

PHYSICAL EXAMINATION REPORT

Patient Name	Deepal Tikle	Sex/Age	Male / 36
Date	19/2/24	Location	Thane

History and Complaints

Nil

EXAMINATION FINDINGS:

Height (cms):	173	Temp (0c):	37.2
Weight (kg):	85	Skin:	Dry skin
Blood Pressure	130/80	Nails:	
Pulse	72/min	Lymph Node:	NAD.

Systems :

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

Impression:

- ↑ Tc's, ↓ HDL, ↑ NaHDL
- TSH (0.97)
- Rt - Renal Calculus
- Rt - Renal simple cyst

Advice:

- Low Fat Diet
- Reg. Exercise
- Drink Plenty of Liquids
- Repeat Lipid Profile, Thyroid Profile after 6 Months.

1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	Nil
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	Nil
15)	Congenital disease	
16)	Surgeries	
17)	Musculoskeletal System	

PERSONAL HISTORY:

1)	Alcohol	No
2)	Smoking	No
3)	Diet	Mixed
4)	Medication	No

[Signature]
20/2/24

Dr. Manasee Kulkarni
M.B.B.S
2005/05/3439

Date: 18/12/24
Name: Nikle Prakash
CID: 2405000861
Sex / Age: M - 36

EYE CHECK UP

Chief complaints: RUD

Systemic Diseases: All

Past history: Nil

Unaided Vision: 12/24 HV32 HV6

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
SR. OPTOMETRIST



CID : 2405000866
Name : MR. TIKLE PRAFUL MEGHRAJ
Age / Gender : 36 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 19-Feb-2024 / 09:34
Reported : 19-Feb-2024 / 12:17

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	14.4	13.0-17.0 g/dL	Spectrophotometric
RBC	5.08	4.5-5.5 mil/cmm	Elect. Impedance
PCV	46.6	40-50 %	Measured
MCV	91.8	80-100 fl	Calculated
MCH	28.4	27-32 pg	Calculated
MCHC	30.9	31.5-34.5 g/dL	Calculated
RDW	12.7	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7950	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	35.9	20-40 %	
Absolute Lymphocytes	2854.1	1000-3000 /cmm	Calculated
Monocytes	5.7	2-10 %	
Absolute Monocytes	453.1	200-1000 /cmm	Calculated
Neutrophils	54.2	40-80 %	
Absolute Neutrophils	4308.9	2000-7000 /cmm	Calculated
Eosinophils	4.2	1-6 %	
Absolute Eosinophils	333.9	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.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	367000	150000-400000 /cmm	Elect. Impedance
MPV	8.5	6-11 fl	Calculated
PDW	11.0	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		

Authenticity Check



Use a QR Code Scanner Application To Scan the Code

CID : 2405000866
Name : MR. TIKLE PRAFUL MEGHRAJ
Age / Gender : 36 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 19-Feb-2024 / 09:34
Reported : 19-Feb-2024 / 11:40

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

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
- Brigiden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

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

*** End Of Report ***

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



Use a QR Code Scanner Application To Scan the Code

CID : 2405000866
Name : MR. TIKLE PRAFUL MEGHRAJ
Age / Gender : 36 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 19-Feb-2024 / 09:34
Reported : 19-Feb-2024 / 13:27

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	84.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.51	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.24	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.27	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
SGOT (AST), Serum	16.4	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	14.4	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	13.9	3-60 U/L	IFCC
BLOOD UREA, Serum	24.8	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	11.6	6-20 mg/dl	Calculated
CREATININE, Serum	1.01	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	99	(ml/min/1.73sqm) 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	Calculated



Use a QR Code Scanner
Application To Scan the Code

CID : 2405000866
Name : MR. TIKLE PRAFUL MEGHRAJ
Age / Gender : 36 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 19-Feb-2024 / 09:34
Reported : 19-Feb-2024 / 16:09

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

URIC ACID, Serum	5.4	3.5-7.2 mg/dl	Uricase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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


Dr. IMRAN MUJAWAR
MD (Path)
Pathologist

CID : 2405000866
Name : MR. TIKLE PRAFUL MEGHRAJ
Age / Gender : 36 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)



Use a QR Code Scanner Application To Scan the Code

Collected : 19-Feb-2024 / 09:34
Reported : 19-Feb-2024 / 12:20

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	4.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: > / = 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	73.8	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.

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

*** End Of Report ***

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



CID : 2405000866
Name : MR. TIKLE PRAFUL MEGHRAJ
Age / Gender : 36 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 19-Feb-2024 / 09:34
Reported : 19-Feb-2024 / 16:02

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 (6.5)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	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	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	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	1-2	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
*** End Of Report ***

W. Kulkarni
Dr. VANDANA KULKARNI
M.D (Path)
Pathologist



CID : 2405000866
Name : MR. TIKLE PRAFUL MEGHRAJ
Age / Gender : 36 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 19-Feb-2024 / 09:34
Reported : 19-Feb-2024 / 13:09

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

PARAMETER	RESULTS
ABO GROUP	B
Rh TYPING	Positive

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

Specimen: EDTA Whole Blood and/or serum

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

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result.
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

References:

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

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

Dr. IMRAN MUJAWAR
MD (Path)
Pathologist



CID : 2405000866
Name : MR. TIKLE PRAFUL MEGHRAJ
Age / Gender : 36 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 19-Feb-2024 / 09:34
Reported : 19-Feb-2024 / 13:27

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	191.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	181.3	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	34.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	157.6	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	122.0	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	35.6	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.6	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

Authenticity Check



Use a QR Code Scanner Application To Scan the Code

CID : 2405000866
Name : MR. TIKLE PRAFUL MEGHRAJ
Age / Gender : 36 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 19-Feb-2024 / 09:34
Reported : 19-Feb-2024 / 14:14

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	5.2	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.8	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	0.97	0.35-5.5 microIU/ml mIU/ml	ECLIA



Use a QR Code Scanner Application To Scan the Code

CID : 2405000866
Name : MR. TIKLE PRAFUL MEGHRAJ
Age / Gender : 36 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 19-Feb-2024 / 09:34
Reported : 19-Feb-2024 / 14:14

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 microU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2) TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess 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. D. Koulouris 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)

*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

Patient Name: **TIKLE PRAFUL MEGHRAJ** Date and Time: **19th Feb 24 12:40 PM**
 Patient ID: **24950005866**

SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST



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

Age: **36** years
 Sex: **Male**

Heart Rate: **79bpm**

BP: **NA**
 Weight: **NA**
 Height: **NA**
 Pulse: **NA**
 SpO2: **NA**
 Resp: **NA**
 O2Sat: **NA**

Measurements
 QRSd: **98ms**
 QT: **366ms**
 QTc: **419ms**
 PR: **124ms**
 P-R-T: **30° 41° 44°**



REPORTED BY

[Signature]

DR. SHALINI WILKINSON
 MBBS, MD (Internal Medicine)
 MD (Diagnosis)

Suburban Diagnostics is a registered company in India. All services are provided by the qualified and licensed professionals. The company is not responsible for any loss or damage caused by the use of the services provided by the company. © 2024

Authenticity Check



Use a QR Code Scanner
Application to Scan the Code

CID : 2405000866
Name : Mr TIKLE PRAFUL MEGHRAJ
Age / Sex : 36 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 19-Feb-2024
Reported : 19-Feb-2024 / 15:23

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/NeoralViewer?](http://3.111.232.119/IRISViewer/NeoralViewer?Access)
Access

tionNo=2024021909261824

REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | CIN No.: L72499DL1999PLC0365368

MUMBAI OFFICE: Suburban Diagnostics India Pvt. Ltd., Atrium, 2nd Floor, Sundeekar Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.

WEST REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Smart, Premier Road, Vihar West, Mumbai - 400086.

HEALTHLINE: 022-4170-0000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com



CID : 2405000866
Name : Mr TIKLE PRAFUL MEGHRAJ
Age / Sex : 36 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 19-Feb-2024
Reported : 19-Feb-2024 / 14:41

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 partially distended . (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 10.8 x 4.7 cm. A simple cortical cyst measuring 1.8 x 1.4 cm is noted at lower pole. A 3 mm sized calculus is noted at mid pole.

Left kidney measures 10.1 x 5.7 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained.

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 2.8 x 3.9 x 3.4 cm in dimension and 19.5 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=2024021909261809>

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2405000866
Name : Mr TIKLE PRAFUL MEGHRAJ
Age / Sex : 36 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 19-Feb-2024
Reported : 19-Feb-2024 / 14:41

IMPRESSION:

- RIGHT RENAL NON-OBSTRUCTIVE CALCULUS.
- RIGHT RENAL SIMPLE CORTICAL CYST.

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—————

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=2024021909261809>

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

EMail:

Report

874 (2405000866) / PRAFUL TIKLE / 36 Yrs / M / 173 Cms / 84 Kg
 Date: 19 / 02 / 2024 10:55:24 AM



Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:04	0:04	00.0	00.0	01.0	066	36%	120/70	000	00	
Standing	00:22	0:18	00.0	00.0	01.0	068	37%	120/70	081	00	
Supine	00:32	0:10	00.0	00.0	01.0	070	38%	120/70	094	00	
Standing	00:42	0:10	00.0	00.0	01.0	074	40%	120/70	088	00	
HRV	00:47	0:05	00.0	00.0	01.0	076	41%	120/70	091	00	
ExStnt	00:59	0:12	00.0	00.0	01.0	074	40%	120/70	088	00	
BRUCE Stage 1	03:59	3:00	01.7	10.0	04.7	112	61%	130/80	145	00	
BRUCE Stage 2	08:59	3:00	02.5	12.0	07.1	131	71%	150/80	196	00	
PeakEX	09:34	2:35	03.4	14.0	09.8	158	86%	160/90	252	00	
Recovery	10:34	1:00	00.0	00.0	01.1	122	66%	160/90	195	00	
Recovery	11:34	2:00	00.0	00.0	01.0	105	57%	160/90	168	00	
Recovery	11:59				00.0	000	0%	-	000	00	

FINDINGS :

Exercise Time : 08:35
 Initial HR (ExStnt) : 74 bpm 40% of Target 184
 Initial BP (ExStnt) : 120/70 (mm/Hg)
 Max Workload Attained : 9.8. Good response to induced stress
 Max ST Dep Lead & Avg ST Value: III & -1.3 mm in PeakEX
 History : No
 Test End Reasons : Heart Rate Achieved

Max HR Attained 158 bpm 86% of Target 184
 Max BP Attained 160/90 (mm/Hg)

Dr. SHAILAJA PILLAI

M.D. (GEN. MED.)

RNO. 46672

Doctor : DR. SHAILAJA PILLAI



EMR: RAJUL TIKLE / 36 Yrs / M / 173 Cms / 84 Kg Date: 19 / 02 / 2024 10:55:24 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 68.0 bpm, and the maximum predicted Target Heart Rate 184.0. The BP increased at the time of generating report as 160.0/90.0 mmHg. The Max Dep went upto 0.5. 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 ischaemia
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. 45972

