

**PHYSICAL EXAMINATION REPORT**

Patient Name	Vishwas Massey	Sex/Age	M/38
Date	29/10/2024.	Location	Kolshet

**History and Complaints**

C/O - HTN (2020)  
- DM  
Taking RP since 2022

**EXAMINATION FINDINGS:**

Height (cms):	- 172	Temp (0c):	Ⓝ
Weight (kg):	- 102.5	Skin:	NAD Ingrowth of Top-Nails.
Blood Pressure	120/80	Nails:	
Pulse	72/min	Lymph Node:	

**Systems :**

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

**Impression:** Overweight ; BSL(+)- Impaired.  
 ↑ HbA1c ↓ HDL  
 Urine - 2+ Glucose  
 Urine sugar F&PP (++)

USG -  
Fatty  
Liver

Wt. Reduction

**Advice:**

Low sugar Diet, Reg. Exercise  
Low Fat Diet

Physician's consultation for DM control.

1)	<b>Hypertension:</b>	Yes (2020)
2)	<b>IHD</b>	Nil
3)	<b>Arrhythmia</b>	
4)	<b>Diabetes Mellitus</b>	Yes (2020)
5)	<b>Tuberculosis</b>	
6)	<b>Asthama</b>	
7)	<b>Pulmonary Disease</b>	Nil
8)	<b>Thyroid/ Endocrine disorders</b>	
9)	<b>Nervous disorders</b>	
10)	<b>GI system</b>	H/O - GB stones.
11)	<b>Genital urinary disorder</b>	
12)	<b>Rheumatic joint diseases or symptoms</b>	
13)	<b>Blood disease or disorder</b>	Nil
14)	<b>Cancer/lump growth/cyst</b>	
15)	<b>Congenital disease</b>	
16)	<b>Surgeries</b>	cholecystectomy.
17)	<b>Musculoskeletal System</b>	Nil

**PERSONAL HISTORY:**

1)	<b>Alcohol</b>	quit
2)	<b>Smoking</b>	quit
3)	<b>Diet</b>	mixed
4)	<b>Medication</b>	- tab. Telmisartan 80 - tab. OHA's - tab. Depamox 40

*(Signature)*  
20/10/24

**Dr. Manase Kulkarni**  
M.B.B.S  
2005/09/1439  
Tawant  
TG  
tab. Concor AM5

Date:- 28/10/20  
Name:- Vichvas Massey  
CID: 243084449  
Sex / Age: M-39c

**EYE CHECK UP**

Chief complaints: PCU

Systemic Diseases: LD

Past history: NA

Unaided Vision: 13/200 2/300

Aided Vision:

Refraction:

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

Colour Vision: Normal / Abnormal

Remark: All good, Vision.

MR. PRAKASH KUDVA  
SR. OPTOMETRIST



CID : 2430304449  
Name : MR. VISHWAS MASSEY  
Age / Gender : 38 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 29-Oct-2024 / 09:18  
Reported : 29-Oct-2024 / 11:58

**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>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	14.9	13.0-17.0 g/dL	Spectrophotometric
RBC	5.57	4.5-5.5 mil/cmm	Elect. Impedance
PCV	45.3	40-50 %	Measured
MCV	81.4	80-100 fl	Calculated
MCH	26.8	27-32 pg	Calculated
MCHC	32.9	31.5-34.5 g/dL	Calculated
RDW	12.7	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	7360	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	31.8	20-40 %	
Absolute Lymphocytes	2340.5	1000-3000 /cmm	Calculated
Monocytes	7.2	2-10 %	
Absolute Monocytes	529.9	200-1000 /cmm	Calculated
Neutrophils	58.7	40-80 %	
Absolute Neutrophils	4320.3	2000-7000 /cmm	Calculated
Eosinophils	1.8	1-6 %	
Absolute Eosinophils	132.5	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	36.8	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	321000	150000-400000 /cmm	Elect. Impedance
MPV	8.4	6-11 fl	Calculated
PDW	11.6	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	Mild		
Microcytosis	Occasional		



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Reported : 29-Oct-2024 / 12:06

Macrocytosis -  
Anisocytosis -  
Poikilocytosis -  
Polychromasia -  
Target Cells -  
Basophilic Stippling -  
Normoblasts -  
Others -  
WBC MORPHOLOGY -  
PLATELET MORPHOLOGY -  
COMMENT -

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 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 \*\*\*

*Bmhaskar*

Dr. KETAKI MHASKAR  
M.D. (PATH)  
Pathologist



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Collected : 29-Oct-2024 / 09:18  
Reported : 29-Oct-2024 / 14:54

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	112.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	131.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.44	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.2	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.24	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2	1 - 2	Calculated
SGOT (AST), Serum	18.3	5-40 U/L	UV with P5P IFCC
SGPT (ALT), Serum	25.8	5-45 U/L	UV with P5P IFCC
GAMMA GT, Serum	32.6	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	55.5	40-130 U/L	PNPP
BLOOD UREA, Serum	21.4	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	10.0	6-20 mg/dl	Calculated
CREATININE, Serum	0.99	0.67-1.17 mg/dl	Enzymatic



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eGFR, Serum	100	(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

URIC ACID, Serum	6.5	3.5-7.2 mg/dl	Uricase
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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)**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	122.6	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 \*\*\*

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Reported : 29-Oct-2024 / 14:29

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**URINE EXAMINATION REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Transparency	Clear	Clear	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Reaction (pH)	Acidic (5.5)	4.5 - 8.0	Chemical Indicator
Proteins	Absent	Absent	pH Indicator
Glucose	2+	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
<b><u>MICROSCOPIC EXAMINATION</u></b>			
(WBC)Pus cells / hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3	0-5/hpf	
Hyaline Casts	Absent	Absent	
Pathological cast	Absent	Absent	
Calcium oxalate monohydrate crystals	Absent	Absent	
Calcium oxalate dihydrate crystals	Absent	Absent	
Triple phosphate crystals	Absent	Absent	
Uric acid crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	0-20/hpf	
Yeast	Absent	Absent	
Others	-		



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

<u>PARAMETER</u>	<u>RESULTS</u>
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 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 )  
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	143.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	133.1	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	37.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	105.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	79.0	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	26.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.1	0-3.5 Ratio	Calculated

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

*Bmhasakar*

**Dr.KETAKI MHASKAR**  
M.D. (PATH)  
Pathologist



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Reported : 29-Oct-2024 / 13:10

**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	5.1	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	21.5	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.51	0.35-5.5 microIU/ml microU/ml	ECLIA



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Reported : 29-Oct-2024 / 13:10

**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



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 Age / Gender : 38 Years / Male  
 Consulting Dr. : -  
 Reg. Location : G B Road, Thane West (Main Centre)

