

PHYSICAL EXAMINATION REPORT

Patient Name	Sachin Adhal	Sex/Age	M/37
Date	23/3/23.	Location	Thane

History and Complaints

C/O - Nervousness / on & off
- palpitations / off
since 2 weeks.

EXAMINATION FINDINGS:

Height (cms):	168	Temp (0c):	⊖
Weight (kg):	84.2	Skin:	Psoriasis patches on face & scalp.
Blood Pressure	130/90	Nails:	NAD.
Pulse	76/min	Lymph Node:	NAD.

Systems :

- Cardiovascular:
- Respiratory:
- Genitourinary:
- GI System:
- CNS:

NAD.

Impression:

Heighten's,
↓ HPL
USG - Fatty Liver

BSL / F pp. (Diabetic)
↑ Gamma GT, ↑ S-CPT
Urine-sugar (+++)
↑ HbA1c

Advice:

- Low Fat, low sugar Diet
- Reg. Exercise
- Physician's consultation

- 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

Nil

H/O - kidney stones (15 yrs Back)

Nil

PERSONAL HISTORY:

- 1) Alcohol
- 2) Smoking
- 3) Diet
- 4) Medication

@ once a week
Quit since 6-7 yrs
mixed
Local Application
for Psoriasis



Dr. Manasee Kulkarni
M.B.B.S

2005/09/3439



CID : 2308213136
Name : MR.ADBAL SACHIN GANGARAM
Age / Gender : 37 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 23-Mar-2023 / 09:30
Reported : 23-Mar-2023 / 11:39

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	15.0	13.0-17.0 g/dL	Spectrophotometric
RBC	5.07	4.5-5.5 mil/cmm	Elect. Impedance
PCV	47.0	40-50 %	Measured
MCV	92.7	80-100 fl	Calculated
MCH	29.6	27-32 pg	Calculated
MCHC	32.0	31.5-34.5 g/dL	Calculated
RDW	14.1	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	8000	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	34.8	20-40 %	
Absolute Lymphocytes	2784.0	1000-3000 /cmm	Calculated
Monocytes	6.2	2-10 %	
Absolute Monocytes	496.0	200-1000 /cmm	Calculated
Neutrophils	56.7	40-80 %	
Absolute Neutrophils	4536.0	2000-7000 /cmm	Calculated
Eosinophils	2.3	1-6 %	
Absolute Eosinophils	184.0	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	261000	150000-400000 /cmm	Elect. Impedance
MPV	8.4	6-11 fl	Calculated
PDW	10.5	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			

Authenticity Check



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Reported : 23-Mar-2023 / 12:00

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 16 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 SPECIALTY

OUR PRESENCE



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist



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Age / Gender : 37 Years / Male
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Reg. Location : G B Road, Thane West (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	168.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	214.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.47	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.21	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.26	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.2	1 - 2	Calculated
SGOT (AST), Serum	30.2	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	59.2	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	80.6	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	102.2	40-130 U/L	PNPP
BLOOD UREA, Serum	13.0	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	6.1	6-20 mg/dl	Calculated

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Collected : 23-Mar-2023 / 13:08
Reported : 23-Mar-2023 / 15:53

CREATININE, Serum	0.77	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	121	>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	4.8	3.5-7.2 mg/dl	Uricase
------------------	-----	---------------	---------

Urine Sugar (Fasting)	Absent	Absent
Urine Ketones (Fasting)	Absent	Absent

Urine Sugar (PP)	+++	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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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	7.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	165.7	mg/dl	Calculated

Kindly correlate clinically.

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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Collected : 23-Mar-2023 / 09:30
Reported : 23-Mar-2023 / 14:25

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 (6.5)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Transparency	Clear	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 ***



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Collected : 23-Mar-2023 / 09:30
Reported : 23-Mar-2023 / 12:38

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

<u>PARAMETER</u>	<u>RESULTS</u>
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.

References:

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

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	156.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	231.4	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	21.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	134.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	111.9	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	22.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	7.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	5.1	0-3.5 Ratio	Calculated

Kindly correlate clinically.

Note : LDL test is performed by direct measurement.

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

*** End Of Report ***



Amit Taori

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M.D (Path)
Pathologist



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Age / Gender : 37 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 23-Mar-2023 / 09:30
Reported : 23-Mar-2023 / 11:28

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	5.1	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.4	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.54	0.35-5.5 microIU/ml	ECLIA



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Collected : 23-Mar-2023 / 09:30
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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 ***



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist

Date:-

CID:

23/8/23

Sex / Age:

Sachin Adgal

M-37

EYE CHECK UP

Chief complaints: RCW

Systemic Diseases: Nil

Past history: Nil

Unaided Vision:

BR 6/6 HV 20/20

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

Good Vision

MR. PRAKASH KUDVA

Sr. OPTOMETRIST

SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST

Patient Name: ADBAL SACHIN GANGARAM

Date and Time: 23rd Mar 23 10:19 AM

Patient ID: 2308213136



PRECISE TESTING • HEALTHIER LIVING

Age 37 NA 4
years months days

Gender Male

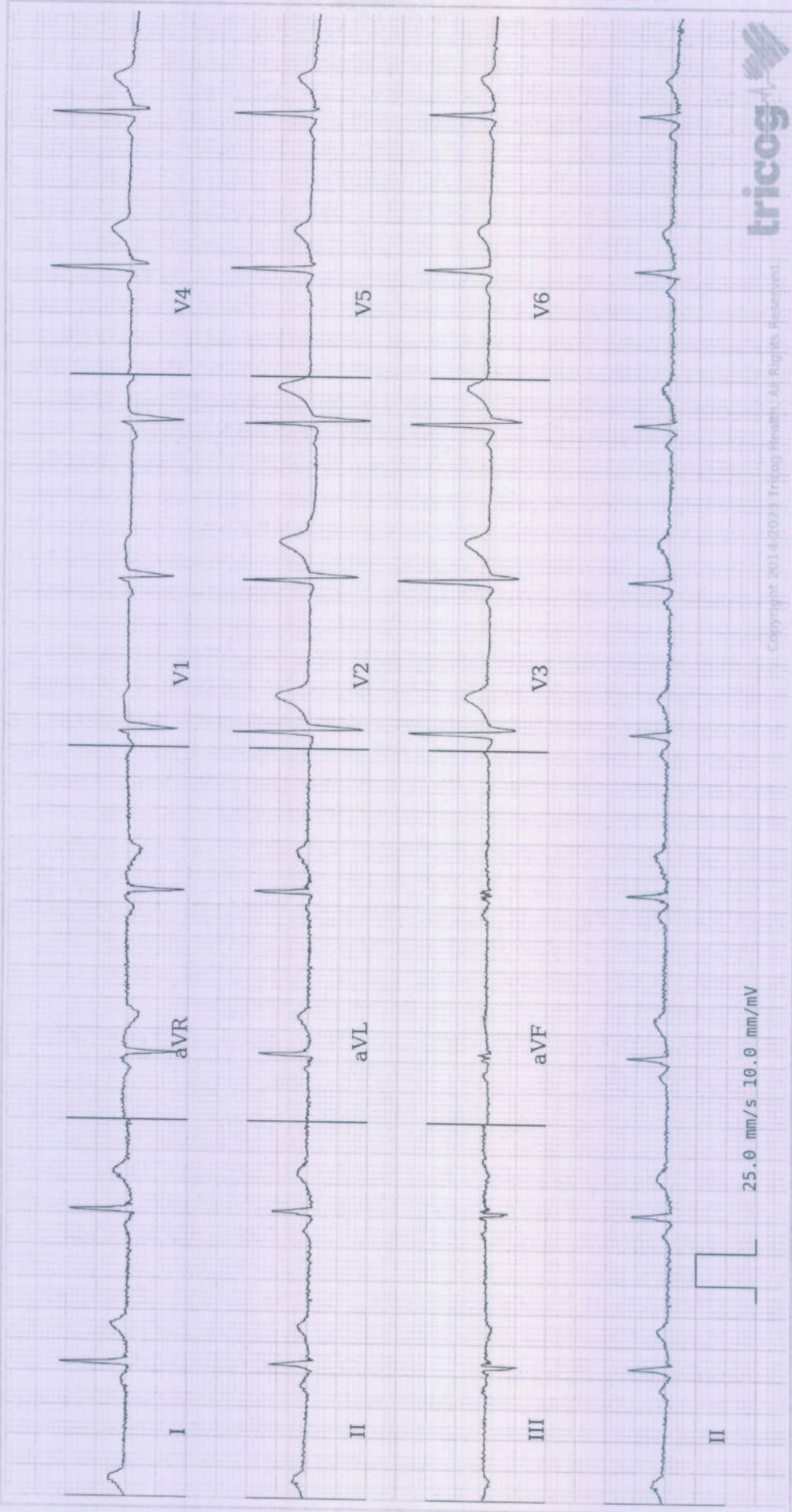
Heart Rate 60bpm

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
Spo2: NA
Resp: NA
Others:

Measurements

QRSD: 78ms
QT: 374ms
QTc: 374ms
PR: 138ms
P-R-T: 41° 5° 12°



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

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Email:

711 (2308213136) / ADBAL SACHIN GANGARAM / 37 Yrs / M / 168 Cms / 84 Kg
 Date: 23 / 03 / 2023 11:15:40 AM

Report



Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:07	0:07	00.0	00.0	01.0	153	84 %	130/90	198	00	
Standing	00:15	0:08	00.0	00.0	01.0	138	75 %	130/90	179	00	
HV	00:22	0:07	00.0	00.0	01.0	123	67 %	130/90	159	00	
ExStart	00:30	0:08	00.0	00.0	01.0	113	62 %	130/90	146	00	
BRUCE Stage 1	03:30	3:00	01.7	10.0	04.7	119	65 %	140/90	166	00	
BRUCE Stage 2	06:30	3:00	02.5	12.0	07.1	139	76 %	150/80	208	00	
PeakEx	07:20	0:50	03.4	14.0	08.0	155	85 %	160/80	248	00	
Recovery	08:20	1:00	00.0	00.0	01.1	122	67 %	160/80	195	00	
Recovery	09:20	2:00	00.0	00.0	01.0	108	59 %	160/80	172	00	
Recovery	10:29	3:10	00.0	00.0	01.0	101	55 %	130/80	131	00	

FINDINGS :

Exercise Time

Initial HR (ExStrt)

Initial BP (ExStrt)

Max WorkLoad Attained

Max ST Dep Lead & Avg ST Value : III & -1.2 mm in PeakEx

Test End Reasons

: 06:50

: 113 bpm 62% of Target 183

: 130/90 (mm/Hg)

: 8 Fair response to induced stress

: Heart Rate Achieved , Fatigue,

Max HR Attained 155 bpm 85% of Target 183

Max BP Attained 160/80 (mm/Hg)

Dr. SHAILAJA PILLAI

M.D. (GEN.MED)

R.NO. 49972

Doctor : DR SHAILAJA PILLAI





F.Majil
7/11/ABBAL SACHIN GANGARAM / 37 Yrs / M / 168 Cms / 84 Kg Date: 23 / 03 / 2023 11:15:40 AM

REPORT :

PROCEDURE DONE: Graded exercise treadmill stress test.

STRESS ECG RESULTS: The initial HR was recorded as 138.0 bpm, and the maximum predicted Target Heart Rate 183.0. The BP increased at the time of generating report as 160.0/80.0 mmHg The Max Dep went upto 0.4. 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)

711 (2308213136) / ADBAL SACHIN GANGARAM / 37 Yrs / M / 168 Cms / 84 Kg / HR : 153

SUPINE (00:01)

