

PHYSICAL EXAMINATION REPORT

Patient Name	Vinod Kumar	Sex/Age	M/36
Date	23/3/24	Location	thane

History and Complaints

Dm → 2021

EXAMINATION FINDINGS:

Height (cms):	168	Temp (0c):	Aves
Weight (kg):	59	Skin:	NAD
Blood Pressure	120/82	Nails:	IL
Pulse	72/—	Lymph Node:	MP

Systems :

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

NAD

Impression:

↑ choli,
LDL,
Non HDL

Cholelithiasis, Fatty liver
BSL < Fp (diabetic), ↑↑ HbA1c
↑ A/G Ratio, ↓ globulin.
(JUNE - sugar etc)

Advice: - Low Fat, low sugar Diet.
- Physician's consultation for control of DM, F/U-USG (6 Months)

1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	Yes - 3-4 years
5)	Tuberculosis	
6)	Asthama	
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders	
10)	GI system	NAD
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptoms	
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	
15)	Congenital disease	
16)	Surgeries	
17)	Musculoskeletal System	NAD

PERSONAL HISTORY:

1)	Alcohol	no
2)	Smoking	mixed
3)	Diet	
4)	Medication	↓ ↓ ↓ Amnogy (2) Piorz (15) tab p102 (5)

Dr. Manasee Kulkarni
M.B.B.S
2005/09/3439
27/3/24

Date:- 20/8/21
Name:- Vinod Koush

CID: 2008320 685
Sex / Age: M-36

EYE CHECK UP

Chief complaints: RC
Systemic Diseases: H
Past history: Cd.

Unaided Vision: R: 6/12 6/18 N/R R N.V. 10
Aided Vision: R: 6/6 6/9 N/R R N.V. 6

Refraction:

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

Colour Vision: Normal / Abnormal

Remark: vision spots

MR. PRAKASH KUDVA
[Signature]
SR. OPTOMETRIST



CID : 2408320685
Name : MR. A K VINODKUMAR
Age / Gender : 36 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 23-Mar-2024 / 08:28
Reported : 23-Mar-2024 / 11:34

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	14.3	13.0-17.0 g/dL	Spectrophotometric
RBC	5.13	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.2	40-50 %	Measured
MCV	86.3	80-100 fl	Calculated
MCH	27.8	27-32 pg	Calculated
MCHC	32.2	31.5-34.5 g/dL	Calculated
RDW	13.7	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	4290	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	30.5	20-40 %	
Absolute Lymphocytes	1308.5	1000-3000 /cmm	Calculated
Monocytes	7.8	2-10 %	
Absolute Monocytes	334.6	200-1000 /cmm	Calculated
Neutrophils	58.2	40-80 %	
Absolute Neutrophils	2496.8	2000-7000 /cmm	Calculated
Eosinophils	3.5	1-6 %	
Absolute Eosinophils	150.2	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
PLATELET PARAMETERS			
Platelet Count	237000	150000-400000 /cmm	Elect. Impedance
MPV	9.4	6-11 fl	Calculated
PDW	13.3	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		

Authenticity Check:



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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.

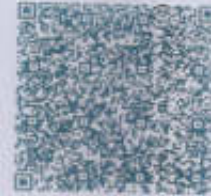
Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack Insert
- Bridgen 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 ***

J. Mujawar
Dr. IMRAN MUJAWAR
 M.D (Path)
 Pathologist



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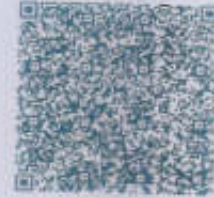
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	282.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: > / = 126 mg/dl	Hexokinase
Kindly correlate clinically.			
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	490.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: > / = 200 mg/dl	Hexokinase
Kindly correlate clinically.			
BILIRUBIN (TOTAL), Serum	1.47	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.47	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	1.00	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.1	2.3-3.5 g/dL	Calculated
AVG RATIO, Serum	2.3	1 - 2	Calculated
SGOT (AST), Serum	12.6	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	15.9	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	13.2	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	109.6	40-130 U/L	PNPP

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Reported : 23-Mar-2024 / 13:19

BLOOD UREA, Serum	27.8	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	13.0	6-20 mg/dl	Calculated
CREATININE, Serum	0.81	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	117	(ml/min/1.73sqm) 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	Calculated

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

URIC ACID, Serum	4.5	3.5-7.2 mg/dl	Uricase
Urine Sugar (Fasting)	++	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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Collected : 23-Mar-2024 / 08:28
Reported : 23-Mar-2024 / 19:29

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	11.1	Non-Diabetic Level: < 5.7% Prediabetic Level: 5.7-6.4% Diabetic Level: >= 6.5%	HPLC

Result rechecked

Estimated Average Glucose (eAG), EDTA WB - CC	271.9	mg/dl	Calculated
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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 SDRL, Vidyavihar Lab
*** End Of Report ***



Anupa Dinit
Dr. ANUPA DINIT
M.D.(PATH)
Consultant Pathologist & Lab Director

Authenticity Check



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

Collected : 23-Mar-2024 / 08:28
Reported : 23-Mar-2024 / 15:02

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 (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	2+	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	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
 M.D (Path)
 Pathologist



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Reported : 23-Mar-2024 / 13:12

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

PARAMETER	RESULTS
ABO GROUP	B
Rh TYPING	Positive

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

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

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

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bumbay 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 ***

Imjawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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Reported : 23-Mar-2024 / 11:25

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	220.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	97.9	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	57.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	162.8	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	143.0	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	19.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.5	0-3.5 Ratio	Calculated

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

I. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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Collected : 23-Mar-2024 / 08:28
 Reported : 23-Mar-2024 / 10:10

CID : 2408320685
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R
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.0	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	5.21	0.35-5.5 microIU/ml	ECLIA

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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 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2) TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone. Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine, Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation: TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am, and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. **Biological variation:** 19.7% (with in subject variation)

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

Limitations:

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

Reference:

1. O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
2. Interpretation of the thyroid function tests, Dayan et al. THE LANCET. Vol 357
3. Tietz, Text Book of Clinical Chemistry and Molecular Biology -5th Edition
4. Biological Variation: From principles to Practice-Callum G Fraser (AACC Press)

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

Dr. Imran Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist

CID : 2408320685
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Age / Sex : 36 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre

Reg. Date : 23-Mar-2024
Reported : 23-Mar-2024 / 10:26

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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-----

G. R. Fartade

Dr. GAURAV FARTADE
MBBS, DMRE
Reg No -2014/04/1786
Consultant Radiologist

Click here to view images <<ImageLink>>

Age: **36** years
NA months
NA days

Gender: **Male**

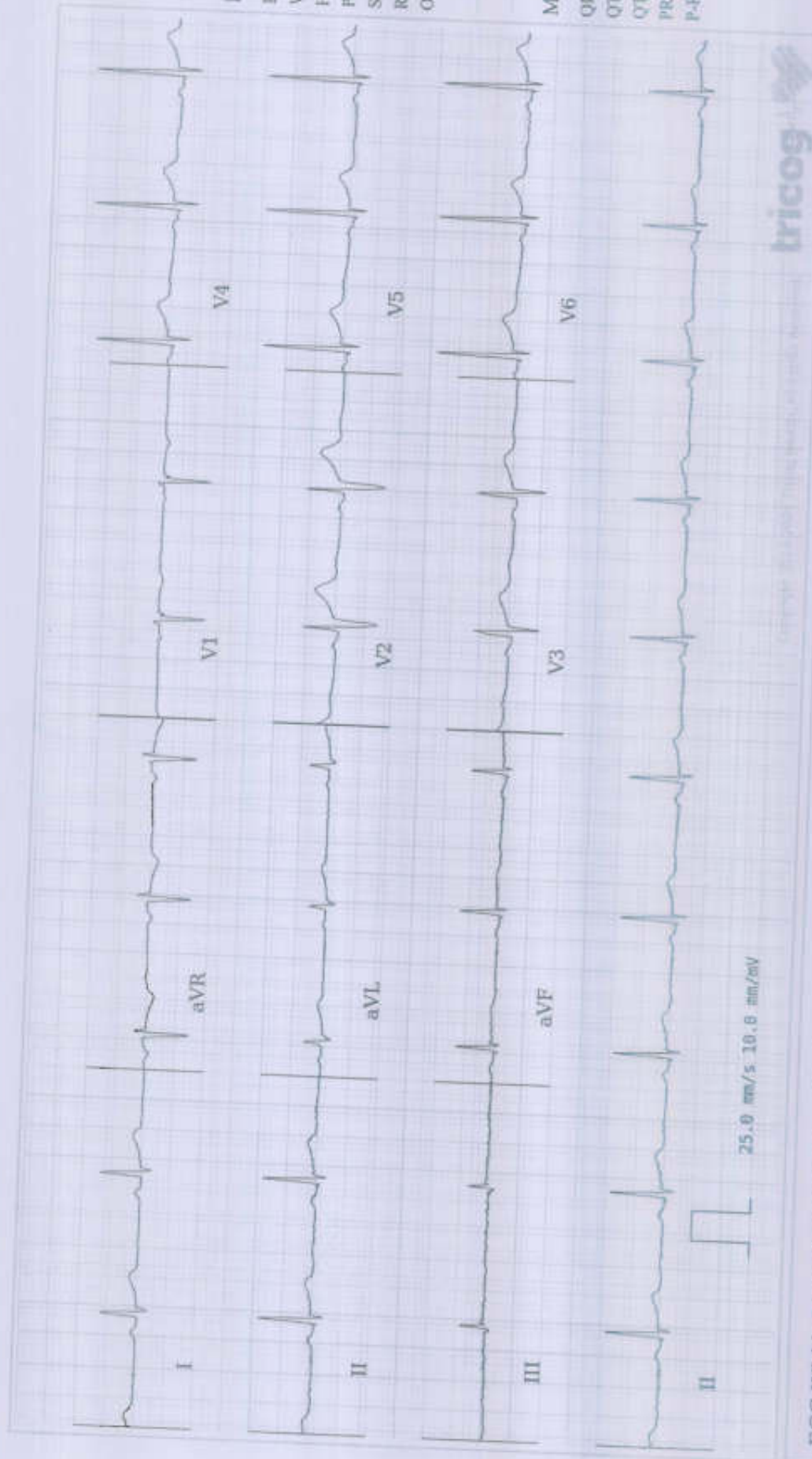
Heart Rate: **64bpm**

Patient Vitals

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

Measurements

QRS: 80ms
QT: 386ms
QTcB: 390ms
PR: 134ms
P-R-T: 45° 55° 36°



tricog

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

REPORTED BY

[Signature]

DR. SHAILA PILLAI
MBBS, MD Physician
MD Paediatric
4992

Disclaimer: Analysis in this system is based on ECG strips and should be used for clinical reference only. The accuracy and reliability of this system is dependent on the quality and accuracy of the input data. The system is not intended to be used as a substitute for a qualified physician's interpretation. The system is not intended to be used for legal purposes.

