

PHYSICAL EXAMINATION REPORT

Patient Name	Sarwjeet Kumar	Sex/Age	m / 37
Date	8/4/23	Location	Home

History and Complaints

HTN Since 2022

EXAMINATION FINDINGS:

Height (cms):	172	Temp (0c):	Afebr
Weight (kg):	88	Skin:	MAD
Blood Pressure	130/80	Nails:	TL
Pulse	104/min	Lymph Node:	NP

Systems :

Cardiovascular:] MAD
Respiratory:	
Genitourinary:	
GI System:	
CNS:	

Impression:

USG - Fatty Liver
 - simple cyst in Rt. lobe of liver
 - splenomegaly
 ↓ Hb. ↑ S/CPT, Bilirubin.

Faeces -
 3-4 WBCs
 Wight's
 ↓ HDL

Advice:

- Low Fat, Low Sugar Diet
- Reg. Exercise
- Iron Supplement
- Physician's consultation
for ↑ Bilirubin, Dyslipidemia.

1)	Hypertension:	Yes - 1 yr
2)	IHD	}
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthama	
7)	Pulmonary Disease	no
8)	Thyroid/ Endocrine disorders	Subclinical hypothyroidism
9)	Nervous disorders	NO
10)	GI system	NAD
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	no
17)	Musculoskeletal System	NAD

PERSONAL HISTORY:

1)	Alcohol	Occ - Beer
2)	Smoking	NO
3)	Diet	Mixed
4)	Medication	Tab CDTEL AMH P. Rosafin (10) P. Anemogen 1 →



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



CID : 2309821042
Name : MR.SARWJEET KUMAR
Age / Gender : 37 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 08-Apr-2023 / 08:24
Reported : 08-Apr-2023 / 15:47

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	123.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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



J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist

Date: 8/4/23 CID:
Name: Saewajet Kumar Sex / Age: M 37

EYE CHECK UP

Chief complaints: RCV

Systemic Diseases: NH

Past history: NH

Unaided Vision: BE 6/6 HV 12 HV 6

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
[Signature]
SF OPTOMETRIST



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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	11.0	13.0-17.0 g/dL	Spectrophotometric
RBC	3.73	4.5-5.5 mil/cmm	Elect. Impedance
PCV	35.4	40-50 %	Measured
MCV	94.8	80-100 fl	Calculated
MCH	29.5	27-32 pg	Calculated
MCHC	31.1	31.5-34.5 g/dL	Calculated
RDW	16.3	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5750	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	42.0	20-40 %	
Absolute Lymphocytes	2415.0	1000-3000 /cmm	Calculated
Monocytes	6.1	2-10 %	
Absolute Monocytes	350.8	200-1000 /cmm	Calculated
Neutrophils	49.5	40-80 %	
Absolute Neutrophils	2846.3	2000-7000 /cmm	Calculated
Eosinophils	2.4	1-6 %	
Absolute Eosinophils	138.0	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.

PLATELET PARAMETERS

Platelet Count	82000	150000-400000 /cmm	Elect. Impedance
Manual platelet count 120000 /cmm			
MPV	13.9	6-11 fl	Calculated

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PDW	32.7	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		
Macrocytosis	-		
Anisocytosis	Mild		
Poikilocytosis	Mild		
Polychromasia	-		
Target Cells	-		
Basophilic Stippling	-		
Normoblasts	-		
Others	Elliptocytes-occasional		
WBC MORPHOLOGY	-		
PLATELET MORPHOLOGY	Megaplatelets seen on smear		

Platelet count may not be representative due to presence of megaplatelets

COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 14 2-15 mm at 1 hr. Sedimentation

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M.D (Path)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	94.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	123.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	2.14	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.60	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	1.54	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	5.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	1.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.7	1 - 2	Calculated
SGOT (AST), Serum	38.6	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	66.4	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	27.7	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	80.0	40-130 U/L	PNPP
BLOOD UREA, Serum	15.5	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	7.2	6-20 mg/dl	Calculated



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CREATININE, Serum	0.88	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	104	>60 ml/min/1.73sqm	Calculated

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

URIC ACID, Serum	5.9	3.5-7.2 mg/dl	Uricase
------------------	-----	---------------	---------

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

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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	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.

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*** End Of Report ***



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<u>PHYSICAL EXAMINATION</u>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<u>CHEMICAL EXAMINATION</u>		
Reaction (pH)	Acidic (6.0)	-
Occult Blood	Absent	Absent
<u>MICROSCOPIC EXAMINATION</u>		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	3-4	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present ++	-
Concentration Method (for ova)	No ova detected	Absent

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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	1.015	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	3-4	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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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.

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	117.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	247.9	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	29.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	88.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	65.6	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	22.4	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.2	0-3.5 Ratio	Calculated

Kindly correlate clinically.

Note : LDL test is performed by direct measurement.

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*** End Of Report ***



Imjawar

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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	5.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.7	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	4.96	0.35-5.5 microIU/ml	ECLIA



AREAS OF SPECIAL EXPERTISE

OUR PRESENCE

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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 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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J. Mujawar

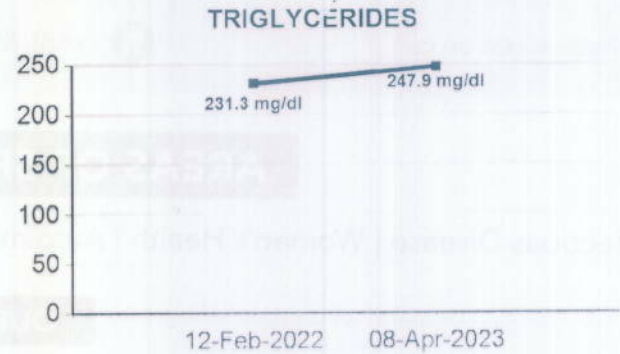
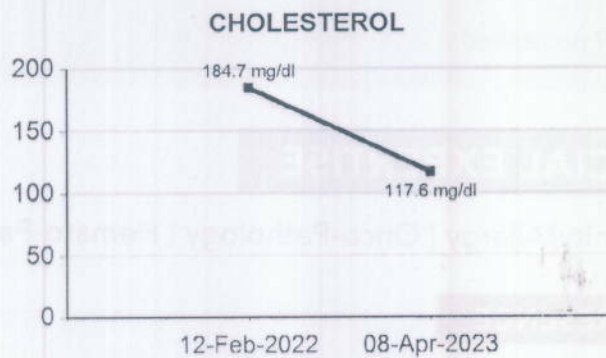
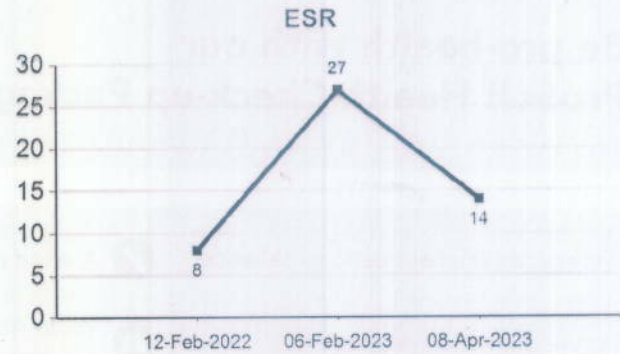
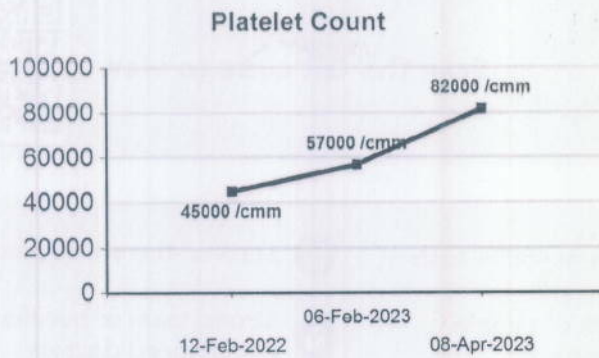
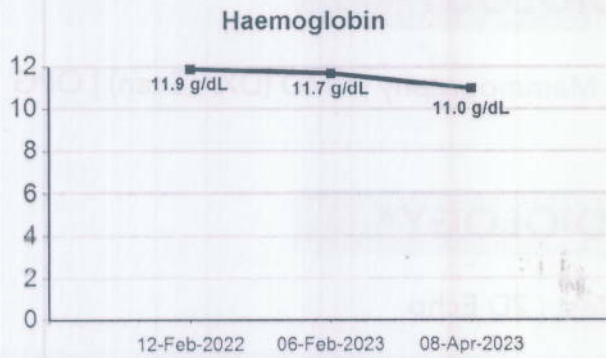
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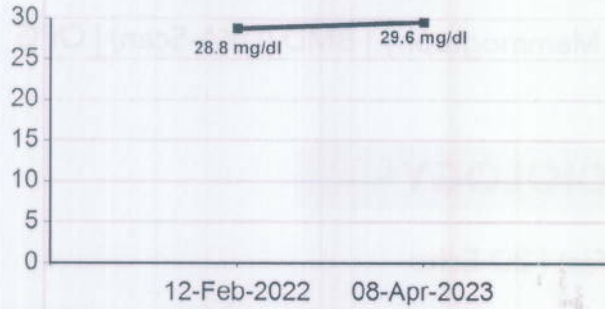
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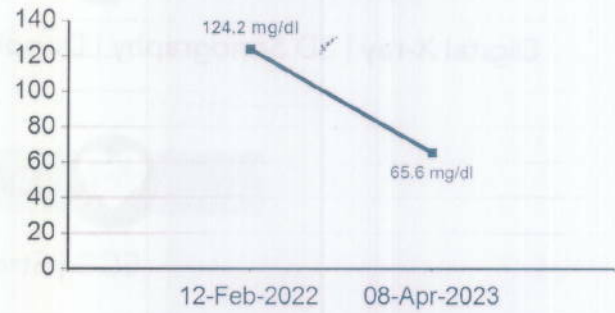
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HDL CHOLESTEROL



