

PHYSICAL EXAMINATION REPORT

Patient Name	Rahul	Pal.	Sex/Age	10	135
Date		11/3/2	D23 Location		Than

History and Complaints

MIL Liver Abscers
2 months back

R

E

P

0

R

EXAMINATION FINDINGS:

Height (cms):	100	Temp (0c):	ARE
Weight (kg):	73 109	Skin:	MD
Blood Pressure	120/82	Nails:	-11
Pulse	72/-	Lymph Node:	M

Systems:

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

Impression:

A Caura GT

A Non HDl

A TSH (6.37)



Repeat Thyroid Profile after & Advice: Hypertension: 1) IHD 2) Arrhythmia 3) **Diabetes Mellitus** 4) **Tuberculosis** 5) Asthama 6) **Pulmonary Disease** 7) Thyroid/ Endocrine disorders 8) Nervous disorders 9) GI system 10) Genital urinary disorder 11) Rheumatic joint diseases or symptoms 12) Blood disease or disorder 13) Cancer/lump growth/cyst 14) Congenital disease 15) Surgeries 16) Musculoskeletal System 17) PERSONAL HISTORY: Alcohol 1) **Smoking** 2) Diet 3) 4) Medication Dr. Manasee Kulkarni 2005/09/3439

R

E



E 0

R

Date: 11/3/23 Name: Pahul Pal.

CID:

Sex / Age: All - 3

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

2 606 HVBC NG

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	СуІ	Axis	Vn
Distance		Bern	BUKE	AIDERE	- 0 2A	SA E		
Near	armeld (vis	North Report	O I yorolla	Verlauroreit	onell ellesti	Limenson	Directio 1	ik in alı

Colour Vision: Normal / Abnormal



: 2307018138

Name

: MR. RAHUL PAL

Age / Gender

: 35 Years / Male

Consulting Dr. Reg. Location

: .

: G B Road, Thane West (Main Centre)

Authenticity Shock

Use a QR Code Scanner Application To Scan the Code

Collected

:11-Mar-2023 / 08:31

R

E

R

Reported : 11-Mar-2023 / 12:26

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

		e Blood Count), Blood	WAR TO STATE OF THE STATE OF TH
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	14.1	13.0-17.0 g/dL	Spectrophotometric
RBC	4.85	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.4	40-50 %	Measured
MCV	89.6	80-100 fl	Calculated
MCH	29.0	27-32 pg	Calculated
MCHC	32.4	31.5-34.5 g/dL	Calculated
RDW	14.7	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	5410	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND	ABSOLUTE COUNTS		
Lymphocytes	42.3	20-40 %	
Absolute Lymphocytes	2288.4	1000-3000 /cmm	Calculated
Monocytes	7.1	2-10 %	
Absolute Monocytes	384.1	200-1000 /cmm	Calculated
Neutrophils	47.5	40-80 %	
Absolute Neutrophils	2569.8	2000-7000 /cmm	Calculated
Eosinophils	3.1	1-6 %	
Absolute Eosinophils	167.7	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes			
WBC Differential Count by Abs	orbance & Impedance metho	d/Microscopy.	
PLATELET PARAMETERS			
Platelet Count	98000	150000-400000 /cmm	Elect. Impedance
Manual platelet count 110000	0 /cmm		
MPV	12.7	6-11 fl	Calculated

Page 1 of 11



: 2307018138

Name

: MR. RAHUL PAL

Age / Gender

: 35 Years / Male

Consulting Dr. Reg. Location

: -

: G B Road, Thane West (Main Centre)



Use a QR Code Scanner Application To Scan the Code

Collected Reported

: 11-Mar-2023 / 08:31 : 11-Mar-2023 / 11:48 E

0

R

PDW RBC MORPHOLOGY Hypochromia Microcytosis Macrocytosis Anisocytosis Poikilocytosis Polychromasia	27.6	11-18 %	Calculated
Hypochromia Microcytosis Macrocytosis Anisocytosis Poikilocytosis			
Microcytosis Macrocytosis Anisocytosis Poikilocytosis	nie loighin (
Macrocytosis Anisocytosis Poikilocytosis	no olgano (
Anisocytosis Poikilocytosis	nja lolahira (
Poikilocytosis	No loighinh		
Polychromasia			
Target Cells			
Basophilic Stippling			
Normoblasts	102		
Others	Normocytic, Normochromic		
WBC MORPHOLOGY			
PLATELET MORPHOLOGY	Megaplatelets seen on smear		
COMMENT			
tesult rechecked.			
indly correlate clinically.			
pecimen: EDTA Whole Blood			
SSD EDTA WR ESD	10	2 45 mm at 4 hr	Sedimentation
	Normoblasts Dithers WBC MORPHOLOGY PLATELET MORPHOLOGY COMMENT esult rechecked. indly correlate clinically.	Normoblasts Dithers Normocytic, Normochromic NBC MORPHOLOGY PLATELET MORPHOLOGY Megaplatelets seen on smear COMMENT esult rechecked. indly correlate clinically. pecimen: EDTA Whole Blood	Normoblasts Others Normocytic, Normochromic NBC MORPHOLOGY PLATELET MORPHOLOGY Megaplatelets seen on smear COMMENT esult rechecked. indly correlate clinically. pecimen: EDTA Whole Blood







I Mujawar

Dr.IMRAN MUJAWAR M.D (Path) Pathologist

Page 2 of 11

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

*** End Of Report ***



RE

P

0

R

CID : 2307018138 Name : MR.RAHUL PAL

Age / Gender

: 35 Years / Male

Consulting Dr.