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USG WHOLE ABDOMEN

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. Wall thickness is within normal limits. **Multiple calculi noted in GB lumen measuring 5 to 10 mm.**

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 10.1 x 4.4 cm. Left kidney measures 10.8 x 4.4 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 3.1 x 3.3 cm in dimension and 16.7 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

[Click here to view images <<ImageLink>>](#)

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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.

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

G. R. Fartade

Dr. GAURAV FARTADE
MBBS, DMRE
Reg No -2014/04/1786
Consultant Radiologist

Click here to view images «ImageLink»

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Email:

1282 (2408320685) / A K VINODKUMAR / 36 Yrs / M / 168 Cms / 59 Kg
 Date: 23 / 03 / 2024 11:07:46 AM

Report



Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:02	0:02	00.0	00.0	01.0	087	47%	120/70	104	00	
Standing	00:15	0:13	00.0	00.0	01.0	081	44%	120/70	097	00	
HV	00:27	0:12	00.0	00.0	01.0	085	46%	120/70	102	00	
ExStart	00:41	0:14	00.0	00.0	01.0	082	45%	120/70	098	00	
BRUCE Stage 1	03:41	3:00	01.7	10.0	04.7	123	67%	130/80	159	00	
BRUCE Stage 2	06:41	3:00	02.5	12.0	07.1	146	79%	140/80	204	00	
PeakEx	07:19	0:38	03.4	14.0	07.8	157	85%	150/80	235	00	
Recovery	08:19	1:00	00.0	00.0	01.1	131	71%	130/80	170	00	
Recovery	08:47	1:30	00.0	00.0	01.0	126	68%	130/80	163	00	

FINDINGS :

Exercise Time : 06:38
 Initial HR (ExStrt) : 82 bpm 45% of Target 184
 Initial BP (ExStrt) : 120/70 (mm/Hg)
 Max Workload Attained : 7.8 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : II & -1.9 mm in Recovery
 History : No
 Test End Reasons : Heart Rate Achieved

Max HR Attained 157 bpm 85% of Target 184
 Max BP Attained 150/80 (mm/Hg)

Dr. SHAILAJA PILLAI

M.D. (GEN.MED)

RNO 49972

Doctor : DR. SHAILAJA PILLAI



EMail: 12827AK VINODKUMAR / 36 Yrs / M / 168 Cms / 59 Kg Date: 23 / 03 / 2024 11:07:46 AM

REPORT :

Sample Name: Stress Test Graded Exercise Treadmill

PROCEDURE DONE: Graded exercise treadmill stress test.

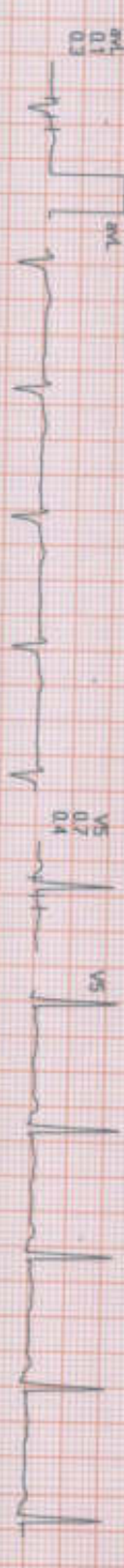
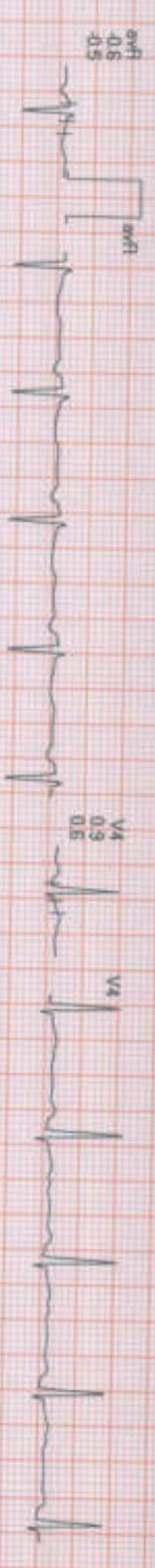
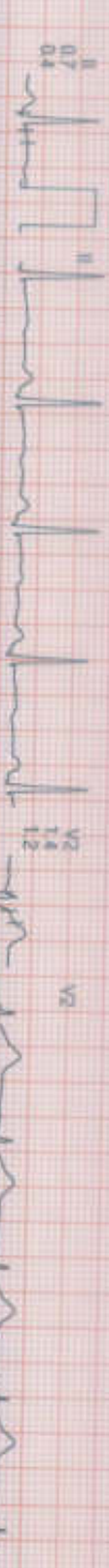
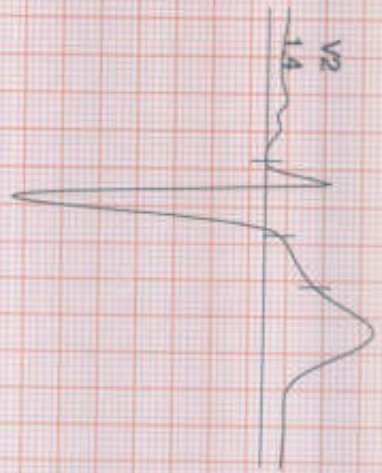
STRESS ECG RESULTS: The initial HR was recorded as 81.0 bpm, and the maximum predicted Target Heart Rate 184.0. The BP increased at the time of The Test was completed because of, Heart Rate Achieved.

