

TEST REPORT

Reg. No. : 408100271 **Reg. Date :** 12-Aug-2024 08:42 **Ref.No :** **Approved On :** 12-Aug-2024 11:23
Name : Mr. BHATT MAHESH RAMPRASAD **Collected On :** 12-Aug-2024 10:12
Age : 58 Years **Gender:** Male **Pass. No. :** **Dispatch At :**
Ref. By : APOLLO **Tele No. :**
Location :

Test	Results	Unit	Bio. Ref. Interval
Complete Blood Count			
Hemoglobin(SLS method)	14.2	g/dL	13.0 - 17.0
RBC Count(Ele.Impedence)	4.98	X 10 ¹² /L	4.5 - 5.5
Hematocrit (calculated)	40.6	%	40 - 50
MCV (Calculated)	L 81.5	fL	83 - 101
MCH (Calculated)	28.5	pg	27 - 32
MCHC (Calculated)	H 35.0	g/dL	31.5 - 34.5
RDW-SD(calculated)	40.90	fL	36 - 46
Total WBC count	6100	/μL	4000 - 10000
DIFFERENTIAL WBC COUNT			
	[%]	EXPECTED VALUES	[Abs] EXPECTED VALUES
Neutrophils	63	38 - 70	3843 /cmm 1800 - 7700
Lymphocytes	27	21 - 49	1647 /cmm 1000 - 3900
Eosinophils	03	0 - 7	183 /cmm 20 - 500
Monocytes	07	3 - 11	427 /cmm 200 - 800
Basophils	00	0 - 1	0 /cmm 0 - 100
NLR (Neutrophil: Lymphocyte Ratio)	2.33	Ratio	1.1 - 3.5
Platelet Count (Ele.Impedence)	249000	/cmm	150000 - 410000
PCT	0.26	ng/mL	< 0.5
MPV	10.30	fL	6.5 - 12.0
Peripheral Smear			
RBCs	Normocytic normochromic.		
WBCs	Normal morphology		
Platelets	Adequate on Smear		
Malarial Parasites	Not Detected		

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Test done from collected sample.



Approved by: **Dr. Keyur Patel** Page 1 of 14

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For Appointment : 7567 000 750
 www.conceptdiagnostics.com
 conceptdiaghealthcare@gmail.com

1st Floor, Sahajand Palace, Near Gopi Restaurant, Anandnagar Cross Road, Prahladnagar, Ahmedabad-15.

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M.B.B.S,D.C.P(Patho)
G- 22475

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Location :			

Test Name	Results	Units	Bio. Ref. Interval
BLOODGROUP & RH			
<u>Specimen: EDTA and Serum; Method: Gel card system</u>			
Blood Group "ABO" <i>Agglutination</i>	"O"		
Blood Group "Rh" <i>Agglutination</i>	Positive		
EDTA Whole Blood			

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TEST REPORT

Reg. No. : 408100271	Reg. Date : 12-Aug-2024 08:42	Ref.No :	Approved On : 12-Aug-2024 12:37
Name : Mr. BHATT MAHESH RAMPRASAD			Collected On : 12-Aug-2024 10:12
Age : 58 Years	Gender : Male	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. :
Location :			

Test Name	Results	Units	Bio. Ref. Interval
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FASTING PLASMA GLUCOSE
Specimen: Fluoride plasma

Fasting Plasma Glucose <i>Hexokinase</i>	H 301.24	mg/dL	Normal: <=99.0 Prediabetes: 100-125 Diabetes :>=126
--	-----------------	--------------	---

Flouride Plasma

Criteria for the diagnosis of diabetes:

1. HbA1c >= 6.5 *

Or

2. Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.

Or

3. Two hour plasma glucose >= 200mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.

Or

4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose >= 200 mg/dL. *In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34:S11.

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Name : Mr. BHATT MAHESH RAMPRASAD			Collected On : 12-Aug-2024 12:30
Age : 58 Years	Gender: Male	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. :
Location :			

Test Name	Results	Units	Bio. Ref. Interval
POST PRANDIAL PLASMA GLUCOSE			
Specimen: Fluoride plasma			
Post Prandial Plasma Glucose <i>Hexokinase</i>	H 412.84	mg/dL	Normal: <=139 Prediabetes : 140-199 Diabetes: >=200
Flouride Plasma			




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Test Name	Results	Units	Bio. Ref. Interval
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GGT	26.30	U/L	10 - 71
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L-Y-Glutamyl-3 Carboxy-4-Nitroanilide, Enzymetic Colorimetric

Serum

Uses:

- Diagnosing and monitoring hepatobiliary disease.
- To ascertain whether the elevated ALP levels are due to skeletal disease or due to presence of hepatobiliary disease.
- A screening test for occult alcoholism.

Increased in:

- Intra hepatic biliary obstruction.
- Post hepatic biliary obstruction
- Alcoholic cirrhosis
- Drugs such as phenytoin and phenobarbital.
- Infectious hepatitis (modest elevation)
- Primary/ Secondary neoplasms of liver.




