

NAME:	Mr. Umesh Patil.	UHID:	
AGE:	41	DATE OF HEALTHCHECK:	13-1-2024
GENDER:	M		

HEIGHT:	177	MARITAL STATUS:	M
WEIGHT:	82.3	NO OF CHILDREN:	2
BMI:	26.3		

C/O: AUNT Bil. Hip.
Chest pain - Spina Back

K/C/O: AUNT : 5yrs.
PRESENT MEDICATION: - NO.

P/M/H: AUNT

P/S/H: - NO

ALLERGY: - No

PHYSICAL ACTIVITY: Active/ Moderate/ Sedentary

H/A: SMOKING:

FAMILY HISTORY FATHER: -

ALCOHOL:

MOTHER: -

TOBACCO/PAN:

O/E:

LYMPHADENOPATHY:

BP: 110/80 PULSE: - 60/min.

PALLOR/ICTERUS/CYNOSIS/CLUBBING: -

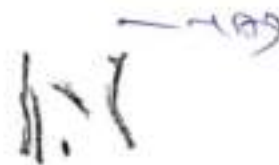
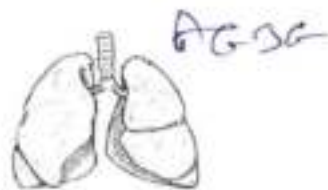
TEMPERATURE: W SCARS:

OEDEMA:

S/E:

P/A:

RS:



CVS: -

Extremities & Spine: -

CNS: Cervical, osteoarthritis

ENT: -

Skin: -

Vision:

	Without Glass		With Glass	
	Right Eye	Left Eye	Right Eye	Left Eye
FAR :				
NEAR :				
COLOUR VISION:				

Name:	Age:	Date of Health check-up:
-------	------	--------------------------

Findings and Recommendation:

Findings:-

- LFT elevated
- TAT AL(T)

Recommendation:-

- D.I
- 7. Rawar field
- Report LFT
- Cardio spm

Signature:

Consultant -

DR. ANIRBAN DASGUPTA
MBBS, D.N.B MEDICINE
DIPLOMA CARDIOLOGY
MMC-2005/02/0920

OPHTHALMIC EVALUATION

UHID No.: _____

Date: 13/1/24

Name: M. Umesh Age: 41 Gender: Male / Female

Without Correction :

Distance: Right Eye 6/6 Left Eye 6/6
 Near : Right Eye 6/6 Left Eye 6/6

With Correction :

Distance: Right Eye _____ Left Eye _____
 Near : Right Eye _____ Left Eye _____

	RIGHT					LEFT				
	SPH	CYL	AXIS	PRISM	VA	SPH	CYL	AXIS	PRISM	VA
Distance										
Near										

Colour Vision : NAD

Anterior Segment Examination : NAD | BE

Pupils : _____

Fundus : _____

Intraocular Pressure : 12 mm | NS

Diagnosis : _____

Advice : _____

Re-Check on 6 mths (This Prescription needs verification every year)

Dr. [Signature]
 (Consultant Ophthalmologist)
DR. RUCHIKA SHARMA
 M. S. (OPHTH)
 CONSULTING OPHTHALMOLOGIST
 & MICRO SURGEON
 REG. No.: 3262 / 09 / 02

■ Consultation ■ Diagnostics ■ Health Check-Ups ■ Dentistry REG. No.: 3262 / 09 / 02

DENTAL CHECKUP

Name: Umesh Patil	MR NO:
Age/Gender : 41/M	Date: 13/1/24

Medical history: Diabetes Hypertension _____

EXAMINATION	UPPER RIGHT	UPPER LEFT	LOWER LEFT	LOWER RIGHT
Calculus & Stains				
Mobility				
Caries (Cavities)				
a) Class 1 (Occlusal)				
b) Class 2 (Proximal)				
c) Class 5 (Cervical)				
Faulty Restoration				
Faulty Crown				
Fractured Tooth				
Root Pieces				
Impacted Tooth				
Missing Tooth			✓	✓
Existing Denture				

TREATMENT ADVISED:

TREATMENT	UPPER RIGHT	UPPER LEFT	LOWER LEFT	LOWER RIGHT
Restoration / Filling				
Root Canal Therapy				
Crown				
Extraction				

Oral Prophylaxis: Scaling & polishing
 Orthodontic Advice for Braces: Yes / No
 Prosthetic Advice to Replace Missing Teeth: Denture Bridge Implant
 Oral Habits: Tobacco Cigarette Others since ___ years
 Advice to quit any form of tobacco as it can cause cancer.
 Other Findings: _____

Treatment Adv:-

- Adv implants for missing teeth.
- Adv OPG

• ANDHERI • COLABA • NASHIK • VASHI



Name : Mr. Umesh Vishnu Patil Gender : Male Age : 41 Years
UHID : FVAH 10238. Bill No : Lab No : V-1699-23
Ref. by : SELF Sample Col.Dt : 13/01/2024 09:05
Barcode No : 3969 Reported On : 13/01/2024 18:44

TEST

RESULTS

Blood Grouping (ABO & Rh)-WB(EDTA) Serum

ABO Group:

:AB:

Rh Type:

Positive

Method :

Matrix gel card method (forward and reverse)

Neha More
Entered By

Ms Kaveri Gaonkar
Verified By



Dr. Milind Patwardhan
M.D(Path)
Chief Pathologist

End of Report
Results are to be correlated clinically

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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

HbA1c(Glycosylated Haemoglobin)WB-EDTA

(HbA1C) Glycosylated Haemoglobin : 5.0 %
 Normal <5.7 %
 Pre Diabetic 5.7 - 6.5 %
 Diabetic >6.5 %
 Target for Diabetes on therapy < 7.0 %
 Re-evaluation of therapy > 8.0 %

Mean Blood Glucose : 96.8 mg/dL

Correlation of A1C with average glucose

A1C (%)	Mean Blood Glucose (mg/dl)
6	126
7	154
8	183
9	212
10	240
11	269
12	298

Method High Performance Liquid Chromatography (HPLC).

