

PHYSICAL EXAMINATION REPORT

Patient Name	Atanu Debnath	Sex/Age	M / 38
Date	25/2/23	Location	Home

History and Complaints

Chronic Throat Irritation / 1 year
Cough
Hypertension

EXAMINATION FINDINGS:

Height (cms):	173	Temp (0c):	ACB
Weight (kg):	83	Skin:	MAD
Blood Pressure	120/80	Nails:	NL
Pulse	72/L	Lymph Node:	NA

Systems :

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

Impression:

USG
↓
Fatty Liver
GB Polyps

Eosinophilia
↑ SCEPT, Ceramides GGT
↓ HDL, ↑ Non HDL
E-CG - Non specific ST T changes

TMT-Equivocal

- Treatment of Eosinophilia

Advice:

- Low Fat, Low sugar Diet

- Reg. Exercise
 H/O d/c (6 Months)

- Cardiologist's consultation.

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

PERSONAL HISTORY:

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



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

0000 0518-5507

Date:- 25/2/23

CID:

Name:- Atanu Debbarthi

Sex / Age: M-58

EYE CHECK UP

Chief complaints: PCV

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: 32/60 NVISL H6

Aided Vision: 32/60 NVISL H6

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / ~~Abnormal~~

Remark: Use own spectacles.

MR. PRAKASH KUDVA

SR. OPTOMETRIST

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CID : 2305621704
Name : MR.DEBNATH ATANU
Age / Gender : 38 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 25-Feb-2023 / 09:05
Reported : 25-Feb-2023 / 10:52

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	15.9	13.0-17.0 g/dL	Spectrophotometric
RBC	5.74	4.5-5.5 mil/cmm	Elect. Impedance
PCV	48.9	40-50 %	Measured
MCV	85.1	80-100 fl	Calculated
MCH	27.7	27-32 pg	Calculated
MCHC	32.6	31.5-34.5 g/dL	Calculated
RDW	13.6	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7320	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	32.2	20-40 %	
Absolute Lymphocytes	2357.0	1000-3000 /cmm	Calculated
Monocytes	5.6	2-10 %	
Absolute Monocytes	409.9	200-1000 /cmm	Calculated
Neutrophils	49.6	40-80 %	
Absolute Neutrophils	3630.7	2000-7000 /cmm	Calculated
Eosinophils	12.5	1-6 %	
Absolute Eosinophils	915.0	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	7.3	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	236000	150000-400000 /cmm	Elect. Impedance
MPV	9.1	6-11 fl	Calculated
PDW	13.4	11-18 %	Calculated

RBC MORPHOLOGY

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

Specimen: EDTA Whole Blood

ESR, 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 ***

AREAS OF SPECIAL EXPERTISE

OUR PRESENCE



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist

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Reported : 25-Feb-2023 / 13:50

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	96.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	94.5	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.45	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.20	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.25	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	27.5	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	54.3	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	84.2	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	59.0	40-130 U/L	PNPP
BLOOD UREA, Serum	16.2	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	7.6	6-20 mg/dl	Calculated

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

Collected : 25-Feb-2023 / 12:33
Reported : 25-Feb-2023 / 13:50

CREATININE, Serum	0.95	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	94	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.0	3.5-7.2 mg/dl	Uricase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
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Reg. Location : G B Road, Thane West (Main Centre)

Collected : 25-Feb-2023 / 09:05
Reported : 25-Feb-2023 / 11:45

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	108.3	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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Collected : 25-Feb-2023 / 09:05
Reported : 25-Feb-2023 / 17:03

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<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)	40	-	-
<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	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
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

*** End Of Report ***



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Collected : 25-Feb-2023 / 09:05
Reported : 25-Feb-2023 / 13:25

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

PARAMETER	RESULTS
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

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	165.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	109.6	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	31.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	134.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	112.0	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	22.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.6	0-3.5 Ratio	Calculated

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



Amit Taori

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Age / Gender : 38 Years / Male
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Collected : 25-Feb-2023 / 09:05
Reported : 25-Feb-2023 / 13:32

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	5.7	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.6	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.16	0.35-5.5 microIU/ml	ECLIA

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Interpretation:

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

Clinical Significance:

- 1)TSH Values between high abnormal upto 15 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)

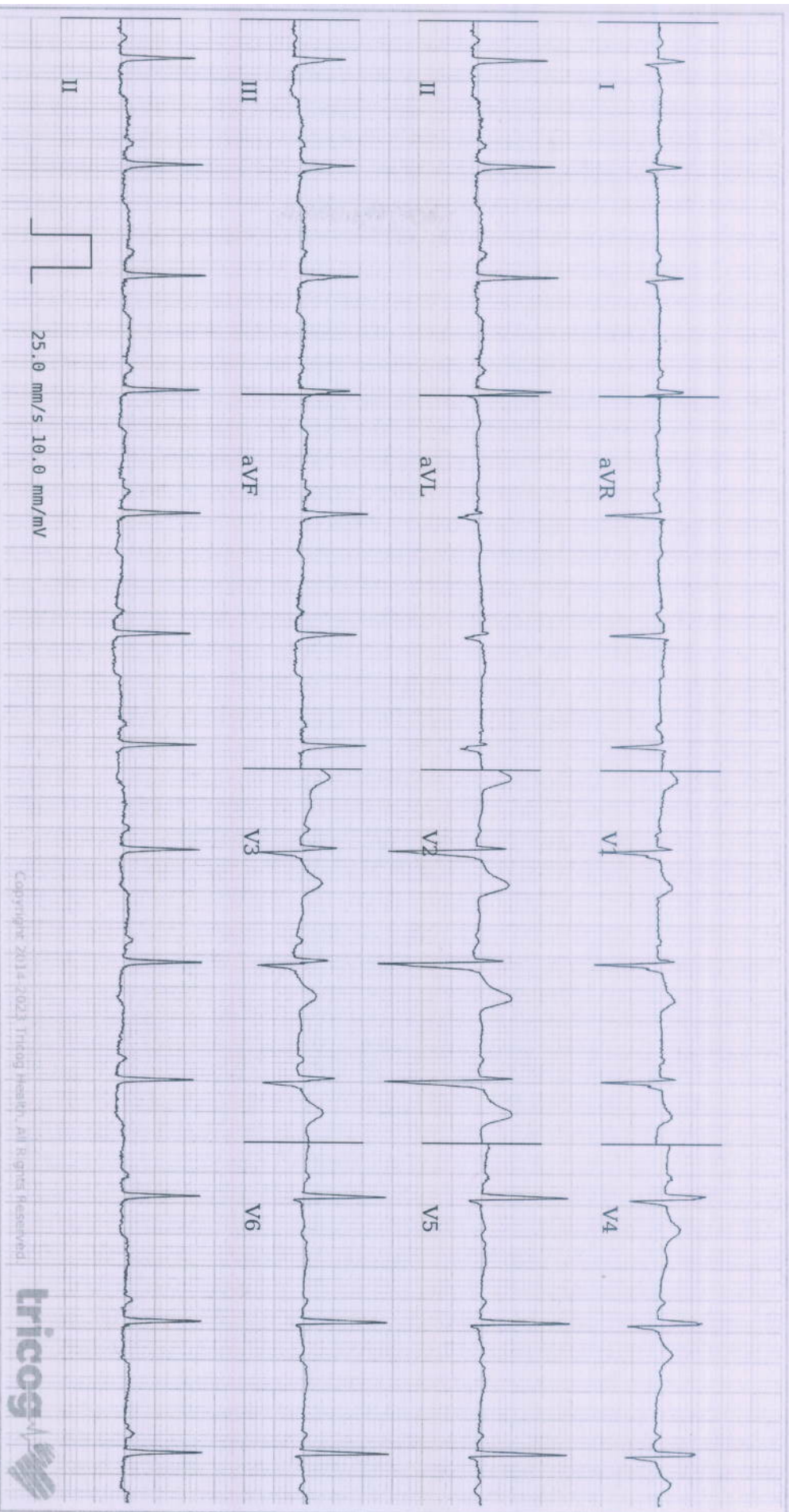
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*** End Of Report ***



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist

SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST
Patient Name: DEBNATH ATANU
Patient ID: 2305621704
Date and Time: 25th Feb 23 10:48 AM



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Age 38 9 27
years months days

Gender Male

Heart Rate 80bpm

Patient Vitals

BP: NA

Weight: NA

Height: NA

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 88ms

QT: 350ms

QTc: 403ms

PR: 130ms

P-R-T: 56° 75° -20°

REPORTED BY

DR SHALAJA 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 vitals are as entered by the clinician and not derived from the ECG.



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Name : Mr DEBNATH ATANU
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Reported : 25-Feb-2023 / 12:29

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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-----

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=2023022508562587>

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Name : Mr DEBNATH ATANU
Age / Sex : 38 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 25-Feb-2023
Reported : 25-Feb-2023 / 11:48

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USG WHOLE ABDOMEN

LIVER: Liver appears normal in size and *shows increased echorefectivity*. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. *Few echogenic lesions are noted in GB largest measuring 2 -3 mm most likely polyps.*

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 9.7 x 4.1 cm. Left kidney measures 10.9 x 4.9 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.

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Reg. Date : 25-Feb-2023
Reported : 25-Feb-2023 / 11:48

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IMPRESSION:

- **GRADE I FATTY INFILTRATION OF LIVER.**
- **FEW ECHOGENIC LESIONS ARE NOTED IN GALL BLADDER LARGEST MEASURING 2 -3 MM MOST LIKELY POLYPS.**

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.

-----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

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SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Email:

505 (2305621704) / DEBNATH ATANU / 38 Yrs / M / 173 Cms / 83 Kg
 Date: 25 / 02 / 2023 12:15:43 PM

Report



Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:12	0:12	00.0	00.0	01.0	084	46%	120/80	100	00	
Standing	00:21	0:09	00.0	00.0	01.0	081	45%	120/80	097	00	
HV	00:30	0:09	00.0	00.0	01.0	084	46%	120/80	100	00	
ExStart	00:40	0:10	00.0	00.0	01.0	082	45%	120/80	098	00	
BRUCE Stage 1	03:40	3:00	01.7	10.0	04.7	137	75%	140/80	191	00	
PeakX	05:28	1:48	02.5	12.0	06.2	155	85%	150/80	232	00	
Recovery	06:28	1:00	00.0	00.0	01.0	123	68%	150/80	184	00	
Recovery	07:28	2:00	00.0	00.0	01.0	099	54%	150/80	148	00	
Recovery	09:28	4:00	00.0	00.0	01.0	110	60%	130/80	143	00	
Recovery	09:40				00.0	000	0%	---/---	000	00	

FINDINGS :

Exercise Time : 04:48
 Initial HR (ExStrt) : 82 bpm 45% of Target 182
 Initial BP (ExStrt) : 120/80 (mm/Hg)
 Max WorkLoad Attained : 6.2 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : III & -1.8 mm in PeakEX
 Test End Reasons : , Fatigue, Heart Rate Achieved

Max HR Attained 155 bpm 85% of Target 182
 Max BP Attained 150/80 (mm/Hg)

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



REPORT :

PROCEDURE DONE: Graded exercise treadmill stress test

STRESS ECG RESULTS: The initial HR was recorded as 81.0 bpm, and the maximum predicted Target Heart Rate 182.0. 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.
The Test was completed because of , Fatigue, Heart Rate Achieved.

