

B for the order
Bank of Baroda

Branch & Correspondence Bank

NAME: **DEVKI NANDAN MEENA**

Account No. **178818**
E C No.

Devki

Devki

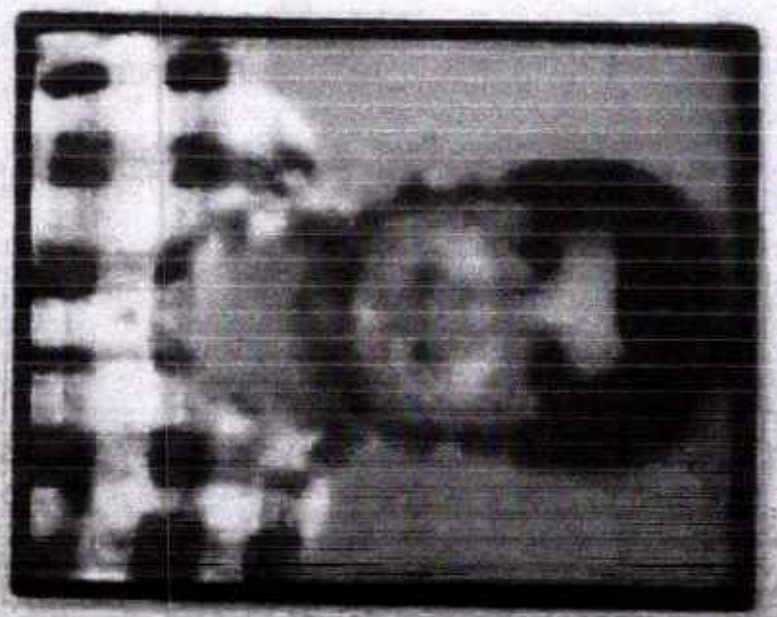
Dr. Piyush Goyal
Dr. PIYUSH GOYAL
MBBS, DMRD (Radiologist)
RMC No.-037041
Dr. GOYAL'S
Pulmonary Imaging Center, Jaipur

Devki

Signature of Holder

Signature of Holder

(S. K. Rastogi)
Issuing Authority



Dr. Goyal's

Path Lab & Imaging Centre



B-51, Ganesh Nagar, Opp. Janpath Corner, New Sangner Road, Jaipur-302019
 Tele: 0141-2293346, 4049787, 9887049787
 Website: www.drgoyalpathlab.com | E-mail: drgoyalpiyush@gmail.com

Date :- 08/11/2021 10:21:17
NAME :- Mr. DEVKI NANDAN MEENA
 Sex / Age :- Male 33 Yrs
 Company :- MediWheel

Patient ID :- 122125085
 Ref. By Dr:- BOB
 Lab/Hosp :-

Sample Type :- EDTA

Sample Collected Time 08/11/2021 11:04:11

Final Authentication : 08/11/2021 15:13:57

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BOB PACKAGE > 40MALE

GLYCOSYLATED HEMOGLOBIN (HbA1C)
 Method:- HPLC

7.1 H %

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 glyated 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

MEAN PLASMA GLUCOSE

Method:- Calculated Parameter

157 H mg/dL

Non Diabetic < 100 mg/dL
 Prediabetic 100- 125 mg/dL
 Diabetic 126 mg/dL or Higher

Technologist

BANWARI

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	14.2	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	7.44	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	65.1	%	40.0 - 80.0
LYMPHOCYTE	31.3	%	20.0 - 40.0
EOSINOPHIL	1.0	%	1.0 - 6.0
MONOCYTE	2.2	%	2.0 - 10.0
BASOPHIL	0.4	%	0.0 - 2.0
NEUT#	4.85	10 ³ /uL	1.50 - 7.00
LYMPH#	2.33	10 ³ /uL	1.00 - 3.70
EO#	0.06	10 ³ /uL	0.00 - 0.40
MONO#	0.17	10 ³ /uL	0.00 - 0.70
BASO#	0.03	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	5.50	x10 ⁶ /uL	4.50 - 5.50
HEMATOCRIT (HCT)	43.20	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	77.0 L	fL	83.0 - 101.0
MEAN CORP HB (MCH)	25.3 L	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	32.8	g/dL	31.5 - 34.5
PLATELET COUNT	236	x10 ³ /uL	150 - 410
RDW-CV	14.0	%	11.6 - 14.0
MENTZER INDEX	14.00		

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

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	18 H	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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Sample Type :- PLAIN/SERUM

Sample Collected Time 08/11/2021 11:04:11

Final Authentication : 08/11/2021 12:05:06

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	163.45	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	95.09	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
VLDL CHOLESTEROL Method:- Calculated	19.02	mg/dl	0.00 - 80.00

Technologist

SURENDRAKHANGA

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Lab/Hosp :-

Sample Type :- KOx/Na FLUORIDE-F, PLAIN/SERUM Collected Time 08/11/2021 11:04:11

Final Authentication : 08/11/2021 12:05:06

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP	157.2 H	mg/dl	75.0 - 115.0

Impaired glucose tolerance (IGT)	111 - 125 mg/dL.
Diabetes Mellitus (DM)	> 126 mg/dL.

Instrument Name: Randox Rx Imola **Interpretation:** 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.

SERUM CREATININE Method:- Colorimetric Method	1.18	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	7.95 H	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	47.36	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	100.24	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	3.45		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	2.12		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	483.57	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 HDL CHOLESTEROL 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
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.64	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	30.5	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	34.1	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	45.50	IU/L	30.00 - 120.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.26	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.50	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.76	gm/dl	2.20 - 3.50
A/G RATIO	1.63		1.30 - 2.50

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.17	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.47	mg/dl	0.30-0.70
SERUM GAMMA GT Method:- IFCC	26.00	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.

Instrument Name 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.

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IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TSH Method:- Enhanced Chemiluminescence Immunoassay	1.070	μ IU/mL	0.465 - 4.680

Technologist

ANANDSHARMA

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IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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SERUM TOTAL T3

1.480

ng/ml

0.970 - 1.690

Method:- Chemiluminescence(Competitive immunoassay)

SERUM TOTAL T4

10.800

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

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CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<u>PHYSICAL EXAMINATION</u>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<u>CHEMICAL EXAMINATION</u>			
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

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POOJABOHRA

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CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
<u>MICROSCOPY EXAMINATION</u>			
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

POOJABOHRA

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUP ABO	"B"POSITIVE		
BLOOD GROUP ABO Methodology : Haemagglutination reaction Kit Name : Monoclonal agglutinating antibodies (Span clone).			
URINE SUGAR (FASTING) Collected Sample Received	Nil		Nil
BLOOD UREA NITROGEN (BUN)	10.4	mg/dl	0.0 - 23.0

Technologist

BANWARI, POOJABOHRA, SURENDRAKHANGA

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Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur-302019
Tele: 0141-2293346, 4049787, 9887049787
Website: www.drgoyalpathlab.com | E-mail: drgoyalpiyush@gmail.com



Date :- 08/11/2021 10:21:17 Patient ID :-122125085
NAME :- Mr. DEVKI NANDAN MEENA Ref. By Dr:- BOB
Sex / Age :- Male 33 Yrs Lab/Hosp :-
Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 08/11/2021 11:04:11

Final Authentication : 08/11/2021 12:51:31

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL PSA	0.711	ng/ml	0.000 - 4.000

Method:- Chemiluminescence

InstrumentName: VITROS ECI Interpretation : Elevated serum PSA concentrations are found in men with prostate cancer, benign prostatic hypertrophy (BHP) or inflammatory conditions of other adjacent genitourinary tissues, but not in apparently healthy men or in men with cancers other than prostate cancer. PSA has been demonstrated to be an accurate marker for monitoring advancing clinical stage in untreated patients and for monitoring response to therapy by radical prostatectomy, radiation therapy and anti-androgen therapy. PSA is also important in determining the potential and actual effectiveness of surgery or other therapies. Progressive disease is defined by an increase of at least 25%. Sampling should be repeated within two to four weeks for additional evidence. Different assay methods cannot be used interchangeably.

