

PHYSICAL EXAMINATION REPORT

Patient Name	Jagdish Mashere	Sex/Age	M/58
Date	8/12/23	Location	Thane

History and Complaints

C/O - Frequent cold

EXAMINATION FINDINGS:

Height (cms):	170	Temp (0c):	②
Weight (kg):	97	Skin:	
Blood Pressure	130/80	Nails:	
Pulse	72/min	Lymph Node:	

Systems :

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

Impression:

NAD

**Dr. Manasee Kulkarni**  
M.B.B.S

2005/09/3439

E (Gr - Sinus  
Bradycardia)

BSL < F (Diabetic) ↓ CrFK

↑↑ HbA1c ; Urine (z+Blood)

↑ NonHDL chol.

USG -  
Fatty  
Liver,  
umbilical  
Hernia

- Wt. Reduction .

Advice: - Low Fat, Low sugar Diet .  
- Physician's consultation & Surgeon's Consultation .

- 1) Hypertension:
- 2) IHD
- 3) Arrhythmia
- 4) Diabetes Mellitus
- 5) Tuberculosis
- 6) Asthama
- 7) Pulmonary Disease
- 8) Thyroid/ Endocrine disorders
- 9) Nervous disorders
- 10) GI system
- 11) Genital urinary disorder
- 12) Rheumatic joint diseases or symptoms
- 13) Blood disease or disorder
- 14) Cancer/lump growth/cyst
- 15) Congenital disease
- 16) Surgeries
- 17) Musculoskeletal System

Nil

Nil

Appendicectomy,  
Nil

**PERSONAL HISTORY:**

- 1) Alcohol
- 2) Smoking
- 3) Diet
- 4) Medication

No

No

Veg

No

**Dr. Manasee Kulkarni**  
M.B.B.S  
2005/09/3439

*(Signature)*  
11/12/2023

Date: *01/12/23*  
Name: *Jogesh Mashere* CID: *233216550*  
Sex / Age: *M / 48*

**EYE CHECK UP**

Chief complaints: *RCU*

Systemic Diseases: *NIL*

Past history: *NIL*

Unaided Vision: *D20% XNUMH6*

Aided Vision: *D32% XNUMH6*

Refraction:

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

Colour Vision: Normal / ~~Abnormal~~

Remark: *use own Spectacles*

**MR. PRAKASH KUDVA**  
*[Signature]*  
**SR. OPTOMETRIST**



Authenticity Check



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CID : 2334216330  
Name : MR. JAGDISH MASHERE  
Age / Gender : 47 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 08-Dec-2023 / 09:01  
Reported : 08-Dec-2023 / 11:52

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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT**

**CBC (Complete Blood Count), Blood**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>RBC PARAMETERS</b>			
Haemoglobin	13.2	13.0-17.0 g/dL	Spectrophotometric
RBC	4.86	4.5-5.5 mil/cmm	Elect. Impedance
PCV	42.0	40-50 %	Measured
MCV	86.4	80-100 fl	Calculated
MCH	27.3	27-32 pg	Calculated
MCHC	31.6	31.5-34.5 g/dL	Calculated
RDW	13.9	11.6-14.0 %	Calculated
<b>WBC PARAMETERS</b>			
WBC Total Count	6040	4000-10000 /cmm	Elect. Impedance
<b>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</b>			
Lymphocytes	19.1	20-40 %	
Absolute Lymphocytes	1153.6	1000-3000 /cmm	Calculated
Monocytes	5.7	2-10 %	
Absolute Monocytes	344.3	200-1000 /cmm	Calculated
Neutrophils	73.9	40-80 %	
Absolute Neutrophils	4463.6	2000-7000 /cmm	Calculated
Eosinophils	1.2	1-6 %	
Absolute Eosinophils	72.5	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	6.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b>PLATELET PARAMETERS</b>			
Platelet Count	284000	150000-400000 /cmm	Elect. Impedance
MPV	7.8	6-11 fl	Calculated
PDW	9.0	11-18 %	Calculated
<b>RBC MORPHOLOGY</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                      28                      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  
• Brigen WL. 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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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	206.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: > / = 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	298.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: > / = 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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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	15.0	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	7.0	6-20 mg/dl	Calculated
CREATININE, Serum	1.16	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	78	(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 w.e.f 16-08-2021			
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
URIC ACID, Serum	5.2	3.5-7.2 mg/dl	Uricase
PHOSPHORUS, Serum	4.1	2.7-4.5 mg/dl	Ammonium molybdate
CALCIUM, Serum	9.7	8.6-10.0 mg/dl	H-BAPTA
SODIUM, Serum	137	135-148 mmol/l	ISE
POTASSIUM, Serum	4.6	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	100	98-107 mmol/l	ISE

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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT**

PARAMETER	GLYCOSYLATED HEMOGLOBIN (HbA1c) RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	9.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	234.6	mg/dl	Calculated

Kindly correlate clinically.

**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 G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*

*J. Mujawar*

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





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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	0.587	<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 (i.e. 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, Artifacts (e.g., improper specimen collection; very high PSA levels). Finasteride (5- $\alpha$ -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.

**Reference:**

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

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



*Anupa Dixit*

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



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.030	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	30	-	-
<b>CHEMICAL EXAMINATION</b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	2+	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b>MICROSCOPIC EXAMINATION</b>			
Leukocytes(Pus cells)/hpf	3-4	0-5/hpf	
Red Blood Cells / hpf	5-6	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	5-6	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 \*\*\*

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Pathologist



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

PARAMETER	RESULTS
ABO GROUP	O
Rh TYPING	Positive

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

Note : This Sample has also been tested for Bombay group/Bombay phenotype /Oh using anti H lectin

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 isoelectinins 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 Hb 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 G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	179.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	109.4	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	40.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	138.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	117.0	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	21.9	< /- 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.9	0-3.5 Ratio	Calculated

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

*Dr. Imran Mujawar*

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	5.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.3	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.42	0.35-5.5 microIU/ml mIU/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 upto 15 microU/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 200%. Biological variation: 10.7% (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. Koutouri 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 G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*

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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	0.72	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.26	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.46	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 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	13.7	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	16.0	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	19.7	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	87.7	40-130 U/L	PNPP

