

PHYSICAL EXAMINATION REPORT

Patient Name	Vishal Dhole	Sex/Age	36 M
Date	08/03/2024	Location	Thane Ghodbundar road

History and Complaints

Do-PM
Lump (subcut) in neck.

EXAMINATION FINDINGS:

Height (cms):	181	Temp (0c):	37.0
Weight (kg):	75	Skin:	
Blood Pressure	130/80	Nails:	
Pulse	72 /min	Lymph Node:	

NAD.

Systems :

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

NAD

Impression:

Advice:

Surgeon's Consultation for ^{lytic cut} Node in neck.
BSL < F (Diabetic), ↑ A/G Ratio
Jatup. sugar (↑↑) ↑ HbA1C. Fatty Liver.
High TG's ↓ HDL, ↑ Non HDL | ↑ Renal cyst

Low Fat, Low sugar Diet
Physician's consultation for control of DM & Dyslipidemia

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

PERSONAL HISTORY:

1)	Alcohol	No
2)	Smoking	No
3)	Diet	Mixed
4)	Medication	OHA'S tab. Glycerol

(Signature)
Dr. Manasee Kulkarni
M.B.B.S.
2005/09/3439
11/3/24

Date: 8/3/24
Name: Vishal Dhoke
CID: 2406818134
Sex / Age: M - 36

EYE CHECK UP

Chief complaints: RCU
Systemic Diseases: Nil
Past history: Nil
Unaided Vision: 12/6/12 +1/100 N.8
Aided Vision: 13/6/6 N/A N/A
Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: OSC seen spectacles

MR. PRAKASH KUDVA
[Signature]
SR. OPTOMETRIST



CID : 2406818134
Name : MR. VISHAL DHOLE
Age / Gender : 36 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 08-Mar-2024 / 09:43
Reported : 08-Mar-2024 / 11:42

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	15.6	13.0-17.0 g/dL	Spectrophotometric
RBC	5.49	4.5-5.5 mil/cmm	Elect. Impedance
PCV	49.1	40-50 %	Measured
MCV	89.4	80-100 fl	Calculated
MCH	28.4	27-32 pg	Calculated
MCHC	31.7	31.5-34.5 g/dL	Calculated
RDW	13.5	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	6730	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	30.5	20-40 %	
Absolute Lymphocytes	2052.7	1000-3000 /cmm	Calculated
Monocytes	6.3	2-10 %	
Absolute Monocytes	424.0	200-1000 /cmm	Calculated
Neutrophils	56.5	40-80 %	
Absolute Neutrophils	3802.4	2000-7000 /cmm	Calculated
Eosinophils	6.5	1-6 %	
Absolute Eosinophils	437.4	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	13.5	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	184000	150000-400000 /cmm	Elect. Impedance
MPV	10.2	6-11 fl	Calculated
PDW	15.9	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	-
Microcytosis	-



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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 6 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
MD (Path)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	142.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: > / = 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	295.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: > / = 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.62	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.28	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.34	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.9	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.2	1 - 2	Calculated
SGOT (AST), Serum	33.2	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	64.8	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	48.9	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	84.5	40-130 U/L	HMPP
BLOOD UREA, Serum	18.3	12.8-42.8 mg/dl	Urease-B GLDH
BUN, Serum	8.5	6-20 mg/dl	Calculated
CREATININE, Serum	0.68	0.67-1.17 mg/dl	Enzymatic

Authenticate Check



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eGFR, Serum	124	(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	4.4	3.5-7.2 mg/dl	Uricase
Urine Sugar (Fasting)	+++	Absent	

Result rechecked.

Urine Ketones (Fasting)	Absent	Absent
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*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	8.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: > / = 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	185.8	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.

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*** End Of Report ***

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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)	Acidic (5.0)	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	3+	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	2-3	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	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+ = 30 mg/dl , 2+ = 100 mg/dl , 3+ = 300 mg/dl , 4+ = 1000 mg/dl)
- Ketone (1+ = 5 mg/dl , 2+ = 15 mg/dl , 3+ = 30 mg/dl , 4+ = 150 mg/dl)

Reference: Pack insert

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

Dr. VANDANA KULKARNI
MD (Path)
Pathologist



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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 isohaemagglutinins are fully developed at 2 to 4 years of age. B remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result.
- The Rh 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

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*** End Of Report ***

J. Mujawar
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	168.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	202.3	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	31.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	137.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	109.4	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	27.9	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.5	0-3.5 Ratio	Calculated

Kindly correlate clinically.
Note : LDL test is performed by direct measurement.

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

Vandana Kulkarni

Dr.VANDANA KULKARNI
MD (Path)
Pathologist



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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	3.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.6	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.58	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 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.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 ***

J. Mujawar

Dr. IMRAN MUJAWAR
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Pathologist

Authenticity Check



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Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 08-Mar-2024
Reported : 08-Mar-2024 / 11:21

USG WHOLE ABDOMEN

EXCESSIVE BOWEL GAS:

LIVER: Liver appears mildly enlarged in size (16.6 cm) 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. 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. Pancreatic duct is not dilated.