*** End of Report ***

Technologist

ANANDSHARMA

Page No: 15 of 15

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

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Date :- 08/11/2021 10:21:17
NAME :- Mr. DEVKI NANDAN MEENA
Sex / Age :- Male 33 Yrs
Company :- MediWheel

Patient ID :- 122125085
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 08/11/2021 15:06:43

BOB PACKAGE > 40MALE

X RAY CHEST PA VIEW:

Both lung fields appears clear.

Bronchovascular markings appear normal.

Trachea is in midline.

Both the hilar shadows are normal.

Both the C.P.angles is clear.

Both the domes of diaphragm are normally placed.

Bony cage and soft tissue shadows are normal.

Heart shadows appear normal.

Impression :- Normal Study

(Please correlate clinically and with relevant further investigations)


Consultant Radiologist

*** End of Report ***

Page No: 1 of 1

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

Path Lab & Imaging Centre

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



Date :- 08/11/2021 10:21:17
NAME :- Mr. DEVKI NANDAN MEENA
Sex / Age :- Male 33 Yrs
Company :- MediWheel

Patient ID :- 122125085
Ref. By Doctor :- BOB
Lab/Hosp :-

Final Authentication : 08/11/2021 10:54:05

BOB PACKAGE > 40MALE

USG WHOLE ABDOMEN

Liver is enlarged of size (15.1 cm). Echo-texture is minimal bright. 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 (16 gms) 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:

Mild hepatomegaly with early fatty changes.
Needs clinical correlation for further evaluation.

*** End of Report ***

Page No: 1 of 1

ANITASHARMA

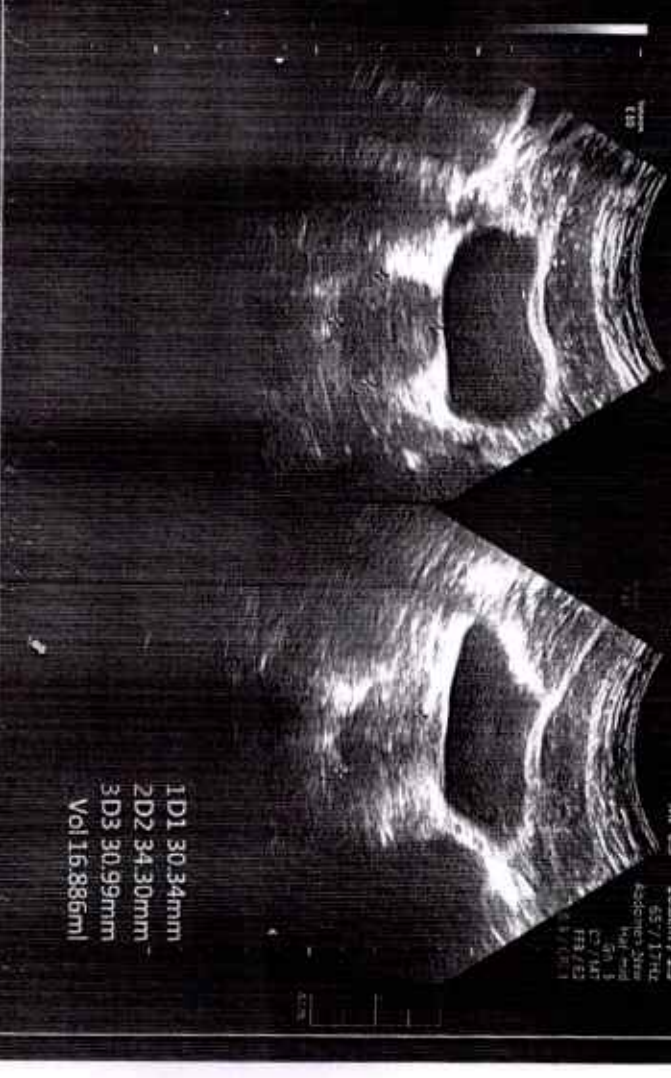
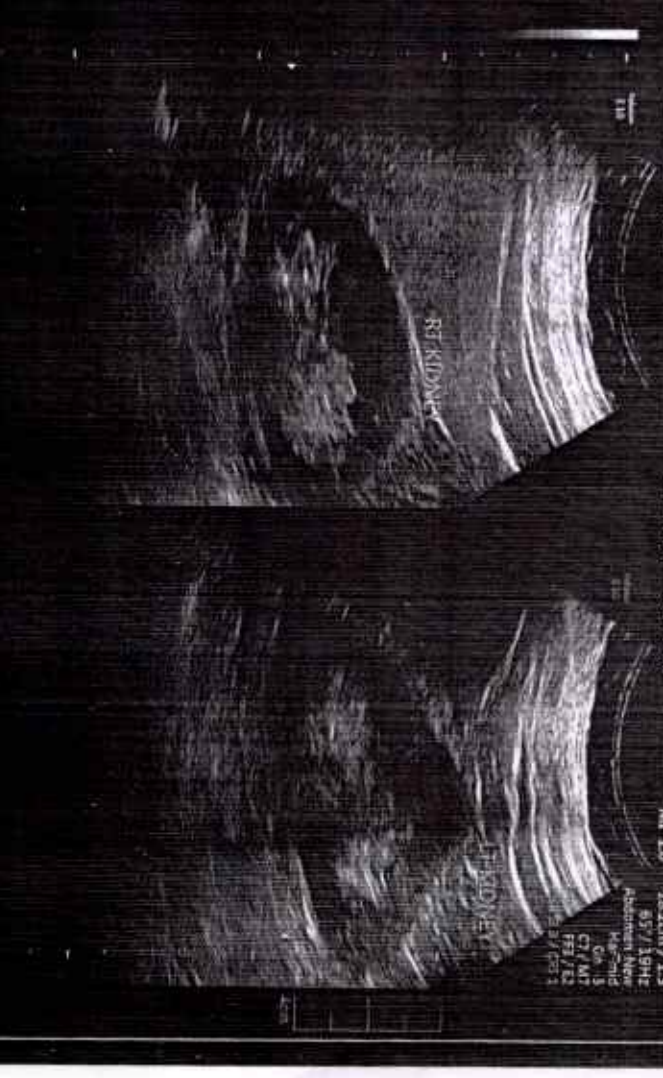
Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
RMC Reg No. 017896

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

Dr. Uma Mathuria
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RMC No. 22541

