

PHYSICAL EXAMINATION REPORT

Patient Name	Prashant Udhavraje	Sex/Age	M / 5 / yrs
Date	27/11/2024	Location	Thane

History and Complaints

K/c/o - ~~DATA~~ Pre Diabetic

EXAMINATION FINDINGS:

Height (cms):	180	Temp (0c):	(98.6)
Weight (kg):	82.1	Skin:	NAD.
Blood Pressure	110/80	Nails:	
Pulse	72/min	Lymph Node:	

Systems :

Cardiovascular:	NAD
Respiratory:	
Genitourinary:	
GI System:	
CNS:	

Impression:

BSL (F) Pre Diabetic. HbA1c - Diabetic.
 ↑ TG's, LOW HDL, ↑ TSH.
 ECG - sinus Bradycardia.

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

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Advice:

- Low Fat, Low sugar Diet
- Regular Exercise
- Repeat Blood sugar profile & Thyroid Profile after 6 Months.

1)	Hypertension:	
2)	IHD	Nil
3)	Arrhythmia	
4)	Diabetes Mellitus	Pre Diabetic
5)	Tuberculosis	
6)	Asthama	
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders	Nil
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	- Screw insertion in RT femur
17)	Musculoskeletal System	- Nil

PERSONAL HISTORY:

1)	Alcohol	No
2)	Smoking	No
3)	Diet	Mixed
4)	Medication	No



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Dr. Manasee Kulkarni
MBBS

2005/09/3439

Date: 22/11/21
 Name: Prashant Vaholekar
 CID: _____
 Sex / Age: M / 41

EYE CHECK UP

Chief complaints: R CV

Systemic Diseases: HBP
 HLL

Past history: _____

Unaided Vision: RR 6/9 NR 9/6 XN 6/12

Aided Vision:

Refraction:

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

Colour Vision: Normal / Abnormal

Remark: Abnormal Vision

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CID : 2133133589
Name : MR.PRASHANT VAHULRAJE
Age / Gender : 41 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 27-Nov-2021 / 10:07
Reported : 27-Nov-2021 / 12:17

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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>
<u>RBC PARAMETERS</u>			
Haemoglobin	13.0	13.0-17.0 g/dL	Spectrophotometric
RBC	4.02	4.5-5.5 mil/cmm	Elect. Impedance
PCV	37.8	40-50 %	Measured
MCV	94	80-100 fl	Calculated
MCH	32.2	27-32 pg	Calculated
MCHC	34.3	31.5-34.5 g/dL	Calculated
RDW	12.0	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4600	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	35.9	20-40 %	
Absolute Lymphocytes	1651.4	1000-3000 /cmm	Calculated
Monocytes	6.5	2-10 %	
Absolute Monocytes	299.0	200-1000 /cmm	Calculated
Neutrophils	54.0	40-80 %	
Absolute Neutrophils	2484.0	2000-7000 /cmm	Calculated
Eosinophils	3.6	1-6 %	
Absolute Eosinophils	165.6	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.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	182000	150000-400000 /cmm	Elect. Impedance
MPV	10.4	6-11 fl	Calculated
PDW	21.8	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		
Macrocytosis	-		



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 11 2-15 mm at 1 hr. Westergren

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



MC-2427



Amid Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist



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Name : MR. PRASHANT VAHULRAJE
Age / Gender : 41 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 27-Nov-2021 / 10:07
Reported : 27-Nov-2021 / 12:30

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	116.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PPR	118.5	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.56	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.28	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.28	0.1-1.0 mg/dl	Calculated
SGOT (AST), Serum	18.7	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	23.0	5-45 U/L	IFCC without pyridoxal phosphate activation
ALKALINE PHOSPHATASE, Serum	55.9	40-130 U/L	PNPP
BLOOD UREA, Serum	34.4	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	16.1	6-20 mg/dl	Calculated
CREATININE, Serum	0.98	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	90	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.6	3.5-7.2 mg/dl	Uricase

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



MC-2427

Amit Taori

Dr. AMIT TAORI
M.D (Path)
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
MICROALBUMINURIA

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Specimen Type, Urine	Random sample		
URINARY MICROALBUMIN, Urine	28.6 mg/l		Imm.Turbidimetry
URINARY CREATININE, Urine	324.06 mg/dl		Enzymatic
URINARY MICROALBUMIN TO URINARY CREATININE RATIO, Urine	8.8	Spot Collection (mg/g Creatinine) 1) Normal < 30 2) Microalbuminuria 30 - 300 3) Clinical Albuminuria > 300	Calculated

Method: Fully Automated Immunoturbidimetric Assay

- 1) Microalbuminuria is a reliable risk indicator for renal and cardiovascular disorders in diabetes and hypertension.
- 2) Microalbuminuria precedes and is highly predictive of diabetic nephropathy and end-stage renal disease.
- 3) By measuring Microalbuminuria one can monitor the patients response to the chosen line of therapy.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
*** End Of Report ***



MC-2111

M Jain
Dr.MILLU JAIN
M.D.(PATH)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	142.7	mg/dl	Calculated

Intended use:

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

Clinical Significance:

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

Test Interpretation:

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

Factors affecting HbA1c results:

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

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

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

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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
*** End Of Report ***



M Jain
Dr.MILLU JAIN
M.D.(PATH)
Pathologist



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Reported : 27-Nov-2021 / 12:34

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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>
<u>PHYSICAL EXAMINATION</u>			
Color	Yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	1-2	Less than 20/hpf	

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



MC-2427



Amrit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist



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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
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

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



MC-2427



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist



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Age / Gender : 41 Years / Male
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	192.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	165.5	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	36.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	155.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	123.0	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	Homogeneous enzymatic colorimetric assay
VLDL CHOLESTEROL, Serum	32.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.4	0-3.5 Ratio	Calculated

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



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist



CID : 2133133589
Name : MR.PRASHANT VAHULRAJE
Age / Gender : 41 Years / Male
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Reg. Location : G B Road, Thane West (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.2	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	6.13	0.35-5.5 microIU/ml	ECLIA

Kindly correlate clinically.

Interpretation:

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

Clinical Significance:

- 1)TSH Values between 5.5 to 15 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: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.

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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MC-2427

Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist

Authenticity Check



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Reg. Location : G B Road, Thane West (Main Centre)

Collected :
Reported :

*** End Of Report ***



CID : 2133133589
Name : Mr PRASHANT VAHULRAJE
Age / Sex : 41 Years/Male
Ref. Dr :
Reg.Location : G B Road, Thane West Main Centre

Reg. Date : 27-Nov-2021 / 12:40
Report Date : 27-Nov-2021 / 14:08
Printed : 27-Nov-2021 / 14:08

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



CID : 2133133589
Name : Mr PRASHANT VAHULRAJE
Age / Sex : 41 Years/Male
Ref. Dr :
Reg.Location : G B Road, Thane West Main Centre
Reg. Date : 27-Nov-2021 / 11:57
Report Date : 27-Nov-2021 / 11:58
Printed : 27-Nov-2021 / 11:58

USG WHOLE ABDOMEN

LIVER: Liver appears normal in size(13.5cm) and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is contracted.(Not evaluated).

