

PHYSICAL EXAMINATION REPORT

Patient Name	Nitish Kumar	Sex/Age	M / 31
Date	11/3/23	Location	Home

History and Complaints

EXAMINATION FINDINGS:

Height (cms):	172	Temp (0c):	98.6
Weight (kg):	104.3	Skin:	MAJ
Blood Pressure	126/86	Nails:	IL
Pulse	84	Lymph Node:	NA

Systems :

Cardiovascular:] MAJ
Respiratory:	
Genitourinary:	
GI System:	
CNS:	

Impression:

Overweight
 BSL (F) - Impaired
 ↑ SGLT, ↑ CrPT, Creatinine
 ↑ Uric Acid, ↑ Chol; Non HDL
 USG - Fatty Liver

Advice:

- Wt. Reduction

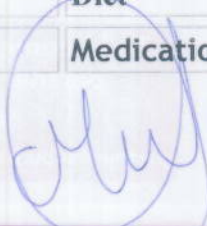
- Low Fat, Low sugar Diet

Repeat sugar profile, Lipid Profile, Sr. Uric Acid after 6 Months.

1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthama	NO
7)	Pulmonary Disease	
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	Cholecystectomy / Appendicectomy 2013
17)	Musculoskeletal System	NAD

PERSONAL HISTORY:

1)	Alcohol	NO
2)	Smoking	NO
3)	Diet	pure veg
4)	Medication	NO



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

0000-0578-5507

Date:- 11/03/23

CID:

Name:- Nitish Kumar

Sex / Age: M - 31

EYE CHECK UP

Chief complaints: RCL

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: RR 6/6 MR 6/6 NR 6/6

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: Normal Vision

MR. PRAKASH KUDVA
SR. OPTOMETRIST



CID : 2307019311
Name : MR.NITISH KUMAR
Age / Gender : 31 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 11-Mar-2023 / 09:57
Reported : 11-Mar-2023 / 17:03

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	14.1	13.0-17.0 g/dL	Spectrophotometric
RBC	4.65	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.2	40-50 %	Measured
MCV	95.0	80-100 fl	Calculated
MCH	30.4	27-32 pg	Calculated
MCHC	32.0	31.5-34.5 g/dL	Calculated
RDW	15.8	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6950	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	32.6	20-40 %	
Absolute Lymphocytes	2265.7	1000-3000 /cmm	Calculated
Monocytes	9.4	2-10 %	
Absolute Monocytes	653.3	200-1000 /cmm	Calculated
Neutrophils	55.4	40-80 %	
Absolute Neutrophils	3850.3	2000-7000 /cmm	Calculated
Eosinophils	2.5	1-6 %	
Absolute Eosinophils	173.8	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	7.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	230000	150000-400000 /cmm	Elect. Impedance
MPV	9.9	6-11 fl	Calculated
PDW	15.8	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	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 22 2-15 mm at 1 hr. Sedimentation

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



J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	102.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	132.0	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	0.19	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.26	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.9	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	41.1	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	62.6	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	65.2	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	74.7	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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Reported : 11-Mar-2023 / 22:47

CREATININE, Serum	0.85	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	112	>60 ml/min/1.73sqm	Calculated

Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation

URIC ACID, Serum	7.4	3.5-7.2 mg/dl	Uricase
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Urine Sugar (Fasting)	Absent	Absent
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Urine Ketones (Fasting)	Absent	Absent
-------------------------	--------	--------

Urine Sugar (PP)	Absent	Absent
------------------	--------	--------

Urine Ketones (PP)	Absent	Absent
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*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
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AREAS OF SPECIAL EXPERTISE

OUR PRESENCE



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist

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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	5.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	116.9	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.

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*** End Of Report ***



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M.D (Path)
Pathologist



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Collected : 11-Mar-2023 / 09:57
Reported : 11-Mar-2023 / 19:30

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.5	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	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 insert

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



Anupa Dixit
Dr. ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab Director

Authenticity Check



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Reported :

*** End Of Report ***



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

PARAMETER	RESULTS
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	207.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	136.3	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	44.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	162.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	136.0	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	26.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.0	0-3.5 Ratio	Calculated

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*** End Of Report ***



Dr. Imran Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist

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

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Reported : 11-Mar-2023 / 23:42

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	5.2	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.8	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.13	0.35-5.5 microlU/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 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 ***



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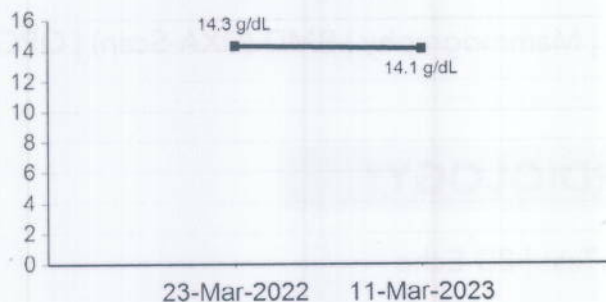
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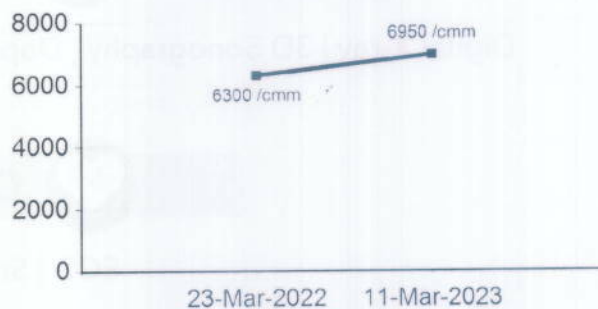
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Haemoglobin



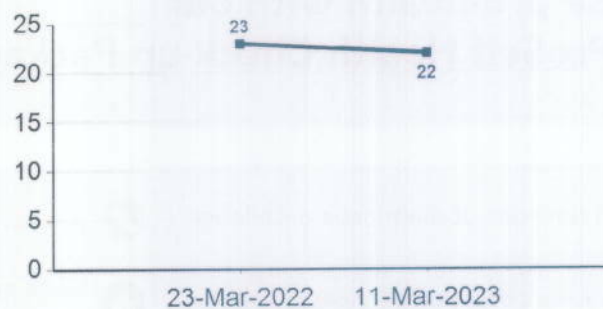
WBC Total Count



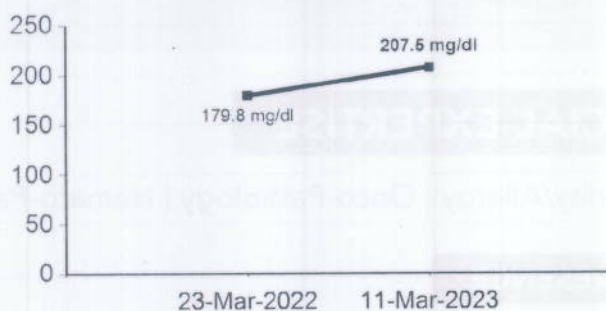
Platelet Count



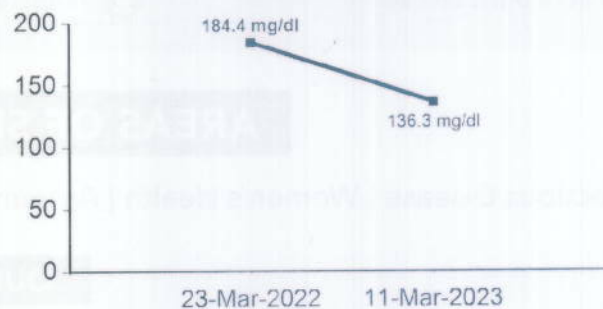
ESR



CHOLESTEROL



TRIGLYCERIDES



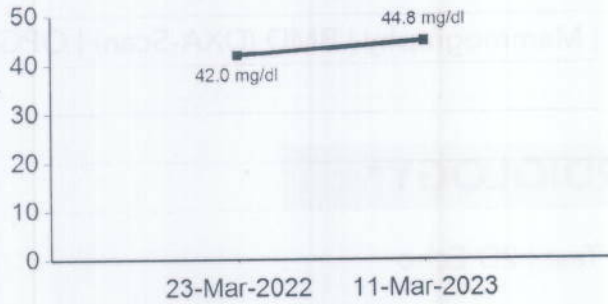
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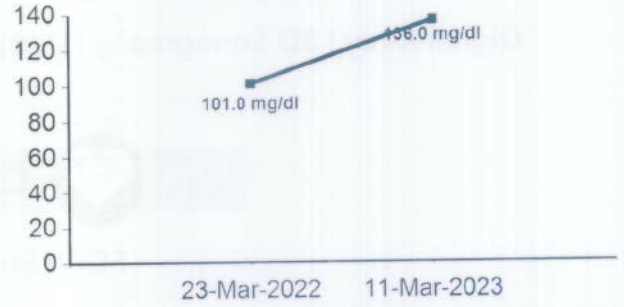
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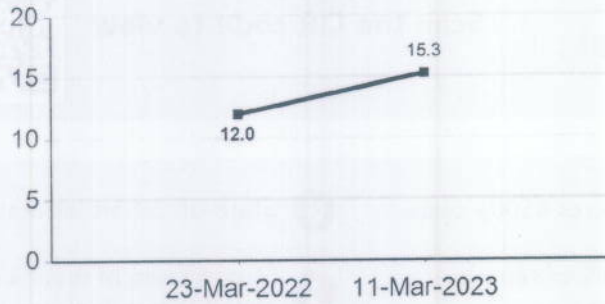
HDL CHOLESTEROL



