

PHYSICAL EXAMINATION REPORT

Patient Name	Abhishek Singh Srinet	Sex/Age	Male/34 yrs
Date	15/03/24	Location	Thane

History and Complaints

C/O - Gelaucawa
(5-6 yrs)

EXAMINATION FINDINGS:

Height (cms):	167	Temp (0c):	Ⓣ
Weight (kg):	98	Skin:	
Blood Pressure	110/80	Nails:	NAD.
Pulse	72/min	Lymph Node:	

Systems :

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

Impression:

↑ SGPT, ↑ Uric Acid, ↑ TG's
↑ Non HDL, ↑ Fatty liver, ↑ Cholelithiasis

Advice: - Low Fat, Low sugar Diet
- Reg. Exercise.
Repeat Uric Acid, Lipid Profile,
JSG (6 months)

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

- For Glaucoma Nil

PERSONAL HISTORY:

1)	Alcohol	} No
2)	Smoking	
3)	Diet	
4)	Medication	

- Mixed Eye drops. No

[Signature]
Dr. Manasee Kulkarni
M.B.B.S
2005/09/3439
18/3/24

Date:- 15/01/24
Name:- Abhishek Singh
CID: 2407527388
Sex / Age: M-37
Savitri

EYE CHECK UP

Chief complaints: PCV

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: R 6/24 H 6/18 HVA N 8

Aided Vision: 0286 HVA H. 6

Refraction:

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

Colour Vision: Normal / Abnormal

Remark: use am Spect

MR. PRAKASH KUDVA
SR. OPTOMETRIST



CID : 2407527388
Name : MR. ABHISHEK SINGH SRINET
Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 15-Mar-2024 / 10:48
Reported : 15-Mar-2024 / 14:25

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	13.1	13.0-17.0 g/dL	Spectrophotometric
RBC	4.62	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.4	40-50 %	Measured
MCV	94.0	80-100 fl	Calculated
MCH	28.5	27-32 pg	Calculated
MCHC	30.3	31.5-34.5 g/dL	Calculated
RDW	16.4	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	7360	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	32.6	20-40 %	
Absolute Lymphocytes	2399.4	1000-3000 /cmm	Calculated
Monocytes	7.6	2-10 %	
Absolute Monocytes	559.4	200-1000 /cmm	Calculated
Neutrophils	57.6	40-80 %	
Absolute Neutrophils	4239.4	2000-7000 /cmm	Calculated
Eosinophils	2.2	1-6 %	
Absolute Eosinophils	161.9	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-	-	
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
PLATELET PARAMETERS			
Platelet Count	161000	150000-400000 /cmm	Elect. Impedance
MPV	12.4	6-11 fl	Calculated
PDW	25.5	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		

Authenticity Check



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Macrocytosis -
Anisocytosis Mild
Poikilocytosis Mild
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Elliptocytes-occasional
WBC MORPHOLOGY -
PLATELET MORPHOLOGY Megaplatelets seen on smear
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA-WB-ESR 31 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 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 G B Road Lab, Thane West
*** End Of Report ***

J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	95.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PPR	106.6	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	0.13	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.32	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.4	6.4-8.3 g/dl	Buret
ALBUMIN, Serum	4.3	3.5-5.2 g/dl	BCG
GLOBULIN, Serum	2.1	2.3-3.5 g/dl	Calculated
A/G RATIO, Serum	2.0	1 - 2	Calculated
SGOT (AST), Serum	38.1	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	62.2	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	12.8	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	89.7	40-130 U/L	PNPP
BLOOD UREA, Serum	15.7	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	7.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.75	0.67-1.17 mg/dl	Enzymatic

Suburban Diagnostics



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eGFR, Serum	121	(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	7.2	3.5-7.2 mg/dl	Uricase
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*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***


Dr. IMRAN MUJAWAR
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Pathologist



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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 ***

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Collected : 15-Mar-2024 / 10:48
Reported : 15-Mar-2024 / 15:28

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	1.010	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GDH-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	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
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 ***

V. Vandana Kulkarni
Dr. VANDANA KULKARNI
MD (Path)
Pathologist



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Collected : 15-Mar-2024 / 10:48
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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 isagglutinins are fully developed at 2 to 4 years of age. B remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result.
- The Rh 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 ABO antigens because of inheritance of hh genotype.