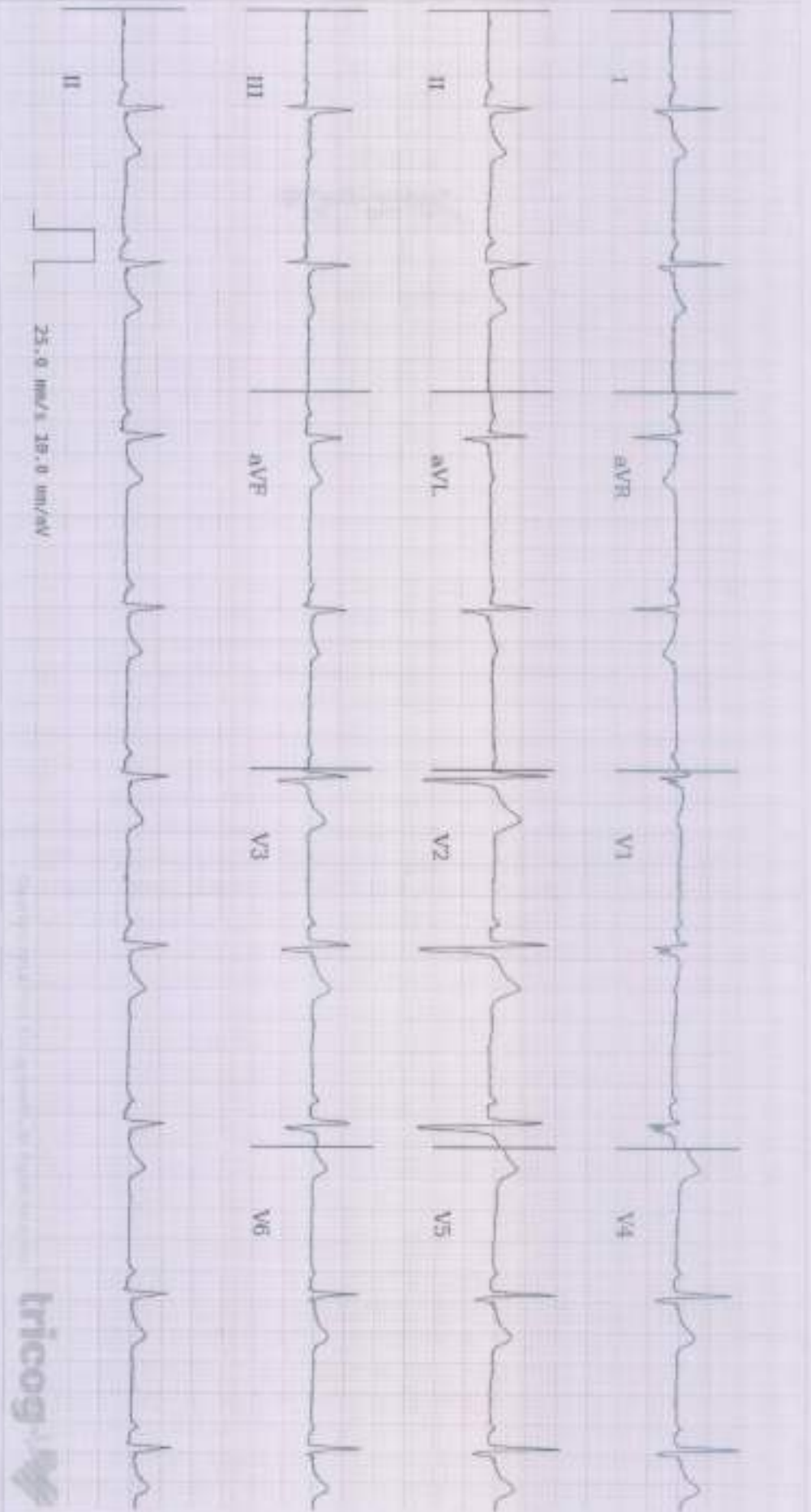
\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West.  
\*\*\* End Of Report \*\*\*

*J. Mujawar*

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

Patient Name: JAGDISH MASHERE  
Patient ID: 2334216330

**SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST**  
Date and Time: 8th Dec 23 9:52 AM



Age: 47 NA NA  
years months days

Gender: Male

Heart Rate: 56bpm

Patient Vitals

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

**Measurements**

QRSD: 104ms  
QT: 416ms  
QTcB: 401ms  
PR: 160ms  
P-R-T: 25° 51° 51°

Sinus Bradycardia. Please correlate clinically.

REPORTED BY

DR. ARUN KAN FULAI  
MBBS, MD Physician  
MD Physician  
89972







Email:


293 (2334216330) / JAGDISH MARSHERE / 47 Yrs / M / 176 Cms / 97 KG  
 Date: 08 / 12 / 2023 10:32:11 AM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:04	0:04	00.0	00.0	01.0	067	39 %	—/—	000	00	
Standing	00:15	0:11	00.0	00.0	01.0	067	39 %	—/—	000	00	
HV	00:32	0:17	00.0	00.0	01.0	073	42 %	—/—	000	00	
ExStart	00:50	0:18	00.0	00.0	01.0	076	45 %	—/—	000	00	
BRUCE Stage 1	03:50	3:00	01.7	10.0	04.7	107	62 %	—/—	000	00	
BRUCE Stage 2	06:50	3:00	02.5	12.0	07.1	131	76 %	140/80	183	00	
PeakEX	09:11	2:21	03.4	14.0	08.5	147	85 %	150/80	220	00	
Recovery	10:11	1:00	00.0	00.0	01.1	107	62 %	160/80	171	00	
Recovery	11:11	2:00	00.0	00.0	01.0	095	55 %	140/80	133	00	
Recovery	11:54	2:44	00.0	00.0	01.0	089	51 %	130/80	115	00	

**FINDINGS :**

Exercise Time : 08:21  
 Initial HR (ExStrt) : 78 bpm 45% of Target 173  
 Initial BP (ExStrt) : 0/0 (mm/Hg)  
 Max Workload Attained : 9.5 Good response to induced stress  
 Max ST Dep Lead & Avg ST Value : V1 & -0.7 mm in Recovery  
 Test End Reasons : Test Complete

Max HR Attained 147 bpm 85% of Target 173  
 Max BP Attained 160/80 (mm/Hg)

  
 DR KAVIN SHAH  
 MBBS D CARD  
 SAKSHI CLINICS  
 3488

Doctor : DR KAVIN SHAH



EMail: [info@suburbandiagnostics.com](mailto:info@suburbandiagnostics.com)  
295/Jakhodish MARSHERE / 47 Yrs / M / 176 Cms / 97 Kg Date: 08 / 12 / 2023 10:32:11 AM

**REPORT :**

Sample Name: Stress Test Graded Exercise Treadmill

**CONCLUSIONS:**

1. Stress test is negative for ischemia at moderate workload.
2. No significant ST - T changes.
3. No evidence of arrhythmias.
4. Blood pressure response to exercise is normal.
5. Good effort tolerance.

