

PHYSICAL EXAMINATION REPORT

Patient Name Sanjay K. Desai Sex/Age 49/M
Date 10/2/2024 Location Thane

History and Complaints

C/O - ta. frequent Indigestion.
- IBS (?)
- giddiness.

EXAMINATION FINDINGS:

Height (cms): 159 Temp (0c): (T)
Weight (kg): 56.7 Skin: |
Blood Pressure: 130/80 Nails: | NAD.
Pulse: 72/min Lymph Node: |

Systems :

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

Impression:

↑ HbA1c ; ↓ Hb ; ↓ HDL, ↑ ^{NON} HDL chol.

Advice:

- Iron supplement
- Low Fat, low sugar Diet
- Reg. Exercise
Repeat sugar, lipid profile after
⑥ months.

- | | |
|--|---|
| 1) Hypertension: | Nil
- childhood (pulmonary)
H/O - Pleural effusion (AKT taken)

H/O - FBS.

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 | |
| 13) Blood disease or disorder | |
| 14) Cancer/lump growth/cyst | |
| 15) Congenital disease | |
| 16) Surgeries | |
| 17) Musculoskeletal System | |

PERSONAL HISTORY:

- | | |
|---------------|--|
| 1) Alcohol | (No)
tobacco (chewing ct)
- mixed
(No) - St. City
(S.O.S.) |
| 2) Smoking | |
| 3) Diet | |
| 4) Medication | |

(Signature)
12/2/2

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

Date: 10/2/24
 Name: R. Sanjay Dahiya
 Sex / Age: M. - 49
 CID: 0409 122682

EYE CHECK UP

Chief complaints: RCU

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: R 20/40 L 20/20

Aided Vision: 20/20 20/20

Refraction:

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

Colour Vision: Normal / Abnormal

Remark: usc on spectacles

MR. PRAKASH KUDVA

SR. OPTOMETRIST

Authenticity Check



Use a QR Code Scanner Application To Scan the Code

CID : 2404122692
Name : MR.DALVI G SANJAY
Age / Gender : 49 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 10-Feb-2024 / 10:28
Reported : 10-Feb-2024 / 19:27

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, 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 ***

Vandana Kul Karni
Dr.VANDANA KULKARNI
M.D (Path)
Pathologist



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

Collected : 10-Feb-2024 / 10:28
Reported : 10-Feb-2024 / 16:51

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	11.3	13.0-17.0 g/dl.	Spectrophotometric
RBC	4.61	4.5-5.5 mil/cmm	Elect. Impedance
PCV	36.0	40-50 %	Measured
MCV	78.1	80-100 fl	Calculated
MCH	24.6	27-32 pg	Calculated
MCHC	31.5	31.5-34.5 g/dL	Calculated
RDW	17.4	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	5090	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	29.4	20-40 %	
Absolute Lymphocytes	1496.5	1000-3000 /cmm	Calculated
Monocytes	8.4	2-10 %	
Absolute Monocytes	427.6	200-1000 /cmm	Calculated
Neutrophils	59.5	40-80 %	
Absolute Neutrophils	3028.6	2000-7000 /cmm	Calculated
Eosinophils	2.5	1-6 %	
Absolute Eosinophils	127.3	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	10.2	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	375000	150000-400000 /cmm	Elect. Impedance
MPV	9.1	6-11 fl	Calculated
PDW	11.4	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	Mild
Microcytosis	Occasional



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Macrocytosis	-
Anisocytosis	Mild
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Elliptocytes-occasional
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

ESR: EDTA WB-ESR 28 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- Sickie 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 Inert
- Bridgen ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1441-50.

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

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Reported : 10-Feb-2024 / 18:28

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	93.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: > / = 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	100.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: > / = 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.80	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.29	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.51	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dl.	Calculated
AG RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	22.3	<34 U/L	Modified IFCC
SGPT (ALT), Serum	12.8	10-49 U/L	Modified IFCC
GAMMA GT, Serum	13.8	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	88.9	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	15.4	19.29-49.28 mg/dl	Calculated
BUN, Serum	7.2	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.91	0.73-1.18 mg/dl	Enzymatic

Note: Kindly note in change in reference range w.e.f. 07-09-2023



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Collected : 10-Feb-2024 / 14:13
Reported : 10-Feb-2024 / 18:29

eGFR, Serum	103	(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	4.3	3.7-9.2 mg/dl	Uricase/ Peroxidase
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

Authenticity Check



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Collected : 10-Feb-2024 / 10:28
Reported : 10-Feb-2024 / 17:23

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	Clear	Clear	-
Volume (ml)	30	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH indicator
Glucose	Absent	Absent	GOO-POD
Ketones	Absent	Absent	Legal's Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	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+ = 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 insert

