



CID : 2408601153
Name : MR.GOGGELA PRABHAKAR
Age / Gender : 30 Years / Male
Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 26-Mar-2024 / 09:16
Reported : 26-Mar-2024 / 13:45

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	13.4	13.0-17.0 g/dL	Spectrophotometric
RBC	5.73	4.5-5.5 mil/cmm	Elect. Impedance
PCV	40.4	40-50 %	Measured
MCV	71	80-100 fl	Calculated
MCH	23.4	27-32 pg	Calculated
MCHC	33.1	31.5-34.5 g/dL	Calculated
RDW	16.3	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4310	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	30.0	20-40 %	
Absolute Lymphocytes	1293.0	1000-3000 /cmm	Calculated
Monocytes	7.5	2-10 %	
Absolute Monocytes	323.3	200-1000 /cmm	Calculated
Neutrophils	57.6	40-80 %	
Absolute Neutrophils	2482.6	2000-7000 /cmm	Calculated
Eosinophils	4.6	1-6 %	
Absolute Eosinophils	198.3	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	12.9	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	173000	150000-400000 /cmm	Elect. Impedance
MPV	10.8	6-11 fl	Calculated
PDW	27.7	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	Mild		
Microcytosis	+		



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Macrocytosis	-
Anisocytosis	Mild
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	-
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 ***



Bmhasakar

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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	105.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	166.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.28	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.12	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.16	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	17.9	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	14.3	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	23.1	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	79.9	40-130 U/L	Colorimetric
BLOOD UREA, Serum	22.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	10.5	6-20 mg/dl	Calculated
CREATININE, Serum	1.22	0.67-1.17 mg/dl	Enzymatic



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eGFR, Serum	82	(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	4.6	3.5-7.2 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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



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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	5.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	116.9	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 Borivali Lab, Borivali West

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
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	0-1	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	1-2	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 Borivali Lab, Borivali West
*** End Of Report ***



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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
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:
ABO system is most important of all blood group in transfusion medicine

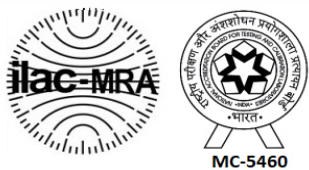
Limitations:

- 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.

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 SDRL, Vidyavihar Lab
 *** End Of Report ***



Dr. Vrushi Shroff

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



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Age / Gender : 30 Years / Male
Consulting Dr. : -
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	165.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	142.0	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	40.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	124.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	96.0	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	28.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.4	0-3.5 Ratio	Calculated

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 Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 26-Mar-2024 / 09:16
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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	4.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.3	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.3	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 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 becuae 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 Borivali Lab, Borivali West

*** End Of Report ***

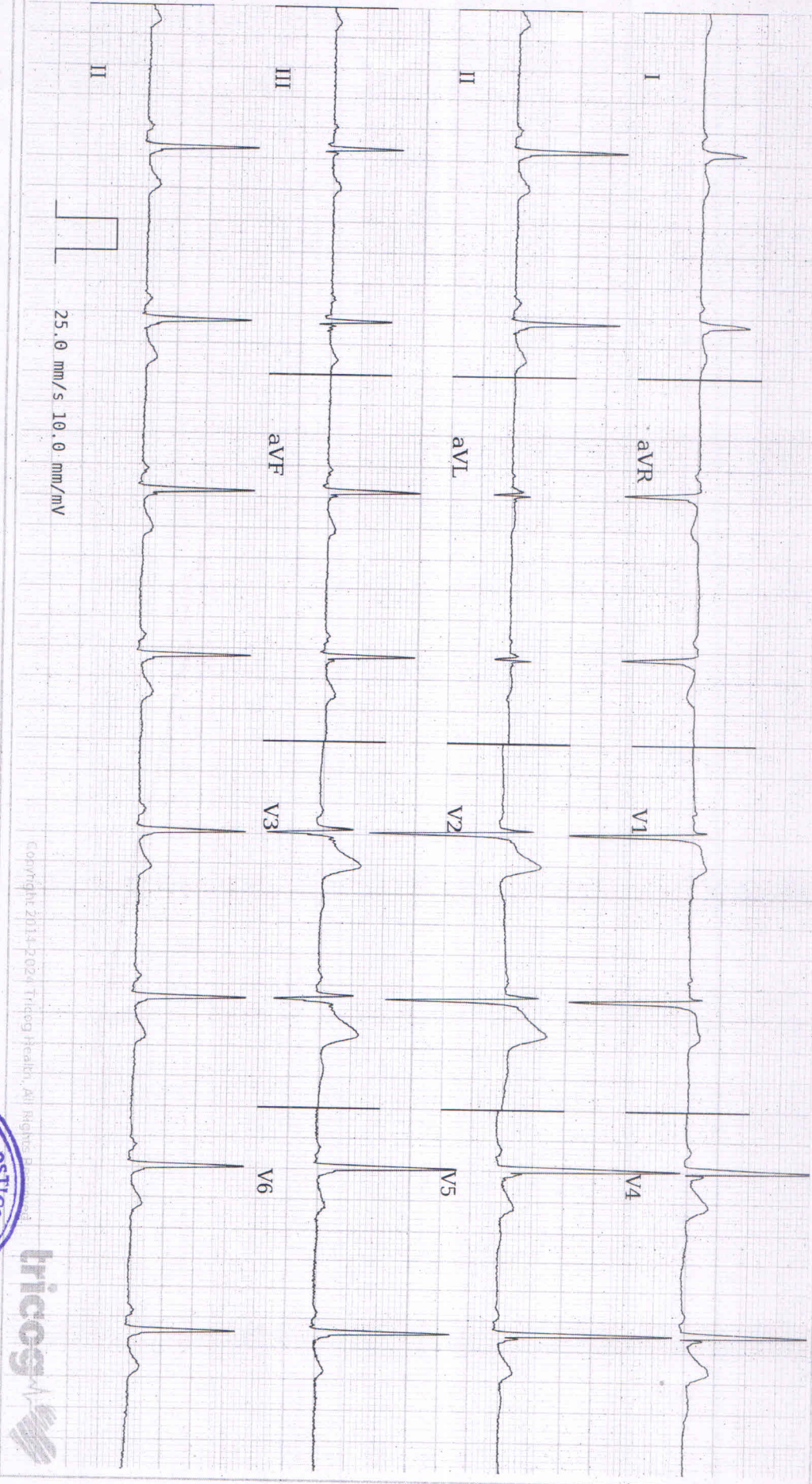


Bmhasakar

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

Patient Name: GOGGELA PRABHAKAR
Patient ID: 2408601153

Date and Time: 26th Mar 24 10:16 AM



Age 30 NA NA
years months days

Gender Male

Heart Rate 54bpm

Patient Vitals

BP: 130/70 mmHg

Weight: 72 kg

Height: 166 cm

Pulse: 56 bpm

SpO2: NA

Resp: NA

Others:

Measurements

QRSD: 102ms

QT: 374ms

QTcB: 354ms

PR: 142ms

P-R-T: 57° 66° 64°

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



REPORTED BY

Dr. Alita Bhasale
M.B.B.S.P.G.D.C.C (DIP, Cardiology)
2013062200

Disclaimer: The analysis and interpretation of the ECG are for informational purposes only. The ECG is not intended to be used as a substitute for clinical history, symptoms, and results of other diagnostic tests and must be interpreted in conjunction with the clinical data. All rights reserved. Copyright 2013-2024, Trilog Health, All Rights Reserved.

Date:- 26/11/24

CID: 2408601153

Name:- Mr. Goggela Peabhakar

Sex / Age: M / 30 yrs.

EYE CHECK UP

Chief complaints: - No

Systemic Diseases: - No

Past history: - No

Unaided Vision: - No

Aided Vision: - No

Refraction: \odot 6/18 \odot 6/9

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance				6/18				6/9
Near	/			N/6	/			N/6

Colour Vision: Normal / Abnormal

Remark: Normal vision



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Consulting Dr. :

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Reported : 27-Mar-2024 / 10:00

PHYSICAL EXAMINATION REPORT

History and Complaints: NIL

EXAMINATION FINDINGS:

Height (cms):	166	Weight (kg):	72
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/Hg):	130/70	Nails:	Healthy
Pulse:	56/MIN	Lymph Node:	Not Palpable

Systems

Cardiovascular: S1,S2 Normal No Murmurs

Respiratory: Air Entry Bilaterally Equal

Genitourinary: Normal

GI System: Soft non tender No Organomegaly

CNS: Normal

IMPRESSION: HEALTHY

ADVICE: REGULAR EXERCISE & HEALTHY DIET

CHIEF COMPLAINTS:

- | | |
|------------------------|----|
| 1) Hypertension: | NO |
| 2) IHD: | NO |
| 3) Arrhythmia: | NO |
| 4) Diabetes Mellitus : | NO |
| 5) Tuberculosis : | NO |
| 6) Asthama: | NO |
| 7) Pulmonary Disease : | NO |

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Reported : 27-Mar-2024 / 10:00

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| 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 |

PERSONAL HISTORY:

- | | |
|---------------|-----|
| 1) Alcohol | NO |
| 2) Smoking | NO |
| 3) Diet | VEG |
| 4) Medication | NO |

*** End Of Report ***




Dr. Ajita Bhosale
PHYSICIAN

Dr. AJITA BHOSALE
Reg. No. 2013/062200
MBBS/D. Cardiology



बैंक ऑफ बड़ोदा
Bank of Baroda



नाम गोमेल प्रभाकर
Name GOGELA PRABHAKAR

सर्वकारी फुड नं.
E. C. No. 128186

Sanjay Mundhira
(Sanjay Mundhira)
Dy. General Manager (MNS&S)
अधीक्षक प्राधिकारी
Issuing Authority

Gogela
धारक के हस्ताक्षर
Signature of Holder

Gogela

SUBURBAN DIAGNOSTICS PVT LTD.