: -

Reg. Location

: G B Road, Thane West (Main Centre)

Application To Scan the Code

lected :11-Mar-2023 / 08:31

Collected : 11-Ma Reported : 11-Ma

:11-Mar-2023 / 12:21

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	99.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	125.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.49	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.21	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.28	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	30.7	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	38.2	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	75.5	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	89.3	40-130 U/L	PNPP
BLOOD UREA, Serum	24.3	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	11.3	6-20 mg/dl	Calculated
		A STATE OF THE STA	

Page 3 of 11



: 2307018138

Name

: MR. RAHUL PAL

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

Collected

:11-Mar-2023 / 08:31

Reported

:11-Mar-2023 / 14:57

CREATININE, Serum

0.83

0.67-1.17 mg/dl

Enzymatic

R

E

R

eGFR, Serum

112

>60 ml/min/1.73sqm

Calculated

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

URIC ACID, Serum

6.7

3.5-7.2 mg/dl

Uricase

Urine Sugar (Fasting)
Urine Ketones (Fasting)

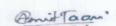
Absent Absent Absent

Absent

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







Dr.AMIT TAORI M.D (Path) Pathologist

Page 4 of 11



: 2307018138

Name

: MR. RAHUL PAL

Age / Gender

: 35 Years / Male

Consulting Dr.

Reg. Location

: G B Road, Thane West (Main Centre)

Authenticity Check

Application To Scan the Code

Collected

: 11-Mar-2023 / 08:31

Reported

:11-Mar-2023 / 12:11

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER

RESULTS

BIOLOGICAL REF RANGE METHOD

R

E

Glycosylated Hemoglobin

5.6

Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % HPLC

(HbA1c), EDTA WB - CC

Diabetic Level: >/= 6.5 %

Estimated Average Glucose (eAG), EDTA WB - CC

114.0

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 ***

Dr.IMRAN MUJAWAR M.D (Path) Pathologist

Mujawar

Page 5 of 11



: 2307018138

Name

: MR. RAHUL PAL

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

Collected Reported : 11-Mar-2023 / 08:31 : 11-Mar-2023 / 19:40 R

E

R

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
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)	40	Lepacs Critical Transfer	
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 EXAMINATI	ON		
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	
Others	STATE X PER		

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





Dr.ANUPA DIXIT M.D.(PATH)

Consultant Pathologist & Lab Director

Page 6 of 11



: 2307018138

Name

: MR. RAHUL PAL

Age / Gender

: 35 Years / Male

Consulting Dr.

Reg. Location

: G B Road, Thane West (Main Centre)

5 Ithenticity Check



R

E

0

R

Use a QR Code Scanner Application To Scan the Code

Collected

Reported

*** End Of Report ***

Page 7 of 11



: 2307018138

Name

: MR. RAHUL PAL

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

Collected Reported : 11-Mar-2023 / 08:31 : 11-Mar-2023 / 13:57 R

E

R

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

PARAMETER

RESULTS

ABO GROUP

A

Rh TYPING

Positive

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

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

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

Limitations:

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

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 ***





Dr.IMRAN MUJAWAR M.D (Path) Pathologist

Mujawar

Page 8 of 11



: 2307018138

Name

: MR. RAHUL PAL

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

Collected Reported : 11-Mar-2023 / 08:31 : 11-Mar-2023 / 12:21 R

E

P

0

R

T

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	189.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	100.5	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	44.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	144.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	124.0	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	20.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.8	0-3.5 Ratio	Calculated

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





Mujawar

Dr.IMRAN MUJAWAR M.D (Path) Pathologist

Page 9 of 11



: 2307018138

Name

: MR. RAHUL PAL

Age / Gender

: 35 Years / Male

Consulting Dr.

. .

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



Use a QR Code Scanner Application To Scan the Code

Collected

:11-Mar-2023 / 08:31

R

E

0

R

Reported

:11-Mar-2023 / 12:11

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.1	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.7	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	6.37	0.35-5.5 microIU/ml	ECLIA

Kindly correlate clinically.

Page 10 of 11



: 2307018138

Name

: MR. RAHUL PAL

Age / Gender

: 35 Years / Male

Consulting Dr. Reg. Location

: -

: G B Road, Thane West (Main Centre)

Use a QR Code Scanner Application To Scan the Code

Collected

:11-Mar-2023 / 08:31

R

E

Reported

:11-Mar-2023 / 12:11

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 trasiently altered becuase 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)

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





Dr.IMRAN MUJAWAR M.D (Path) Pathologist

Rage 11 of 11



: 2307018138

Name

: Mr Rahul Pal

Age / Sex

Reg. Location

: 35 Years/Male

Ref. Dr

: G B Road, Thane West Main Centre

Reg. Date Reported

: 11-Mar-2023

Authenticity Check

: 11-Mar-2023 / 13:41

Use a QR Code Scanner

Application To Scan the Code

R

E

0

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.

Chocks

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

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023031108181176



Reg. No.: 2307018138	Sex : MALE
Name : MR. RAHUL PAL	Age: 35 YRS
Ref. By :	Date: 11.03.2023

USG ABDOMEN AND PELVIS

<u>LIVER:</u> 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.

<u>PANCREAS:</u> Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

<u>KIDNEYS:</u> Right kidney measures 9.0 x 4.2 cm. Left kidney measures 9.5 x 4.5 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.

<u>URINARY BLADDER:</u> Urinary bladder is distended and normal. Wall thickness is within normal limits.

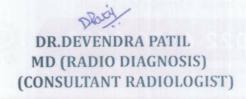
<u>PROSTATE:</u> Prostate is normal in size and echotexture and measures 2.9 x 3.2 x 3.2 cm in dimension and 16.5 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

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.

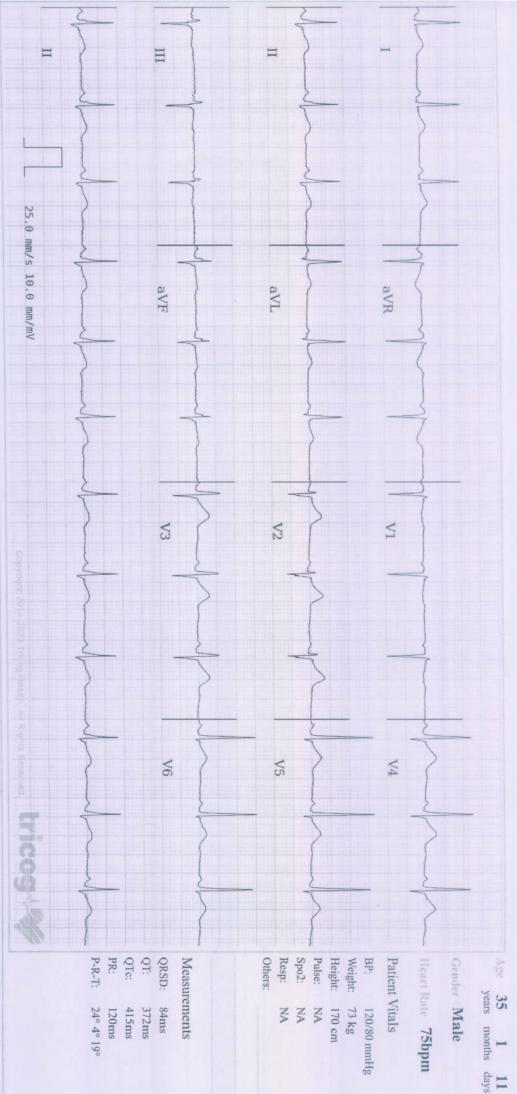


ALTHIER LIVING

SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST

Date and Time: 11th Mar 23 10:11 AM

Patient ID: Patient Name: RAHUL PAL 2307018138



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

REPORTED BY

84ms

X X X

170 cm

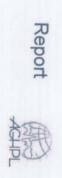
120/80 mmHg

415ms 372ms

120ms

240 40 190

DR SHAILAJA PILLAI MBBS, MD Physican MD Physican 49972



604 (2307018138) / RAHUL PAL / 35 Yrs / M / 170 Cms / 73 Kg Date: 11 / 03 / 2023 08:52:25 AM

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	8	RPP	PVC	Comments
Supine	00:36	0:36	00.0	00.0	01.0	071	38 %	120/80	085	8	
Standing	00:45	0:09	00.0	00.0	010	068	37 %	100/80	0	3	
	1							1000	-	00	
VI	00:54	0:09	00.0	00.0	01.0	073	39 %	120/80	087	8	
ExStart	01:01	0:07	00.0	00.0	01.0	081	44 %	120/80	097	3	
BRUCE Stage 1	04:01	3:00	01.7	10.0	04.7	113	81%	130/80	4 1	3 8	
200						į	2	100100	140	OC	
BRUCE Stage 2	07:01	3:00	02.5	12.0	07.1	144	78 %	140/80	201	8	
PeakEx	07:40	0:39	03.4	14.0	07.8	155	84 %	150/80	232	3	
COVERV	00.40	3	2				- 24		101	C	
TOUVELY	00.40	1:00	00.0	00.0	01.2	126	68 %	150/80	189	8	
Recovery	09:40	2:00	00.0	00.0	01.0	114	62 %	150/80	171	3	
Recovery	10:44	3.04	000	3	2	200	2	6			
				0		C	00 /0	100/00	133	00	

