

PATIENT NAME	: Mr. ANURAG TOMAR	UHID No	: CSSH-250088608
Age / Sex	: 39 Y / Male	Visit No	: OP-2503080288
Consultant Name	: DR. SUMIT KANT JHA	Barcode	: 1250023496
Hospital	: SUBHARTI HOSPITAL	Sample Collection	: 08/03/2025 09:31 AM
Ward / Bed	:	Sample Received	: 08/03/2025 10:08 AM
Report Status	: Final	Signed Off	: 08/03/2025 11:45 AM

Test Name	Result	Units	Biological Ref. Interval
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### BIOCHEMISTRY

#### HBA1C

GLYCOSYLATED HEMOGLOBIN

Method : Hplc Method  
Sample : Whole Blood

6.2 H %

Non-diabetic: < 5.7  
Prediabetic range: 5.7 - 6.4  
Diabetic range: ≥ 6.5  
Goal of Therapy: < 7.0  
Action suggested: > 8.0  
< 116

MEAN PLASMA GLUCOSE

Method : Calculated  
Sample : Whole Blood

131.2 H mg/dL

#### Note:

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. The converse is true for a diabetic previously under good control but now poorly controlled.

2. Target goals of < 7.0 % may be beneficial in patients with a short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

**Comments:** HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

-----End of Report-----

PREPARED BY:  
MUKESH SIDDHARTH



*R Singh*  
DR RAVI PRATAP SINGH  
MD (BIOCHEMISTRY)



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Ward / Bed	:	Sample Received	: 08/03/2025 10:08 AM
Report Status	: Final	Signed Off	: 08/03/2025 10:18 AM

Test Name	Result	Units	Biological Ref. Interval
<b>HEMATOLOGY</b>			
ESR - ERYTHROCYTE SEDIMENTATION RATE <i>Method : Modified Westergren Sample : Whole Blood</i>	05	mm/1st hour	1 - 20

-----End of Report-----

PREPARED BY:  
TECHAKSHAY




DR. ARCHITA  
MD PATHOLOGY

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Hospital	: SUBHARTI HOSPITAL	Sample Collection	: 08/03/2025 09:31 AM
Ward / Bed	:	Sample Received	: 08/03/2025 10:11 AM
Report Status	: Final	Signed Off	: 08/03/2025 11:49 AM

Test Name	Result	Units	Biological Ref. Interval
<b>BIOCHEMISTRY</b>			
<b>GLUCOSE, FASTING</b> FASTING GLUCOSE <i>Method : Hexokinase</i> <i>Sample : Plasma</i>	125	H mg/dL	< 100

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<b>Hospital</b>	: SUBHARTI HOSPITAL	<b>Sample Collection</b>	: 08/03/2025 09:31 AM
<b>Ward / Bed</b>	:	<b>Sample Received</b>	: 08/03/2025 10:12 AM
<b>Report Status</b>	: Final	<b>Signed Off</b>	: 08/03/2025 11:49 AM

Test Name	Result	Units	Biological Ref. Interval
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### BIOCHEMISTRY

#### LFT; LIVER FUNCTION TEST

<b>BILIRUBIN TOTAL</b> <i>Method : Diazonium Salt Sample : Serum</i>	0.5	mg/dL	0.2 - 1.2
<b>BILIRUBIN DIRECT</b> <i>Method : Diazo Reaction Sample : Serum</i>	0.2	mg/dL	≤ 0.3
<b>BILIRUBIN INDIRECT</b> <i>Method : Calculated Sample : Serum</i>	0.3	mg/dL	< 1.0
<b>TOTAL PROTEIN</b> <i>Method : Biuret Sample : Serum</i>	8.1	g/dL	6.4 - 8.3
<b>ALBUMIN</b> <i>Method : Bromocresol Green (BCG) Sample : Serum</i>	4.6	g/dL	3.5 - 5.2
<b>GLOBULIN</b> <i>Method : Calculated Sample : Serum</i>	3.5	g/dL	2 - 3.5
<b>A : G RATIO</b> <i>Method : Calculated Sample : Serum</i>	1.3	.	1.1 - 2.0
<b>ASPARTATE AMINOTRANSFERASE; AST</b> <i>Method : NADH without Pyridoxal 5 Phosphate (P5P) Sample : Serum</i>	34	U/L	< 35
<b>ALANINE AMINOTRANSFERASE; ALT</b> <i>Method : NADH without Pyridoxal 5 Phosphate (P5P) Sample : Serum</i>	67	H U/L	< 56
<b>AST:ALT RATIO</b> <i>Method : Calculated Sample : Serum</i>	0.5	L	1.1 - 2.0
<b>ALKALINE PHOSPHATASE</b> <i>Method : P-Nitro Phenyl Phosphate (PNPP), AMP Buffer Sample : Serum</i>	149	U/L	40 - 150
<b>GAMMA GLUTAMYL TRANSFERASE</b> <i>Method : L-Gamma Glutamyl-3-Carboxy-4-Nitranilide (GCNA) Sample : Serum</i>	74	H U/L	12 - 64

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<b>Report Status</b> : Final	<b>Signed Off</b> : 08/03/2025 11:49 AM

Test Name	Result	Units	Biological Ref. Interval
<b>BIOCHEMISTRY</b>			
<b>LIPID PROFILE</b>			
<b>CHOLESTEROL TOTAL</b> <i>Method : Enzymatic method</i> <i>Sample : Serum</i>	199	mg/dL	Desirable: <200 Borderline High: 200-239 High: > 240
<b>HDL DIRECT</b> <i>Method : Direct Measure (Polymer, Polyanion)</i> <i>Sample : Serum</i>	46	mg/dL	>40
<b>TRIGLYCERIDE</b> <i>Method : Glycerol Phosphate Oxidase</i> <i>Sample : Serum</i>	158	H mg/dL	< 150 Normal 150 - 199 Borderline High 200 - 499 High ≥ 500 Very High
<b>LDL</b> <i>Method : Calculated</i> <i>Sample : Serum</i>	121.4	H mg/dL	< 100 Optimal 100 - 129 Above Optimal 130 - 159 Borderline High 160 - 189 High ≥ 190 Very High
<b>VLDL</b> <i>Method : Calculated</i> <i>Sample : Serum</i>	31.6	H mg/dL	<30
<b>NON HDL CHOLESTEROL</b> <i>Method : Calculated</i> <i>Sample : Serum</i>	153.0	H mg/dL	< 130 Desirable 130 - 159 Above desirable 160 - 189 Borderline High 190 - 219 High ≥ 220 Very High
<b>CHOL/HDL RATIO</b> <i>Method : Calculated</i> <i>Sample : Serum</i>	4.3		3.3 - 4.4 Low risk 4.5 - 7.0 Average risk 7.1 - 11.0 Moderate risk > 11.0 High risk
<b>LDL/HDL RATIO</b> <i>Method : Calculated</i> <i>Sample : Serum</i>	2.6		0.5 - 3.0 Low risk 3.1 - 6.0 Moderate risk > 6.0 High risk
<b>UREA</b>			
<b>BLOOD UREA NITROGEN (BUN)</b> <i>Method : Urease</i> <i>Sample : Serum</i>	9.0	mg/dL	8.9 - 20.6
<b>UREA</b> <i>Method : Calculated</i> <i>Sample : Serum</i>	19.3	mg/dL	19.0 - 44.0

