

 UNION OF INDIA **Driving Licence** (RJ) (NT)
RJ14 20070707803

	* दिनांक पर जारी किया गया / Date of Issue 16/11/2007	वैधता समाप्त / Validity 15/11/2027	
नाम / Name	जन्म तिथि / Date of Birth 29/07/1987	रक्त समूह / Blood Group Unknown	

MAN MOHAN KHINCHI
पिता/पति का नाम / Son/Daughter/Wife of
KHEM CHAND KHINCHI

DUPLICATE


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MC - 2300



Date :- 12/07/2021 10:44:36

Patient ID :- 12211183

NAME :- Mr. MAN MOHAN KHINCHI

Ref. By Dr.- BOB

Sex / Age :- Male 34 Yrs

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA

Sample Collected Time 12/07/2021 10:51:12

Final Authentication : 12/07/2021 14:06:16

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BOB PACKAGE MALE

GLYCOSYLATED HEMOGLOBIN (HbA1C)

6.0

%

Non-diabetic: < 5.7
Pre-diabetics: 5.7-6.4
Diabetics: = 6.5 or higher
ADA Target: 7.0
Action suggested: > 6.5

Method:- HPLC

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

MEAN PLASMA GLUCOSE

126

mg/dL

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

Method:- Calculated Parameter

Technologist

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	12.1 L	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	10.78 H	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	39.5 L	%	40.0 - 80.0
LYMPHOCYTE	37.6	%	20.0 - 40.0
EOSINOPHIL	17.2 H	%	1.0 - 6.0
MONOCYTE	5.4	%	2.0 - 10.0
BASOPHIL	0.3	%	0.0 - 2.0
NEUT#	4.26	10 ³ /uL	1.50 - 7.00
LYMPH#	4.06 H	10 ³ /uL	1.00 - 3.70
EO#	1.85 H	10 ³ /uL	0.00 - 0.40
MONO#	0.58	10 ³ /uL	0.00 - 0.70
BASO#	0.03	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.44 L	x10 ⁶ /uL	4.50 - 5.50
HEMATOCRIT (HCT)	38.00 L	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	85.5	fL	83.0 - 101.0
MEAN CORP HB (MCH)	27.3	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	31.9	g/dL	31.5 - 34.5
PLATELET COUNT	278	x10 ³ /uL	150 - 410
RDW-CV	14.0	%	11.6 - 14.0
MENTZER INDEX	19.26		

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.

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	02	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 (CBC); Methodology: FLC, DLC Fluorescent Flow cytometry, HB SLS method, TRBC, PCV, PLT Hydrodynamically focused Impedance, and of connective tissue disease.

MCH, MCV, MCHC, MENTZER INDEX are calculated. Instrument Name: Sysmex 6 part fully automatic analyzer XN-L, Japan

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	197.64	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	78.43	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
VLDL CHOLESTEROL Method:- Calculated	15.69	mg/dl	0.00 - 80.00

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	42.54	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	142.03	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	4.65		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	3.34		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	544.52	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	0.35	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	24.6	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	26.0	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	77.10	IU/L	30.00 - 120.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.63	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.66	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.97	gm/dl	2.20 - 3.50
A/G RATIO	1.57		1.30 - 2.50

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.09	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.26	mg/dl	0.30-0.70
SERUM GAMMA GT Method:- IFCC	11.40	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 thernus 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 3 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	2.790	μIU/mL	0.465 - 4.680

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IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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SERUM TOTAL T3
Method:- Chemiluminescence(Competitive immunoassay) 1.290 ng/ml 0.970 - 1.690

SERUM TOTAL T4
Method:- Chemiluminescence(Competitive immunoassay) 6.530 ug/dl 5.530 - 11.000

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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Tele: 0141-2293346, 4049787, 9887049787

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



MC - 2300



Date :- 12/07/2021 10:44:36

Patient ID :- 12211183

NAME :- Mr. MAN MOHAN KHINCHI

Ref. By Dr:- BOB

Sex / Age :- Male 34 Yrs

Lab/Hosp :-

Company :- MediWheel

Sample Type :- URINE

Sample Collected Time 12/07/2021 10:51:12

Final Authentication : 12/07/2021 11:35:06

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
MICROSCOPY EXAMINATION			
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

C.L.SAINI

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

Page No: 10 of 16

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NAME :- **Mr. MAN MOHAN KHINCHI**

Sex / Age :- Male 34 Yrs

Company :- MediWheel

Patient ID :- 12211183

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 12/07/2021 10:51:12

Final Authentication : 12/07/2021 11:35:06

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)	5.5		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

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Date :- 12/07/2021 10:44:36

NAME :- Mr. MAN MOHAN KHINCHI

Sex / Age :- Male 34 Yrs

Company :- MediWheel

Patient ID :- 12211183

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- STOOL

Sample Collected Time 12/07/2021 10:51:12

Final Authentication : 12/07/2021 11:35:06

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
STOOL ANALYSIS			
PHYSICAL EXAMINATION			
COLOUR	BROWN		
CONSISTENCY	SOFT		
MUCUS	ABSENT		
BLOOD	ABSENT		
MICROSCOPIC EXAMINATION			
RBC's	NIL	/HPF	
WBC/HPF	0 - 1	/HPF	
MACROPHAGES	ABSENT		
OVA	ABSENT		
CYSTS	ABSENT		
TROPHOZOITES	ABSENT		
CHARCOT LEYDEN CRYSTALS	ABSENT		
OTHERS	Normal Bacteria Flora Present		
Collected Sample Received			

Technologist

C.L.SAINI



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Page No: 12 of 16

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Date :- 12/07/2021 10:44:36
NAME :- Mr. MAN MOHAN KHINCHI
 Sex / Age :- Male 34 Yrs
 Company :- MediWheel

Patient ID :- 12211183
 Ref. By Dr:- BOB
 Lab/Hosp :-

Sample Type :- KOx/Na FLUORIDE-F, KOx/Na Saliv, ID: PBLW557/2021 13:17:24

Final Authentication : 12/07/2021 14:11:39

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP	94.2	mg/dl	75.0 - 115.0
Impaired glucose tolerance (IGT)	111 - 125 mg/dL		
Diabetes Mellitus (DM)	> 126 mg/dL		
BLOOD SUGAR PP (Plasma) Method:- GOD PAP	98.0	mg/dl	70.0 - 140.0
<p>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.</p>			
SERUM CREATININE Method:- Colorimetric Method	1.00	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	5.54	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

Technologist

JITENDRAKUMAWAT, SURENDRAKHANGA

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Date :- 12/07/2021 10:44:36

NAME :- Mr. MAN MOHAN KHINCHI

Sex / Age :- Male 34 Yrs

Company :- MediWheel

Patient ID :- 12211183

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- EDTA, PLAIN/SERUM, URINE, SPT-18 Collected Time 12/07/2021 10:51:12

Final Authentication : 12/07/2021 14:57:00

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUP ABO	"O"NEGATIVE		
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)	9.2	mg/dl	0.0 - 23.0

Technologist

BANWARI, C.L.SAINI, SURENDRAKHANGA



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Date :- 12/07/2021 10:44:36

NAME :- Mr. MAN MOHAN KHINCHI

Sex / Age :- Male 34 Yrs

Company :- MediWheel

Patient ID :-12211183

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 12/07/2021 10:51:12

Final Authentication 12/07/2021 12:45:25

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL PSA	0.149	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

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Date :- 12/07/2021 10:44:36

NAME :- **Mr. MAN MOHAN KHINCHI**

Sex / Age :- Male 34 Yrs

Company :- MedWheel

Patient ID :- 12211183

Ref. By Doctor:-BOB

Lab/Hosp :-

Final Authentication : 12/07/2021 12:57:57

BOB PACKAGE MALE

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 (18 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:

Normal study

Needs clinical correlation for further evaluation

*** End of Report ***

Page No: 1 of 1

SAVITA

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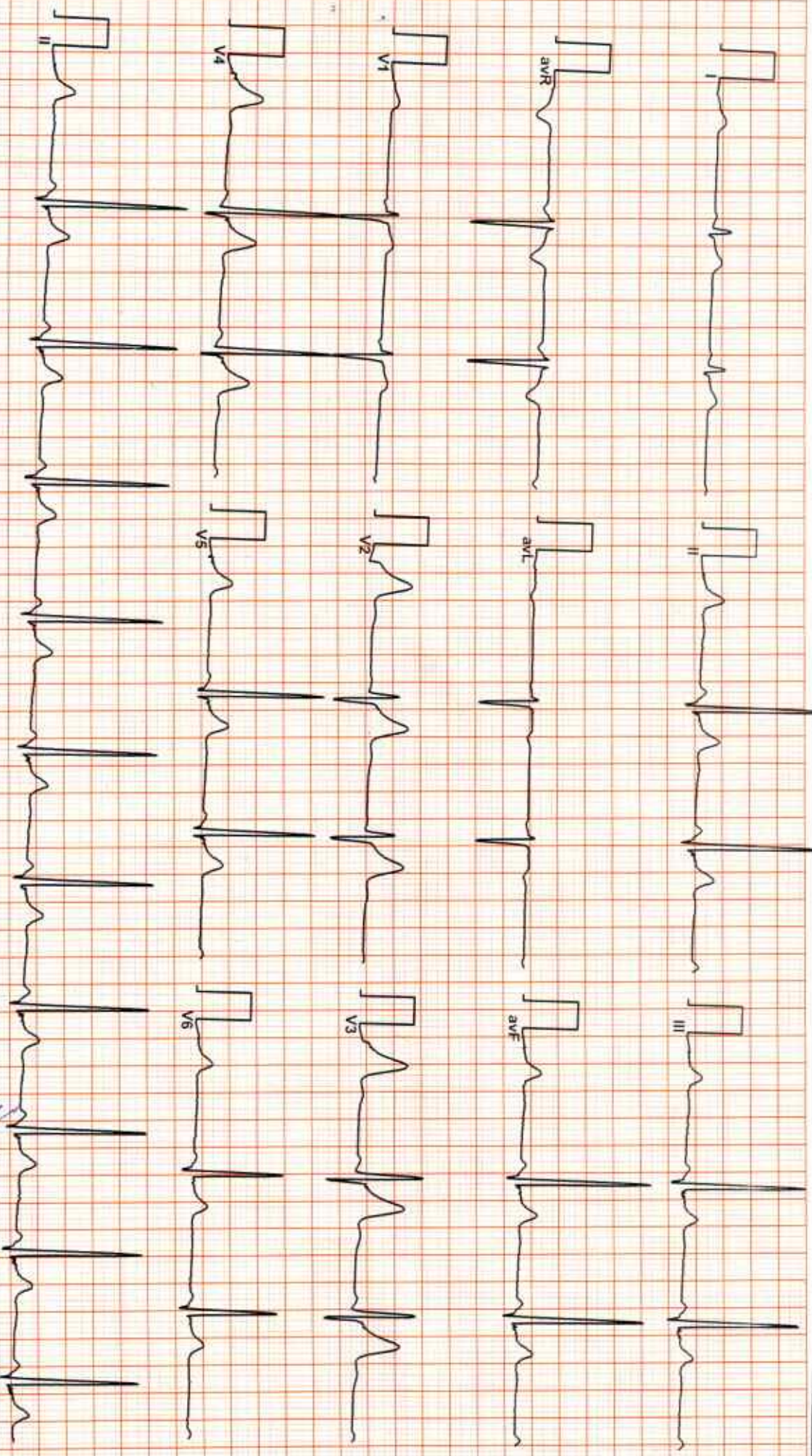
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Transcript by:

DR. GOYALS PATH & IMAGING CENTER

ECG

5639 / MR. MAN MOHAN KHINCHI / 34 Yrs / M / Non Smoker
Heart Rate : 63 bpm / / Refd By : BOB / Tested On : 12-Jul-21 11:47:54 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s



Allengers ECG (Pisces)(PIS212160118)

Dr. RAHUL KHARMA
MD, DM, General Physician
KMC No. 087041

Stage	Time	Duration	Belt Speed (mph)	Elevation	METs	Rate	BF	RPP	PVC	Comments
Supine	00:27	0:01	01.1	00.0	01.0	78	110/70	085	00	
Standing	01:22	0:01	01.1	00.0	01.0	72	110/70	079	00	
HV	01:32	0:01	01.1	00.0	01.0	084	110/70	092	00	
ExStart	02:09	0:07	01.7	10.0	01.1	085	110/70	093	00	
BRUCE Stage 1	05:09	3:00	01.7	10.0	04.7	130	116/70	150	00	
BRUCE Stage 2	08:09	3:00	02.5	12.0	07.1	153	126/74	192	00	
BRUCE Stage 3	11:09	3:00	03.4	14.0	10.2	188	136/80	255	00	
PeakEx	11:19	0:10	04.2	16.0	10.4	189	136/80	257	00	
Recovery	12:18	1:00	00.0	00.0	04.3	146	140/80	204	00	
Recovery	13:18	2:00	00.0	00.0	01.0	122	140/80	170	00	
Recovery	15:18	4:00	00.0	00.0	01.0	096	130/80	124	00	
Recovery	15:48	4:29	00.0	00.0	01.0	102	120/80	122	00	

Findings :

Exercise Time : 09:11
 Max HR Attained : 192 bpm 103% of Target 186
 Max BP Attained : 140/80
 Max Workload Attained : 10.4 Good response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

Report :

