

PHYSICAL EXAMINATION REPORT

Patient Name	Ashutosh Pathak	Sex/Age	M / 37yrs
Date	25/3/23	Location	Thane

History and Complaints

Nil

EXAMINATION FINDINGS:

Height (cms):	158	Temp (0c):	37
Weight (kg):	85	Skin:	NAD.
Blood Pressure	140/100	Nails:	
Pulse	76/min	Lymph Node:	

Systems :

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

Impression:

- USG - Fatty Liver
- Overweight

Advice:

- wt. Reduction .
- Low Fat, Low Sugar Diet .
- Reg. Exercise .

1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthama	
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	Nil
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	- Multiple Lipomas
15)	Congenital disease	
16)	Surgeries	Nil
17)	Musculoskeletal System	

PERSONAL HISTORY:

1)	Alcohol	No
2)	Smoking	No
3)	Diet	Veg.
4)	Medication	No

Manasee

Dr. Manasee Kulkarni
M.B.B.S
2008/09/3439



Use a QR Code Scanner Application To Scan the Code

CID : 2308421061
Name : MR.ASHUTOSH A PATHAK
Age / Gender : 38 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 25-Mar-2023 / 08:49
Reported : 25-Mar-2023 / 11:14

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	15.3	13.0-17.0 g/dL	Spectrophotometric
RBC	4.91	4.5-5.5 mil/cmm	Elect. Impedance
PCV	45.5	40-50 %	Measured
MCV	92.6	80-100 fl	Calculated
MCH	31.1	27-32 pg	Calculated
MCHC	33.5	31.5-34.5 g/dL	Calculated
RDW	12.8	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	8160	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	22.5	20-40 %	
Absolute Lymphocytes	1836.0	1000-3000 /cmm	Calculated
Monocytes	11.4	2-10 %	
Absolute Monocytes	930.2	200-1000 /cmm	Calculated
Neutrophils	63.7	40-80 %	
Absolute Neutrophils	5197.9	2000-7000 /cmm	Calculated
Eosinophils	2.4	1-6 %	
Absolute Eosinophils	195.8	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.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	281000	150000-400000 /cmm	Elect. Impedance
MPV	10.8	6-11 fl	Calculated
PDW	16.6	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			

Authenticity Check



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Reported : 25-Mar-2023 / 10:36

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 9 2-15 mm at 1 hr. Sedimentation

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

AREA OF SPECIAL EXPERTISE

OUR PRESENCE



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist



CID : 2308421061
Name : MR.ASHUTOSH A PATHAK
Age / Gender : 38 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 25-Mar-2023 / 08:49
Reported : 25-Mar-2023 / 11:08

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	100.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	105.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.37	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.21	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	14.1	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	17.7	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	24.6	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	110.7	40-130 U/L	PNPP
BLOOD UREA, Serum	14.5	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	6.8	6-20 mg/dl	Calculated



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

Collected : 25-Mar-2023 / 13:13
Reported : 25-Mar-2023 / 15:50

CREATININE, Serum	0.72	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	130	>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	5.1	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 ***



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist



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

Collected : 25-Mar-2023 / 08:49
Reported : 25-Mar-2023 / 11:14

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	102.5	mg/dl	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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*** End Of Report ***



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Collected : 25-Mar-2023 / 08:49
Reported : 25-Mar-2023 / 12:03

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	50	-	-
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	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	4-5	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 ***



Amit Taori

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Pathologist

Authenticity Check



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

Collected : 25-Mar-2023 / 08:49
Reported : 25-Mar-2023 / 13:43

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
Rh TYPING	Negative

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.

Refernces:

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 ***

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Reported : 25-Mar-2023 / 11:20

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	149.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	68.9	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	43.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	106.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	93.0	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	13.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.2	0-3.5 Ratio	Calculated

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



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Name : MR.ASHUTOSH A PATHAK
Age / Gender : 38 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 25-Mar-2023 / 08:49
Reported : 25-Mar-2023 / 11:06

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.8	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.7	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.98	0.35-5.5 microlU/ml	ECLIA

Authenticity Check



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Name : MR.ASHUTOSH A PATHAK
Age / Gender : 38 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 25-Mar-2023 / 08:49
Reported : 25-Mar-2023 / 11:06