Patient Details **Date:** 26-Mar-24 **Time:** 11:02:44 AM
Name: GOGGELA PRABHAKAR ID: 2408601153
Age: 30 y **Sex:** M **Height:** 166 cms. **Weight:** 72 Kg.
Clinical History: ROUTINE CHECK UP

Medications: NIL

Test Details

Protocol: Bruce **Pr.MHR:** 190 bpm **THR:** 171 (90 % of Pr.MHR) bpm
Total Exec. Time: 9 m 22 s **Max. HR:** 162 (85% of Pr.MHR) bpm **Max. Mets:** 13.50
Max. BP: 190 / 70 mmHg **Max. BP x HR:** 30780 mmHg/min **Min. BP x HR:** 3850 mmHg/min
Test Termination Criteria: THR ACHIEVED

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 59	1.0	0	0	55	130 / 70	-1.91 III	4.60 V2
Standing	0 : 38	1.0	0	0	70	130 / 70	-2.12 III	2.48 V2
Hyperventilation	0 : 7	1.0	0	0	76	130 / 70	-1.49 III	2.12 V2
1	3 : 0	4.6	1.7	10	112	140 / 70	-2.55 III	4.60 V2
2	3 : 0	7.0	2.5	12	134	160 / 70	-2.97 III	5.66 V2
3	3 : 0	10.2	3.4	14	155	170 / 70	-2.97 III	5.66 V2
Peak Ex	0 : 22	13.5	4.2	16	162	190 / 70	-2.76 III	5.66 V2
Recovery(1)	3 : 0	1.8	1	0	87	160 / 70	-3.61 II	5.66 V2
Recovery(2)	1 : 51	1.0	0	0	86	130 / 70	-1.91 III	3.54 V2

Interpretation

GOOD EFFORT TOLERANCE.
 HIGH WORKLOAD ACHIEVED.
 APPROPRIATE CHRONOTROPIC AND INOTROPIC RESPONSE.
 HORIZONTAL ST DEPRESSION AROUND 1MM NOTED IN V4-V6 AT PEAK EXERCISE.
 ABOVE CHANGES REVERTED TO BASELINE WITHIN 30SECS OF RECOVERY.
 NO ARRHYTHMIAS NOTED.

IMPRESSION: THIS EXERCISE STRESS TEST IS BORDERLINE POSITIVE FOR REVERSIBLE INDUCIBLE ISCHEMIA BY ST-T CRITERIA.

Disclaimer: Negative stress test does not rule out Coronary Artery Disease. Positive test is suggestive but not confirmatory of Coronary Artery Disease. Hence, clinical correlation is mandatory.

Ref. Doctor: ARCOFEMI
(Summary Report edited by user)




Doctor: DR AJITA BHOSALE
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Dr. AJITA BHOSALE
 Reg. No. 2013/062
 MBBS/D. Cardiology



GOGGELA PRABHAKAR (30 M)

ID: 2408601153

Date: 26-Mar-24

Exec Time : 0 m 0 s

Stage Time : 0 m 53 s HR: 53 bpm

B.P: 130/70

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 171 bpm)

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

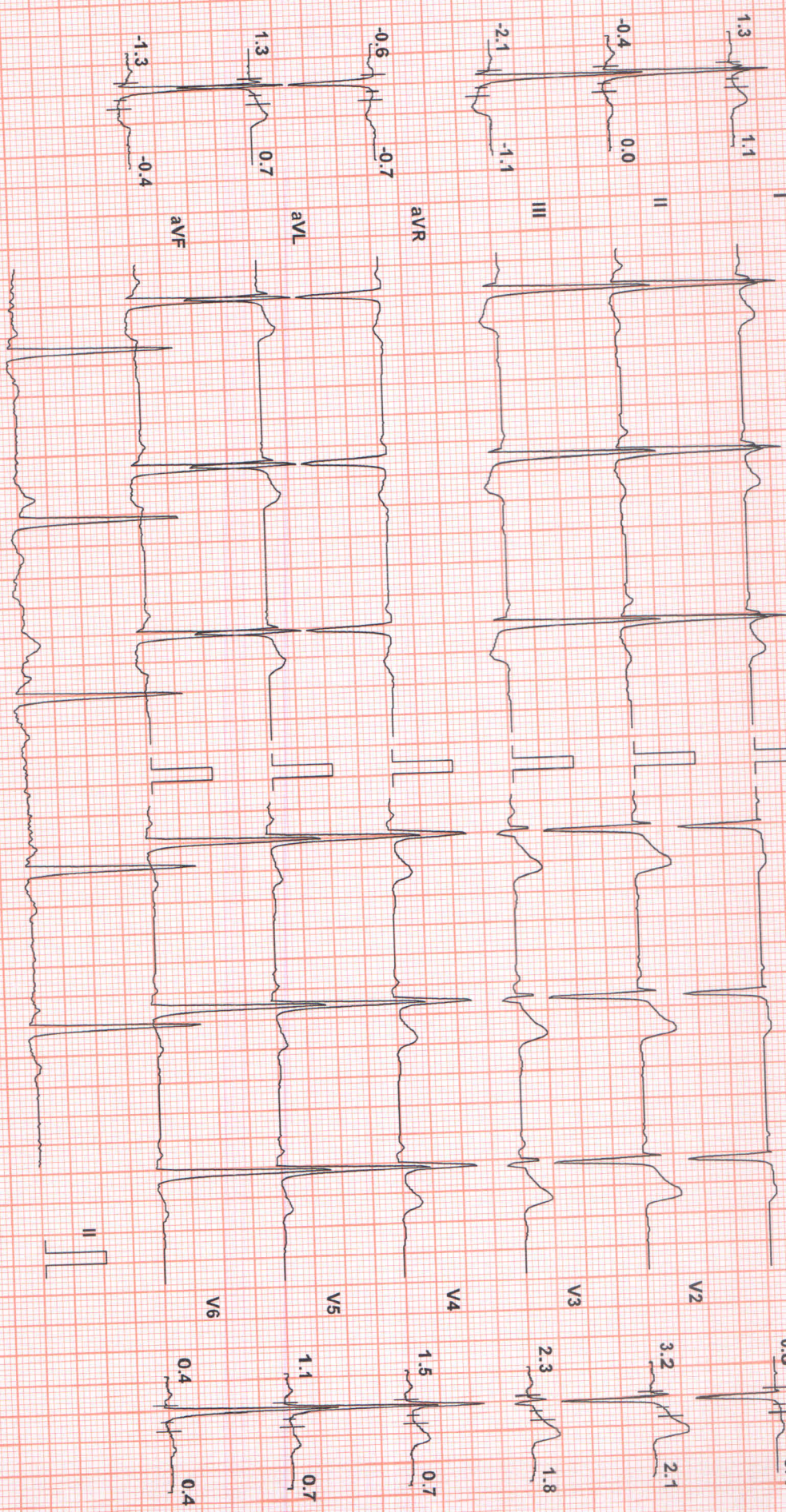


Chart Speed: 25 mm/sec
Schiller Spandan V 4.52

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



GOGGELA PRABHAKAR (30 M)

SUBURBAN DIAGNOSTICS PVT LTD.

