

PHYSICAL EXAMINATION REPORT

Patient Name	Shardul Borkar	Sex/Age	M/32
Date	13/01/2024	Location	Thane

History and Complaints

Nid

C/O - fissure (on/off)

EXAMINATION FINDINGS:

Height (cms):	173	Temp (0c):	(M)
Weight (kg):	75.8	Skin:	Warts (+)
Blood Pressure	140/90	Nails:	NAD.
Pulse	76/min	Lymph Node:	

Systems :

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

Impression:

NAD

↑ S. Bilirubin
↓ HDL, ↑ Non HDL chol.

E(Ge - Monomorphic PVC's)

Advice:

Low Fat Diet
Reg. Exercise
Repeat Sr. Bilirubin After 1 week.

- | | | | |
|-----|--------------------------------------|---|-----|
| 1) | Hypertension: | } | nil |
| 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 | } | nil |
| 13) | Blood disease or disorder | | |
| 14) | Cancer/lump growth/cyst | | |
| 15) | Congenital disease | | |
| 16) | Surgeries | | |
| 17) | Musculoskeletal System | | |

PERSONAL HISTORY:

- | | | | |
|----|------------|---|----|
| 1) | Alcohol | } | No |
| 2) | Smoking | | |
| 3) | Diet | | |
| 4) | Medication | | |
- Mixed

[Signature]

16/11/20

Dr. Manasee Kulkarni
M.B.B.S
2005/09/3439

No

Date: 17/1/24
 Name: Muhammad Baekhas
 CID: 2401322585
 Sex / Age: M - 32

EYE CHECK UP

Chief complaints: PCV
 Systemic Diseases: ALLY
 Past history: N/A
 Unaided Vision: 20/20 20/20 N/A
 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



CID : 2401322595
Name : MR. SHARDUL RAJKUMAR BORKAR
Age / Gender : 32 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 13-Jan-2024 / 10:38
Reported : 13-Jan-2024 / 13:06

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	14.5	13.0-17.0 g/dL	Spectrophotometric
RBC	5.16	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.9	40-50 %	Measured
MCV	85.1	80-100 fl	Calculated
MCH	28.1	27-32 pg	Calculated
MCHC	33.0	31.5-34.5 g/dL	Calculated
RDW	12.4	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	7080	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	31.8	20-40 %	
Absolute Lymphocytes	2251.4	1000-3000 /cmm	Calculated
Monocytes	7.3	2-10 %	
Absolute Monocytes	516.8	200-1000 /cmm	Calculated
Neutrophils	54.5	40-80 %	
Absolute Neutrophils	3858.6	2000-7000 /cmm	Calculated
Eosinophils	6.0	1-6 %	
Absolute Eosinophils	424.8	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	28.3	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & impedance method/Microscopy.			
PLATELET PARAMETERS			
Platelet Count	285000	150000-400000 /cmm	Elect. Impedance
MPV	9.1	6-11 fl	Calculated
PDW	13.2	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		



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Reported : 13-Jan-2024 / 13:52

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 9 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
- Briden 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. ISRAN MUJAWAR
M.D (Path)
Pathologist



Use a QR Code Scanner Application To Scan the Code

CID : 2401322595
Name : MR.SHARDUL RAJKUMAR BORKAR
Age / Gender : 32 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 13-Jan-2024 / 10:38
Reported : 13-Jan-2024 / 20:37

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride-Plasma	88.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: ≥/ = 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PPR	111.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: ≥/ = 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	1.55	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.46	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	1.09	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Buret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	34.2	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	43.0	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	40.7	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	109.2	40-130 U/L	Phpp
BLOOD UREA, Serum	16.7	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	7.8	6-20 mg/dl	Calculated
CREATININE, Serum	0.94	0.67-1.17 mg/dl	Enzymatic



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Name : MR. SHARDUL RAJKUMAR BORKAR
Age / Gender : 32 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 13-Jan-2024 / 14:22
Reported : 13-Jan-2024 / 16:30

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	5.1	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 ***

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



CID : 2401322595
Name : MR. SHARDUL RAJKUMAR BORKAR
Age / Gender : 32 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

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Reported : 13-Jan-2024 / 13:03

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	GLYCOSYLATED HEMOGLOBIN (HbA1c)		
	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	105.4	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 ***

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



CID : 2401322595
Name : MR. SHARDUL RAJKUMAR BORKAR
Age / Gender : 32 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 13-Jan-2024 / 10:38
Reported : 13-Jan-2024 / 17:12

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	
Volume (ml)	50		
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	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
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+ = 300 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 insert

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

(Signature)
Dr. VANDANA KULKARNI
M.D (Path)
Pathologist



CID : 2401322595
Name : MR. SHARDUL RAJKUMAR BORKAR
Age / Gender : 32 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 13-Jan-2024 / 10:38
Reported : 13-Jan-2024 / 14:06

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

PARAMETER	RESULTS
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 reagglutinins 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 ABO antigens because of inheritance of hh genotype.

References:

1. Denise M Hammenig, Modern Blood Banking and Transfusion Practices- 4th 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
M.D (Path)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	173.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	83.6	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	136.3	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	119.0	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	17.3	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.2	0-3.5 Ratio	Calculated

*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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 Age / Gender : 32 Years / Male
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Collected : 13-Jan-2024 / 10:38
 Reported : 13-Jan-2024 / 17:00

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	6.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.4	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.52	0.35-5.5 microIU/ml mIU/ml	ECLIA

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Reported : 13-Jan-2024 / 17:00

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 & dopamines, Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal illness, Recent Rx for Hypothyroidism.
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.

