



CID : 2408913100
Name : MR.PANDE NIKHIL MADHAVRAO
Age / Gender : 32 Years / Male
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Collected : 29-Mar-2024 / 09:16
Reported : 29-Mar-2024 / 12:04

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	16.0	13.0-17.0 g/dL	Spectrophotometric
RBC	5.15	4.5-5.5 mil/cmm	Elect. Impedance
PCV	47.2	40-50 %	Measured
MCV	92	80-100 fl	Calculated
MCH	31.1	27-32 pg	Calculated
MCHC	33.9	31.5-34.5 g/dL	Calculated
RDW	15.2	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4700	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	33.6	20-40 %	
Absolute Lymphocytes	1579.2	1000-3000 /cmm	Calculated
Monocytes	8.8	2-10 %	
Absolute Monocytes	413.6	200-1000 /cmm	Calculated
Neutrophils	51.0	40-80 %	
Absolute Neutrophils	2397.0	2000-7000 /cmm	Calculated
Eosinophils	6.1	1-6 %	
Absolute Eosinophils	286.7	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	23.5	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	267000	150000-400000 /cmm	Elect. Impedance
MPV	8.0	6-11 fl	Calculated
PDW	13.7	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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Reported : 29-Mar-2024 / 14:24

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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	85.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	72.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	1.27	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.42	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.85	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.0	1 - 2	Calculated
SGOT (AST), Serum	32.6	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	36.7	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	31.6	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	66.1	40-130 U/L	Colorimetric
BLOOD UREA, Serum	15.9	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.4	6-20 mg/dl	Calculated
CREATININE, Serum	0.90	0.67-1.17 mg/dl	Enzymatic



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Reported : 29-Mar-2024 / 17:35

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eGFR, Serum	116	(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	6.6	3.5-7.2 mg/dl	Enzymatic
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 Borivali Lab, Borivali West
*** End Of Report ***



Bmhasakar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



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Collected : 29-Mar-2024 / 09:16
Reported : 29-Mar-2024 / 13:26

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	99.7	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 Borivali Lab, Borivali West

*** End Of Report ***



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Reg. Location : Bhayander East (Main Centre)

Collected : 29-Mar-2024 / 12:46
Reported : 29-Mar-2024 / 19:07

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Colour	Brown	Brown	-
Form and Consistency	Semi Solid	Semi Solid	-
Mucus	Absent	Absent	-
Blood	Absent	Absent	-
<u>CHEMICAL EXAMINATION</u>			
Reaction (pH)	Acidic (5.0)	-	pH Indicator
Occult Blood	Absent	Absent	Guaiaac
<u>MICROSCOPIC EXAMINATION</u>			
Protozoa	Absent	Absent	-
Flagellates	Absent	Absent	-
Ciliates	Absent	Absent	-
Parasites	Absent	Absent	-
Macrophages	Absent	Absent	-
Mucus Strands	Absent	Absent	-
Fat Globules	Absent	Absent	-
RBC/hpf	Absent	Absent	-
WBC/hpf	Absent	Absent	-
Yeast Cells	Absent	Absent	-
Undigested Particles	Present +	-	-
Concentration Method (for ova)	No ova detected	Absent	-
Reducing Substances	-	Absent	Benedicts

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
*** End Of Report ***



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Collected : 29-Mar-2024 / 09:18
Reported : 29-Mar-2024 / 17:23

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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)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
<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	2-3	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	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 inert

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
*** End Of Report ***



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Collected : 29-Mar-2024 / 09:16
Reported : 29-Mar-2024 / 15:45

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	A
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

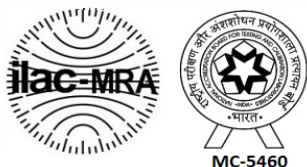
Limitations:

- 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

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



Dr. Vrushi Shroff

Dr.VRUSHALI SHROFF
M.D.(PATH)
Pathologist



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Age / Gender : 32 Years / Male
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Reg. Location : Bhayander East (Main Centre)

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Reported : 29-Mar-2024 / 14:24

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	145.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	79.4	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	30.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	115.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	99.0	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	16.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.2	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
*** End Of Report ***



Bmhasakar

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Pathologist



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 Reg. Location : Bhayander East (Main Centre)

Collected : 29-Mar-2024 / 09:16
 Reported : 29-Mar-2024 / 13:36

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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	5.7	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.7	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.96	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 upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

Limitations:

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

Reference:

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

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*** End Of Report ***



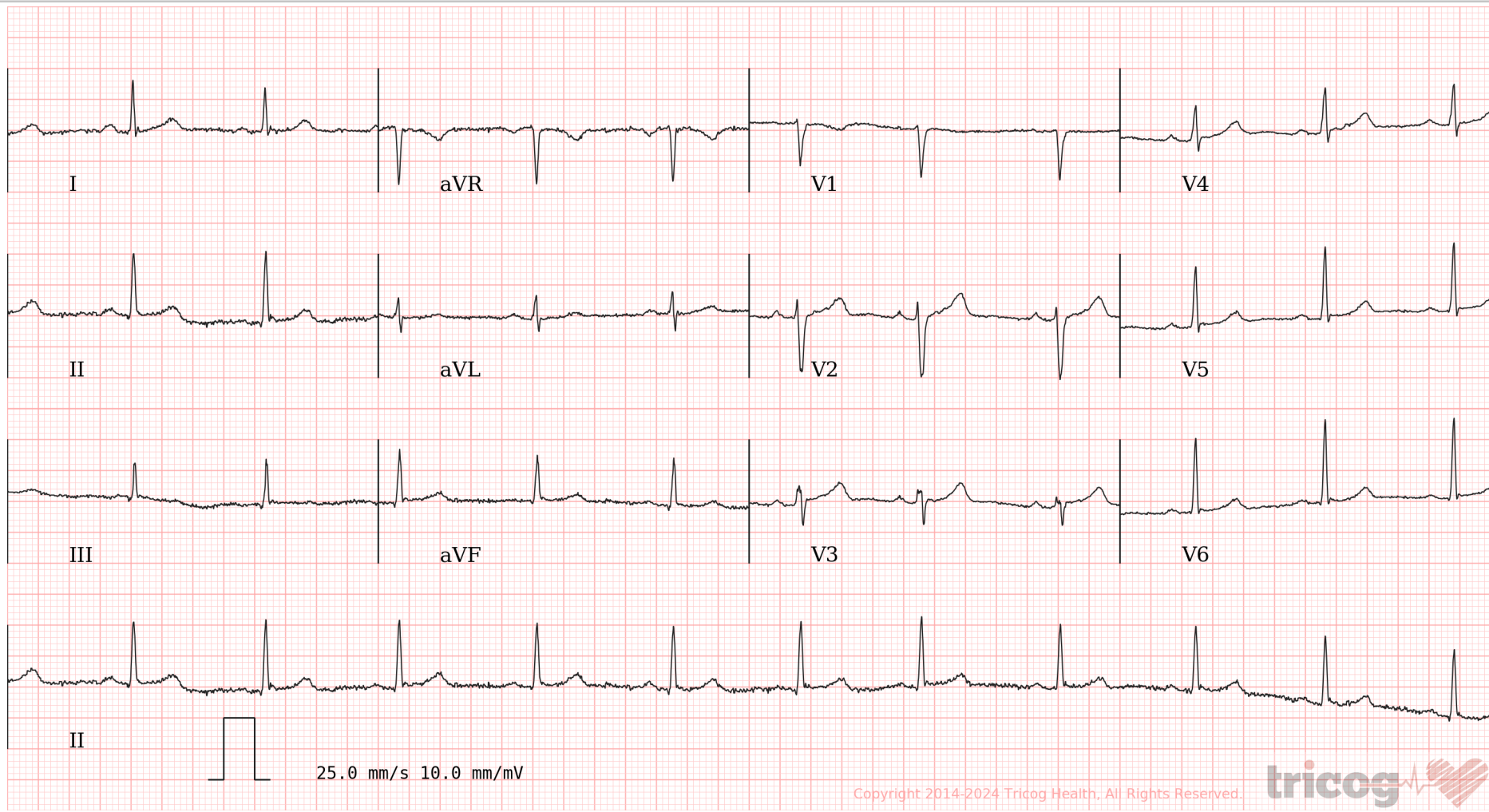
Bmhasakar

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Pathologist

SUBURBAN DIAGNOSTICS - BHAYANDER EAST



Patient Name: PANDE NIKHIL MADHAVRAO Date and Time: 29th Mar 24 9:34 AM
Patient ID: 2408913100



Age **32** NA NA
years months days

Gender **Male**

Heart Rate **70bpm**

Patient Vitals

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

Measurements

QRSD: 76ms
QT: 384ms
QTcB: 414ms
PR: 158ms
P-R-T: 7° 54° 30°

ECG Within Normal Limits: Sinus Rhythm, Normal axis. No significant ST-T changes. Please correlate clinically.

