

PHYSICAL EXAMINATION REPORT

Patient Name	Pravin R. Sonawane	Sex/Age	M / 36
Date	28/10/23	Location	Thane

History and Complaints

nl - fever - recurrent  
mouth ulcers  
taken to

EXAMINATION FINDINGS:

Height (cms):	158	Temp (0c):	Afebr
Weight (kg):	69	Skin:	MAJ
Blood Pressure	126/84	Nails:	-/-
Pulse	72/L	Lymph Node:	NP

Systems :

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

Impression: ↓ HDL ; TSH (0.9/4)





CID : 2330119951

Name : MR.PRAVIN SONAWANE

Age / Gender : 36 Years / Male

Consulting Dr. : -

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

Collected : 28-Oct-2023 / 10:02

Reported : 28-Oct-2023 / 12:48

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**CBC (Complete Blood Count), Blood**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>RBC PARAMETERS</b>			
Haemoglobin	14.8	13.0-17.0 g/dL	Spectrophotometric
RBC	5.03	4.5-5.5 mil/cmm	Elect. Impedance
PCV	45.9	40-50 %	Measured
MCV	91.1	80-100 fl	Calculated
MCH	29.4	27-32 pg	Calculated
MCHC	32.3	31.5-34.5 g/dL	Calculated
RDW	14.5	11.6-14.0 %	Calculated
<b>WBC PARAMETERS</b>			
WBC Total Count	6340	4000-10000 /cmm	Elect. Impedance
<b>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</b>			
Lymphocytes	29.4	20-40 %	
Absolute Lymphocytes	1864.0	1000-3000 /cmm	Calculated
Monocytes	5.4	2-10 %	
Absolute Monocytes	342.4	200-1000 /cmm	Calculated
Neutrophils	63.9	40-80 %	
Absolute Neutrophils	4051.3	2000-7000 /cmm	Calculated
Eosinophils	1.3	1-6 %	
Absolute Eosinophils	82.4	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>PLATELET PARAMETERS</b>			
Platelet Count	219000	150000-400000 /cmm	Elect. Impedance
MPV	8.5	6-11 fl	Calculated
PDW	10.3	11-18 %	Calculated
<b>RBC MORPHOLOGY</b>			
Hypochromia	-		
Microcytosis	-		





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

Specimen: EDTA Whole Blood

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

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



*J. Mujawar*  
Dr. IMRAN MUJAWAR  
M.D ( Path )  
Pathologist



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Reported : 28-Oct-2023 / 15:50

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	93.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: > / = 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PPR	118.5	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: > / = 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.38	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.23	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
SGOT (AST), Serum	17.7	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	22.0	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	18.0	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	102.7	40-130 U/L	PNPP
BLOOD UREA, Serum	19.0	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	8.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.79	0.67-1.17 mg/dl	Enzymatic



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Collected : 28-Oct-2023 / 14:30  
Reported : 28-Oct-2023 / 15:56

eGFR, Serum	118	(ml/min/1.73sqm)	Calculated
		Normal or High: Above 90	
		Mild decrease: 60-89	
		Mild to moderate decrease: 45-59	
		Moderate to severe decrease: 30-44	
		Severe decrease: 15-29	
		Kidney failure: <15	

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

URIC ACID, Serum	5.3	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  
\*\*\* End Of Report \*\*\*



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**Dr. IMRAN MUJAWAR**  
MD ( Path )  
Pathologist



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**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 glycomic 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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Reported : 28-Oct-2023 / 13:01

**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	1.015	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	50	-	-
<b>CHEMICAL EXAMINATION</b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b>MICROSCOPIC EXAMINATION</b>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	4-5	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

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

PARAMETER	RESULTS
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/Dh using ;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 isagglutinins are fully developed at 2 to 4 years of age. B remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result.
- The Rh blood group also known as Dh 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	139.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	87.0	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	33.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	106.5	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	90.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	16.5	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.7	0-3.5 Ratio	Calculated

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Reported : 28-Oct-2023 / 14:06

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	6.2	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.7	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	0.914	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 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 200%. Biological variation: 19.7%(with in subject variation)

**Reflux 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.kodouri 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, Test 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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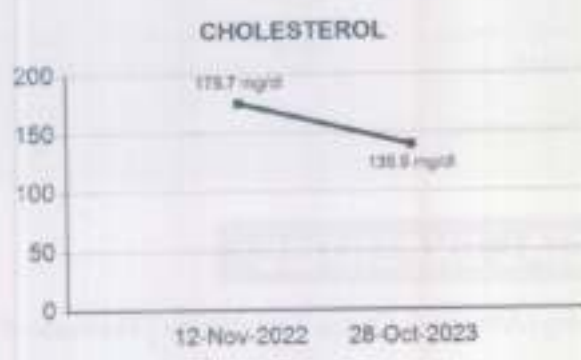
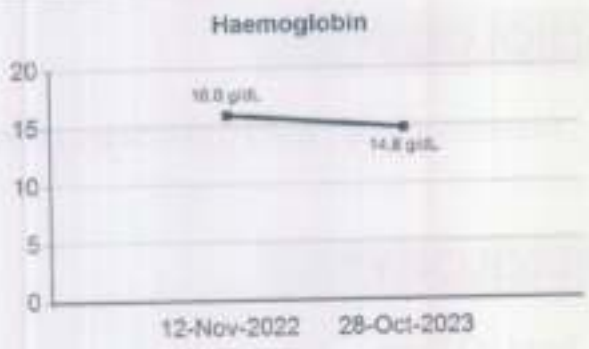
CID : 2330119951  
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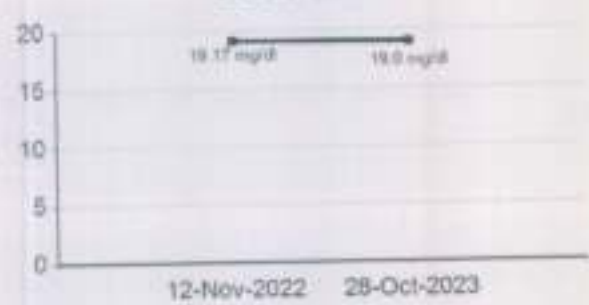
**HDL CHOLESTEROL**