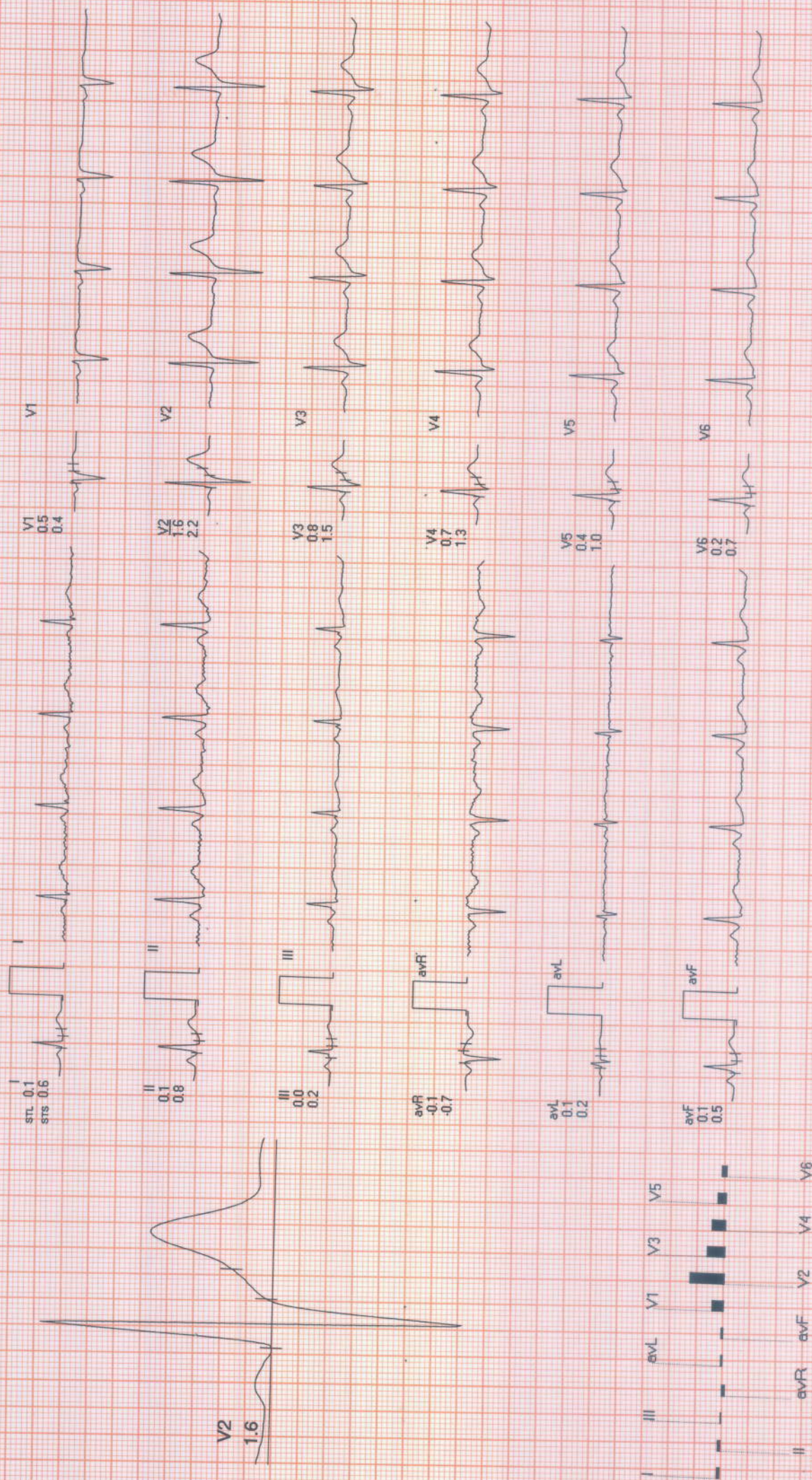


Date: 23/03/2023 11:15:40 AM

METS: 1.0/153 bpm 84% of THR BP: 130/90 mmHg Raw ECG/BLC On/ Natch On/ HF 0.05 Hz/LF 100 Hz

4X 60 mS Post J

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



REMARKS:



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

711 (2308213136) / ADBAL SACHIN GANGARAM / 37 Yrs / M / 168 Cms / 84 Kg / HR : 138

Date: 23 / 03 / 2023 11:15:40 AM

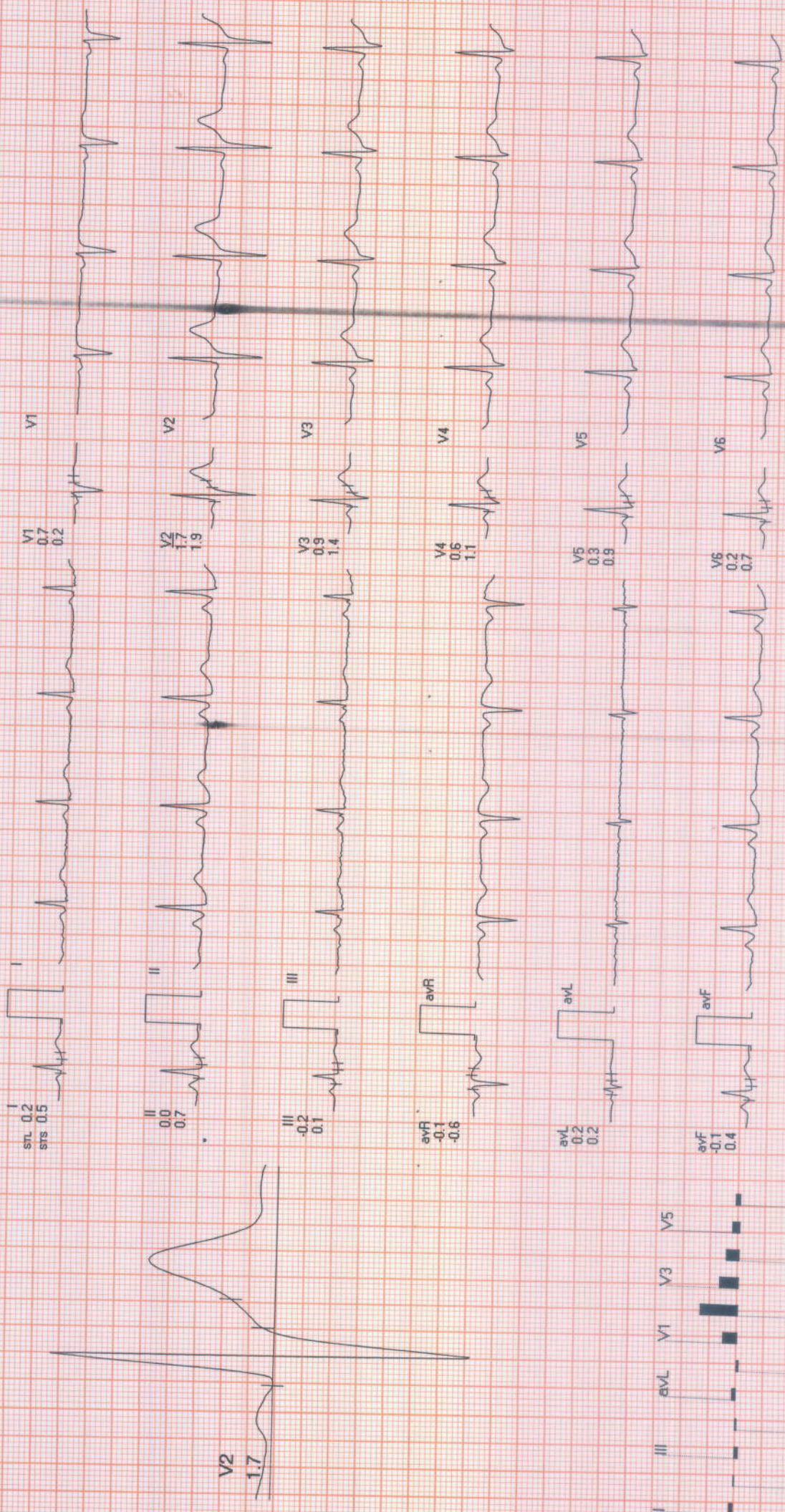
METS: 1.0 / 138 bpm 75% of THR BP: 130/90 mmHg Raw ECG/BLC On/ Natch On/ HF 0.05 Hz/LF 100 Hz

