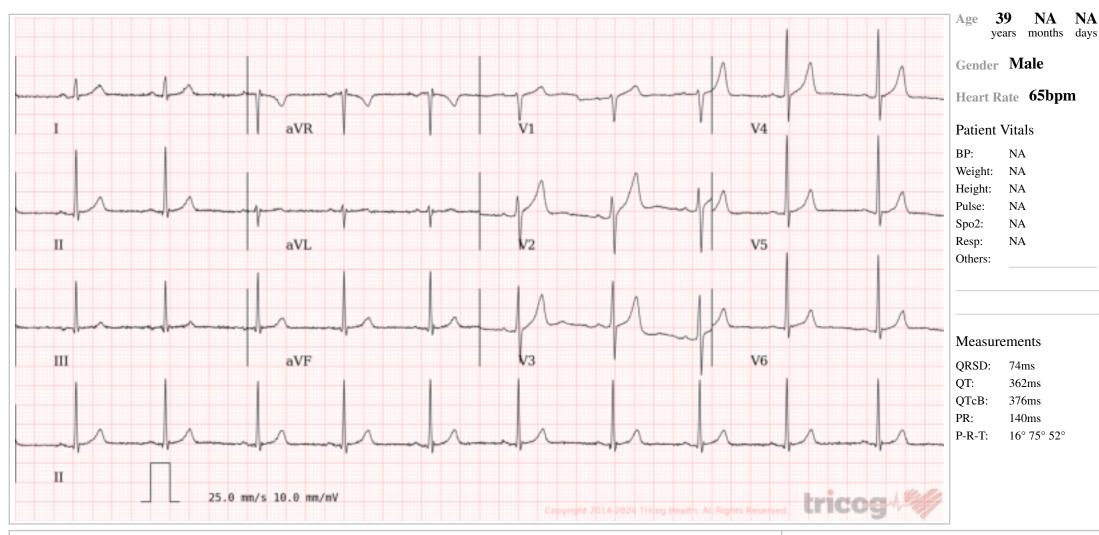
### SUBURBAN DIAGNOSTICS - BORIVALI WEST



Patient Name: RAHATE PRASHANT DEVIDAS Date and Time: 19th Feb 24 11:07 AM

Patient ID: 2405000509



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

REPORTED BY



Dr Nitin Sonavane M.B.B.S.AFLH, D.DIAB, D.CARD Consultant Cardiologist 87714

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.



Name : MR.RAHATE PRASHANT DEVIDAS

Age / Gender : 39 Years / Male

Consulting Dr. : - Collected : 19-Feb-2024 / 08:47

Reg. Location : Borivali West (Main Centre) Reported :19-Feb-2024 / 14:56

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## AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

	CBC (Complet	te Blood Count), Blood	
<u>PARAMETER</u>	<b>RESULTS</b>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
<b>RBC PARAMETERS</b>			
Haemoglobin	14.5	13.0-17.0 g/dL	Spectrophotometric
RBC	4.52	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.4	40-50 %	Measured
MCV	96.2	80-100 fl	Calculated
MCH	32.1	27-32 pg	Calculated
MCHC	33.4	31.5-34.5 g/dL	Calculated
RDW	13.3	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	5330	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND A	ABSOLUTE COUNTS		
Lymphocytes	27.1	20-40 %	
Absolute Lymphocytes	1444.4	1000-3000 /cmm	Calculated
Monocytes	10.1	2-10 %	
Absolute Monocytes	538.3	200-1000 /cmm	Calculated
Neutrophils	59.7	40-80 %	
Absolute Neutrophils	3182.0	2000-7000 /cmm	Calculated
Eosinophils	2.4	1-6 %	
Absolute Eosinophils	127.9	20-500 /cmm	Calculated
Basophils	0.7	0.1-2 %	
Absolute Basophils	37.3	20-100 /cmm	Calculated

WBC Differential Count by Absorbance & Impedance method/Microscopy.

### **PLATELET PARAMETERS**

Platelet Count	276000	150000-400000 /cmm	Elect. Impedance
MPV	8.4	6-11 fl	Calculated
PDW	13.9	11-18 %	Calculated

### **RBC MORPHOLOGY**

Immature Leukocytes

Hypochromia -Microcytosis -



Name : MR.RAHATE PRASHANT DEVIDAS

Age / Gender : 39 Years / Male

Consulting Dr. : - Collected : 19-Feb-2024 / 08:47

Reg. Location : Borivali West (Main Centre) Reported : 19-Feb-2024 / 17:18

Macrocytosis -

Anisocytosis -

Poikilocytosis -

Polychromasia -

Target Cells -

Basophilic Stippling -

Normoblasts -

Others Normocytic, Normochromic

WBC MORPHOLOGY -

PLATELET MORPHOLOGY -

COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 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 Borivali Lab, Borivali West
\*\*\* End Of Report \*\*\*





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

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CID : 2405000509

Name : MR.RAHATE PRASHANT DEVIDAS

Age / Gender : 39 Years / Male

Consulting Dr. : -

Reg. Location : Borivali West (Main Centre)



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## AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	98.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	82.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.41	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.26	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
SGOT (AST), Serum	17.4	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	13.0	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	13.8	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	79.7	40-130 U/L	Colorimetric
BLOOD UREA, Serum	20.5	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.6	6-20 mg/dl	Calculated
CREATININE, Serum	0.79	0.67-1.17 mg/dl	Enzymatic



CID : 2405000509

Name : MR. RAHATE PRASHANT DEVIDAS

Age / Gender : 39 Years / Male

Consulting Dr.

eGFR, Serum

Reg. Location

: Borivali West (Main Centre)

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Collected :19-Feb-2024 / 13:37

