

PHYSICAL EXAMINATION REPORT

Patient Name	John Nigil	Sex/Age	M / 33
Date	27/11/23	Location	Thane

History and Complaints

no HTN since 6 yrs.

EXAMINATION FINDINGS:

Height (cms):	173	Temp (0c):	Ⓜ
Weight (kg):	79.4	Skin:	Acne scars
Blood Pressure	130/80	Nails:	NAD.
Pulse	72/min	Lymph Node:	

Systems :

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

NAD

Impression:

↓ HDL

Reg. Exercise

Advice:

- | | | | |
|-----|--------------------------------------|------------------|-----|
| 1) | Hypertension: | Yes since 6 yrs. | |
| 2) | IHD | | |
| 3) | Arrhythmia | | |
| 4) | Diabetes Mellitus | | |
| 5) | Tuberculosis | | Nil |
| 6) | Asthma | | |
| 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 | | |
| 17) | Musculoskeletal System | | |

PERSONAL HISTORY:

- | | | | |
|----|------------|--|-----------------------------|
| 1) | Alcohol | | once/twice a Month. |
| 2) | Smoking | | (No) Mixed |
| 3) | Diet | | |
| 4) | Medication | | - Tab. Metpure XL
12.5 - |

(Signature)
28/11/20

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

Date: 27/11/20
 Name: Lincee Thoa Nigil / Sex / Age: M 33.
 CID: 2333100565

EYE CHECK UP

Chief complaints: RCU

Systemic Diseases: NAH

Past history: NAH

Unaided Vision: 132/12 HV/BUB/H6

Aided Vision: 232/6/6 HV/BUB/H6

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: USC over Spectacles.

MR. PRAKASH KUDVA

SR. OPTOMETRIST



Use a QR Code Scanner Application To Scan the Code

CID : 2333100363
Name : MR.LINCEN JOHN NIGIL
Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 27-Nov-2023 / 08:53
Reported : 27-Nov-2023 / 11:38

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	14.4	13.0-17.0 g/dL	Spectrophotometric
RBC	4.73	4.5-5.5 mil/cmm	Elect. Impedance
PCV	42.2	40-50 %	Measured
MCV	89.3	80-100 fl	Calculated
MCH	30.4	27-32 pg	Calculated
MCHC	34.1	31.5-34.5 g/dL	Calculated
RDW	13.4	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	8040	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	34.1	20-40 %	
Absolute Lymphocytes	2741.6	1000-3000 /cmm	Calculated
Monocytes	6.2	2-10 %	
Absolute Monocytes	498.5	200-1000 /cmm	Calculated
Neutrophils	56.6	40-80 %	
Absolute Neutrophils	4550.6	2000-7000 /cmm	Calculated
Eosinophils	3.0	1-6 %	
Absolute Eosinophils	241.2	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	8.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
PLATELET PARAMETERS			
Platelet Count	297000	150000-400000 /cmm	Elect. Impedance
MPV	8.0	6-11 fl	Calculated
PDW	9.2	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		



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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 6 2-15 mm at 1 hr. Sedimentation

*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



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

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	98.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	105.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.71	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.21	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.50	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
AVG RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	15.0	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	13.1	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	18.4	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	58.7	40-130 U/L	PNPP
BLOOD UREA, Serum	27.7	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	12.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.80	0.67-1.17 mg/dl	Enzymatic

Authenticity Check



Use a QR Code Scanner Application To Scan the Code

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Name : MR. LINCEN JOHN NIGIL
Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 27-Nov-2023 / 12:25
Reported : 27-Nov-2023 / 15:24

eGFR, Serum	120	(ml/min/1.73sqm)	Calculated
		Normal or High: Above 90	
		Mild decrease: 60-89	
		Mild to moderate decrease: 45-59	
		Moderate to severe decrease: 30-44	
		Severe decrease: 15-29	
		Kidney failure: <15	

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

URIC ACID, Serum	6.0	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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Collected : 27-Nov-2023 / 08:53
Reported : 27-Nov-2023 / 11:36

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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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 (6.0)	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	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	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+ = 300 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: Pick inert

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

F. Mujawar

Dr. IMRAN MUJAWAR
MD (Path)
Pathologist

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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 isagglutinins 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 ABO 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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*** End Of Report ***

Dr. IMRAN MUJAWAR
M.D (Path)
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	159.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	101.7	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	34.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	124.9	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	105.0	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	19.9	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.1	0-3.5 Ratio	Calculated

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

I. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist

CID : 2333100363
Name : MR.LINCEN JOHN NIGIL
Age / Gender : 33 Years / Male
Consulting Dr. : -
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Collected : 27-Nov-2023 / 08:53
Reported : 27-Nov-2023 / 11:22

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	19.1	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.18	0.35-5.5 microIU/ml	ECLIA

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 upto15 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, hydatidiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine, Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation: TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 200%. Biological variation: 19.7%(with in subject variation)

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

Limitations:

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

Reference:

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

J. Mujawar
Dr.IMRAN MUJAWAR
MD (Path)
Pathologist



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*** End Of Report ***



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Age / Sex : 33 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 27-Nov-2023
Reported : 28-Nov-2023 / 9:30

X-RAY CHEST PA VIEW

Rotation +

There is evidence of mildly increased bilateral bronchovascular prominence.

Both costo-phrenic angles are clear.

Mal rotation of heart is noted.

The domes of diaphragm are normal in position and outlines.