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

De Vandana Kulkarni
DEVANDANA KULKARNI
M.D (Path)
Pathologist

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



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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 haagglutins 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 Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

References:

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

*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



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Reported : 10-Feb-2024 / 18:28

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	179.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	105.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high: >=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	37.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination / Catalase
NON HDL CHOLESTEROL, Serum	142.0	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	121.0	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	21.0	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.3	0-3.5 Ratio	Calculated

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



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



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

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.6	3.5-6.5 pmol/L	CLIA
Free T4, Serum	13.6	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	1.159	0.55-4.78 microIU/ml mIU/ml	CLIA

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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 microUnits 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 am 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.kouloun 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)

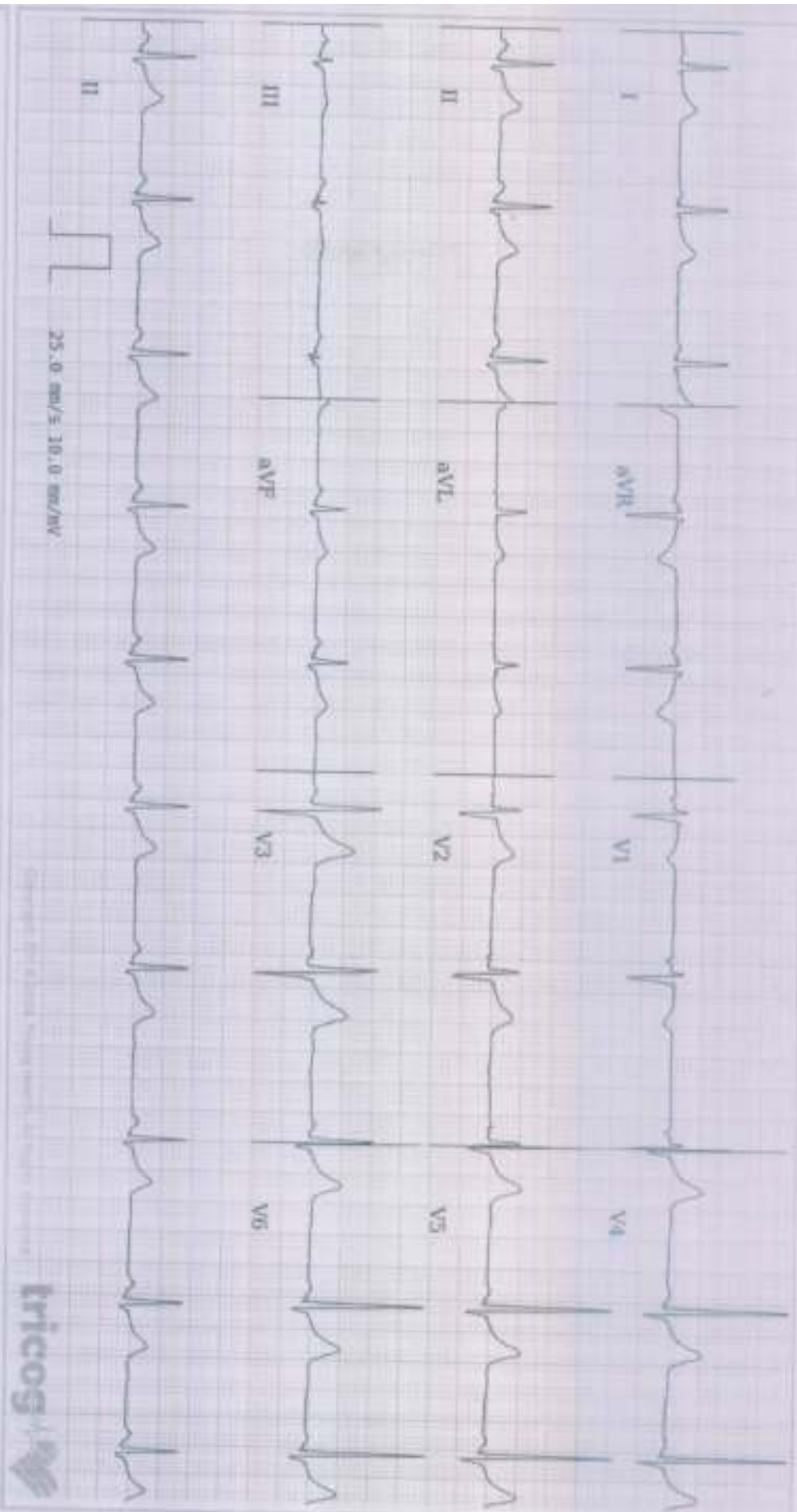
*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab
*** End Of Report ***



Dr. ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab Director

Patient Name: DALVI G SANJAY
Patient ID: 2404122692

SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST
Date and Time: 10th Feb 24 12:01 PM



Age: 49 NA NA
years months days

Gender: Male

Heart Rate: 60bpm

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
SpO2: NA
Resp: NA
Obers: NA

Measurements

QRSd: 98ms
QT: 418ms
QTcB: 418ms
PR: 124ms
P-R-T: 61° 34° 44°

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

REPORTED BY

DR SHIVANI ANJALI
MURUG, MD Physician
MD Physician
60017



Printed on 10/24/2024 12:01 PM. This report is generated by the ECG machine and should be read in conjunction with the clinical history, physical examination, and review of other studies and laboratory tests. The information on this report is for informational purposes only and should not be used for medical decisions. © 2024 Tricog. All rights reserved.

