



CID : 2407205461
Name : MR.AKSHAY MADHUKAR PATIL
Age / Gender : 30 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 12-Mar-2024 / 09:33
Reported : 12-Mar-2024 / 12:45

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Application To Scan the Code

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	15.1	13.0-17.0 g/dL	Spectrophotometric
RBC	5.67	4.5-5.5 mil/cmm	Elect. Impedance
PCV	46.8	40-50 %	Measured
MCV	82.5	80-100 fl	Calculated
MCH	26.6	27-32 pg	Calculated
MCHC	32.2	31.5-34.5 g/dL	Calculated
RDW	14.3	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6000	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	46.1	20-40 %	
Absolute Lymphocytes	2766.0	1000-3000 /cmm	Calculated
Monocytes	10.5	2-10 %	
Absolute Monocytes	630.0	200-1000 /cmm	Calculated
Neutrophils	39.2	40-80 %	
Absolute Neutrophils	2352.0	2000-7000 /cmm	Calculated
Eosinophils	4.2	1-6 %	
Absolute Eosinophils	252.0	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.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	299000	150000-400000 /cmm	Elect. Impedance
MPV	9.0	6-11 fl	Calculated
PDW	11.9	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	Mild		
Microcytosis	Occasional		



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Macrocytosis -
Anisocytosis -
Poikilocytosis -
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
- Brigiden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

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

*** End Of Report ***

Dr. VANDANA KULKARNI
M.D (Path)
Pathologist



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Collected : 12-Mar-2024 / 09:33
Reported : 12-Mar-2024 / 13:31

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	98.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	84.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.51	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.2	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.31	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
SGOT (AST), Serum	21.1	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	38.2	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	31.8	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	90.5	40-130 U/L	PNPP
BLOOD UREA, Serum	15.5	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	7.2	6-20 mg/dl	Calculated
CREATININE, Serum	1.07	0.67-1.17 mg/dl	Enzymatic



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Collected : 12-Mar-2024 / 12:21
Reported : 12-Mar-2024 / 14:55

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eGFR, Serum	96	(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	6.6	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 ***

J. Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



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

Collected : 12-Mar-2024 / 09:33
Reported : 12-Mar-2024 / 12:07

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	111.1	mg/dl	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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

*** End Of Report ***

Dr.VANDANA KULKARNI
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Pathologist



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

Collected : 12-Mar-2024 / 09:33
Reported : 12-Mar-2024 / 15:03

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.5)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
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	2-3	Less than 20/hpf	
Others	-		

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein (1+ = 25 mg/dl , 2+ =75 mg/dl , 3+ = 150 mg/dl , 4+ = 500 mg/dl)
- Glucose(1+ = 50 mg/dl , 2+ =100 mg/dl , 3+ =300 mg/dl ,4+ =1000 mg/dl)
- Ketone (1+ =5 mg/dl , 2+ = 15 mg/dl , 3+= 50 mg/dl , 4+ = 150 mg/dl)

Reference: Pack inert

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

Vandana Kulkarni

Dr.VANDANA KULKARNI
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Collected : 12-Mar-2024 / 09:33
Reported : 12-Mar-2024 / 14:05

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

<u>PARAMETER</u>	<u>RESULTS</u>
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 Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

Refernces:

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

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

*** End Of Report ***

Dr.VANDANA KULKARNI
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Collected : 12-Mar-2024 / 09:33
Reported : 12-Mar-2024 / 14:58

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	175.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	258.3	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	26.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	149.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	107.5	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	41.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	6.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.0	0-3.5 Ratio	Calculated

Result rechecked.
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

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 Application To Scan the Code
Collected : 12-Mar-2024 / 09:33
Reported : 12-Mar-2024 / 11:54

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	5.7	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.1	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.34	0.35-5.5 microIU/ml	ECLIA



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Collected : 12-Mar-2024 / 09:33
Reported : 12-Mar-2024 / 11:54

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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 G B Road Lab, Thane West

*** End Of Report ***

J. Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist

PHYSICAL EXAMINATION REPORT

Patient Name	Akshay Patil	Sex/Age	Male / 30
Date	12/03/2024	Location	Thane Ghodbundar road

History and Complaints

Nil

EXAMINATION FINDINGS:

Height (cms):	169	Temp (0c):	98.6
Weight (kg):	74	Skin:	
Blood Pressure	130/80	Nails:	
Pulse	72/min	Lymph Node:	NAD

Systems :

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

NAD

Impression: High TG's, LDL, ↑ NonHDL chol.

Advice:

Low Fat Diet, Reg. Exercise


Physician's cons. for Dyslipidemia.

1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthama	Nil
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	Nil
15)	Congenital disease	
16)	Surgeries	
17)	Musculoskeletal System	

PERSONAL HISTORY:

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

No
 No
 Mixed
 No


 15/3/24

Date: 12/10/24

CID: 2407205461

Name: Prakash Patil

Sex / Age: M-30

EYE CHECK UP

Chief complaints: None

Systemic Diseases: None

Past history: None

Unaided Vision: 13/20 @ 6 SW 20/16

Aided Vision:

Refraction:

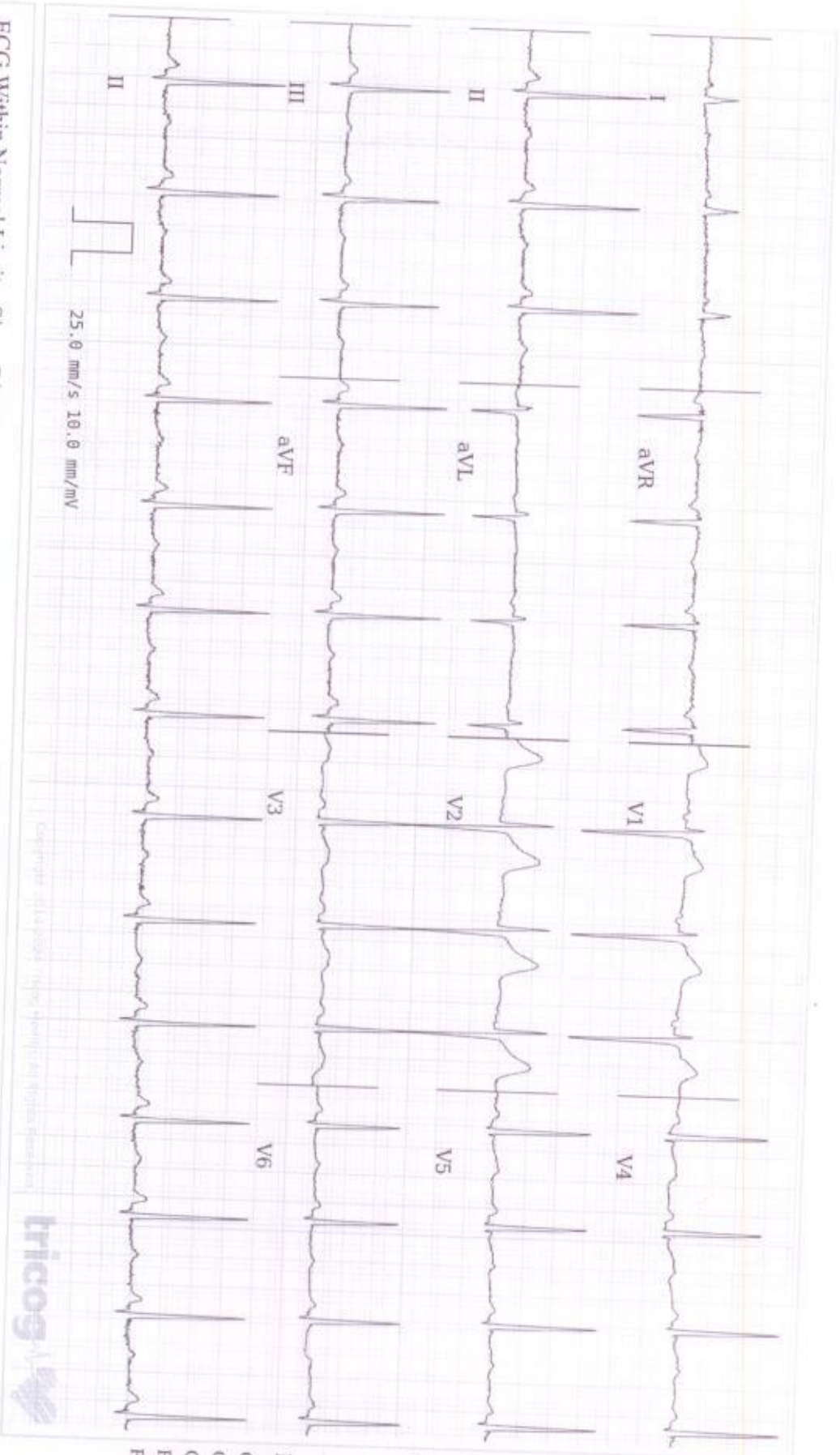
	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: Good Vision

MR. PRAKASH KUDVA
SR. OPTOMETRIST

SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST
Patient Name: AKSHAY MADHUKAR PATIL
Patient ID: 2407205461
Date and Time: 12th Mar 24 11:18 AM



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

Age 30 NA
years months
Gender Male
Heart Rate 86bpm
Patient Vitals
BP: 130/80 mmHg
Weight: 74 kg
Height: 169 cm
Pulse: NA
SpO2: NA
Resp: NA
Others: NA

Measurements
QRSD: 74ms
QT: 376ms
QTcB: 449ms
PR: 130ms
P-R-T: 71° 76° 65°

REPORTED BY

(Signature)

DR SHAILEENA PILLAI
MBBS, MD Physician
49972

Disclaimer: This analysis in the report is based on ECG alone and should be used in conjunction with clinical history, symptoms, and results of other tests and investigations. Tests and results are interpreted by a qualified physician. All Patient Sample are collected by the clinician and not derived from the ECG.

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Email:

Report

1145 (2407205461) / AKSHAY MADHUKAR PATIL / 30 Yrs / M / 169 Cms / 74 Kg
 Date: 12 / 03 / 2024 11:57:10 AM



Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:06	0:06	00.0	00.0	01.0	078	41%	120/80	093	00	
Standing	00:19	0:13	00.0	00.0	01.0	078	41%	120/80	093	00	
HV	00:31	0:12	00.0	00.0	01.0	074	39%	120/80	088	00	
ExStart	00:44	0:13	00.0	00.0	01.0	078	41%	120/80	093	00	
BRUCE Stage 1	03:44	3:00	01.7	10.0	04.7	124	65%	140/80	173	00	
BRUCE Stage 2	06:44	3:00	02.5	12.0	07.1	163	81%	150/80	229	00	
PeakEx	07:19	0:35	03.4	14.0	07.7	163	86%	150/80	244	00	
Recovery	08:19	1:00	00.0	00.0	01.1	128	67%	140/80	179	00	
Recovery	09:19	2:00	00.0	00.0	01.0	116	61%	140/80	162	00	
Recovery	10:19	3:00	00.0	00.0	01.0	113	59%	130/80	146	00	
Recovery	10:43				00.0	000	0%	--/--	000	00	

FINDINGS :

Exercise Time : 06:35
 Initial HR (ExStrt) : 78 bpm 41% of Target 190
 Initial BP (ExStrt) : 120/80 (mm/Hg)
 Max Workload Attained : 7.7 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value: III & -1.0 mm in PeakEx
 History : No
 Test End Reasons : Heart Rate Achieved

Max HR Attained 163 bpm 86% of Target 190
 Max BP Attained 150/80 (mm/Hg)

Dr. SHAILAJA PILLAI
 M.D. (GENERAL MED)
 R.NO. 43972

Doctor : DR. SHAILAJA PILLAI

EMail: 145/AKSHAY

MADHUKAR PATIL / 30 Yrs / M / 169 Cms / 74 Kg Date: 12 / 03 / 2024 11:57:10 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 78.0 bpm, and the maximum predicted Target Heart Rate 190.0. 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. Minor ST T changes seen.
 3. HR and Blood pressure response to exercise is normal.