CONCLUSIONS:

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

DR. SHAILAJA PILLAI
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RNO. 48972

Doctor : DR. SHAILAJA PILLAI



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1282 (2408320685) / A K VINODKUMAR / 36 Yrs / M / 168 Cms / 59 Kg / HR : 81

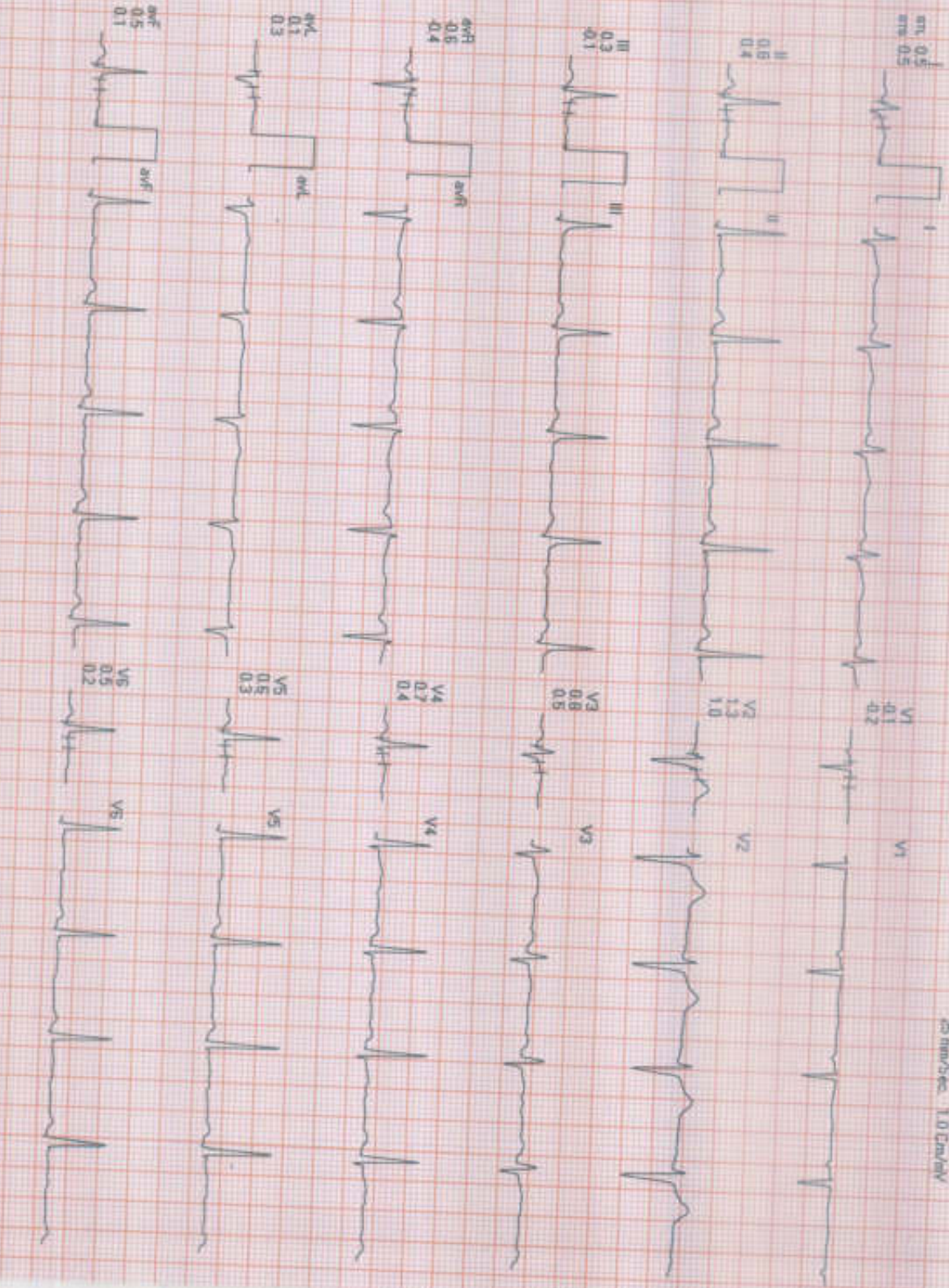
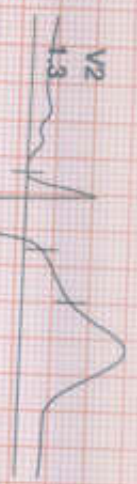
Date: 23/03/2024 11:07:46 AM METS: 1.0/ 81 bpm 44% of THR BP: 120/70 mmHg Pwv EDQ/ BLC On/ Notch On/ HF: 0.05 Hz/ F: 35 Hz

4X 80 mg Post J

STANDING (00:00)

