



भारत सरकार

Government of India

प्रविण रमेश सोनवणे

Pravin Ramesh Sonawane

जन्म तारीख / DOB : 14/05/1987

पुरुष / Male

9253 0593 7576



डा. मनासे ओकार, माझी ओळख

Dr. Manasee Kulkarni

M.B.B.S

2005/09/3439

Date:- 2/10/21 CID:
Name:- Pavin Sonwane Sex / Age: /

A-34
EYE CHECK UP

Chief complaints: RCV

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: 13E/6 NV/13E/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



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

Brief Disclaimer: (1)Suburban Diagnostics ensures that the tests are conducted with utmost care and safety and are performed on samples received as per the sample collection guide of Suburban Diagnostics.(2)Sample may be rejected if unacceptable for the requested tests.(3)Test results may vary from laboratory to laboratory and also in some parameters from time to time for the same patient.(4)Report must not be copied in part, only in full.(5)This report is not valid for medico-legal purposes.(6)Patient information or data will not be communicated to a third party except in the case of a notifiable disease to a Public Care Unit.(7)Suburban Diagnostics reserves the right to subcontract samples to other laboratories as required.(8)Suburban Diagnostics is not liable for any penalties or liabilities arising out of or relating in any way to these services and/or content or information provided herein.(9)For the elaborated disclaimer, please turn over the page or visit our website.

PHYSICAL EXAMINATION REPORT

| | | | |
|--------------|-----------------|----------|-------------|
| Patient Name | Pravin Sonawane | Sex/Age | M / 34 yrs. |
| Date | 2/10/24 | Location | Thane. |

History and Complaints

Nil

EXAMINATION FINDINGS:

| | | | |
|----------------|--------|-------------|-----|
| Height (cms): | 162 | Temp (0c): | (N) |
| Weight (kg): | 66 | Skin: | NAD |
| Blood Pressure | 130/80 | Nails: | |
| Pulse | 72/min | Lymph Node: | |

Systems :

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

Impression: Low ADL

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

Regular Exercise

Advice:

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

PERSONAL HISTORY:

| | | |
|----|------------|-------|
| 1) | Alcohol | No |
| 2) | Smoking | No |
| 3) | Diet | Mixed |
| 4) | Medication | 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

Name : Pravin Sonawane

Date - 2/10/21

ENT Examination

History:

Nil

Examination :

Right :-

Left :-

External Ear :-

(N)

(N)

Middle Ear :- TM - Intact (+)

(+)

(Tympanic Membrane Eustachean Tube, Mastoid)

Rinnes, Webers :-

-ve

Nose and Paranasal sinuses :-

Throat :-

Speech :-

NAD

Dr. Manasee Kulkarni

M.B.B.S

2005/09/3439

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



CID : 2127554488
Name : MR.PRAVIN SONAWANE
Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 02-Oct-2021 / 10:57
Reported : 02-Oct-2021 / 18:26

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
GLYCOSYLATED HEMOGLOBIN (HbA1c)

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|---|---------|---|------------|
| Glycosylated Hemoglobin (HbA1c), EDTA WB - CC | 5.3 | Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 % | HPLC |
| Estimated Average Glucose (eAG), EDTA WB - CC | 105.4 | 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 CPL, Andheri West
*** End Of Report ***



MC-2111

J. Thakker

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

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**



CID : 2127554488
Name : MR.PRAVIN SONAWANE
Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 02-Oct-2021 / 10:57
Reported : 02-Oct-2021 / 13:19

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 | 16.5 | 13.0-17.0 g/dL | Spectrophotometric |
| RBC | 5.50 | 4.5-5.5 mil/cmm | Elect. Impedance |
| PCV | 47.4 | 40-50 % | Measured |
| MCV | 86 | 80-100 fl | Calculated |
| MCH | 30.0 | 27-32 pg | Calculated |
| MCHC | 34.8 | 31.5-34.5 g/dL | Calculated |
| RDW | 13.3 | 11.6-14.0 % | Calculated |
| <u>WBC PARAMETERS</u> | | | |
| WBC Total Count | 6100 | 4000-10000 /cmm | Elect. Impedance |
| <u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u> | | | |
| Lymphocytes | 38.6 | 20-40 % | |
| Absolute Lymphocytes | 2354.6 | 1000-3000 /cmm | Calculated |
| Monocytes | 7.8 | 2-10 % | |
| Absolute Monocytes | 475.8 | 200-1000 /cmm | Calculated |
| Neutrophils | 48.3 | 40-80 % | |
| Absolute Neutrophils | 2946.3 | 2000-7000 /cmm | Calculated |
| Eosinophils | 5.3 | 1-6 % | |
| Absolute Eosinophils | 323.3 | 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 | 223000 | 150000-400000 /cmm | Elect. Impedance |
| MPV | 8.1 | 6-11 fl | Calculated |
| PDW | 13.0 | 11-18 % | Calculated |
| <u>RBC MORPHOLOGY</u> | | | |
| Hypochromia | - | | |
| Microcytosis | - | | |
| Macrocytosis | - | | |



Use a QR Code Scanner
Application To Scan the Code

CID : 2127554488
Name : MR.PRAVIN SONAWANE
Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 02-Oct-2021 / 10:57
Reported : 02-Oct-2021 / 12:42

Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Normocytic, Normochromic
WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 3 2-15 mm at 1 hr. Westergren

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



MC-2427



Lynda Rodrigues
Dr.LYNDA RODRIGUES
MD Pathology
Pathologist



Use a QR Code Scanner
Application To Scan the Code

CID : 2127554488
Name : MR.PRAVIN SONAWANE
Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 02-Oct-2021 / 10:57
Reported : 02-Oct-2021 / 12:57

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|--|---------|---|---|
| GLUCOSE (SUGAR) FASTING, Fluoride Plasma | 84.4 | Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl | Hexokinase |
| GLUCOSE (SUGAR) PP, Fluoride Plasma - PP/R | 111.8 | Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl | Hexokinase |
| BILIRUBIN (TOTAL), Serum | 0.5 | 0.1-1.2 mg/dl | Diazo |
| BILIRUBIN (DIRECT), Serum | 0.2 | 0-0.3 mg/dl | Diazo |
| BILIRUBIN (INDIRECT), Serum | 0.30 | 0.1-1.0 mg/dl | Calculated |
| SGOT (AST), Serum | 24.7 | 5-40 U/L | IFCC without pyridoxal phosphate activation |
| SGPT (ALT), Serum | 35.1 | 5-45 U/L | IFCC without pyridoxal phosphate activation |
| ALKALINE PHOSPHATASE, Serum | 113.0 | 40-130 U/L | PNPP |
| BLOOD UREA, Serum | 14.7 | 12.8-42.8 mg/dl | Urease & GLDH |
| BUN, Serum | 6.9 | 6-20 mg/dl | Calculated |
| CREATININE, Serum | 0.82 | 0.67-1.17 mg/dl | Enzymatic |
| eGFR, Serum | 114 | >60 ml/min/1.73sqm | Calculated |
| URIC ACID, Serum | 5.3 | 3.5-7.2 mg/dl | Uricase |

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



MC-2427

Lynda Rodrigues

Dr.LYNDA RODRIGUES
MD Pathology
Pathologist



Use a QR Code Scanner
Application To Scan the Code

CID : 2127554488
Name : MR.PRAVIN SONAWANE
Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 02-Oct-2021 / 10:57
Reported : 02-Oct-2021 / 13:19

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 | Pale yellow | Pale Yellow | - |
| Reaction (pH) | Acidic (6.0) | 4.5 - 8.0 | Chemical Indicator |
| Specific Gravity | 1.010 | 1.010-1.030 | Chemical Indicator |
| Transparency | Clear | Clear | - |
| Volume (ml) | 50 | - | - |
| <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 | 1-2 | 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 | 2-3 | Less than 20/hpf | |

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



MC-2427



Lynda Rodrigues
Dr.LYNDA RODRIGUES
MD Pathology
Pathologist



CID : 2127554488
Name : MR.PRAVIN SONAWANE
Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 02-Oct-2021 / 10:57
Reported : 02-Oct-2021 / 14:47

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 Semi- automated column agglutination technology (CAT)

Note : This Sample has also been tested for Bombay group/Bombay phenotype /Oh using anti-H lectin.

