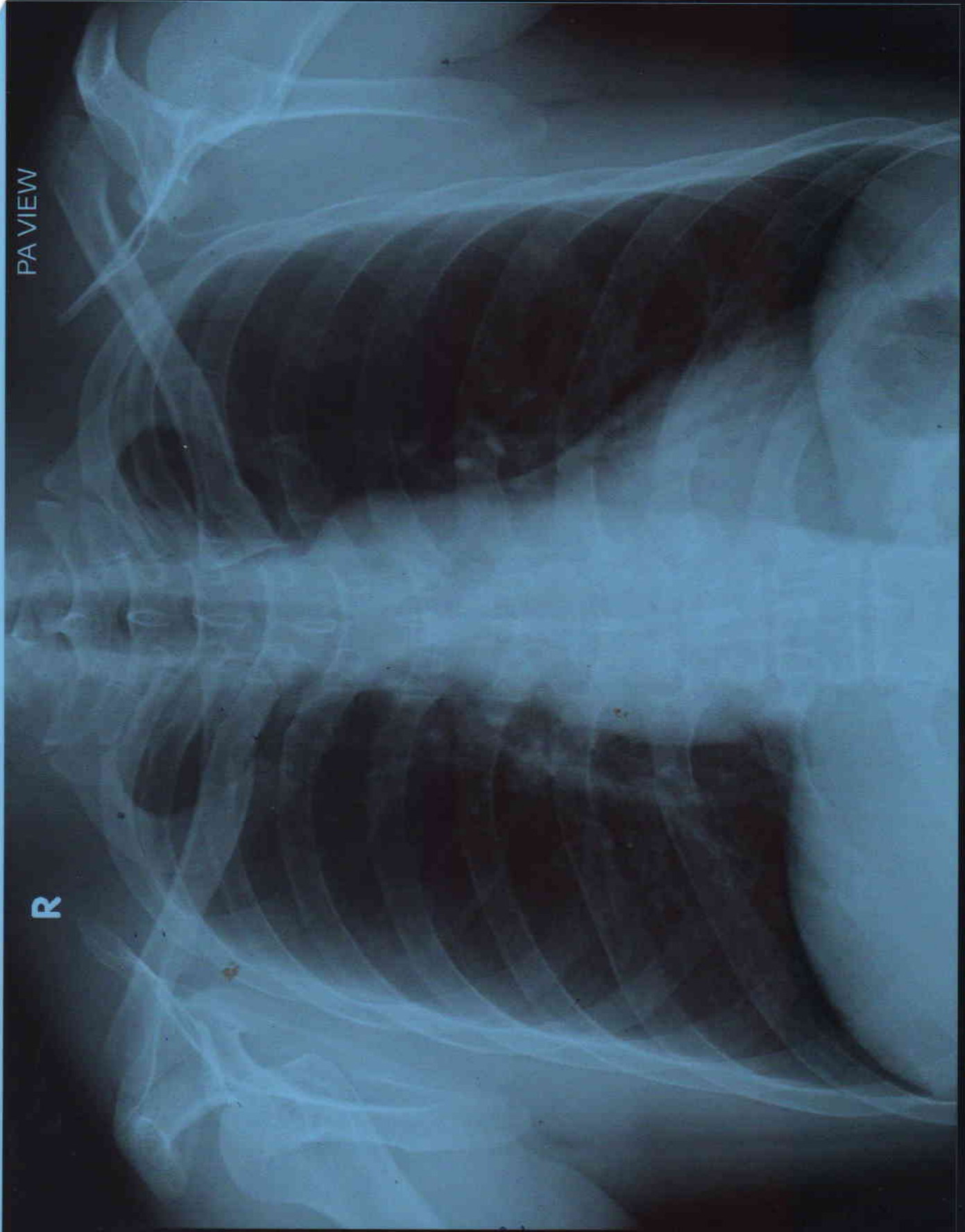


PA VIEW

R



Paper, No.

BARLA ALBINUS SANTOSH AGE 38Y/M MEDIWHEEL BER/202319238 CHEST PA VIEW 27/11/2023
BERLIN DIAGNOSTICS & DAY CARE, BARIATU ROAD, RANCHI.



PATIENT NAME	BARLA ALBINUS SANTOSH	PATIENT ID	BER/ 202319238
AGE	38 Y	SEX	Male
REF. PHY.	MEDIWHEEL	STUDY DATE	27-Nov-2023

X RAY CHEST PA VIEW

FINDINGS:

Both lung fields are clear.

Both costophrenic angles appear normal.

The tracheal lucency is centrally placed.

The mediastinal and diaphragmatic outlines appear normal.

The heart shadow is normal.

The bony thoracic cage and soft tissues are normal.

IMPRESSION:

- The study is within normal limits.

Dr Snehal Badjate
Consultant Radiologist
MBBS, DMRE
Regn No: 2014/20/0805

Dr Snehal Badjate
27th Nov 2023

Mr. Barla Albinus Santosh, Age- 38 Y/M

ID: 202319238

27 11 2023 9:43:32
BERLIN DIAGNOSTIC & DAY CARE
BARIATU
RANCHI

Location
Room
Order Number
Indication
Medication 1
Medication 2
Medication 3

62 bpm
-- / -- mmHg

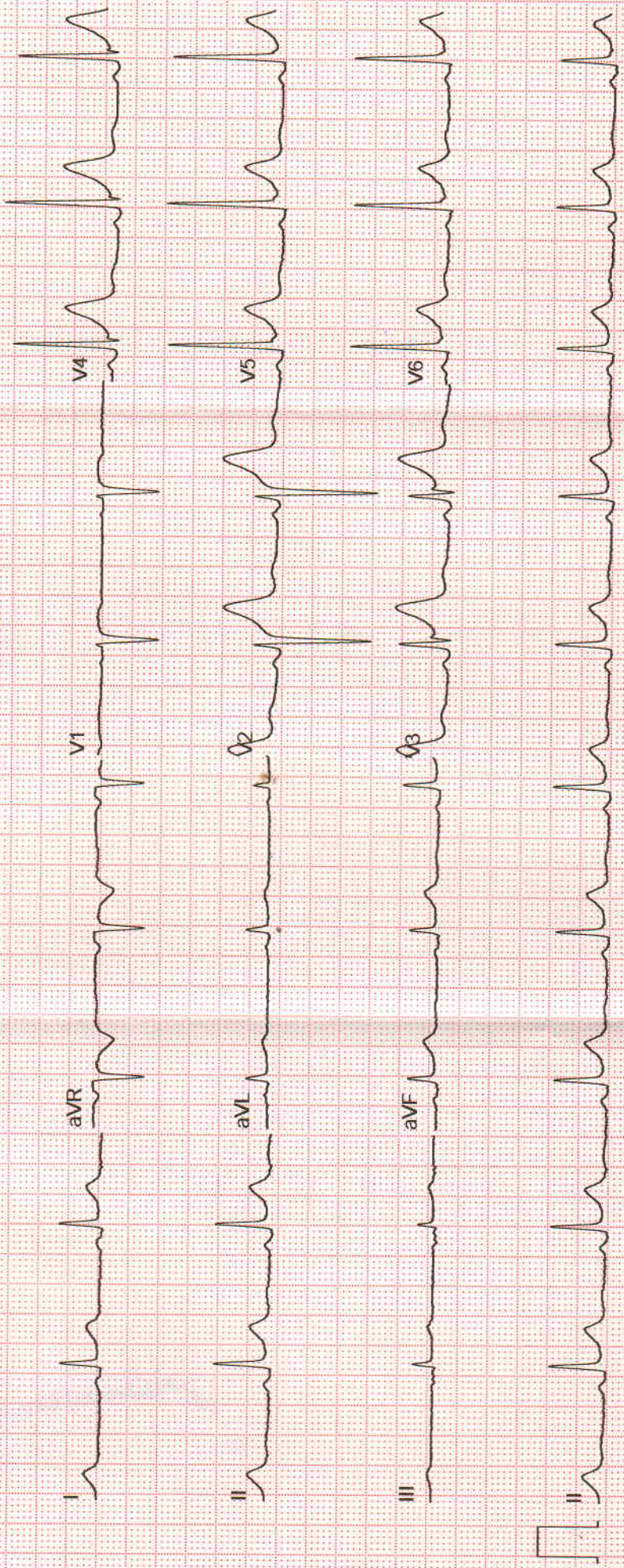
Normal sinus rhythm
Early repolarization
Normal ECG

QRS 90 ms
QT / QTcBaz 392 / 397 ms
PR 134 ms
P 96 ms
RR / PP 972 / 967 ms
P / QRS / T 31 / 48 / 46 degrees

