




 धर्मन्द्र कुमार  
 Dharmendra Kumar  
 जन्म तिथि / DOB: 04/01/1988  
 पुरुष / MALE


5770-5671 0730

मेरा आधार मेरा पहचान


 आधार पता:

S/O राम नरेश चौधरी, डॉ  
 जनार्धन, न्यू पुरंदर पुर,  
 पटना, पटना,  
 बिहार - 800001

Address:  
 S/O Ram Naresh Choudhary,  
 DR JHANARDHAN-PRASAD,  
 NEW PURANDAR PUR,  
 PATNA, Patna, Bihar -  
 800001



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Dharmendra Kumar  
 7982054124





DHARMENDRA

Male 34Years

Diagnosis Information:

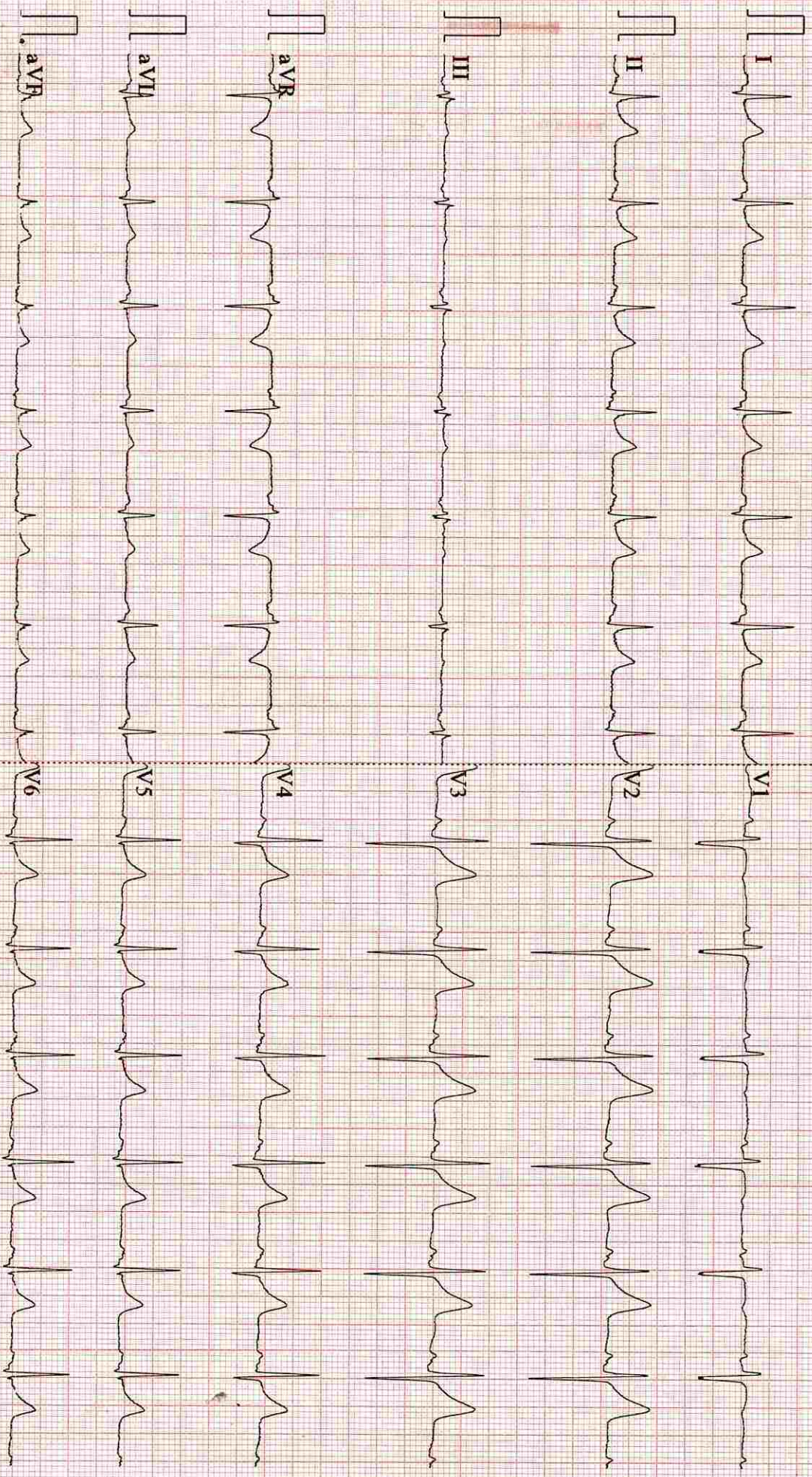
Sinus Rhythm

\*\*\*Normal ECG\*\*\*

HR	: 79	bpm
P	: 101	ms
PR	: 132	ms
QRS	: 83	ms
QT/QTc	: 359/413	ms
P/QRS/T	: -18/34/38	°
RV5/SV1	: 1.080/0.824	mV

Report Confirmed by:

SIM SUPER SPECIALITY HOSPITAL  
 Dr. Vinod Kumar (Physician)  
 Mr. B. S. M. D. (Nurse)  
 Sr. Consultant (Physician)  
 Reg. No. 30925 (DMO)





## Laboratory Report

Lab Serial no.	: LSHHI221055	Mr. No	: 92001
Patient Name	: Mr. Dharmendra kumar	Reg. Date & Time	: 05-Jun-2022 04:23 AM
Age / Sex	: 34 Yrs / M	Sample Receive Date	: 05-Jun-2022 04:23 PM
Referred by	: Dr. SELF	Result Entry Date	: 05-Jun-2022 04:34PM
Doctor Name	: Dr. Vinod Bhat	Reporting Time	: 05-Jun-2022 04:34 PM
OPD	: OPD		

### HAEMATOLOGY

	results	unit	reference
<b>CBC / COMPLETE BLOOD COUNT</b>			
HB (Haemoglobin)	12.8	gm/dl	12.5 - 16.0
TLC	4.2	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	63	%	40 - 70
Lymphocyte	28	%	20 - 40
Eosinophil	<b>07</b>	%	01 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	5.07	Thousand / UI	3.8 - 5.10
P.C.V	<b>40.9</b>	million/UI	00 - 40
M.C.V.	80.7	fL	78 - 100
M.C.H.	<b>25.2</b>	pg	27 - 31
M.C.H.C.	<b>31.3</b>	g/dl	32 - 36
Platelet Count	<b>0.64</b>	Lacs/cumm	1.5 - 4.5

#### Comments:

To determine your general health status; to screen for, diagnose, or monitor any one of a variety of diseases and conditions that affect blood cells, such as anemia, infection, inflammation, bleeding disorder or cancer

technician :

Typed By : Mr. BIRJESH

Page 1

  
**Dr. Swati Chandel**  
Consultant Pathologist  
39292 (MCI)

**Dr. Bupinder Zutshi**  
(M.B.B.S., MD)  
Pathologist & Microbiologist

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### HAEMATOLOGY

	results	unit	reference
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#### ESR / ERYTHROCYTE SEDIMENTATION RATE

ESR (Erythrocyte Sedimentation Rate)	<b>46</b>	mm/1hr	00 - 20
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**NOTE:-**

An erythrocyte sedimentation rate test (ESR) detects inflammation that may be caused by infection and some autoimmune diseases.

### BIOCHEMISTRY

	results	unit	reference
--	---------	------	-----------

#### BLOOD SUGAR F, Sodium Fluoride Pla

Blood Sugar (F)	<b>126.8</b>	mg/dl	70 - 110
-----------------	--------------	-------	----------

**Comments:**

Accurate measurement of glucose in body fluid is important in diagnosis and management of diabetes, hypoglycemia, adrenal dysfunction and various other conditions.

High levels of serum glucose may be seen in case of Diabetes mellitus, in patients receiving glucose containing fluids intravenously, during severe stress and in cerebrovascular accidents.

Decreased levels of glucose can be due to insulin administration, as a result of insulinoma, inborn errors of carbohydrate metabolism or fasting.

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### BIOCHEMISTRY

	results	unit	reference
<u>KFT,Serum</u>			
Blood Urea	22.7	mg/dL	18 - 55
Serum Creatinine	<b>0.54</b>	mg/dl	0.7 - 1.3
Uric Acid	4.3	mg/dl	3.5 - 7.2
Calcium	10.0	mg/dL	8.8 - 10.2
Sodium (Na+)	142.5	mEq/L	135 - 150
Potassium (K+)	3.72	mEq/L	3.5 - 5.0
Chloride (Cl)	103.4	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	10.61	mg/dL	7 - 18
PHOSPHORUS-Serum	<b>2.34</b>	mg/dl	2.5 - 4.5

**Comment:-**

Kidneys play an important role in the removal of waste products and maintenance of water and electrolyte balance in the body. Kidney Function Test (KFT) includes a group of blood tests to determine how well the kidneys are working.

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### BIOCHEMISTRY

	results	unit	reference
<b>LIVER FUNCTION TEST,Serum</b>			
Bilirubin- Total	1.35	mg/dL	00 - 2.0
Bilirubin- Direct	<b>0.82</b>	mg/dL	0.0 - 0.20
Bilirubin- Indirect	0.53	mg/dL	0.2 - 1.2
SGOT/AST	<b>41.3</b>	IU/L	00 - 35
SGPT/ALT	31.0	IU/L	00 - 45
Alkaline Phosphate	80.0	U/L	53 - 128
Total Protein	8.16	g/dL	6.4 - 8.3
Serum Albumin	4.63	gm%	3.50 - 5.20
Globulin	3.53	gm/dl	1.8 - 3.6
Albumin/Globulin Ratio	1.31	%	

A Liver Function test or one or more of its component tests may be used to help diagnose liver disease if a person has symptoms that indicate possible liver dysfunction. If a person has a known condition or liver disease, testing may be performed at intervals to monitor liver status and to evaluate the effectiveness of any treatments.

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### BIOCHEMISTRY

	results	unit	reference
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#### LIPID PROFILE, Serum

S. Cholesterol	124.0	mg/dl	< - 200
HDL Cholesterol	56.7	mg/dl	35.3 - 79.5
LDL Cholesterol	56.5	mg/dl	50 - 150
VLDL Cholesterol	10.8	mg/dl	00 - 40
Triglyceride	54.2	mg/dl	00 - 170
Chloestrol/HDL RATIO	2.2	%	

#### Comment:

Lipid profile or lipid panel is a panel of blood tests that serves as an initial screening tool for abnormalities in lipids, such as cholesterol and triglycerides. The results of this test can identify certain genetic diseases and can determine approximate risks for cardiovascular disease, certain forms of pancreatitis, and other diseases.

