



ETERNAL HOSPITAL

Sanganer

Date & Time: 29/11/2023
 Patient Name: Bndhi Pra
 Age / Gen: 36 / M
 UHID:

Generalised fluorosis

Provisional Diagnosis:

Drug Allergy: No

Complaints:

Medication Advice:

Pain: Yes No

Calculus ++
 Stains

Decay
 Buccally erupted 8/8
 Palatally 8/1

- Scaling

- Extraction 8/8
 8/1

Physical Examination:

Pallor: Yes/No Icterus: Yes/No
 Cynosis: Yes/No Edema: Yes/No
 Lymphadenopathy: Yes/No

- Replacement of metal
 crown with titanium
 7/1

Systemic Examination:

CVS: _____

CNS: _____

Respiratory System: _____

GI System: _____

Skin: _____

Investigation: _____

Deep peri

Follow up:

Diet Advice:

Normal

Low Fat

Diabetic

Renal

Low Salt

(A Unit of Eternal Care Foundation)

Near Airport Circle Sanganer, Jaipur - 302011 Rajasthan (India)

Phone:- 0141-3120000

www.eternalhospital.com



ETERNAL HOSPITAL

Sanganer



Dr. Akhil Gupta

Consultant - Internal Medicine

MBBS, MD

Reg. No. 33322, 16990

Date & Time

Patient Name:

Age / Gen:

UHID:

Budhi Prakash
Gung

Provisional Diagnosis:

Drug Allergy:

Complaints:

Medication Advice:

Pain: Yes No

36 (M)

Aug + thyroidine +
Dyslipidemia - any default

Physical Examination:

Pallor : Yes/No Icterus : Yes/No

Cynosis : Yes/No Edema : Yes/No

Lymphadenopathy : Yes/No

Systemic Examination:

CVS : _____

CNS : _____

Respiratory System :

GI System : _____

Skin : _____

Investigation:

ECG ⊕

H₁A₁C - 5.7

ASH - 0.98

LDL - 172

20 Echo

⊕

USG ⊕ Liver
normal

Adv
1. Thyronorm 60mg

1 - 0 Az

2 Rozanol 1mg

1. typtone 1mg

1. Statcal (x)

cap 1mg 60k/week

x 30d

Next head
Follow up: CR/echo/PA

Diet Advice: Normal Low Fat Diabetic Renal Low Salt

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ETERNAL HOSPITAL

Sanganer

Mr. BUDHI PRAKASH GORA
 40007893 Nov 29 2023 9:10AM
 36 Yrs/Male OPSCR23-24/8419
 Dr. AKHIL GUPTA
 7865557867

Date & Time 29/11/2023
 Patient Name:
 Age / Gen:
 UHID:

Provisional Diagnosis:

Drug Allergy:

Complaints:

Medication Advice:

Pain: Yes No

Swelling, Itching
Redness

VA $\left\{ \begin{array}{l} RGLG \\ LGLG \end{array} \right. \frac{H}{16}$

Physical Examination:

Pallor : Yes/No Icterus : Yes/No
 Cynosis : Yes/No Edema : Yes/No
 Lymphadenopathy : Yes/No

Rp
 Mago Plus Eye Drop in BE
 0-0-0 x15 days

Systemic Examination:

CVS : _____

CS : _____

Respiratory System :

GI System : _____

Skin : _____

Investigation:

Follow up:

Diet Advice: Normal Low Fat Diabetic Renal Low Salt

Sharma

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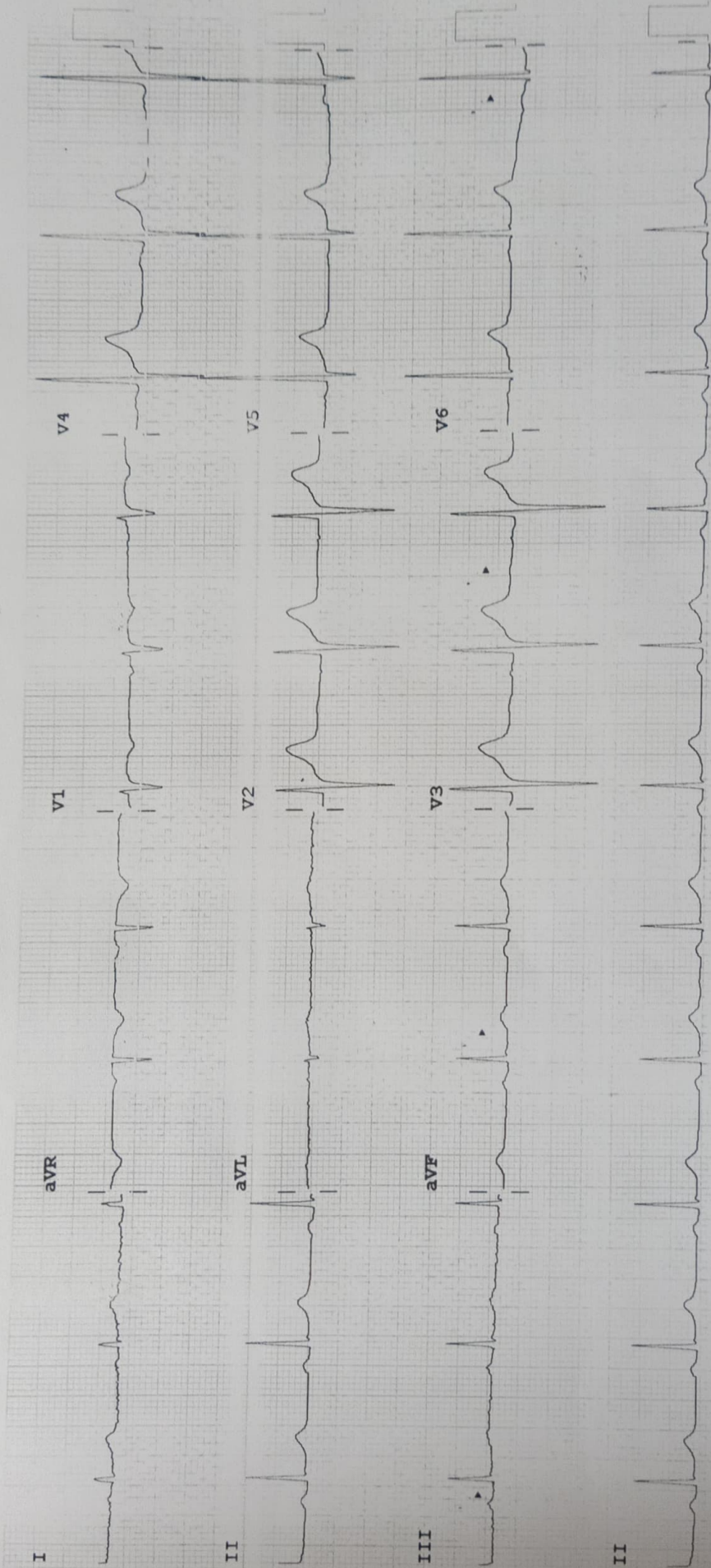
Rate 66

PR 170
QRSD 88
QT 403
QTc 423

--AXIS--

P 63
QRS 64
T 40

12 Lead; Standard Placement



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

100B

CL

P?

DEPARTMENT OF CARDIOLOGY

UHID / IP NO	40007893 (15518)	RISNo./Status :	4015935/
Patient Name :	Mr. BUDHI PRAKASH GORA	Age/Gender :	36 Y/M
Referred By :	Dr. AKHIL GUPTA	Ward/Bed No :	OPD
Bill Date/No :	29/11/2023 9:10AM/ OPSCR23-24/8419	Scan Date :	
Report Date :	29/11/2023 11:09AM	Company Name:	Final

REFERRAL REASON: HEALTH CHECKUP

2D ECHOCARDIOGRAPHY WITH COLOR DOPPLER

M MODE DIMENSIONS: -

		Normal		Normal
IVSD	9.0	6-12mm	LVIDS	29.0
LVIDD	45.8	32-57mm	LVPWS	15.4
LVPWD	9.0	6-12mm	AO	31.7
IVSS	15.4	mm	LA	34.0
LVEF	64-66	>55%	RA	-

DOPPLER MEASUREMENTS & CALCULATIONS:

STRUCTURE	MORPHOLOGY	VELOCITY (m/s)				GRADIENT (mmHg)	REGURGITATION
MITRAL VALVE	NORMAL	E	0.97	e'	-	-	NIL
		A	0.64	E/e'	-		
TRICUSPID VALVE	NORMAL	E	0.83		-	NIL	
		A	0.49				
AORTIC VALVE	NORMAL	1.12				-	NIL
PULMONARY VALVE	NORMAL	0.82				-	NIL

COMMENTS & CONCLUSION: -

- ALL CARDIAC CHAMBERS ARE NORMAL
- NO RWMA, LVEF 64-66%
- NORMAL LV SYSTOLIC FUNCTION
- NORMAL LV DIASTOLIC FUNCTION
- ALL CARDIAC VALVES ARE NORMAL
- NO EVIDENCE OF CLOT/VEGETATION/PE
- INTACT IVS/IAS

IMPRESSION: - NORMAL BI VENTRICULAR FUNCTIONS

DR SUPRIY JAIN
MBBS, M.D., D.M. (CARDIOLOGY)
INCHARGE & SR. CONSULTANT
INTERVENTIONAL CARDIOLOGY

DR ROOPAM SHARMA
MBBS, PGDCC, FIAE
CONSULTANT & INCHARGE
EMERGENCY, PREVENTIVE CARDIOLOGY
AND WELLNESS CENTRE

ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name	Mr. BUDHI PRAKASH GORA	Lab No	576962
UHID	329275	Collection Date	29/11/2023 10:59AM
Age/Gender	36 Yrs/Male	Receiving Date	29/11/2023 11:00AM
IP/OP Location	O-OPD	Report Date	29/11/2023 11:51AM
Referred By	Dr. EHCC Consultant	Report Status	Final
Mobile No.	9773349797		



MC-2561

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range
HBA1C	5.7	%	< 5.7% Nondiabetic 5.7-6.4% Pre-diabetic > 6.4% Indicate Diabetes
			Known Diabetic Patients < 7 % Excellent Control 7 - 8 % Good Control > 8 % Poor Control

Sample: WHOLE BLOOD EDTA

Method : - High - performance liquid chromatography HPLC

Interpretation:-Monitoring long term glycemic control, testing every 3 to 4 months is generally sufficient.
The approximate relationship between HbA1C and mean blood glucose values during the preceding 2 to 3 months.

****End Of Report****

RESULT ENTERED BY : Mr. MAHENDRA KUMAR

Dr. SURENDRA SINGH
CONSULTANT & HOD
MBBS|MD| PATHOLOGY

Dr. ASHISH SHARMA
CONSULTANT & INCHARGE PATHOLOGY
MBBS|MD| PATHOLOGY

ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name	Mr. BUDHI PRAKASH GORA	Lab No	4015935
UHID	40007893	Collection Date	29/11/2023 9:27AM
Age/Gender	36 Yrs/Male	Receiving Date	29/11/2023 9:38AM
IP/OP Location	O-OPD	Report Date	29/11/2023 2:22PM
Referred By	Dr. AKHIL GUPTA	Report Status	Final
Mobile No.	7665557667		

BIOCHEMISTRY

Test Name **Result** **Unit** **Biological Ref. Range** **Sample: Fl. Plasma**

BLOOD GLUCOSE (FASTING)

BLOOD GLUCOSE (FASTING) 98.8 mg/dl 74 - 106

Method: Hexokinase assay.

Interpretation:-Diagnosis and monitoring of treatment in diabetes mellitus and evaluation of carbohydrate metabolism in various diseases.

BLOOD GLUCOSE (PP)

BLOOD GLUCOSE (PP) 101.0 mg/dl
Non - Diabetic: - < 140 mg/dl
Pre - Diabetic: - 140-199 mg/dl
Diabetic: - >=200 mg/dl

Sample: PLASMA

Method: Hexokinase assay.

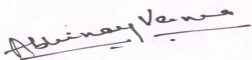
Interpretation:-Diagnosis and monitoring of treatment in diabetes mellitus and evaluation of carbohydrate metabolism in various diseases.

