

## TEST REPORT

Reg. No. : 411100354	Reg. Date : 16-Nov-2024 09:43	Ref.No :	Approved On : 16-Nov-2024 11:19
Name : Mr. AJAY PRATAP SINGH			Collected On : 16-Nov-2024 10:09
Age : 46 Years	Gender: Male	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. :
Location :			

Test	Results	Unit	Bio. Ref. Interval
<b>Complete Blood Count</b>			
Hemoglobin(SLS method)	14.5	g/dL	13.0 - 17.0
RBC Count(Ele.Impedence)	4.52	X 10 <sup>12</sup> /L	4.5 - 5.5
Hematocrit (calculated)	42.0	%	40 - 50
MCV (Calculated)	92.9	fL	83 - 101
MCH (Calculated)	H <b>32.1</b>	pg	27 - 32
MCHC (Calculated)	34.5	g/dL	31.5 - 34.5
RDW-SD(calculated)	H <b>49.00</b>	fL	36 - 46
Total WBC count	7200	/μL	4000 - 10000
<b>DIFFERENTIAL WBC COUNT</b>			
	[ % ]	EXPECTED VALUES	[ Abs ]      EXPECTED VALUES
Neutrophils	55	38 - 70	3960 /cmm 1800 - 7700
Lymphocytes	38	21 - 49	2736 /cmm 1000 - 3900
Eosinophils	03	0 - 7	216 /cmm 20 - 500
Monocytes	04	3 - 11	288 /cmm 200 - 800
Basophils	00	0 - 1	0 /cmm 0 - 100
NLR (Neutrophil: Lymphocyte Ratio)	1.45	Ratio	1.1 - 3.5
Platelet Count (Manual)	256000	/cmm	150000 - 410000
PCT	0.29	ng/mL	< 0.5
MPV	11.50	fL	6.5 - 12.0
<b>Peripheral Smear</b>			
RBCs	Normocytic normochromic.		
WBCs	Normal morphology		
Platelets	Adequate on Smear		
Malarial Parasites	Not Detected		

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M.B.B.S,D.C.P(Patho)  
 G- 22475  
**Approved On:** 16-Nov-2024 11:19  
 1st Floor, Sahajand Palace, Near Gopi Restaurant, Anandnagar Cross Road, Prahladnagar, Ahmedabad-15.

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<b>Ref. By</b> : APOLLO			<b>Tele No.</b> :
<b>Location</b> :			

ESR	04	mm/hr	17-50 Yrs : <12, 51-60 Yrs : <19, 61-70 Yrs : <20, >70 Yrs : <30
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Name : Mr. AJAY PRATAP SINGH			Collected On : 16-Nov-2024 10:09
Age : 46 Years	Gender: Male	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. :
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<b>BLOODGROUP &amp; RH</b>			
<u>Specimen: EDTA and Serum; Method: Gel card system</u>			
Blood Group "ABO" <i>Agglutination</i>	"O"		
Blood Group "Rh" <i>Agglutination</i>	Positive		
EDTA Whole Blood			

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## TEST REPORT

Reg. No. : 411100354	Reg. Date : 16-Nov-2024 09:43	Ref.No :	Approved On : 16-Nov-2024 12:04
Name : Mr. AJAY PRATAP SINGH			Collected On : 16-Nov-2024 10:09
Age : 46 Years	Gender: Male	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. :
Location :			

Test Name	Results	Units	Bio. Ref. Interval
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**FASTING PLASMA GLUCOSE**  
**Specimen: Fluoride plasma**

Fasting Plasma Glucose <i>Hexokinase</i>	H <b>126.91</b>	mg/dL	Normal: <=99.0 Prediabetes: 100-125 Diabetes :>=126
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Flouride Plasma

Criteria for the diagnosis of diabetes:

1. HbA1c >= 6.5 \*

Or

2. Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.

Or

3. Two hour plasma glucose >= 200mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.

Or

4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose >= 200 mg/dL. \*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34:S11.

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## TEST REPORT

Reg. No. : 411100354	Reg. Date : 16-Nov-2024 09:43	Ref.No. :	Approved On : 16-Nov-2024 13:27
Name : Mr. AJAY PRATAP SINGH			Collected On : 16-Nov-2024 12:57
Age : 46 Years	Gender: Male	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. :
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<b>POST PRANDIAL PLASMA GLUCOSE</b>			
<b>Specimen: Fluoride plasma</b>			
Post Prandial Plasma Glucose <i>Hexokinase</i>	L 109.17	mg/dL	Normal: <=139 Prediabetes : 140-199 Diabetes: >=200
Flouride Plasma			

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### TEST REPORT

<b>Reg. No.</b> : 411100354	<b>Reg. Date</b> : 16-Nov-2024 09:43	<b>Ref.No</b> :	<b>Approved On</b> : 16-Nov-2024 12:42
<b>Name</b> : Mr. AJAY PRATAP SINGH			<b>Collected On</b> : 16-Nov-2024 10:09
<b>Age</b> : 46 Years	<b>Gender</b> : Male	<b>Pass. No.</b> :	<b>Dispatch At</b> :
<b>Ref. By</b> : APOLLO			<b>Tele No.</b> :
<b>Location</b> :			

Test Name	Results	Units	Bio. Ref. Interval
<b><u>BLOOD UREA NITROGEN</u></b>			
Urea	27.2	mg/dL	17 - 43
Blood Urea Nitrogen (BUN) <i>Calculated</i>	12.7	mg/dL	8.9 - 20.6
Serum			

Useful screening test for evaluation of kidney function.

Urea is the end product of protein and amino acid metabolism. It is synthesized in the liver and is transported to the kidney where it is excreted in the urine. An elevated level of urea in the blood (BUN) may be due to prerenal causes (dehydration, low protein diet), renal causes (renal failure), or postrenal causes (obstruction of the urinary tract). This test is used for the evaluation of kidney function. A high level of urea appears to indicate renal and postrenal causes.




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<b>Reg. No.</b> : 411100354	<b>Reg. Date</b> : 16-Nov-2024 09:43	<b>Ref.No</b> :	<b>Approved On</b> : 16-Nov-2024 14:56
<b>Name</b> : Mr. AJAY PRATAP SINGH			<b>Collected On</b> : 16-Nov-2024 10:09
<b>Age</b> : 46 Years	<b>Gender:</b> Male	<b>Pass. No. :</b>	<b>Dispatch At</b> :
<b>Ref. By</b> : APOLLO			<b>Tele No.</b> :
<b>Location</b> :			

Test Name	Results	Units	Bio. Ref. Interval
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GGT	H 138.20	U/L	10 - 71
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*L-Y-Glutamyl-3 Carboxy-4-Nitroanilide, Enzymetic Colorimetric*

Serum

**Uses:**

- Diagnosing and monitoring hepatobiliary disease.
- To ascertain whether the elevated ALP levels are due to skeletal disease or due to presence of hepatobiliary disease.
- A screening test for occult alcoholism.

**Increased in:**

- Intra hepatic biliary obstruction.
- Post hepatic biliary obstruction
- Alcoholic cirrhosis
- Drugs such as phenytoin and phenobarbital.
- Infectious hepatitis (modest elevation)
- Primary/ Secondary neoplasms of liver.

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Age : 46 Years	Gender: Male	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. :
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<b>LIPID PROFILE</b>			
CHOLESTEROL	223.00	mg/dL	Desirable <=200 Borderline high risk 200 - 240 High Risk >240
Triglyceride <i>Enzymatic Colorimetric Method</i>	133.00	mg/dL	<150 : Normal, 150-199 : Border Line High, 200-499 : High, >=500 : Very High
Very Low Density Lipoprotein(VLDL) <i>Calculated</i>	27	mg/dL	0 - 30
Low-Density Lipoprotein (LDL) <i>Calculated Method</i>	H <b>141.75</b>	mg/dL	< 100 : Optimal, 100-129 : Near Optimal/above optimal, 130-159 : Borderline High, 160-189 : High, >=190 : Very High
High-Density Lipoprotein(HDL)	54.25	mg/dL	<40 >60
CHOL/HDL RATIO <i>Calculated</i>	H <b>4.11</b>		0.0 - 3.5
LDL/HDL RATIO <i>Calculated</i>	2.61		1.0 - 3.4
TOTAL LIPID <i>Calculated</i>	672.00	mg/dL	400 - 1000
Serum			

As a routine test to determine if your cholesterol level is normal or falls into a borderline-, intermediate- or high-risk category.  
 To monitor your cholesterol level if you had abnormal results on a previous test or if you have other risk factors for heart disease.  
 To monitor your body's response to treatment, such as cholesterol medications or lifestyle changes.  
 To help diagnose other medical conditions, such as liver disease.  
 Note : biological reference intervals are according to the national cholesterol education program ( NCEP) guidelines.




