

Name : MR.GOGGELA PRABHAKAR

: 30 Years / Male Age / Gender

Consulting Dr. : -Collected Reported :26-Mar-2024 / 13:45 Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

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:26-Mar-2024 / 09:16

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

	CBC (Comple	ete Blood Count), Blood	_
<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	13.4	13.0-17.0 g/dL	Spectrophotometric
RBC	5.73	4.5-5.5 mil/cmm	Elect. Impedance
PCV	40.4	40-50 %	Measured
MCV	71	80-100 fl	Calculated
MCH	23.4	27-32 pg	Calculated
MCHC	33.1	31.5-34.5 g/dL	Calculated
RDW	16.3	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	4310	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND A	ABSOLUTE COUNTS		
Lymphocytes	30.0	20-40 %	
Absolute Lymphocytes	1293.0	1000-3000 /cmm	Calculated
Monocytes	7.5	2-10 %	
Absolute Monocytes	323.3	200-1000 /cmm	Calculated
Neutrophils	57.6	40-80 %	
Absolute Neutrophils	2482.6	2000-7000 /cmm	Calculated
Eosinophils	4.6	1-6 %	
Absolute Eosinophils	198.3	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	12.9	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	173000	150000-400000 /cmm	Elect. Impedance
MPV	10.8	6-11 fl	Calculated
PDW	27.7	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia Mild Microcytosis



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Macrocytosis

Anisocytosis Mild

Poikilocytosis Mild Polychromasia

Target Cells

Basophilic Stippling

Normoblasts

Others

WBC MORPHOLOGY

PLATELET MORPHOLOGY

COMMENT

Specimen: EDTA Whole Blood

5 ESR, EDTA WB-ESR 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:

- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

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





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

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	105.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	166.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.28	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.12	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.16	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	17.9	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	14.3	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	23.1	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	79.9	40-130 U/L	Colorimetric
BLOOD UREA, Serum	22.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	10.5	6-20 mg/dl	Calculated
CREATININE, Serum	1.22	0.67-1.17 mg/dl	Enzymatic



eGFR, Serum

CID : 2408601153

Name : MR.GOGGELA PRABHAKAR

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(ml/min/1.73sqm) Calculated

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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 4.6 3.5-7.2 mg/dl Enzymatic

Urine Sugar (Fasting) Absent Absent
Urine Ketones (Fasting) Absent Absent

82

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*** End Of Report ***







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:26-Mar-2024 / 13:23

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

BIOLOGICAL REF RANGE PARAMETER RESULTS METHOD

HPLC Glycosylated Hemoglobin 5.7 Non-Diabetic Level: < 5.7 % (HbA1c), EDTA WB - CC Prediabetic Level: 5.7-6.4 %

Diabetic Level: >/= 6.5 %

Estimated Average Glucose 116.9 mg/dl Calculated

(eAG), EDTA WB - CC

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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Name : MR.GOGGELA PRABHAKAR

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
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	-	-
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATION	<u>N</u>		
Leukocytes(Pus cells)/hpf	0-1	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	1-2	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 **





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

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Age / Gender : 30 Years / Male

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

RESULTS PARAMETER

ABO GROUP 0

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.

Refernces:

- 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.VRUSHALI SHROFF M.D.(PATH) **Pathologist**

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	165.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	142.0	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	40.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	124.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	96.0	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	28.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.4	0-3.5 Ratio	Calculated

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





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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE **THYROID FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	4.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.3	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.3	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 trasiently altered becuase 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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Dr.KETAKI MHASKAR M.D. (PATH) Pathologist

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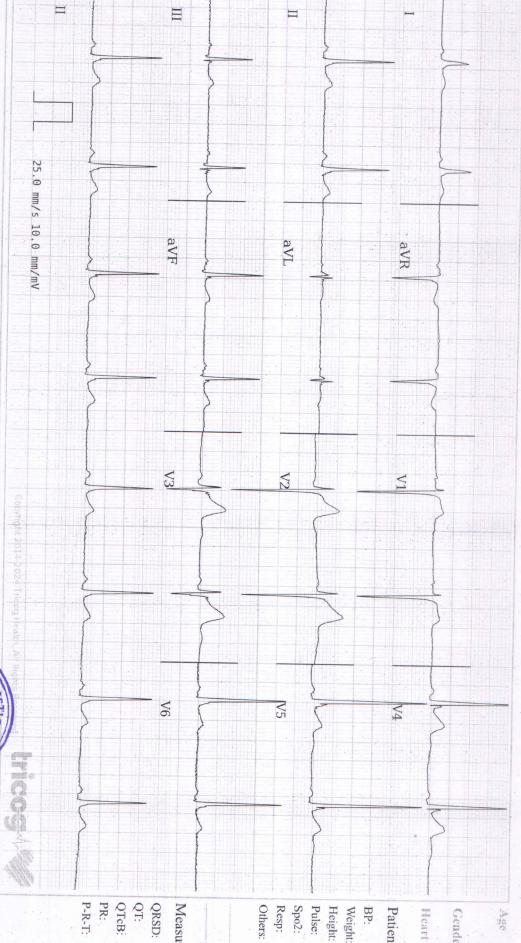
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THE RESIDENCE OF THE WALLES OF BURBAN HAVANUSTICS - MAHAVIR NAGAR, KANJIVALI WEST PRECISE TESTING . HEALTHIER LIVING