Collected : 29-Oct-2024 / 13:23  
 Reported : 29-Oct-2024 / 16:56

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Urine Sugar (Fasting)	++	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	++	Absent	
Urine Ketones (PP)	Absent	Absent	

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 \*\*\* End Of Report \*\*\*

*J. Mujawar*

**Dr. IMRAN MUJAWAR**  
 M.D ( Path )  
 Pathologist

**SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST**

Patient Name: VISHWAS MASSEY  
 Patient ID: 2430304449

Date and Time: 29th Oct 24 12:52 PM



Age 38 years NA months NA days

Gender Male

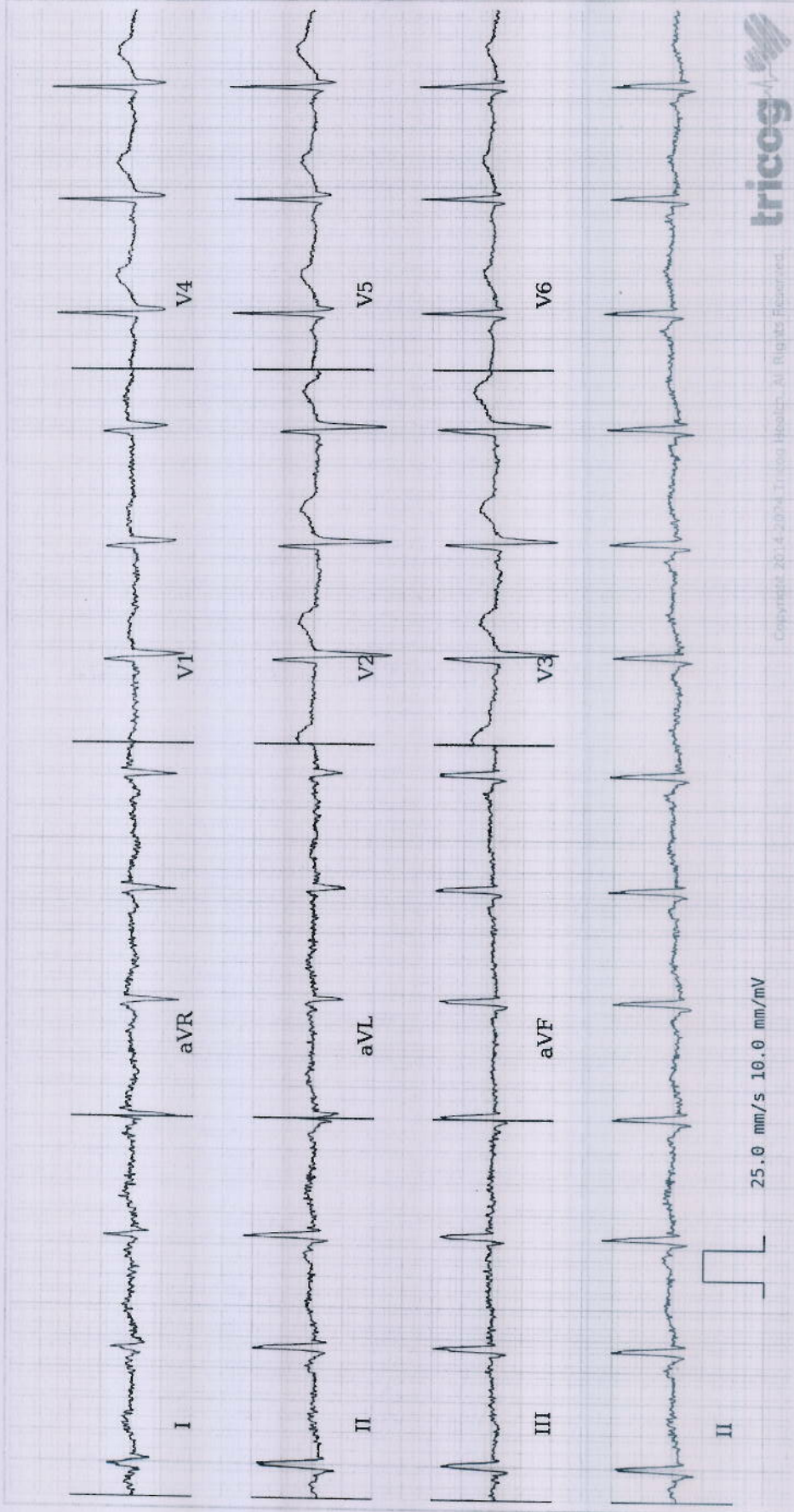
Heart Rate 81bpm

**Patient Vitals**

BP: NA  
 Weight: NA  
 Height: NA  
 Pulse: NA  
 Spo2: NA  
 Resp: NA  
 Others:

**Measurements**

QRSD: 92ms  
 QT: 396ms  
 QTcB: 460ms  
 PR: 126ms  
 P-R-T: 35° 75° 26°



**ECG Within Normal Limits: Sinus Rhythm, baseline artifacts. Please correlate clinically.**

REPORTED BY

DR SHAILAJA PILLAI  
 MBBS, MD Physician  
 MD Physician  
 49972

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.





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Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 29-Oct-2024  
Reported : 29-Oct-2024 / 14:22

**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=2024102909051422>



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**Reported** : 29-Oct-2024 / 10:43

**USG WHOLE ABDOMEN**

**EXCESSIVE BOWEL GAS:**

**LIVER:** *Liver appears mildly enlarged in size(15.8 cm) and shows increased echorefectivity.*  
There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

**GALL BLADDER:** *Gall bladder is not visualised (Post cholecystectomy status)*

**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 10.0 x 4.8 cm. Left kidney measures 11.5 x 4.8 cm. Both kidneys are normal in size, 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 3.0 x 3.8 cm in dimension and 18 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=2024102909051397>

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2430304449  
Name : Mr VISHWAS MASSEY  
Age / Sex : 38 Years/Male  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 29-Oct-2024  
Reported : 29-Oct-2024 / 10:43

**IMPRESSION:**

- MILD HEPATOMEGALY WITH GRADE II FATTY INFILTRATION OF LIVER.

