

Parakh Diagnostics

Karguwan Ji Road, Opp Medical College Gate No. 2, Jhansi
Ph : 0510-2321192, 9415068274, e-mail : parakhdiagnostics2000@gmail.com



Balance:2000

TEST REPORT

Booking Time: 10:03:34
Sample Drawn: 09/11/2024 10:27:12
Sample Received: 09/11/2024 10:27:14
Reported On: 09/11/2024 11:45:48
Print Date & Time: 09/11/2024 18:03:21

Date: 09/11/2024 Patient ID:102418517 Refd by Lab: MEDIWHEEL TPA Mob:8462055226
Name: Mr. ADIL SIDDIQUIE Age: 34 Yrs 2 Mon 1 Days Gender: Male
Refd by: Slide No:
Pt. E-mail ID : Hospital

Test	Value	Biological Ref Interval	Unit
MEDIWHEEL FULL BODY ANNUAL PLUS			
Complete Blood Count			
Total Leucocyte Count (TLC)	7640	4000 - 11000	µL
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
Neutrophils	57.0	40.0 - 75.0	%
Lymphocytes	35.0	20.0 - 45.0	%
Monocytes	04.0	02.0 - 10.0	%
Eosinophils	04.0	01.0 - 06.0	%
Basophils	00.0	00.0 - 01.0	%
Immature Cells	00		%
Method : Flowcytometry/Microscopy			
R B C	5.21	4.50 - 5.50	millions/cmm
Haemoglobin (Hb)	15.4	13.0 - 17.0	gm/dl
Method: Photometric, Sample Type: EDTA Whole Blood			
P.C.V / Haematocrit	46.6	40.0 - 54.0	%
M C V	89.4	76.0 - 96.0	fl.
M C H	29.5	27.0 - 32.0	picogram
M C H C	33.0	30.0 - 35.0	gm/dl
RDW	13.1	12.8 ± 1.2 %	%
Platelet Count	0395	0150 - 0450	x10 ³ /µL
ABSOLUTE LEUCOCYTE COUNT			
Absolute Neutrophil Count	4355	2000 - 7000	/µL
Absolute Lymphocyte Count	2674	1000 - 3000	/µL
Absolute Monocyte Count	306	200 - 1000	/µL
Absolute Eosinophil Count	306	20 - 500	/µL
IMMATURE PLATELET FRACTION (IPF)	1.0	0.9 - 7.0	%

Comments

1. Increased IPF values indicate increased peripheral destruction & low IPF values indicate decreased Bone Marrow production.
2. The clinical utility of IPF is in the Laboratory diagnosis of Thrombocytopenia due to increased peripheral Platelet destruction, particularly Autoimmune Thrombocytopenia Purpura (AITP) and Thrombotic Thrombocytopenic Purpura (TTP) Following patients during treatment the Platelet counts recovered the IPF% FELL.

MRS. HIRDESH GUPTA
Test Requested: MICROBIOLOGY BODY
MSC (Medical Micro Biology)

DR POORVI GUPTA
BIOCHEMIST
MSc(Phd) Med. BIOCHEM

Dr. B. K. Gupta
M.D. (PATHO)
CONSULTANT PATHOLOGIST
PARAKH PATHOLOGY LAB
Opp Medical College, JHANSI

Thanks for Refrence

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Dr. Signature

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3. IPF has a strong correlation with the recovery in Platelets counts in patients with Dengue. After a peak fall in IPF			

Advised:

Urgent recheck of platelet count with a fresh E.D.T.A sample in case the platelet count is not correlating clinically.,
Followup and clinical correlation

ERYTHROCYTE SED.RATE (WIN) * 04 00 - 10 mm/lst hr.

BLOOD GROUP, ABO & Rh TYPING

BLOOD GROUP "A"
Rh TYPING POSITIVE

Method:Agglutination,Sample:EDTA whole blood,Serum

The upper agglutination test for grouping has some limitations.
For further confirmation Reverse typing card (Dia clon ABO / D) Method is suggested.

HBA1C 5.00 %

Method: HPLC, Sample: EDTA

AS PER ADA GUIDELINES

DIAGNOSIS	HbA1c LEVEL
Normal	: Below 5.7 %
Prediabetes	: 5.7 % - 6.4%
Diabetes	: > 6.5 %

FOR KNOWN DIABETIC	HbA1c LEVEL
Target Value is	: 6.5% - 7.5%

ESTIMATED AVERAGE GLUCOSE (eAG) 96.80 65.00 - 135.00 mg/dL

Method : Calculated

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REMARKS:-

In vitro quantitative determination of **HbA1c** in whole blood is utilized in long term monitoring of glycemia .The **HbA1c** level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 8 -12 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose.

It is recommended that the determination of **HbA1c** be performed at intervals of 3-6 months during diabetes mellitus therapy. Results of **HbA1c** should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

Estimated average glucose (eAG) - There is a predictable relationship between HbA1c and eAG. It helps people with diabetes to correlate their A1c to daily glucose monitoring levels. It reflects the average glucose levels in the past 2-3 months. The eAG calculation converts the A1c percentage to the same units used by glucometers- mg/dl.

GLUCOSE FASTING	81.5	70.0 - 99.0	mg/dl
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Method: Hexokinase, Sample:Sodium Fluoride Plasma

Normal: 70.0 - 99.0
Impaired Fasting Glucose : 100 - 125
Diabetes Mellitus : >126

TARGET FOR KNOWN DIABETIC
As per ADA Guidelines
Fasting : 80 - 120 mg/dl

GLUCOSE PP	89.6 L	110.0 - 140.0	mg/dl
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Method: Hexokinase, Sample:Fluoride Plasma

Normal : < 140
Impaired Glucose Tolerance : 140 - 199
Diabetes Mellitus : >200

TARGET FOR KNOWN DIABETIC
As per ADA Guidelines
PP : <180 mg/dl

LIPID PROFILE (BASIC)

CHOLESTEROL	252.5 H	Optimal : < 200 Border Line : 200 -239 High Risk : > 240	mg/dl
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Method: Oxidase, esterase peroxidase.Sample:Serum

TRIGLYCERIDES	163.8	Optimal : <150 Border Line : 150 - 199 High Risk : 200 - 499 Very High Risk : >500	mg/dL
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Method: Enzymatic End-point, Sample: Serum

H D L CHOLESTEROL	46.9		mg/dL
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Method:Direct Measure - PEG. Sample: Serum

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Test	Value	Biological Ref Interval	Unit
V L D L Cholesterol Method: Calculated, Sample: Serum	32.8 H	MALE Optimal : >55.0 Border Line : 35 - 55 High Risk : < 35.0 FEMALE Optimal : > 65.0 Border Line : 45 - 65 High Risk : < 45.0 < 30.0	mg/dl
SERUM CHOLESTEROL/HDL RATIO Method: Calculated	5.38	Low Risk : 3.3 - 4.4 Average Risk : 4.5 - 7.1 Moderate Risk : 7.2 - 11.0	
L D L CHOLESTEROL Method: Direct Measure. Sample: Serum	94.2	Optimal : <100 Near or Above- Optimal : 100 - 129 Border Line : 130 - 159 High Risk : 160 - 189 Very High Risk : >190	mg/dl
LIVER FUNCTION TEST (I)			
TOTAL BILIRUBIN Spectrophotometry	0.76	0.00 - 1.10	mg/dl
NEW BORN AGE OF NEW BORN PREMATURE 24 Hours 1.0 - 6.0 48 Hours 6.0 - 8.0 3 - 5 Days 10.0 - 15.0 AGE OF NEW BORN FULL TERM 24 Hours 2.0 - 6.0 48 Hours 6.0 - 7.0 3 - 5 Days 4.0 - 12.0 Reference range according to THOMAS Total bilirubin: upto 1.10			
CONJUGATED (D. Bilirubin) Spectrophotometry	0.31	0.00 - 0.40	mg/dl
UNCONJUGATED (I.D. Bilirubin)	0.45	0.20 - 0.70	mg/dl
TOTAL PROTEIN Spectrophotometry	7.30	6.40 - 8.30	gm/dl

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ALBUMIN Spectrophotometry	4.20	2.80 - 4.60	gm/dl
GLOBULIN	3.10	2.30 - 3.50	gm/dl
A/G RATIO	1.35	0.80 - 2.00	
S.G.O.T (AST) Method: UV without P5P, Sample: Serum	26.0	0.0 - 40.0	U/L
S G.P.T (ALT) Method: UV without P5P, Sample: Serum	29.9	0.0 - 40.0	U/L
ALKALINE PHOSPHATASE OPTIMIZED Method: PNPP, AMP Buffer, Sample: Serum	86.0	40.0 - 129.0	U/L
G G T P (Gamma GT) Method: Glutamyl Carboxy-nitro, Sample: Serum	21.2	8.0 - 61.0	U/L
<u>KFT-KIDNEY FUNCTION TEST</u>			
UREA Method: Urease, UV, Sample: Serum	29.3	15.0 - 45.0	mg /dl
S.CREATININE Method: Alkaline Picrate Kinetic, IFCC-IDMS Stand.	1.12	0.70 - 1.20	mg/dl
URIC ACID Method: Uricase Colorimetric, Sample: Serum	9.55 H	3.40 - 7.00	mg/dl
TOTAL PROTEIN Spectrophotometry	7.30	6.40 - 8.30	gm/dl

Adult (Male) : 40 - 129 U/L
Adult (Female) : 35 - 104 U/L
1 Day : < 250 U/L
2 - 5 Days : < 231 U/L
6 Days - 6 Month : < 449 U/L
7 Months - 1 Year : < 426 U/L

Adult (Male) : 0.70 - 1.20
Adult (Female) : 0.50 - 0.90
Neonates (premature): 0.29 - 1.04
Neonates (Full term): 0.24 - 0.85

Male : 3.4 - 7.0
Female : 2.4 - 5.7

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ALBUMIN Spectrophotometry	4.20	2.80 - 4.60	gm/dl
GLOBULIN	3.10	2.30 - 3.50	gm/dl
A/G RATIO	1.35	0.80 - 2.00	
S.SODIUM Method: Ion selective electrode, Sample: Serum	143.5	135.0 - 150.0	mmol/L
S.POTASSIUM Method: Ion selective electrode, Sample: Serum	4.30	3.50 - 5.30	mmol/L
S.CALCIUM Method: BAPTA, Sample: Serum	10.02	Adult: 8.6 - 10.2 Children(0-10 days): 7.6 - 10.4 Children(10 days-2 yrs) : 9.0 - 11.0 Children(2-12 yrs): 8.8 - 10.8	mg/dl
BLOOD UREA NITROGEN (BUN) * Method: Urease, UV, Sample: Serum	13.7	6.0 - 20.0	mg/dl
TOTAL T3 Method: CLIA, Sample: Serum	1.06	0.87 - 1.78 Adults (>15 yrs) : 0.87 - 1.78 New born : 0.75 - 2.60 1 - 5 Yrs : 1.00 - 2.60 5 - 10 Yrs : 0.90 - 2.40 10 - 15 Yrs : 0.80 - 2.10	ng/ml
TOTAL T4 Method: CLIA, Sample: Serum	9.70	6.09 - 12.23 Adults : 6.09 - 12.23 1 - 3 days : 8.20 - 19.9 1 week : 6.00 - 15.9 1 - 12 month : 6.1 - 14.9 1 - 3 yrs : 6.80 - 13.5 3 - 10 yrs : 5.50 - 12.8 >10 Yrs : 6.09 - 12.23	µg/dl
TSH Method: CLIA, Sample: Serum	1.00	0.40 - 5.50	µIU/ml

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 Test Requester MICROBIOLOGY BODY
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Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4 am and at a minimum 6- 10 pm. The variation is of the order of 50%, hence time of the day has influence on the measured TSH concentrations.

