

V ONE HOSPITAL INDORE

01234567890

Name : MR HEMRAJ PATODIYA
 ID : 250300451
 Age,Wt,Ht : 32years(Male), Kg,cm

Tested on : 08/03/2025,01:15 PM
 Doctor : V one hospital

BPL DYNATRAC ULTRA

Test Summary Report

Target HR = 188 Total time = 13:12 Protocol = BRUCE
 HR achieved = 196 (104%) Excercise time = 06:10 Max ST(mm)=4.16(Lead V2)
 Peak Ex = Exercise 3 Recovery time = 06:02 Min ST(mm)=-4.44(Lead AVF)

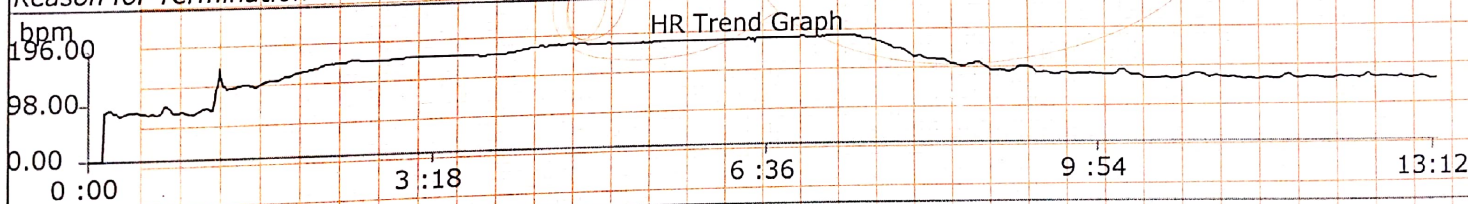
Stagewise Summary

| Stage Name | Duration (mm:ss) | Max HR (bpm) | Max ST (mm) | Min ST (mm) | Speed km/hr | Slope (%) | METS | sys/dia (map) |
|----------------------|------------------|--------------|-------------|-------------|-------------|-----------|------|---------------|
| Supine | 00:24 | 90 | 4.16(V2) | -4.44(AVF) | 0.0 | 0.0 | 0.00 | 120/80(93) |
| Waiting for Exercise | 00:36 | 93 | 1.57(V2) | -0.62(III) | 0.0 | 0.0 | 0.00 | ---/---(---) |
| Exercise 1 | 03:00 | 173 | 2.66(III) | -4.44(AVF) | 2.7 | 10.0 | 5.10 | ---/---(---) |
| Exercise 2 | 03:00 | 196 | 2.88(V2) | -3.84(III) | 4.0 | 12.0 | 7.10 | 140/90(106) |
| Peak Exercise 3 | 00:10 | 196 | 1.81(V3) | -1.72(V5) | 5.5 | 14.0 | 8.00 | ---/---(---) |
| Recovery 1 | 01:00 | 196 | 3.83(V2) | -3.09(I) | 5.5 | 14.0 | 0.00 | ---/---(---) |
| Recovery 2 | 01:00 | 153 | 4.16(V2) | -1.44(AVR) | 5.5 | 14.0 | 0.00 | ---/---(---) |
| Recovery 3 | 01:00 | 136 | 2.29(V2) | -0.94(III) | 5.5 | 14.0 | 0.00 | ---/---(---) |
| Recovery 4 | 01:00 | 122 | 2.30(V2) | -0.69(V6) | 5.5 | 14.0 | 0.00 | ---/---(---) |
| Recovery 5 | 01:00 | 120 | 1.49(V2) | -0.78(II) | 5.5 | 14.0 | 0.00 | 120/80(93) |
| Recovery 6 | 01:00 | 120 | 1.32(V2) | -0.66(AVF) | 5.5 | 14.0 | 0.00 | ---/---(---) |
| Recovery 7 | 00:02 | 112 | 1.32(V2) | -0.41(III) | 5.5 | 14.0 | 0.00 | ---/---(---) |

Rpp: 10800(Supine) ,27440(Exercise 2) ,14400(Recovery 5)

