

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

PRASHANT BHASKAR VAHULRAJE

BHASKAR NAMDEO VAHULRAJE

16/08/1980

Permanent Account Number

AHUPV3443M

Signature



13062014

PHYSICAL EXAMINATION REPORT

Patient Name	Prashant Vakilraje	Sex/Age	M/42
Date	10/12/2022	Location	Thane.

History and Complaints

K/d-o-DM.

EXAMINATION FINDINGS:

Height (cms):	178	Temp (0c):	①
Weight (kg):	85.2	Skin:	NAD.
Blood Pressure	120/80	Nails:	
Pulse	72/min	Lymph Node:	

Systems :

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

Impression: - ↑ ESR (29)

↑ HbA1c - BSL / F (Diabetic) , urine sugar (+++)
 ↑ cholesterol, ↑ LDL PP TSH - 0.03 (↓)

- Low Fat, Low sugar Diet.

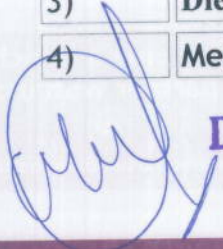
Advice:

- Physician's consultation for DM,
Thyroid, Dyslipidemia.

1)	Hypertension:	
2)	IHD	Nil
3)	Arrhythmia	
4)	Diabetes Mellitus	- Yes since 2 years.
5)	Tuberculosis	
6)	Asthama	
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	Nil
9)	Nervous disorders	
10)	GI system	
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptoms	
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	Nil
15)	Congenital disease	
16)	Surgeries	(20/2) - Screw Insertion Hip. RT.
17)	Musculoskeletal System	Nil

PERSONAL HISTORY:

1)	Alcohol	f No
2)	Smoking	No
3)	Diet	Diabetic Diet (Low carb)
4)	Medication	No



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



CID : 2234421522
Name : MR.PRASHANT VAHULRAJE B
Age / Gender : 42 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 10-Dec-2022 / 12:13
Reported : 10-Dec-2022 / 13:40

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CBC (Complete Blood Count), Blood			
RBC PARAMETERS			
Haemoglobin	15.0	13.0-17.0 g/dL	Spectrophotometric
RBC	5.08	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.0	40-50 %	Measured
MCV	87	80-100 fl	Calculated
MCH	29.5	27-32 pg	Calculated
MCHC	34.0	31.5-34.5 g/dL	Calculated
RDW	14.0	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	6300	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	29.2	20-40 %	Calculated
Absolute Lymphocytes	1839.6	1000-3000 /cmm	Calculated
Monocytes	7.5	2-10 %	Calculated
Absolute Monocytes	472.5	200-1000 /cmm	Calculated
Neutrophils	56.1	40-80 %	Calculated
Absolute Neutrophils	3534.3	2000-7000 /cmm	Calculated
Eosinophils	7.2	1-6 %	Calculated
Absolute Eosinophils	453.6	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	Calculated
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
PLATELET PARAMETERS			
Platelet Count	203000	150000-400000 /cmm	Elect. Impedance
MPV	9.1	6-11 fl	Calculated
PDW	18.3	11-18 %	Calculated

Authenticity Check



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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 29 2-15 mm at 1 hr. Sedimentation

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

AREA OF SPECIAL EXPERTISE

OUR EXPERTISE



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist



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Collected : 10-Dec-2022 / 12:13
Reported : 10-Dec-2022 / 14:09

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	195.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	366.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.7	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.29	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.41	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
SGOT (AST), Serum	17.9	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	23.0	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	23.8	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	79.1	40-130 U/L	PNPP
BLOOD UREA, Serum	29.9	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	14.0	6-20 mg/dl	Calculated

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Reported : 10-Dec-2022 / 17:13

CREATININE, Serum	0.9	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	98	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	3.9	3.5-7.2 mg/dl	Uricase
Urine Sugar (Fasting)	+++	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 ***

AREA OF SPECIAL EXPERTISE

OUR REFERENCE



Amit Taori
Dr.AMIT TAORI
M.D (Path)
Pathologist



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Collected : 10-Dec-2022 / 12:13
Reported : 10-Dec-2022 / 14:03

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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	8.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC Kindly correlate clinically.	200.1	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



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Collected :
Reported :

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Collected : 10-Dec-2022 / 12:13
Reported : 10-Dec-2022 / 17:15

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.030	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	40	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	3+	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	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	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



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

PARAMETER	RESULTS
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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*** End Of Report ***



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

Collected : 10-Dec-2022 / 12:13
Reported : 10-Dec-2022 / 14:21

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	212.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	101.2	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	40.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	172.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	153.0	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	19.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.8	0-3.5 Ratio	Calculated

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



Amil Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist



Authenticity Check
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Collected : 10-Dec-2022 / 12:13
Reported : 10-Dec-2022 / 15:57

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	15.1	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	0.03	0.35-5.5 microlU/ml	ECLIA

Result rechecked.
Kindly correlate clinically.



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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

41 (2234421522) / PRASHANT VAHULRAJE B / 42 Yrs / M / 178 Cms / 84 Kg Date: 10-Dec-2022

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:10	0:10	00.0	00.0	01.0	087	49 %	120/90	104	00	
Standing	00:18	0:08	00.0	00.0	01.0	088	49 %	120/90	105	00	
HV	00:29	0:11	00.0	00.0	01.0	091	51 %	120/90	109	00	
ExStart	00:35	0:06	00.0	00.0	01.0	091	51 %	120/90	109	00	
BRUCE Stage 1	03:35	3:00	01.7	10.0	04.7	142	80 %	130/90	184	00	
PeakEx	04:07	0:32	02.5	12.0	05.1	152	85 %	150/80	228	00	
Recovery	05:07	1:00	00.0	00.0	01.0	123	69 %	150/80	184	00	
Recovery	06:07	2:00	00.0	00.0	01.0	098	55 %	150/80	147	00	
Recovery	07:07	3:00	00.0	00.0	01.0	094	53 %	130/80	122	00	
Recovery	08:07	4:00	00.0	00.0	01.0	095	53 %	130/80	123	00	
Recovery	08:15	4:08	00.0	00.0	01.0	095	53 %	130/80	123	00	

FINDINGS :

Exercise Time : 03:32
 Max HR Attained : 152 bpm 85% of Target 178
 Max BP Attained : 150/80
 Max WorkLoad Attained : 5.1 Fair response to induced stress
 Test End Reasons : Fatigue, Heart Rate Acheived

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 91.0 bpm, and the maximum predicted Target Heart Rate 177.0. The BP increased at the time of generating report as 150.0/80.0 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. Accelerated 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