Reported :20-Feb-2024 / 12:08

(ml/min/1.73sqm)

Normal or High: Above 90 Mild decrease: 60-89

Mild to moderate decrease: 45-

Moderate to severe decrease:30

Severe decrease: 15-29 Kidney failure:<15

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

URIC ACID, Serum 5.3 3.5-7.2 mg/dl

Enzymatic

Calculated

Urine Sugar (Fasting) Urine Ketones (Fasting) Absent

Absent Absent **Absent** 

Urine Sugar (PP)

Absent

Absent Absent

Urine Ketones (PP)

Absent

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West \*\*\* End Of Report \*\*\*









Name : MR.RAHATE PRASHANT DEVIDAS

Age / Gender : 39 Years / Male

Consulting Dr. : - Collected : 19-Feb-2024 / 08:47

Reg. Location : Borivali West (Main Centre) Reported :19-Feb-2024 / 13:28

# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER RESULTS BIOLOGICAL REF RANGE METHOD

Glycosylated Hemoglobin 5.3 Non-Diabetic Level: < 5.7 % HPLC (HbA1c), EDTA WB - CC Prediabetic Level: 5.7-6.4 %

Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %

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Estimated Average Glucose 105.4 mg/dl Calculated

(eAG), EDTA WB - CC

#### 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 Borivali Lab, Borivali West
\*\*\* End Of Report \*\*\*





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

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CID : 2405000509

Name : MR.RAHATE PRASHANT DEVIDAS

Age / Gender : 39 Years / Male

Consulting Dr. : - Collected : 19-Feb-2024 / 08:58

Reg. Location : Borivali West (Main Centre) Reported :19-Feb-2024 / 19:58

DECI II TC

# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE EXAMINATION OF FAECES

BIOLOGICAL DEE DANGE

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Colour	Brown	Brown	-
Form and Consistency	Semi Solid	Semi Solid	-
Mucus	Absent	Absent	-
Blood	Absent	Absent	-
CHEMICAL EXAMINATION			
Reaction (pH)	Acidic (6.5)	-	pH Indicator
Occult Blood	Absent	Absent	Guaiac
MICROSCOPIC EXAMINATION			
Protozoa	Absent	Absent	-
Flagellates	Absent	Absent	-
Ciliates	Absent	Absent	-
Parasites	Absent	Absent	-
Macrophages	Absent	Absent	-
Mucus Strands	Absent	Absent	-
Fat Globules	Absent	Absent	-
RBC/hpf	Absent	Absent	-
WBC/hpf	Absent	Absent	-
Yeast Cells	Absent	Absent	-
Undigested Particles	Present ++	-	-
		-	
Concentration Method (for ova)	No ova detected	Absent	- D !! .
Reducing Substances	-	Absent	Benedicts

<sup>\*</sup>Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab
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Dr.VRUSHALI SHROFF M.D.(PATH) Pathologist

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Name : MR.RAHATE PRASHANT DEVIDAS

Age / Gender : 39 Years / Male

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# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale Yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	clear	Clear	-
Volume (ml)	20	-	-
<b>CHEMICAL EXAMINATION</b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	1-2	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	5-6	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 inert

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab
\*\*\* End Of Report \*\*\*





Dr.VRUSHALI SHROFF M.D.(PATH) Pathologist

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Name : MR.RAHATE PRASHANT DEVIDAS

Age / Gender : 39 Years / Male

Consulting Dr. : - Collected : 19-Feb-2024 / 08:47

Reg. Location : Borivali West (Main Centre) Reported : 19-Feb-2024 / 12:54

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

RESULTS

ABO GROUP A

Rh TYPING Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

#### Clinical significance:

**PARAMETER** 

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.

#### Refernces:

- 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 SDRL, Vidyavihar Lab
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Dr.VRUSHALI SHROFF M.D.(PATH) Pathologist

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REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2" Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.



Name : MR.RAHATE PRASHANT DEVIDAS

Age / Gender : 39 Years / Male

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## AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

LIPID PROFILE

<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	144.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	64.2	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	33.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	111.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	99.0	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	12.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.0	0-3.5 Ratio	Calculated

<sup>\*</sup>Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
\*\*\* End Of Report \*\*\*





Dr.JAGESHWAR MANDAL CHOUPAL MBBS, DNB PATH Pathologist

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Name : MR.RAHATE PRASHANT DEVIDAS

Age / Gender : 39 Years / Male

Consulting Dr. : -

Reg. Location : Borivali West (Main Centre)



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: 19-Feb-2024 / 08:47

**Reported** :19-Feb-2024 / 19:22

Collected

## AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	5.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.7	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	4.08	0.35-5.5 microIU/ml mIU/ml	ECLIA



Name : MR.RAHATE PRASHANT DEVIDAS

Age / Gender : 39 Years / Male

Consulting Dr. : - Collected : 19-Feb-2024 / 08:47

Reg. Location : Borivali West (Main Centre) Reported :19-Feb-2024 / 19:22

#### Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

#### Clinical Significance:

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors
- can give falsely high TSH.
- 2)TSH values may be trasiently altered becuase 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	lypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, ty inase 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)

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





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Date:-

Name: Rahcete

CID:

Sex / Age:

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Alded Vision:

Refraction:

RE LE 619 619 MG MG

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								-
Near								

Colour Vision: Normal/ Abnormal

Remark:

2018 397 3 d Place 479 Abovo maisu Mice Borivali (Vest), Man - 2 - 450 002



Name : MR.RAHATE PRASHANT DEVIDAS

Age / Gender : 39 Years/Male

Consulting Dr. :

Collected

: 19-Feb-2024 / 08:44

E

R

Reg.Location : Borivali West (Main Centre)

