



Where Healing & Care Comes Naturally

# APEX SUPERSPECIALITY HOSPITALS



CASHLESS FACILITY

L. T. Road, Besides Punjab & Sind Bank, Babhai Naka,  
Borivali (W), Mumbai 400091.  
email: info@apexhospitals.in | www.apexgroupofhospitals.com

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Tele.: 022 - 2898 6677 / 46 / 47 / 48

## PHYSICIAN CONSULTATION

### PRESENT COMPLAINT :

NFC

### PAST MEDICAL / SURGICAL HISTORY:

KID - HTN / DM on Rx

### GENERAL EXAMINATION:

PULSE 111 / min  
 BP: 130/80 mmHg  
 BMI 32.4  
 APETITE: fair  
 THIRST: fair  
 STOOL: (N)  
 URINE: (N)  
 SLEEP: (N)  
 SKIN: (N)  
 NAILS: (N)  
 HABITAT: (N)

### SYSTEMIC EXAMINATION:

MS / CMS / RS — (N)

### RESPIRATORY EXAMINATION:

(N)

### CARDIOVASCULAR EXAMINATION:

S1S2 (F)

### ABDOMINAL EXAMINATION:

soft NT.

### GYNACOLOGY / OBST HISTORY ( FOR FEMALE):

\_\_\_\_\_

**OPHTHAL EXAMINATION:**

FAR VISION: (N)  
NEAR VISION: 1.5 (wearing glasses)  
COLOUR VISION: (N)

**ENT EXAMINATION:**

EAR: MASTOID TUNNIG FORK TEST: ✓  
NOSE: EXT NOSE/ POST NASAL SPACE: ✓  
THROAT: TOUNGE/ PALATE/ TEETH: ✓  
NECK: NODES/ THYROID/TEETH: ✓

**DENTAL EXAMINATION:**

DECAY/ CARIES IF ANY: ✓  
PLAQUE IF ANY: ✓  
GUMS: ✓

PHYSICIAN NAME  
PHYSICIAN SIGNATURE

Dr. Navin Singh

Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India

RO - MUMBAI BORIVALI  
MUMBAI BORIVALI,, BORIVALI,,  
MUMBAI, - 0

To,

The Chief Medical Officer

M/S Mediwheel  
<https://mediwheel.in/signup011-41195959>(A brand name of  
Arcofemi Healthcare Ltd),  
Mumbai400021

Dear Sir,

**Tie-up arrangement for Health Checkup under Health Checkup**

**Executive Male 35+**

Shri/Smt./Kum. TONY BARDESKAR,,

P.F. No. 633259

Designation : DRH - Business Development

Checkup for Financial Year

2023-

Approved Charges Rs.

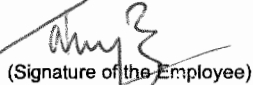
4000.00

2024


The above mentioned staff member of our Branch/Office desires to undergo Health Checkup(for Executives) at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank

Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you,

  
(Signature of the Employee)

Yours Faithfully,

  
BRANCH MANAGER/SENIOR MANAGER



PS. : Status of the application- **Applied**

View Worklist

Previous in Worklist

Next in Worklist

Health checkup at tie-up Ctr | HealthChkup Authorisatn letter

CAMP



**APEX HOSPITALS**  
A Vision, Inspiring Hope, Care Comes Naturally  
AN ISO 9001:2009 Certified

**Apex Super Speciality Hospitals**  
Shantapurna Narayeshi Charity Trust, Medical Centre, 193 A, 1st Floor,  
Beside, Pimpri & Sind Bank, Dahanu, Borivali (W), Mumbai - 400 072  
Tel: 022-25586677, 4646746 Fax: 022-25586677  
Email: medical.admin.apex@apexhospitals.in

**Diet Chart**

<b>UHID</b>	: ASH232404534	<b>ID</b>	: HC232400014
<b>Patient</b>	: Bardeskar Tony	<b>Age/Sex</b>	: 46/Male
<b>Address</b>	: 305 Dhiraj Upvan Tower 1 Siddharth Nagar Borivali East Mumbai 66	<b>Department</b>	: Rmo
<b>Date</b>	: 08-Mar-2024	<b>Diet Chart</b>	: Diabetic Salt Restricted Diet
<b>Dietician</b>	: GUPTA SAKSHI SATISH	BMI and IBW calculation	
<b>Height</b>	: 171 Cms	<b>Weight</b>	: 94.8 Kgs
<b>BMI Category</b>	: CLASS I OBESITY	<b>IBW</b>	: 71
<b>MNT</b>	SALT RESTRICTED DIABETIC DIET, HIGH PROTEIN, LOW FAT		

- Early Morning:** 1 cup tea/ coffee/ toned milk/ 4Almonds + 1half Almonds (soaked)
- Breakfast:** 1 bowl upma/ poha/ daliya upma **OR** 2 small idli/ 1 dosa with vegetable sambar **OR** 1 bowl Muesli / oats in milk (1 boiled egg white)
- Mid-morning:** 1 fruit/ Truhandz **DM- 1 scoop in 100ml water**  
(Avoid fruit juices and fruits like banana, chickoo, custard apple, jackfruit, mango, coconut water and sugarcane juice)
- Lunch:** 1 bowl raw vegetable salad  
2 small roti/ 1 bhakri (jowar/bajra/ragi)  
1 bowl bhaji(Avoid Potato, Sweet potato, Yam, Beetroot, Arbi, Raw banana)  
1 bowl thick dal/ 1 medium piece of chicken or fish or egg preparation in curry  
1 bowl brown rice  
**OR** 1 bowl vegetable dailya khichdi with vegetables  
1 bowl curd
- Evening snack:** 1 cup tea/ coffee/ toned milk  
1 besan chilla **OR** 1 bowl boiled sprouts **OR** 1 vegetable egg omelette with chapatti **OR** 1 rava chilla with curd
- Mid-evening:** 1 bowl dal and vegetable soup
- Dinner:** 1 bowl raw vegetable salad  
2 small roti/ 1 bhakri (jowar/bajra/ragi)  
1 bowl bhaji (Avoid Potato, Sweet potato, Yam, Beetroot, Arbi, Raw banana)  
1 bowl thick dal  
**OR** 1 bowl vegetable dailya khichdi with vegetables
- Bed time:** 200ml toned milk/ 1tsp sesame seed

**Remarks:** Supplement should be taken once a day.  
Have ample of fluids, upto 2L of water daily.  
Follow small frequent and regular meal pattern. Do not miss meals.  
Oil usage ½ litre per month, i.e. 3 teaspoon a day. Preferably mustard oil, sesame oil or rice bran oil.  
Salt usage to 3gm. i.e. ½ teaspoon a day. Avoid red meats like mutton, pork and beef.  
Include more green leafy vegetables, fruits and pulses in the diet.  
Include **calcium** rich foods like milk and milk product, nuts, seeds, etc.  
Make sure you get ample of exposure to sunlight for **Vitamin D**.  
**Avoid processed foods, refined flour products and fried food. Restrict bakery products.**  
**Avoid all sources of extra salt like sauces, pickles, papads, chutneys, chips, etc.**  
**Avoid all sources of simple sugars like white sugar, brown sugar honey, jaggery.**  
**For detailed diet counselling: Consult Dietician Sakshi Gupta in OPD with prior appointment.**



