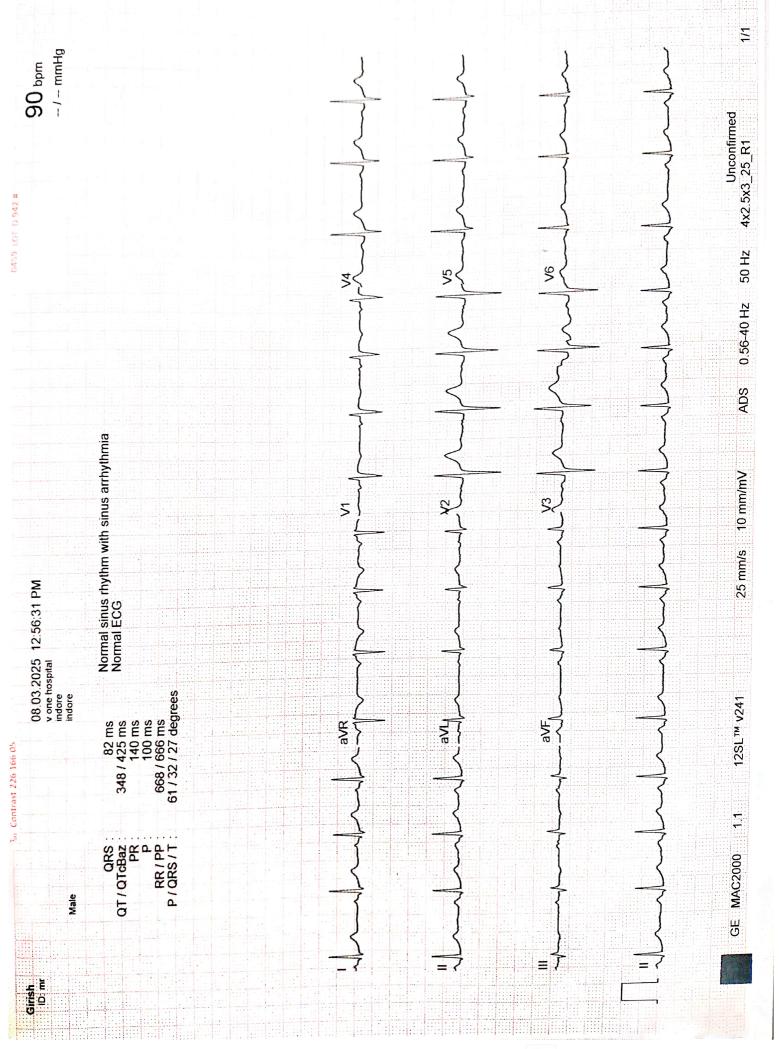
STS Summary Report		V ONE	HOSPITA	AL INDO	RE			
Name : M	IR GIRTO	The state of the s	01234567	890			-	
	IR GIRISH 50300472	TAMBAT	Te		08/03/2		3:02 PM	
Age,Wt,Ht : 2	3veare/M	ale), Kg,cm	Do	ctor : \	V one ho	spital		
Test Summary	Popoul	ale), Kg,cm					BPL DYN	NATRAC ULTRA
Target HR = 197	Keport					1	JICE .	
	20 (1-5	Total time	= 14:18			ol = BR		
HR achieved = 20) Excercise	time = 06:2	20	Max S7	Γ(mm):	=1.70(L	ead II)
Peak Ex = Exercis	se 3		time = $07:0$		Min ST	(mm)=	=-2.61(L	.ead II)
Stagewise Su								
Stage Name	Duratio				T		METS	sys/dia
	(mm:s	n Max HR (bpm)	Max ST (mm)	Min ST (mm)	Speed km/hr	Slope (%)	MEIS	(map)
Supine	00:25	101	1.70(II)	-2.61(II)	0.0	0.0	0.00	120/80(93)
Waiting for Exercise	00:25	109	1.24(V2)	-0.53(AVR)	0.0	0.0	0.00	120/80(93)
Exercise 1	03:00	166	1.52(III)	-2.31(III)	2.7	10.0	5.10	130/80(96)
Exercise 2	03:00	190	1.70(II)	-2.61(II)	4.0	12.0	7.10	130/90(103)
Peak Exercise 3	00:20	200	0.83(I)	-1.11(II)	5.5	14.0	8.00	/()
Recovery 1	01:00	200	1.47(V2)	-2.52(III)	5.5	14.0	0.00	/()
Recovery 2	01:00	166	1.49(V2)	-1.21(AVR)	5.5	14.0	0.00	/()
Recovery 3	01:00	1.55	0.90(V2)	-0.48(III)	5.5	14.0	0.00	130/80(96)
Recovery 4	01:00	150	0.43(V1)	-0.92(AVF)	5.5	14.0	0.00	/()
Recovery 5	01:00	142	0.42(AVR)	-0.78(V5)	5.5	14.0	0.00	/()
Recovery 6	01:00	141	0.50(AVR)	-0.93(AVF)	5.5	14.0	0.00	/()
Recovery 7	01:00	144	0.70(AVR)	-1.13(II)	5.5	14.0	0.00	/()
Recovery 8	00:08	133	0.28(V1)	-0.67(II)	5.5	14.0	0.00	/()
<i>Rpp:</i> 12120(Supine)	,13080(Wa	iting for Exerc	ise) ,21580(Ex	ercise 1) ,247	'00(Exerc	ise 2) ,2	:0150(Rec	overy 3)
Stage comments: noi	ne							- 1 / - 1 -
Object of test							1/1/	
Risk factor	1 :					1		7
Activity							2 7	
Other Investigation Ex tolerance		<u> </u>	= 12			1	1	
x Arrhythmia								
lemo Response	1 .:-							
Chrono response Leason for Terminatio	n :							
90.00			HR Trend Gr	aph				
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.00	Т		7.00		4	0.42		14.16
0 :00	3 :3	4	7 :08			.0:42		14:16
Medication:				story:				
Observations: NO	SYMPTO	MS NOTED	DURING PE	AK EXERCIS	SE AND	RECOV	/ERY	
IO ADDUVTHMIA	NOTED					RECOV		
LODALA TRIOTOOF	OTO AND C	HRONOTRO	PIC RESPON	ISE				
NO ST-T CHANGES	DURING	PEAK EXER	CISE AND R	ECOVERY.				
inal Impression	on: Stres	s test nega	tive for indu	ıcible Ische	mia			
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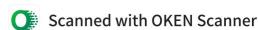
Department of Facial Surgery & Dentistry (For Appointment: 191-9754523000)

