

PHYSICAL EXAMINATION REPORT

Patient Name	Vaibhav Thate	Sex/Age	m / 41
Date	9/3/24	Location	Thane Ghodbundar road

History and Complaints

Hypertension

ग्लोबेली पास 2 yrs हो

EXAMINATION FINDINGS:

Height (cms):	170	Temp (0c):	36.0
Weight (kg):	80	Skin:	MOAD
Blood Pressure	124/84	Nails:	UL
Pulse	76 /min	Lymph Node:	MP

Systems :

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

MOAD

Impression:

↑ HbA1c, ↑ Chol, TG's, LDL, ↑ ^{Non}HDL Chol.

ECG - Nonspecific STT Changes, LAD.
Cholelithiasis, Fatty Liver.

Advice:

- Low Fat, Low sugar Diet
- Reg. Exercise
- Repeat sugar Profile, Lipid Profile, USG (6 Months)

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

PERSONAL HISTORY:

1)	Alcohol	yes - very rarely
2)	Smoking	NO
3)	Diet	mixed
4)	Medication	NO



Dr. Manasee Kulkarni

M.B.B.S

2005/09/3439

12/3/24

Date:- 9/5/24
Name:- Vaibhav Thakre
CID: 2406921944
Sex / Age: M-46

EYE CHECK UP

Chief complaints: RCU

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: 13E 5/19 XWAL 01.6

Aided Vision: 13E 6/6 XWAL 06

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: USC over Spectacles

MR. PRAKASH KUDVA
Prakash
SR. OPTOMETRIST



Use a QR Code Scanner Application To Scan the Code

CID : 2406921944
Name : MR.VAIBHAV THATE
Age / Gender : 41 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 09-Mar-2024 / 08:58
Reported : 09-Mar-2024 / 12:36

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	14.2	13.0-17.0 g/dL	Spectrophotometric
RBC	5.50	4.5-5.5 mil/cmm	Elect. Impedance
PCV	49.8	40-50 %	Measured
MCV	90.5	80-100 fl	Calculated
MCH	25.8	27-32 pg	Calculated
MCHC	28.5	31.5-34.5 g/dL	Calculated
RDW	17.1	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	7900	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	34.5	20-40 %	
Absolute Lymphocytes	2725.5	1000-3000 /cmm	Calculated
Monocytes	5.3	2-10 %	
Absolute Monocytes	418.7	200-1000 /cmm	Calculated
Neutrophils	57.3	40-80 %	
Absolute Neutrophils	4526.7	2000-7000 /cmm	Calculated
Eosinophils	2.8	1-6 %	
Absolute Eosinophils	221.2	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	7.9	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
PLATELET PARAMETERS			
Platelet Count	245000	150000-400000 /cmm	Elect. Impedance
MPV	9.1	6-11 fl	Calculated
PDW	11.6	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	Mild		
Microcytosis	Occasional		



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Collected : 09-Mar-2024 / 08:58
Reported : 09-Mar-2024 / 10:40

Macrocytosis	-
Anisocytosis	Mild
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Elliptocytes-occasional
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 Inert
- Briden 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 ***

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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Reported : 09-Mar-2024 / 11:20

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	100.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: > / = 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PPR	132.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: > / = 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.46	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.18	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.28	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	19.4	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	24.1	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	37.3	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	71.6	40-130 U/L	PHPP
BLOOD UREA, Serum	12.7	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	5.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.84	0.67-1.17 mg/dl	Enzymatic

Authenticity Check



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eGFR, Serum	112	(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 w.e.f 16-08-2023

URIC ACID, Serum	6.9	3.5-7.2 mg/dl	Uricase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

*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)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: ≥/ = 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	119.8	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 ***

J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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Collected : 09-Mar-2024 / 08:58
Reported : 09-Mar-2024 / 13:13

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.5)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
CHEMICAL EXAMINATION			
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	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	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 G B Road Lab, Thane West
*** End Of Report ***

J. Mujawar

Dr. IMRAN MUJAWAR
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Pathologist

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Reg. Location : G B Road, Thane West (Main Centre)



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Reported : 09-Mar-2024 / 14:43

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

PARAMETER	RESULTS
ABO GROUP	O
Rh TYPING	Positive

NOTE: Test performed by Semi-automated column agglutination technology (CAT)

Note : This Sample has also been tested for Bombay group/Bombay phenotype /Oh using anti H lectin

Specimen: EDTA Whole Blood and/or serum

Clinical significance:
ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the reagglutinins are fully developed at 2 to 4 years of age. It 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 ***

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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Age / Gender : 41 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

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Reported : 09-Mar-2024 / 11:20

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	212.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	160.8	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	43.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	169.1	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	137.0	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	32.1	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.1	0-3.5 Ratio	Calculated

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

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



Authenticity Check
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 Name : MR. VAIBHAV THATE
 Age / Gender : 41 Years / Male
 Consulting Dr. : -
 Reg. Location : G B Road, Thane West (Main Centre)

Collected : 09-Mar-2024 / 08:58
 Reported : 09-Mar-2024 / 10:28

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.6	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	12.3	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.9	0.35-5.5 microIU/ml	ECLIA



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Reg. Location : G B Road, Thane West (Main Centre)

Collected : 09-Mar-2024 / 08:58
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Interpretation:

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

Clinical Significance:

- 1) TSH Values between high abnormal upto 15 microU/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, Hepatin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation: TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am, and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 200%. Biological variation: 19.7% (with in subject variation)

Reflex Tests: Anti thyroid Antibodies, USG Thyroid, TSH receptor Antibody, Thyroglobulin, Calcitonin

Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. This assay is designed to minimize interference from heterophilic antibodies.