CONCLUSIONS:

1. TMT is Equivocal for exercise induced ischemia.
2. Normal chronotropic and Normal inotropic response.
3. ST T changes seen inferolateral leads during test and recovery.
4. Adv Cardiologist s opinion.

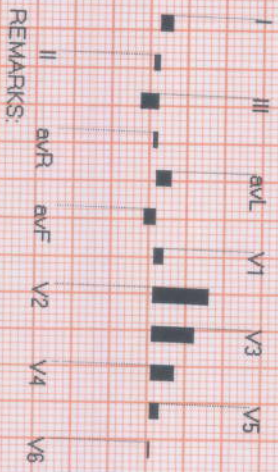
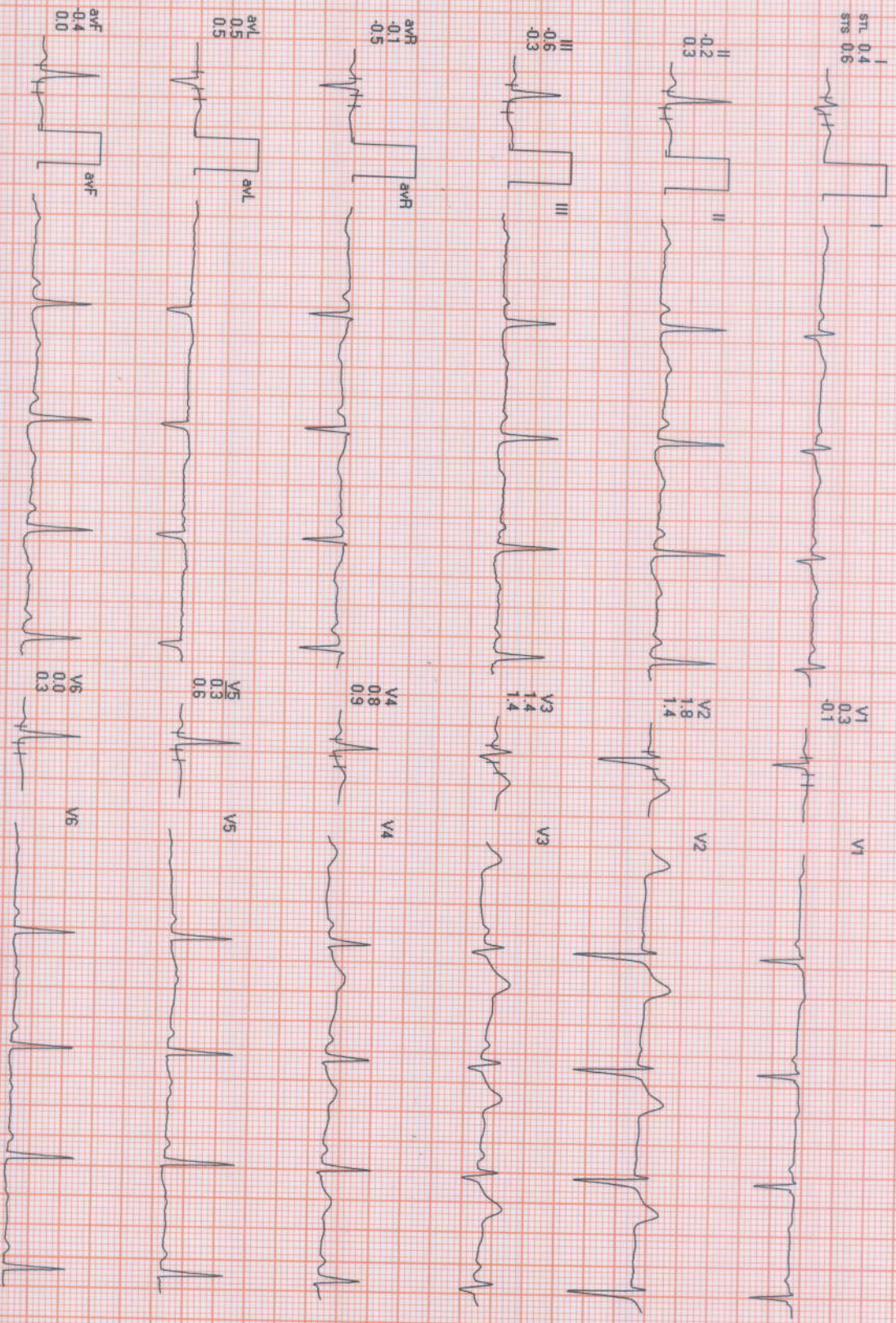
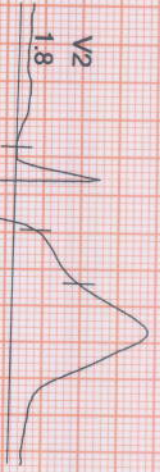
Dr. SHAILAJA PILLAI

M.D. (GEN.MED)

R.NO. 49972

Doctor : DR SHAILAJA PILLAI

4X 80 ms Post J



REMARKS:



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

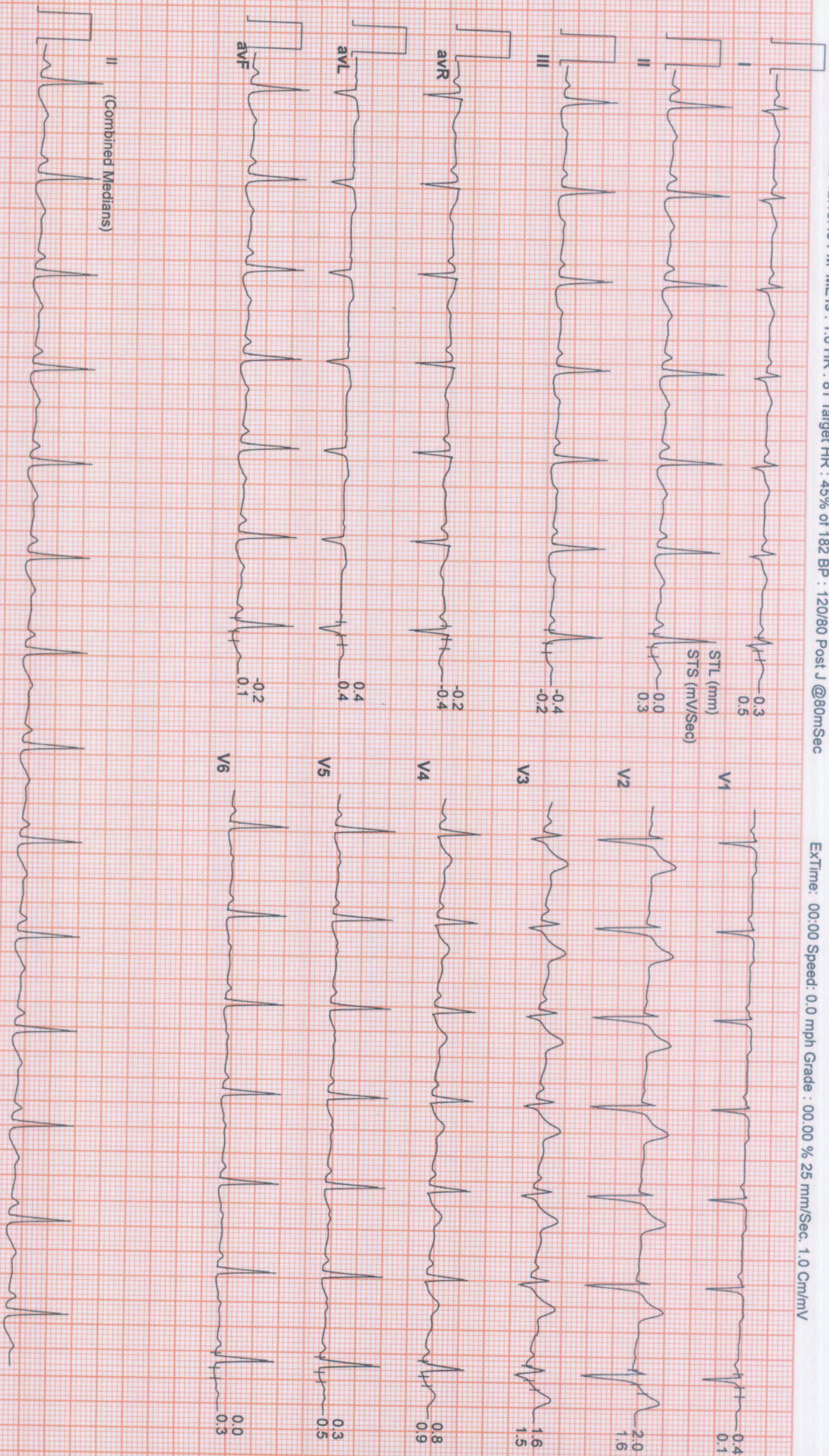
505 / DEBNATH ATANU / 38 Yrs / Male / 173 Cm / 83 Kg

Date: 25 / 02 / 2023 12:15:43 PM METs : 1.0 HR : 81 Target HR : 45% of 182 BP : 120/80 Post J @80mSec

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

6X2 Combine Medians + 1 Rhythm

STANDING (00:00)



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

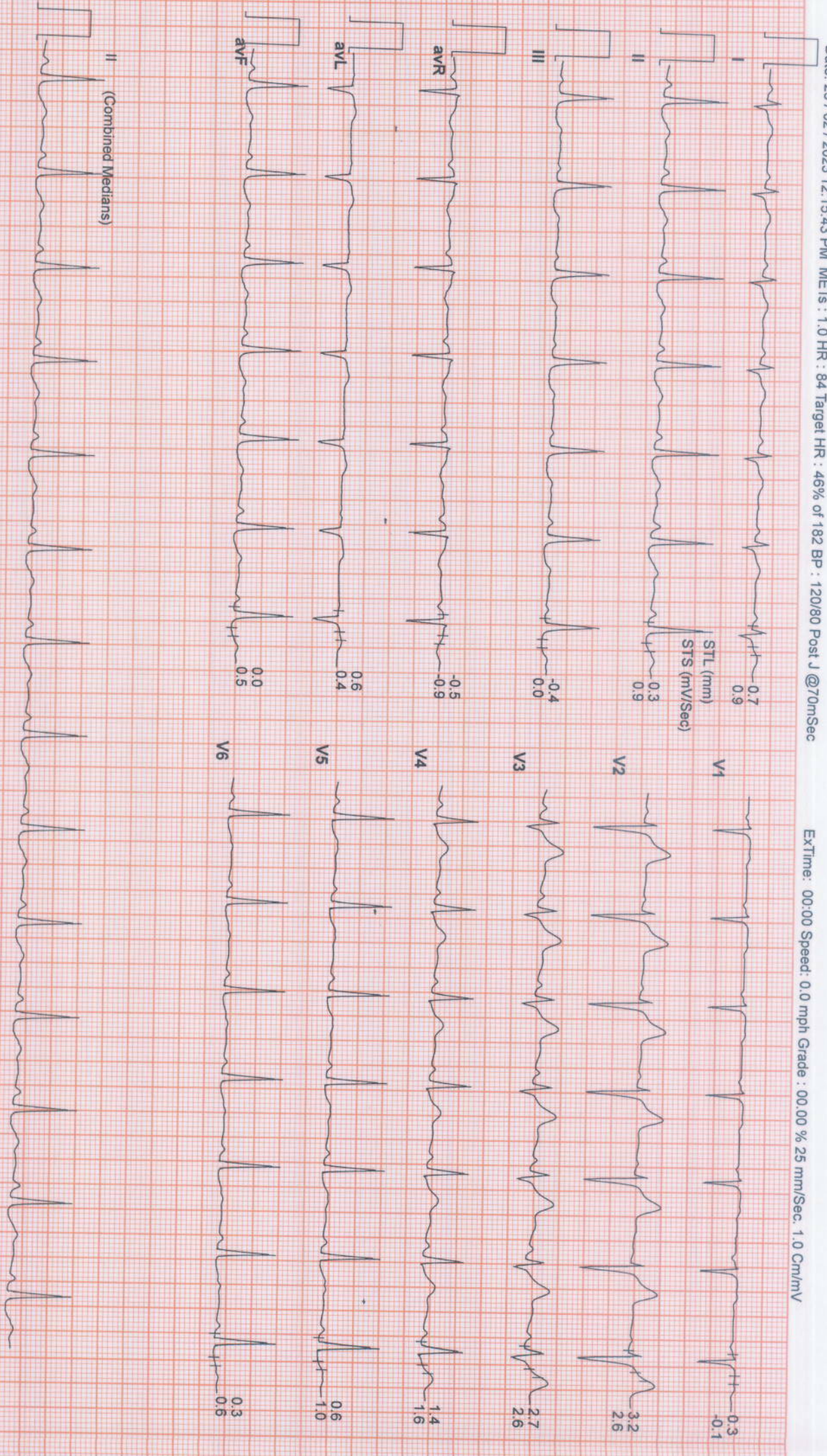
505 / DEBNATH ATANU / 38 Yrs / Male / 173 Cm / 83 Kg

