

**PHYSICAL EXAMINATION REPORT**

Patient Name	Yashad Joshi.	Sex/Age	M / 31
Date	25/2/23	Location	Thane.

**History and Complaints**

Nil

**EXAMINATION FINDINGS:**

Height (cms):	182	Temp (0c):	37.8
Weight (kg):	79	Skin:	Eichen Plaque patches on forearms & feet
Blood Pressure	130/80	Nails:	NAD.
Pulse	72/min	Lymph Node:	NAD.

**Systems :**

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

NAD.

Impression: ↓ HDL.

Reg. Exercise

Advice:

1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	Nil
6)	Asthama	
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders	
10)	GI system	H/O - Hepatitis (2015)
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptoms	
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	Nil
15)	Congenital disease	
16)	Surgeries	
17)	Musculoskeletal System	

**PERSONAL HISTORY:**

1)	Alcohol	No
2)	Smoking	No
3)	Diet	veg
4)	Medication	Vit D supplement



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

Authenticity Check



Use a QR Code Scanner  
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CID : 2305623361  
Name : MR. JOSHI YASHAD AVINASH  
Age / Gender : 31 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 26-Feb-2023 / 09:10  
Reported : 26-Feb-2023 / 12:18

**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>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	14.4	13.0-17.0 g/dL	Spectrophotometric
RBC	5.00	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.3	40-50 %	Calculated
MCV	86.5	81-101 fl	Measured
MCH	28.8	27-32 pg	Calculated
MCHC	33.3	31.5-34.5 g/dL	Calculated
RDW	14.2	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	4810	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	23.4	20-40 %	
Absolute Lymphocytes	1120	1000-3000 /cmm	Calculated
Monocytes	7.1	2-10 %	
Absolute Monocytes	340	200-1000 /cmm	Calculated
Neutrophils	68.0	40-80 %	
Absolute Neutrophils	3260	2000-7000 /cmm	Calculated
Eosinophils	1.3	1-6 %	
Absolute Eosinophils	60	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	10	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	289000	150000-410000 /cmm	Elect. Impedance
MPV	7.6	6-11 fl	Measured
PDW	12.6	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			

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

Specimen: EDTA Whole Blood

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

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab  
\*\*\* End Of Report \*\*\*



**Dr. TRUPTI SHETTY**  
**M. D. (PATH)**  
Pathologist



CID : 2305623361  
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Age / Gender : 31 Years / Male  
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Reported : 26-Feb-2023 / 12:22

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	89.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	87.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.90	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.34	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.56	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.5	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.4	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
SGOT (AST), Serum	16.6	<34 U/L	Modified IFCC
SGPT (ALT), Serum	21.1	10-49 U/L	Modified IFCC
GAMMA GT, Serum	15.9	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	92.7	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	16.6	19.29-49.28 mg/dl	Calculated
BUN, Serum	7.8	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.87	0.60-1.10 mg/dl	Enzymatic



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Reported : 26-Feb-2023 / 16:34

eGFR, Serum	109	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.8	3.7-9.2 mg/dl	Uricase/ Peroxidase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab  
\*\*\* End Of Report \*\*\*



*(Signature)*  
**Dr. ANUPA DIXIT**  
M.D.(PATH)  
Consultant Pathologist & Lab Director



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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	5.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	108.3	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 \*\*\*



*Dr. Trupti Shetty*  
**Dr. TRUPTI SHETTY**  
**M. D. (PATH)**  
**Pathologist**

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**URINE EXAMINATION REPORT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.025	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<b>CHEMICAL EXAMINATION</b>			
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
<b>MICROSCOPIC EXAMINATION</b>			
Leukocytes(Pus cells)/hpf	1-2	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	3-4	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 SDRL, Vidyavihar Lab



*Dr. Trupti Shetty*

**Dr. TRUPTI SHETTY**  
**M. D. (PATH)**  
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**BLOOD GROUPING & Rh TYPING**

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
Rh TYPING	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

**Clinical significance:**  
ABO system is most important of all blood group in transfusion medicine

**Limitations:**

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

**References:**

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

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



*Dr. Trupti Shetty*  
**Dr. TRUPTI SHETTY**  
**M. D. (PATH)**  
**Pathologist**

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	145.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	42.6	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	38.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	106.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	98.0	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	8.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.5	0-3.5 Ratio	Calculated

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab  
\*\*\* End Of Report \*\*\*



*Dr. Trupti Shetty*  
**Dr. TRUPTI SHETTY**  
M. D. (PATH)  
Pathologist



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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	CLIA
Free T4, Serum	14.4	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	2.010	0.55-4.78 microIU/ml	CLIA

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**Interpretation:**

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

**Clinical Significance:**

- 1) TSH Values between high abnormal upto 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2) TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

**Diurnal Variation:** TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am, and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation: 19.7% (with in subject variation)

**Reflex Tests:** Anti thyroid Antibodies, USG Thyroid, TSH receptor Antibody, Thyroglobulin, Calcitonin

**Limitations:**

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

**Reference:**

1. O. Koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
2. Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
3. Tietz, Text Book of Clinical Chemistry and Molecular Biology -5th Edition
4. Biological Variation: From principles to Practice- Callum G Fraser (AACC Press)

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



**Dr. TRUPTI SHETTY**  
M. D. (PATH)  
Pathologist

Date:- 25/6/23  
Name:- Yashwanth A Joshi  
CID:  
Sex / Age: M 31

**EYE CHECK UP**

Chief complaints: RCB

Systemic Diseases: All

Past history: All

Unaided Vision: B 2/6 H 12/6

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  
*Prakash*  
SR. OPTOMETRIST

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**X-RAY CHEST PA VIEW**

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

**IMPRESSION:**

**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

-----End of Report-----

**This report is prepared and physically checked by DR GAURAV FARTADE before dispatch.**

*G. R. Fartade*

Dr.GAURAV FARTADE  
MBBS, DMRE  
Reg No -2014/04/1786  
Consultant Radiologist

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## 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 contracted.(Not evaluated).

**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 4.4 cm. Left kidney measures 10.6 x 5.4 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 2.7 x 4.3 x 3.2 cm in dimension and 20.4 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen. **Bowel gas++**

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**IMPRESSION: USG ABDOMEN IS WITHIN NORMAL LIMITS.**

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-----

This report is prepared and physically checked by DR GAURAV FARTADE before dispatch.