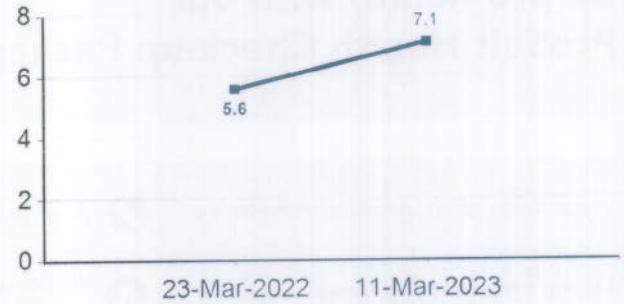
LDL CHOLESTEROL



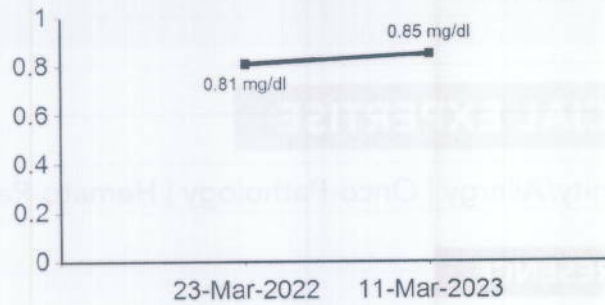
BLOOD UREA



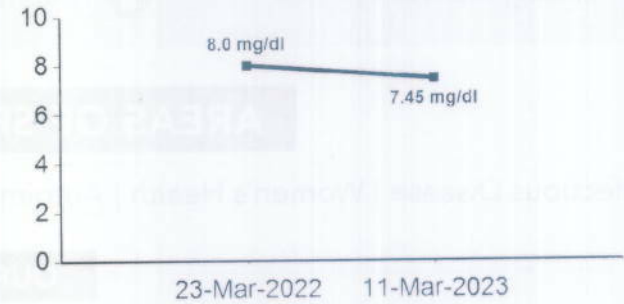
BUN



CREATININE



URIC ACID

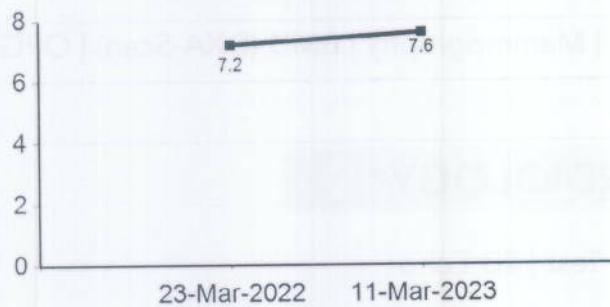




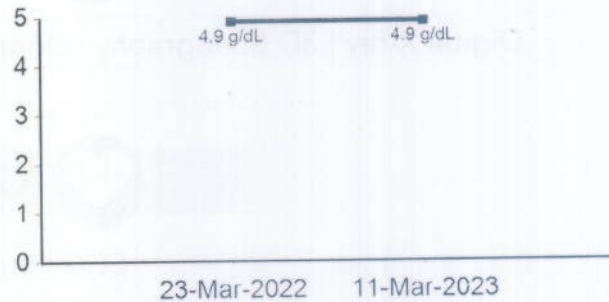
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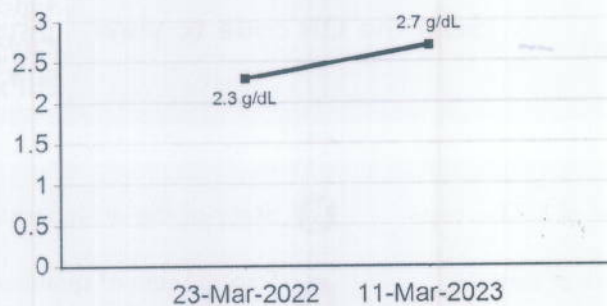
TOTAL PROTEINS



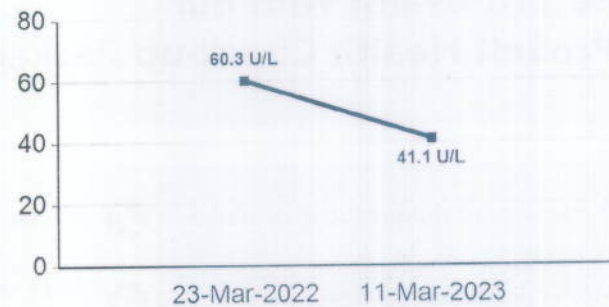
ALBUMIN



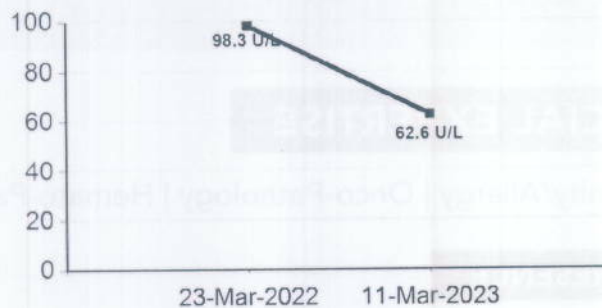
GLOBULIN



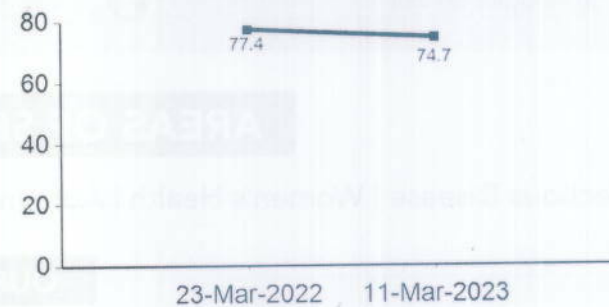
SGOT (AST)



SGPT (ALT)



ALKALINE PHOSPHATASE



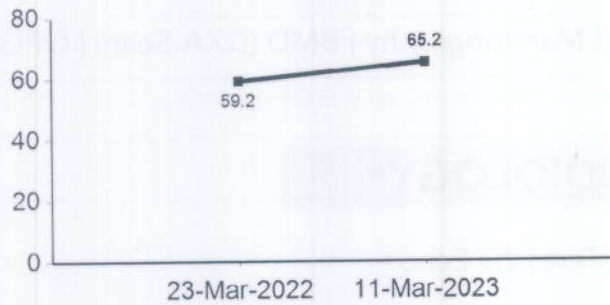
Authenticity Check



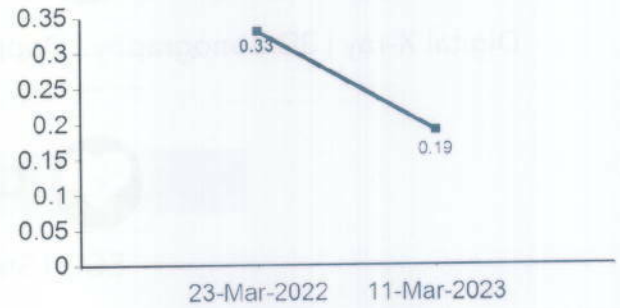
Use a QR Code Scanner Application To Scan the Code

CID : 2307019311
 Name : MR.NITISH KUMAR
 Age / Gender : 31 Years / Male
 Consulting Dr. : -
 Reg. Location : G B Road, Thane West (Main Centre)

GAMMA GT



BILIRUBIN (DIRECT)



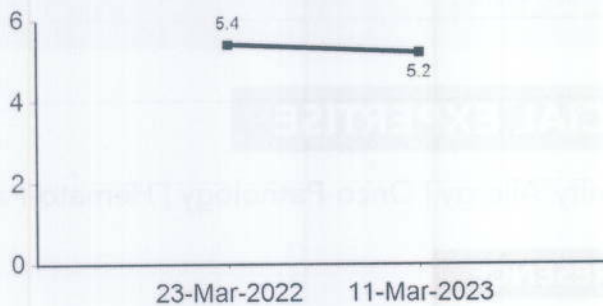
Glycosylated Hemoglobin (HbA1c)



