

PHYSICAL EXAMINATION REPORT

Patient Name	Ashutosh Lohar	Sex/Age	m / 35
Date	11/3/23	Location	Thane

History and Complaints

MIL

EXAMINATION FINDINGS:

Height (cms):	183	Temp (0c):	Accl
Weight (kg):	86.1	Skin:	MAD
Blood Pressure	120/80	Nails:	TL
Pulse	84/min	Lymph Node:	NP

Systems :

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

NAD

Impression:

Mild Macrocytosis.
↓ HDL

Advice:

- Reg. Exercise.
- Vit B12, Folic Acid,
Sr. Reticulocyte Count
Estimation.

1)	Hypertension:] NO] NO] NO] NO] NO] NO] NO] NO] NO] NO] NO] NO] NO] NO] NO
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.
2)	Smoking	OCC.
3)	Diet	Mixed
4)	Medication	NO

(Signature)

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

0000-0178-5507

Date:- 11/3/23

CID:

Name:- Ashwathi ~~Patil~~ Lokar. Sex/Age: M-35

EYE CHECK UP

Chief complaints: RCV

Systemic Diseases: All.

Past history: Nil

Unaided Vision: R 6/36 L 6/18 N/A 1.10

Aided Vision: R 6/6 L 6/6 N/A 1.0

Refraction:

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

Colour Vision: Normal / Abnormal

Remark: U n cor specks

MR. PRAKASH KUDVA
SR. OPTOMETRIST



CID : 2307018197
Name : MR.LOHAR ASHUTOSH NAGESH
Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 11-Mar-2023 / 08:28
Reported : 11-Mar-2023 / 12:00

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	15.4	13.0-17.0 g/dL	Spectrophotometric
RBC	4.56	4.5-5.5 mil/cmm	Elect. Impedance
PCV	45.7	40-50 %	Measured
MCV	100.3	80-100 fl	Calculated
MCH	33.9	27-32 pg	Calculated
MCHC	33.8	31.5-34.5 g/dL	Calculated
RDW	13.0	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7580	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	21.2	20-40 %	
Absolute Lymphocytes	1607.0	1000-3000 /cmm	Calculated
Monocytes	8.5	2-10 %	
Absolute Monocytes	644.3	200-1000 /cmm	Calculated
Neutrophils	66.3	40-80 %	
Absolute Neutrophils	5025.5	2000-7000 /cmm	Calculated
Eosinophils	3.9	1-6 %	
Absolute Eosinophils	295.6	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	7.6	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	292000	150000-400000 /cmm	Elect. Impedance
MPV	7.9	6-11 fl	Calculated
PDW	8.3	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			

Authenticity Check



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Reported : 11-Mar-2023 / 11:16

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

Serum Vitamin B12 & Folic acid estimation, Reticulocyte count estimation recommended.

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 ***

AREAS OF SPECIAL EXPERTISE

OUR PRESENCE



J. Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



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Age / Gender : 35 Years / Male
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	87.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	87.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	1.1	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.41	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.69	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	15.1	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	13.0	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	13.3	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	86.8	40-130 U/L	PNPP
BLOOD UREA, Serum	16.4	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	7.7	6-20 mg/dl	Calculated



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Age / Gender : 35 Years / Male
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Collected : 11-Mar-2023 / 10:56
Reported : 11-Mar-2023 / 16:01

CREATININE, Serum	0.84	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	111	>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	6.1	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 ***

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)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	105.4	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 ***



J. Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



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Collected : 11-Mar-2023 / 08:28
Reported : 11-Mar-2023 / 19:42

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<u>PHYSICAL EXAMINATION</u>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<u>CHEMICAL EXAMINATION</u>		
Reaction (pH)	Acidic (6.5)	-
Occult Blood	Absent	Absent
<u>MICROSCOPIC EXAMINATION</u>		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Absent	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present +	-
Concentration Method (for ova)	No ova detected	Absent

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



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Collected : 11-Mar-2023 / 08:28
Reported : 11-Mar-2023 / 19:30

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Yellow	Pale Yellow	-
Reaction (pH)	6.5	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATION			
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	15-18	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
Dr.ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab Director

Authenticity Check



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Collected :
 Reported :

*** End Of Report ***





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Collected : 11-Mar-2023 / 08:28
Reported : 11-Mar-2023 / 14:01

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

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

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

Note : This Sample has also been tested for Bombay group/Bombay phenotype /Oh using anti H lectin

Specimen: EDTA Whole Blood and/or serum

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

Limitations:

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

References:

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

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



J. Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist

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Reported : 11-Mar-2023 / 12:19

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	147.4	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	34.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	113.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	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	23.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.6	0-3.5 Ratio	Calculated

*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)

Collected : 11-Mar-2023 / 08:28
Reported : 11-Mar-2023 / 11:54

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.1	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.26	0.35-5.5 microu/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 at least 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)

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

*** End Of Report ***



Amid Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist

SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST
 Patient Name: LOHAR ASHUTOSH NAGESH Date and Time: 11th Mar 23 9:05 AM
 Patient ID: 2307018197



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Age **35** 7 0
 years months days

Gender **Male**

Heart Rate **80bpm**

Patient Vitals

BP: 120/80 mmHg
 Weight: 86 kg
 Height: 183 cm
 Pulse: NA
 Spo2: NA
 Resp: NA
 Others:

Measurements

QRSD: 84ms
 QT: 386ms
 QTc: 445ms
 PR: 126ms
 P-R-T: 20° 6° -16°

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

REPORTED BY

DR SHAILAJA 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 initials are as entered by the clinician and not derived from the ECG.

Authenticity Check



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Age / Sex : 35 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 11-Mar-2023
Reported : 11-Mar-2023 / 13:43

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=2023031108240885>

Reg. No. : 2307018197	Sex : MALE
Name : MR. ASHUTOSH LOHAR	Age : 35 YRS
Ref. By : -----	Date : 11.03.2023

USG ABDOMEN AND PELVIS

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 contracted.

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 4.6 cm. Left kidney measures 10.2 x 4.2 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 2.3 x 2.8 x 3.6 cm in dimension and 12.5 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

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.

Advice: Clinical co-relation and further evaluation.