G. R. Fartade

Dr.GAURAV FARTADE  
MBBS, DMRE  
Reg No -2014/04/1786  
Consultant Radiologist

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Email:

511 (2305623361) / YASHAD JOSHI / 31 Yrs / M / 182 Cms / 79 Kg  
 Date: 25 / 02 / 2023 01:51:13 PM

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:11	0:11	00.0	00.0	01.0	074	39 %	120/90	088	00	
Standing	00:20	0:09	00.0	00.0	01.0	078	41 %	120/90	093	00	
HV	00:29	0:09	00.0	00.0	01.0	078	41 %	120/90	093	00	
ExStart	00:38	0:09	00.0	00.0	01.0	083	44 %	120/90	099	00	
BRUCE Stage 1	03:38	3:00	01.7	10.0	04.7	129	68 %	130/90	167	00	
BRUCE Stage 2	06:38	3:00	02.5	12.0	07.1	150	79 %	140/90	210	00	
PeakEx	07:41	1:03	03.4	14.0	08.2	160	85 %	150/90	240	00	
Recovery	08:41	1:00	00.0	00.0	01.1	138	73 %	150/90	207	00	
Recovery	09:41	2:00	00.0	00.0	01.0	126	67 %	150/90	189	00	
Recovery	11:41	4:00	00.0	00.0	01.0	114	60 %	130/90	148	00	
Recovery	11:47				00.0	000	0 %	---/---	000	00	

**FINDINGS :**

Exercise Time : 07:03  
 Initial HR (ExStrt) : 83 bpm 44% of Target 189  
 Initial BP (ExStrt) : 120/90 (mm/Hg)  
 Max Workload Attained : 8.2 Fair response to induced stress  
 Max ST Dep Lead & Avg ST Value : V6 & -0.5 mm in PeakEx  
 Test End Reasons : , Fatigue, Heart Rate Achieved

Max HR Attained 160 bpm 85% of Target 189  
 Max BP Attained 150/90 (mm/Hg)

Dr. SHAILAJA PILLAI

M.D. (GEN.MED)

R.NO. 49972

Doctor : DR SHAILAJA PILLAI



EMail: 511/ASHAD JOSHI / 31 Yrs / M / 182 Cms / 79 Kg Date: 25 / 02 / 2023 01:51:13 PM

**REPORT :**

**PROCEDURE DONE:** Graded exercise treadmill stress test.

**STRESS ECG RESULTS:** The initial HR was recorded as 78.0 bpm, and the maximum predicted Target Heart Rate 189.0. The BP increased at the time of generating report as 150.0/90.0 mmHg. The Max Dep went upto 0.2. 0.0 Ectopic Beats were observed during the Test. The Test was completed because of , Fatigue. Heart Rate Achieved.

**CONCLUSIONS:**

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

  
Dr. SHAILAJA PILLAI

M.D. (GEN.MED)

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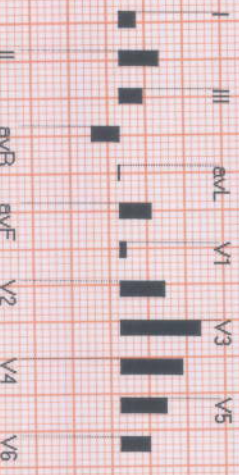
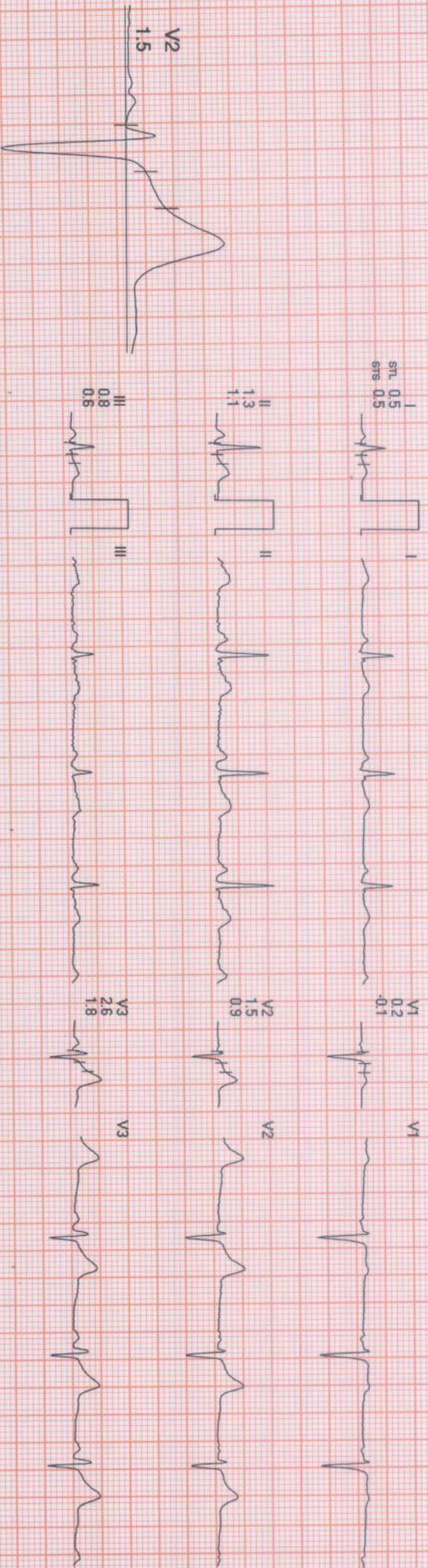
511 (2305623361) / YASHAD JOSHI / 31 Yrs / M / 182 Cms / 79 Kg / HR : 74

Date: 25 / 02 / 2023 01:51:13 PM METS: 1.0/ 74 bpm 39% of THR BP: 120/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

4X

80 mS Post J

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



REMARKS:



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

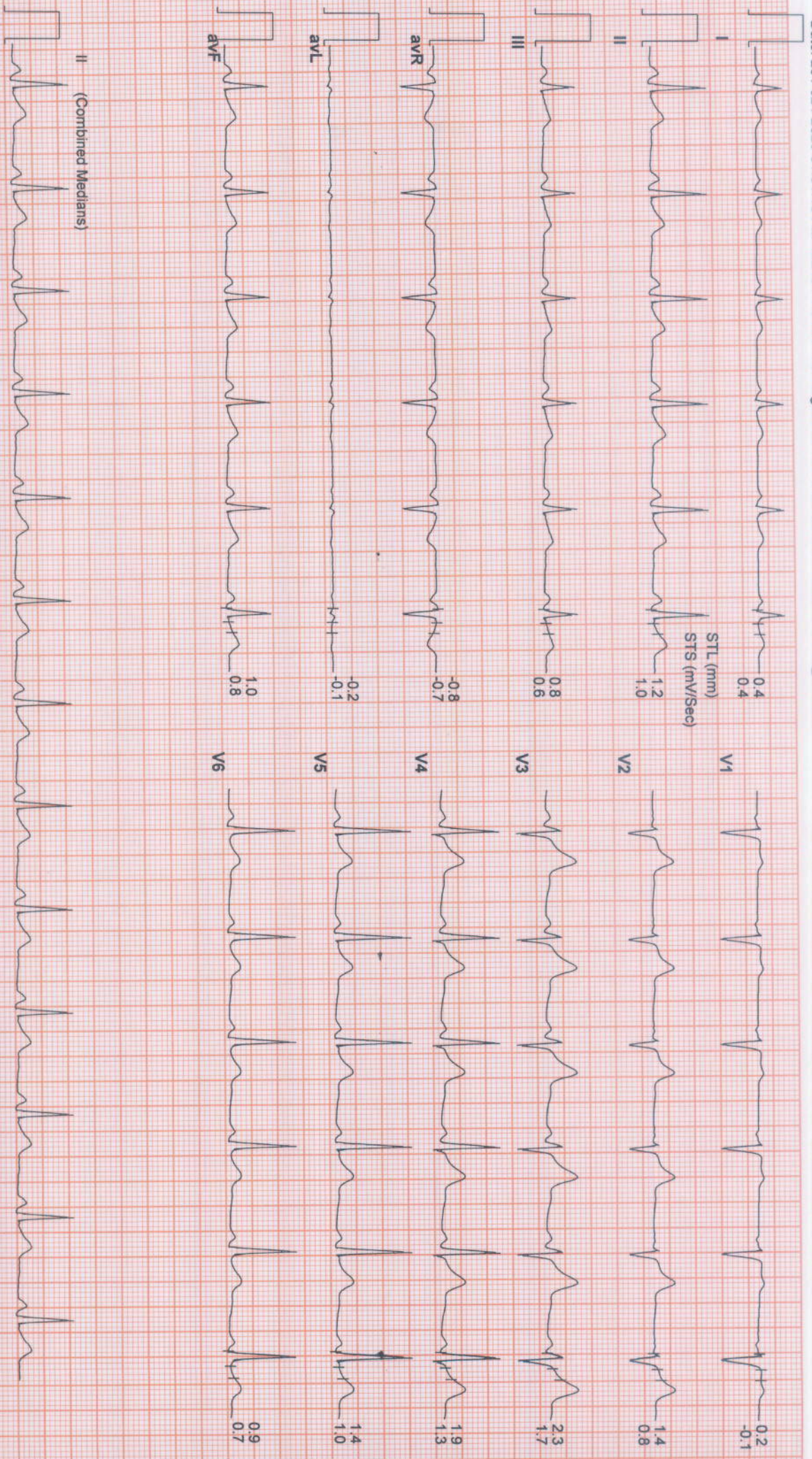
511 / YASHAD JOSHI / 31 Yrs / Male / 182 Cm / 79 Kg

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



Date: 25 / 02 / 2023 01:51:13 PM METs : 1.0 HR : 78 Target HR : 41% of 189 BP : 120/90 Post J @80mSec

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



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

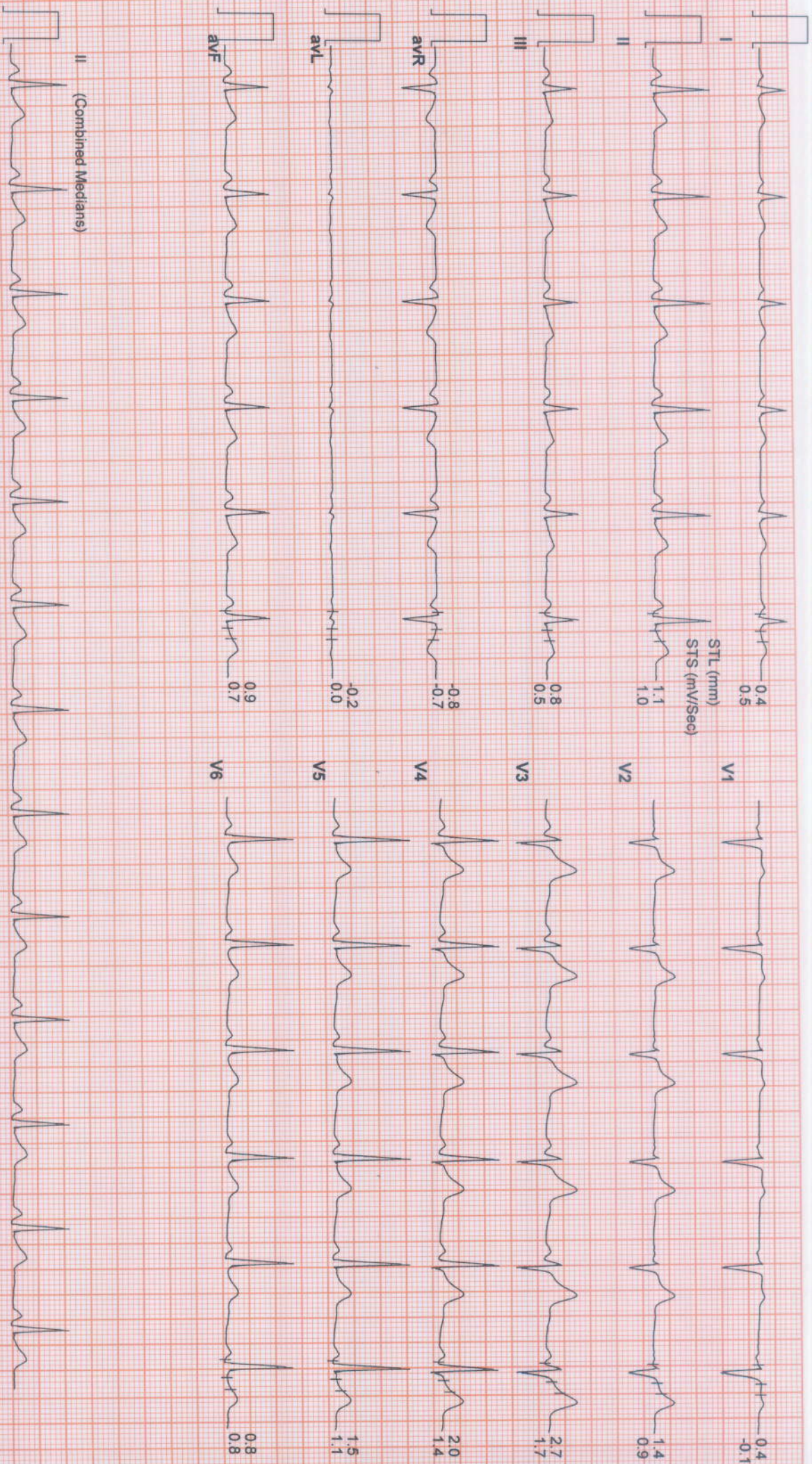
511 / YASHAD JOSHI / 31 Yrs / Male / 182 Cm / 79 Kg