-----End of Report-----

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MUKESH SIDDHARTH



*R Singh*  
**DR RAVI PRATAP SINGH**  
MD (BIOCHEMISTRY)


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<b>Ward / Bed</b> :	<b>Sample Received</b> : 08/03/2025 11:00 AM
<b>Report Status</b> : Final	<b>Signed Off</b> : 08/03/2025 11:35 AM

Test Name	Result	Units	Biological Ref. Interval
<b>CLINICAL PATHOLOGY</b>			
<b>URINE ROUTINE AND MICROSCOPY</b>			
<b>QUANTITY</b> <i>Method : Direct</i> <i>Sample : Urine</i>	25	mL	
<b>COLOUR</b> <i>Method : Direct</i> <i>Sample : Urine</i>	Pale yellow	-	Straw
<b>APPEARANCE</b> <i>Method : Direct</i> <i>Sample : Urine</i>	Clear	-	Clear
<b>pH.</b> <i>Method : Double Indicator System</i> <i>Sample : Urine</i>	5.5	-	4.6 - 7.5
<b>SPECIFIC GRAVITY</b> <i>Method : Pka Change Of Polyelectrolytes</i> <i>Sample : Urine</i>	1.025	-	1.003 - 1.035
<b>PROTEIN.</b> <i>Method : Protien Error Of Ph Indicator</i> <i>Sample : Urine</i>	Negative	-	Not Detected
<b>GLUCOSE.</b> <i>Method : Enzymatic Reaction Between Glucose Oxidase,Peroxidase And Chromogen</i> <i>Sample : Urine</i>	Negative	-	Not Detected
<b>KETONE</b> <i>Method : Reaction With Nitroprusside And Acetoacetic Acid</i> <i>Sample : Urine</i>	Negative	-	Not Detected
<b>BLOOD</b> <i>Method : Peroxidas. Activity Of Hemaglobin Catalyzes The Reaction</i> <i>Sample : Urine</i>	Negative	-	Not Detected
<b>Bilirubin</b> <i>Method : Coupling Reaction of Bilirubin with Diazonium Salts</i> <i>Sample : Urine</i>	Negative	-	Not Detected
<b>URINE UROBILINOGEN</b> <i>Method : Multistix Strip</i> <i>Sample : Urine</i>	0.1	mL	
<b>PUS CELLS</b> <i>Method : Microscopy</i> <i>Sample : Urine</i>	1-2	/HPF	0 - 5
<b>RBCs</b> <i>Method : Microscopy</i> <i>Sample : Urine</i>	Negative	/HPF	0 - 1
<b>EPITHELIAL CELLS</b> <i>Method : Microscopy</i> <i>Sample : Urine</i>	0-1	/HPF	1 - 5
<b>CASTS</b> <i>Method : Microscopy</i> <i>Sample : Urine</i>	Negative	-	Not Detected
<b>CRYSTALS</b> <i>Method : Microscopy</i> <i>Sample : Urine</i>	Negative	-	Not Detected

-----End of Report-----

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TECHAKSHAY



  
**DR. ARCHITA**  
MD PATHOLOGY

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### HEMATOLOGY

#### CBC (COMPLETE BLOOD COUNT)

<b>RBC COUNT</b> <i>Method : Electrical Impedance</i> <i>Sample : Whole Blood</i>	<b>6.12</b>	<b>H</b>	<b>x10<sup>3</sup>/mm<sup>3</sup></b>	<b>4.5-5.5</b>
<b>HEMOGLOBIN</b> <i>Method : Photometry</i> <i>Sample : Whole Blood</i>	<b>18.0</b>	<b>H</b>	<b>gm/dL</b>	<b>13-17</b>
<b>HEMATOCRIT</b> <i>Method : Average Of Rbc Pulse Height</i> <i>Sample : Whole Blood</i>	<b>51.5</b>	<b>H</b>	<b>%</b>	<b>40 - 50</b>
<b>MCV</b> <i>Method : Calculated</i> <i>Sample : Whole Blood</i>	<b>84</b>		<b>fl</b>	<b>83 - 101</b>
<b>MCH</b> <i>Method : Calculated</i> <i>Sample : Whole Blood</i>	<b>29.5</b>		<b>pg</b>	<b>27 - 32</b>
<b>MCHC</b> <i>Method : Calculated</i> <i>Sample : Whole Blood</i>	<b>35.0</b>	<b>H</b>	<b>gm/dL</b>	<b>31.5 - 34.5</b>
<b>RDW-CV</b> <i>Method : Calculated</i> <i>Sample : Whole Blood</i>	<b>16.3</b>	<b>H</b>	<b>%</b>	<b>11.6 - 14</b>
<b>PLATELET COUNT</b> <i>Method : Electrical Impedance</i> <i>Sample : Whole Blood</i>	<b>251</b>		<b>x10<sup>3</sup>/mm<sup>3</sup></b>	<b>150 - 410</b>
<b>WBC COUNT</b> <i>Method : Electrical Impedance</i> <i>Sample : Whole Blood</i>	<b>8.9</b>		<b>x10<sup>3</sup>/mm<sup>3</sup></b>	<b>4 - 10</b>
<b>NEUTROPHIL</b> <i>Method : Dhss, (Impedance, Cytometry)</i> <i>Sample : Whole Blood</i>	<b>65</b>		<b>%</b>	<b>40 - 80</b>
<b>LYMPHOCYTE</b> <i>Method : Dhss, (Impedance, Cytometry)</i> <i>Sample : Whole Blood</i>	<b>30</b>		<b>%</b>	<b>20 - 40</b>
<b>MONOCYTE</b> <i>Method : Dhss, (Impedance, Cytometry)</i> <i>Sample : Whole Blood</i>	<b>03</b>		<b>%</b>	<b>2 - 10</b>
<b>EOSINOPHIL</b> <i>Method : Dhss, (Impedance, Cytometry)</i> <i>Sample : Whole Blood</i>	<b>02</b>		<b>%</b>	<b>1 - 6</b>
<b>BASOPHIL</b> <i>Method : Electrical Impedance</i> <i>Sample : Whole Blood</i>	<b>0.0</b>		<b>%</b>	<b>&lt;1 - 2</b>

ADV- CORRELATE CLINICALLY.

-----End of Report-----

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TECHAKSHAY




DR. ARCHITA  
MD PATHOLOGY



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### IMMUNOCHEMISTRY

#### THYROID PROFILE, TOTAL

<b>T3 TOTAL (TRIIODOTHYRONINE)</b> <i>Method : Chemiluminescence Microparticle Immunoassay</i> <i>Sample : Serum</i>	2.05	nmol/L	0.54 - 2.96
<b>T4 TOTAL (THYROXINE)</b> <i>Method : Chemiluminescence Microparticle Immunoassay</i> <i>Sample : Serum</i>	101.46	nmol/L	62.7 - 150.9
<b>TSH (THYROID STIMULATING HORMONE)</b> <i>Method : Chemiluminescence Microparticle Immunoassay</i> <i>Sample : Serum</i>	2.056	µIU/mL	0.35 - 4.94

**Note:** TSH levels are subject to circadian variation, reaching peak levels between 2 - 4. a.m. and at a minimum between 6-10 pm. The variation is of the order of 50% .hence time of the day influences the measured serum TSH concentrations.