References:

1. Denise M Harmoning, 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 ***

Dr. IMRAN MUJAWAR
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Pathologist

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Collected : 15-Mar-2024 / 10:48
Reported : 15-Mar-2024 / 16:18

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	164.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	205.3	Normal: <150 mg/dl Bordertine-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high: >=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	25.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	139.4	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	115.3	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Bordertine High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	24.1	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	6.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.6	0-3.5 Ratio	Calculated

Kindly correlate clinically.
Note : LDL test is performed by direct measurement.

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*** End Of Report ***

W. Suburban
Dr. VANDANA KULKARNI
M.D (Path)
Pathologist



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Age / Gender : 34 Years / Male
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Reg. Location : G B Road, Thane West (Main Centre)

Collected : 15-Mar-2024 / 10:48
Reported : 15-Mar-2024 / 13:38

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.3	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.98	0.35-5.5 microIU/ml	ECLIA

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Collected : 15-Mar-2024 / 10:48
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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 19 microU/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 statins & 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, Hepart, 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: 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. Koufouni 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 ***

J. Mujawar
Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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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-----

G. R. Fartade

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

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Access

AccessNo-2024031509102620



25.0 mm/s 10.0 mm/mV



Age: **34** years
Sex: **Male**
Heart Rate: **63bpm**

Gender: **Male**
Heart Rate: **63bpm**

Patient Vitals

BP: **110/80 mmHg**
Weight: **90 kg**
Height: **170 cm**
Pulse: **NA**
SpO2: **NA**
Resp: **NA**
Others:

Measurements

QRSD: **88ms**
QT: **380ms**
QTcB: **38ms**
PR: **172ms**
P-R-T: **58° 70° 41°**

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

REPORTED BY:

[Signature]

DR SHALIKA PILLAI
M.D. (CC), MD (Pathology)
MD (Medical)

Disclaimer: This report is for clinical use only. It is not intended for use in legal proceedings. The accuracy of the information and any recommendations made herein are based on the information provided by the patient and the physician. The accuracy of the information and any recommendations made herein are based on the information provided by the patient and the physician.



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Reported : 15-Mar-2024 / 11:14

USG WHOLE ABDOMEN

EXCESSIVE BOWEL GAS:

LIVER: Liver appears normal in size (14.3 cm) and *shows increased echorefectivity*. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is partially distended and shows multiple calculi ranging from 3-7 mm. No peri-cholecystic collection seen.

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 10.8 x 4.2 cm. Left kidney measures 10.2 x 4.3 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

PROSTATE: Prostate is normal in size and echotexture and measures 3.0 x 3.6 x 2.5 cm in dimension and 14 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

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Reg. Date : 15-Mar-2024
Reported : 15-Mar-2024 / 11:14

IMPRESSION:

- GRADE I FATTY INFILTRATION OF LIVER.
- CHOLELITHIASIS WITHOUT CHOLECYSTITIS.

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/NormalViewer?AccessionNo=2024031509102604>

1184 (2407527308) / ABHISHEK SINGH / 34 Yrs / M / 167 Cms / 98 Kg
 Date: 15 / 03 / 2024 01:58:54 PM

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:00	0:06	00.0	00.0	01.0	080	43%	110/80	088	00	
Standing	00:17	0:11	00.0	00.0	01.0	090	43%	110/80	088	00	
HV	00:28	0:11	00.0	00.0	01.0	074	40%	110/80	081	00	
ExStart	00:40	0:12	00.0	00.0	01.0	091	45%	110/80	100	00	
BRUCE Stage 1	03:40	3:00	01.7	10.0	04.7	154	83%	130/80	200	00	
PeakEX	03:55	0:16	02.5	12.0	04.9	158	85%	140/80	221	00	
Recovery	04:55	1:00	00.0	00.0	01.0	110	59%	140/80	154	00	
Recovery	05:28				00.0	000	0%	120/50	000	00	

FINDINGS :

Exercise Time : 03:15
 Initial HR (ExStr) : 91 bpm 49% of Target 186
 Initial BP (ExStr) : 110/80 (mm/Hg)
 Max Workload Attained : 4.9 Poor response to induced stress
 Max ST Dep Lead & Avg ST Value : V1 & -0.4 mm in Supine
 History : No
 Test End Reasons : Heart Rate Achieved

Max HR Attained 158 bpm 85% of Target 186
 Max BP Attained 140/80 (mm/Hg)

DR. SHAILAJA PILLAI
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EMail: **1324/ADHISHK SINGH / 34 Yrs / M / 167 Cms / 98 Kg** Date: 15 / 03 / 2024 01:58:54 PM

REPORT :

Sample Name: Stress Test Graded Exercise Treadmill
PROCEDURE DONE: Graded exercise treadmill stress test.

