

PHYSICAL EXAMINATION REPORT

Patient Name	ATUL TAGADE	Sex/Age	M/40
Date	19-2-24	Location	PAITHANE

History and Complaints

C/O - Weakness
- Fatigue

EXAMINATION FINDINGS:

Height (cms):	183	Temp (0c):	
Weight (kg):	86.9	Skin:	Typha - Patches in Anusits.
Blood Pressure	150/100	Nails:	NAD
Pulse	76/min	Lymph Node:	

Systems :

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

Impression:

Borderline High B.P.
P/S/O - Thalassemia trait, ↑ HbA1c (Pre Diabetic)
↑ Chol, ↑ NonHDL, LDL.

Advice:

- Monitor B.P. & Iron supplement
- Low Fat, Low sugar Diet
Repeat Sugar Profile, Lipid Profile
after 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

Nil

Nil

Perianal Abscess, Spine surgery. (2)
(Rt. Leg) Limp (mild)

PERSONAL HISTORY:

- 1) Alcohol
- 2) Smoking
- 3) Diet
- 4) Medication

Yes (occ)
3-4 times/month.
Mixed.

[Signature]
20/2/24
Dr. Manasee Kulkarni
M.B.B.S
2005/09/3439

Date:- 18/12/24
Name:- Atul Tugade
CID: B08
Sex / Age: M-40

EYE CHECK UP

Chief complaints: PCO

Systemic Diseases: DM

Past history: HT

Unaided Vision: 34/60 20/200

Aided Vision:

Refraction:

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

Colour Vision: Normal / Abnormal

Remark: Coe Vm

MR. PRAKASH KUDWA
SR. OPTOMETRIST

Authenticity Check



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CID : 2405002222
Name : MR. TAGADE ATUL SUDHAKAR
Age / Gender : 40 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 19-Feb-2024 / 12:00
Reported : 19-Feb-2024 / 15:50

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	13.5	13.0-17.0 g/dL	Spectrophotometric
RBC	6.10	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.4	40-50 %	Measured
MCV	72.7	80-100 fl	Calculated
MCH	22.2	27-32 pg	Calculated
MCHC	30.5	31.5-34.5 g/dL	Calculated
RDW	15.4	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5420	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	40.8	20-40 %	
Absolute Lymphocytes	2211.4	1000-3000 /cmm	Calculated
Monocytes	7.3	2-10 %	
Absolute Monocytes	395.7	200-1000 /cmm	Calculated
Neutrophils	50.2	40-80 %	
Absolute Neutrophils	2720.8	2000-7000 /cmm	Calculated
Eosinophils	1.6	1-6 %	
Absolute Eosinophils	86.7	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	5.4	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	300000	150000-400000 /cmm	Elect. Impedance
MPV	10.3	6-11 fl	Calculated
PDW	15.1	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	+
Microcytosis	Mild



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Macrocytosis	-
Anisocytosis	Mild
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Elliptocytes-occasional
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	Features suggest thalassemia trait.

Advice : Hb Electrophoresis & Reticulocyte count estimation recommended.

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 5 2-15 mm at 1 hr. Sedimentation

Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- 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 Inert
- Bridger ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

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*** End Of Report ***

Dr. VANDANA KULKARNI
M.D (Path)
Pathologist

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	98.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: > / = 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	101.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: > / = 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
KIDNEY FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	16.0	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	7.5	6-20 mg/dl	Calculated
CREATININE, Serum	1.03	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	94	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: <15	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	5.1	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
AG RATIO, Serum	2.2	1 - 2	Calculated
URIC ACID, Serum	6.7	3.5-7.2 mg/dl	Uricase
PHOSPHORUS, Serum	3.2	2.7-4.5 mg/dl	Ammonium molybdate
CALCIUM, Serum	9.9	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	139	135-148 mmol/l	ISE
POTASSIUM, Serum	5.1	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	99	98-107 mmol/l	ISE

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

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*** End Of Report ***

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: > / = 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	125.5	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.

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*** End Of Report ***

V. Vandana Kulkarni
Dr. VANDANA KULKARNI
M.D (Path)
Pathologist



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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
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	1.020	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legal's Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	1-2	Less than 20/hpf	
Others	-		

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein (1+ = 25 mg/dl , 2+ =75 mg/dl , 3+ = 150 mg/dl , 4+ = 500 mg/dl)
- Glucose(1+ = 50 mg/dl , 2+ =100 mg/dl , 3+ =300 mg/dl ,4+ =1000 mg/dl)
- Ketone (1+ =5 mg/dl , 2+ = 15 mg/dl , 3+ = 50 mg/dl , 4+ = 150 mg/dl)

Reference: Pack insert

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Dr. VANDANA KULKARNI
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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
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 Rh 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. ABB technical manual

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	209.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	86.5	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	50.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	159.6	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	143.0	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	16.6	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.9	0-3.5 Ratio	Calculated

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Dr. VANDANA KULKARNI
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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.8	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.2	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.02	0.35-5.5 microIU/ml mIU/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 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. Tietz, Text Book of Clinical Chemistry and Molecular Biology -5th Edition
4. Biological Variation: From principles to Practice-Callum G Fraser (AACC Press)

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Dr. Imran Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist

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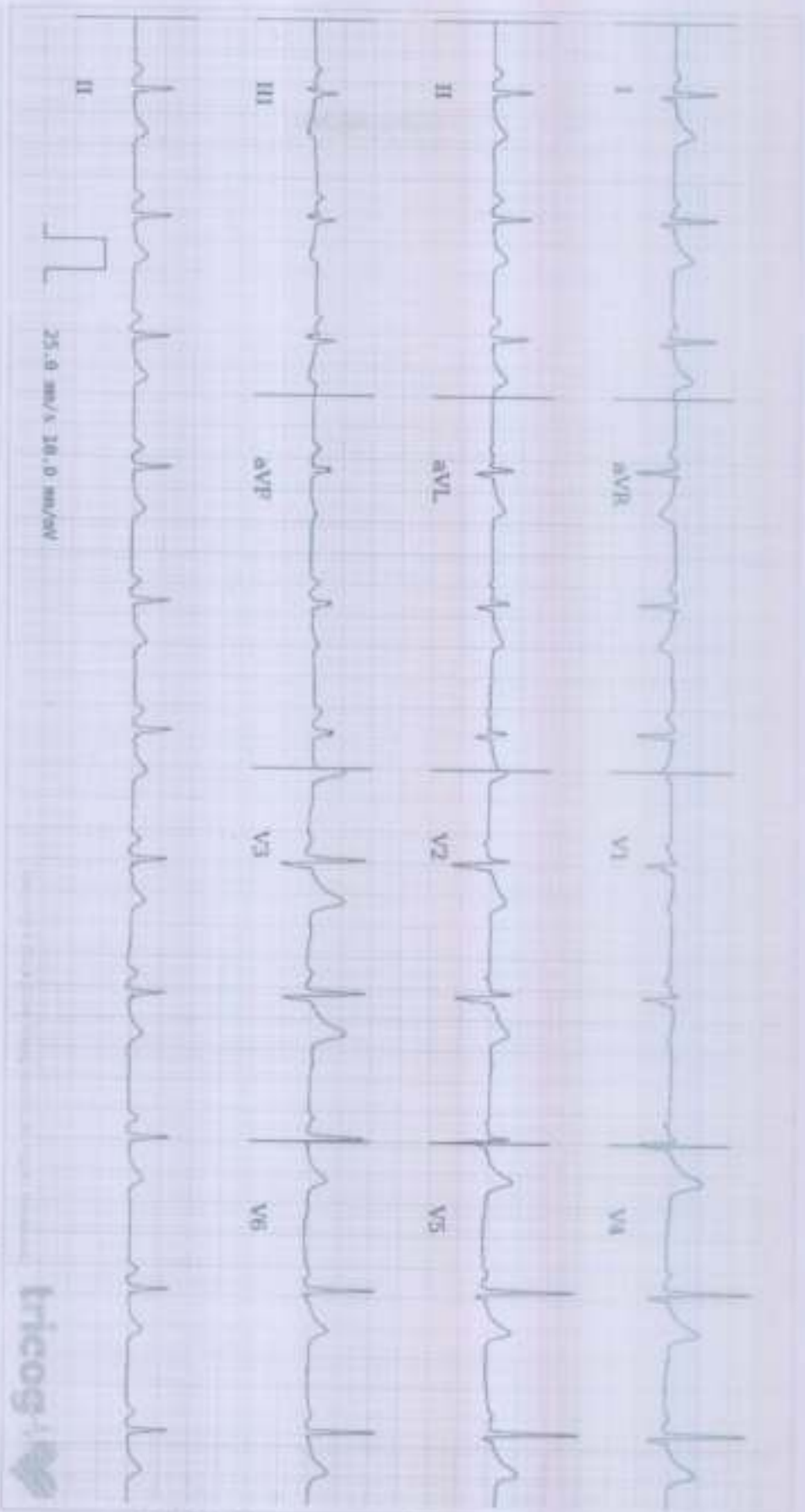
MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT
LIVER FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.56	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.25	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.31	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	5.1	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
AVG RATIO, Serum	2.2	1 - 2	Calculated
SGOT (AST), Serum	27.2	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	25.0	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	46.6	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	120.9	40-130 U/L	PNPP

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*** End Of Report ***

Vandana Kulkarni
Dr. VANDANA KULKARNI
MD (Path)
Pathologist

SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST
 Patient Name: TAGADE ATUL SUDHAKAR Date and Time: 19th Feb 24 12:20 PM
 Patient ID: 24050022222



ECG Within Normal Limits: Sinus Arrhythmia Seen, Sinus Rhythm. Please correlate clinically.

Age: 40 NA NA
 years months days

Gender: Male

Heart Rate: 69bpm

Patient Vitals

- BP: NA
- Weight: NA
- Height: NA
- Pulse: NA
- SpO2: NA
- Resp: NA
- Others:

Measurements

- QRSd: 90ms
- QT: 390ms
- QTcB: 417ms
- PR: 134ms
- P-R-T: 69° 48° 23°



REPORTED BY

[Signature]

DR. SHARAD K. PILLAI
 MBBS, MD (Physio)
 MD (Psych)
 MRCPSY

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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-----

G. R. Fartade

Dr. GAURAV FARTADE
MBBS, DMRE
Reg No -2014/04/1786
Consultant Radiologist

Click here to view images [http://3.111.232.119/IRISViewer/NeoradViewer?
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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 9.9 x 4.2 cm. Left kidney measures 9.0 x 4.7D 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 3.1 x 2.9 x 4.0 cm in dimension and 19 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=2024021911594870>

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2405002222
Name : Mr TAGADE ATUL SUDHAKAR
Age / Sex : 40 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre

Reg. Date : 19-Feb-2024
Reported : 19-Feb-2024 / 12:58

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=2024021911594870>

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Email:

883 (2405002222) / TAGADE ATUL / 40 Yrs / M / 183 Cms / 86 Kg
 Date: 19 / 02 / 2024 12:39:04 PM

Report



Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	%THR	BP	Rpp	PVC	Comments
Supine	00:13	0:13	00.0	00.0	01.0	091	51%	130/90	118	00	
Standing	00:23	0:10	00.0	00.0	01.0	097	54%	130/90	126	00	
HV	00:33	0:10	00.0	00.0	01.0	097	54%	130/90	126	00	
ExStart	00:43	0:10	00.0	00.0	01.0	104	58%	130/90	135	00	
BRUCE Stage 1	03:45	3:00	01.7	10.0	04.7	142	79%	140/90	188	00	
BRUCE Stage 2	06:43	3:00	02.5	12.0	07.1	158	88%	150/90	237	00	
PeakEX	06:52	0:09	03.4	14.0	07.3	158	88%	150/90	252	00	
Recovery	07:52	1:00	00.0	00.0	01.1	140	78%	160/90	224	00	
Recovery	08:52	2:00	00.0	00.0	01.0	118	66%	160/80	188	00	
Recovery	09:52	3:00	00.0	00.0	01.0	115	64%	140/90	161	00	
Recovery	09:54	3:03	00.0	00.0	01.0	116	64%	140/90	161	00	

FINDINGS :

Exercise Time : 06:09
 Initial HR (ExStrt) : 104 bpm 58% of Target 180
 Initial BP (ExStrt) : 130/90 (mm/Hg)
 Max Workload Attained : 7.3 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : II & -4.3 mm In PeakEX
 History : No
 Test End Reasons : Heart Rate Achieved

Max HR Attained 158 bpm 88% of Target 180
 Max BP Attained 160/90 (mm/Hg)

Dr. SHAILAJA PILLAI

M.D. (GEN.MED)

R.NO. 49972

Doctor : DR. SHAILAJA PILLAI



REPORT :

Sample Name: Stress Test Graded Exercise Treadmill

PROCEDURE DONE: Graded exercise treadmill stress test

STRESS ECG RESULTS: The Initial HR was recorded as 97.0 bpm, and the maximum predicted Target Heart Rate 180.0. The BP increased at the time of generating report as 160/90.0 mmHg The Max Dep went upto 0.2. 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.