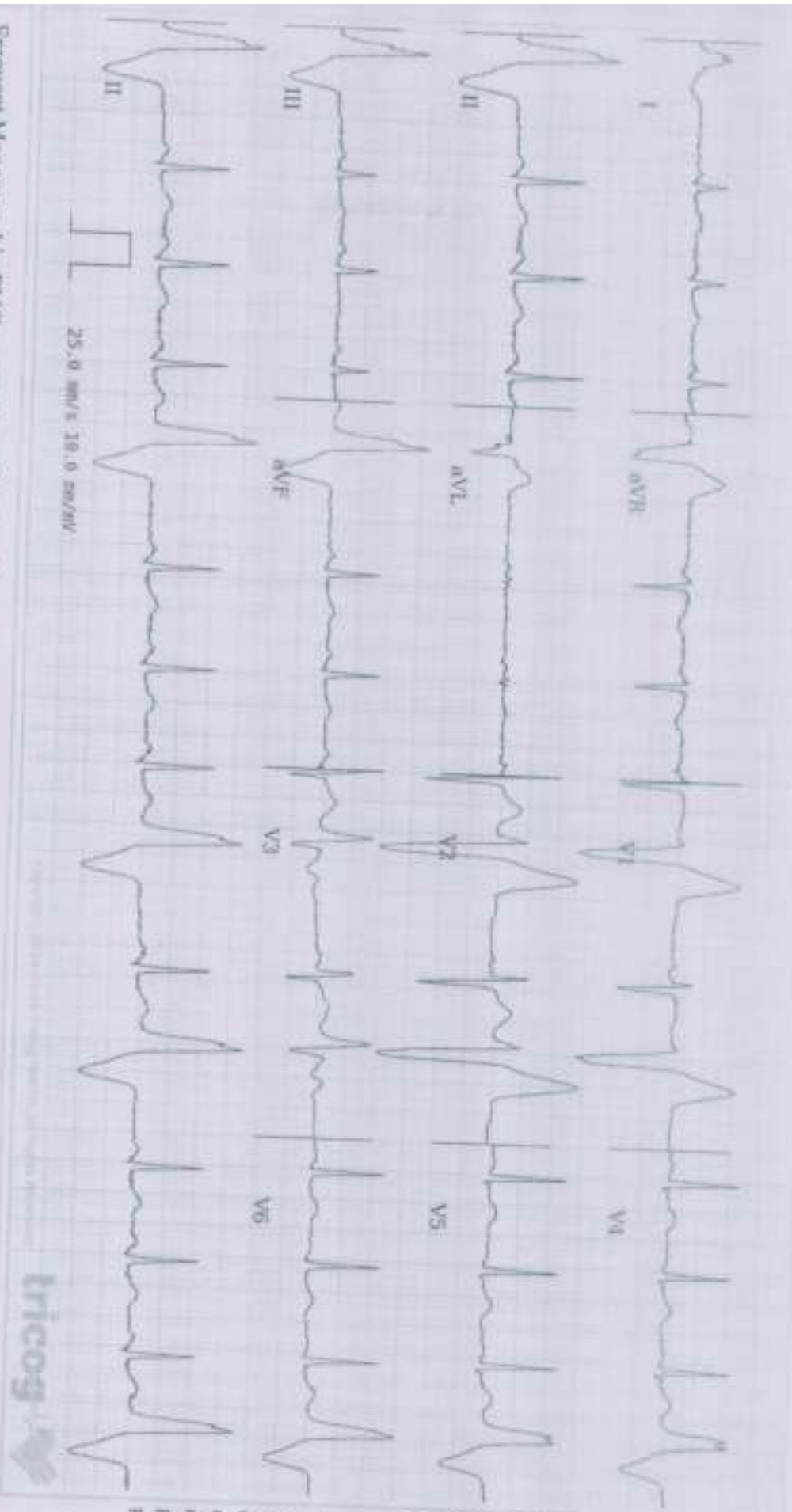
Reference:

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 (AACCC Press)

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

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist

SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST
Patient Name: SHARDUL RAJKUMAR BORKAR Date and Time: 13th Jan 24 12:51 PM
Patient ID: 2401322595



Frequent Monomorphic PVCs seen, Sinus Rhythm. Please correlate clinically.

Age: 32 NA NA
years months days

Gender: Male

Heart Rate: 93bpm

Patient Vitals

BP: 140/90 mmHg
Weight: 74 kg
Height: 173 cm
Pulse: NA
SpO2: NA
Resp: NA
Others:

Measurements

QRSD: 80ms
QT: 368ms
QTc: 457ms
PR: 122ms
P-R-T: 59° 63° 56°



REPORTED BY

[Signature]

DR SHARAD KUMAR PHILLAI
Senior and Registrar
in Medicine
MBBS

Authenticity Check
<<QRCode>>

CID : 2401322595
Name : Mr SHARDUL RAJKUMAR BORKAR
Age / Sex : 32 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre

Reg. Date : 13-Jan-2024
Reported : 13-Jan-2024 / 15:17

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X-RAY CHEST PA VIEW

Both lung fields are clear.
Both costo-phrenic angles are clear.
The cardiac size and shape are within normal limits.
The domes of diaphragm are normal in position and outlines.
The skeleton under review appears normal.

IMPRESSION:
NO SIGNIFICANT ABNORMALITY IS DETECTED.

—————End of Report—————

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

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CID : 2401322595
Name : Mr SHARDUL RAJKUMAR BORKAR
Age / Sex : 32 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 13-Jan-2024
Reported : 13-Jan-2024 / 11:27

USG WHOLE ABDOMEN

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 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 10.0 x 4.3 cm. Left kidney measures 10.2 x 4.0 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 2.4 x 2.3 x 3.6 cm in dimension and 10 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=2024011310121414>

Authenticity Check



Use a QR Code Scanner
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Name : Mr SHARDUL RAJKUMAR BORKAR
Age / Sex : 32 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 13-Jan-2024
Reported : 13-Jan-2024 / 11:27

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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SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Email:

Report

613 (2501322595) / SHARDUL BORKAR / 32 Yrs / M / 173 Cms / 74 Kg
 Date: 11/01/2024 12:56:23 PM



Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RRP	PVC	Comments
Supine	00:12	0:12	00.0	00.0	01.0	087	46%	140/90	121	00	
Standing	00:22	0:10	00.0	00.0	01.0	088	47%	140/90	123	00	
HV	00:32	0:10	00.0	00.0	01.0	088	47%	140/90	123	00	
ExStart	00:49	0:11	00.0	00.0	01.0	088	47%	140/90	123	00	
BRUCE Stage 1	03:43	3:00	01.7	10.0	04.7	130	80%	150/90	195	00	
BRUCE Stage 2	06:43	3:00	02.5	12.0	07.1	157	84%	160/90	251	00	
PeakEx	06:58	0:15	03.4	14.0	07.4	159	85%	170/90	270	00	
Recovery	07:58	1:00	00.0	00.0	01.2	144	77%	170/90	244	00	
Recovery	08:58	2:00	00.0	00.0	01.0	130	69%	140/90	182	00	
Recovery	09:58	3:00	00.0	00.0	01.0	128	68%	140/90	179	00	
Recovery	10:01	3:03	00.0	00.0	01.0	128	68%	140/90	179	00	

FINDINGS :

Exercise Time : 06:15
 Initial HR (ExStrt) : 88 bpm 47% of Target 188
 Initial BP (ExStrt) : 140/90 (mm/Hg)
 Max Workload Attained : 7.4 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : II & -10.1 mm in Recovery
 Test End Reasons : Heart Rate Achieved

Max HR Attained 159 bpm 85% of Target 188
 Max BP Attained 170/90 (mm/Hg)