General Examination Report Date:- 08/03/2025 Mr. Girlsh Tambat Age : 23 y/male Name: Medical History: No felical Habit History: Any other: _ Oral examination 3.Gum Disease 2.Carious Teeth 1. Calculus/Stain/Plaque 6.Mobile Teeth 4. Fractured Teeth 5. Missing Teeth 7. Occlusal Abnormalities 8.Precancerous lesion/condition 9.Any Other Finding Treatment Advised 2.Filling/Preventive treatment 3. Removal of teeth 1. Cleaning of Teeth Replacement of Teeth 5.Orthodontic treatment 6.Oral health counselling — Primary Tooth Structure Permanent Tooth Structure

Doctor Signature

Reg No.: NH/4126/Sep-2021 CIN: U85300MP2021PTC056037

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Patient Name:

MR. GIRISH TAMBAT / MRN-250300472

Age / Gender: 23 Yr / M

Address:

KHANDWA, Khandwa, East Nimar, MADHYA PRADESH

Req. Doctor:

VONE HOSPITAL

Regn. Number: WALKIN.24-25-21111

Request Date: 08-03-2025 12:56 PM

Reporting Date: 08-03-2025 05:39 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





Patient Name: MR. GIRISH TAMBAT / MRN-250300472

Age / Gender : 23 Yr / M

Address: KHANDWA, Khandwa, East Nimar, MADHYA PRADESH

Req. Doctor: VONE HOSPITAL

Regn. Number: WALKIN.24-25-21111

Request Date: 08-03-2025

USG - WHOLE ABDOMEN

Liver is normal in size (14 cm) and shape. *Its echogenicity is raised*. 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:

Grade I fatty liver.