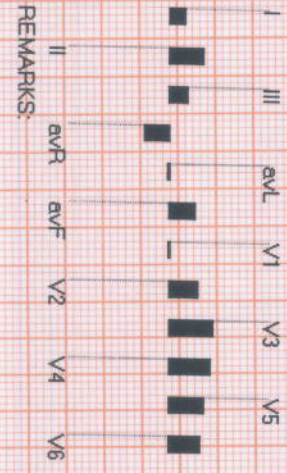
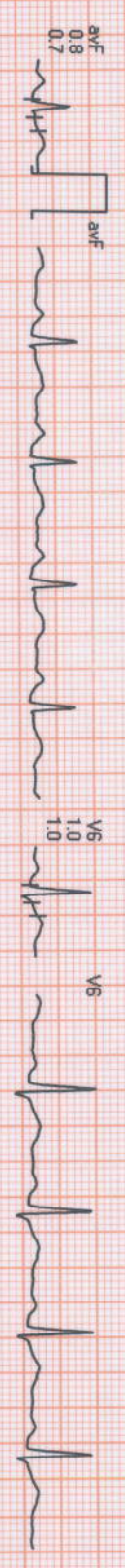
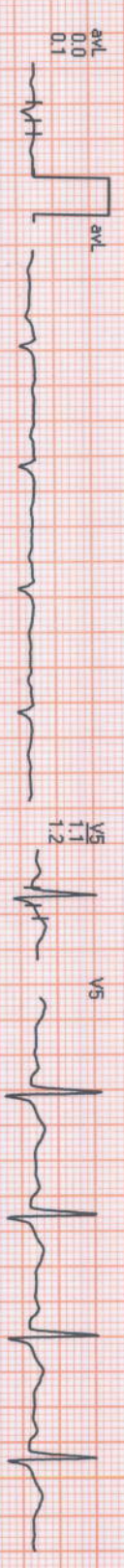
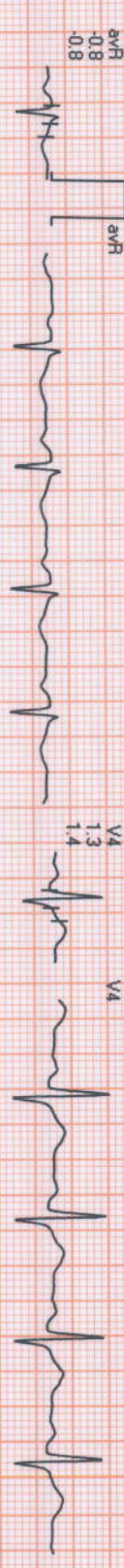
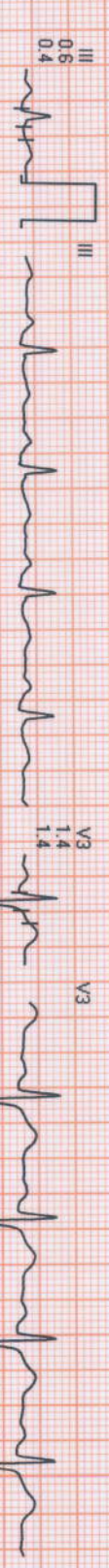
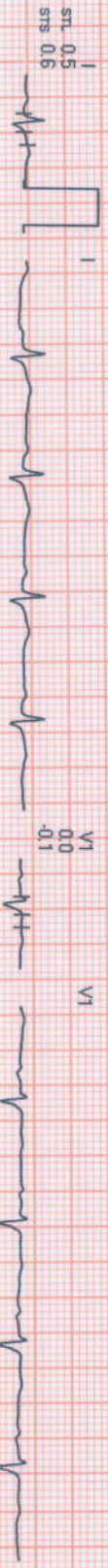
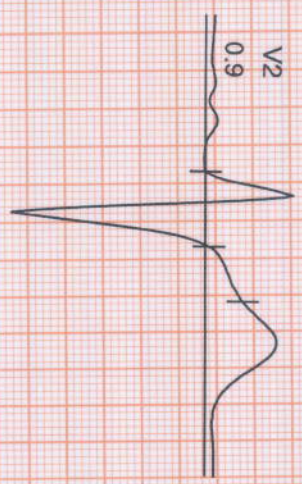


41 (2234421522) / PRASHANT VAHURAJE B / 42 Yrs / M / 178 Cms / 84 Kg / HR : 87

Date: 10-Dec-2022 12:26:06 PM METS: 1.0 / 87 bpm 49% of THR BP: 120/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

4X 80 ms Post J

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



REMARKS:



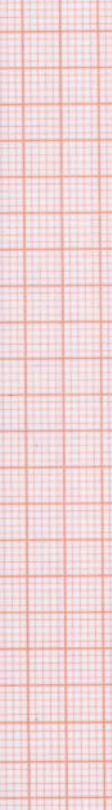
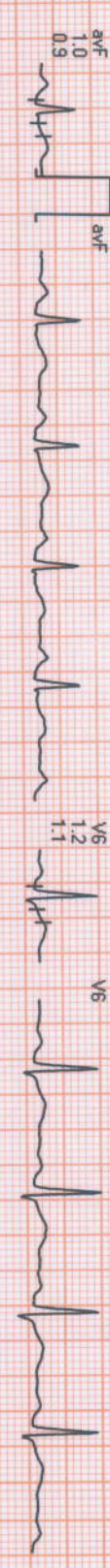
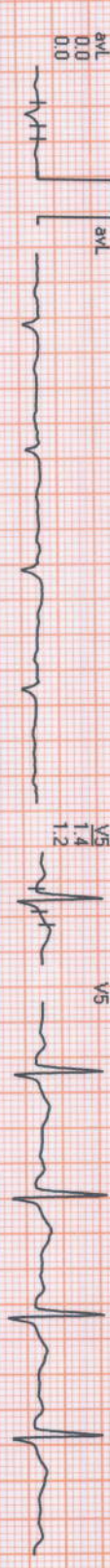
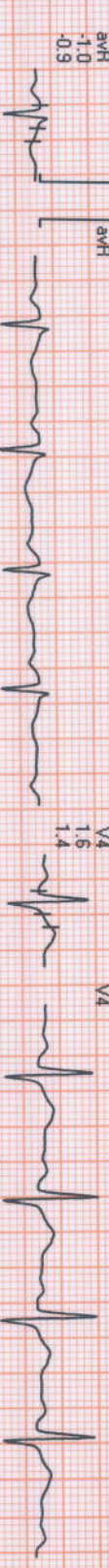
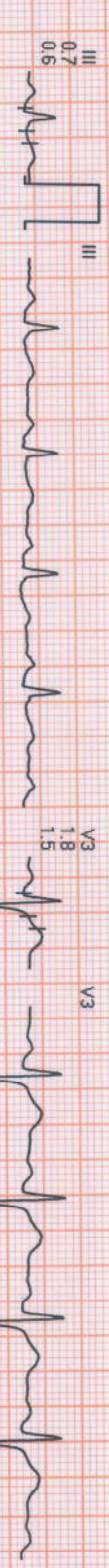
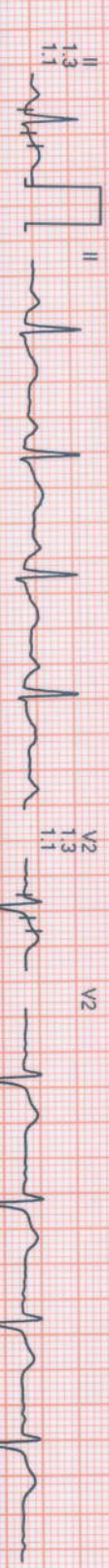
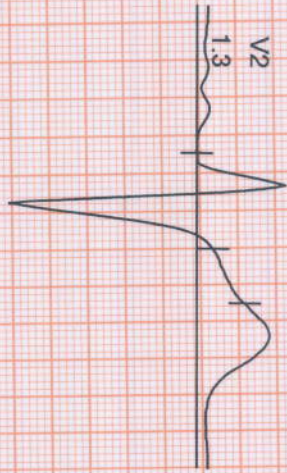
41 (2234421522) / PRASHANT VAHURAJE B / 42 Yrs / M / 178 Cms / 84 Kg / HR : 88