INTERPRETATION

- * The HbA1c levels correlate with the mean glucose concentration prevailing in the course of Pts recent history (apprx 6-8 weeks) & therefore provides much more reliable information for glycemia control than the blood glucose or urinary glucose.
- * This Methodology is better then the routine chromatographic methods & also for the daibetic pts.having HEMOGLBINOPATHIES OR UREMIA as Hb varaints and uremia does not INTERFERE with the results in this methodology.
- * It is recommended that HbA1c levels be performed at 4 - 8 weeks during therapy in uncontrolled DM pts.& every 3 - 4 months in well controlled daibetics .
- * Mean blood glucose (MBG) in first 30 days (0-30)before sampling for HbA1c contributes 50% whereas MBG in 90 - 120 days contribute to 10% in final HbA1c levels

Pooja Surve
Entered By

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Verified By


 Dr. M. D. Patwardhan
 Page 4 of 11
 M.D(Path)
 Chief Pathologist

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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE			
Fasting Plasma Glucose :	100	mg/dL	Normal < 100 mg/dL Impaired Fasting glucose : 101 to 125 mg/dL Diabetes Mellitus : \geq 126 mg/dL (on more than one occasion) (American diabetes association guidelines 2016)
Post Prandial Plasma Glucose :	76	mg/dL	Normal < 140 mg/dL Impaired Post Prandial glucose : 140 to 199 mg/dL Diabetes Mellitus : \geq 200 mg/dL (on more than one occasion) (American diabetes association guidelines 2016)

Method : Hexokinase

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

LIPID PROFILE - Serum

S. Cholesterol(Oxidase)	143	mg/dL	Desirable < 200 Borderline: >200-<240 Undesirable: >240
S. Triglyceride(GPO-POD)	162	mg/dL	Desirable < 150 Borderline: >150-<499 Undesirable: >500
S. VLDL:(Calculated)	32.4	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	24.9	mg/dL	Desirable > 60 Borderline: >40-<59 Undesirable: <40
S. LDL:(calculated)	85.7	mg/dL	Desirable < 130 Borderline: >130-<159 Undesirable: >160
Ratio Cholesterol/HDL	5.7		3.5 - 5
Ratio of LDL/HDL	3.4		2.5 - 3.5



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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

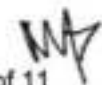
LFT(Liver Function Tests)-Serum

S.Total Protein (Biuret method)	7.13	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.42	g/dL	3.5 - 5.2
S.Globulin (Calculated)	2.71	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.63		0.9 - 2
S.Total Bilirubin (DPD):	1.29	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.36	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	0.93	mg/dL	0.1 - 1.0
S.AST (SGOT)(IFCC Kinetic with P5P):	20	U/L	5 - 40
S.ALT (SGPT) (IFCC Kinetic with P5P):	25	U/L	5 - 41
S.Alk Phosphatase(pNPP-AMP Kinetic):	65	U/L	40 - 129
S.GGT(IFCC Kinetic):	26	U/L	11 - 50

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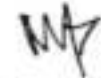
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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
	BIOCHEMISTRY	
S.Urea(Urease Method)	28.3 mg/dl	10.0 - 45.0
BUN (Calculated)	13.2 mg/dL	5 - 20
S.Creatinine(Jaffe's Method)	0.93 mg/dl	0.50 - 1.3
BUN / Creatinine Ratio	14.19	9:1 - 23:1
S.Uric Acid(Uricase Method)	7.0 mg/dl	3.4 - 7.0

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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
PROSTATE SPECIFIC ANTIGEN		
Prostate Specific Antigen (ECLIA):	0.588ng/mL	0.03 - 3.5 ng/ml

INTERPERETATION

Serum PSA is a useful diagnostic tool for diagnosis of prostatic cancer. PSA levels should always be assessed in conjunction with the patient's medical history, clinical examination, prostatic acid phosphatase and radiological findings
Elevated levels are indicative of pathologic conditions of prostatitis, Benign hyperplasia or Prostatic adenocarcinoma
Rate of the fall of PSA levels to non detectable levels can occur following radiotherapy, hormonal therapy or radical surgical removal of the prostate & provides information of the success of treatment.
Inflammation or trauma of prostate can lead to elevated PSA levels of varying magnitude and duration.

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

Thyroid (T3,T4,TSH)- Serum

Total T3 (Tri-iodo Thyronine) (ECLIA)	1.48	nmol/L	1.3 - 3.1 nmol/L
Total T4 (Thyroxine) (ECLIA)	87.21	nmol/L	66 - 181 nmol/L
TSH-Ultrasensitive (Thyroid-stimulating hormone) Method : ECLIA	2.27	□IU/ml	Euthyroid : 0.35 - 5.50 □IU/ml Hyperthyroid : < 0.35 □IU/ml Hypothyroid : > 5.50 □IU/ml

Grey zone values observed in physiological/therapeutic effect.

Note:

T3 :

1. Decreased values of T3 (T4 and TSH normal) have minimal Clinical significance and not recommended for diagnosis of hypothyroidism.
2. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites ,Pregnancy, Drugs (Androgens,Estrogens,O C pills, Phenytoin) etc. In such cases Free T3 and free T4 give corrected Values.
3. Total T3 may decrease by < 25 percent in healthy older individuals

T4 :

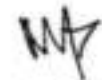
1. Total T3 and T4 Values may also be altered in other condition due to changes in serum proteins or binding sites, Pregnancy Drugs (Androgens,Estrogens,O C pills, Phenytoin), Nerphrosis etc. In such cases Free T3 and Free T4 give Corrected values.

TSH :

1. TSH Values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart failure. Severe burns, trauma and surgery etc.
2. Drugs that decrease TSH values e,g L dopa, Glucocorticoids.
3. Drugs that increase TSH values e.g. Iodine,Lithium, Amiodarone

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M.D(Path)

Page 10 of 10 Chief Pathologist

End of Report
Results are to be correlated clinically

Name	: Mr. Umesh Vishnu Patil	Gender	: Male	Age	: 41 Years
UHID	: FVAH 10238.	Bill No	:	Lab No	: V-1699-23
Ref. by	: SELF	Sample Col.Dt	: 13/01/2024 09:05		
Barcode No	: 3969	Reported On	: 13/01/2024 18:44		

TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
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URINE REPORT

PHYSICAL EXAMINATION

QUANTITY	20	mL	
COLOUR	Yellow		
APPEARANCE	Clear		Clear
SEDIMENT	Absent		Absent

CHEMICAL EXAMINATION(Strip Method)


REACTION(PH)	5.0		4.6 - 8.0
SPECIFIC GRAVITY	1.020		1.005 - 1.030
URINE ALBUMIN	Absent		Absent
URINE SUGAR(Qualitative)	Absent		Absent
KETONES	Absent		Absent
BILE SALTS	Absent		Absent
BILE PIGMENTS	Absent		Absent
UROBILINOGEN	Normal(<1 mg/dl)		Normal
OCCULT BLOOD	Absent		Absent
Nitrites	Absent		Absent

MICROSCOPIC EXAMINATION

PUS CELLS	Occasional		0 - 3/hpf
RED BLOOD CELLS	Nil /HPF		Absent
EPITHELIAL CELLS	Occasional		3 - 4/hpf
CASTS	Absent		Absent
CRYSTALS	Absent		Absent
BACTERIA	Absent		Absent

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Dr. Milind Patwardhan
M.D(Path)
Page 2 of Chief Pathologist

End of Report
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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