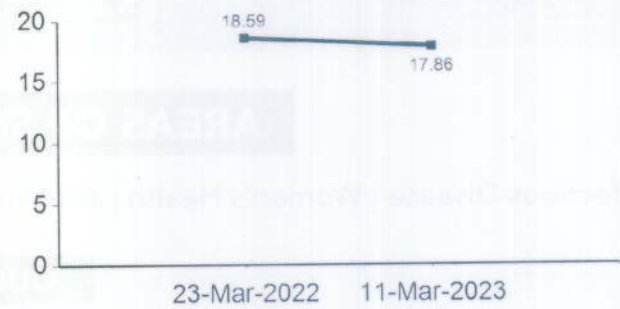
Estimated Average Glucose (eAG)



Free T3

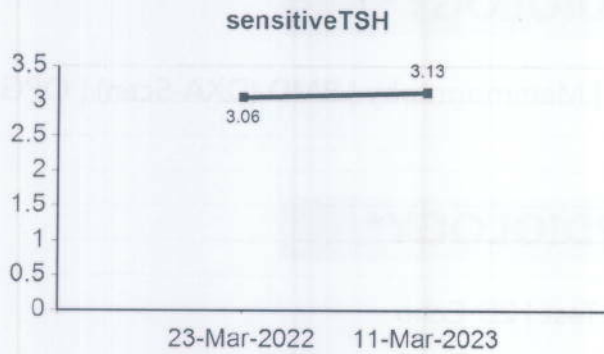


Free T4





CID : 2307019311
 Name : MR.NITISH KUMAR
 Age / Gender : 31 Years / Male
 Consulting Dr. : -
 Reg. Location : G B Road, Thane West (Main Centre)

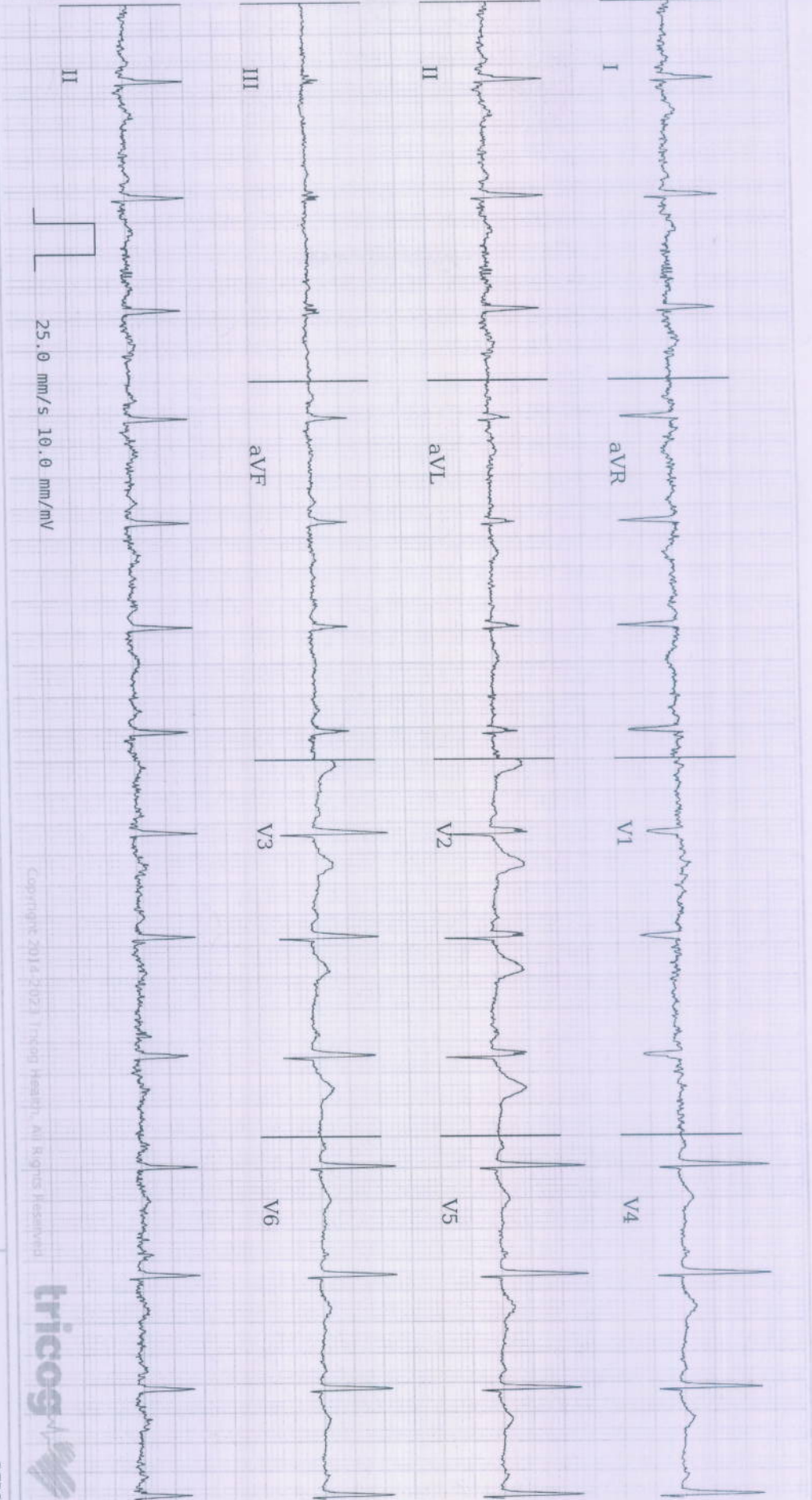


AREAS OF SPECIAL EXPERTISE

OUR REFERENCE

Patient Name: **NTTISH KUMAR**
Patient ID: **2307019311**

SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST
Date and Time: **11th Mar 23 12:01 PM**



25.0 mm/s 10.0 mm/mV

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Age **31** 3 6
years months days

Gender **Male**

Heart Rate **86bpm**

Patient Vitals

BP: 120/80 mmHg
Weight: 104 kg
Height: 172 cm
Pulse: NA
SpO2: NA
Resp: NA
Others:

Measurements

QRSD: 70ms
QT: 344ms
QTc: 411ms
PR: 142ms
P-R-T: 46° 39° 4°

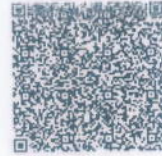
REPORTED BY

DR SHAILAJA PILLAI
MBBS, MD Physician
MD Physician
49972

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

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are entered by the clinician and not derived from the ECG.

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2307019311
Name : Mr NITISH KUMAR
Age / Sex : 31 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 11-Mar-2023
Reported : 11-Mar-2023 / 15:42

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 GAURAV FARTADE before dispatch.

G. R. Fartade
Dr.GAURAV FARTADE
MBBS, DMRE
Reg No -2014/04/1786
Consultant Radiologist

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023031109492033>

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2307019311
Name : Mr NITISH KUMAR
Age / Sex : 31 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 11-Mar-2023
Reported : 11-Mar-2023 / 11:18

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 not visualised (post cholecystectomy status).

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 9.5 x 4.4 cm. Left kidney measures 10.5 x 5.1 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.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023031109492025>

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2307019311
Name : Mr NITISH KUMAR
Age / Sex : 31 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 11-Mar-2023
Reported : 11-Mar-2023 / 11:18

IMPRESSION:

- **GRADE I FATTY INFILTRATION OF LIVER.**

Advice: Clinical co-relation sos 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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023031109492025>

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Report



Email:

619 (2307019311) / NITISH KUMAR / 31 Yrs / M / 172 Cms / 104 Kg
Date: 11 / 03 / 2023 12:38:15 PM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:10	0:10	00.0	00.0	01.0	100	53 %	130/90	130	00	
Standing	00:16	0:06	00.0	00.0	01.0	094	50 %	130/90	122	00	
HV	00:23	0:07	00.0	00.0	01.0	094	50 %	130/90	122	00	
ExStart	00:30	0:07	00.0	00.0	01.0	101	53 %	130/90	131	00	
BRUCE Stage 1	03:30	3:00	01.7	10.0	04.7	159	84 %	150/80	238	00	
PeakEx	04:09	0:39	02.5	12.0	05.2	169	89 %	160/80	270	00	
Recovery	05:09	1:00	00.0	00.0	01.0	130	69 %	160/80	208	00	
Recovery	06:09	2:00	00.0	00.0	01.0	127	67 %	160/80	203	00	
Recovery	08:09	4:00	00.0	00.0	01.0	114	60 %	140/80	159	00	
Recovery	08:25				00.0	000	0 %	---/---	000	00	

FINDINGS :

Exercise Time : 03:39
 Initial HR (ExStrt) : 101 bpm 53% of Target 189
 Initial BP (ExStrt) : 130/90 (mm/Hg)
 Max Workload Attained : 5.2 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : III & -1.0 mm in Stage 1
 Test End Reasons : , Feeling Uncomfortable , Fatigue,

Max HR Attained 169 bpm 89% of Target 189
 Max BP Attained 160/80 (mm/Hg)

Doctor : DR SHAILAJA PILLAI

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



EMail: 619/RITISH KUMAR / 31 Yrs / M / 172 Cms / 104 Kg Date: 11 / 03 / 2023 12:38:15 PM

REPORT :

PROCEDURE DONE: Graded exercise treadmill stress test.