SUBURBAN
DIAGNOSTICS
PRECISE TESTING. REAL-PATIENT LYING

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Name : Mr DALVI G SANJAY
Age / Sex : 49 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 10-Feb-2024
Reported : 10-Feb-2024 / 11:34

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 9.8 x 3.9 cm. Left kidney measures 9.5 x 4.2 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 2.6 x 3.8 cm in dimension and 16 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=2024021010092484>

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Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 10-Feb-2024
Reported : 10-Feb-2024 / 11:34

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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Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 10-Feb-2024
Reported : 10-Feb-2024 / 15:48

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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

[Click here to view images <<ImageLink>>](#)

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

EMAIL:

800 (2404122692) / SANJAY G DALVI / 49 Yrs / M / 159 Cms / 56 Kg
 Date: 10 / 02 / 2024 11:24:07 AM

Report



Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	HRP	PVC	Comments
Supine	00:03	0:03	00.0	00.0	01.0	079	46%	110/80	086	00	
Standing	00:10	0:07	00.0	00.0	01.0	079	46%	110/80	086	00	
HV	00:16	0:06	00.0	00.0	01.0	085	50%	110/80	093	00	
ExStart	00:30	0:14	00.0	00.0	01.0	084	49%	110/80	092	00	
BRUCE Stage 1	03:30	3:00	01.7	10.0	04.7	141	82%	130/80	193	00	
PeakEx	04:07	0:37	02.5	12.0	05.2	149	87%	130/80	193	00	
Recovery	05:07	1:00	00.0	00.0	01.0	117	68%	120/80	140	00	
Recovery	06:07	2:00	00.0	00.0	01.0	105	61%	120/80	125	00	
Recovery	07:07	3:00	00.0	00.0	01.0	104	61%	120/80	124	00	
Recovery	07:09	3:03	00.0	00.0	01.0	104	61%	120/80	124	00	

FINDINGS :

Exercise Time : 03:37
 Initial HR (ExStrt) : 84 bpm 49% of Target 171
 Initial BP (ExStrt) : 110/80 (mm/Hg)
 Max Workload Attained : 5.2 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : V1 & -0.9 mm in Recovery
 History : No
 Test End Reasons : Heart Rate Achieved

Max HR Attained 149 bpm 87% of Target 171
 Max BP Attained 130/80 (mm/Hg)

Dr. SHAILAJA PILLAI

M.D. (C.MED)

R.NO. 33972

Doctor : DR. SHAILAJA PILLAI

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

REPORT



EMail:
80075ANKUJAY G DALVI / 49 Yrs / M / 159 Cms / 56 Kg Date: 10 / 02 / 2024 11:24:07 AM

REPORT :

Sample Name Stress Test Graded Exercise Treadm

PROCEDURE DONE: Graded exercise treadmill stress test

STRESS ECG RESULTS: The initial HR was recorded as 79.0 bpm, and the maximum predicted Target Heart Rate 171.0. The BP increased at the time of generating report as 130.0/80.0 mmHg. The Max Dep went upto 0.3. 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)

