

PHYSICAL EXAMINATION REPORT

Patient Name	Vikas Nagwaish	Sex/Age	M/35
Date	7/4/2023	Location	Thane

History and Complaints

Nil

EXAMINATION FINDINGS:

Height (cms):	175	Temp (0c):	37.5
Weight (kg):	78.5	Skin:	NAD.
Blood Pressure	130/80	Nails:	NAD.
Pulse	72/min	Lymph Node:	NAD.

Systems :

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

Impression: ↓ HDL.

Regular Exercise

Advice:

1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	NTI
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	Nil
14)	Cancer/lump growth/cyst	
15)	Congenital disease	
16)	Surgeries	Fistula
17)	Musculoskeletal System	Nil

PERSONAL HISTORY:

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

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

Handwritten signature

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CID : 2309717407
Name : MR.NAGWANSHI VIKAS
Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 07-Apr-2023 / 09:07
Reported : 07-Apr-2023 / 13:05

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	15.1	13.0-17.0 g/dL	Spectrophotometric
RBC	5.36	4.5-5.5 mil/cmm	Elect. Impedance
PCV	46.5	40-50 %	Measured
MCV	86.8	80-100 fl	Calculated
MCH	28.2	27-32 pg	Calculated
MCHC	32.4	31.5-34.5 g/dL	Calculated
RDW	15.4	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4730	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	43.2	20-40 %	
Absolute Lymphocytes	2043.4	1000-3000 /cmm	Calculated
Monocytes	8.0	2-10 %	
Absolute Monocytes	378.4	200-1000 /cmm	Calculated
Neutrophils	42.5	40-80 %	
Absolute Neutrophils	2010.3	2000-7000 /cmm	Calculated
Eosinophils	6.2	1-6 %	
Absolute Eosinophils	293.3	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	4.7	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	153000	150000-400000 /cmm	Elect. Impedance
MPV	10.8	6-11 fl	Calculated
PDW	16.4	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			

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Hypochromia -
Microcytosis -
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

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

AREAS OF SPECIAL EXPERTISE

OUR PRESENCE



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	85.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	74.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.86	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.32	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.54	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.2	1 - 2	Calculated
SGOT (AST), Serum	15.7	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	15.1	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	13.3	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	58.9	40-130 U/L	PNPP
BLOOD UREA, Serum	15.9	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	7.4	6-20 mg/dl	Calculated

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CREATININE, Serum	1.03	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	87	>60 ml/min/1.73sqm	Calculated

Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation

URIC ACID, Serum	5.5	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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*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

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	99.7	mg/dl	Calculated

Note : Variant window detected (35.5%)
Advice : Fructosamine and Hb electrophoresis for confirmation of Hemo

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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Reported : 07-Apr-2023 / 18:25

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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)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	30	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	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 ***



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

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

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

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

Specimen: EDTA Whole Blood and/or serum

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

Limitations:

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

References:

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

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	130.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	124.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high: >=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	30.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	99.3	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	74.0	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	25.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.4	0-3.5 Ratio	Calculated

*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
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	19.3	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	4.28	0.35-5.5 microlU/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 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 at least 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)
- *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

Date:- 17/12/23
Name:- Nagvashi Vikas CID:
Sex / Age: M-36

EYE CHECK UP

Chief complaints: 2CV

Systemic Diseases: HD

Past history: All.

Unaided Vision: 32/60 HVBKHE.

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



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X-RAY CHEST PA VIEW

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

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023040709051846>

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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 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 9.7 x 4.1 cm. Left kidney measures 11.5 x 4.8 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

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

No free fluid or significant lymphadenopathy is seen.

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IMPRESSION: USG ABDOMEN IS WITHIN NORMAL LIMITS.

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-----

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

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SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Report



Email:

850 (2309717407) / NAGAWANSHI VIKAS / 35 Yrs / M / 175 Cms / 78 Kg
 Date: 07 / 04 / 2023 10:15:46 AM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:06	0:06	00.0	00.0	01.0	080	43 %	130/80	104	00	
Standing	00:16	0:10	00.0	00.0	01.0	072	39 %	130/80	093	00	
HV	00:25	0:09	00.0	00.0	01.0	068	37 %	130/80	088	00	
ExStart	00:34	0:09	00.0	00.0	01.0	067	36 %	130/80	087	00	
BRUCE Stage 1	03:34	3:00	01.7	10.0	04.7	113	61 %	140/80	158	00	
BRUCE Stage 2	06:34	3:00	02.5	12.0	07.1	145	78 %	150/80	217	00	
PeakEx	07:34	1:00	03.4	14.0	08.2	160	86 %	160/80	256	00	
Recovery	08:34	1:00	00.0	00.0	01.2	116	63 %	160/80	185	00	
Recovery	09:34	2:00	00.0	00.0	01.0	093	50 %	160/80	148	00	
Recovery	11:34	4:00	00.0	00.0	01.0	090	49 %	130/80	117	00	
Recovery	11:41	4:07	00.0	00.0	01.0	090	49 %	130/80	117	00	

FINDINGS :

Exercise Time : 07:00
 Initial HR (ExStrt) : 67 bpm 36% of Target 185
 Initial BP (ExStrt) : 130/80 (mm/Hg)
 Max Workload Attained : 8.2 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : V6 & -1.1 mm in PeakEx
 Test End Reasons : Fatigue, Heart Rate Achieved

Max HR Attained 160 bpm 86% of Target 185
 Max BP Attained 160/80 (mm/Hg)

Dr. SHAILAJA PILLAI
M.D. (GEN.MED)
R.NO. 49972
 Doctor : DR SHAILAJA PILLAI



EMail: 850 / NAGAWANSHI VIKAS / 35 Yrs / M / 175 Cms / 78 Kg Date: 07 / 04 / 2023 10:15:46 AM

REPORT :

PROCEDURE DONE: Graded exercise treadmill stress test.

STRESS ECG RESULTS: The initial HR was recorded as 72.0 bpm, and the maximum predicted Target Heart Rate 185.0. The BP increased at the time of generating report as 160.0/80.0 mmHg. The Max Dep went upto 0.3. 0.0 Ectopic Beats were observed during the Test.

The Test was completed because of Fatigue, Heart Rate Achieved.

