



<b>Registration No.</b>	<b>102221361</b>	Mobile No.	9999099747
<b>Patient Name</b>	<b>Mr. VINOD KUMAR</b>	Registration Date/Time	02/03/2023 10:26:05
Age / Sex	39 Yrs Male	Sample Collected Date/Time	02/03/2023 11:11:08
Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	02/03/2023 13:36:44
Collected At	DCKC	Printed Date/Time	02/03/2023 19:19:56

Test Name	Value	Unit	Biological Ref Interval
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## HAEMATOLOGY

### Complete Blood Count (CBC)

Haemoglobin (Hb) ,EDTA <i>Method : Colorimetric</i>	14.1	g/dL	13.0 - 17.0
Total Leucocyte Count (TLC) ,EDTA <i>Method : Electric impedance</i>	06.3	10 <sup>9</sup> /L	04.0 - 11.0
Red Blood Cell (RBC) ,EDTA <i>Method : Electric impedance</i>	4.60	10 <sup>6</sup> /uL	4.50 - 5.50
Hematocrit (HCT /PCV) ,EDTA <i>Method : Pulse height detection</i>	43.8	%	40.0 - 50.0
Mean Corp Volume (MCV) ,EDTA <i>Method : Calculated</i>	95.2	fL	83.0 - 101.0
Mean Corp Hb (MCH) ,EDTA <i>Method : Calculated</i>	30.7	pg	27.0 - 32.0
Mean Corp Hb Conc (MCHC) ,EDTA <i>Method : Calculated</i>	32.2	g/dL	31.5 - 34.5
Platelet Count(PLT) ,EDTA <i>Method : Electric impedance/Microscopy</i>	236.00	10 <sup>3</sup> /uL	150.00 - 410.00
RDW- CV% ,EDTA	13.1	%	11.6 - 14.0
Differential Leucocyte Count <i>Method : Microscopy</i>			
Neutrophil ,EDTA	59.0	%	40.0 - 80.0
Lymphocyte ,EDTA	36.0	%	20.0 - 45.0
Eosinophil ,EDTA	2.0	%	1.0 - 6.0
Monocyte ,EDTA	3.0	%	2.0 - 10.0
Basophil ,EDTA	0.0	%	0.0 - 2.0
ESR ,EDTA <i>Method : Westergreen</i>	12	mm/Ist hr.	00 - 15

Page No: 1 of 9

Checked By :- POOJA



DR. NEELU CHHABRA  
MD. PATHOLOGIST

At Your Home: Collection of Blood Samples, ECG, Digital X-Ray

Occupational Health Service ■ Diagnostic & Preventive ■ Health Assessment ■ Periodic Preventive Health Camps ■ Corporate Health Checks

Ultrasound | Digital X Ray | DEXA | Mammography | Path Lab | ECHO | TMT | Healthchecks | PFT | Holter | Audiometry



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Age / Sex	39 Yrs Male	Sample Collected Date/Time	02/03/2023 11:11:08
Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	02/03/2023 15:19:43
Collected At	DCKC	Printed Date/Time	02/03/2023 19:19:56

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Blood Group ABO ,EDTA

Method : Forward Grouping

"B"

Rh Typing ,EDTA

Method : Forward Grouping

POSITIVE

**HbA1c** ,EDTA

Method : Photometric method

5.2 %

**INTERPRETATIONS:-**

**NORMAL RANGE** **4.00 - 5.60** %

Pre Diabetic/ Higher chance of getting diabetes	5.70	- 6.20	%
Good Diabetic Control	6.20	- 6.80	%
Fair Diabetic Control	6.80	- 7.60	%
Uncontrolled Diabetes -action suggested	>7.6		%

**Note:-**

Glycosylated Haemoglobin is a specific component of HBA1C and is the blood glucose bound to it. This test is an index of carbohydrate in balance during the preceding two months. The estimation is of greater importance for specific group of patient. This result are not affected by time, meal intake exercise, diabetic drugs, emotional Stress etc. HbA1c should be routinely monitored ideally at least every 3 months.





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## BIOCHEMISTRY

### LIPID PROFILE

Total Lipids ,Serum Plain	658	mg/dl	400 - 700
Serum Cholesterol ,Serum Plain <i>Method : CHOD-POD</i>	<b>219</b>	mg/dl	0 - 200
Serum Triglycerides ,Serum Plain <i>Method : GOD-POD</i>	<b>220</b>	mg/dl	60 - 165
Serum HDL Cholesterol ,Serum Plain <i>Method : Direct Method</i>	48.0	mg/dl	40.0 - 70.0
Serum LDL Cholesterol ,Serum Plain <i>Method : Calculated</i>	<b>127.0</b>	mg/dl	30.0 - 100.0
Serum VLDL Cholesterol ,Serum Plain <i>Method : Calculated</i>	44.0	mg/dl	24.0 - 45.0
Total CHO/HDL Cholesterol Ratio ,Serum Plain <i>Method : Calculated</i>	4.56		
LDL/HDL Cholesterol Ratio ,Serum Plain <i>Method : Calculated</i>	2.65		

Guidelines for Total Blood Cholesterol Levels on 11 to 12 hour fasting samples.

Desirable : Less than 200 mg/dl

Borderline High Risk : 200 to 239 mg/dl

High Risk : 240 mg/dl and over, on repeated values

Optimal Level for Cardiac Patients : Less than 200 mg/dl

HDL-C : High HDL has generally been found to be protective, decreasing the risk of coronary Artery disease (CAD) in most people. However, some recent studies have shown that in some people with high HDL, the HDL is not protective and may, in fact result in higher risk for CAD than in people with normal HDL levels. In one study it was shown that people with CAD and high HDL had underlying genetic anomalies in enzymes important in lipid turnover. Another study showed that high levels of abnormally large HDL particles were associated with increased risk of CAD. Factors that elevate HDL concentrations include chronic alcoholism, treatment with oral estrogen replacement therapy, extensive aerobic exercise, and treatment with niacin, statins, or fibrates. Smoking reduces levels of HDL cholesterol, while quitting smoking leads to a rise in the plasma HDL level.

Triglycerides  
Female 40 - 140  
Male 60 - 165

Adult levels:  
Optimal <100 mg/dL  
Near Optimal/ above optimal 100 -129 mg/dL  
Borderline high 130 - 159 mg/dL  
High 160 - 189 mg/dL  
Very High >=190 mg/dL

Page No: 3 of 9

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DR. NEELU CHHABRA  
MD. PATHOLOGIST

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**LIVER PROFILE / LFT**

Serum Bilirubin (Total) ,Serum Plain <i>Method : DSA Method</i>	0.70	mg/dl	0.00 - 1.20
Serum Bilirubin (Direct) ,Serum Plain <i>Method : DSA Method</i>	0.24	mg/dl	0.00 - 0.30
Serum Bilirubin (Indirect) ,Serum Plain <i>Method : Calculated Parameter</i>	0.46	mg/dl	0.00 - 0.60
SGOT ,Serum Plain <i>Method : IFCC/KINETIC</i>	32.0	IU/l	Males : Upto 46 IU/l Females : Upto 40 IU/l
SGPT ,Serum Plain <i>Method : IFCC/KINETIC</i>	46.4	IU/l	Upto 49 IU/l
Serum Alkaline Phosphatase ,Serum Plain <i>Method : DEA Method</i>	89.0	IU/l	30.0 - 120.0
Serum Total Protein ,Serum Plain <i>Method : Biuret Method</i>	7.82	gm/dl	6.00 - 8.50
Serum Albumin ,Serum Plain <i>Method : BCG Method</i>	4.44	gm/dl	3.20 - 5.50
Globulin ,Serum Plain <i>Method : Calculated</i>	3.40	gm/dl	2.00 - 4.10
A/G Ratio ,Serum Plain <i>Method : Calculated</i>	1.31		1.00 - 2.10
Serum GGTP ,Serum Plain <i>Method : G-Glutamyl Transferase</i>	30.0	U/L	0.0 - 50.0



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Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	02/03/2023 15:19:25
Collected At	DCKC	Printed Date/Time	02/03/2023 19:19:56

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Blood Sugar (Fasting) ,Plasma F <i>Method : GOD POD</i>	90.2	mg/dl	70.0 - 110.0
Blood Sugar (PP) ,Plasma PP <i>Method : GOD POD</i>	106.2	mg/dl	70.0 - 140.0
Serum Creatinine ,Serum Plain <i>Method : Mosified Jaffe's</i>	0.94	mg/dl	0.40 - 1.50
Serum Uric Acid ,Serum Plain <i>Method : Uricase- POD</i>	5.60	mg/dl	3.40 - 7.00
Blood Urea Nitrogen ,Serum Plain <i>Method : Calculated</i>	8.79	mg/dl	0.00 - 20.00
Serum Calcium ,Serum Plain <i>Method : Arsenazo III</i>	9.20	mg/dl	New Born : 7.8 - 11.2 mg/dl Adult : 8.2 - 10.6 mg/dl