ID: 2408601153

Date: 26-Mar-24

Exec Time : 0 m 0 s

Stage Time : 0 m 32 s HR: 75 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0%

(THR: 171 bpm)

B.P: 130 / 70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

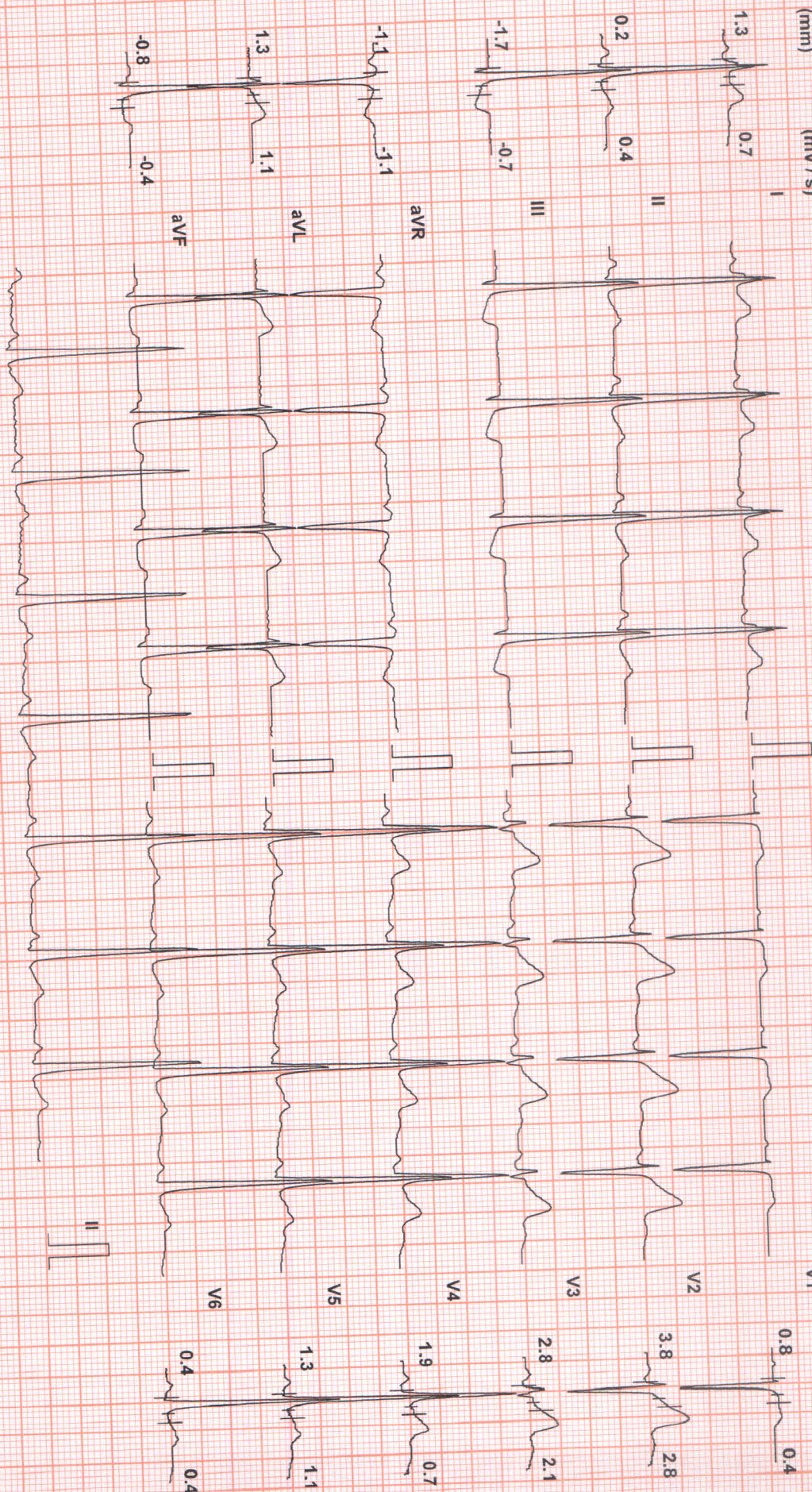


Chart Speed: 25 mm/sec
Schiller Spandan V 4.52

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



GOGGELA PRABHAKAR (30 M)

SUBURBAN DIAGNOSTICS PVT LTD.

Test Report

Protocol: Bruce

ID: 2408601153

Date: 26-Mar-24

Exec Time : 0 m 0 s

Stage Time : 0 m 1 s

HR: 69 bpm

ST Level (mm) ST Slope (mV/s)

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 171 bpm)

B.P: 130 / 70

ST Level (mm) ST Slope (mV/s)

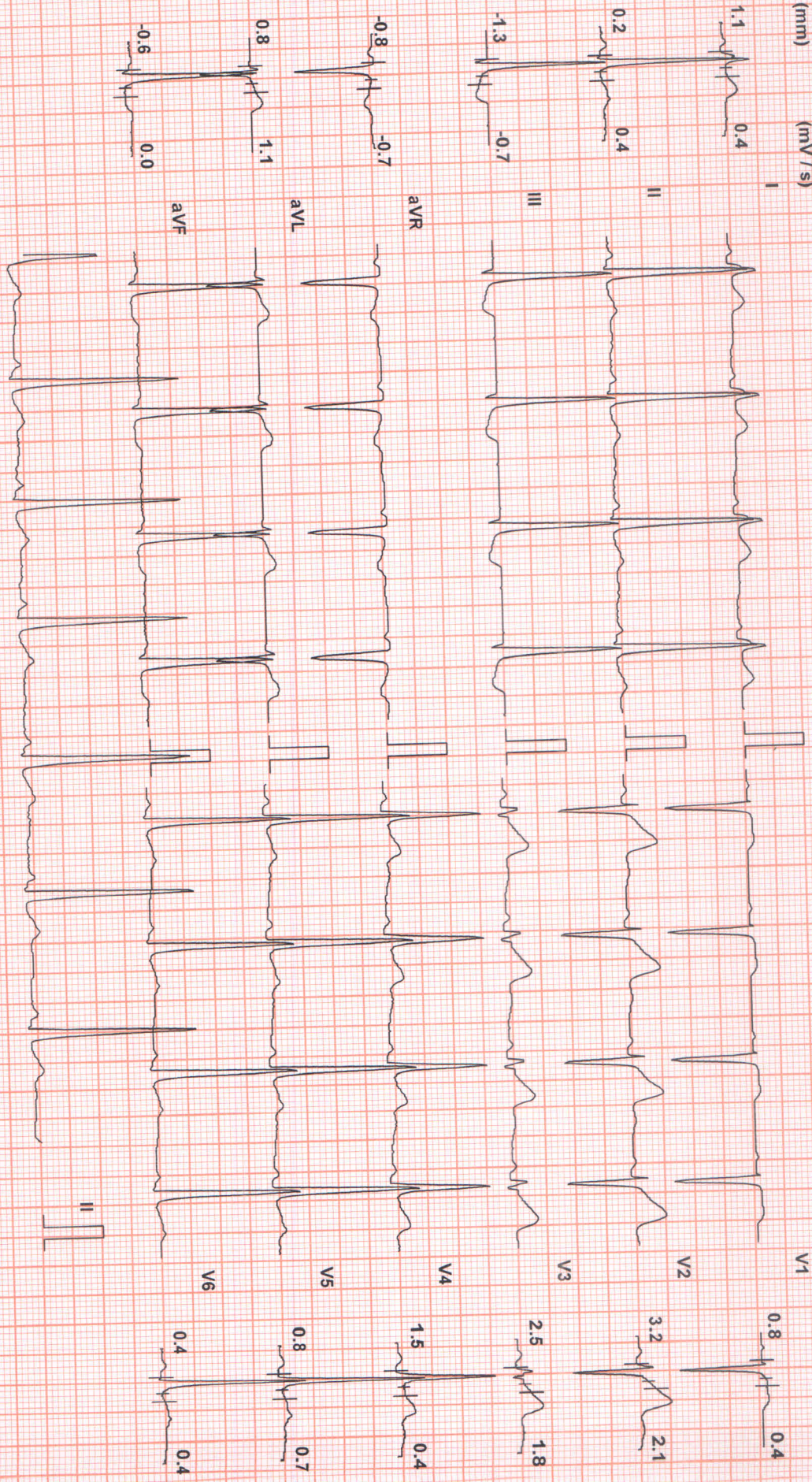


Chart Speed: 25 mm/sec
Schiller Standard V 4.52

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



GOGGELA PRABHAKAR (30 M)

SUBURBAN DIAGNOSTICS PVT LTD.

