

PHYSICAL EXAMINATION REPORT

Patient Name Prishikesh Gaykar Sex/Age m/34
Date 28/10/23 Location Thane

History and Complaints

MIL
↑ S. chd.

EXAMINATION FINDINGS:

Height (cms):	<u>169</u>	Temp (0c):	<u>Afe</u>
Weight (kg):	<u>66</u>	Skin:	<u>MAD</u>
Blood Pressure	<u>106/76</u>	Nails:	<u>ML</u>
Pulse:	<u>64/L</u>	Lymph Node:	<u>MP</u>

Systems :
Cardiovascular:
Respiratory:
Genitourinary:
GI System:
CNS:

MAD

Impression:
- ↑ Eosinophils . ↓ HDL .
- ↑ A/G Ratio
- ↑ HbA1C

- Treatment of ↑ Eosinophilis

Advice:

- Regular Exercise

- Low sugar Diet

Repeat sugar profile after 6 months

- 1) Hypertension:
- 2) IHD
- 3) Arrhythmia
- 4) Diabetes Mellitus
- 5) Tuberculosis
- 6) Asthama
- 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

}
NO
NO
NO

PERSONAL HISTORY:

- 1) Alcohol
- 2) Smoking
- 3) Diet
- 4) Medication

NO
NO
pure veg
Rosuhit (NO)
0-1

Dr. Manasee Kulkarni
M.B.B.S.
2005/09/3439
05/10/23

Date: 28/10/23
Name: *Ashikaal*
Ranghoo

Kalyani
CID: 2330119861
Sex / Age: M-34

EYE CHECK UP

Chief complaints: 12 W

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: D20/40 H6
D30/60 H6

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / ~~Abnormal~~

Remark: use own Spectacles

MR. PRAKASH KUDVA
Prakash
SR. OPTOMETRIST



CID : 2330119861
Name : MR. HRISHIKESH GAYKAR
Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 28-Oct-2023 / 09:56
Reported : 28-Oct-2023 / 13:01

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	14.0	13.0-17.0 g/dL	Spectrophotometric
RBC	5.14	4.5-5.5 mil/cmm	Elect. Impedance
PCV	41.2	40-50 %	Measured
MCV	80.2	80-100 fl	Calculated
MCH	27.3	27-32 pg	Calculated
MCHC	34.0	31.5-34.5 g/dL	Calculated
RDW	15.0	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	5450	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	33.7	20-40 %	
Absolute Lymphocytes	1836.7	1000-3000 /cmm	Calculated
Monocytes	6.9	2-10 %	
Absolute Monocytes	376.1	200-1000 /cmm	Calculated
Neutrophils	50.2	40-80 %	
Absolute Neutrophils	2735.9	2000-7000 /cmm	Calculated
Eosinophils	9.2	1-6 %	
Absolute Eosinophils	501.4	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	224000	150000-400000 /cmm	Elect. Impedance
MPV	9.3	6-11 fl	Calculated
PDW	12.5	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	-
Microcytosis	-

Authenticity Check



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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 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
MD (Path)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	98.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	116.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.42	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.17	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.25	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.9	3.5-5.2 g/dL	BGG
GLOBULIN, Serum	2.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.5	1 - 2	Calculated
SGOT (AST), Serum	22.4	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	24.6	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	17.3	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	68.8	40-130 U/L	PNPP
BLOOD UREA, Serum	17.3	12.8-42.8 mg/dl	Urease & GLDH
BUN Serum	8.1	6-20 mg/dl	Calculated
CREATININE, Serum	0.88	0.67-1.17 mg/dl	Enzymatic

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eGFR, Serum	116	(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	5.9	3.5-7.2 mg/dl	Uricase
Urino Sugar (Fasting)	Absent	Absent	
Urino Ketones (Fasting)	Absent	Absent	
Urino Sugar (PP)	Absent	Absent	
Urino Ketones (FP)	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

Pathents by Qrisc



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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	5.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: > / = 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	119.8	mg/dl	Calculated

Intervled 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 : 28-Oct-2023 / 09:56
Reported : 28-Oct-2023 / 14:58

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	Slight hazy	Clear	-
Volume (ml)	40	-	-
CHEMICAL EXAMINATION			
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			
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)

Refer to: Pack insert

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

*** End Of Report ***



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Pathologist

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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 newborn 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 & 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 ABH antigens because of inheritance of hh genotype.

References:

1. Denise M Harnening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012, F.A. Davis company, Philadelphia
2. AABB technical manual

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	141.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	114.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high: >/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	30.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	111.2	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	88.0	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	23.2	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.9	0-3.5 Ratio	Calculated

*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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Collected : 28-Oct-2023 / 09:56
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	6.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.8	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.65	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 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 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.kinoulou et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
2. Interpretation of the thyroid function tests, Dayan et al, THE LANCET, Vol 357
3. Tietz, Text Book of Clinical Chemistry and Molecular Biology -5th Edition
4. Biological Variation: From principles to Practice-Callum G Fraser (AACC Press)



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Haemoglobin



WBC Total Count



Platelet Count



ESR



CHOLESTEROL



TRIGLYCERIDES

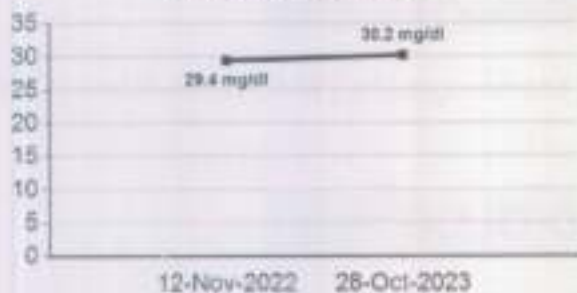




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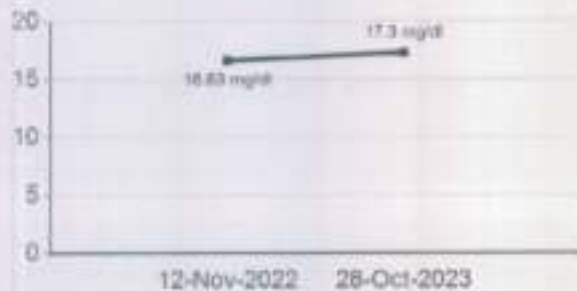
HDL CHOLESTEROL



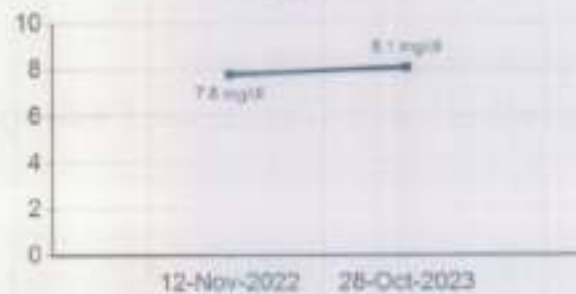
LDL CHOLESTEROL



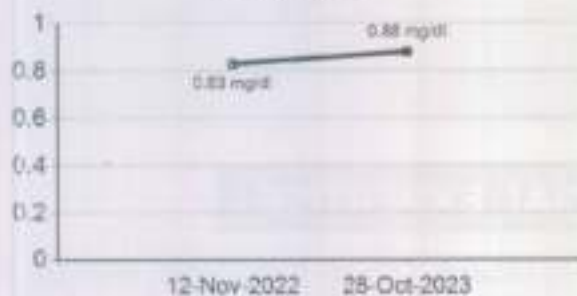
BLOOD UREA



BUN



CREATININE



URIC ACID

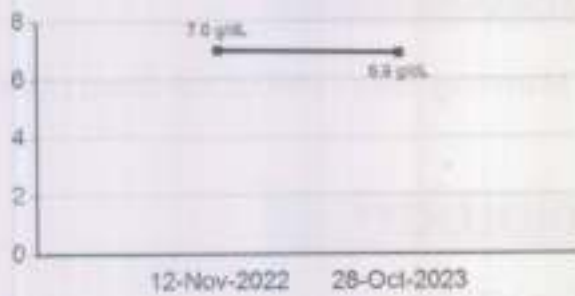




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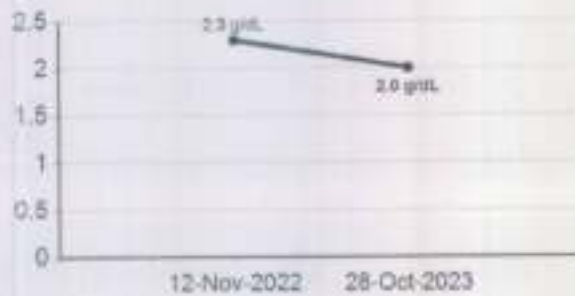
TOTAL PROTEINS