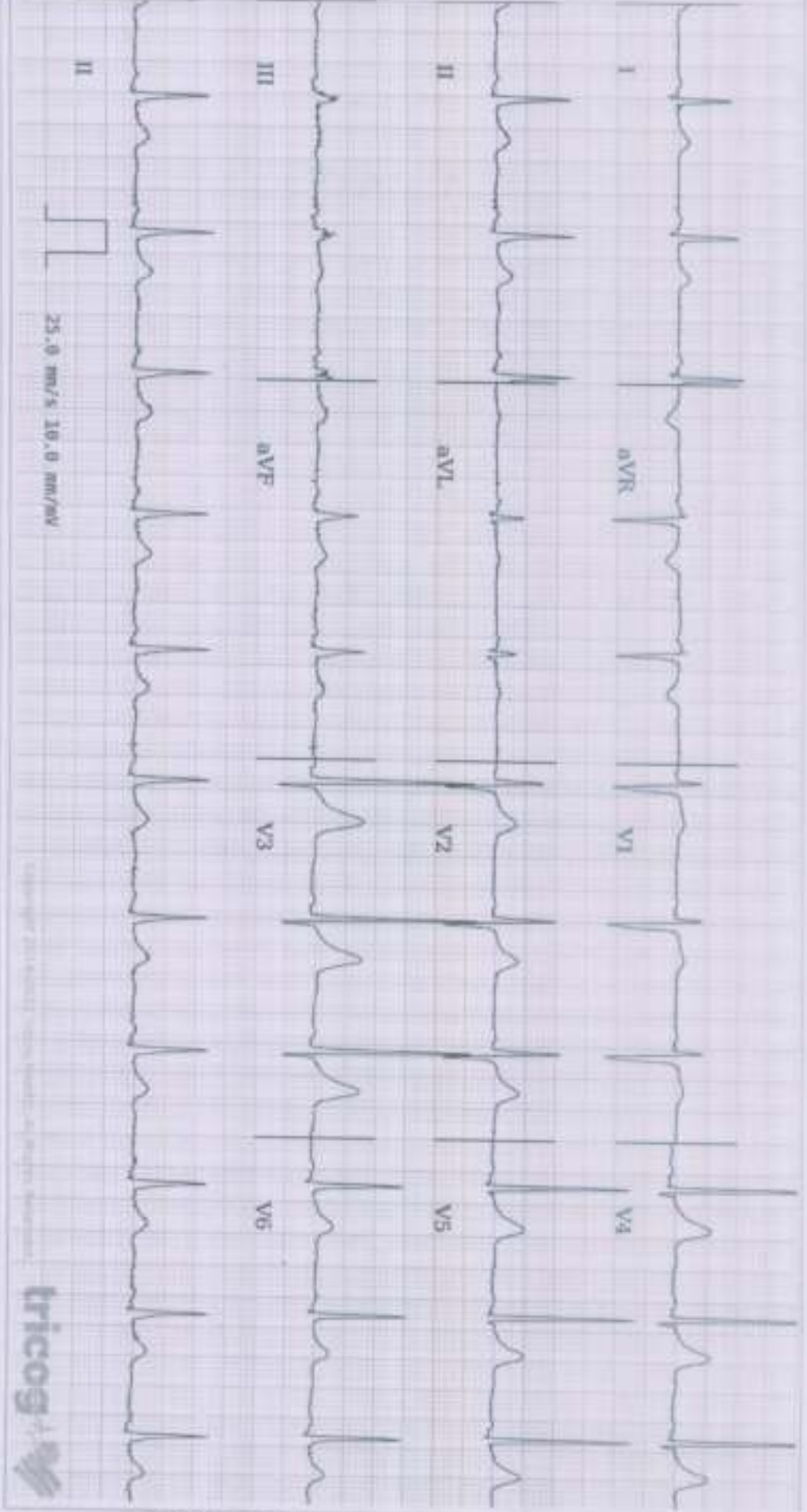
The skeleton under review appears normal.

Suggest clinico-pathological co-relation , further evaluation including 2D ECHO.

-----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=2023112708351400>



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



Age: 33 years, NA months, NA days
Gender: Male
Heart Rate: 70bpm
Patient Vitals
BP: 130/80 mmHg
Weight: 79 kg
Height: 173 cm
Pulse: NA
SpO2: NA
Resp: NA
Others:
Measurements
QRSd: 41ms
QT: 384ms
QTc: 337ms
PR: 134ms
P-R-T: 33° 44° 50°

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[Signature]

The speed to share and
share information
Reg No. 5023 MHA.C.

Suburban Diagnostics is not responsible for any errors or omissions in this report. The accuracy and reliability of this report are dependent on the information provided by the patient and the quality of the equipment used for the examination.

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Report



Email:

241 (2333100363) / JOHN NIGIL LINCEN / 33 Yrs / M / 173 Cms / 79 Kg
 Date: 27 / 11 / 2023 11:41:38 AM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:06	0:08	00.0	00.0	01.0	091	49 %	140/90	127	00	
Standing	00:13	0:05	00.0	00.0	01.0	100	53 %	140/90	140	00	
HV	00:20	0:07	00.0	00.0	01.0	100	53 %	140/90	140	00	
ExStart	00:27	0:07	00.0	00.0	01.0	099	53 %	140/90	138	00	
BRUCE Stage 1	03:27	3:00	01.7	10.0	04.7	134	72 %	140/90	187	00	
BRUCE Stage 2	06:27	3:00	02.5	12.0	07.1	160	86 %	150/90	240	00	
PeakEx	07:26	0:59	03.4	14.0	08.1	172	92 %	170/90	282	00	
Recovery	08:26	1:00	00.0	00.0	01.1	147	79 %	160/90	235	00	
Recovery	09:26	2:00	00.0	00.0	01.0	129	69 %	150/90	193	00	
Recovery	09:55	2:30	00.0	00.0	01.0	129	69 %	140/90	180	00	

FINDINGS :

Exercise Time : 06:59
 Initial HR (ExStrt) : 99 bpm 53% of Target 187
 Initial BP (ExStrt) : 140/90 (mm/Hg)
 Max Workload Attained : 8.1 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : II & -2.2 mm in Stage 2
 Test End Reasons : ... Heart Rate Achieved

Max HR Attained 172 bpm 92% of Target 187
 Max BP Attained 170/90 (mm/Hg)

DR KAVIN SHAH
 MBBS D CARD
 CARDIOLOGIST
 9483

Doctor : DR KAVIN SHAH



EMail: 2417308HN NIGIL LINCEN / 33 Yrs / M / 173 Cms / 79 Kg Date: 27 / 11 / 2023 11:41:38 AM

REPORT :

Sample Name: Stress Test Graded Exercise Treadmill

CONCLUSIONS:

1. Stress test is negative for ischemia at moderate workload.
2. No significant ST - T changes.
3. No evidence of arrhythmias.
4. Blood pressure response to exercise is normal.
5. Good effort tolerance.

DR KAVIN SHAH
MBBS D CARD
CARDIOLOGIST
3485

Doctor : DR KAVIN SHAH

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

SUPINE (00:01)

