

PHYSICAL EXAMINATION REPORT

Patient Name	Saurabh Dubey	Sex/Age	M / 33
Date	16-03-24	Location	Mumbai

History and Complaints

No. Complains.

- Chest pain on/off.

EXAMINATION FINDINGS:

Height (cms):	171	Temp (0c):	Ⓟ
Weight (kg):	82	Skin:	NAD.
Blood Pressure	120/80	Nails:	
Pulse	72/min	Lymph Node:	.

Systems :

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

Impression:

↑ A/G Ratio, ↓ globulin, ↑ HbA1C
High TG's, ↓ HDL, ↑ Non HDL
Fatty Liver

Advice:

- Low Fat, Low sugar Diet
- Reg. Exercise
- Physician's consultation. For Dyslipidemia
- Repeat sugar Profile (6 months)

1)	Hypertension:
2)	IHD
3)	Arrhythmia
4)	Diabetes Mellitus
5)	Tuberculosis
6)	Asthama
7)	Pulmonary Disease
8)	Thyroid/ Endocrine disorders
9)	Nervous disorders
10)	GI system
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

Nil

Nil

PERSONAL HISTORY:

- | | |
|----|------------|
| 1) | Alcohol |
| 2) | Smoking |
| 3) | Diet |
| 4) | Medication |

Alc: YES (partly) 2-3 (1)
Smoking: Veg
Diet: No

Dr. Manasee Kulkarni
M.B.B.S
2005/09/3439
19/3/24

Date:- 16/3/24
 Name:- Parvathi Dubey CID: 2407832319
 Sex / Age: 1

EYE CHECK UP

Chief complaints: PCV

Systemic Diseases: NH

Past history: NH

Unaided Vision: 36/6 L 40/6

Aided Vision:

Refraction:

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

Colour Vision: Normal / Abnormal

Remark: Good Vision

MR. PRAKASH KUDVA
Prakash
 SR. OPTOMETRIST



Use a QR Code Scanner Application To Scan the Code

CID : 2407632319
Name : MR. SAURABH DUBEY
Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 16-Mar-2024 / 10:16
Reported : 16-Mar-2024 / 15:56

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	14.0	13.0-17.0 g/dL	Spectrophotometric
RBC	4.86	4.5-5.5 mil/cmm	Elect. Impedance
PCV	45.0	40-50 %	Measured
MCV	92.5	80-100 fl	Calculated
MCH	28.8	27-32 pg	Calculated
MCHC	31.1	31.5-34.5 g/dL	Calculated
RDW	13.8	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	10230	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	34.7	20-40 %	
Absolute Lymphocytes	3549.8	1000-3000 /cmm	Calculated
Monocytes	7.6	2-10 %	
Absolute Monocytes	777.5	200-1000 /cmm	Calculated
Neutrophils	54.7	40-80 %	
Absolute Neutrophils	5595.8	2000-7000 /cmm	Calculated
Eosinophils	2.7	1-6 %	
Absolute Eosinophils	276.2	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	30.7	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance It. Impedance method/Microscopy.			
PLATELET PARAMETERS			
Platelet Count	319000	150000-400000 /cmm	Elect. Impedance
MPV	8.5	6-11 fl	Calculated
PDW	11.2	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma:	94.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: > / = 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	87.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: > / = 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.96	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.31	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.65	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	1.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.8	1 - 2	Calculated
SGOT (AST), Serum	23.8	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	41.0	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	33.6	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	71.9	40-130 U/L	PNPP
BLOOD UREA, Serum	21.4	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	10.0	6-20 mg/dl	Calculated
CREATININE, Serum	0.94	0.67-1.17 mg/dl	Enzymatic

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Collected : 16-Mar-2024 / 15:29
Reported : 16-Mar-2024 / 17:25

eGFR, Serum	110	(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	6.1	3.5-7.2 mg/dl	Uricase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

*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 : 2407632319
Name : MR. SAURABH DUBEY
Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)



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Collected : 16-Mar-2024 / 10:16
Reported : 16-Mar-2024 / 13:37

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, AACE, 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

CID : 2407632319
Name : MR. SAURABH DUBEY
Age / Gender : 33 Years / Male
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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 (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOO-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+ = 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 ***

Vandana Kulkarni
Dr. VANDANA KULKARNI
MD (Path)
Pathologist

CID : 2407632319
Name : MR. SAURABH DUBEY
Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)



Use a QR Code Scanner Application To Scan the Code

Collected : 16-Mar-2024 / 10:16
Reported : 16-Mar-2024 / 14:10

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 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 isoagglutinins 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 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 Harmering, 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 ***

J. Mujawar

Dr. IMRAN MUJAWAR
MD (Path)
Pathologist

CID : 2407632319
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Consulting Dr. : -
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Collected : 16-Mar-2024 / 10:16
Reported : 16-Mar-2024 / 15:34

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	167.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/-240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	217.9	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	37.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	130.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/-190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	89.1	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	41.1	< /- 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.4	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
M.D (Path)
Pathologist

CID : 2407632319
Name : MR.SAURABH DUBEY
Age / Gender : 33 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)



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Collected : 16-Mar-2024 / 10:16
Reported : 16-Mar-2024 / 13:52

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.7	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	12.4	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.89	0.35-5.5 microIU/ml	ECLIA

CID : 2407632319
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Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)



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Collected : 16-Mar-2024 / 10:16
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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 Hypothyroidism, 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.

Durnal 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:

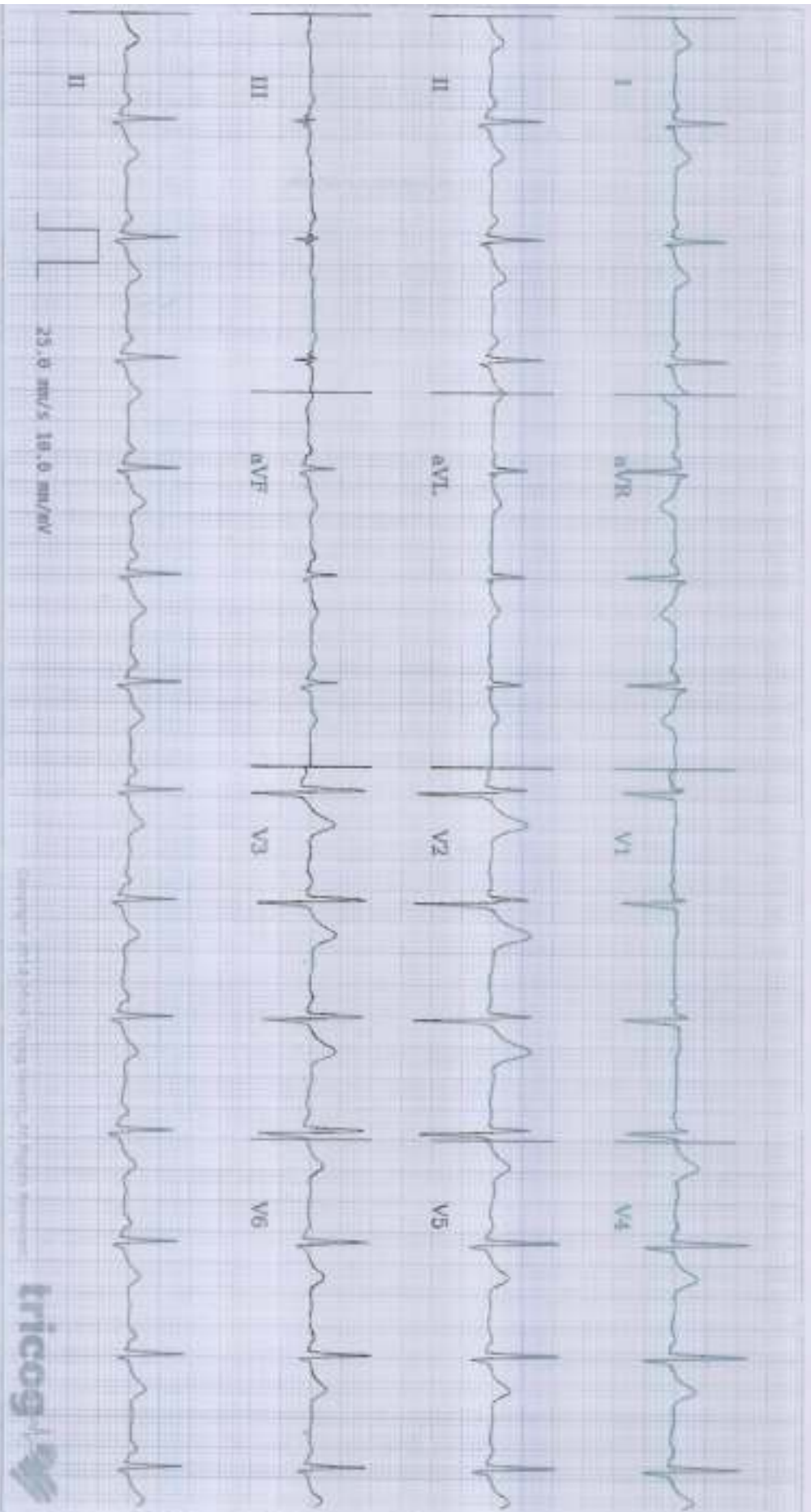
1. Oxoulou et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
2. Interpretation of the thyroid function tests, Dayan et al. THE LANCET, Vol 357
3. Tietz, Text Book of Clinical Chemistry and Molecular Biology -5th Edition
4. Biological Variation: From principles to Practice-Callum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

*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

SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST
Patient Name: SAURABH DUBEY
Patient ID: 2407632319
Date and Time: 16th Mar 24 1:49 PM



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

Age: 33 NA NA
years months days

Gender: Male

Heart Rate: 83bpm

Patient Vitals

BP: NA

Weight: NA

Height: NA

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 84ms

QT: 362ms

QTc: 425ms

PR: 136ms

P-R-T: 53° 25° 38°

REPORTED BY

S

DR SHIVAJI PILLAI
MBBS, MD Physician
MD Physician
4607

Authenticity Check



Use a QR Code Scanner
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CID : 2407632319
Name : Mr SAURABH DUBEY
Age / Sex : 33 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 16-Mar-2024
Reported : 16-Mar-2024 / 17:20

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 <http://3.111.232.119/IRISViewer/NormalViewer?AccessionNo=2024031610095028>



CTD : 2407632319
Name : Mr SAURABH DUBEY
Age / Sex : 33 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 16-Mar-2024
Reported : 16-Mar-2024 / 14:35

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. 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 10.5 x 3.7 cm. Left kidney measures 9.5 x 5.0 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 3.0 x 3.1 cm in dimension and 15.2 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/NeomidViewer?AccessionNo=2024031610095011>

Authenticity Check



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Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre

Reg. Date : 16-Mar-2024
Reported : 16-Mar-2024 / 14:35

IMPRESSION:

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 <http://3.111.232.119/IRISViewer/NormalViewer?AccessionNo=2024031610095011>

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Report



Email:

1216 (2407632319) / SAURABH DUBEY / 33 Yrs / M / 171 Cms / 82 Kg
 Date: 16 / 03 / 2024 03:54:10 PM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:05	0:05	00.0	00.0	01.0	081	43%	130/70	105	00	
Standing	00:17	0:12	00.0	00.0	01.0	081	43%	130/70	105	00	
HV	00:30	0:13	00.0	00.0	01.0	081	43%	130/70	105	00	
EXStart	00:41	0:11	00.0	00.0	01.0	084	45%	130/70	109	00	
BRUCE Stage 1	03:41	3:00	01.7	10.0	04.7	129	67%	140/80	176	00	
BRUCE Stage 2	08:41	3:00	02.5	12.0	07.1	142	76%	150/80	213	00	
PeakEx	08:22	2:41	03.4	14.0	09.9	158	84%	160/80	252	00	
Recovery	10:22	1:00	00.0	00.0	01.1	108	56%	160/80	172	00	
Recovery	11:22	2:00	00.0	00.0	01.0	098	52%	130/80	127	00	
Recovery	11:25	2:04	00.0	00.0	01.0	098	52%	130/80	127	00	

FINDINGS :

Exercise Time : 08:41
 Initial HR (ExStrt) : 84 bpm 45% of Target 187
 Initial BP (ExStrt) : 130/70 (mmHg)
 Max Workload Attained : 9.9 Good response to induced stress
 Max ST Dep Lead & Avg ST Value : III & -0.3 mm in Stage 2
 History : No
 Test End Reasons : Heart Rate Achieved

Max HR Attained 158 bpm 84% of Target 187
 Max BP Attained 160/80 (mmHg)

Dr. SHAILAJA PILLAI
 M.D. (GEMMED)
 RMO. 49972

Doctor : DR. SHARMA V. A. PILLAI

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

REPORT



EMall:
1218 / SAURABH DUBEY / 33 Yrs / M / 171 Cms / 82 Kg Date: 16 / 03 / 2024 03:54:10 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 81.0 bpm, and the maximum predicted Target Heart Rate 167.0. The BP increased at the time of generating report as 160/90.0 mmHg. The Max Dip went up to 0.4. 0.0 Ectopic Beats were observed during the Test.
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. SHALAJA PILLAI
M.D. (GEN. MED.)
RNO. 49972

Doctor: Dr. Shalaja Pillai

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1216 (2407622319) / SAURASH DUBEY / 33 Yrs / M / 171 Cms / 82 Kg / HR : 82

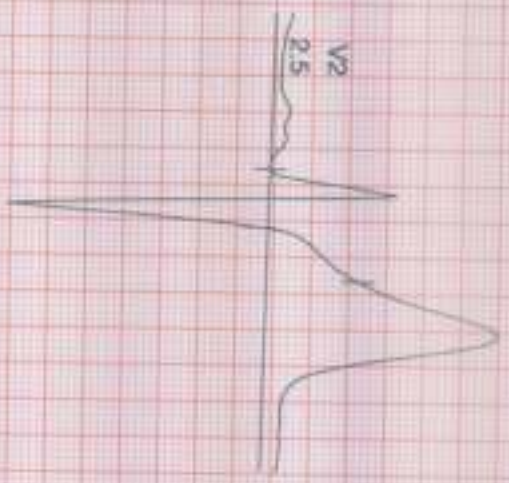
Date: 16 / 03 / 2024 03:43:10 PM METS: 1 IV 82 bpm 48% of THR BP: 130/70 mmHg. Raw ECG/BLD Output/HR: 0.084445 25 Hz

ECG 00-ml Print 1

SUPINE (00:01)



Extreme 00:00 0.0 mps 0.0%
25 mm/sec 1.0 cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1216 (P40762319) / SAURABH DUBEY / 33 Yrs / M / 171 Cms / 82 Kg / HR : 81

Date: 16/03/2024 03:54:10 PM METS: 1.0/ 81 bpm 43% of THR BP: 130/70 mmHg Raw ECG BLC ON/ NOKA ON/ HF: F.05 Hz/ AF: 35 Hz

