

**PHYSICAL EXAMINATION REPORT**

Patient Name	Aniket Sonar	Sex/Age	M 33
Date	11/2/2023	Location	Thane

**History and Complaints**

B. Asthma Since 7-8 yrs

**EXAMINATION FINDINGS:**

Height (cms):	83.3	Temp (0c):	Afebr
Weight (kg):	68	Skin:	NAD
Blood Pressure	120/84	Nails:	—
Pulse	92/min	Lymph Node:	NP

**Systems :**

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

**Impression:** BSLCF - Impaired. Chest Xray - ↑BV prominent  
 Urine - Blood (3+) RBC's (35-40/hpf)  
 Fatty Liver.

**Advice:**

- Low Fat, Low sugar Diet
- Drink Plenty of Liquids
- Treatment of Urine infection
- Repeat sugar profile after 6 Months.

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

**PERSONAL HISTORY:**

1)	Alcohol	NO
2)	Smoking	NO
3)	Diet	Mostly veg (all nonveg)
4)	Medication	Inhaler / Symbicort-MDI



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

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2304221518  
Name : MR. ANIKET SONAR  
Age / Gender : 37 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 11-Feb-2023 / 08:14  
Reported : 11-Feb-2023 / 14:45

**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>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	15.2	13.0-17.0 g/dL	Spectrophotometric
RBC	4.58	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.8	40-50 %	Measured
MCV	98	80-100 fl	Calculated
MCH	33.1	27-32 pg	Calculated
MCHC	33.8	31.5-34.5 g/dL	Calculated
RDW	15.3	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	7900	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	18.8	20-40 %	
Absolute Lymphocytes	1485.2	1000-3000 /cmm	Calculated
Monocytes	6.8	2-10 %	
Absolute Monocytes	537.2	200-1000 /cmm	Calculated
Neutrophils	70.6	40-80 %	
Absolute Neutrophils	5577.4	2000-7000 /cmm	Calculated
Eosinophils	3.8	1-6 %	
Absolute Eosinophils	300.2	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.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	417000	150000-400000 /cmm	Elect. Impedance
MPV	7.6	6-11 fl	Calculated
PDW	12.3	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		

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Reported : 11-Feb-2023 / 12:30

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 10 2-15 mm at 1 hr. Sedimentation

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

AREAS OF SPECIAL INTEREST

CONCLUSION



*Amit Taori*

Dr. AMIT TAORI  
M.D ( Path )  
Pathologist

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

Collected : 11-Feb-2023 / 08:14  
Reported : 11-Feb-2023 / 11:43

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	104.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	109.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.39	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.23	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
SGOT (AST), Serum	14.2	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	9.2	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	22.8	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	96.9	40-130 U/L	PNPP
BLOOD UREA, Serum	12.0	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	5.6	6-20 mg/dl	Calculated
CREATININE, Serum	0.86	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	106	>60 ml/min/1.73sqm	Calculated

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Collected : 11-Feb-2023 / 10:32  
Reported : 11-Feb-2023 / 12:25

URIC ACID, Serum	5.2	3.5-7.2 mg/dl	Uricase
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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



*Amit Taori*

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Collected : 11-Feb-2023 / 08:14  
Reported : 11-Feb-2023 / 14:12

**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	5.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	102.5	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 G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



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Pathologist



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Collected : 11-Feb-2023 / 08:14  
Reported : 11-Feb-2023 / 15:15

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**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	1.020	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	40	-	-
<b>CHEMICAL EXAMINATION</b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	3+	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	1-2	0-5/hpf	
Red Blood Cells / hpf	35-40	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	6-8	Less than 20/hpf	

Kindly correlate clinically.

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



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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	A
Rh TYPING	Positive

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

Specimen: EDTA Whole Blood and/or serum

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

**Limitations:**

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

**References:**

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

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	192.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	117.3	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	41.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	151.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	129.0	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	22.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.1	0-3.5 Ratio	Calculated

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



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Reported : 11-Feb-2023 / 12:54

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**THYROID FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.1	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	5.14	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 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 trasiently altered becuae 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 \*\*\*

AREAS OF SPECIAL EXPERTISE

OUR PRESENCE

022-6170-0000

Date:- 11/2/23

CID:

Name:- Anket Sood.

Sex / Age: M-37

**EYE CHECK UP**

Chief complaints: RCU

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: 32/60 HV 20/6

Aided Vision:

Refraction:

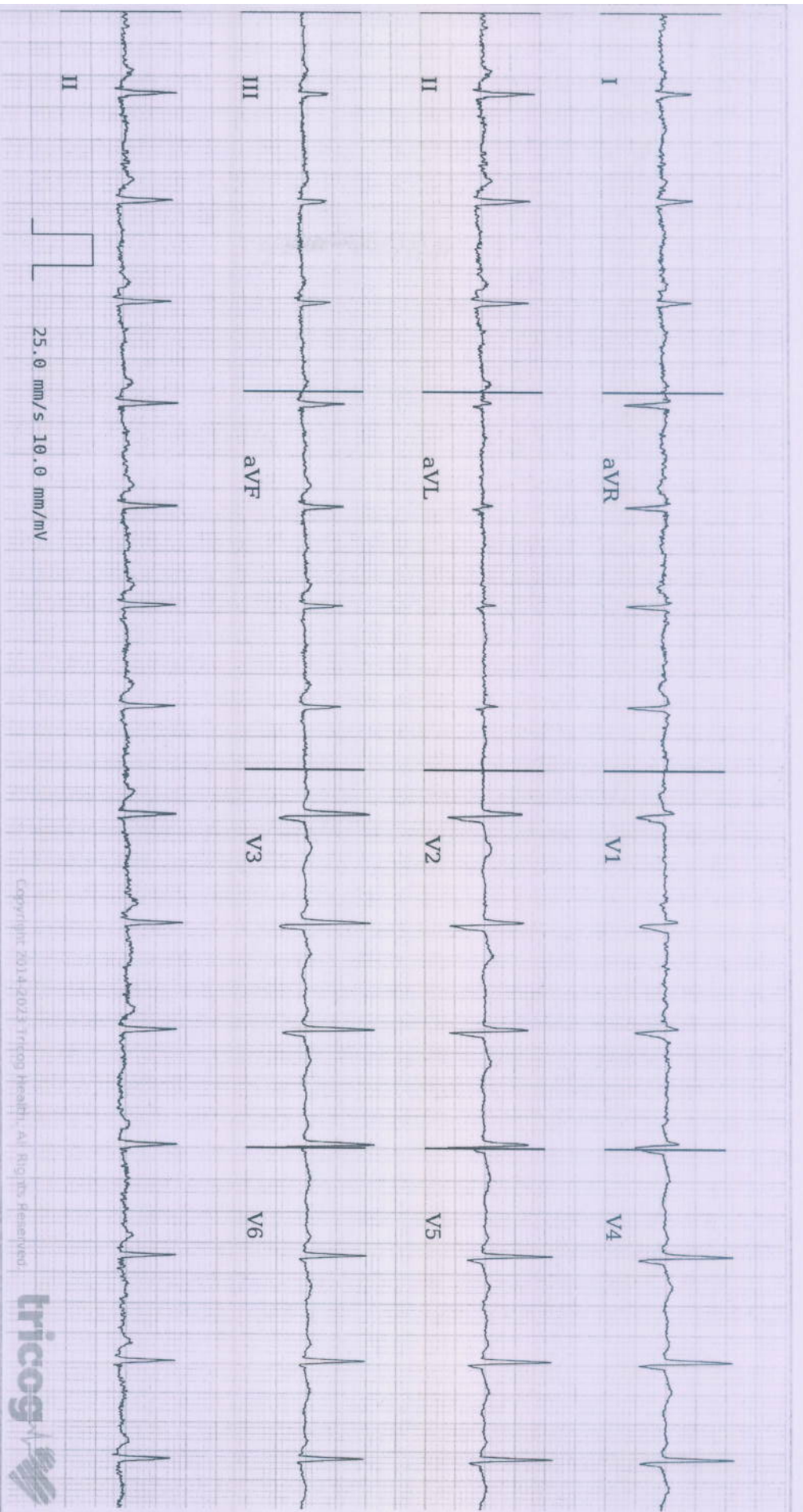
	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