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

PANCREAS: Visualised head and body of pancreas appears normal in size & echotexture. Rest is obscured by excessive bowel gas.

KIDNEYS: Right kidney measures 9.2 x 3.5 cm. Left kidney measures 10.8 x 4.4 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 3.0 x 3.5 x 3.8 cm in dimension and 21.7 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: USG ABDOMEN IS WITHIN NORMAL LIMITS.

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.

Advice: Clinical co-relation and further evaluation.

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

D Patil

Dr. Devendra Patil
MBBS, MD (Radio-Diagnosis)
Consultant Radiologist
MMC - 2013/02/0165

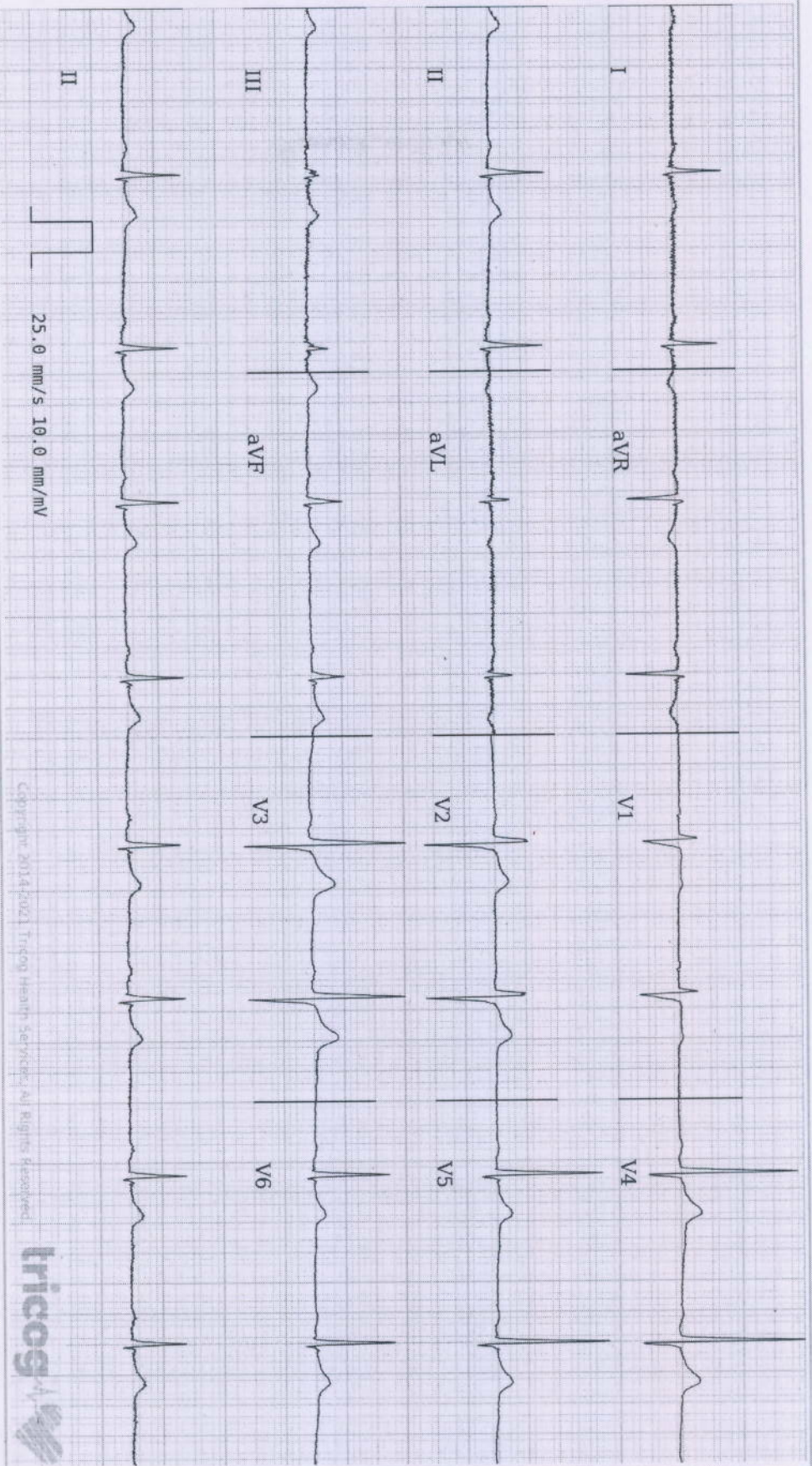
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<http://202.143.96.162/suburban/Viewer?ViewerType=3&AccessionNo=2021112710061425> Page 1 of 2

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

Patient Name: PRASHANT VAHULRAJE
 Patient ID: 2133133589

Date and Time: 27th Nov 21 12:31 PM



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Age **41** **3** **11**
 years months days

Gender **Male**

Heart Rate **55 bpm**

Patient Vitals

BP: 110/80 mmHg

Weight: 82 kg

Height: 180 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QSRD: 88 ms

QT: 402 ms

QTc: 384 ms

PR: 186 ms

P-R-T: 43° 48° 74°

REPORTED BY

DR SHAILAJA PILLAI
 MBBS, MD Physician
 MD Physician
 49972

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

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.

suburban diagnostic GB road

Patient Details

Date: 27-Nov-21

Time: 12:39:39 PM

Name: PRASHANT VAHULRAJE ID: 2133133589

Age: 41 y

Sex: M

Height: 180 cms

Weight: 82 Kgs

Clinical History: NIL

Medications: NIL

Test Details

Protocol: Bruce

Pr.MHR: 179 bpm

THR: 161 (90 % of Pr.MHR) bpm

Total Exec. Time: 7 m 21 s

Max. HR: 154 (86% of Pr.MHR)bpm

Max. Mets: 10.20

Max. BP: 160 / 80 mmHg

Max. BP x HR: 24640 mmHg/min

Min. BP x HR: 5760 mmHg/min

Test Termination Criteria: Fatigue, Target HR attained

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 : 34	1.0	0	0	78	120 / 80	-0.64 aVR	1.06 V3
Standing	0 : 1	1.0	0	0	78	120 / 80	-0.21 aVR	1.06 V3
Hyperventilation	0 : 1	1.0	0	0	72	120 / 80	-0.42 aVR	1.06 V3
1	3 : 0	4.6	1.7	10	117	130 / 80	-1.91 III	2.83 V5
2	3 : 0	7.0	2.5	12	141	140 / 80	-0.64 III	3.18 V4
Peak Ex	1 : 21	10.2	3.4	14	154	160 / 80	-0.64 III	2.83 V4
Recovery(1)	1 : 0	1.8	1	0	134	160 / 80	-0.42 III	2.83 V4
Recovery(2)	1 : 0	1.0	0	0	99	130 / 80	-0.42 aVR	2.83 V4
Recovery(3)	1 : 0	1.0	0	0	87	130 / 80	-0.42 V6	1.77 V3
Recovery(4)	1 : 0	1.0	0	0	81	130 / 80	-0.42 V6	1.06 V3
Recovery(5)	0 : 3	1.0	0	0	77	130 / 80	-0.42 V6	0.71 V3

Interpretation

The patient exercised according to the Bruce protocol for 7 m 21 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 78 bpm, rose to a max. heart rate of 154 (86% of Pr.MHR) bpm. Resting blood Pressure 120 / 80 mmHg, rose to a maximum blood pressure of 160 / 80 mmHg., Negative Stress Test, Good effort tolerance normal chronotropic and inotropic response no angina/arrhythmia.No significant STT changes from baseline.