Dr. SHAILAJA PILLAI
M.D. (GEN. MED)
R.NO. 43972

Doctor : DR. SHAILAJA PILLAI

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

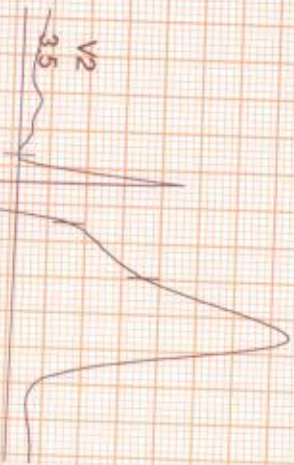
1145 (2407205461) / AKSHAY MADHUKAR PATIL / 30 Yrs / M / 169 Cms / 74 Kg / HR : 75

Date: 12/03/2024 11:57:10 AM METS: 1.0/75 bpm 39% of THR BP: 120/80 mmHg Raw ECG/BLC Ony/Notch Ony/HF 0.05 Hz/LF 35 Hz

SUPINE (00:01)



EXTIME: 00:00 0.0 mph 0.0%
25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1145 (2407205461) / AKSHAY MADHUKAR PATIL / 30 Yrs / M / 169 Cms / 74 Kg / HR : 78

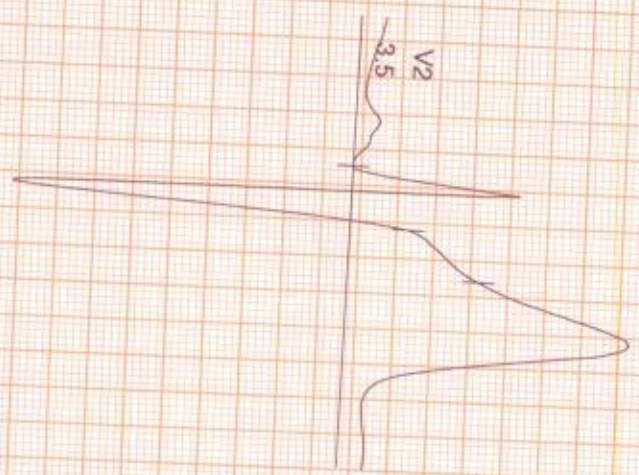
Date: 12/03/2024 11:57:10 AM METS: 1.0/78 bpm 41% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF: 0.05 Hz/ LF: 35 Hz

4X

30 mS PAPER

STANDING (00:00)

ExTime: 00:00 0.0 right
25 mm/sec 1.0 Cm/mV



REMARKS:

II aVR aVF V2 V4 V6

I III aVL V1 V3 V5

III aVF V2 V4 V6

II aVR aVF V2 V4 V6

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

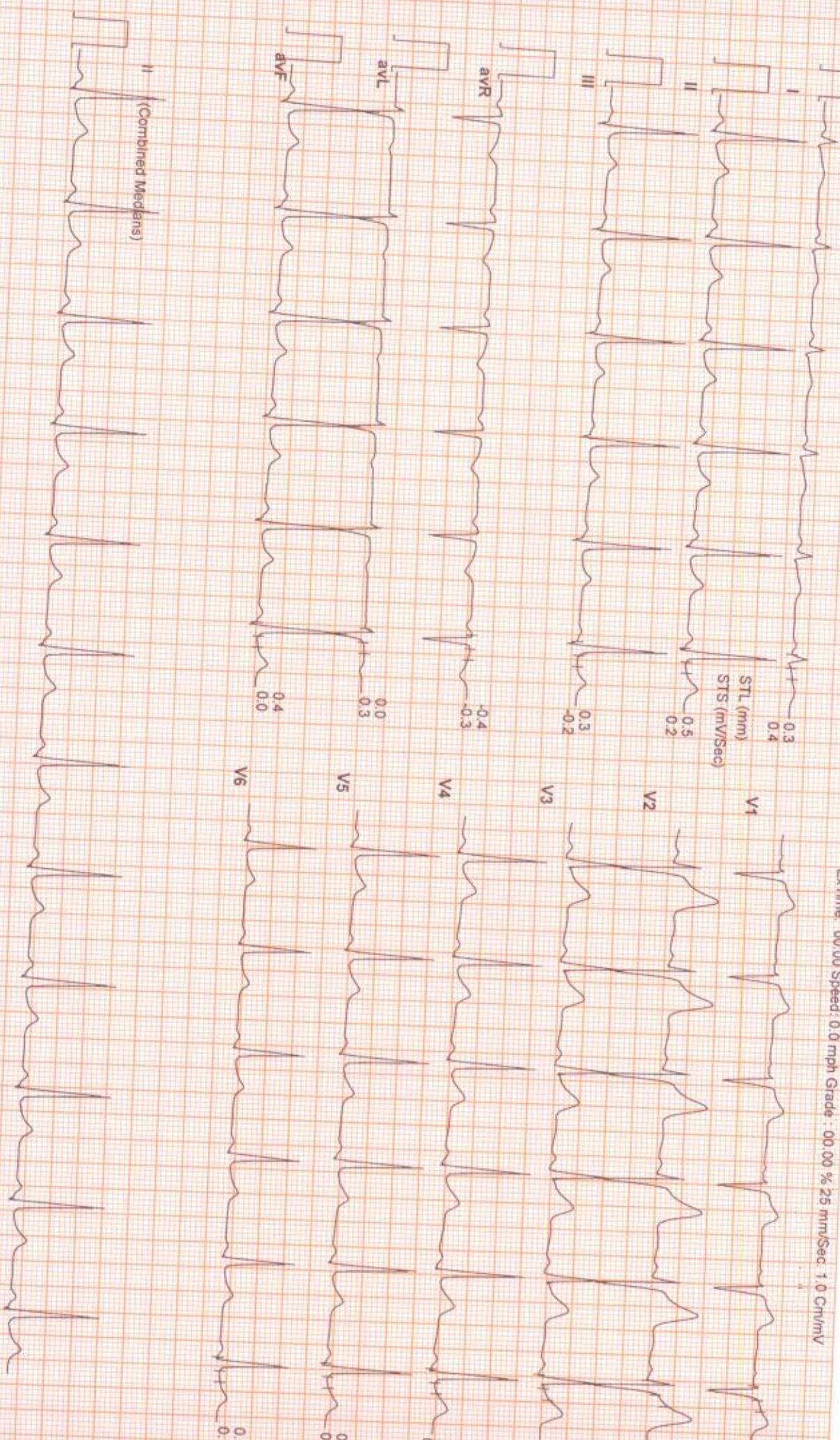
1145 / AKSHAY MADHUKAR PATIL / 30 Yrs / Male / 169 Cm / 74 Kg

