

PHYSICAL EXAMINATION REPORT

Patient Name	Ramchander R.	Sex/Age	M/29
Date	23/9/23	Location	Thane

History and Complaints

NIL

EXAMINATION FINDINGS:

Height (cms):	161	Temp (0c):	Abs
Weight (kg):	67	Skin:	NAD
Blood Pressure	110/72	Nails:	IL
Pulse	68/L	Lymph Node:	NP

Systems :

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

Impression:

1) H/L cholesterol & 2) Fatty liver

Signature

Advice:

To Follow up with Family physician Anand

Dr. Anand N. Motwani
Reg. No. 39329 M.D. (Bom.)
CONSULTANT PHYSICIAN
SPECIAL INTEREST IN DIABETES
& CHRONIC DISEASES

1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthama	
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	NO
9)	Nervous disorders	
10)	GI system	NAD
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptoms	
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	NO
15)	Congenital disease	
16)	Surgeries	
17)	Musculoskeletal System	NAD

PERSONAL HISTORY:

1)	Alcohol	NO
2)	Smoking	NO
3)	Diet	mixed
4)	Medication	NO

Date:- 23/7/23 CID: 2326618455
Name:- Rameshwar R. Sex / Age: M / 29

EYE CHECK UP

Chief complaints: R CV

Systemic Diseases: DM

Past history: DM

Unaided Vision: BC 6/6 HVUBA6

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



Use a QR Code Scanner
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CID : 2326618453
Name : MR. RAMCHANDER R
Age / Gender : 29 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 23-Sep-2023 / 08:55
Reported : 23-Sep-2023 / 12:50

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	14.7	13.0-17.0 g/dL	Spectrophotometric
RBC	5.50	4.5-5.5 mil/cmm	Elect. Impedance
PCV	45.2	40-50 %	Measured
MCV	82.3	80-100 fl	Calculated
MCH	26.8	27-32 pg	Calculated
MCHC	32.5	31.5-34.5 g/dL	Calculated
RDW	13.8	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5620	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	34.2	20-40 %	
Absolute Lymphocytes	1922.0	1000-3000 /cmm	Calculated
Monocytes	7.0	2-10 %	
Absolute Monocytes	393.4	200-1000 /cmm	Calculated
Neutrophils	55.7	40-80 %	
Absolute Neutrophils	3130.3	2000-7000 /cmm	Calculated
Eosinophils	3.1	1-6 %	
Absolute Eosinophils	174.2	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	236000	150000-400000 /cmm	Elect. Impedance
MPV	8.4	6-11 fl	Calculated
PDW	9.6	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		

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Reported : 23-Sep-2023 / 10:50

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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 5 2-15 mm at 1 hr. Sedimentation

*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

022-6170-0000



CID : 2326618453
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Age / Gender : 29 Years / Male
Consulting Dr. : -
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	94.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	109.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.56	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.2	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.36	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
SGOT (AST), Serum	21.7	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	31.1	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	30.8	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	95.8	40-130 U/L	PNPP
BLOOD UREA, Serum	16.3	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	7.6	6-20 mg/dl	Calculated
CREATININE, Serum	0.89	0.67-1.17 mg/dl	Enzymatic

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Collected : 23-Sep-2023 / 12:54
Reported : 23-Sep-2023 / 15:55

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 w.e.f 16-08-2023

URIC ACID, Serum	5.2	3.5-7.2 mg/dl	Uricase
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 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
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	111.1	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 ***



J. Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist

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Collected : 23-Sep-2023 / 08:55
Reported : 23-Sep-2023 / 13:51

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	1.020	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
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			
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	5-6	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 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
BLOOD GROUPING & Rh TYPING

PARAMETER	RESULTS
ABO GROUP	O
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. LEENA SALUNKHE
M.B.B.S, DPB (PATH)
Pathologist

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	125.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	51.6	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	36.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	88.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	79.0	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	9.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.2	0-3.5 Ratio	Calculated

*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

022-6170-0000



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Age / Gender : 29 Years / Male
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Reg. Location : G B Road, Thane West (Main Centre)

Collected : 23-Sep-2023 / 08:55
Reported : 23-Sep-2023 / 12:02

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	20.8	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.38	0.35-5.5 microIU/ml	ECLIA

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)



J. Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist

0000-0518-5509

Authenticity Check



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 *** End Of Report ***

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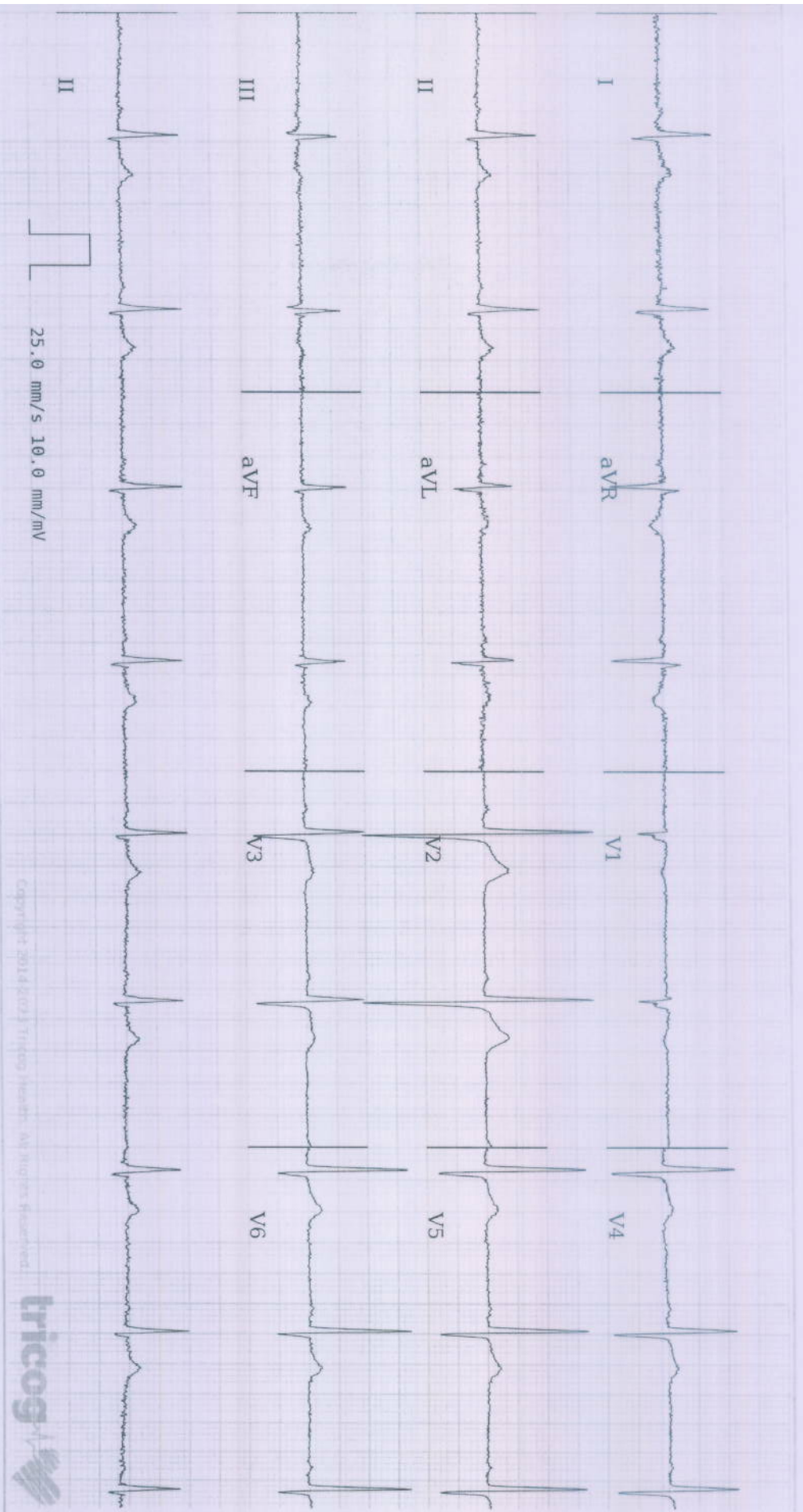
AREA OF SPECIAL EXPERTISE