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 ***



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist

Patient Name: ASHUTOSH PATHAK
Patient ID: 2308421061

Date and Time: 25th Mar 23 12:24 PM

Age 38 years NA months NA days

Gender Male

Heart Rate 86bpm

Patient Vitals

BP: 140/100 mmHg

Weight: 84 kg

Height: 158 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

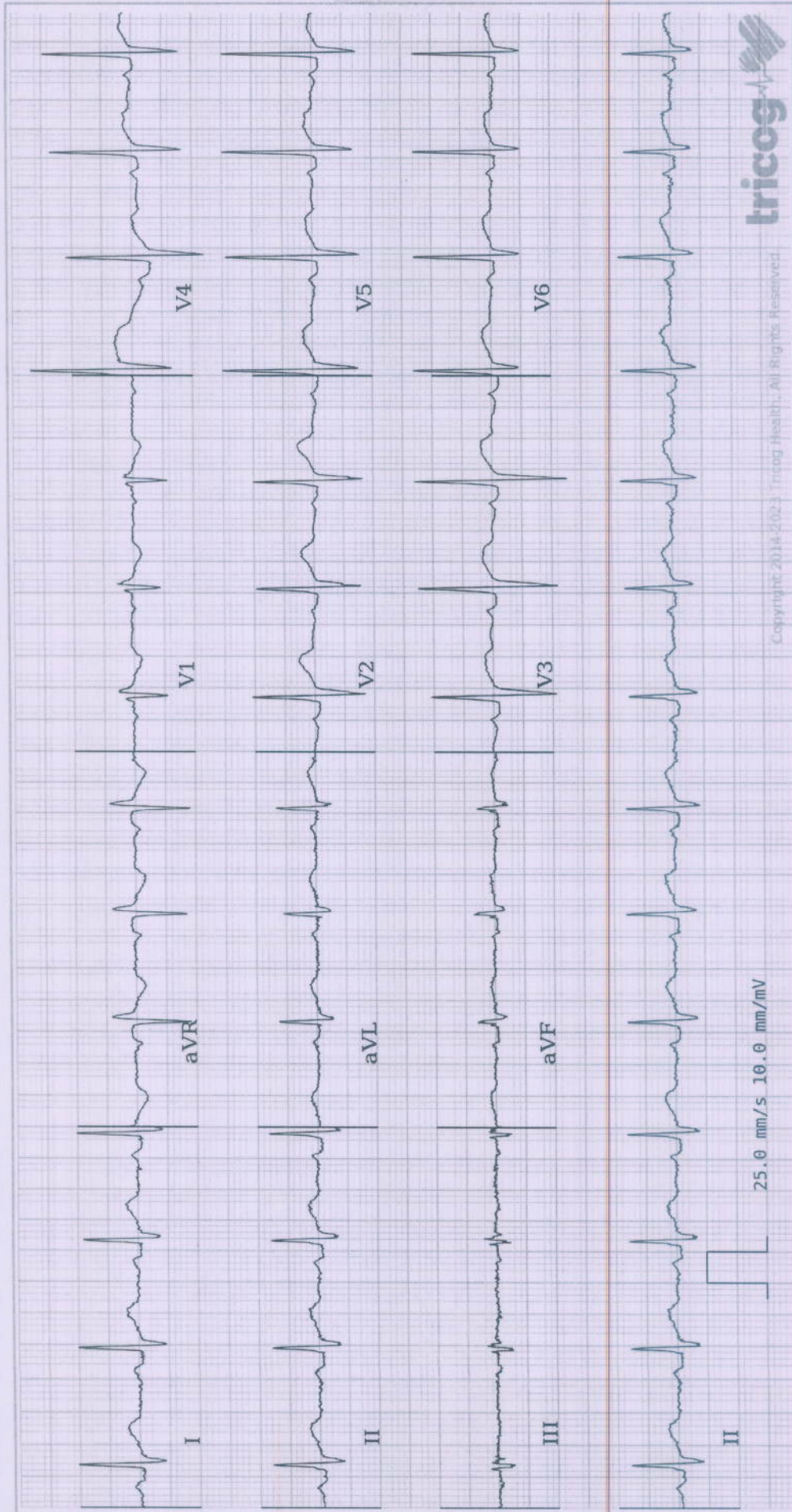
QRSD: 92ms

QT: 360ms

QTc: 430ms

PR: 156ms

P-R-T: 19° 27° 30°



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REPORTED BY

[Signature]

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 as entered by the clinician and not derived from the ECG.

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Email:

Report



738 (2308421061) / ASHUTOSH A PATHAK / 38 Yrs / M / 158 Cms / 84 Kg
 Date: 25 / 03 / 2023 10:04:32 AM

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:10	0:10	00.0	00.0	01.0	079	43 %	130/90	102	00	
Standing	00:18	0:08	00.0	00.0	01.0	078	43 %	130/90	101	00	
HV	00:25	0:07	00.0	00.0	01.0	080	44 %	130/90	104	00	
ExStart	00:32	0:07	00.0	00.0	01.0	080	44 %	130/90	104	00	
BRUCE Stage 1	03:32	3:00	01.7	10.0	04.7	115	63 %	140/90	161	00	
BRUCE Stage 2	06:32	3:00	02.5	12.0	07.1	132	73 %	150/90	198	00	
PeakEx	08:10	1:38	03.4	14.0	08.8	153	84 %	160/90	244	00	
Recovery	09:10	1:00	00.0	00.0	01.1	131	72 %	160/90	209	00	
Recovery	10:10	2:00	00.0	00.0	01.0	113	62 %	140/90	158	00	
Recovery	10:16	2:07	00.0	00.0	01.0	113	62 %	140/90	158	00	

FINDINGS :

Exercise Time : 07:38
 Initial HR (ExStrt) : 80 bpm 44% of Target 182
 Initial BP (ExStrt) : 130/90 (mm/Hg)
 Max WorkLoad Attained : 8.8 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : V1 & -1.0 mm in Recovery
 Test End Reasons : Heart Rate Achieved , Fatigue.

Max HR Attained 153 bpm 84% of Target 182
 Max BP Attained 160/90 (mm/Hg)

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

Doctor : DR SHAILAJA PILLAI





EMail: 738 / ASHUTOSH A PATHAK / 38 Yrs / M / 158 Cms / 84 Kg Date: 25 / 03 / 2023 10:04:32 AM

REPORT :

PROCEDURE DONE: Graded exercise treadmill stress test.

STRESS ECG RESULTS: The initial HR was recorded as 78.0 bpm, and the maximum predicted Target Heart Rate 182.0. The BP increased at the time of generating report as 160.0/90.0 mmHg. The Max Dep went upto 0.6. 0.0 Ectopic Beats were observed during the Test. The Test was completed because of , Heart Rate Achieved , Fatigue.,

CONCLUSIONS:

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

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

Doctor : DR SHAILAJA PILLAI

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

738 (2308421061) / ASHUTOSH A PATHAK / 38 Yrs / M / 158 Cms / 84 Kg / HR : 79

SUPINE (00:01)

