

PHYSICAL EXAMINATION REPORT

Patient Name	Ranjan Kumar	Sex/Age	m / 36
Date	24/2/24	Location	Th

History and Complaints

Don't HBP — 3 yrs
←

EXAMINATION FINDINGS:

Height (cms):	174	Temp (0c):	A/cb
Weight (kg):	104	Skin:	MAD
Blood Pressure	124/86	Nails:	TL
Pulse 88/-	88/-	Lymph Node:	MP

Systems :

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

MAD

Impression:

- Overweight . r Fatty Liver .
↑ HbA1c, BSL, FPP (Diabetic) , urine sugar (+)
↑ A/G Ratio, ↓ g/l globulin
↑ TG, ↓ HDL .

Wt. Reduction.

Advice:

- Low Fat, Low sugar Diet.

- Reg. Exercise.

- Physician's consultation for control of DM.

1)	Hypertension:	Yes - 3m
2)	IHD] NO
3)	Arrhythmia	
4)	Diabetes Mellitus	Yes - 3m
5)	Tuberculosis] NO
6)	Asthma	
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders] NO
10)	GI system	
11)	Genital urinary disorder] NO
12)	Rheumatic joint diseases or symptoms	
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	
15)	Congenital disease] NO
16)	Surgeries	
17)	Musculoskeletal System	NO

PERSONAL HISTORY:

1)	Alcohol	NO
2)	Smoking	NO
3)	Diet	Mixed
4)	Medication	T. Glycomet v2) T. OCRA

Dr. Manasee Kulkarni
M.B.B.S.
2006/09/3439
27/2/21

T. Cilacav - T

Date: 24/2/24
Name: Ranjan Kumar
CID: 2408521831
Sex / Age: M / 36

EYE CHECK UP

Chief complaints: RCV

Systemic Diseases: All

Past history: Nil

Unaided Vision: 30 feet @ 10 feet

Aided Vision: 130 feet @ 16 feet

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal Partials

Remark: etc see Specks

MR. PRAKASH KUDVA
[Signature]
SR. OPTOMETRIST



CID : 2405521831
Name : MR. KUMAR RANJAN
Age / Gender : 36 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 24-Feb-2024 / 09:48
Reported : 24-Feb-2024 / 13:20

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	14.2	13.0-17.0 g/dL	Spectrophotometric
RBC	4.99	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.7	40-50 %	Measured
MCV	89.5	80-100 fl	Calculated
MCH	28.4	27-32 pg	Calculated
MCHC	31.7	31.5-34.5 g/dL	Calculated
RDW	14.5	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4460	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	33.2	20-40 %	
Absolute Lymphocytes	1480.7	1000-3000 /cmm	Calculated
Monocytes	5.5	2-10 %	
Absolute Monocytes	245.3	200-1000 /cmm	Calculated
Neutrophils	54.8	40-80 %	
Absolute Neutrophils	2444.1	2000-7000 /cmm	Calculated
Eosinophils	5.9	1-6 %	
Absolute Eosinophils	263.1	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	
Absolute Basophils	26.8	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	150000	150000-400000 /cmm	Elect. Impedance
MPV	12.1	6-11 fl	Calculated
PDW	24.9	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		

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Macrocytosis -
Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Normocytic, Normochromic
WBC MORPHOLOGY -
PLATELET MORPHOLOGY Megaplatelets seen on smear
COMMENT -

Specimen: EDTA Whole Blood

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

Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack Insert
- Bridgen WL. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;40(5):1443-50.

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

*** End Of Report ***

Dr. IMRAN MEJAWAR
M.D (Path)
Pathologist



CID : 2405521831
Name : MR. KUMAR RANJAN
Age / Gender : 36 Years / Male
Consulting Dr. : -
Reg. Location : G.B.Road, Thane West (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	167.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: > / = 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	299.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: > / = 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.45	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.29	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BGG
GLOBULIN, Serum	2.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.2	1 - 2	Calculated
SGOT (AST), Serum	19.8	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	36.2	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	21.5	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	109.5	40-130 U/L	PNPP
BLOOD UREA, Serum	17.1	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	8.0	6-20 mg/dl	Calculated
CREATININE, Serum	0.75	0.67-1.17 mg/dl	Enzymatic

Authenticity Check



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 Age / Gender : 36 Years / Male
 Consulting Dr. : -
 Reg. Location : G B Road, Thane West (Main Centre)

Collected : 24-Feb-2024 / 13:01
 Reported : 24-Feb-2024 / 17:40

eGFR, Serum	120	(ml/min/1.73sqm)	Calculated
		Normal or High: Above 90	
		Mild decrease: 60-89	
		Mild to moderate decrease: 45-59	
		Moderate to severe decrease: 30-44	
		Severe decrease: 15-29	
		Kidney failure: <15	

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

URIC ACID, Serum	5.3	3.5-7.2 mg/dl	Uricase
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 ***

Dr. IMRAN MUJAWAR
 M.D (Path)
 Pathologist

CID : 2405521831
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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	9.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	214.5	mg/dl	Calculated

Kindly correlate clinically.

