

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
BECPK9717F



नाम / Name
AMIT VIJAY KAMRA

पिता का नाम / Father's Name
VIJAY KAMRA

जन्म की तिथि / Date of Birth
5/04/1988

Amit Kamra
Signature



(Handwritten signature)

Dr. Manasee Kulkarni
M.B.B.S

2005/09/3439

PHYSICAL EXAMINATION REPORT

Patient Name	Amit Kumar	Sex/Age	M/36
Date	18/2/23	Location	thane

History and Complaints

H/O DM (prediabetic)
 not taking Ins
 Dyslipidemia In Ayurveda

EXAMINATION FINDINGS:

Height (cms):	174	Temp (0c):	Afebr
Weight (kg):	63	Skin:	MAD
Blood Pressure	94/68	Nails:	NL
Pulse	84/L	Lymph Node:	NT

Systems :

Cardiovascular:	MAD
Respiratory:	
Genitourinary:	
GI System:	
CNS:	

Impression:

↑ Chol
 High LDL
 High Non
 HDL

- CBC - mild Hypochromia, Microcytosis
 - BSL (F) - Eupaisred. ↑ Alk-Phosphate
 - ↑ A/Ce Ratio (2.5) HbA1c (↑)
 - TMT - Equivocal ↑ TSH (6.93)

Fatt
 Liver

Advice:

- Low Fat, Low sugar Diet.
- Reg. Exercise.
- Repeat sugar Profile, Lipid Profile, Thyroid Profile after 6 months
- Cardiologist's consultation.

1)	Hypertension:] NO
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis] NO NAD NAD
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	

Blood Sugar back

PERSONAL HISTORY:

1)	Alcohol	NO
2)	Smoking	NO
3)	Diet	eggs / veg
4)	Medication	Ayurved



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



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CID : 2304922163
Name : MR.AMIT KAMRA
Age / Gender : 36 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 18-Feb-2023 / 09:14
Reported : 18-Feb-2023 / 13:23

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	13.4	13.0-17.0 g/dL	Spectrophotometric
RBC	5.12	4.5-5.5 mil/cmm	Elect. Impedance
PCV	42.2	40-50 %	Measured
MCV	82.4	80-100 fl	Calculated
MCH	26.1	27-32 pg	Calculated
MCHC	31.7	31.5-34.5 g/dL	Calculated
RDW	16.0	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	5090	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	32.9	20-40 %	
Absolute Lymphocytes	1674.6	1000-3000 /cmm	Calculated
Monocytes	6.1	2-10 %	
Absolute Monocytes	310.5	200-1000 /cmm	Calculated
Neutrophils	58.2	40-80 %	
Absolute Neutrophils	2962.4	2000-7000 /cmm	Calculated
Eosinophils	2.8	1-6 %	
Absolute Eosinophils	142.5	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	116000	150000-400000 /cmm	Elect. Impedance
Manual platelet count 130000 /cmm			
MPV	13.3	6-11 fl	Calculated



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Reported : 18-Feb-2023 / 11:10

PDW	30.1	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	Mild		
Microcytosis	Occasional		
Macrocytosis	-		
Anisocytosis	Mild		
Poikilocytosis	Mild		
Polychromasia	-		
Target Cells	-		
Basophilic Stippling	-		
Normoblasts	-		
Others	Elliptocytes-occasional		
WBC MORPHOLOGY	-		
PLATELET MORPHOLOGY	Megaplatelets seen on smear		
COMMENT	-		

Result rechecked.

Kindly correlate clinically.

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 6 2-15 mm at 1 hr. Sedimentation

*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

Authenticity Check



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Reported : 18-Feb-2023 / 13:46

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	105.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	123.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	1.17	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.38	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.79	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	1.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.5	1 - 2	Calculated
SGOT (AST), Serum	24.7	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	34.0	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	16.3	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	143.1	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

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Collected : 18-Feb-2023 / 11:56
Reported : 18-Feb-2023 / 14:52

CREATININE, Serum	0.70	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	136	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	6.4	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 ***



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Pathologist

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Reported : 18-Feb-2023 / 13:46

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: > / = 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	128.4	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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Collected : 18-Feb-2023 / 09:14
Reported : 18-Feb-2023 / 15:09

**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	1.015	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
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	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	4-5	Less than 20/hpf	

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

*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

0000-0518-5555

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Reported : 18-Feb-2023 / 13:23

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

PARAMETER	RESULTS
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 ***

Amit Taori

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M.D (Path)
Pathologist





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Reported : 18-Feb-2023 / 13:46

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	231.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	66.9	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	44.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	187.7	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	175.0	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	12.7	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.0	0-3.5 Ratio	Calculated

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

OUR PRESENCE



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist

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Collected : 18-Feb-2023 / 09:14
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**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	17.6	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	6.93	0.35-5.5 microIU/ml	ECLIA

Kindly correlate clinically.



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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

Date:- 18/12/20

CID:

Name:- Anil Kansa

Sex / Age: M / 29

EYE CHECK UP

Chief complaints: *RED*

Systemic Diseases: *Nil*

Past history: *Nil*

Unaided Vision: *BR 6/36 XUVBC N:10*

Aided Vision: *BR 6/6 XUVBC N:6*

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / ~~Abnormal~~

Remark: *Use laser spectacles*

MR. PRAKASH KUDVA
Prakash
SR. OPTOMETRIST

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Reg. Date : 18-Feb-2023
Reported : 18-Feb-2023 / 17:32

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 GAURAV FARTADE before dispatch.

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023021809030620>

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.
CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar (W), Mumbai - 400086.

HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnosics.com | WEBSITE: www.suburbandiagnosics.com

Corporate Identity Number (CIN): U85110MH2002PTC136144

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Age / Sex : 36 Years/Male

Ref. Dr :

Reg. Location : G B Road, Thane West Main Centre

Reg. Date
Reported

: 18-Feb-2023
: 18-Feb-2023 / 14:59

USG WHOLE ABDOMEN

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 contracted. (Not evaluated).

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 10.6 x 4.0 cm. Left kidney measures 10.4 x 4.3 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 3.7 x 3.1 cm in dimension and 14.8 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023021809030611>

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HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnosics.com | WEBSITE: www.suburbandiagnosics.com

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Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre

Reg. Date : 18-Feb-2023
Reported : 18-Feb-2023 / 14:59

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.

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

This report is prepared and physically checked by DR GAURAV FARTADE before dispatch.

