

PHYSICAL EXAMINATION REPORT

Patient Name	BHUKYA Hanuma Naik	Sex/Age	35 / m
Date	09/11/2024	Location	frane.

History and Complaints

- HTN
 C/O - Acidity
 - Epigastric Pain out of off
 - Fatigue

EXAMINATION FINDINGS:

Height (cms):	164	Temp (0c):	⊖
Weight (kg):	79.6	Skin:	NAD
Blood Pressure	120/80	Nails:	
Pulse	72/min	Lymph Node:	.

Systems :

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

Impression: BSL < Fp (Impaired) ↑ HbA1c
 Dyslipidemia
 USG - Fatty Liver

Advice:

- Low Fat, Low sugar Diet.
Repeat Sugar Profile, Lipid Profile
(6 months).

1)	Hypertension:	- YES (2-3 yrs)
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthama	
7)	Pulmonary Disease	Nil
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders	
10)	GI system	Acidity
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptoms	Nil
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	(mixed) millets.
4)	Medication	(No) Tab. Amlolind AT OD. 1/2.

Dr. Manasee Kulkarni
M.B.B.S
2005109/3439

Date:-

Name:-

Hammerhaile ~~OPD~~ *31419 806*
Sex / Age: *M-35*

EYE CHECK UP

Chief complaints: *RCV*

Systemic Diseases: *Nil*

Past history: *Nil*

Unaided Vision: *3/6 2/6*

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
Prakash
SR. OPTOMETRIST



CID : 2431419806
Name : MR. BHUKYA HANUMA NAIK
Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 09-Nov-2024 / 07:52
Reported : 09-Nov-2024 / 12:22

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	14.3	13.0-17.0 g/dL	Spectrophotometric
RBC	4.57	4.5-5.5 mil/cmm	Elect. Impedance
PCV	40.4	40-50 %	Measured
MCV	88.4	80-100 fl	Calculated
MCH	31.2	27-32 pg	Calculated
MCHC	32.1	31.5-34.5 g/dL	Calculated
RDW	12.4	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	8330	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	45.3	20-40 %	
Absolute Lymphocytes	3773.5	1000-3000 /cmm	Calculated
Monocytes	9.0	2-10 %	
Absolute Monocytes	749.7	200-1000 /cmm	Calculated
Neutrophils	43.4	40-80 %	
Absolute Neutrophils	3615.2	2000-7000 /cmm	Calculated
Eosinophils	2.1	1-6 %	
Absolute Eosinophils	174.9	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	16.7	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
PLATELET PARAMETERS			
Platelet Count	222000	150000-400000 /cmm	Elect. Impedance
MPV	9.1	6-11 fl	Calculated
PDW	13.4	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		



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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 8 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 ***

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



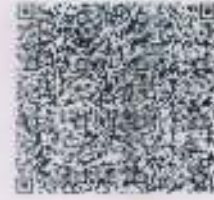
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	104.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: > / = 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	154.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: > / = 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.73	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.20	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.53	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	5.7-8.2 g/dl	Biuret
ALBUMIN, Serum	4.5	3.2-4.8 g/dl	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dl	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	24.0	<34 U/L	Modified IFCC
SGPT (ALT), Serum	32.1	10-49 U/L	Modified IFCC
GAMMA GT, Serum	19.1	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	73.6	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	27.1	19.29-49.28 mg/dl	Calculated
BUN, Serum	12.7	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.87	0.73-1.18 mg/dl	Enzymatic



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eGFR, Serum	115	(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	6.6	3.7-9.2 mg/dl	Uricase/ Peroxidase
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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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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.9	Non-Diabetic Level: < 5.7% Prediabetic Level: 5.7-6.4% Diabetic Level: > 6.5%	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	122.6	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 triglycerites, Alcohol ingestion, Lead/opiate poisoning and Salkylate 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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Reg. Location : G B Road, Thane West (Main Centre)

Collected : 09-Nov-2024 / 07:52
Reported : 09-Nov-2024 / 12:39

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Transparency	Clear	Clear	-
CHEMICAL EXAMINATION			
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Reaction (pH)	Acidic (6.5)	4.5 - 8.0	Chemical Indicator
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legal's Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
(WBC) Pus cells / hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	3-4	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	5-6	0-20/hpf	
Yeast	Absent	Absent	
Others	-		



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*** End Of Report ***

J. Mujawar
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Collected : 09-Nov-2024 / 07:52
Reported : 09-Nov-2024 / 13:55

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 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 ***

J. Mujawar

Dr. IMRAN MUJAWAR
MD (Path)
Pathologist



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Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 09-Nov-2024 / 07:52
Reported : 09-Nov-2024 / 17:33

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	241.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	192	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	35.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	206.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	167.8	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	38.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	6.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.8	0-3.5 Ratio	Calculated

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



Dr. NAMRATA RAUL
M.D (Biochem)
Biochemist



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.2	3.5-6.5 pmol/L	CLIA
Free T4, Serum	15.8	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	3.348	0.55-4.78 microU/ml	CLIA



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R
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T

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 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 intake of 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 Hypothyroidism
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 5 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.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 -6th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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



Dr. ANUPA DIXIT
M.D.(PATH)
Consultant - Pathologist



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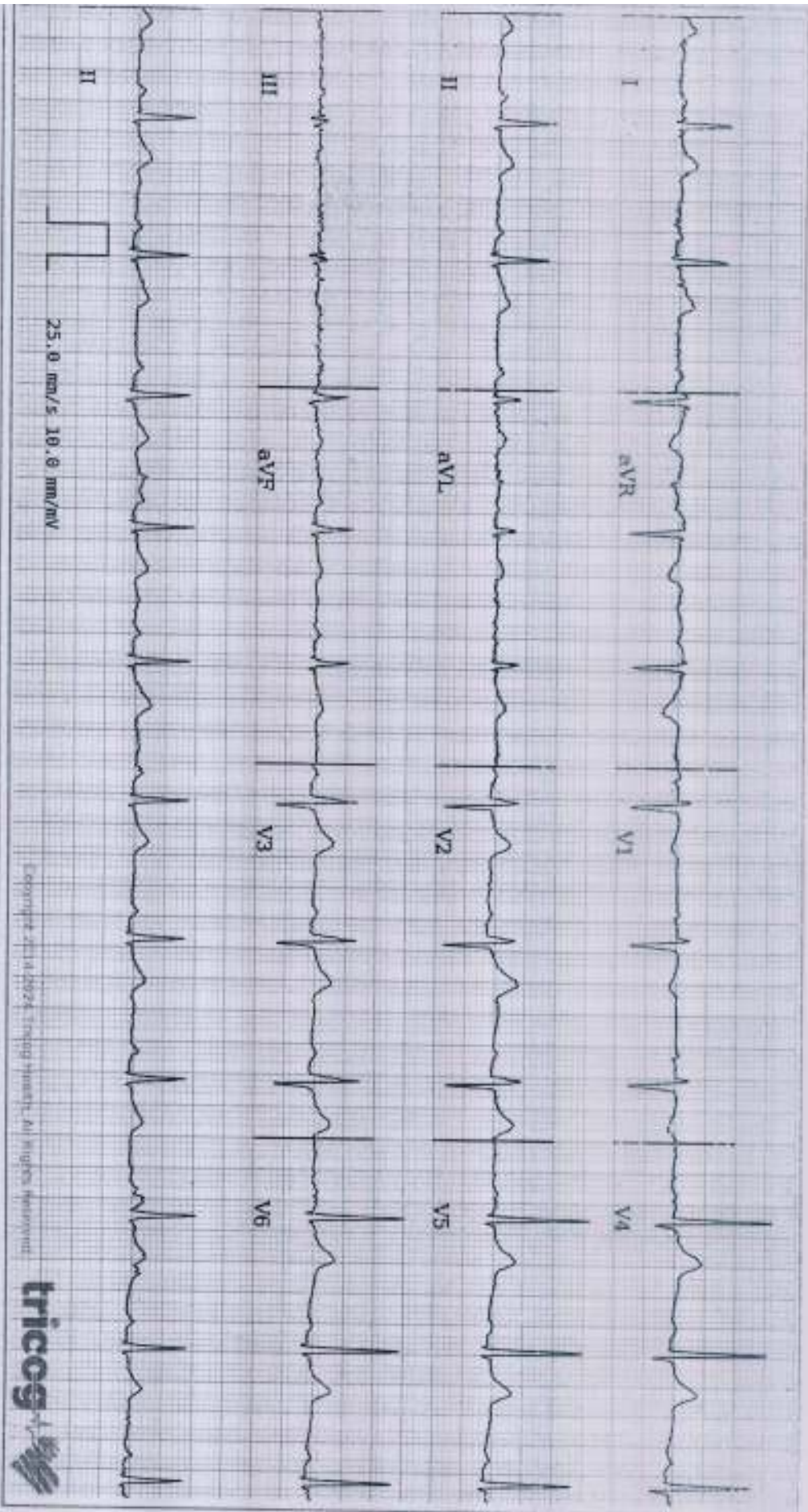
Collected : 09-Nov-2024 / 11:45
 Reported : 09-Nov-2024 / 14:57