R.NO. 43972

Doctor : DR. SHAILAJA PILLAI

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

800 (2404 123892) / SANJAY G DALVI / 49 Yrs / M / 159 Cms / 56 Kg / HR : 78

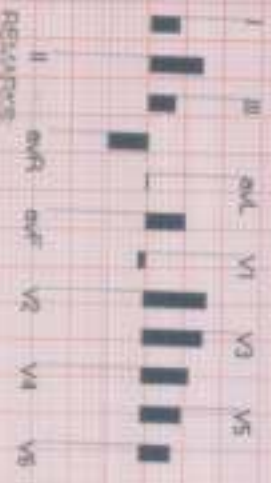
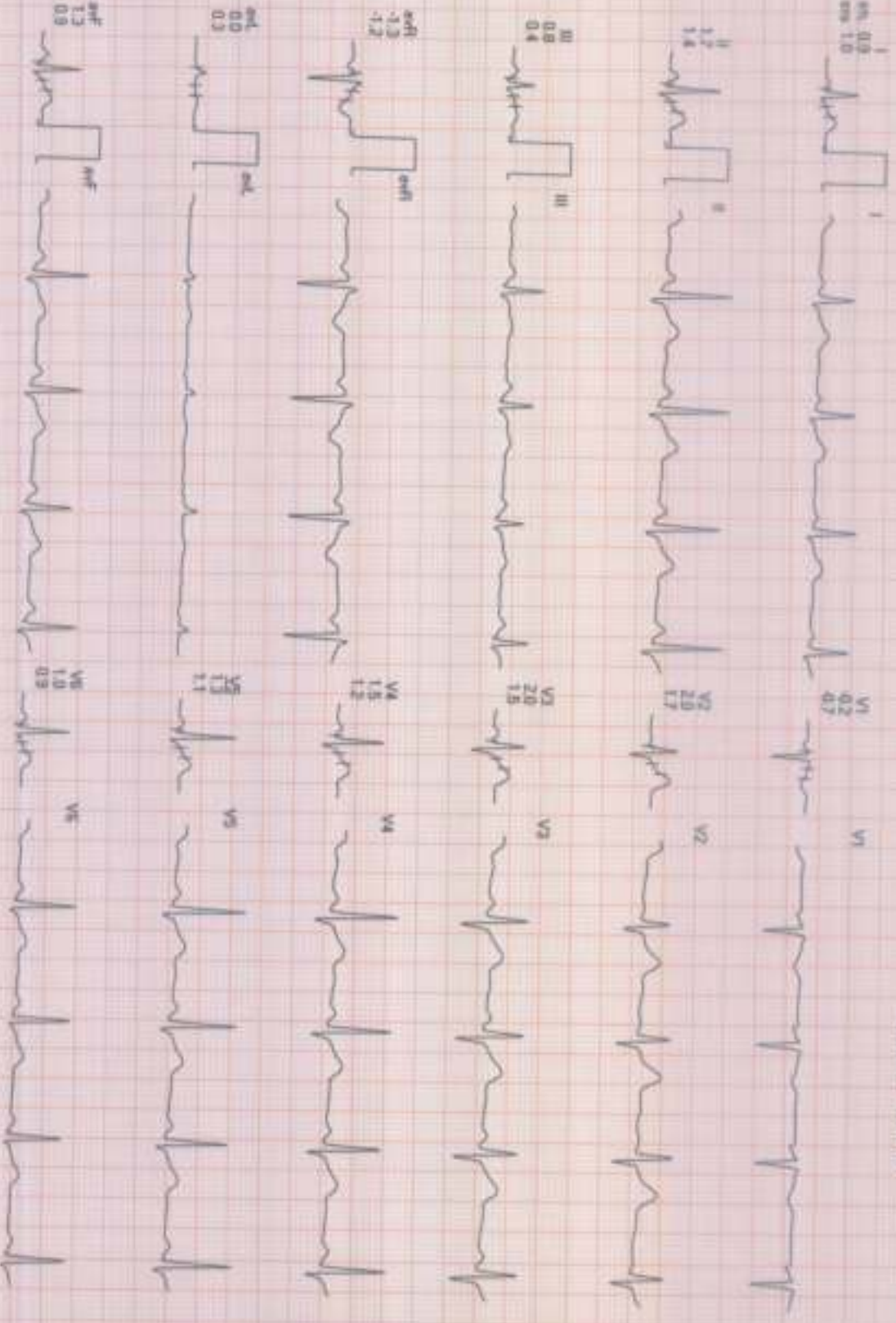
Date: 10/02/2024 11:24:07 AM METS: 1.0/78 bpm 46% of THR BP: 110/88 mmHg Pw/ECG/BLD ON/NOCH ON/HR 0.05/HAUTE 35. Hz

DX: 8048 Pw/1

SUPINE (00:01)



ExTime: 00:00 0.0 mgtk 0.0%
25 mm/Sec. 1.0 Cm/Div



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

800 (2404122832) / SANJAY G DALVI / 49 Yrs / M / 159 Cms / 58 Kg / HR : 79

Date: 10/02/2024 11:24:07 AM METS: 1.0/79 bpm 48% of THR BP: 110/80 mmHg Paw ECG/BLC/DW/Neck DW/HR 0.05 Hz/SP 35 Hz

EXTRIN: 00:00 0.0 mg/L 0.0%
25 mm/Sec 1.0/CalibV

STANDING (00:00)



REMARKS:

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

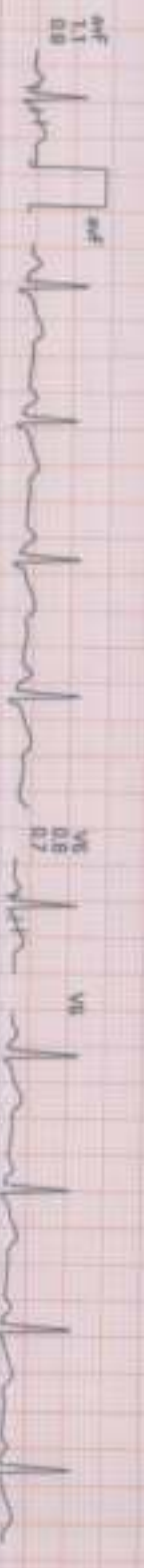
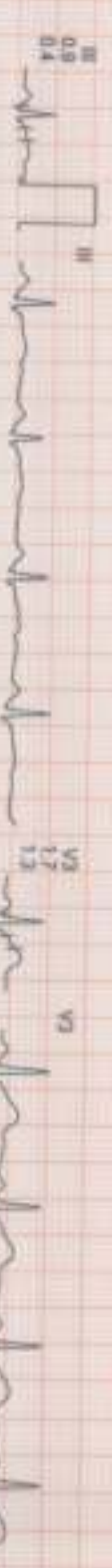
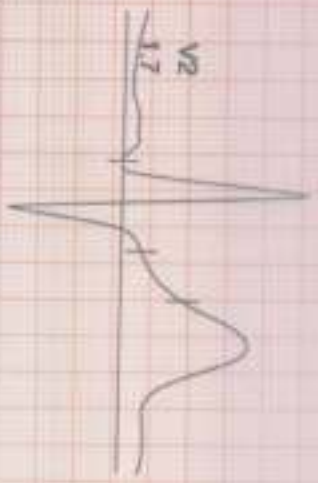
800 (440) 228002 / SANJAY G DALVI / 49 Yrs / M / 159 Cms / 56 Kg / HR: 85

Date: 10/02/2024 11:24:07 AM METS: 1.0/85 bpm 50% of THR BP: 110/80 mmHg Pwv ECG/BLC ON/Needa ON/HR 0.95 Hz/AF 35 Hz
 DX: Sinus Bradycardia

HV (00:00)



EXTIME 00:00:0.0 mVA 0.0%
 25 mm/25 sec 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

800 / SANJAY G DALVI / 49 Yrs / Male / 159 Cm / 56 Kg

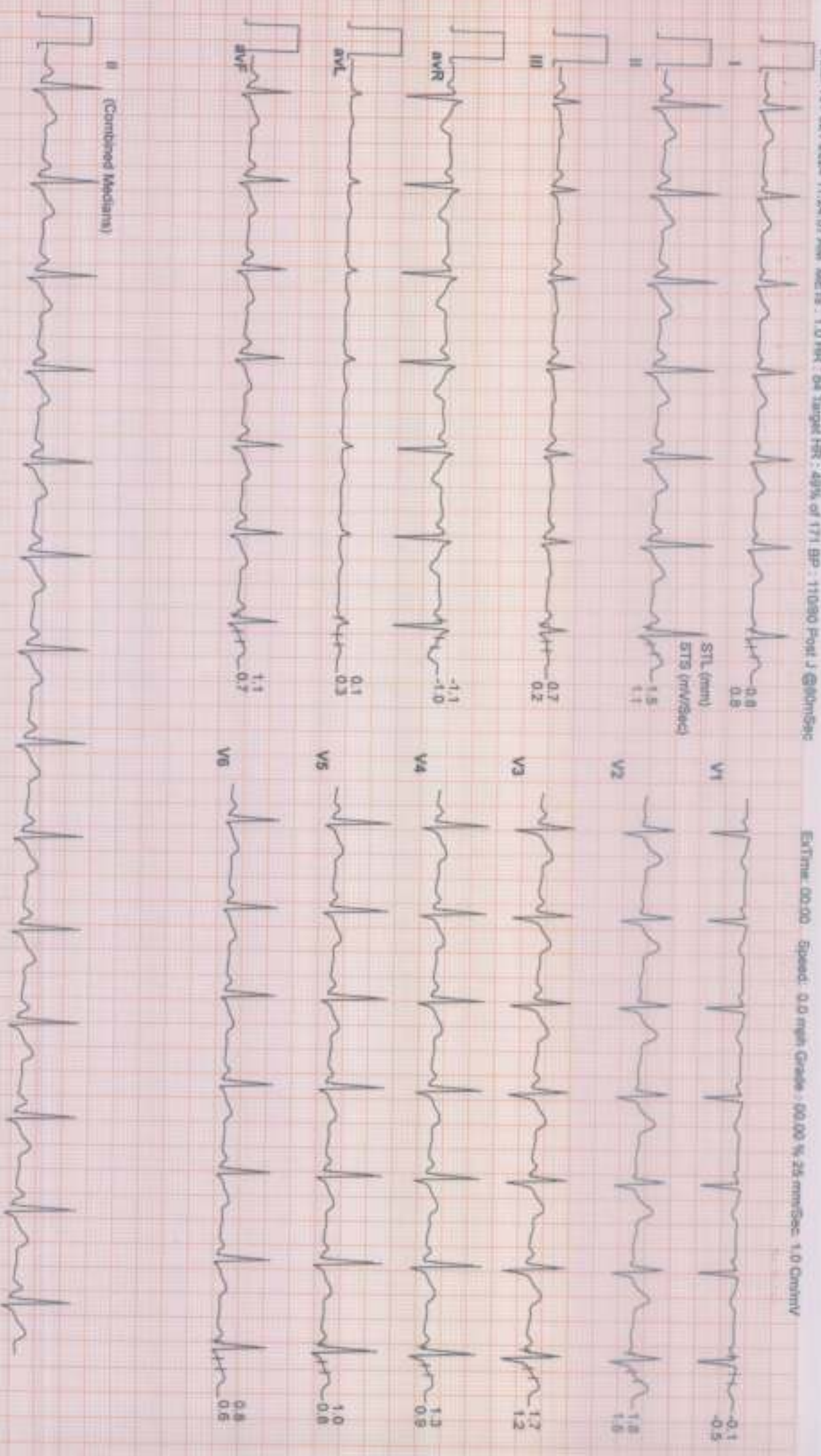
Date: 10 / 02 / 2024 11:24:07 AM METs : 1.0 HR : 64 Target HR : 49% of 171 BP : 110/80 Post J @30mSec

