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Bank of Baroda

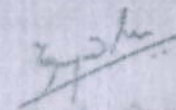
नाम


Name HEMANT ANANTA PATIL

इसका संख्या

E. C. No. 84278




इसका अधिकारी
Issuing Authority


Signature of Holder

Dr. Manasee Kulkarni

M.B.B.S

2005/00/3439

PHYSICAL EXAMINATION REPORT

Patient Name	Hemant Patil	Sex/Age	M / 37
Date	28/11/23	Location	Thane

History and Complaints

NIL

EXAMINATION FINDINGS:

Height (cms):	172	Temp (0c):	Afebr
Weight (kg):	78.85	Skin:	MAN
Blood Pressure	112/80	Nails:	NIL
Pulse	72	Lymph Node:	NP

Systems :

Cardiovascular:	
Respiratory:	
Genitourinary:	
GI System:	
CNS:	

Impression:

- Hypochromia, microcytosis (+)
- BSL / FPP (Diabetic) date sugar
- ↓ HDL, ↑ TG's, USG - Fatty Liver, HbA1c (+), Glucose (+)

Advice:

Low Fat, low sugar Diet

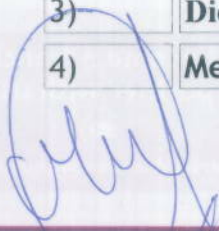
Reg. Exercise

Physician's consultation for DM

1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthama	
7)	Pulmonary Disease	NO
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders	
10)	GI system	NAD
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptoms	
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	NO
15)	Congenital disease	
16)	Surgeries	
17)	Musculoskeletal System	NAD

PERSONAL HISTORY:

1)	Alcohol	OCC.
2)	Smoking	NO
3)	Diet	Mixed
4)	Medication	NO



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

022-6170-0000



Use a QR Code Scanner
Application To Scan the Code

CID : 2302819241
Name : MR.PATIL HEMANT ANANTA
Age / Gender : 38 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 28-Jan-2023 / 09:31
Reported : 28-Jan-2023 / 11:36

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	6.49	4.5-5.5 mil/cmm	Elect. Impedance
PCV	41.5	40-50 %	Measured
MCV	64	80-100 fl	Calculated
MCH	20.1	27-32 pg	Calculated
MCHC	31.4	31.5-34.5 g/dL	Calculated
RDW	16.8	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4900	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	40.0	20-40 %	
Absolute Lymphocytes	1960.0	1000-3000 /cmm	Calculated
Monocytes	7.3	2-10 %	
Absolute Monocytes	357.7	200-1000 /cmm	Calculated
Neutrophils	50.0	40-80 %	
Absolute Neutrophils	2450.0	2000-7000 /cmm	Calculated
Eosinophils	2.6	1-6 %	
Absolute Eosinophils	127.4	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	4.9	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	177000	150000-400000 /cmm	Elect. Impedance
MPV	10.1	6-11 fl	Calculated
PDW	19.0	11-18 %	Calculated

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Collected : 28-Jan-2023 / 09:31
Reported : 28-Jan-2023 / 10:54

RBC MORPHOLOGY

Hypochromia	+
Microcytosis	++
Macrocytosis	-
Anisocytosis	Mild
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Elliptocytes-occasional
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Result rechecked. Kindly correlate clinically.

Specimen: EDTA Whole Blood

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

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



Amil Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist



CID : 2302819241
Name : MR.PATIL HEMANT ANANTA
Age / Gender : 38 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 28-Jan-2023 / 09:31
Reported : 28-Jan-2023 / 12:18

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	150.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	208.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.54	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.19	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.35	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2	1 - 2	Calculated
SGOT (AST), Serum	18.3	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	27.4	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	36.3	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	51.2	40-130 U/L	PNPP
BLOOD UREA, Serum	15.3	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	7.1	6-20 mg/dl	Calculated

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Collected : 28-Jan-2023 / 12:25
Reported : 28-Jan-2023 / 15:35

CREATININE, Serum	0.92	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	98	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	7.1	3.5-7.2 mg/dl	Uricase
Urine Sugar (Fasting)	+	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	+	Absent	
Urine Ketones (PP)	Absent	Absent	

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

AREAS OF SPECIAL EXPERTISE

OUR PRESENCE



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist



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Collected : 28-Jan-2023 / 09:31
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

GLYCOSYLATED HEMOGLOBIN (HbA1c)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	7.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	180.0	mg/dl	Calculated

Kindly correlate clinically.

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Collected : 28-Jan-2023 / 09:31
Reported : 28-Jan-2023 / 11:36

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 ***

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Amir Taori
Dr.AMIT TAORI
M.D (Path)
Pathologist

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Age / Gender : 38 Years / Male
Consulting Dr. : -
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Collected : 28-Jan-2023 / 09:31
Reported : 28-Jan-2023 / 16:47

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	50	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	2+	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			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	-
Red Blood Cells / hpf	Absent	0-2/hpf	-
Epithelial Cells / hpf	3-4	-	-
Casts	Absent	Absent	-
Crystals	Absent	Absent	-
Amorphous debris	Absent	Absent	-
Bacteria / hpf	3-4	Less than 20/hpf	-

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 insert

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



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist

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Age / Gender : 38 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected :
Reported :

*** End Of Report ***



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Age / Gender : 38 Years / Male
Consulting Dr. : -
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Collected : 28-Jan-2023 / 09:31
Reported : 28-Jan-2023 / 13:15

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

<u>PARAMETER</u>	<u>RESULTS</u>
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 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 ***

AREAS OF SPECIAL EXPERTISE

OUR PRESENCE



Amid Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist

Authenticity Check



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Age / Gender : 38 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 28-Jan-2023 / 09:31
Reported : 28-Jan-2023 / 12:19

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	186.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	169.5	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	29.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	156.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	122.0	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	34.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	6.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.1	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)
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Collected : 28-Jan-2023 / 09:31
Reported : 28-Jan-2023 / 12:00

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.1	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.18	0.35-5.5 microlU/ml	ECLIA

AREAS OF SPECIAL EXPERTISE

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Interpretation:

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

Clinical Significance:

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation:TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

Reflex Tests:Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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*** End Of Report ***



Amrit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist

Date:- 28/1/23

CID:

Name:- Hewat-Pati

Sex / Age: M - 37

EYE CHECK UP

Chief complaints: R EV

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: 20/40 20/30 20/20 X1/2

Aided Vision: 20/20 20/20 20/20

Refraction:

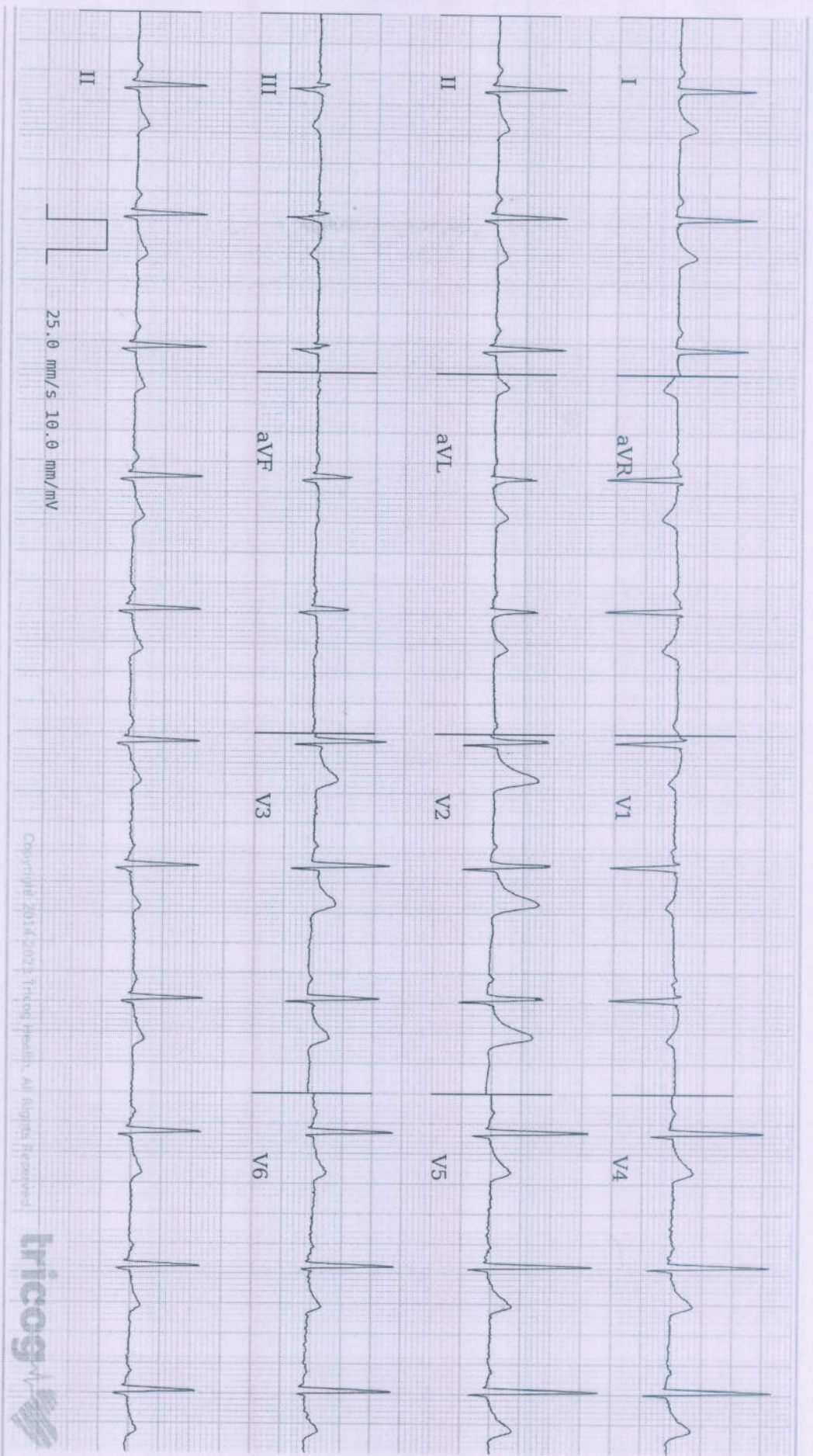
	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: Use over Spectacles

MR. PRAKASH KUDVA
[Signature]
SR. OPTOMETRIST

SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST
 Patient Name: PATIL HEMANT ANANTA Date and Time: 28th Jan 23 11:38 AM
 Patient ID: 2302819241



25.0 mm/s 10.0 mm/mV

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Age **38** 2 13
 years months days

Gender **Male**

Heart Rate **69bpm**

Patient Vitals

BP: 110/80 mmHg
 Weight: 78 kg
 Height: 172 cm
 Pulse: NA
 SpO2: NA
 Resp: NA
 Others:

Measurements

QRSD: 76ms
 QT: 380ms
 QTc: 407ms
 PR: 138ms
 P-R-T: 24° 18° 16°

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

REPORTED BY

DR. SHAIKHA PILLAI
 MBBS, MD Physician
 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 vital are as entered by the clinician and not derived from the ECG.

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Report



302 (2302819241) / HEMANT PATIL / 38 Yrs / M / 172 Cms / 78 Kg
 Date: 28 / 01 / 2023 01:34:07 PM

Email:

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:10	0:10	00.0	00.0	01.0	071	39%	140/80	099	00	
Standing	00:15	0:05	00.0	00.0	01.0	071	39%	140/80	099	00	
HV	00:21	0:06	00.0	00.0	01.0	071	39%	140/80	099	00	
Warm Up	00:26	0:05	01.0	00.0	01.0	070	38%	140/80	098	00	
ExStart	00:42	0:16	01.0	00.0	01.0	085	47%	140/80	119	00	
BRUCE Stage 1	03:42	3:00	01.7	10.0	04.7	122	67%	144/82	175	00	
BRUCE Stage 2	06:42	3:00	02.5	12.0	07.1	151	83%	148/84	223	00	
PeakX	07:54	1:12	03.4	14.0	08.4	163	90%	148/84	241	00	
Recovery	08:54	1:00	00.0	00.0	01.1	138	76%	154/80	212	00	
Recovery	09:54	2:00	00.0	00.0	01.0	117	64%	148/84	173	00	
Recovery	10:05				00.0	000	0%	---/---	000	00	

FINDINGS :

Exercise Time : 07:12
 Initial HR (ExStrt) : 85 bpm 47% of Target 182
 Initial BP (ExStrt) : 140/80 (mm/Hg)
 Max Workload Attained : 8.4 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : 1 & -5.0 mm in Supine
 Test End Reasons : Heart Rate Achieved

Max HR Attained 163 bpm 90% of Target 182
 Max BP Attained 154/80 (mm/Hg)


DR. SAMEER R. DUMIR
 M.D.
 Reg. No. 073827

Doctor : DR. SAMEER DUMIR





EMail: 302/HEMANT PATIL / 38 Yrs / M / 172 Cms / 78 Kg Date: 28 / 01 / 2023 01:34:07 PM

REPORT :

PROCEDURE DONE: Graded exercise treadmill stress test.

STRESS ECG RESULTS: The initial HR was recorded as 91.0 bpm, and the maximum predicted Target Heart Rate 177.0. The BP increased at the time of generating report as 150.0/80.0 mmHg The Max Dep went upto 0.4. 0.0 Ectopic Beats were observed during the Test.

CONCLUSIONS:

1. TMT is negative for exercise induced ischemia.
2. Normal chronotropic and Normal inotropic response.
3. No significant ST T changes seen

DR. SAMEER R. DUMIR
M.D.