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Ref. By : APOLLO			Tele No. :
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<b><u>LIVER FUNCTION TEST</u></b>			
TOTAL PROTEIN	7.65	g/dL	6.6 - 8.8
ALBUMIN	4.97	g/dL	3.5 - 5.2
GLOBULIN <i>Calculated</i>	2.68	g/dL	2.4 - 3.5
ALB/GLB <i>Calculated</i>	1.85		1.2 - 2.2
SGOT	188.40	U/L	<35
SGPT	192.70	U/L	<41
Alkaline Phosphatase <i>ENZYMATIC COLORIMETRIC IFCC, PNP, AMP BUFFER</i>	<b>H 136.90</b>	U/L	40 - 130
TOTAL BILIRUBIN	1.28	mg/dL	0.1 - 1.2
DIRECT BILIRUBIN	0.54	mg/dL	<0.2
INDIRECT BILIRUBIN <i>Calculated</i>	0.74	mg/dL	0.0 - 1.00
Serum			

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<b>Ref. By</b> : APOLLO			<b>Tele No.</b> :
<b>Location</b> :			

Test Name	Results	Units	Bio. Ref. Interval
HEMOGLOBIN A1C (HBA1C)	H <b>6.30</b>	%	Normal: <= 5.6 Prediabetes:5.7-6.4 Diabetes: >= 6.5 6-7 : Near Normal Glycemia, <7 : Goal ,7-8 : Good Control ,>8 : Action Suggested.
Mean Blood Glucose ( <i>Calculated</i> )	134	mg/dL	
EDTA Whole Blood			

### Criteria for the diagnosis of diabetes

- HbA1c >= 6.5 \* Or Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs. Or
- Two hour plasma glucose >= 200mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water. Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose >= 200 mg/dL. \*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011:34:S11.

### Limitation of HbA1c

- In patients with Hb variants even analytically correct results do not reflect the same level of glycemic control that would be expected in patients with normal population.
  - Any cause of shortened erythrocyte survival or decreased mean erythrocyte survival or decreased mean erythrocyte age eg. hemolytic diseases, pregnancy, significant recent/chronic blood loss etc. will reduce exposure of RBC to glucose with consequent decrease in HbA1c values.
  - Glycated HbF is not detected by this assay and hence specimens containing high HbF (>10%) may result in lower HbA1c values than expected. Importance of HbA1C (Glycated Hb.) in Diabetes Mellitus
- HbA1C, also known as glycated hemoglobin, is the most important test for the assessment of long term blood glucose control( also called glycemic control).
  - HbA1C reflects mean glucose concentration over past 6-8 weeks and provides a much better indication of longterm glycemic control than blood glucose determination.
  - HbA1c is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
  - Long term complications of diabetes such as retinopathy (Eye-complications), nephropathy (kidney-complications) and neuropathy (nerve complications), are potentially serious and can lead to blindness, kidney failure, etc.
  - Glycemic control monitored by HbA1c measurement using HPLC method (GOLD STANDARD ) is considered most important. (Ref. National Glycohaemoglobin Standardization Program - NGSP)
- Note : Biological reference intervals are according to American Diabetes Association (ADA) Guidelines.

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**Age :** 46 Years **Gender:** Male **Pass. No. :** **Dispatch At :**  
**Ref. By :** APOLLO **Tele No. :**  
**Location :**

Test Name	Results	Units	Bio. Ref. Interval
<b>THYROID FUNCTION TEST</b>			
T3 (triiodothyronine), Total <small>CMIA</small>	1.33	ng/mL	0.70 - 2.04
T4 (Thyroxine), Total <small>CMIA</small>	7.77	µg/dL	4.6 - 10.5
TSH (Thyroid stimulating hormone) <small>CMIA</small>	2.359	µIU/mL	0.35 - 4.94

**Sample Type:** Serum

**Comments:**

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

**TSH levels During Pregnancy :**

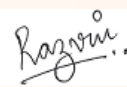
- First Trimester : 0.1 to 2.5 µIU/mL
- Second Trimester : 0.2 to 3.0 µIU/mL
- Third trimester : 0.3 to 3.0 µIU/mL

Reference : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition. Philadelphia: WB Saunders,2012:2170

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 Reg. No. : G-51211  
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<b>Age</b> : 46 Years	<b>Gender</b> : Male	<b>Pass. No.</b> :	<b>Dispatch At</b> :
<b>Ref. By</b> : APOLLO			<b>Tele No.</b> :
<b>Location</b> :			

Test Name	Results	Units	Bio. Ref. Interval
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Prostate Specific Antigen (PSA), Total	1.474	ng/mL	0 - 4
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CMIA

**Sample Type:** Serum

**Useful For**

1. Evaluating patients with documented prostate problems in whom multiple prostate-specific antigen tests may be necessary per year
2. Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment.
3. Prostate cancer screening.

**Comments**

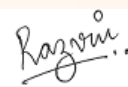
-Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels.

-Digital rectal examination generally does not increase normal prostate-specific antigen (PSA) values. However, cystoscopy, urethral instrumentation, and prostate biopsy may increase PSA levels.




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Age : 46 Years	Gender: Male	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. :
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<u>URINE ROUTINE EXAMINATION</u>			
<b><u>Physical Examination</u></b>			
Colour	Pale Yellow		
Clarity	Clear		
<b><u>CHEMICAL EXAMINATION (by strip test)</u></b>			
pH	6.0		4.6 - 8.0
Sp. Gravity	1.010		1.002 - 1.030
Protein	Absent		Absent
Glucose	Absent		Absent
Ketone	Absent		Absent
Bilirubin	Absent		Nil
Nitrite	Absent		Nil
Leucocytes	Nil		Nil
Blood	Nil		Absent
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leucocytes (Pus Cells)	1-2		0 - 5/hpf
Erythrocytes (RBC)	Nil		0 - 5/hpf
Casts	Nil	/hpf	Absent
Crystals	Nil		Absent
Epithelial Cells	Occasional		Nil
Monilia	Absent		Nil
T. Vaginalis	Absent		Nil
Bacteria	Absent		Absent
Urine			

This is an electronically authenticated report. "Please verify the authenticity of this report by scanning the QR code to ensure data integrity."

Test done from collected sample.



**Approved by: Dr. Keyur Patel**

M.B.B.S,D.C.P(Patho)  
G- 22475

**Generated On :** 16-Nov-2024 15:14

**For Appointment :** 7567 000 750

**www.conceptdiagnostics.com**

**conceptdiaghealthcare@gmail.com**

**Approved On:** 16-Nov-2024 11:26  
1st Floor, Sahajand Palace, Near Gopi Restaurant, Anandnagar Cross Road, Prahladnagar, Ahmedabad-15.

**TEST REPORT**

**Reg. No.** : 411100354 **Reg. Date** : 16-Nov-2024 09:43 **Ref.No** : **Approved On** : 16-Nov-2024 13:20  
**Name** : Mr. AJAY PRATAP SINGH **Collected On** : 16-Nov-2024 10:09  
**Age** : 46 Years **Gender:** Male **Pass. No. :** **Dispatch At** :  
**Ref. By** : APOLLO **Tele No.** :  
**Location** :

Test Name	Results	Units	Bio. Ref. Interval
Creatinine	0.85	mg/dL	0.67 - 1.5

**Serum**

Creatinine is the most common test to assess kidney function. Creatinine levels are converted to reflect kidney function by factoring in age and gender to produce the eGFR (estimated Glomerular Filtration Rate). As the kidney function diminishes, the creatinine level increases; the eGFR will decrease. Creatinine is formed from the metabolism of creatine and phosphocreatine, both of which are principally found in muscle. Thus the amount of creatinine produced is, in large part, dependent upon the individual's muscle mass and tends not to fluctuate much from day-to-day. Creatinine is not protein bound and is freely filtered by glomeruli. All of the filtered creatinine is excreted in the urine.

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Test done from collected sample.



Approved by: **Dr. Keyur Patel**

M.B.B.S,D.C.P(Patho)  
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Approved On: 16-Nov-2024 13:20

Page 14 of 16

## TEST REPORT

<b>Reg. No.</b> : 411100354	<b>Reg. Date</b> : 16-Nov-2024 09:43	<b>Ref.No</b> :	<b>Approved On</b> : 16-Nov-2024 13:20
<b>Name</b> : Mr. AJAY PRATAP SINGH			<b>Collected On</b> : 16-Nov-2024 10:09
<b>Age</b> : 46 Years	<b>Gender</b> : Male	<b>Pass. No.</b> :	<b>Dispatch At</b> :
<b>Ref. By</b> : APOLLO			<b>Tele No.</b> :
<b>Location</b> :			

Test Name	Results	Units	Bio. Ref. Interval
Urea	27.2	mg/dL	17 - 43

**Serum**

Useful screening test for evaluation of kidney function. Urea is the final degradation product of protein and amino acid metabolism. In protein catabolism, the proteins are broken down to amino acids and deaminated. The ammonia formed in this process is synthesized to urea in the liver. This is the most important catabolic pathway for eliminating excess nitrogen in the human body. Increased blood urea nitrogen (BUN) may be due to prerenal causes (cardiac decompensation, water depletion due to decreased intake and excessive loss, increased protein catabolism, and high protein diet), renal causes (acute glomerulonephritis, chronic nephritis, polycystic kidney disease, nephrosclerosis, and tubular necrosis), and postrenal causes (eg, all types of obstruction of the urinary tract, such as stones, enlarged prostate gland, tumors). The determination of serum BUN currently is the most widely used screening test for the evaluation of kidney function. The test is frequently requested along with the serum creatinine test since simultaneous determination of these 2 compounds appears to aid in the differential diagnosis of prerenal, renal and postrenal hyperuremia.