6X2 Combine Medians + 1 Rhythm

EXSt1



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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

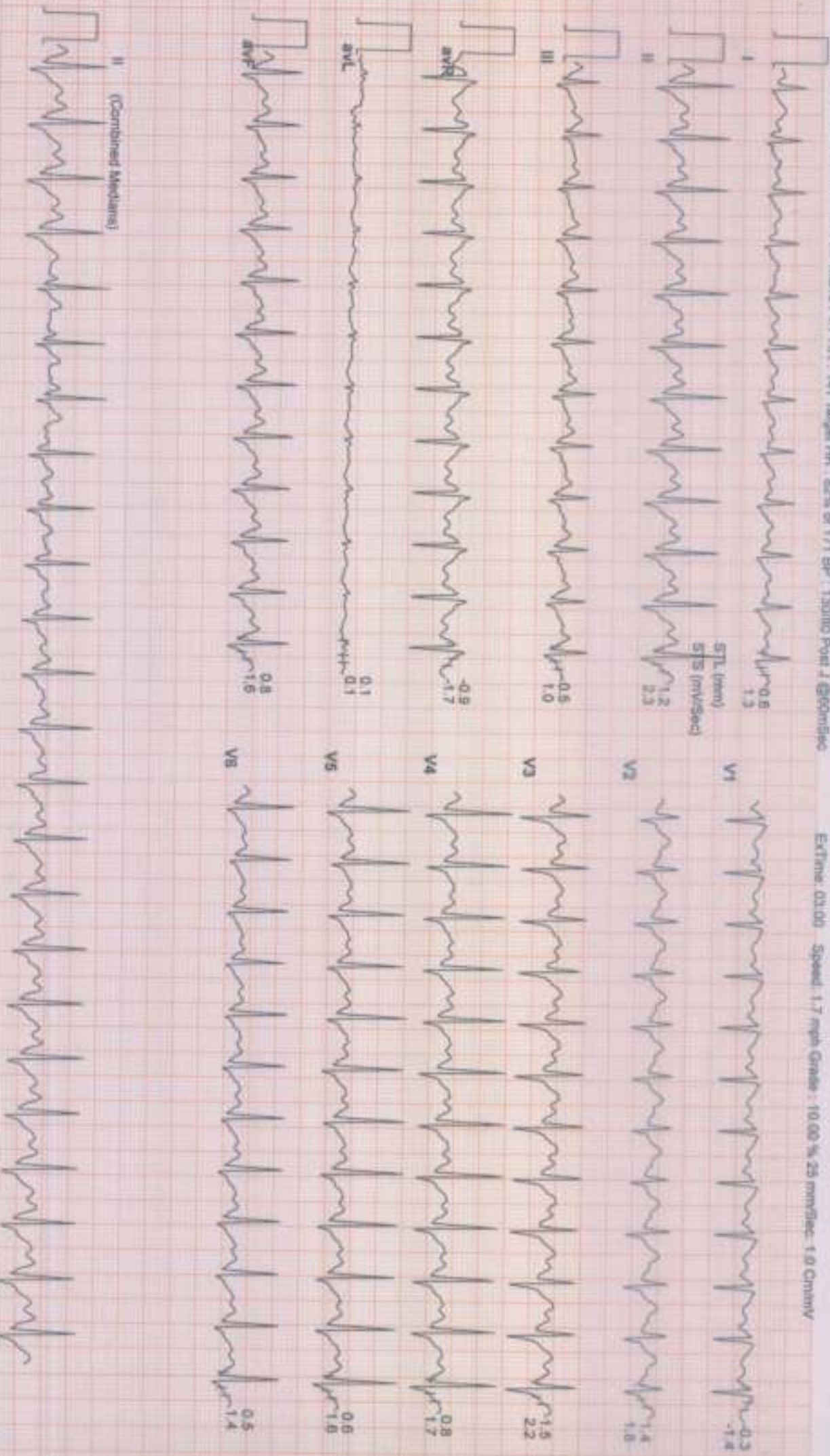
800 / SANJAY G DALVI / 49 Yrs / Male / 159 Cm / 56 Kg

