

PHYSICAL EXAMINATION REPORT

Patient Name	NISHANT KUMAR CHOUDHARY	Sex/Age	MALE / 35 yrs.
Date	09/12/2023	Location	Thane

History and Complaints

Nil

EXAMINATION FINDINGS:

Height (cms):	158	Temp (0c):	(R)
Weight (kg):	71	Skin:	Eczematous Patches on scalp.
Blood Pressure	149/90	Nails:	
Pulse	76/min	Lymph Node:	

Systems :

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

NAD

Dr. Manasee Kulkarni
M.B.B.S

2005/09/3439

Impression:

- Eosinophilia
 - BSL (+) - Impaired
 - ↑ TG/C Ratio, ↑ S-CPT
 - ↑ Non HDL Chol
- Fatty Liver

Monitor B.P

Advice:

- Treatment of Eosinophilia

- Low Fat, low sugar Diet.

Repeat sugar Profile after 6 Months.

1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthama	Nil
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	Nil
16)	Surgeries	
17)	Musculoskeletal System	

PERSONAL HISTORY:

1)	Alcohol	once a week
2)	Smoking	No
3)	Diet	Mixed
4)	Medication	No

[Signature]
19/12/23

Dr. Manasee Kulkarni
M.B.B.S.

2005/09/3439

Age 35 NA NA
years months days

Gender Male

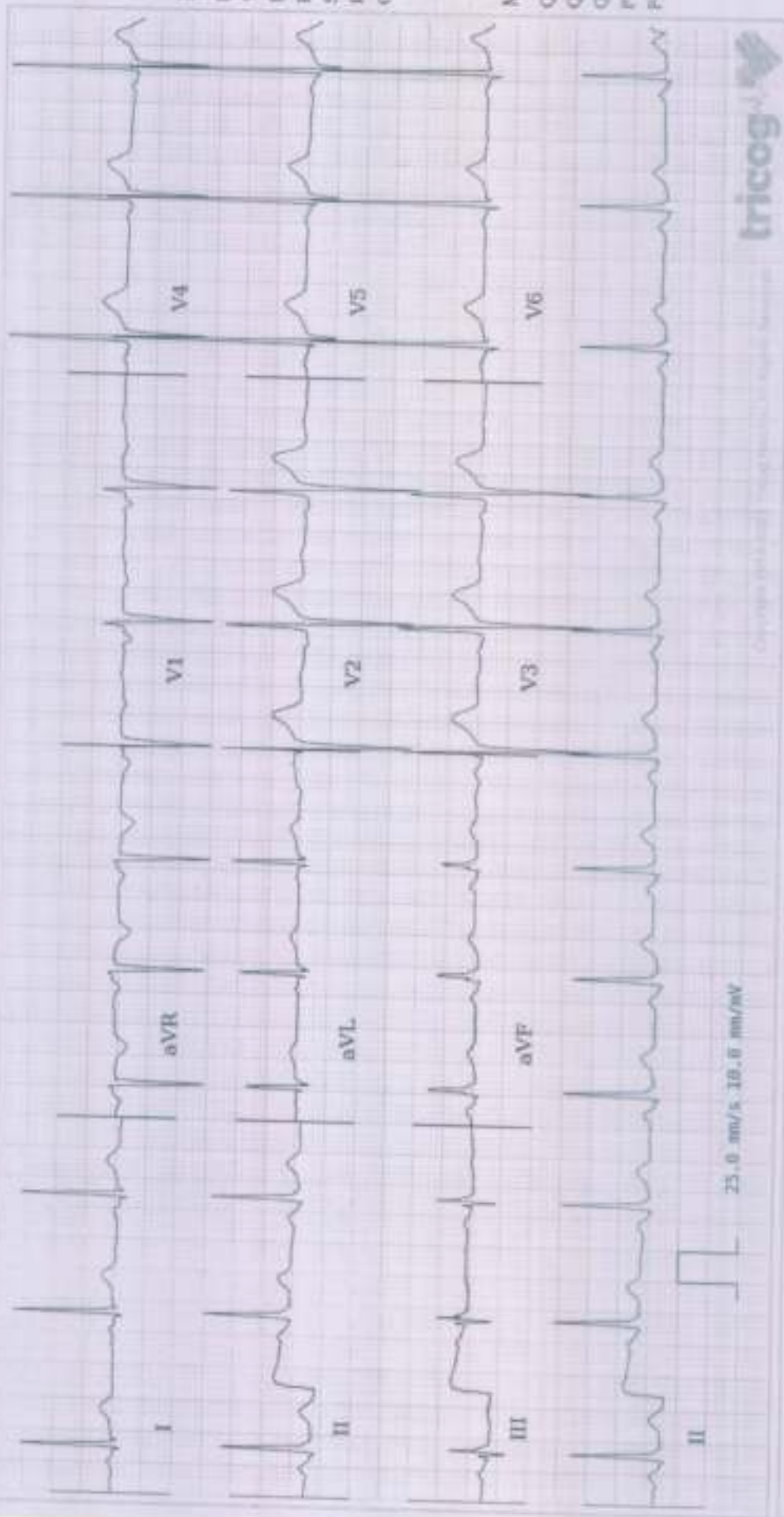
Heart Rate 74bpm

Patient Vitals

BP NA
Weight NA
Height NA
Pulse NA
SpO2 NA
Resp NA
Others NA

Measurements

QRSD: 96ms
QT: 378ms
QTcB: 411ms
PR: 132ms
P-R-T: 64° 33° 33°



ECG Within Normal Limits: Sinus Arrhythmia Seen, Sinus Rhythm, baseline wandering. Please correlate clinically.

REPORTED BY

[Signature]

DR. BHASKAR PILLAI
MBBS, MD (Physiatry)
MB (Psychiatry)
44111

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Date: 9/11/23 CID: 2334220743
Name: Nishant Chaudhary Sex / Age: M - 35

EYE CHECK UP

Chief complaints: RCU

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: BC 6/6 40/40 H6

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 Kudva
SR. OPTOMETRIST

CID : 2334320745
Name : MR. CHOUDHARY NISHANT KUMAR
Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)



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Collected : 09-Dec-2023 / 09:37
Reported : 09-Dec-2023 / 12:38

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	13.0	13.0-17.0 g/dL	Spectrophotometric
RBC	5.13	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.4	40-50 %	Measured
MCV	84.6	80-100 fl	Calculated
MCH	25.4	27-32 pg	Calculated
MCHC	30.0	31.5-34.5 g/dL	Calculated
RDW	15.5	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	4650	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	33.3	20-40 %	
Absolute Lymphocytes	1548.5	1000-3000 /cmm	Calculated
Monocytes	6.4	2-10 %	
Absolute Monocytes	297.6	200-1000 /cmm	Calculated
Neutrophils	44.6	40-80 %	
Absolute Neutrophils	2073.9	2000-7000 /cmm	Calculated
Eosinophils	15.7	1-6 %	
Absolute Eosinophils	730.0	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	218000	150000-400000 /cmm	Elect. Impedance
MPV	11.1	6-11 fl	Calculated
PDW	19.2	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	Mild		
Microcytosis	Occasional		

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Macrocytosis -
Anisocytosis Mild
Poikilocytosis Mild
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Elliptocytes-occasional
WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT Eosinophilia

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 4 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- Sickie 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
- brigden 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 ***

J. 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	103.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: > / = 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PPIR	97.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: > / = 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.58	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.17	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.41	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	5.1	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.5	1 - 2	Calculated
SGOT (AST), Serum	29.3	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	45.7	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	23.8	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	71.8	40-130 U/L	PNPP
BLOOD UREA, Serum	19.4	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	9.1	6-20 mg/dl	Calculated
CREATININE, Serum	0.88	0.67-1.17 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 w.e.f 16-08-2023