EST Report

Protocol: Bruce

ST Level (mm) ST Slope (mV/s)

ID: 2408601153

Date: 26-Mar-24

Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 113 bpm

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 171 bpm)

B.P: 140 / 70

ST Level (mm) ST Slope (mV/s)

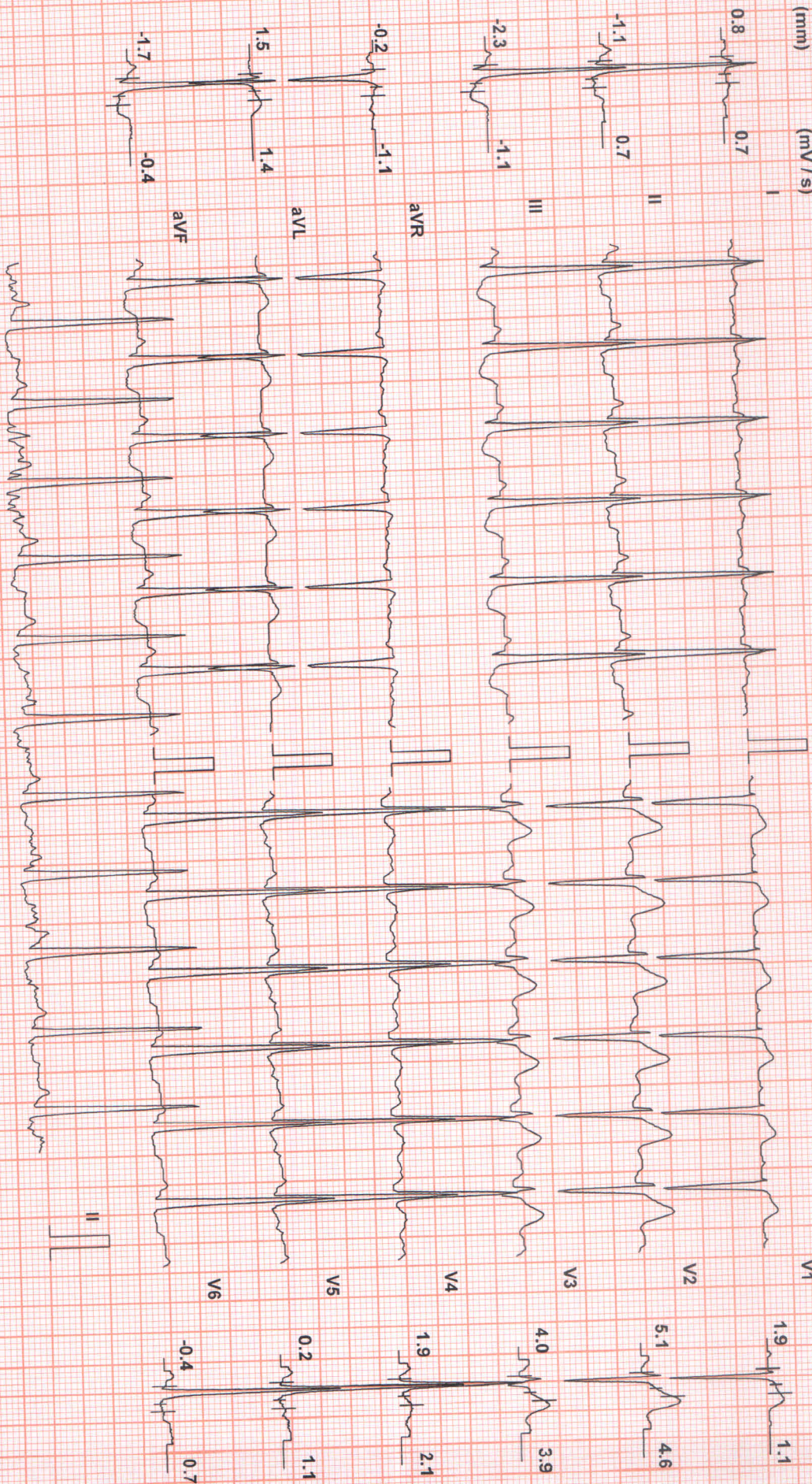


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Schiller Spandau V 4.52



GOGGELA PRABHAKAR (30 M)

Protocol: Bruce

ID: 2408601153

Stage: 2

Date: 26-Mar-24

Speed: 2.5 mph

Exec Time : 5 m 54 s

Grade: 12 %

Stage Time : 2 m 54 s

HR: 136 bpm

B.P.: 160 / 70

SUBURBAN DIAGNOSTICS PVT LTD.

TEST REPORT

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

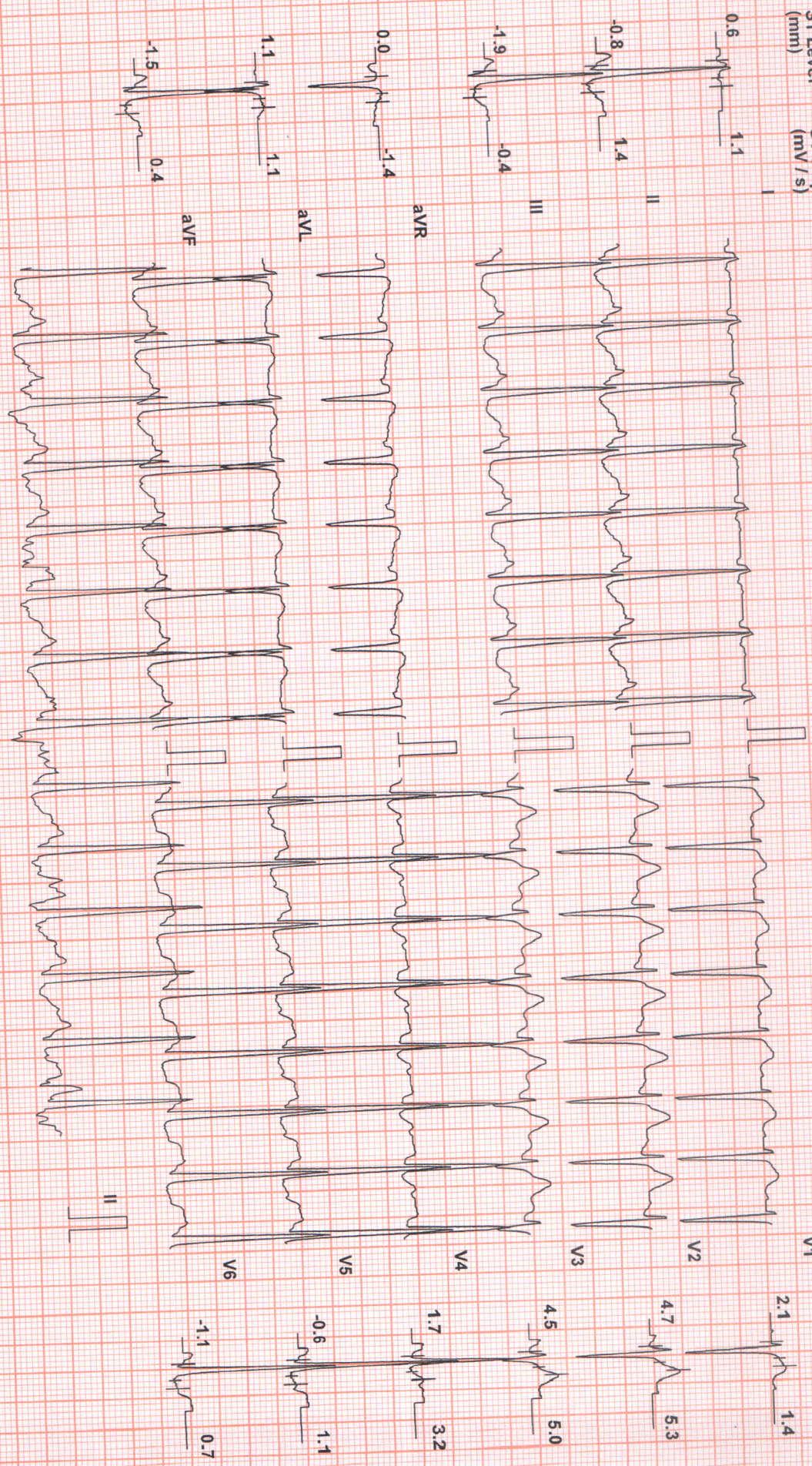


Chart Speed: 25 mm/sec
Schiller Spandan V 4.52

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



GOGGELA PRABHAKAR (30 M)

SUBURBAN DIAGNOSTICS PVT LTD.

ID: 2408601153

Date: 26-Mar-24

Exec Time : 8 m 54 s Stage Time : 2 m 54 s HR: 155 bpm

Protocol: Bruce

Stage: 3

Speed: 3.4 mph

Grade: 14 %

(THR: 171 bpm)

