

PHYSICAL EXAMINATION REPORT

Patient Name	Sharad Patil	Sex/Age	m / 40
Date	10/2/24	Location	L

History and Complaints

M/L

EXAMINATION FINDINGS:

Height (cms):	162	Temp (0c):	XFB
Weight (kg):	60	Skin:	MAD
Blood Pressure	122/84	Nails:	L
Pulse	64/-	Lymph Node:	NP

Systems :

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

Impression:

MAD

↑ Gamma GT, ↑ Chol, LDL, ↑ Non HDL Chol
 ↑ TSH (0.9) , ↑ B/L BV
 prominence
 USG - GB Polyp , TMT (-ve)

Advice: Low fat, Diet
Repeat Lipid Profile, Thyroid Profile
after 3 months.
H/U - USG (6 months)

- 1) Hypertension:
 - 2) IHD
 - 3) Arrhythmia
 - 4) Diabetes Mellitus
 - 5) Tuberculosis
 - 6) Asthama
 - 7) Pulmonary Disease
 - 8) Thyroid/ Endocrine disorders
 - 9) Nervous disorders
 - 10) GI system
 - 11) Genital urinary disorder
 - 12) Rheumatic joint diseases or symptoms
 - 13) Blood disease or disorder
 - 14) Cancer/lump growth/cyst
 - 15) Congenital disease
 - 16) Surgeries
 - 17) Musculoskeletal System
- Handwritten notes on the list:
 - A bracket from item 1 to 10 is labeled 'NO'.
 - A bracket from item 11 to 15 is labeled 'NAD'.
 - A bracket from item 16 to 17 is labeled 'NO'.
 - Next to item 16: 'n/a left femur # /surgery - rod /2021' with an arrow pointing to item 17.

PERSONAL HISTORY:

- 1) Alcohol
 - 2) Smoking
 - 3) Diet
 - 4) Medication
- Handwritten notes for Personal History:
 - Alcohol: OCC.
 - Smoking: NO.
 - Diet: mixed
 - Medication: NO

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

[Signature]
12/2/24

0000-0275-5002

Date:- 10/01/24
 Name:- Shaan Patil

CID: 2404 122307
 Sex / Age: M / 40

EYE CHECK UP

Chief complaints: RCW

Systemic Diseases: H/O

Past history: N/A

Unaided Vision: 13/24/6 R/W 20/20 N.6

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 : 2404122307
Name : MR.SHARAD PATIL
Age / Gender : 40 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 10-Feb-2024 / 10:13
Reported : 10-Feb-2024 / 13:28

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	15.0	13.0-17.0 g/dL	Spectrophotometric
RBC	5.84	4.5-5.5 mil/cmm	Elect. Impedance
PCV	47.4	40-50 %	Measured
MCV	81.2	80-100 fl	Calculated
MCH	25.6	27-32 pg	Calculated
MCHC	31.6	31.5-34.5 g/dL	Calculated
RDW	13.6	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	9050	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	22.3	20-40 %	
Absolute Lymphocytes	2018.2	1000-3000 /cmm	Calculated
Monocytes	4.6	2-10 %	
Absolute Monocytes	416.3	200-1000 /cmm	Calculated
Neutrophils	69.8	40-80 %	
Absolute Neutrophils	6316.9	2000-7000 /cmm	Calculated
Eosinophils	3.2	1-6 %	
Absolute Eosinophils	289.6	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	9.1	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
PLATELET PARAMETERS			
Platelet Count	329000	150000-400000 /cmm	Elect. Impedance
MPV	8.6	6-11 fl	Calculated
PDW	11.6	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	Mild		
Microcytosis	Occasional		

Authenticity Check



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Collected : 10-Feb-2024 / 10:13
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Macrocytosis -
Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others -
WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 3 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- Sickle 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

CID : 2404122307
Name : MR. SHARAD PATIL
Age / Gender : 40 Years / Male
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	87.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	86.2	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	0.12	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.46	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	5.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
SGOT (AST), Serum	15.1	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	17.0	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	128.0	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	108.5	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
CREATININE, Serum	1.05	0.67-1.17 mg/dl	Enzymatic

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Collected : 10-Feb-2024 / 14:08
Reported : 10-Feb-2024 / 17:33

eGFR, Serum	92	(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	5.1	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	

*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	5.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	96.8	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 ***

J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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Collected : 10-Feb-2024 / 10:13
Reported : 10-Feb-2024 / 17:17

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Neutral (7.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Transparency	Clear	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	1-2		
Casts	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
*** End Of Report ***

(Signature)

Dr.VANDANA KULKARNI
M.D (Path)
Pathologist



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Age / Gender : 40 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 10-Feb-2024 / 10:13
Reported : 10-Feb-2024 / 13:30

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	A
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 ***

J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist

0000 0718 530



CID : 2404122307
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Age / Gender : 40 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 10-Feb-2024 / 10:13
Reported : 10-Feb-2024 / 18:09

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	218.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	74.7	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	56.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	162.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	147.0	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	15.4	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.6	0-3.5 Ratio	Calculated

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

[Signature]

Dr.VANDANA KULKARNI
M.D (Path)
Pathologist



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Age / Gender : 40 Years / Male
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Reg. Location : G B Road, Thane West (Main Centre)

Collected : 10-Feb-2024 / 10:13
Reported : 10-Feb-2024 / 13:06

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	19.4	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	0.992	0.35-5.5 microIU/ml mIU/ml	ECLIA

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



Collected : 10-Feb-2024 / 10:13
Reported : 10-Feb-2024 / 13:06

Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

- 1)TSH Values between high abnormal upto 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine, Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal illness, Recent Rx for Hyperthyroidism,
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation: TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am, and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. **Biological variation:** 19.7% (with in subject variation)

Reflex Tests: Anti thyroid Antibodies, USG Thyroid, TSH receptor Antibody, Thyroglobulin, Calcitonin

Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results, this assay is designed to minimize interference from heterophilic antibodies.