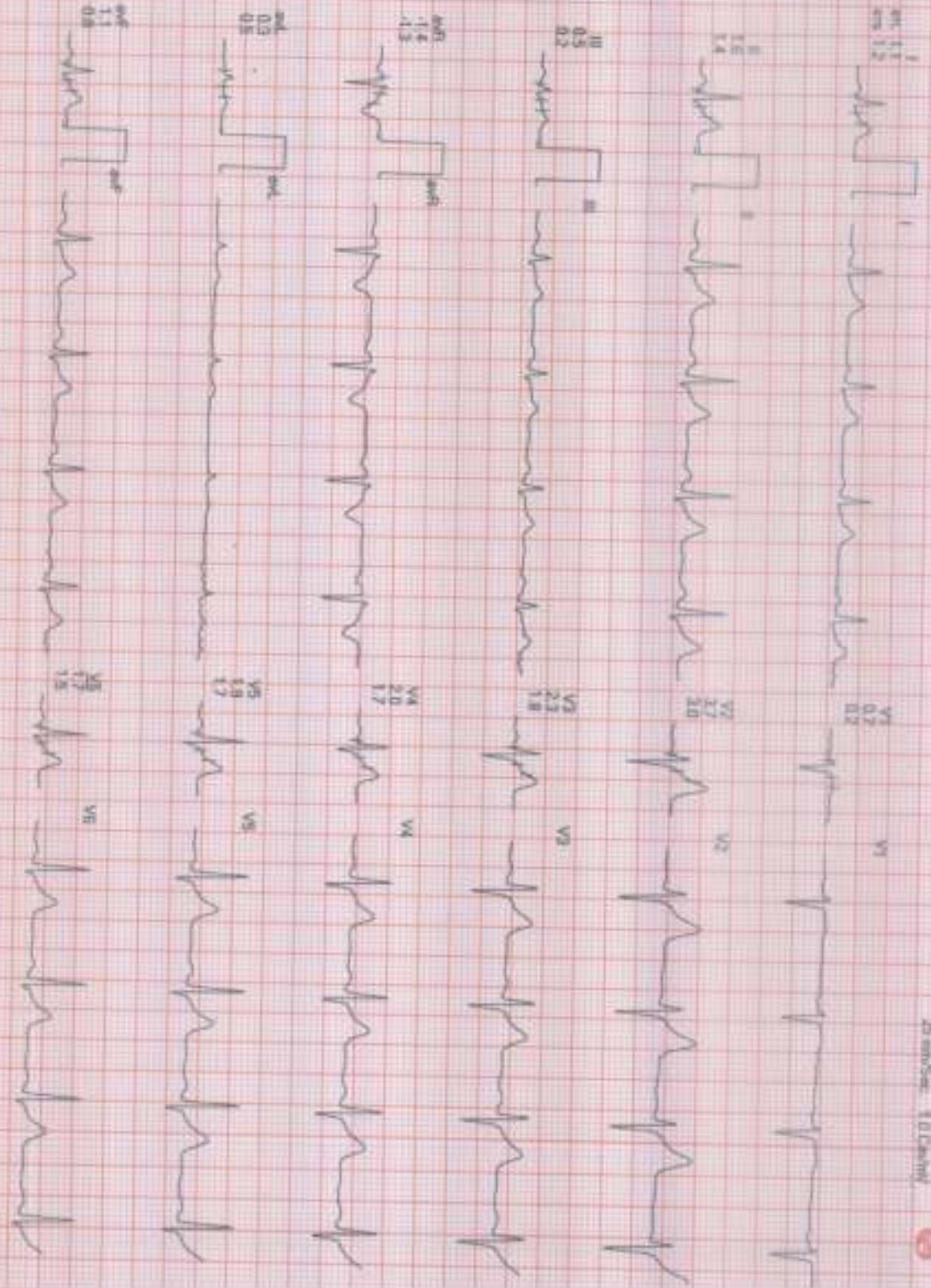
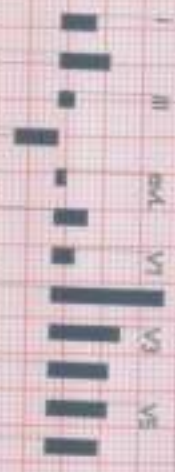
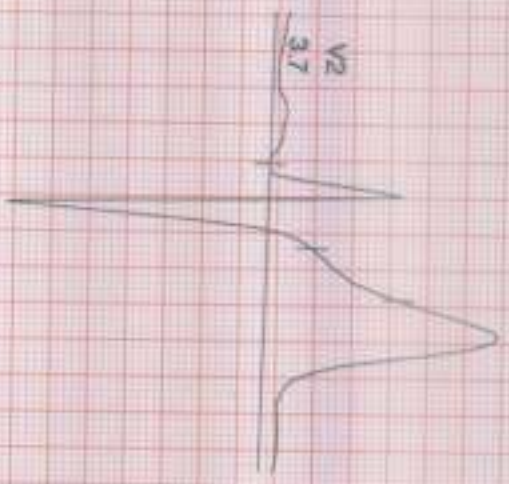
AX

30 sec Paper

STANDING (00:00)



ExTime: 00:09.0 0.0 mA 0.0 V
25 mm/Sec 10.0 Calm



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1218 / SAURABH DUBEY / 33 Yrs / Male / 171 Cm / 82 Kg

Date: 16 / 03 / 2024 03:54:10 PM METR : 1.0 HR : 82 Target HR : 44% of 187 BP : 150/70 Post J @MonSec

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

EXTIME: 00:00 Speed: 0.0 mph Grade: 00.00 % 35 mm/Sec 1.0 Cm/mV



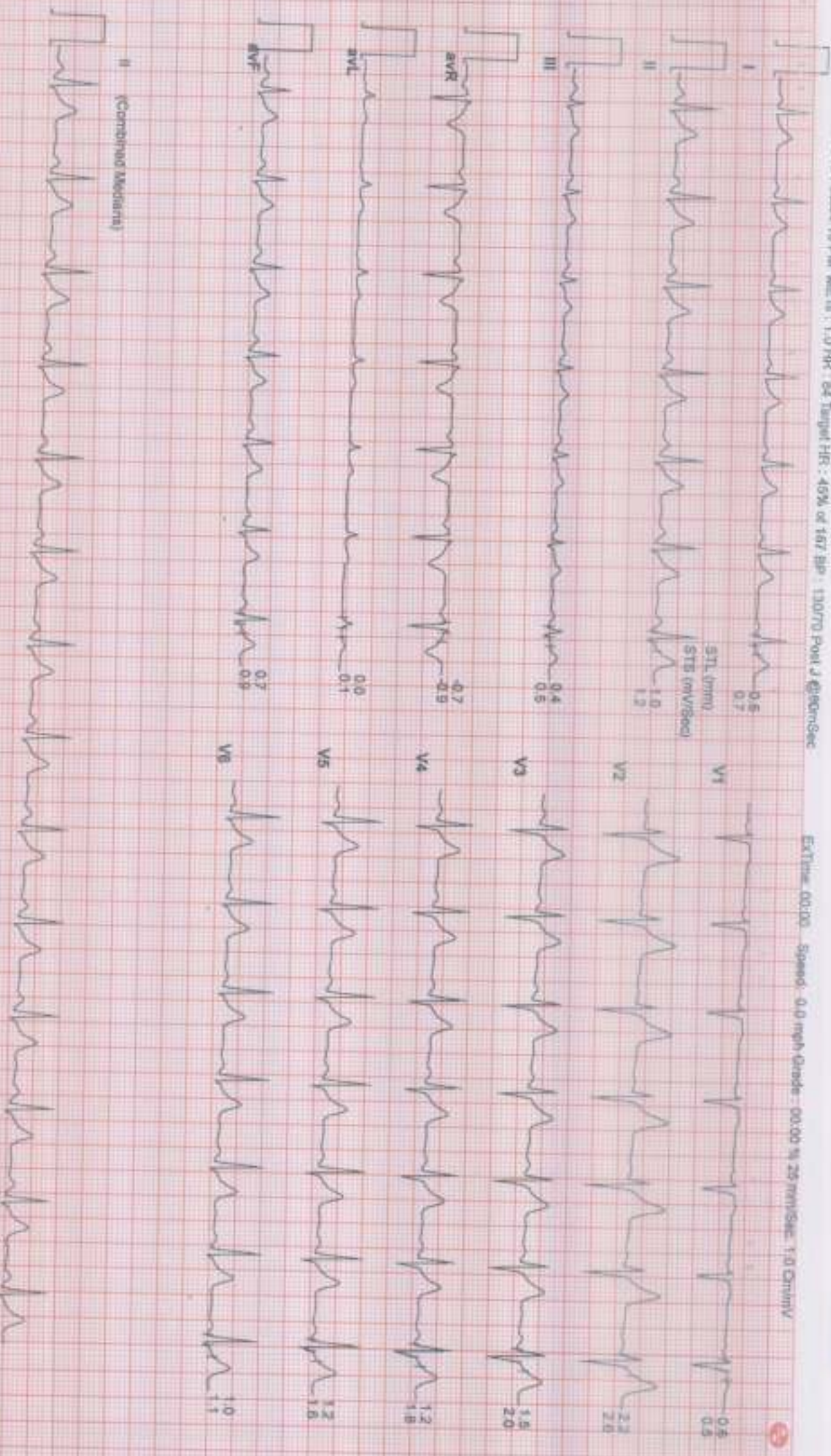
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1218 / SAURABH DUBEY / 33 Yrs / Male / 171 Cm / 82 Kg