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 G B Road Lab, Thane West
*** End Of Report ***



MC-2427



Lynda Rodrigues
Dr.LYNDA RODRIGUES
MD Pathology
Pathologist



Use a QR Code Scanner
Application To Scan the Code

CID : 2127554488
Name : MR.PRAVIN SONAWANE
Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 02-Oct-2021 / 10:57
Reported : 02-Oct-2021 / 13:19

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|----------------------------------|---------|---|--|
| CHOLESTEROL, Serum | 161.3 | Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl | Enzymatic |
| TRIGLYCERIDES, Serum | 131.3 | 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 | 35.2 | Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl | Homogeneous enzymatic colorimetric assay |
| NON HDL CHOLESTEROL, Serum | 126.1 | Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl | Calculated |
| LDL CHOLESTEROL, Serum | 100.0 | 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 | Homogeneous enzymatic colorimetric assay |
| VLDL CHOLESTEROL, Serum | 26.1 | < / = 30 mg/dl | Calculated |
| CHOL / HDL CHOL RATIO, Serum | 4.6 | 0-4.5 Ratio | Calculated |
| LDL CHOL / HDL CHOL RATIO, Serum | 2.8 | 0-3.5 Ratio | Calculated |

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



MC-2427



Lynda Rodrigues
Dr.LYNDA RODRIGUES
MD Pathology
Pathologist



CID : 2127554488
Name : MR.PRAVIN SONAWANE
Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 02-Oct-2021 / 10:57
Reported : 02-Oct-2021 / 12:39

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|---------------------|---------|----------------------|--------|
| Free T3, Serum | 5.8 | 3.5-6.5 pmol/L | ECLIA |
| Free T4, Serum | 18.6 | 11.5-22.7 pmol/L | ECLIA |
| sensitiveTSH, Serum | 1.23 | 0.35-5.5 microIU/ml | ECLIA |

Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

- 1)TSH Values between 5.5 to 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: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.

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)

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



MC-2427



Lynda Rodrigues
Dr.LYNDA RODRIGUES
MD Pathology
Pathologist

| | | | |
|--------------|--------------------------------------|------------|-----------------------|
| CID | : 2127554488 | SID | : 177804264575 |
| Name | : MR.PRAVIN SONAWANE | Registered | : 02-Oct-2021 / 10:56 |
| Age / Gender | : 34 Years/Male | Collected | : 02-Oct-2021 / 10:56 |
| Ref. Dr | : - | Reported | : 02-Oct-2021 / 14:24 |
| Reg.Location | : G B Road, Thane West (Main Centre) | Printed | : 02-Oct-2021 / 14:30 |

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

No hilar abnormality is seen.

The cardiac size and shape are within normal limits.

The aorta shows normal radiological features.

The trachea is central.

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. Pravin
Dr.DEVENDRA PATIL
M.D(RADIO DIAGNOSIS)
RADIOLOGIST

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**

| | | | |
|--------------|--------------------------------------|------------|-----------------------|
| CID | : 2127554488 | SID | : 177804264575 |
| Name | : MR.PRAVIN SONAWANE | Registered | : 02-Oct-2021 / 10:56 |
| Age / Gender | : 34 Years/Male | Collected | : 02-Oct-2021 / 10:56 |
| Ref. Dr | : - | Reported | : 02-Oct-2021 / 14:24 |
| Reg.Location | : G B Road, Thane West (Main Centre) | Printed | : 02-Oct-2021 / 14:56 |

USG WHOLE ABDOMEN

LIVER: Liver appears normal in size and echotexture. 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: Visualised head of pancreas appears normal in size & echotexture. Rest is obscured by excessive bowel gas.

KIDNEYS: Right kidney measures 9.1 x 3.9 cm. Left kidney measures 9.5 x 4.7 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 and measures 3.3 x 3.5 x 3.8 cm in dimension and 23.2 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

IMPRESSION: USG ABDOMEN IS WITHIN NORMAL LIMITS.

Advice: *Clinical co-relation and further evaluation.*

*** End Of Report ***

Dr. Patil

Dr.DEVENDRA PATIL
M.D(RADIO DIAGNOSIS)
RADIOLOGIST

SUBURBAN DIAGNOSTICS GB RD THANE

Patient Details **Date:** 02-Oct-21 **Time:** 11:53:39 AM
Name: PRAVIN SONAWANE **ID:** 2127554488
Age: 34 y **Sex:** M **Height:** 162 cms **Weight:** 66 Kgs
Clinical History: NIL

Medications: NIL

Test Details

Protocol: Bruce **Pr.MHR:** 186 bpm **THR:** 167 (90 % of Pr.MHR) bpm
Total Exec. Time: 10 m 53 s **Max. HR:** 136 (73% of Pr.MHR)bpm **Max. Mets:** 13.50
Max. BP: 160 / 80 mmHg **Max. BP x HR:** 21760 mmHg/min **Min. BP x HR:** 5680 mmHg/min
Test Termination Criteria: Fatigue, Dyspnea

Protocol Details

| Stage Name | Stage Time (min : sec) | Mets | Speed (mph) | Grade (%) | Heart Rate (bpm) | Max. BP (mm/Hg) | Max. ST Level (mm) | Max. ST Slope (mV/s) |
|------------------|------------------------|------|-------------|-----------|------------------|-----------------|--------------------|----------------------|
| Supine | 0 : 37 | 1.0 | 0 | 0 | 71 | 120 / 80 | -1.06 III | -1.42 III |
| Standing | 0 : 1 | 1.0 | 0 | 0 | 71 | 120 / 80 | -0.85 III | -1.06 III |
| Hyperventilation | 0 : 1 | 1.0 | 0 | 0 | 71 | 120 / 80 | -0.85 III | -1.06 III |
| 1 | 3 : 0 | 4.6 | 1.7 | 10 | 103 | 130 / 80 | -1.27 III | 1.42 I |
| 2 | 3 : 0 | 7.0 | 2.5 | 12 | 112 | 140 / 80 | -1.49 III | -1.77 aVR |
| 3 | 3 : 0 | 10.2 | 3.4 | 14 | 129 | 150 / 80 | -1.70 III | 2.12 I |
| Peak Ex | 1 : 53 | 13.5 | 4.2 | 16 | 136 | 160 / 80 | -1.91 III | 2.83 I |
| Recovery(1) | 2 : 0 | 1.8 | 1 | 0 | 88 | 160 / 80 | -1.91 III | 3.18 V2 |
| Recovery(2) | 2 : 0 | 1.0 | 0 | 0 | 85 | 130 / 80 | -1.06 aVR | 2.48 V5 |
| Recovery(3) | 0 : 6 | 1.0 | 0 | 0 | 83 | 130 / 80 | -0.85 aVR | 0.71 I |

Interpretation

The patient exercised according to the Bruce protocol for 10 m 53 s achieving a work level of Max. METS : 13.50. Resting heart rate initially 71 bpm, rose to a max. heart rate of 136 (73% of Pr.MHR) bpm. Resting blood Pressure 120 / 80 mmHg, rose to a maximum blood pressure of 160 / 80 mmHg. GOOD EFFORT TOLERANCE , NORMAL CHRONOTROPIC RESPONSE , NORMAL INOTROPIC RESPONSE , NO ANGINA/ANGINA EQUIVALENTS , NO ARRHYTHMIAS , NO SIGNIFICANT ST-T CHANGES FROM BASELINE

REMARKS: Test seems Negative for inducible ischemia .