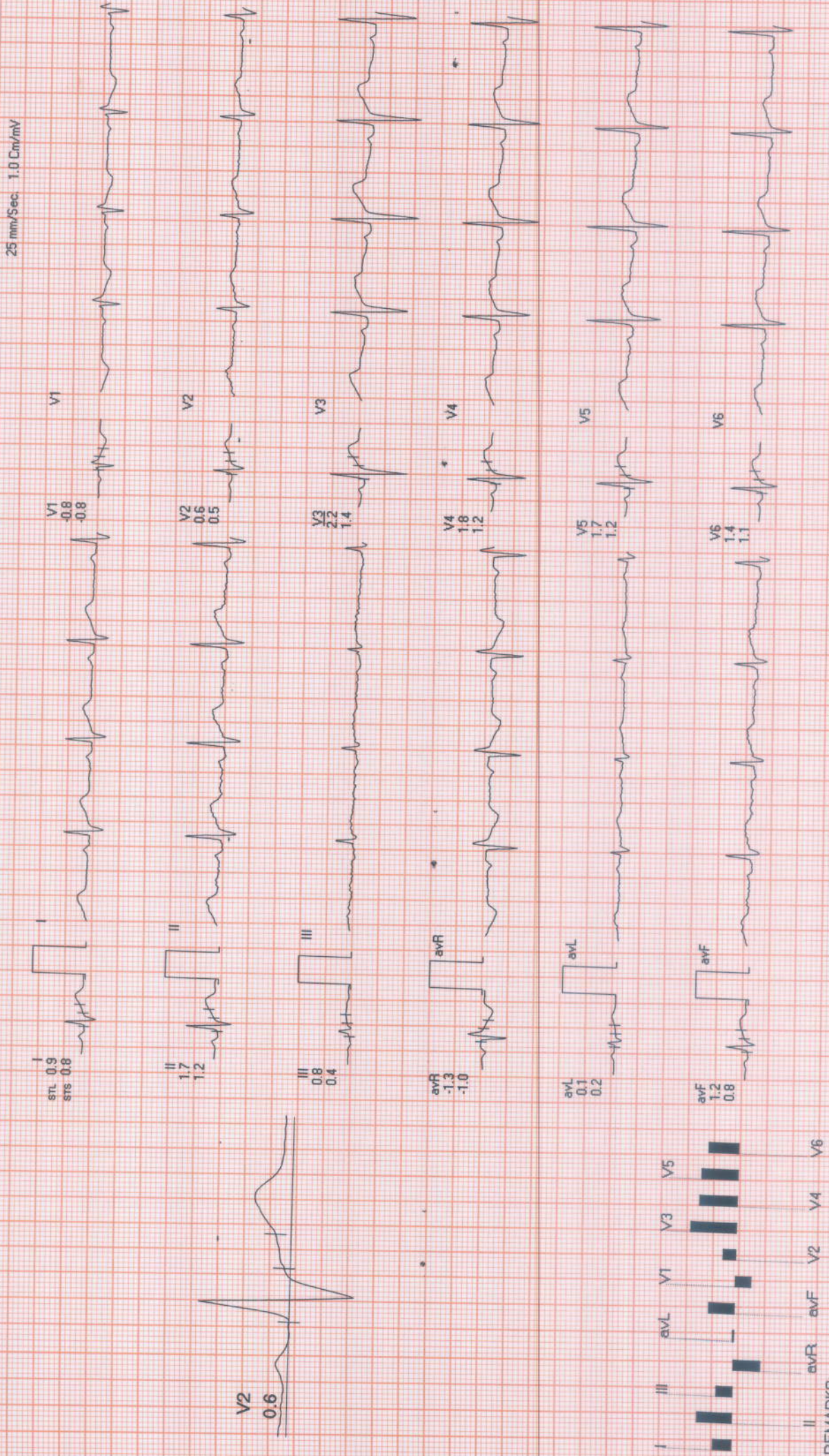


Date: 25 / 03 / 2023 10:04:32 AM

METS: 1.0/ 79 bpm 43% of THR BP: 130/90 mmHg Raw ECG/BLC On/ Natch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:00 0.0 mph. 0.0%

80 mS Post.J



REMARKS:



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

738 (2308421061) / ASHUTOSH A PATHAK / 38 Yrs / M / 158 Cms / 84 Kg / HR : 78

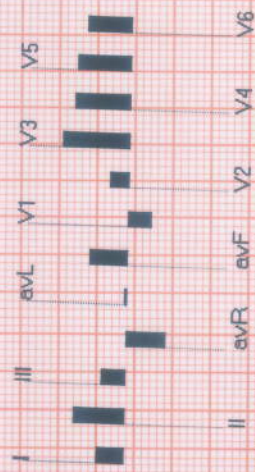
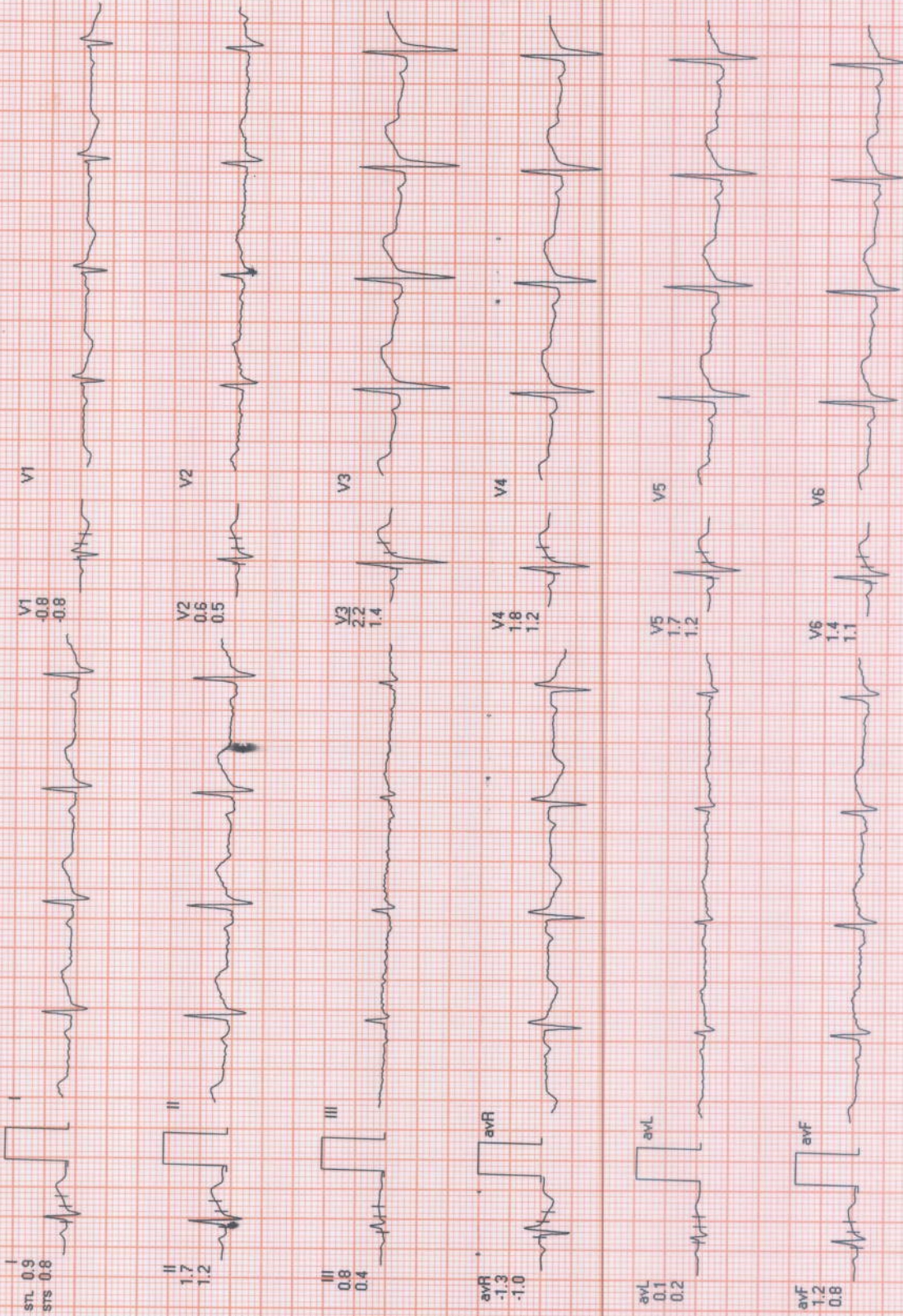
STANDING (00:00)