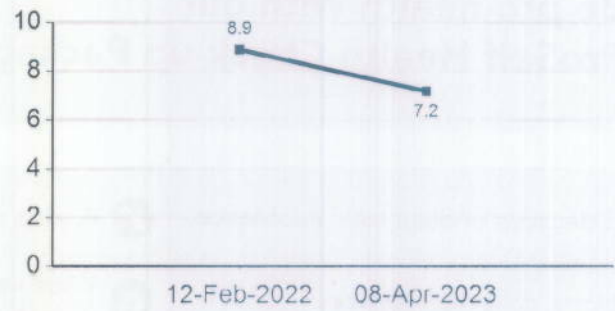
LDL CHOLESTEROL



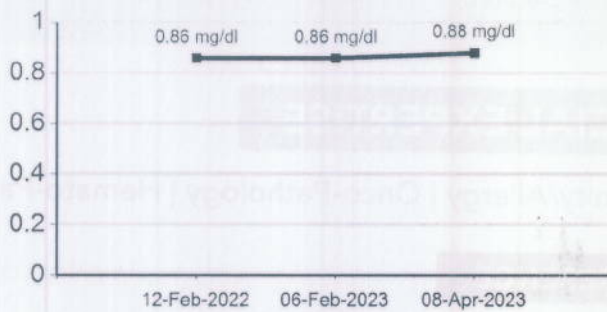
BLOOD UREA



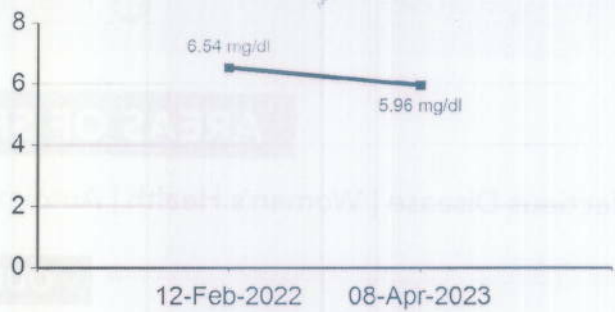
BUN



CREATININE



URIC ACID



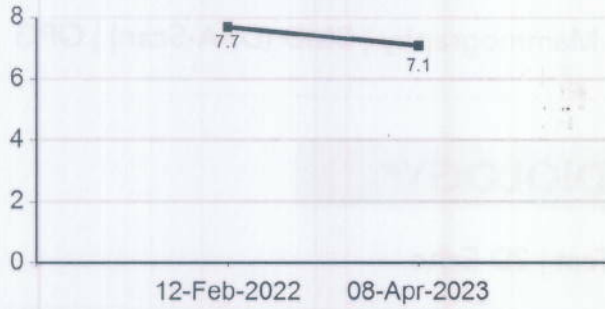
Authenticity Check



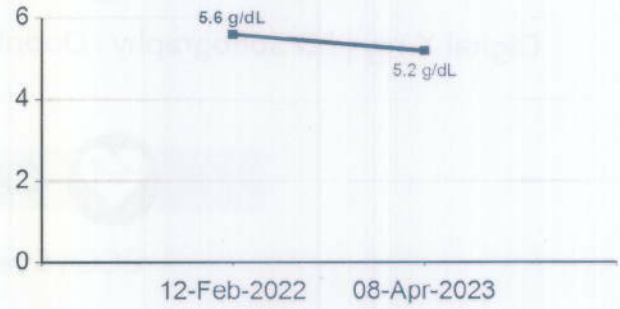
Use a QR Code Scanner Application To Scan the Code

CID : 2309821042
Name : MR.SARWJEET KUMAR
Age / Gender : 37 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

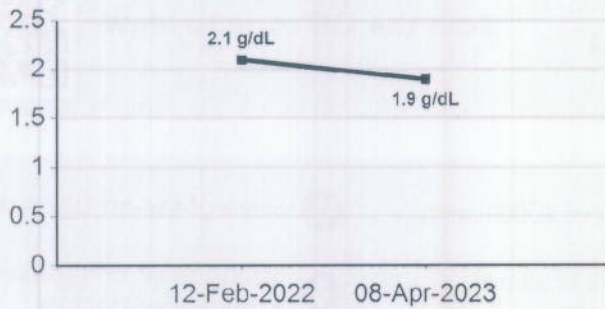
TOTAL PROTEINS



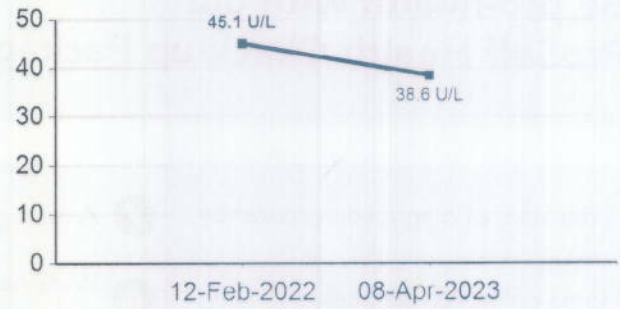
ALBUMIN



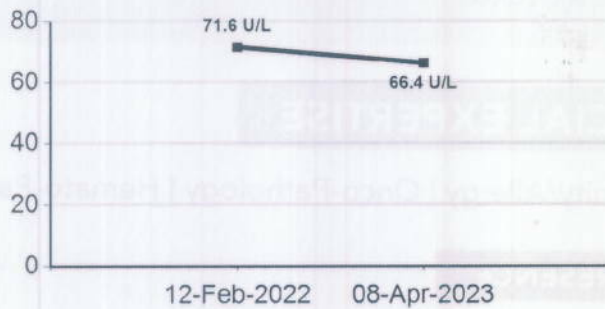
GLOBULIN



SGOT (AST)



SGPT (ALT)