CONCLUSIONS:

1. TMT is negative for exercise induced ischemia.
2. Normal chronotropic and Normal Inotropic response.
3. No significant ST T changes seen.
4. Minor ST T changes seen in recovery.

Doctor : DR SHAILAJA PILLAI

Dr. SHAILAJA PILLAI
M.D. (GEN.MED)
R.NO. 49972



850 (2309777407) / NAGAWANSHI VIKAS / 35 Yrs / M / 175 Cms / 78 Kg / HR : 80

Date: 07 / 04 / 2023 10:15:46 AM

METS: 1.0/ 80 bpm 43% of THR

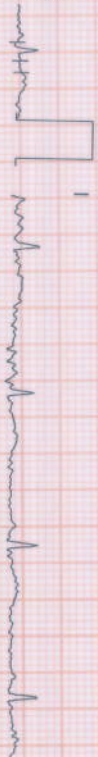
BP: 130/80 mmHg

Raw ECG/BLC On/ Natch On/ HF 0.05 Hz/LF 100 Hz

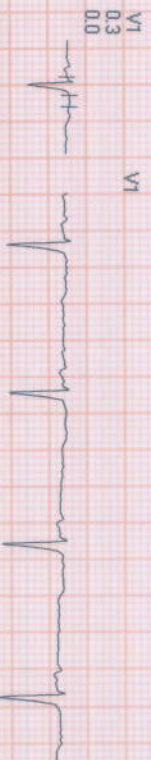
4X 80 ms Post J

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

I
STL 0.6
STS 0.2



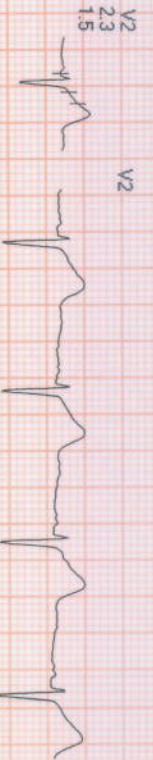
V1
0.3
0.0



II
1.5
0.8



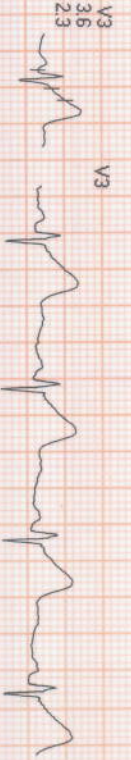
V2
2.3
1.8



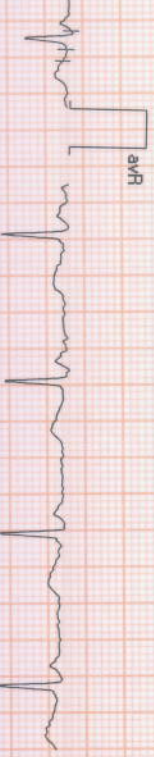
III
0.9
0.5



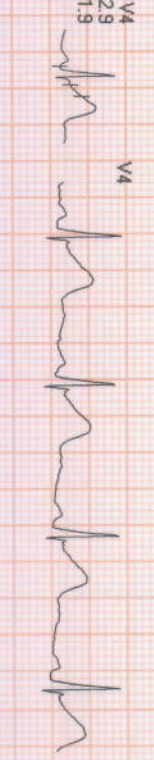
V3
3.6
2.3



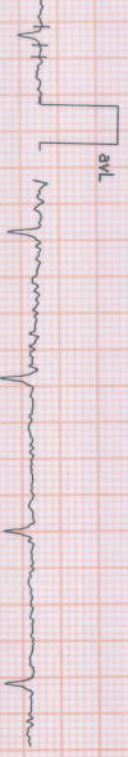
aVR
-1.0
-0.5



V4
2.9
1.9



aVL
-0.3
-0.2



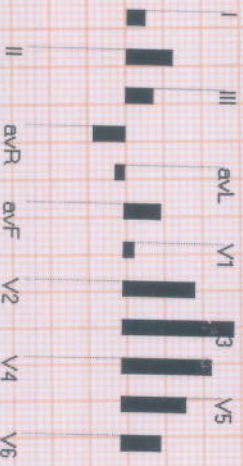
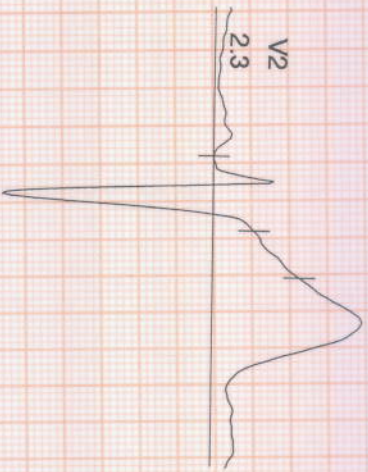
V5
2.1
1.4



aVF
1.2
0.6



V6
1.3
1.0



REMARKS:

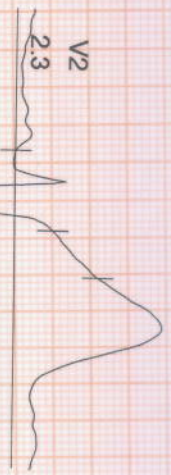




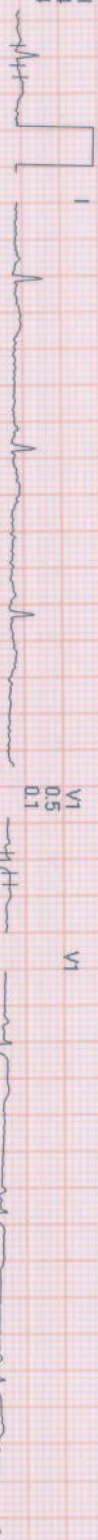
Date: 07 / 04 / 2023 10:15:46 AM
4X 80 mS Post J

METS: 1.0 / 72 bpm 39% of THR BP: 130/80 mmHg Raw ECG/BL/CL/OL/Notch On/ HF 0.05 Hz/AF 100 Hz

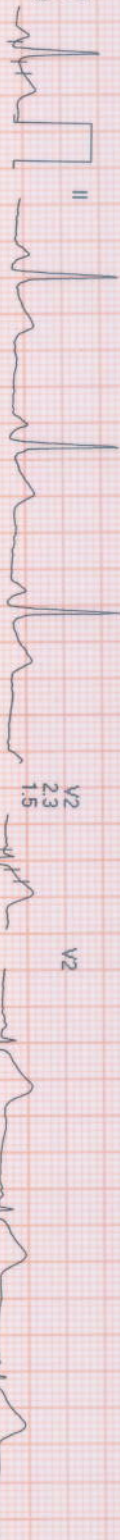
EXTime: 00:00 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