DR. RAVINDRA SINGH Consultant Radiologist

2/1, Residency Area, AB Road, Geeta Bhavan Square, Indore - 452 001, MP, INDIA. E: info@vonehospital.com

Reg No.: NH/4126/Sep-2021



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A unit of Mediheal Healthcare Private Limited

Patient Name:

MR. GIRISH TAMBAT [MRN-250300472]

Age / Gender:

23 Yr / M

Address:

KHANDWA, Khandwa, East Nimar, MADHYA PRADESH

Req. Doctor:

VONE HOSPITAL

Regn. ID:

WALKIN.24-25-21111





BIOCHEMISTRY

Request Date: **Collection Date:** 08-03-2025 12:56 PM

08-03-2025 12:58 PM | BIO2282

Acceptance Date:

08-03-2025 12:58 PM | **TAT:** 02:59 [HH:MM]

Reporting Date	08-03-2025	03:57 PM
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Reporting Status: Finalized

Investigations	Result	Biological Reference Range
Lipid Profile		
Total Cholesterol	189.0 mg/dL	0 - 200 mg/dL 🔒
Tryglyceride	102.0 mg/dL *	150 - 200 mg/dL
HDL Cholesterol	44.8 mg/dL	35 - 79 mg/dL
VLDL (Calculated) .	20.4 mg/dL	5 - 40 mg/dL
ŕDL wysia	96.4 mg/dL	0 - 130 mg/dL
Total Cholesterol /HDL	4.22	0 - 5
LDL/HDL	2.15	0.3 - 5

END OF REPORT.

Dr.SHOBHANA AGRAWAL MD (Pathologist)

Result relate to the sample as received.

V-ONE HOSPITAL Department of Laboratory Medicine.

3. Revision y Area, All Road, Geeta Bhavan Square, monthly and another services and the SS - every T: +91 0731 3588888, 4238111 | M: +91 93299 22500

A unit of Mediheal Healthcare Private Limited

Patient Name :

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Req. Doctor:

VONE HOSPITAL

Regn. ID:

WALKIN.24-25-21111

HAEMATOLOGY

Request Date: Collection Date:

08-03-2025 12:56 PM

08-03-2025 12:58 PM | H-1901

Acceptance Date:

08-03-2025 12:58 PM | TAT: 02:59 [HH:MM]

Restoring Quality of Life

Reporting Date: 08-03-2025 03:57 PM Reporting Status : Finalized

Investigations	Result	Biological Reference Barrens
CBC		Biological Reference Range
Haemoglobin	15.8 gm%	, M 14 - 18 gm% (Age 1 - 100)
RBC Count	5.26 mill./cu.mm *	M 3.8 - 4.8 mill./cu.mm (Age
Packed Cell Volume (PCV)	46.7 %	1 - 100) M 40 - 54 % (Age 1 - 100)
MCV	88.9 fL	76 - 96 fL (Age 1 - 100)
MCH	30.0 pg	27 - 32 pg (Age 1'- 100)
MCHC	33.8 g/dl	30.5 - 34.5 g/dl (Age 1 - 100)
Platelet Count	304 10^3/uL	150 - 450 10^3/uL (Age 1 -
Total Leukocyte Count (TLC)	11.25 10^3/uL *	100) 4.5 - 11 10^3/uL (Age 1 - 100
Differential Leukocyte Count (DLC))
Neutophils	70 %	40 - 70 % (Age 1 - 100)
Lymphocytes	22 %	20 - 40 % (Age 1 - 100)
Monocytes	05 %	2 - 10 % (Age 1 - 100)
Eosinophils	03 %	1 - 6 % (Age 1 - 100)
Basophils	00 %	< 1 %
SR (WINTROBE METHOD)	08 mm/hr	M 0 - 12 mm/hr

Dr. SHOBHANA AGRAWAL MD (Pathologist)

Result relate to the sample as received.

