

24x7 Helpline - 7835999444 , 7835999555

Patient Name : Mr. SATYENDRA KUMAR [UHIDNO:FHP27110708042023]
Age / Gender : 33 Yr / Male
Address : SECR-137 NOIDA, Gautam Buddha Nagar, UTTAR PRADESH

UHIDNO:FHP271107080420

Requesting Doctor: Dr. ANSHUMALA SINHA

Reg. ID : OPD.23-24-3014

BIOCHEMISTRY

Request Date : 08-04-2023 09:18 AM
Collection Date : 08-04-2023 09:43 AM[BI13501]
Acceptance Date : 08-04-2023 09:43 AM | TAT: 04:09 [HH:MM]

Reporting Date : 08-04-2023 01:52 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
LIPID PROFILE *[Plain tube (red top)]			
TOTAL CHOLESTEROL Enzymatic (CHE/CHO/POD)*		175.00 mg/dL	Normal <200, Borderline High 200 - 239, High > 240
TRIGLYCERIDES Enzymatic (Lipase/GK/GPO/POD)*		234.00 mg/dL	Normal : < 150 Borderline High: 150 - 199 High: 200 - 499 Very High :> 500
HDL -CHOLESTEROL PTA/ MgCl2-enzymatic*		27.00 mg/dL *	40.00 - 60.00 mg/dL
LDL(Low density lipid) Calculated		101.2 mg/dL	100.00 - 160.00 mg/dL
VLDL(Very low density lipid) Calculated		46.8 mg/dL *	15.00 - 40.00 mg/dL
CHOL/HDL Ratio Calculated		6.48 *	3.00 - 5.00
<i>Performed On: VITROS 250</i>			
<i>Please correlate clinically</i>			

END OF REPORT.

Prepared By
SANDEEP SINGH

VAIBHAV TIWARI
MBBS, MD
(PATHOLOGY)

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Requesting Doctor: Dr. ANSHUMALA SINHA

Reg. ID : OPD.23-24-3014

IMMUNOLOGY

Request Date : 08-04-2023 09:18 AM
Collection Date : 08-04-2023 09:43 AM[IMMU23672]
Acceptance Date : 08-04-2023 09:43 AM | TAT: 08:23 [HH:MM]

Reporting Date : 08-04-2023 06:06 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
THYROID PROFILE TOTAL(T3,T4,TSH) * [Plain tube (red top)]	CLIA		
Total T3		1.81 nmol/L	1.11 - 2.29 nmol/L (Age 0 - 100)
Total T4		110.07 nmol/L	62.00 - 201.40 nmol/L (Age 0 - 100)
TSH		15.17 μIU/mL *	0.38 - 5.33 μ IU/mL (Age 0 - 100)
<i>Performed On: ACCESS 2 (BECKMAN COULTER)</i>			
<p>1. A circadian variation in serum TSH in healthy subjects is well documented. TSH level is reaching peak levels between 2-4 am and at a minimum between 6-10 pm. The variation is of the order of 50%, hence time of the day has influence on the value of TSH.</p> <p>2. TSH levels between 6.3 and 15.0 may represent subclinical or compensated hypothyroidism or show considerable physiological & seasonal variation, suggest clinical correlation or repeat testing with fresh sample.</p> <p>3. TSH levels may be transiently altered because of non-thyroid illness, like severe infection, renal disease, liver disease, heart disease, severe burns, trauma, surgery etc. Few drugs also altered the TSH values.</p> <p>4. A high TSH result often means an underactive thyroid gland caused by failure of the gland (hypothyroidism). A low TSH result can indicate an overactive thyroid gland (hyperthyroidism) or damage to the pituitary gland that prevents it from producing TSH.</p> <p>5. Resistance to thyroid hormone (RTH) and central hyperthyroidism (TSH-oma) are rare conditions associated with elevated TSH, T4 and T3 levels.</p>			
<i>Performed on: ACCESS 2 (BECKMAN COULTER)</i>			

END OF REPORT.

