

**PHYSICAL EXAMINATION REPORT**

Patient Name	Praful Tikle	Sex/Age	M / 35
Date	11/3/23	Location	Thane.

**History and Complaints**

Nf

**EXAMINATION FINDINGS:**

Height (cms):	175	Temp (0c):	37
Weight (kg):	91	Skin:	Dry skin.
Blood Pressure	120/80	Nails:	NAD.
Pulse	72/min	Lymph Node:	NAD.

**Systems :**

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

**Impression:**

Overweighty.  
 Urine - (trace) Blood.  
 ↓ HDL, High TG's. ↑ Non HDL  
 USG - Fatty Liver, Rt. Renal. simple cyst, Calculus.

**Advice:**

- Wt. Reduction  
- Low Fat, Low sugar Diet  
- Reg. Exercise  
- Drink Plenty of Liquids

1)	Hypertension:	
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	No
2)	Smoking	No
3)	Diet	Mixed
4)	Medication	No



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

0000-0718-5507

Date:- 11/08/23

CID:

Name:- Raful Tikle

Sex / Age: M-35

**EYE CHECK UP**

Chief complaints: PCV

Systemic Diseases: All

Past history: All

Unaided Vision: 12/60 20/200

Aided Vision:

Refraction:

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

Colour Vision: Normal / ~~Abnormal~~

Remark:

MR. PRAKASH KUDVA  
*Prakash Kudva*  
SR. OPTOMETRIST



CID : 2307020215  
Name : MR.PRAFUL MEGHRAJ TIKLE  
Age / Gender : 35 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 11-Mar-2023 / 11:29  
Reported : 11-Mar-2023 / 15:05

**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>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	14.4	13.0-17.0 g/dL	Spectrophotometric
RBC	4.72	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.6	40-50 %	Measured
MCV	92.5	80-100 fl	Calculated
MCH	30.6	27-32 pg	Calculated
MCHC	33.1	31.5-34.5 g/dL	Calculated
RDW	13.2	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	8070	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	39.7	20-40 %	
Absolute Lymphocytes	3203.8	1000-3000 /cmm	Calculated
Monocytes	5.7	2-10 %	
Absolute Monocytes	460.0	200-1000 /cmm	Calculated
Neutrophils	50.0	40-80 %	
Absolute Neutrophils	4035.0	2000-7000 /cmm	Calculated
Eosinophils	4.2	1-6 %	
Absolute Eosinophils	338.9	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	32.3	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	294000	150000-400000 /cmm	Elect. Impedance
MPV	8.8	6-11 fl	Calculated
PDW	11.5	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			





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Reported : 11-Mar-2023 / 18:40

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	79.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	85.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.64	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.24	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.40	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	19.8	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	22.7	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	17.7	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	81.9	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



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Reported : 11-Mar-2023 / 22:46

CREATININE, Serum	1.00	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	90	>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	5.6	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
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Urine Sugar (PP)	Absent	Absent
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Urine Ketones (PP)	Absent	Absent
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\*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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**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	4.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	85.3	mg/dl	Calculated

**Intended use:**

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

**Clinical Significance:**

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

**Test Interpretation:**

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

**Factors affecting HbA1c results:**

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

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

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

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

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\*\*\* End Of Report \*\*\*



*J. Mujawar*

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





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Reported : 11-Mar-2023 / 19:39

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**URINE EXAMINATION REPORT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Yellow	Pale Yellow	-
Reaction (pH)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<b>CHEMICAL EXAMINATION</b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Trace	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	Occasional	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	8-10	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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Reported : 11-Mar-2023 / 17:37

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

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

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

Specimen: EDTA Whole Blood and/or serum

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

**Limitations:**

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

**References:**

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

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Reported : 11-Mar-2023 / 21:04

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	173.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	201.6	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	30.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	142.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	118.7	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	23.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.8	0-3.5 Ratio	Calculated

Kindly correlate clinically.

Note : LDL test is performed by direct measurement.

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\*\*\* End Of Report \*\*\*



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Reported : 11-Mar-2023 / 22:28

**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	4.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.4	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.81	0.35-5.5 microIU/ml	ECLIA



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**Interpretation:**

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

**Clinical Significance:**

- 1)TSH Values between high abnormal upto 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

**Diurnal Variation:**TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

**Reflex Tests:**Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

**Limitations:**

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

**Reference:**

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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\*\*\* End Of Report \*\*\*



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Pathologist

Authenticity Check



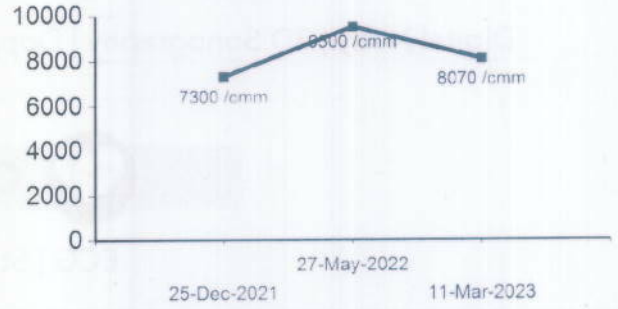
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**Haemoglobin**