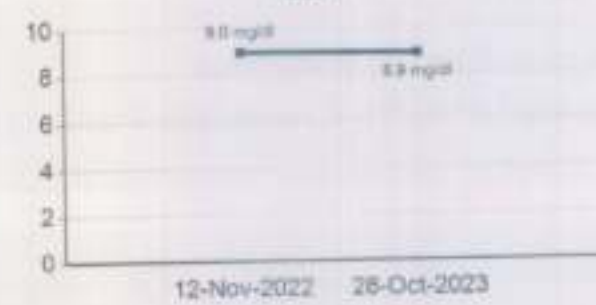
**LDL CHOLESTEROL**



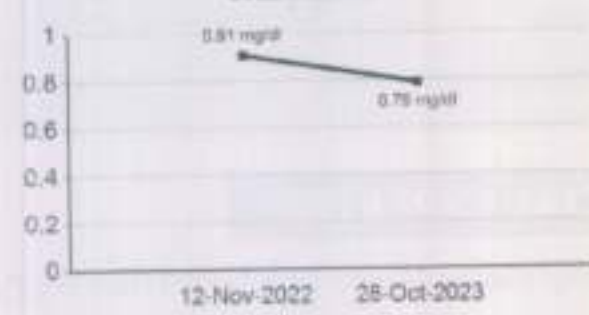
**BLOOD UREA**



**BUN**



**CREATININE**



**URIC ACID**

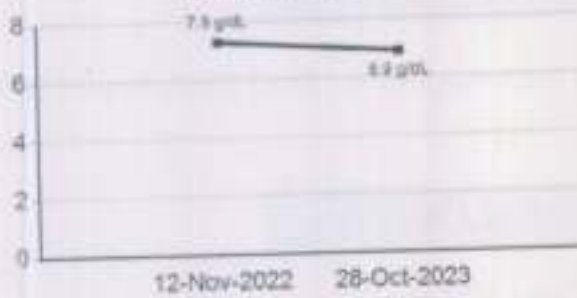






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**TOTAL PROTEINS**



**ALBUMIN**



**GLOBULIN**



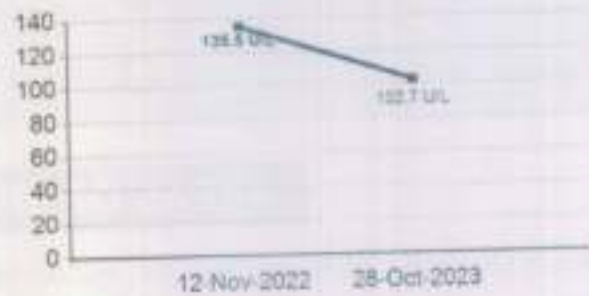
**SGOT (AST)**



**SGPT (ALT)**



**ALKALINE PHOSPHATASE**



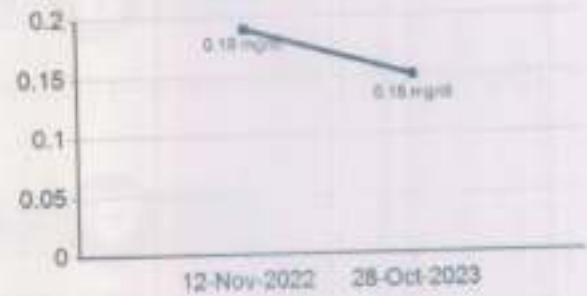


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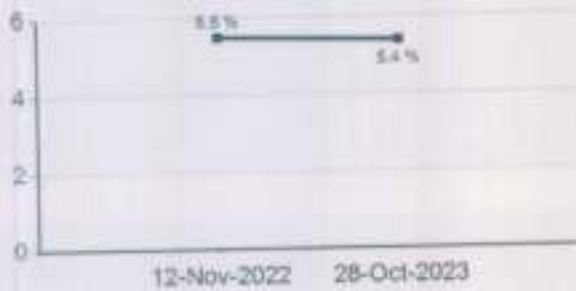
**GAMMA GT**



**BILIRUBIN (DIRECT)**



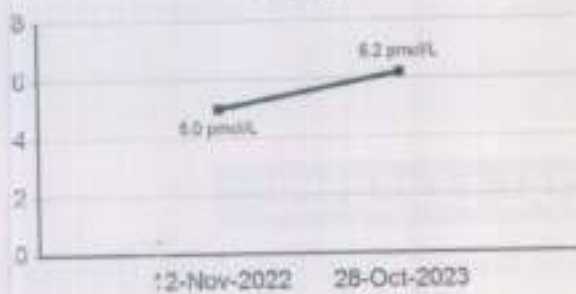
**Glycosylated Hemoglobin (HbA1c)**



**Estimated Average Glucose (eAG)**



**Free T3**

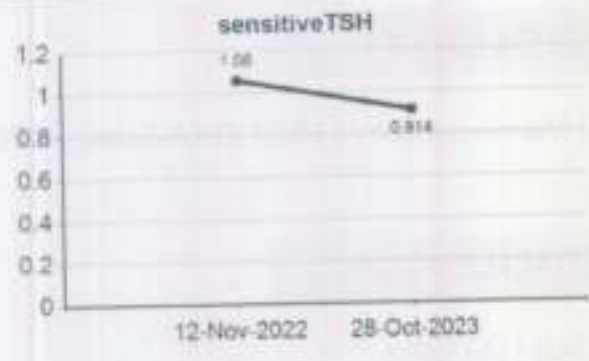


**Free T4**





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Date: 28/10/23  
 Name: Pratik Sonavane  
 CID: 2330109  
 Sex / Age: M-36

**EYE CHECK UP**

Chief complaints: R.U

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: 12/60 HVBU+16

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

Authenticity Check



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Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 28-Oct-2023  
Reported : 28-Oct-2023 / 14:45

**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:**

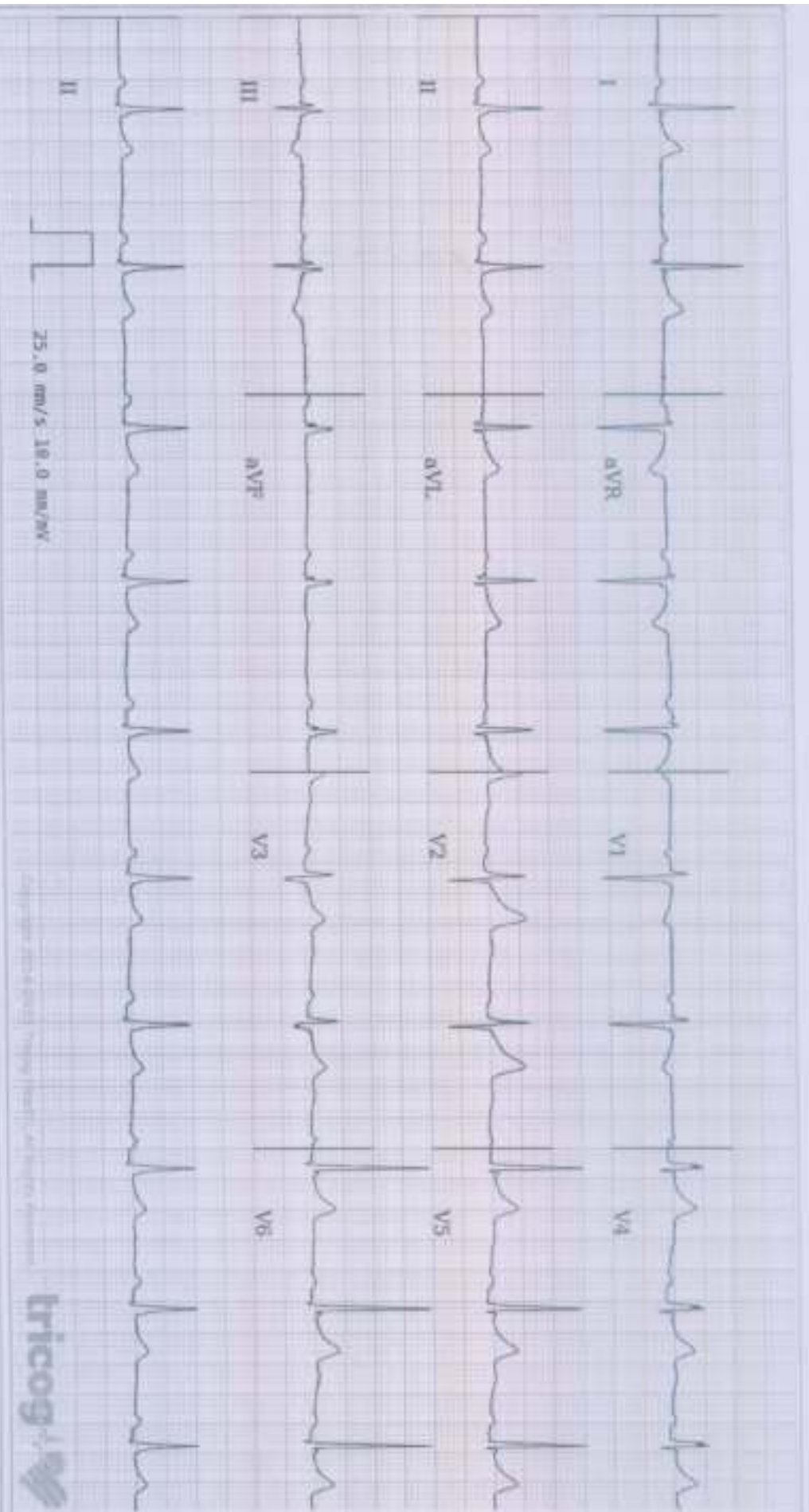
**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