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

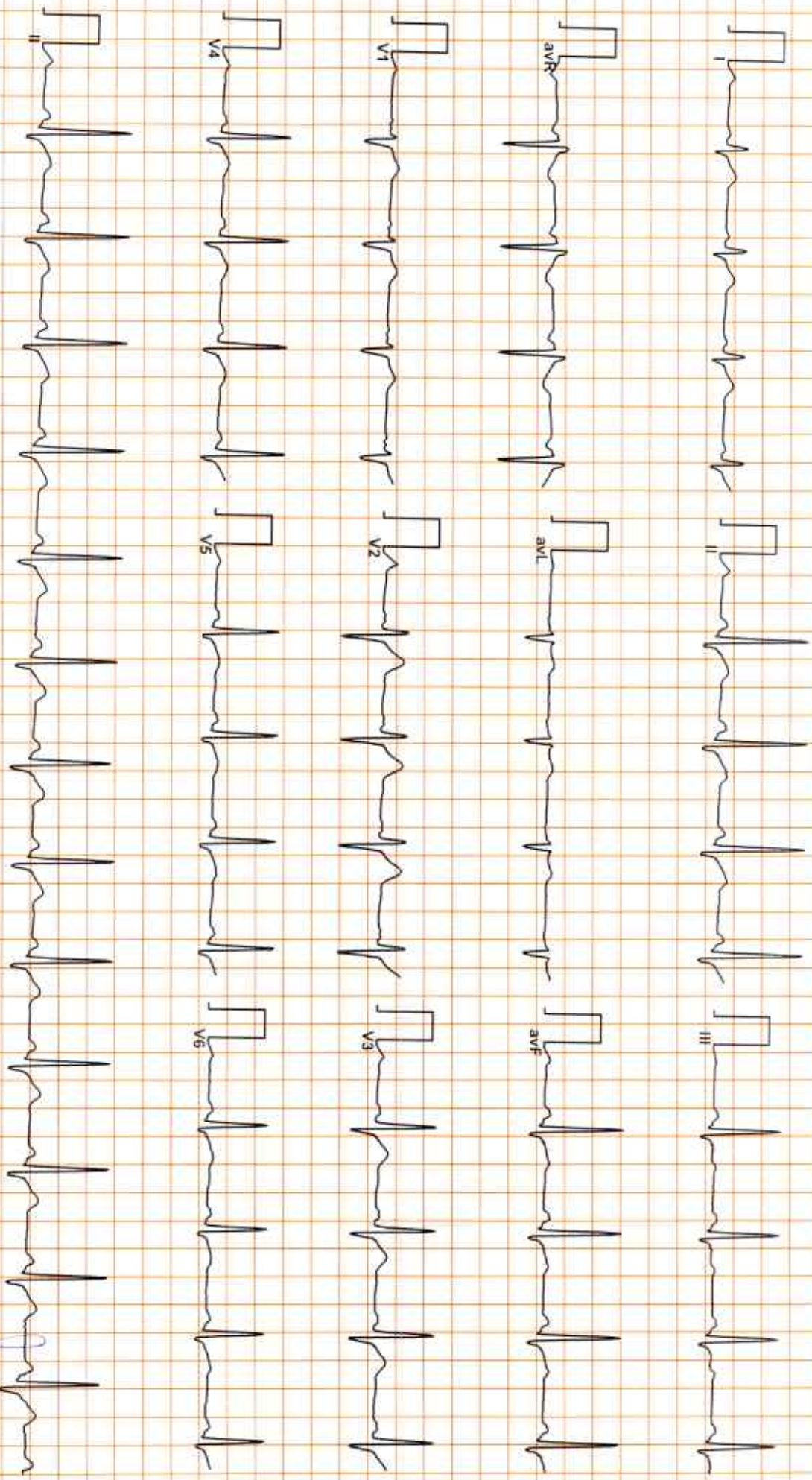
Transcript by.



IDI 30.34mm
2D2 34.30mm
3D3 30.99mm
Vol 16.886ml

9556 / MR. DEVKI NANDAN MEENA / 33 Yrs / M / Non Smoker

Heart Rate : 81 bpm / / Refd By: BOB / Tested On : 08-Nov-21 12:00:20 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s



Allengers ECG (Piscas)(PIS212160118)

1mm
DR. PRAKASH GOYAL
MBBS, DMRD (Reg. No. 11915)
RMC No. 211/01
Dr. GOYAL'S
Imaging Center, Jaipur

1444 / MR. DEVKI NANDAN MEENA / 33 Yrs / M / 0 Cms / 0 Kg Date: 08-Nov-2021 Refd By : BOB

(GEM210151123) Gemini A-DX by Allengers

Stage	Time	Duration	Belt Speed (mph)	Elevation	METs	Rate	BP	RPP	PVC	Comments
Supine	00:06	0:01	01.1	00.0	01.0	90	116/82	104	00	
Standing	00:27	0:01	01.1	00.0	01.0	124	116/82	143	00	
HV	00:47	0:01	01.1	00.0	01.0	108	116/82	125	00	
ExStart	01:24	0:06	01.7	10.0	01.1	093	116/82	107	00	
BRUCE Stage 1	04:24	3:00	01.7	10.0	04.7	135	126/80	170	00	
BRUCE Stage 2	07:24	3:00	02.5	12.0	07.1	153	130/80	198	08	
BRUCE Stage 3	10:24	3:00	03.4	14.0	10.2	174	136/80	236	00	
PeakEx	11:12	0:48	04.2	16.0	11.1	186	136/80	252	00	
Recovery	12:11	1:00	00.0	00.0	04.3	150	146/80	219	00	
Recovery	13:11	2:00	00.0	00.0	01.0	134	146/80	195	00	
Recovery	15:11	4:00	00.0	00.0	01.0	120	136/80	163	00	
Recovery	15:44	4:32	00.0	00.0	01.0	115	126/80	144	00	

Findings :

Exercise Time : 09:49
 Max HR Attained : 187 bpm 100% of Target 187
 Max BP Attained : 146/80
 Max Workload Attained : 11.1 Good response to induced stress
 Test End Reasons : Test Complete. Heart Rate Achieved

Report :

not regular for RMI of Peak Exercise

Overall

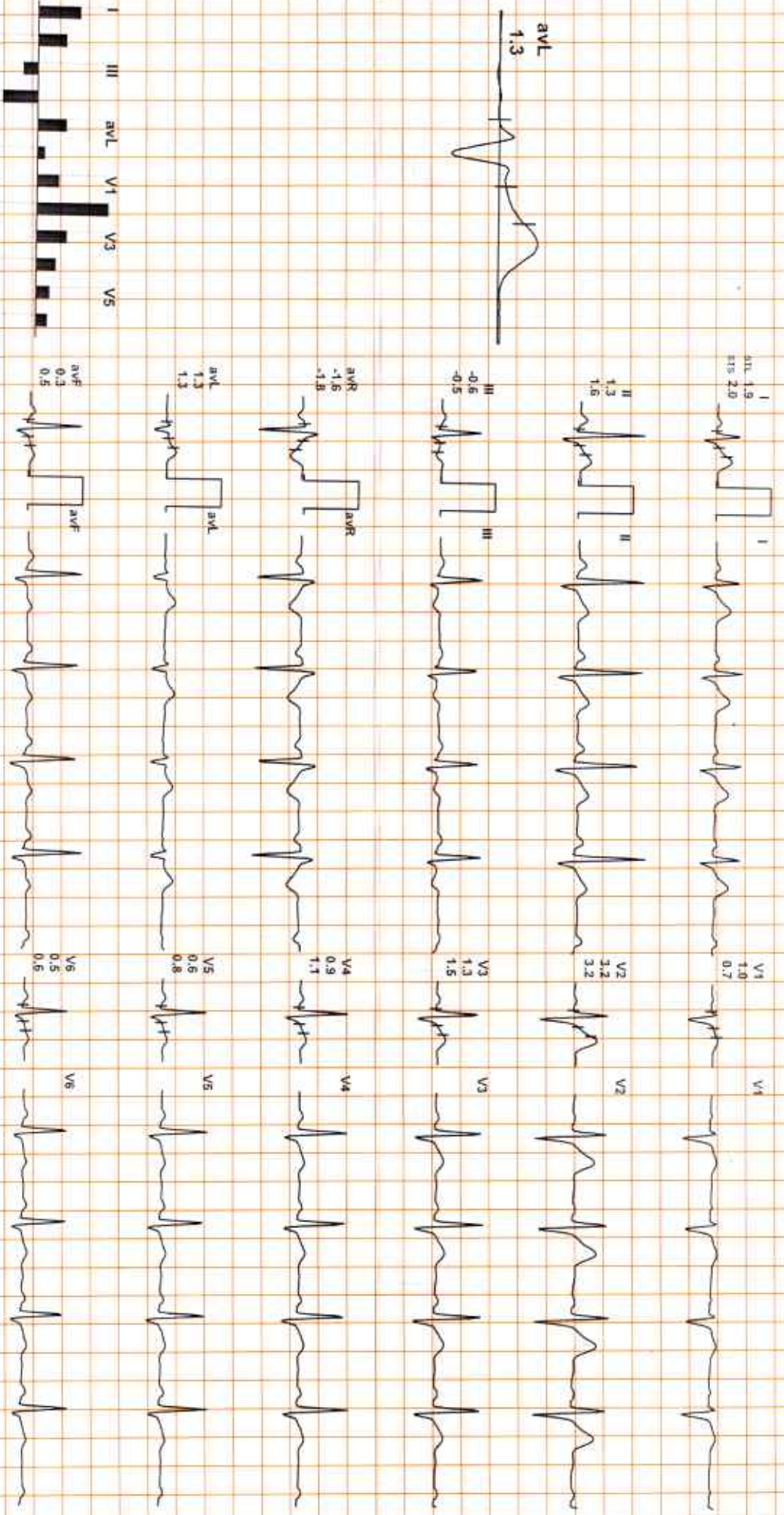
Dr. PIYUSH GOYAL
 MBBS, DMRD (Rad. Phys.)
 RMC No.-0576-11
 Dr. GOYAL'S
 Path Lab & Imaging Center, Jaipur