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
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 ***

Dr. IMRAN MUJAWAR
 M.D (Path)
 Pathologist



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Age: **35** years months days
 Gender: **Male**

Heart Rate: **68bpm**

Patient Vitals

BP: NA
 Weight: NA
 Height: NA
 Pulse: NA
 SpO2: NA
 Resp: NA
 Other: NA

Measurements

QRSd: 94ms
 QT: 422ms
 QTcB: 448ms
 PR: 170ms
 P-R-T: 59° 32° 25°

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

REPORTED BY

DR SRINALLAA PILLAI
 MD, MBBS, MD Physician
 MD Physician
 69972

Disclaimer: This Analysis in this report is based on ECG alone and should be read in an adjunct to clinical history, symptoms, and results of other studies and non-laboratory tests and must be interpreted by a qualified physician. 24 Physical Vitals are as measured by the physician and not derived from the ECG.

Reg. No. : 2431419806	Sex : MALE
Name : MR. BHUKYA HANUMA NAIK	Age : 35 YRS
Ref. By : -----	Date : 09.11.2024

USG ABDOMEN AND PELVIS

LIVER: Liver appears normal in size (13.7 cm) 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. 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 11.2 x 4.9 cm. Left kidney measures 9.7 x 4.8 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus. *Bilateral Pelvicalyceal fullness noted (might be due to overdistended urinary bladder)*

SPLEEN: Spleen is normal in size (8.3 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 24 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.



F:Mail:

2803 (2431419806) / BHUKYA HANUMA NAIK / 35 Yrs / M / 164 Cms / 79 Kg
 Date: 09 / 11 / 2024 09:17:30 AM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	%THR	BP	RPP	FVC	Comments
Supine	00:19	0:19	00.0	00.0	01.0	079	43%	130/80	102	00	
Standing	00:33	0:14	00.0	00.0	01.0	073	39%	130/80	094	00	
HV	00:46	0:13	00.0	00.0	01.0	074	40%	130/80	096	00	
ExStart	01:01	0:15	00.0	00.0	01.0	077	42%	130/80	100	00	
BRUCE Stage 1	04:01	3:00	01.7	10.0	04.7	116	63%	140/80	162	00	
BRUCE Stage 2	07:01	3:00	02.5	12.0	07.1	136	74%	150/80	204	00	
BRUCE Stage 3	10:01	3:00	03.4	14.0	10.2	156	84%	160/80	249	00	
PeakEX	10:20	0:19	04.2	16.0	10.6	160	86%	160/80	256	00	
Recovery	11:20	1:00	00.0	00.0	04.2	142	77%	160/80	227	00	
Recovery	12:20	2:00	00.0	00.0	01.0	128	69%	130/80	168	00	
Recovery	12:22				00.0	000	0%	---	000	00	

FINDINGS :

Exercise Time : 09:19
 Initial HR (ExStnt) : 77 bpm 42% of Target 185
 Initial BP (ExStnt) : 130/80 (mm/Hg)
 Max Workload Attained : 10.6 Good response to induced stress
 Max ST Dep Lead & Avg ST Value : V1 & -1.0 mm In Recovery
 Test End Reasons : Fatigue, Heart Rate Achieved

Max HR Attained 160 bpm 86% of Target 185
 Max BP Attained 160/80 (mm/Hg)

Dr. SHAILAJA PILLAI
 M.D. (GEN. MED)

Doctor : DR. SHAILAJA PILLAI



EMail: 2803 / BHUKYA HANUMA NAIK / 35 Yrs / M / 164 Cms / 79 Kg Date: 09 / 11 / 2024 09:17:30 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 73.0 bpm, and the maximum predicted Target Heart Rate 185.0. The BP increased at the time of generating report as 160.0/80.0 mmHg. The Max Dep went upto 0.1. 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.

Dr. SHAILAJA PILLAI

M.D. (GEN.MED)

