



CID : 2226724957
Name : MR.AKASH DEWANGAN
Age / Gender : 29 Years / Male
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Collected : 24-Sep-2022 / 12:42
Reported : 24-Sep-2022 / 19:03

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Application To Scan the Code

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 | 14.4 | 13.0-17.0 g/dL | Spectrophotometric |
| RBC | 4.71 | 4.5-5.5 mil/cmm | Elect. Impedance |
| PCV | 43.3 | 40-50 % | Measured |
| MCV | 92 | 80-100 fl | Calculated |
| MCH | 30.6 | 27-32 pg | Calculated |
| MCHC | 33.3 | 31.5-34.5 g/dL | Calculated |
| RDW | 15.0 | 11.6-14.0 % | Calculated |
| <u>WBC PARAMETERS</u> | | | |
| WBC Total Count | 7490 | 4000-10000 /cmm | Elect. Impedance |
| <u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u> | | | |
| Lymphocytes | 33.8 | 20-40 % | |
| Absolute Lymphocytes | 2531.6 | 1000-3000 /cmm | Calculated |
| Monocytes | 10.2 | 2-10 % | |
| Absolute Monocytes | 764.0 | 200-1000 /cmm | Calculated |
| Neutrophils | 50.5 | 40-80 % | |
| Absolute Neutrophils | 3782.5 | 2000-7000 /cmm | Calculated |
| Eosinophils | 4.9 | 1-6 % | |
| Absolute Eosinophils | 367.0 | 20-500 /cmm | Calculated |
| Basophils | 0.6 | 0.1-2 % | |
| Absolute Basophils | 44.9 | 20-100 /cmm | Calculated |
| Immature Leukocytes | - | | |
| WBC Differential Count by Absorbance & Impedance method/Microscopy. | | | |
| <u>PLATELET PARAMETERS</u> | | | |
| Platelet Count | 337000 | 150000-400000 /cmm | Elect. Impedance |
| MPV | 8.7 | 6-11 fl | Calculated |
| PDW | 14.9 | 11-18 % | Calculated |



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Reported : 24-Sep-2022 / 16:06

RBC MORPHOLOGY

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 5 2-15 mm at 1 hr. Westergren

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West

*** End Of Report ***



J. Thakker

Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP(Medical
Services)



CID : 2226724957
Name : MR.AKASH DEWANGAN
Age / Gender : 29 Years / Male
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Collected : 24-Sep-2022 / 12:42
Reported : 24-Sep-2022 / 16:51

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|--|----------------|---|------------------|
| GLUCOSE (SUGAR) FASTING, Fluoride Plasma | 91.5 | Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl | Hexokinase |
| GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R | 97.7 | Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl | Hexokinase |
| BILIRUBIN (TOTAL), Serum | 0.4 | 0.1-1.2 mg/dl | Colorimetric |
| BILIRUBIN (DIRECT), Serum | 0.17 | 0-0.3 mg/dl | Diazo |
| BILIRUBIN (INDIRECT), Serum | 0.23 | 0.1-1.0 mg/dl | Calculated |
| TOTAL PROTEINS, Serum | 6.8 | 6.4-8.3 g/dL | Biuret |
| ALBUMIN, Serum | 4.8 | 3.5-5.2 g/dL | BCG |
| GLOBULIN, Serum | 2.0 | 2.3-3.5 g/dL | Calculated |
| A/G RATIO, Serum | 2.4 | 1 - 2 | Calculated |
| SGOT (AST), Serum | 19.1 | 5-40 U/L | NADH (w/o P-5-P) |
| SGPT (ALT), Serum | 21.2 | 5-45 U/L | NADH (w/o P-5-P) |
| GAMMA GT, Serum | 12.7 | 3-60 U/L | Enzymatic |
| ALKALINE PHOSPHATASE, Serum | 97.9 | 40-130 U/L | Colorimetric |
| BLOOD UREA, Serum | 19.0 | 12.8-42.8 mg/dl | Kinetic |
| BUN, Serum | 8.9 | 6-20 mg/dl | Calculated |
| CREATININE, Serum | 0.86 | 0.67-1.17 mg/dl | Enzymatic |