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Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	02/03/2023 16:22:00
Collected At	DCKC	Printed Date/Time	02/03/2023 19:19:56

Test Name	Value	Unit	Biological Ref Interval
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## IMMUNOASSAY

### TOTAL THYROID PROFILE

Total T3 ,Serum Plain	1.32	ng/mL	0.69 - 2.15
Total T4 ,Serum Plain	6.00	ug/dl	5.20 - 12.70
TSH	3.71	uIU/ml	0.30 - 4.50

**Comment :**

Age Group	Biological Reference Range
1-2 Days	3.2-3.43 uIU/ml
3-4 Days	0.7-15.4 uIU/ml
15 Days - 5 Months	1.7-9.1 uIU/ml
5 Months - 2 Years	0.7-6.4 uIU/ml
2 Years - 12 Years	0.64-6.27 uIU/ml
12 Years - 18 Years	0.51-4.94 uIU/ml
> 18 Years	0.35-5.50 uIU/ml

**Adults**

Note: TSH levels are subject to circadian variation, rising several hours before the onset of sleep, reaching peak levels between 11 pm to 6 am. Nadir concentrations are observed during the afternoon. Diurnal variation in TSH level approximates + 50 %, hence time of the day has influence on the measured serum TSH concentration. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, and may be seen in secondary thyrotoxicosis.

**Newborn**

In a very low birth weight baby (particularly premature neonates) immaturity of the hypothalamic-pituitary - thyroid axis may mask primary congenital hypothyroidism. It is recommended that the test be repeated two weeks after birth in babies 1000-1500 gm and at four weeks in those <1000 gm. Specimen collection prior to 24 hours of age, after blood transfusion and prematurity can affect this screening.

Nearly 90% of CH cases are detected by newborn screening. A small number of children may test normal on the newborn screen but later develop hypothyroidism.



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Age / Sex	39 Yrs Male	Sample Collected Date/Time	02/03/2023 11:11:08
Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	02/03/2023 17:24:47
Collected At	DCKC	Printed Date/Time	02/03/2023 19:19:56

Test Name	Value	Unit	Biological Ref Interval
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Total PSA ,Serum Plain 0.65 ng/ml 0.00 - 4.00


**INTERPRETATION**

Prostate-specific antigen (PSA), a glycoprotein is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. PSA exists in serum in multiple forms: complexed to alpha-1-anti-chymotrypsin (PSA-ACT complex), unbound (free PSA), and enveloped by alpha-2-macroglobulin (not detected by immunoassays). When total PSA concentration is <2.0 ng/ml, the probability of prostate cancer in asymptomatic men is low, further testing and free PSA may provide little additional information. When total PSA concentration is >10.0 ng/mL, the probability of cancer is high and prostate biopsy is generally recommended. The total PSA range of 4.0 to 10.0 ng/ml has been described as a diagnostic "gray zone," in which the free:total PSA ratio helps to determine the relative risk of prostate cancer. Therefore, some urologists recommend using the free:total ratio to help select which men should undergo biopsy. However even a negative result of prostate biopsy does not rule-out prostate cancer. Up to 20% of men with negative biopsy results have subsequently been found to have cancer. Higher total PSA levels and lower percentages of free PSA are associated with higher risks of prostate cancer. Based on free:total PSA ratio: the percent probability of finding prostate cancer on a needle biopsy by age in years:

Free PSA as a percent of Total PSA	Probability of carcinoma prostate when Total PSA is 4.1 - 10.0 ng / ml
>=	26.8 %
20 - 25	16 %
15 - 20	20 %
10 - 15	28 %
0 - 10	56 %

**Comments:-**

False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy. PSA total and free levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies and nonspecific protein binding. Results obtained with different assay kits cannot be used interchangeably. All results should be correlated with





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## CLINICAL PATHOLOGY

### URINE ROUTINE EXAMINATION

#### URE PHYSICAL EXAMINATION

Colour ,URINE	Pale Yellow	Pale Yellow
Volume ,URINE	30 mL	
Appearance ,URINE	Clear	Clear

#### URE CHEMICAL EXAMINATION

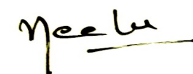
Reaction ,URINE	Acidic	Acidic
Ph (Strip Method) ,URINE	6.5	5.0 - 8.0
Specific Gravity ,URINE	1.020	1.001 - 1.035
Protein (Strip Method) ,URINE	Nil	Not-Detected
Glucose (Strip Method) ,URINE	Nil	Nil

#### URE MICROSCOPY EXAMINATION

Pus Cells ,URINE	1 - 2 /HPF	0 - 2
Epithelial Cells ,URINE	1 - 2 /HPF	0 - 2
RBC's ,URINE	NIL /HPF	0 - 2
Casts ,URINE	Nil	
Crystals ,URINE	Nil	
Bacteria ,URINE	Absent	Absent
Mucus Thread ,URINE	Nil	Nil
Other ,URINE	Nil	

Page No: 8 of 9

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Age / Sex	39 Yrs Male	Sample Collected Date/Time	02/03/2023 11:11:08
Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	02/03/2023 15:07:36
Collected At	DCKC	Printed Date/Time	02/03/2023 19:19:56

Test Name	Value	Unit	Biological Ref Interval
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URE SUGAR (FASTING) , URINE

NIL

\*\*\* End of Report \*\*\*



Please note the following health check-up booking summary on 25/02/2023

2 messages

Mediwheel Wellness <mediwheelwellness@gmail.com>  
To: insurancedckc234@gmail.com

24 February 2023 at 19:31

Member Name	Age	Mobile	Package Name
MR. KUMAR VINOD	37	9999099747	Medi-Wheel Metro Full Body Health Checkup Male Below 40
Reena	37	9999099747	Medi-Wheel Metro Full Body Health Checkup Female Below 40

DR. CHARU HEALTH CHECK UP <insurancedckc234@gmail.com>  
To: Mediwheel Wellness <mediwheelwellness@gmail.com>

24 February 2023 at 19:36

OK NOTED  
[Quoted text hidden]

NAME : VINOD KUMAR

AGE/SEX : 39Y/M

DATE : 02.03.2023

Height	Weight	BMI	BP
170 cm	68 kg	23.5	106/70 mmHg
HABITS	SMOKING : NO ALCOHAL : NO DRUGS : NO		

Family History:

- Asthma : NO
- Diabetes : NO
- TB : NO
- THYROID : NO
- Heart Disease : NO
- BP : NO
- CANCER : NO

Personal History:

- TB : NO
- Rheumatic : NO
- Acquired deformity : NO
- Operated for : NO
- Psychosomatic history : NO
- Diabetes : NO
- THYROID : NO
- BP : NO
- SKIN : NO

Eye / Vision	DISTANCE VISION		NEAR VISION		COLOUR VISION	GLASSES
	RT EYE	LT EYE	RT EYE	LT EYE		
	6/6	6/6	N/6	N/6	NORMAL	NO

Signature of Medical Examiner: \_\_\_\_\_

*for*  
CONSULTANT MBBBS

NAME : VINOD KUMAR

AGE/SEX : 39Y/M

DATE : 02.03.2023

**X - RAY CHEST PA VIEW :**

Cardiac shadow is normal.  
Aorta is normal.  
Bilateral lung fields are clear.  
Both costophrenic angles are clear.  
Bilateral domes of diaphragm are normal.  
No bony injury noted.

**IMPRESSION:** Normal chest skiagram.



**DR. KOMAL JAIN**  
M D RADIODIAGNOSIS  
DMC-29939

**DR. CHARU KOHLI**  
MBBS, DMRD  
Consultant Radiologist

**IMPORTANT:** Owing to technical limitations in case of any error in the study, the Doctor cannot be held responsible for claim of damages of any nature and this report is not valid for any Medico-legal aspect.



