 / PRADEEP PILLAI / 41 Yrs / Male / 170 Cm / 73 Kg

6X2 Combine Medians + 1 Rhythm



Date: 09 / 11 / 2024 09:46:31 AM METs : 1.0 HR : 72 Target HR : 40% of 179 BP : 120/80 Post J @70mSec

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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

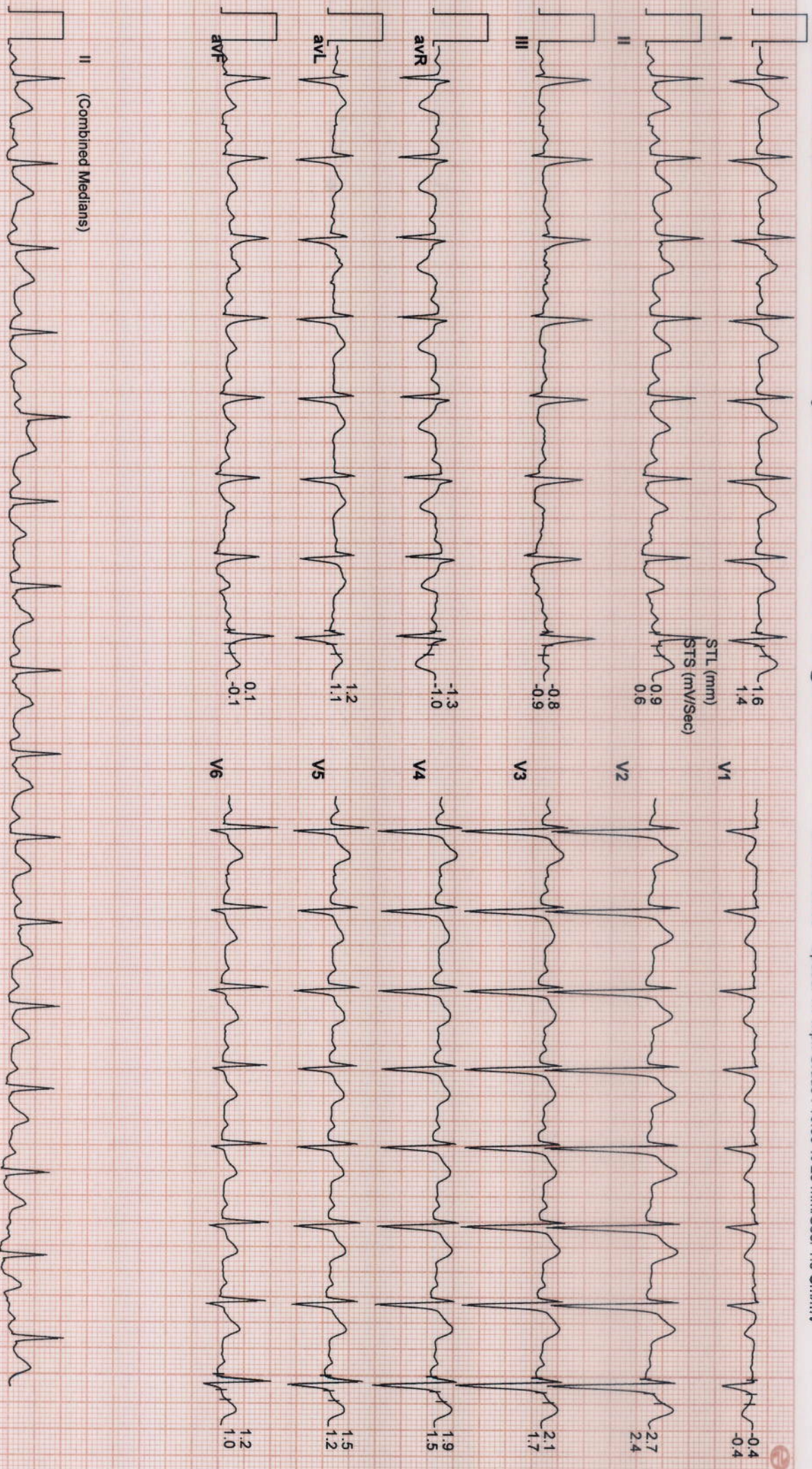
2805 / PRADEEP PILLAI / 41 Yrs / Male / 170 Cm / 73 Kg

