

PHYSICAL EXAMINATION REPORT

Patient Name	Amol. MADHUKAR. SONAWANE	Sex/Age	M/33
Date	26/10/24	Location	TUANE

History and Complaints

C/O - Allergic Rhinitis (Dust)
(Homeopathic Rx taken last month)

EXAMINATION FINDINGS:

Height (cms):	169	Temp (0c):	Ⓝ
Weight (kg):	70.3	Skin:	Dryness on fingers (frictional beneath)
Blood Pressure	110/70	Nails:	NAD
Pulse	72/min	Lymph Node:	.

Systems :

Cardiovascular:	
Respiratory:	
Genitourinary:	NAD
GI System:	
CNS:	

Impression: ↓ HDL
Bifid Right 3rd Rib

Reg. Exercise

Advice:

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

PERSONAL HISTORY:

1)	Alcohol	No
2)	Smoking	No
3)	Diet	(High fiber) skip-Dinner
4)	Medication	No

No Avoid
Milk
Products

[Signature]

Dr. Manasee Kulkarni
M.B.B.S.

2005/09/3439

28/10/24

Date:- 26/10/24 CID: 2430020841
 Name:- Anil Souwama Sex: Age: M-33

EYE CHECK UP

Chief complaints: RCV

Systemic Diseases: All

Past history: All

Unaided Vision: 32/60 HVB-16

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
 SR. OPTOMETRIST



CID : 2430020841
Name : MR.AMOL MADHUKAR SONAWANE
Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 26-Oct-2024 / 08:37
Reported : 26-Oct-2024 / 11:26

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Application To Scan the Code

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	14.3	13.0-17.0 g/dL	Spectrophotometric
RBC	5.40	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.9	40-50 %	Measured
MCV	81.3	80-100 fl	Calculated
MCH	26.5	27-32 pg	Calculated
MCHC	32.5	31.5-34.5 g/dL	Calculated
RDW	12.3	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4430	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	32.7	20-40 %	
Absolute Lymphocytes	1448.6	1000-3000 /cmm	Calculated
Monocytes	5.1	2-10 %	
Absolute Monocytes	225.9	200-1000 /cmm	Calculated
Neutrophils	51.7	40-80 %	
Absolute Neutrophils	2290.3	2000-7000 /cmm	Calculated
Eosinophils	10.5	1-6 %	
Absolute Eosinophils	465.1	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.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	194000	150000-400000 /cmm	Elect. Impedance
MPV	8.8	6-11 fl	Calculated
PDW	13.1	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	Mild		
Microcytosis	Occasional		



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Reported : 26-Oct-2024 / 10:46

Macrocytosis -
Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others -
WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 6 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
- 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 G B Road Lab, Thane West

*** End Of Report ***

Bmhasakar

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



CID : 2430020841
Name : MR.AMOL MADHUKAR SONAWANE
Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 26-Oct-2024 / 08:37
Reported : 26-Oct-2024 / 12:44

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	86.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	105.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.92	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.3	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.62	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 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	17.2	5-40 U/L	UV with P5P IFCC
SGPT (ALT), Serum	16.0	5-45 U/L	UV with P5P IFCC
GAMMA GT, Serum	15.5	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	80.1	40-130 U/L	PNPP
BLOOD UREA, Serum	21.5	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	10.0	6-20 mg/dl	Calculated
CREATININE, Serum	0.81	0.67-1.17 mg/dl	Enzymatic



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eGFR, Serum	119	(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

URIC ACID, Serum	5.9	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 ***

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



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Age / Gender : 33 Years / Male
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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	5.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	102.5	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 G B Road Lab, Thane West
*** End Of Report ***

Bmhasakar

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



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Age / Gender : 33 Years / Male
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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	-
Transparency	Clear	Clear	-
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Reaction (pH)	Alkaline (7.5)	4.5 - 8.0	Chemical Indicator
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>			
(WBC)Pus cells / hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2	0-5/hpf	
Hyaline Casts	Absent	Absent	
Pathological cast	Absent	Absent	
Calcium oxalate monohydrate crystals	Absent	Absent	
Calcium oxalate dihydrate crystals	Absent	Absent	
Triple phosphate crystals	Absent	Absent	
Uric acid crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	0-20/hpf	
Yeast	Absent	Absent	
Others	-		



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*** End Of Report ***

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Collected : 26-Oct-2024 / 08:37
Reported : 26-Oct-2024 / 13:13

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 Semi- automated column agglutination technology (CAT)

Specimen: EDTA Whole Blood and/or serum

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

Limitations:

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

References:

1. Denise M 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 G B Road Lab, Thane West

*** End Of Report ***

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Dr. IMRAN MUJAWAR
M.D (Path)
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Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	140.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	78.6	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	37.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	103.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	87.0	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	3.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.3	0-3.5 Ratio	Calculated

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

J. Mujawar

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M.D (Path)
Pathologist



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Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 26-Oct-2024 / 08:37
Reported : 26-Oct-2024 / 12:02

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	5.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.4	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.73	0.35-5.5 microIU/ml microU/ml	ECLIA



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Consulting Dr. : -
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Collected : 26-Oct-2024 / 08:37
Reported : 26-Oct-2024 / 12:02

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)

*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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Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 26-Oct-2024 / 12:05
Reported : 26-Oct-2024 / 18:35

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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*** End Of Report ***