#### Clinical Use

- Diagnose Hypothyroidism and Hyperthyroidism
- Monitor T4 replacement or T4 suppressive therapy
- Quantify TSH levels in the subnormal range

**Increased Levels:** Primary hypothyroidism, Subclinical hypothyroidism, TSH dependent Hyperthyroidism Thyroid hormone resistance

**Decreased Levels:** Graves' disease, Autonomous thyroid hormone secretion, TSH deficiency

-----End of Report-----

PREPARED BY:  
MUKESH SIDDHARTH



*R Singh*

DR RAVI PRATAP SINGH  
MD (BIOCHEMISTRY)



Rate 63 . Sinus rhythm.....normal P axis, V-rate 50- 99  
 . Anterior infarct, possibly acute.....ST >0.15mV, upright T, V2-V5  
 PR 141 . Lateral leads are also involved.....lat Q or ST-T abnormalities  
 QRSD 105 . Baseline wander in lead(s) V3,V4,V5,V6  
 QT 405  
 QTc 415

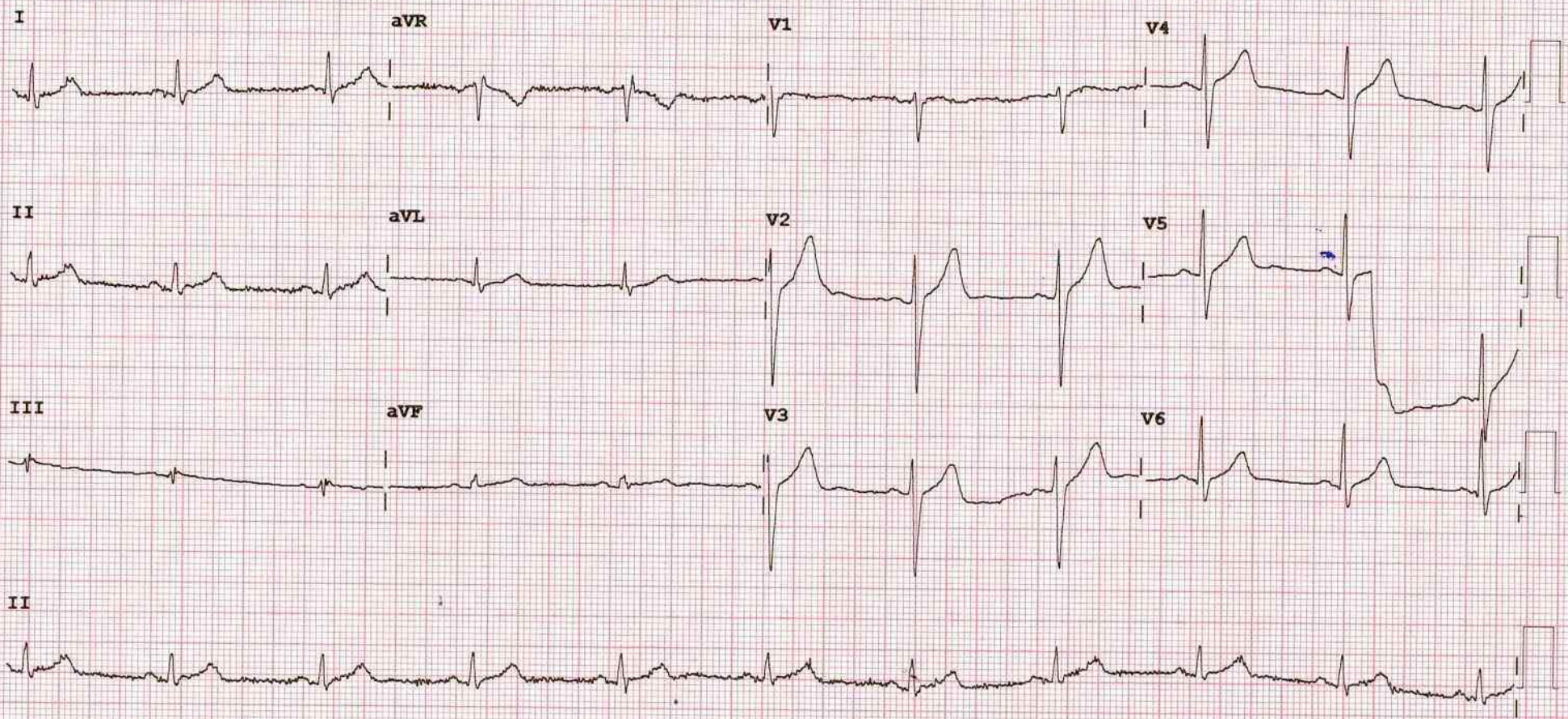
--AXIS--

P 41  
 QRS 55  
 T 28

- ABNORMAL ECG -  
 >>> Acute MI <<<

12 Lead; Standard Placement

Unconfirmed Diagnosis





## CHHATRAPATI SHIVAJI SU BHARTI HOSPITAL MEERUT

**Name: ANURAG TOMAR**

Date: 08-03-2025

Time: 12:48

Age: 39

Gender: M

Height: 178 cms

Weight: 86 Kg

ID: 88608

Clinical History:

Medications:

### Test Details:

Protocol: Bruce

Predicted Max HR: 181

Target HR: 153 (85% of Pr. MHR)

Exercise Time: 0:12:21

Achieved Max HR: 156 (86% of Pr. MHR)

Max BP: 183/95

Max BP x HR: 28548

Max Mets: 13.5

Test Termination Criteria:

### Protocol Details:

Stage Name	Stage Time	METS	Speed mph	Grade %	Heart Rate bpm	BP mmHg	RPP	ST Level mm	ST Slope mV/S
Supine	00:11	1	0	0	91	120/80	10920	0.7 aVR	1.2 V3
Standing	00:08	1	0	0	77	120/80	9240	2.1 V3	1.4 V3
Hyper Ventilation	00:21	1	0	0	88	120/80	10560	1.3 V3	1.2 V3
PreTest	02:31	1	1	0	86	172/85	14792	2.6 V3	1.6 V4
Stage 1	03:00	4.7	1.7	10	98	175/87	17150	2.4 V3	1.4 V3
Stage 2	03:00	7	2.5	12	107	177/90	18939	1.7 V2	1.8 V2
Stage 3	03:00	10.1	3.4	14	124	180/92	22320	1.8 V3	1.9 V3
Stage 4	03:00	13.5	4.2	16	146	183/95	26718	2.3 V3	2.3 V3
Peak Exercise	00:21	12.3	5	18	156	183/95	28548	1.9 V3	1.9 V2
Recovery1	01:00	1	0	0	135	180/90	24300	3 V3	2.9 V3
Recovery2	01:00	1	0	0	121	175/85	21175	2 V3	2.4 V3
Recovery3	01:00	1	0	0	117	172/87	20124	1.5 V3	1.6 V3
Recovery4	00:10	1	0	0	117	172/87	20124	1.6 V3	1.9 V3