Reference:

1. O.koulour 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 ***

F. Mujawar
Dr. IMRAN MUJAWAR
MD (Path)
Pathologist



CID : 2406921944
Name : Mr VAIBHAV THATE
Age / Sex : 41 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 09-Mar-2024
Reported : 09-Mar-2024 / 14:29

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:

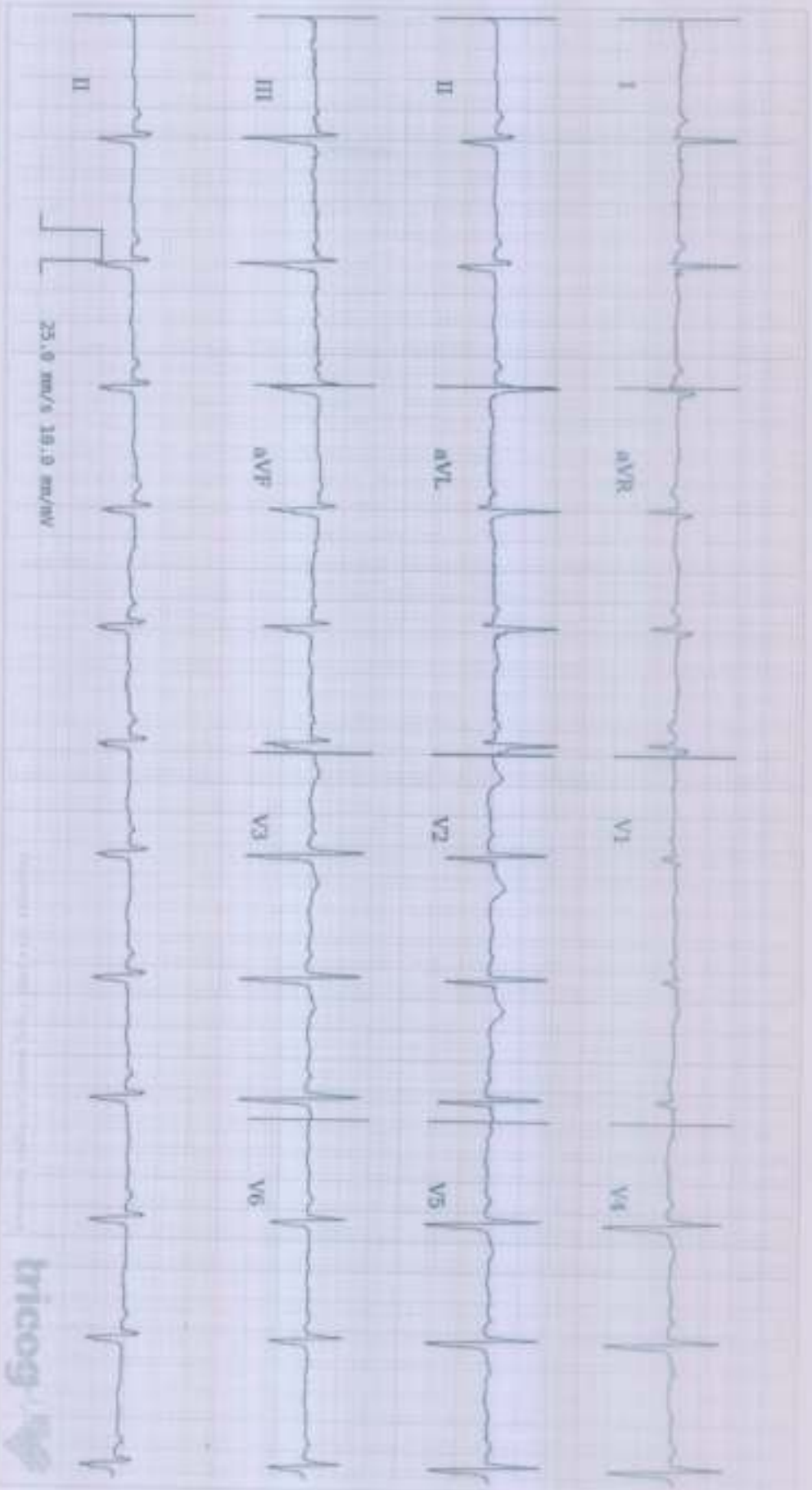
NO SIGNIFICANT ABNORMALITY IS DETECTED.

-----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?](http://3.111.232.119/IRISViewer/NeoradViewer?Access)
Access

winNo=2024030908473042



Age: **41** NA NA
years months days

Gender: **Male**

Heart Rate: **76bpm**

Patient Vitals

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

Measurements

QRSD: 94ms
QT: 308ms
QT/HR: 246ms
PR: 144ms
P-R-T: 27° -41° -22°

nonspecific ST T changes. Left Axis Deviation, Sinus Rhythm. Please correlate clinically.

REPORTED BY

DR. SHADAB PILLAI
MD, MRCP
General Physician

This report is valid only if used on ECG device and should be read in conjunction with clinical findings. Interpretation and recommendations are subject to change by subsequent ECG studies.

Reg. No. : 2406921944	Sex : MALE
Name : MR. VAIBHAV THATE	Age : 41 YRS
Ref. By : ----	Date : 09.03.2024

USG ABDOMEN AND PELVIS

LIVER: Liver appears normal in size and **shows increased echorefectivity**. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. **Few (3-4) calculi measuring 9 to 11 mm are noted in GB lumen.** Wall thickness is within normal limits.

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 4.9 cm. Left kidney measures 9.8 x 4.2 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

PROSTATE: Prostate is normal in size and echotexture and measures 3.0 x 4.0 x 2.8 cm in dimension and 18.9 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

Bowel gas++

Reg. No. : 2406921944	Sex : MALE
Name : MR. VAIBHAV THATE	Age : 41 YRS
Ref. By : -----	Date : 09.03.2024

IMPRESSION:

- CHOLELITHIASIS.
- GRADE I FATTY INFILTRATION OF LIVER.

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.