Dr. Devendra Patil

DR. DEVENDRA PATIL
MD (RADIO DIAGNOSIS)
(CONSULTANT RADIOLOGIST)

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Email:

608 (2307018197) / ASHUTOSH LOHAR / 35 Yrs / M / 183 Cms / 86 Kg
 Date: 11 / 03 / 2023 09:54:32 AM

Report



Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:11	0:11	00.0	00.0	01.0	096	52 %	140/90	134	00	
Standing	00:19	0:08	00.0	00.0	01.0	090	49 %	140/90	126	00	
HV	00:26	0:07	00.0	00.0	01.0	090	49 %	140/90	126	00	
ExStart	00:34	0:08	00.0	00.0	01.0	089	48 %	140/90	124	00	
BRUCE Stage 1	03:34	3:00	01.7	10.0	04.7	109	59 %	150/90	163	00	
BRUCE Stage 2	06:34	3:00	02.5	12.0	07.1	130	70 %	160/90	208	00	
BRUCE Stage 3	09:34	3:00	03.4	14.0	10.2	153	83 %	170/90	260	00	
PeakEx	09:50	0:16	04.2	16.0	10.5	155	84 %	170/90	263	00	
Recovery	10:50	1:00	00.0	00.0	04.2	129	70 %	170/90	219	00	
Recovery	11:50	2:00	00.0	00.0	01.0	113	61 %	140/90	158	00	
Recovery	13:50	4:00	00.0	00.0	01.0	111	60 %	140/90	155	00	
Recovery	13:58				00.0	000	0 %	---/---	000	00	

FINDINGS :

Exercise Time : 09:16
 Initial HR (ExStrt) : 89 bpm 48% of Target 185
 Initial BP (ExStrt) : 140/90 (mm/Hg)
 Max Workload Attained : 10.5 Good response to induced stress
 Max ST Dep Lead & Avg ST Value : III & -0.6 mm in Supine
 Test End Reasons : , Fatigue, Heart Rate Achieved

Max HR Attained 155 bpm 84% of Target 185
 Max BP Attained 170/90 (mm/Hg)

Doctor : DR SHAILAJA PILLAI


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



REPORT :


PROCEDURE DONE: Graded exercise treadmill stress test.

STRESS ECG RESULTS: The initial HR was recorded as 90.0 bpm, and the maximum predicted Target Heart Rate 185.0. The BP increased at the time of generating report as 170.0/90.0 mmHg. The Max Dep went upto 0.5. 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.

Doctor : DR SHAILAJA PILLAI


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



608 (2307018197) / ASHUTOSH LOHAR / 35 Yrs / M / 183 Cms / 86 Kg / HR : 96

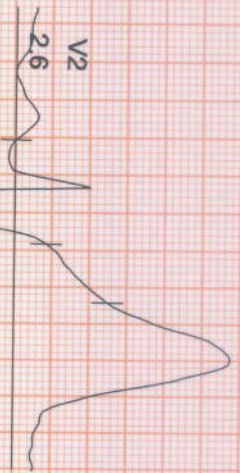
Date: 11 / 03 / 2023 09:54:32 AM

METS: 1.0/96 bpm 52% of THR BP: 140/90 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

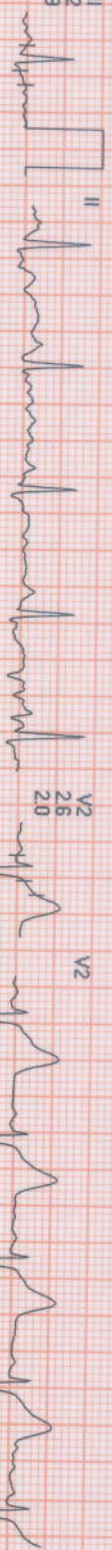
25 mm/Sec. 1.0 Cm/mV



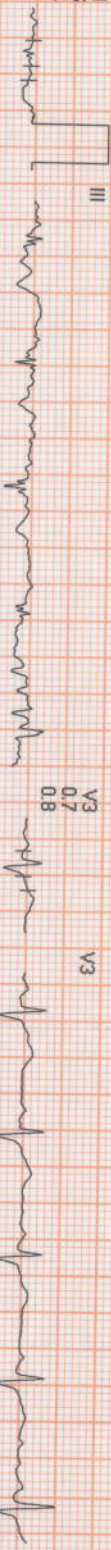
STL 0.5
STB 0.5
STS 1.0



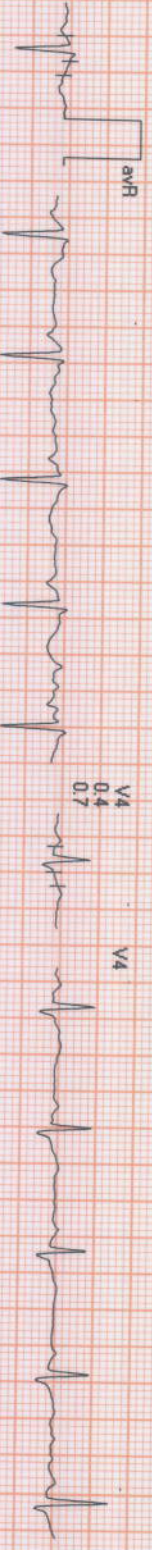
II -0.2
III -0.6
aVR -0.2
aVL 0.5
aVF -0.4



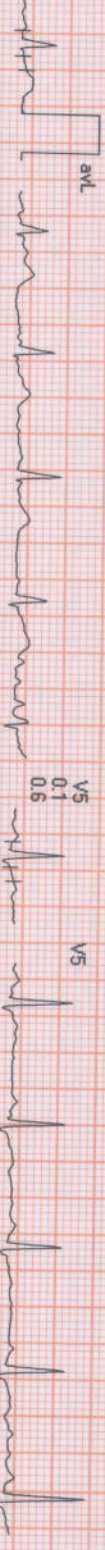
V2 2.6
V3 0.7
V4 0.4
V5 0.1
V6 0.0



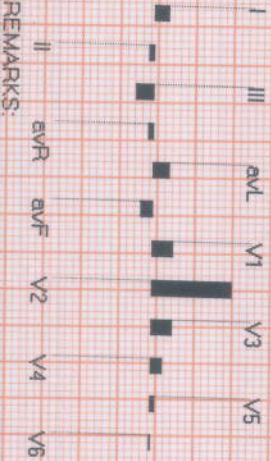
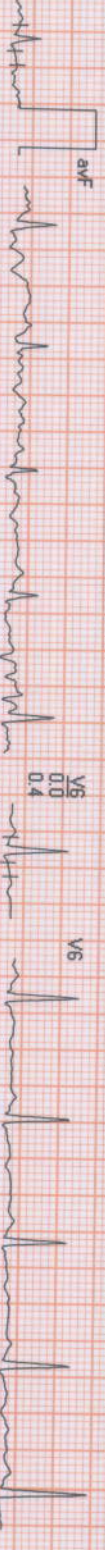
aVR -0.2
aVL 0.5
aVF -0.4



V5 0.6
V6 0.4



aVR -0.2
aVL 0.5
aVF -0.4



REMARKS:



608 (2307018197) / ASHUTOSH LOHAR / 35 Yrs / M / 183 Cms / 86 Kg / HR : 90

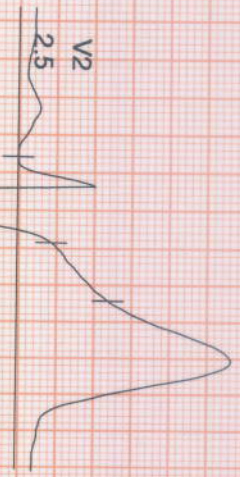
Date: 11 / 03 / 2023 09:54:32 AM

METS: 1.0/90 bpm 49% of THR BP: 140/90 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