Doctor : DR. SHAILAJA PILLAI

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

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

883 (24050022222) / TAGADE ATUL / 40 Yrs / M / 183 Cms / 86 Kg / HR : 91

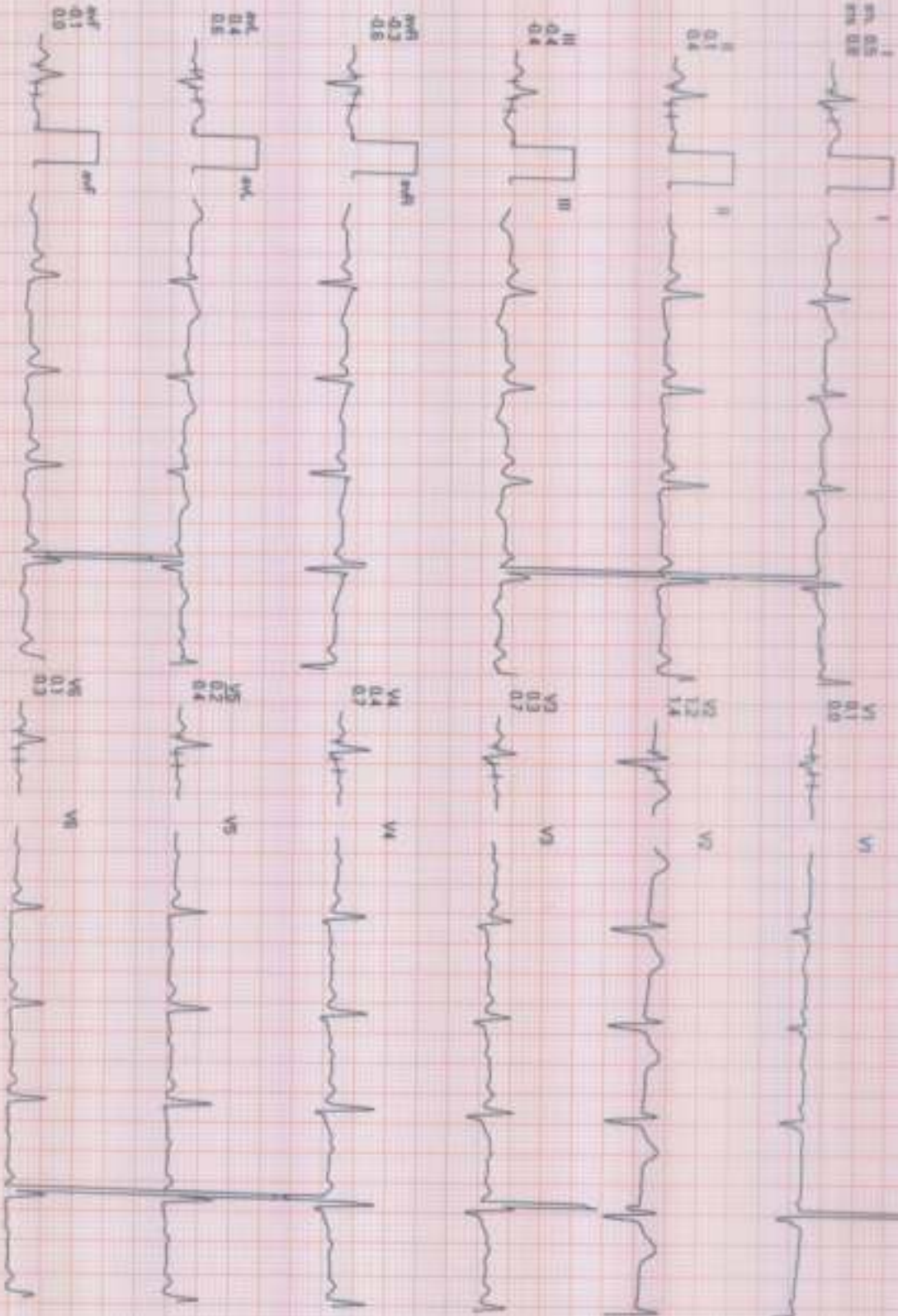
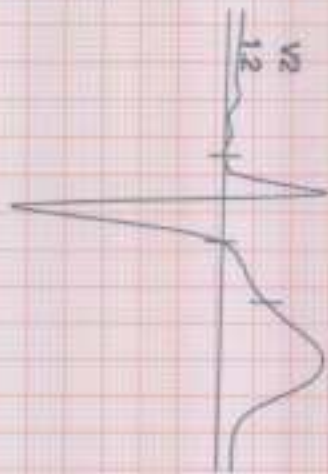
Date: 19/02/2024 12:35 04 PM METS: 1.0/91 bpm 51% d-THER BP: 130/99 mmHg Raw ECG/BLC On/Noch On/HR 0.05 Hz/CF 35 Hz