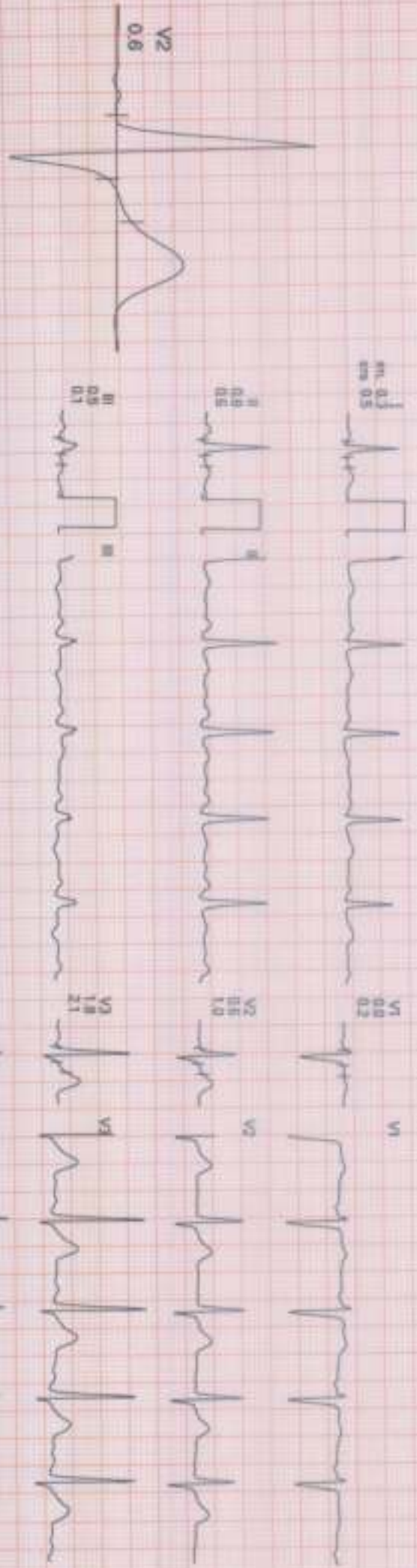


241 (2333100863) / JOHN MIGEL LINCEN / 33 Yrs / M / 173 Cms / 79 Kg / HR : 91

Date: 27 / 11 / 2023 11:41:39 AM METS: 1.0 / 91 bpm 49% of THR BP: 140/90 mmHg Raw ECG BLC ON Noct ON HF 0.05 HUALF 35 Hz

4X 80 ms Paper

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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

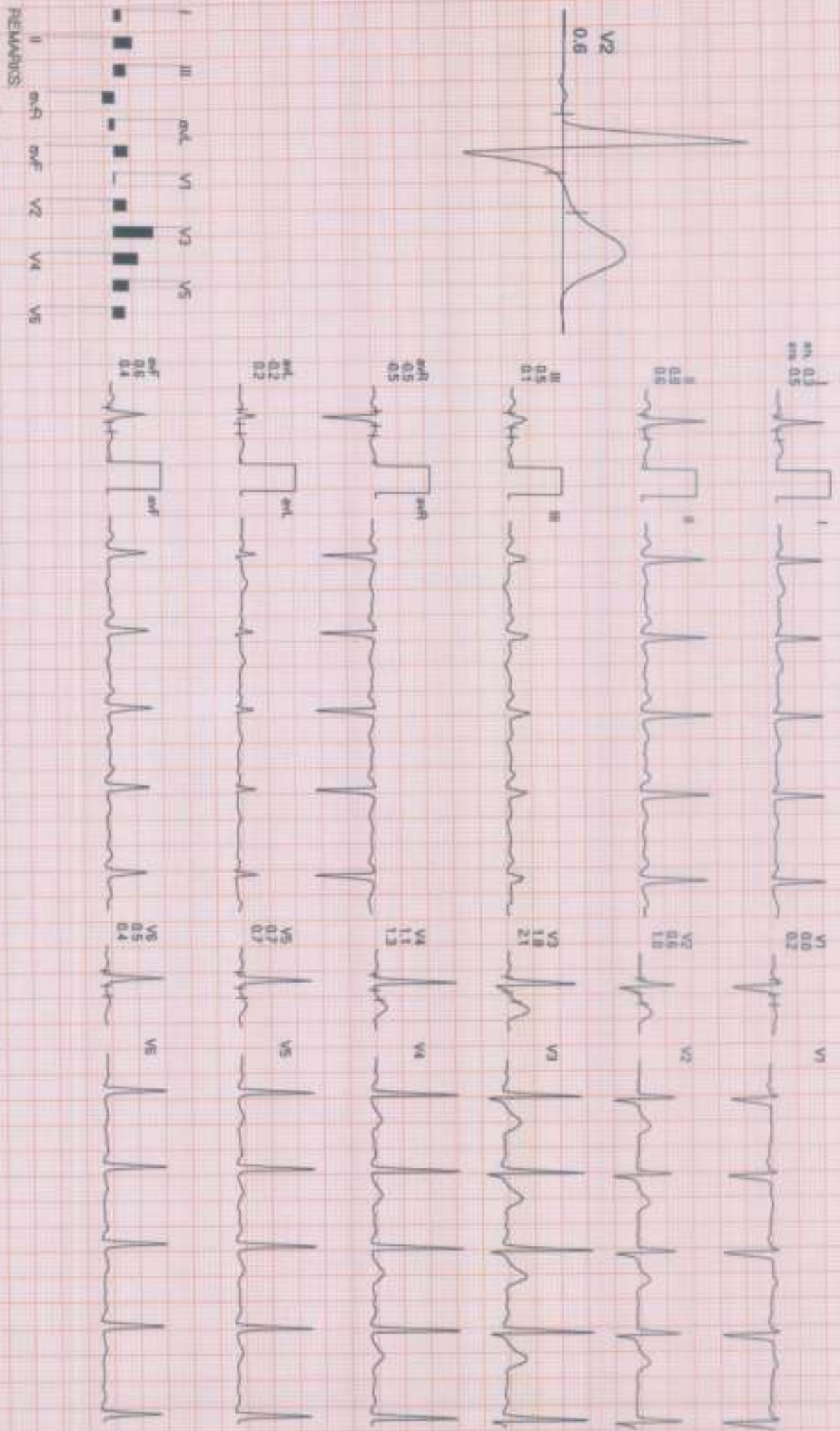
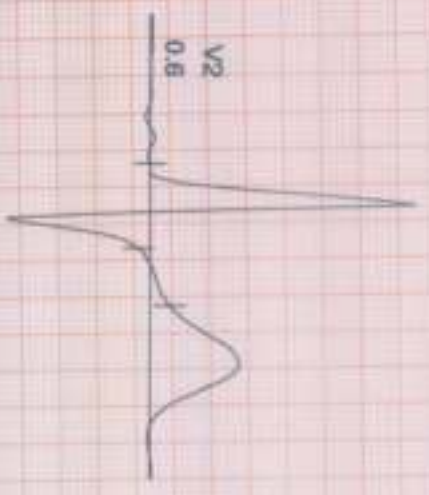
STANDING (00:00)

241 (233331003833) / JOHN NIGIL LINCEN / 33 Yrs / M / 173 Cms / 79 Kg / HR : 100

Date: 27 / 11 / 2023 11:41:38 AM METS: 1.07/100 bpm 53% of THR BP: 140/90 mmHg Raw ECG BLC ON Noch ON HF 0.05 Hz ALF 35 Hz

AX 30 sec Post 2

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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