ALKALINE PHOSPHATASE

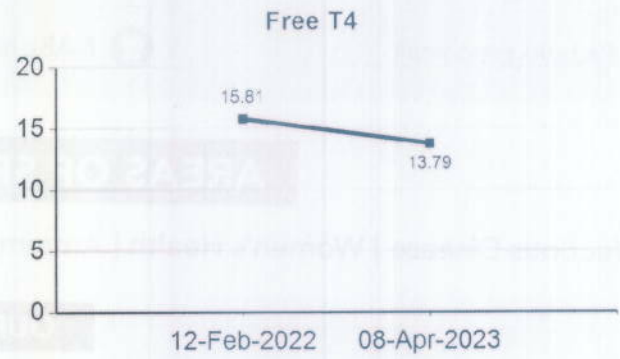
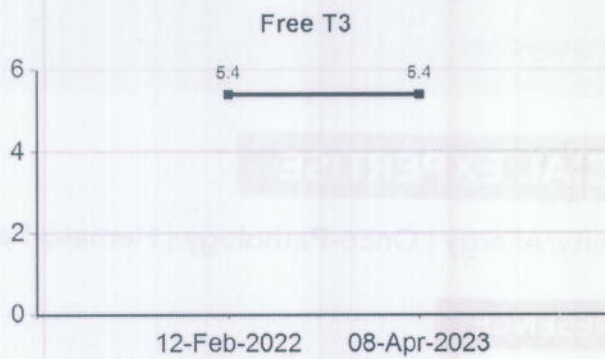
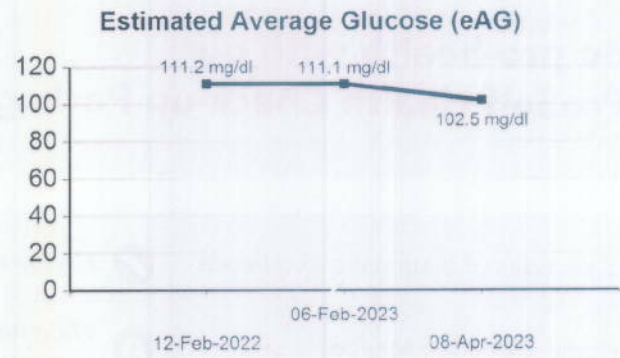
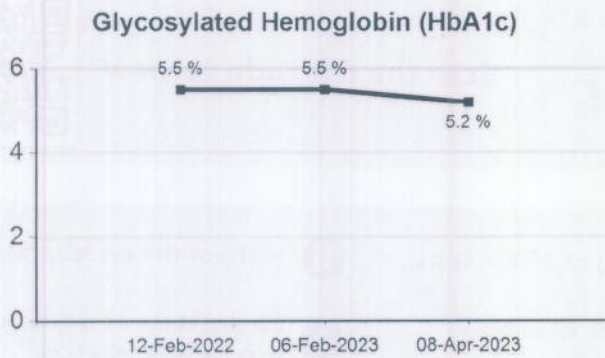
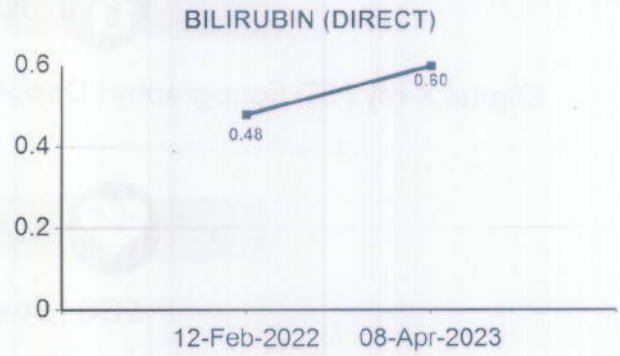
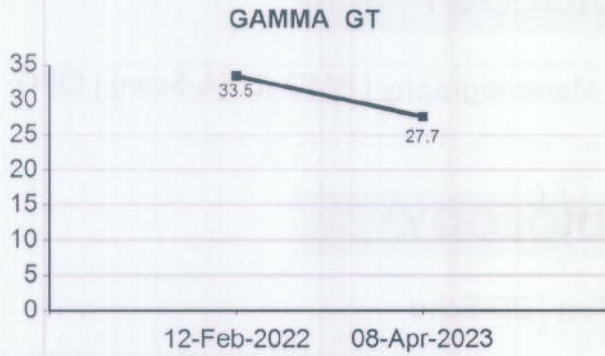


Authenticity Check



Use a QR Code Scanner Application To Scan the Code

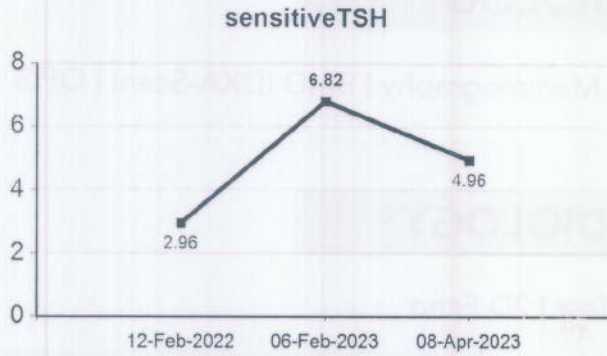
CID : 2309821042
 Name : MR.SARWJEET KUMAR
 Age / Gender : 37 Years / Male
 Consulting Dr. : -
 Reg. Location : G B Road, Thane West (Main Centre)





Use a QR Code Scanner
Application To Scan the Code

CID : 2309821042
Name : MR.SARJEET KUMAR
Age / Gender : 37 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)





CID : 2309821042
Name : Mr SARWJEET KUMAR
Age / Sex : 37 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 08-Apr-2023
Reported : 08-Apr-2023 / 13:38

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 / DMRE
MMC- 2007/12/4113

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023040808151160>

CID : 2309821042
Name : Mr SARWJEET KUMAR
Age / Sex : 37 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre

Reg. Date : 08-Apr-2023
Reported : 08-Apr-2023 / 9:33

Use a QR Code Scanner
Application To Scan the Code

USG WHOLE ABDOMEN

LIVER: Liver appears mildly enlarged in size(15.4 cm) and shows increased echoreflectivity. A simple cyst measuring 14 mm is noted in right lobe of liver. There is no intra-hepatic biliary radical dilatation.

GALL BLADDER: Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

PORTAL VEIN: Portal vein is normal. **CBD:** CBD is normal.

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

KIDNEYS: Right kidney measures 10.4 x 4.7 cm. Left kidney measures 9.8 x 4.9 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 enlarged in size (12.4 cm) and normal 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 <<ImageLink>>

0000-0518-550

CID : 2309821042
Name : Mr SARWJEET KUMAR
Age / Sex : 37 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 08-Apr-2023
Reported : 08-Apr-2023 / 9:33

Use a QR Code Scanner
Application To Scan the Code

IMPRESSION:

- MILD HEPATOMEGALY WITH GRADE I FATTY INFILTRATION OF LIVER.
- A SIMPLE CYST MEASURING 14 MM IS NOTED IN RIGHT LOBE OF LIVER.
- MILD SPLENOMEGALY.