URIC ACID, Serum	6.1	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	

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*** End Of Report ***

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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	5.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: > / = 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	114.0	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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I. Mujawar
Dr. IMRAN MUJAWAR
MD (Path)
Pathologist

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Alkaline (8.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
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		
Cast	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	
Others	-		

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

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

Reference: Pack Inert

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
BLOOD GROUPING & Rh TYPING

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

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:
ABO system is most important of all blood group in transfusion medicine

- Limitations:**
- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
 - Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
 - Confirmation of newborn's blood group is indicated when A & B antigen expression and the noagglutinins 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 Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012, F.A. Davis company, Philadelphia
 2. AABB technical manual

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



Dr. Vrushi Shroff
Dr. VRUSHALI SHROFF
M.D.(PATH)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	195.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: > / =240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	94.8	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	46.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	148.9	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: > / =190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	130.0	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	18.9	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.8	0-3.5 Ratio	Calculated

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

J. Mujawar

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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	5.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.0	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.11	0.35-5.5 microIU/ml mIU/ml	ECLIA

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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 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:

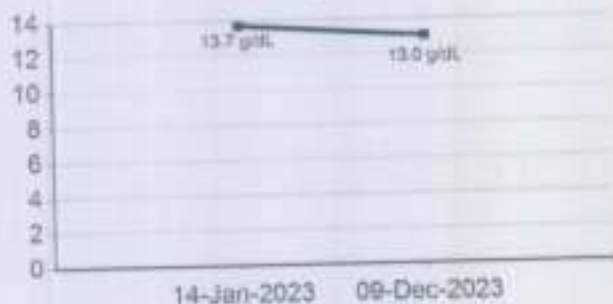
1. O.Koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
 2. Interpretation of the thyroid function tests, Dayan et al. THE LANCET, Vol. 357
 3. Tietz, Text Book of Clinical Chemistry and Molecular Biology -5th Edition
 4. Biological Variation: From principles to Practice-Calkum G Fraser (AACC Press)
- *Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
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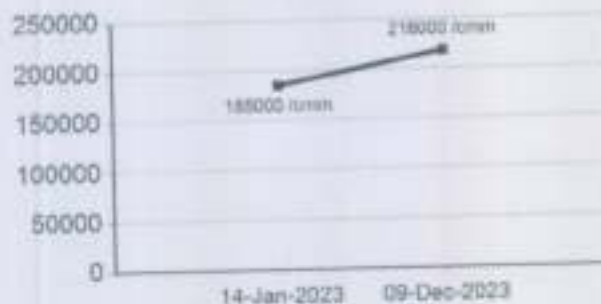
Haemoglobin



WBC Total Count



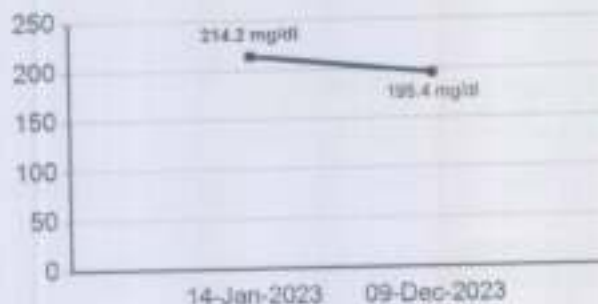
Platelet Count



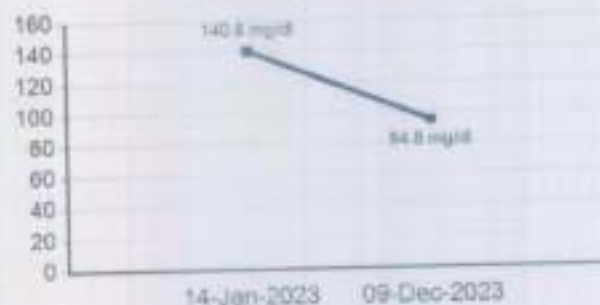
ESR



CHOLESTEROL



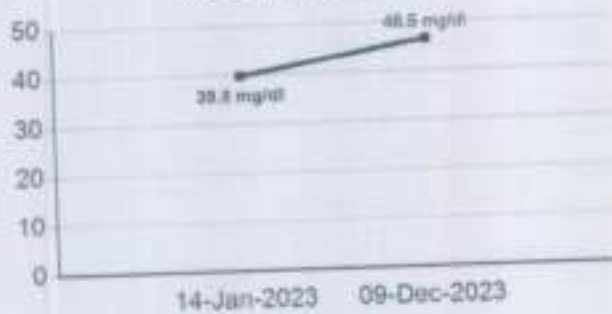
TRIGLYCERIDES



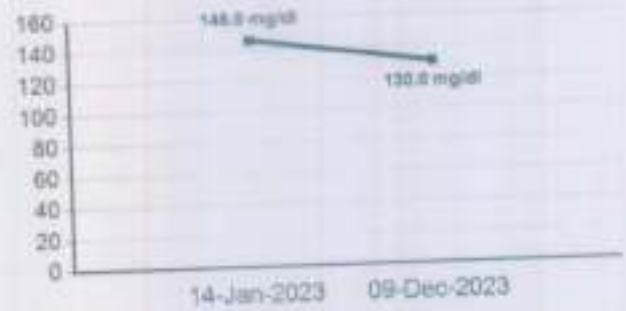
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HDL CHOLESTEROL