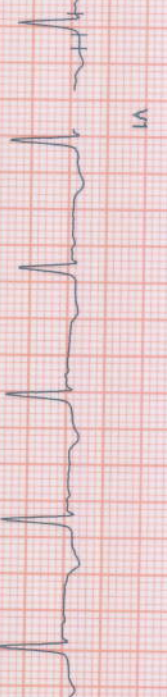
25 mm/Sec. 1.0 Cm/mV



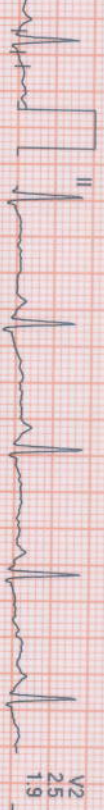
I
STL 0.7
STR 0.9



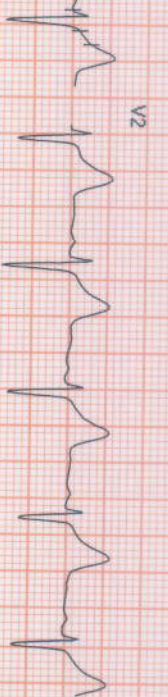
V1
0.6
0.0



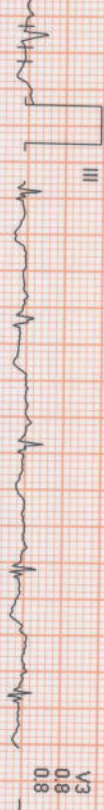
II
0.5
0.9



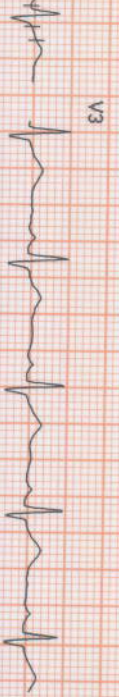
V2
2.5
1.9



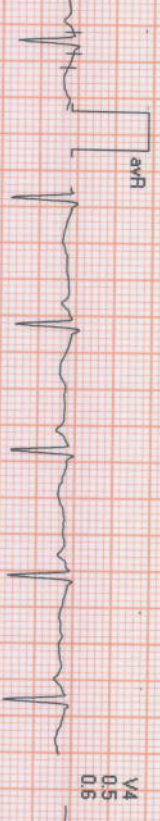
III
-0.2
0.0



V3
0.8
0.8



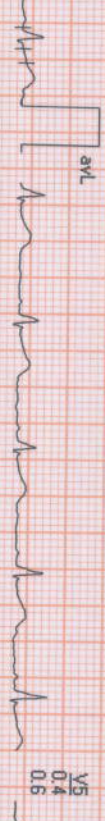
aVR
-0.6
-0.9



V4
0.5
0.6



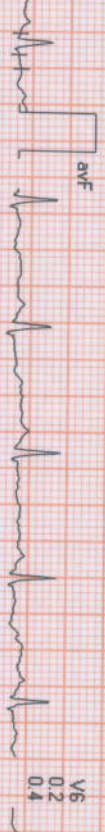
aVL
0.5
0.6



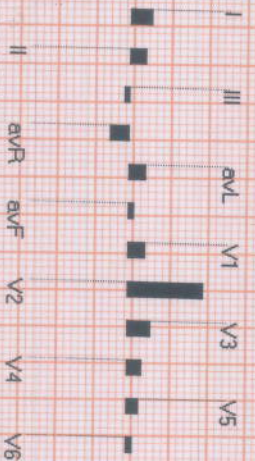
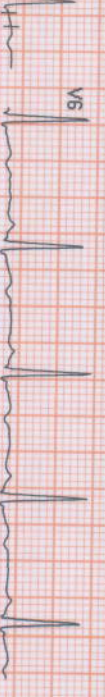
V5
0.4
0.6



aVF
0.2
0.4



V6
0.2
0.4



REMARKS:



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

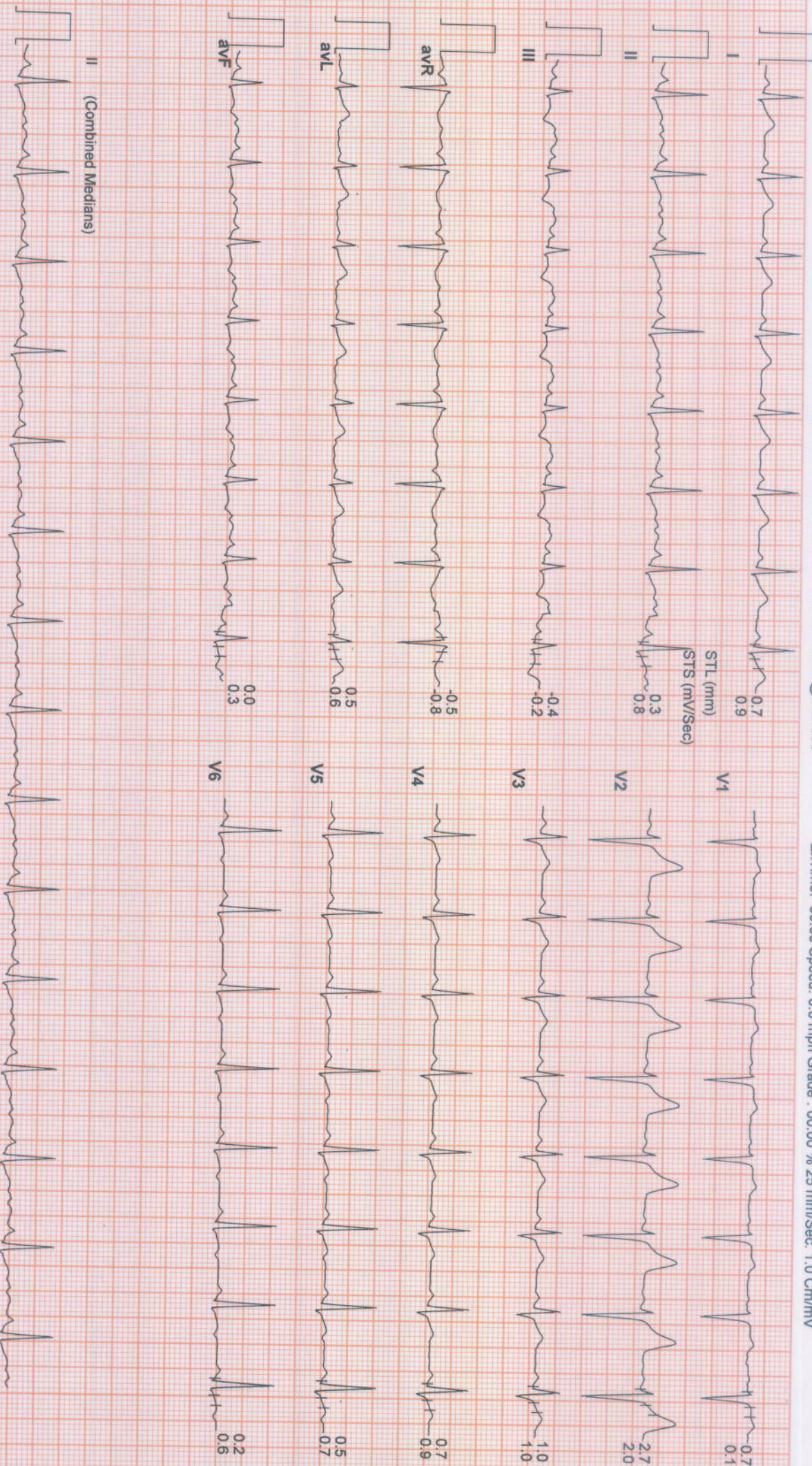
608 / ASHUTOSH LOHAR / 35 Yrs / Male / 183 Cm / 86 Kg