Prepared By
VARSHABEN JAGDISHBHAI VIDJA

Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

24x7 Helpline - 7835999444 , 7835999555

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Requesting Doctor: Dr. ANSHUMALA SINHA **Reg. ID :** OPD.23-24-3014

BIOCHEMISTRY

Request Date : 08-04-2023 09:18 AM **Reporting Date :** 08-04-2023 05:47 PM
Collection Date : 08-04-2023 03:49 PM [BI13582] **Reporting Status :** Finalized
Acceptance Date : 08-04-2023 03:49 PM | TAT: 01:58
[HH:MM]

Investigations	Method	Result	Biological Reference
BLOOD SUGAR POST PRONDIAL (BSPP) *[Sodium fluoride(grey top)] <i>Performed On: VITROS 250</i>		109.00 mg/dL	80.00 - 140.00 mg/dL (Age <= 100)

Please correlate clinically

END OF REPORT.

Vaishali

Prepared By
SANDEEP SINGH

VAIBHAV TIWARI
MBBS, MD
(PATHOLOGY)

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UHIDNO:FHP271107080420

Requesting Doctor: Dr. ANSHUMALA SINHA

Reg. ID : OPD.23-24-3014

HAEMATOLOGY

Request Date : 08-04-2023 09:18 AM
Collection Date : 08-04-2023 09:43 AM[HA10570]
Acceptance Date : 08-04-2023 09:43 AM | **TAT:** 02:38 [HH:MM]

Reporting Date : 08-04-2023 12:21 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
HAEMOGRAM (CBC & ESR)			
HEMOGLOBIN(NON CYNAMETH/PHOTOMETRY)*		13.80 gm/dL	M 13.00 - 17.00 gm/dL (Age 13 Y - 100 Y)
TOTAL LEUCOCYTE COUNT (TLC) (FLOWCYTOMETRY)*		5160 /cumm	M 4000.00 - 10000.00 /cumm (Age 13 Y - 100 Y)
DLC (FLOWCELL & CYTOCHEMISTRY/MANUAL)*			
NEUTROPHIL		48.90 %	40.00 - 80.00 % (Age 13 Y - 100 Y)
LYMPHOCYTE		40.50 % *	20.00 - 40.00 % (Age 13 Y - 100 Y)
MONOCYTE		5.40 %	2.00 - 10.00 % (Age 13 Y - 100 Y)
EOSINOPHIL		5.20 %	1.00 - 6.00 % (Age 13 Y - 100 Y)
BASOPHIL		0.00 %	0.00 - 1.00 % (Age 13 Y - 100 Y)
RBC (IMPEDENCE)*		4.53 millions/cumm	M 4.50 - 6.50 millions/cumm (Age 13 Y - 100 Y)
HEMATOCRIT/P.C.V (RBC PULSE HEIGHT)*		41.30 %	M 40.00 - 54.00 % (Age 13 Y - 100 Y)
MCV(Calculated)*		91.30 fL	80.00 - 100.00 fL (Age 13 Y - 100 Y)
MCH(Calculated)*		30.40 Picogram	27.00 - 32.00 Picogram (Age 13 Y - 100 Y)
MCHC(Calculated)*		33.30 %	31.50 - 34.50 % (Age 13 Y - 100 Y)
PLATELET COUNT (IMPEDANCE)*		1.85 Lakh/cumm	1.50 - 4.00 Lakh/cumm (Age 13 Y - 100 Y)
ESR(Westergren's Method)*		45 mm/hr *	M 0 - 10 F 5 - 20

Performed On: PENTRA ES60 (Horiba),5-Part differential cell counter

END OF REPORT.