Reference:

1. O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
2. Interpretation of the thyroid function tests, Dayan et al. THE LANCET, Vol 357
3. Tietz, Text Book of Clinical Chemistry and Molecular Biology -5th Edition
4. Biological Variation: From principles to Practice-Callum G Fraser (AACC Press)

*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

Patient Name: SHARAD PATIL
Patient ID: 2404122307

SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST
Date and Time: 10th Feb 24 12:06 PM



25.0 mm/s 10.0 mm/mV

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

Age: 40 NA NA
years months days

Gender: Male

Heart Rate: 67bpm

Patient Vitals

BP: 122/84 mmHg

Weight: 60 kg

Height: 162 cm

Pulse: NA

SpO2: NA

Resp: NA

Others: NA

Measurements

QRSD: 78ms

QT: 372ms

QTcB: 393ms

PR: 126ms

P-R-T: 46° 68° 41°



REPORTED BY

[Signature]

DR. SHALINA PILLAI
MBBS, MD Physician
49972

Interpretation of this report is based on the information provided and should be used as an adjunct to clinical history, symptoms, and results of other diagnostic and laboratory tests and should be interpreted by a qualified physician. This report is not intended to be a substitute for a clinical examination and is not intended to be used for legal purposes.



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Age / Sex : 40 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 10-Feb-2024
Reported : 10-Feb-2024 / 13:15

X-RAY CHEST PA VIEW

There is evidence of mildly increased bilateral bronchovascular prominence.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The aorta shows normal radiological features.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

Suggest clinico pathological co-relation.

-----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?](http://3.111.232.119/iRISViewer/NeoradViewer?Access)
Access

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CID : 2404122307
Name : Mr SHARAD PATIL
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Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 10-Feb-2024
Reported : 10-Feb-2024 / 11:28

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 , Shows an echogenic lesion attached to wall, measuring 4 mm s/o polyp. No peri-cholecystic collection seen.

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 9.0 x 3.6 cm. Left kidney measures 9.2 x 4.0 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

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

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

PROSTATE: Prostate is normal in size and echotexture and measures 2.6 x 2.5 x 3.4 cm in dimension and 12 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=2024021009451300>

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Reg. Date : 10-Feb-2024
Reported : 10-Feb-2024 / 11:28

IMPRESSION:
GALL BLADDER POLYP.

Advice: Clinical co-relation sos further evaluation and follow up.

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024021009451300>



793 (2404122307) / SHARAD PATIL / 40 Yrs / M / 162 Cms / 60 Kg
 Date: 10 / 02 / 2024 09:43:58 AM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:05	0:05	00.0	00.0	01.0	056	31%	110/70	061	00	
Standing	00:10	0:05	00.0	00.0	01.0	056	31%	110/70	061	00	
HV	00:18	0:08	00.0	00.0	01.0	056	31%	110/70	061	00	
ExStart	00:35	0:17	00.0	00.0	01.0	056	31%	110/70	061	00	
BRUCE Stage 1	03:35	3:00	01.7	10.0	04.7	117	65%	130/80	152	00	
BRUCE Stage 2	06:35	3:00	02.5	12.0	07.1	152	84%	150/90	228	00	
PeakEx	06:49	0:14	03.4	14.0	07.4	155	86%	150/90	232	00	
Recovery	07:49	1:00	00.0	00.0	01.1	117	65%	140/80	163	00	
Recovery	08:49	2:00	00.0	00.0	01.0	082	46%	120/70	098	00	
Recovery	09:49	3:00	00.0	00.0	01.0	089	49%	120/70	106	00	
Recovery	09:58	3:10	00.0	00.0	01.0	090	50%	120/70	108	00	

FINDINGS :

Exercise Time : 06:14
 Initial HR (ExStrt) : 56 bpm 31% of Target 180
 Initial BP (ExStrt) : 110/70 (mm/Hg)
 Max WorkLoad Attained : 7.4 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : III & -0.9 mm in PeakEx
 History : No
 Test End Reasons : , Heart Rate Achieved

Max HR Attained 155 bpm 86% of Target 180
 Max BP Attained 150/90 (mm/Hg)

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

Doctor : DR. SHAILAJA PILLAI



EMail: 793 / SHARAD PATIL / 40 Yrs / M / 162 Cms / 60 Kg Date: 10 / 02 / 2024 09:43:58 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 56.0 bpm, and the maximum predicted Target Heart Rate 180.0. The BP increased at the time of generating report as 150.0/90.0 mmHg. The Max Dep went upto 0.3. 0.0 Ectopic Beats were observed during the Test.

CONCLUSIONS:

1. Stress test is negative for Ischemia.
2. No significant ST T changes seen.
3. HR and Blood pressure response to exercise is normal.

Dr. SHAILAJA PILLAI

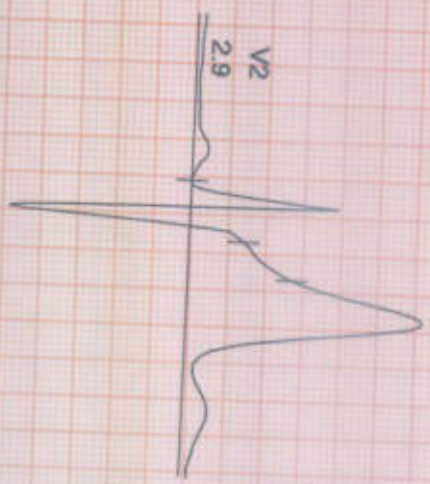
M.D. (GEN.MED)

R.NO. 49972

Doctor : DR. SHAILAJA PILLAI



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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