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OPD/IPD : OPD	

### TEST NAME

### VALUE

ABO

"A"

Rh

POSITIVE

### **Comments:**

Human red blood cell antigens can be divided into four groups A, B, AB AND O depending on the presence or absence of the corresponding antigens on the red blood cells. There are two glycoprotein A and B on the cell's surface that are responsible for the ABO types. Blood group is further classified as RH positive and RH negative.

### URINE SUGAR (Fasting)

### CHEMICAL EXAMINATION

Glucose : Nil

Mr. BIRJESH

<http://rgcipac3/SJM/Design/Finanace/LabTextReport.aspx>

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05-06-2022

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### URINE EXAMINATION TEST

#### PHYSICAL EXAMINATION

Quantity: 20 ml  
 Color: Yellow  
 Transparency: clear

#### CHEMICAL EXAMINATION

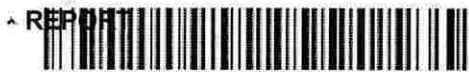
Albumin: nil  
 PH: Acidic

#### MICROSCOPIC EXAMINATION

Pus cells: 1-2 /HPF  
 RBC's: nil  
 Crystals: nil  
 Epithelial cells: 0-1 /HPF  
 Others: nil

Mr. BIRJESH





DIAGNOSTICS

<b>Patient Name</b> : Mr. DHARMENDER KUMAR	Registration No : 87264
Age/Sex : 34 Y/Male	Registered : 05/Jun/2022
Patient ID : 012206050014	Collection : 05/Jun/2022 12:15PM
Barcode : 10090239	Received : 05/Jun/2022 12:50PM
Ref. By : Self	Reported : 05/Jun/2022 02:16PM
SRF No. :	Panel : SJM Hospital
Aadhar No :	Passport No. :

Test Name	Value	Unit	Bio Ref.Interval
<b>THYROID PROFILE.(TFT)SERUM</b>			
T3 ,Serum	101.00	ng/dl	69-215
T4 ,Serum ECLIA	6.50	ug/dL	5.2-12.7
TSH(ultrasensitive) ECLIA	4.6	uIU/mL	0.3-4.5

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within range	Decreased	Within range	Isolated Low T3-often seen in elderly & associated non-thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within range	Within Range	Isolated high TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with physiological & biological TSH variability.
			Subclinical Autoimmune Hypothyroidism
			Intermittent T4 therapy for hypothyroidism
			Recovery phase after non-thyroidal illness"
Raised	Decreased	Decreased	Chronic Autoimmune Thyroiditis
			Post thyroidectomy, post radioiodine
			Hypothyroid phase of transient thyroiditis" Interfering antibodies to thyroid hormones (anti-TPO antibodies)
Raised or within range	Raised	Raised / Normal	Intermittent T4 therapy or T4 overdose Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics

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 MD Pathology  
 Director

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**Dr. Madhusmita Das**  
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*Priyanka*  
**Dr. Priyanka Rana**  
 MD Pathology



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**360 Diagnostics & Health Services Pvt. Ltd.**

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Test Name	Value	Unit	Bio Ref.Interval
Decreased	Raised / Normal	Raised / Normal	Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness
			Subclinical Hyperthyroidism
			Thyroxine ingestion"
Decreased	Decreased	Decreased	Central Hypothyroidism
			Non-Thyroidal illness
			Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	Primary Hyperthyroidism (Graves' disease),Multinodular goitre, Toxic nodule
			Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (granulomatous,subacute, DeQuervain's),Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or	Raised	Within range	T3 toxicosis
Within range			Non-Thyroidal illness

**TSH(μIU/ml) for pregnant females (As per American Thyroid Association)**

First Trimester	0.10-2.5
Second Trimester	0.20-3.00
Third Trimester	0.30-3.00

\*\*\* End Of Report \*\*\*

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 Director

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**Dr. Madhusmita Das**  
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Ref. By : Self	Reported : 05/Jun/2022 01:55PM
SRF No. :	Panel : SJM Hospital
Aadhar No :	Passport No. :

Test Name	Value	Unit	Bio Ref.Interval
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**HbA1C(Glycosylated Hemoglobin ):EDTA**

Hb A1C, GLYCOSYLATED Hb ,EDTA Particle enhanced immunoturbidimetric	7.00	%	
Average Glucose Calculated	154.20	mg/dL	<125.0

**Interpretation:**

AS PER AMERICAN DIABETES ASSOCIATION (ADA)

REFERENCE GROUP	HbA1c IN %
NON DIABETIC ADULTS >=18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING DIABETES	>= 6.5
THERAPEUTIC GOALS FOR GLYCEMIC CONTROL	AGE > 19 YEARS GOAL OF THERAPY: <7.0 ACTION SUGGESTED: > 8.0 AGE <19 YEARS GOAL OF THERAPY: <7.5

**Comment :**

Glycosylated Hb is a normal adult Hb which is covalently bounded to a glucose molecule. Glycosylated Hb concentration is dependent on the average blood glucose concentration and is stable for the life of the RBC (120 days). Glycohaemoglobin serves as suitable marker of metabolic control of diabetics. Its estimation is unaffected by diet, insulin, exercise on day of testing and thus reflects average blood glucose levels over a period of last several weeks /months. There is a 3 - 4 week time before percent Glycohaemoglobin reflects changes in blood glucose levels.

ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

- 1.Glycosylated hemoglobin (HbA1c) test is three monthly monitoring done to assess compliance with therapeutic regimen in diabetic patients.
- 2.Since Hb1c reflects long term fluctuations in blood glucose concentration, a diabetic patient who has recently under good control may still have high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.
- 3.Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In

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<p>patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targetting a goal of &lt; 7.0% may not be appropriate.</p> <p>4.High HbA1c (&gt;9.0 -9.5 %) is strongly associated with risk of development and rapid progression of microvascular and nerve complications</p> <p>5.Any condition that shorten RBC life span like acute blood loss, hemolytic anemia falsely lower HbA1c results.</p> <p>6.HbA1c results from patients with HbSS,HbSC and HbD must be interpreted with caution , given the pathological processes including anemia,increased red cell turnover, and transfusion requirement that adversely impact HbA1c as a marker of long-term gycemic control.</p> <p>7.Specimens from patients with polycythemia or post-splenectomy may exhibit increase in HbA1c values due to a somewhat longer life span of the red cells.</p>			

\*\*\* End Of Report \*\*\*

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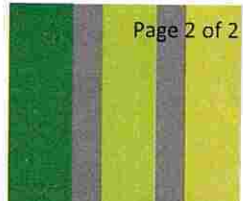
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ID : 111  
 NAME : DHARMENDRA KUMAR  
 AGE / SEX : 34 / MALE

HEIGHT (cm) : 159  
 WEIGHT (kg) : 67  
 PROTOCOL : BRUCE

REF. BY : DR VIOND BHAT  
 DONE BY :  
 TECHNICIAN :

CASE HISTORY : SUGAR AND LIVER

MEDICATION : SUGAR AND LIVER

OBJECT OF TEST : Routine Check Up.

RISK FACTOR : High Stress Job. Diabetes.

ACTIVITY : Very Active.

OTHER INVESTIGATION : X - Ray.

REASON FOR TERMINATION : Max HR.

EXERCISE TOLERANCE : Moderate ( < 10 METS ). Good ( > 10 METS ).

EXERCISE INDUCED ARRHYTHMIAS : Yes.


HAEMO RESPONSE : Normal.

CHRONO RESPONSE : Normal.

FINAL IMPRESSION : Stress Test is Negative for Inducible Ischemia.

EXTRA COMMENTS :

**SJM SUPER SPECIALITY HOSPITAL**  
 Dr. Vinod Kumar Bhat  
 M.B.B.S. M.D (Medicine)  
 Sr. Consultant Physician  
 Reg. No. 90989 (DMC)

Confirmed By :   
 Signature



PATIENT ID : 111  
 PATIENT NAME : DHARMENDRA KUMAR  
 PROTOCOL : BRUCE

DR. VIJOND BHAT  
 Tested On 05-06-2022, 10:18:34  
 BPL DYNATRAC

	I	II	III	aVR	aVL	aVF	V1	V2	V3	V4	V5	V6
<b>Exercise 3</b> 5.50 kmph - 14.00 % 157 bpm - 140/90 mmhg	(2.10)	(2.77)	(0.75)	(-2.18)	(0.75)	(2.18)	(0.17)	(5.12)	(5.20)	(5.12)	(3.27)	(2.43)
<b>Recovery 1</b> 0.00 kmph - 0.00 % 155 bpm - 130/85 mmhg	(0.75)	(2.26)	(1.84)	(-1.68)	(-0.75)	(2.01)	(0.08)	(3.44)	(3.19)	(2.77)	(2.26)	(2.01)
<b>Recovery 2</b> 0.00 kmph - 0.00 % 107 bpm - 130/85 mmhg	(0.82)	(1.82)	(1.07)	(-1.38)	(-0.06)	(1.45)	(-0.13)	(2.52)	(2.33)	(1.89)	(1.32)	(1.13)
<b>Recovery 3</b> 0.00 kmph - 0.00 % 94 bpm - 120/80 mmhg	(0.19)	(1.01)	(0.63)	(-0.69)	(-0.25)	(0.69)	(-0.19)	(0.94)	(0.82)	(0.57)	(0.38)	(0.25)