G. R. Fartade

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

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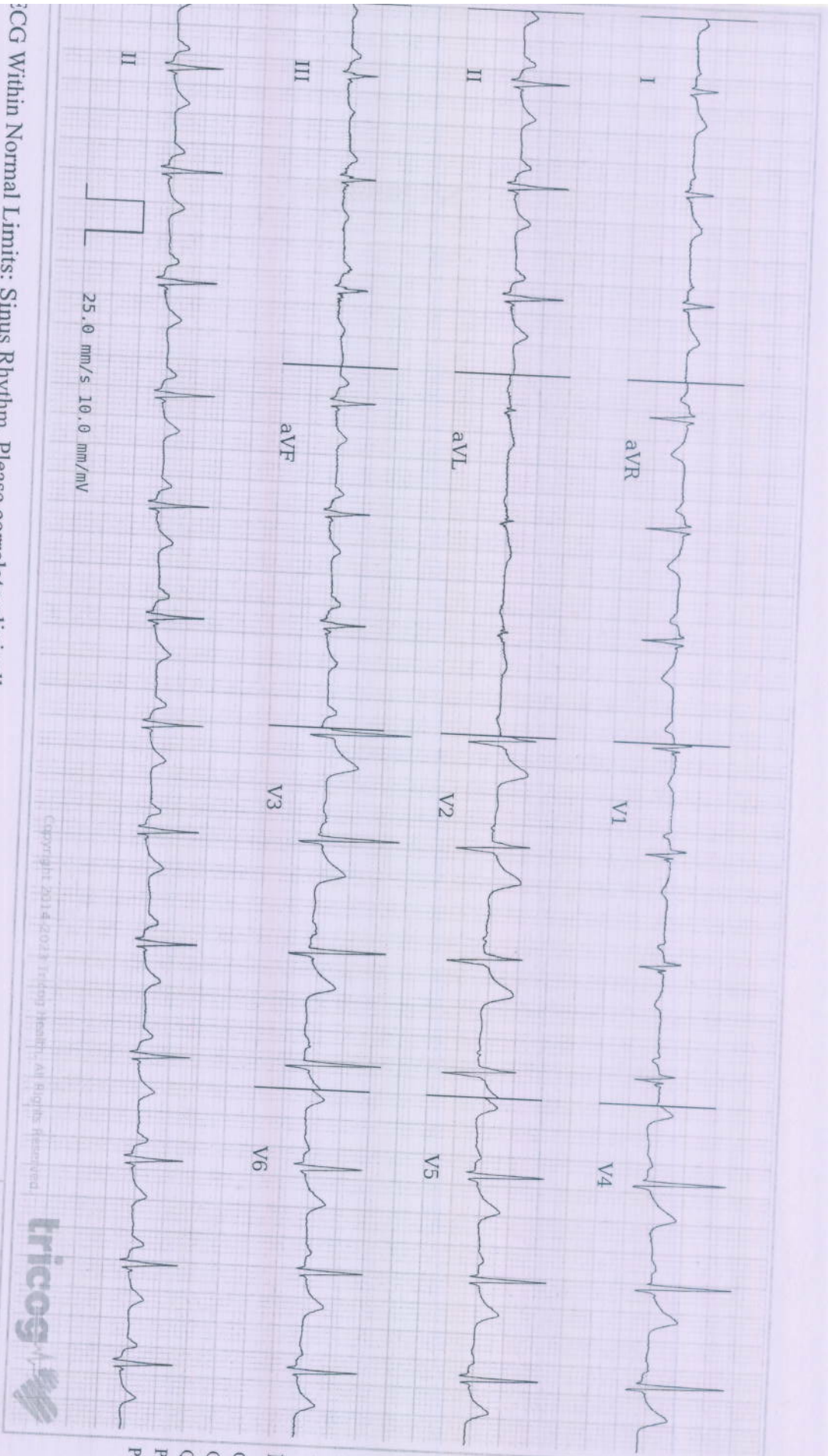
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SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST
 Patient Name: AMIT KAMRA
 Patient ID: 2304922163
 Date and Time: 18th Feb 23 10:45 AM



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

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Age **36** **9** **19**
 years months days

Gender **Male**

Heart Rate **83bpm**

Patient Vitals

BP: 90/60 mmHg
 Weight: 63 kg
 Height: 174 cm
 Pulse: NA
 Spo2: NA
 Resp: NA
 Others: NA

Measurements

QRSD: 86ms
 QT: 362ms
 QTc: 425ms
 PR: 144ms
 P-R-T: 76° 63° 44°

REPORTED BY

DR SHAILAJA PILLAI
 MBBS, MD Physician
 MD Physician
 49972

Disclaimer: 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. Patient vitals are as entered by the clinician and not derived from the ECG.



Stage	Time	Duration	Speed(mph)	Elevation	MEts	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:10	0:10	00.0	00.0	01.0	100	54 %	120/80	120	00	
Standing	00:18	0:08	00.0	00.0	01.0	085	46 %	120/80	102	00	
HV	00:27	0:09	00.0	00.0	01.0	083	45 %	120/80	099	00	
ExStart	00:35	0:08	00.0	00.0	01.0	088	48 %	120/80	105	00	
BRUCE Stage 1	03:35	3:00	01.7	10.0	04.7	115	62 %	130/80	149	00	
BRUCE Stage 2	06:35	3:00	02.5	12.0	07.1	132	72 %	140/80	184	00	
PeakEx	08:14	1:39	03.4	14.0	08.8	156	85 %	150/80	233	00	
Recovery	09:14	1:00	00.0	00.0	01.1	131	71 %	150/80	196	00	
Recovery	10:14	2:00	00.0	00.0	01.0	118	64 %	150/80	176	00	
Recovery	12:14	4:00	00.0	00.0	01.0	106	58 %	130/80	137	00	
Recovery	13:01				00.0	000	0 %	---/---	000	00	

FINDINGS :

Exercise Time : 07:39
 Initial HR (ExStrt) : 88 bpm 48% of Target 184
 Initial BP (ExStrt) : 120/80 (mm/Hg)
 Max WorkLoad Attained : 8.8 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : III & -1.4 mm in PeakEX
 Test End Reasons : Heart Rate Achieved, Fatigue.

Max HR Attained 156 bpm 85% of Target 184
 Max BP Attained 150/80 (mm/Hg)

Dr. SHAILAJA PILLAI

M.D.(GEN.MED)

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Doctor : DR SHAILAJA PILLAI



REPORT :

PROCEDURE DONE: Graded exercise treadmill stress test.

STRESS ECG RESULTS: The initial HR was recorded as 85.0 bpm, and the maximum predicted Target Heart Rate 184.0. The BP increased at the time of generating report as 150.0/80.0 mmHg. The Max Dep went upto 0.4. 0.0 Ectopic Beats were observed during the Test.

CONCLUSIONS:

1. TMT is Equivocal or exercise induced ischemia.
2. Normal chronotropic and Normal inotropic response.
3. ST T changes seen inferolateral leads during test and recovery.
4. Adv Cardiologist s opinion.

