

MR No. 182028 Patient Name Dr. Dinesh Verma Age 34 Sex M Date 09/11/24

Investigations : (Please Tick)

- CBC
- ESR
- CRP
- S-Vit D3
- S-Vit B12
- RBS
- Sugar - F/PP
- HbA1C
- LFT/KFT
- PT
- INR
- RA Factor
- Anti CCP
- HLA B27
- ANA
- HIV
- HBsAg
- Anti HCV

Vitals

- .P.
- P.R.
- SPO2
- Temp

Medical Illness

- Hypertension
- Diabetes
- Thyroid
- Cardiac Disease
- Drug Allergies

Next Appointment/Follow up

Mob No.

H-170
W-69
BA 123/80
P-92

Surgeon's reference

g
Dr. Bhawna Garg
MBBS, DIP.GO, PGDHA
MEDICAL CO ORDINATOR
RJN Apollo Spectra Hospital
Reg.No. MP18035

Signature :

| | |
|---|---------------------------------|
| Patient NAME : Mr.MUKESH VERMA | Collected : 09/Nov/2024 09:21AM |
| Age/Gender : 34 Y 0 M 0 D /M | Received : 09/Nov/2024 10:14AM |
| UHID/MR NO : ILK.00046718 | Reported : 09/Nov/2024 10:35AM |
| Visit ID : ILK.139016 | Status : Final Report |
| Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED | Client Name : INSTA |

DEPARTMENT OF HEMATOLOGY
COMPLETE BLOOD COUNT- CBC / HAEMOGRAM , WHOLE BLOOD EDTA

| | | | | |
|------------------------------|-------|-------------|------------|--------------|
| Haemoglobin (Hb%) | 14.6 | gm% | 14.0-17.0 | Cyanmeth |
| P.C.V (Hematocrit) | 46.4 | % | 40-54 | Cell Counter |
| RBC Count | 5.0 | Mill./cu mm | 4.00-5.50 | Cell Counter |
| Mean Corpuscular Volume(MCV) | 92.6 | fL | 76-96 | Calculated |
| Mean Corpuscular Hb. (MCH) | 29.1 | pg | 27.0-32.0 | Calculated |
| Mean Corp. Hb. Conc.(MCHC) | 31.5 | g/dl | 30.0-35.0 | Calculated |
| RDW | 13.9 | % | 11-16 | Calculated |
| Total WBC count (TLC) | 6,900 | /cu mm | 4000-11000 | Cell Counter |

Differential Count by Flowcytometry/Microscopy

| | | | | |
|-------------|------|---|-------|--------------|
| Neutrophils | 65.2 | % | 50-70 | Cell Counter |
| Lymphocytes | 24.5 | % | 20-40 | |
| Monocytes | 5.5 | % | 01-10 | Cell Counter |
| Eosinophils | 4.3 | % | 01-06 | Cell Counter |
| Basophils | 0.5 | % | 00-01 | Cell Counter |

Absolute Leucocyte Count

| | | | | |
|-------------------|-------|----------|-------------|--------------|
| Neutrophil (Abs.) | 4,499 | per cumm | 2000 - 8000 | Calculated |
| Lymphocyte (Abs.) | 1690 | per cumm | 600-4000 | Calculated |
| Monocyte (Abs.) | 379 | per cumm | 0-600 | Calculated |
| Eosinophil (Abs.) | 297 | per cumm | 40-440 | Calculated |
| Basophils (Abs.) | 35 | per cumm | 0-110 | Calculated |
| Platelet Count | 2.95 | Lac/cmm | 1.50-4.00 | Cell Counter |

ERYTHROCYTE SEDIMENTATION RATE (ESR)

| | | | | |
|--------------------------------------|----|------------|------|--------------|
| Erythrocyte Sedimentation Rate (ESR) | 18 | mm 1st hr. | 0-20 | Wester Green |
|--------------------------------------|----|------------|------|--------------|



 Dr. Sarita Pathak
 MD. Path

 SIN NO :1053175 **RJN Apollo Spectra Hospitals**

18, Vikas Nagar, Near Sai Baba Temple, Gwalior - 474009 (M.P.) Ph.: 0751-2454600, Mob. : 8269663137, Email: ipc.rjn@gmail.com

 • Results may vary from lab to lab and from time to time for the same parameter for the same patient • Assays are performed in accordance with standard procedures.
 • In case of disparity test may be repeated immediately. • This report is not valid for medico legal purpose.

SECRET X

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DEPARTMENT OF HEMATOLOGY

BLOOD GROUPING(A,B,O) AND RH FACTOR , WHOLE BLOOD EDTA

| | | | | |
|----------------|----------|--|--|--------------------------|
| Blood Grouping | B | | | Slide/Tube Agglutination |
| Rh (D) Type | POSITIVE | | | Slide/Tube Agglutination |

BLOOD PICTURE - PERIPHERAL SMEAR EXAMINATION , WHOLE BLOOD EDTA

RBC'S : Normocytic Normochromic RBC's.
 No cytoplasmic inclusions or hemoparasite seen.

WBC'S : Normal in number , morphology and distribution. No toxic granules seen.
 No abnormal cell seen.

PLATELETS : Adequate on smear .

IMPRESSION ; NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



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| | |
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| UHID/MR NO : ILK.00046718 | Reported : 09/Nov/2024 11:25AM |
| Vjsit ID : ILK.139016 | Status : Final Report |
| Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED | Client Name : INSTA |

DEPARTMENT OF BIOCHEMISTRY-ROUTINE

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

GLUCOSE - FASTING (FBS) , NAF PLASMA

| | | | | |
|-----------------|-------|-------|--------|-----------|
| Fasting Glucose | 105.0 | mg/dL | 65-110 | God - Pod |
|-----------------|-------|-------|--------|-----------|

Ref.for Biological Reference Intervals: American Diabetic Assiosation.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) , FLUORIDE PLASMA

| | | | | |
|-----------------------|-------|-------|--------|-----------------------------------|
| Post Prandial Glucose | 116.0 | mg/dL | 90-140 | 2hrs. after...gm glucose/lunch |
|-----------------------|-------|-------|--------|-----------------------------------|

Ref.for Biological Reference Intervals: American Diabetic Assiosation.




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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|------|--|------------|
| GLYCOSYLATED HAEMOGLOBIN (GHB/HBA1C) , WHOLE BLOOD EDTA | | | | |
| Glycosylated Haemoglobin HbA1c | 5.2 | % | Normal: <5.7 Pre-Diabetes: 5.7-6.4 Diabetes: 6.5 | H P L C |
| Approximate mean plasma glucose | 102.54 | | | Calculated |

Ref.for Biological Reference Intervals: American Diabetes Association.

INTERPRETATION:

The A1C test measures your average blood glucose for the past 2 to 3 months. Diabetes is diagnosed at an A1C of greater than or equal to 6.5%.

Therapeutic goals for glycemc control (ADA)

-Adults:

- Goal of therapy: <7.0% HbA1c
- Action suggested: >8.0% HbA1c

-Pediatric patients:

- Toddlers and preschoolers: <8.5% (but >7.5%)
- School age (6-12 years): <8%
- Adolescents and young adults (13-19 years): <7.5%




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DEPARTMENT OF BIOCHEMISTRY-ROUTINE

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|--------|-----------------|----------------------|
| COMPLETE KIDNEY PROFILE (RFT/KFT) , SERUM | | | | |
| Urea | 14.57 | mg/dL | 13.0-43.0 | Urease |
| Creatinine | 0.7 | mg/dL | 0.5-1.3 | Enzymatic |
| Uric Acid | 5.5 | mg/dL | 3.5-7.2 | Urease |
| Sodium | 140.0 | Meq/L | 135-155 | Direct ISE |
| Potassium | 4.2 | Meq/L | 3.5-5.5 | Direct ISE |
| Chloride | 103.0 | mmol/L | 96-106 | Direct ISE |
| Calcium | 9.2 | mg/dL | 8.6-10.0 | OCPC |
| Phosphorous | 2.8 | mg/dL | 2.5-5.6 | PMA Phenol |
| BUN | 6.81 | mg/dL | 6.0-20.0 | Reflect Spectrophoto |



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| DATE | DESCRIPTION | AMOUNT | BALANCE |
|------|-------------|--------|---------|
| 1/1 | Balance | | |
| 1/2 | ... | | |
| 1/3 | ... | | |
| 1/4 | ... | | |
| 1/5 | ... | | |
| 1/6 | ... | | |
| 1/7 | ... | | |
| 1/8 | ... | | |
| 1/9 | ... | | |
| 1/10 | ... | | |
| 1/11 | ... | | |
| 1/12 | ... | | |
| 1/13 | ... | | |
| 1/14 | ... | | |
| 1/15 | ... | | |
| 1/16 | ... | | |
| 1/17 | ... | | |
| 1/18 | ... | | |
| 1/19 | ... | | |
| 1/20 | ... | | |
| 1/21 | ... | | |
| 1/22 | ... | | |
| 1/23 | ... | | |
| 1/24 | ... | | |
| 1/25 | ... | | |
| 1/26 | ... | | |
| 1/27 | ... | | |
| 1/28 | ... | | |
| 1/29 | ... | | |
| 1/30 | ... | | |
| 1/31 | ... | | |

STATE OF TEXAS
COUNTY OF ...