Vasishth

Prepared By
ABHISHEK RATHI

VAIBHAV TIWARI
MBBS, MD
(PATHOLOGY)

24X7 Emergency • Ambulance • Pharmacy • Lab • Blood Bank

This is not for Medical Legal purpose

Page 1 of 1
Printed By: ASHISH SAINI

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Reg. ID : OPD.23-24-3014

CLINICAL PATHOLOGY

Request Date : 08-04-2023 09:18 AM
Collection Date : 08-04-2023 12:34 PM[CLP284]
Acceptance Date : 08-04-2023 12:35 PM | TAT: 05:03 [HH:MM]

Reporting Date : 08-04-2023 05:38 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
STOOL ROUTINE *[stool]	MICROSCOPY		
COLOR		YELLOWISH	
CONSISTENCY		SEMI LOOSE	
CHEMICAL EXAMINATION (pH)		ALKALINE	
BLOOD		ABSENT	ABSENT
MUCUS		ABSENT	ABSENT
MICROSCOPIC EXAMINATION:			
PUS CELLS		1-2	NIL / HPF
RED BLOOD CELLS		NIL	NIL / HPF
EPITHELIAL CELLS		0-1	NIL / HPF
PARASITE		NIL	NIL
CYST		NIL	NIL
OVA		NIL	NIL
OTHER		NIL	

END OF REPORT.

Vaishnav

Prepared By
ANAND MAURYA

VAIBHAV TIWARI
MBBS, MD
(PATHOLOGY)

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Requesting Doctor: Dr. ANSHUMALA SINHA **Reg. ID :**OPD.23-24-3014

CLINICAL PATHOLOGY

Request Date : 08-04-2023 09:18 AM **Reporting Date :** 08-04-2023 03:05 PM
Collection Date : 08-04-2023 09:43 AM[CLP267] **Reporting Status :** Finalized
Acceptance Date : 08-04-2023 09:43 AM | **TAT:** 05:22 [HH:MM]

Investigations	Method	Result	Biological Reference
URINE ROUTINE AUTOMATED *[Random Urine]			
VOLUME		30 ML	>10
COLOUR		PALE YELLOW	PALE YELLOW
APPEARANCE		CLEAR	CLEAR
SPECIFIC GRAVITY (pKA CHANGE)		1.030	1.005 - 1.030
pH (DOUBLE INDICATOR)		6.0	5.00 - 8.50
URINE PROTEIN (PROTEIN ERROR/ 3% SULPHOSALICYLIC ACID)		NIL	NIL
GLUCOSE (GOD-POD/ BENEDICTS)		NIL	NIL
MICROSCOPIC EXAMINATION			
PUS CELLS		1-2 /HPF	0.0-3.0
RBC		NIL /HPF	NIL
CASTS		ABSENT	ABSENT
CRYSTALS		ABSENT	ABSENT
EPITHELIAL CELLS		1-2 /HPF	M 0.00 - 3.00 /HPF
BACTERIA		ABSENT	ABSENT
OTHER		ABSENT	

Please correlate clinically

END OF REPORT.



Prepared By
ANAND MAURYA

VAIBHAV TIWARI
MBBS, MD
(PATHOLOGY)

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BIOCHEMISTRY

Request Date : 08-04-2023 09:18 AM
Collection Date : 08-04-2023 09:43 AM[BI13501]
Acceptance Date : 08-04-2023 09:43 AM | TAT: 03:18
 [HH:MM]

Reporting Date : 08-04-2023 01:01 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
GLYCOSYLATED HAEMOGLOBIN (Hb A1c) *[edta tube(purple top)] (Method:HPLC Assay) <u>Ref Range for HBA1c</u> Non Diabetic:< 5.7 % Pre-Diabetic: 5.7 - 6.5 % Diabetic: > 6.5 %		5.9 %	
<p><i>Remark: Hemoglobin A1c criteria for diagnosing diabetes have not been established for patients who are <18 years of age.</i></p> <p><u>HbA1c goals in treatment of diabetes:</u> Ages 0-6 years: 7.6% - 8.4% Ages 6-12 years: <8% Ages 13-19 years: <7.5% Adults: <7%</p> <p><i>Comments:</i> HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemc control as compared to blood and urinary glucose determinations.</p> <p>(Note: If a person has anemia, hemolysis, or heavy bleeding, HbA1c test results may be falsely low. If someone is iron-deficient, the HbA1c level may be increased. If a person has had a recent blood transfusion, the HbA1c may be inaccurate and may not accurately reflect glucose control for 2 to 3 months.)</p> <p>ADA criteria for correlation between HbA1c & Mean plasma glucose levels:</p> <p>HbA1c(%): 6 7 8 9 10 11 12</p> <p>Mean Plasma Glucose: 126 154 183 212 240 269 298 (mg/dL)</p> <p>Please correlate clinically</p>			

END OF REPORT.