**Patient Information**

Name : VINOD KUMAR

DATE : 02/03/23 13:00:51

AGE : 39 /M

ID : 138

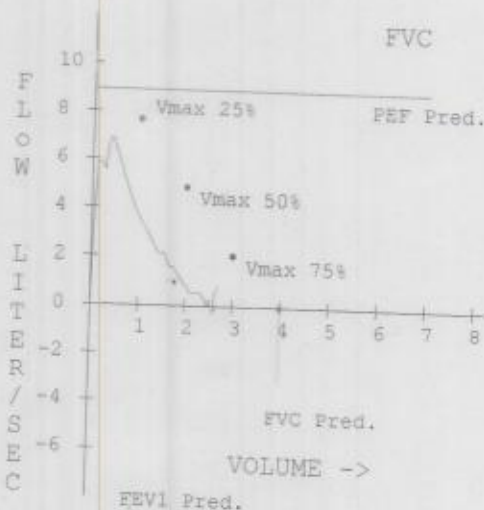
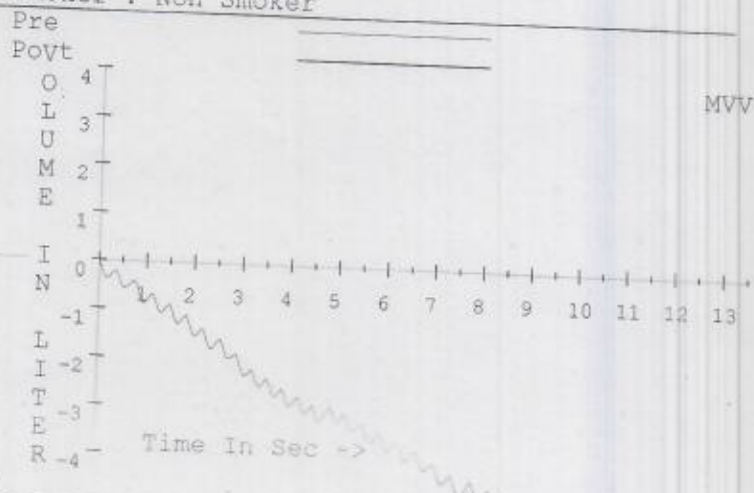
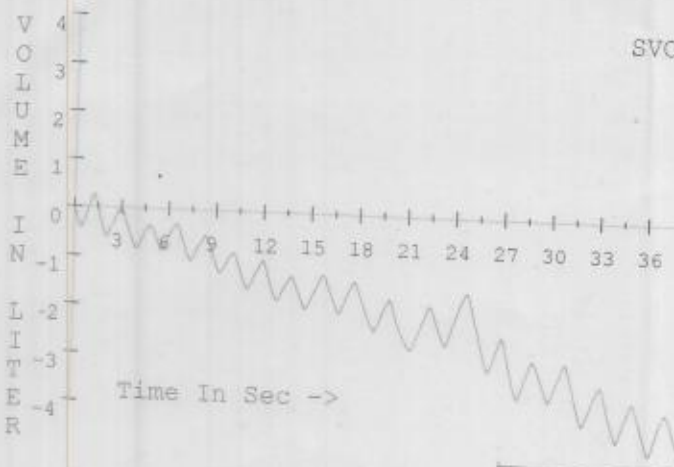
Height : 170

REF. BY : Dr.

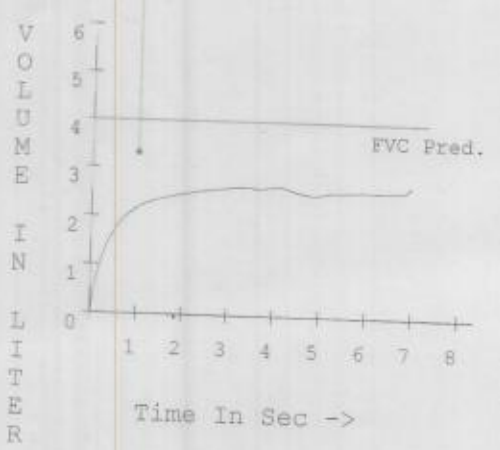
Weight : 68

Indication:

Smoker : Non Smoker



Parameter	Pred	Pre	%Pred	Post	%Pred	Dif.%
FVC (L)	3.99	2.70	67.52			
FEV0.5 (L)		1.68				
FEV1 (L)	3.32	2.17	65.37			
FEV1/FVC %	83.12	80.47	96.81			
PEF (L/S)	8.91	6.78	76.11			
PIF (L/S)		0.40				
FEF25-75% (L/S)	4.32	2.00	46.30			
VMax25 %	7.68	4.79	62.33			
VMax50 %	4.88	2.39	49.01			
VMax75 %	2.08	0.80	38.30			
FET100 %		6.98				
SVC (L)	4.17	4.63	111.10			
ERV (L)	1.25	4.82	386.89			
IRV (L)		0.86				
Rf (BrPM)		29.99				
VT (L)		0.81				
TI (s)		1.03				
TE(s)		0.97				
VE (l/M)		27.81				
VT/TI(L/S)		0.79				
TI/T.TOT		0.51				
IC		1.67				
MVV	119.27	50.15	42.04			
FEF50 % (L/S)		2.39				
FIF50 % (L/S)		67.02				
FEF50/FIF50 %		0.04				



**Diagnosis :**

Obstructive abnormality : Moderate (FEV1 < 70 % of Predicted value and FEV1 >= 60 % of Predicted v  
Restrictive abnormality : Moderate (FVC < 70 % of Predicted value and FVC >= 60 % of Predicted val  
Lung Age : 83

Dr.



Name: VINOD KUMAR

Date: March 2, 2023

### WHOLE ABDOMEN SCAN

Liver is normal in size and echotexture is maintained. Normal intrahepatic biliary radicles and normal appearing venous channels noted. No focal lesion in either lobes. Portal vein is normal. No sub-diaphragmatic collection or pleural effusion.

Gall bladder is normal distended and shows echofree lumen.  
CBD: not dilated ; apparently echofree.

Both the kidneys are normal in size, position and echopattern with normal corticomedullary differentiation.

RK: 8.74 x 3.37 cm

LK: 9.50 x 4.50 cm, shows a calculus of 1.64cm size in the pelvis.

Pancreas is of normal size & echopattern. No focal lesion or peri-pancreatic collection.

Spleen is of normal size and echopattern. No focal lesion or calcification. Splenic vein is not dilated.

Aorta and IVC are normal. No retroperitoneal lymphadenopathy.

Urinary bladder shows normal distension and shows normal wall-thickness. No calculus or mass.

Prostate is normal in size 3.06 x 2.77 x 3.11 cm ~ vol-15.62. cc, echopattern is homogenous .

Bowel loops are normal.

No free fluid is seen in abdomen.

### IMPRESSION:

Left renal calculus , otherwise sonological study is within normal limits .

  
Dr Charu Kohli  
MBBS DMRD  
DMC8388

**DR. CHARU KOHLI**  
CONSULTANT RADIOLOGIST  
DMC - 8388  
DR. CHARU KOHLI'S CLINIC  
C-234, DEFENCE COLONY NEW DELHI-110024  
RDL1589219. 011-41550792/132

**IMPORTANT:** Owing to technical limitations ,in case of any error in the study ,the Doctor cannot be held responsible for claim of damages of any nature,and this report is not valid for any Medicolegal aspect.  
Every modern technology has its own limitations , in case of discrepancy/difference in opinion advised- repeat scan/ second opinion

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Test marked with \* are not in NABL Scope. / Tests marked with # are performed at outsourced laboratory.

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# DR. CHARU KOHLI

C-234, DEFENCE COLONY, NEW DELHI

MR. VINOD KUMAR

Age/Sex : 39/M

Recorded : 2-3-2023 13:28

Ref. by :

Indication :

ID : 163  
HWW : 170/68

## TREADMILL TEST SUMMARY REPORT

Protocol: BRUCE

History:

Medication:



PHASE	PHASE TIME	STAGE TIME	SPEED (Km./Hr.)	GRADE (%)	H.R. (BPM)	B.P. (mmHg)	RPP X100	II	ST LEVEL (mm) V2	V5	METS
SUPINE	0:47	0:47	0.47	0.00	63	104/74	65	2.5	1.4	3.3	
HYPERVENT					70	104/74	72	2.6	1.3	3.4	
VALSALVA					59	104/74	61	2.7	1.0	3.5	
SUPINE					64	104/74	66	2.7	1.3	3.6	
STANDING					105	104/74	109	1.4	2.1	2.0	
STAGE 1	2:59	2:59	2.70	10.00	97	104/74	100	2.5	1.8	2.9	4.80
STAGE 2	5:59	2:59	4.00	12.00	105	110/76	115	2.2	1.8	2.8	7.10
STAGE 3	8:59	2:59	5.40	14.00	114	120/78	136	0.6	1.8	1.8	10.00
STAGE 4	11:59	2:59	6.70	16.00	138	130/80	179	-1.0	2.5	0.8	14.00
STAGE 5	13:44	1:44	8.00	18.00	162	140/82	225	-1.5	3.5	0.7	17.49
PEAK EXERCISE	13:52	1:52			166	140/82	232	-1.8	3.0	0.1	17.75
RECOVERY	2:59	2:59			84	120/78	100	-0.3	1.9	0.8	
RECOVERY	5:59	5:59	0.00	0.00	76	110/70	83	1.3	1.5	1.2	

### RESULTS

Exercise Duration 13:52 Minutes  
 Max Heart Rate 166 bpm 91 % of target heart rate 181 bpm  
 Max Blood Pressure 140/82 mmHg  
 Max Work Load 17.75 METS  
 Reason for Termination