Technician
Ordering Ph
Referring Ph
Attending Ph



Dr. Krishn Murari Prasad
MBBS, Dip. Cardiology






BERLIN DIAGNOSTICS & DAY CARE



Name : MR BARLA ALBINUS SANTOSH
 Age/Gender : 38 Years/Male
 Refer By :
 Wing : BERLIN GENERAL HOSPITAL RANCHI
 Client Name : BERLIN GENERAL HOSPITAL (CGHS)

Reg.No. : 
 231127QLBG011
 Reg.Date : 27-Nov-23 12:41 PM
 Received On : 27-Nov-23 12:41 PM
 Reported On : 27-Nov-23 02:38 PM

Test Particular	Result	Unit	Biological Reference Interval
Fasting Plasma Glucose Method: (By GOD-POD Method)	97	mg/dl	(65 - 110)
Serum Urea Nitrogen			
Serum Urea Method: GLDH,Kinetic Assay	34.3	mg/dl	Adult (17 - 43) New Born (8.4 - 25.8) Infant (10.8 - 38.4)
Serum Urea Nitrogen.	16.02804		(5 - 20)
Serum Creatinine Method: Modified Jaffe, Kinetic	1.1	mg/dl	Male: (0.72-1.18) Neonate : (0.26 - 1.01) Infant { 2months - less than 3 yrs } : (0.15 - 0.37) Children { 3 yrs - less than 15 yrs } : (0.24 - 0.73)
Serum Uric Acid Method: By uricase-Colorimetric	6.6	mg/dl	(3.5 - 8.5)
LIPID PROFILE :-			
Serum Triglyceride Method: (By Enzymatic,end point)	138	mg/dl	(< 150)
Serum Cholesterol Method: (By Oxidase, Esterase, Peroxidase)	130	mg/dl	(125 - 200)
Serum HDLc (Direct) Method: (By PTA/MgC12, Reflectance photometry)	32.5	mg/dl	(30 - 65)
Serum LDLc (Direct) Method: (By Direct Homogeneous, Spectrophotometry)	69.9	mg/dl	(85 - 150)
VLDL	27.6	mg/dl	(5 - 40)
LDL & HDL Ratio Method: (By Calculated)	2.15		(1.5 - 3.5)
Total Cholestrol & HDL Ratio Method: (By Calculated)	4.00		Low Risk(0 - 3) High Risk(5 - 10)



Scan To Verify

Print On : 27/11/23 15:29:10
 Print By : QLSR-BERLIN
 Print From: BERLIN GENERAL HOSPITAL RANCHI
 [BERLIN Ranchi]
 Supplied Sample

Richa Verma
Dr. Richa Verma
 MBBS, MD (Pathology)

P.T.O.



BERLIN DIAGNOSTICS & DAY CARE



Name : MR BARLA ALBINUS SANTOSH
 Age/Gender : 38 Years/Male
 Refer By :
 Wing : BERLIN GENERAL HOSPITAL RANCHI
 Client Name : BERLIN GENERAL HOSPITAL (CGHS)

Reg.No. : 
 231127QLBG011
 Reg.Date : 27-Nov-23 12:41 PM
 Received On : 27-Nov-23 12:41 PM
 Reported On : 27-Nov-23 02:38 PM

Test Particular	Result	Unit	Biological Reference Interval
LFT :-			
Serum Bilirubin (Total) Method: (By Diphylline, Diazonium Salt)	1.62	mg/dl	(0.2 - 1.3)
Serum Bilirubin (Direct) Method: (By Diphylline, Diazonium Salt)	0.48	mg/dl	(0.1 - 0.4)
S G O T (AST) Method: By IFCC	53.9	u/l	(17 - 59)
S G P T (ALT) Method: By IFCC	22.4	u/l	(21-72)
Serum Alkaline Phosphate (ALP) Method: By IFCC	128	u/l	Adult (38 - 126)
Serum Protein Method: By Biuret Method	6.7	gm/dl	Adult(6.2 - 8.2) Children(5.6 - 8.4)
Serum Albumin Method: By BCG, Dye Binding Method	4.1	gm/dl	Newborn Children(2.4 - 4.8) Adult(3.5 - 5.0)
Serum Globulin	2.60		Adult(2.3 - 3.6)
Serum Albumin / Globulin (A / G) Method: By BCG	1.58	gm/dl	(1 - 2.3)
E.S. R.			
1st. Hr. E.S. R. Method: WESTERGREN'S METHOD	12	mm	(< 20)



Print On : 27/11/23 15:29:10
 Print By : QLSR-BERLIN
 Print From: BERLIN GENERAL HOSPITAL RANCHI
 [BERLIN Ranchi]
 Supplied Sample

Richa Verma
Dr. Richa Verma
 MBBS, MD (Pathology)

P.T.O.



BERLIN DIAGNOSTICS & DAY CARE



Name : MR BARLA ALBINUS SANTOSH
 Age/Gender : 38 Years/Male
 Refer By :
 Wing : BERLIN GENERAL HOSPITAL RANCHI
 Client Name : BERLIN GENERAL HOSPITAL (CGHS)

Reg.No. : 
 231127QLBG011
 Reg.Date : 27-Nov-23 12:41 PM
 Received On : 27-Nov-23 12:41 PM
 Reported On : 27-Nov-23 02:38 PM

Test Particular	Result	Unit	Biological Reference Interval
CBC :-			
Haemoglobin Method: (By Sahli's Method)	11.4	gm%	Adult Men (13 - 18)
P. C. V.	36.2	%	(35 - 45)
Total Platelet Count	1.7	Lacs Per cmm	(1.5 - 4)
Total R. B. C. Count	5.2	mill./uL	Male (4.7 - 6.1) Children (4.6 - 4.8)
Total W. B. C. Count Method: Flow Cytometry	7,800	Per cmm	Adult :-Adult :- (4,000 - 11,000) New Born (10,000 - 26,000) (1-4) Years : (6,000 - 18,000) (5-7) Years : (5,000 - 15,000) (8-12) Years : (4,500 - 12,500)
M. C. V.	69.0	fl	(76 - 96)
MCH	22.0	pg	(22 - 32)
MCHC	31.3	g/dl	(30 - 35)
Neutrophils	60	%	(40 - 70)
Eosinophils	06	%	(0.5 - 7)
Basophils	00	%	(0 - 1)
Lymphocytes	34	%	(15 - 40)
Monocytes	00	%	(0 - 6)
Blood Grouping			
Grouping	(O)		
Rh Typing (D)	Positive		



Print On : 27/11/23 15:29:10
 Print By : OLSR-BERLIN
 Print From: BERLIN GENERAL HOSPITAL RANCHI
 (BERLIN Ranchi)
 Supplied Sample

Richa

Dr. Richa Verma
 MBBS, MD (Pathology)


P.T.O.



BERLIN DIAGNOSTICS & DAY CARE



Name : MR BARLA ALBINUS SANTOSH
 Age/Gender : 38 Years/Male
 Refer By :
 Wing : BERLIN GENERAL HOSPITAL RANCHI
 Client Name : BERLIN GENERAL HOSPITAL (CGHS)

Reg.No. : 
 231127QLBG011
 Reg.Date : 27-Nov-23 12:41 PM
 Received On : 27-Nov-23 12:41 PM
 Reported On : 27-Nov-23 02:55 PM

URINE RM

Particular	Findings	Unit	Biological Reference Interval
PHYSICAL			
Colour	Straw		
Transparency	Clear		
Deposit	Nil		
Sp Gravity	1030		
Reaction	Acidic		
CHEMICAL			
Sugar	Nil	gm%	
Protein	xx		
pH	xx		
Ketone	xx		
Blood	xx		
Albumin	Nil		
Phosphate	Nil		
MICROSCOPIC			
RBC	Nil	/HPF	
Pus Cells	0-2	/HPF	
Epith Cells	1-2	/HPF	
Bacteria	Nil		
Casts	Nil	/HPF	
Crystals	Nil	/HPF	
Yeast	Nil		
Spermatozoa	Nil	/HPF	



Print On : 27/11/23 15:29:10
 Print By : QLSR-BERLIN
 Print From : BERLIN GENERAL HOSPITAL RANCHI
 [BERLIN Ranchi]

Supplied Sample

Richa Verma
Dr. Richa Verma
 MBBS, MD (Pathology)


End Of Report



BERLIN DIAGNOSTICS & DAY CARE



Name : MR BARLA ALBINUS
 Age/Gender : 38 Years/Male
 Refer By :
 Wing : BERLIN GENERAL HOSPITAL RANCHI
 Client Name : BERLIN GENERAL HOSPITAL (CGHS)

Reg.No. : 
 231128QLBG001
 Reg.Date : 28-Nov-23 09:12 AM
 Received On : 28-Nov-23 09:12 AM
 Reported On : 28-Nov-23 12:58 PM

Test Particular	Result	Unit	Biological Reference Interval
HBA1C (Nephelometry)			
HBA1C Method: HPLC	5.6	%	Non diabetic level(< 6.0) Goal(< 7.0) Action Suggested(> 8.0)
Average Blood Glucose (eAg)	114.73	mg/dl	
Thyroid Profile			
Thyroid Function Test [By CLIA] :-			
Tri-iodo Thyronine (T3)	1.15	ng/ml	(0.8 - 2.0)
Thyroxine (T4)	8.98	µg/dl	(5.1 - 14.1)
Thyroid Stimulating Hormone (T S H)	2.21	µIU/ml	(0.27 - 5.01)

Mild to moderate degree of elevation normal T3&T4 levels indicates impaired thyroid hormone reserves and indicates subclinical hypothyroidism.