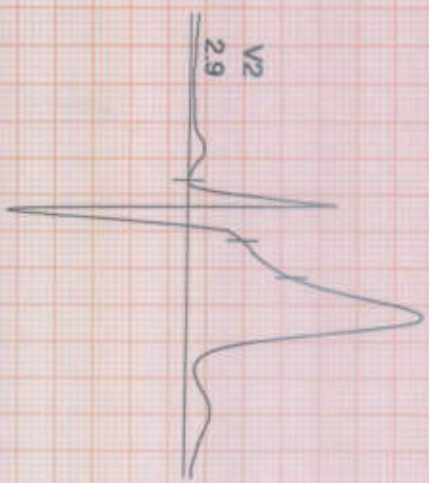
793 (2404122307) / SHARAD PATIL / 40 Yrs / M / 162 Cms / 60 Kg / HR : 56

Date: 10 / 02 / 2024 09:43:58 AM
4X (60 ms Post)

METS: 1.0/56 bpm 31% of THR BP: 110/70 mmHg Raw ECG/BLC ON/Notch ON/HF: 0.05 Hz/LF: 35 Hz

STANDING (00:00)

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



SN 0.6
STB 0.4

II 1.0
0.5

III 0.4
0.1

aVR -0.8
-0.5

aVL 0.1
0.2

aVF 0.7
0.3

V1 0.7
0.1

V2 2.9
1.7

V3 2.4
1.5

V4 1.4
0.9

V5 0.9
0.4

V6 0.5
0.3

REMARKS:



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

793 (2404122307) / SHARAD PATIL / 40 Yrs / M / 162 Cms / 60 Kg / HR : 56

Date: 10/02/2024 08:43:58 AM

4X

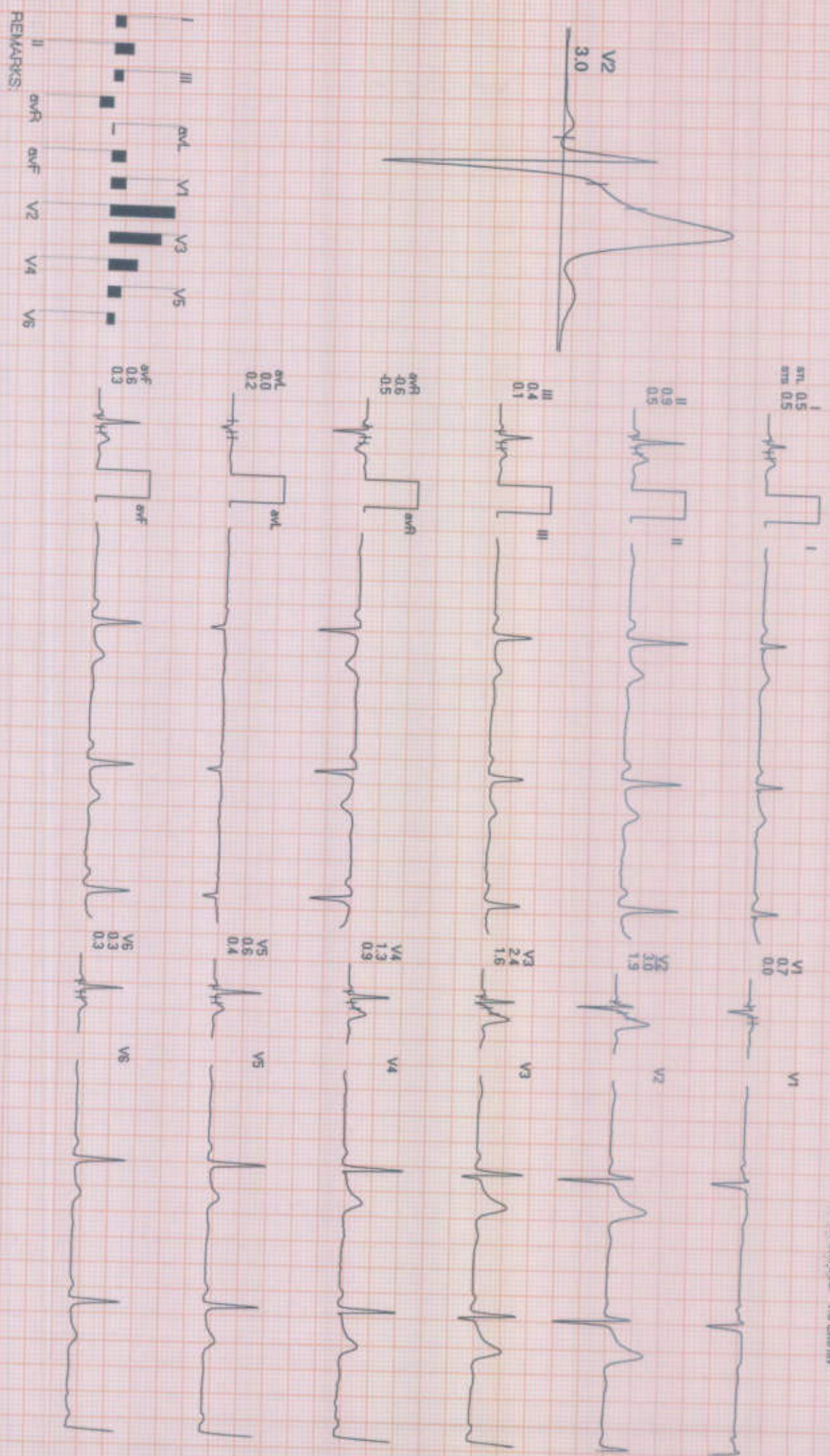
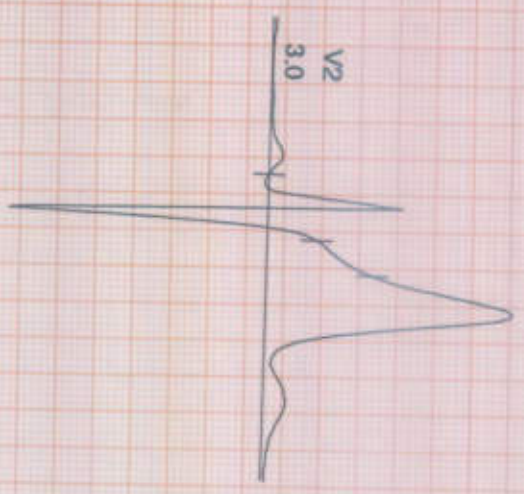
60 ms Post 1