STOOL EXAMINATION

PHYSICAL EXAMINATION

COLOUR Brown
CONSISTENCY Semi Solid
MUCUS Absent Absent

CHEMICAL EXAMINATION

OCCULT BLOOD (Guaiac method) Absent Absent
PH(Litmus paper) Acidic Acidic/Alkaline

MICROSCOPIC EXAMINATION

PUS CELLS Absent 0 - 1
EPITHELIAL CELLS Absent Absent
RED BLOOD CELLS Nil /HPF Absent
FAT GLOBULES Absent Absent
VEGETABLE FIBRES Present Present
YEASTS Absent Absent
CYST Absent Absent
VEGETATIVE FORMS Absent Absent
OVA Absent Absent
LARVAE Absent Absent

Anushka Chavan
Entered By

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Dr. Milind Patwardhan
M.D(Path)
Chief Pathologist

End of Report
Results are to be correlated clinically

41 Years

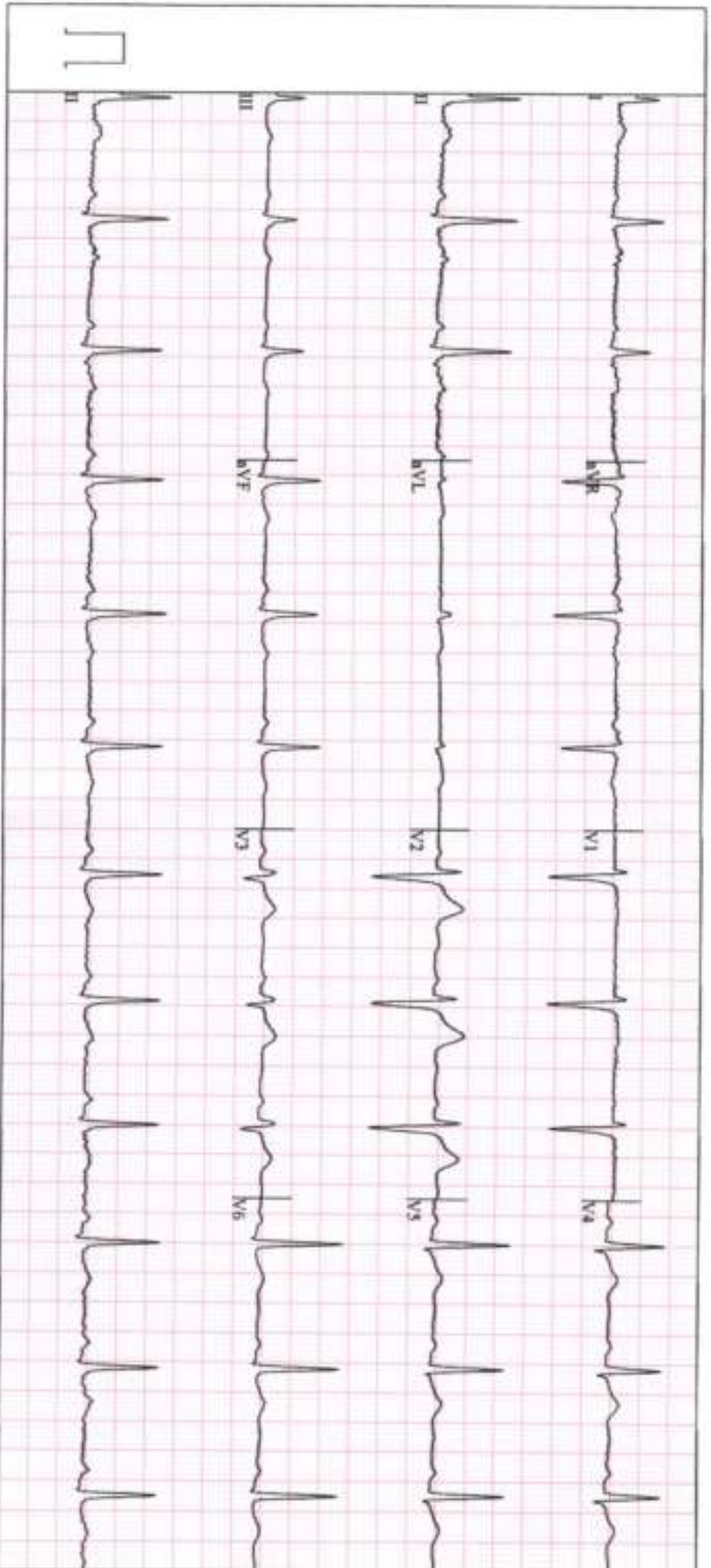
Male

QRS : 98 ms
QT / QTcDur : 392 / 423 ms
PR : 152 ms
P : 86 ms
RR / PP : 862 / 857 ms
P / QRS / T : 57 / 60 / 42 degrees

Normal sinus rhythm
Nonspecific T wave abnormality
Abnormal ECG

Prinaur S Chandra

DR. ANIRBAN DASGUPTA
M.B.B.S., D.N.B. Medicine
Diploma Cardiology
MMC - 2005/02/0920



PATIENT'S NAME	UMESH V PATIL	AGE :- 41 y/M
UHID NO	10238	13 Jan 2024

X-RAY CHEST PA VEIW

OBSERVATION:

Bilateral lung fields are clear.
Both hila are normal.
Bilateral cardiophrenic and costophrenic angles are normal.
The trachea is central.
Aorta appears normal.
The mediastinal and cardiac silhouette are normal.
Soft tissues of the chest wall are normal.
Bony thorax is normal.

IMPRESSION:

- No significant abnormality seen.



DR. DISHA MINOCHA
DMRE (RADIOLOGIST)

Apollo Clinic
The Emerald, Plot No-195/B, Sector-12,
Neel Siddhi Towers, Vashi-400703

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: UMESH, PATIL
Patient ID: 10238
Height:
Weight:

DOB: 01.01.1983
Age: 41yrs
Gender: Male
Race: Asian

Study Date: 13.01.2024
Test Type: Treadmill Stress Test
Protocol: BRUCE

Referring Physician: --
Attending Physician: DR. ANIRBAN DASGUPTA
Technician: Anita Galkwad

Medications:
NIL

Medical History:
NIL

Reason for Exercise Test:
Screening for CAD

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:06	0.00	0.00	71	110/80	
	STANDING	00:16	0.00	0.00	70		
	HYPERV.	00:43	0.00	0.00	64		
EXERCISE	WARM-UP	00:11	0.00	0.00	67		
	STAGE 1	03:00	1.70	10.00	105	120/80	
	STAGE 2	03:00	2.50	12.00	130	130/80	
	STAGE 3	01:36	3.40	14.00	164	150/90	
RECOVERY		01:25	0.00	0.00	127	170/90	

The patient exercised according to the BRUCE for 7:36 mins, achieving a work level of Max. METS: 10.10. The resting heart rate of 70 bpm rose to a maximal heart rate of 173 bpm. This value represents 96 % of the maximal, age-predicted heart rate. The resting blood pressure of 110/80 mmHg, rose to a maximum blood pressure of 170/90 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.
Functional Capacity: normal.
HR Response to Exercise: appropriate.
BP Response to Exercise: normal resting BP - appropriate response.
Chest Pain: none.
Arrhythmias: none.
ST Changes: ST DEPRESSION.
Overall impression: Borderline positive stress test.