Mild to moderate decrease with normal T3 & T4 indicates subclinical hyperthyroidism.

TSH measurement is used for screening & diagnosis of Euthyroidism, hypothyroidism & hyperthyroidism.

Suppressed TSH (< 0.01 µ IU/ml) suggests diagnosis of hyperthyroidism.

Elevated concentration of TSH (>7 µ IU/ml) suggest diagnosis of hypothyroidism.

Please correlate clinically.

P. S. A. [By ECLIA] 0.19 ng/ml < 4.0 For Healthy Man
 Method: CHEMILUMINESCENCE

PSA :-

PSA is elevated in benign prostrate hypertrophy. Clinically an elevated PSA value is not of diagnostic value as a specific test for cancer and should only be used in conjunction with other clinical symptom and diagnostic procedure.

Scan To Verify



Print On : 28/11/23 13:02:55
 Print By : DLSR-BERLIN
 Print From: BERLIN GENERAL HOSPITAL RANCHI
 (BERLIN Ranchi)
 Supplied Sample

End Of Report


Dr. Suchismita Panda
 MD (Biochemistry)

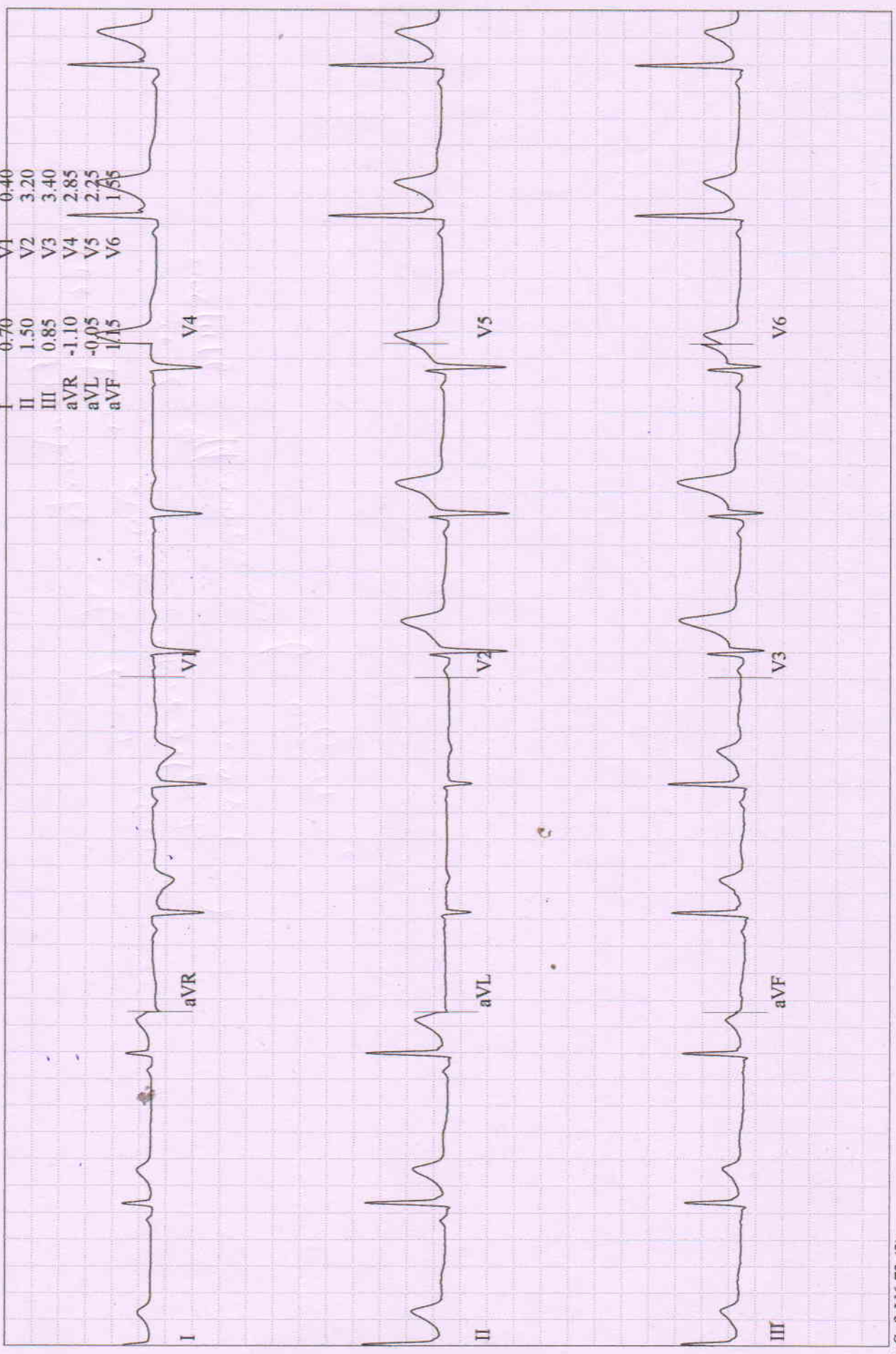
BRUCE
0.0 km/h
0.0 %

PRETEST
SUPINE
00:49

58 bpm
130/90 mmHg

Patient ID 202319238
27.11.2023
11:29:34am

Lead	ST(mm)	Lead	ST(mm)
I	0.70	V1	0.40
II	1.50	V2	3.20
III	0.85	V3	3.40
aVR	-1.10	V4	2.85
aVL	-0.05	V5	2.25
aVF	1.15	V6	1.55



