




बैंक ऑफ बड़ोदा  
Bank of Baroda



नाम सजीव कुमार  
Name SANJEEV KUMAR  
E.C. No.  
उपस्थिति क्र. 110230

  
निष्पन्न अधिकारी  
Issuing Authority

  
MEMBER'S SIGNATURE

# Dr. Goyal's

## Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganeer Road, Jaipur-302019

Tele: 0141-2293346, 4049787, 9887049787

Website: www.drgoyalpathlab.com | E-mail: drgoyalpiyush@gmail.com



MC - 2300



Date :- 23/10/2021 09:57:27

NAME :- Mr. SANJEEV KUMAR

Sex / Age :- Male 35 Yrs 9 Mon 11 Days

Company :- MediWheel

Patient ID :- 122124850

Ref. By Dr:- BOB

Lab/Hosp :-

Sample Type :- EDTA

Sample Collected Time 23/10/2021 10:08:23

Final Authentication : 23/10/2021 14:02:36

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>HAEMOGARAM</b>			
HAEMOGLOBIN (Hb)	15.2	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	4.73	/cumm	4.00 - 10.00
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	41.1	%	40.0 - 80.0
LYMPHOCYTE	47.9 H	%	20.0 - 40.0
EOSINOPHIL	6.0	%	1.0 - 6.0
MONOCYTE	4.8	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	1.95	10 <sup>3</sup> /uL	1.50 - 7.00
LYMPH#	2.27	10 <sup>3</sup> /uL	1.00 - 3.70
EO#	0.37	10 <sup>3</sup> /uL	0.00 - 0.40
MONO#	0.13	10 <sup>3</sup> /uL	0.00 - 0.70
BASO#	0.01	10 <sup>3</sup> /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	5.32	x10 <sup>6</sup> /uL	4.50 - 5.50
HEMATOCRIT (HCT)	46.20	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	86.8	fL	83.0 - 101.0
MEAN CORP HB (MCH)	28.7	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	33.0	g/dL	31.5 - 34.5
<b>PLATELET COUNT</b>	227	x10 <sup>3</sup> /uL	150 - 410
RDW-CV	14.0	%	11.6 - 14.0
MENTZER INDEX	16.32		

The Mentzer index is used to differentiate iron deficiency anemia from beta thalassemia trait. If a CBC indicates microcytic anemia, these are two of the most likely causes, making it necessary to distinguish between them.

If the quotient of the mean corpuscular volume divided by the red blood cell count is less than 13, thalassemia is more likely. If the result is greater than 13, then iron-deficiency anemia is more likely.

Technologist

MUKESH SINGH

Dr. Chandrika Gupta  
MBBS.MD ( Path )  
RMC NO. 21021/008037

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### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Erythrocyte Sedimentation Rate (ESR)</b>	10	mm/hr.	00 - 13

(ESR) Methodology : Measurement of ESR by cells aggregation.

Instrument Name : Independent form Hematocrit value by Automated Analyzer (Roller-20)

Interpretation : ESR test is a non-specific indicator of inflammatory disease and abnormal protein states.

The test is used to detect, follow course of a certain disease (e.g-tuberculosis, rheumatic fever, myocardial infarction). Levels are higher in pregnancy due to hyperfibrinogenaemia.

The "3-figure ESR"  $\times > 100$  value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia or connective tissue disease. (CBC) Methodology: FLC, DLC, Fluorescent Flow cytometry, HB, SLS method, TRBC, PCV, PLT Hydrodynamically focused Impedance. and MCH, MCV, MCHC, MENTZER INDEX are calculated. Instrument Name: Sysmex 6 part fully automatic analyzer XN-L, Japan

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Page No: 3 of 14

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### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>BOB PACKAGE &lt; 40MALE</b>			
<b>GLYCOSYLATED HEMOGLOBIN (HbA1C)</b> Method:- HPLC	5.9	%	Non-diabetic: < 5.7 Pre-diabetics: 5.7-6.4 Diabetics: = 6.5 or higher ADA Target: 7.0 Action suggested: > 6.5

Instrument name: ARKRAY's ADAMS Lite HA 8380V, JAPAN.

#### Test Interpretation:

HbA1C is formed by the condensation of glucose with n-terminal valine residue of each beta chain of HbA to form an unstable schiff base. It is the major fraction, constituting approximately 80% of HbA1c. Formation of glycated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of the red blood cells (RBC) (120 days) and the blood glucose concentration. The GHb concentration represents the integrated values for glucose over the period of 6 to 8 weeks. GHb values are free of day to day glucose fluctuations and are unaffected by recent exercise or food ingestion. Concentration of plasma glucose concentration in GHb depends on the time interval, with more recent values providing a larger contribution than earlier values. The interpretation of GHb depends on RBC having a normal life span. Patients with hemolytic disease or other conditions with shortened RBC survival exhibit a substantial reduction of GHb. High GHb have been reported in iron deficiency anemia. GHb has been firmly established as an index of long term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. The absolute risk of retinopathy and nephropathy are directly proportional to the mean of HbA1C. Genetic variants (e.g. HbS trait, HbC trait), elevated HbF and chemically modified derivatives of hemoglobin can affect the accuracy of HbA1c measurements. The effects vary depending on the specific Hb variant or derivative and the specific HbA1c method.

Ref by ADA 2020

<b>MEAN PLASMA GLUCOSE</b> Method:- Calculated Parameter	116	mg/dL	Non Diabetic < 100 mg/dL Prediabetic 100- 125 mg/dL Diabetic 126 mg/dL or Higher
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Sample Type :- EDTA, PLAIN/SERUM, URINE, Sputum Collected Time 23/10/2021 10:08:23 Final Authentication : 23/10/2021 14:56:40

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUP ABO	"AB" POSITIVE		
BLOOD GROUP ABO Methodology : Haemagglutination reaction Kit Name : Monoclonal agglutinating antibodies (Span clone)			
URINE SUGAR (FASTING) Collected Sample Received	Nil		Nil
URINE SUGAR PP Collected Sample Received	Nil		Nil
BLOOD UREA NITROGEN (BUN)	10.2	mg/dl	0.0 - 23.0

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

Technologist

CMKUMAWAT, JITENDRAKUMAWAT, MUKESH SINGH

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Sample Type :- KOx/Na FLUORIDE-F, KOx/Na FLUORIDE-F, DMH/23/10/2021 13:41:58

Final Authentication : 23/10/2021 15:08:05

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP	105.4	mg/dl	75.0 - 115.0
Impaired glucose tolerance (IGT)	111 - 125 mg/dL		
Diabetes Mellitus (DM)	> 126 mg/dL		
<p><b>Instrument Name:</b> Randox Rx Imola <b>Interpretation:</b> Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases.</p>			
BLOOD SUGAR PP (Plasma) Method:- GOD PAP	112.1	mg/dl	70.0 - 140.0
<p><b>Instrument Name:</b> Randox Rx Imola <b>Interpretation:</b> Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases.</p>			
SERUM CREATININE Method:- Colorimetric Method	0.99	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	4.40	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

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### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	212.95 H	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	167.09 H	mg/dl	Normal <150 Borderline high 150-199 High 200-499
VLDL CHOLESTEROL Method:- Calculated	33.42	mg/dl	Very high >500 0.00 - 80.00

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### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	62.97	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	122.13	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	3.38		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	1.94		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	667.93	mg/dl	400.00 - 1000.00
TOTAL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders			
TRIGLYCERIDES InstrumentName:Randox Rx Imola Interpretation: Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction			
DIRECT HDLCHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies. Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.			
DIRECT LDL-CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Accurate measurement of LDL-Cholesterol is of vital importance in therapies which focus on lipid reduction to prevent atherosclerosis or reduce its progress and to avoid plaque rupture			
TOTAL LIPID AND VLDL ARE CALCULATED			

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### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIVER PROFILE WITH GGT</b>			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.54	mg/dl	Up to - 1.0 Cord blood <2 mg/dL Premature < 6 days <16mg/dL Full-term < 6 days= 12 mg/dL 1month - <12 months <2 mg/dL 1-19 years <1.5 mg/dL Adult - Up to - 1.2 Ref-(ACCP 2020)
SGOT Method:- IFCC	34.5	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	43.8 H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	53.80	IU/L	30.00 - 120.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.74	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.57	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	3.17	gm/dl	2.20 - 3.50
A/G RATIO	1.44		1.30 - 2.50

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### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.16	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month :- <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.38	mg/dl	0.30-0.70
SERUM GAMMA GT Method:- IFCC	44.10	U/L	11.00 - 50.00

**Total Bilirubin/Methodology:** Colorimetric method **InstrumentName:** Randox Rx Imola **Interpretation:** An increase in bilirubin concentration in the serum occurs in toxic or infectious diseases of the liver e.g. hepatitis B or obstruction of the bile duct and in these incompatible babies High levels of unconjugated bilirubin indicate that too much haemoglobin is being destroyed or that the liver is not actively treating the haemoglobin it is receiving.