Conclusions

TMT IS BORDERLINE POSITIVE FOR INDUCIBLE MYOCARDIAL ISCHAEMIA AT THE WORKLOAD ACHIEVED.

Dasgupta

Dr. ANIRBAN DASGUPTA

M.B.B.S., D.N.B. Medicine

Diploma Cardiology

MMC -2005/02/0920

UMESH PATIL
Patient ID: 10238
13.01.2024
12-40-54

12-LEAD REPORT

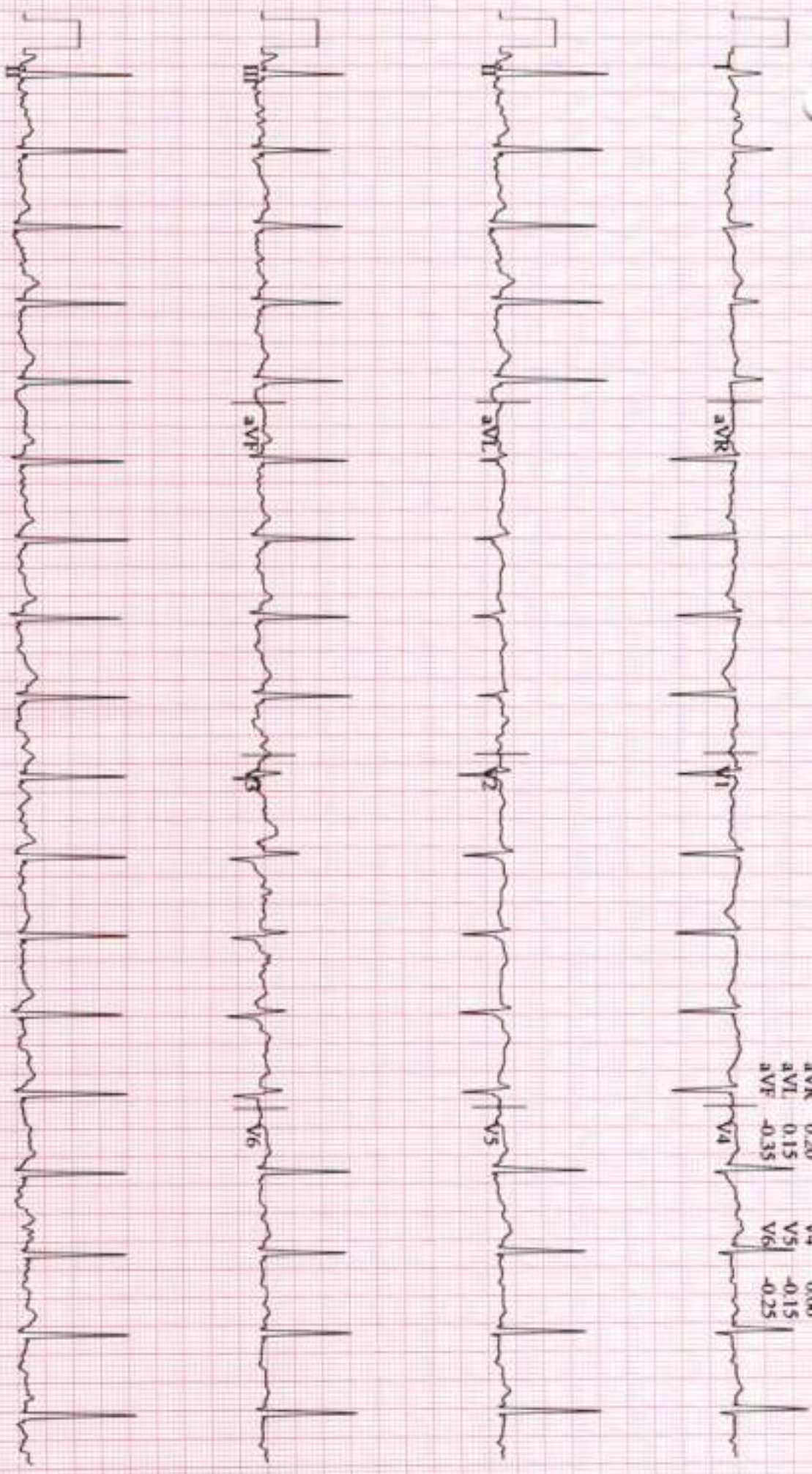
108 bpm
120/80 mmHg

EXERCISE
STAGE: 1
02:50

HRUC: 1.7 mph
10.0%

Apollo Clinic
Measured at 60ms Post J (10mm mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.00	V1	0.45
II	-0.35	V2	0.40
III	-0.35	V3	0.35
aVR	0.20	V4	0.00
aVL	0.15	V5	-0.15
aVF	-0.35	V6	-0.25