Date: 25 / 02 / 2023 12:15:43 PM METs : 1.0 HR : 84 Target HR : 46% of 182 BP : 120/80 Post J @70mSec

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

6X2 Combine Medians + 1 Rhythm

HV (00:00)



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

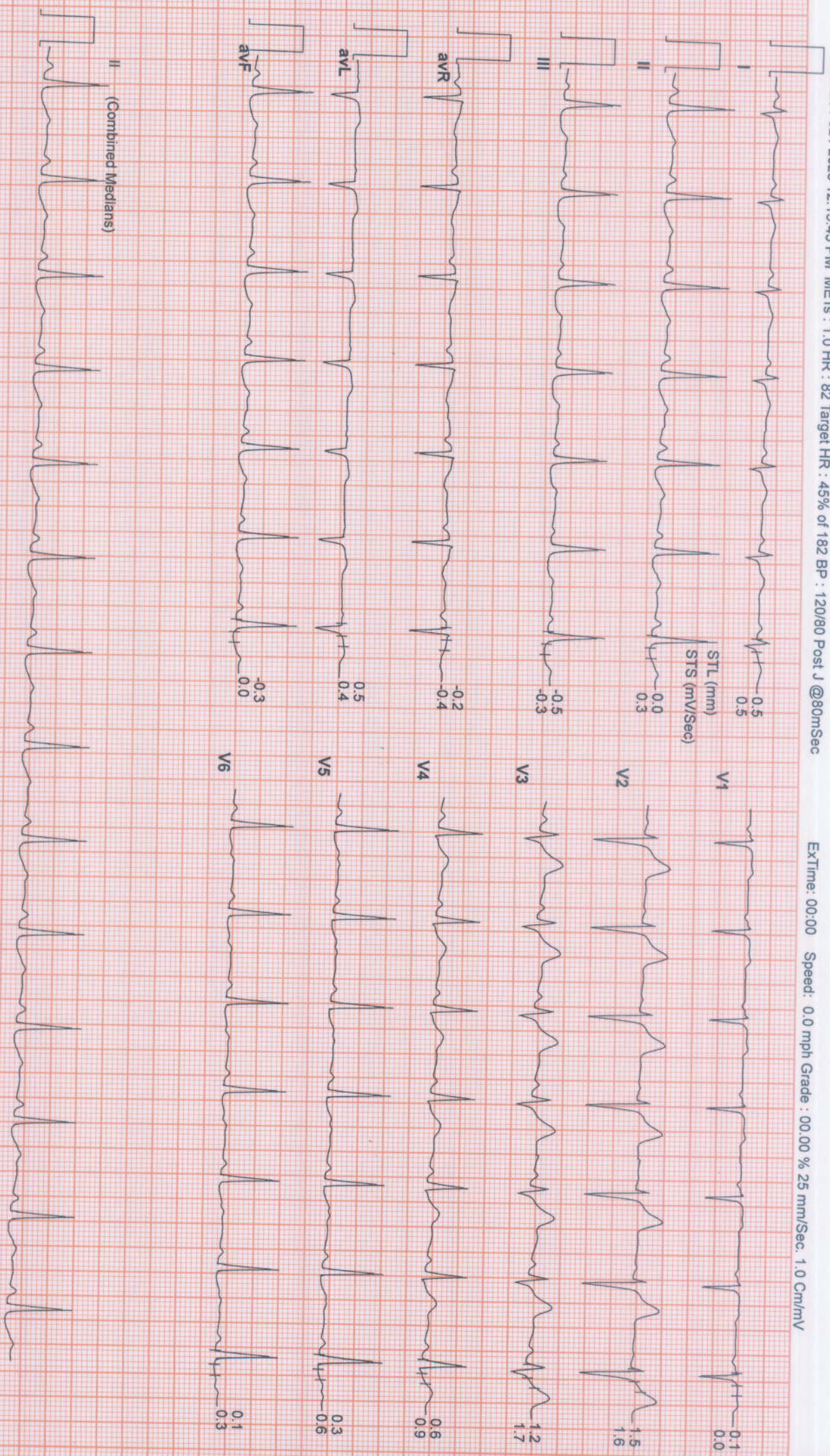
505 / DEBNATH ATANU / 38 Yrs / Male / 173 Cm / 83 Kg