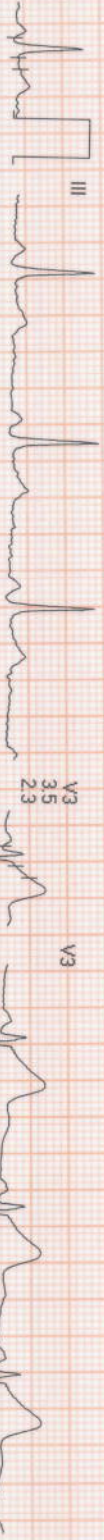
I
STL 0.4
STS 0.4



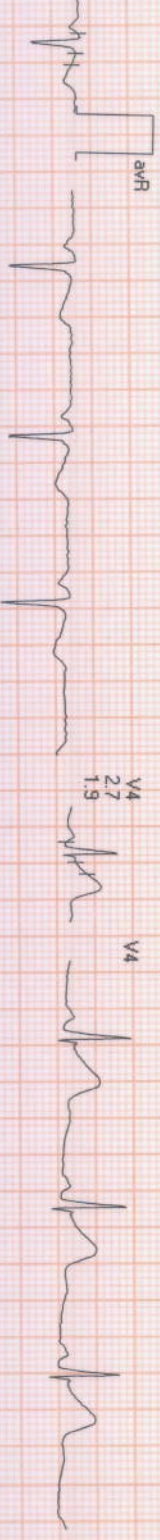
II
1.1
0.8



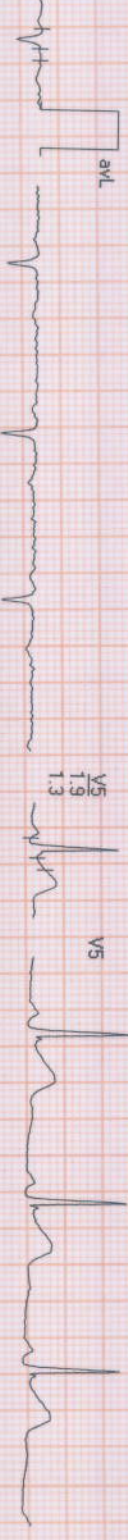
III
0.8
0.4



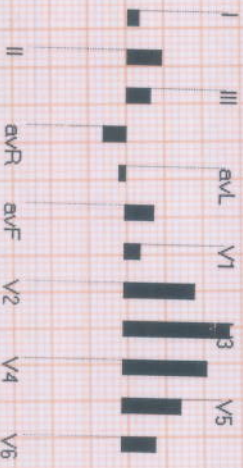
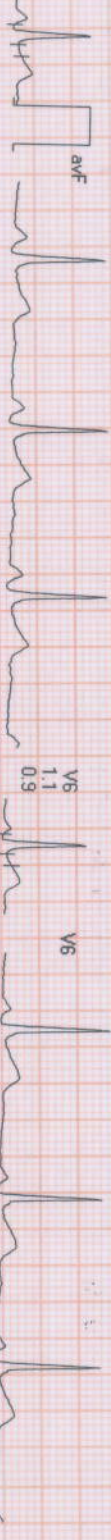
aVR
-0.8
-0.6



aVL
-0.2
0.0



aVF
0.9
0.6



REMARKS:



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

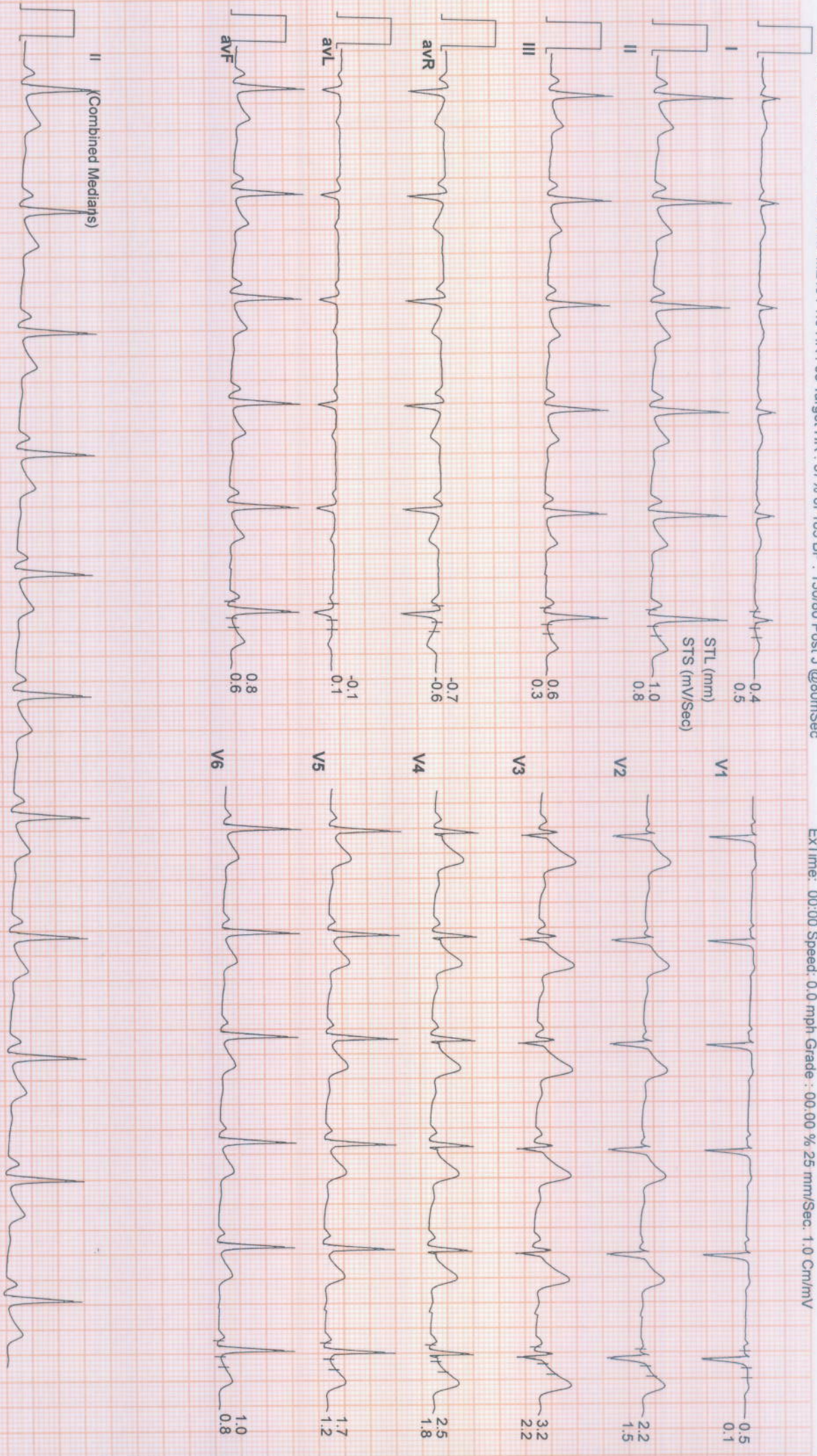
850 / NAGAWANSHI VIKAS / 35 Yrs / Male / 175 Cm / 78 Kg