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Location :			

Test Name	Results	Units	Bio. Ref. Interval
<u>LIPID PROFILE</u>			
CHOLESTEROL	176.00	mg/dL	Desirable <=200 Borderline high risk 200 - 240 High Risk >240
Triglyceride <i>Enzymatic Colorimetric Method</i>	104.00	mg/dL	<150 : Normal, 150-199 : Border Line High, 200-499 : High, >=500 : Very High
Very Low Density Lipoprotein(VLDL) <i>Calculated</i>	21	mg/dL	0 - 30
Low-Density Lipoprotein (LDL) <i>Calculated Method</i>	108.22	mg/dL	< 100 : Optimal, 100-129 : Near Optimal/above optimal, 130-159 : Borderline High, 160-189 : High, >=190 : Very High
High-Density Lipoprotein(HDL)	46.78	mg/dL	<40 >60
CHOL/HDL RATIO <i>Calculated</i>	H 3.76		0.0 - 3.5
LDL/HDL RATIO <i>Calculated</i>	2.31		1.0 - 3.4
TOTAL LIPID <i>Calculated</i>	520.00	mg/dL	400 - 1000
Serum			

As a routine test to determine if your cholesterol level is normal or falls into a borderline-, intermediate- or high-risk category.
 To monitor your cholesterol level if you had abnormal results on a previous test or if you have other risk factors for heart disease.
 To monitor your body's response to treatment, such as cholesterol medications or lifestyle changes.
 To help diagnose other medical conditions, such as liver disease.
 Note : biological reference intervals are according to the national cholesterol education program (NCEP) guidelines.




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Location :			

Test Name	Results	Units	Bio. Ref. Interval
<u>LIVER FUNCTION TEST</u>			
TOTAL PROTEIN	7.41	g/dL	6.6 - 8.8
ALBUMIN	4.16	g/dL	3.5 - 5.2
GLOBULIN <i>Calculated</i>	3.25	g/dL	2.4 - 3.5
ALB/GLB <i>Calculated</i>	1.28		1.2 - 2.2
SGOT	23.90	U/L	<35
SGPT	20.90	U/L	<41
Alkaline Phosphatase <i>ENZYMATIC COLORIMETRIC IFCC, PNP, AMP BUFFER</i>	52.70	U/L	40 - 130
TOTAL BILIRUBIN	1.15	mg/dL	0.1 - 1.2
DIRECT BILIRUBIN	0.39	mg/dL	<0.2
INDIRECT BILIRUBIN <i>Calculated</i>	0.76	mg/dL	0.0 - 1.00
Serum			

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Location :

Test Name	Results	Units	Bio. Ref. Interval
HEMOGLOBIN A1C (HBA1C)	H 11.30	%	Normal: <= 5.6 Prediabetes:5.7-6.4 Diabetes: >= 6.5 6-7 : Near Normal Glycemia, <7 : Goal ,7-8 : Good Control ,>8 : Action Suggested.
Mean Blood Glucose (Calculated)	278	mg/dL	
EDTA Whole Blood			

Criteria for the diagnosis of diabetes

- HbA1c >= 6.5 * Or Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs. Or
- Two hour plasma glucose >= 200mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water. Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose >= 200 mg/dL. *In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34:S11.

Limitation of HbA1c

- In patients with Hb variants even analytically correct results do not reflect the same level of glycemic control that would be expected in patients with normal population.
 - Any cause of shortened erythrocyte survival or decreased mean erythrocyte survival or decreased mean erythrocyte age eg. hemolytic diseases, pregnancy, significant recent/chronic blood loss etc. will reduce exposure of RBC to glucose with consequent decrease in HbA1c values.
 - Glycated HbF is not detected by this assay and hence specimens containing high HbF (>10%) may result in lower HbA1c values than expected. Importance of HbA1C (Glycated Hb.) in Diabetes Mellitus
- HbA1C, also known as glycated hemoglobin, is the most important test for the assessment of long term blood glucose control(also called glycemic control).
 - HbA1C reflects mean glucose concentration over past 6-8 weeks and provides a much better indication of longterm glycemic control than blood glucose determination.
 - HbA1c is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
 - Long term complications of diabetes such as retinopathy (Eye-complications), nephropathy (kidney-complications) and neuropathy (nerve complications), are potentially serious and can lead to blindness, kidney failure, etc.
 - Glycemic control monitored by HbA1c measurement using HPLC method (GOLD STANDARD) is considered most important. (Ref. National Glycohaemoglobin Standardization Program - NGSP)
- Note : Biological reference intervals are according to American Diabetes Association (ADA) Guidelines.




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Age : 58 Years **Gender:** Male **Pass. No. :** **Dispatch At :**
Ref. By : APOLLO **Tele No. :**
Location :

Test Name	Results	Units	Bio. Ref. Interval
THYROID FUNCTION TEST			
T3 (triiodothyronine), Total <small>CMIA</small>	0.79	ng/mL	0.40 - 1.81
T4 (Thyroxine), Total <small>CMIA</small>	7.59	µg/dL	4.6 - 10.5
TSH (Thyroid stimulating hormone) <small>CMIA</small>	2.980	µIU/mL	0.35 - 4.94

Sample Type: Serum

Comments:

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :


- First Trimester : 0.1 to 2.5 µIU/mL
- Second Trimester : 0.2 to 3.0 µIU/mL
- Third trimester : 0.3 to 3.0 µIU/mL

Reference : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition. Philadelphia: WB Saunders,2012:2170