Date: 25 / 02 / 2023 12:15:43 PM METs : 1.0 HR : 82 Target HR : 45% of 182 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)

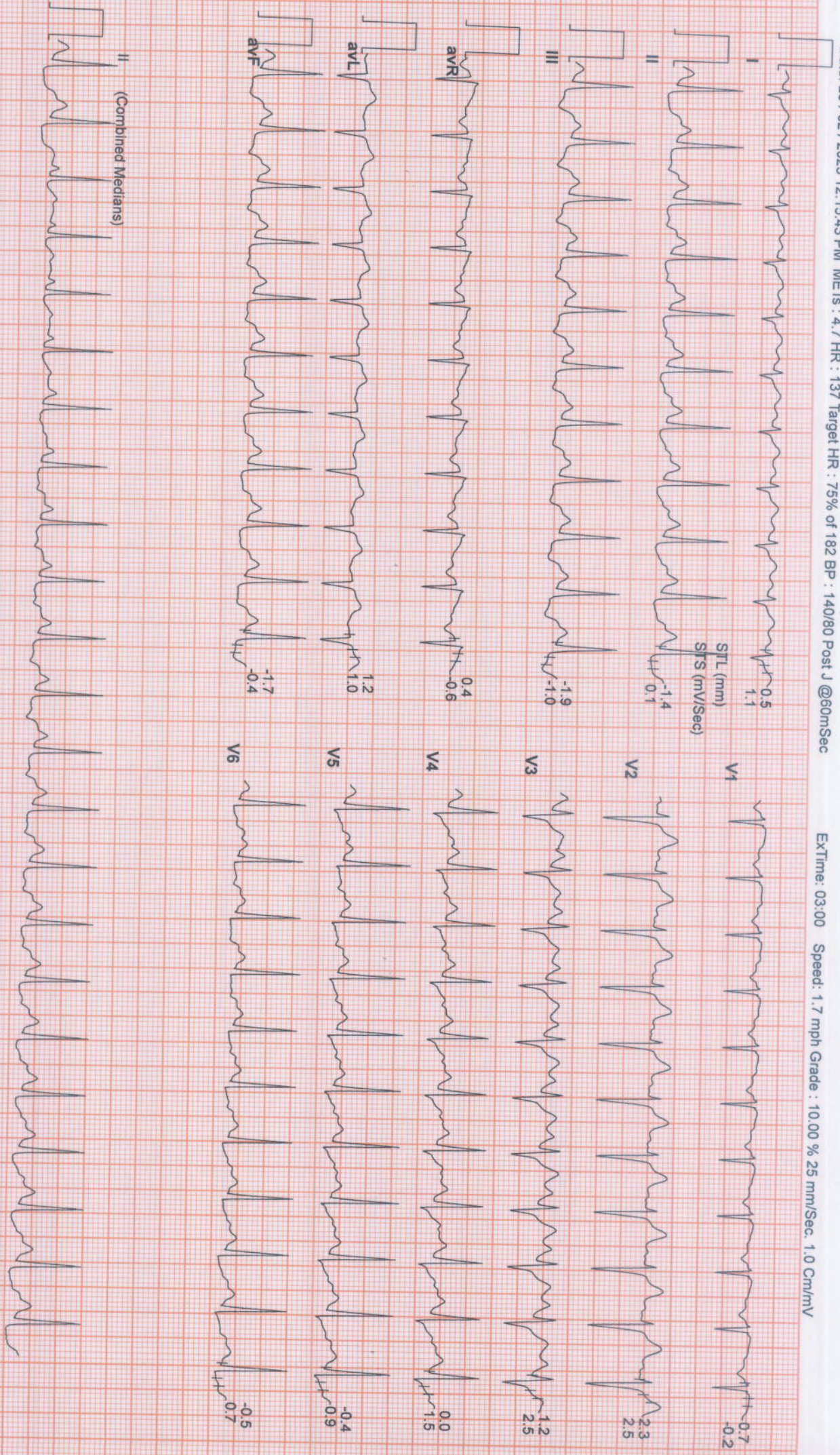
505 / DEBNATH ATANU / 38 Yrs / Male / 173 Cm / 83 Kg

Date: 25 / 02 / 2023 12:15:43 PM METs : 4.7 HR : 137 Target HR : 75% of 182 BP : 140/80 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