Reg. No. 073827

Doctor : DR. SAMEER DUMIR





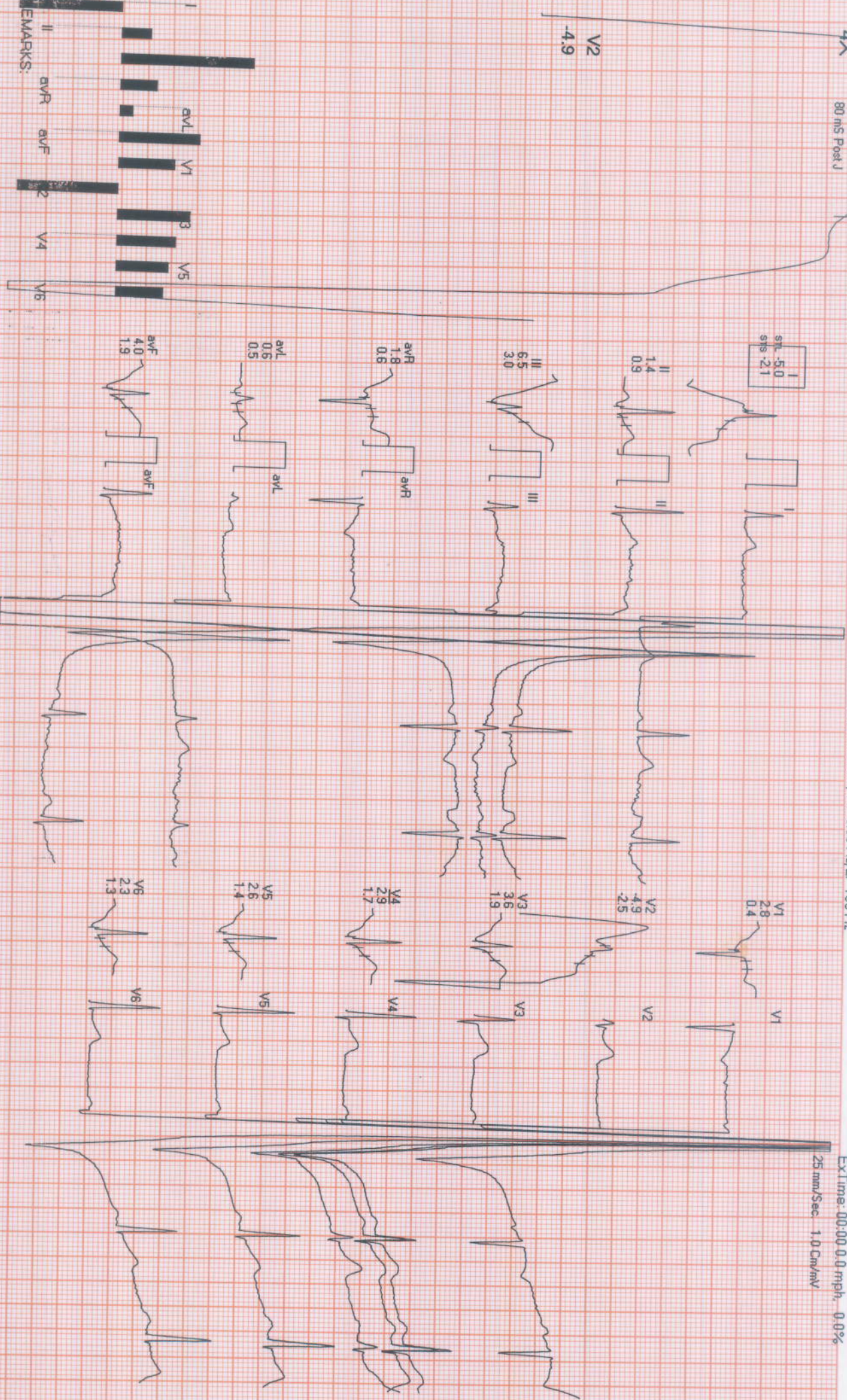
4X

80 ms Post J

ST: -5.0
STs: -2.1

V2
-4.9

ExTime: 00:00 0.0 mph - 0.9%
25 mm/Sec 1.0 Cm/mV



REMARKS:

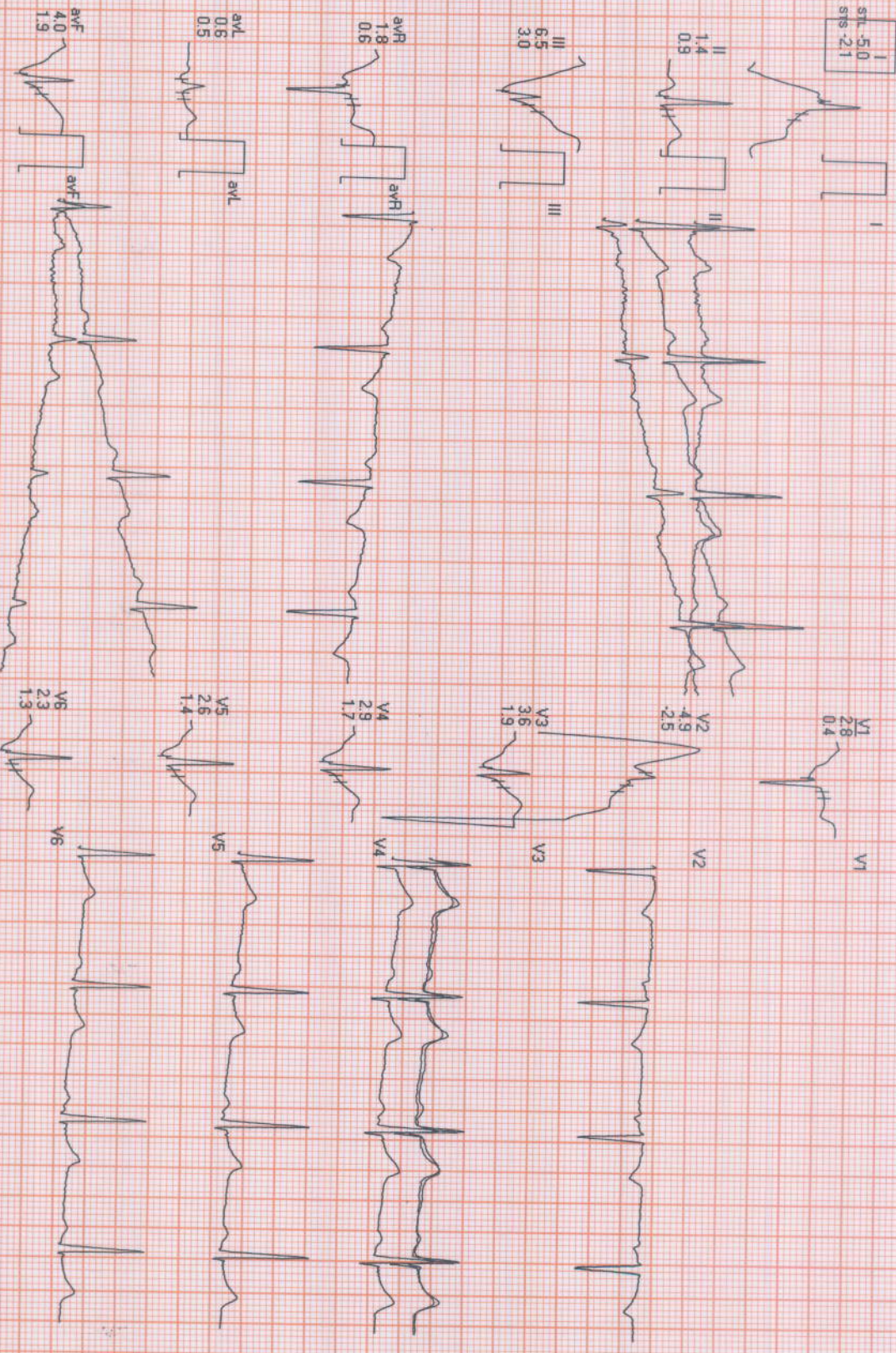


4X 50 ms Post J

STL: 5.0
STB: -2.1

ExTime: 00:00 0.0 mph - 0.0%
25 mm/Sec. 1.0 Cm/mV

V2
-4.9



REMARKS:

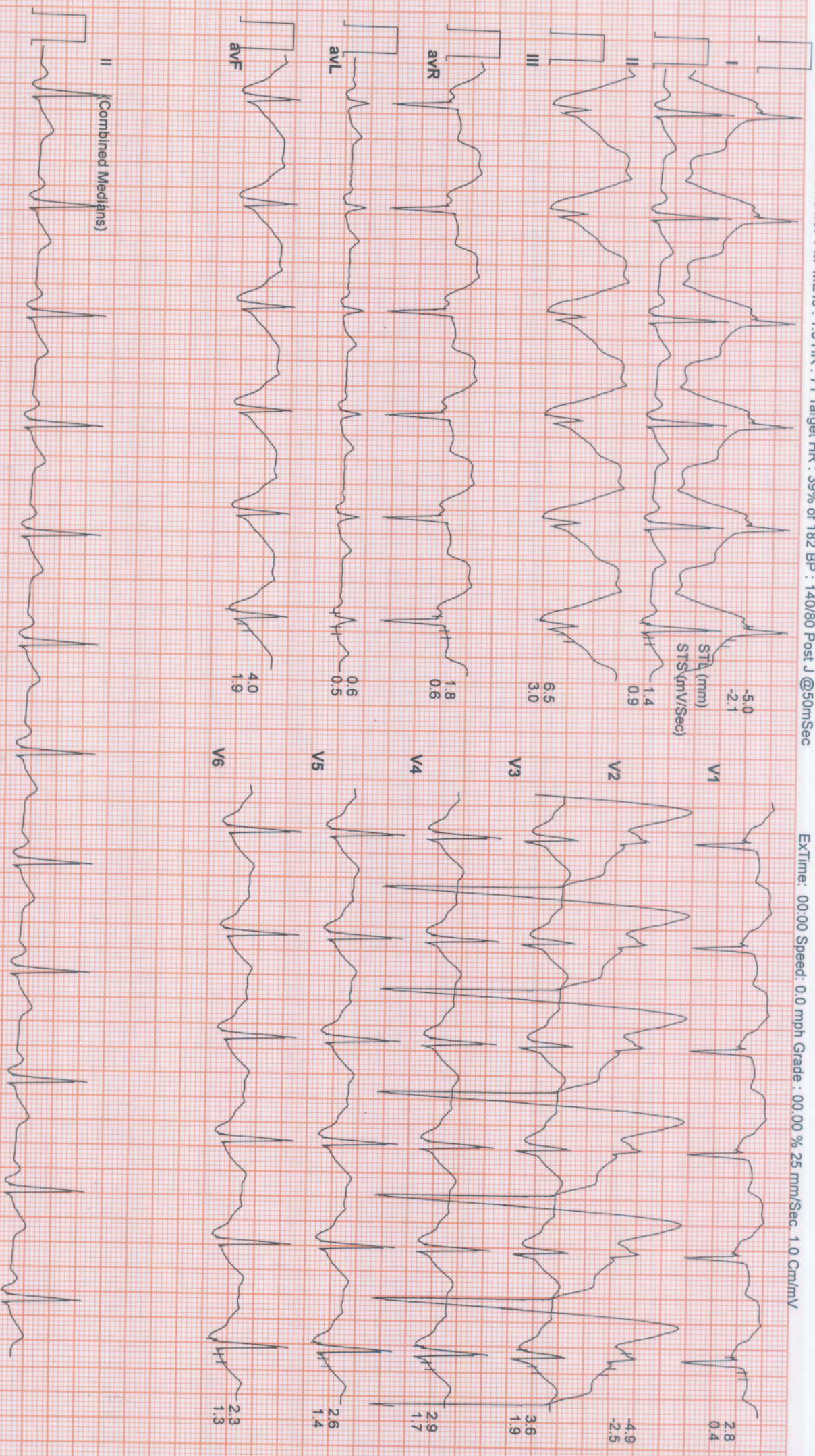
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

302 / HEMANT PATIL / 38 Yrs / Male / 172 Cm / 78 Kg

Date: 28 / 01 / 2023 01:34:07 PM METs : 1.0 HR : 71 Target HR : 39% of 182 BP : 140/80 Post J @50mSec

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

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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

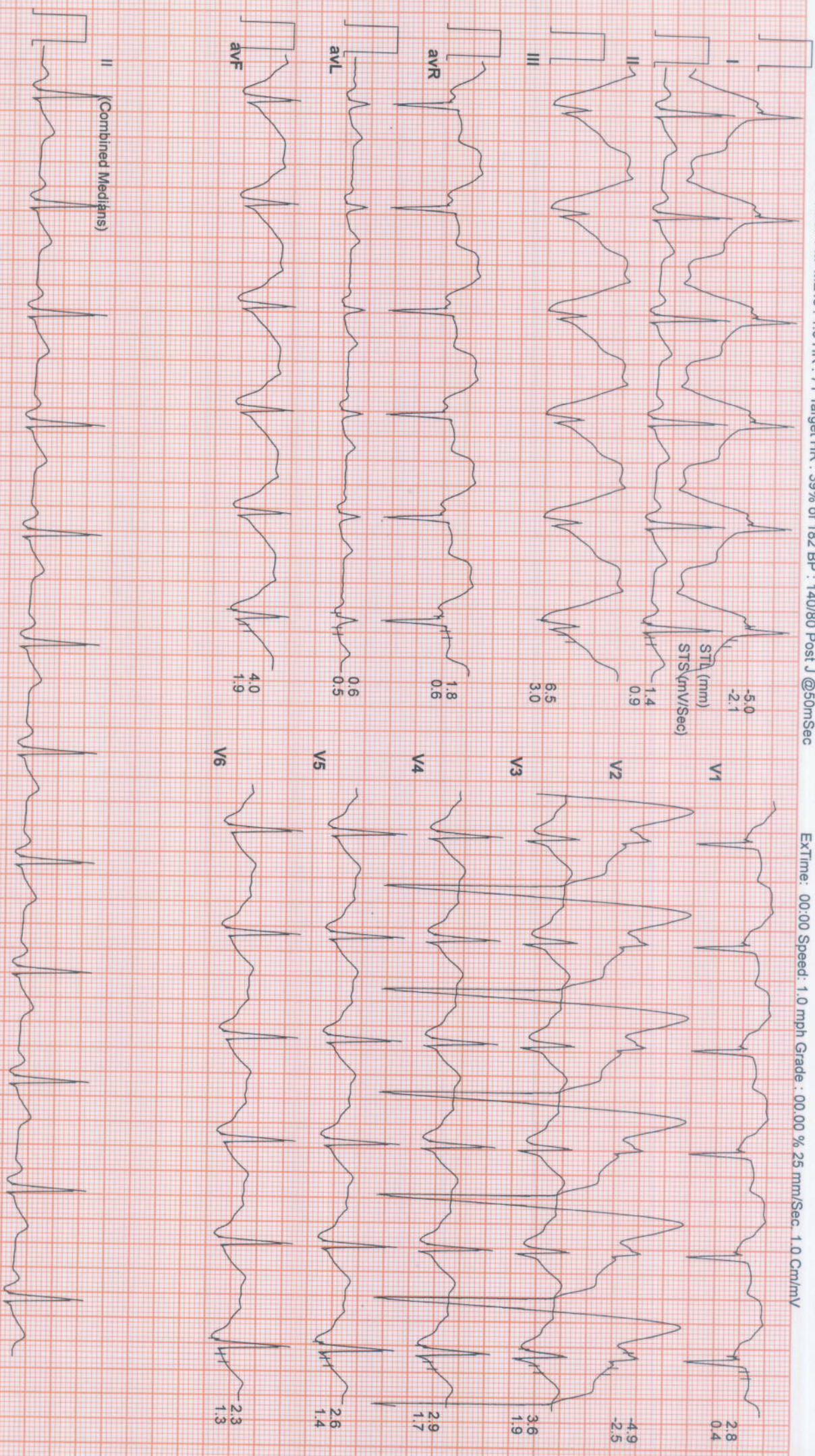
302 / HEMANT PATIL / 38 Yrs / Male / 172 Cm / 78 Kg

Date: 28 / 01 / 2023 01:34:07 PM METs : 1.0 HR : 71 Target HR : 39% of 182 BP : 140/80 Post J @50mSec

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

6X2 Combine Medians + 1 Rhythm

WARM UP (00:00)