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Tele.:

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<b>Patient</b>	: Bardeskar Tony	UHID	: ASH232404534
Age/Sex	: 46/Male	ID	: HC232400014
Consultant Dr	: GUJAR NEERAJ	Registered On	:
Referring Dr	:	Reported On	: 08-Mar-2024
Collection Centre	: Apex Hospital		

### COMPLETE BLOOD COUNT

Test	Result	Normal Value
<b>HAEMOGLOBIN</b>	14.2 Gm%	13.5-18.0 Gm%
<b>RBC Count</b>	5.21 Millions/cumm	4.0-6.0 Millions/cumm
PCV	39.8 %	37-47 %
MCV	L <u>76.39 Fl</u>	78-100 Fl
MCH	27.26 Pg	27-31 Pg
MCHC	H <u>35.68 %</u>	32-35 %
RDW	13.5 %	11-15 %
<b>Total WBC Count</b>	8900 /C.MM	4000-11000 /C.MM
<b>Differential Count</b>		
Neutrophils	64 %	40-75 %
Eosinophils	02 %	01-06 %
Basophils	00 %	00-01 %
Lymphocytes	32 %	20-45 %
Monocytes	02 %	01-10 %
BANDCELLS	00 %	00-03 %
Abnormalities Of WBC	NORMAL	
Abnormalities Of RBC	NORMOCYTIC NORMOCHROMIC	
PLATELET COUNT	306 X 10 <sup>3</sup> /cumm	150-450 X 10 <sup>3</sup> /cumm
PLATELET ON SMEAR	ADEQUATE ON SMEAR	
MPV	9.2 Fl	7.0-11.0 Fl

### HEMATOLOGY

Test	Result	Normal Value
<b>ESR</b>	H <u>69 mm/hr</u>	0 - 10 mm/hr

#### Remarks : \*\*

**Note:-** The test result are subject to variations due to technical limitations hence co-relation with clinical findings & other investigations should be done.

**Run By**  
Lab Technician

**Checked By**  
Biochemist

**Pathologist**  
DR.GUJAR NEERAJ VILAS  
MD PATHOLOGY



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<b>Referring Dr</b>	:	<b>Reported On</b>	: 08-Mar-2024
<b>Collection Centre</b>	: Apex Hospital		

## HEMATOLOGY

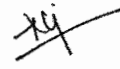
Test	Result	Normal Value
<b>BLOOD GROUP</b>	" A "	
<b>Rh FACTOR</b>	POSITIVE	

### Remarks : \*

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<b>Consultant Dr</b>	: GUJAR NEERAJ	<b>Registered On</b>	:
<b>Referring Dr</b>	:	<b>Reported On</b>	: 08-Mar-2024
<b>Collection Centre</b>	: Apex Hospital		

### FASTING BLOOD SUGAR

Test	Result	Normal Value
<b>FBS</b>	H <u>113.2 Mg/dl</u>	70-110 Mg/dl
<b>URINE SUGAR</b>	SNR	
<b>URINE KETONES</b>	SNR	

### POST LUNCH BLOOD SUGAR

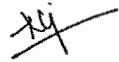
Test	Result	Normal Value
<b>PLBL (2 HOUR AFTER FOOD)</b>	H <u>159.2 Mg/dl</u>	70-140 Mg/dl
<b>URINE SUGAR (PP)</b>	PRESENT(+)	-
<b>URINE KETONE (PP)</b>	ABSENT	

#### Remarks : \*\*

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**Collection Centre** : Apex Hospital

**UHID** : ASH232404534  
**ID** : HC232400014  
**Registered On** :  
**Reported On** : 08-Mar-2024

## LIPID PROFILE

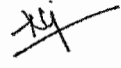
Test	Result	Normal Value
TOTAL CHOLESTEROL	174.3 Mg%	150-250 Mg%
TRIGLYCERIDES	H <u>183.1</u> Mg%	35-160 Mg%
HDL CHOLESTEROL	39.72 Mg%	30-70 Mg%
VLDL CHOLESTEROL	H <u>36.62</u>	7-35
LDL CHOLESTEROL	L <u>97.96</u> Mg%	108-145 Mg%
TC/HDL CHOL RATIO	4.39	3.5-5.0
LDL/HDL RATIO	2.47	1.1-3.9

### Remarks : \*

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<b>Referring Dr</b>	:	<b>Reported On</b>	: 08-Mar-2024
<b>Collection Centre</b>	: Apex Hospital		

## RENAL FUNCTION TEST

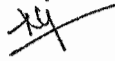
Test	Result	Normal Value
SERUM CREATININE	1.03 Mg/dl	0.6-1.6 Mg/dl
URIC ACID	6.32 Mg/dl	2.5-7.7 Mg/dl
BLOOD UREA NITROGEN / BUN	14.39 Mg/dl	0-23 Mg/dl

### Remarks : \*

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Age/Sex	: 46/Male	ID	: HC232400014
Consultant Dr	: GUJAR NEERAJ	Registered On	:
Referring Dr	:	Reported On	: 08-Mar-2024
Collection Centre	: Apex Hospital		

## LIVER FUNCTION TEST

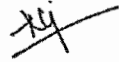
Test	Result	Normal Value
TOTAL BILIRUBIN	0.93 Mg/dl	0.1-1.2 Mg/dl
DIRECT BILIRUBIN	0.28 Mg/dl	0.0-0.3 Mg/dl
INDIRECT BILIRUBIN	0.65 Mg/dl	0.1-1.0 Mg/dl
SGOT	H <u>43.7 Iu/l</u>	5-40 Iu/l
SGPT	H <u>40.13 Iu/l</u>	5-40 Iu/l
SERUM ALKALINE PHOSPHATES	67.46 U/l	25-147 U/l
SERUM PROTEINS TOTAL	7.04 Gm%	6.0-8.2 Gm%
SERUM ALBUMIN	4.13 Gm%	3.0-5.0 Gm%
SERUM GLOBULIN	2.91 Gm%	1.9-3.5 Gm%
ALBUMIN : GLOBULIN RATIO	1.42 Mg/dl	0.9-2.0 Mg/dl
GAMMA GT	H <u>50.26 Iu/l</u>	5-45 Iu/l

### Remarks : \*

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Referring Dr	:	Reported On	: 08-Mar-2024
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### URINE ROUTINE

