

PHYSICAL EXAMINATION REPORT

Patient Name	Anil Bhise	Sex/Age	M/39
Date	20/2/23	Location	Chane

History and Complaints

M/L

EXAMINATION FINDINGS:

Height (cms):	179	Temp (0c):	Arcb
Weight (kg):	104.8	Skin:	NAD
Blood Pressure	120/80	Nails:	-IL
Pulse	78/L	Lymph Node:	IVB

Systems :

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

Impression:

Overweight . ↑ Chol, ↑ LDL, Non HDL Chol.
BSL < F (Impaired), ↑ HbA1C
↑ Gamma Gt . Urine - (a oxalate crystals (occ))

↑ T3 (6-8)
E(G- Eschaewiacl)

USG - Fatty Liver
- umbilical Hernia
2D Echo - mild LVH

Advice:- Wt. Reduction
- Low Fat, Low sugar Diet
- Drink Plenty of Liquids.
- Repeat sugar & Lipid Profile after 6 Months.
- Cardiologist's consultation, Surgeon's consultation

1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthama	NO
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders	
10)	GI system	NO
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptoms	
13)	Blood disease or disorder	NO
14)	Cancer/lump growth/cyst	
15)	Congenital disease	
16)	Surgeries	# Left lower leg (surgery) July 2022
17)	Musculoskeletal System	NO

PERSONAL HISTORY:

1)	Alcohol	OCC.
2)	Smoking	NO
3)	Diet	WTAO
4)	Medication	NO



Dr. Manasee Kulkarni
M.B.B.S.
2005/09/3439

0000-0773-5507

Date: 25/12/23

CID:

Name:- Anil Bhise

Sex / Age: M-39

EYE CHECK UP

Chief complaints: 12 cv

Systemic Diseases: All.

Past history: All.

Unaided Vision: 20/60 R 20/80 L

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



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CID : 2305621730
Name : MR. ANIL A BHISE
Age / Gender : 39 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 25-Feb-2023 / 09:06
Reported : 25-Feb-2023 / 11:40

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	14.5	13.0-17.0 g/dL	Spectrophotometric
RBC	6.62	4.5-5.5 mil/cmm	Elect. Impedance
PCV	46.3	40-50 %	Measured
MCV	70.0	80-100 fl	Calculated
MCH	21.9	27-32 pg	Calculated
MCHC	31.2	31.5-34.5 g/dL	Calculated
RDW	15.4	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6330	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	36.5	20-40 %	
Absolute Lymphocytes	2310.4	1000-3000 /cmm	Calculated
Monocytes	8.2	2-10 %	
Absolute Monocytes	519.1	200-1000 /cmm	Calculated
Neutrophils	52.4	40-80 %	
Absolute Neutrophils	3316.9	2000-7000 /cmm	Calculated
Eosinophils	2.8	1-6 %	
Absolute Eosinophils	177.2	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	6.3	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	291000	150000-400000 /cmm	Elect. Impedance
MPV	9.4	6-11 fl	Calculated
PDW	12.9	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	118.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	138.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.54	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.21	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.33	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	17.7	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	35.9	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	99.8	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	97.3	40-130 U/L	PNPP
BLOOD UREA, Serum	18.5	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	8.6	6-20 mg/dl	Calculated

Authenticity Check



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Reported : 25-Feb-2023 / 15:40

CREATININE, Serum	0.90	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	100	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	7.0	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 ***



Amit Taori

Dr. AMIT TAORI
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	6.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	134.1	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.

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*** End Of Report ***



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.025	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
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	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Ca-oxalate: Occasional	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	4-5	Less than 20/hpf	

Kindly correlate clinically.

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein: (1+ -25 mg/dl, 2+ -75 mg/dl, 3+ - 150 mg/dl, 4+ - 500 mg/dl)
- Glucose: (1+ - 50 mg/dl, 2+ -100 mg/dl, 3+ -300 mg/dl, 4+ -1000 mg/dl)
- Ketone: (1+ -5 mg/dl, 2+ -15 mg/dl, 3+ - 50 mg/dl, 4+ - 150 mg/dl)

Reference: Pack insert

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AREAS OF SPECIAL EXPERTISE

OUR PRESENCE



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh TYPING	Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Note : This Sample has also been tested for Bombay group/Bombay phenotype /Oh using anti H lectin

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

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*** End Of Report ***



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	205.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	150.0	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	42.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	162.8	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	133.0	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	29.8	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.1	0-3.5 Ratio	Calculated

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

OUR PREFERENCE



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist

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Age / Gender : 39 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 25-Feb-2023 / 09:06
Reported : 25-Feb-2023 / 12:54

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	6.8	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	19.5	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.3	0.35-5.5 microIU/ml	ECLIA

Kindly correlate clinically.