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Collected : 24-Sep-2022 / 15:51
Reported : 24-Sep-2022 / 21:43

| | | | |
|-------------------------|--------|--------------------|------------|
| eGFR, Serum | 112 | >60 ml/min/1.73sqm | Calculated |
| URIC ACID, Serum | 6.5 | 3.5-7.2 mg/dl | Enzymatic |
| 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 Borivali Lab, Borivali West
*** End Of Report ***



Anupa

Dr.ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab
Director



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Age / Gender : 29 Years / Male
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Reg. Location : Bhayander East (Main Centre)

Collected : 24-Sep-2022 / 12:42
Reported : 24-Sep-2022 / 19:37

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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 | 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.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

*** End Of Report ***



Dr. Leena Salunkhe
Dr.LEENA SALUNKHE
M.B.B.S, DPB (PATH)
Pathologist



CID : 2226724957
Name : MR.AKASH DEWANGAN
Age / Gender : 29 Years / Male
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Reg. Location : Bhayander East (Main Centre)

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Reported : 24-Sep-2022 / 19:01

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|---------------------------------------|----------------|-----------------------------|--------------------|
| <u>PHYSICAL EXAMINATION</u> | | | |
| Color | Yellow | Pale Yellow | - |
| Reaction (pH) | 5.0 | 4.5 - 8.0 | Chemical Indicator |
| Specific Gravity | 1.020 | 1.001-1.030 | Chemical Indicator |
| Transparency | Clear | Clear | - |
| Volume (ml) | 30 | - | - |
| <u>CHEMICAL EXAMINATION</u> | | | |
| 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 |
| <u>MICROSCOPIC EXAMINATION</u> | | | |
| Leukocytes(Pus cells)/hpf | 2-3 | 0-5/hpf | |
| Red Blood Cells / hpf | Absent | 0-2/hpf | |
| Epithelial Cells / hpf | 1-2 | | |
| Casts | Absent | Absent | |
| Crystals | Absent | Absent | |
| Amorphous debris | Absent | Absent | |
| Bacteria / hpf | 3-4 | Less than 20/hpf | |
| Others | - | | |

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
*** End Of Report ***



J. Thakker

Dr.JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP(Medical Services)



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Reg. Location : Bhayander East (Main Centre)

Collected : 24-Sep-2022 / 12:42
Reported : 24-Sep-2022 / 18:55

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

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

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

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

Limitations:

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

References:

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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

*** End Of Report ***



Dr. Leena Salunkhe
Dr.LEENA SALUNKHE
M.B.B.S, DPB (PATH)
Pathologist



CID : 2226724957
Name : MR.AKASH DEWANGAN
Age / Gender : 29 Years / Male
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Collected : 24-Sep-2022 / 12:42
Reported : 24-Sep-2022 / 19:00

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|----------------------------------|---------|---|--|
| CHOLESTEROL, Serum | 182.8 | Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl | CHOD-POD |
| TRIGLYCERIDES, Serum | 70.2 | 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 | 48.2 | Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl | Homogeneous enzymatic colorimetric assay |
| NON HDL CHOLESTEROL, Serum | 134.6 | Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl | Calculated |
| LDL CHOLESTEROL, Serum | 121.0 | 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 | 13.6 | < /= 30 mg/dl | Calculated |
| CHOL / HDL CHOL RATIO, Serum | 3.8 | 0-4.5 Ratio | Calculated |
| LDL CHOL / HDL CHOL RATIO, Serum | 2.5 | 0-3.5 Ratio | Calculated |

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
*** End Of Report ***



J. Thakker

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M.D. (PATH), DPB
Pathologist & AVP(Medical Services)