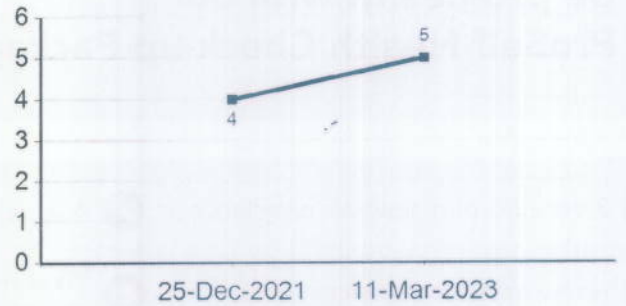
**WBC Total Count**



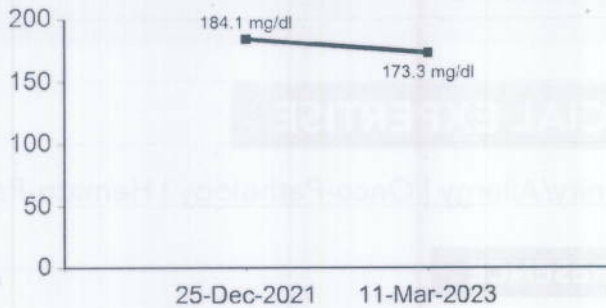
**Platelet Count**



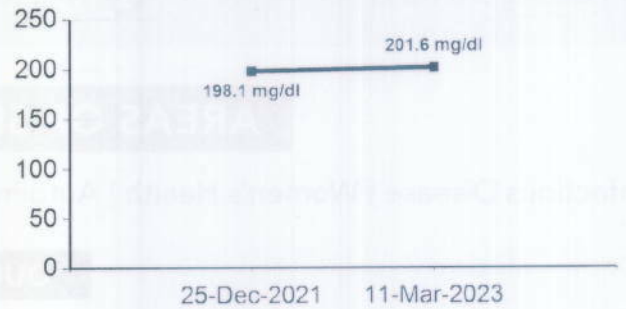
**ESR**



**CHOLESTEROL**



**TRIGLYCERIDES**

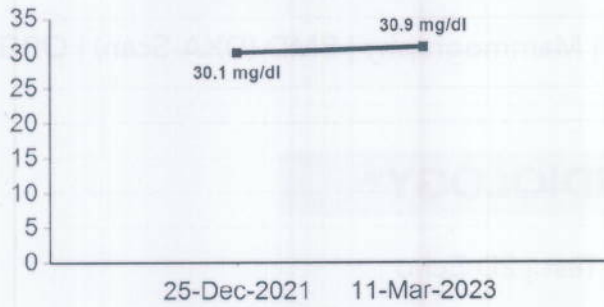




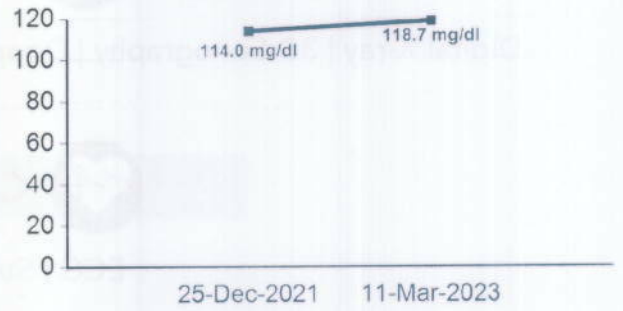
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**HDL CHOLESTEROL**



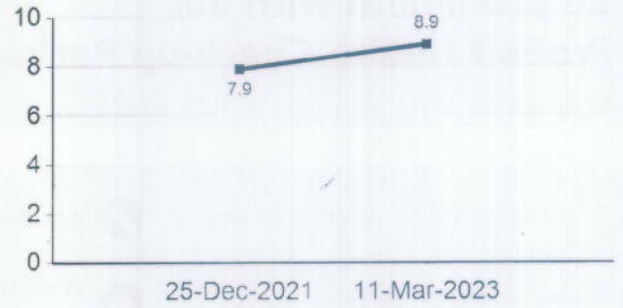
**LDL CHOLESTEROL**



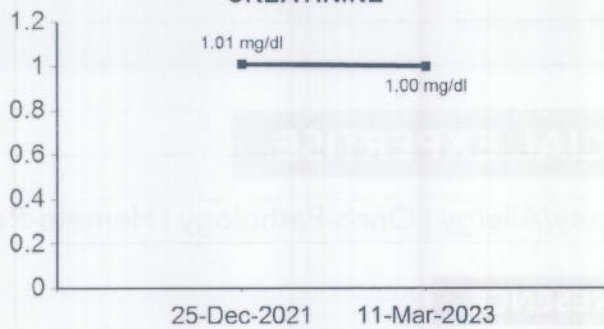
**BLOOD UREA**



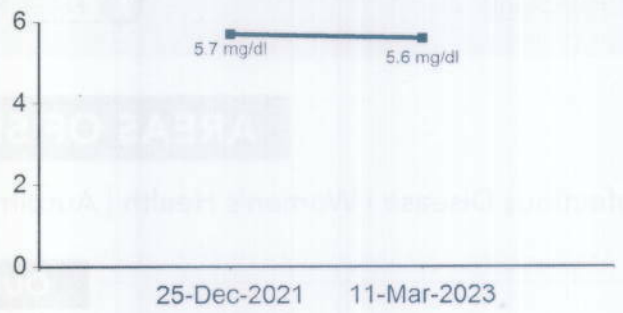
**BUN**



**CREATININE**

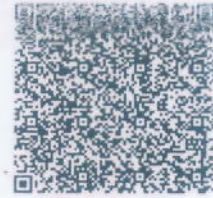


**URIC ACID**





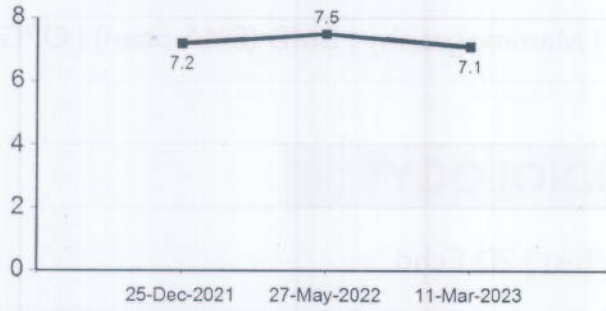
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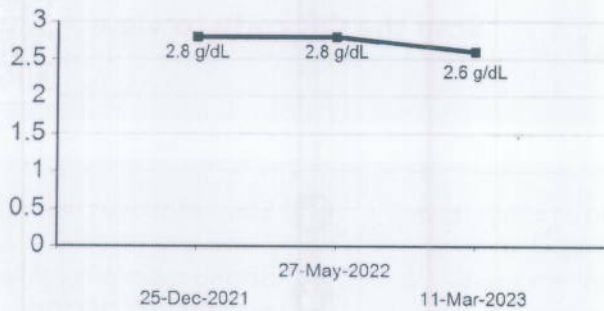
**TOTAL PROTEINS**



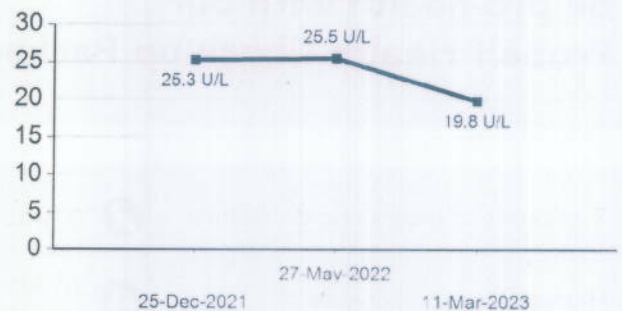
**ALBUMIN**



**GLOBULIN**



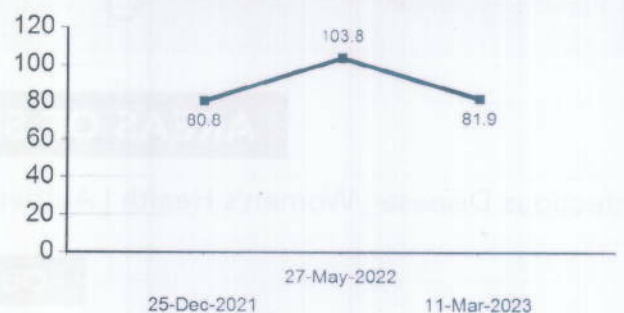
**SGOT (AST)**



**SGPT (ALT)**



**ALKALINE PHOSPHATASE**



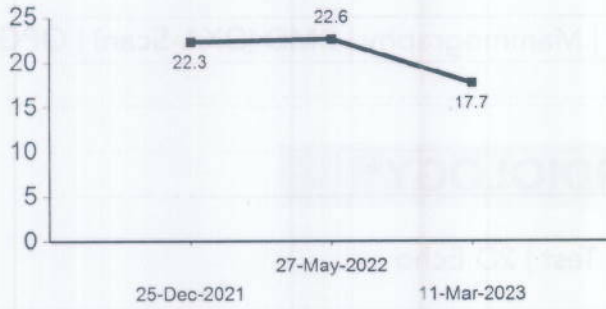
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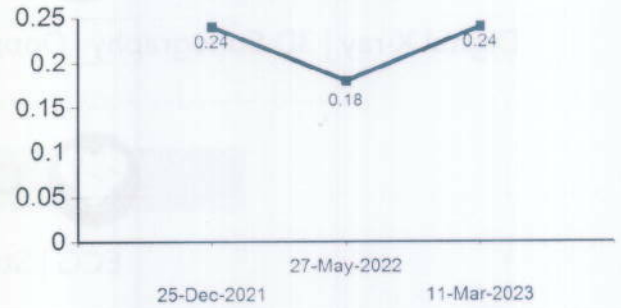
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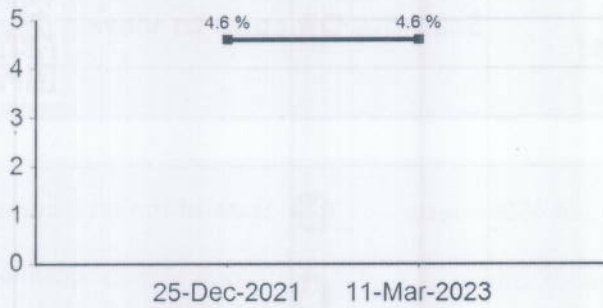
**GAMMA GT**



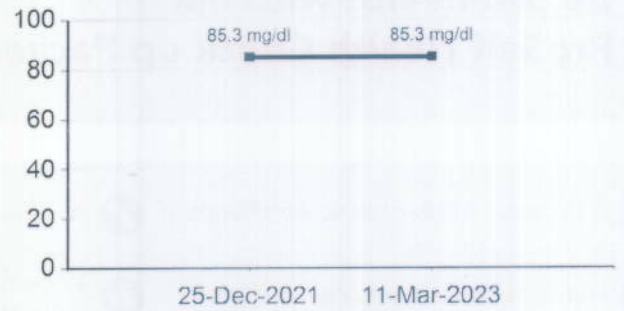
**BILIRUBIN (DIRECT)**



**Glycosylated Hemoglobin (HbA1c)**



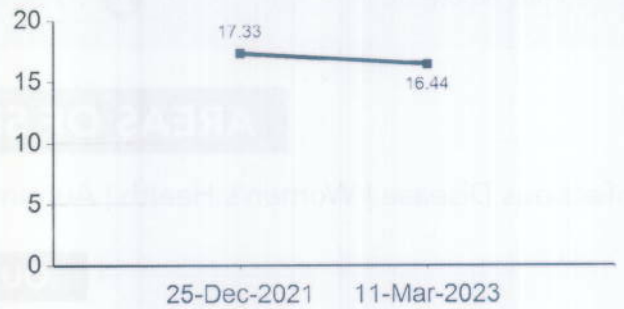
**Estimated Average Glucose (eAG)**



**Free T3**



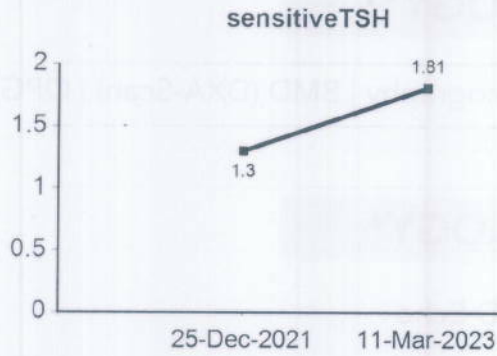
**Free T4**





Use a QR Code Scanner Application To Scan the Code

CID : 2307020215  
 Name : MR.PRAFUL MEGHRAJ TIKLE  
 Age / Gender : 35 Years / Male  
 Consulting Dr. : -  
 Reg. Location : G B Road, Thane West (Main Centre)



Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2307020215  
Name : Mr PRAFUL MEGHRAJ TIKLE  
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 / 12:31

### 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 10.4 x 4.1 cm. *A simple cyst measuring 1.7 cm is noted at the lower pole. A 5 to 6 mm sized calculus is noted at the lower pole.*

Left kidney measures 9.7 x 4.4 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter .

**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=2023031111140785>

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2307020215  
Name : Mr PRAFUL MEGHRAJ TIKLE  
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 / 12:31

**IMPRESSION:**

- GRADE I FATTY INFILTRATION OF LIVER.
- RIGHT RENAL SIMPLE CYST.
- RIGHT RENAL CALCULUS.

**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=2023031111140785>

CID : 2307020215  
Name : Mr PRAFUL MEGHRAJ TIKLE  
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 / 15:33

Use a QR Code Scanner  
Application To Scan the Code

**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 <<ImageLink>>](#)

# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Report



622 (2307020215) / PRAFUL TIKLE / 35 Yrs / M / 175 Cms / 91 Kg  
 Date: 11 / 03 / 2023 01:35:46 PM

Email:

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:06	0:06	00.0	00.0	01.0	077	42 %	120/80	092	00	
Standing	00:13	0:07	00.0	00.0	01.0	077	42 %	120/80	092	00	
HV	00:20	0:07	00.0	00.0	01.0	080	43 %	120/80	096	00	
ExStart	00:26	0:06	00.0	00.0	01.0	080	43 %	120/80	096	00	
BRUCE Stage 1	03:26	3:00	01.7	10.0	04.7	129	70 %	130/80	167	00	
BRUCE Stage 2	06:26	3:00	02.5	12.0	07.1	153	83 %	140/80	214	00	
PeakEx	06:40	0:14	03.4	14.0	07.4	159	86 %	150/80	238	00	
Recovery	07:40	1:00	00.0	00.0	01.1	122	66 %	150/80	183	00	
Recovery	08:40	2:00	00.0	00.0	01.0	106	57 %	150/80	158	00	
Recovery	10:01				00.0	000	0 %	---/---	000	00	

## FINDINGS :

Exercise Time : 06:14  
 Initial HR (ExStrt) : 80 bpm 43% of Target 185  
 Initial BP (ExStrt) : 120/80 (mm/Hg)  
 Max Workload Attained : 7.4 Fair response to induced stress  
 Max ST Dep Lead & Avg ST Value : III & -0.9 mm in PeakEx  
 Test End Reasons : , Heart Rate Achieved , Fatigue,

Max HR Attained 159 bpm 86% of Target 185  
 Max BP Attained 150/80 (mm/Hg)

Dr. SHAILAJA PILLAI

M.D. (GEN.MED)

R.NO. 49972

Doctor : DR SHAILAJA PILLAI





REPORT :

**PROCEDURE DONE:** Graded exercise treadmill stress test.

**STRESS ECG RESULTS:** The initial HR was recorded as 77.0 bpm, and the maximum predicted Target Heart Rate 185.0. The BP increased at the time of generating report as 150.0/80.0 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.

Dr. SHAILAJA PILLAI

M.D. (GEN.MED)

R.NO. 49972

Doctor : DR SHAILAJA PILLAI



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

SUPINE (00:01)



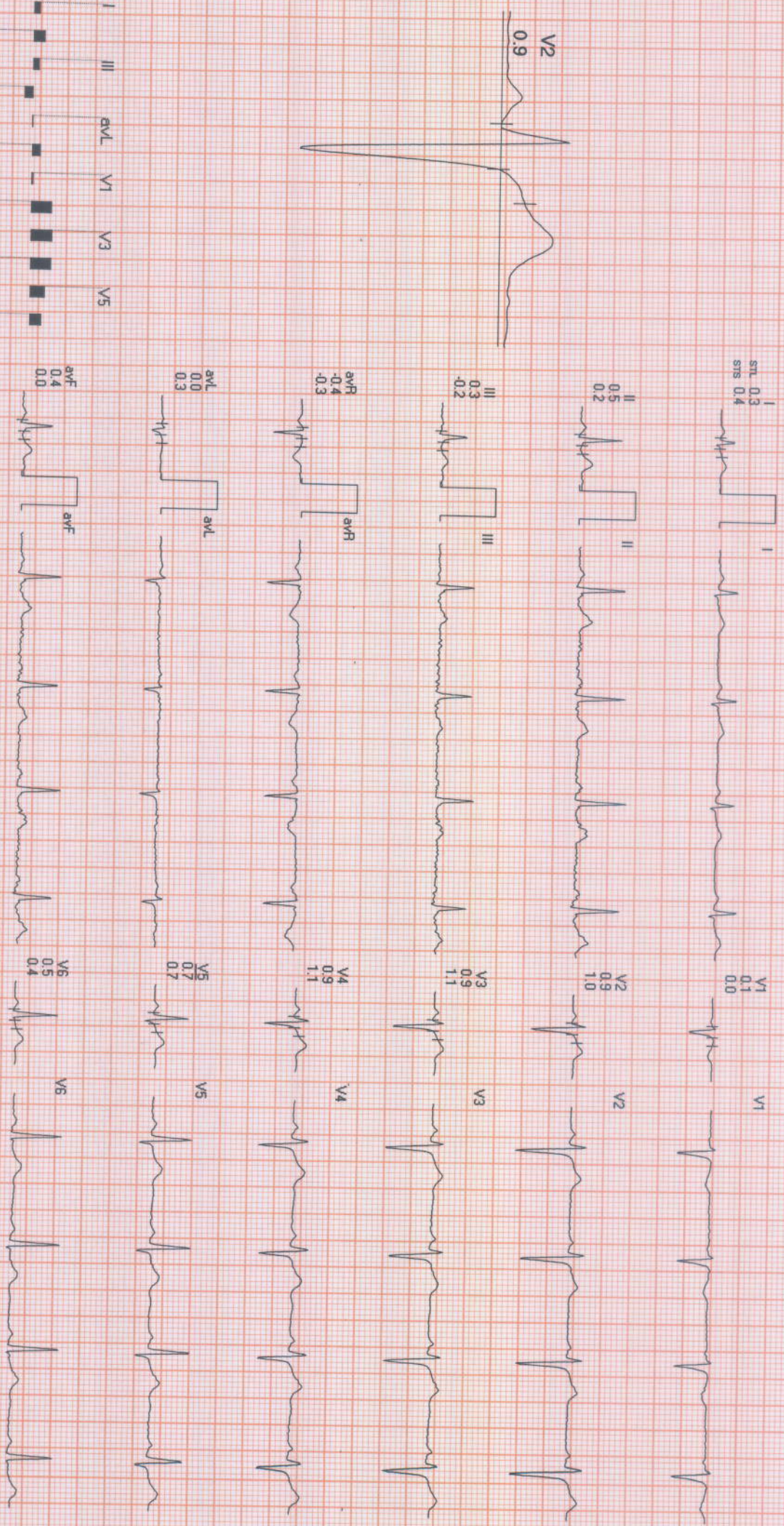
622 (2307020215) / PRAFUL TIKE / 35 Yrs / M / 175 Cms / 91 Kg / HR : 77

Date: 11 / 03 / 2023 01:35:46 PM METS: 1.0 / 77 bpm 42% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

4X 80 ms Post J

EXTime: 00:00 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV



REMARKS:



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

STANDING ( 00:00 )

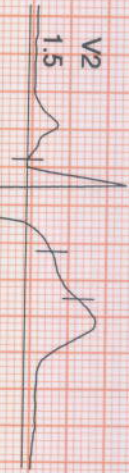


622 (2307020215) / PRAFUL TIKE / 35 Yrs / M / 175 Gms / 91 Kg / HR : 77

Date: 11 / 03 / 2023 01:35:46 PM METS: 1.0/ 77 bpm 42% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 100 Hz

4X 80 ms Post J

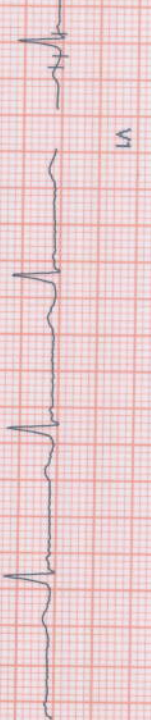
EXTime: 00:00 0.0 mph, 0.0%  
25 mm/Sec. 1.0 Cm/mV



I  
STL 0.8  
SIS 0.7



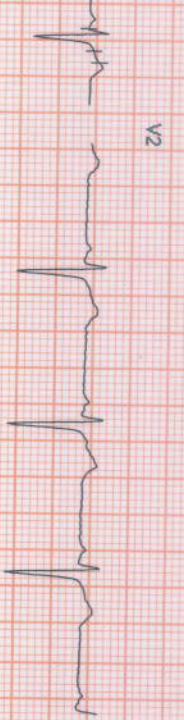
V1  
-0.3  
-0.7



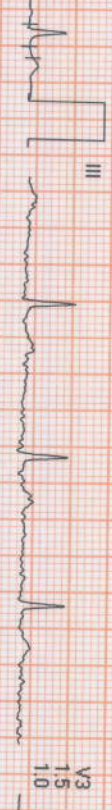
II  
1.2  
1.3



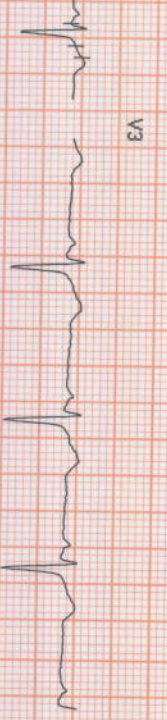
V2  
1.5  
0.9



III  
0.5  
0.6



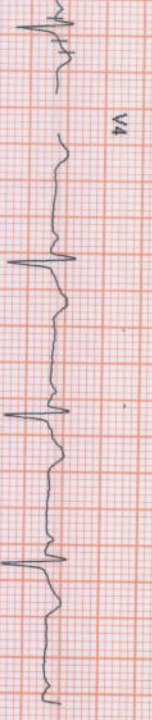
V3  
1.5  
1.0



aVR  
-1.0  
-1.0



V4  
1.5  
1.3



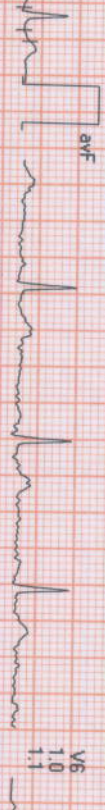
aVL  
0.2  
0.1



V5  
1.3  
1.2



aVF  
0.8  
1.0



V6  
1.0  
1.1



REMARKS:



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

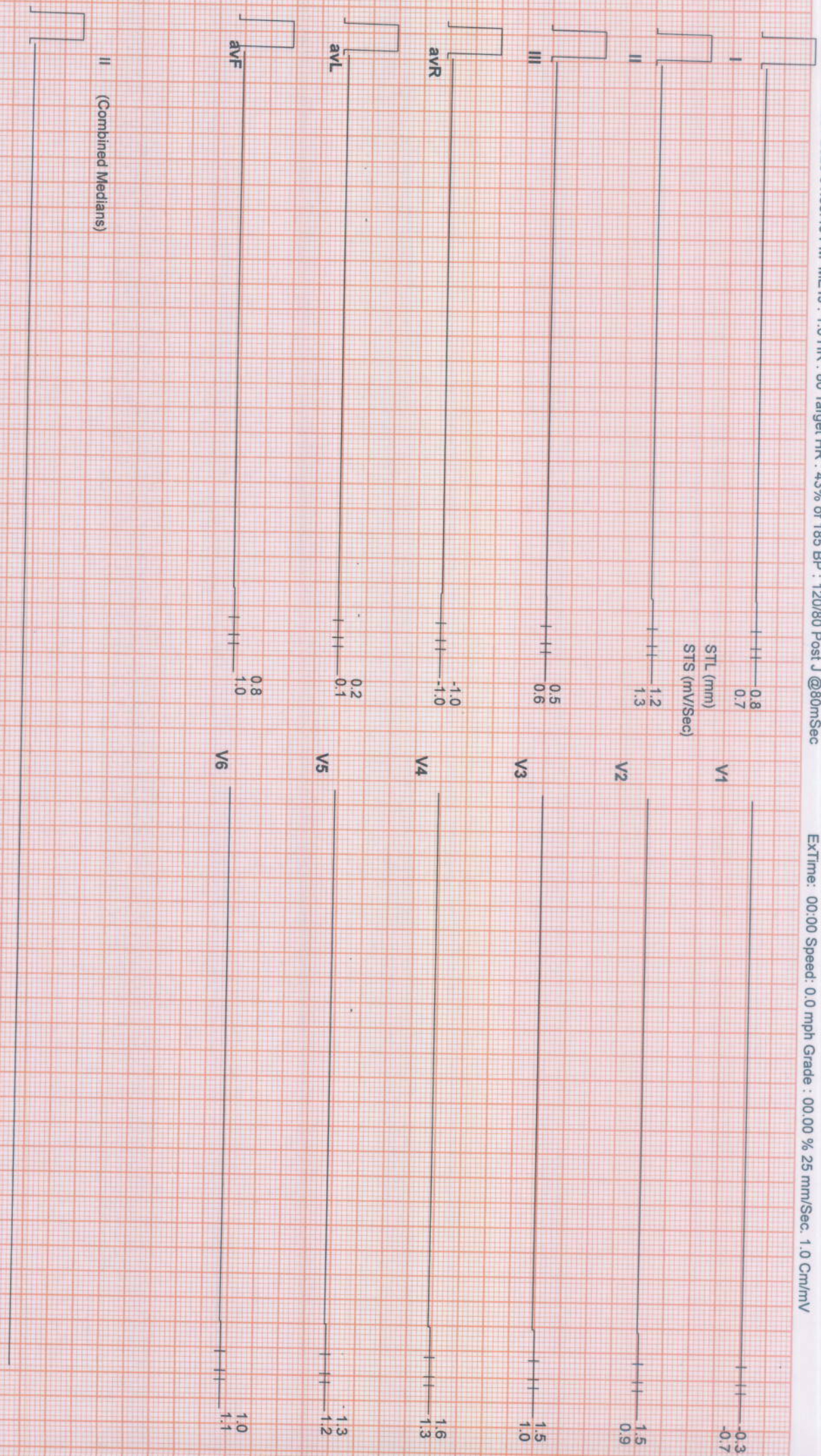
622 / PRAFUL TIKLE / 35 Yrs / Male / 175 Cm / 91 Kg

Date: 11 / 03 / 2023 01:35:46 PM METs : 1.0 HR : 80 Target HR : 43% of 185 BP : 120/80 Post J @80mSec

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

## 6X2 Combine Medians + 1 Rhythm

HV ( 00:00 )



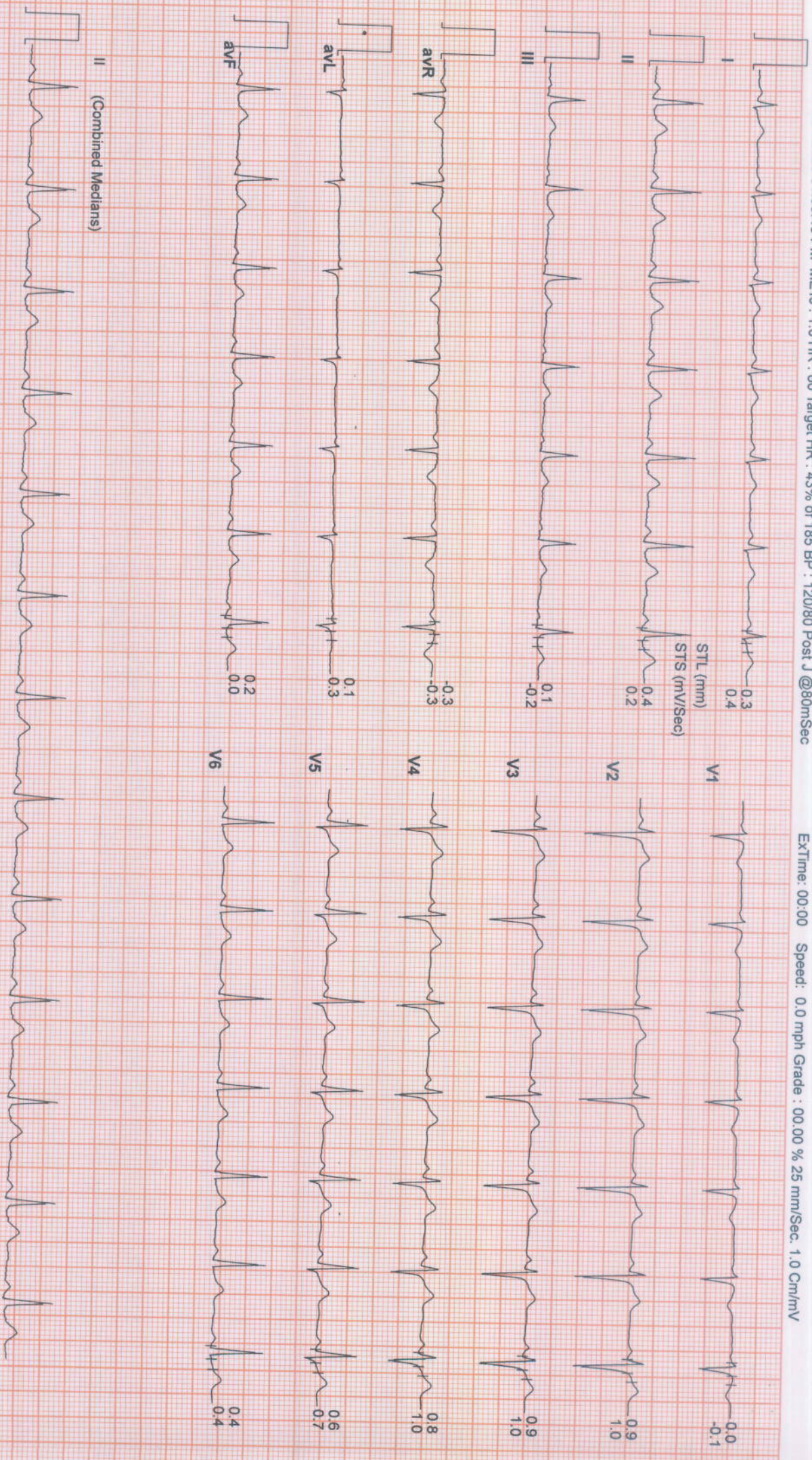
# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

