

MR. JAISWAR JAICHAND
BOB

37 YEARS /MALE
20-11-2023

Height: 168 Cms

Weight: 79 Kg

BP: - 120/86 mmhg

Pulse: - 71/- Regular

BMI: - 28 kg/m²

EYE: - NORMAL

The Medical Examiner should record the findings under one of the following categories:-

Overweight



[Handwritten Signature]
DR. D.S. CHABRA
MBBS. MD.

MR. JAISWAR JAICHAND
BANK OF BARODA37 Years /M
20-11-2023**LIPID PROFILE**

Test Name	Results	Normal Range
TOTAL LIPIDS	716	400 - 700 mg/dl
CHOLESTROL	173.0	<200 mg/dl- Desirable 200 - 239 mg/dl - Borderline High >240 Mg/dl High
HDL CHOLESTROL	49.0	35- 60 mg/dl
TRIGLYCERIDE	320.0	<150 mg/dl Normal 150 - 199 mg/dl Borderline High 200 - 499 mg/dl High
LDL CHOLESTROL	60	<100 mg/dl Optimal 100- 129 mg/dl Borderline high 160 - 189 mg/dl High
VLDL CHOLESTROL	64	<40 mg/dl
RISK RATIO	3.53	3 - 6

DR. POOJA PRAPANNA
DR. POOJA PRAPANNA
M.D.

MR. JAISWAR JAICHAND

37 Years /M

BANK OF BARODA

20-11-2023

URINE EXAMINATION

Test Name	Results	Normal Range
PHYSICAL EXAMINATION	.	
Quantity	30 ml	
Colour	Pale Yellow	
Appearance	Clear	
Deposits	Absent	
Specific Gravity	1.015	
Reaction	Acidic	
CHEMICAL EXAMINATION	.	
Albumin	Nil	
Sugar	Nil	
Ketones	Absent	
Bile Pigments	Negative	
Bile Salt	Negative	
Hematuria	Negative	
MICROSCOPIC EXAMINATION	.	
Pus Cells	1- 2 /hpf	
Red Blood Cells	Nil/hpf	
Epithelial Cell	1 - 2 /hpf	
Crystals	Nil	
Casts	Absent	

DR. POOJA PRAPANNA
MD
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37 Years /M

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20-11-2023

HEAMOGRAM

Test Name	Results	Normal Range
Haemoglobin (HB)	16.1	13 - 18 gm%
R.B.C. Count	5.32	4.5 - 5.5 milli./cu.mm
PCV	47.8	40 - 50 %
MCV	89.85	80 - 95 fl
MCH	30.26	27 - 32 pg
MCHC	33.68	31.5 - 34.5 %
TOTAL WBC COUNT	9,700	4,000 to 11,000 /cu.mm
DIFFERENTIAL WBC COUNT	.	
Neutrophils	58	40 - 75 %
Lymphocytes	37	20 - 40 %
Monocytes	03	02 - 08 %
Eosinophils	02	01 - 05 %
Basophils	00	00 - 01 %
PLATELET COUNT	1.93	1.5 - 4 Laes/cu.mm.
E.S.R	12	M- 0-10 at the end of 1 hr. F- 0-20 at the end of 1 hr


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M.D.

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37 Years /M
20-11-2023

Test Name	Results	Normal Range
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HAEMATOLOGY PROFILE

HBA1C	6.5	Normal 4-6 % Good Control 6-7 % Fair Control 7-8 % Unsatisfactory Control 8-10 % Poor Control Above 10 %
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BIOCHEMISTRY

P.P. BLOOD SUGAR	139.0	upto 140 mg/dl
FASTING BLOOD SUGAR	86.0	70 - 110 mg/dl
CREATININE	1.33	0.6 - 1.4 mg\dl
UREA	27.0	10 - 45 mg\dl
BUN	13.0	5 - 21 Mg/dl
URIC ACID	5.84	3.5 - 7 mg\dl
TOTAL PROTEIN	6.59	6.0 to 8.0 g/dl
ALBUMIN	4.06	3.2 to 5.0 g/dl
GLOBULIN	2.53	1.9 to 3.5
A:G RATIO	1.60	1.2 TO 2.3
ALKALINE PHOSPHATE	110.0	Adult - 42 - 128 IU/L Child - 150 - 630 IU/L
TOTAL BILIRUBIN	0.89	0 - 1 mg/dl
DIRECT BILIRUBIN	0.13	<0.25 mg/dl
INDIRECT BILIRUBIN	0.76	< 1.0 mg/dl
GAMA GT	58.0	5 - 43 Iu/l

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BANK OF BARODA37 Years /M
20-11-2023

Test Name	Results	Normal Range
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HAEMATOLOGY PROFILE

BLOOD GROUP	: -
"ABO " GROUP	"B"
Rh (D) Factor	Positive

(Cross matching & recheck of Blood Group is mandatory before any transfusion)

BIOCHEMISTRY

S.G.O.T	104.0	0 - 45 IU/L
S.G.P.T	162.0	0 - 45 IU/L

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MO
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MR. JAISWAL JAICHAND

37 Yrs./M.

BOB

20th Nov, 2023

X-RAY CHEST PA VIEW

Bony cage is normal.

Trachea is central. C.P. angles are clear.

Cardiac contour and cardiothoracic ratio are normal.

Lung fields are clear.

DR.D.S.CHHABRA.
M.D.

MR. JAISWAR JAICHAND

37 Yrs./M.

BOB

20th Nov, 2023

ABDOMINAL SONOGRAPHY

Liver is of normal size, shape, has smooth margins & regular contours and the parenchyma is mildly hyperechoic in echostructure, **fatty changes (Grade I)**. No focal lesion.

Gall bladder is of normal size, shape, has thin walls & the contents are clear fluid. No evidence of any calculus. Biliary tree is undilated.

Pancreas is normal, no focal / diffuse pathology. Spleen is normal. The portal and splenic veins are normal in calibre.

Both Kidneys are normal in size [measure about 11 cms. in length], shape and echostructure. No evidence of any calculus in both. The collecting system and ureter on both side are undilated.

Urinary bladder is normal in size, shape & has thin walls.

Prostate is of normal size (around 16 gms.) & is normal in echostructure.

There is no ascitis. No obvious abdominal lymphadenopathy. No sub / supra diaphragmatic pathology on either side.

IMPRESSION :

Fatty changes in liver (Grade I).

DR.D.S.CHHABRA.

M.D.



LABORATORY REPORT



Name : JAISWAR JAICHAND	Sex/Age : Male / 37 Years	Case ID : 31101604425
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : UNIQUE DIAGNOSTIC CENTRE INDORE		Pt. Loc. :
Reg Date and Time : 20-Nov-2023 11:22	Sample Type : Serum	Mobile No. :
Sample Date and Time : 20-Nov-2023 11:22	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 20-Nov-2023 12:38	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3) CMIA	66.29	ng/dL	58 - 159	
Thyroxine (T4) CMIA	7.43	µg/dL	4.6 - 10.5	
TSH CMIA	H 4.91	µIU/mL	0.4 - 4.2	

INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTN and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

TSH ref range in pregnancy

First trimester
Second trimester
Third trimester

Reference range (microIU/ml)

0.24 - 2.00
0.43-2.2
0.8-2.5

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Soma Yadav
M.D. (Pathology)

Dr. A Mishra
M.D. Microbiology

Printed On : 20-Nov-2023 12:50



LABORATORY REPORT



Name : JAISWAR JAICHAND	Sex/Age : Male / 37 Years	Case ID : 31101604425
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Bill. Loc. : UNIQUE DIAGNOSTIC CENTRE INDORE		Pt. Loc. :
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Sample Date and Time : 20-Nov-2023 11:22	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 20-Nov-2023 12:38	Acc. Remarks : -	Ref Id2 :

Interpretation Note:

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH 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
Third trimester	0.8-2.5

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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Report Date and Time : 20-Nov-2023 12:38	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Prostate Specific Antigen (PSA)

Prostate Specific Antigen CMA	0.42	ng/mL	0.00 - 4.00
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	0 - 0.5 *(ng/mL)	>0.5 - 2.5 (ng/mL)	>2.5 - 5.0 (ng/mL)	>5.0 - 10 (ng/mL)	>10 (ng/mL)
Healthy Males	87.2	12.8	0.0	0.0	0.0
BPH	51.9	42.9	4.2	0.5	0.5
Stage A Prostate Cancer	38.5	42.3	11.5	3.8	3.8
Stage B Prostate Cancer	23.9	68.7	7.5	0.0	0.0

*% of population

Use

The total PSA test and digital rectal exam (DRE) are used together to help determine the need for a prostate biopsy. The goal of screening is to minimize unnecessary biopsies and to detect clinically significant prostate cancer while it is still confined to the prostate.

Clinical Significance of elevated levels of PSA are associated with prostate cancer, but they may also be seen with prostatitis and benign prostatic hyperplasia (BPH). Mild to moderately increased concentrations of PSA may be seen in those of African American heritage, and levels tend to increase in all men as they age.

Prostate biopsy is required for the diagnosis of cancer.

FREE PSA:TOTAL PSA

Males:

When Total PSA concentration is in the range of 4.0-10.0 ng/mL:

Free PSA/total PSA ratio	Probability of cancer		
	50-59 years	60-69 years	> or =70 years
< or =0.10	49%	58%	65%
0.11-0.18	27%	34%	41%
0.19-0.25	18%	24%	30%
>0.25	9%	12%	16%

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

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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M.D. (Pathology)

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M.D. Microbiology

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LABORATORY REPORT



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Bill. Loc. : UNIQUE DIAGNOSTIC CENTRE INDORE		Pt. Loc. :
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Report Date and Time : 20-Nov-2023 12:38	Acc. Remarks : -	Ref Id2 :

For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Soma

Dr. Soma Yadav

M.D. (Pathology)

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Page 4 of 4

Neuberg Supratech Reference Laboratories Private Limited

3/3, South Tukoganj, Gokuldas Hospital Road, Near Madhumilan Chouraha, Indore - 452001 Madhya Pradesh.
0731-4964961 / 62, 9713963333 neuberg.indore@supratechlabs.com www.neubergsupratech.com



Government of India



जयचंद जैसवार
Jai Chand Jaiswar
जन्म तिथि/DOB: 15/10/1985
पुरुष/ MALE



Dr. D. S. Chhabra
NICED
Reg. No. 5007



8412 6193 8975



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

Address:

S/O: Kamta Prasad Jaiswar,
House No 2230/F-U-5, New
Kanchanpur, Nirmal Chand Jain
Ward, Bhatta Mohalla, Andhuwa,
Jabalpur,
Madhya Pradesh - 482004.

पता:

आत्मज: कामता प्रसाद जैसवार, हाउस न
2230/एफ-यू-5, न्यू कंचनपुर, निर्मल चंद जैन
वॉर्ड, भट्टा मोहल्ला, अनधुवा, जबलपुर,
मध्य प्रदेश - 482004

8412 6193 8975



12 Lead + Comparison

156/MR JAISWAR JALCHANDR 122 bpm
 37 Yrs/Male METS: 1.0
 0 Kg/0 Cms BP: 120/80
 Date: 20-Nov-2023 12:20:59 PM