Reported

: 20-Feb-2024 / 16:59

## PHYSICAL EXAMINATION REPORT

History and Complaints:

Nil

**EXAMINATION FINDINGS:** 

Height (cms):

170

Weight (kg):

66

Temp (0c):

Afebrile

Skin:

Normal

Blood Pressure (mm/hg): 120/80

Nails:

Normal

Pulse:

72/min

Lymph Node:

Not palpable

Systems

Cardiovascular: Normal

Respiratory:

Normal

Genitourinary:

Normal

GI System:

Normal

CNS:

Normal

IMPRESSION:

ADVICE:

CHIEF COMPLAINTS:



wame MR.RAHATE PRASHANT DEVIDAS

Age / Gender : 39 Years/Male

Consulting Dr. : Collected : 19-Feb-2024 / 08:44

Reg.Location : Borivali West (Main Centre) Reported : 20-Feb-2024 / 16:59

1)	Hypertension:	No
2)	IHD	No
3)	Arrhythmia	No
4)	Diabetes Mellitus	No
5)	Tuberculosis	No
6)	Asthama	No
7)	Pulmonary Disease	No
8)	Thyroid/ Endocrine disorders-	No
9)	Nervous disorders	No
10)	GI system	No
11)	Genital urinary disorder	No
12)	Rheumatic joint diseases or symptoms	No
13)	Blood disease or disorder	No
14)	Cancer/lump growth/cyst	No
15)	Congenital disease	No
16)	Surgeries	No
17)	Musculoskeletal System	No

### PERSONAL HISTORY:

1)	Alcohol	No
2)	Smoking	No
3)	Diet	Veg
4)	Medication	No

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

DR. MITIN SONAVAME
M.B.B.S.AF A. D.DIAB, D. D.
CONSULTY ACARDICLE A
REGD NO. 87714

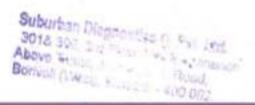
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Dr.NITIN SONAVANE PHYSICIAN





Date:-

Name: Rahcete

CID:

Sex / Age:

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Alded Vision:

Refraction:

RE LE 619 619 MG MG

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								-
Near								

Colour Vision: Normal/ Abnormal

Remark:

2018 397 3 d Place 479 Abovo maisu Mice Borivali (Vest), Man - 2 - 450 002



Name : MR.RAHATE PRASHANT DEVIDAS

Age / Gender : 39 Years/Male

Consulting Dr. :

Collected

: 19-Feb-2024 / 08:44

E

R

Reg.Location : Borivali West (Main Centre)

Reported

: 20-Feb-2024 / 16:59

## PHYSICAL EXAMINATION REPORT

History and Complaints:

Nil

**EXAMINATION FINDINGS:** 

Height (cms):

170

Weight (kg):

66

Temp (0c):

Afebrile

Skin:

Normal

Blood Pressure (mm/hg): 120/80

Nails:

Normal

Pulse:

72/min

Lymph Node:

Not palpable

Systems

Cardiovascular: Normal

Respiratory:

Normal

Genitourinary:

Normal

GI System:

Normal

CNS:

Normal

IMPRESSION:

ADVICE:

CHIEF COMPLAINTS:



wame MR.RAHATE PRASHANT DEVIDAS

Age / Gender : 39 Years/Male

Consulting Dr. : Collected : 19-Feb-2024 / 08:44

Reg.Location : Borivali West (Main Centre) Reported : 20-Feb-2024 / 16:59

1)	Hypertension:	No
2)	IHD	No
3)	Arrhythmia	No
4)	Diabetes Mellitus	No
5)	Tuberculosis	No
6)	Asthama	No
7)	Pulmonary Disease	No
8)	Thyroid/ Endocrine disorders-	No
9)	Nervous disorders	No
10)	GI system	No
11)	Genital urinary disorder	No
12)	Rheumatic joint diseases or symptoms	No
13)	Blood disease or disorder	No
14)	Cancer/lump growth/cyst	No
15)	Congenital disease	No
16)	Surgeries	No
17)	Musculoskeletal System	No

### PERSONAL HISTORY:

1)	Alcohol	No
2)	Smoking	No
3)	Diet	Veg
4)	Medication	No

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

DR. MITIN SONAVAME
M.B.B.S.AF A. D.DIAB, D. D.
CONSULTY ACARDICLE A
REGD NO. 87714

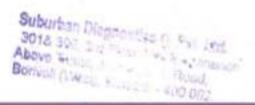
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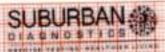
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Dr.NITIN SONAVANE PHYSICIAN





Time: 13:15

## SUBURBAN DIANOSTICS PVT. LTD. BORIVAL

Name: PRASHANT DEVIDAS

Gender: M

Height: 170 cms

Weight: 66 Kg

ID: 2405000509

Date: 19-02-2024

Clinical History:

Medications:

Age: 39

Test Details:

Protocol: Bruce

Predicted Max HR: 181

Turget HR: 153 (85% of Pr. MHR)

Exercise Time:

0:07:11

Achieved Max HR:

155 (86% of Pr. MHR)

Max BP:

160/80

Max BP x HR:

24800

Max Mets: 8

Test Termination Criteria:

TEST COMPLET

## Protocol Details:

Stage Name	Stage Time	METS	Speed	Grade	Heart Rate	BP mmile	KPP		mY/F
			kimple	6	83	120/80	9960	0.8 V3	0.3 V3
supine	00:16	1	0	0	22	120/80	9240	0.9 V3	0.3 V3
Standing	00:11	17	-	0	101	120/80	12120	0.9 V3	0.3 V3
typerVentilation	00:22	1	o .		102	120/80	12240	1 V3	0.4 V3
reTest	00:20	1	1.6	0		140/80	15680	11 V3	1.2 V3
ituge l	03:00	4.7	2.7	10	112	140/80	19600	16 V)	0.8 V3
Stage 2	03:00	7	4	12	140	100000000000000000000000000000000000000	24800	22 V3	1.2.V3
leak Exercise	01:11	3	5.5	14:	155	160/80		2.1 V3	1.6-V3
Recovery1	01:00	1	9	0	122	160/80	19520	16 V3	2.6 V3
Regovery2	01:00	1	0	0	78	140/80	10920	18 V3	2.4 V4
Regovery's	00:09	1	0	0	85	120/80	10200	110.03	

## Interpretation

The Patient Exercised according to Bruce Protocol for 0:07:11 achieving a work level of 8 METS. Resting Heart Rate, initially 83 bpm rose to a max, heart rate of 155bpm (86% of Predicted Maximum Heart Rate). Resting Blood Pressure of 120/80 mmHg, rose to a maximum Blood Pressure of 160/80 mmHg Good Effort tolerance Normal HR & BP Respone No Angina or Arrhymias No Significant ST-T Change Noted During Exercise Stress test Negative for Stress inducible ischaemia.

> Suburban Dinementis S. 130 \*2FF9V400 3018 304 Above w Borwan (Vie. 1)

DR. NITIN ST M B.B.S.AFL CONSULTAN

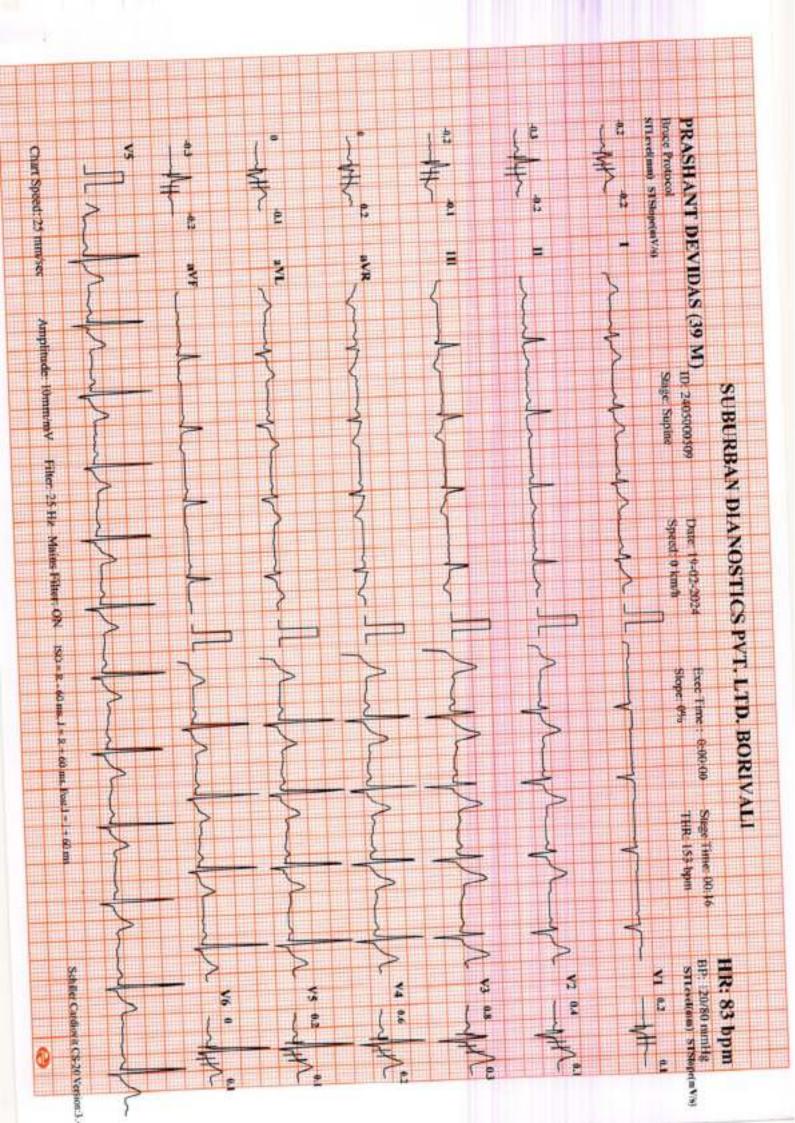
Doctor: DR. NITIN SONAVANE

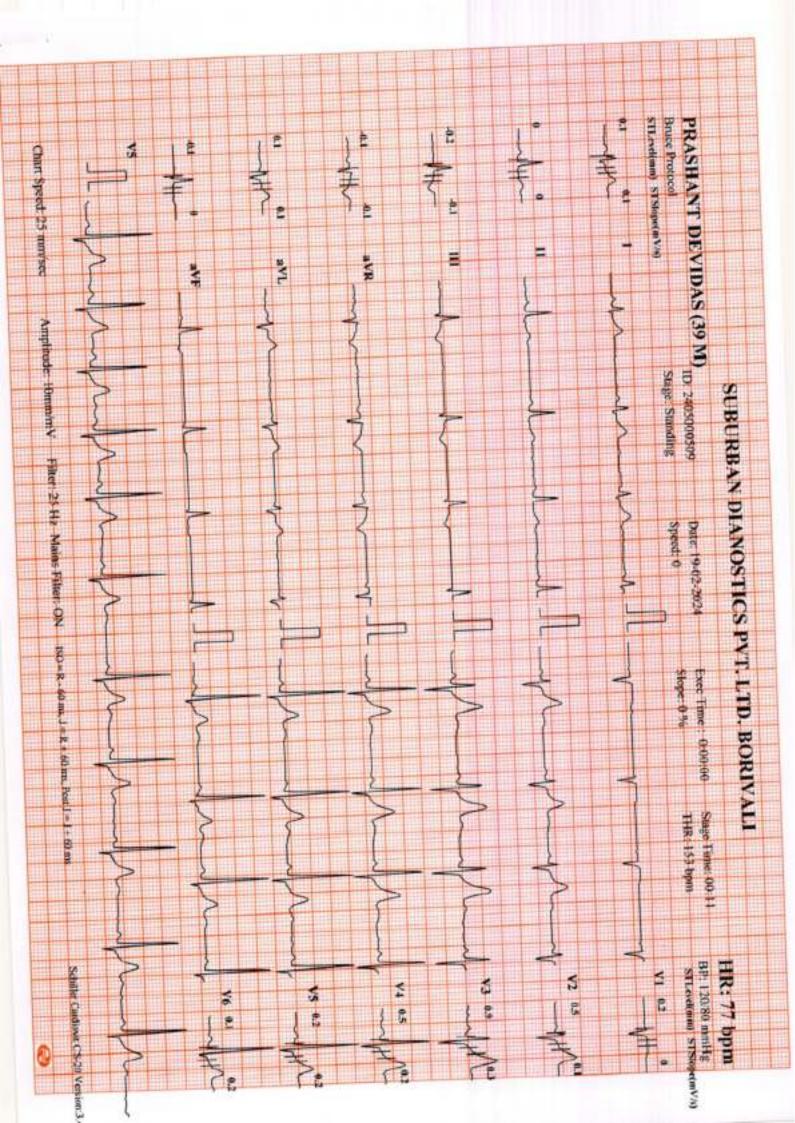
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