PATIENT ID : 111  
PATIENT NAME : DHARMENDRA KUMAR  
PROTOCOL : BRUCE

DR. VIJOND BHAT  
Tested On 05-06-2022, 10:18:34  
BPL DYNATRAC

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

# 111ST-Level(mm)

20 Hz Filter

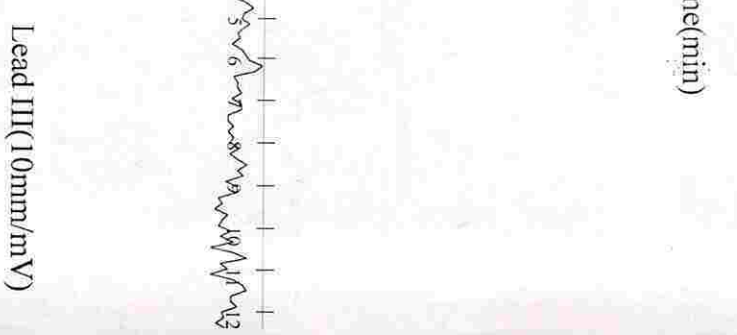
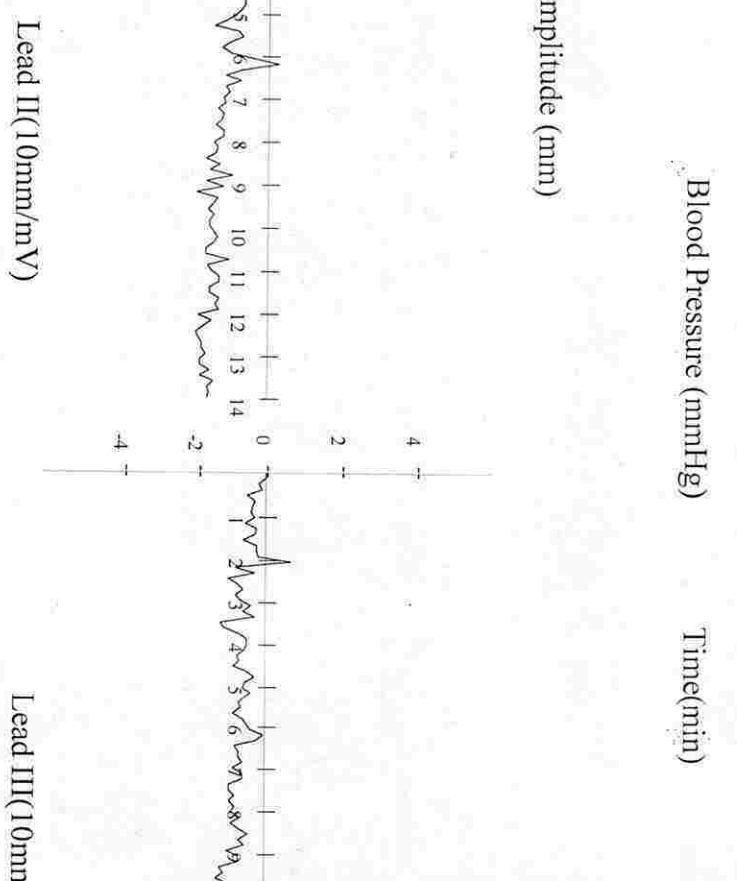
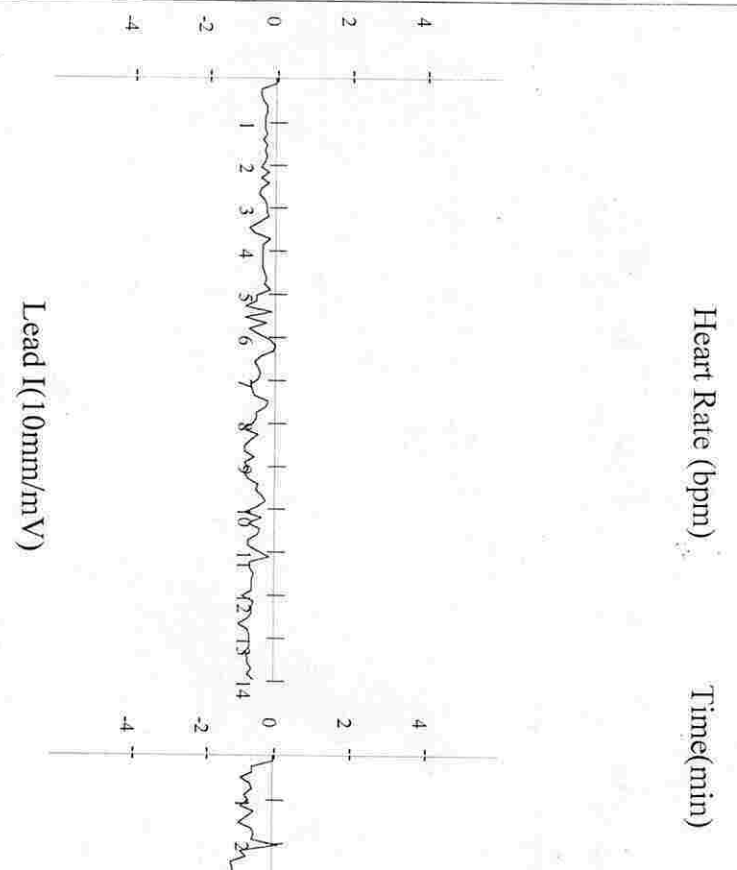
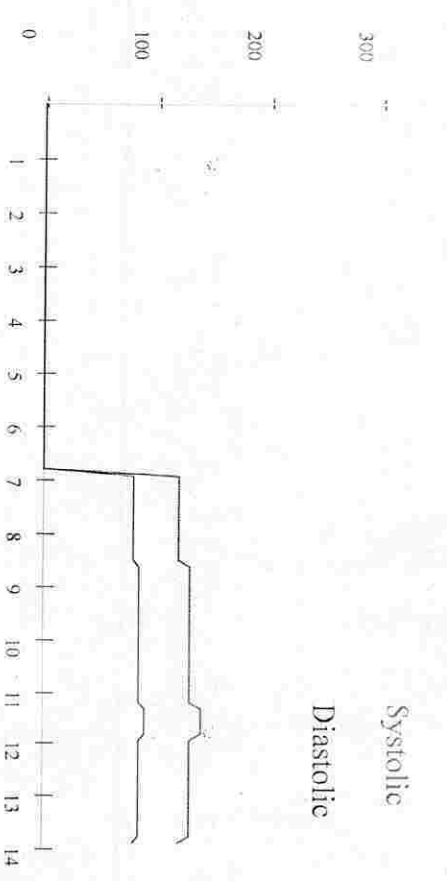
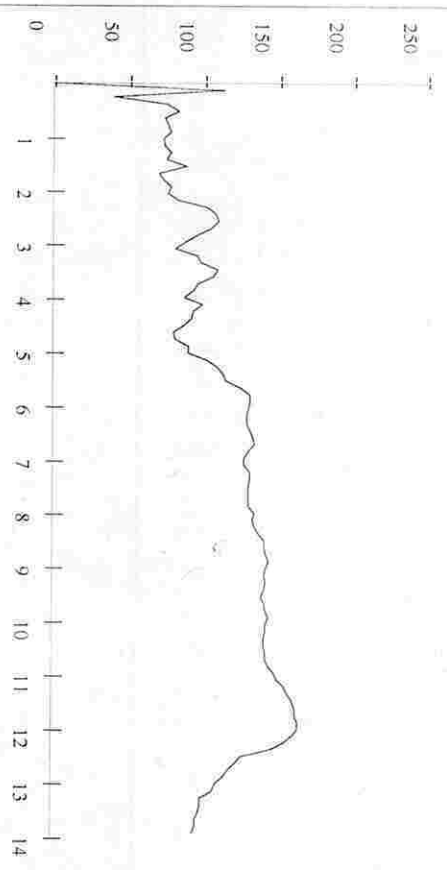
10mm/mv, 25mm/Sec

Page No.: 3



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DR. VIJOND BHAT  
Tested On 05-06-2022, 10:18:34  
BPL DYNATRAC

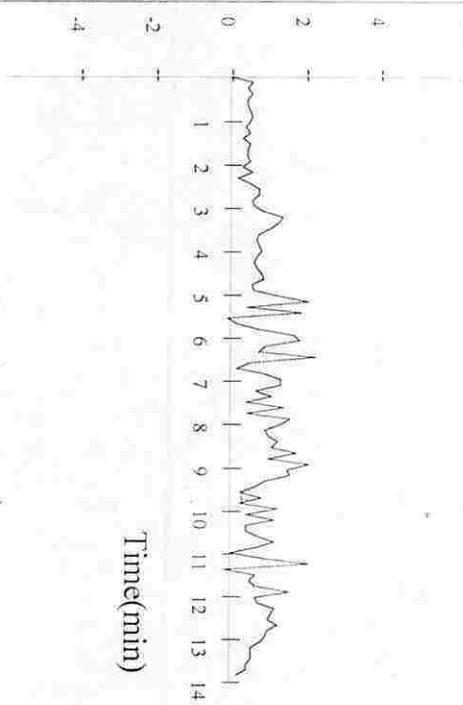


J-Amplitude (mm)

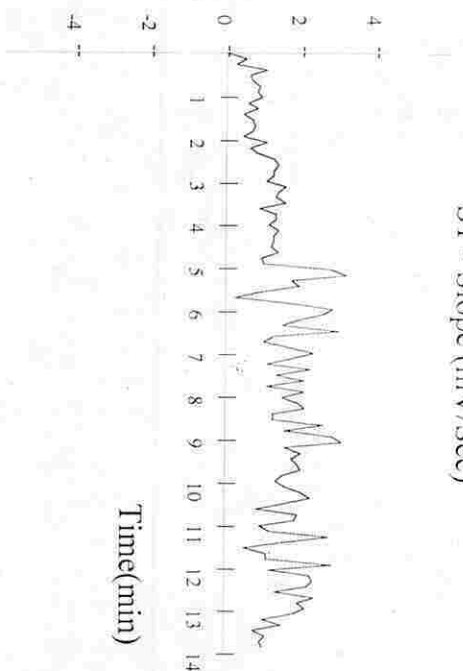
PATIENT ID : 111  
PATIENT NAME : DHARMENDRA KUMAR  
PROTOCOL : BRUCE

DR. VIJOND BHAT  
Tested On 05-06-2022, 10:18:34  
BPL DYNATRAC

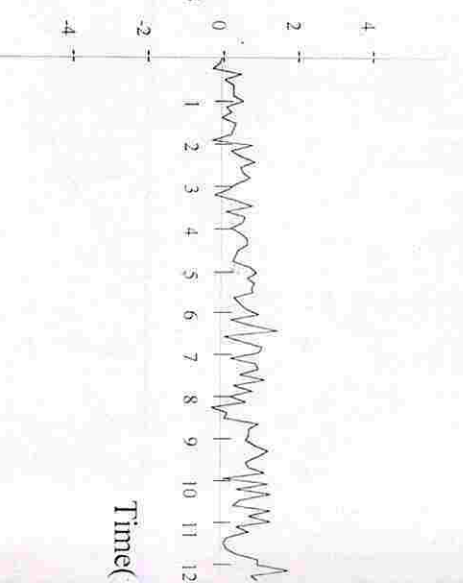
ST - Slope (mV/Sec)