Doctor : DR. SHAILAJA PILLAI

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

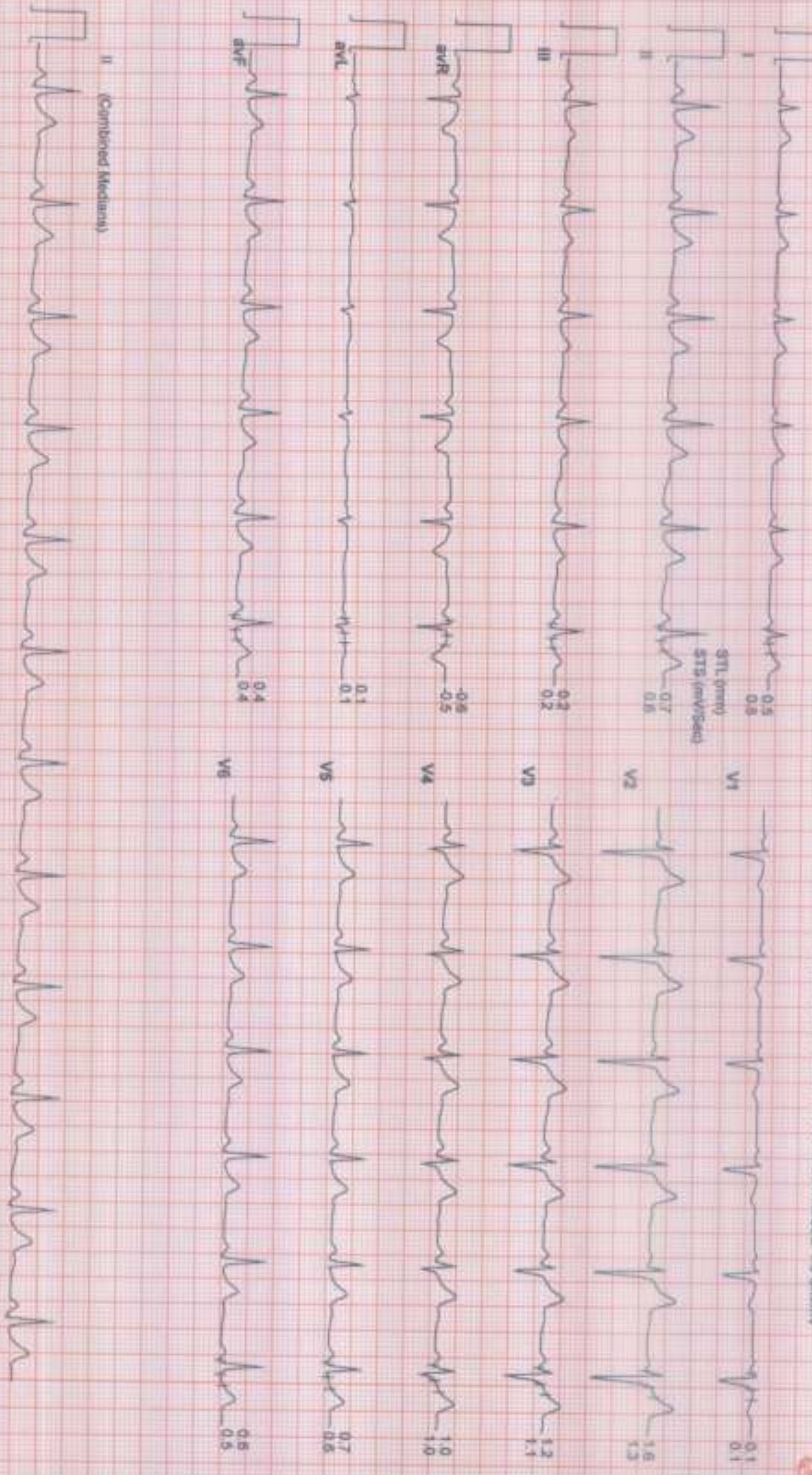
874 / PRAFUL TIKLE / 36 Yrs / Male / 173 Cm / 84 Kg

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



Date: 19/07/2024 10:55:24 AM MET: 1.0 HR: 70 Target HR: 30% of 184 BPM: 120/70 Poin J @80mmSec

Estimate: 00:00 Speed: 0.0 m/s Gain: 00.00 % 25 mm/Sec 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

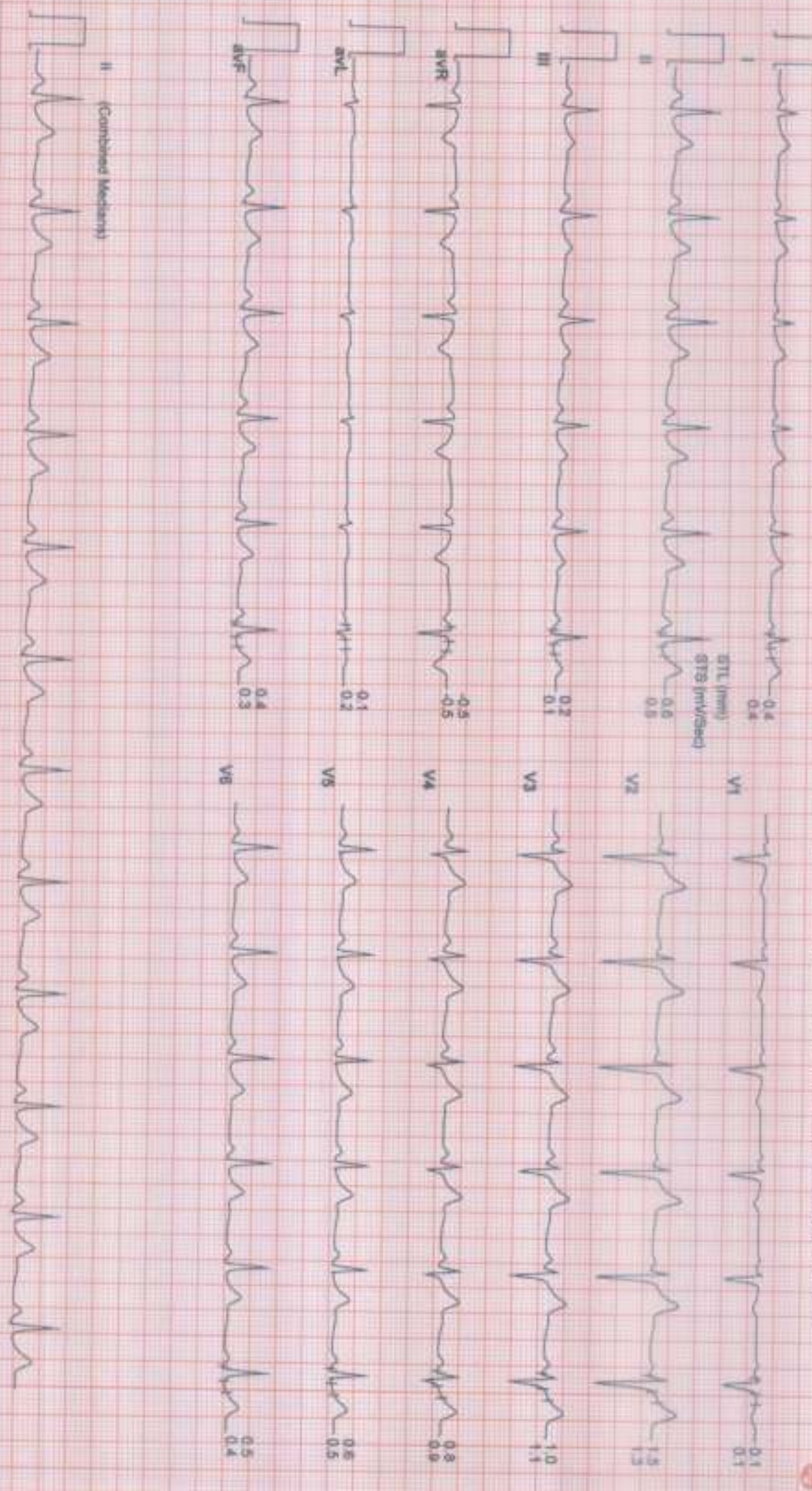
874 / PRAFUL TIKLE / 36 Yrs / Male / 173 Cm / 84 Kg