Date: 25/03/2023 10:04:32 AM METS: 1.0/78 bpm 43% 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%
25 mm/Sec. 1.0 Cm/mV

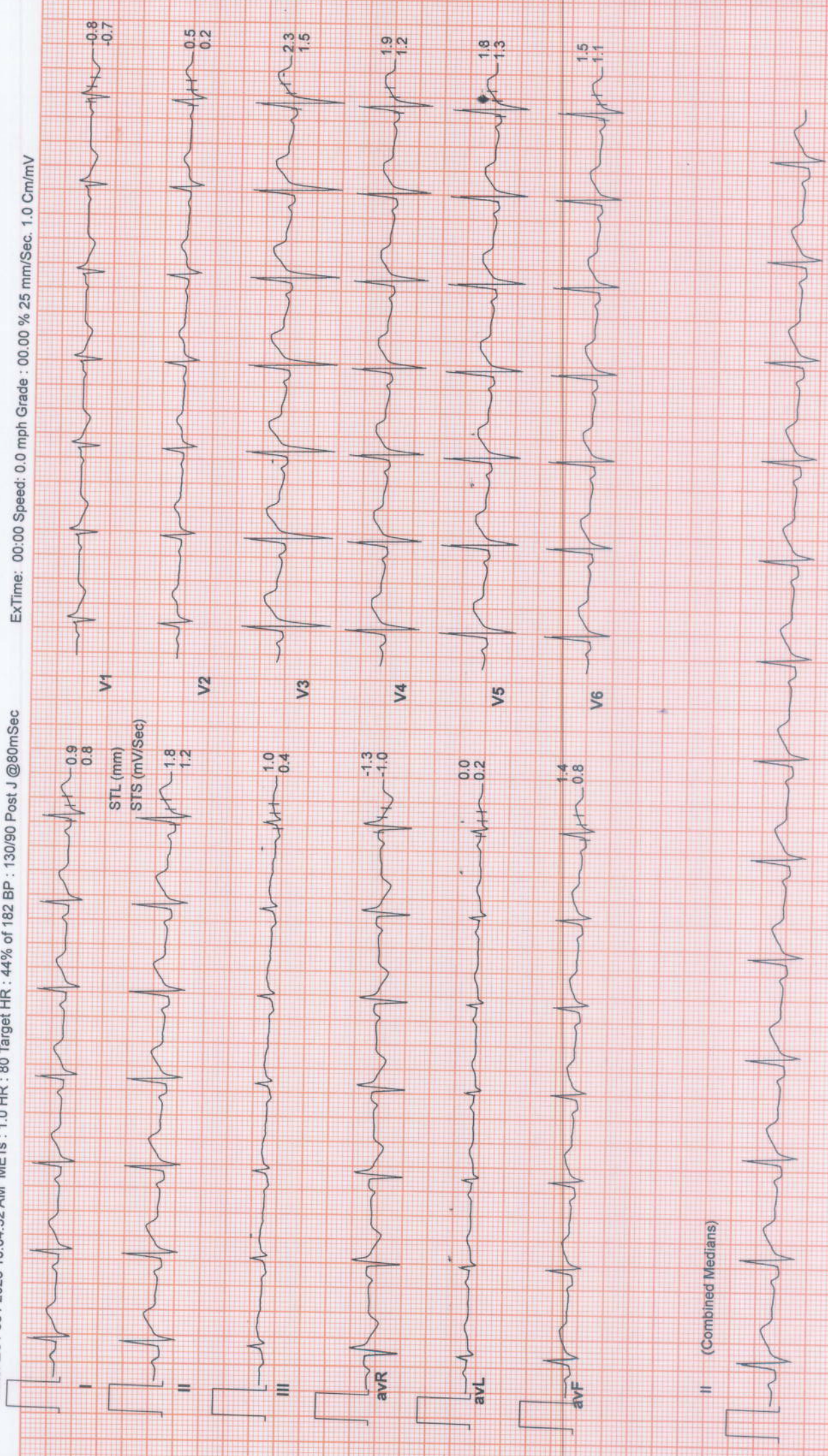
4X 80 mS Post J





Date: 25 / 03 / 2023 10:04:32 AM METs : 1.0 HR : 80 Target HR : 44% of 182 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)

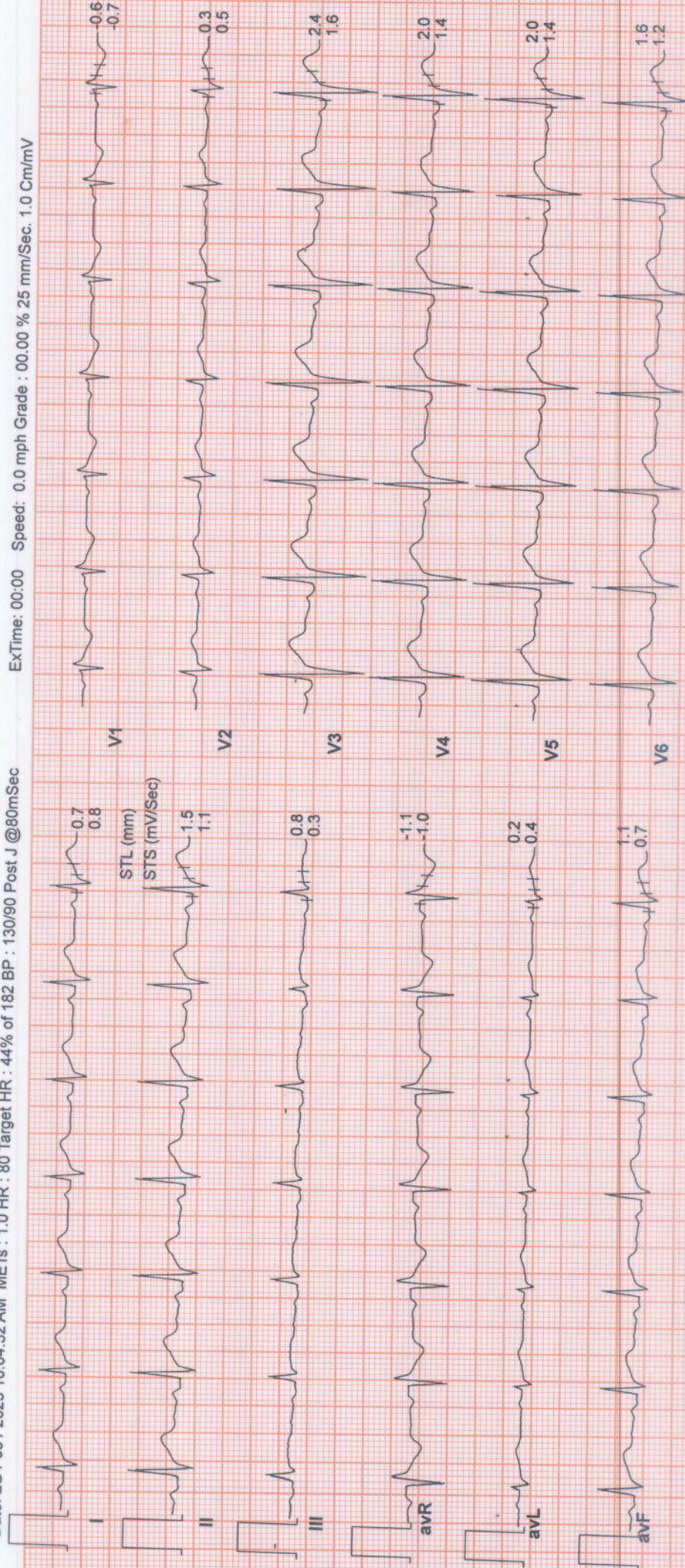
738 / ASHUTOSH A PATHAK / 38 Yrs / Male / 158 Cm / 84 Kg