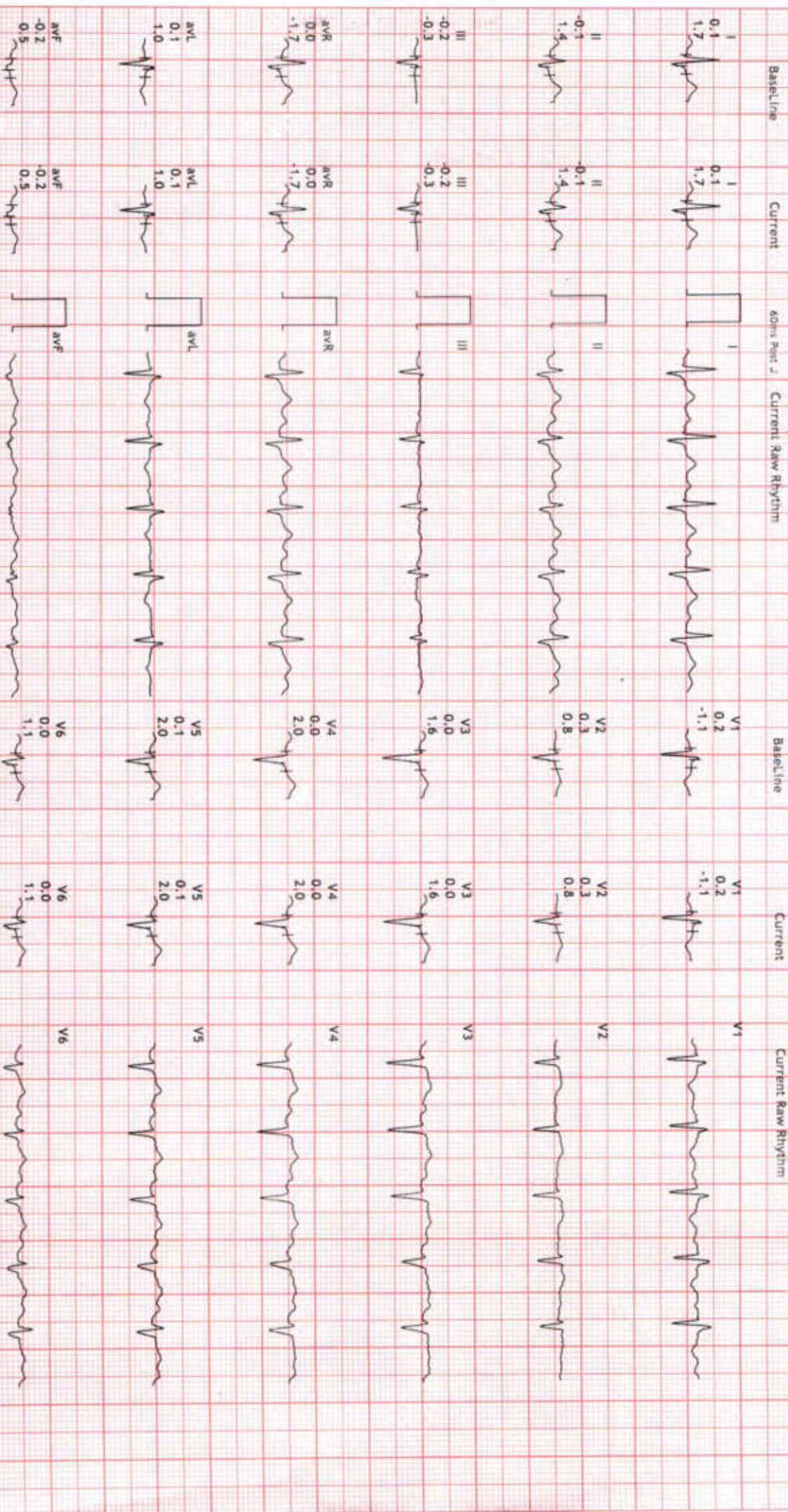
MpHR: 66% of 183
 Speed: 0.0 mph
 Grade: 0.0%

UNIQUE DIAGNOSTIC CENTER JAURA COMPOUND, OPP. M.Y. HOSPITAL - INDORE

Raw ECG
 BRUCE
 (1.0-100)Hz

Ex Time 00:32
 BLC :On
 Notch :On

SUPINE
 10.0 mm/mV
 25 mm/Sec.





12 Lead + Comparison

156/MR JAISWAR JAICHAHA 122 bpm
 37 Yrs/Male METS: 1.0
 0 Kg/0 Cms BP: 120/80
 Date: 20-Nov-2023 12:20:59 PM

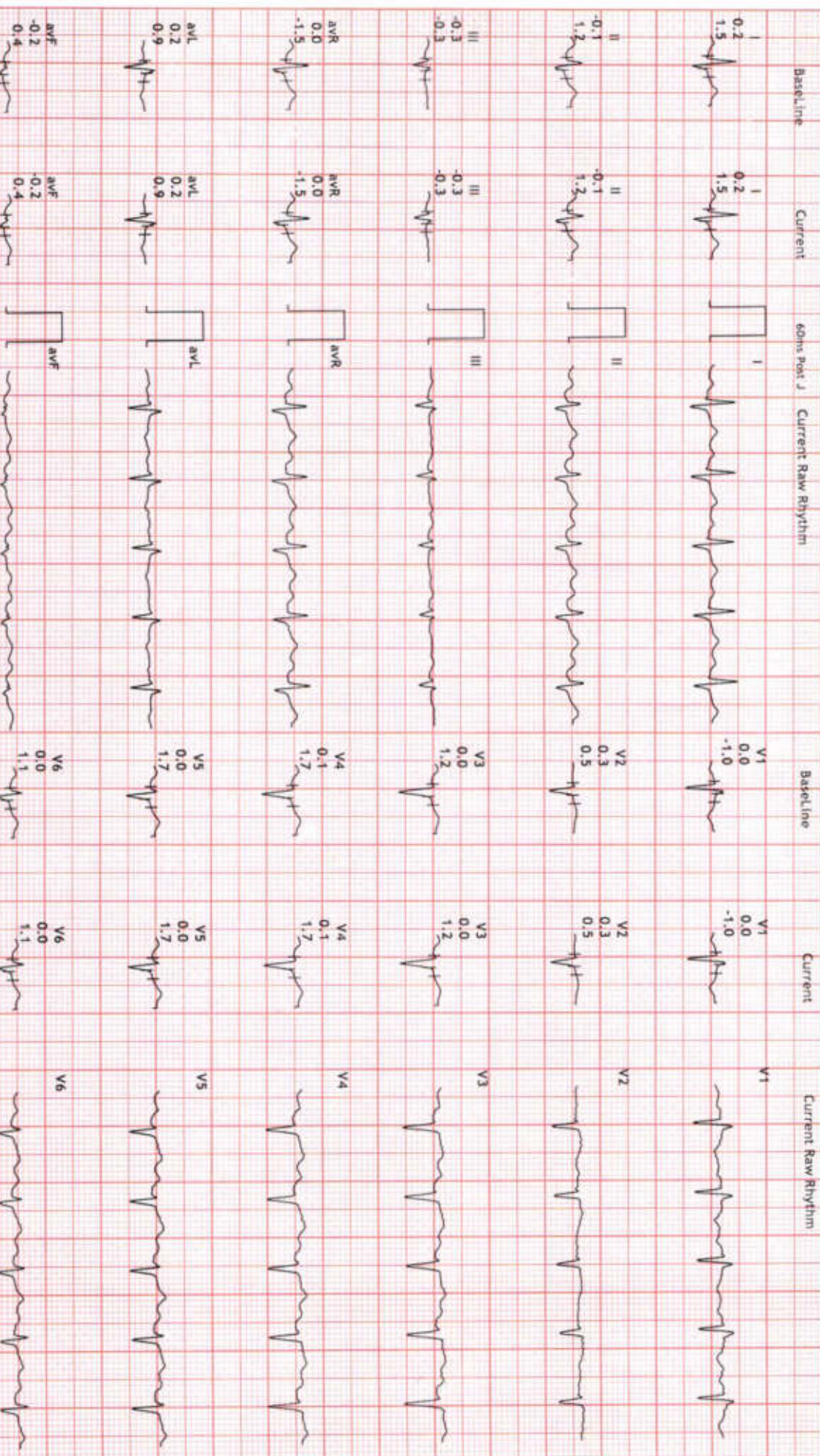
MPHR: 66% of 183
 Speed: 0.0 m/s
 Grade: 0.0%

UNIQUE DIAGNOSTIC CENTER JAURA COMPOUND, OPP. M. Y. HOSPITAL - INDORE

Raw ECG
 BRUCE
 (1.0-100)HZ

EX Time 00:54
 BLC :On
 Notch :On

STANDING
 10.0 mm/mV
 25 mm/Sec.





12 Lead + Comparison

156/MR JAISWAR JALCHANDER: 120 bpm
 37 Yrs/Male METS: 1.0
 0 Kg/0 Cms BP: 120/80
 Date: 20-Nov-2023 12:20:59 PM

MpHR: 65% of 183
 Speed: 0.0 mph
 Grade: 0.0%

UNIQUE DIAGNOSTIC CENTER
 JAURA COMPOUND, OPP. M.Y. HOSPITAL - INDORE

Raw ECG
 BRUCE
 (1.0-100)Hz

Ex Time 01:03
 BLC :On
 Notch :On

HV
 10.0 mm/mV
 25 mm/Sec.





12 Lead + Comparison

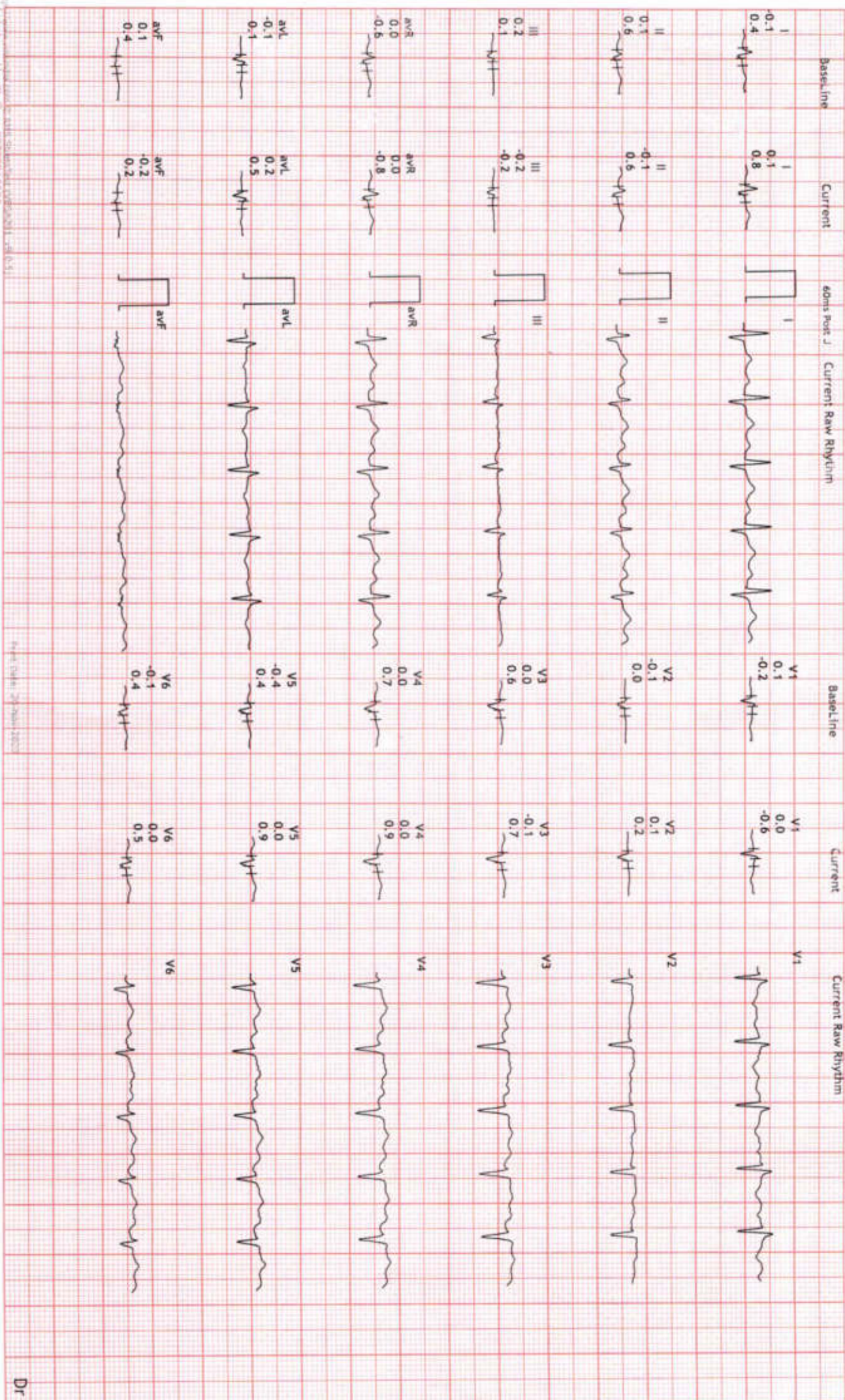
156/MR JAISWAR JAICHANDR 123 bpm
 37 Yrs/Male METS: 1.0
 0 Kg/0 Cms Bp: 120/80
 Date: 20-Nov-2023 12:20:59 PM

MpHR: 67% of 183
 Speed: 0.0 mph
 Grade: 0.0%

UNIQUE DIAGNOSTIC CENTER
 JAURA COMPOUND, OPP. W. Y. HOSPITAL - INDORE

Raw ECG
 BRUCE
 (1.0-100)Hz

Ex Time 00:00
 BLC : On
 Notch : On
 ExStart 10.0 mm/mv
 25 mm/Sec.