STANDING (00:00)



4X 60 mS Post J

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



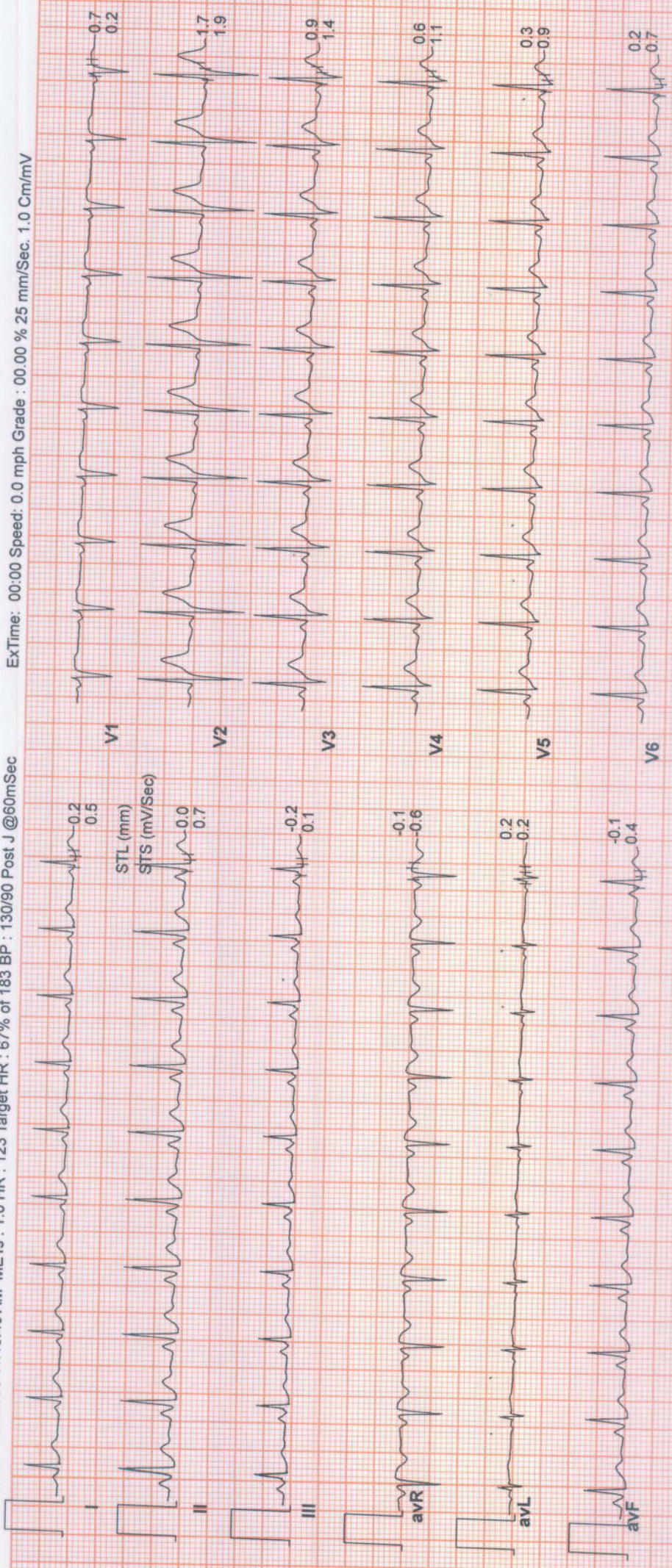
REMARKS:



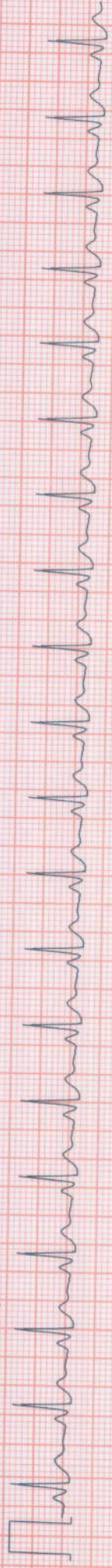


Date: 23 / 03 / 2023 11:15:40 AM METs : 1.0 HR : 123 Target HR : 67% of 183 BP : 130/90 Post J @60mSec

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



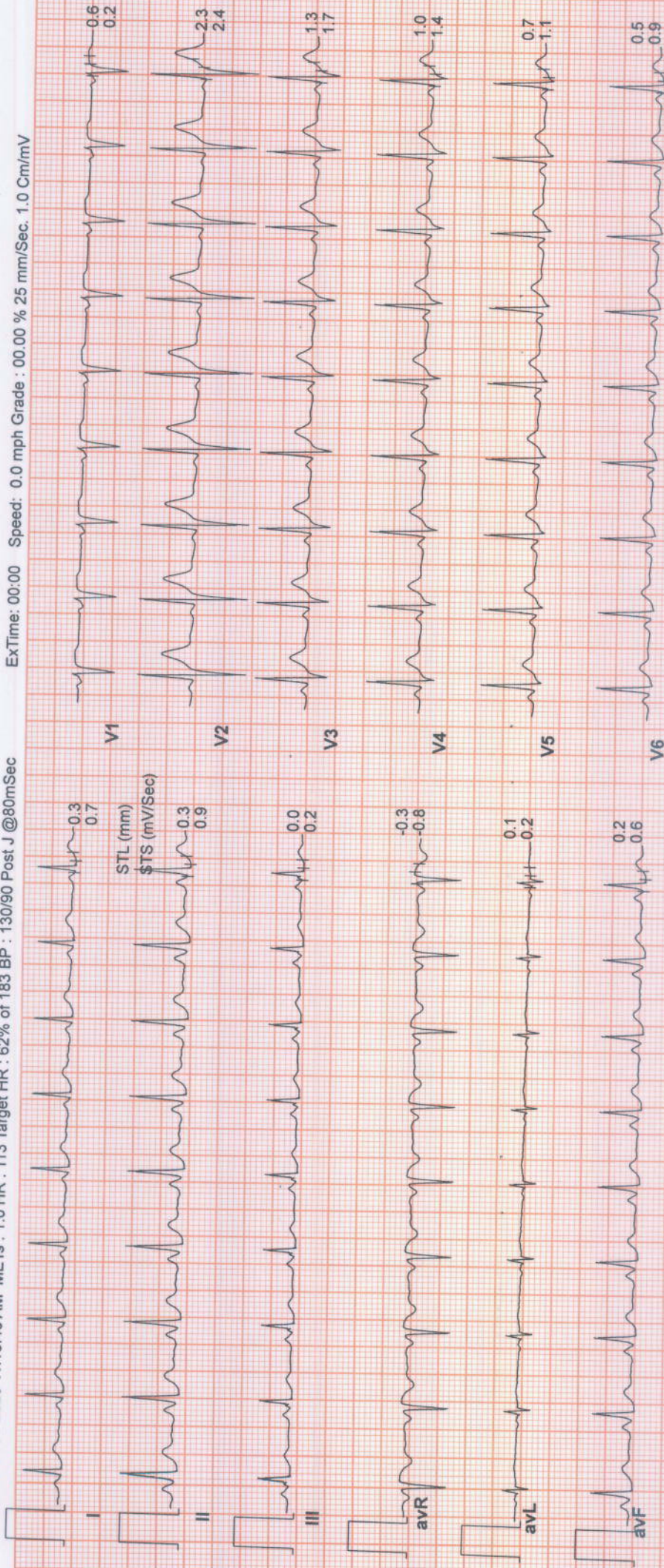
II (Combined Medians)