B.P: 170 / 70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

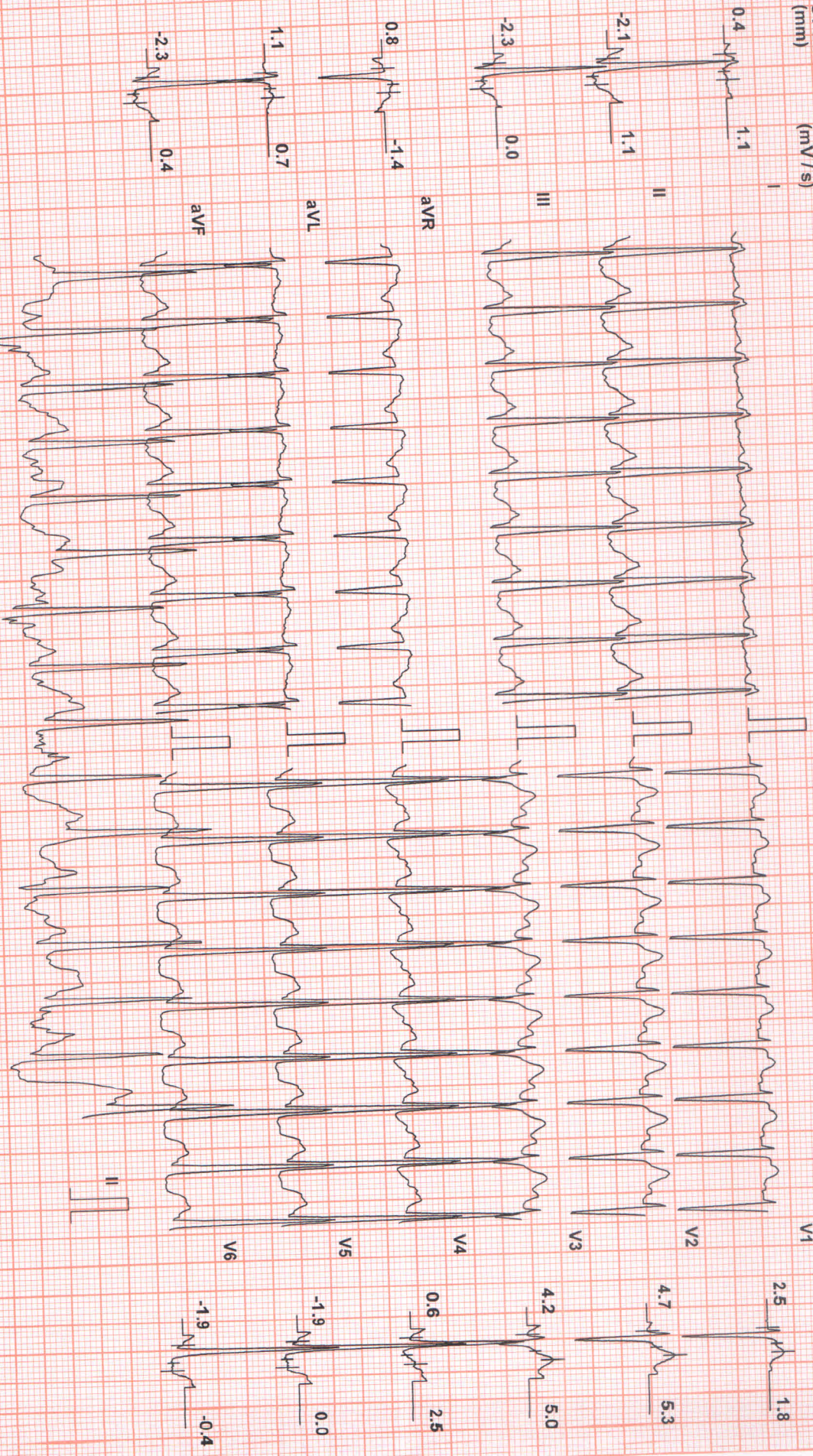


Chart Speed: 25 mm/sec
Schiller Spandan V 4.52

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



GOGGELA PRABHAKAR (30 M)

SUBURBAN DIAGNOSTICS PVT LTD.

ID: 2408601153

Date: 26-Mar-24

Exec Time : 9 m 16 s Stage Time : 0 m 16 s HR: 163 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 4.2 mph

Grade: 16 %

(THR: 171 bpm)

B.P: 190 / 70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

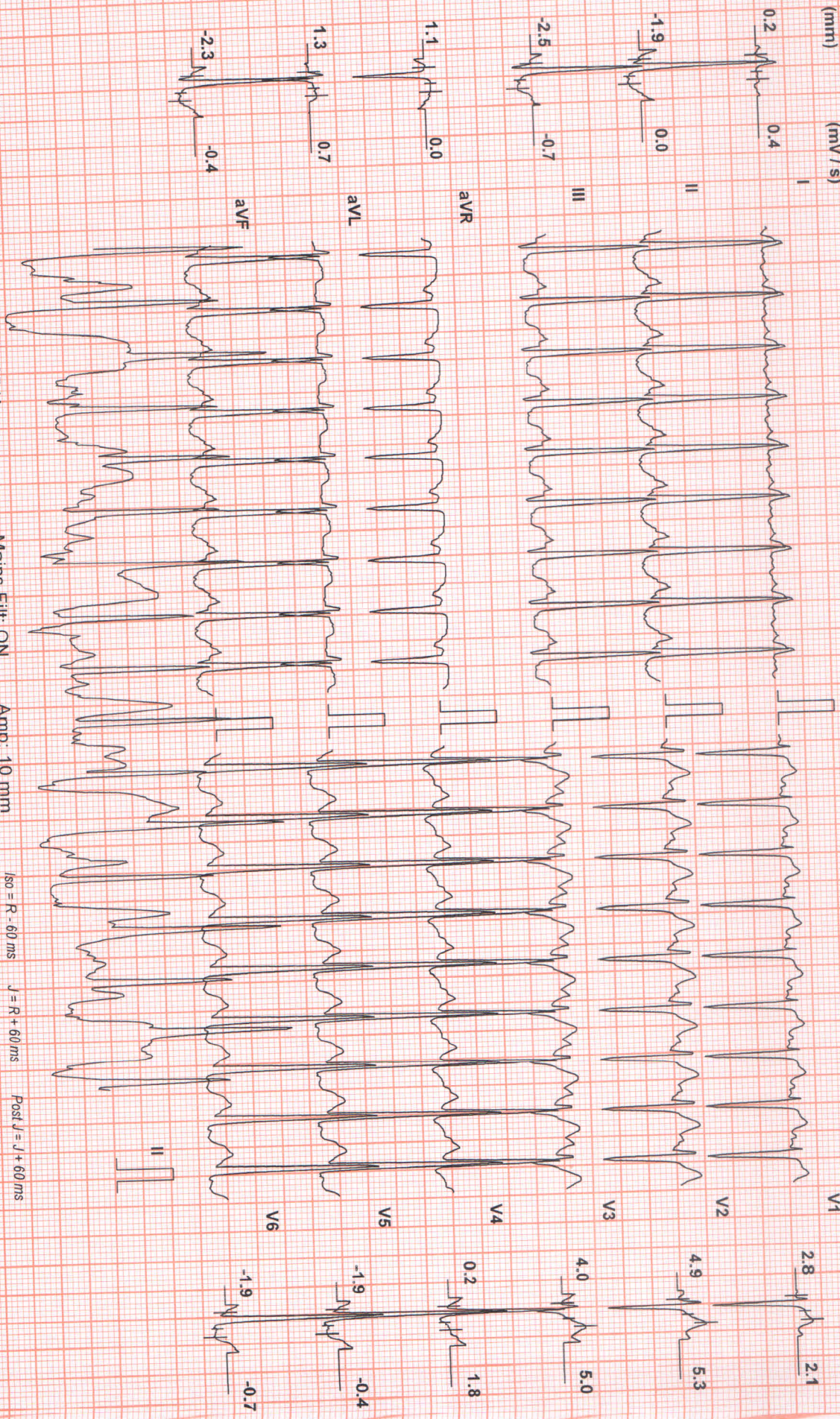


Chart Speed: 25 mm/sec
Schiller Spandan V 4.52

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUBURBAN DIAGNOSTICS PVT LTD.

GOGGELA PRABHAKAR (30 M)

ID: 2408601153

Date: 26-Mar-24

Exec Time : 9 m 22 s Stage Time : 0 m 18 s HR: 160 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 171 bpm)

