

Rahul chauhan

ID: 011203529

7-Aug-2023 10:42:05

Manipal Hospitals, Ghaziabad

40years Male Caucasian

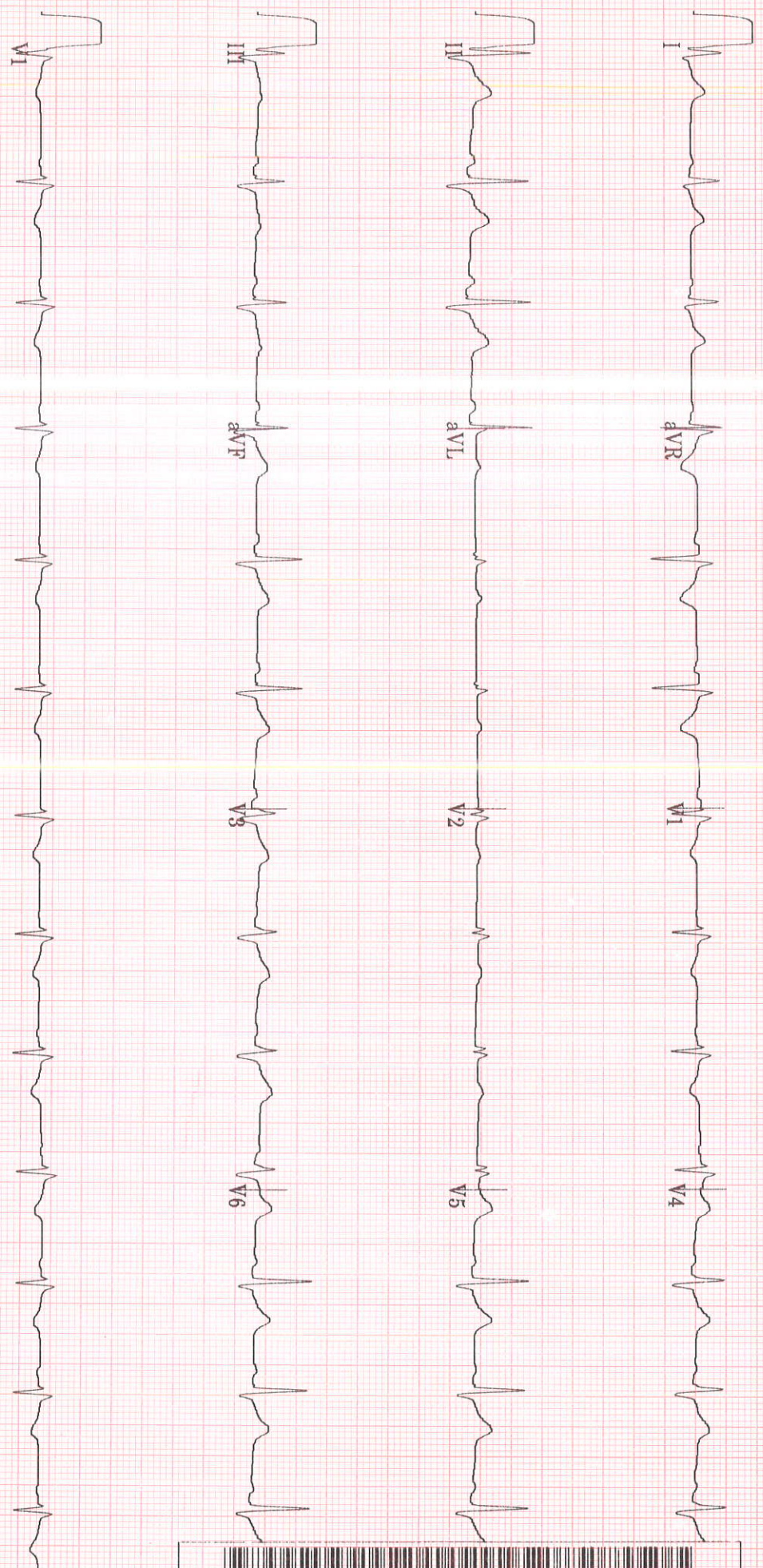
Vent. rate	76 bpm
PR interval	148 ms
QRS duration	104 ms
QT/QTc	400/450 ms
P-R-T axes	63 45 50