Date: 10-Dec-2022 12:26:06 PM METS: 1.0/88 bpm 49% of THR BP: 120/90 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 20 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

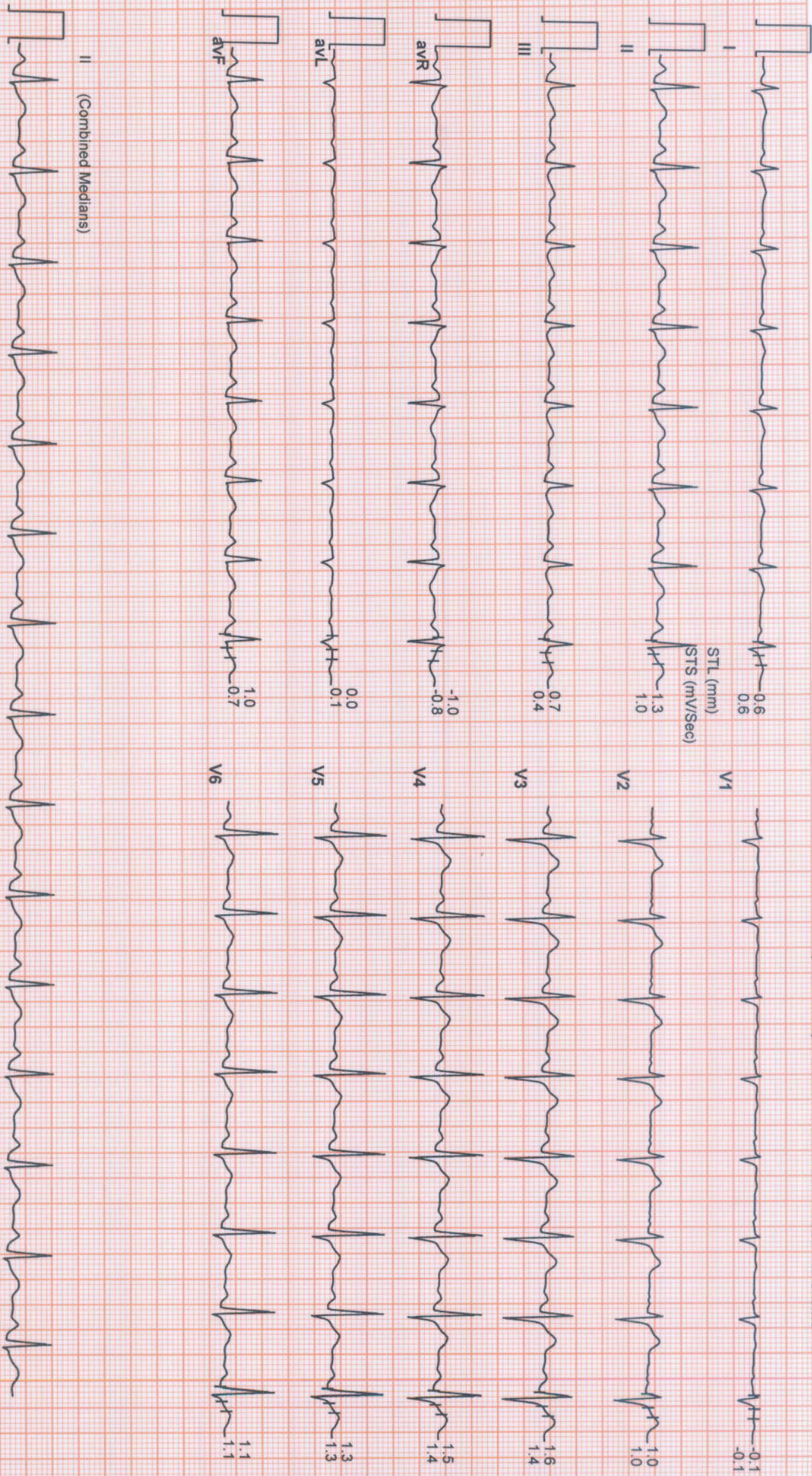
THANE GB
41 / PRASHANT VAHURAJE B / 42 Yrs / Male / 178 Cm / 84 Kg

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



Date: 10 / 12 / 2022 12:26:06 PM METs : 1.0 HR : 91 Target HR : 51% of 178 BP : 120/90 Post J @80mSec