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



Date: 07 / 04 / 2023 10:15:46 AM METs : 1.0 HR : 68 Target HR : 37% of 185 BP : 130/80 Post J @80mSec

ExtTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/mv



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

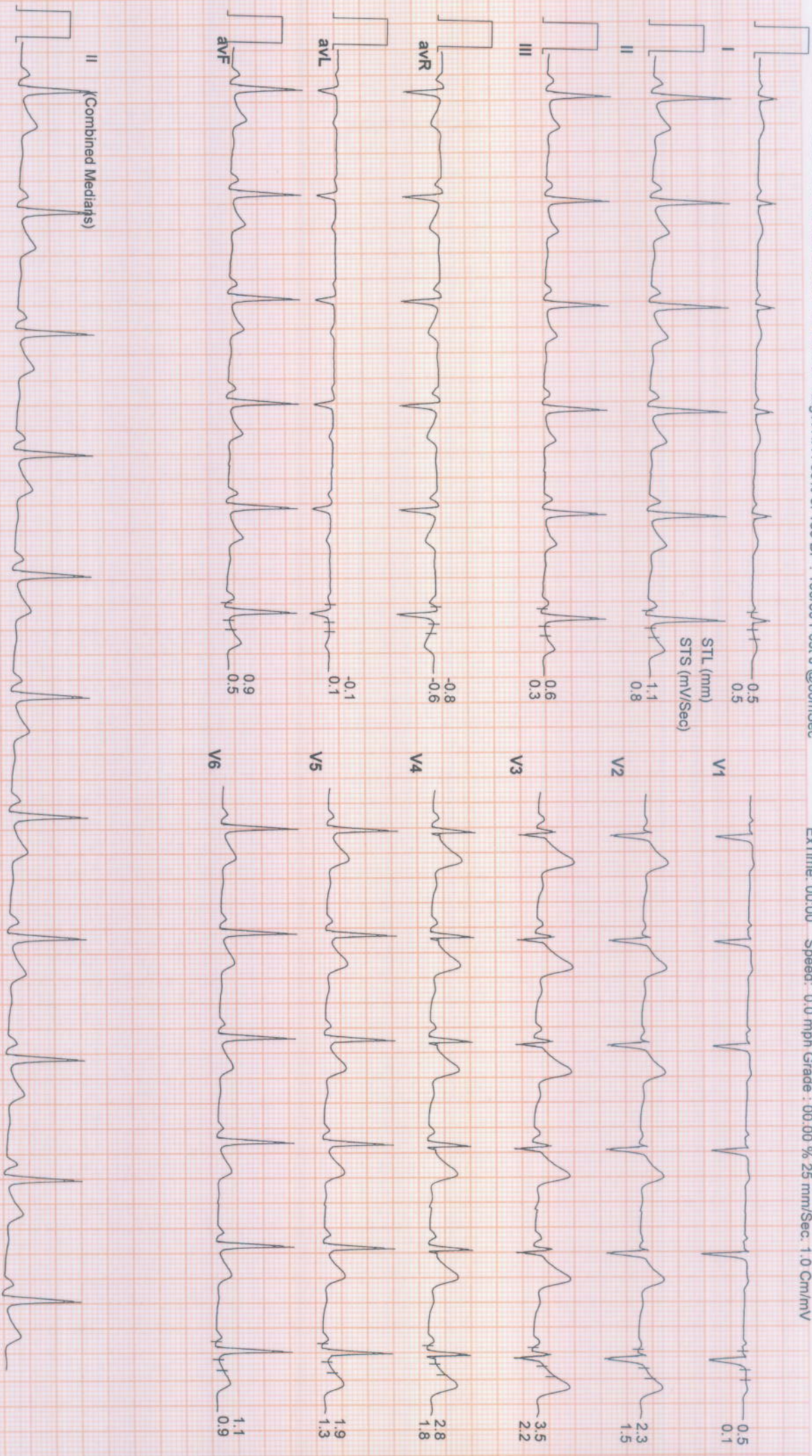
850 / NAGAWANSHI VIKAS / 35 Yrs / Male / 175 Cm / 78 Kg

6X2 Combine Medians + 1 Rhythm ExStt



Date: 07 / 04 / 2023 10:15:46 AM METs : 1.0 HR : 67 Target HR : 36% of 185 BP : 130/80 Post J @80mSec

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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