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Test done from collected sample.



**Approved by: Dr. Keyur Patel**

M.B.B.S.,D.C.P(Patho)  
G- 22475

**Generated On** : 16-Nov-2024 15:14

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1st Floor, Sahajand Palace, Near Gopi  
Restaurant, Anandnagar Cross Road,  
Prahlanagar, Ahmedabad-15.

**Approved On**: 16-Nov-2024 13:20

## TEST REPORT

<b>Reg. No.</b> : 411100354	<b>Reg. Date</b> : 16-Nov-2024 09:43	<b>Ref.No</b> :	<b>Approved On</b> : 16-Nov-2024 13:20
<b>Name</b> : Mr. AJAY PRATAP SINGH			<b>Collected On</b> : 16-Nov-2024 10:09
<b>Age</b> : 46 Years	<b>Gender</b> : Male	<b>Pass. No.</b> :	<b>Dispatch At</b> :
<b>Ref. By</b> : APOLLO			<b>Tele No.</b> :
<b>Location</b> :			

Test Name	Results	Units	Bio. Ref. Interval
<b><u>ELECTROLYTES</u></b>			
Sodium (Na+) <small>Method:ISE</small>	140.5	mmol/L	136 - 145
Potassium (K+) <small>Method:ISE</small>	4.0	mmol/L	3.5 - 5.1
Chloride(Cl-) <small>Method:ISE</small>	101	mmol/L	98 - 107
Serum			

**Comments**

The electrolyte panel is ordered to identify electrolyte, fluid, or pH imbalance. Electrolyte concentrations are evaluated to assist in investigating conditions that cause electrolyte imbalances such as dehydration, kidney disease, lung diseases, or heart conditions. Repeat testing of the electrolyte or its components may be used to monitor the patient's response to treatment of any condition that may be causing the electrolyte, fluid or pH imbalance.

----- End Of Report -----

This is an electronically authenticated report. "Please verify the authenticity of this report by scanning the QR code to ensure data integrity."

Test done from collected sample.



Page 16 of 16

**Approved by: Dr. Keyur Patel**

M.B.B.S,D.C.P(Patho)  
G- 22475

**Generated On** : 16-Nov-2024 15:14

📞 For Appointment : 7567 000 750

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📍 1st Floor, Sahajand Palace, Near Gopi Restaurant, Anandnagar Cross Road, Prahladnagar, Ahmedabad-15.

**Approved On:** 16-Nov-2024 13:20





## MER- MEDICAL EXAMINATION REPORT

Date of Examination	16-11-2024		
NAME	AJAY PRATAP SINGH		
AGE	46	Gender	MALE
HEIGHT(cm)	165	WEIGHT (kg)	71
B.P.	134/76/74		
BMI	26.1		
ECG	NORMAL		
X RAY	NORMAL		
EYE CHECKUP	COLOUR VISION: NORMAL NEAR: 6/6 WITHOUT GLASSES FAR: 6/6 WITHOUT GLASSES		
Present Ailments	N/A		
Details of Past ailments (If Any)	N/A		
Comments / Advice : She /He is Physically Fit	PHYSICALLY FIT		

*Dr. Vipul Chavda*  
**MD (Internal Medicine)**  
 Reg.No. G-18004

Signature with Stamp of Medical Examiner



Ajay Singh,


calculus +  
requires basic cleaning  
 $\frac{8}{2} + \frac{8}{2}$  impacted

*[Signature]*



As per unavailability of ENT Doc. my  
ENT is pending.



  
Mr. Ajay Patel Singh  
16/11/24.

**Concept Diagnostics**

Sahajanand Palace, First Floor, 100 Feet Anand Nagar Road Above Gopi Restaurant, Prahladnagar, Ahmedabad Email:

1897 / AJAY PRATAP SINGH / 46 Yrs / M / 165 Cms / 71 Kg / NonSmoker  
 Date: 16 / 11 / 2024 12:50:19 PM

**Report**



Stage	Time	Duration	Speed(mph)	Elevation	MEts	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:07	0:07	00.0	00.0	01.0	081	47%	118/78	095	00	
Standing	00:14	0:07	00.0	00.0	01.0	081	47%	118/78	095	00	
HV	00:20	0:06	00.0	00.0	01.0	083	48%	118/78	097	00	
ExStart	00:25	0:05	01.7	10.0	01.1	076	44%	118/78	089	00	
BRUCE Stage 1	03:25	3:00	01.7	10.0	04.7	108	62%	124/82	133	00	
BRUCE Stage 2	06:25	3:00	02.5	12.0	07.1	135	78%	130/86	175	00	
BRUCE Stage 3	09:25	3:00	03.4	14.0	10.2	150	86%	142/89	213	00	
PeakEx	10:44	1:19	04.2	16.0	11.7	164	94%	152/92	249	00	
Recovery	11:14	0:30	01.1	00.0	07.3	157	90%	152/92	238	00	
Recovery	11:44	1:00	01.1	00.0	04.3	143	82%	152/92	217	00	
Recovery	12:44	2:00	00.0	00.0	01.0	116	67%	148/89	171	00	
Recovery	13:44	3:00	00.0	00.0	01.0	099	57%	128/84	126	00	
Recovery	13:48	3:04	00.0	00.0	01.0	105	60%	128/84	134	00	

**FINDINGS :**

Exercise Time : 10:19  
 Initial HR (ExStrt) : 76 bpm 44% of Target 174  
 Initial BP (ExStrt) : 118/78 (mm/Hg)  
 Max Workload Attained : 11.7 Good response to induced stress  
 Duke Treadmill Score : 10.3  
 Test End Reasons : Test Complete

Max HR Attained 164 bpm 94% of Target 174  
 Max BP Attained 152/92 (mm/Hg)  
 VO2Max : 41.0 ml/Kg/min (Good)

**REPORT :**

TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHEMIA.

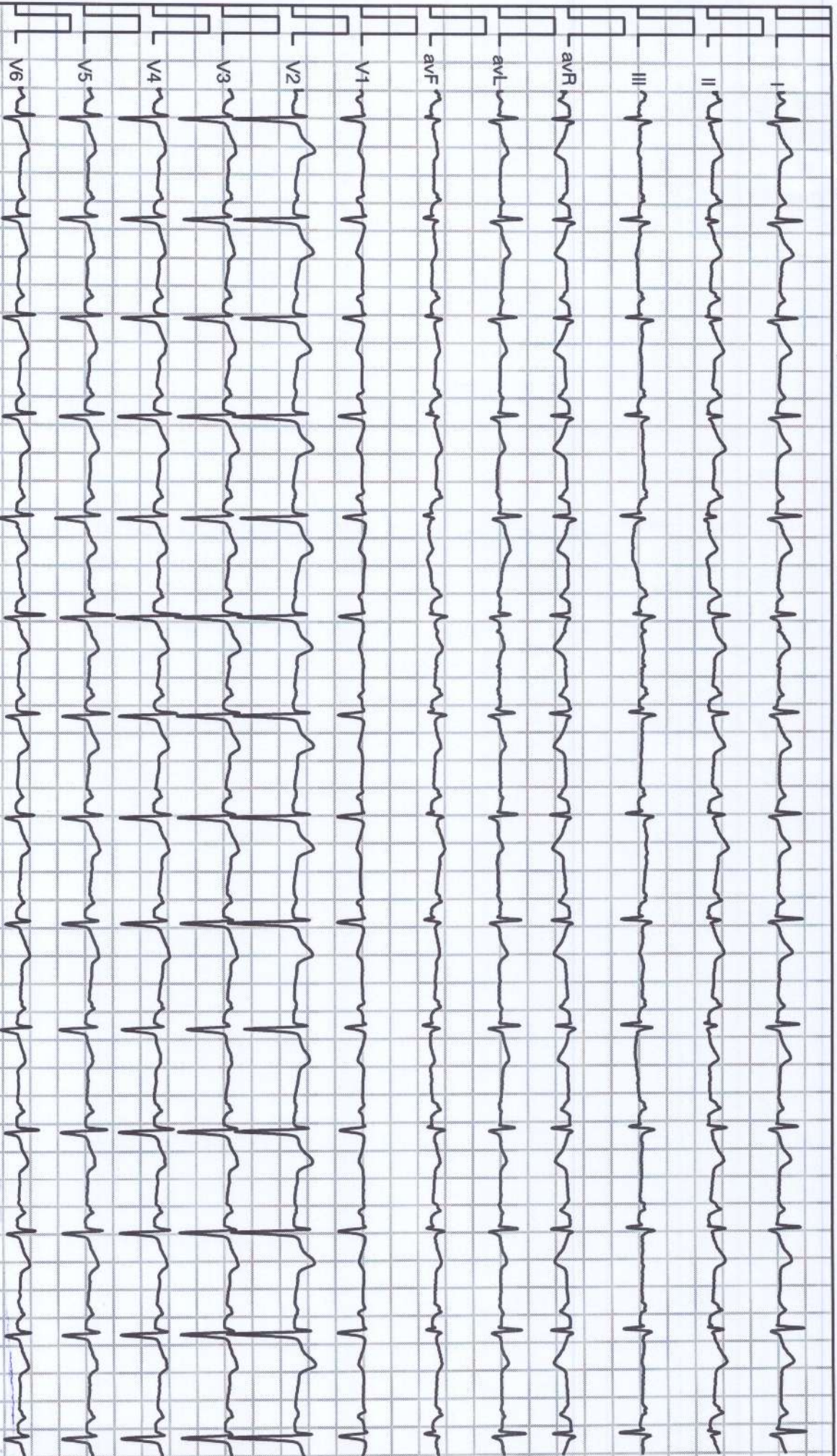
**DR. PARTH THAKKAR**  
 MD (Med.) DNB (Cardiology)  
 Interventional cardiologist  
 G - 32966