Date: 16 / 05 / 2024 02:54:10 PM METs : 1.0 HR : 84 Target HR : 45% of 167 BP : 130/70 Post J @secSec

6X2 Combine Medians + 1 Rhythm
ExStr

ExTime: 00:00 Speed: 0.0 mph Grade: 00:00 % 25 min/Sec: 1.0 Driv/IV



II (Combined Medians)

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

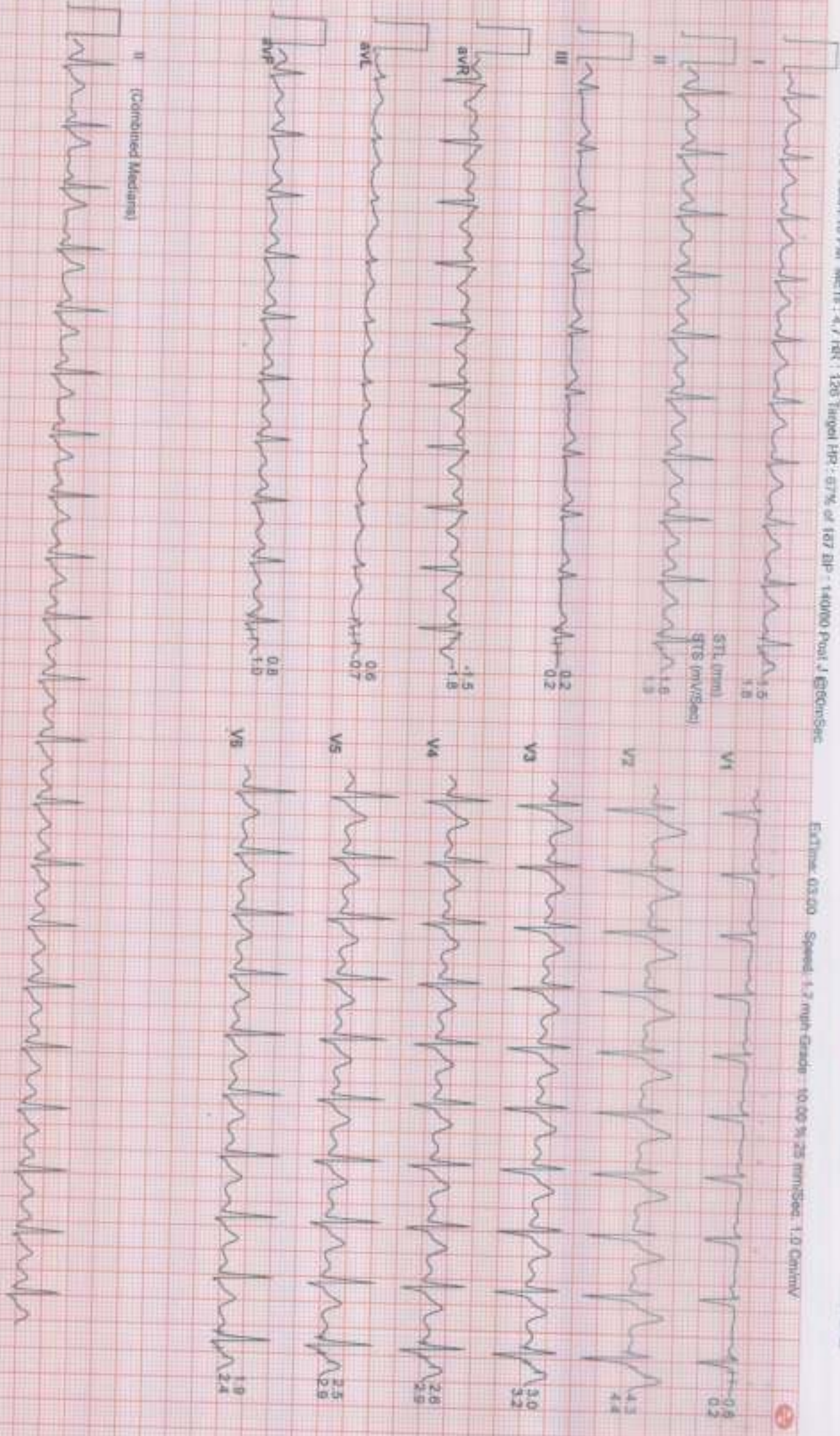
1216 / SAURABH DUBEY / 33 Yrs / Male / 171 Cm / 82 Kg