G. Fartade

DR. GAURAV FARTADE
DMRE
(CONSULTANT RADIOLOGIST)

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Email:

Report

1105 (2406921944) / VAIBHAV THATE / 41 Yrs / M / 170 Cms / 80 Kg
 Date: 09 / 03 / 2024 10:17:06 AM



Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% Thr	BP	PPV	PVC	Comments
Supine	00:22	0:22	00.0	00.0	01.0	063	48%	120/80	089	00	
Standing	00:31	0:09	00.0	00.0	01.0	083	48%	120/90	099	00	
HV	00:40	0:09	00.0	00.0	01.0	080	45%	120/90	096	00	
ExStart	00:51	0:11	00.0	00.0	01.0	081	45%	120/80	097	00	
BRUCE Stage 1	03:51	3:00	01.7	10.0	04.7	126	70%	130/80	103	00	
BRUCE Stage 2	06:51	3:00	02.5	12.0	07.1	145	81%	150/80	217	00	
PeakEx	07:13	0:22	03.4	14.0	07.5	154	86%	160/80	246	00	
Recovery	08:13	1:00	00.0	00.0	01.1	126	70%	160/80	200	00	
Recovery	09:13	2:00	00.0	00.0	01.0	108	60%	160/80	172	00	
Recovery	09:23	2:11	00.0	00.0	01.0	108	60%	140/80	151	00	

FINDINGS :

Exercise Time : 06:22
 Initial HR (ExStrt) : 81 bpm 45% of Target 179
 Initial BP (ExStrt) : 120/80 (mm/Hg)
 Max Workload Attained : 7.5 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : avl 6 -0.6 mm in Stage 2
 History : No
 Test End Reasons : Heart Rate Achieved

Max HR Attained 154 bpm 86% of Target 179
 Max BP Attained 160/80 (mm/Hg)

Dr. SHAILAJA PILLAI

M.D. (GENMED)

RNO: 43972

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 80.0 bpm, and the maximum predicted Target Heart Rate 179.0. The BP increased at the time of generating report as 180.0/80.0 mmHg. The Max Dep went upto 0.4. 0.0 Ectopic Beats were observed during the Test.

CONCLUSIONS:

1. Stress test is negative for ischemia.
2. Basic ECG Lt axis < nonspecific ST T changes. No significant ST T changes seen.
3. HR and Blood pressure response to exercise is normal.

Dr. SHAILAJA PILLAI

M.D. (GPY MED)

REG. NO. 45972

Doctor : DR. SHAILAJA PILLAI

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

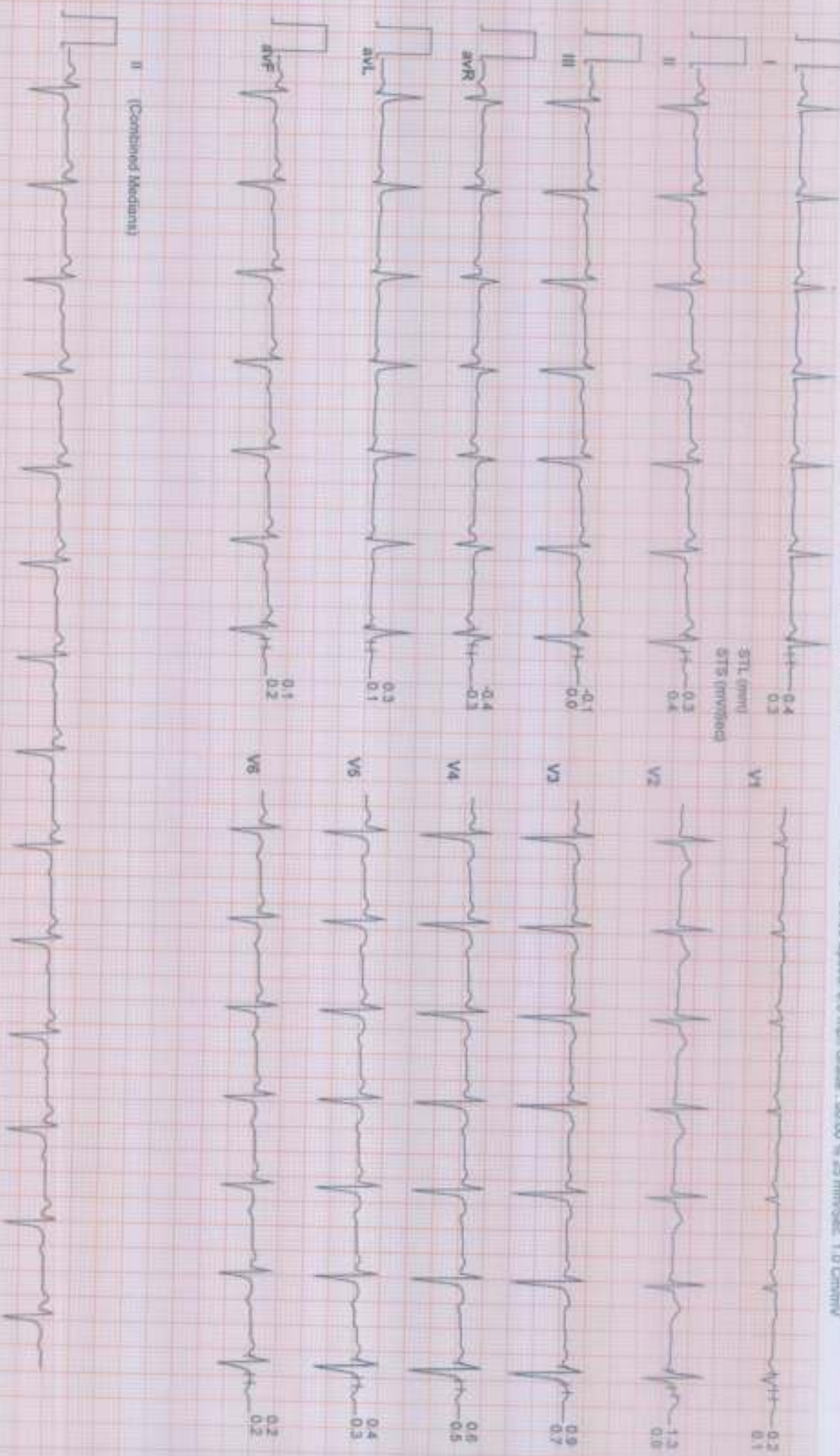
1105 / VAIBHAV THATE / 41 Yrs / Male / 170 Cm / 80 Kg