B.P: 160 / 70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

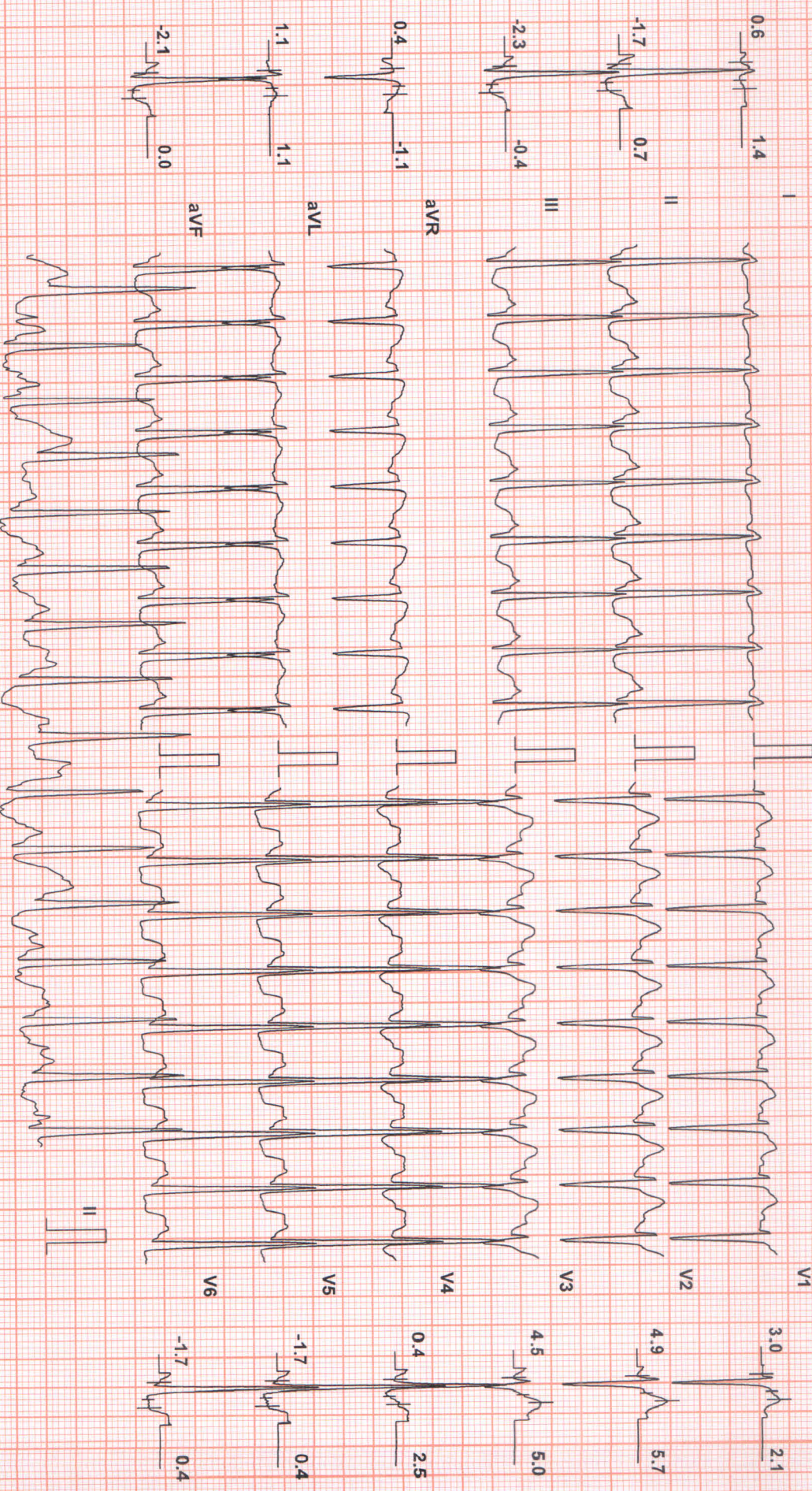


Chart Speed: 25 mm/sec
Schiller Spandan V 4.52

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



GOGGELA PRABHAKAR (30 M)

ID: 2408601153

Date: 26-Mar-24

Exec Time : 9 m 22 s Stage Time : 0 m 24 s HR: 150 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 171 bpm)

B.P: 160 / 70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

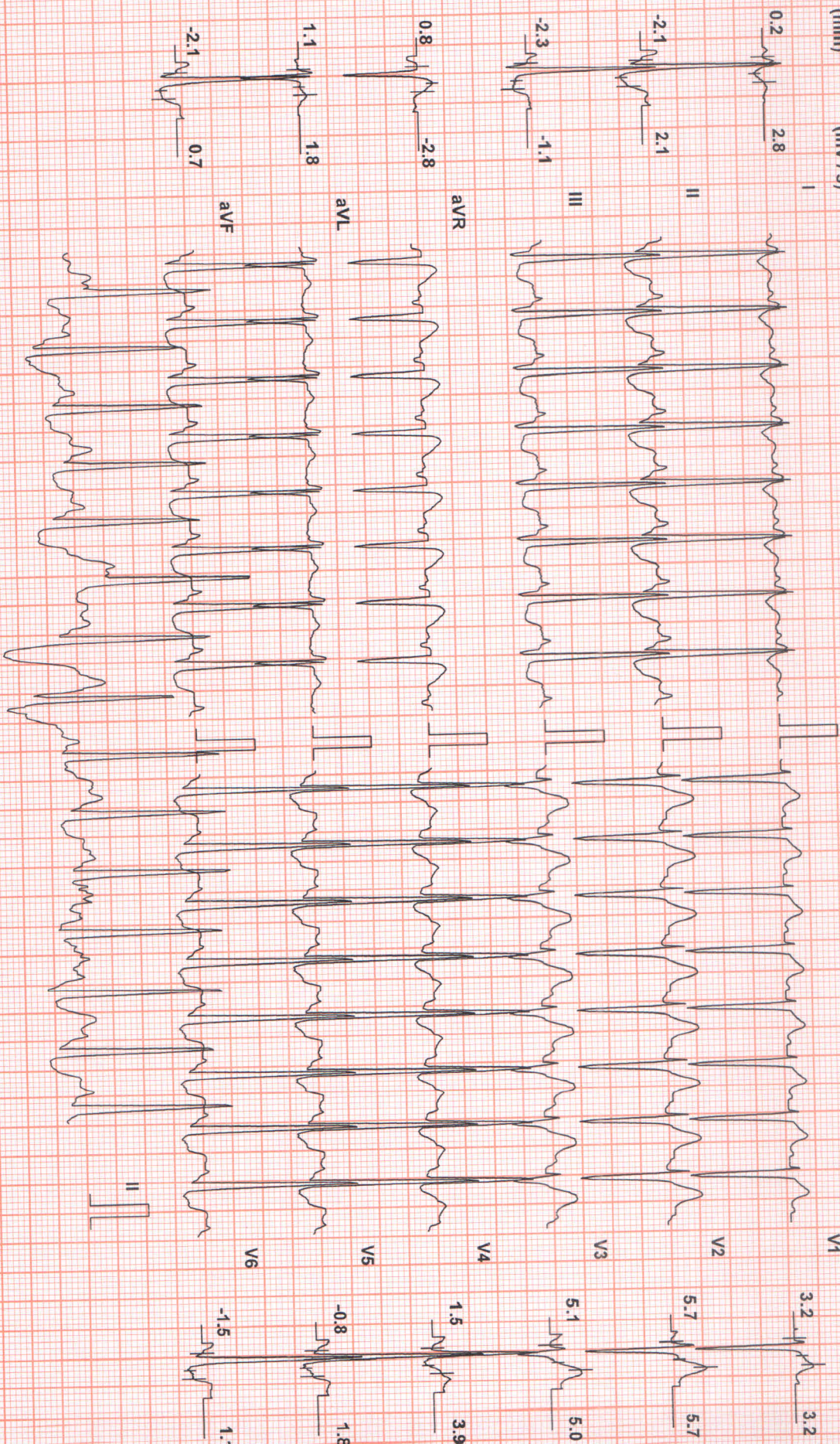


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4:52

Linked Median

GOGGELA PRABHAKAR (30 M)

ID: 2408601153

Date: 26-Mar-24

Exec Time : 9 m 22 s Stage Time : 0 m 30 s HR: 144 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 171 bpm)