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

*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/NonradViewer?AccessionNo=2023102809452241>

Patient Name: PRAVYN SONAWANE  
Patient ID: 2330119951



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

Age: 36 years  
months  
days

Gender: Male

Heart Rate: 63bpm

Patient Vitals

BP: 120/80 mmHg

Weight: 69 kg

Height: 158 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

**Measurements**

QRSD: 38ms

QT: 398ms

QTc: 407ms

PR: 168ms

P-R-T: 47° 25° 6°



REPORTED BY

*[Signature]*

DR. SHODAN PILLAI  
MD, MD (Phys),  
MD (Phys) 0375

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CID : 2330119951  
Name : Mr pravin sonawane  
Age / Sex : 36 Years/Male  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 28-Oct-2023  
Reported : 28-Oct-2023 / 12:03

### USG WHOLE ABDOMEN

**LIVER:** Liver appears normal in size and echotexture. 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 9.8 x 3.9 cm. Left kidney measures 9.7 x 4.7 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 3.3 x 2.8 x 3.9 cm in dimension and 19 cc in volume. 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=2023102809452226>

Page no 1 of 2



Use a QR Code Scanner Application To Scan the Code

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**IMPRESSION: USG ABDOMEN IS WITHIN NORMAL LIMITS.**

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-----

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

Click here to view images <http://3.111.232.119/IRISViewer/NeoradViewer?AccessionNo=2023102809452226>



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

EMAIL:

Report



110 (2330119951) / PRAVIN SONAWANE / 36 Yrs / M / 158 Cms / 69 Kg  
 Date: 28 / 10 / 2023 12:54:26 PM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:09	0:09	00.0	00.0	01.0	082	45 %	120/80	098	00	
Standing	00:18	0:09	00.0	00.0	01.0	085	46 %	120/80	102	00	
HV	00:27	0:09	00.0	00.0	01.0	082	45 %	120/80	098	00	
ExStart	00:36	0:09	00.0	00.0	01.0	082	45 %	120/80	088	00	
BRUCE Stage 1	03:36	3:00	01.7	10.0	04.7	117	64 %	130/80	152	00	
BRUCE Stage 2	06:36	3:00	02.5	12.0	07.1	133	72 %	140/80	186	00	
BRUCE Stage 3	09:39	3:00	03.4	14.0	10.2	160	82 %	150/80	225	00	
PeakeX	09:57	0:21	04.2	16.0	10.6	157	85 %	160/80	251	00	
Recovery	10:57	1:00	00.0	00.0	04.2	119	65 %	160/80	190	00	
Recovery	11:57	2:00	00.0	00.0	01.0	106	58 %	160/80	169	00	
Recovery	12:12				00.0	000	0 %	130/50	000	00	

## FINDINGS :

Exercise Time : 09:21  
 Initial HR (ExStrt) : 82 bpm 45% of Target 184  
 Initial BP (ExStrt) : 120/80 (mm/Hg)  
 Max Workload Attained : 10.6 Good response to induced stress  
 Max ST Dep Lead & Avg ST Value : V4 & -1.0 mm in PeakeX  
 Test End Reasons : Heart Rate Achieved

Max HR Attained 157 bpm 85% of Target 184  
 Max BP Attained 160/80 (mm/Hg)

Doctor : DR. SHAILAJA PILLAI

**Dr. SHAILAJA PILLAI**  
 M.D. (GEN. MED)  
 R.M.O. 43912



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

REPORT



**EMHALL**  
107 PHAVIN SONAWANE / 36 Yrs / M / 158 Cms / 69 Kg Date: 29 / 10 / 2023 12:54:28 PM

## REPORT :

Sample Name: Stress Test Graded Exercise Treadmill

PROCEDURE DONE: Graded exercise treadmill stress test.

STRESS ECG RESULTS: The initial HR was recorded as 85.0 bpm, and the maximum predicted Target Heart Rate 184.0. The BP increased at the time of generating report as 160/80.0 mmHg. The Max Dep went upto 0.5. 0.0 Ectopic Beats were observed during the Test.

### CONCLUSIONS:

1. Stress test is negative for ischemia.
2. No significant ST T changes seen.
3. HR and Blood pressure response to exercise is normal.

Doctor : DR. SHAILAJA PILLAI

  
**Dr. SHAILAJA PILLAI**  
M.D. (GEN. MED.)  
R.NO. - 4972



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

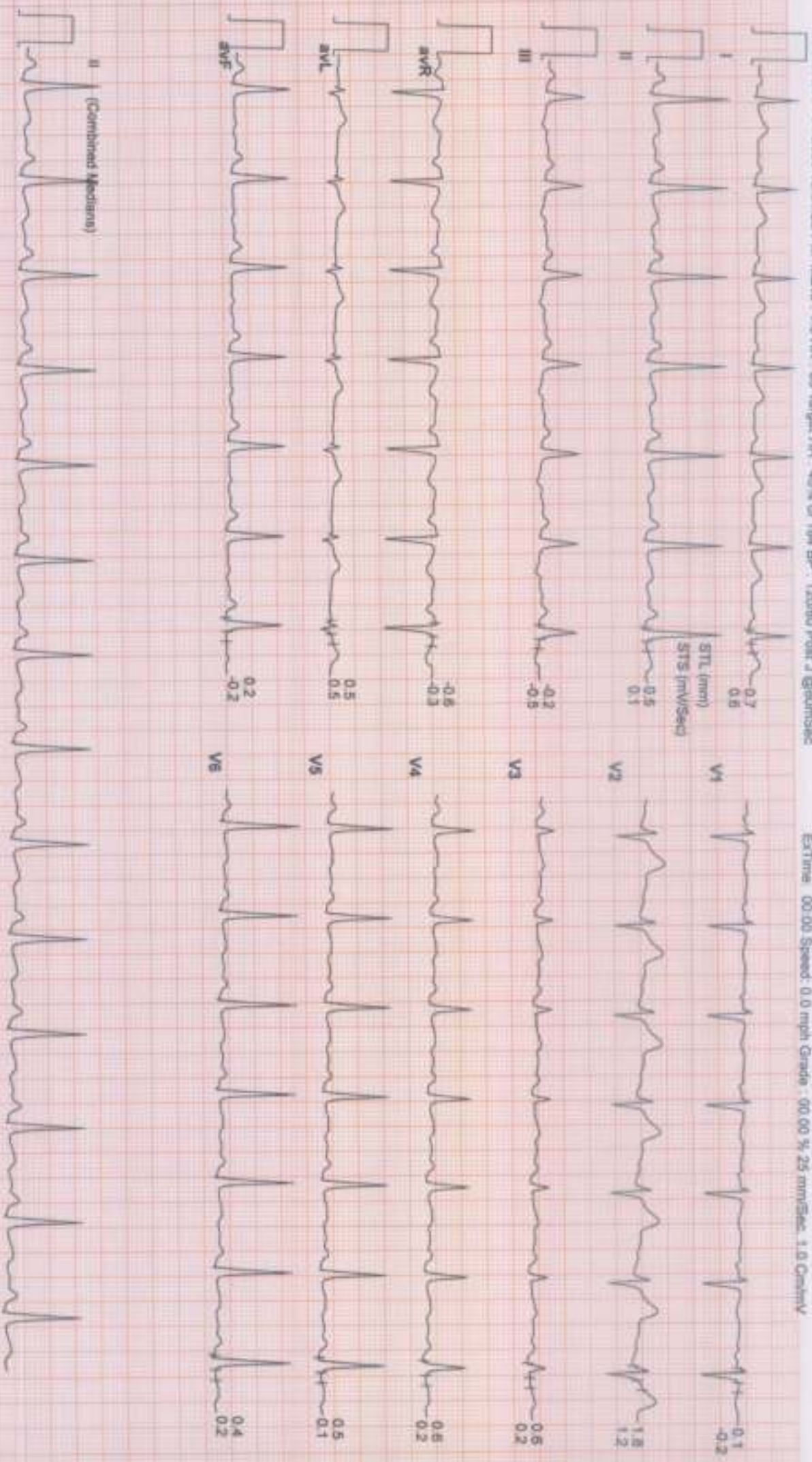
110 / PRAVIN SONAWANE / 36 Yrs / Male / 158 Cm / 69 Kg