Stage comments: none

Object of test :
 Risk factor :
 Activity :
 Other Investigation :
 Ex tolerance :
 Ex Arrhythmia :
 Hemo Response :
 Chrono response :
 Reason for Termination :



Medication:

History:

Observations: NO SYMPTOMS NOTED DURING EXERCISE AND RECOVERY
 NO ARRHYTHMIA NOTED
 NORMAL INOTROPIC AND CHRONOTROPIC RESPONSE
 SUBTLE ST - T CHANGES DURING PEAKEXERCISE AND RECOVERY

Final Impression: TEST IS MILDLY POSITIVE FOR INDUCIBLE ISCHEMIA

Technician:

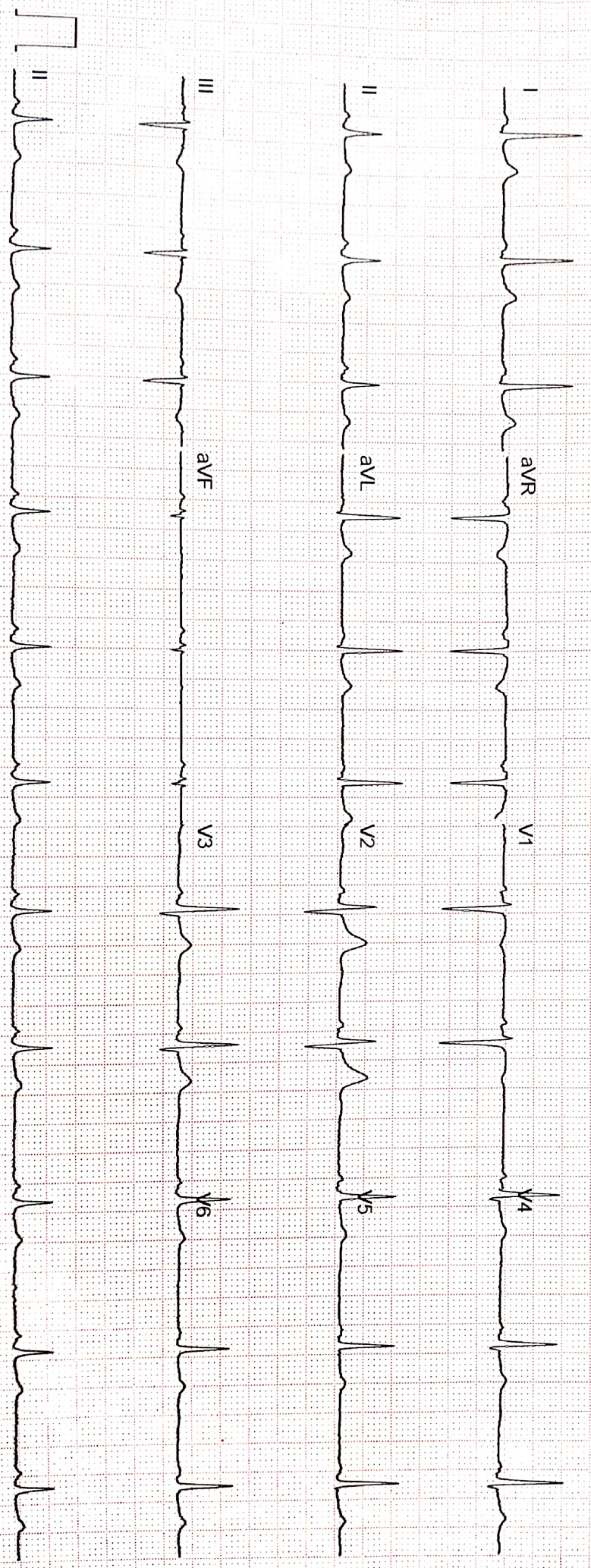
Done By: V one hospital Confirmed by -

08.03.2025 10:22:15 AM
v one hospital
Indore
Indore

65 bpm
-- / -- mmHg

| | |
|---------------|--------------------|
| QRS : | 76 ms |
| QT / QTcBaz : | 368 / 382 ms |
| PR : | 122 ms |
| P : | 96 ms |
| RR / PP : | 916 / 923 ms |
| P / QRS / T : | 43 / 2 / 7 degrees |