Good Vision

MR. PRAKASH KUDVA  
SR. OPTOMETRIST



25.0 mm/s 10.0 mm/mV

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Age 37 3 9  
years months days

Gender Male

Heart Rate 89bpm

Patient Vitals

BP: 120/80 mmHg

Weight: 83 kg

Height: 168 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

**Measurements**

QRSD: 84ms

QT: 360ms

QTc: 438ms

PR: 144ms

P-R-T: 57° 59° 42°

REPORTED BY

DR SHAILAJA PILLAI  
MBBS, MD Physician  
MD Physician  
49972

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

Disclaimer: 1) Any job 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 DIAGNOSTICS (THANE GB ROAD)

Email:

392 (2304221581) / ANIKET SONAR / 37 Yrs / M / 168 Cms / 83 Kg  
Date: 11 / 02 / 2023 10:35:06 AM

Report



Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:05	0:05	00.0	00.0	01.0	106	58 %	120/80	127	00	
Standing	00:13	0:08	00.0	00.0	01.0	106	58 %	120/80	127	00	
HV	00:21	0:08	00.0	00.0	01.0	108	59 %	120/80	129	00	
ExStart	00:29	0:08	00.0	00.0	01.0	105	57 %	120/80	125	00	
BRUCE Stage 1	03:29	3:00	01.7	10.0	04.7	150	82 %	130/80	195	00	
PeakEx	04:07	0:38	02.5	12.0	05.2	155	85 %	150/80	232	00	
Recovery	05:07	1:00	00.0	00.0	01.0	133	73 %	150/80	199	00	
Recovery	06:07	2:00	00.0	00.0	01.0	116	63 %	150/80	174	00	
Recovery	08:07	4:00	00.0	00.0	01.0	112	61 %	130/80	145	00	
Recovery	08:18				00.0	000	0 %	---/---	000	00	

## FINDINGS :

Exercise Time : 03:38  
 Initial HR (ExStrt) : 105 bpm 57% of Target 183  
 Initial BP (ExStrt) : 120/80 (mm/Hg)  
 Max Workload Attained : 5.2 Fair response to induced stress  
 Max ST Dep Lead & Avg ST Value : V1 & -0.2 mm in Recovery  
 Test End Reasons : , Fatigue, Heart Rate Achieved

Max HR Attained 155 bpm 85% of Target 183  
 Max BP Attained 150/80 (mm/Hg)

Dr. SHAILAJA PILLAI

M.D. (GERIATRY)

RNO. 49972

Doctor : DR SHAILAJA PILLAI



REPORT :

**PROCEDURE DONE:** Graded exercise treadmill stress test

**STRESS ECG RESULTS:** The Initial HR was recorded as 106.0 bpm, and the maximum predicted Target Heart Rate 183.0. The BP increased at the time of generating report as 150.0/80.0 mmHg The Max Dep went upto 0.1. 0.0 Ectopic Beats were observed during the Test.