PNP Negative for KMI at peak Exercise

Dr. RAHUL SHARMA
 MD, DM, Cardiologist
 RMC No. - 057041



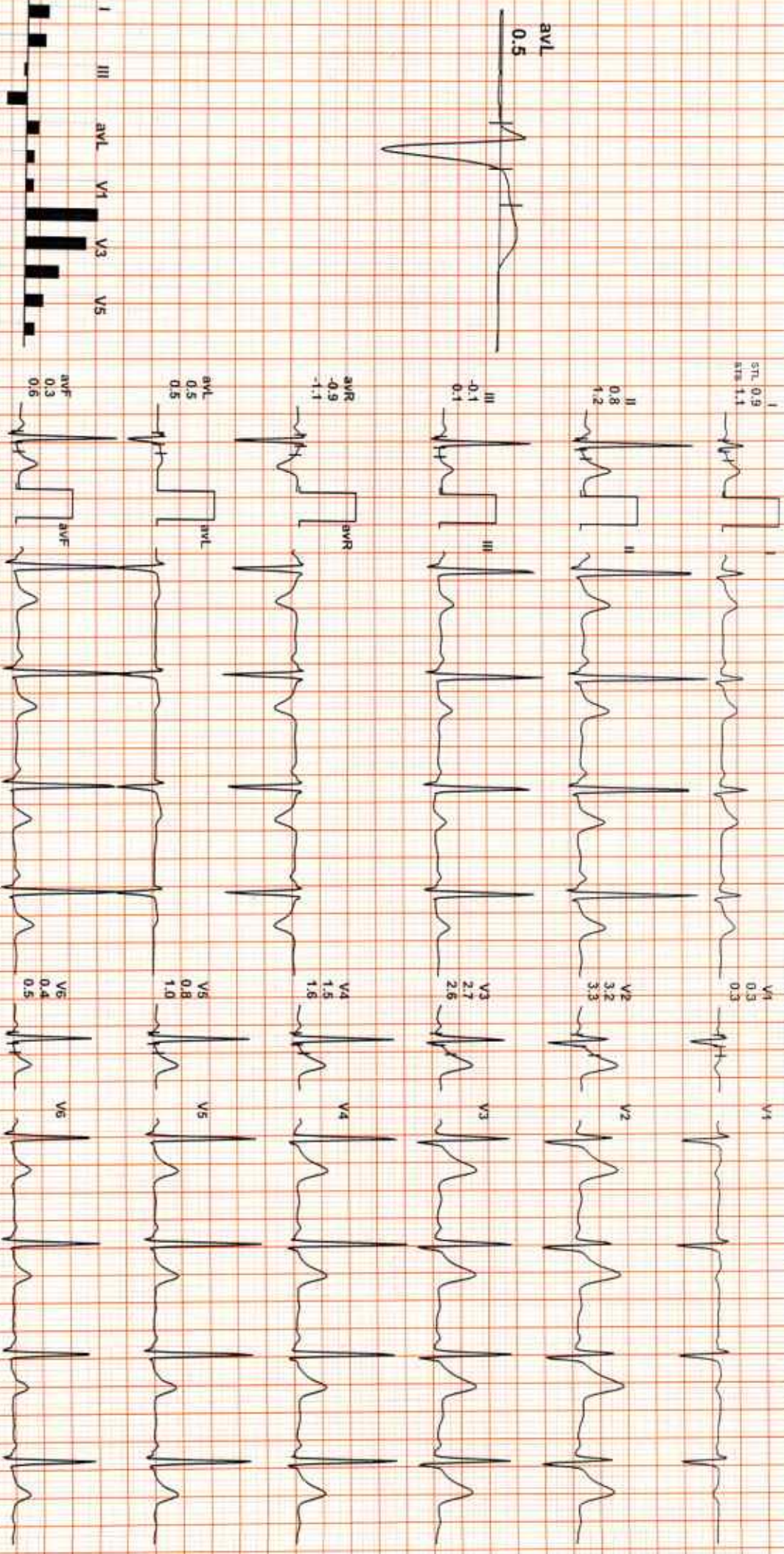
1146 / MR. MAN MOHAN SINGH / 34 Yrs / M

Date: 12-Jul-2021 11:48:33 AM METS: 1.0/78 bpm 41% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

4X

90 ms Post J

EXTime: 00:27 1.1 mph, 0.0% 25 mm/Sec. 1.0 Cm/mV



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



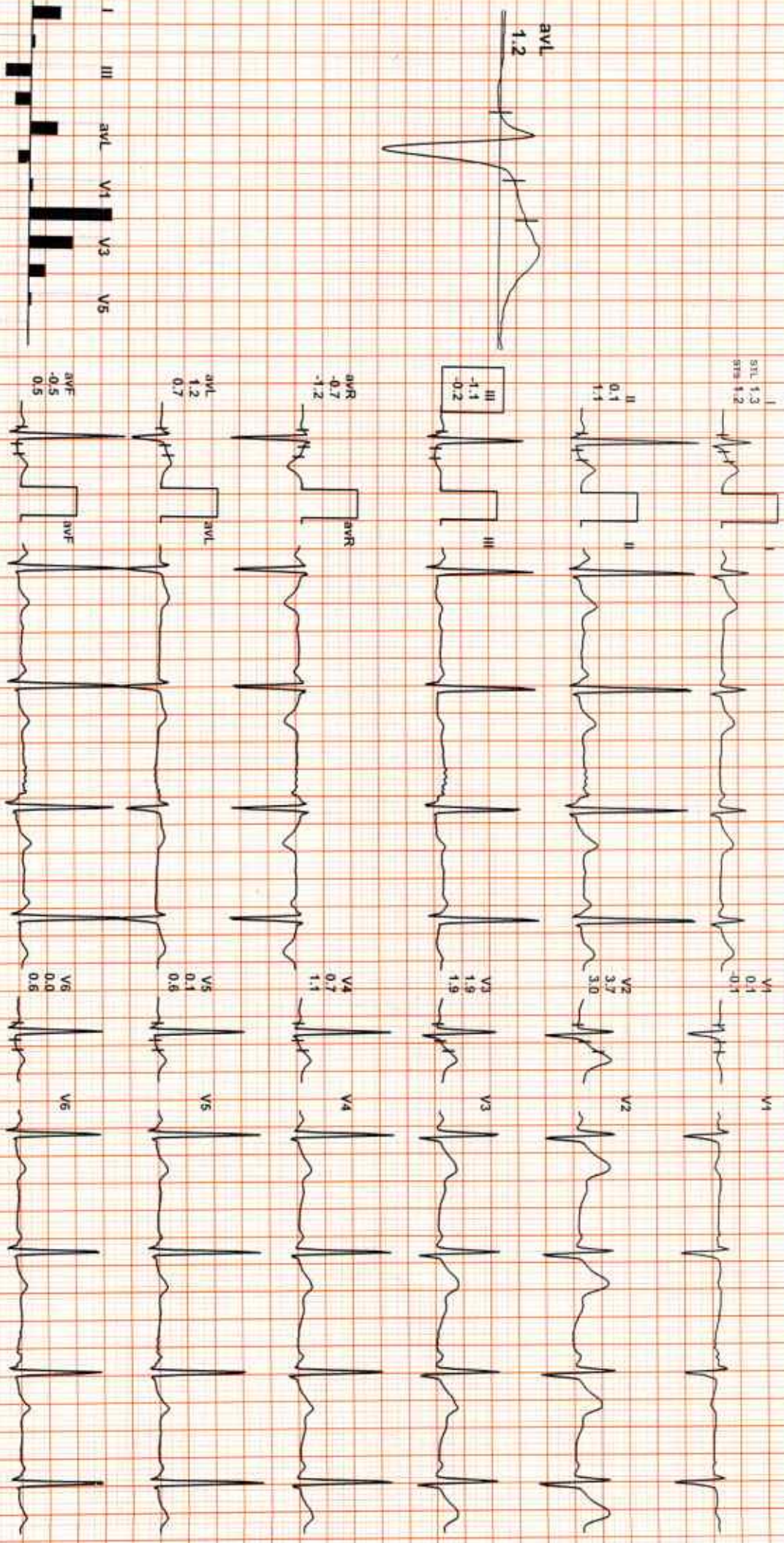
1146 / MR. MAN MOHAN SINGH / 34 Yrs / M

Date: 12-Jul-2021 11:48:33 AM METS: 1.0/ 72 bpm 38% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExtTime: 01:22 1.1 mph, 0.0%