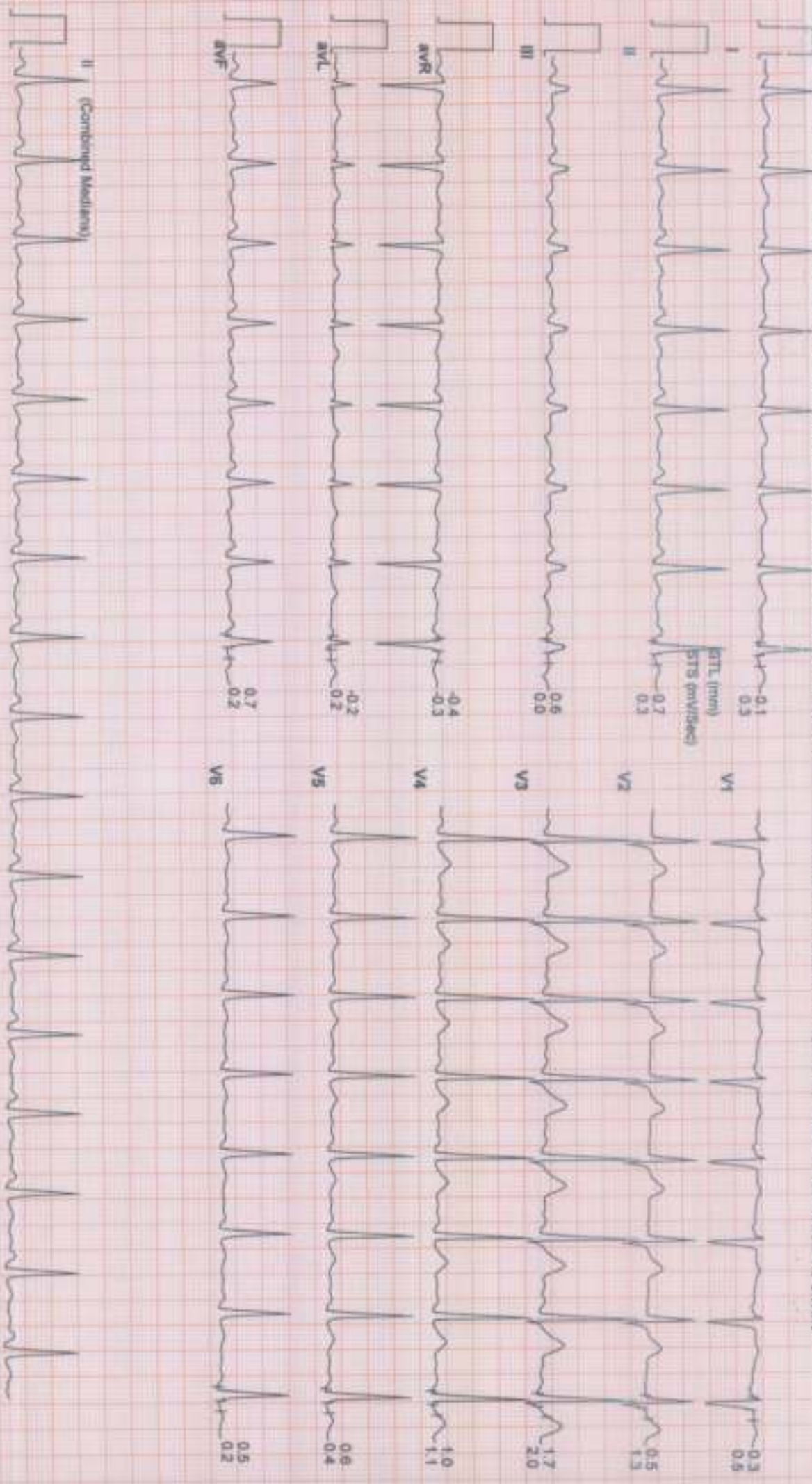
241 / JOHN NIGIL LINCEN / 33 Yrs / Male / 173 Cm / 79 Kg

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



Date: 27 / 11 / 2023 11:41:38 AM METN : 1.0 HR : 100 Target HR : 53% of 187 BP : 140/90 Post J @60ms/Sec

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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

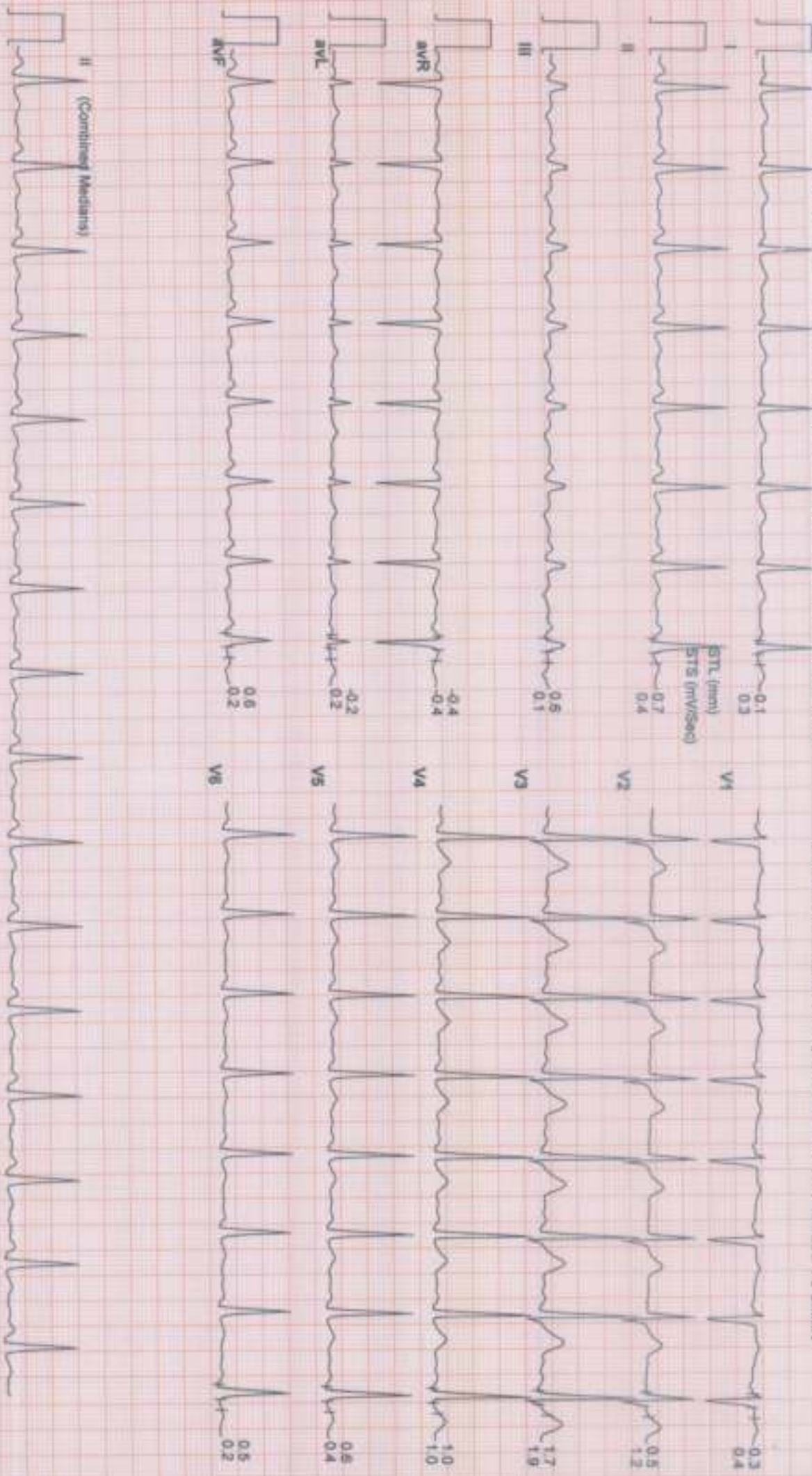
241 / JOHN NIGIL LINCEN / 33 Yrs / Male / 173 Cm / 79 Kg