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 glycomic 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

*** End Of Report ***

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist

CID : 2405521831
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Age / Gender : 36 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)



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Collected : 24-Feb-2024 / 09:48
Reported : 24-Feb-2024 / 17:09

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 (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.025	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	40	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Trace	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	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	
Others	-		

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 ***

Vandana Kulkarni
Dr. VANDANA KULKARNI
M.D (Path)
Pathologist



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Age / Gender : 36 Years / Male

Consulting Dr. : -

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

Collected : 24-Feb-2024 / 09:48

Reported : 24-Feb-2024 / 13:33

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 Harnettig, 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 ***

J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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

Collected : 24-Feb-2024 / 09:48
Reported : 24-Feb-2024 / 13:42

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	156.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	195.4	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	34.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	121.1	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	82.0	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	39.1	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.3	0-3.5 Ratio	Calculated

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

Dr. Imran Mujawar

Dr. IMRAN MUJAWAR
MD (Path)
Pathologist



CID : 2405521831
 Name : MR. KUMAR RANJAN
 Age / Gender : 36 Years / Male
 Consulting Dr. : -
 Reg. Location : G B Road, Thane West (Main Centre)

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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	3.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.9	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.43	0.35-5.5 microIU/ml	ECLIA

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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 8 pm and 10 pm. The variation is on the order of 50 to 200%. Biological variation 15.7% (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.

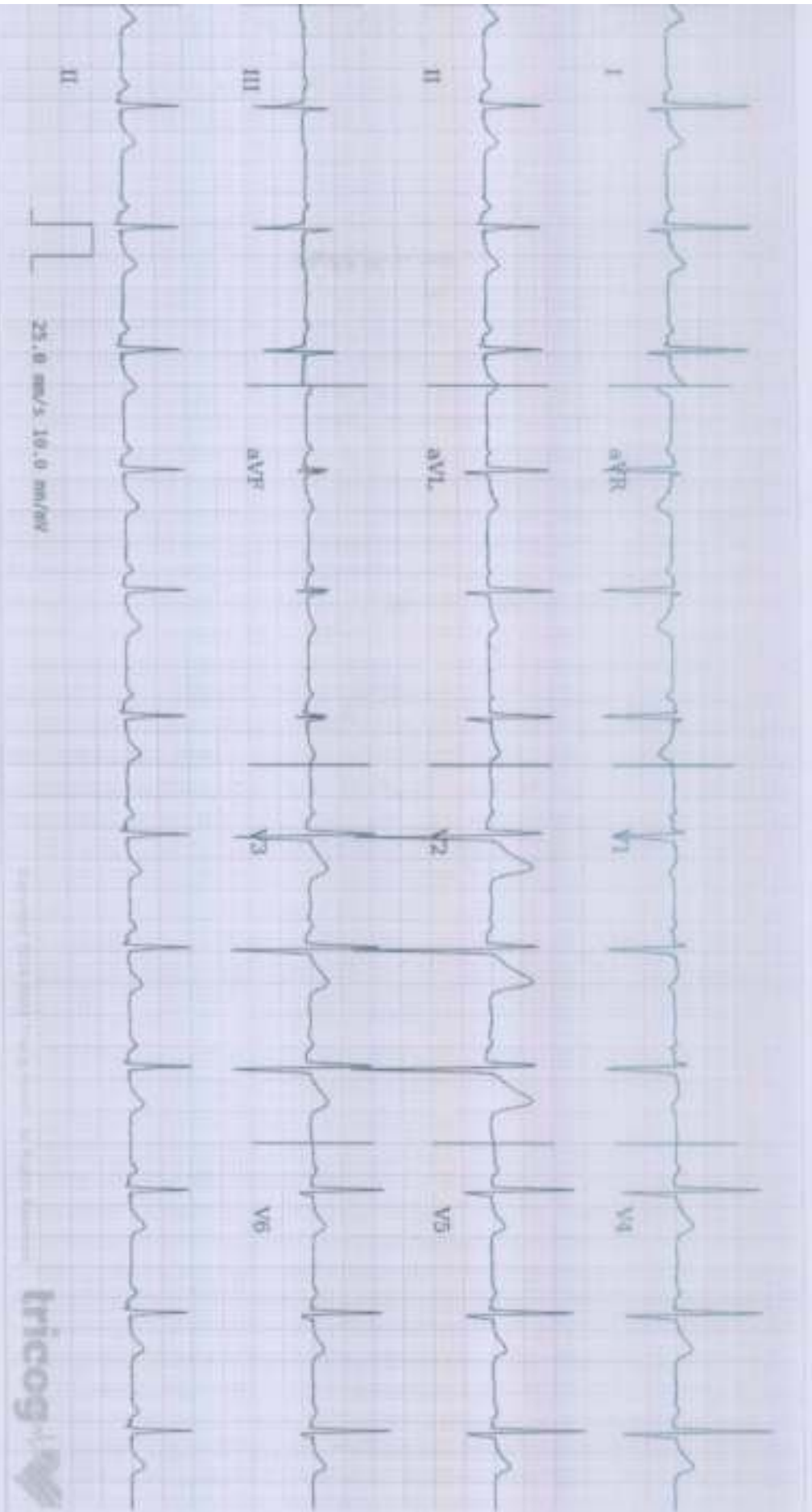
Reference:

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)

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

*** End Of Report ***

I. Mujawar
Dr. IMRAN MUJAWAR
MD (Path)
Pathologist



Age: **36** NA NA
years months days

Gender: **Male**

Heart Rate: **79bpm**

Patient Vitals

BP: **124/86 mmHg**

Weight: **104 kg**

Height: **174 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

O2Sat: **NA**

Measurements

QRSd: **80ms**

QT: **358ms**

QTcB: **410ms**

PR: **144ms**

P-R-T: **45° 20° 39°**

REPORTED BY

[Signature]

DR. SIBALAKA PILLAI
MD, MRCP (Gen),
MRCP (Card),
MRCP (Echocardiography)

ECG Within Normal Limits. Sinus Rhythm. Please correlate clinically.