...

| | |
|---|---------------------------------|
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DEPARTMENT OF BIOCHEMISTRY-ROUTINE

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

LIPID PROFILE , SERUM

| Type OF Sample | SERUM F | | | |
|-----------------------|--------------|-------|---|----------------------|
| Total Cholesterol | 219.0 | mg/dl | up to 200 | End Point |
| Total Triglycerides | 142.0 | mg/dL | Borderline High Risk : 150-199 High Risk: 200-499 Very High Risk: >500 | End Point |
| HDL Cholesterol | 45.0 | mg/dL | Optimal: >55 Border Line High Risk: 35-55 High Risk:- <35 | Reflect Spectrothoto |
| Non - HDL Cholesterol | 174 | mg/dL | <130 | |
| LDL Cholesterol | 145.6 | mg/dL | 49-172 | Reflect Spectrothoto |
| VLDL Cholesterol | 28.4 | mg/dL | 5.0-40.0 | Reflect Spectrothoto |
| Chol / HDL Ratio | 4.87 | | Low Risk : 3.3-4.4 Average Risk : 4.5-7.1 Moderate Risk : 7.2-11.0 High Risk : >11.0 | CALCULATED |

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 MD. Path



X
PRESS
FALSA

| NO | DATE | DESCRIPTION | AMOUNT |
|----|---------|-------------|--------|
| 1 | 1/1/20 | ... | ... |
| 2 | 1/2/20 | ... | ... |
| 3 | 1/3/20 | ... | ... |
| 4 | 1/4/20 | ... | ... |
| 5 | 1/5/20 | ... | ... |
| 6 | 1/6/20 | ... | ... |
| 7 | 1/7/20 | ... | ... |
| 8 | 1/8/20 | ... | ... |
| 9 | 1/9/20 | ... | ... |
| 10 | 1/10/20 | ... | ... |
| 11 | 1/11/20 | ... | ... |
| 12 | 1/12/20 | ... | ... |
| 13 | 1/13/20 | ... | ... |
| 14 | 1/14/20 | ... | ... |
| 15 | 1/15/20 | ... | ... |
| 16 | 1/16/20 | ... | ... |
| 17 | 1/17/20 | ... | ... |
| 18 | 1/18/20 | ... | ... |
| 19 | 1/19/20 | ... | ... |
| 20 | 1/20/20 | ... | ... |
| 21 | 1/21/20 | ... | ... |
| 22 | 1/22/20 | ... | ... |
| 23 | 1/23/20 | ... | ... |
| 24 | 1/24/20 | ... | ... |
| 25 | 1/25/20 | ... | ... |
| 26 | 1/26/20 | ... | ... |
| 27 | 1/27/20 | ... | ... |
| 28 | 1/28/20 | ... | ... |
| 29 | 1/29/20 | ... | ... |
| 30 | 1/30/20 | ... | ... |

Total

...

...

...

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DEPARTMENT OF BIOCHEMISTRY-ROUTINE

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|--------|-------|-----------------|----------------------|
| LIVER FUNCTION TEST (LFT) WITH GGT , SERUM | | | | |
| Total Bilirubin | 0.7 | mg/dL | 0.2-1.2 | Jendrassik-Grof |
| Direct Bilirubin | 0.1 | mg/dL | 0.0-0.3 | Jendrassik-Grof |
| Indirect Bilirubin | 0.6 | mg/dL | 0.0-0.9 | Calculated |
| SGOT / AST | 18.0 | U/L | 1-30 | UV Kinetic (IFCC) |
| SGPT / ALT | 23.0 | U/L | 1-45 | UV Kinetic (IFCC) |
| Alkaline Phosphatase | 89.0 | U/L | 43-115 | PNPP |
| Gamma Glutaryl Transferase (GGT) | 21.0 | U/L | 0.0-55.0 | Reflect Spectrophoto |
| Total Protein | 8.0 | g/dl | 6.4-8.3 | Biuret |
| Albumin | 4.8 | g/dL | 3.5-5.2 | BCG |
| Globulin | 3.2 | g.dl | 2.0-3.5 | Calculated |
| A/G Ratio | 1.50 | % | 1.0-2.3 | Calculated |

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|---|---------------------------------|
| Patient NAME : Mr.MUKESH VERMA | Collected : 09/Nov/2024 09:21AM |
| Age/Gender : 34 Y 0 M 0 D /M | Received : 09/Nov/2024 12:48PM |
| UHID/MR NO : ILK.00046718 | Reported : 09/Nov/2024 02:28PM |
| Visit ID : ILK.139016 | Status : Final Report |
| Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED | Client Name : INSTA |

DEPARTMENT OF BIOCHEMISTRY-SPECIAL

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

THYROID PROFILE-I , SERUM

| | | | | |
|-----------------------------------|-------|--------|-----------|--------------------|
| Trilodothyronine Total (TT3) | 1.46 | ng/dL | 0.6-1.8 | Chemilluminescence |
| Thyroxine (TT4) | 8.52 | µg/dL | 4.5-10.9 | Chemilluminescence |
| Thyroid Stimulating Hormone (TSH) | 2.091 | µIU/ml | 0.35-5.50 | Chemilluminescence |

COMMENT :- Above mentioned reference ranges are standard reference ranges.

AGE RELATED GUIDLINES FOR REFERENCE RANGES FOR TSH

| TSH | NEW BORN | INFANT | CHILD | ADULT |
|-----------|-----------|---------|---------|---------|
| (u IU/ml) | 0.52-38.9 | 1.7-9.1 | 0.7-6.4 | 0.3-5.6 |

PREGNANCY RELATED GUIDLINES FOR REFERENCE RANGES FOR TSH

| TSH | 1st Trimester | 2nd & 3rd Trimester |
|-----------|---------------|---------------------|
| (u IU/ml) | 0.2 - 2.5 | 0.3 - 3.0 |

NOTE: TSH levels are subject to circadian variation, reaching peak levels between 2-4 AM and at a minimum between 6-10 PM. Dose and time of drug intake also influence the test result.

Ultrasensitive kits used.

Serum T3/ FT3 , T4/FT4 and TSH measurements form three components of thyroid screening panel.

- Primary hypothyroidism is accompanied by elevated serum T3 & T4 values alongwith depressed TSH level.
- Primary hypothyroidism is accompanied by elevated serum T3 & T4 values & elevated serum TSH level.
- Normal T3 & T4 levels with high TSH indicate mild / subclinical HYPOTHYROIDISM.
- slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol .
- Although elevated TSH levels are nearly always indicative of primary hypothyroidism. Rarely they can result from TSH secreting pituitary tumours (secondary hyperthyroidism).