**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=2024102909051397>

# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Report



E-Mail:

2764 (2430304449) / VISHWAS MASSEY / 38 Yrs / M / 172 Cms / 102 Kg

Date: 30 / 10 / 2024 10:22:28 AM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:18	0:18	00.0	00.0	01.0	083	46 %	120/80	099	00	
Standing	00:31	0:13	00.0	00.0	01.0	079	43 %	120/80	094	00	
HV	00:44	0:13	00.0	00.0	01.0	080	44 %	120/80	096	00	
ExStart	01:00	0:16	00.0	00.0	01.0	082	45 %	120/80	098	00	
BRUCE Stage 1	04:00	3:00	01.7	10.0	04.7	127	70 %	140/80	177	00	
PeakEX	06:33	2:33	02.5	12.0	06.8	155	85 %	150/80	232	00	
Recovery	07:33	1:00	00.0	00.0	01.0	120	66 %	150/80	180	00	
Recovery	08:33	2:00	00.0	00.0	01.0	106	58 %	150/80	158	00	
Recovery	09:33	3:00	00.0	00.0	01.0	100	55 %	150/80	150	00	
Recovery	10:24				00.0	000	0 %	---/---	000	00	

## FINDINGS :

Exercise Time : 05:33  
 Initial HR (ExStrt) : 82 bpm 45% of Target 182  
 Initial BP (ExStrt) : 120/80 (mm/Hg)  
 Max Workload Attained : 6.8 Fair response to induced stress  
 Max ST Dep Lead & Avg ST Value : II & -1.4 mm in PeakEX  
 Test End Reasons : , Fatigue, Heart Rate Achieved

Max HR Attained 155 bpm 85% of Target 182  
 Max BP Attained 150/80 (mm/Hg)

Dr. SHAILAJA PILLAI

M.D. (GEN.MED)

K.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 79.0 bpm, and the maximum predicted Target Heart Rate 182.0. The BP increased at the time of generating report as 150.0/80.0 mmHg. The Max Dep went upto 0.2. 0.0 Ectopic Beats were observed during the Test.

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

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.

Disclaimer : Negative stress test does not rule out CAD.

Dr. SHAILAJA PILLAI

M.D. (GEN.MED)

R.NO. 49972

Doctor : DR. SHAILAJA PILLAI



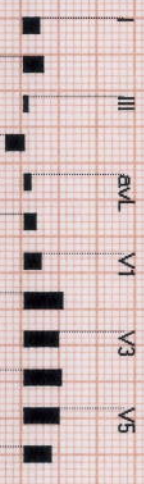
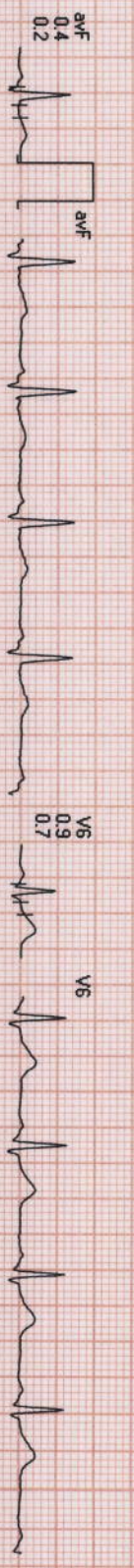
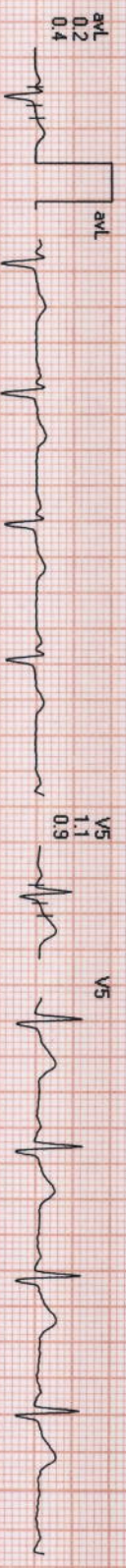
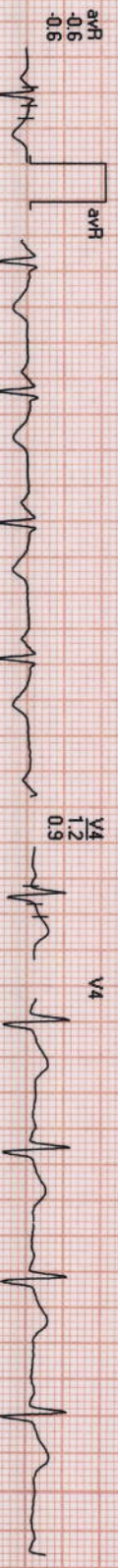
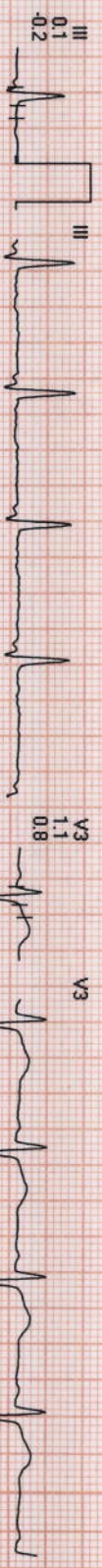
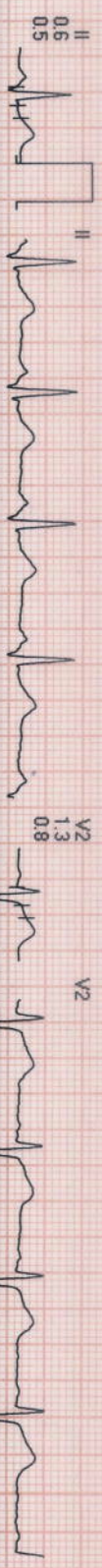
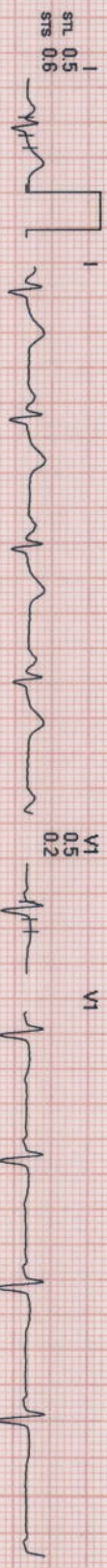
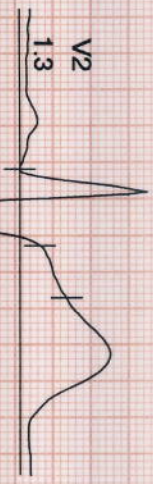
2764 (2430304449) / VISHWAS MASSEY / 38 Yrs / M / 172 Cms / 102 Kg / HR : 83

Date: 30 / 10 / 2024 10:22:28 AM METS: 1.0/ 83 bpm 46% of THR BP: 120/80 mmHg Raw ECG/BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