Doctor : DR. PARTH THAKKAR



1897 / AJAY PRATAP SINGH / 46 Yrs / M / 165 Cms / 71 Kg / HR 83

Date: 16 / 11 / 2024 12:50:19 PM BP: 118/78 mmHg BLC On Notch On HF 0.05 Hz LF 100 Hz



NSR/LVWL

DR. PARITHI THAKKAR  
MD (Med.) D.D. (Cardiology)  
Interventional Cardiologist  
G (ADXXGEM217220330)(A)Allengers



Date: 16 / 11 / 2024 12:50:19 PM

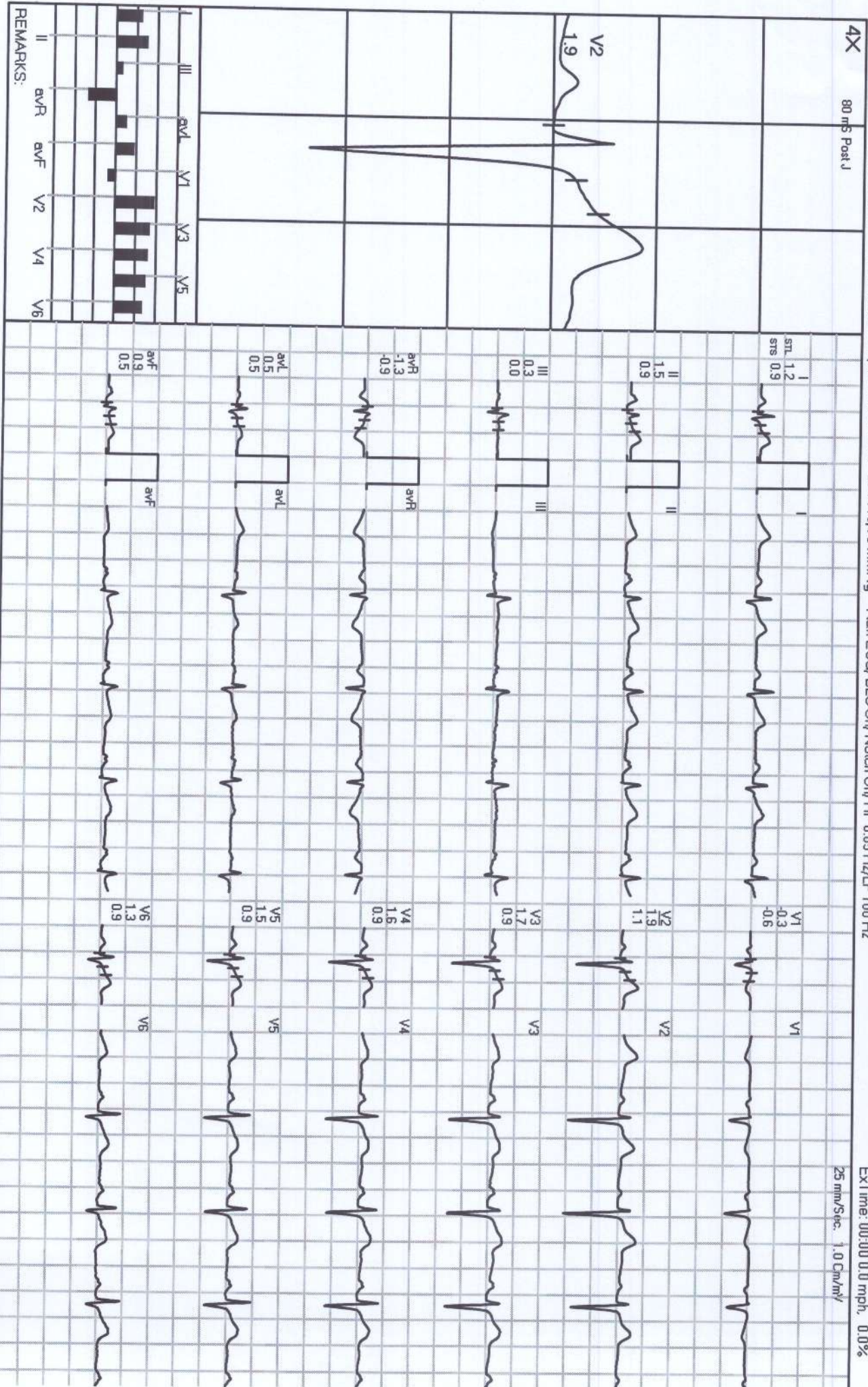
METS: 1.0 / 81 bpm 47% of THR BP: 118/78 mmHg

Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 1.00 Hz

EXTime: 00:00 0.0 mph, 0.0%

4X 80 m/s Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

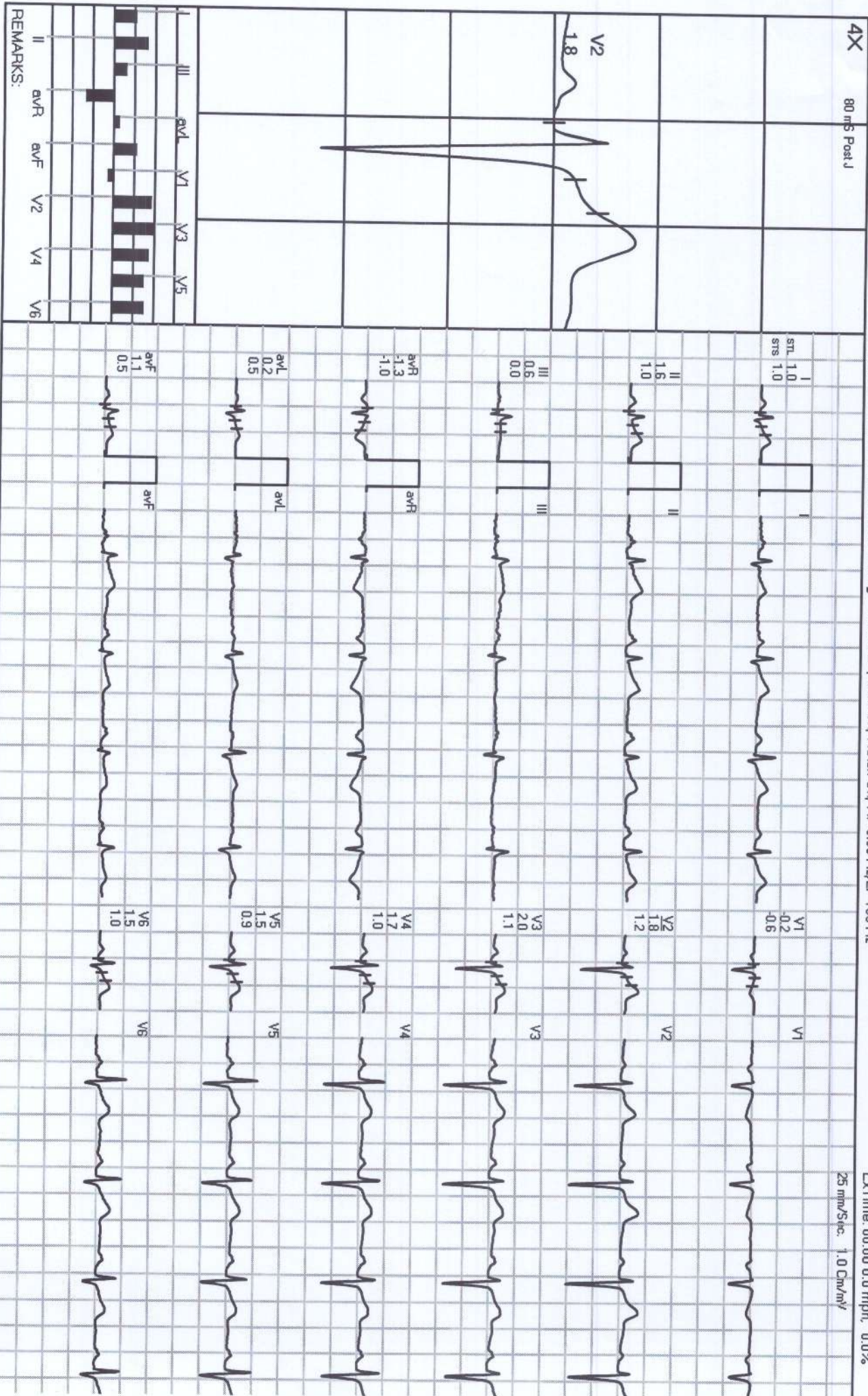
Date: 16/11/2024 12:50:19 PM

METS: 1.0/81 bpm 47% of THR BP: 118/78 mmHg

Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 100 Hz

EXTime: 00:00 0.0 mph, 0.0%

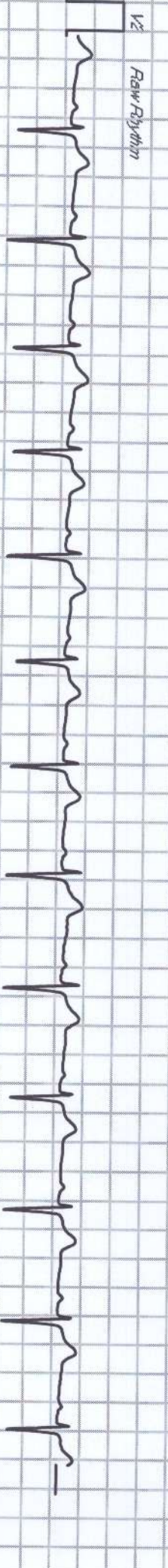
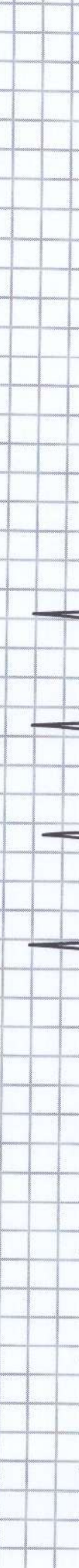
25 mm/Sec. 1.0 Cm/mV



REMARKS:



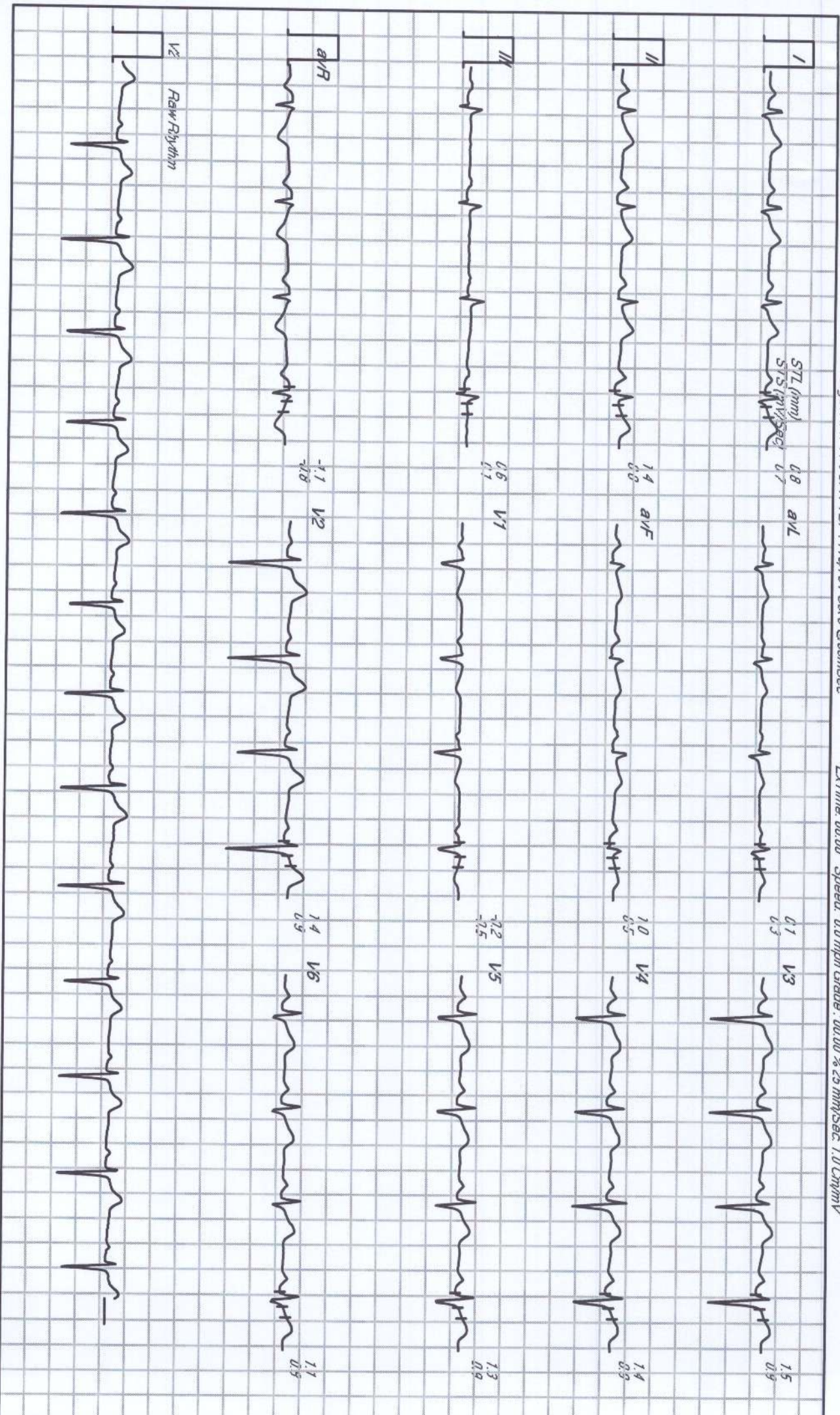
Date: 16/11/2024 12:50:19 PM METS: 1.0 HR: 83 Target HR: 48% of 174 BP: 118/78 Post J @80mSec ExTime: 00:00 Speed: 0.0 mph Grade: 00.00 % 25 mV/Sec 1.0 Cm/mV







Date: 16/11/2024 12:50:19 PM METs: 1.0 HR: 76 Target HR: 44% of 174 BP: 118/78 Post J @ 80mSec  
 ExTime: 00:00 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec: 1.0 Cm/mV



# Concept Diagnostics

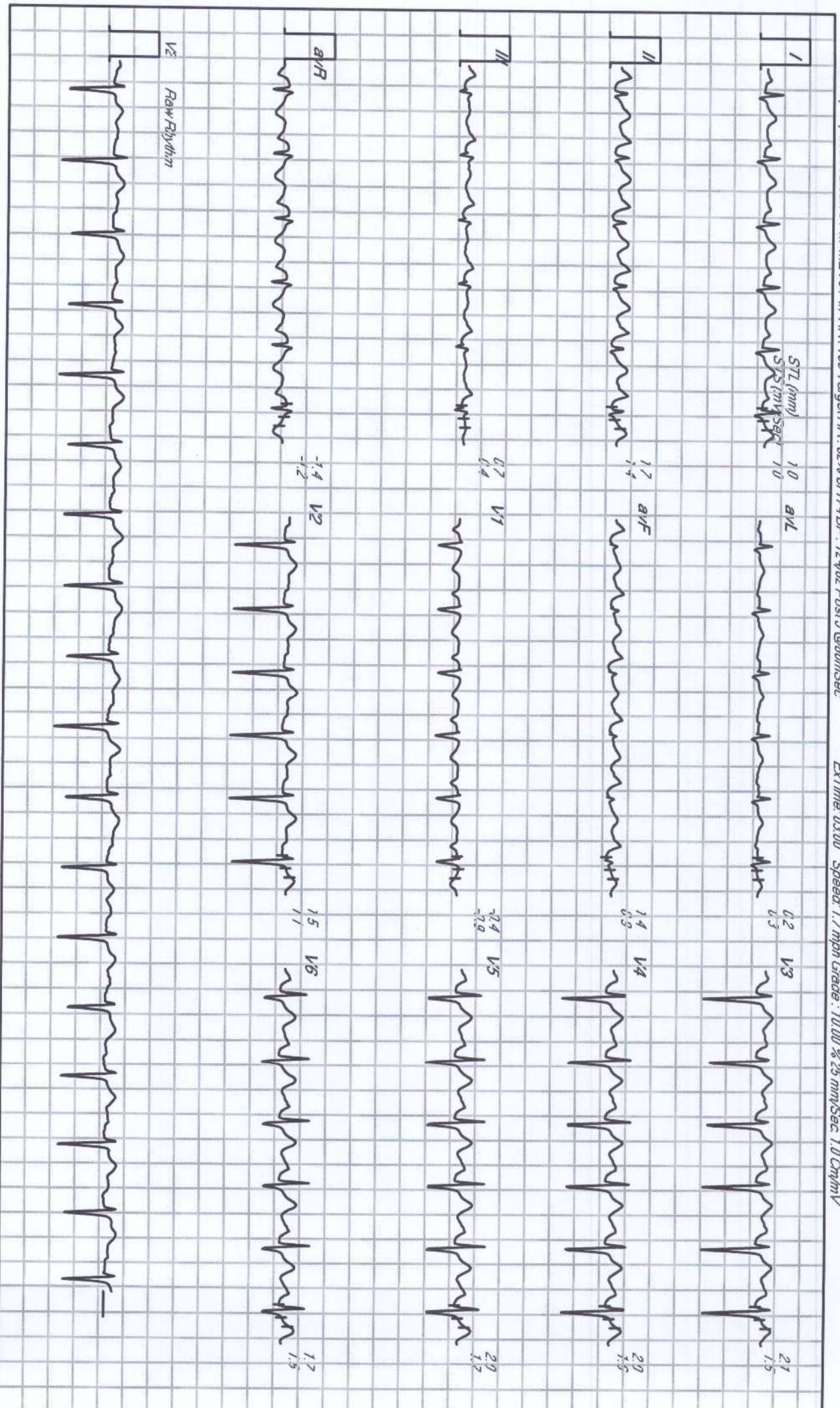
Sahajanand Palace, First Floor, 100 Feet Anand Nagar Road Above Gopi Restaurant, Prahladnagar, Ahmednagar Medians Report  
1897 / AJAY PRATAP SINGH / 46 Yrs / Male / 165 Cm / 71 Kg / Non Smoker