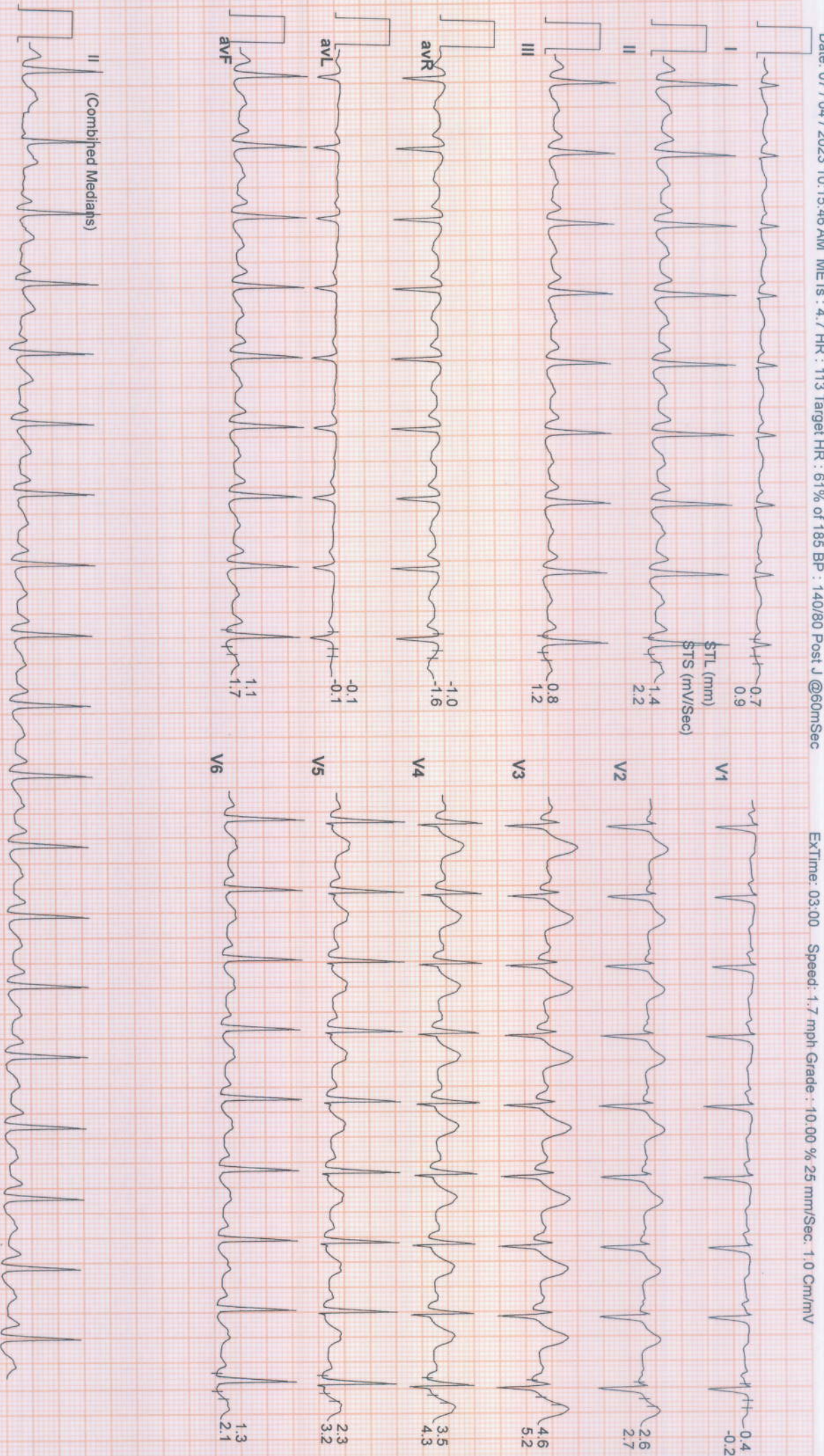
850 / NAGAWANSHI VIKAS / 35 Yrs / Male / 175 Cm / 78 Kg

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



Date: 07 / 04 / 2023 10:15:46 AM METs : 4.7 HR : 113 Target HR : 61% of 166 BP : 140/80 Post J @60mSec

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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

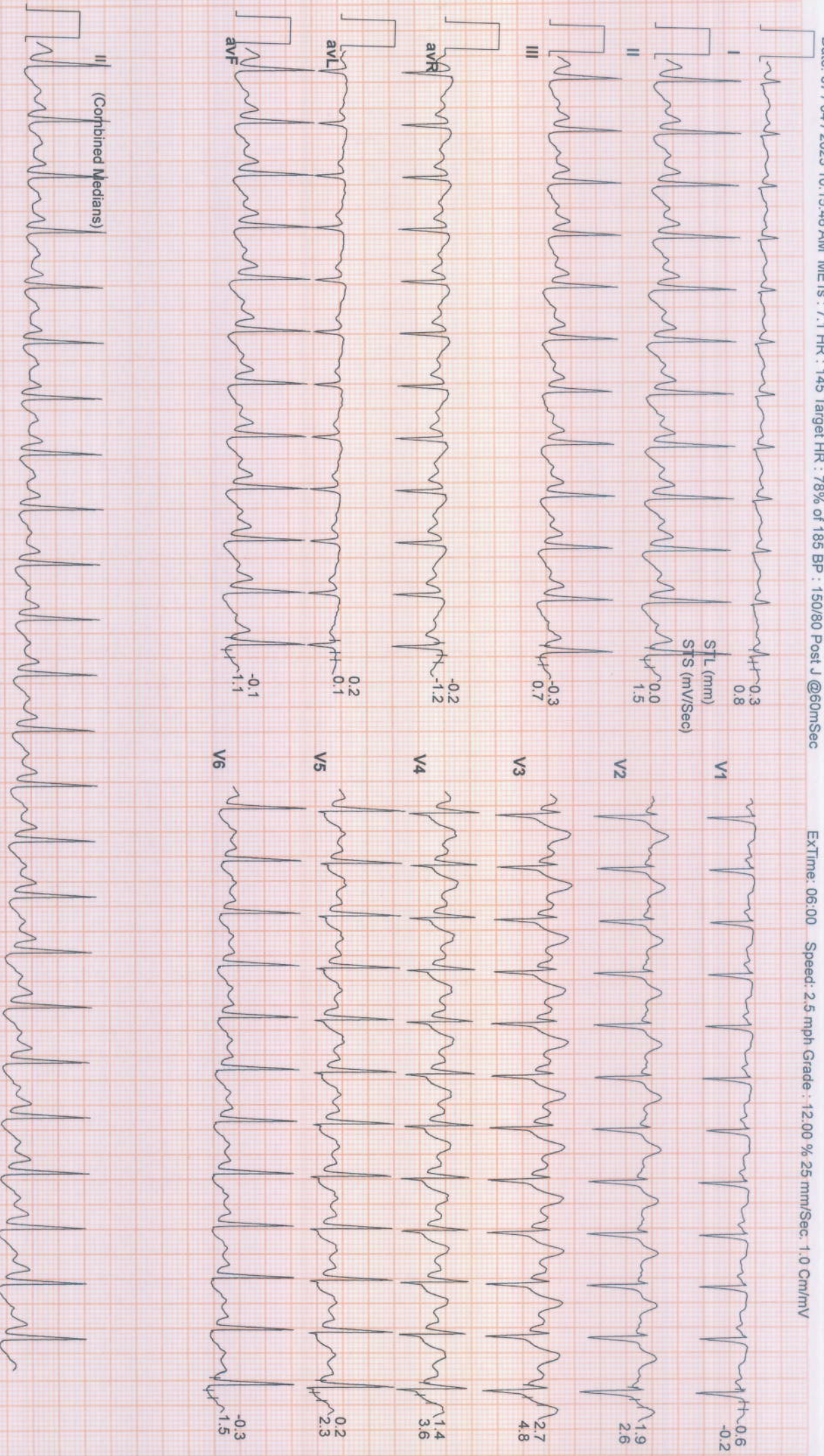
850 / NAGAWANSHI VIKAS / 35 Yrs / Male / 175 Cm / 78 Kg