Dr. SHAILAJA PILLAI
 M.D. (GEN.MED)
 R.NO. 45972

Doctor : DR. SHAILAJA PILLAI



EMall: 673 / SHARDUL BORKAR / 32 Yrs / M / 173 Cms / 74 Kg Date: 13 / 01 / 2024 12:56:23 PM

REPORT :

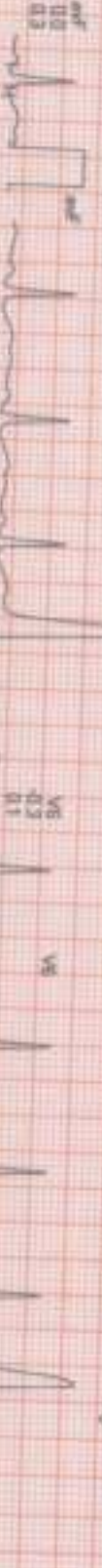
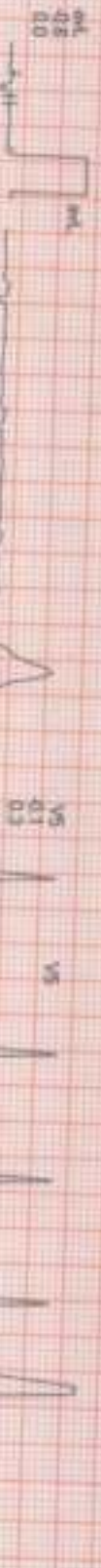
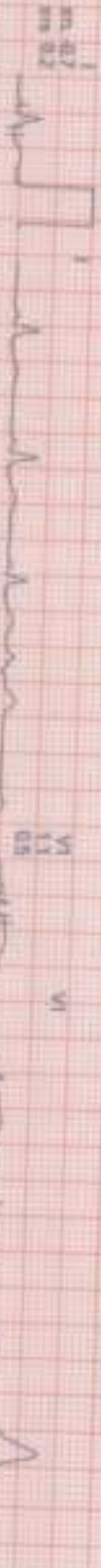
Sample Name: Stress Test Graded Exercise Treadmill
PROCEDURE DONE: Graded exercise treadmill stress test
STRESS ECG RESULTS: The initial HR was recorded as 88.0 bpm, and the maximum predicted Target Heart Rate 186.0. The BP increased at the time of generating report as 170/90.0 mmHg. The Max Dip went upto 0.0. 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. VPC's seen.
3. HR and Blood pressure response to exercise is normal.

Dr. SHAILAJA PILLAI

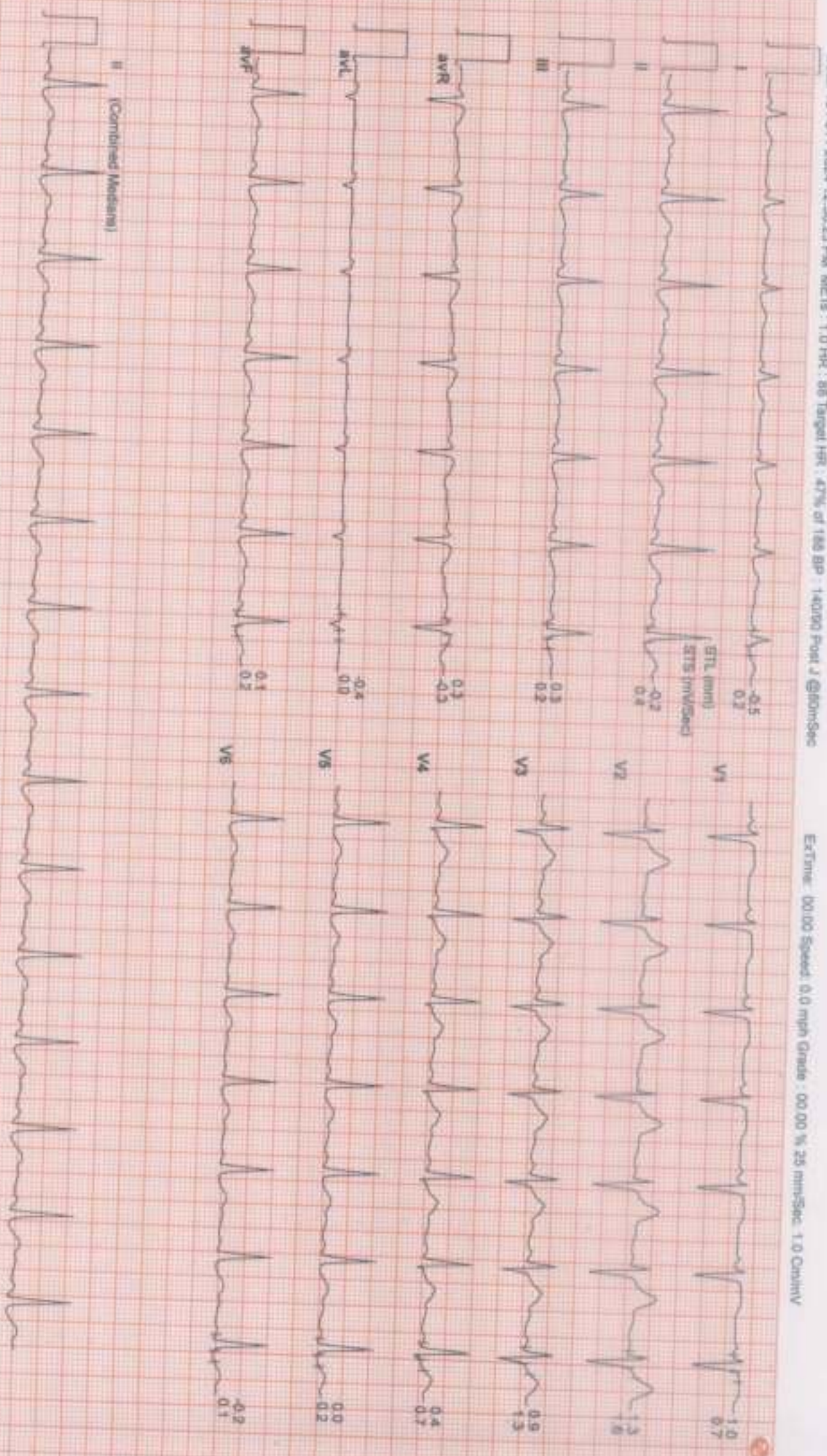
M.D. (GEN.MED)