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



Date: 11 / 03 / 2023 09:54:32 AM METs : 1.0 HR : 90 Target HR : 49% of 185 BP : 140/90 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)

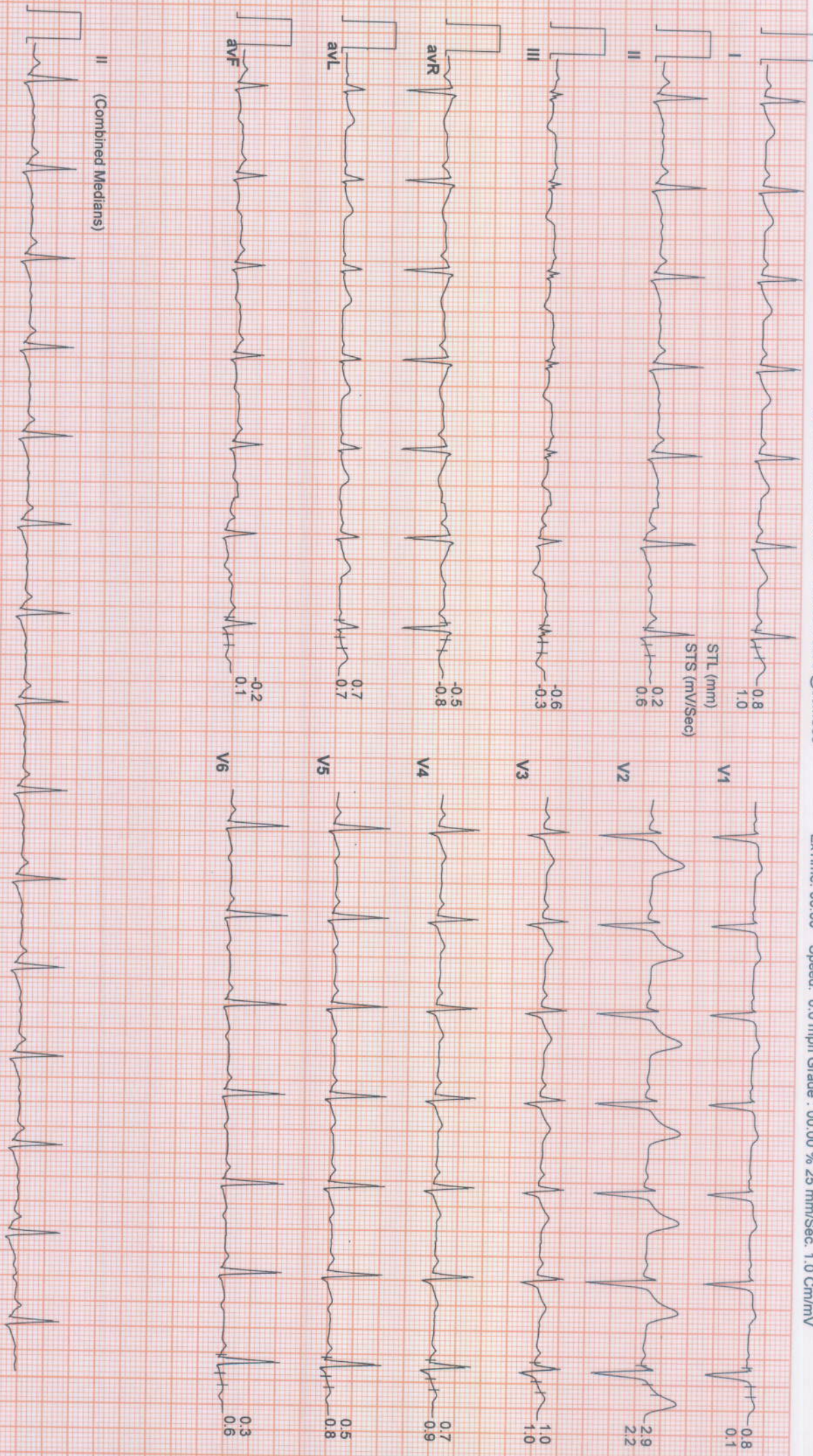
608 / ASHUTOSH LOHAR / 35 Yrs / Male / 183 Cm / 86 Kg

Date: 11 / 03 / 2023 09:54:32 AM METs : 1.0 HR : 89 Target HR : 48% of 185 BP : 140/90 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

ExStt



II (Combined Medians)