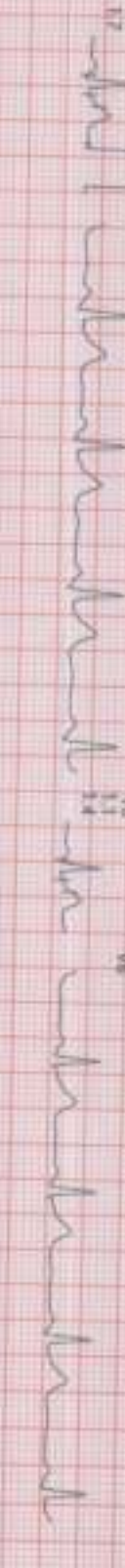
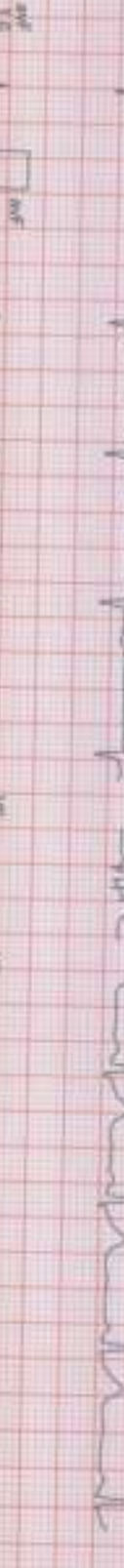
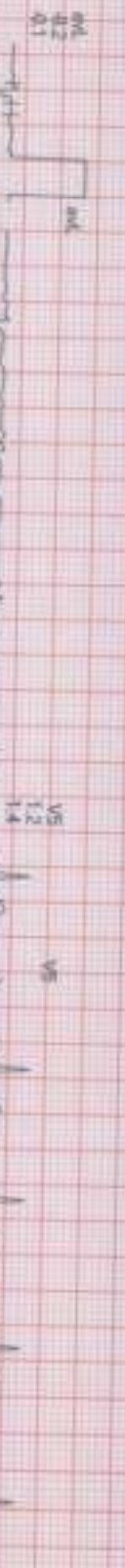
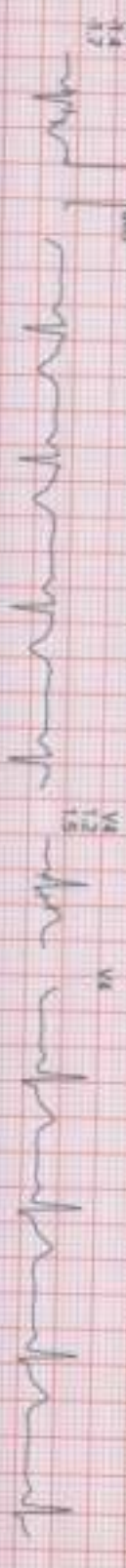
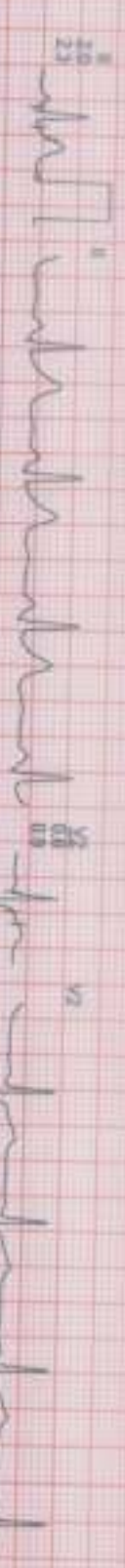
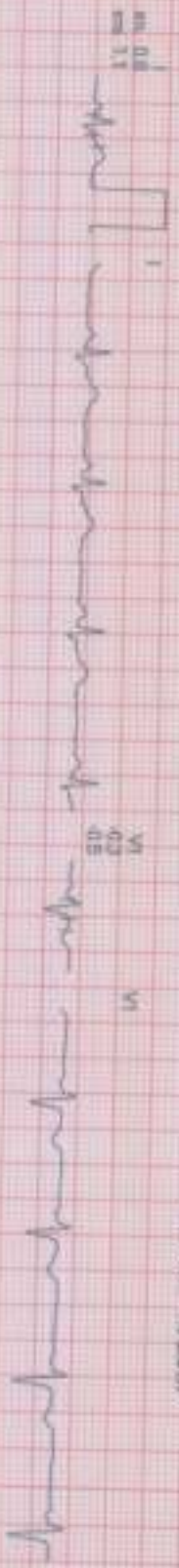
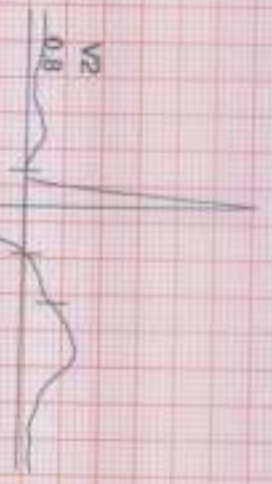
STRESS ECG RESULTS: The initial HR was recorded as 80.0 bpm, and the maximum predicted Target Heart Rate 188.0. The BP increased at the time of generating report as 140/080.0 mmHg. The Max Dep went upto 0.2. 0.0 Ectopic Beats were observed during the Test.