ACAPL

ExTime: 00:00 0.0 mph, 0.0%
25 mm/Sec 1.0 Cm/Div



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1282 / A K VINODKUMAR / 36 Yrs / Male / 168 Cm / 59 Kg

Date: 23 / 03 / 2024 11:07:48 AM METs : 1.0 HR : 85 Target HR : 46% of 164 BP : 120/70 Post J @80mSec

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



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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

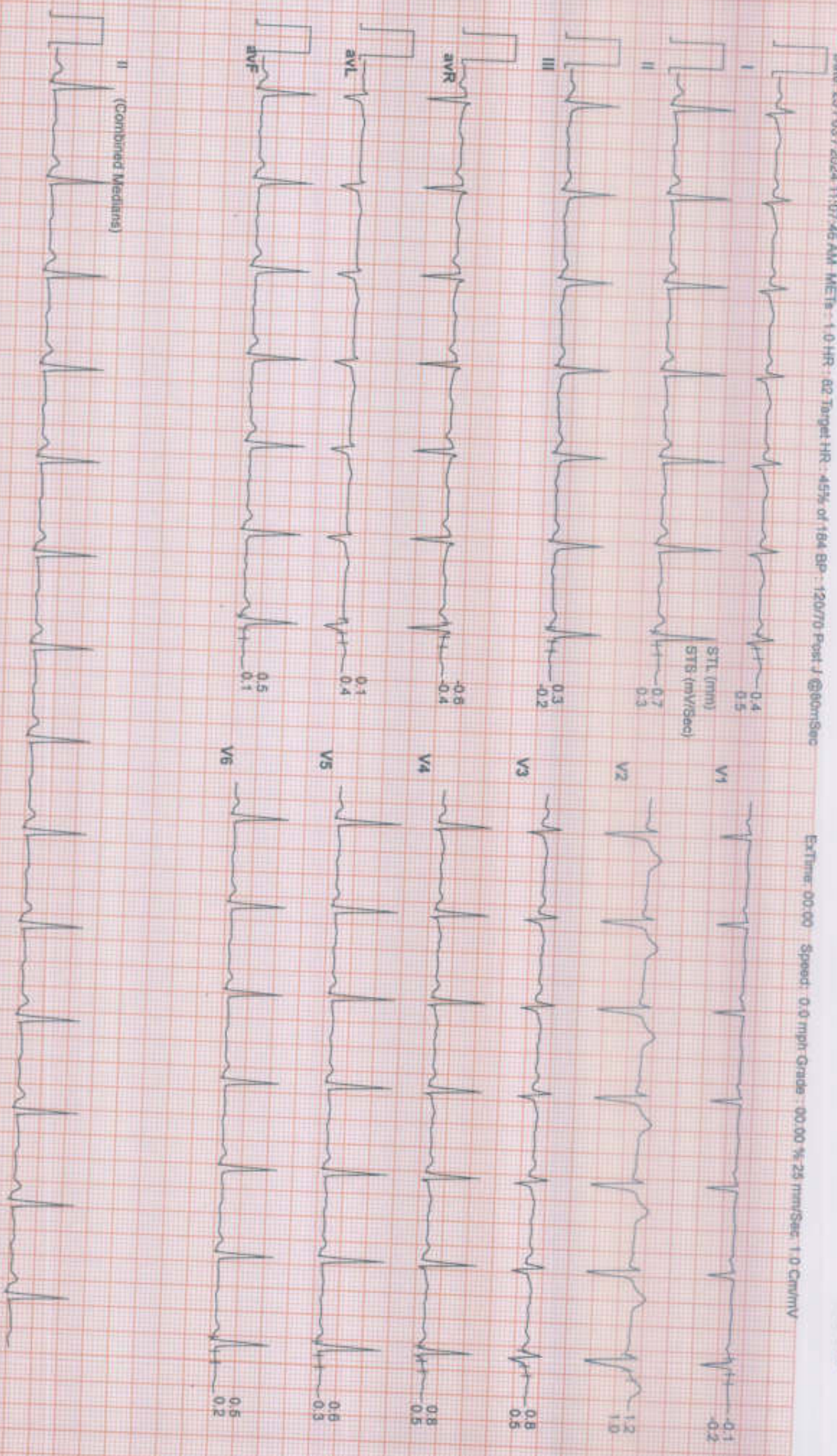
1282 / A K VINODKUMAR / 36 Yrs / Male / 168 Cm / 59 Kg

Date: 23 / 03 / 2024 11:07:46 AM METs: 1.0 HR: 82 Target HR: 45% of 164 BP: 120/70 Post J @80mmSec

6X2 Combine Medians + 1 Rhythm

ExStr

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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