4X 80 m/s Post J

25 mm/s/Sec. 1.0 Cm/mV



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

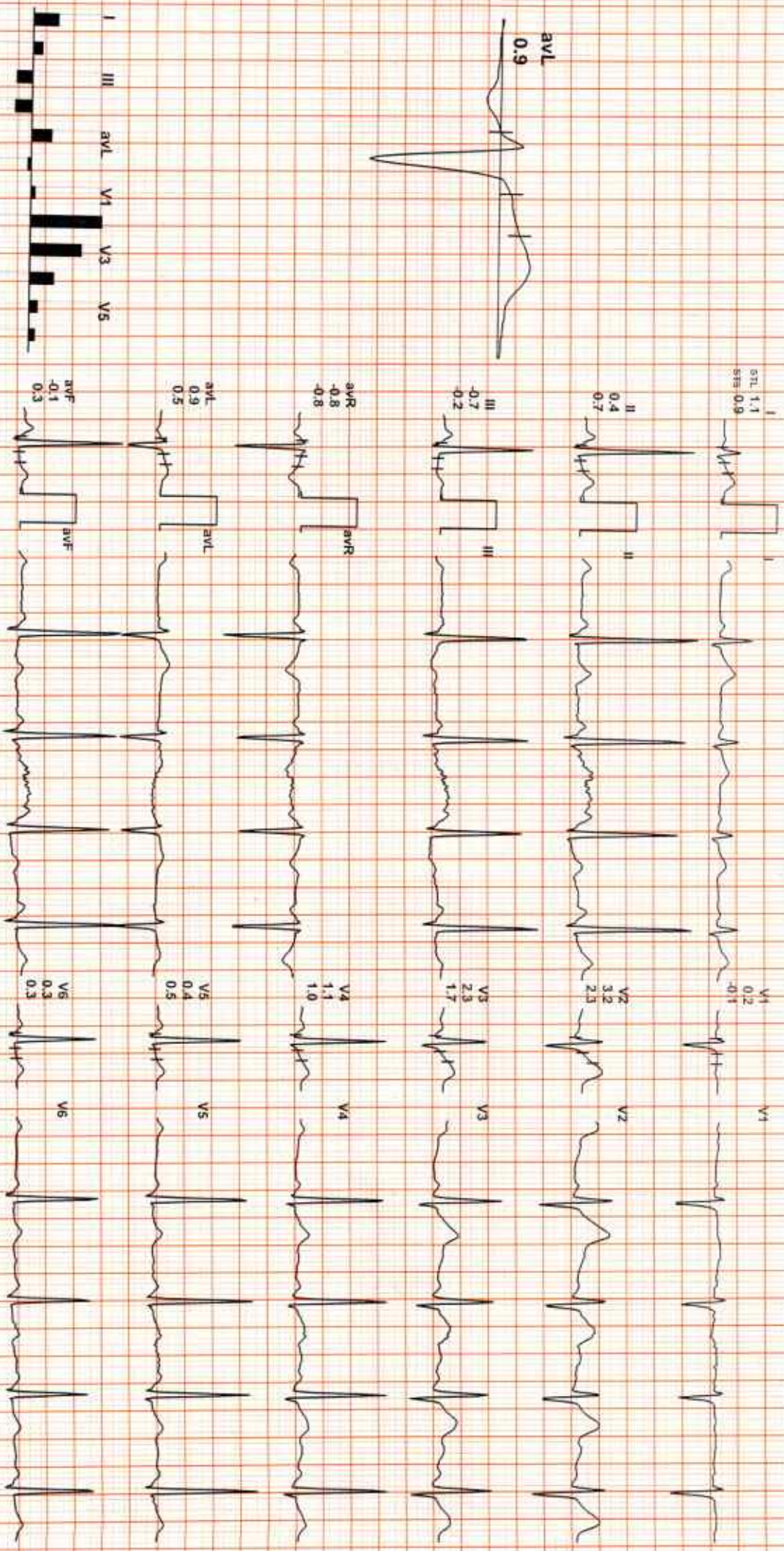
1146 / MR. MAN MOHAN SINGH / 34 Yrs / M

Date: 12-Jul-2021 11:48:33 AM METS: 1.0/ 84 bpm 45% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExtTime: 01:32 1.1 mph, 0.0%

4X 90 mS Post J

25 mm/Sec. 1.0 Cm/mV



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



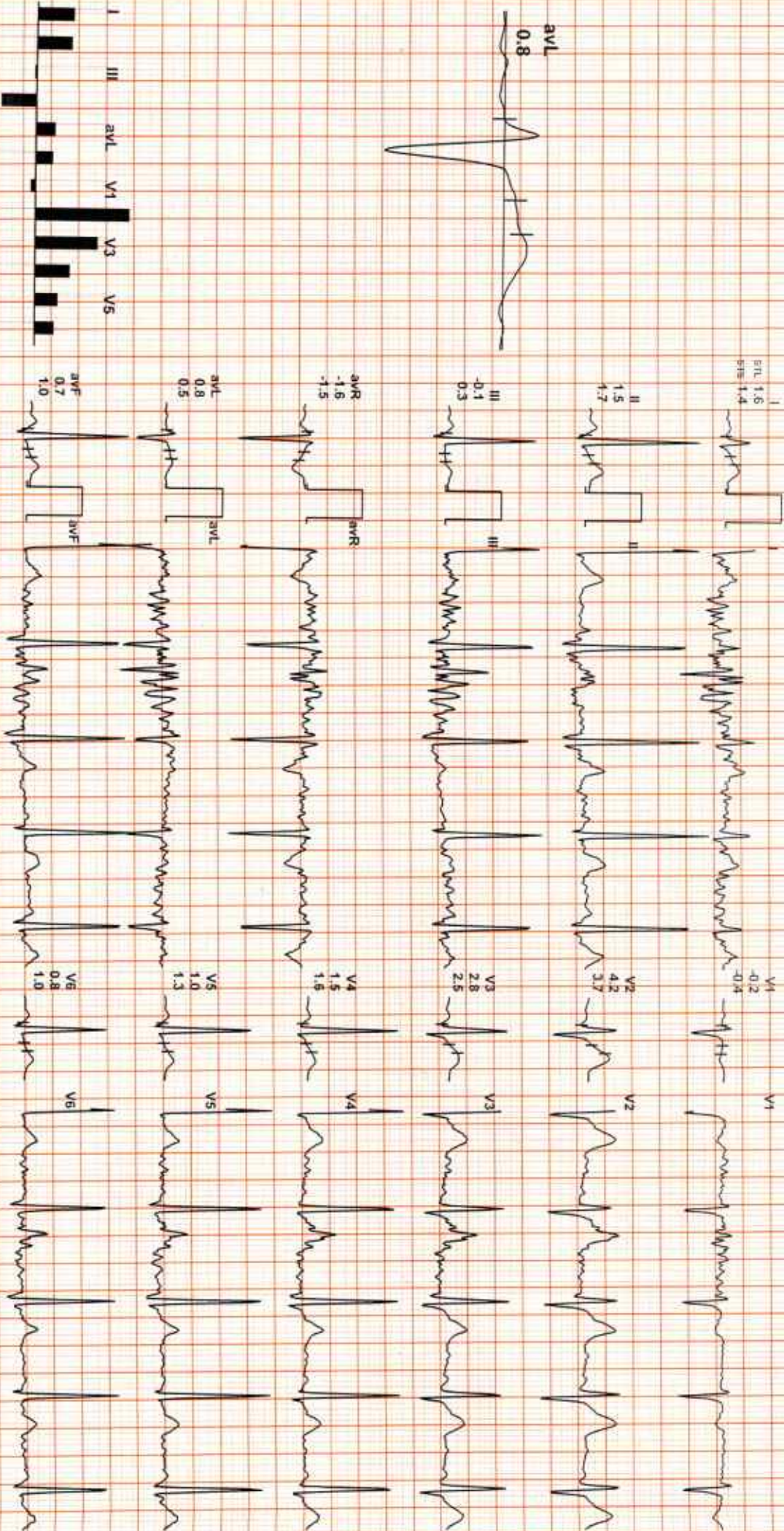
1146 / MR. MAN MOHAN SINGH / 34 Yrs / M

Date: 12-Jul-2021 11:48:33 AM METS: 1.1/85 bpm 45% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:07 1.7 mph, 10.0%