KIDNEYS: Right kidney measures 11.0 x 4.3 cm. Left kidney measures 11.9 x 5.9 cm. *A simple cyst measuring 2.3 x 1.7 cm is noted at the upper pole in left kidney.* 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 3.2 x 3.5 x 3.1 cm in dimension and 19 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 <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024030809302214>

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IMPRESSION:

- MILD HEPATOMEGALY WITH GRADE I FATTY INFILTRATION OF LIVER.
- LEFT RENAL SIMPLE CYST.

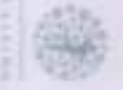
Advice: Clinical co-relation sos further evaluation and follow up.

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.

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

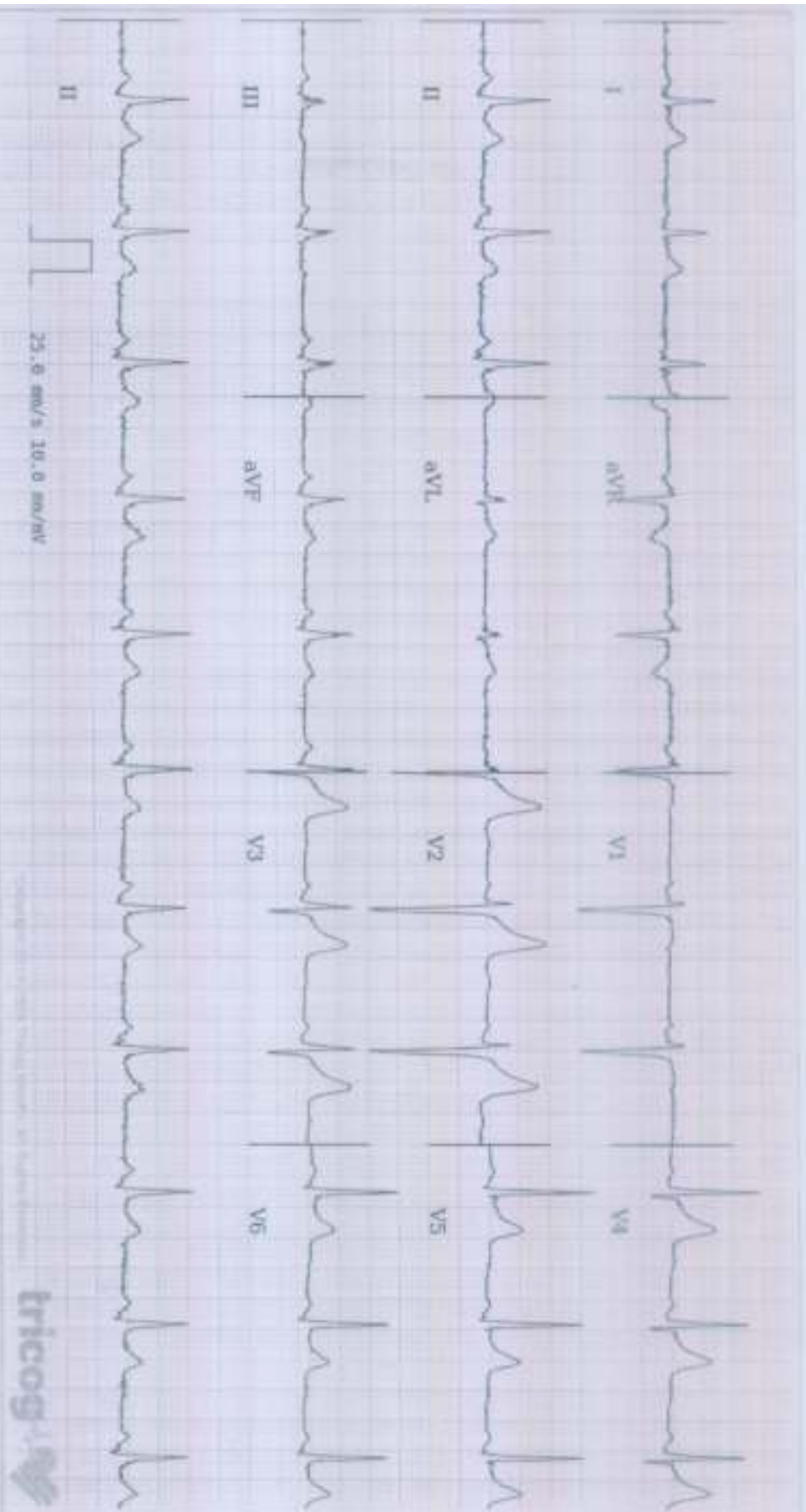
Dr Gauri Varma
Consultant Radiologist
MBBS / DMRE
MMC- 2007/12/4113

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Patient Name: **VISHAL DHOLE**
Patient ID: **2406818134**

SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST
Date and Time: **8th Mar 24 10:52 AM**