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



Date: 09 / 03 / 2024 10:17:56 AM METs : 1.0 HR : 63 Target HR : 46% of 179 BP : 120/80 Pst J @70ms/Sec

ExTime : 00:00 Speed : 0.0 mm/Grads : 00:00 % 25 mm/Sec 1.0 Cm/IV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

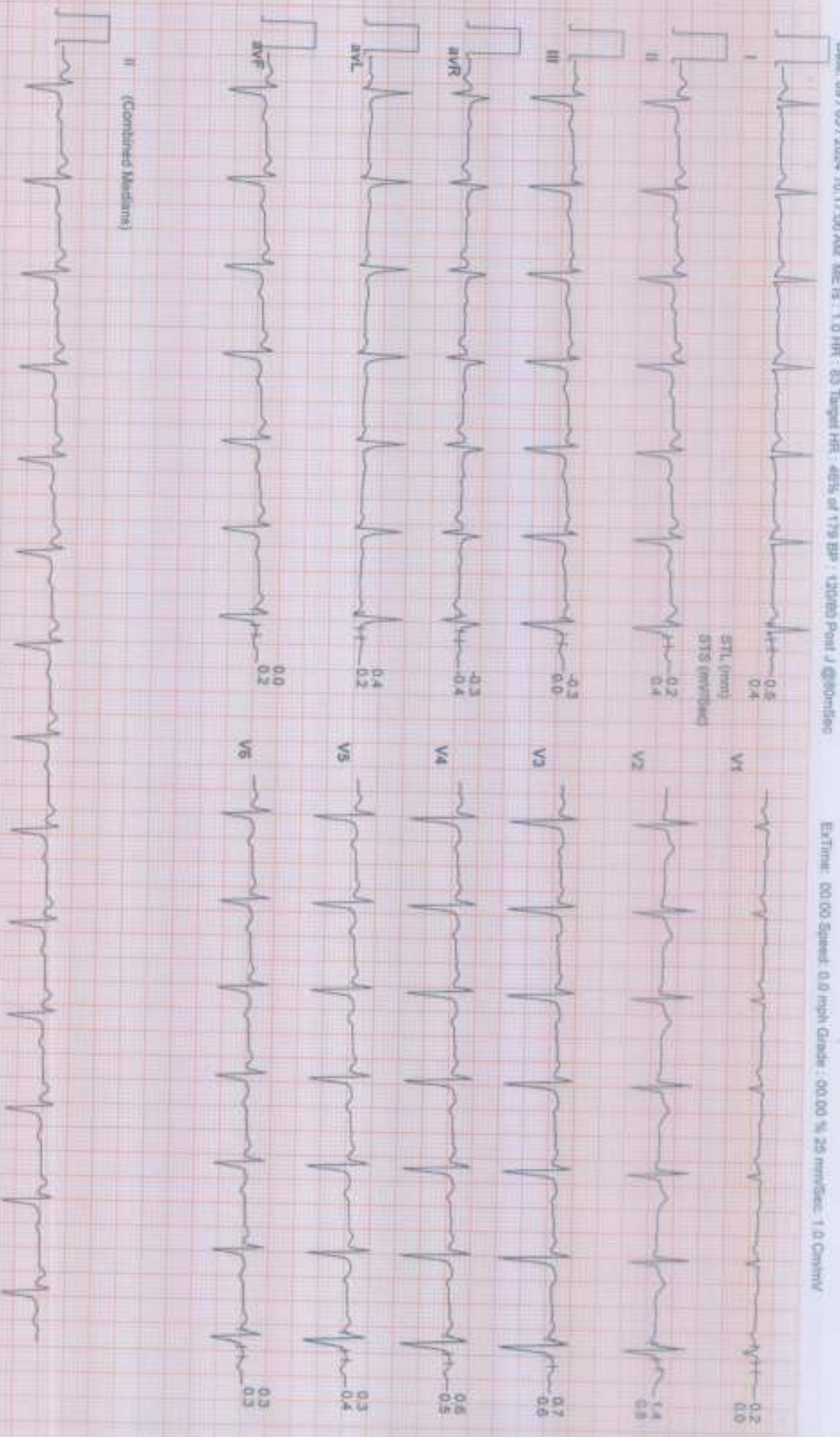
1105 / VAIBHAV THATE / 41 Yrs / Male / 170 Cm / 80 Kg

Date: 09 / 03 / 2024 10:17:00 AM METs: 1.0 HR: 83 Target HR: 48% of 179 BP: 120/80 Post J @30m/500

ExTime: 00:00 Speed: 0.0 mph Grade: 00.00 % 25 rev/dec: 1.0 Cm/My

6X2 Combine Medians + 1 Rhythm

STANDING (00:00)