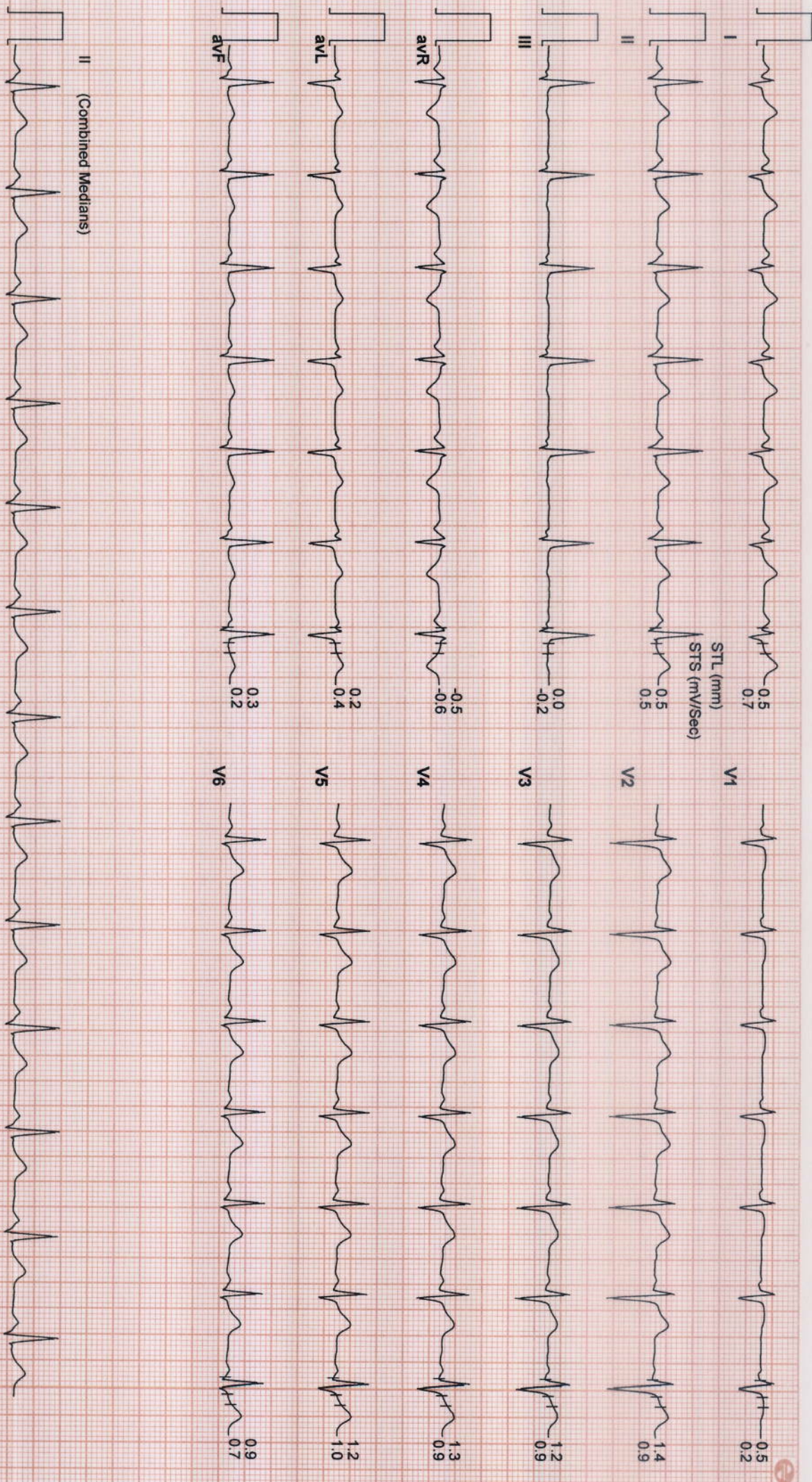
# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

2764 / VISHWAS MASSEY / 38 Yrs / Male / 172 Cm / 102 Kg

Date: 30 / 10 / 2024 10:22:28 AM METs : 1.0 HR : 79 Target HR : 43% of 182 BP : 120/80 Post J @80mSec

## 6X2 Combine Medians + 1 Rhythm STANDING ( 00:00 )

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



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

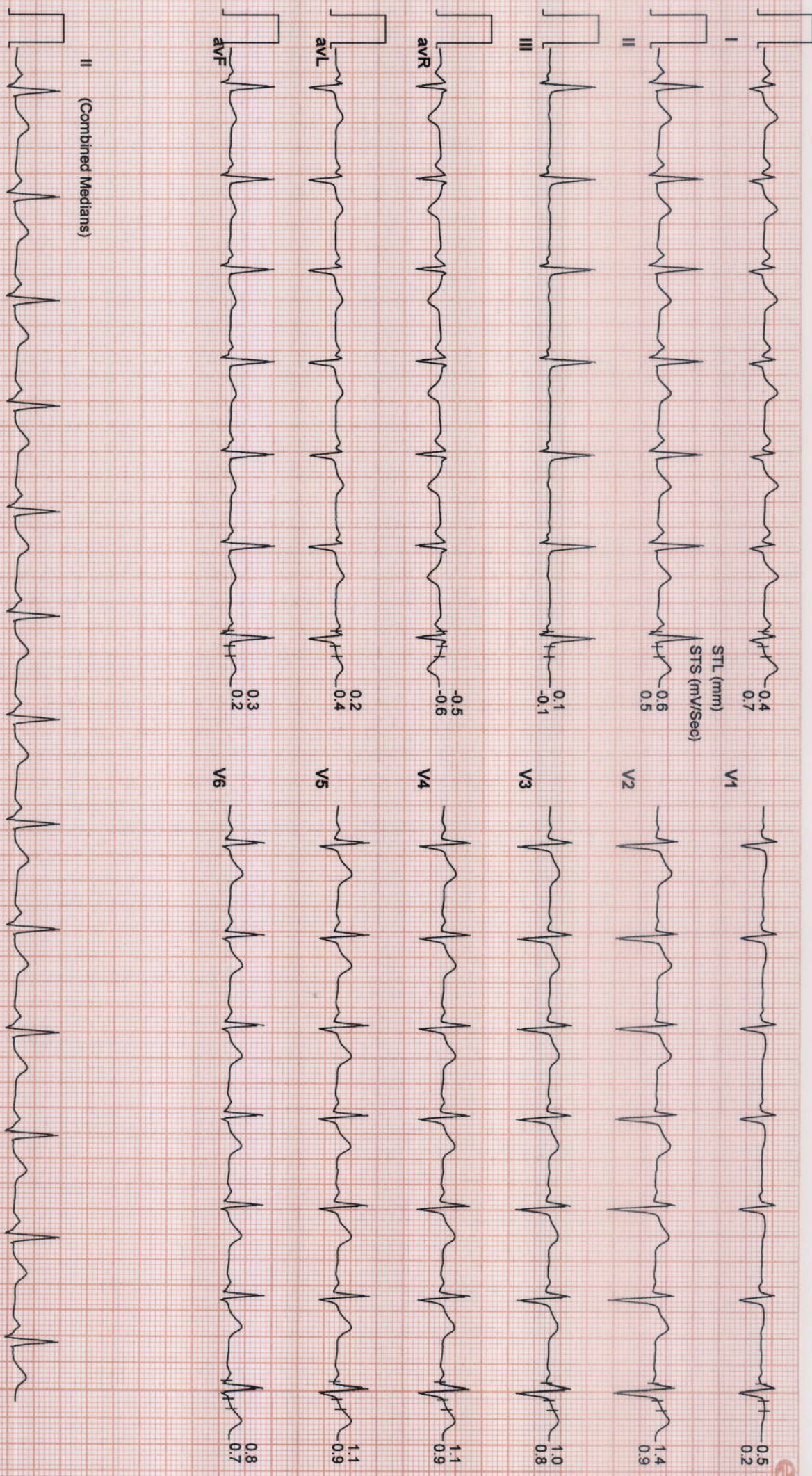
2764 / VISHWAS MASSEY / 38 Yrs / Male / 172 Cm / 102 Kg