Advice: Clinical co-relation, 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-----

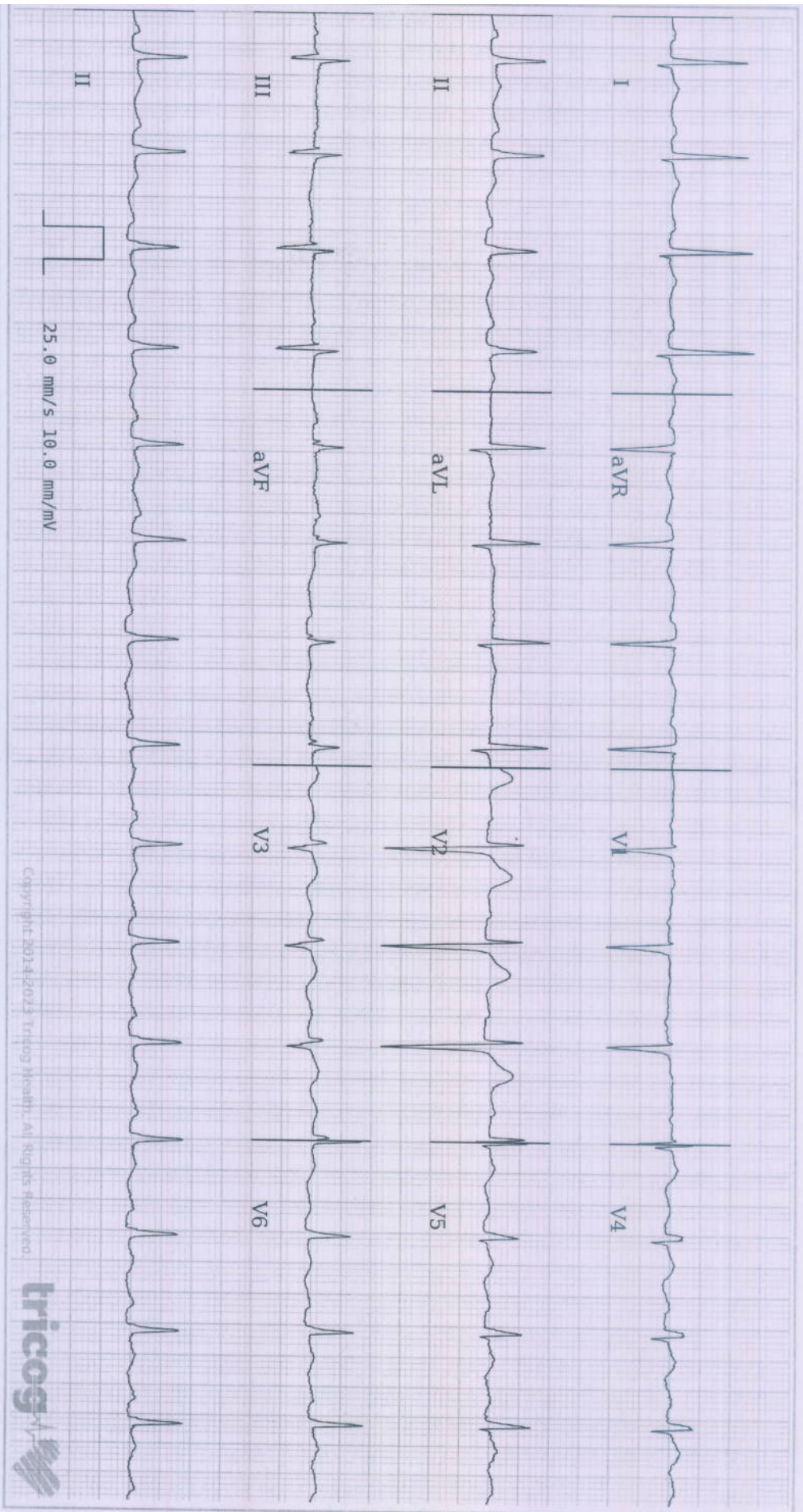


Dr Gauri Varma
Consultant Radiologist
MBBS / DMRE
MMC- 2007/12/4113

Click here to view images <<ImageLink>>

Patient Name: SARWJEET KUMAR
Patient ID: 2309821042

SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST
Date and Time: 8th Apr 23 10:11 AM



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Age **37** 2 13
years months days

Gender **Male**

Heart Rate **96bpm**

Patient Vitals

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

Measurements

QRSD: 86ms
QT: 328ms
QTcB: 414ms
PR: 184ms
P-R-T: 37° 24° 21°

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:

Report

863 (2309821042) / SARWJEET KUMAR / 37 Yrs / M / 172 Cms / 88 Kg
 Date: 08 / 04 / 2023 10:30:05 AM



Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:10	0:10	00.0	00.0	01.0	098	54 %	130/80	127	00	
Standing	00:19	0:09	00.0	00.0	01.0	099	54 %	130/80	128	00	
HV	00:29	0:10	00.0	00.0	01.0	099	54 %	130/80	128	00	
ExStart	00:40	0:11	00.0	00.0	01.0	100	55 %	130/80	128	00	
BRUCE Stage 1	03:40	3:00	01.7	10.0	04.7	155	85 %	140/80	217	00	
PeakEx	05:34	1:54	02.5	12.0	06.2	172	94 %	160/80	275	00	
Recovery	06:34	1:00	00.0	00.0	01.0	147	80 %	160/80	235	00	
Recovery	07:34	2:00	00.0	00.0	01.0	132	72 %	160/80	211	00	
Recovery	08:48	3:15	00.0	00.0	01.0	129	70 %	140/80	180	00	

FINDINGS :

Exercise Time : 04:54
 Initial HR (ExStrt) : 100 bpm 55% of Target 183
 Initial BP (ExStrt) : 130/80 (mm/Hg)
 Max Workload Attained : 6.2 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : III & -1.5 mm in Stage 1
 Test End Reasons : , Fatigue, Heart Rate Achieved

Max HR Attained 172 bpm 94% of Target 183
 Max BP Attained 160/80 (mm/Hg)

Dr. SHAILAJA PILLAI

M.D. (GEN.MED)

R.NO. 49972

Doctor : DR SHAILAJA PILLAI

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

REPORT



EMail: 863/SARWJEET KUMAR / 37 Yrs / M / 172 Cms / 88 Kg Date: 08 / 04 / 2023 10:30:05 AM

REPORT :

PROCEDURE DONE: Graded exercise treadmill stress test.

STRESS ECG RESULTS: The initial HR was recorded as 99.0 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 0.2. 0.0 Ectopic Beats were observed during the Test.

CONCLUSIONS:

1. TMT is negative for exercise induced ischemia.
2. Accelerated chronotropic and Normal inotropic response.
3. No significant ST T changes seen.

Doctor : DR SHAILAJA PILLAI


Dr. SHAILAJA PILLAI
M.D. (GEN.MED)
R.NO. 49972

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

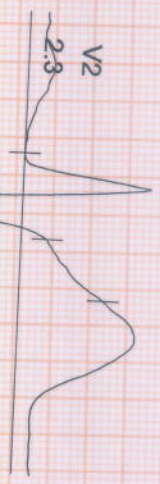
863 (2309821042) / SARWJEET KUMAR / 37 Yrs / M / 172 Cms / 88 Kg / HR : 98

Date: 08 / 04 / 2023 10:30:05 AM METS: 1.0/ 98 bpm 54% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

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

4X 80 ms Past J

SUPINE (00:01)