OUR SERVICES

022-6170-0000

Patient Name: **RAMCHANDER R**
Patient ID: **2326618453**

SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST
Date and Time: **23rd Sep 23 9:28 AM**



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Age **29** **2** **24**
years months days

Gender **Male**

Heart Rate **55bpm**

Patient Vitals

BP: **110/70 mmHg**
Weight: **67 kg**
Height: **161 cm**
Pulse: **NA**
Spo2: **NA**
Resp: **NA**
Others:

Measurements

QRSd: **82ms**
QT: **374ms**
QTcB: **357ms**
PR: **138ms**
P-R-T: **6° 59° 34°**

REPORTED BY

SR

DR SHAILA PILLAI
MBBS, MD Physician
MD Physician
49972

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

This document is a medical report. It is intended to be used as an adjunct to clinical history, symptoms, and results of other tests, and not to be interpreted by a qualified professional. This report is not to be used as a substitute for the clinician and not derived from the ICG.

Reg. No. : 2326618453	Sex : MALE
Name : MR. RAMCHANDER R	Age : 29 YRS
Ref. By : -----	Date : 23.09.2023

USG ABDOMEN AND PELVIS

LIVER: Liver appears normal in size and **shows increased echorefectivity**. 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.

PORTAL VEIN: Portal vein is normal. **CBD:** CBD is normal.

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS: Right kidney measures 10.4 x 4.3 cm. Left kidney measures 9.5 x 4.6 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

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

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

PROSTATE: Prostate is normal in size and echotexture and measures 2.3 x 3.0 x 3.3 cm in dimension and 12.3 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:
GRADE I FATTY INFILTRATION OF LIVER.

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 evaluation.

Dr. Devendra Patil

DR. DEVENDRA PATIL
MD (RADIO DIAGNOSIS)
(CONSULTANT RADIOLOGIST)

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Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 23-Sep-2023
Reported : 23-Sept-2023 / 13:29

X-RAY CHEST PA VIEW

Rotation +

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023092308492099>

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Report



Email:

1764 (2326618453) / RAMCHANDER R / 29 Yrs / M / 161 Cms / 67 Kg

Date: 23 / 09 / 2023 11:54:59 AM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:10	0:10	00.0	00.0	01.0	078	41%	120/70	093	00	
Standing	00:20	0:10	00.0	00.0	01.0	083	43%	120/70	099	00	
HV	00:28	0:08	00.0	00.0	01.0	075	39%	120/70	090	00	
ExStart	00:36	0:08	00.0	00.0	01.0	077	40%	120/70	092	00	
BRUCE Stage 1	03:36	3:00	01.7	10.0	04.7	109	57%	130/80	141	00	
BRUCE Stage 2	06:36	3:00	02.5	12.0	07.1	127	66%	140/80	177	00	
BRUCE Stage 3	09:36	3:00	03.4	14.0	10.2	144	75%	150/80	216	00	
PeakEx	10:43	1:07	04.2	16.0	11.4	160	84%	160/80	256	00	
Recovery	11:43	1:00	00.0	00.0	04.2	128	67%	160/80	204	00	
Recovery	12:43	2:00	00.0	00.0	01.0	112	59%	130/80	145	00	
Recovery	12:49	2:07	00.0	00.0	01.0	112	59%	130/80	145	00	

FINDINGS :

Exercise Time : 10:07
 Initial HR (ExStrt) : 77 bpm 40% of Target 191
 Initial BP (ExStrt) : 120/70 (mm/Hg)
 Max WorkLoad Attained : 11.4 Good response to induced stress
 Max ST Dep Lead & Avg ST Value : III & -1.7 mm in Stage 3
 Test End Reasons : Fatigue, Heart Rate Achieved

Max HR Attained 160 bpm 84% of Target 191
 Max BP Attained 160/80 (mm/Hg)

Dr. SHAILAJA PILLAI
 M.D. (GEN.MED)
 R.NO. 49972

Doctor : DR SHAILAJA PILLAI



EMail: 1764/RAMCHANDER R / 29 Yrs / M / 161 Cms / 67 Kg Date: 23 / 09 / 2023 11:54:59 AM

REPORT :

PROCEDURE DONE: Graded exercise treadmill stress test.

STRESS ECG RESULTS: The initial HR was recorded as 83.0 bpm, and the maximum predicted Target Heart Rate 191.0. The BP increased at the time of generating report as 160.0/80.0 mmHg. The Max Dep went upto 0.3. 0.0 Ectopic Beats were observed during the Test. The Test was completed because of , Fatigue, Heart Rate Achieved.