STRESS ECG RESULTS: The initial HR was recorded as 94.0 bpm, and the maximum predicted Target Heart Rate 189.0. The BP increased at the time of generating report as 160.0/80.0 mmHg The Max Dep went upto 0.5. 0.0 Ectopic Beats were observed during the Test.

The Test was completed because of , Feeling Uncomfortable , Fatigue.

CONCLUSIONS:

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

Doctor : DR SHAILAJA PILLAI

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



619 (2307019311) / NITESH KUMAR / 31 Yrs / M / 172 Cms / 104 Kg / HR : 100

Date: 11 / 03 / 2023 12:38:15 PM METS: 1.0/ 100 bpm 53% of THR BP- 130/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 00:00 0.0 mph, 0.0%

4X 80 ms Post J

25 mm/Sec 1.0 Cm/mV

STL 1.4
Srs 1.4

V1 0.1
V2 0.2

V1

II 0.8
III -0.7
aVR -1.1

II

V2 3.1
V3 1.7
V4 1.1

V2

III -0.7
aVR -1.1
aVL 1.0
aVF 0.4

III

V3 1.7
V4 1.1
V5 0.8

V3

aVR -1.1
aVL 1.0
aVF 0.4

aVR

V4 1.1
V5 0.8
V6 0.5

V4

aVL 1.0
aVF 0.4

aVL

V5 1.1
V6 0.5

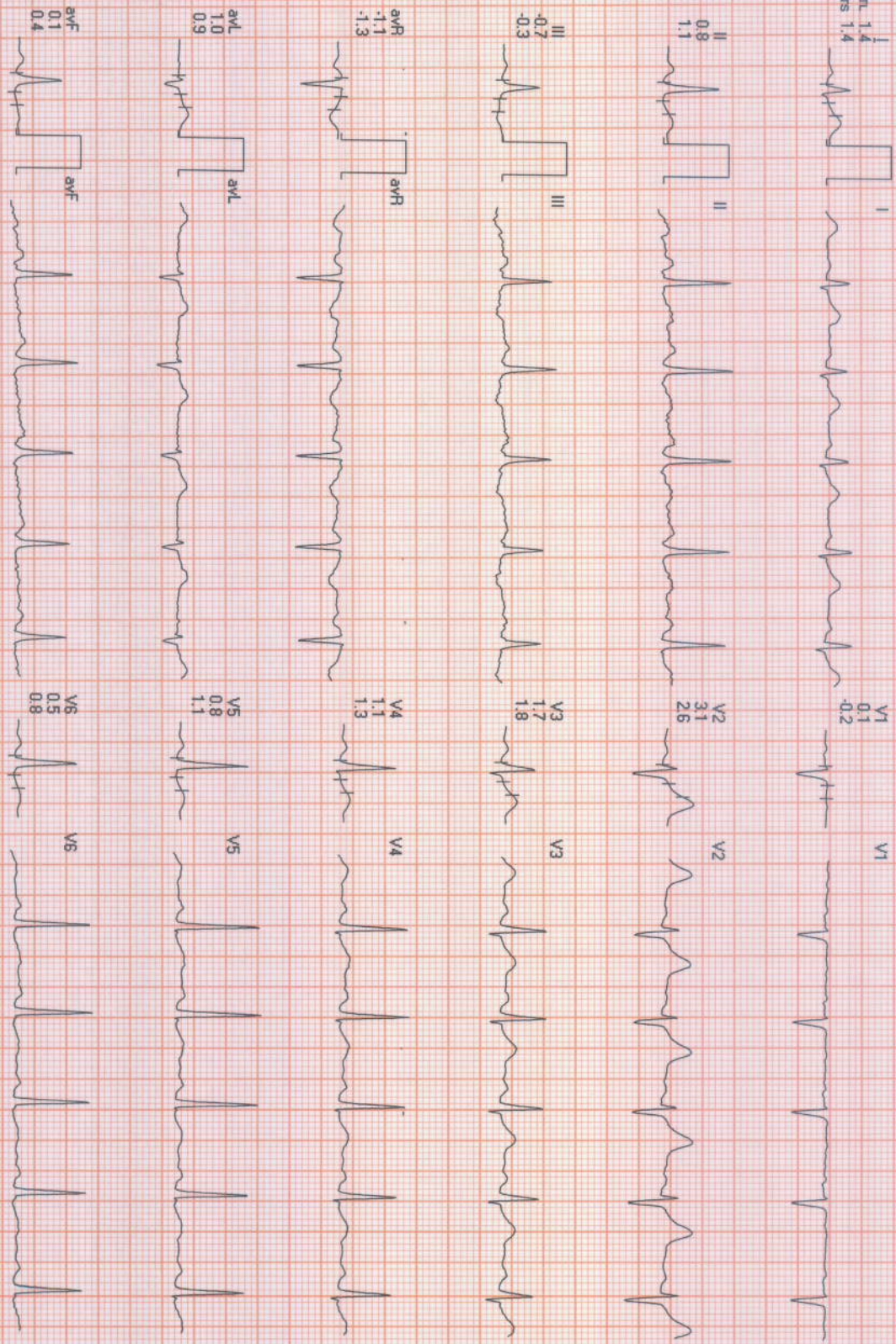
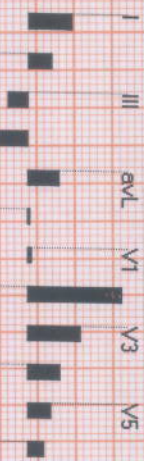
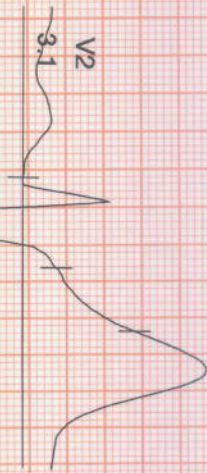
V5

aVF 0.4

aVF

V6 0.5
V6 0.8

V6



REMARKS:



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

STANDING (00:00)



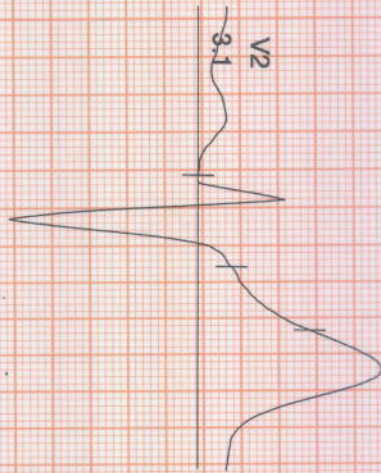
619 (2307019311) / NITESH KUMAR / 31 Yrs / M / 172 Cms / 104 Kg / HR : 94

Date: 11 / 03 / 2023 12:38:15 PM METS: 1.0/ 94 bpm 50% of THR BP: 130/90 mmHg Rew ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