Bmhasakar

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

Age **33** NA NA
years months days

Gender **Male**

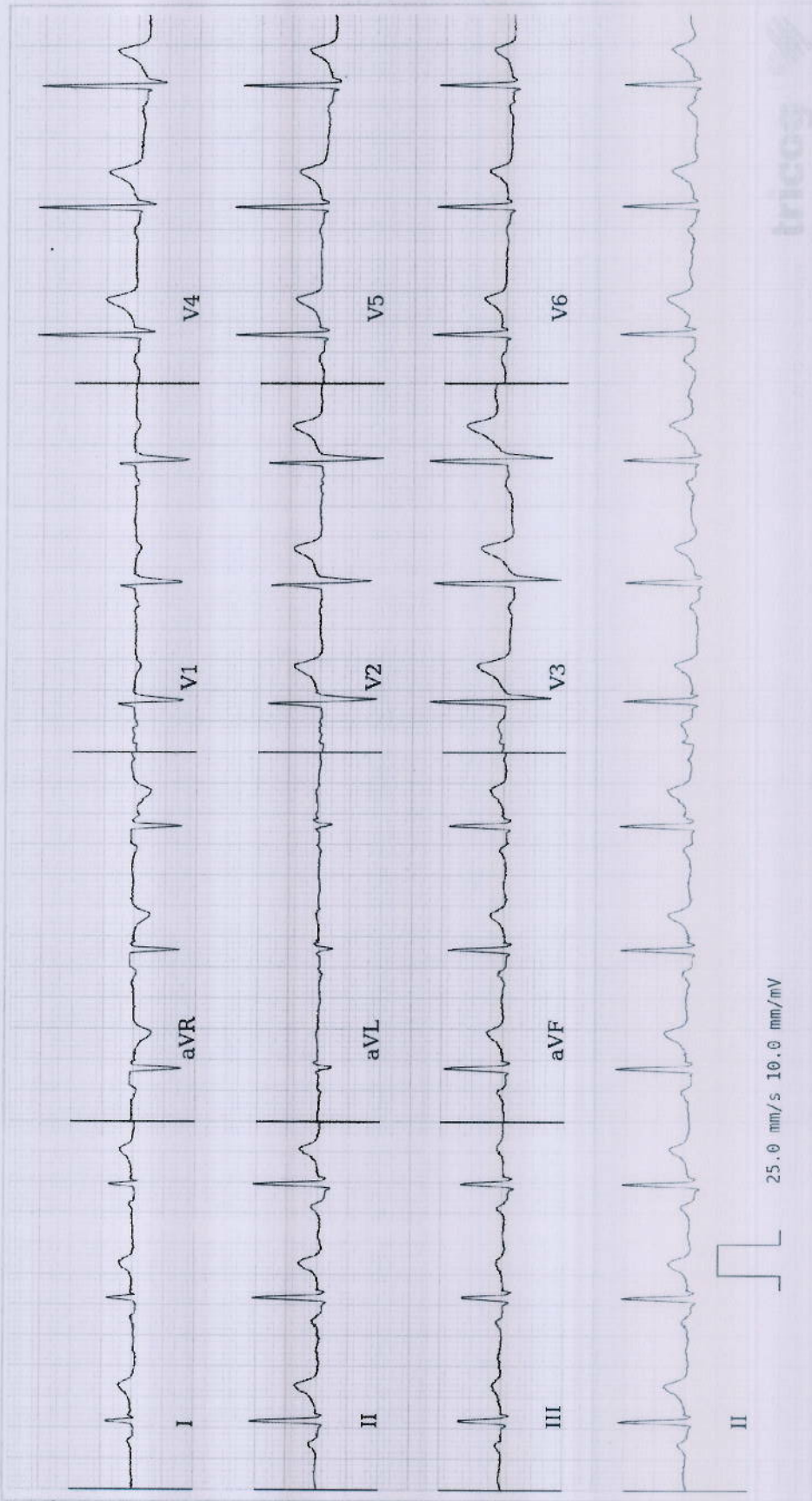
Heart Rate **76bpm**

Patient Vitals

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

Measurements

QRSD: 96ms
QT: 358ms
QTcB: 402ms
PR: 170ms
P-R-T: 68° 66° 55°



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

REPORTED BY

[Signature]

DR SHAILAJA PILLAI
MBBS, MD Physician
MD Physician
49972



CID : 2430020841
Name : Mr AMOL MADHUKAR SONAWANE
Age / Sex : 33 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 26-Oct-2024
Reported : 26-Oct-2024 / 9:44

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.

Bifid right 3rd rib is noted

Advice: Clinical co-relation.

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

Dr Gauri Varma
Consultant Radiologist
MBBS / DMRE
MMC- 2007/12/4113

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024102608350015>

Reg. No. : 2430020841	Sex : MALE
Name : MR. AMOL MADHUKAR SONAWANE	Age : 33 YRS
Ref. By : -----	Date : 26.10.2024

USG ABDOMEN AND PELVIS

LIVER: Liver appears normal in size (13.2 cm) and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus. No evidence of pericholecystic fluid collection/fat strandings. No evidence of sludge.

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 10.2 x 3.6 cm. Left kidney measures 8.8 x 4.9 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 (8.4 cm) 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 17 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

IMPRESSION:

- **NO OTHER SIGNIFICANT ABNORMALITY IS NOTED AT PRESENT SCAN.**

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.

Advice: Clinical co-relation and further imaging evaluation if indicated.



DR. SHIVANGINI V. INGOLE
M.B.B.S., DMRE
(CONSULTANT RADIOLOGIST)
REG NO. 2018/12/6130

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Report



ACIPL

2734 (243C020841) / AMOL MADHUKAR SONAWANE / 33 Yrs / M / 169 Cms / 70 Kg
 Date: 26 / 10 / 2024 09:56:54 AM

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:36	0:36	00.0	00.0	01.0	090	48%	110/70	099	00	
Standing	00:47	0:11	00.0	00.0	01.0	090	48%	110/70	099	00	
HV	00:58	0:11	00.0	00.0	01.0	092	49%	110/70	101	00	
ExStart	01:14	0:16	00.0	00.0	01.0	086	46%	110/70	094	00	
BRUCE Stage 1	04:14	3:00	01.7	10.0	04.7	116	62%	120/70	139	00	
BRUCE Stage 2	07:14	3:00	02.5	12.0	07.1	138	74%	130/80	179	00	
BRUCE Stage 3	10:14	3:00	03.4	14.0	10.2	151	81%	140/80	211	00	
PeakEx	10:42	0:28	04.2	16.0	10.7	159	85%	150/80	238	00	
Recovery	11:42	1:00	00.0	00.0	04.2	138	74%	130/80	179	00	
Recovery	11:56	1:15	00.0	00.0	02.7	120	64%	130/80	156	00	

FINDINGS :

Exercise Time : 09:28
 Initial HR (ExStrt) : 86 bpm 46% of Target 187
 Initial BP (ExStrt) : 110/70 (mm/Hg)
 Max Workload Attained : 10.7 Good response to induced stress
 Max ST Dep Lead & Avg ST Value : III & -0.9 mm in Stage 3
 Test End Reasons : Fatigue, Heart Rate Achieved

Max HR Attained 159 bpm 85% of Target 187
 Max BP Attained 150/80 (mm/Hg)

DR. SHAILAJA PILLAI

M.D. (GEN.MED.)

NO. 43971

Doctor : DR. SHAILAJA PILLAI



EMail:
2734/AMOL MADHUKAR SONAWANE / 33 Yrs / M / 169 Cms / 70 Kg Date: 26 / 10 / 2024 09:56:54 AM

REPORT :

Sample Name: Stress Test Graded Exercise Treadmill

PROCEDURE DONE: Graded exercise treadmill stress test

STRESS ECG RESULTS: The initial HR was recorded as 90.0 bpm, and the maximum predicted Target Heart Rate 187.0. The BP increased at the time of generating report as 150.0/80.0 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. Stress test is negative for ischemia.
2. No significant ST T changes seen
3. HR and Blood pressure response to exercise is normal.