Authenticity Check



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Ref. Dr :
Reg. Date : 24-Feb-2024
Reg. Location : G B Road, Thane West Main Centre
Reported : 24-Feb-2024 / 10:34

USG WHOLE ABDOMEN

EXCESSIVE BOWEL GAS:

LIVER: Liver appears normal in size (14.9 cm) and *shows increased echorefectivity*. 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: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS: Right kidney measures 11.8 x 5.3 cm. Left kidney measures 11.6 x 4.8 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 2.9 x 3.8 x 3.3 cm in dimension and 19 cc in volume. 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 <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024022409213063>

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Reg. Location : G B Road, Thane West Main Centre
Reported : 24-Feb-2024 / 10:34

IMPRESSION:

- **GRADE I FATTY INFILTRATION OF LIVER.**

Advice: Clinical co-relation sos 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 <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024022409215063>

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Email:

Report

945 (2405521831) / KUMAR RANJAN / 36 Yrs / M / 174 Cms / 104 KG
 Date: 24 / 02 / 2024 12:45:56 PM



Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	SpP	PVC	Comments
Supine	00:13	0:13	00.0	00.0	01.0	087	47%	140/100	121	00	
Standing	00:24	0:11	00.0	00.0	01.0	093	51%	140/100	130	00	
HV	00:34	0:10	00.0	00.0	01.0	094	51%	140/100	131	00	
ExStart	00:45	0:11	00.0	00.0	01.0	095	52%	140/100	133	00	
BRUCE Stage 1	03:46	3:00	01.7	10.0	04.7	137	74%	150/100	205	00	
PeakEX	05:41	1:56	02.5	12.0	06.3	156	85%	180/100	249	00	
Recovery	06:41	1:00	00.0	00.0	01.0	125	68%	160/100	200	00	
Recovery	07:41	2:00	00.0	00.0	01.0	103	56%	150/100	154	00	
Recovery	07:43	2:02	00.0	00.0	01.0	103	56%	150/100	154	00	

FINDINGS :

Exercise Time : 04:56
 Initial HR (ExStrt) : 95 bpm 52% of Target 184
 Initial BP (ExStrt) : 140/100 (mm/Hg)
 Max Workload Attained : 6.3 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : III & -1.2 mm in PeakEX
 History : No
 Test End Reasons : Heart Rate Achieved

Max HR Attained 156 bpm 85% of Target 184
 Max BP Attained 180/100 (mm/Hg)

Dr. SHAILAJA PILLAI
 M.D. (GEN. MED.)
 RMO, 43972

Doctor : Dr. SHAILAJA PILLAI



EMail: 945 / KUMAR RANJAN / 36 Yrs / M / 174 Cms / 104 Kg Date: 24 / 02 / 2024 12:45:56 PM

REPORT :

Sample Name: Stress Test (Graded Exercise Treadmill)

PROCEDURE DONE: Graded exercise treadmill stress test.

STRESS ECG RESULTS: The initial HR was recorded as 90.0 bpm, and the maximum predicted Target Heart Rate 184.0. The BP increased at the time of


generating report as 150.0/100.0 mmHg. The Max. Dip went upto 0.0. 0.0 Ectopic Beats were observed during the Test.

The Test was completed because of Heart Rate Achieved.

CONCLUSIONS:-

1. Stress test is negative for Ischemia
2. No significant ST T changes seen.
3. HR and Blood pressure response to exercise is normal.

Doctor : DR. SHAILAJA PILLAI

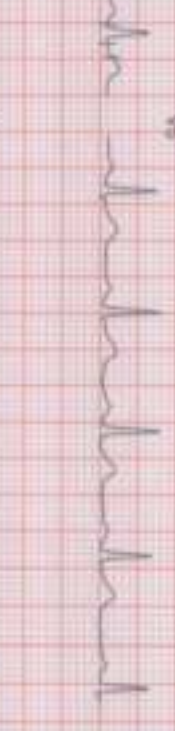
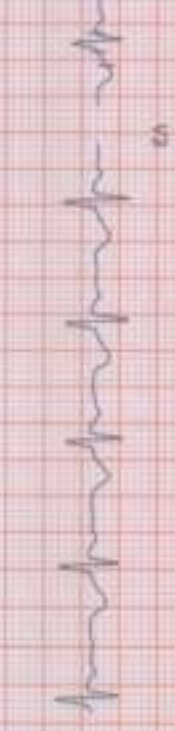
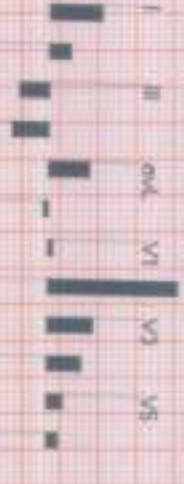