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



SUBURBAN DIAGNOSTICS THANE GB

THANE GB
41 / PRASHANT VAHURAJE B / 42 Yrs / Male / 178 Cm / 84 Kg

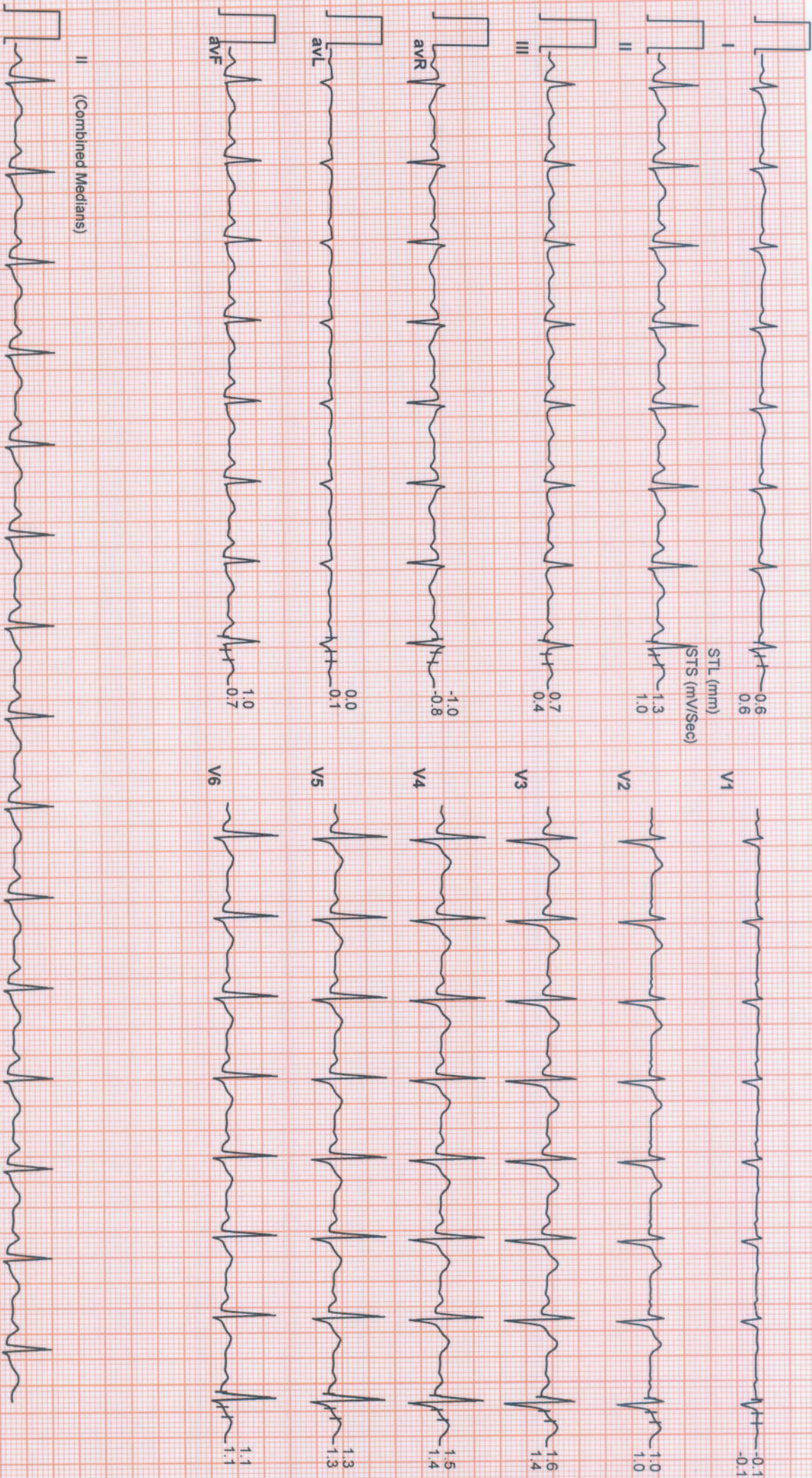
6X2 Combine Medians + 1 Rhythm

EXStt



Date: 10 / 12 / 2022 12:26:06 PM METs : 1.0 HR : 91 Target HR : 51% of 178 BP : 120/90 Post J @80mSec

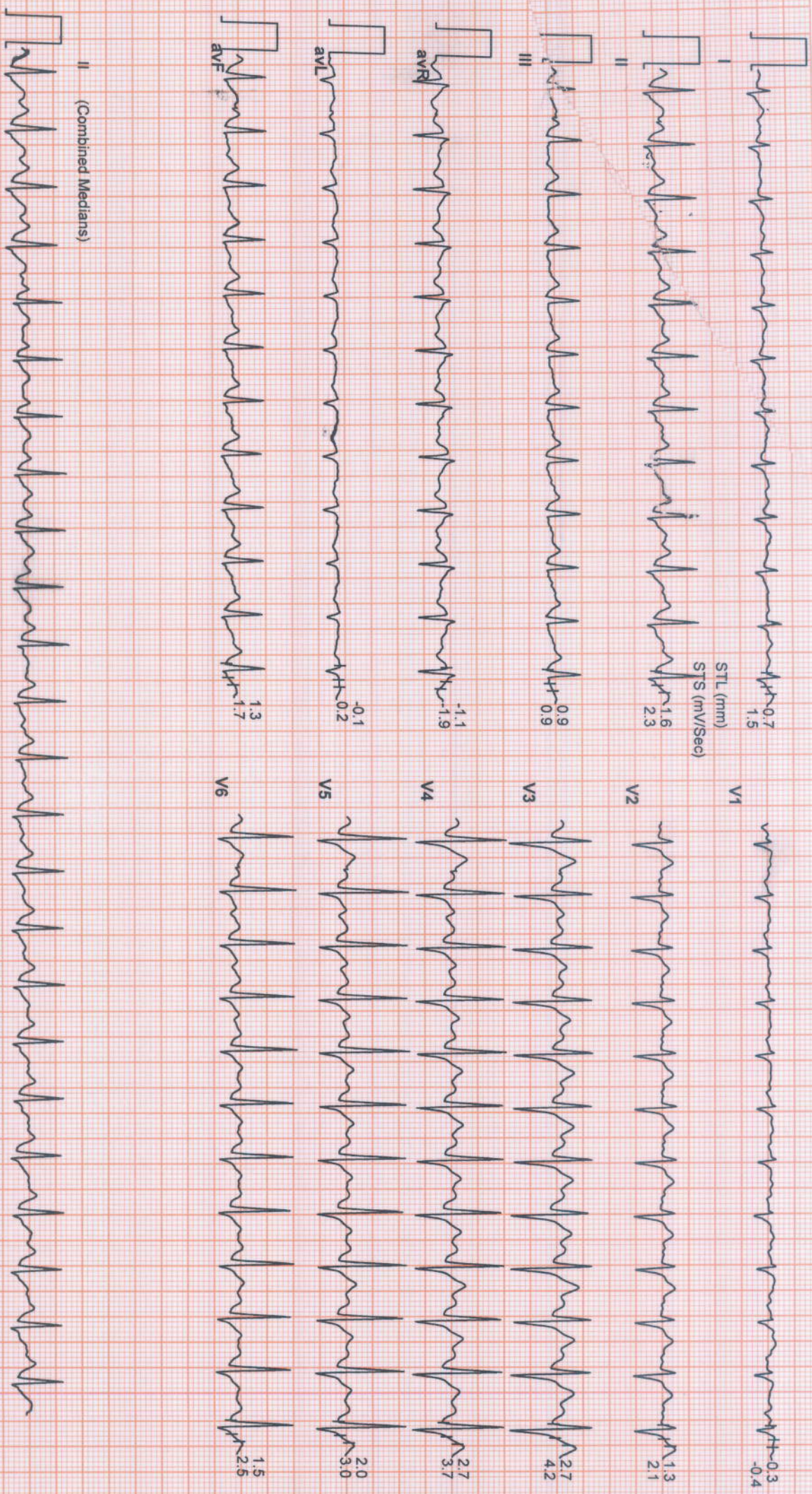
ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