THYROID T3 T4 TSH

T3 1.190 ng/mL 0.970 - 1.690
T4 8.59 ug/dl 5.53 - 11.00
TSH 0.98 µIU/mL 0.40 - 4.05

Sample: Serum

RESULT ENTERED BY : SUNIL EHS



Dr. ABHINAY VERMA

MBBS|MD|INCHARGE PATHOLOGY

ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

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BIOCHEMISTRY

T3:- Method: ElectroChemiLuminescence ImmunoAssay - ECLIA

Interpretation:-The determination of T3 is utilized in the diagnosis of T3-hyperthyroidism the detection of early stages of hyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

T4:- Method: ElectroChemiLuminescence ImmunoAssay - ECLIA

Interpretation:-The determination of T4 assay employs a competitive test principle with an antibody specifically directed against T4.

TSH - THYROID STIMULATING HORMONE :- ElectroChemiLuminescenceImmunoAssay - ECLIA

Interpretation:-The determination of TSH serves as the initial test in thyroid diagnostics. Even very slight changes in the concentrations of the free thyroid hormones bring about much greater opposite changes in the TSH levels.

LFT (LIVER FUNCTION TEST)

Sample: Serum

BILIRUBIN TOTAL	0.61	mg/dl	0.00 - 1.20
BILIRUBIN INDIRECT	0.49	mg/dl	0.20 - 1.00
BILIRUBIN DIRECT	0.12	mg/dl	0.00 - 0.40
SGOT	19.0	U/L	0.0 - 40.0
SGPT	16.2	U/L	0.0 - 40.0
TOTAL PROTEIN	6.8	g/dl	6.6 - 8.7
ALBUMIN	5.06	g/dl	3.5 - 5.2
GLOBULIN	1.7 L		1.8 - 3.6
ALKALINE PHOSPHATASE	44.2 L	U/L	53 - 128
A/G RATIO	2.9 H	Ratio	1.5 - 2.5
GGTP	14.5	U/L	10.0 - 55.0

RESULT ENTERED BY : SUNIL EHS

Abhinay Verma

Dr. ABHINAY VERMA

MBBS|MD|INCHARGE PATHOLOGY

ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

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BIOCHEMISTRY

BILIRUBIN TOTAL :- Method: DPD assay. Interpretation:-Total Bilirubin measurements are used in the diagnosis and treatment of various liver diseases, and of haemolytic and metabolic disorders in adults and newborns. Both obstruction damage to hepatocellular structure.

BILIRUBIN DIRECT :- Method: Diazo method Interpretation:-Determinations of direct bilirubin measure mainly conjugated, water soluble bilirubin.

SGOT - AST :- Method: IFCC without pyridoxal phosphate activation. Interpretation:-SGOT (AST) measurements are used in the diagnosis and treatment of certain types of liver and heart disease.

SGPT - ALT :- Method: IFCC without pyridoxal phosphate activation. Interpretation:-SGPT (ALT) Ratio Is Used For Differential Diagnosis In Liver Diseases.

TOTAL PROTEINS :- Method: Biuret colorimetric assay. Interpretation:-Total protein measurements are used in the diagnosis and treatment of a variety of liver and kidney diseases and bone marrow as well as metabolic and nutritional disorder.

ALBUMIN :- Method: Colorimetric (BCP) assay. Interpretation:-For Diagnosis and monitoring of liver diseases, e.g. liver cirrhosis, nutritional status.

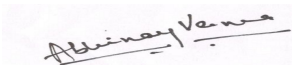
ALKALINE PHOSPHATASE :- Method: Colorimetric assay according to IFCC. Interpretation:-Elevated serum ALT is found in hepatitis, cirrhosis, obstructive jaundice, carcinoma of the liver, and chronic alcohol abuse. ALT is only slightly elevated in patients who have an uncomplicated myocardial infarction. **GGTP-GAMMA GLUTAMYL TRANSPEPTIDASE** :- Method:

Enzymatic colorimetric assay. Interpretation:- γ -glutamyltransferase is used in the diagnosis and monitoring of hepatobiliary disease. Enzymatic activity of GGT is often the only parameter with increased values when testing for such diseases and is one of the most sensitive indicator known.