Disclaimer : Negative stress test does not rule out CAD.

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M.D. (GEN.MED)

R.NO. 19972

Doctor : DR. SHAILAJA PILLAI

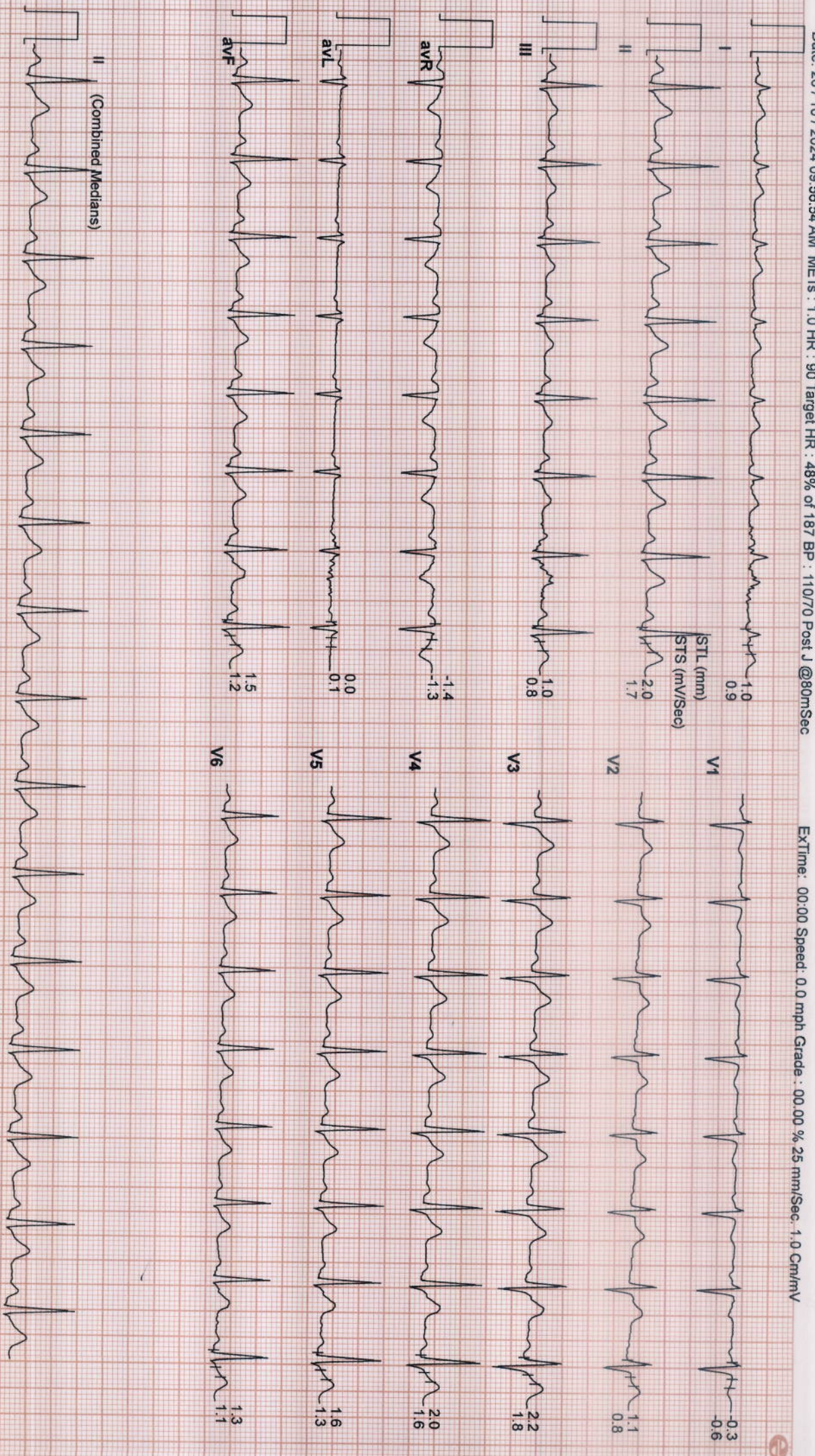
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

2734 / AMOL MADHUKAR SONAWANE / 33 Yrs / Male / 169 Cm / 70 Kg

Date: 26 / 10 / 2024 09:56:54 AM METs : 1.0 HR : 90 Target HR : 48% of 187 BP : 110/70 Post J @80mSec

EXTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/rV

6X2 Combine Medians + 1 Rhythm SUPINE (00:01)