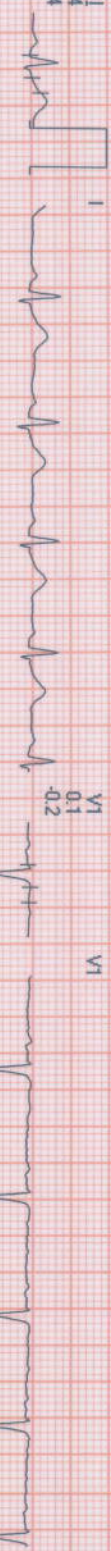
ExTime: 00:00 0.0 mph, 0.0%

4X 80 ms Post J

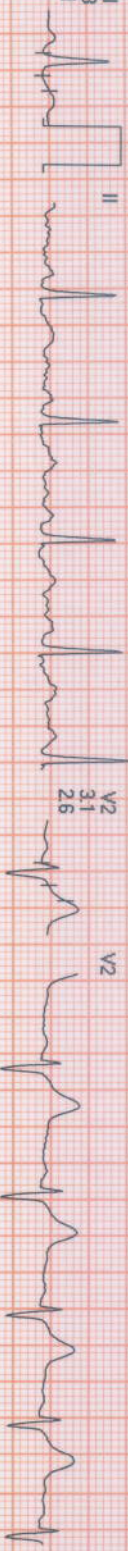
25 mm/Sec. 1.0 Cm/mV



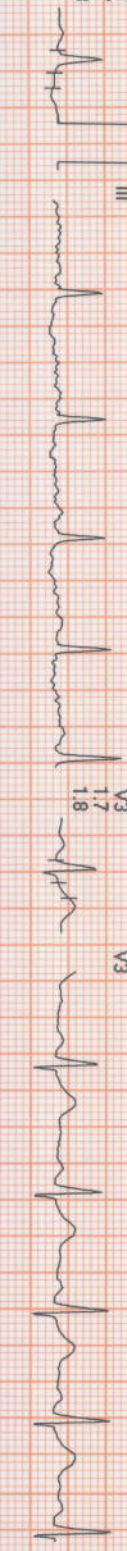
STL 1.4
STs 1.4



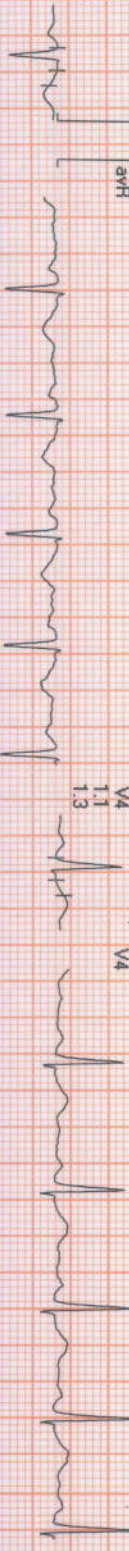
0.8
1.1



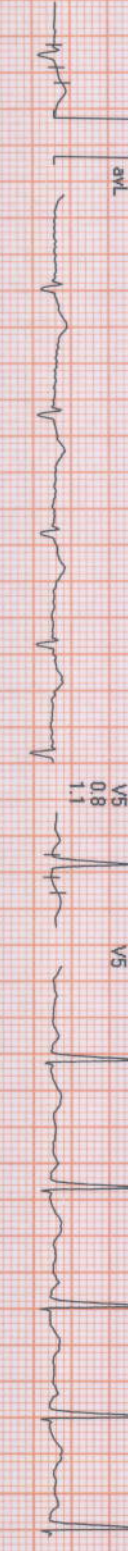
-0.7
-0.3



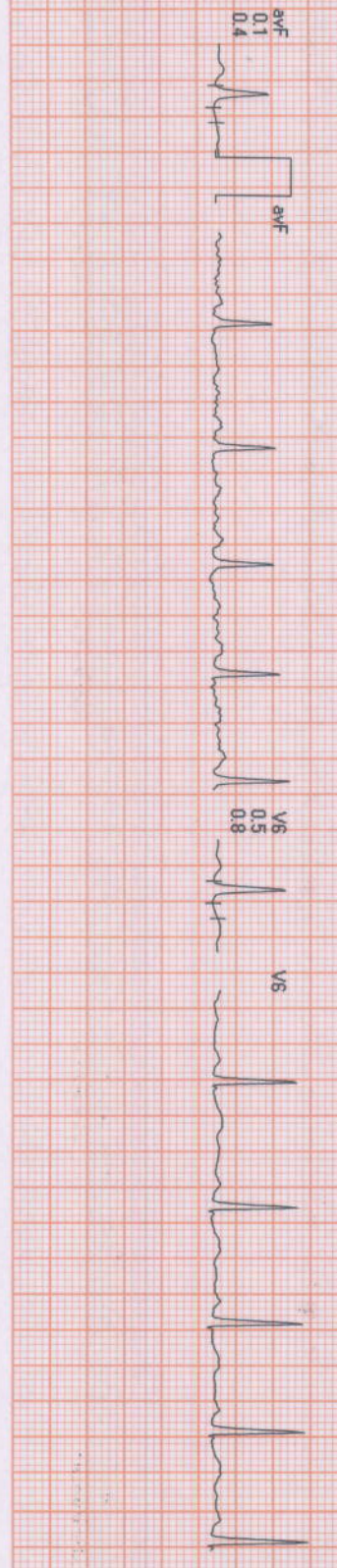
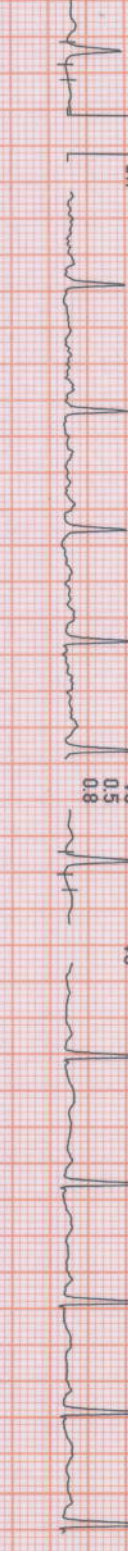
-1.1
-1.3



1.0
0.9



0.1
0.4



REMARKS:

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

619 / NITISH KUMAR / 31 Yrs / Male / 172 Cm / 104 Kg

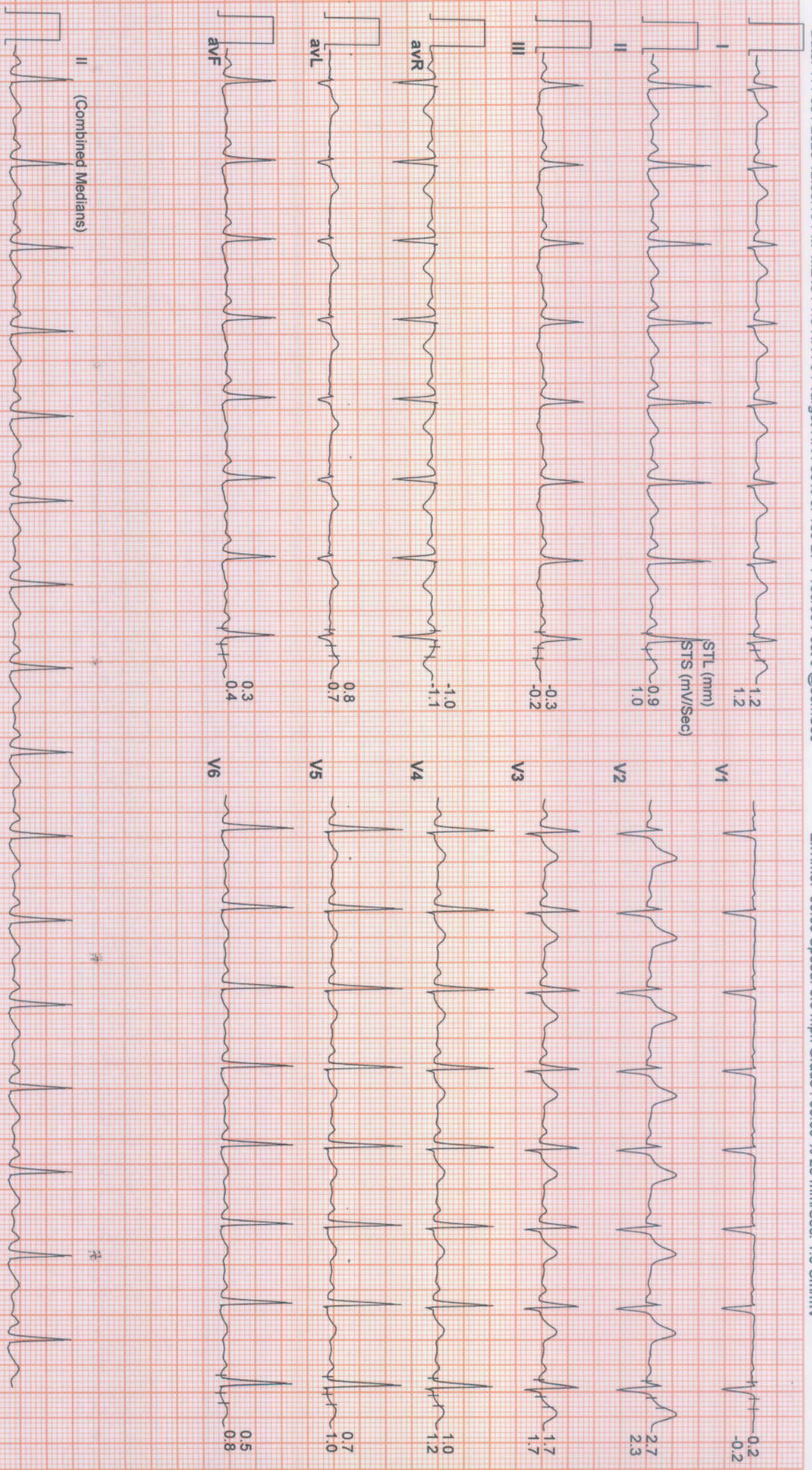
Date: 11 / 03 / 2023 12:38:15 PM METs : 1.0 HR : 94 Target HR : 50% of 189 BP : 130/90 Post J @80mSec