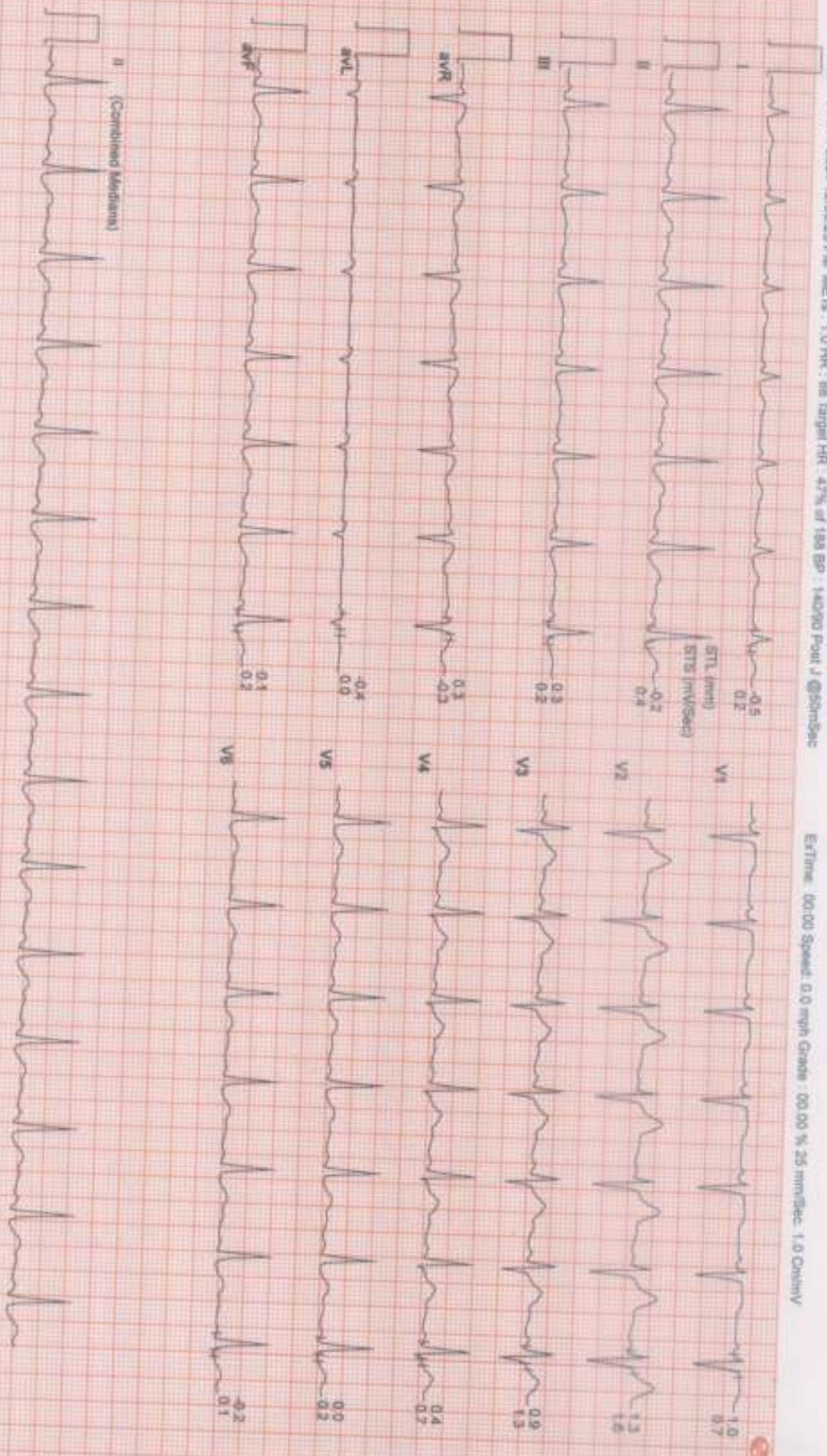
RANO. 49972

Doctor : DR. SHAILAJA PILLAI



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





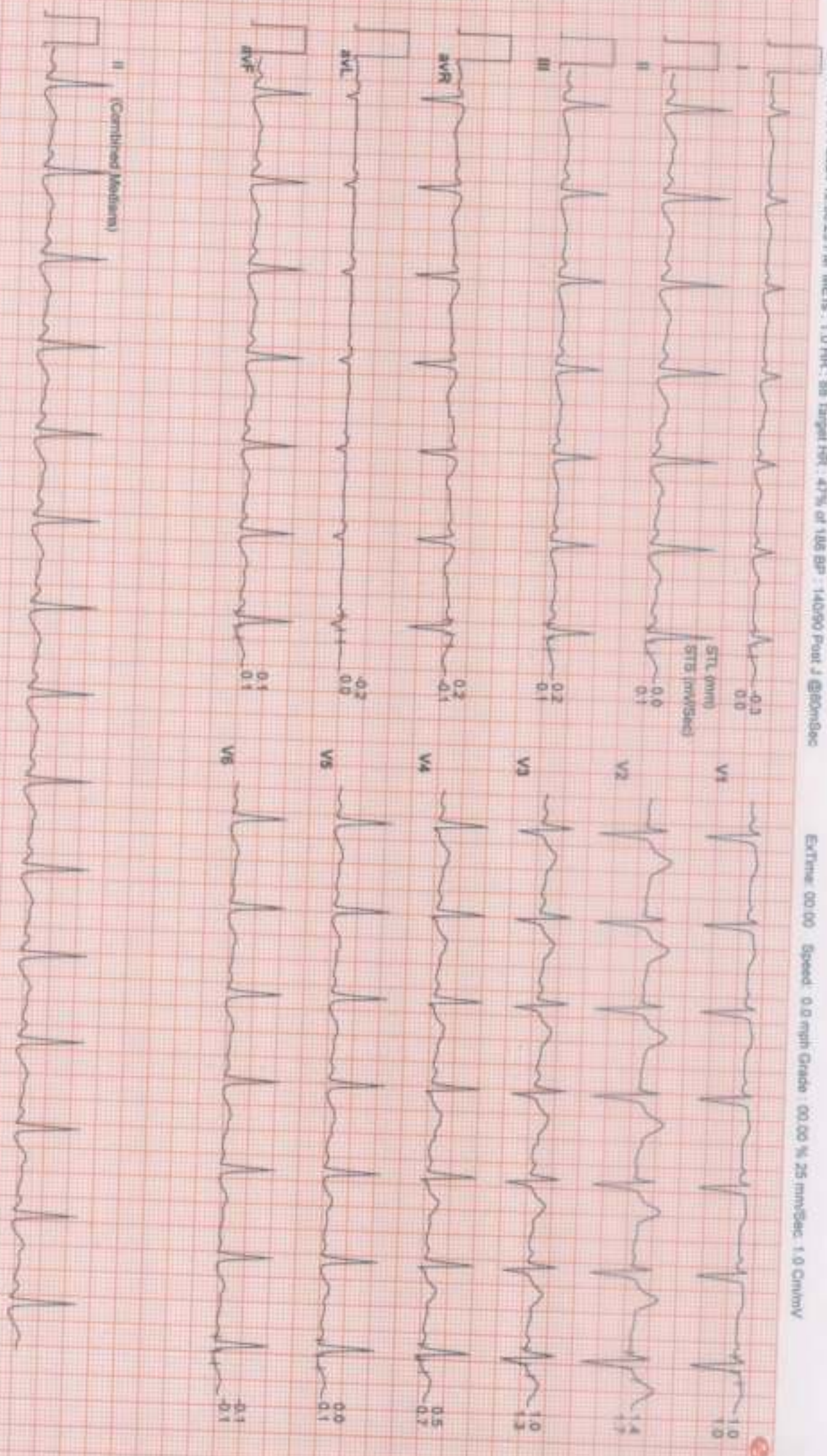
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

613 / SHARDUL BORKAR / 32 Yrs / Male / 173 Cm / 74 Kg

Date: 13 / 01 / 2024 12:56:23 PM METs : 1.0 HR : 88 Target HR : 47% of 186 BP : 140/90 Pwt J @60mmSec

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

6X2 Combine Medians + 1 Rhythm
ExStn



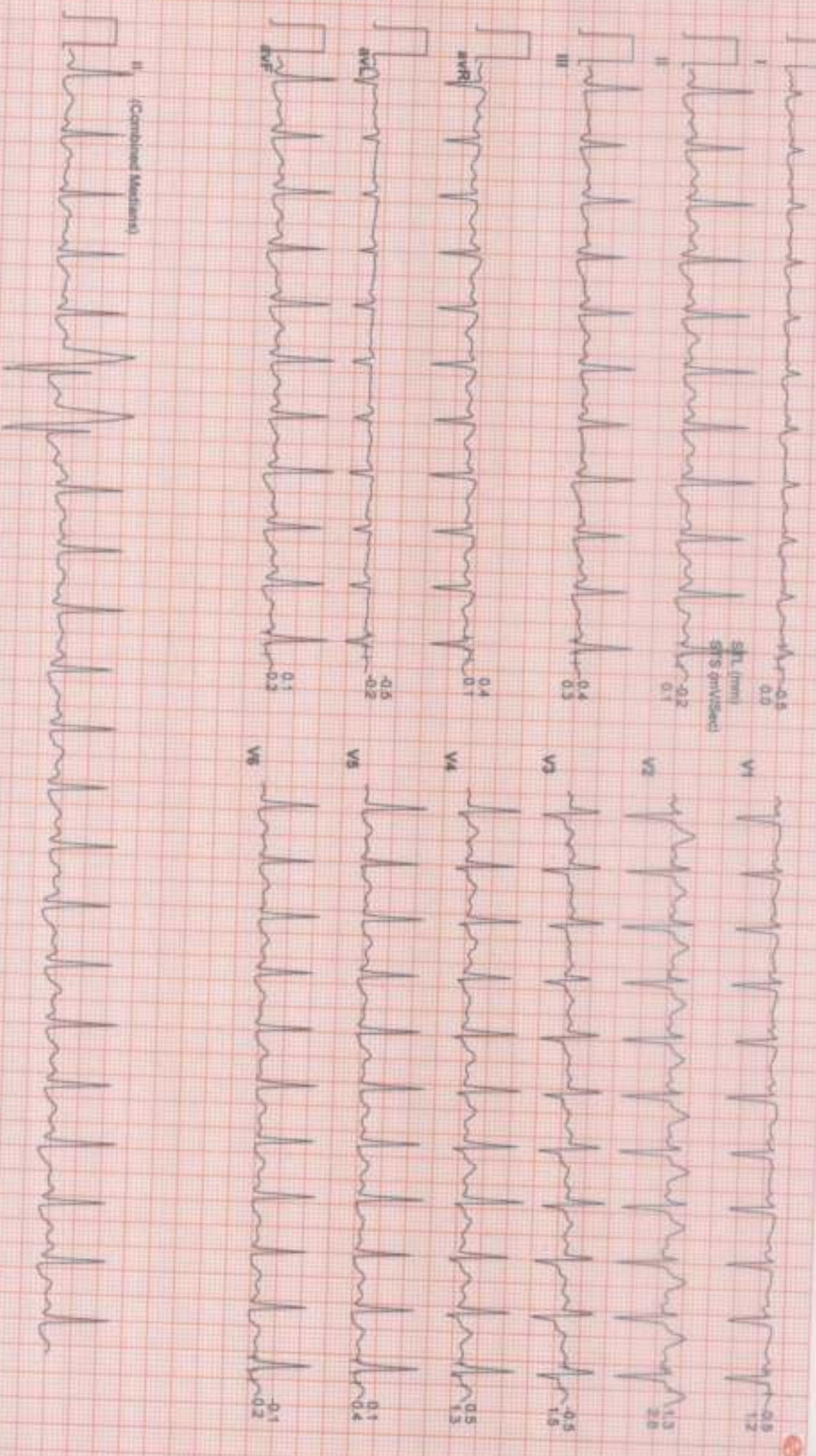
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

613 / SHARDUL BORKAR / 32 Yrs / Male / 173 Cm / 74 Kg

Date: 13/01/2024 12:56:23 PM METs : 4.7 HR : 130 Target HR : 69% of 188 BP : 150/90 Puff J @80mlSec

Extra: 03:00 Speed 1.7 mph Grade : 10.00 % 26 min/Sec 1.0 ChalkV

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



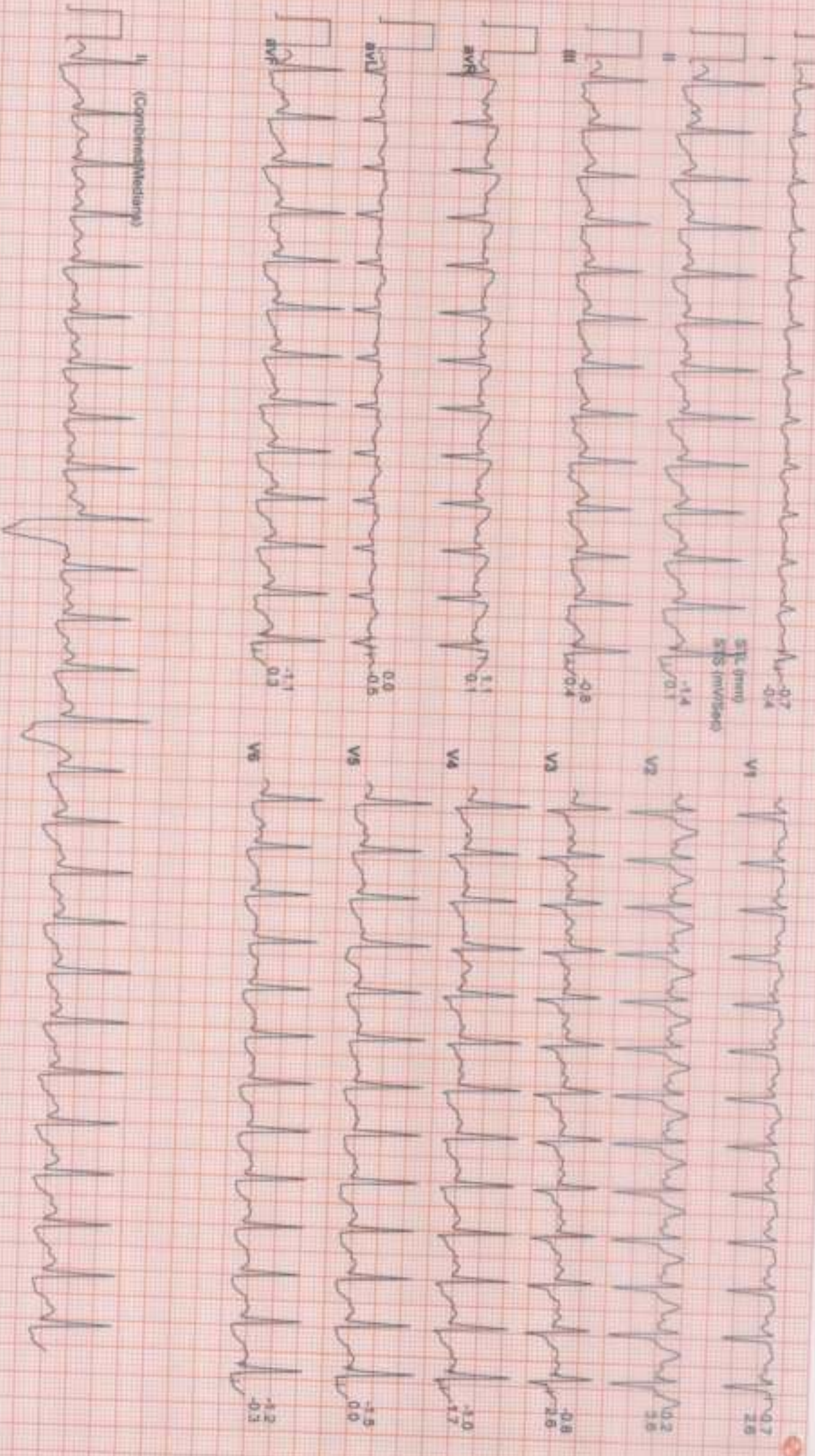
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

613 / SHARDUL BORKAR / 32 Yrs / Male / 173 Cm / 74 Kg

Date: 13 / 01 / 2024 12:56:23 PM METs : 7.1 HR : 157 Target HR : 84% of 188 BP : 160/90 Post J @50mmHg

EstTime 08:00 Speed 2.5 mph Grade : 12.00 % 25 mmHgSec 1.0 Cm/mV

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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

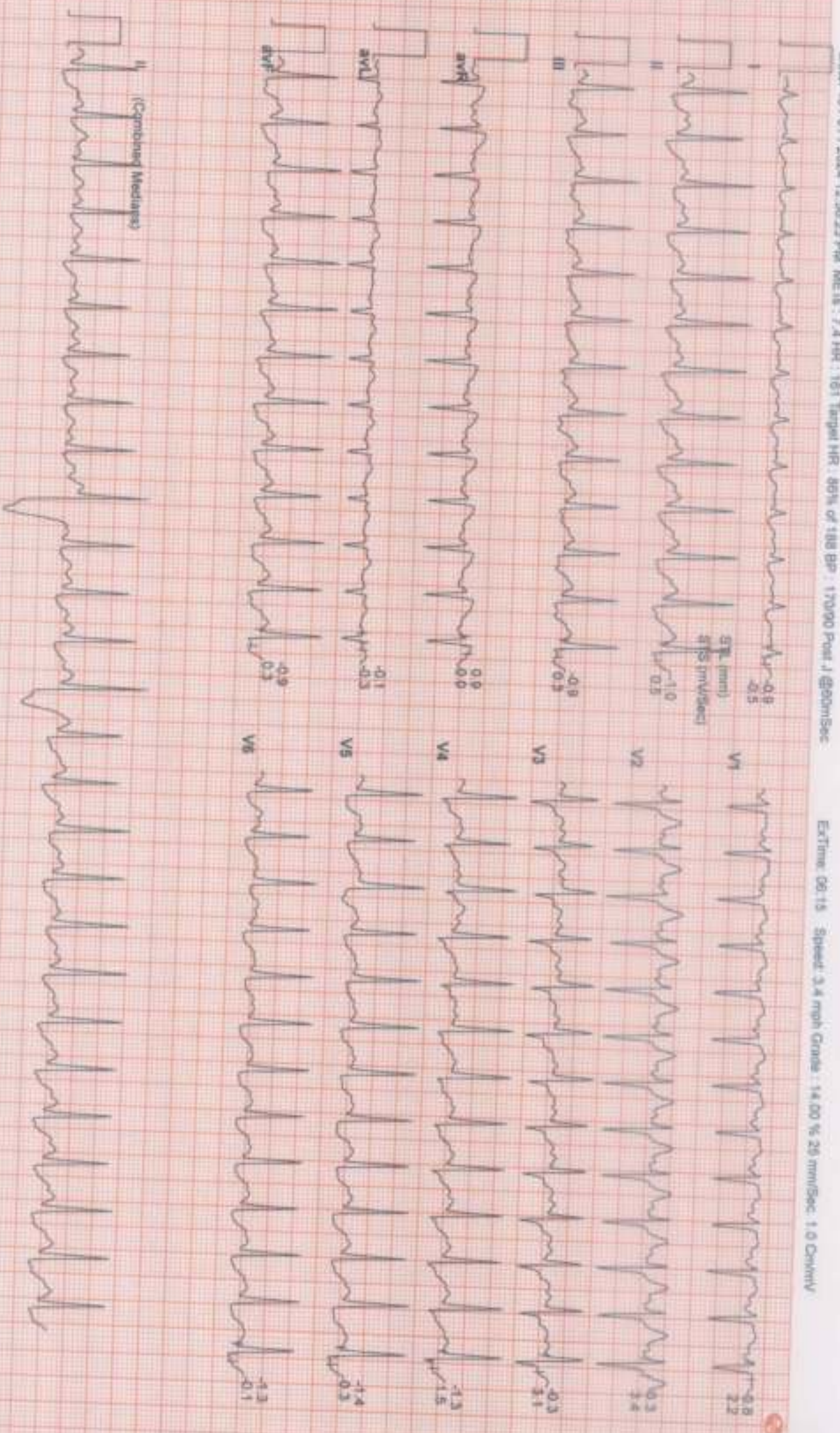
613 / SHARDUL BORKAR / 32 Yrs / Male / 173 Cm / 74 Kg