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UHIDNO:FHP271107080420

Requesting Doctor: Dr. ANSHUMALA SINHA

Reg. ID : OPD.23-24-3014

BIOCHEMISTRY

Request Date : 08-04-2023 09:18 AM
Collection Date : 08-04-2023 09:44 AM[BI13502]
Acceptance Date : 08-04-2023 09:44 AM | **TAT:** 04:08
[HH:MM]

Reporting Date : 08-04-2023 01:52 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
BLOOD SUGAR FASTING (BSF) *[Sodium fluoride(grey top)] <i>Performed On: VITROS 250</i>		93.00 mg/dL	74.00 - 110.00 mg/dL (Age <= 100)

Please correlate clinically

END OF REPORT.



Prepared By
SANDEEP SINGH

VAIBHAV TIWARI
MBBS, MD
(PATHOLOGY)

24x7 Helpline - 7835999444 , 7835999555

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BIOCHEMISTRY

Request Date : 08-04-2023 09:18 AM
Collection Date : 08-04-2023 09:43 AM [BI13501]
Acceptance Date : 08-04-2023 09:43 AM | TAT: 04:07 [HH:MM]

Reporting Date : 08-04-2023 01:50 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
KIDNEY FUNCTION TEST(KFT) *[Plain tube (red top)]			
UREA (UREASE METHOD)*		17.00 mg/dL	M 13.00 - 43.00 mg/dL
S.CREATININE (ENZYMATIC)*		0.70 mg/dL	M 0.66 - 1.25 mg/dL
S.URIC ACID (URICASE, COLORIMETRY)*		3.90 mg/dL	M 3.50 - 8.50 mg/dL
S.CALCIUM (ARSENAZO DYE)*		9.20 mg/dL	8.40 - 10.20 mg/dL
S. SODIUM (DIRECT I.S.E.)*		141.00 mmol/L	137.00 - 145.00 mmol/L
S. POTASSIUM (DIRECT I.S.E.)*		4.60 mmol/L	3.50 - 5.10 mmol/L
S. PHOSPHORUS (PMA PHENOL)*		3.00 mg/dL	2.50 - 4.50 mg/dL
S. CHLORIDE (DIRECT I.S.E)		112.00 mmol/L *	98.00 - 107.00 mmol/L (Age 0 - 100)
<i>Performed On: VITROS 250</i>			
LIVER FUNCTION TEST *[Plain tube (red top)]			
TOTAL BILIRUBIN (AZOBILIRUBIN/DIPHYLLINE)*		0.70 mg/dL	Adult 0.20 - 1.30 mg/dL
CONJUGATED(D.Bilirubin) (CALCULATED)		0.20 mg/dL	Adult 0.00 - 0.30 mg/dL
UNCONJUGATED(I.D.Bilirubin) (SPECTROPHOTOMETRY)		0.50 mg/dL	Adult 0.00 - 1.10 mg/dL
S.G.O.T (AST) (KINETIC LEUCO DYE)*		35.00 IU/L	M 17.00 - 59.00 IU/L
S.G.P.T (ALT) (KINETIC LDH/NADH)*		47.00 IU/L	M 0.00 - 52.00 IU/L
ALKALINE PHOSPHATASE (pNPP/AMP)*		156.00 IU/L *	M 38.00 - 126.00 IU/L (Age 18 Y - 100 Y)
TOTAL PROTEIN (BIURET)*		8.20 gm/dL	6.30 - 8.20 gm/dL
ALBUMIN (BROMOCRESOL GREEN)*		4.70 gm/dL	3.50 - 5.00 gm/dL
GLOBULIN (CALCULATED)*		3.50 gm/dL	2.00 - 3.50 gm/dL
A/G RATIO (CALCULATED)		1.34	1.00 - 2.10
<i>Performed On: VITROS 250</i>			
<i>Please correlate clinically</i>			

END OF REPORT.