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



Date: 25 / 02 / 2023 01:51:13 PM METS : 1.0 HR : 78 Target HR : 41% of 189 BP : 120/90 Post J @80mSec

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



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

511 / YASHAD JOSHI / 31 Yrs / Male / 182 Cm / 79 Kg

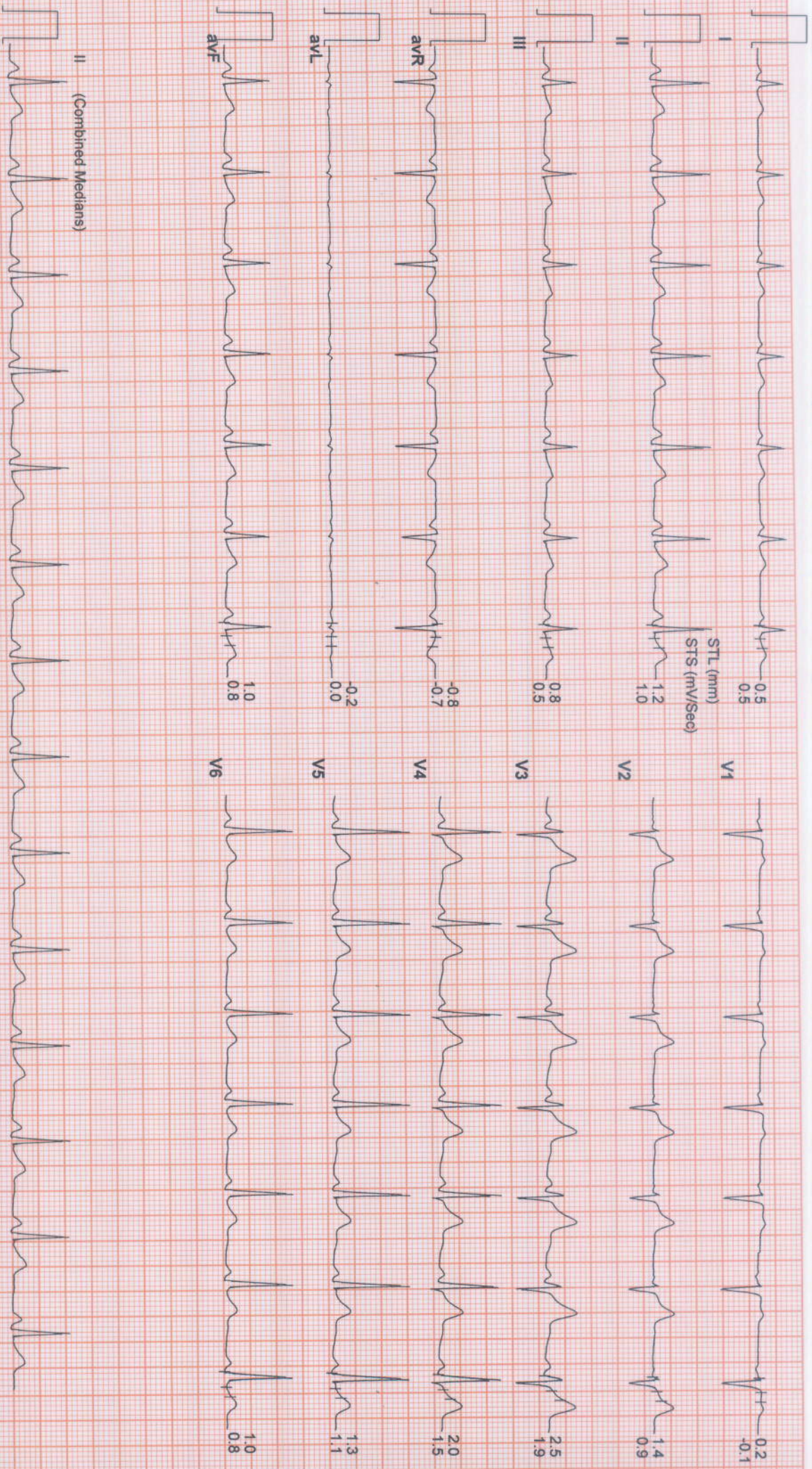
## 6X2 Combine Medians + 1 Rhythm

ExStr



Date: 25 / 02 / 2023 01:51:13 PM METs : 1.0 HR : 83 Target HR : 44% of 189 BP : 120/90 Post J @80mSec

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



**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

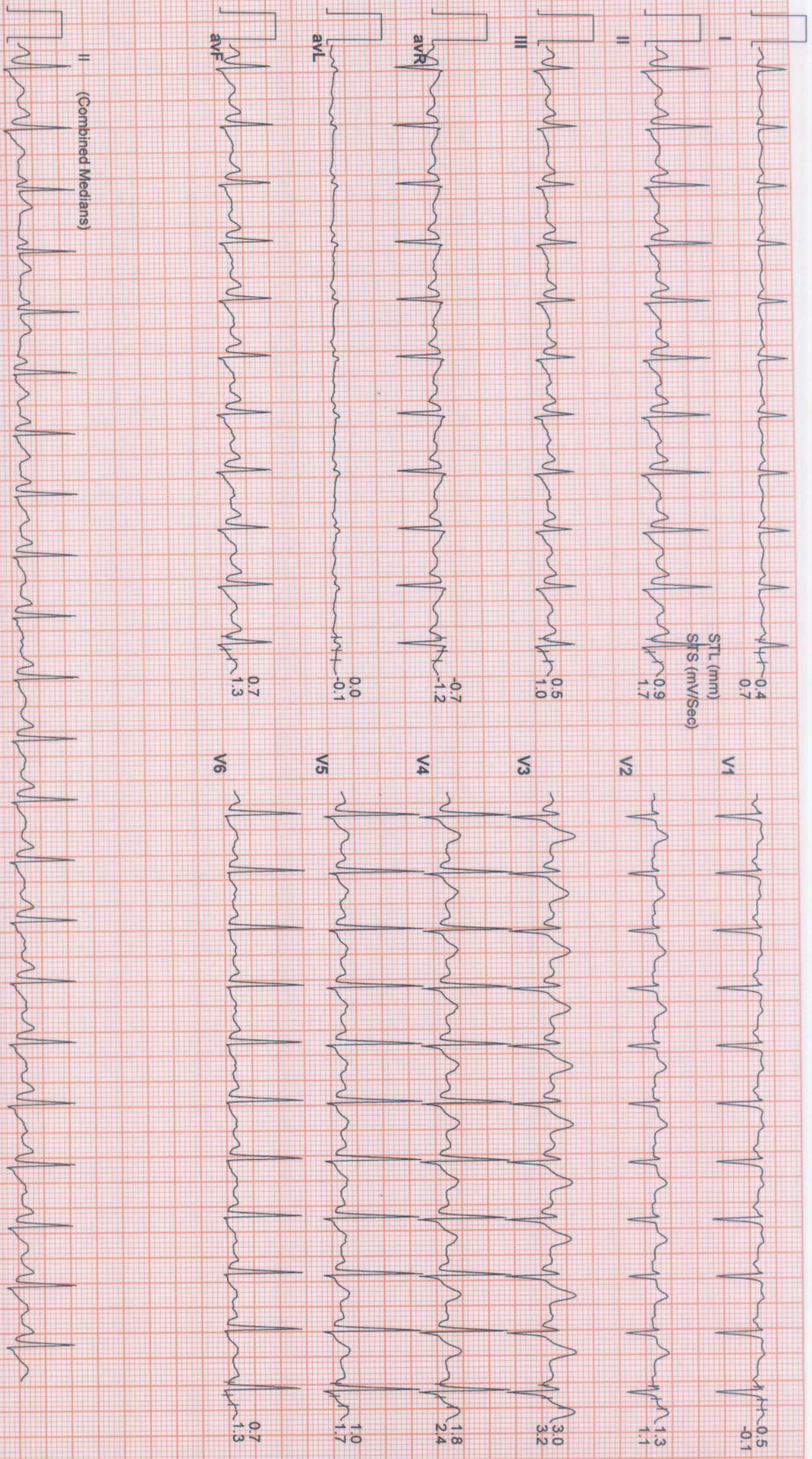
511 / YASHAD JOSHI / 31 Yrs / Male / 182 Cm / 79 Kg