Date: 08-Nov-2021 12:01:06 PM METS: 1.0/ 90 bpm 48% of THR BP: 116/82 mmHg Raw ECG/ BLC Div/ Notch On/ HF: 0.05 Hz/ LF: 100 Hz

EXTime: 00:06 1.1 mph 0.0% 25 mm/Sec - 1.0 Cm/mV

4X 70 mS Post J



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

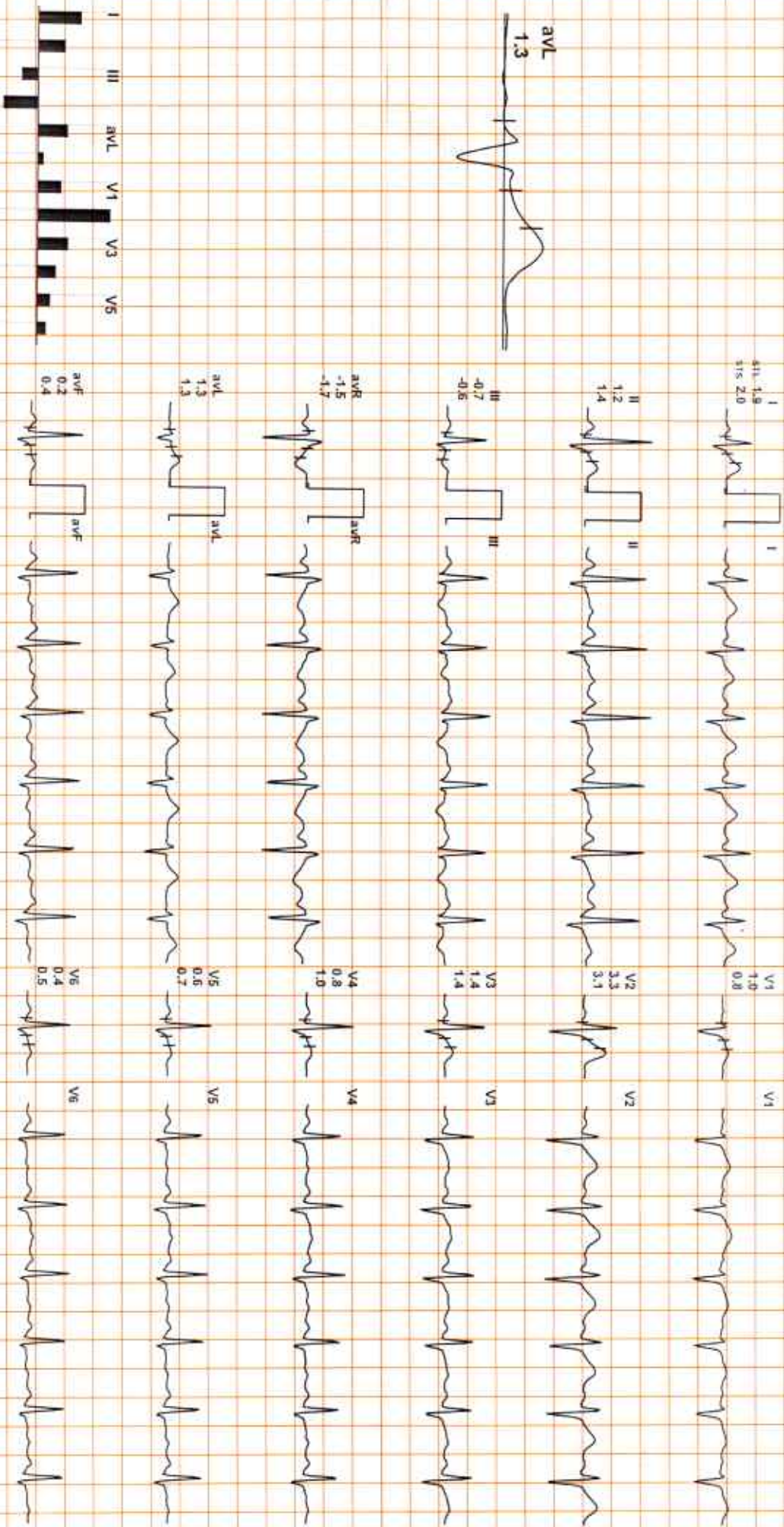


Date: 08-Nov-2021 12:01:06 PM METS: 1.0/ 124 bpm 66% of THR BP: 116/82 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 100 Hz

EXTime: 00:27 1.1 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/Div



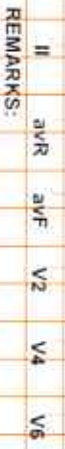
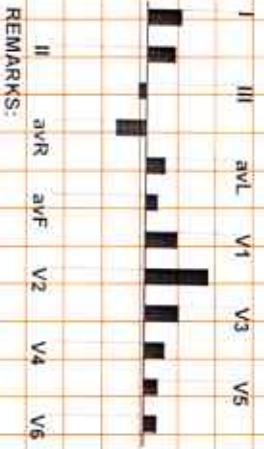
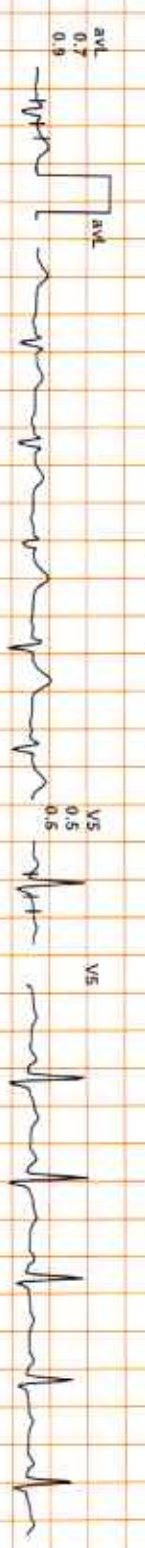
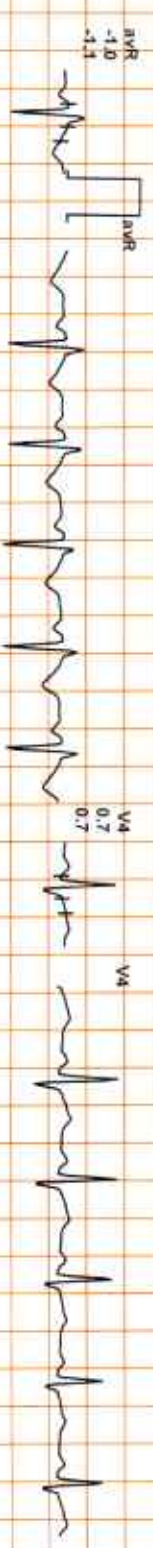
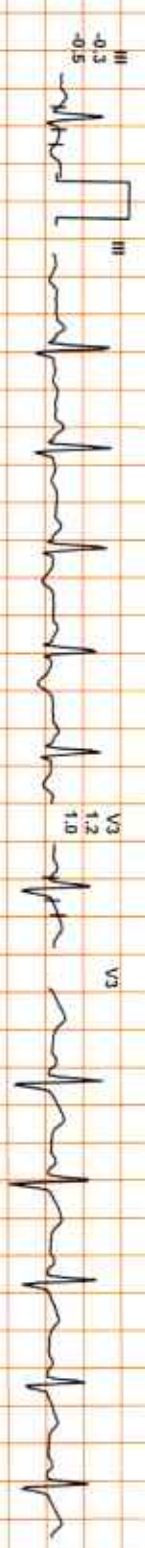
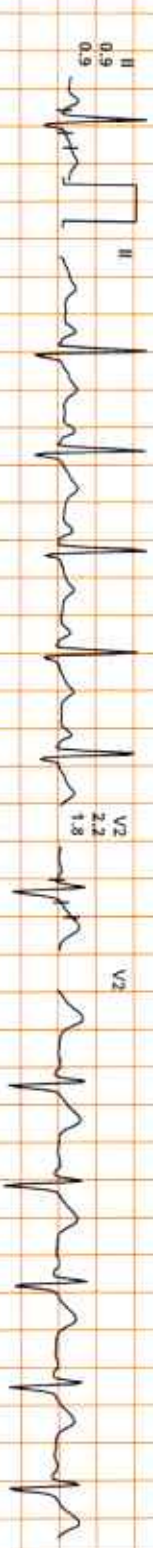
REMARKS: I II aVR aVL aVF V1 V2 V3 V4 V5 V6