LIPID PROFILE

TOTAL CHOLESTEROL	238		<200 mg/dl :- Desirable 200-240 mg/dl :- Borderline >240 mg/dl :- High
HDL CHOLESTEROL	42.4		High Risk :- <40 mg/dl (Male), <40 mg/dl (Female) Low Risk :- >=60 mg/dl (Male), >=60 mg/dl (Female)
LDL CHOLESTEROL	172.4		Optimal :- <100 mg/dl Near or Above Optimal :- 100-129 mg/dl Borderline :- 130-159 mg/dl High :- 160-189 mg/dl Very High :- >190 mg/dl
CHOLESTERO VLDL	33	mg/dl	10 - 50
TRIGLYCERIDES	164.1		Normal :- <150 mg/dl Border Line:- 150 - 199 mg/dl High :- 200 - 499 mg/dl Very high :- > 500 mg/dl
CHOLESTEROL/HDL RATIO	5.6	%	

RESULT ENTERED BY : SUNIL EHS



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Referred By	Dr. AKHIL GUPTA	Report Status	Final
Mobile No.	7665557667		

BIOCHEMISTRY

CHOLESTEROL TOTAL :- Method: CHOD-PAP enzymatic colorimetric assay.

interpretation:-The determination of the individual total cholesterol (TC) level is used for screening purposes while for a better risk assessment it is necessary to measure additionally lipid & lipoprotein metabolic disorders.

HDL CHOLESTEROL :- Method:-Homogenous enzymatic colorimetric method.

Interpretation:-HDL-cholesterol has a protective against coronary heart disease, while reduced HDL-cholesterol concentrations, particularly in conjunction with elevated triglycerides, increase the cardiovascular disease.

LDL CHOLESTEROL :- Method: Homogenous enzymatic colorimetric assay.

Interpretation:-LDL play a key role in causing and influencing the progression of atherosclerosis and in particular coronary sclerosis. The LDL are derived from VLDL rich in TG by the action of various lipolytic enzymes and are synthesized in the liver.

CHOLESTEROL VLDL :- Method: VLDL Calculative

TRIGLYCERIDES :- Method: GPO-PAP enzymatic colorimetric assay.

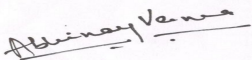
Interpretation:-High triglyceride levels also occur in various diseases of liver, kidneys and pancreas. DM, nephrosis, liver obstruction.

CHOLESTEROL/HDL RATIO :- Method: Cholesterol/HDL Ratio Calculative

Sample: Serum

UREA	26.60	mg/dl	16.60 - 48.50
BUN	12.4	mg/dl	6 - 20
CREATININE	0.76	mg/dl	0.60 - 1.10
SODIUM	137.2	mmol/L	136 - 145
POTASSIUM	4.04	mmol/L	3.50 - 5.50
CHLORIDE	99.3	mmol/L	98 - 107
URIC ACID	4.6	mg/dl	3.5 - 7.2
CALCIUM	9.63	mg/dl	8.60 - 10.30

RESULT ENTERED BY : SUNIL EHS



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CREATININE - SERUM :- Method:-Jaffe method, Interpretation:-To differentiate acute and chronic kidney disease.

URIC ACID :- Method: Enzymatic colorimetric assay. Interpretation:- Elevated blood concentrations of uric acid are renal diseases with decreased excretion of waste products, starvation, drug abuse and increased alcohol consume.

SODIUM:- Method: ISE electrode. Interpretation:-Decrease: Prolonged vomiting or diarrhea, diminished reabsorption in the kidney and excessive fluid retention. Increase: excessive fluid loss, high salt intake and kidney reabsorption.

POTASSIUM :- Method: ISE electrode. Interpretation:-Low level: Intake excessive loss from body due to diarrhea, vomiting renal failure, High level: Dehydration, shock severe burns, DKA, renal failure.

CHLORIDE - SERUM :- Method: ISE electrode. Interpretation:-Decrease: reduced dietary intake, prolonged vomiting and reduced renal reabsorption as well as forms of acidosis and alkalosis.

Increase: dehydration, kidney failure, some form of acidosis, high dietary or parenteral chloride intake, and salicylate poisoning.

UREA:- Method: Urease/GLDH kinetic assay. Interpretation:-Elevations in blood urea nitrogen concentration are seen in inadequate renal perfusion, shock, diminished blood volume, chronic nephritis, nephrosclerosis, tubular necrosis, glomerular nephritis and UTI.