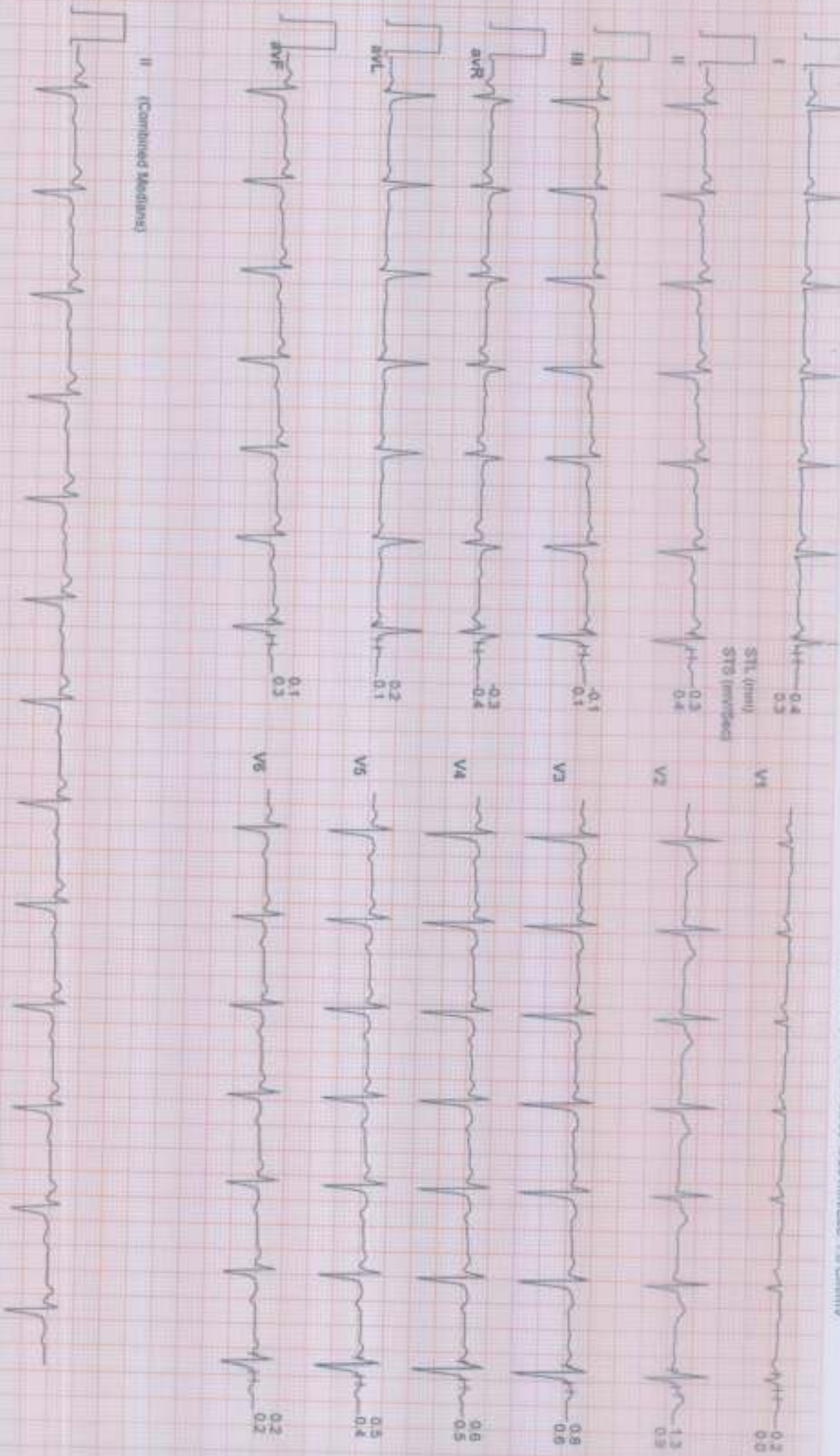


II (Combined Medians)



Date: 09 / 03 / 2024 10:17:09 AM METs : 1.0 HR : 80 Target HR : 42% of 178 BPM : 120/80 Pmax J @TonsSec