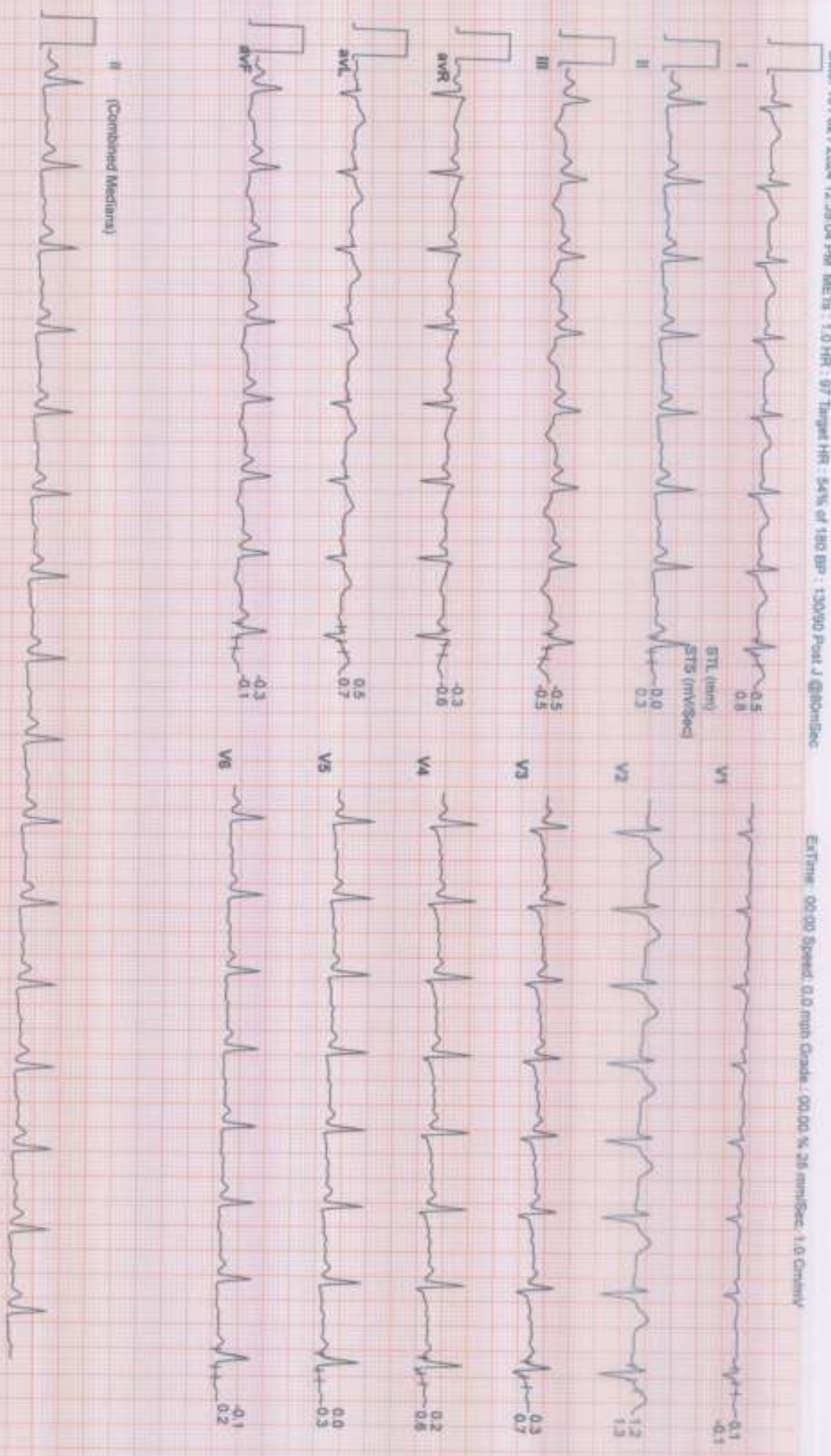
4X 80 ml Page 1

SUPINE (00:01)



ExTime: 00:08 0.0 msp 0.0%
25 mm/Sec 1.0 Div/Div





II (Combined Medians)

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

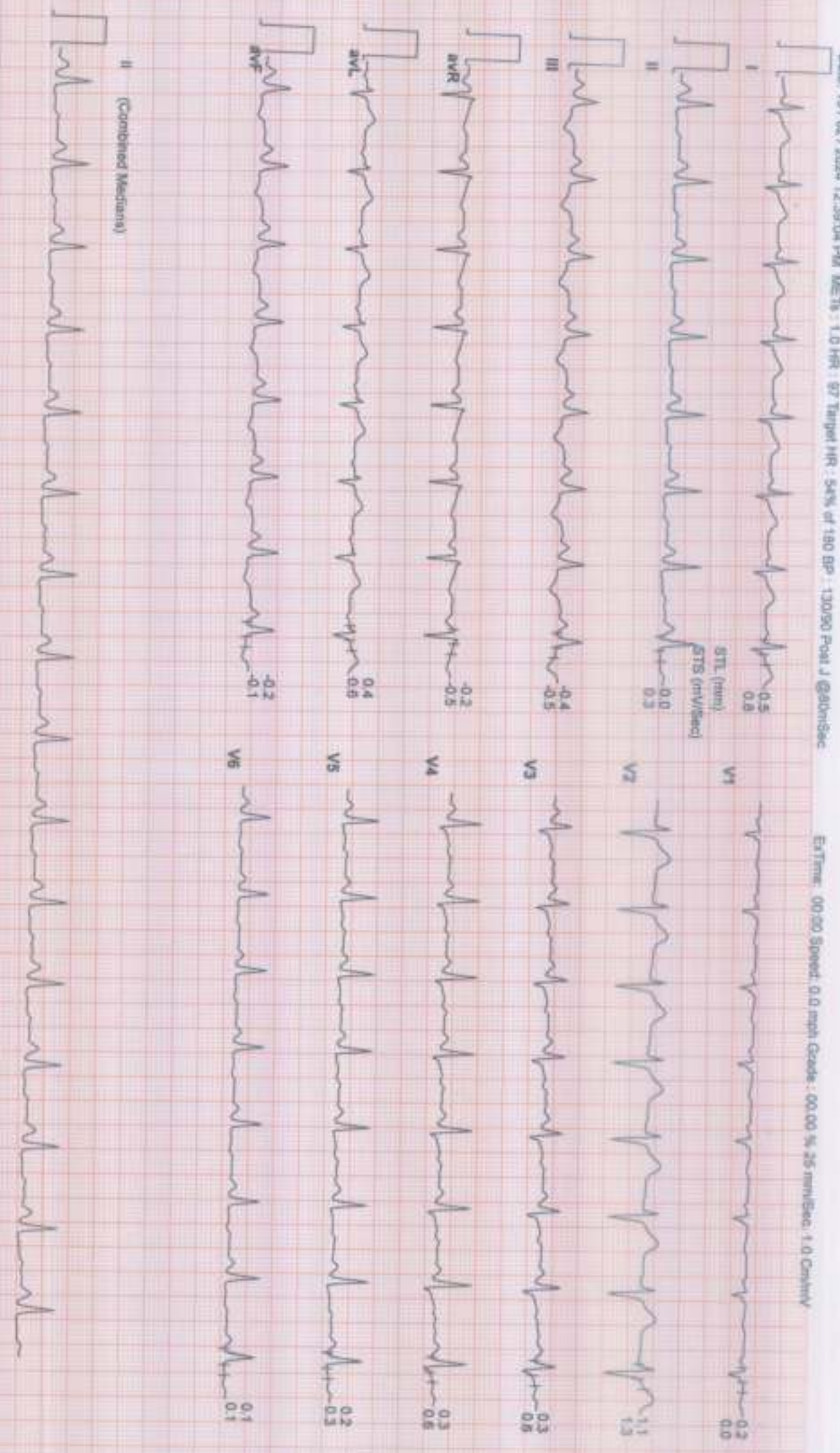
883 / TAGADE ATUL / 40 Yrs / Male / 183 Cm / 66 Kg

Date: 19 / 02 / 2024 12:39:04 PM METs : 1.0 HR : 97 Target HR : 54% of 180 BP : 130/90 Post J @90mSec