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



Date: 25 / 02 / 2023 01:51:13 PM METs : 4.7 HR : 129 Target HR : 68% of 189 BP : 130/90 Post J @80mSec

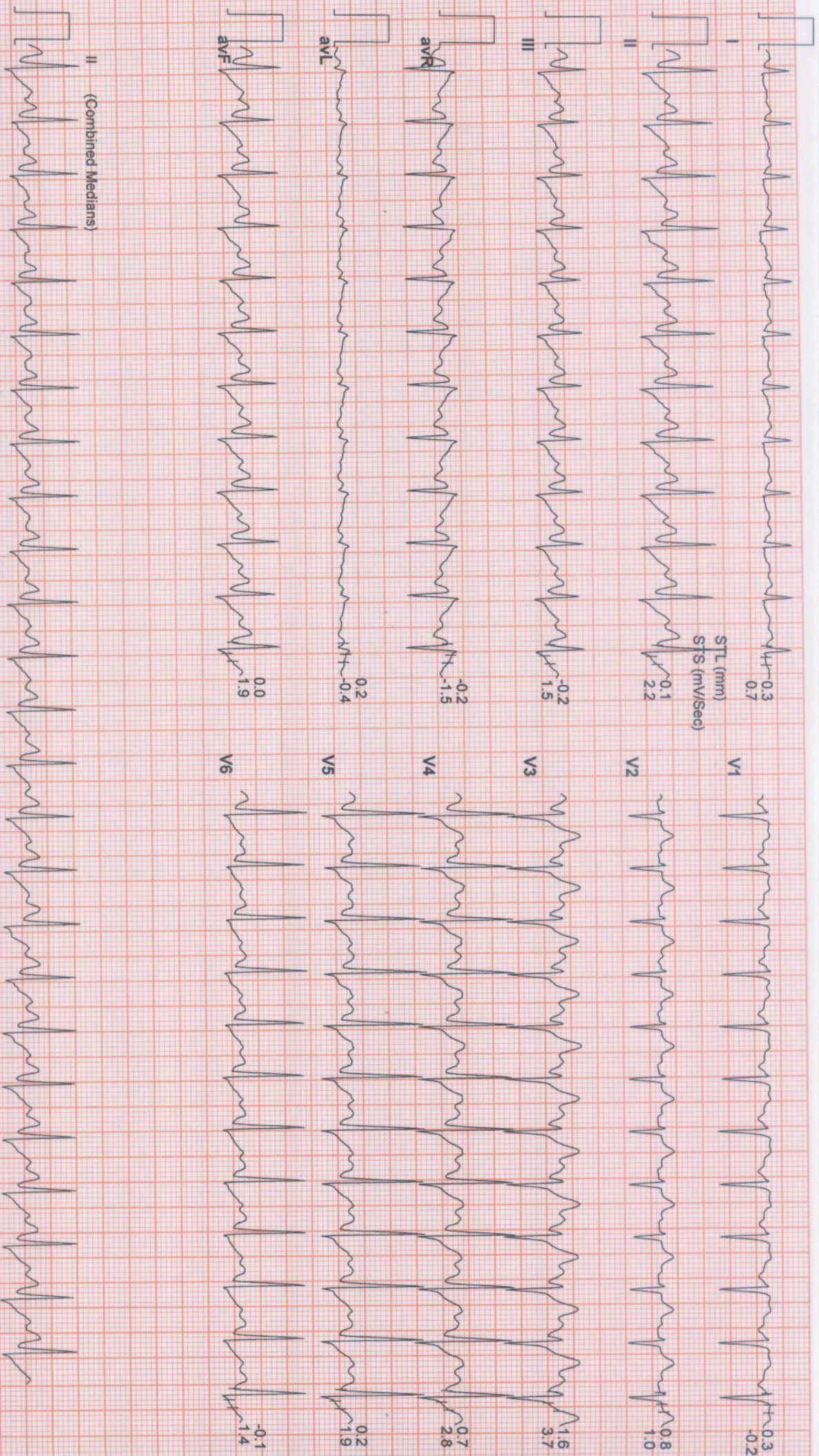
ExTime: 03:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec. 1.0 Cm/mV