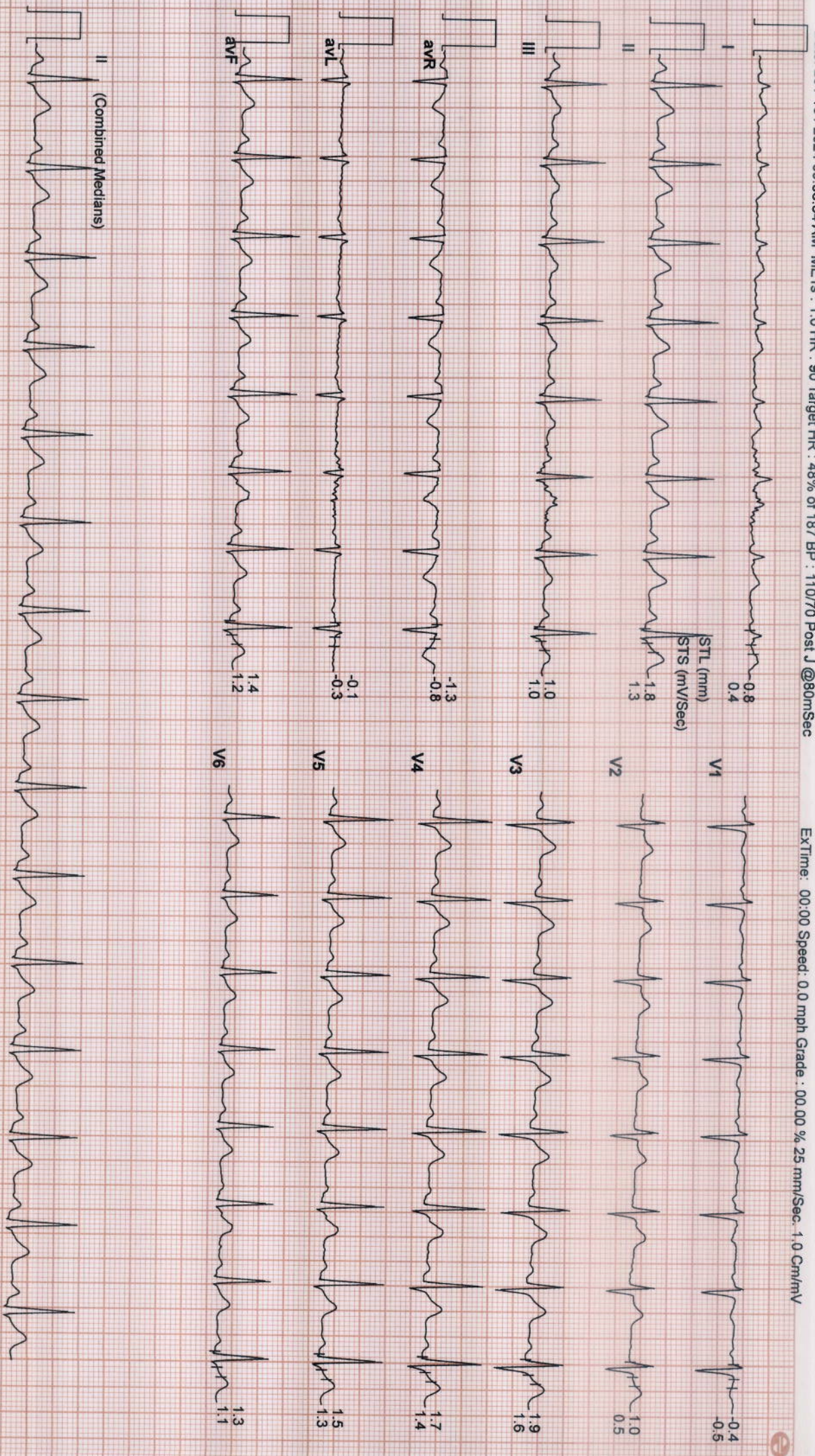
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

2734 / AMOL MADHUKAR SONAWANE / 33 Yrs / Male / 169 Cm / 70 Kg

Date: 26 / 10 / 2024 09:56:54 AM METs : 1.0 HR : 90 Target HR : 48% of 187 BP : 110/70 Post J @80mSec

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

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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

2734 / AMOL MADHUKAR SONAWANE / 33 Yrs / Male / 169 Cm / 70 Kg

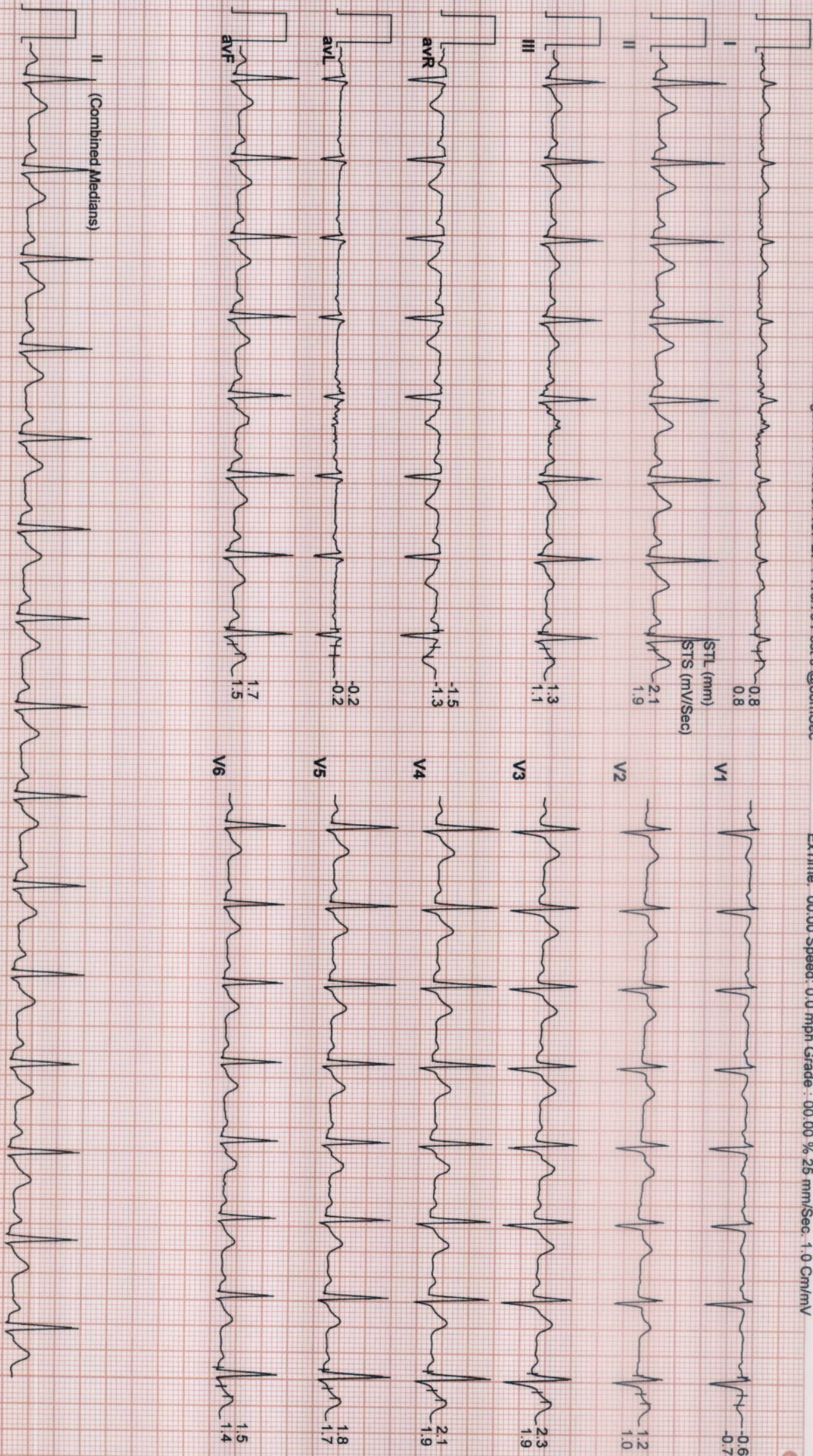
Date: 26 / 10 / 2024 09:56:54 AM METs : 1.0 HR : 92 Target HR : 49% of 187 BP : 110/70 Post J @80mSec