CONCLUSIONS:

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


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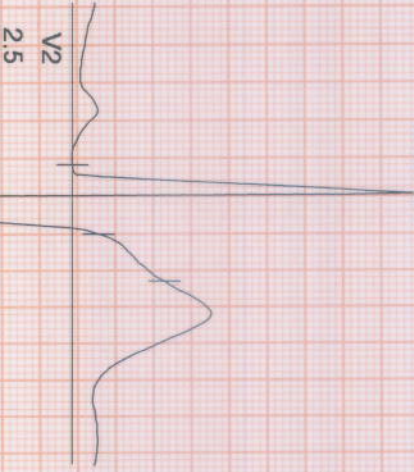


1764 (2326618453) / RAMCHANDER R / 29 Yrs / M / 161 Cms / 67 Kg / HR : 78

Date: 23 / 09 / 2023 11:54:59 AM METS: 1.0 / 78 bpm 41% of THR BP: 120/70 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 100 Hz

4X 80 ms Post J

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



I
STL 0.9
STS 1.1

V1
0.4
0.1

II
0.7
0.7

V2
2.5
2.5
2.0

III
-0.2
-0.3

V3
0.5
0.5

aVR
-0.8
-0.9

V4
0.4
0.5

aVL
0.6
0.7

V5
0.3
0.3

aVF
0.3
0.2

V6
0.3
0.3



PCMARKS:



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

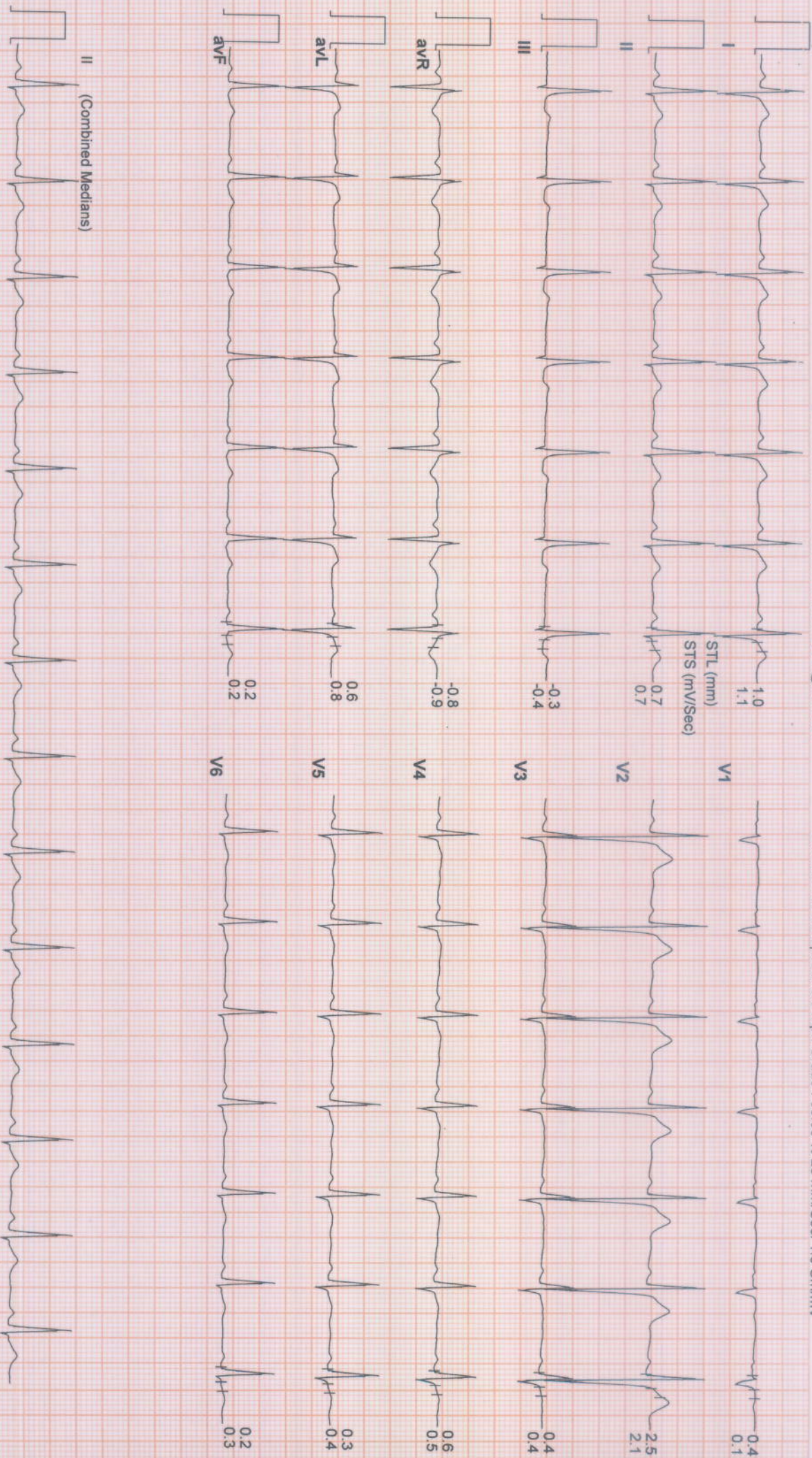
1764 / RAMCHANDER R / 29 Yrs / Male / 161 Cm / 67 Kg

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



Date: 23 / 09 / 2023 11:54:59 AM METs : 1.0 HR : 83 Target HR : 43% of 191 BP : 120/70 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)