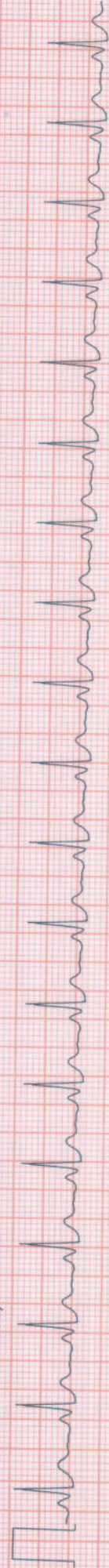


Date: 23 / 03 / 2023 11:15:40 AM METs : 1.0 HR : 113 Target HR : 62% of 183 BP : 130/90 Post J @80mSec

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



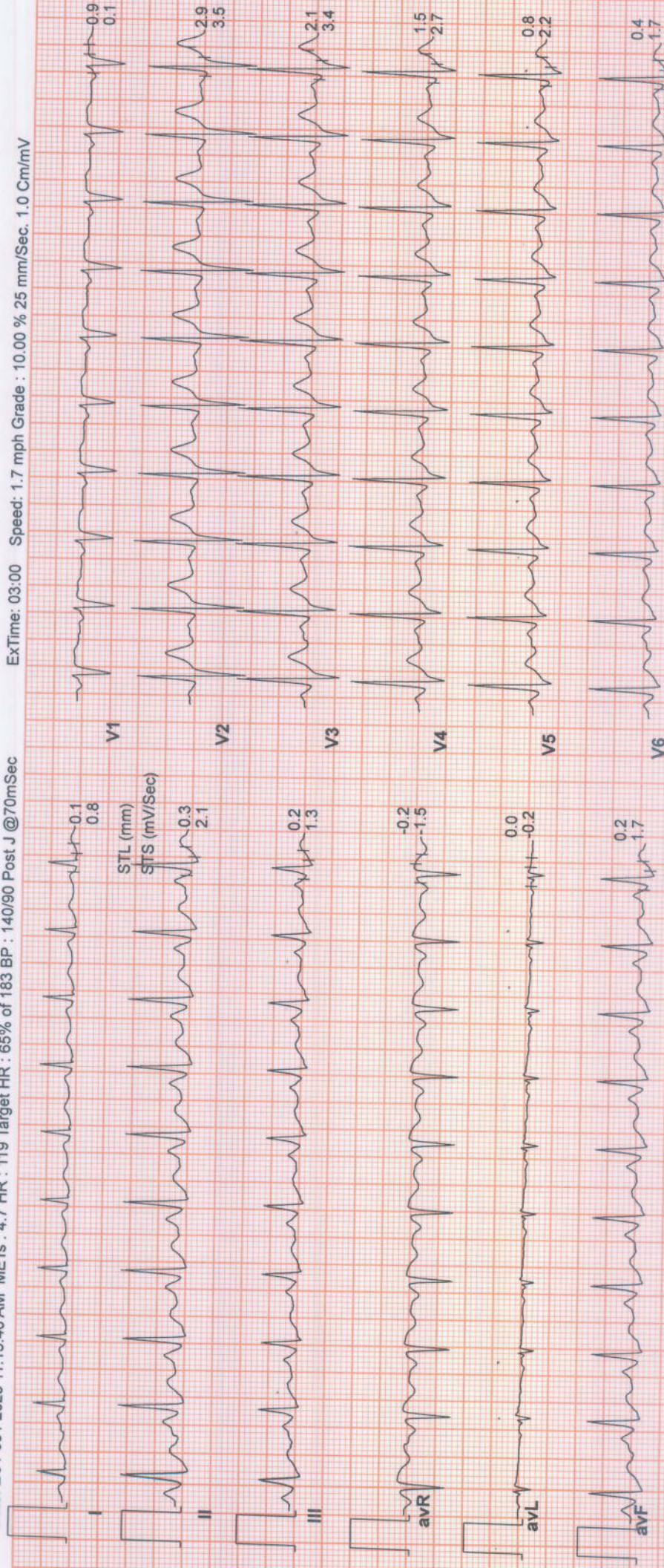
II (Combined Medians)





Date: 23 / 03 / 2023 11:15:40 AM METs : 4.7 HR : 119 Target HR : 65% of 183 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)