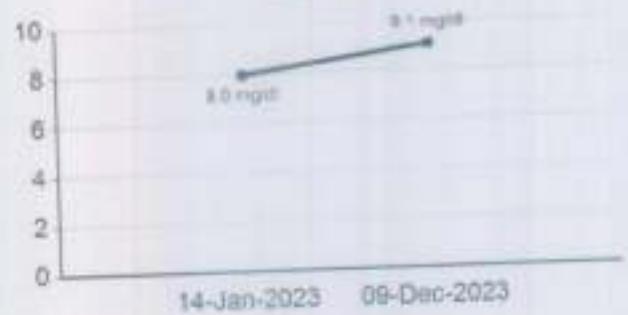
LDL CHOLESTEROL



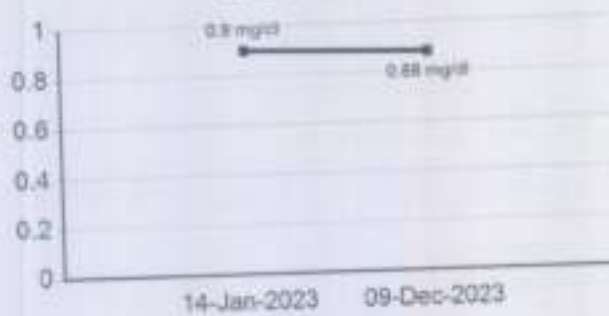
BLOOD UREA



BUN



CREATININE



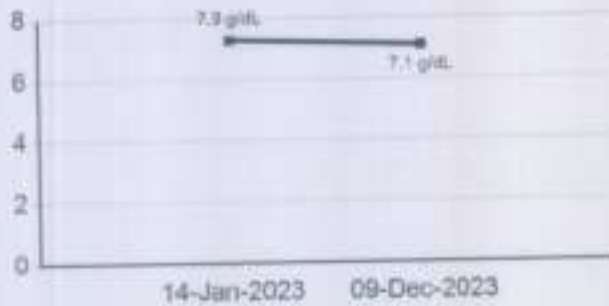
URIC ACID



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TOTAL PROTEINS



ALBUMIN



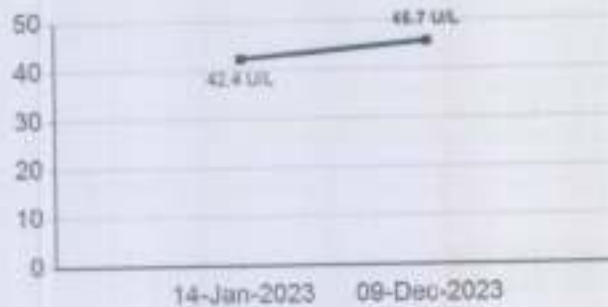
GLOBULIN



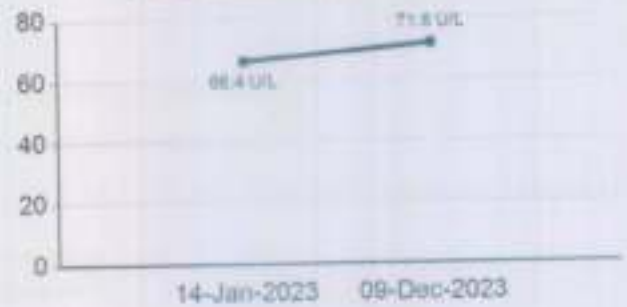
SGOT (AST)



SGPT (ALT)



ALKALINE PHOSPHATASE



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 Consulting Dr. : -
 Reg. Location : G B Road, Thane West (Main Centre)

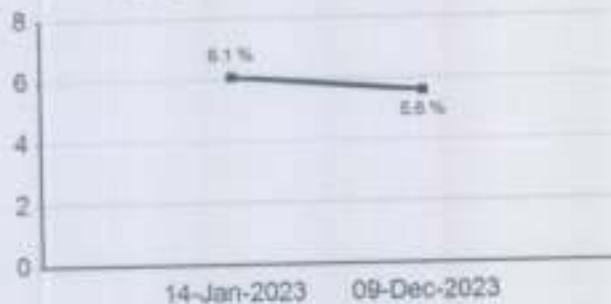
GAMMA GT



BILIRUBIN (DIRECT)



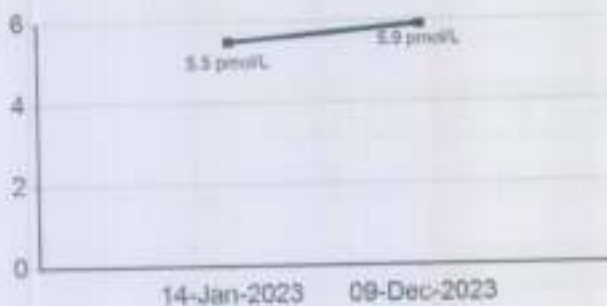
Glycosylated Hemoglobin (HbA1c)



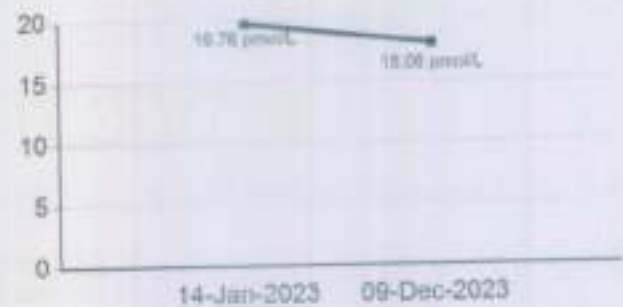
Estimated Average Glucose (eAG)



Free T3



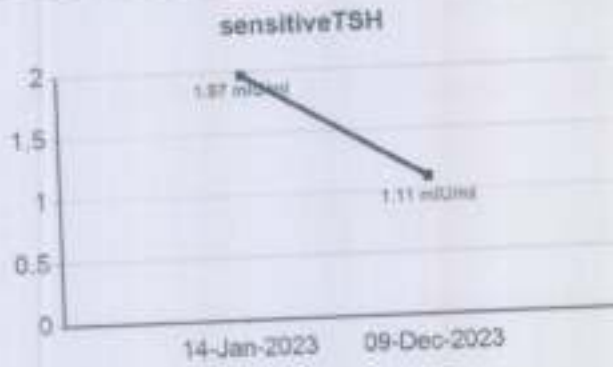
Free T4





Use a QR Code Scanner Application To Scan the Code

CID : 2334320745
Name : MR. CHOUDHARY NISHANT KUMAR
Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)



Reg. No. : 2334320745	Sex : MALE
Name : MR. NISHANT KUMAR CHOUDHARY	Age : 35 YRS
Ref. By : -----	Date : 09.12.2023

USG ABDOMEN AND PELVIS

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 10.3 x 4.6 cm. Left kidney measures 10.3 x 5.1 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 3.0 x 3.4 x 3.6 cm in dimension and 20 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

IMPRESSION:

GRADE I FATTY INFILTRATION OF LIVER.

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

Advice: Clinical co-relation and further evaluation.

DPatil

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



Use a QR Code Scanner
Application To Scan the Code

CID : 2334320745
Name : Mr CHOUDHARY NISHANT KUMAR
Age / Sex : 35 Years/Male
Ref. Dr :
Reg. Date : 09-Dec-2023
Reg. Location : G B Road, Thane West Main Centre
Reported : 09-Dec-2023 / 14:31

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 <http://3.111.232.119/IRISViewer/NeoradViewer?AccessionNo=2023120909161923>

Page no 1 of 1

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

EMail:

Report

300 (2334320745) / NISHANT KUMAR CHOUDHARY / 35 Yrs / M / 158 Cms / 71 Kg
 Date: 09 / 12 / 2023 09:27:04 AM



Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	HRP	PVC	Comments
Supine	00:09	0:09	00.0	00.0	01.0	083	45 %	140/90	116	00	
Standing	00:24	0:15	00.0	00.0	01.0	066	36 %	140/90	092	00	
ExStart	00:43	0:19	00.0	00.0	01.0	072	39 %	140/90	100	00	
BRUCE Stage 1	03:43	3:00	01.7	10.0	04.7	121	65 %	150/90	181	00	
BRUCE Stage 2	06:43	3:00	02.5	12.0	07.1	137	74 %	160/90	219	00	
PeakEx	08:57	2:14	03.4	14.0	09.4	158	85 %	170/90	268	00	
Recovery	09:57	1:00	00.0	00.0	01.1	127	69 %	200/90	254	00	
Recovery	10:57	2:00	00.0	00.0	01.0	111	60 %	180/90	199	00	
Recovery	11:15	2:19	00.0	00.0	01.0	109	59 %	160/90	174	00	

FINDINGS :

Exercise Time : 08:14
 Initial HR (ExStrt) : 72 bpm 39% of Target 185
 Initial BP (ExStrt) : 140/90 (mm/Hg)
 Max Workload Attained : 9.4 Good response to induced stress
 Max ST Dep Lead & Avg ST Value : III & -4.2 mm in PeakEx
 Test End Reasons : Test Complete

Max HR Attained 158 bpm 85% of Target 185
 Max BP Attained 200/90 (mm/Hg)



DR KAVIN SHAH
 MBBS, D CARD
 CARDIOLOGIST
 3483

Doctor : DR KAVIN SHAH



EMail: 308 / NISHANT KUMAR CHOUDHARY / 35 Yrs / M / 158 Cms / 71 Kg Date: 09 / 12 / 2023 09:27:04 AM

REPORT :

TEST OBJECTIVE	:	ROUTINE CHECK UP
ACTIVITY	:	MODERATE ACTIVE
MEDICATION	:	NIL
BRIEF HISTORY	:	NIL
REASON FOR TERMINATION	:	TEST COMPLETE
EXERCISE TOLERANCE	:	GOOD
EXERCISE INDUCED ARRHYTHMIAS	:	NO
HAEMODYNAMIC RESPONSE	:	HYPERTENSIVE
CHRONOTROPIC RESPONSE	:	NORMAL
FINAL IMPRESSION	:	STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHAEMIA AT MODERATE WORKLOAD.