**AST Aspartate Aminotransferase Methodology:** IFCC **InstrumentName:** Randox Rx Imola **Interpretation:** Elevated levels of AST can signal myocardial infarction, hepatic disease, muscular dystrophy and organ damage. Although heart muscle is found to have the most activity of the enzyme, significant activity has also been seen in the brain, liver, gastric mucosa, adipose tissue and kidneys of humans.

**ALT Alanine Aminotransferase Methodology:** IFCC **InstrumentName:** Randox Rx Imola **Interpretation:** The enzyme ALT has been found to be in highest concentrations in the liver, with decreasing concentrations found in kidney, heart, skeletal muscle, pancreas, spleen and lung tissue respectively. Elevated levels of the transaminases can indicate myocardial infarction, hepatic disease, muscular dystrophy and organ damage.

**Alkaline Phosphatase Methodology:** AMP Buffer **InstrumentName:** Randox Rx Imola **Interpretation:** Measurements of alkaline phosphatase are of use in the diagnosis, treatment and investigation of hepatobiliary disease and in bone disease associated with increased osteoblastic activity. Alkaline phosphatase is also used in the diagnosis of parathyroid and intestinal disease.

**TOTAL PROTEIN Methodology:** Biuret Reagent **InstrumentName:** Randox Rx Imola **Interpretation:** Measurements obtained by this method are used in the diagnosis and treatment of a variety of diseases involving the liver, kidney and bone marrow as well as other metabolic or nutritional disorders.

**ALBUMIN (ALB) Methodology:** Bromocresol Green **InstrumentName:** Randox Rx Imola **Interpretation:** Albumin measurements are used in the diagnosis and treatment of numerous diseases involving primarily the liver or kidneys. Globulin & A/G ratio is calculated.

**InstrumentName:** Randox Rx Imola **Interpretation:** Elevations in GGT levels are seen earlier and more pronounced than those with other liver enzymes in cases of obstructive jaundice and metastatic neoplasms. It may reach 5 to 30 times normal levels in intra- or post-hepatic biliary obstruction. Only moderate elevations in the enzyme level (2 to 5 times normal) are observed with infectious hepatitis.

Technologist

JITENDRAKUMAWAT

Page No: 7 of 14

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### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
<b>TOTAL THYROID PROFILE</b>			
SERUM TSH Method:- Enhanced Chemiluminescence Immunoassay	5.280 H	$\mu\text{IU/mL}$	0.465 - 4.680

Technologist

ANANDSHARMA

Page No: 8 of 14

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### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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SERUM TOTAL T3

1.000

ng/ml

0.970 - 1.690

Method:- Chemiluminescence(Competitive immunoassay)

SERUM TOTAL T4

7.510

ug/dl

5.530 - 11.000

Method:- Chemiluminescence(Competitive immunoassay)

**InstrumentName:** VITROS ECI **Interpretation:** Triiodothyronine (T3) contributes to the maintenance of the euthyroid state. A decrease in T3 concentration of up to 50% occurs in a variety of clinical situations, including acute and chronic disease. Although T3 results alone cannot be used to diagnose hypothyroidism, T3 concentration may be more sensitive than thyroxine (T4) for hyperthyroidism. Consequently, the total T3 assay can be used in conjunction with other assays to aid in the differential diagnosis of thyroid disease. T3 concentrations may be altered in some conditions, such as pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, Free T3 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake, or T4 uptake can be used with the total T3 result to calculate the free T3 index and estimate the concentration of free T3.

**InstrumentName:** VITROS ECI **Interpretation:** The measurement of Total T4 aids in the differential diagnosis of thyroid disease. While >99.9% of T4 is protein-bound, primarily to thyroxine-binding globulin (TBG), it is the free fraction that is biologically active. In most patients, the total T4 concentration is a good indicator of thyroid status. T4 concentrations may be altered in some conditions, such as pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, free T4 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake may be used with the total T4 result to calculate the free T4 index (FT4I) and estimate the concentration of free T4. Some drugs and some nonthyroidal patient conditions are known to alter TT4 concentrations in vivo.

**InstrumentName:** VITROS ECI **Interpretation:** TSH stimulates the production of thyroxine (T4) and triiodothyronine (T3) by the thyroid gland. The diagnosis of overt hypothyroidism by the finding of a low total T4 or free T4 concentration is readily confirmed by a raised TSH concentration. Measurement of low or undetectable TSH concentrations may assist the diagnosis of hyperthyroidism, where concentrations of T4 and T3 are elevated and TSH secretion is suppressed. These have the advantage of discriminating between the concentrations of TSH observed in thyrotoxicosis, compared with the low, but detectable, concentrations that occur in subclinical hyperthyroidism. The performance of this assay has not been established for neonatal specimens. Some drugs and some nonthyroidal patient conditions are known to alter TSH concentrations in vivo.

### INTERPRETATION

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL (As per American Thyroid Association)
1st Trimester	0.10-2.50
2nd Trimester	0.20-3.00
3rd Trimester	0.30-3.00

Technologist

ANANDSHARMA

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### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b><u>PHYSICAL EXAMINATION</u></b>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<b><u>CHEMICAL EXAMINATION</u></b>			
REACTION(PH)	6.0		5.0 - 7.5
SPECIFIC GRAVITY	1.025		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE

Technologist

CMKUMAWAT

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Lab/Hosp :-

Sample Type :- URINE

Sample Collected Time 23/10/2021 10:08:23

Final Authentication : 23/10/2021 11:56:14

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Urine Routine</b>			
<b><u>MICROSCOPY EXAMINATION</u></b>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	2-3	/HPF	2-3
CRYSTALS/HPF	ABSENT		ABSENT
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL	ABSENT		ABSENT
OTHER	ABSENT		ABSENT

Technologist

CMKUMAWAT

Page No: 10 of 14

**Dr. Chandrika Gupta**  
MBBS.MD ( Path )  
RMC NO. 21021/008037

# Dr. Goyal's

## Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur  
Tele : 0141-2293345, 4049787, 9887049787  
Website : www.drgoyalspathlab.com | E-mail : drgoyalpiyush@gmail.com



Date :- 23/10/2021 09:57:27  
**NAME :- Mr. SANJEEV KUMAR**  
Sex / Age :- Male 35 Yrs 9 Mon 11 Days  
Company :- MediWheel

Patient ID :- 122124850  
Ref. By Doctor :- BOB  
Lab/Hosp :-

Final Authentication : 23/10/2021 13:46:08

BOB PACKAGE < 40MALE

### USG WHOLE ABDOMEN

**Liver** is of normal size. Echo-texture is normal. No focal space occupying lesion is seen within liver parenchyma. Intra hepatic biliary channels are not dilated. Portal vein diameter is normal.

**Gall bladder** is of normal size. Wall is not thickened. No calculus or mass lesion is seen in gall bladder. Common bile duct is not dilated.

**Pancreas** is of normal size and contour. Echo-pattern is normal. No focal lesion is seen within pancreas.

**Spleen** is of normal size and shape. Echotexture is normal. No focal lesion is seen.

**Kidneys** are normally sited and are of normal size and shape. Cortico-medullary echoes are normal. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

**Urinary bladder** is well distended and showing smooth wall with normal thickness. Urinary bladder does not show any calculus or mass lesion.

**Prostate** is normal in size with normal echo-texture and outline.

No enlarged nodes are visualised. No retro-peritoneal lesion is identified  
Great vessels appear normal. No significant free fluid is seen in peritoneal cavity.

#### IMPRESSION:

Normal study

Needs clinical correlation for further evaluation

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

Page No: 1 of 1

BILAL

Dr. Piyush Goyal  
M.B.B.S., D.M.R.D.  
RMC Reg No. 017996

Dr. Poonam Gupta  
MBBS, MD (Radio Diagnosis)  
RMC No. 32495

Dr. Uma Mathuria  
MBBS, MD (Radio Diagnosis)  
RMC No. 22541

Dr. Hitesh Kumar Sharma  
M.B.B.S., D.M.R.D.  
RMC Reg No. 27380

Transcript by.

# Dr. Goyal's

## HEALTHCARE PVT. LTD.

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur  
Tele : 0141-2293346, 4049787, 9887049787  
Website : www.drgoyalpathlab.com | E-mail : drgoyalpiyush@gmail.com



NAME:	SANJEEV KUMAR	AGE	35 YRS
REF.BY	BOB	DATE	23/10/2021

### CHEST X RAY (PA VIEW)

Both lung fields appear clear.

Bilateral CP angle appears clear

Cardiothoracic ratio is normal

Both dome of diaphragm appear normal.

Thoracic soft tissue and skeletal system appear unremarkable.

#### IMPRESSION :

- No remarkable abnormality detected.

*Please correlate clinically and with related investigations may be more informative.*

**DR. AMAN MAMODIA**

**DMRD, DNB (Radio-diagnosis)**

**Consultant Radiologist**

**"Disclaimer : This report is provisional and needs medical history, it may be completely altered after receipt of the prior medical history of the patient"**

Dr. Piyush Goyal  
(D.M.R.D.)