6X2 Combine Medians + 1 Rhythm
ExStir



Date: 27 / 11 / 2023 11:41:36 AM METL: 1.0 HR : 99 Target HR : 53% of 187 BP : 140/90 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)

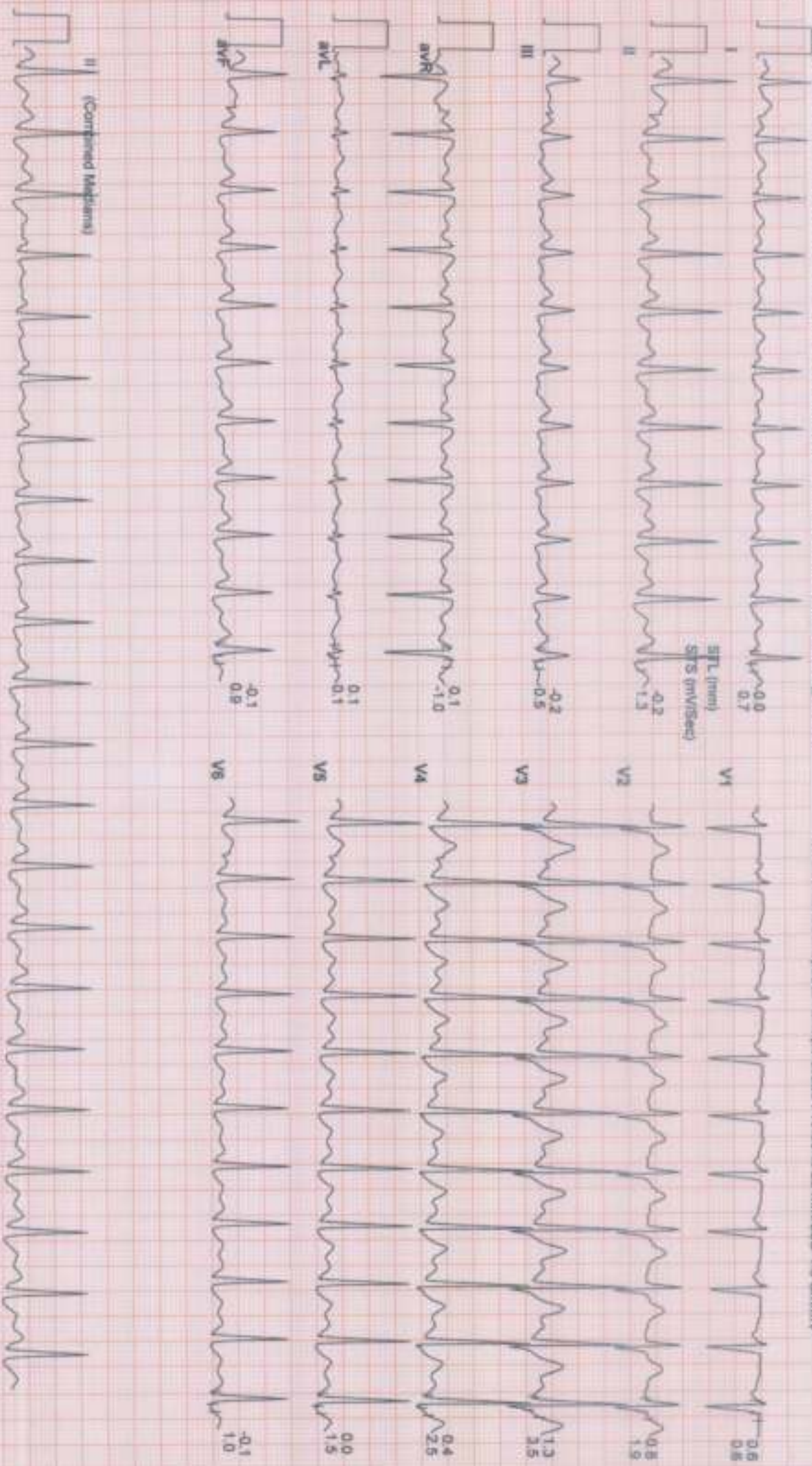
241 / JOHN NIGIL LINCEN / 33 Yrs / Male / 173 Cm / 79 Kg

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



Date: 27 / 11 / 2023 11:41:36 AM METs : 4.7 HR : 134 Target HR : 72% of 187 BP : 140/90 Post J @sonSec