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

Gender: **Male**

Heart Rate: **68bpm**

Patient Vitals

BP: NA
Weight: 76 kg
Height: 181 cm
Pulse: NA
SpO2: NA
Resp: NA
Others: NA

Measurements

QRSd: 102ms
QT: 388ms
QTcB: 412ms
PR: 134ms
P-R-T: 36° 52° 39°



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

REPORTED BY

S

DR SHALKA PHILLAI
MD
MD (Internal Medicine)
MD (Nephrology)

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Reported : 08-Mar-2024 / 15:26

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chesX-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>>

Page no 1 of 1

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Email:

Report

1094 (2406818134) / VISHAL DHOLE / 36 Yrs / M / 181 Cms / 76 Kg
 Date: 08 / 03 / 2024 12:44:08 PM



Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:06	0:06	00.0	00.0	01.0	085	46%	130/80	110	00	
Standing	00:18	0:12	00.0	00.0	01.0	085	46%	130/80	110	00	
HV	00:29	0:11	00.0	00.0	01.0	087	47%	130/80	113	00	
ExStart	00:42	0:13	00.0	00.0	01.0	087	47%	130/80	113	00	
BRUCE Stage 1	03:42	3:00	01.7	10.0	04.7	152	83%	140/80	212	00	
PeakEX	04:03	0:21	02.5	12.0	05.0	157	86%	150/80	235	00	
Recovery	05:03	1:00	00.0	00.0	01.0	129	70%	130/80	167	00	
Recovery	06:03	2:00	00.0	00.0	01.0	118	64%	130/80	153	00	
Recovery	09:05	2:03	00.0	00.0	01.0	118	64%	130/80	153	00	

FINDINGS :

Exercise Time : 03:21
 Initial HR (ExStr) : 87 bpm 47% of Target 184
 Initial BP (ExStr) : 130/80 (mm/Hg)
 Max Workload Attained : 5 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : II & -1.9 mm in PeakEX
 History : No
 Test End Reasons : Heart Rate Achieved

Max HR Attained 157 bpm 86% of Target 184
 Max BP Attained 150/80 (mm/Hg)

Dr. SHAILAJA PILLAI
 M.D. (GENMED)
 BMO 49972

Doctor : DR. SHAILAJA PILLAI



EMR/10532/VIISHAL DHOLE / 36 Yrs / M / 181 Cms / 76 Kg Date: 08 / 03 / 2024 12:44:08 PM

REPORT :

Sample Name: Stress Test Graded Exercise Treadmill

PROCEDURE DONE: Graded exercise treadmill stress test.

STRESS ECG RESULTS: The initial HR was recorded as 85.0 bpm, and the maximum predicted Target Heart Rate 184.0. The BP increased at the time of generating report as 150.0/90.0 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. No significant ST T changes seen.
3. Blood pressure response to exercise is normal.
4. Accelerated chronotropic response.

Dr. SHAILAJA PILLAI

M.D. (GEN MED)

RMO. 45072

Doctor : DR. SHAILAJA PILLAI

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1094 (2400818134) / VISUAL DIALOGUE / SET YRS / M / 181 CM / 78 KG / HR - 68

Date: 08 / 03 / 2024 12:44:08 PM METS: 1.0 / 08 bpm 47% of THR BP: 130/80 mmHg Pw ECG/SLC/DW/Notes ON HR 68 HR 35 Hr

4X 80 ms Paper

EXTIME: 00:00:55 min 5.5V 25 mm/sec 1.00mV

SUPINE (00:01)