**DR KAVIN SHAH**  
MBBS D CARD  
CARDIOLOGIST  
3409

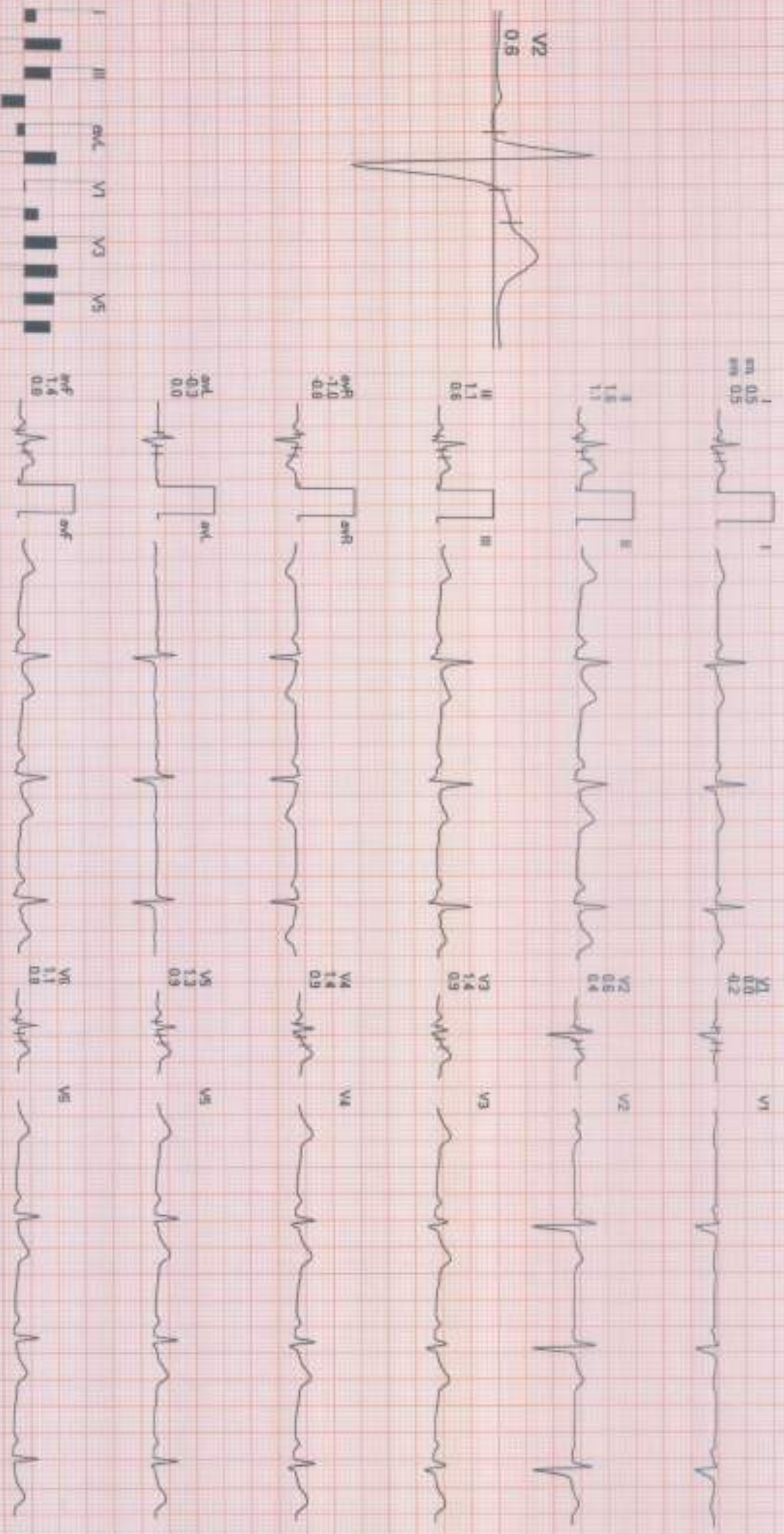
Doctor : DR KAVIN SHAH

283 (2334216330) / JAGDISH MARSHERE / 47 Yrs / M / 176 Cms / 97 Kg / HR : 71

Date: 09 / 12 / 2023 10:32:11 AM NETS: 1.0V/71 bpm 41% of THRA BP: 120/80 mmHg Flow ECG/BLD On/Modn On/HF 0.05 Hz/LF 35 Hz

42X 80 uls Run 2

ExTime: 00:00 0.0 mhz 0.0%  
25mm/sec 1.9 Cm/mV



REMARKS:



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

STANDING ( 00:00 )

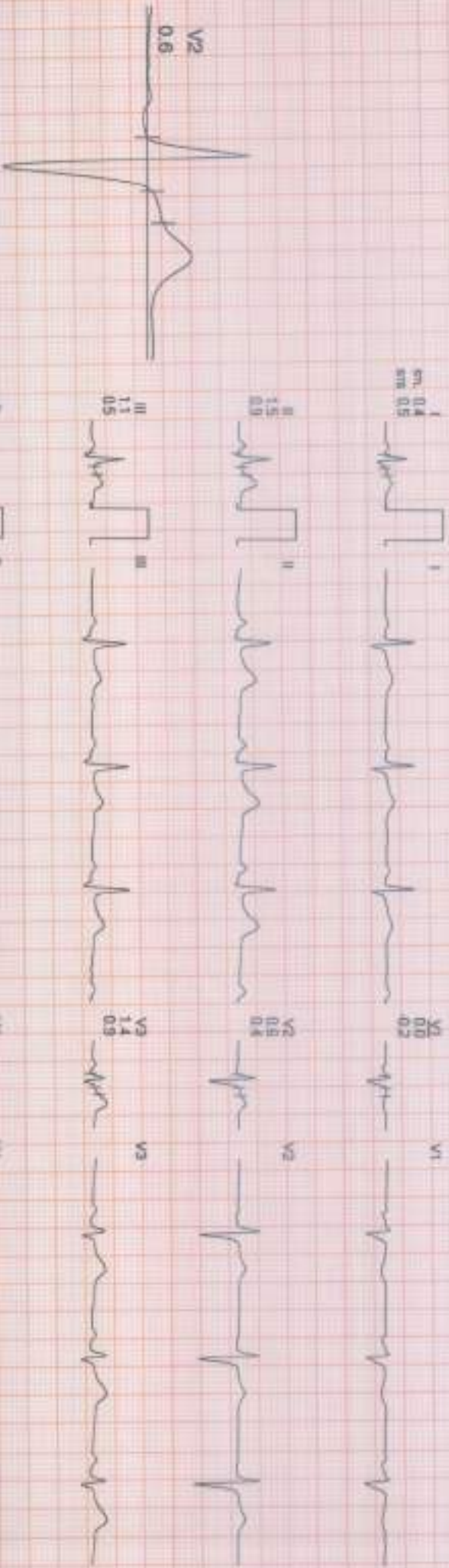


290 (2304216339) / JAGDISH MARSHERE / 47 Yrs / M / 178 Cms / 97 Kg / HR: 67

Date: 08/12/2023 10:32:11 AM METS: 1.0/0.67 bpm 39% of THR Sp: 120/80 mmHg Pw: EDQ/BLD/On/Noch/On/HF 0.05 Hc/LF 35 Hr