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

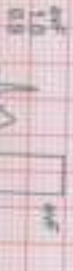
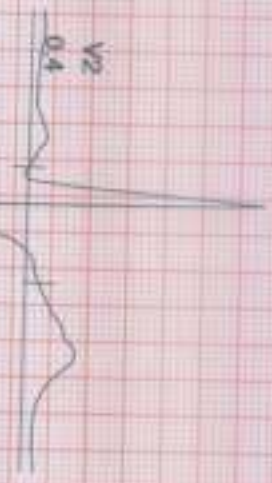
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SUPINE (00:01)

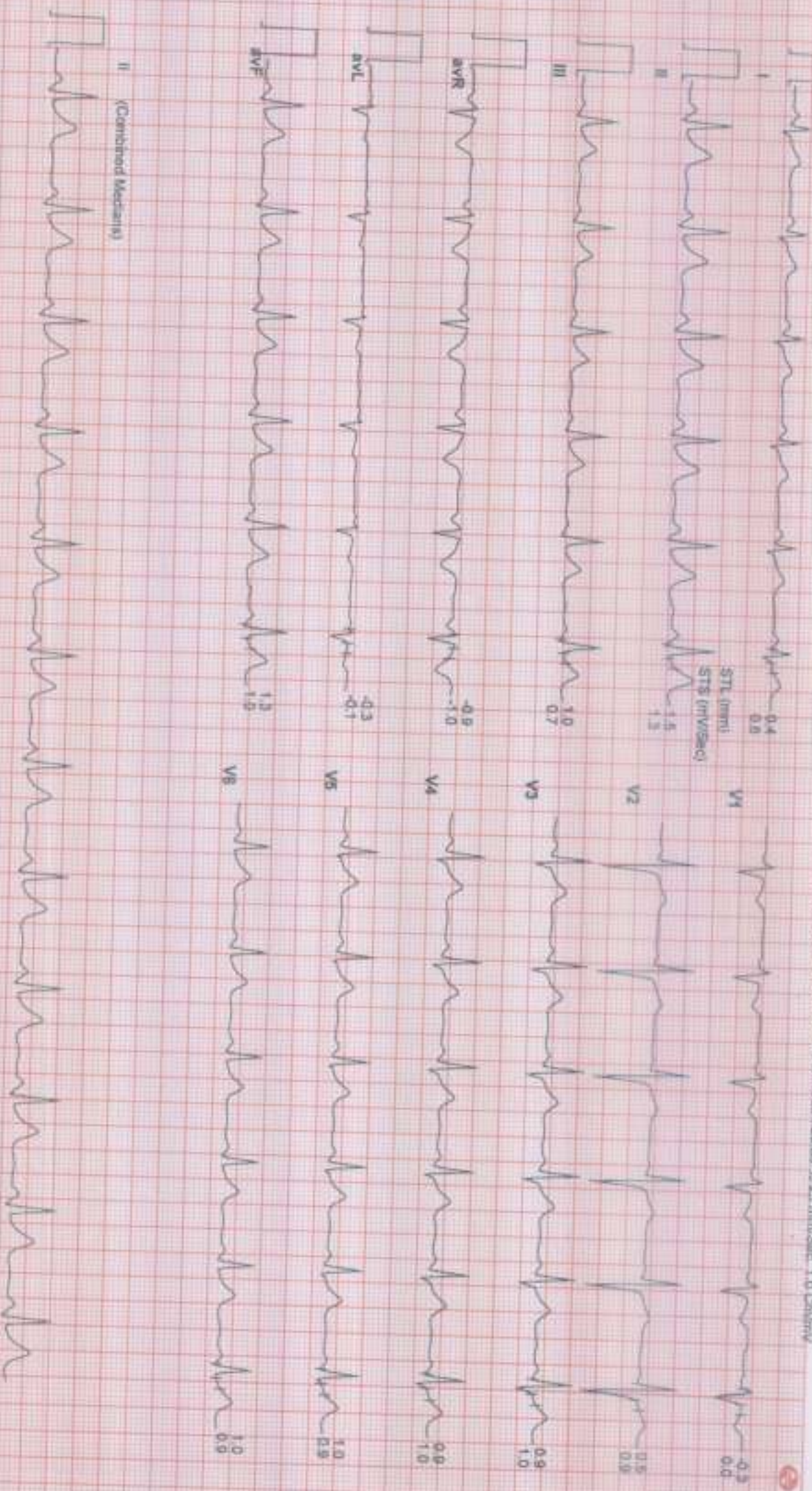




Date: 15/03/2024 01:00:54 PM METs : 1.0 HR : 74 Target HR : 40% of 166 BP : 110/80 Post J.G.R.D.V.Sec

6x2 Complete Medicins + 1 Rhythm HV (09:00)