Dr. Poonam Gupta  
MD (Radiodiagnosis)

Dr. Shankar Tejwani  
(M.D. Radiodiagnosis)

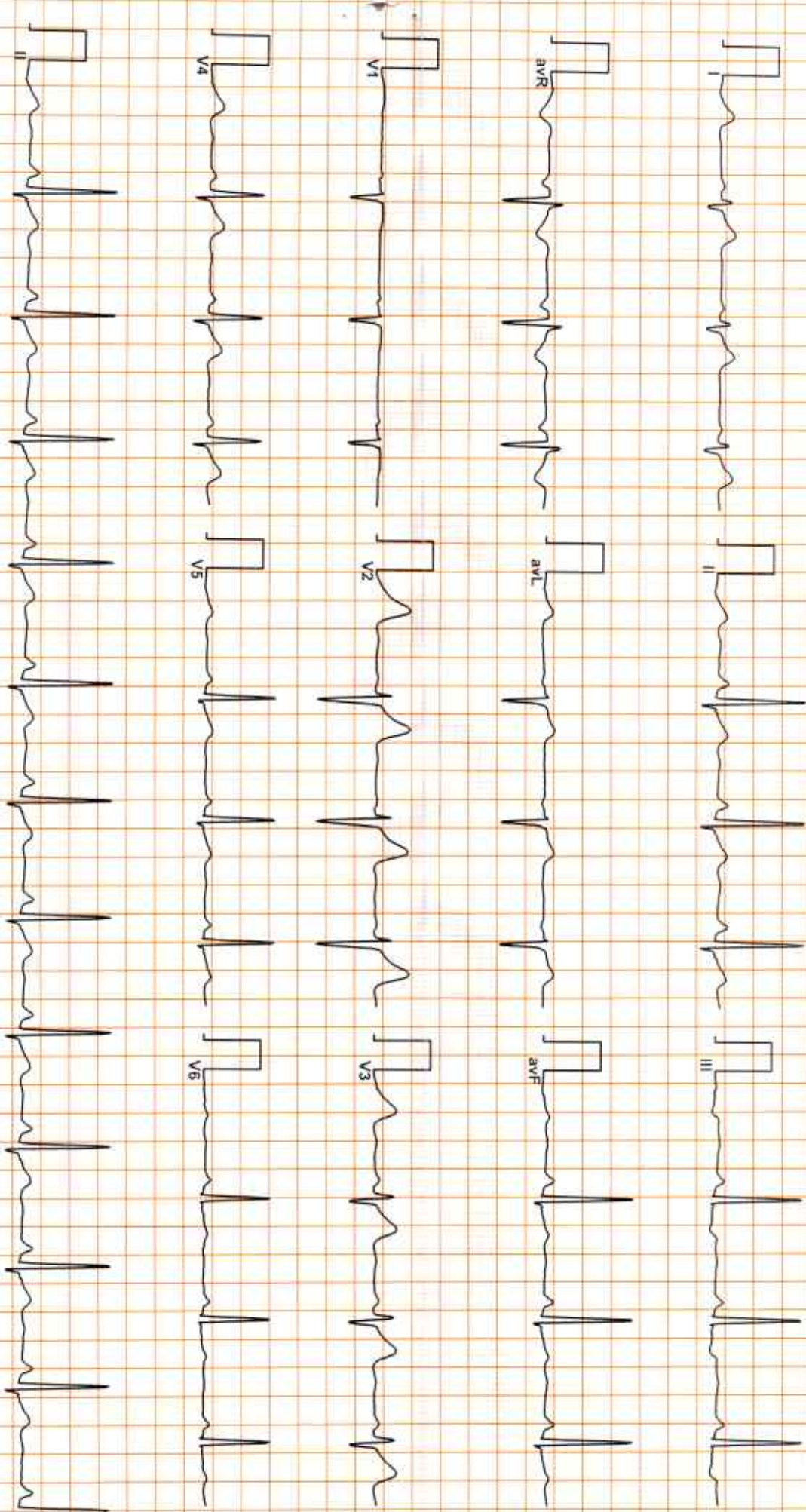
Dr. Uma Mathuria  
(M.D. Radiodiagnosis)

Dr. Rathod Heatali Amrutlal  
(M.D. Radiodiagnosis)





9397 / MR. SANJEEV KUMAR / 35 Yrs / M / Non Smoker  
Heart Rate : 72 bpm / / Refd By: BOB / Tested On : 23-Oct-21 11:38:52 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s



← Normal

Stage	Time	Duration	Belt Speed (mph)	Elevation	METS	Rate	BP	RPP	PVC	Comments
Supine	00:14	0:01	01.1	00.0	01.0	78	120/80	093	00	
Standing	00:31	0:01	01.1	00.0	01.0	120	120/80	144	00	
HV	00:40	0:01	01.1	00.0	01.0	096	120/80	115	00	
ExStart	01:02	0:06	01.7	10.0	01.1	124	120/80	148	00	
BRUCE Stage 1	04:02	3:00	01.7	10.0	04.7	115	120/80	138	00	
BRUCE Stage 2	07:02	3:00	02.5	12.0	07.1	135	130/82	175	00	
BRUCE Stage 3	10:02	3:00	03.4	14.0	10.2	164	130/82	213	00	
PeakEx	10:26	0:24	04.2	16.0	10.7	173	130/82	224	00	
Recovery	11:25	1:00	00.0	00.0	04.3	130	130/82	169	00	
Recovery	12:25	2:00	00.0	00.0	01.0	120	130/82	156	00	
Recovery	14:25	4:00	00.0	00.0	01.0	094	136/86	127	00	
Recovery	14:37	4:11	00.0	00.0	01.0	107	136/86	145	00	

**Findings :**

Exercise Time : 09:25  
 Max HR Attained : 173 bpm 94% of Target 185  
 Max BP Attained : 136/86  
 Max Workload Attained : 10.7 Good response to induced stress  
 Test End Reasons : Test Complete, Heart Rate Achieved

**Report :**

*Sanjeev Kumar*  
*BOB*

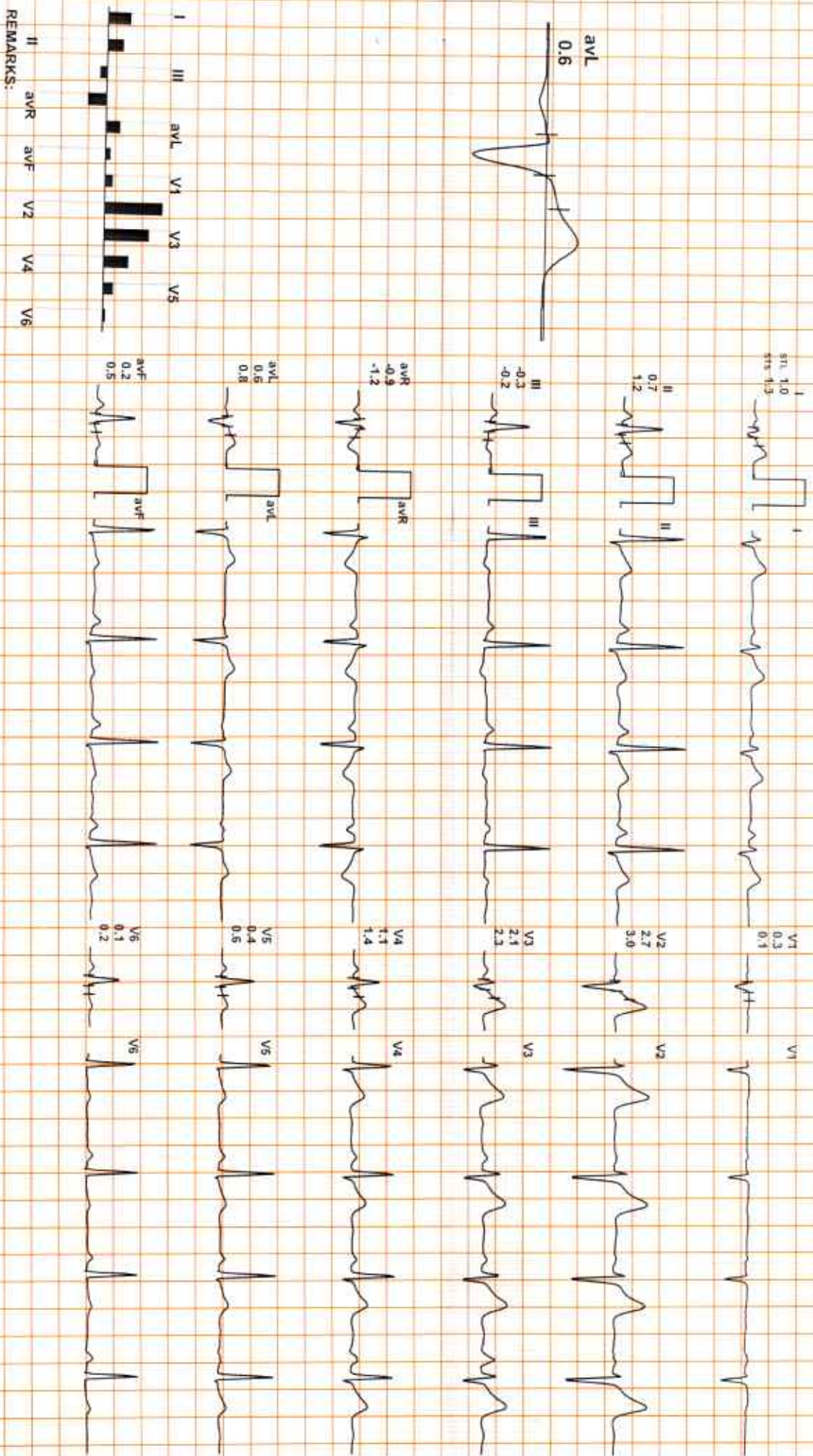


Date: 23-Oct-2021 11:40:01 AM METS: 1.0/ 78 bpm 42% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