4X 00:05:Post J

EstTime: 00:00 0.0 mph 0.0%  
25 mm/Sec 1.0 cm/mV

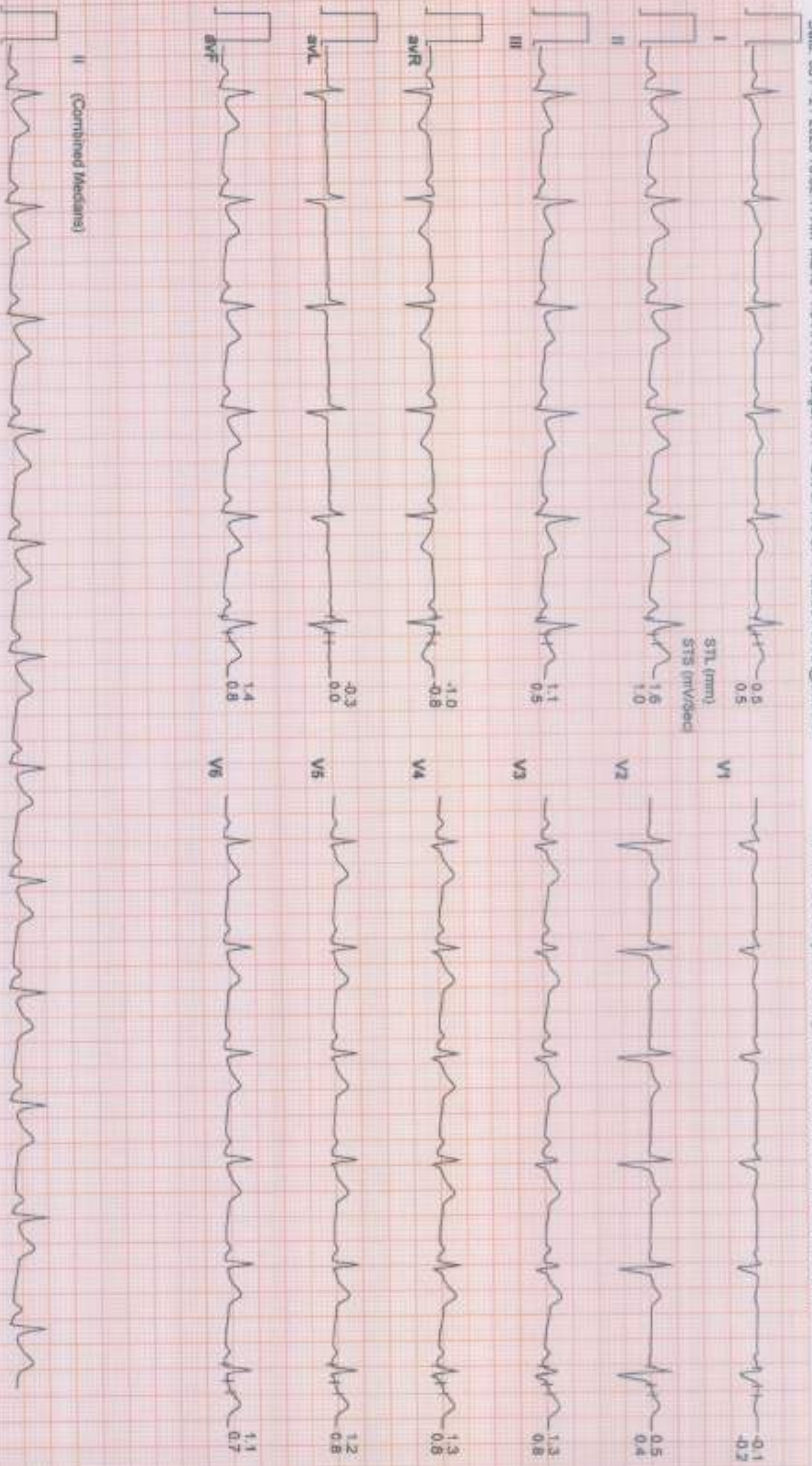


REMARKS:



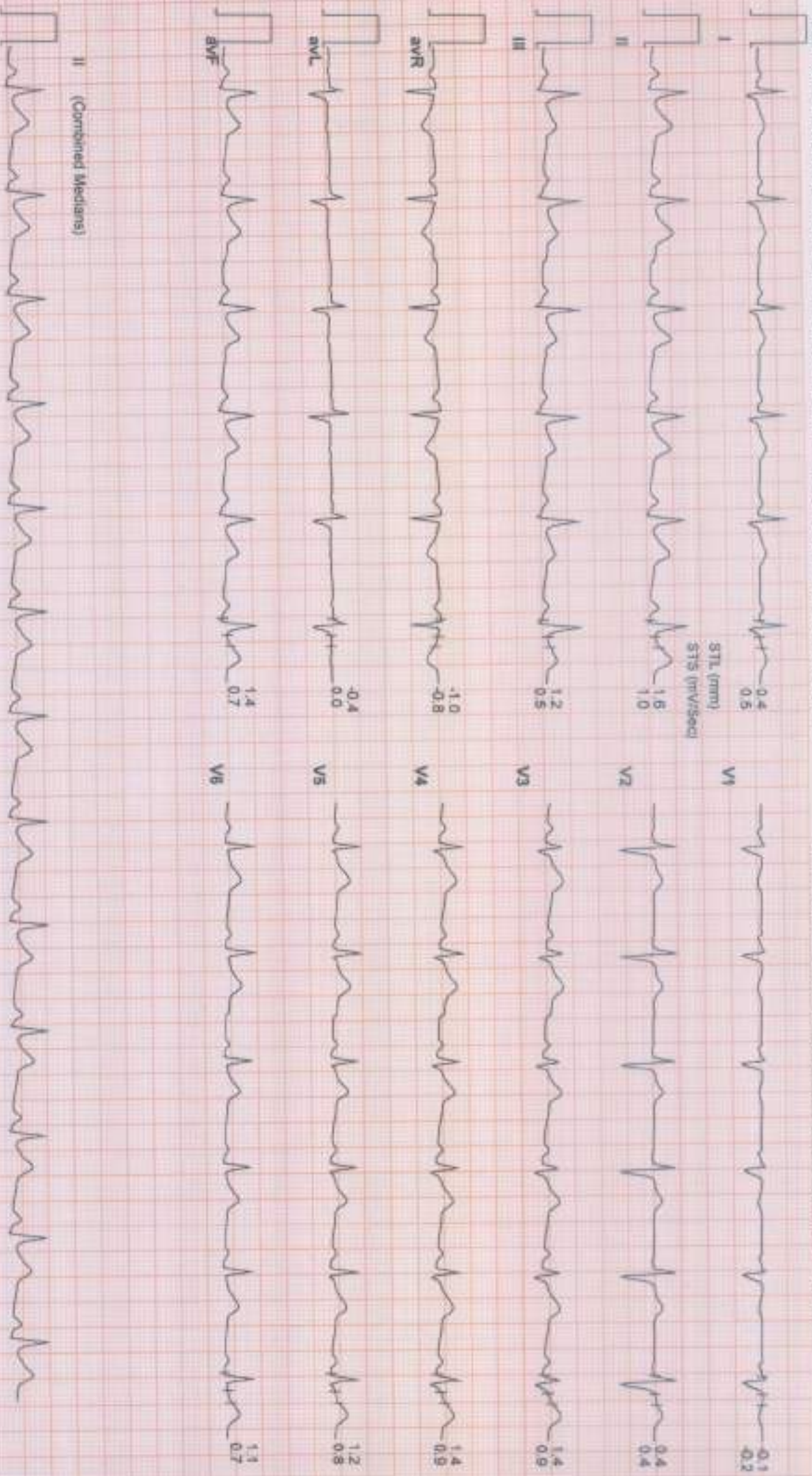
Date: 08 / 12 / 2023 10:32:11 AM METs : 1.0 HR : 73 Target HR : 42% of 173 BP : 120/80 Post J @30mSec