Disclaimer:Negative stress test does not rule out coronary artery disease.Positive stress test is suggestive of but not confirmatory off coronary artery disease.Hence overall cardiological corelation is mandatory.

Dr. SHAILAJA PILLAI

M.D. (GEN.MED)

R.NO. 49972

Ref. Doctor: -----

(Summary Report edited by user)

Doctor: **DR.SHAILAJA PILLAI**

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PRASHANT VAHULRAJE (41 M)

Suburban diagnostic GB road

ID: 2133133689

Date: 27-Nov-21

Exec Time : 0 m 0 s

Stage Time : 0 m 34 s **HR: 78 bpm**

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 161 bpm)

B.P.: 120 / 80

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

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

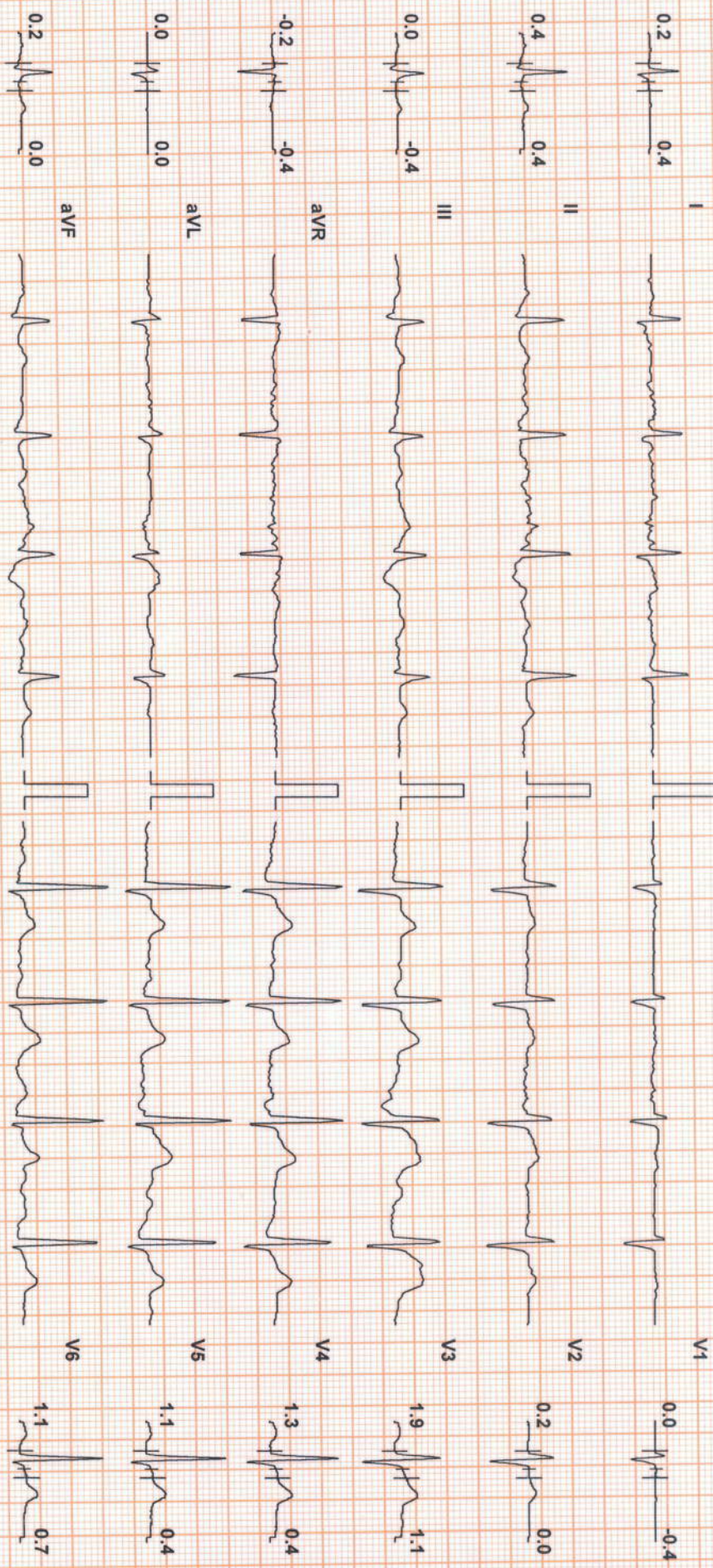


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



PRASHANT VAHULRAJE (41 M)

suburban diagnostic GB road

ID: 2133133589

Date: 27-Nov-21

Exec Time : 0 m 0 s

Stage Time : 0 m 1 s

HR: 78 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 161 bpm)