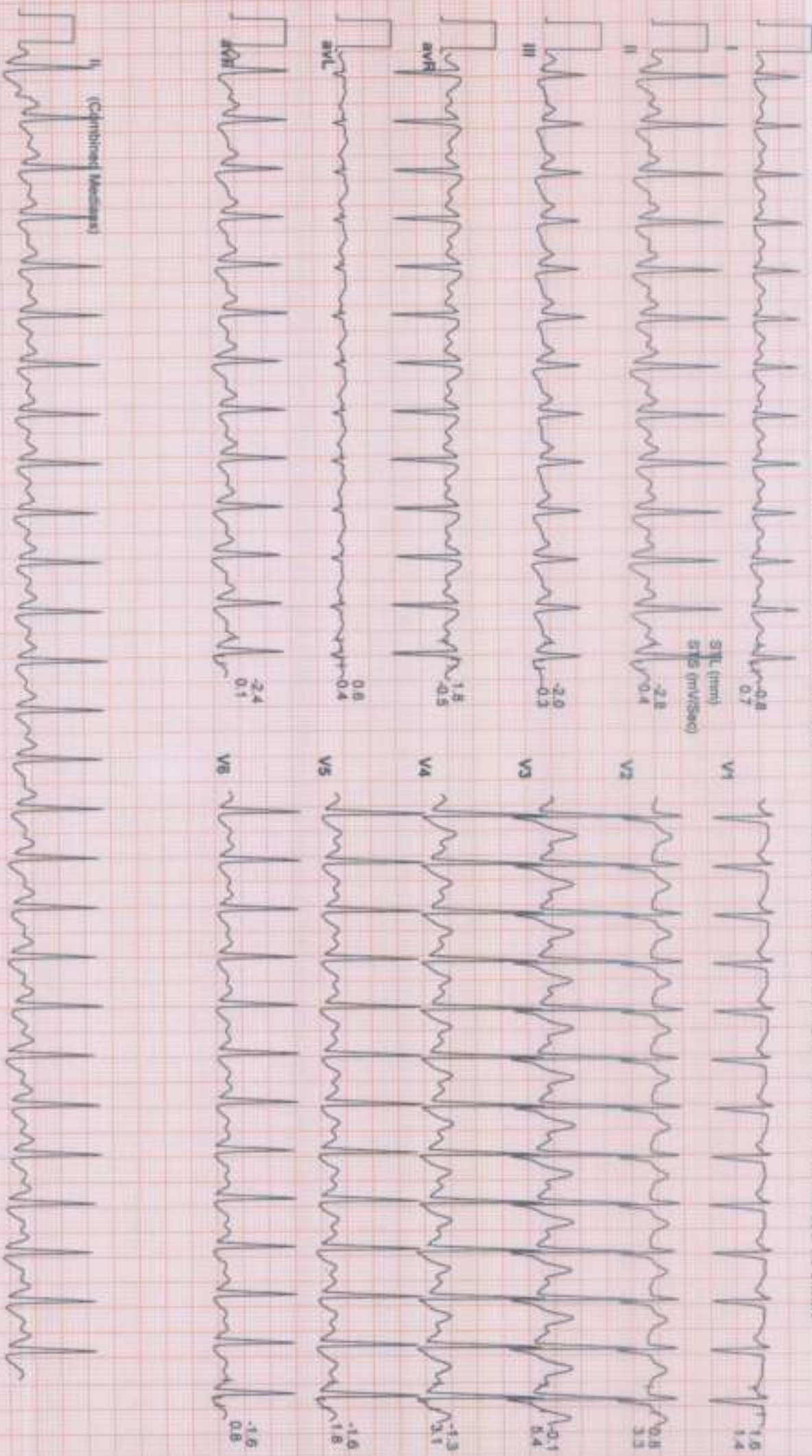
ExTime: 03:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec 1.0 Cm/mV





Date: 27 / 11 / 2023 11:41:38 AM METs : 7.1 HR : 160 Target HR : 80% of 197 BP : 150/90 Post J @60mSec

ExTime: 05:00 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/IV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

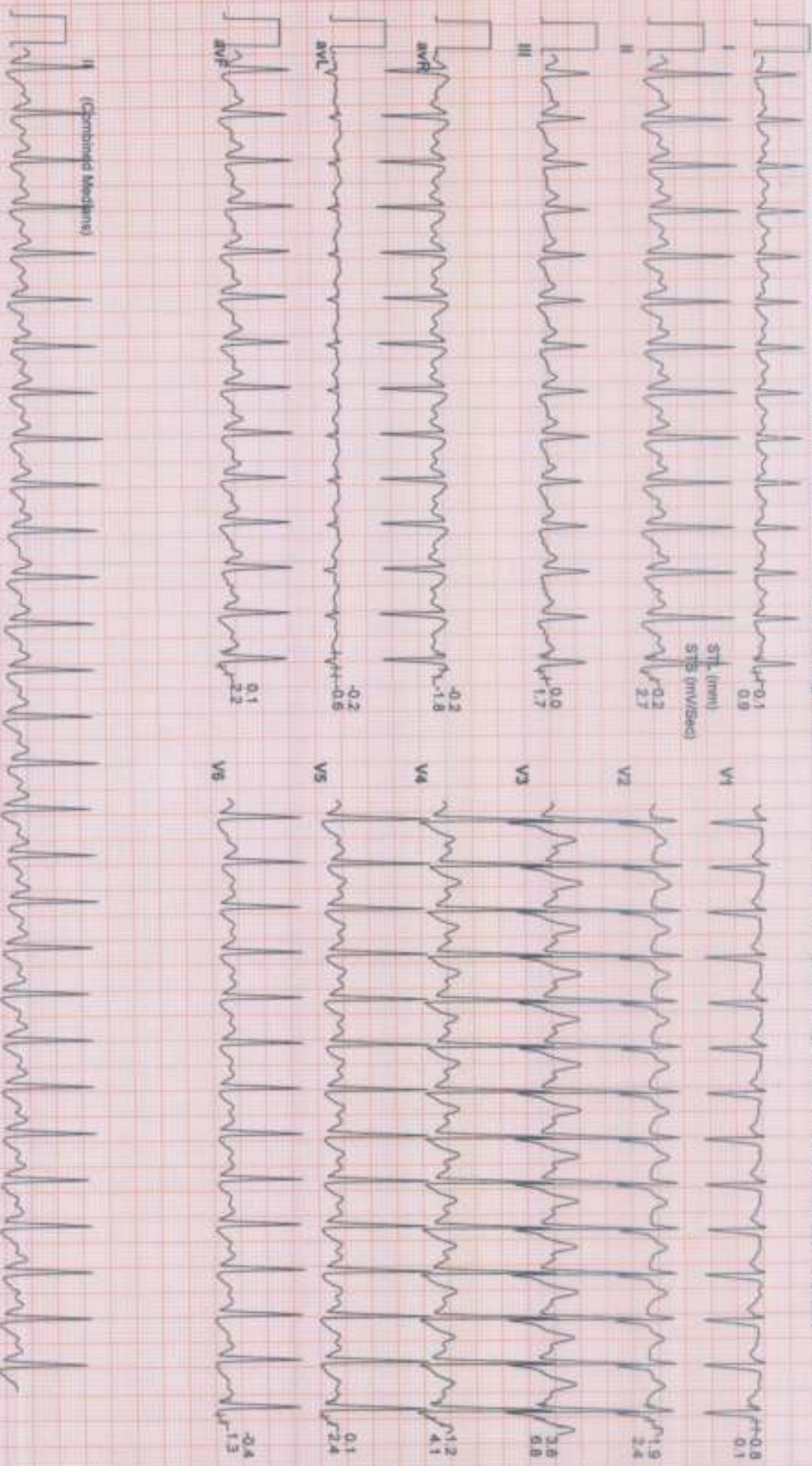
241 / JOHN NIGIL LINCEN / 33 Yrs / Male / 173 Cm / 79 Kg