Disclaimer : Positive stress test is suggestive but not confirmatory of CAD. Hence overall cardioclinical correlation is mandatory.

Dr. SHAILAJA PILLAI

M.D.(G. 50)

REGD. 49972

Doctor : DR SHAILAJA PILLAI

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

448 (2304922163) / AMIT KAMRA / 36 Yrs / M / 174 Cms / 63 Kg / HR : 100

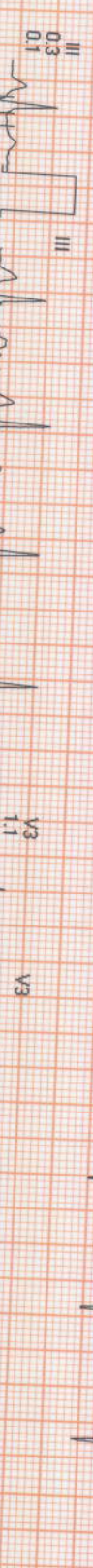
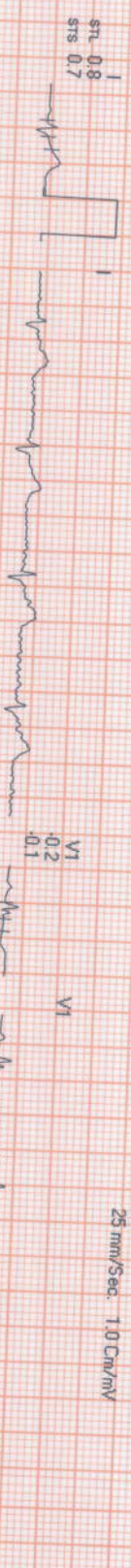
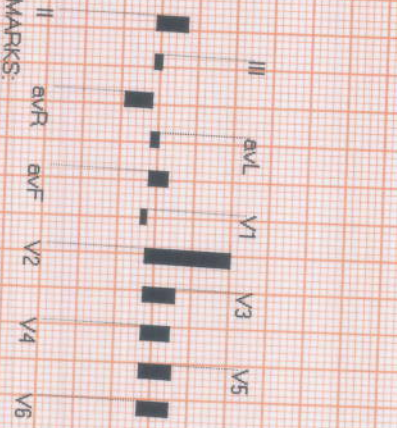
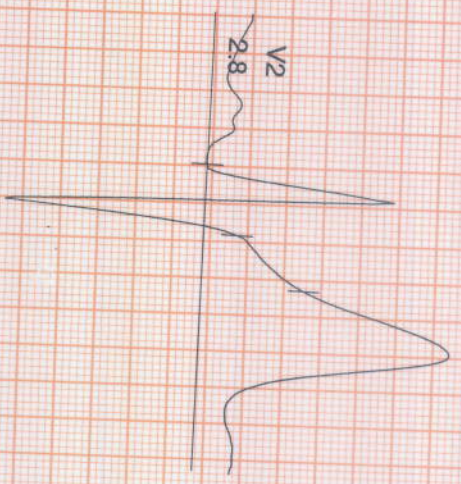
Date: 18 / 02 / 2023 11:22:14 AM METS: 1.0 / 100 bpm 54% of THR BP: 120/80 mmHg Rew ECG/ BLC Dry/ Natch Dry/ HF 0.05 Hz/LF 100 Hz



SUPINE (00:01)

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

4X 80 ms Post J



REMARKS:



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

448 (2304922163) / AMIT KAMRA / 36 Yrs / M / 174 Cms / 63 Kg / HR : 85

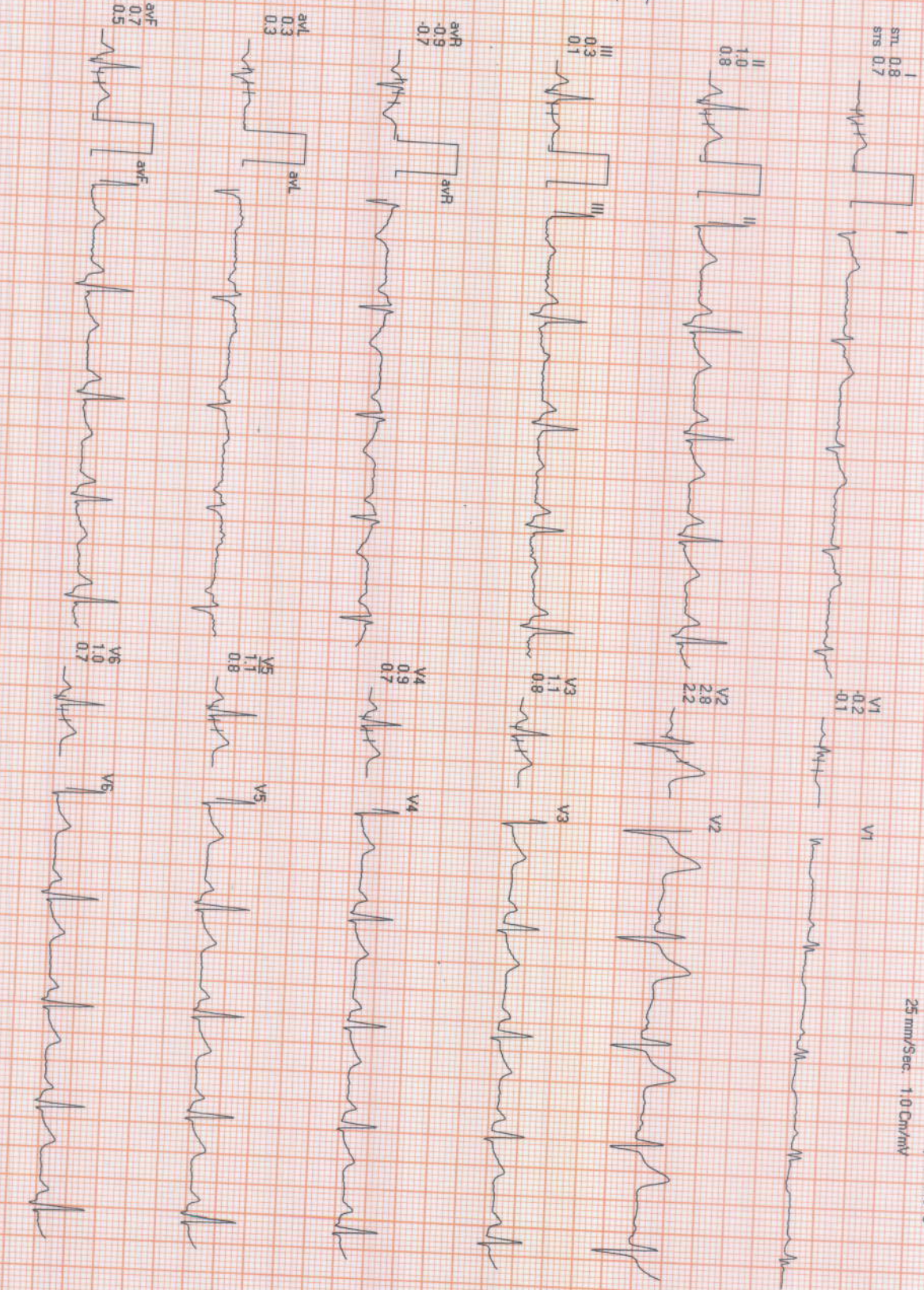
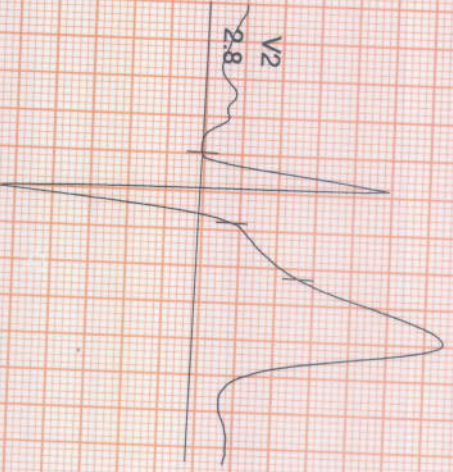
Date: 18/02/2023 11:22:14 AM