Sarita Pathak

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 MD. Path



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 Received : 09/Nov/2024 10:14AM
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 Client Name : INSTA

DEPARTMENT OF CLINICAL PATHOLOGY

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

CUE - COMPLETE URINE ANALYSIS , URINE

Physical Examination

| | | | | |
|------------------|-------------|--|-------------|----------|
| Colour | PALE YELLOW | | | Visual |
| Appearance | Clear | | | Visual |
| pH | 6.0 | | 5.0-7.5 | Dipstick |
| Specific Gravity | 1.030 | | 1.002-1.030 | Dipstick |

Chemical Examination

| | | | | |
|------------------------------|--------|--|--------|--------------------|
| Albumin Urine/ Protein Urine | NIL | | NIL | Dipstick/Heat Test |
| Glucose Urine | NIL | | NIL | Dipstick/Benedict |
| Urobilinogen | NIL | | NIL | Dipstick/Ehrlichs |
| Ketones | NIL | | NIL | Dipstick/Rotheras |
| Bile Salts | ABSENT | | ABSENT | Dipstick |
| Bile Pigments | ABSENT | | ABSENT | Dipstick/Fouchets |
| Nitrite | ABSENT | | ABSENT | Dipstick |

Microscopic Examination.

| | | | | |
|---------------------|------------------|------|------------------|--|
| Pus Cells | 2-3 | /Hpf | 0-2 | |
| Epithelial Cells | 1-2 | Hpf | <10 | |
| RBC | ABSENT | /Hpf | ABSENT | |
| Casts | ABSENT | | ABSENT | |
| Crystals | ABSENT | | ABSENT | |
| Bacteria | NORMALLY PRESENT | | NORMALLY PRESENT | |
| Budding Yeast Cells | Absent | | Absent | |

URINE SUGAR FASTING , URINE

| | | | | |
|---------------------|-----|--|-----|--|
| Fasting Urine Sugar | NIL | | NIL | |
|---------------------|-----|--|-----|--|

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DEPARTMENT OF CLINICAL PATHOLOGY

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|--|--------|------|-----------------|--------|
| URINE SUGAR (POST PRANDIAL) , URINE(PP) | | | | |
| URINE SUGAR (P. P.) | NIL | | NIL | |

*** End Of Report ***




Dr. Sarita Pathak
MD. Path

VERMA, MUKESH
 Patient ID 182026
 11/09/2024 Male
 10:31:42am 34yrs Indian
 Meds:

Tabular Summary

RATAN JYOTI DALMIA HEART INSTITUTE.

BRUCE: Total Exercise Time 06:38
 Max HR: 157 bpm 84% of max predicted 186 bpm HR at rest: 117
 Max BP: 130/90 mmHg Max RPP: 18070 mmHg*bpm
 Maximum Workload: 13.00 METS
 Max. ST: -0.75 mm, 0.00 mV/s in III; EXERCISE STAGE 4 06:38
 Arrhythmia: A:48, PVC:1, PSVC:1
 ST/HR index: 1.97 μ V/bpm
 Location Number: * 0 *



Test Reason:
 Medical History:

Ref. MD: Ordering MD:
 Technician: Test Type:
 Comment:

| Phase Name | Stage Name | Time in Stage | Speed (mph) | Grade (%) | Workload (METS) | HR (bpm) | BP (mmHg) | RPP (mmHg*bpm) | VE (/min) | ST Level (III mm) | Comment |
|------------|------------|---------------|-------------|-----------|-----------------|----------|-----------|----------------|-----------|-------------------|---------|
| PRETEST | SUPINE | 00:43 | 0.50 | 0.00 | 1.2 | 121 | | | 0 | 0.50 | |
| EXERCISE | STAGE 1 | 02:06 | 2.20 | 0.00 | 2.6 | 126 | | | 0 | 0.25 | |
| | STAGE 2 | 02:05 | 3.00 | 12.00 | 8.2 | 137 | 120/80 | 16440 | 0 | 0.05 | |
| | STAGE 3 | 01:55 | 3.80 | 14.00 | 11.2 | 153 | 130/90 | 19890 | 0 | -0.20 | |
| | STAGE 4 | 00:34 | 4.60 | 16.00 | 13.0 | 155 | | | 0 | -0.75 | |
| RECOVERY | | 03:03 | 0.00 | 0.00 | 1.0 | 121 | 120/80 | 14520 | 0 | -0.10 | |

Test is Negative for exercise induced ischemia.

Dr. Dhishank Sharma
 MBBS, MD (Medical Cardiology)
 Consultant in Cardiology
 Rishi Chakra Hospital
 Sector 17, Gurgaon
 Haryana

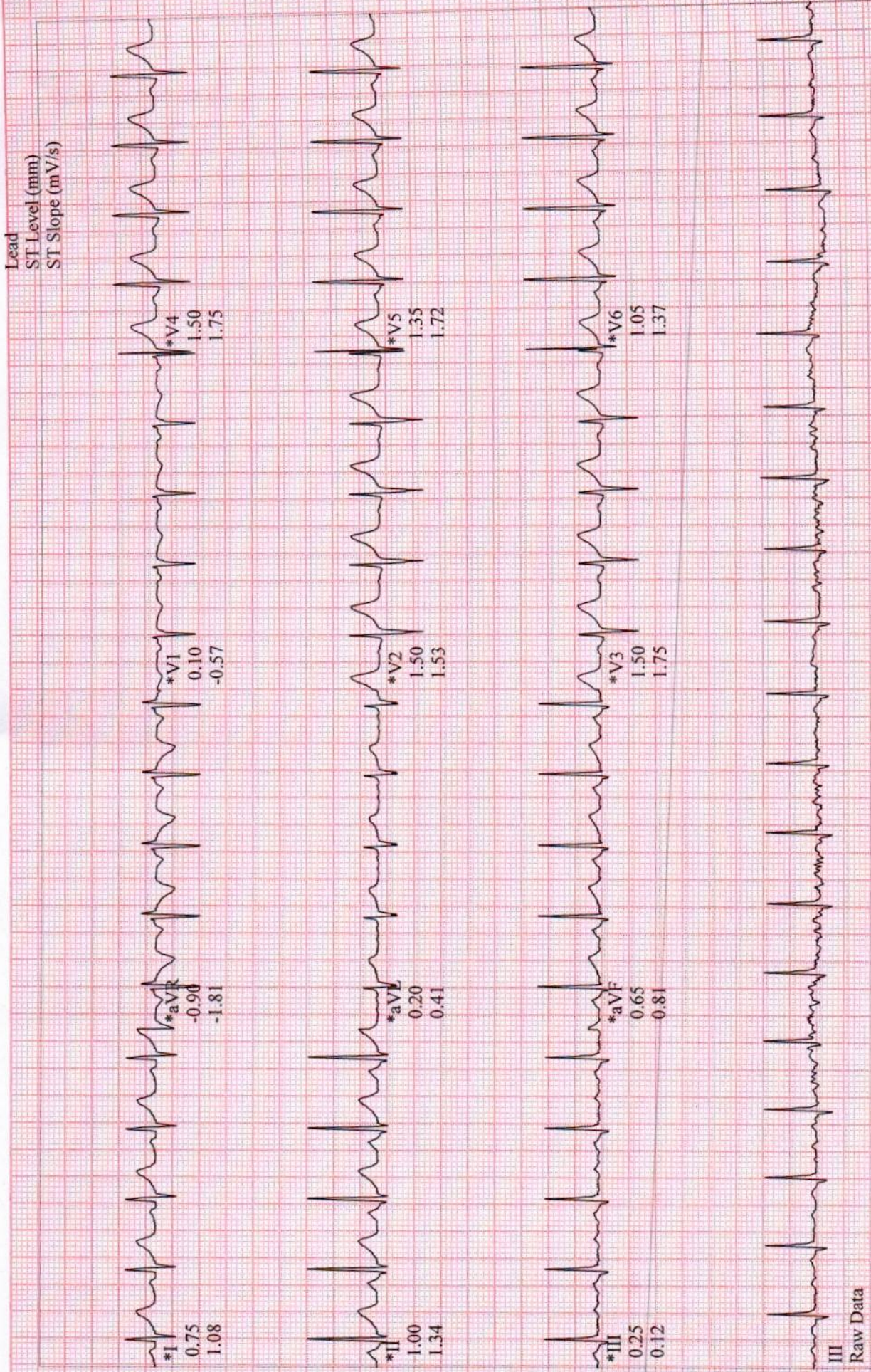
VERMA, MUKESH
Patient ID 182026
11/09/2024
10:32:09am