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 SPECIALITY LABORATORY LTD.
 PRAHLADNAGAR BRANCH

TEST REPORT

Reg. No. : 408100271	Reg. Date : 12-Aug-2024 08:42	Ref.No :	Approved On : 12-Aug-2024 12:31
Name : Mr. BHATT MAHESH RAMPRASAD			Collected On : 12-Aug-2024 10:12
Age : 58 Years	Gender: Male	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. :
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<u>URINE ROUTINE EXAMINATION</u>			
<u>Physical Examination</u>			
Colour	Pale Yellow		
Clarity	Clear		
<u>CHEMICAL EXAMINATION (by strip test)</u>			
pH	6.0		4.6 - 8.0
Sp. Gravity	1.030		1.002 - 1.030
Protein	Present(Trace)		Absent
Glucose	Present(+++)		Absent
Ketone	Absent		Absent
Bilirubin	Absent		Nil
Nitrite	Absent		Nil
Leucocytes	Nil		Nil
Blood	Nil		Absent
<u>MICROSCOPIC EXAMINATION</u>			
Leucocytes (Pus Cells)	2-3		0 - 5/hpf
Erythrocytes (RBC)	Nil		0 - 5/hpf
Casts	Nil	/hpf	Absent
Crystals	Nil		Absent
Epithelial Cells	Occasional		Nil
Monilia	Absent		Nil
T. Vaginalis	Absent		Nil
Bacteria	Absent		Absent
Urine			

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Name	: Mr. BHATT MAHESH RAMPRASAD						Collected On	: 12-Aug-2024 10:12
Age	: 58 Years	Gender:	Male	Pass. No. :				
Ref. By	: APOLLO						Dispatch At	:
Location	:						Tele No.	:

Test Name	Results	Units	Bio. Ref. Interval
Creatinine	0.89	mg/dL	0.67 - 1.5

Serum

Creatinine is the most common test to assess kidney function. Creatinine levels are converted to reflect kidney function by factoring in age and gender to produce the eGFR (estimated Glomerular Filtration Rate). As the kidney function diminishes, the creatinine level increases; the eGFR will decrease. Creatinine is formed from the metabolism of creatine and phosphocreatine, both of which are principally found in muscle. Thus the amount of creatinine produced is, in large part, dependent upon the individual's muscle mass and tends not to fluctuate much from day-to-day. Creatinine is not protein bound and is freely filtered by glomeruli. All of the filtered creatinine is excreted in the urine.

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Location :			

Test Name	Results	Units	Bio. Ref. Interval
Urea	25.3	mg/dL	17 - 43

Serum

Useful screening test for evaluation of kidney function. Urea is the final degradation product of protein and amino acid metabolism. In protein catabolism, the proteins are broken down to amino acids and deaminated. The ammonia formed in this process is synthesized to urea in the liver. This is the most important catabolic pathway for eliminating excess nitrogen in the human body. Increased blood urea nitrogen (BUN) may be due to prerenal causes (cardiac decompensation, water depletion due to decreased intake and excessive loss, increased protein catabolism, and high protein diet), renal causes (acute glomerulonephritis, chronic nephritis, polycystic kidney disease, nephrosclerosis, and tubular necrosis), and postrenal causes (eg, all types of obstruction of the urinary tract, such as stones, enlarged prostate gland, tumors). The determination of serum BUN currently is the most widely used screening test for the evaluation of kidney function. The test is frequently requested along with the serum creatinine test since simultaneous determination of these 2 compounds appears to aid in the differential diagnosis of prerenal, renal and postrenal hyperuremia.

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Location :			

Test Name	Results	Units	Bio. Ref. Interval
<u>ELECTROLYTES</u>			
Sodium (Na+) <small>Method:ISE</small>	137.2	mmol/L	136 - 145
Potassium (K+) <small>Method:ISE</small>	4.5	mmol/L	3.5 - 5.1
Chloride(Cl-) <small>Method:ISE</small>	102.6	mmol/L	98 - 107
Serum			

Comments

The electrolyte panel is ordered to identify electrolyte, fluid, or pH imbalance. Electrolyte concentrations are evaluated to assist in investigating conditions that cause electrolyte imbalances such as dehydration, kidney disease, lung diseases, or heart conditions. Repeat testing of the electrolyte or its components may be used to monitor the patient's response to treatment of any condition that may be causing the electrolyte, fluid or pH imbalance.

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

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MER- MEDICAL EXAMINATION REPORT

Date of Examination		12-08-2024	
NAME		Bhatt Mahesh Ramprasad	
AGE	59 Years	Gender	Male
HEIGHT(cm)	163 cm	WEIGHT (kg)	92 kgs
BMI	34.6		
B.P.	124/80/98		
VISION CHECKUP		COLOR VISION: NORMAL	
RE	SPH -1.00 CYL -0.75 Axis 180° ADD 2-25 NC	6/6	RIGHT- Normal
LE		6/6	LEFT- Normal
ECG	Report Attached		
X Ray	Report Attached		
Present Ailments	NA		
Details of Past ailments (If Any)	NA		
Comments / Advice : She /He is Physically Fit	Physically fit .		