Date: 10 / 12 / 2022 12:26:06 PM METs : 4.7 HR : 142 Target HR : 80% of 178 BP : 150/80 Post J @60mSec

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



SUBURBAN DIAGNOSTICS THANE GB

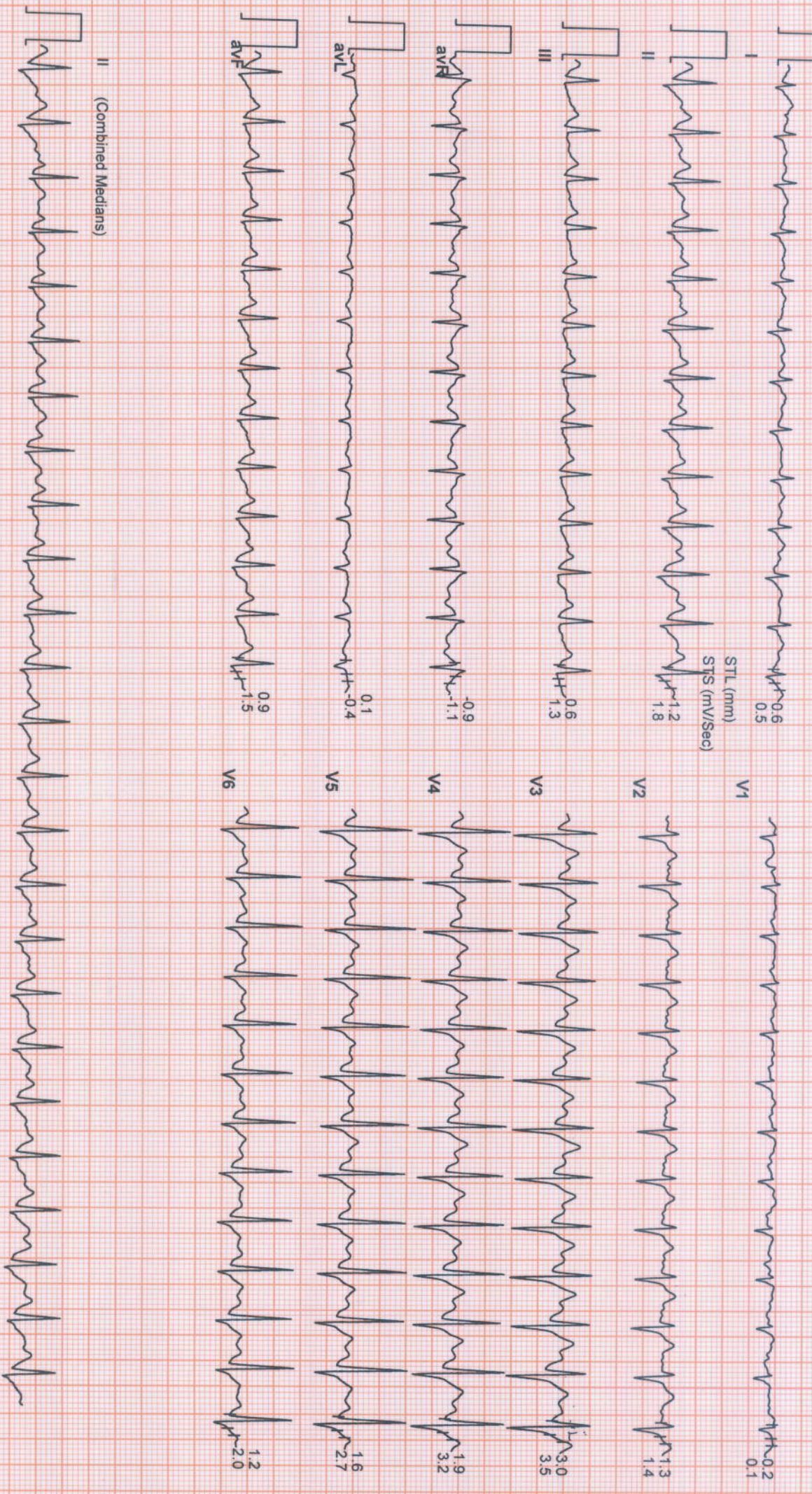
THANE GB
41 / PRASHANT VAHULRAJE B / 42 Yrs / Male / 178 Cm / 84 Kg

6X2 Combine Medians + 1 Rhythm
PeakEX



Date: 10 / 12 / 2022 12:26:06 PM METs : 5.1 HR : 152 Target HR : 85% of 178 BP : 150/80 Post J @60mSec