4X 60 ms Post J

25 mm/Sec. 1.0 cm/mV



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

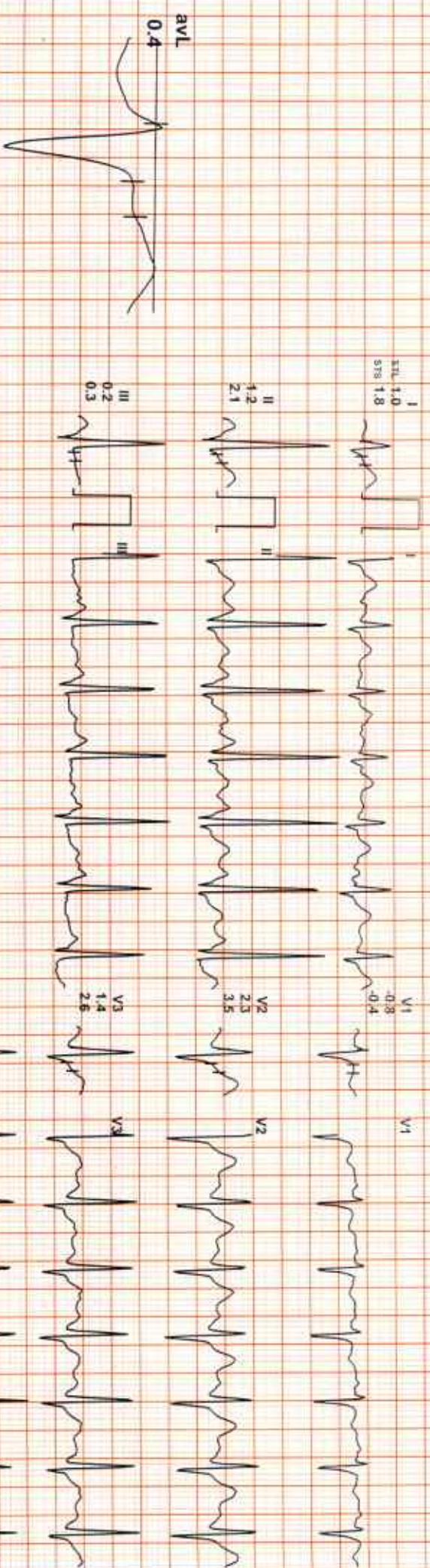
1146 / MR MAN MOHAN SINGH / 34 Yrs / M

ACIPL

Date: 12-Jul-2021 11:48:33 AM METS: 4.7 / 130 bpm 69% of THR BP: 116/70 mmHg Raw ECG/ BLC On/ Notch On/ HF: 0.05 Hz LF: 100 Hz

4X 80 mS Post J

ExTime: 03:00 1.7 mph 10.0%
25 mm/Sec 1.0 Cm/mV



Lead	ST-T	ST	T
I	1.0	0.8	0.4
II	1.2	2.5	3.5
III	0.2	1.4	2.6
aVR	-1.1	0.8	1.7
aVL	0.4	0.6	1.3
aVF	0.7	0.7	1.0
V1	-0.8	0.4	0.4
V2	2.5	3.5	3.5
V3	1.4	2.6	2.6
V4	0.8	1.7	1.7
V5	0.6	1.3	1.3
V6	0.7	1.0	1.0

REMARKS:

I III aVL V1 V3 V5

II aVR aVF V2 V4 V6



1146 / MR. MAN MOHAN SINGH / 34 Yrs / M

Date: 12-Jul-2021 11:48:33 AM

METS: 7.1/ 153 bpm 82% of THR

BP: 126/74 mmHg

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

EXTime: 06:00 2.5 mph, 12.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV

I STL 0.4
STD 1.2

V1 -1.6
-0.4

II 0.7
1.2

V2 0.5
3.1

III 0.4
0.0

V3 -0.4
2.3

aVR -0.5
-1.2

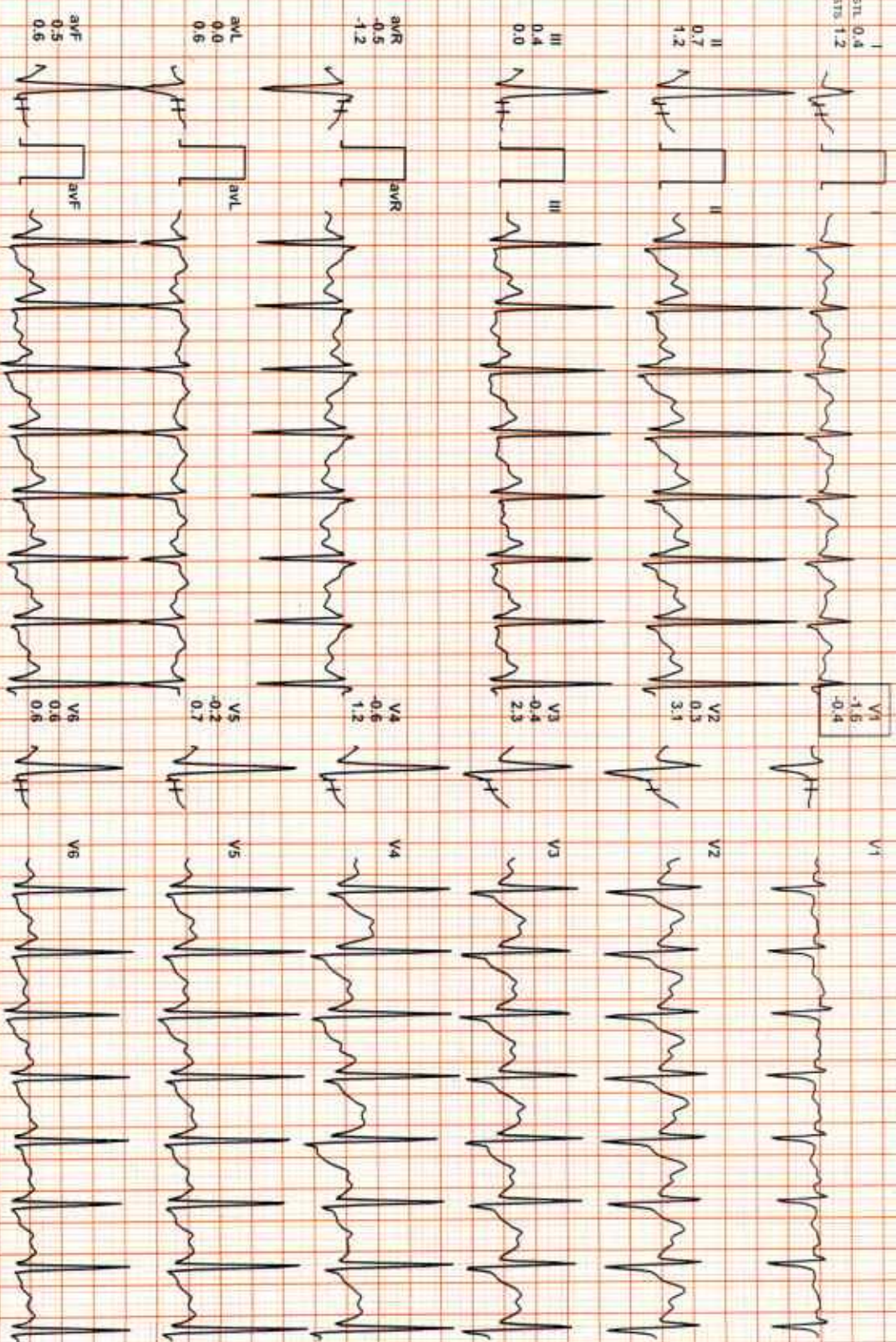
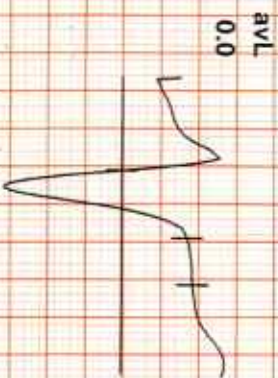
V4 -0.6
1.2