**CONCLUSIONS:**

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

Dr. SHAILAJA PILLAI  
M.D. (GEN.MED)  
R.NO. 49972  
Doctor : DR SHAILAJA PILLAI





# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

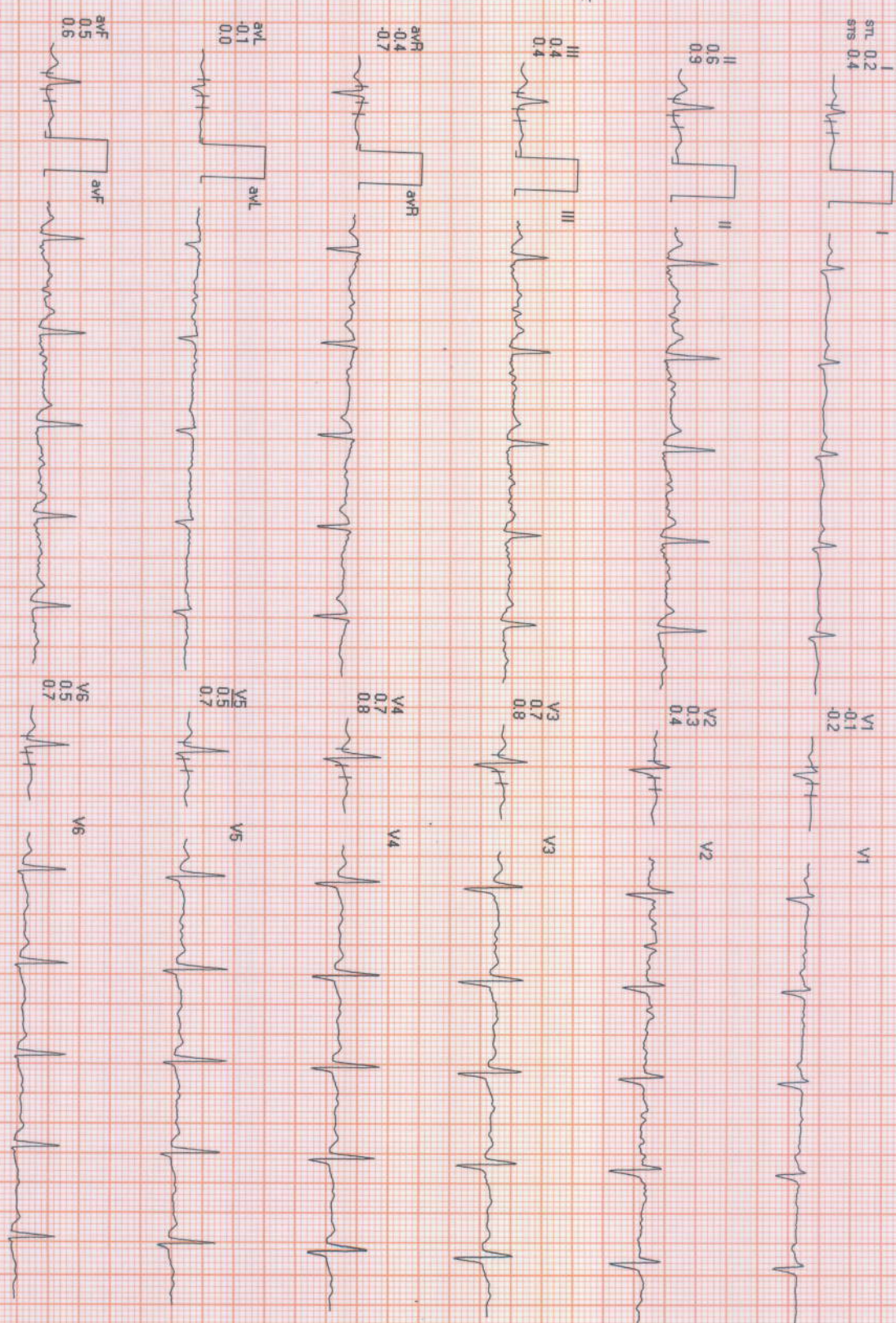
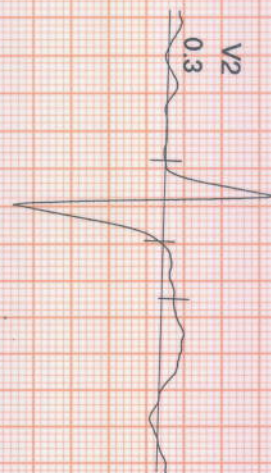
392 (2304221581) / ANIKET SONAR / 37 Yrs / M / 168 Cms / 83 Kg / HR : 90

SUPINE ( 00:01 )



Date: 11 / 02 / 2023 10:35:06 AM METS: 1.0/ 90 bpm 49% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 00:00 0.0 mph, 0.0%  
25 mm/Sec. 1.0 Cm/mV



REMARKS:

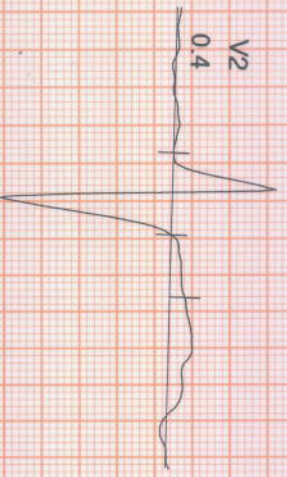




Date: 11/02/2023 10:35:06 AM METS: 1.0/106 bpm 58% of THR BP: 120/80 mmHg Raw ECG/BLC On/Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 09:00 0.0 mph, 0.0%  
25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post 4