STL 0.7
STs 0.8

II 1.1
0.7

III 0.4
-0.2

avR -0.9
-0.8

avL 0.2
0.5

avF 0.7
0.3

V1 0.2
0.0

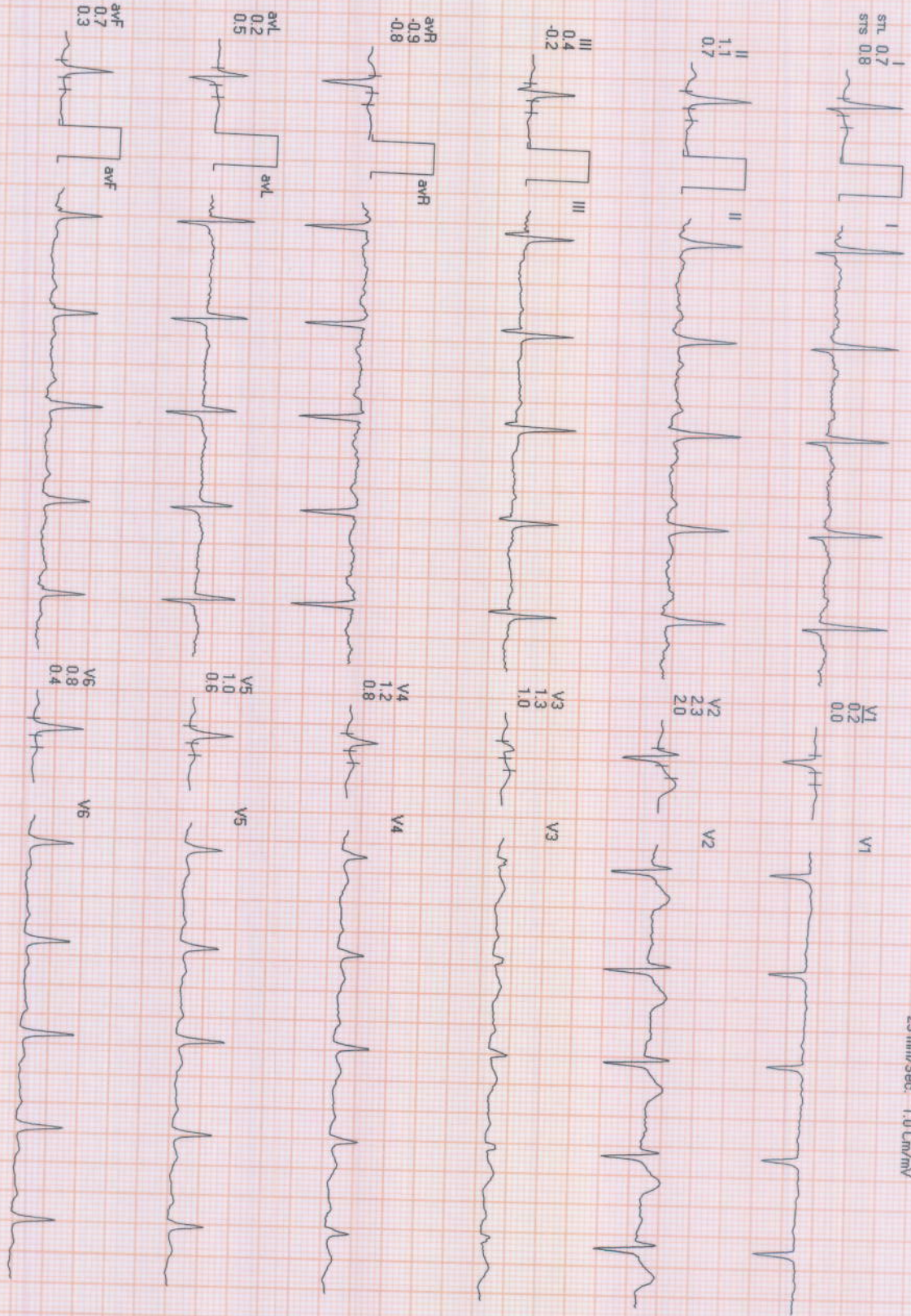
V2 2.3
2.0

V3 1.3
1.0

V4 1.2
0.8

V5 1.0
0.6

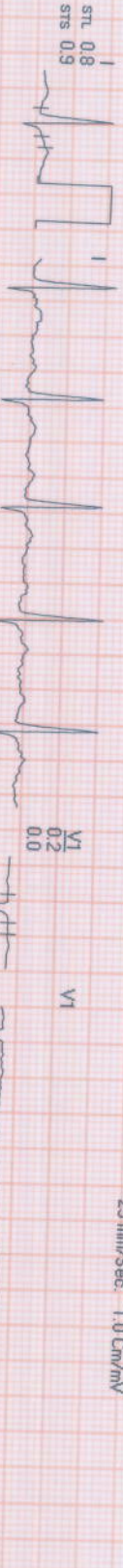
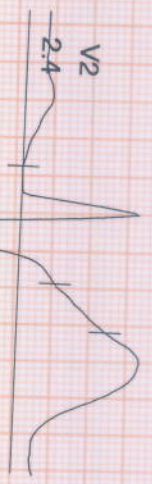
V6 0.8
0.4



REMARKS:



4X 60 mS Post J



REMARKS:

STANDING (00:00)



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

863 / SARWJEET KUMAR / 37 Yrs / Male / 172 Cm / 88 Kg

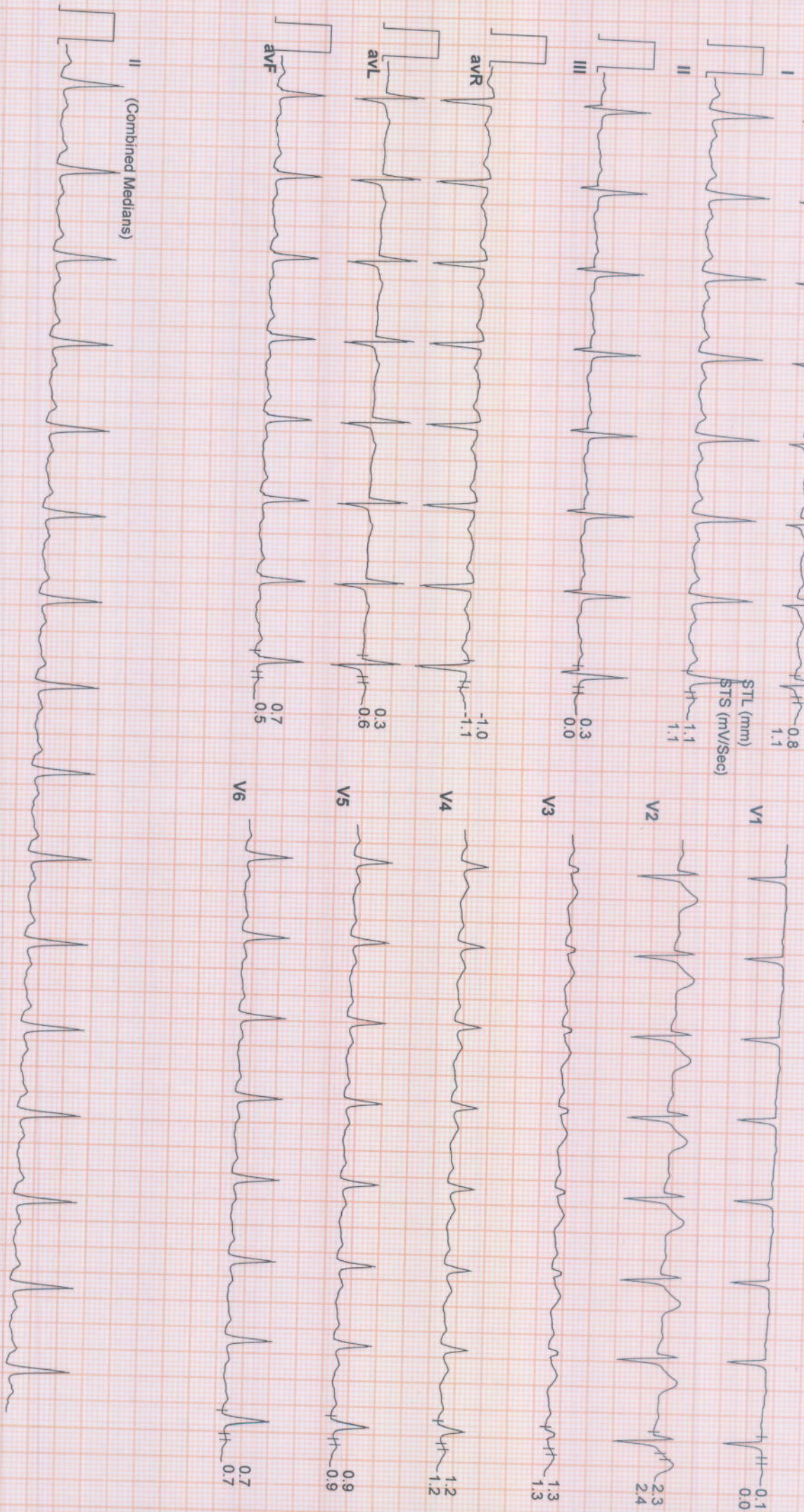
Date: 08 / 04 / 2023 10:30:05 AM METs : 1.0 HR : 98 Target HR : 54% of 183 BP : 130/80 Post J @40mSec

6X2 Combine Medians + 1 Rhythm

HV (00:00)