6X2 Combine Medians + 1 Rhythm ExStrt



Date: 25 / 03 / 2023 10:04:32 AM METs : 1.0 HR : 80 Target HR : 44% of 182 BP : 130/90 Post J @80mSec

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



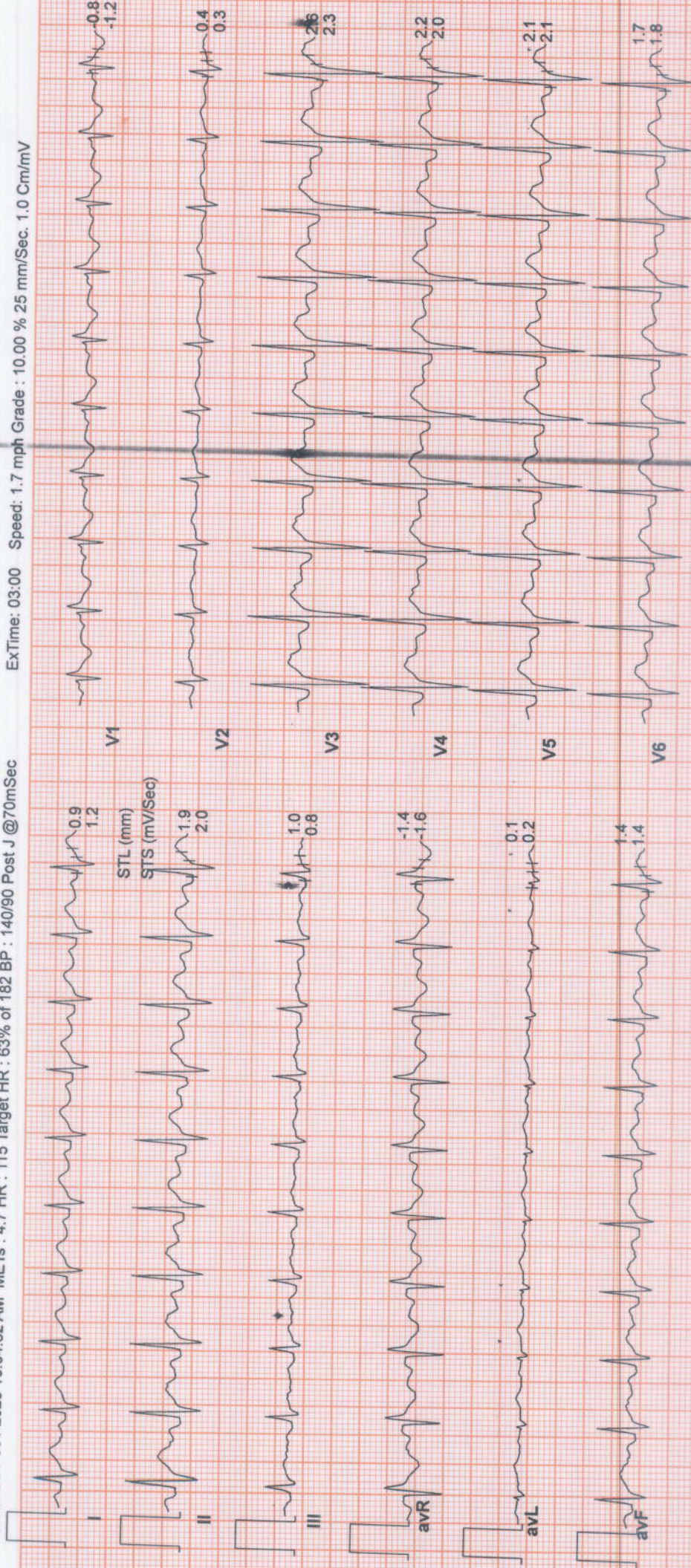
II (Combined Medians)





Date: 25 / 03 / 2023 10:04:32 AM METs : 4.7 HR : 115 Target HR : 63% of 182 BP : 140/90 Post J @70mSec

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



II (Combined Medians)