AREAS OF SPECIAL EXPERTISE

OUR PRESENCE

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Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

- 1) TSH Values between high abnormal upto 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)

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*** End Of Report ***

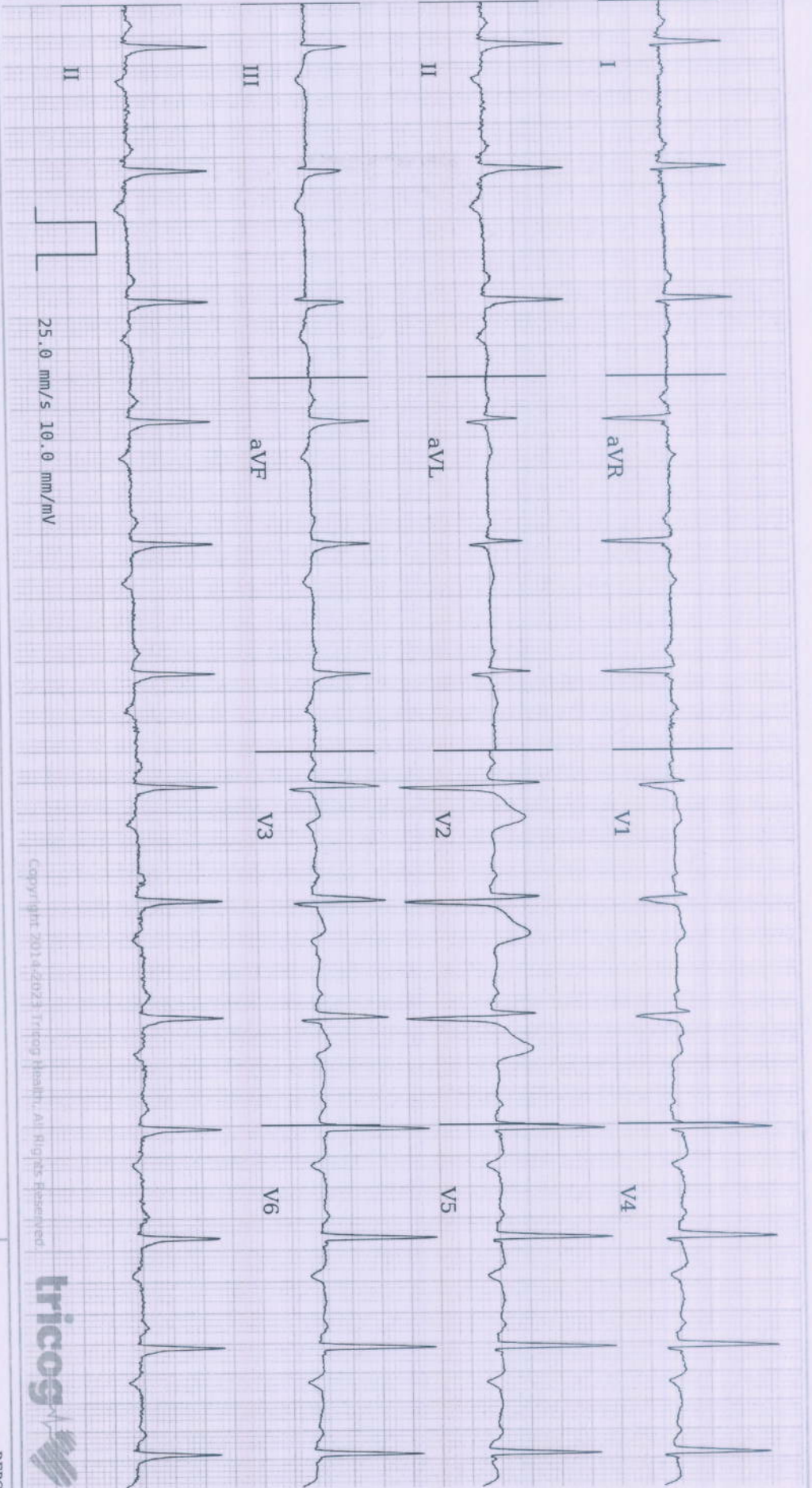


Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist

Patient Name: ANIL A BHISE
Patient ID: 2305621730

SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST
Date and Time: 25th Feb 23 10:25 AM