Lead I (10mm/mV)

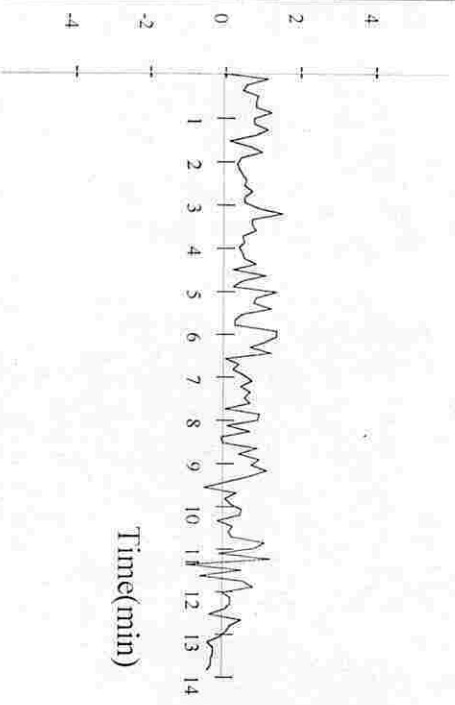


Lead II (10mm/mV)

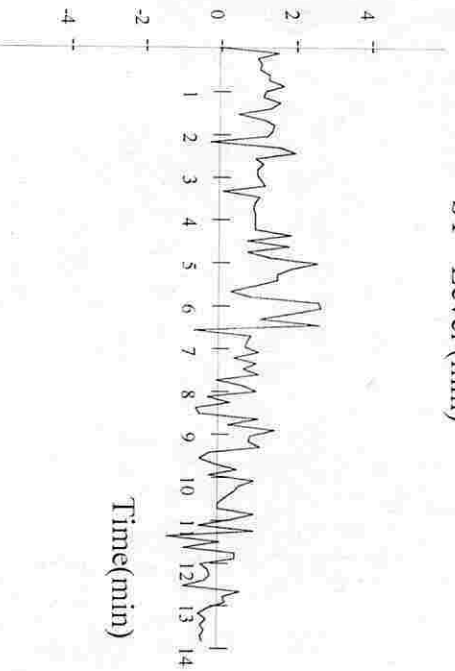


Lead III (10mm/mV)

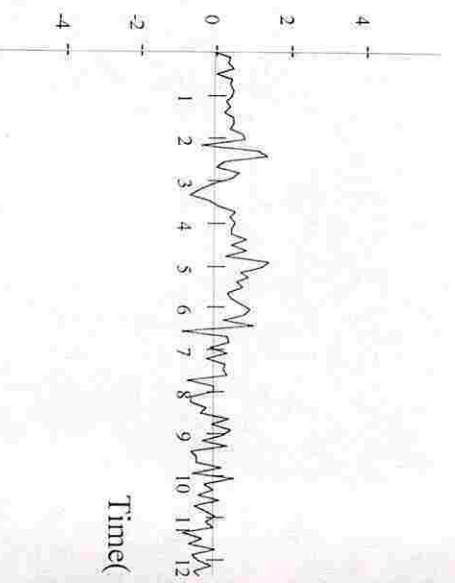
ST - Level (mm)



Lead I (10mm/mV)



Lead II (10mm/mV)



Lead III (10mm/mV)



PATIENT ID : 111  
 PATIENT NAME : DHARMENDRA KUMAR  
 PROTOCOL : BRUCE

DR. VIJOND BHAT  
 Tested On : 05-06-2022, 10:18:34  
 BPL DYNATRAC

ST LEVEL  
 (mm)

Stage	I	II	III	aVR	aVL	aVF	V1	V2	V3	V4	V5	V6
Pre-Test	0.9	1.3	0.5	-1.1	0.3	0.9	0.7	3.8	3.1	2.1	1.3	0.9
Supine	0.9	1.4	0.3	-1.0	0.4	0.7	0.7	3.4	2.9	2.2	1.6	1.1
Hyper Ventilation	0.4	1.3	0.8	-0.8	-0.4	1.1	1.4	3.0	3.6	2.5	1.4	0.9
Wait For Exercise	0.9	1.9	0.9	-1.5	0.3	1.5	1.3	4.4	4.0	2.6	2.1	1.3
Exercise 1	0.5	0.4	-0.2	-0.4	0.6	0.2	0.6	2.7	2.5	1.6	1.3	0.9
Exercise 2	0.5	1.0	0.6	-0.6	0.1	1.0	0.5	2.9	2.6	1.9	1.5	1.2
Peak Exercise	1.3	1.0	0.0	-1.1	0.2	0.8	0.5	3.8	3.6	2.6	1.7	1.4
Recovery 1	0.2	-0.3	-0.1	0.0	0.1	-0.4	0.5	2.1	1.6	0.8	0.6	0.2
Recovery 2	-0.1	-0.3	-0.1	0.2	0.1	-0.3	0.7	2.6	1.9	1.1	0.3	-0.2
Recovery 3	-0.4	-0.4	-0.1	0.3	-0.1	-0.3	0.5	1.3	0.8	0.0	-0.3	-0.6

PATIENT ID : 111  
 PATIENT NAME : DHARMENDRA KUMAR  
 PROTOCOL : BRUCE

DR. VIOND BHAT  
 Tested On 05-06-2022, 10:18:34  
 BPL DYNATRAC

ST SLOPE  
 (mV/Sec)

Stage	I	II	III	aVR	aVL	aVF	V1	V2	V3	V4	V5	V6
Pre-Test	0.4	0.7	0.3	-0.6	0.1	0.5	0.2	1.5	1.1	0.8	0.5	0.4
Supine	0.3	0.4	0.0	-0.3	0.1	0.2	0.3	1.3	0.9	0.8	0.4	0.3
Hyper Ventilation	0.3	1.1	0.8	-0.8	-0.4	1.0	0.5	1.2	1.9	1.2	0.7	0.6
Wait For Exercise	0.7	1.3	0.7	-1.1	0.3	1.0	0.3	2.5	2.5	1.6	1.5	0.9
Exercise 1	0.7	1.1	0.9	-0.9	0.3	1.1	0.1	3.1	2.9	2.0	1.8	1.2
Exercise 2	0.4	1.6	1.3	-0.8	-0.2	1.8	-0.3	2.5	2.3	2.0	1.7	1.3
Peak Exercise	2.1	2.8	0.8	-2.2	0.8	2.2	0.2	5.1	5.2	5.1	3.3	2.4
Recovery 1	0.8	2.3	1.8	-1.7	-0.8	2.0	0.1	3.4	3.2	2.8	2.3	2.0
Recovery 2	0.8	1.8	1.1	-1.4	-0.1	1.4	-0.1	2.5	2.3	1.9	1.3	1.1
Recovery 3	0.2	1.0	0.6	-0.7	-0.3	0.7	-0.2	0.9	0.8	0.6	0.4	0.3



PATIENT ID : 111  
 PATIENT NAME : DHARMENDRA KUMAR  
 PROTOCOL : BRUCE

DR. VIJOND BHAT  
 Tested On 05-06-2022, 10:18:34  
 BPL DYNATRAC

Total METS achieved 9.10  
 Maximum HR achieved 157 bpm, 84 % of 186 bpm

Maximum ST depression (II) -0.40 mm  
 Total Exercise time 07:13 (min:sec)

Stage Name	Time (min:sec)	Speed (Kmph)	Grade (%)	HR (bpm)	BP (mmHg)	R.P.P	METS	STLevel (II)	Stage Comments
Pre-Test	00:43	0.00	0.00	76	0 / 0	0	0.00	1.31	
Supine	00:45	0.00	0.00	88	0 / 0	0	0.00	1.36	
Hyper Ventilation	00:39	0.00	0.00	83	0 / 0	0	0.00	1.26	
Wait For Exercise	02:23	0.00	0.00	87	0 / 0	0	0.00	1.91	
Exercise 1	02:55	2.70	10.00	131	120 / 80	15720	5.10	0.40	
Exercise 2	02:56	4.00	12.00	142	130 / 85	18460	7.10	0.96	
Peak Exercise	01:10	5.50	14.00	157	140 / 90	21980	9.10	0.96	
Recovery 1	00:54	0.00	0.00	155	130 / 85	20150	0.00	-0.25	
Recovery 2	01:52	0.00	0.00	107	130 / 85	13910	0.00	-0.25	
Recovery 3	02:41	0.00	0.00	94	120 / 80	11280	0.00	-0.40	