Date: 08-Nov-2021 12:01:06 PM METS: 1.0/ 108 bpm 57% of THR BP: 116/82 mmHg Raw ECG/ B.L.C On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 00:47 1.1 mph, 0.0% 25 mm/Sec - 1.0 cm/mV

4X 30 mS Post J



REMARKS:



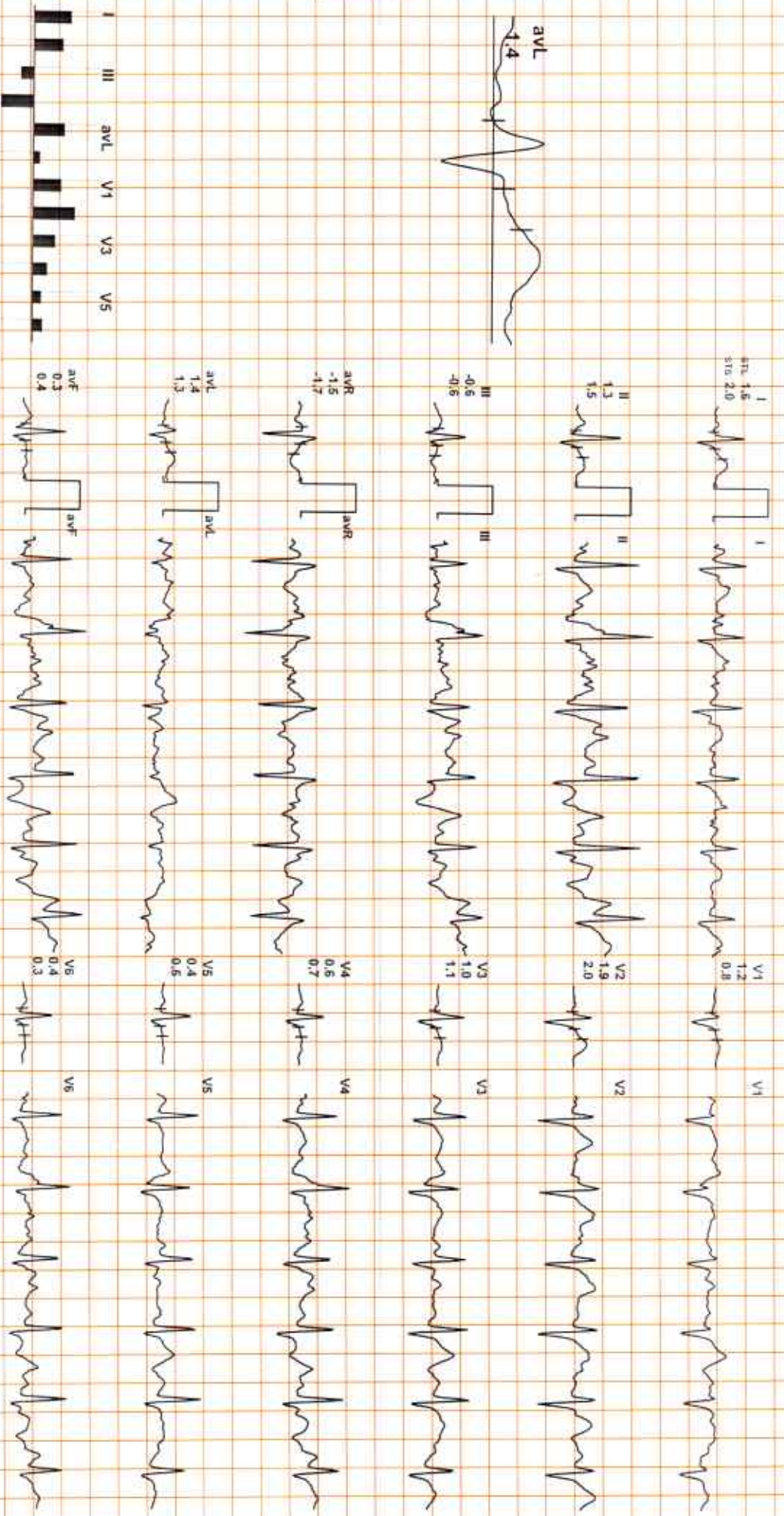
1444 / MR. DEVIK NANDAN MEENA / 33 YRS / M

Date: 08-Nov-2021 12:01:06 PM METS: 1.1/ 93 bpm 49% of THR BP: 116/82 mmHg Raw ECG/ BLC On/ Natch On/ HF: 0.05 Hz/ LF: 100 Hz

EXTime: 00:06 1.7 mph 10.0%

4X 70 ms Post J

25 mm/Sec - 1.0 Cm/mV



REMARKS: II aVR aVF V2 V4 V6

Date: 08-Nov-2021 12:01:06 PM METS: 4.7/ 135 bpm 72% of THR BP: 126/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 100 Hz

ExTime: 03:00 4.7 mph 18.9%
25 mm/Sec. 1.0 Cm/mV

4X

50 ms Post J

STL 1.5
STR 2.5



II 2.1
2.6



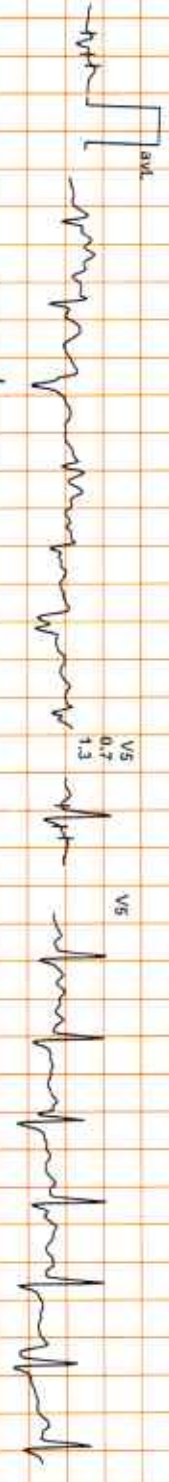
III 0.6
0.0



aVR -1.8
-2.5



aVL 0.7
1.3



aVF 1.3
1.3



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

REMARKS:

1444 / MR. DEVKI NANDAN MEENA / 33 YRS / M

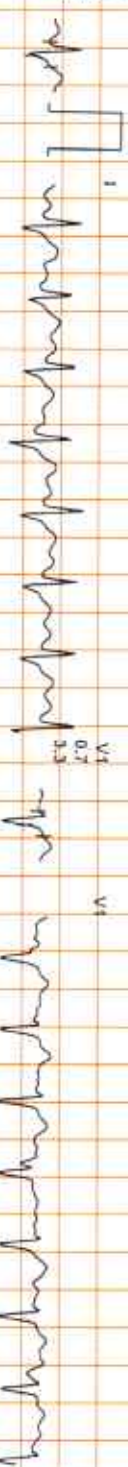
Date: 08-Nov-2021 12:01:06 PM METS: 7.1153 bpm 81% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Match On/ HF: 0.05 Hz/LF: 100 Hz