METS: 1.0/ 56 bpm 31% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

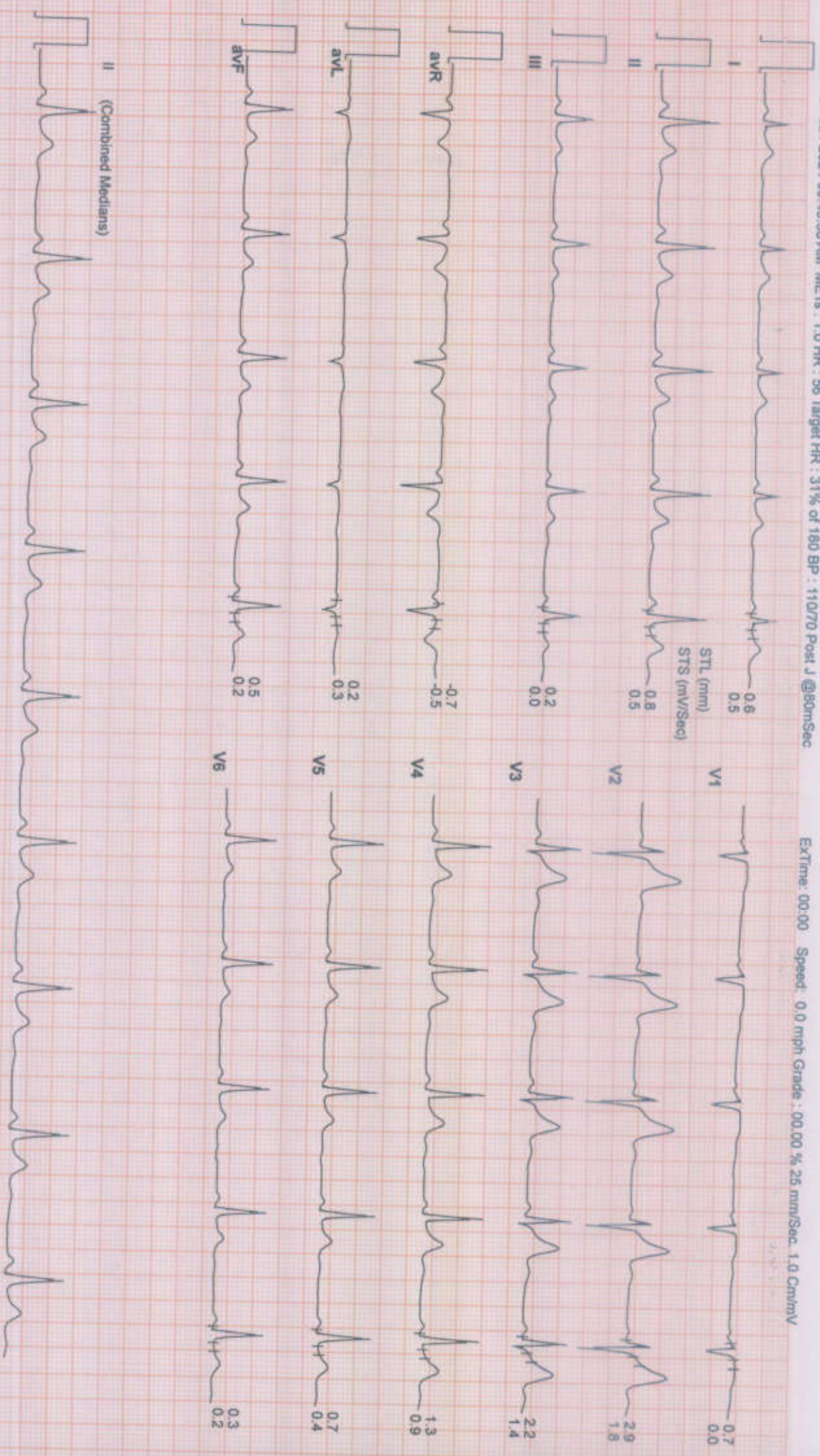
HV (00:00)