DR. SHAILAJA PILLAI
M.D. (GEN. MED.)
R.NO. 43912

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

945 (2405521831) / KUNWAR RANJAN / 38 Yrs / M / 174 Cms / 104 Kg / HR : 87

Date: 24/02/2024 12:45:56 PM METS: 1.0/87 bpm 47% of THR BP: 140/100 mmHg Power ECG/BLG Division, Ch/HR/RR/PR/ST/RS/HR

ECG time: 00:00:00 mHz: 0.05s
20 mm/sec 1.25 Channel



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

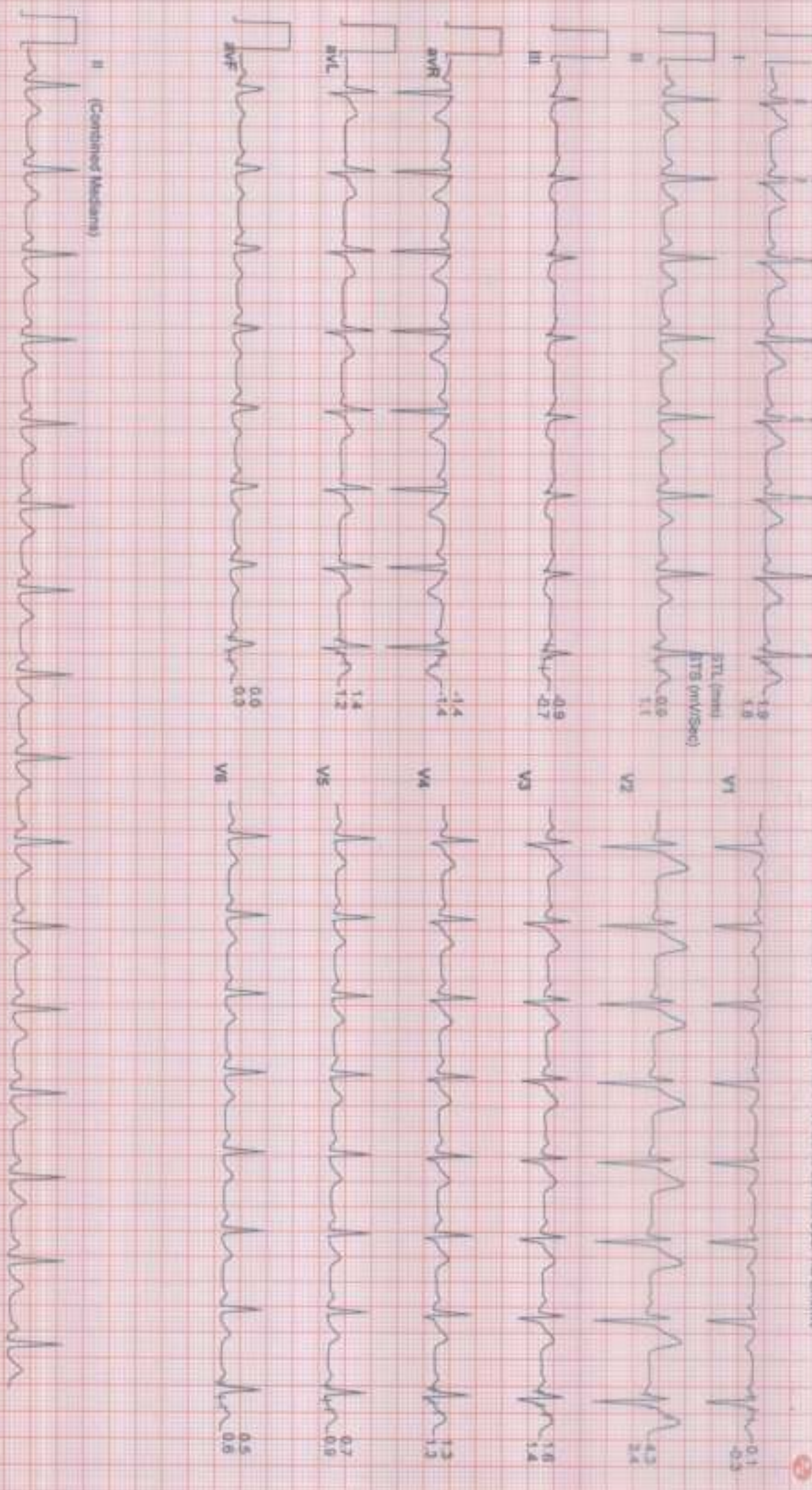
945 / KUMAR RANJAN / 36 Yrs / Male / 174 Cm / 104 Kg

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



Date: 24 / 02 / 2024 12:45:56 PM METR : 1.0 HR : 83 Target HR : 51% of 184 BR : 140/100 Post J GibsonSec