- NI - NII 1/1126/Can-2021

V-ONE HOSPITAL Department of Laboratory Medicine.

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A unit of Mediheal Healthcare Private Limited

Patient Name:

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23 Yr / M

Address:

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Req. Doctor:

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BIOCHEMISTRY

Request Date:

08-03-2025 12:56 PM

08-03-2025 12:58 PM | BIO2282

Collection Date :
Acceptance Date :

08-03-2025 12:58 PM | TAT: 02:58 [HH:MM]

Reporting Date: 08-03-2025 03:56 PM

Restoring Quality of Life

Reporting Status: Finalized

Investigations	Result	Biological Reference Range
LFT		
SGOT	17.4 U/L	0 - 40 U/L
SGPT	35.5 U/L	M 0 - 40 U/L
TOTAL BILIRUBIN	0.80 mg/dL	0 - 1.1 mg/dL
DIRECT BILIRUBIN	0.25 mg/dL *	0 - 0.2 mg/dL
INDIRECT BILIRUBIN	0.55 mg/dL	0.2 - 0.8 mg/dL
TOTAL PROTEIN	7.16 mg/dL	6.6 - 8.8 mg/dL
S.ALBUMIN	4.44 mg/dL	3.5 - 5.5 mg/dL * .
GLOBULIN	2.72 mg/dL	2 - 3.5 mg/dL
A.G.RATIO	1.63 *	1.1 - 1.5
ALKALINE PHOSPHATASE	90 U/L	M 40 - 129 U/L CHILD 54 - 369 U/L
PT INR		
PT	13.6 sec	13 - 15 sec
CONTROL	12.6 SEC	
INR	1.04	0.8 - 1.1
HBSAG	NON REACTIVE	t
ALT(SGPT) / AST(SGOT) RATIO	2.04 *	< 1.5
AST (SGOT)/ ALT(SGPT) RATIO	0.49	< 1

END OF REPORT.

Dr.SHOBHANA AGRAWAL MD (Pathologist)

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Restoring Quality of Life





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Patient Name:

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Age / Gender:

23 Yr / M

Address:

KHANDWA, Khandwa, East Nimar, MADHYA PRADESH

Req. Doctor:

VONE HOSPITAL

Regn. ID:

WALKIN.24-25-21111

HAEMATOLOGY

Request Date : Collection Date : 08-03-2025 12:56 PM

08-03-2025 12:58 PM | H-1901

Acceptance Date:

08-03-2025 12:58 PM | TAT: 02:58 [HH:MM]

	Reporting Date :	08-03-2025 03:56 PM,
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Reporting Status: Finalized

Investigations	Result	Biological Reference Range
HBA1C		
Glyco Hb (HbA1C)	5.3 %	4 - 6 %
Estimated Average Glucose	105.41 mg/dL	mg/dL

Interpretation: 1HbA1C 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.ln known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent control-6-7 %

END OF REPORT.

Dr.SHOBHANA AGRAWAL MD (Pathologist)

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patient Name:

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Req. Doctor:

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HAEMATOLOGY

Request Date:

08-03-2025 12:56 PM

Reporting Date: 08-03-2025 03:56 PM

Reporting Status : Finalized

Collection Date :
Acceptance Date :

08-03-2025 12:58 PM | **TAT:** 02:58 [HH:MM]

08-03-2025 12:58 PM | H-1901

Investigations	Result	Biological Reference Range
BLOOD GROUP		
ABO GROUP	0	
RH FACTOR	Positive	

END OF REPORT.