B.P: 120 / 80

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

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

0.2 0.4

0.0 -0.4

0.4 0.4

0.0 -0.4

0.4 0.4

0.2 0.0

0.0 -0.4

1.9 1.1

-0.2 -0.4

1.3 0.4

0.0 0.0

1.1 0.4

0.0 0.0

1.1 0.7

0.2 0.0

1.1 0.4

0.0 0.0

1.1 0.4

0.0 0.0

1.1 0.7

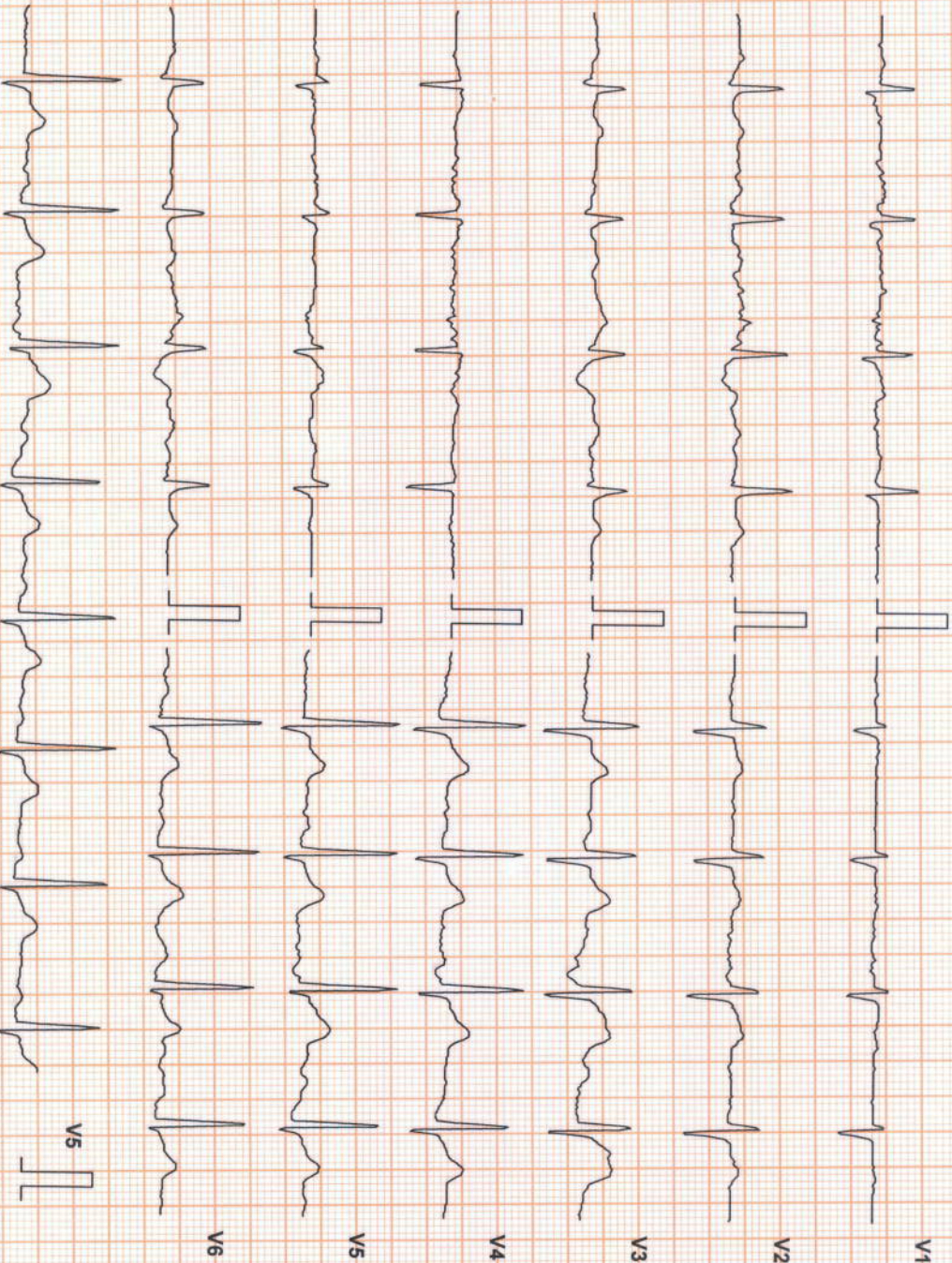


Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



PRASHANT VAHULRAJE (41 M)

suburban diagnostic GB road

ID: 2133133589

Date: 27-Nov-21

Exec Time : 0 m 0 s

Stage Time : 0 m 1 s

HR: 72 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 161 bpm)

B.P: 120 / 80

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

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

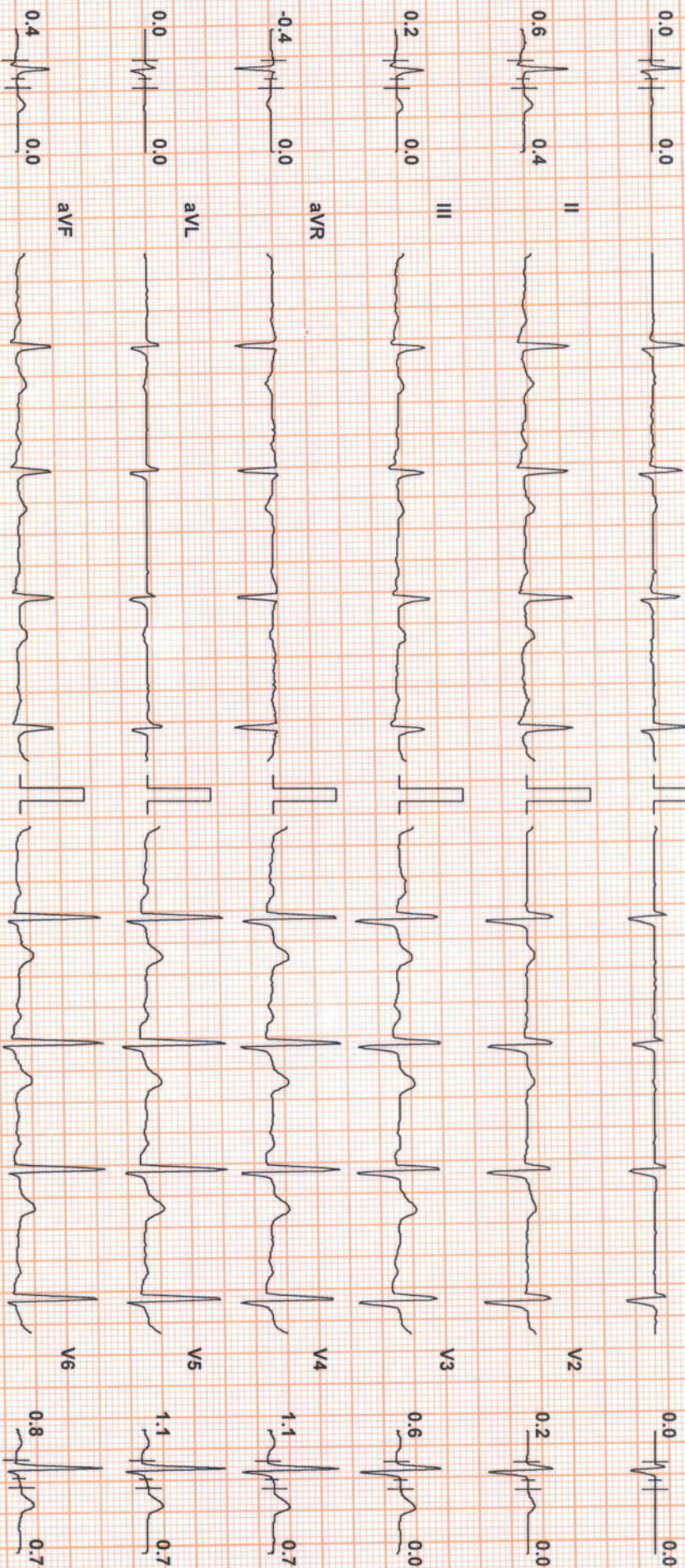


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandam V 4.7



PRASHANT VAHURRAJE (41 M)

ID: 2133133589

Date: 27-Nov-21

Exec Time : 3 m 0 s

Stage Time : 3 m 0 s

HR: 117 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 161 bpm)