Dr. Vipul Chavda
MD (Internal Medicine)
Reg. No. G- 18004

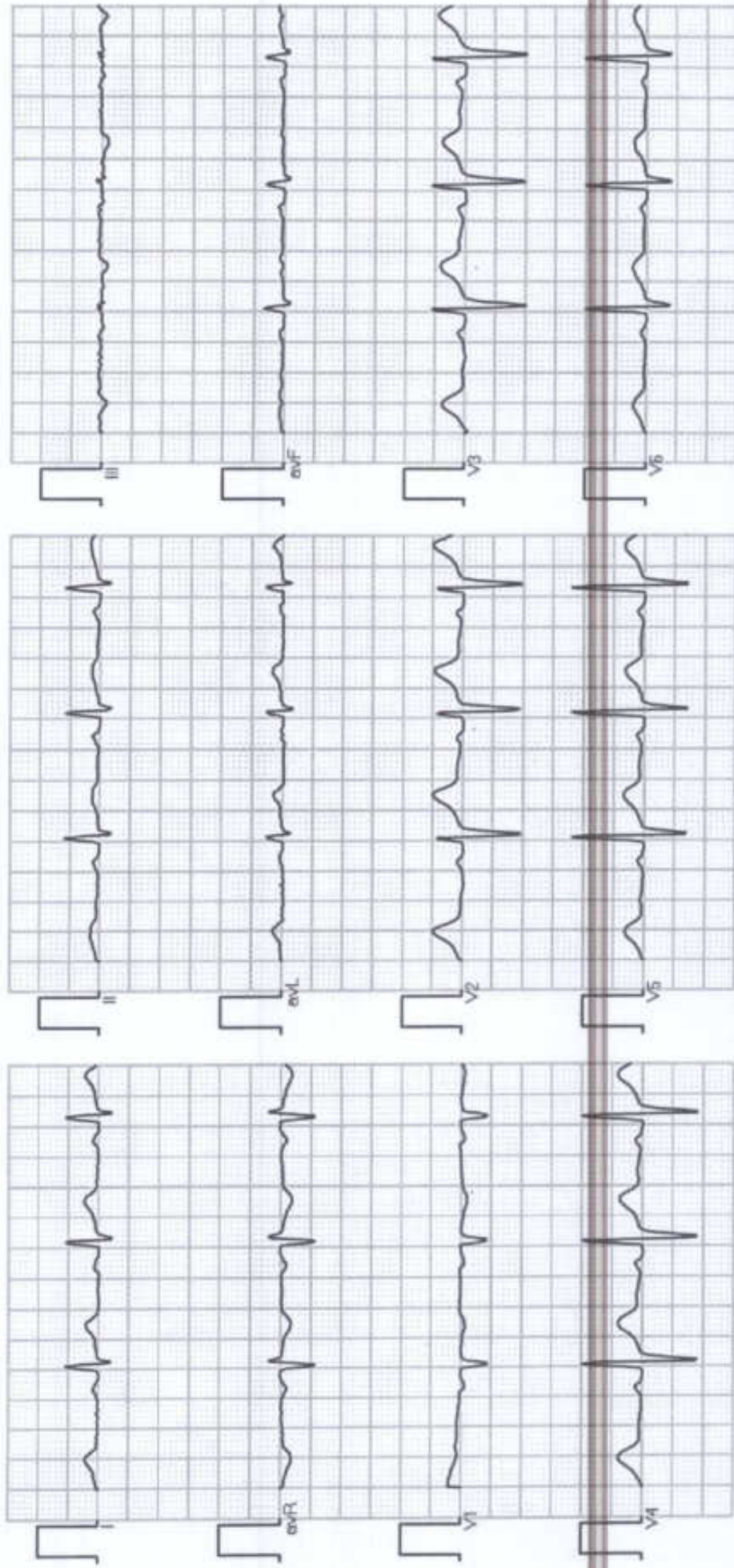
Signature with Stamp of Medical Examiner

CONCEPT DIAGNOSTIC

2726 / BHATT MAHESH RAMPRASAD / 58 Yrs / M / 163Cms. / 92Kgs. / Non Smoker

Heart Rate : 68 bpm / Tested On : 12-Aug-24 09:14:07 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s

ECG



Vent Rate : 68-bpm
PR Interval : 178 ms
QRS Duration: 92 ms
QT/QTc Int : 416/423 ms
P-QRS-T axis: 45.00• 33.00• 6.00•



Axis
90° R 33.00° T 6.00° P 45.00°

DR. PARTH THAKKAR
MD (Med) **DR. B** (Cardiology)
Interventional cardiologist

G-32946
Reported By DR PARTH THAKKAR

CONCEPT DIAGNOSTICS

Report



Sahajanand Palace, First Floor, 100 Feet Anand Nagar Road Above Gopi Restaraunt, Prahladnagar, Ahmedabad Email:

1618 / BHATT MAHESH RAMPRASAD / 58 Yrs / M / 163 Cms / 92 Kg / NonSmoker
Date: 12 / 08 / 2024 10:53:46 AM

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:04	0:04	00.0	00.0	01.0	098	60 %	124/80	121	00	
Standing	00:08	0:02	00.0	00.0	01.0	098	60 %	124/80	121	00	
HV	00:08	0:02	00.0	00.0	01.0	098	60 %	124/80	121	00	
EXStart	00:14	0:06	00.0	00.0	01.0	098	60 %	124/80	121	00	
BRUCE Stage 1	03:14	3:00	01.7	10.0	04.7	128	79 %	126/80	161	00	
PeakEx	05:52	2:38	02.5	12.0	06.8	144	89 %	136/86	195	00	
Recovery	06:22	0:30	01.1	00.0	01.8	140	86 %	150/90	210	00	
Recovery	06:52	1:00	01.1	00.0	01.0	138	85 %	154/90	212	00	
Recovery	07:52	2:00	00.0	00.0	01.0	123	76 %	154/88	189	00	
Recovery	08:52	3:00	00.0	00.0	01.0	116	72 %	150/82	174	00	
Recovery	09:02	3:10	00.0	00.0	01.0	114	70 %	150/82	171	00	

FINDINGS :

Exercise Time : 05:38
 Initial HR (ExStrt) : 98 bpm 60% of Target 162
 Initial BP (ExStrt) : 124/80 (mm/Hg)
 Max Workload Attained : 6.8 Fair response to induced stress
 Duke Treadmill Score : 05.4
 Test Objective : DM SINCE 3 YEARS
 Test End Reasons : Fatigue, Leg Pain, Heart Rate Achieved
 Max HR Attained 144 bpm 89% of Target 162
 Max BP Attained 154/88 (mm/Hg)
 VO2Max : 23.8 ml/Kg/min (Very Poor)

REPORT :

TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHEMIA.

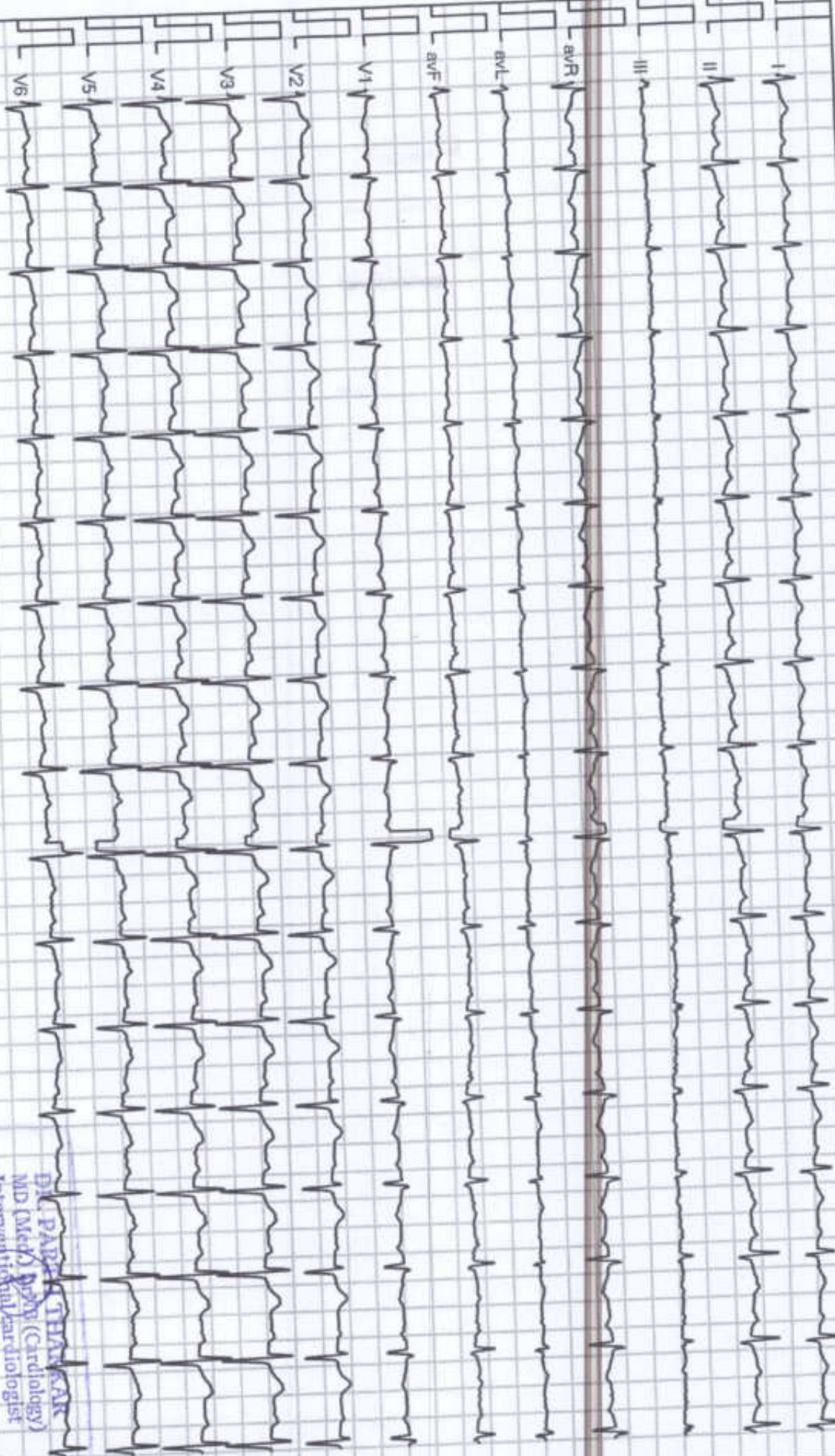
Dr. Abhimanyu D Kothari
 DM (Mod.) (Interventional Cardiology)
 Interventional Cardiologist
 Regd. No. G 29383

Doctor : DR. ABHIMANYU KOTHARI

CONCEPT DIAGNOSTICS

1678 / BHATT MAHESH RAMPRASAD / 58 Yrs / M / 163 Cms / 92 Kg / HR 99

Date 12/08/2024 10:53:46 AM EP. / BLC On Natch On HF 0.05 Hz LF 100 Hz



Pre Test ECG



DR. PABU THAKUR
MD (Med) DM (Cardiology)
Interventional Cardiologist
G - 329A5

(ADX_GEM217220330)/Allengers

CONCEPT DIAGNOSTICS

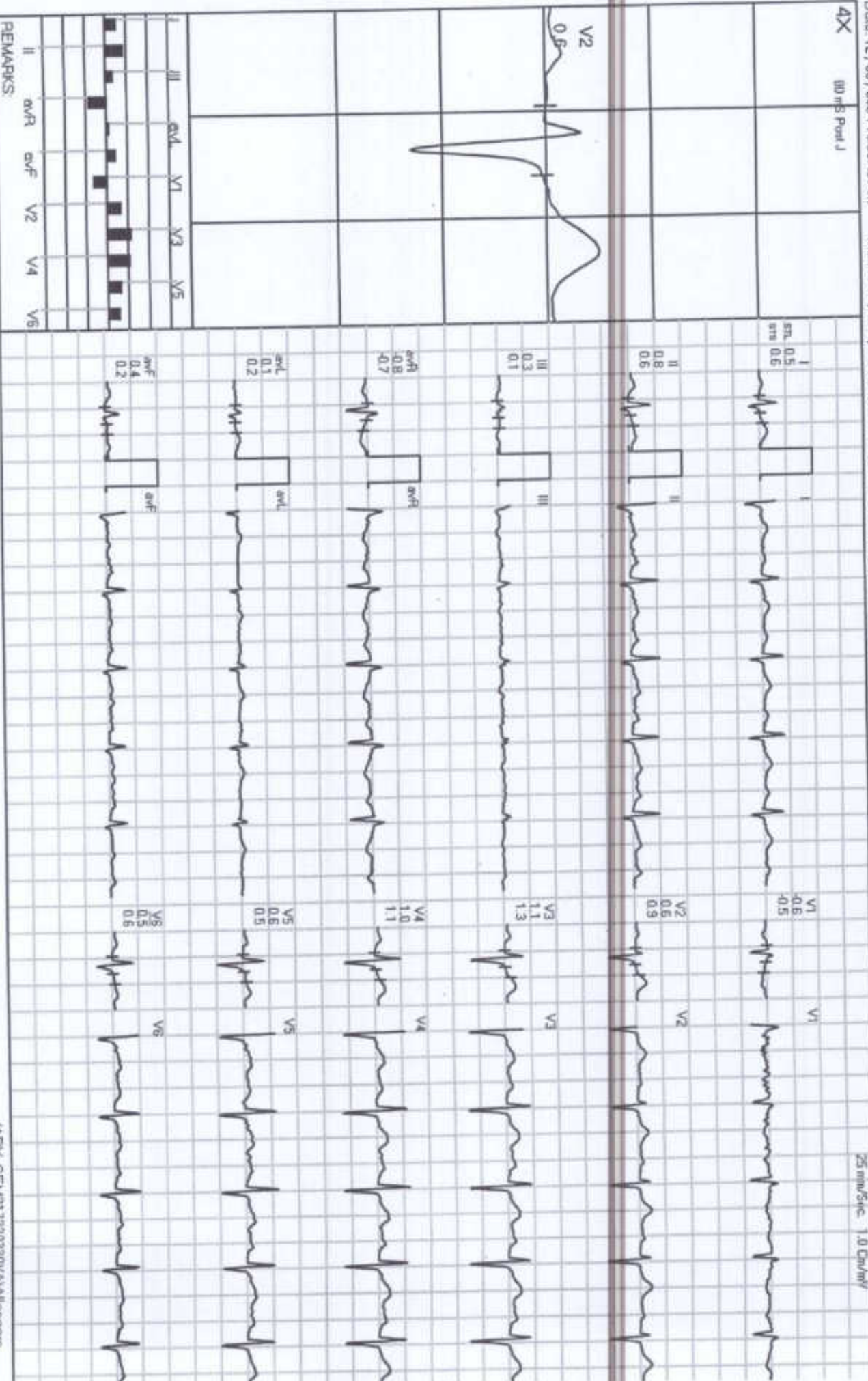
STANDING (00:02)



1618 / BHATT MAHESH RAMPRASAD / 58 Yrs / M / 163 Cms / 92 Kg / HR : 98

Date: 12 / 08 / 2024 10:53:46 AM METS: 1.0 / 98 bpm 50% of THR BP: 124/80 mmHg Flow ECG/BLG ON/Naich ON/HE 0.05 Hz/LF 100 Hz

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



REMARKS:

CONCEPT DIAGNOSTICS

HV (00:02)



1618 / BHATT MAHESH RAMPRASAD / 58 Yrs / M / 163 Cms / 92 Kg / HR : 98

Date: 12 / 08 / 2024 10:53:46 AM METS: 1.0/ 98 bpm 60% of THR BP: 124/80 mmHg Raw ECG/BLC On/ Notch On/ HF: 0.05 Hz/LF 100 Hz