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



Date: 30 / 10 / 2024 10:22:28 AM METs : 1.0 HR : 80 Target HR : 44% of 182 BP : 120/80 Post J @60mSec

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





# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

2764 / VISHWAS MASSEY / 38 Yrs / Male / 172 Cm / 102 Kg

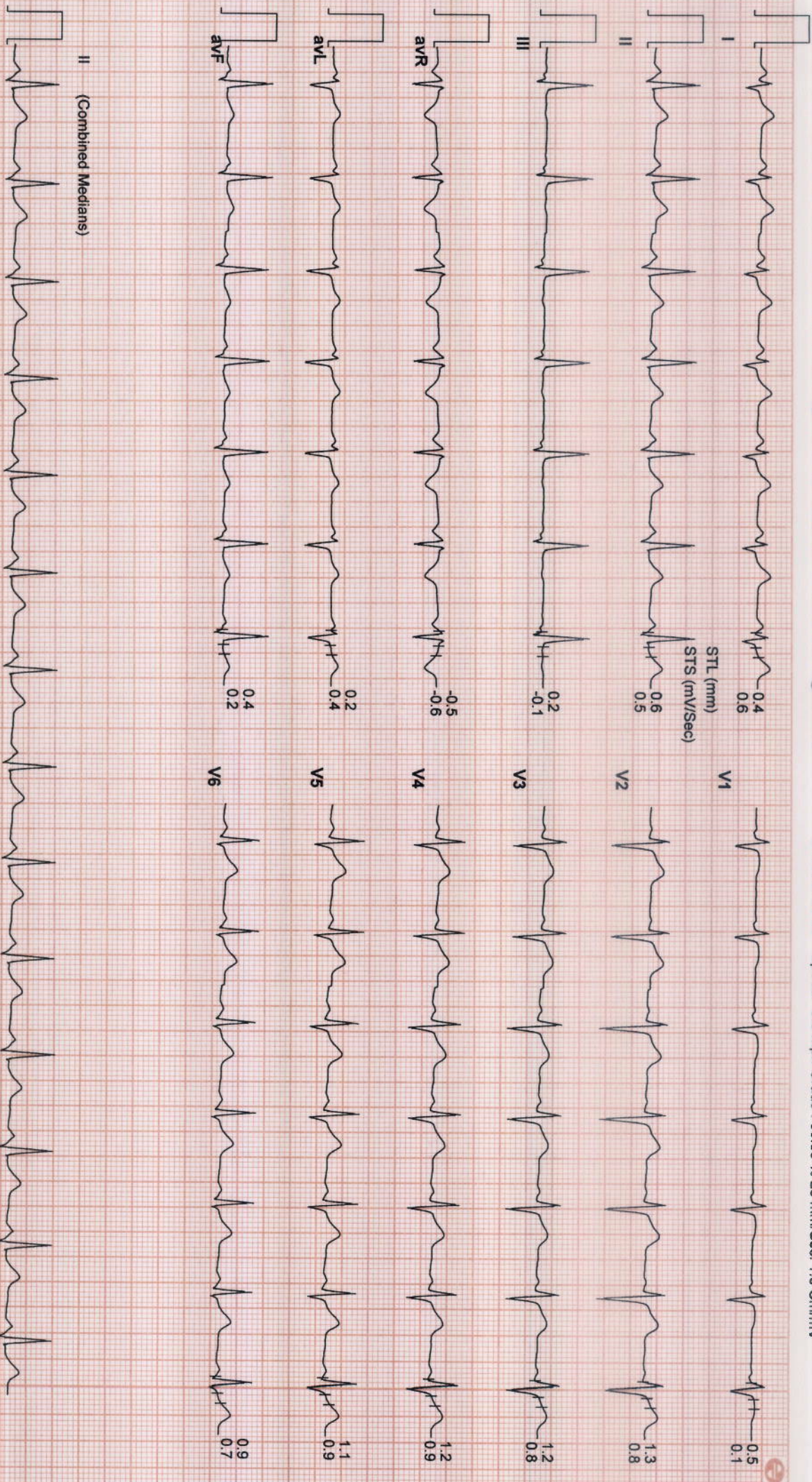
## 6X2 Combine Medians + 1 Rhythm

EXStt



Date: 30 / 10 / 2024 10:22:29 AM METs : 1.0 HR : 82 Target HR : 45% of 182 BP : 120/80 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)

