

Patient Details

Date: 01-Apr-23

Time: 2:00:34 PM

Name: Mr.ANSHUMALI MISHRA. ID: APH000014170

Age: 32 y

Sex: M

Height: 178 cms

Weight: 91 Kgs

Clinical History:

Medications:

Test Details

Protocol: Bruce

Pr.MHR: 188 bpm

THR: 169 (90 % of Pr.MHR) bpm

Total Exec. Time: 6 m 48 s

Max. HR: 169 (90% of Pr.MHR) bpm

Max. Mets: 10.20

Max. BP: 140 / 90 mmHg

Max. BP x HR: 23000 mmHg/min

Min. BP x HR: 7760 mmHg/min

Test Termination Criteria:

Protocol Details

Stago Name	Stago Time (min : sec)	Mets	Speed (Km/h)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 16	1.0	0	0	97	120 / 80	-2.78 aVR	4.22 V2
Standing	0 : 8	1.0	0	0	100	120 / 80	-2.78 aVR	4.22 V2
Hyperventilation	0 : 11	1.0	0	0	100	120 / 80	-1.52 aVR	3.80 V2
1	3 : 0	4.6	2.7	10	144	130 / 80	-2.28 aVR	4.64 V2
2	3 : 0	7.0	4	12	162	140 / 90	-1.77 aVR	5.49 V2
Peak Ex	0 : 48	10.2	5.4	14	169	140 / 90	-5.57 I	5.91 V2
Recovery(1)	2 : 0	1.8	1.6	0	135	140 / 90	-5.57 I	5.91 V2
Recovery(2)	2 : 0	1.0	0	0	120	120 / 80	-1.52 aVR	5.49 V2
Recovery(3)	0 : 12	1.0	0	0	120	120 / 80	-2.78 aVR	4.22 V2

Interpretation
COMMENTS

- FAIR EXERCISE (10.20 METS) TOLERANCE.
- NORMAL BP RESPONSE TARGET HEART RATE ACHIEVED.
- NO SIGNIFICANT ST-T SEGMENT CHANGES SEEN IN LEADS.
- THE TEST TERMINATED DUE TO HEART RATE ACHIEVED.

IMPRESSION :- THE TEST IS NEGATIVE FOR INDUCIBLE ISCHAEMIA.

Ref. Doctor: Dr.ADITYA KUMAR

(Summary Report edited by user)

Doctor: Dr.ADITYA KUMAR

Schiller CS-20 V 1.9

Asian City Hospital (A unit of Blue Sapphire Healthcare Pvt. Ltd.) CIN : U74999DL2007PTC159674

Patient:

Mr. ANSHUMALI MISHRA

Age 32 year / M

Weight / Height

..... cm / kg

HR 90/min

Intervals:

RR 666 ms

P 84 ms

PR 154 ms

QRS 74 ms

QT 314 ms

QTc 388 ms

10 mm/mV

Axis:

P 26°

QRS 34°

T 37°

P (II) 0.11 mV

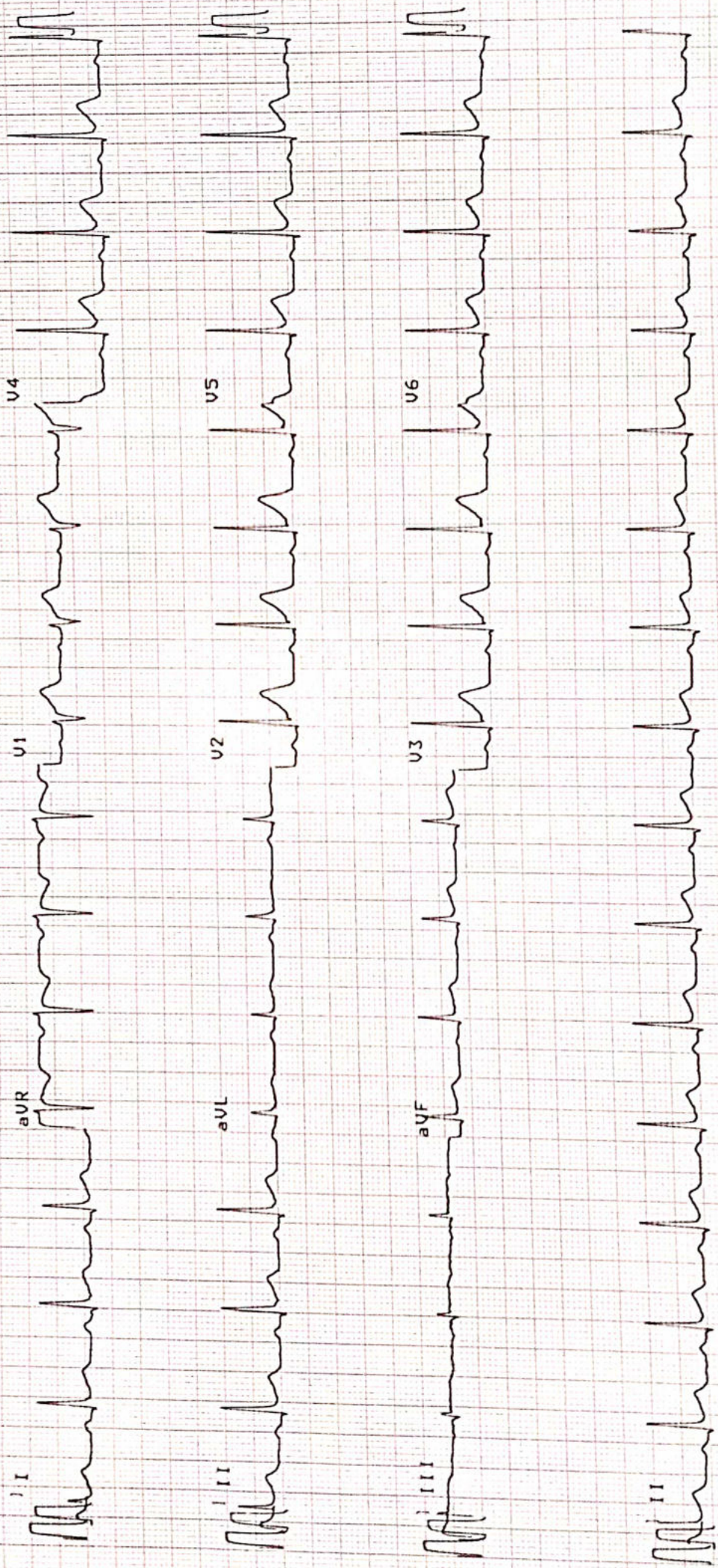
S (VI) -0.49 mV

R (V5) 1.94 mV

Sokol. 2.43 mV

5.62

SINUS RHYTHM
R-S TRANSITION ZONE IN V LEADS DISPLACED TO THE RIGHT
OTHERWISE NORMAL ECG



NON INVASIVE CARDIOLOGY

Patient Name	: MR. ANSHUMALI MISHRA	IPD No.	:
Age	: 32 Yrs 8 Mth	UHID	: APH000014170
Gender	: MALE	Bill No.	: APHHC230000385
Ref. Doctor	: MEDIWHEEL	Bill Date	: 30-03-2023 08:20:48
Ward	:	Room No.	:
		Procedure Date	: 01-04-2023 14:37:00

ECHOCARDIOGRAPHY COLOUR DOPPLER REPORT

M MODE STUDY (MEASUREMENTS)

Left Ventricle:-

EDD:	41	(mm)	Left Atrium	35	(mm)
ESD:	28	(mm)	Aortic Root	32	(mm)
IVS Thickness (D/S)	1.6/1.4	(mm)	Right Ventricle (TAPSE)	21	(mm)
LVPW Thickness	1.6/2.1	(mm)	Pericardium		NORMAL
LVEF	58	(%)			

WALL MOTION STUDY : NO RWMA

MV	: NORMAL	TV	: NORMAL
AV	: NORMAL	PV	: NORMAL
IAS	: NORMAL	IVS	: NORMAL

DOPPLER STUDY (PW/CW AND COLOUR FLOW IMAGING)

VALVES	V max(m/sec)	PG	MG	EDG	Orifice Area (cm ²)	REGURGITATION
		(mm Hg)				
MV E/A	0.43/0.79					MR:-NIL
AV	1.05	4.37				AR:- NIL
TV	0.99	3.93				TR:- NIL
PV	0.90	3.22				PR:- NIL

IMPRESSION:-

No RWMA.
Mild Concentric LVH.
Grade I LVDD.
 Normal Cardiac Chamber Dimensions.
 Normal LV/RV Systolic Function, LVEF-58%.
 No LA-LAA Clot/ Vegetation/ Pericardial Effusion.

DR.ADITYA KUMAR.
 MD, DM (CARDIOLOGY)
 CONSULTANT CARDIOLOGIST

AD
01/4

FINAL REPORT

Bill No.	: APHHC230000385	Bill Date	: 30-03-2023 08:20
Patient Name	: MR. ANSHUMALI MISHRA	UHID	: APH000014170
Age / Gender	: 32 Yrs 8 Mth / MALE	Patient Type	: OPD If PHC : :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23007647	Current Ward / Bed	: /
		Receiving Date & Time	: 30-03-2023 08:57
		Reporting Date & Time	: 30-03-2023 15:05

BLOOD BANK REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: EDTA Whole Blood

MEDIWHEEL FULL BODY HEALTH CHECKUP_MALE(BELOW-40)@2400

BLOOD GROUP (ABO)	"A"
RH TYPE	POSITIVE

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low



DR. ASHISH RANJAN SINGH
MBBS,MD
CONSULTANT

FINAL REPORT

Bill No.	: APHHC230000385	Bill Date	: 30-03-2023 08:20
Patient Name	: MR. ANSHUMALI MISHRA	UHID	: APH000014170
Age / Gender	: 32 Yrs 8 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23007646	Current Ward / Bed	: /
		Receiving Date & Time	: 30-03-2023 08:57
		Reporting Date & Time	: 30-03-2023 10:59

HAEMATOLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: EDTA Whole Blood

MEDIWHEEL FULL BODY HEALTH CHECKUP_MALE(BELOW-40)@2400

CBC -1 (COMPLETE BLOOD COUNT)

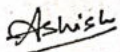
TOTAL LEUCOCYTE COUNT (Flow Cytometry)		8.4	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		5.5	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS Hb Detection)		15.4	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)		47.0	%	40 - 50
MEAN CORPUSCULAR VOLUME		85.8	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		28.1	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		32.8	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		163	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)	H	53.8	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	17.6	%	11.6 - 14

DIFFERENTIAL LEUCOCYTE COUNT

NEUTROPHILS		60	%	40 - 80
LYMPHOCYTES		32	%	20 - 40
MONOCYTES		5	%	2 - 10
EOSINOPHILS		3	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR (Westergren)		10	mm 1st hr	0 - 10

**** End of Report ****
IMPORTANT INSTRUCTIONS

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FINAL REPORT

Bill No.	: APHHC230000385	Bill Date	: 30-03-2023 08:20
Patient Name	: MR. ANSHUMALI MISHRA	UHID	: APH000014170
Age / Gender	: 32 Yrs 8 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23007733	Current Ward / Bed	: /
		Receiving Date & Time	: 30-03-2023 13:58
		Reporting Date & Time	: 30-03-2023 17:02

CLINICAL PATH REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Urine
MEDIWHEEL FULL BODY HEALTH CHECKUP_MALE(BELOW-40)@2400
URINE, ROUTINE EXAMINATION
PHYSICAL EXAMINATION

QUANTITY		30 mL		
COLOUR		Pale yellow		Pale Yellow
TURBIDITY		Clear		

CHEMICAL EXAMINATION

PH <small>(Colorimetric Method)</small>		5.0		5.0 - 8.5
PROTEINS <small>(Proteinuria of individuals)</small>		Negative		Negative
SUGAR <small>(GOD POD Method)</small>		Negative		Negative
SPECIFIC GRAVITY, URINE <small>(Apparent G/A change)</small>		1.030		1.005 - 1.030

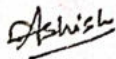
MICROSCOPIC EXAMINATION

LEUCOCYTES		1-2	/HPF	0 - 5
RBC's		Nil		
EPITHELIAL CELLS		0-1		
CASTS		Nil		
CRYSTALS		Nil		

URINE-SUGAR		NEGATIVE		
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**** End of Report ****
IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low


DR. ASHISH RANJAN SINGH
 MBBB,MD
 CONSULTANT


FINAL REPORT

Bill No.	: APHHC2300000385	Bill Date	: 31-03-2023 09:22
Patient Name	: MR. ANSHUMALI MISHRA	UHID	: APHHC2300000385
Age / Gender	: 32 Yrs & Mth / MALE	Patient Type	: OPD IPD/ICU :
Ref. Consultant	: MEDIV/HEEL	Ward / Bed	: /
Sample ID	: APH23007850	Current Ward / Bed	: /
		Receiving Date & Time	: 31-03-2023 09:57
		Reporting Date & Time	: 31-03-2023 12:21

SEROLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Electrolycal Reference Interval
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Sample Type: Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP_MALE(BELOW 40y@2400
THYROID PROFILE (FT3+FT4+TSH)

FREE-TRI IODO THYRONINE (FT3) (ECLIA)		3.14	pg/mL	2.5-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.32	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		2.08	mIU/L	0.27-4.20

**** End of Report ****
IMPORTANT INSTRUCTIONS

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 MBBS,MD
 CONSULTANT

FINAL REPORT

Bill No. :	APHHC230000385	Bill Date :	30-03-2023 08:20
Patient Name :	MR. ANSHUMALI MISHRA	UHID :	APH000014170
Age / Gender :	32 Yrs 8 Mth / MALE	Patient Type :	OPD If PHC :
Ref. Consultant :	MEDIWHEEL	Ward / Bed :	/
Sample ID :	APH23007649	Current Ward / Bed :	/
		Receiving Date & Time :	30-03-2023 08:57
		Reporting Date & Time :	30-03-2023 15:00

BIOCHEMISTRY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: EDTA Whole Blood, Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP_MALE(BELOW-40)@2400

BLOOD UREA <small>Urease-GLDH,Kinetic</small>		18	mg/dL	15 - 45
BUN (CALCULATED)		8.4	mg/dL	7 - 21
CREATININE-SERUM <small>(Modified Jaffe's Kinetic)</small>	L	0.7	mg/dL	0.9 - 1.3
GLUCOSE-PLASMA (FASTING) <small>(UV Hexokinase)</small>	H	110.0	mg/dL	70 - 100

 Note: A diagnosis of diabetes mellitus is made if fasting blood glucose exceeds 126 mg/dL.
 (As per American Diabetes Association recommendation)

LIPID PROFILE

CHOLESTROL-TOTAL <small>(CHO-POD)</small>	H	201	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Immuno-inhibition</small>	L	39	mg/dL	>40
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>	H	130	mg/dL	0 - 100
S.TRIGLYCERIDES <small>(GPO - POO)</small>	H	252	mg/dL	0 - 160
NON-HDL CHOLESTROL	H	162.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		5.2		½ Average Risk <3.3 Average Risk 3.3-4.4 2 Times Average Risk 4.5-7.1 3 Times Average Risk 7.2-11.0
LDL CHOLESTROL / HDL CHOLESTROL		3.3		½ Average Risk <1.0 Average Risk 1.0-3.6 2 Times Average Risk 3.7-6.3 3 Times Average Risk 6.4-8.0
CHOLESTROL-VLDL	H	50	mg/dL	10 - 35

Comments:

- Disorders of Lipid metabolism play a major role in atherosclerosis and coronary heart disease.
- There is an established relationship between increased total cholesterol & LDL cholesterol and myocardial infarction.
- HDL cholesterol level is inversely related to the incidence of coronary artery disease.
- Major risk factors which adversely affect the lipid levels are:
 - Cigarette smoking.
 - Hypertension.
 - Family history of premature coronary heart disease.
 - Pre-existing coronary heart disease.

LIVER FUNCTION TESTS (LFT)

BILIRUBIN-TOTAL <small>(DPO)</small>	H	1.09	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DPO)</small>	H	0.23	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT	H	0.86	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL <small>(Buret)</small>		7.4	g/dL	6 - 8.1
ALBUMIN-SERUM <small>(Dye Binding-Bromocresol Green)</small>		4.4	g/dL	
S.GLOBULIN		3.0	g/dL	2.8-3.8

FINAL REPORT

Bill No.	: APHHC230000385	Bill Date	: 30-03-2023 08:20
Patient Name	: MR. ANSHUMALI MISHRA	UHID	: APH000014170
Age / Gender	: 32 Yrs 8 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23007649	Current Ward / Bed	: /
		Receiving Date & Time	: 30-03-2023 08:57
		Reporting Date & Time	: 30-03-2023 15:00

A/G RATIO	L	1.47		1.5 - 2.5
ALKALINE PHOSPHATASE <small>IFCC AMP BUFFER</small>		92.7	IU/L	53 - 128
ASPARTATE AMINO TRANSFERASE (SGOT) <small>(IFCC)</small>	H	95.2	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) <small>(IFCC)</small>	H	191.9	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE <small>(IFCC)</small>	H	76.6	IU/L	11 - 50
LACTATE DEHYDROGENASE <small>(IFCC; L-P)</small>	H	258.1	IU/L	0 - 248
S.PROTEIN-TOTAL <small>(Biuret)</small>		7.4	g/dL	6 - 8.1
URIC ACID <small>Uricase - Trinder</small>		5.9	mg/dL	2.6 - 7.2

**** End of Report ****

IMPORTANT INSTRUCTIONS

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DR. ASHISH RANJAN SINGH

MBBS,MD
CONSULTANT

FINAL REPORT

Bill No.	: APHHC230000385	Bill Date	: 30-03-2023 08:20
Patient Name	: MR. ANSHUMALI MISHRA	UHID	: APH000014170
Age / Gender	: 32 Yrs 8 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23007649	Current Ward / Bed	: /
		Receiving Date & Time	: 30-03-2023 08:57
		Reporting Date & Time	: 30-03-2023 15:00

Sample Type: EDTA Whole Blood, Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP_MALE(BELOW-40)@2400

HBA1C (Turbidimetric Immuno-Inhibition)	5.9	%	4.0 - 6.2
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INTERPRETATION:

HbA1c %	Degree of Glucose Control
>8%	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
7.1 - 8.0	Fair Control
<7.0	Good Control

- Note:
1. A three monthly monitoring is recommended in diabetics.
 2. Since HbA1c concentration represents the integrated values for blood glucose over the preceding 6 - 10 weeks and is not affected by daily glucose fluctuation, exercise and recent food intake, it is a more useful tool for monitoring diabetics.

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low

Ashish

DR. ASHISH RANJAN SINGH
MBBS,MD
CONSULTANT

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	: MR. ANSHUMALI MISHRA	IPD No.	:	
Age	: 32 Yrs 8 Mth	UHID	:	APH000014170
Gender	: MALE	Bill No.	:	APHIC230000385
Ref. Doctor	: MEDIWHEEL	Bill Date	:	30-03-2023 08:20:48
Ward	:	Room No.	:	
		Print Date	:	01-04-2023 12:55:00

WHOLE ABDOMEN:

Both the hepatic lobes are mildly enlarged in size and shows moderate increase in parenchymal echogenicity S/O grade II fatty liver infiltration. (Liver measures 16.7 cm).

No focal lesion seen. Intrahepatic biliary radicals are not dilated.

Portal vein is normal in calibre (measures 8.1 mm).

Gall bladder is distended and shows solitary calculus of size ~ 11.8 mm in lumen. Wall thickness is normal.

CBD is normal in calibre (measures 4.8 mm).

Pancreas is normal in size and echotexture.

Spleen is normal in size (11.8 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (10.2 cm), Left kidney (10.9 cm). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

Urinary bladder appears normal.

Prostate appears normal in size (Vol. 14.4 cc), outline and echotexture.

No free fluid or collection seen. No pleural effusion seen.

No significant lymphadenopathy seen.

No dilated bowel loop seen.

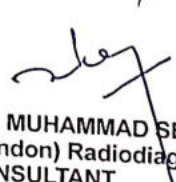
IMPRESSION:

- Mild hepatomegaly with grade II fatty infiltration of liver.
- Cholelithiasis.

Please correlate clinically.....

.....End of Report.....

Prepare By.
MD.SERAJ


DR. MUHAMMAD SERAJ, MD, FRCP
(London) Radiodiagnosis
CONSULTANT



Note : The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.

Asian City Hospital (A unit of Blue Sapphire Healthcare Pvt. Ltd.) CIN : U74999DL2007PTC159674

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	: MR. ANSHUMALI MISHRA	IPD No.	:	
Age	: 32 Yrs 5 Mth	UHID	:	APH000014170
Gender	: MALE	Bill No.	:	APHHC230000385
Ref. Doctor	: MEDIWHEEL	Bill Date	:	30-03-2023 08:20:48
Ward	:	Room No.	:	
		Print Date	:	30-03-2023 11:00:41

CHEST PA VIEW:

Rotation present.

Cardiac shadow appears normal.

Both lung fields appear clear.

Both domes of diaphragm and both CP angles are clear.

Both hila appear normal.

Soft tissues and bony cage appear normal.

Please correlate clinically.

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

Prepare By:
MD.SERAJ

DR. MUHAMMAD SERAJ, MD,FRCR
(London) Radiodiagnosis
CONSULTANT

Note : The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.