12 Lead + Comparison

156/MR JAISWAR JAICHANDR 150 bpm
 37 Yrs/Male METS: 4.7
 0 Kg/0 Cms BP: 122/80
 Date: 20-Nov-2023 12:20:59 PM

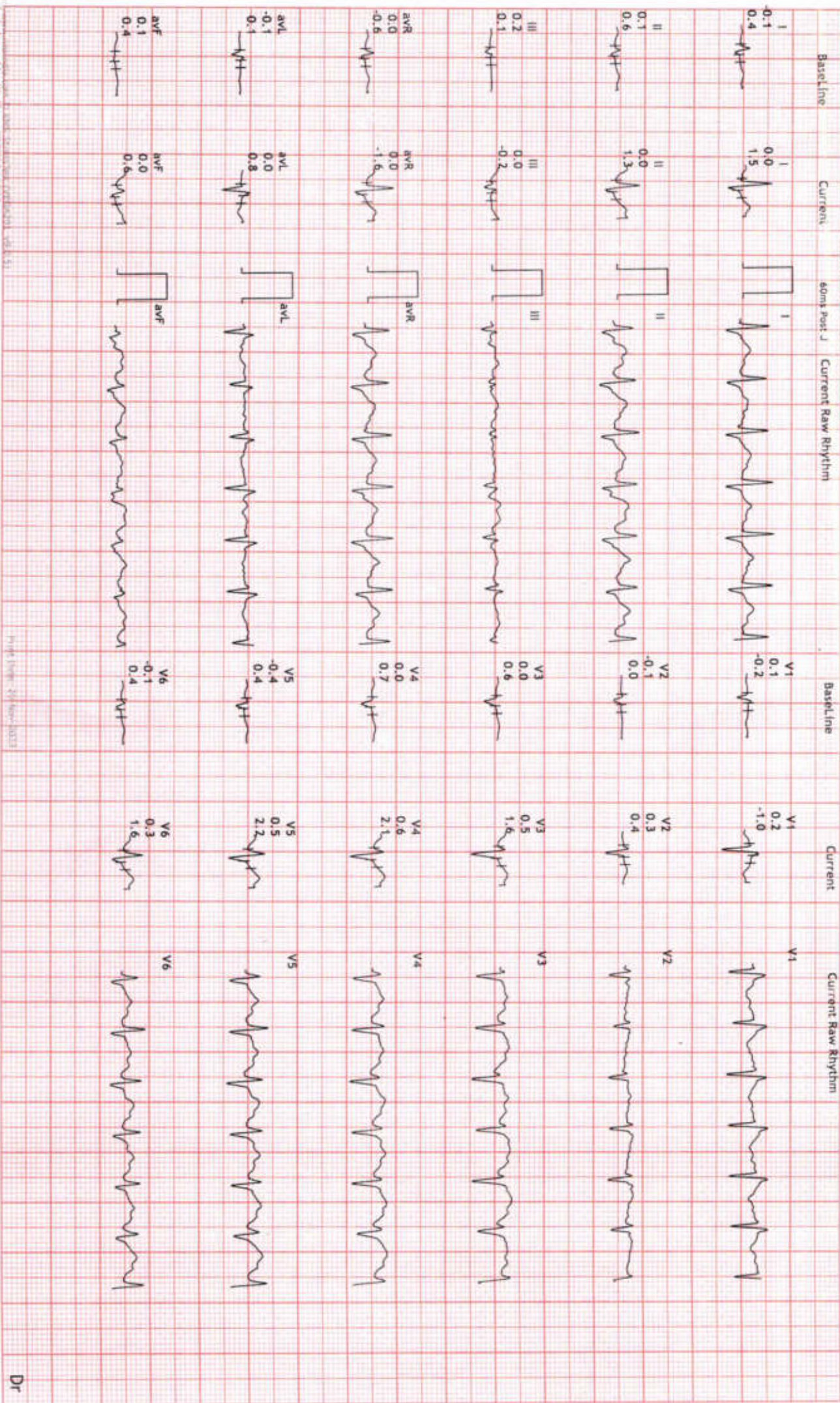
MPHR: 81% of 183
 Speed: 1.7 mph
 Grade: 10.0%

UNIQUE DIAGNOSTIC CENTER
 JAURA COMPOUND, OPP. W. Y. HOSPITAL - INDORE

Raw ECG
 BRUCE
 (1.0-100)Hz

Ex Time 03:00
 BLC : On
 Notch : On

Stage 1 (03:00)
 10.0 mm/mv
 25 mm/Sec.





12 Lead + Comparison

156/MR JAISWAR JAICHANDR 174 bpm
37 Yrs/Male METS: 7.1
0 Kg/0 Cms BP: 130/86
Date: 20-Nov-2023 12:20:59 PM

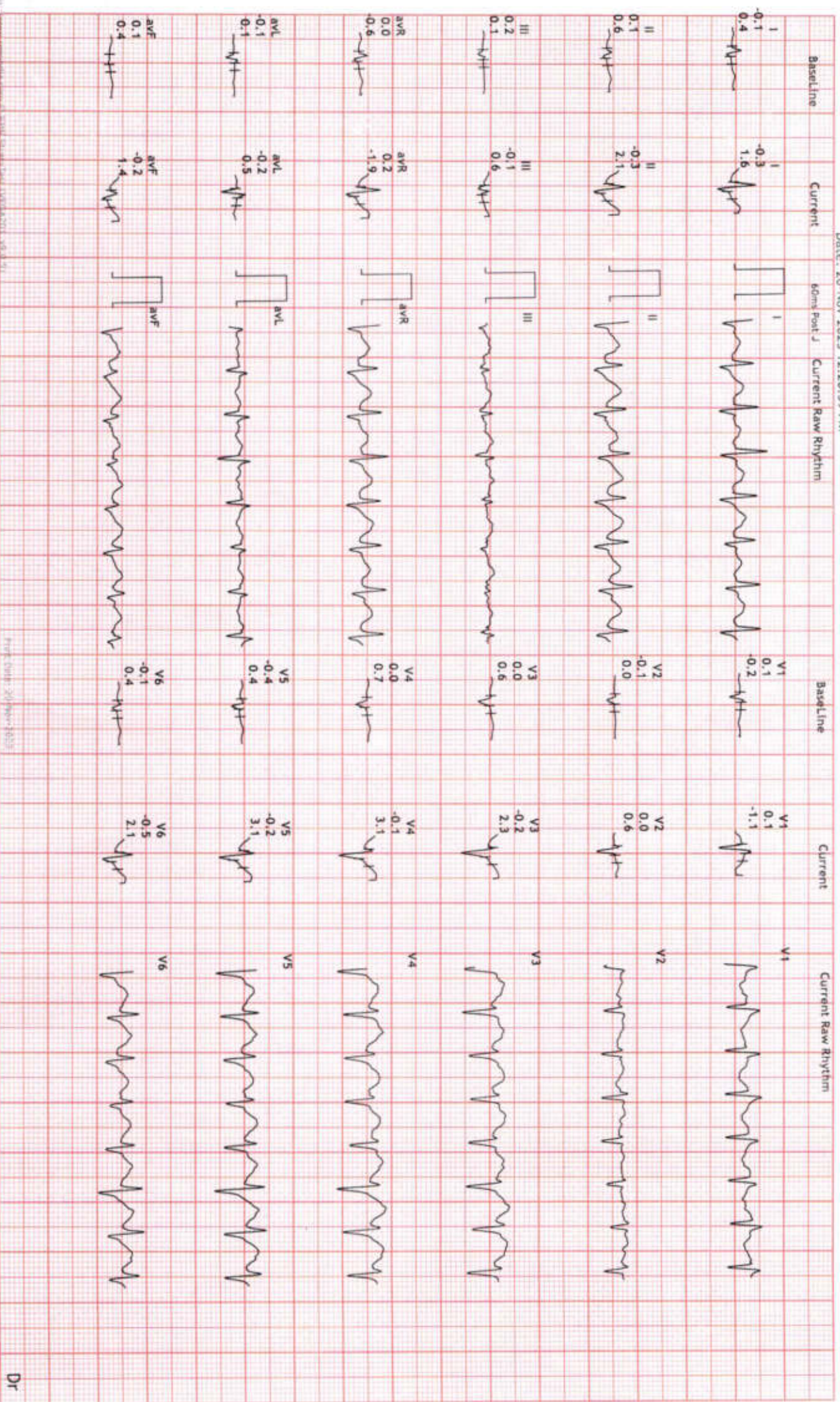
MPHR: 95% of 183
Speed: 2.5 mph
Grade: 12.0%

UNIQUE DIAGNOSTIC CENTER
JAURA COMPOUND, OPP. M. Y. HOSPITAL - INDORE

Raw ECG
BRUCE
(1.0-100)Hz

Ex Time 06:00
BLC : On
Notch : On

Stage 2 (03:00)
10.0 mm/mv
25 mm/Sec.





12 Lead + Comparison

156/MR JAISWAR JAICHANDR 189 bpm
 37 Yrs/Male METS: 8.9
 0 Kg/0 Cms BP: 130/88
 Date: 20-Nov-2023 12:20:59 PM

MpHR:103% of 183
 Speed: 3.4 mph
 Grade: 14.0%

UNIQUE DIAGNOSTIC CENTER JAURA COMPOUND, OPP. M.Y. HOSPITAL - INDORE

Raw ECG
 BRUCE
 (1.0-100)Hz

Ex Time 07:45
 BLC :On
 Notch :On

PeakEx
 10.0 mm/mV
 25 mm/Sec.





12 Lead + Comparison

156/MR JAISWAR JALCHANDR 148 bpm
 37 Yrs/Male METS: 1.0
 0 Kg/0 Cms BP: 130/88
 Date: 20-Nov-2023 12:20:59 PM

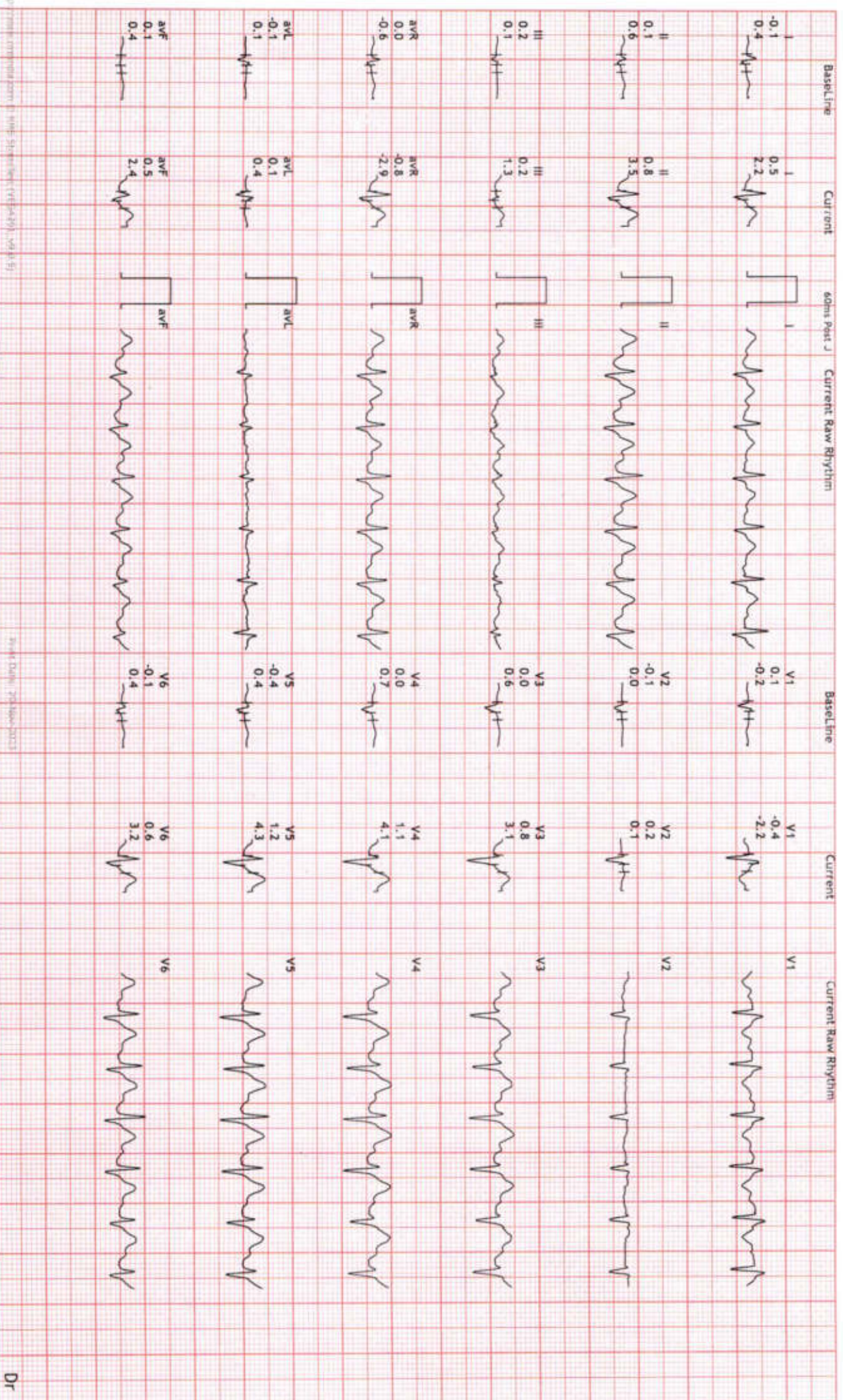
MpHR: 80% of 183
 Speed: 0.0 mph
 Grade: 0.0%

UNIQUE DIAGNOSTIC CENTER JAURA COMPOUND, OPP. M. Y. HOSPITAL - INDORE

Raw ECG
 BRUCE
 (1.0-100)Hz

Ex Time 07:45
 BLC :On
 Notch :On

Recovery : (02:00)
 10.0 mm/mV
 25 mm/Sec.