6X2 Combine Medians + 1 Rhythm
PeakEx



Date: 27 / 11 / 2023 11:41:38 AM METs - 8.1 HR : 172 Target HR : 92% of 187 BP : 170/90 Post J @50mSec

ExTime: 06:59 Speed: 2.4 mph Grade : 14.00 % 25 mm/Sec 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

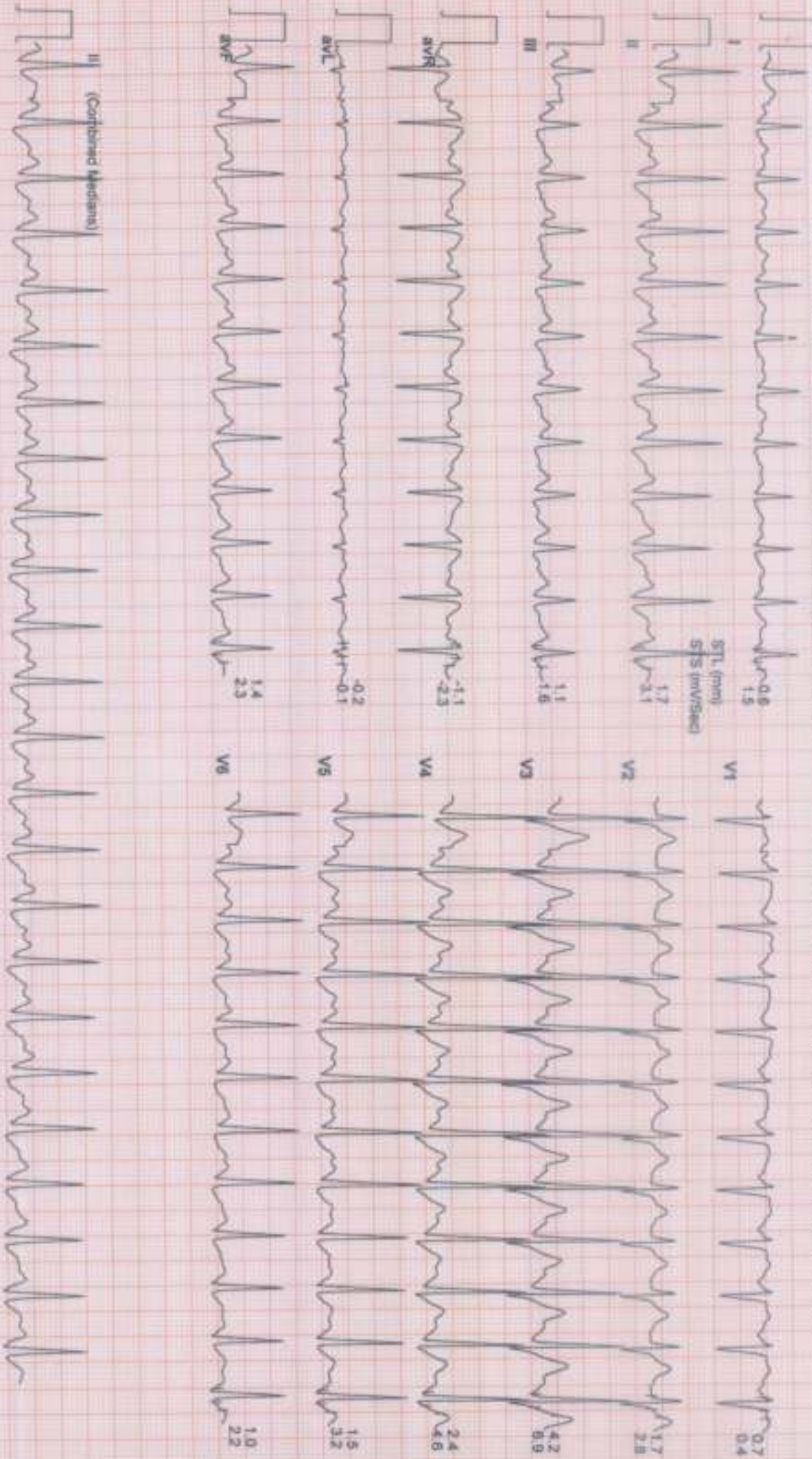
241 / JOHN NIGIL LINCEN / 33 Yrs / Male / 173 Cm / 79 Kg

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



Date: 27 / 11 / 2023 11:41:38 AM METS : 1.1 HR : 147 Target HR : 75% of 167 BP : 160/90 Post J GironSec

EXTime: 06:59 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec: 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

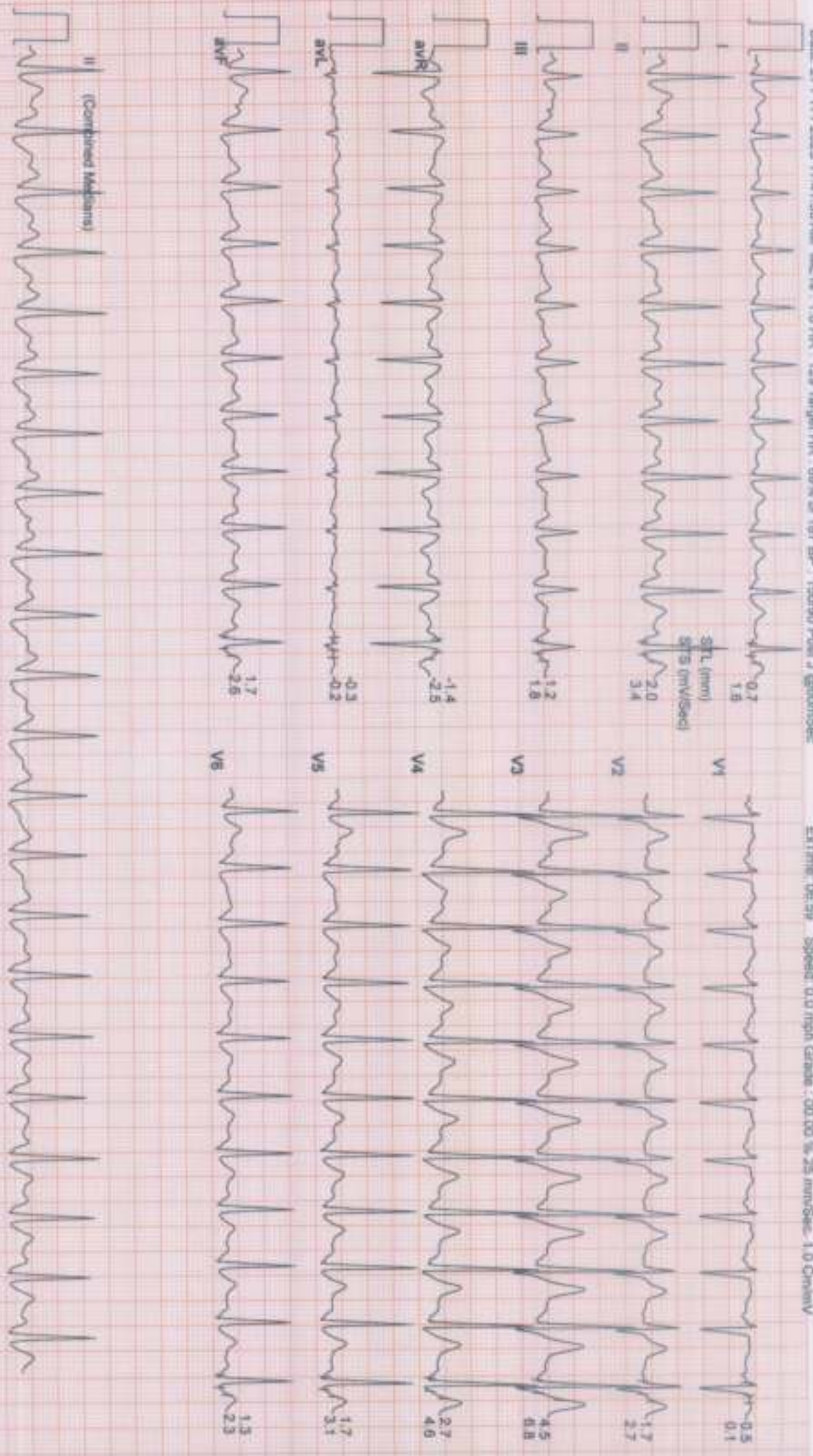
241 / JOHN NIGIL LINCEN / 33 Yrs / Male / 173 Cm / 79 Kg