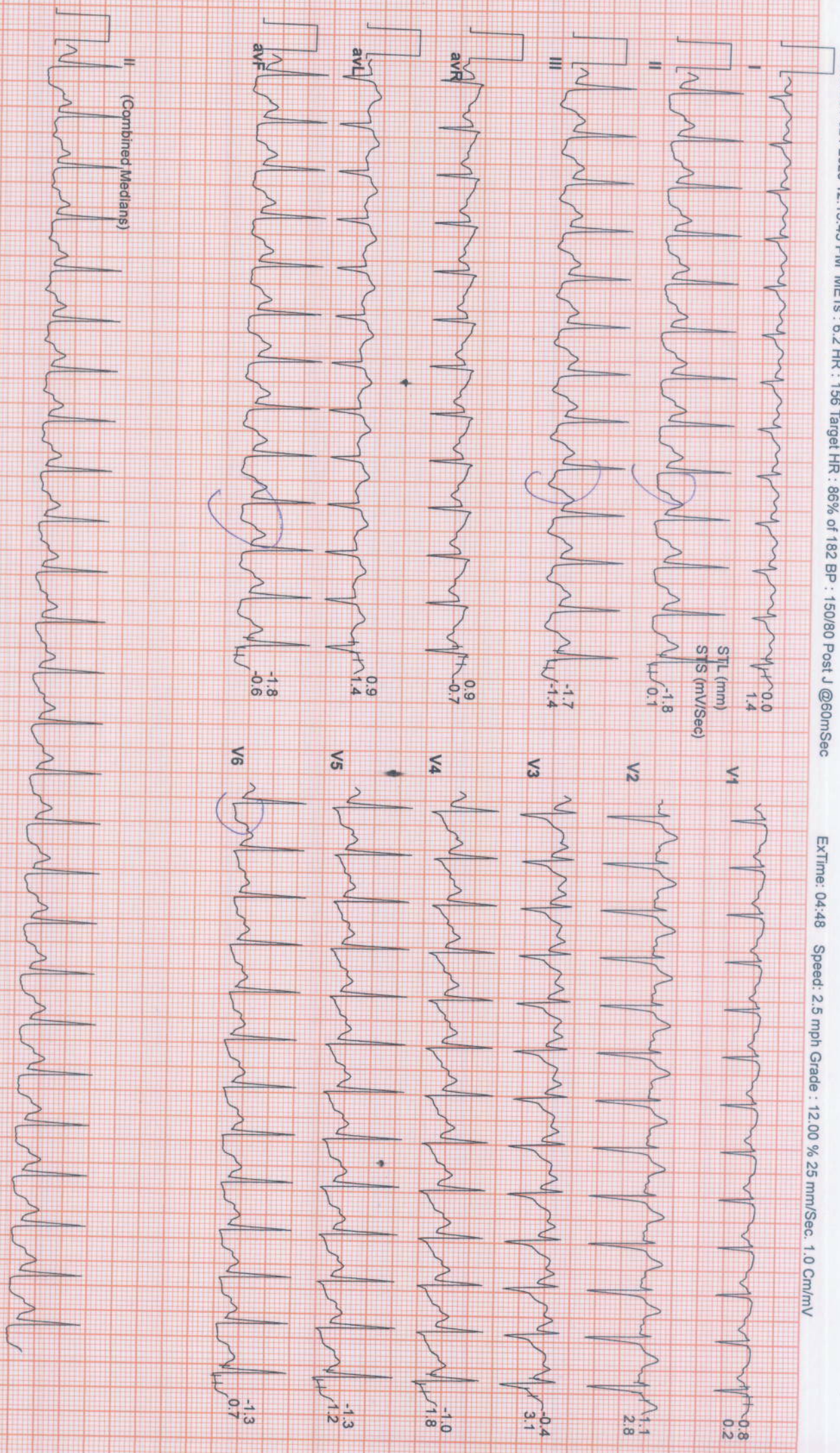
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

505 / DEBNATH ATANU / 38 Yrs / Male / 173 Cm / 83 Kg

Date: 25 / 02 / 2023 12:15:43 PM METs : 6.2 HR : 156 Target HR : 86% of 182 BP : 150/80 Post J @60mSec

6X2 Combine Medians + 1 Rhythm PeakEx

ExTime: 04:48 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

505 / DEBNATH ATANU / 38 Yrs / Male / 173 Cm / 83 Kg

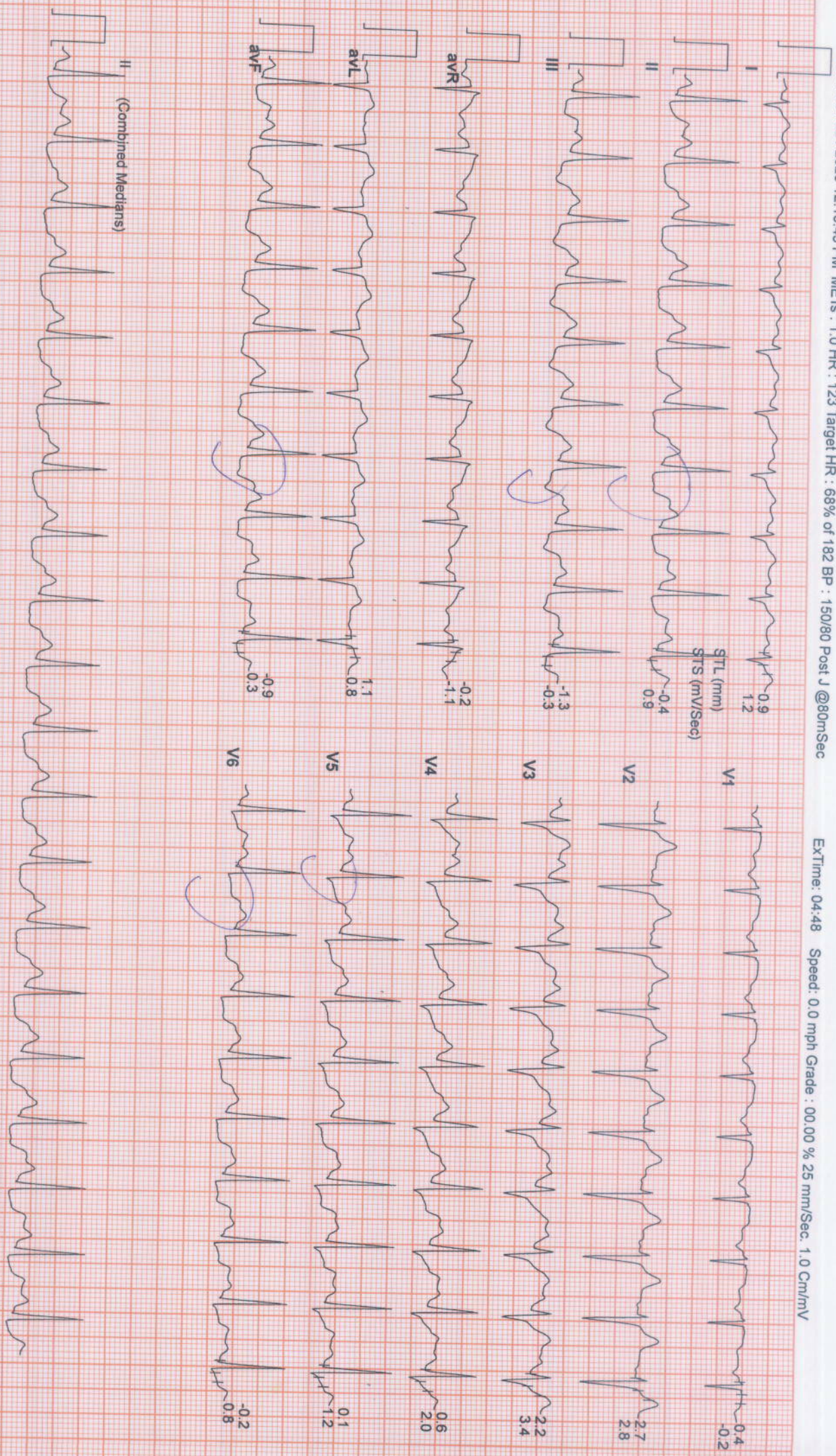
Date: 25 / 02 / 2023 12:15:43 PM METs : 1.0 HR : 123 Target HR : 68% of 182 BP : 150/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm

Recovery : (01:00)



ExTime: 04:48 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

505 / DEBNATH ATANU / 38 Yrs / Male / 173 Cm / 83 Kg

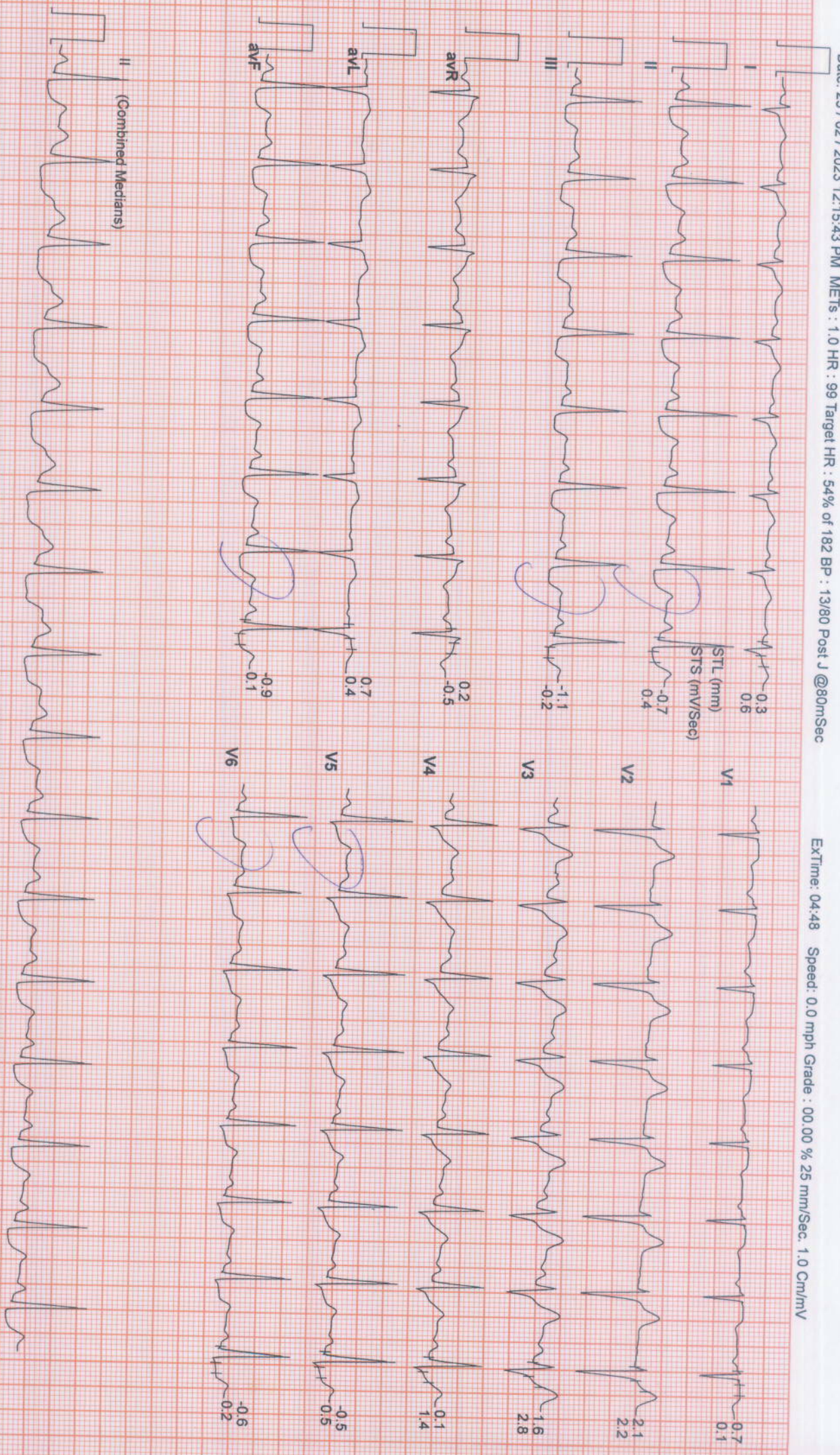
Date: 25 / 02 / 2023 12:15:43 PM METs : 1.0 HR : 99 Target HR : 54% of 182 BP : 13/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm

Recovery : (02:00)



ExTime: 04:48 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

505 / DEBNATH ATANU / 38 Yrs / Male / 173 Cm / 83 Kg

Date: 25 / 02 / 2023 12:15:43 PM METs : 1.0 HR : 110 Target HR : 60% of 182 BP : 130/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm

Recovery : (04:00)



ExTime: 04:48 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