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



Date: 12/03/2024 11:57:10 AM METs : 1.0 HR: 74 Target HR: 39% of 190 BP : 120/80 Post J @80mSec

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



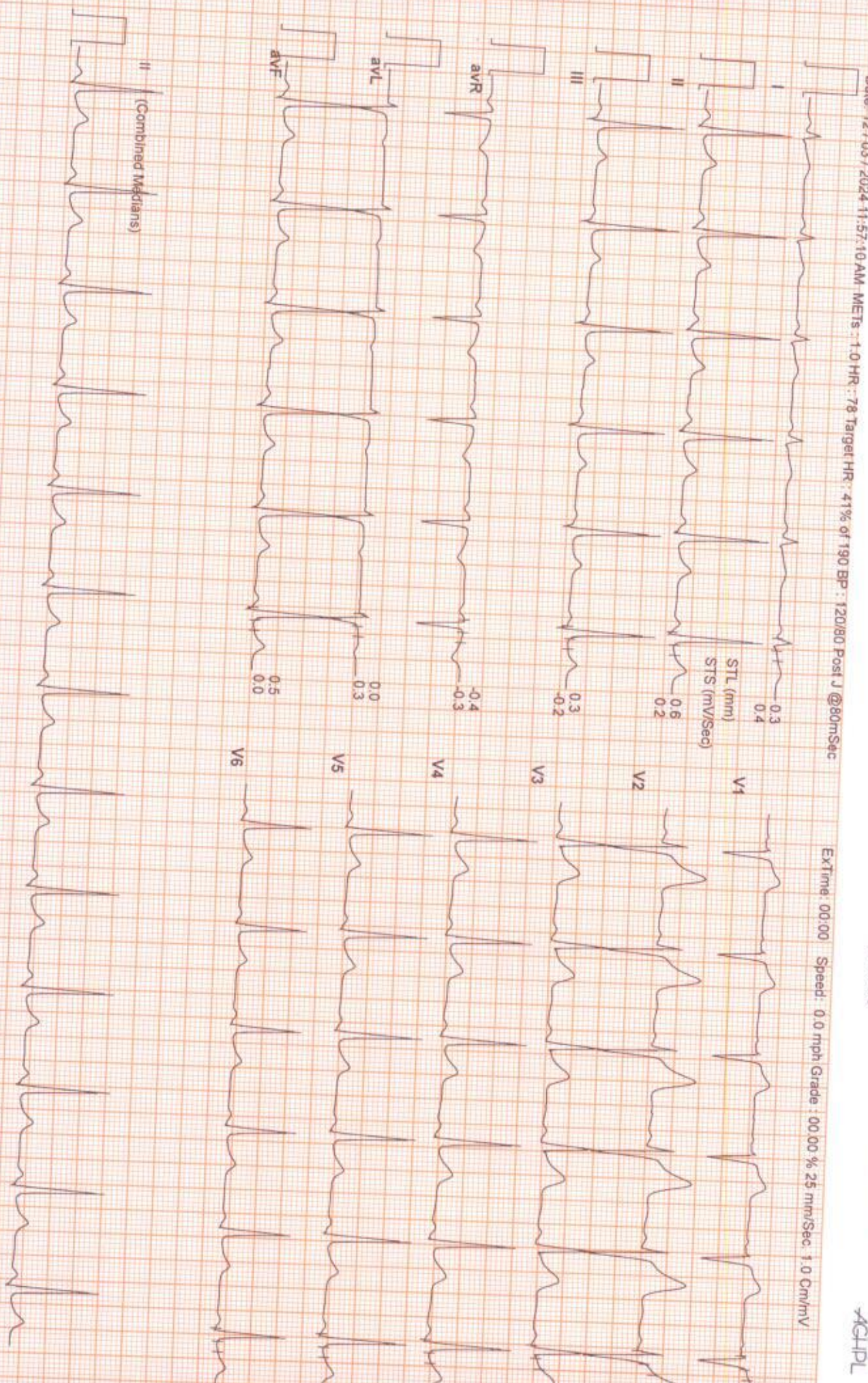
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1145 / AKSHAY MADHUKAR PATIL / 30 Yrs / Male / 169 Cm / 74 Kg