ALBUMIN



GLOBULIN



SGOT (AST)



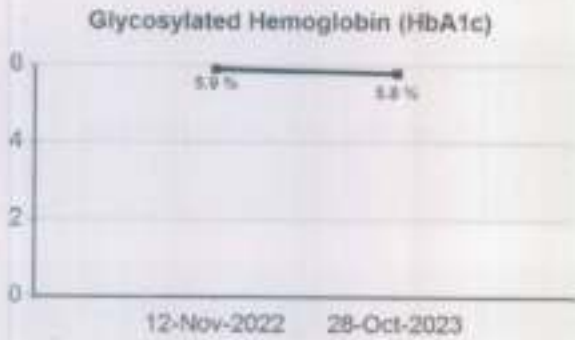
SGPT (ALT)



ALKALINE PHOSPHATASE



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Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 28-Oct-2023
Reported : 28-Oct-2023 / 10:25

R
E
P
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R
T

USG WHOLE ABDOMEN

LIVER: Liver appears normal in size 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.

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 9.0 x 3.8 cm. Left kidney measures 9.1 x 4.1 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 3.1 x 3.7 x 2.7 cm in dimension and 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.

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IMPRESSION: USG ABDOMEN IS WITHIN NORMAL LIMITS

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

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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.

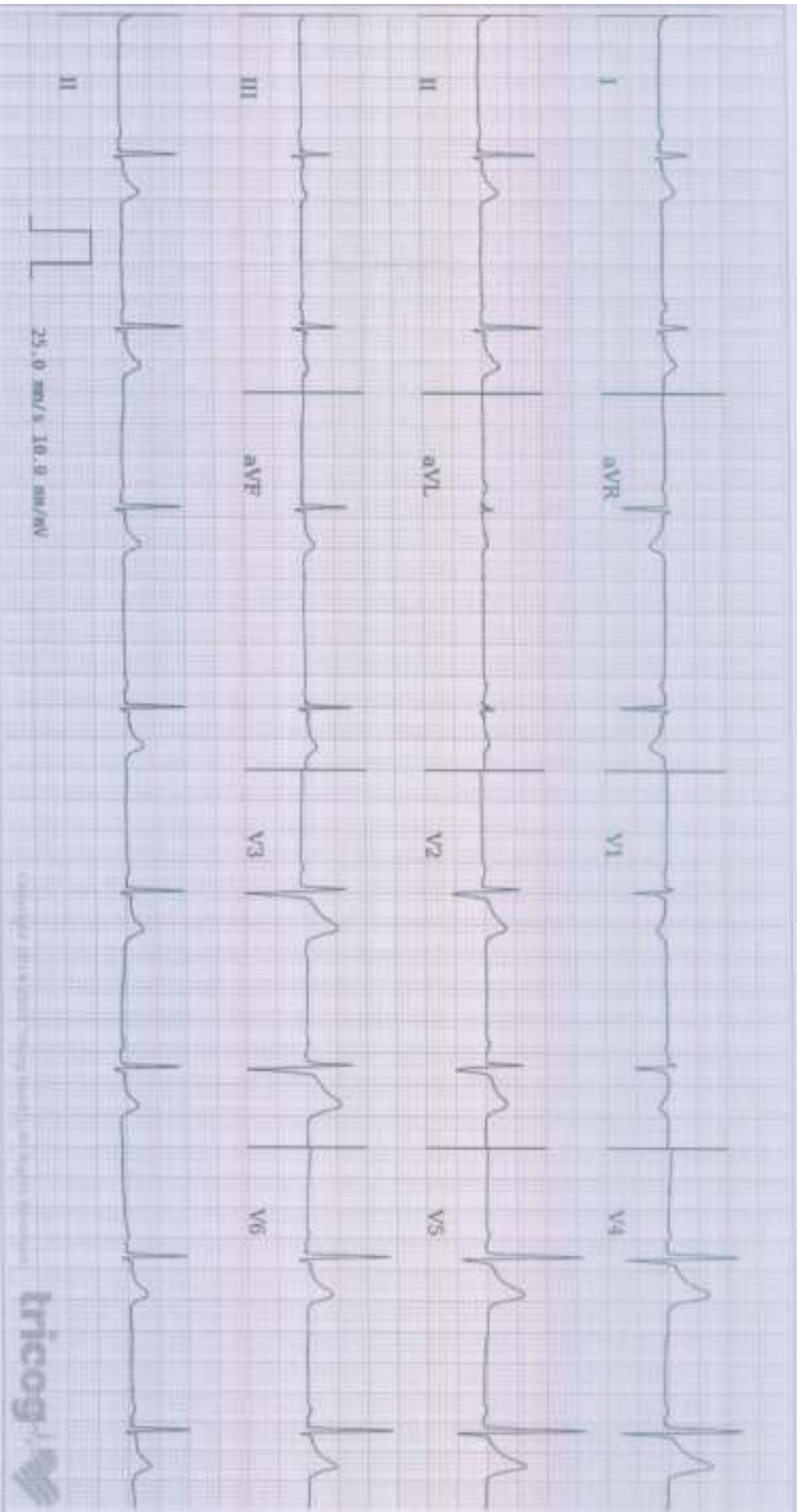
-----End of Report-----

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

[Click here to view images <<ImageLink>>](#)

Patient Name: **HRISHIKESH GAYKAR**
Patient ID: **2330119861**

SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST
Date and Time: **28th Oct 23 10:33 AM**



Calibration pulse and timing markers are not shown.



Age: **34** NA NA
years months days

Gender: **Male**

Heart Rate: **52bpm**

Patient Vitals

BP: **100/70 mmHg**

Weight: **66 kg**

Height: **164 cm**

Pulse: **NA**

SpO2: **NA**

Resp: **NA**

Other: **NA**

Measurements

QRSD: **38ms**

QT: **370ms**

QTcB: **344ms**

PR: **160ms**

P-R-T: **4° 55° 42°**

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

REPORTED BY

[Signature]

DR. SHUBHAM PILLAI
MBBS, MD (Pulm)
MD (Respiratory)
2007

Physician's / Analyst's report is to be read in conjunction with the ECG trace and should be used for reference only. It is not intended to be used as a substitute for a clinical history, symptoms, and results of other studies, and may require more information to be interpreted by a qualified professional. All data is subject to change without notice. © 2023

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Email:

106 (2330119861) / HRISHIKESH GAYKAR / 34 Yrs / M / 164 Cms / 66 Kg
Date: 28 / 10 / 2023 11:43:07 AM