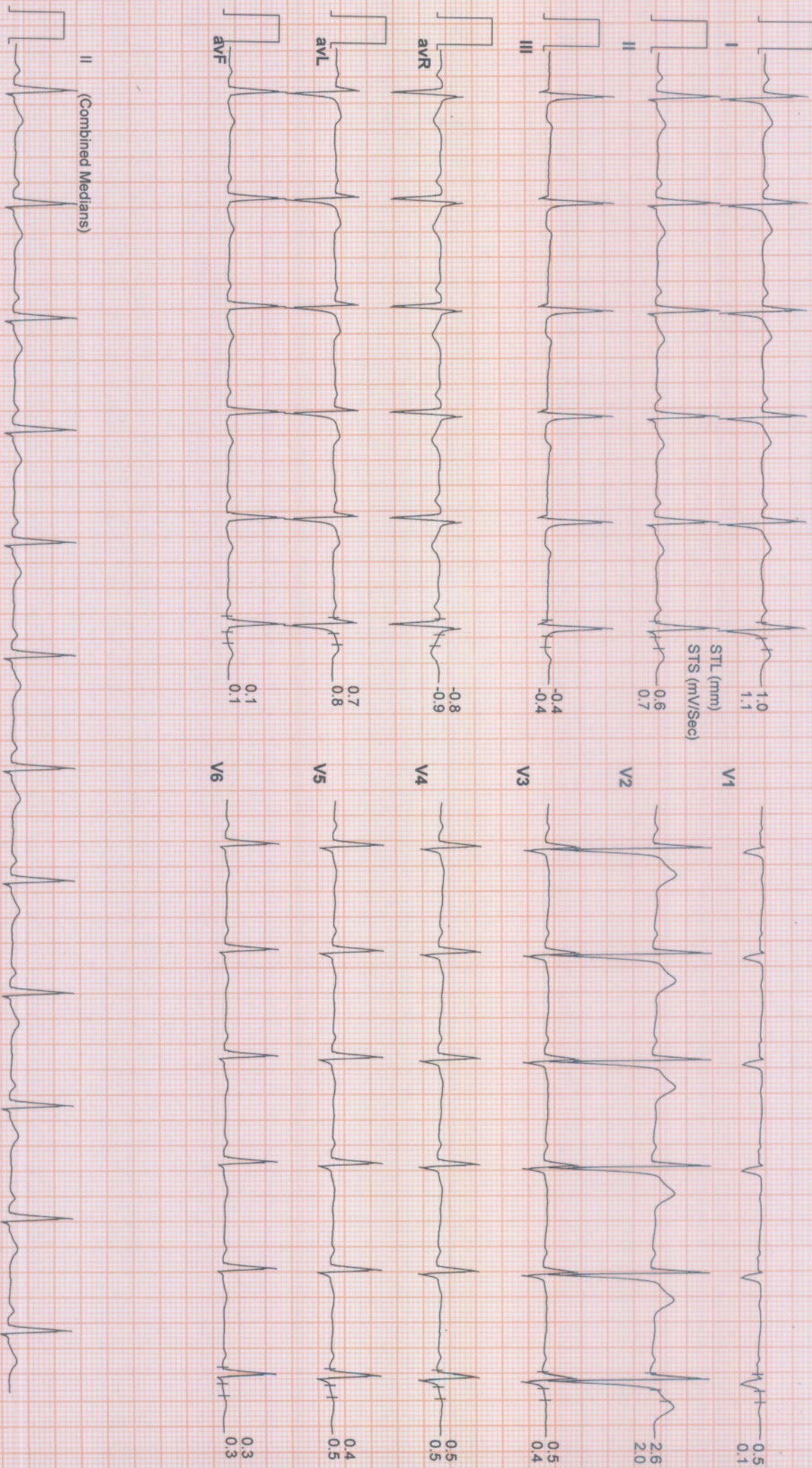
1764 / RAMCHANDER R / 29 Yrs / Male / 161 Cm / 67 Kg

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



Date: 23 / 09 / 2023 11:54:59 AM METs : 1.0 HR : 75 Target HR : 39% of 191 BP : 120/70 Post J @80mSec

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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1764 / RAMCHANDER R / 29 Yrs / Male / 161 Cm / 67 Kg

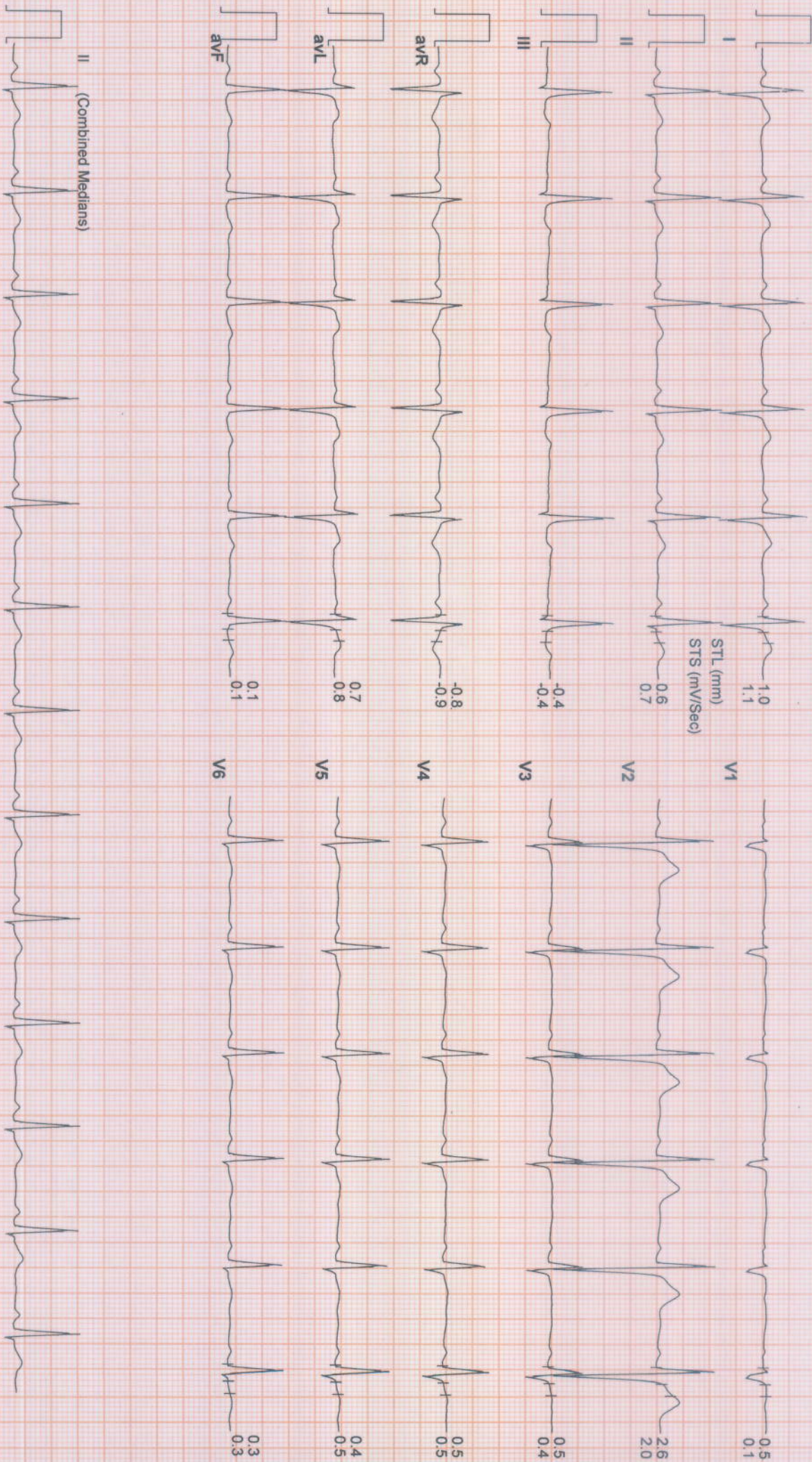
6X2 Combine Medians + 1 Rhythm

ExSirt



Date: 23 / 09 / 2023 11:54:59 AM METs : 1.0 HR : 77 Target HR : 40% of 191 BP : 120/70 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)