REPORTED BY

Dr. Smita Valani
MBBS, D. Cardiology
2011/03/0587

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

SUBURBAN DIAGNOSTICS BHAYANDER

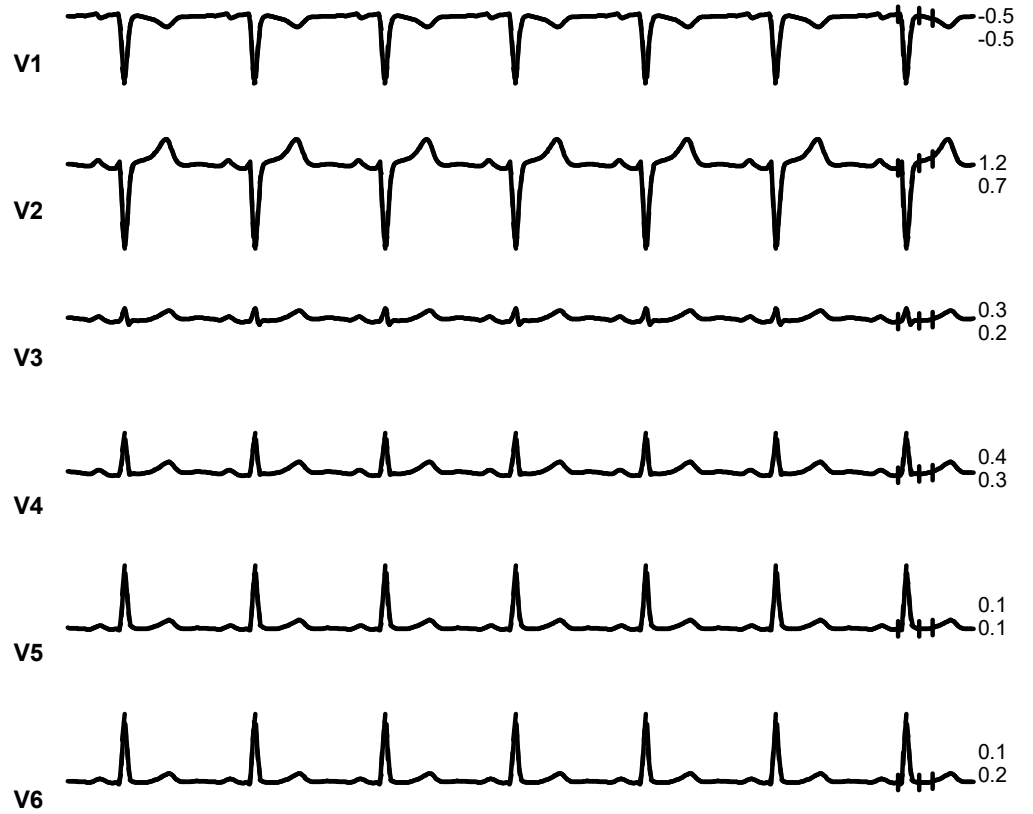
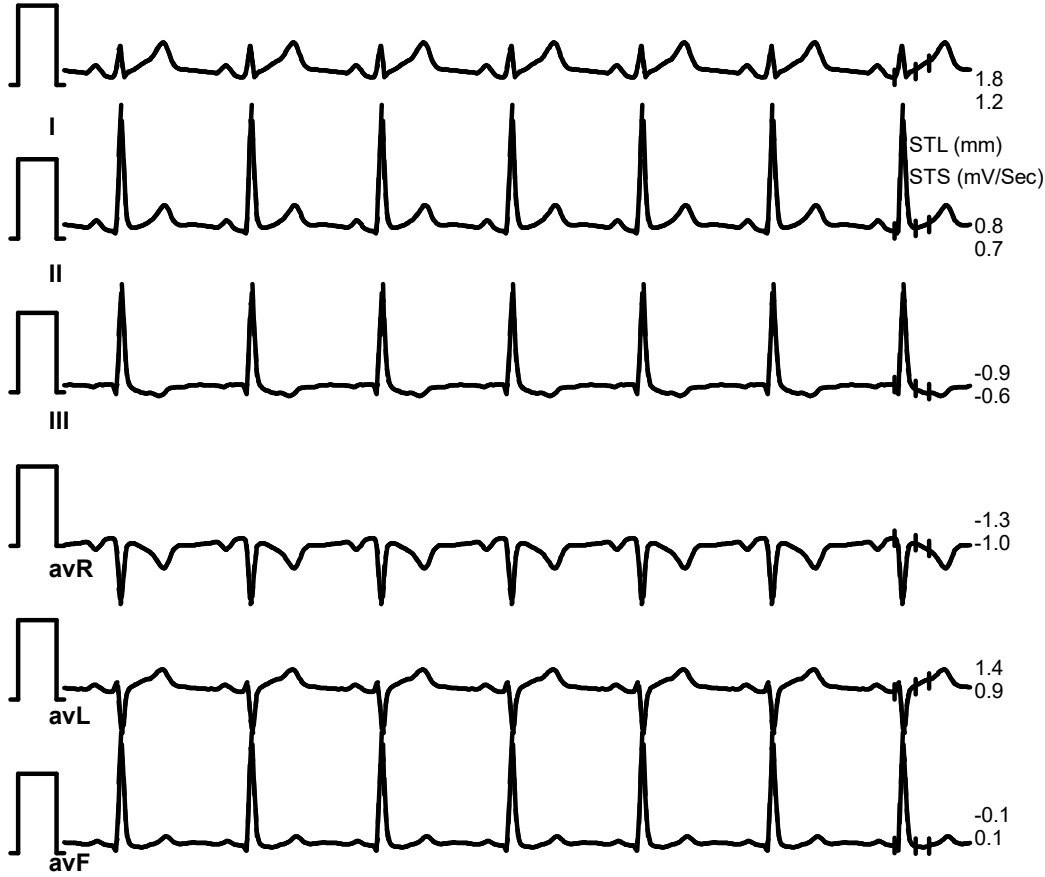
12347450 / PANDE NIKHIL MADHAVRAO / 32 Yrs / Male / 171 Cm / 90 Kg

6X2 Combine Medians + 1 Rhythm
BRUCE:Standing(0:06)



Date: 29 / 03 / 2024 09:41:17 AM METs : 1.0 HR : 83 Target HR : 44% of 188 BP : 120/80 Post J @80mSec