Date: 16 / 03 / 2024 03:54:10 PM METs : 4.7 HR : 126 Target HR : 87% of 187 BP : 140/90 Post J ECG/Sec

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



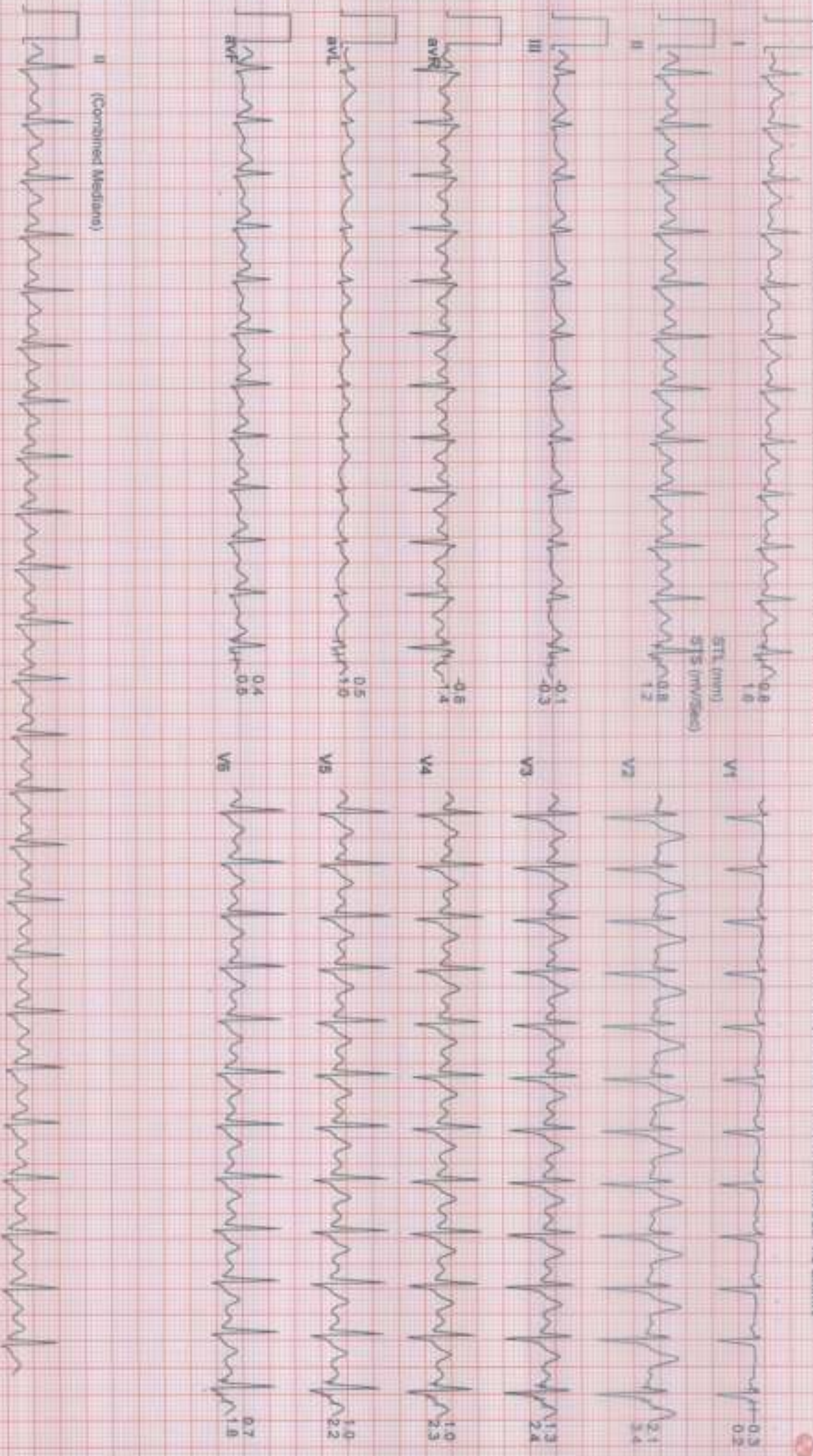
Extreme: 03:00 Speed: 1.7 mph Grade: 10.00% 25 mm/Sec: 1.0 Cm/mV





Date: 16 / 03 / 2024 03:54:10 PM METs : 7.1 HR : 142 Target HR : 70% of 187 BP : 150/80 Post J ElectroSec