Date: 10 / 02 / 2024 11:26:07 AM METS : 4.7 HR : 141 Target HR : 82% of 171 BP : 130/80 Post J @60mSec

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



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



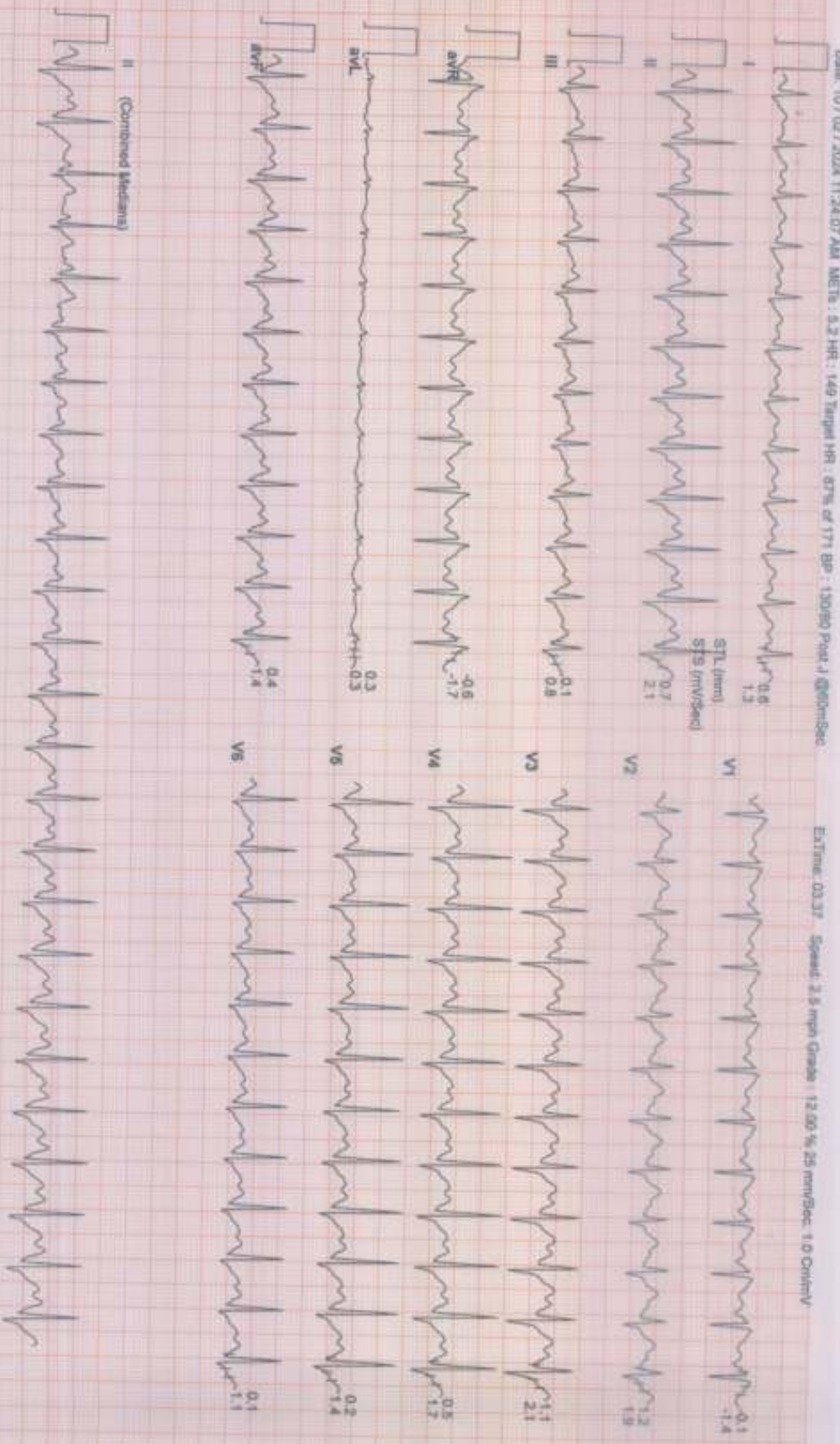
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