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



SUBURBAN DIAGNOSTICS BHAYANDER

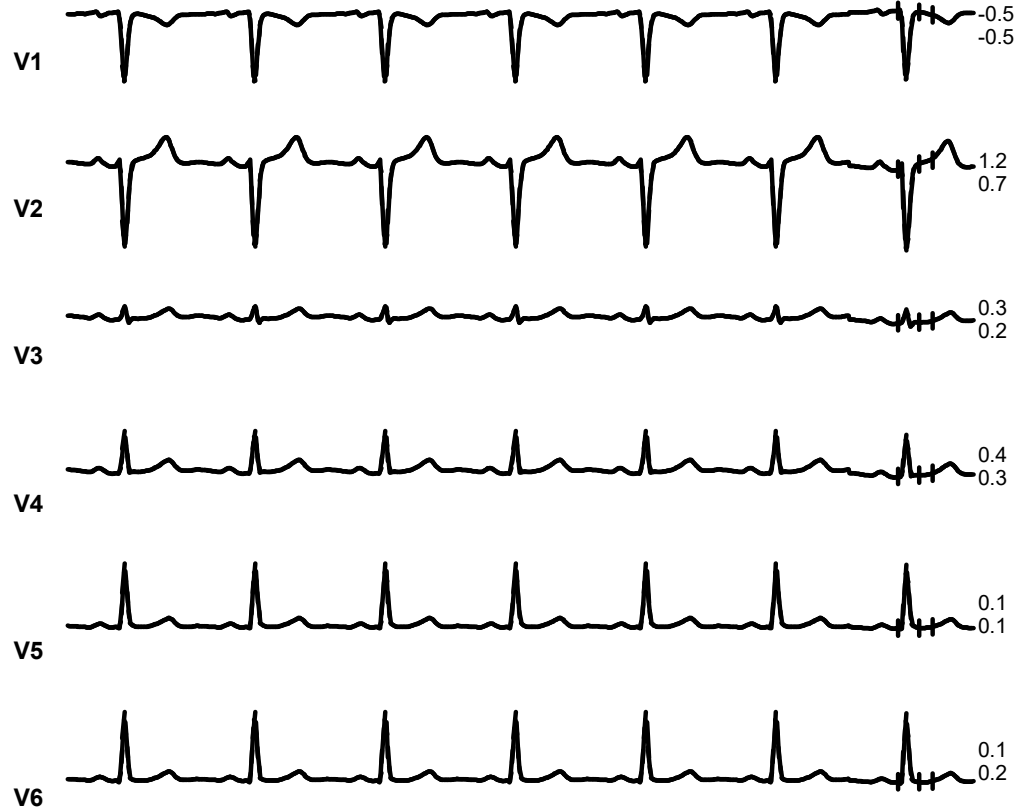
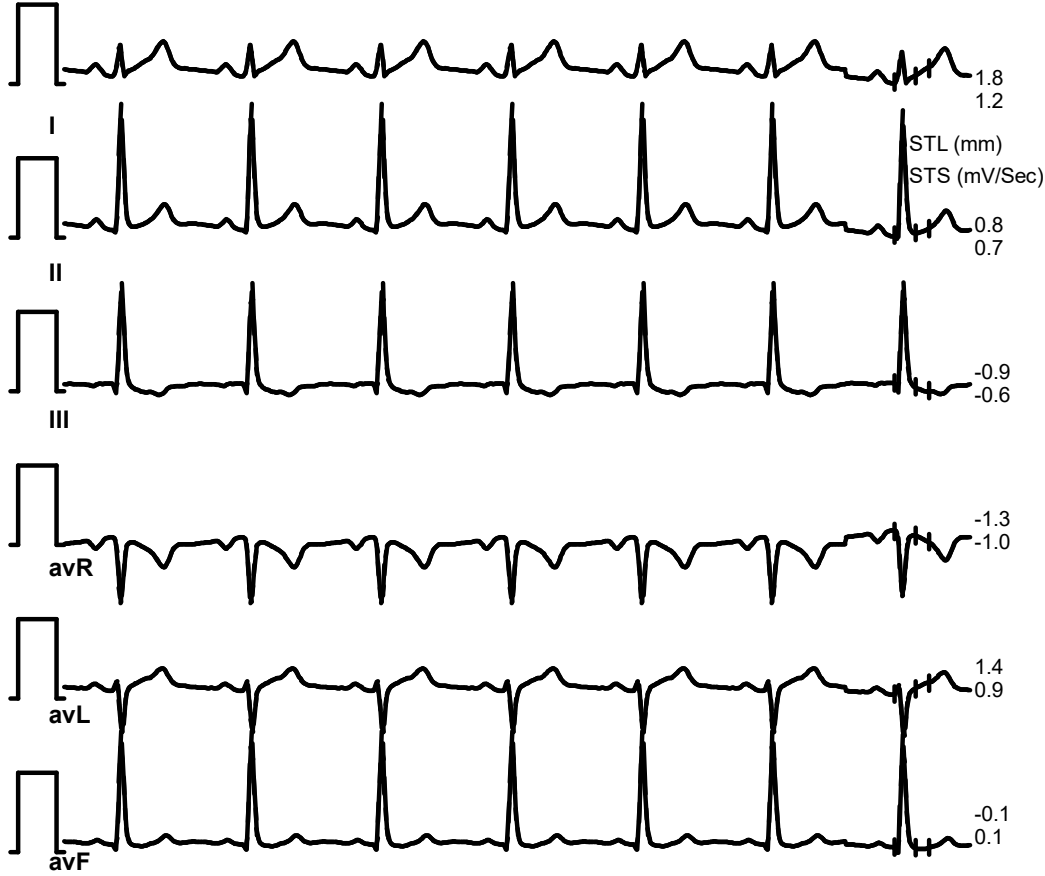
12347450 / PANDE NIKHIL MADHAVRAO / 32 Yrs / Male / 171 Cm / 90 Kg

6X2 Combine Medians + 1 Rhythm
BRUCE:HV(0:06)



Date: 29 / 03 / 2024 09:41:17 AM METs : 1.0 HR : 83 Target HR : 44% of 188 BP : 120/80 Post J @80mSec

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



SUBURBAN DIAGNOSTICS BHAYANDER

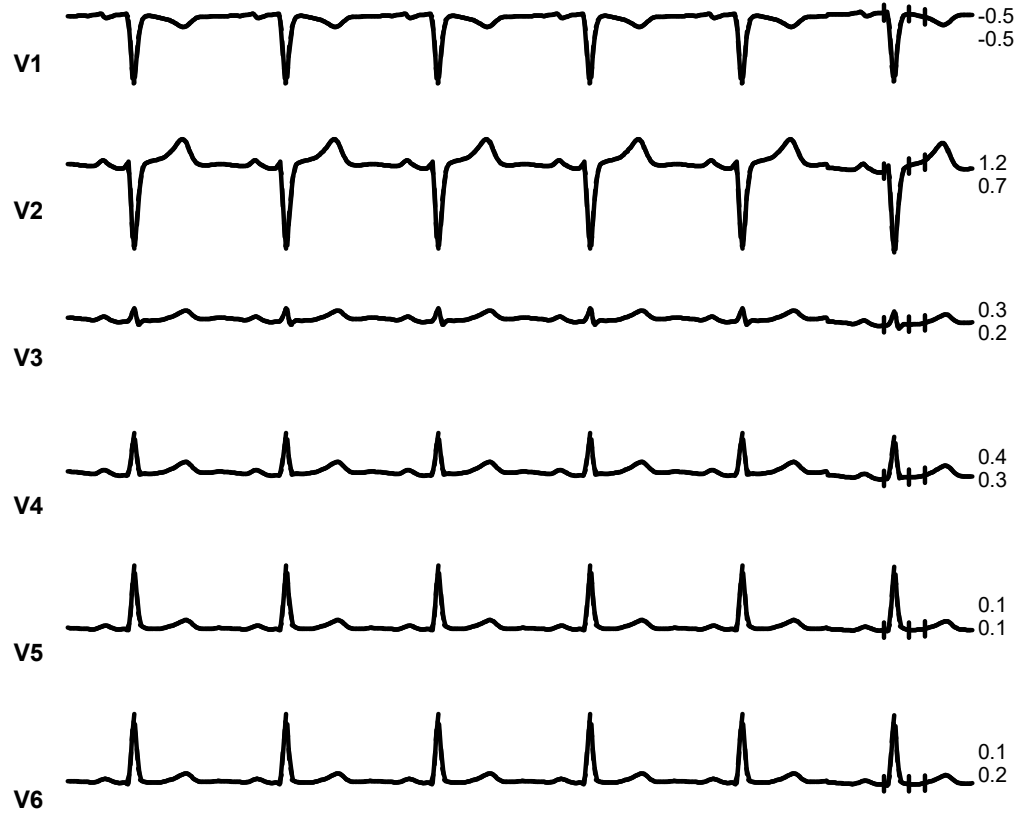
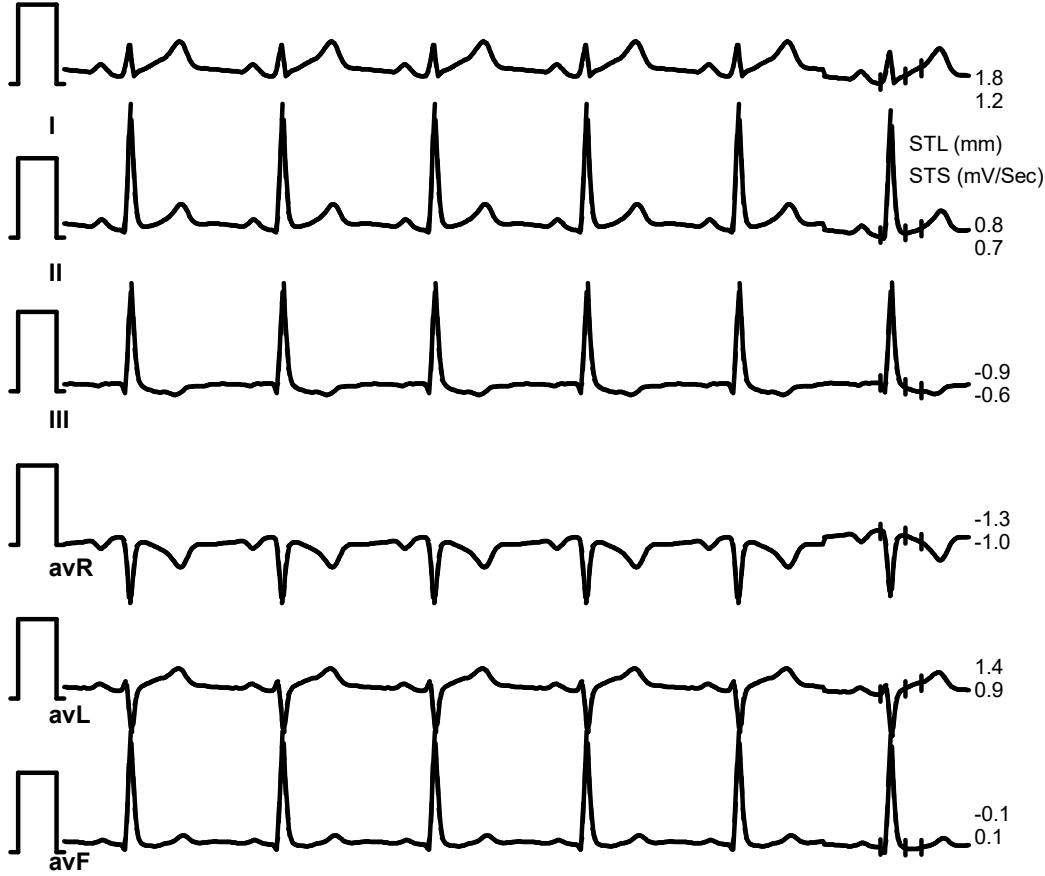
12347450 / PANDE NIKHIL MADHAVRAO / 32 Yrs / Male / 171 Cm / 90 Kg