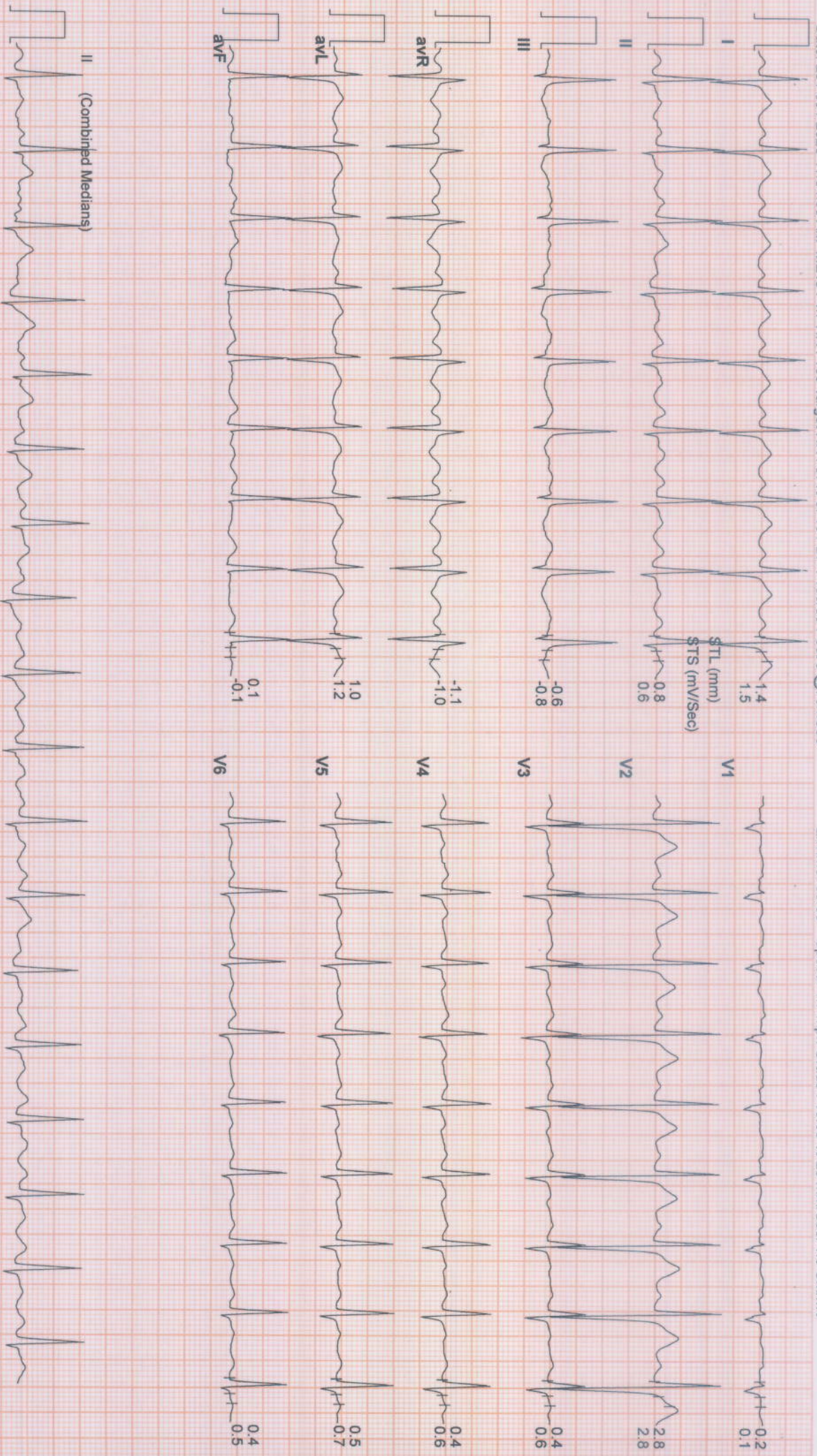
1764 / RAMCHANDER R / 29 Yrs / Male / 161 Cm / 67 Kg

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



Date: 23 / 09 / 2023 11:54:59 AM METS : 4.7 HR : 109 Target HR : 57% of 191 BP : 130/80 Post J @70mSec