622 / PRAFUL TIKLE / 35 Yrs / Male / 175 Cm / 91 Kg

Date: 11 / 03 / 2023 01:35:46 PM METs : 1.0 HR : 80 Target HR : 43% of 185 BP : 120/80 Post J @80mSec

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

## 6X2 Combine Medians + 1 Rhythm ExStr



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

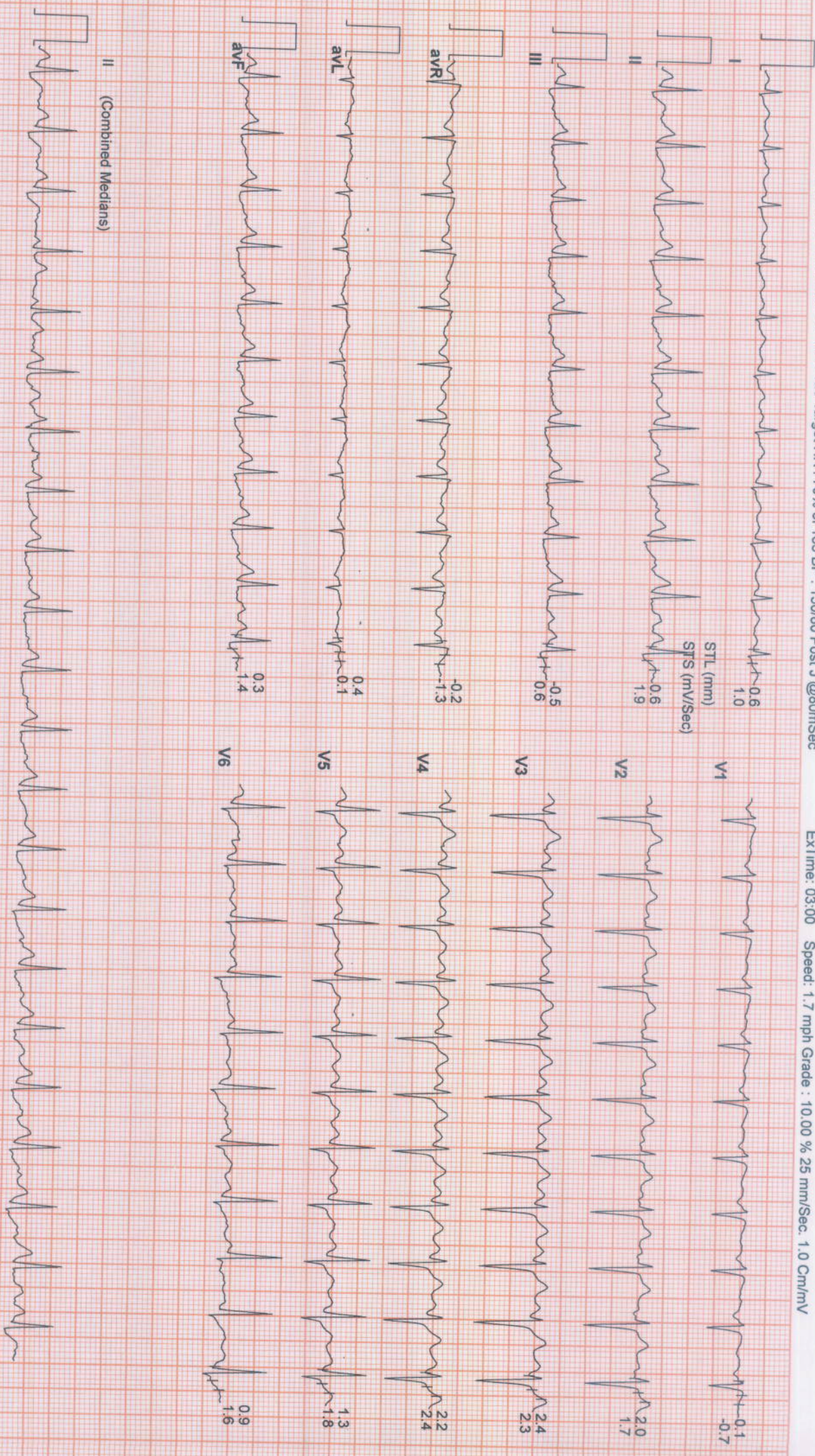
622 / PRAFUL TIKLE / 35 Yrs / Male / 175 Cm / 91 Kg

Date: 11 / 03 / 2023 01:35:46 PM METs : 4.7 HR : 129 Target HR : 70% of 185 BP : 130/80 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 )



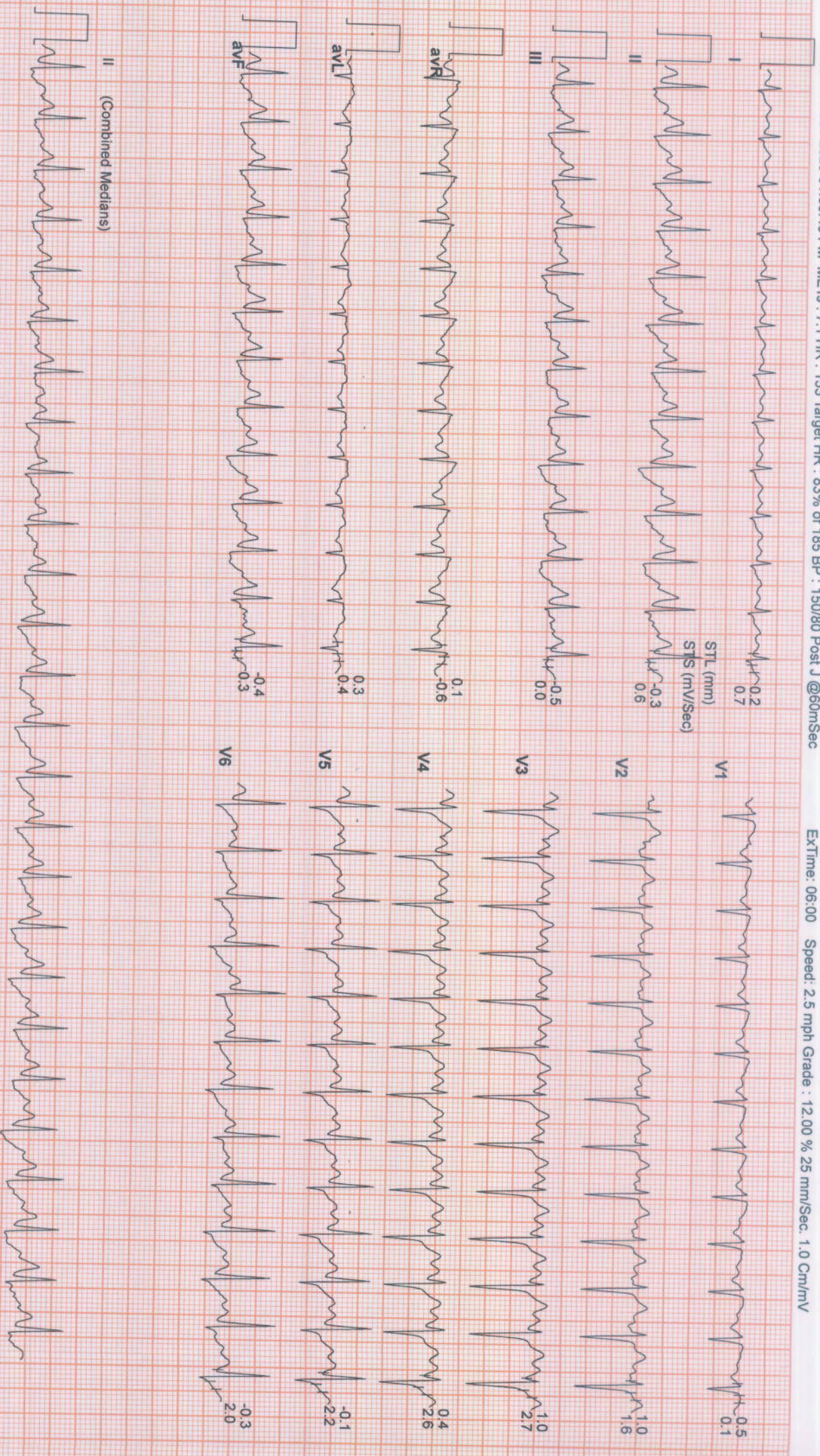
# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