6X2 Combine Medians + 1 Rhythm
ExStart



Date: 29 / 03 / 2024 09:41:17 AM METs : 1.1 HR : 76 Target HR : 40% of 188 BP : 120/80 Post J @80mSec

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



SUBURBAN DIAGNOSTICS BHAYANDER

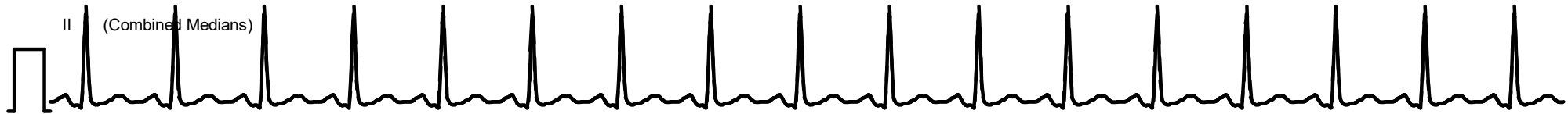
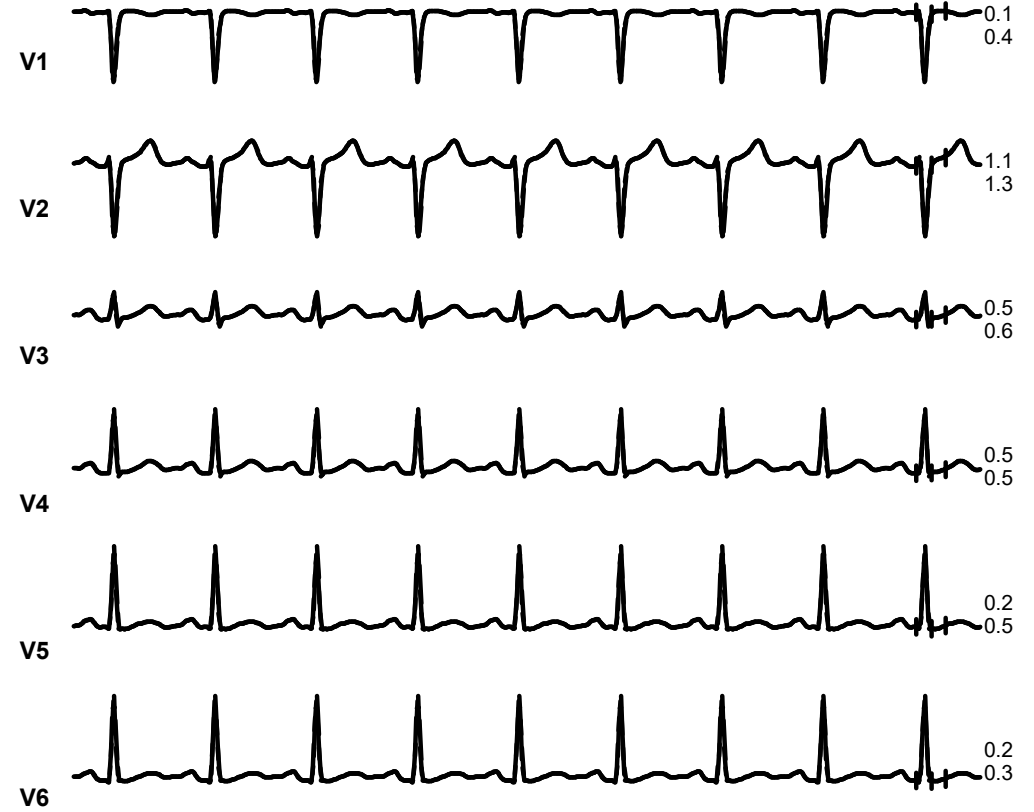
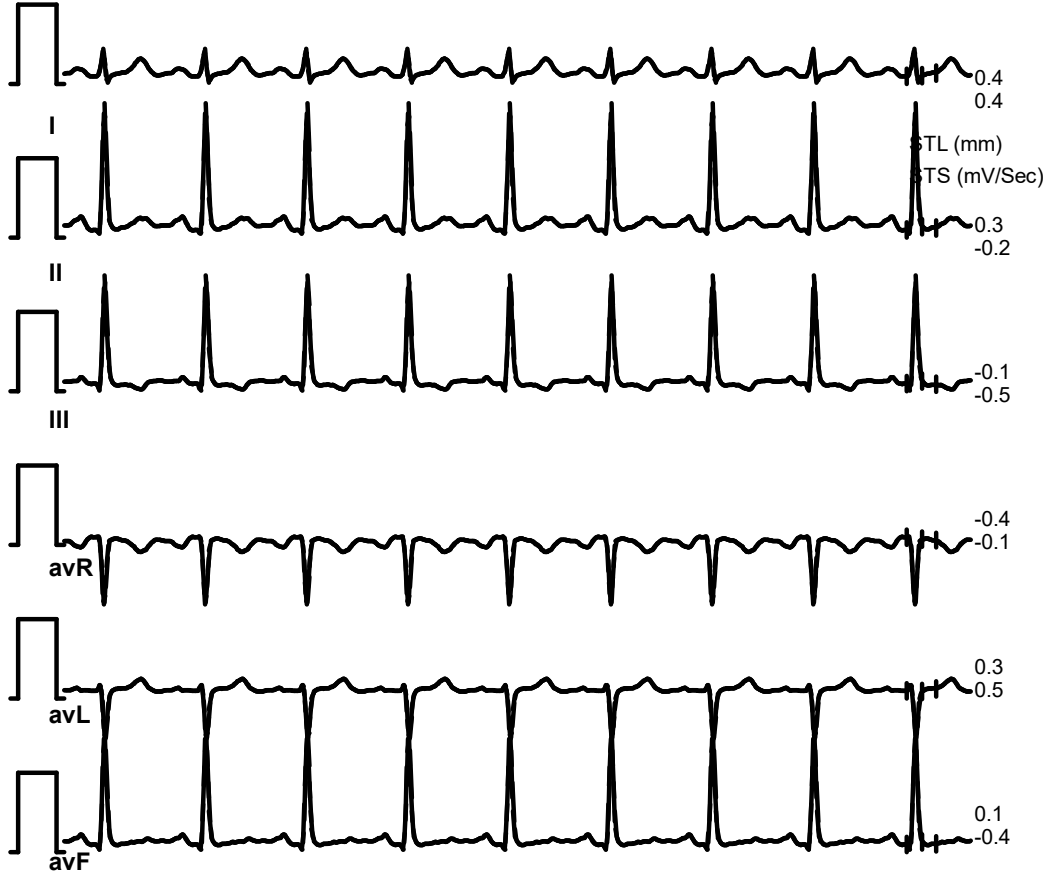
12347450 / PANDE NIKHIL MADHAVRAO / 32 Yrs / Male / 171 Cm / 90 Kg

6X2 Combine Medians + 1 Rhythm
BRUCE:Stage 1(3:00)



Date: 29 / 03 / 2024 09:41:17 AM METs : 4.7 HR : 103 Target HR : 55% of 188 BP : 130/80 Post J @80mSec