V2
24

mm 0.2
ms 0.2

mm 0.2
ms 0.1

mm 0.2
ms 0.2

mm 0.5
ms 0.4

mm 0.4
ms 0.5

mm 0.1
ms 0.2

V1
0.6
0.7

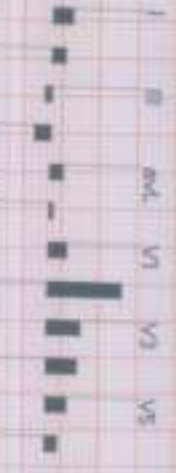
V2
2.4
2.6

V3
1.1
1.0

V4
1.0
0.8

V5
0.7
0.4

V6
0.4
0.3



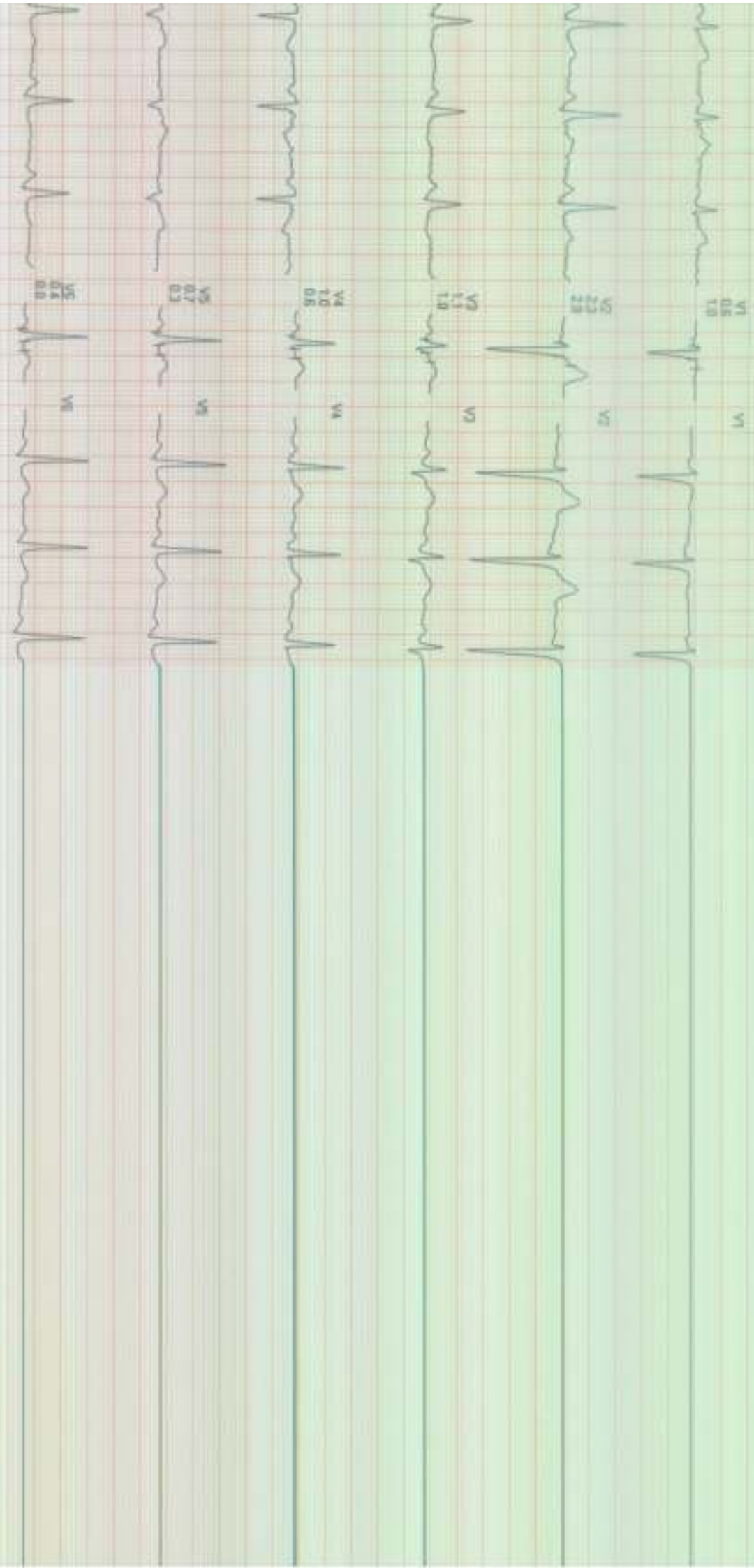
I II aVR aVL aVF V1 V2 V3 V4 V5 V6



STANDING (00:00)

ECG/BLD On/Noch On/HR 0/5 Hz/AF 35 Hz

Ext: 00:00:00
25mm/Sec 1.00



SURURBAN DIAGNOSTICS (THANE GB ROAD)