STL 0.2  
STS 0.4

II 0.7  
III 0.5

III 0.5  
III 0.3

avR -0.5  
avR -0.8

avL -0.1  
avL 0.1

avF 0.6  
avF 0.5

V1 -0.1  
V1 -0.2

V2 0.4  
V2 0.4

V3 0.7  
V3 0.9

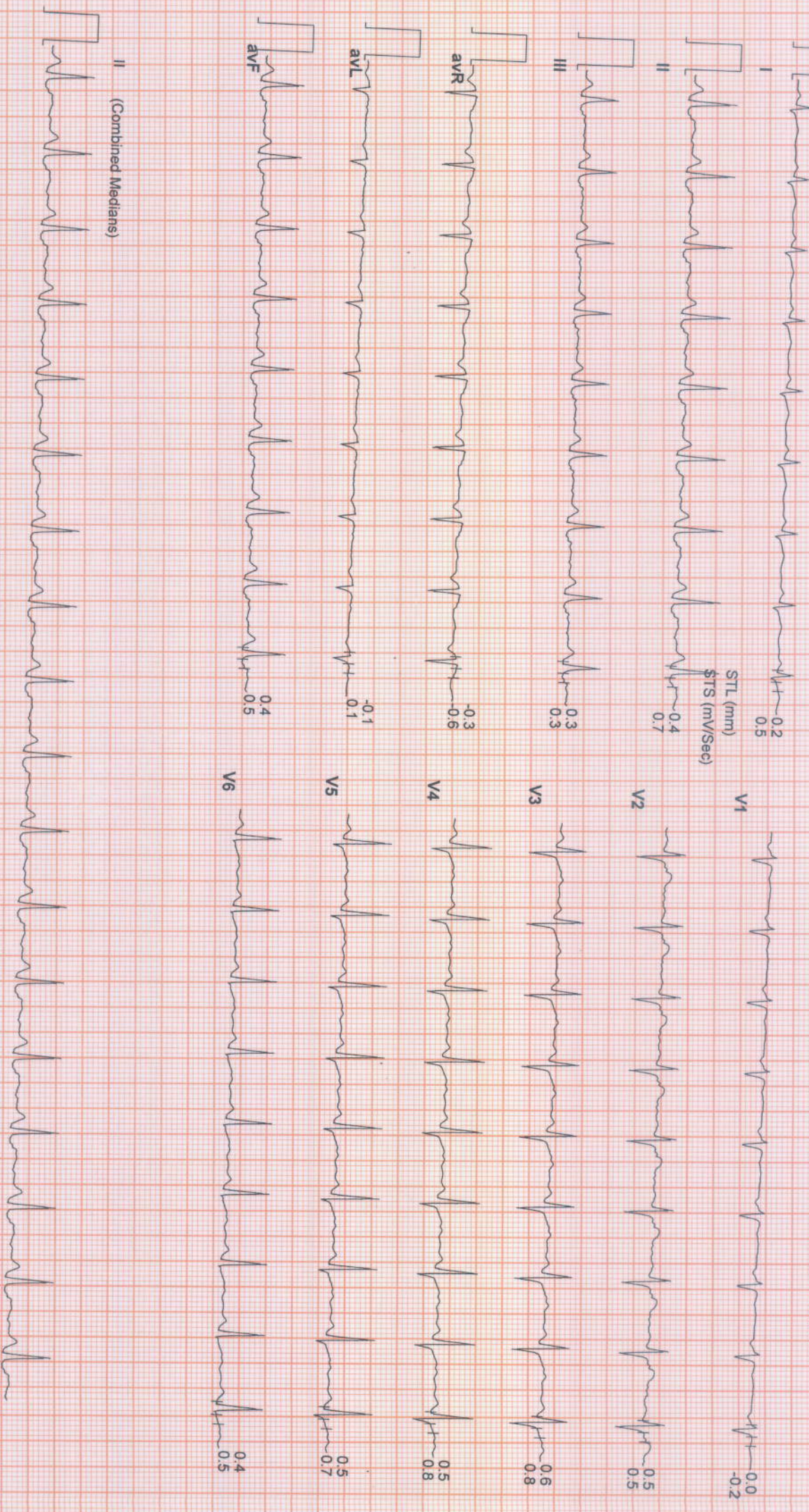
V4 0.6  
V4 0.8

V5 0.5  
V5 0.7

V6 0.4  
V6 0.6



REMARKS:



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

392 / ANIKET SONAR / 37 Yrs / Male / 168 Cm / 83 Kg

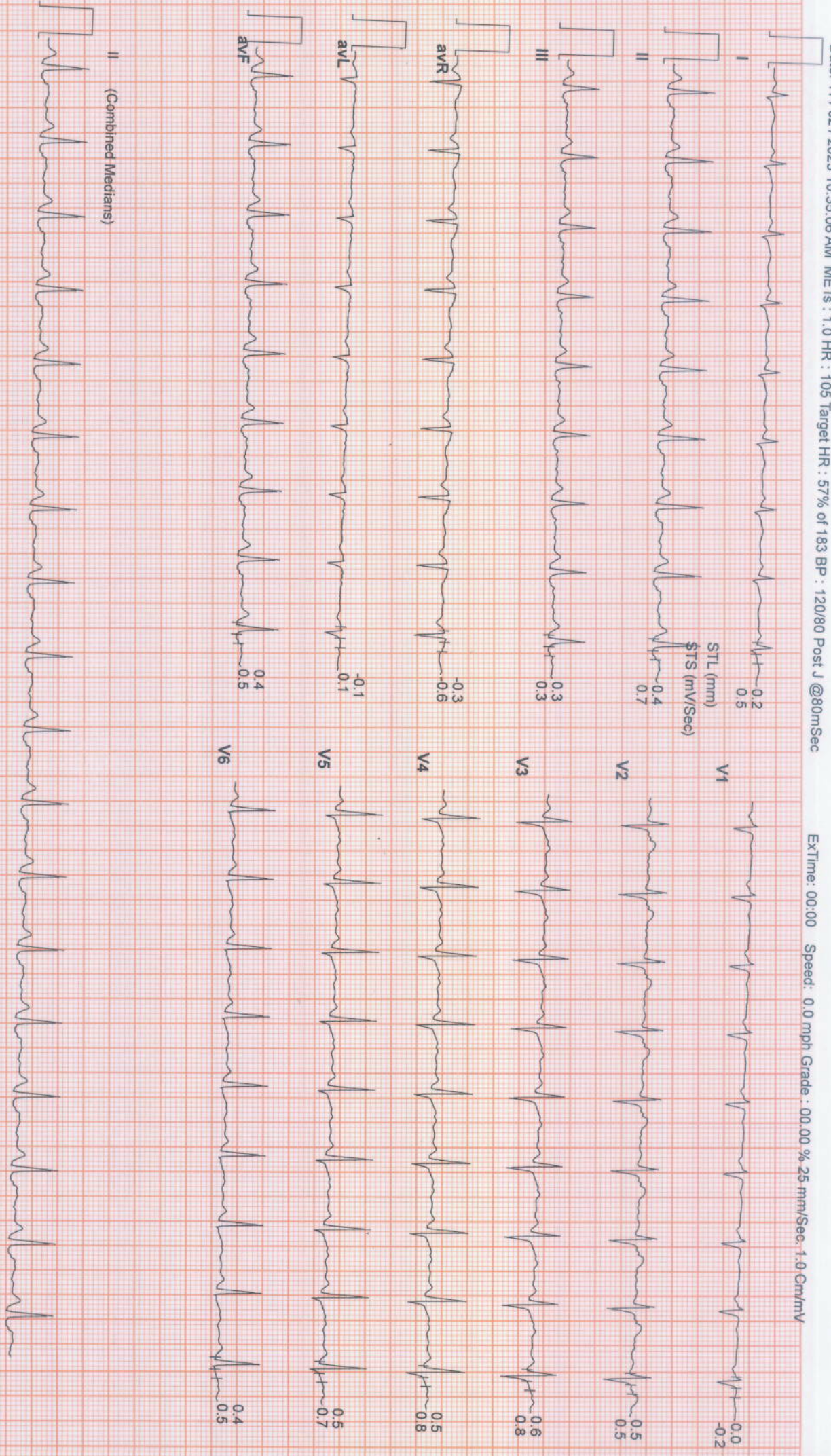
Date: 11 / 02 / 2023 10:35:06 AM METs : 1.0 HR : 105 Target HR : 57% of 183 BP : 120/80 Post J @80mSec