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



SUBURBAN DIAGNOSTICS BHAYANDER

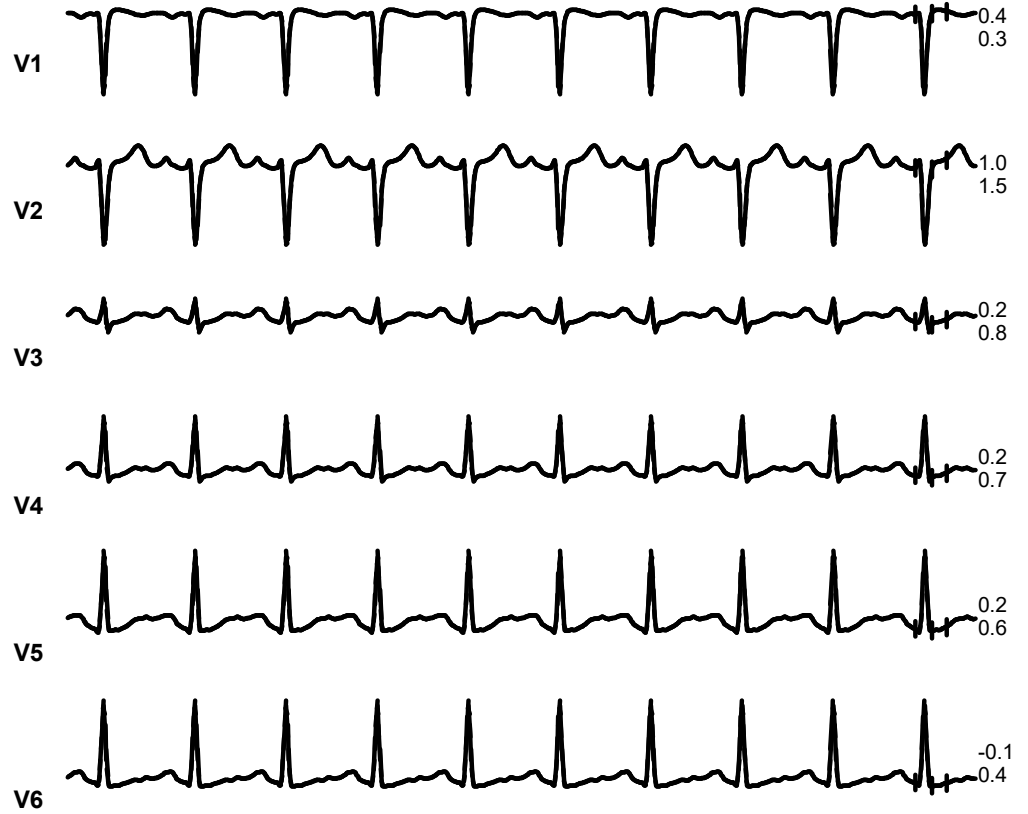
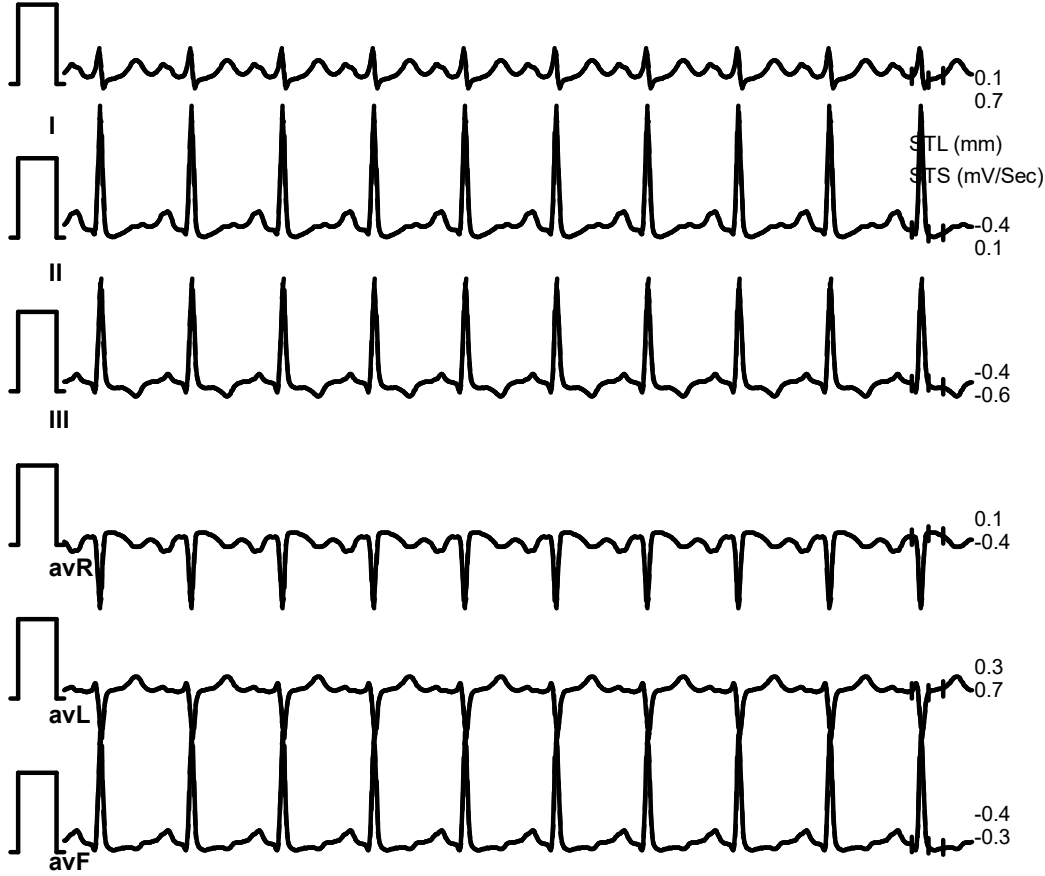
12347450 / PANDE NIKHIL MADHAVRAO / 32 Yrs / Male / 171 Cm / 90 Kg

6X2 Combine Medians + 1 Rhythm
BRUCE:Stage 2(3:00)



Date: 29 / 03 / 2024 09:41:17 AM METs : 7.1 HR : 121 Target HR : 64% of 188 BP : 140/80 Post J @80mSec