Report



Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:12	0:12	00.0	00.0	01.0	077	41 %	100/70	077	00	
Standing	00:20	0:08	00.0	00.0	01.0	086	47 %	100/70	086	00	
HV	00:29	0:09	00.0	00.0	01.0	085	46 %	100/70	085	00	
ExStart	00:37	0:08	00.0	00.0	01.0	080	43 %	100/70	080	00	
BRUCE Stage 1	03:37	3:00	01.7	10.0	04.7	113	61 %	110/70	124	00	
BRUCE Stage 2	06:37	3:00	02.5	12.0	07.1	130	70 %	120/70	156	00	
BRUCE Stage 3	09:37	3:00	03.4	14.0	10.2	149	80 %	130/80	193	00	
PeakEx	10:38	1:01	04.2	16.0	11.3	157	84 %	150/80	235	00	
Recovery	11:38	1:00	00.0	00.0	04.2	134	72 %	150/80	201	00	
Recovery	12:38	2:00	00.0	00.0	01.0	120	65 %	110/70	132	00	
Recovery	13:13	2:36	00.0	00.0	01.0	112	60 %	110/70	123	00	

FINDINGS :

Exercise Time : 10:01
 Initial HR (ExStrt) : 80 bpm 43% of Target 186
 Initial BP (ExStrt) : 100/70 (mm/Hg)
 Max Workload Attained : 11.3 Good response to induced stress
 Max ST Dep Lead & Avg ST Value : V1 & -0.7 mm in Recovery
 Test End Reasons : Heart Rate Achieved

Max HR Attained 157 bpm 84% of Target 186
 Max BP Attained 150/80 (mm/Hg)

Dr. SHAILAJA PILLAI
 M.D. (GEN MED)
 R.N.O. 4372

Doctor : DR. SHAILAJA PILLAI



EM All: RISHIKESH GAYKAR / 34 Yrs / M / 164 Cms / 66 Kg Date: 28 / 10 / 2023 11:43:07 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 69.0 bpm, and the maximum predicted Target Heart Rate 166.0. The BP increased at the time of generating report as 150/80.0 mmHg. The Max Dep went upto 0.2. 0.0 Ectopic Beats were observed during the Test. The Test was completed because of, 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.

Dr. SHAILAJA PILLAI

M.D. (GEN.MED)

R.NO. 11972

Doctor : DR. SHAILAJA PILLAI

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

106 (233201198861) / HIRISHIKESH GAYKAR / 34 Yrs / M / 164 Cms / 68 Kg / HR : 77

Date: 28/10/2023 11:43:07 AM METS: 1.0/77 bpm 41% of THR BP: 100/70 mmHg Raw ECG BLC On/Width On/HR 0.05 mV/cm 35 Hz

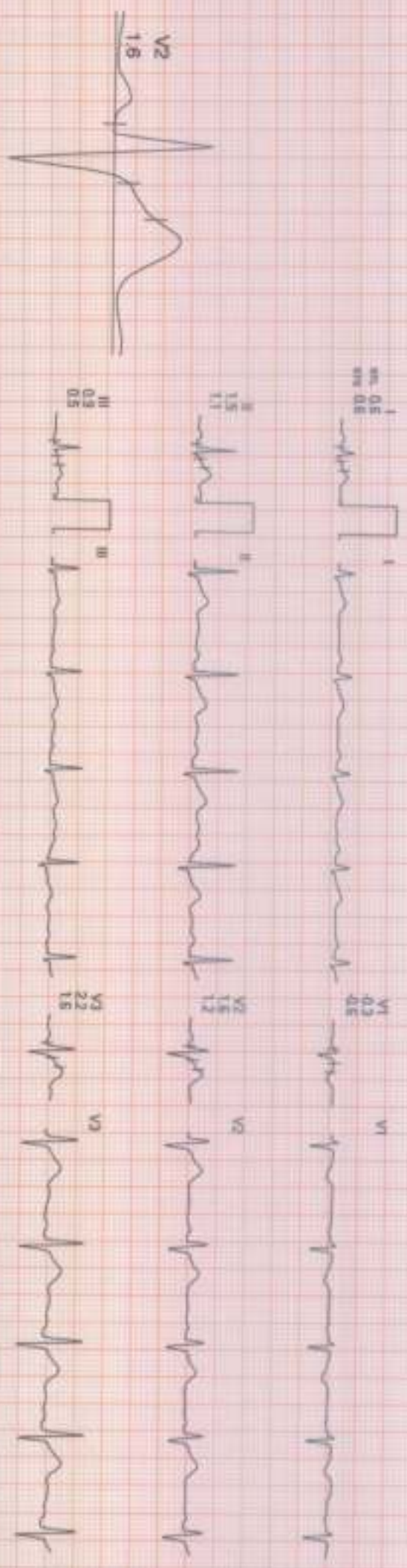
4X 00:00:00

SUPINE (00:01)



ExTime: 00:00 0.0 mVh 0.0%

25mm/Sec 1.0mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

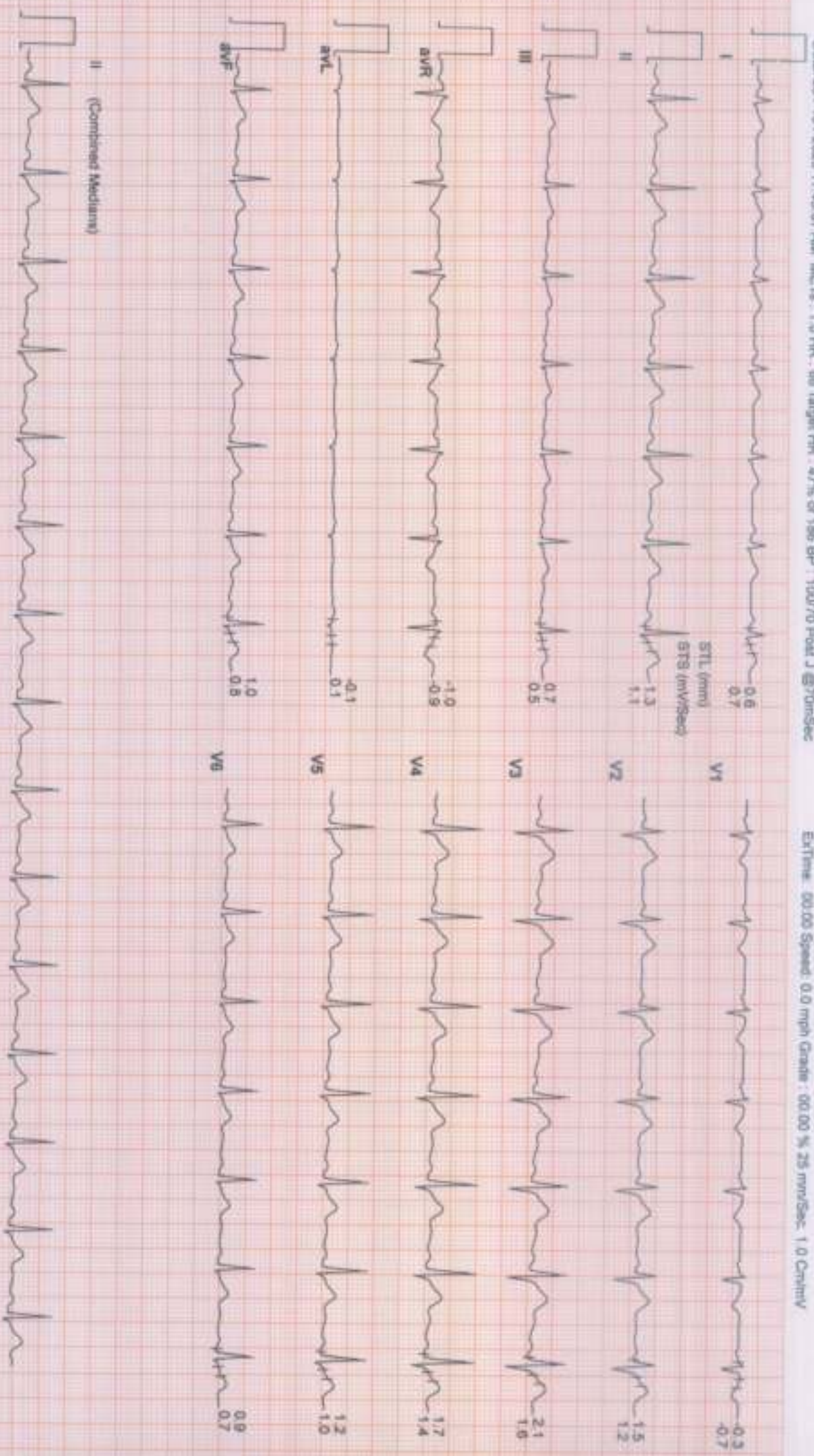
106 / HRISHIKESH GAYKAR / 34 Yrs / Male / 164 Cm / 66 Kg