ExTime : 00:00 Speed: 0.0 mm/Sec Grad: 00:00 % 25 mm/Sec: 1.2 Cm/mV



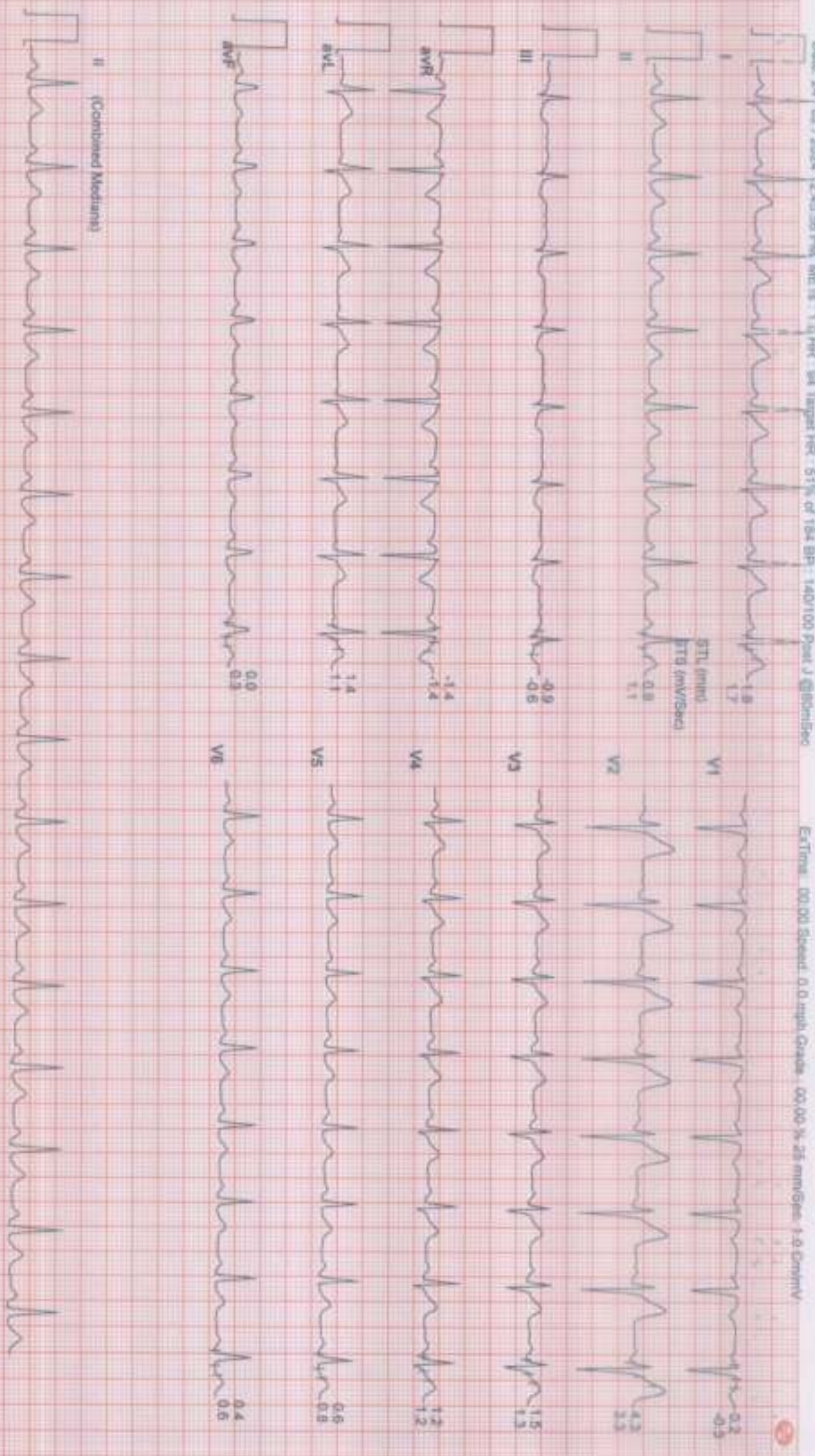
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

945 / KUMAR RANJAN / 36 Yrs / Male / 174 Cm / 104 Kg

Date: 24 / 02 / 2024 12:45:56 PM METS : 1.0 HR : 64 Target HR : 51% of 164 BP : 140/100 Post J @ 60mmSec