METS: 1.0/85 bpm 46% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

STANDING (00:00)



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

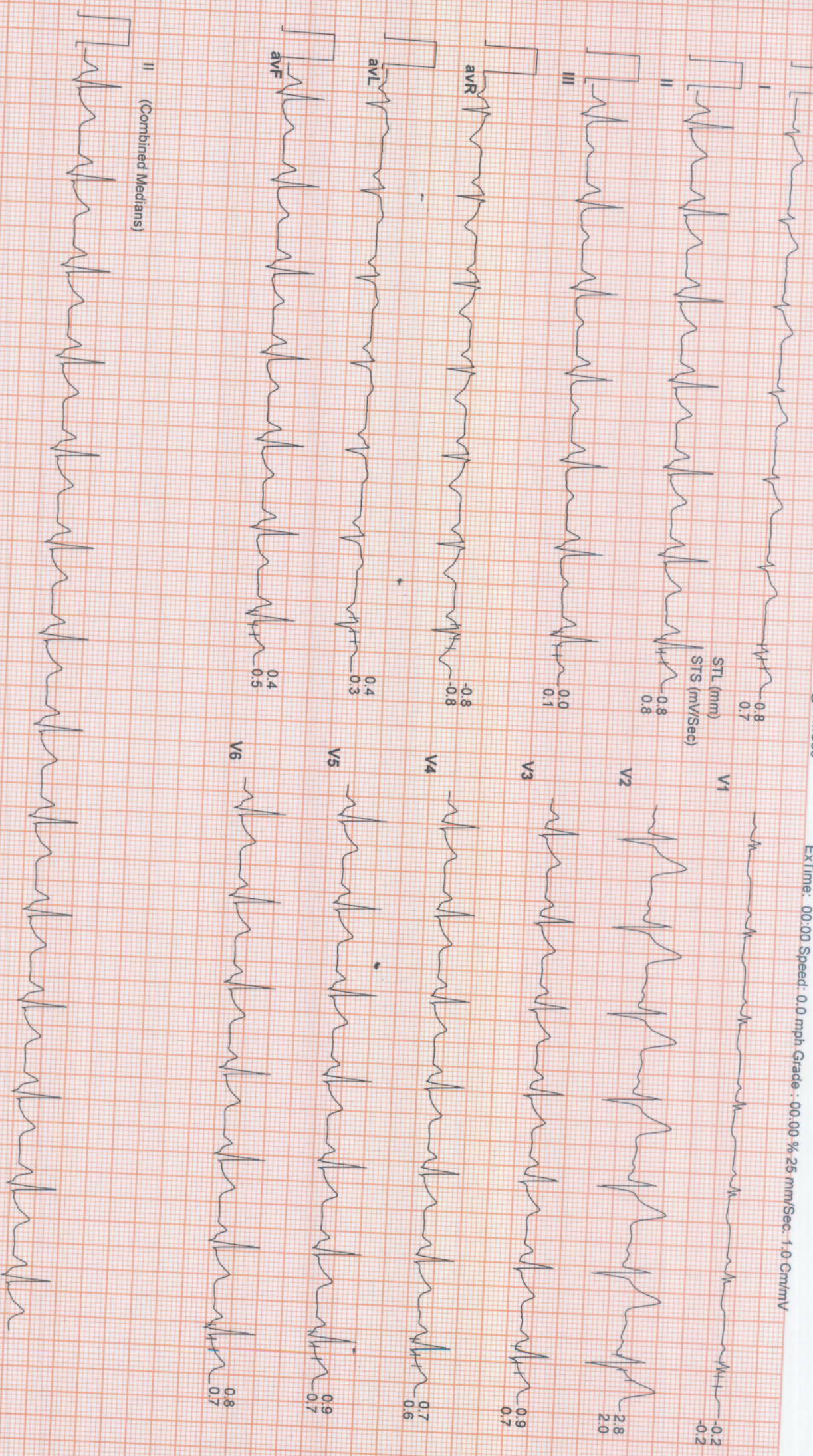


REMARKS:





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

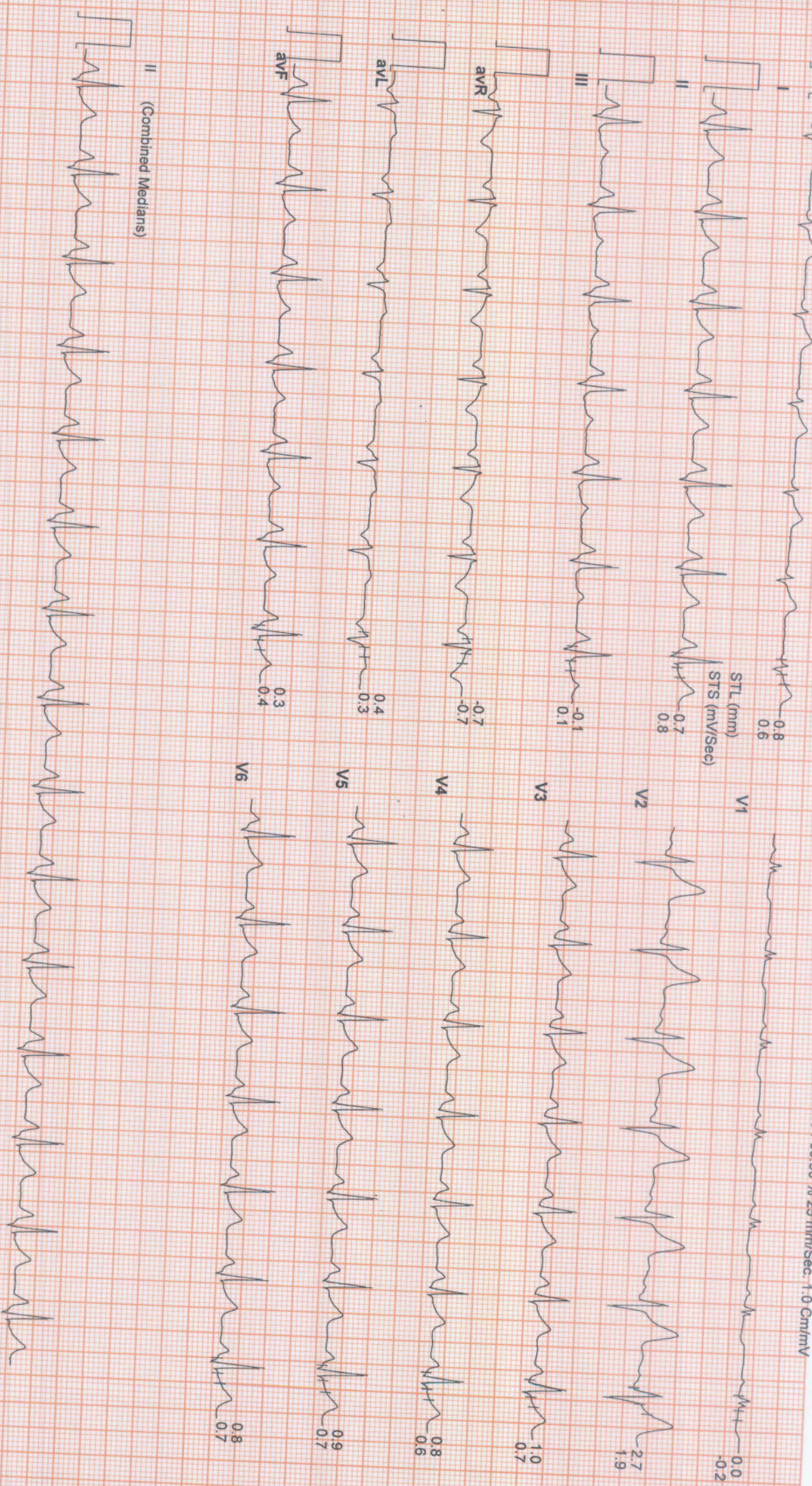


Date: 18 / 02 / 2023 11:22:14 AM METs : 1.0 HR : 88 Target HR : 48% of 184 BP : 120/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm
ExSt1