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



Date: 26 / 10 / 2023 11:43:07 AM METs : 1.0 HR : 66 Target HR : 47% of 166 BP : 100/70 Post J @ 70ms/Sec

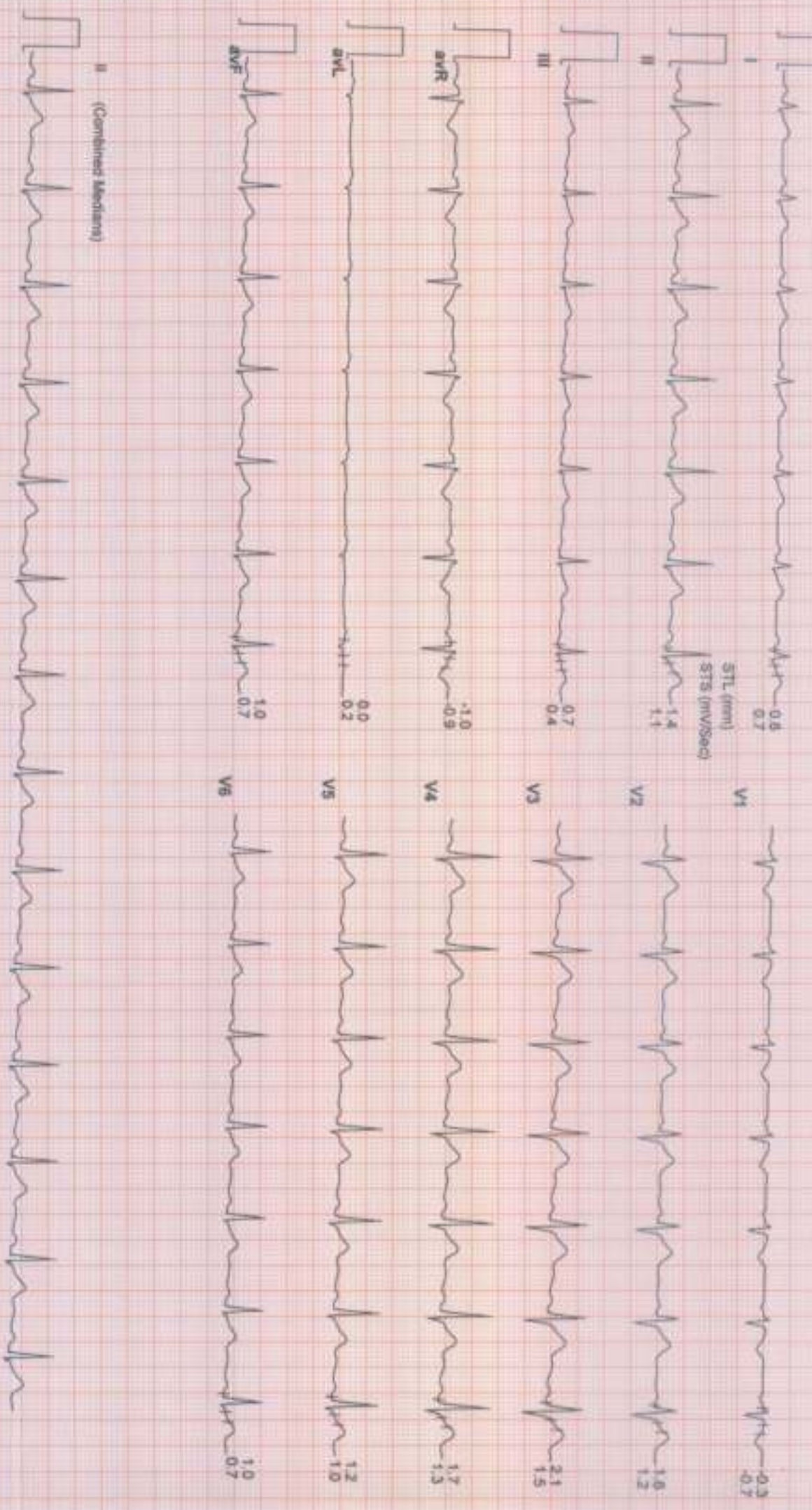
EXTIME : 00:00 Speed : 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





Date: 28 / 10 / 2023 11:43:07 AM METs : 1.0 HR : 85 Target HR : 46% of 166 BP : 100/70 Post J @BcdSec

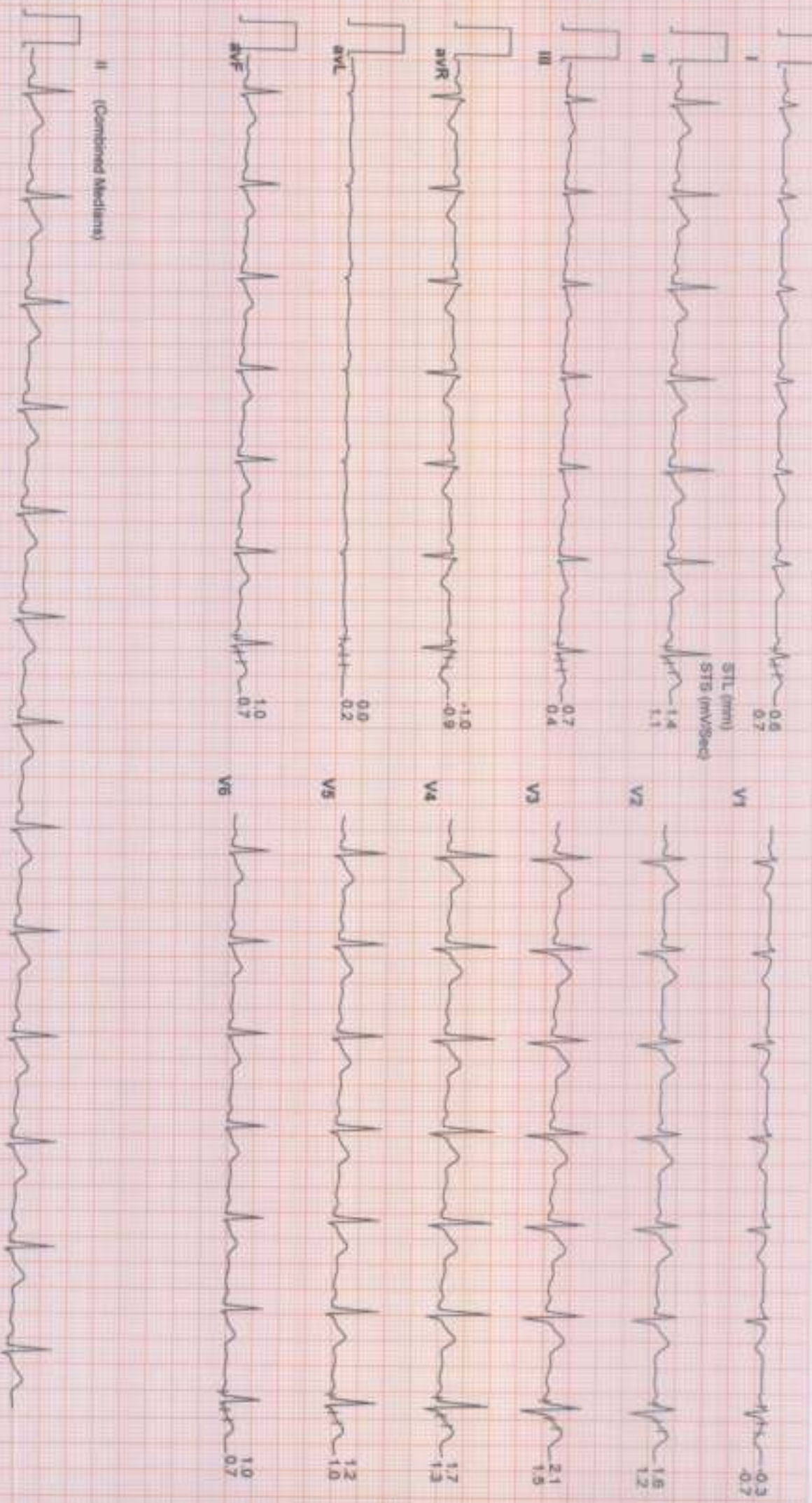
ExTime : 00:00 Speed : 0.0 mph Grade : 00.00 % 25 mm/Sec : 1.0 Cm/mV