ExTime: 00:00 Speed: 0.0 mm/Secs : 00:00 % 25 mm/Sec: 1.0 Cm/mV

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



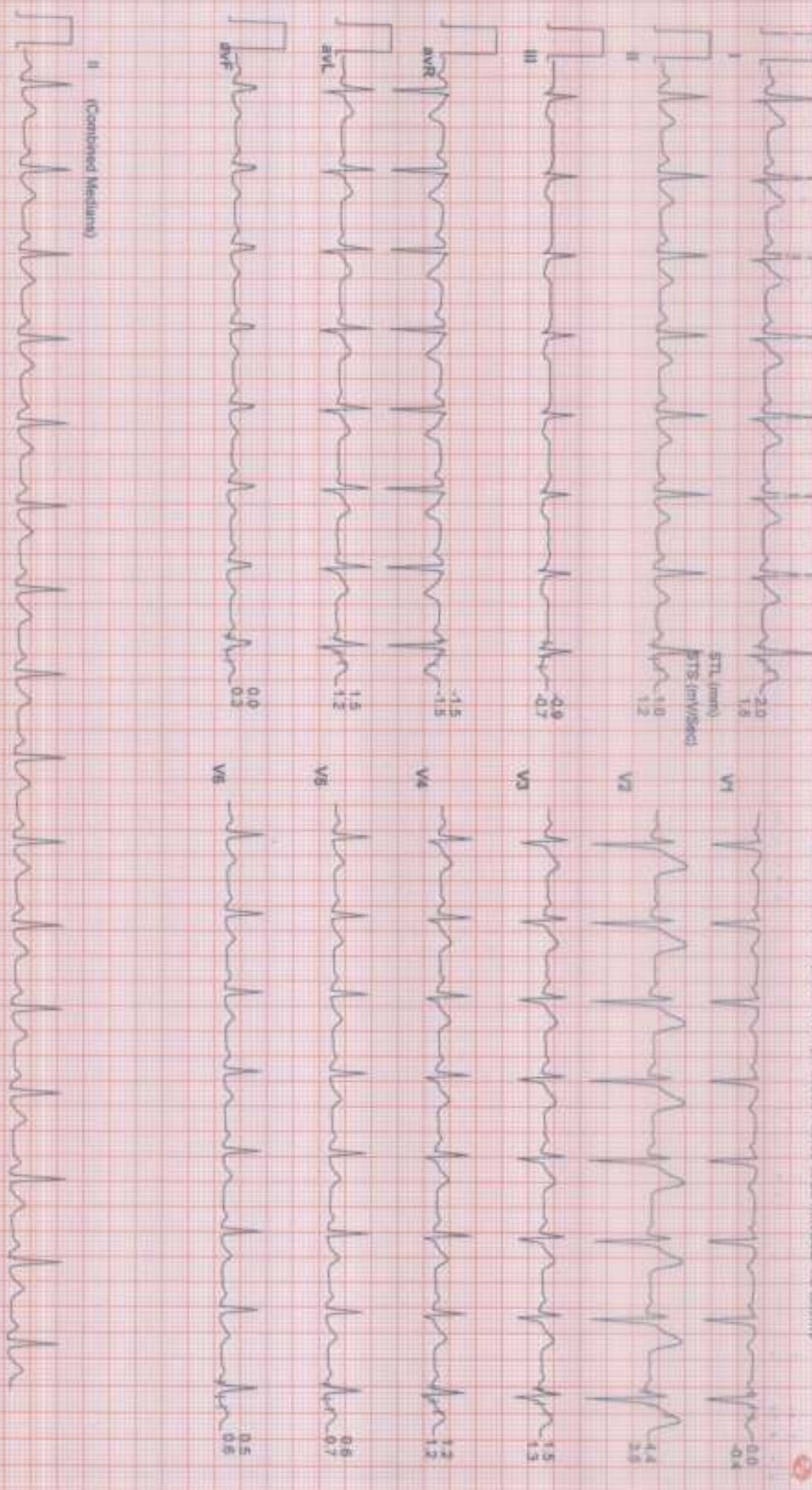
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

945 / KUMAR RANJAN / 38 Yrs / Male / 174 Cm / 104 Kg

Date: 24 / 02 / 2024 12:45:58 PM METR : 1.0 HR : 95 Target HR : 82% of 184 BP : 140/100 Post J @50mmSec

ExTime: 00:00 Speed: 0.5 mph Grade: 50.00 % 25 mm/sec 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm
ExStir



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

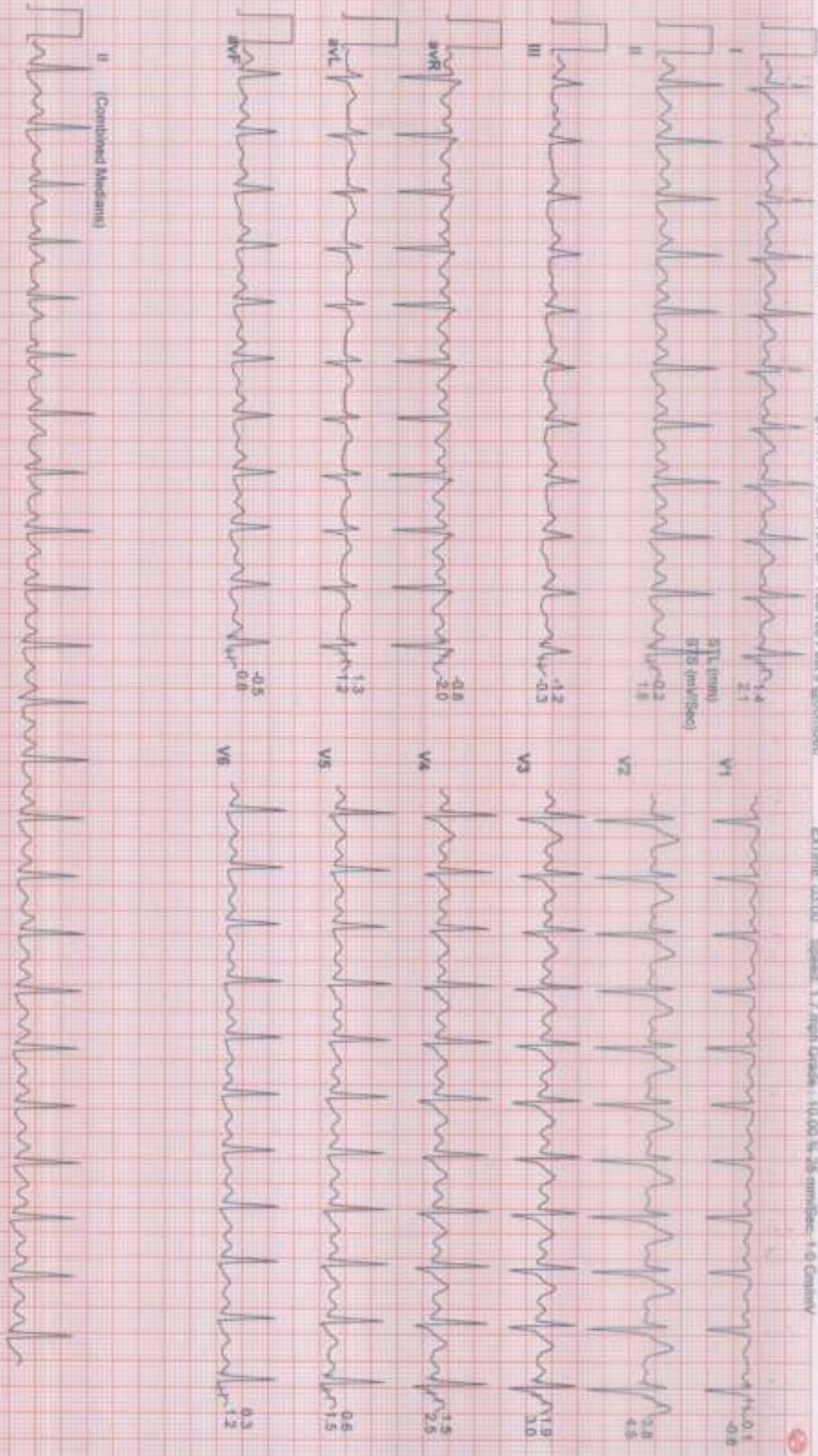
945 / KUMAR RANJAN / 36 Yrs / Male / 174 Cm / 104 Kg