CID : 2226724957
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Age / Gender : 29 Years / Male
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Collected : 24-Sep-2022 / 12:42
Reported : 24-Sep-2022 / 18:45

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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 | 5.6 | 3.5-6.5 pmol/L | ECLIA |
| Free T4, Serum | 17.2 | 11.5-22.7 pmol/L | ECLIA |
| sensitiveTSH, Serum | 4.29 | 0.35-5.5 microIU/ml | ECLIA |



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Reported : 24-Sep-2022 / 18:45

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 ***



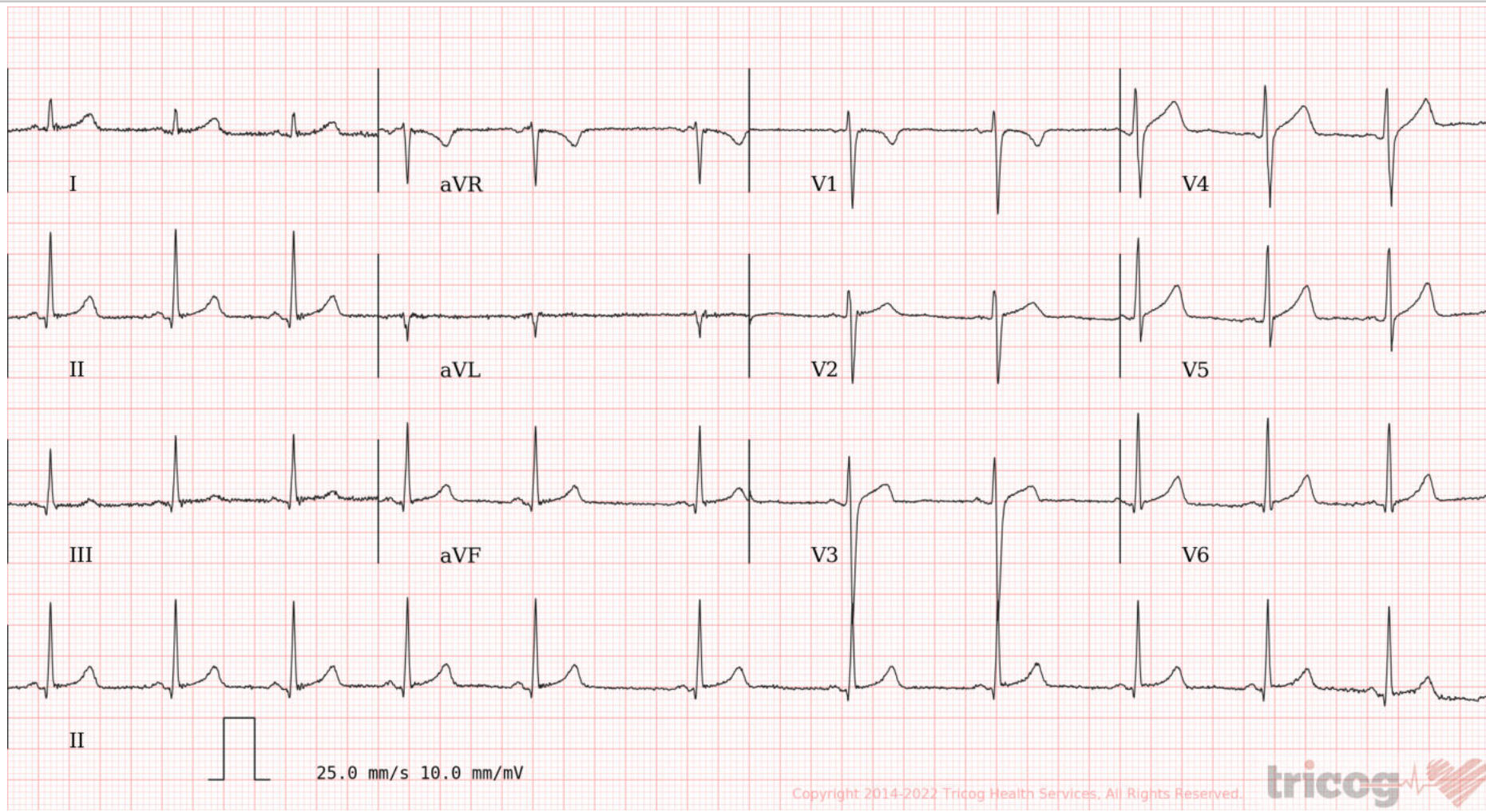
Anupa Dixit

Dr.ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab Director

Patient Name: AKASH DEWANGAN

Date and Time: 24th Sep 22 1:03 PM

Patient ID: 2226724957



Age **29** **NA** **NA**
years months days

Gender **Male**

Heart Rate **70bpm**

Patient Vitals

BP: 120/80 mmHg
Weight: 54 kg
Height: 165 cm
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 90ms
QT: 378ms
QTc: 408ms
PR: 122ms
P-R-T: 72° 75° 53°

ECG Within Normal Limits: Sinus Rhythm, Normal Axis, No significant ST-T changes. Please correlate clinically.

REPORTED BY

Smita Valani

Dr. Smita Valani
MBBS, D. Cardiology
2011/03/0587

भारत सरकार
Government of India

आकाश देवांगन
Akash Dewangan
जन्म तिथि / DOB : 13/07/1993
पुरुष / Male

6903 5269 1021

आधार - आम आदमी का अधिकार



Akash

Amit

SUBURBAN DIAGNOSTICS (I) PVT. LTD
Shop No. 101-A, 1st Floor, Kshitij Building,
Above Raymond, Near Pooja Hospital
Mira - Bhayander Road, Bhayander (E)
Dist. Thane-401 05.
Phone No. 922 - 51700000

DR. SMITA VALANI
MBBS, D. CARDIOLOGY
2011/03/0587

CID# : 2226724957

Name : MR.AKASH DEWANGAN

Age / Gender : 29 Years/Male

Consulting Dr. :-

Collected : 24-Sep-2022 / 12:12

Reg.Location : Bhayander East (Main Centre)

Reported : 26-Sep-2022 / 08:37

PHYSICAL EXAMINATION REPORT

No Complaint

EXAMINATION FINDINGS:

| | | | |
|-------------------------|-------------|--------------|--------------|
| Height (cms): | 165 | Weight (kg): | 54 |
| Temp (0c): | Afebrile | Skin: | NAD |
| Blood Pressure (mm/hg): | 110/80 mmHg | Nails: | NAD |
| Pulse: | 72/min | Lymph Node: | Not Palpable |

Systems

Cardiovascular: S1S2-Normal

Respiratory: Chest-Clear

Genitourinary: NAD

GI System: NAD

CNS: NAD

(O+ve)

IMPRESSION: CBC, Biochemistry all WNL
USG KID. RT - Simple Renal Cortical Cyst.

ADVICE:

CHIEF COMPLAINTS:

- | | |
|------------------|----|
| 1) Hypertension: | No |
| 2) IHD | No |

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

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| | |
|--|----|
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis | No |
| 6) Asthama | No |
| 7) Pulmonary Disease | No |
| 8) Thyroid/ Endocrine disorders | No |
| 9) Nervous disorders | No |
| 10) GI system | No |
| 11) Genital urinary disorder | No |
| 12) Rheumatic joint diseases or symptoms | No |
| 13) Blood disease or disorder | No |
| 14) Cancer/lump growth/cyst | No |
| 15) Congenital disease | No |
| 16) Surgeries | No |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

| | |
|---------------|------------------|
| 1) Alcohol | Yes,Occasionally |
| 2) Smoking | Yes,Rarely |
| 3) Diet | Mixed |
| 4) Medication | No |

SUBURBAN DIAGNOSTICS (I) PVT. LTD.
 Shop No. 101-A, 1st Floor, Kshatri Building
 Above Raymond, Near Thane Hospital
 Mira - Bhayander Road, Bhayander East
 Dist. Thane-401106.
 Phone No. 022-25422000

*** End Of Report ***

DR. ANITA CHOUDHARY
 M.B.B.S.
 CONSULTANT PHYSICIAN
 Reg. No. 2017/12/5853

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Dear Sir/Madam,

I want to skip the STOOL Test for tests dated
24.09.2022.