Extreme 09:00 Speed: 2.5 mph Grade : 12.00 % 26 mm/Sec: 1.0 Cm/mV



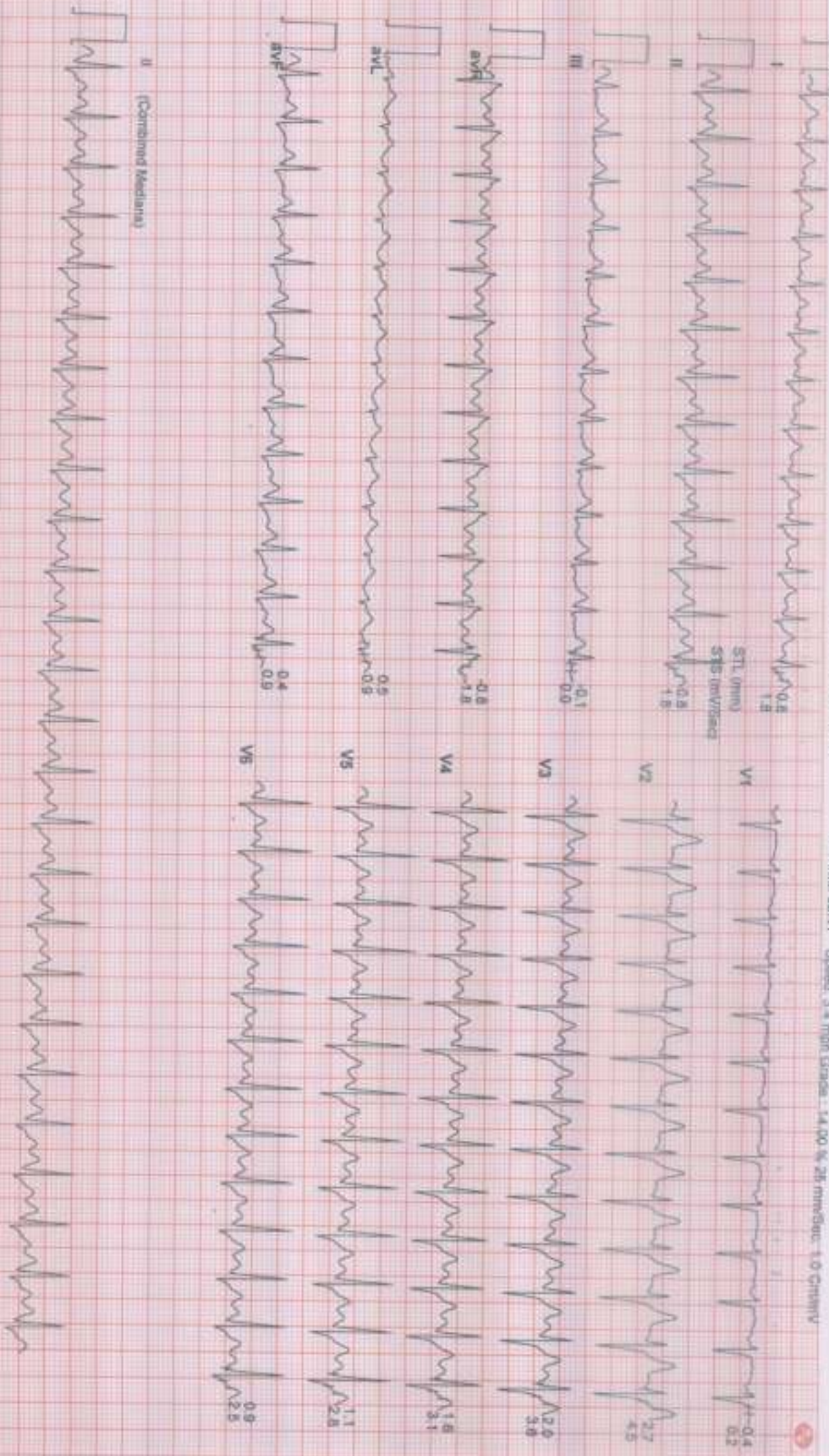
Date: 16 / 03 / 2024 03:54:10 PM METs : 9.9 HR : 156 Target HR : 64% of 187 BP : 100/80 Post J @50mSec

6X2 Combine Medians + 1 Rhythm PeakEx



ExTime: 06:41

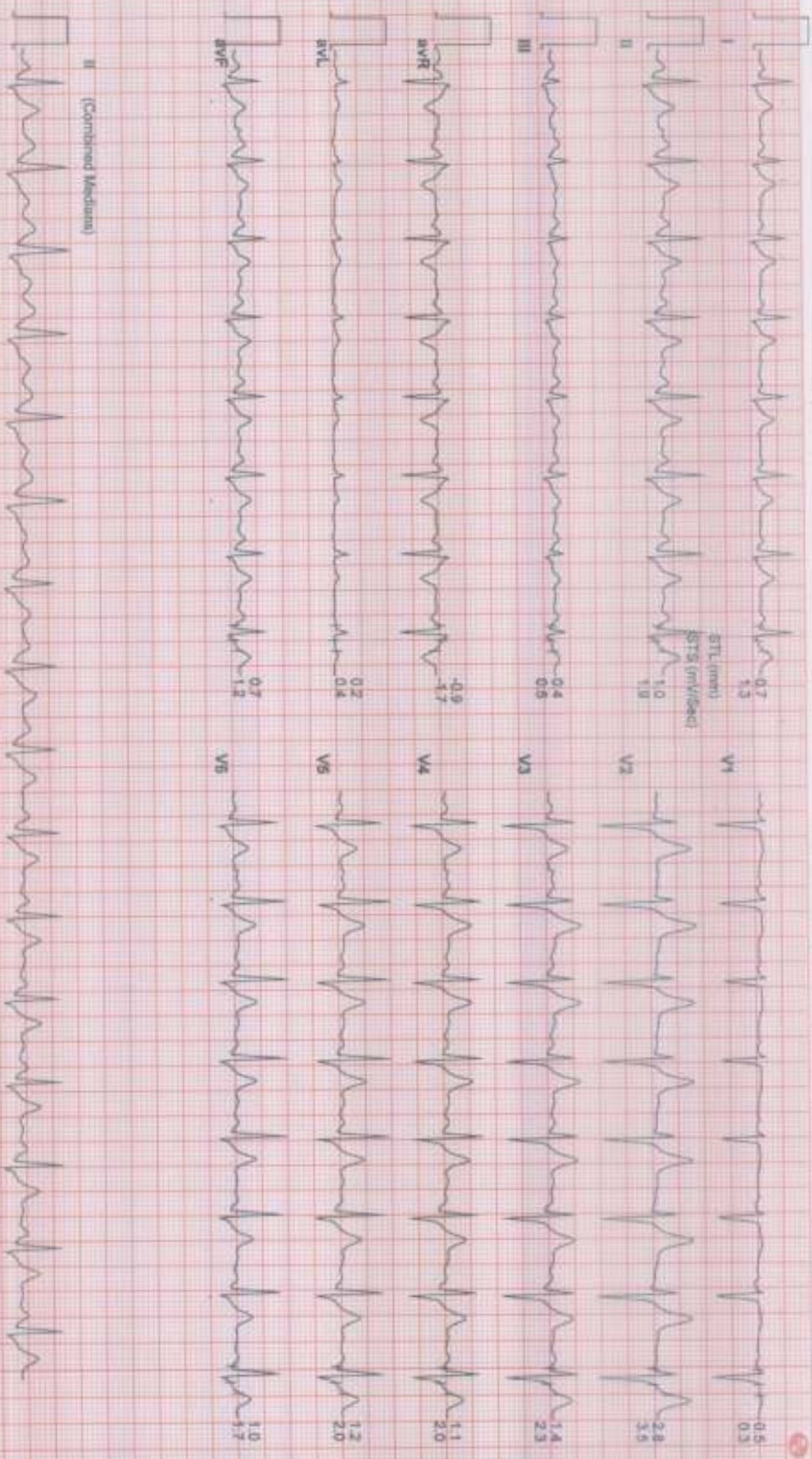
Speed: 3.4 mm/Sec : 14.00 % 25 mm/Sec: 1.0 Cm/Sec





Date: 18 / 03 / 2024 03:54:10 PM METs : 1.0 HR : 98 Target HR : 52% of 187 BP : 130/80 Post J @00msSec

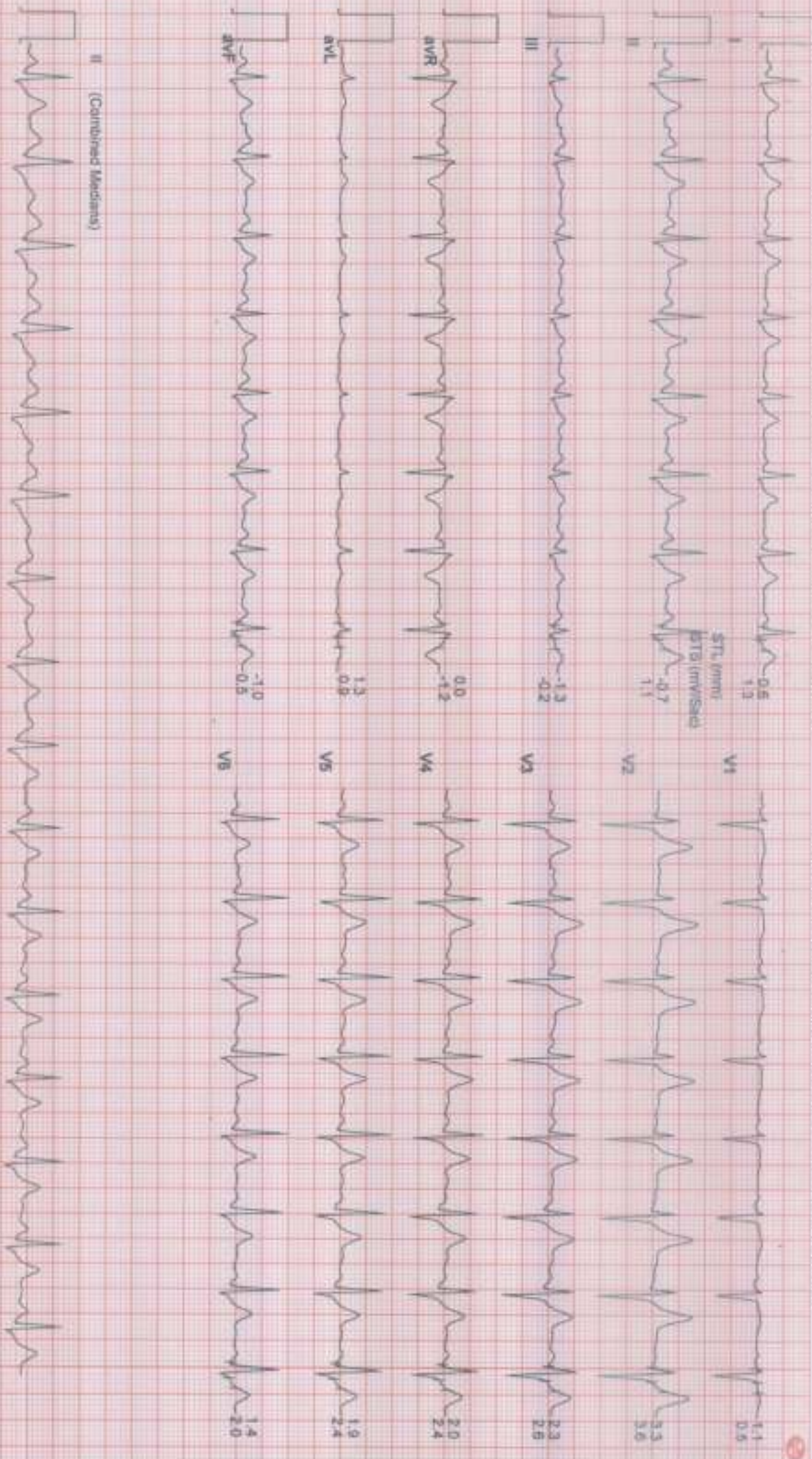
ExTime: 08:41 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV





Date: 16 / 03 / 2024 03:54:10 PM METs : 1.0 HR : 98 Target HR : 52% of 167 BP : 130/80 Post J @Honsai

ETime: 06:41 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/IV



II (Combined Medians)