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

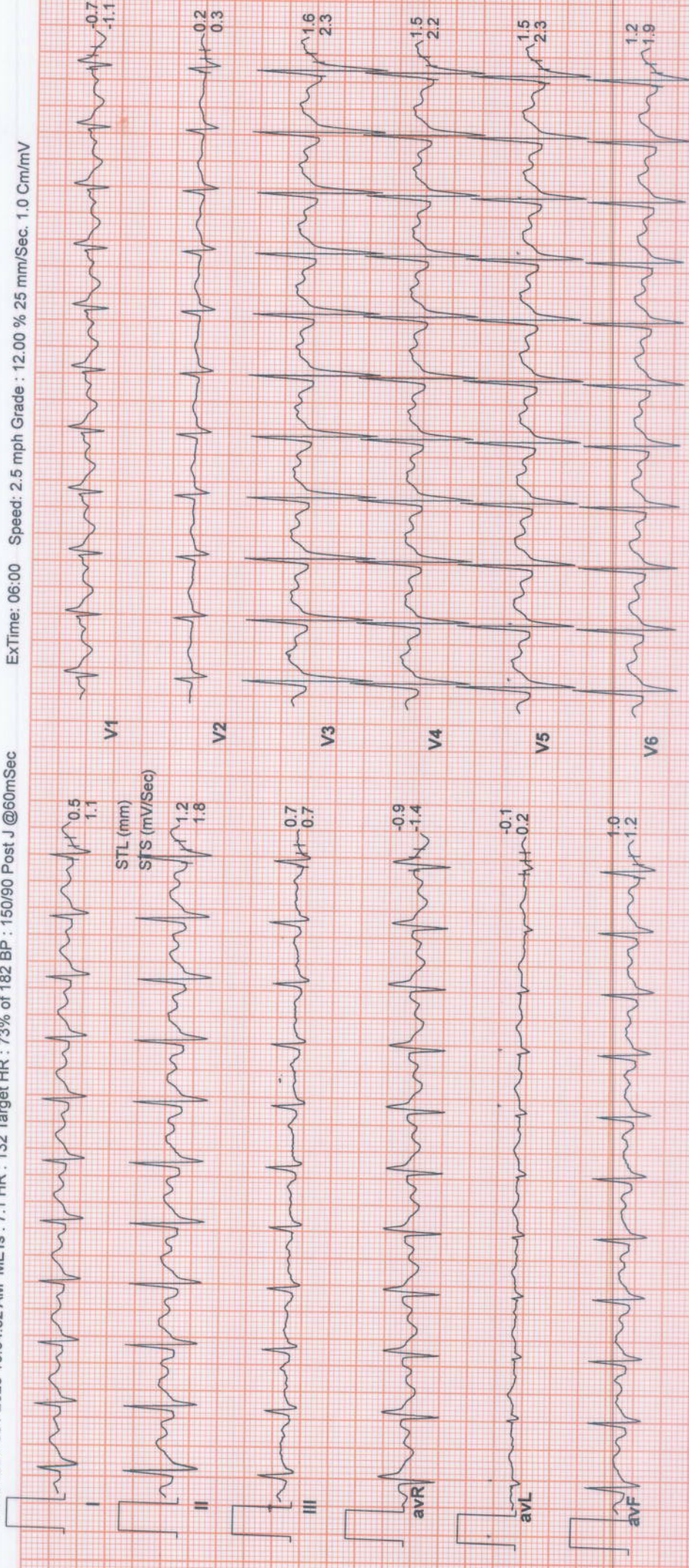
738 / ASHUTOSH A PATHAK / 38 Yrs / Male / 158 Cm / 84 Kg

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



Date: 25 / 03 / 2023 10:04:32 AM METs : 7.1 HR : 132 Target HR : 73% of 182 BP : 150/90 Post J @60mSec

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



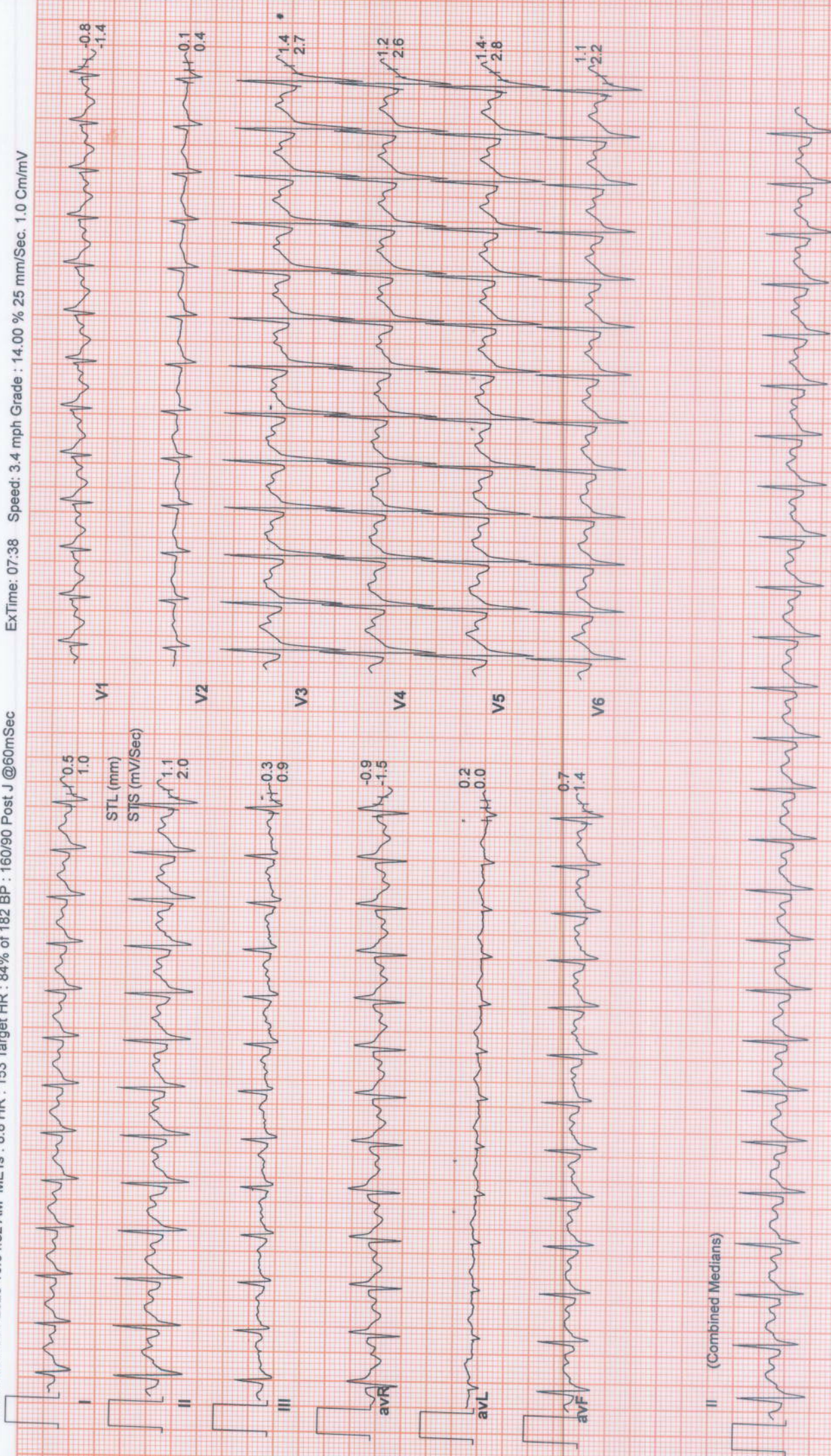
II (Combined Medians)





Date: 25 / 03 / 2023 10:04:32 AM METs : 8.8 HR : 153 Target HR : 84% of 182 BP : 160/90 Post J @60mSec