Normal sinus rhythm with sinus arrhythmia
Normal ECG



Unconfirmed



Patient Name: MR. HEMRAJ PATODIYA / MRN-250300451
Age / Gender : 32 Yr / M
Address: Ashok Nagar, MADHYA PRADESH
Req. Doctor: VONE HOSPITAL
Regn. Number: WALKIN.24-25-21089

Request Date : 08-03-2025 10:11 AM

Reporting Date : 08-03-2025 05:40 PM
Report Status : Finalized

X-RAY CHEST AP

Size and shape of heart are normal.
C.P. angles are clear.
Lung fields are clear.
Soft tissues and rib cage are normal.

END OF REPORT


DR. RAVINDRA SINGH
CONSULTANT RADIOLOGIST



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USG - WHOLE ABDOMEN

Liver is normal in size (14 cm) and shape. Its echogenicity is normal. Margins are smooth and regular. The portal vein and biliary radicals are normal in calibre.

Gall Bladder is well distended. Wall thickness is normal with echofree lumen. CBD is within normal limits.

Pancreas is normal in size, shape and echo pattern.

Bilateral kidneys are normal in shape, size and echotexture. Corticomedullary differentiation is maintained. No evidence of any calculus or hydronephrosis.

Rt. Kidney Length: 9.4 cm

Lt. Kidney Length: 9.8 cm

Spleen is normal in size and echopattern.

Urinary bladder is normal in shape and size. Lumen appears echofree. Wall thickness is normal.

Prostate is normal in size. Echotexture is homogenous. Capsule is intact.

No evidence of ascites / pleural effusion.

Visualized bowel loops are normal in course and calibre.

IMPRESSION :-

No significant abnormality detected.


DR. RAVINDRA SINGH
Consultant Radiologist

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Restoring Quality of Life



Patient Name : MR. HEMRAJ PATODIYA [MRN-250300451]
Age / Gender : 32 Yr / M
Address : Ashok Nagar, MADHYA PRADESH
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BIOCHEMISTRY

Request Date : 08-03-2025 10:11 AM
Collection Date : 08-03-2025 10:23 AM | BIO2271
Acceptance Date : 08-03-2025 10:23 AM | **TAT:** 07:06 [HH:MM]

Reporting Date : 08-03-2025 05:29 PM
Reporting Status : Finalized

| Investigations | Result | Biological Reference Range |
|-------------------------------------|-------------|----------------------------|
| FBS & PPBS *[Ser/Plas] | | |
| FBS | 96.0 mg/dL | 70 - 110 mg/dL |
| PPBS | 103.7 mg/dL | 100 - 140 mg/dL |

END OF REPORT.

Dr.SHOBHANA AGRAWAL
MD (Pathologist)

Result relate to the sample as received.

V-ONE HOSPITAL Department of Laboratory Medicine.

The Test results are for diagnostic purpose only,not for medico legal purpose.



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IMMUNOLOGY

Request Date : 08-03-2025 10:11 AM
Collection Date : 08-03-2025 10:23 AM | PATH6994
Acceptance Date : 08-03-2025 10:23 AM | TAT: 05:55 [HH:MM]
Reporting Date : 08-03-2025 04:18 PM
Reporting Status : Finalized

| Investigations | Result | Biological Reference Range |
|------------------------|-------------|----------------------------------|
| Thyroid Profile | | |
| T3 | 1.11 ng/dL | 0.58 - 1.62 ng/dL (Age 1 - 100) |
| T4 | 10.65 ug/dl | 5 - 14.5 ug/dl (Age 1 - 100) |
| TSH | 1.54 uIU/ml | 0.35 - 5.1 uIU/ml (Age 1 - 100) |

Interpretation: Ultra sensitive-thyroid stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, sTSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test). when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy. TSH ref range in Pregnancy Reference range (microIU/ml)
First trimester 0.24 - 2.00
Second trimester 0.43-2.2