6X2 Combine Medians + 1 Rhythm

HV (00:00)



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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

2734 / AMOL MADHUKAR SONAWANE / 33 Yrs / Male / 169 Cm / 70 Kg

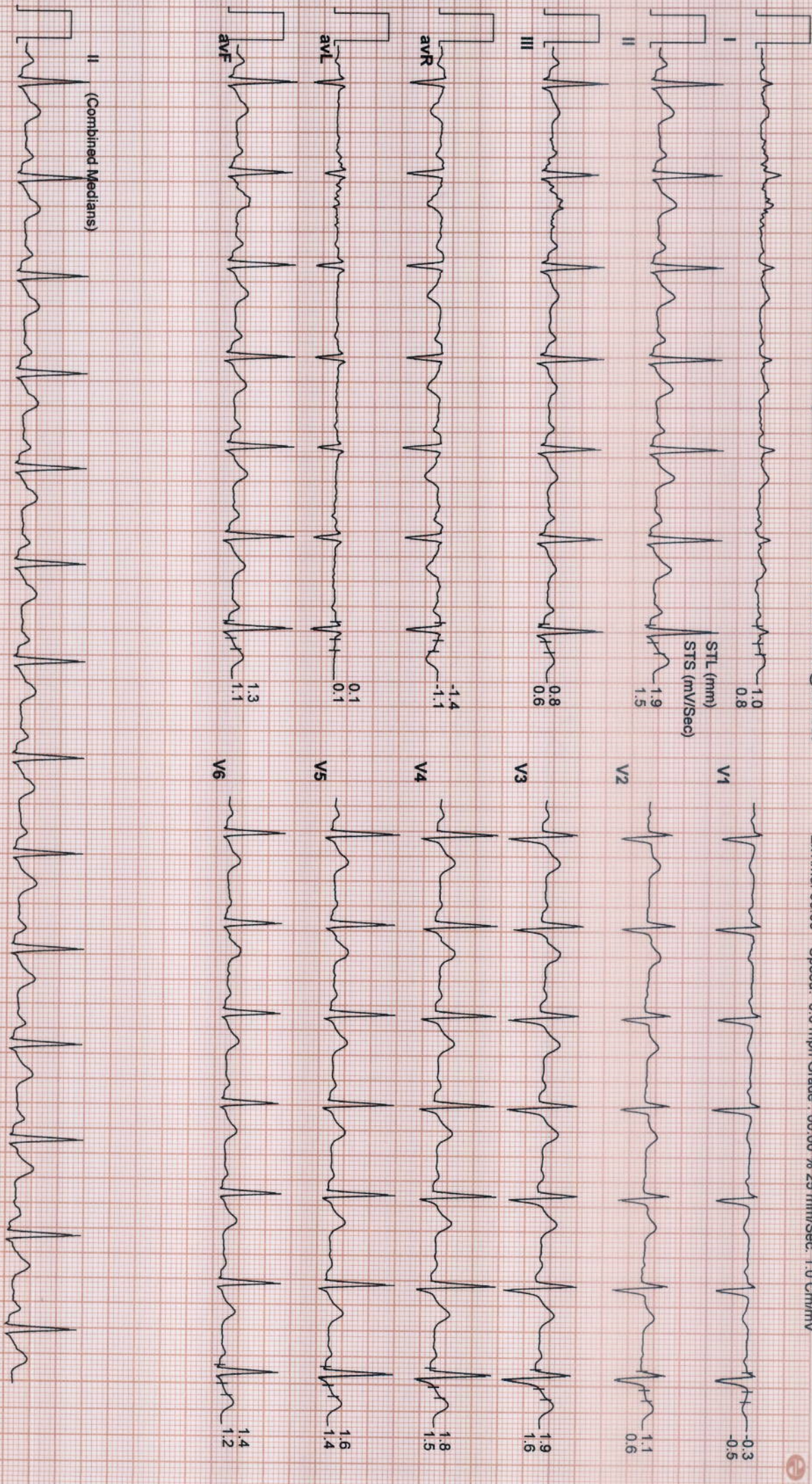
6X2 Combine Medians + 1 Rhythm

ExStt



Date: 26 / 10 / 2024 09:56:54 AM METs : 1.0 HR : 86 Target HR : 46% of 187 BP : 110/70 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)

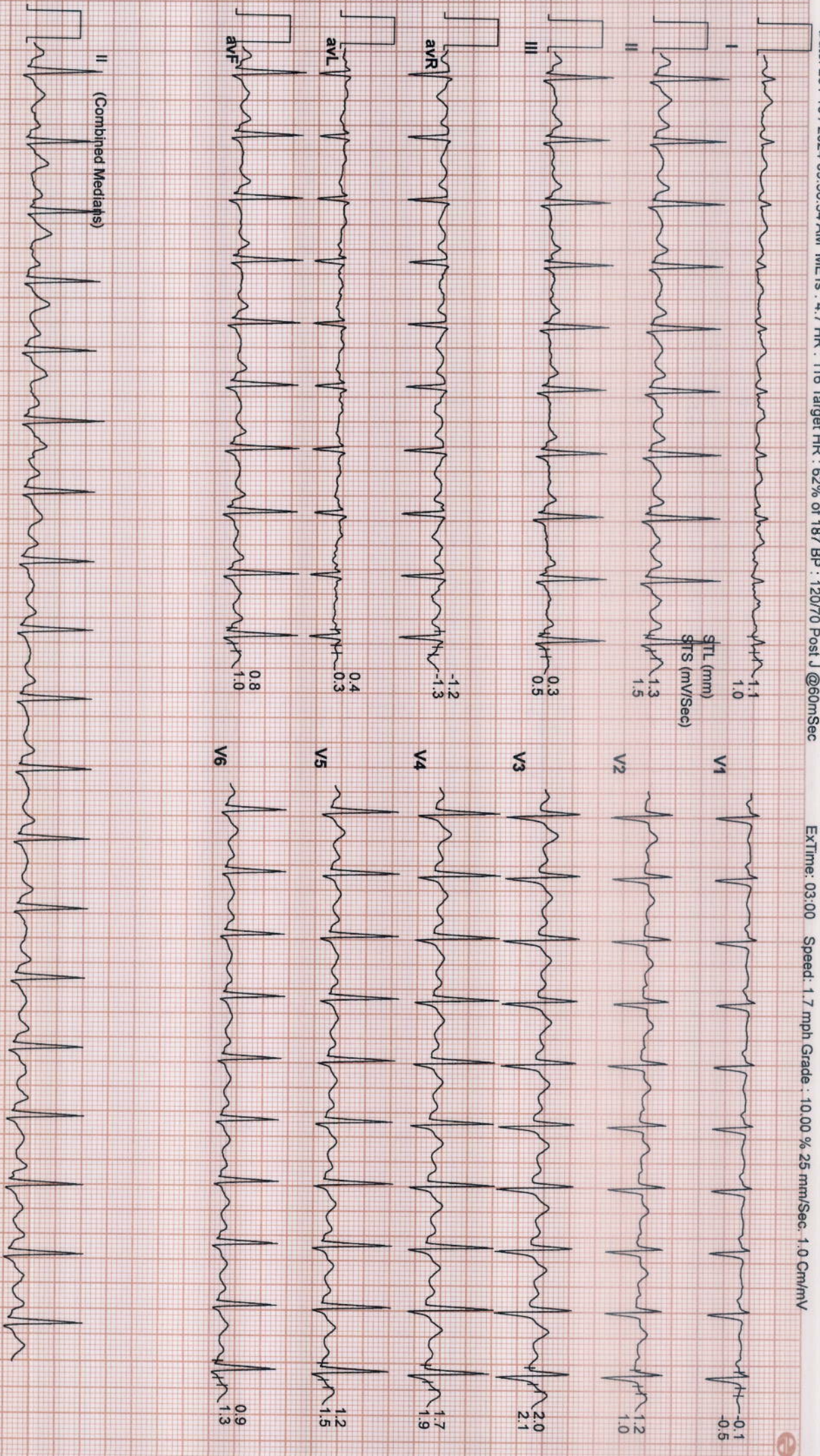
2734 / AMOL MADHUKAR SONAWANE / 33 Yrs / Male / 169 Cm / 70 Kg