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

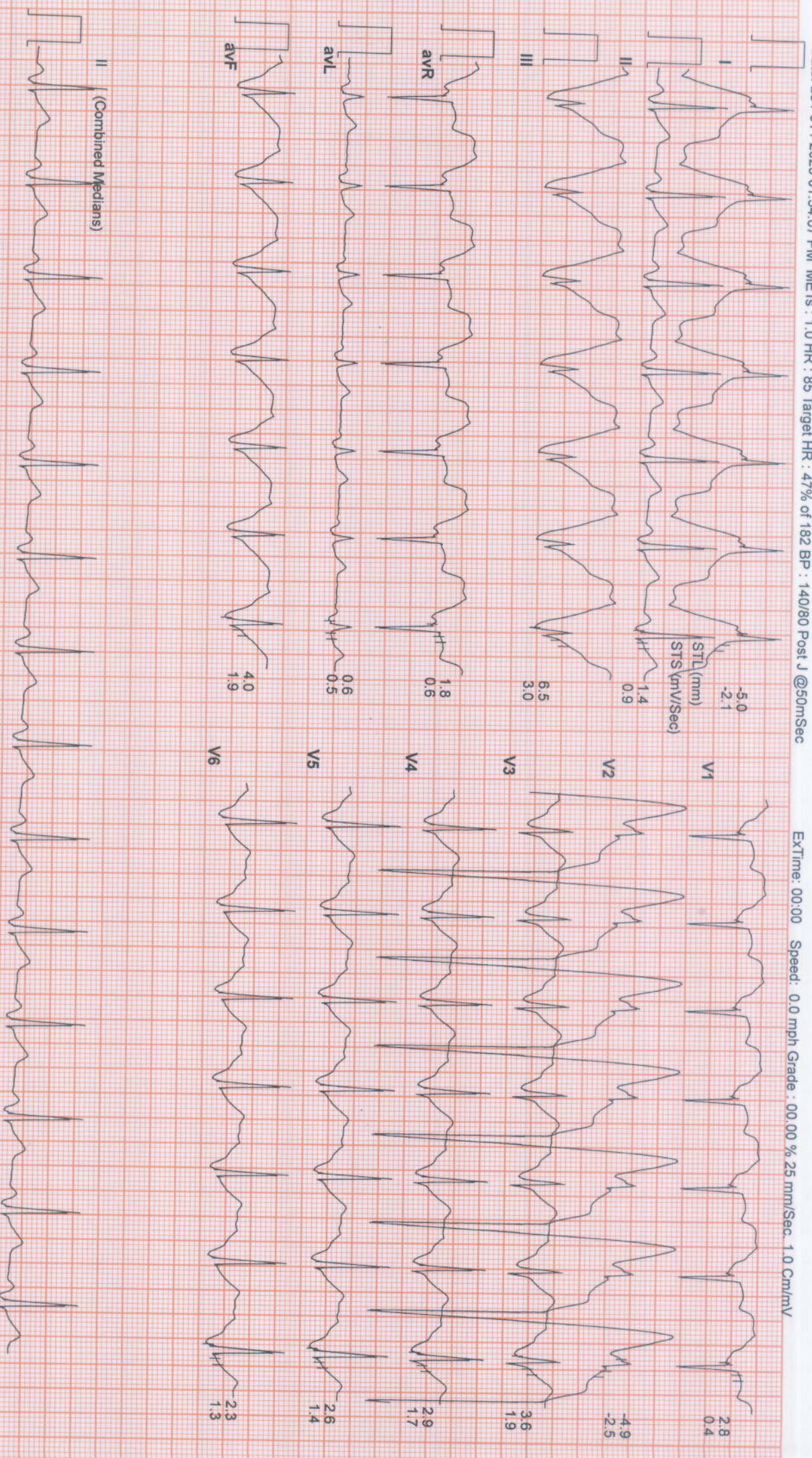
302 / HEMANT PATIL / 38 Yrs / Male / 172 Cm / 78 Kg

Date: 28 / 01 / 2023 01:34:07 PM METs : 1.0 HR : 85 Target HR : 47% of 182 BP : 140/80 Post J @50mSec

6X2 Combine Medians + 1 Rhythm
EXStt



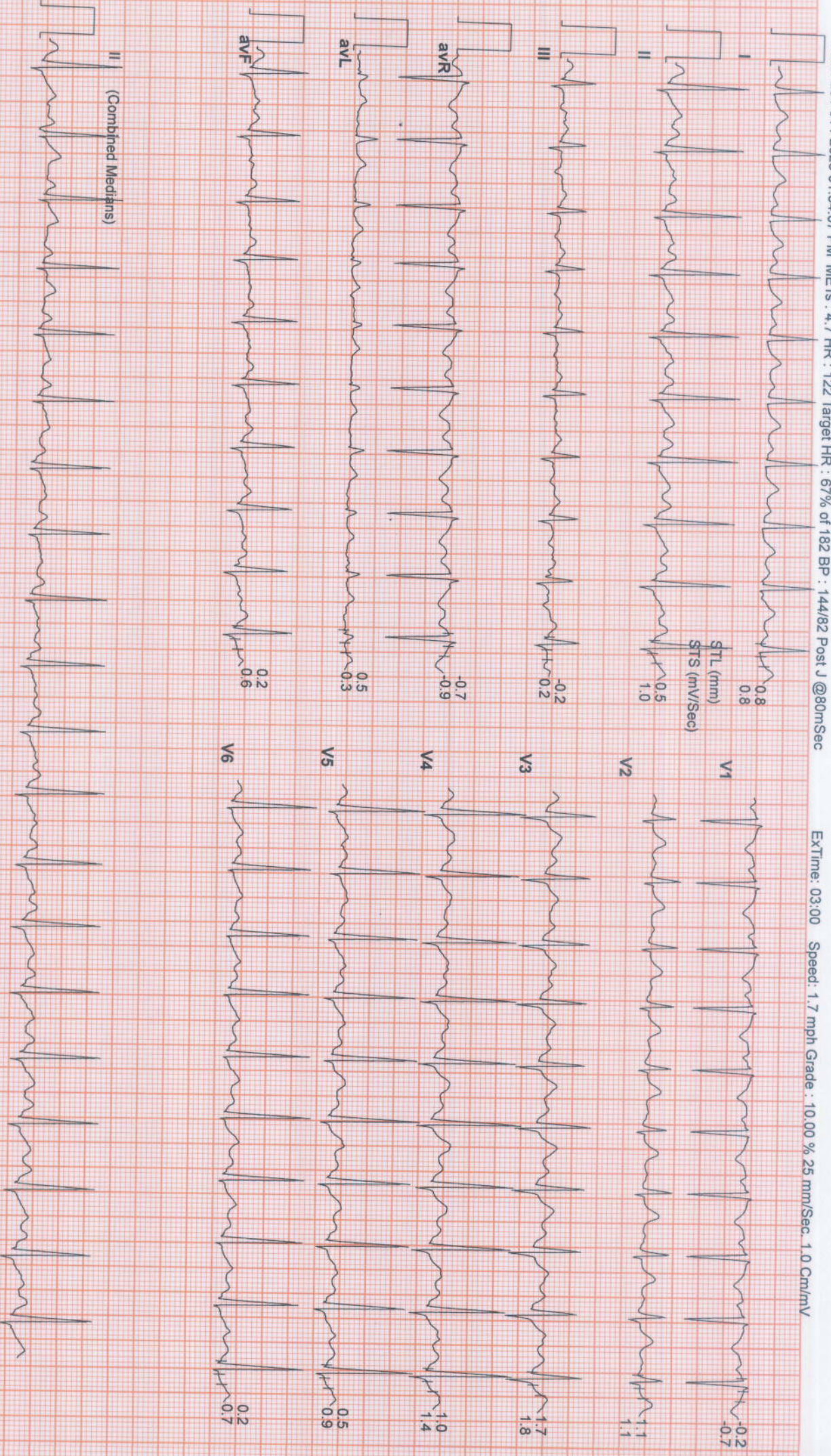
ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





Date: 28 / 01 / 2023 01:34:07 PM METs : 4.7 HR : 122 Target HR : 67% of 182 BP : 144/82 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)

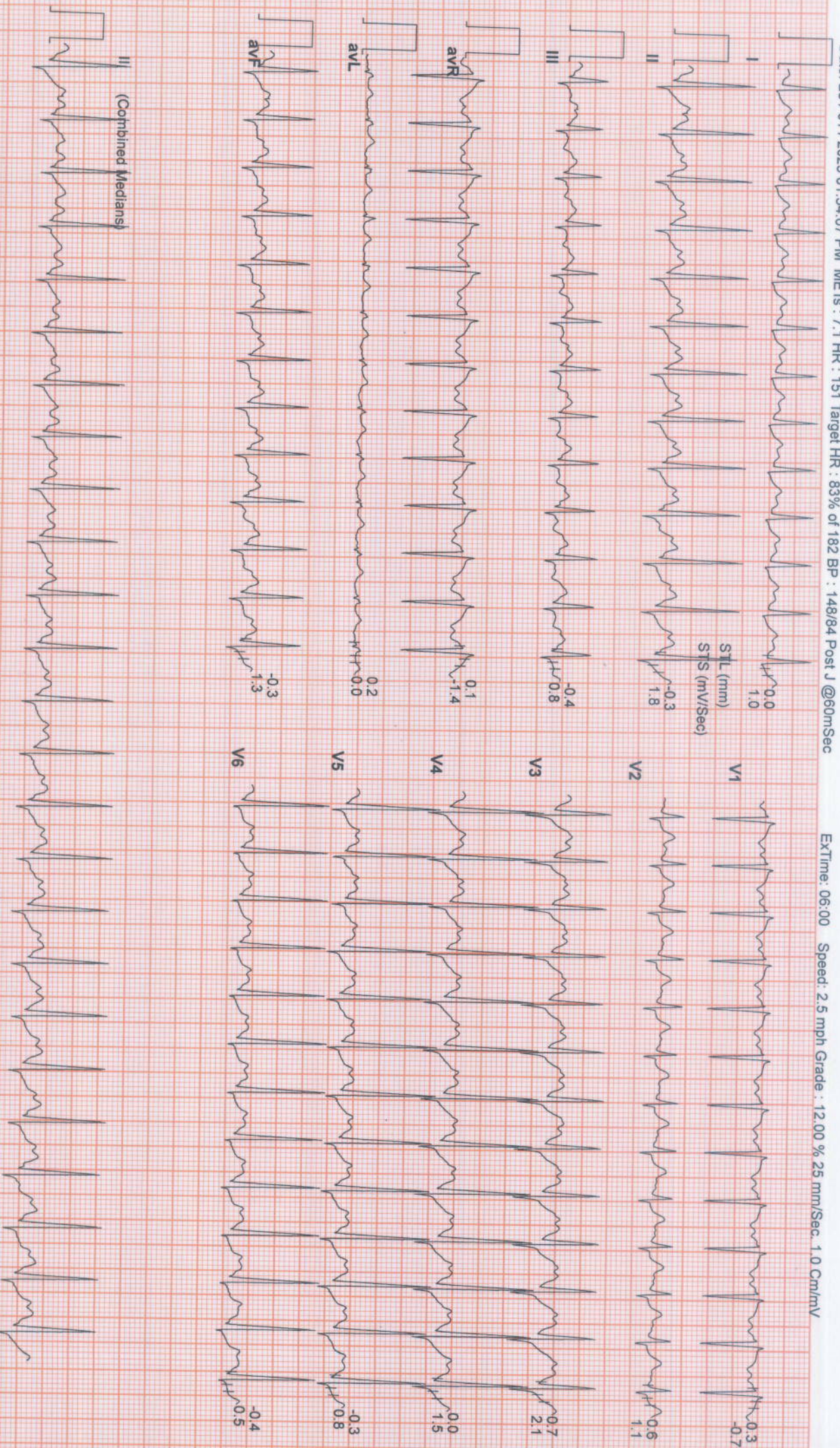
302 / HEMANT PATIL / 38 Yrs / Male / 172 Cm / 78 Kg

Date: 28 / 01 / 2023 01:34:07 PM METs : 7.1 HR : 151 Target HR : 83% of 182 BP : 148/84 Post J @60mSec

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

6X2 Combine Medians + 1 Rhythm

BRUCE : Stage 2 (03:00)



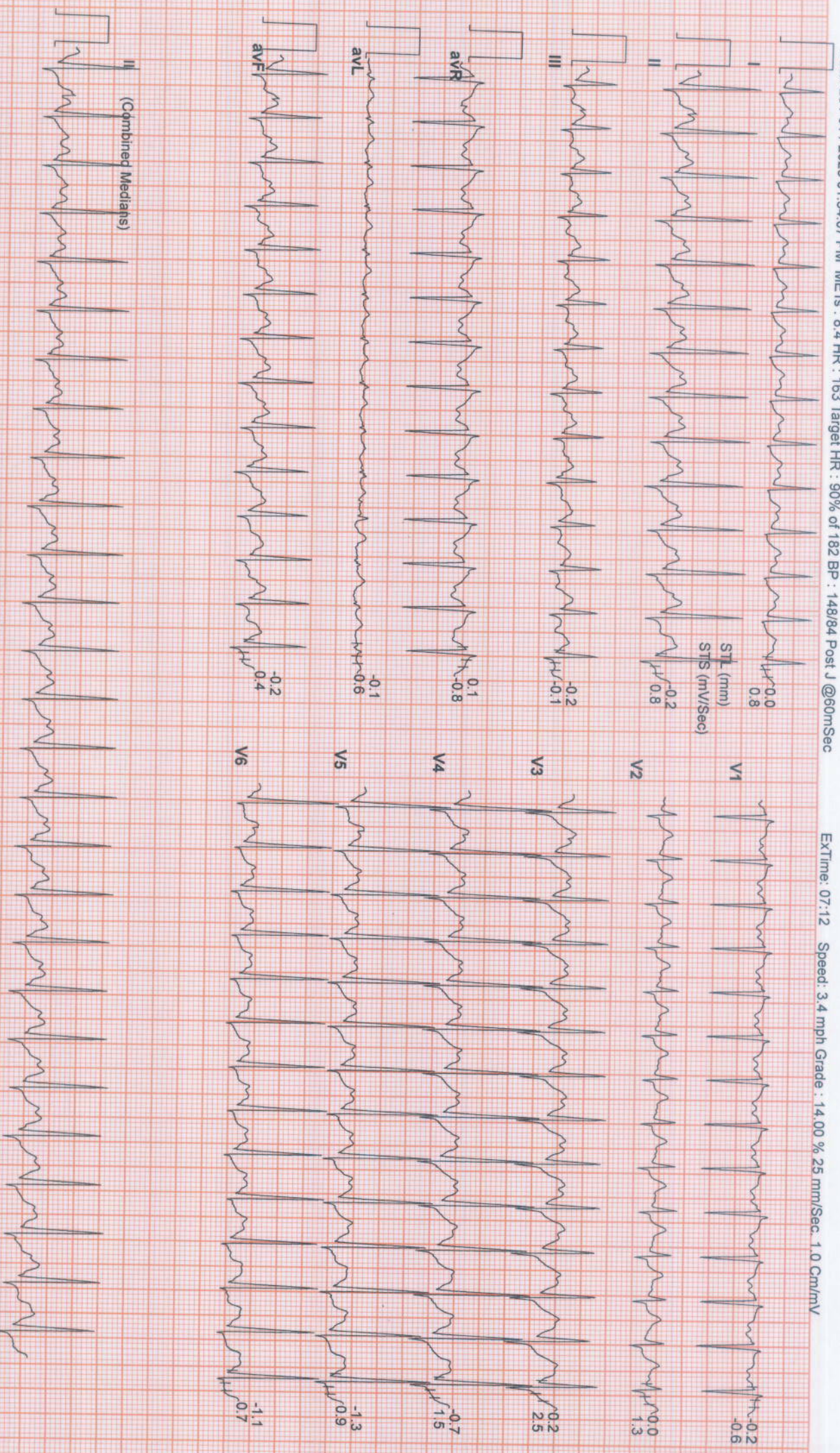
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