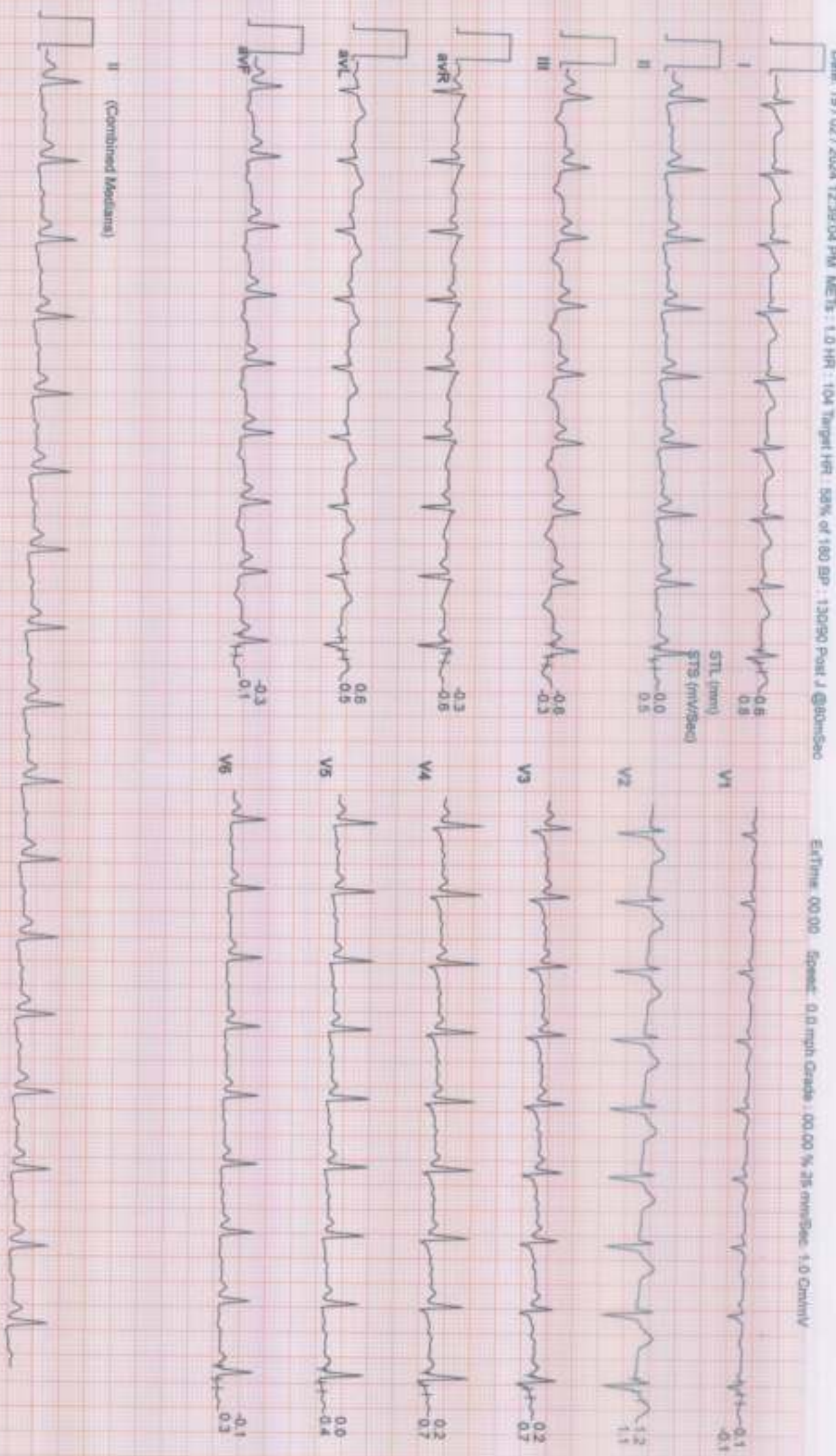
ExtTime: 00:20 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec: 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm

HV (00:00)



6X2 Combine Medians + 1 Rhythm
ExStrt



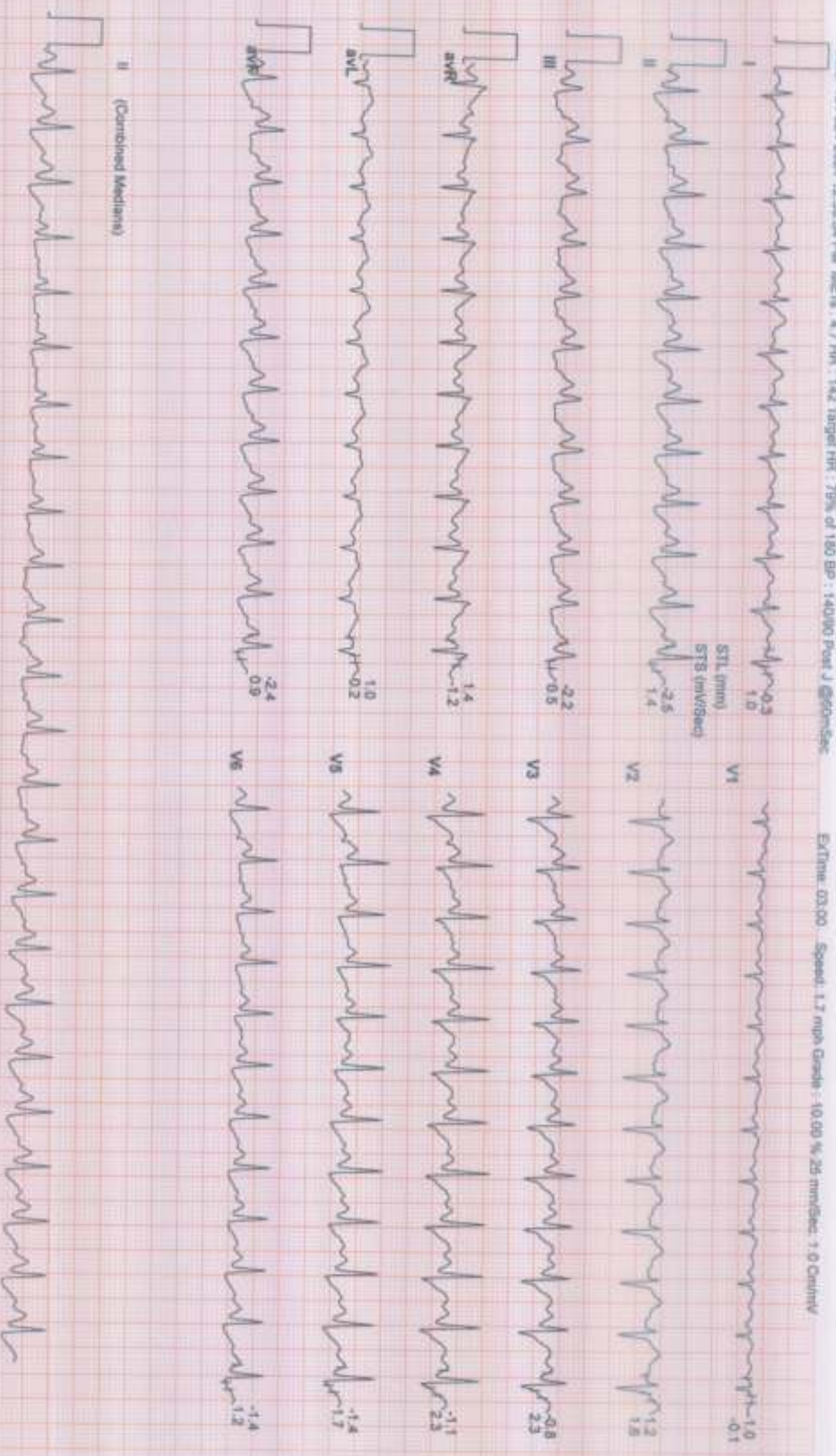
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

883 / TAGADE ATUL / 40 Yrs / Male / 183 Cm / 86 Kg

Date: 19/02/2024 12:39:04 PM METs : 4.7 HR : 142 Target HR : 75% of 180 BP : 140/90 Post J @Sec=Sec