Date: 12/03/2024 11:57:10 AM METs : 1.0 HR : 78 Target HR : 41% of 190 BP : 120/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm
ExStt

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



SUBURBAN DIAGNOS TICS (THANE GB ROAD)

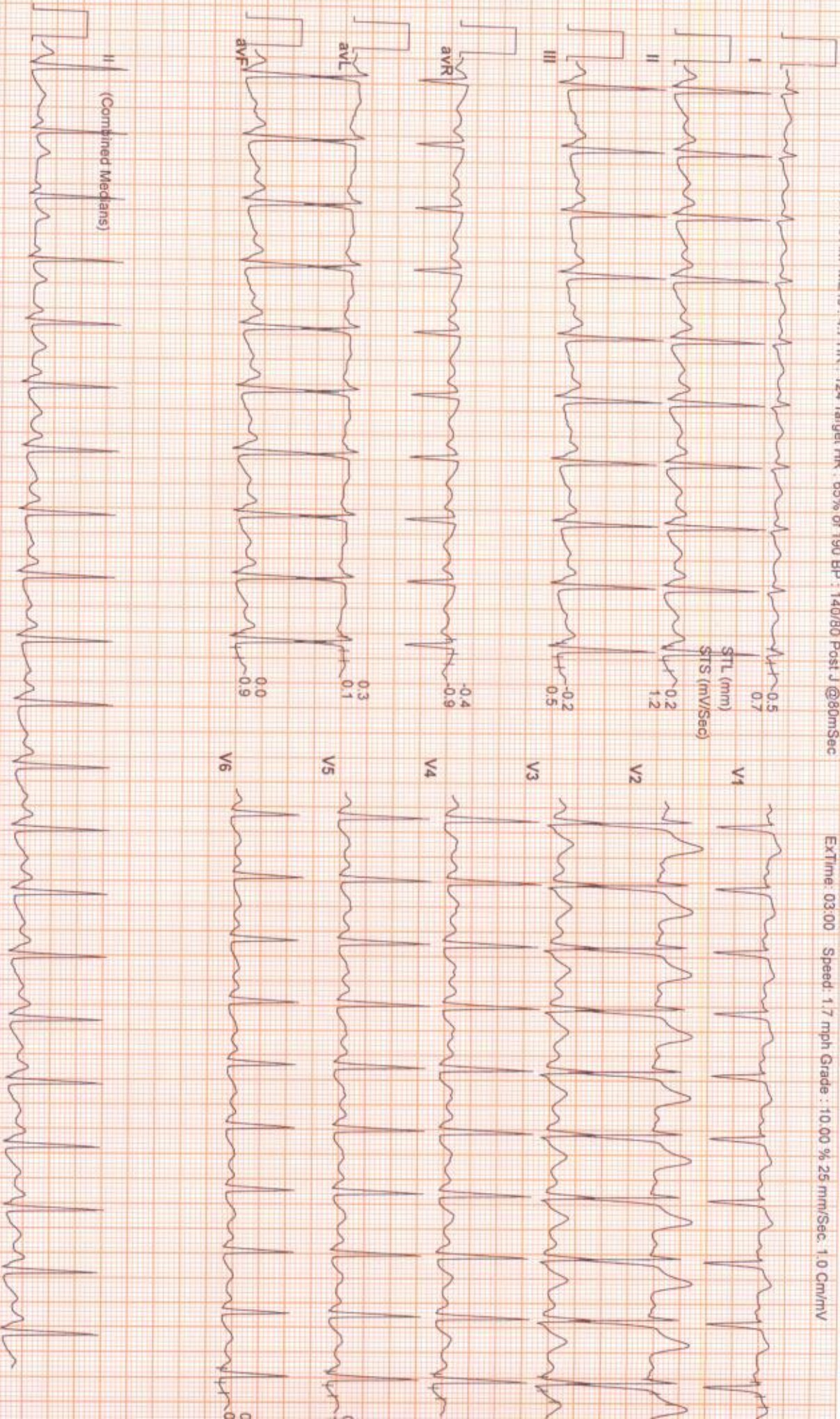
1145 / AKSHAY MADHUKAR PATIL / 30 Yrs / Male / 169 Cm / 74 Kg

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



Date: 12/03/2024 11:57:10 AM METs : 4.7 HR : 124 Target HR : 65% of 190 BP : 140/80 Post J @80mSec

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



SUBURBAN DIAGNOSTICS (THANE 3B ROAD)

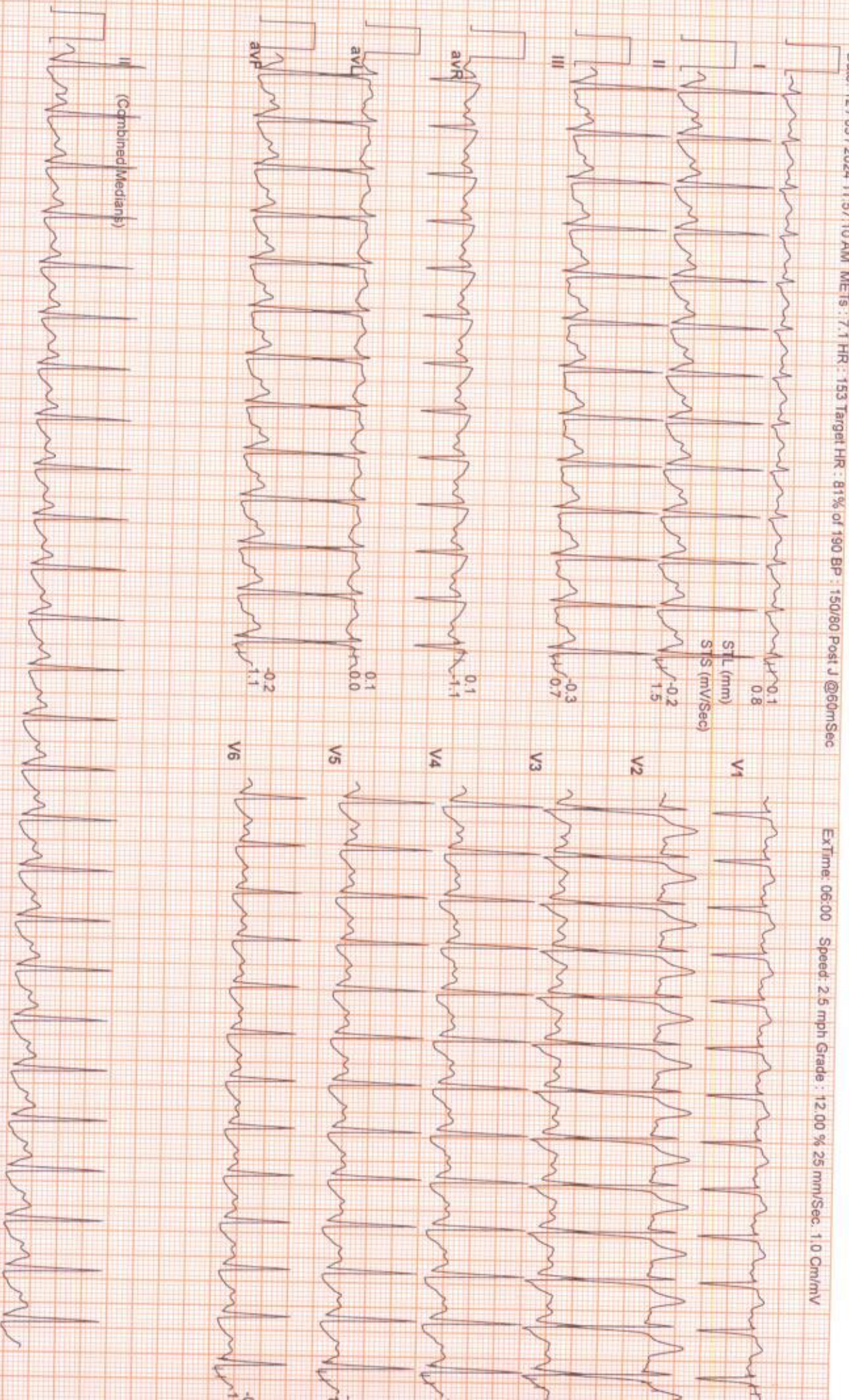
1145 / AKSHAY MADHUKAR PATIL / 30 Yrs / Male / 169 Cm / 74 Kg

Date: 12/03/2024 11:57:10 AM METs: 7.1 HR: 153 Target HR: 81% of 190 BP: 150/80 Post J @60mSec

ExTime: 06:00

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

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



II (Combined Medians)

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1145 / AKSHAY MADHUKAR PATIL / 30 Yrs / Male / 169 Cm / 74 Kg

Date: 12/03/2024 11:57:10 AM METS : 7.7 HR : 163 Target HR : 86% of 190 BP : 150/80 Post J @60mSec

ExtTime: 06:35 Speed 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm PeakEx



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

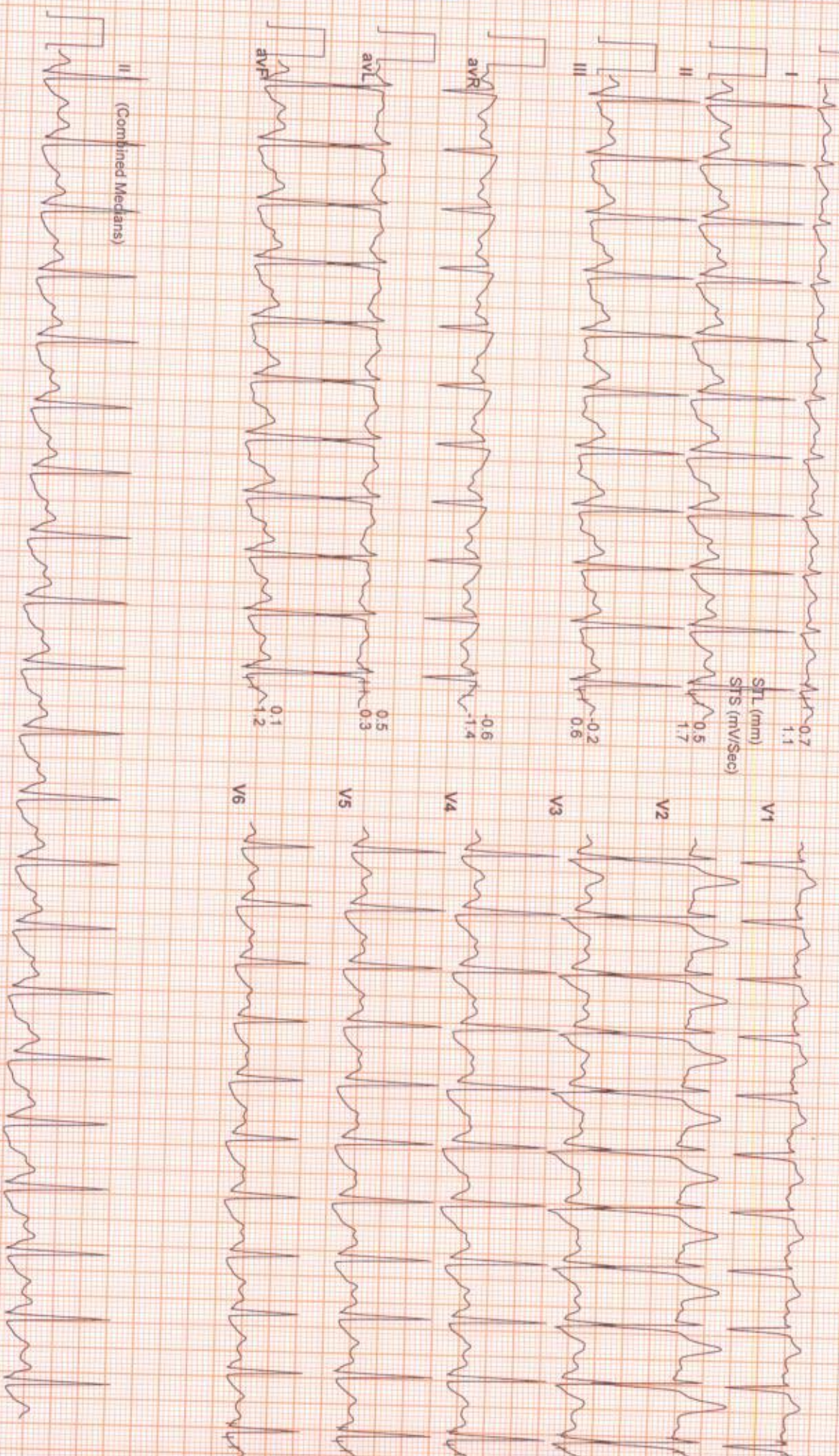
1145 / AKSHAY MADHUKAR PATIL / 30 Yrs / Male / 169 Cm / 74 Kg