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



Date: 07 / 04 / 2023 10:15:46 AM METs : 7.1 HR : 145 Target HR : 78% of 185 BP : 150/80 Post J @60mSec

EXTime: 06:00 Speed: 2.5 mph Grade : 12:00 % 25 mm/Sec: 1.0 Cm/mV



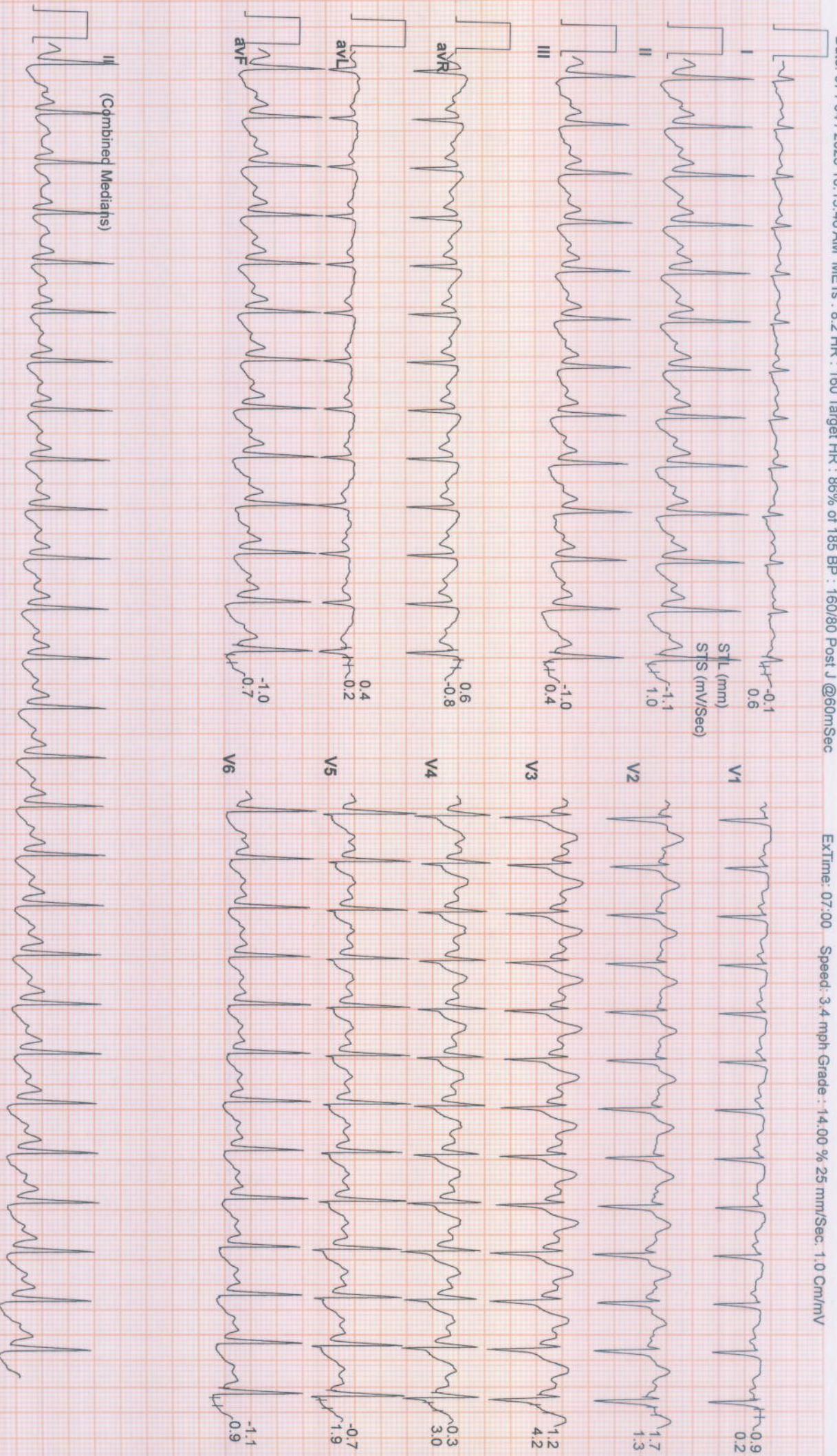
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

850 / NAGAWANSHI VIKAS / 35 Yrs / Male / 175 Cm / 78 Kg

Date: 07 / 04 / 2023 10:15:46 AM METs : 8.2 HR : 160 Target HR : 86% of 185 BP : 160/80 Post J @60mSec