117 bpm

Linked Medians
PRETEST
SUPINE
00:25

BRUCE
0.0 mph
0.0 %

RATAN JYOTI DALMIA HEART INSTITUTE,



*Computer Synthesized Rhythms

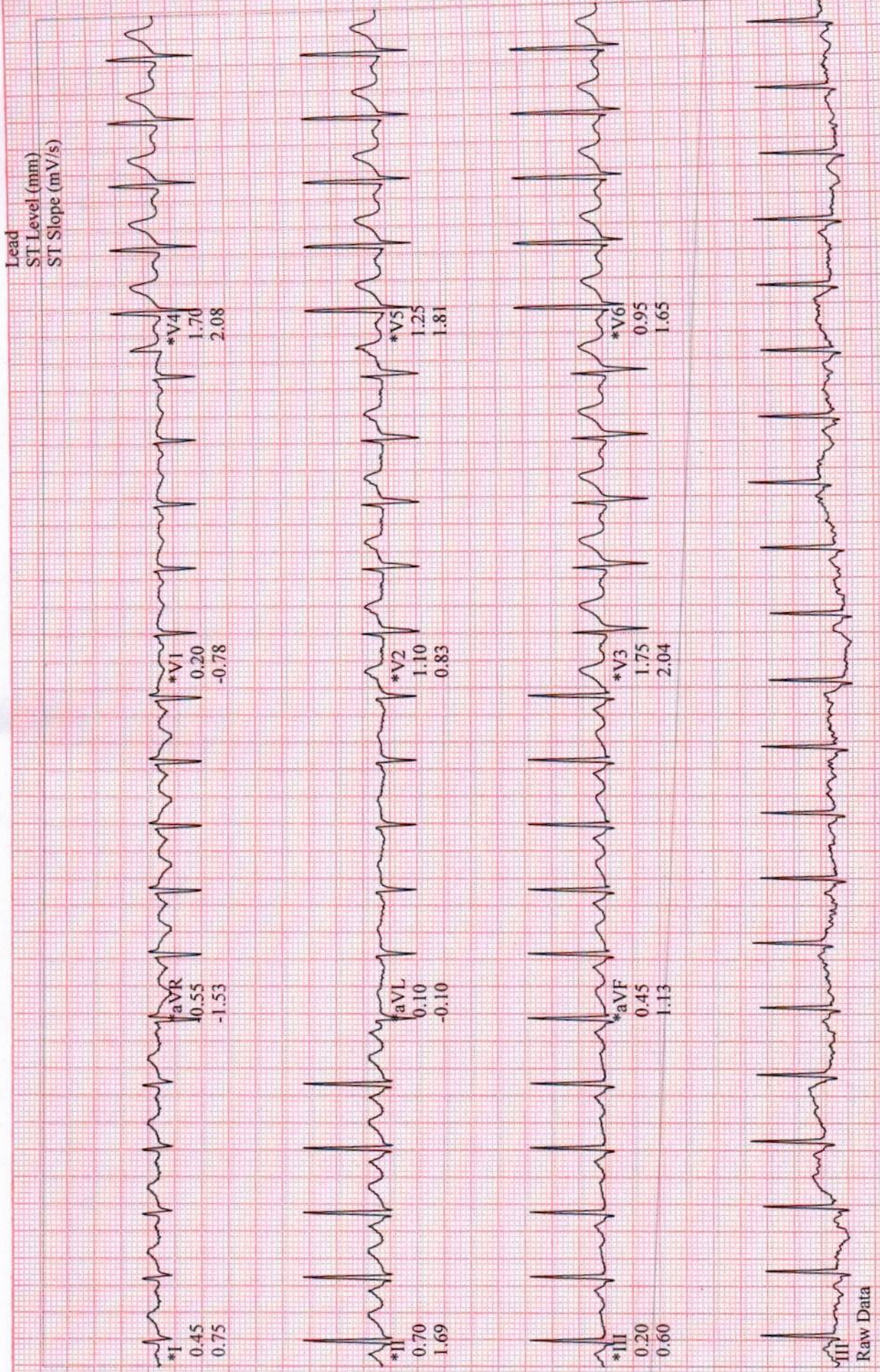
VERMA, MUKESH
Patient ID 182026
11/09/2024
10:34:30am

Linked Medians
EXERCISE
STAGE 1
02:03

125 bpm

BRUCE
2.2 mph
0.0 %

RATAN JYOTI DALMIA HEART INSTITUTE,



*Computer Synthesized Rhythms

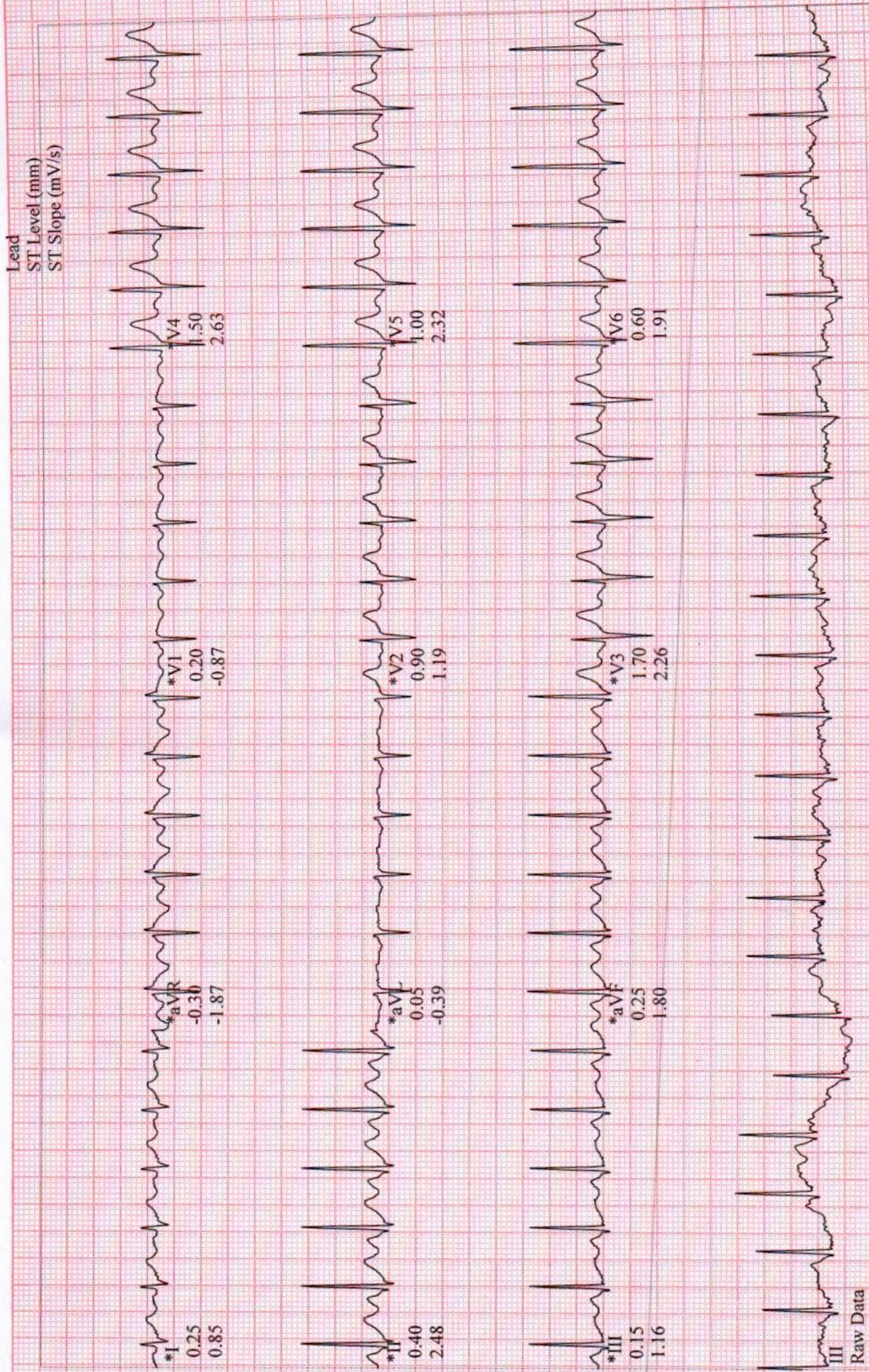
VERMA, MUKESH
Patient ID 182026
11/09/2024
10:36:34am