DR KAVIN SHAH

MBBS D CAPD
CARDIOLOGIST
3488

Doctor : DR KAVIN SHAH

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

300 (2334220745) / NISHANT KUMAR CHOUHARY / 35 Yrs / M / 158 CM / 71 Kg / HR : 83

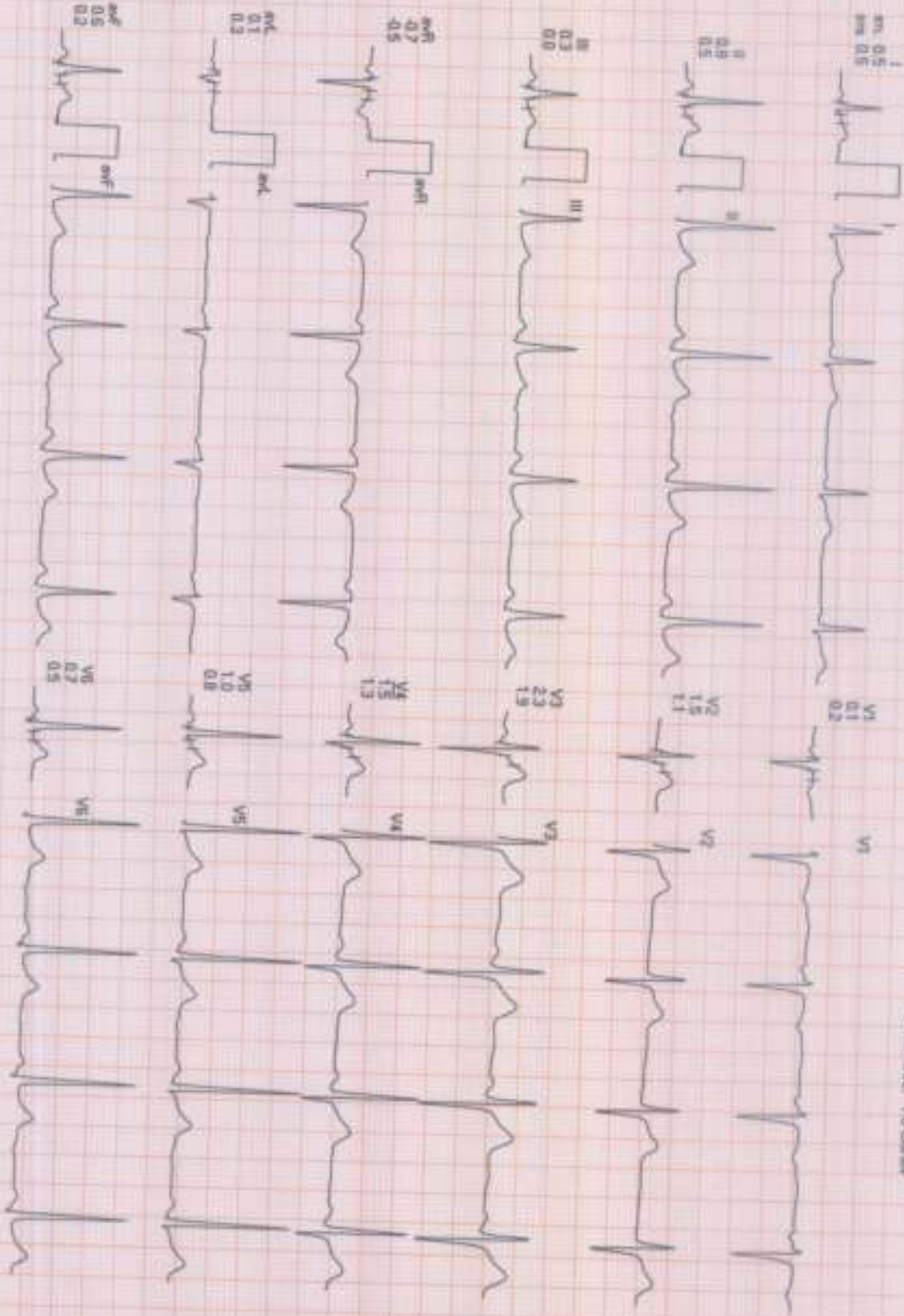
Date: 09/12/2023 09:27:04 AM METS: 1.0/83 bpm 45% of THR BP: 140/90 mmHg Pw ECG BLC On/None On/HR: 0.65 Hz/25 Hz

4X 00:45 Pw:1

SUPINE (00:01)



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



REMARKS:
I II III aVR aVL aVF V1 V2 V3 V4 V5 V6

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

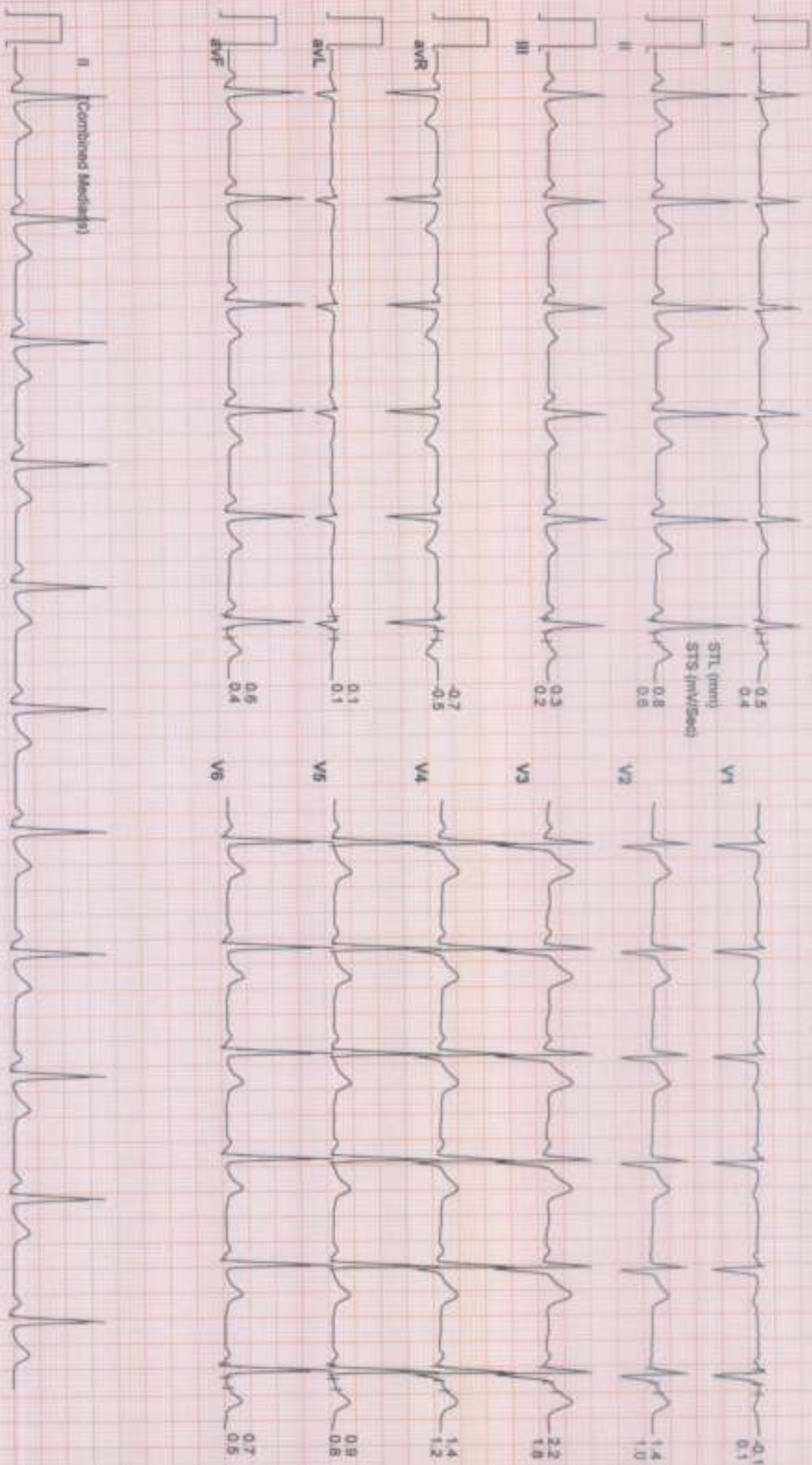
300 / NISHANT KUMAR CHOUDHARY / 35 Yrs / Male / 158 Cm / 71 Kg