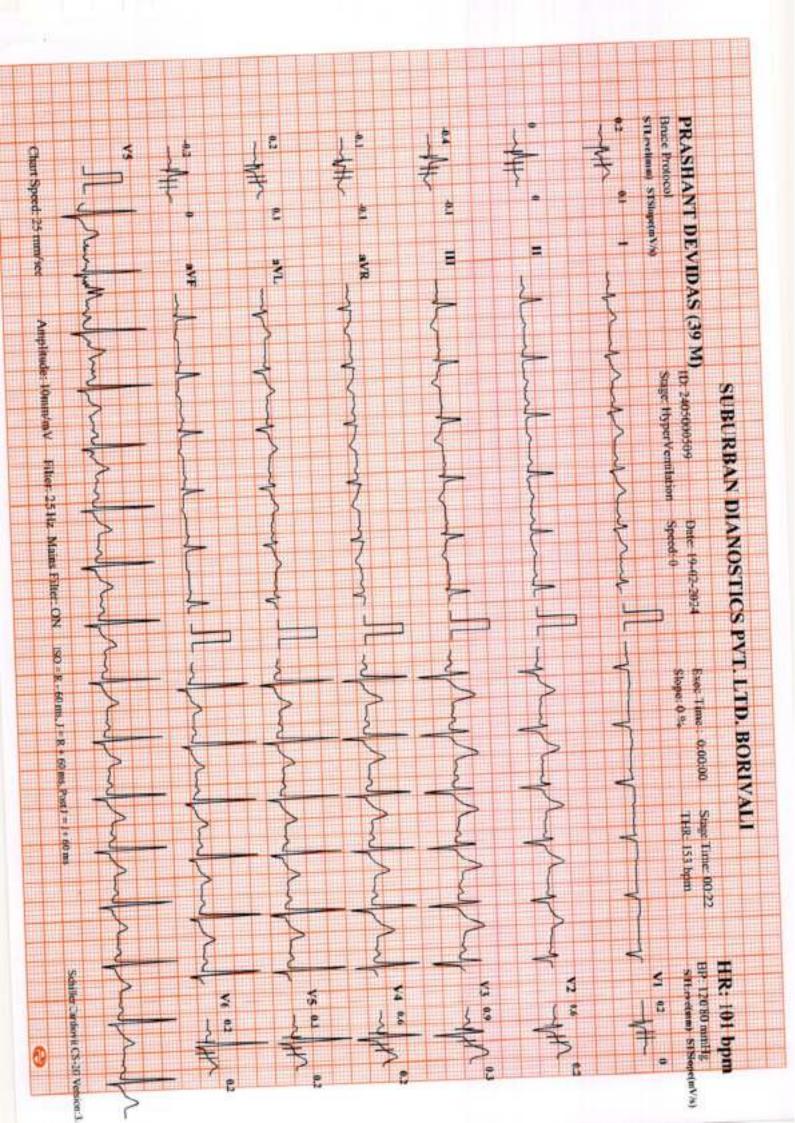
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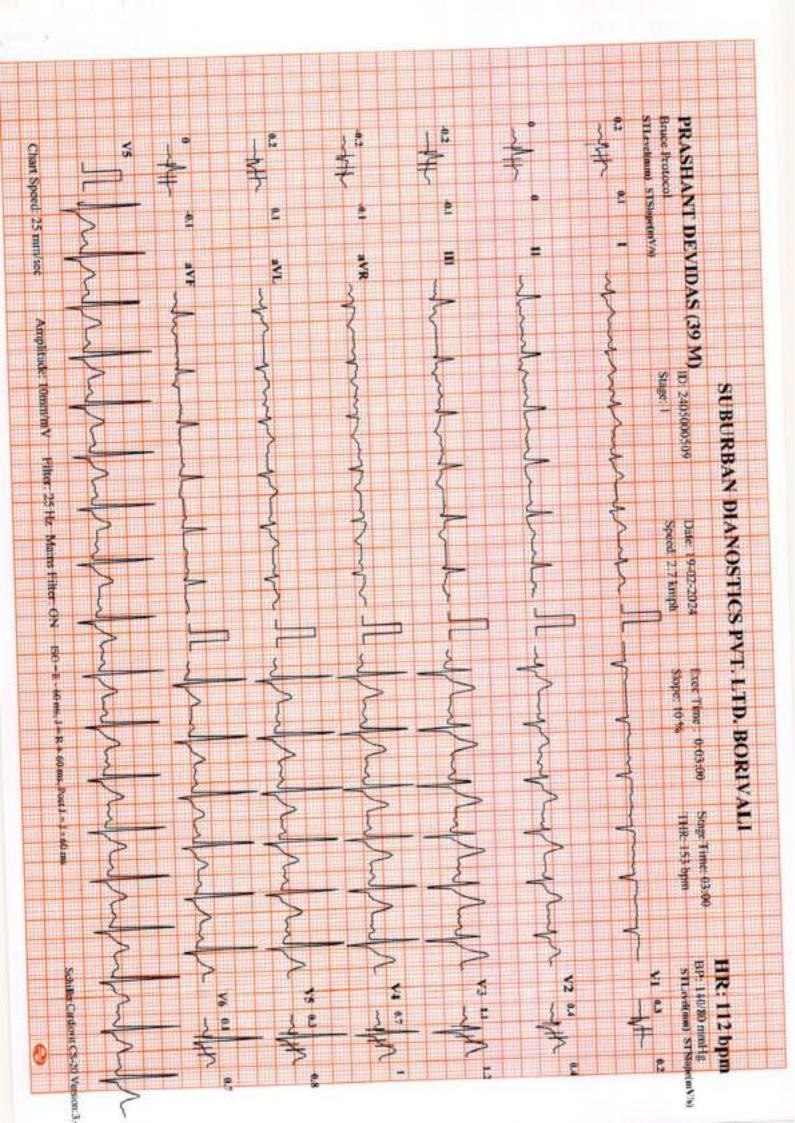
The Art of Diagnostics