### Interpretation

The Patient Exercised according to Bruce Protocol for 0:12:21 achieving a work level of 13.5 METS.  
Resting Heart Rate, initially 91 bpm rose to a max. heart rate of 156bpm (86% of Predicted Maximum Heart Rate).  
Resting Blood Pressure of 120/80 mmHg, rose to a maximum Blood Pressure of 183/95 mmHg

Ref. Doctor: DR.DEEPAK

Doctor: DR.DEEPAK

**SCHILLER**

The Art of Diagnostics

( Summary Report edited by User )

Schiller Cardiovit CS-10 Version:3.4



# CHHATRAPATI SHIVAJI SUBHAR TI HOSPITAL MEERUT

**ANURAG TOMAR (39 M)**

Bruce Protocol

ID: 88608

Date: 08-03-2025

Exec Time : 00:00

Stage Time: 00:08

**HR: 85 bpm**

STLevel(mm) STSlope(mV/s)

Stage: Supine

Speed: 0 mph

Grade: 0%

THR: 153 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

0.7 0.6

I

V1 0 -0.2

0.9 0.6

II

V2 1.6 1.2

0.2 0

III

V3 2 1.4

-0.8 -0.6

aVR

V4 1.2 1

0.3 0.3

aVL

V5 1 0.8

0.6 0.3

aVF

V6 0.7 0.5

II

Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Cardiovit CS-10 Version:3.4



# CHHATRAPATI SHIVAJI SUBHARTI HOSPITAL MEERUT

**ANURAG TOMAR (39 M)**

ID: 88608

Date: 08-03-2025

Exec Time : 00:00

Stage Time: 00:07

**HR: 84 bpm**

Bruce Protocol

Stage: Standing

Speed: 0 mph

Grade: 0%

THR: 153 bpm

BP: 120/80 mmHg

STLevel(mV) STSlope(mV/s)

STLevel(mV) STSlope(mV/s)

0.6 0.6

I

V1 0.1 -0.1

0.9 0.6

II

V2 1.7 1.1

0.2 0

III

V3 1.8 1.3

-0.8 -0.6

aVR

V4 1.2 1

0.2 0.3

aVL

V5 0.8 0.8

0.5 0.2

aVF

V6 0.6 0.5

II

Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Cardiovit CS-10 Version:3.4



# CHHATRAPATI SHIVAJI SUBHARTI HOSPITAL MEERUT

**ANURAG TOMAR (39 M)**

**HR: 83 bpm**

Bruce Protocol

ID: 88608

Date: 08-03-2025

Exec Time : 00:00

Stage Time: 00:06

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

Stage: HyperVentilation

Speed: 0 mph

Grade: 0%

fHR: 153 bpm

STLevel(mm) STSlope(mV/s)

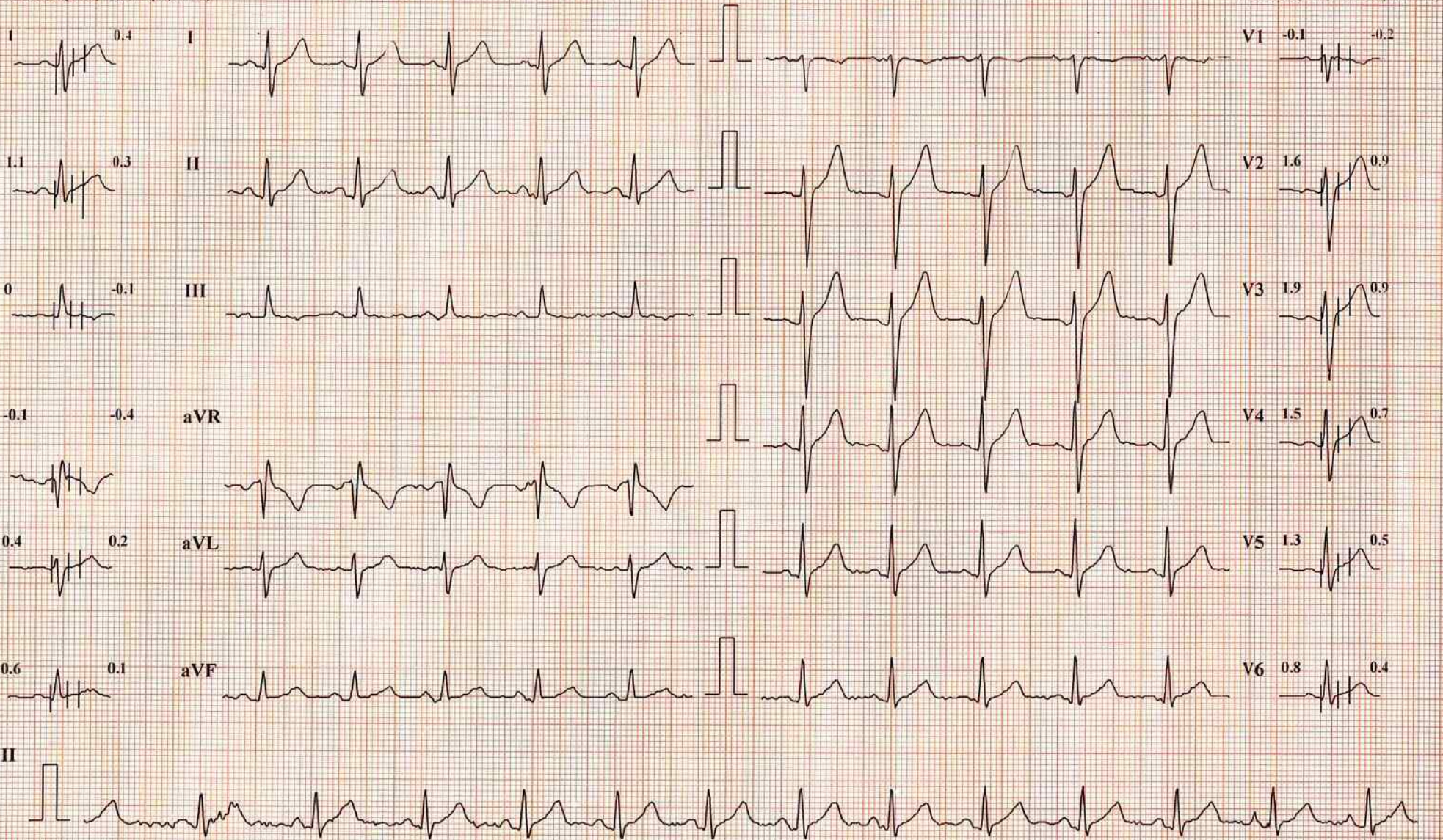


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Cardiovit CS-10 Version:3.4



# CHHATRAPATI SHIVAJI SUBHARTI HOSPITAL MEERUT

**ANURAG TOMAR (39 M)**

Bruce Protocol

ID: 88608

Date: 08-03-2025

Exec Time: 00:00

Stage Time: 00:16

**HR: 87 bpm**

BP: 172/85 mmHg

STLevel(mm) STSlope(mV/s)

Stage: PreTest

Speed: 1 mp

Grade: 0%

THR: 153 bpm

STLevel(mm) STSlope(mV/s)