Date: 24 / 02 / 2024 12:45:56 PM METs : 4.7 HR : 137 Target HR : 74% of 164 BP : 150/100 Post J @GonSec

ExTime: 03:00 Speed: 1.7 mph Grade: 10.00 % 25 min/Sec: 1.0 ContainV

6X2 Combine Medians + 1 Rhythm

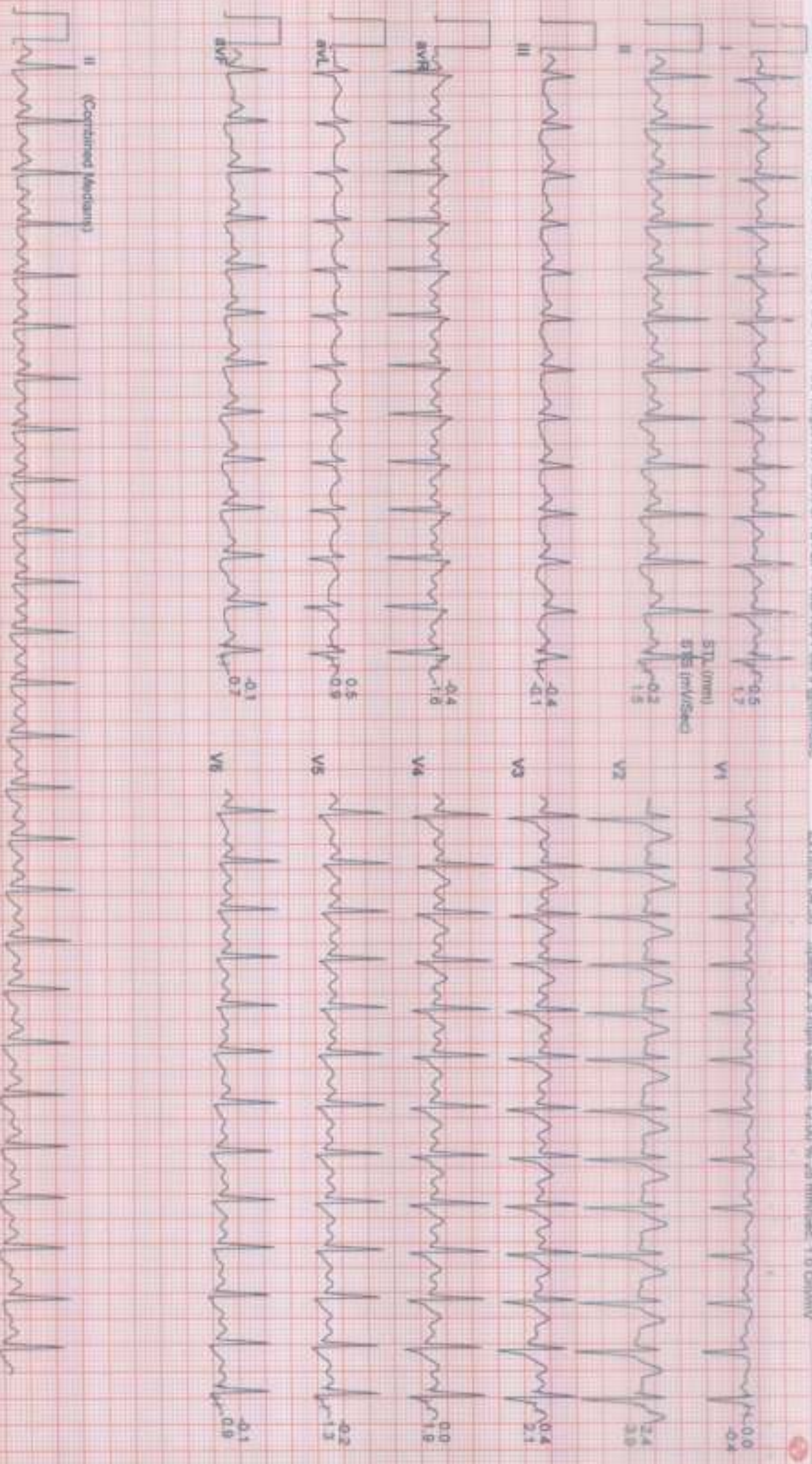
BRUCE : Stage 1 (03:00)