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)

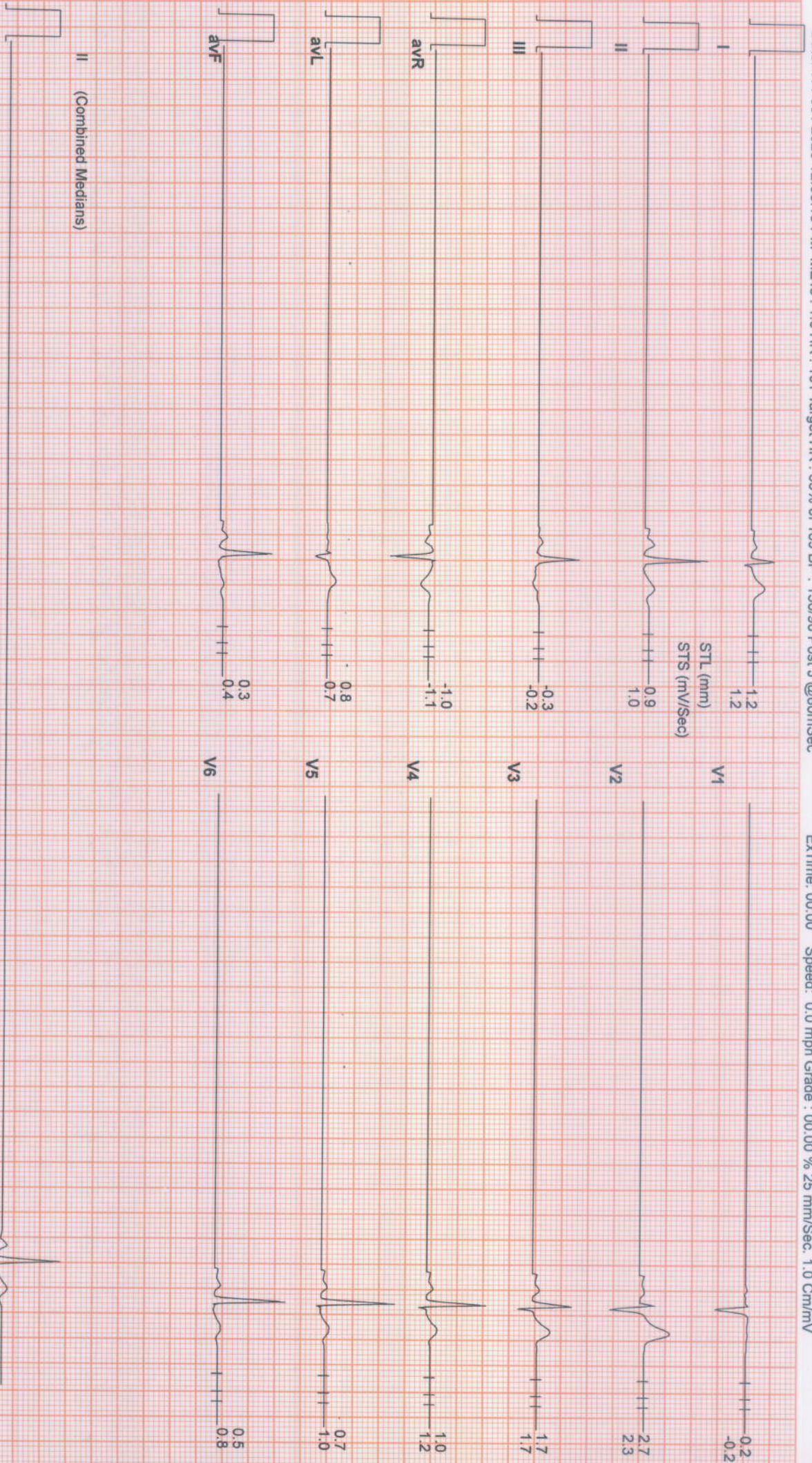
619 / NITISH KUMAR / 31 Yrs / Male / 172 Cm / 104 Kg

6X2 Combine Medians + 1 Rhythm
ExStit



Date: 11 / 03 / 2023 12:38:15 PM METs : 1.0 HR : 101 Target HR : 53% of 199 BP : 130/90 Post J @80mSec

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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

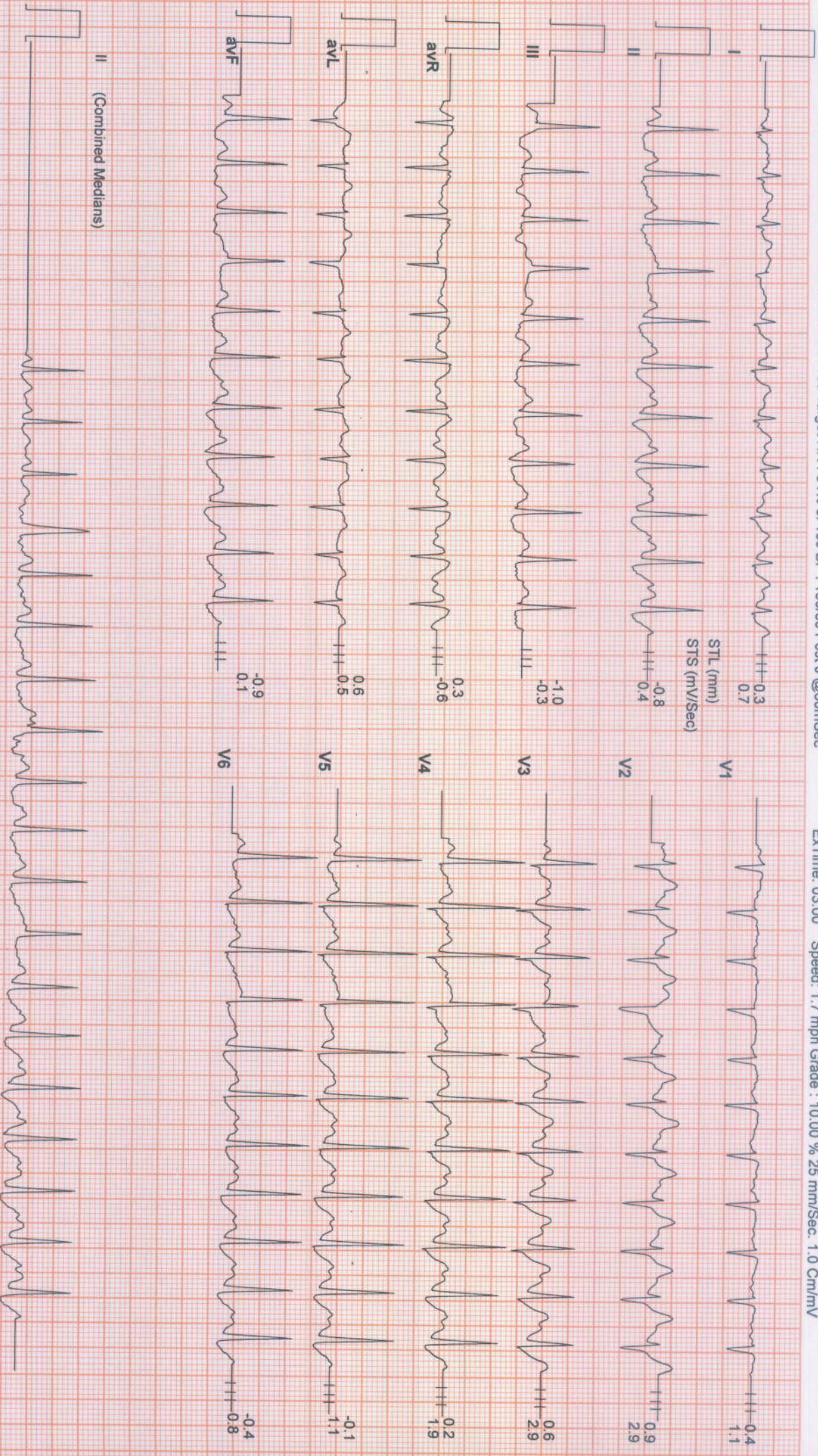
619 / NITISH KUMAR / 31 Yrs / Male / 172 Cm / 104 Kg

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



Date: 11 / 03 / 2023 12:38:15 PM METs : 4.7 HR : 159 Target HR : 84% of 189 BP : 150/80 Post J @60mSec

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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

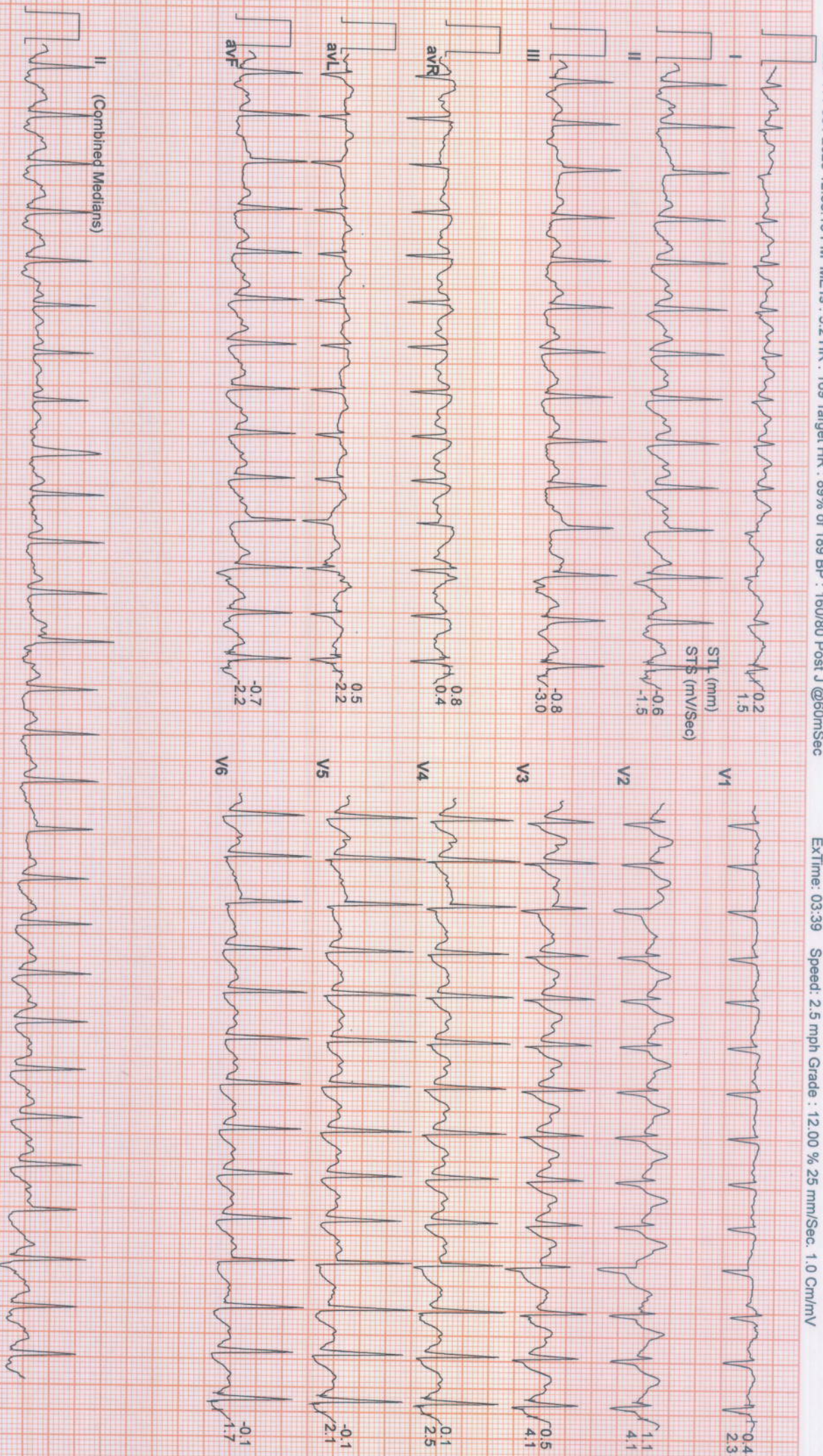
619 / NITISH KUMAR / 31 Yrs / Male / 172 Cm / 104 Kg

6X2 Combine Medians + 1 Rhythm
PeakEx



Date: 11 / 03 / 2023 12:38:15 PM METs : 5.2 HR : 169 Target HR : 89% of 189 BP : 160/80 Post J @60mSec

ExTime: 03:39 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

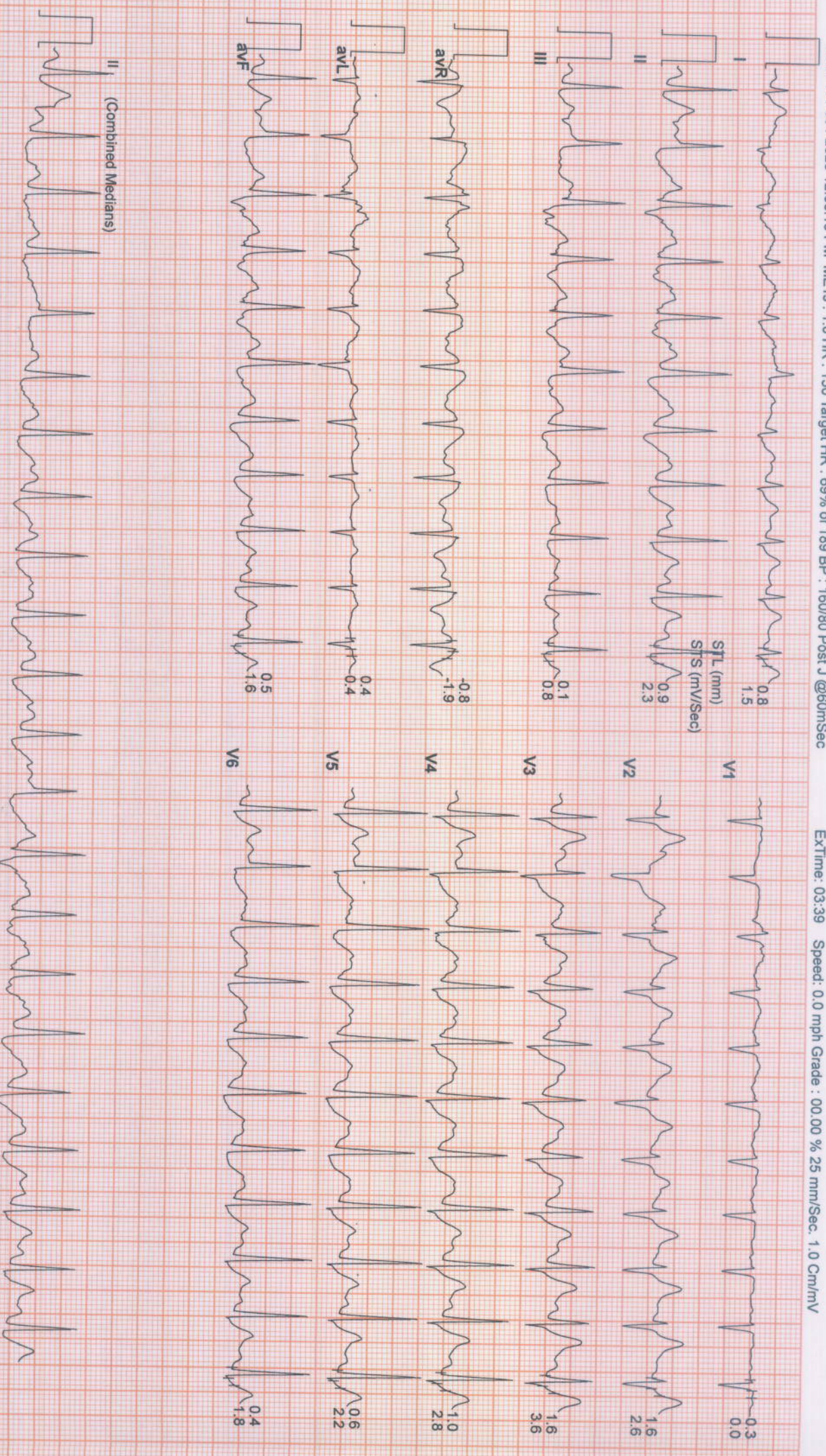
619 / NITISH KUMAR / 31 Yrs / Male / 172 Cm / 104 Kg

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



Date: 11 / 03 / 2023 12:38:15 PM METs : 1.0 HR : 130 Target HR : 69% of 189 BP : 160/80 Post J @60mSec

ExTime: 03:39 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)

STL (mm)
STs (mV/Sec)