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

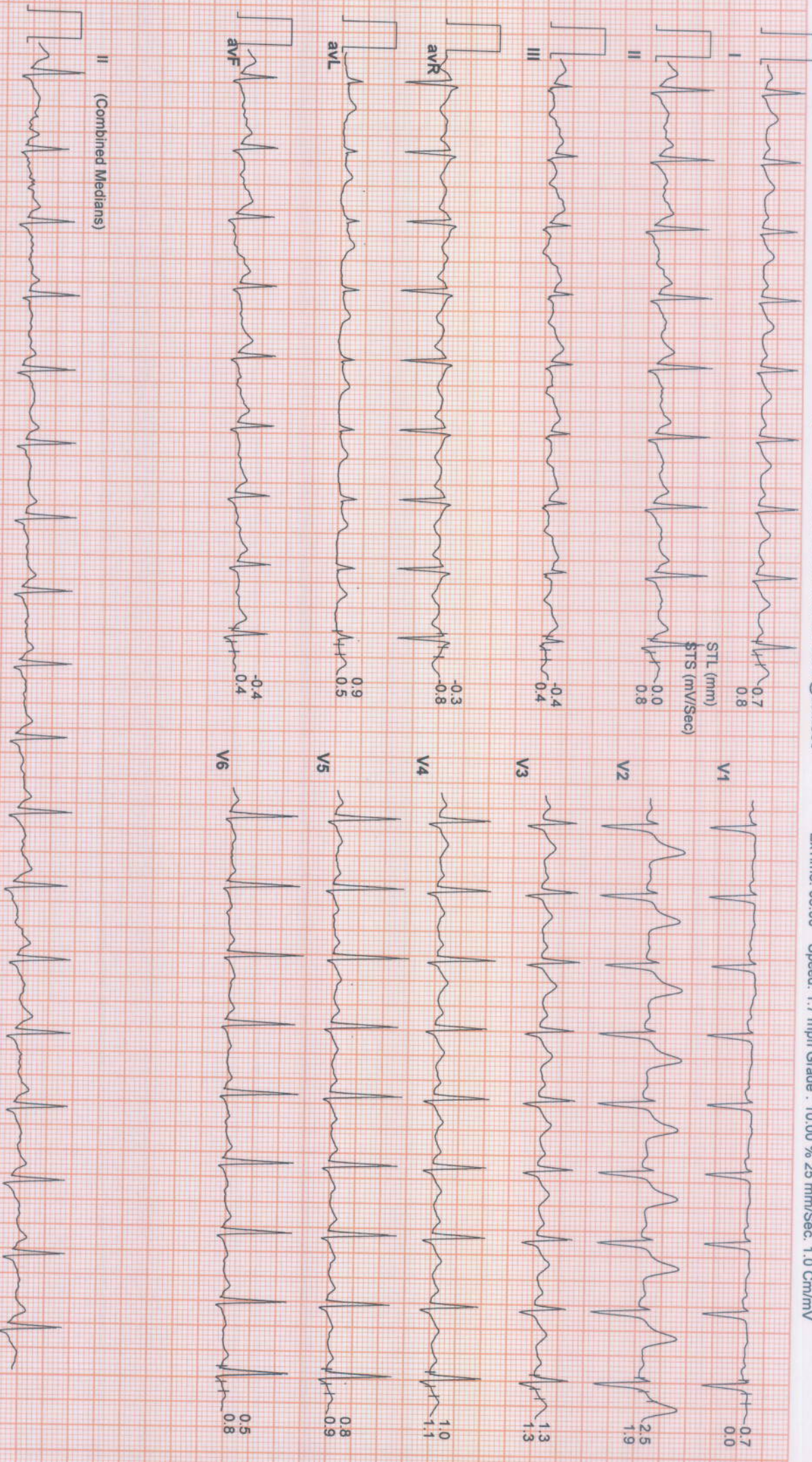
608 / ASHUTOSH LOHAR / 35 Yrs / Male / 183 Cm / 86 Kg

Date: 11 / 03 / 2023 09:54:32 AM METs : 4.7 HR : 109 Target HR : 59% of 185 BP : 150/90 Post J @80mSec

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

6X2 Combine Medians + 1 Rhythm

BRUCE : Stage 1 (03:00)



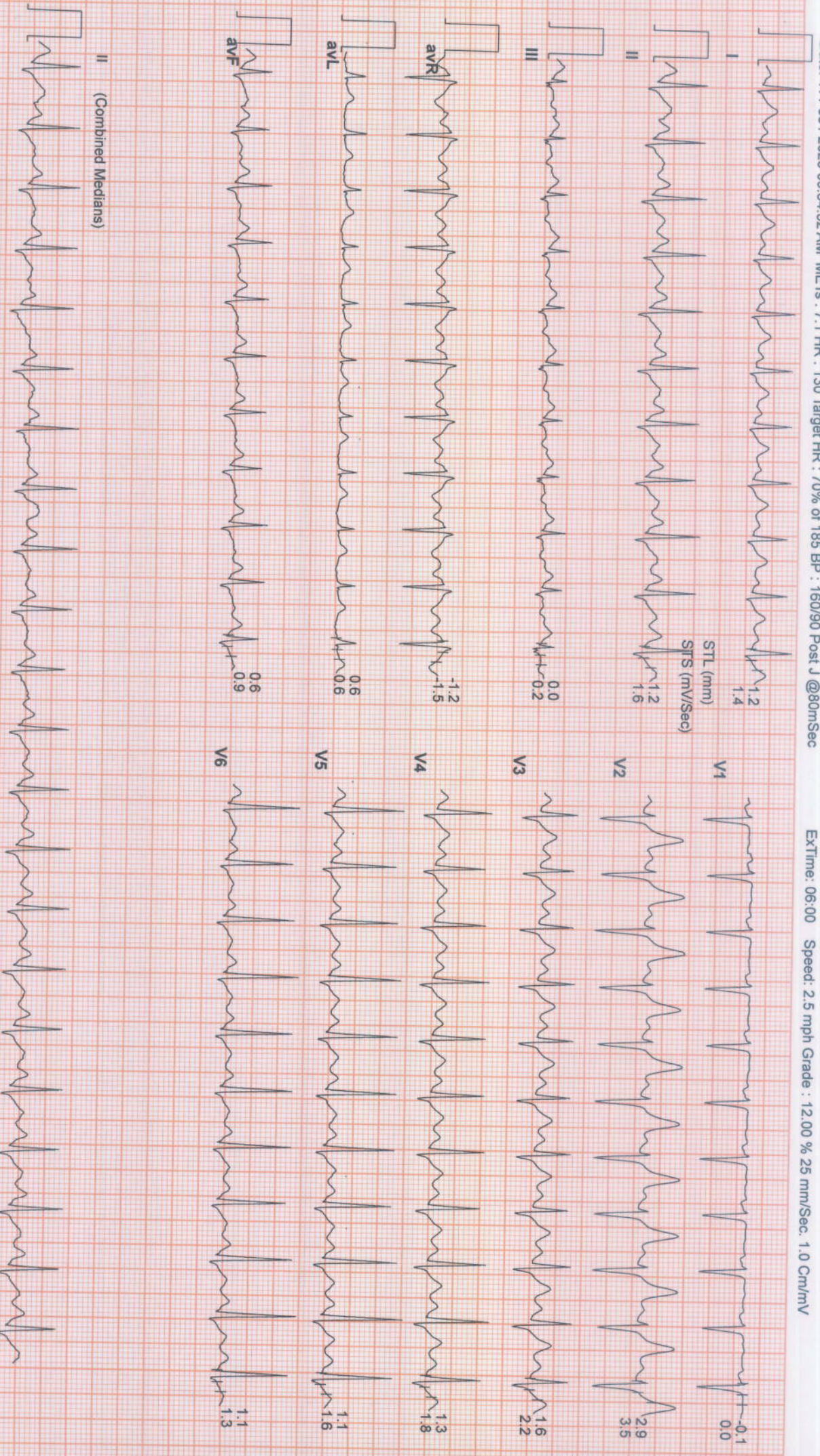
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

608 / ASHUTOSH LOHAR / 35 Yrs / Male / 183 Cm / 86 Kg

Date: 11 / 03 / 2023 09:54:32 AM METs : 7.1 HR : 130 Target HR : 70% of 185 BP : 160/90 Post J @80mSec

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

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



II (Combined Medians)