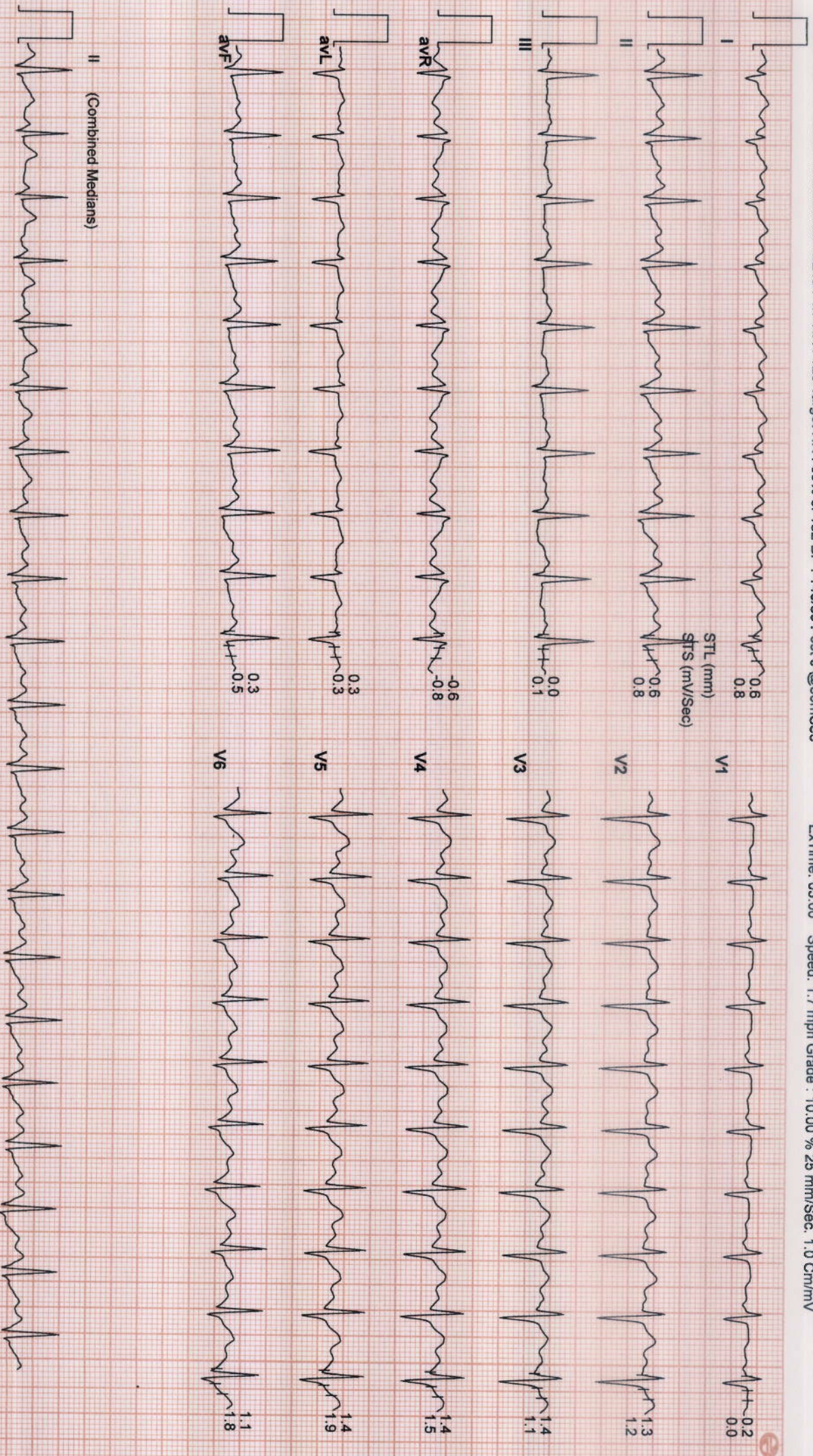
2764 / VISHWAS MASSEY / 38 Yrs / Male / 172 Cm / 102 Kg

Date: 30 / 10 / 2024 10:22:28 AM METs : 4.7 HR : 125 Target HR : 69% of 182 BP : 140/80 Post J @80mSec

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

## 6X2 Combine Medians + 1 Rhythm

BRUCE : Stage 1 ( 03:00 )



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

2764 / VISHWAS MASSEY / 38 Yrs / Male / 172 Cm / 102 Kg

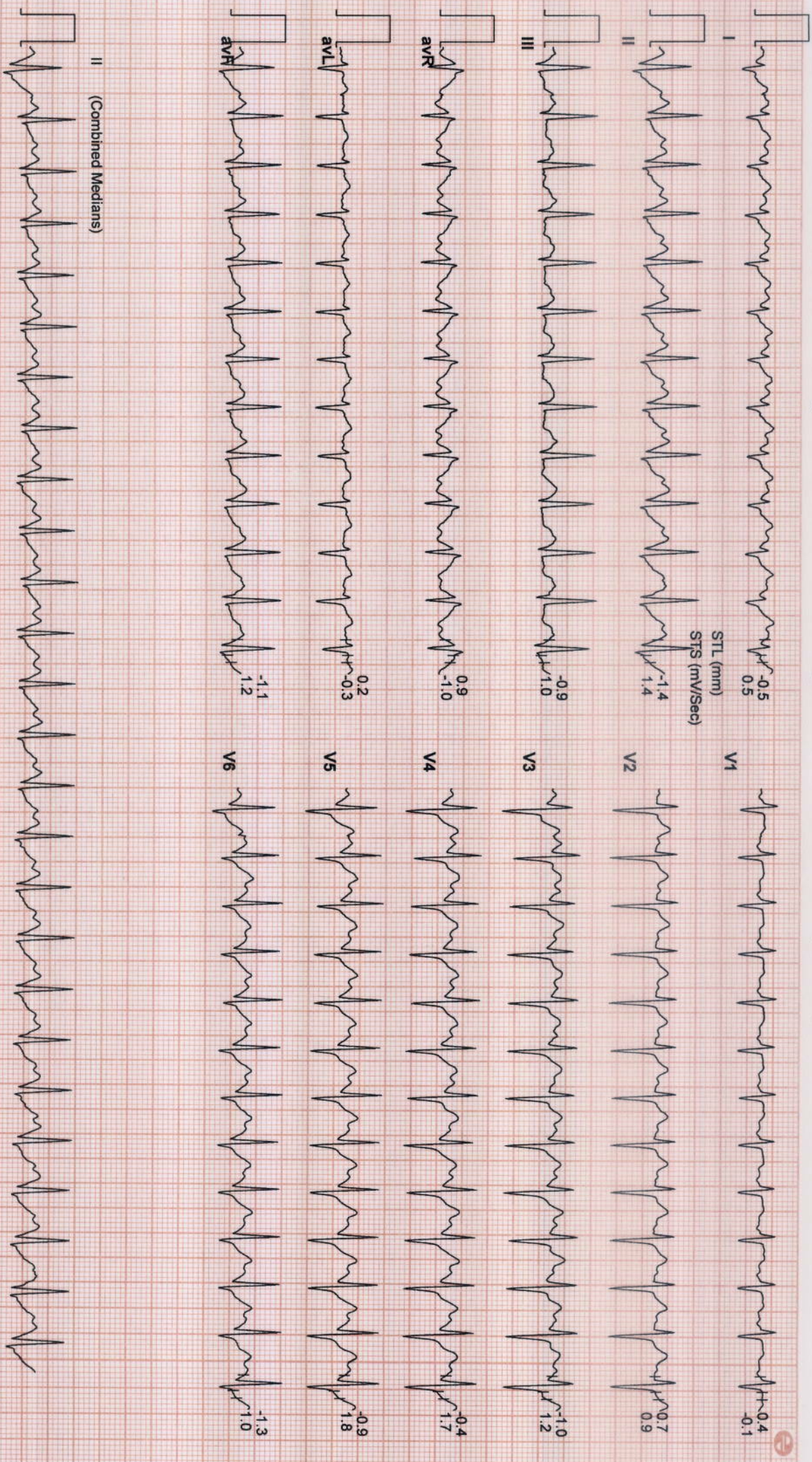
# 6X2 Combine Medians + 1 Rhythm

PeakEx



Date: 30 / 10 / 2024 10:22:28 AM METs : 6.8 HR : 155 Target HR : 85% of 182 BP : 150/80 Post J @60mSec