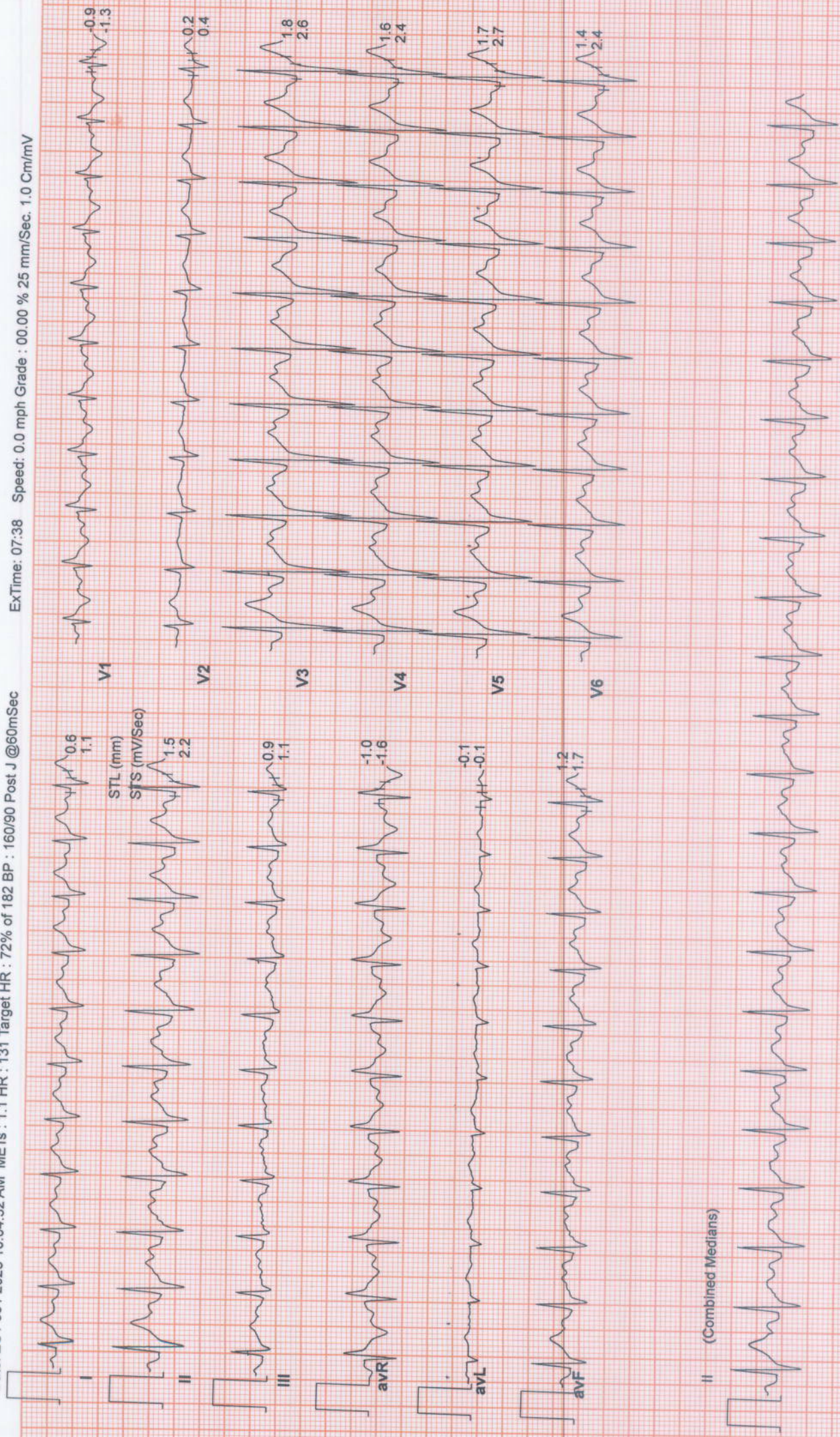
ExTime: 07:38 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV





Date: 25 / 03 / 2023 10:04:32 AM METs : 1.1 HR : 131 Target HR : 72% of 182 BP : 160/90 Post J @60mSec

ExTime: 07:38 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



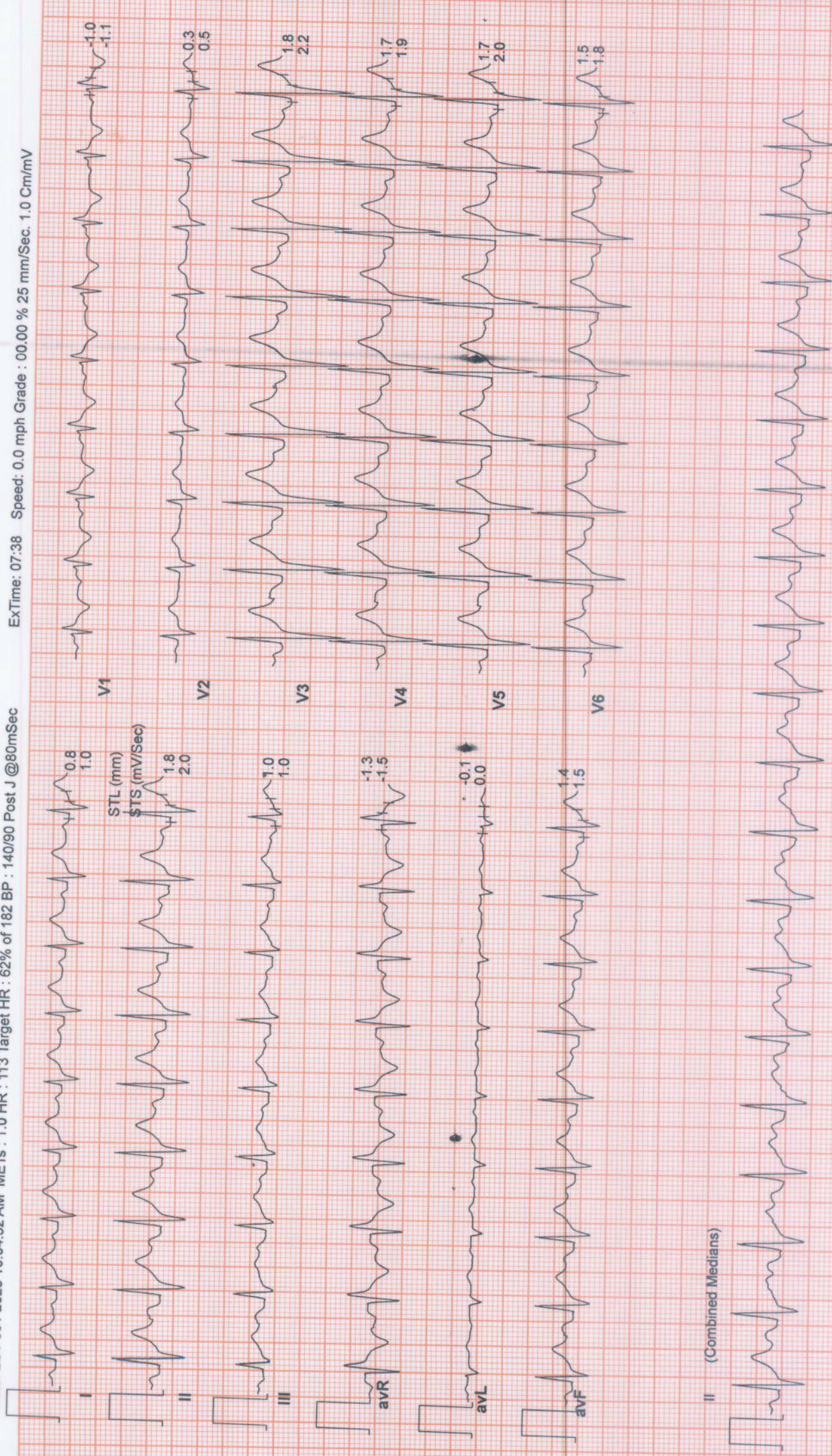
II (Combined Medians)