Extra: 03:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec: 1.0 Cm/IV

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



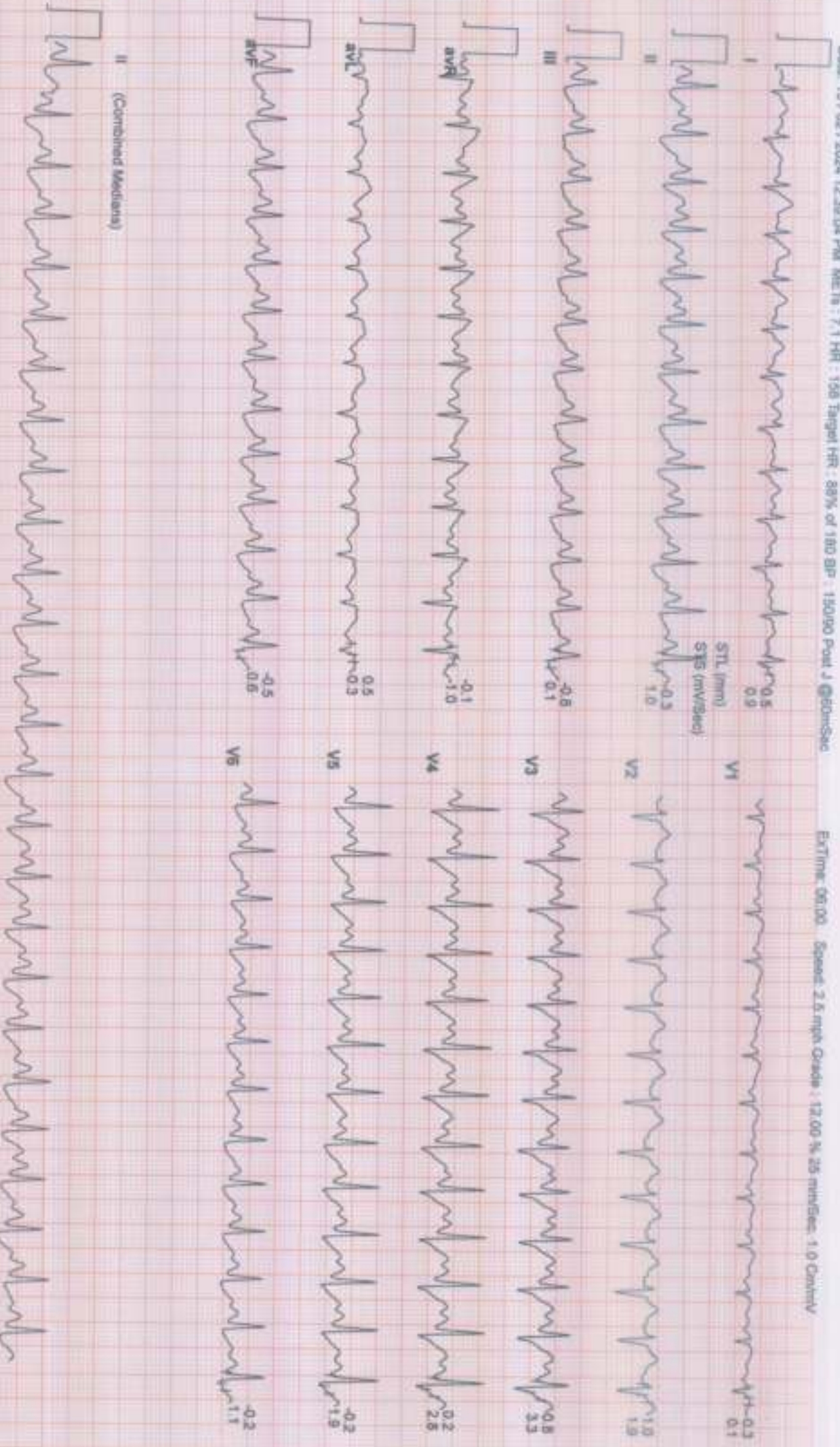
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

883 / TAGADE ATUL / 40 Yrs / Male / 183 Cm / 98 Kg

Date: 19 / 02 / 2024 12:39:04 PM METs : 7.1 HR : 198 Target HR : 88% of 180 BP : 150/90 Post J @EdmsSec

ExTime: 06:00 SpO2: 2.5 rmp Grade : 12.00 % 25 mm/Sec, 1.0 Cm/mV

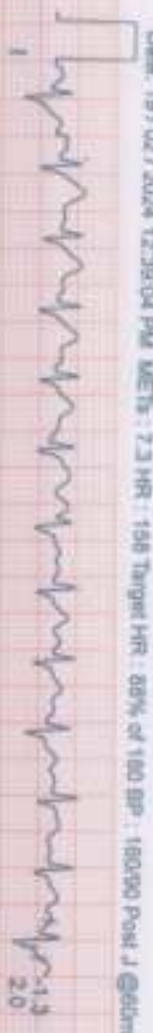
6X2 Combine Medians + 1 Rhythm
BRUCE : Stage 2 (03:00)





Date: 19 / 02 / 2024 12:35:04 PM METs : 7.3 HR : 166 Target HR : 85% of 160 BP : 160/90 Post J @GdmSec