ExTime: 06:00 2.5 mph, 12.0%

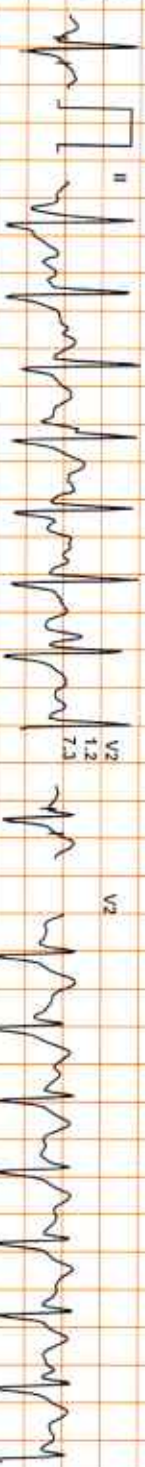
4X 60 ms Post J

25 mm/Sec. 1.0 Cm/mV

I
ST: 0.2
RT: 3.9



II
0.7
7.9



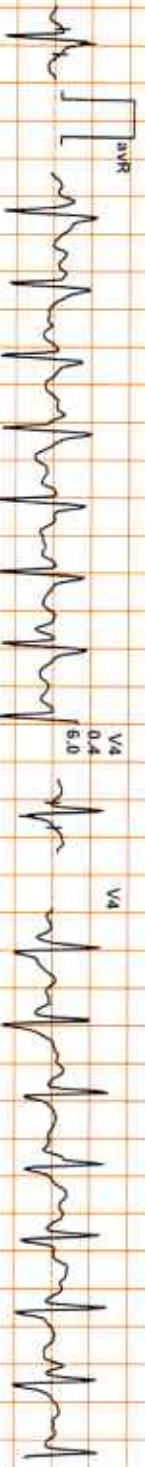
avL
-0.3



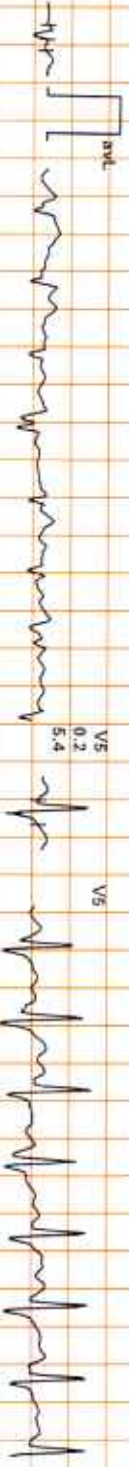
III
0.5
4.0



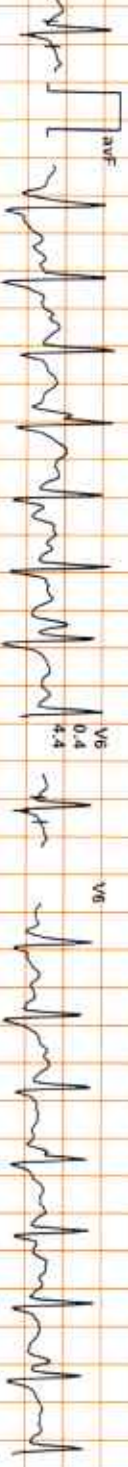
aVR
-0.4
-5.9



avL
-0.2
-0.5



avF
0.6
5.9



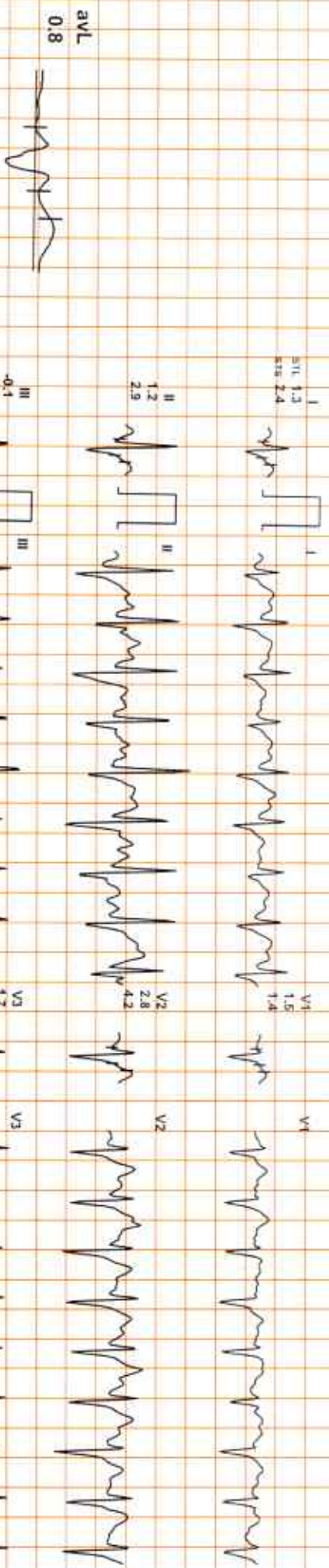
II avR avF V2 V4 V6
I III aVL V1 V3 V5

Date: 08-Nov-2021 12:01:06 PM METS: 10.2/174 bpm 93% of THR BP: 136/80 mmHg RAW ECG/ BLC ON/ Notch ON/ HF 0.05 Hz/ LF 100 Hz

EXTime: 09:00 3.4 mph 14.0%

4X 50 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

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

Date: 08-Nov-2021 12:01:06 PM METS: 11.1 / 186 bpm 99% of THR BP: 136/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 100 Hz 4X 50 ms Post J

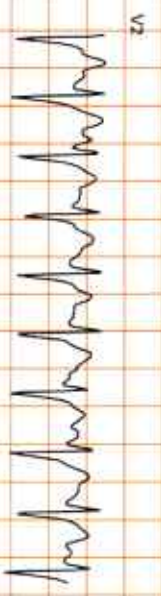
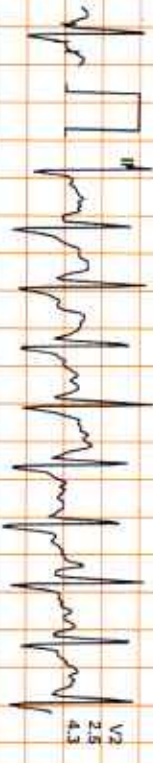
ExTime: 09:48 4.2 mph 16.0%