12 Lead + Comparison

156/MR JAISWAR JAICHAHER: 129 bpm
 37 Yrs/Male METS: 1.0
 0 Kg/0 Cms BP: 128/87
 Date: 20-Nov-2023 12:20:59 PM

MpHR: 70% of 183
 Speed: 0.0 mph
 Grade: 0.0%

UNIQUE DIAGNOSTIC CENTER
 JAURA COMPOUND, OPP. M. Y. HOSPITAL - INDORE

Raw ECG
 BRUCE
 (1.0-100)Hz

Ex Time 07:45
 BLC :On
 Notch :On

Recovery : (04:00)
 10.0 mm/mV
 25 mm/Sec.



Dr



12 Lead + Comparison

156/MR JAISVAR JAICHANDER 131 bpm
 37 Yrs/Male METS: 1.0
 0 Kg/0 Cms BP: 125/84
 Date: 20-Nov-2023 12:20:59 PM

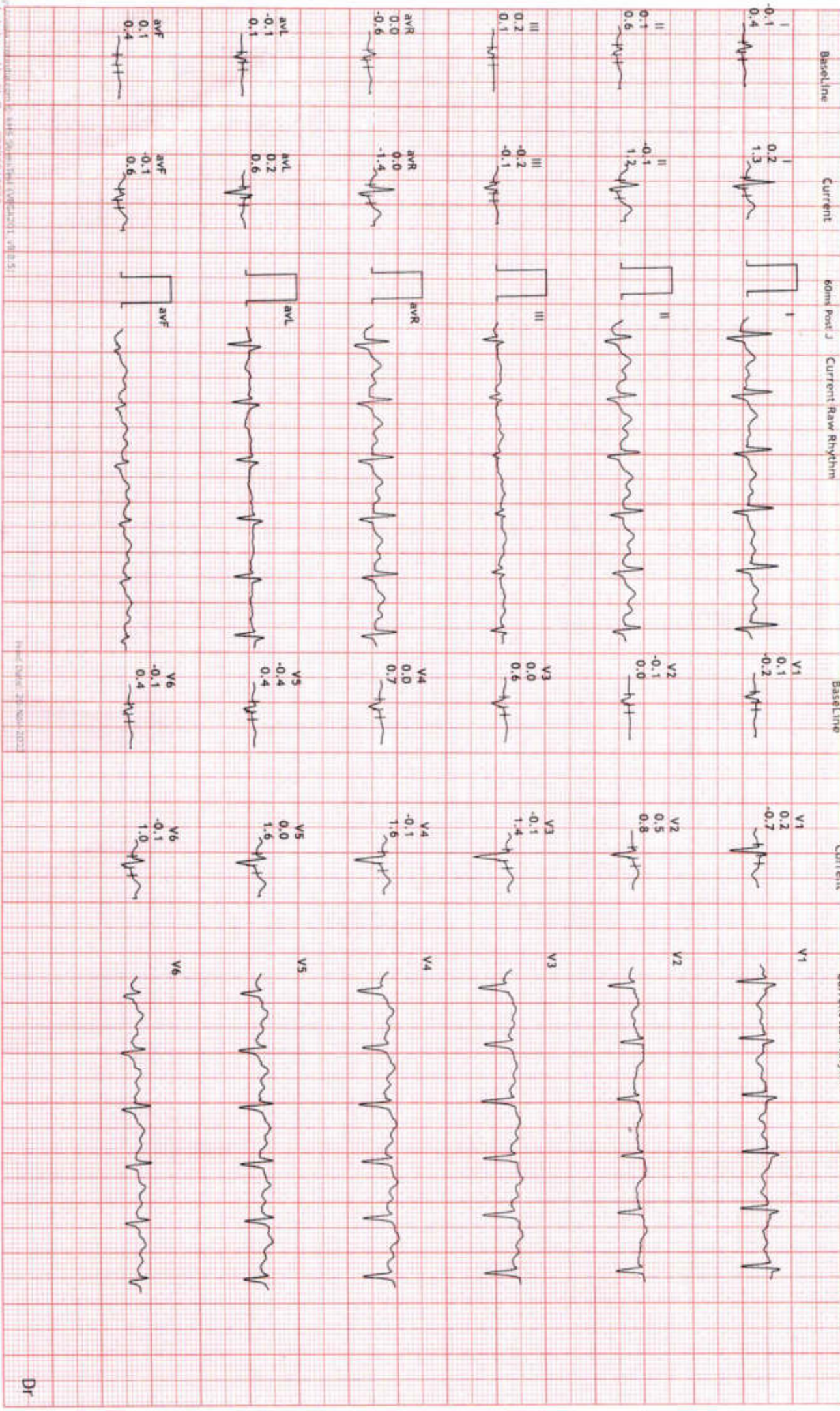
MpHR: 71% of 183
 Speed: 0.0 mph
 Grade: 0.0%

UNIQUE DIAGNOSTIC CENTER
 JAURA COMPOUND, OPP. M. Y. HOSPITAL - INDORE

Raw ECG
 BRUCE
 (1.0-100)Hz

Ex Time 07:45
 BLC : On
 Notch : On

Recovery : (06:00)
 10.0 mm/mV
 25 mm/Sec.



MR. JAISWAR JAICHAND
BOB

37 YEARS /MALE
20-11-2023

Height: 168 Cms

Weight: 79 Kg

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BMI: - 28 kg/m²

EYE: - NORMAL

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37 Years /M

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20-11-2023

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Albumin	Nil	
Sugar	Nil	
Ketones	Absent	
Bile Pigments	Negative	
Bile Salt	Negative	
Hematuria	Negative	
MICROSCOPIC EXAMINATION		
Pus Cells	1- 2 /hpf	
Red Blood Cells	Nil/hpf	
Epithelial Cell	1 - 2 /hpf	
Crystals	Nil	
Casts	Absent	

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37 Years /M

BANK OF BARODA

20-11-2023

HEAMOGRAM

Test Name	Results	Normal Range
Haemoglobin (HB)	16.1	13 - 18 gm%
R.B.C. Count	5.32	4.5 - 5.5 milli./cu.mm
PCV	47.8	40 - 50 %
MCV	89.85	80 - 95 fl
MCH	30.26	27 - 32 pg
MCHC	33.68	31.5 - 34.5 %
TOTAL WBC COUNT	9,700	4,000 to 11,000 /cu.mm
DIFFERENTIAL WBC COUNT	.	
Neutrophils	58	40 - 75 %
Lymphocytes	37	20 - 40 %
Monocytes	03	02 - 08 %
Eosinophils	02	01 - 05 %
Basophils	00	00 - 01 %
PLATELET COUNT	1.93	1.5 - 4 Laes/cu.mm.
E.S.R	12	M- 0-10 at the end of 1 hr. F- 0-20 at the end of 1 hr


DR. POOJA PRABHANNA
Dr. POOJA PRABHANNA
M.D.

MR. JAISWAR JAICHAND
BANK OF BARODA

37 Years /M
20-11-2023

Test Name	Results	Normal Range
-----------	---------	--------------

HAEMATOLOGY PROFILE

HBA1C	6.5	Normal 4-6 % Good Control 6-7 % Fair Control 7-8 % Unsatisfactory Control 8-10 % Poor Control Above 10 %
-------	-----	---

BIOCHEMISTRY

P.P. BLOOD SUGAR	139.0	upto 140 mg/dl
FASTING BLOOD SUGAR	86.0	70 - 110 mg/dl
CREATININE	1.33	0.6 - 1.4 mg\dl
UREA	27.0	10 - 45 mg\dl
BUN	13.0	5 - 21 Mg/dl
URIC ACID	5.84	3.5 - 7 mg\dl
TOTAL PROTEIN	6.59	6.0 to 8.0 g/dl
ALBUMIN	4.06	3.2 to 5.0 g/dl
GLOBULIN	2.53	1.9 to 3.5
A:G RATIO	1.60	1.2 TO 2.3
ALKALINE PHOSPHATE	110.0	Adult - 42 - 128 IU/L Child - 150 - 630 IU/L
TOTAL BILIRUBIN	0.89	0 - 1 mg/dl
DIRECT BILIRUBIN	0.13	<0.25 mg/dl
INDIRECT BILIRUBIN	0.76	< 1.0 mg/dl
GAMA GT	58.0	5 - 43 Iu/l

Dr. POOJA PRAPANNA
DR. POOJA PRAPANNA
M.D.

MR. JAISWAR JAICHAND

37 Years /M

BANK OF BARODA

20-11-2023

Test Name	Results	Normal Range
-----------	---------	--------------

HAEMATOLOGY PROFILE

BLOOD GROUP	: -
"ABO " GROUP	"B"
Rh (D) Factor	Positive

(Cross matching & recheck of Blood Group is mandatory before any transfusion)

BIOCHEMISTRY

S.G.O.T	104.0	0 - 45 IU/L
S.G.P.T	162.0	0 - 45 IU/L

Dr. POOJA PRAPANNA
MO
DR. POOJA PRAPANNA
M.D.

MR. JAISWAL JAICHAND

37 Yrs./M.

BOB

20th Nov, 2023

X-RAY CHEST PA VIEW

Bony cage is normal.

Trachea is central. C.P. angles are clear.

Cardiac contour and cardiothoracic ratio are normal.

Lung fields are clear.

DR.D.S.CHHABRA.
M.D.

MR. JAISWAR JAICHAND

37 Yrs./M.

BOB

20th Nov, 2023

ABDOMINAL SONOGRAPHY

Liver is of normal size, shape, has smooth margins & regular contours and the parenchyma is mildly hyperechoic in echostructure, **fatty changes (Grade I)**. No focal lesion.

Gall bladder is of normal size, shape, has thin walls & the contents are clear fluid. No evidence of any calculus. Biliary tree is undilated.

Pancreas is normal, no focal / diffuse pathology. Spleen is normal. The portal and splenic veins are normal in calibre.

Both Kidneys are normal in size [measure about 11 cms. in length], shape and echostructure. No evidence of any calculus in both. The collecting system and ureter on both side are undilated.

Urinary bladder is normal in size, shape & has thin walls.

Prostate is of normal size (around 16 gms.) & is normal in echostructure.

There is no ascitis. No obvious abdominal lymphadenopathy. No sub / supra diaphragmatic pathology on either side.

IMPRESSION :

Fatty changes in liver (Grade I).

DR.D.S.CHHABRA.

M.D.