BRUCE
0.0 km/h
0.0 %

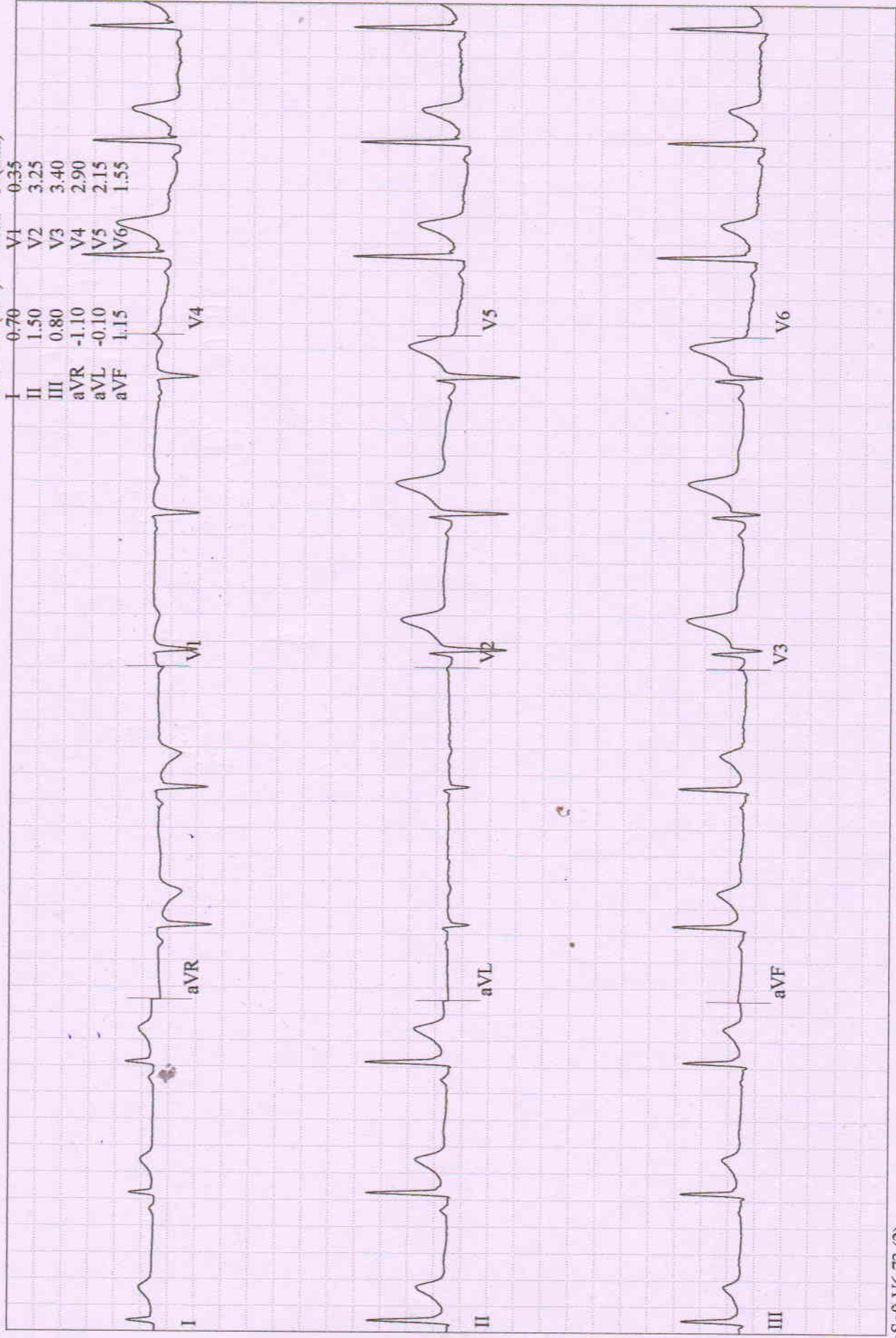
12-Lead Report
PRETEST
STANDING
01:14

58 bpm
130/90 mmHg

SANTOSH, MR. BARLA ALBINUS
Patient ID 202319238
27.11.2023
11:29:59am

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.70	V1	0.35
II	1.50	V2	3.25
III	0.80	V3	3.40
aVR	-1.10	V4	2.90
aVL	-0.10	V5	2.15
aVF	1.15	V6	1.55



Measured at 60ms Post J (10mm/mV)
Auto Points

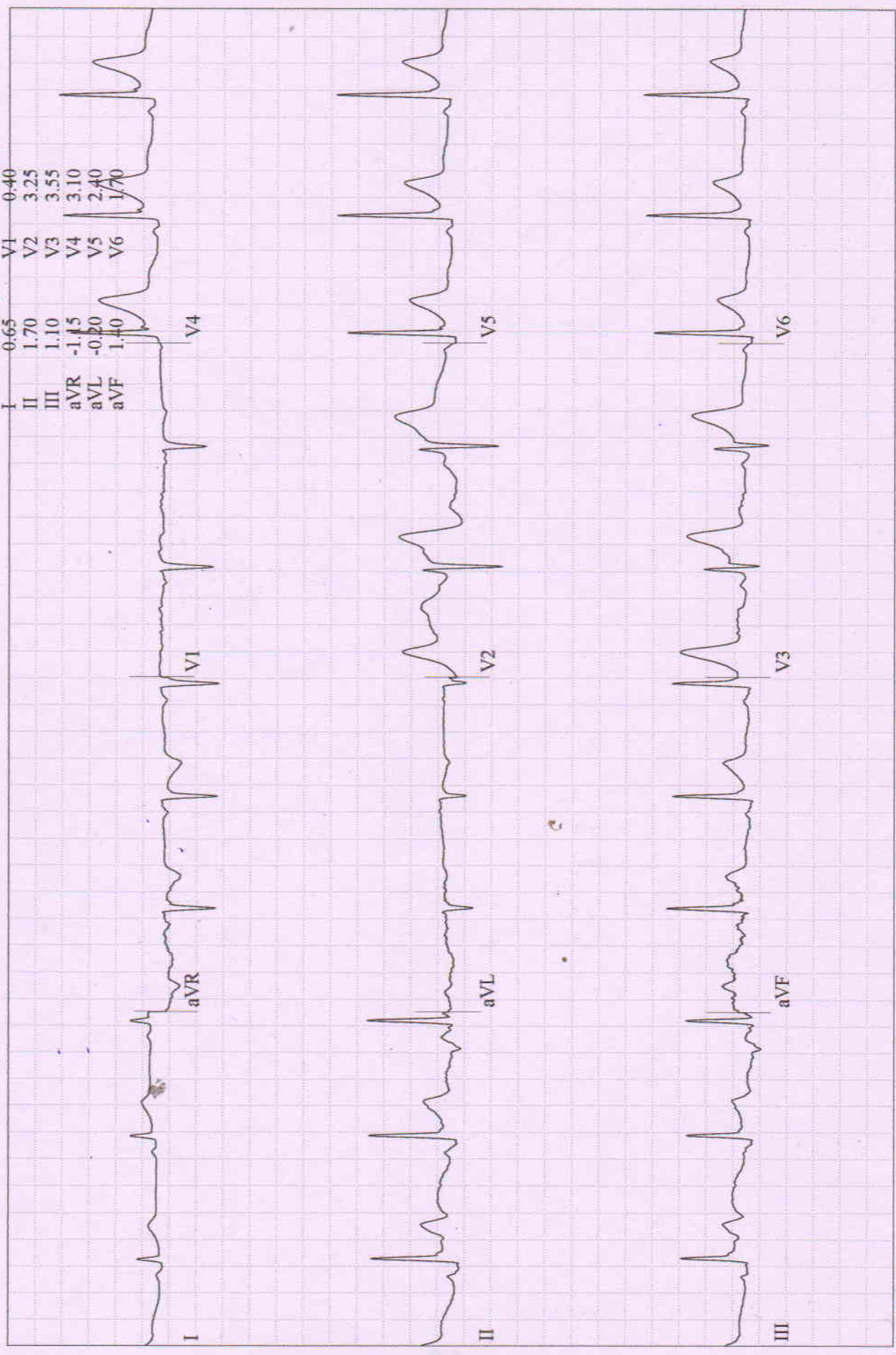
BRUCE
0.0 km/h
0.0 %

PRETEST
HYPERV.
01:39

67 bpm
130/90 mmHg

Patient ID 202319238
27.11.2023
11:30:24am

Lead	ST(mm)	Lead	ST(mm)
I	0.65	V1	0.40
II	1.70	V2	3.25
III	1.10	V3	3.55
aVR	-1.15	V4	3.10
aVL	-0.20	V5	2.40
aVF	1.40	V6	1.70



SANTOSH, MR. BARLA ALBINUS
 Patient ID 202319238
 27.11.2023
 11:30:38am

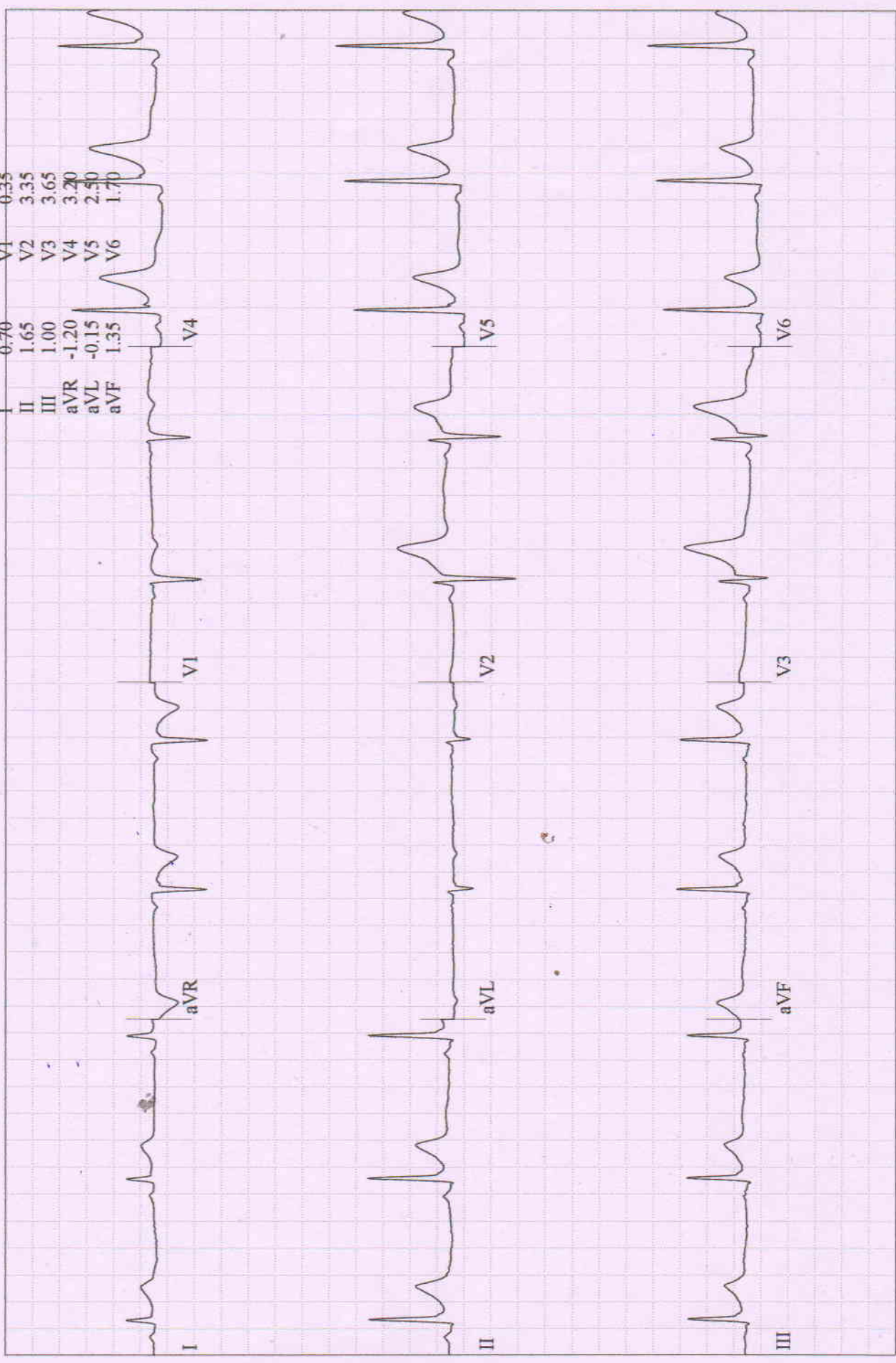
12-Lead Report.
 PRETEST
 WARM-UP
 01:53