4X

R0 MS Post J

ExTime: 00:14 1.1 mph. 0.0%  
25 mm/Sec. 1.0 Cm/mV



REMARKS:

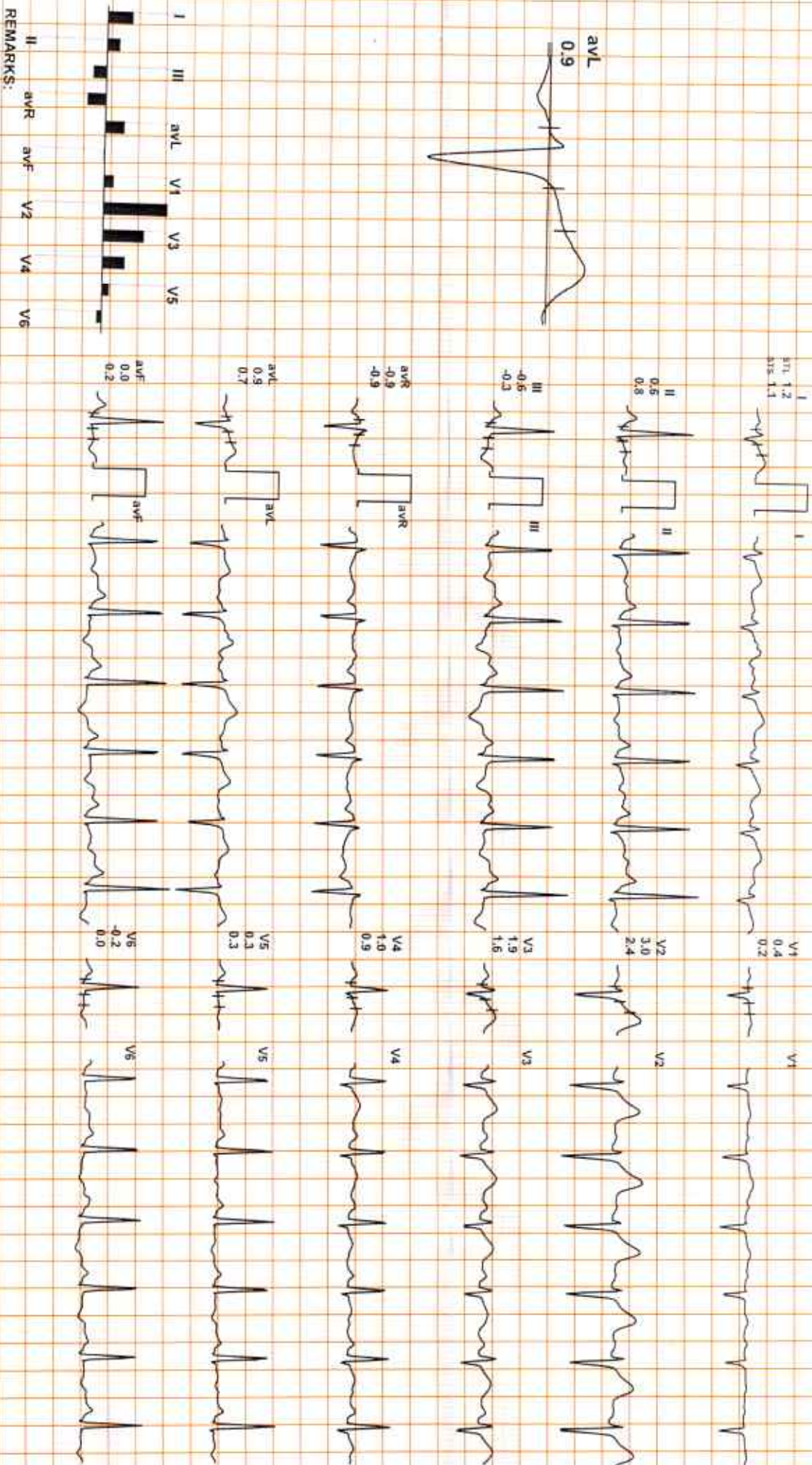
(SEM210151120)Gertini A-DX by Allengers

Date: 23-Oct-2023 11:40:01 AM METS: 1.0/ 120 bpm 64% of THR BP: 120/80 mmHg Raw ECG BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:31 1.1 mph 0.0%

4X 30 ms Post J

25 mm/Sec. 1.0 Cm/mV



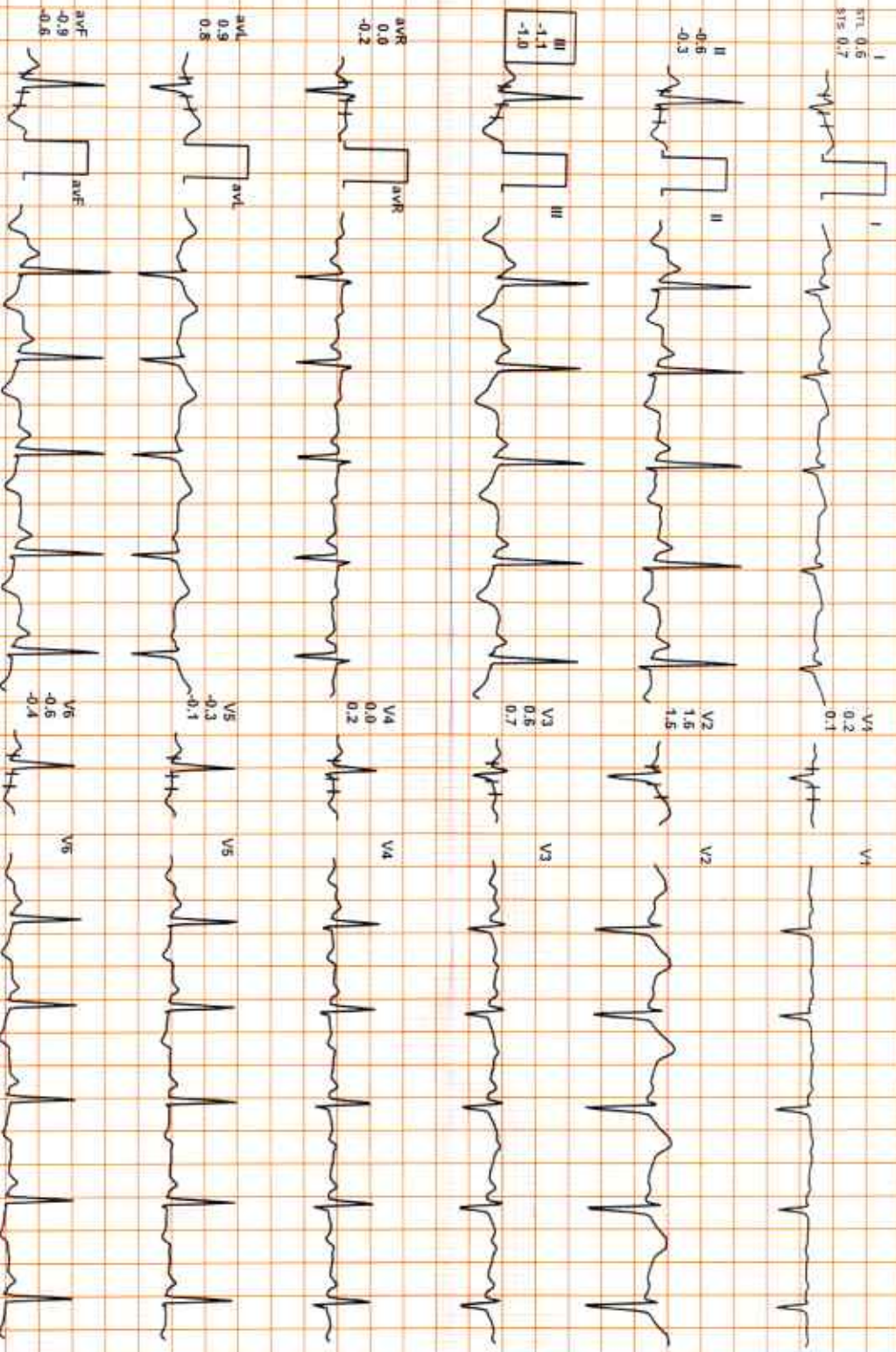
REMARKS:

(GEN21015/123)Semi A-DX by Allergies

Date: 23-Oct-2021 11:40:01 AM METS: 1.0/ 96 bpm 51% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Naigh On/ HF 0.05 Hz/LF 100 Hz

EXTime: 00:40 1.1 mph. 0.0% 25 mm/Sec. 1.0 Cm/mV

4X 80 ms Post J



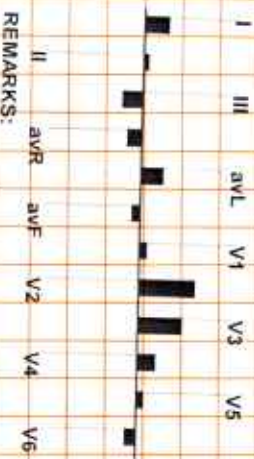
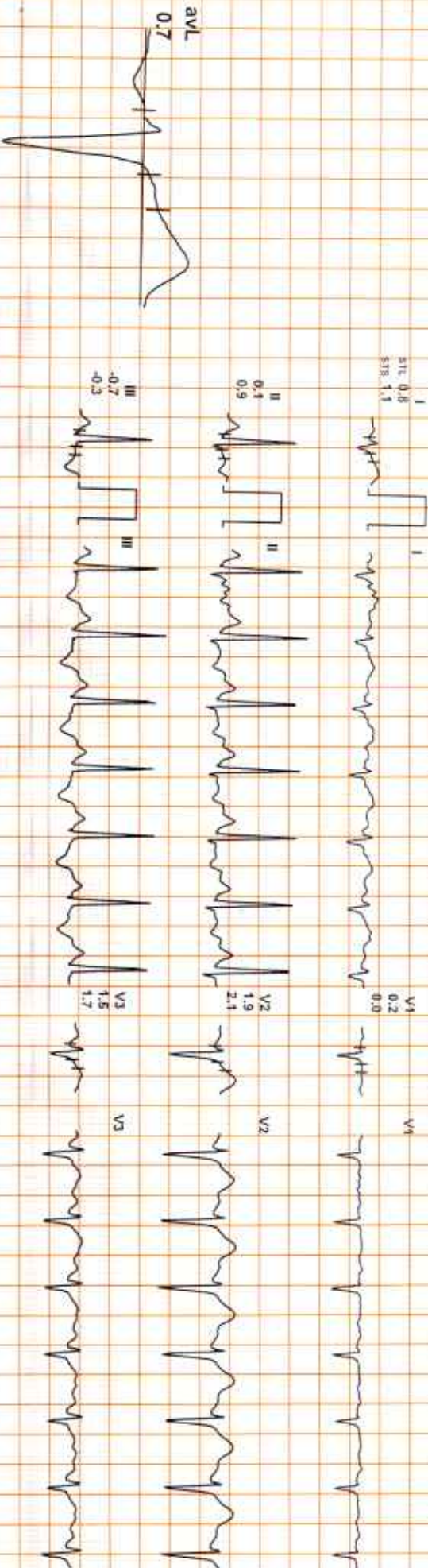
I III aVL V1 V3 V5  
II aVR aVF V2 V4 V6

REMARKS:

Date: 23-Oct-2021 11:40:01 AM METS: 1.1/ 124 bpm 67% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF: 0.05 Hz/ LF: 100 Hz

ExTime: 00:06 1.7 mph, 10.0%  
25 mm/Sec. 1.0 Cm/mV

4X 68 ms Post J



REMARKS:

Date: 23-Oct-2021 11:40:01 AM

METS: 4.7/ 115 bpm 62% of THR

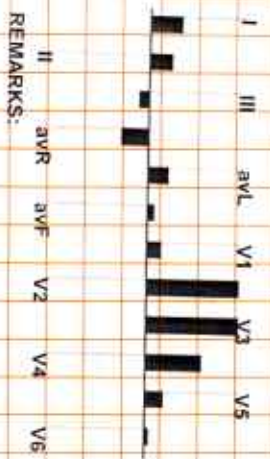
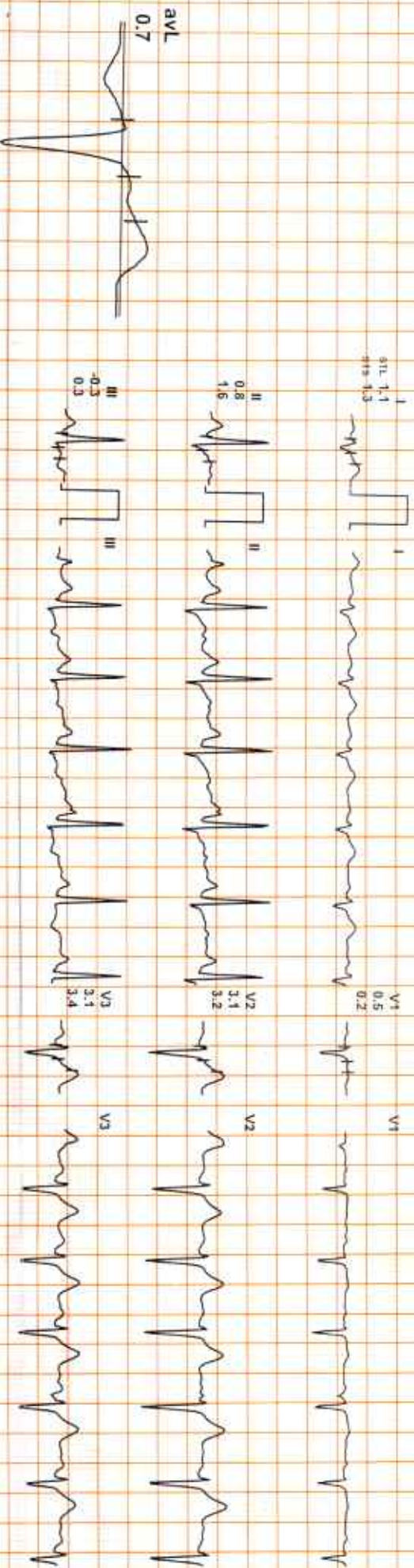
BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 100 Hz

ExTime: 03:00 1.7 mph, 10.0%

4X

80 ms Post J

25 mm/Sec. 1.0 ChmvV



REMARKS:



Date: 23-Oct-2021 11:40:01 AM

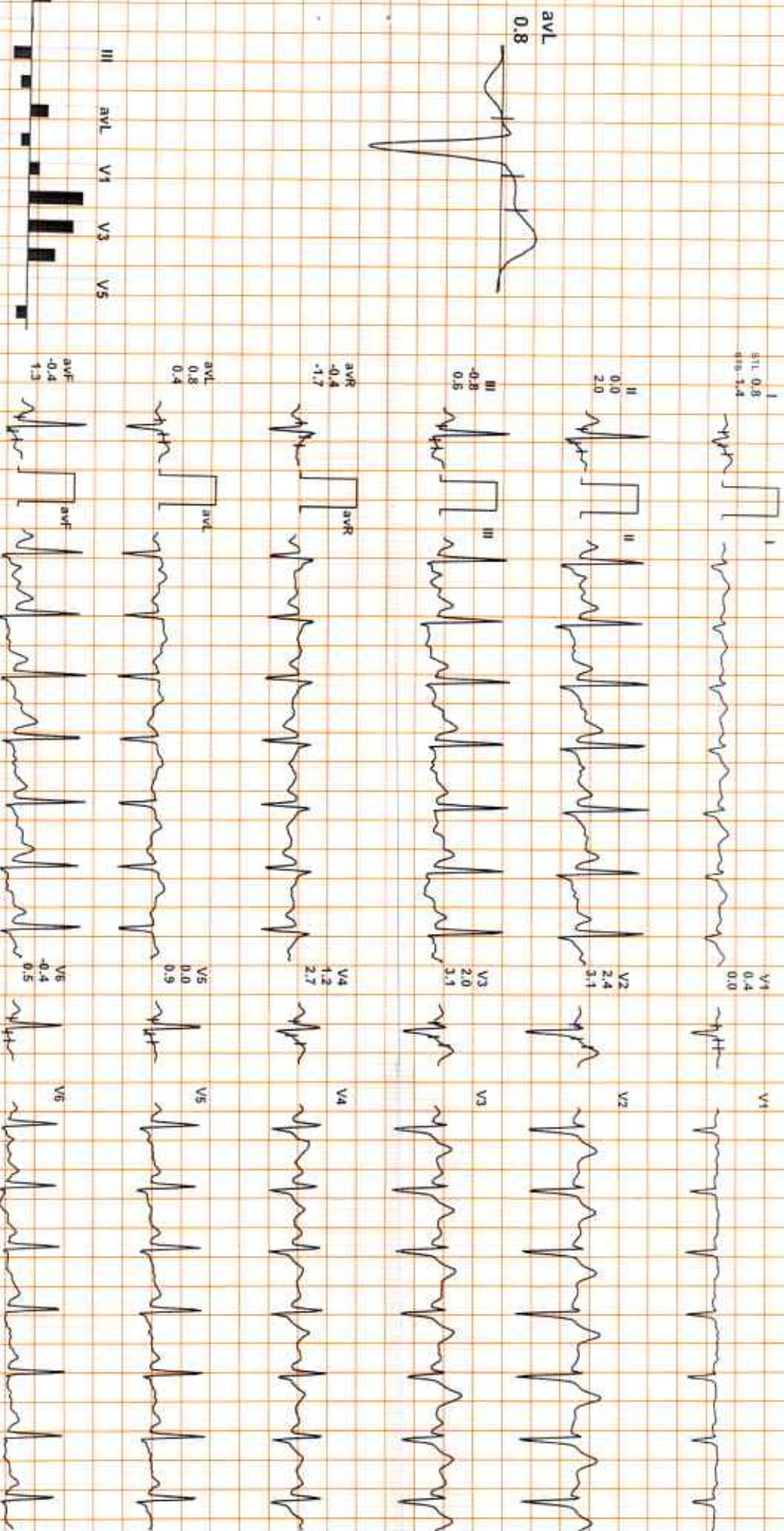
MEETS 7.1/ 135 bpm 72% of THR

BP: 130/82 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 06:00 2.5 mph, 12.0%