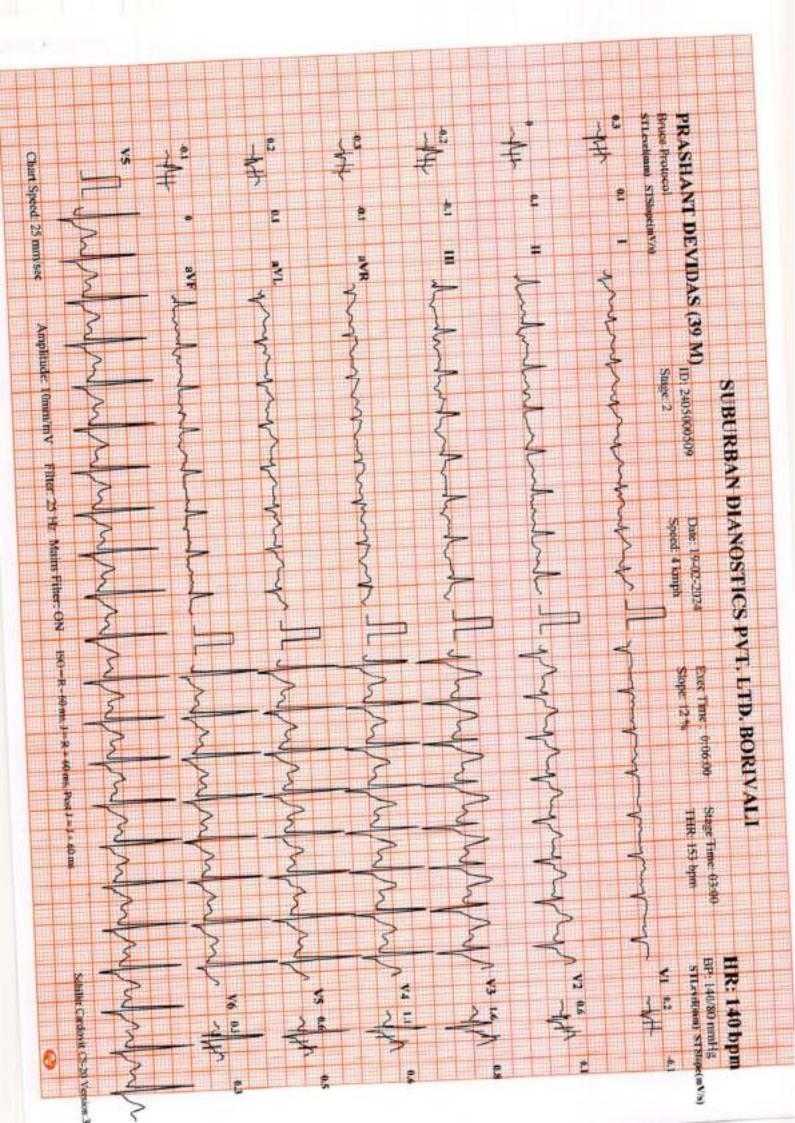
Summary Report edited by User ) Cardiovot CS-20 Version 3.4