66 bpm
 130/90 mmHg

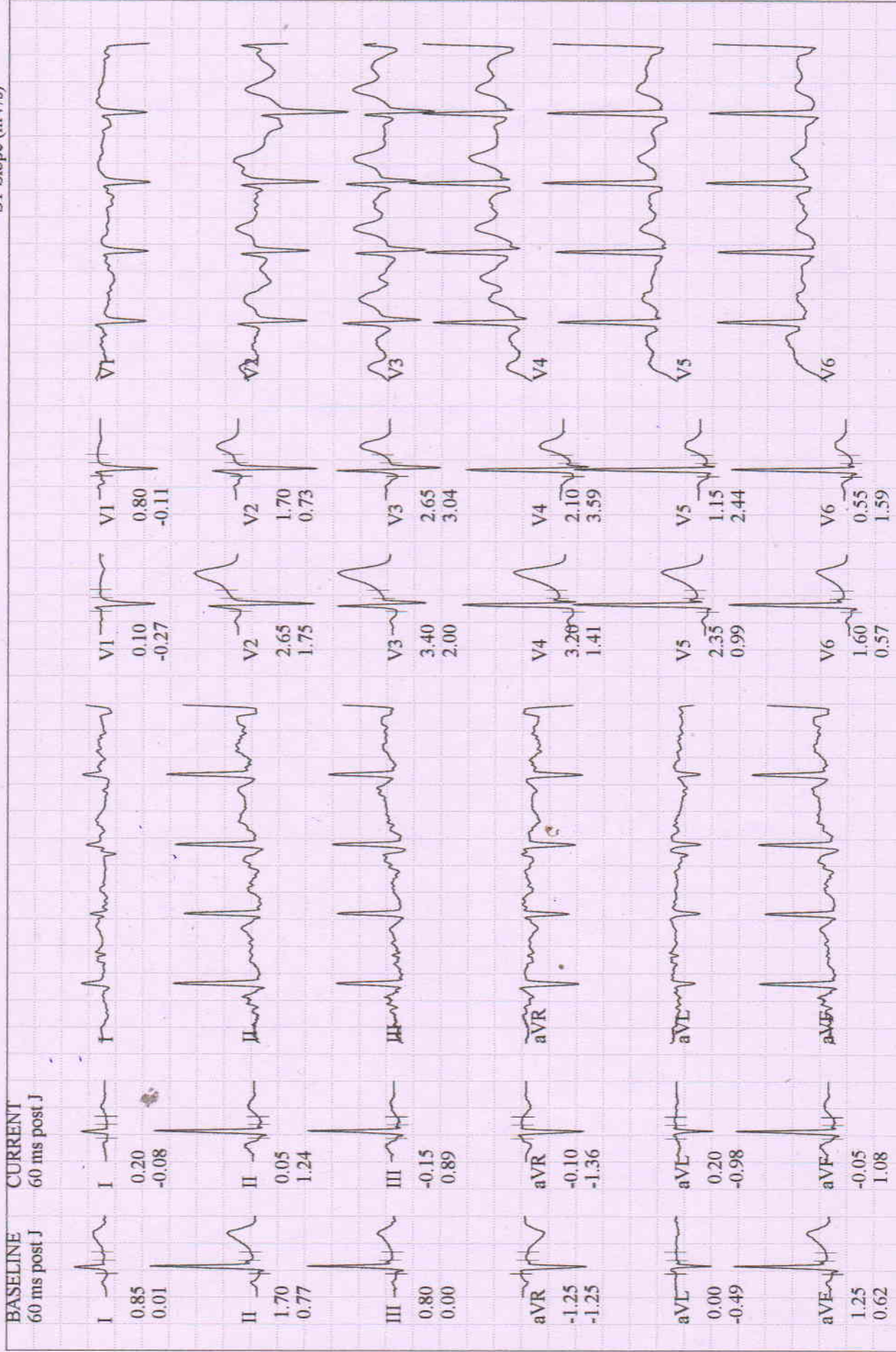
BRUCE
 0.0 km/h
 0.0 %

BERLIN DIAGNOSTICS AND DAY CARE
 Measured at 60ms Post J (10mm/mV)
 Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.70	V1	0.35
II	1.65	V2	3.35
III	1.00	V3	3.65
aVR	-1.20	V4	3.20
aVL	-0.15	V5	2.50
aVF	1.35	V6	1.70



Lead
ST Level (mm)
ST Slope (mV/s)



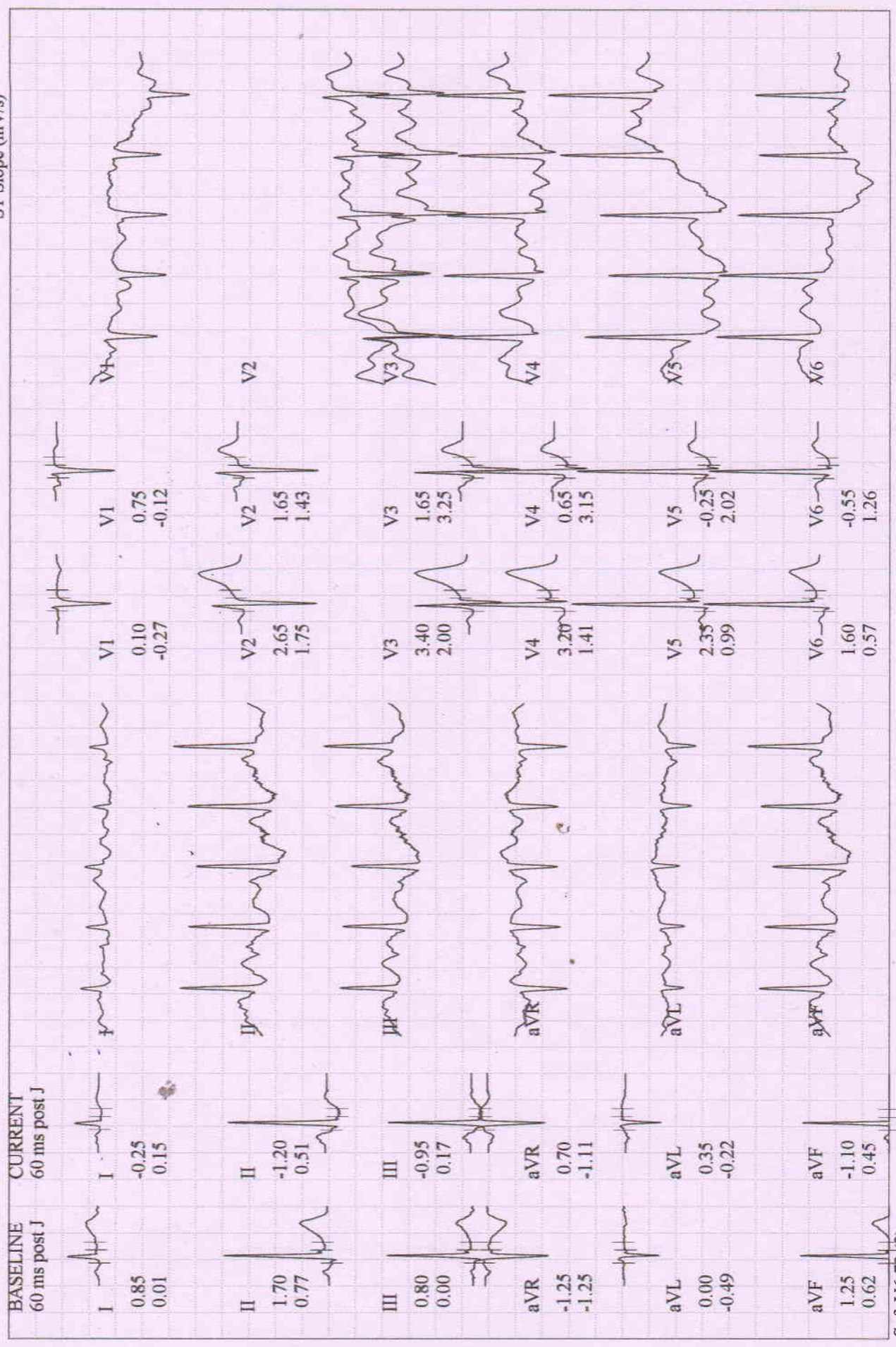
BRUCE
4.0 km/h
12.0 %

EXERCISE
STAGE 2
05:50

131 bpm
140/98 mmHg

Patient ID 202319238
27.11.2023
11:36:47am

Lead
ST Level (mm)
ST Slope (mV/s)