Normal sinus rhythm
 Incomplete right bundle branch block
 Borderline ECG

Technician:
Test ind:

Referred by:

Unconfirmed





TMT INVESTIGATION REPORT

Patient Name : RAHUL CHAUHAN	Location : Ghaziabad
Age/Sex : 40Year(s)/male	Visit No : V0000000001-GHZZ
MRN No : MH011203529	Order Date : 07/08/2023
Ref. Doctor : HCP	Report Date : 07/08/2023

Protocol : Bruce **MPHR** : 180BPM
Duration of exercise : 9min 20sec **85% of MPHR** : 153BPM
Reason for termination : THR achieved **Peak HR Achieved** : 164BPM
Blood Pressure (mmHg) : Baseline BP : 122/70mmHg **% Target HR** : 91%
Peak BP : 140/74mmHg **METS** : 10.6METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	73	122/70	Nil	No ST changes seen	Nil
STAGE 1	3:00	116	130/70	Nil	No ST changes seen	Nil
STAGE 2	3:00	130	136/74	Nil	No ST changes seen	Nil
STAGE 3	3:00	148	140/74	Nil	No ST changes seen	Nil
STAGE 4	0:20	164	140/74	Nil	No ST changes seen	Nil
RECOVERY	3:27	97	130/74	Nil	No ST changes seen	Nil

COMMENTS:

- No ST changes in base line ECG.
- No ST changes during test and recovery.
- Normal chronotropic response.
- Normal blood pressure response.
- Good effort tolerance.

IMPRESSION:

Treadmill test is **negative** for exercise induced reversible myocardial ischemia.

Dr. Bhupendra Singh
MD, DM (CARDIOLOGY),FACC
Sr. Consultant Cardiology

Dr. Abhishek Singh
MD, DNB (CARDIOLOGY),MNAMS
Sr. Consultant Cardiology

Dr. Sudhanshu Mishra
MD
Cardiology Registrar

LABORATORY REPORT

Name	: MR RAHUL CHAUHAN	Age	: 40 Yr(s) Sex :Male
Registration No	: MH011203529	Lab No	: 202308000861
Patient Episode	: H1800000804	Collection Date	: 07 Aug 2023 08:55
Referred By	: HEALTH CHECK MGD	Reporting Date	: 07 Aug 2023 13:28
Receiving Date	: 07 Aug 2023 09:54		

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDEANCE)	4.63	millions/cumm	[4.50-5.50]
HEMOGLOBIN	13.6	g/dl	[12.0-16.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	41.0	%	[40.0-50.0]
MCV (DERIVED)	88.6	fL	[83.0-101.0]
MCH (CALCULATED)	29.4	pg	[27.0-32.0]
MCHC (CALCULATED)	33.2	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.0	%	[11.6-14.0]
Platelet count	201	x 10 ³ cells/cumm	[150-400]
Method: Electrical Impedance			
MPV (DERIVED)	10.8		
WBC COUNT (TC) (IMPEDEANCE)	6.68	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	53.0	%	[40.0-80.0]
Lymphocytes	40.0	%	[17.0-45.0]
Monocytes	5.0	%	[2.0-10.0]
Eosinophils	1.0	%	[2.0-7.0]
Basophils	0.0	%	[0.0-2.0]
ESR	15.0	mm/1sthour	[0.0-1

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Patient Episode	: H18000000804	Collection Date	: 07 Aug 2023 09:54
Referred By	: HEALTH CHECK MGD	Reporting Date	: 07 Aug 2023 13:45
Receiving Date	: 07 Aug 2023 09:54		

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	6.5	(4.6-8.0)
Specific Gravity	1.005	(1.003-1.035)

CHEMICAL EXAMINATION

Protein/Albumin	+	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	Normal	(NORMAL)

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	2-3/hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	0-1 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	

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LABORATORY REPORT

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Registration No	: MH011203529	Lab No	: 202308000861
Patient Episode	: H18000000804	Collection Date	: 07 Aug 2023 08:55
Referred By	: HEALTH CHECK MGD	Reporting Date	: 07 Aug 2023 11:46
Receiving Date	: 07 Aug 2023 09:54		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio(Calculated)	3.2		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	1.9		<3 Optimal 3-4 Borderline >6 High Risk

Note:

Reference ranges based on ATP III Classifications.

Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of this tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases

KIDNEY PROFILE

Specimen: Serum			
UREA	26.4	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	12.3	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.94	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	5.8	mg/dl	[4.0-8.5]
Method:uricase PAP			
SODIUM, SERUM	137.60	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.39	mmol/L	[3.60-5.10]
SERUM CHLORIDE	103.5	mmol/L	[101.0-111.0]
Method: ISE Indirect			

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 Referred By : HEALTH CHECK MGD Reporting Date : 07 Aug 2023 11:46
 Receiving Date : 07 Aug 2023 09:54

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
eGFR (calculated)	101.0	ml/min/1.73sq.m	[>60.0]
Technical Note			
eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis Icterus / Lipemia.			

LIVER FUNCTION TEST

BILIRUBIN - TOTAL Method: D P D	0.86	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.20	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.66	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	6.40	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	3.96	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.40	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.62		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	23.00	U/L	[0.00-40.00]

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 Receiving Date : 07 Aug 2023 09:54

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	16.60	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC	98.0	IU/L	[32.0-91.0]
GGT	14.0	U/L	[7.0-50.0]

Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

Blood Group & Rh Typing (Agglutination by gel/tube technique) Specimen-Blood

Blood Group & Rh typing B Rh(D) Positive

Technical note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

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-----END OF REPORT-----



Dr. Charu Agarwal
Consultant Pathologist

LABORATORY REPORT

Name	: MR RAHUL CHAUHAN	Age	: 40 Yr(s) Sex :Male
Registration No	: MH011203529	Lab No	: 202308000862
Patient Episode	: H1800000804	Collection Date	: 07 Aug 2023 08:55
Referred By	: HEALTH CHECK MGD	Reporting Date	: 07 Aug 2023 11:48
Receiving Date	: 07 Aug 2023 08:55		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting			
Specimen: Plasma			
GLUCOSE, FASTING (F)	94.0	mg/dl	[70.0-110.0]
Method: Hexokinase			

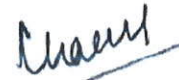
Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in Diabetes mellitus, Cushing's syndrome (10-15%), chronic pancreatitis (30%).
Drugs corticosteroids, phenytoin, estrogen, thiazides

Decreased in Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia),
Drugs-
insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

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-----END OF REPORT-----



Dr. Charu Agarwal
Consultant Pathologist

LABORATORY REPORT

Name	: MR RAHUL CHAUHAN	Age	: 40 Yr(s) Sex :Male
Registration No	: MH011203529	Lab No	: 202308000863
Patient Episode	: H18000000804	Collection Date	: 07 Aug 2023 12:16
Referred By	: HEALTH CHECK MGD	Reporting Date	: 07 Aug 2023 14:21
Receiving Date	: 07 Aug 2023 12:16		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE			
Specimen: Plasma			
GLUCOSE, POST PRANDIAL (PP), 2 HOURS	147.0	mg/dl	[80.0-140.0]
Method: Hexokinase			

Note:

Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise

-----END OF REPORT-----



Dr. Charu Agarwal
Consultant Pathologist

RADIOLOGY REPORT

NAME	MR RAHUL CHAUHAN	STUDY DATE	07/08/2023 9:22AM
AGE / SEX	40 y / M	HOSPITAL NO.	MH011203529
ACCESSION NO.	R5915598	MODALITY	US
REPORTED ON	07/08/2023 10:45AM	REFERRED BY	HEALTH CHECK MGD