Date: 26 / 10 / 2024 09:56:54 AM METS : 4.7 HR : 116 Target HR : 62% of 187 BP : 120/70 Post J @60mSec

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



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



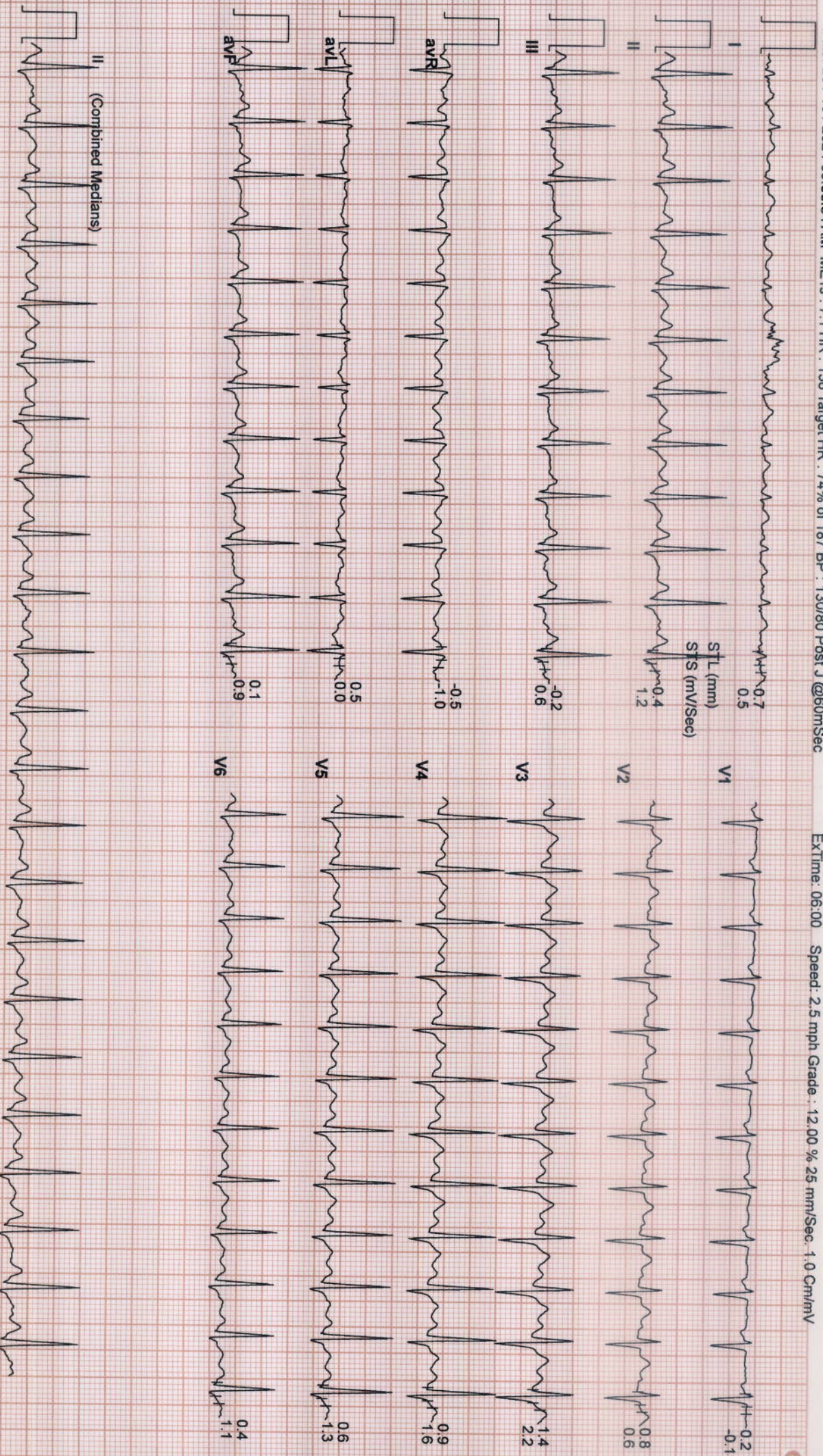
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

2734 / AMOL MADHUKAR SONAWANE / 33 Yrs / Male / 169 Cm / 70 Kg

Date: 26 / 10 / 2024 09:56:54 AM METs : 7.1 HR : 138 Target HR : 74% of 187 BP : 130/80 Post J @60mSec

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

6X2 Combine Medians + 1 Rhythm
BRUCE : Stage 2 (03:00)