622 / PRAFUL TIKLE / 35 Yrs / Male / 175 Cm / 91 Kg

Date: 11 / 03 / 2023 01:35:46 PM METs : 7.1 HR : 153 Target HR : 83% of 185 BP : 150/80 Post J @60mSec

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 )



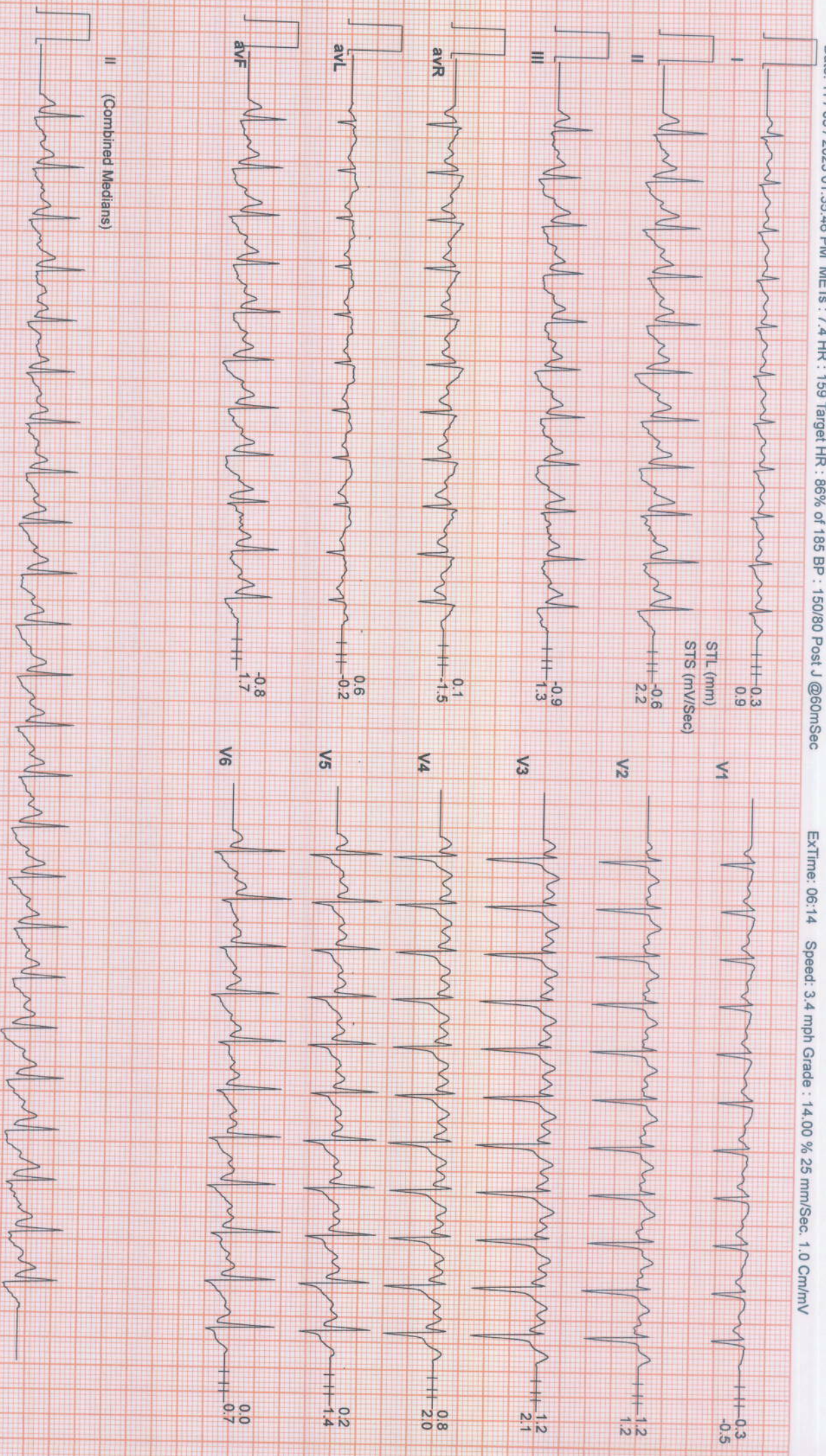
# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

622 / PRAFUL TIKLE / 35 Yrs / Male / 175 Cm / 91 Kg

Date: 11 / 03 / 2023 01:35:46 PM METs : 7.4 HR : 159 Target HR : 86% of 185 BP : 150/80 Post J @60mSec