aVL 0.0
0.6

V5 -0.2
0.7

aVF 0.5
0.6

V6 0.6
0.6



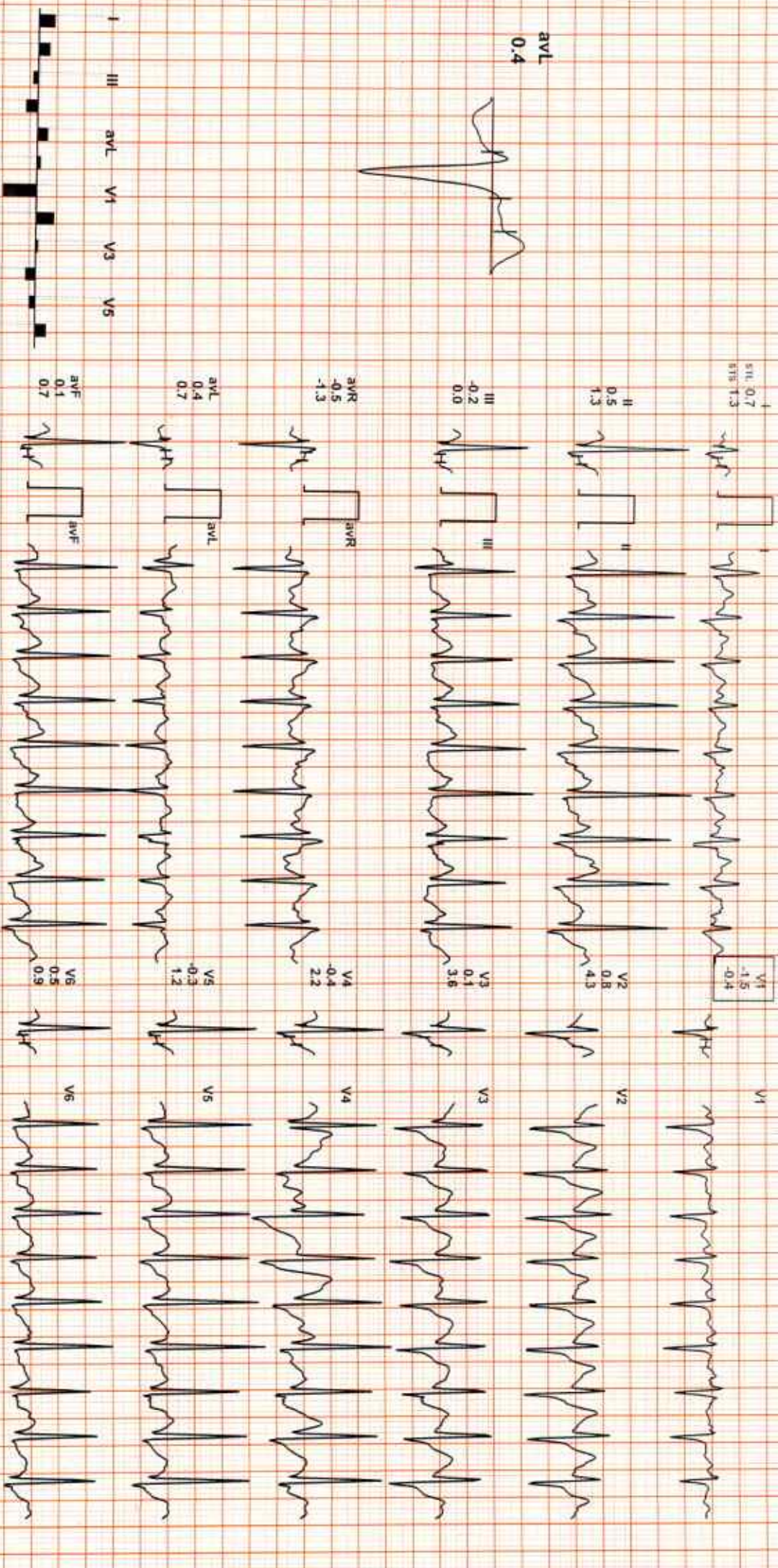
REMARKS:

1146 / MR. MAN MOHAN SINGH / 34 Yrs / M

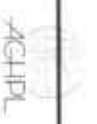
Date: 12-Jul-2021 11:48:33 AM METS: 10.2/188 bpm 104% of THR BP: 136/80 mmHg RAW ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

4X 60 mS Post J

ExTime: 09:00 3.4 mph, 14.0%
26 min/Sec. 1.0 Cm/mV



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



1146 / MR. MAN MOHAN SINGH / 34 Yrs / M

Date: 12-Jul-2021 11:48:33 AM METS: 10.4/ 189 bpm 101% of THR BP: 136/80 mmHg Raw ECG/ BLC On/ Notch On/ HF: 0.05 Hz/LF: 100 Hz

ExTime: 09:10 4.2 mph, 16.0%

4X

80 ms Post J

25 mm/Sec. 1.0 cm/mV

STL 0.5
STB 2.0

V1
-0.1
-0.2

V1

II
-2.0
1.7

V2
1.1
4.5

V2

III
-2.5
-0.2

V3
-0.6
3.5

V3

aVR
0.8
-1.8

V4
-1.5
2.1

V4

aVL
1.4
1.1

V5
-2.0
1.3

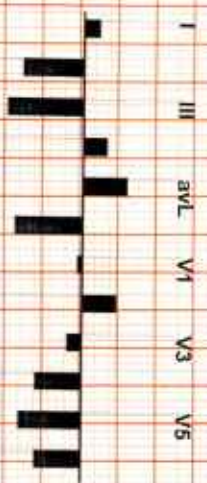
V5

aVF
-2.2
0.8

V6
-1.5
1.0

V6

avL
1.4



REMARKS:

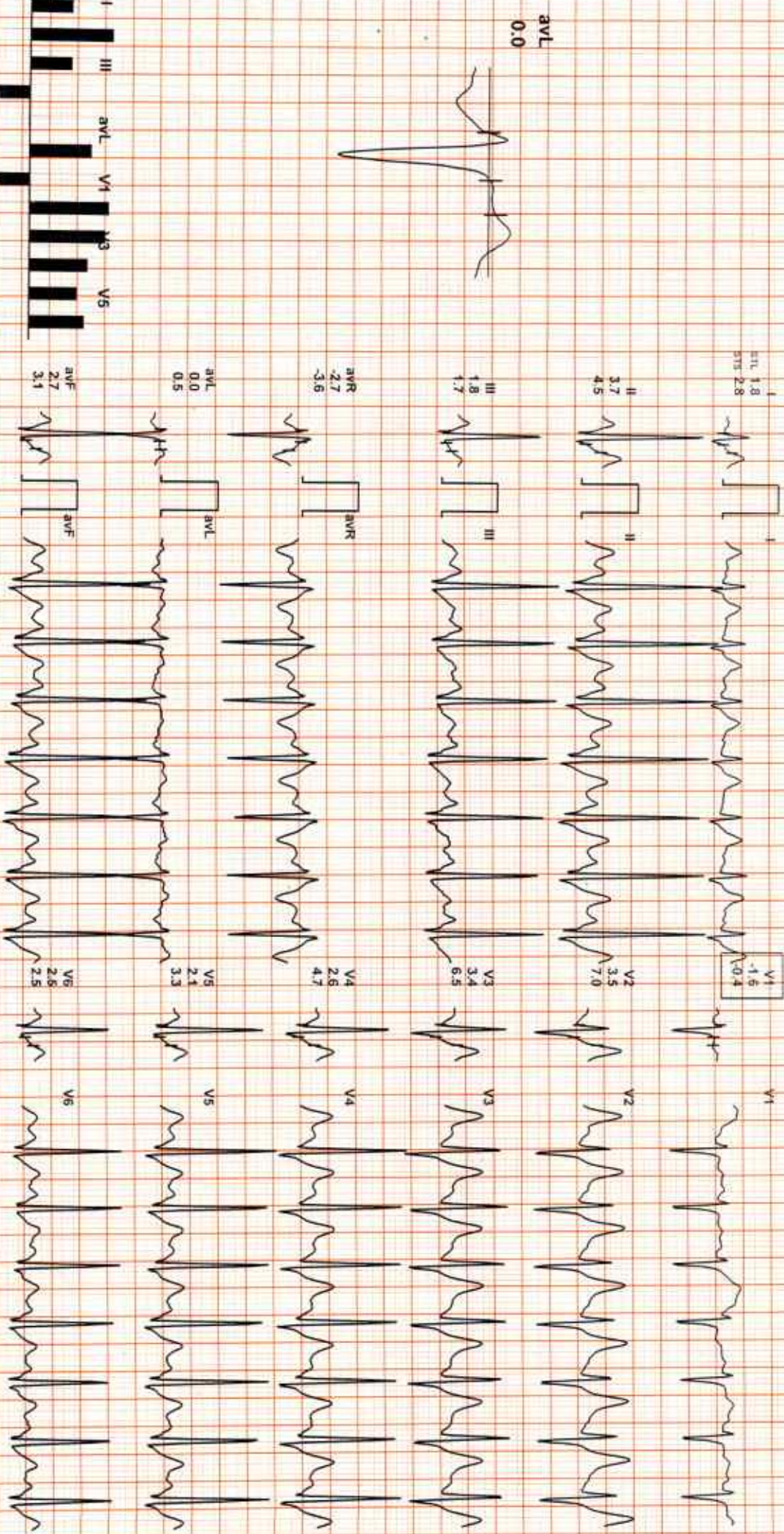


1146 / MR MAN MOHAN SINGH / 34 Yrs / M

Date: 12-Jun-2021 11:48:33 AM METS: 4.3/146 bpm/78% of THR BP: 140/80 mmHg Raw ECG/ BUC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

4X 60 ms Post J

EXTime: 09:11 0.0 mph, 0.0%
25 mm/Sec. 1.0 cm/mV



REMARKS:

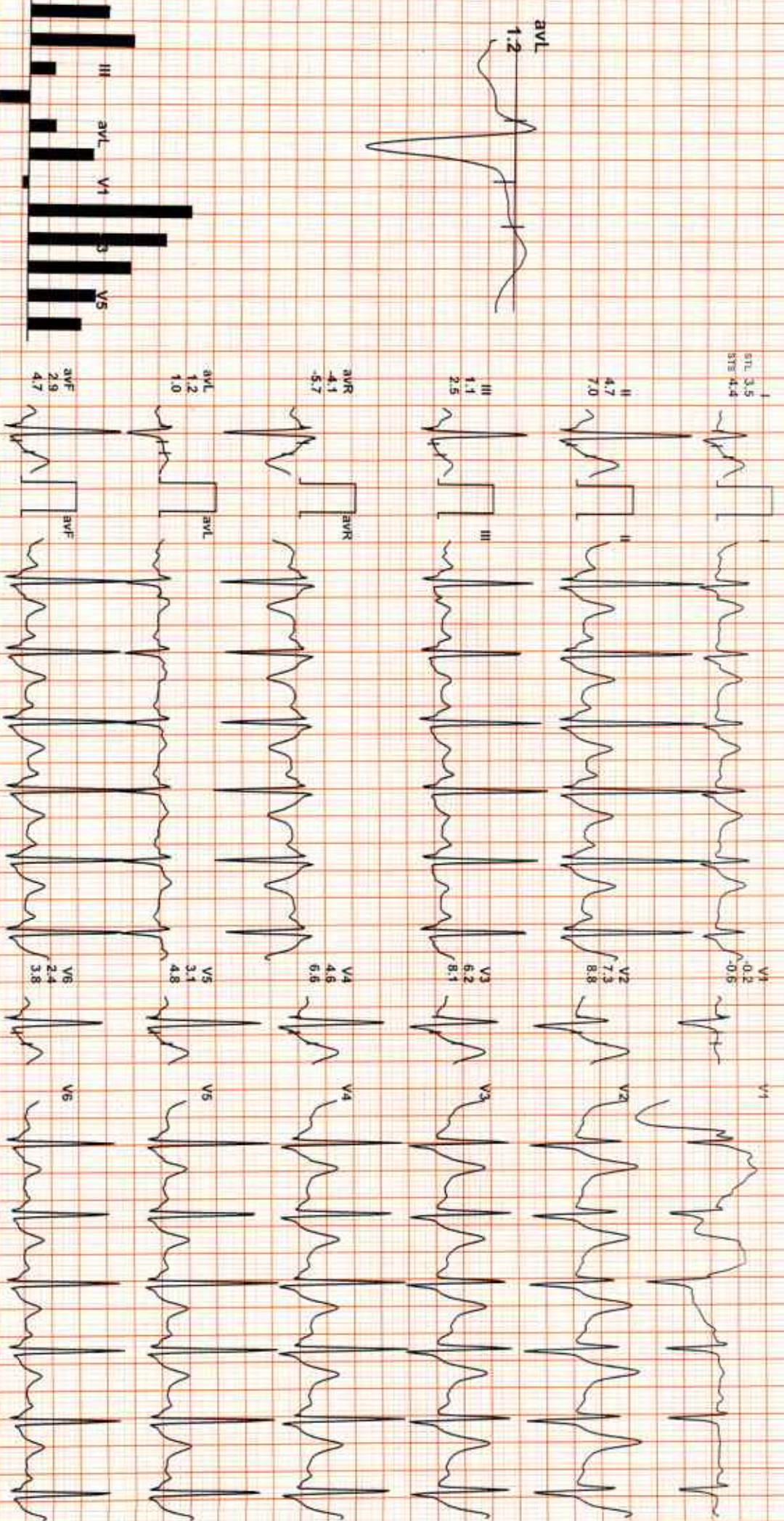
I II III aVR aVL aVF V1 V2 V3 V4 V5 V6



Date: 12-Jul-2021 11:48:33 AM METS: 1.0/122 bpm 65% of THR BP: 140/80 mmHg Raw ECG/ BLC: On/ Notch On/ HF: 0.05 Hz/LF: 100 Hz