RNO. 69872

Doctor : DR. SHAILAJA PILLAI



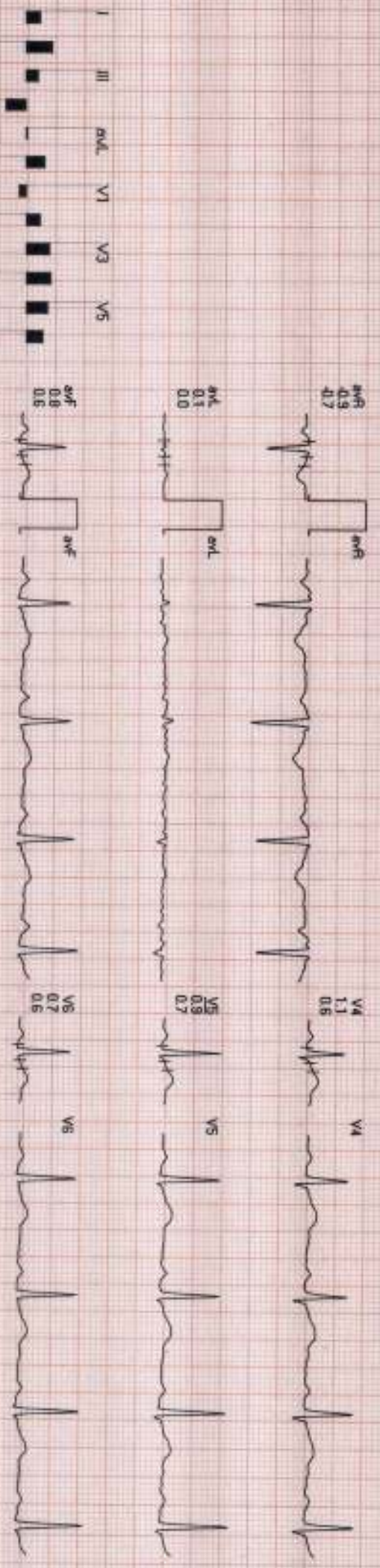
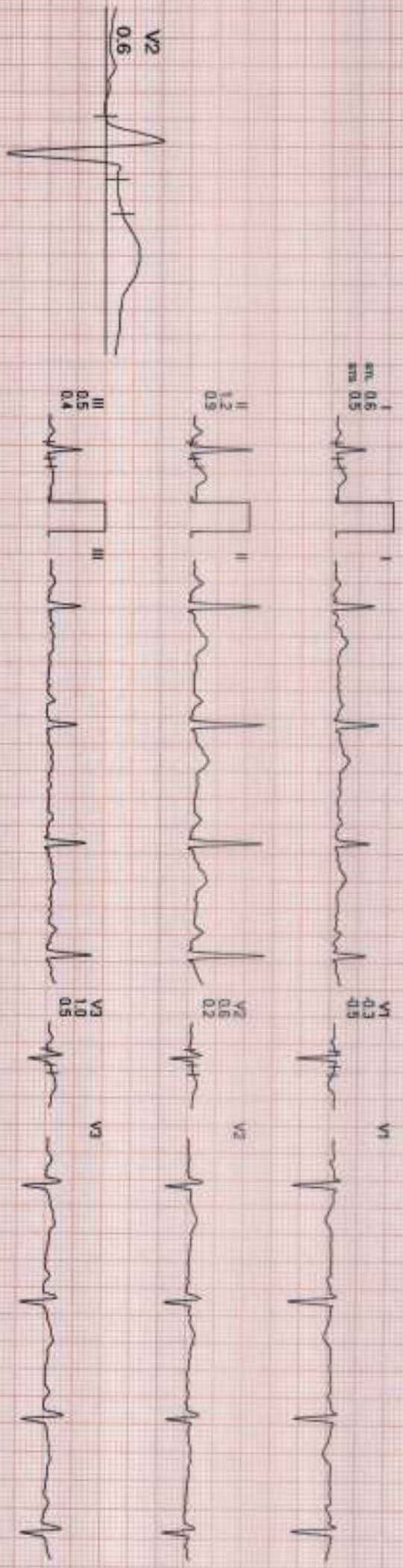
2803 (2431419806) / BHUKIYA HANUMA NAIK / 35 Yrs / M / 164 Cms / 79 Kg / HR : 79

Date: 09/11/2024 09:17:30 AM METS: 1.0/79 bpm 43% of THR BP: 130/80 mmHg Flow ECG/BLC On/Notch On/HR 0.05 Hz/LE 35 Hz

EXTIME: 00:00 0.0 mph 0.0%

4X 80 ms Plead J

25 mm/Sec 1.0 Cm/mV



REMARKS:

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

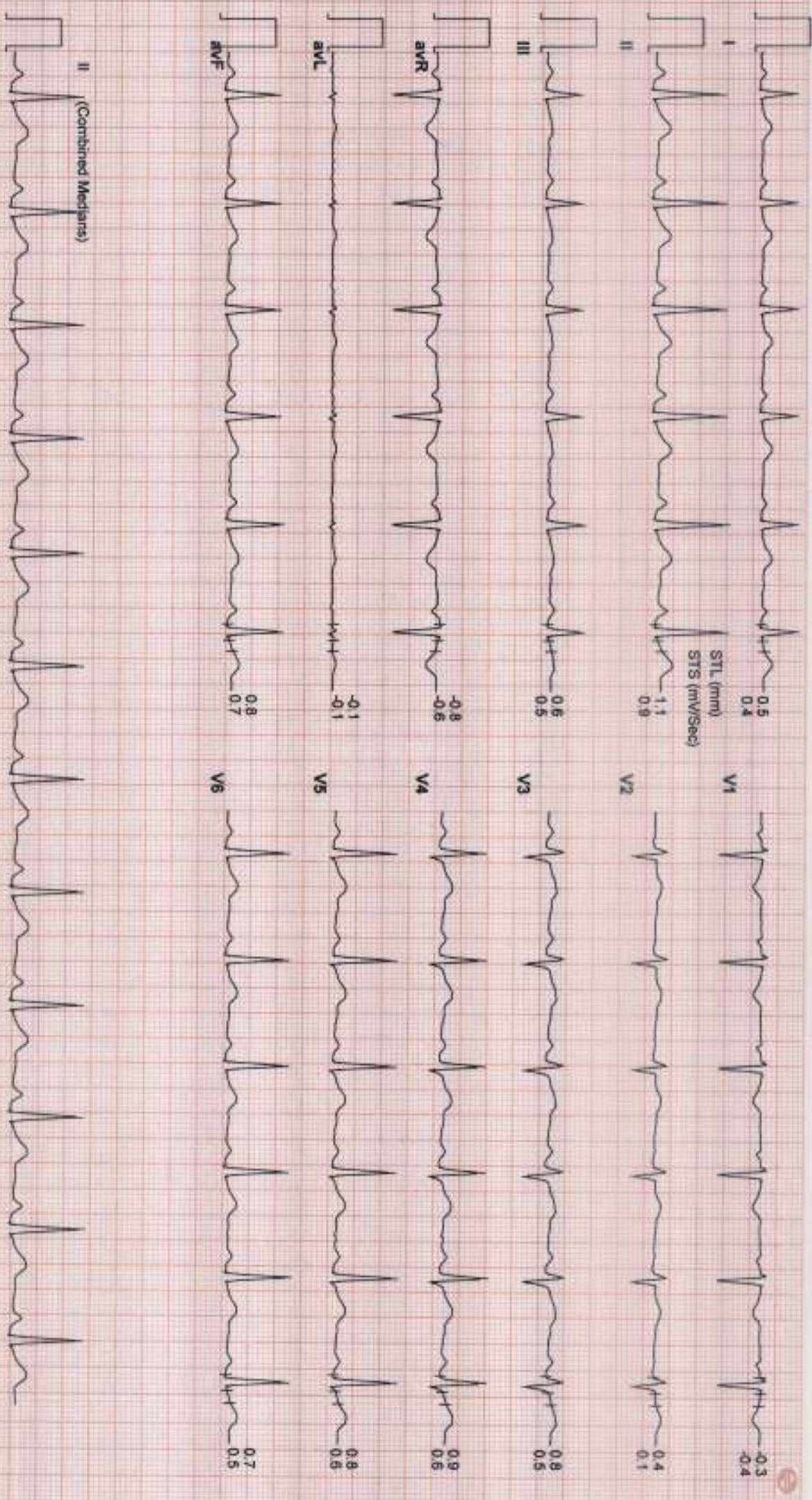
2803 / BHUKYA HANJUMA NAIK / 35 Yrs / Male / 164 Cm / 79 Kg

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



Date: 09 / 11 / 2024 09:17:30 AM METs : 1.0 HR : 73 Target HR : 39% of 165 BP : 130/90 Post J @80mSec

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



II (Combined Medians)