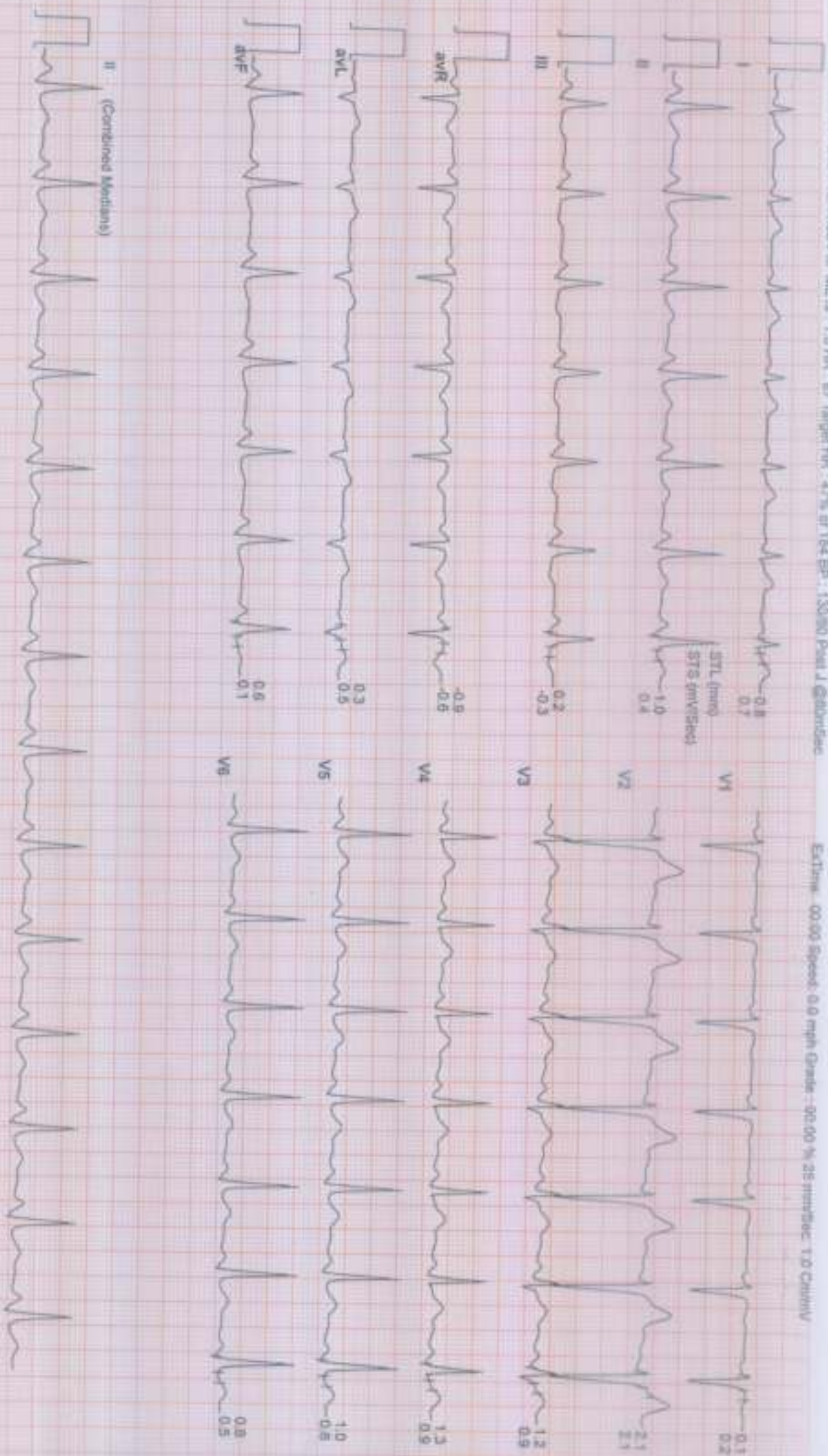
1084 / VISHAL DHOLE / 36 Yrs / Male / 181 Cm / 78 Kg

Date: 08 / 03 / 2024 12:44:08 PM METS : 1.0 HR : 87 Target HR : 47% of 164 BP : 130/90 Post J. Gadhikar

EXTime : 00:00 Speed : 0.0 mm/s Grade : 00:00 % 25 mm/sec 1.0 CM/IV

6X2 Combine Medians + 1 Rhythm

HV (00:00)



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

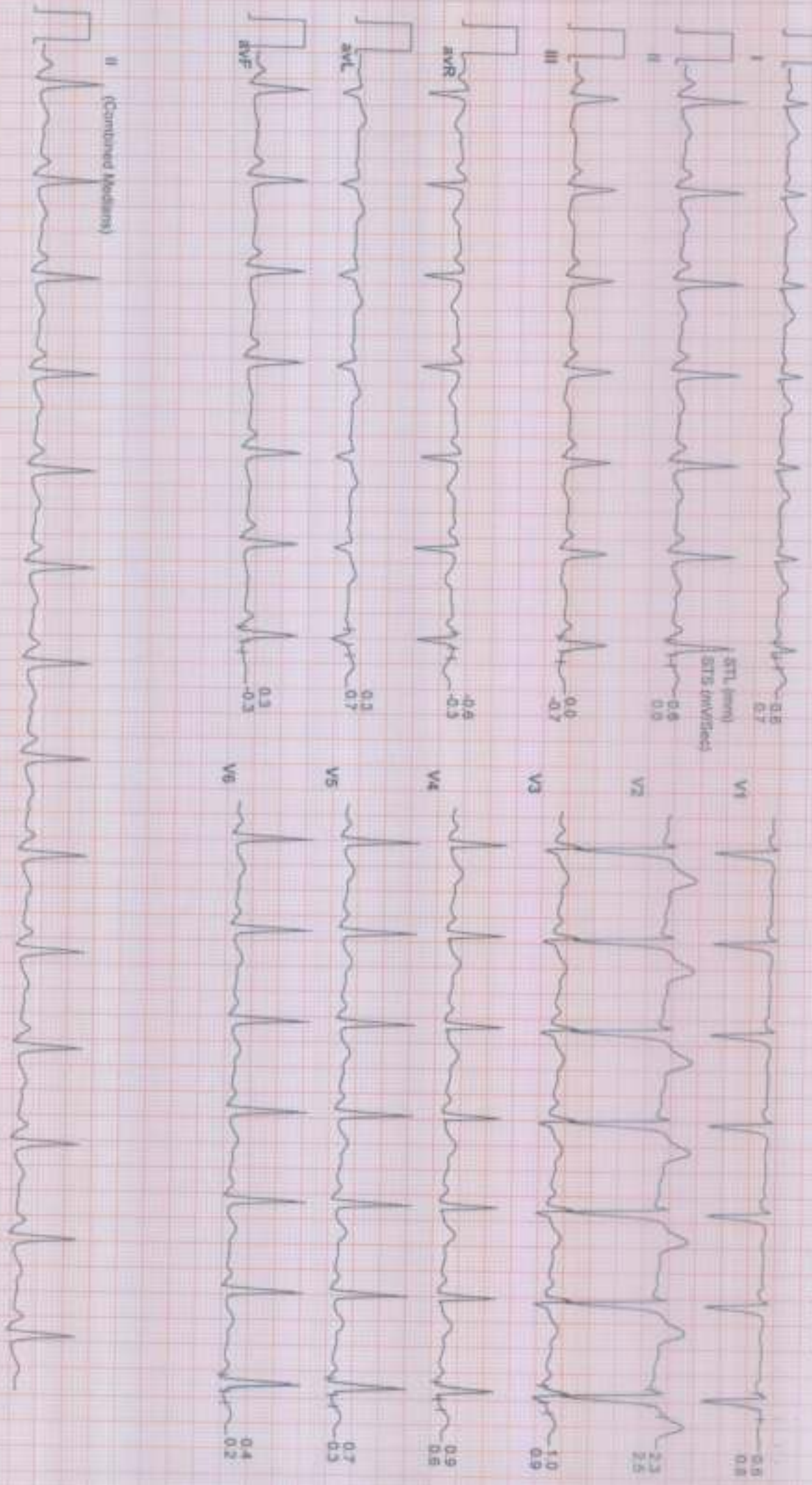
1064 / VISHAL DHOLE / 36 Yrs / Male / 181 Cm / 76 Kg