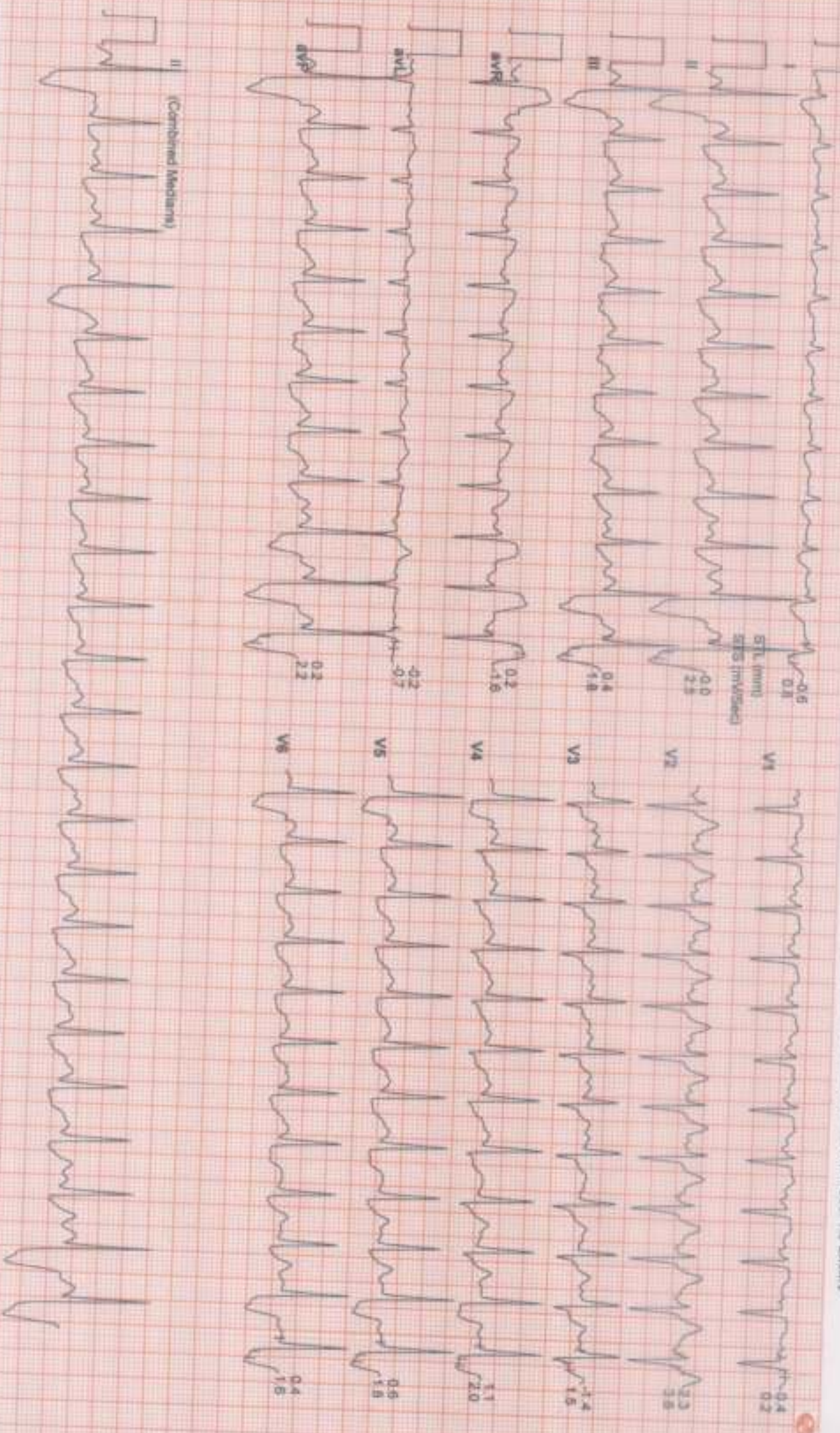
Date: 13/01/2024 12:56:23 PM METs : 7.4 HR : 161 Target HR : 85% of 188 BP : 170/90 Post J @50mSec

ExTime: 06:15 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec 1.0 Chw/IV

6X2 Combine Medians + 1 Rhythm

PeakEx





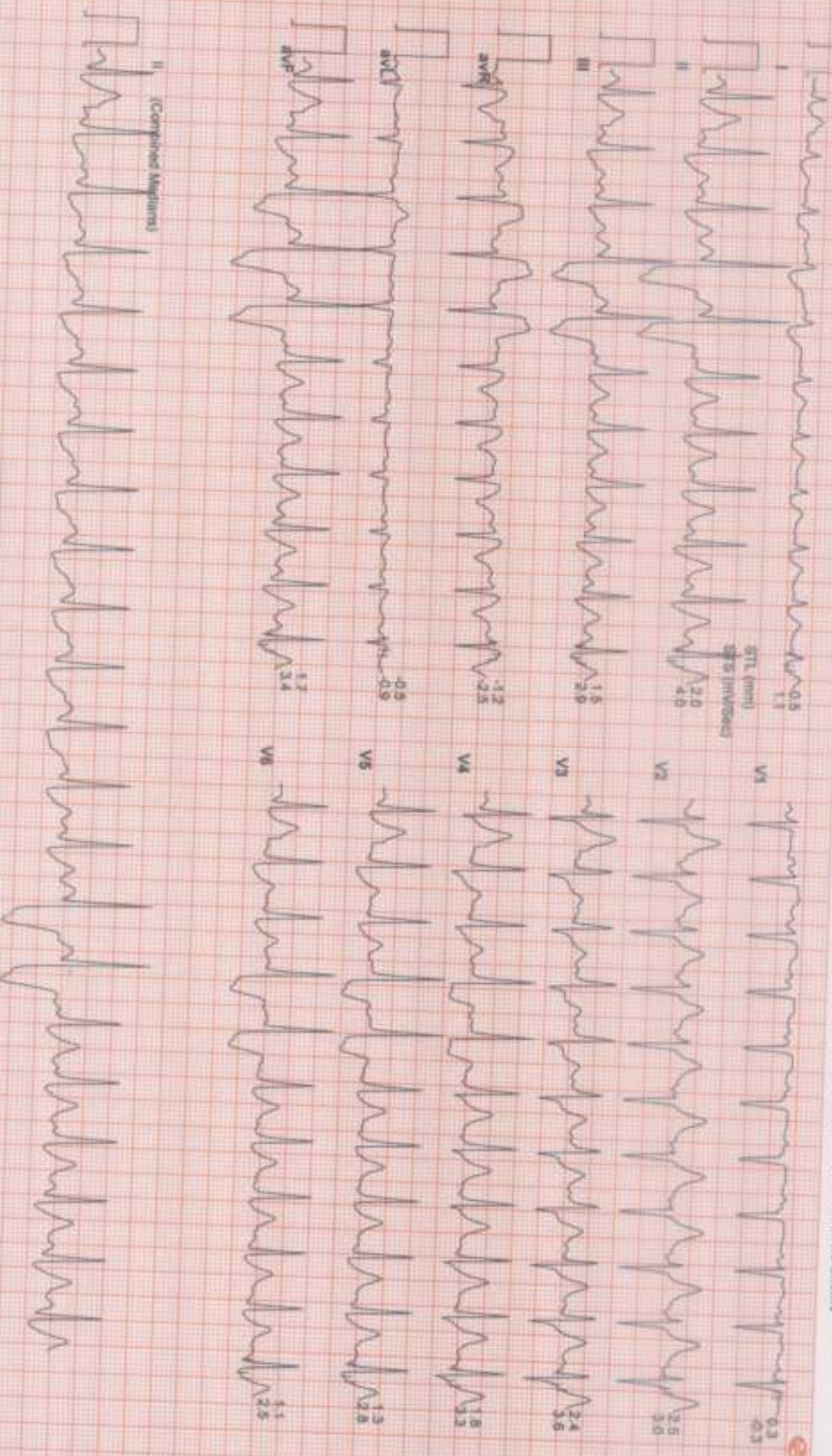
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