4X 80 mS Post J

ExTime: 09:11 0.0 rpm, 0.0% 25 mm/Sec. 1.0 Ch/min



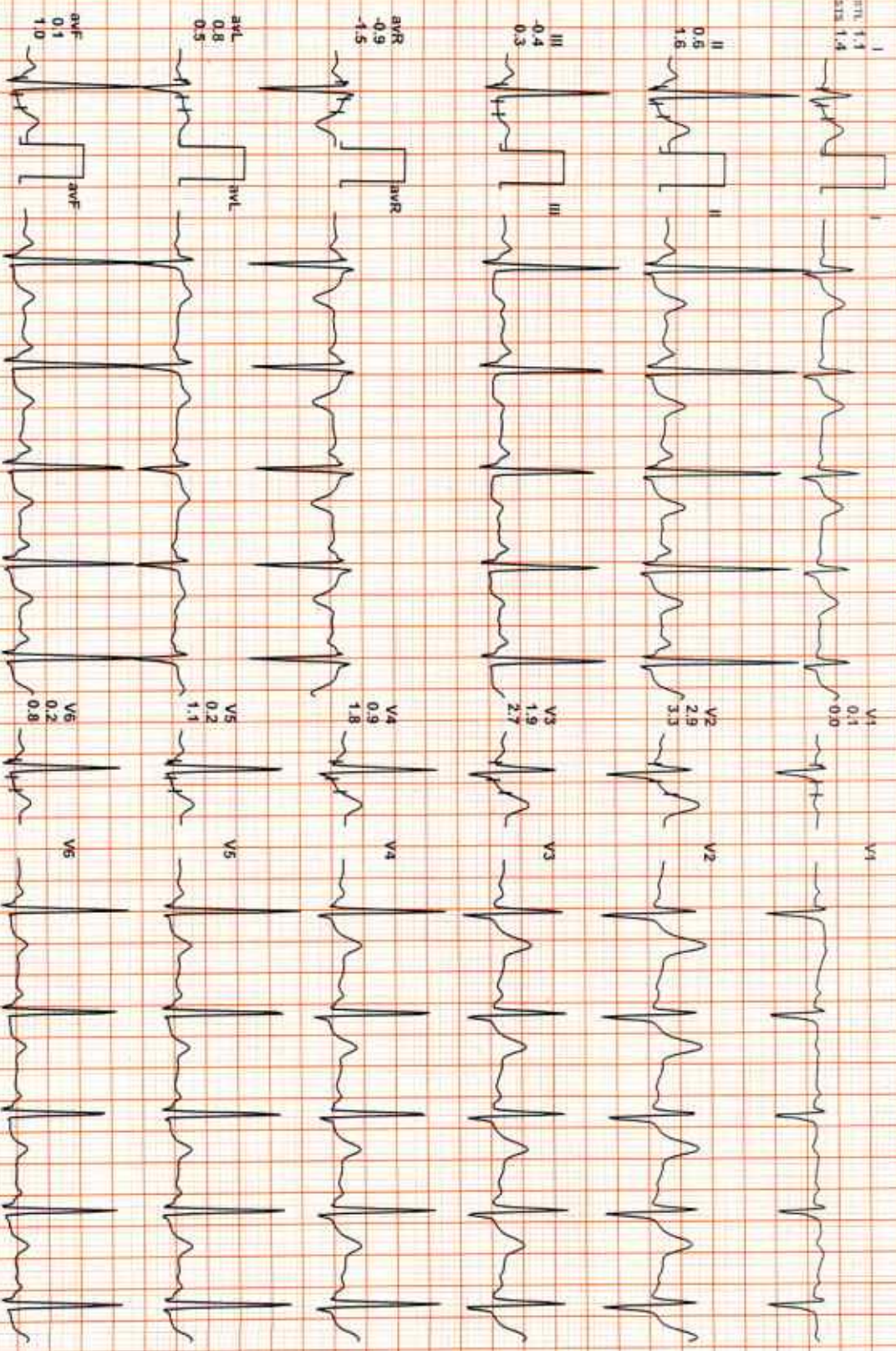
REMARKS: II aVR aVF V2 V4 V6

Date: 12-Jul-2021 11:48:33 AM

METS: 1.0/ 96 bpm 51% of IHR BP: 130/80 mmHg Raw ECG/ ELC On/ Notch On/ HF: 0.05 Hz/ LF: 100 Hz

4X 80 mS Page 1

ExTime: 09:11 0.0 mpph 0.0%
25 mm/Sec. 1.0 Cm/mV



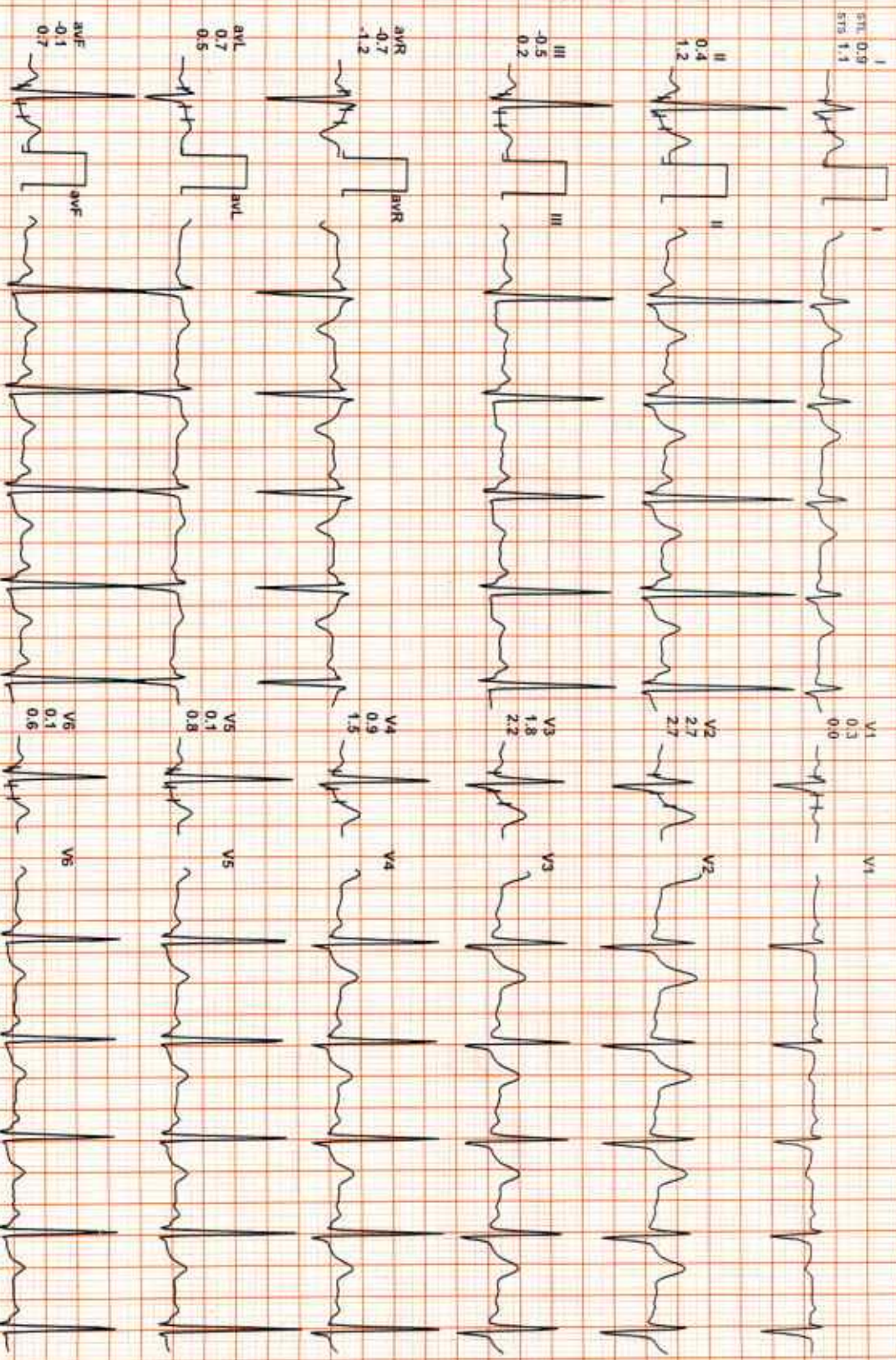
REMARKS:



Date: 12-Jul-2021 11:48:33 AM
4X 80 mS Post J

METS: 1.0 / 102 bpm 54% of IHR BP: 120/80 mmHg Raw ECG/BI-C Om/Notch Om/HF 0.05 Hz/LE 100 Hz

ExLtrn: 09:11 0.0 rpm 0.0%
25 mm/Sec: 1.0 Cm/mV

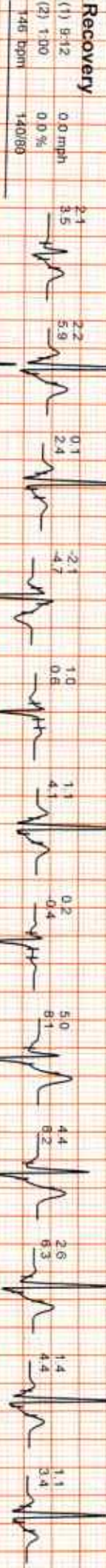


I III aVL V1 V3 V5
II aVR aVF V2 V4 V6

REMARKS:



Date: 12-Jul-2021 11:48:33 AM



Dr. Goyal's

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Date :- 12/07/2021 10:44:36

NAME :- Mr. MAN MOHAN KHINCHI

Sex / Age :- Male 34 Yrs

Company :- MediWheel

Patient ID :- 12211183

Ref. By Doctor:-BOB

Lab/Hosp :-

Final Authentication : 12/07/2021 14:08:50

BOB PACKAGE MALE

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)

*** End of Report ***

Page No: 1 of 1



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Transcript by