

# V ONE HOSPITAL INDORE

01234567890

Name : MR ALOK KUMAR

Tested on : 28/02/2025, 01:45 PM

ID : 250201587

Doctor : V one hospital

Age, Wt, Ht : 38 years (Male), Kg, cm

BPL DYNATRAC ULTRA

## Test Summary Report

Target HR = 182      Total time = 13:41      Protocol = BRUCE  
 HR achieved = 157 (86%)      Exercise time = 07:21      Max ST(mm) = 8.12 (Lead II)  
 Peak Ex = Exercise 3      Recovery time = 05:19      Min ST(mm) = -4.82 (Lead AVR)

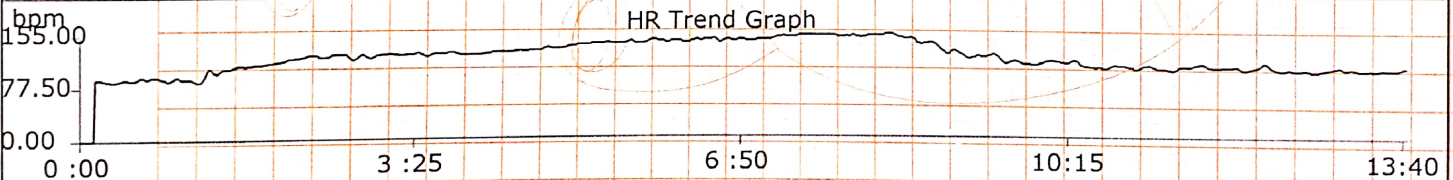
## Stagewise Summary

Stage Name	Duration (mm:ss)	Max HR (bpm)	Max ST (mm)	Min ST (mm)	Speed km/hr	Slope (%)	METS	sys/dia (map)
Supine	00:27	90	8.12(II)	-4.82(AVR)	0.0	0.0	0.00	120/80(93)
Waiting for Exercise	00:34	94	4.73(V3)	-2.57(AVR)	0.0	0.0	0.00	120/80(93)
Exercise 1	03:00	129	8.12(II)	-4.82(AVR)	2.7	10.0	5.10	120/90(100)
Exercise 2	03:00	148	4.90(V3)	-2.72(AVR)	4.0	12.0	7.10	140/90(106)
Peak Exercise 3	01:21	157	4.39(V3)	-4.54(III)	5.5	14.0	9.10	---/---(---)
Recovery 1	01:00	155	3.38(V2)	-2.02(AVR)	5.5	14.0	0.00	---/---(---)
Recovery 2	01:00	125	3.85(V4)	-1.95(AVR)	5.5	14.0	0.00	---/---(---)
Recovery 3	01:00	108	2.72(V4)	-1.74(AVR)	5.5	14.0	0.00	---/---(---)
Recovery 4	01:00	111	2.75(V4)	-1.66(AVR)	5.5	14.0	0.00	---/---(---)
Recovery 5	01:00	106	3.06(V5)	-1.84(AVR)	5.5	14.0	0.00	---/---(---)
Recovery 6	00:19	105	3.18(V4)	-1.74(AVR)	5.5	14.0	0.00	130/80(96)

Rpp: 10800(Supine) , 11280(Waiting for Exercise) , 15480(Exercise 1) , 20720(Exercise 2) , 13650(Recovery 6)

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 PEAK EXERCISE AND RECOVERY  
 NO ARRHYTHMIA NOTED  
 NORMAL INOTROPIC AND CHRONOTROPIC RESPONSE  
 NO ST-T CHANGES DURING PEAK EXERCISE AND RECOVERY

**Final Impression:** TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

*(Handwritten signature)*

Technician:

Done By: Dr. Deepesh kothari      Confirmed by -

Alok Singh  
ID: 123

Male

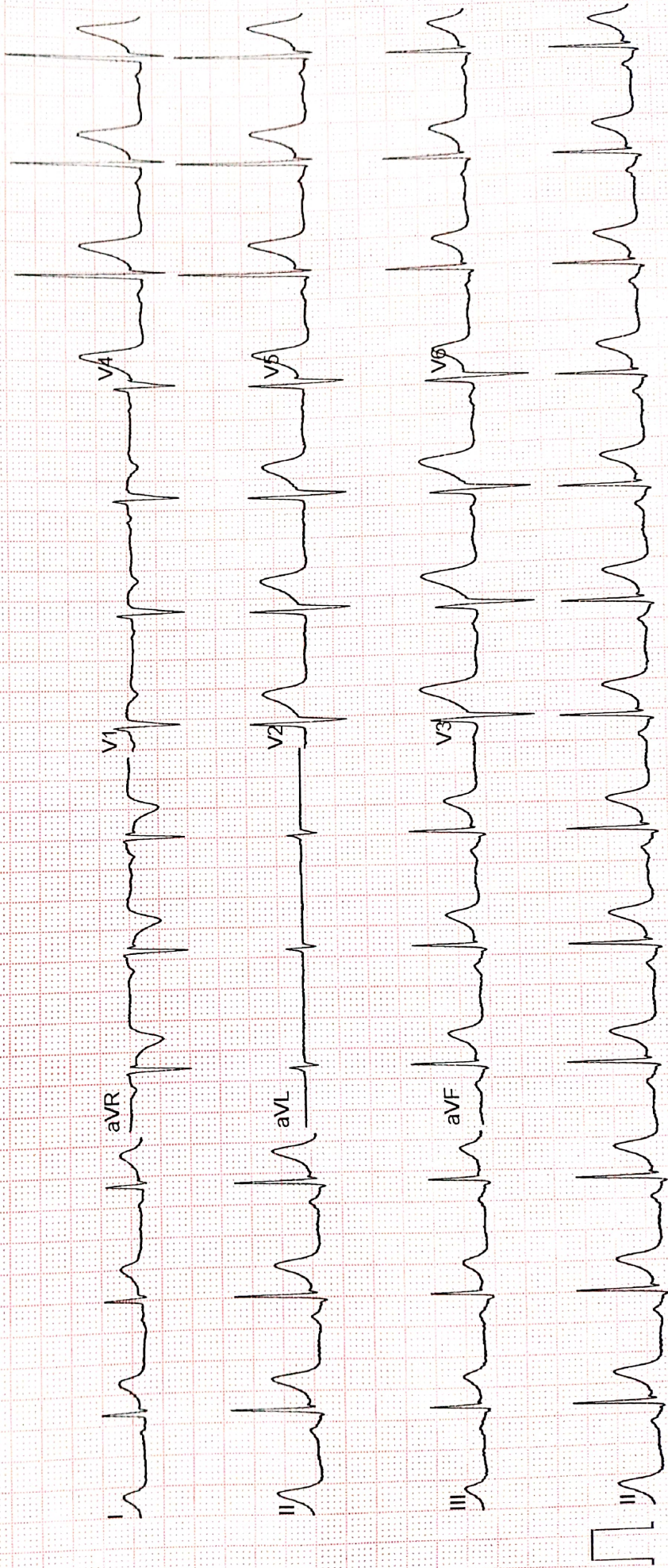
28.02.2025 12:47:07 PM

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indore  
indore

80 bpm  
-- / -- mmHg

QRS : 78 ms  
QT / QTcBaz : 334 / 385 ms  
PR : 142 ms  
P : 106 ms  
RR / PP : 752 / 750 ms  
P / QRS / T : 74 / 68 / 61 degrees

Normal sinus rhythm  
Minimal voltage criteria for LVH, may be normal variant  
Early repolarization  
Borderline ECG



Unconfirmed  
4x2.5x3\_25\_R1

ADS 0.56-40 Hz 50 Hz

25 mm/s 10 mm/mV

4x2.5x3\_25\_R1

1/1



Patient Name: MR. ALOK KUMAR SINGH / MRN-250201587  
Age / Gender : 38 Yr / M  
Address: Jharkhand, Bankati, East Singhbhum, JHARKHAND  
Req. Doctor: VONE HOSPITAL  
Regn. Number: WALKIN.24-25-20610  
Request Date : 28-02-2025

**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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Request Date : 28-02-2025 09:02 AM

Reporting Date : 28-02-2025 05:41 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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**HAEMATOLOGY**

**Request Date :** 28-02-2025 09:02 AM  
**Collection Date :** 28-02-2025 11:15 AM | H-1662  
**Acceptance Date :** 28-02-2025 11:16 AM | **TAT:** 05:16 [HH:MM]

**Reporting Date :** 28-02-2025 04:32 PM  
**Reporting Status :** Finalized

Investigations	Result	Biological Reference Range
ESR (WINTROBE METHOD)	30 mm/hr *	M 0 - 12 mm/hr

END OF REPORT.

**Dr. SHOBHANA AGRAWAL**  
MD (Pathologist)

Result relate to the sample as received.

V-ONE HOSPITAL Department of Laboratory Medicine.

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Investigations	Result	Biological Reference Range
<b>HbA1C</b>		
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.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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**Collection Date :** 28-02-2025 11:15 AM | H-1662 **Reporting Status :** Finalized  
**Acceptance Date :** 28-02-2025 11:16 AM | **TAT:** 05:17  
[HH:MM]

Investigations	Result	Biological Reference Range
<b>BLOOD GROUP</b>		
ABO GROUP	B	
RH FACTOR	Positive	

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[HH:MM]

**Reporting Date :** 28-02-2025 04:33 PM  
**Reporting Status :** Finalized

Investigations	Result	Biological Reference Range
<b>CBC</b>		
Haemoglobin	<b>12.8 gm% *</b>	M 14 - 18 gm% (Age 1 - 100 )
RBC Count	<b>5.35 mill./cu.mm *</b>	M 3.8 - 4.8 mill./cu.mm (Age 1 - 100 )
Packed Cell Volume (PCV)	40.1 %	M 40 - 54 % (Age 1 - 100 )
MCV	<b>75.0 fL *</b>	76 - 96 fL (Age 1 - 100 )
MCH	<b>24.0 pg *</b>	27 - 32 pg (Age 1 - 100 )
MCHC	32.0 g/dl	30.5 - 34.5 g/dl (Age 1 - 100 )
Platelet Count	221 10 <sup>3</sup> /uL	150 - 450 10 <sup>3</sup> /uL (Age 1 - 100 )
Total Leukocyte Count (TLC)	7.3 10 <sup>3</sup> /uL	4.5 - 11 10 <sup>3</sup> /uL (Age 1 - 100 )
Differential Leukocyte Count (DLC)		
Neutrophils	67 %	40 - 70 % (Age 1 - 100 )
Lymphocytes	25 %	20 - 40 % (Age 1 - 100 )
Monocytes	05 %	2 - 10 % (Age 1 - 100 )
Eosinophils	03 %	1 - 6 % (Age 1 - 100 )
Basophils	00 %	< 1 %

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**Regn. ID:** WALKIN.24-25-20610

**IMMUNOLOGY**

**Request Date :** 28-02-2025 09:02 AM  
**Collection Date :** 28-02-2025 11:15 AM | PATH6918  
**Acceptance Date :** 28-02-2025 11:16 AM | **TAT:** 06:01 [HH:MM]

**Reporting Date :** 28-02-2025 05:17 PM  
**Reporting Status :** Finalized

Investigations	Result	Biological Reference Range
<b>Thyroid Profile</b>		
T3	1.43 ng/dL	0.58 - 1.62 ng/dL (Age 1 - 100 )
T4	14.07 ug/dl	5 - 14.5 ug/dl (Age 1 - 100 )
TSH	<b>0.31 uIU/ml *</b>	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

END OF REPORT.

**DR. QUTBUDDIN CHAHWALA**  
M.D. PATHOLOGIST

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Indore - 452 001, MP, INDIA. E: info@vonehospital.com  
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Restoring Quality of Life



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### CLINICAL PATHOLOGY

**Request Date :** 28-02-2025 09:02 AM  
**Collection Date :** 28-02-2025 12:39 PM | CP-671  
**Acceptance Date :** 28-02-2025 12:39 PM | **TAT:** 04:37 [HH:MM]

**Reporting Date :** 28-02-2025 05:16 PM  
**Reporting Status :** Finalized

Investigations	Result	Biological Reference Range
<b>Urine Routine</b>		
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	1-2 /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**

**Request Date :** 28-02-2025 09:02 AM  
**Collection Date :** 28-02-2025 11:15 AM | BIO1987  
**Acceptance Date :** 28-02-2025 11:16 AM | **TAT:** 05:14 [HH:MM]

**Reporting Date :** 28-02-2025 04:30 PM  
**Reporting Status :** Finalized

Investigations	Result	Biological Reference Range
<b>FBS &amp; PPBS *[ Ser/Plas ]</b>		
FBS	95.8 mg/dL	70 - 110 mg/dL
PPBS	115.2 mg/dL	100 - 140 mg/dL
<b>URIC ACID</b>	5.7 mg/dL	M 3.5 - 7.2 mg/dL
<b>BUN</b>		
BUN	17.22 mg/dL	5 - 20 mg/dL
<b>BUN / CREATINE RATIO</b>	<b>27.33 *</b>	10 - 20
<b>CREATININE</b>	<b>0.63 mg/dL *</b>	0.7 - 1.4 mg/dL
<b>GGT(GAMMA GLUTAMYL TRANSFERASE)</b>	19.6 U/L	M 11 - 60 U/L
<b>AST/ ALT RATIO</b>	<b>0.34 *</b>	< 1

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**Acceptance Date :** 28-02-2025 11:16 AM | TAT: 05:15 [HH:MM]  
**Reporting Date :** 28-02-2025 04:31 PM  
**Reporting Status :** Finalized

Investigations	Result	Biological Reference Range
<b>LFT</b>		
SGOT	24.7 U/L	0 - 40 U/L
SGPT	<b>72.1 U/L *</b>	M 0 - 40 U/L
TOTAL BILIRUBIN	0.81 mg/dL	0 - 1.1 mg/dL
DIRECT BILIRUBIN	<b>0.29 mg/dL *</b>	0 - 0.2 mg/dL
INDIRECT BILIRUBIN	0.52 mg/dL	0.2 - 0.8 mg/dL
TOTAL PROTEIN	6.95 mg/dL	6.6 - 8.8 mg/dL
S.ALBUMIN	4.21 mg/dL	3.5 - 5.5 mg/dL
GLOBULIN	2.74 mg/dL	2 - 3.5 mg/dL
A.G.RATIO	<b>1.54 *</b>	1.1 - 1.5
ALKALINE PHOSPHATASE	77 U/L	M 40 - 129 U/L CHILD 54 - 369 U/L
PT INR		
PT	13.0 sec	13 - 15 sec
CONTROL	12.6	
INR	1.03	0.8 - 1.1
HBSAG	Non Reactive	
ALT / AST RATIO	<b>2.91 *</b>	< 1.5
AST / ALT RATIO	0.34	< 1

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**Reporting Status :** Finalized

Investigations	Result	Biological Reference Range
<b>Lipid Profile</b>		
Total Cholesterol	110 mg/dL	0 - 200 mg/dL
Tryglyceride	<b>117.8 mg/dL *</b>	150 - 200 mg/dL
HDL Cholesterol	47.5 mg/dL	35 - 79 mg/dL
VLDL (Calculated)	23.56 mg/dL	5 - 40 mg/dL
LDL	65.3 mg/dL	0 - 130 mg/dL
Total Cholesterol /HDL	2.32	0 - 5
LDL/HDL	1.37	0.3 - 5

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