Date: 08 / 03 / 2024 12:44:06 PM METs : 1.0 HR : 87 Target HR : 67% of 184 BP : 130/80 Post J @Bhosale

ExTime: 00:00 Speed: 0.0 mph Grade: 00.00 % 20 mm/Sec 1.0 CM/IV

6X2 Combine Medians + 1 Rhythm

ExStr





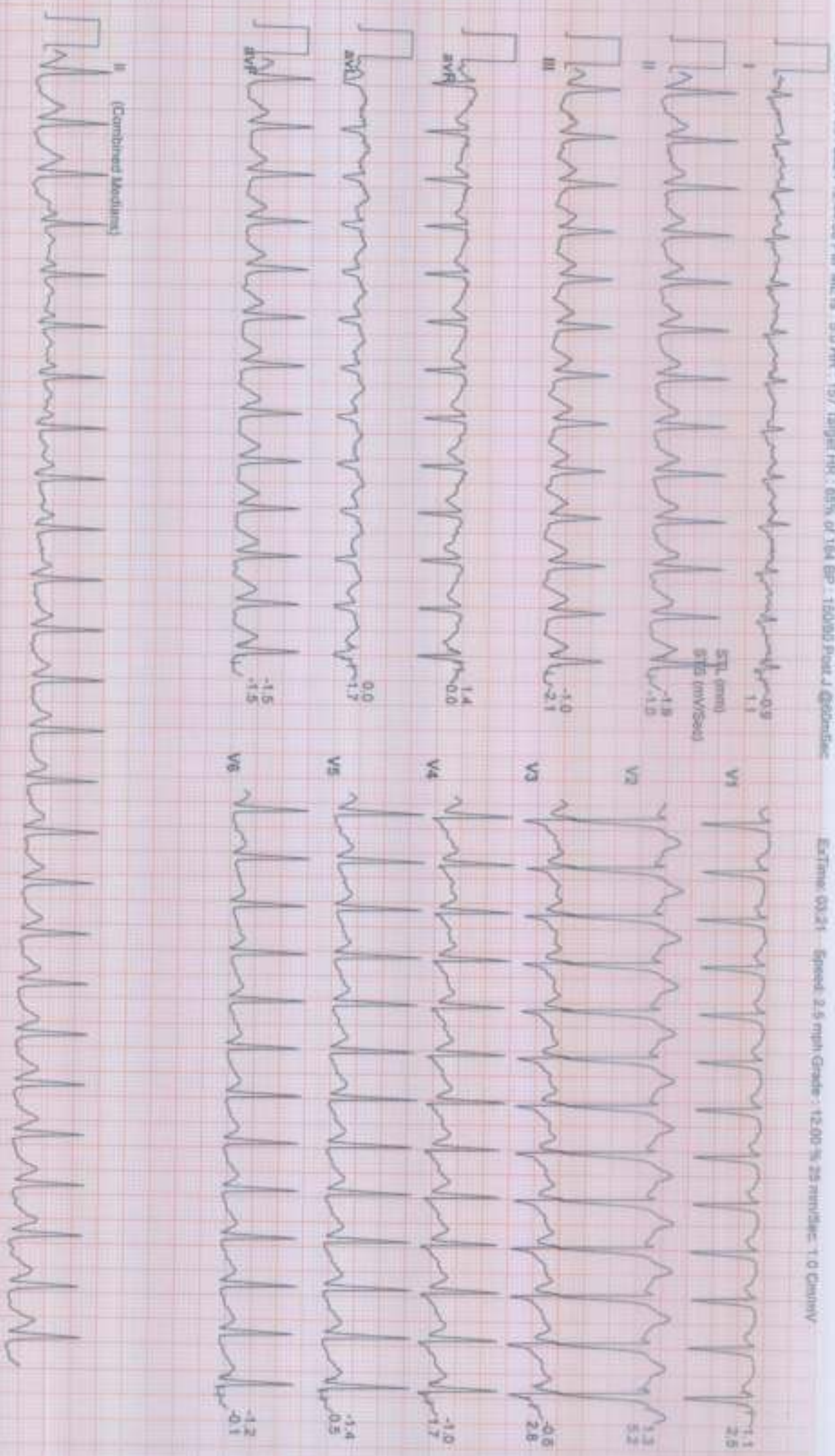
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1094 / VISHAL DHOLE / 36 Yrs / Male / 181 Cm / 76 Kg