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CLINICAL PATHOLOGY

Request Date : 08-03-2025 10:11 AM
Collection Date : 08-03-2025 10:23 AM | CP-763
Acceptance Date : 08-03-2025 10:23 AM | TAT: 05:31 [HH:MM]

Reporting Date : 08-03-2025 03:54 PM
Reporting Status : Finalized

| Investigations | Result | Biological Reference Range |
|-------------------------------|-------------|----------------------------|
| Urine Routine | | |
| PHYSICAL EXAMINATION | | |
| Quantity | 30 ml | |
| Colour | Pale yellow | Pale Yellow |
| Deposit | Absent | Absent |
| Clarity | Clear | Clear |
| Reaction | Acidic | Acidic |
| Specific Gravity | 1.015 | 1.001 - 1.035 |
| CHEMICAL EXAMINATION | | |
| Albumin | Absent | Absent |
| Sugar | Absent | Absent |
| Bile Salt | Absent | Absent |
| Bile Pigment | Absent | Absent |
| Keton | Absent | Absent |
| Blood | Absent | Absent |
| MICROSCOPY EXAMINATION | | |
| Red Blood Cells | Nil /hpf | Nil/hpf |
| Pus Cells | 2-3 /hpf | 2-3/hpf |
| Epithelial Cells | 1-2 /hpf | 3-4/hpf |
| Casts | Absent | Absent |
| Crystals | Absent | Absent |
| Bacteria | Absent | Absent |

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BIOCHEMISTRY

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Acceptance Date : 08-03-2025 10:23 AM | TAT: 05:31 [HH:MM]

Reporting Date : 08-03-2025 03:54 PM

Reporting Status : Finalized

| Investigations | Result | Biological Reference Range |
|--|-------------|--|
| URIC ACID | 7.1 mg/dL | Males 3.4 - 7.2 mg/dL Females 2.5 - 6 mg/dL |
| BUN | | |
| BUN | 16.61 mg/dL | 5 - 20 mg/dL |
| BUN / CREATINE RATIO | 17.86 | 10 - 20 |
| CREATININE | 0.93 mg/dL | 0.7 - 1.4 mg/dL |
| GGT(GAMMA GLUTAMYL TRANSFERASE) | 15 U/L | M 11 - 60 U/L |

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[HH:MM]

Reporting Date : 08-03-2025 03:54 PM
Reporting Status : Finalized

| Investigations | Result | Biological Reference Range |
|-----------------------------|---------------------|--------------------------------------|
| LFT | | |
| SGOT | 21.6 U/L | 0 - 40 U/L |
| SGPT | 23.6 U/L | M 0 - 40 U/L |
| TOTAL BILIRUBIN | 1.40 mg/dL * | 0 - 1.1 mg/dL |
| DIRECT BILIRUBIN | 0.35 mg/dL * | 0 - 0.2 mg/dL |
| INDIRECT BILIRUBIN | 1.05 mg/dL * | 0.2 - 0.8 mg/dL |
| TOTAL PROTEIN | 7.07 mg/dL | 6.6 - 8.8 mg/dL |
| S.ALBUMIN | 4.21 mg/dL | 3.5 - 5.5 mg/dL |
| GLOBULIN | 2.86 mg/dL | 2 - 3.5 mg/dL |
| A.G.RATIO | 1.47 | 1.1 - 1.5 |
| ALKALINE PHOSPHATASE | 87 U/L | M 40 - 129 U/L CHILD 54 - 369 U/L |
| PT INR | | |
| PT | 13.2 sec | 13 - 15 sec |
| CONTROL | 12.6 SEC | |
| INR | 1.06 | 0.8 - 1.1 |
| HBSAG | NON REACTIVE | |
| ALT(SGPT) / AST(SGOT) RATIO | 1.09 | < 1.5 |
| AST (SGOT)/ ALT(SGPT) RATIO | 0.91 | < 1 |