6X2 Combine Medians + 1 Rhythm  
SUPINE (00:08)



Date: 26 / 10 / 2023 12:54:29 PM METs : 1.0 HR : 65 Target HR : 45% of 164 Bp : 120/80 Post J @30mSec

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





SUBURBAN DIAGNOSTICS (THANE GB ROAD)

STANDING ( 00:00 )



110 (2300119951) / PRAVIN SONAWANE / 36 Yrs / M / 158 Cms / 69 Kg / HR : 85

Date: 28 / 10 / 2012 12:54:28 PM

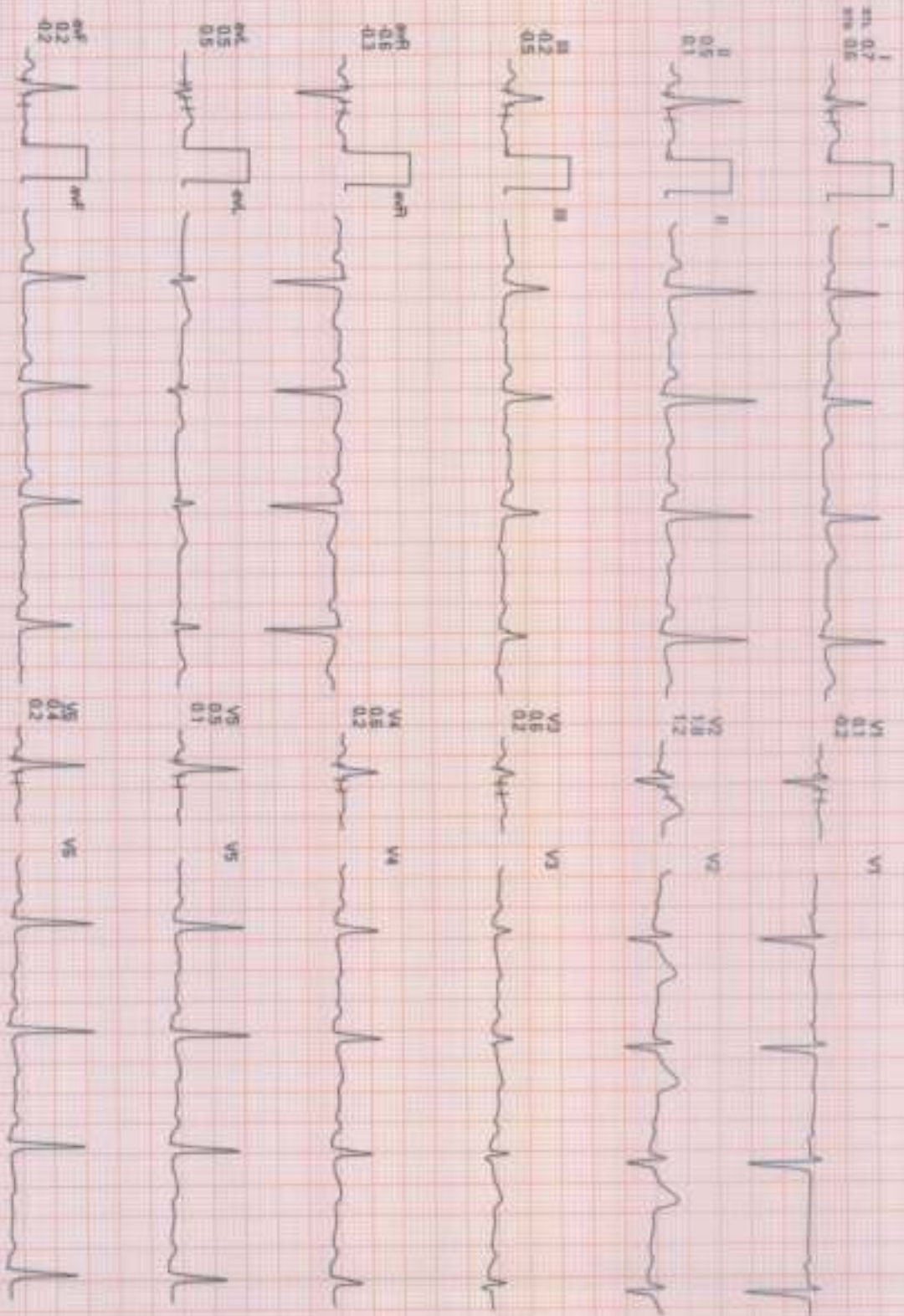
METS: 1.80/85 bpm 46% of TMR

BP: 120/80 mmHg Pw: ECG BLD OX/NaOH OX/HE 0.05 Hz/UF 35 Hz

EXTime: 01:00 0.0 mph, 0.0%

25mm/5sec 1.0 Cm/Div

4X 90 sec Print



REMARKS:



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

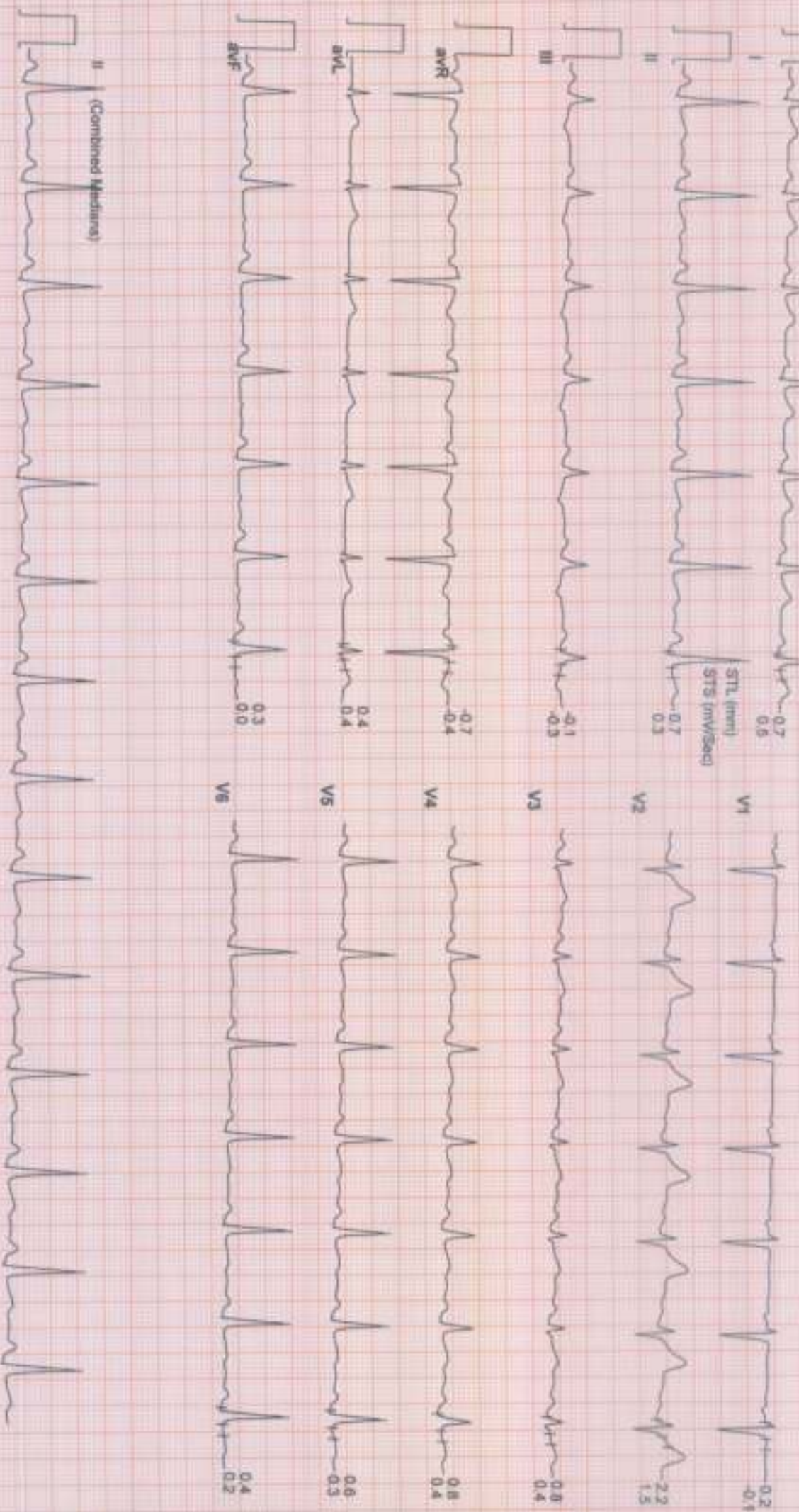
110 / PRAVIN SONAWANE / 36 Yrs / Male / 158 Cm / 69 Kg