SANTOSH, MR. BARLA ALBINUS
Patient ID 202319238
27.11.2023
11:39:47am

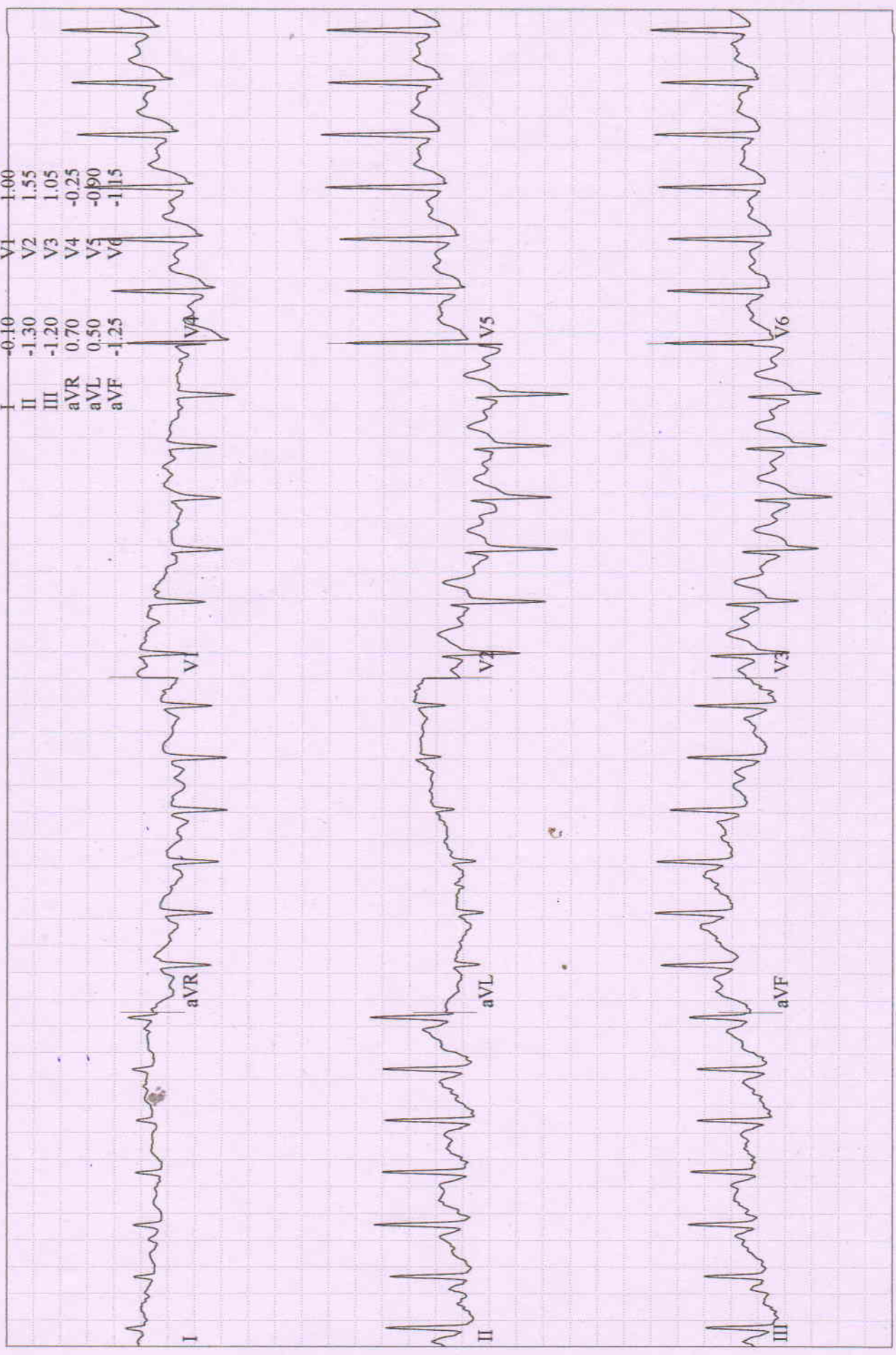
155 bpm
148/100 mmHg

12-Lead Report (PEAK EXERCISE)
EXERCISE
STAGE 3
08:45

BRUCE
5.4 km/h
14.0 %

BERLIN DIAGNOSTICS AND DAY CARE
Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.10	V4	1.00
II	-1.30	V5	1.55
III	-1.20	V6	1.05
aVR	0.70		
aVL	0.50		
aVF	-1.25		