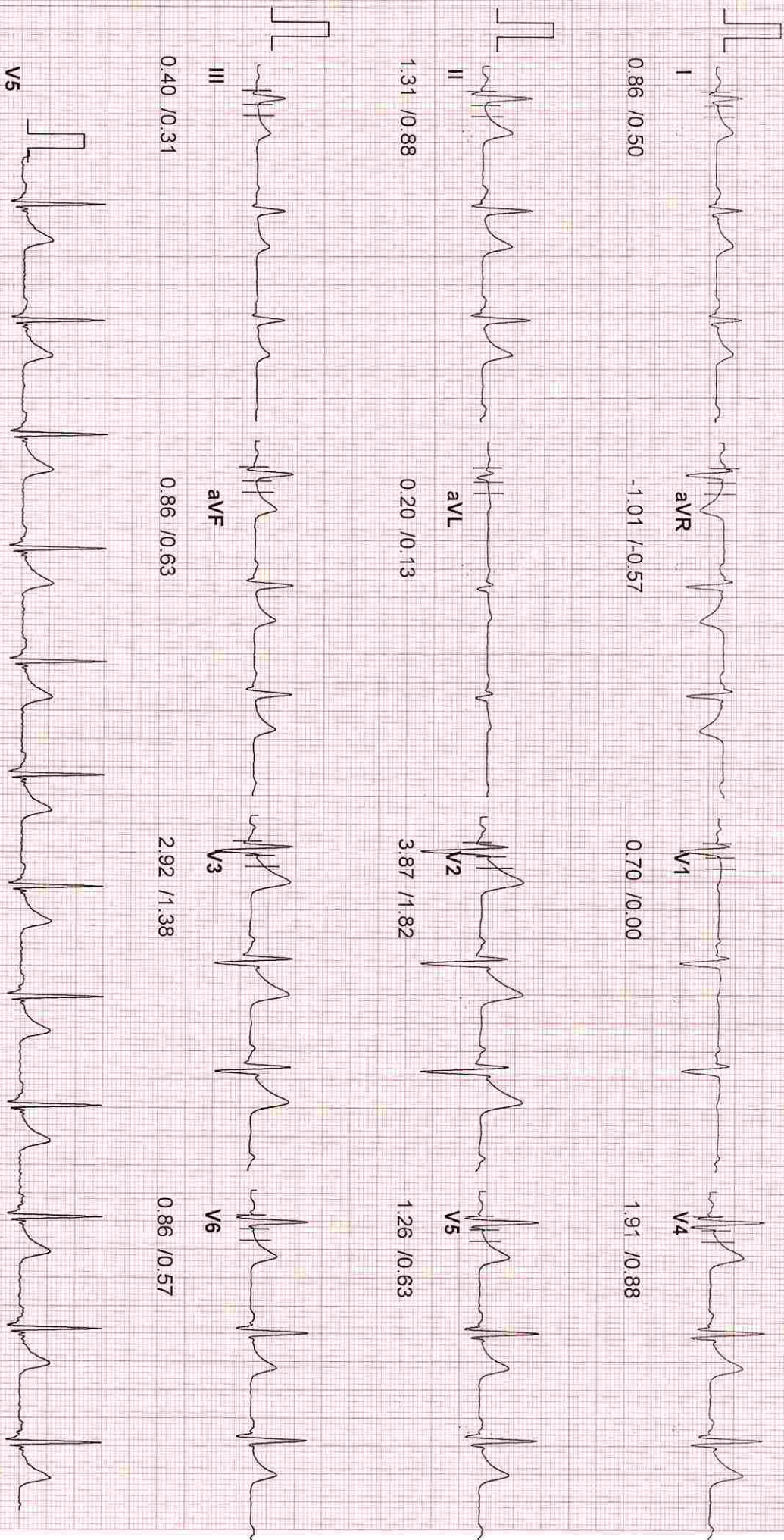
ID : 111  
 NAME : DHARMENDRA KUMAR  
 AGE : 34  
 BP : 0/0 mmHg

STAGE : Pre-Test  
 RECORDED TIME : 00:47 (min:sec)  
 STAGE DURATION: 00:47 (min:sec)  
 HR : 77 bpm (41%)

PROTOCOL : BRUCE  
 SPEED : 0.0 kmph  
 GRADE : 0.00 %  
 METS : 0.00

DR. VIJND BHAT  
 Tested On : 05-06-2022, 10  
 BPL DYNATRAC

ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J



#111

20 Hz Filter

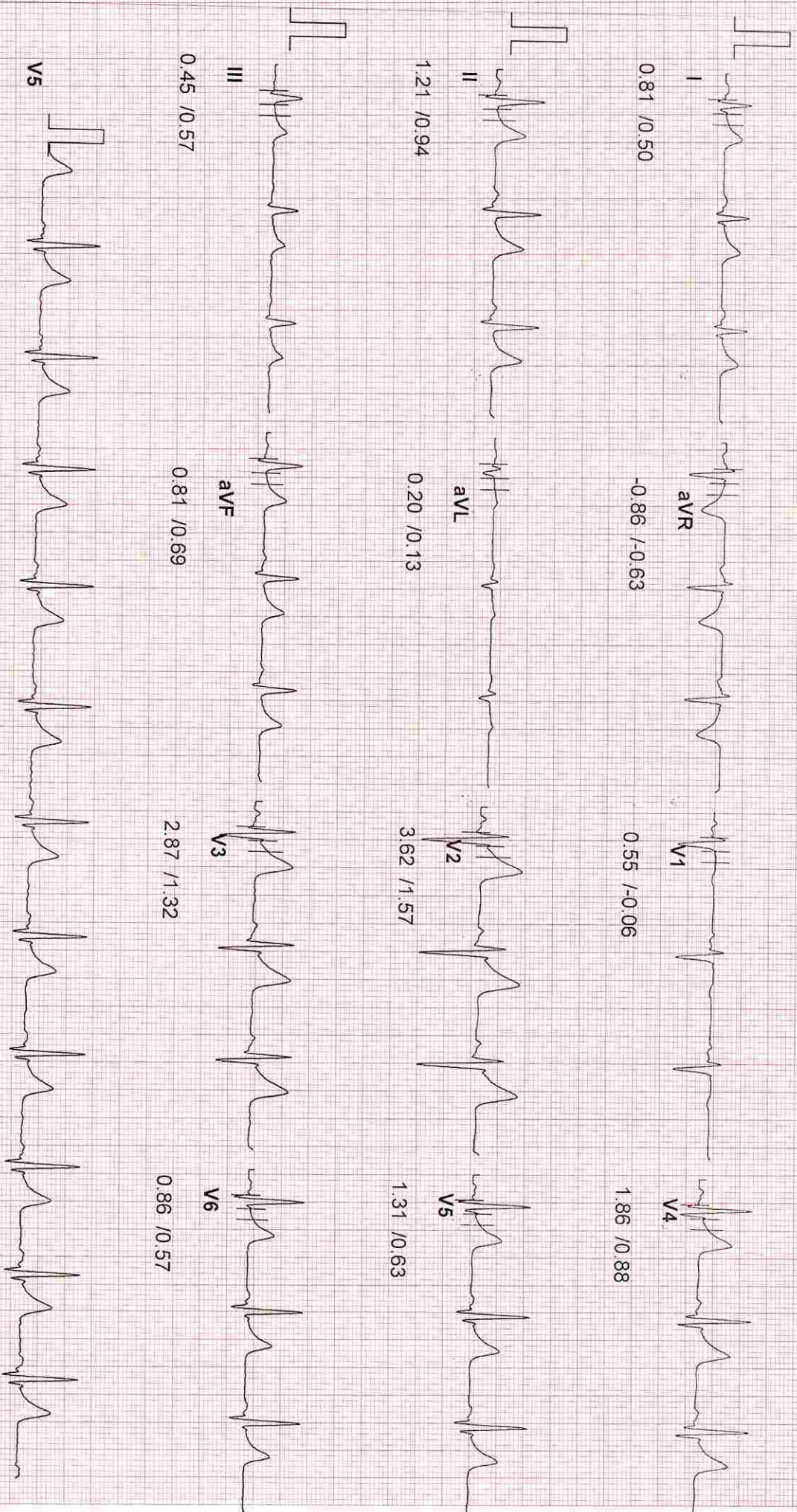
10mm/mV, 25mm/Sec



ID : 111  
 NAME : DHARMENDRA KUMAR  
 Age : 34  
 BP : 0/0 mmHg  
 ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

STAGE : Supine  
 RECORDED TIME : 01:07 (min:sec)  
 STAGE DURATION : 00:20 (min:sec)  
 HR : 75 bpm (40%)  
 PROTOCOL : BRUCE  
 SPEED : 0.0 kmph  
 GRADE : 0.00 %  
 METS : 0.00

DR. VIJOND BHAT  
 Tested On : 05-06-2022, 10  
 BPL DYNATRAC



# 111

20 Hz Filter

10mm/mV, 25mm/Sec



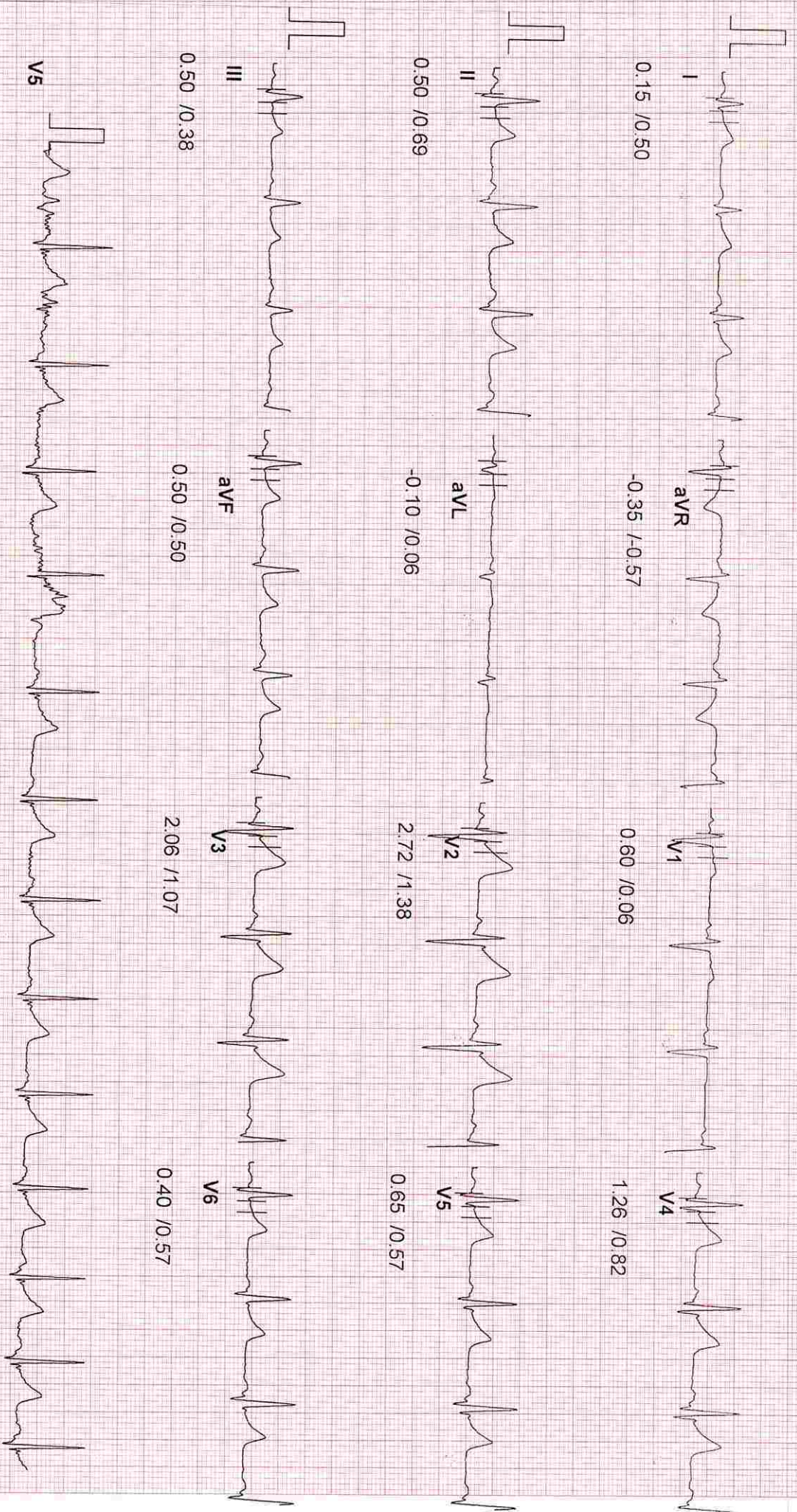
ID : 111  
 NAME : DHARMENDRA KUMAR  
 AGE : 34  
 BP : 0/0 mmHg  
 ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