Test End Reasons	Max ST Dep Lead & Avg ST Value : III & -2.7 mm in Stage 1	Max WorkLoad Attained	Initial BP (ExStrt)	Initial HR (ExStrt)	Exercise Time
: Fatigue, Heart Rate Achieved	ue : III & -2.7 mm in Stage 1	: 7.8 Fair response to induced stress	: 120/80 (mm/Hg)	: 81 bpm 44% of Target 185	: 06:39

Max BP Attained 150/80 (mm/Hg) Max HR Attained 155 bpm 84% of Target 185

Doctor: DR SHAILAJA PILLAI

Dr. SHAILAJA PILLAI

M.D. (GEN.MED) R.NO. 49972



EMail: 604/RAHUL PAL /35 Yrs / M / 170 Cms / 73 Kg Date: 11 / 03 / 2023 08:52:25 AM

REPORT :

PROCEDURE DONE: Graded exercise treadmill stress test.

STRESS ECG RESULTS: The initial HR was recorded as 68.0 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.

The Test was completed because of Fatigue, Heart Rate Achieved.

1. TMT is negative for exercise induced ischemia.

Normal chronotropic and Normal inotropic response.
 No significant ST T changes seen.

Doctor: DR SHAILAJA PILLAI

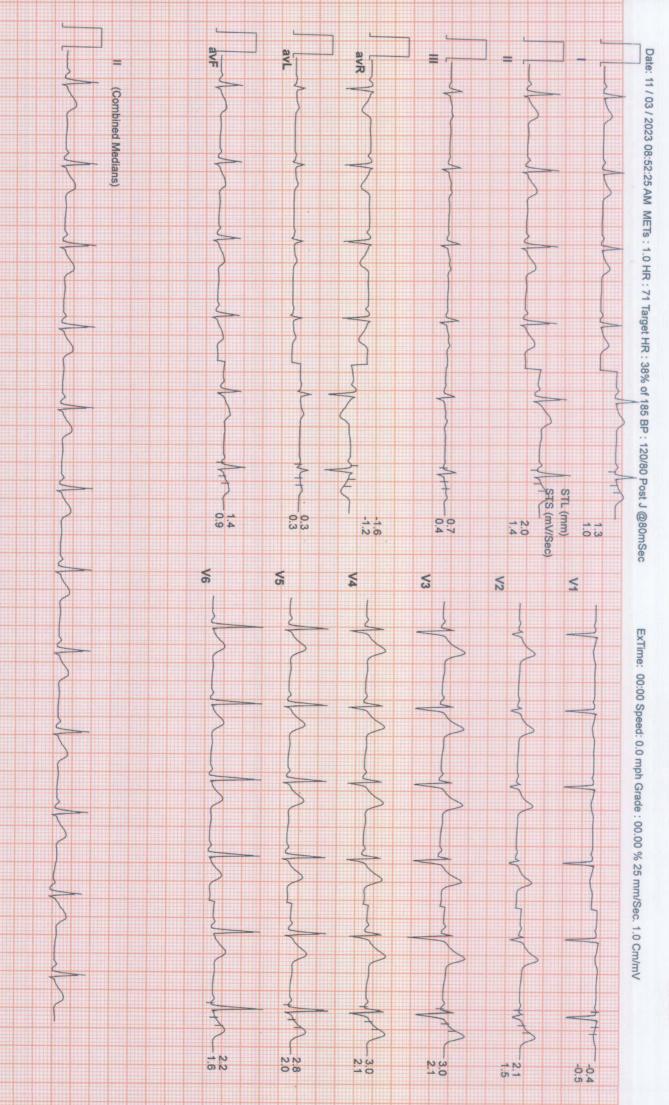
R.NO, 49972

Dr. SHAILAJA PILLA M.D. (GEN.MED)

604 / RAHUL PAL / 35 Yrs / Male / 170 Cm / 73 Kg

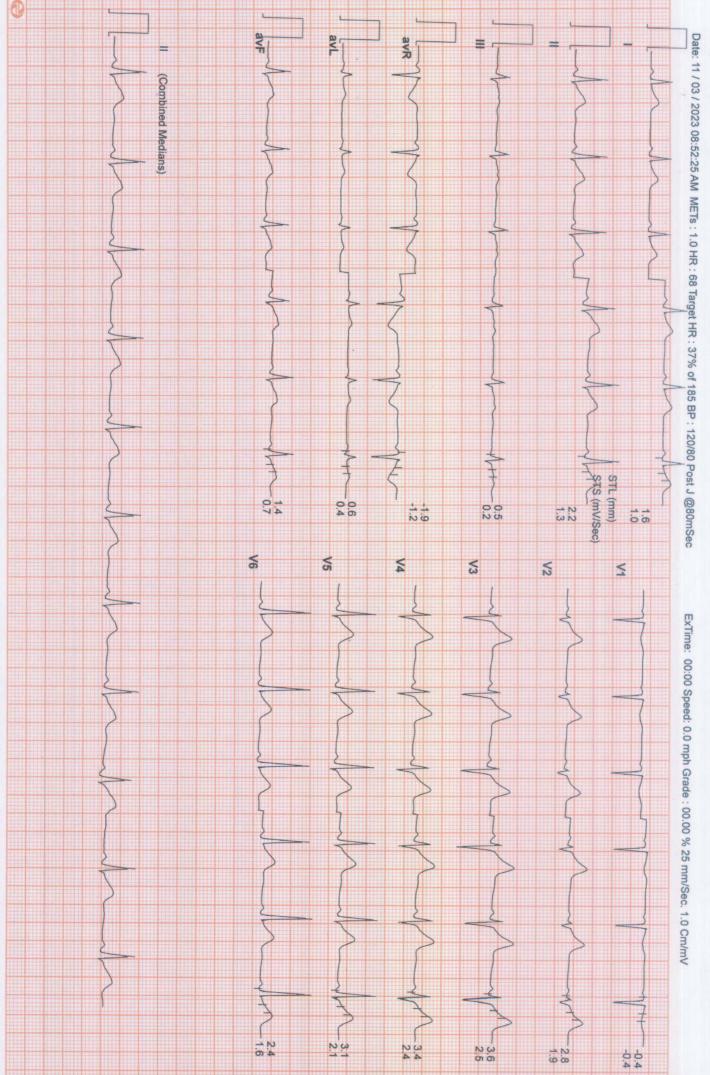
6X2 Combine Medians + 1 Rhythm SUPINE (00:01)







604 / RAHUL PAL / 35 Yrs / Male / 170 Cm / 73 Kg 6X2 Combine Medians + 1 Rhythm STANDING (00:00)



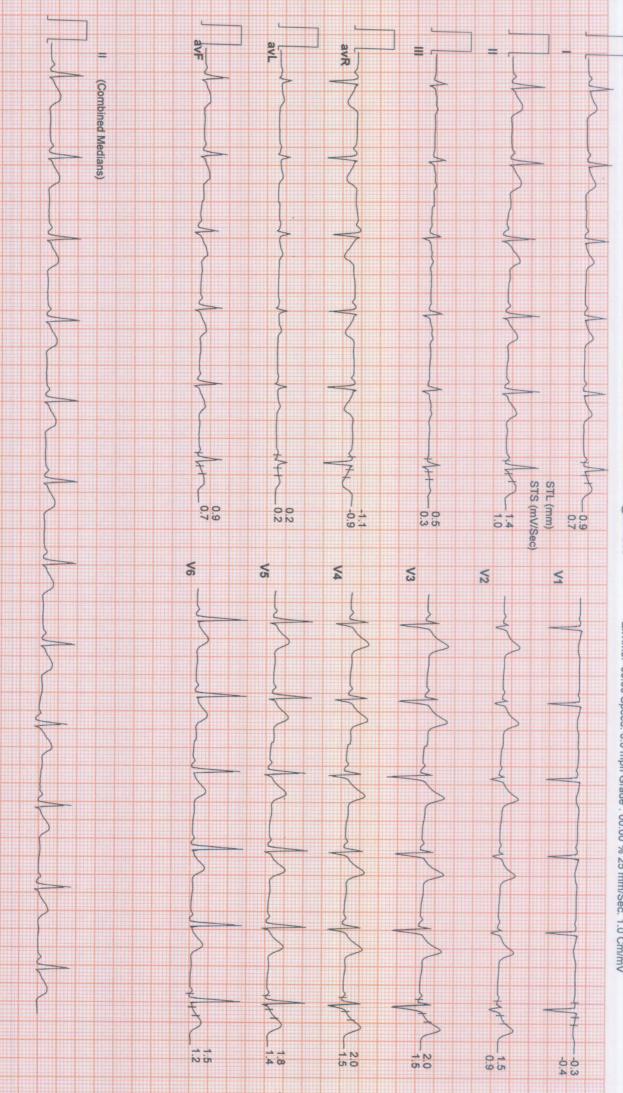
604 / RAHUL PAL / 35 Yrs / Male / 170 Cm / 73 Kg

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



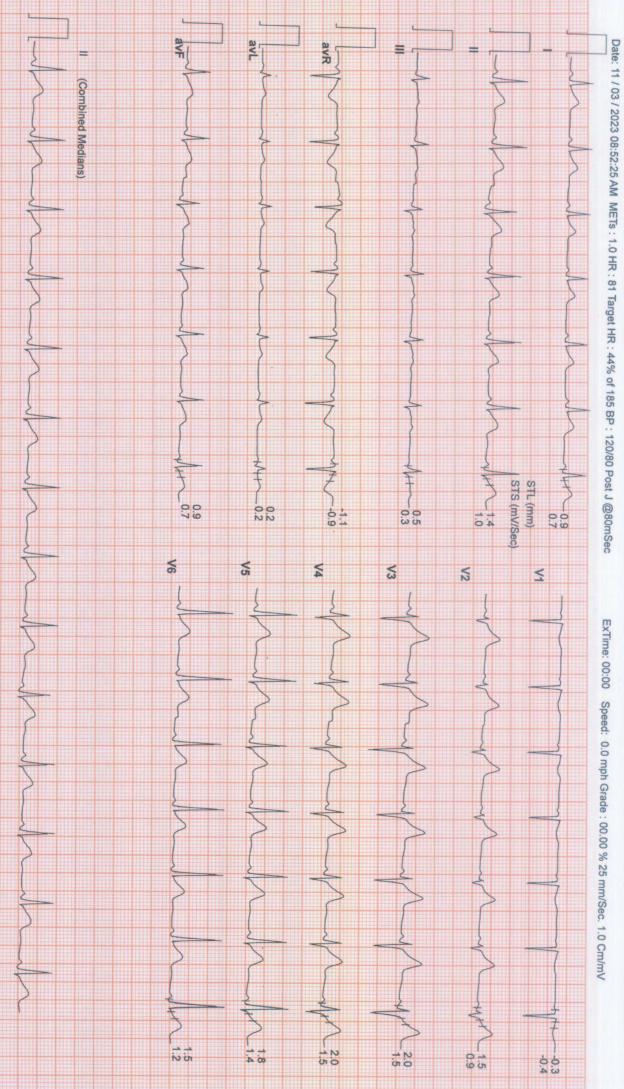
Date: 11 / 03 / 2023 08:52:25 AM METs: 1.0 HR: 73 Target HR: 39% of 185 BP: 120/80 Post J @80mSec

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



6X2 Combine Medians + 1 Rhythm ExStrt

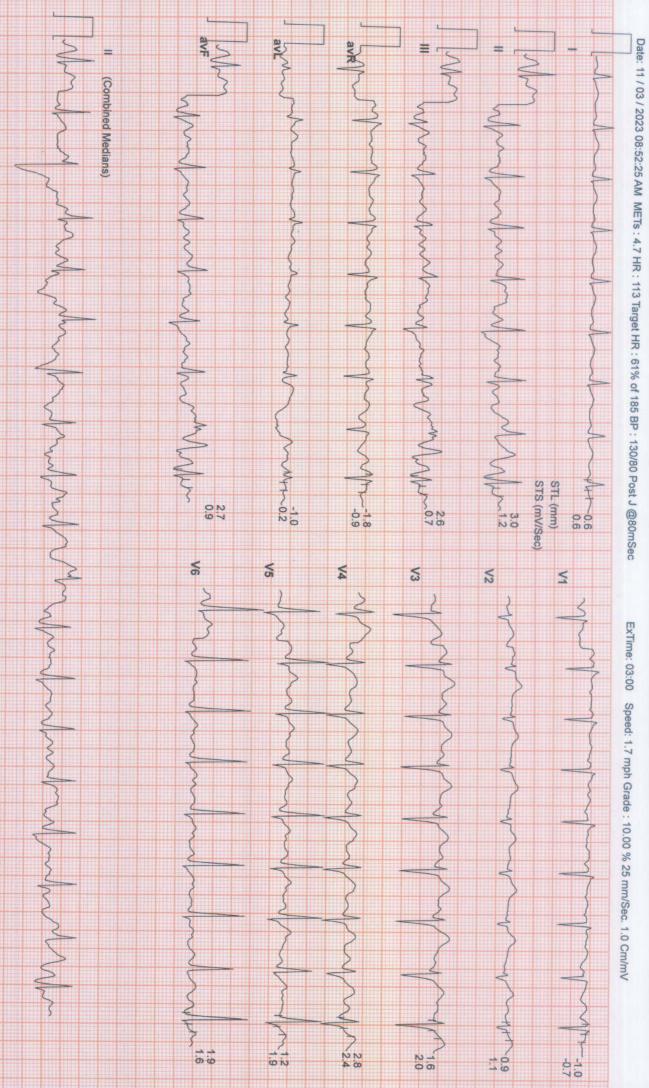
604 / RAHUL PAL / 35 Yrs / Male / 170 Cm / 73 Kg