Date: 08/03/2024 12:44:08 PM METs : 5.0 HR : 157 Target HR : 85% of 164 BP : 150/90 Post J Gedendec

ExTime: 03:21 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec 1.0 Cm/IV

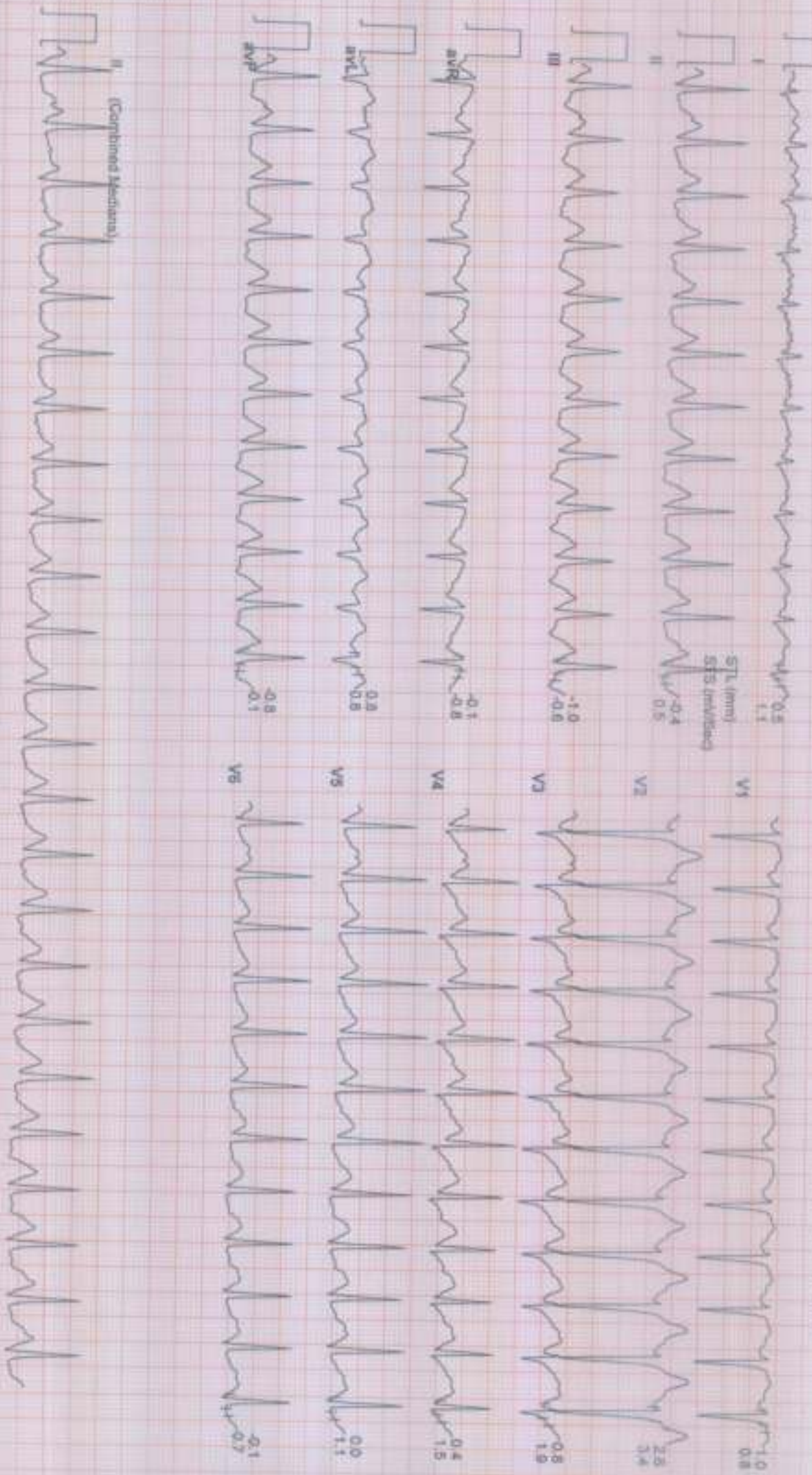
6X2 Combine Medians + 1 Rhythm
PeakEx





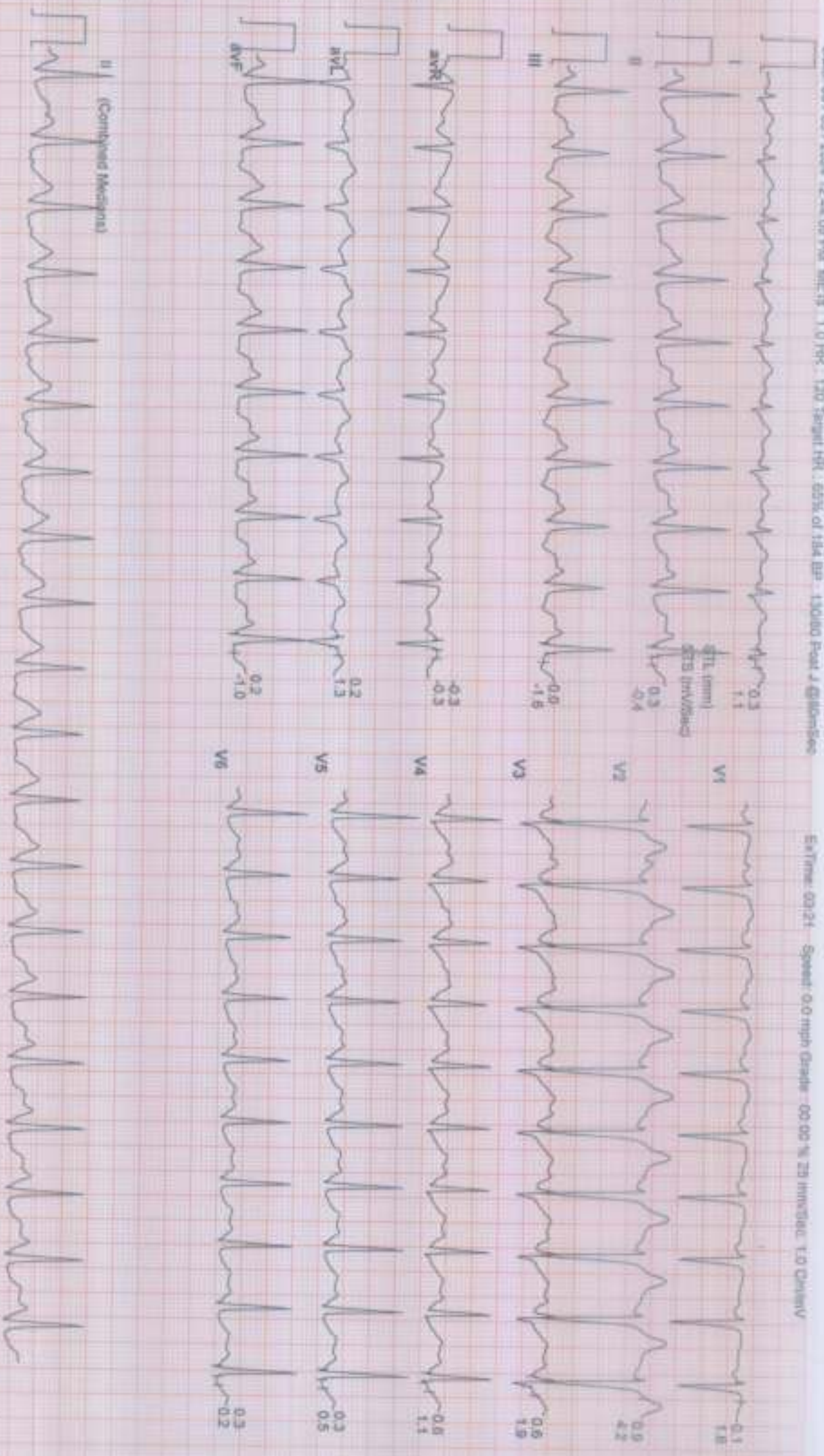
Date: 08 / 03 / 2024 12:44:01 PM METN : 1.0 HR : 142 Target HR : 77% of 184 BP : 130/90 Pacl J @50mmHg

Extreme: (0)21 Speed: 0.8 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV



(Combined Medians)

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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1054 / VISHAL DHOLE / 36 Yrs / Male / 181 Cm / 76 Kg

Date: 08 / 03 / 2024 12:44:08 PM METZ: 1.0 HR: 118 Target HR: 64% of 164 Bp: 130/80 Post J @ 60sec

ExTime: 03:21 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm

Recovery : (02:02)