Ex Time: 00:00 Speed: 0.0 mm/Grade: 00.00 % 25 mm/Sec: 1.0 Post/AV

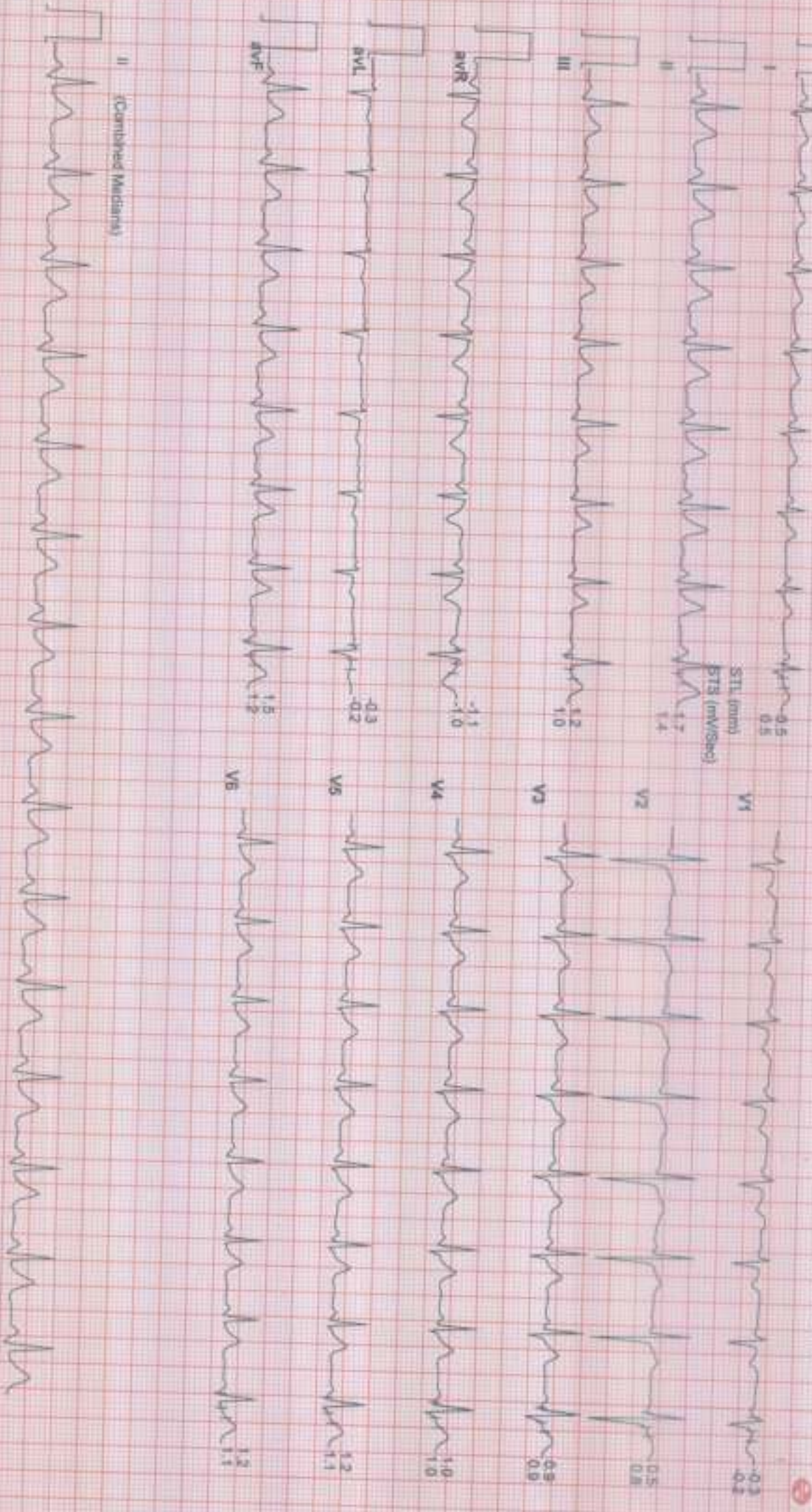


ECG/STAN DIAGNOSTICS (THAN:09 P00D)

DATE: 15/03/2024 01:58:54 PM METE: 1.0 HR: 01 Target HR: 49% of 185 BPM: 110/80 PUL: J ECG/STAN

ECG: EXSUI
Combine Medians + 4 Physician

ExTime: 00:00 Speed: 0.0 mph Grade: 00.00 % 25 minSec: 1.0 Conviv