Disclaimer :Negative stress test does not rule out Coronary Artery Disease .
 Positive stress test is suggestive of but not confirmatory of Coronary Artery Disease .
 Hence overall Cardiological corelation is mandatory .

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

Ref. Doctor: _____
 (Summary Report edited by user)



Doctor: DR. SHAILAJA PILLAI
 (c) Schiller Healthcare India Pvt. Ltd. V 4.7

PRAVIN SONAWANE (34 M)

SUBURBAN DIAGNOSTICS GB RD THANE

ID: 2127554488

Date: 02-Oct-21

Exec Time : 0 m 0 s

Stage Time : 0 m 37 s

HR: 71 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 167 bpm)

B.P.: 120 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

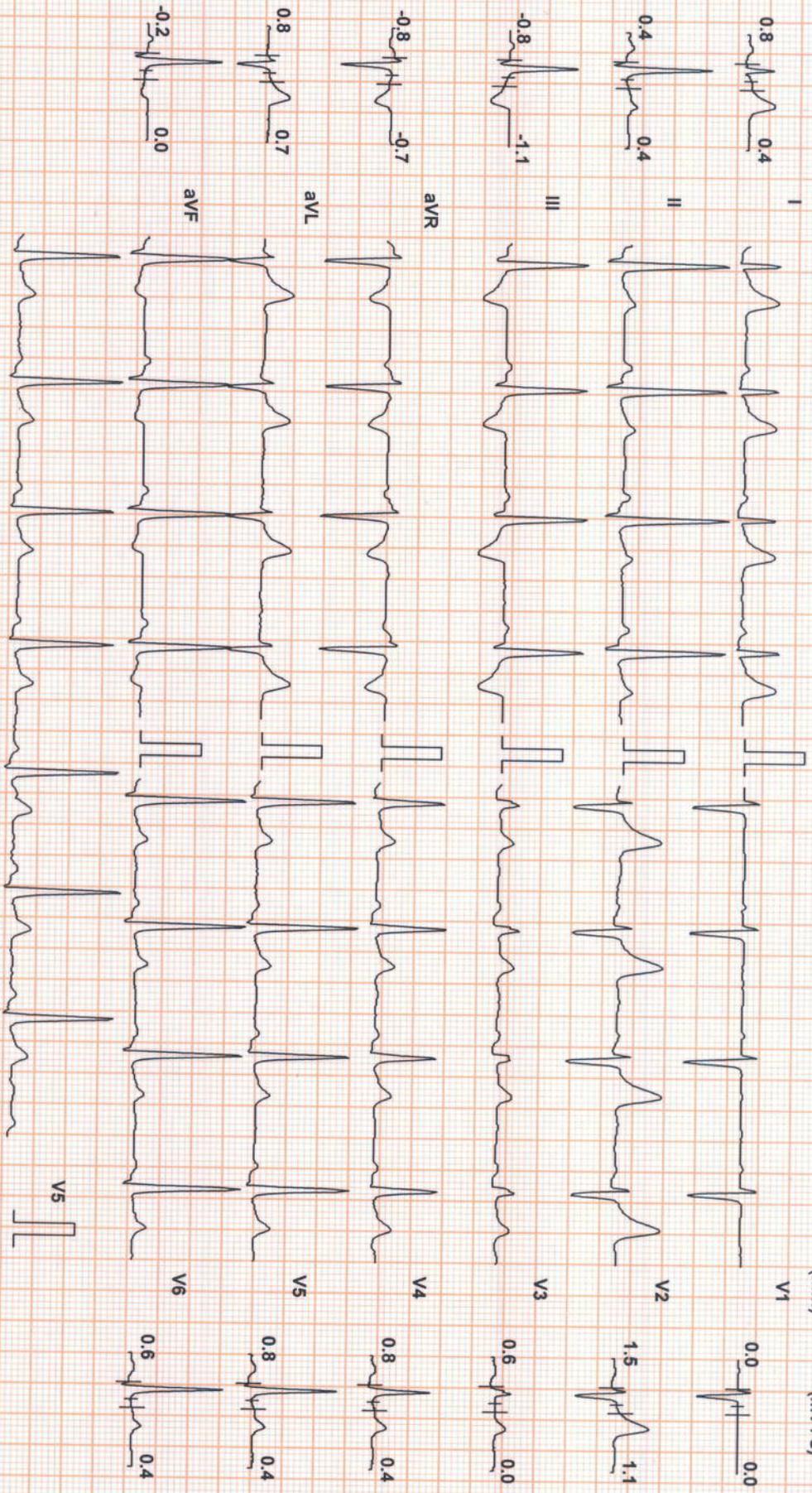


Chart Speed: 25 mm/sec
Schlier Spanden V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



PRAVIN SONAWANE (34 M)

SUBURBAN DIAGNOSTICS GB RD THANE

Protocol: Bruce

ID: 2127554488

Date: 02-Oct-21

Exec Time : 0 m 0 s

Stage Time : 0 m 1 s

HR: 71 bpm

ST Level (mm) ST Slope (mV/s)

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 167 bpm)

B.P.: 120 / 80

ST Level (mm) ST Slope (mV/s)