LABORATORY REPORT



Name : JAISWAR JAICHAND	Sex/Age : Male / 37 Years	Case ID : 31101604425
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : UNIQUE DIAGNOSTIC CENTRE INDORE		Pt. Loc. :
Reg Date and Time : 20-Nov-2023 11:22	Sample Type : Serum	Mobile No. :
Sample Date and Time : 20-Nov-2023 11:22	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 20-Nov-2023 12:38	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3) CMIA	66.29	ng/dL	58 - 159	
Thyroxine (T4) CMIA	7.43	µg/dL	4.6 - 10.5	
TSH CMIA	H 4.91	µIU/mL	0.4 - 4.2	

INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTN and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

TSH ref range in pregnancy

First trimester
Second trimester
Third trimester

Reference range (microIU/ml)

0.24 - 2.00
0.43-2.2
0.8-2.5

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Soma Yadav
M.D. (Pathology)

Dr. A Mishra
M.D. Microbiology

Printed On : 20-Nov-2023 12:50



LABORATORY REPORT



Name : JAISWAR JAICHAND	Sex/Age : Male / 37 Years	Case ID : 31101604425
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : UNIQUE DIAGNOSTIC CENTRE INDORE		Pt. Loc. :
Reg Date and Time : 20-Nov-2023 11:22	Sample Type : Serum	Mobile No. :
Sample Date and Time : 20-Nov-2023 11:22	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 20-Nov-2023 12:38	Acc. Remarks : -	Ref Id2 :

Interpretation Note:

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH 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
Third trimester	0.8-2.5

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Soma Yadav
M.D. (Pathology)

Dr. A Mishra
M.D. Microbiology

Printed On : 20-Nov-2023 12:50



LABORATORY REPORT



Name : JAISWAR JAICHAND	Sex/Age : Male / 37 Years	Case ID : 31101604425
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : UNIQUE DIAGNOSTIC CENTRE INDORE		Pt. Loc. :
Reg Date and Time : 20-Nov-2023 11:22	Sample Type : Serum	Mobile No. :
Sample Date and Time : 20-Nov-2023 11:22	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 20-Nov-2023 12:38	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
------	---------	------	----------------------	---------

Prostate Specific Antigen (PSA)

Prostate Specific Antigen CMA	0.42	ng/mL	0.00 - 4.00
----------------------------------	------	-------	-------------

	0 - 0.5 *(ng/mL)	>0.5 - 2.5 (ng/mL)	>2.5 - 5.0 (ng/mL)	>5.0 - 10 (ng/mL)	>10 (ng/mL)
Healthy Males	87.2	12.8	0.0	0.0	0.0
BPH	51.9	42.9	4.2	0.5	0.5
Stage A Prostate Cancer	38.5	42.3	11.5	3.8	3.8
Stage B Prostate Cancer	23.9	68.7	7.5	0.0	0.0

*% of population

Use

The total PSA test and digital rectal exam (DRE) are used together to help determine the need for a prostate biopsy. The goal of screening is to minimize unnecessary biopsies and to detect clinically significant prostate cancer while it is still confined to the prostate.

Clinical Significance of elevated levels of PSA are associated with prostate cancer, but they may also be seen with prostatitis and benign prostatic hyperplasia (BPH). Mild to moderately increased concentrations of PSA may be seen in those of African American heritage, and levels tend to increase in all men as they age.

Prostate biopsy is required for the diagnosis of cancer.

FREE PSA:TOTAL PSA

Males:

When Total PSA concentration is in the range of 4.0-10.0 ng/mL:

Free PSA/total PSA ratio	Probability of cancer		
	50-59 years	60-69 years	> or =70 years
< or =0.10	49%	58%	65%
0.11-0.18	27%	34%	41%
0.19-0.25	18%	24%	30%
>0.25	9%	12%	16%

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

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Soma Yadav
M.D. (Pathology)

Dr. A Mishra
M.D. Microbiology

Printed On : 20-Nov-2023 12:50



LABORATORY REPORT



Name : JAISWAR JAICHAND	Sex/Age : Male / 37 Years	Case ID : 31101604425
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : UNIQUE DIAGNOSTIC CENTRE INDORE		Pt. Loc. :
Reg Date and Time : 20-Nov-2023 11:22	Sample Type : Serum	Mobile No. :
Sample Date and Time : 20-Nov-2023 11:22	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 20-Nov-2023 12:38	Acc. Remarks : -	Ref Id2 :

For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Soma

Dr. Soma Yadav

M.D. (Pathology)

Dr. A Mishra

M.D. Microbiology

Printed On : 20-Nov-2023 12:50

Page 4 of 4

Neuberg Supratech Reference Laboratories Private Limited

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0731-4964961 / 62, 9713963333 neuberg.indore@supratechlabs.com www.neubergsupratech.com



Government of India



जयचंद जैसवार
Jai Chand Jaiswar
जन्म तिथि/DOB: 15/10/1985
पुरुष/ MALE



Dr. D. S. Chhabra
M.D. (P.S.M.)
Reg. No. 5007



8412 6193 8975



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

Address:

S/O: Kamta Prasad Jaiswar,
House No 2230/F-U-5, New
Kanchanpur, Nirmal Chand Jain
Ward, Bhatta Mohalla, Andhuwa,
Jabalpur,
Madhya Pradesh - 482004.

पता:

आत्मज: कामता प्रसाद जैसवार, हाउस न
2230/एफ-यू-5, न्यू कंचनपुर, निर्मल चंद जैन
वॉर्ड, भट्टा मोहल्ला, अनधुवा, जबलपुर,
मध्य प्रदेश - 482004

8412 6193 8975



12 Lead + Comparison

156/MR JAISWAR JALCHANDR 122 bpm
 37 Yrs/Male METS: 1.0
 0 Kg/0 Cms BP: 120/80
 Date: 20-Nov-2023 12:20:59 PM

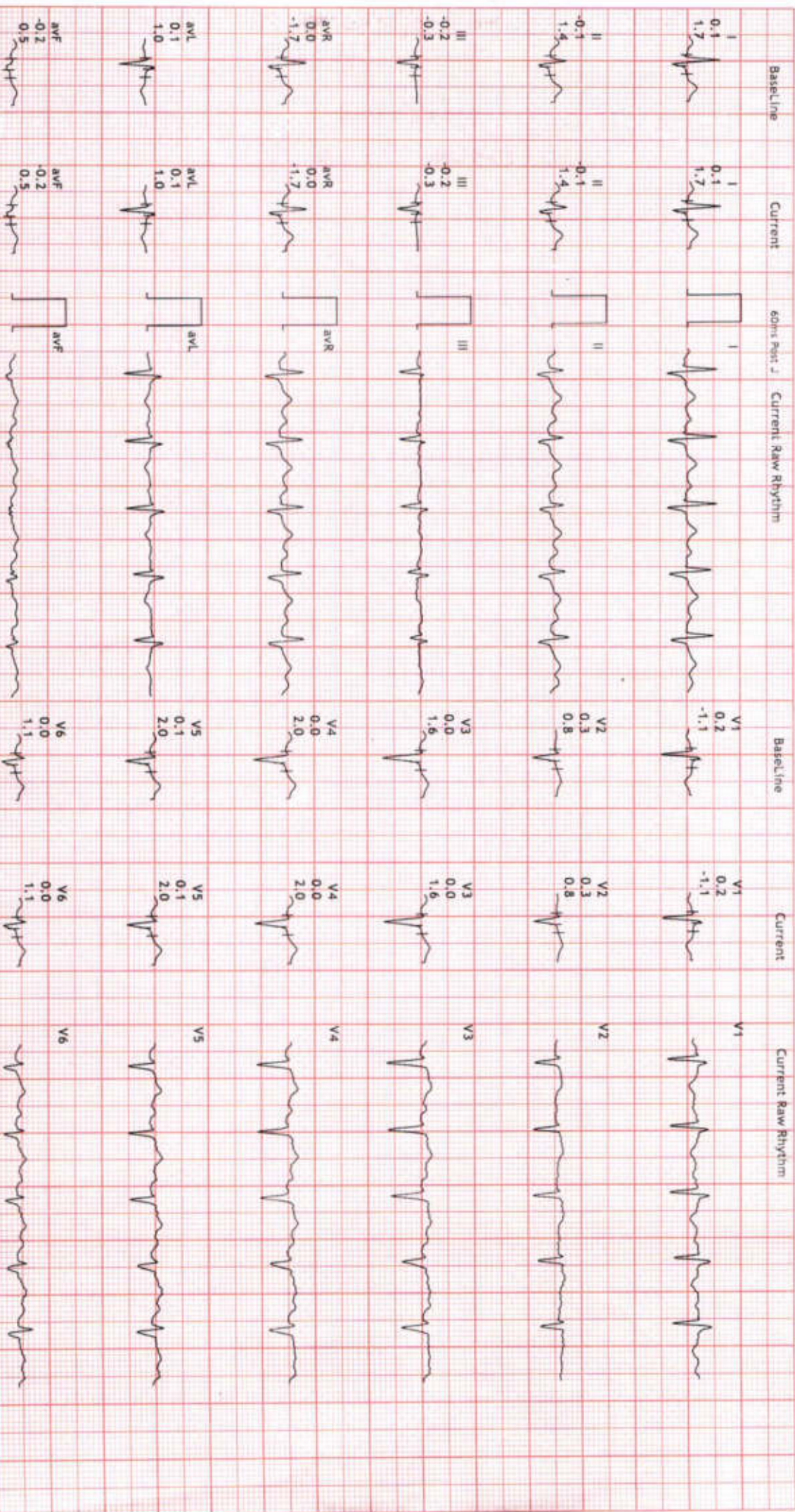
MpHR: 66% of 183
 Speed: 0.0 mph
 Grade: 0.0%

UNIQUE DIAGNOSTIC CENTER JAURA COMPOUND, OPP. M.Y. HOSPITAL - INDORE

Raw ECG
 BRUCE
 (1.0-100)Hz

Ex Time 00:32
 BLC :On
 Notch :On

SUPINE
 10.0 mm/mV
 25 mm/Sec.





12 Lead + Comparison

156/MR JAISWAR JAICHAHA 122 bpm
 37 Yrs/Male METS: 1.0
 0 Kg/0 Cms BP: 120/80
 Date: 20-Nov-2023 12:20:59 PM

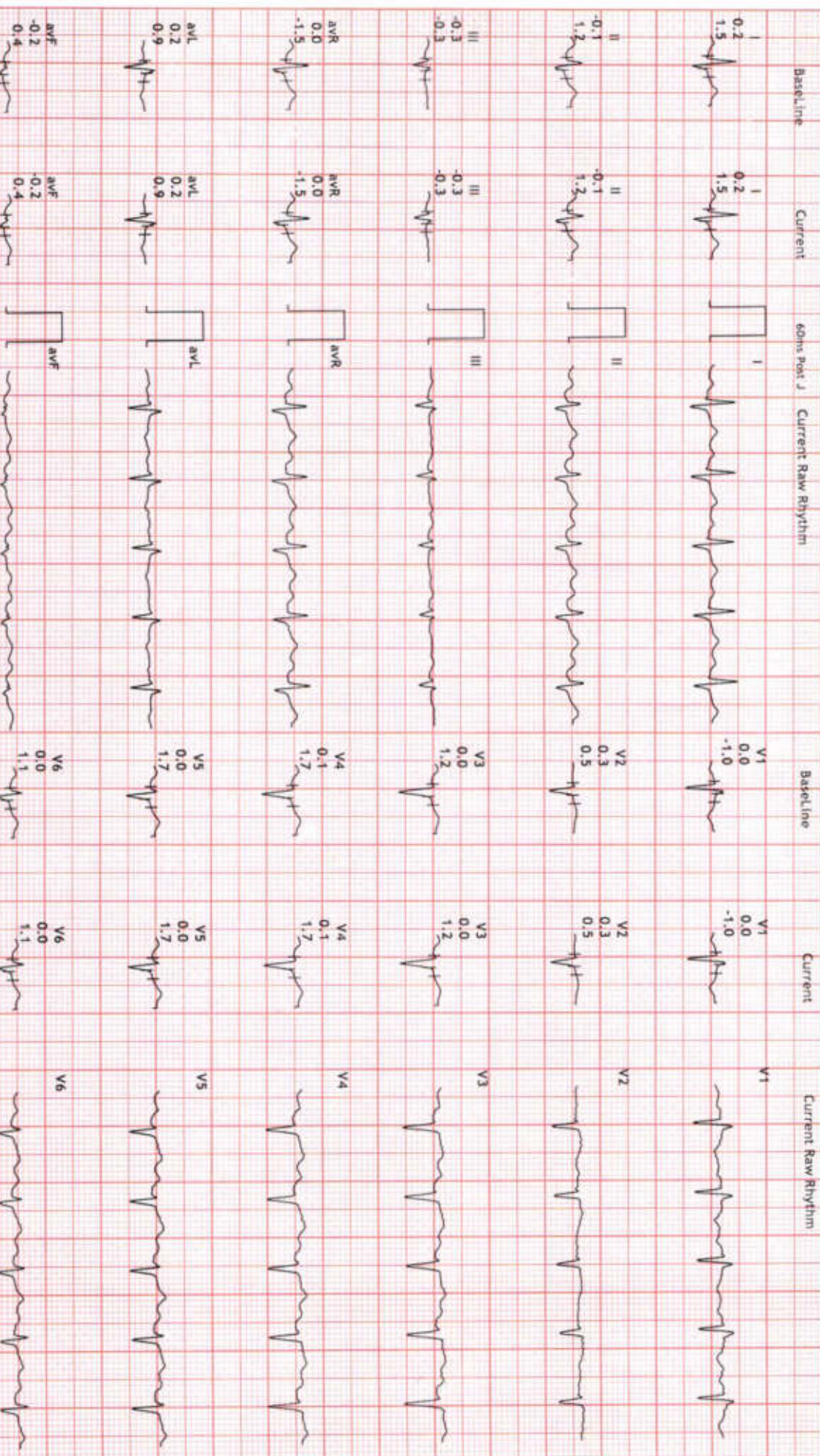
MPHR: 66% of 183
 Speed: 0.0 m/s
 Grade: 0.0%

UNIQUE DIAGNOSTIC CENTER JAURA COMPOUND, OPP. M. Y. HOSPITAL - INDORE

Raw ECG
 BRUCE
 (1.0-100)HZ

EX Time 00:54
 BLC :On
 Notch :On

STANDING
 10.0 mm/mV
 25 mm/Sec.