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



Date: 12 / 03 / 2024 11:57:10 AM METs : 1.1 HR : 128 Target HR : 67% of 190 BP : 140/80 Post J @80mSec

ExtTime: 06:35 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV



II (Combined Medians)

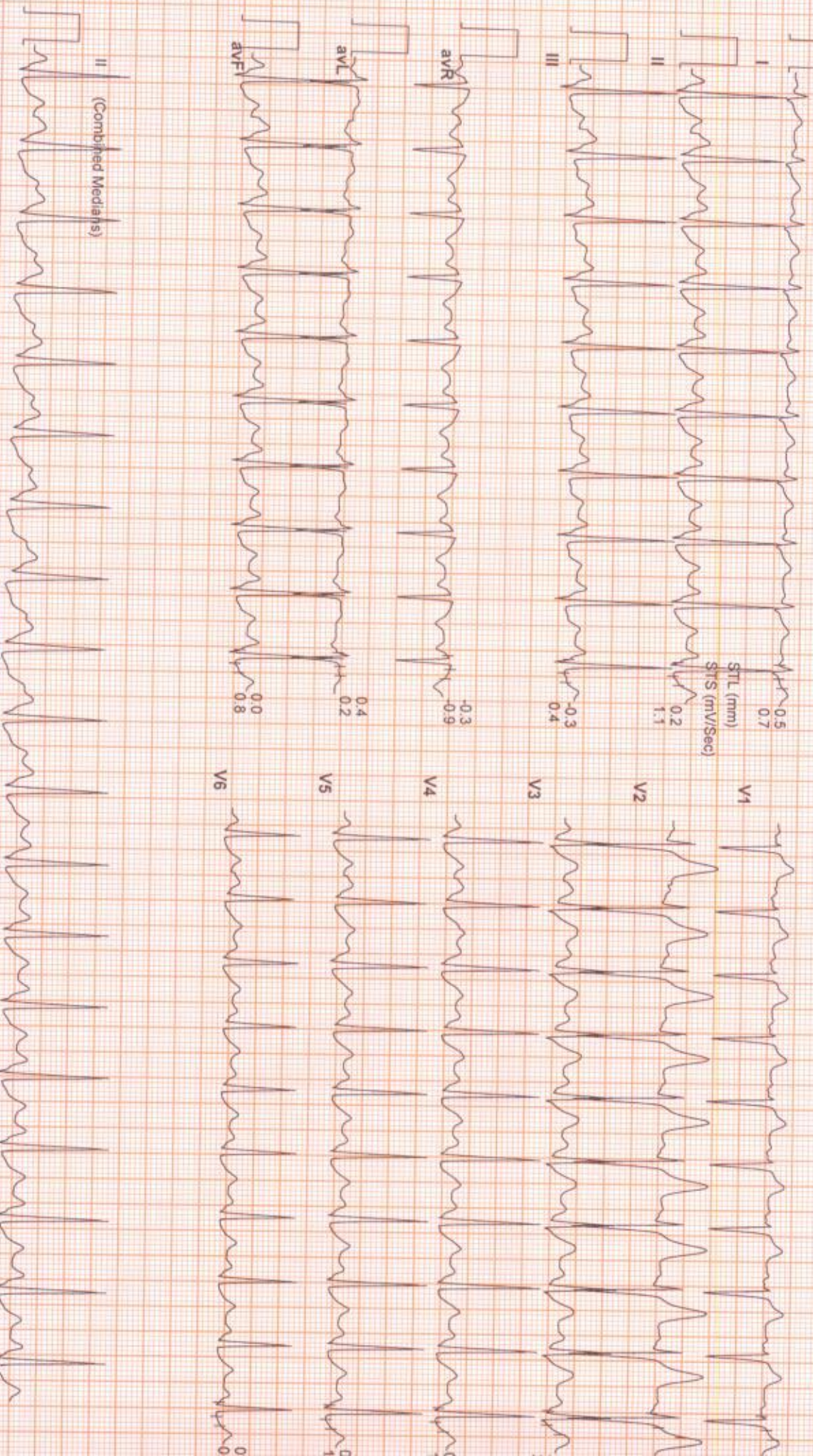
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1145 / AKSHAY MADHUKAR PATIL / 30 Yrs / Male / 169 Cm / 74 Kg

