

CID# : 2208316303

SID#

: 177805053492

Name

: MR.ADICHERLA SRIDHAR

Registered

: 24-Mar-2022 / 09:55

Age / Gender : 35 Years/Male

Collected

: 24-Mar-2022 / 09:55

Consulting Dr. : -

Reported

: 24-Mar-2022 / 13:35

Reg.Location : Malad West (Main Centre)

Printed

: 24-Mar-2022 / 13:38

# **USG WHOLE ABDOMEN**

## LIVER:

The liver is normal in size (13.3 cm), shape and smooth margins. It shows bright parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

# GALL BLADDER

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen

# **PANCREAS:**

The pancreas head and partial body is visualized and appears normal. No evidence of solid or cystic mass lesion. Rest of the pancreas is obscured due to bowel gas shadows.

#### KIDNEYS:

Both the kidneys are normal in size shape and echotexture.

No evidence of any calculus, hydronephrosis or mass lesion seen.

Right kidney measures 11.0 x 5.3 cm. Left kidney measures 11.5 x 4.6 cm.

# SPLEEN:

The spleen is enalrged in size (12.7 cm) and normal in echotexture. No evidence of focal lesion is noted.

There is no evidence of any lymphadenopathy or ascites.

# **URINARY BLADDER:**

The urinary bladder is well distended and reveal no intraluminal abnormality.

# PROSTATE:

The prostate is normal in size and volume is 18.0 cc.



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# **IMPRESSION:**

· Grade I fatty infiltration of liver.

Mild splenomegaly.

Suggest :- Clinico-pathological correlation.

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 case for confirmation of findings. Patient has been explained in detail about the USG findings including its limitations and need for further imaging if clinically indicated. Please interpret accordingly. All the possible precaution have been taken under covid-19 pandemic.

\*\*\* End Of Report \*\*\*

Dr.VIVEK SINGH MD.RADIO-DIAGNOSIS RADIOLOGIST



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Reported

: 25-Mar-2022 / 08:11

Printed

: 25-Mar-2022 / 10:30

# PHYSICAL EXAMINATION REPORT

**History and Complaints:** 

Nil

**EXAMINATION FINDINGS:** 

Height (cms):

168 cms

Weight (kg):

78 kgs

Temp (0c):

Afebrile

Skin:

Normal

Blood Pressure (mm/hg): 130/80 mm of Hg

Nails:

Normal

Pulse:

82/min

Lymph Node:

Not Palpable

**Systems** 

Cardiovascular: Normal

Respiratory:

Normal

Genitourinary:

Normal

GI System:

Normal

CNS:

Normal

IMPRESSION:

ADVICE:

Ct. Bo as admised.

CHIEF COMPLAINTS:

1) Hypertension:

Since 3-4 years

2) **IHD** 

3) Arrhythmia

4) Diabetes Mellitus 5) Tuberculosis

No

No

No No

0

R

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### PERSONAL HISTORY:

1) Alcohol Occasionally
2) Smoking No
3) Diet Non-Veg.
4) Medication Starpres 25

\*\*\* End Of Report \*\*\*

Dr.Sonali Honrao MD physician Sr. Manager-Medical Services (Cardiology)



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Name

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Age / Gender

: 35 Years/Male

Consulting Dr. :-

Reg.Location : Malad West (Main Centre)

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: 177805053492

Registered

: 24-Mar-2022 / 09:55

E

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Reported

: 24-Mar-2022 / 14:16

Printed

: 24-Mar-2022 / 14:29

# 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.

# Kindly correlate clinically.

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. X- ray is known to have inter-observer variations. Further / Follow-up imaging may be needed in some case for confirmation of findings. Please interpret accordingly.

\*\*\* End Of Report \*\*\*

Dr.Akash Chhari M.B.B.S, MD.