25 mm/Sec 1.0 Cm/mV

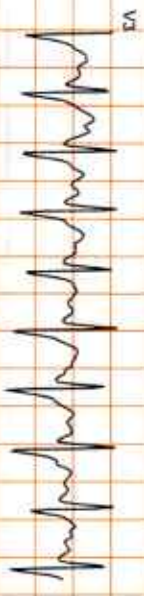
I est: 1.4
STs: 2.2



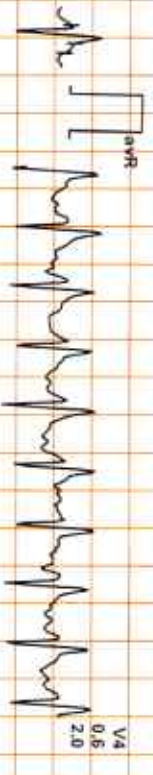
II 0.8
2.3



III -0.3
0.1



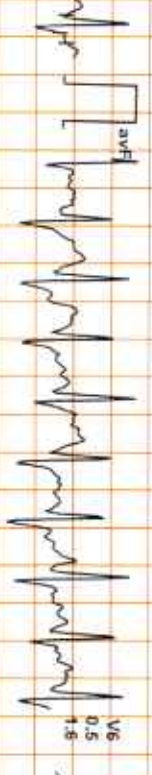
aVR -1.0
-2.3



aVL 0.7
1.2



aVF 0.3
1.2



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

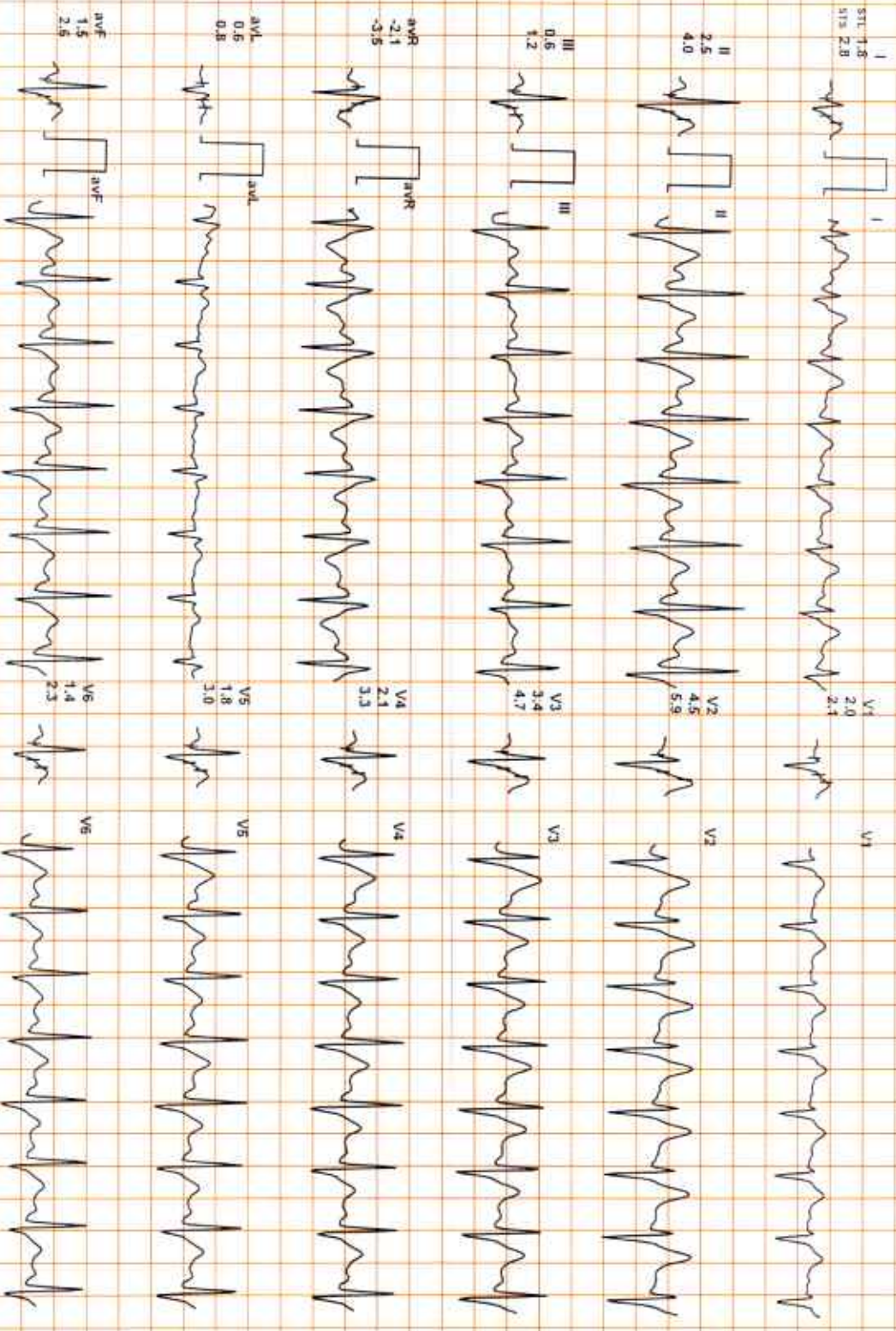
REMARKS:

Date: 08-Nov-2021 12:01:06 PM METS: 4.3/ 150 bpm 80% of THR BP: 146/80 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 09:49 0.0 mph 0.0%

4X 50 mS Post J

25 mm/Sec. 1.0 Cm/mV



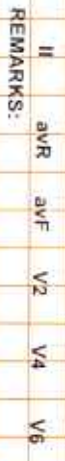
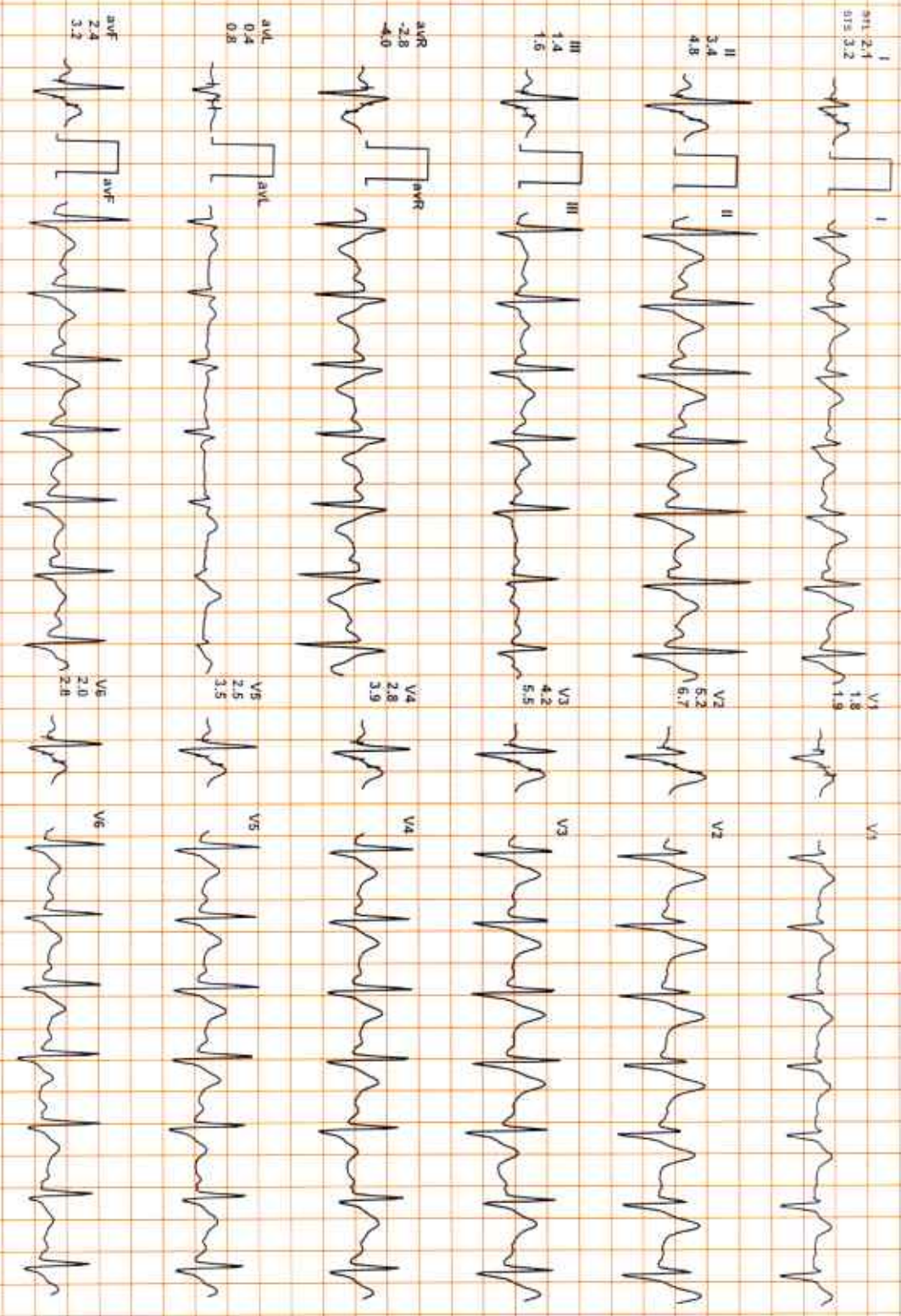
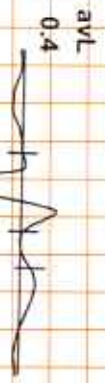
REMARKS: I II III aVR aVL aVF V1 V2 V3 V4 V5 V6
aVR -2.1 aVL 0.6 aVF 1.5
V1 2.0 V2 4.5 V3 3.4 V4 2.1 V5 1.8 V6 1.4



Date: 08-Nov-2021 12:01:06 PM METS: 1.0/ 134 bpm 71% of THR BP: 146/80 mmHg Raw ECG: BLC 0m Notch 0m/ HF 0.05 Hz/LF 100 Hz 4X 50 ms Post J

ExtTime: 09:49 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV



REMARKS:

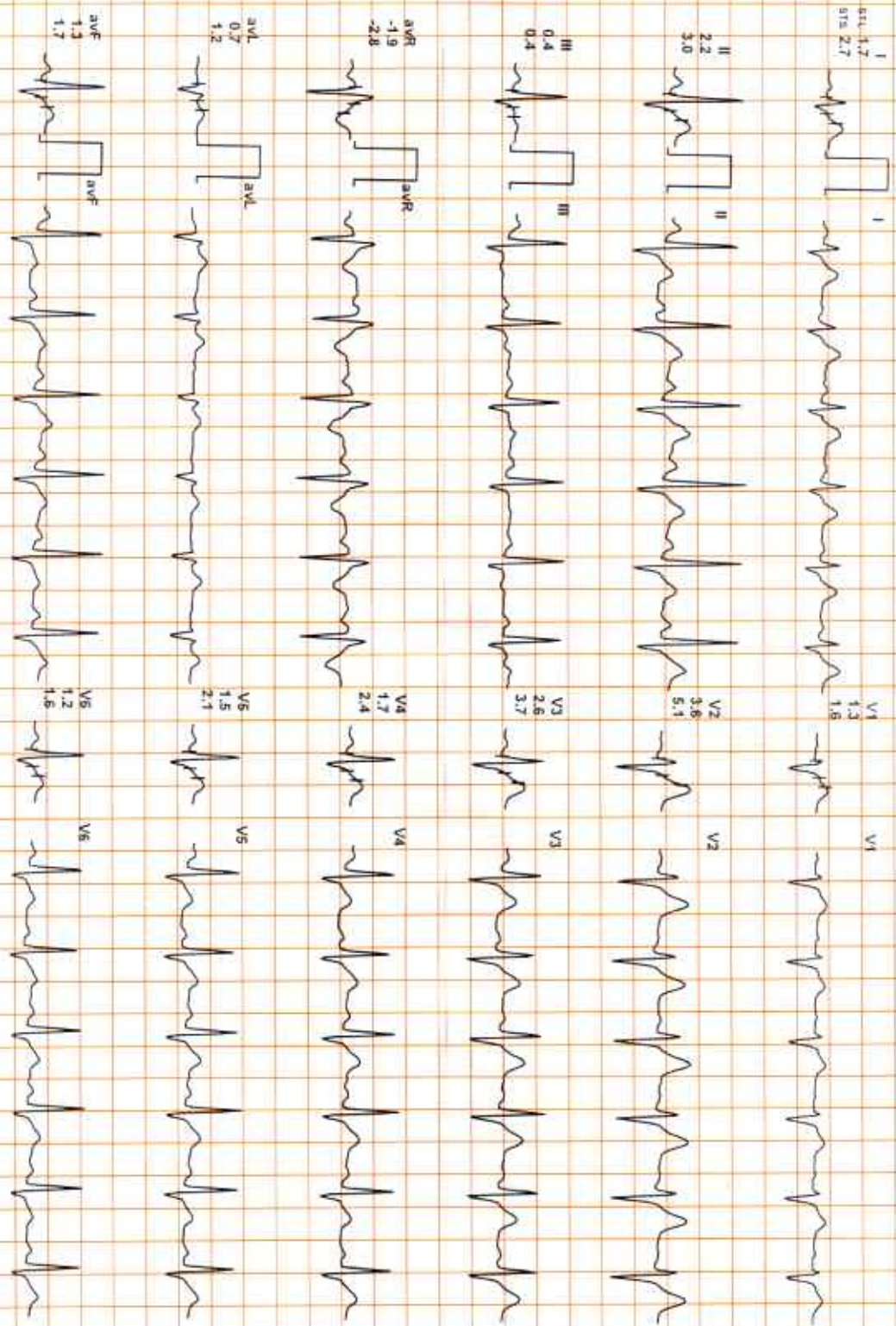
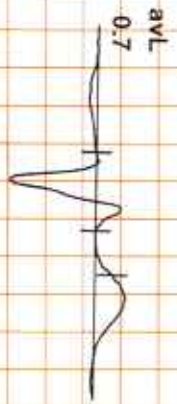


Date: 08-Nov-2021 12:01:06 PM METS: 1.0/ 120 bpm 64% of THR BP: 136/80 mmHg Raw ECG/ BLC On/ Notch On/ HE 0.05 Hz/LF 100 Hz

EXTime: 09:49 0.0 mph 0.0%

25 mm/Sec 1.0 Cm/mV

4X 50 ms Post J



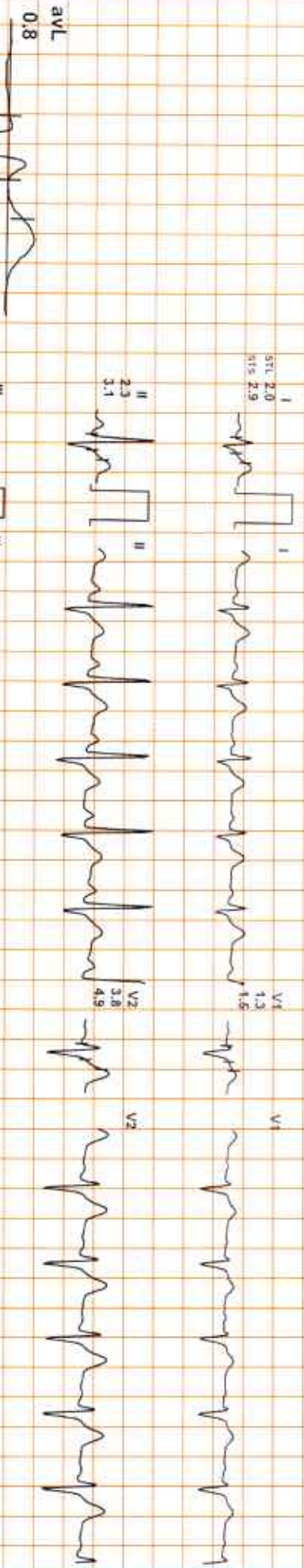
REMARKS: I II III aVR aVL aVF V1 V2 V3 V4 V5 V6

Date: 08-Nov-2021 12:01:06 PM METS: 1.0/115 bpm 61% of THR BP: 126/80 mmHg Raw ECG/ BLC On/ Notch On/ HF: 0.05 Hz/LF: 100 Hz

ExTime: 09:49 0.0 mph 0.0%

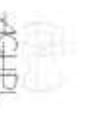
4X 70 ms Post 4

25 mm/Sec. 1.0 Cm/mV

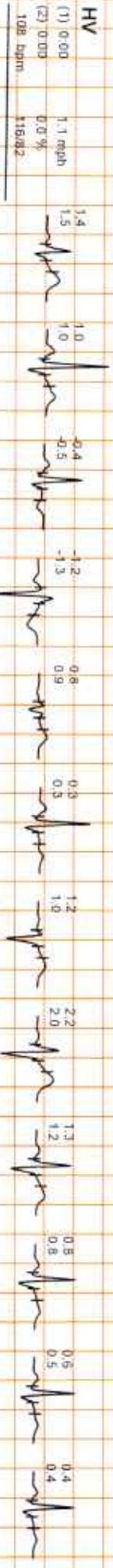
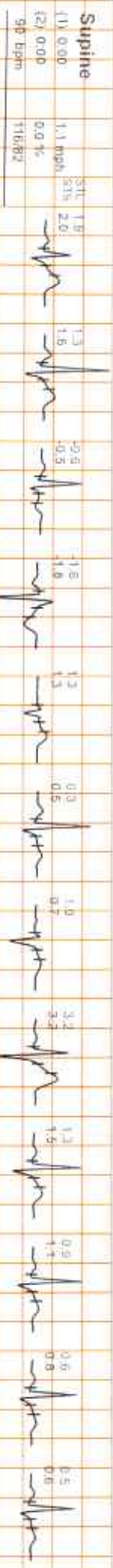


REMARKS:

(GEM210151123) Gemini A-DX by Allergens



Date: 08-Nov-2021 12:01:06 PM I II III avR avL avF V1 V2 V3 V4 V5 V6



Date: 08-Nov-2021 12:01:06 PM I II III avR avL avF V1 V2 V3 V4 V5 V6