613 / SHARDUL BORKAR / 32 Yrs / Male / 173 Cm / 74 Kg

Date: 13 / 01 / 2024 12:56:23 PM METs : 1.0 HR : 130 Target HR : 65% of 168 BP : 140/90 Post J @50mmSec

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

ExTime: 05:15 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec: 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

613 / SHARDUL BORKAR / 32 Yrs / Male / 173 Cm / 74 Kg

Date: 13/01/2024 12:56:23 PM METs : 1.0 HR : 126 Target HR : 65% of 168 BP : 140/90 Post J @80ms/Sec

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

EXTime: 06:15 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec: 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

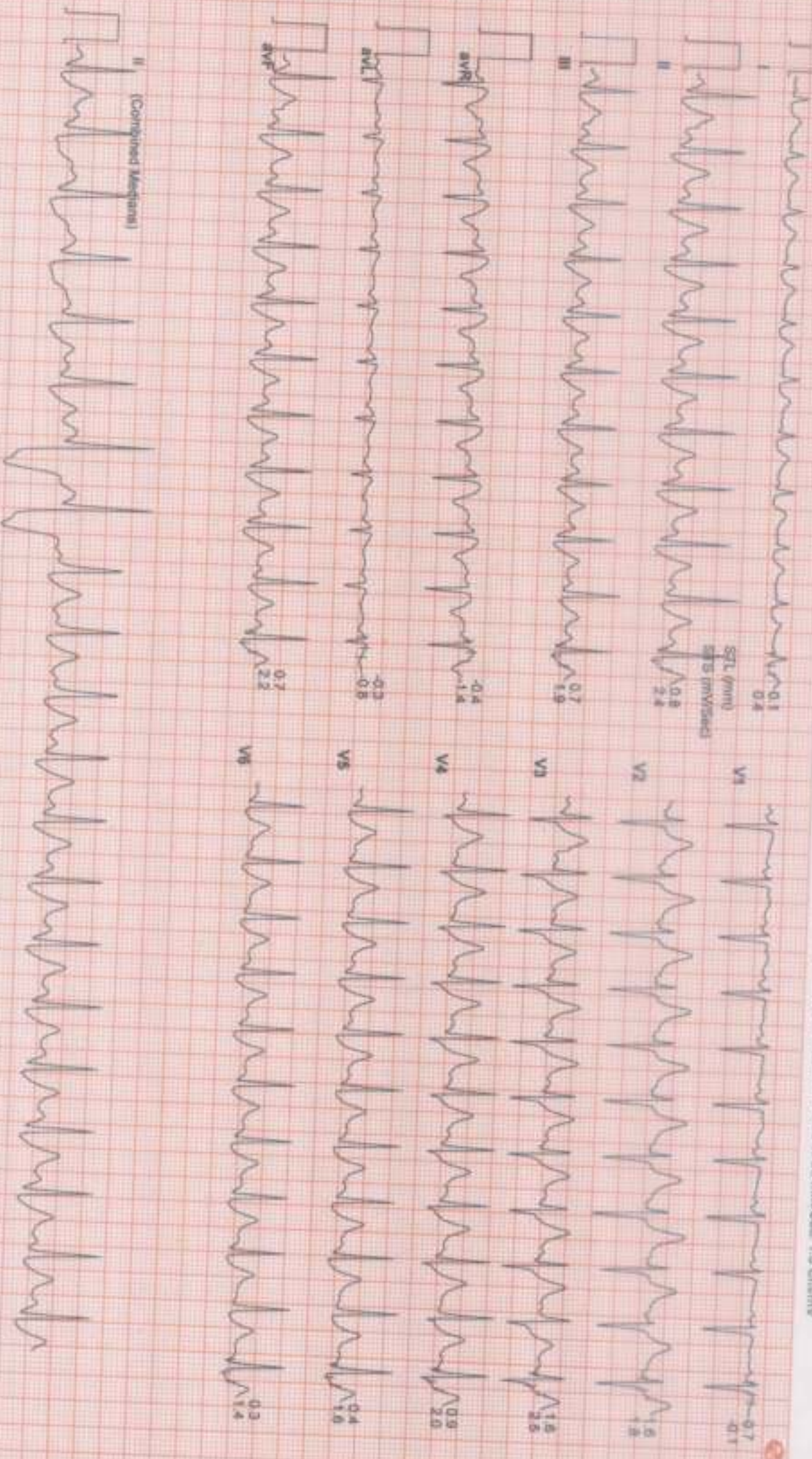
613 / SHARDUL BORKAR / 32 Yrs / Male / 173 Cm / 74 Kg

Date: 13/01/2024 12:59:23 PM METs: 1.0 HR: 128 Target HR: 60% of 168 BP: 140/90 Post J @90mSec

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



ExTime: 06:15 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec: 1.0 Cm/IV



II (Combined Medians)