EXTime: 05:33 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

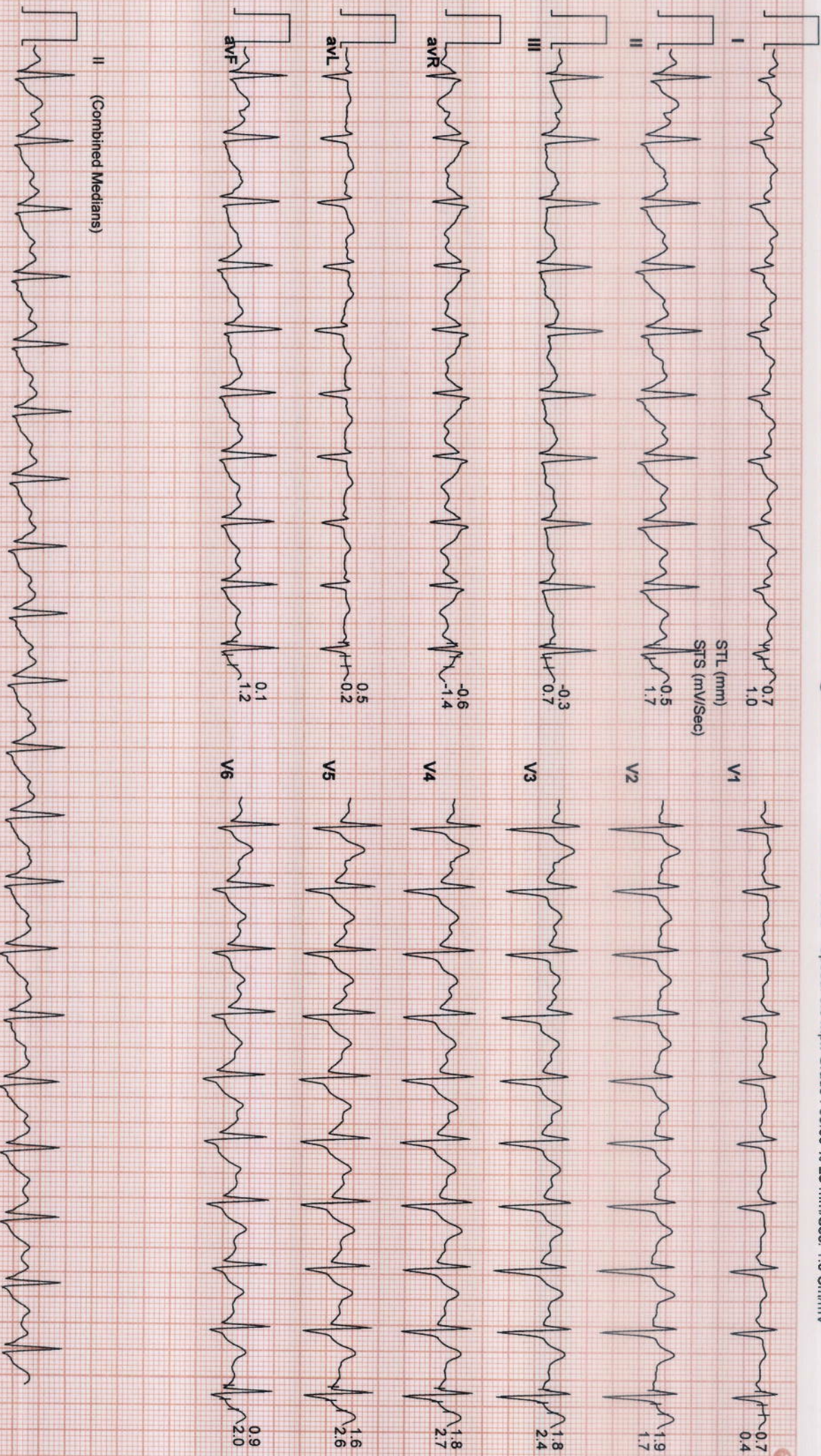
2764 / VISHWAS MASSEY / 38 Yrs / Male / 172 Cm / 102 Kg

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



Date: 30 / 10 / 2024 10:22:28 AM METs : 1.0 HR : 120 Target HR : 66% of 182 BP : 150/80 Post J @80mSec

EXTime: 05:33 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

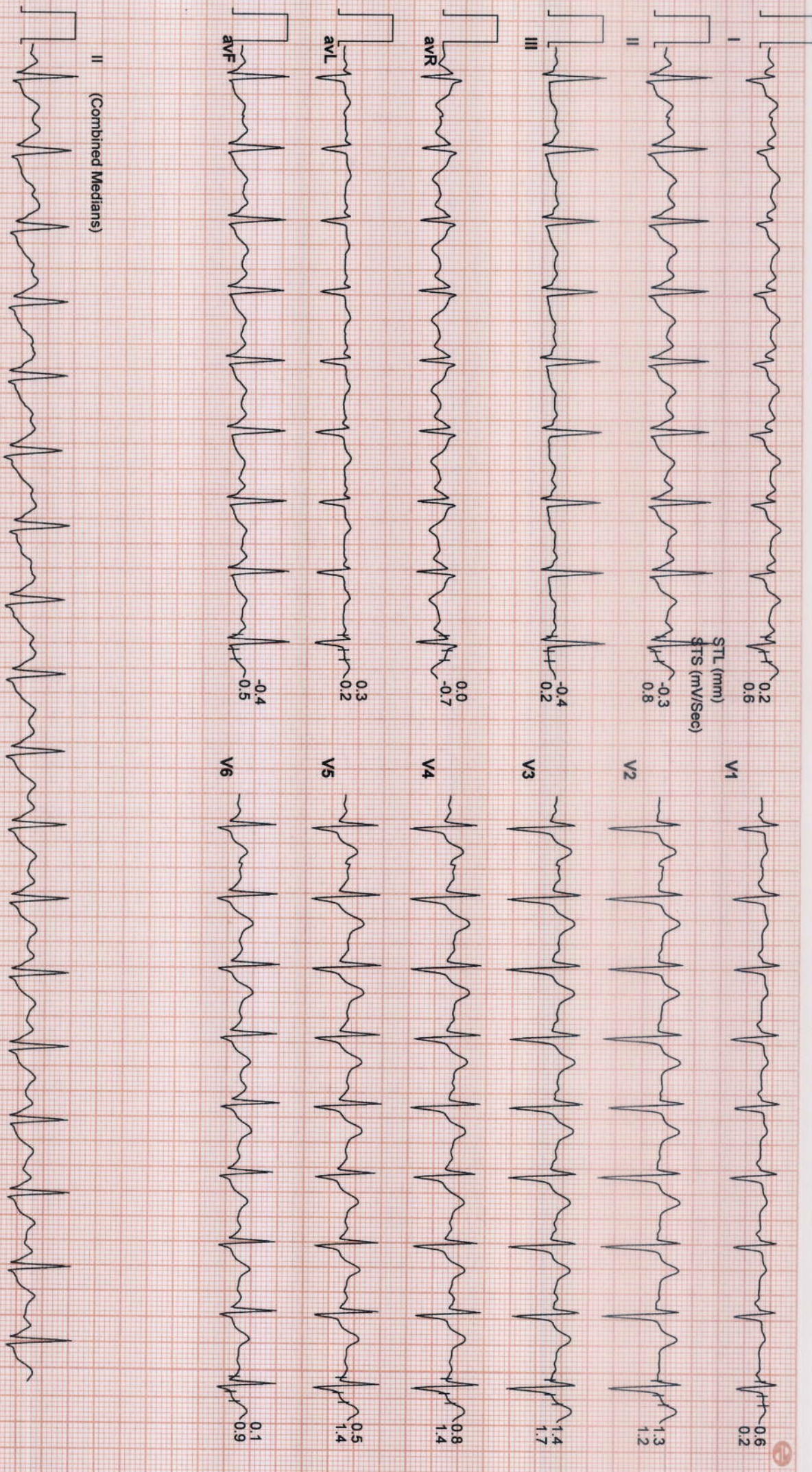
2764 / VISHWAS MASSEY / 38 Yrs / Male / 172 Cm / 102 Kg