B.P: 160 / 70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

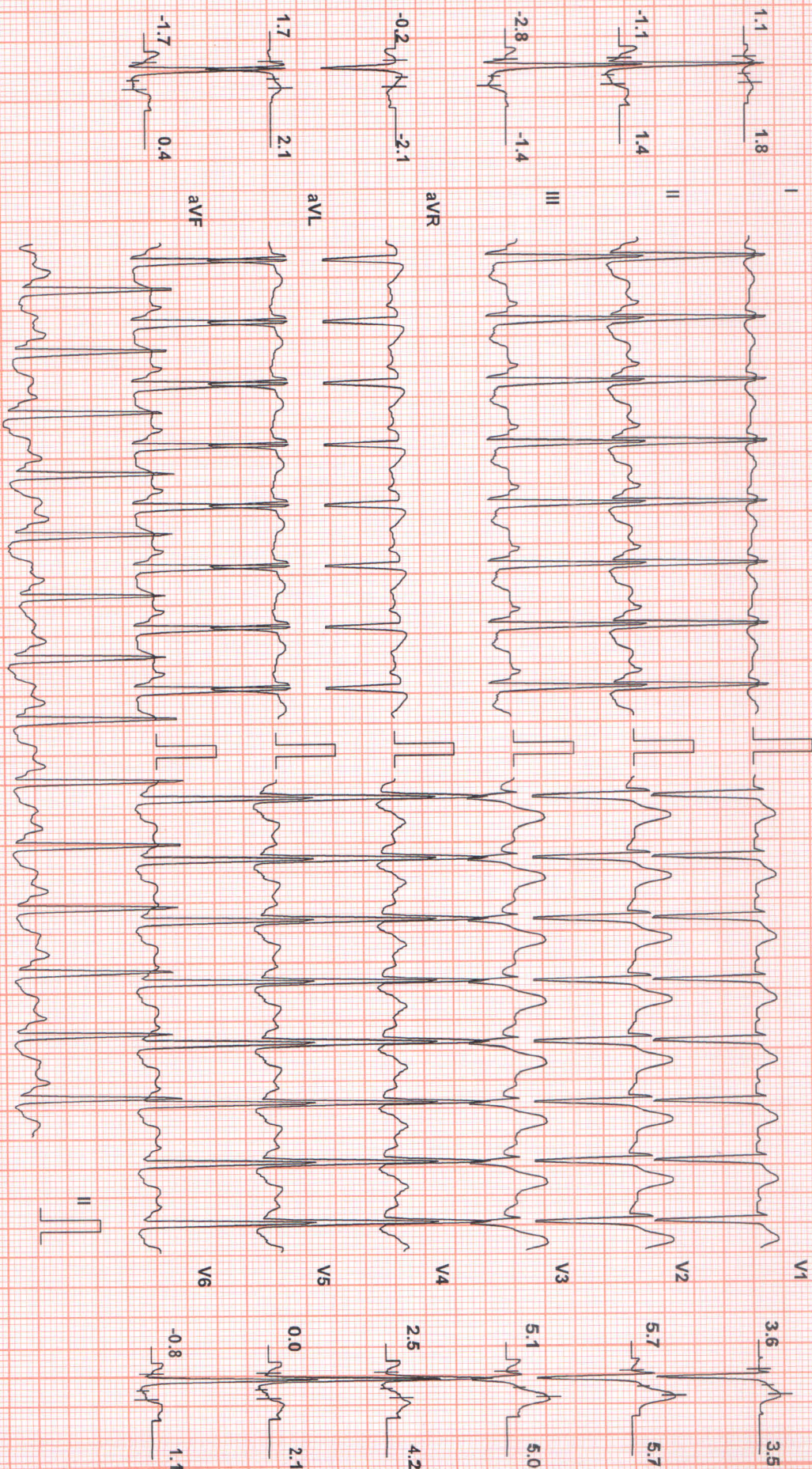


Chart Speed: 25 mm/sec
Schiller Spanden V 4.52

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post V = J + 60 ms

Linked Median



GOGGELA PRABHAKAR (30 M)

ID: 2408601153

Date: 26-Mar-24

Exec Time : 9 m 22 s Stage Time : 0 m 36 s HR: 140 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 171 bpm)

B.P: 160 / 70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

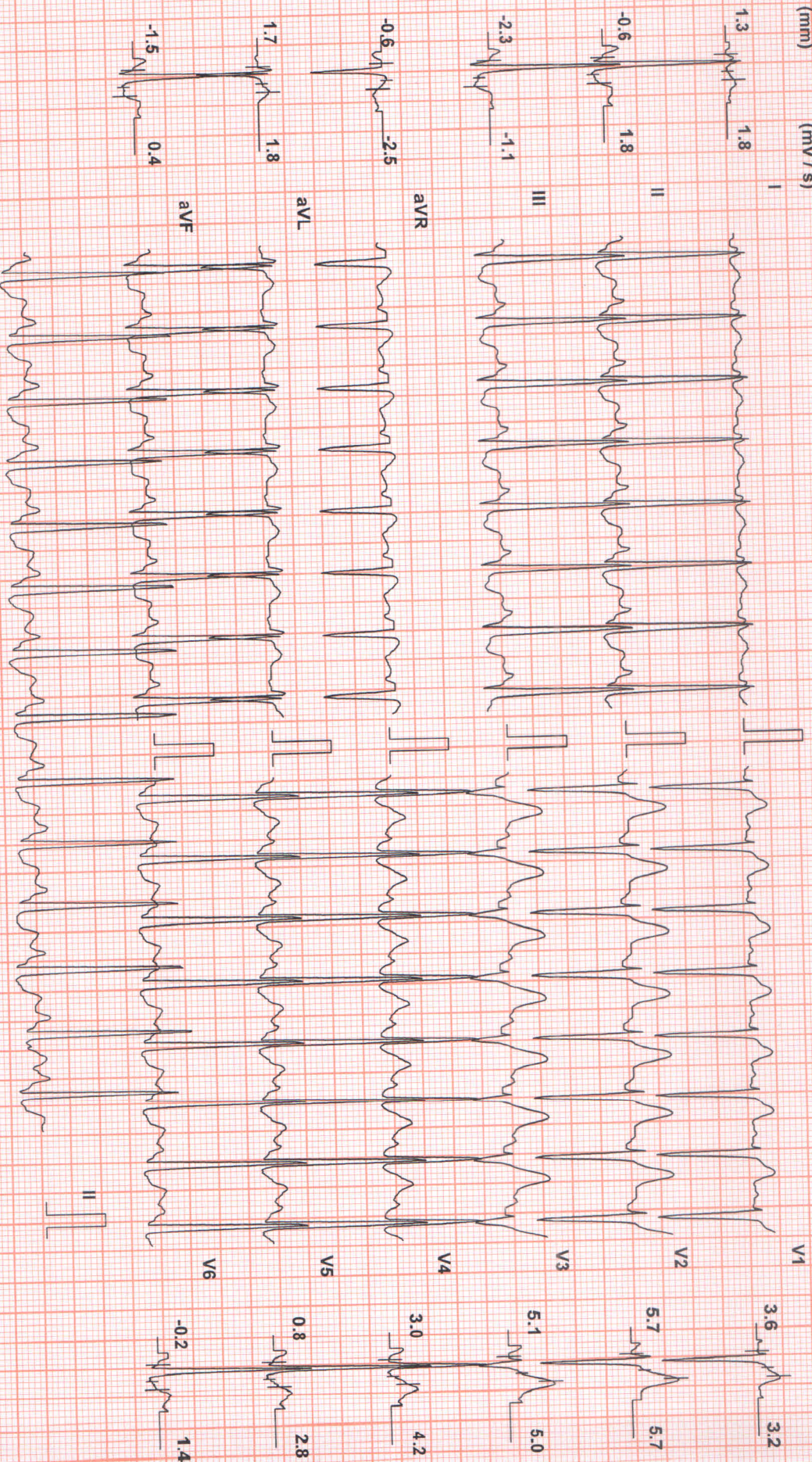


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandart V 4.52

Linked Median

GOGGELA PRABHAKAR (30 M)

ID: 2408601153

Date: 26-Mar-24

Exec Time : 9 m 22 s

Stage Time : 2 m 54 s

HR: 90 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 171 bpm)