B.P: 130 / 80

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

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

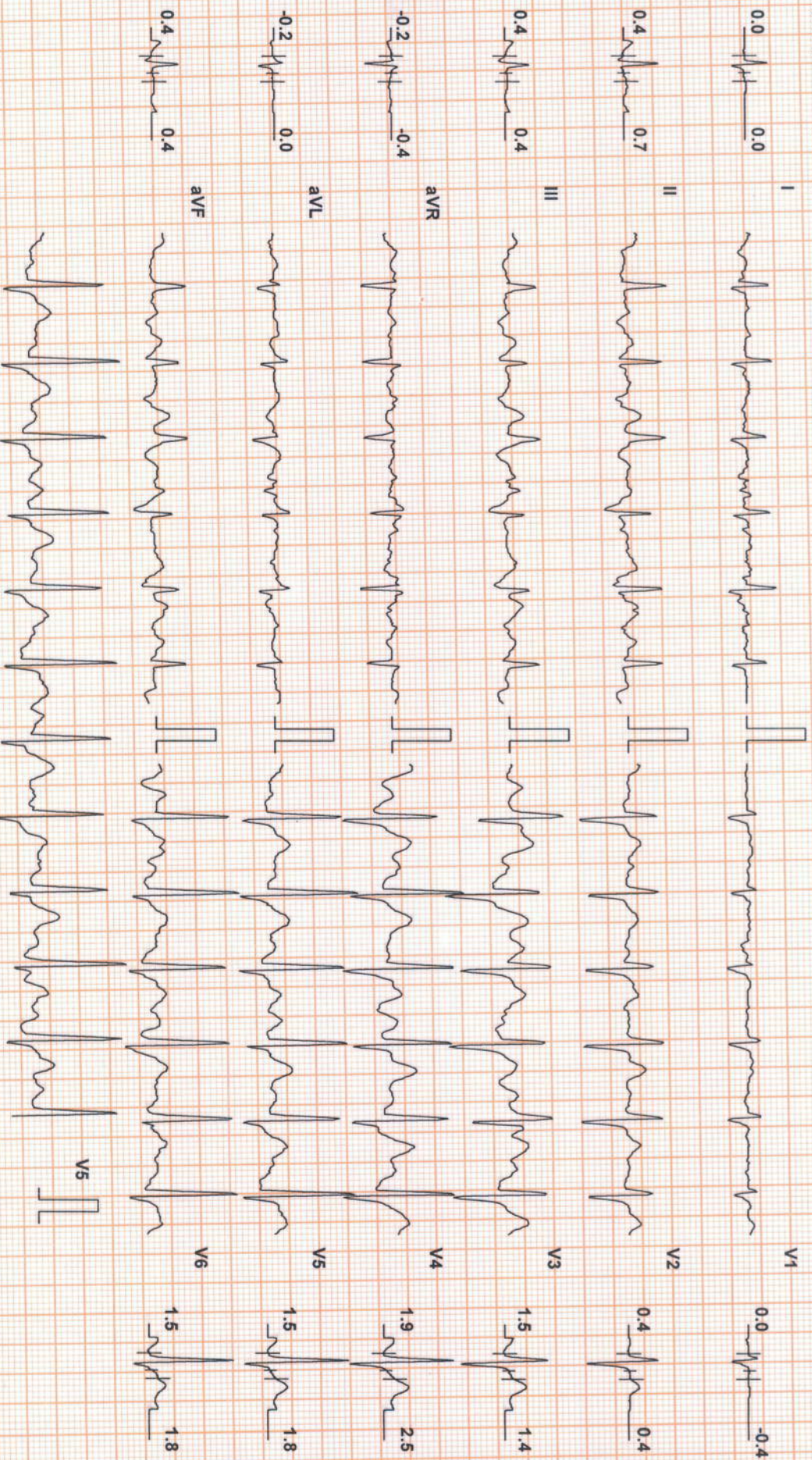


Chart Speed: 25 mm/sec
Schlier Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



PRASHANT VAHULRAJE (41 M)

ID: 2133133589

Date: 27-Nov-21

Exec Time : 6 m 0 s

Stage Time : 3 m 0 s

HR: 141 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 161 bpm)

B.P: 140 / 80

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

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

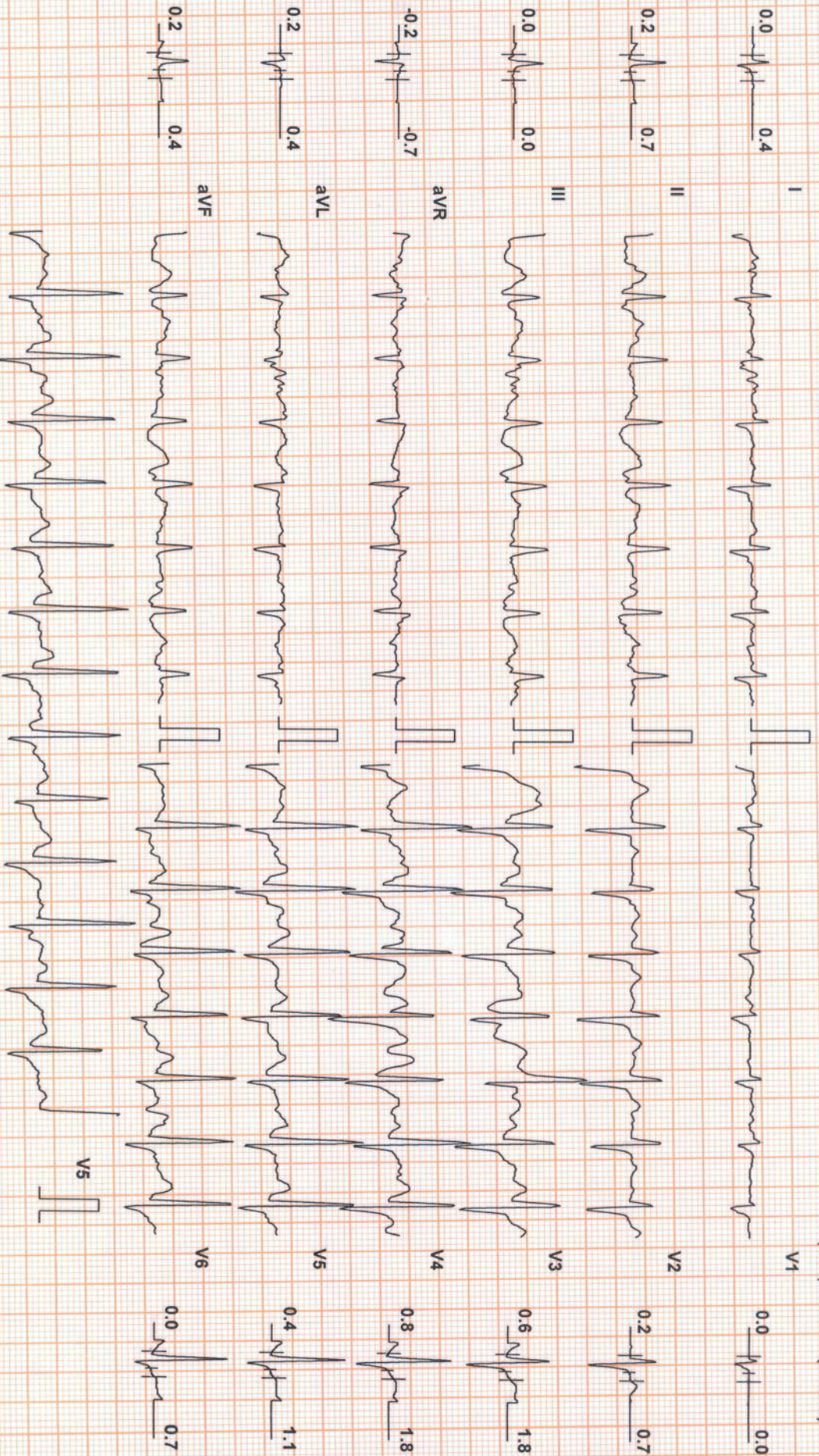


Chart Speed: 25 mm/sec
Schiller Spanden V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



PRASHANT VAHURAJE (41 M)

Protocol: Bruce

ID: 2133133589

Date: 27-Nov-21

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 161 bpm)

Suburban diagnostic GB road

Exec Time : 7 m 21 s Stage Time : 1 m 21 s **HR: 154 bpm**

B.P: 160 / 80

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

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

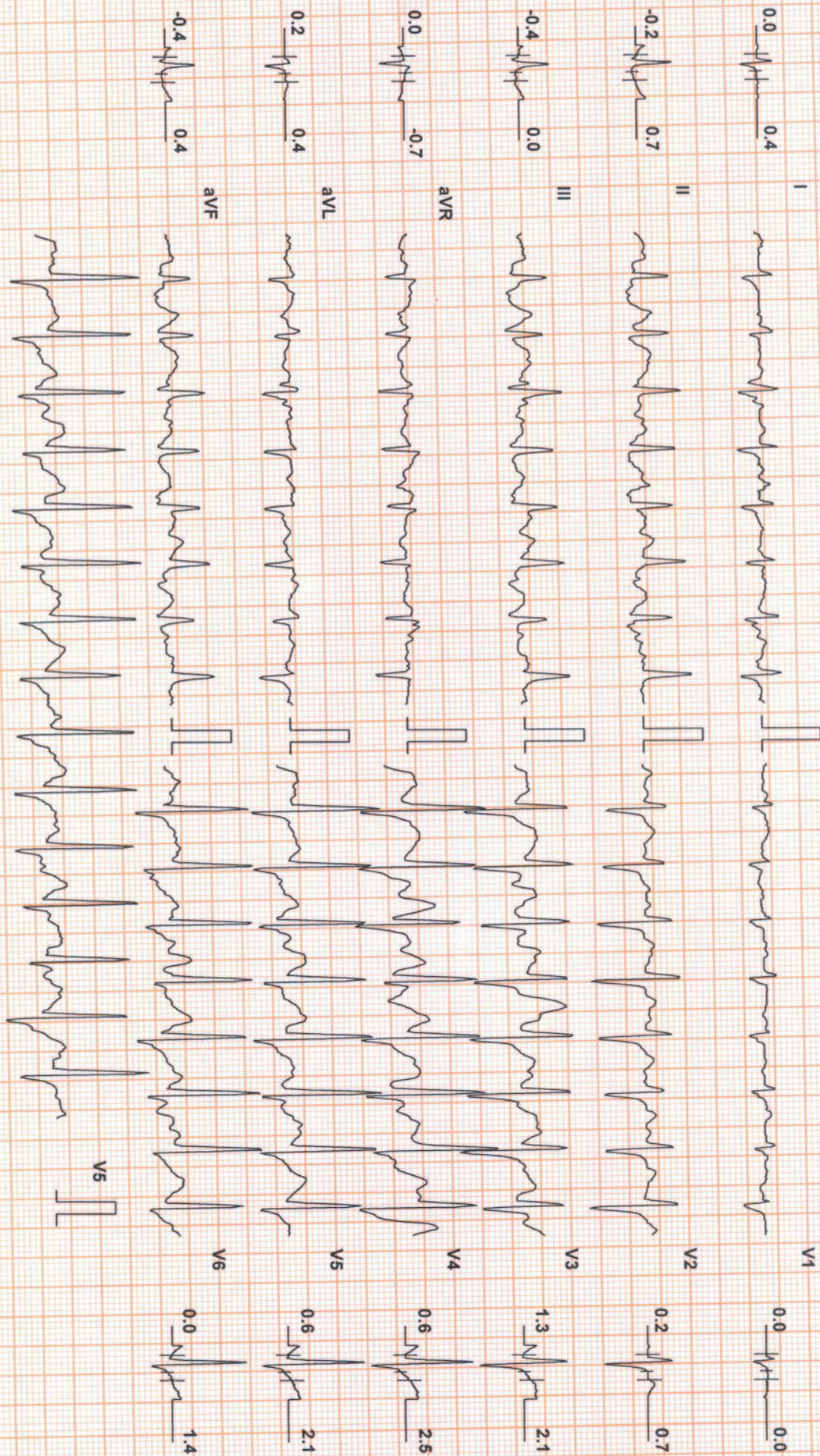


Chart Speed: 25 mm/sec
Schlier Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



PRASHANT VAHULRAJE (41 M)

ID: 2133133589

Date: 27-Nov-21

Exec Time : 7 m 21 s Stage Time : 1 m 0 s

HR: 134 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 0 mph

Grade: 0 %

(THR: 161 bpm)

B.P: 160/80

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

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

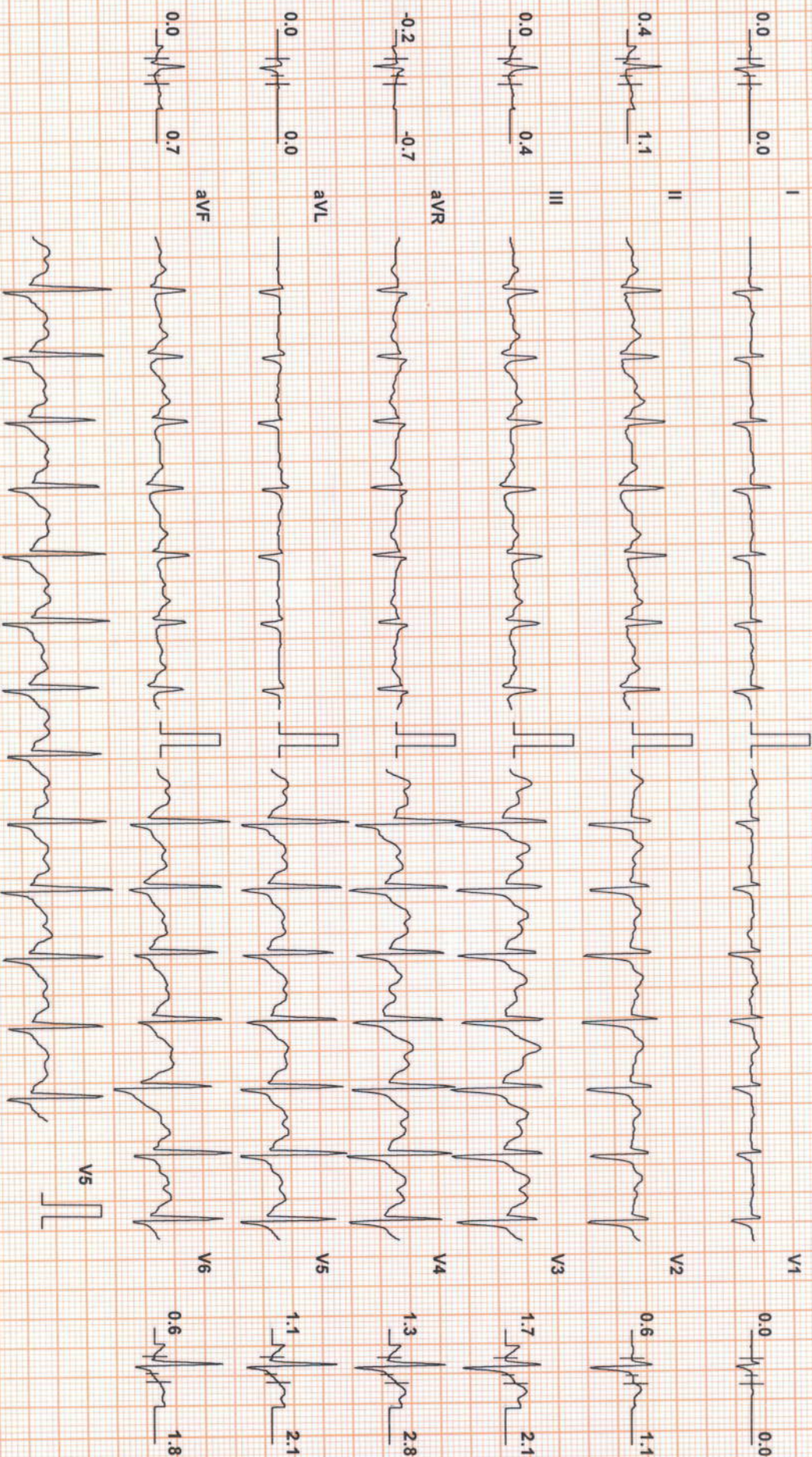


Chart Speed: 25 mm/sec
Schlier Spanden V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



PRASHANT VAHULRAJE (41 M)

ID: 2133133589

Date: 27-Nov-21

Exec Time : 7 m 21 s Stage Time : 1 m 0 s

HR: 99 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 161 bpm)

B.P: 130 / 80

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

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

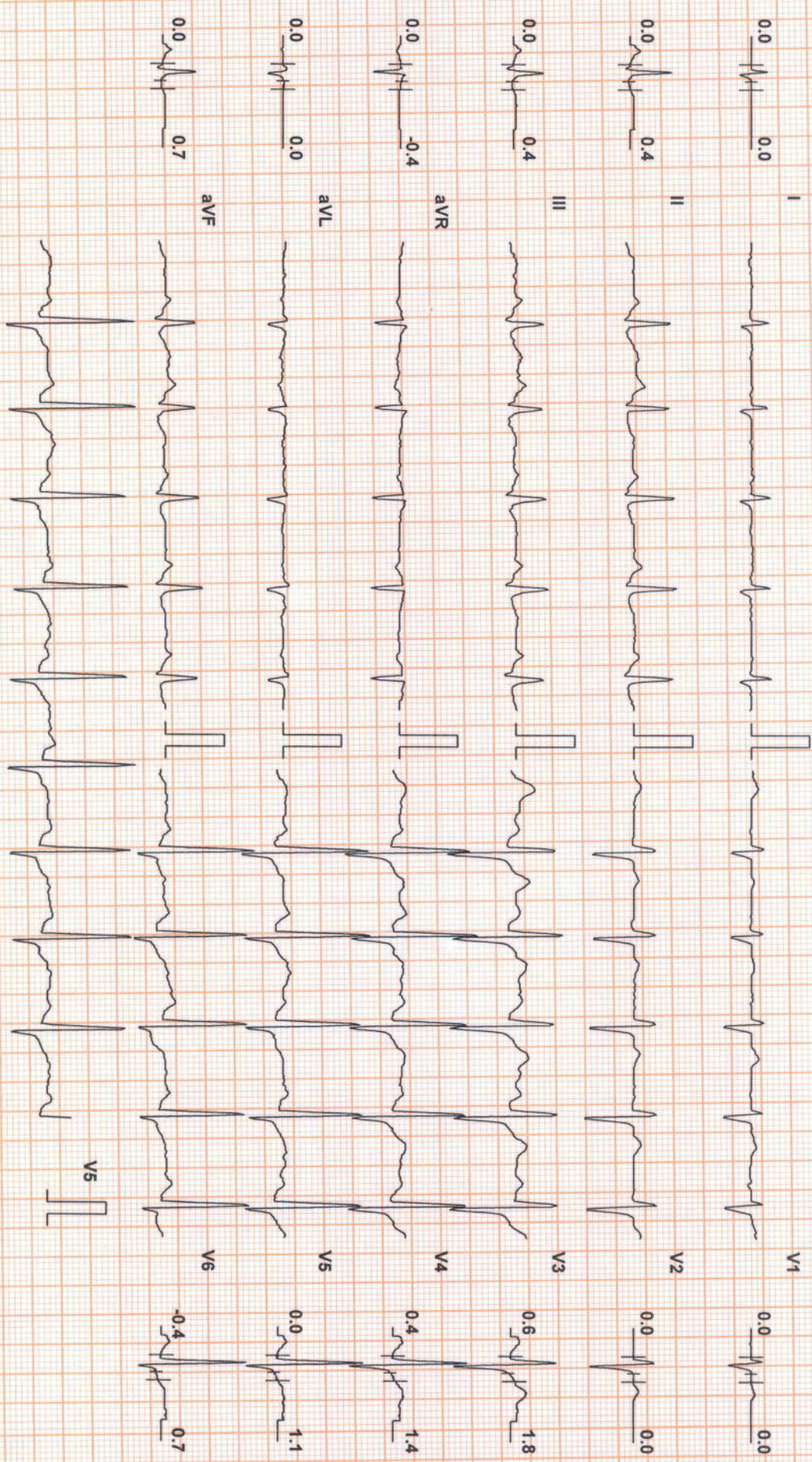


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7



suburban diagnostic GB road

PRASHANT VAHULRAJE (41 M)

ID: 2133133589

Date: 27-Nov-21

Exec Time : 7 m 21 s Stage Time : 1 m 0 s

HR: 87 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 161 bpm)