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

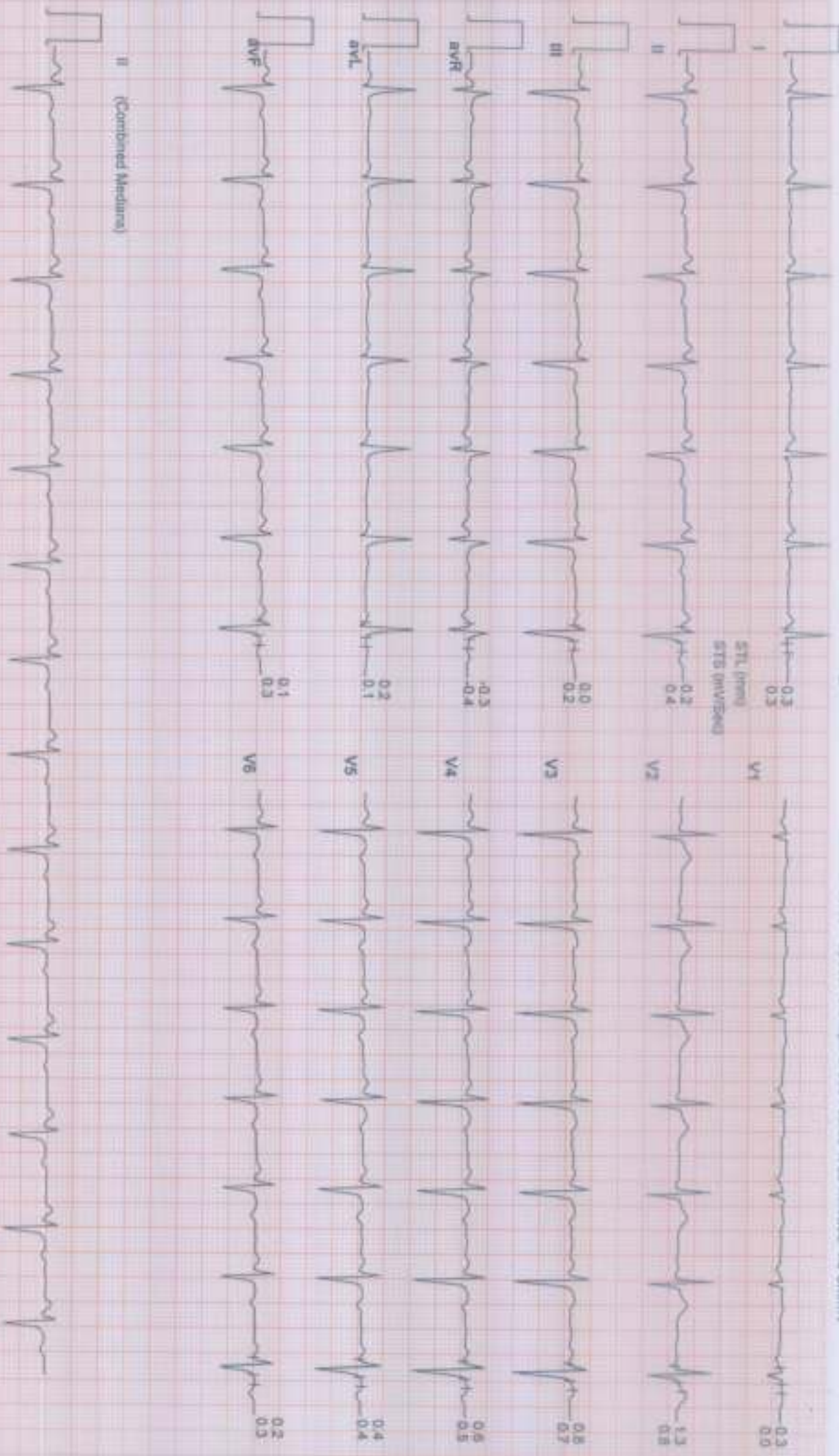


II (Combined Medians)



Date: 09 / 03 / 2024 10:17:05 AM METS : 1.0 HR : 81 Target HR : 45% of 179 BP : 120/80 Post J @MonsSec

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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

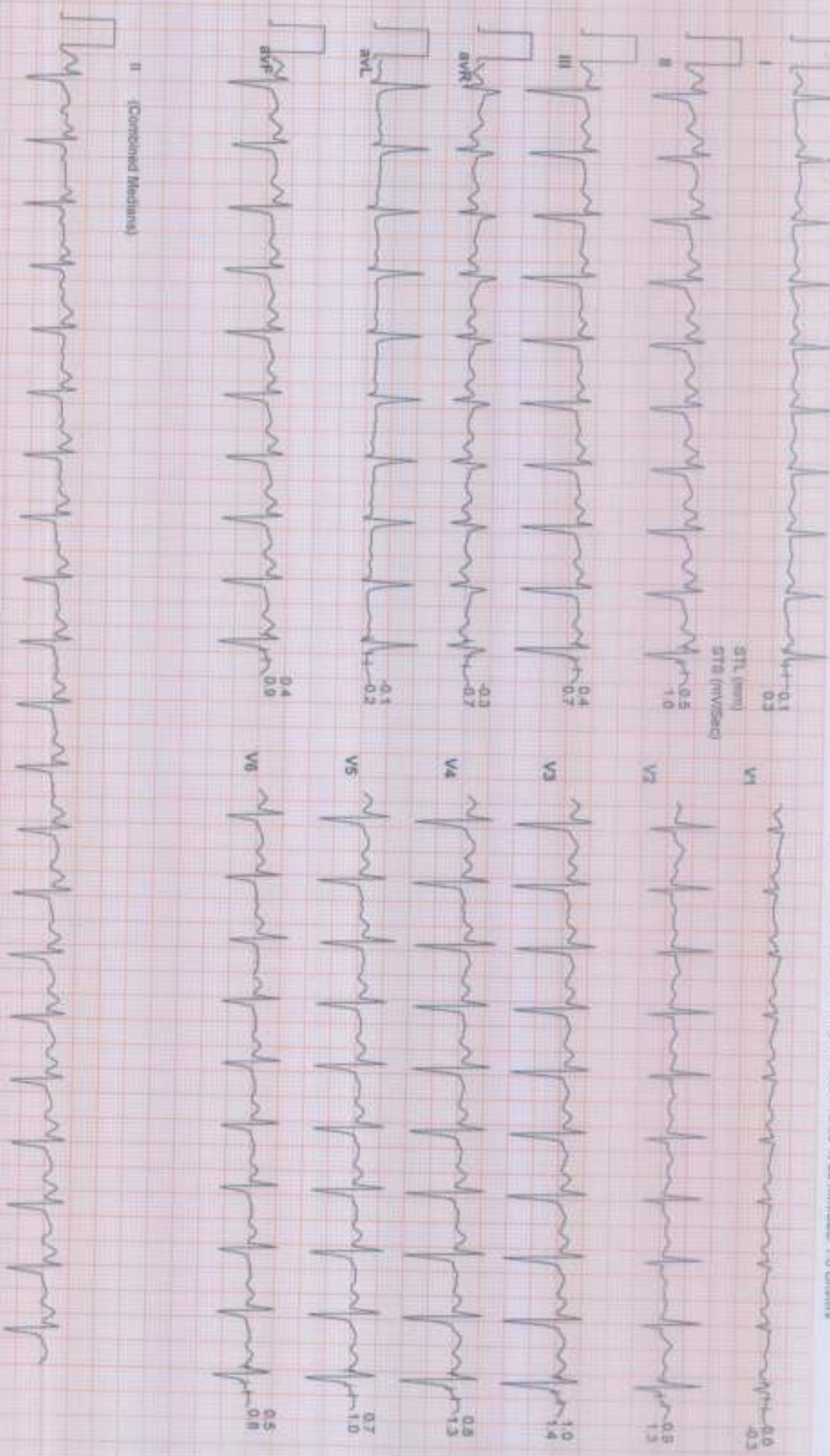
1105 / VAIBHAV THATE / 41 Yrs / Male / 170 Cm / 80 Kg

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



Date: 09 / 03 / 2024 10:17:06 AM METN : 4.7 HR : 126 Target HR : 70% of 178 BP : 150/80 Poin J @10minSec