0.4 0.7

I



V1 0 -0.2

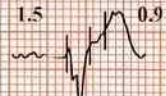


0.4 0.7

II



V2 1.5 0.9

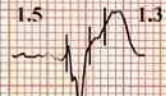


0.2 0

III

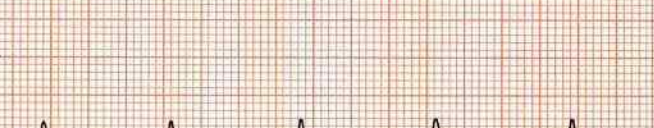


V3 1.5 1.3



-0.4 -0.8

aVR



V4 0 1

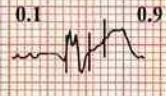


0.2 0.4

aVL



V5 0.1 0.9

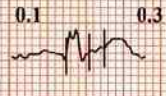


0.3 0.4

aVF



V6 0.1 0.3



II



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Cardiovit CS-10 Version:3.4



# CHHATRAPATI SHIVAJI SUBHAR TI HOSPITAL MEERUT

**ANURAG TOMAR (39 M)**

Bruce Protocol

ID: 88608

Date: 08-03-2025

Exec Time : 0:02:58

Stage Time: 02:58

**HR: 94 bpm**

STLevel(mm) STSlope(mV/s)

Stage: I

Speed: 1.7 mph

Grade: 10%

THR: 153 bpm

BP: 175/87 mmHg

STLevel(mm) STSlope(mV/s)

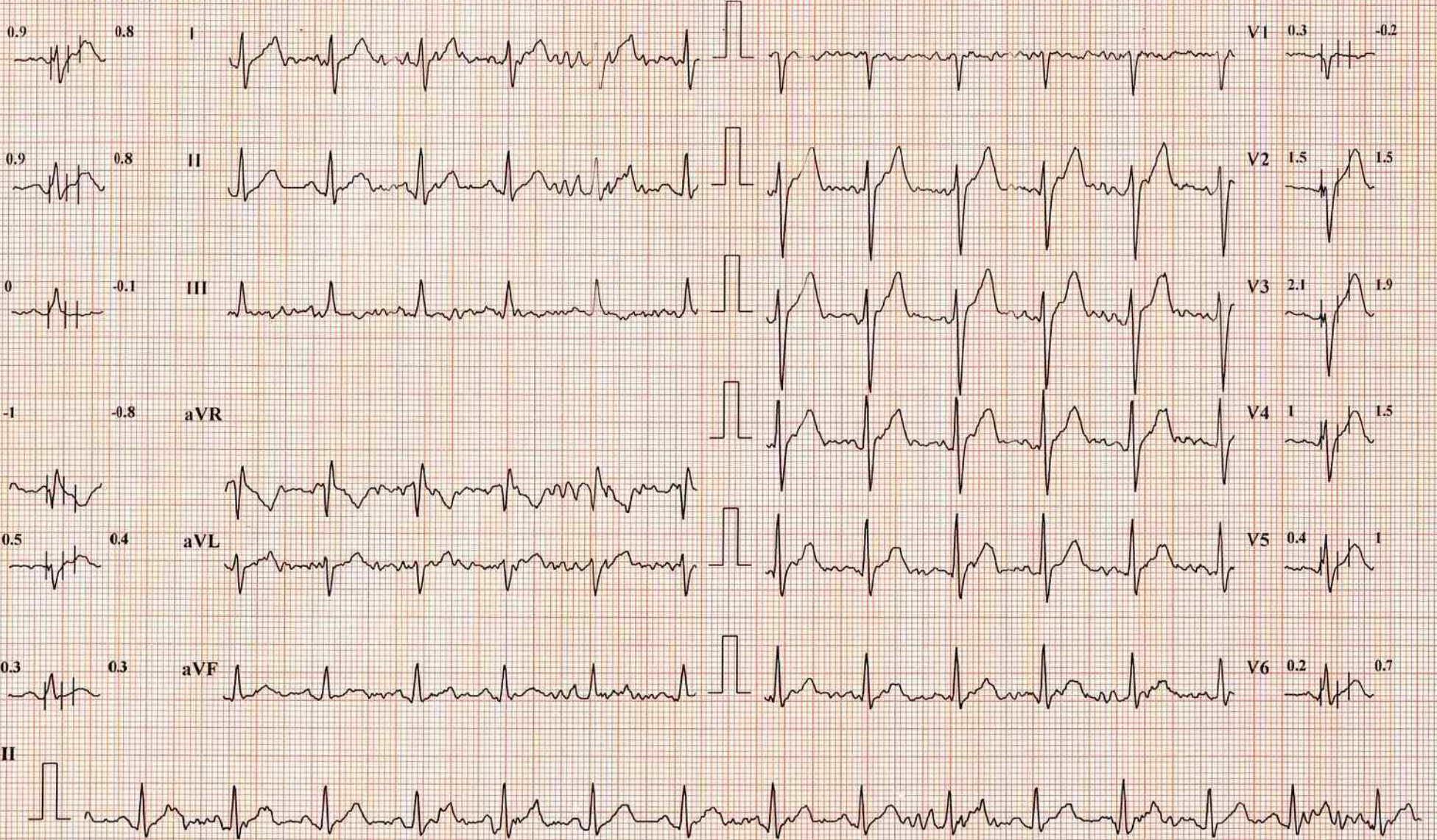


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Cardiovit CS-10 Version:3.4



# CHHATRAPATI SHIVAJI SUBHARTI HOSPITAL MEERUT

**ANURAG TOMAR (39 M)**

**HR: 106 bpm**

Bruce Protocol

ID: 88608

Date: 08-03-2025

Exec Time : 0:03:56

Stage Time: 00:56

BP: 177/90 mmHg

STLevel(mm) STSlope(mV/s)

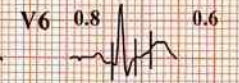
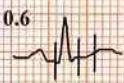
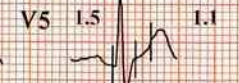
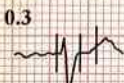
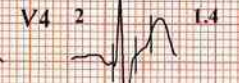
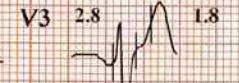
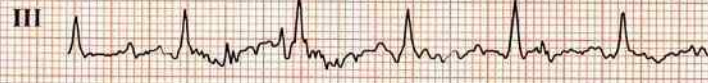
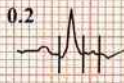
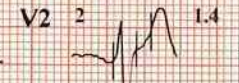
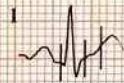
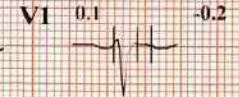
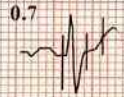
Stage: 2

Speed: 2.5 mph

Grade: 12%

THR: 153 bpm

STLevel(mm) STSlope(mV/s)