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



SUBURBAN DIAGNOSTICS BHAYANDER

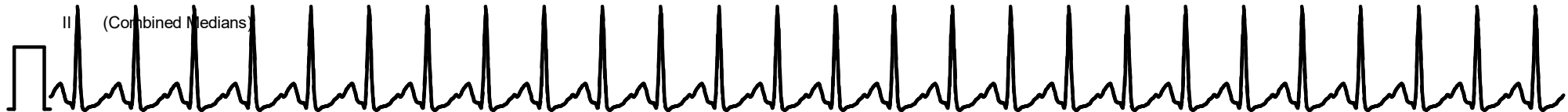
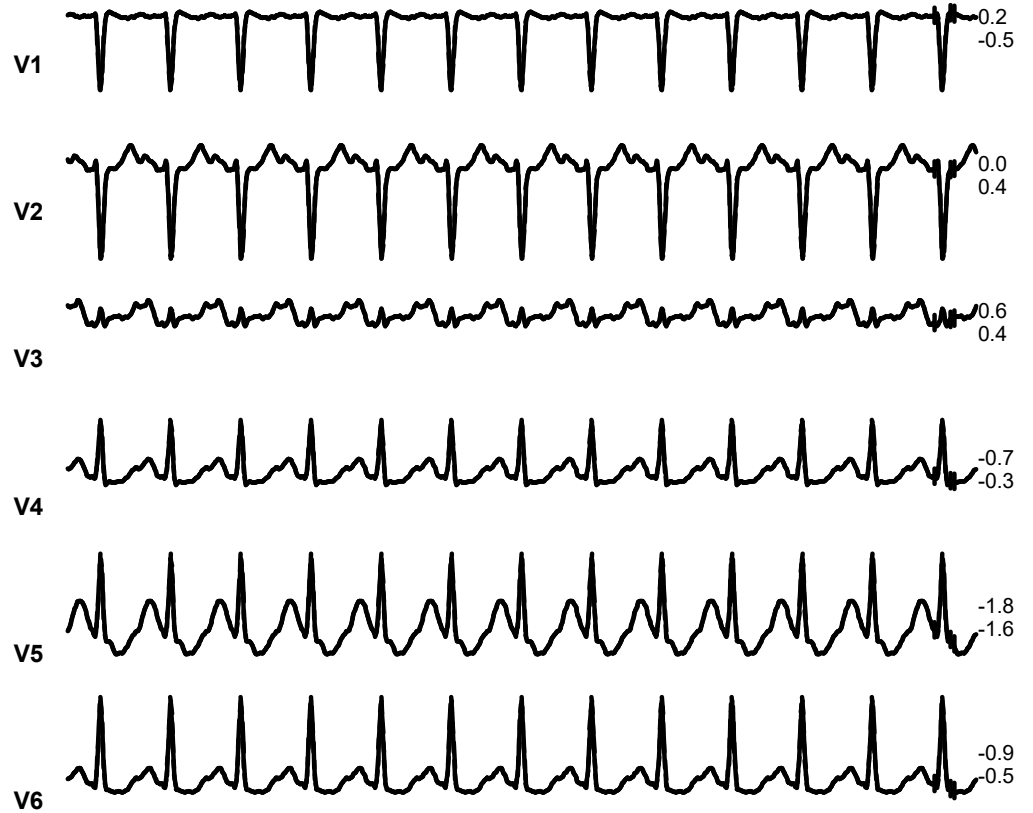
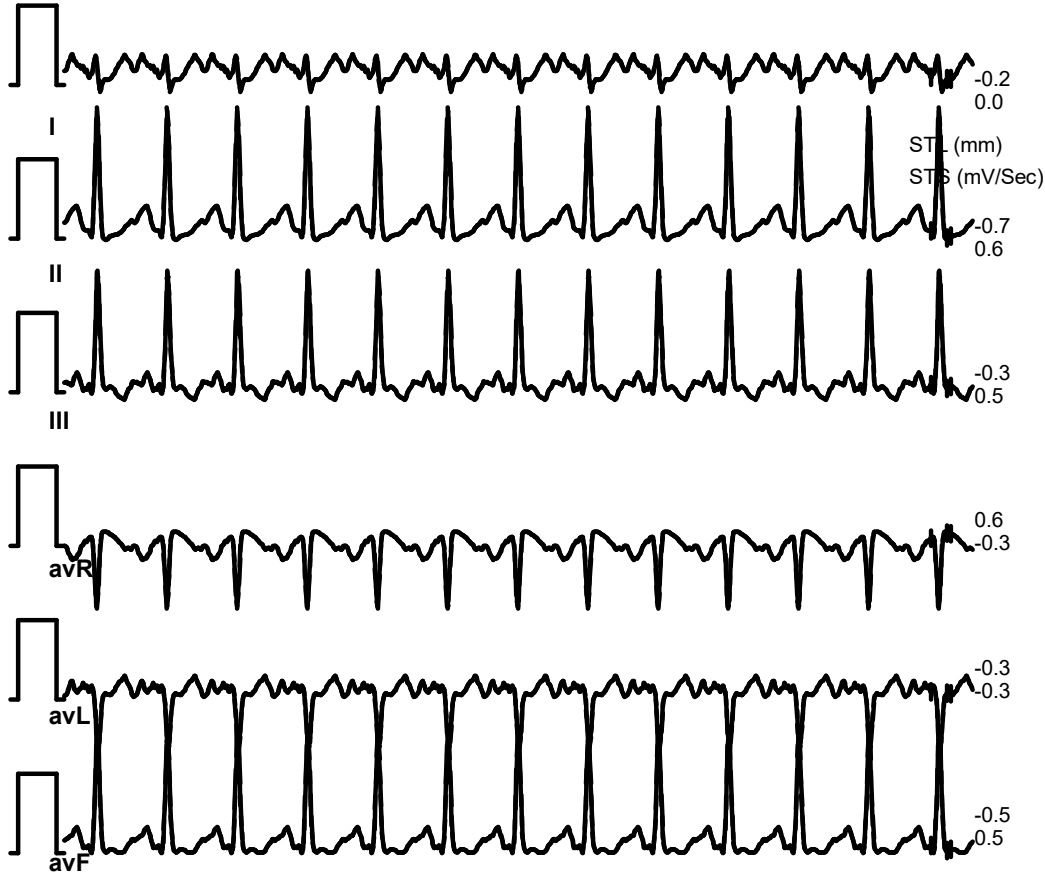
12347450 / PANDE NIKHIL MADHAVRAO / 32 Yrs / Male / 171 Cm / 90 Kg

6X2 Combine Medians + 1 Rhythm
BRUCE:Stage 3(3:00)



Date: 29 / 03 / 2024 09:41:17 AM METs : 10.2 HR : 155 Target HR : 82% of 188 BP : 150/80 Post J @20mSec

ExTime: 09:00 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS BHAYANDER

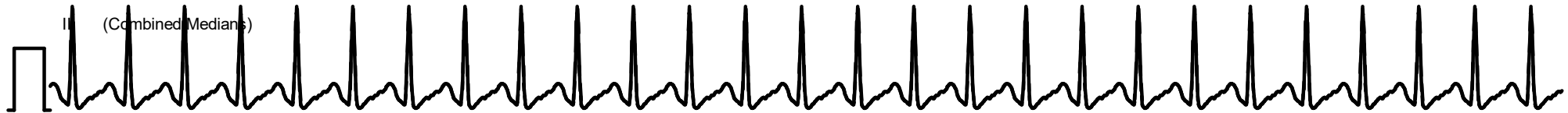
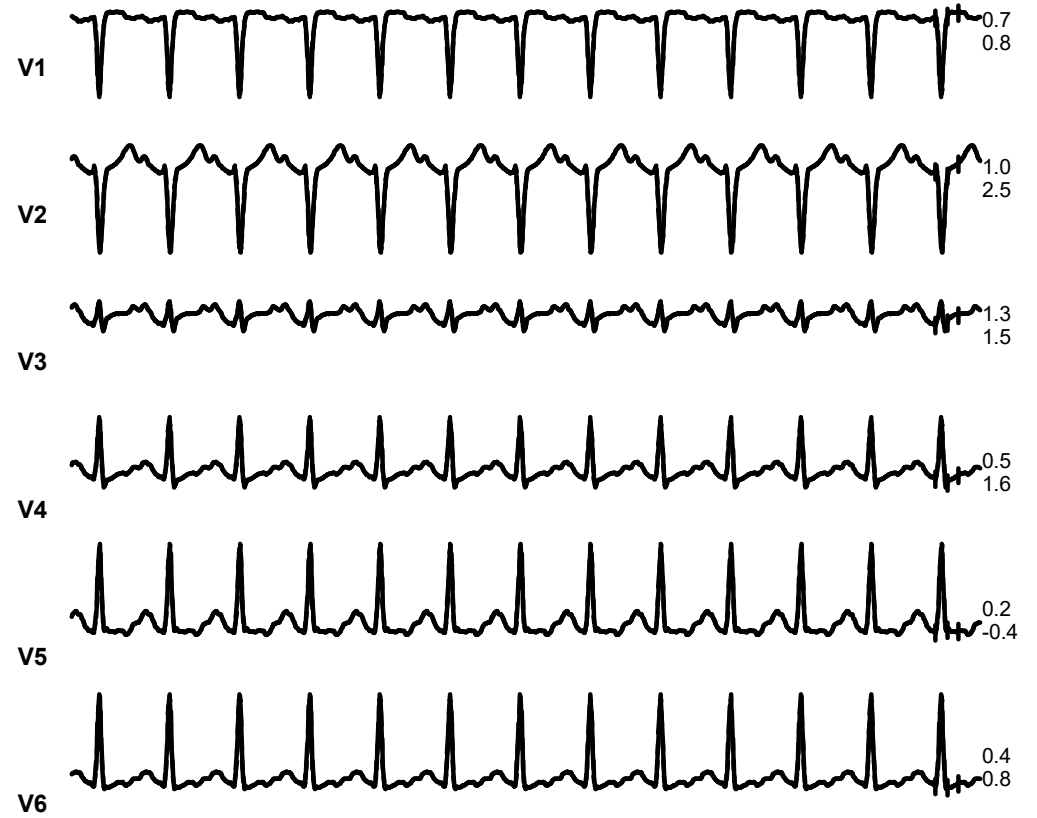
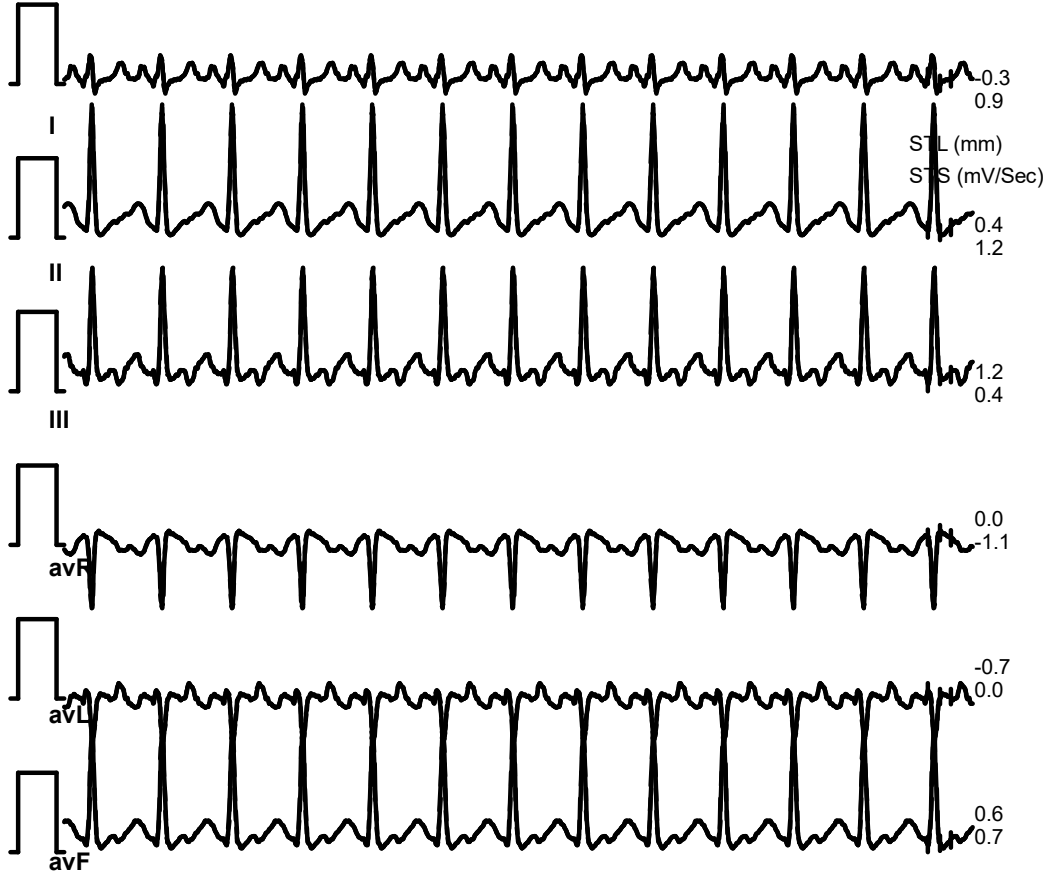
12347450 / PANDE NIKHIL MADHAVRAO / 32 Yrs / Male / 171 Cm / 90 Kg