ExTime: 03:00 Speed: 1.7 mph Grade: 10.00 % 2s mm/Sec 1.0 Crshly



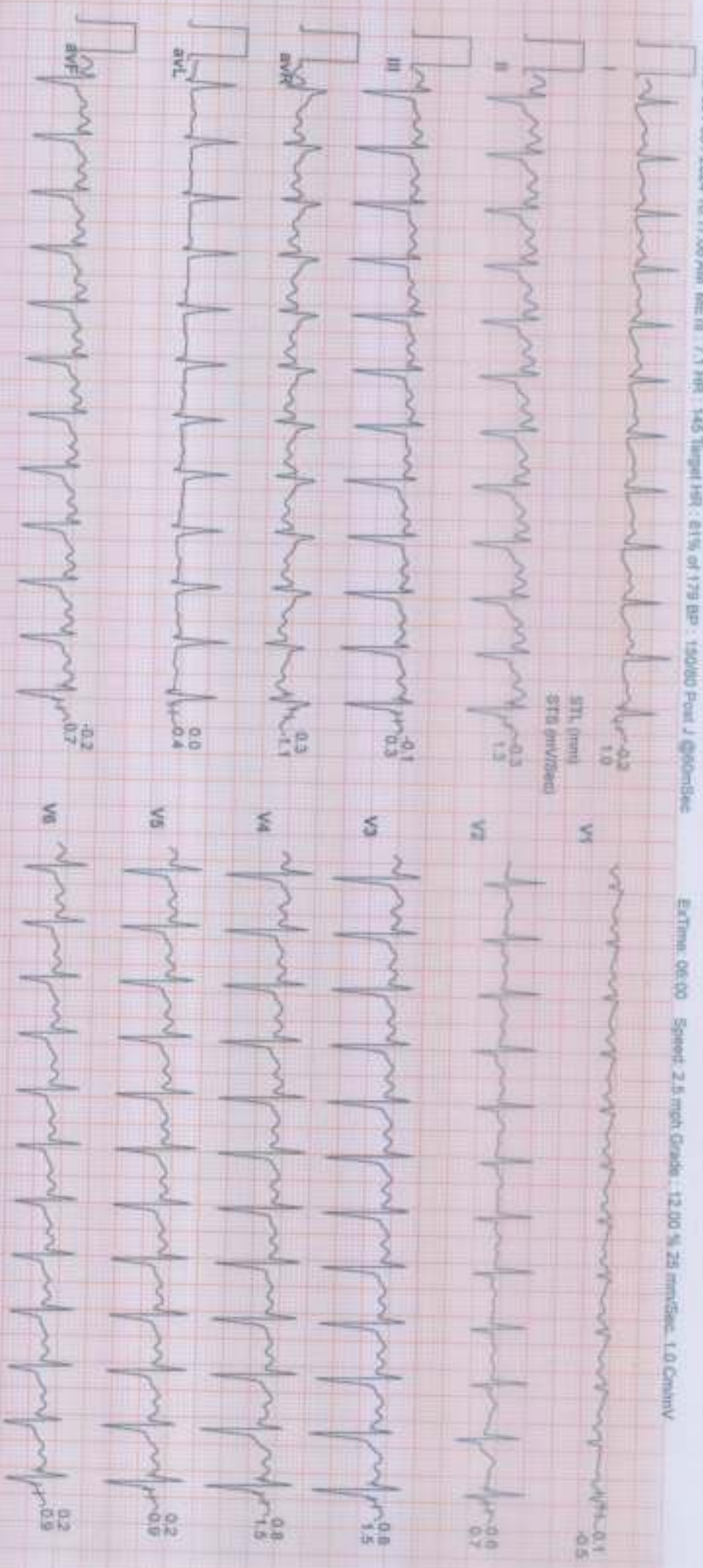
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1105 / VAIBHAV THATE / 41 Yrs / Male / 170 Cm / 80 Kg

Date: 09 / 03 / 2024 10:17:06 AM METR : 7.1 HR : 145 Target HR : 81% of 179 BP : 150/80 Post J @GonBla

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

Extrem: 06:00 Speed: 2.5 mgt Grade: 12.00 % 25 mm/Sec 1.0 ChanIV



II (Combined Medians)