II



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Cardiovit CS-10 Version:3.4



# CHIATRAPATI SHIVAJI SUBHARTI HOSPITAL MEERUT

**ANURAG TOMAR (39 M)**

ID: 88608

Date: 08-03-2025

Exec Time : 0:05:59

Stage Time: 02:59

**HR: 107 bpm**

Bruce Protocol

stage: 2

Speed: 2.5 mph

Grade: 12%

THR: 153 bpm

BP: 177/90 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

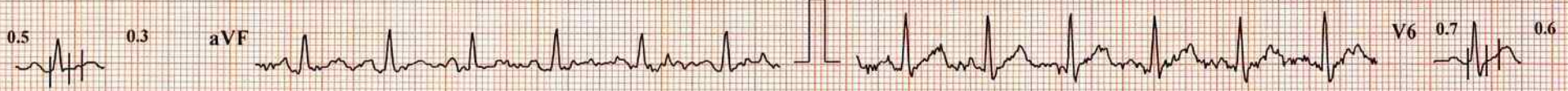
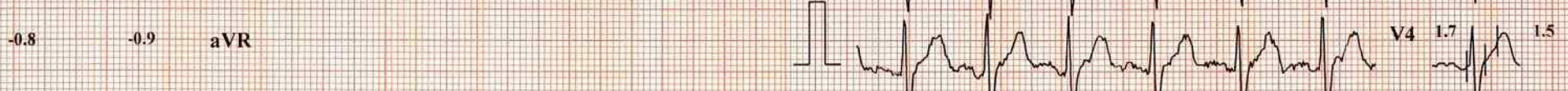
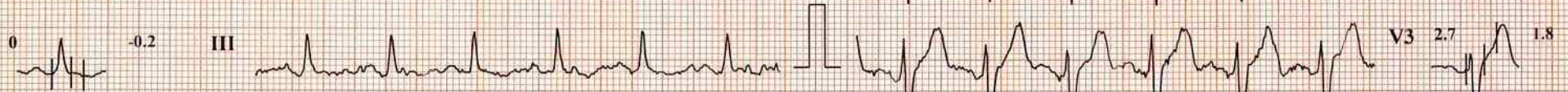
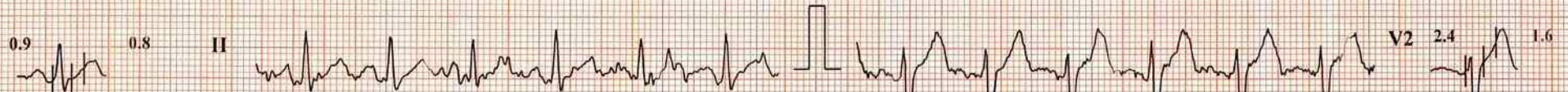
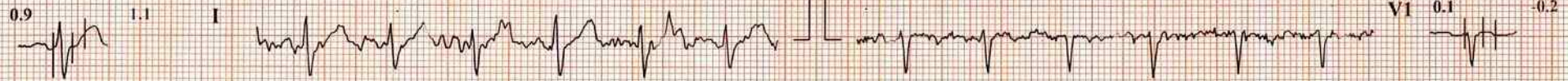


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Cardiovit CS-10 Version 3.4



# CHHATRAPATI SHIVAJI SUBHARTI HOSPITAL MEERUT

**ANURAG TOMAR (39 M)**

ID: 88608

Date: 08-03-2025

Exec Time: 0:09:00

Stage Time: 02:59

**HR: 124 bpm**

Bruce Protocol

Stage: 3

Speed: 3.4 mph

Grade: 14%

THR: 153 bpm

BP: 80/92 mmHg

ST level(mm) ST Slope(mV/s)

ST level(mm) ST Slope(mV/s)

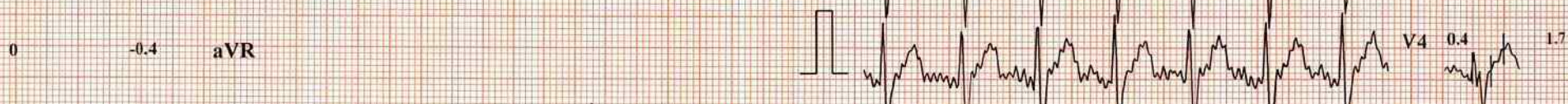


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Cardiovit CS-10 Version:3.4



# CHHATRAPATI SHIVAJI SUBHARTI HOSPITAL MEERUT

**ANURAG TOMAR (39 M)**

ID: 88608

Date: 08-03-2025

Exec Time: 0:11:00

Stage Time: 02:59

**HR: 148 bpm**

Bruce Protocol

Stage: 4

Speed: 4.2 mph

Grade: 16%

THR: 153 bpm

BP: 183/95 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

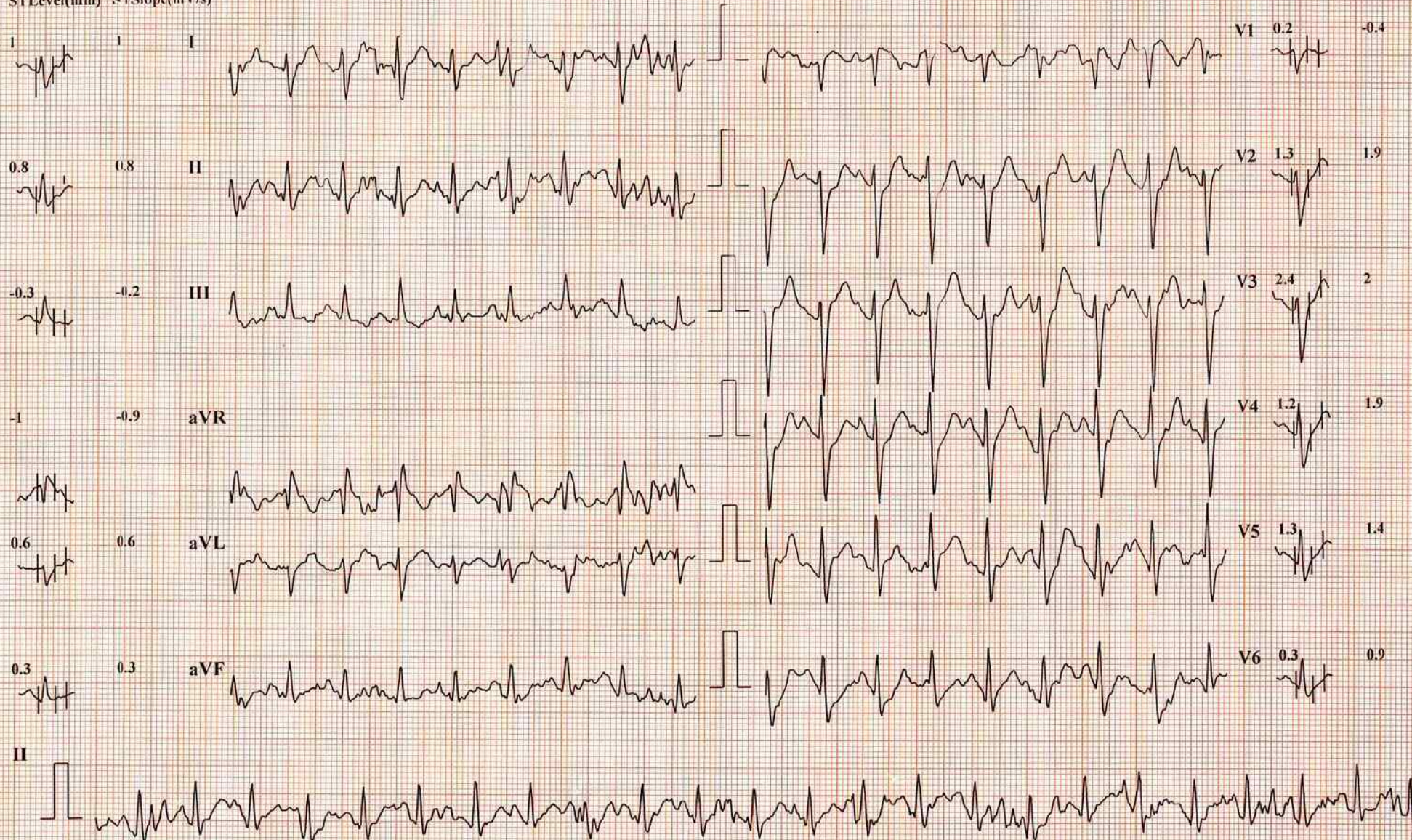


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV Filter: 35 Hz Mains Filter: ON ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Cardioit CS-10 Version:3.4