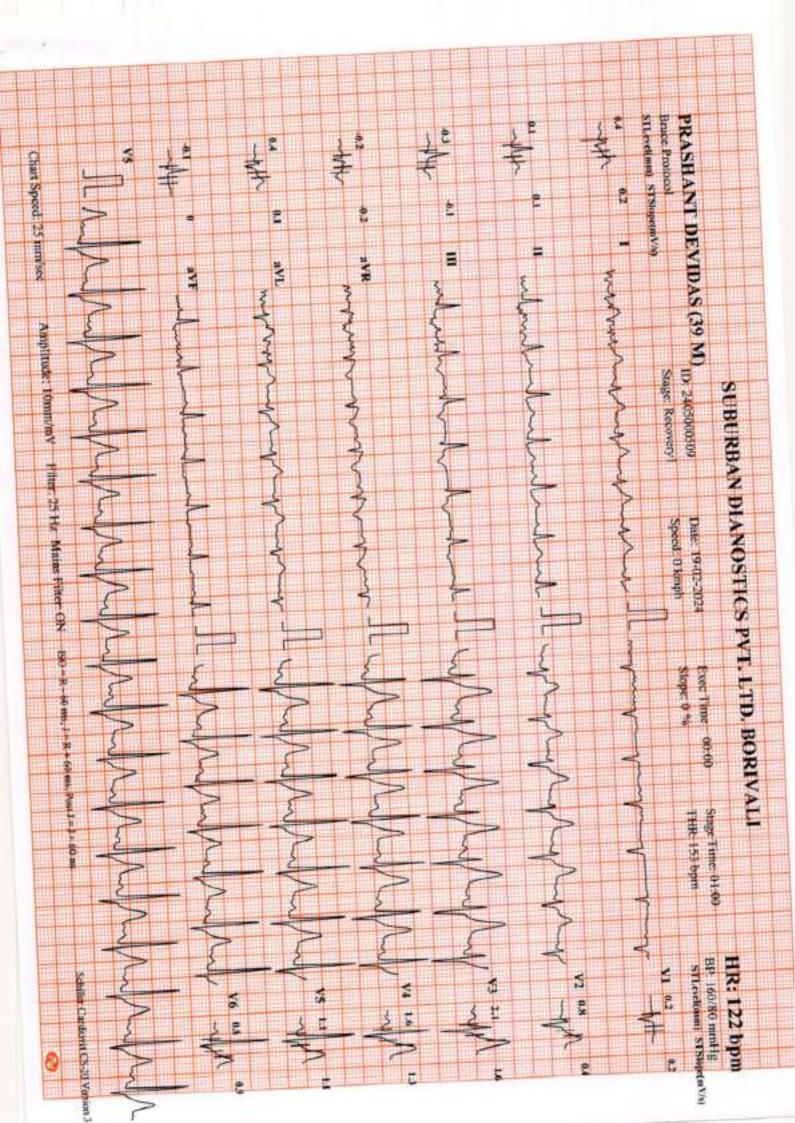


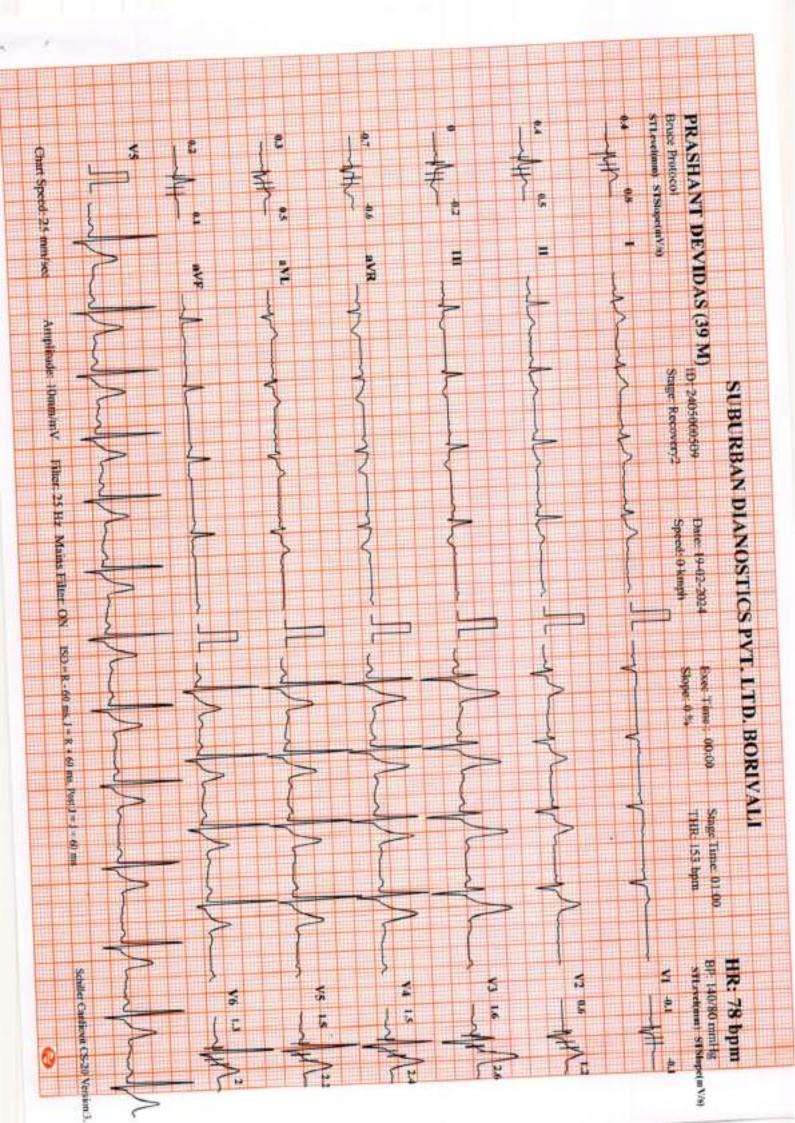


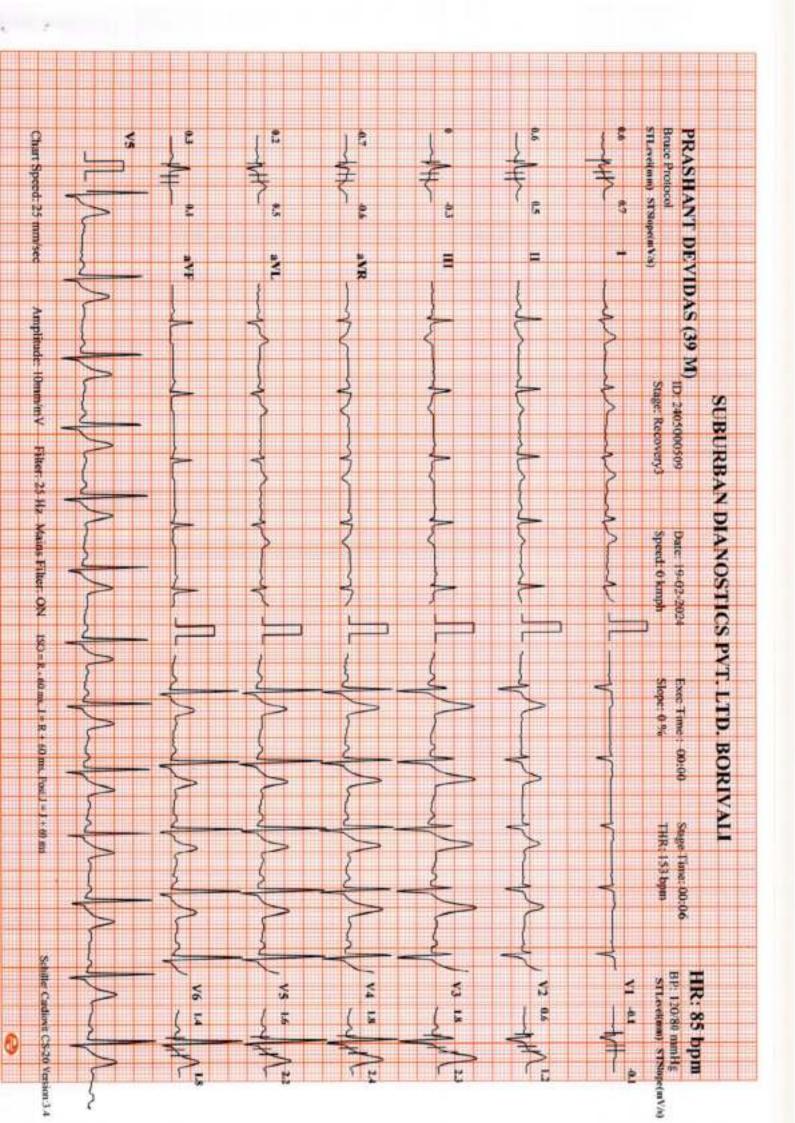




PRASHANT DEVIDAS (39 M) 1D: 24050000309 Date: 19-02-2024 Exact time: 10-07-11 THR: 15: hpm STLevelonian STranjoin(N/s) Brites Produced Stage: 3 Peak Exactse Speed: 5:5 kmph Stope: 14 % THR: 15: hpm STLevelonian STranjoin(N/s)
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Name : Mr RAHATE PRASHANT

**DEVIDAS** 

Age / Sex : 39 Years/Male

Ref. Dr :

**Reg. Location**: Borivali West



R E

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**Reported** : 19-Feb-2024/10:44

: 19-Feb-2024

Reg. Date

## **USG WHOLE ABDOMEN**

<u>LIVER</u>: Liver is normal in size 13.3 cm, with mild generalized increase in parenchymal echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

**GALL BLADDER:** Gall bladder is distended and appears normal. No obvious wall thickening is noted. 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.

**<u>KIDNEYS:</u>** Right kidney measures 9.5 x 4.1 cm. Left kidney measures 10.6 x 4.7 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. Prostate measures 3.7 x 2.4 x 3.4 cm and prostatic weight is 16.5 gm. No evidence of any obvious focal lesion.

No free fluid or size significant lymphadenopathy is seen.



Name : Mr RAHATE PRASHANT

**DEVIDAS** 

Age / Sex : 39 Years/Male

Ref. Dr :

**Reg. Location**: Borivali West

Authenticity Check



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**Reg. Date** : 19-Feb-2024

**Reported** : 19-Feb-2024/10:44

## **Opinion:**

### Grade I fatty infiltration of liver.

#### For clinical correlation 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. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification. Please interpret accordingly.

-----End of Report-----

DR.SUDHANSHU SAXENA Consultant Radiologist M.B.B.S DMRE (RadioDiagnosis) RegNo .MMC 2016061376.



Name : Mr RAHATE PRASHANT

**DEVIDAS** 

Age / Sex : 39 Years/Male

Ref. Dr :

**Reg. Location**: Borivali West

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**Reg. Date** : 19-Feb-2024

**Reported** : 19-Feb-2024/10:44



**CID** : 2405000509

Name : Mr RAHATE PRASHANT

**DEVIDAS** 

: 39 Years/Male Age / Sex

Ref. Dr

Reg. Location : Borivali West



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Reg. Date : 19-Feb-2024

Reported : 19-Feb-2024/12:58

## 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.

#### **Kindly correlate clinically.**

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. X ray is known to have inter-observer variations. Further / follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Please interpret accordingly. In case of any typographical error / spelling error in the report, patient is requested to immediately contact the centre within 7 days post which the center will not be responsible for any rectification.

-----End of Report-----

DR.SUDHANSHU SAXENA **Consultant Radiologist** M.B.B.S DMRE (RadioDiagnosis)

RegNo .MMC 2016061376.



Name : Mr RAHATE PRASHANT

**DEVIDAS** 

Age / Sex : 39 Years/Male

Ref. Dr :

**Reg. Location**: Borivali West

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**Reg. Date** : 19-Feb-2024

**Reported** : 19-Feb-2024/12:58