Date: 25 / 03 / 2023 10:04:32 AM METs : 1.0 HR : 113 Target HR : 62% of 182 BP : 140/90 Post J @80mSec

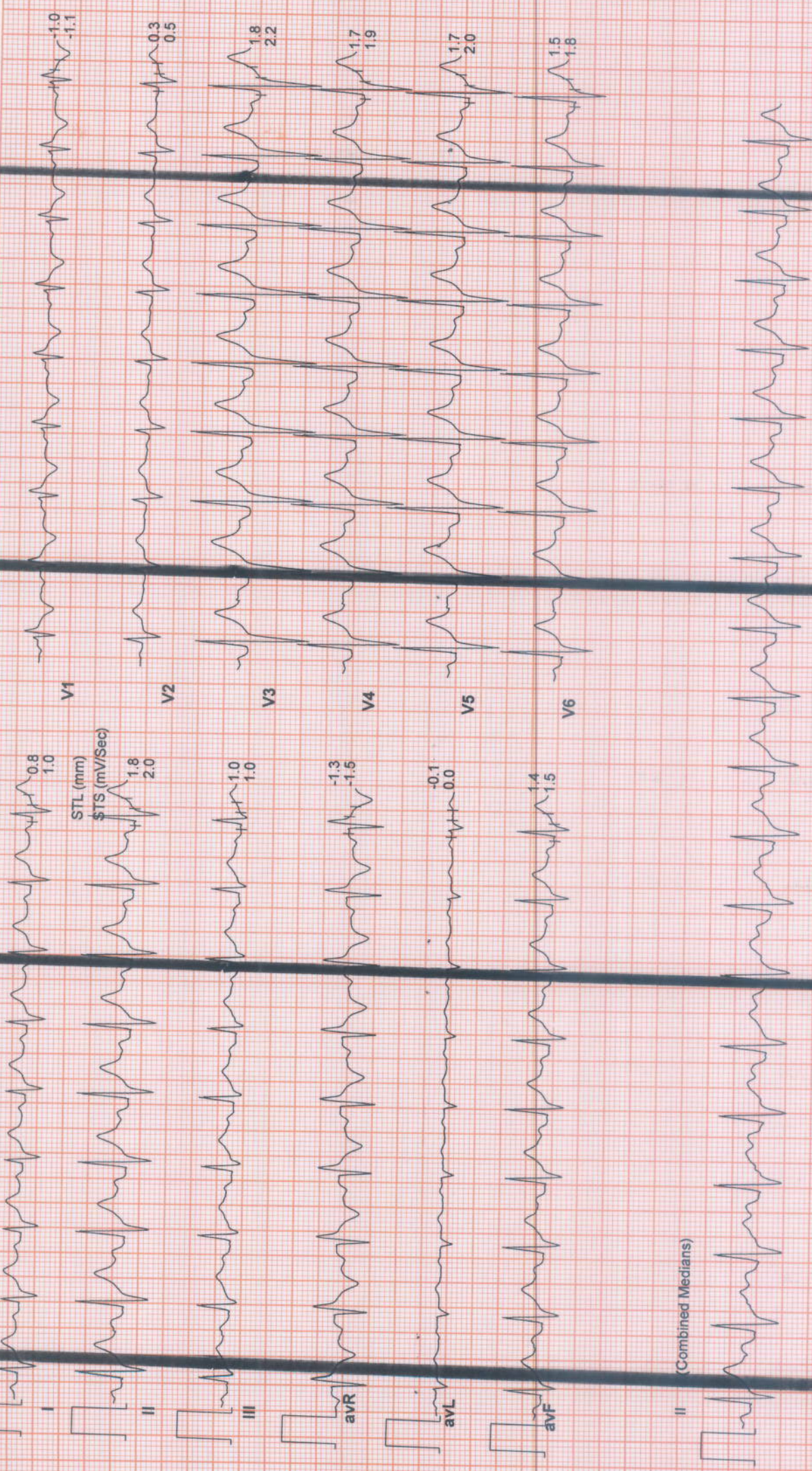
ExTime: 07:38 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





Date: 25 / 03 / 2023 10:04:32 AM METs : 1.0 HR : 113 Target HR : 62% of 182 BP : 140/90 Post J @80mSec

ExTime: 07:38 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec. 1.0 Cr/mV



II (Combined Medians)

Date:- 25/12/23 CID:
Name:- Ashutosh Pathole Sex / Age: M-37

EYE CHECK UP

Chief complaints: RCU

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: R 6/12 L 6/9 NUB 21.

Aided Vision: R 6/6 L 6/6 NUB 7.5

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: Use con Spect.

MR. PRAKASH KUDVA
SR. OPTOMETRIST

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2308421061
Name : Mr ASHUTOSH A PATHAK
Age / Sex : 38 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre

Reg. Date : 25-Mar-2023
Reported : 25-Mar-2023 / 9:39

USG WHOLE ABDOMEN

LIVER: Liver appears normal in size and *shows increased echoreflectivity*. 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 10.9 x 5.2 cm. Left kidney measures 11.2 x 5.3 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=2023032508370644>

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2308421061
Name : Mr ASHUTOSH A PATHAK
Age / Sex : 38 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre

Reg. Date : 25-Mar-2023
Reported : 25-Mar-2023 / 9:39

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-----

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032508370644>



CID : 2308421061
Name : Mr ASHUTOSH A PATHAK
Age / Sex : 38 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 25-Mar-2023
Reported : 25-Mar-2023 / 12:45

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-----

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

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