4X 60 ms Past J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

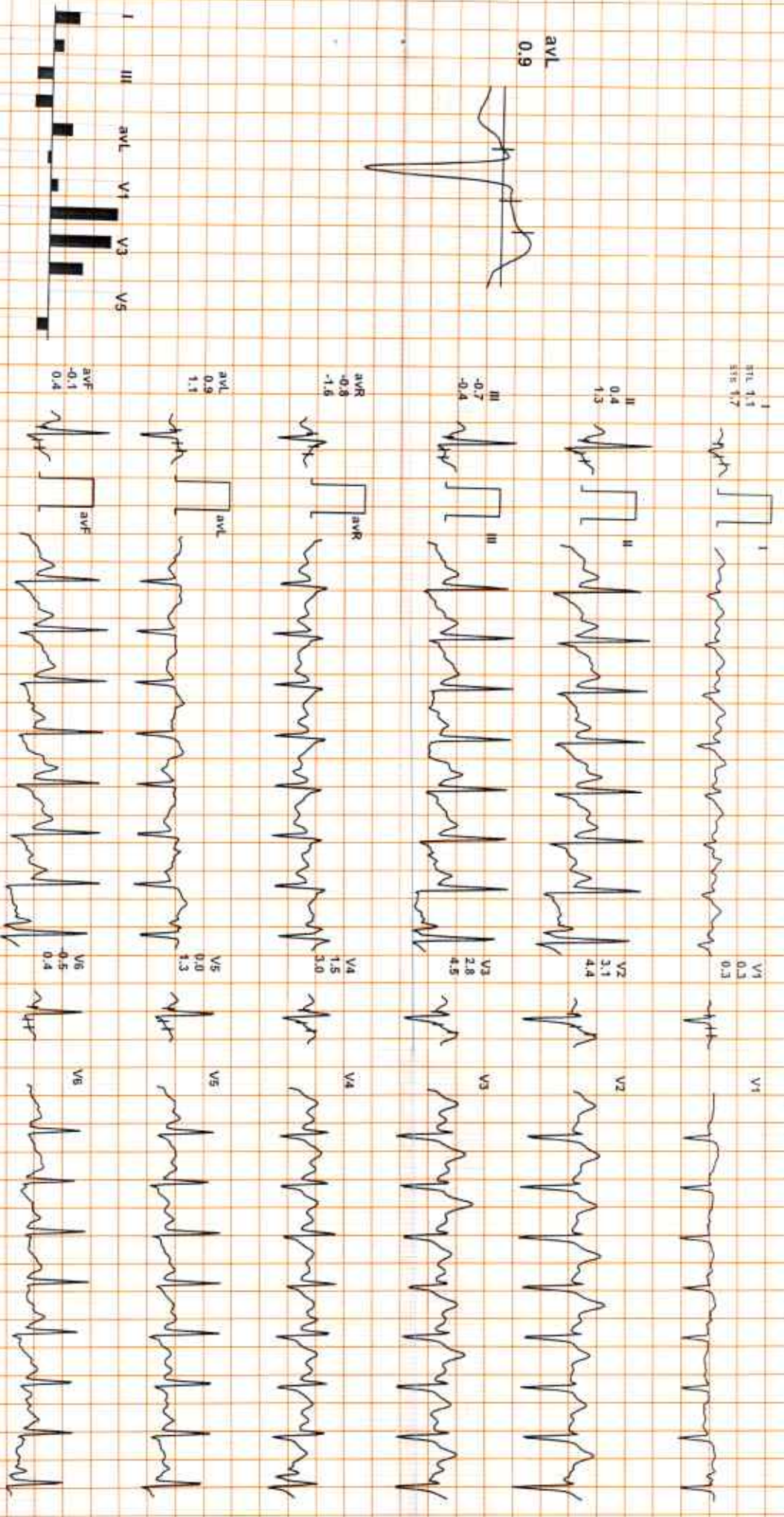
(GEM210151123)Gemini A-DX by Allergies



Date: 23-Oct-2021 11:40:01 AM METS: 10.2/ 164 bpm: 88% of THR BP: 130/82 mmHg Raw ECG/ BLC Om Notch On/ HF 0.05 Hz/ LF 100 Hz

4X 50 mS Post J

ExTime: 09:00 3.4 min, 14.0%  
25 mm/Sec. 1.0 Cm/mV



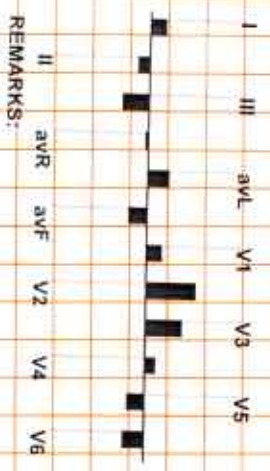
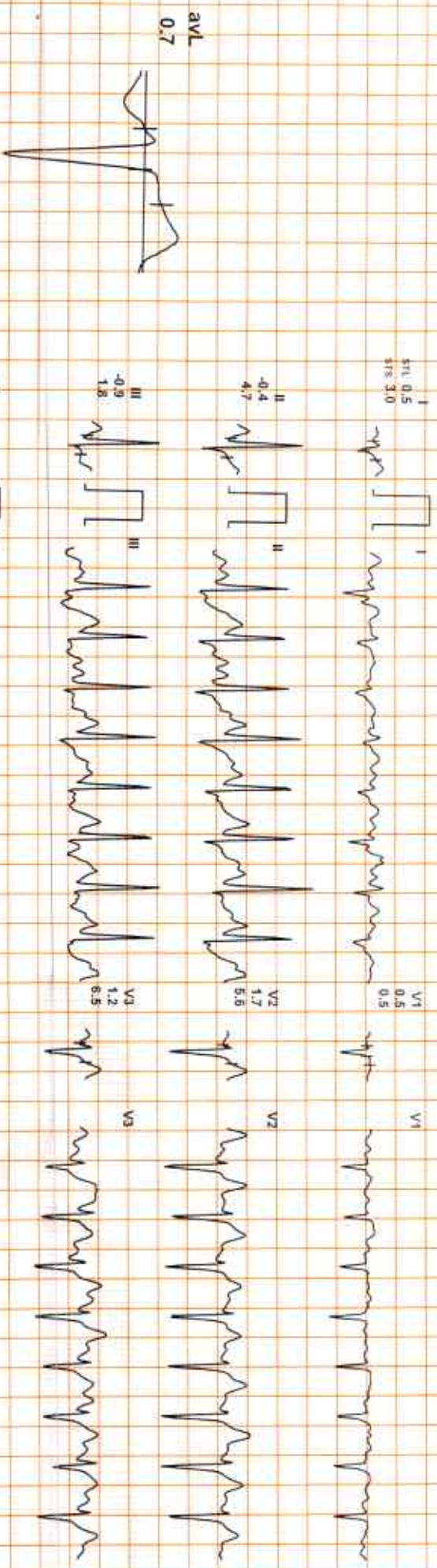
REMARKS: I II aVR aVL aVF V1 V2 V3 V4 V5 V6



Date: 23-Oct-2021 11:40:01 AM METS: 10.7/ 173 bpm 93% of THR BP: 130/82 mmHg Raw ECG/ BLC Onv Notch Onv HF 0.05 Hz/LF 100 Hz

4X 50 mS Post J

ExTime 09:24 4.2 mph, 15.0%  
25 mm/Sec. 1.0 Cm/mV



REMARKS:

Date: 23-Oct-2021 11:40:01 AM

METS: 4.3/ 130 bpm 70% of THR

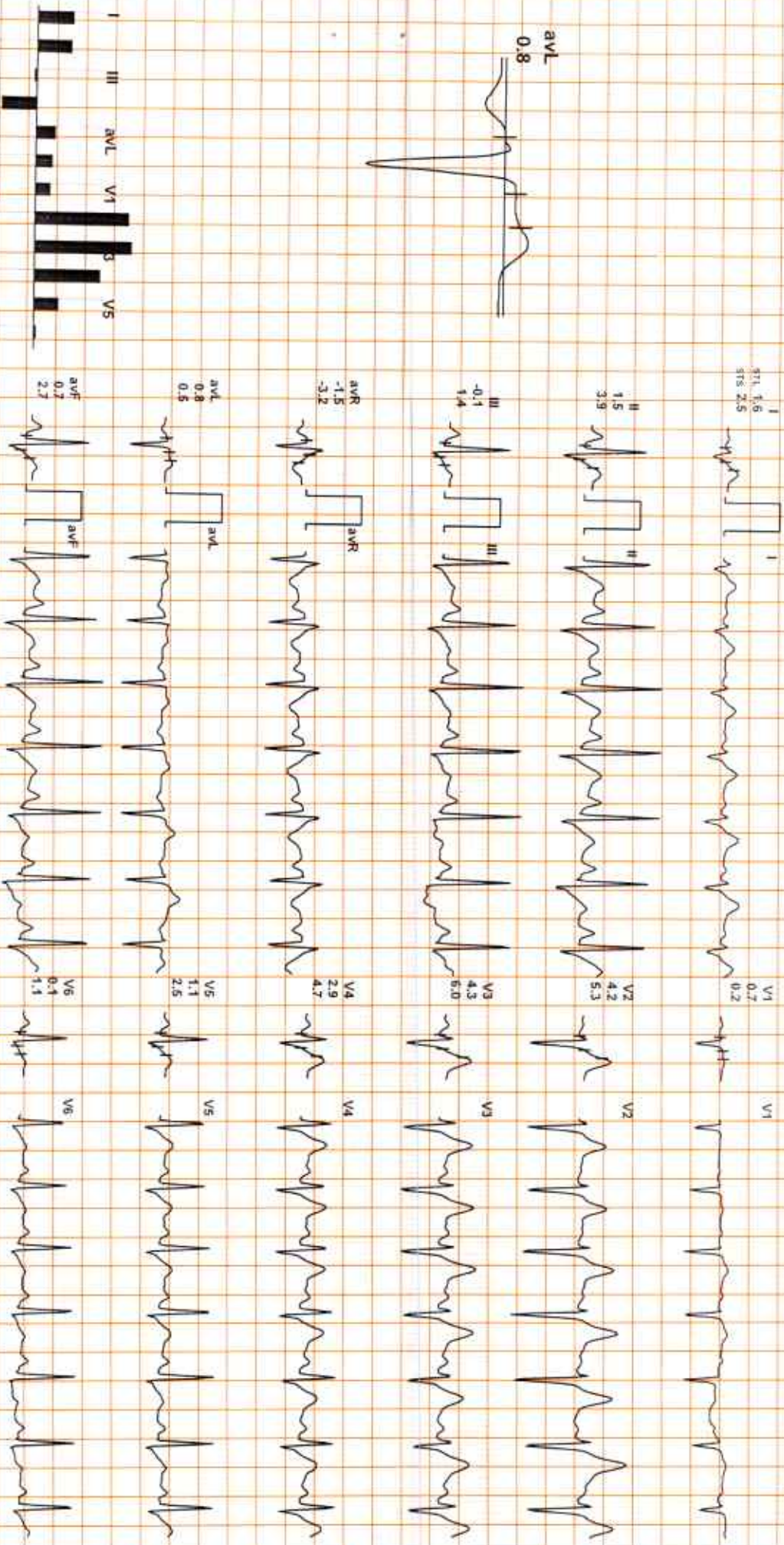
BP: 130/82 mmHg

Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 09:25 0.0 mph, 0.0%

4X 60 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS: II aVR aVF V2 V4 V6



Date: 23-Oct-2021 11:40:01 AM

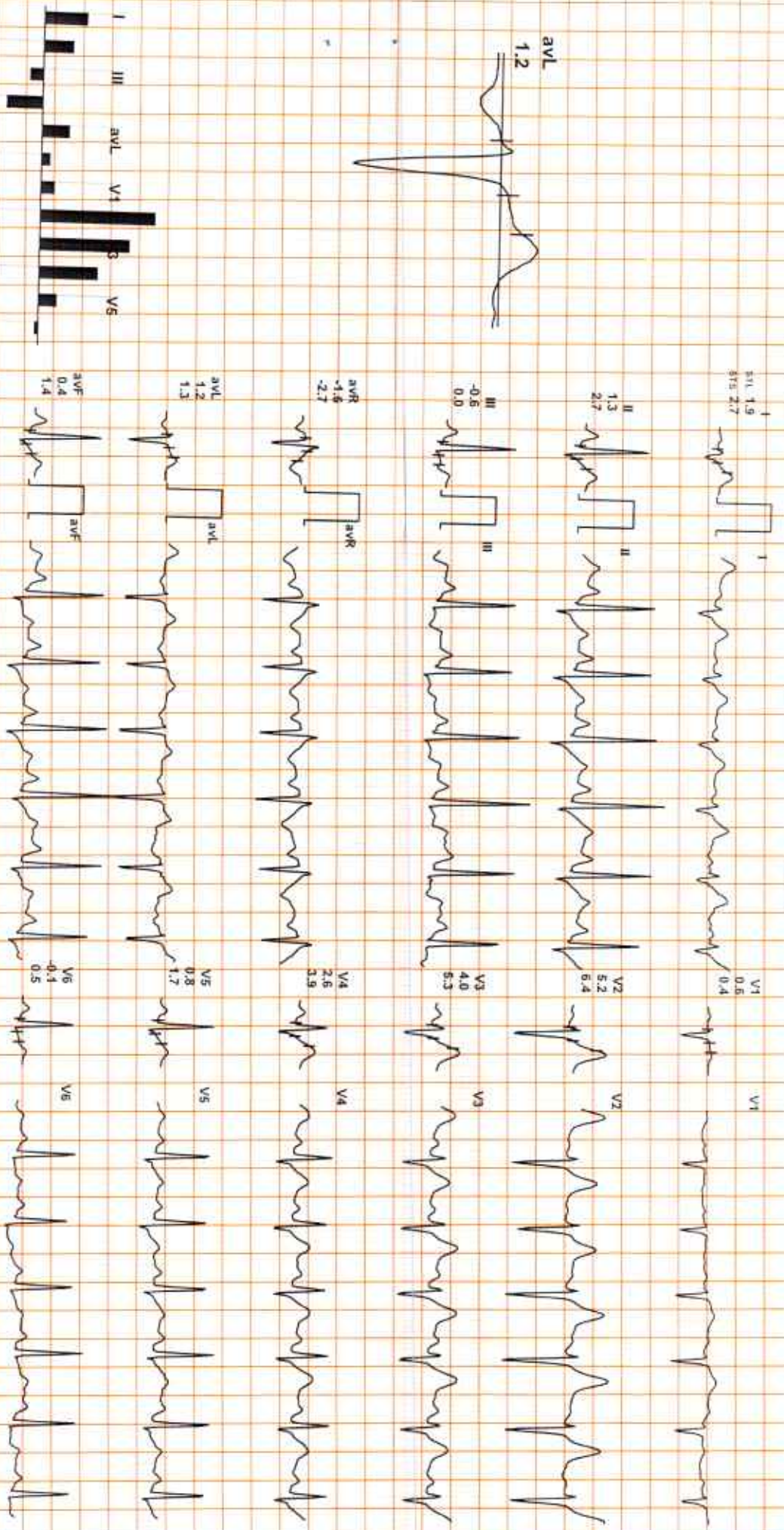
METS: 1.0/ 120 bpm 64% of THR

BP: 130/82 mmHg

Raw ECG/BLC On Notch On/ HF 0.05 Hz/ LF 100 Hz

4X 70 mS Post J

ExTime: 09:25 0.0 mph 0.0%  
25 min/Sec: 1.0 Cm/sV



REMARKS:

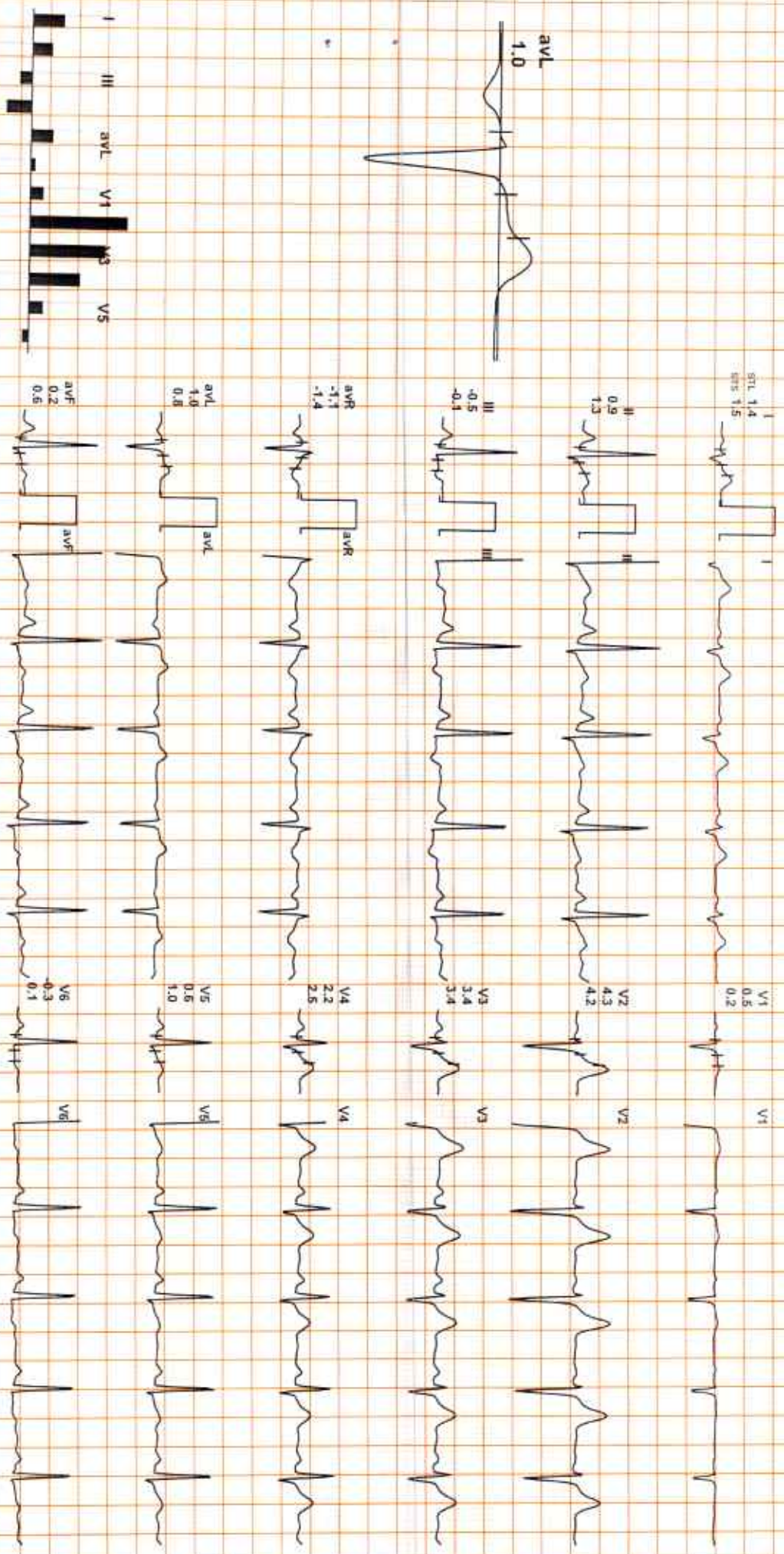


1406 / MR. SANJEEV KUMAR / 35 Yrs / M

Date: 23-Oct-2021 11:40:01 AM METS: 1.0/94 bpm 50% of THR BP: 136/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

4X 80 ms Post J

ExTime: 09:25 0.0 mph, 0.0%  
25 mm/Sec. 1.0 Cm/mV



REMARKS:  
II aVR aVF V2 V4 V6

Date: 23-Oct-2021 11:40:01 AM

METS: 1.0/ 107 bpm 57% of THR

BP: 136/66 mmHg

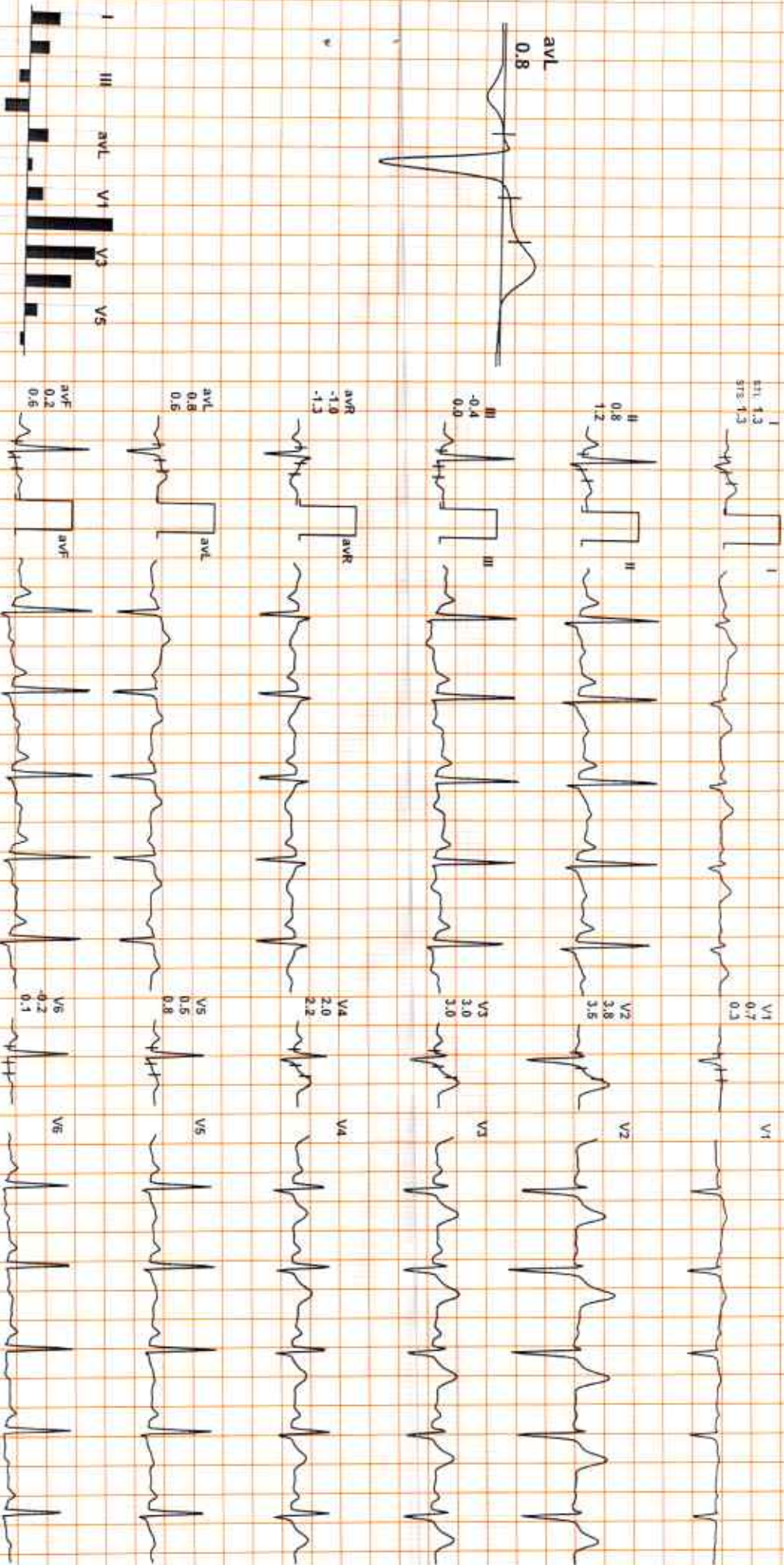
Raw ECG: BEC Onv Notch Onv HF 0.05 Hz/AF 100 Hz

4X

80 mS Post J

ExTime: 09:25 0.0 mpph 0.0%

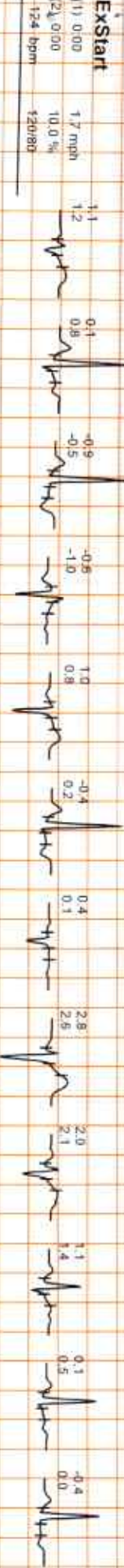
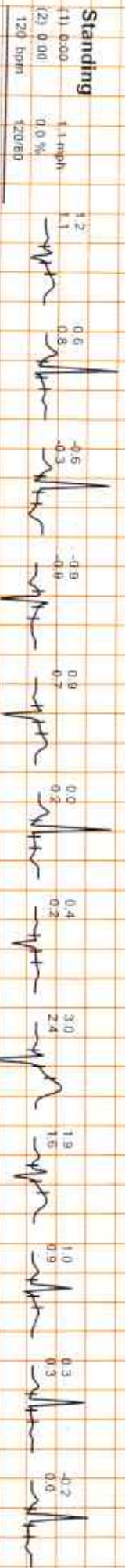
25 mm/Sec. 1.0 Cm/mV



REMARKS:



Date: 23-Oct-2021 11:40:01 AM I II III aVR aVL aVF V1 V2 V3 V4 V5 V6





Date: 23-Oct-2021 11:40:01 AM