### IMPRESSIONS

Cardiologist



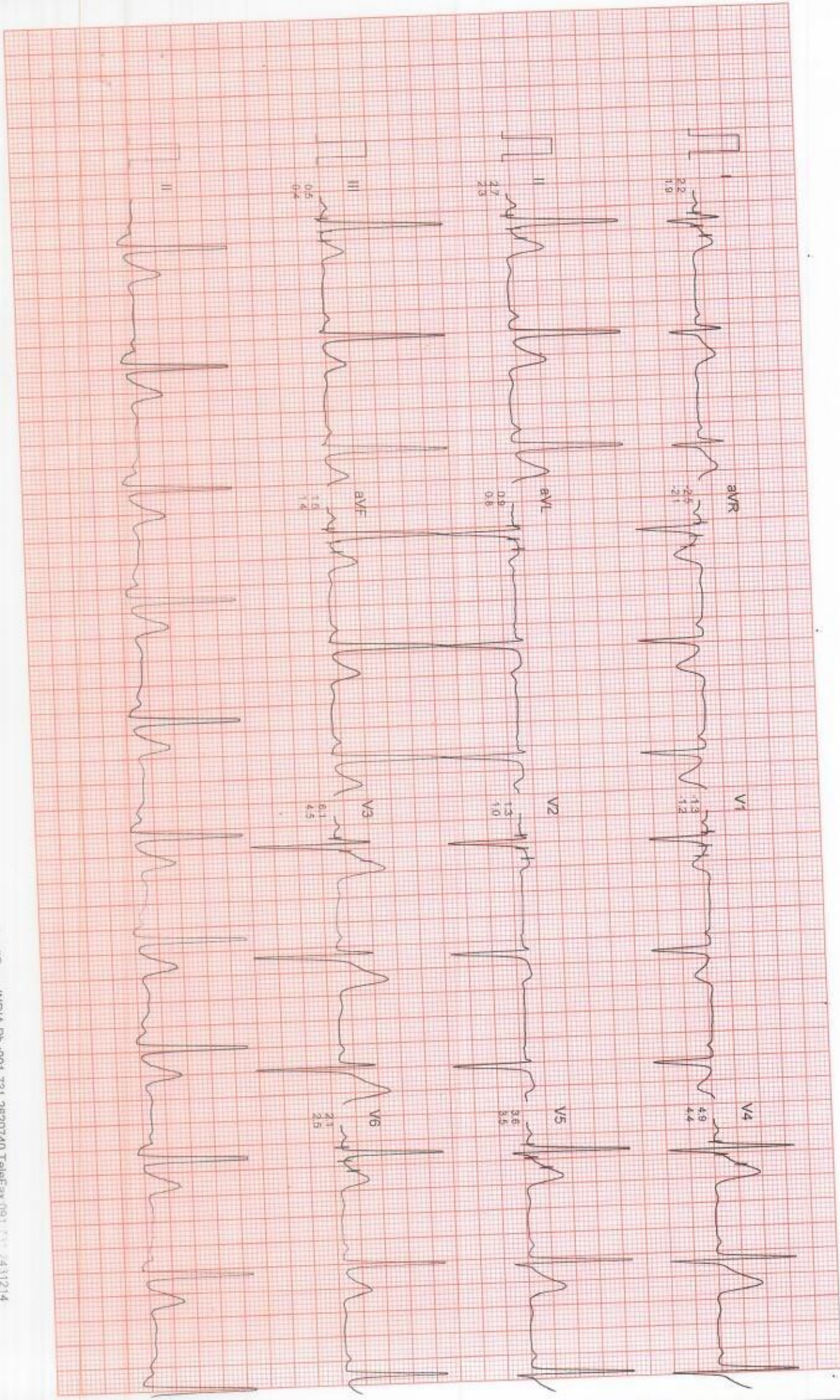
DR. CHARU KOHLI  
SUPINE  
PRETEST

ST @ 10mm/mV  
80ms PostI

Mr. VINOD KUMAR  
I.D. : 163  
AGE/SEX : 39/M  
RECORDED : 2-3-2023 13:28

RATE : 64 BPM  
B.P. : 104/74 mmHg

LINKED MEDIAN





DR. CHARU KOHLI

HYPERVENTILATION  
PRETEST

ST @ 10mm/mV  
80ms PostJ

MR. VINOD KUMAR

ID : 163

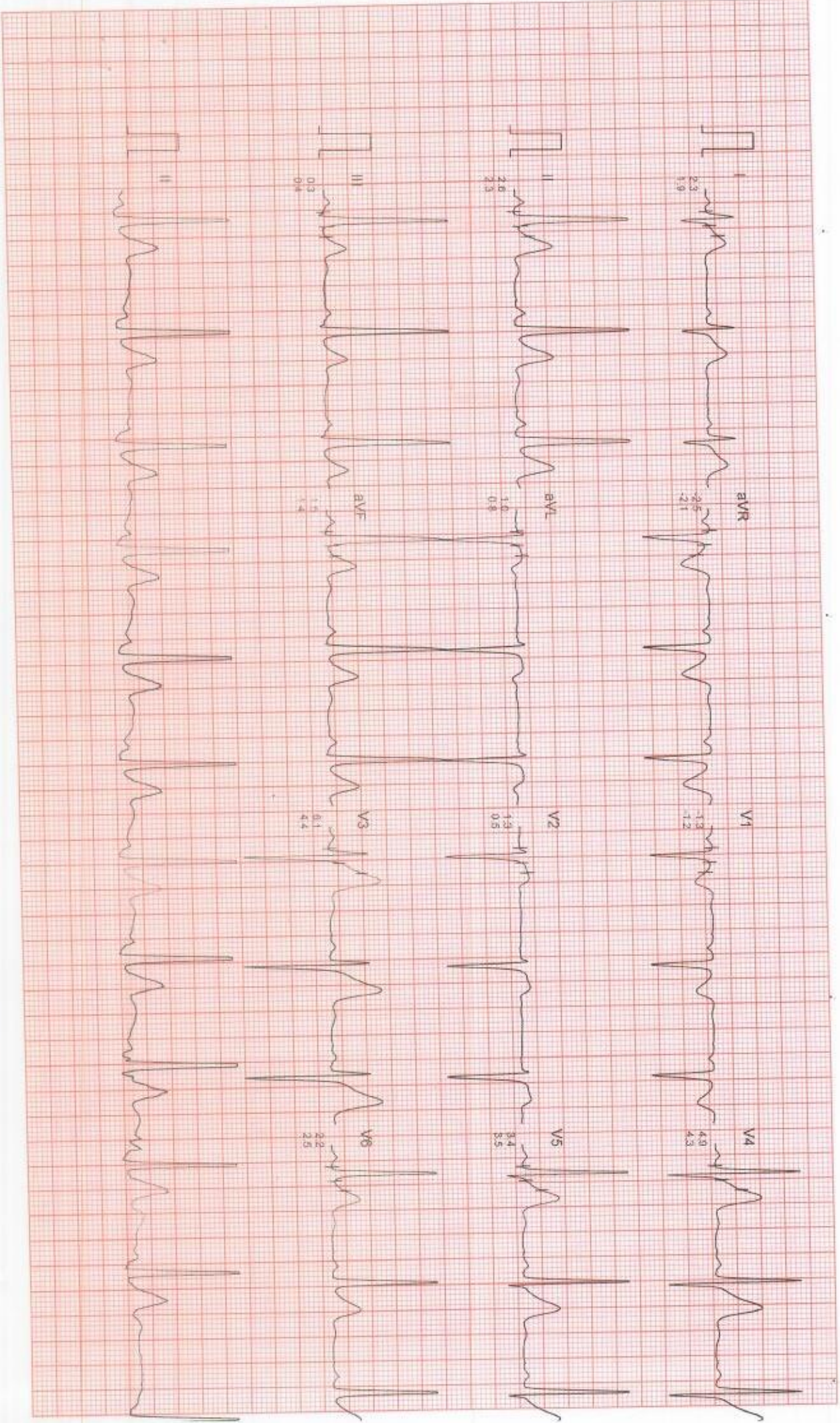
AGE/SEX : 39/M

RECORDED : 2-3-2023 13:28

RATE : 70 BPM  
B.P. : 104/74 mmHg

STAGE TIME : 0:47

LINKED MEDIAN



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

CardCom, INDIA Ph.:091-731-2620740 Teler @ 091-731-2431214





LINKED MEDIAN

ST @ 10mm/mV  