6X2 Combine Medians + 1 Rhythm PeakX

ExTime: 07:00 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

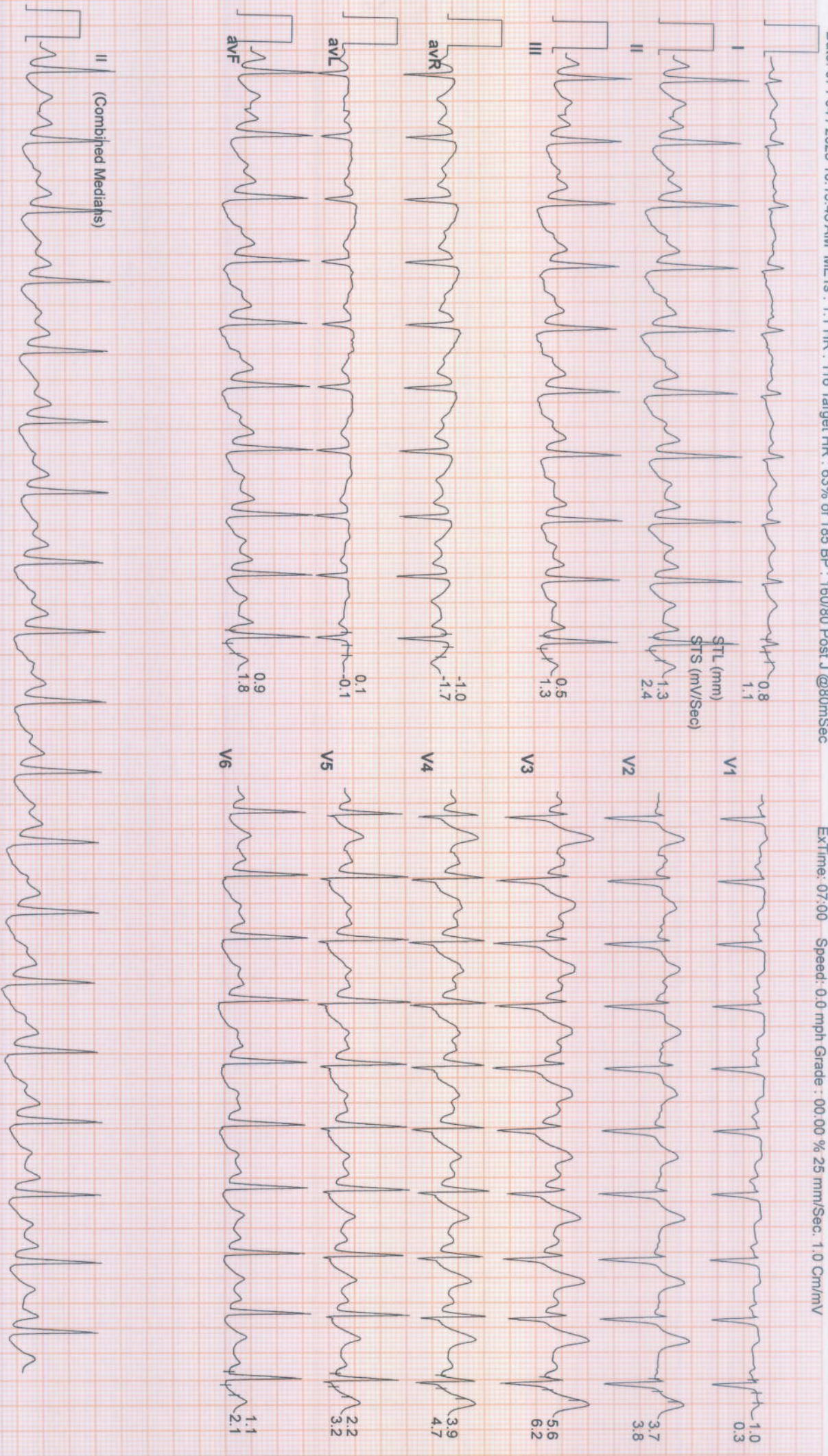
850 / NAGAWANSHI VIKAS / 35 Yrs / Male / 175 Cm / 78 Kg

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



Date: 07 / 04 / 2023 10:15:46 AM METs : 1.1 HR : 116 Target HR : 63% of 185 BP : 160/80 Post J @80mSec

ExTime: 07:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



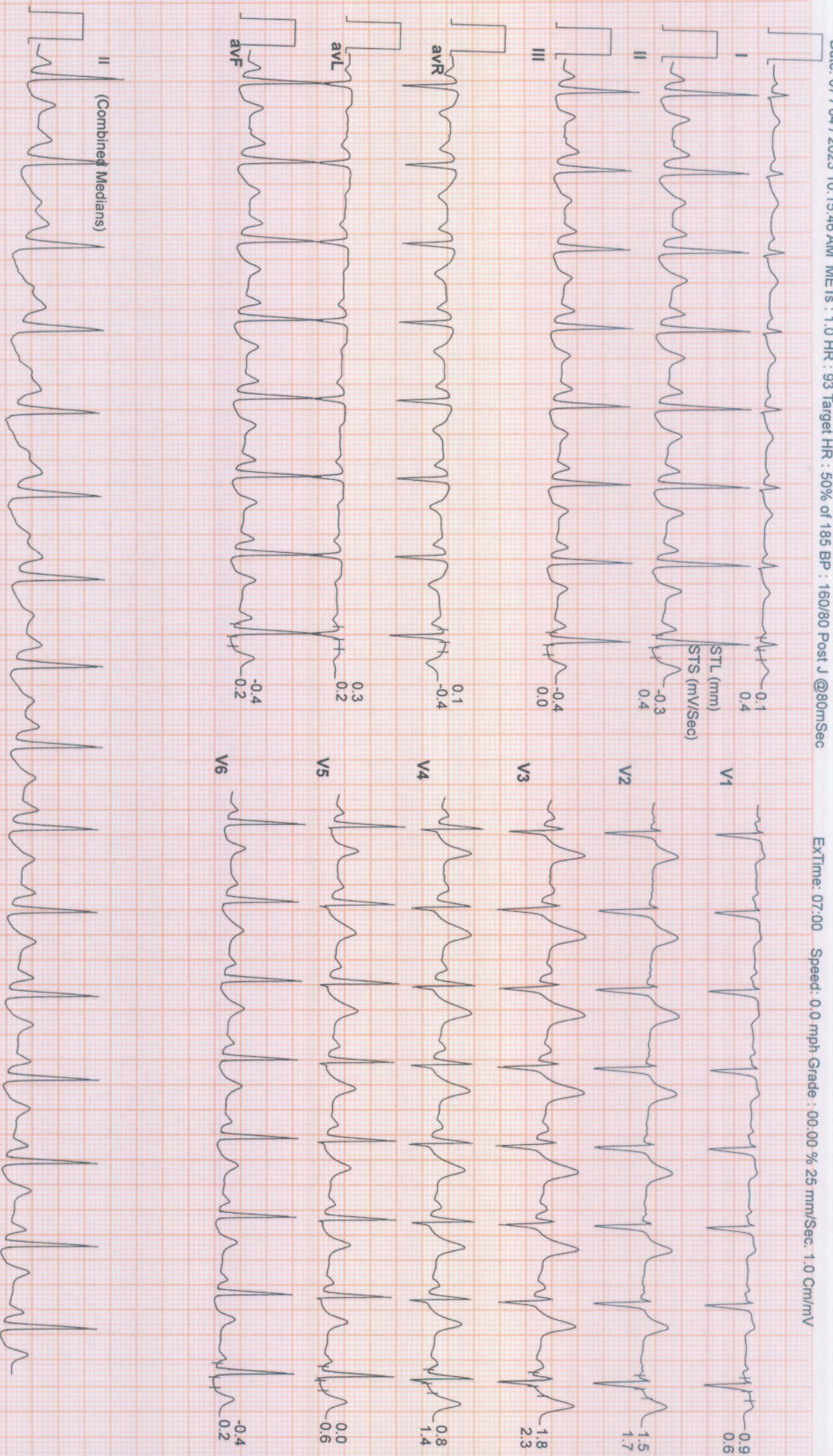
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