Linked Medians
EXERCISE
STAGE 2
04:07

137 bpm

BRUCE
3.0 mph
12.0 %

RATAN JYOTI DALMIA HEART INSTITUTE,



*Computer Synthesized Rhythms

VERMA, MUKESH
Patient ID 182026
11/09/2024
10:38:28am

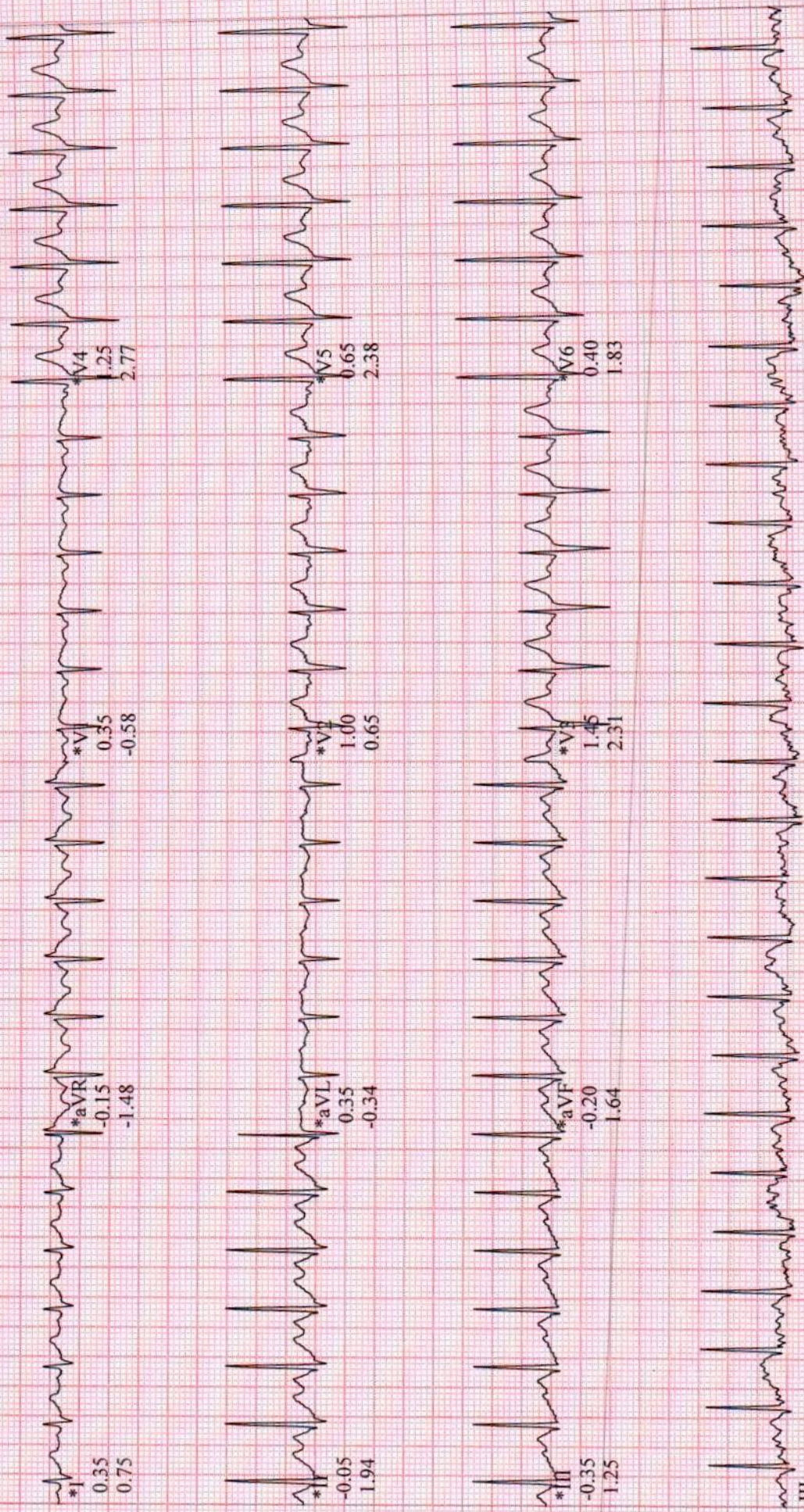
153 bpm

Linked Medians
EXERCISE
STAGE 3
06:01

BRUCE
3.8 mph
14.0 %

RATAN JYOTI DALMIA HEART INSTITUTE,

Lead
ST Level (mm)
ST Slope (mV/s)



III
Raw Data

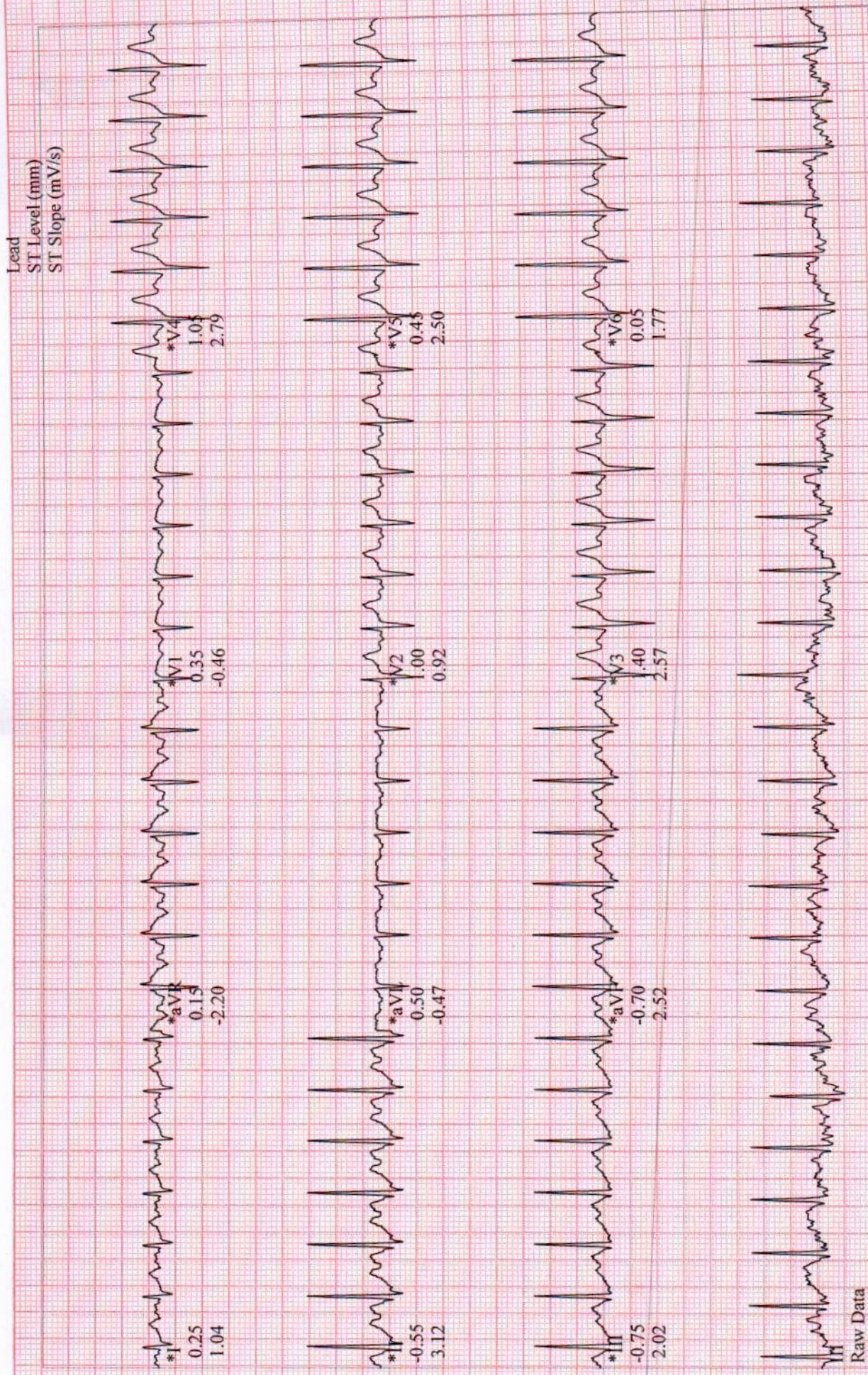
*Computer Synthesized Rhythms

VERMA, MUKESH
Patient ID 182026
11/09/2024
10:39:04am

Linked Medians (PEAK EXERCISE)
EXERCISE STAGE 4
06:38
BRUCE
4.6 mph
16.0 %

155 bpm

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*Computer Synthesized Rhythms