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



Date: 09 / 12 / 2023 09:27:04 AM METs : 1.0 HR : 66 Target HR : 36% of 185 BP : 140/90 Post J @Ponisee

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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

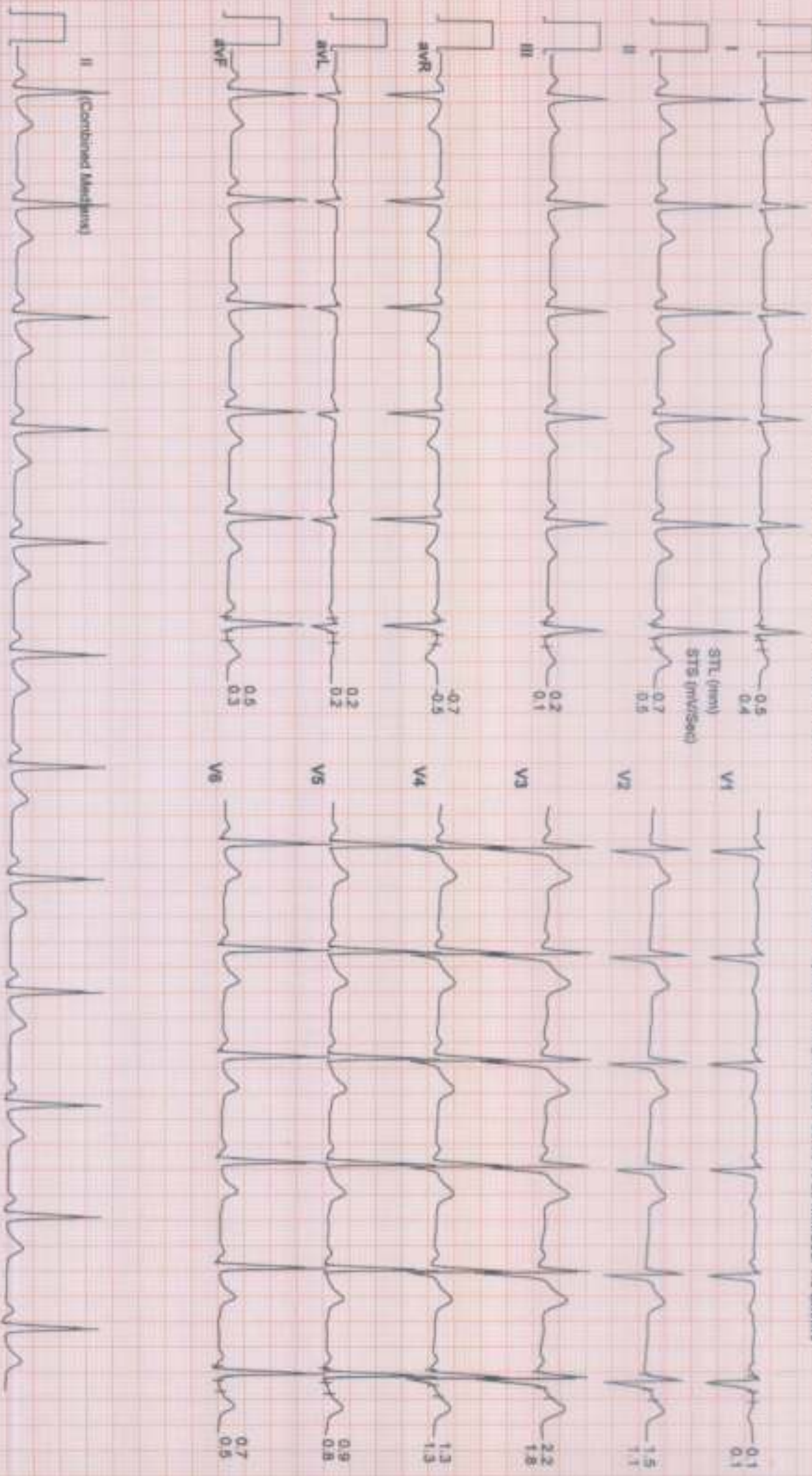
300 / NISHANT KUMAR CHOUDHARY / 35 Yrs / Male / 158 Cm / 71 Kg

6X2 Combine Medians + 1 Rhythm
ExStir



Date: 09 / 12 / 2023 09:27:04 AM METR : 1.0 HR : 72 Target HR : 39% of 185 BP : 140/90 Post J @30mm/Sec

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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

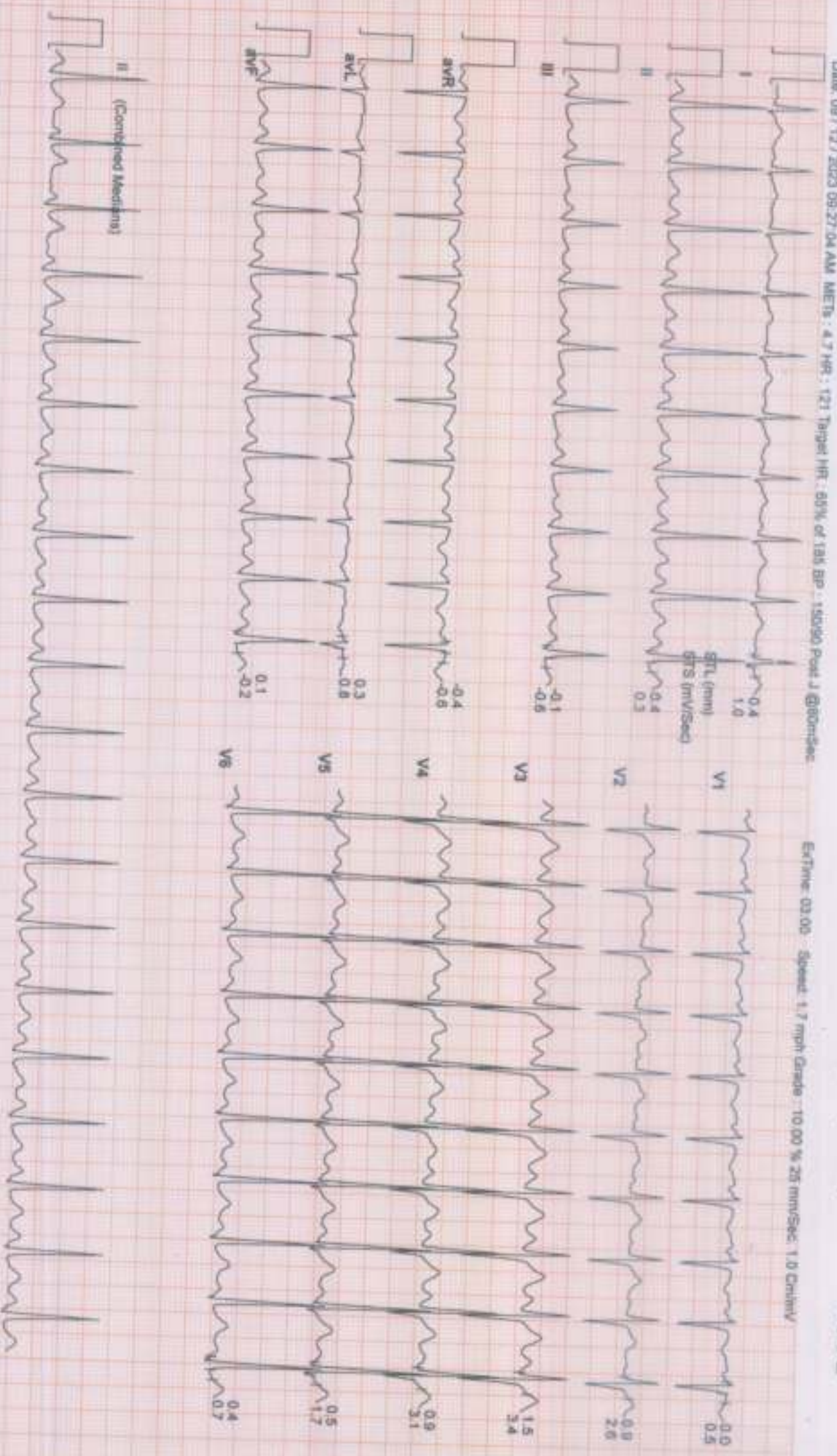
300 / NISHANT KUMAR CHOUDHARY / 35 Yrs / Male / 158 Cm / 71 Kg

Date: 08 / 12 / 2023 09:27:04 AM METs : 4.7 HR : 121 Target HR : 85% of 185 BP : 140/90 Post J @300ms/Sec

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



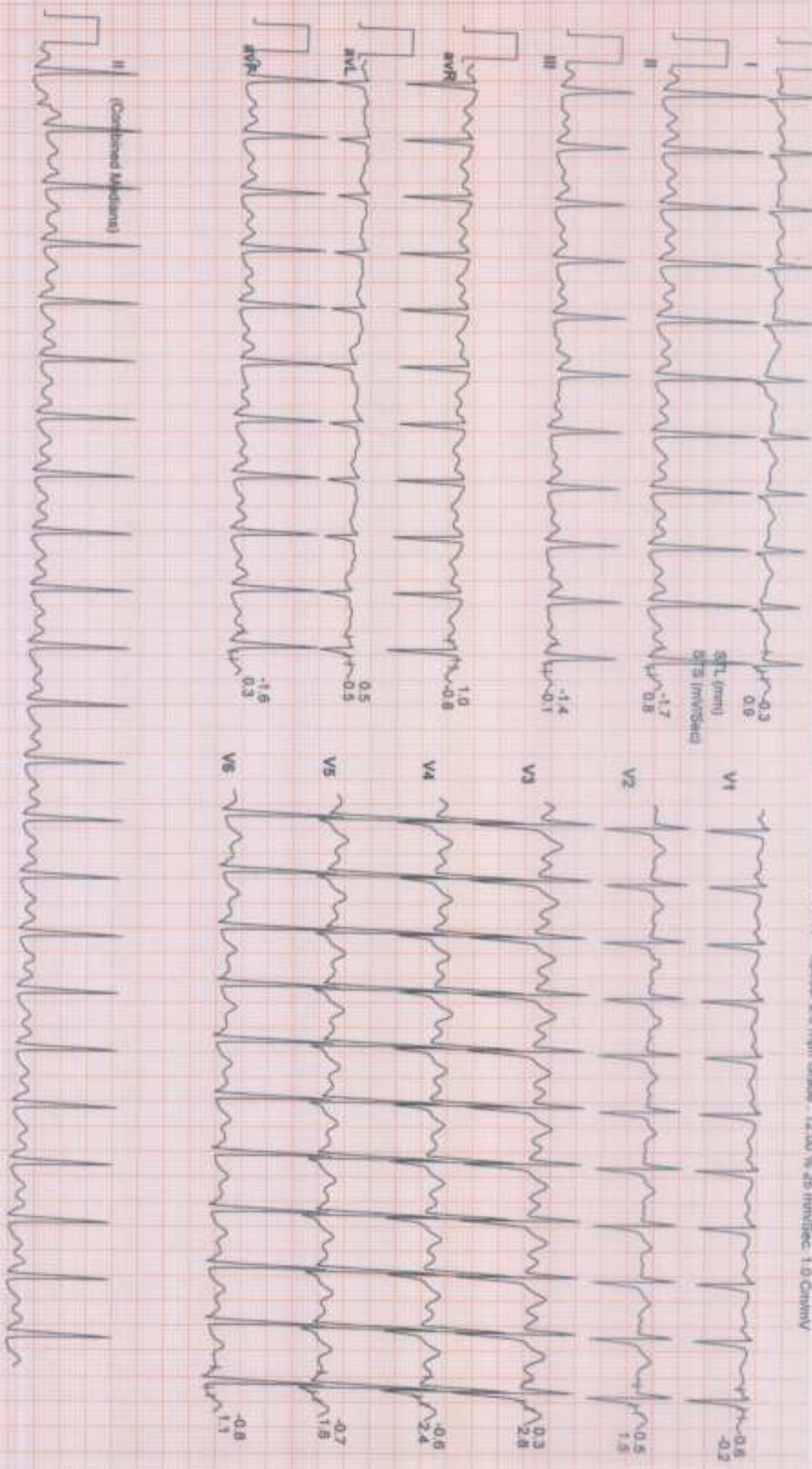
ExTime: 03:00 Speed: 1.7 mph Grade: 10.00 % 25 mm/Sec 1.0 Cm/mV





Date: 09 / 12 / 2023 09:27:04 AM METN : 7.1 HR : 137 Target HR : 74% of 185 BP : 160/90 Post J @60mSec

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



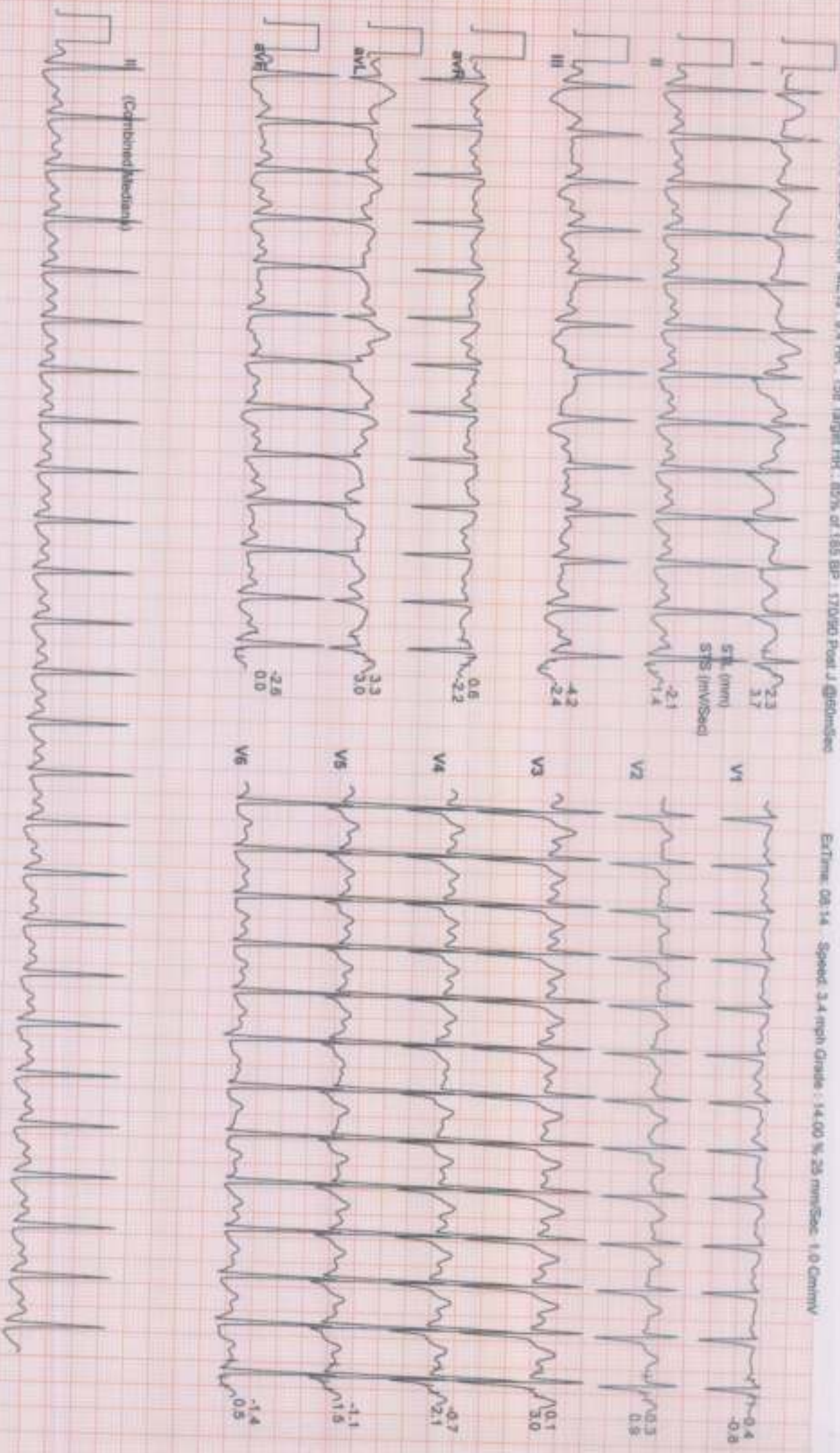
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

300 / NISHANT KUMAR CHOUDHARY / 35 Yrs / Male / 158 Cm / 71 Kg

Date: 09 / 12 / 2023 09:27:04 AM METS : 9.4 HR : 158 Target HR : 85% of 165 BP : 170/90 Post J @60Sec

ExTime: 08:14 Speed: 3.4 mph Grade : 14.00 % 25 min/Sec 1.0 Cm/MinV

6X2 Combine Medians + 1 Rhythm PeakEx



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

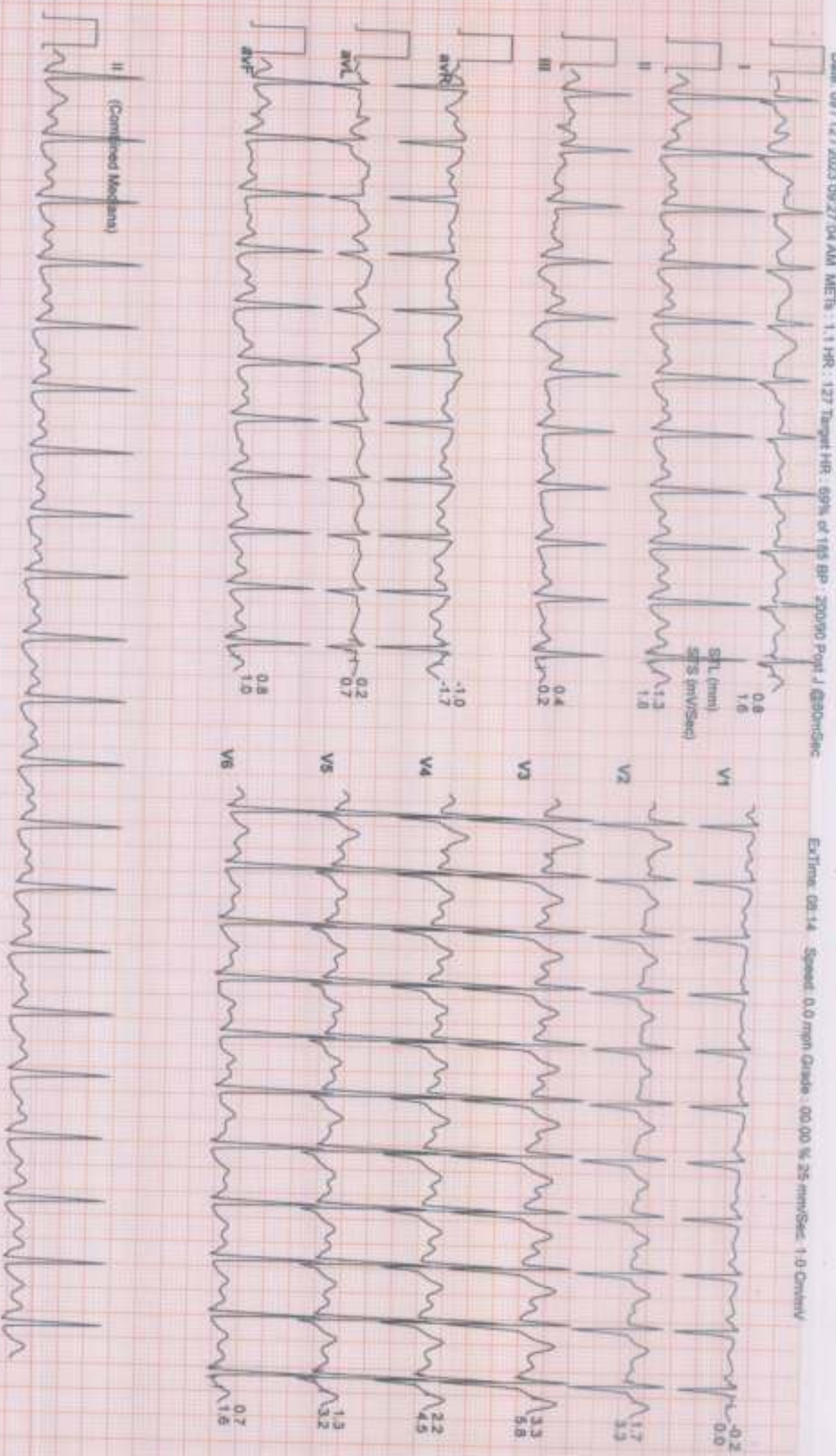
300 / NISHANT KUMAR CHOUDHARY / 35 Yrs / Male / 158 Cm / 71 Kg

Date: 09 / 12 / 2023 09:27:04 AM METS : 1.1 HR : 127 Target HR : 99% of 165 BP : 200/90 Post J @Biosonic

ExTime: 08:14 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm

Recovery : (01:00)