80ms PostI

VALSALVA  
PRETEST

DR. CHARU KOHLI

RATE : 59 BPM  
B.P. : 104/74 mmHg

RECORDED : 2-3-2023 13:28

AGE/SEX : 39/M  
I.D. : 163  
MR. VINOD KUMAR



DR. CHARU KOHLI

STANDING  
PRETEST

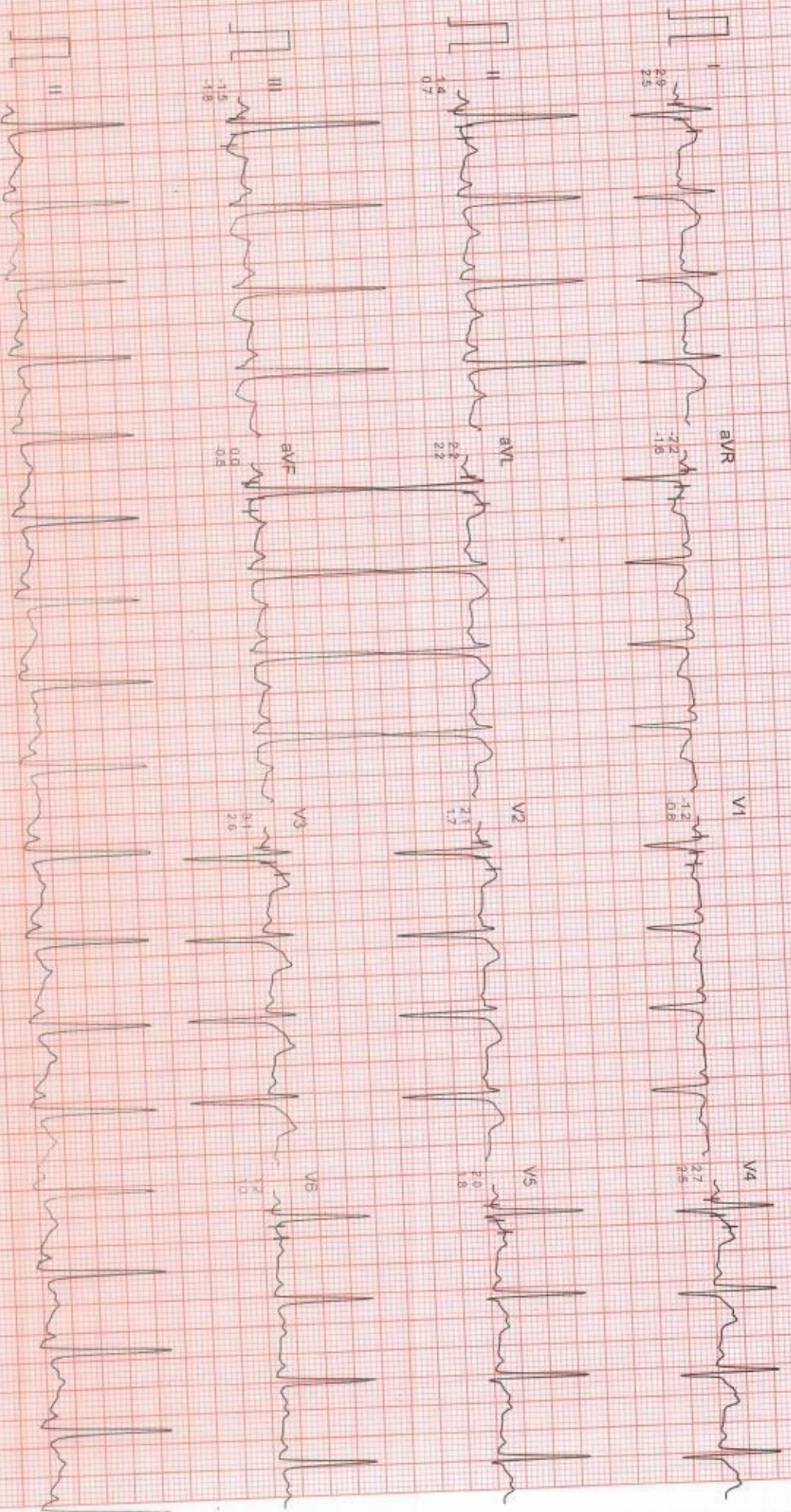
ST @ 10mm/mV  
80ms PostU

Mr. VINOD KUMAR

I.D. : 163  
AGE/SEX : 39/M  
RECORDED : 2-3-2023 13:28

RATE : 105 BPM  
B.P. : 104/74 mmHg

LINKED MEDIAN





# DR. CHARU KOHLI

Mr. VINOD KUMAR

I.D. : 163

AGE/SEX : 39/M

RECORDED : 2-3-2023 13:28

RATE : 97 BPM

B.P. : 104/74 mmHg

BRUCE

EXERCISE 1

PHASE TIME : 2:59

STAGE TIME : 2:59

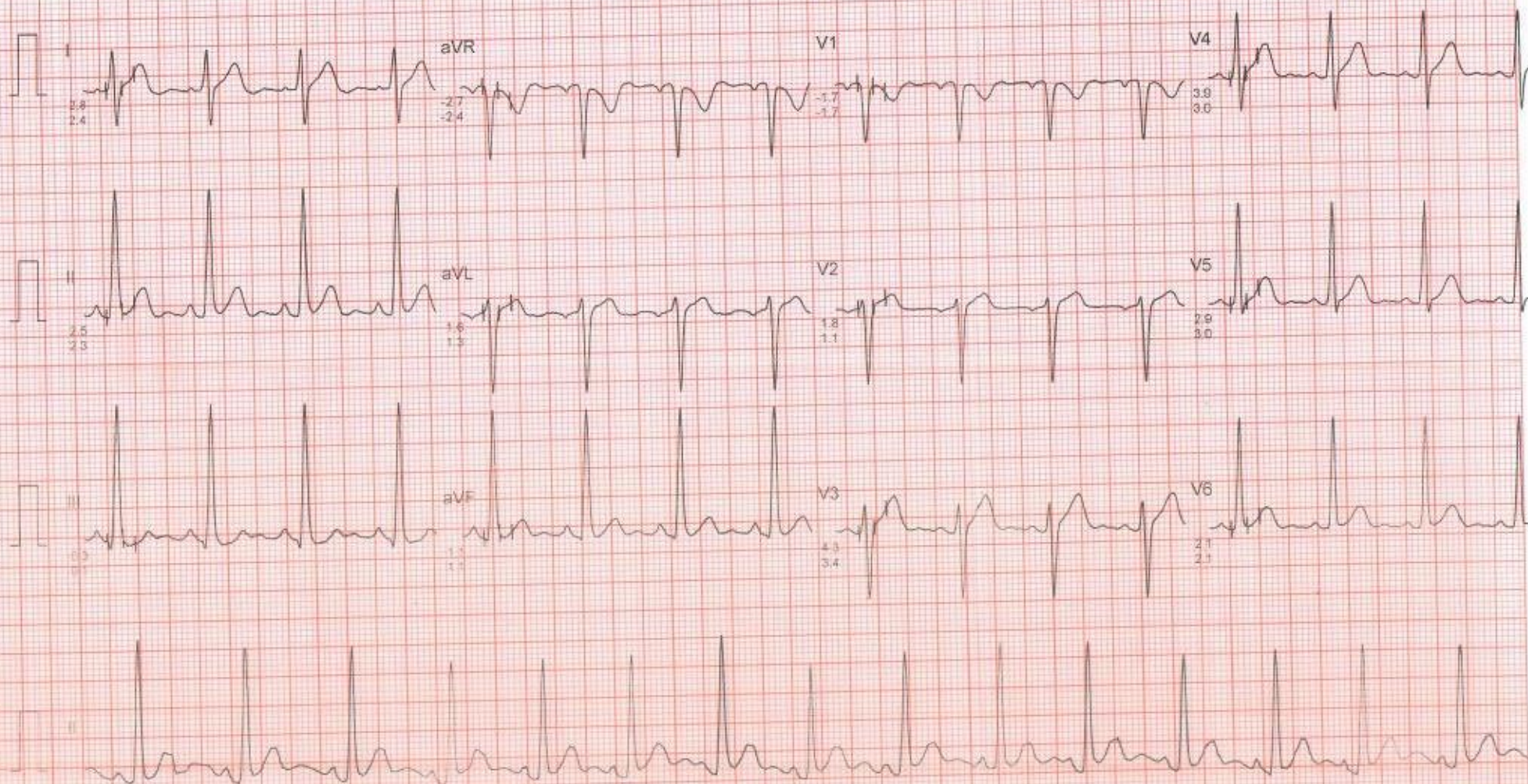
ST @ 10mm/mV

80ms PostJ

SPEED : 2.7 Km./Hr.

GRADE : 10.0 %

LINKED MEDIAN





# DR. CHARU KOHLI

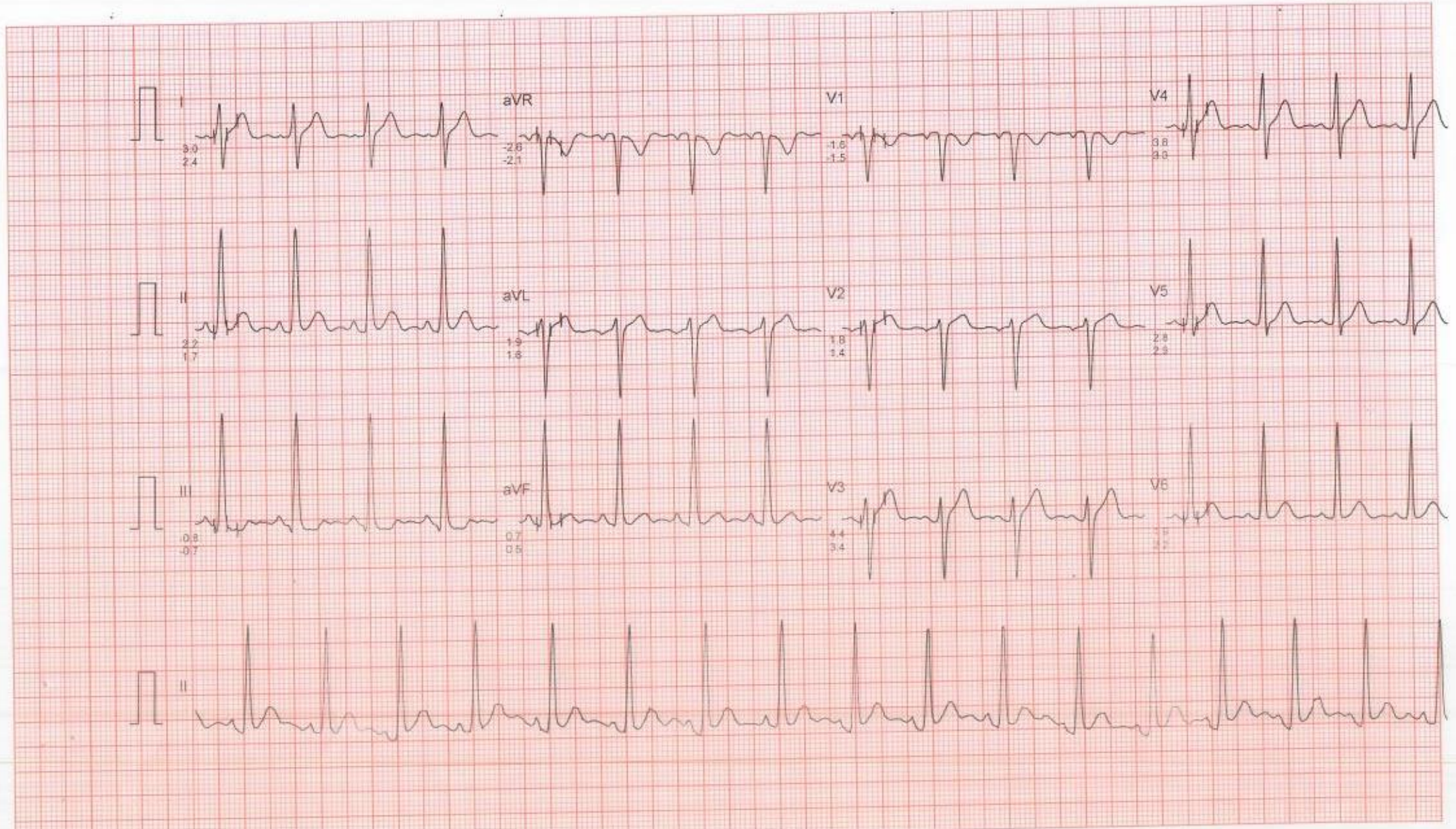
Mr. VINOD KUMAR  
I.D. : 163  
AGE/SEX : 39/M  
RECORDED : 2-3-2023 13:28

RATE : 105 BPM  
B.P. : 110/76 mmHg

BRUCE  
EXERCISE 2  
PHASE TIME : 5:59  
STAGE TIME : 2:59

ST @ 10mm/mV  
80ms PostJ  
SPEED : 4.0 Km./Hr.  
GRADE : 12.0 %

LINKED MEDIAN





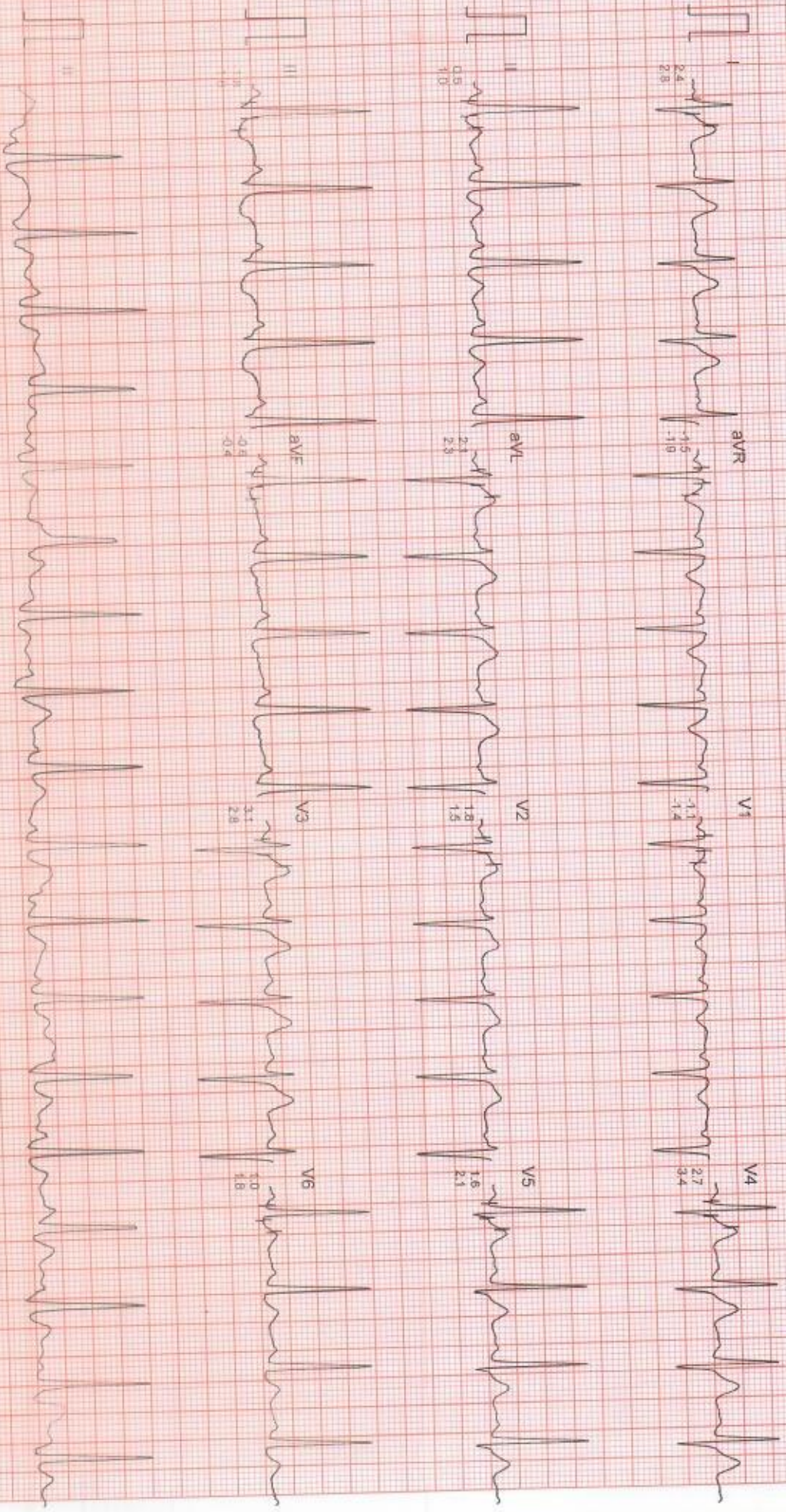
DR. CHARU KOHLI

MR. VINOD KUMAR  
I.D. : 163  
AGE/SEX : 39/M  
RECORDED : 2-3-2023 13:28

RATE : 114 BPM  
B.P. : 120/78 mmHg

BRUCE  
EXERCISE 3  
PHASE TIME : 8:59  
STAGE TIME : 2:59

ST @ 10mm/mV  
80ms PostJ  
SPEED : 5.4 Km./Hr.  
GRADE : 14.0 %  
LINKED MEDIAN





MR. VINOD KUMAR

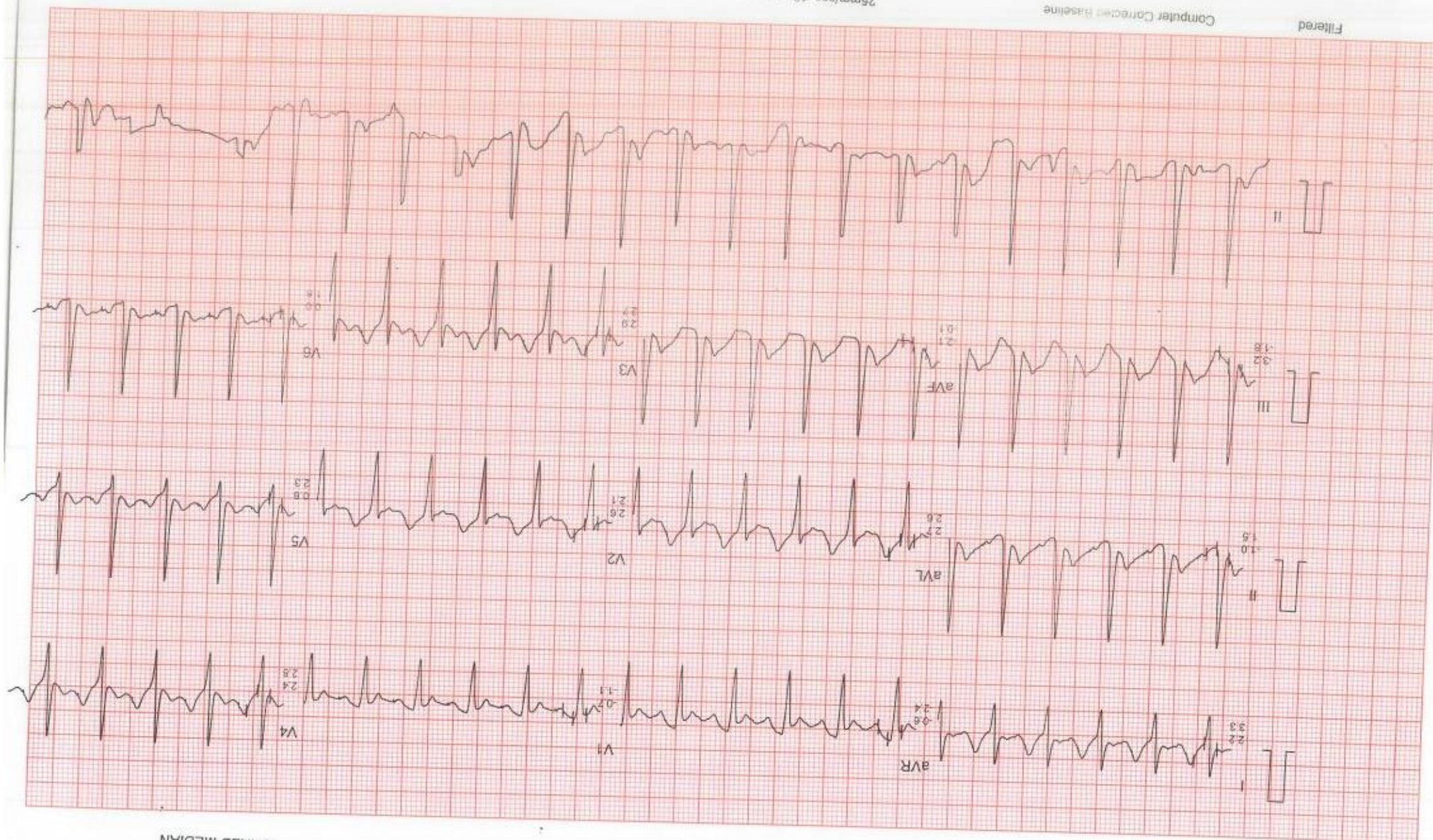
I.D. : 163  
AGE/SEX : 39/M

RECORDED : 2-3-2023 13:28  
RATE : 138 BPM  
B.P. : 130/60 mmHg

DR. CHARU KOHLI

BRUCE  
EXERCISE 4  
PHASE TIME : 11:59  
STAGE TIME : 2:59

ST @ 10mm/mV  
80ms Posti  
SPEED : 6.7 Km./Hr.  
GRADE : 16.0 %  
LINKED MEDIAN



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

CardCom, INDIA Ph: 091-731-2620740 TeleFax: 091-731-2431214



MR. VINOD KUMAR

ID : 163

AGE/SEX : 39/M

RECORDED : 2-3-2023 13:28

RATE : 162 BPM

B.P. : 140/82 mmHg

DR. CHARU KOHLI

BRUCE

EXERCISE 5

PHASE TIME : 13:44

STAGE TIME : 1:44

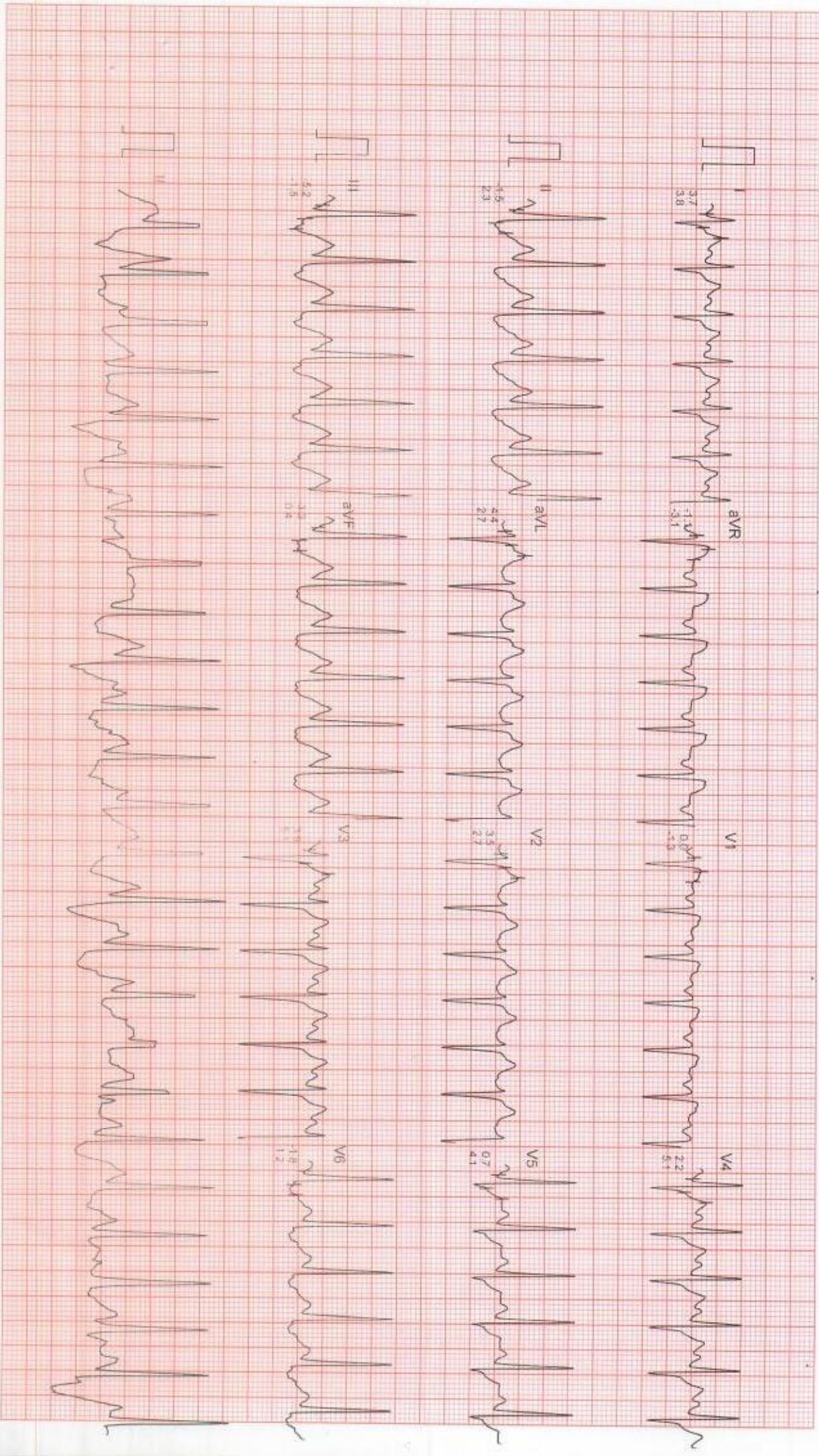
ST @ 10mm/mV

80ms PostJ

SPEED : 8.0 Km./Hr.