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

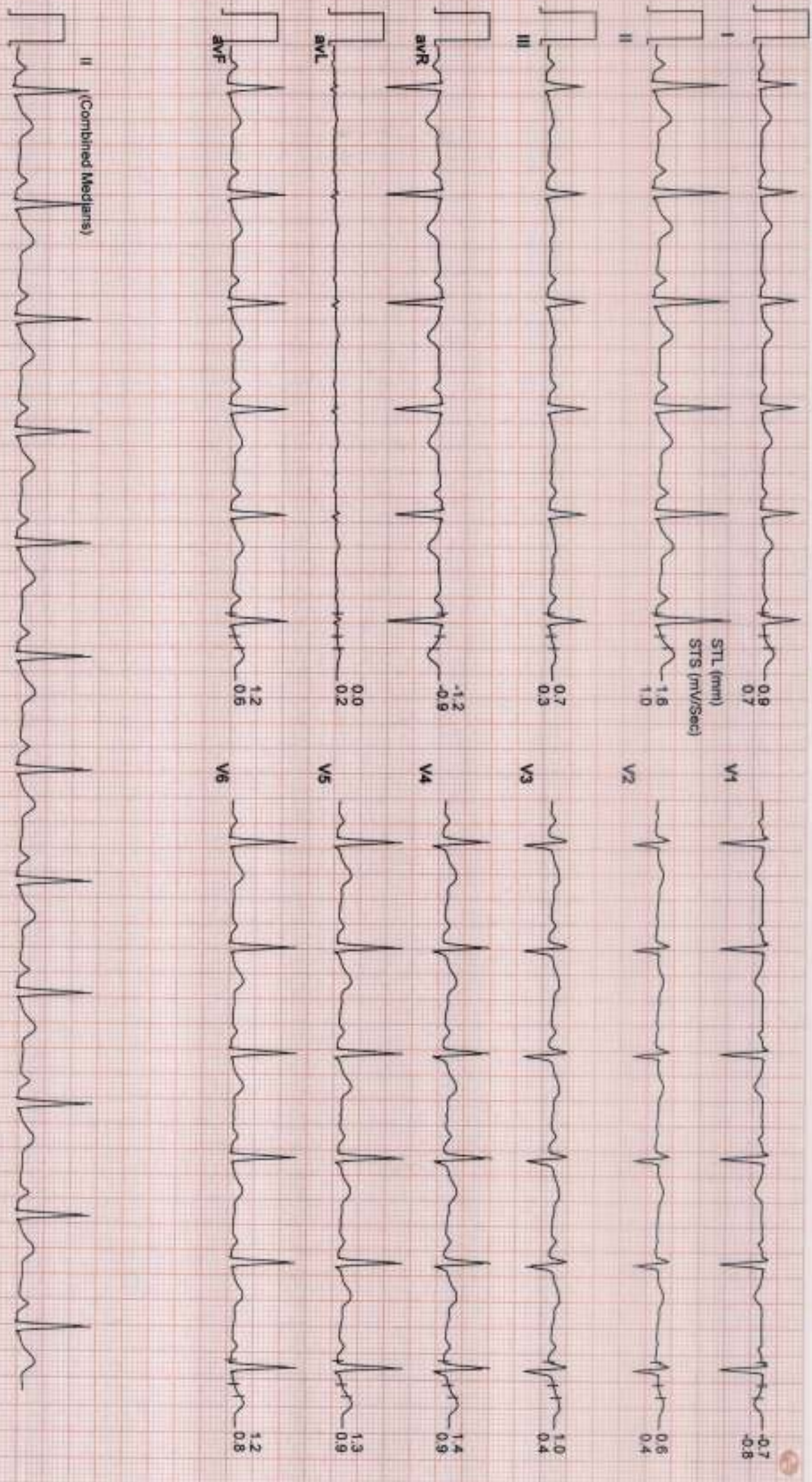
2803 / BHUKYA HANUMA NAIK / 35 Yrs / Male / 164 Cm / 79 Kg

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



Date: 09 / 11 / 2024 09:17:30 AM METs : 1.0 HR : 74 Target HR : 40% of 185 BP : 130/90 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)

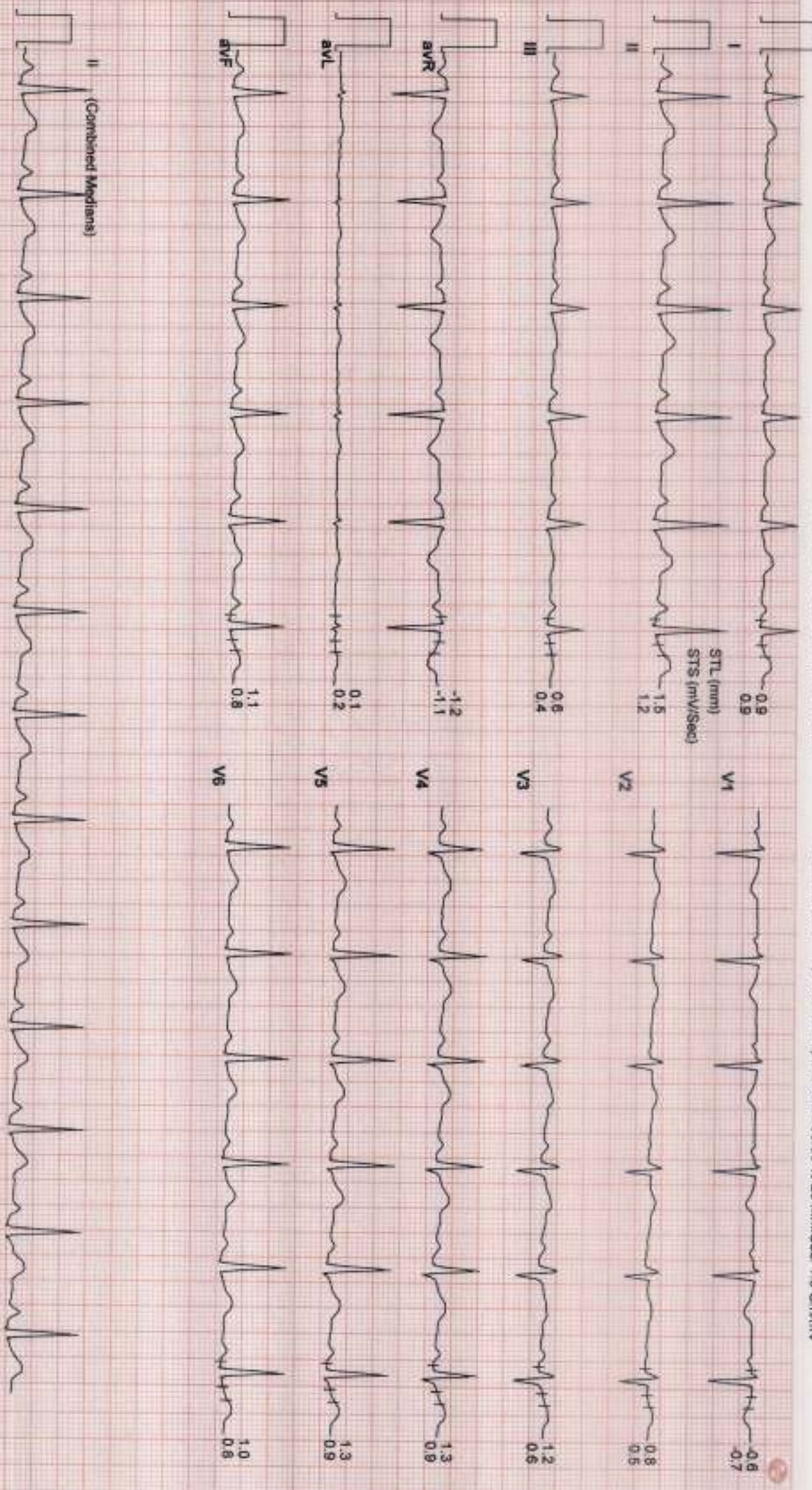
2803 / BHUKYA HANUMA NAIK / 35 Yrs / Male / 164 Cm / 79 Kg

6X2 Combine Medians + 1 Rhythm ExStn



Date: 09 / 11 / 2024 08:17:30 AM METs : 1.0 HR : 77 Target HR : 42% of 166 BP : 130/80 Post J @60mSec