Date: 26 / 10 / 2023 11:43:07 AM METs : 1.0 HR : 80 Target HR : 43% of 166 BP : 100/70 Post J @30mSec

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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

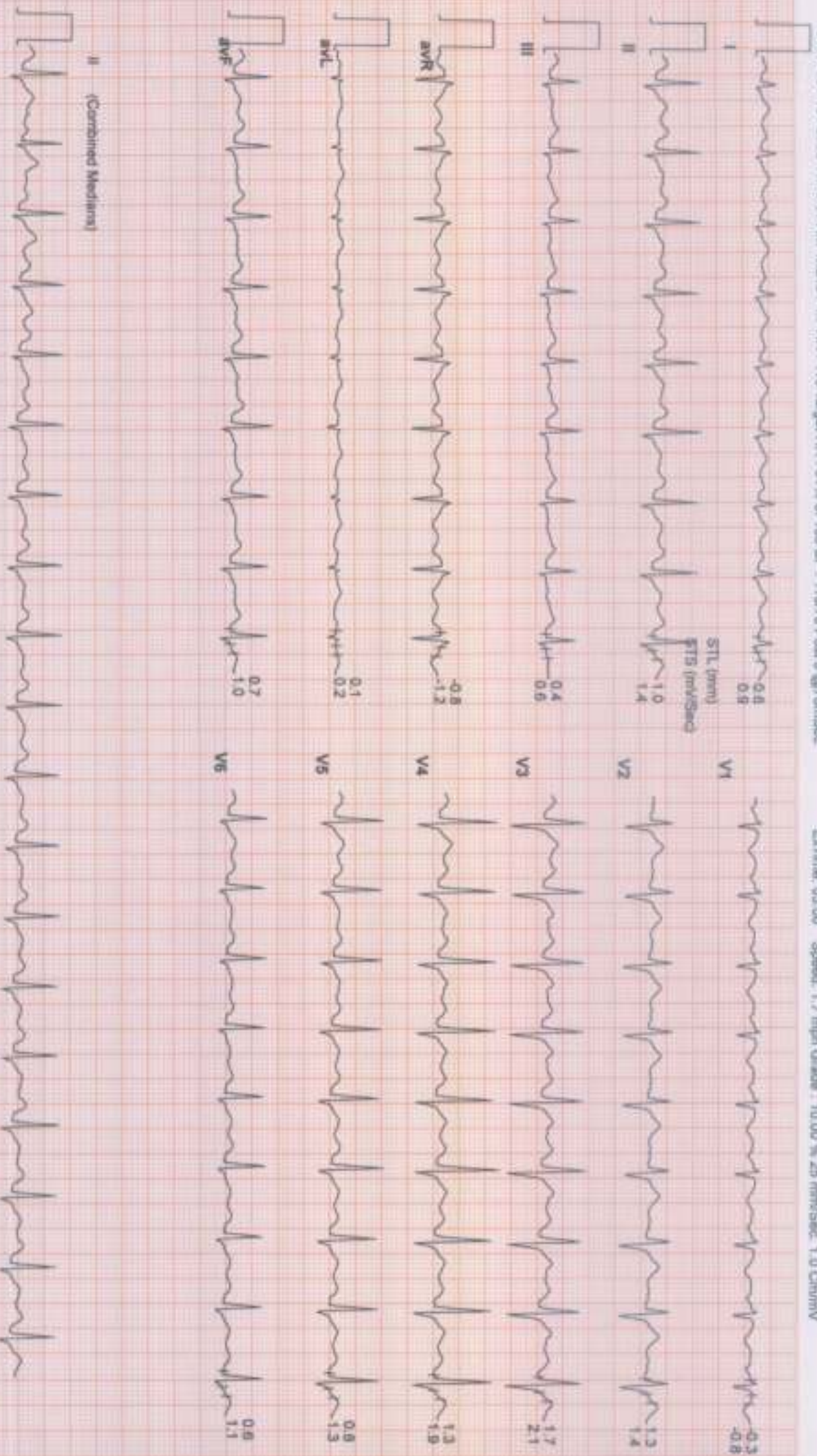
106 / HRISHIKESH GAYKAR / 34 Yrs / Male / 164 Cm / 66 Kg

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



Date: 28 / 10 / 2023 11:43:07 AM METs : 4.7 HR : 113 Target HR : 81% of 166 BP : 110/70 Post J @ 70mSec

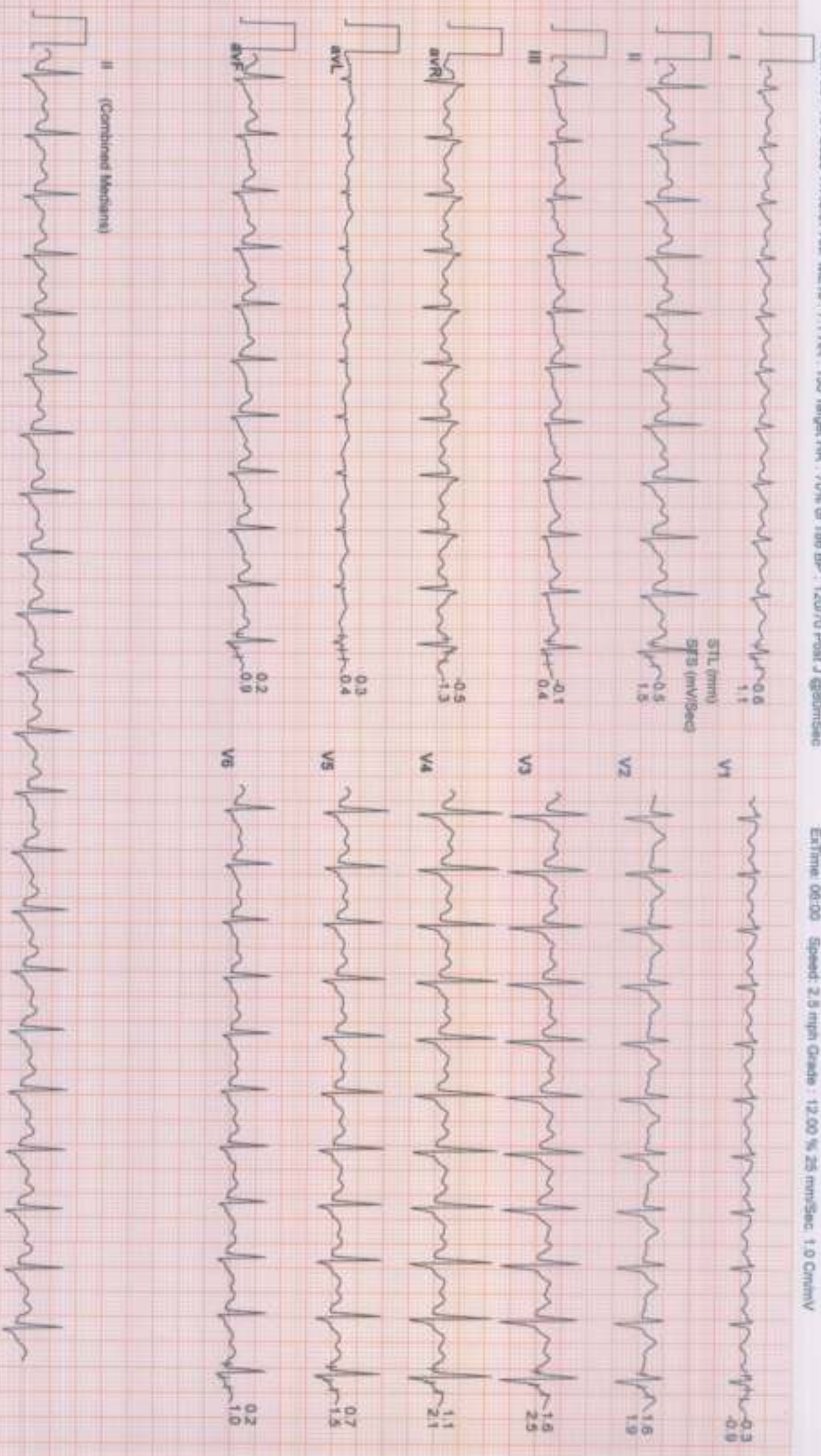
ExTime: 03:00 Speed: 1.7 mph Grade: 10.00 % 25 mm/Sec: 1.0 Cm/mV