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



Date: 26 / 10 / 2023 12:54:29 PM METs : 1.0 HR : 62 Target HR : 45% of 164 BP : 120/80 Post J @50mSec

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





# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

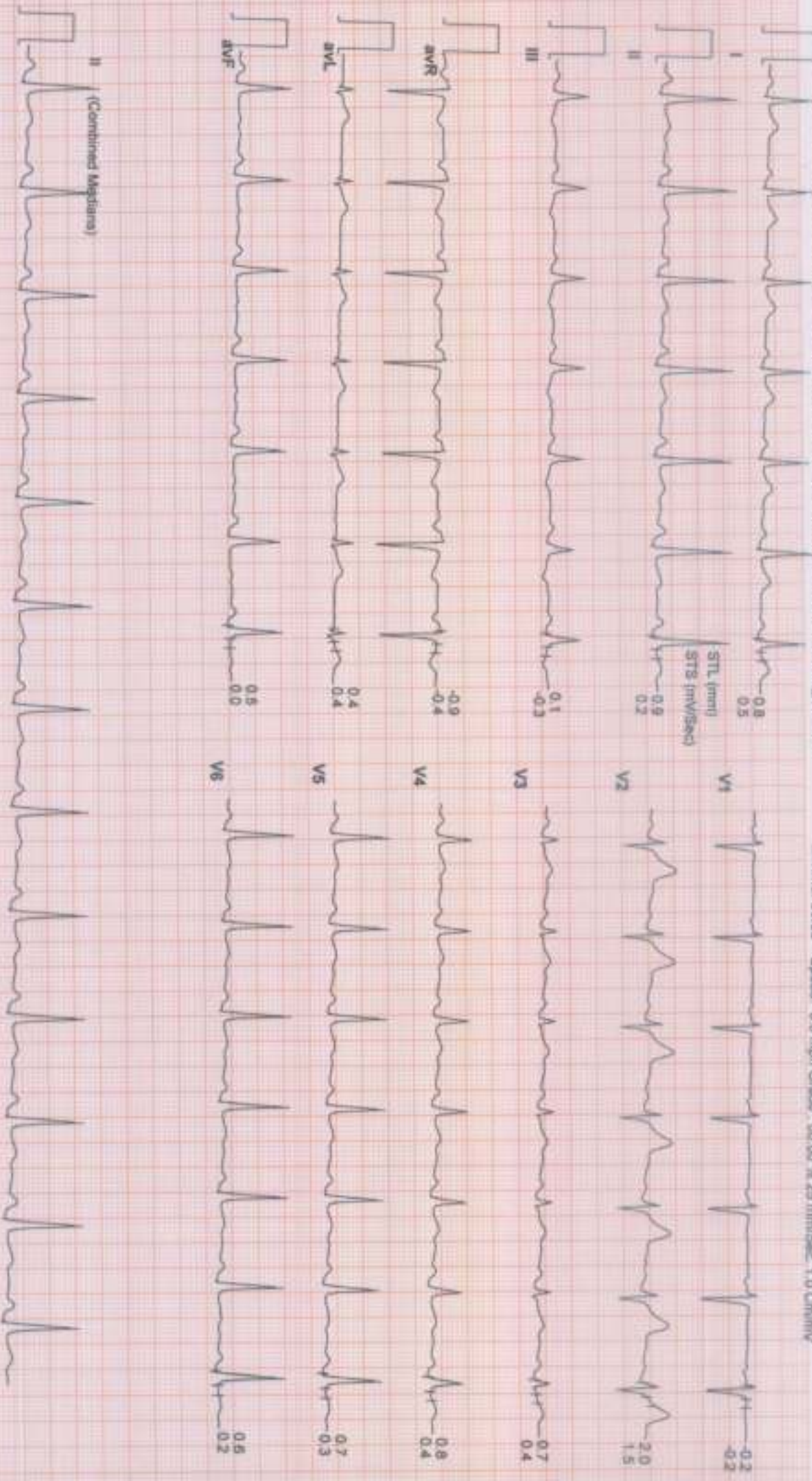
110 / PRAVIN SONAWANE / 36 Yrs / Male / 158 Cm / 69 Kg

6X2 Combine Medians + 1 Rhythm  
ExStit



Date: 26 / 10 / 2023 12:54:28 PM METs : 1.0 HR: 79 Target HR: 43% of 164 BP : 120/80 Post J @30mSec

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





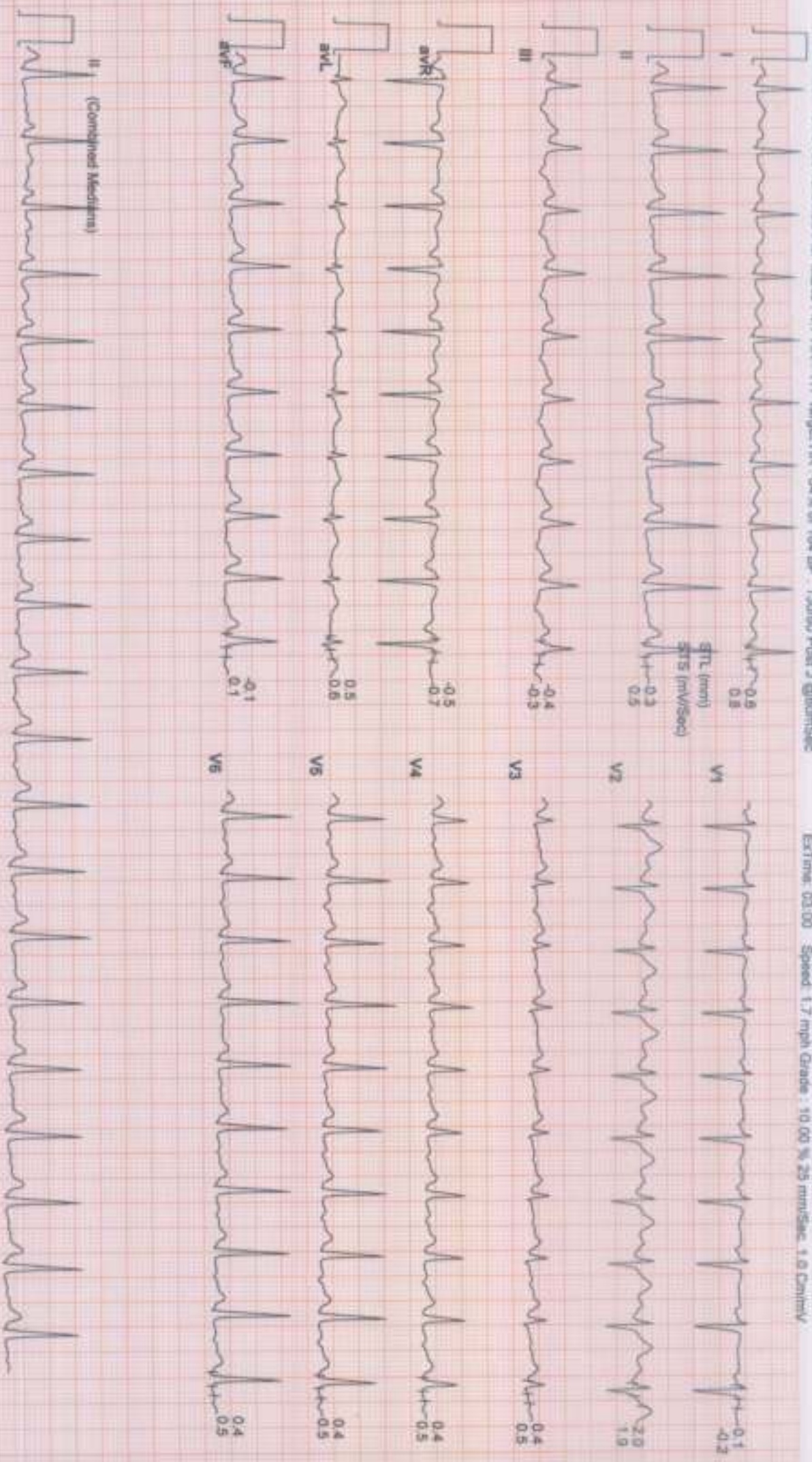
**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