BRUCE

2.4 km/h

0.0 %

SANTOSH, MR. BARLA ALBINUS

Patient ID 202319238

27.11.2023

11:40:32am

129 bpm

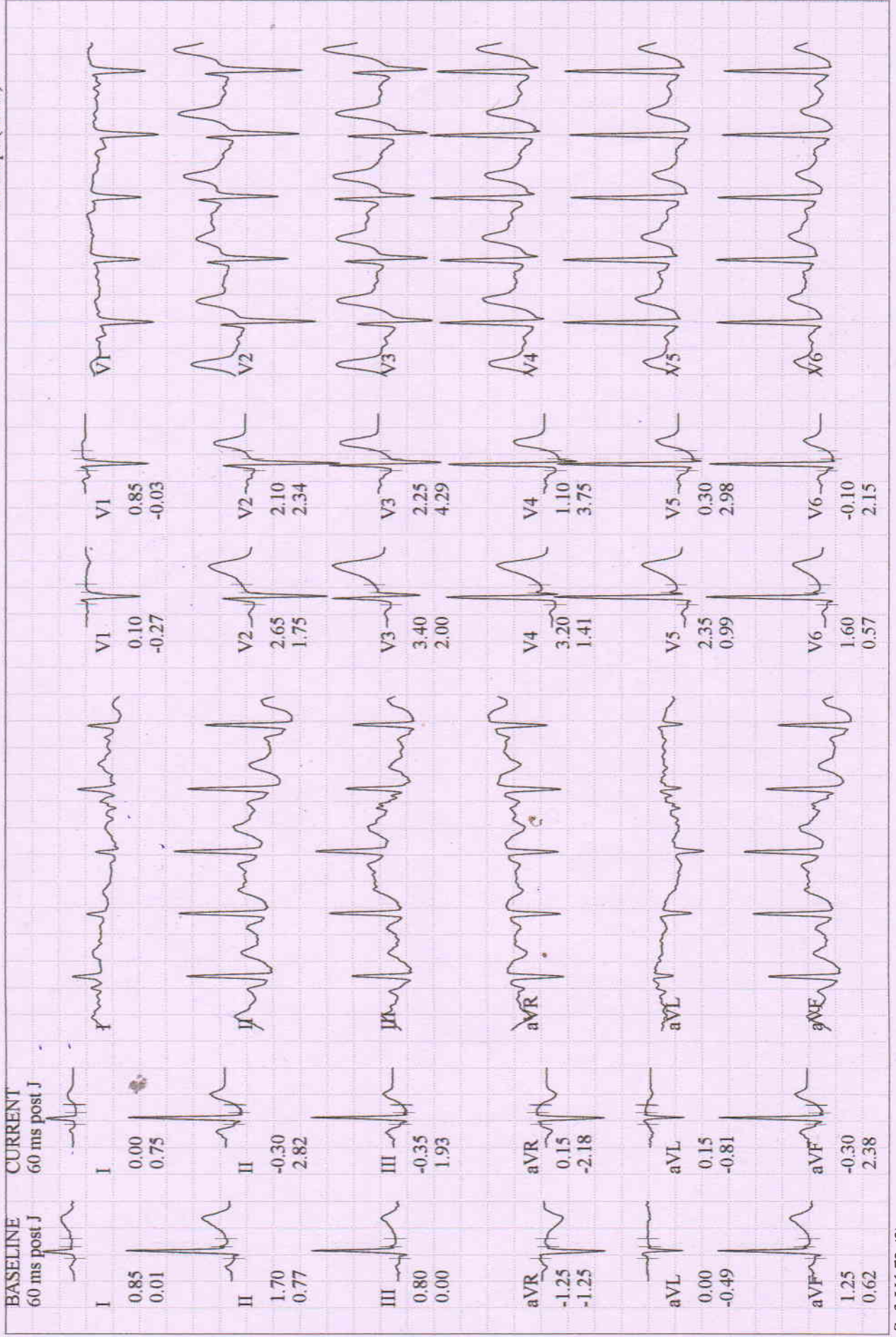
148/100 mmHg

RECOVERY

#1

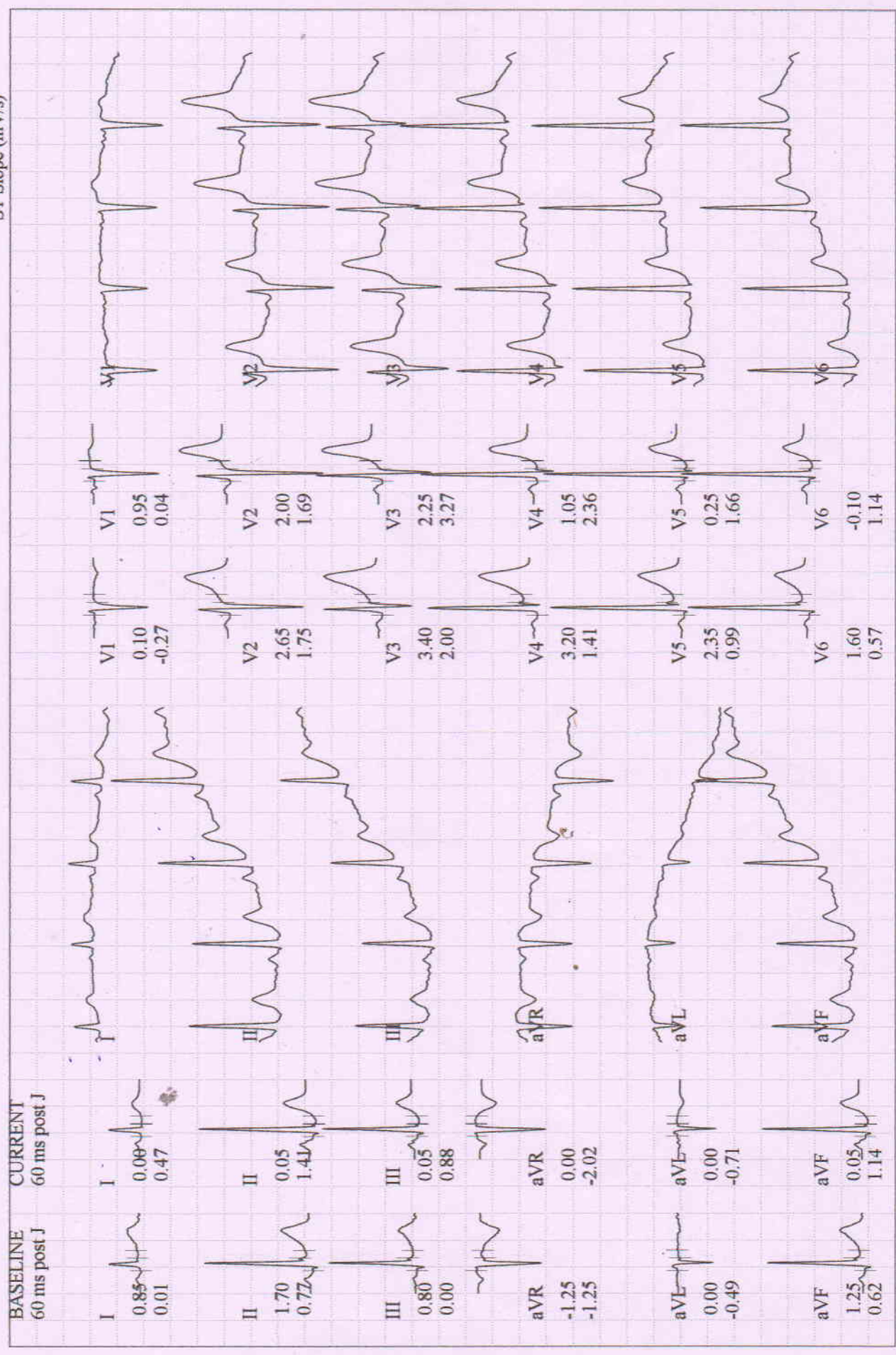
00:50

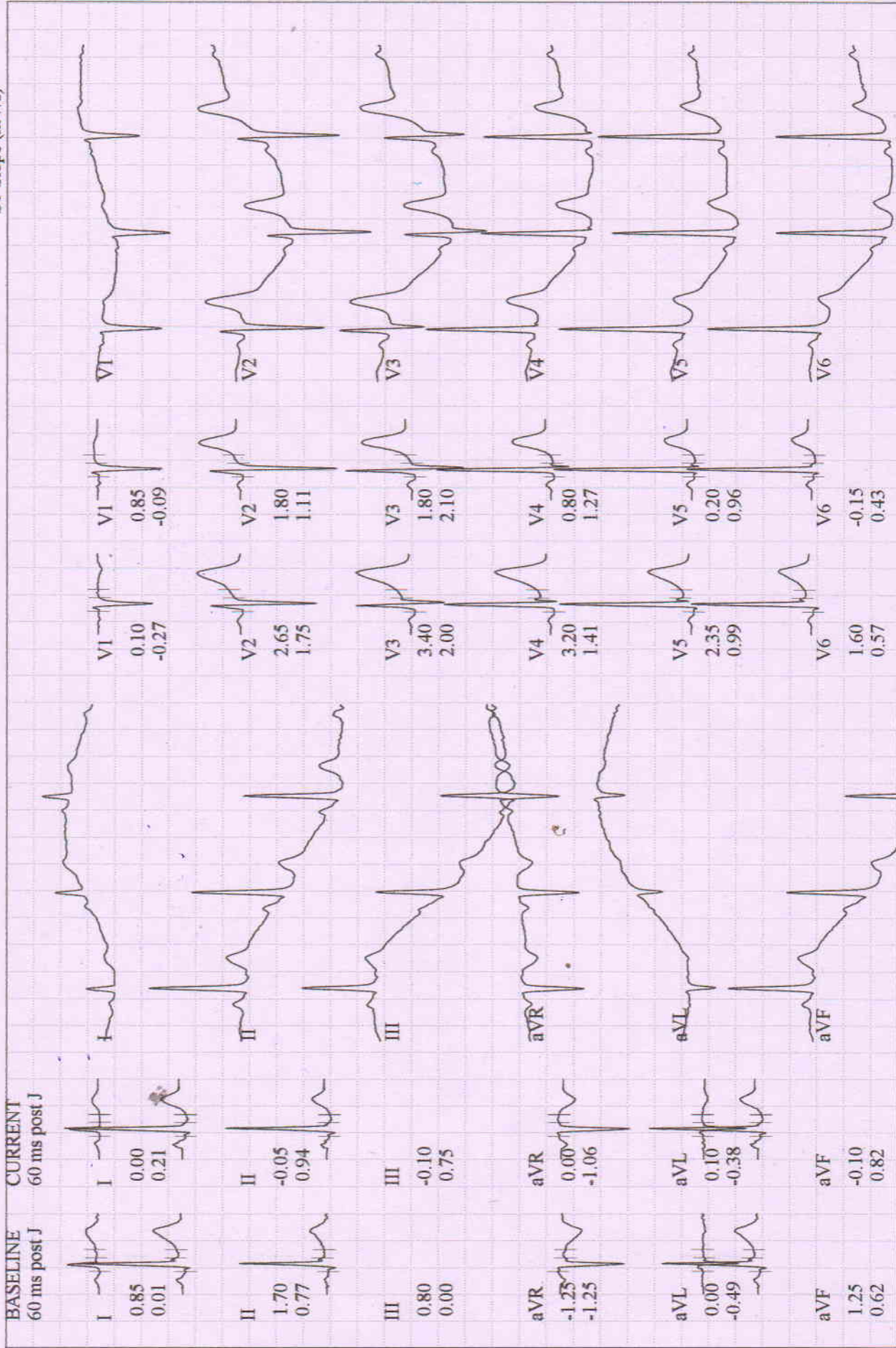
Lead
ST Level (mm)
ST Slope (mV/s)



BRUCE 0.0 km/h 0.0 %
RECOVERY #1 01:50
100 bpm
140/96 mmHg
Patient ID 202319238
27.11.2023
11:41:33am