Date: 28 / 10 / 2023 11:43:07 AM METs : 7.1 HR : 130 Target HR : 70% of 166 BP : 120/70 Post J @60mSec

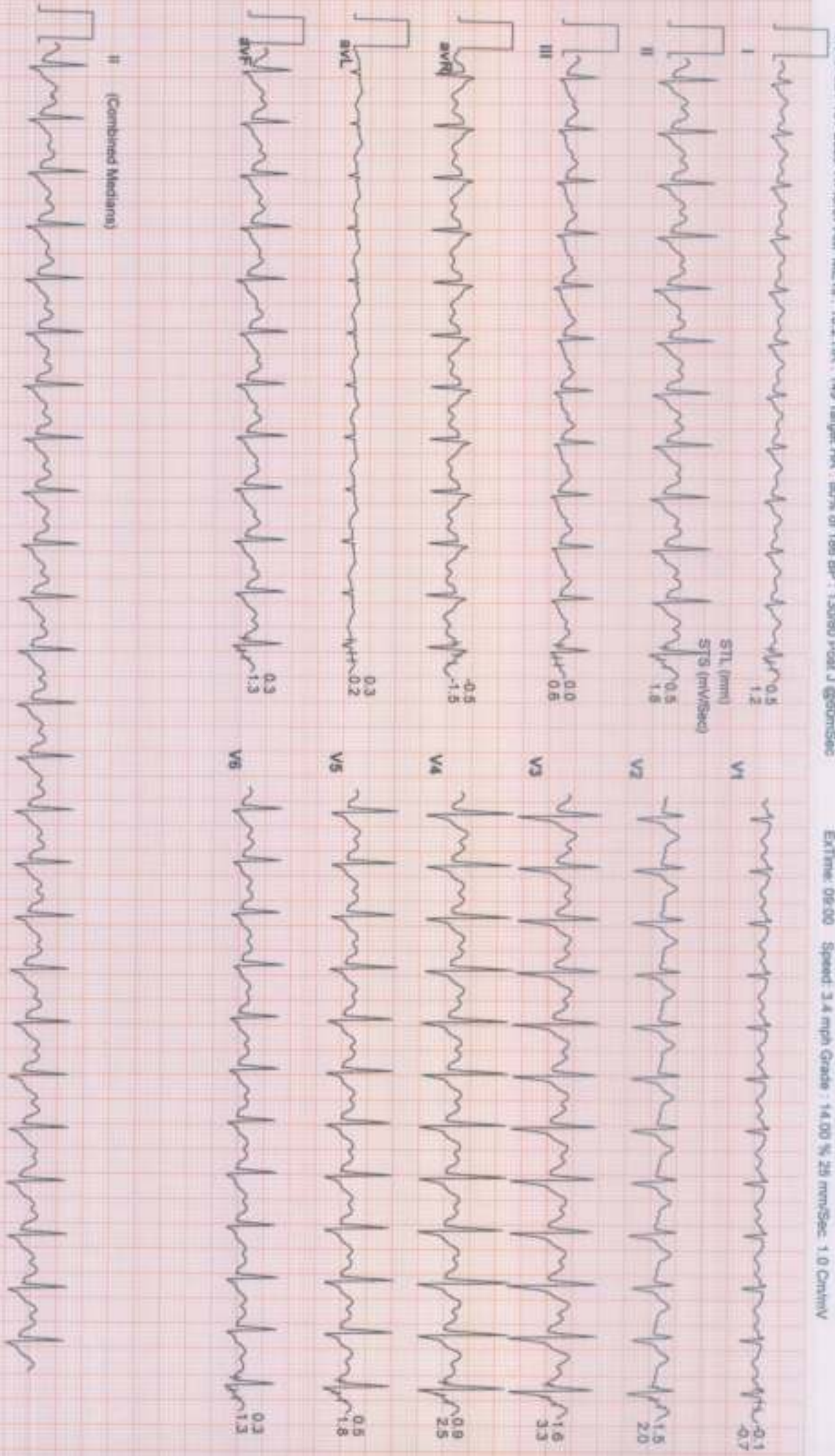
ExTime: 06:00 Speed: 2.9 mph Grade: 12.00 % 25 mm/Sec 1.0 Cm/mV





Date: 28 / 10 / 2023 11:43:07 AM METN : 10.2 HR : 149 Target HR : 80% of 166 BP : 130/80 Post J @60mSec