110 / PRAVIN SONAWANE / 38 Yrs / Male / 158 Cm / 69 Kg

Date: 28 / 10 / 2023 12:54:28 PM METS : 4.7 HR : 117 Target HR : 64% of 194 BP : 130/90 Post J @80mSec

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

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



II  
(Combined Medians)



**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

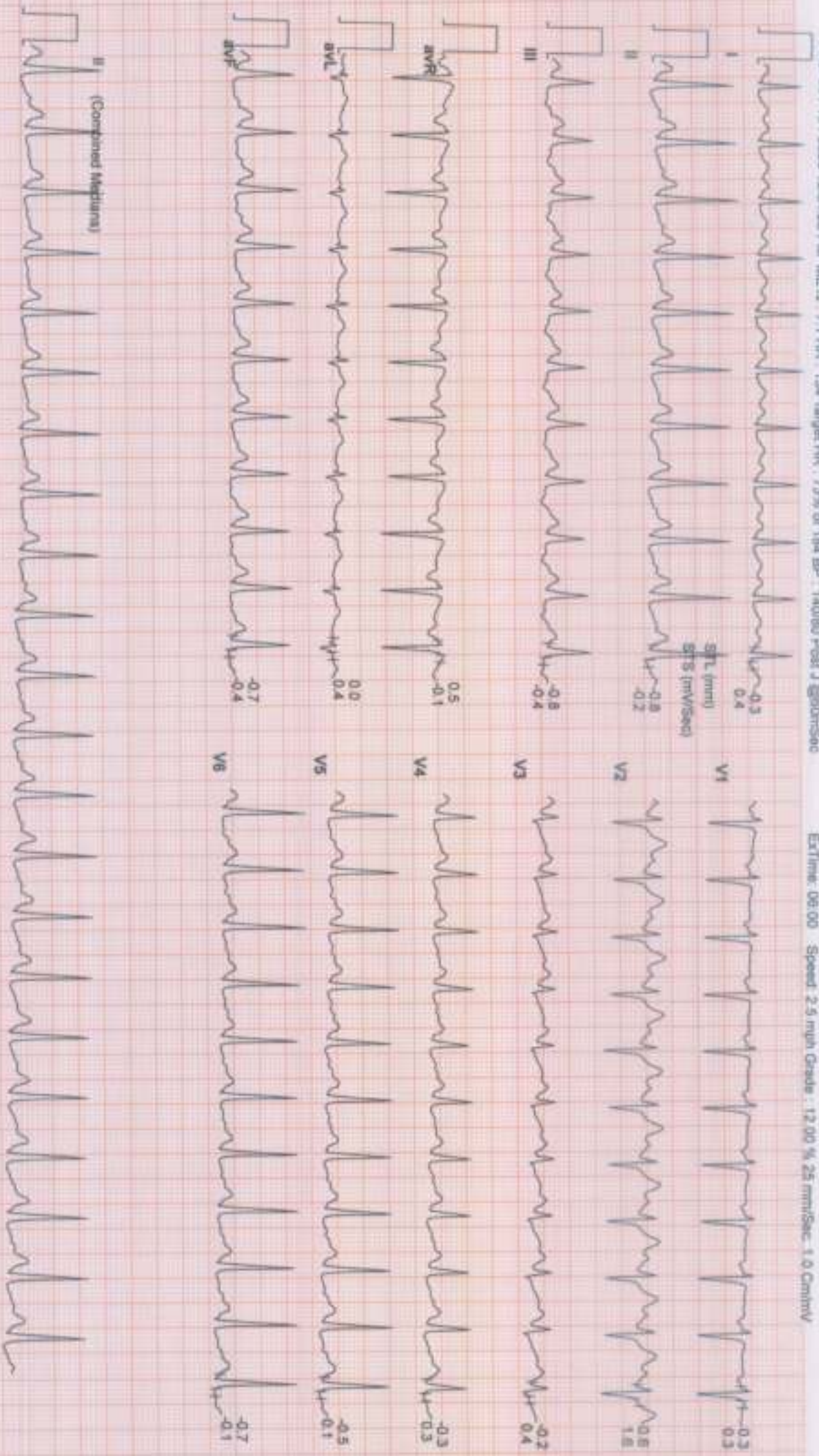
110 / PRAVIN SONAWANE / 36 Yrs / Male / 158 Cm / 69 Kg

**6X2 Combine Medians + 1 Rhythm**  
BRUCE : Stage 2 ( 03:00 )



Date: 26 / 10 / 2023 12:54:29 PM METs : 7.1 HR : 134 Target HR : 73% of 184 BP : 140/80 Post J @90mSec