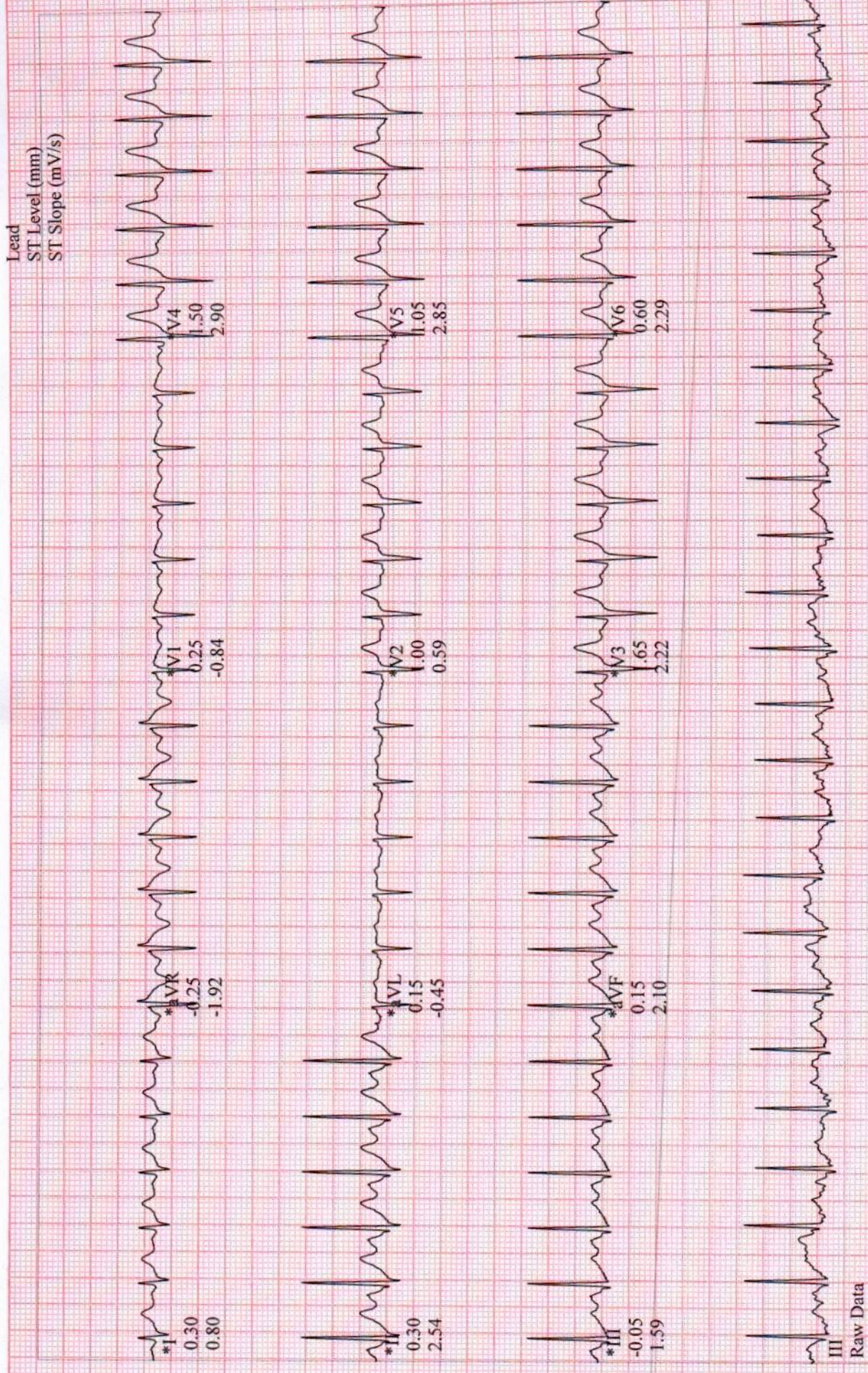
VERMA, MUKESH
Patient ID 182026
11/09/2024
10:39:55am

144 bpm

Linked Medians
RECOVERY
#1
00:50

BRUCE
1.5 mph
0.0 %

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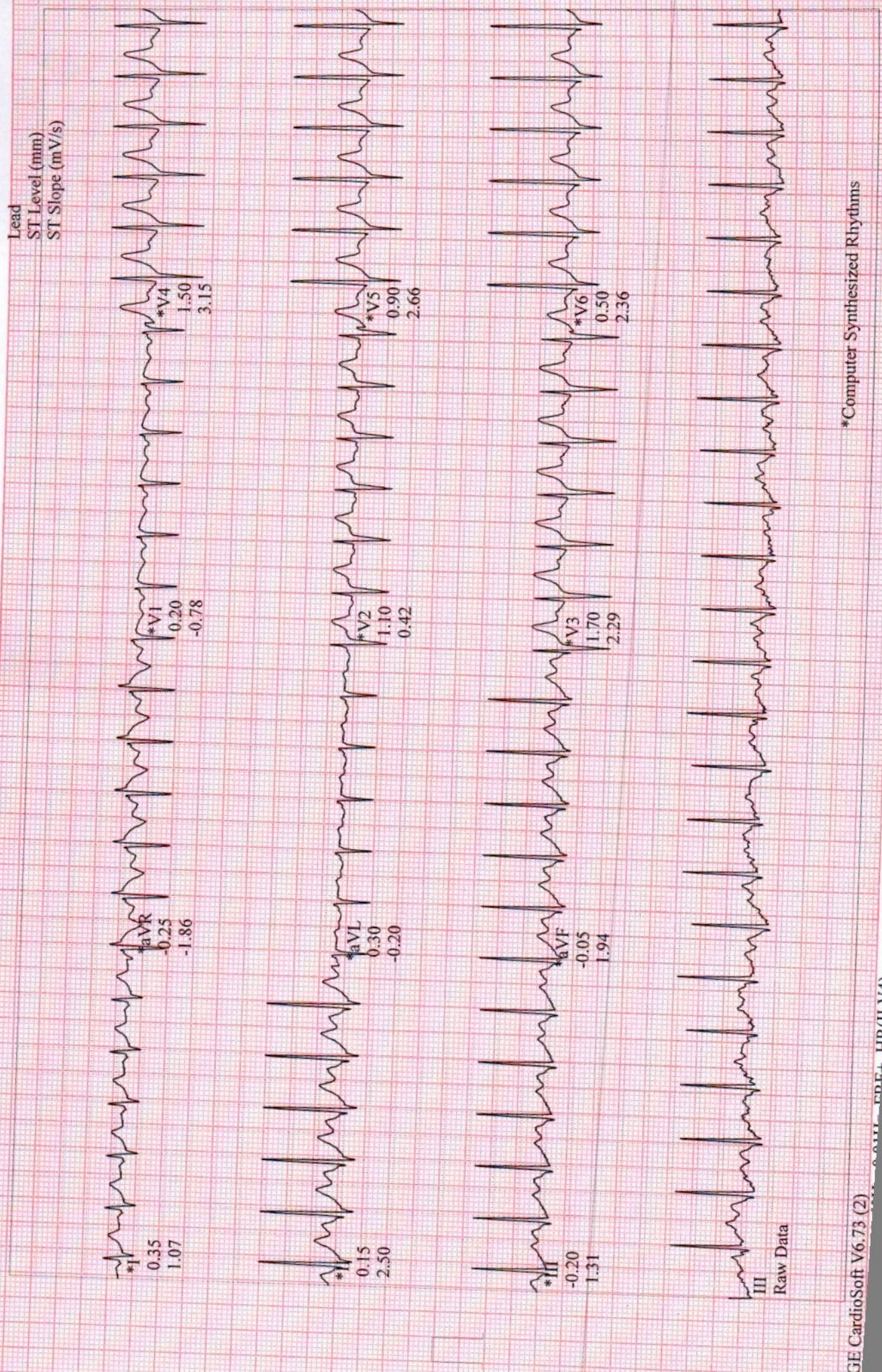
*Computer Synthesized Rhythms

VERMA, MUKESH
Patient ID 182026
11/09/2024
10:40:04am

Linked Medians
RECOVERY
#1
01:00

BRUCE
1.5 mph
0.0 %

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GE CardioSoft V6.73 (2)