12-LEAD REPORT

UMESH PATIL
Patient ID: 10238
13.01.2024
12-43:54

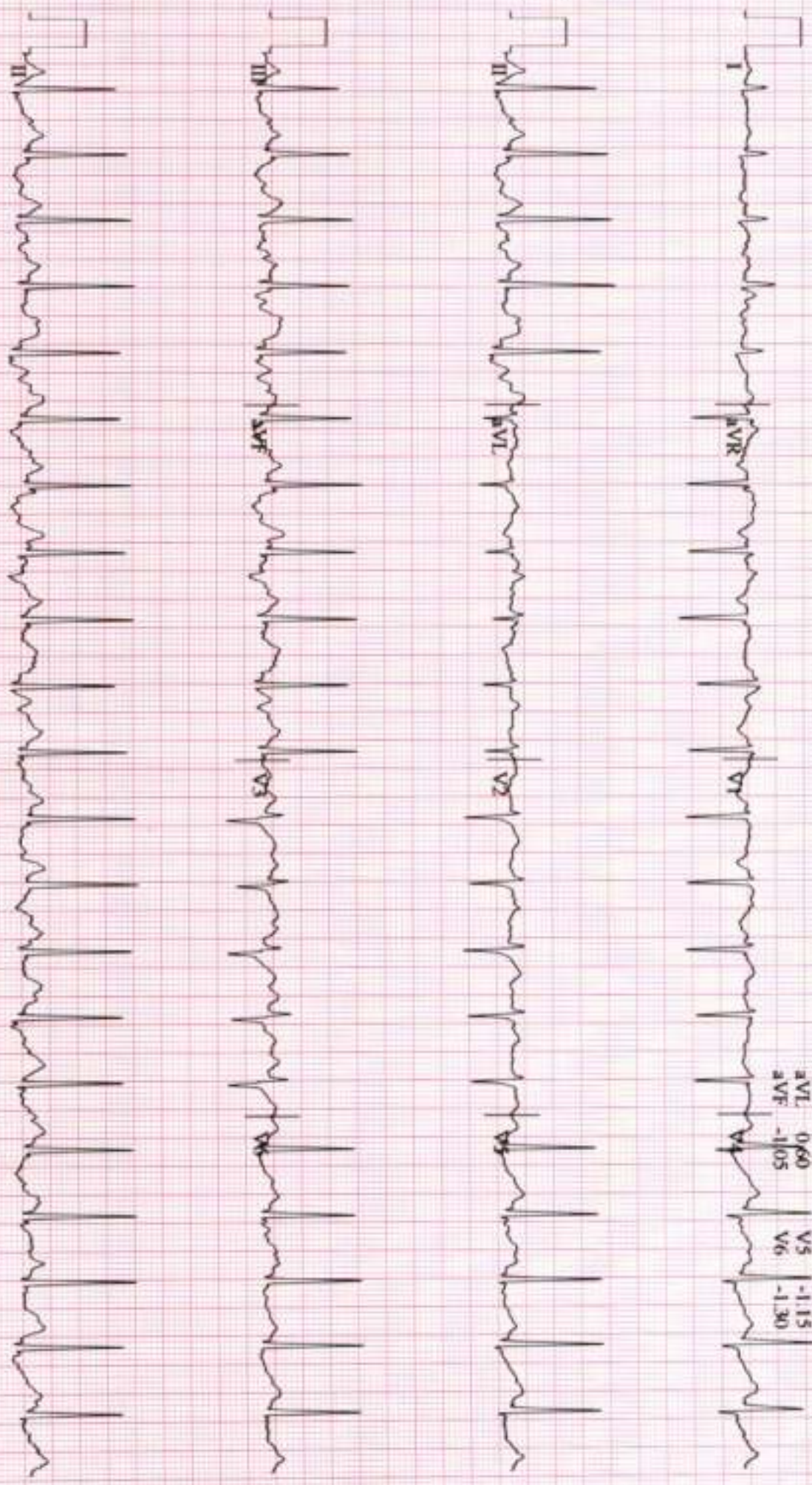
129 bpm
130-80 mmHg

EXERCISE
STAGE 2
05:50

BRUCE
2.5 mph
12.0 %

Apollo Clinic
Measured at 60ms Post J (10mm/mV)

Auto Points	Lead	ST(mm)	Lead	ST(mm)
I	V1	0.10	V1	0.50
II	V2	-1.00	V2	0.50
III	V3	-1.10	V3	-0.30
aVR	V4	0.45	V4	-1.10
aVL	V5	0.60	V5	-1.15
aVF	V6	-1.05	V6	-1.30



UMESH PATIL
Patient ID: 10238
13.01.2024
12:45:40

LINKED MEDIANS (PEAK EXERCISE)

Apollo Clinic

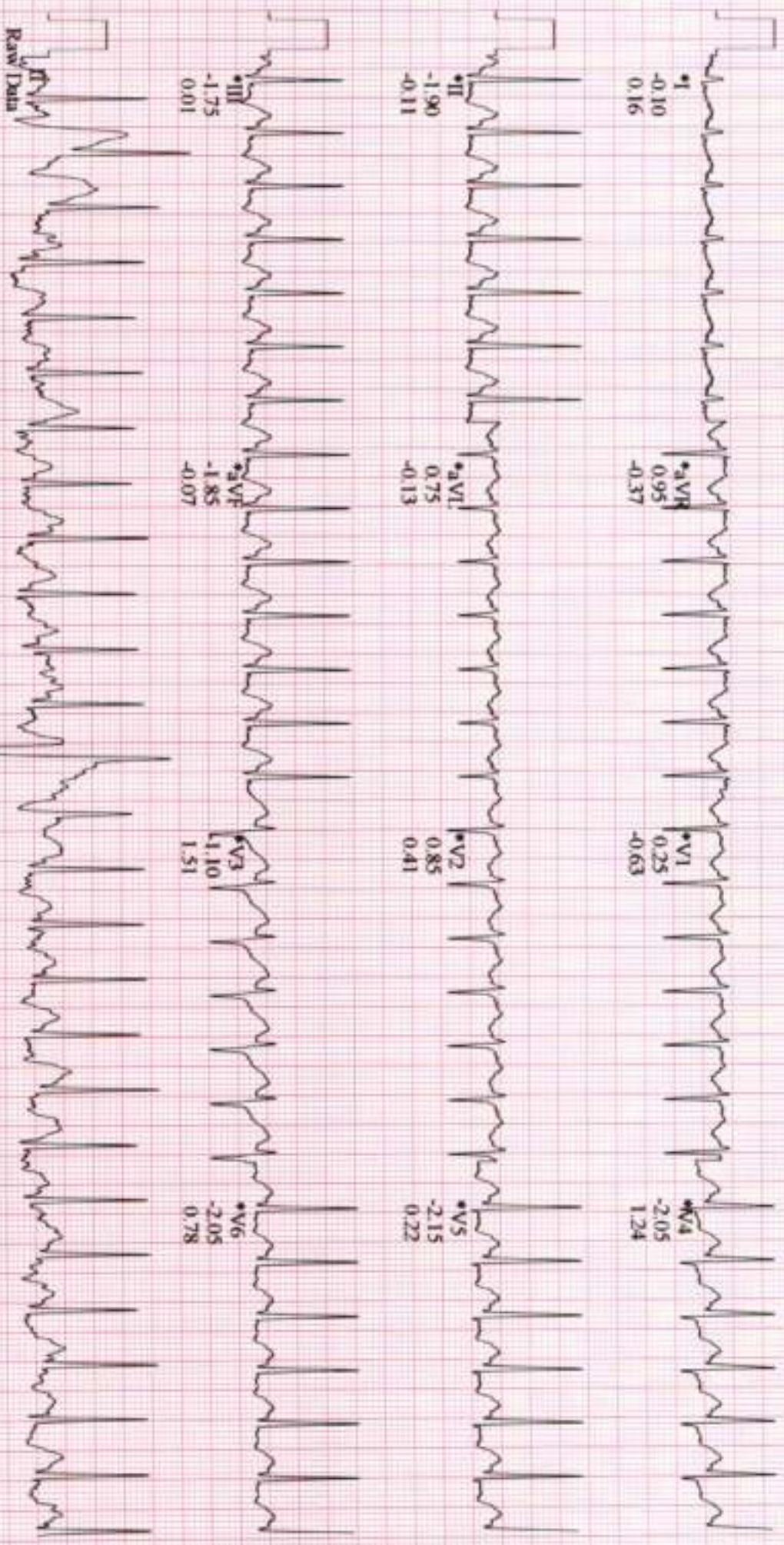
164 bpm
150/90 mmHg

EXERCISE
STAGE 3
07:36

HRUCL
3.4 mph
14.0 %

ST @ 10mm mV
60 ms post J

Lead
ST Level (mm)
ST Slope (mV/s)