Lead
ST Level (mm)
ST Slope (mV/s)





SANTOSH, MR. BARLA ALBINUS
 Patient ID 202319238
 27.11.2023
 11:28:38am

BASELINE EXERCISE		MAX. ST EXERCISE		PEAK EXERCISE		TEST END RECOVERY	
0:00	82 bpm	7:59	151 bpm	8:45	155 bpm	2:44	85 bpm
130/90 mmHg	130/90 mmHg	148/100 mmHg	148/100 mmHg	148/100 mmHg	148/100 mmHg	130/90 mmHg	130/90 mmHg
I	0.85 mm 0.01 mV/s	I	-0.15 0.32	I	-0.15 0.83	I	0.00 0.20
II	1.70 0.77	II	-1.75 0.72	II	-1.50 2.06	II	-0.05 0.87
III	0.80 0.00	III	-1.65 0.30	III	-1.35 1.07	III	0.00 0.65
aVR	-1.25 -1.25	aVR	0.95 -0.71	aVR	0.80 -1.60	aVR	0.00 -1.08
aVL	0.00 -0.49	aVL	0.75 -0.11	aVL	0.60 -0.34	aVL	0.00 -0.33
aVF	1.25 0.62	aVF	-1.70 0.45	aVF	-1.45 1.54	aVF	-0.05 0.80
V1	0.10 -0.27	V1	0.90 -0.26	V1	1.05 0.50	V1	0.80 -0.06
V2	2.65 1.75	V2	1.30 2.49	V2	1.35 2.34	V2	1.85 1.24
V3	3.40 2.00	V3	0.75 3.32	V3	0.95 3.40	V3	1.80 2.17
V4	3.20 1.41	V4	-0.60 2.58	V4	-0.45 2.82	V4	0.80 1.38
V5	2.35 0.99	V5	-1.15 2.18	V5	-1.05 2.15	V5	0.20 0.88
V6	1.60 0.57	V6	-1.25 1.38	V6	-1.25 1.27	V6	-0.15 0.48

Tabular Summary

SANTOSH, MR. BARLA ALBINUS
 Patient ID 202319238
 27.11.2023 Male 167 cm 76.5 kg
 11:28:38am 38yrs Asian
 Meds:

BRUCE: Total Exercise Time 08:45
 Max HR: 155 bpm 85% of max predicted 182 bpm HR at rest: 60
 Max BP: 148/100 mmHg BP at rest: 130/90 Max RPP: 22348 mmHg*bpm
 Maximum Workload: 10.00 METS
 Max. ST: -1.75 mm, 0.00 mV/s in II; EXERCISE STAGE 3 07:59
 Arrhythmia: A:5
 ST/HR index: 1.51 μ V/bpm

Test Reason:
 Medical History:

Ref. MD: Ordering MD:
 Technician: Test Type:
 Comment:

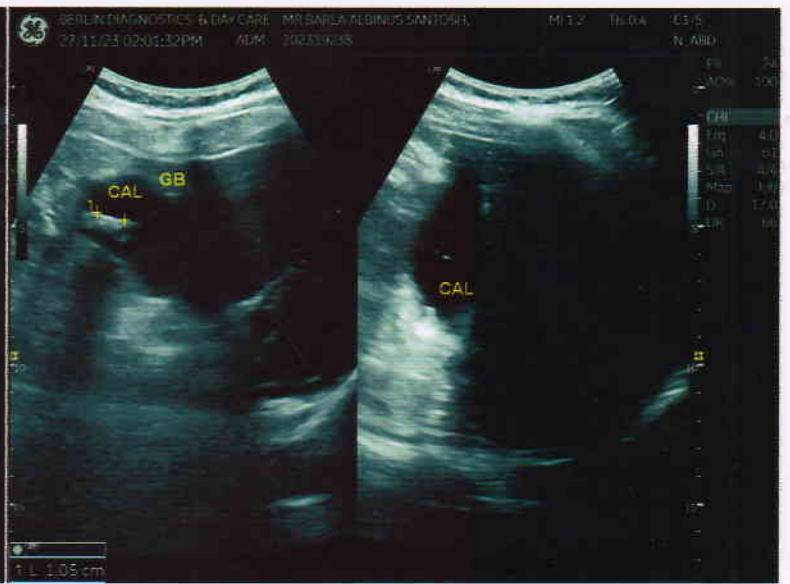
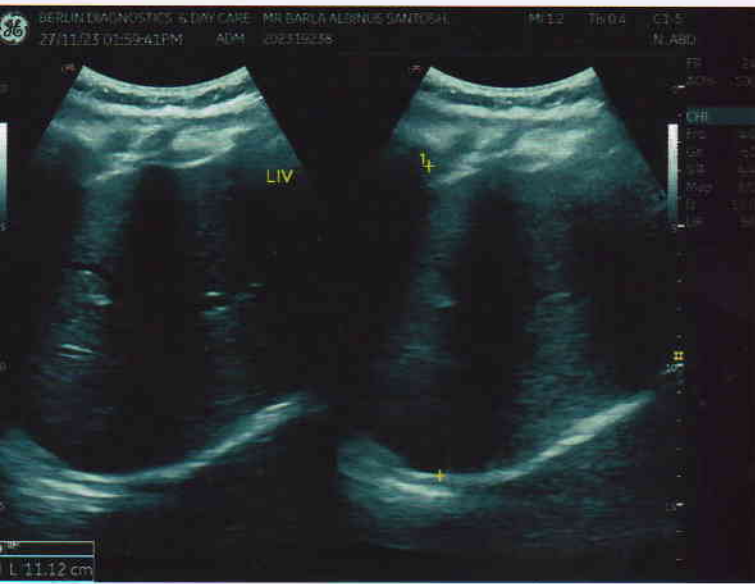
Reasons for Termination: Target heart rate achieved
Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: appropriate response. Chest Pain: none.
Conclusion:

Δ TMT Test for Ameluable Ischemic was negative (-ve).

27/11/2023
 DR. SIGNATURE

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (/min)	ST Level (II mm)	Comment
PRETEST	SUPINE	01:02	0.00	0.00	1.0	56	130/90	7280	0	1.50	
	STANDING	00:15	0.00	0.00	1.0	59	130/90	7670	0	1.45	
	HYPERV.	00:25	0.00	0.00	1.0	67	130/90	8800	0	1.70	
EXERCISE	WARM-UP	00:37	1.60	0.00	4	82	130/90	10660	0	1.65	
	STAGE 1	03:00	2.70	10.00	4.6	115	136/96	15640	0	-0.30	
	STAGE 2	03:00	4.00	12.00	7.0	131	140/98	18340	0	-1.35	
RECOVERY	STAGE 3	02:45	5.40	14.00	10.0	155	148/100	22940	0	-1.50	
		02:46	0.00	0.00	1.0	85	130/90	11050	0	-0.05	

DR. SIGNATURE
 Comment: **Amar Kumar**
 M.B.B.S. (RAN)
 P.G.D.C.C. (DIP Card)
 Sr. Consultant Cardiologist
 (Clinical Reg. No.- 30125)





Patient Name	MR. BARLA ALBINUS SANTOSH	Requested By	MEDIWHEEL
MRN	BER/2023/OPD19238	Procedure Date	27.11.2023
Age/Sex	38Y/MALE	Hospital	BERLIN DIAGNOSTICS & DAY CARE

USG WHOLE ABDOMEN

Liver : The liver is normal in size (11.1 cm) and outline. It shows a uniform echopattern. No obvious focal or diffuse pathology is seen. The intra and extra hepatic biliary passage are not dilated. The portal vein is normal in caliber at the porta hepatis.

Gall bladder : The gall bladder is normal in size, has normal wall thickness with evidence of multiple calculi within its lumen, largest measuring 10 mm.

CBD : The CBD is of normal caliber.

Pancreas : The pancreas is normal in size and echogenicity with distinct outline. No obvious focal lesion is seen.

Kidneys : Both kidneys were normal in position:

Right kidney measures 10.5 cm

Left Kidney measures 10.4 cm

The renal cortical thickness and corticomedullary differentiation were adequate on both sides. No evidence of renal calculus or hydronephrosis seen on either sides.

Spleen : The spleen is normal in size (9.2 cm) and echogenicity.

Urinary Bladder : The urinary bladder is normal in size. Its walls show a smooth outline. There is no evidence of any intraluminal or perivesical abnormality.

Prostate : The prostate is normal in size, measures (13.93 gm) and shows normal parenchymal echogenicity.

No significant probe tenderness in RIF.

No evidence of pleural effusion on either side.

No evidence of ascites or lymphadenopathy seen.

IMPRESSION : CHOLELITHIASIS.

Please correlate clinically.

Dr. Poonam Choudhary
Consultant Sonologist.