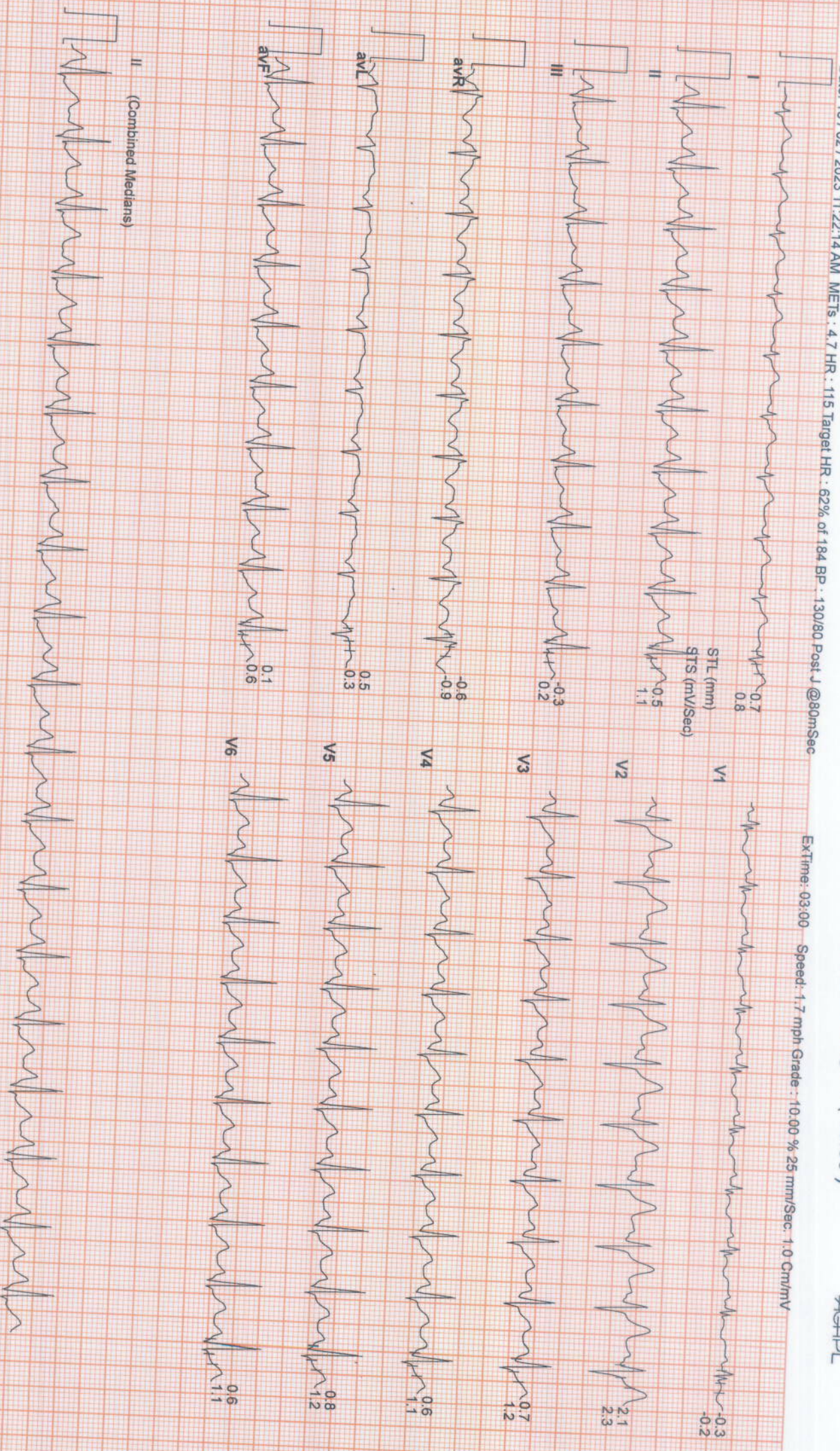


ExTime: 00:00 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec: 1.0 Cm/mV



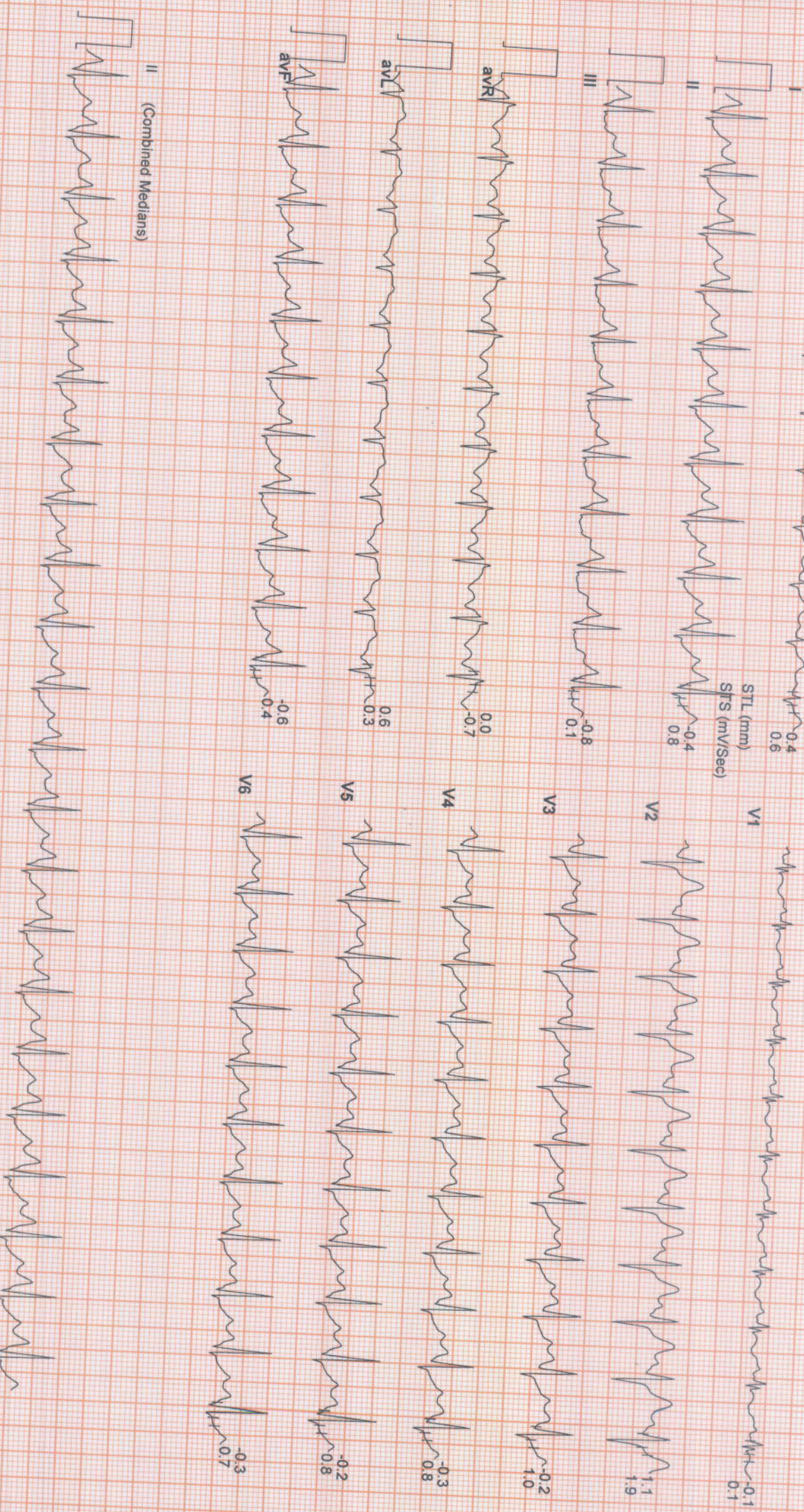


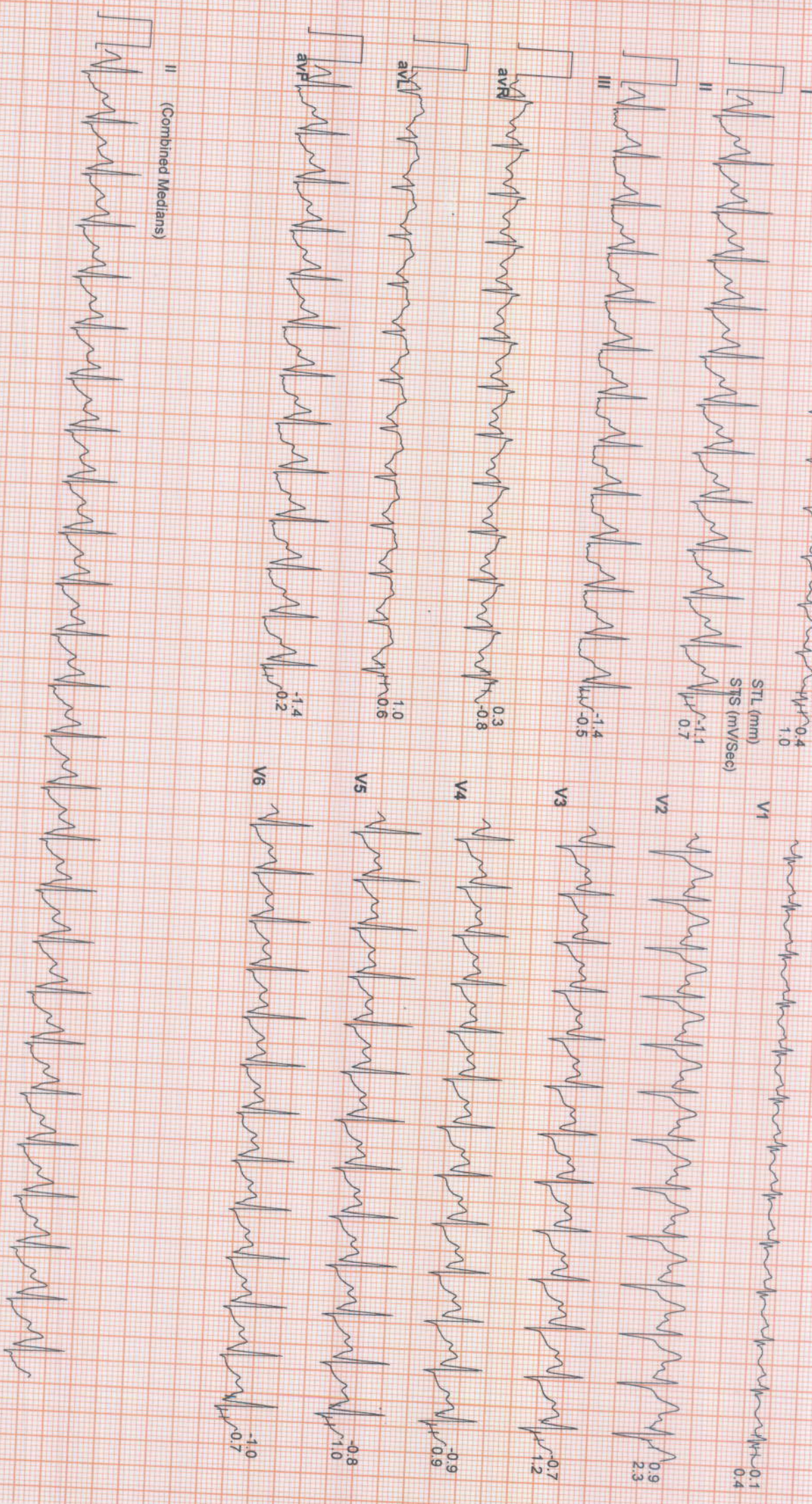
ExTime: 03:00 Speed: 1.7 mph Grade: 10.00 % 25 mm/Sec. 1.0 Cm/mV