850 / NAGAWANSHI VIKAS / 35 Yrs / Male / 175 Cm / 78 Kg

Date: 07 / 04 / 2023 10:15:46 AM METs : 1.0 HR : 93 Target HR : 50% of 185 BP : 160/80 Post J @80mSec

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

EXTime: 07:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

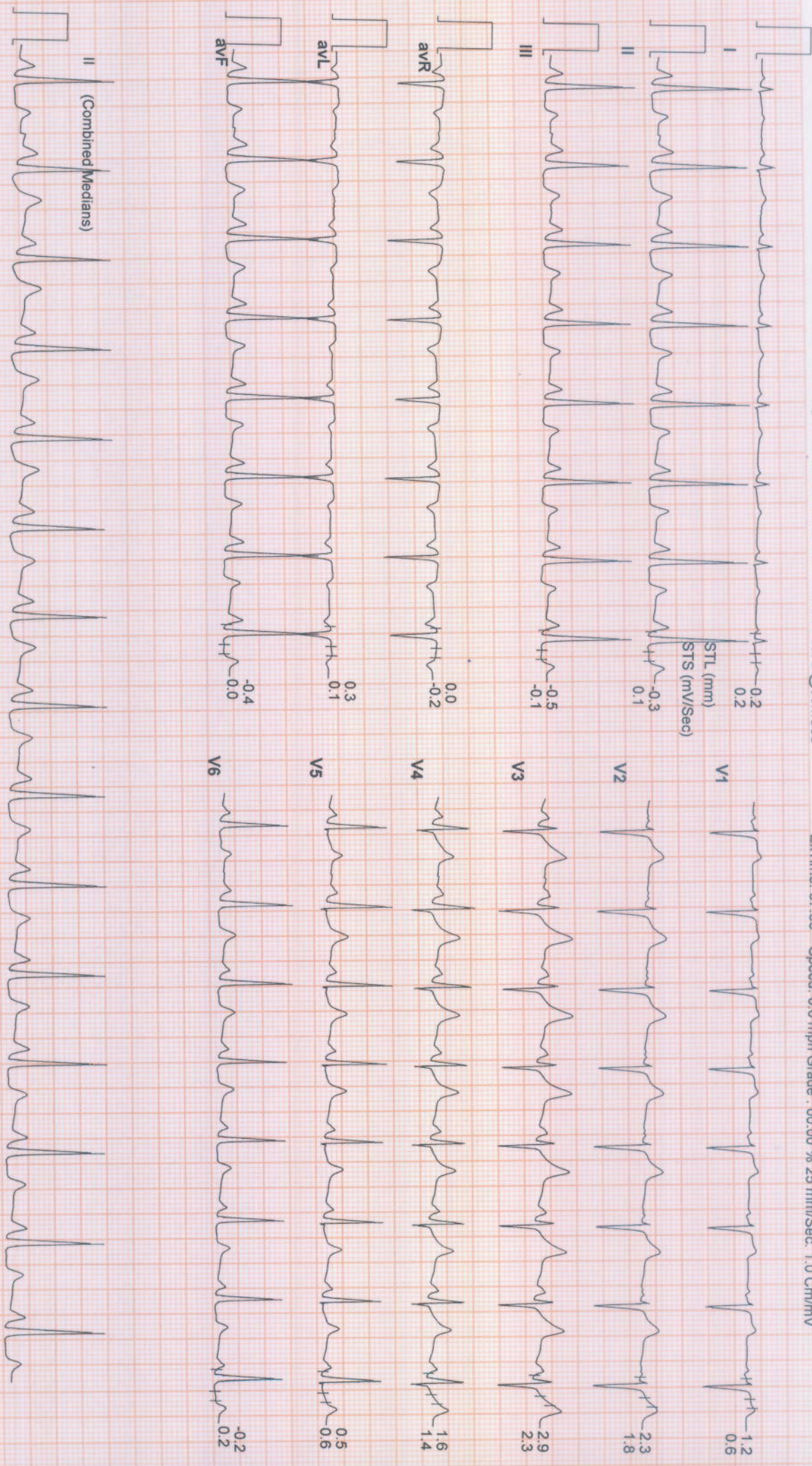
850 / NAGAWANSHI VIKAS / 35 Yrs / Male / 175 Cm / 78 Kg

6X2 Combine Medians + 1 Rhythm
Recovery : (04:00)



Date: 07 / 04 / 2023 10:15:46 AM METs : 1.0 HR : 90 Target HR : 49% of 185 BP : 130/80 Post J @80mSec

ExTime: 07:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



II
(Combined Medians)

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

850 / NAGAWANSHI VIKAS / 35 Yrs / Male / 175 Cm / 78 Kg

6X2 Combine Medians + 1 Rhythm
Recovery : (04:07)



Date: 07 / 04 / 2023 10:15:46 AM METs : 1.0 HR : 90 Target HR : 49% of 185 BP : 130/80 Post J @80mSec

ExTime: 07:00 Speed: 0.0 mph Grade : 00:00 % 25 mm/Sec: 1.0 Cm/mV