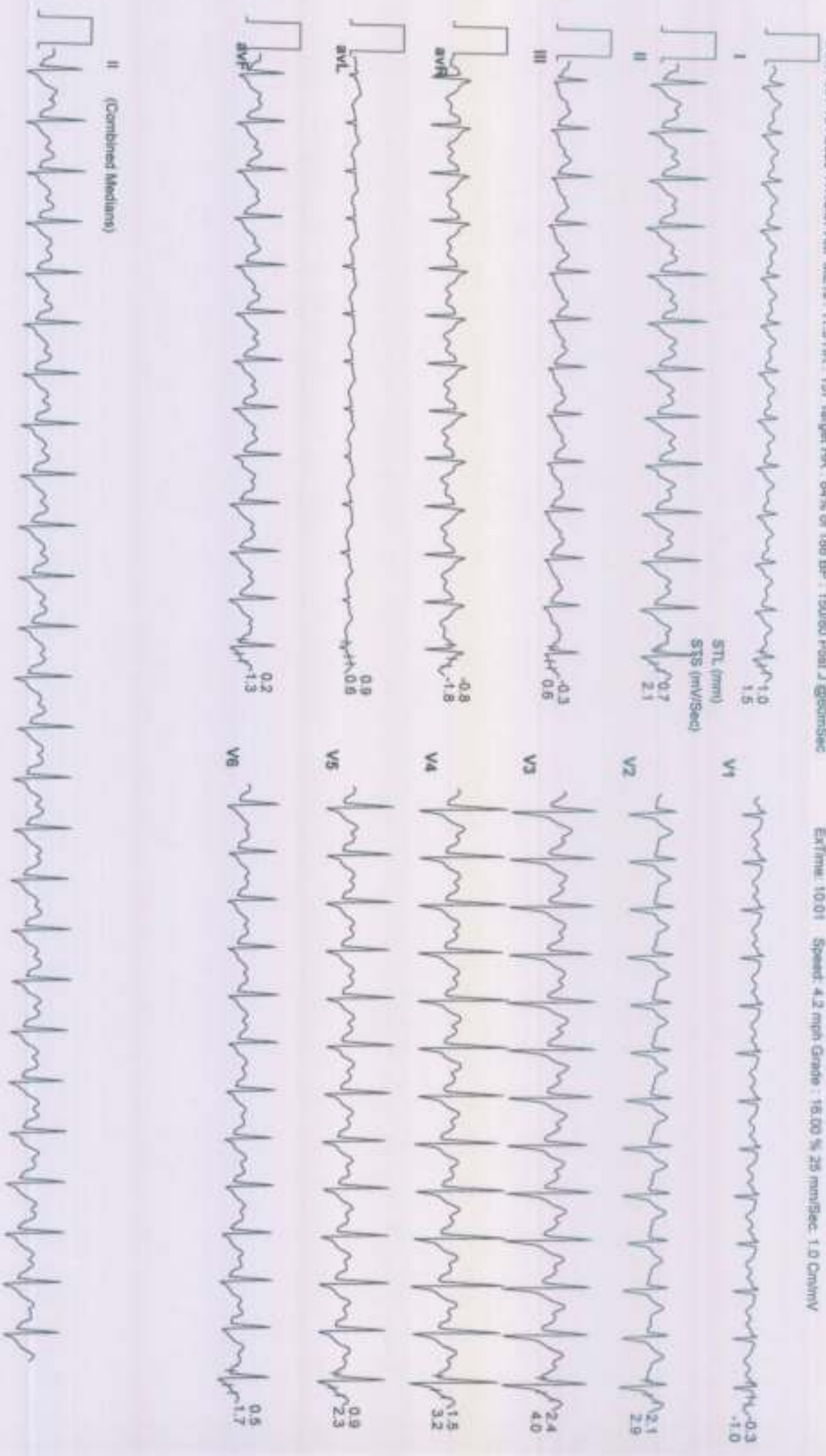
EXTIME: 09:00 Speed: 3.4 mph Grade: 14.00 % 25 mm/Sec 1.0 Cm/mV





Date: 28 / 10 / 2023 11:43:07 AM METS: 11.3 HR: 157 Target HR: 84% of 186 BP: 150/80 Post J @comSec

ExTime: 10:01 Speed: 4.2 mph Grade: 16.00 % 25 mm/Sec: 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

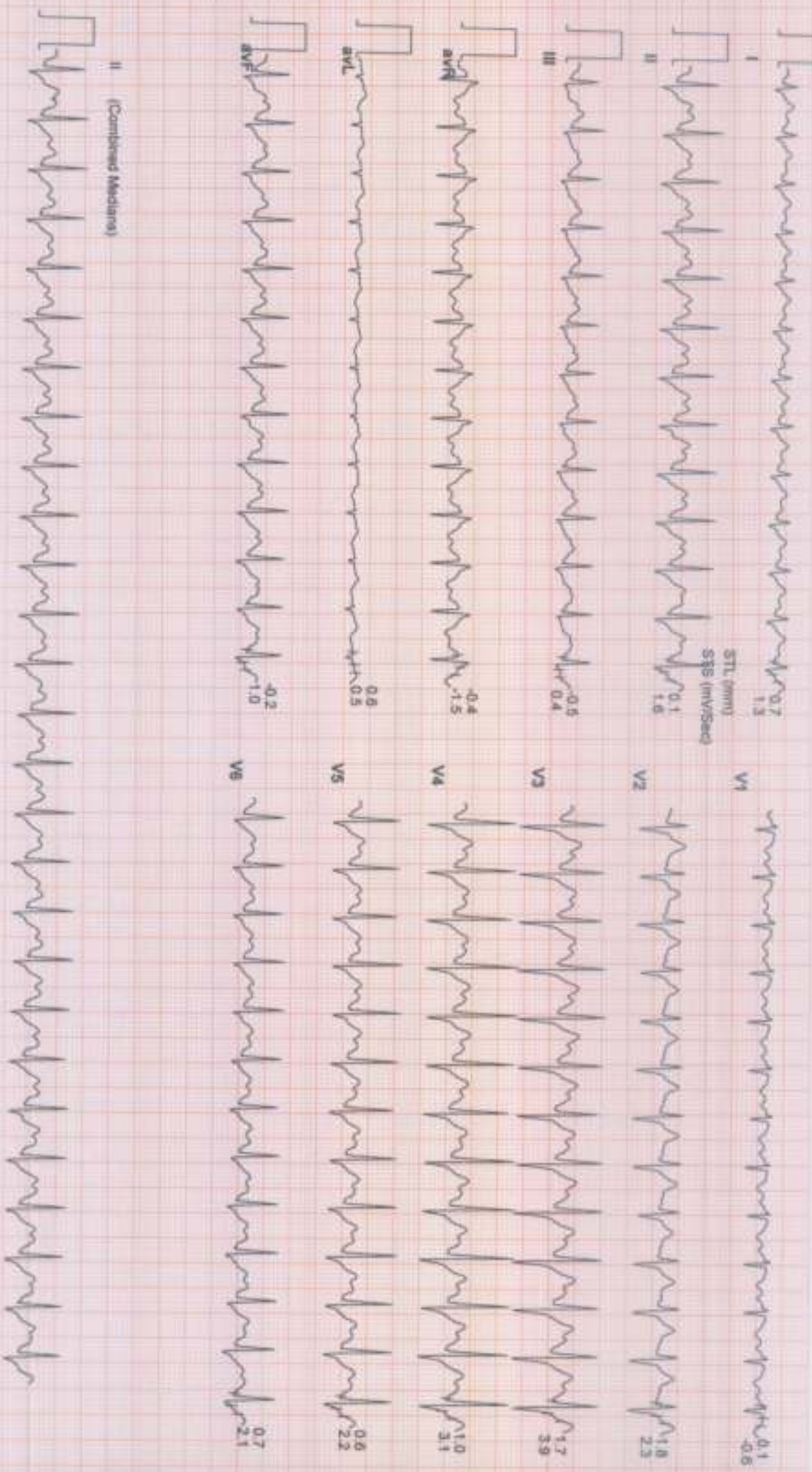
106 / HRISHIKESH GAYKAR / 34 Yrs / Male / 164 Cm / 66 Kg

6X2 Combine Medians + 1 Rhythm
Recovery : (00:10)



Date: 26 / 10 / 2023 11:43:07 AM METs : 9.1 HR : 160 Target HR : 96% of 166 BP : 150/80 Post J @60mSec