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



Date: 09 / 11 / 2024 09:46:31 AM METs : 4.7 HR : 95 Target HR : 53% of 179 BP : 130/80 Post J @80mSec

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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

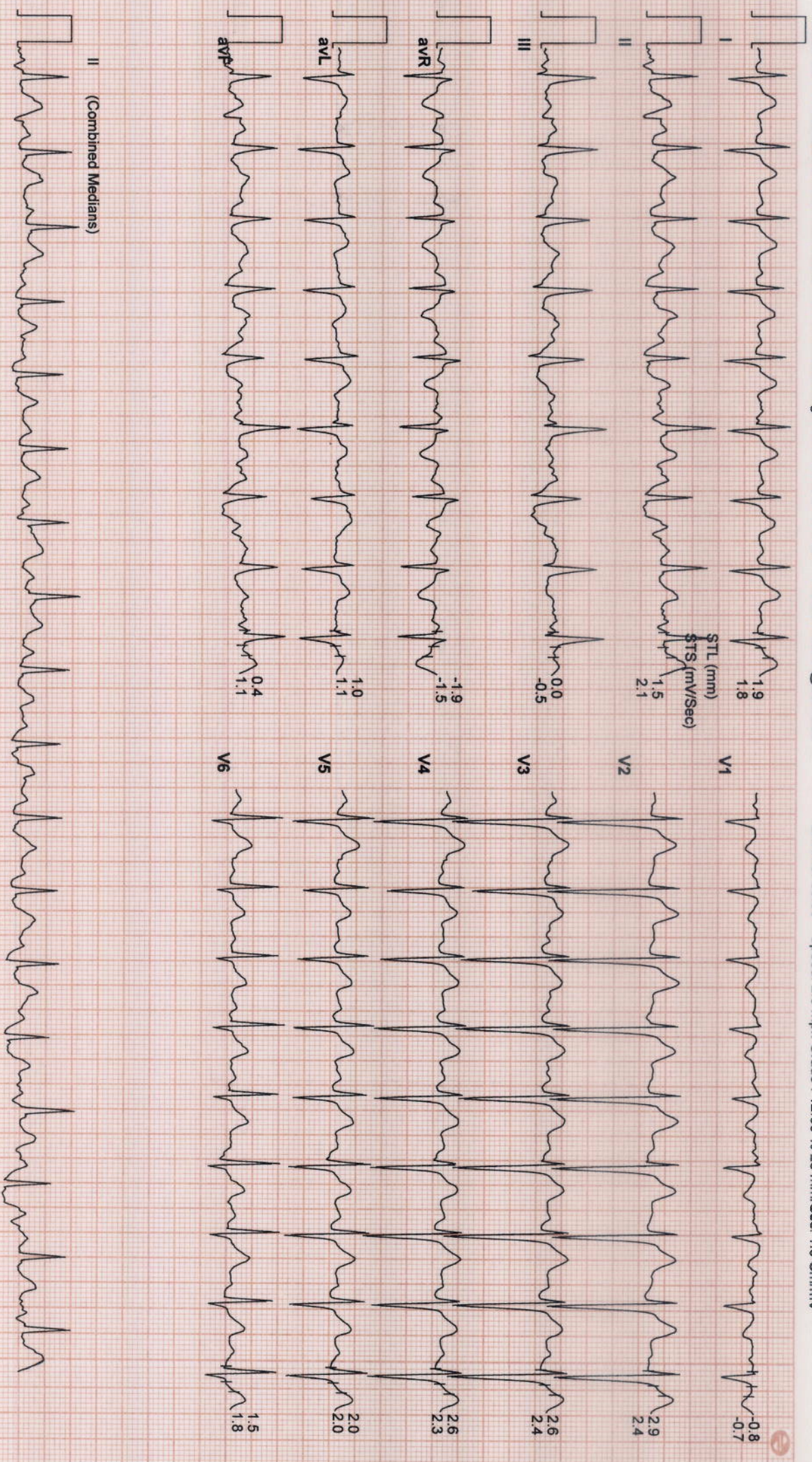
2805 / PRADEEP PILLAI / 41 Yrs / Male / 170 Cm / 73 Kg