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



Date: 27 / 11 / 2023 11:41:38 AM METs : 1.0 HR : 129 Target HR : 90% of 187 BP : 150/90 Post J @60msSec

EXTime: 09:59 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/InV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

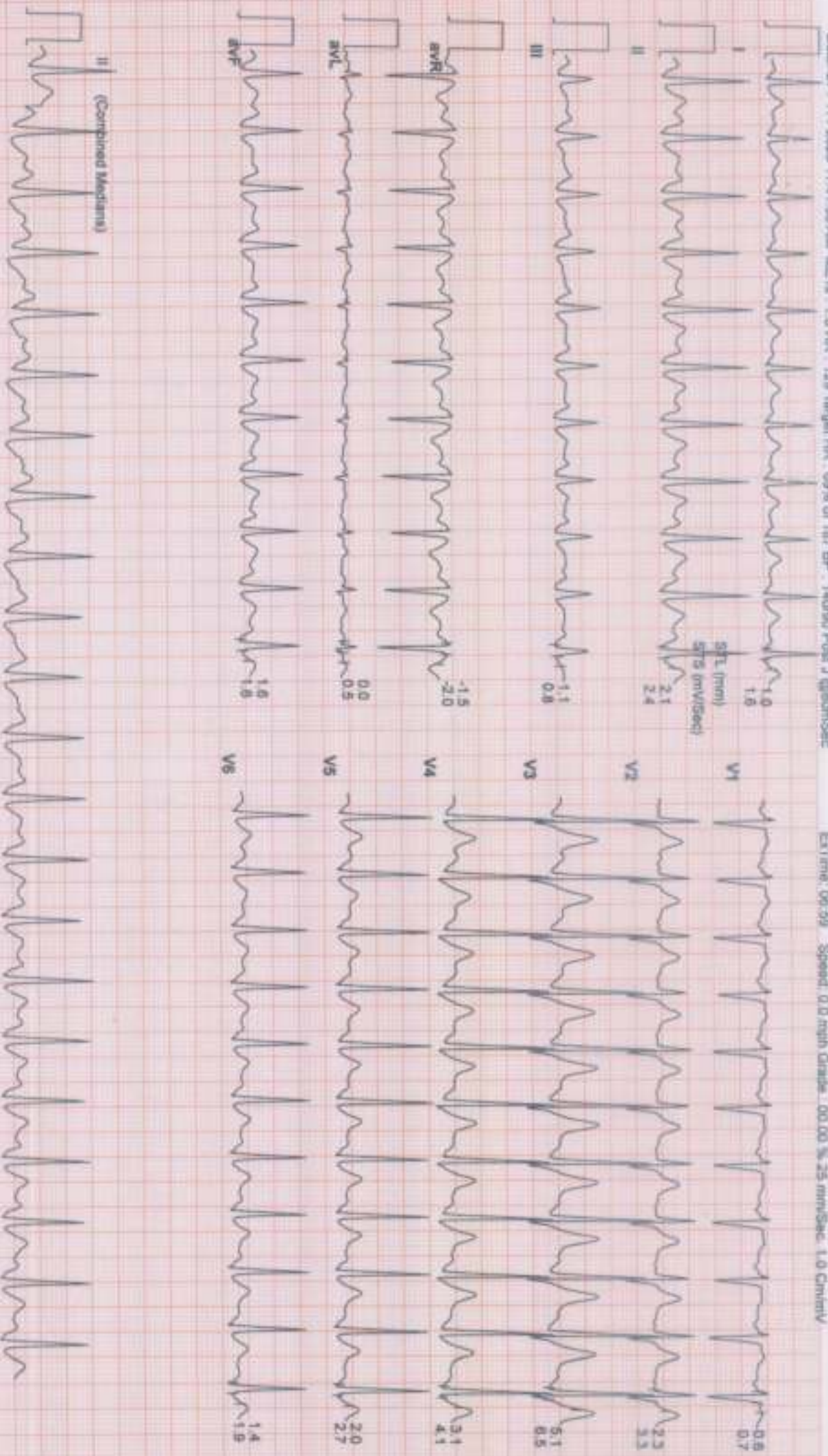
241 / JOHN NIGIL LINCEN / 33 Yrs / Male / 173 Cm / 79 Kg

6X2 Combine Medians + 1 Rhythm
Recovery : (02:30)



Date: 27 / 11 / 2023 11:41:38 AM METN : 1.0 HR : 129 Target HR : 89% of 187 BP : 140/90 Post J @80ns/Sec

ExTime: 06:59 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/Div





CID : 2333100363
Name : Mr LINCEN JOHN NIGIL
Age / Sex : 33 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 27-Nov-2023
Reported : 27-Nov-2023 / 9:29

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 11.2 x 3.9 cm. Left kidney measures 11.2 x 5.2 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

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

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

PROSTATE: Prostate is normal in size and echotexture and measures 3.0 x 3.4 x 2.5 cm in dimension and 13 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=2023112708351388>



CID : 2333100363
Name : Mr LINCEN JOHN NIGIL
Age / Sex : 33 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
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Reported : 27-Nov-2023 / 9:29

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023112708351388>