GRADE : 18.0 %

LINKED MEDIAN



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

CardiCom, INDIA Ph. 091-731-2620740 TeleFax: 091-731-2431214



Mr. VINOD KUMAR  
I.D. : 163  
AGE/SEX : 39/M  
RECORDED : 2- 3-2023 13:28

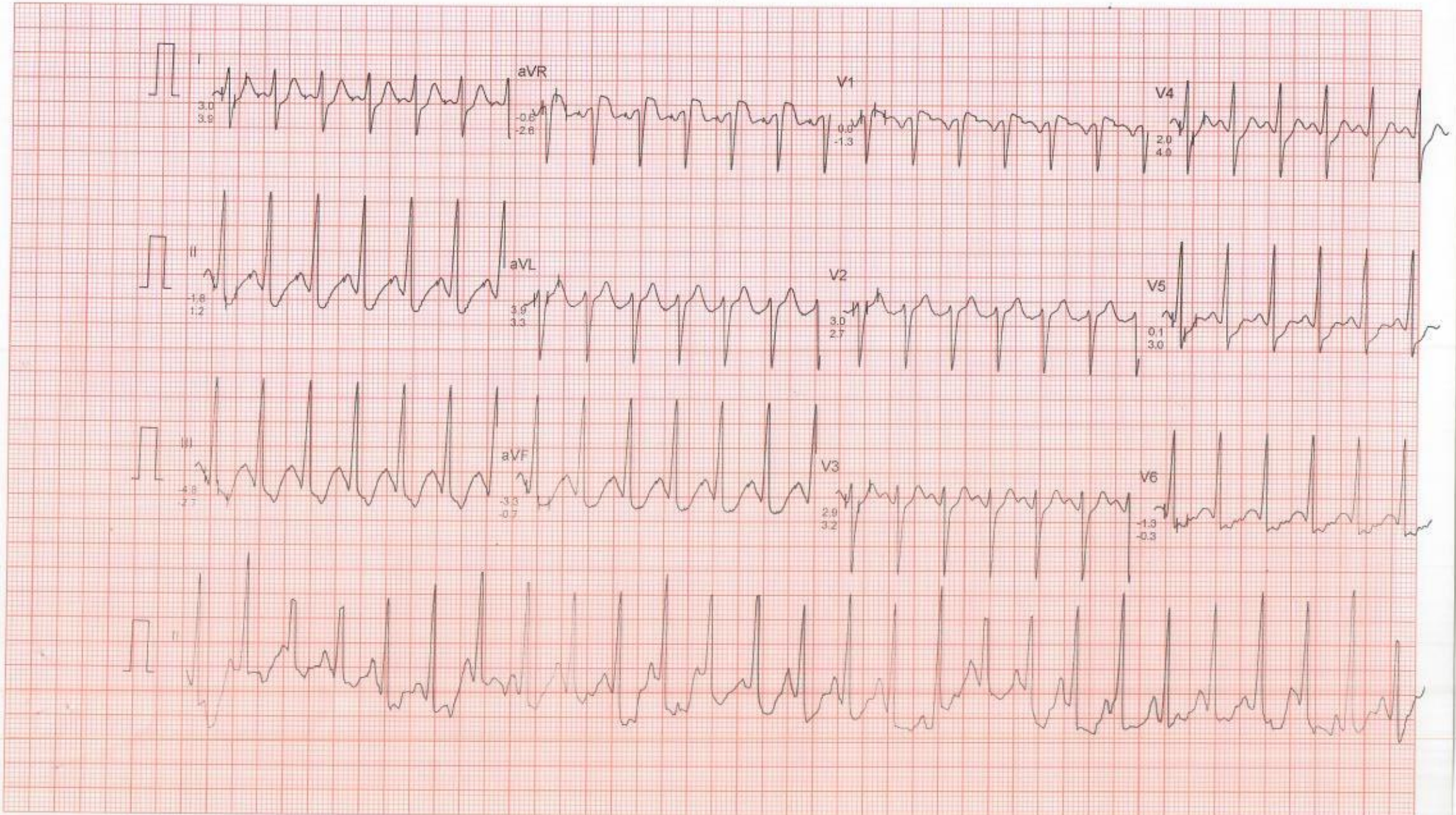
RATE : 166 BPM  
B.P. : 140/82 mmHg

DR. CHARU KOHLI

BRUCE  
PEAK EXERCISE  
PHASE TIME : 13:52  
STAGE TIME : 1:52

ST @ 10mm/mV  
80ms PostJ  
SPEED : 8.0 Km./Hr.  
GRADE : 18.0 %

LINKED MEDIAN



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

CardiCom, INDIA Ph: 091-731-2620740















# DR. CHARU KOHLI

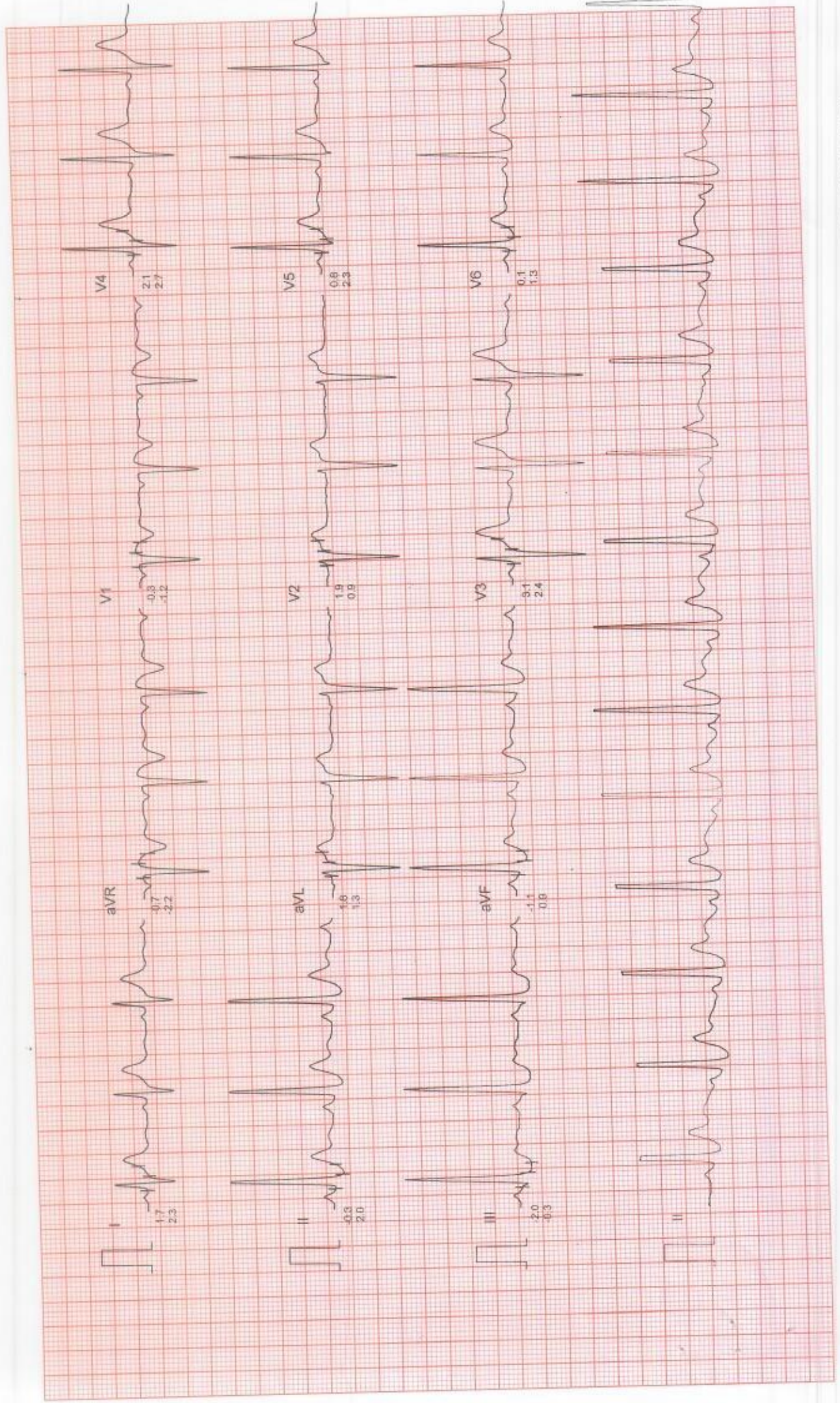
ST @ 10mm/mV  
80ms PostJ  
SPEED : 0.0 Km./Hr.  
GRADE : 0.0 %

LINKED MEDIAN

Mr. VINOD KUMAR  
I.O. : 163  
AGE/SEX : 39/M  
RECORDED : 2-3-2023 13:28

RATE : 84 BPM  
B.P. : 120/78 mmHg

BRUCE  
RECOVERY  
PHASE TIME : 2:59





# DR. CHARU KOHLI

Mr. VINOD KUMAR  
I.D. : 163  
AGE/SEX : 39/M  
RECORDED : 2-3-2023 13:28

RATE : 76 BPM  
B.P. : 110/70 mmHg

ST @ 10mm/mV  
80ms PostJ  
SPEED : 0.0 Km./Hr.  
GRADE : 0.0 %

LINKED MEDIAN