6X2 Combine Medians + 1 Rhythm
PeakEx



Date: 29 / 03 / 2024 09:41:17 AM METs : 10.4 HR : 161 Target HR : 86% of 188 BP : 150/80 Post J @60mSec

ExTime: 09:09 Speed: 4.2 mph Grade : 16.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS BHAYANDER

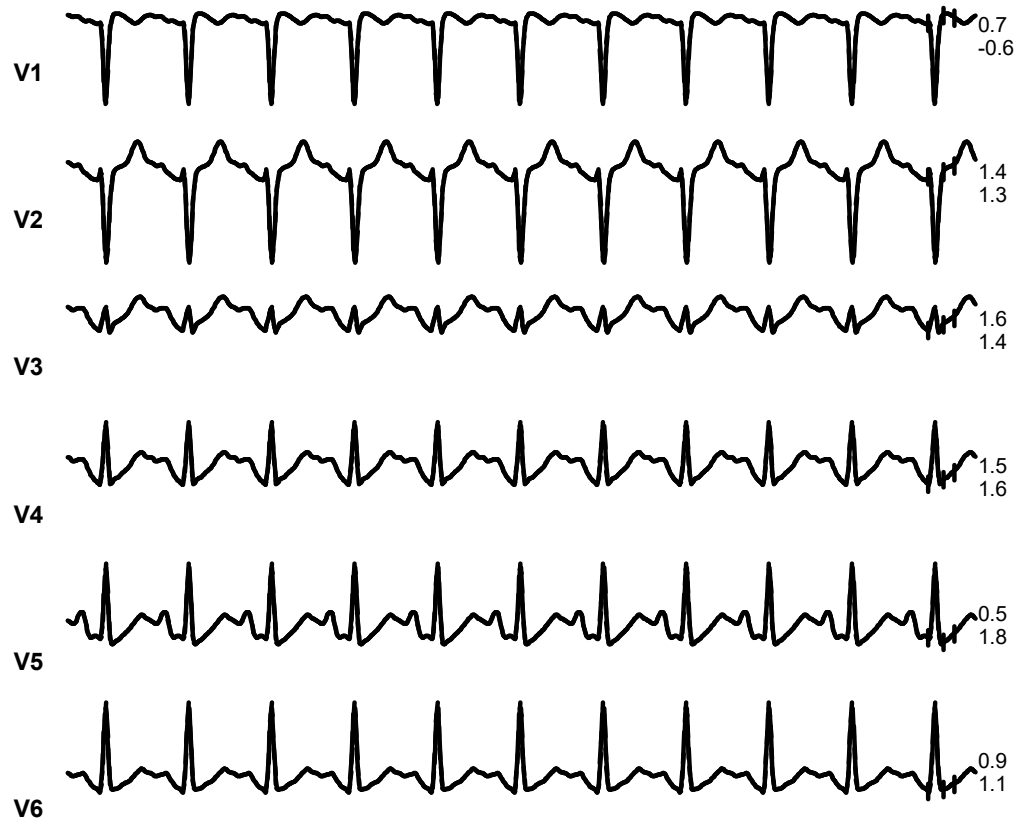
12347450 / PANDE NIKHIL MADHAVRAO / 32 Yrs / Male / 171 Cm / 90 Kg

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



Date: 29 / 03 / 2024 09:41:17 AM METs : 4.2 HR : 131 Target HR : 70% of 188 BP : 160/80 Post J @60mSec

ExTime: 09:09 Speed: 1.1 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS BHAYANDER

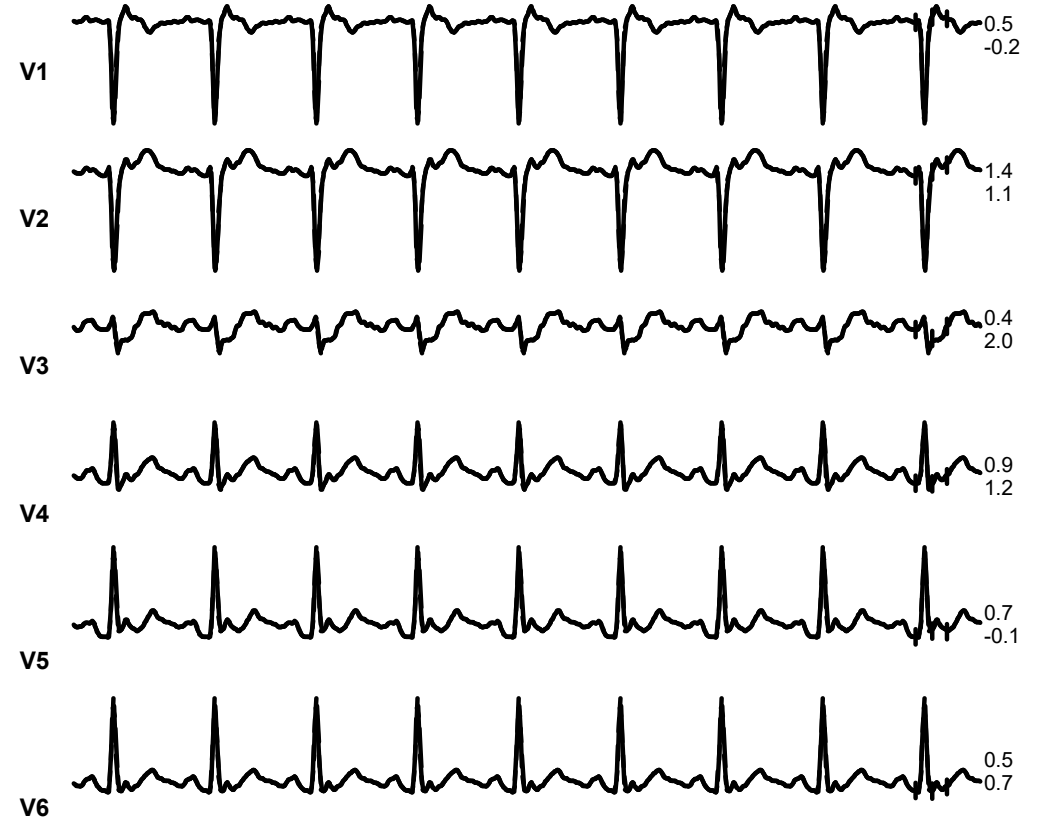
12347450 / PANDE NIKHIL MADHAVRAO / 32 Yrs / Male / 171 Cm / 90 Kg

6X2 Combine Medians + 1 Rhythm
Recovery(2:00)



Date: 29 / 03 / 2024 09:41:17 AM METs : 1.0 HR : 109 Target HR : 58% of 188 BP : 140/80 Post J @80mSec