Date: 10/02/2024 10:56:24 AM METS: 1.0 HR: 74 Target HR: 40% of 184 BP: 120/70 Post J @10:58:36

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



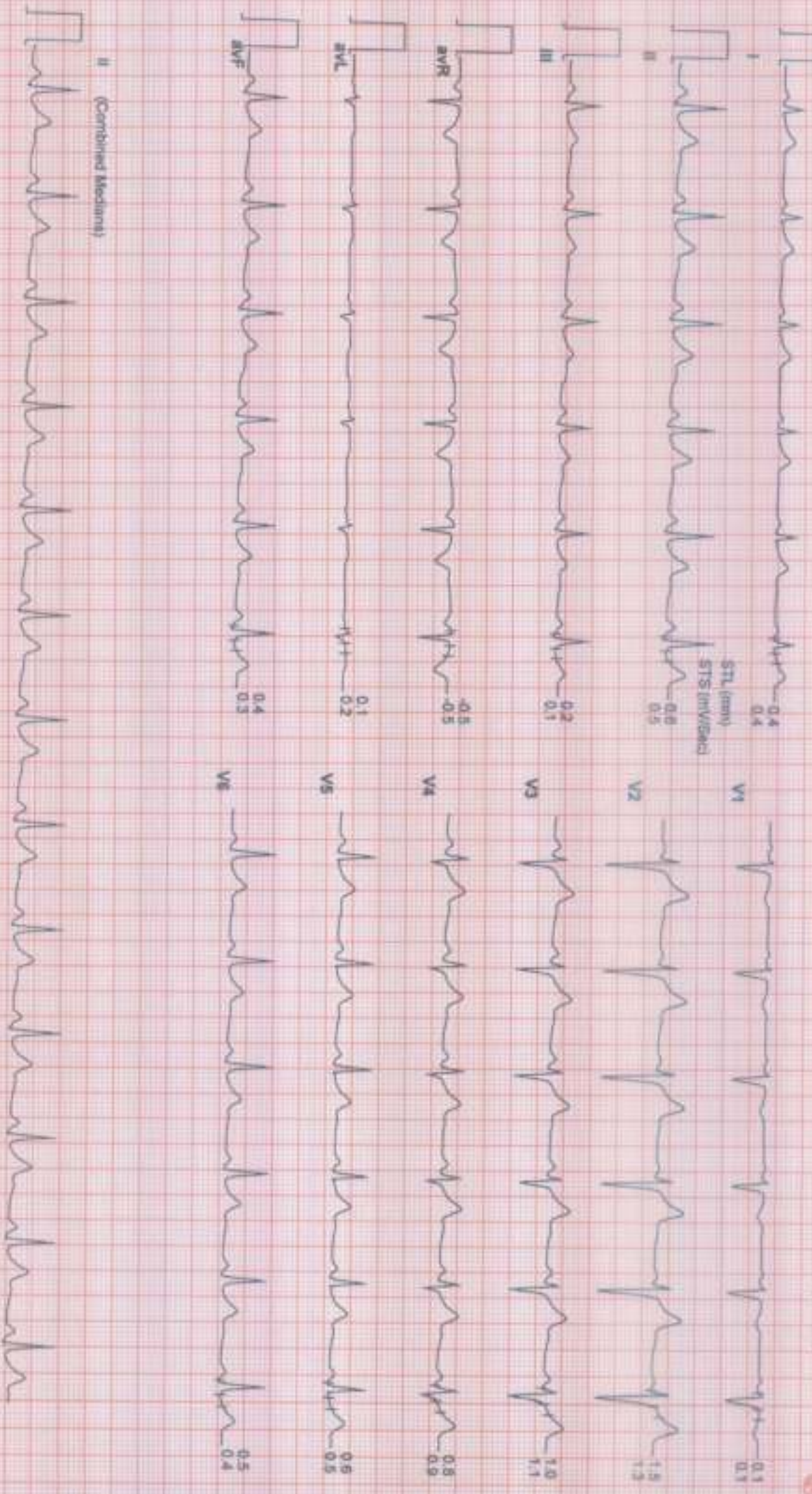
ExTime: 00:00 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV





Date: 19/02/2024 10:55:24 AM METs : 1.0 HR : 76 Target HR : 41% of 184 BP : 120/70 Pval J @60Sec

ExTime: 00:00 Speed: 0.0 mph Grade: 00.00 % 24 Min/Sec: 1.0 Ch/Min



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

874 / PRAFUL TIKLE / 36 Yrs / Male / 173 Cm / 84 Kg

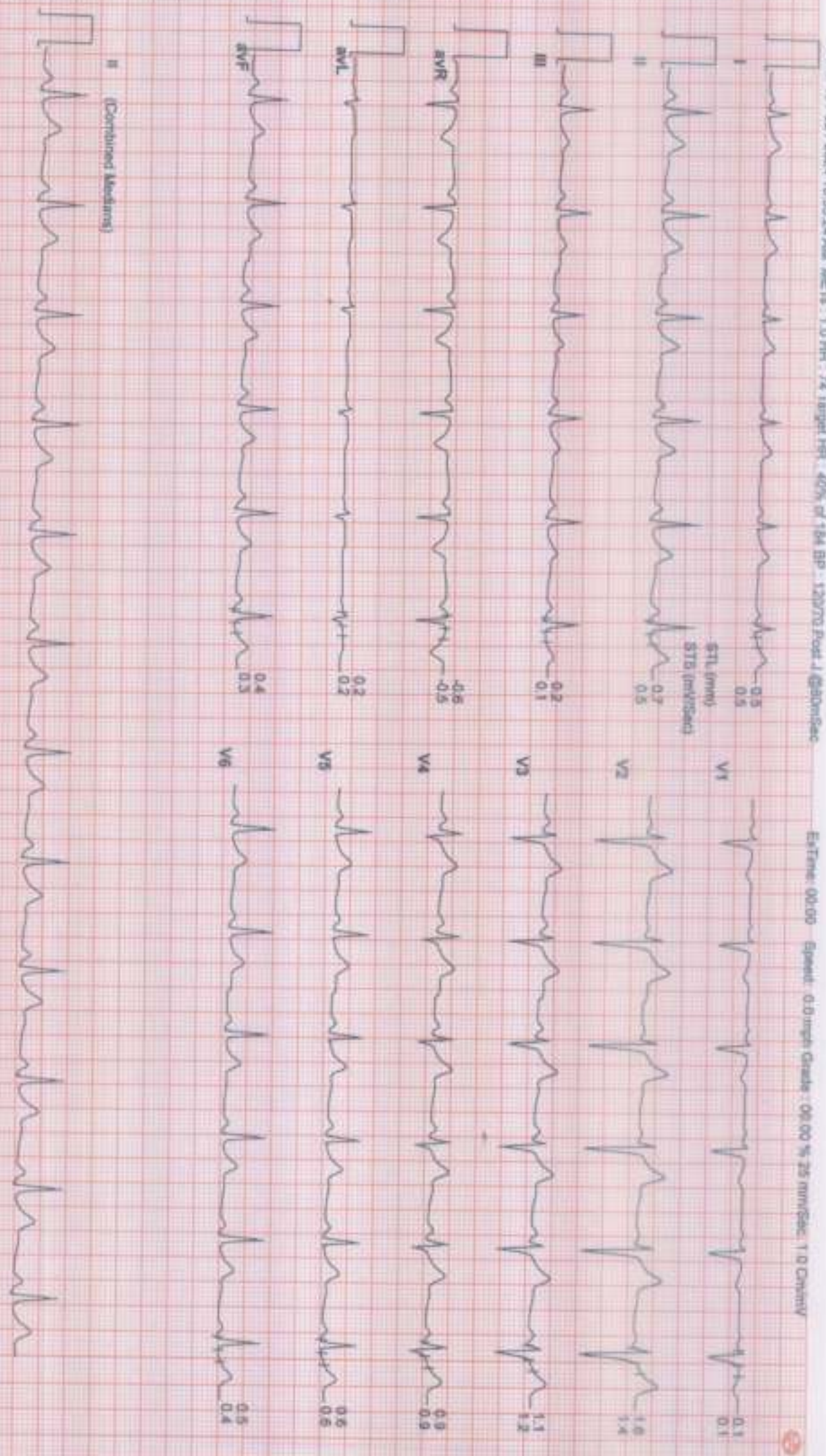
Date: 19/02/2024 10:55:24 AM METS : 1.0 HR : 74 Target HR : 40% of 184 BP : 120/70 Post J @30mSec

6X2 Combine Medians + 1 Rhythm

ExStr



EstTime: 00:00 Speed: 0.0 m/s Grade: 00.00 % 25 mm/Sec 1.0 Cm/Div



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

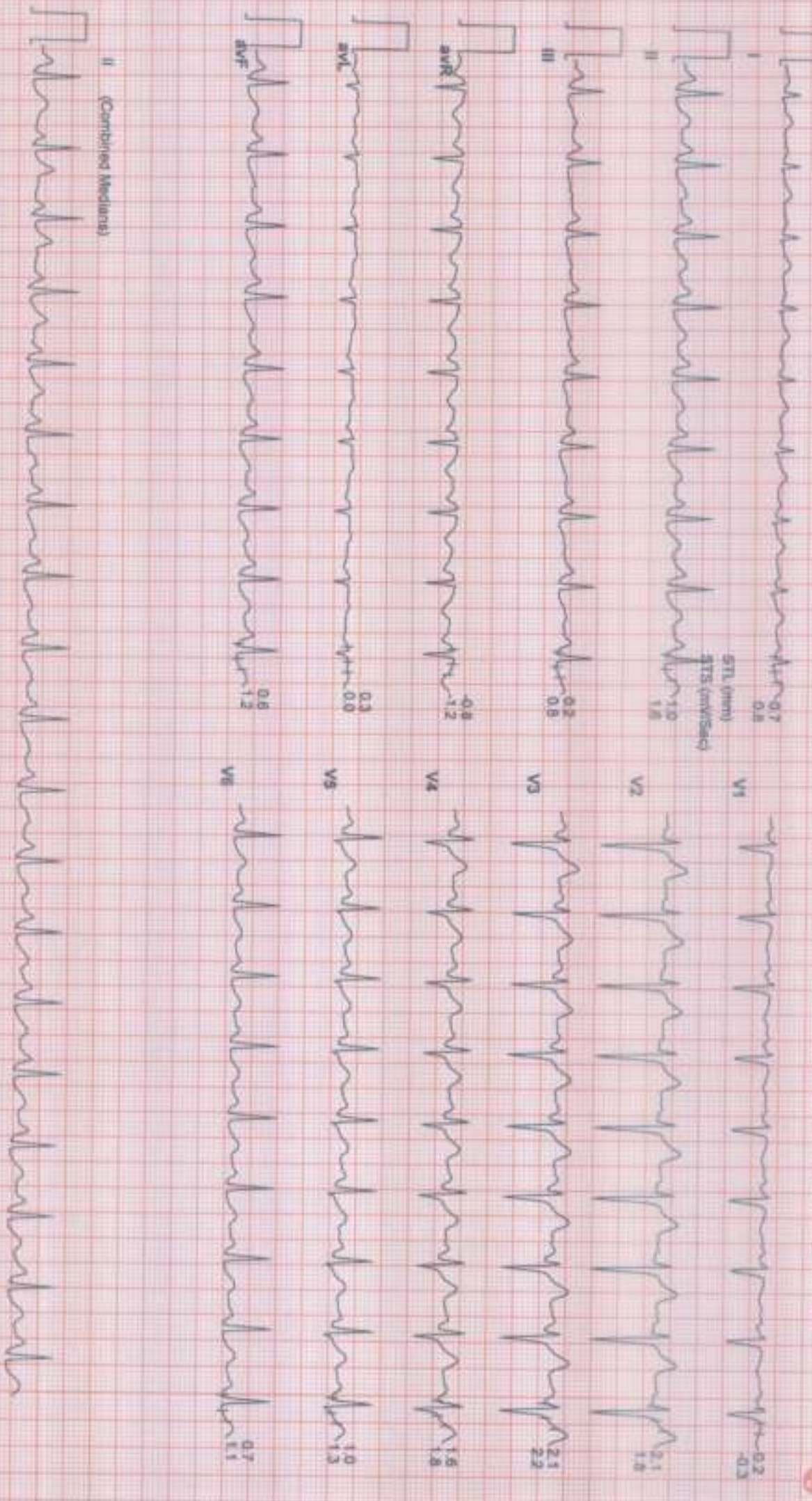
874 / PRAFUL TIKLE / 36 Yrs / Male / 173 Cm / 84 Kg

Date: 19 / 02 / 2024 10:55:24 AM METS : 4.7 HR : 112 Target HR : 81% of 184 BP : 130/80 Pwrt : @00mSec

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



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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

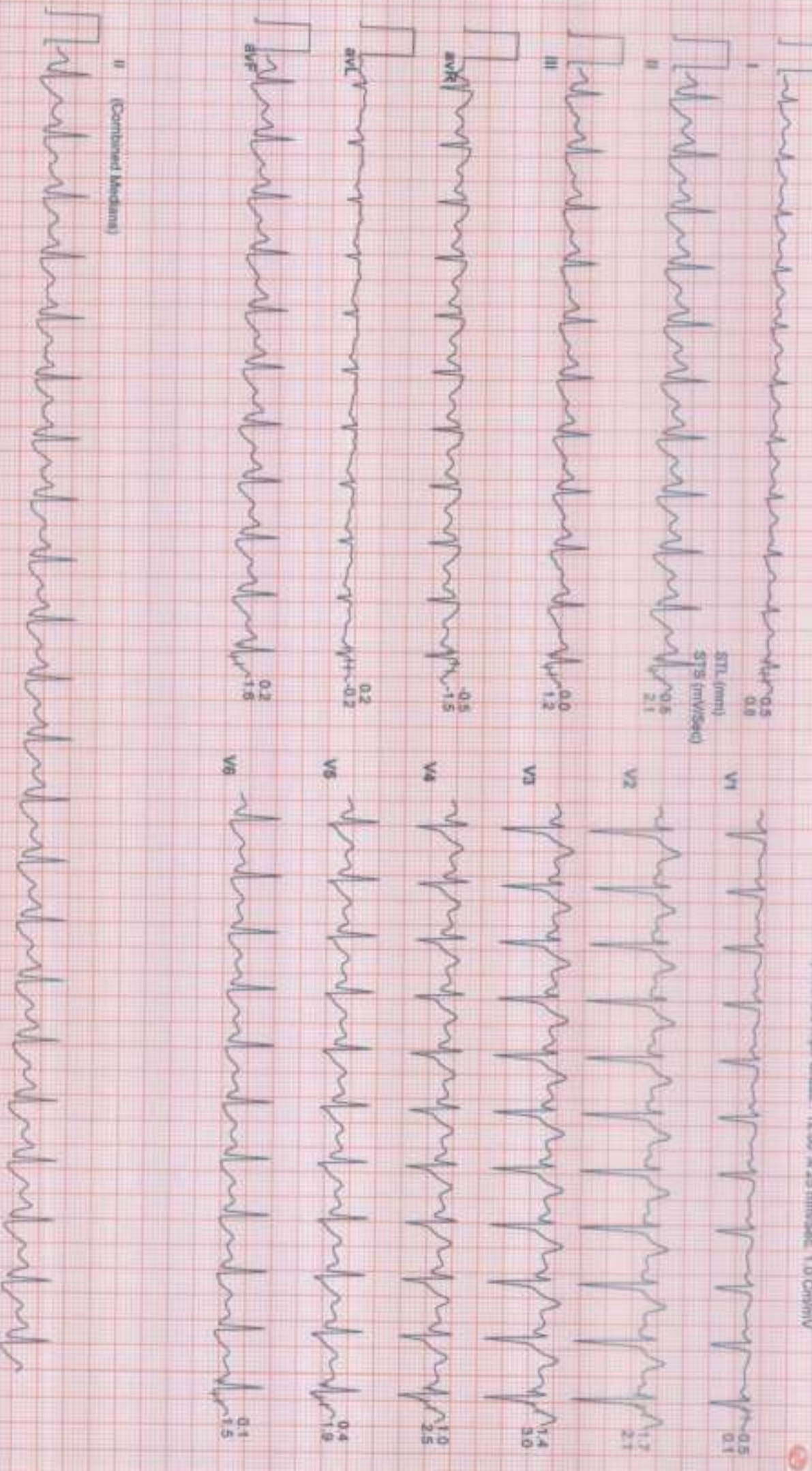
B74 / PRAFUL TIKLE / 36 Yrs / Male / 173 Cm / 84 Kg

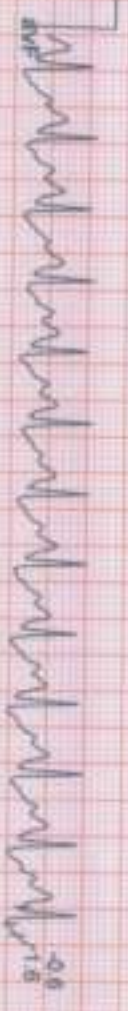
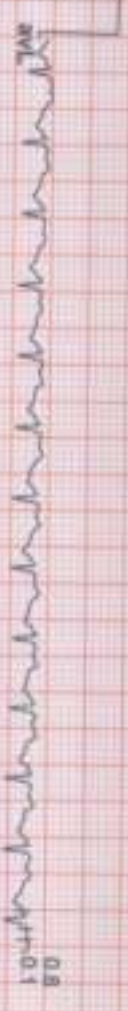
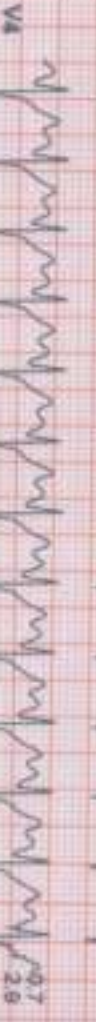
Date: 19/02/2024 10:55:24 AM METS : 7.1 HR : 131 Target HR : 71% of 164 BP : 150/90 Post J ECG/Doc

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

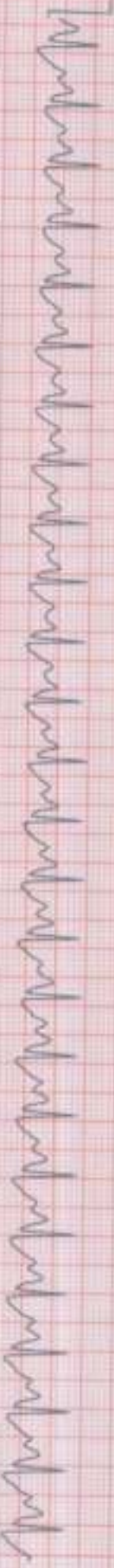


ExTime: 06:00 Speed: 2.6 mph Grade: 12.00 % 25 mm/Sec 1.0 CM/IV





II (Continued Mediana)



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

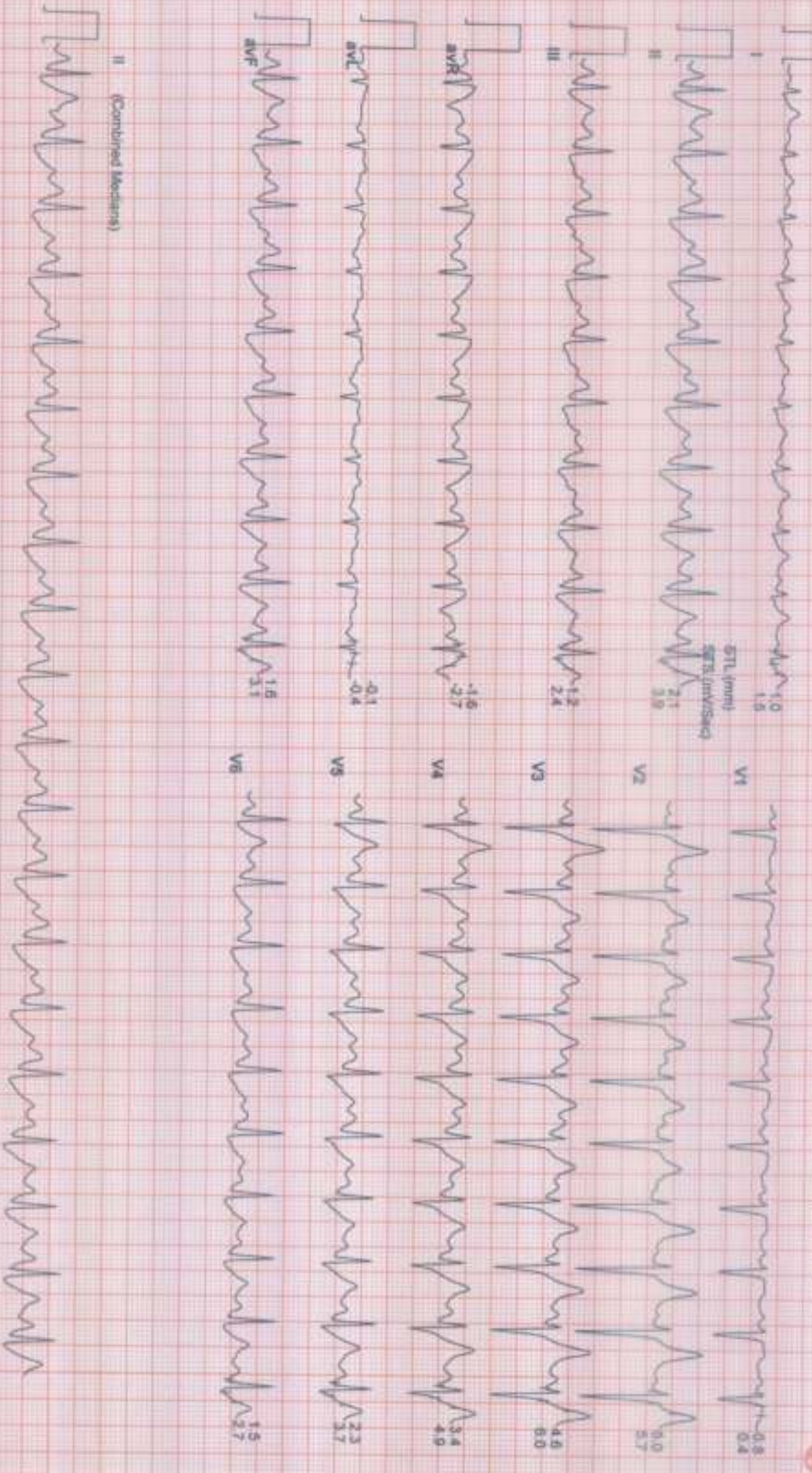
874 / PRAFUL TIKLE / 36 Yrs / Male / 173 Cm / 84 Kg

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



Date: 19 / 02 / 2024 10:55:24 AM METs : 1.1 HR : 122 Target HR : 66% of 194 BP : 100/90 Post J @00mSec

ExTime: 02:35 Speed: 0.0 mm/Sec 00:00 % 25 mm/Sec 1.0 Conviv



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

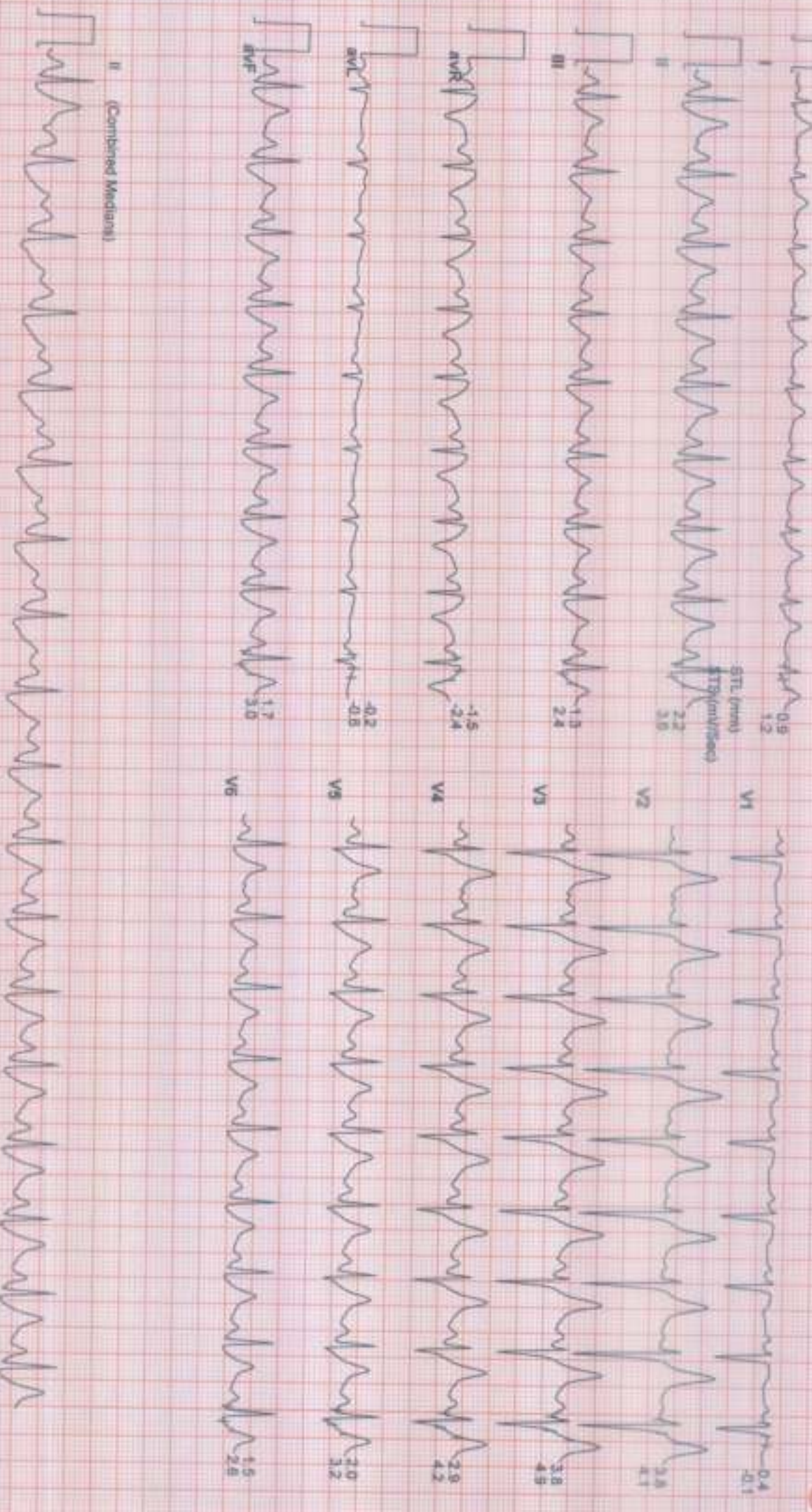
874 / PRAFUL TIKLE / 36 Yrs / Male / 173 Cm / 84 Kg

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



Date: 19 / 02 / 2024 10:56:24 AM METN : 1.0 HR : 105 Target HR : 57% of 184 BP : 160/90 Post J @80mSec

ExTime: 08:35 Speed: 6.0 mm/Grads : 00.00 % 25 mm/Sec 1.0 DIV/MV



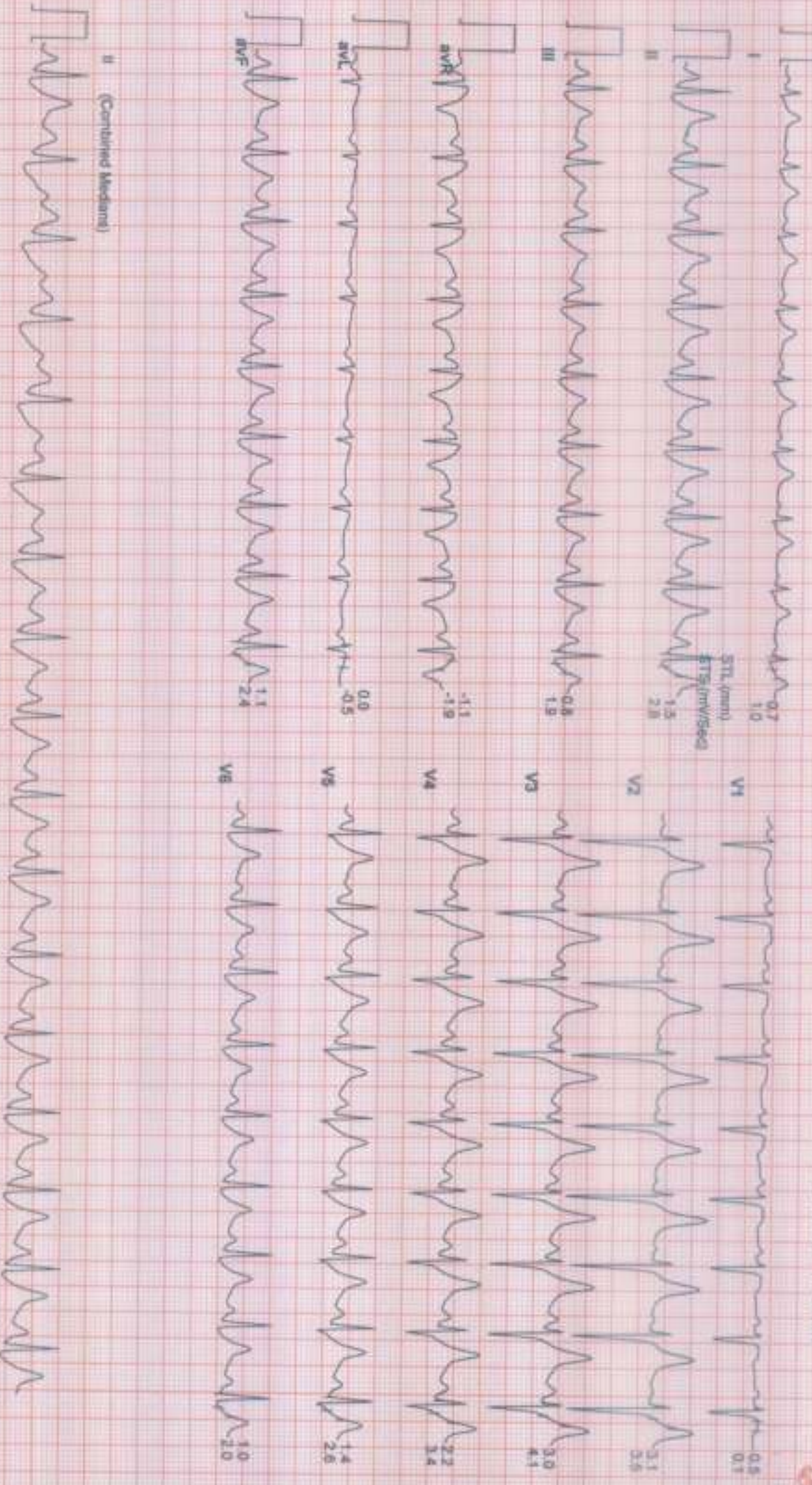
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

874 / PRAFUL TIKLE / 36 Yrs / Male / 173 Cm / 84 Kg

Date: 19 / 02 / 2024 10:55:24 AM METs : 1.0 HR : 103 Target HR : 96% of 184 BP : 130/80 Post J @50mSec

EstTime: 08:30 Speed: 0.0 mm/Grade: 00:00 % 20 mm/Sec 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm
Recovery : (02:25)



ii (Combined Medians)