Ext: 00:00 0.0 mph, 0.0%

25 mm/5 sec, 0.0 Cm/mV



REMARKS:

CONCEPT DIAGNOSTICS

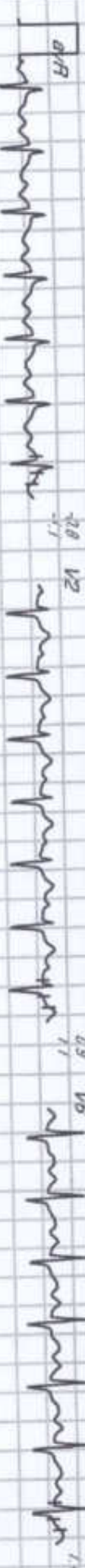
BRUCE : Stage 1 (03:00)



Sahajanand Palace, First Floor, 100 Feet Anand Nagar Road Above Gopi Restaurant, Prakhadnagar, Ahmednagar Medians Report

Date: 12/08/2024 10:53:46 AM METs: 4.7 HR: 128 Target HR: 79% of 182 BP: 126/80 Post J @300Sec

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



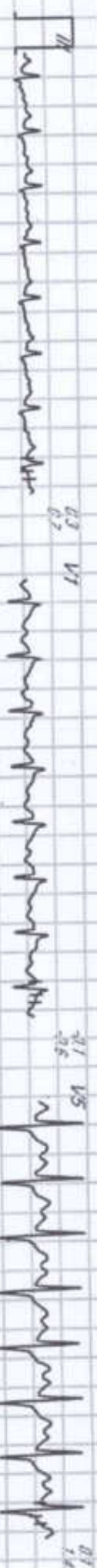
CONCEPT DIAGNOSTICS

Sahajmand Palace, First Floor, 100 Feet Anand Nagar Road Above Gopi Restaurant, Prithvidnagar, Annamalai Medians Report
1618 / BHATT MAHESH RAMPRASAD / 58 Yrs / Male / 163 Cm / 92 Kg / Non Smoker



Date: 12/08/2024 10:53:46 AM METs : 6.8 HR: 144 Target HR : 80% of 162 BP: 120/66 Post J @60mSec

E Time: 05:30 Speed: 2.5 mm/Grate: 12.00 % 25 mm/Sec: 1.0 Cm/mV

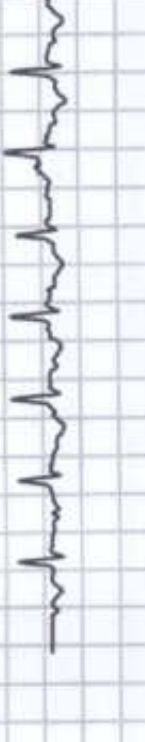
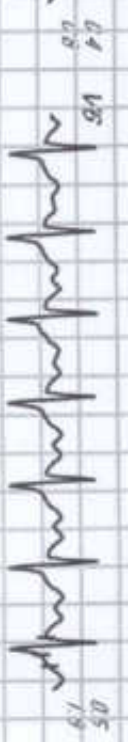
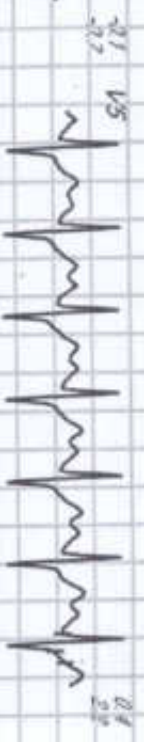


CONCEPT DIAGNOSTICS

Sahjanand Palace, First Floor, 100 Feet Anand Nagar Road Above Gopi Restaurant, Prahladnagar, Ahmedabad Medians Report
 Recovery: (01:00)



Date: 12/08/2024 10:53:46 AM METs: 1.0 HR: 138 Target HR: 85% of 162 BP: 154/90 Post J @ 60mSec EXTime: 05:38 Speed: 1.1 mph Grade: 02.00 % 25 mmVSec 1.0 Cm/ht



CONCEPT DIAGNOSTICS

Sahajanand Palace, First Floor, 100 Feet Anand Nagar Road Above Gopi Restaurant, Prakhadnagar, Ahmedabad Medians Report
Recovery : (02:00)
1618 / BHATT MAHESH RAMPRASAD / 58 Yrs / Male / 163 Cm / 92 Kg / Non Smoker



Date: 12/08/2024 10:53:46 AM METs : 1.0 HR : 123 Target HR : 76% of 162 BP : 154/88 Post J @ 00mSec

ETime: 05:38 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec: 1.0 Cm/mV



CONCEPT DIAGNOSTICS

Sahjanand Palace, First Floor, 100 Feet Anand Nagar Road Above Gopi Restaurant, Prabhदनगर, Ahmedlianked Medians Report
1618 / BHATT MAHESH RAMPRASAD / 58 Yrs / Male / 163 Cm / 92 Kg / Non Smoker
Recovery : (03:00)



Date: 12/08/2024 10:53:46 AM NETS - 1.0 HR - 116 Target HR : 72% of 162 BP - 150/82 Post J @80msSec