**USG ABDOMEN & PELVIS
FINDINGS**

LIVER: Liver is normal in size (measures 148 mm), shape and echotexture. Rest normal.
SPLEEN: Spleen is normal in size (measures 119 mm), shape and echotexture. Rest normal.
PORTAL VEIN: Appears normal in size and measures 9.3 mm.
COMMON BILE DUCT: Appears normal in size and measures 3.5 mm.
IVC, HEPATIC VEINS: Normal.
BILIARY SYSTEM: Normal.
GALL BLADDER: Gall bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.
PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.
KIDNEYS: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Rest normal.
Right Kidney: measures 110 x 40 mm.
Left Kidney: measures 116 x 47 mm.
PELVI-CALYCEAL SYSTEMS: Compact.
NODES: Not enlarged.
FLUID: Nil significant.
URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.
PROSTATE: Prostate is normal in size, shape and echotexture. It measures 38 x 31 x 26 mm with volume 16 cc. Rest normal.
SEMINAL VESICLES: Normal.
BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-No significant abnormality noted.

Recommend clinical correlation.



Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS
CONSULTANT RADIOLOGIST

*****End Of Report*****

RADIOLOGY REPORT

NAME	MR RAHUL CHAUHAN	STUDY DATE	07/08/2023 9:08AM
AGE / SEX	40 y / M	HOSPITAL NO.	MH011203529
ACCESSION NO.	R5915597	MODALITY	CR
REPORTED ON	07/08/2023 9:44AM	REFERRED BY	HEALTH CHECK MGD

XR- CHEST PA VIEW

FINDINGS:

LUNGS: Normal.
TRACHEA: Normal.
CARINA: Normal.
RIGHT AND LEFT MAIN BRONCHI: Normal.
PLEURA: Normal.
HEART: Normal.
RIGHT HEART BORDER: Normal.
LEFT HEART BORDER: Normal.
PULMONARY BAY: Normal.
PULMONARY HILA: Normal.
AORTA: Normal.
THORACIC SPINE: Normal.
OTHER VISUALIZED BONES: Normal.
VISUALIZED SOFT TISSUES: Normal.
DIAPHRAGM: Normal.
VISUALIZED ABDOMEN: Normal.
VISUALIZED NECK: Normal.

IMPRESSION:

No significant abnormality noted.

Recommend clinical correlation.



Dr. Monica Shekhawat MBBS, DNB
CONSULTANT RADIOLOGIST

*****End Of Report*****

LABORATORY REPORT

Name : MR RAHUL CHAUHAN **Age** : 40 Yr(s) Sex : Male
Registration No : MH011203529 **Lab No** : 32230802627
Patient Episode : R03000053590 **Collection Date** : 07 Aug 2023 20:17
Referred By : MANIPAL HOSPITALS GHAZIABAD **Reporting Date** : 08 Aug 2023 09:07
Receiving Date : 07 Aug 2023 20:41

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Test Name	Result	Unit	Biological Ref. Interval
TOTAL PSA, Serum (ECLIA)	0.480	ng/mL	[<2.000]

Note : PSA is a glycoprotein that is produced by the prostate gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.

Caution : Serum markers are not specific for malignancy, and values may vary by method.

Immediate PSA testing following digital rectal examination, ejaculation, prostate massage urethral instrumentation, prostate biopsy may increase PSA levels.

Some patients who have been exposed to animal antigens, may have circulating anti-animal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

LABORATORY REPORT

Name : MR RAHUL CHAUHAN **Age** : 40 Yr(s) Sex : Male
Registration No : MH011203529 **Lab No** : 32230802627
Patient Episode : R03000053590 **Collection Date** : 07 Aug 2023 20:17
Referred By : MANIPAL HOSPITALS GHAZIABAD **Reporting Date** : 08 Aug 2023 09:07
Receiving Date : 07 Aug 2023 20:41

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
THYROID PROFILE, Serum			Specimen Type : Serum
T3 - Triiodothyronine (ECLIA)	1.19	ng/ml	[0.70-2.04]
T4 - Thyroxine (ECLIA)	7.23	µg/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	4.720	µIU/mL	[0.340-4.250]

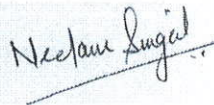
Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet, stress and illness affect TSH results.

* References ranges recommended by the American Thyroid Association

- 1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128
- 2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html>

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Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY