

Name : MR.PRATHAMESH PRAMOD KOTKAR

Age / Gender : 34 Years / Male

Consulting Dr. : - Collected : 11-Nov-2023 / 09:57

Reg. Location : Borivali West (Main Centre) Reported :11-Nov-2023 / 13:35

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### AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

	CBC (Complet	te Blood Count), Blood	
<u>PARAMETER</u>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	14.1	13.0-17.0 g/dL	Spectrophotometric
RBC	4.93	4.5-5.5 mil/cmm	Elect. Impedance
PCV	41.4	40-50 %	Measured
MCV	84	80-100 fl	Calculated
MCH	28.6	27-32 pg	Calculated
MCHC	34.0	31.5-34.5 g/dL	Calculated
RDW	14.3	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	6520	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND A	BSOLUTE COUNTS		
Lymphocytes	25.8	20-40 %	
Absolute Lymphocytes	1682.2	1000-3000 /cmm	Calculated
Monocytes	7.4	2-10 %	
Absolute Monocytes	482.5	200-1000 /cmm	Calculated
Neutrophils	61.0	40-80 %	
Absolute Neutrophils	3977.2	2000-7000 /cmm	Calculated
Eosinophils	5.2	1-6 %	
Absolute Eosinophils	339.0	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	
Absolute Basophils	39.1	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

#### **PLATELET PARAMETERS**

Platelet Count	237000	150000-400000 /cmm	Elect. Impedance
MPV	8.1	6-11 fl	Calculated
PDW	14.3	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 5 2-15 mm at 1 hr. Sedimentation

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





Dr.JYOT THAKKER M.D. (PATH), DPB Pathologist & AVP( Medical Services)

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Name : MR.PRATHAMESH PRAMOD KOTKAR

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**Reported** :11-Nov-2023 / 17:25

Collected

#### AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	86.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	79.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.44	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.19	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.25	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	5.1	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	1.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	3.4	1 - 2	Calculated
SGOT (AST), Serum	15.2	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	18.7	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	14.1	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	62.6	40-130 U/L	Colorimetric
BLOOD UREA, Serum	25.0	12.8-42.8 mg/dl	Kinetic
BUN, Serum	11.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.90	0.67-1.17 mg/dl	Enzymatic



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Consulting Dr.

eGFR, Serum

: Borivali West (Main Centre) Reg. Location

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(ml/min/1.73sqm)Calculated

Normal or High: Above 90 Mild decrease: 60-89

Mild to moderate decrease: 45-

Moderate to severe decrease:30

Severe decrease: 15-29 Kidney failure:<15

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

URIC ACID, Serum 5.6 3.5-7.2 mg/dl Enzymatic

Urine Sugar (Fasting) Absent Absent Urine Ketones (Fasting) **Absent Absent** 

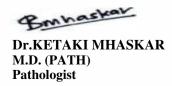
115

Urine Sugar (PP) Absent Absent Urine Ketones (PP) Absent Absent

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# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER RESULTS BIOLOGICAL REF RANGE METHOD

Glycosylated Hemoglobin 5.5 Non-Diabetic Level: < 5.7 % HPLC (HbA1c), EDTA WB - CC Prediabetic Level: 5.7-6.4 %

Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %

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Estimated Average Glucose 111.1 mg/dl Calculated

(eAG), EDTA WB - CC

#### Intended use:

• In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year

- · In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

#### Clinical Significance:

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

#### Test Interpretation:

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

#### Factors affecting HbA1c results:

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

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

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

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

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



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

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• 11 Nov 2022 / 00•F

# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<b>CHEMICAL EXAMINATION</b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION	<u>DN</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	2-3	Less than 20/hpf	
Others	-		

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

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

Reference: Pack inert

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





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:11-Nov-2023 / 16:06

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

**RESULTS PARAMETER** 

**ABO GROUP** Α

Rh TYPING Negative

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

#### Clinical significance:

ABO system is most important of all blood group in transfusion medicine

#### Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

#### Refernces:

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

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





S. Sakhare Dr.SUHAS SAKHARE M.D. (PATH) **Pathologist** 

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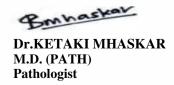
# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	156.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	79.1	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	44.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	112.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	96.0	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	16.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.2	0-3.5 Ratio	Calculated

<sup>\*</sup>Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
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#### AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	5.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.9	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	0.967	0.35-5.5 microIU/ml	ECLIA

#### 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 microl U/ml should be correlated clinically or repeat the test with new sample as physiological factors

2)TSH values may be trasiently altered becuase of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

	a ana cargory		
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.

- 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)





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

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# SUBURBAN DRIVES BRIDGES BEAUTION OF THE SECTIONS

# SUBURBAN DIAGNOSTICS - BORIVALI WEST

PRATHAMESH PRAMOD KOTKAR

Date and Time: 11th Nov 23 10:51 AM

NA

Patient Name: Patient ID: 2331520566



Disclorer: 1) Analysis in the users is based on ECG siver and about be used at an adjunct in almost history, symptoms, and mostly of a physician. 3) Regions while on a critical by the clinician and our drivens from the ECG.

REPORTED BY

Dr Nitte Searnaw M. B.D.S. AFLUL, D.DIAB, D. CAND Committee Cardiologies 87714

URBAN Mumbail



R

Name: Pauthamesh Kotka Ysex/Age: m/ 34

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:





भारत निवहणुक आयोग ओक्ष्मप्रप्र ELECTION COMMISSION OF INDIA IDENTITY CARD

WEH4559670





मतमाराचे नाव

प्रकास असेट संदर्भ

Elector's Name

Profituresh Pramod

बहिलांचे शंघ

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: THE / MALE

new militar Albeits of Birth . . . . 2509/1008



# SUBURBAN DIANOSTICS PVT, LTD. BORIVALI

Name: PRATHAMESH KOTKAR

Date: 11-11-2023 Time: 11:01

Height: 180 cms

Weight: 86 Kg

ID: 2331520566

Age: 34 Clinical History:

Genderi M KNEE PAIN

Medications:

AYURVEDIC RX. FOR KNEEPAIN.

Test Details:

Bruce Protocol:

Predicted Max HR:

Target HR: 158 (85% of Pr. MHR)

Exercise Time:

0:09:53

Achieved Max HR:

164 (88% of Pr. MHR)

Max BP:

160/80

Max BP x HR:

26240

Max Mets: 11.1

Test Termination Criteria:

TEST COMPLET

# Protocol Details:

Protocol De	etails:			Grade	Heart Rate	BF	RPP	Max ST Level	Max ST Slope
Stage Name	Stage Time	METS	Speed kmph	14	bpm	110/80	6380	-0.7 aVR	-1.9 II
	00:31	1	0	0	58	110/80	6600	0.9 II	0.2 V3
Supint	00:13		0	0	60	110/90	6270	1.1 V3	-0.111
Standing	00:13		0	0	57	110/90	6050	1.6.11	0.2 V3
HyperVentilation	00:07		1.6	0	55	110/80	8800	-i V3	1.2 V3
PreTest	03:00	4.7	2.7	10	80	THE COLUMN	13780	-1.21	0.4 V4
Stage 1	03:00	7	4	12.	106	130/80	22650	1 V3	0.8.Y3
Stage: 7	03:00	10.1	5.5	14	151	The second second	24600	1.2 V3	1.2.V3
Singe 3.	00:53	11.1	6.8	16	164	150/80	19360	0.5.11	2.2.V3
Peak Exercise	01:00	1	0	0	121	160/80	14840	3.4.V3	1.6 V3
Recovery1	01:00	-	0	0	106	140/80	10320	0.61	1 V3
Recovery2	01:00		0.	0	86	120/90	9790	111	03.V3
Recovery3	00:24		0	0	89	110/80	19790		
Recovery4	00.24								

# Interpretation

The Patient Exercised according to Bruce Protocol for 0:09:53 achieving a work level of 11.1 METS. Resting Heart Rate, initially 58 bpm rose to a max, heart rate of 164bpm (88% of Predicted Maximum Heart Rate). Resting Blood Pressure of 110/80 mmHg, rose to a maximum Blood Pressure of 160/80 mmHg Good Effort tolerance Normal HR & BP Respone No Angina or Arrhymins No Significant ST-T Change Noted During Exercise Stress test Negative for Stress inducible ischaemia.

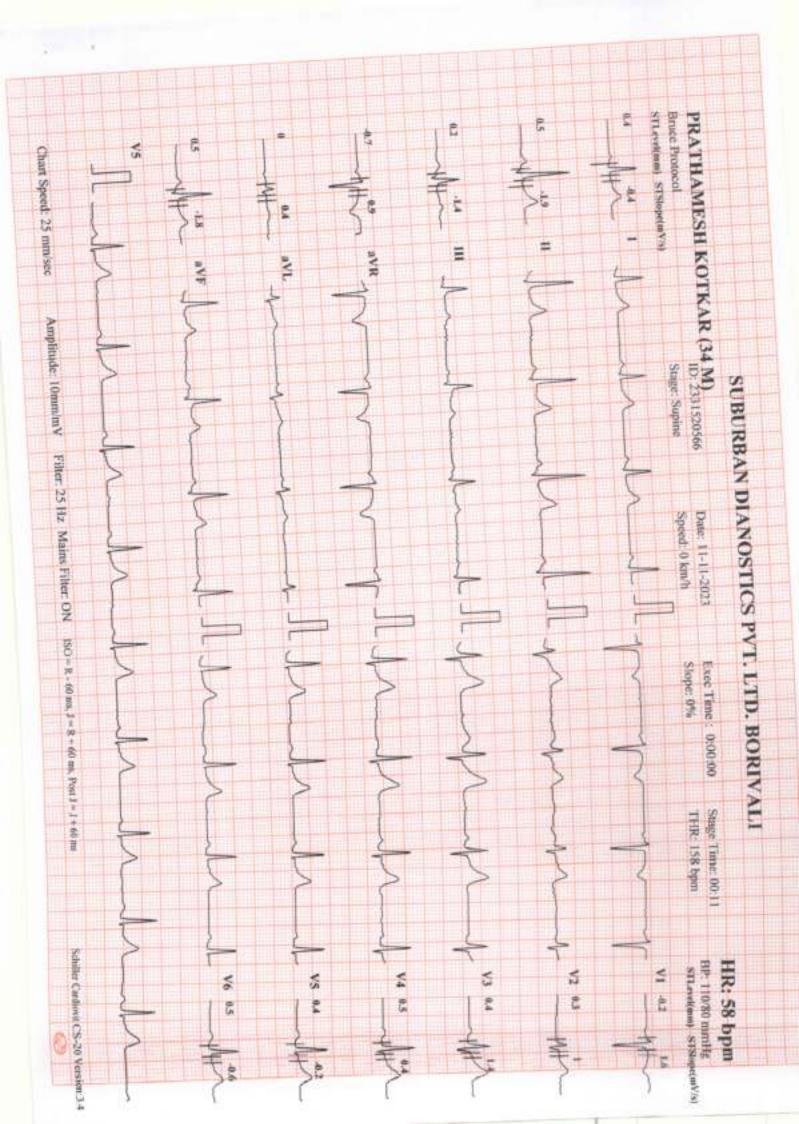
> Suburban Diagnostics (j) Pvt. Ltd. 3018 302 3rd Flack Vini Blagemenee Above Taning Jweller, L. T. Road. Borivali (Weet), Mumbal - 409 092

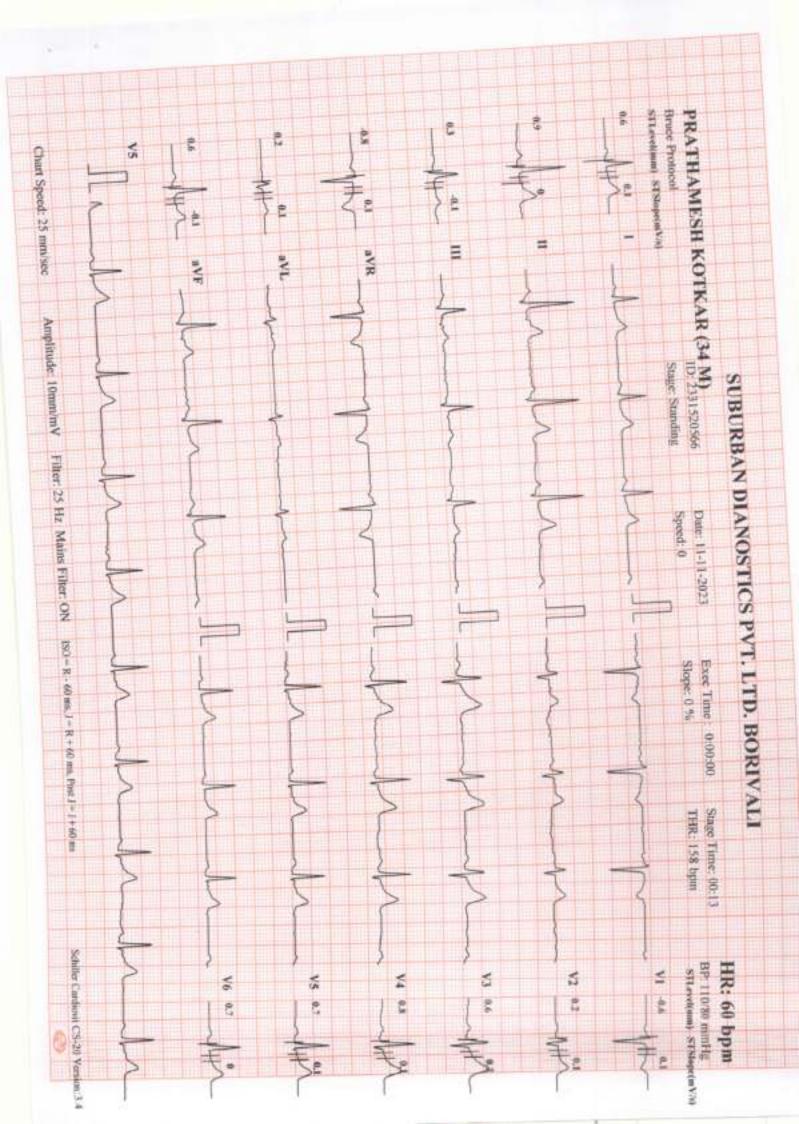
DR. NITIN SONAVANE M.B.B.S.AFLH, D.DIAB, D.CARD. CONSULTANT-GARDIOLOGIST PEGD NO.: 87714

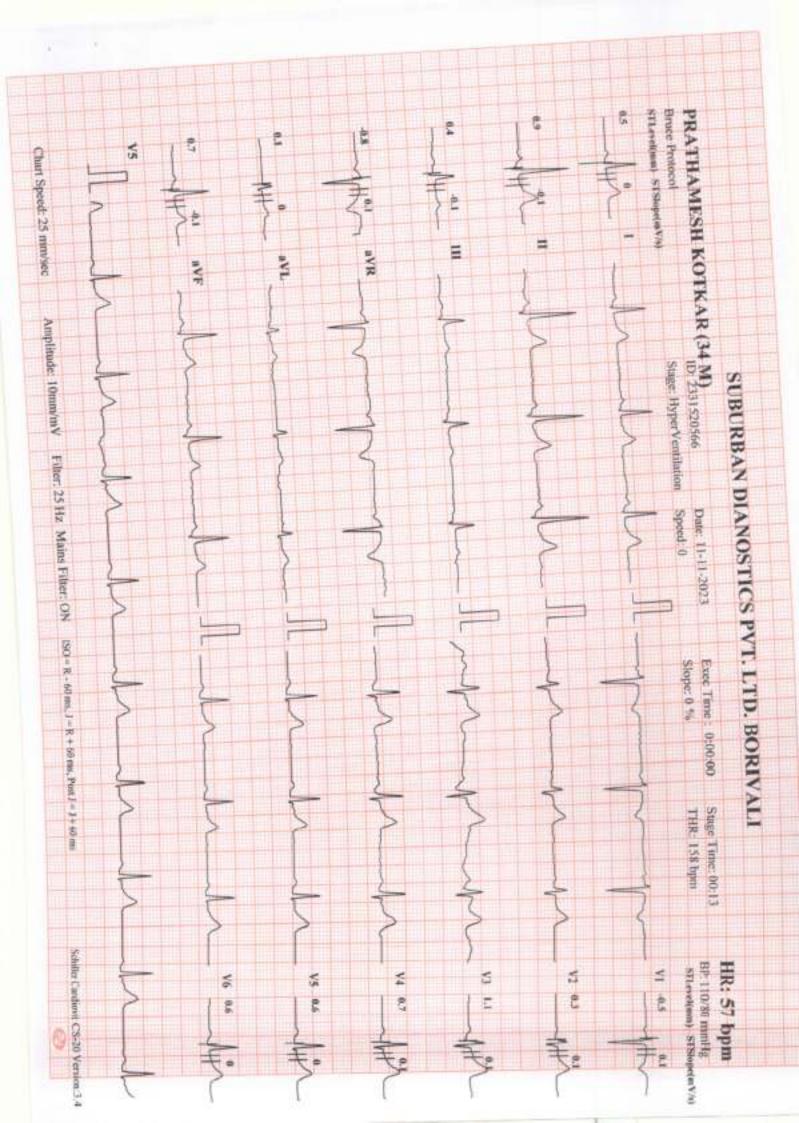
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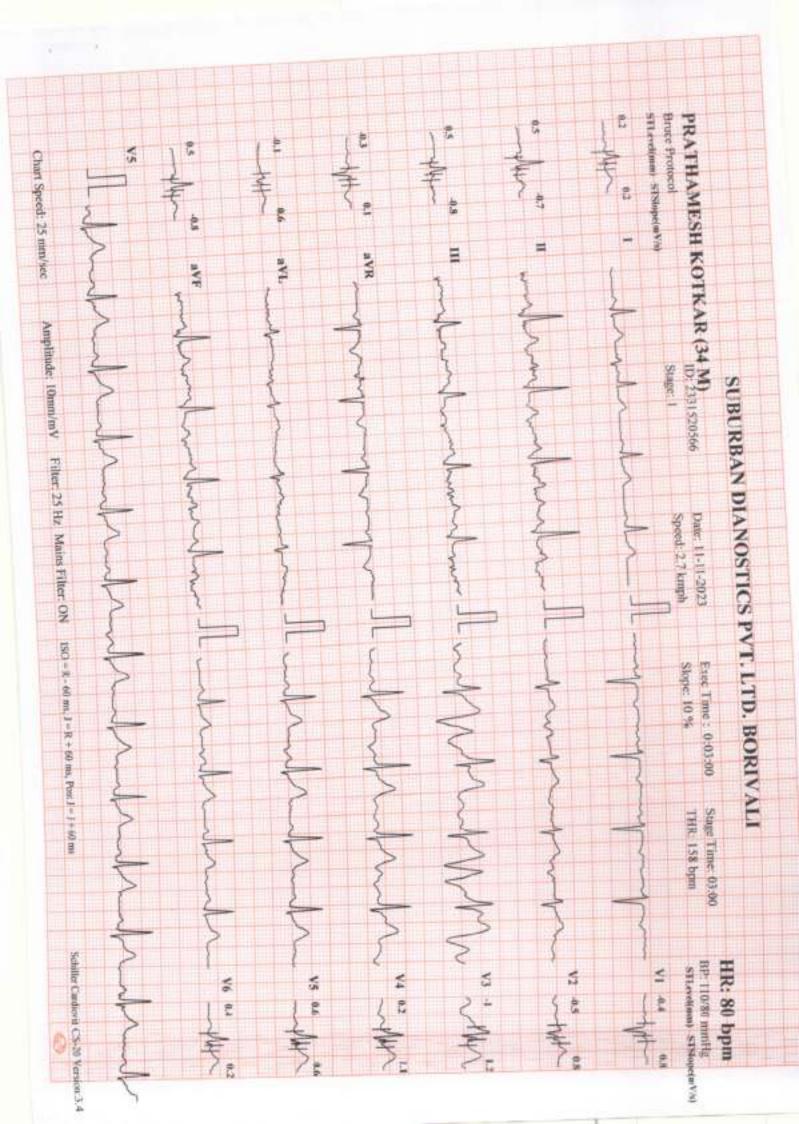
Doctor: DR. NITIN SONAVANE

SCHILLER The Art of Diagnostics ( Summary Report edited by User ) Cardiovit CS-20 Version 5.4







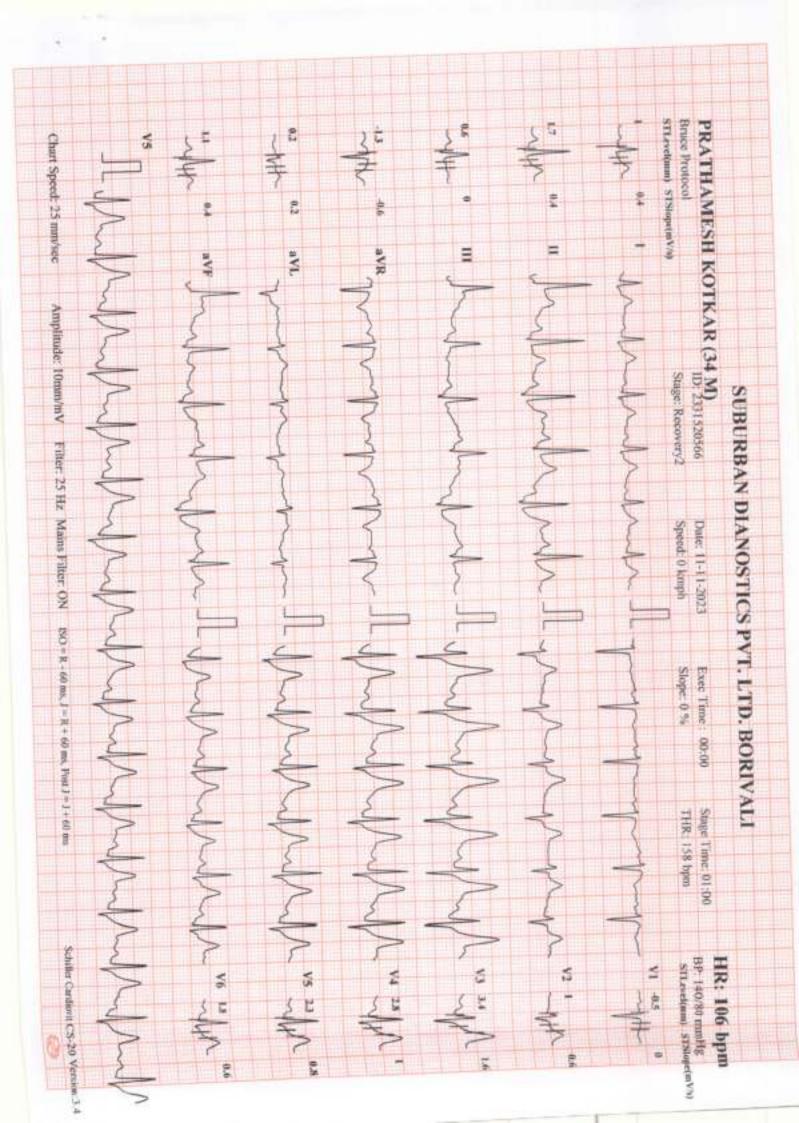


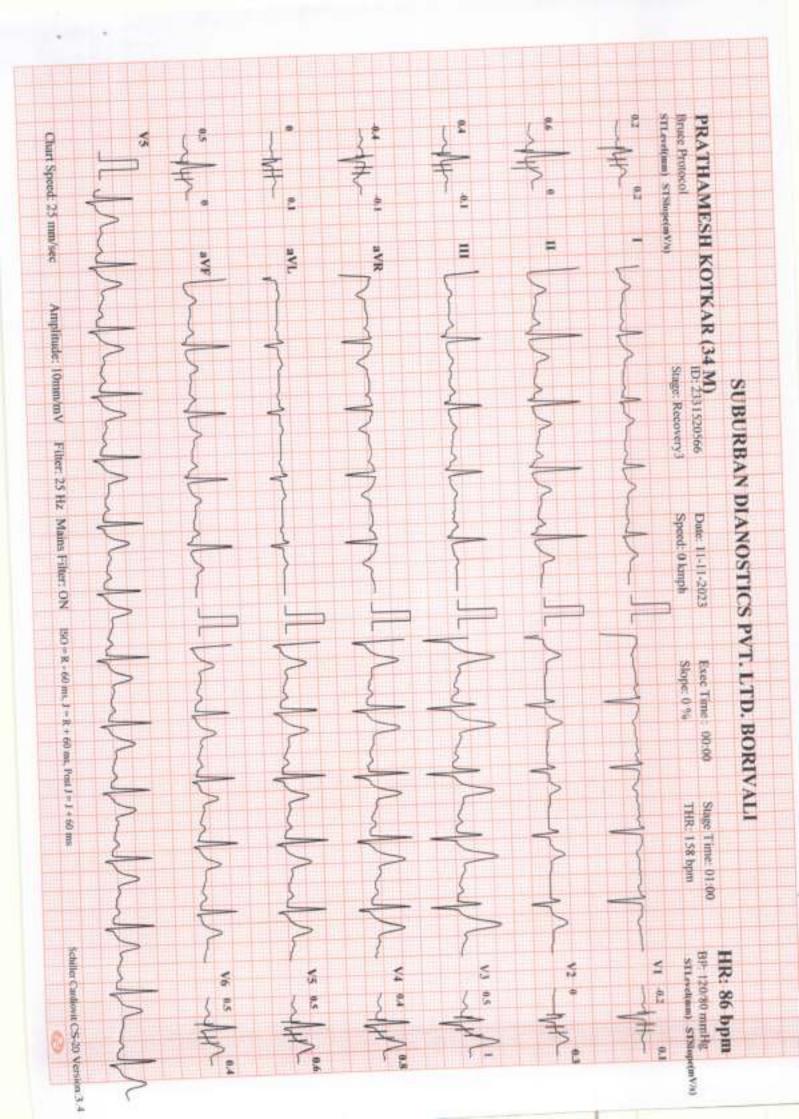
# PRATHAMESH KOTKAR (34 M) Bruce Protocol " with a sim whomproper in the second with the second seco of the same of the "I which which which which will "I " Chart Speed: 25 mm/sec Amplitude: 10mm/mV Filter: 25 Hz Mains Filter: ON ISO=8-60 ms, J=8+60 ms, Post J=J+40 ms SUBURBAN DIANOSTICS PYT. LTD. BORIVALI Date: 11-11-2023 Slope: 12 % Exec Time : 0:06:00 Stage Time: 03:00 Schiller Cardiovit CS-20 Version 3. BP: 130/8/1 mmHg HR: 106 bpm STLevel(mm) STShipe(mV/A)

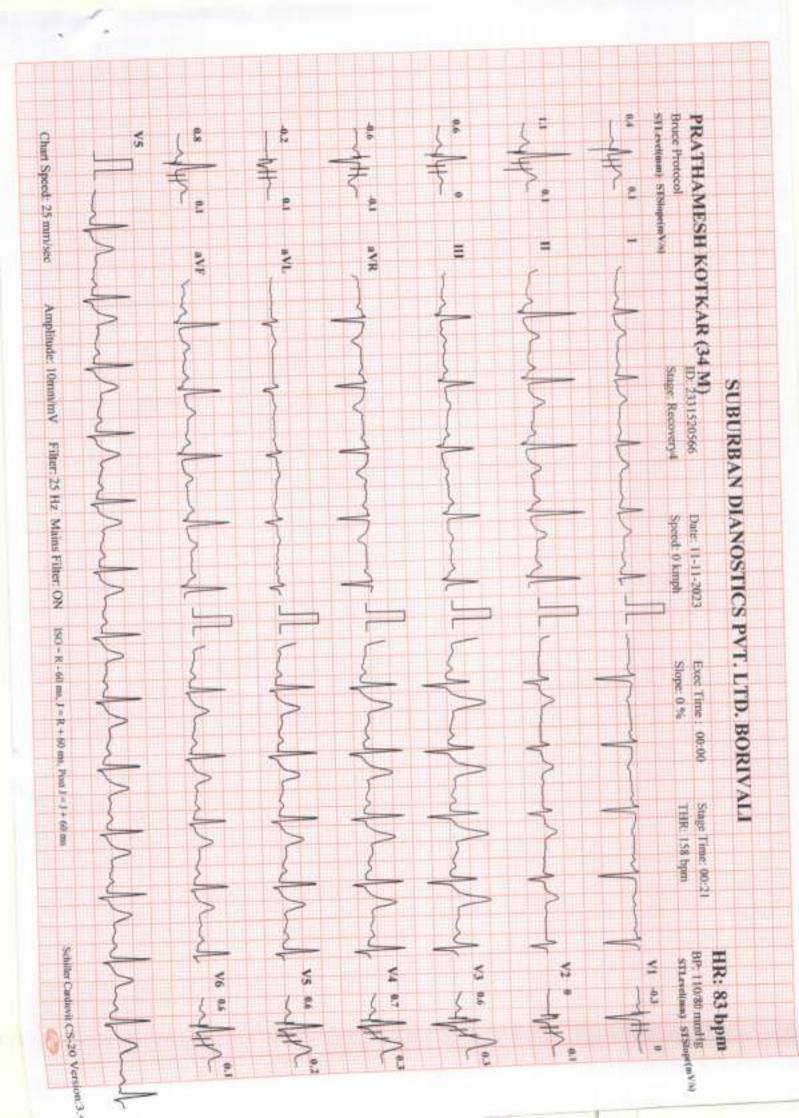
J. J. John	Aller as a	0 AJ aVL	42 du m	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	All II	Bruce Protocol STL-svel(man) 51Stope(seV/s) 0.2 0.2 1	BBATHAMESH K
Indrala India	as are flowly more whom from the are	Mary Market	Mulmphyle &	" Los Joseph Joseph Joseph	the forther	Stage: 3	SUBURE STHAMESH KOTKAR (34 M)
I John My Marine 25 Hz Mains Filter ON 150-8-60 ms, Post-J-100 ms Schiller Cardonic CS-20 Very	Montanta	Amount makes	in the shall make the	In Manhouter	- Almahalmalmalmale "	Speed: 5.5 kmpb	SUBURBAN DIANOSTICS PVT. LTD. BORIVALI
MANDAMAN N 150-R-60 mJ-R-60 ms	II of my many may we say	I my my	Lympy	I July My	- Janap	- Mary may	S PVT. LTD. BORI
Jan Jan Jan	Mary Mary Mary Mary Mary Mary Mary Mary	Me and morning the first of	Jaman Manyalandan Manyalandan	in mymymymymy	Androhodon	May Sunday	VALI Stage Time: 03:00
Schiller Cardonic C\$-20 Yerston-3-4	Although on	V 42 65 10 60	72	All CA	~ ×2° ° €	7	HR: 151 bpm

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HR: 164 bpm BP: 150/80 mmHg STLevelium) STStopednV/s)	SUBURBAN DIANOSTICS PVT. LTD. BORIVALI  MESH KOTKAR (34 M)  ID: 2331:520566  Date: 11-11-2023  Exec Time: 0:09:53  Stage Time: 00:53  I HR: 158 bpm  Stage 4 Peak Exercise  Speed: 6.8 kmph  Stage 16 %  THR: 158 bpm	PRATHA Bruce Protocol STLeet(mat) ST

Date: 11-11-2023  Excet Time: 00:00  Stage: 15-11-2023  Slope: 0 5-5  Slope: 0 5-5  THS: 158 bym  Andrew IL Adday Andrew Andrew  Andrew IL Adday Andrew  Andrew Iller: 25 Hz. Mains Filter: ON 180-8. 100 ms. 1-8. 100 ms. 1-1. 100 ms.	And May May 10 miles				Why is in Alfraham	PRATHAMESH KOTKAR (34 M)  PRATHAMESH KOTKAR (34 M)  Bruce Protect  Street(min) STStope(mV/n)  O.1  O.1  O.1  O.1  O.1  O.1  O.1  O.
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Name : Mr Prathamesh Pramod Kotkar