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

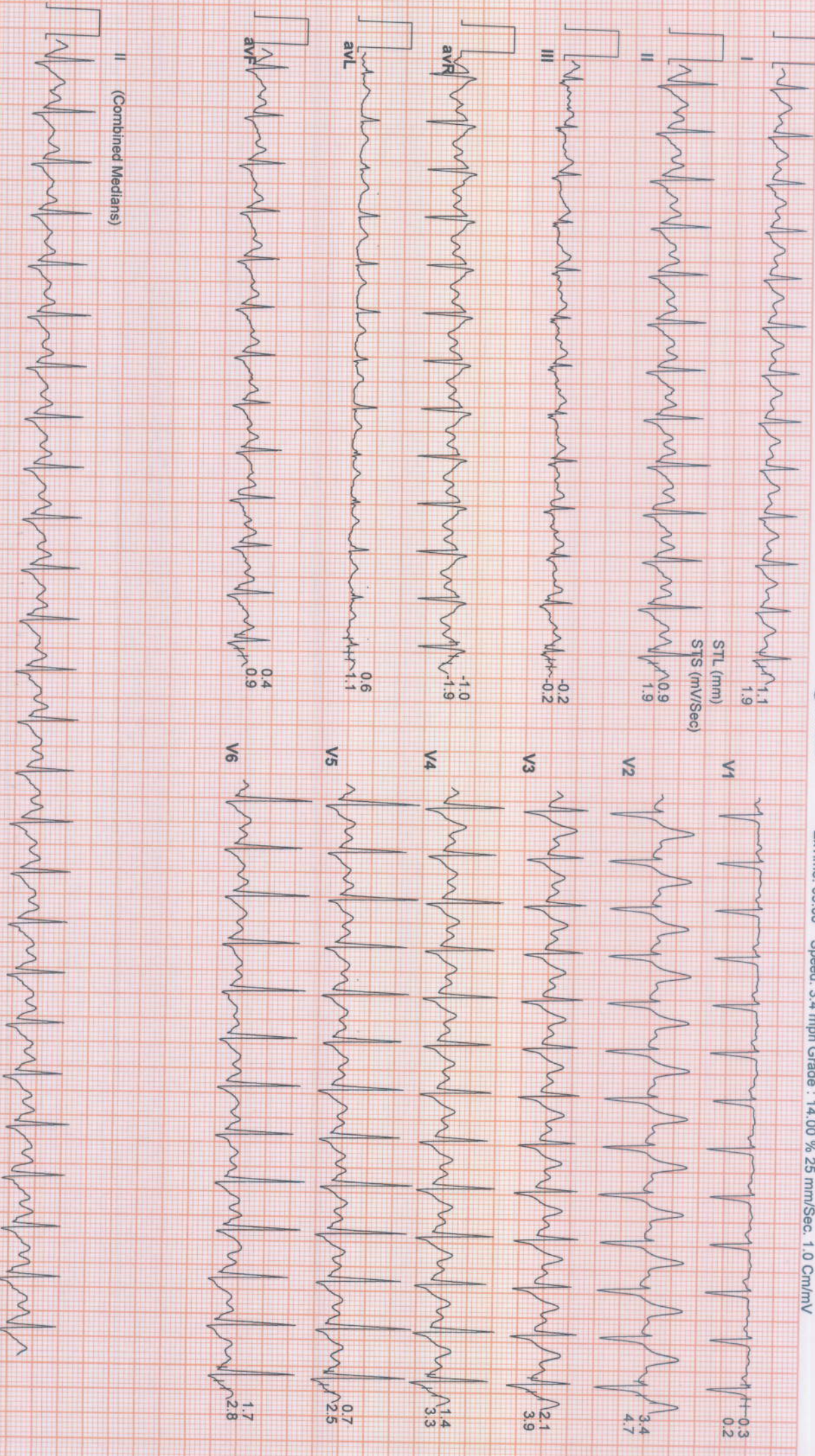
608 / ASHUTOSH LOHAR / 35 Yrs / Male / 183 Cm / 86 Kg

Date: 11 / 03 / 2023 09:54:32 AM METs : 10.2 HR : 153 Target HR : 83% of 185 BP : 170/90 Post J @60mSec

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



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



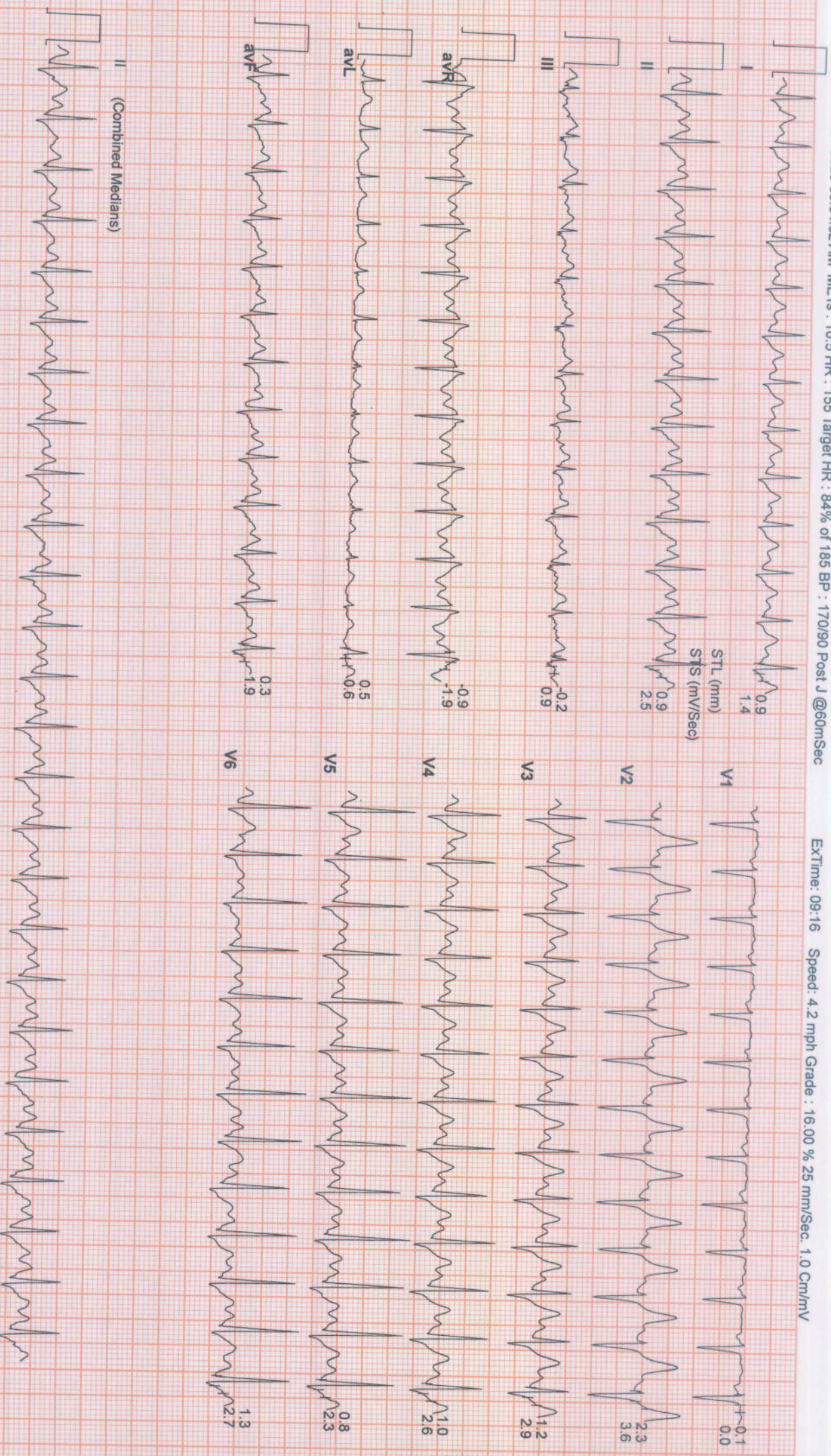
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