BRUCE : Stage 1 ( 03:00 )



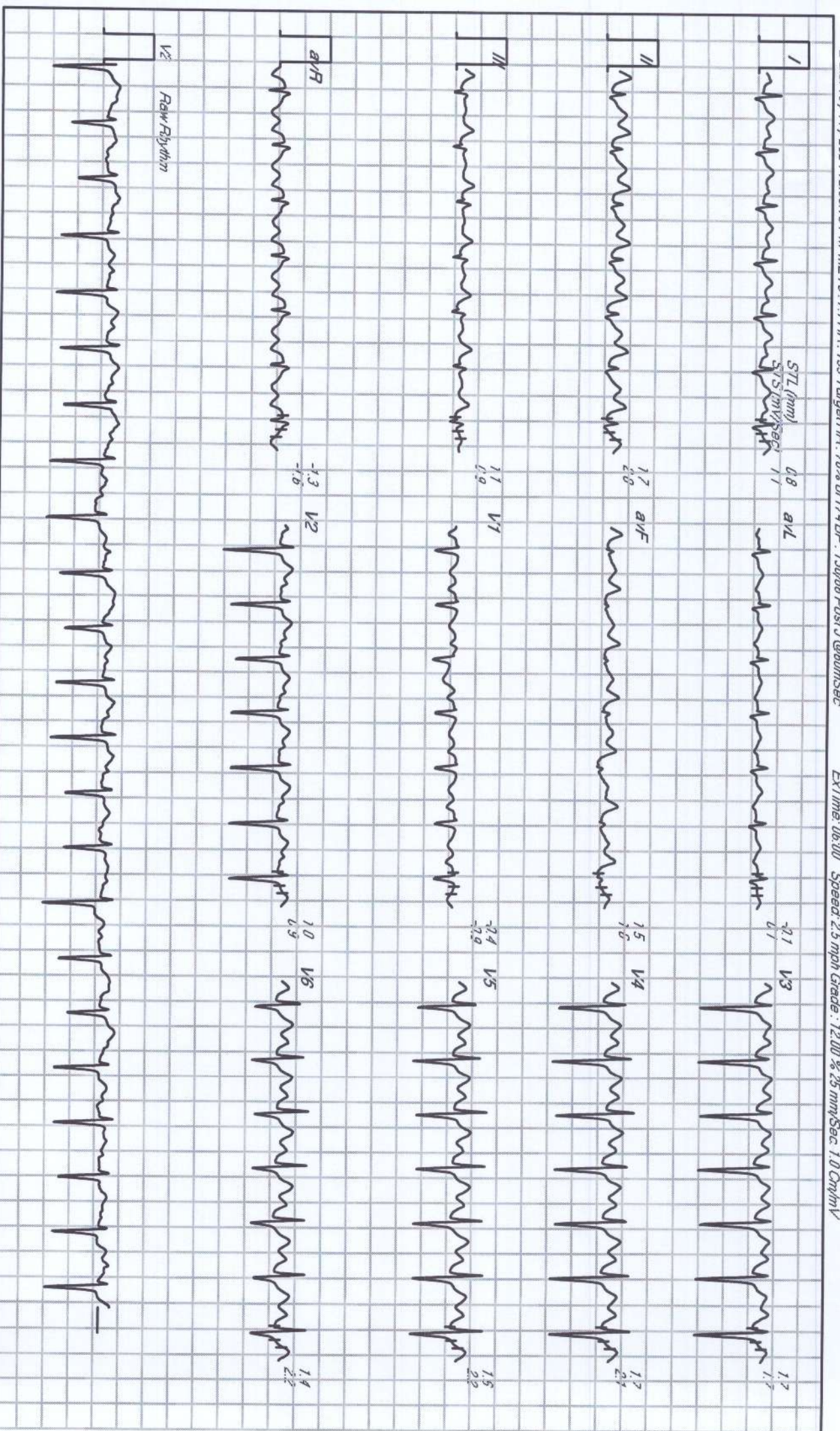
Date: 16/11/2024 12:50:19 PM METs: 4.7 HR: 108 Target HR: 62% of 174 BP: 124/82 Post J @80mSec

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





Date: 16/11/2024 12:50:19 PM METS: 71 HR: 135 Target HR: 78% at 174 BP: 130/86 Post J @60mSec ETime: 06:00 Speed: 2.5 mph Grade: 12.00 % 25 mm/Sec 1.0 Cm/hV



Concept Diagnostics

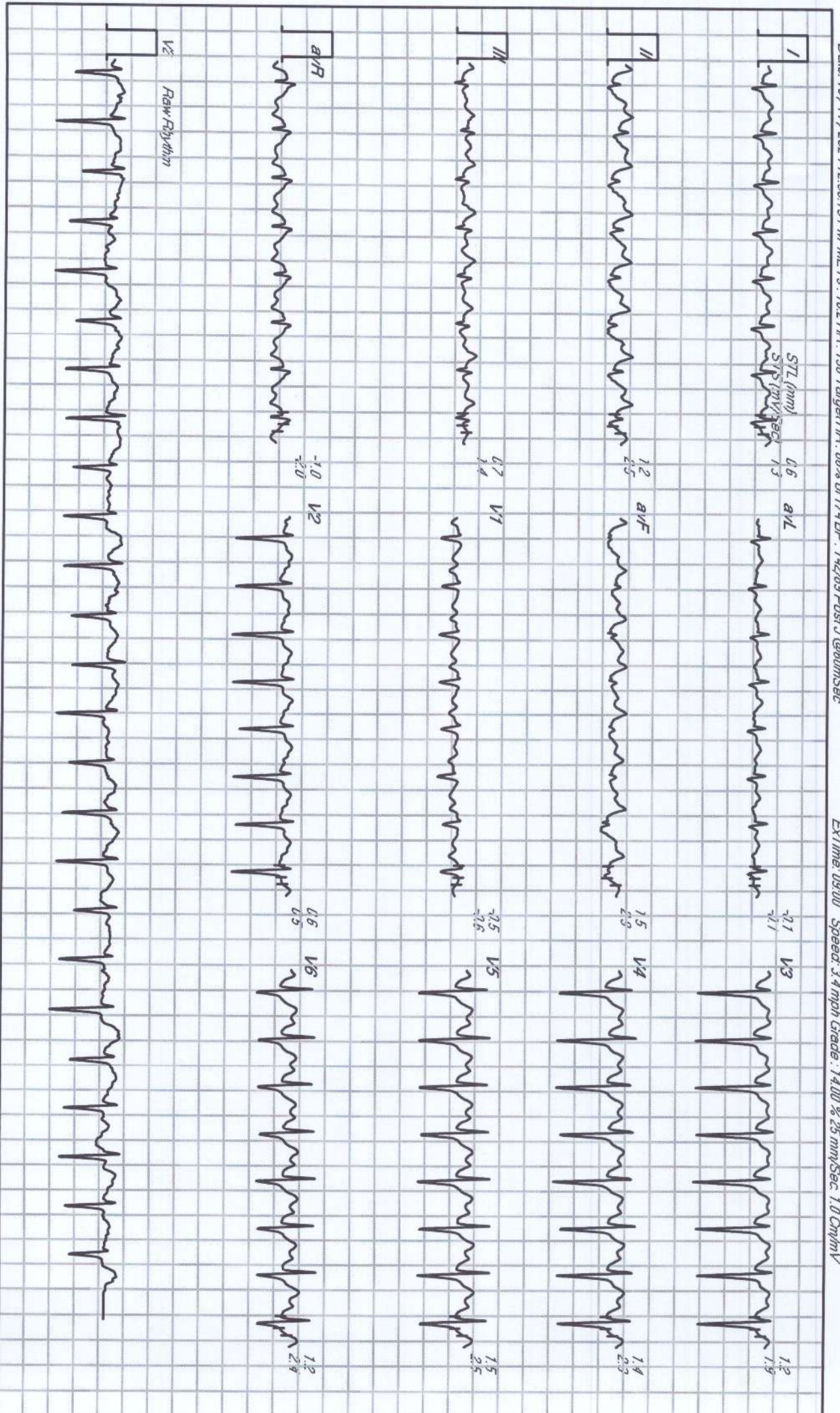
Sahajanand Palace, First Floor, 100 Feet Anand Nagar Road Above Gopi Restaraunt, Prahadnagar, Ahmednaded Medians Report  
1897 / AJAY PRATAP SINGH / 46 Yrs / Male / 165 Cm / 71 Kg / Non Smoker

BRUCE : Stage 3 ( 03:00 )



Date: 16/11/2024 12:50:19 PM METs: 10.2 HR: 150 Target HR: 86% of 174 BP: 142/89 Post J @60mSec

ExTime: 09:00 Speed: 3.4 mph Grade: 14.00 % 25 mm/Sec 1.0 Cm/My



# Concept Diagnostics

Sahajanand Palace, First Floor, 100 Feet Anand Nagar Road Above Gopi Restaurant, Prahlanagar, Ahmednagar, Maharashtra Medians Report  
1897 / AJAY PRATAP SINGH / 46 Yrs / Male / 165 Cm / 71 Kg / Non Smoker



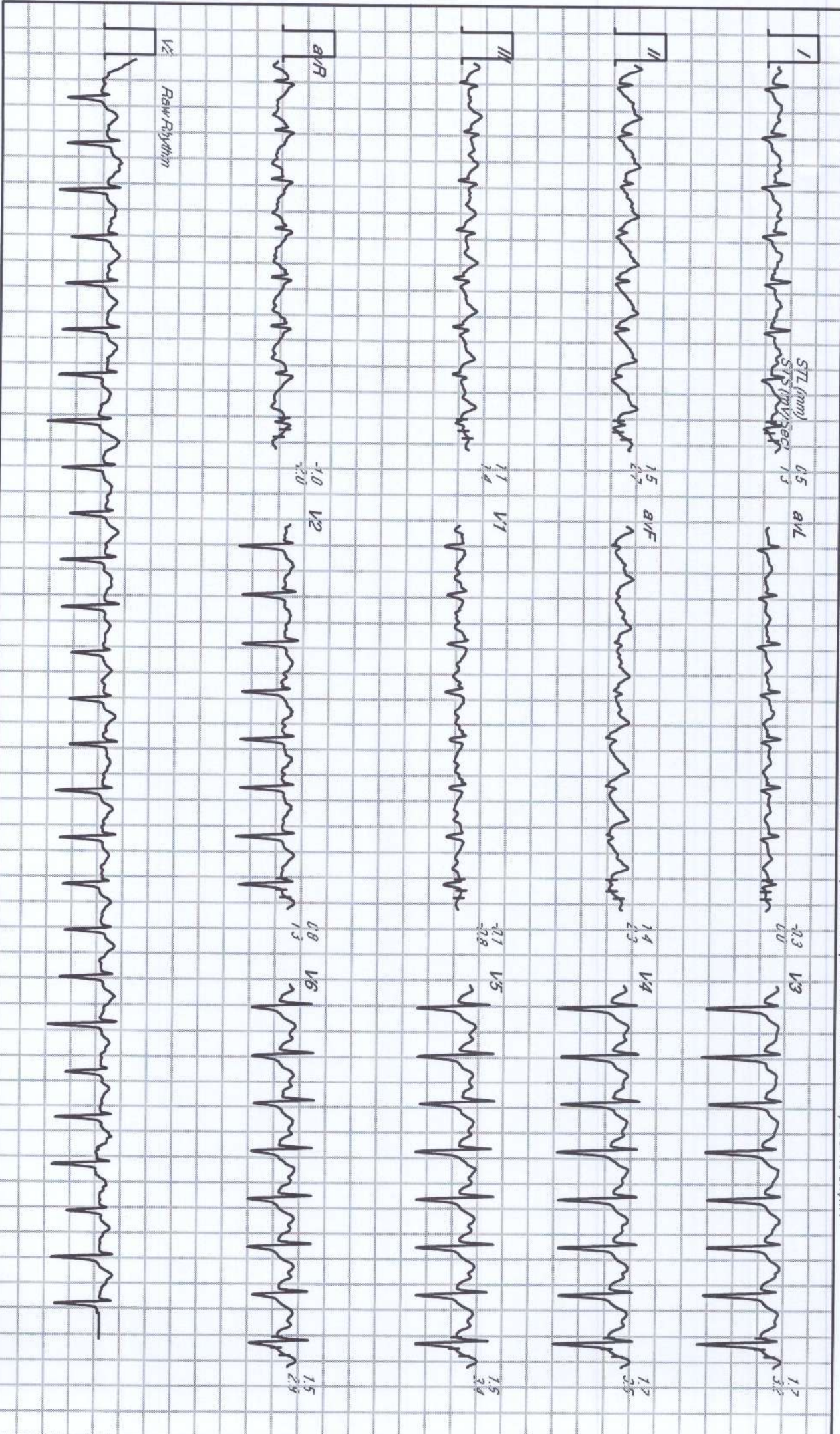
Date: 16/11/2024 12:50:19 PM METs: 11.7 HR: 164 Target HR: 94% of 174 BP: 152/92 Post J @50mSec

ExTime: 10:19 Speed: 4.2 mph Grade: 16.00 % 25 mm/Sec 1.0 Cm/mV





Date: 16/11/2024 12:50:19 PM METs: .72 HR: 157 Target HR: 90% of 174 BP: 152/92 Post J @5umSec EXTime: 10:19 Speed: 1.1 mph Grade: .00 00 % 25 mm/Sec 1.0 Cm/mV





Date: 16/11/2024 12:50:19 PM MET's : 42 HR : 143 Target HR : 82% of 174 BP : 0/92 Post J @60mSec

ExTime: 10:19 Speed: 1.1 mph Grade : 00.00 % 25 m/Sec: 1.0 Cm/hV



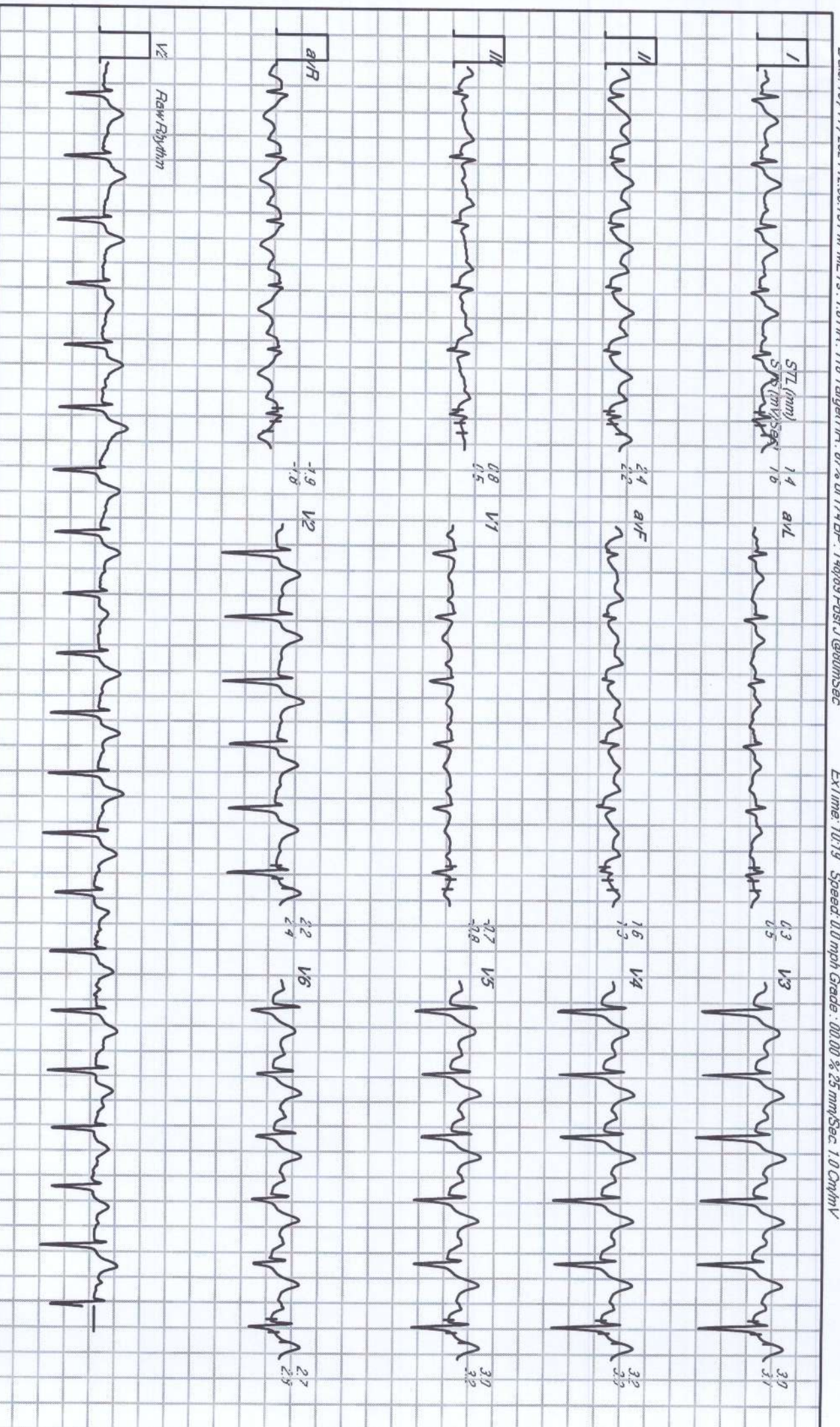
# Concept Diagnostics

Sahajanand Palace, First Floor, 100 Feet Anand Nagar Road Above Gopi Restaurant, Prahlanagar, Ahmednagar Medians Report  
1897 / AJAY PRATAP SINGH / 46 Yrs / Male / 165 Cm / 71 Kg / Non Smoker



Date: 16/11/2024 12:50:19 PM METs: 1.0 HR: 116 Target HR: 67% of 174 BP: 148/89 Post J @ 80mSec

ExTime: 10:19 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/hV





# Concept Diagnostics

Sahjanand Palace, First Floor, 100 Feet Anand Nagar Road Above Gopi Restaurant, Prahlanagar, Ahmedabad Medians Report  
1897 / AJAY PRATAP SINGH / 46 Yrs / Male / 165 Cm / 71 Kg / Non Smoker

Recovery : ( 03:00 )



Date: 16/11/2024 12:50:19 PM METs : 1.0 HR : 99 Target HR : 57% of 174 BP : 128/84 Post J @ 80mSec

EXTime: 10:19 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV



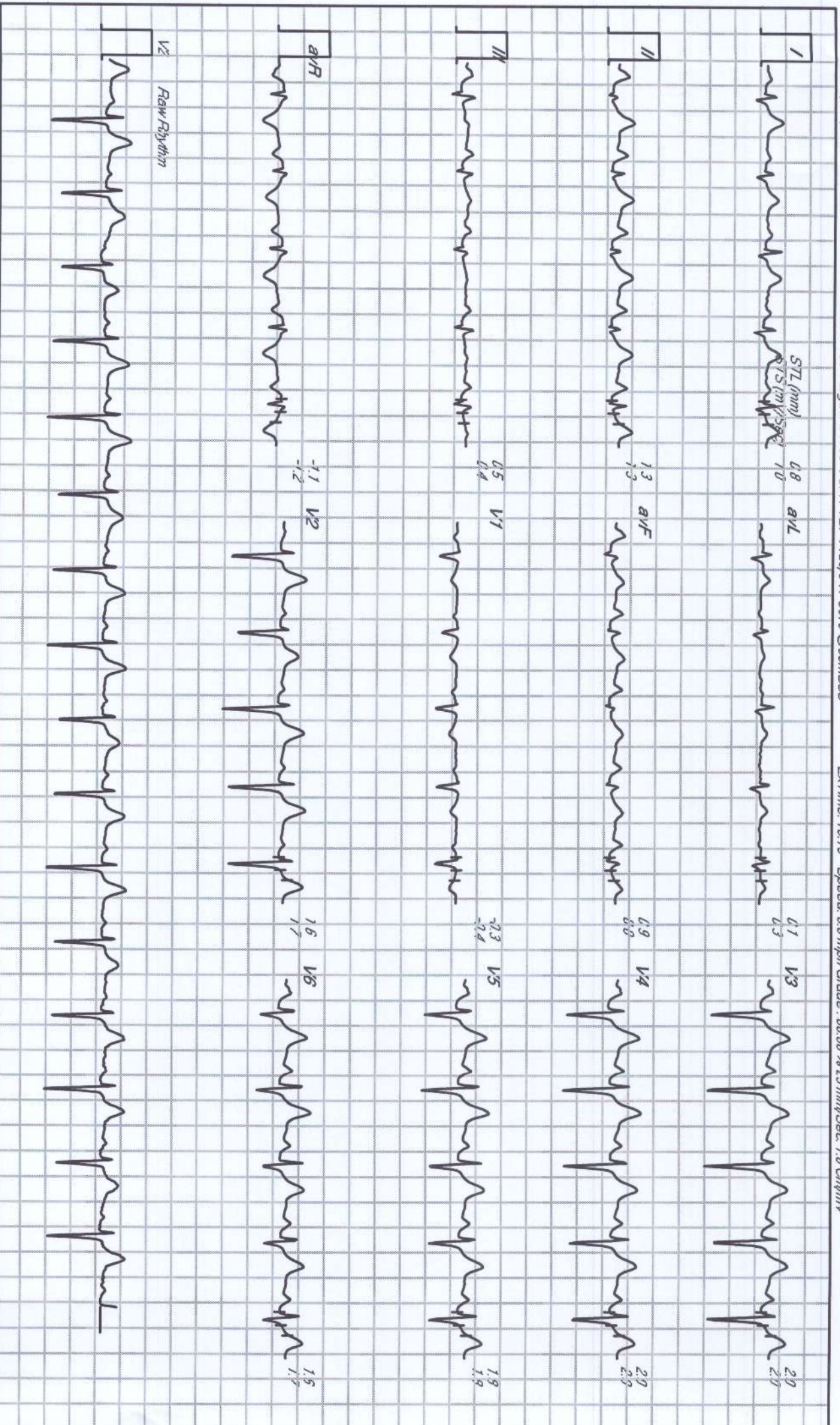
# Concept Diagnostics

Sahajanand Palace, First Floor, 100 Feet Anand Nagar Road Above Gopi Restaurant, Prahladnagar, Ahmedabad Medians Report  
1897 / AJAY PRATAP SINGH / 46 Yrs / Male / 165 Cm / 71 Kg / Non Smoker



Date: 16/11/2024 12:50:19 PM METs : 1.0 HR : 105 Target HR : 60% of 174 BP : 128/84 Post J @ 80mSec

ExTime: 10:19 Speed: 0.0 mph Grade : 00.00 % 25 m/Sec. 1.0 Cr/MinV



NAME :	AJAY PRATAP SINGH	AGE/SEX:	46Y/M
REF. BY:	HEALTH CHECK UP	DATE :	16-Nov-24

### X-RAY CHEST - PA VIEW

- Both lung fields are clear.
- No evidence of consolidation or Koch's lesion seen.
- Both CP angles are clear.
- Heart size is within normal limit.
- Both dome of diaphragm appear normal.
- Bony thorax under vision appears normal.



**Dr. TEJAS PATEL**  
DNB RADIODIAGNOSIS



NAME :	AJAY PRATAP SINGH	AGE/SEX:	46Y/M
REF. BY:	HEALTH CHECK UP	DATE :	16-Nov-24

## USG ABDOMEN & PELVIS

**LIVER:** normal in size & shows increased echogenicity. No evidence of dilated IHBR. No evidence of focal or diffuse lesion. CBD & Portal vein normal.

**GALL-BLADDER:** normal, No evidence of Gall Bladder calculi.

**PANCREAS:** normal in size & echotexture, No e/o peri-pancreatic fluid collection.

**SPLEEN:** normal in size & shows normal echogenicity.

**KIDNEYS:** Both kidneys appear normal in size & echotexture.  
Right kidney measures 100x55mm. Left kidney measures 100x mm.  
No evidence of calculus or hydronephrosis on either side.

**URINARY BLADDER:** appears normal and shows normal distension & normal wall thickness.  
No evidence of calculus or mass lesion.

**PROSTATE:** normal in size & echotexture.

### **USG WITH HIGH FREQUENCY SOFT TISSUE PROBE:**

Visualized bowel loops appears normal in caliber. No evidence of focal or diffuse wall thickening. No collection in RIF. No e/o Ascites. No e/o significant lymphadenopathy.

### IMPRESSION:

➤ Grade-I fatty liver.

**Dr. TEJAS PATEL**  
**DNB RADIODIAGNOSIS**