Children

Premature (28-36 Weeks) : 0.7 - 27.0 uIU/mL
Birth 4 Days : 1.0 - 39.0 uIU/mL
5 Days - 20 Weeks : 1.7 - 9.1 uIU/mL
21 Weeks - 20 Years : 0.7 - 6.4 uIU/mL

Adults

21 - 54 Years : 0.4 - 4.5 uIU/mL
55 - 87 Years : 0.5 - 8.9 uIU/mL

Pregnancy

First Trimester : 0.1 - 2.5 uIU/mL
Second Trimester : 0.2 - 3.0 uIU/mL
Third Trimester : 0.3 - 3.0 uIU/mL

URINE EXAMINATION - R/M

URINE ALBUMIN	NIL		
URINE FOR REDUCING SUBSTANCES	ABSENT	ABSENT	
MICROSCOPIC EXAMINATION			
PUS CELLS	0-1	NIL	/HPF
EPITHELIAL CELLS	0-1	NIL	/HPF
RBC's	NIL	NIL	/HPF
CRYSTALS	NOT DETECTED		
CASTS	NOT DETECTED		
BACTERIA	NOT DETECTED		
OTHERS	NOT DETECTED		
CRENATED R.B.C.	NOT DETECTED		
URINE GLUCOSE FASTING	NIL	NIL	
URINE GLUCOSE PP	NIL	NIL	NIL
TMT			

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Test	Value	Biological Ref Interval	Unit
ECG	.		
2D Echo	.		
USG whole Abdomen	.		
CHEST PA	.		

X-RAY CHEST PA VIEW

Soft tissues and bony cage under view are normal.
Lung fields are normal.
Bilateral hilar shadows are normal.
Mediastinum and domes are normal.
Costophrenic angles are clear.
Cardiac size and shape is normal.

IMPRESSION :- Normal Skiagram.
ENT CONSULTATION .
DENTAL CONSULTATION .
EYE CONSULTATION .
DIET CONSULTATION .
*** End of Report ***

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ADIL, SIDDIQUI

Patient ID: 102418517

11/09/2024 Male 167 cm 89 kg

12:34:25pm 34 yrs

Meds:

Test Reason:

Medical History:

Ref. MD: Ordering MD:

Technician: Test Type:

Comment:

BRUCE: Exercise Time 06:29

Max HR: 164 bpm 88 % of max predicted 186 bpm HR at rest: 96

Max BP: 148/98 mmHg BP at rest: 136/86 Max RPP: 24272 mmHg*bpm

Maximum Workload: 8.40 METS

Max. ST: -1.15 mm, -0.72 mV/s in III: EXERCISE STAGE 2 4:30

ST/HR index: 1.61 μ V/bpm

ST/HR slope: 2.44 μ V/bpm (III)

HR reserve used: 75 %

HR recovery: 30 bpm

VE recovery: 1 VE/min

ST/HR hysteresis: -0.002 mV (III)

QRS duration: BASELINE: 82 ms, PEAK EX: 80 ms, REC: 76 ms

Reasons for Termination: Target heart rate achieved

Summary:

Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise:

appropriate. BP Response to Exercise: normal resting BP - appropriate response.

Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall impression:

Normal stress test.

Room:

Location: * 0 *

Phase Name	Stage Name	Time in Stage	Speed [km/h]	Grade [%]	Workload [METS]	HR [bpm]	BP [mmHg]	RPP [mmHg*bpm]	VE [/min]	ST Level III [mm]	Comment
PRETEST	SUPINE	00:24	0.00	0.00	1.0	94	136/86	12784	0	-0.05	
	STANDING	00:24	0.00	0.00	1.0	98	138/88	13524	0	-0.10	
	HYPERV.	00:24	0.00	0.00	1.0	100	140/90	14000	0	-0.25	
EXERCISE	WARM-UP	01:02	1.60	0.00	1.7	120	142/92	17040	0	0.05	
	STAGE 1	03:00	2.70	10.00	4.6	141	144/94	20304	0	-0.55	
	STAGE 2	03:00	4.00	12.00	7.0	155	146/96	22630	0	-0.85	
	STAGE 3	00:30	5.40	14.00	8.4	164	148/98	24272	0	-1.10	
RECOVERY		05:06	0.00	0.00	1.0	113	144/94	16272	0	-0.30	

ADIL, SIDDIQUI
Patient ID: 102418517
11/09/2024 Male 167 cm 89 kg
12:34:48pm 34 yrs

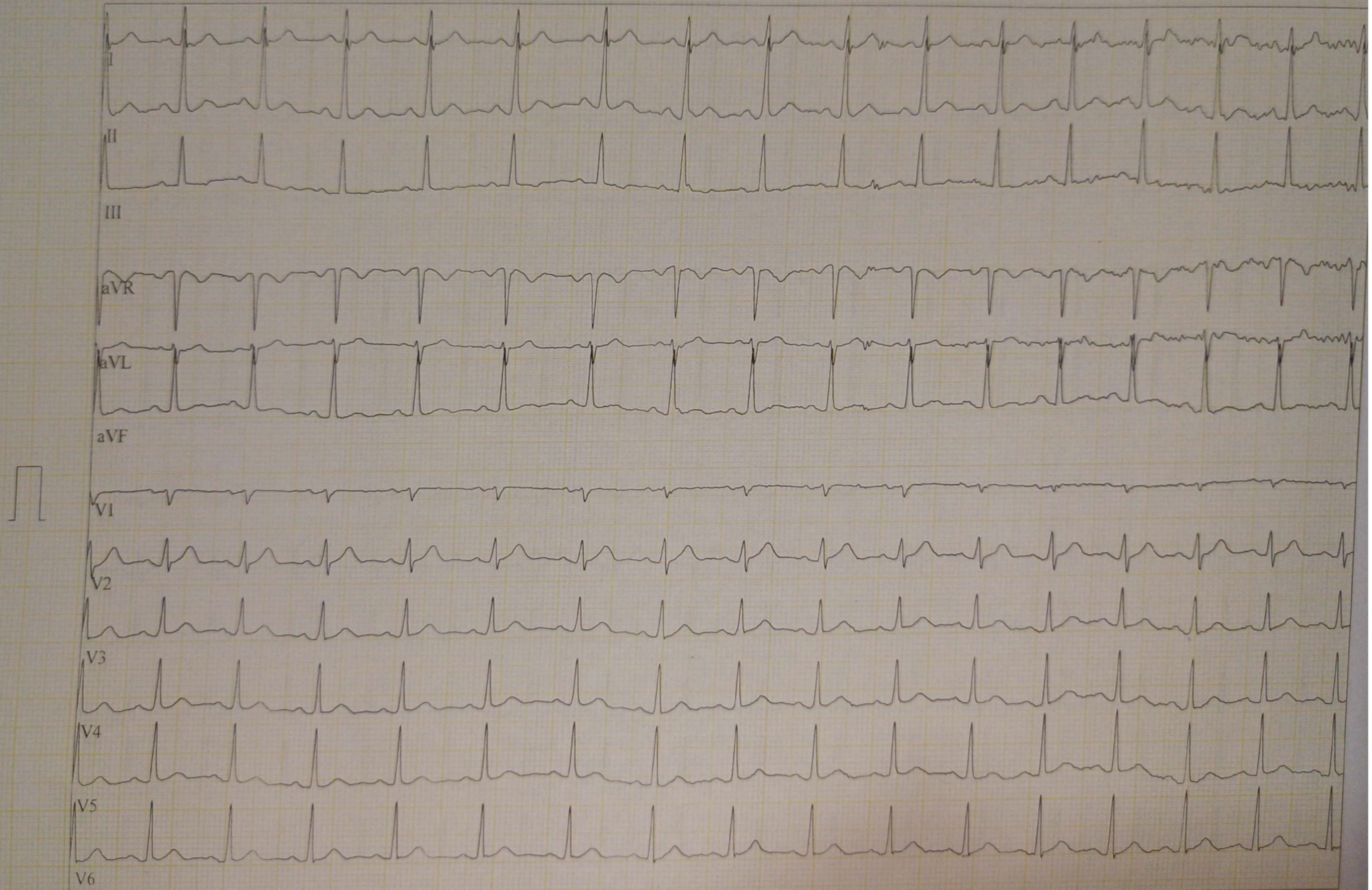
Exercise Test / ECG Strips

96 bpm
136/86 mmHg

PRETEST
SUPINE
0:23

BRUCE
0.0 km/h
0.0 %

PARAKH DIA



GE CardioSoft V7.0 (2)
25 mm/s 10 mm/mV 50 Hz 0.56-20 Hz ADS HEART V5.41.1 HR(II,V6)

Unconfirmed

Attending MD: Dr. Vinod Kumar Sahu

Page 2

ADIL, SIDDIQUI
Patient ID: 102418517
11/09/2024 Male 167 cm 89 kg
12:35:11pm 34 yrs