25.0 mm/s 10.0 mm/mV

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Age **39** 3 17
years months days

Gender **Male**

Heart Rate **79bpm**

Patient Vitals

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

Measurements

QRSD: 92ms
QT: 356ms
QTc: 408ms
PR: 154ms
P-R-T: 37° 50° -49°

REPORTED BY

DR. SHAILAJA PILLAI
MBBS, MD Physician
MD Physician
49972

Sinus Rhythm, Inferior Ischemia suspected, Anterolateral Ischemia suspected. Bi-phasic T waves in V3, V4. Please correlate clinically.

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

EID : 2305621730
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Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 25-Feb-2023
Reported : 25-Feb-2023 / 13:05

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X-RAY CHEST PA VIEW

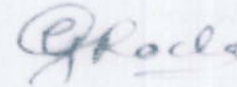
Both lung fields are clear.
Both costo-phrenic angles are clear.
The cardiac size and shape are within normal limits.
The domes of diaphragm are normal in position and outlines.
The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

This report is prepared and physically checked by DR GAURI VARMA before dispatch.



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

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Page no 1 of 1

Authenticity Check



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Reg. Date : 25-Feb-2023
Reported : 25-Feb-2023 / 11:57

USG WHOLE ABDOMEN

LIVER: Liver appears normal in size and *shows increased echoreflexivity*. 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 10.7 x 4.6 cm. Left kidney measures 11.1 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.

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.

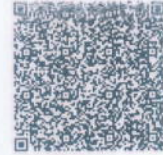
PROSTATE: Prostate is normal in size and echotexture. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

There is a 1.1 cm defect in the anterior abdominal wall at umbilical region with herniation of fat, suggestive of umbilical hernia.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023022508591608>

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Reg. Date : 25-Feb-2023
Reported : 25-Feb-2023 / 11:57

IMPRESSION:

- **GRADE I FATTY INFILTRATION OF LIVER.**
- **SMALL UMBILICAL HERNIA.**

Advice: Clinical co-relation, further evaluation and follow up.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further/follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis.

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

This report is prepared and physically checked by DR GAURI VARMA before dispatch.

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

AREA OF SPECIAL EXPERTISE

OUR PRESENCE

022-6170-0000

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REG NO. : 2305621730	SEX : MALE
NAME : MR.ANIL BHISE	AGE : 39 YRS
REF BY : -----	DATE: 25.02.2023

2D ECHOCARDIOGRAPHY

M - MODE FINDINGS :

LVIDD	50	mm
LVIDS	32	mm
LVEF	60	%
IVS	13	mm
PW	10	mm
AO	22	mm
LA	36	mm

2D ECHO:

- All cardiac chambers are normal in size
- Left ventricular contractility : Normal
- Regional wall motion abnormality : Absent.
- Systolic thickening : Normal. LVEF = 60%
- Mitral, tricuspid , aortic , pulmonary valves are : Normal.
- Great arteries : Aorta and pulmonary artery are : Normal .
- Inter - atrial and inter - ventricular septum are intact .
- Pulmonary veins , IVC , hepatic veins are normal.
- No pericardial effusion . No intracardiac clots or vegetation.

PATIENT NAME : MR.ANIL BHISE

COLOR DOPPLER:

- Mitral valve doppler – E- 1.1 m/s, A- 0.7 m/s.
- Mild TR.
- No aortic / mitral regurgitation. Aortic velocity 1.6 m/s, PG 10.9 mmHg
- No significant gradient across aortic valve.
- No diastolic dysfunction.

IMPRESSION :

- MILD CONCENTRIC HYPERTROPHY OF LV
- NO REGIONAL WALL MOTION ABNORMALITY AT REST.
- NORMAL LV SYSTOLIC FUNCTION.

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



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