ExTime: 09:09 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS BHAYANDER

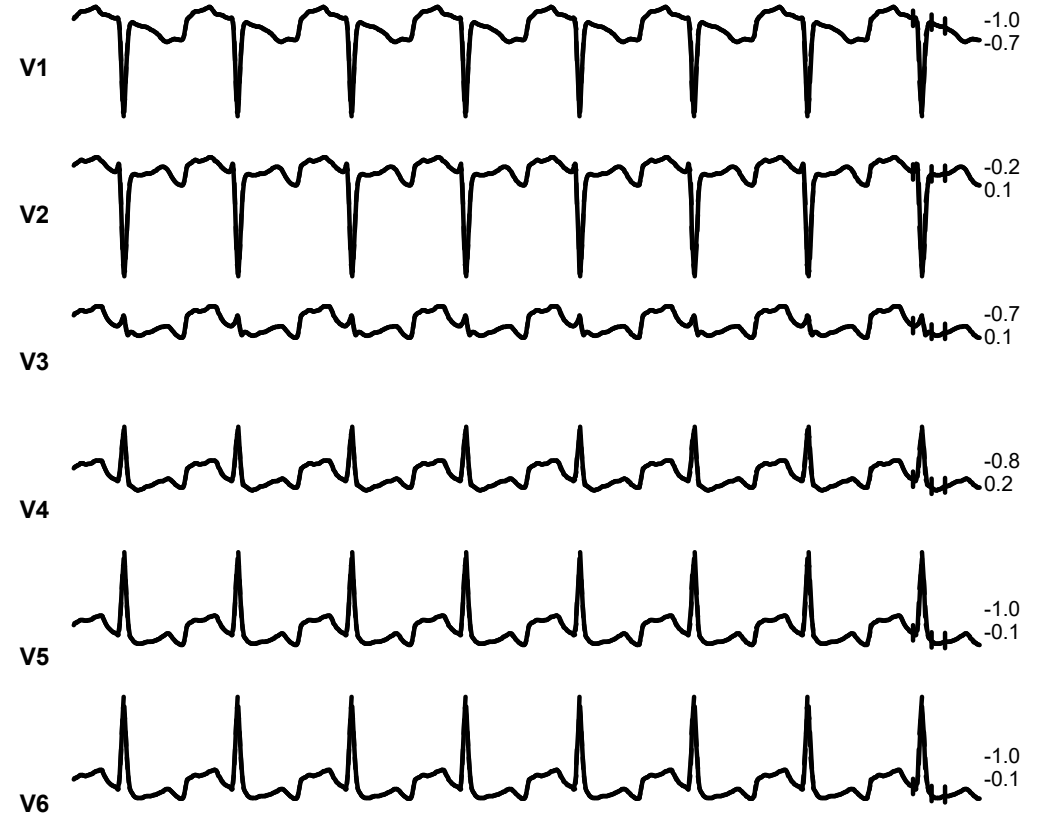
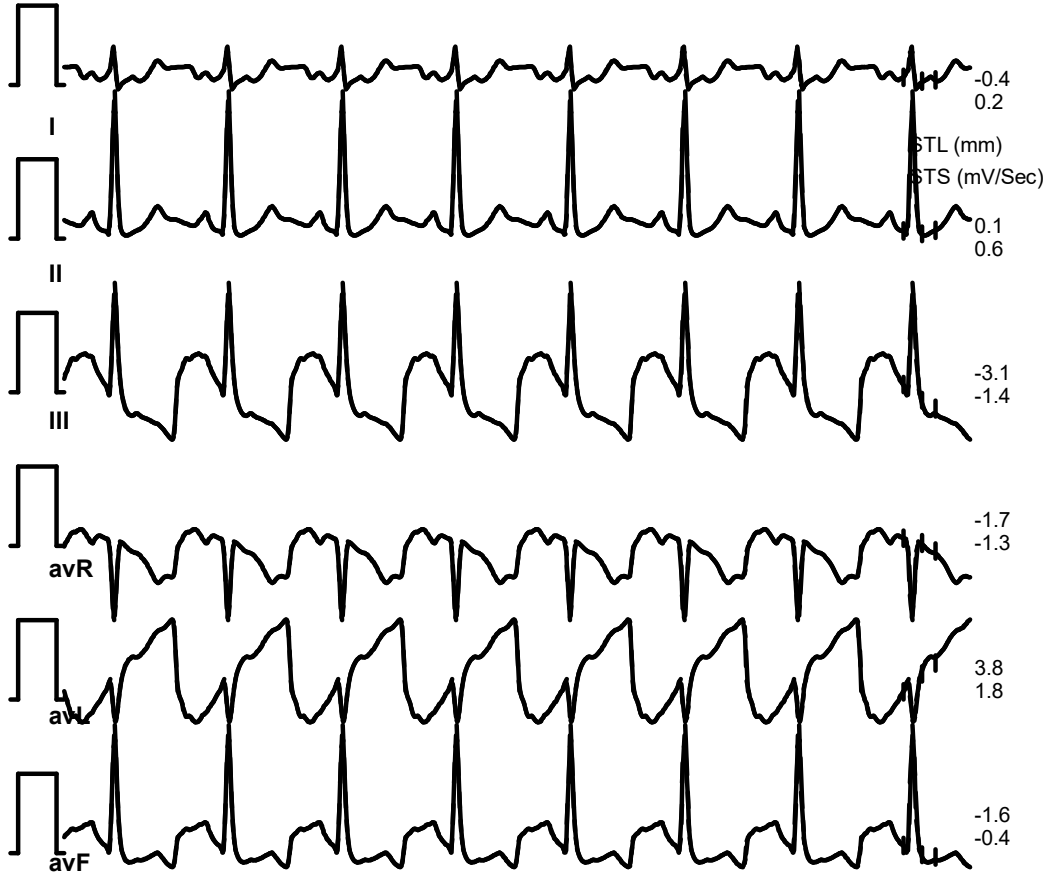
12347450 / PANDE NIKHIL MADHAVRAO / 32 Yrs / Male / 171 Cm / 90 Kg

6X2 Combine Medians + 1 Rhythm
Recovery(4:00)



Date: 29 / 03 / 2024 09:41:17 AM METs : 1.0 HR : 99 Target HR : 53% of 188 BP : 130/80 Post J @80mSec

ExTime: 09:09 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





CID : 2408913100
Name : Mr PANDE NIKHIL MADHAVRAO
Age / Sex : 32 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre
Reg. Date : 29-Mar-2024
Reported : 29-Mar-2024/21:30

USG WHOLE ABDOMEN

LIVER:

The liver is enlarged in size (15.7 cm) with normal in shape and shows smooth margins. It shows raised parenchymal echotexture with focal area of fat sparing. No obvious cystic or solid lesion made out in the parenchyma. The intra hepatic biliary and portal radicals appear normal. The main portal vein appears normal.(PV ~ 10.1 mm)

GALL BLADDER:

The gall bladder is folded and physiologically distended. Neck region is not well visualised. Gall bladder wall appears normal. No evidence of any calculus, mass lesion or sludge seen in the visualised lumen.

COMMON BILE DUCT:

The visualized common bile duct is normal in caliber. Terminal common bile duct is obscured due to bowel gas artefacts.

PANCREAS:

The pancreas appears normal. No evidence of solid or cystic mass lesion seen.

KIDNEYS:

Right kidney measures 8.4 x 4.6 cm. Left kidney measures 9.5 x 5.2 cm. Both the kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. No evidence of any calculus, hydronephrosis or mass lesion seen on both sides.

SPLEEN:

The spleen is normal in size (10.0 cm) and echotexture. No evidence of focal lesion is noted.

URINARY BLADDER:

The urinary bladder is partially distended.

PROSTATE:

The prostate is normal in size 3.3 x 3.1 x 2.4 cm and weighs 13.7 gms. It shows normal parenchymal echotexture. No obvious calcification or mass lesion made out.

There is no evidence of any lymphadenopathy or ascites.



Use a QR Code Scanner
Application To Scan the Code

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Age / Sex : 32 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 29-Mar-2024
Reported : 29-Mar-2024/21:30

IMPRESSION:

- **Hepatomegaly with Grade II fatty infiltration of liver.**
- **No other significant abnormality made out.**

Kindly correlate clinically.

Investigations have their limitation. Solitary pathological/Radiological & other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms & other related tests. Please interpret accordingly.

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

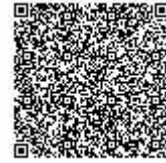
Dr. Aisha Lakhani
Mbbs, Md (Radio
Diagnosis)
Bhayander center



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Reg. Date : 29-Mar-2024
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X-RAY CHEST PA VIEW

Positional rotation seen.

Both the lung fields are clear with no active parenchymal lesion.

The cardiothoracic ratio is maintained and the cardiac outline is normal.

The domes of the diaphragm and hila are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

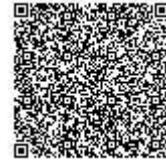
IMPRESSION:

- **No obvious active parenchymal lesion made out.**

Kindly correlate clinically.

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

**Dr. Aisha Lakhani
Mbbs, Md (Radio
Diagnosis)
Bhayander center**



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