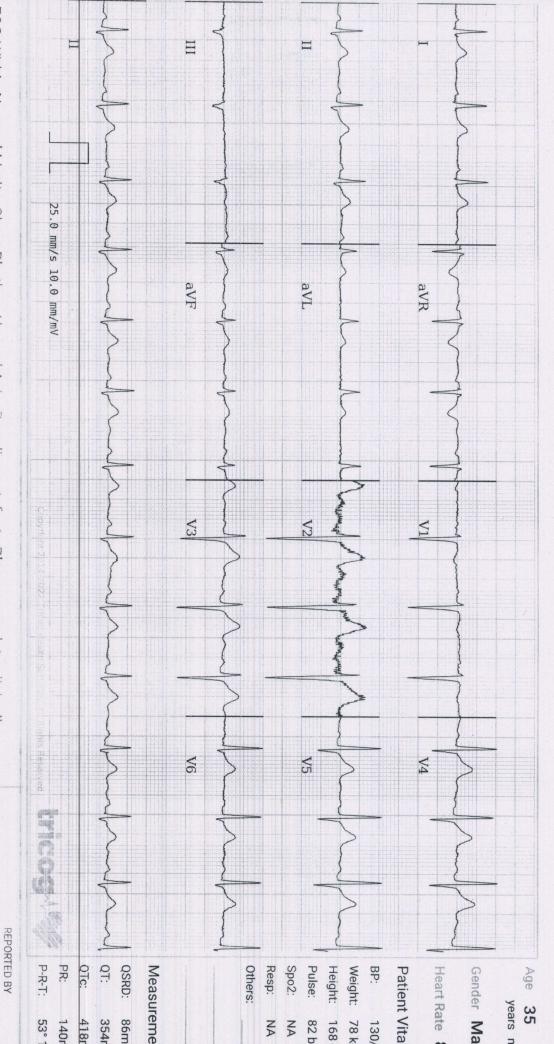
RADIOLOGIST

# SUBURBAN STICS

# SUBURBAN DIAGNOSTICS - MALAD WEST

Patient ID: 2208316303

Date and Time: 24th Mar 22 10:20 AM



ECG Within Normal Limits: Sinus Rhythm, Normal Axis. Baseline artefacts. Please correlate clinically.

REPORTED BY

DR SONALI HONRAO MD (General Medicine) Physician 2001/04/1882 SUBURBAN DIAGNOSTICS

Station
Telephone:

Malad West

EXERCISE STRESS TEST REPORT

Patient Name: MR. SRIDHAR, ADICHERLA

Patient ID: 2208316303 Height: 168 cm

Weight: 78 kg

Study Date: 24.03.2022

Test Type: --Protocol: BRUCE DOB: 28.07.1985 Age: 36yrs

Gender: Male Race: Asian

Referring Physician: --

Attending Physician: DR SONALI HONRAO

Technician: --

Medications:

Medical History:

--

Reason for Exercise Test:

-

**Exercise Test Summary** 

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE STANDING	00:15 00:15	0.00	0.00	82	130/80	
	HYPERV. WARM-UP	00:16 00:16	0.00	0.00	77 75	130/80 130/80	
EXERCISE	STAGE 1 STAGE 2	03:00 03:00	1.70 2.50	0.00 10.00 12.00	130 144	134/80	
RECOVERY	STAGE 3	02:10 03:03	0.00	0.00	166 102	142/80 160/80 160/80	

The patient exercised according to the BRUCE for 8:09 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 85 bpm rose to a maximal heart rate of 166 bpm. This value represents 90 % of the maximal, age-predicted heart rate. The resting blood pressure of 130/80 mmHg, rose to a maximum blood pressure of 160/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

# Interpretation

Summary: Resting ECG: normal.

Functional Capacity: normal.

HR Response to Exercise: appropriate.

BP Response to Exercise: normal resting BP - appropriate response.

Chest Pain: none.
Arrhythmias: none.