Thank you

AKASH Dewangan


SUBURBAN DIAGNOSTICS (I) PVT. LTD
Shop No. 101-A, 1st Floor, Kshara Building
Above Raymond, Near Thane Hospital
Mira - Bhandarkar Road, Thane (E)
Dist. Thane-401105.
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For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

E-Mail:

220 (2221021012) / DEWANGAN AKASH / 29 Yrs / M / 65 Kg
 Date: 24 / 09 / 2022 12:19:29 PM

| Stage | Time | Duration | Speed(mph) | Elevation | METS | Rate | % THR | BP | RPP | PVC | Comments |
|---------------|-------|----------|------------|-----------|------|------|-------|---------|-----|-----|----------|
| Supine | 00:39 | 0:39 | 00.0 | 00.0 | 01.0 | 088 | 46% | 120/80 | 105 | 00 | |
| Standing | 00:47 | 0:08 | 00.0 | 00.0 | 01.0 | 088 | 46% | 120/80 | 105 | 00 | |
| HV | 00:53 | 0:06 | 00.0 | 00.0 | 01.0 | 091 | 48% | 120/80 | 109 | 00 | |
| ExStart | 01:00 | 0:07 | 00.0 | 00.0 | 01.0 | 091 | 48% | 120/80 | 109 | 00 | |
| BRUCE Stage 1 | 04:00 | 3:00 | 01.7 | 10.0 | 04.7 | 116 | 61% | 120/80 | 139 | 00 | |
| BRUCE Stage 2 | 07:00 | 3:00 | 02.5 | 12.0 | 07.1 | 140 | 73% | 130/80 | 182 | 00 | |
| BRUCE Stage 3 | 10:00 | 3:00 | 03.4 | 14.0 | 10.2 | 158 | 83% | 140/80 | 221 | 00 | |
| PeakEX | 10:18 | 0:18 | 04.2 | 16.0 | 10.5 | 169 | 88% | 140/80 | 236 | 00 | |
| Recovery | 11:18 | 1:00 | 01.1 | 00.0 | 04.2 | 146 | 76% | 160/80 | 233 | 00 | |
| Recovery | 12:18 | 2:00 | 00.0 | 00.0 | 01.0 | 113 | 59% | 160/80 | 180 | 00 | |
| Recovery | 14:18 | 4:00 | 00.0 | 00.0 | 01.0 | 090 | 47% | 150/80 | 135 | 00 | |
| Recovery | 14:29 | | | | 00.0 | 000 | 0% | ---/--- | 000 | 00 | |

FINDINGS :

Exercise Time : 09:18
 Initial HR (ExStrt) : 91 bpm 48% of Target 191
 Initial BP (ExStrt) : 120/80 (mm/Hg)
 Max WorkLoad Attained : 10.5 Good response to induced stress
 Max ST Dep Lead & Avg ST Value : II & -0.8 mm in Stage 3
 Duke Treadmill Score : 08.4
 Test End Reasons : Test Complete

Max HR Attained 169 bpm 88% of Target 191
 Max BP Attained 160/80 (mm/Hg)
 VO2Max : 36.8 ml/Kg/min (Fair)

00000719-220-497-0004
 501101-5044-1310
 Dist
 2011/02/0587
DR. SMITA VALANI
MBBS, D. CARDIOLOGY
 911 Ltd (I) 501101-5044-1310
 2011/02/0587
 Doctor : SMITA VALANI