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



Date: 09 / 11 / 2024 09:46:31 AM METs : 7.1 HR : 109 Target HR : 61% of 179 BP : 140/80 Post J @80mSec

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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

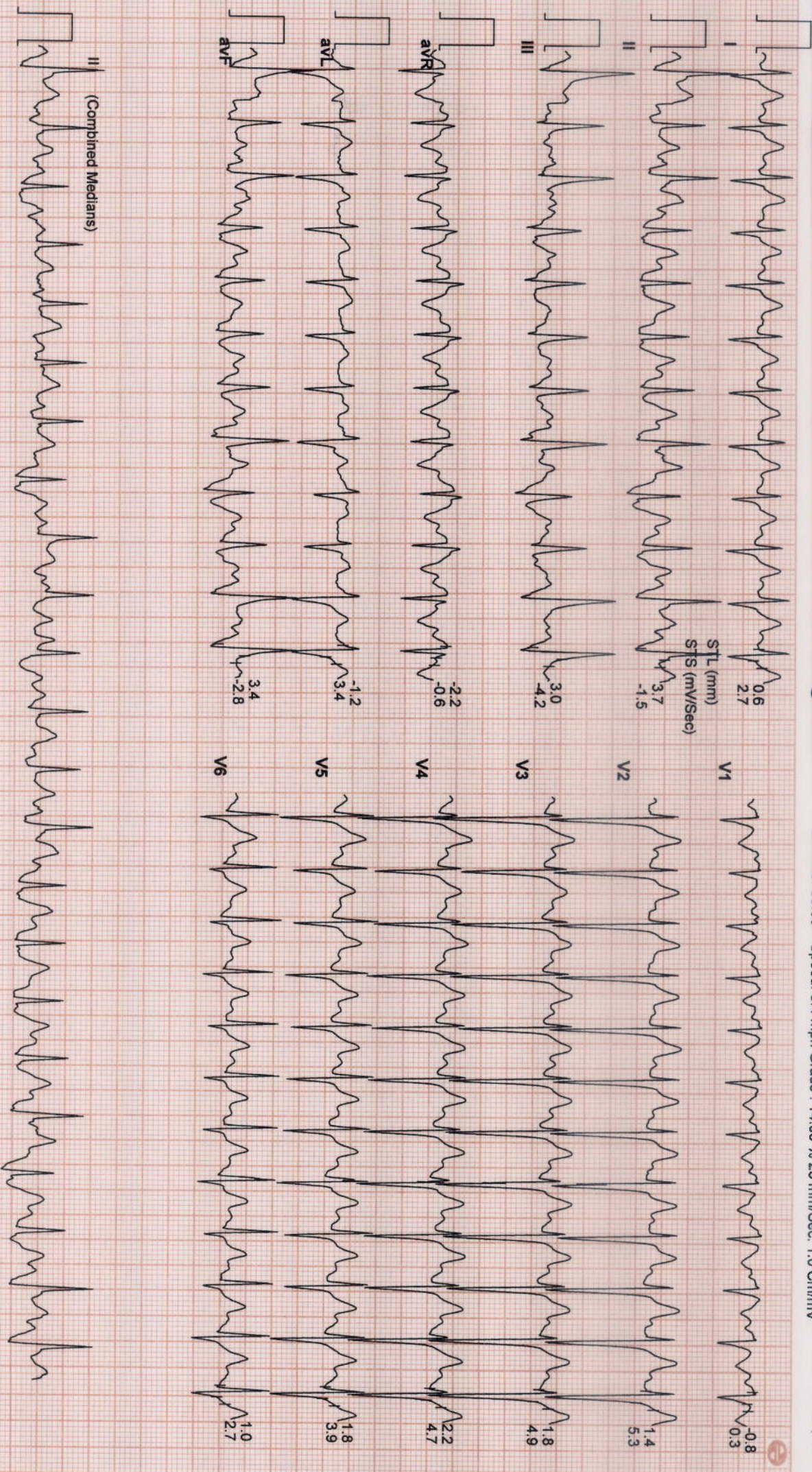
2805 / PRADEEP PILLAI / 41 Yrs / Male / 170 Cm / 73 Kg