Date: 12/03/2024 11:57:10 AM METS : 1.0 HR : 116 Target HR : 61% of 180 BP : 140/80 Post J @80m/Sec

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

ExTime: 06:35 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec: 1.0 Cm/mv



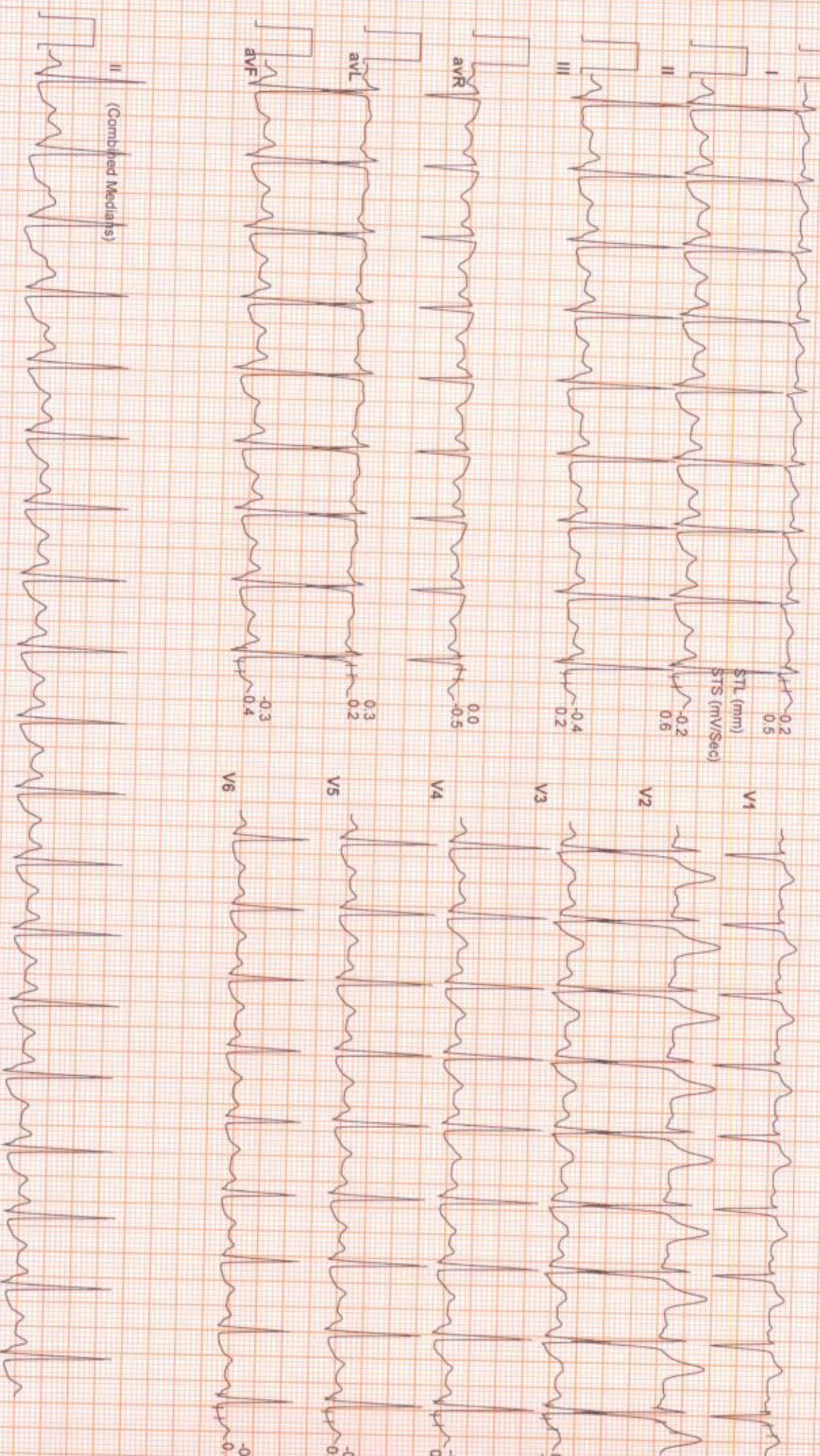
SUBURBAN DIAGNOSTICS (1 HANE G B ROAD)

1145 / AKSHAY MADHUKAR PATIL / 30 Yrs / Male / 169 Cm / 74 Kg

Date: 12/03/2024 11:57:10 AM METs: 1.0 HR: 113 Target HR: 59% of 190 BP: 130/80 Post J @80mSec

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

ExTime: 06:35 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV



Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2407205461
Name : Mr AKSHAY MADHUKAR PATIL
Age / Sex : 30 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre

Reg. Date : 12-Mar-2024
Reported : 12-Mar-2024 / 11:46

USG WHOLE ABDOMEN

EXCESSIVE BOWEL GAS:

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

GALL BLADDER: Gall bladder is partially distended. No obvious 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 11.6 x 4.1 cm. Left kidney measures 11.1 x 4.8 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 2.7 x 4.4 x 2.8 cm in dimension and 17 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=2024031209282620>

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2407205461
Name : Mr AKSHAY MADHUKAR PATIL
Age / Sex : 30 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre

Reg. Date : 12-Mar-2024
Reported : 12-Mar-2024 / 11:46

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IMPRESSION: USG ABDOMEN IS WITHIN NORMAL LIMITS.

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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Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2407205461
Name : Mr AKSHAY MADHUKAR PATIL
Age / Sex : 30 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 12-Mar-2024
Reported : 12-Mar-2024 / 14:28

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

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