302 / HEMANT PATIL / 38 Yrs / Male / 172 Cm / 78 Kg

Date: 28 / 01 / 2023 01:34:07 PM METs : 8.4 HR : 163 Target HR : 90% of 182 BP : 148/84 Post J @60mSec

EXTime: 07:12 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm PeakEx



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

302 / HEMANT PATIL / 38 Yrs / Male / 172 Cm / 78 Kg

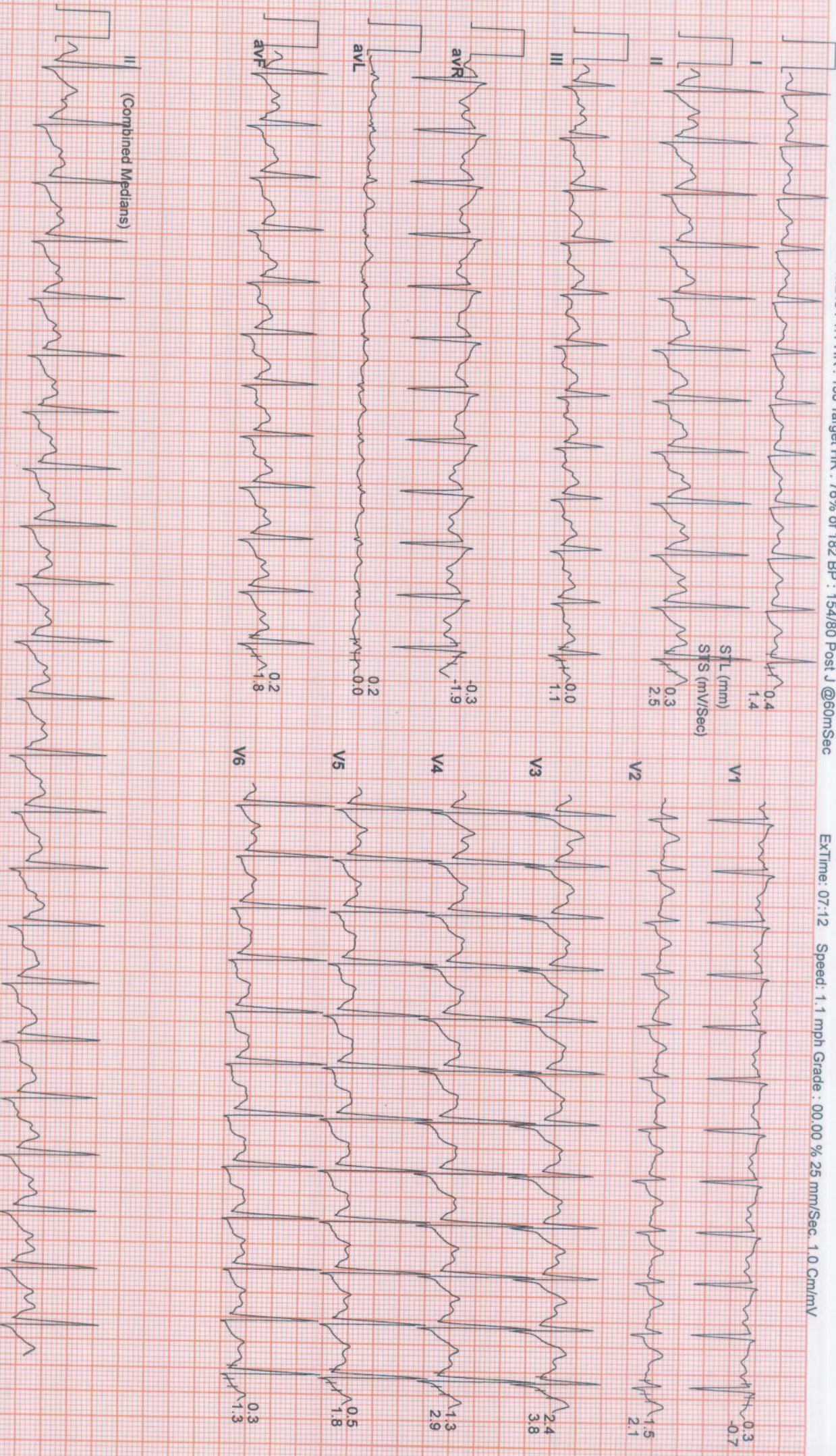
Date: 28 / 01 / 2023 01:34:07 PM METs : 1.1 HR : 138 Target HR : 76% of 182 BP : 154/80 Post J @60mSec

6X2 Combine Medians + 1 Rhythm

Recovery : (01:00)



ExTime: 07:12 Speed: 1.1 mph Grade : .00.00 % 25 mm/Sec. 1.0 Cm/mV



STL (mm) 0.4
STs (mV/Sec) 1.4
0.3
2.5

1.1
0.0

-0.3
-1.9

0.2
0.0

0.2
1.8

0.3
-0.7

1.5
2.1

2.4
3.8

1.3
2.9

0.5
1.8

0.3
1.3

II
(Combined Medians)