Date: 24 / 02 / 2024 12:45:56 PM METS : 6.3 HR : 196 Target HR : 85% of 184 BP : 160/100 Post / @GroundSec

ExTime: 04:59 Speed: 2.5 mph Gain: 12.00 % 28 mm/Sec - 1.0 Cm/mV



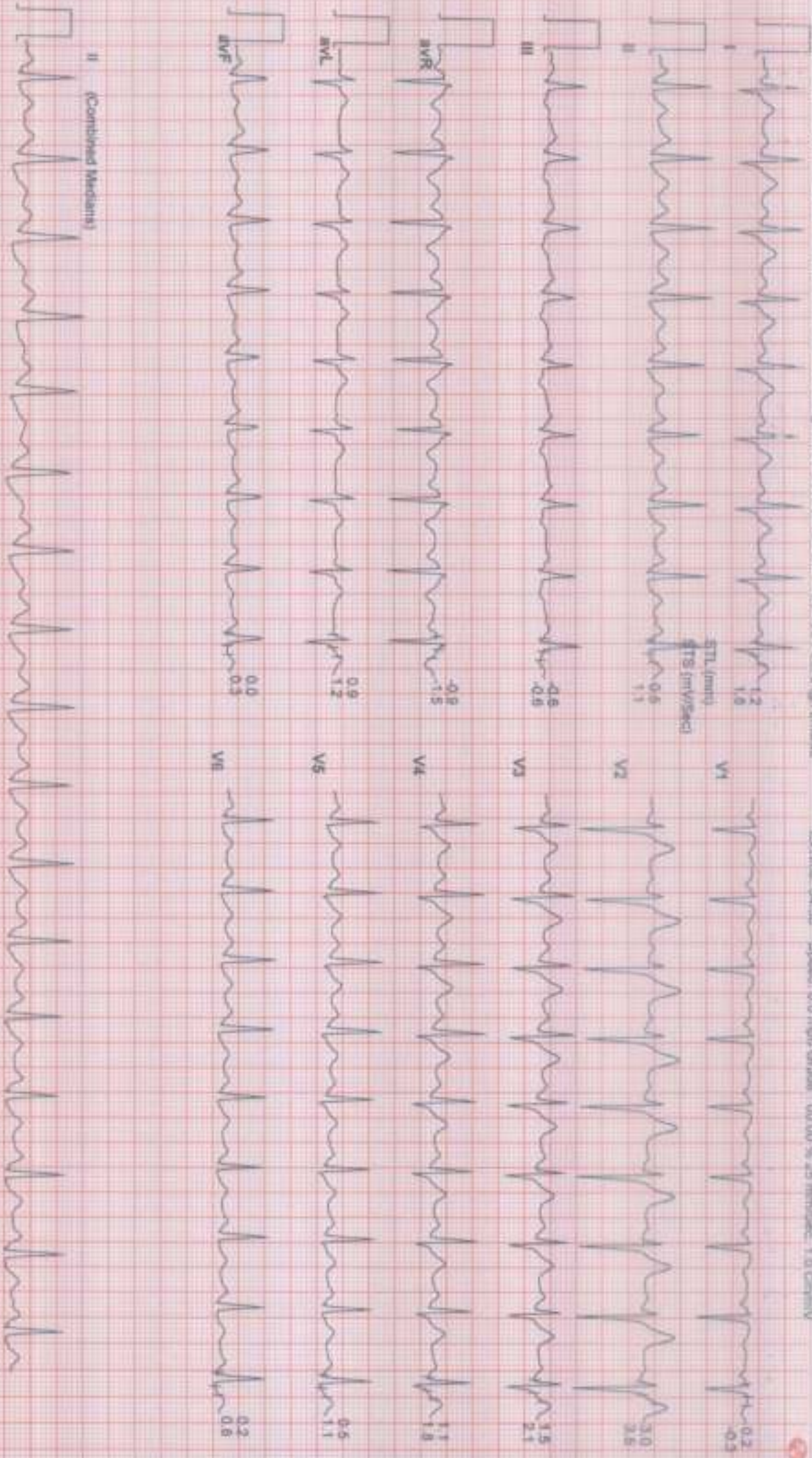


Date: 24 / 02 / 2024 12:45:56 PM METs : 1.0 HR : 125 Target HR : 60% of 164 BP : 160/100 Post J @TonsDec

ExTime: 04:56 Speed: 0.0 mph Grade: -00.00 % 30 rev/Sec: 1.0 Cm/My



6X2 Combine Medians + 1 Rhythm
Recovery : (02:00)



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

945 / KUMAR RANJAN / 36 Yrs / Male / 174 Cm / 104 Kg

6X2 Combine Medians + 1 Rhythm
Recovery : (02:02)



Date: 24 / 02 / 2024 12:48:56 PM METs : 1.0 HRs : 103 Target HR : 99% of 184 BP : 150/100 Post J @ 70ms/Sec

Extra: 04:56 Speed: 0.0 r/s/Sec Grade: 00.00 % 25.0ms/Sec 1.0 Chg/ly