*Computer Synthesized Rhythms

Start of Test: 10:31:42am

Page 9

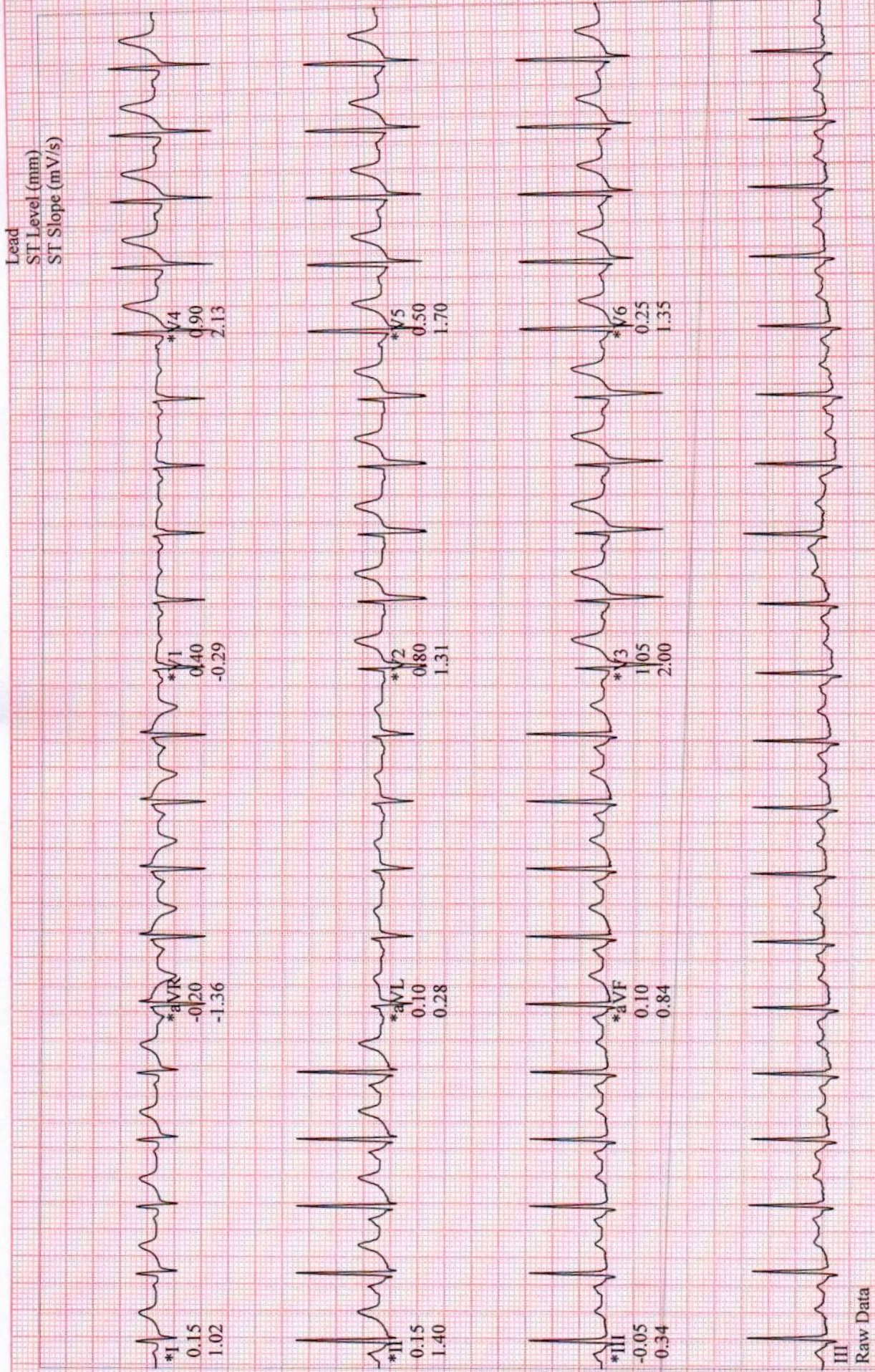
VERMA, MUKESH
Patient ID 182026
11/09/2024
10:42:05am

Linked Medians
RECOVERY
#1
03:00

122 bpm
120/80 mmHg

BRUCE
0.0 mph
0.0 %

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*Computer Synthesized Rhythms



॥ सर्वेन्द्रियाणाम् नयनम् प्रधानम् ॥

RATAN JYOTI NETRALAYA

OPHTHALMIC INSTITUTE & RESEARCH CENTRE

Hospital Reg. No. : 071



18, Vikas Nagar, Near Sai Baba Mandir, Gwalior-2 (M.P.) INDIA Tel. : 2423350/51, Web : www.ratanjyotigroup.org, Email : rjneye@gmail.com

SR.NO. : 2065631
NAME : MR MUKESH VERMA
AGE/SEX : 34 YRS / MALE

DATE : 09-November-2024
MRD NO. : R-136097
CITY : GWALIOR

PAST SURGERIES :

NIL IN

| VISION | DISTANCE | | NEAR | |
|---------------|----------|-----|------|----|
| | OD | OS | OD | OS |
| UNAIDED | 6/6 | 6/6 | N6 | N6 |
| WITH GLASSES | | | | |
| WITH PIN HOLE | | | | |
| WITH COLOR | | | | |
| VISION | | | | |

| IOP READING | | | | |
|-------------|----|-----------|----|-----------|
| TIME | OD | OD METHOD | OS | OS METHOD |
| 11:03AM | 16 | | 18 | |

DIAGNOSIS :

ROUTINE EYE CHECKUP

| Rx. | EYE | From | To | Instructions |
|---|----------|------------|------------|--------------|
| 1 LUBREX-DS 10ML/CARBOXYMETHYLCELLULOSE EYE DROPS IP (1% W/V) ONE DROP 3 TIMES A DAY FOR 60 DAYS | BOTH EYE | 9-Nov-2024 | 7-Jan-2025 | |

TREATMENT PLAN : EYE CHECK UP 6 MONTHLY
GONIOSCOPY, DIL F NEXT VISIT

REFERRED TO :

NEXT REVIEW : AS PER DR. ADVISED

DR. KAMALPREET LIKHARI

Reg.No MP-13147

NOTE : Kindly continue medications as advised for the period advised.
In case of redness or allergy please discontinue and inform the doctor.

Nutritional Advice : As per treating physician

Instructions : Patient and Attendant(s) Counselling

Advised medicine may be replaced with a good quality generic medicine.

Speciality Clinics : ▪ Comprehensive Ophthalmology Clinic ▪ Cataract & IOL Clinic ▪ Vitreo Retina & Uvea Clinic ▪ Spectacle Removal Clinic (Lasik/Femto Lasik/Phakic Lens) ▪ Cornea Clinic ▪ Glaucoma Clinic ▪ Orbit & Oculoplasty Clinic ▪ Trauma Clinic ▪ Squint Clinic ▪ Paediatric Ophthalmology Clinic ▪ Low Vision Aid Clinic ▪ Contact Lens Clinic

CONSULTATION TIMINGS : MORNING 9:00 A.M. TO 6:00 P.M. (SUNDAY OFF)

स्वामी विद्यानंद भारती आई बैंक

नेत्रदान

करें और कारायेँ इसे अपने परिवार की परम्परा बनायेँ
नेत्रदान के लिए सम्पर्क करें : 9111004044

● केन्द्रीय कर्मचारियों के लिए मान्यता प्राप्त ● कौशलैस इश्योरेन्स एवं टी.पी.ए. सुविधा उपलब्ध ● For Appointment Please Contact : 9111004046

PATIENT NAME - MUKESH VERMA 34Y/M
REFERRED BY - H.C.P
DATE - 09/11/2024
INVESTIGATION - USG WHOLE ABDOMEN

IMAGING FINDINGS:-

Liver appears normal in size, position, shape and margin. Parenchyma shows increased echogenicities. The intrahepatic biliary and portal venous radicles appear normal. Hepatic veins and portal vein are normal. Small hyperechoic lesion seen in left lobe of liver measured upto ~8mm

Gall Bladder is well distended. GB wall and lumen content appears normal. No echogenic focus within GB lumen. Visualized **CBD** is of normal caliber.

Spleen appears normal in size (~ 9.8cm), position, shape, echotexture and margin. No any focal lesion within splenic parenchyma. Splenic vein is normal and undilated.

Pancreas is well visualized, appears normal in size, shape and echotexture. Pancreatic duct is not dilated. No USG evidence of obvious measurable focal lesion.

Both Kidneys: Measurements are right kidney ~ 9.8x4.9cm and left kidney ~ 9.8x5.1cm. Both kidneys are normal in position, size, shape, surface, echotexture and cortico-medullary differentiation. Bilateral PC systems are compact. No significant calculus or hydronephrosis on either side. Ureters are undilated on either side.

Urinary Bladder is normal in shape, wall and content.


Prostate appears normal in size (~ 11.9cc), shape and echotexture.

No obvious ascites.