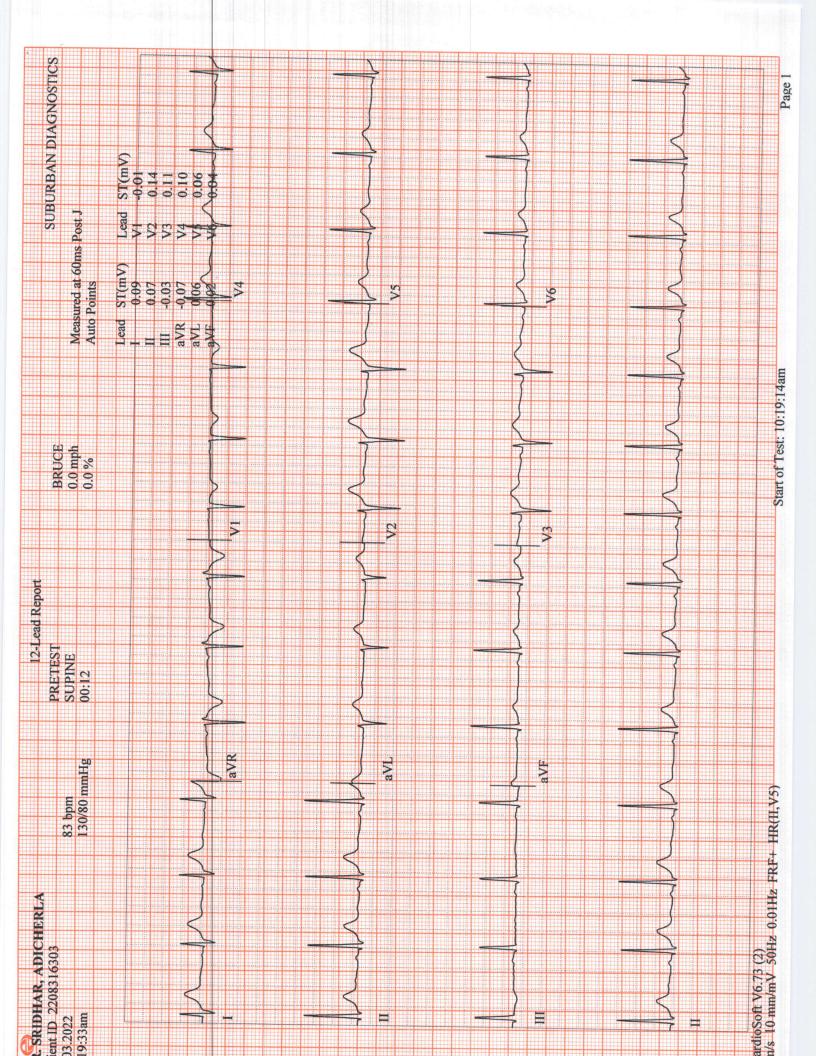
ST Changes: none.

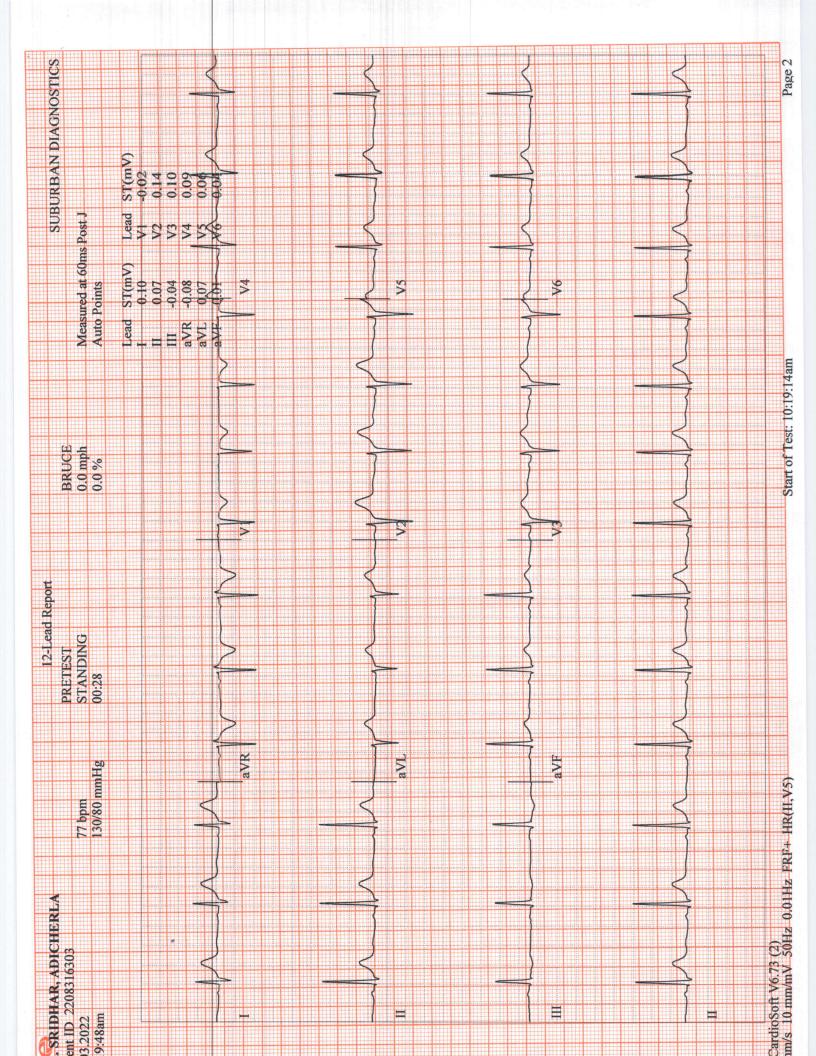
Overall impression: Normal stress test.

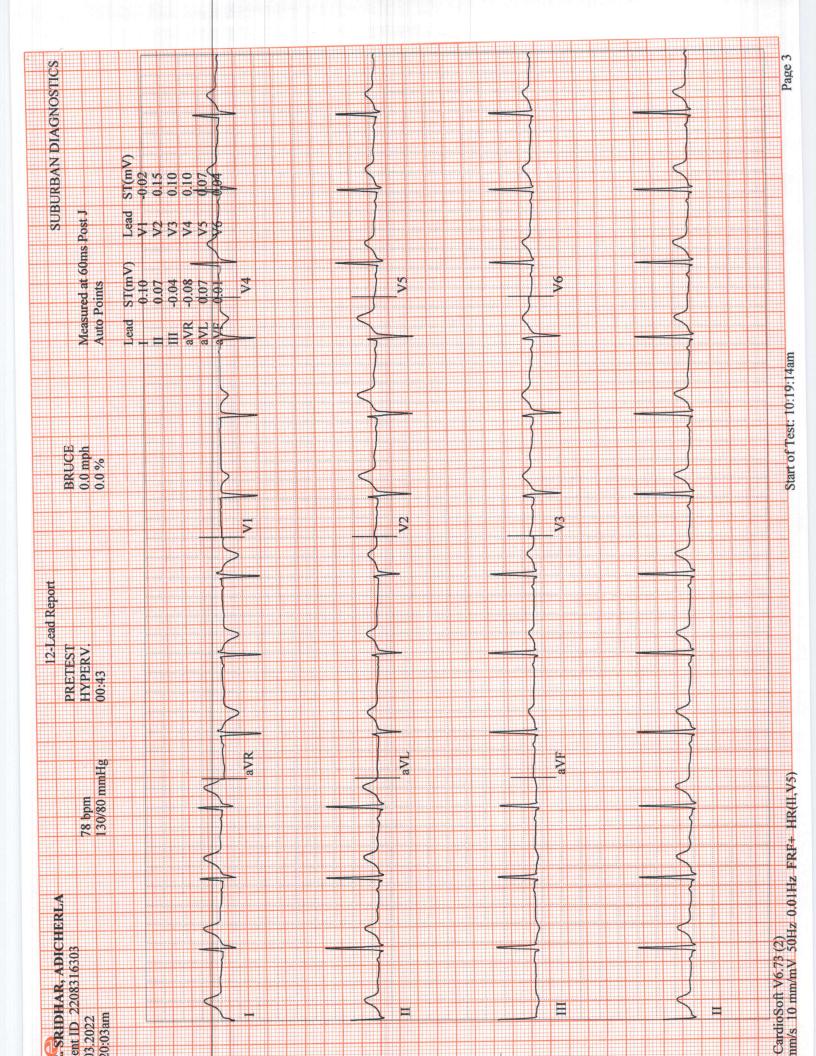
### Conclusions

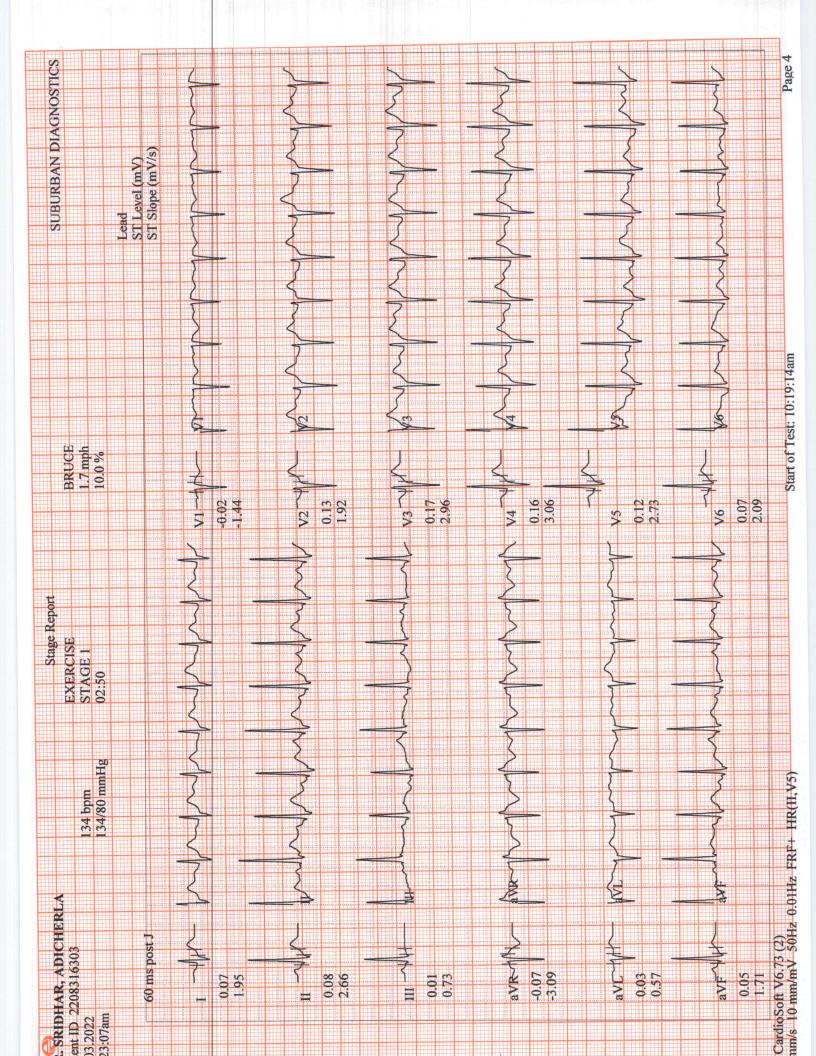
Good effort tolerance. No Significant ST- T changes as compared to baseline. No chest pain / arrythmia noted. Stress test is negative for inducible ischemia.

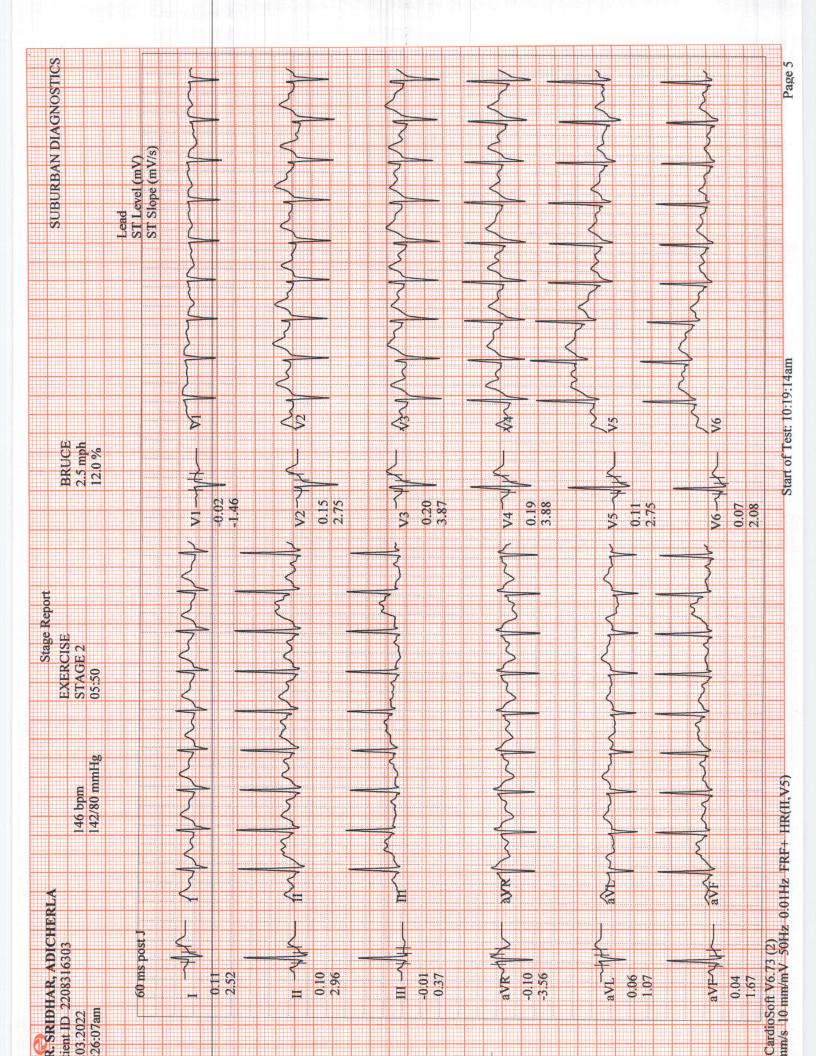
	t not commitmatory of Coronary	Artery Disease. Hence clinical correlation is mandatory.	
	(/ 01.17)		
Physician	Pari,	Technician	
	<i>J</i>		
	DR. SONALI HONRAO	SUBURBAN DIAGNOCTICS (INDIA) PVT. LTD.	
	MD (G.MED)	102-104, Bhoomi Castle,	
	CONSULTING PHYSICIAN	Onn Goregaon Sports Club.	
	REG. NO.2001/04/1882	Link Road, Malad (W), Mumbai - 400 064.	

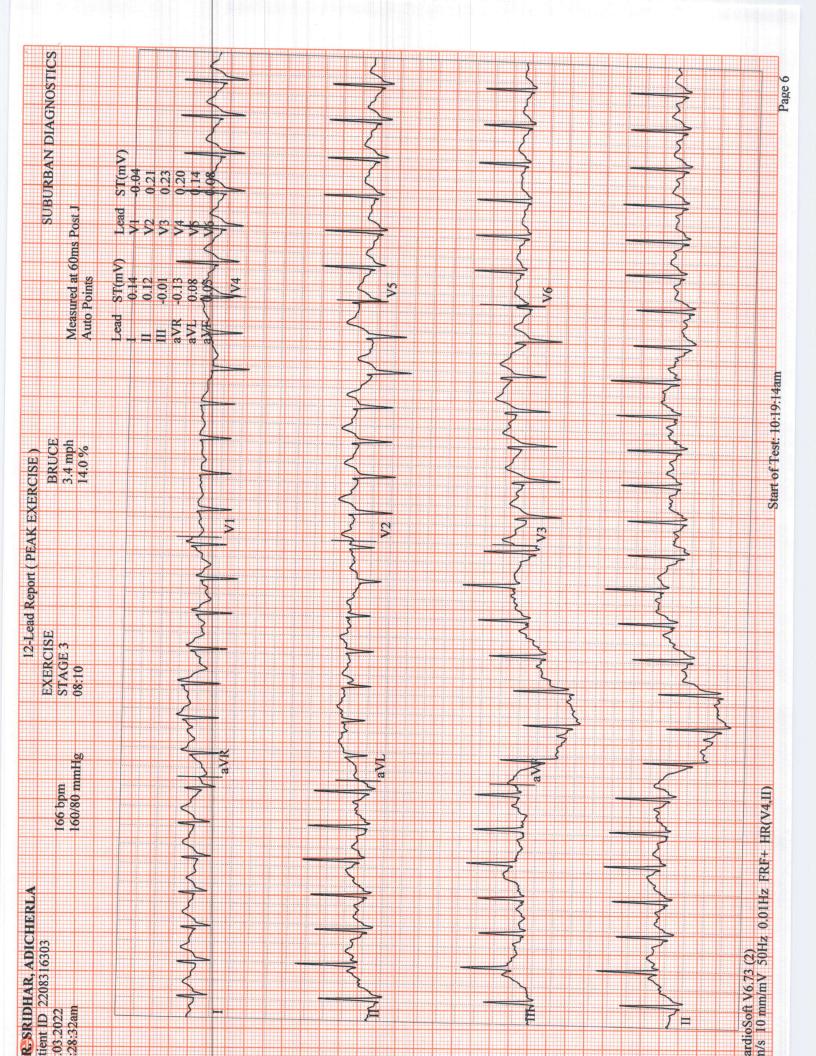


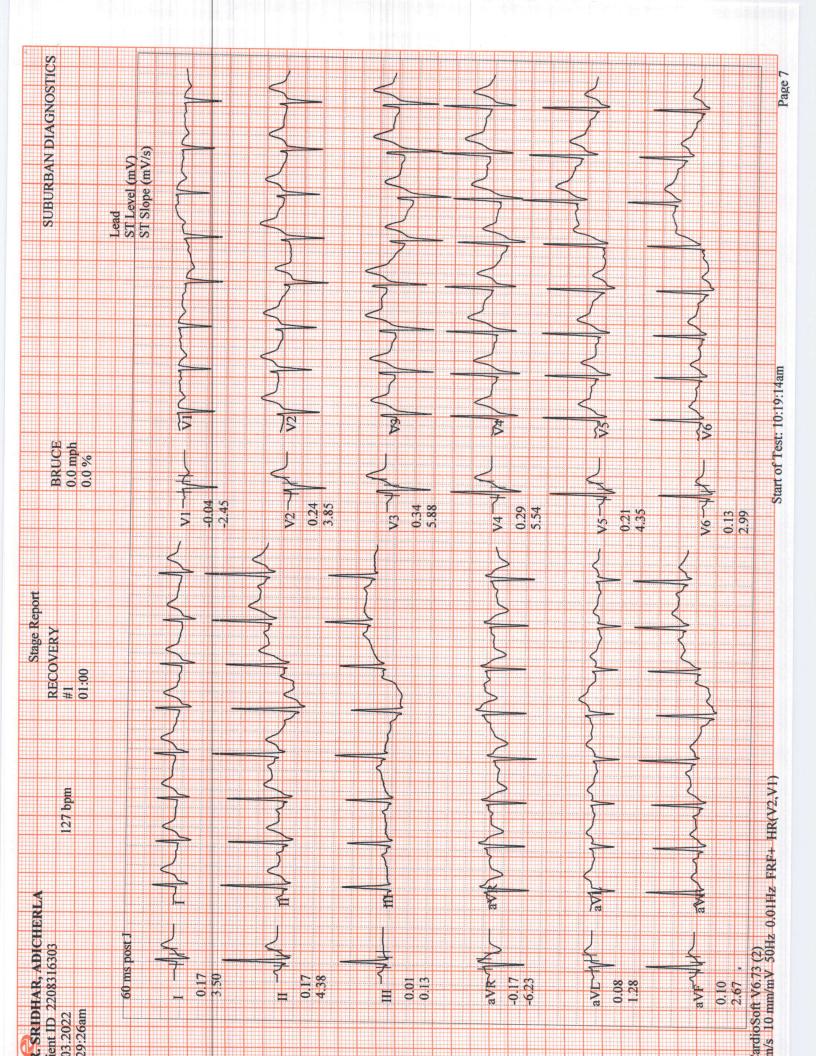


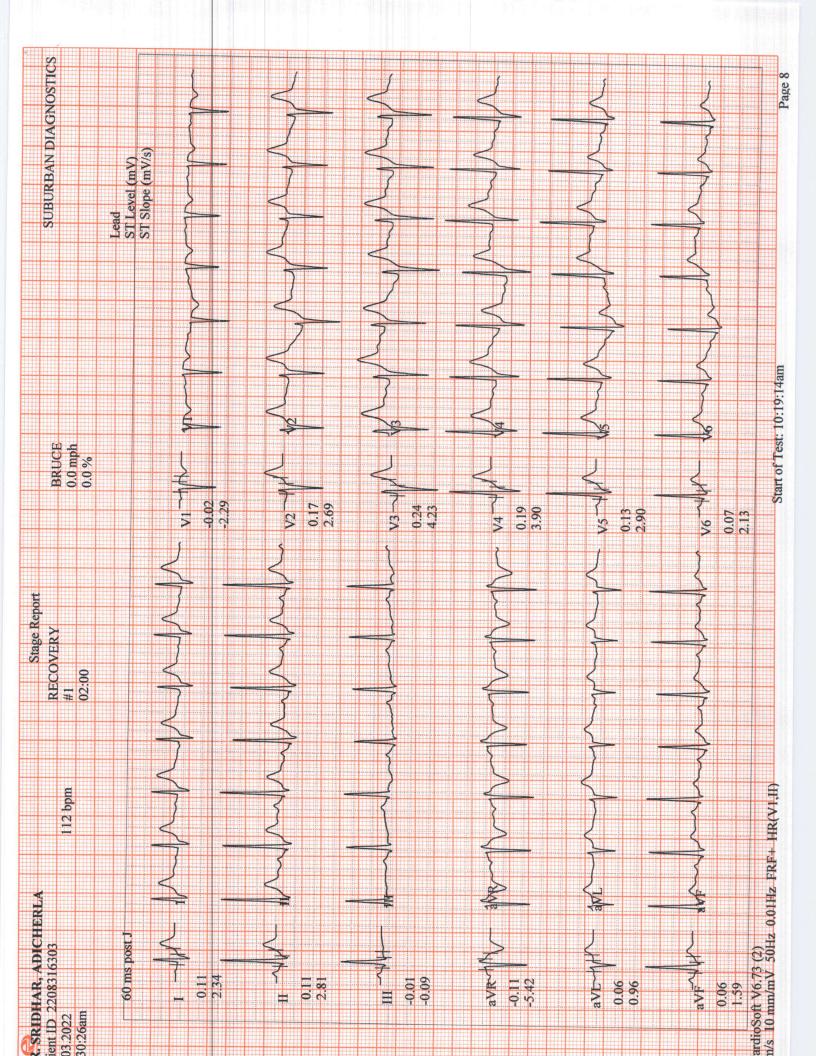


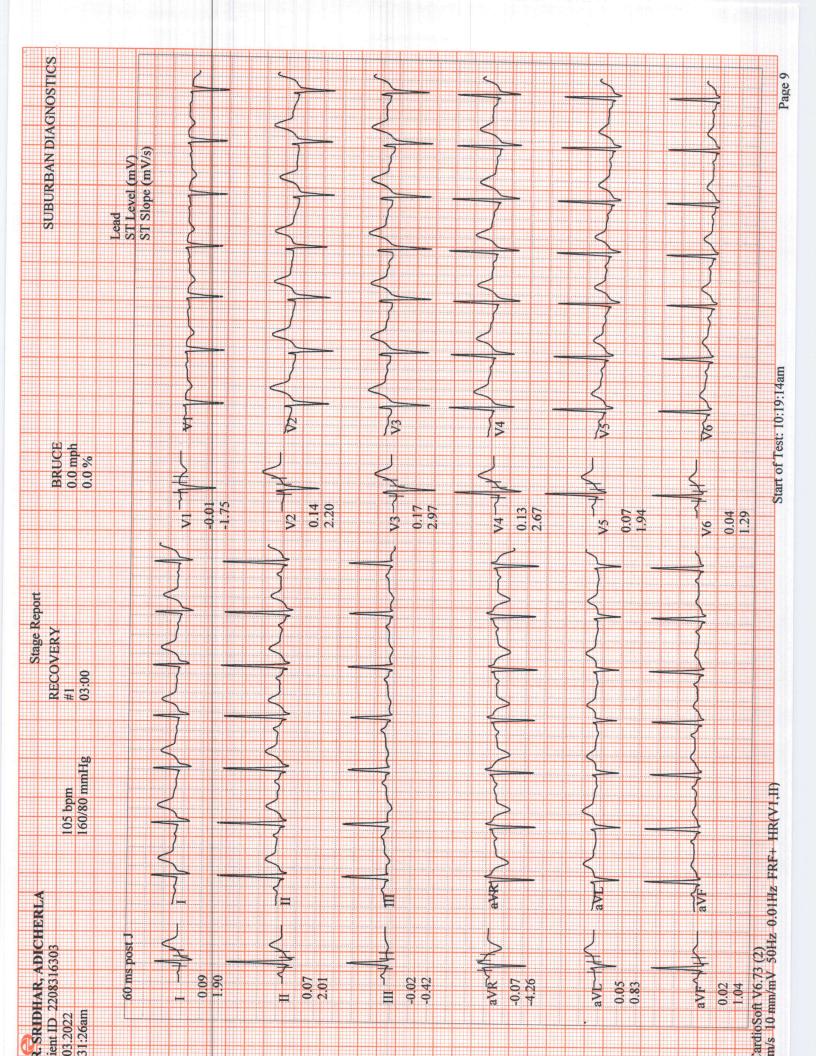












Date: 24/8/22

CID: 2208316303

Name: - Soidhau Adhicherla

Sex / Age: M /36 485

EYE CHECK UP

Chief complaints: Ni

Systemic Diseases: No 1

Past history: Ni

Unaided Vision: Be=616 Be=N16

Aided Vision: -

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	СуІ	Axis	Vn
Distance								
Near						4		7

Colour Vision: Normal / Abnormal

Remark: Meed Coloux Vision

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