STAGE :  
 RECORDED TIME :  
 STAGE DURATION :

Supine  
 01:35 (min:sec)  
 00:48 (min:sec)  
 87 bpm (46%)

PROTOCOL : BRUCE  
 SPEED : 0.0 kmph  
 GRADE : 0.00 %  
 METS : 0.00

DR. VIJOND BHAT  
 Tested On 05-06-2022, 10  
 BPL DYNATRAC



# 111

20 Hz Filter

10mm/mV, 25mm/Sec

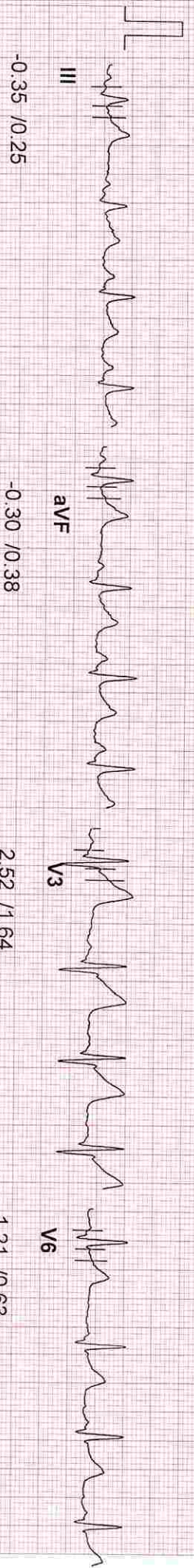
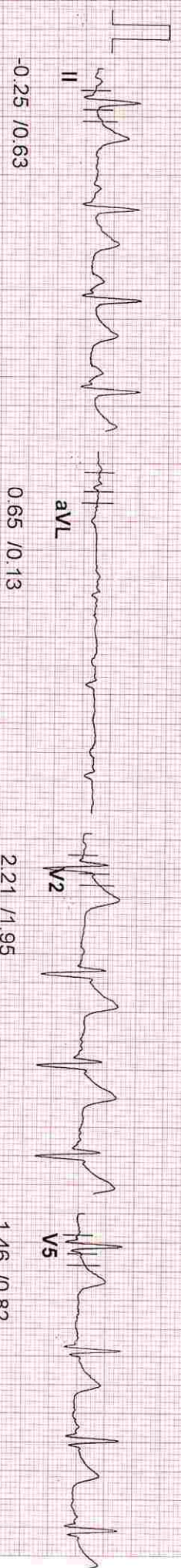
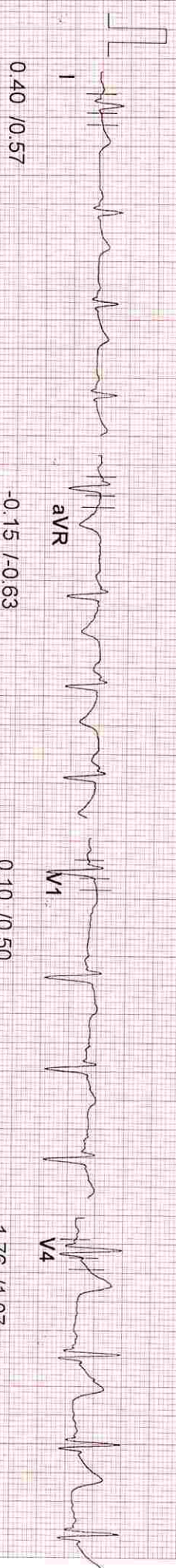


ID : 111  
 NAME : DHARMENDRA KUMAR  
 AGE : 34  
 BP : 0/0 mmHg  
 ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

STAGE : Hyper Ventilation  
 RECORDED TIME : 02:18 (min:sec)  
 STAGE DURATION : 00:43 (min:sec)  
 HR : 96 bpm (51 %)

PROTOCOL : BRUCE  
 SPEED : 0.0 kmph  
 GRADE : 0.00 %  
 METS : 0.00

DR. VIJOND BHAT  
 Tested On 05-06-2022, 10  
 BPL DYNATRAC



# 111

20 Hz Filter

10mm/mV, 25mm/Sec

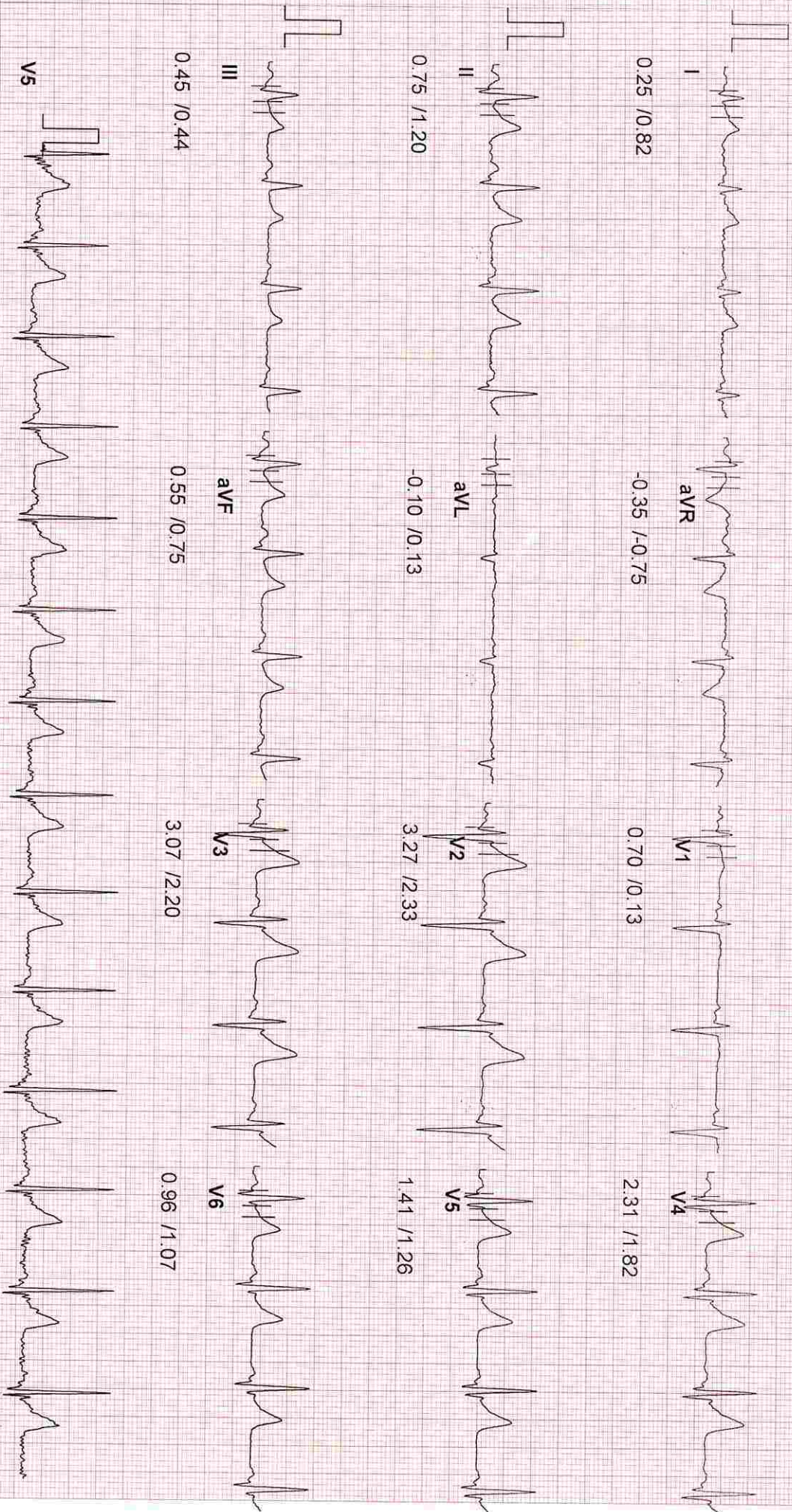


ID : 111  
 NAME : DHARMENDRA KUMAR  
 AGE : 34  
 BP : 0/0 mmHg  
 ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

STAGE : Wait For Exercise  
 RECORDED TIME : 04:46 (min:sec)  
 STAGE DURATION : 02:28 (min:sec)  
 HR : 81 bpm (43%)