24x7 Helpline - 7835999444 , 7835999555

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Reg. ID : OPD.23-24-3014

HAEMATOLOGY

Request Date : 08-04-2023 09:18 AM
Collection Date : 08-04-2023 09:43 AM[HA10570]
Acceptance Date : 08-04-2023 09:43 AM | TAT: 03:12
[HH:MM]

Reporting Date : 08-04-2023 12:55 PM
Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
Blood Group (RH Type) *[EDTA tube(purple top)]			
Blood Group	Forward Grouping Method	O	
Rh Type	Forward Grouping Method	POSITIVE	

END OF REPORT.



Prepared By
ABHISHEK RATHI

VAIBHAV TIWARI
MBBS, MD
(PATHOLOGY)

24x7 Helpline - 7835999444 , 7835999555

Patient Name : Mr. SATYENDRA KUMAR [UHIDNO:FHP27110708042023]
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BIOCHEMISTRY

Request Date : 08-04-2023 09:18 AM
Collection Date : 08-04-2023 09:43 AM[BI13501]
Acceptance Date : 08-04-2023 09:43 AM | **TAT:** 45:51
[HH:MM]

Reporting Date : 10-04-2023 07:34 AM

Reporting Status : Finalized

Investigations	Method	Result	Biological Reference
GGTP *[Plain tube (red top)]	KINETIC	42.00 U/L	0.00 - 55.00 U/L (Age 0 - 100)

An increased GGT level may be due to any of the following:

- Alcohol use
- Diabetes
- Flow of bile from the liver is blocked (cholestasis)
- Heart failure
- Swollen and inflamed liver (hepatitis)
- Lack of blood flow to the liver
- Death of liver tissue
- Liver cancer or tumor
- Lung disease
- Pancreas disease
- Scarring of the liver (cirrhosis)
- Use of drugs that are toxic to the liver

END OF REPORT.

Prepared By
CHANDAN KUMAR MANNA


VAIBHAV TIWARI
MBBS, MD
(PATHOLOGY)

24X7 {Helpline - 7835 999 444 , 7835 999 555}

Patient Name: Mr. SATYENDRA KUMAR /
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33 Yr /Male
Address: SECR-137 NOIDA, Gautam Buddha Nagar, UTTAR
PRADESH
Requesting Doctor: Dr. ANSHUMALA SINHA



Reg. No.: OPD.23-24-2014

Request Date : 08-04-2023 09:18 AM

Reporting Date : 08-04-2023 03:41 PM

Report Status : Finalized

X-RAY CHEST PA VIEW WITH COMPUTED RADIOGRAPHY

No focal lesion seen in the lung parenchyma.
Costophrenic angles and domes of the diaphragm are normal.
Both hila are normal. Pulmonary vasculature is normal.
Cardiac size and configuration is normal.
Trachea is central; no mediastinal shift is seen.
Bony thorax and soft tissues of the chest wall are normal.

IMPRESSION: No abnormality detected.

***Advise: Clinical correlation.**

END OF REPORT

Dr. PRIYANKA GUPTA
MBBS, MD (Radio Diagnosis)
P.D.C.C Breast Imaging (AIIMS)
P.D.C.C Gastro Radiology (AIIMS)
Consultant Interventional Radiology

15% Discount on Medicines Purchase from Felix Pharmacy
फेलिक्स फार्मसी से दवाओं की खरीद पर 15% की छूट*

24X7 {Helpline - 7835 999 444 , 7835 999 555}

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PRADESH
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Reg. No.: OPD.23-24 3014

Request Date : 08-04-2023 09:18 AM

Reporting Date : 08-04-2023 12:22 PM
Report Status : Finalized

ULTRASOUND WHOLE ABDOMEN MALE

Liver is normal in size (130 mm), shape and shows homogeneously raised echopattern. No focal lesion is seen. Intrahepatic biliary radicles and venous channels appear normal.