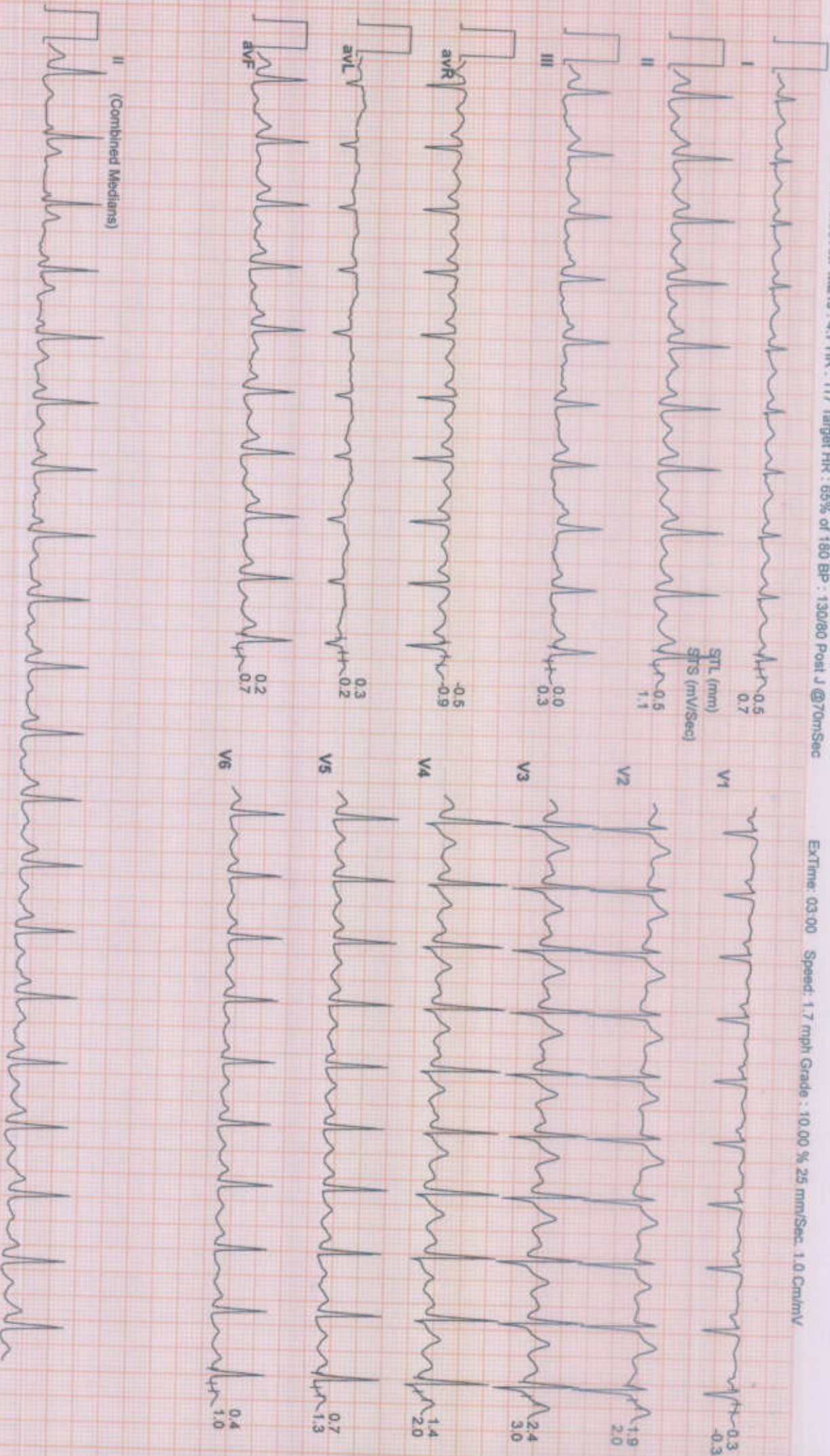


EXTime: 00:00 0.0 mph, 0.0%
25 mm/Sec 1.0 Cm/mV



REMARKS:

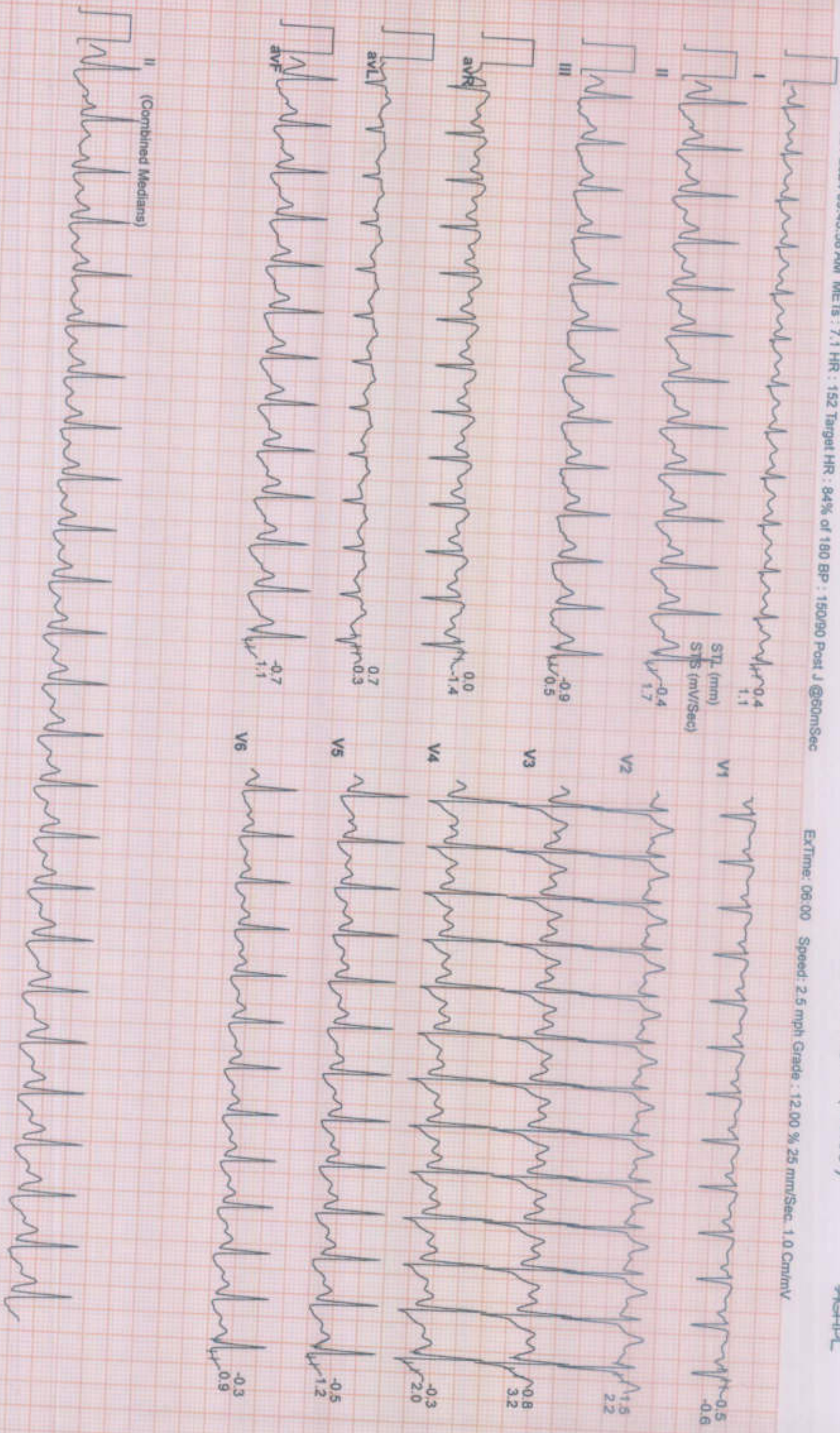




Date: 10 / 02 / 2024 09:43:58 AM METs : 7.1 HR : 152 Target HR : 84% of 180 BP : 150/90 Post J @60mSec