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



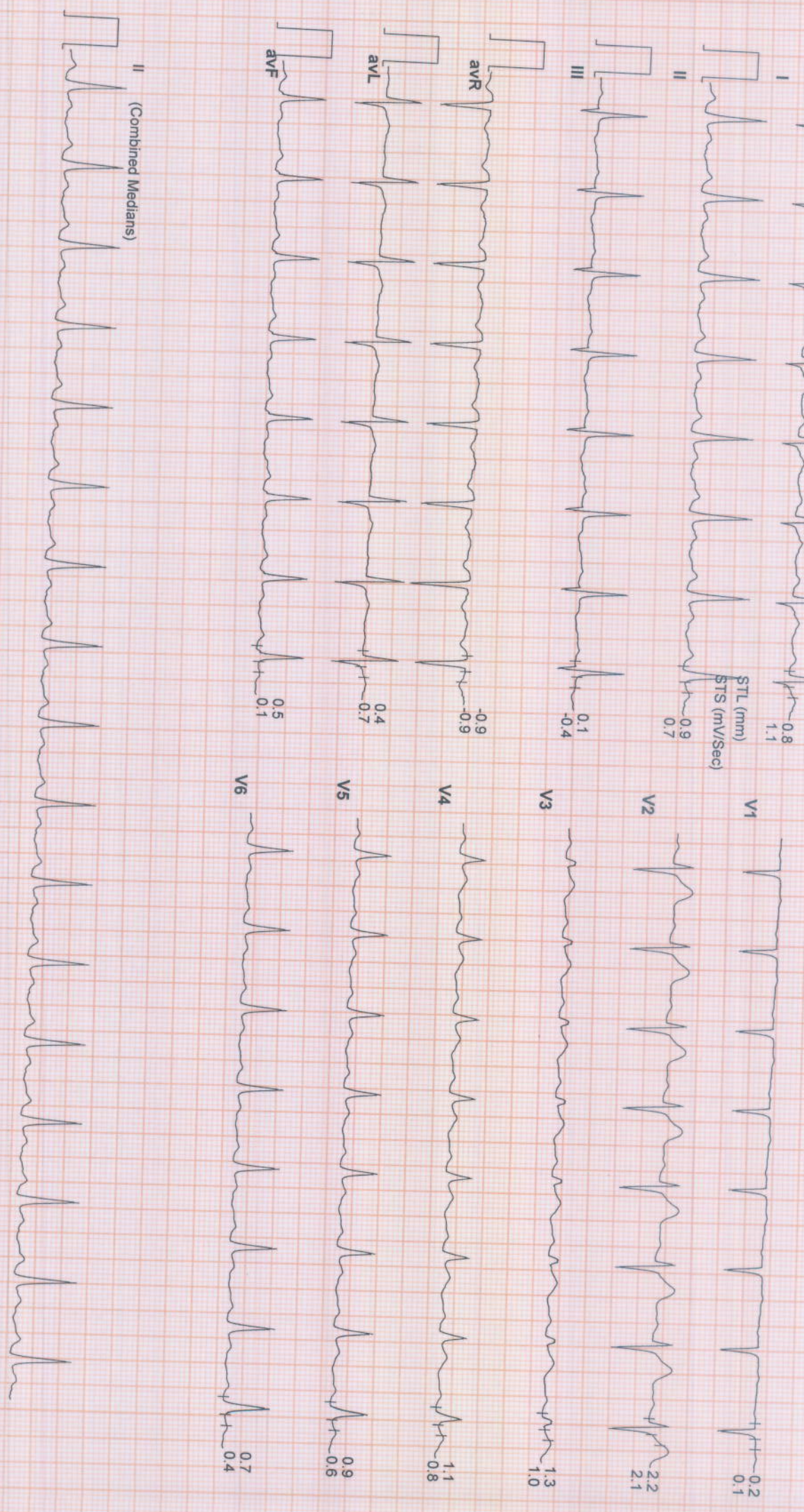
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

863 / SARWJEET KUMAR / 37 Yrs / Male / 172 Cm / 88 Kg

Date: 08 / 04 / 2023 10:30:05 AM METs : 1.0 HR : 100 Target HR : 55% of 183 BP : 130/80 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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

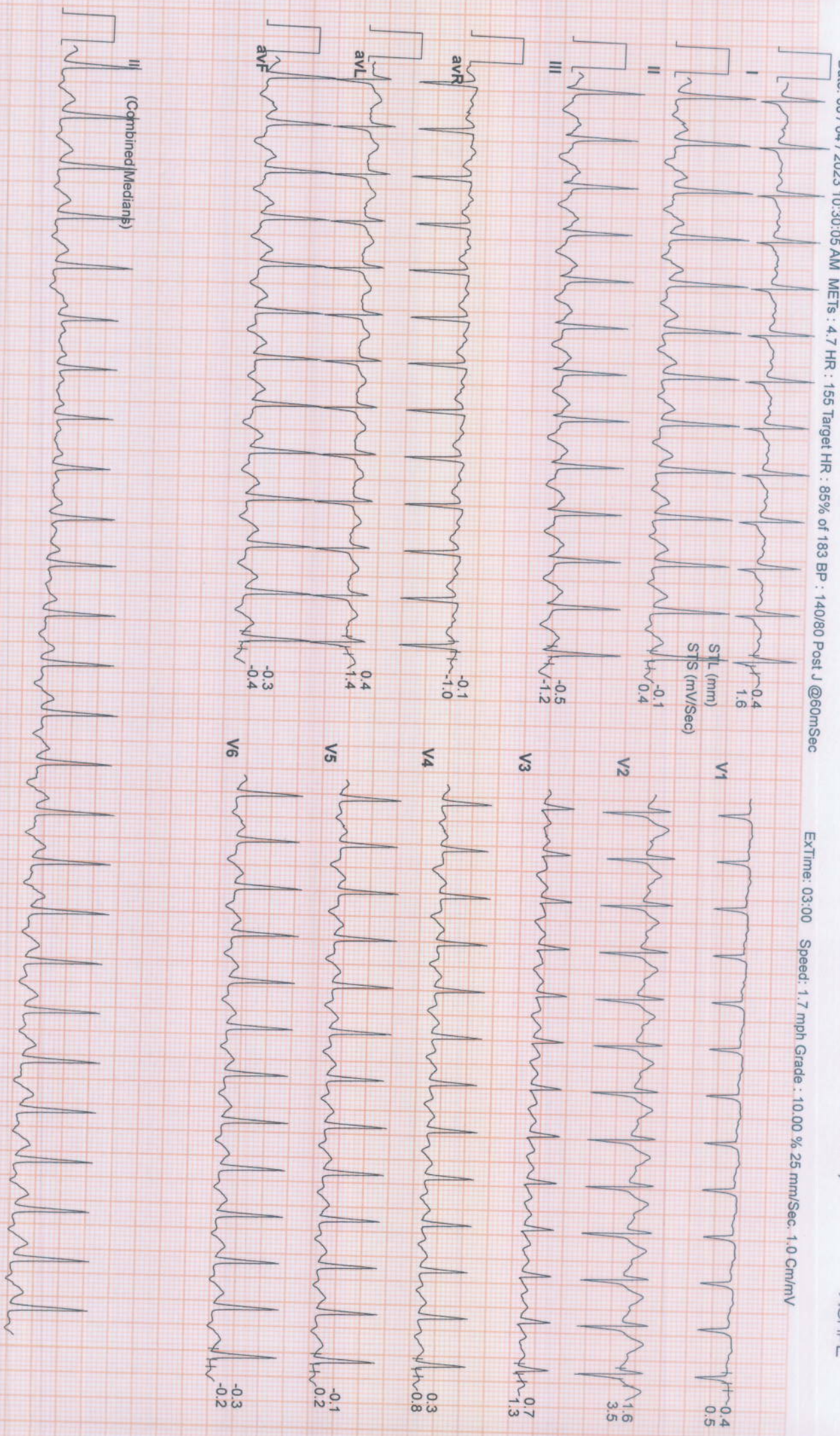
863 / SARWJEET KUMAR / 37 Yrs / Male / 172 Cm / 88 Kg