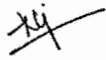
Test	Result	Normal Value
<b>PHYSICAL EXAMINATION</b>		
QUANTITY	30 MI	MI
COLOUR	PALE YELLOW	
APPEARANCE	SLIGHTLY HAZY	
DEPOSIT	PRESENT	
REACTION [PH]	ACIDIC	
SPECIFIC GRAVITY	1.010	
<b>CHEMICAL EXAMINATION</b>		
URINE ALBUMIN	ABSENT	
SUGAR	PRESENT(+)	
KETONE BODIES	ABSENT	
OCCULT BLOOD	ABSENT	
BILE PIGMENT	ABSENT	
BILE SALT	ABSENT	
<b>MICROSCOPIC EXAMINATION OF CENTRE</b>		
RED BLOOD CELLS	ABSENT /hpf	/hpf
PUS CELLS	2-3 /hpf	/hpf
EPITHELIAL CELLS	3-4 /hpf	/hpf
CASTS	ABSENT	
CRYSTALS	ABSENT	
SPERMATOOZA	ABSENT	
TRICHOMONAS VAGINALIS	ABSENT	
YEAST CELLS	ABSENT	
AMORPHOS DEPOSITS	ABSENT	
BACTERIA	ABSENT	

**Remarks : \***

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MD PATHOLOGY

Patient Id : **PVD04223-24/71064**      Sample ID : 24032133  
 Patient : MR TONY BARDESKAR      Reg. Date : 08/03/2024  
 Age/sex : 46 Yrs/ Male      Report Date : 08/03/2024  
 Center : APEX SUPERSPECIALITY HOSPITALS      Case No. :  
 Ref. By : Self



**HBA1C-GLYCOSYLATED HAEMOGLOBIN**

Test Description	Result	Unit	Biological Reference Range
HbA1c- (EDTA WB)	<b>6.1</b>	%	< 5.6 Non-diabetic 5.7-6.4 Pre-diabetic > 6.5 Diabetic

Estimated Average Glucose (eAG)      128.37      mg/dL

Method : HPLC-Biorad D10-USA


**INTERPRETATION**

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2. HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
5. To estimate the eAG from the HbA1C value, the following equation is used:  $eAG(mg/dl) = 28.7 \cdot A1c - 46.7$
6. Interference of Haemoglobinopathies in HbA1c estimation.
  - A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
  - B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
  - C. Heterozygous state detected (D10/ Tosho G8 is corrected for HbS and HbC trait).
7. In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control.
  - Excellent Control - 6 to 7 %,
  - Fair to Good Control - 7 to 8 %,
  - Unsatisfactory Control - 8 to 10 %
  - and Poor Control - More than 10 %.

**Note** : Haemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy

-----End Of Report-----

**Term & Conditions\*** Test processed at Pathvision Central Processing Laboratory- Dahisar west Mumbai-68 Individual laboratory investigations are never conclusive but should be used along with other relevant clinical examinations to achieve final diagnosis. Any discrepancy with clinical condition the referring doctor or patient must report in 24hr of sample collection and get test redone. Partial reproduction of this report is not permitted The test report is not valid for Medico-legal purpose.



**DR. SANDEEP B. PORWAL**  
MBBS MD (Path) Mumbai  
MMC Reg no 2001031640

Patient Id : **PVD04223-24/71064**      Sample ID : 24032133  
 Patient : MR TONY BARDESKAR      Reg. Date : 08/03/2024  
 Age/sex : 46 Yrs/ Male      Report Date : 08/03/2024  
 Center : APEX SUPERSPECIALITY HOSPITALS      Case No. :  
 Ref. By : Self



**IMMUNOASSAY**


Test Description	Result	Unit	Biological Reference Range
<b>TOTAL T3 T4 TSH (TFT)</b>			
T3 (Triiodothyronine)	120.5	ng/dl	83-200  For Pregnant females: First Trim: 104.8 - 229.8 2nd Trim: 128.9 - 262.3 Third trim : 135.4 - 261.7
T4 (Thyroxine)	6.88	ug/dL	5.13 - 14.10  For Pregnant females: First Trim : 7.33 - 14.8 Second Trim : 7.93 - 16.1 Third Trim : 6.95 - 15.7
TSH(Thyroid Stimulating Hormone)	3.07	uIU/ml	0.27 - 4.20
Method : ECLIA			

**INTERPRETATION**

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	•Isolated High TSHespecially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. •Subclinical Autoimmune Hypothyroidism •Intermittent T4 therapy for hypothyroidism •Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	•Chronic Autoimmune Thyroiditis •Post thyroidectomy,Post radioiodine •Hypothyroid phase of transient thyroiditis"
Raised or within Range	Raised	Raised or within Range	•Interfering antibodies to thyroid hormones (anti-TPO antibodies) •Intermittent T4 therapy or T4 overdose •Drug interference- Amiodarone, Heparin,Beta blockers,steroids,anti-epileptics"
Decreased	Raised or within Range	Raised or within Range	•Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness •Subclinical Hyperthyroidism •Thyroxine ingestion"
Decreased	Decreased	Decreased	•Central Hypothyroidism •Non-Thyroidal illness •Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	•Primary Hyperthyroidism (Graves' disease),Multinodular goitre, Toxic nodule •Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (granulomatous,subacute, DeQuervain's),Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or within Range	Raised	Within Range	•T3 toxicosis •Non-Thyroidal illness

-----End Of Report-----

**Term & Conditions\* Test processed at Pathvision Central Processing Laboratory- Dahisar west Mumbai-68** Individual laboratory investigations are never conclusive but should be used along with other relevant clinical examinations to achieve final diagnosis. Any discrepancy with clinical condition the referring doctor or patient must report in 24hr of sample collection and get test redone.Partial reproduction of this report is not permitted The test report is not valid for Medico-legal purpose.

  
**DR. SANDEEP B. PORWAL**  
 MBBS MD (Path) Mumbai  
 MMC Reg no 2001031640

ASH/QA/FORM/NUR/04/MAR22/V1



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**ई. सी. जी.**

Name Tohy. Bardekar Date 8/3/24

Age 46 Gender: M  F  UHID NO \_\_\_\_\_ B.P \_\_\_\_\_

**ELECTROCARDIOGRAPHIC OBSERVATIONS**

Rate \_\_\_\_\_ Axis \_\_\_\_\_ Q.R.S. Complex \_\_\_\_\_

Rhythm \_\_\_\_\_ P. Wave \_\_\_\_\_ S.T. Segment \_\_\_\_\_

Standardisation : \_\_\_\_\_ P.R. Interval \_\_\_\_\_ Wave \_\_\_\_\_

Voltage : \_\_\_\_\_ Q. Wave : \_\_\_\_\_ Q-T Interval \_\_\_\_\_

Impression : \_\_\_\_\_

**Dr. CHIRAG V. SHAH**

D.N.B.(M.D.)

CONSULTANT CARDIOLOGIST

Reg. No. 2003 / 04 / 1649

# UNI-EM

## ELECTRONICS COMPLEX INDORE

### TREADMILL TEST REPORT

**tony bardeskar**  
 ID : 22321  
 DATE : 09/03/2024  
 AGE/SEX : 46 / M  
 HT/WT : 171 / 93  
 REF. BY :

PROTOCOL : Brice  
 HISTORY :  
 INDICATION :  
 MEDICATION :

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST LEVEL (MM)			METS	
								II	V1	V5		
SUPINE												
Stage 1	2:55	2:55	2.7	10	93	140 / 90	130	0.6	0.1	0.6	0.6	4.67
Stage 2	5:55	2:55	4	12	134	140 / 90	187	0	0.1	0	0	7.04
PK+EXERCISE	7:11	1:11	5.4	14	160	140 / 90	224	-0.7	0.5	-1.1	-1.1	8.24
RECOVERY	7:30	0:11			171	140 / 90	239	1.1	0.4	-0.9	-0.9	
RECOVERY	7:43	0:11			168	140 / 90	235	-0.1	0.3	-1	-1	
RECOVERY	8:32	1:13			163	140 / 90	228	-0.9	0.4	-0.5	-0.5	
					138	140 / 90	193	1.1	-0.8	1	1	

### RESULTS

EXERCISE DURATION : 7:11  
 MAX HEART RATE : 173 bpm  
 MAX BLOOD PRESSURE : 140 / 90 mm Hg  
 REASON OF TERMINATION : *Achhur MHC*  
 BP RESPONSE : *Normal*  
 ARRHYTHMIA : *Normal*  
 H.R. RESPONSE : *Normal*  
**IMPRESSIONS** : *Normal*

MAX WORK LOAD : 8.24 METS  
 % of target heart rate 174 bpm

**Dr. Omkar V. Sawah**  
 D.M.B. (M.D.)  
 CONSULTING PHYSICIAN CARDIOLOGIST  
 Reg. No. 2003/04/16649

*Sam - but suggest for Achhur*  
*Normal*

Technician :