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





**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

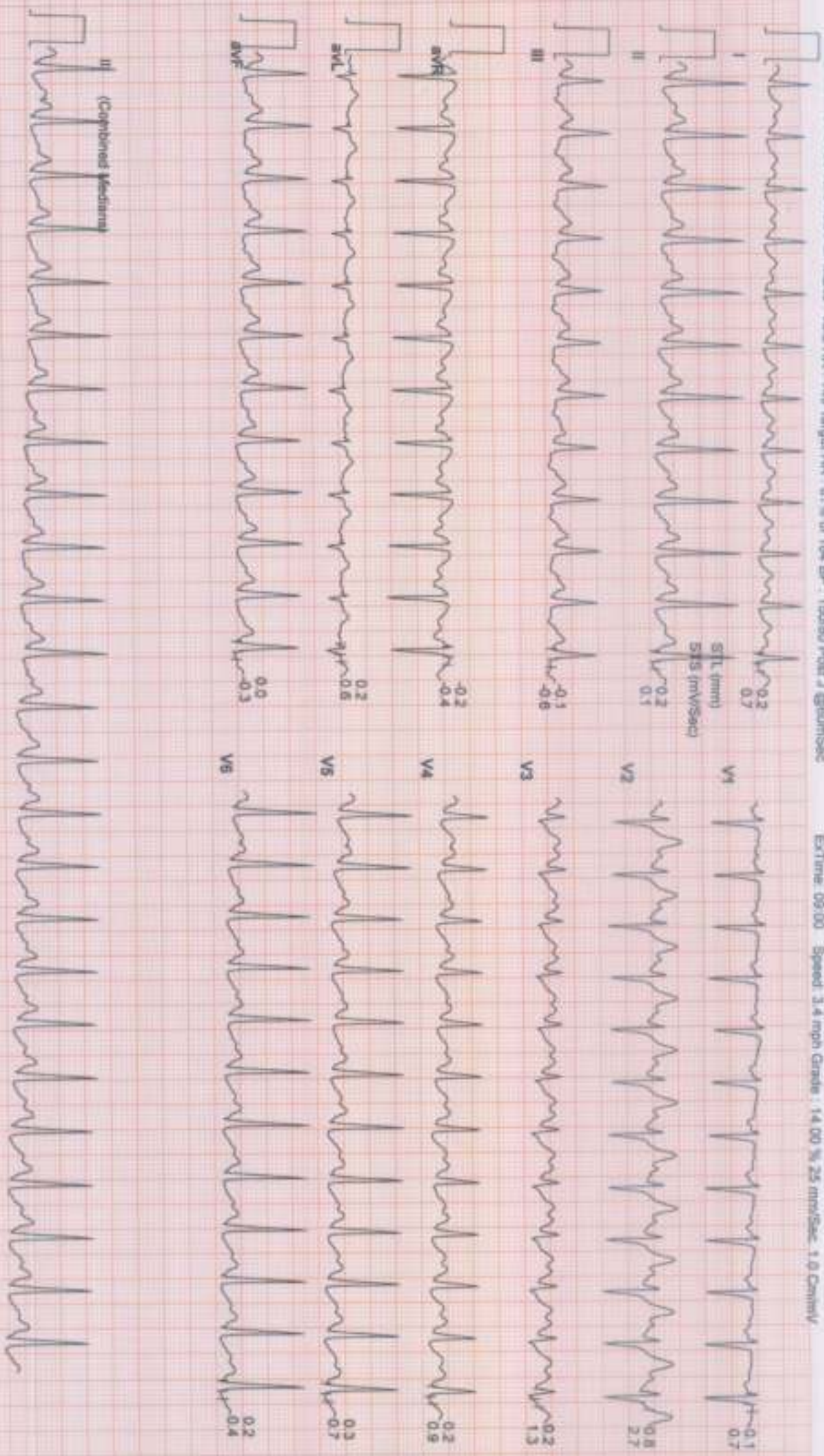
110 / PRAVIN SONAWANE / 36 Yrs / Male / 158 Cm / 69 Kg

**6X2 Combine Medians + 1 Rhythm**  
BRUCE : Stage 3 ( 03:00 )



Date: 28 / 10 / 2023 12:54:28 PM METS : 10.2 HR : 149 Target HR : 81% of 184 BP : 100/80 Post J @60mmSec

ExTime: 09:00 Speed: 3.4 mph Grade: 14.00 % 25 mm/Sec: 1.0 Cm/ly





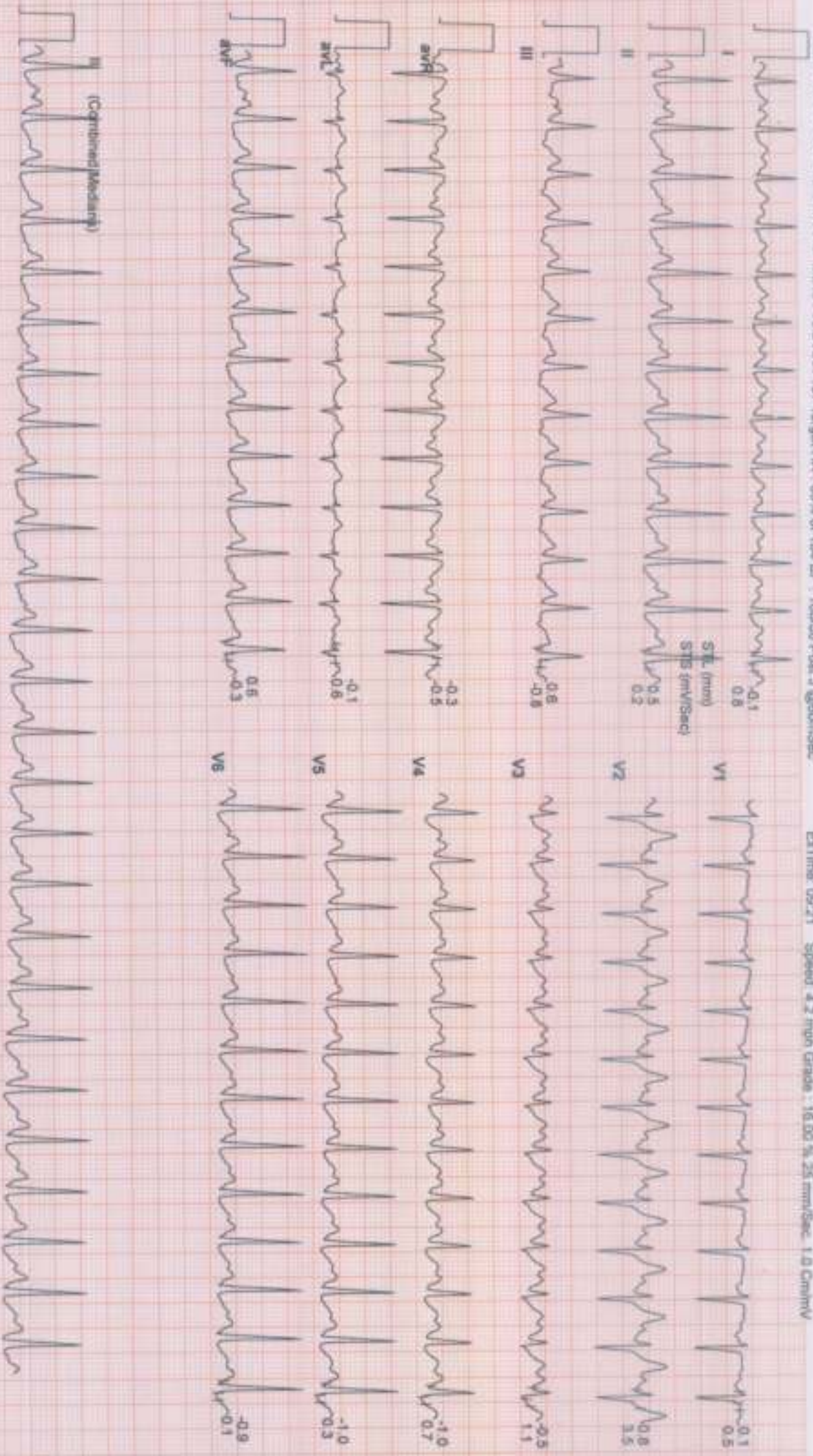
# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

110 / PRAVIN SONAWANE / 36 Yrs / Male / 158 Cm / 69 Kg

Date: 28 / 10 / 2023 12:54:29 PM METs : 10.5 HR : 157 Target HR : 85% of 184 BP : 160/90 Post J @90mSec