ExTime: 03:32 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS THANE GB

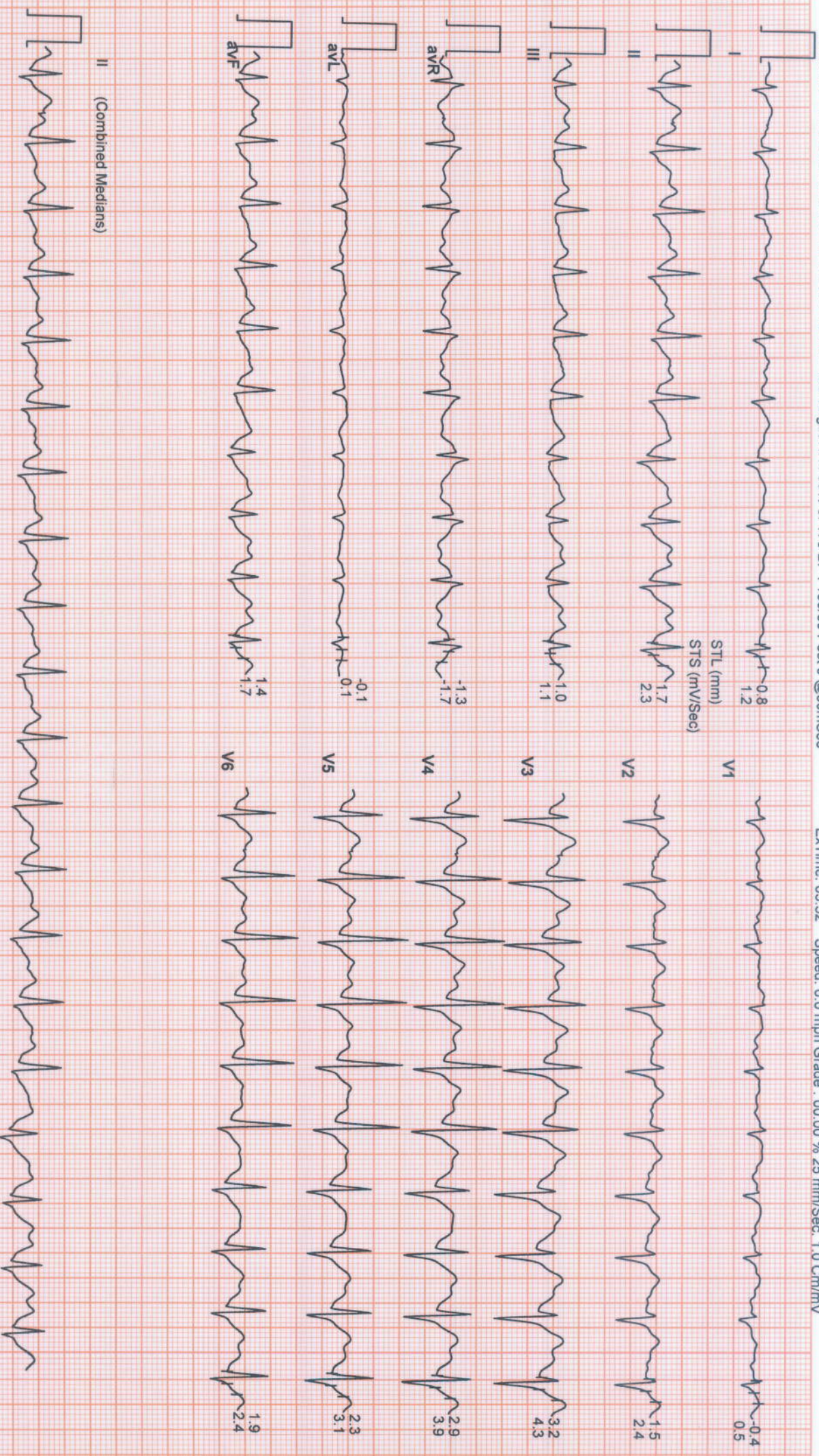
THANE GB
41 / PRASHANT VAHULRAJE B / 42 Yrs / Male / 178 Cm / 84 Kg

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



Date: 10 / 12 / 2022 12:26:06 PM METs : 1.0 HR : 123 Target HR : 69% of 178 BP : 150/80 Post J @80mSec

ExTime: 03:32 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS THANE GB

THANE GB

41 / PRASHANT VAHULRAJE B / 42 Yrs / Male / 178 Cm / 84 Kg

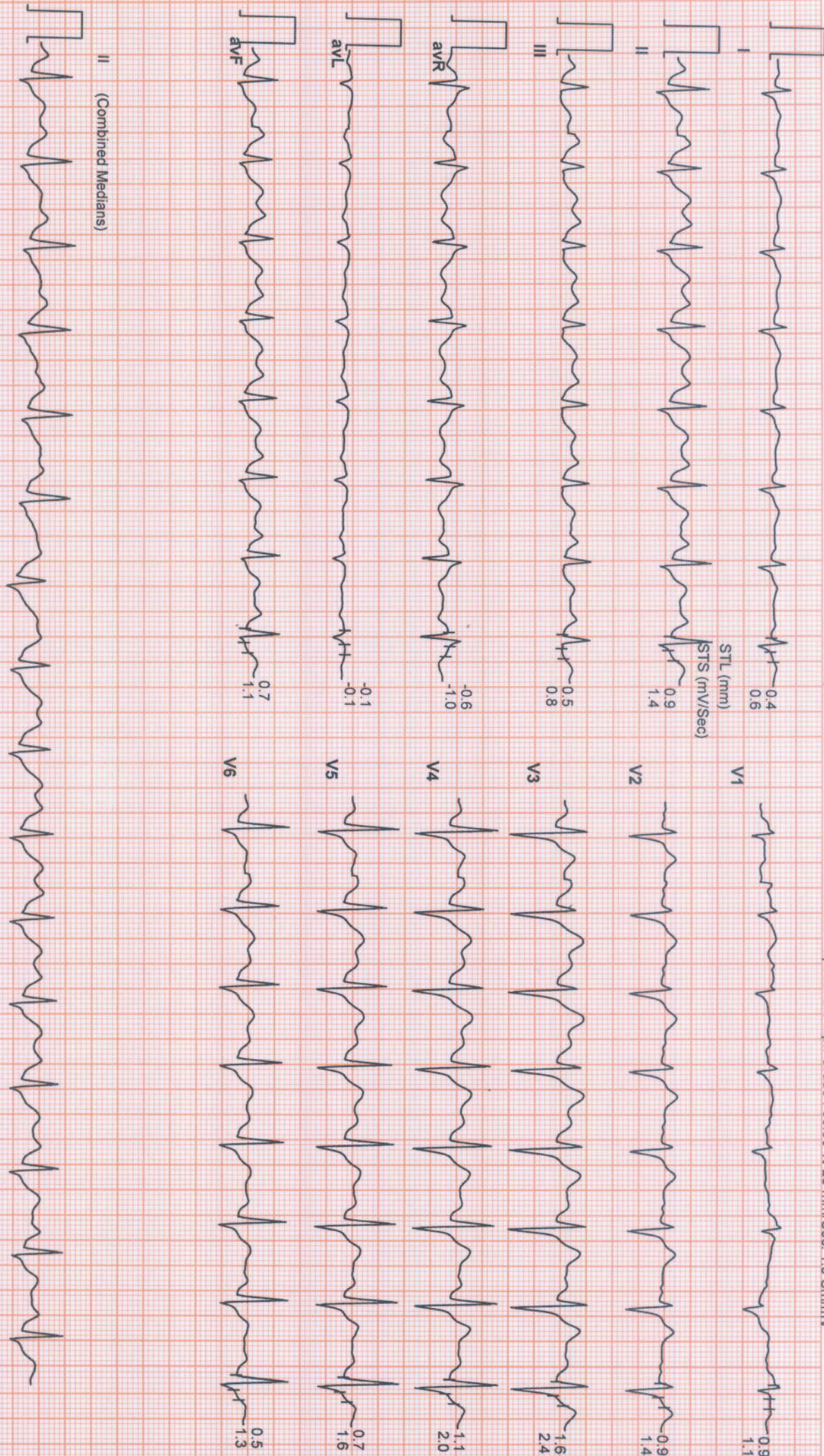
6X2 Combine Medians + 1 Rhythm

Recovery : (02:00)