ExtTime: 06:14 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV

## 6X2 Combine Medians + 1 Rhythm PeakEx



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

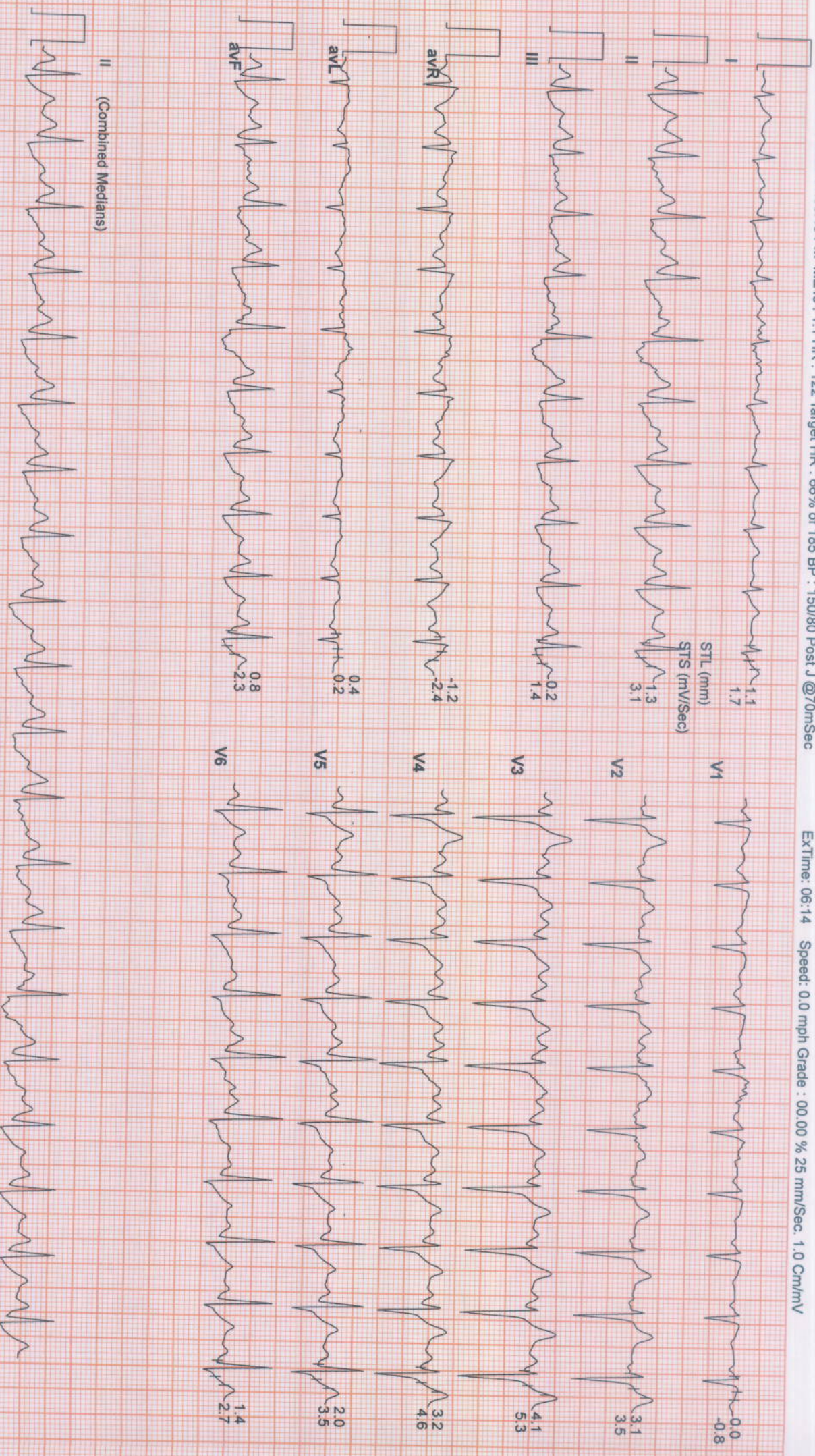
622 / PRAFUL TIKLE / 35 Yrs / Male / 175 Cm / 91 Kg

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



Date: 11 / 03 / 2023 01:35:46 PM METs : 1.1 HR : 122 Target HR : 66% of 185 BP : 150/80 Post J @70mSec

ExtTime: 06:14 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

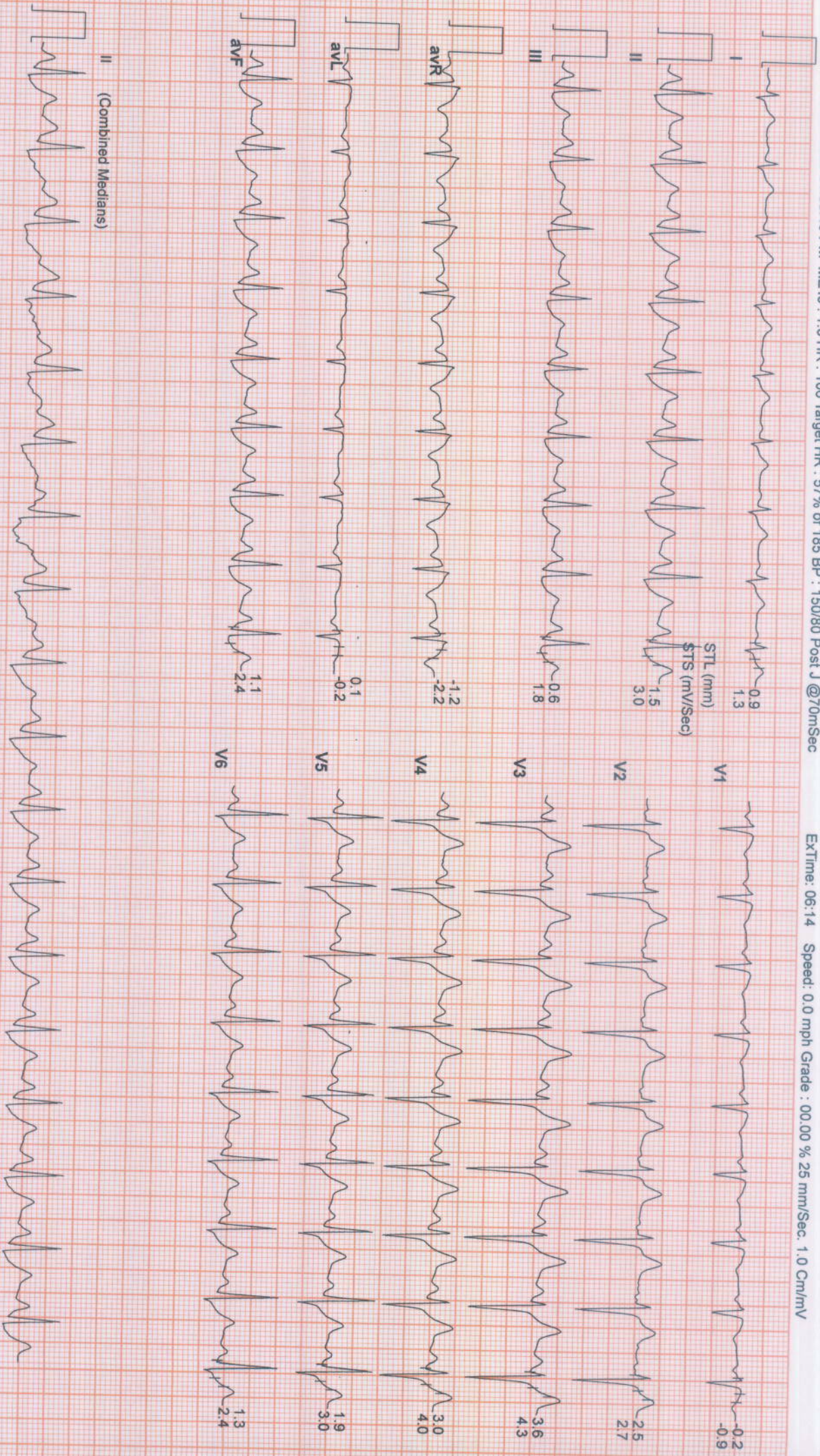
622 / PRAFUL TIKLE / 35 Yrs / Male / 175 Cm / 91 Kg

Date: 11 / 03 / 2023 01:35:46 PM METs : 1.0 HR : 106 Target HR : 57% of 185 BP : 150/80 Post J @70mSec

EXTime: 06:14 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

## 6X2 Combine Medians + 1 Rhythm

Recovery : ( 02:00 )



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

622 / PRAFUL TIKLE / 35 Yrs / Male / 175 Cm / 91 Kg

Date: 11 / 03 / 2023 01:35:46 PM METs : 1.0 HR : 107 Target HR : 58% of 185 BP : 130/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm  
Recovery : ( 03:21 )

ExTime: 06:14 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/mV