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

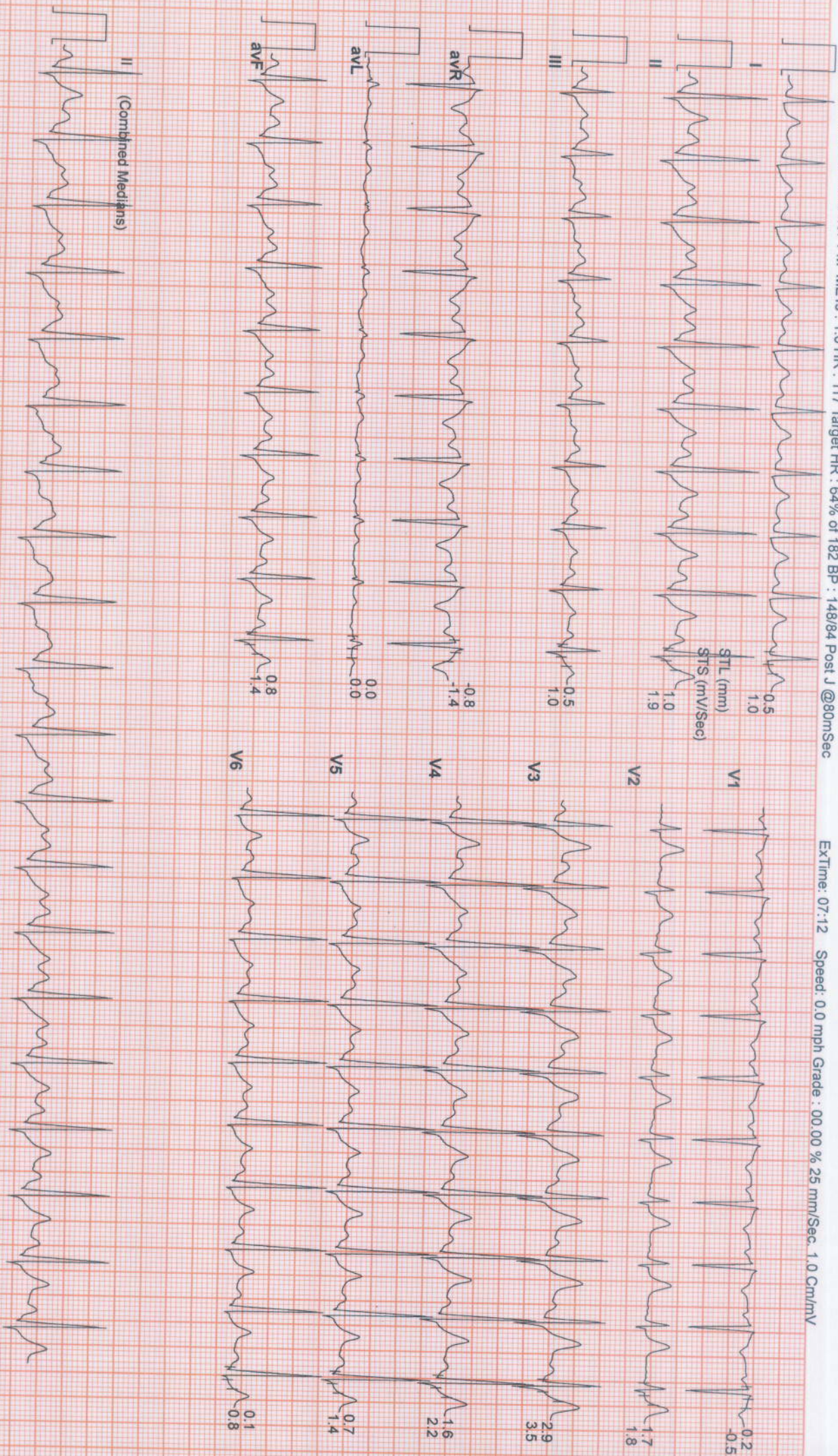
302 / HEMANT PATIL / 38 Yrs / Male / 172 Cm / 78 Kg

Date: 28 / 01 / 2023 01:34:07 PM METs : 1.0 HR : 117 Target HR : 64% of 182 BP : 148/84 Post J @80mSec

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



EXTime: 07:12 Speed: 0.0 mph Grade : .00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

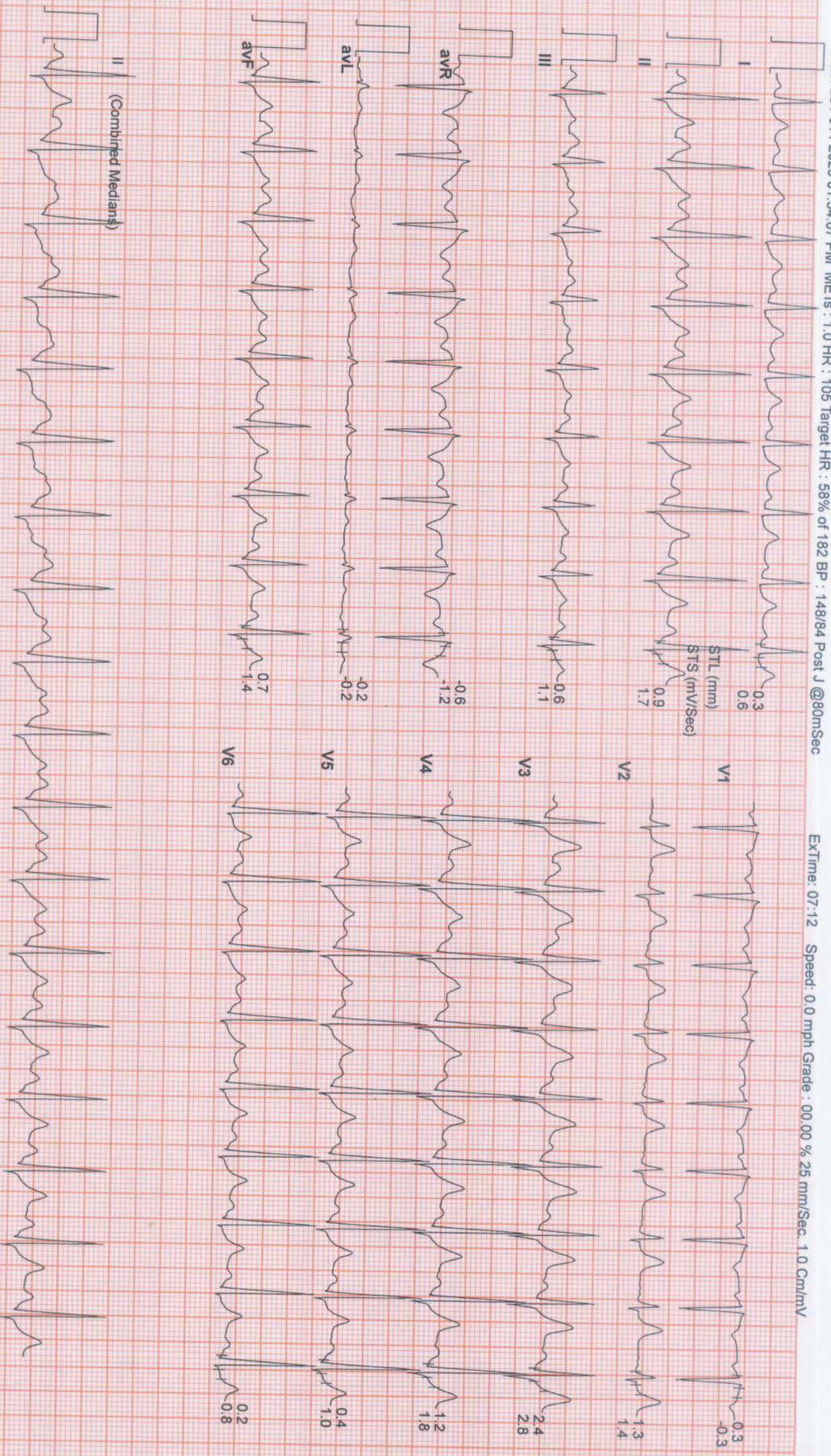
302 / HEMANT PATIL / 38 Yrs / Male / 172 Cm / 78 Kg

Date: 28 / 01 / 2023 01:34:07 PM METs : 1.0 HR : 105 Target HR : 58% of 182 BP : 148/84 Post J @80mSec

EXTime: 07:12 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm

Recovery : (02:11)



Reg. No. : 2302819241	Sex : MALE
Name : MR.PATIL HEMANT ANANTA	Age : 38 YRS
Ref. By : -----	Date : 28.01.2023

USG ABDOMEN AND PELVIS

LIVER: Liver appears normal in size (14.8cm) 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 10.4 x 4.2 cm. Left kidney measures 10.4 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. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

IMPRESSION:
GRADE I FATTY INFILTRATION OF LIVER.

Advice: Clinical co-relation, 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.

DR. GAURI RODA
MBBS, DMRE
(CONSULTANT RADIOLOGIST)

Reg. No. : 2302819241	Sex : MALE
Name : MR.PATIL HEMANT ANANTA	Age : 38 YRS
Ref. By : -----	Date : 28.01.2023

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.



DR.GAURI RODA
MBBS,DMRE
(CONSULTANT RADIOLOGIST)