ExTime: 06:09 Speed: 3.4 mph Grade : 14.00 % 25 min/Sec 1.0 Cm/mV



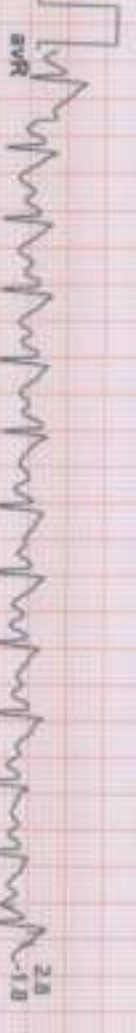
I V1 0.9



II V2 3.1



III V3 3.8



aVR V4 1.9

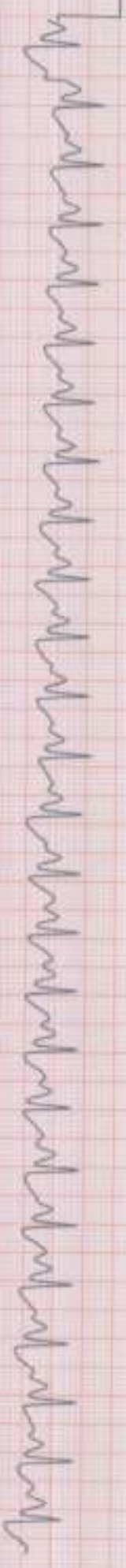


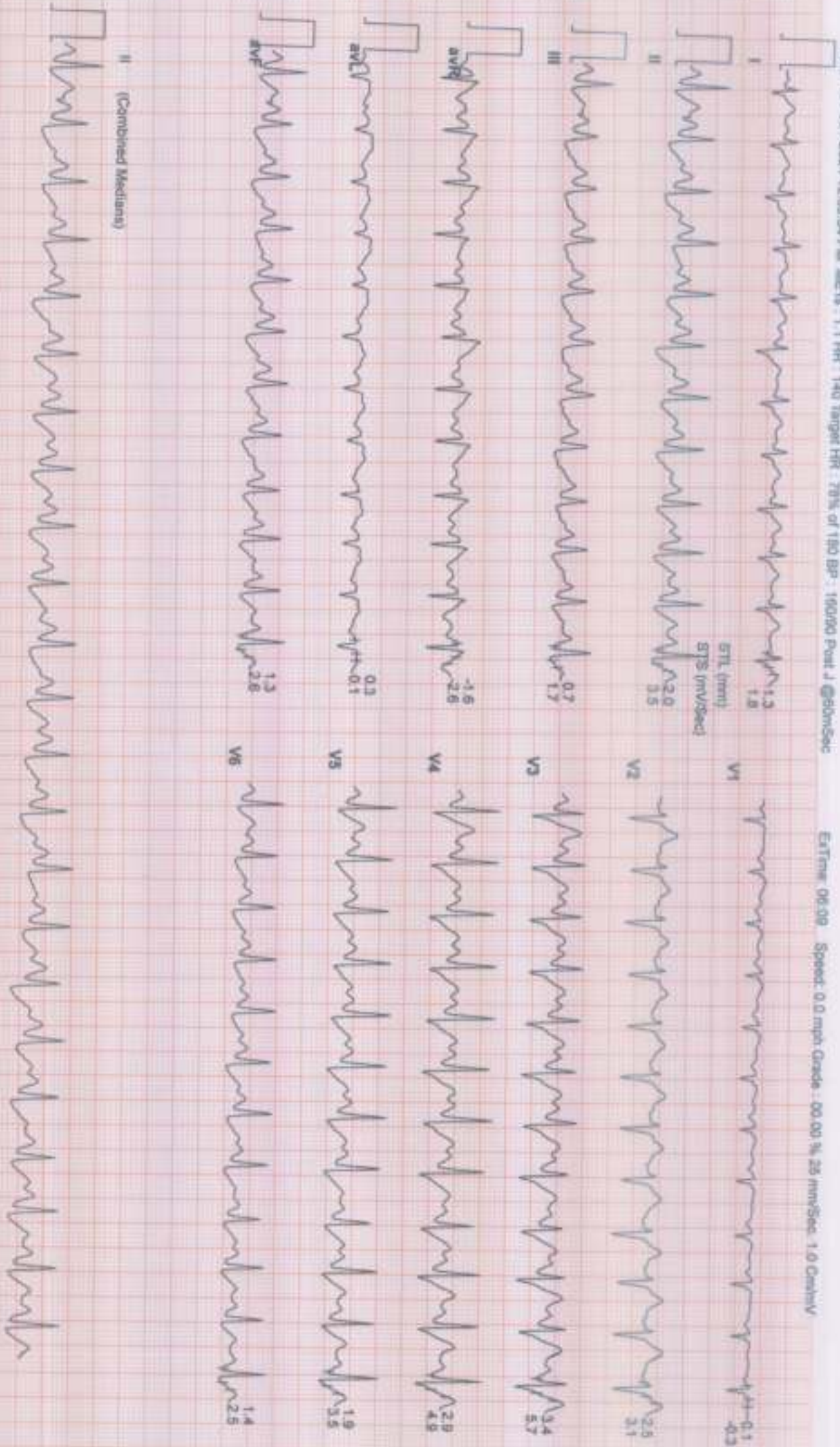
aVL V5 2.3



aVF V6 2.3

II (Combined Medians)





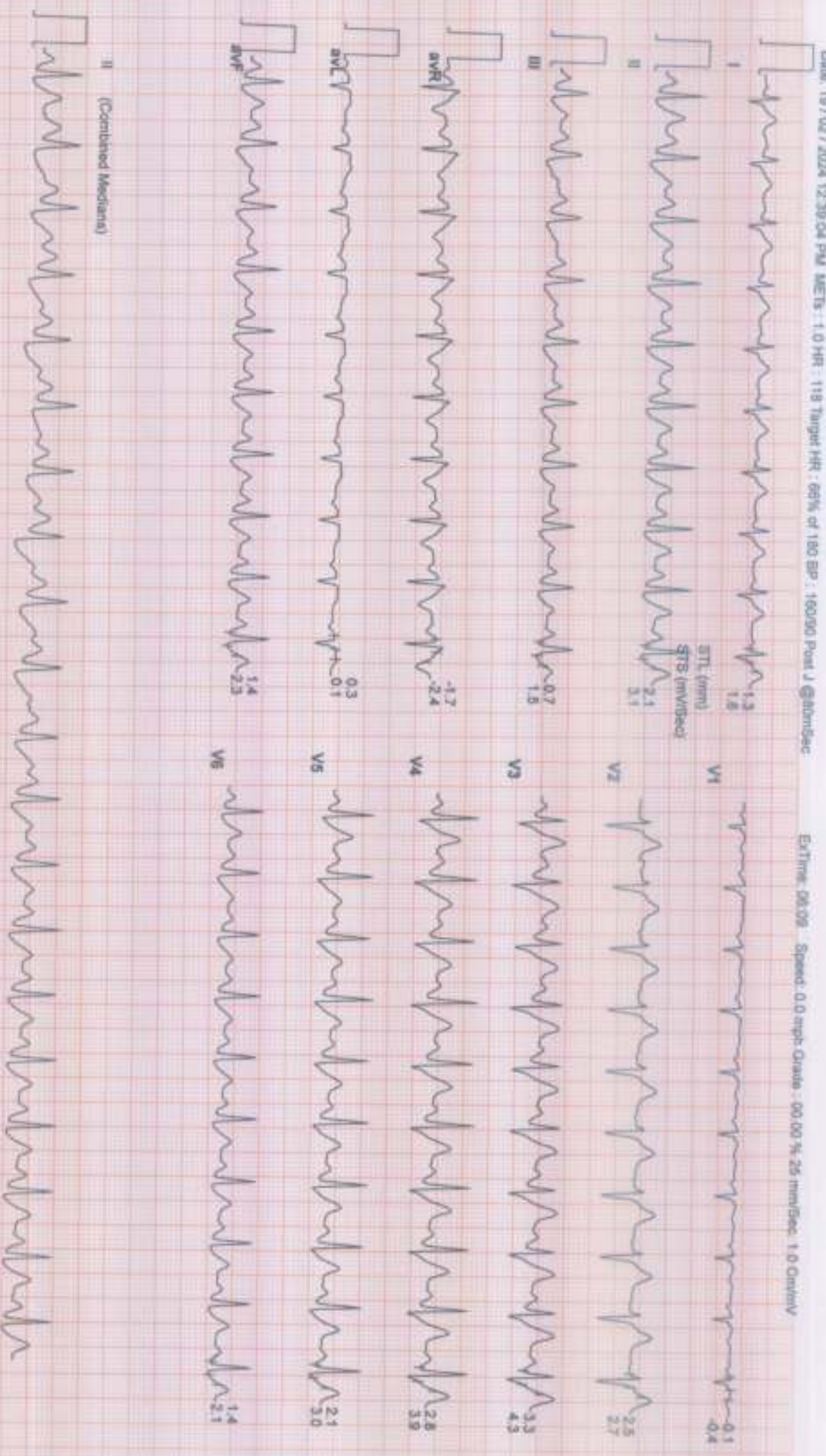
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