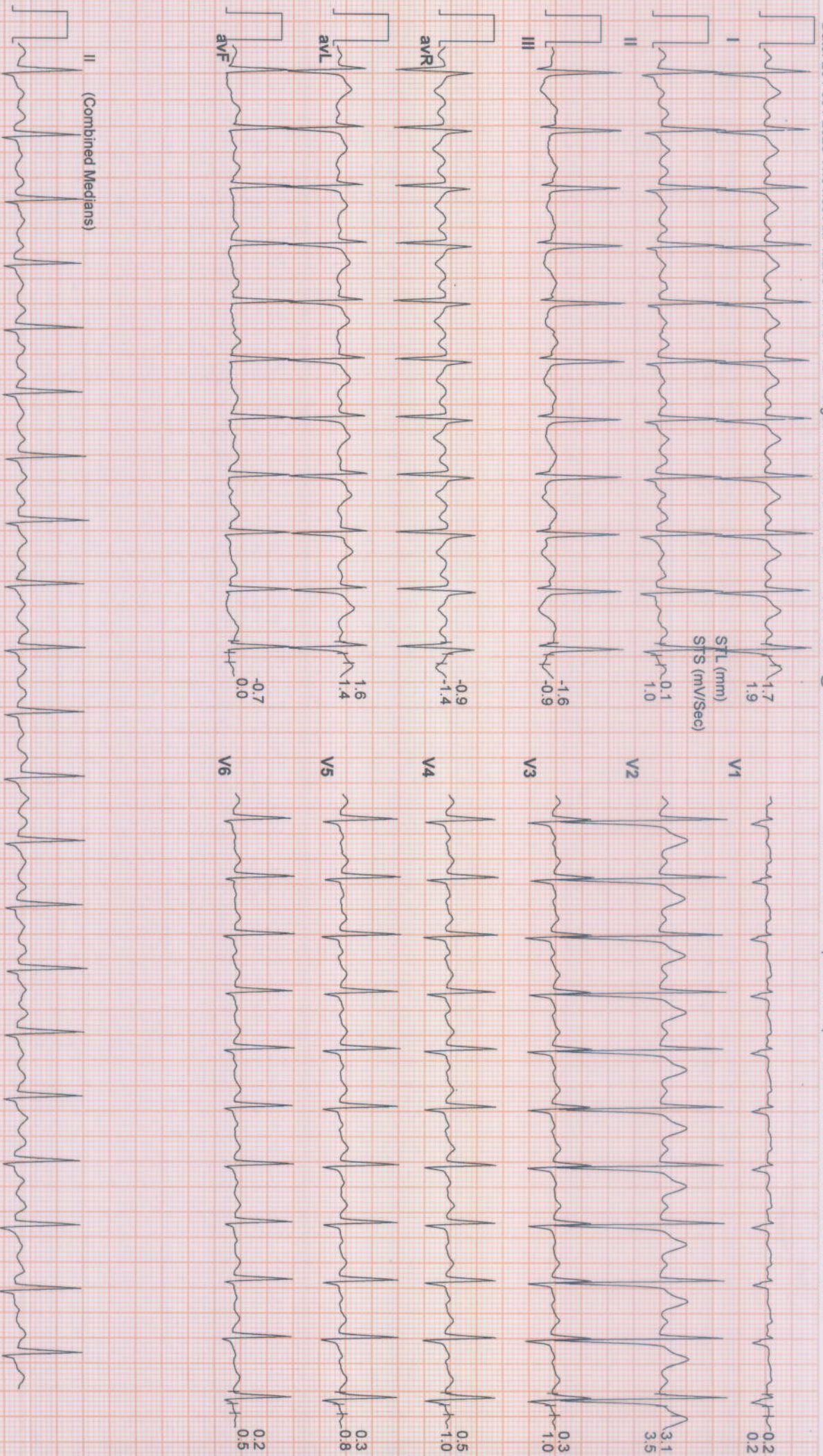
ExTime: 03:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec. 1.0 Cm/mV





Date: 23 / 09 / 2023 11:54:59 AM METs : 7.1 HR : 127 Target HR : 66% of 191 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 (THANE GB ROAD)

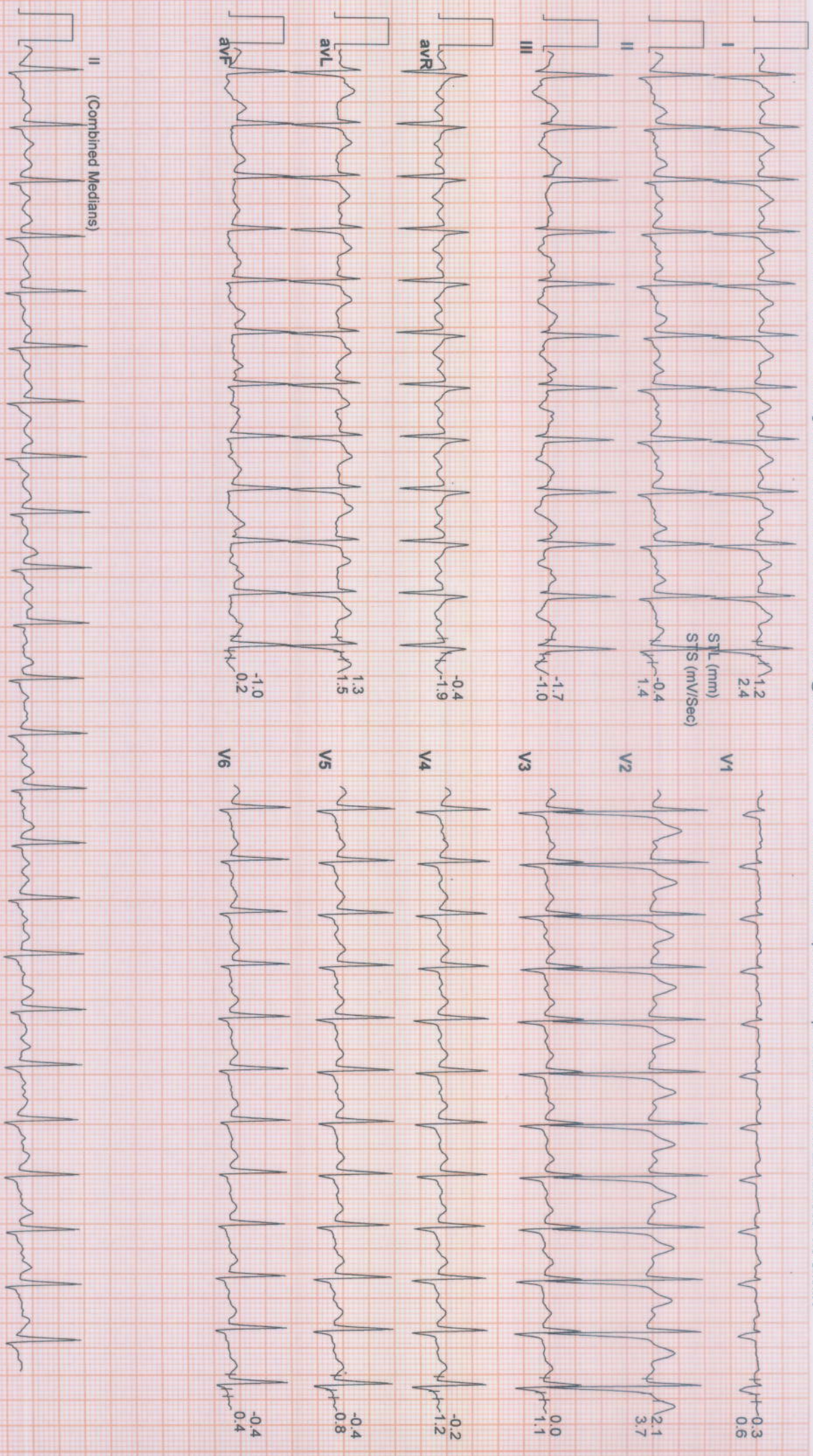
1764 / RAMCHANDER R / 29 Yrs / Male / 161 Cm / 67 Kg

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



Date: 23 / 09 / 2023 11:54:59 AM METs : 10.2 HR : 144 Target HR : 75% of 191 BP : 150/80 Post J @60mSec

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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