# UNI-EM

tony bardeskar  
I.D. 22321  
Age 46/M  
Date 09/03/2024

RATE 93bpm  
B.P. 140/90

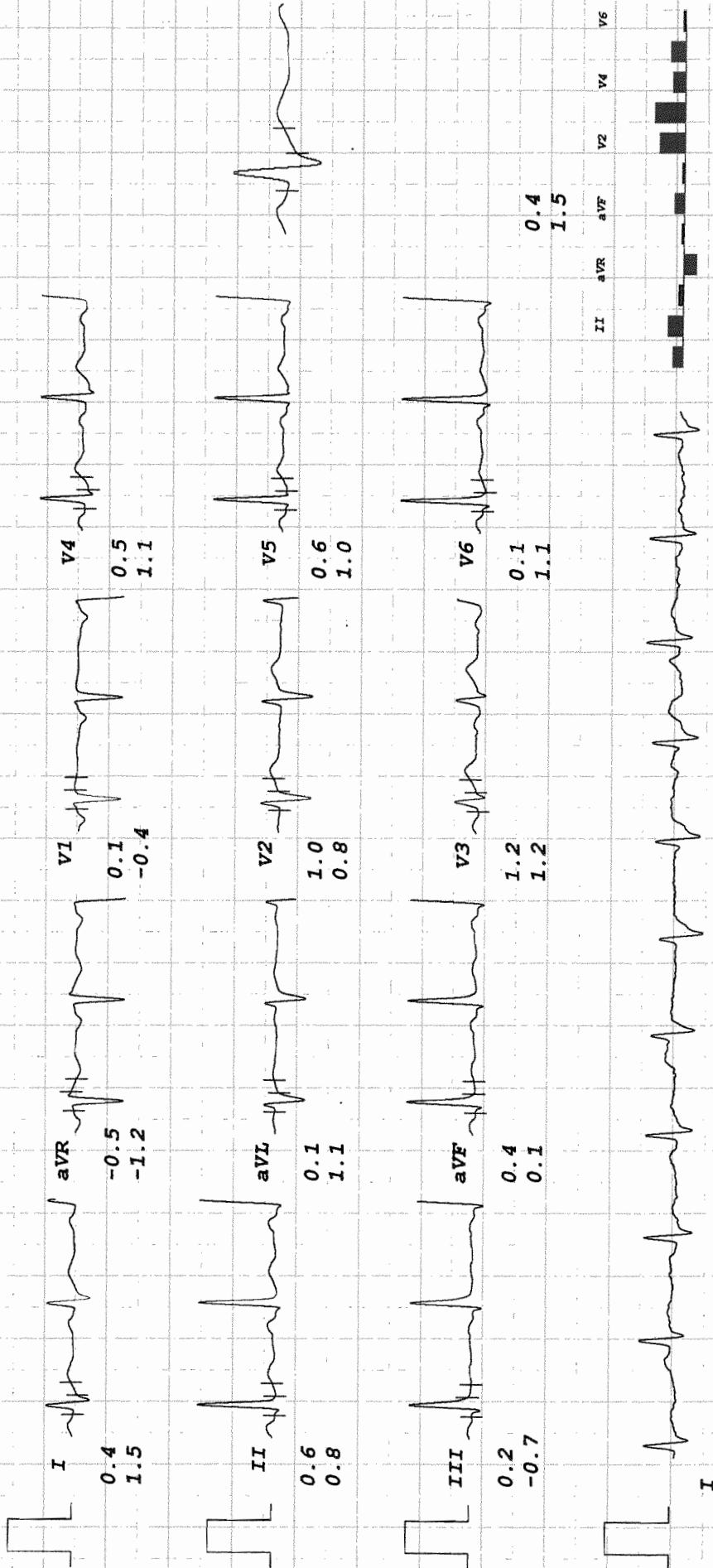
ST @ 10mm/mV  
80ms PostJ

PRETEST  
SUPINE

## LINKED MEDIAN

Mag. X 2

I





# UNI-EM

tony bardeskar  
I.D. 22321  
Age 46/M  
Date 09/03/2024

RATE 134bpm  
B.P. 140/90

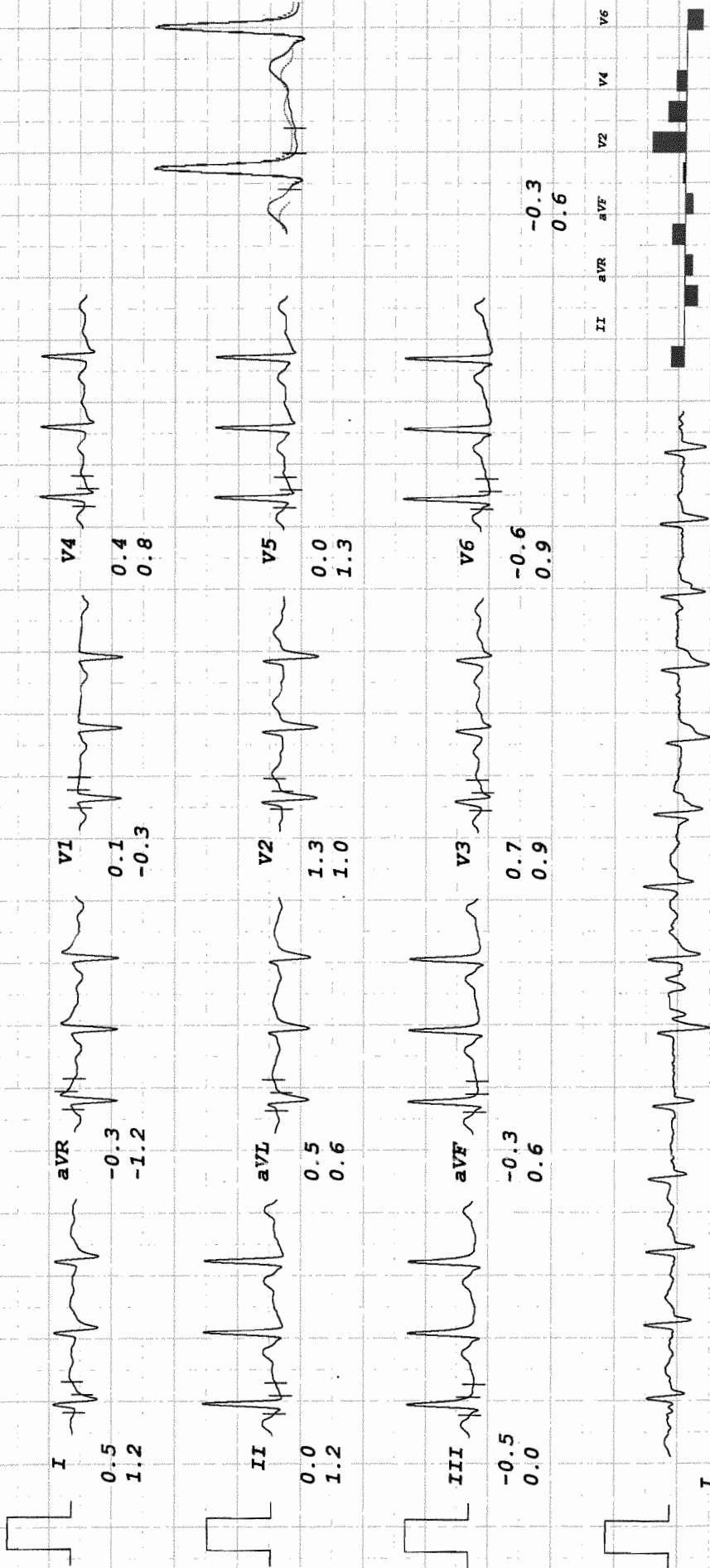
Bruce  
Stage 1  
TOTAL TIME 2:55  
PHASE TIME 2:55

ST @ 10mm/mV  
80ms PostJ  
Speed 2.7 km/hr  
SLOPE 10 %

## LINKED MEDIAN

Mag. X 2

aVF



# UNI-EM

tony bardeskar  
I.D. 22321  
Age 46/M  
Date 09/03/2024

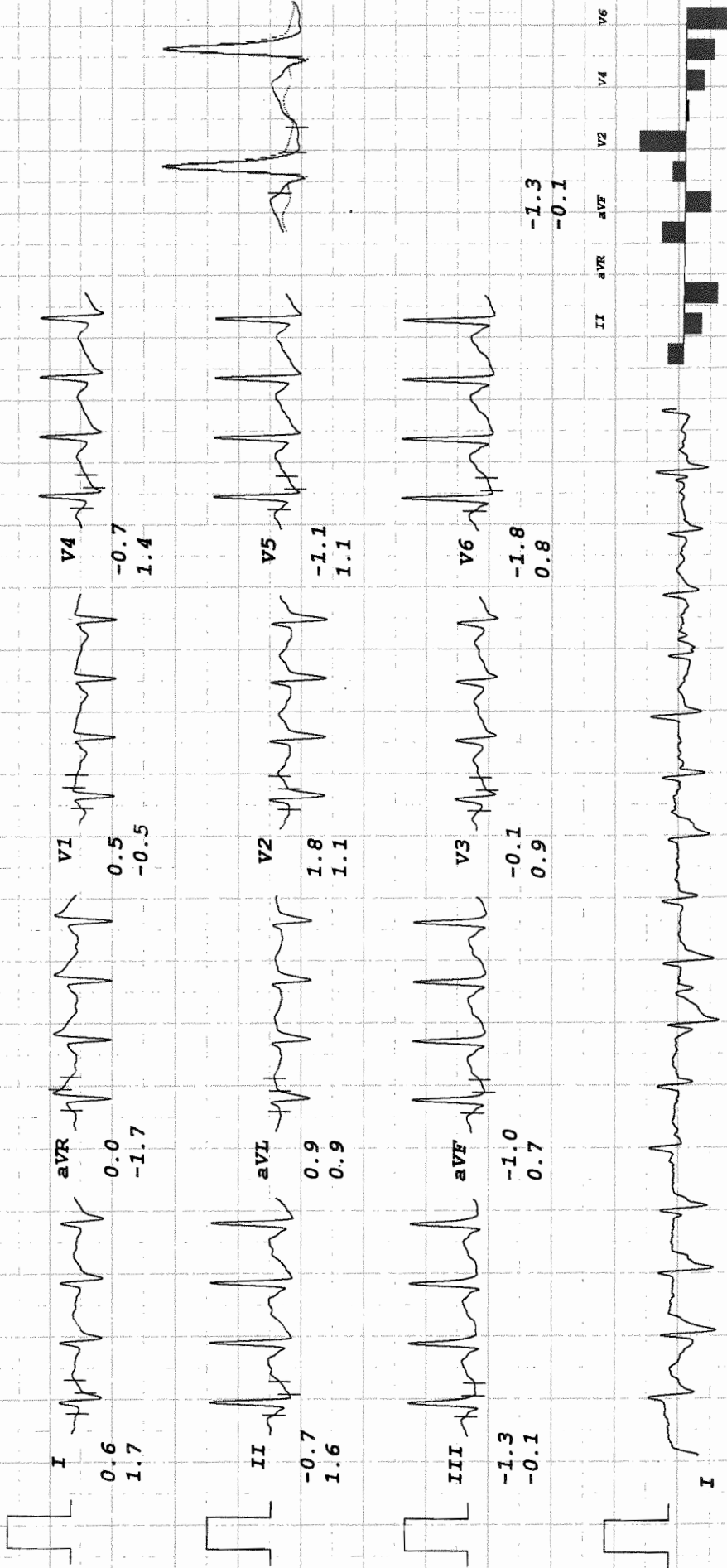
BRUCE  
Stage 2  
TOTAL TIME 5:55  
PHASE TIME 2:55