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

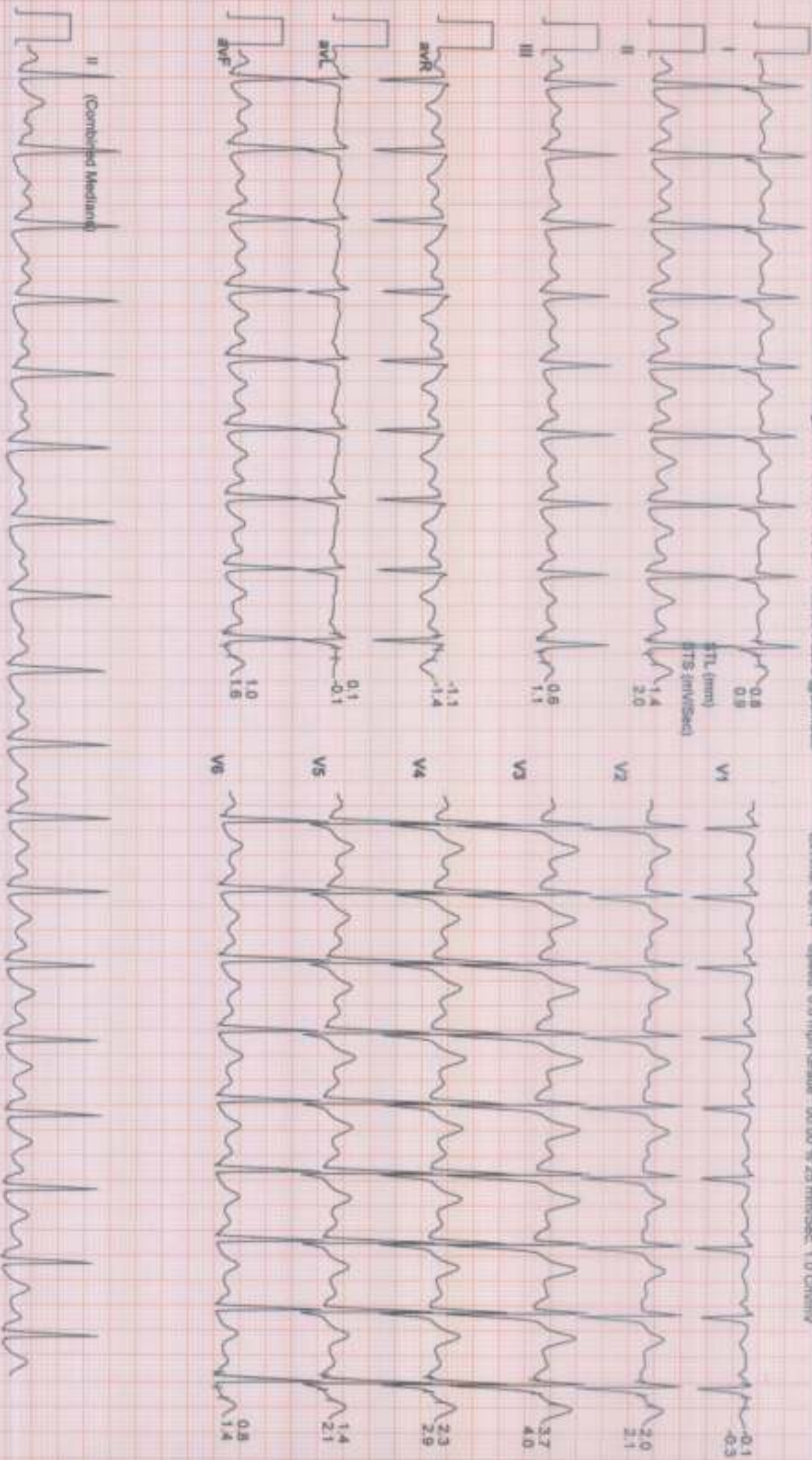
300 / NISHANT KUMAR CHOUDHARY / 35 Yrs / Male / 158 Cm / 71 Kg

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



Date: 09 / 12 / 2023 08:27:04 AM METs : 1.0 HR : 111 Target HR : 60% of 165 BP : 160/90 Post J @BomDoc

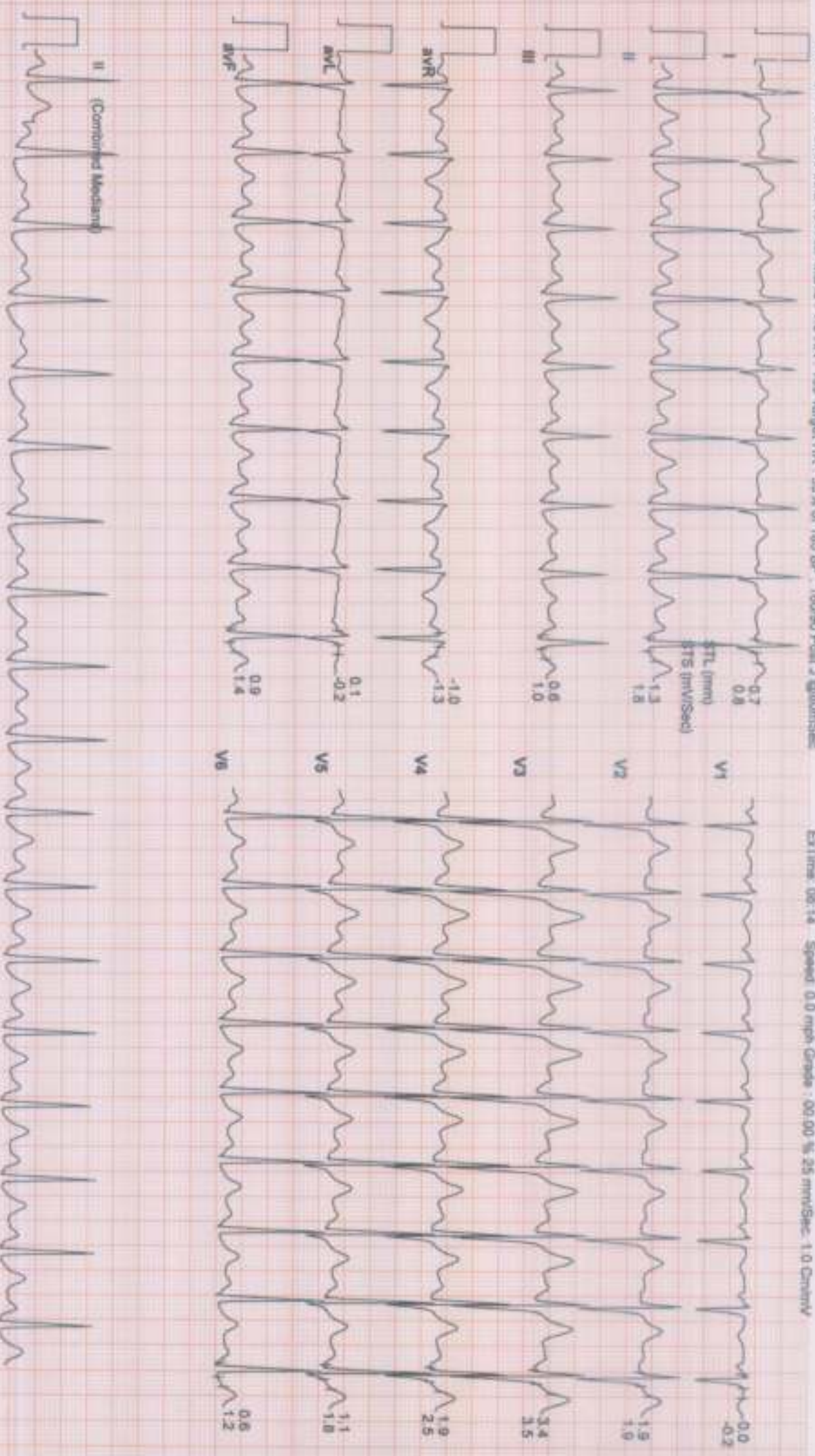
ExTmrk: 08:14 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/mV





Date: 09 / 12 / 2023 09:27:04 AM METs : 1.0 HR : 109 Target HR : 59% of 165 BP : 160/50 Post J @tonSec

ExTime: 06:14 Speed: 0.0 mph Grade : 00.00 % 25 mmVSec: 1.0 Cm/mV



II (Compared Median)