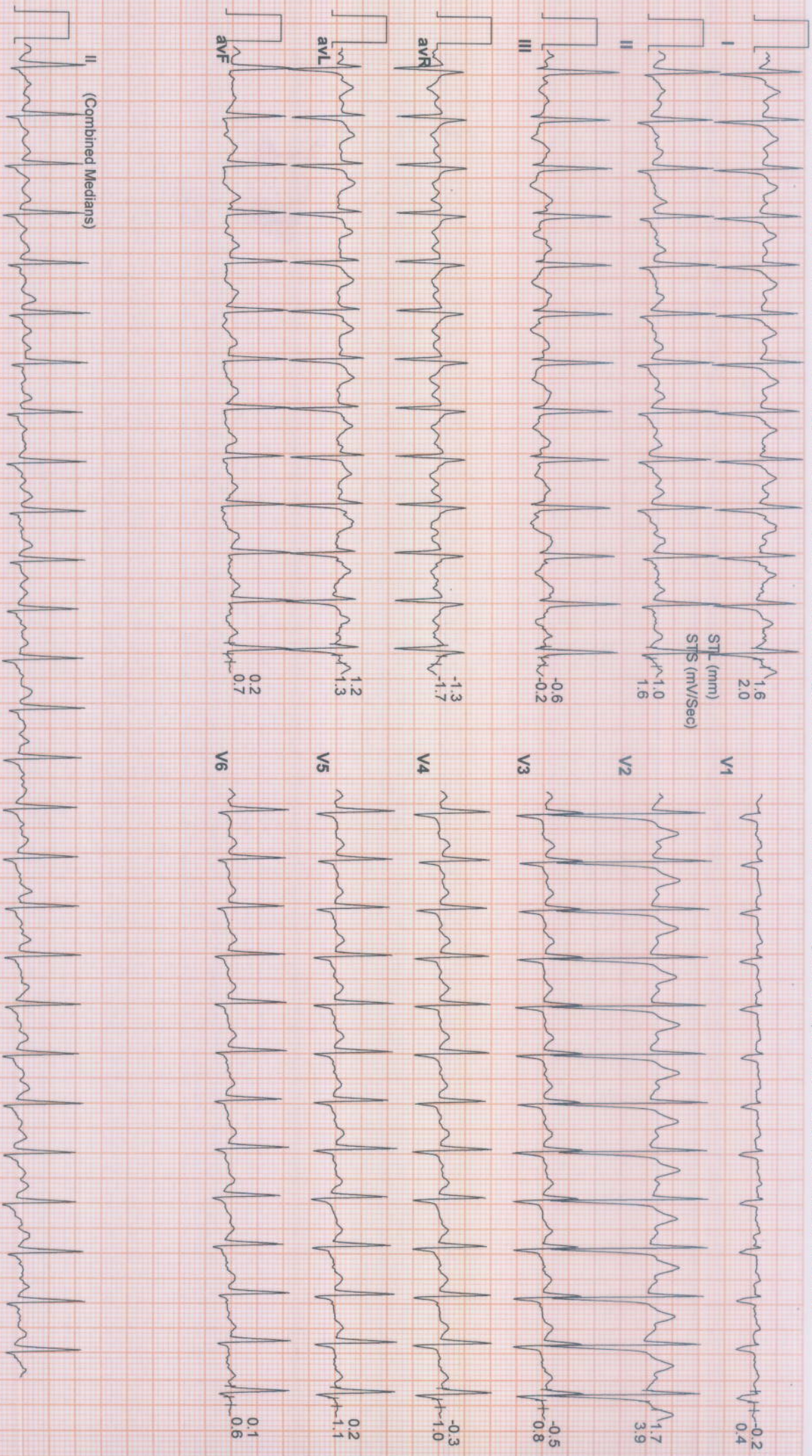
1764 / RAMCHANDER R / 29 Yrs / Male / 161 Cm / 67 Kg

6X2 Combine Medians + 1 Rhythm
PeakEx



Date: 23 / 09 / 2023 11:54:59 AM METS : 11.4 HR : 160 Target HR : 84% of 191 BP : 160/80 Post J @60mSec

ExTime: 10:07 Speed: 4.2 mph Grade : 16.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

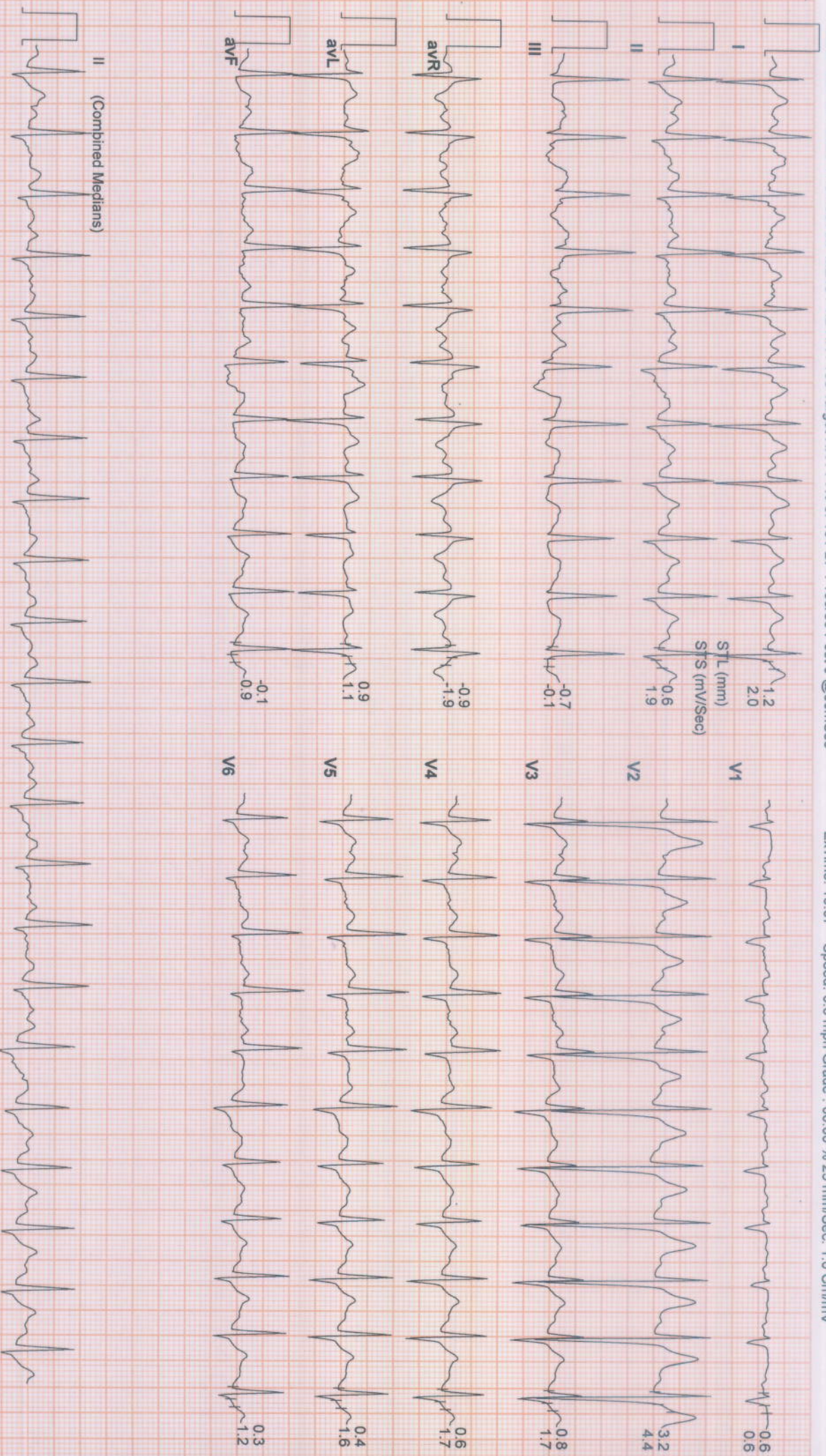
1764 / RAMCHANDER R / 29 Yrs / Male / 161 Cm / 67 Kg