12 Lead + Comparison

156/MR JAISWAR JALCHANDER: 120 bpm
 37 Yrs/Male METS: 1.0
 0 Kg/0 Cms BP: 120/80
 Date: 20-Nov-2023 12:20:59 PM

MpHR: 65% of 183
 Speed: 0.0 mph
 Grade: 0.0%

UNIQUE DIAGNOSTIC CENTER
 JAURA COMPOUND, OPP. M.Y. HOSPITAL - INDORE

Raw ECG
 BRUCE
 (1.0-100)Hz

Ex Time 01:03
 BLC :On
 Notch :On

HV
 10.0 mm/mV
 25 mm/Sec.





12 Lead + Comparison

156/MR JAISWAR JAICHANDR 123 bpm
 37 Yrs/Male
 0 Kg/0 Cms
 Date: 20-Nov-2023 12:20:59 PM

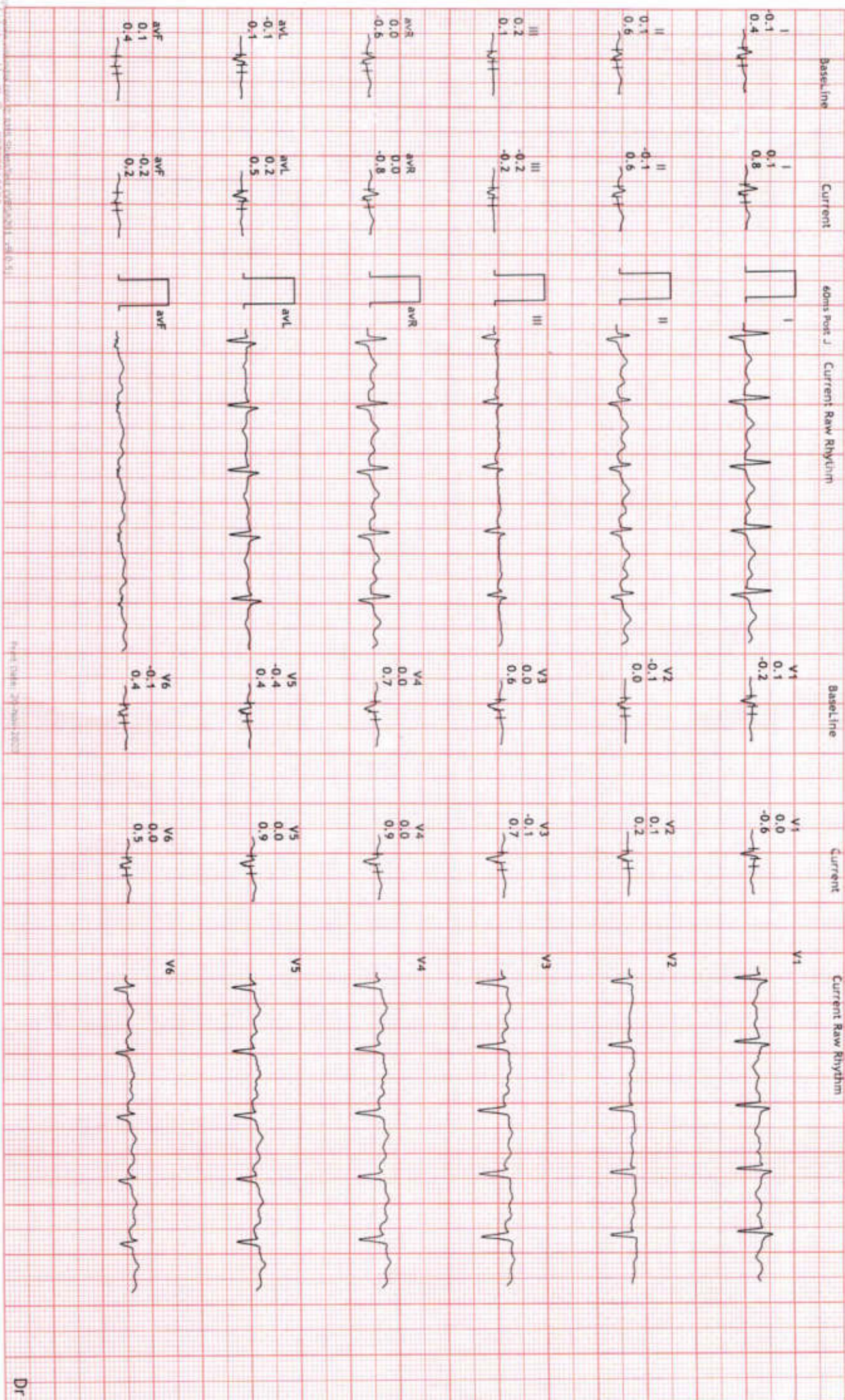
MpHR: 67% of 183
 Speed: 0.0 mph
 Grade: 0.0%

UNIQUE DIAGNOSTIC CENTER
 JAURA COMPOUND, OPP. W. Y. HOSPITAL - INDORE

Raw ECG
 BRUCE
 (1.0-100)Hz

Ex Time 00:00
 BLC : On
 Notch : On

ExStart
 10.0 mm/mv
 25 mm/Sec.





12 Lead + Comparison

156/MR JAISWAR JAICHANDR 150 bpm
 37 Yrs/Male METS: 4.7
 0 Kg/0 Cms BP: 122/80
 Date: 20-Nov-2023 12:20:59 PM

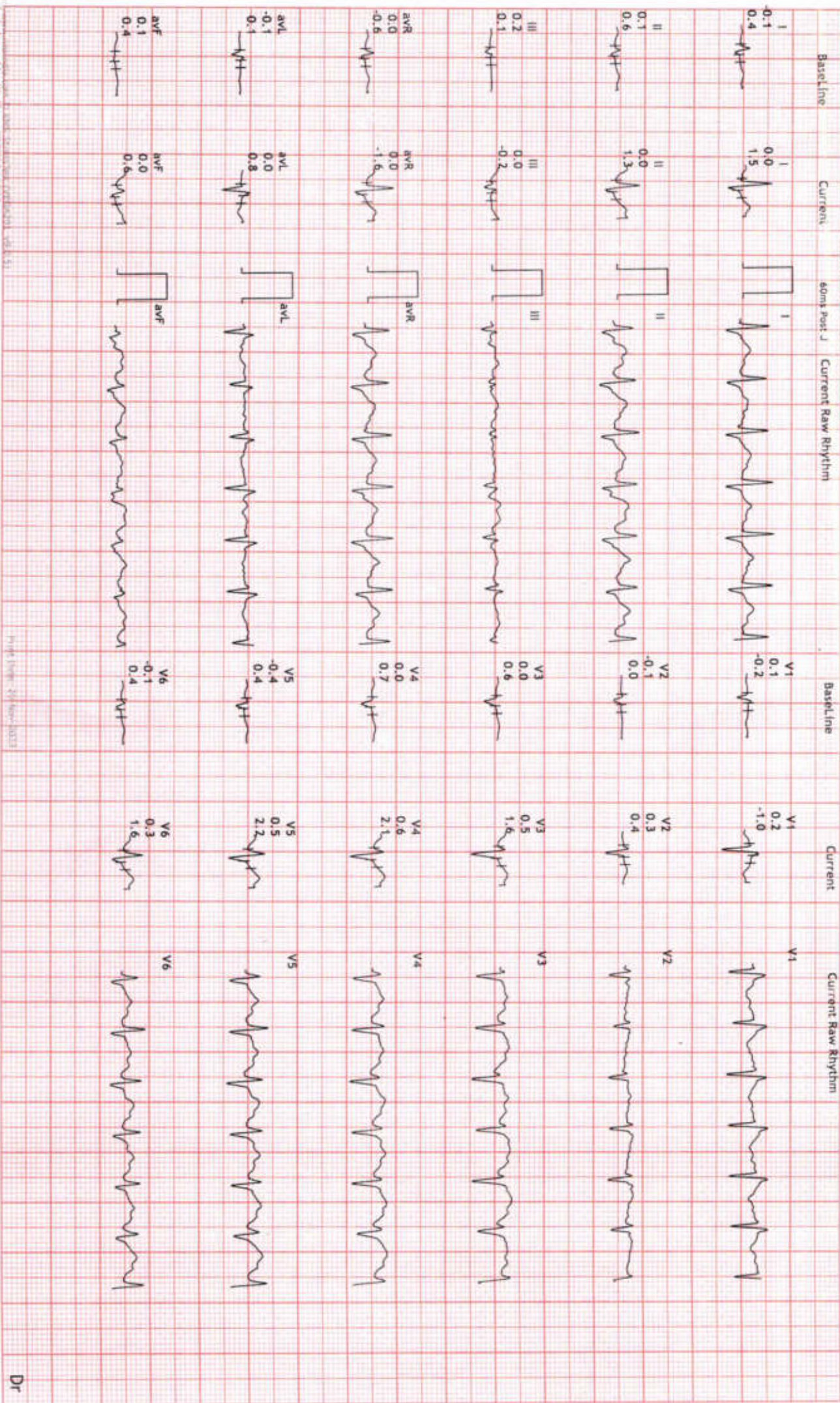
MPHR: 81% of 183
 Speed: 1.7 mph
 Grade: 10.0%

UNIQUE DIAGNOSTIC CENTER
 JAURA COMPOUND, OPP. W. Y. HOSPITAL - INDORE

Raw ECG
 BRUCE
 (1.0-100)Hz

Ex Time 03:00
 BLC : On
 Notch : On

Stage 1 (03:00)
 10.0 mm/mv
 25 mm/Sec.





12 Lead + Comparison

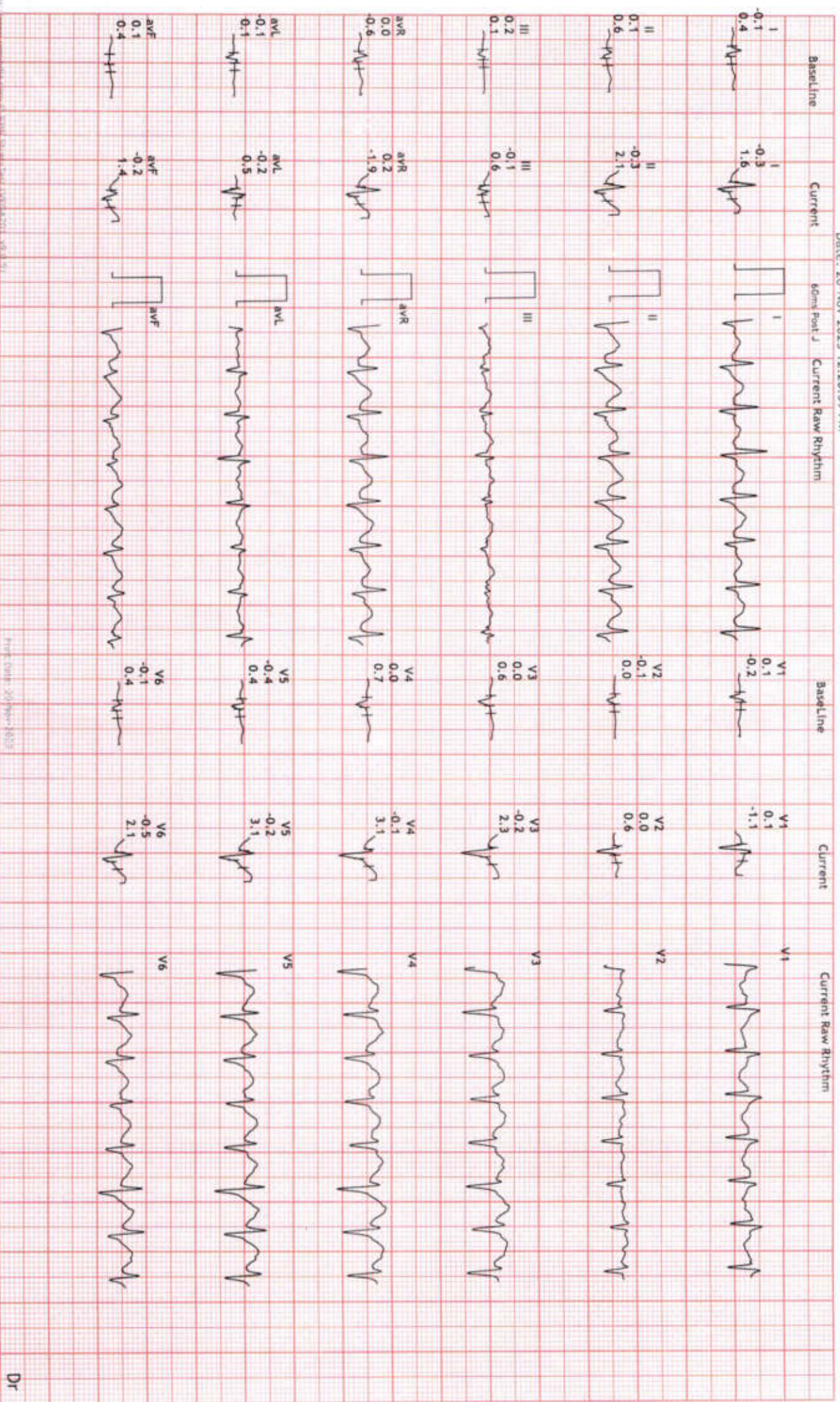
156/MR JAISWAR JAICHANDR 174 bpm
37 Yrs/Male METS: 7.1
0 Kg/0 Cms BP: 130/86
Date: 20-Nov-2023 12:20:59 PM

MPHR: 95% of 183
Speed: 2.5 mph
Grade: 12.0%

UNIQUE DIAGNOSTIC CENTER
JAURA COMPOUND, OPP. M. Y. HOSPITAL - INDORE

Raw ECG
BRUCE
(1.0-100)Hz

Ex Time 06:00
BLC : On
Notch : On
Stage 2 (03:00)
10.0 mm/mv
25 mm/Sec.