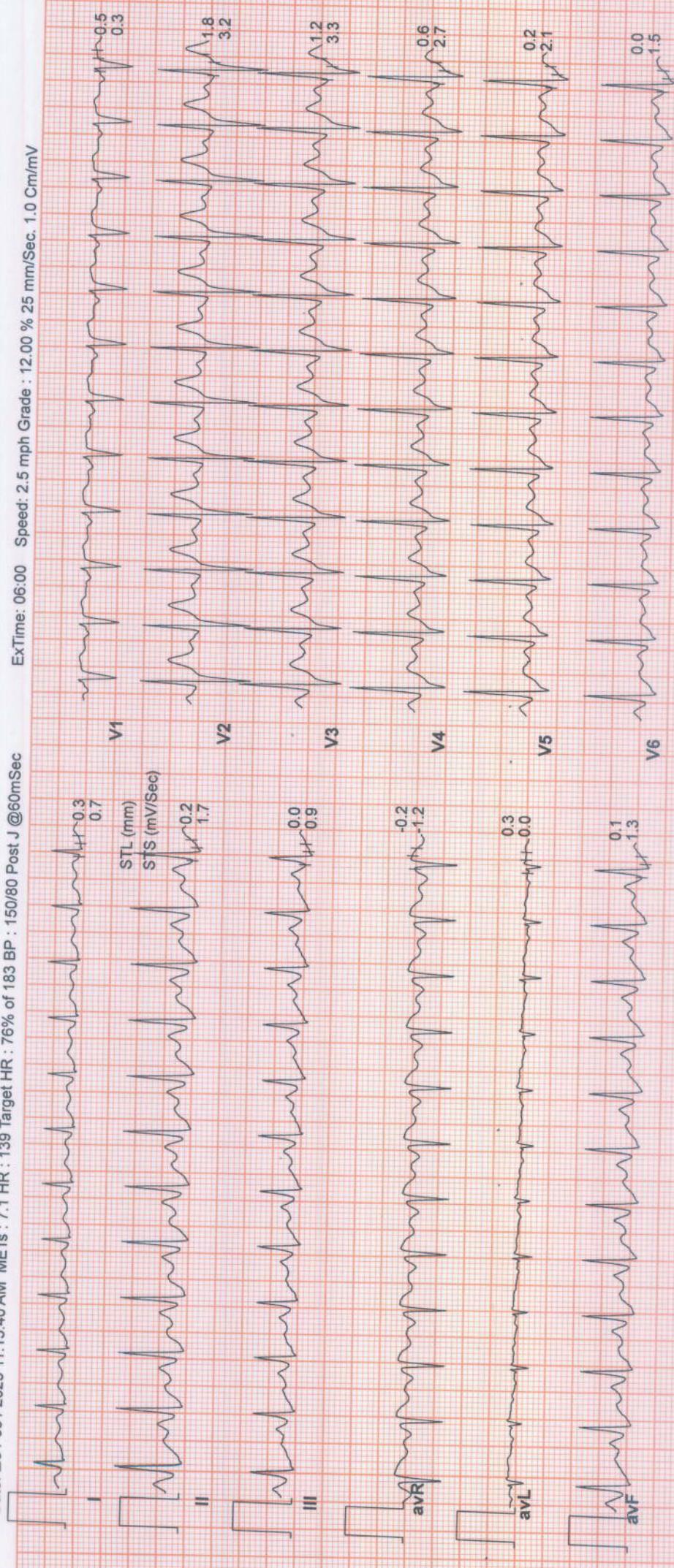
711 / ADBAL SACHIN GANGARAM / 37 Yrs / Male / 168 Cm / 84 Kg

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



Date: 23 / 03 / 2023 11:15:40 AM METs : 7.1 HR : 139 Target HR : 76% of 183 BP : 150/80 Post J @60mSec

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



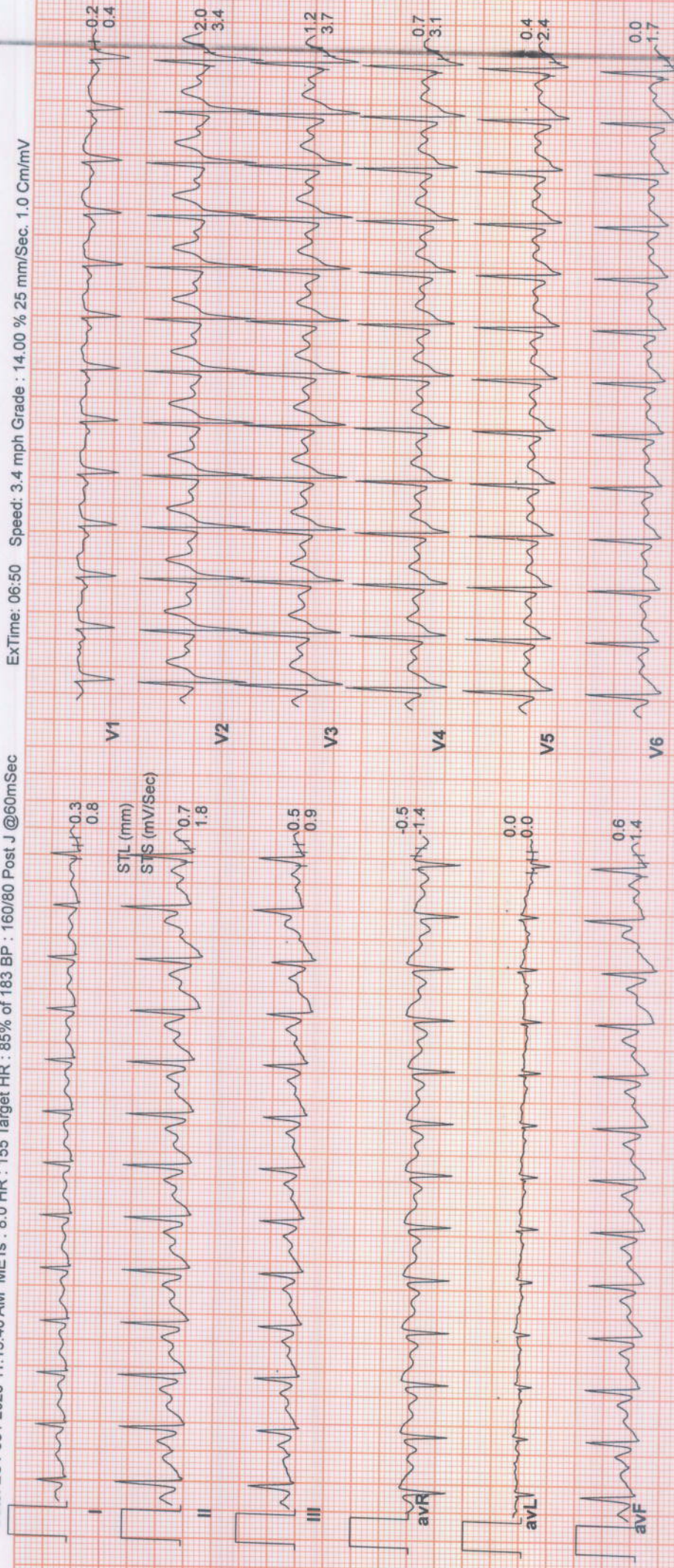
II (Combined Medians)





Date: 23 / 03 / 2023 11:15:40 AM METs : 8.0 HR : 155 Target HR : 85% of 183 BP : 160/80 Post J @60mSec

ExTime: 06:50 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV



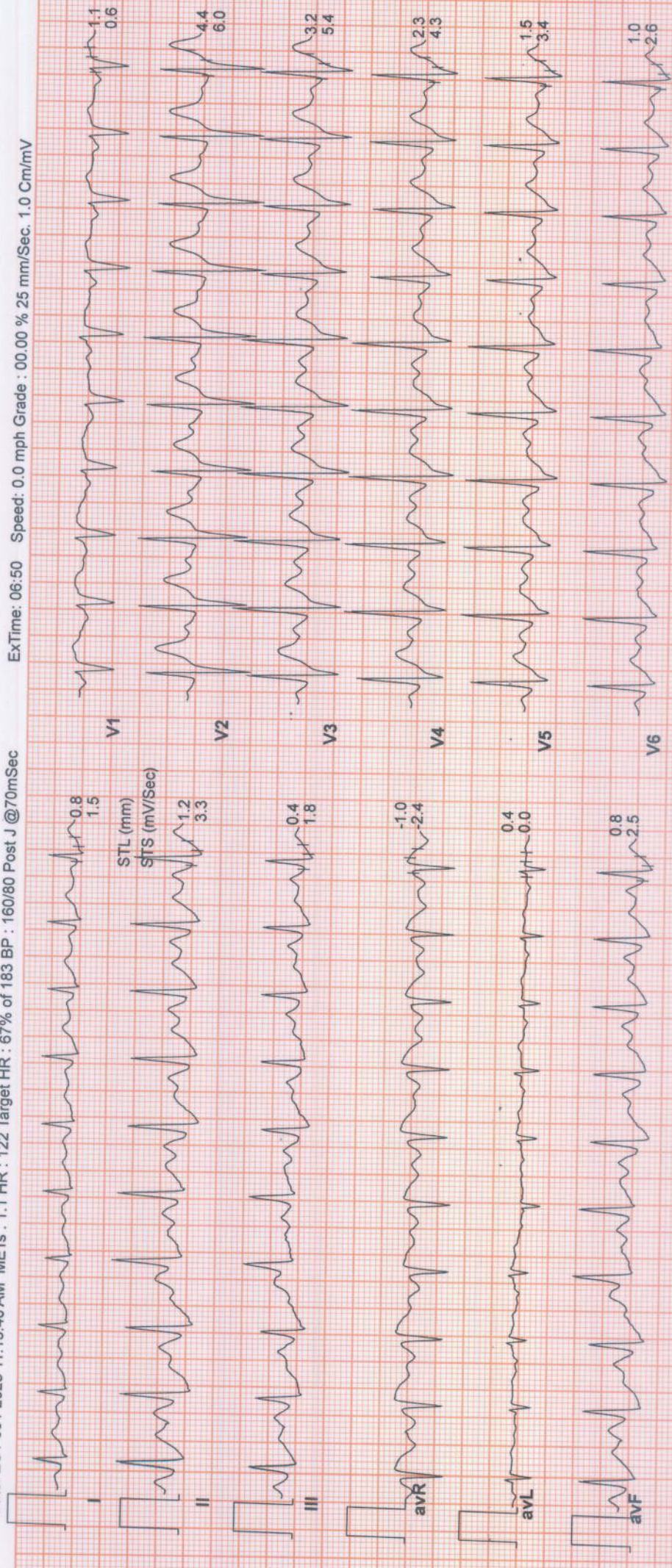
II (Combined Medians)



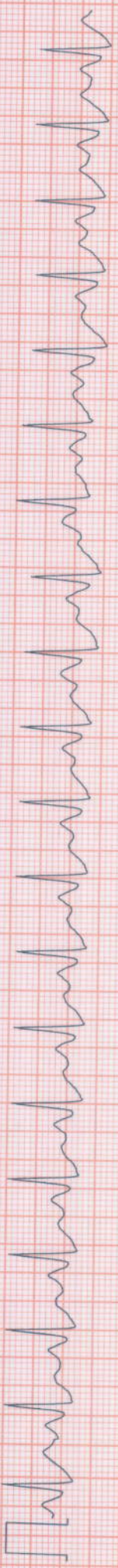


Date: 23 / 03 / 2023 11:15:40 AM METs : 1.1 HR : 122 Target HR : 67% of 183 BP : 160/80 Post J @70mSec

ExTime: 06:50 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



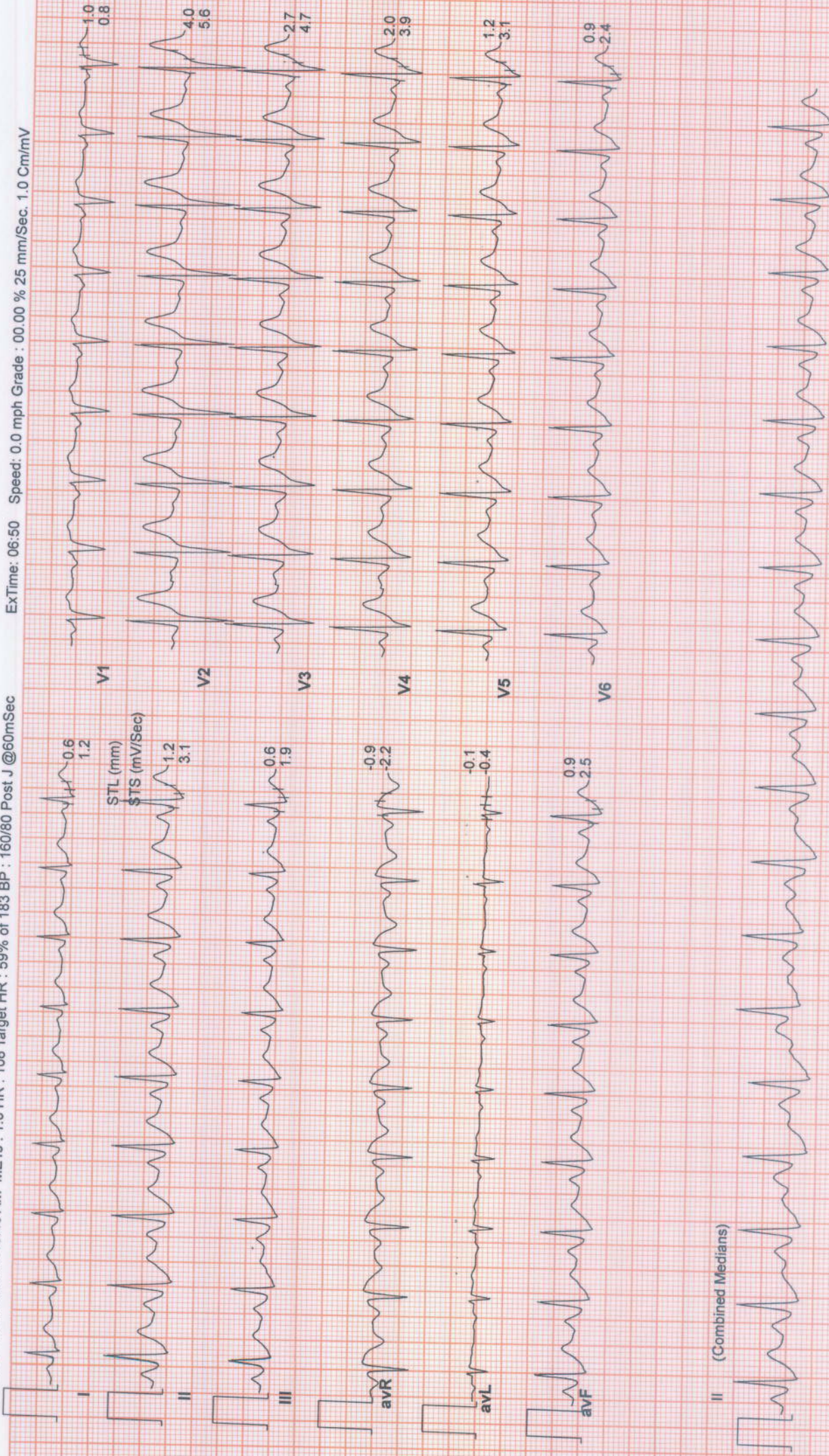
II (Combined Medians)