ST @ 10mm/mV  
80ms PostJ  
Speed 4 km/hr  
SLOPE 12 %

## LINKED MEDIAN

Mag. X 2

III



# UNI-EM

tony bardeskar  
 I.D. 22321  
 Age 46/M  
 Date 09/03/2024

Rate 171bpm  
 B.P. 140/90

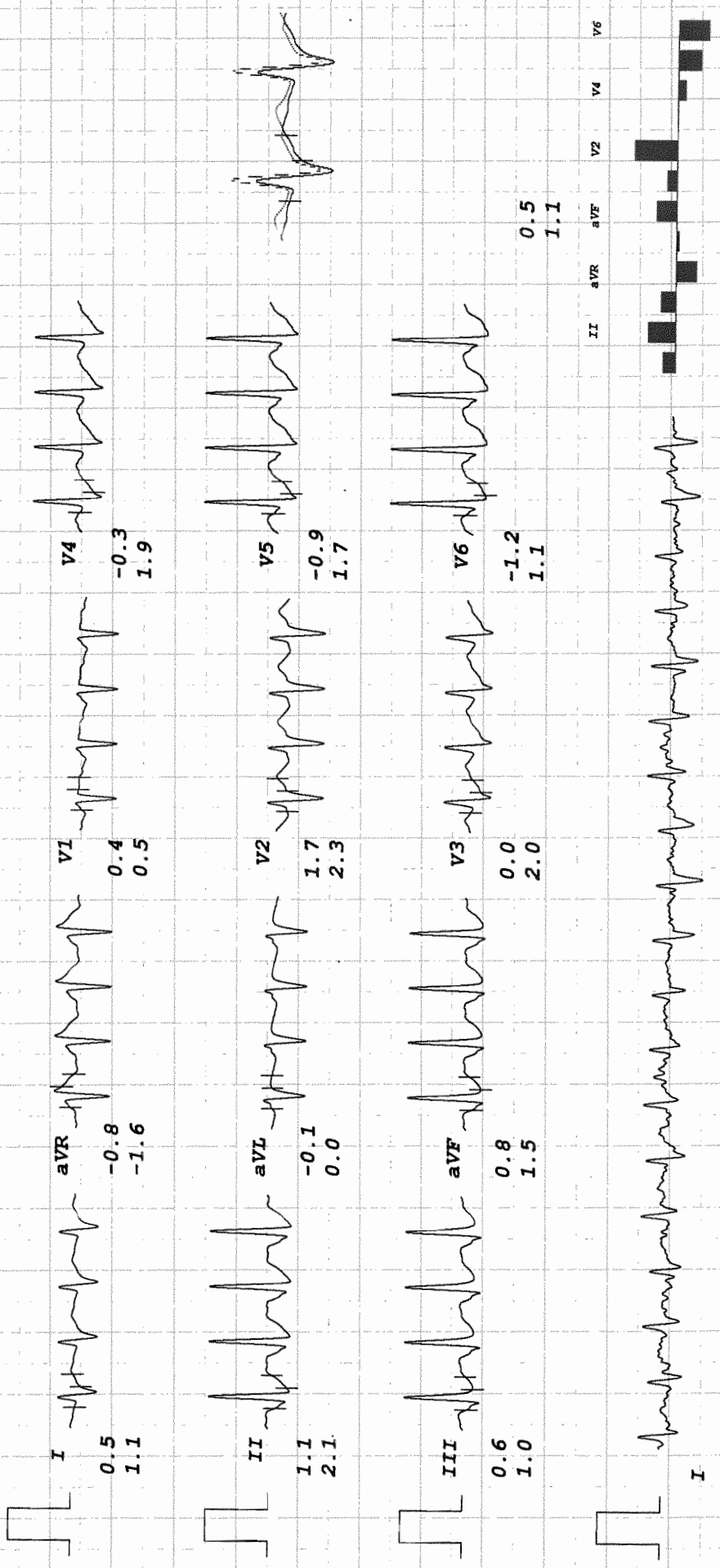
Bruce  
 PK-EXERCISE  
 TOTAL TIME 7:11  
 PHASE TIME 1:11

ST @ 10mm/mV  
 80ms PostJ  
 Speed 5.4 km/hr  
 SLOPE 14 %

## LINKED MEDIAN

Mag. X 2

I



# UNI-EM

tony bardeskar  
I.D. 22321  
Age 46/M  
Date 09/03/2024

Rate 168bpm  
B.P. 140/90

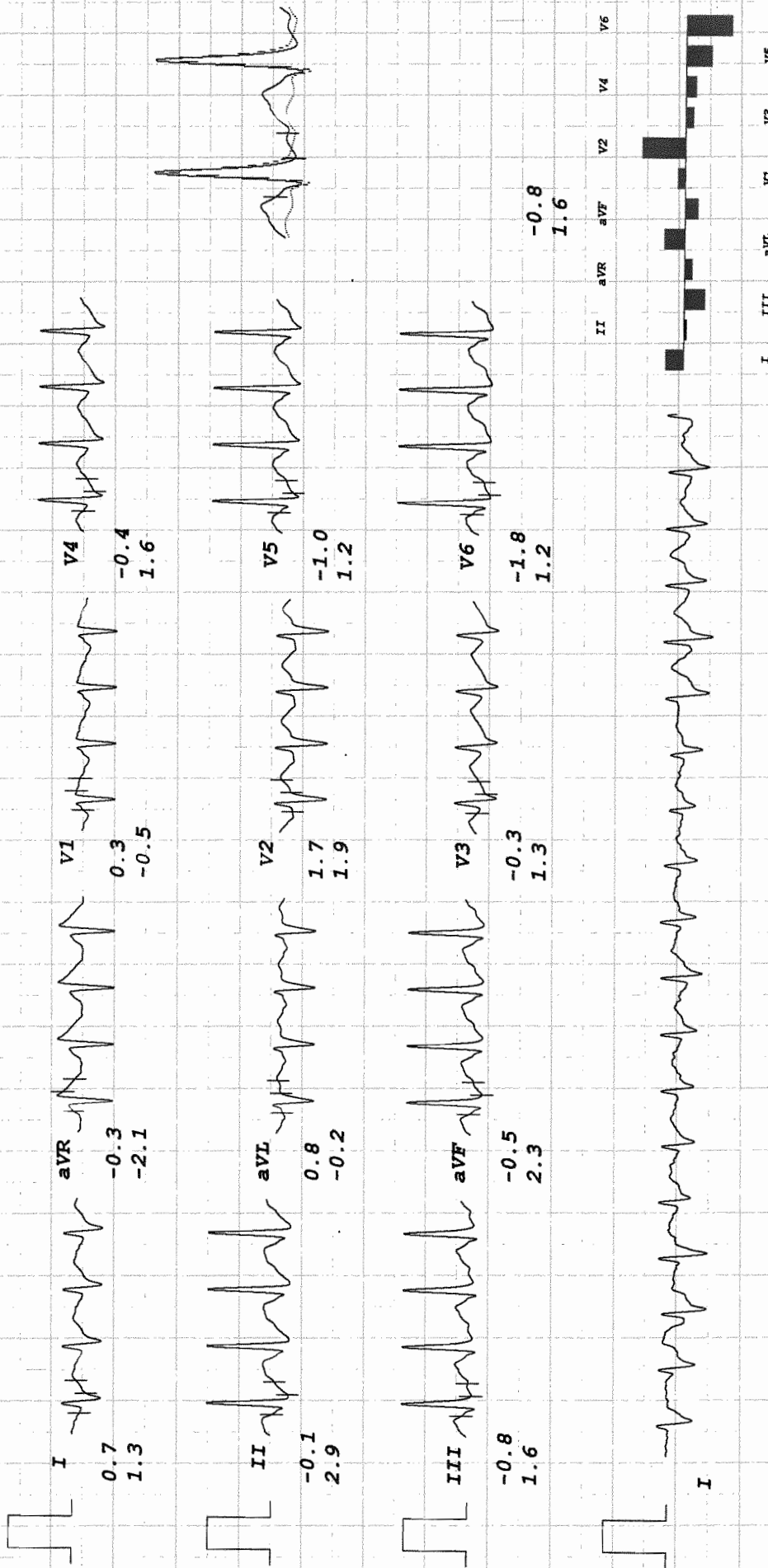
Bruce  
RECOVERY  
TOTAL TIME 7:30  
PHASE TIME 0:11