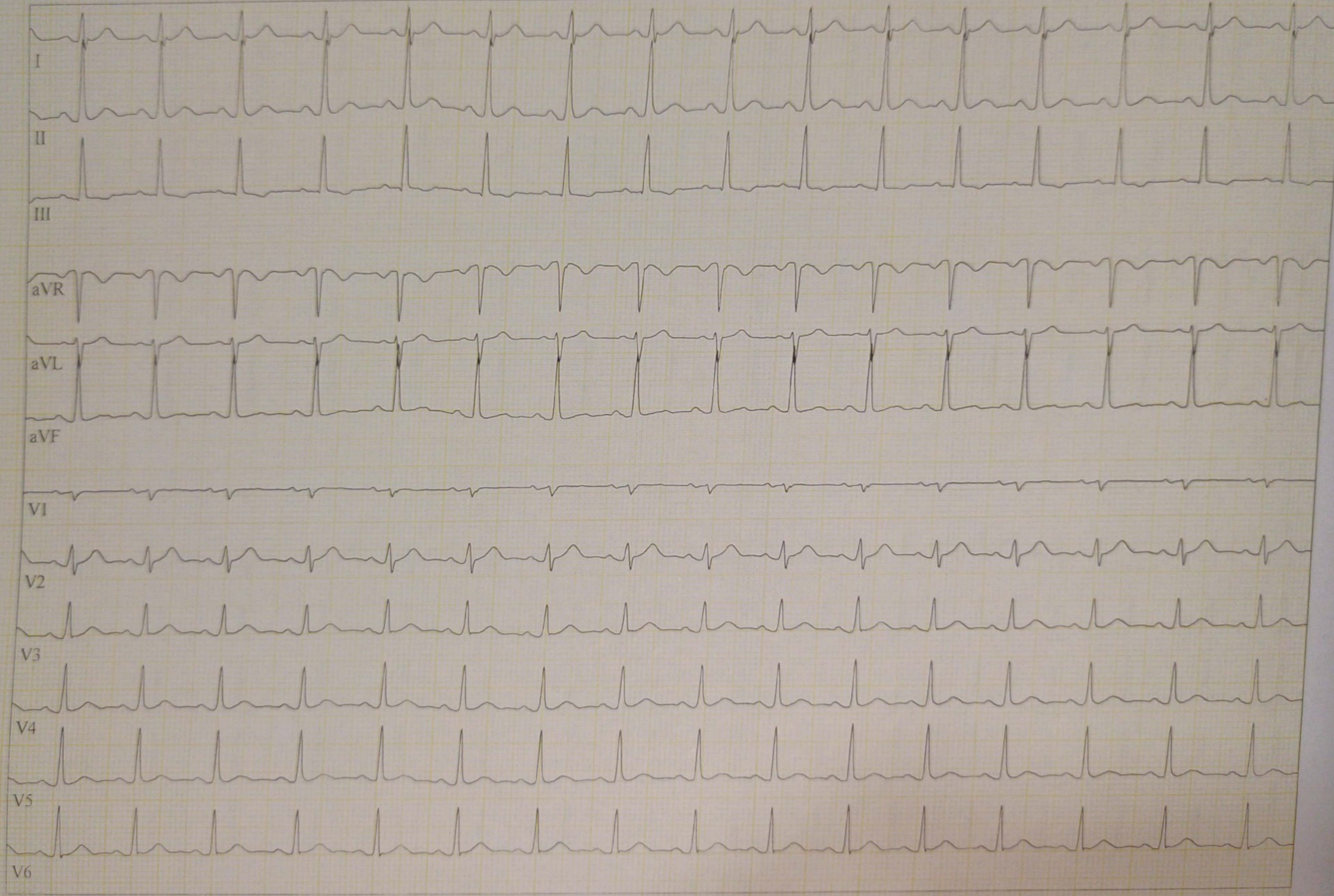
Exercise Test / ECG Strips

96 bpm
138/88 mmHg

PRETEST
STANDING
0:46

BRUCE
0.0 km/h
0.0 %

PARAKH DIA-



GE CardSoft V7.0 (2)
25 mm/s 10 mm/mV 50 Hz 0.56-20 Hz ADS HEART V5 41.1 HR(II,V6)

Unconfirmed

Attending MD: Dr. Vinod Kumar Sahu

Page 3

ADIL, SIDDIQUI
Patient ID: 102418517
11/09/2024 Male 167 cm 89 kg
12:35:34pm 34 yrs

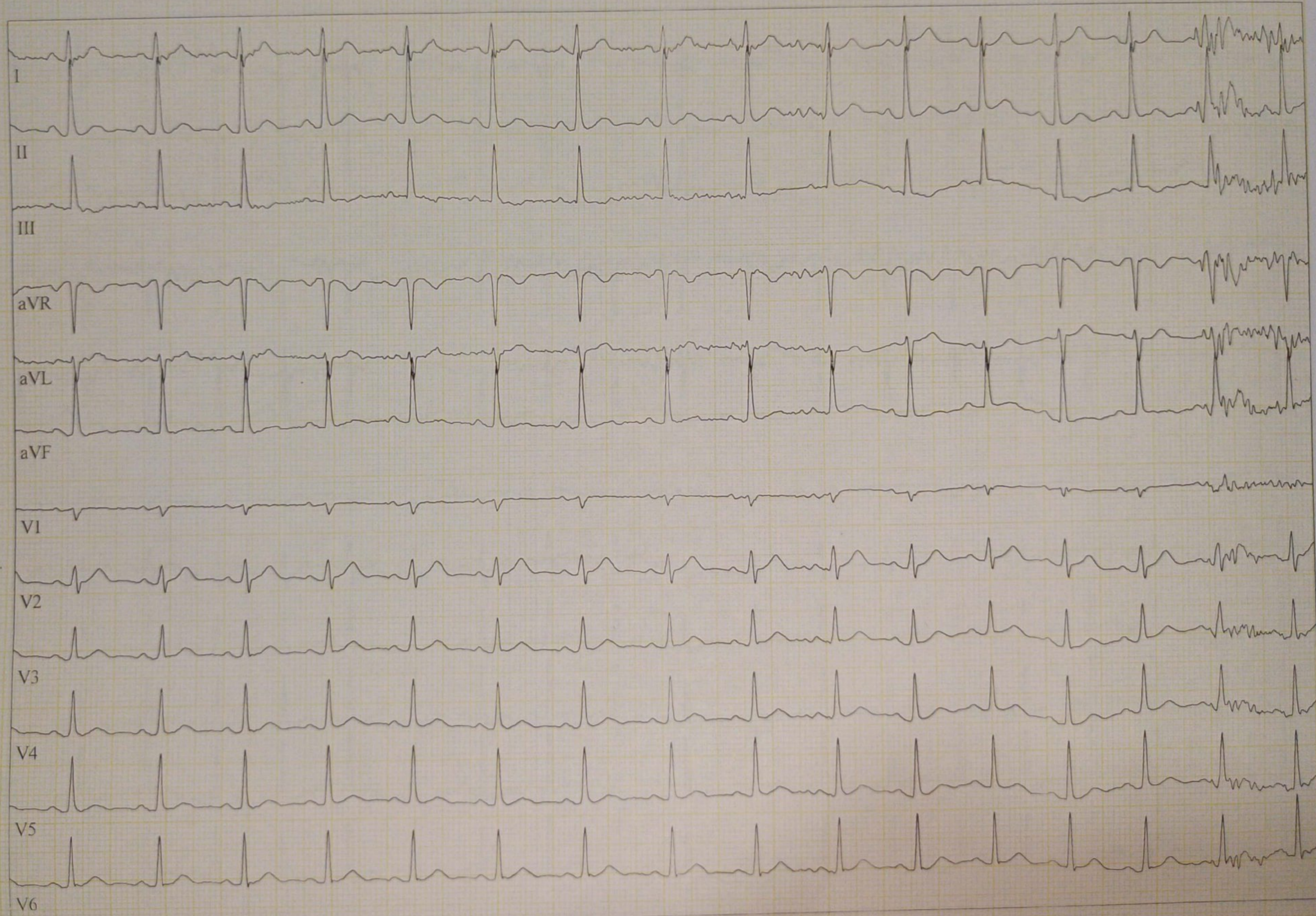
Exercise Test / ECG Strips

100 bpm
140/90 mmHg

PRETEST
HYPERV.
1:09

BRUCE
0.0 km/h
0.0 %

PARAKH DIA



GE CardioSoft V7.0 (2)
25 mm/s 10 mm/mV 50 Hz 0.56-20 Hz ADS HEART V5.41.1 HR(II,V6)

Unconfirmed

Attending MD Dr. Vinod Kumar Sahu

Page 4

ADIL, SIDDIQUI
Patient ID: 102418517
11/09/2024 Male 167 cm 89 kg
12:36:35pm 34 yrs

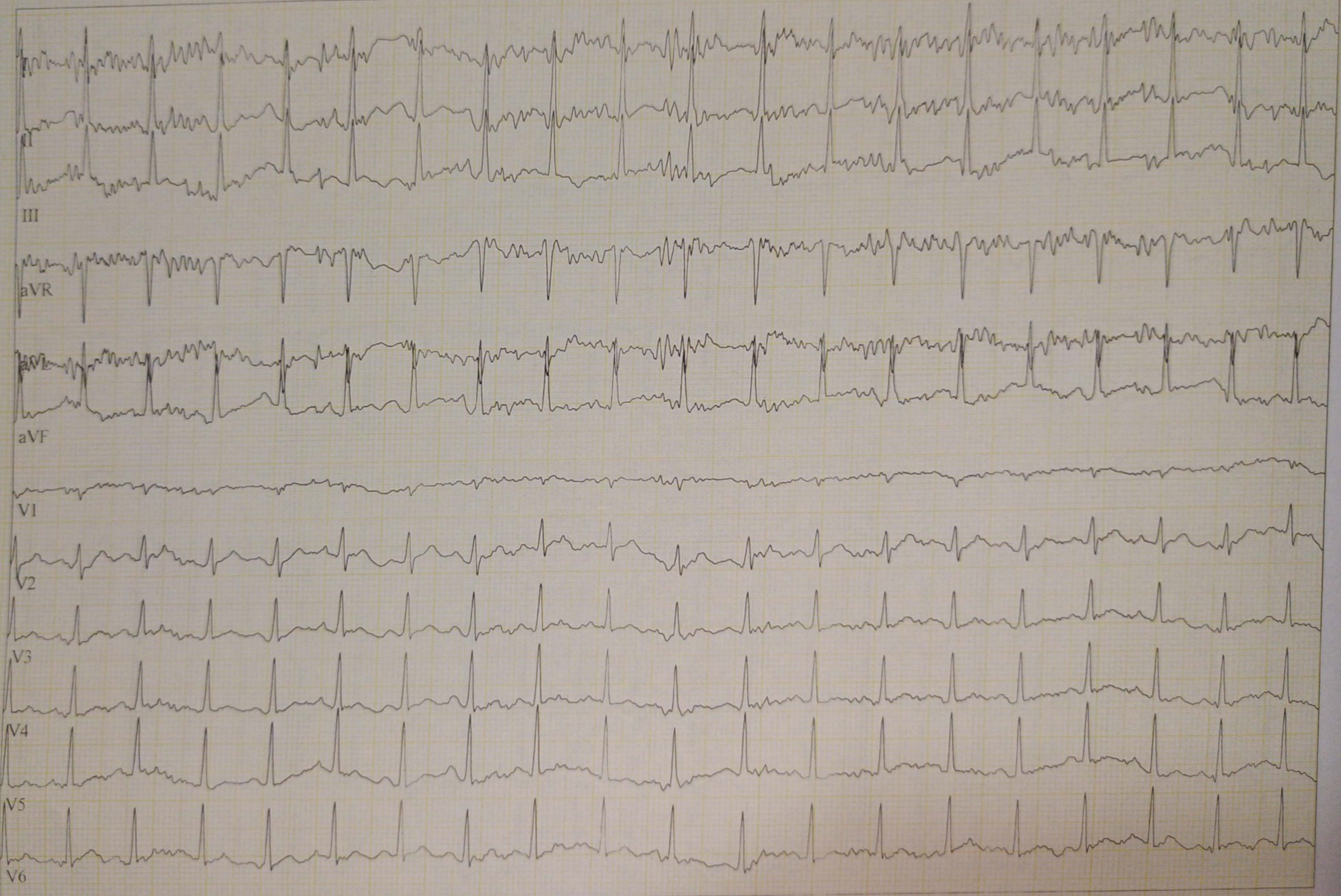
Exercise Test / ECG Strips

120 bpm
142/92 mmHg

PRETEST
WARM-UP
2:11

BRUCE
1.6 km/h
0.0 %

PARAKH DIA



GE CardioSoft V7.0 (2)
25 mm/s 10 mm/mV 50 Hz 0.56-20 Hz ADS HEART V5.4 | HR(II,V6)

Unconfirmed

Attending MD: Dr. Vinod Kumar Sahu

ADIL, SIDDIQUI

Patient ID: 102418517

11/09/2024

Male 167 cm 89 kg

12:39:24pm

34 yrs

Exercise Test ECG Strips

141 bpm

144/94 mmHg

EXERCISE

STAGE 1

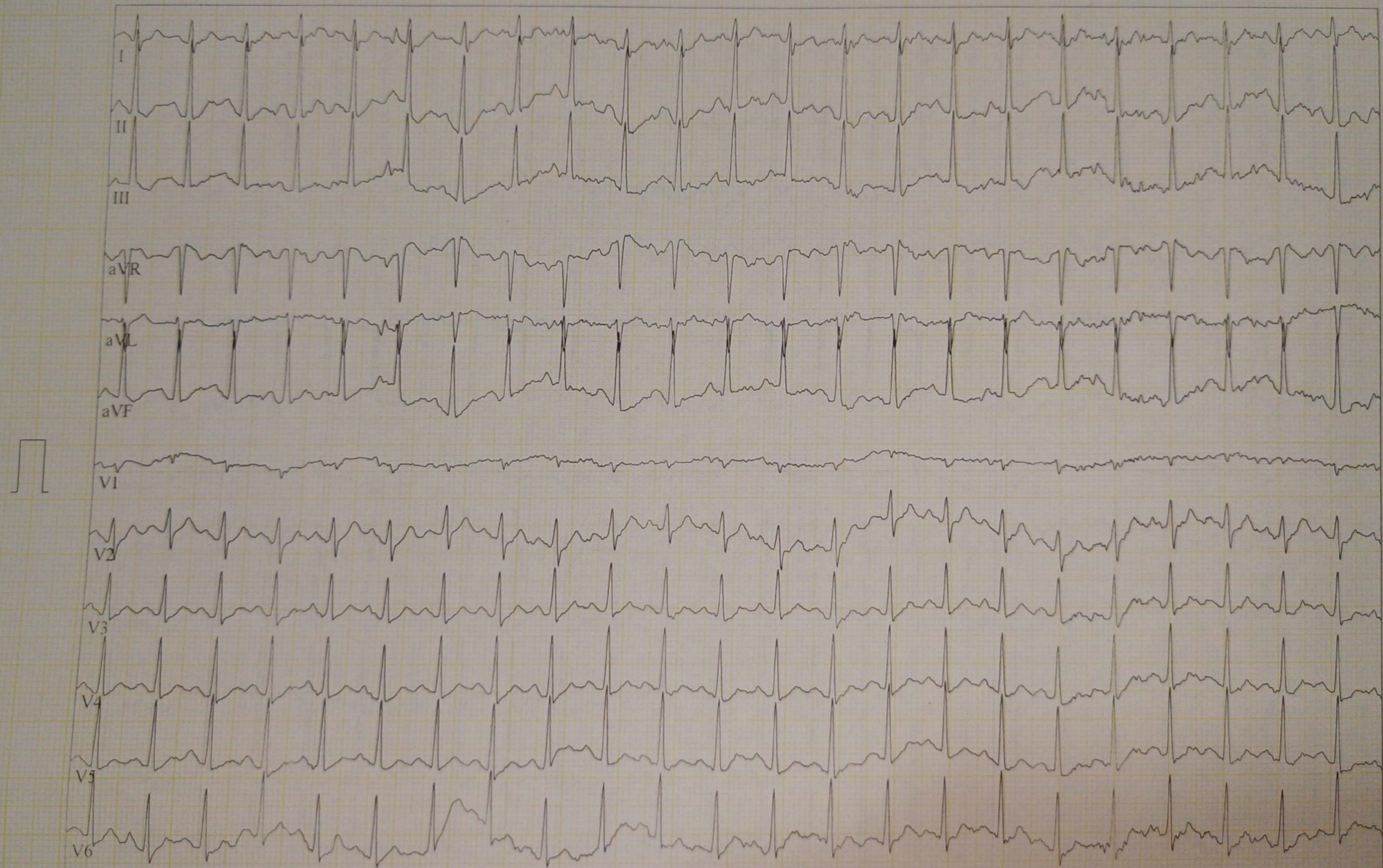
2:50

BRUCE

2.7 km/h

10.0 %

PARAKH DIAGNOSTICS



GE CardioSoft V7.0 (2)

25 mm/s 10 mm/mV 50 Hz 0.56-20 Hz ADS HEART V5.41.1 HR(V6,II)

Unconfirmed

Attending MD: Dr. Vinod Kumar Sahu

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ADIL, SIDDIQUI
Patient ID: 102418517
11/09/2024 Male 167 cm 89 kg
12:42:24pm 34 yrs

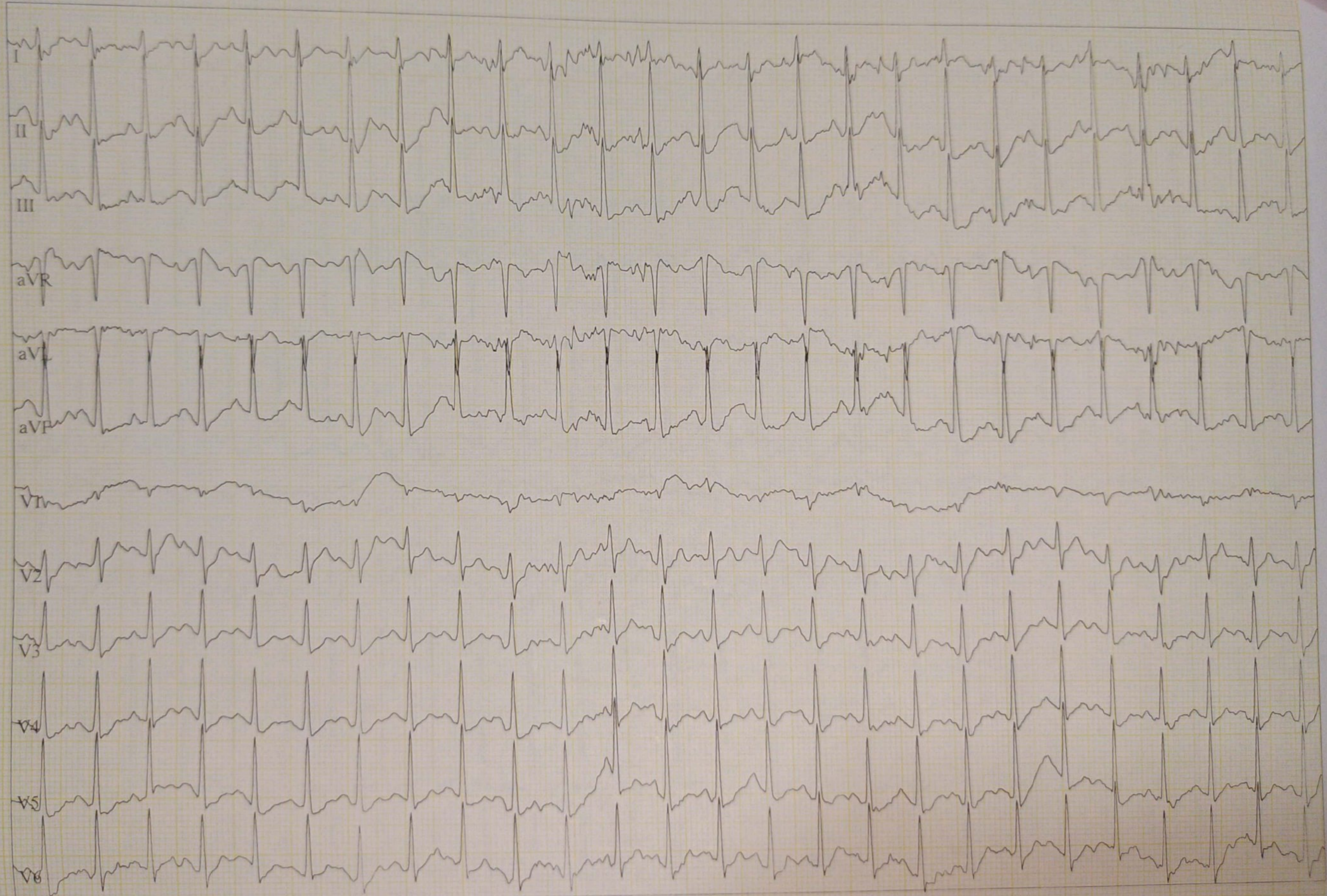
Exercise Test / ECG Strips

157 bpm
146/96 mmHg

EXERCISE
STAGE 2
5:50

BRUCE
4.0 km/h
12.0 %

PARAKH DIA



GE CardioSoft V7.0 (2) Unconfirmed
25 mm/s 10 mm/mV 50 Hz 0.56-20 Hz ADS HEART V5.41.1 HR(V6,II)

Attending MD: Dr. Vinod Kumar Sahu

ADIL, SIDDIQUI

Patient ID: 102418517

11/09/2024

Male 167 cm 89 kg

12:43:04pm

34 yrs

Exercise Test / ECG Strips

164 bpm

148/98 mmHg

EXERCISE

STAGE 3

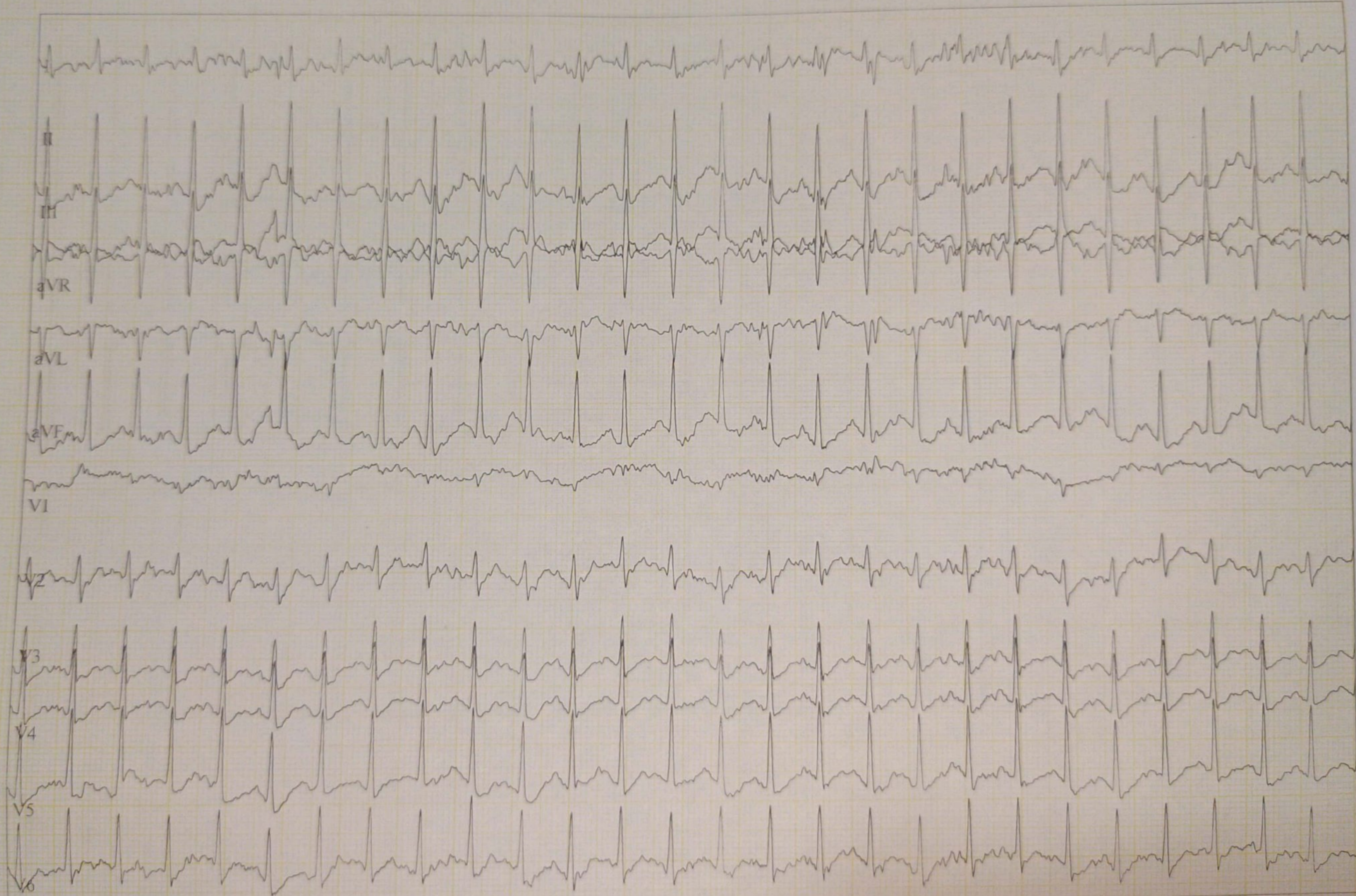
6:30

BRUCE

5.4 km/h

14.0 %

PARAKH DIA



GE CardioSoft V7.0 (2)

25 mm/s 10 mm/mV 50 Hz 0.56-20 Hz ADS HEART V5.41.1 HR(V6.II)

Unconfirmed

Attending MD: Dr. Vinod Kumar Sahu

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ADIL, SIDDIQUI
Patient ID: 102418517
11/09/2024 Male 167 cm 89 kg
12:43:53pm 34 yrs

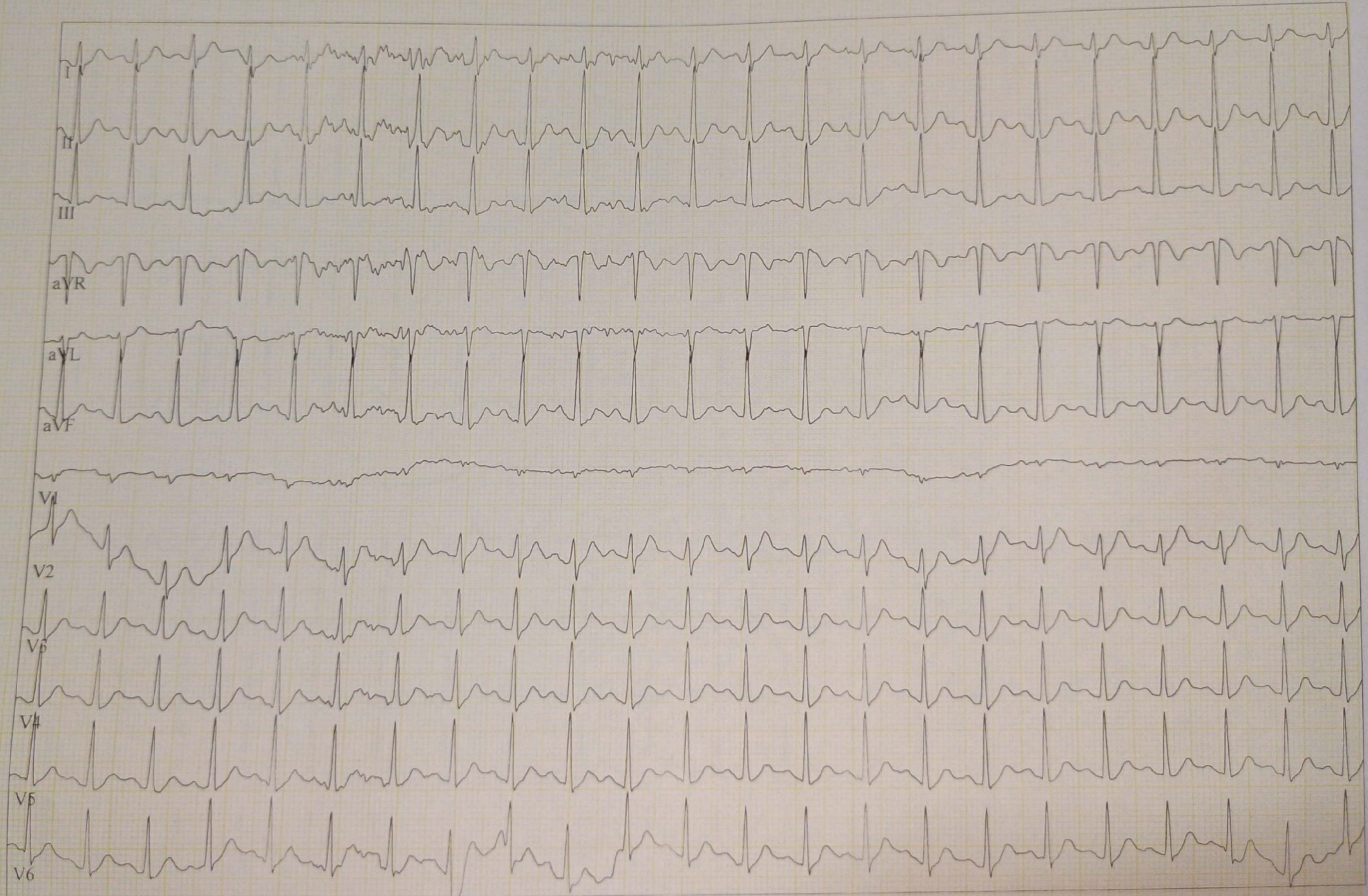
Exercise Test ECG Strips

137 bpm
148/98 mmHg

RECOVERY
0:50

BRUCE
0.0 km/h
0.0 %

PARAKH DIAGNOSTICS



GE CardioSoft V7.0 (2)
25 mm/s 10 mm/mV 50 Hz 0.56-20 Hz ADS HEART V5.41.1 HR(V6.II)

Unconfirmed

Attending MD: Dr. Vinod Kumar Sahu

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ADIL, SIDDIQUI

Patient ID: 102418517

11/09/2024

Male 167 cm 89 kg

12:44:53pm

34 yrs

Exercise Test / ECG Strips

125 bpm

RECOVERY

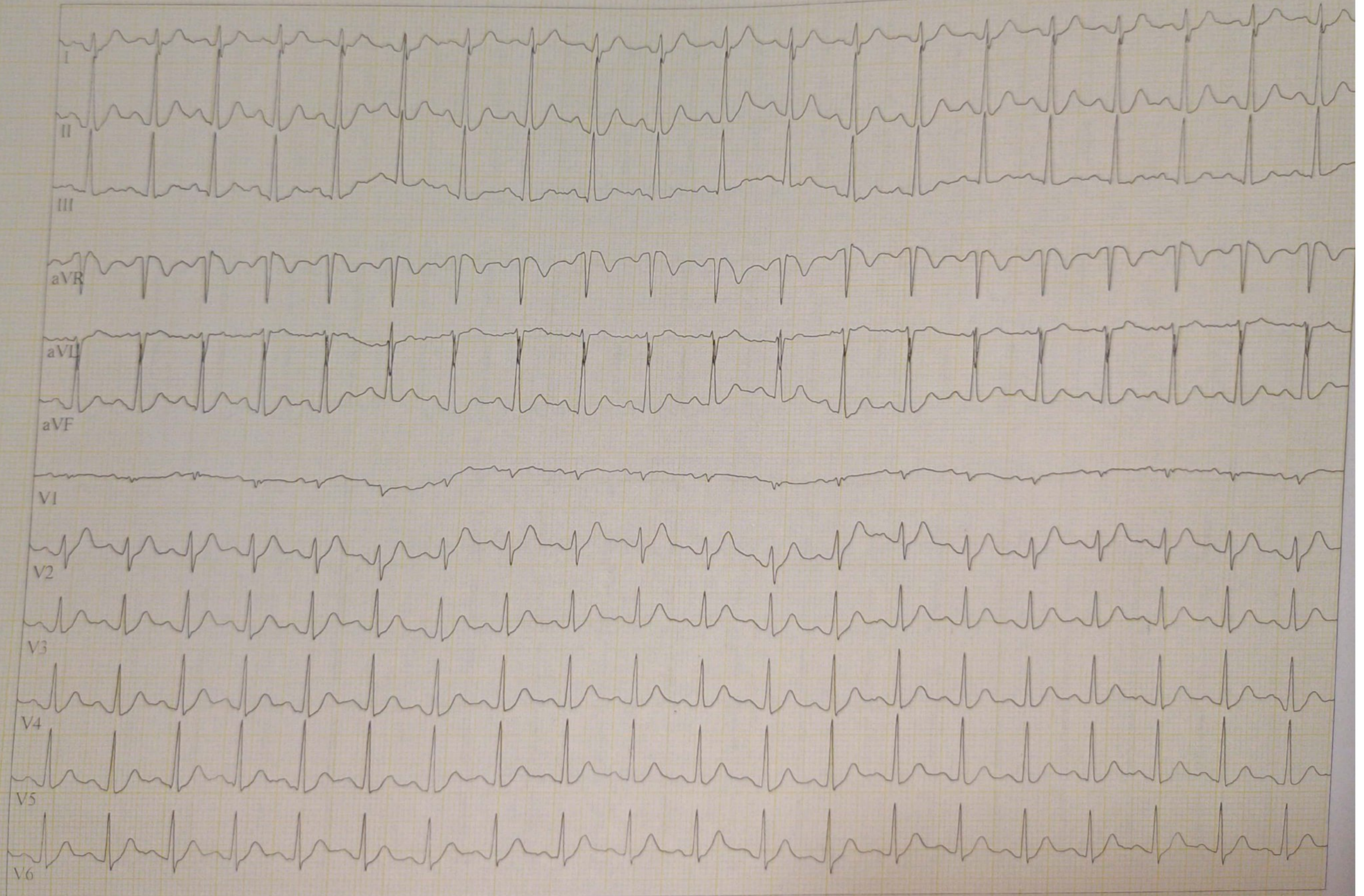
1:50

BRUCE

0.0 km/h

0.0 %

PARAKH DIA



GE CardioSoft V7.0 (2)

25 mm/s 10 mm/mV 50 Hz 0.56-20 Hz ADS HEART V5.41.1 HR(V6.II)

Unconfirmed

Attending MD: Dr. Vinod Kumar Sahu

Page 10.



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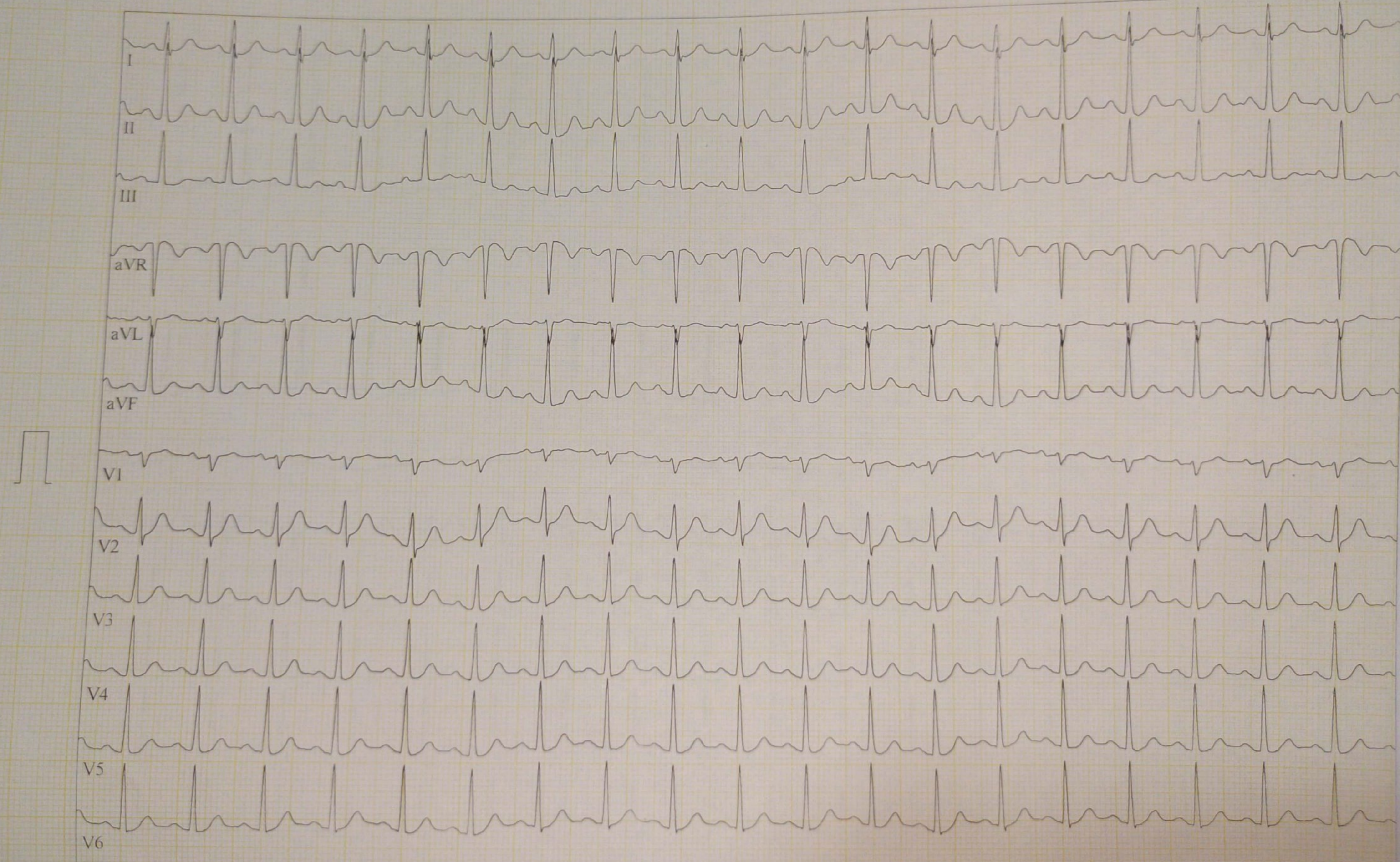
ADIL, SIDDIQUI
Patient ID: 102418517
11/09/2024 Male 167 cm 89 kg
12:45:53pm 34 yrs

Exercise Test / ECG Strips
117 bpm
146/96 mmHg

RECOVERY
2:50

BRUCE
0.0 km/h
0.0 %

PARAKH



GE CardioSoft V7.0 (2)
25 mm x 10 mm/mV 50 Hz 0.56-20 Hz ADS HEART V5.41.1 HR(V6,II)

Unconfirmed

Attending MD: Dr. Vinod Kumar Sahu

Page 11

ADIL, SIDDIQUI

Patient ID: 102418517

11/09/2024

Male 167 cm 89 kg

12:46:53pm

34 yrs

Exercise Test / ECG Strips

116 bpm

RECOVERY

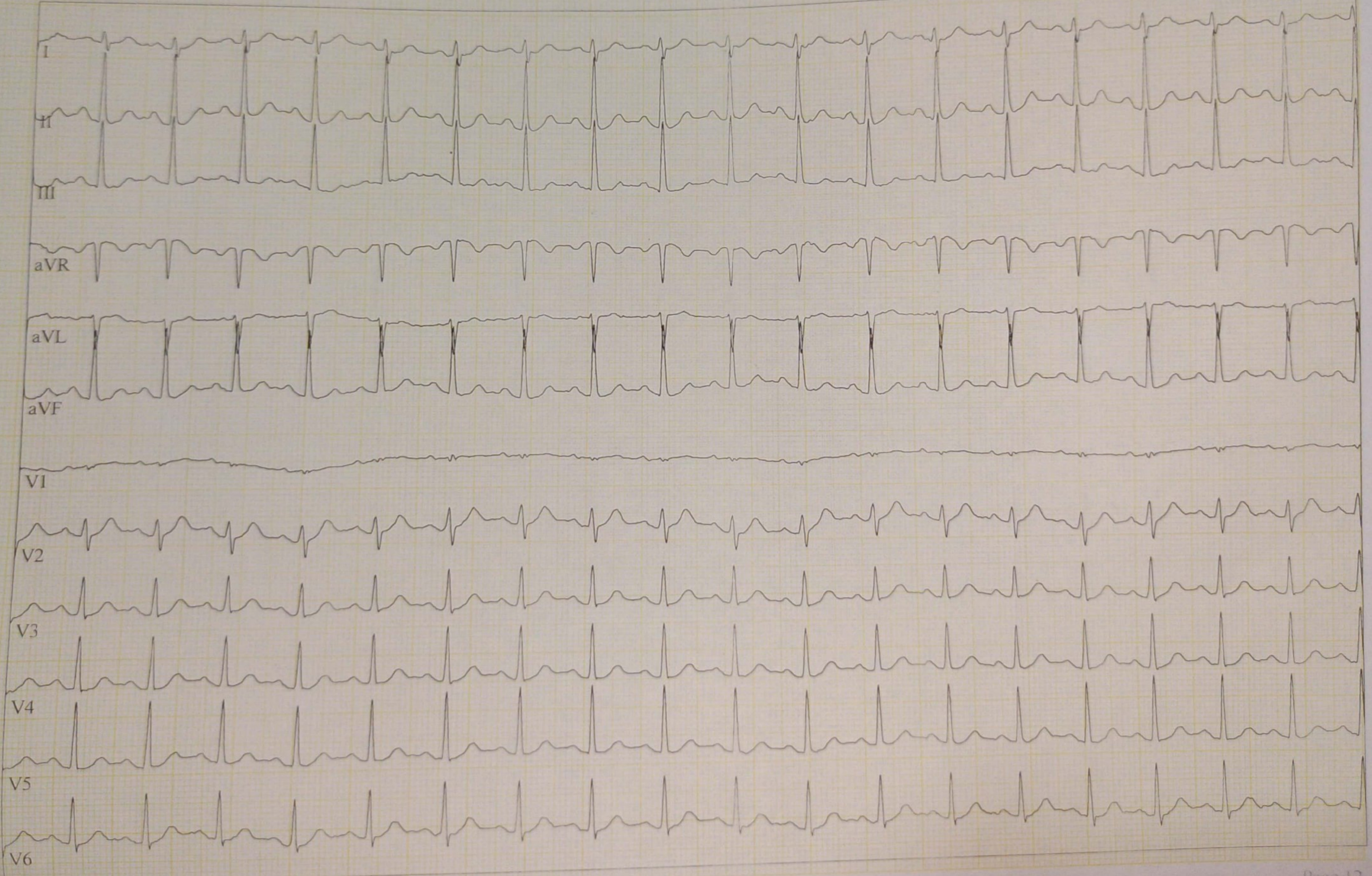
3:50

BRUCE

0.0 km/h

0.0 %

PARAKH D...



GE CardioSoft V7.0 (2)

25 mm/s 10 mm/mV 50 Hz 0.56-20 Hz ADS HEART V5.41.1 HR(V6.II)

Unconfirmed

Attending MD: Dr. Vinod Kumar Sahu

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ADIL, SIDDIQUI

Patient ID: 102418517

11/09/2024

12:47:53pm

Male 167 cm 89 kg

34 yrs

Exercise Test / ECG Strips

115 bpm

RECOVERY

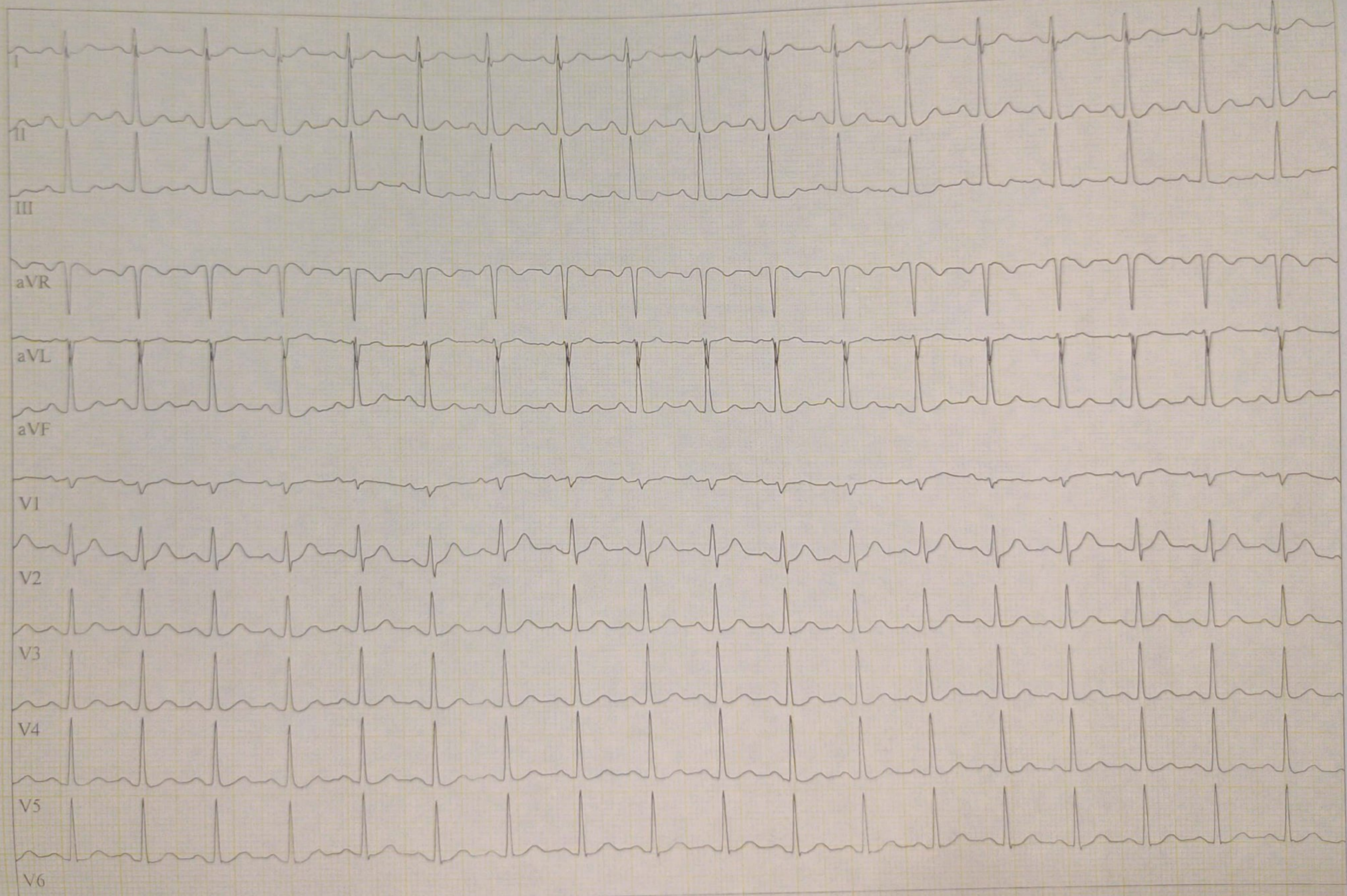
4:50

BRUCE

0.0 km/h

0.0 %

PARAKH D...



GE CardioSoft V7.0 (2)

25 mm/s 10 mm/mV 50 Hz 0.56-20 Hz ADS HEART V5.41.1 HR(V6,II)

Unconfirmed

Attending MD: Dr. Vinod Kumar Sahu

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PARAKH DIAGNOSTICS
Karguwan Ji Road Opp MLB Gate No.2
JHANSI UP INDIA

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: ADIL, SIDDIQUI
Patient ID: 102418517
Height: 167 cm
Weight: 89 kg

DOB: 09/11/1990
Age: 34 yrs
Gender: Male
Race:

Study Date: 11/09/2024
Test Type: --
Protocol: BRUCE

Referring Physician: --
Attending Physician: Dr. Vinod Kumar Sahu
Technician: --

Medications:
--

Medical History:
--

Reason for Exercise Test:
--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed [km/h]	Grade [%]	HR [bpm]	BP [mmHg]	Comment
PRETEST	SUPINE	00:24	0.00	0.00	94	136/86	
	STANDING	00:24	0.00	0.00	98	138/88	
	HYPERV.	00:24	0.00	0.00	100	140/90	
	WARM-UP	01:02	1.60	0.00	120	142/92	
EXERCISE	STAGE 1	03:00	2.70	10.00	141	144/94	
	STAGE 2	03:00	4.00	12.00	155	146/96	
	STAGE 3	00:30	5.40	14.00	164	148/98	
RECOVERY		05:06	0.00	0.00	113	144/94	

The patient exercised according to the BRUCE for 6:29 min:s, achieving a work level of Max. METS: 8.40. The resting heart rate of 96 bpm rose to a maximal heart rate of 164 bpm. This value represents 88 % of the maximal, age-predicted heart rate. The resting blood pressure of 136/86 mmHg, rose to a maximum blood pressure of 148/98 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.
Functional Capacity: normal.
HR Response to Exercise: appropriate.
BP Response to Exercise: normal resting BP - appropriate response.
Chest Pain: none.
Arrhythmias: none.
ST Changes: none.
Overall impression: Normal stress test.

Conclusions

WNL
WNL

Dr. Vinod Kumar Sahu
M.B.B.S. M.D. (MED.)
Reg. No. - 42508

Dr. B. K. Gupta
Reg. 49734
Voluntary Pathology
Parakh Pathology Lab
Opp. Medical College, Jhansi

ADIL, SIDDIQUI

Patient ID: 102418517

11/09/2024

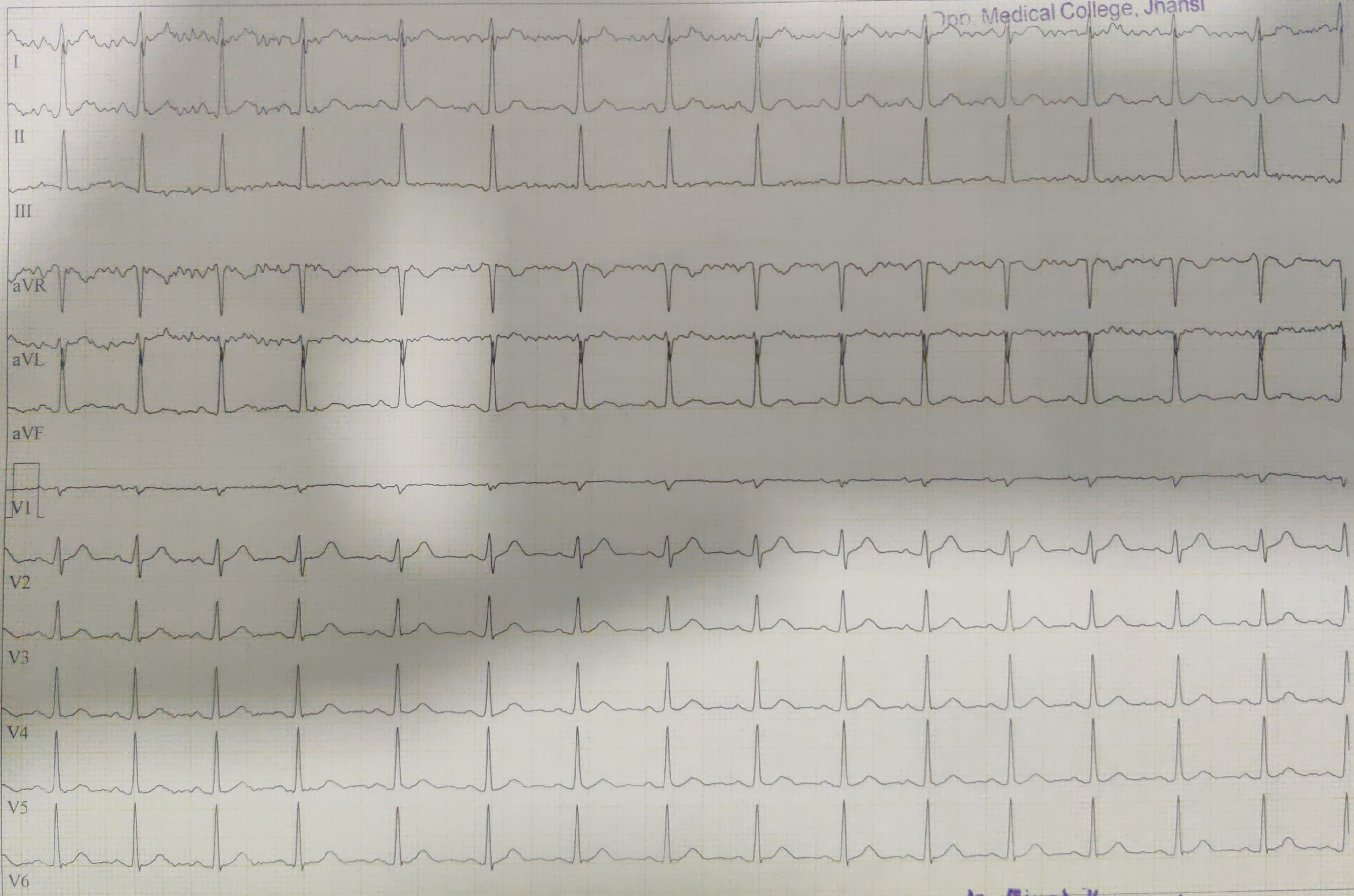
Male 167 cm 89 kg

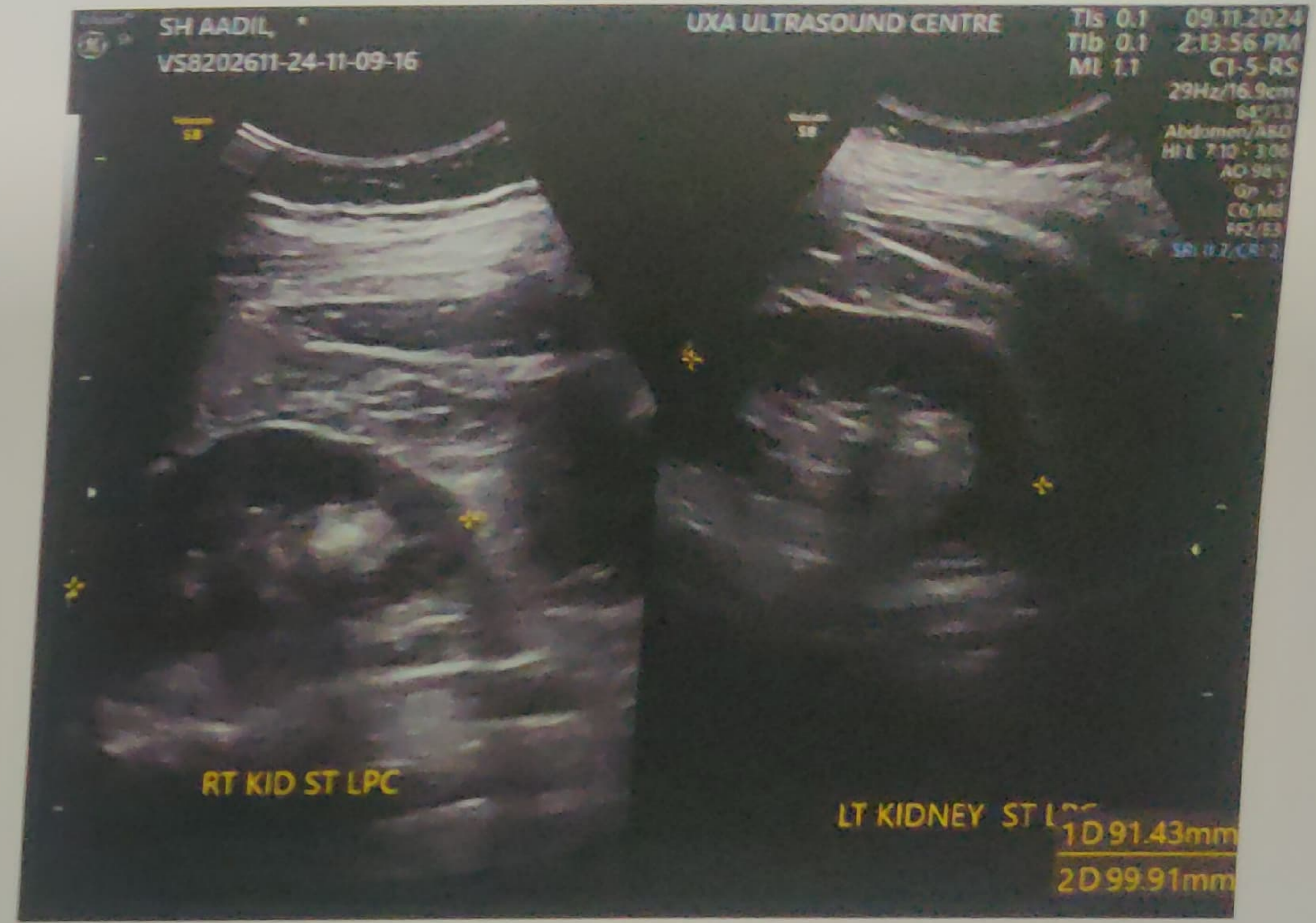
12:34:25pm

34 yrs

91 bpm

Dr. B. K. Gupta
 M.D. (Patho)
 Reg. 49734
 Voluntary Pathology
 Parakh Pathology Lab
 Jpn. Medical College, Jhansi
 PARAKH DIAGNOSTICS





उक्सा अल्ट्रासाउण्ड सेंटर

हरे कृष्णा टॉवर, करगुवाँ जी रोड, गेट नं० 02 के पास, गजराज मेडिकल कॉलेज, झाँसी (उ०प्र०) 284 128

NAME: MR AADIL SIDDIQUI AGE/SEX: 34 YRS/M DATE: 09/11/2024

Date.....

REF. BY: PARAKH PATH LAB.

INVESTIGATION DONE: US ABDOMEN

LIVER: It is normal in size with homogeneous echotexture. Parenchymal echogenicity is increased. Contours are smooth & regular. No focal mass lesion is seen. IHBR are not dilated. Portal and Hepatic veins are normal in caliber. Sub diaphragmatic space is normal.

GALL BLADDER: It is normal in size, shape and outline. Its wall is normal in thickness. No stone / mass is seen in its lumen. Bile is anechoic. CBD is normal in caliber.

PANCREAS: are normal in size, shape and echotexture. MPD is not dilated.

RIGHT KIDNEY: It is normal in size, shape and position. Its contours are smooth and regular. Cortical thickness is normal. Cortical echogenicity is normal. Cortico-medullary differentiation is normal. PCS and ureter are not dilated. A stone of size 6.9mm is seen in lower pole calyx.

LEFT KIDNEY: It is normal in size in shape and position. Its contours are smooth and regular. Cortical thickness is normal. Cortical echogenicity is normal. Cortico-medullary differentiation is normal. PCS and ureter are not dilated. A stone of size 5.3mm is seen in lower pole calyx. Renal movements with respiration are normal in both sides.

SPLEEN: It is normal in size with homogenous echopattern. No focal mass lesion is seen. S.V is normal in caliber. No enlarged mesentric/ retroperitoneal lymphadenopathy are seen. Aorta and IVC are normal in caliber. No free fluid is seen in the abdominal cavity.

URINARY BLADDER: It is normal in size, shape and outline. Its wall is normal in thickness. No stone or mass is seen in its lumen.

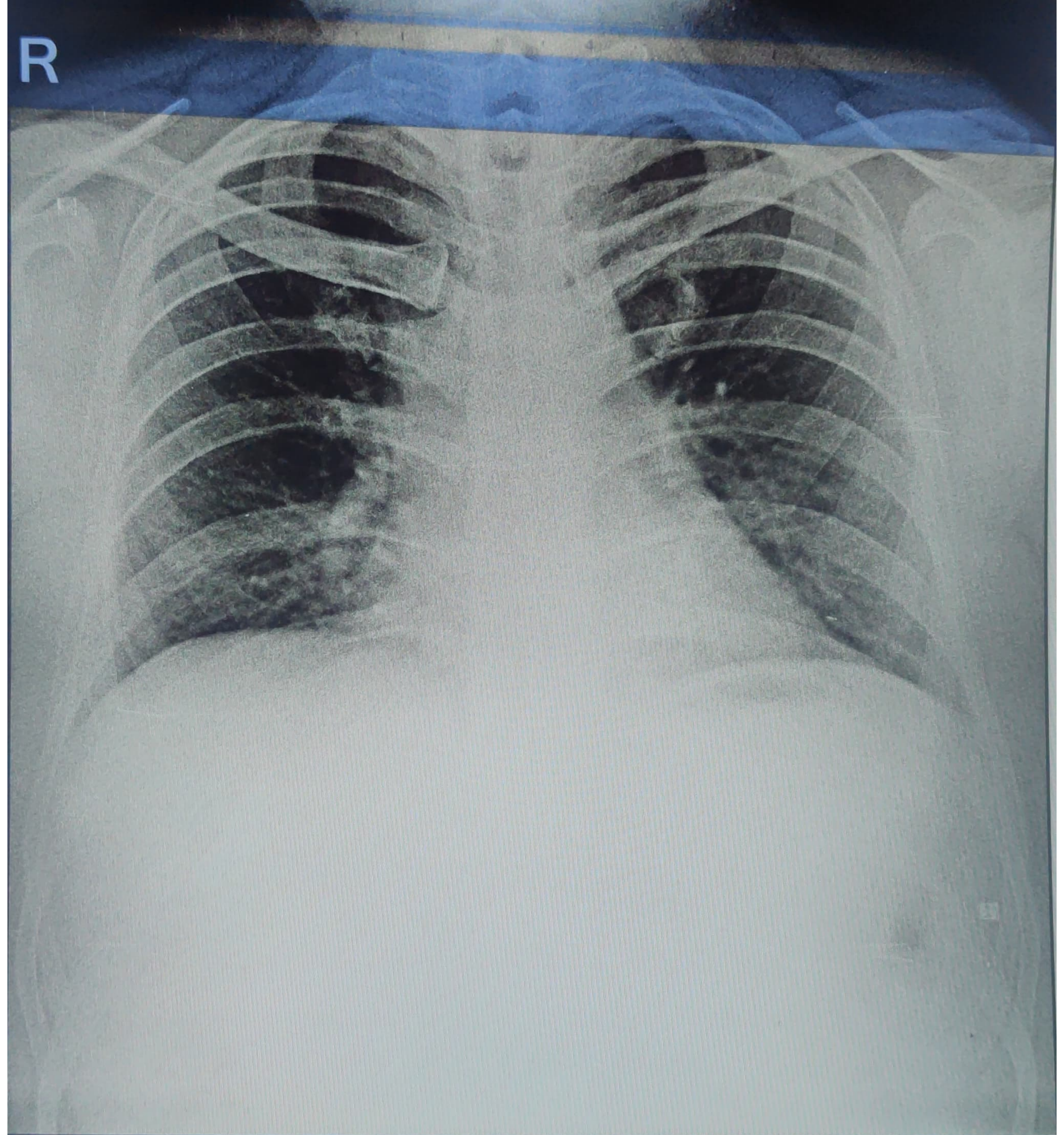
PROSTATE: It is normal in size. It echopattern is normal. Its capsule is intact.

IMPRESSION: GRADE I FATTY LIVER,
B/L RENAL STONES.

Dr. ASHISH UXA

M.B.B.S, D.M.R.E.
Radiologist

R



ADIL SIDDIQUI 34Y 901102419

CHEST,FRN P->A 11/9/2024



 **GPS Map Camera**

Jhansi, Uttar Pradesh, India
Fj58+cqq, Bundelkhand University, Jhansi, Uttar Pradesh 284128,
India
Lat 25.458379° Long 78.61696°
09/11/24 10:53 AM GMT +05:30