B.P: 160 / 70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

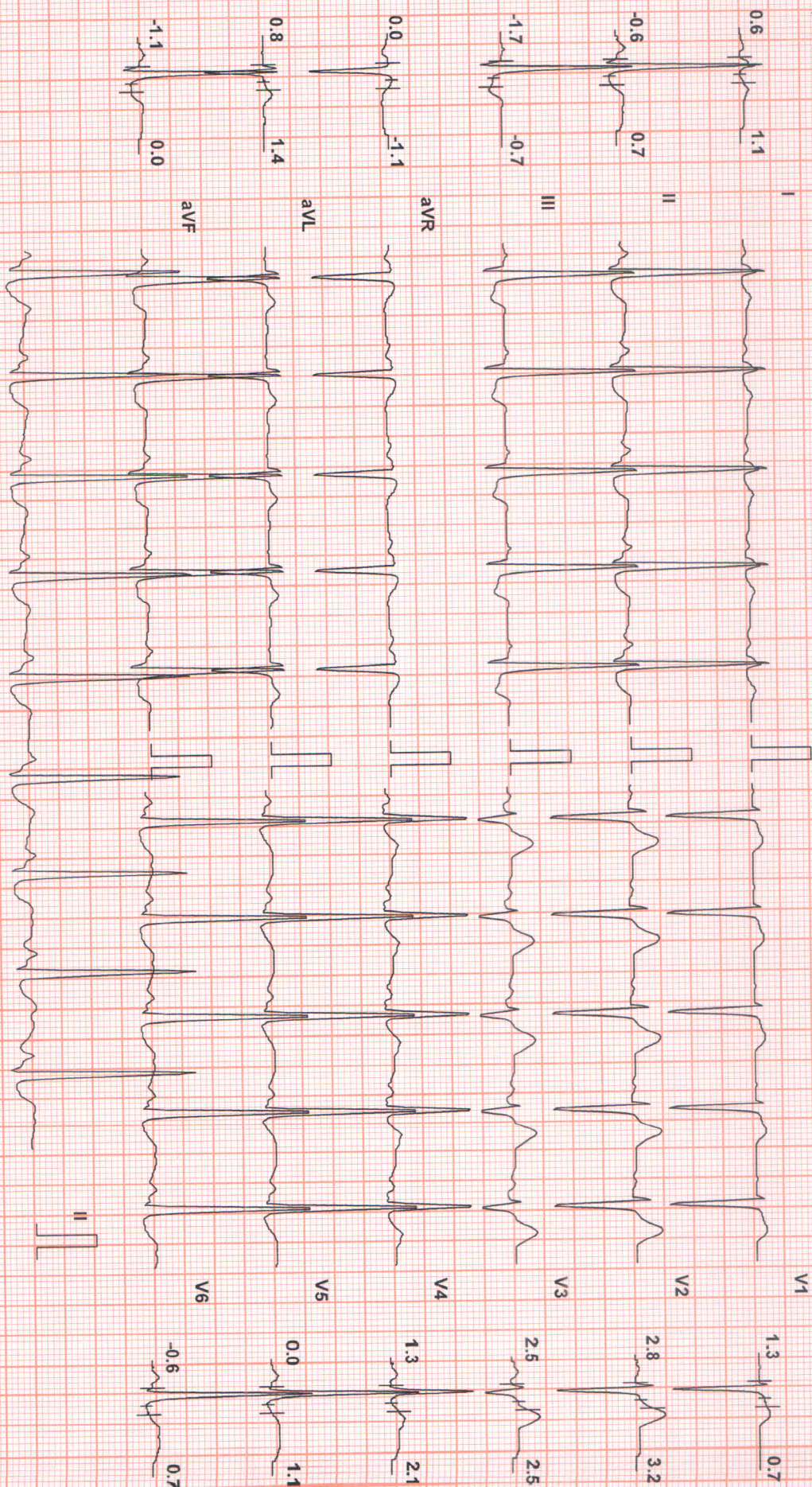


Chart Speed: 25 mm/sec
Schiller Spandan V 4.52

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



GOGGELA PRABHAKAR (30 M)

ID: 2408601153

Date: 26-Mar-24

Exec Time : 9 m 22 s Stage Time : 1 m 45 s HR: 86 bpm

SUBURBAN DIAGNOSTICS PVT LTD.

Test Report

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 171 bpm)

B.P: 130 / 70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

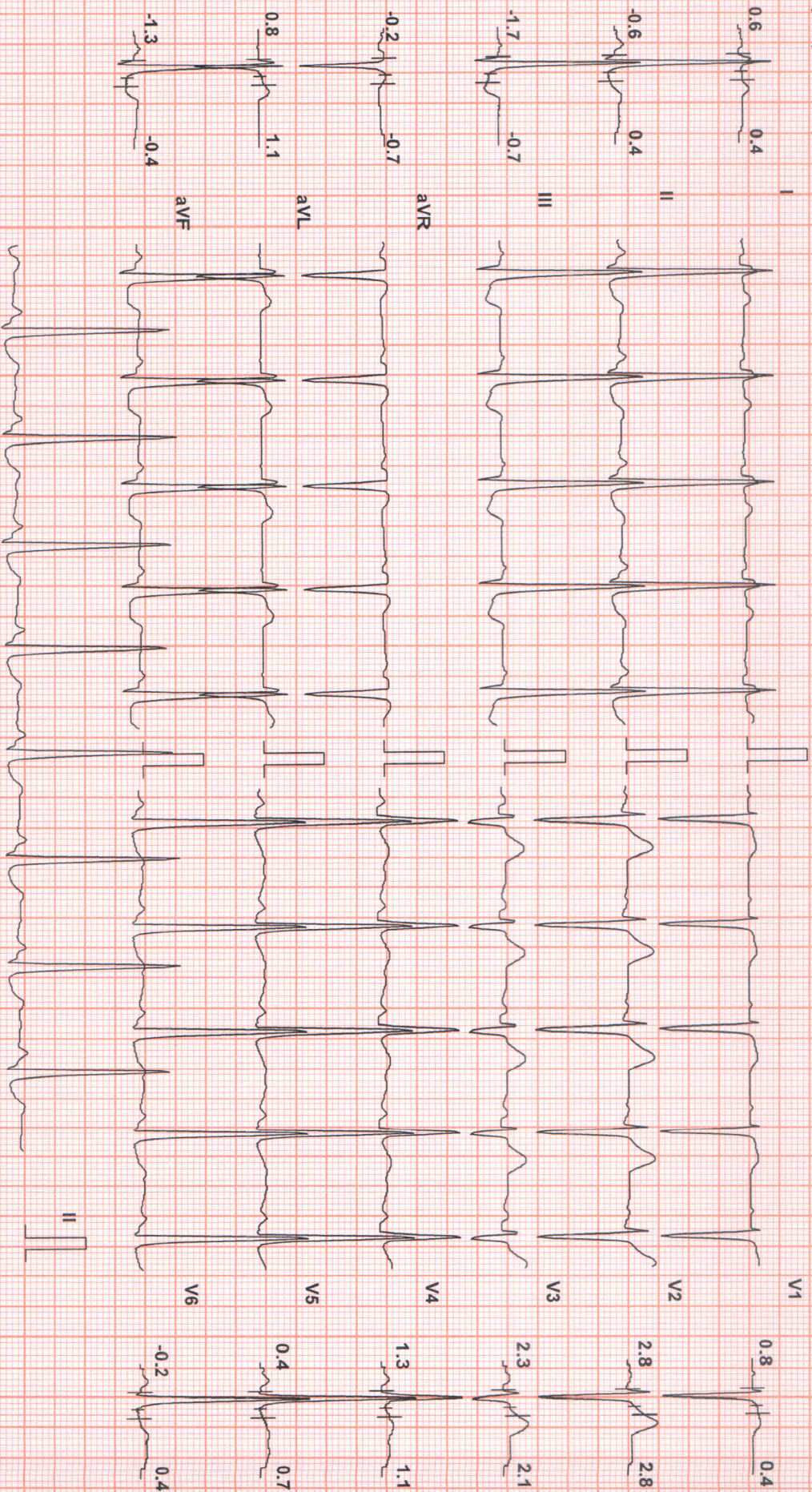


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Standard V 4.52

Linked Median



CID : 2408601153
Name : Mr GOGGELA PRABHAKAR
Age / Sex : 30 Years/Male
Ref. Dr :
Reg. Location : Mahavir Nagar, Kandivali West Main Centre
Reg. Date : 26-Mar-2024
Reported : 26-Mar-2024/11:28

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (12.9 cm), echotexture, shape and smooth margins. It shows normal echogenicity. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and shows normal wall thickness. No evidence of gall stones or mass lesions seen

PANCREAS:

The pancreas is well visualised and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Right kidney measures 8.8 x 5.0 cm. Left kidney measures 10.3 x 4.8 cm.
Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.

SPLEEN:

The spleen is normal in size (10.2 cm) and echotexture. No evidence of focal lesion is noted.

URINARY BLADDER:

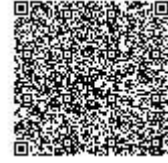
The urinary bladder is partially distended and reveal no intraluminal abnormality. Wall thickness appears normal.

PROSTATE:

The prostate is normal measuring 2.9 x 2.8 x 2.7 cm, volume 11.9 cc.

ADDITIONAL COMMENTS:

Visualized bowel loops shows normal peristalsis.
There is no evidence of any lymphadenopathy or ascites.



CID : 2408601153
Name : Mr GOGGELA PRABHAKAR
Age / Sex : 30 Years/Male
Ref. Dr :
Reg. Location : Mahavir Nagar, Kandivali West Main Centre
Reg. Date : 26-Mar-2024
Reported : 26-Mar-2024/11:28

IMPRESSION:-

- **No significant abnormality detected**

ADVICE: Clinical correlation

NOTE: Above USG report is subject to findings evident at the time of scan & associated bowel gases. Sonography is known to have inter-observer variations. This modality has its own limitations & should be considered as a professional opinion. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Further / Follow-up imaging may be needed in some case for confirmation of findings. Please interpret accordingly. This report cannot be used for medico - legal purposes

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

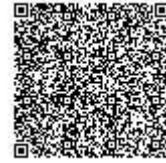
Dr. Chirag Patel
Consultant Radiologist
M.B.B.S, MD (Radiodiagnosis)
Reg. No. MMC 2017073319



Use a QR Code Scanner
Application To Scan the Code

CID : 2408601153
Name : Mr GOGGELA PRABHAKAR
Age / Sex : 30 Years/Male
Ref. Dr :
Reg. Location : Mahavir Nagar, Kandivali West Main
Centre

Reg. Date : 26-Mar-2024
Reported : 26-Mar-2024/11:28



CID : 2408601153
Name : Mr GOGGELA PRABHAKAR
Age / Sex : 30 Years/Male
Ref. Dr :
Reg. Location : Mahavir Nagar, Kandivali West Main Centre
Reg. Date : 26-Mar-2024
Reported : 26-Mar-2024/12:23

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. Chirag Patel
Consultant Radiologist
M.B.B.S, MD (Radiodiagnosis)
Reg. No. MMC 2017073319



Use a QR Code Scanner
Application To Scan the Code

CID : 2408601153
Name : Mr GOGGELA PRABHAKAR
Age / Sex : 30 Years/Male
Ref. Dr :
Reg. Location : Mahavir Nagar, Kandivali West Main
Centre

Reg. Date : 26-Mar-2024
Reported : 26-Mar-2024/12:23