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



Date: 08 / 12 / 2023 10:32:11 AM METs : 1.0 HR : 76 Target HR : 45% of 173 BP : 120/80 Post J @50mSec

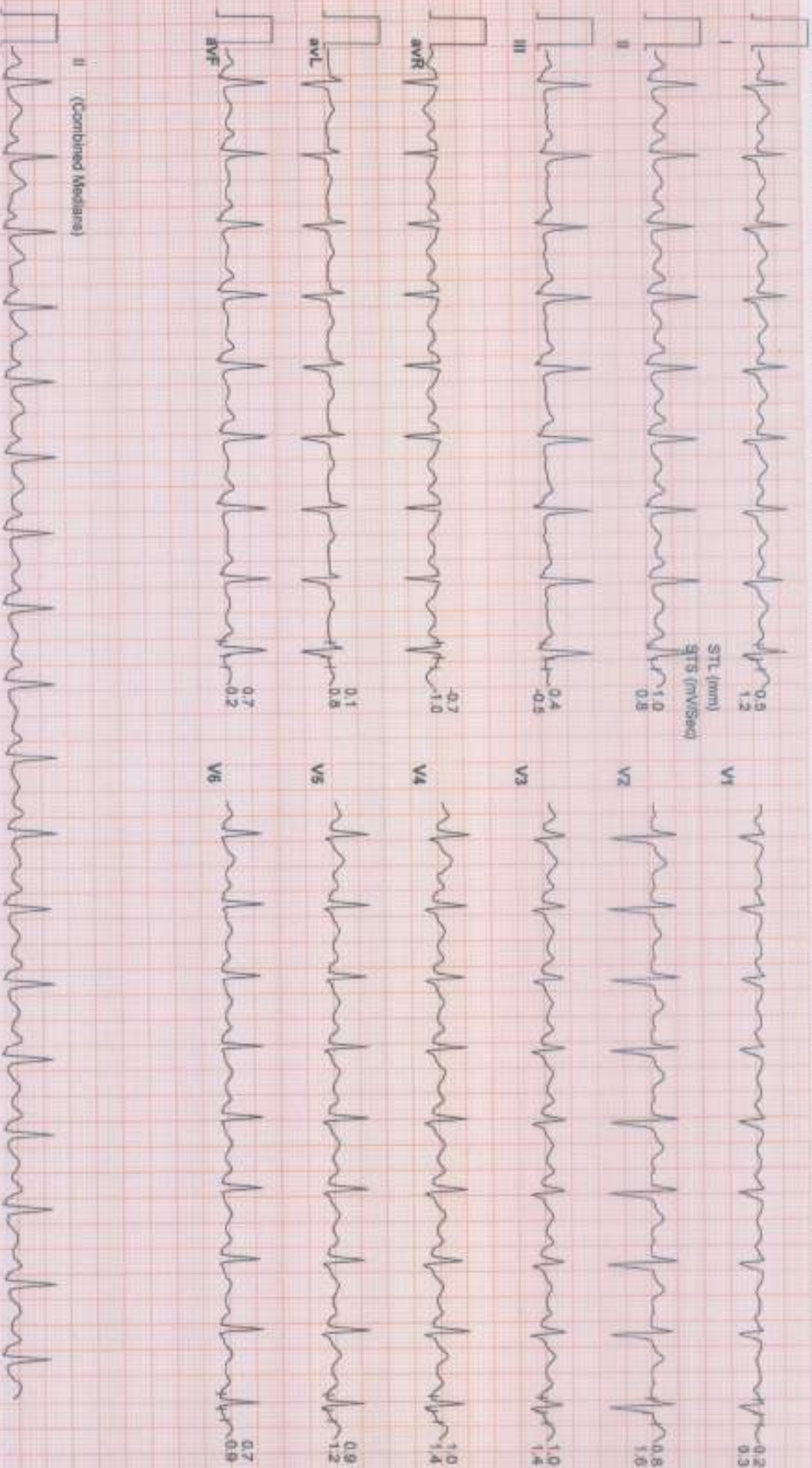
ExTime: 00:00 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec: 1.0 Cm/mV





Date: 08 / 12 / 2023 10:32:11 AM METs : 4.7 HR : 107 Target HR : 62% of 173 BP : 120/60 Post J @80mSec