# CHH ATRAPATI SHIVAJI SUBHARTI HOSPITAL MEERUT

**ANURAG TOMAR (39 M)**

ID: 88608

Date: 08-03-2025

Exec Time: 0:12:14

Stage Time: 00:13

**HR: 156 bpm**

Bruce Protocol

Stage: Peak Exercise

Speed: 5 mph

Grade: 18%

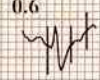
HR: 153 bpm

BP: 183/95 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

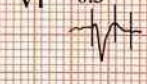
0.6 0.9 I



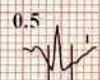
I



V1 -0.3 -0.4



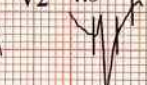
0.5 0.8 II



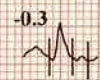
II



V2 1.8 1.9



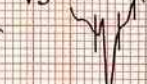
-0.3 -0.1 III



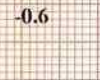
III



V3 1.9 1.9



-0.6 -0.8 aVR



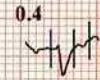
aVR



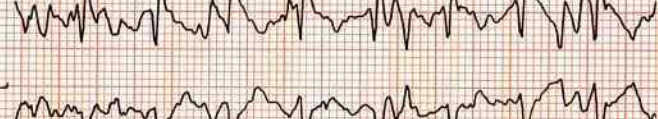
V4 1.7 1.9



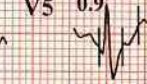
0.4 0.6 aVL



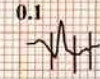
aVL



V5 0.9 1.4



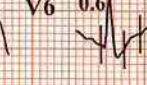
0.1 0.2 aVF



aVF



V6 0.6 0.9



II

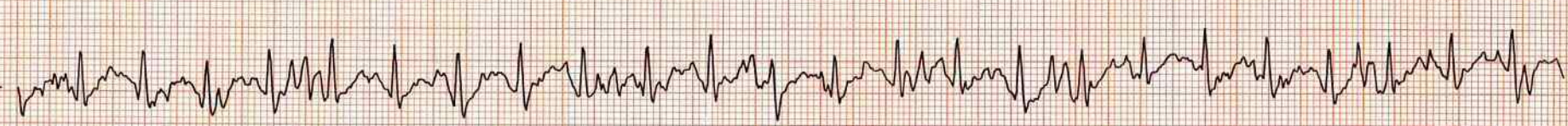


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Cardiovit CS-10 Version 3.4



# CHHATRAPATI SHIVAJI SUBHARTI HOSPITAL MEERUT

**ANURAG TOMAR (39 M)**

ID: 88608

Date: 08-03-2025

Exec Time: 0:13:14

Stage Time: 00:53

**HR: 135 bpm**

Bruce Protocol

Stage: Recovery I

Speed: 0 mph

Grade: 0%

THR: 153 bpm

BP: 180/90 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

0.7

0.8

I

V1

0.2

-0.1

1.3

1.5

II

V2

1.6

1.7

0.6

0.7

III

V3

3

2.9

-0.2

-1.1

aVR

V4

2.3

2.4

0

0.1

aVL

V5

1.6

1.9

1

1.1

aVF

V6

1

1.2

II

Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Cardiovit CS-10 Version 3.4



# CHHATRAPATI SHIVAJI SUBHARTI HOSPITAL MEERUT

**ANURAG TOMAR (39 M)**

ID: 88608

Date: 08-03-2025

Exec Time : 0:14:20

Stage Time: 00:58

**HR: 124 bpm**

Bruce Protocol

Stage: Recovery2

Speed: 0 mph

Grade: 0%

THR: 153 bpm

BP: 175/85 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

0.5

0.7

I

V1

0.2

0.1

0.8

1.2

II

V2

1.2

1.5

0.3

0.6

III

V3

1.9

2.3

-0.6

-0.9

aVR

V4

1.4

1.8

0.1

0.1

aVL

V5

0.8

1.4

0.5

0.9

aVF

V6

0.4

0.9

II

Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Cardiovit CS-10 Version:3.4



# CHHA TRAPATI SHIV AJI SUBHARTI HOSPITAL MEERUT

**ANURAG TOMAR (39 M)**

Bruce Protocol

ID: 88608

Date: 08-03-2025

Exec Time : 0:15:18

Stage Time: 00:56

**HR: 117 bpm**

STLevel(mm) STSlope(mV/s)

Stage: Recovery3

Speed: 0 mph

Grade: 0%

TIHR: 153 bpm

BP: 172/87 mmHg

STLevel(mm) STSlope(mV/s)