B.P: 130 / 80

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

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

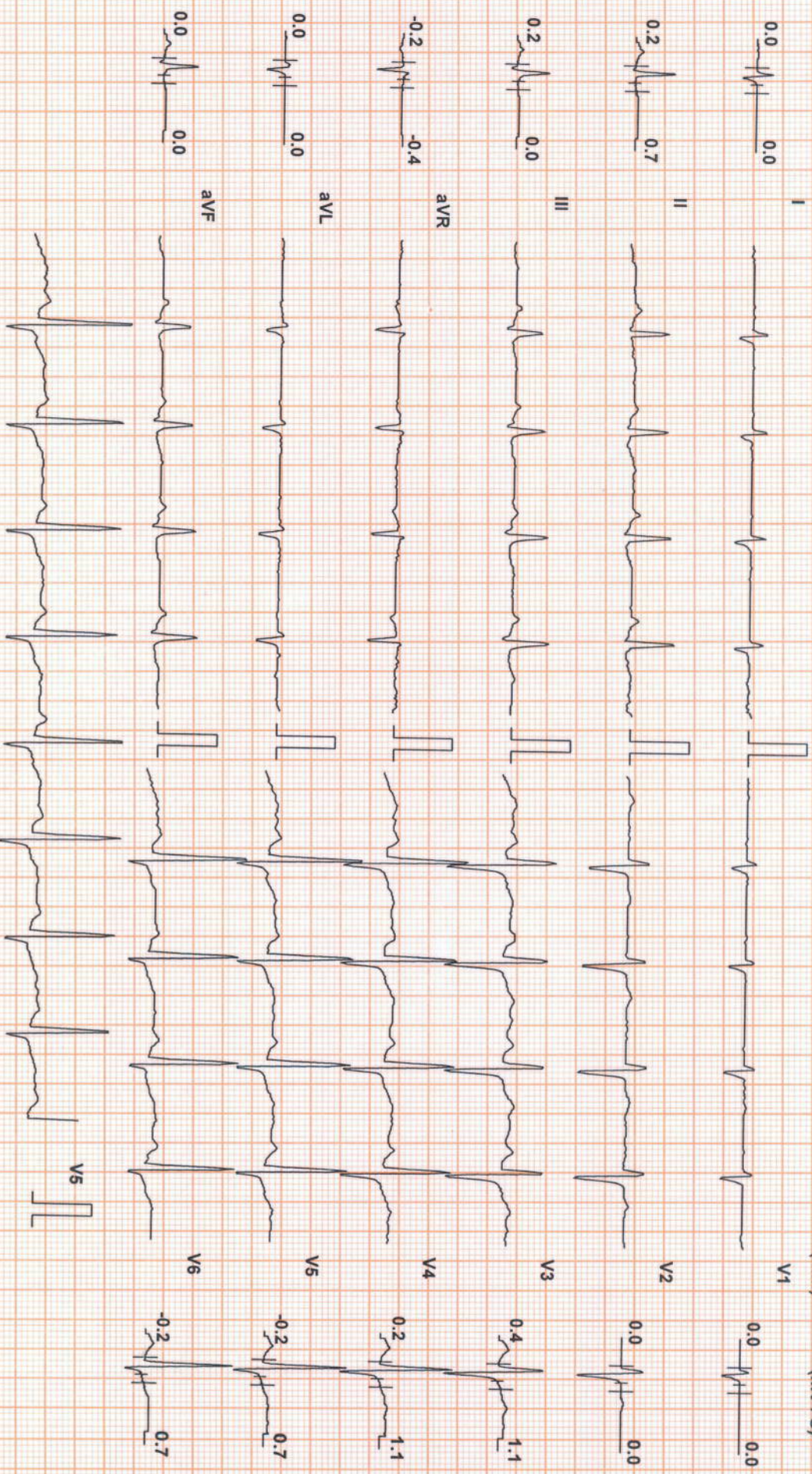


Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

PRASHANT VAHULRAJE (41 M)

ID: 2133133589

Date: 27-Nov-21

Exec Time : 7 m 21 s Stage Time : 1 m 0 s

HR: 81 bpm

Protocol: Bruce

Stage: Recovery(4)

Speed: 0 mph

Grade: 0 %

(THR: 161 bpm)

B.P.: 130 / 80

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

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

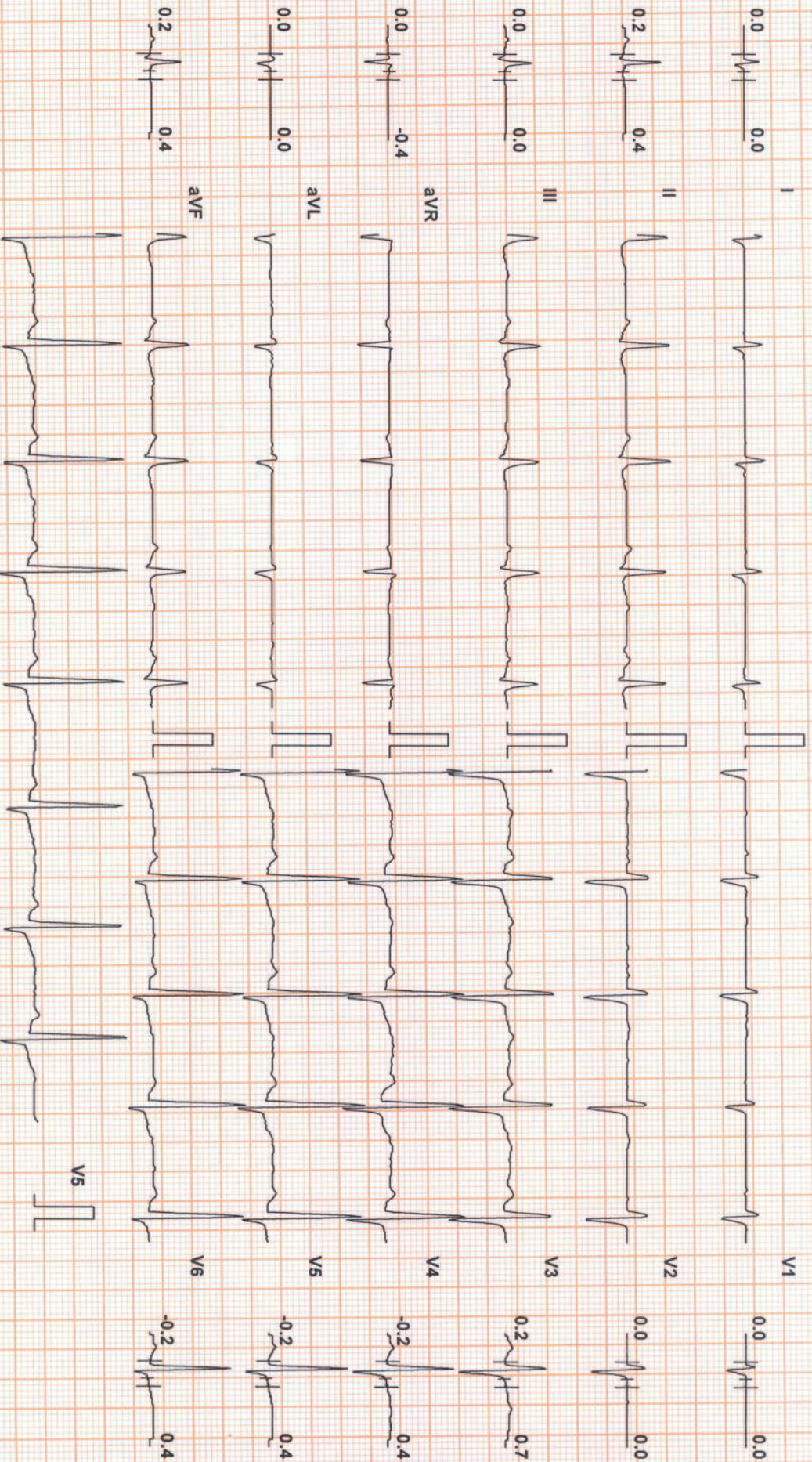


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7