12 Lead + Comparison

156/MR JAISWAR JAICHANDR 189 bpm
 37 Yrs/Male METS: 8.9
 0 Kg/0 Cms BP: 130/88
 Date: 20-Nov-2023 12:20:59 PM

MpHR:103% of 183
 Speed: 3.4 mph
 Grade: 14.0%

UNIQUE DIAGNOSTIC CENTER JAURA COMPOUND, OPP. M.Y. HOSPITAL - INDORE

Raw ECG
 BRUCE
 (1.0-100)Hz

Ex Time 07:45
 BLC :On
 Notch :On

PeakEx
 10.0 mm/mV
 25 mm/Sec.



Dr



12 Lead + Comparison

156/MR JAISWAR JALCHANDR 148 bpm
 37 Yrs/Male METS: 1.0
 0 Kg/0 Cms BP: 130/88
 Date: 20-Nov-2023 12:20:59 PM

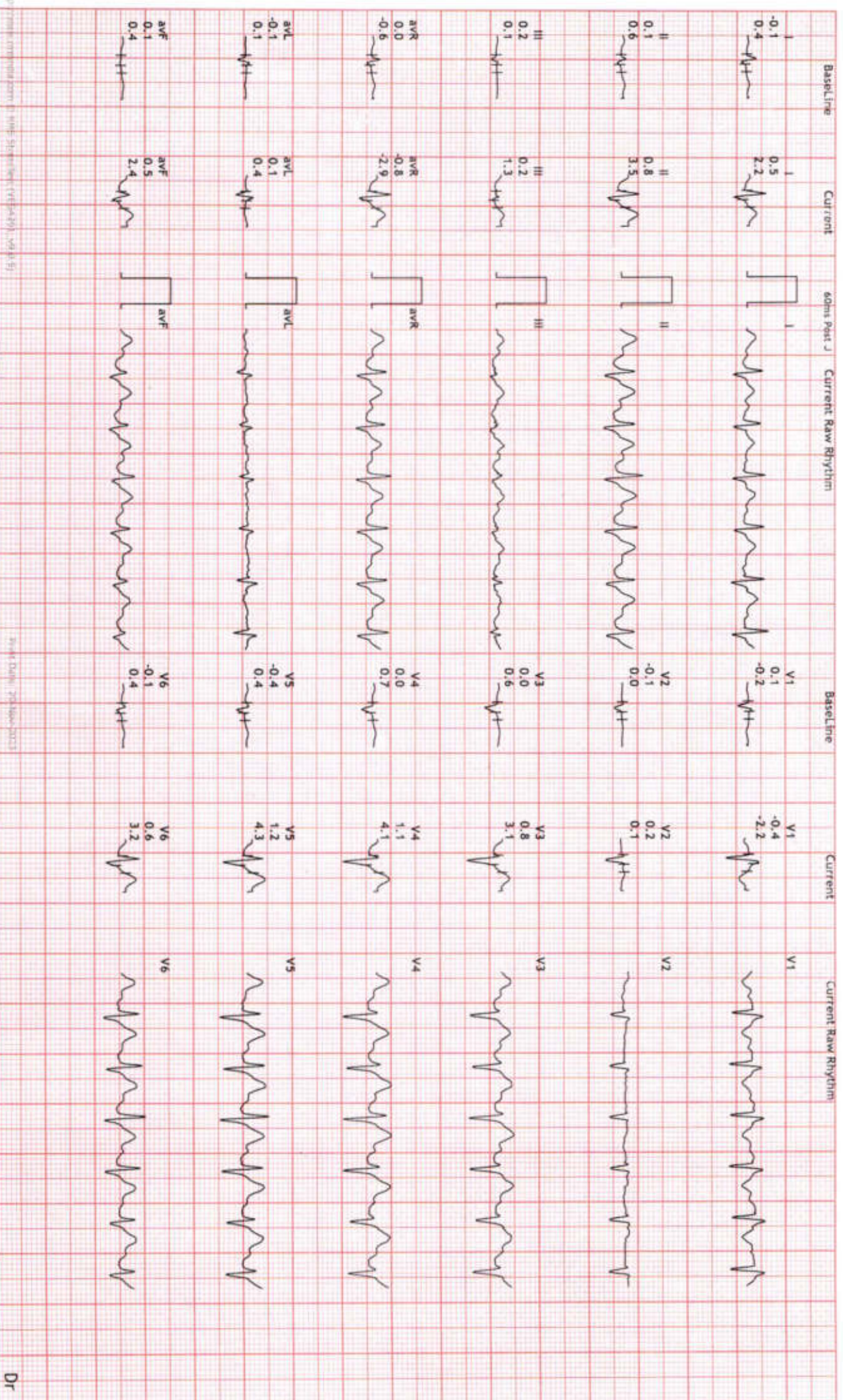
MpHR: 80% of 183
 Speed: 0.0 mph
 Grade: 0.0%

UNIQUE DIAGNOSTIC CENTER JAURA COMPOUND, OPP. M.Y. HOSPITAL - INDORE

Raw ECG
 BRUCE
 (1.0-100)Hz

Ex Time 07:45
 BLC :On
 Notch :On

Recovery : (02:00)
 10.0 mm/mV
 25 mm/Sec.





12 Lead + Comparison

156/MR JAISWAR JAICHAHER: 129 bpm
 37 Yrs/Male METS: 1.0
 0 Kg/0 Cms BP: 128/87
 Date: 20-Nov-2023 12:20:59 PM

MpHR: 70% of 183
 Speed: 0.0 mph
 Grade: 0.0%

UNIQUE DIAGNOSTIC CENTER
 JAURA COMPOUND, OPP. M. Y. HOSPITAL - INDORE

Raw ECG
 BRUCE
 (1.0-100)Hz

Ex Time 07:45
 BLC :On
 Notch :On

Recovery : (04:00)
 10.0 mm/mV
 25 mm/Sec.





12 Lead + Comparison

156/MR JAISVAR JAICHANDER 131 bpm
 37 Yrs/Male METS: 1.0
 0 Kg/0 Cms BP: 125/84
 Date: 20-Nov-2023 12:20:59 PM

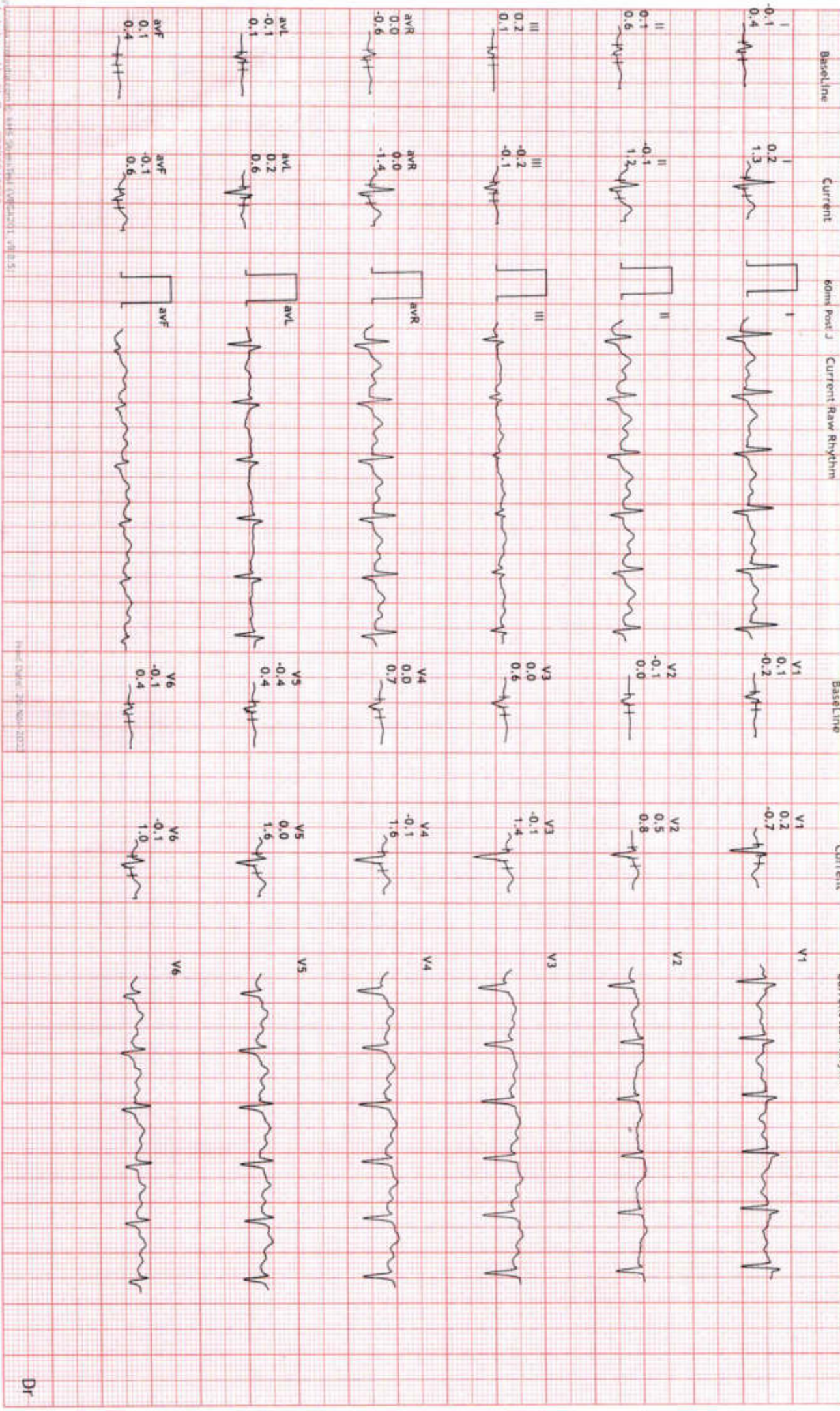
MpHR: 71% of 183
 Speed: 0.0 mph
 Grade: 0.0%

UNIQUE DIAGNOSTIC CENTER
 JAURA COMPOUND, OPP. M. Y. HOSPITAL - INDORE

Raw ECG
 BRUCE
 (1.0-100)Hz

Ex Time 07:45
 BLC : On
 Notch : On

Recovery : (06:00)
 10.0 mm/mV
 25 mm/Sec.