Date: 23 / 03 / 2023 11:15:40 AM METs : 1.0 HR : 108 Target HR : 59% of 183 BP : 160/80 Post J @60mSec

ExTime: 06:50 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

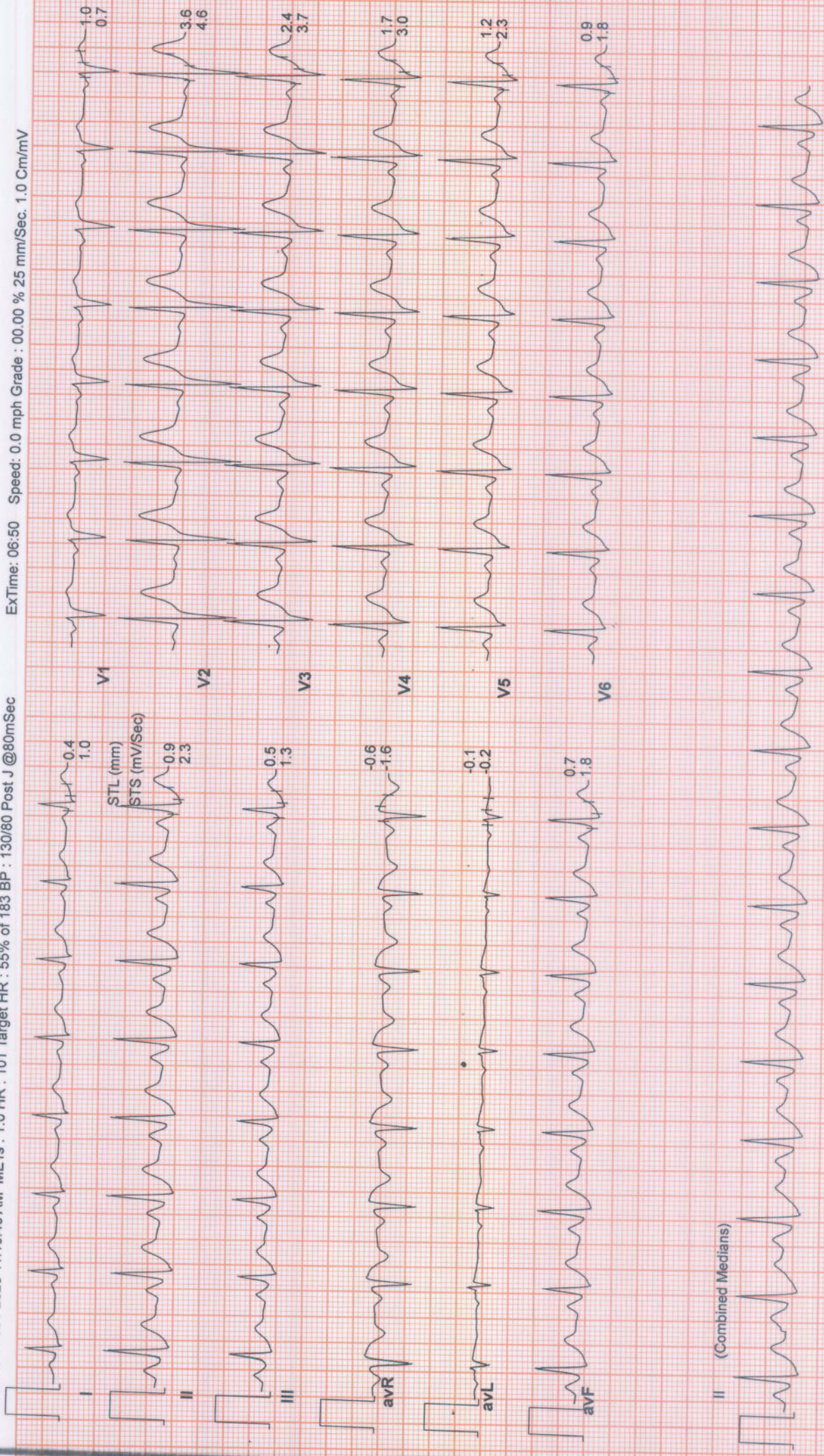
711 / ADBAL SACHIN GANGARAM / 37 Yrs / Male / 168 Cm / 84 Kg

6X2 Combine Medians + 1 Rhythm Recovery : (03:09)



Date: 23 / 03 / 2023 11:15:40 AM METs : 1.0 HR : 101 Target HR : 55% of 183 BP : 130/80 Post J @80mSec

ExTime: 06:50 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)



Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2308213136
Name : Mr ADBAL SACHIN GANGARAM
Age / Sex : 37 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre

Reg. Date : 23-Mar-2023
Reported : 23-Mar-2023 / 10:40

USG ABDOMEN AND PELVIS

LIVER: Liver appears normal in size and *shows increased echoreflexivity*. 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 11.8 x 4.5 cm. Left kidney measures 11.5 x 5.2 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. 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=2023032309272677>

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Angeri West of Mumbai - 400053.

CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar (W), Mumbai - 400086.

HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnosics.com | WEBSITE: www.suburbandiagnosics.com

Corporate Identity Number (CIN): U85110MH2002PTC136144

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2308213136
Name : Mr ADBAL SACHIN GANGARAM
Age / Sex : 37 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre

Reg. Date : 23-Mar-2023
Reported : 23-Mar-2023 / 10:40

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

AREAS OF SPECIAL EXPERTISE

OUR PRESENCE

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032309272677>

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ⒸID : 2308213136
Name : Mr ADBAL SACHIN GANGARAM
Age / Sex : 37 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 23-Mar-2023
Reported : 23-Mar-2023 / 13:33

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-----



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

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0000-0713-5507

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