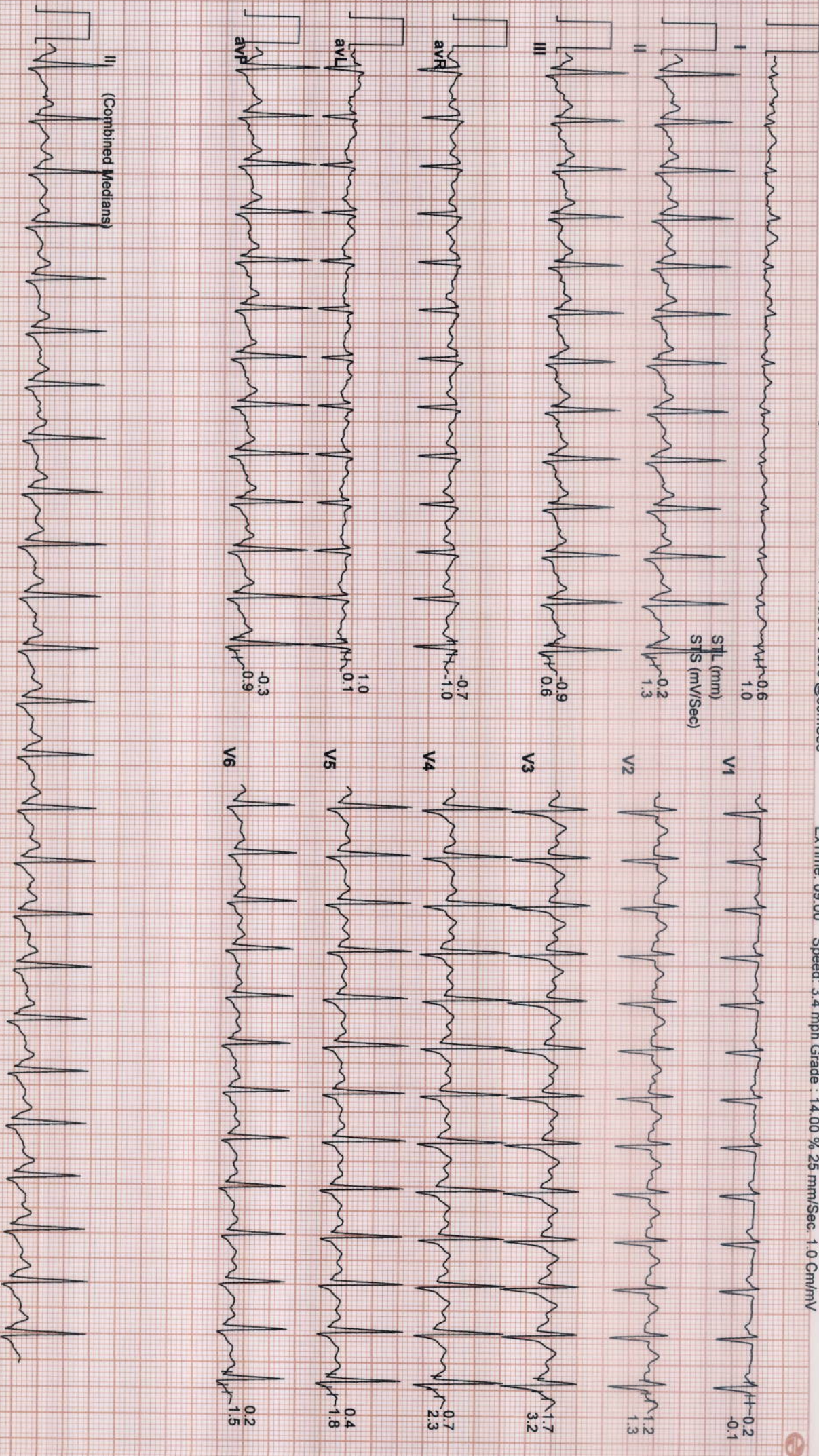
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

2734 / AMOL MADHUKAR SONAWANE / 33 Yrs / Male / 169 Cm / 70 Kg

Date: 26 / 10 / 2024 09:56:54 AM METS : 10.2 HR : 151 Target HR : 81% of 187 BP : 140/80 Post J @60mSec

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

6X2 Combine Medians + 1 Rhythm
BRUCE : Stage 3 (03:00)



II (Combined Medians)

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

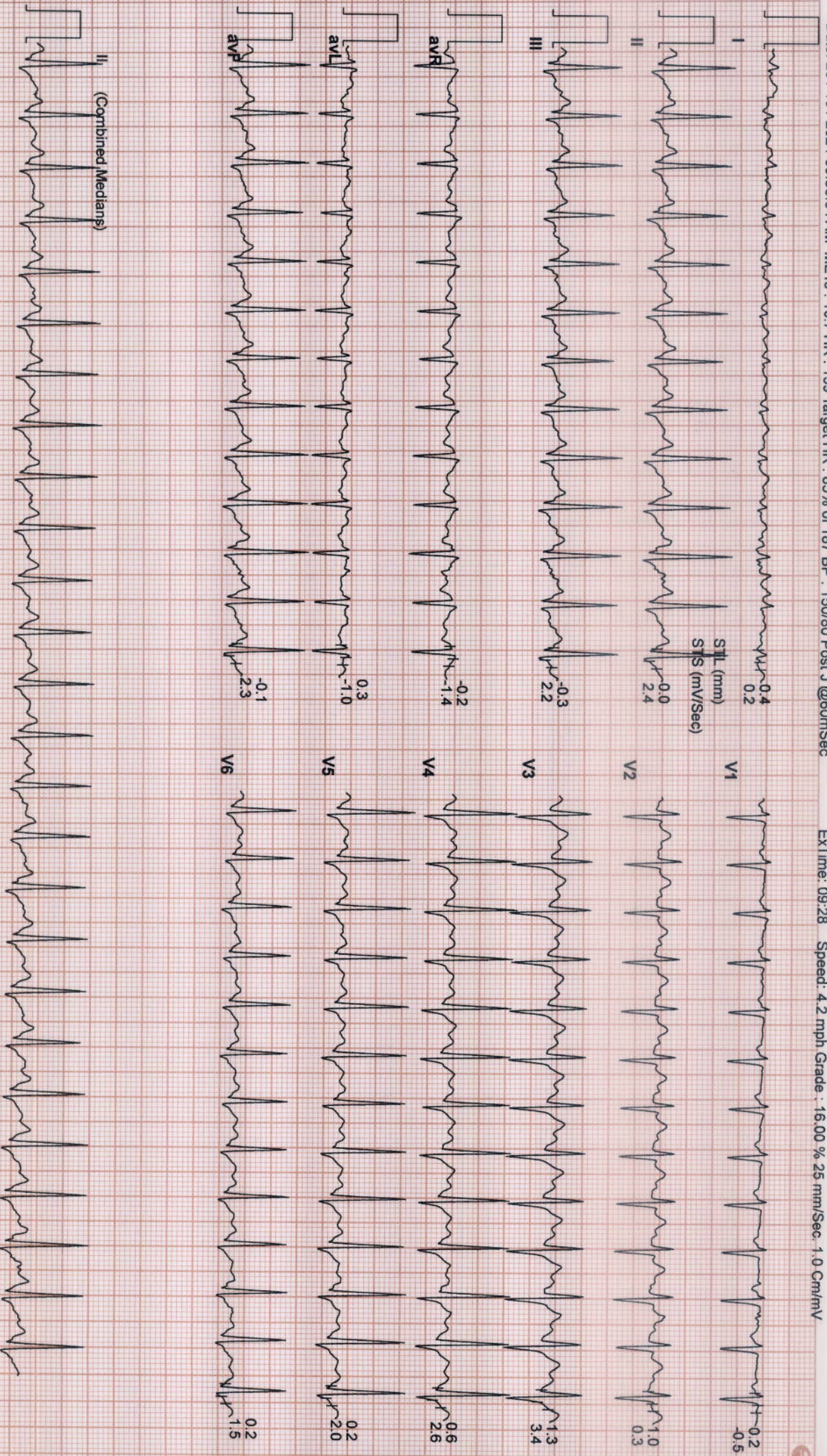
2734 / AMOL MADHUKAR SONAWANE / 33 Yrs / Male / 169 Cm / 70 Kg

