

NAME	Amit SHANKER	STUDY DATE	25-03-2023 10:32:41
AGE / SEX	060Yrs / M	HOSPITAL NO.	MH010871598
REFERRING DEPT	OPD	MODALITY/Procedure Description	CR /Xray chest PA (CXR)
REPORTED ON	26-03-2023 12:20:07	REFERRED BY	Dr. Health Check MHD

## X-RAY CHEST - PA VIEW

### Findings:

Fibrotic strands are noted in right mid zone.

Both hilar shadows appear normal.

Cardiothoracic ratio is within normal limits.

Both hemidiaphragmatic outlines appear normal.

Both costophrenic angles are clear.

Kindly correlate clinically



**Dr. Roly Srivastava MBBS ,DNB**  
**DMC No. 45626**  
**Consultant Radiologist**

N.B. : This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.

NAME	<b>Amit SHANKER</b>	STUDY DATE	<b>25-03-2023 10:32:41</b>
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10871598

mr amit shanker

3/25/2023 11:49:16 AM

60 Years

Male

Rate 51 . Sinus rhythm.....normal P axis, V-rate 50- 99  
. Low voltage, extremity leads.....all extremity leads <0.5mV

PR 175  
QRSD 100  
QT 426  
QTc 393

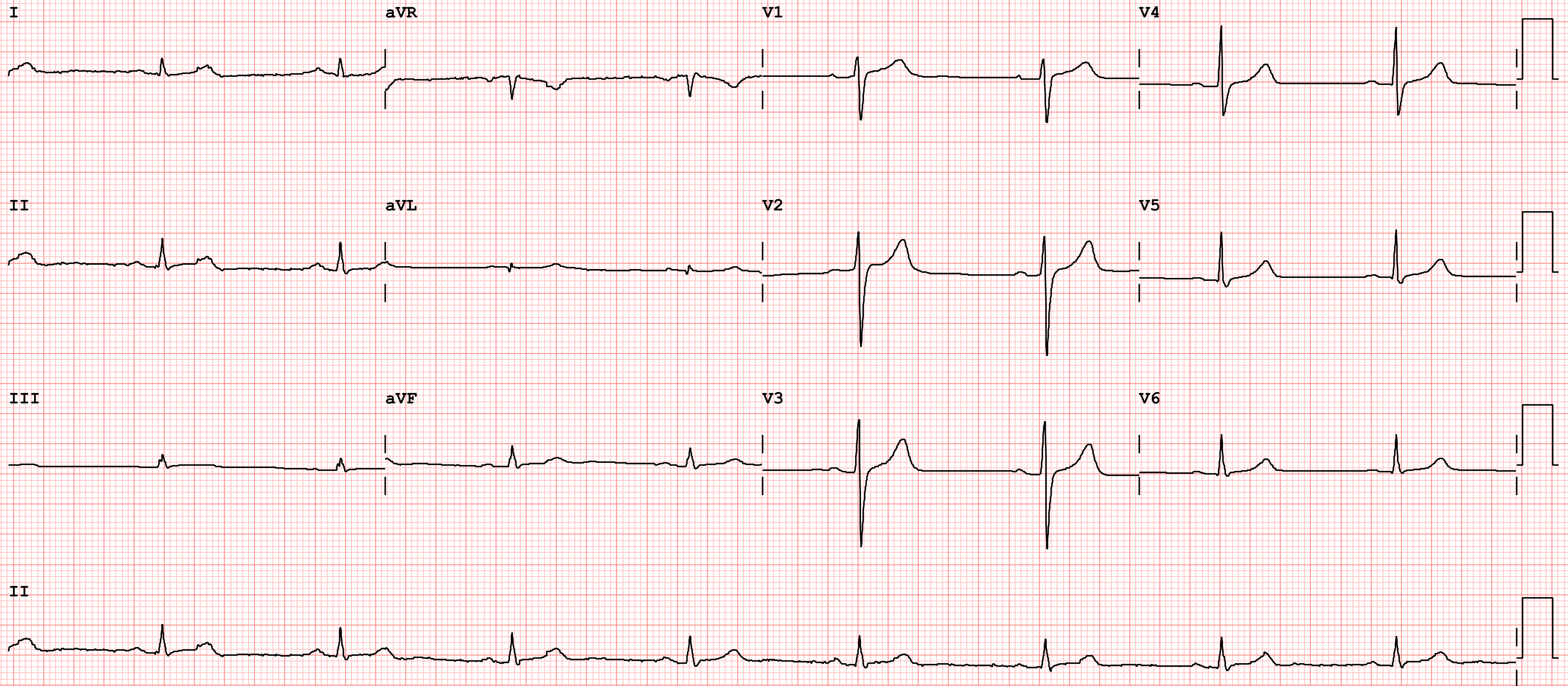
--AXIS--

P 26  
QRS 64  
T 38

- OTHERWISE NORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis





**Name** : MR AMIT SHANKER **Age** : 60 Yr(s) Sex :Male  
**Registration No** : MH010871598 **Lab No** : 31230301242  
**Patient Episode** : H03000053356 **Collection Date** : 25 Mar 2023 09:50  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 25 Mar 2023 14:01  
**Receiving Date** : 25 Mar 2023 11:16

## Department of Transfusion Medicine ( Blood Bank )

BLOOD GROUPING, RH TYPING & ANTIBODY SCREEN (TYPE & SCREEN)  
Specimen-Blood

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

Blood Group & Rh typing A Rh(D) Positive

Antibody Screening (Microtyping in gel cards using reagent red cells)

Cell Panel I NEGATIVE  
Cell Panel II NEGATIVE  
Cell Panel III NEGATIVE  
Autocontrol NEGATIVE

Final Antibody Screen Result Negative

### Technical Note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique. Antibody screening is done using a 3 cell panel of reagent red cells coated with Rh, Kell, Duffy, Kidd, Lewis, P, MNS, Lutheran and Xg antigens using gel technique.

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

Dr Himanshu Lamba



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**Name** : MR AMIT SHANKER **Age** : 60 Yr(s) Sex :Male  
**Registration No** : MH010871598 **Lab No** : 32230309712  
**Patient Episode** : H03000053356 **Collection Date** : 25 Mar 2023 09:50  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 25 Mar 2023 13:15  
**Receiving Date** : 25 Mar 2023 10:38

## BIOCHEMISTRY

Glycosylated Hemoglobin Specimen: EDTA Whole blood  
HbA1c (Glycosylated Hemoglobin) 5.6 As per American Diabetes Association (ADA)  
% [4.0-6.5] HbA1c in %  
Non diabetic adults >= 18years <5.7  
Prediabetes (At Risk ) 5.7-6.4  
Diagnosing Diabetes >= 6.5  
Methodology (HPLC)  
Estimated Average Glucose (eAG) 114 mg/dl

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.

Specimen Type : Serum

### THYROID PROFILE, Serum

T3 - Triiodothyronine (ECLIA)	1.15	ng/ml	[0.70-2.04]
T4 - Thyroxine (ECLIA)	6.44	micg/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	1.810	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>



**Name** : MR AMIT SHANKER **Age** : 60 Yr(s) Sex :Male  
**Registration No** : MH010871598 **Lab No** : 32230309712  
**Patient Episode** : H03000053356 **Collection Date** : 25 Mar 2023 09:50  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 25 Mar 2023 11:52  
**Receiving Date** : 25 Mar 2023 10:14

## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
<b>Lipid Profile (Serum)</b>			
<b>TOTAL CHOLESTEROL (CHOD/POD)</b>	<b>234 #</b>	<b>mg/dl</b>	<b>[&lt;200]</b> Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	125	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL - CHOLESTEROL (Direct)	40	mg/dl	[30-60]
VLDL - Cholesterol (Calculated)	25	mg/dl	[10-40]
<b>LDL- CHOLESTEROL</b>	<b>169 #</b>	<b>mg/dl</b>	<b>[&lt;100]</b> Near/Above optimal-100-129 Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio	5.9		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio	4.2		<3 Optimal 3-4 Borderline >6 High Risk

**Note:**  
 Reference ranges based on ATP III Classifications.  
 Recommended to do fasting Lipid Profile after a minimum of 8 hours of overnight fasting.



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**Referred By** : HEALTH CHECK MHD **Reporting Date** : 25 Mar 2023 11:52  
**Receiving Date** : 25 Mar 2023 10:14

## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
<b>LIVER FUNCTION TEST (Serum)</b>			
BILIRUBIN-TOTAL (mod.J Groff)**	0.51	mg/dl	[0.10-1.20]
<b>BILIRUBIN - DIRECT (mod.J Groff)</b>	<b>0.20 #</b>	<b>mg/dl</b>	<b>[&lt;0.2]</b>
BILIRUBIN - INDIRECT (mod.J Groff)	0.31	mg/dl	[0.20-1.00]
SGOT/ AST (P5P, IFCC)	16.60	IU/L	[5.00-37.00]
SGPT/ ALT (P5P, IFCC)	16.80	IU/L	[10.00-50.00]
ALP (p-NPP, kinetic)*	69	IU/L	[45-135]
TOTAL PROTEIN (mod.Biuret)	7.5	g/dl	[6.0-8.2]
SERUM ALBUMIN (BCG-dye)	4.6	g/dl	[3.5-5.0]
SERUM GLOBULIN (Calculated)	2.9	g/dl	[1.8-3.4]
ALB/GLOB (A/G) Ratio	1.59		[1.10-1.80]

### Note:

\*\*NEW BORN: Vary according to age (days), body wt & gestation of baby

\*New born: 4 times the adult value





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**Referred By** : HEALTH CHECK MHD **Reporting Date** : 25 Mar 2023 11:52  
**Receiving Date** : 25 Mar 2023 10:14

## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
<b>KIDNEY PROFILE (Serum)</b>			
BUN (Urease/GLDH)	11.00	mg/dl	[8.00-23.00]
SERUM CREATININE (mod.Jaffe)	1.18	mg/dl	[0.80-1.60]
<b>SERUM URIC ACID (mod.Uricase)</b>	<b>8.2 #</b>	<b>mg/dl</b>	<b>[3.5-7.2]</b>
SERUM CALCIUM (NM-BAPTA)	9.8	mg/dl	[8.6-10.0]
SERUM PHOSPHORUS (Molybdate, UV)	3.5	mg/dl	[2.3-4.7]
SERUM SODIUM (ISE)	139.0	mmol/l	[134.0-145.0]
SERUM POTASSIUM (ISE)	4.54	mmol/l	[3.50-5.20]
SERUM CHLORIDE (ISE / IMT)	102.1	mmol/l	[95.0-105.0]
eGFR	66.7	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.







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**Patient Episode** : H03000053356 **Collection Date** : 25 Mar 2023 09:50  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 25 Mar 2023 11:56  
**Receiving Date** : 25 Mar 2023 10:14

## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
TOTAL PSA, Serum (ECLIA)	0.904	ng/mL	[<4.500]

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.

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

**Dr. Neelam Singal**  
**CONSULTANT BIOCHEMISTRY**



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**Name** : MR AMIT SHANKER **Age** : 60 Yr(s) Sex :Male  
**Registration No** : MH010871598 **Lab No** : 32230309713  
**Patient Episode** : H03000053356 **Collection Date** : 25 Mar 2023 15:13  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 26 Mar 2023 07:30  
**Receiving Date** : 25 Mar 2023 17:54

## BIOCHEMISTRY

Specimen Type : Plasma

### PLASMA GLUCOSE - PP

Plasma GLUCOSE - PP (Hexokinase) 99 mg/dl [70-140]

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

Specimen Type : Serum/Plasma

Plasma GLUCOSE-Fasting (Hexokinase) 94 mg/dl [70-100]

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

**Dr. Neelam Singal**  
**CONSULTANT BIOCHEMISTRY**



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**Name** : MR AMIT SHANKER **Age** : 60 Yr(s) Sex : Male  
**Registration No** : MH010871598 **Lab No** : 33230305775  
**Patient Episode** : H03000053356 **Collection Date** : 25 Mar 2023 09:50  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 25 Mar 2023 13:24  
**Receiving Date** : 25 Mar 2023 10:39

## HAEMATOLOGY

### ERYTHROCYTE SEDIMENTATION RATE (Automated) Specimen-Whole Blood

ESR 9.0 /1sthour [0.0-12.0]

#### Interpretation :

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants (e.g. pyogenic infections, inflammation and malignancies). The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week postpartum.

ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives).

It is especially low (0 -1mm) in polycythemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

Test Name	Result	Unit	Biological Ref. Interval
<b>COMPLETE BLOOD COUNT (EDTA Blood)</b>			
WBC Count (Flow cytometry)	6440	/cu.mm	[4000-10000]
RBC Count (Impedence)	5.39	million/cu.mm	[4.50-5.50]
Haemoglobin (SLS Method)	15.1	g/dL	[13.0-17.0]
Haematocrit (PCV) (RBC Pulse Height Detector Method)	46.1	%	[40.0-50.0]
MCV (Calculated)	85.5	fL	[83.0-101.0]
MCH (Calculated)	28.0	pg	[25.0-32.0]
MCHC (Calculated)	32.8	g/dL	[31.5-34.5]
Platelet Count (Impedence)	177000	/cu.mm	[150000-410000]
RDW-CV (Calculated)	13.1	%	[11.6-14.0]
<b>DIFFERENTIAL COUNT</b>			
Neutrophils (Flowcytometry)	58.5	%	[40.0-80.0]
Lymphocytes (Flowcytometry)	21.6	%	[20.0-40.0]



**Name** : MR AMIT SHANKER **Age** : 60 Yr(s) Sex :Male  
**Registration No** : MH010871598 **Lab No** : 33230305775  
**Patient Episode** : H03000053356 **Collection Date** : 25 Mar 2023 09:50  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 25 Mar 2023 13:25  
**Receiving Date** : 25 Mar 2023 10:39

## HAEMATOLOGY

Monocytes (Flowcytometry)	5.6	%	[2.0-10.0]
<b>Eosinophils (Flowcytometry)</b>	<b>13.5 #</b>	%	<b>[1.0-6.0]</b>
<b>Basophils (Flowcytometry)</b>	<b>0.8 #</b>	%	<b>[1.0-2.0]</b>
IG	0.30	%	
Neutrophil Absolute(Flourescence flow cytometry)	3.8	/cu mm	[2.0-7.0]x10 <sup>3</sup>
Lymphocyte Absolute(Flourescence flow cytometry)	1.4	/cu mm	[1.0-3.0]x10 <sup>3</sup>
Monocyte Absolute(Flourescence flow cytometry)	0.4	/cu mm	[0.2-1.2]x10 <sup>3</sup>
<b>Eosinophil Absolute(Flourescence flow cytometry)</b>	<b>0.9 #</b>	<b>/cu mm</b>	<b>[0.0-0.5]x10<sup>3</sup></b>
Basophil Absolute(Flourescence flow cytometry)	0.1	/cu mm	[0.0-0.1]x10 <sup>3</sup>

Complete Blood Count is used to evaluate wide range of health disorders, including anemia, infection, and leukemia. Abnormal increase or decrease in cell counts as revealed may indicate that an underlying medical condition that calls for further evaluation.

Eosinophilia is noted.

Kindly rule out the allergic/secondary causes of eosinophilia and correlate the above findings with the clinical profile of the patient

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

Soma Pradhan

Dr. Soma Pradhan



<b>Name</b>	: MR AMIT SHANKER	<b>Age</b>	: 60 Yr(s) Sex :Male
<b>Registration No</b>	: MH010871598	<b>Lab No</b>	: 38230301969
<b>Patient Episode</b>	: H03000053356	<b>Collection Date</b>	: 25 Mar 2023 09:50
<b>Referred By</b>	: HEALTH CHECK MHD	<b>Reporting Date</b>	: 25 Mar 2023 13:02
<b>Receiving Date</b>	: 25 Mar 2023 11:08		

## CLINICAL PATHOLOGY

Test Name	Result	Biological Ref. Interval
<b>ROUTINE URINE ANALYSIS</b>		
<b>MACROSCOPIC DESCRIPTION</b>		
Colour (Visual)	YELLOW	(Pale Yellow - Yellow)
Appearance (Visual)	CLEAR	
<b>CHEMICAL EXAMINATION</b>		
Reaction[pH]	5.0	(5.0-9.0)
(Reflectancephotometry(Indicator Method))		
Specific Gravity	1.020	(1.003-1.035)
(Reflectancephotometry(Indicator Method))		
Bilirubin	Negative	NEGATIVE
Protein/Albumin	Negative	(NEGATIVE-TRACE)
(Reflectance photometry(Indicator Method)/Manual SSA)		
Glucose	NOT DETECTED	(NEGATIVE)
(Reflectance photometry (GOD-POD/Benedict Method))		
Ketone Bodies	NOT DETECTED	(NEGATIVE)
(Reflectance photometry(Legal's Test)/Manual Rotheras)		
Urobilinogen	NORMAL	(NORMAL)
Reflectance photometry/Diazonium salt reaction		
Nitrite	NEGATIVE	NEGATIVE
Reflectance photometry/Griess test		
Leukocytes	NIL	NEGATIVE
Reflectance photometry/Action of Esterase		
BLOOD	NIL	NEGATIVE
(Reflectance photometry(peroxidase))		
<b>MICROSCOPIC EXAMINATION (Manual) Method: Light microscopy on centrifuged urine</b>		
WBC/Pus Cells	0-1 /hpf	(4-6)
Red Blood Cells	NIL	(1-2)
Epithelial Cells	1-2 /hpf	(2-4)
Casts	NIL	(NIL)
Crystals	NIL	(NIL)
Bacteria	NIL	
Yeast cells	NIL	

**Interpretation:**



**Name** : MR AMIT SHANKER **Age** : 60 Yr(s) Sex :Male  
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## CLINICAL PATHOLOGY

URINALYSIS--Routine urine analysis assists in screening and diagnosis of various metabolic , urological, kidney and liver disorders

**Protein:** Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria, dehydration, urinary tract infections and acute illness with fever

**Glucose:** Uncontrolled diabetes mellitus can lead to presence of glucose in urine.

Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.

**Ketones:** Uncontrolled diabetes mellitus can lead to presence of ketones in urine.

Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.

**Blood:** Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.

**Leukocytes:** An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most Common cause is bacterial urinary tract infection.

**Nitrite:** Many bacteria give positive results when their number is high. Nitrite concentration during infection increases with length of time the urine specimen is retained in bladder prior to collection.

**pH:** The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/alkalosis or ingestion of certain type of food can affect the pH of urine.

**Specific gravity:** Specific gravity gives an indication of how concentrated the urine is. Increased Specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decreased Specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.

**Bilirubin:** In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.

**Urobilinogen:** Positive results are seen in liver diseases like hepatitis and cirrhosis and in case of hemolytic anemia.

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

Soma Pradhan

Dr. Soma Pradhan



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Home sample collection: +91 74 2876 9482 Pharmacy Home Delivery: +91 84 4848 6472

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Name: **AMIT SHANKER**

Hospital No: MH010871598

Age: 60 Sex: M

Episode No: H03000053356

Doctor: Health Check MHD

Result Date: 25 Mar 2023 17:23

Order: Tread Mill Test

### **EXERCISE STRESS TEST REPORT (TMT)**

#### **Findings:**

Baseline ECG	NSR		
Premedications	Nil		
Protocol	Bruce	MPHR	160
Duration of exercise	9 Minutes 35 sec	85% OF MPHR	136
Reason for termination	THR achieved	METS	11.40
Peak achieved	144	%of MPHR achieved	90 %

<b>Stage</b>	<b>Time</b>	<b>Heart rate (bpm)</b>	<b>BP (mmHg)</b>	<b>ECG(ST/T changes/arrhythmia)</b>	<b>Symptoms</b>
<b>Control</b>	0.00	65	90/70	No ST-T changes seen	Nil
Stage 1	3.00	90	100/70	No ST-T changes seen	Nil
Stage II	3.00	117	110/70	No ST-T changes seen	Nil
Stage III	3.00	131	120/70	No ST-T changes seen	Nil
Stage IV	0.35	144	130/70	No ST-T changes seen	Nil
Recovery	3.00	86	110/70	No ST-T changes seen	Nil

#### **Result:**

- Normal heart rate and BP response
- No significant ST-T changes were seen during exercise or recovery period.
- No symptomatic of angina/ chest pain during the test
- No significant arrhythmia during the test

#### **FINAL IMPRESSION.**

- Exercise stress test is **Negative** for reversible myocardial Ischemia.
- Good effort tolerance.



---

Name: **AMIT SHANKER**

Hospital No: MH010871598

Age: 60 Sex: M

Episode No: H03000053356

Doctor: Health Check MHD

Result Date: 25 Mar 2023 17:23

Order: Tread Mill Test

---

**DR. SAMANJOY MUKHERJEE**  
**MD, DM**  
**CONSULTANT CARDIOLOGIST**  
**CARDIOLOGY)**

**DR. (MAJ) J S KHATRI**  
**MBBS, PGDCC, FNIC**  
**SPECIALIST (NON-INVASIVE**

**Dr Samanjoy Mukherjee**  
ASSOCIATE CONSULTANT



NAME	Amit SHANKER	STUDY DATE	25-03-2023 13:45:29
AGE / SEX	060Yrs / M	HOSPITAL NO.	MH010871598
REFERRING DEPT	OPD	MODALITY/Procedure	US /Ultrasound abdomen n pelvis
REPORTED ON	27-03-2023 09:39:22	REFERRED BY	Dr. Health Check MHD

## USG WHOLE ABDOMEN

### Findings:

Liver is normal in size (~13.2 cm) **and shows grade I fatty changes.** No focal intra-hepatic lesion is detected. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in calibre.

**Gall bladder is distended and shows multiple hyperchoic foci along wall with comet tail artifacts.** Common bile duct is normal in calibre.

Pancreas is normal in size and echopattern.  
Spleen is normal in size and echopattern.

Both kidneys are normal in position, size and outline. Cortico-medullary differentiation of both kidneys is maintained. Central sinus echoes are compact. No focal lesion or calculus seen. Bilateral pelvicalyceal systems are not dilated.

Urinary bladder is normal in wall thickness with clear contents. No significant intra or extraluminal mass is seen.

**Prostate is enlarged in size, it measures approx. 26.7 cc in volume.**

No significant free fluid is detected.

### Impression:

- **Grade I fatty liver**
- **Gall bladder is distended with multiple hyperchoic foci along wall with comet tail artifacts-adenomyomatosis**
- **Mild prostatomegaly**

Kindly correlate clinically



**Dr. Abhinav Pratap Singh DNB**

**DMC Reg No. 58170**

**Associate Consultant, Dept. of Radiology & Imaging**

N.B. : This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.

NAME	<b>Amit SHANKER</b>	STUDY DATE	<b>25-03-2023 13:45:29</b>
AGE / SEX	<b>060Yrs / M</b>	HOSPITAL NO.	<b>MH010871598</b>
REFERRING DEPT	<b>OPD</b>	MODALITY/Procedure	<b>US /Ultrasound abdomen n pelvis</b>
REPORTED ON	<b>27-03-2023 09:39:22</b>	REFERRED BY	<b>Dr. Health Check MHD</b>

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