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



Date: 30 / 10 / 2024 10:22:28 AM METs : 1.0 HR : 106 Target HR : 58% of 182 BP : 150/80 Post J @80mSec

ExTime: 05:33 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

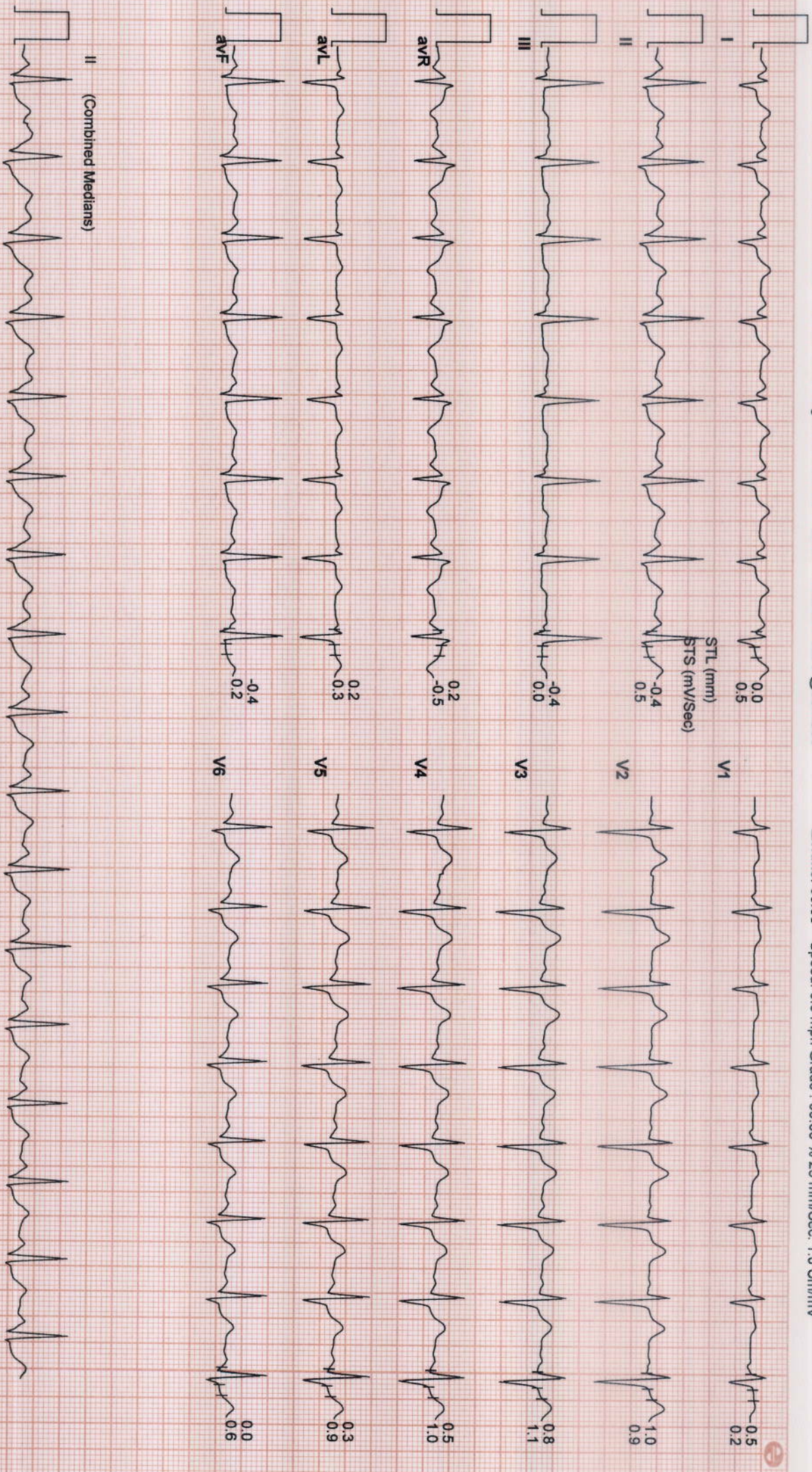
2764 / VISHWAS MASSEY / 38 Yrs / Male / 172 Cm / 102 Kg

**6X2 Combine Medians + 1 Rhythm**  
Recovery : ( 03:00 )



Date: 30 / 10 / 2024 10:22:28 AM METs : 1.0 HR : 100 Target HR : 55% of 182 BP : 150/80 Post J @80mSec

ExTime: 05:33 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

2764 / VISHWAS MASSEY / 38 Yrs / Male / 172 Cm / 102 Kg

Date: 30 / 10 / 2024 10:22:28 AM METs : 1.0 HR : 99 Target HR : 54% of 182 BP : 130/80 Post J @80mSec

## 6X2 Combine Medians + 1 Rhythm Recovery : ( 03:51 )

EXTime: 05:33 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