608 / ASHUTOSH LOHAR / 35 Yrs / Male / 183 Cm / 86 Kg

Date: 11 / 03 / 2023 09:54:32 AM METs : 10.5 HR : 155 Target HR : 84% of 185 BP : 170/90 Post J @60mSec

6X2 Combine Medians + 1 Rhythm
PeaKEx

ExTime: 09:16 Speed: 4.2 mph Grade : 16.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

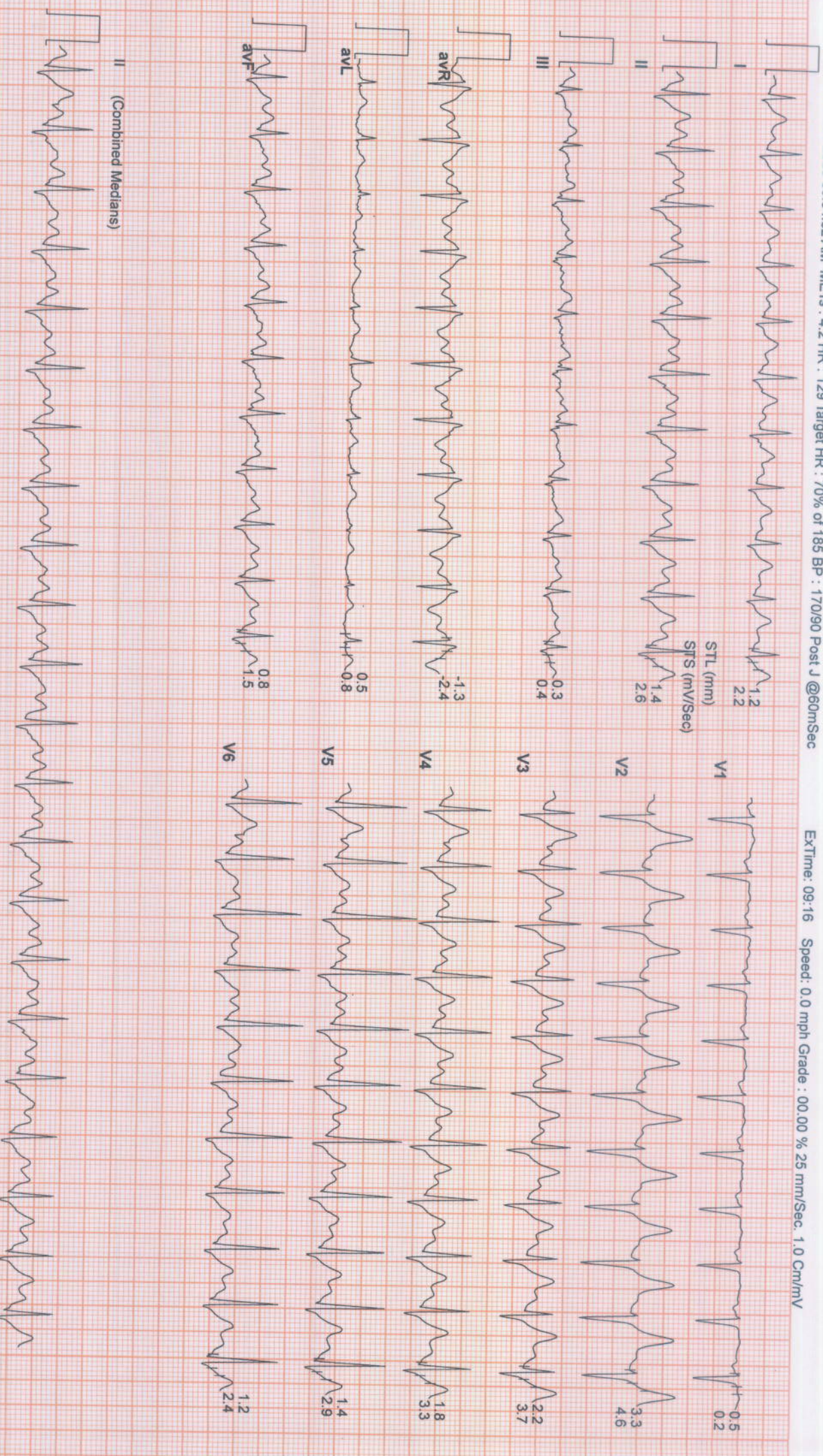
608 / ASHUTOSH LOHAR / 35 Yrs / Male / 183 Cm / 86 Kg