Dr.SHOBHANA AGRAWAL MD (Pathologist)

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patient Name:

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Address:

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Req. Doctor:

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BIOCHEMISTRY

Request Date:

08-03-2025 12:56 PM

Collection Date :

08-03-2025 12:58 PM | BIO2282

Acceptance Date:

08-03-2025 12:58 PM | **TAT:** 07:06 [HH:MM]

Reporting Date: 08-03-2025 08:04 PM

Reporting Status: Finalized

Restoring Quality of Life

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Investigations	Result	Biological Reference Range
FBS & PPBS *[Ser/Plas]		
FBS	102 mg/dL	70 - 110 mg/dL
PPBS	112 mg/dL	100 - 140 mg/dL
URIC ACID	10.3 mg/dL	Males 3.4 - 7.2 mg/dL Females 2.5 - 6 mg/dL
BUN		
BUN	14.56 mg/dL	5 - 20 mg/dL
BUN / CREATINE RATIO	19.94	10 - 20
CREATININE	0.73 mg/dL	0.7 - 1.4 mg/dL
GGT(GAMMA GLUTAMYL TRANSFERASE)	21 U/L	M 11 - 60 U/L
	ELID OF DEDODT	

END OF REPORT.

DR.QUTBUDDIN CHAHWALA M.D.PATHOLOGIST

Result relate to the sample as received.

V-ONE HOSPITAL Department of Laboratory Medicine.

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Mediheal Healthcare Private Limited

_{ptient} Name :

MR. GIRISH TAMBAT [MRN-250300472]

Gender:

23 Yr / M

_{Address}:

KHANDWA, Khandwa, East Nimar, MADHYA PRADESH

geq. Doctor:

VONE HOSPITAL

_{Regn}. ID:

WALKIN.24-25-21111

IMMUNOLOGY

Request Date:

08-03-2025 12:56 PM

Collection Date:

08-03-2025 12:58 PM | PATH6997

Acceptance Date:

08-03-2025 12:58 PM | **TAT:** 07:07 [HH:MM]

Reporting Date: 08-03-2025 08:05 PM

Reporting Status: Finalized

Restoring Quality of Life

Investigations	Result	Biological Reference Range
Thyroid Profile		
Т3	1.17 ng/dL	0.58 - 1.62 ng/dL (Age 1 - '
T4	11.53 ug/dl	5 - 14.5 ug/dl (Age 1 - 100)
TSH	2.78 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 hormons vary according trimesper in pregnancy. TSH ref range in Pregnacy Reference range (microIU/ml)

First triemester 0.24 - 2.00

Second triemester 0.43-2.2

END OF REPORT.

DR.QUTBUDDIN CHAHWALA M.D.PATHOLOGIST

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Mediheal Healthcare Private Limited

_{jtient} Name :

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gender:

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Req. Doctor:

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Regn. ID:

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CLINICAL PATHOLOGY

Request Date:

08-03-2025 12:56 PM

Collection Date:

08-03-2025 12:58 PM | CP-767

Acceptance Date:

08-03-2025 12:58 PM | **TAT:** 07:02 [HH:MM]

Reporting Date: 08-03-2025 08:00 PM

Reporting Status: Finalized

Restoring Quality of Life

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Investigations	Result	Biological Reference Range
Urine Routine		biological Reference Range
PHYSICAL EXAMINATION		4
Quantity	30 ml	
Colour	Pale yellow	Pale Yellow
Deposit	Absent	Absent
् Clearity	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	1-2 /hpf	2-3/hpf ¹
Epithelial Cells	1-2 /hpf	3-4/hpf
Casts	Absent	Absent
Crystals	Absent	Absent
Bacteria	Absent	Absent
(Mary Control of the	END OF REPORT.	

DR.QUTBUDDIN CHAHWALA M.D.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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