Patient Name: GOGGELA PRABHAKAR Patient ID: 2408601153

Date and Time: 26th Mar 24 10:16 AM



Age years months days

Gender Male

Heart Rate 54bpm

Patient Vitals

Weight: 72 kg 130/70 mmHg

56 bpm 166 cm

NA X

Measurements

QRSD: 102ms 374ms

142ms 354ms

57° 66° 64°

ECG Within Normal Limits: Sinus Bradycardia. Please correlate clinically.



REPORTED BY





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Date: 26/4/274

CID: 2408601153.

Name:-M& Goggela Reabhakor Sex/Age: M/30yrs.

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

0 6/9.

(Right Eye)

(Left Eye)

	Sph	СуІ	Axis	Vn	Sph	СуІ	Axis	Vn
Distance			_	6 18				6/9
Near				N/6				NIE

Colour Vision: Normal / Abnormal

Moremal vision.



Reg.Location : Mahavir Nagar, Kandivali West (Main Centre) Reg.Location : Slocation | Slo

PHYSICAL EXAMINATION REPORT

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History and Complaints: NIL

EXAMINATION FINDINGS:

Height (cms): 166 Weight (kg):

Temp (0c):

Blood Pressure (mm/Hg):

Afebrile Skin:

Normal

130/70 Nails:

Healthy

Pulse: 56/MIN Lymph Node: Not Palpable

Cardiovascular: S1,S2 Normal No Murmurs Respiratory: Air Entry Bilaterally Equal

Genitourinary: Normal

GI System: Soft non tender No Organomegaly

CNS: Normal

Systems

IMPRESSION: HEALTHY

ADVICE: REGULAR EXERCISE & HEALTHY DIET

CHIEF COMPLAINTS:

1)	Hypertension:	
•		NO
2)	IHD:	NO
3)	Arrhythmia:	NO
4)	Diabetes Mellitus :	NO
5)	Tuberculosis:	
6)	Asthama:	NO
7)		NO
,	Pulmonary Disease :	NO

	2408601153			R
	: 30 Years/Male			Р
Consulting Dr.		Collected	: 26-Mar-2024 / 09:13	0
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8)	Thyroid/ Endocrine disorders :		NO
9)	Nervous disorders :		NO
10)	GI system :		NO
11)	Genital urinary disorder :		NO
12)	Rheumatic joint diseases or symptoms :		NO
13)	Blood disease or disorder :		NO
14)	Cancer/lump growth/cyst :		NO
15)	Congenital disease :		NO
16)	Surgeries :		NO
PERS	ONAL HISTORY:		
1)	Alcohol	NO	
2)	Smoking	NO	
3)	Diet	VEG	
4)	Medication	NO	

*** End Of Report ***



PHYSICIAN

Dr. AJITA BHOSALE

Reg. No. 2013/062200

MBBS/D. Cardiology

Dr.Ajita Bhosale



र्वंक ऑफ बड़ौदा Bank of Baroda

नाम

गोगेल प्रभाकर Name GOGGELA PRABHAKAR

क्रवारी कृत क. E. C. No. 128186

(Sarriay Mudellar)
Dy. General Managar (MMMR)
STRIBERT BRITISTR
ISSUITE Authority



gulf. धारह हे हस्सहर Signature of Holder



Name : Mr GOGGELA PRABHAKAR

Age / Sex : 30 Years/Male

Ref. Dr : Reg. Date : 26-Mar-2024

Reg. Location: Mahavir Nagar, Kandivali West Main Reported: 26-Mar-2024/11:28

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USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (12.9 cm), echotexture, shape and smooth margins. It shows normal echogenicity. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

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

PANCREAS:

The pancreas is well visualised and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Right kidney measures 8.8 x 5.0 cm. Left kidney measures 10.3 x 4.8 cm.

Both the kidneys are normal in size shape and echotexture.

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

SPLEEN:

The spleen is normal in size (10.2 cm) and echotexture. No evidence of focal lesion is noted.

URINARY BLADDER:

The urinary bladder is partially distended and reveal no intraluminal abnormality. Wall thickness appears normal.

PROSTATE:

The prostate is normal measuring 2.9 x 2.8 x 2.7 cm, volume 11.9 cc.

ADDITIONAL COMMENTS:

Visualized bowel loops shows normal peristalsis.

There is no evidence of any lymphadenopathy or ascites.

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IMPRESSION:-

No significant abnormality detected

ADVICE: Clinical correlation

NOTE: Above USG report is subject to findings evident at the time of scan & associated bowel gases. Sonography is known to have inter-observer variations. This modality has its own limitations & should be considered as a professional opinion. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Further / Follow-up imaging may be needed in some case for confirmation of findings. Please interpret accordingly. This report cannot be used for medico - legal purposes

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

Dr. Chirag Patel Consultant Radiologist

M.B.B.S, MD (Radiodiagnosis) Reg. No. MMC 2017073319



Name : Mr GOGGELA PRABHAKAR

Age / Sex : 30 Years/Male

Ref. Dr : Reg. Date : 26-Mar-2024

Reg. Location: Mahavir Nagar, Kandivali West Main **Reported**: 26-Mar-2024/11:28

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Ref. Dr : Reg. Date : 26-Mar-2024

Reg. Location : Mahavir Nagar, Kandivali West Main Reported : 26-Mar-2024/12:23

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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-----

Dr. Chirag Patel
Consultant Radiologist

M.B.B.S, MD (Radiodiagnosis) Reg. No. MMC 2017073319

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Age / Sex : 30 Years/Male

Ref. Dr : Reg. Date : 26-Mar-2024

Reg. Location : Mahavir Nagar, Kandivali West Main Reported : 26-Mar-2024/12:23

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Authenticity Check

SUBURBAN DIAGNOSTICS PVT LTD.

Patient Details

Date: 26-Mar-24

Time: 11:02:44 AM

Name: GOGGELA PRABHAKAR ID: 2408601153

Sex: M

Age: 30 v Clinical History: ROUTINE CHECK UP

Height: 166 cms.

Weight: 72 Kg.

Medications: NIL

Test Details

Protocol: Bruce

Pr.MHR: 190 bpm

THR: 171 (90 % of Pr.MHR) bpm

Total Exec. Time:

9 m 22 s

Max. HR: 162 (85% of Pr.MHR)bpm

Max. Mets: 13.50

Max. BP: 190 / 70 mmHg

Max. BP x HR: 30780 mmHg/min

Min. BP x HR: 3850 mmHg/min

Test Termination Criteria: THR ACHIEVED

Protocol Details

Stage Name	Stage Time	Mets	Speed	Grade	Heart	Max. BP	Max. ST	Max. ST
	(min : sec)		(mph)	(%)	Rate (bpm)	(mm/Hg)	Level (mm)	Slope (mV/s)
Supine	0:59	1.0	0	0	55	130 / 70	-1.91 III	4.60 V2
Standing	0:38	1.0	0	0	70	130 / 70	-2.12 III	2.48 V2
Hyperventilation	0:7	1.0	0	0	76	130 / 70	-1.49	2.12 V2
1	3:0	4.6	1.7	10	112	140 / 70	-2.55 III	4.60 V2
2	3:0	7.0	2.5	12	134	160 / 70	-2.97 III	5.66 V2
3	3:0	10.2	3.4	14	155	170 / 70	-2.97 III	5.66 V2
Peak Ex	0:22	13.5	4.2	16	162	190 / 70	-2.76 III	5.66 V2
Recovery(1)	3:0	1.8	1	0	87	160 / 70	-3.61	5.66 V2
Recovery(2)	1:51	1.0	0	0	86	130 / 70	-1.91 III	3.54 V2

Interpretation

GOOD EFFORT TOLERANCE. HIGH WORKLOAD ACHIEVED.

APPROPRIATE CHRONOTROPIC AND INOTROPIC RESPONSE.

HORIZONTAL ST DEPRESSION AROND 1MM NOTED IN V4-V6 AT PEAK EXERCISE. ABOVE CHANGES REVERTED TO BASELINE WITHIN 30SECS OF RECOVERY.

NO ARRYTHMIAS NOTED.

IMPRESSION: THIS EXERCISE STRESS TEST IS BORDERLINE POSITIVE FOR REVERSIBLE INDUCIBLE ISCHEMIA BY ST-T CRITERIA.

Disclaimer: Negative stress test does not rule out Coronay Artery Disease. Positive test is suggestive but not confirmatory of Coronary Artery Disease. Hence, clinical correlation is mandatory.

Ref. Doctor: ARCOFEMI

(Summary Report edited by user)

Doctor: DR AJITA BHOSALE

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