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

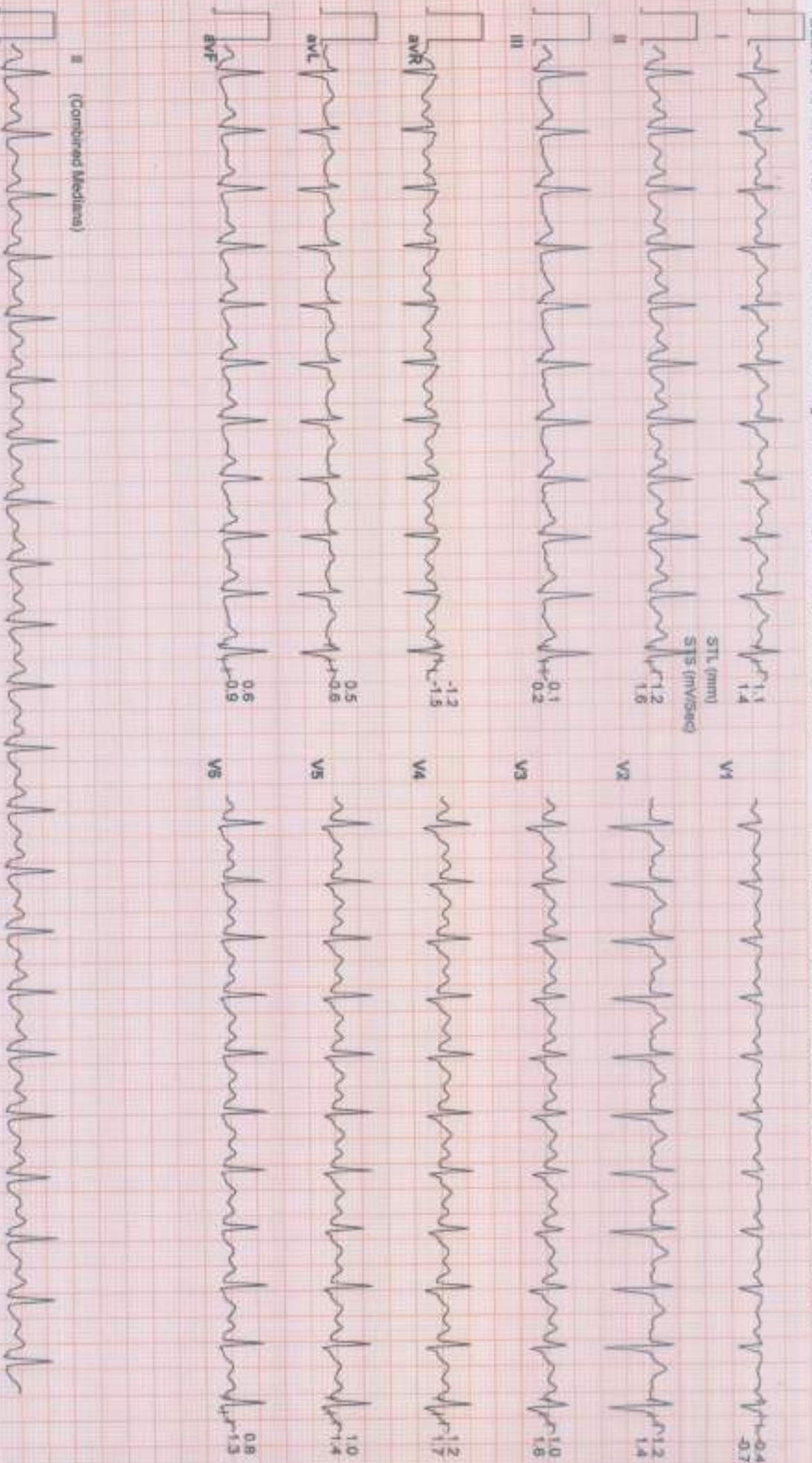


II (Combined Medians)



Date: 08 / 13 / 2023 10:32:11 AM METs : 7.1 HR : 131 Target HR : 70% of 173 BP : 140/80 Post J @dijmSec

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

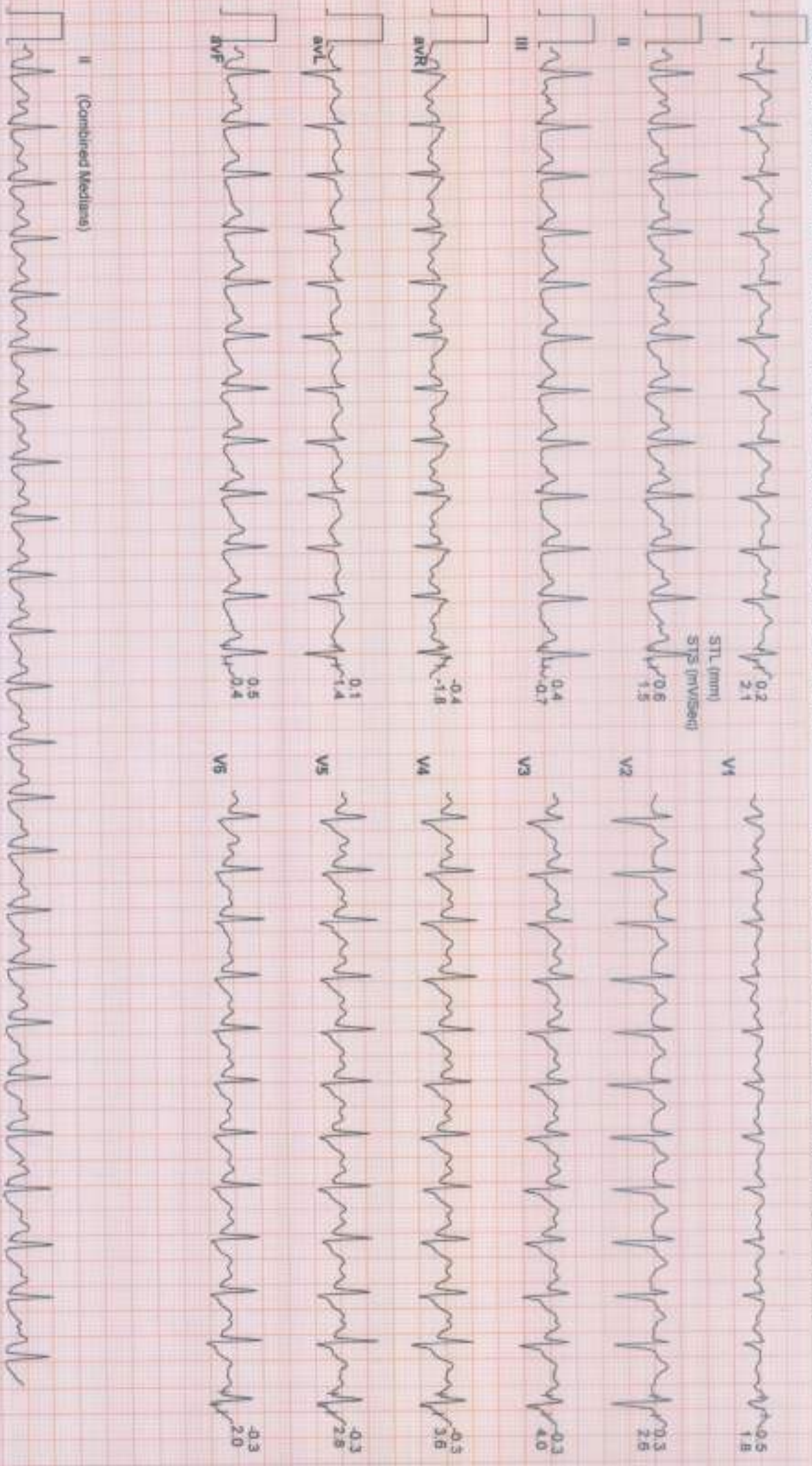






Date: 08 / 12 / 2023 10:32:11 AM METs : 9.5 HR : 147 Target HR : 85% of 173 BP : 150/90 Post J @60mSec