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

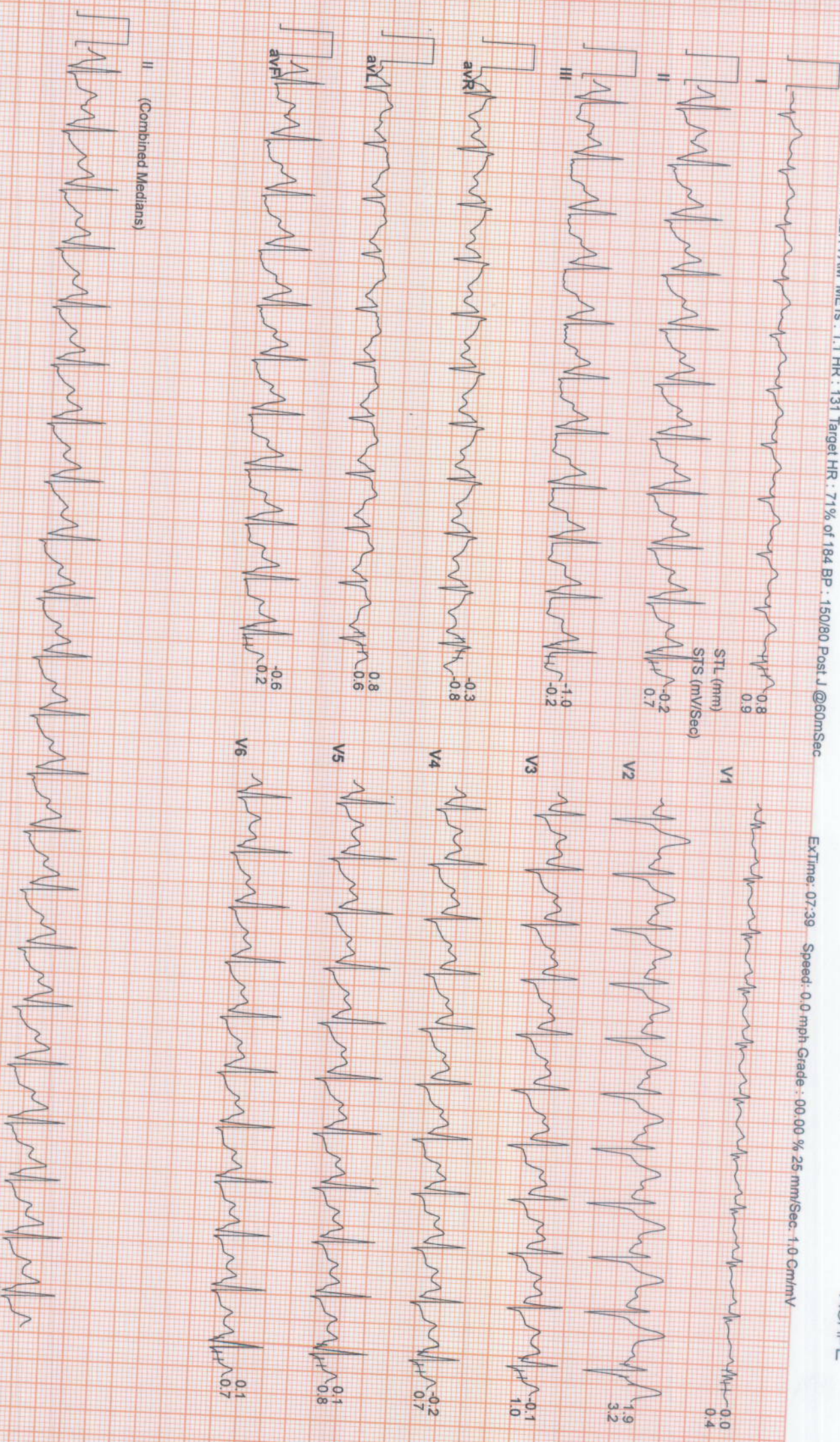






ExTime: 07:39

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

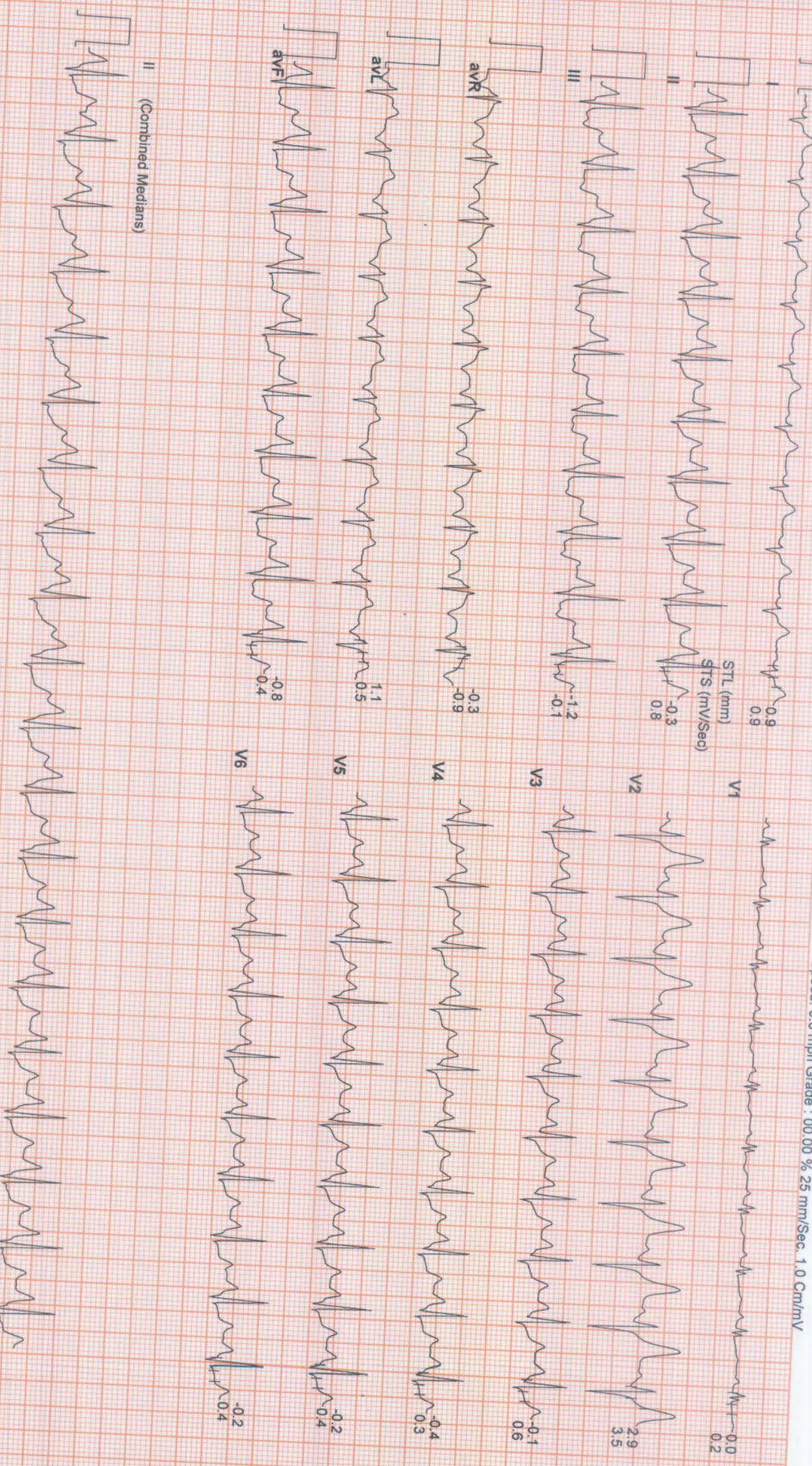


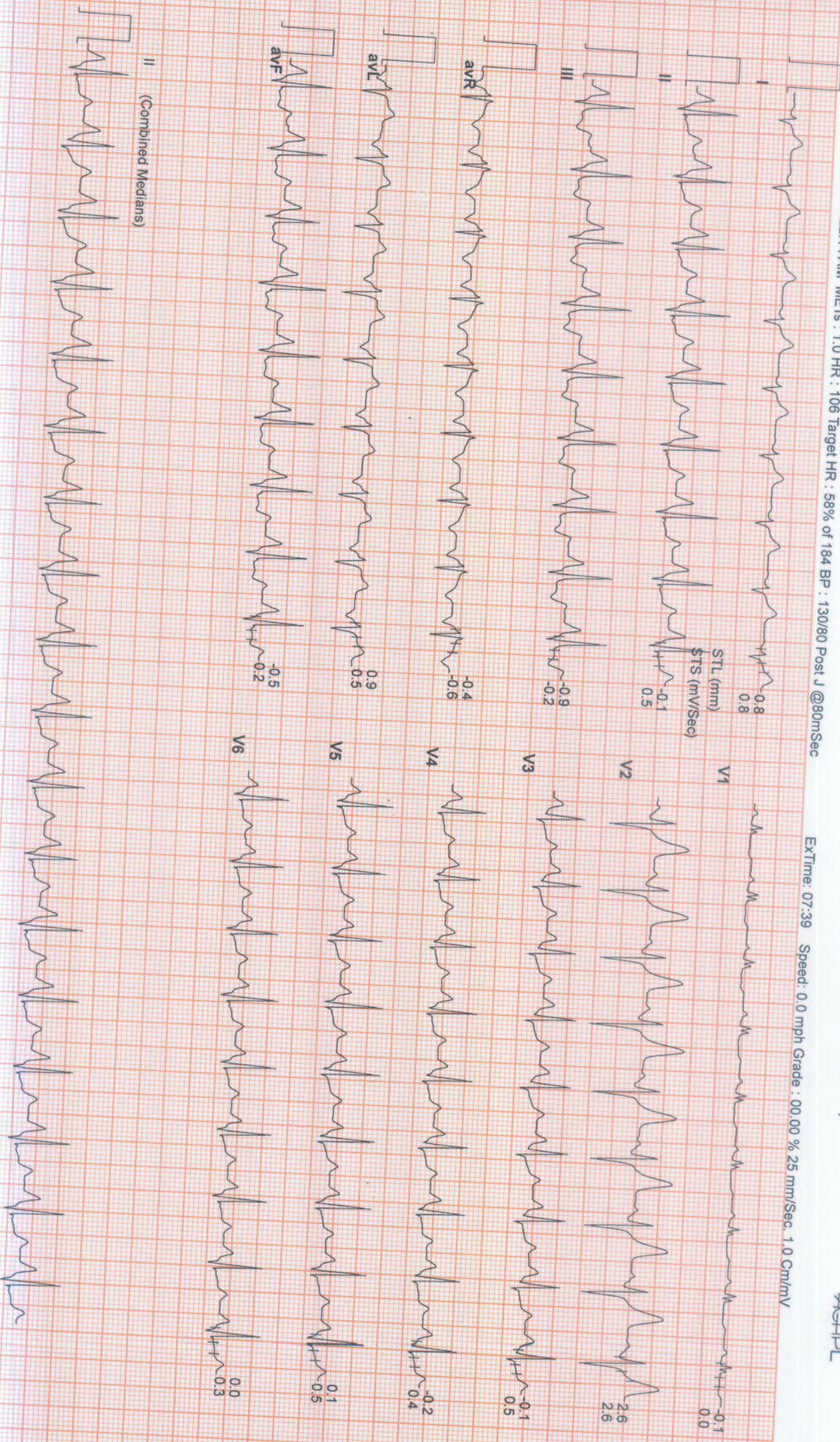
Date: 18 / 02 / 2023 11:22:14 AM METs : 1.0 HR : 118 Target HR : 64% of 184 BP : 150/80 Post J @60mSec

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



ExtTime: 07:39 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





Date: 18/02/2023 11:22:14 AM METs : 1.0 HR : 104 Target HR : 57% of 184 BP : 130/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm
Recovery : (04:47)

ExTime: 07:39 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