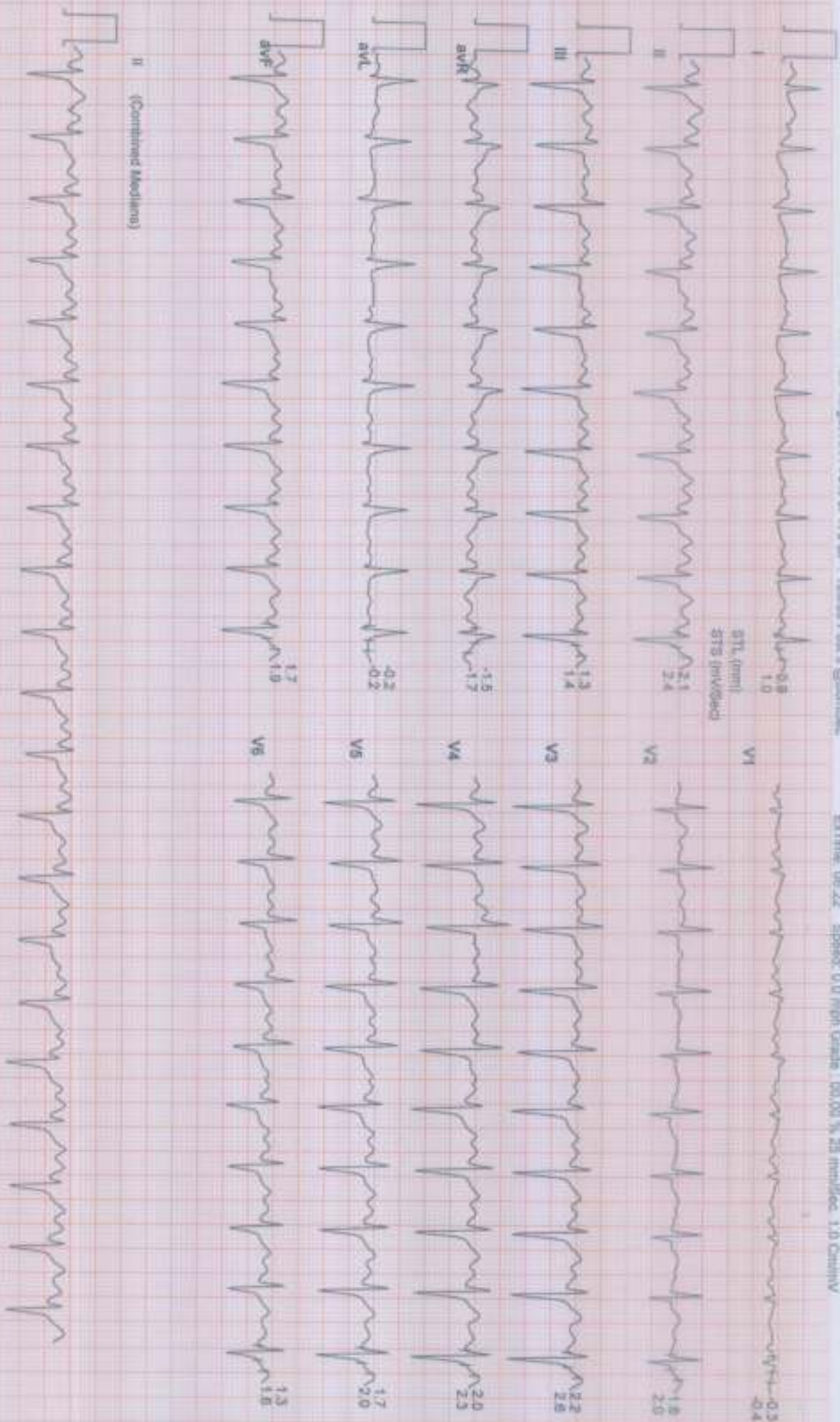


SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1105 / VAISHAV THATE / 41 Yrs / Male / 170 Cm / 80 Kg

Date: 08 / 03 / 2024 10:17:09 AM METL : 1.1 HR : 125 Target HR : 70% of 179 BIP : ISOLIO Post J @Mondse

ExTime: 06:22 Spind: 0.0 mm Grade : 00.05 % 25 mm/Sec 1.0 Cm/Div



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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

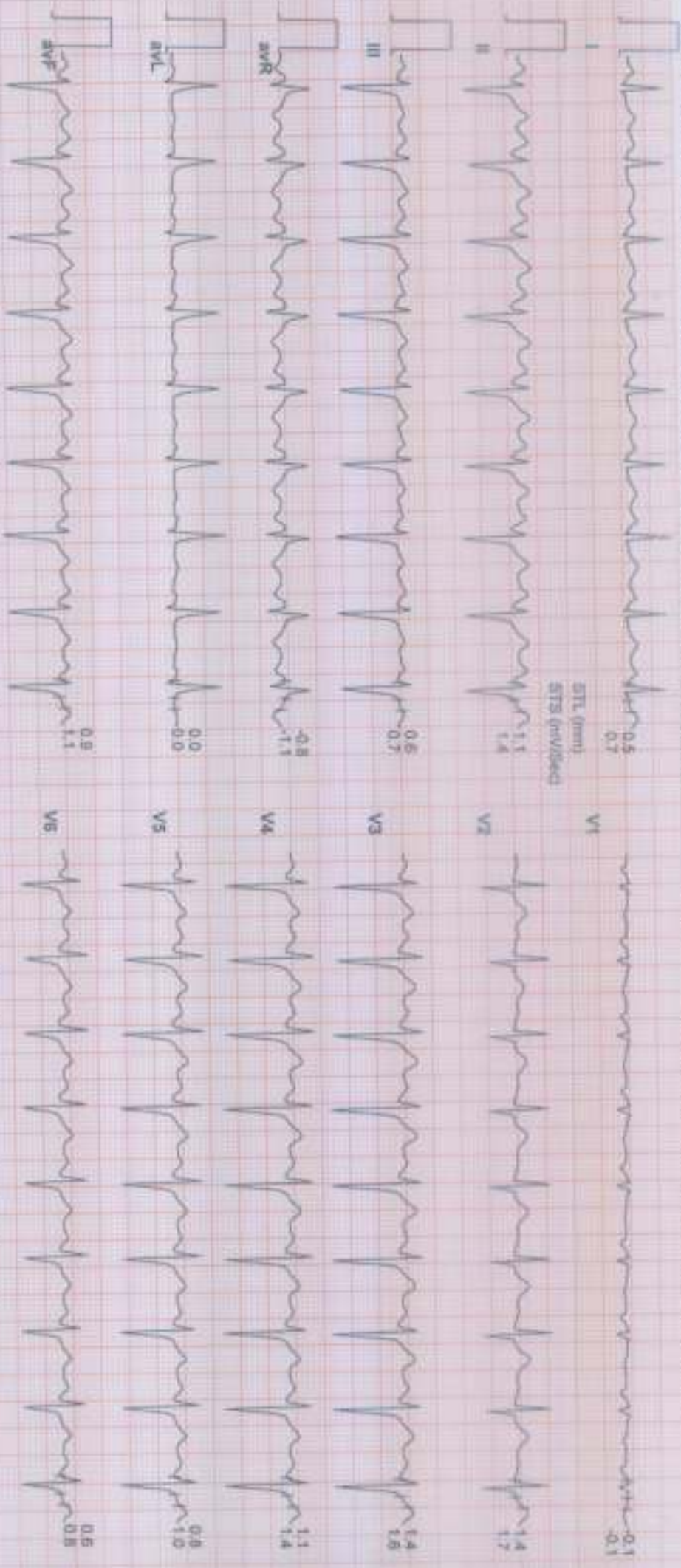
1105 / VAIBHAV THATE / 41 Yrs / Male / 170 Cm / 80 Kg

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



Date: 09 / 03 / 2024 10:17:06 AM METs : 1.0 HR : 108 Target HR : 60% of 178 BP : 140/90 Post J @RM/Sec

ExTime : 06:22 Speed : 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV



II (Combined Medians)



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1105 / VAIBHAV THATE / 41 Yrs / Male / 170 Cm / 80 Kg

6X2 Combine Medians + 1 Rhythm
Recovery : (02:10)



Date: 09 / 03 / 2024 10:17:05 AM METU : 1.0 HR : 102 Target HR : 62% of 179 BP : 140/80 Post J @50mmSec

ExTime: 09:22 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV