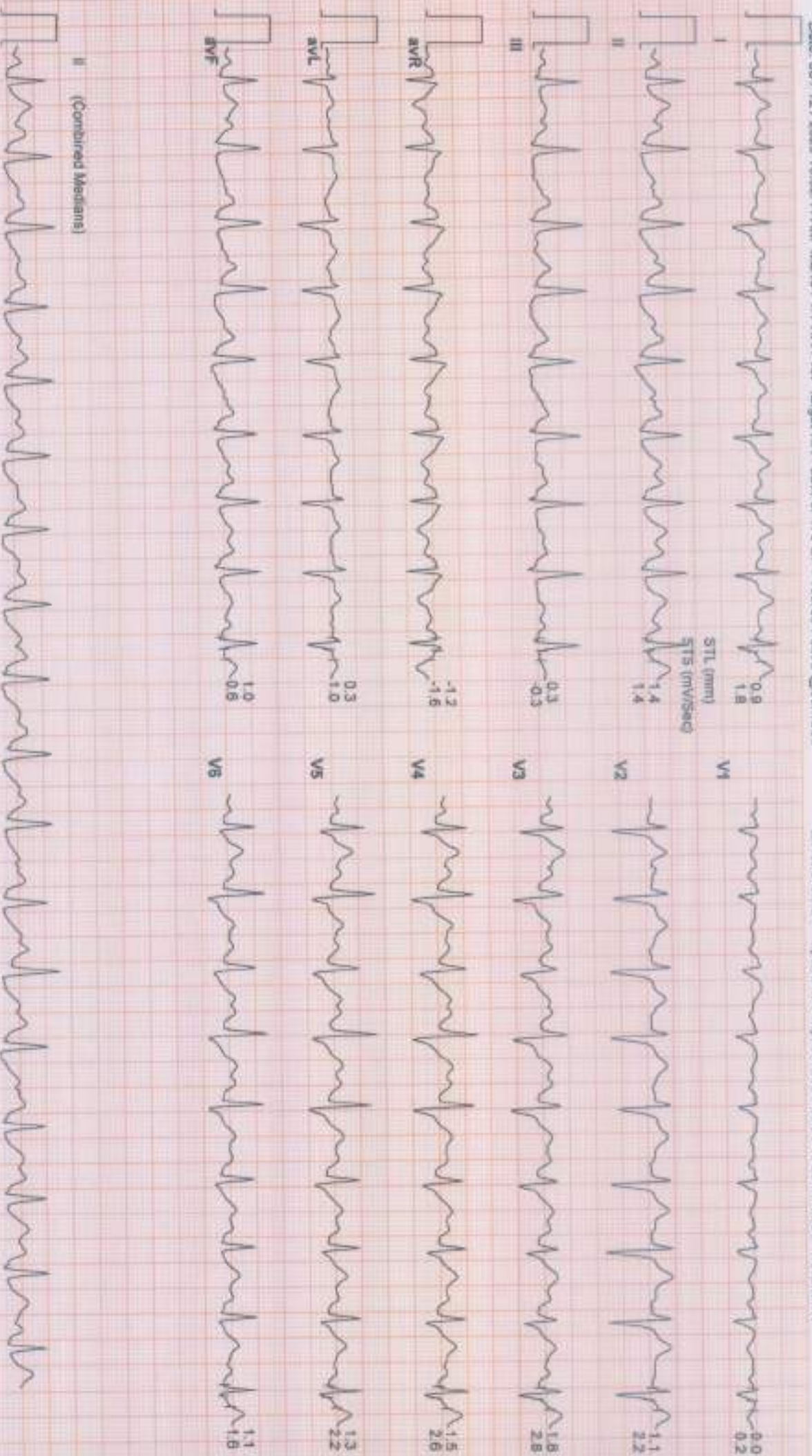
ExTime: 08:21 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec 1.0 Cm/mV





Date: 08 / 12 / 2023 10:32:11 AM METS : 1.1 HR : 107 Target HR : 62% of 173 BP : 160/80 Post J @GünSec

ExTime: 08:21 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

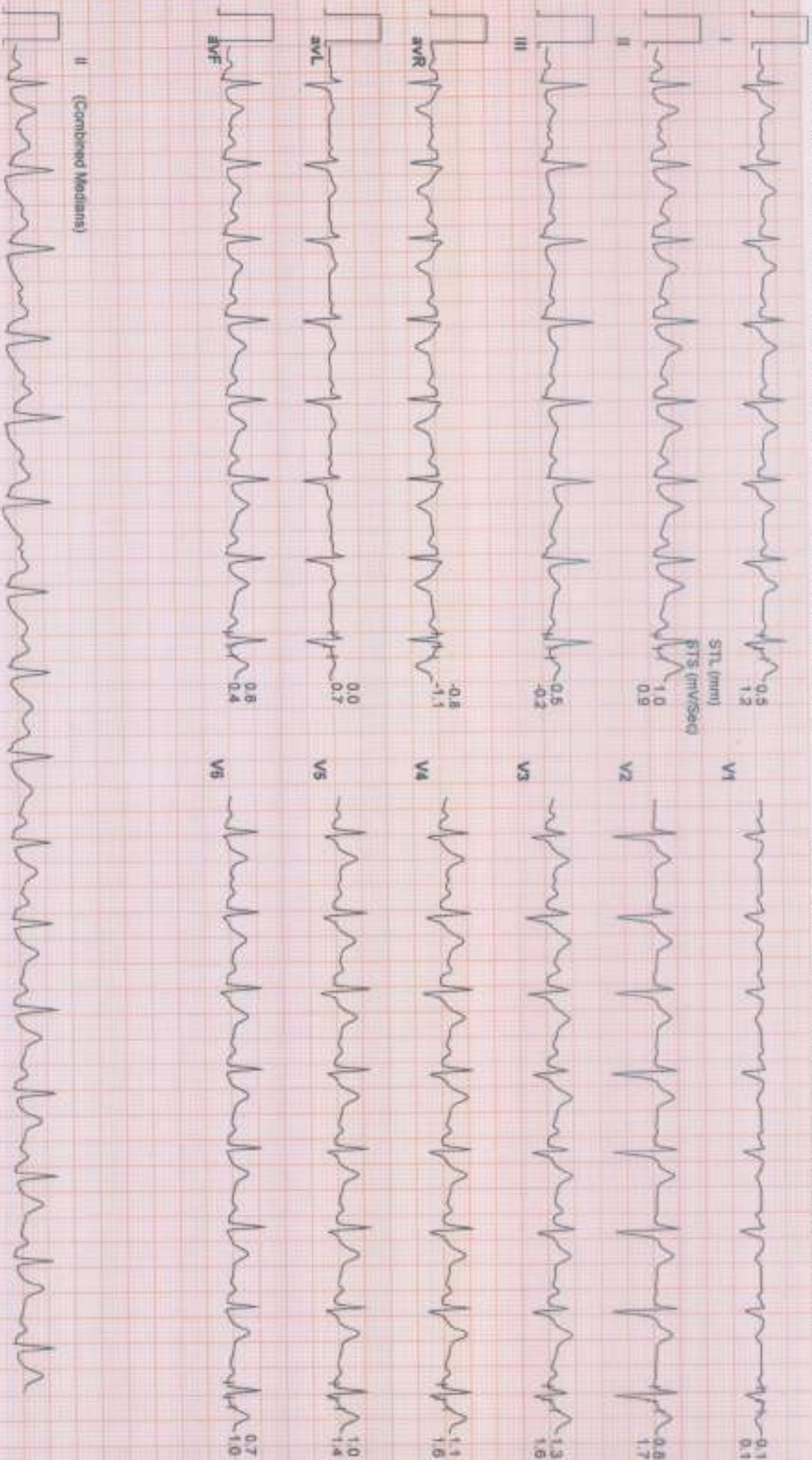
293 / JAGDISH MARSHERE / 47 Yrs / Male / 176 Cm / 97 Kg