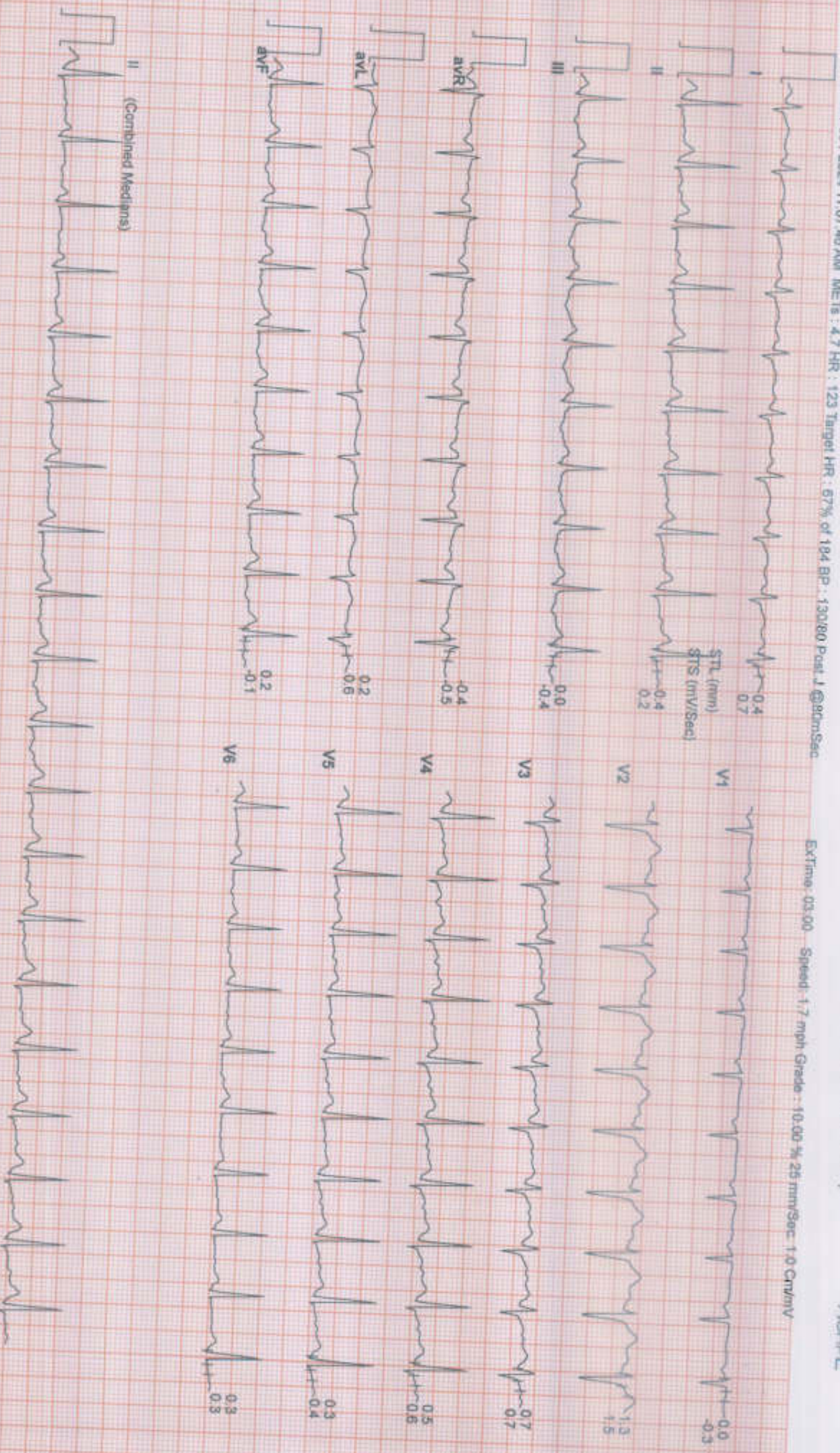
1282 / A K VINODKUMAR / 38 Yrs / Male / 168 Cm / 59 Kg

Date: 23 / 03 / 2024 11:07:46 AM METs : 4.7 HR : 123 Target HR : 57% of 184 BP : 130/80 Post J @ 90mSec