*Computer Synthesized Rhythms

GE

25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HRQU V6

Start of Test: 12:36:51

12-LEAD REPORT

UMESH PATIL

Patient ID: 10238

13.01.2024

12:37:53

65 bpm
110/80 mmHg

PRETEST
HYPERV.
01:01

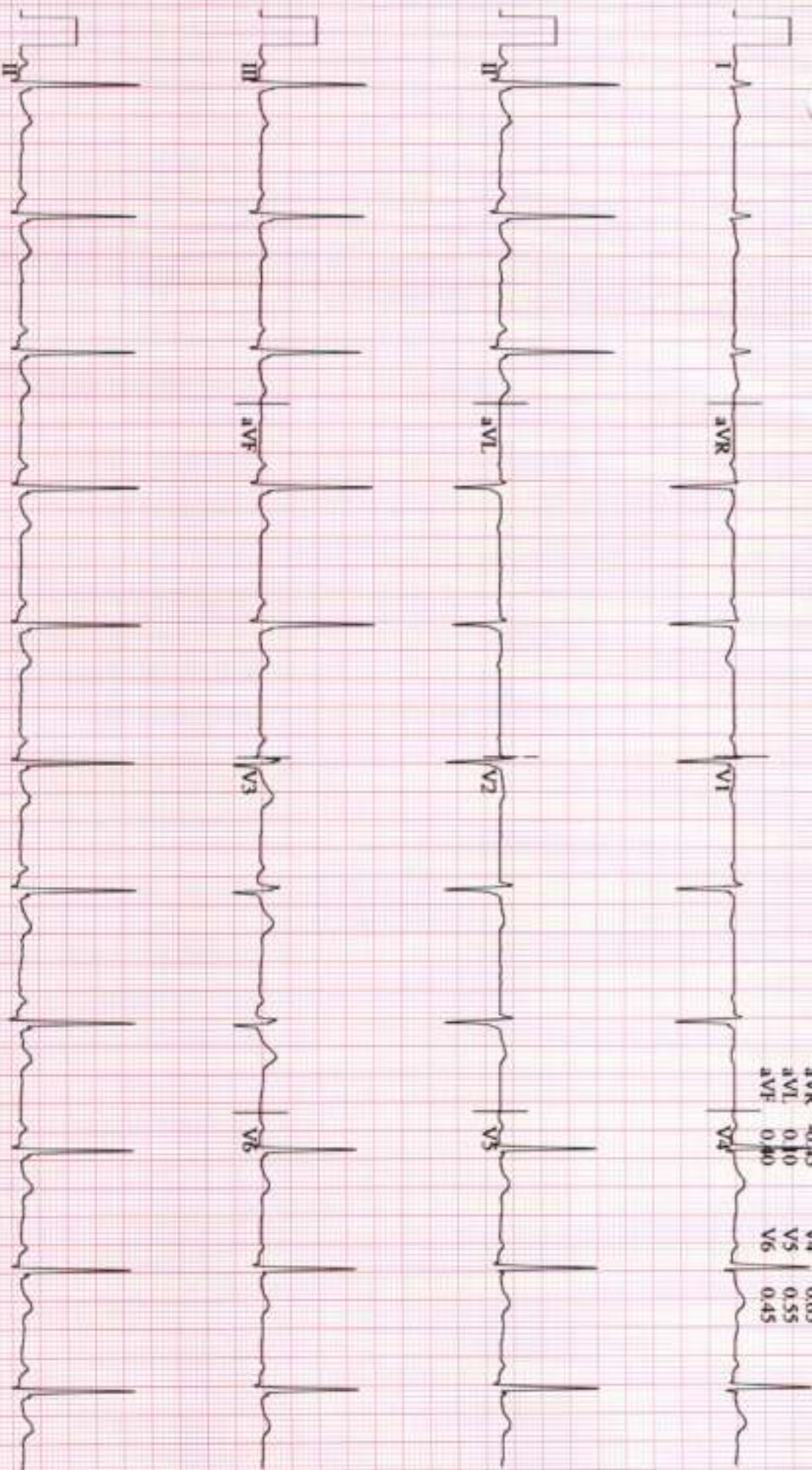
BRUCE
0.0 mph
0.0 %

Apollo Clinic

Measured at 60ms Post J (10mm/mV)

Auto Points

Lead	ST (mm)	Lead	ST (mm)
I	0.30	V1	-0.10
II	0.55	V2	0.35
III	0.20	V3	0.80
aVR	-0.45	V4	0.65
aVL	0.10	V5	0.55
aVF	0.80	V6	0.45



12-LEAD REPORT

UMESH PATIL

Patient ID: 10238

13.01.2024

12:37:11

68 bpm
110/80 mmHg

PRETEST
STANDING
00:19

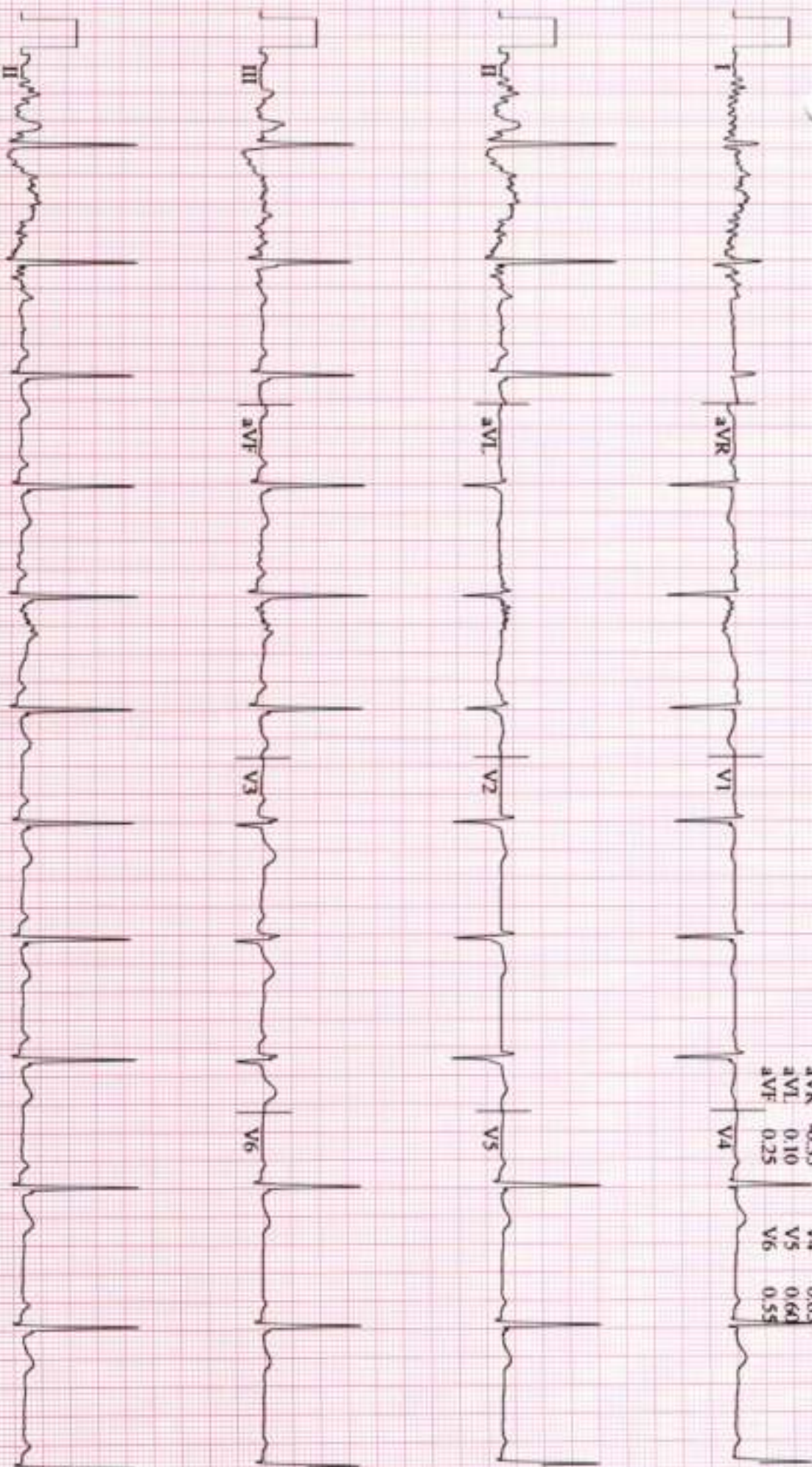
BRUCE
0.0 mph
0.0 %

Apollo Clinic

Measured at 60ms Post J (10mm/mV)

Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.30	V1	-0.15
II	0.40	V2	0.30
III	0.10	V3	0.80
aVR	-0.35	V4	0.65
aVL	0.10	V5	0.60
aVF	0.25	V6	0.55



12-LEAD REPORT

70 bpm
110/80 mmHg

PRETEST
SLEEPING
00:04

BRUCE
0.0 mph
0.0 %

Apollo Clinic

Measured at 6mins Post J (10mm/mV)

Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.35 ^o	V1	-0.15 ^o
II	0.65 ^o	V2	0.30 ^o
III	0.25 ^o	V3	0.85 ^o
aVR	-0.50 ^o	V4	0.70 ^o
aVL	0.05 ^o	V5	0.55 ^o
aVF	0.45 ^o	V6	0.50 ^o



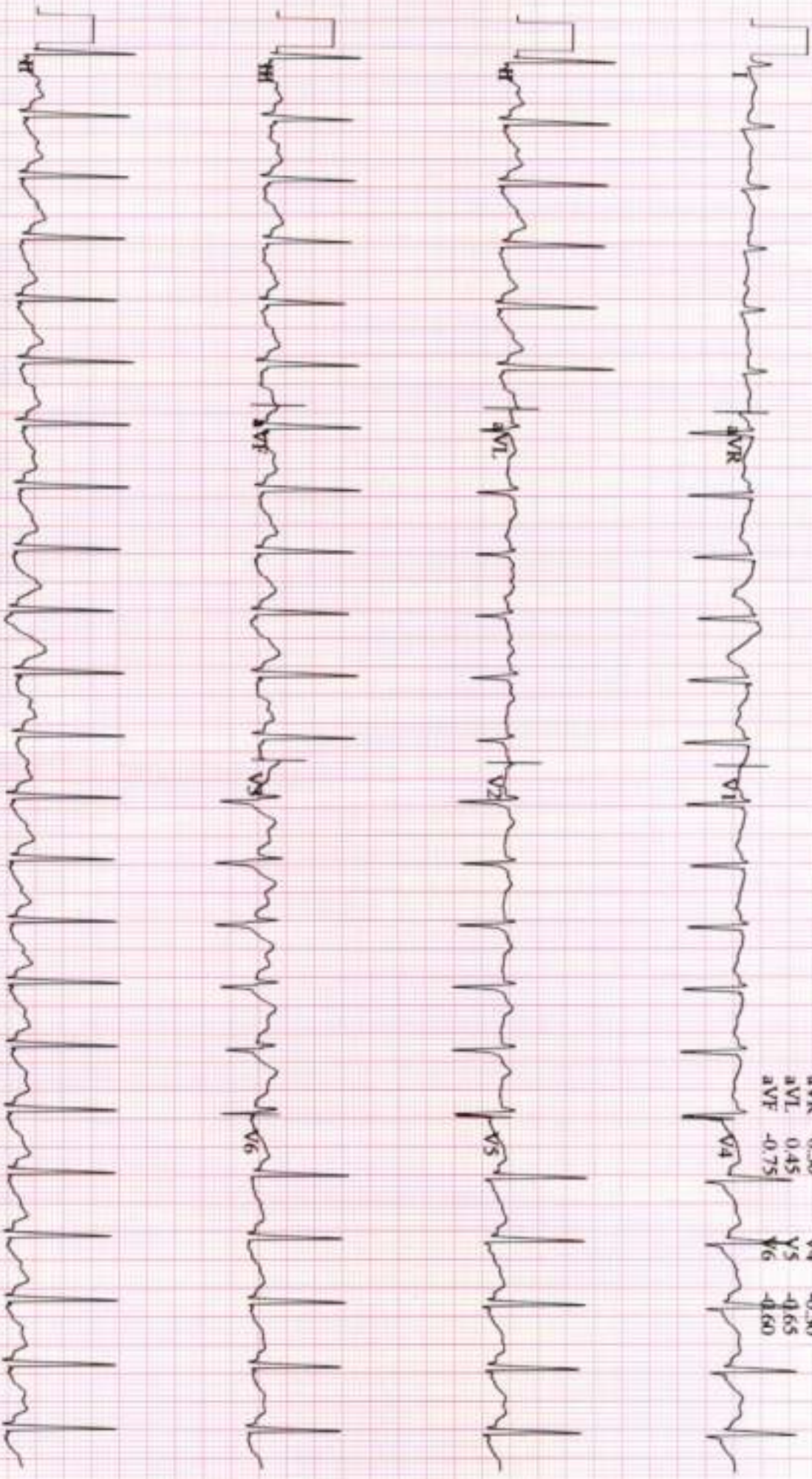
UMESH PATIL
 Patient ID: 10238
 13.01.2024
 12:46:30