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

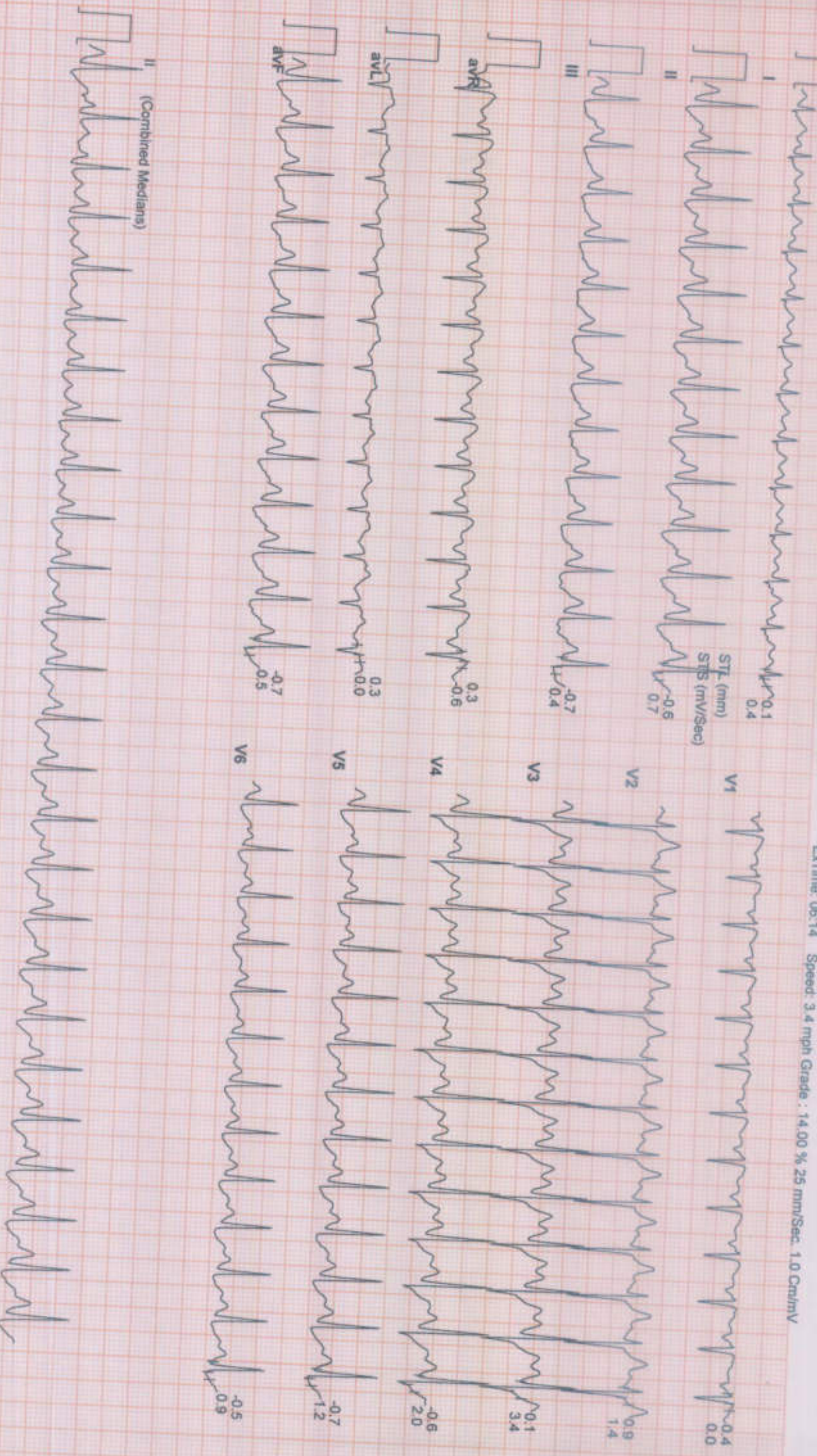
ExTime: 06:00 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec 1.0 Cm/mV



Date: 10 / 02 / 2024 09:43:58 AM METs : 7.4 HR : 155 Target HR : 96% of 180 BP : 150/90 Post J @50mSec