Gall bladder is distended and shows an intraluminal calculus of size ~ 6.0 mm. Wall thickness is normal. CBD is not dilated.

Pancreas is normal in size, shape and echotexture.

Spleen is normal in size and echotexture.

Both kidneys are normal in size, shape and echopattern. Cortico-medullary differentiation and parenchymal thickness is well maintained. No evidence of any pelvicalyceal separation is seen. Right kidney measures 84 x 34 mm. Left kidney measures 89 x 39 mm.

No evidence of any significant retroperitoneal lymphadenopathy is seen.

No evidence of fluid in peritoneal cavity.

Urinary bladder is normal in distensibility and wall thickness. The lumen is echofree.

Prostate is normal in size (volume ~ 14.0 cc), shape and echotexture.

IMPRESSION:

Grade I fatty liver.

Cholelithiasis.

Advice: Clinical Correlation.

END OF REPORT

15%

Discount on Medicines Purchase from Felix Pharmacy

फेलिक्स फार्मसी से दवाओं की खरीद पर 15% डिस्काउंट

DR. PRIYANKA GUPTA
MBBS, MD (Radio Diagnosis)
P.D.C.C Breast Imaging (AIIMS)
P.D.C.C Gastro Radiology (AIIMS)

• 24X7 Emergency • Ambulance • Pharmacy • Lab • Blood Bank

24X7 {Helpline - 7835 999 444 , 7835 999 555}

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PRADESH
Requesting Doctor: Dr. ANSHUMALA SINHA



Reg. No.: OPD.23-24-3014

Request Date : 08-04-2023 09:18 AM

Reporting Date : 08-04-2023 12:15 PM
Report Status : Finalized

TMT (TREADMILL TEST)

REASON FOR EXAMINATION: Routine

FINDINGS:

The patient was exercised according to standard Bruce protocol for 02.10 minutes achieving maximal heart rate of 173 resulting in 93% of age-predicted maximal heart rate (173). Peak blood pressure was 120/80. The patient did not experience any chest discomfort during stress or recovery. The test was terminated due to leg fatigue and achieving target heart rate. Electrocardiogram during stress and recovery did not reveal an additional 1 mm of ST depression compared to the baseline electrocardiogram.

IMPRESSION:

1. Fair response to induced stress.
2. Adequate heart rate and blood pressure response.
3. This maximal treadmill test did not evoke significant and diagnostic clinical or electrocardiographic evidence for significant occlusive coronary artery disease.

CONCLUSION: TMT IS NEGATIVE FOR REVERSIBLE MYOCARDIAL ISCHEMIA.

ADVICE : CLINICAL CORRELATION.

END OF REPORT

15%

Discount on Medicines Purchase from Felix Pharmacy

फेलिक्स फार्मसी से दवाओं की खरीद पर 15% की छूट

Dr. SYED ZAFRUL HASAN
MBBS, PGDCC, ACMDC, DFM (U.K)
(Associate Consultant)

• 24X7 Emergency • Ambulance • Pharmacy • Lab • Blood Bank

CARDIOPRINT

08/04/2023 09:45:37
FELIX HOSPITAL
SEC 137 NOIDA

Name - ~~Abhishek~~ Satyendra
Age - 33/M

ID. 12
CASE
AGE Y M D
Cms Kg
RATE 71 bpm
SINUS RHYTHM
P-R 835 ms
SHORT PR INTERVAL
P-R 108 ms
QRS 80 ms
QT 362 ms
QTc 381 ms
P 50°
QRS 18°
T 56°

L2 SL: REPORT FORMAT: 3xt+1L SQ

REF: Dr. DR. CHARU