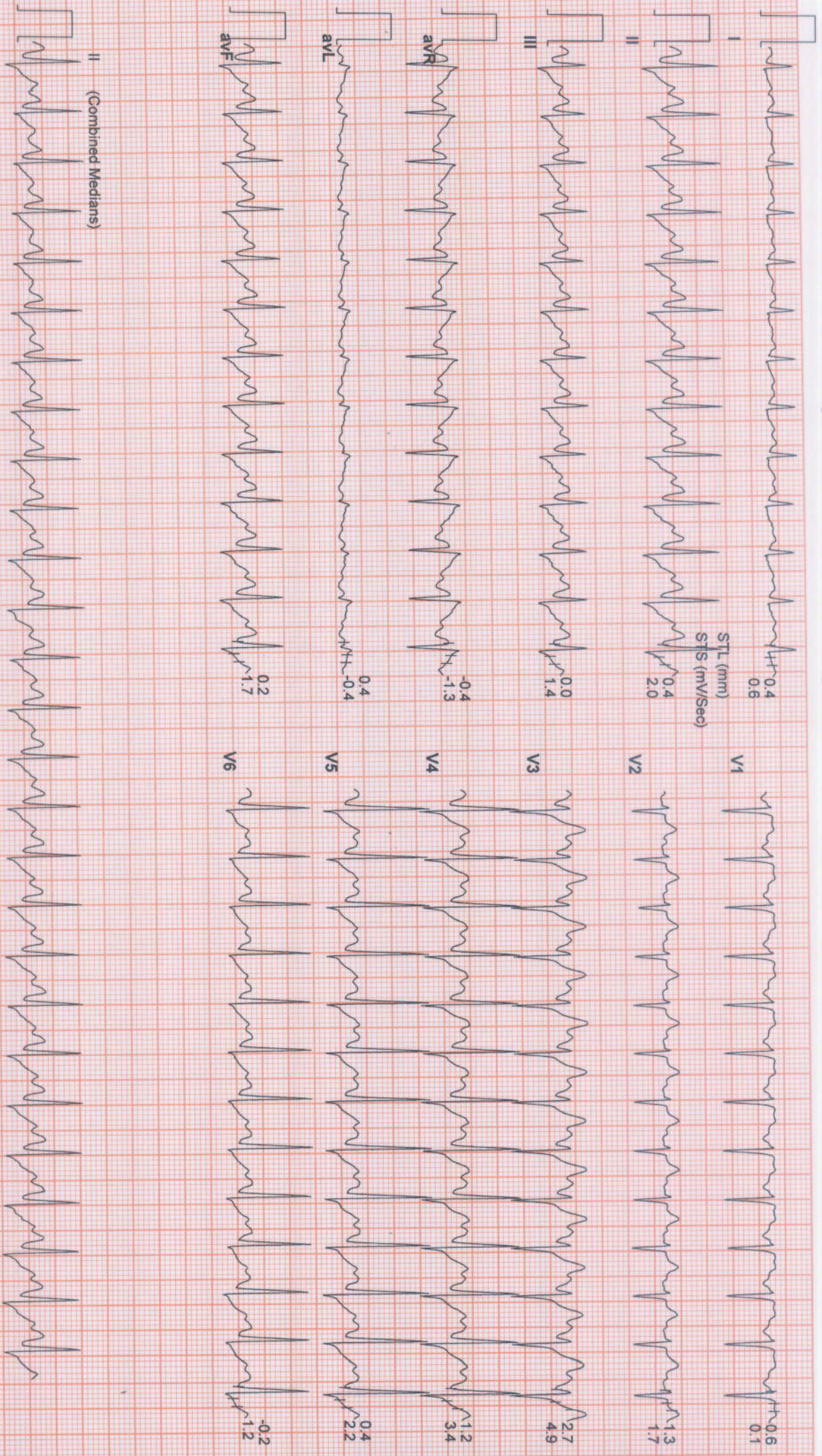
Date: 25 / 02 / 2023 01:51:13 PM METs : 7.1 HR : 150 Target HR : 79% of 189 BP : 140/90 Post J @60mSec

ExTime: 06:00 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV



Date: 25 / 02 / 2023 01:51:13 PM METs : 8.2 HR : 160 Target HR : 85% of 189 BP : 150/90 Post J @60mSec

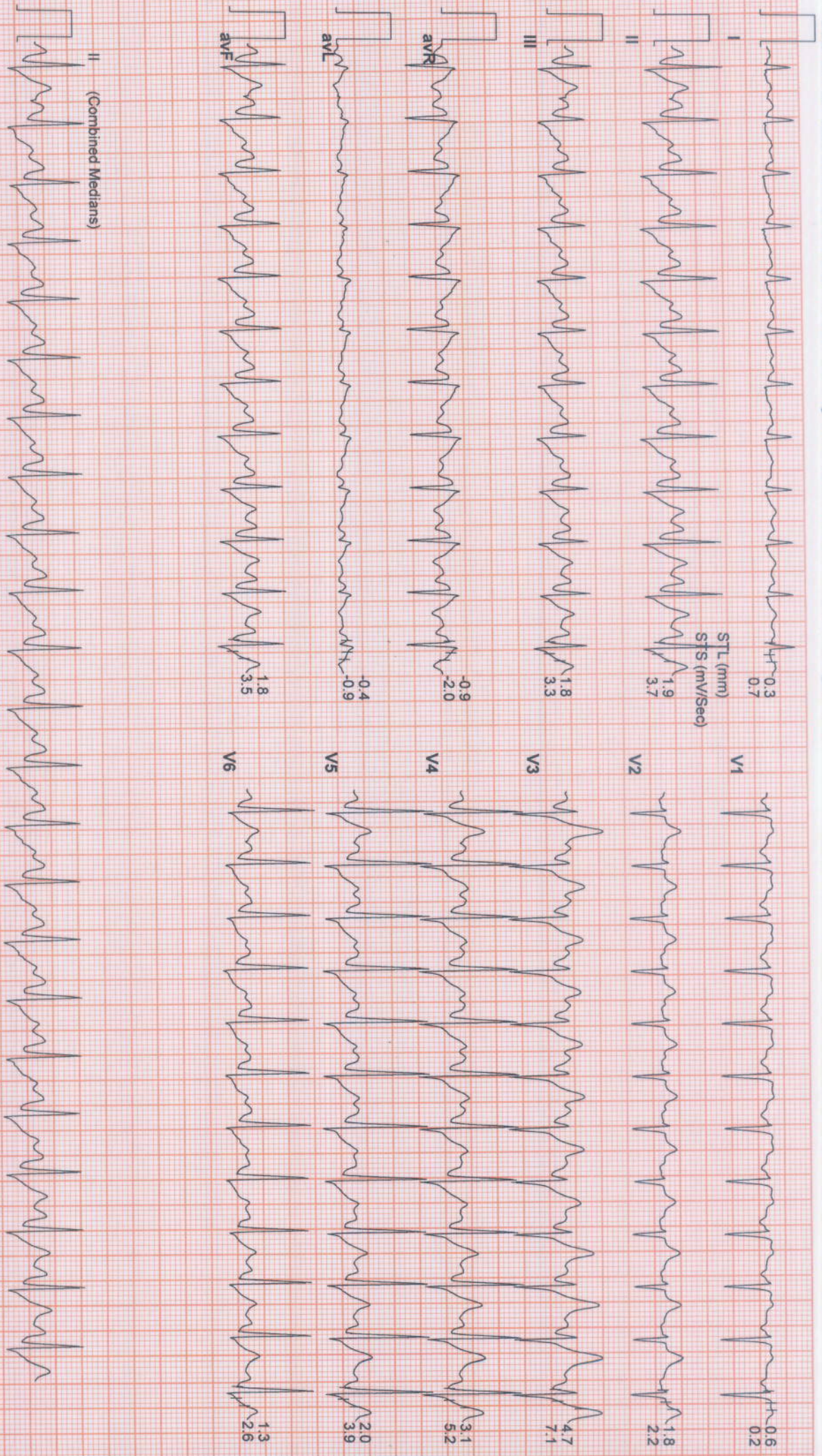
EXTime: 07:03 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV





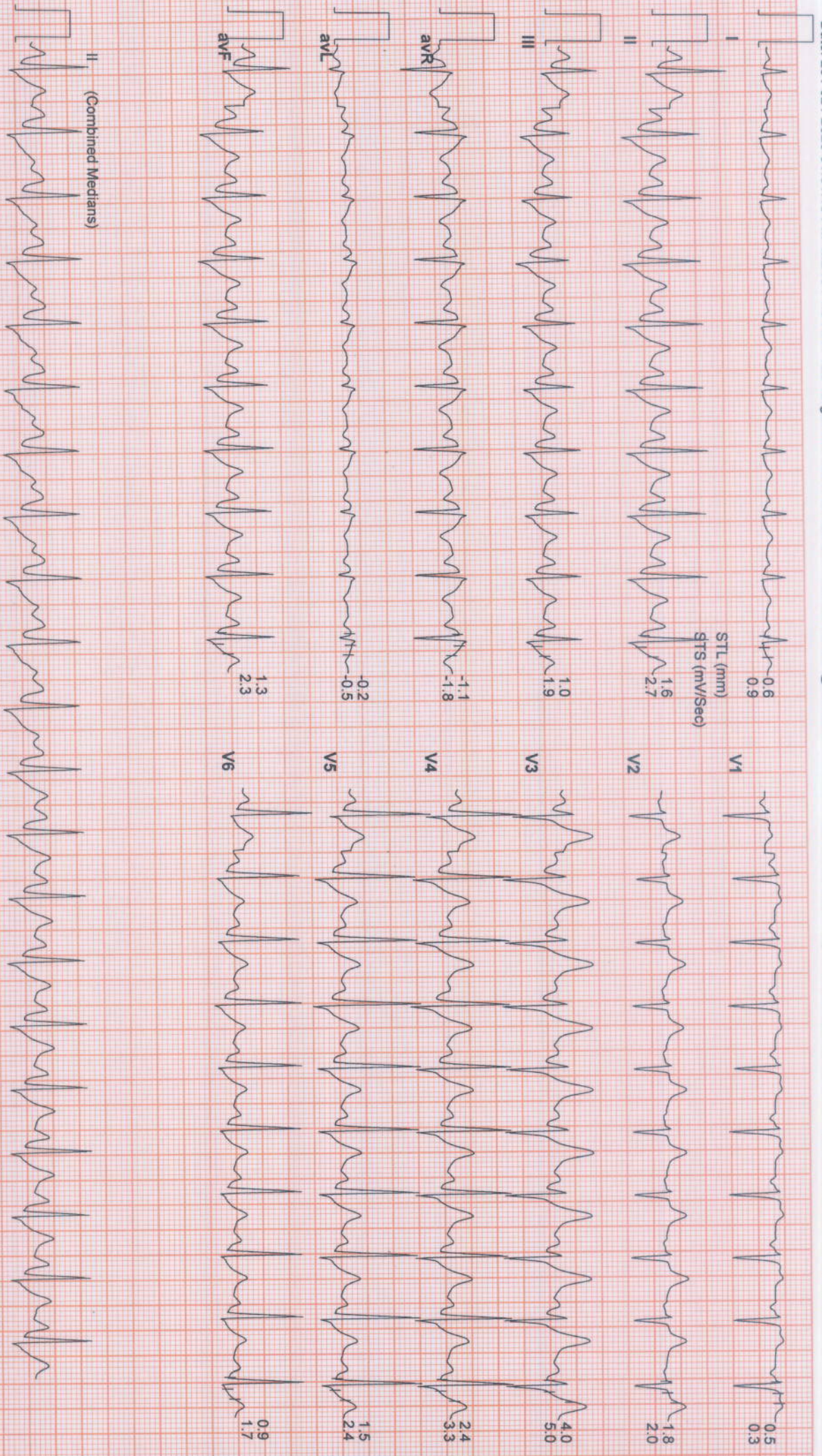
Date: 25 / 02 / 2023 01:51:13 PM METs : 1.1 HR : 138 Target HR : 73% of 189 BP : 150/90 Post J @60mSec

ExTime: 07:03 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



Date: 25 / 02 / 2023 01:51:13 PM METs : 1.0 HR : 126 Target HR : 67% of 189 BP : 130/90 Post J @80mSec

ExTime: 07:03 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

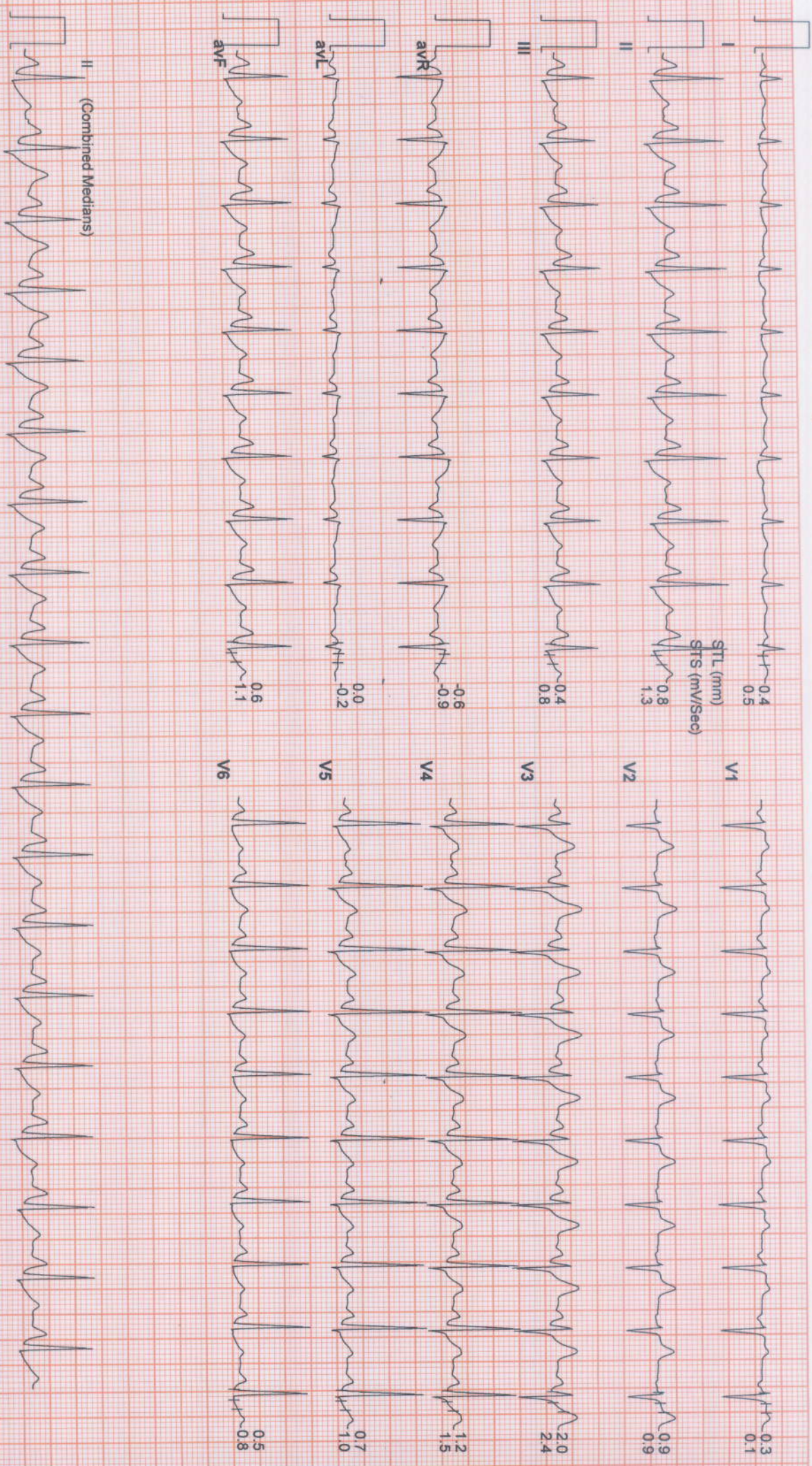
511 / YASHAD JOSHI / 31 Yrs / Male / 182 Cm / 79 Kg