ST @ 10mm/mV  
80ms PostJ

## LINKED MEDIAN

Mag. X 2

III



UNI-EM

tony bardeskar  
I.D. 22321  
Age 46/M  
Date 09/03/2024

RATE 163bpm  
B.P. 140/90

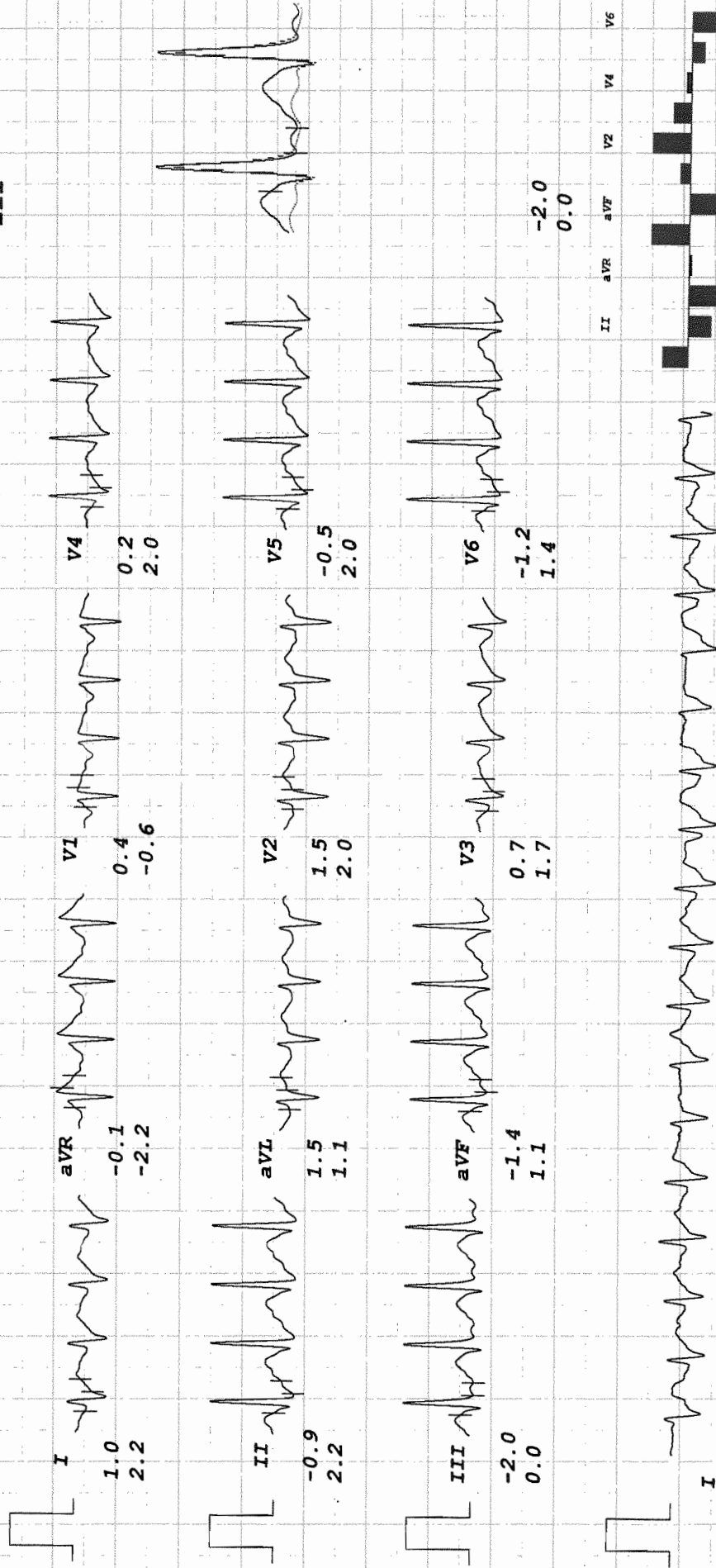
Bruce  
RECOVERY  
TOTAL TIME 7:43  
PHASE TIME 0:24