ExTime: 09:21 Speed: 4.2 mm/Grade: 16.00 % 25 mm/Sec 1.0 Cm/mV

## 6X2 Combine Medians + 1 Rhythm PeakEx

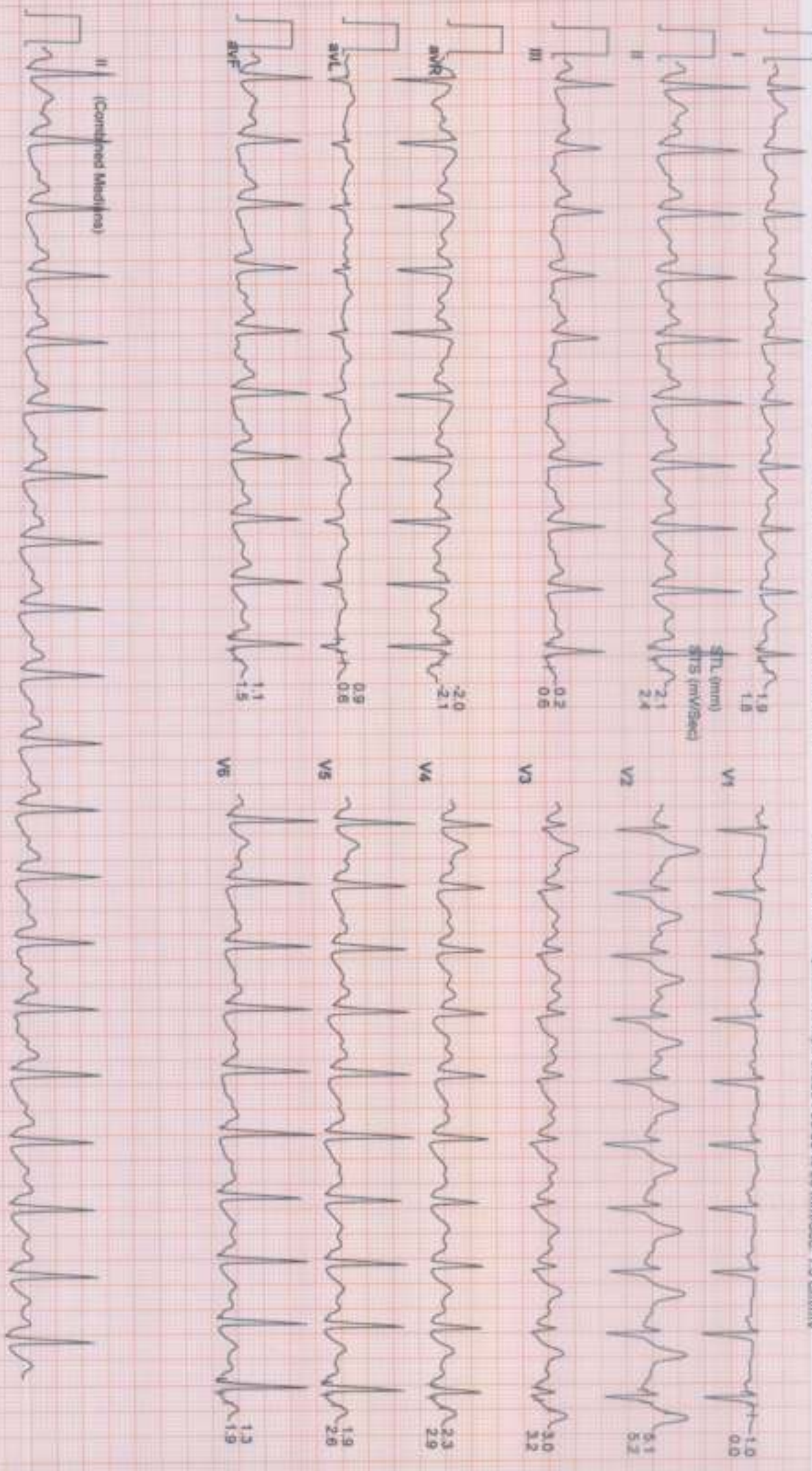






Date: 28 / 10 / 2023 12:54:28 PM METs : 4.2 HR : 118 Target HR : 65% of 194 BP : 150/80 Post J @80mSec

ExTime: 09:21 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec: 1.0 Cm/ly

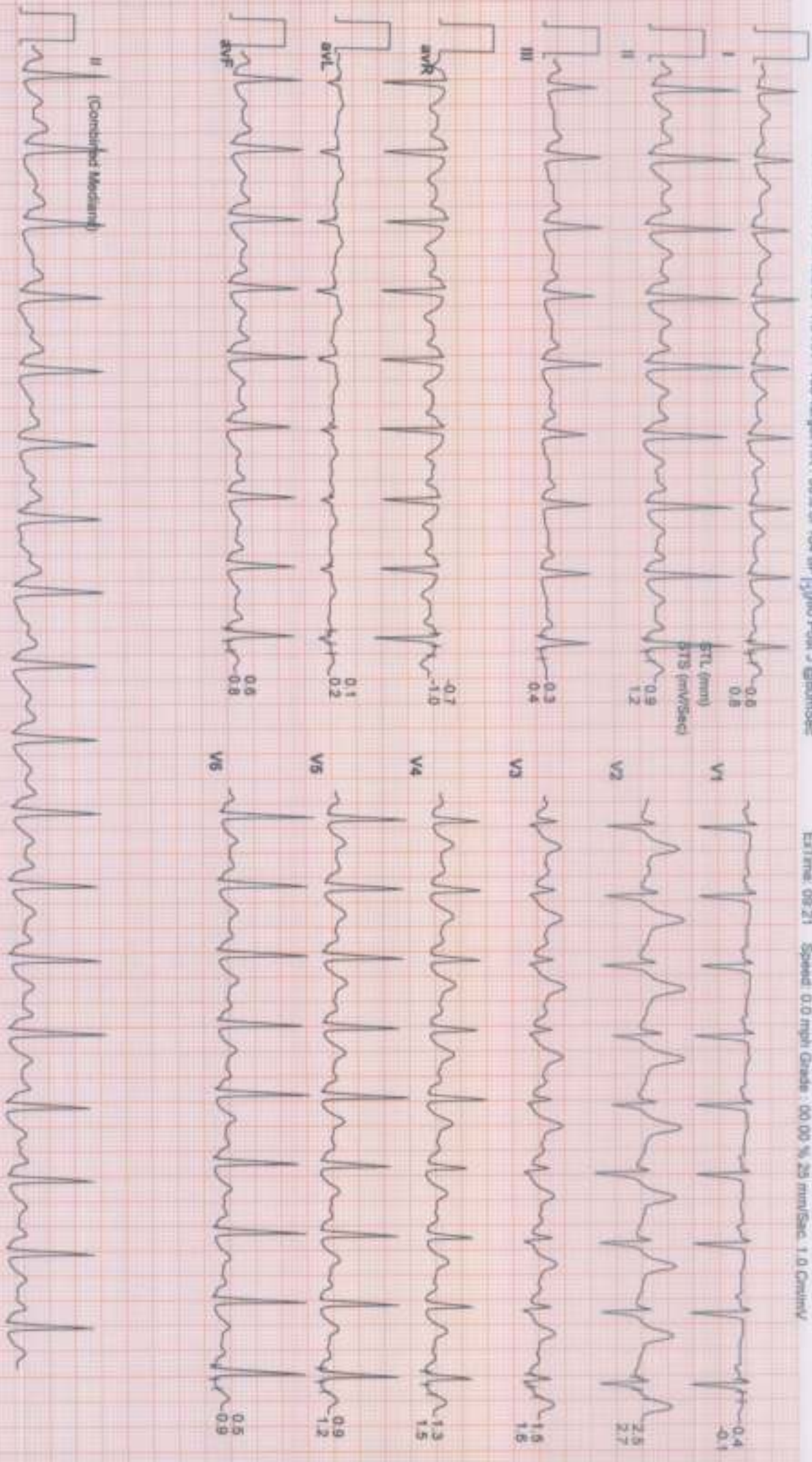






Date: 26 / 10 / 2023 12:54:28 PM METs : 1.0 HR : 100 Target HR : 98% of 194 BPM [170 Post J @60mSec

ExTime: 08:21 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/Div







Date: 26 / 10 / 2023 12:54:26 PM METs : 1.0 HR : 108 Target HR : 65% of 164 BP : 130/80 Post J @ecm5ec

ExTime: 09:21 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/Div