Age / Sex : 34 Years/Male

Ref. Dr :

**Reg. Location**: Borivali West

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**Reg. Date** : 11-Nov-2023

**Reported** : 11-Nov-2023/11:25

#### **USG WHOLE ABDOMEN**

<u>LIVER</u>: Liver is normal in size 14.6 cm with mild generalized increase in parenchymal echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

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

**PORTAL VEIN:** Portal vein is 9.9 mm normal. CBD: CBD is 3.6 mm normal.

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

**KIDNEYS:** Right kidney measures 9.3 x 3.8 cm. Left kidney measures 10.3 x 5.2 cm.

Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

**SPLEEN:** Spleen is normal in size 9.3 cm shape and echotexture. No focal lesion is seen.

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

**PROSTATE:** Prostate is normal in size and echotexture. Prostate measures 3.5 x 2.3 x 2.9 cm and prostatic weight is 13 gm. No evidence of any obvious focal lesion.

No free fluid or size significant lymphadenopathy is seen.



Name : Mr Prathamesh Pramod Kotkar

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#### **Opinion:**

• Grade I fatty infiltration of liver.

For clinical correlation and follow up.

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

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

DR.SUDHANSHU SAXENA Consultant Radiologist

M.B.B.S DMRE (RadioDiagnosis) RegNo .MMC 2016061376.



Name : Mr Prathamesh Pramod Kotkar

Age / Sex : 34 Years/Male

Ref. Dr :

**Reg. Location**: Borivali West

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**Reg. Date** : 11-Nov-2023

**Reported** : 11-Nov-2023/11:25



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CID

: 2331520566

Name

: Mr Prathamesh Pramod Kotkar

Age / Sex

: 34 Years/Male

Ref. Dr

Reg. Location

: Borivali West

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: 11-Nov-2023

Reg. Date : 11-Nov-2023 / 12:02 Reported

# 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. SUDHANSHU SAXENA Consultant Radiologist M.B.B.5 DMRE (RadioDiagnosis) RegNo ,MMC 2016061376.

Click here to view images <<tmagel.ink>>>



Name

: Mr. Prathamesh Pramod Kotkar

Reg Date

: 11-Nov-2023 09:47

VID

: 2331520566

Age/Gender

: 34 Years

Ref By

: Arcofemi Healthcare Limited

Regn Centre

: Borivali West (Main Centre)

#### History and Complaints:

Nil

#### **EXAMINATION FINDINGS:**

Height (cms):

180

Weight (kg):

86

Temp (0c):

Afebrile

Skin:

NAD

Blood Pressure (mm/hg):

110/80

Nails:

NAD

Pulse:

72/min

Lymph Node:

Not Palpable

#### Systems

Cardiovascular: S1S2-Normal

Respiratory:

Chest-Clear

Genitourinary:

NAD

GI System:

NAD

CNS:

NAD

IMPRESSION:

Normel

ADVICE:

#### CHIEF COMPLAINTS:

17) Musculoskeletal System

Hypertension:	No
IHD	No
Arrhythmia	No
Diabetes Mellitus	No
Tuberculosis	No
Asthama	No
Pulmonary Disease	No
Thyroid/ Endocrine disorders	No
Nervous disorders	No
GI system	No
Genital urinary disorder	No
Rheumatic joint diseases or symptoms	No
Blood disease or disorder	No
Cancer/lump growth/cyst	No
Congenital disease	No
Surgeries	No
	IHD Arrhythmia Diabetes Mellitus Tuberculosis Asthama Pulmonary Disease Thyroid/ Endocrine disorders Nervous disorders GI system Genital urinary disorder Rheumatic joint diseases or symptoms Blood disease or disorder Cancer/lump growth/cyst Congenital disease

No



Name

: Mr. Prathamesh Pramod Kotkar

VID

: 2331520566

Ref By

: Arcofemi Healthcare Limited

Reg Date

: 11-Nov-2023 09:47

Age/Gender

: 34 Years

Regn Centre

: Borivali West (Main Centre)

#### PERSONAL HISTORY:

1) Alcohol

Smoking
 Diet

No No

4) Medication

Mix No

> Dr.Nitin Sonavane PHYSICIAN

DR. NITIN SONAVANE
M.B.B.S. AFLH, D.DIAB, D.CARD,
CONSULTANT-CARDIOLOGIST
REGD, NO.: 87774