ExtTime: 06:14 Speed: 3.4 mph Grade: 14.00 % 25 mm/Sec. 1.0 Cm/mV

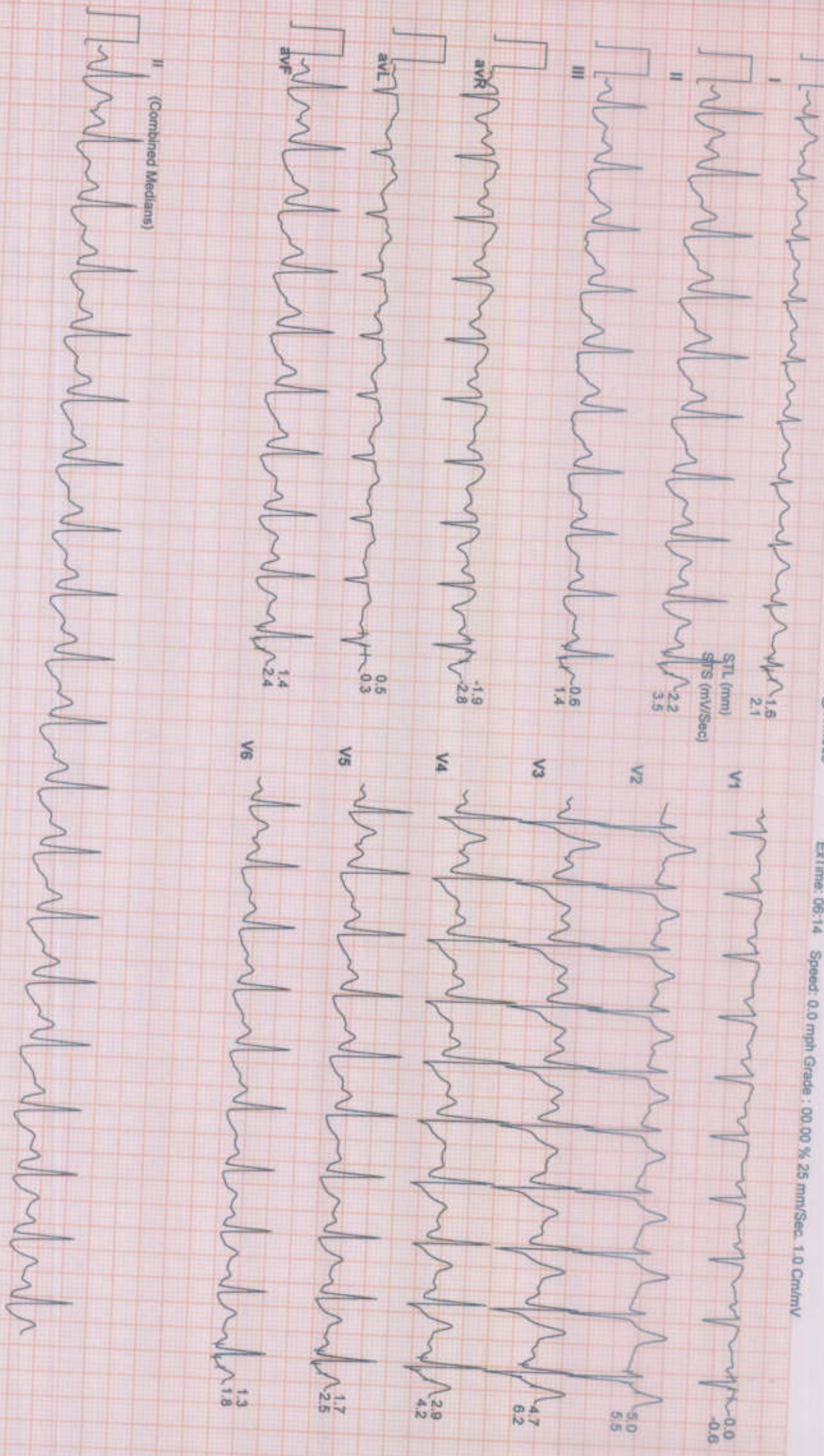
6X2 Combine Medians + 1 Rhythm PeakEX



Date: 10/02/2024 09:43:58 AM METs : 1.1 HR : 120 Target HR : 67% of 180 BP : 140/80 Post J @90mSec

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

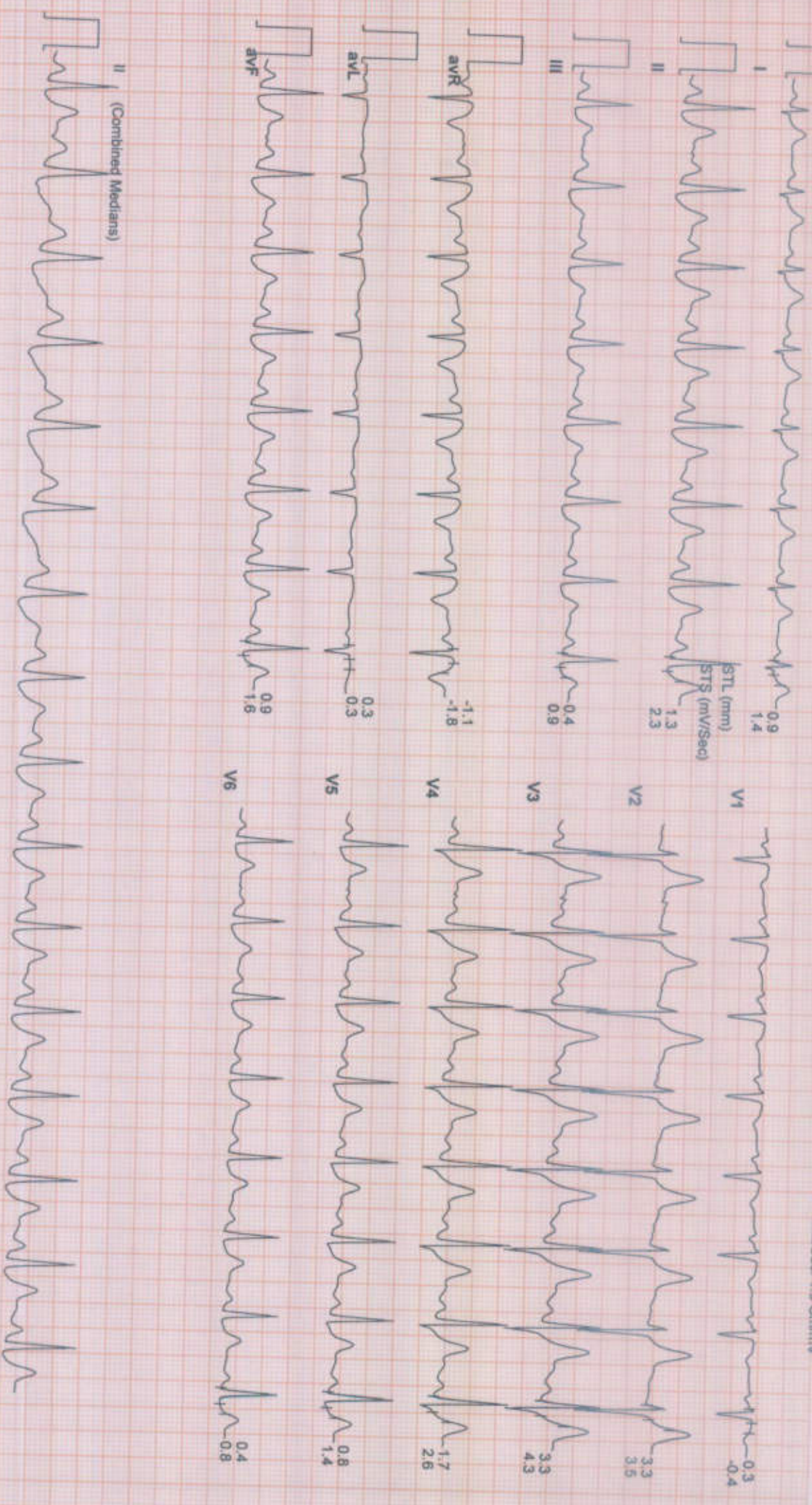
ExtTime: 06:14 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV

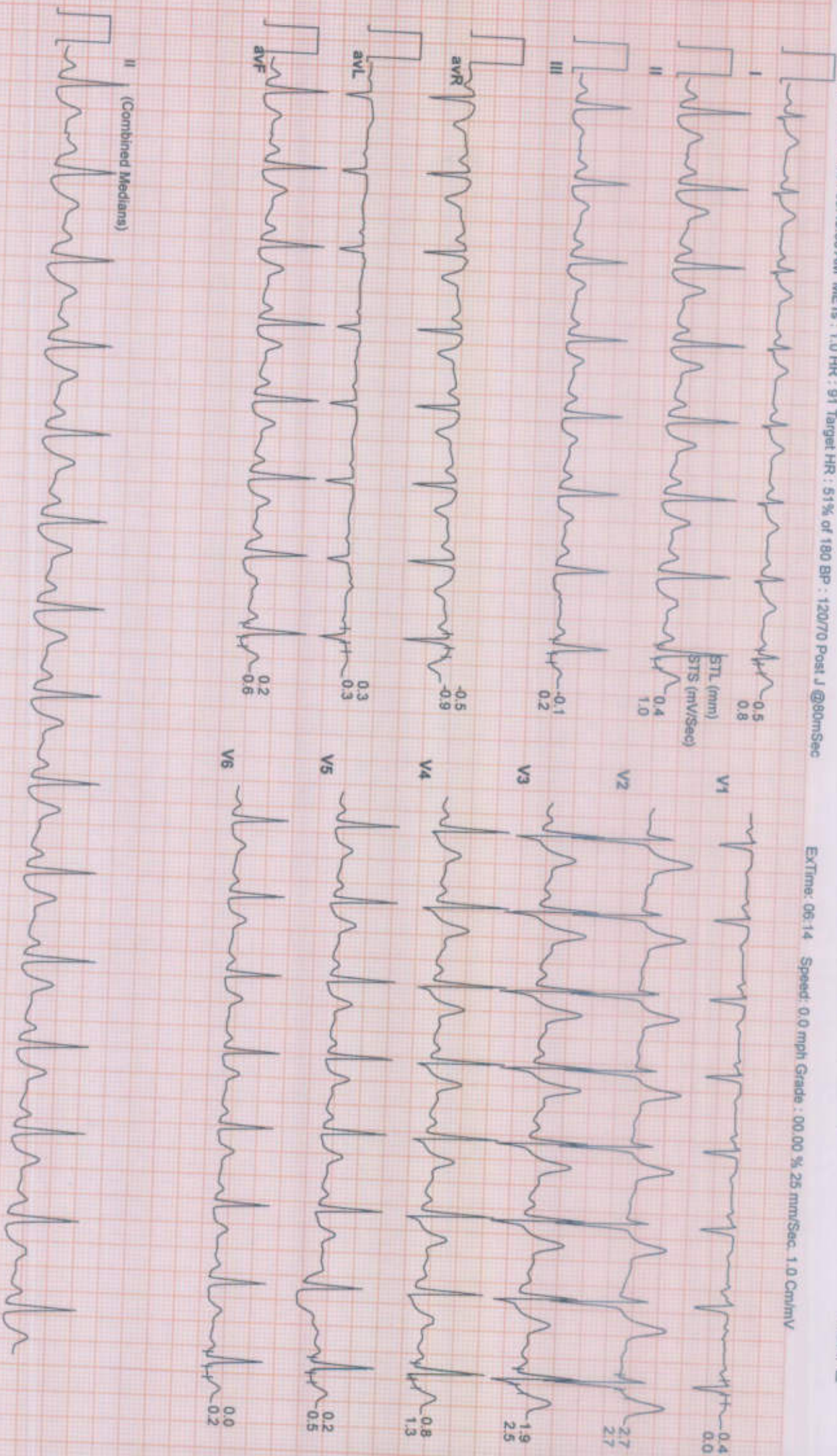




Date: 10 / 02 / 2024 09:43:58 AM METs : 1.0 HR : 98 Target HR : 54% of 180 BP : 120/70 Post J @80mSec

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





II (Combined Medians)

Date: 10/02/2024 09:43:58 AM METs : 1.0 HR : 90 Target HR : 50% of 180 BP : 120/70 Post J @80mSec

6X2 Combine Medians + 1 Rhythm
Recovery : (03:09)



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