12-LEAD REPORT

137 bpm
 170/90 mmHg
 RECOVERY #1
 00:50
 BRUCE
 0.0 mph
 0.0%

Measurements: 10mm line
 Auto Pol: ✓
 Mean ST (10mm/mV)

Lead	ST (mm)	Lead	ST (mm)
I	0.05	V1	0.50
II	-0.70	V2	0.75
III	-0.80	V3	0.85
aVR	0.30	V4	-0.30
aVL	0.45	V5	-0.65
aVF	-0.75	V6	-0.60

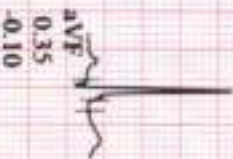
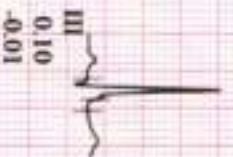
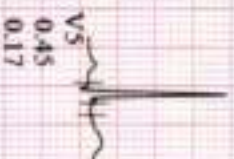
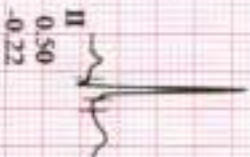
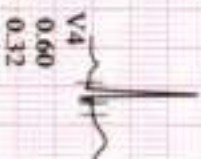
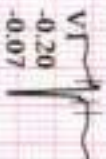
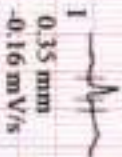


UMESH, PATIL
 Patient ID 10238
 13.01.2024
 12:36:51

BASELINE

EXERCISE STAGE 1 68 bpm
 0:01 1.0 METS

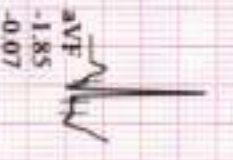
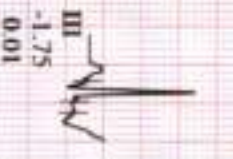
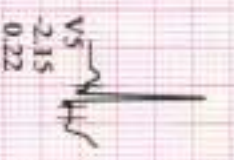
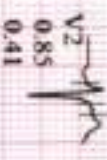
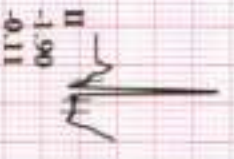
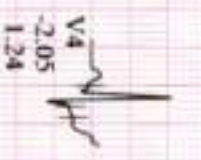
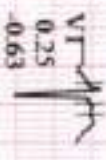
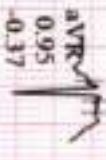
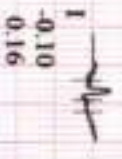
ST @ 10mm/mV
 60ms post J



PEAK EXERCISE

EXERCISE STAGE 3 164 bpm
 7:36 10.1 METS 150/90 mmHg

ST @ 10mm/mV
 60ms post J



Unconfirmed

UMESH, PATIL
 Patient ID 10238
 13.01.2024
 12:36:51

Male
 41yrs Asian
 Meds: NIL
 Test Reason: Screening for CAD
 Medical History: NIL

Ref. MD: Ordering MD:
 Technician: Anita Gaikwad Test Type: Treadmill Stress Test
 Comment:

BRUCE: Total Exercise Time: 07:36
 Max HR: 173 bpm 96% of max predicted 179 bpm HR at rest: 70
 Max BP: 170/90 mmHg BP at rest: 110/80 Max RPP: 24000 mmHg*bpm
 Maximum Workload: 10.10 METS
 Max ST: -2.45 mm, 0.00 mV/s in V5; EXERCISE STAGE 3 07:30
 Arrhythmia: A-9, PVC-1, PCAP-1
 ST/HR index: 2.21 μ V/bpm
Reasons for Termination: Target heart rate achieved
Summary: Resting ECG: normal Functional Capacity: normal HR Response to Exercise: appropriate BP Response to Exercise: normal resting BP - appropriate response Chest Pain: none Arrhythmias: none ST Changes: ST DEPRESSION
Overall impression: Borderline positive stress test.
Conclusion: TMT IS BORDERLINE POSITIVE FOR INDUCIBLE MYOCARDIAL ISCHAEMIA AT THE WORKLOAD ACHIEVED.

Prognosis:
 Duke Treadmill Score: -6
 Risk Category: moderate
 5 Year Survival: 87.5%
 Average Annual Mortality: 2.5%
 Location Number: * 0 *

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (/min)	ST Level (V5 mm)	Comment
PRETEST	SUPINE	00:06	0.00	0.00	1.0	71	110/80	7810	0	0.55	
	STANDING	00:16	0.00	0.00	1.0	70			0	0.60	
	HYPERV.	00:43	0.00	0.00	1.0	64			0	0.50	
EXERCISE	WARM-UP	00:11	0.00	0.00	1.0	67			0	0.45	
	STAGE 1	03:00	1.70	10.00	4.6	105	120/80	12600	0	-0.30	
	STAGE 2	03:00	2.50	12.00	7.0	130	130/80	16900	0	-1.15	
RECOVERY	STAGE 3	01:36	3.40	14.00	10.1	164	150/90	24600	1	-2.15	
		01:25	0.00	0.00	1.0	127	170/90	21590	0	-0.40	

Physician-DR.ANIRBAN DASGUPTA

GE CASE V6.73 (2)

Unconfirmed

Attending MD: DR.ANIRBAN DASGUPTA

PATIENT'S NAME	UMESH V PATIL	AGE :- 41y/M
UHID NO	10238	13 Jan 2024

USG WHOLE ABDOMEN

LIVER is normal in size, shape and shows bright echotexture .No evidence of any focal lesion. The portal vein appears normal & shows normal hepatopetal flow. No evidence of intra-hepatic biliary duct dilatation.

Gall Bladder appears well distended with normal wall thickness. There is no calculus or pericholecystic collection or free fluid noted. CBD appears normal.

Visualised parts of head & body of pancreas appear normal. PD is not dilated.

SPLEEN is normal in size and echotexture. No focal lesion seen. SV is normal.

Both kidneys are normal in size, shape and echotexture with normal parenchymal reflectivity and maintained cortico-medullary differentiation. No hydronephrosis or calculi or mass seen.

RIGHT KIDNEY measures 11.5 x 4.5 cm. **LEFT KIDNEY** measures 11.0 x 5.1 cm.

Urinary Bladder is adequately distended; no e/o any obvious wall thickening or mass or calculi seen.

PROSTATE is normal in size, shape & echotexture.
It measures approximately 18 gms.

Visualised bowel loops appear normal, There is no free fluid seen.

IMPRESSION -

- Grade I fatty liver.
- No other significant abnormality detected.



DR.CHHAYA S. SANGANI
CONSULTANT SONOLOGIST
Reg: No. 073826