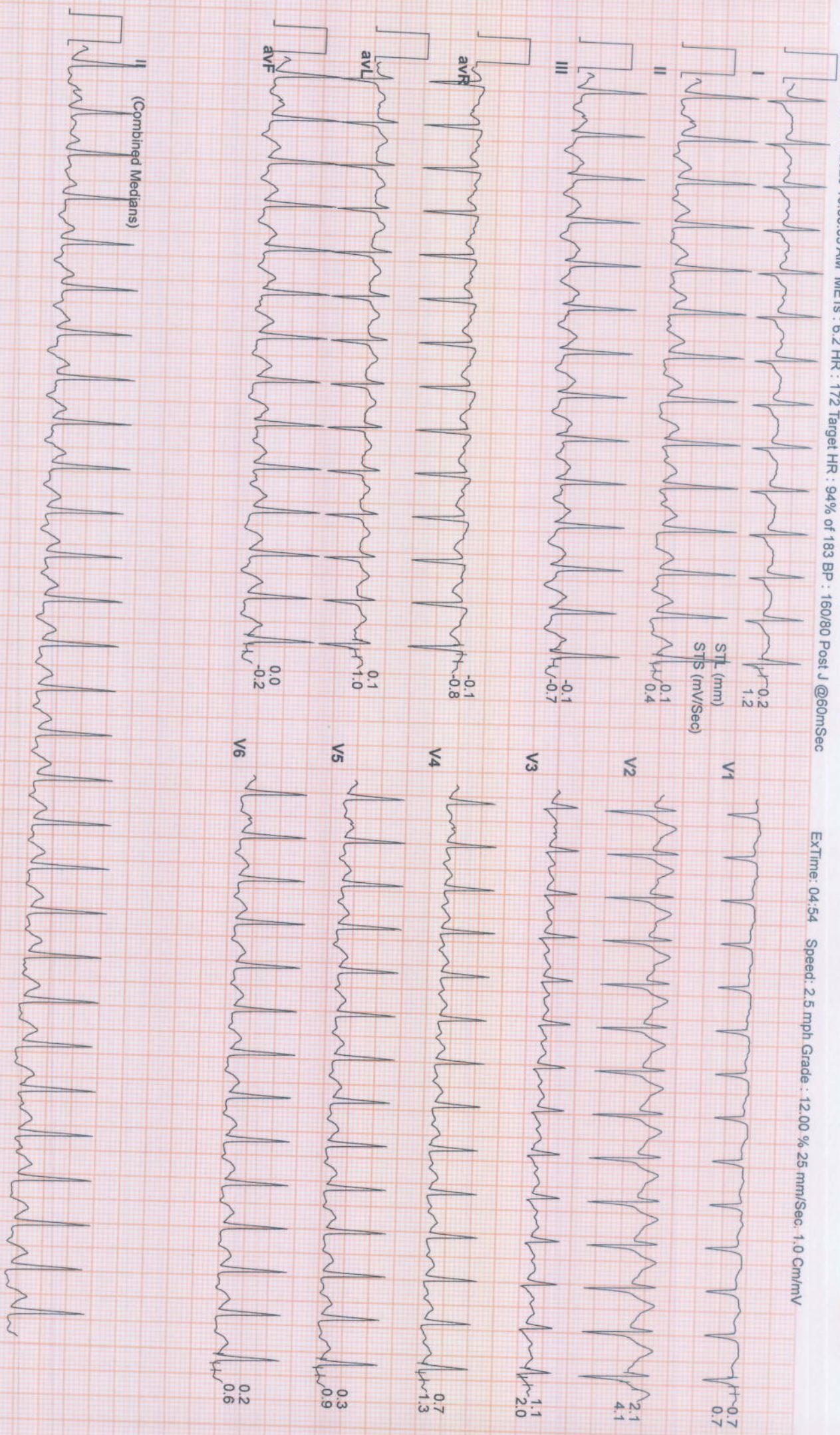
Date: 08 / 04 / 2023 10:30:05 AM METs : 4.7 HR : 155 Target HR : 85% of 183 BP : 140/80 Post J @60mSec

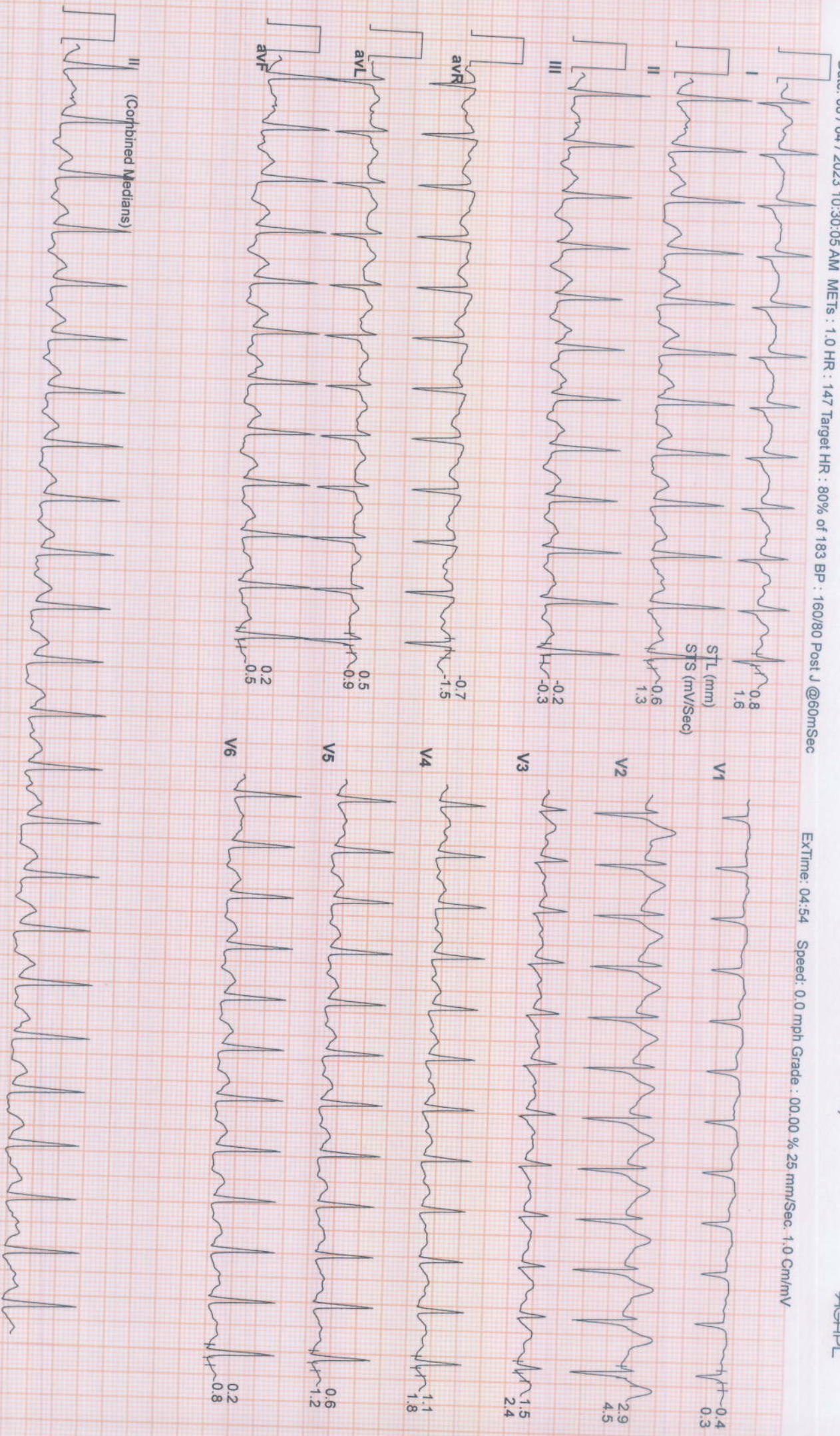
6X2 Combine Medians + 1 Rhythm
BRUCE : Stage 1 (03:00)



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







SUBURBAN DIAGNOSTICS (THANE GB ROAD)