PROTOCOL : BRUCE  
 SPEED : 0.0 kmph  
 GRADE : 0.00 %  
 METS : 0.00

DR. VIOND BHAT  
 Tested On 05-06-2022, 10  
 BPL DYNATRAC



# 111

20 Hz Filter

10mm/mV, 25mm/Sec

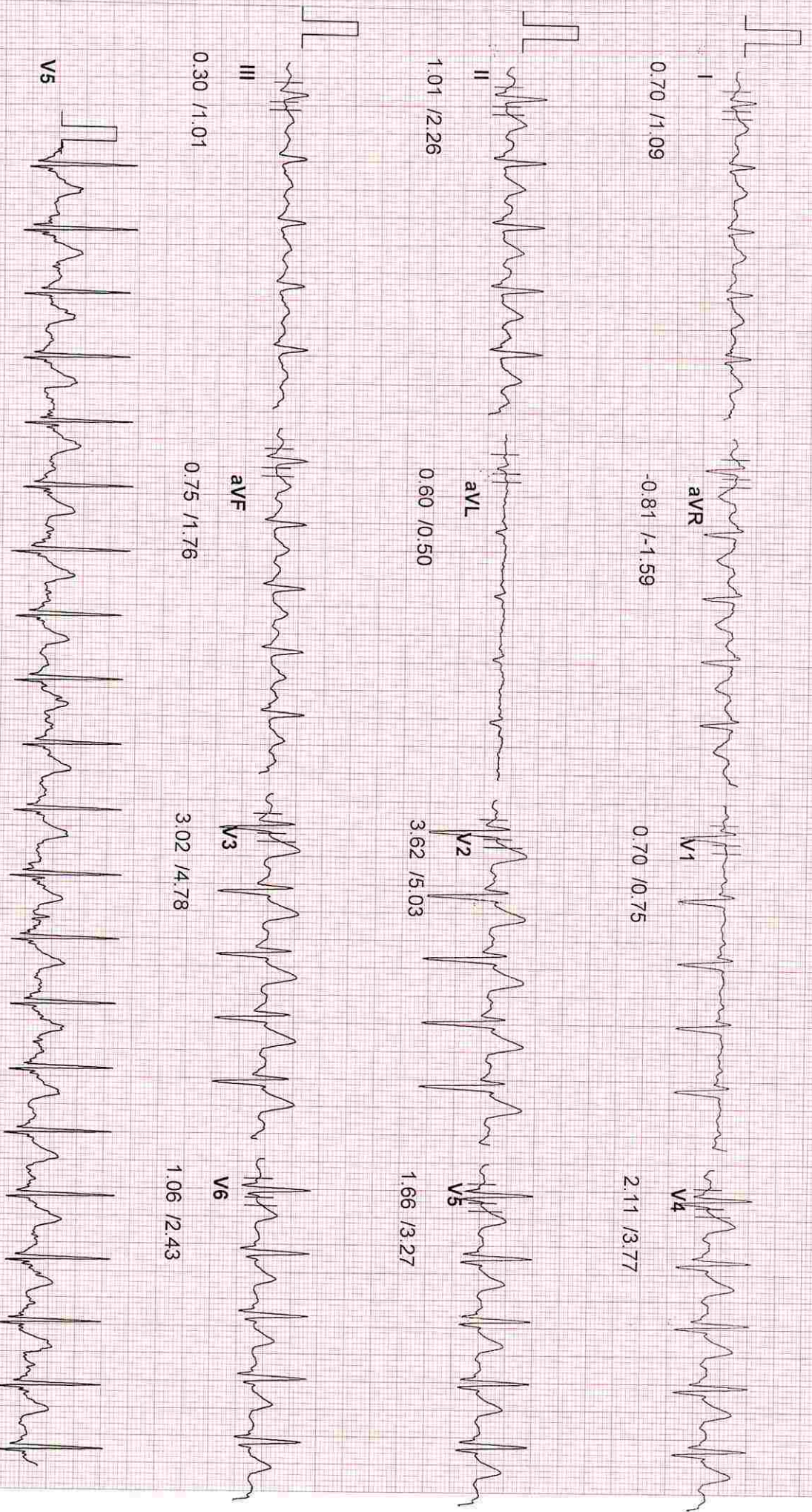


ID : 111  
NAME : DHARMENDRA KUMAR  
AGE : 34  
BP : 120/80 mmHg  
ST Levels (mm) / ST Slope (mV/s) measured at 60 ms Post J

STAGE : Exercise1  
RECORDED TIME : 03:00 (min:sec)  
STAGE DURATION : 03:00 (min:sec)  
HR : 130 bpm (69%)

PROTOCOL : BRUCE  
SPEED : 2.7 kmph  
GRADE : 10.00 %  
METS : 5.10

DR. VIOND BHAT  
Tested On 05-06-2022, 10  
BPL DYNATRAC



# 111

20 Hz Filter

10mm/mV, 25mm/Sec

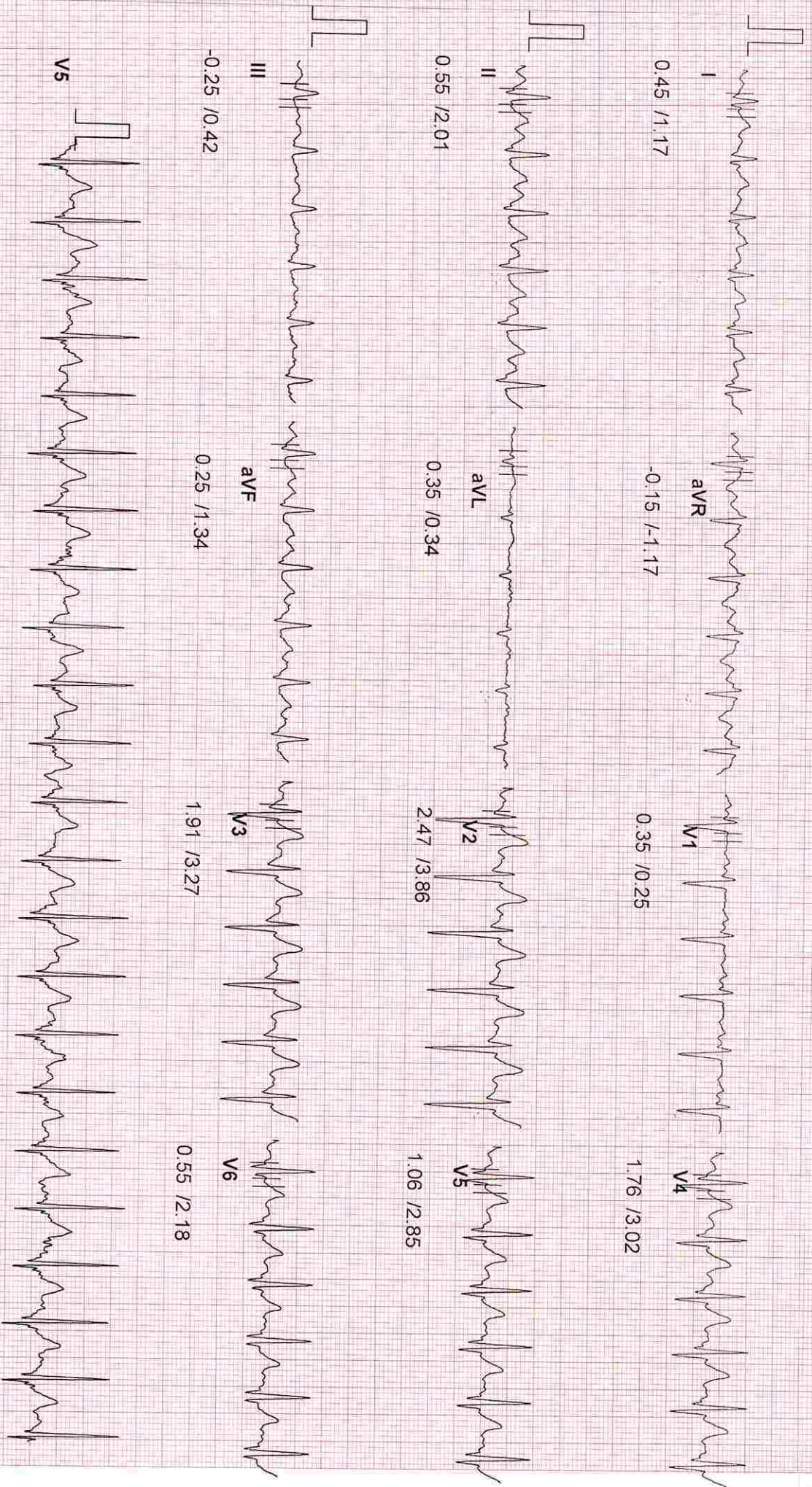


ID : 111  
NAME : DHARMENDRA KUMAR  
AGE : 34  
BP : 130/85 mmHg  
ST Levels (mm) / ST Slope (mV/s) measured at 60 ms Post J

STAGE : Exercise2  
RECORDED TIME : 06:00 (min:sec)  
STAGE DURATION : 03:00 (min:sec)  
HR : 142 bpm (76 %)

PROTOCOL : BRUCE  
SPEED : 4.0 kmph  
GRADE : 12.00 %  
METS : 7.10

DR. VIJOND BHAT  
Tested On 05-06-2022, 10  
BPL DYNATRAC



# 111

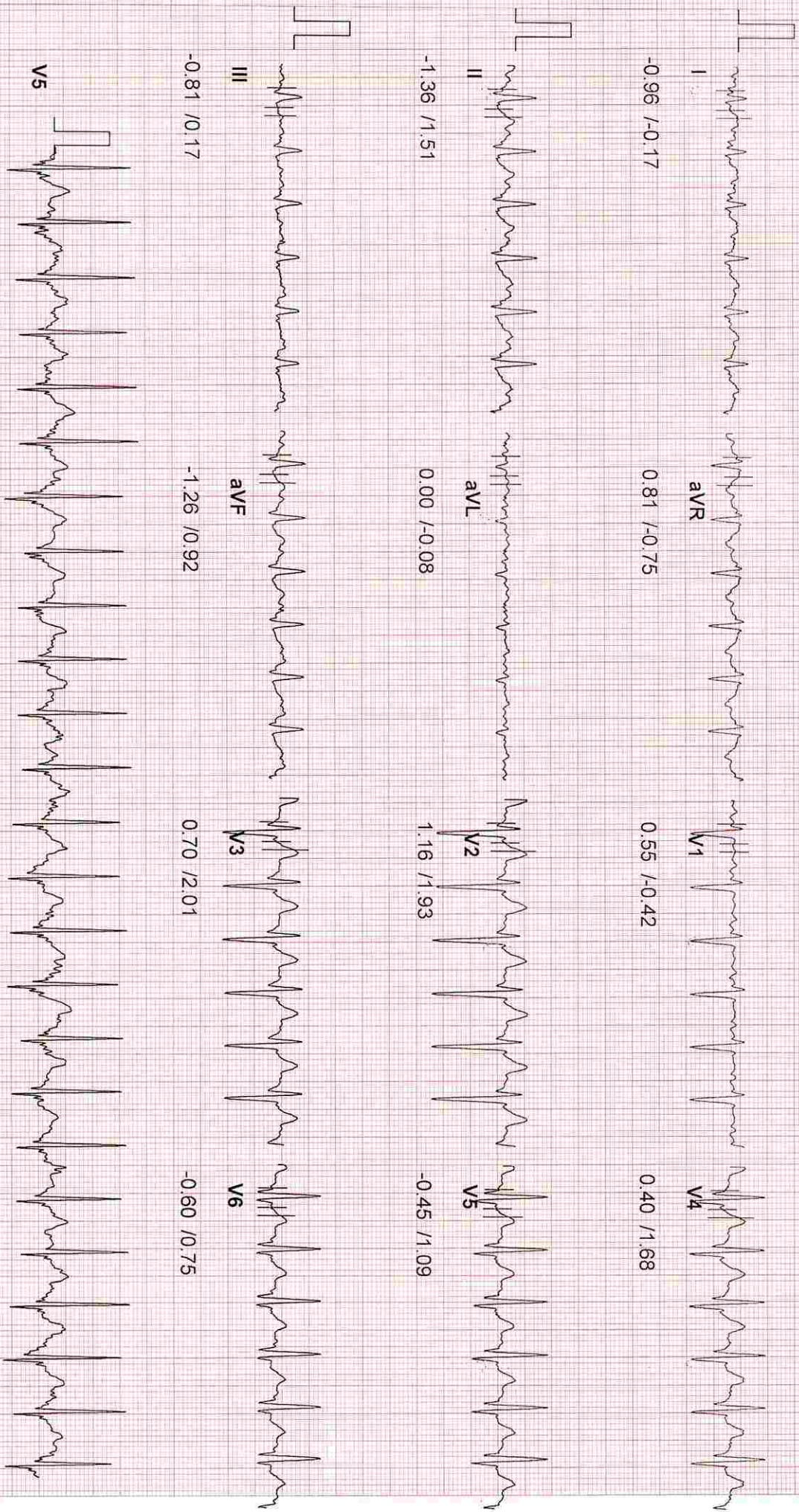
20 Hz Filter

10mm/mV, 25mm/Sec



ID : 111  
 NAME : DHARMENDRA KUMAR  
 AGE : 34  
 BP : 140/90 mmHg  
 ST Levels (mm) / ST Slope (mV/s) measured at 60 ms Post J