6X2 Combine Medians + 1 Rhythm  
Recovery : ( 02:00 )



Date: 08 / 12 / 2023 10:32:11 AM METs : 1.0 HR : 96 Target HR : 95% of 173 BP : 140/80 Post / @BumSec

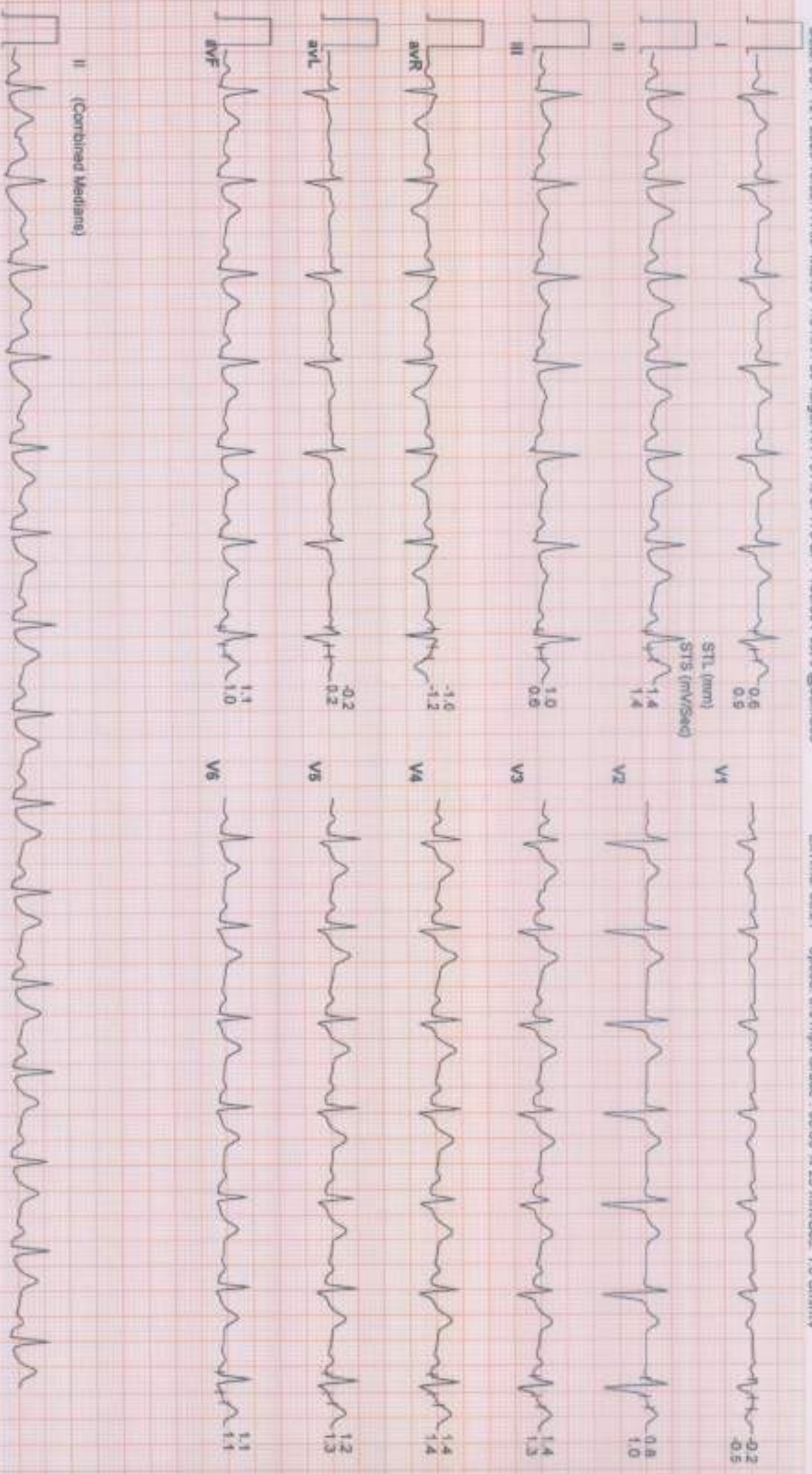
ExTime: 06:21 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV





Date: 08 / 12 / 2023 10:32:11 AM METs : 1.0 HR : 89 Target HR : 51% of 173 BP : 130/60 Post J @60mSec

ExTime: 08:21 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/IV



CID : 2334216330  
Name : Mr JAGDISH MASHERE  
Age / Sex : 47 Years/Male  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 08-Dec-2023  
Reported : 08-Dec-2023 / 13:16

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-----

**Dr Gauri Varma**  
Consultant Radiologist  
MBBS / DMRE  
MMC- 2007/12/4113

Click here to view images <<ImageLink>>



CID : 2334216330  
Name : Mr JAGDISH MASHERE  
Age / Sex : 47 Years/Male  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre

Reg. Date : 08-Dec-2023  
Reported : 08-Dec-2023 / 10:14

R  
E  
P  
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T

USG WHOLE ABDOMEN

EXCESSIVE BOWEL GAS:

LIVER: Liver appears normal in size (14.8 cm) and *shows increased echoreflexivity*. 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: 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 4.6 cm. Left kidney measures 10.1 x 4.7 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, 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 3.2 x 4.2 x 2.9 cm in dimension and 20 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

*There is a 1.4 cm defect in the anterior abdominal wall at umbilical region with herniation of fat within, suggestive of umbilical hernia.*

Click here to view images <http://3.111.232.119/IRISViewer/NeoradViewer?AccessionNo=2023120808372057>



CID : 2334216330  
Name : Mr JAGDISH MASHERE  
Age / Sex : 47 Years/Male  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre

Reg. Date : 08-Dec-2023  
Reported : 08-Dec-2023 / 10:14

**IMPRESSION:**

- GRADE I FATTY INFILTRATION OF LIVER.
- SMALL UMBILICAL HERNIA.

*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-----

**Dr Gauri Varma**  
**Consultant Radiologist**  
**MBBS / DMRE**  
**MMC- 2007/12/4113**

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