Date: 10 / 12 / 2022 12:26:06 PM METs : 1.0 HR : 98 Target HR : 55% of 178 BP : 130/80 Post J @80mSec

ExTime: 03:32 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS THANE GB

THANE GB

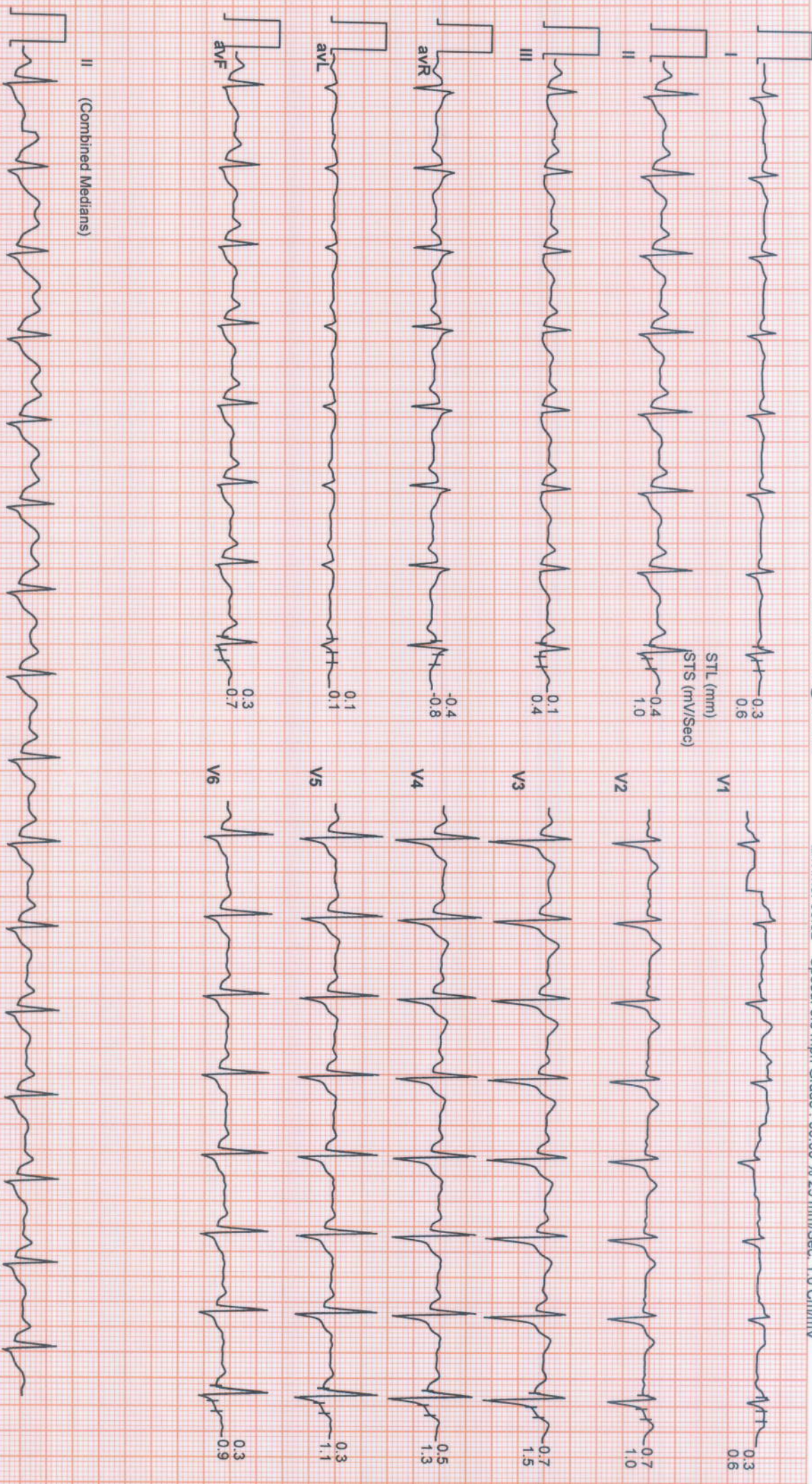
41 / PRASHANT VAHULRAJE B / 42 Yrs / Male / 178 Cm / 84 Kg

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



Date: 10 / 12 / 2022 12:26:06 PM METs : 1.0 HR : 94 Target HR : 53% of 178 BP : 130/80 Post J @80mSec

ExTime: 03:32 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS THANE GB

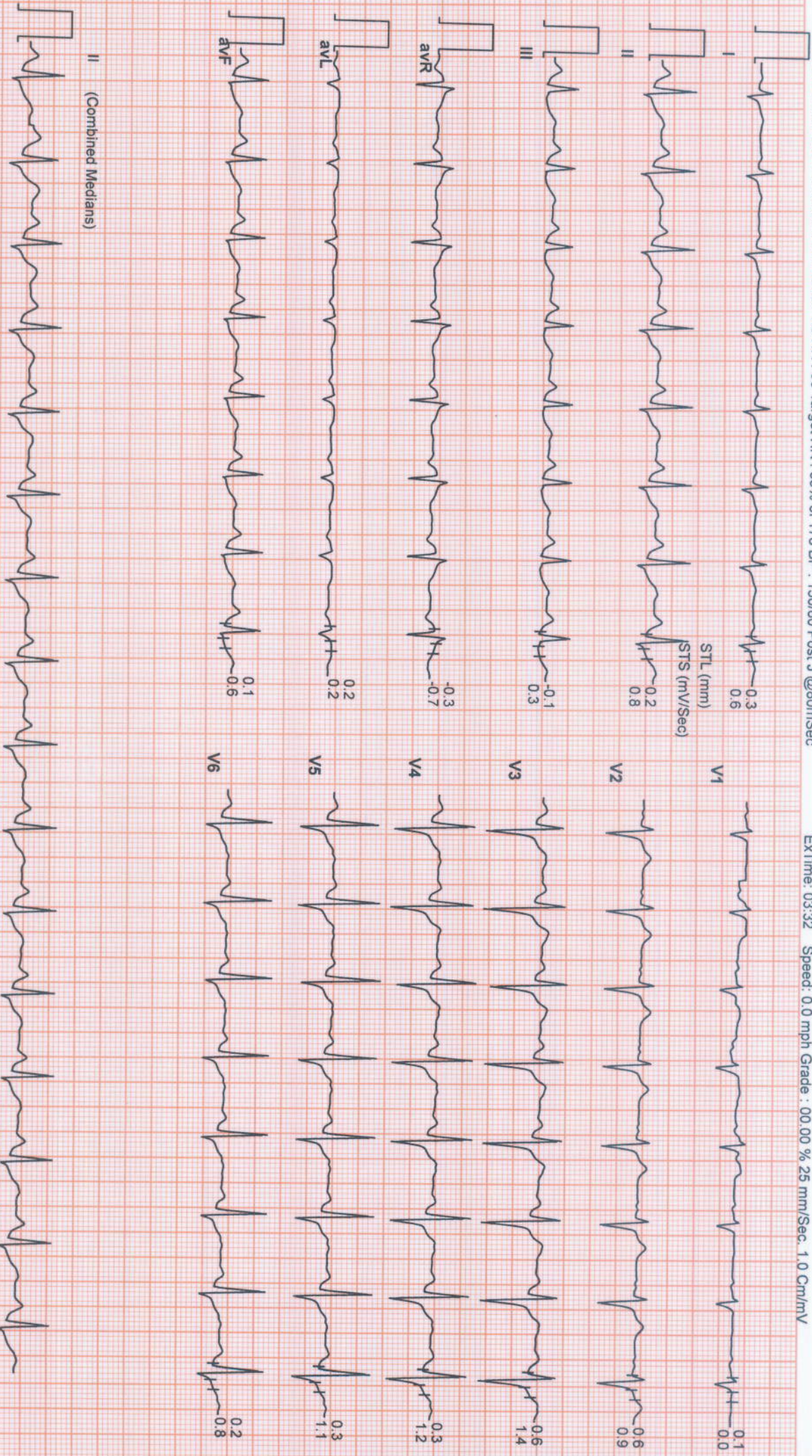
THANE GB
41 / PRASHANT VAHURAJE B / 42 Yrs / Male / 178 Cm / 84 Kg