## 6X2 Combine Medians + 1 Rhythm

ExStr



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



**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

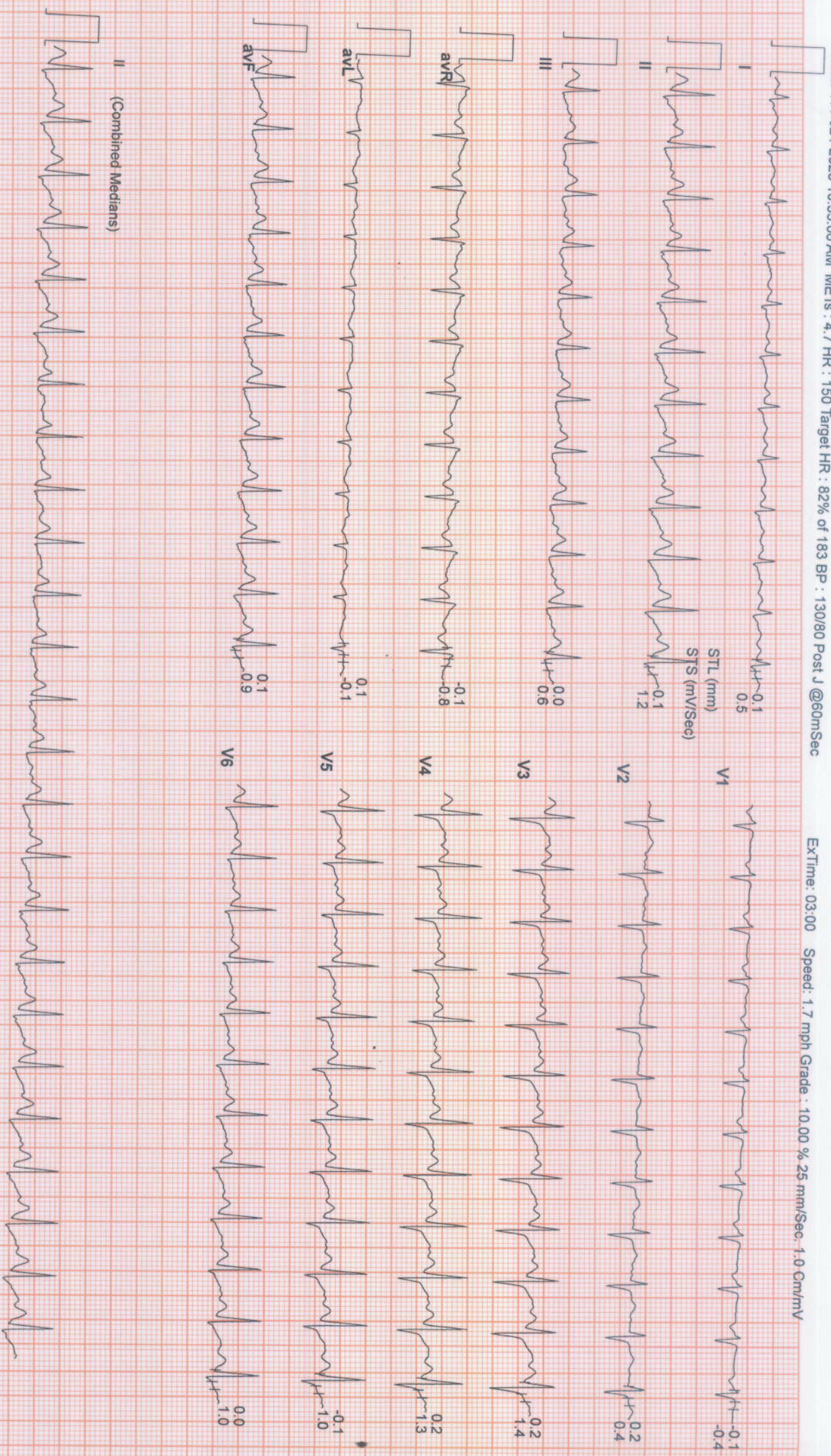
392 / ANIKET SONAR / 37 Yrs / Male / 168 Cm / 83 Kg

Date: 11 / 02 / 2023 10:35:06 AM METS : 4.7 HR : 150 Target HR : 82% of 183 BP : 130/80 Post J @60mSec

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



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



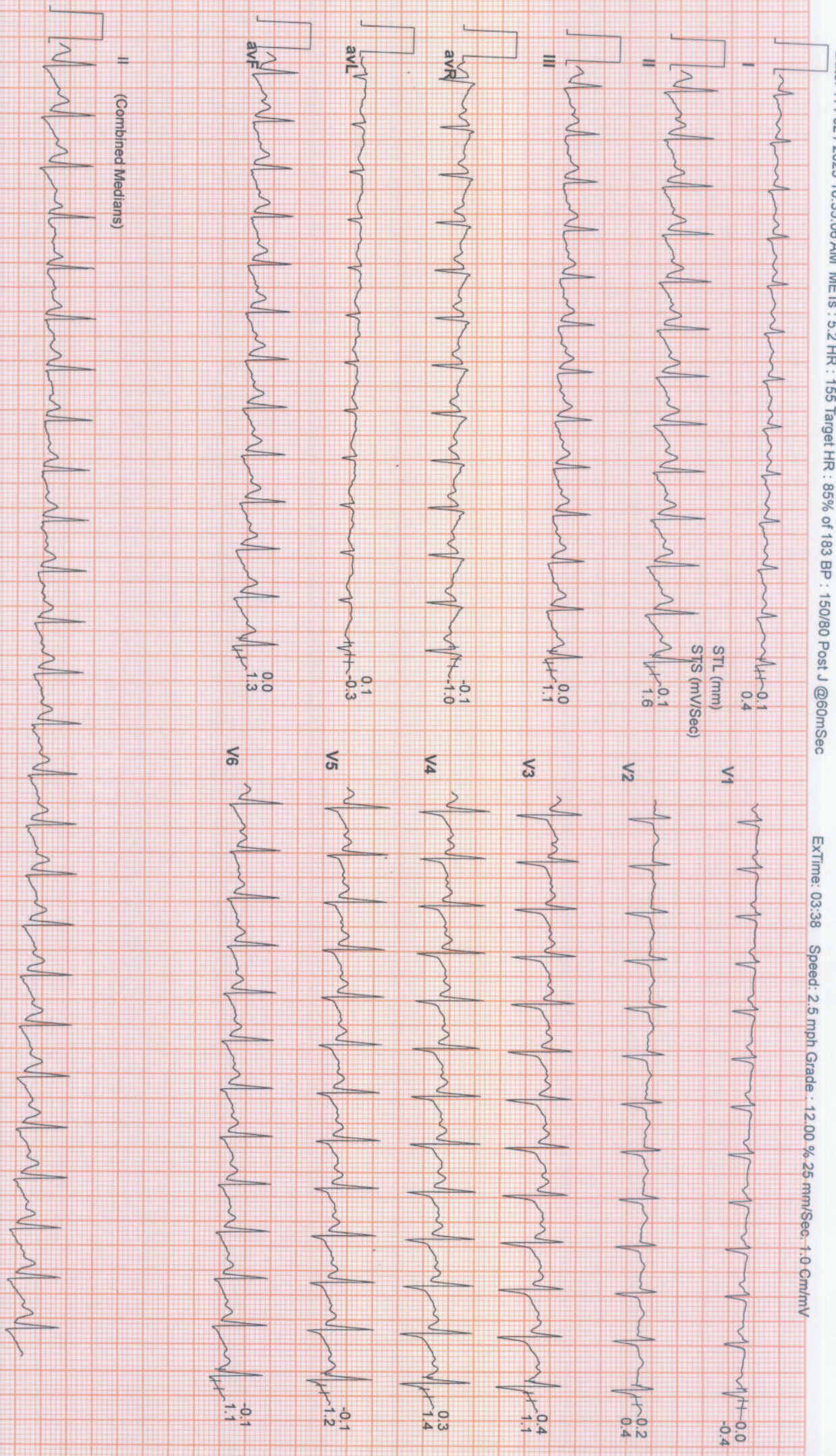
# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

392 / ANIKET SONAR / 37 Yrs / Male / 168 Cm / 83 Kg

Date: 11 / 02 / 2023 10:35:06 AM METs : 5.2 HR : 155 Target HR : 85% of 183 BP : 150/80 Post J @60mSec

EXTime: 03:38 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec: 1.0 Cm/mV

## 6X2 Combine Medians + 1 Rhythm PeakEX



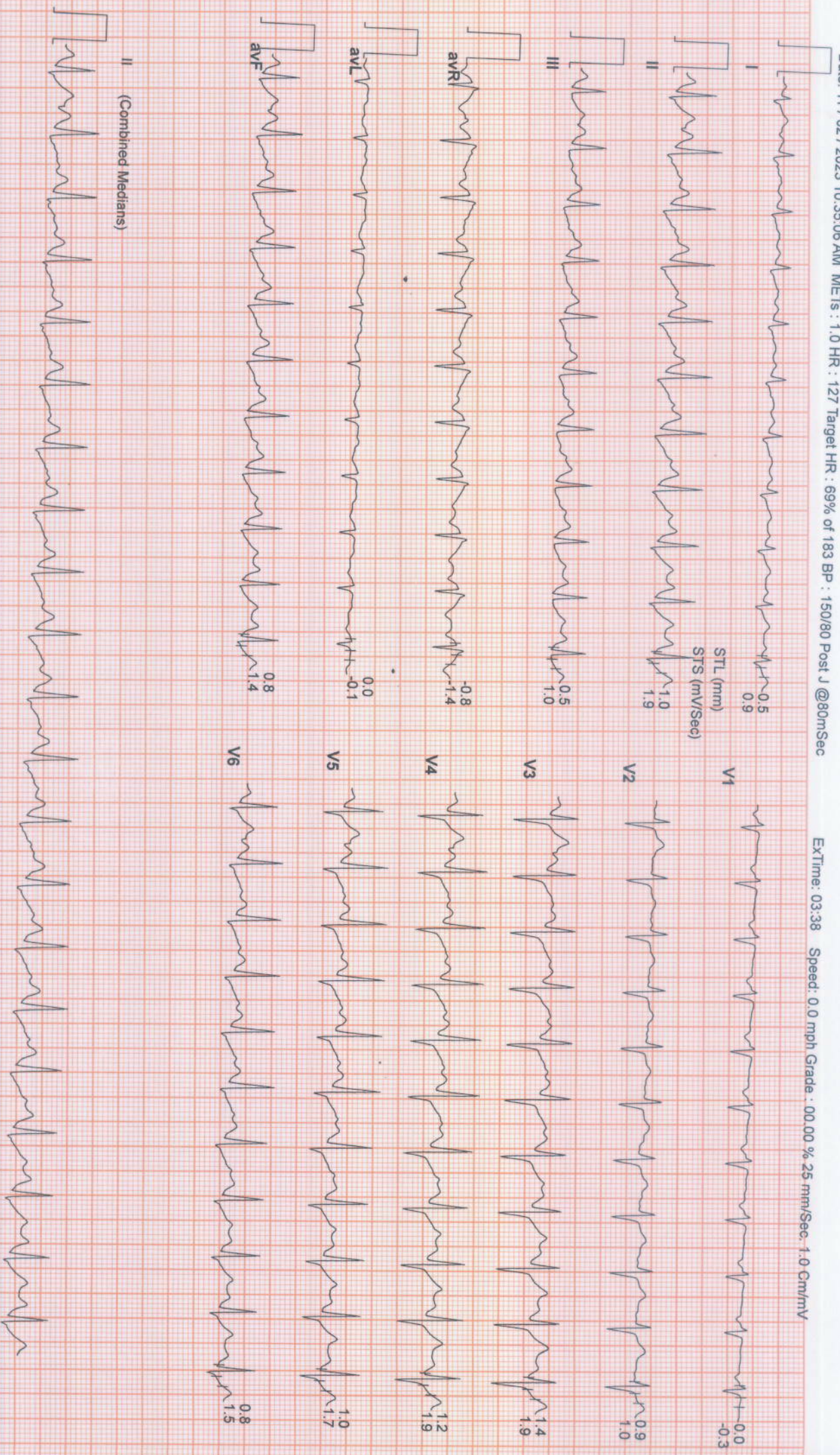
**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

392 / ANIKET SONAR / 37 Yrs / Male / 168 Cm / 83 Kg

Date: 11 / 02 / 2023 10:35:06 AM METs : 1.0 HR : 127 Target HR : 69% of 183 BP : 150/80 Post J @90mSec

**6X2 Combine Medians + 1 Rhythm**  
Recovery : ( 01:00 )

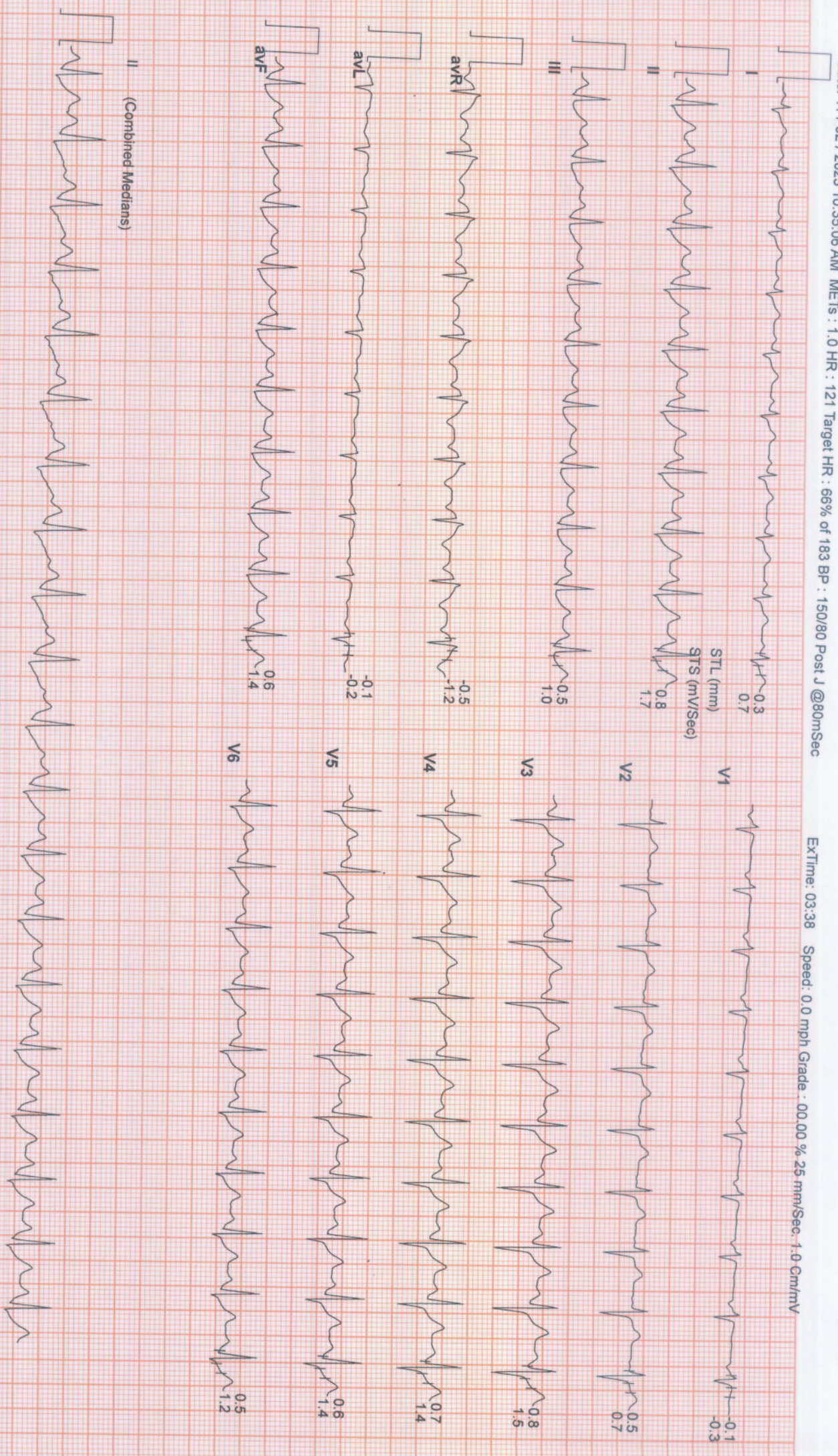
ExTime: 03:38 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/mV





ExTime: 03:38

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





# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

392 / ANIKET SONAR / 37 Yrs / Male / 168 Cm / 83 Kg

Date: 11 / 02 / 2023 10:35:06 AM METs : 1.0 HR : 104 Target HR : 57% of 183 BP : 130/80 Post J @80mSec

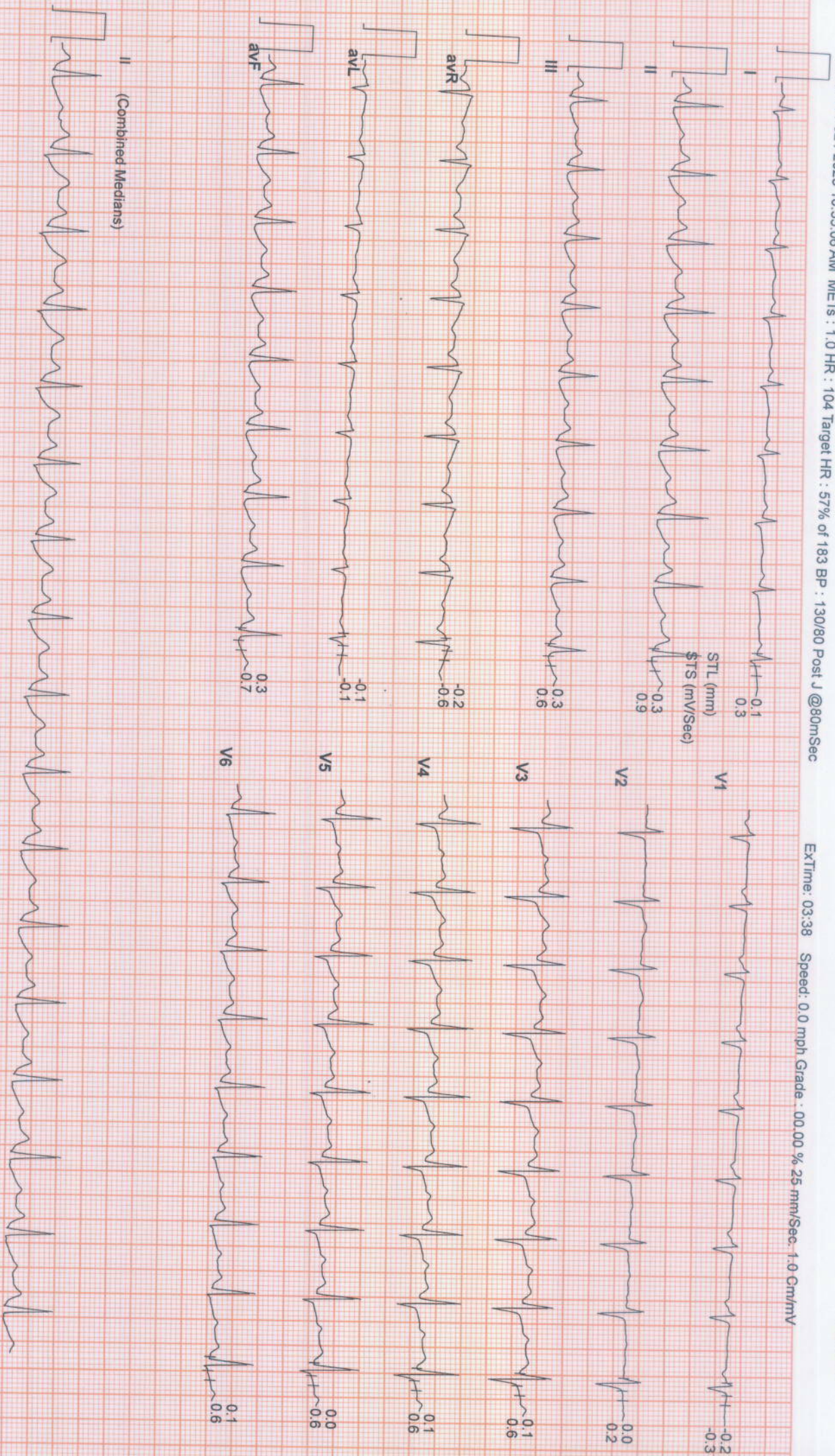
## 6X2 Combine Medians + 1 Rhythm

Recovery : ( 04:00 )



ExTime: 03:38

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



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

392 / ANIKET SONAR / 37 Yrs / Male / 168 Cm / 83 Kg

Date: 11 / 02 / 2023 10:35:06 AM METs : 1.0 HR : 106 Target HR : 58% of 183 BP : 130/80 Post J @80mSec

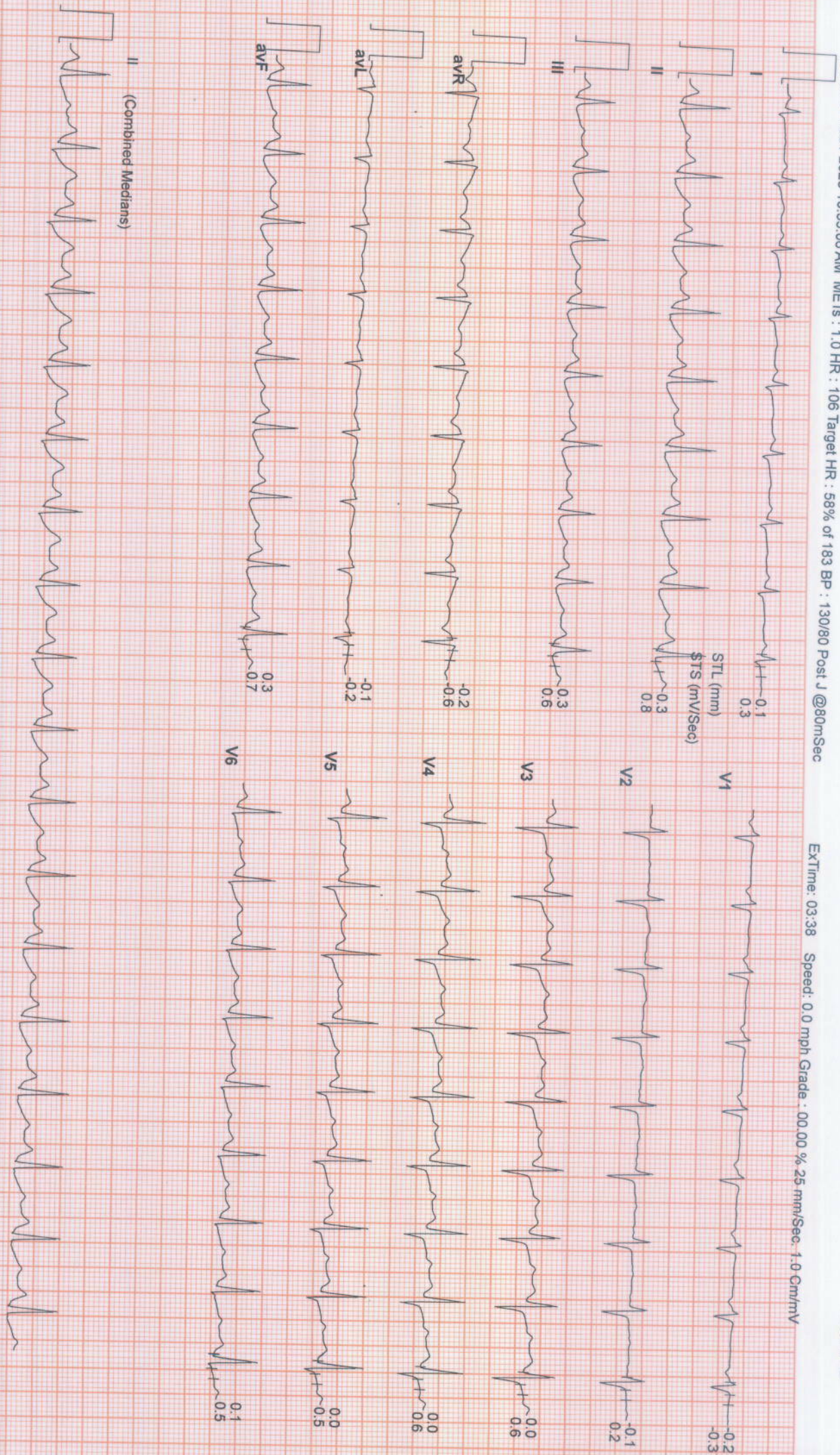
## 6X2 Combine Medians + 1 Rhythm

Recovery : ( 04:11 )



ExTime: 03:38

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



Reg. No. : 2304221518	Sex : MALE
Name : MR. ANIKET SONAR	Age : 37 YRS
Ref. By : -----	Date : 11.02.2023

**USG ABDOMEN AND PELVIS**

**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 9.4 x 3.5 cm. Left kidney measures 9.7 x 4.8 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 2.4 x 3.1 x 3.4 cm in dimension and 13.7 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

Reg. No. : 2304221518	Sex : MALE
Name : MR. ANIKET SONAR	Age : 37 YRS
Ref. By : -----	Date : 11.02.2023

**IMPRESSION:**

**GRADE I FATTY INFILTRATION OF LIVER.**

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.

*Dr. Patil*  
**DR. DEVENDRA PATIL**  
**MD (RADIO DIAGNOSIS)**  
**(CONSULTANT RADIOLOGIST)**

AREAS OF SPECIAL EXPERTISE

OUR PRESENCE

022-6170-0000



CID : 2304221518  
Name : Mr Aniket sonar  
Age / Sex : 37 Years/Male  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 11-Feb-2023  
Reported : 11-Feb-2023 / 13:15

Use a QR Code Scanner  
Application To Scan the Code

**X-RAY CHEST PA VIEW**

**There is evidence of mildly increased bilateral bronchovascular prominence.**

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The aorta shows normal radiological features.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

**Suggest clinico pathological co-relation.**

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

This report is prepared and physically checked by DR GAURI VARMA before dispatch.

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023021108131278>

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