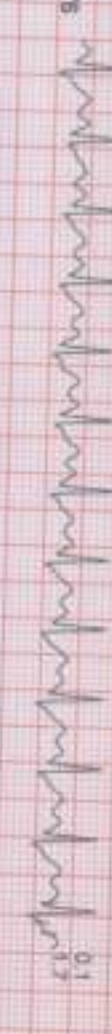
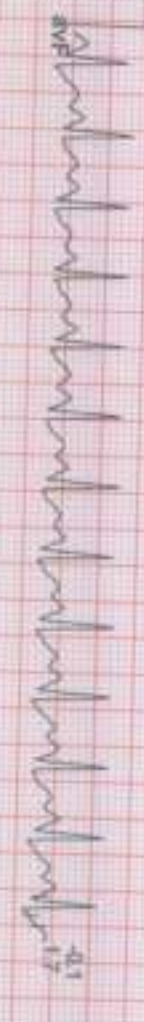
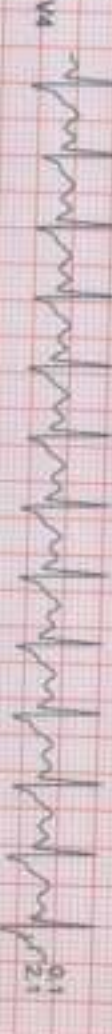
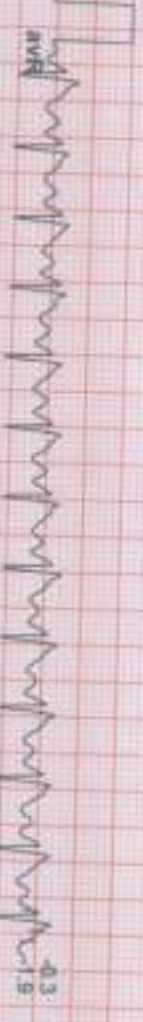
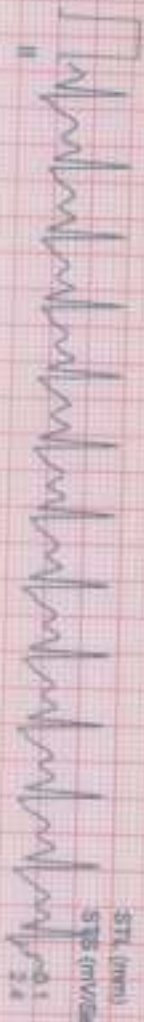
Date: 10/03/2024 01:58:54 PM METs: 4.7 HR: 104 Tavg: 18.1 RT: 83% of 188 LP: 130000 Post J. Gilmore

ECG Combine Medians + 1 Rhythm

Stage 1 (Normal)



ExTime: 03:00 Speed: 1.2 mph Grade: 10.00 % 25 mm/sec 1.0 CrankV



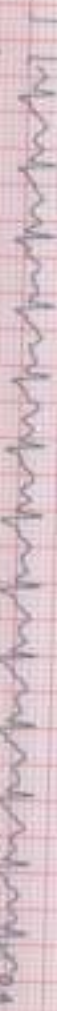
II (Combined Medians)





Date: 15 / 03 / 2024 01:50:54 PM METs: 4.9 HR: 106 Target HR: 45% of 166 Sp: 14000 Post J @50sec

ECGTime: 03:15 Speed: 2.5 mm/Sec - 12.00 % 25 mm/Sec 1.0 Cm/Sec



V1 -0.1 0.0



V2 -0.2 1.5



V3 -0.1 2.0



V4 -0.2 2.0

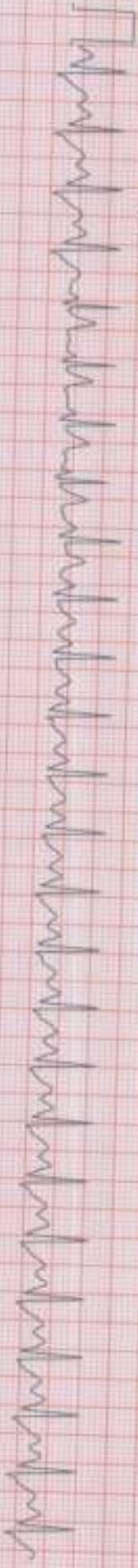


V5 -0.2 1.8



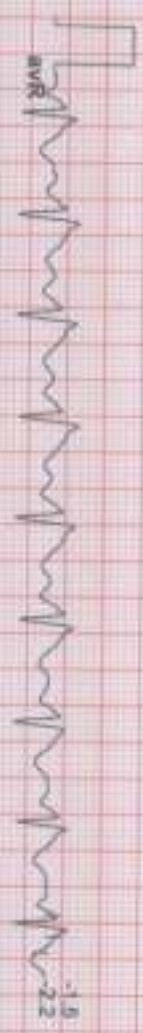
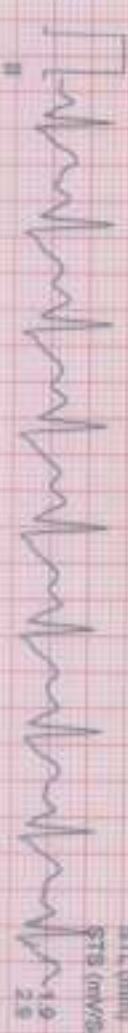
V6 -0.1 1.8

II (Combined Medians)



Date: 10/03/2024 01:58:54 PM ME Tr : 110 Target HR : 50% of 166 BP : 140/90 PwL J

ExTime: 03:15 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/Sec



II (Continued Modians)



Date: 15/03/2024 01:58:54 PM METE: 1.0 HR: 104 Target HR: 50% of 160 BP: 120/80 Post J @Jansou

ExTime: 03:15 Speed: 0.0 mph Grade: 00.00 % 25 rev/Sec 1.0 Crd/Min