ExtTime: 05:38 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV



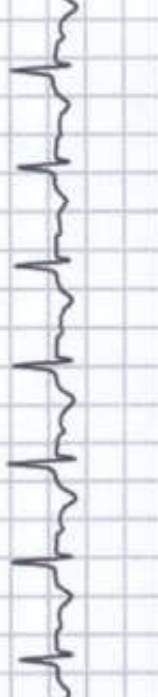
CONCEPT DIAGNOSTICS

Sahjanand Palace, First Floor, 100 Feet Anand Nagar Road Above Gopi Restaurant, Prahladnagar, Ahmednagar Medians Report
1618 / BHATT MAHESH RAMPRASAD / 58 Yrs / Male / 163 Cm / 92 Kg / Non Smoker



Date: 12/10/2024 10:53:46 AM METs : 1.0 HR : 114 Target HR : 70% of 162 BP : 150/92 PwV J @80mSec

E-Time : 05:38 Speed : 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV



Raw Rhythm



NAME :	MAHESH BHATT	AGE/SEX:	58 Y/M
REF. BY:	HEATH CHECK UP	DATE :	12-Aug-24

X-RAY CHEST - PA VIEW

- Both lung fields are clear.
- No evidence of consolidation or Koch's lesion seen.
- Both CP angles are clear.
- Heart size is within normal limit.
- Both dome of diaphragm appear normal.
- Bony thorax under vision appears normal.

Dr. Tejas Patel
Diplomate N. B.
G-33659

Dr. TEJAS PATEL
DNB RADIO DIAGNOSIS



NAME :	MAHESH BHATT	AGE/SEX:	58 Y/M
REF. BY:	HEATH CHECK UP	DATE :	12-Aug-24

USG ABDOMEN & PELVIS

LIVER: normal in size & shows increase echotexture. No evidence of dilated IHBR. No evidence of focal or diffuse lesion. CBD & Portal vein appears normal.

GALL-

BLADDER: normal, No evidence of Gall Bladder calculi. CBD normal.

PANCREAS: appears normal in size & echotexture, No evidence of peri-pancreatic fluid collection.

SPLEEN: normal in size & shows normal echogenicity.

KIDNEYS: Both kidneys appear normal in size & echotexture. No evidence of calculus or hydronephrosis on either side.

URINARY

BLADDER: appears normal and shows partial distension & normal wall thickness. No evidence of calculus or mass lesion.

PROSTATE: mild enlarged in size(VOL 30cc) & normal echotexture.

USG WITH HIGH FREQUENCY SOFT TISSUE PROBE:

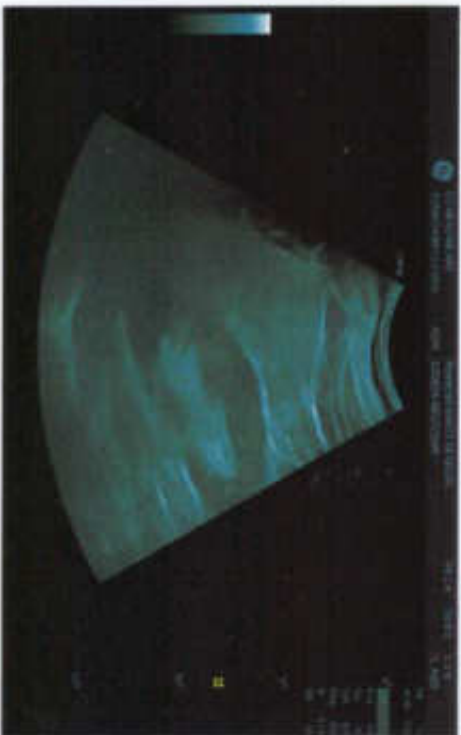
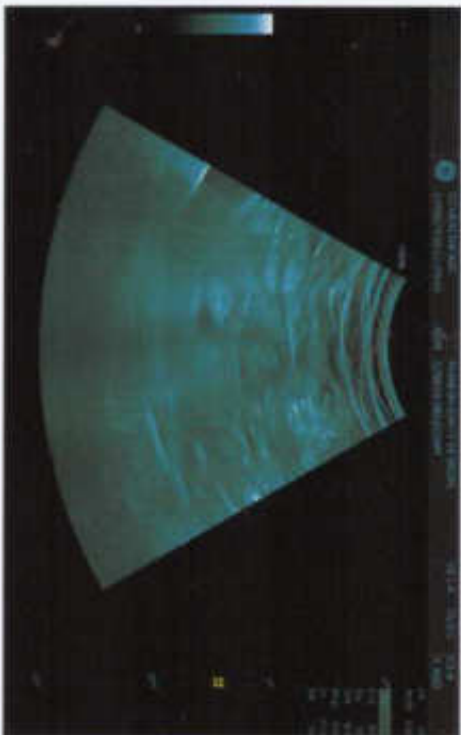
Visualized bowel loops appears normal in caliber. No evidence of focal or diffuse wall thickening. No collection in RIF. No e/o Ascites. No e/o significant lymphadenopathy.

IMPRESSION:

- **GRADE I-II FATTY CHANGES IN LIVER.**
- **Mild enlarged prostate**

Dr. KRUTI DAVE
CONSULTANT RADIODIAGNOSIS

Dr. Kruti Dave
G - 48337



Mohesh Bhatt,

I'm not willing to do Dental

checkup.

9127664807

M Bhatt

Bhall Mahesh Ramprasad .

I am not able to come again for Echo
So, I prefer to complete my Read Procedure
with TMT Only .