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



Date: 23 / 09 / 2023 11:54:59 AM METS : 4.2 HR : 135 Target HR : 71% of 191 BP : 160/80 Post J @60mSec

EXTime: 10:07 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

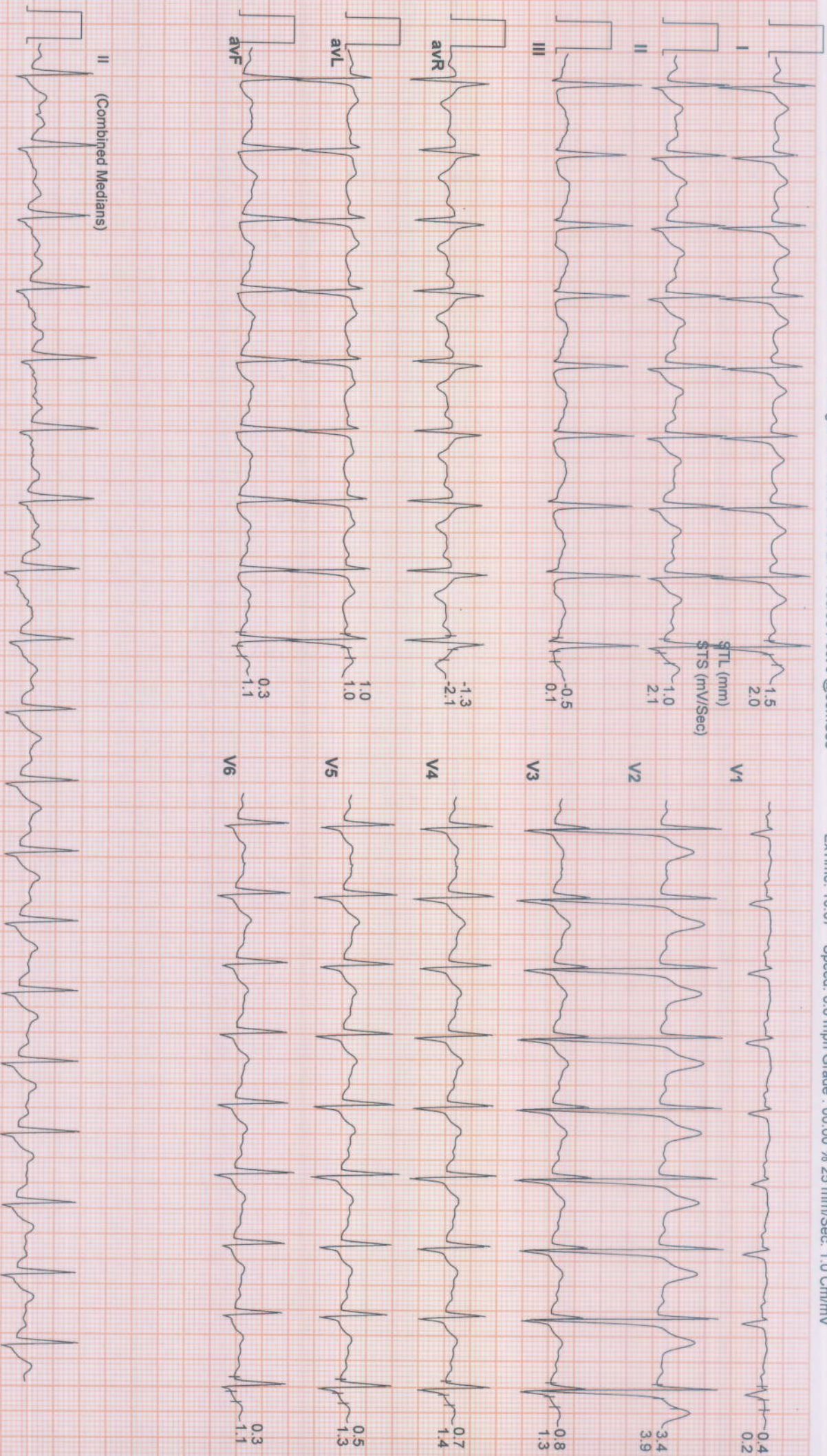
1764 / RAMCHANDER R / 29 Yrs / Male / 161 Cm / 67 Kg

6X2 Combine Medians + 1 Rhythm
Recovery : (02:00)



Date: 23 / 09 / 2023 11:54:59 AM METs : 1.0 HR : 113 Target HR : 59% of 191 BP : 130/80 Post J @50mSec

EXTIME: 10:07 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1764 / RAMCHANDER R / 29 Yrs / Male / 161 Cm / 67 Kg

6X2 Combine Medians + 1 Rhythm
Recovery : (02:06)



Date: 23 / 09 / 2023 11:54:59 AM METS : 1.0 HR : 112 Target HR : 59% of 191 BP : 130/80 Post J @60mSec

ExTime: 10:07 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