ST @ 10mm/mV  
80ms PostJ

LINKED MEDIAN

Mag. X 2

III



UNI-EM

tony bardeskar  
I.D. 22321  
Age 46/M  
Date 09/03/2024

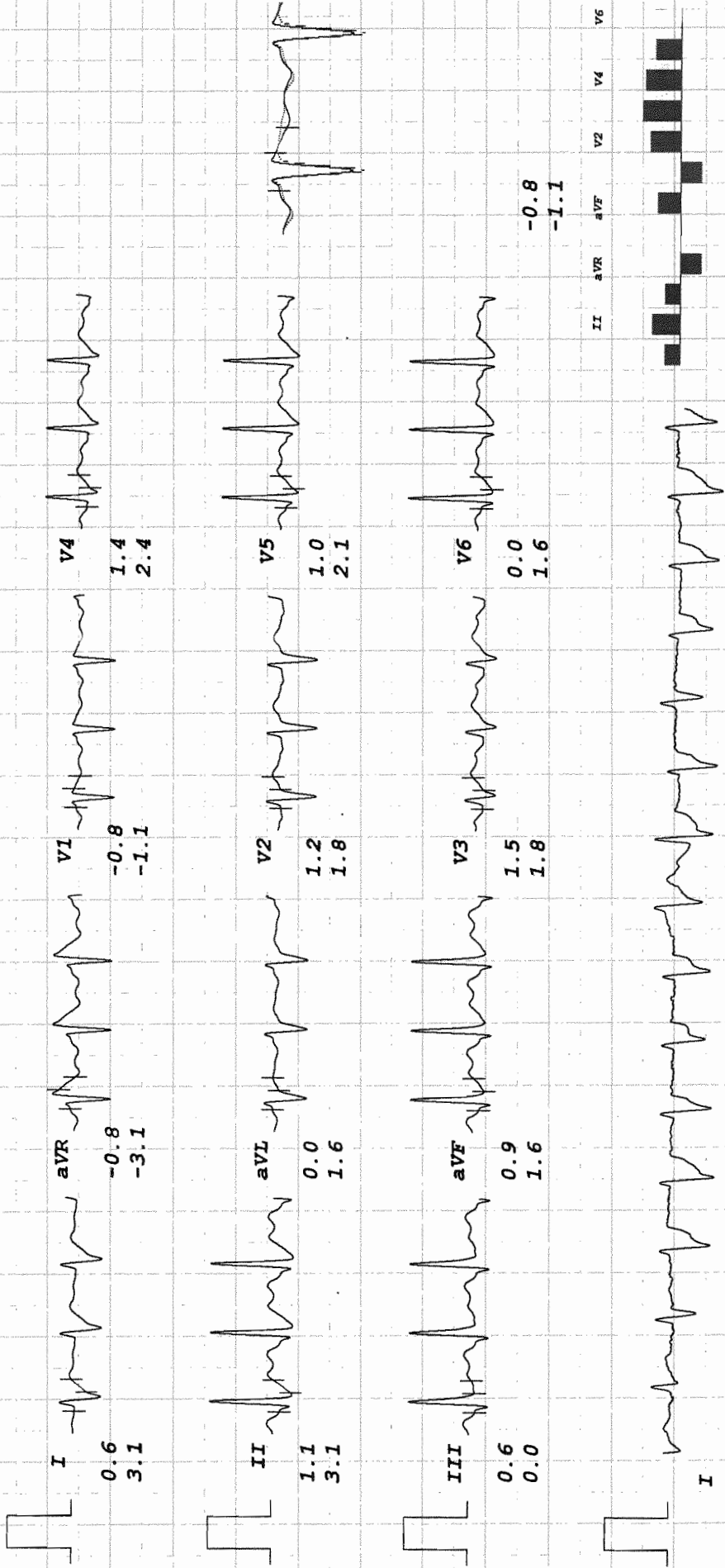
BRUCE  
RECOVERY  
RATE 138bpm  
B.P. 140/90

ST @ 10mm/mV  
80ms PostJ

LINKED MEDIAN

Mag. X 2

V1



I III aVR aVL V1 V2 V3 V4 V5 V6



# UNI-EM

## ELECTRONICS COMPLEX

### INDORE

#### TREADMILL TEST REPORT

**tony bardeskar**  
 ID : 22321  
 DATE : 09/03/2024  
 AGE/SEX : 46 / M  
 HT/WT : 171 / 93  
 REF.BY :

PROTOCOL : Bruce  
 HISTORY :  
 INDICATION :  
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								II	V1	V5		
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#### RESULTS

EXERCISE DURATION : 7:11  
 MAX HEART RATE : 173 bpm  
 MAX BLOOD PRESSURE : 140 / 90 mm Hg  
 REASON OF TERMINATION :  
 BP RESPONSE :  
 ARRHYTHMIA :  
 H.R. RESPONSE :  
 IMPRESSIONS :

MAX WORK LOAD : 8.24 METS

Technician :



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googlemap



Tele.:

022 - 2898 6677 / 46 / 47 / 48

UHID : ASH232404534 ID : HC232400014 Date : 08-Mar-2024

Patient : Bardeskar Tony Age/Sex : 46/Male Referred By : Rmo

Company :

## DIGITAL X-RAY CHEST <PA> VIEW

The lung on either side shows equal translucency and exhibit normal vasculature

The pleural spaces are normal.

Both hila are normal in size, have equal density and bear normal relationship.

The cardiac size is normal.

Trachea is central in position and no mediastinal abnormality is visible.

Bony thorax is normal.

### IMPRESSION:

- o No significant abnormality.

DR. PANDYA SAUMIL  
MD,D.N.B  
RADIOLOGIST





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Tele.:  
022 - 2898 6677 / 46 / 47 / 48

UHID : ASH232404534 ID : HC232400014 Date : 08-Mar-2024  
Patient : Bardeskar Tony Age/Sex : 46/Male Referred By : Rmo  
Company :

## SONOGRAPHY OF ABDOMEN AND PELVIS

**TECHNIQUE:** Real time, B mode, gray scale sonography of the abdominal and pelvic organs was performed with convex transducer.

**LIVER:** The liver is enlarged and measures about 17.9 cm, normal in shape and has smooth margins. The hepatic parenchyma shows homogeneous increased echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

**PORTAL VEIN:** It is normal in transverse diameter.

**GALL BLADDER:** The gall bladder is well distended. There is no evidence of calculus, wall thickening or pericholecystic collection.

**COMMON BILE DUCT:** The visualised common bile duct is normal in caliber. No evidence of calculus is seen in the common bile duct. Terminal common bile duct is obscured due to bowel gas artifacts.

**PANCREAS:** The head and body of pancreas is normal in size, shape, contours and echo texture. Rest of the pancreas is obscured due to bowel gas artifacts.

**SPLEEN:** The spleen measures 10.1 cm normal in size and shape. Its echotexture is homogeneous.

### **KIDNEYS:**

Right kidney	Left kidney
10.7 X 5.4 cm	12.9 X 5.4 cm

The kidneys are normal in size and have smooth renal margins. Cortical echotexture is normal. The central echo complex does not show evidence of hydronephrosis. No evidence of hydronephrosis, bilaterally. Right renal lower pole calculus of about 2 mm is seen.

**URINARY BLADDER:** The urinary bladder is well distended. It shows uniformly thin walls and sharp mucosa. No evidence of calculus is seen. No evidence of mass or diverticulum is noted.

**PROSTATE:** It measures about 3.2 x 2.8 x 2.8 cms; volume is 14 gm. The prostate gland shows well defined and smooth margins. The prostatic echotexture is normal and homogeneous.

There is no ascites. There is no obvious evidence of significant lymphadenopathy.

### **IMPRESSION:**

- Mild hepatomegaly with grade I fatty infiltration of liver.
- Left renal small non obstructing calculus.

DR. PANDYA SAUMIL  
MD,D.N.B  
RADIOLOGIST