6X2 Combine Medians + 1 Rhythm
Recovery : (04:00)



Date: 10 / 12 / 2022 12:26:06 PM METs : 1.0 HR : 95 Target HR : 53% of 178 BP : 130/80 Post J @80mSec

ExTime: 03:32 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS THANE GB

THANE GB

41 / PRASHANT VAHULRAJE B / 42 Yrs / Male / 178 Cm / 84 Kg

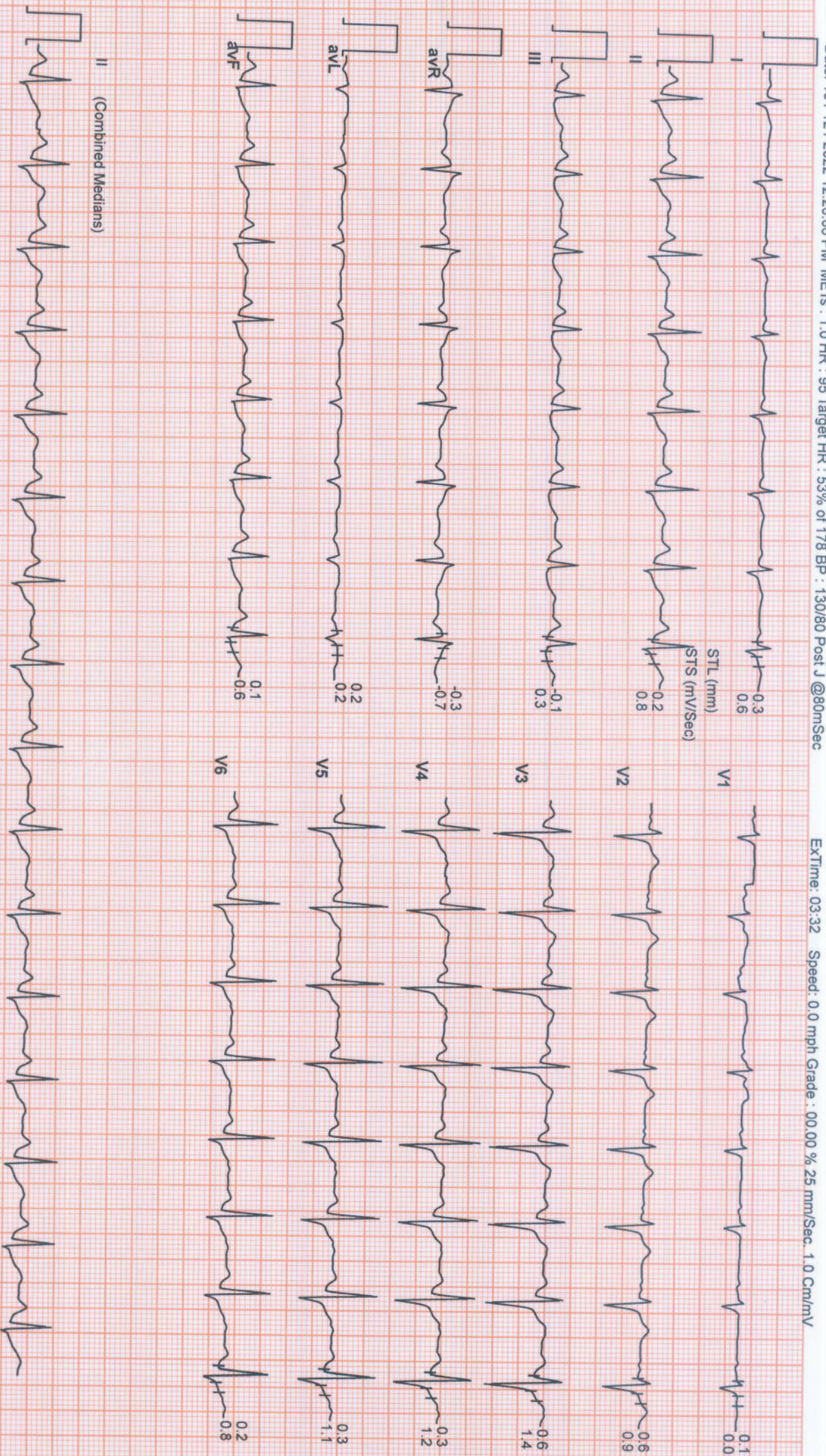
Date: 10 / 12 / 2022 12:26:06 PM METs : 1.0 HR : 95 Target HR : 53% of 178 BP : 130/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm

Recovery : (04:08)



EXTime: 03:32 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec: 1.0 Cm/mV



II (Combined Medians)



Use a QR Code Scanner
Application To Scan the Code

CID : 2234421522
Name : Mr PRASHANT VAHULRAJE B
Age / Sex : 42 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 10-Dec-2022
Reported : 10-Dec-2022 / 13:52

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. FAIZUR KHILJI before dispatch.

Khilji FA

Dr.FAIZUR KHILJI
MBBS,RADIO DIAGNOSIS
Reg No-74850
Consultant Radiologist

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2022121012101556>

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