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



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

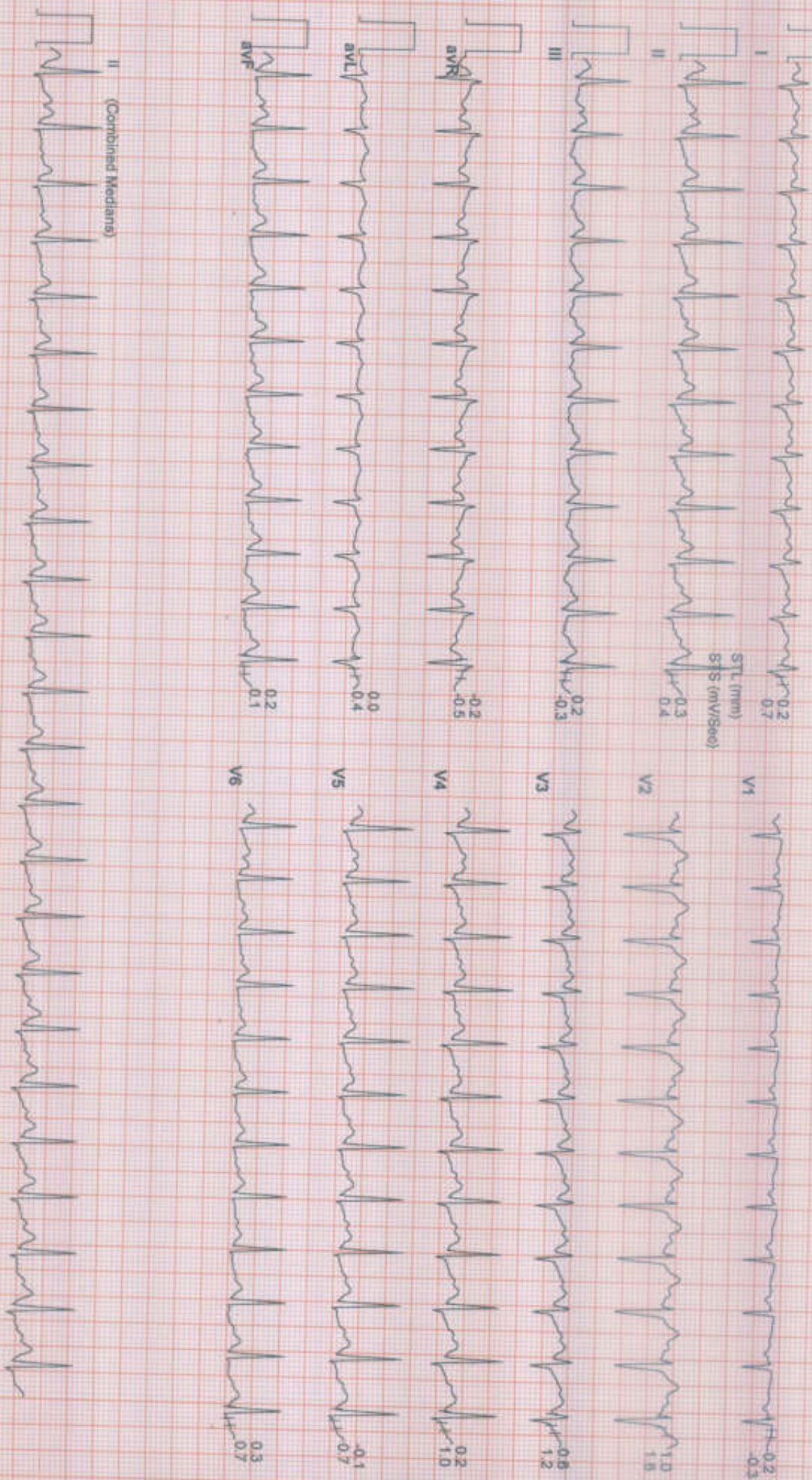


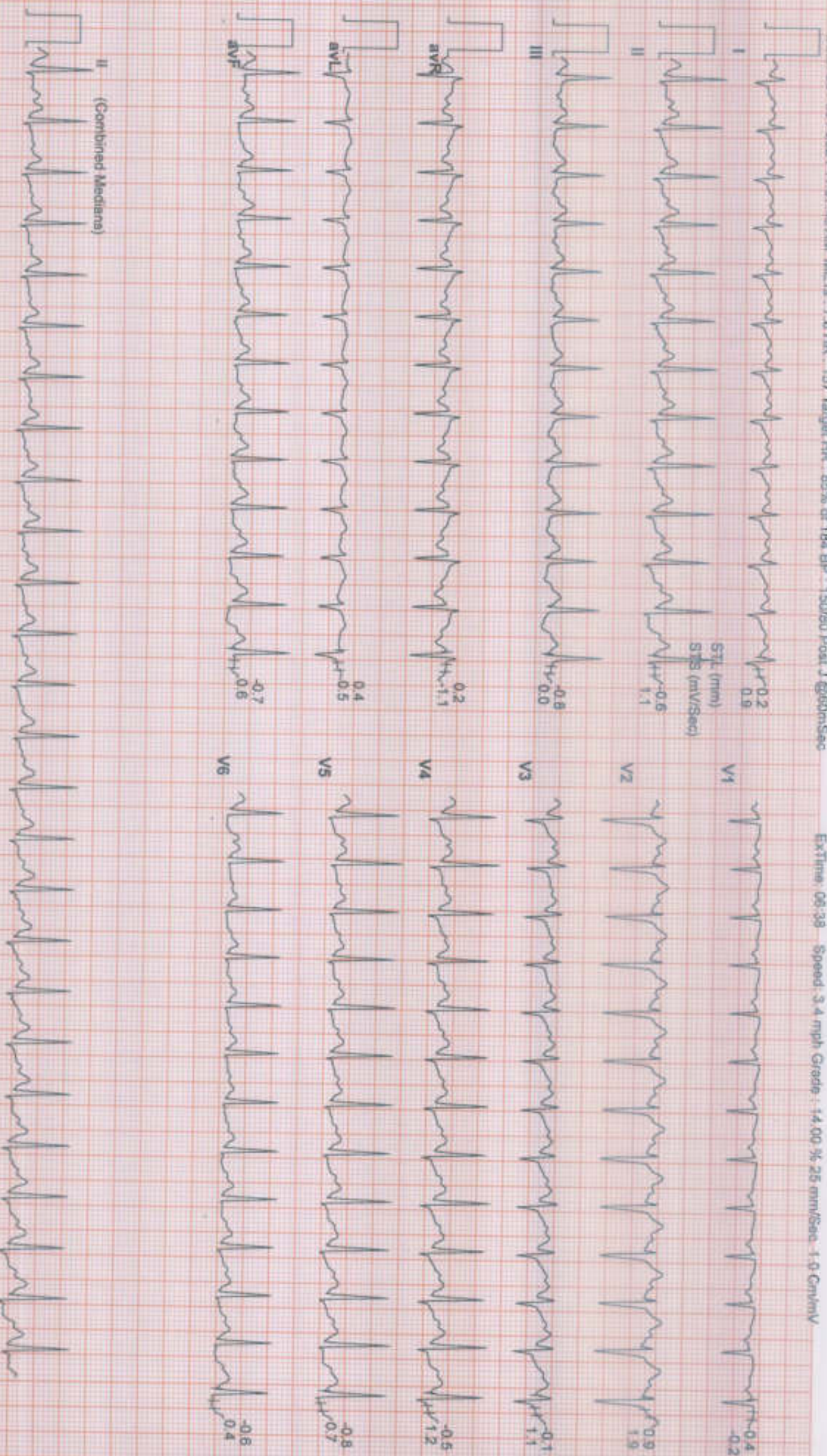
II (Combined Medians)



Date: 23 / 03 / 2024 11:07:46 AM METs : 7.1 HR : 146 Target HR : 79% of 184 BP : 140/90 Post J @800mSec

ExTime: 06:00 Speed: 2.5 mph Grade: 12.00 % 25 mm/Sec. 1.0 Cm/mV

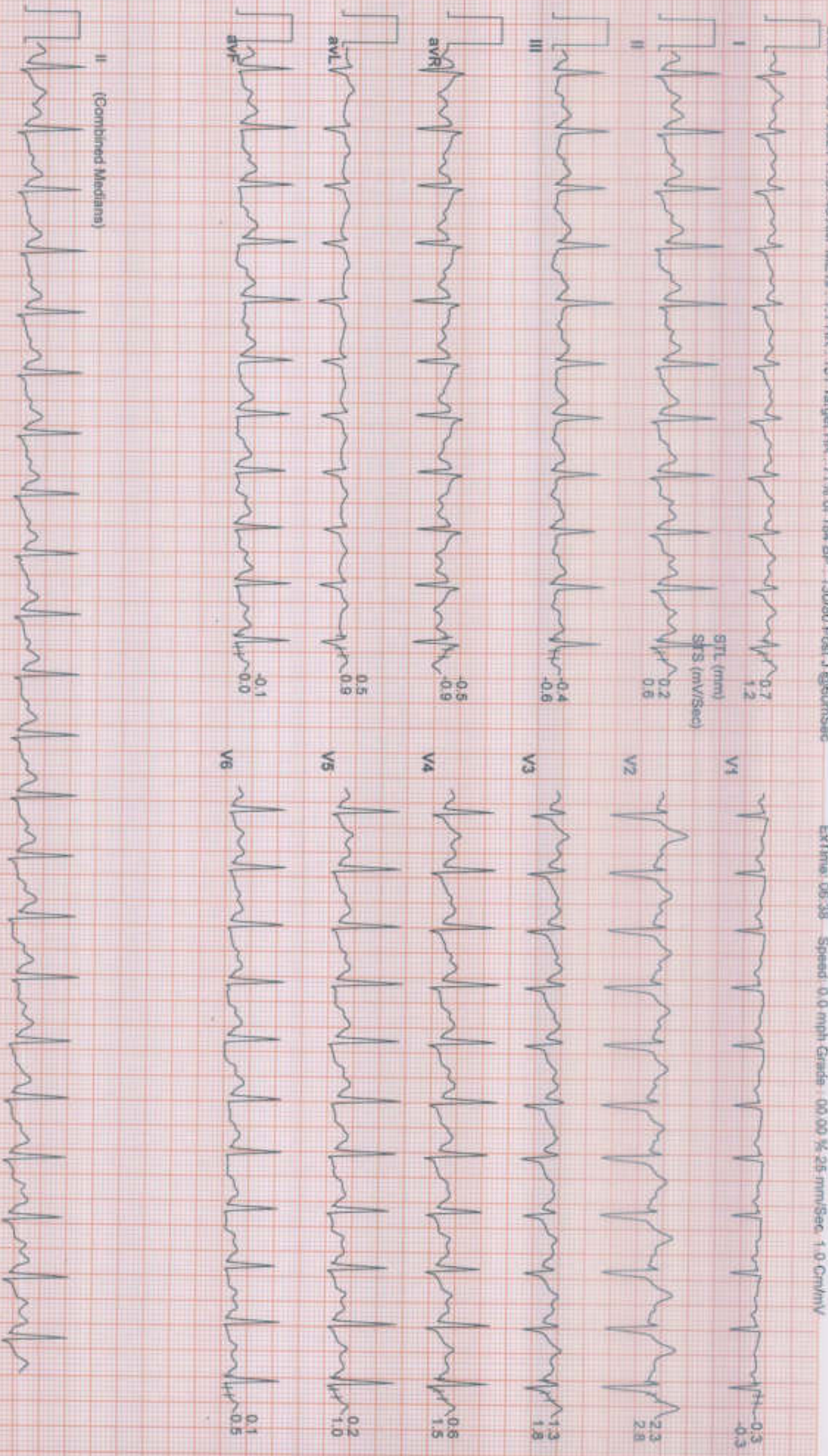






Date: 23 / 03 / 2024 11:07:46 AM METs : 1.1 HR : 131 Target HR : 71% of 184 BP : 130/80 Post J @60mSec

ExTime: 06:38 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/IV





Date: 23 / 03 / 2024 11:07:46 AM METs : 1.0 HR : 126 Target HR : 68% of 184 BP : 130/60 Post J @80mSec

ExTime: 06:38 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec - 1.0 Cm/mV