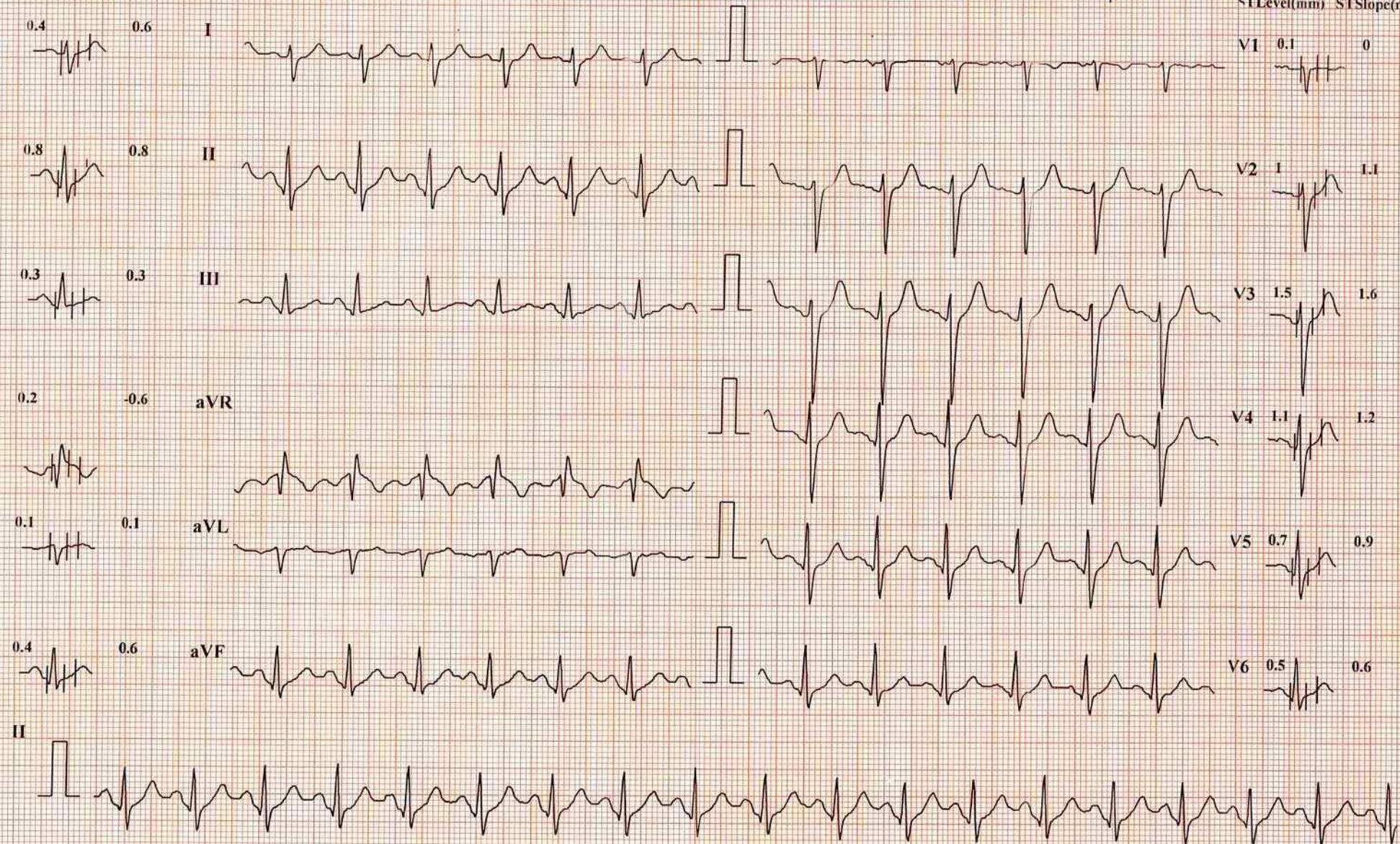


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Cardiovit CS-10 Version:3.4



Patient Name	: ANURAG TOMAR	Age/Gender	: 39/Y/Male
UHID No	: CSSH-250088608	Visit ID	: OP-2503080288
Doctor	: DR. SUMIT KANT JHA	Department	: GENERAL MEDICINE
Acknowledge Date	: 08-Mar-2025 09:41:30 AM	Report Date	: 08-Mar-2025 10:53:10 AM
Address	: H NO. 196 MAIN ROAD GRAM SADATPUR JONMANA, SADAHPUR JONMANA	Ref. Doc No.	: OPDB/125013/24

**Part Examined: Abdominal Sonography: Whole Abdomen: with film**

**LIVER:** measures 14.4 cm, is normal in shape, size and *shows grade I fatty changes*. No focal lesion / IHBRD seen.

**GALL BLADDER:** is well distended with anechoic lumen. Wall is normal in thickness. No obvious mass/ calculus seen. No pericholecystic fluid seen.

**COMMON BILE DUCT:** is normal in caliber.

**PORTAL VEIN:** is normal in caliber.

**PANCREAS:** is normal in shape, size and echogenicity with no peripancreatic collection or parenchymal calcification seen. Pancreatic duct is not dilated.

**SPLEEN:** is normal in shape, size and echogenicity. No focal lesion seen. Splenic vein is normal in caliber.

**RIGHT KIDNEY:** measures 11.0 cm, is normal in shape, size, position and echogenicity with maintained cortico-medullary differentiation. No hydronephrosis is seen. *Few concretions are noted in middle calyx. A calculus of size ~ 4.9 mm in middle calyx is noted.*

**LEFT KIDNEY:** measures 11.3 cm, is normal in shape, size, position and echogenicity with maintained cortico-medullary differentiation. No hydronephrosis is seen. *Few concretions are noted in upper and middle calyx, A calculus of 6.5 mm seen in middle calyx.*

**LYMPH NODES:** No significant lymphadenopathy seen.

**URINARY BLADDER:** is distended with anechoic lumen. Wall is of normal thickness. No obvious mass lesion / calculus seen.


**PROSTATE:** measures ~ vol-18.4 cc, is normal in shape, size and echogenicity with no focal lesion noted. No evidence of free fluid in pelvis.

**Impression:**

- Grade I fatty liver.
- bilateral renal calculus.

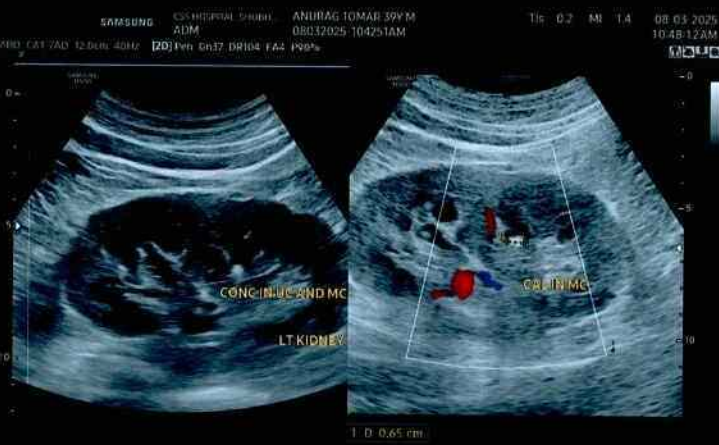
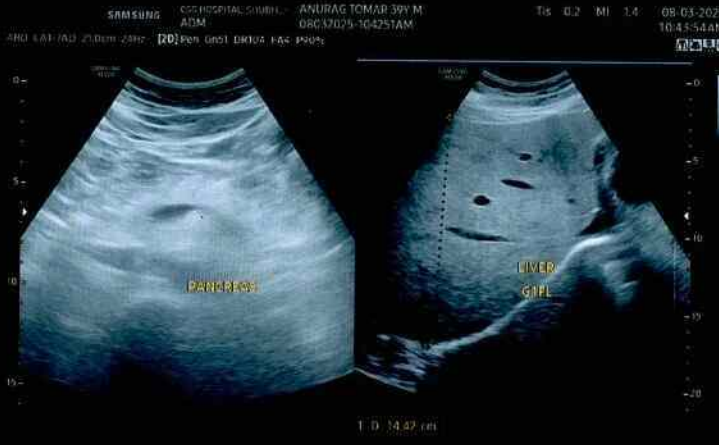
**Advice:** LFT ,X ray kub And Clinical Correlation.

Prepared By :-Deveshpal

  
**DR. H. M. AGARWAL**  
RADIOLOGIST  
UPMC-16036











Patient Name	ANURAG TOMAR 39 Y/M	Date of Birth	
Patient ID	250088608	Age	
Referral Dr		Sex	M
Study Date&Time	08/03/2025 09:51 AM	Report Date & Time	3/8/2025, 10:24:29 AM

Part Examined: Skiagram of Chest PA View.

## REPORT

(Reported on console)

- Bony cage and soft tissue appear normal.
- The tracheal translucency is central in position.
- Lung fields are normal.
- The transverse diameter of the heart is within normal limits.
- Both costo-phrenic angles are clear.
- Domes of diaphragm are normal in position and contour.

Advice: Clinical Correlation.



Digit  
Signatur

Professor & H.O.D



CHHATRAPATI SHIVAJI

## SUBHARTI HOSPITAL



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