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

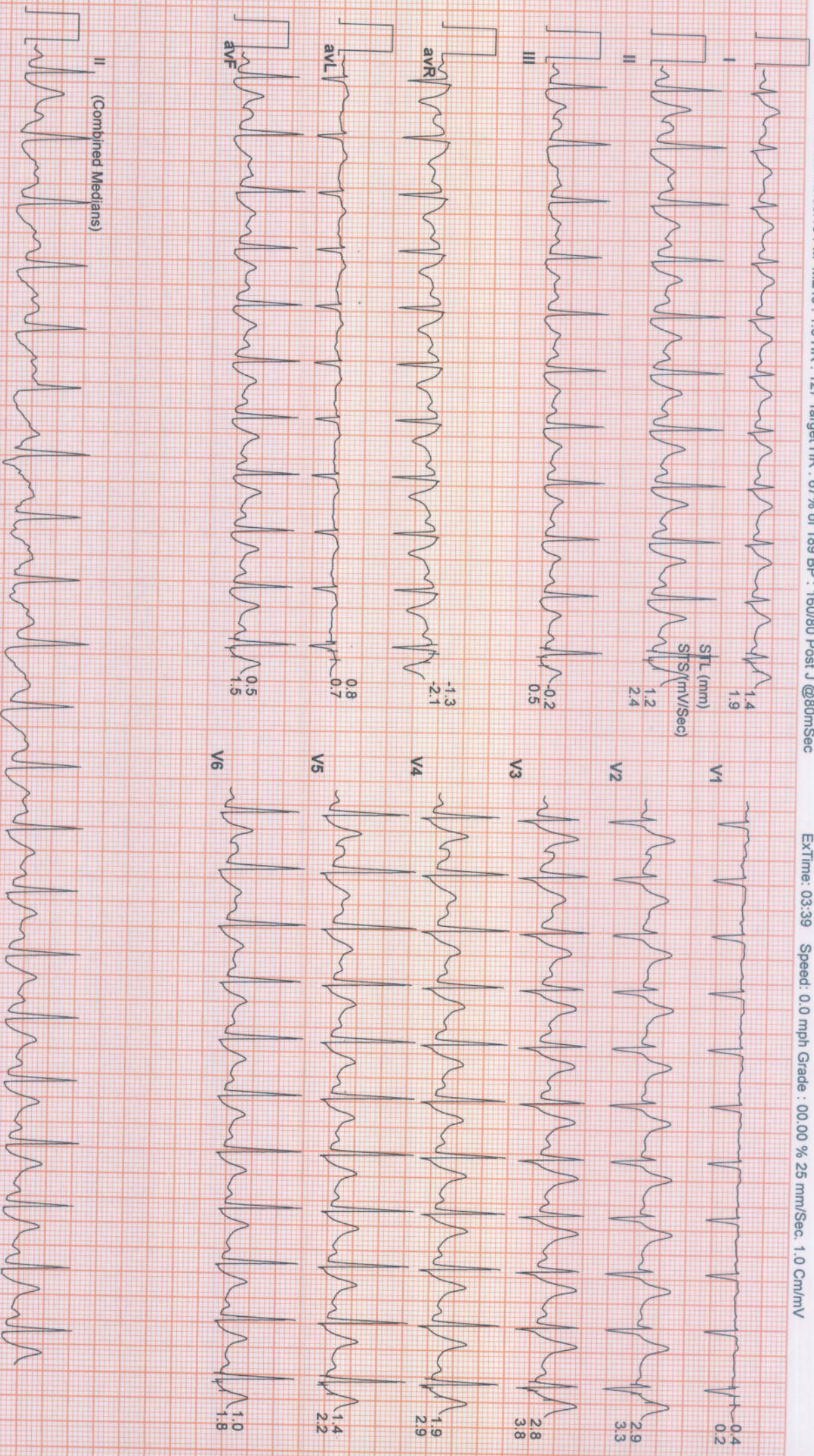
619 / NITISH KUMAR / 31 Yrs / Male / 172 Cm / 104 Kg

Date: 11 / 03 / 2023 12:38:15 PM METs : 1.0 HR : 127 Target HR : 67% of 189 BP : 160/80 Post J @80mSec

ExTime: 03:39 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm

Recovery : (02:00)



II (Combined Medians)



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

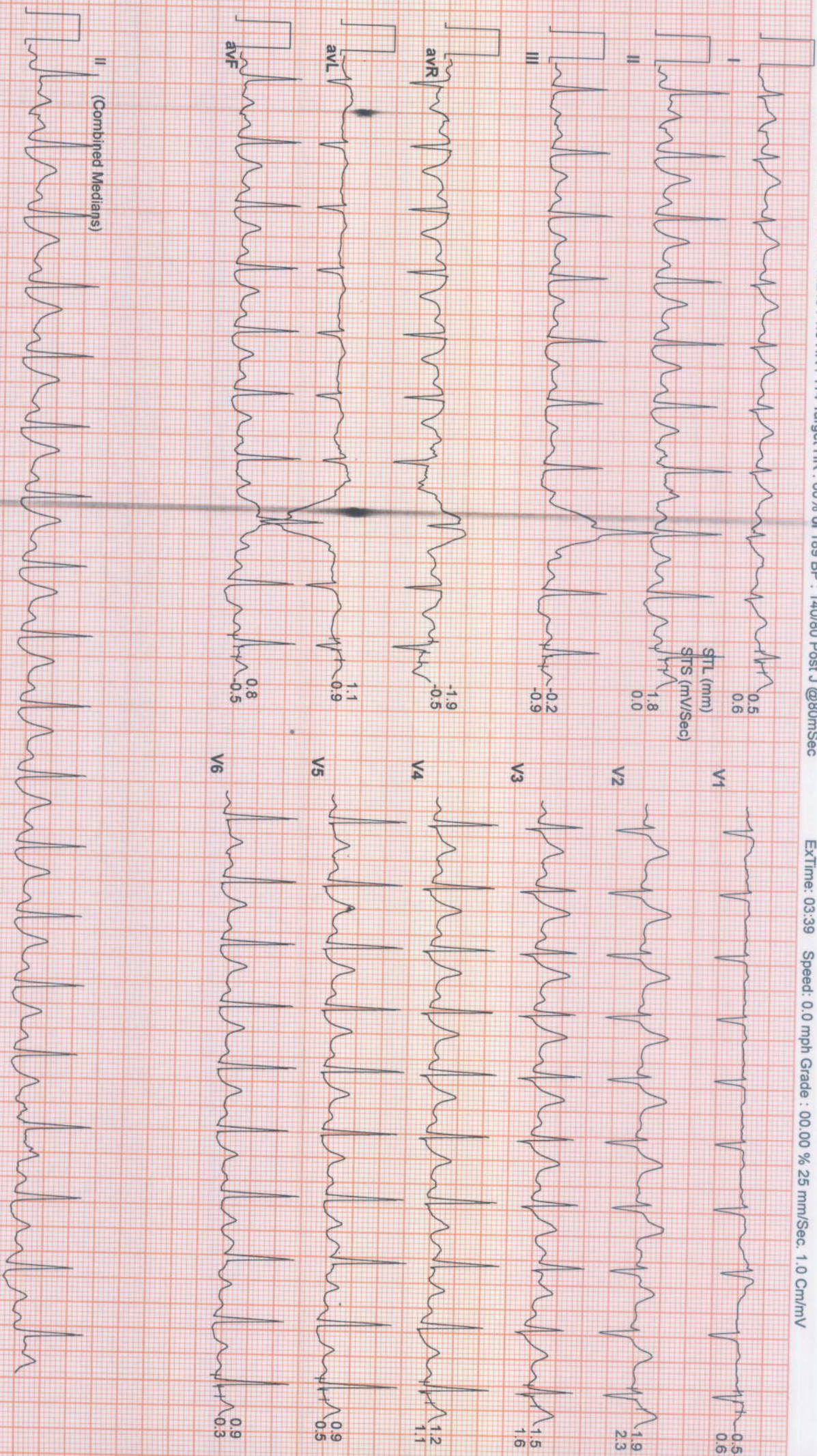
619 / NITISH KUMAR / 31 Yrs / Male / 172 Cm / 104 Kg

Date: 11 / 03 / 2023 12:38:15 PM METs : 1.0 HR : 114 Target HR : 60% of 189 BP : 140/80 Post J @80mSec

ExTime: 03:39 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm

Recovery : (04:00)



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

619 / NITISH KUMAR / 31 Yrs / Male / 172 Cm / 104 Kg

Date: 11 / 03 / 2023 12:38:15 PM METs : 1.0 HR : 119 Target HR : 63% of 189 BP : 140/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm
Recovery : (04:16)



ExTime: 03:39 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