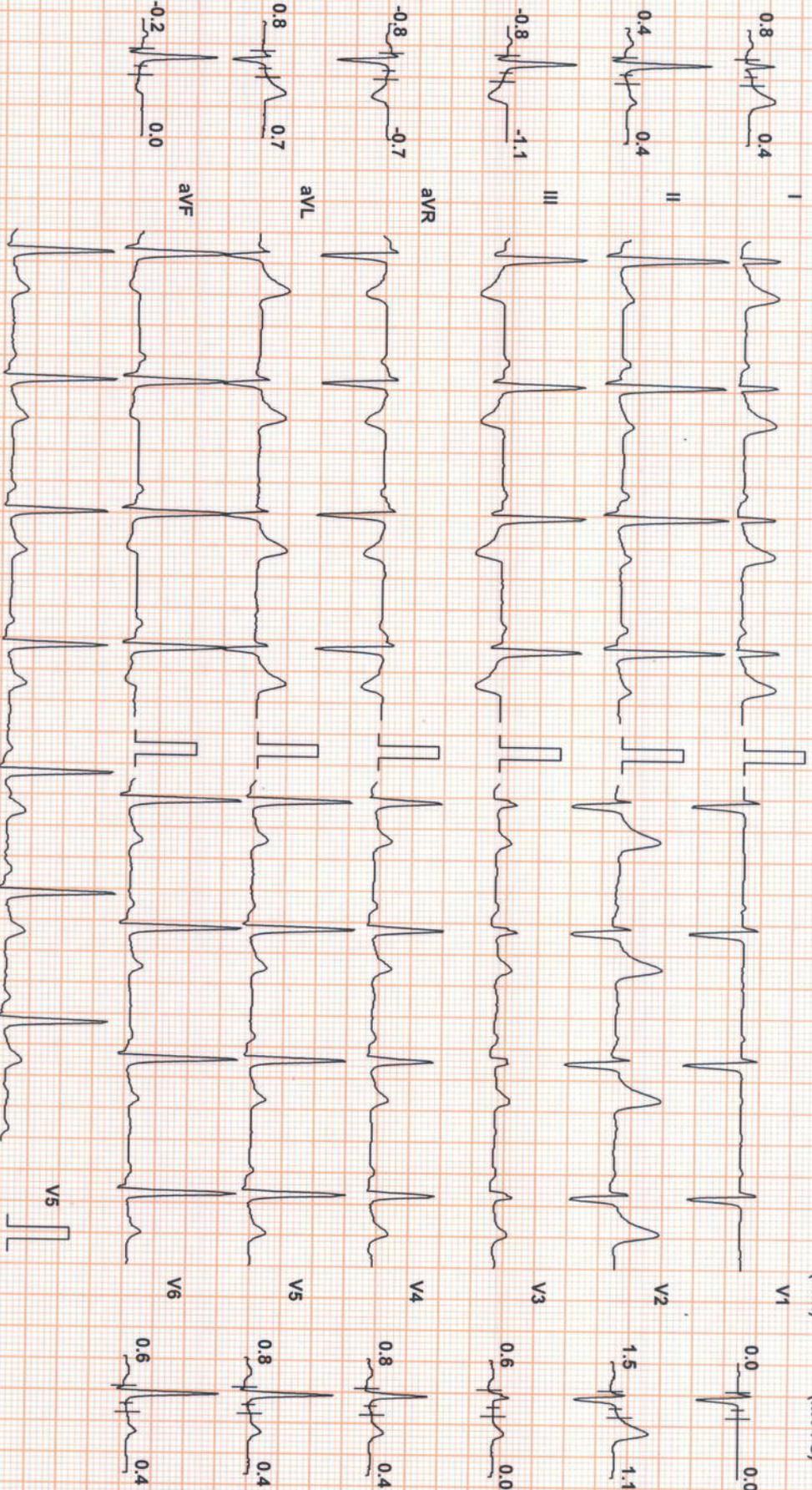


Chart Speed: 25 mm/sec
Schiller Sparden V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

SUBURBAN DIAGNOSTICS GB RD THANE

PRAVIN SONAWANE (34 M)

ID: 2127554488

Date: 02-Oct-21

Exec Time : 0 m 0 s

Stage Time : 0 m 1 s

HR: 71 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 167 bpm)

B.P.: 120 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

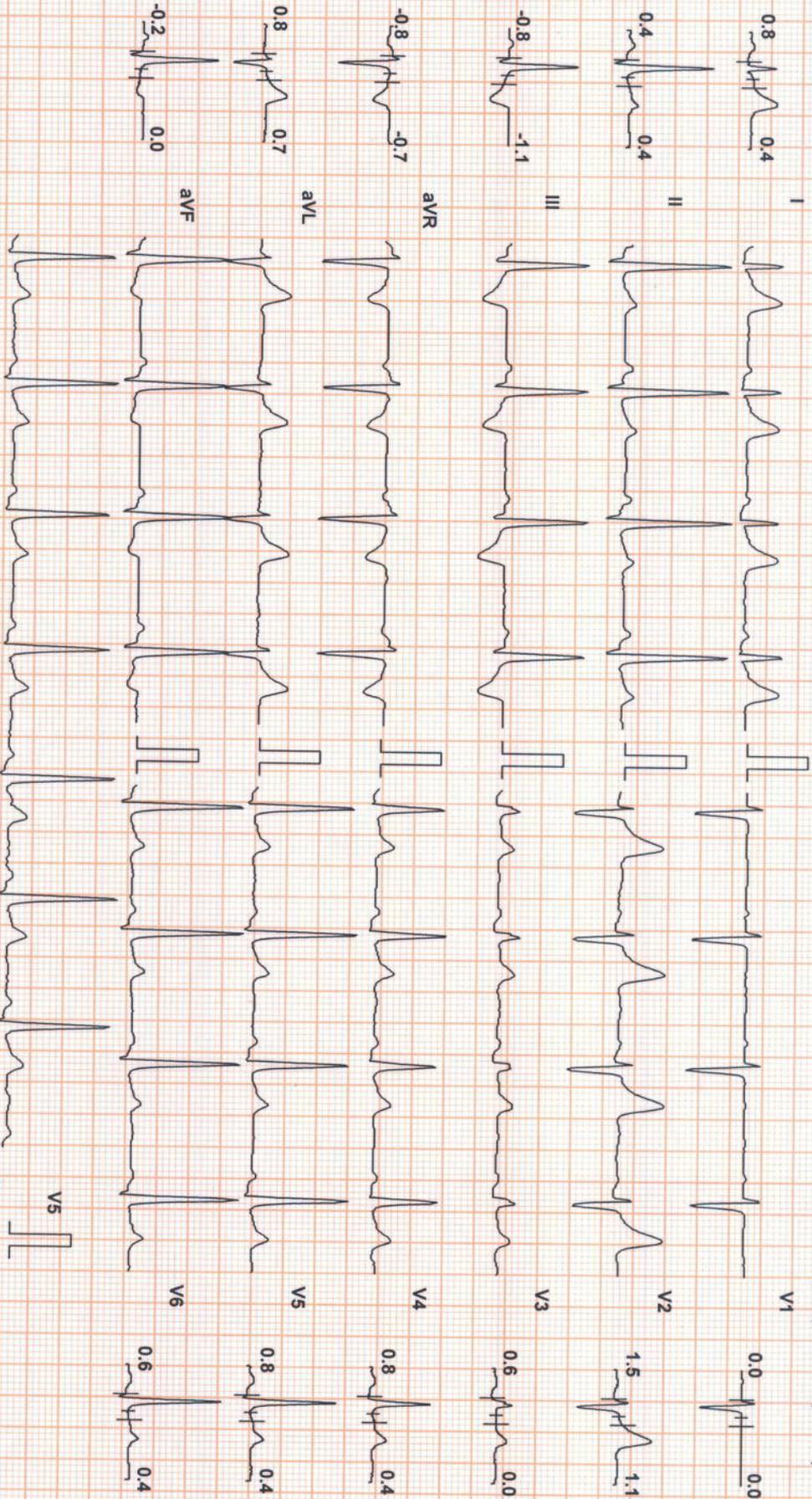


Chart Speed: 25 mm/sec
Schiller Spandax V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms





PRAVIN SONAWANE (34 M)

SUBURBAN DIAGNOSTICS GB RD THANE

ID: 2127554488

Date: 02-Oct-21

Exec Time : 3 m 0 s

Stage Time : 3 m 0 s

HR: 103 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 167 bpm)

B.P.: 130 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

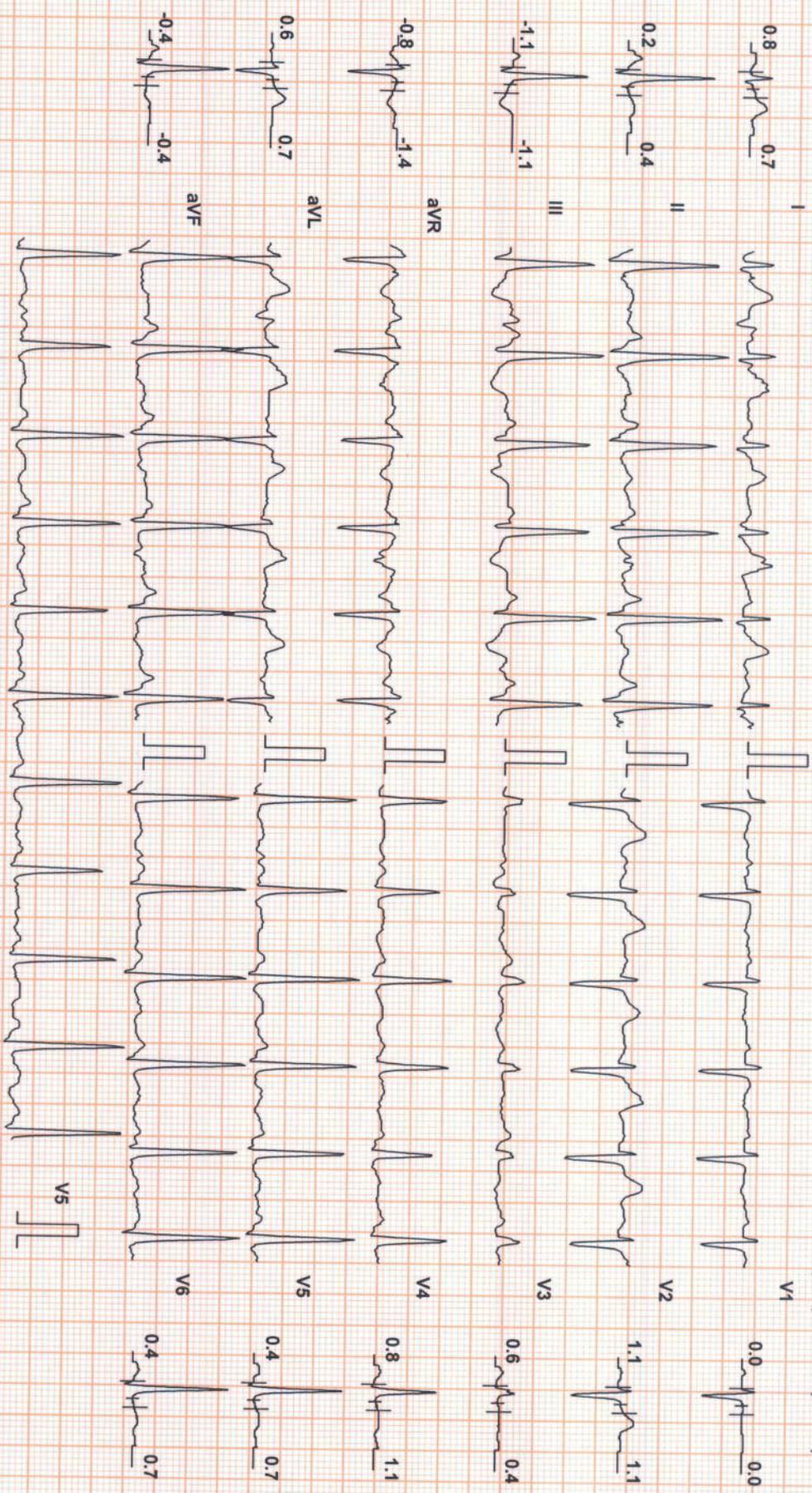


Chart Speed: 25 mm/sec
Schiller Spanden V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Isr = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



SUBURBAN DIAGNOSTICS GB RD THANE

PRAVIN SONAWANE (34 M)

ID: 2127554488

Date: 02-Oct-21

Exec Time : 6 m 0 s

Stage Time : 3 m 0 s

HR: 112 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 167 bpm)

B.P.: 140 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

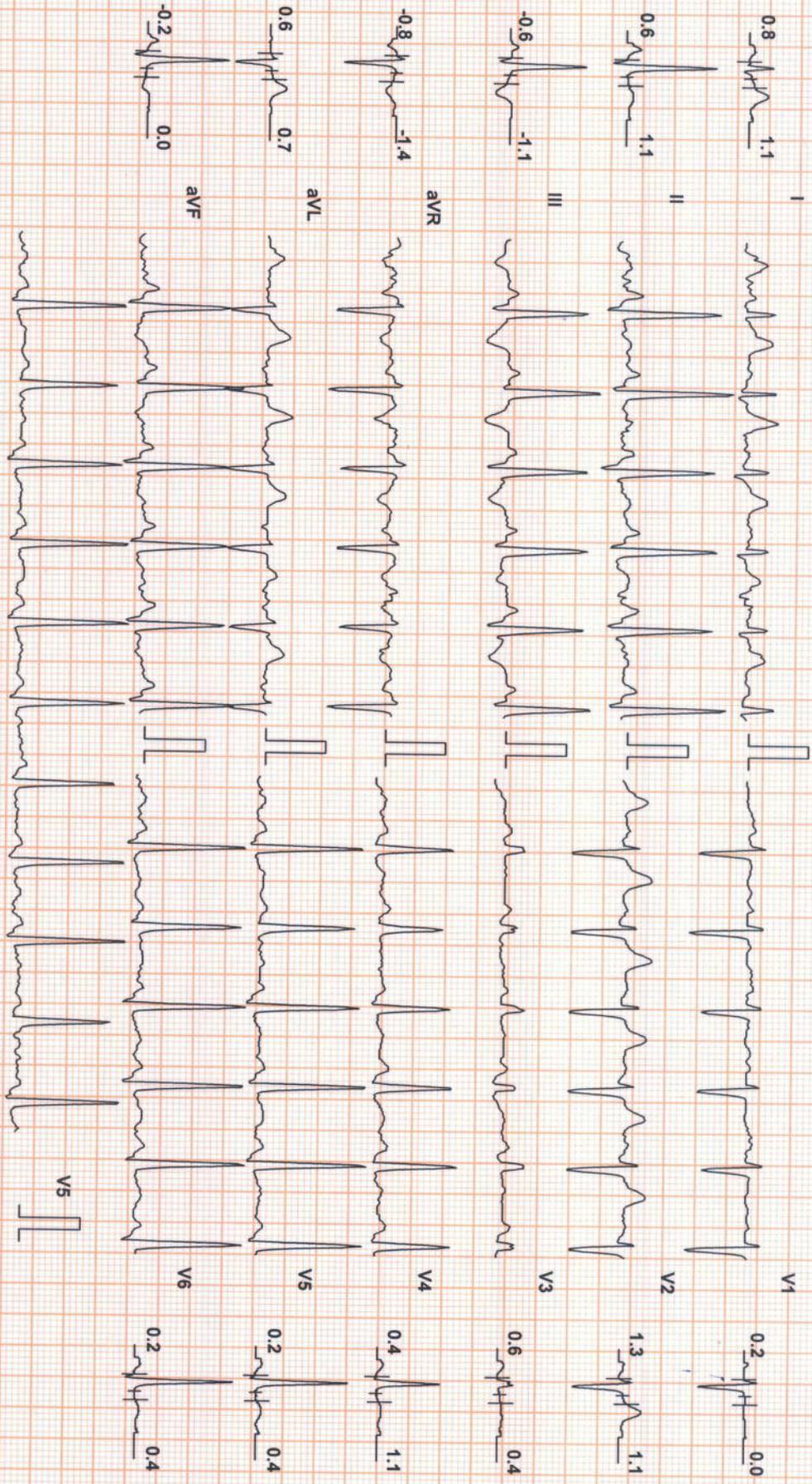


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



SUBURBAN DIAGNOSTICS GB RD THANE

PRAVIN SONAWANE (34 M)

ID: 2127554488

Date: 02-Oct-21

Exec Time : 9 m 0 s

Stage Time : 3 m 0 s

HR: 129 bpm

Protocol: Bruce

Stage: 3

Speed: 3.4 mph

Grade: 14 %

(THR: 167 bpm)

B.P.: 150 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

I 0.8 1.1

V1 0.2 -0.4

II -0.2 0.7

V2 1.3 1.4

III -1.3 -1.1

V3 0.4 0.7

AVR -0.4 -1.1

V4 0.2 0.7

AVL 0.8 1.1

V5 0.2 0.7

AVF -0.6 0.0

V6 0.0 0.7

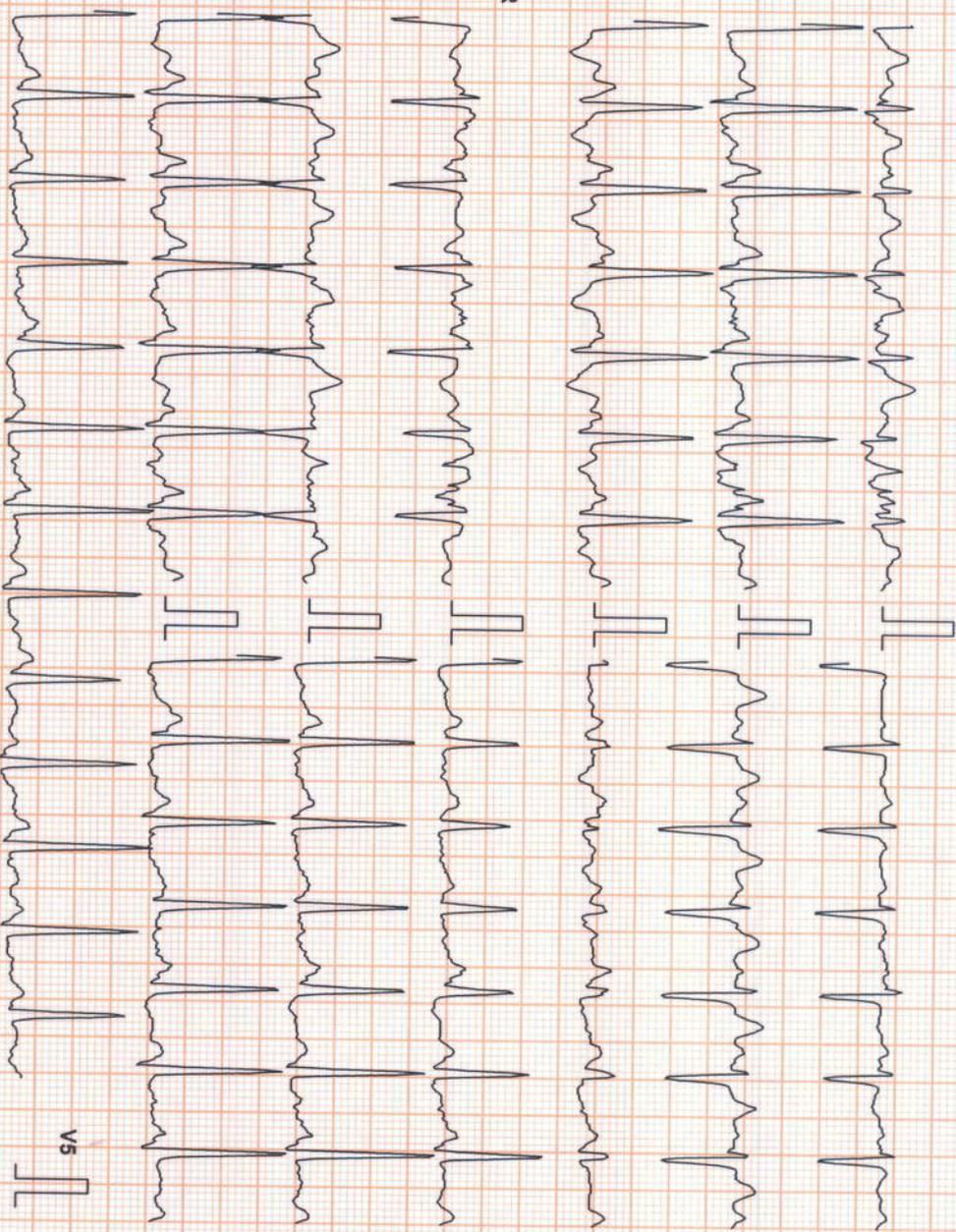


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



PRAVIN SONAWANE (34 M)

SUBURBAN DIAGNOSTICS GB RD THANE

Protocol: Bruce

ID: 2127554488

Date: 02-Oct-21

Exec Time : 10 m 53 s Stage Time : 1 m 53 s

HR: 136 bpm

ST Level (mm) ST Slope (mV/s)

Stage: Peak Ex

Speed: 4.2 mph

Grade: 16 %

(THR: 167 bpm)

B.P.: 160 / 80

ST Level (mm) ST Slope (mV/s)

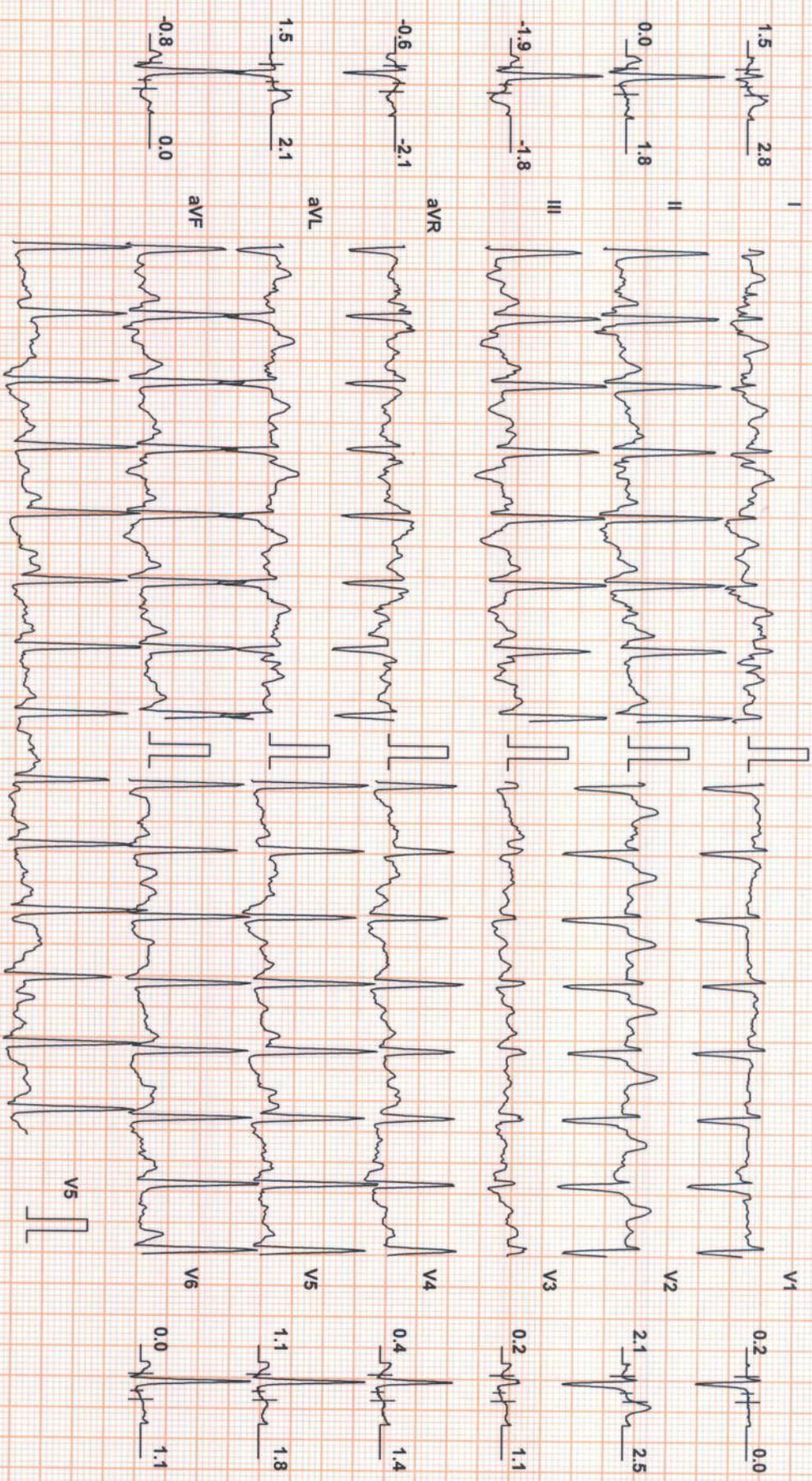


Chart Speed: 25 mm/sec
Schiller Spandax V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISC = R - 60 ms J = R + 60 ms

Post J = J + 60 ms



PRAVIN SONAWANE (34 M)

SUBURBAN DIAGNOSTICS GB RD THANE

ID: 2127554488

Date: 02-Oct-21

Exec Time : 10 m 53 s Stage Time : 2 m 0 s

HR: 88 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 0 mph

Grade: 0%

(THR: 167 bpm)

B.P.: 160 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

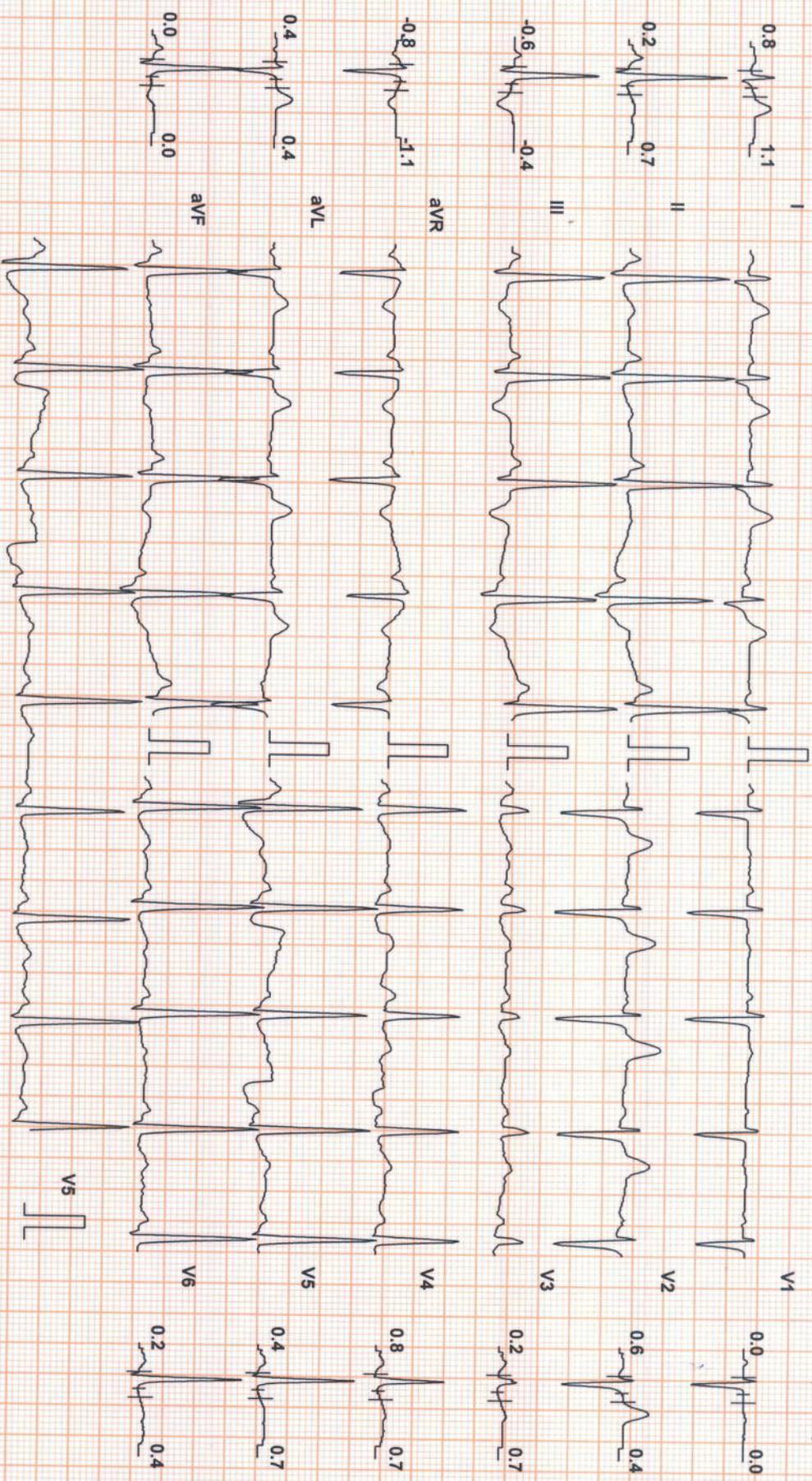


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



PRAVIN SONAWANE (34 M)

SUBURBAN DIAGNOSTICS GB RD THANE

Protocol: Bruce

ID: 2127554488

Date: 02-Oct-21

Exec Time : 10 m 53 s Stage Time : 2 m 0 s

HR: 85 bpm

ST Level (mm) ST Slope (mV/s)

Stage: Recovery(2)

Speed: 0 mph

Grade: 0%

(THR: 167 bpm)

B.P.: 130/80

ST Level (mm) ST Slope (mV/s)

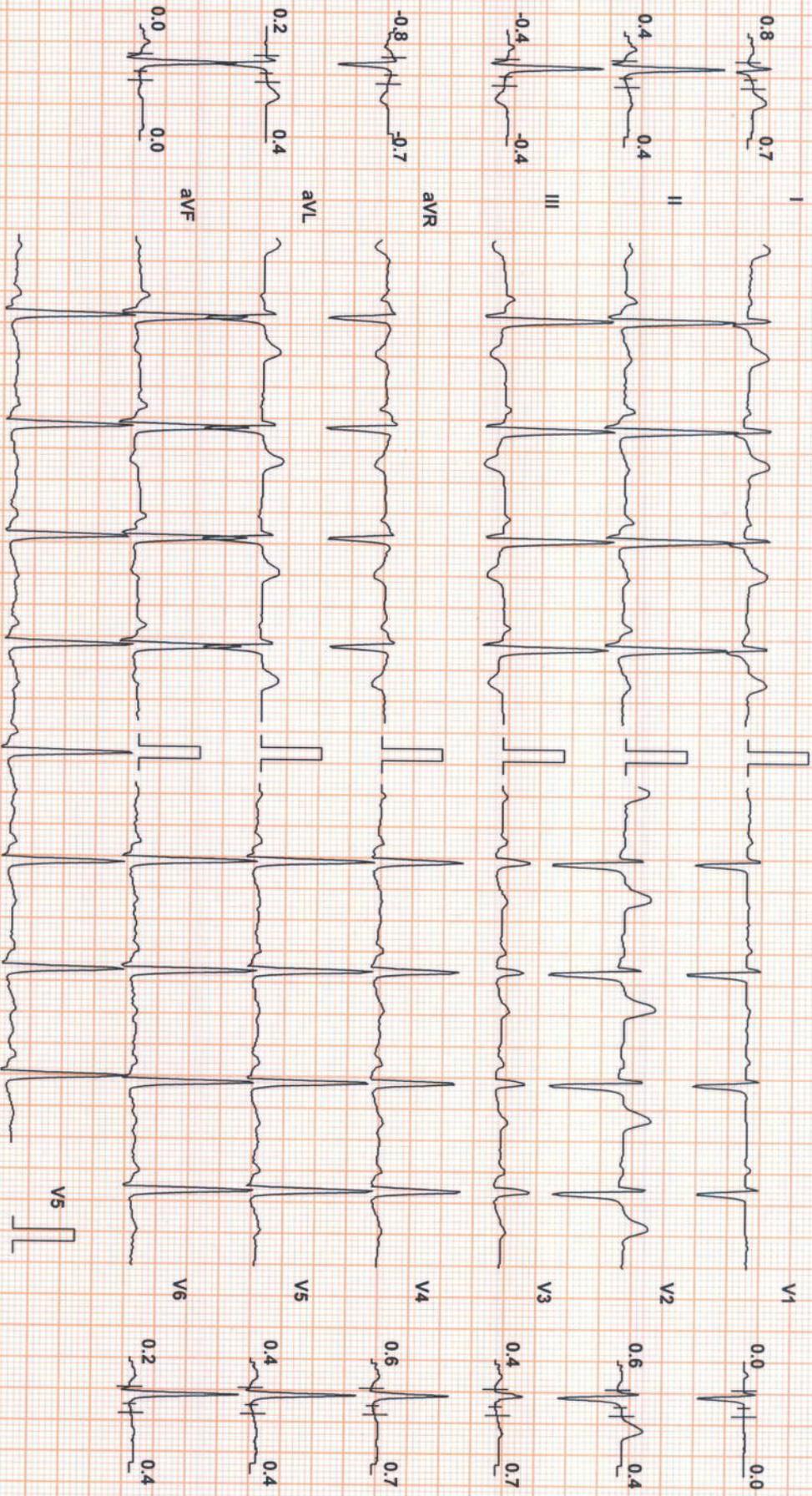


Chart Speed: 25 mm/sec
Schlier Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

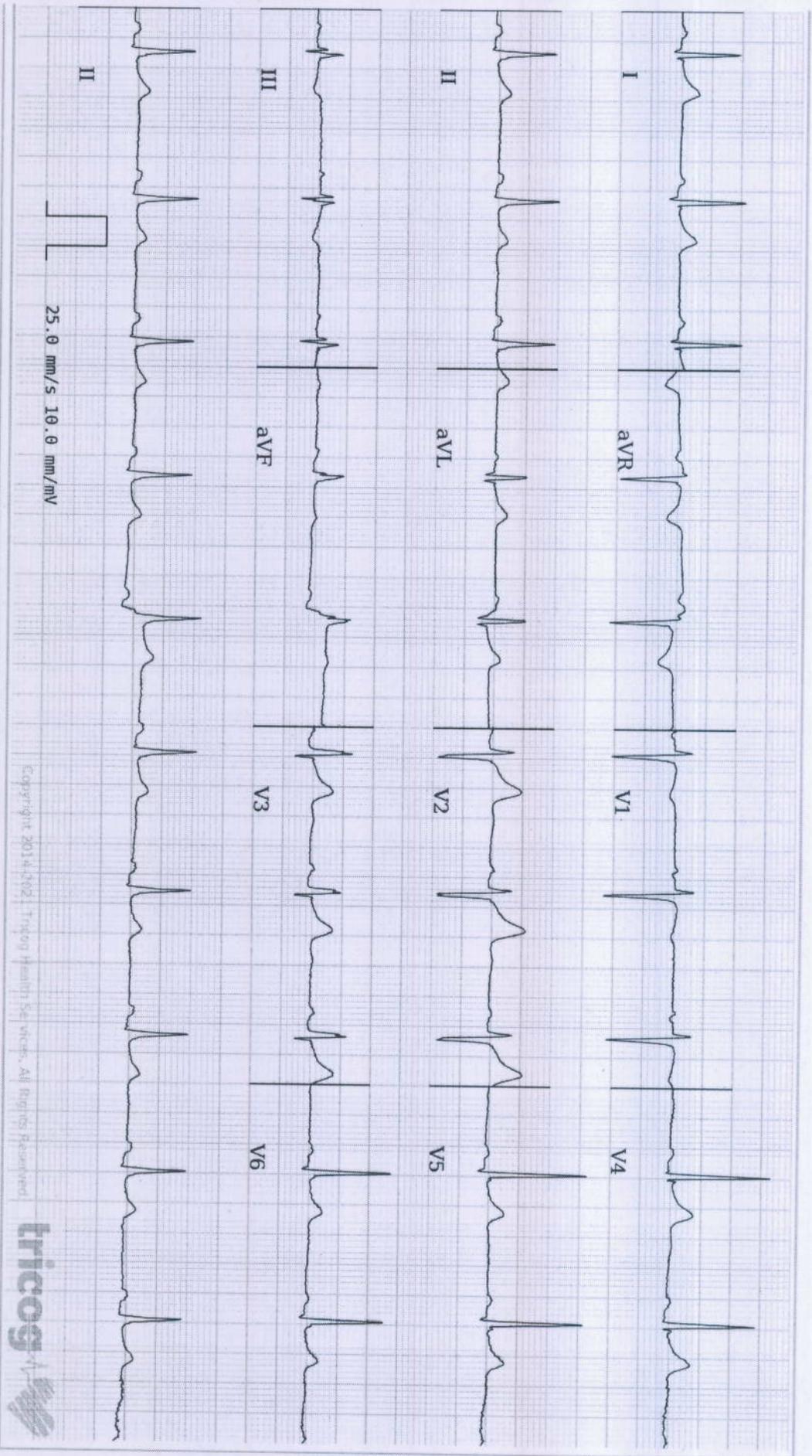
J = R + 60 ms

Post J = J + 60 ms

Patient Name: PRAVIN SONAWANE

Date and Time: 2nd Oct 21 1:00 PM

Patient ID: 2127554488



25.0 mm/s 10.0 mm/mV

Copyright 2014-2021 Tricog Health Services. All Rights Reserved



Age **34** 4 **19**
years months days

Gender **Male**

Heart Rate **64 bpm**

Patient Vitals

BP: 130/80 mmHg

Weight: 66 kg

Height: 162 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QSRD: 92 ms

QT: 394 ms

QTc: 406 ms

PR: 154 ms

P-R-T: 46° 34° 14°

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

REPORTED BY

DR SHAILAJA PILLAI
MBBS, MD Physician
MD Physican
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.