6X2 Combine Medians + 1 Rhythm
BRUCE : Stage 3 (03:00)



Date: 09 / 11 / 2024 09:46:31 AM METs : 10.2 HR : 138 Target HR : 77% of 179 BP : 140/80 Post J @60mSec

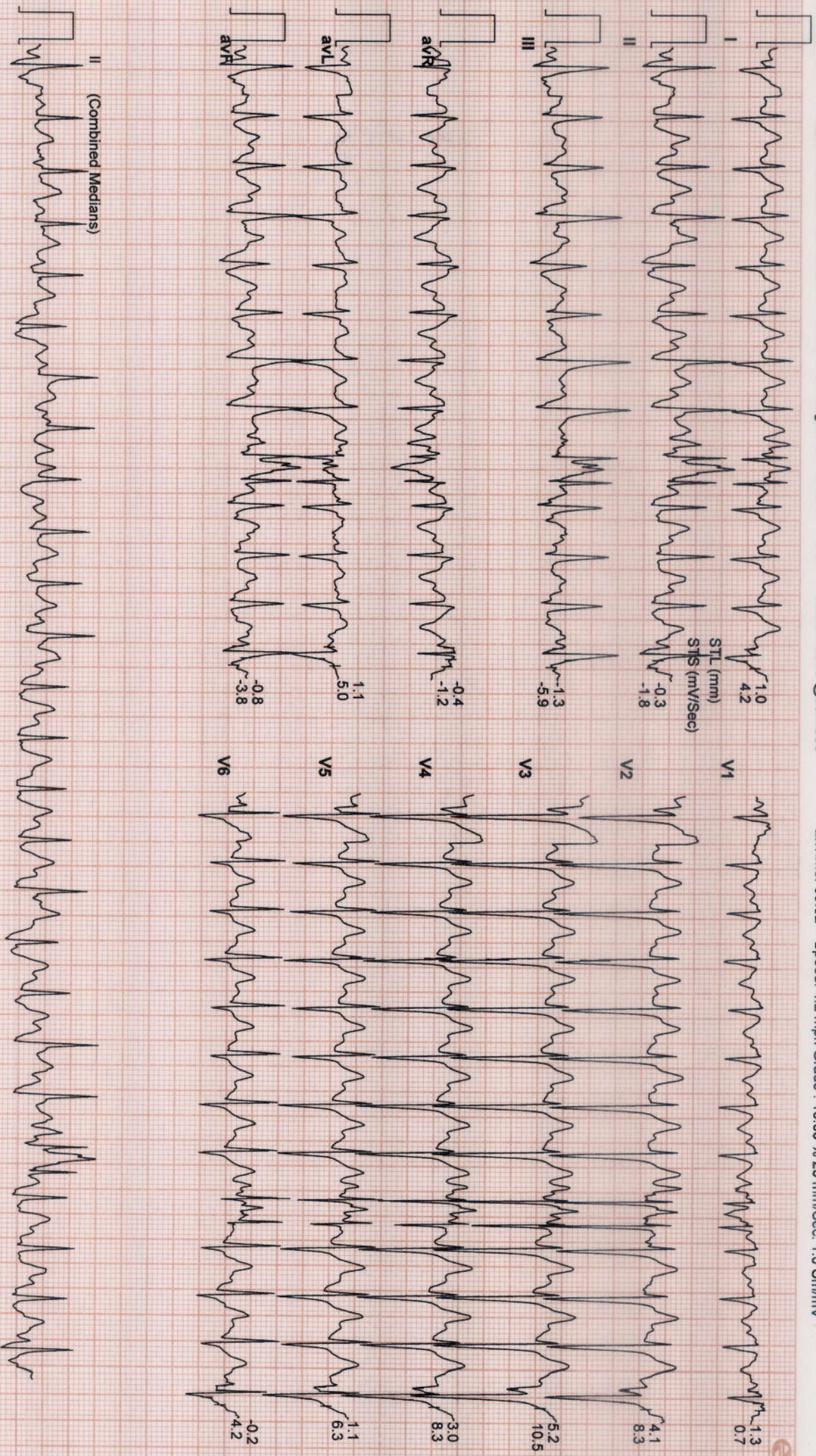
ExTime: 09:00 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV





Date: 09 / 11 / 2024 09:46:31 AM METs : 11.2 HR : 156 Target HR : 87% of 179 BP : 150/80 Post J @60mSec

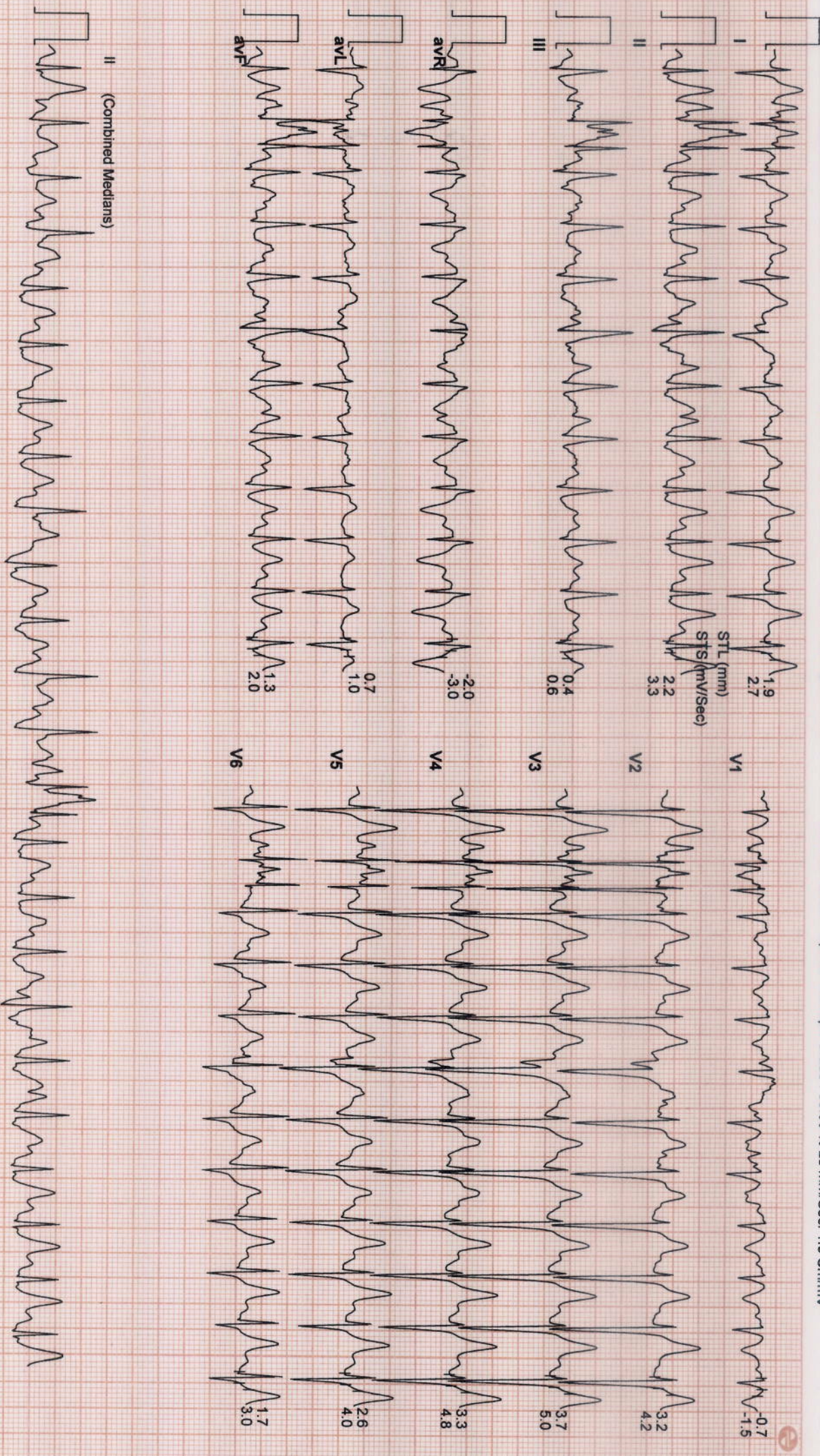
EXTime: 09:52 Speed: 4.2 mph Grade : 16.00 % 25 mm/Sec. 1.0 Cm/mV