800 / SANJAY G DALVI / 49 Yrs / Male / 159 Cm / 56 Kg

Date: 10 / 02 / 2024 11:24:07 AM METS : 5.2 HR : 149 Target HR : 67% of 171 BP : 120/80 Pwd J @50mmSec

ExTime: 03:37 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm PeakEX



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

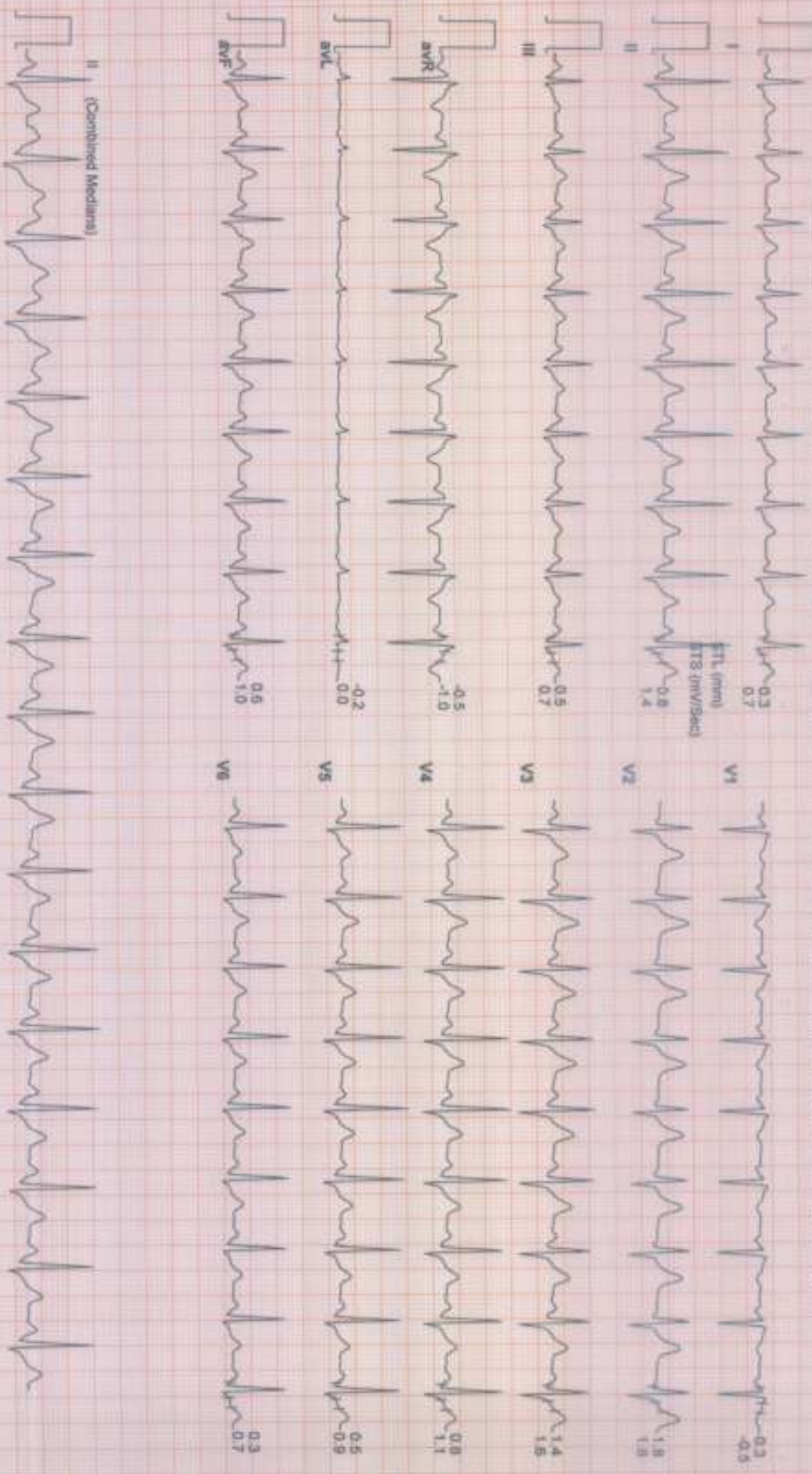
800 / SANJAY G DALVI / 49 Yrs / Male / 159 Cm / 56 Kg

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



Date: 10 / 02 / 2024 11:24:07 AM METR : 1.0 HR : 104 Target HR : 61% of 171 BP : 120/60 Post J @30mSec

ExTime: 03:37 Speed: 0.0 mph Grade: -00.00 % 25 mm/Sec 1.0 Cm/mV



II (Combined Medians)