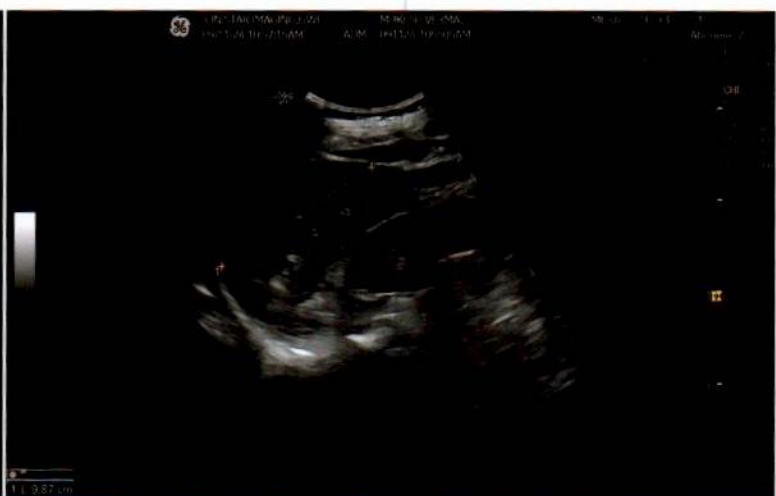
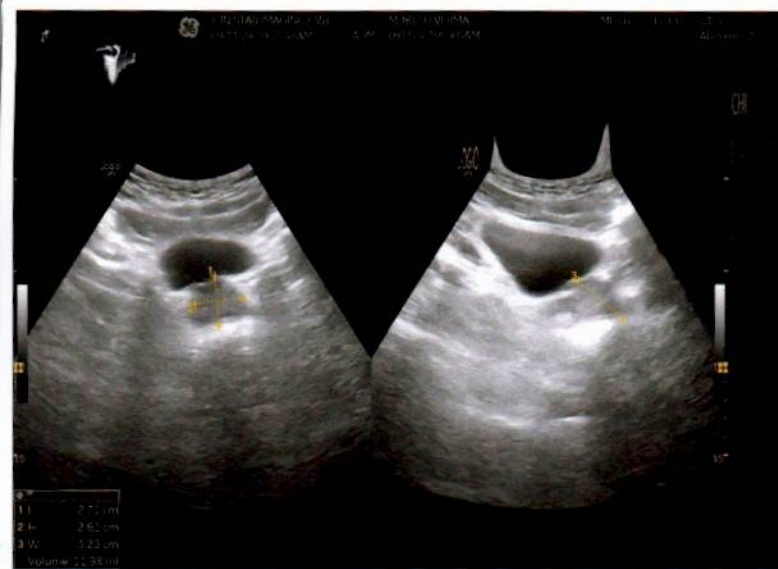
OPINION:- Features are suggestive of-

- Small hyperechoic lesion in left lobe of liver (measured upto ~8mm)-? small hepatic hemangioma/ focal fatty change. Follow up/ CECT abdomen is suggested
- Grade I fatty liver

Suggested clinical correlation/Follow up imaging.


DR. SAKSHI CHAWLA
(MD RADIODIAGNOSIS)

Disclaimer: The science of radiology is based upon interpretation of shadows of normal and abnormal tissue. This is neither complete nor accurate; hence, findings should always be interpreted in to the light of clinico-pathological correlation. This is a professional opinion, not a diagnosis. Not meant for medico legal purposes. For any kind of typing error, please intimate us within 7 days of reporting.



| | |
|------------------------|----------------|
| PT. NAME: MUKESH VERMA | AGE/SEX: 34Y/M |
| REF. BY: 182026 | 09/11/2024 |

X RAY CHEST (PA)

IMAGING FINDINGS:

Prominent vascular markings seen in both lung fields.
B/L costophrenic angle appear clear and normal.
Trachea is central.
Cardiothoracic ratio is within normal limit.
Soft tissue and bony cage appear normal.
B/L domes of diaphragm are smooth, regular and normal in position.

OPINION:

- No significant abnormality is noted in CXR - PA except for prominent vascular markings.

Please correlate with clinical findings and relevant investigations.

DR. SAKSHI CHAWLA
(MD RADIODIAGNOSIS)

Disclaimer: The science of radiology is based upon interpretation of shadows of normal and abnormal tissue. This is neither complete nor accurate; hence, findings should always be interpreted in to the light of clinico-pathological correlation. This is a professional opinion, not a diagnosis. Not meant for medico legal purposes. For any kind of typing error, please intimate us within 7 days of reporting.

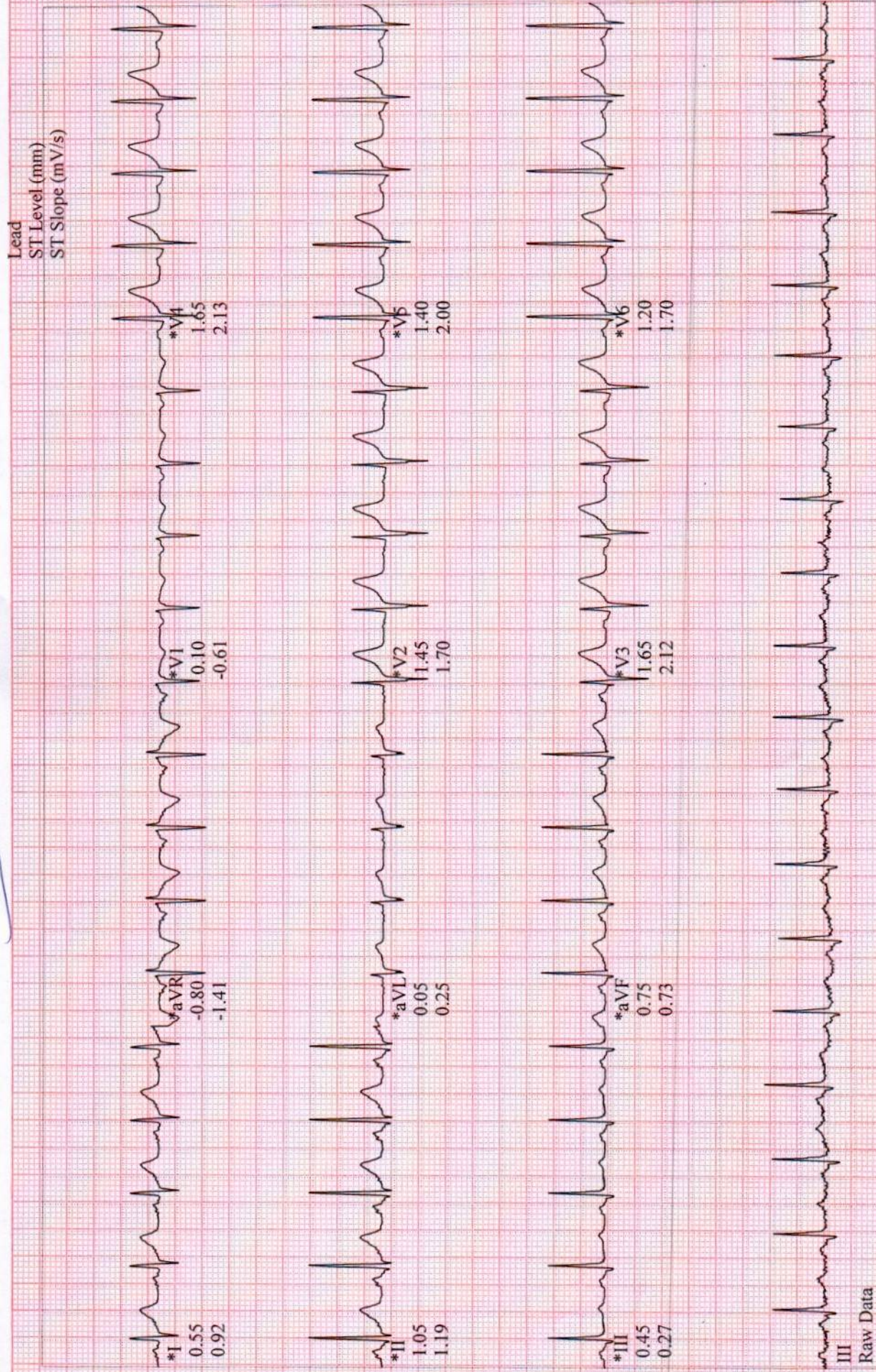
VERMA, MUKESH
Patient ID 182026
11/09/2024
10:31:41am

Linked Medians

ELC

112 bpm

RATAN JYOTI DALMIA HEART INSTITUTE



*Computer Synthesized Rhythms