883 / TAGADE ATUL / 40 Yrs / Male / 183 Cm / 96 Kg

Date: 19 / 02 / 2024 12:36:04 PM METS : 1.0 HR : 119 Target HR : 66% of 180 BP : 160/90 Post J Galton&Soc

ExTime: 06:05 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV

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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

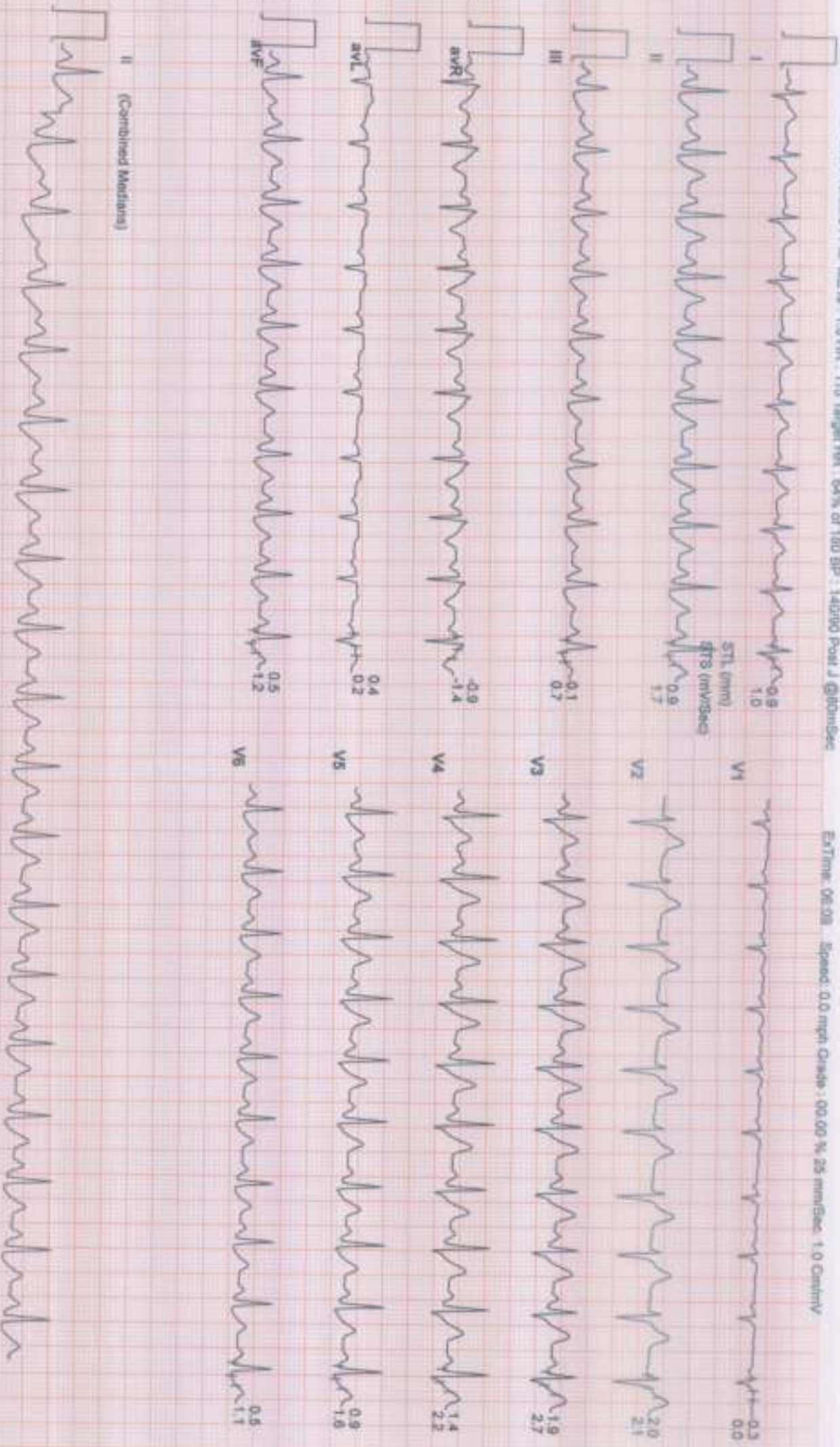
883 / TAGADE ATUL / 40 Yrs / Male / 183 Cm / 86 Kg

Date: 19 / 02 / 2024 12:36:04 PM METs : 1.0 HR : 115 Target HR : 64% of 180 BP : 140/90 Post J @GibsonSec

ExTime: 06:58 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm

Recovery : (03:00)





Date: 19 / 02 / 2024 12:35:04 PM METs : 1.0 HR : 114 Target HR : 63% of 180 BP : 140/90 Post J @BomSec

ExTime: 06:09 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV



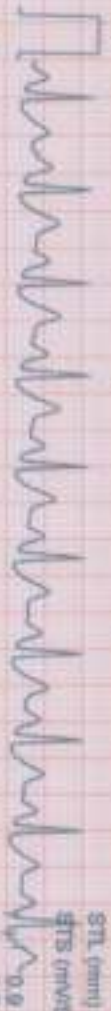
STL (mm) 1.0

STTS (mm/Sec) 0.9

1.7

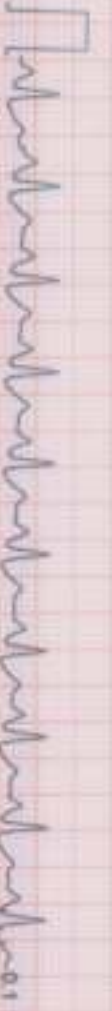
V1

0.3



V2

2.0



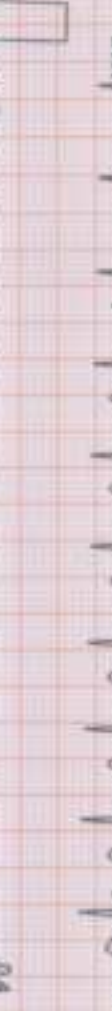
V3

1.9



V4

1.4



V5

0.9



V6

0.5

II (Combined Medians)