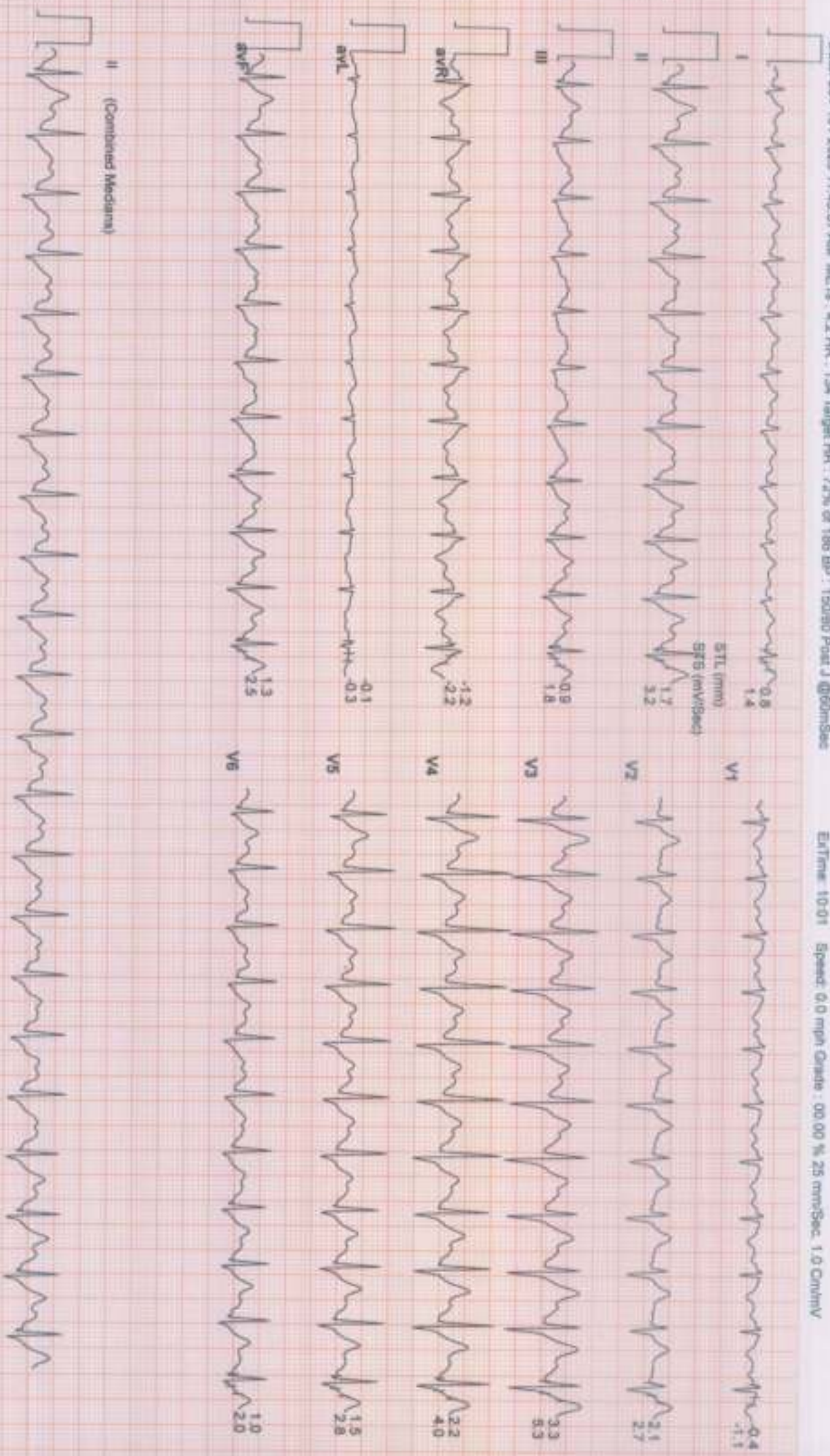
ExTime: 10:01 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec: 1.0 Cm/mV





Date: 28/10/2023 11:43:07 AM MET: 4.2 HR: 134 Target HR: 73% of 186 BP: 150/80 Post J @60/minSec

ExTime: 10:01 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

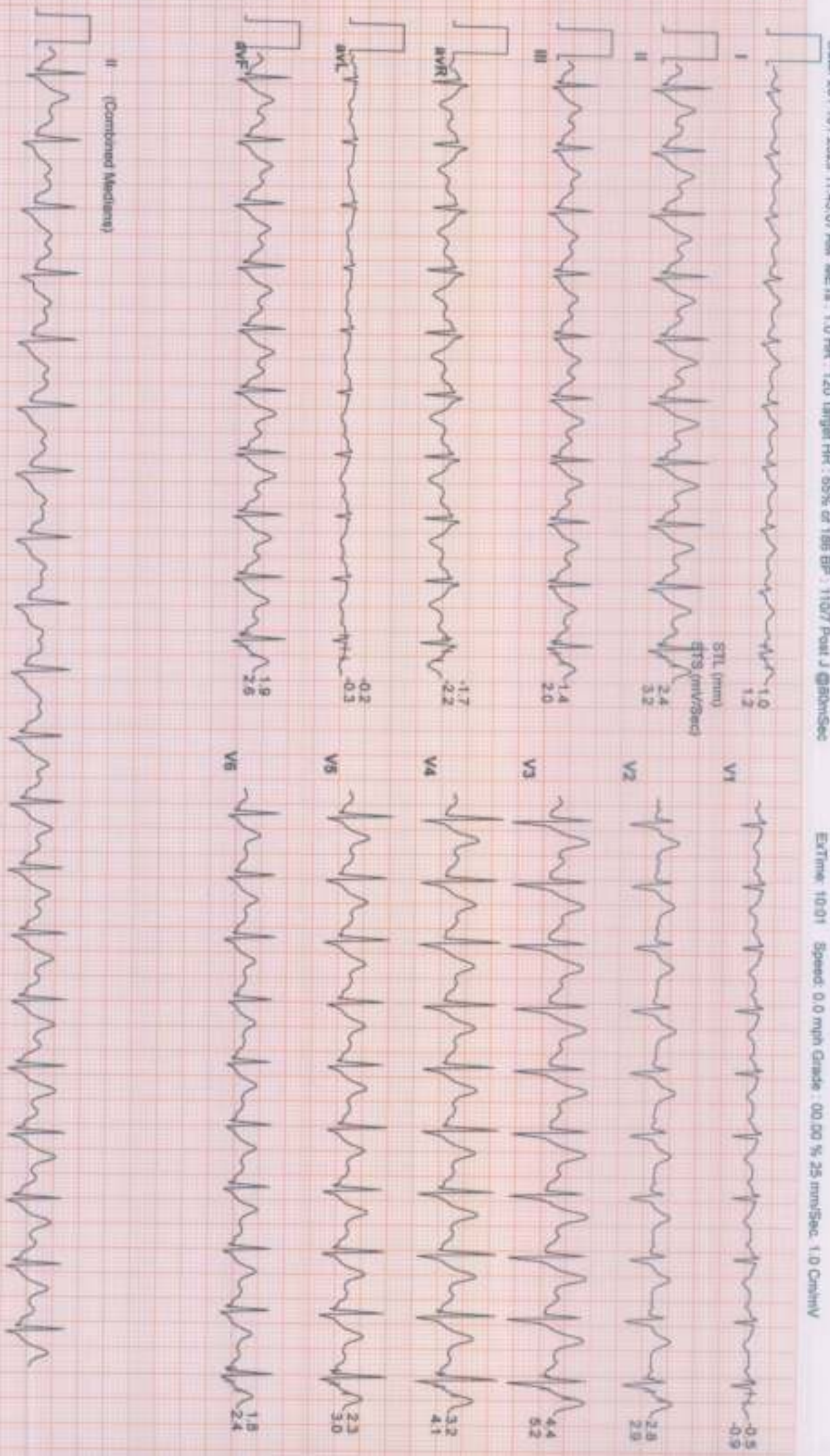
106 / HRISHIKESH GAYKAR / 34 Yrs / Male / 164 Cm / 66 Kg

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



Date: 28 / 10 / 2023 11:43:07 AM META : 1.0 HR : 120 Target HR : 65% of 166 BP : 110/77 Post J @80m/Sec

EXTIME: 10:01 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

108 / HRISHIKESH GAYKAR / 34 Yrs / Male / 164 Cm / 68 Kg

6X2 Combine Medians + 1 Rhythm
Recovery : (02:35)



Date: 28 / 10 / 2023 11:43:07 AM METS : 1.0 HR : 112 Target HR : 60% of 166 BP : 110/70 Post J @30mSec

EXTime: 10:01 Speed: 0.0 mph Grade : 00.00 % 25 min/Sec 1.0 Cm/mV