604 / RAHUL PAL / 35 Yrs / Male / 170 Cm / 73 Kg

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

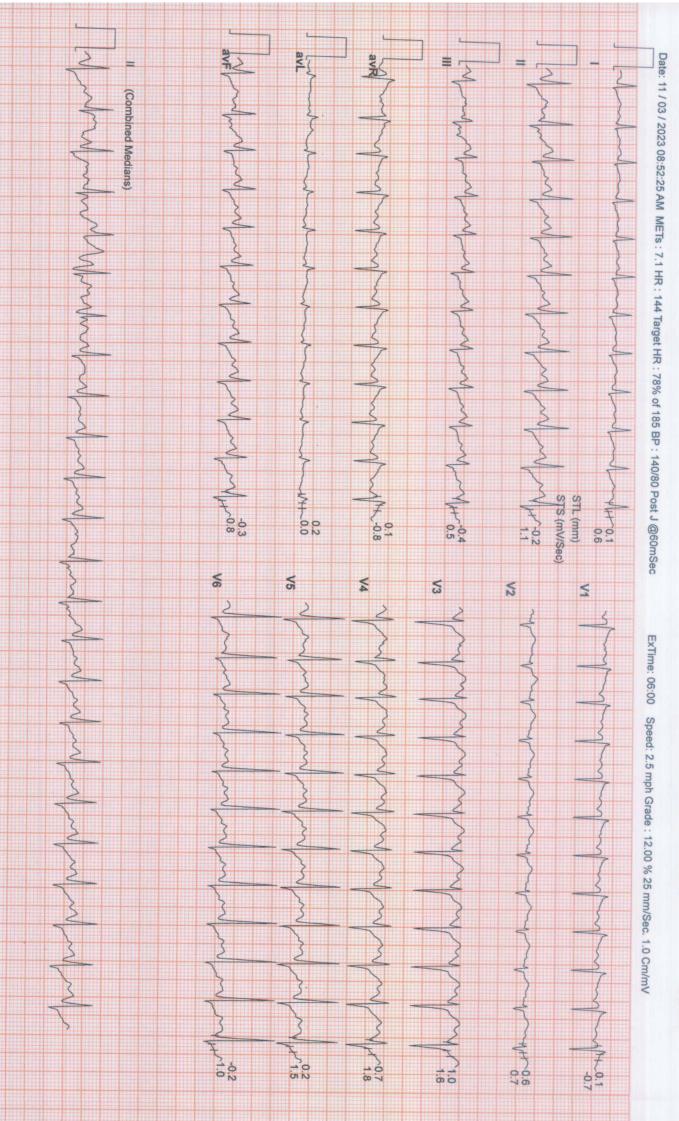
ExTime: 03:00 Speed: 1.7 mph Grade: 10.00 % 25 mm/Sec. 1.0 Cm/mV



604 / RAHUL PAL / 35 Yrs / Male / 170 Cm / 73 Kg

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

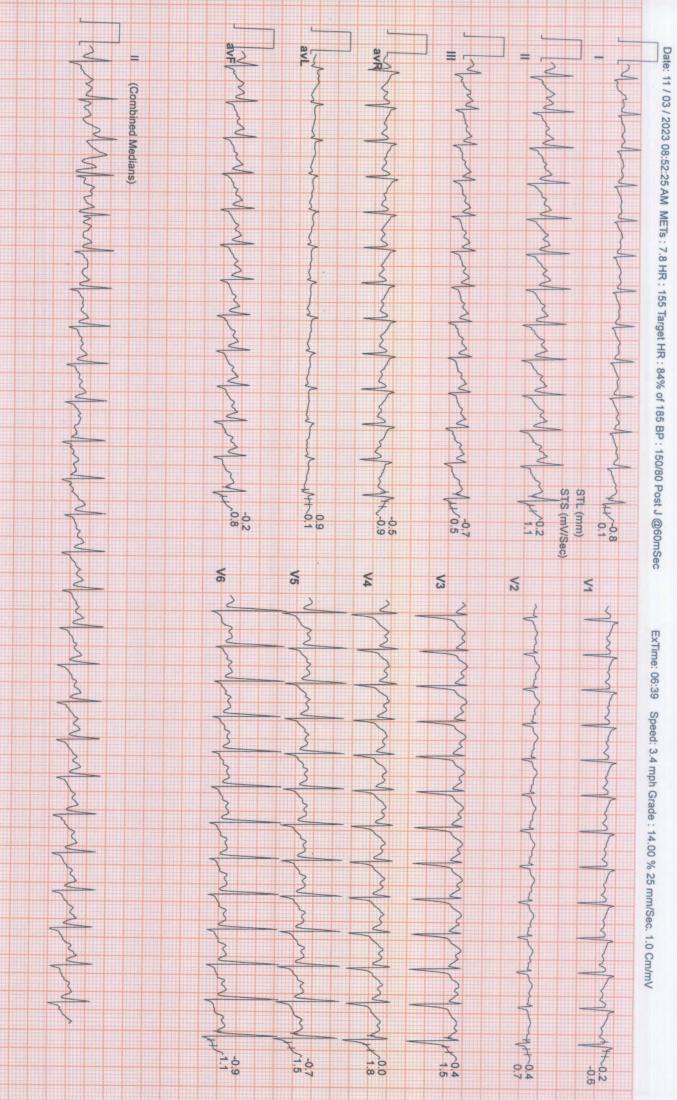
意



604 / RAHUL PAL / 35 Yrs / Male / 170 Cm / 73 Kg

6X2 Combine Medians + 1 Rhythm PeakEx

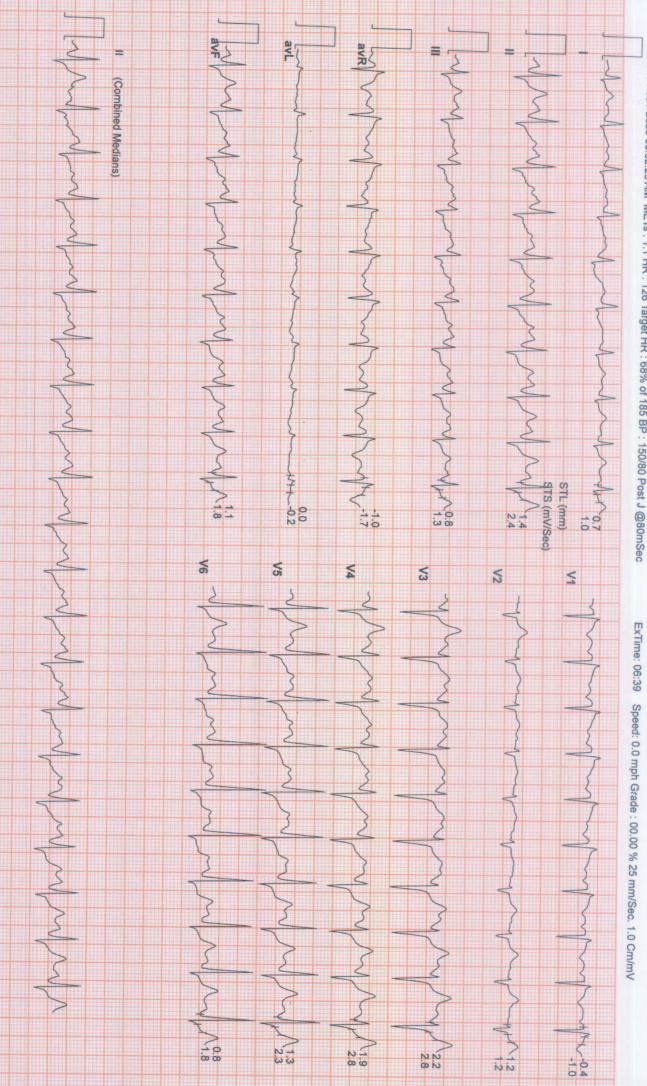




604 / RAHUL PAL / 35 Yrs / Male / 170 Cm / 73

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

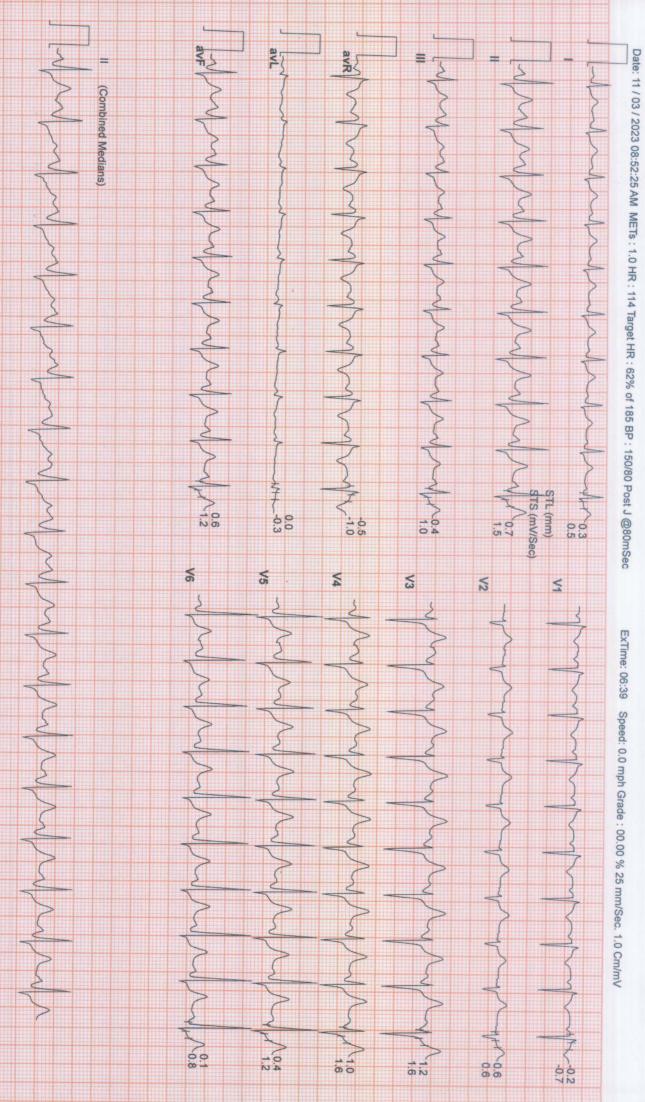
Date: 11 / 03 / 2023 08:52:25 AM METs: 1.1 HR: 126 Target HR: 68% of 185 BP: 150/80 Post J @80mSec



604 / RAHUL PAL / 35 Yrs / Male / 170 Cm / 73 Kg

6X2 Combine Medians + 1 Rhythm Recovery: (02:00)





604 / RAHUL PAL / 35 Yrs / Male / 170 Cm / 73 Kg

6X2 Combine Medians + 1 Rhythm Recovery: (03:04

Date: 11 / 03 / 2023 08:52:25 AM METs: 1.0 HR: 103 Target HR: 56% of 185 BP: 130/80 Post J @80mSec