Summary

UNIQUE DIAGNOSTIC CENTER
JAURA COMPOUND, OPP. M.Y. HOSPITAL - INDORE
156/MR JAISWAR JAICHAND 37 Yrs/Male 0 Kg/0 Cms
Date: 20-Nov-2023 12:20:59 PM

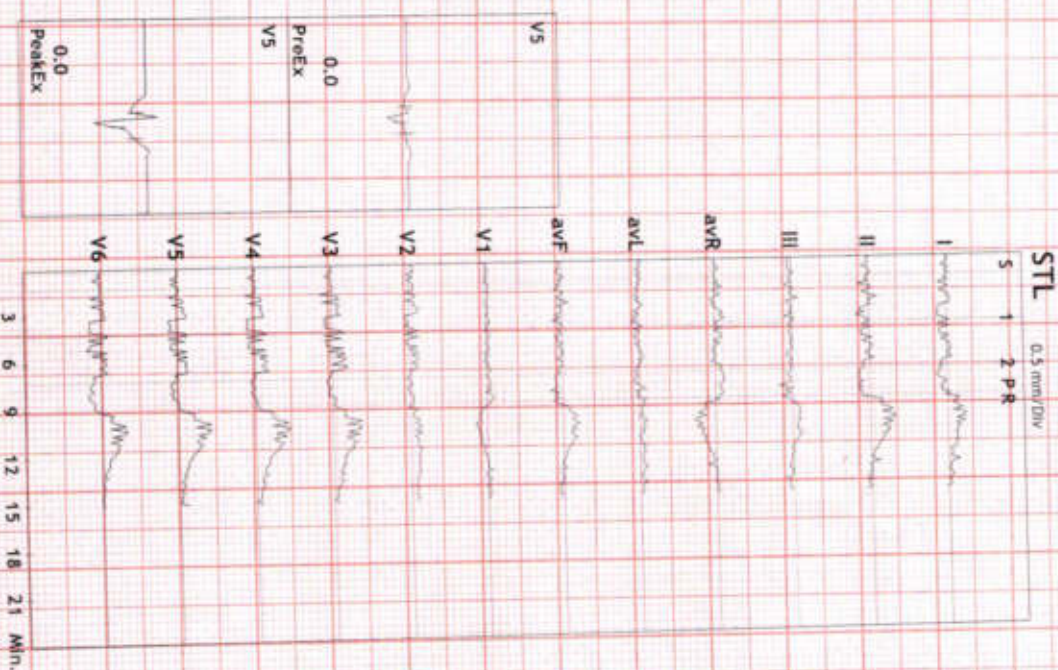
Ref. By : BOB
Medication : NIL
Objective : NIL

Protocol : BRUCE
History : NIL

Stage	StageTime (Min:Sec)	PhaseTime (Min:Sec)	Speed (mph)	Grade (%)	METS	H.R. (bpm)	B.P. (mmHg)	R.P.P. x100	PVC	Comments
Supine					1.0	124	120/80	148	-	
Standing					1.0	122	120/80	146	-	
HV					1.0	121	120/80	145	-	
EXStart					1.0	123	120/80	147	-	
Stage 1	3:01	3:02	1.7	10.0	4.7	150	122/80	183	-	
Stage 2	3:01	6:02	2.5	12.0	7.1	174	130/86	226	-	
PeakEx	1:46	7:47	3.4	14.0	8.9	189	130/88	245	-	
Recovery	1:00		1.1	0.0	1.2	161	130/88	209	-	
Recovery	3:00		0.0	0.0	1.0	134	128/87	171	-	
Recovery	5:00		0.0	0.0	1.0	124	125/84	155	-	

Findings :

Exercise Time : 7:46 minutes
 Max HR attained : 189 bpm 103% of Max Predictable HR 183
 Max BP : 130/88(mmHg)
 Workload attained : 8.9 (5 Fair effort Tolerance)
 No ST segment changes noted during exercise or recovery.
 No Angina/Arrhythmia/S3/murmur
 Final Impression : Test is negative for inducible ischaemia.
 Unfit for TMT test.
 Maximum Depression: 0:00



Dr. Mahendra Chourasiya
M.D., D.M. (Cardio)

Dr



Summary

UNIQUE DIAGNOSTIC CENTER
 JAURA COMPOUND, OPP. M. Y. HOSPITAL - INDORE
 156/MR JAISWAR JAICHAND 37 Yrs/Male 0 Kg/0 Cms
 Date: 20-Nov-2023 12:20:59 PM

Ref.By : BOB

Protocol : BRUCE

Objective : NIL

Stage	StageTime (Min:Sec)	PhaseTime (Min:Sec)	Speed (mph)	Grade (%)	METs	H.R. (bpm)	B.P. (mmHg)	R.P.P. x100	PVC	Comments
Supine					1.0	124	120/80	148	-	
Standing					1.0	122	120/80	146	-	
HV					1.0	121	120/80	145	-	
ExStart					1.0	123	120/80	147	-	
Stage 1	3:01	3:02	1.7	10.0	4.7	150	122/80	183	-	
Stage 2	3:01	6:02	2.5	12.0	7.1	174	130/86	226	2	
PeakEx	1:46	7:47	3.4	14.0	8.9	189	130/88	245	3	
Recovery	1:00		1.1	0.0	1.2	161	130/88	209	-	
Recovery	3:00		0.0	0.0	1.0	134	128/87	171	2	
Recovery	5:00		0.0	0.0	1.0	124	125/84	155	1	

Medication : NIL

History : NIL

Test End Reason :

Findings :

The patient exercised according to BRUCE for 7:46, achieving a work level of Max METs:8.9. Resting heart rate initially 124 bpm, rose to a maximum heart rate of 189 bpm which represents 103% of maximum age predicted heart rate. Resting blood pressure 120/80 mmhg, rose to a maximum blood pressure of 130/88 mmhg. The exercise stress test was stopped due to

Parameters :

Exercise Time : 7:46 minutes

Max HR attained : 189 bpm 103% of Max Predictable HR 183

Max BP : 130/88(mmHg)

Workload attained : 8.9 (S Fair effort Tolerance)

No ST segment changes noted during exercise or recovery.

No Angina/Arrhythmia/S3/murmur

Final Impression : Test is negative for inducible ischaemia.

Unfit for TMT test.

Maximum Depression: 0:00

Advice/Comments:

10mm/mV 0.25-35Hz AC50

20-11-2023 11:26:45

MR. JAISWAR JAICHAND



CARDIART

BPL		CARDIART	
V4	ECG trace	ID	: 231120-1126
V5	ECG trace	Name	:
V6	ECG trace	Age	: 37 yr
		Sex	: Male
		BP	:
		Height	: mmHg
		Weight	: cm
			: kg
		HR	: 71 bpm
		P Dur	: 86 ms
		PR int	: 147 ms
		QRS Dur	: 107 ms
		QT/QTc int	: 341/372 ms
		P/QRST axis	: 14/0/12 °
		RV5/SV1 amp	: 0.565/0.849 mV
		RV5+SV1 amp	: 1.414 mV
		RV6/SV2 amp	: 0.610/1.157 mV



WNL

Dr. Mahendra Chourasia
M.D., D.M. (Cardio)

17



10mm/mV 0.25-35Hz AC50

20-11-2023 11:26:45

MR. JAISWAR JAICHAND



CARDIART

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WNL

Dr. Mahendra Chourasia
M.D., D.M. (Cardio)



Summary

UNIQUE DIAGNOSTIC CENTER
JAURA COMPOUND, OPP. M.Y. HOSPITAL - INDORE
156/MR JAISWAR JAICHAND 37 Yrs/Male 0 Kg/0 Cms
Date: 20-Nov-2023 12:20:59 PM

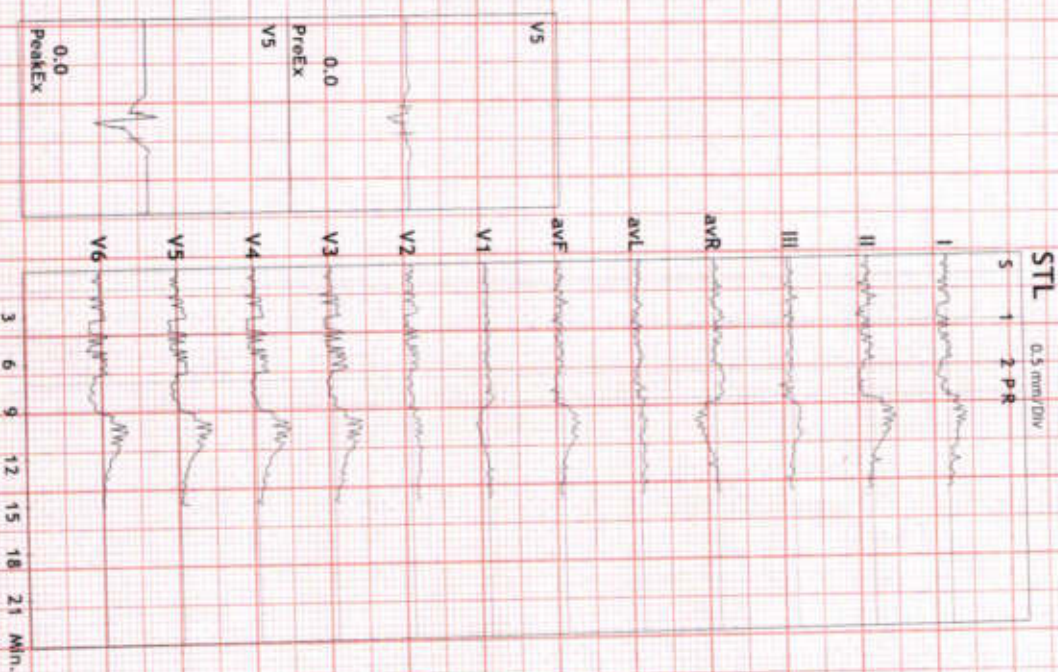
Ref. By : BOB
Medication : NIL
Objective : NIL

Protocol : BRUCE
History : NIL

Stage	StageTime (Min:Sec)	PhaseTime (Min:Sec)	Speed (mph)	Grade (%)	METS	H.R. (bpm)	B.P. (mmHg)	R.P.P. x100	PVC	Comments
Supine					1.0	124	120/80	148	-	
Standing					1.0	122	120/80	146	-	
HV					1.0	121	120/80	145	-	
EXStart					1.0	123	120/80	147	-	
Stage 1	3:01	3:02	1.7	10.0	4.7	150	122/80	183	-	
Stage 2	3:01	6:02	2.5	12.0	7.1	174	130/86	226	-	
PeakEx	1:46	7:47	3.4	14.0	8.9	189	130/88	245	-	
Recovery	1:00		1.1	0.0	1.2	161	130/88	209	-	
Recovery	3:00		0.0	0.0	1.0	134	128/87	171	-	
Recovery	5:00		0.0	0.0	1.0	124	125/84	155	-	

Findings :

Exercise Time : 7:46 minutes
 Max HR attained : 189 bpm 103% of Max Predictable HR 183
 Max BP : 130/88(mmHg)
 Workload attained : 8.9 (5 Fair effort Tolerance)
 No ST segment changes noted during exercise or recovery.
 No Angina/Arrhythmia/S3/murmur
 Final Impression : Test is negative for inducible ischaemia.
 Unfit for TMT test.
 Maximum Depression: 0:00



Dr. Mahendra Chourasiya
 M.D., D.M. (Cardio)

Dr



Summary

UNIQUE DIAGNOSTIC CENTER
 JAURA COMPOUND, OPP. M. Y. HOSPITAL - INDORE
 156/MR JAISWAR JAICHAND 37 Yrs/Male 0 Kg/0 Cms
 Date: 20-Nov-2023 12:20:59 PM

Ref.By : BOB

Protocol : BRUCE

Objective : NIL

Stage	StageTime (Min:Sec)	PhaseTime (Min:Sec)	Speed (mph)	Grade (%)	METs	H.R. (bpm)	B.P. (mmHg)	R.P.P. x100	PVC	Comments
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Stage 1	3:01	3:02	1.7	10.0	4.7	150	122/80	183	-	
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PeakEx	1:46	7:47	3.4	14.0	8.9	189	130/88	245	3	
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Recovery	3:00		0.0	0.0	1.0	134	128/87	171	2	
Recovery	5:00		0.0	0.0	1.0	124	125/84	155	1	

Medication : NIL

History : NIL

Test End Reason :

Findings :

The patient exercised according to BRUCE for 7:46, achieving a work level of Max METs:8.9. Resting heart rate initially 124 bpm, rose to a max. heart rate of 189 bpm which represents 103% of maximum age predicted heart rate. Resting blood pressure 120/80 mmhg, rose to a maximum blood pressure of 130/88 mmhg. The exercise stress test was stopped due to

Parameters :

Exercise Time : 7:46 minutes

Max HR attained : 189 bpm 103% of Max Predictable HR 183

Max BP : 130/88(mmHg)

Workload attained : 8.9 (S Fair effort Tolerance)

No ST segment changes noted during exercise or recovery.

No Angina/Arrhythmia/S3/murmur

Final Impression : Test is negative for inducible ischaemia.

Unfit for TMT test.

Maximum Depression: 0:00

Advice/Comments:

17