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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

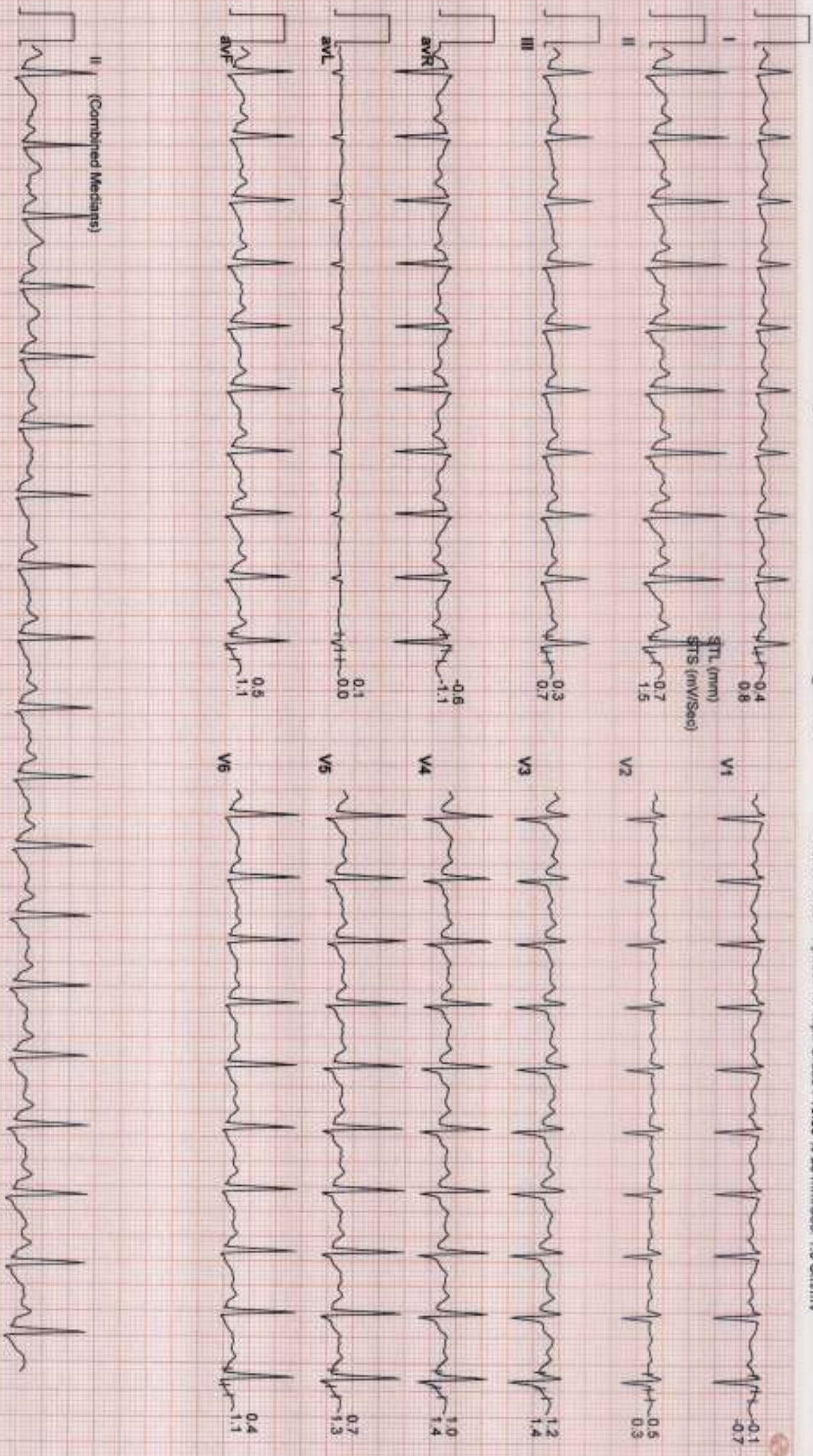
2803 / BHUKYA HANUMA NAIK / 35 Yrs / Male / 164 Cm / 79 Kg

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



Date: 09 / 11 / 2024 09:17:30 AM METs : 4.7 HR : 116 Target HR : 63% of 165 BP : 140/80 Post J @80mSec

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



II (Combined Medians)

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

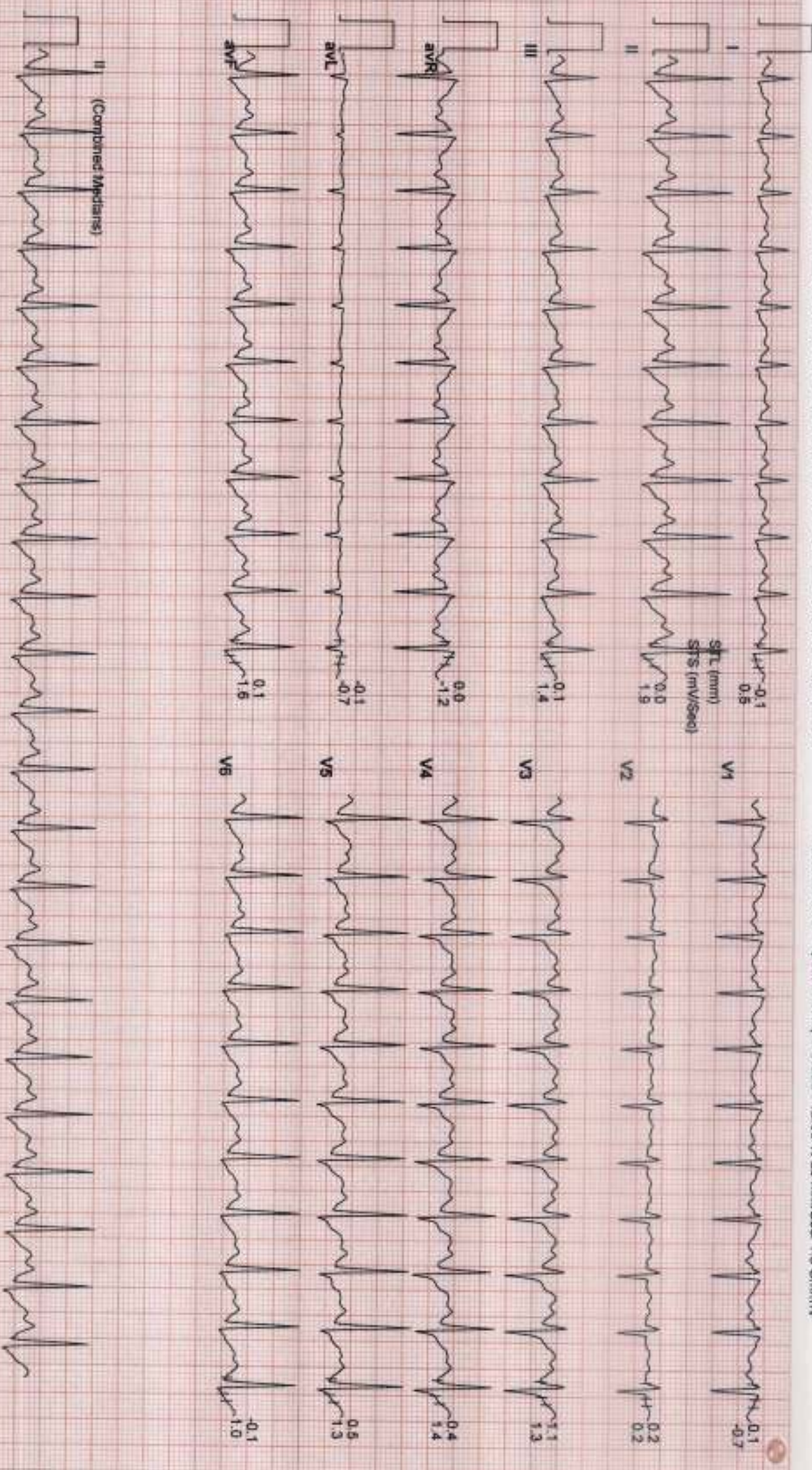
2803 / BHUKYA HANUMA NAIK / 35 Yrs / Male / 164 Cm / 79 Kg

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



Date: 09 / 11 / 2024 09:17:30 AM METs : 7.1 HR : 136 Target HR : 74% of 185 BP : 150/80 Post J @60mSec

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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

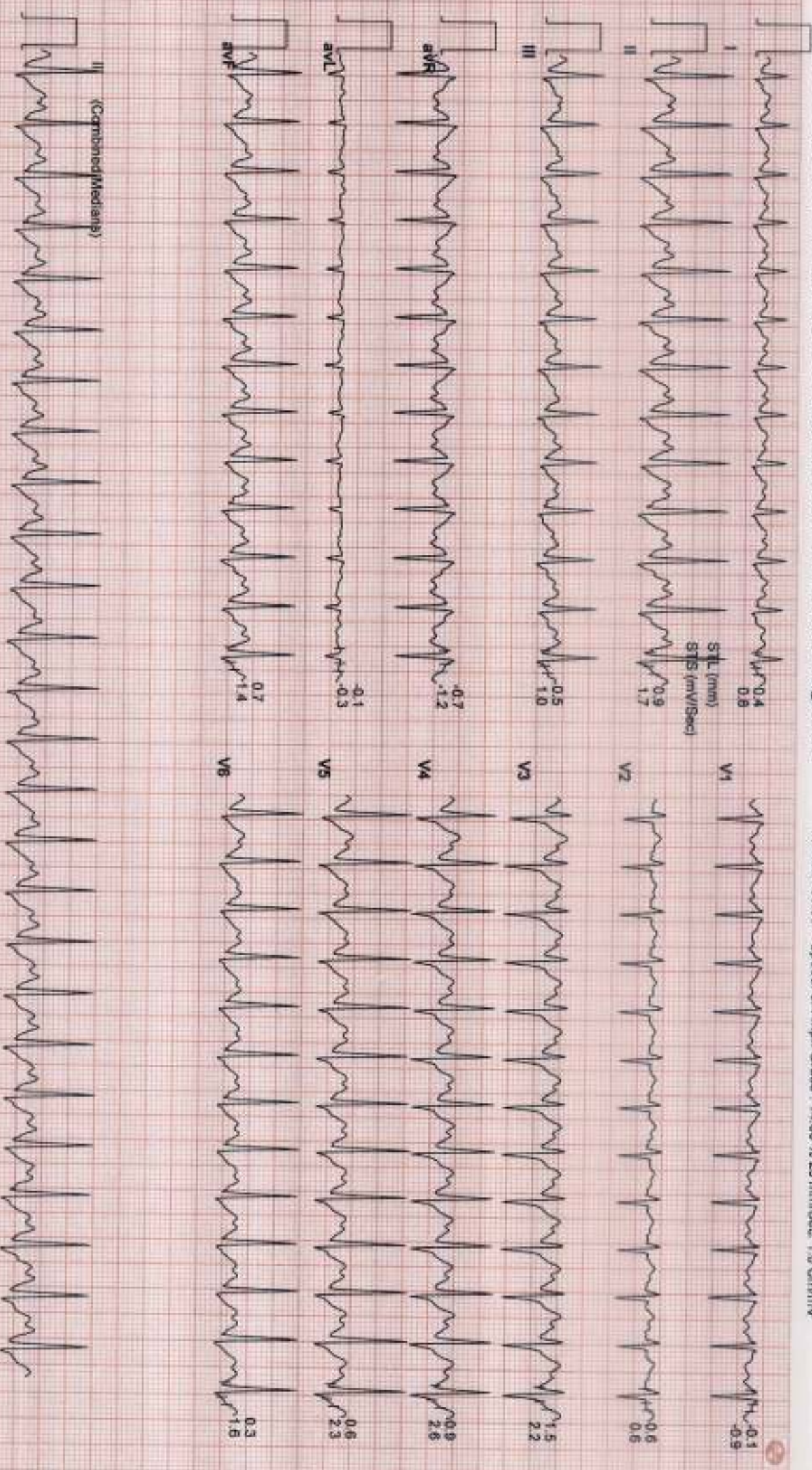
2803 / BHUKYA HANUMA NAIK / 35 Yrs / Male / 164 Cm / 79 Kg

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



Date: 09 / 11 / 2024 09:17:30 AM METs : 10.2 HR : 156 Target HR : 94% of 185 BP : 160/80 Post J @60mSec

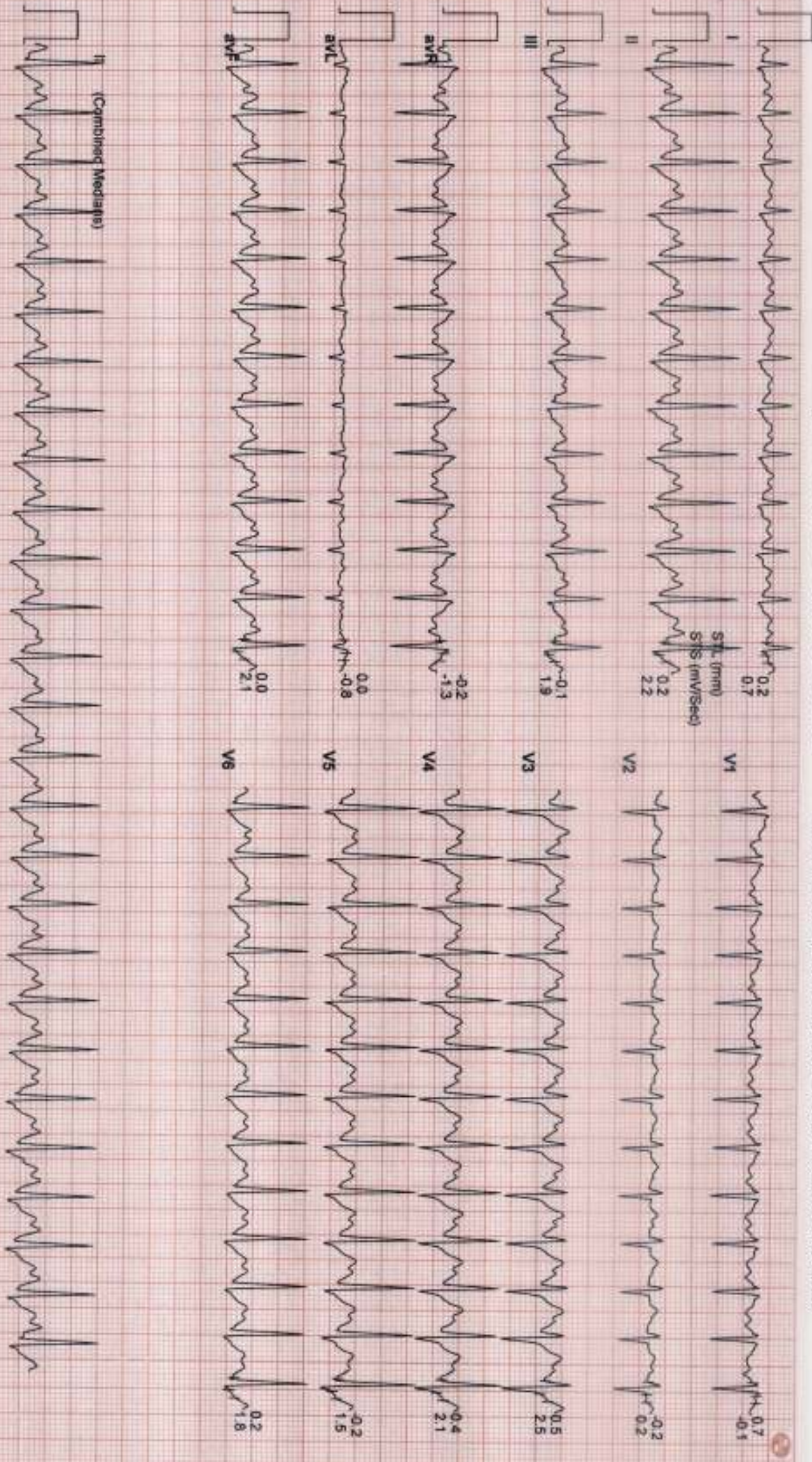
ExTime: 09:00 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec 1.0 Cm/mV





Date: 09 / 11 / 2024 09:17:30 AM METs : 10.6 HR : 160 Target HR : 95% of 165 BP : 160/90 Post J @6cmSec

EXTime: 09:19 Speed: 4.2 mph Grade : 16.00 % 25 mm/Sec. 1.0 Cm/mV



(Combined Medians)

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

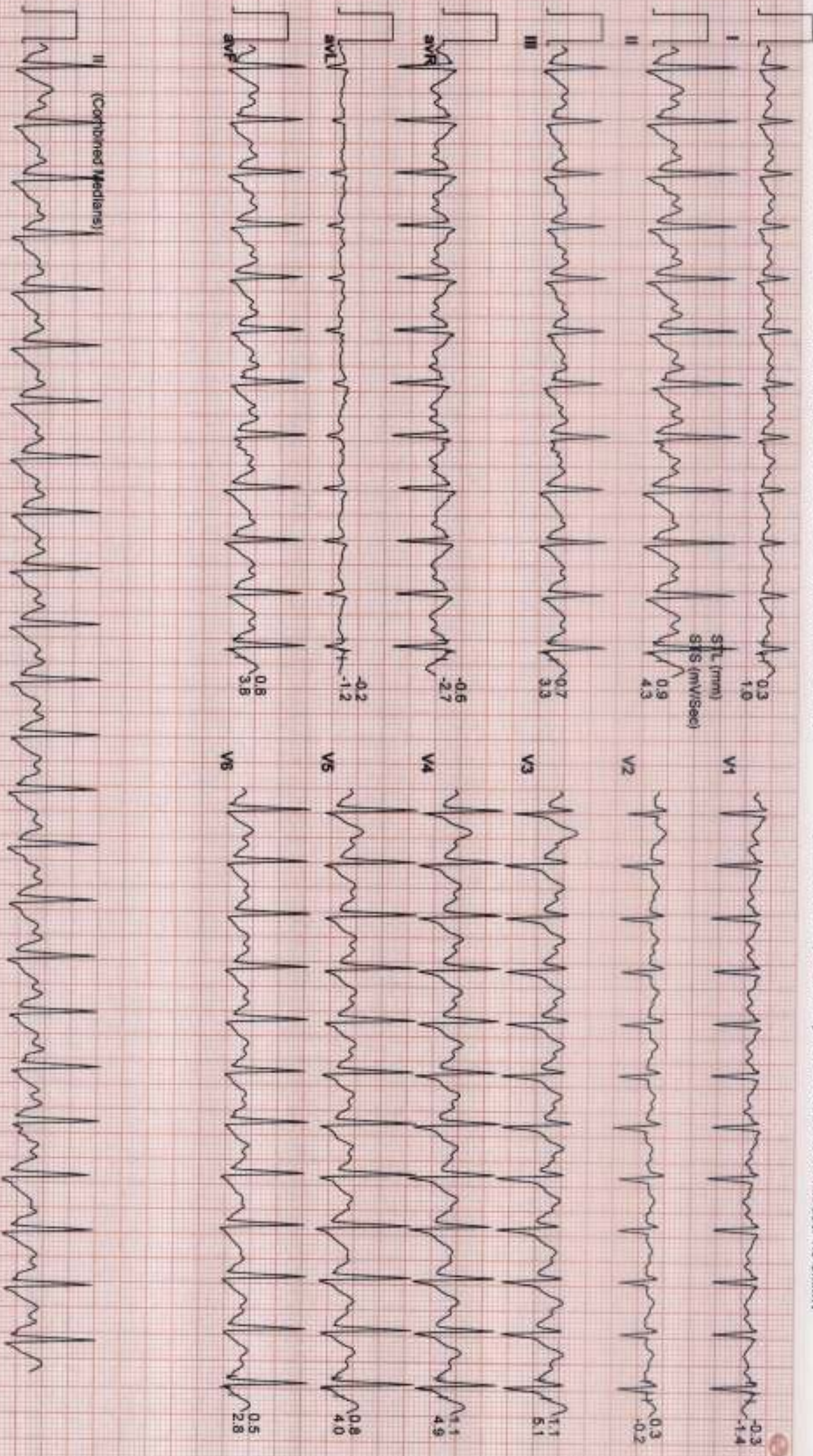
2803 / BHUKYA HANUMA NAIK / 35 Yrs / Male / 164 Cm / 79 Kg

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



Date: 09 / 11 / 2024 09:17:30 AM METs : 4.2 HR : 142 Target HR : 77% of 195 BP : 160/80 Post J @60mSec

ExTime: 09:19 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

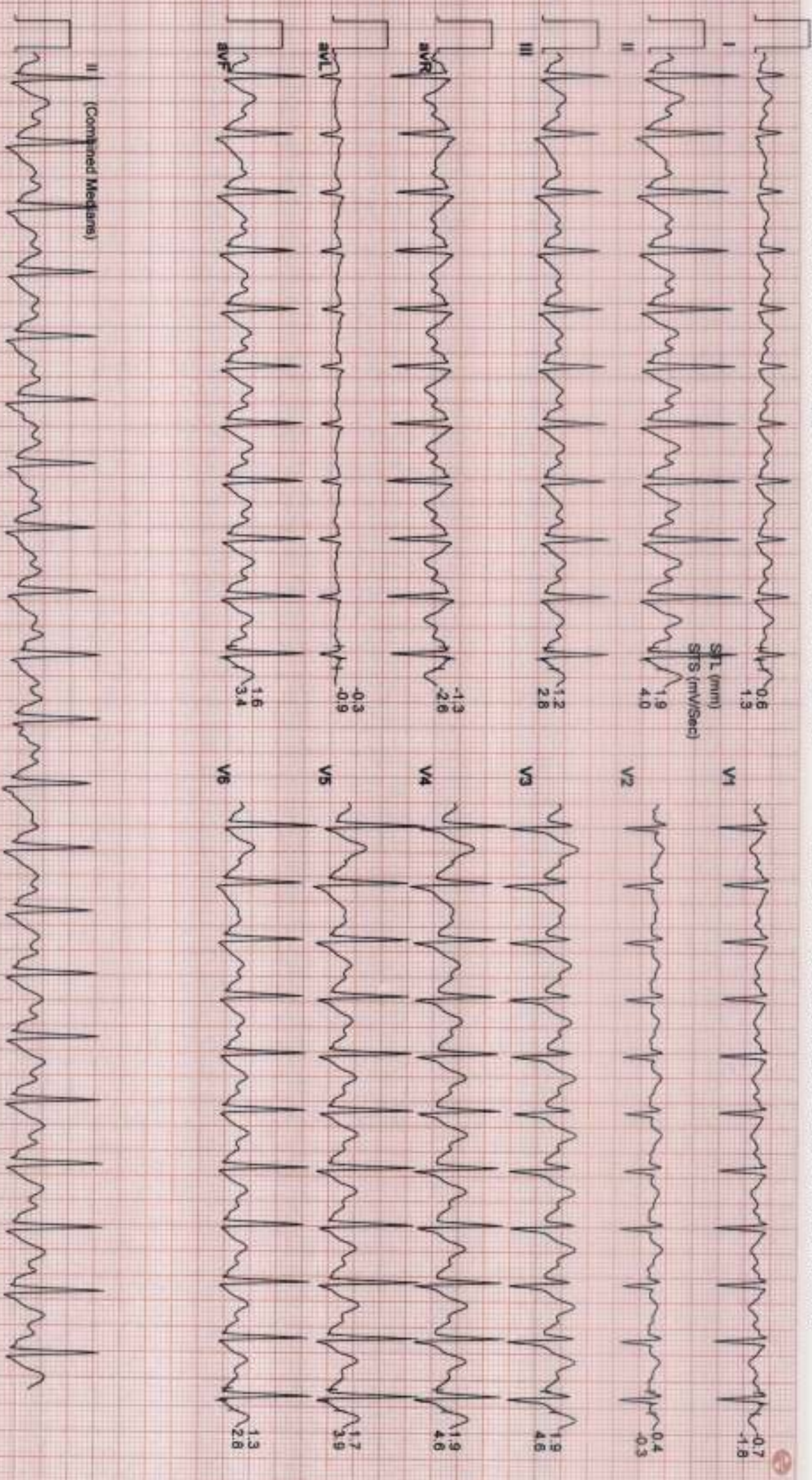
2803 / BHUKYA HANUMA NAIK / 35 Yrs / Male / 164 Cm / 79 Kg

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



Date: 09 / 11 / 2024 09:17:30 AM METs : 1.0 HR : 128 Target HR : 69% of 165 BP : 130/90 Post J @80mSec

ExTime: 08:19 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV



II (Combined Medians)

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

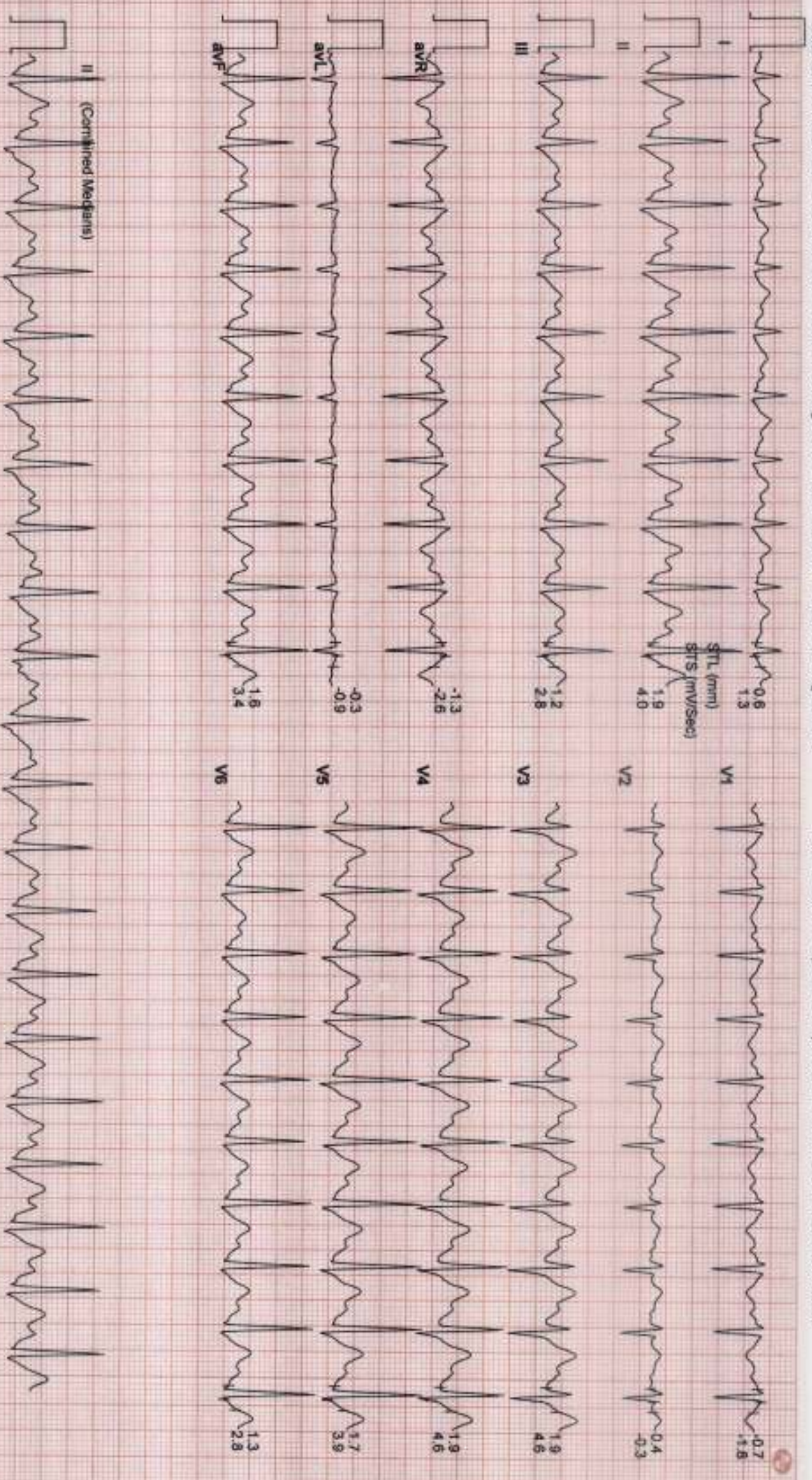
2803 / BHUKYA HANUMA NAIK / 35 Yrs / Male / 164 Cm / 79 Kg

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



Date: 09 / 11 / 2024 09:17:30 AM METS : 1.0 HR : 125 Target HR : 68% of 165 BP : 130/60 Post J @80mSec

EXTime: 09:19 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV



II (Continued Medians)

Reg. No. : 2431419806	Sex : MALE
Name : MR. BHUKYA HANUMA NAIK	Age : 35 YRS
Ref. By : -----	Date : 09.11.2024

USG ABDOMEN AND PELVIS

LIVER: Liver appears normal in size (13.7 cm) 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. 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 11.2 x 4.9 cm. Left kidney measures 9.7 x 4.8 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus. *Bilateral Pelvicalyceal fullness noted (might be due to overdistended urinary bladder)*

SPLEEN: Spleen is normal in size (8.3 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 24 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

Reg. No. : 2431419806	Sex : MALE
Name : MR. BHUKYA HANUMA NAIK	Age : 35 YRS
Ref. By : -----	Date : 09.11.2024

IMPRESSION:

- **GRADE I FATTY INFILTRATION OF LIVER.**
- **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.



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REG NO. 2018/12/6130