STAGE : Exercise3(Peak Ex) PROTOCOL : BRUCE  
 RECORDED TIME : 07:13 (min:sec) SPEED : 5.5 kmph  
 STAGE DURATION : 01:13 (min:sec) GRADE : 14.00 %  
 HR : 160 bpm ( 86 % ) METS : 9.10  
 DR. VIOND BHAT  
 Tested On 05-06-2022, 10  
 BPL DYNATRAC



# 111

20 Hz Filter

10mm/mV, 25mm/Sec



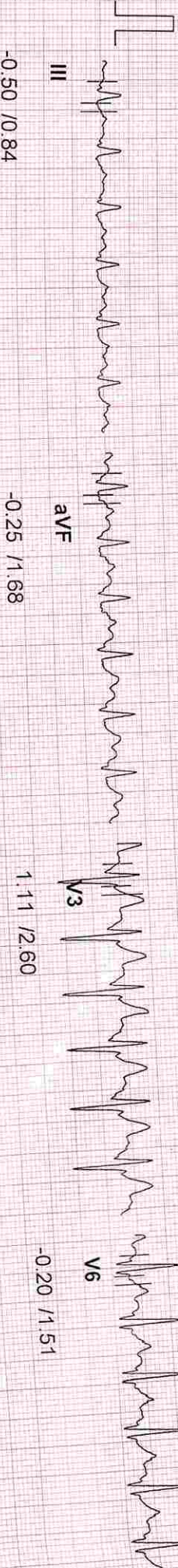
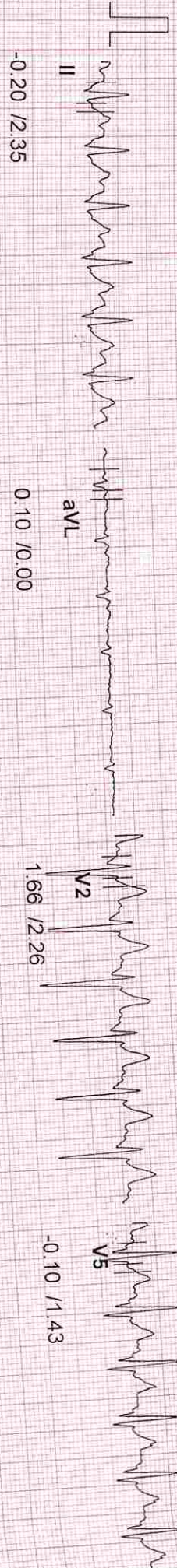
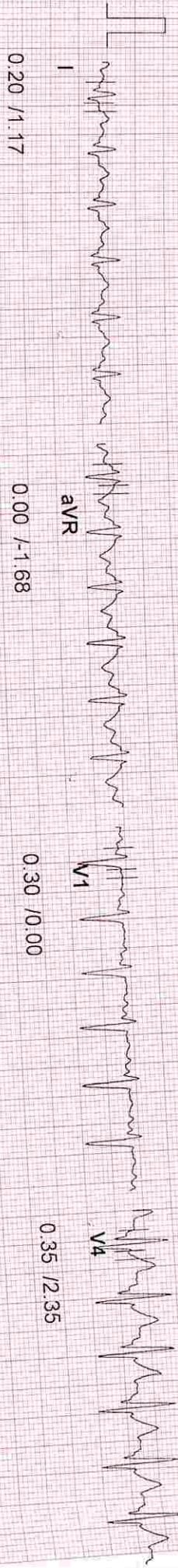
ID : 111  
 NAME : DHARMENDRA KUMAR  
 AGE : 34  
 BP : 130/85 mmHg

STAGE : Recovery 1  
 RECORDED TIME : 00:59 (min:sec)  
 STAGE DURATION : 00:59 (min:sec)  
 HR : 150 bpm (80%)

PROTOCOL : BRUCE  
 SPEED : 0.0 kmph  
 GRADE : 0.00 %  
 METS : 0.00

DR VIOND BHAT  
 Tested On 05-06-2022, 10  
 BPL DYNATRAC

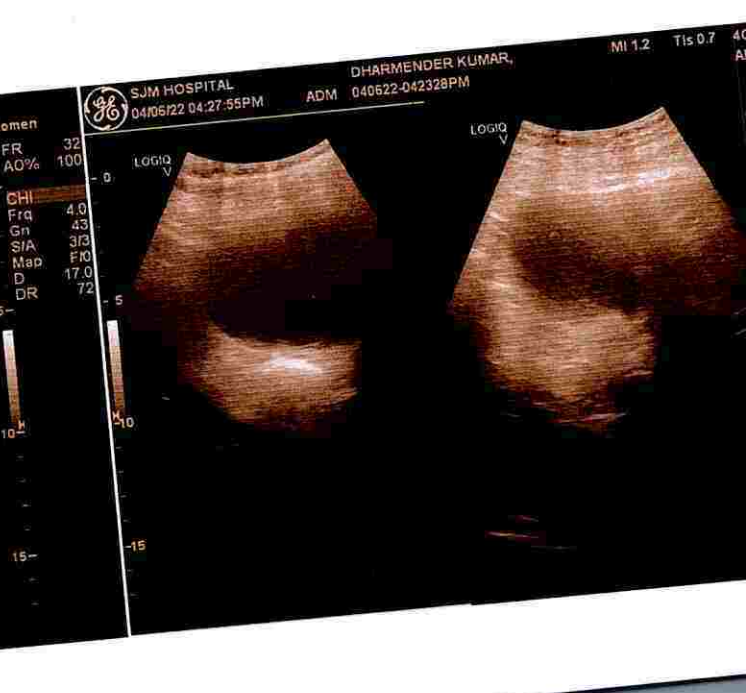
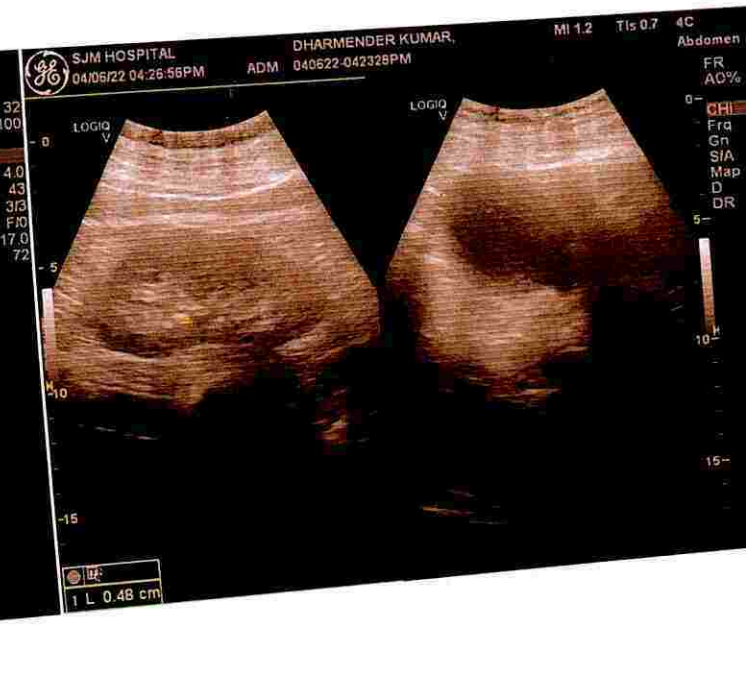
ST Levels (mm) / ST Slope (mV/s) measured at 60 ms Post J



# 111

20 Hz Filter  
10mm/mV, 25mm/Sec





## Ultrasound Report

Name: Mr. Dharmendra Kumar

Age:34y/M

Date: 05/06/2022

### Ultrasound - Male Abdomen

**Liver:** Liver is granular & cirrhotic in appearance.

**GALL BLADDER:-**Gall bladder is physiologically distended. The wall thickness is normal. There is no Evidence of any intraluminal mass lesion or calculi seen.

**PANCREAS:-**Pancreas is normal in size, shape and echo pattern. No focal mass lesion seen. Pancreatic duct is not dilated.

**SPLEEN:-**Spleen show normal in size, shape and homogeneous echo pattern. No focal mass lesion is seen in parenchyma.

**KIDNEYS:-**Both the kidneys are normal in size, shape, position and axis. Parenchymal echo pattern is normal bilaterally. No focal solid or cystic lesion is seen. There is no evidence of renal concretions on right side. **Left kidney shows renal calculus meas. 5mm in upper pole.**

**PARAAORTIC REGIONS:** Any mass/ lymph nodes: -- no mass or lymph nodes seen.

**URINARY BLADDER:-** Adequately distended. Wall were regular and thin. Contents are Normal. No stone formation seen.

**PROSTATE:-** Normal in shape and position. Parenchymal echotexture is normal. No free ascetic fluid or pleural effusion seen.

**IMPRESSION:-** Left renal calculus.

DR. PUSHPA KAUL

For SJM Super Specialty Hospital

DR. P.K GUPTA