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Collection Date : 08-03-2025 10:23 AM | BIO2271 **Reporting Status :** Finalized
Acceptance Date : 08-03-2025 10:23 AM | TAT: 05:32 [HH:MM]

| Investigations | Result | Biological Reference Range |
|------------------------|----------------------|----------------------------|
| Lipid Profile | | |
| Total Cholesterol | 173 mg/dL | 0 - 200 mg/dL |
| Tryglyceride | 107.0 mg/dL * | 150 - 200 mg/dL |
| HDL Cholesterol | 38.7 mg/dL | 35 - 79 mg/dL |
| VLDL (Calculated) | 21.4 mg/dL | 5 - 40 mg/dL |
| LDL | 109.9 mg/dL | 0 - 130 mg/dL |
| Total Cholesterol /HDL | 4.47 | 0 - 5 |
| LDL/HDL | 2.84 | 0.3 - 5 |

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Restoring Quality of Life



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HAEMATOLOGY

Request Date : 08-03-2025 10:11 AM
Collection Date : 08-03-2025 10:23 AM | H-1894
Acceptance Date : 08-03-2025 10:23 AM | TAT: 05:32 [HH:MM]

Reporting Date : 08-03-2025 03:55 PM
Reporting Status : Finalized

| Investigations | Result | Biological Reference Range |
|---------------------------|--------------|----------------------------|
| HbA1C | | |
| Glyco Hb (HbA1C) | 6.1 % * | 4 - 6 % |
| Estimated Average Glucose | 128.37 mg/dL | mg/dL |

Interpretation: 1.HbA1C has been endorsed by clinical groups and American Diabetes Association guidelines 2017 for diagnosing diabetes using a cut off point of 6.5% .
2.Low glycated haemoglobin in a non diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency and haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
3.In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent control-6-7 %

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Reporting Date : 08-03-2025 03:55 PM
Reporting Status : Finalized

| Investigations | Result | Biological Reference Range |
|---|---------------------------|--|
| CBC | | |
| Haemoglobin | 11.1 gm% * | M 14 - 18 gm% (Age 1 - 100) |
| RBC Count | 6.58 mill./cu.mm * | M 3.8 - 4.8 mill./cu.mm (Age 1 - 100) |
| Packed Cell Volume (PCV) | 37.9 % * | M 40 - 54 % (Age 1 - 100), |
| MCV | 57.5 fL * | 76 - 96 fL (Age 1 - 100) |
| MCH | 16.8 pg * | 27 - 32 pg (Age 1 - 100) |
| MCHC | 29.3 g/dl * | 30.5 - 34.5 g/dl (Age 1 - 100) |
| Platelet Count | 374 10 ³ /uL | 150 - 450 10 ³ /uL (Age 1 - 100) |
| Total Leukocyte Count (TLC) | 6.17 10 ³ /uL | 4.5 - 11 10 ³ /uL (Age 1 - 100) |
| Differential Leukocyte Count (DLC) | | |
| Neutrophils | 55 % | 40 - 70 % (Age 1 - 100) |
| Lymphocytes | 40 % | 20 - 40 % (Age 1 - 100) |
| Monocytes | 03 % | 2 - 10 % (Age 1 - 100) |
| Eosinophils | 02 % | 1 - 6 % (Age 1 - 100) |
| Basophils | 00 % | < 1 % |
| ESR (WINTROBE METHOD) | 09 mm/hr | M 0 - 12 mm/hr |

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| MCV | 57.5 fL * | 76 - 96 fL (Age 1 - 100) |
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| Lymphocytes | 40 % | 20 - 40 % (Age 1 - 100) |
| Monocytes | 03 % | 2 - 10 % (Age 1 - 100) |
| Eosinophils | 02 % | 1 - 6 % (Age 1 - 100) |
| Basophils | 00 % | < 1 % |
| ESR (WINTROBE METHOD) | 09 mm/hr | M 0 - 12 mm/hr |

END OF REPORT.

Dr. Shobhana Agrawal
Dr. SHOBHANA AGRAWAL
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Acceptance Date : 08-03-2025 10:23 AM | TAT: 05:32 [HH:MM] **Reporting Status :** FInalized

| Investigations | Result | Biological Reference Range |
|--------------------|----------|----------------------------|
| BLOOD GROUP | | |
| ABO GROUP | O | |
| RH FACTOR | Positive | |

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