863 / SARWJEET KUMAR / 37 Yrs / Male / 172 Cm / 88 Kg

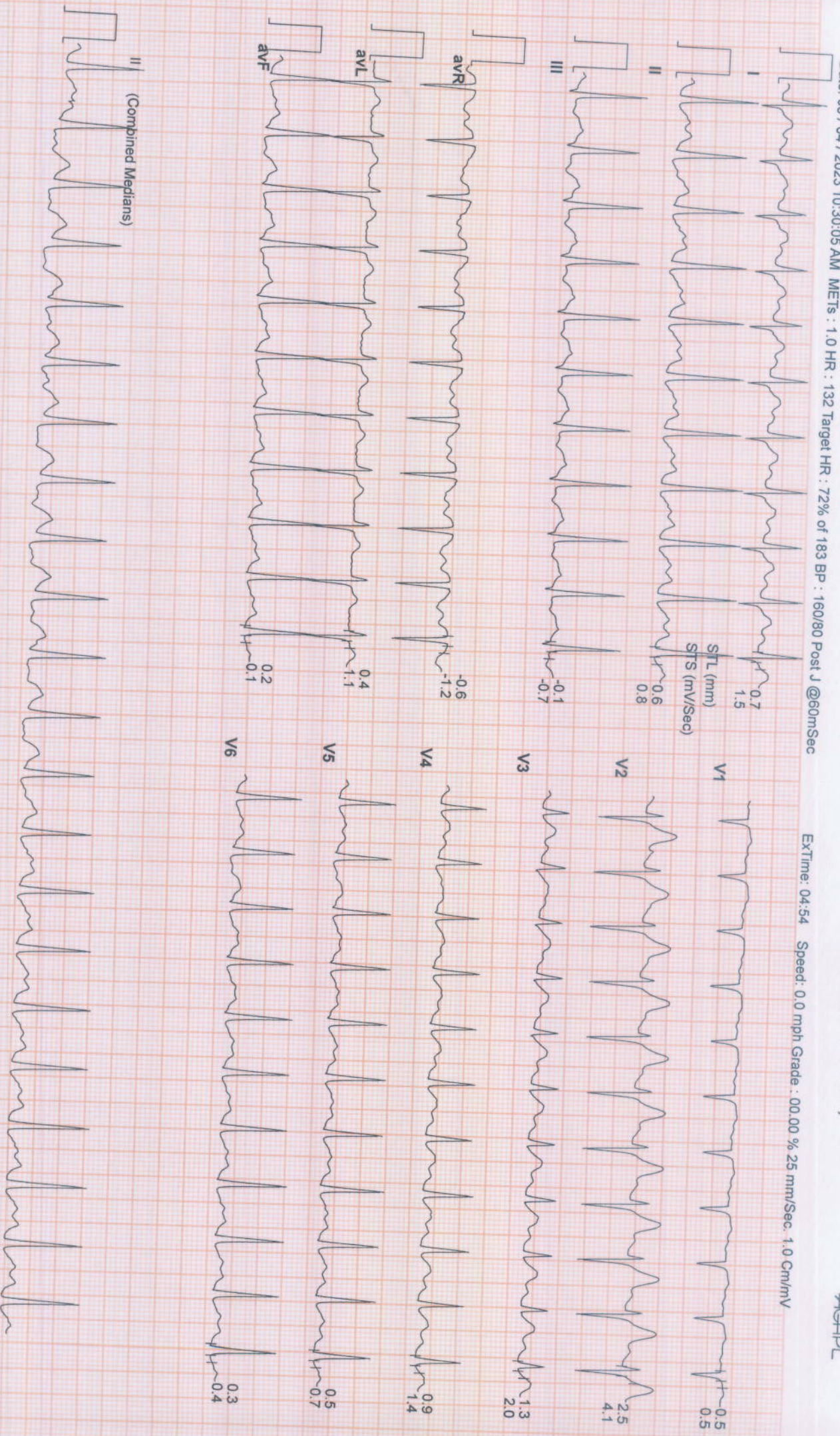
Date: 08 / 04 / 2023 10:30:05 AM METs : 1.0 HR : 132 Target HR : 72% of 183 BP : 160/80 Post J @60mSec

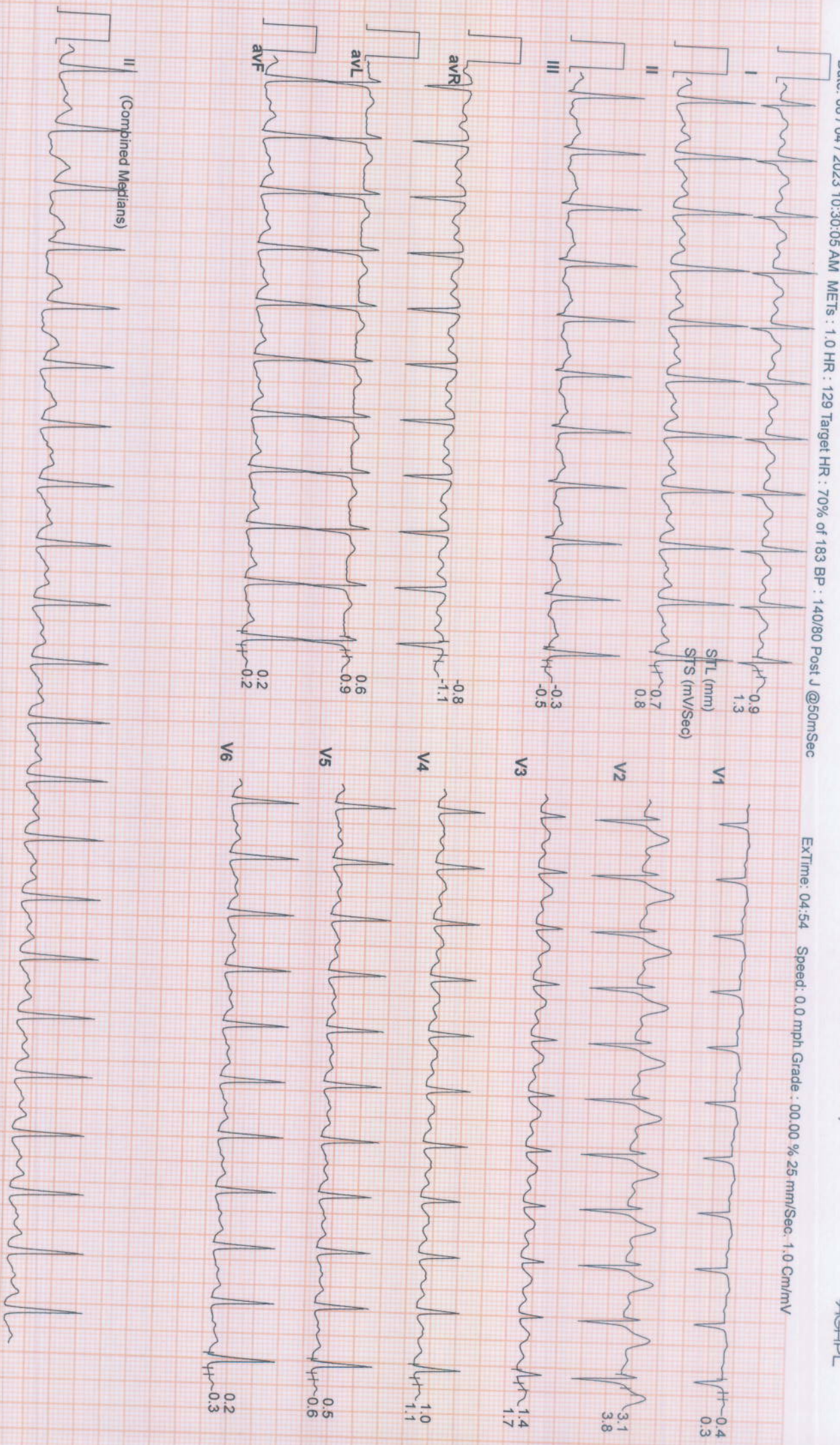
6X2 Combine Medians + 1 Rhythm

Recovery : (02:00)



ExTime: 04:54 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





II (Combined Medians)