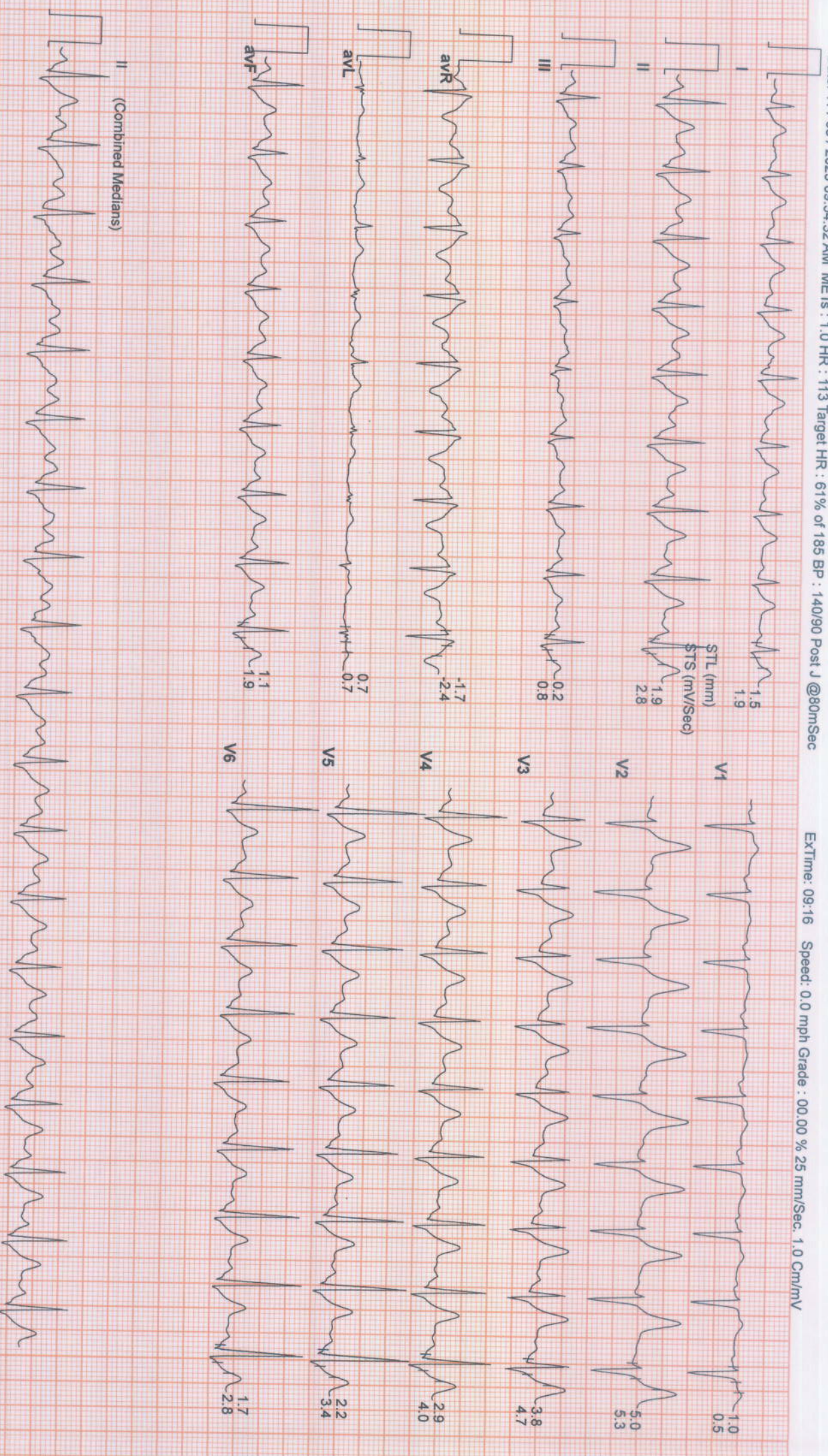
Date: 11 / 03 / 2023 09:54:32 AM METs : 4.2 HR : 129 Target HR : 70% of 185 BP : 170/90 Post J @60mSec

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



ExTime: 09:16 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





SUBURBAN DIAGNOSTICS (THANE GB ROAD)

608 / ASHUTOSH LOHAR / 35 Yrs / Male / 183 Cm / 86 Kg

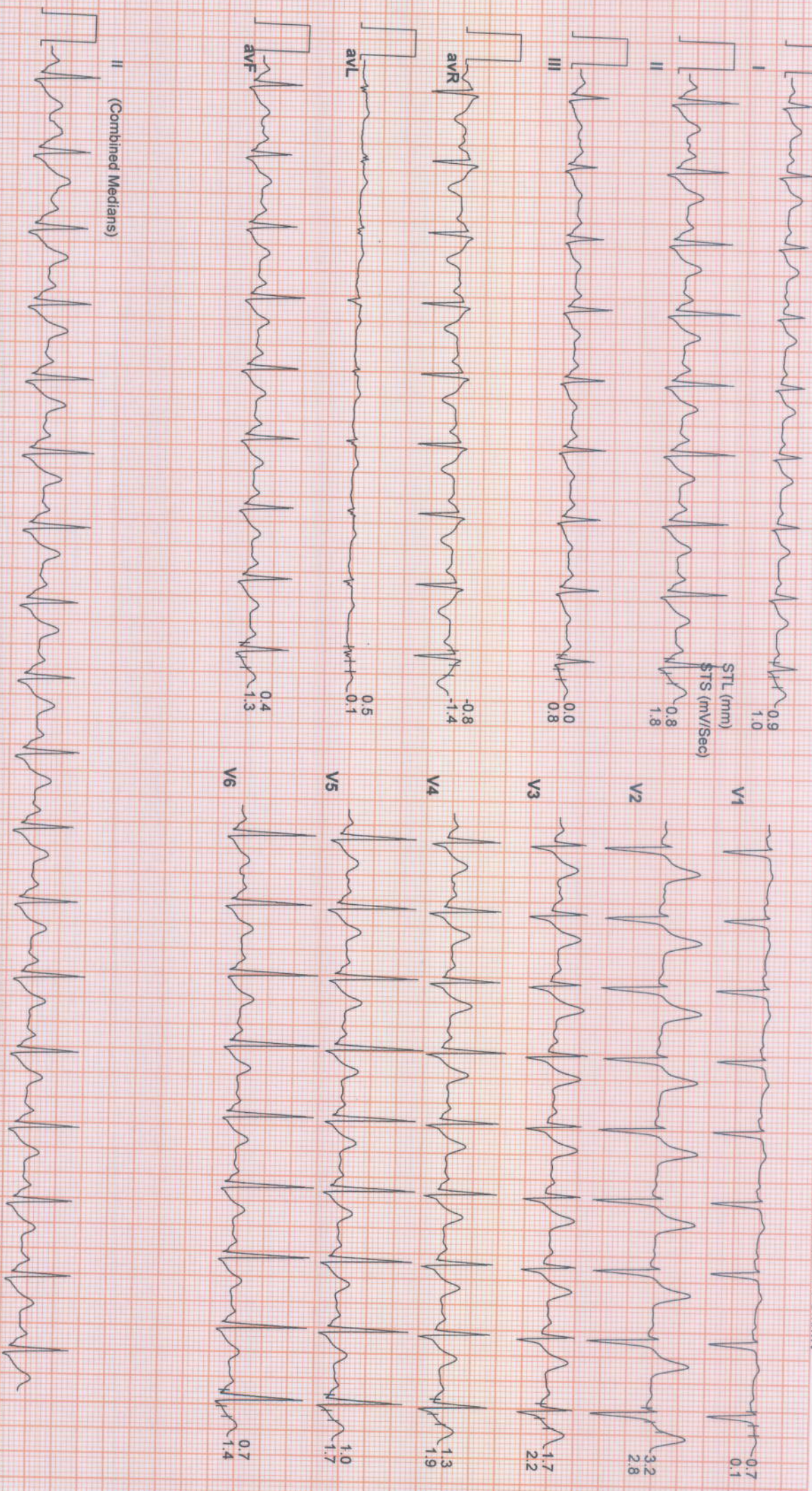
Date: 11 / 03 / 2023 09:54:32 AM METs : 1.0 HR : 111 Target HR : 60% of 185 BP : 140/90 Post J @80mmSec

6X2 Combine Medians + 1 Rhythm

Recovery : (04:00)



ExTime: 09:16 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

608 / ASHUTOSH LOHAR / 35 Yrs / Male / 183 Cm / 86 Kg

Date: 11 / 03 / 2023 09:54:32 AM METs : 1.0 HR : 111 Target HR : 60% of 185 BP : 140/90 Post J @80mSec

ExTime: 09:16 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mv

6X2 Combine Medians + 1 Rhythm

Recovery : (04:08)