6X2 Combine Medians + 1 Rhythm
PeakEx



Date: 26 / 10 / 2024 09:56:54 AM METs : 10.7 HR : 159 Target HR : 85% of 187 BP : 150/80 Post J @60mSec

ExTime: 09:28 Speed: 4.2 mph Grade : 16.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

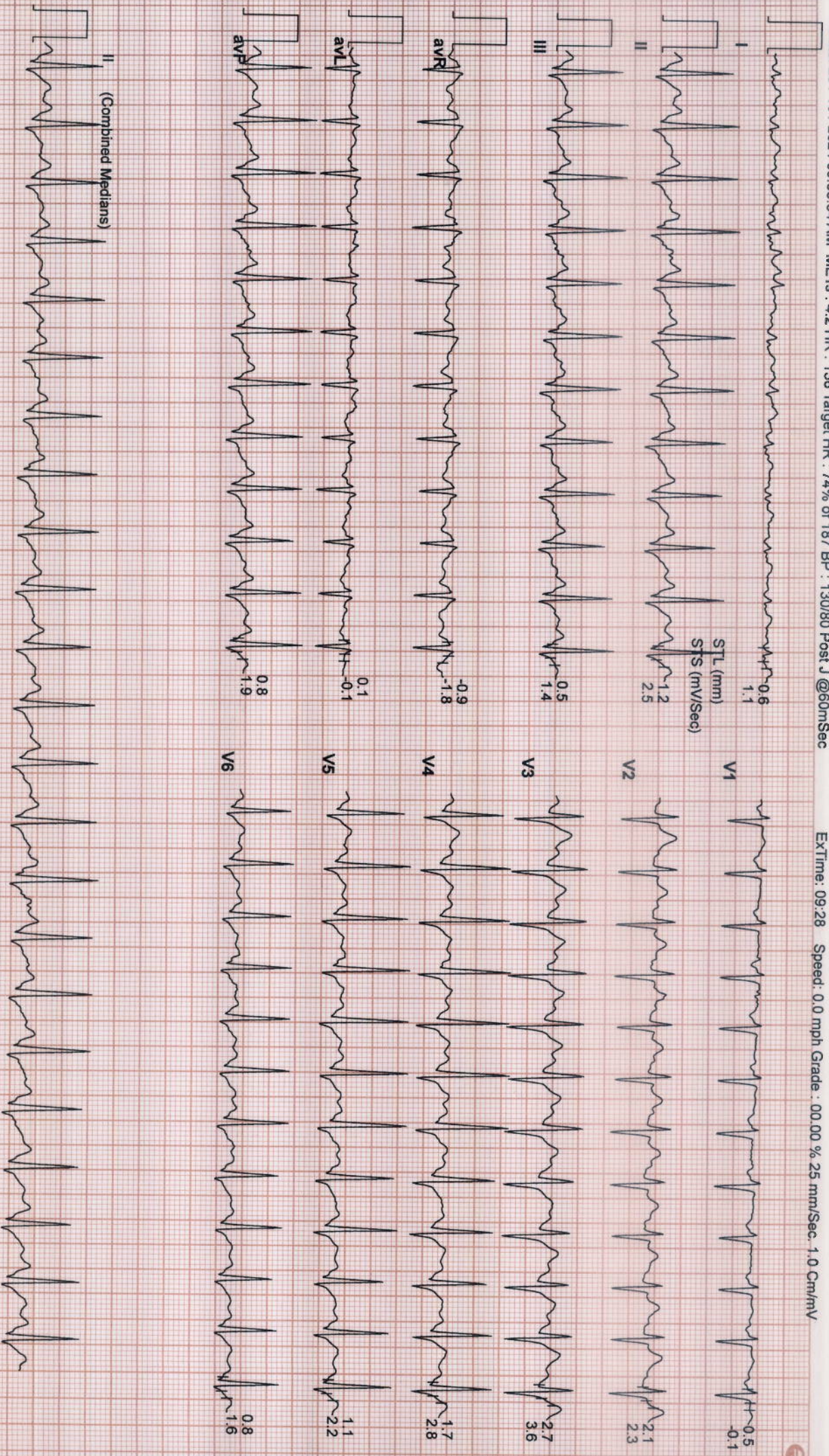
2734 / AMOL MADHUKAR SONAWANE / 33 Yrs / Male / 169 Cm / 70 Kg

Date: 26 / 10 / 2024 09:56:54 AM METs : 4.2 HR : 136 Target HR : 74% of 187 BP : 130/80 Post J @60mSec

EXTime: 09:28 Speed: 0.0 mph Grade: .00.00 % 25 mm/Sec. 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm

Recovery : (01:00)



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

2734 / AMOL MADHUKAR SONAWANE / 33 Yrs / Male / 169 Cm / 70 Kg

6X2 Combine Medians + 1 Rhythm
Recovery : (01:14)



Date: 26 / 10 / 2024 09:56:54 AM METs : 1.0 HR : 120 Target HR : 64% of 187 BP : 130/80 Post J @60mSec

EXTime: 09:28 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