Date: 09 / 11 / 2024 09:46:31 AM METs : 4.2 HR : 146 Target HR : 82% of 179 BP : 150/80 Post J @60mSec

ExTime: 09:52 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

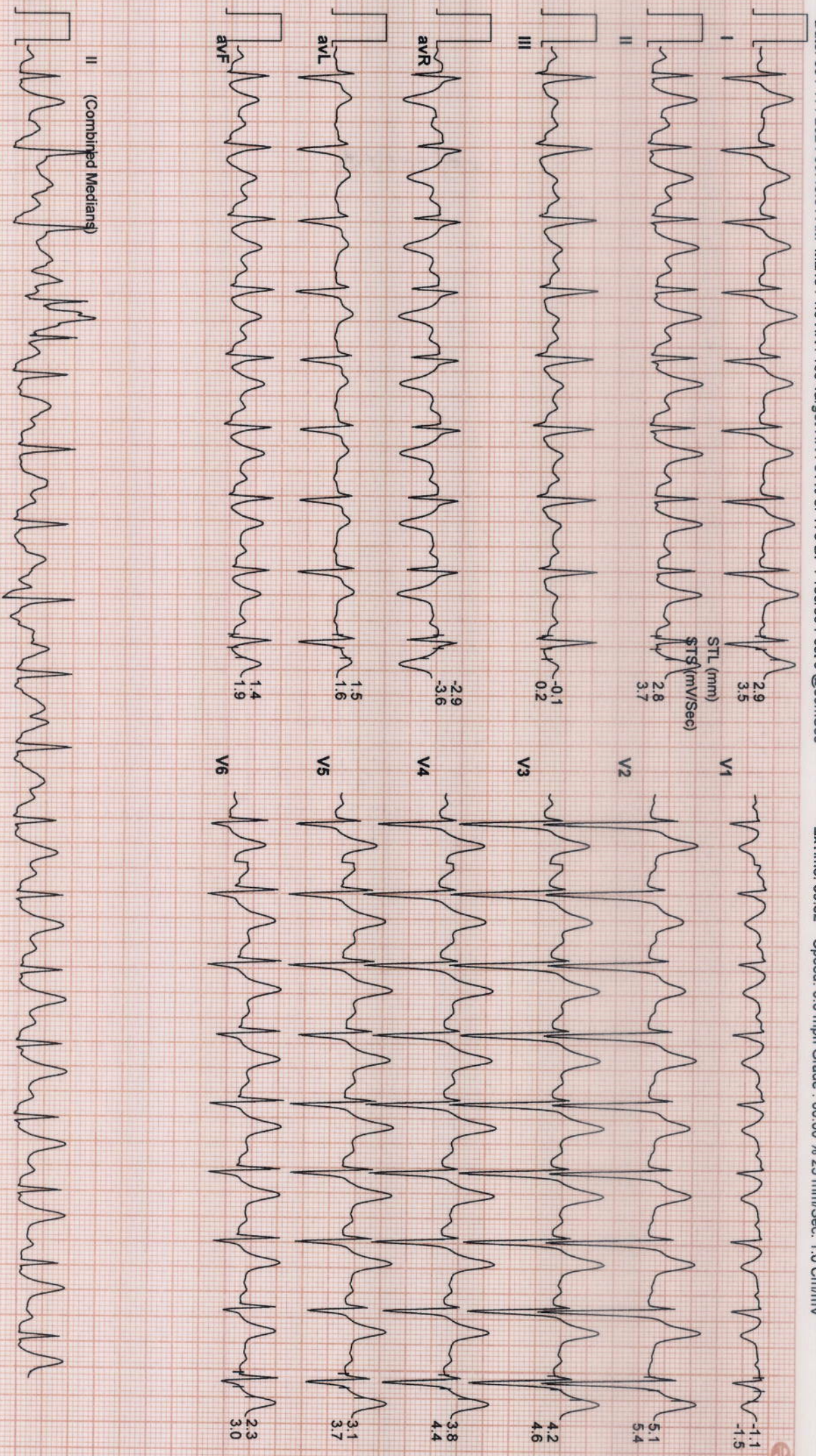
2805 / PRADEEP PILLAI / 41 Yrs / Male / 170 Cm / 73 Kg

6X2 Combine Medians + 1 Rhythm
Recovery : (01:43)



Date: 09 / 11 / 2024 09:46:31 AM METs : 1.0 HR : 109 Target HR : 61% of 179 BP : 130/80 Post J @80mSec

EXTime: 09:52 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





CID : 2431420026
Name : Mr PILLAI PRADEEP
PANKAJAKSHAN
Age / Sex : 41 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 09-Nov-2024
Reported : 09-Nov-2024 / 14:01

Use a QR Code Scanner
Application To Scan the Code

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=2024110908241412>



CID : 2431420026
Name : Mr PILLAI PRADEEP
PANKAJAKSHAN
Age / Sex : 41 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 09-Nov-2024
Reported : 09-Nov-2024 / 9:33

Use a QR Code Scanner
Application To Scan the Code

USG WHOLE ABDOMEN

EXCESSIVE BOWEL GAS:

LIVER: Liver appears normal in size (14.7 cm) and *shows increased echoreflectivity*. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is partially distended. No obvious 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. Pancreatic duct is not dilated.

KIDNEYS: Right kidney measures 10.0 x 3.9 cm. Left kidney measures 9.9 x 4.5 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 and echotexture and measures 3.4 x 3.2 x 4.0 cm in dimension and 23 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024110908241462>

Authenticity Check



R
E
P
O
R
T

CID : 2431420026
Name : Mr PILLAI PRADEEP
PANKAJAKSHAN
Age / Sex : 41 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre

Reg. Date : 09-Nov-2024
Reported : 09-Nov-2024 / 9:33

Use a QR Code Scanner
Application To Scan the Code

IMPRESSION:

GRADE I FATTY INFILTRATION OF LIVER.

Advice: Clinical co-relation sos further evaluation 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.

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

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