EMail: 220 / BELWANGAN AKASH / 29 Yrs / M / 55 Kg Date: 24 / 09 / 2022 12:19:29 PM

REPORT :

| | | |
|------------------------------|---|--|
| TERMINATION | : | TEST COMPLETE |
| EXERCISE TOLERANCE | : | GOOD EFFORT TOLERANCE |
| EXERCISE INDUCED ARRHYTHMIAS | : | NO ANGINA OR ANGINA EQUIVALENT |
| | | NO SIGNIFICANT ST-T CHANGES DURING EXERCISE AND RECOVERY |
| HAEMODYNAMIC RESPONSE | : | GOOD INOTROPIC RESPONSE |
| CHRONOTROPIC RESPONSE | : | GOOD CHRONOTROPIC RESPONSE |
| FINAL IMPRESSION | : | NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA AT THIS WORKLOAD. |

SUBURBAN DIAGNOSTICS (I) PVT. LTD
 Shop No. 101-A, 1st Floor, Kshiti Building
 Above Raymond, Near Thungani Hospital
 1, Bhayander Road, Bhayander
 Dist. Thane-401105.
 Phone No : 022 - 01700000

DR. SMITA VALANI
MBBS, D.CARDIOLOGY
 2018/03/0587

Doctor : SMITA VALANI



CID : 2226724957
Name : Mr AKASH DEWANGAN
Age / Sex : 29 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 24-Sep-2022
Reported : 24-Sep-2022/14:27

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (12.8 cm), shape and shows smooth margins. It shows normal parenchymal echotexture. No evidence of any intra hepatic cystic or solid lesion seen. The intra hepatic biliary and portal radicals appear normal. The main portal vein appears normal.

GALL BLADDER:

The gall bladder is folded and physiologically distended. Neck region is not well visualised. Gall bladder wall appears normal. No evidence of calculus or mass lesions seen in the visualised lumen.

COMMON BILE DUCT:

The visualized common bile duct is normal in calibre. Terminal common bile duct is obscured due to bowel gas artefacts.

PANCREAS:

The pancreas appears normal. No evidence of solid or cystic mass lesion seen.

KIDNEYS:

Right kidney measures 10.0 x 3.4 cm. Left kidney measures 10.1 x 4.7 cm. Both the kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. No evidence of any calculus, hydronephrosis or mass lesion seen.

A 8.8 mm simple cyst is seen in the mid pole cortex of right kidney.

SPLEEN:

The spleen is normal in size (9.1 cm) and echotexture. No evidence of focal lesion is noted.

URINARY BLADDER:

The urinary bladder is well distended and reveals no intraluminal abnormality. Bladder wall appears normal. No obvious calculus or mass lesion made out in the lumen.



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PROSTATE:

The prostate is normal in size, measures 3.1 x 2.8 x 2.9 cms and weighs 13.7 gms. Parenchymal echotexture is normal. No obvious mass or calcification made out.

There is no evidence of any lymphadenopathy or ascites.

IMPRESSION:

- **Right simple renal cortical cyst.**
- **No other significant abnormality made out.**

Kindly correlate clinically.

Investigations have their limitation. Solitary pathological/Radiological & other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms & other related tests. Please interpret accordingly.

-----End of Report-----

This report is prepared and physically checked by DR VIBHA S KAMBLE before dispatch.

DR.VIBHA S KAMBLE
MBBS ,DMRD
Reg No -65470
Consultant Radiologist



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X-RAY CHEST PA VIEW

Both the lung fields are clear with no active parenchymal lesion.

Both hila are prominent.

The cardiothoracic ratio is maintained and the cardiac outline is normal.

The domes of the diaphragm are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

IMPRESSION:

- **Bilateral prominent hila.**
- **No other significant abnormality detected.**

Kindly correlate clinically.

-----End of Report-----

This report is prepared and physically checked by DR VIBHA S KAMBLE before dispatch.

DR. VIBHA S KAMBLE
MBBS ,DMRD
Reg No -65470
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