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



Date: 25 / 02 / 2023 01:51:13 PM METs : 1.0 HR : 114 Target HR : 60% of 189 BP : 130/90 Post J @80mSec

ExTime: 07:03 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

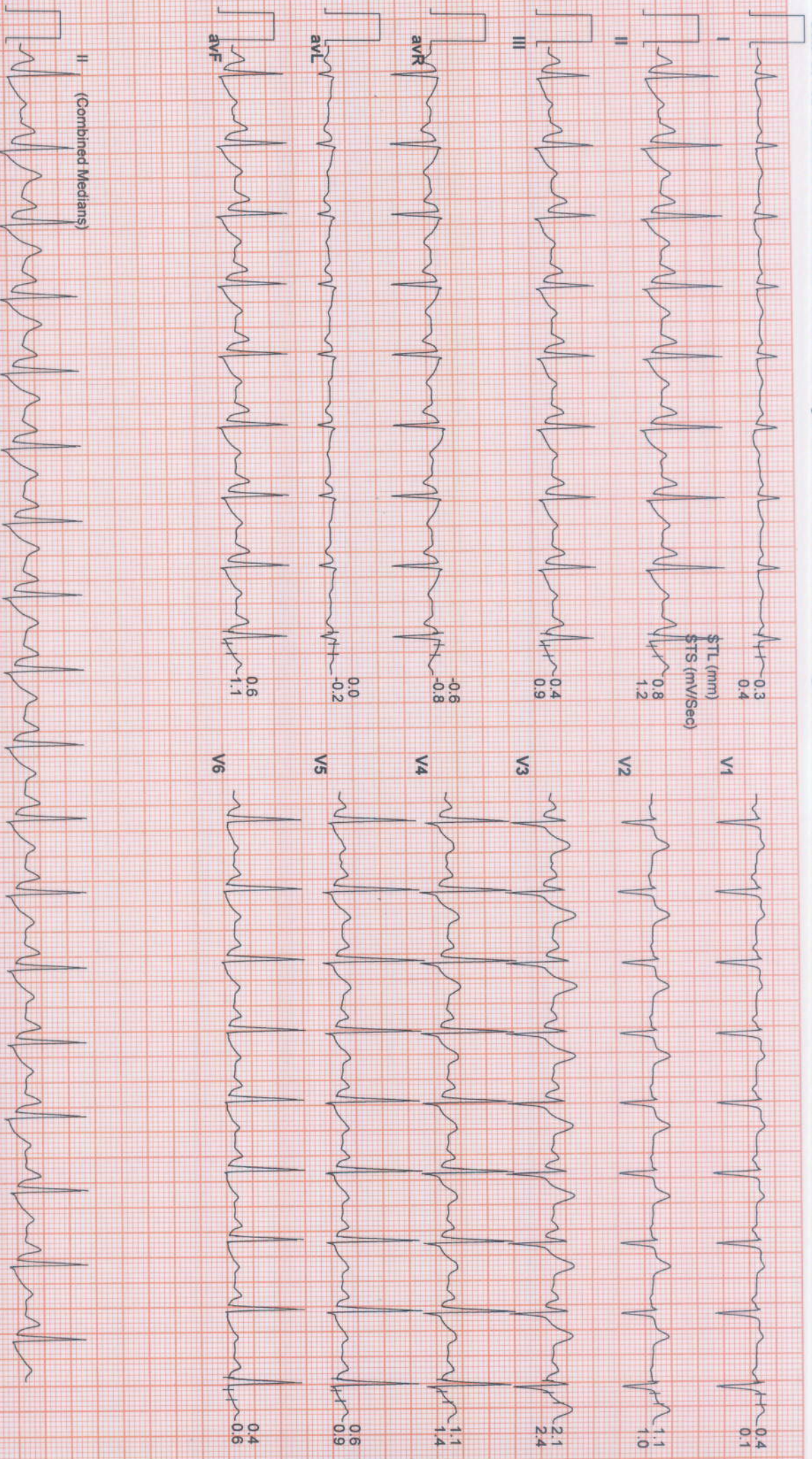
511 / YASHAD JOSHI / 31 Yrs / Male / 182 Cm / 79 Kg

**6X2 Combine Medians + 1 Rhythm**  
Recovery : ( 04:06 )



Date: 25 / 02 / 2023 01:51:13 PM METs : 1.0 HR : 108 Target HR : 57% of 189 BP : 130/90 Post J @80mSec

ExTime: 07:03 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



\$TL (mm)  
0.3  
0.4

\$TS (mV/Sec)  
0.8  
1.2

0.4  
0.9

-0.6  
-0.8

0.0  
-0.2

0.6  
1.1

0.4  
0.1

1.1  
1.0

2.1  
2.4

1.1  
1.4

0.6  
0.9

0.4  
0.6

II  
(Combined Medians)