CALCIUM TOTAL :- Method: O-Cresolphthaleine complexone. Interpretation:-Increase in serum PTH or vit-D are usually associated with hypercalcemia. Increased serum calcium levels may also be observed in multiple myeloma and other neoplastic diseases. Hypocalcemia may be observed in hypoparathyroidism, nephrosis, and pancreatitis.

RESULT ENTERED BY : SUNIL EHS

ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

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BLOOD BANK INVESTIGATION

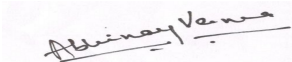
Test Name	Result	Unit	Biological Ref. Range
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BLOOD GROUPING	"O" Rh Positive		
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Note :

1. Both forward and reverse grouping performed.
2. Test conducted on EDTA whole blood.

RESULT ENTERED BY : SUNIL EHS



Dr. ABHINAY VERMA

MBBS|MD|INCHARGE PATHOLOGY

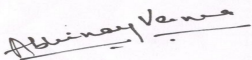
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CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Sample: Urine
<u>URINE SUGAR (POST PRANDIAL)</u>				
URINE SUGAR (POST PRANDIAL)	NEGATIVE		NEGATIVE	Sample: Urine
<u>URINE SUGAR (RANDOM)</u>				
URINE SUGAR (RANDOM)	NEGATIVE		NEGATIVE	Sample: Urine
PHYSICAL EXAMINATION				
VOLUME	20	ml		Sample: Urine
COLOUR	PALE YELLOW		P YELLOW	
APPEARANCE	CLEAR		CLEAR	
CHEMICAL EXAMINATION				
PH	5.0 L		5.5 - 7.0	
SPECIFIC GRAVITY	1.010		1.016-1.022	
PROTEIN	NEGATIVE		NEGATIVE	
SUGAR	NEGATIVE		NEGATIVE	
BILIRUBIN	NEGATIVE		NEGATIVE	
BLOOD	NEGATIVE			
KETONES	NEGATIVE		NEGATIVE	
NITRITE	NEGATIVE		NEGATIVE	
UROBILINOGEN	NEGATIVE		NEGATIVE	
LEUCOCYTE	NEGATIVE		NEGATIVE	
MICROSCOPIC EXAMINATION				
WBCS/HPF	1-2	/hpf	0 - 3	
RBCS/HPF	0-0	/hpf	0 - 2	
EPITHELIAL CELLS/HPF	1-2	/hpf	0 - 1	
CASTS	NIL		NIL	
CRYSTALS	NIL		NIL	

RESULT ENTERED BY : SUNIL EHS



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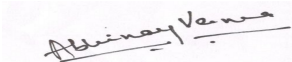
CLINICAL PATHOLOGY

BACTERIA	NIL	NIL
OHTERS	NIL	NIL

Methodology:-

Glucose: GOD-POD, Bilirubin: Diazo-Azo-coupling reaction with a diazonium, Ketone: Nitro Pruside reaction, Specific Gravity: Proton release from ions, Blood: Psuedo-Peroxidase activity oh Haem moiety, pH: Methye Red-Bromothymol Blue (Double indicator system), Protein: H+ Release by buffer, microscopic & chemical method. interpretation: Diagnosis of Kidney function, UTI, Presence of Protein, Glucoses, Blood. Vocubulary syntax: Kit insert

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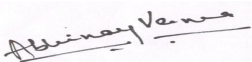
HEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range
<u>CBC (COMPLETE BLOOD COUNT)</u>			
Sample: WHOLE BLOOD EDTA			
HAEMOGLOBIN	14.6	g/dl	13.0 - 17.0
PACKED CELL VOLUME(PCV)	45.9	%	40.0 - 50.0
MCV	91.8	fl	82 - 92
MCH	29.2	pg	27 - 32
MCHC	31.8 L	g/dl	32 - 36
RBC COUNT	5.00	millions/cu.mm	4.50 - 5.50
TLC (TOTAL WBC COUNT)	3.83 L	10 ³ / uL	4 - 10
<u>DIFFERENTIAL LEUCOCYTE COUNT</u>			
NEUTROPHILS	51.2	%	40 - 80
LYMPHOCYTE	39.2	%	20 - 40
EOSINOPHILS	1.3	%	1 - 6
MONOCYTES	7.8	%	2 - 10
BASOPHIL	0.5 L	%	1 - 2
PLATELET COUNT	1.97	lakh/cumm	1.500 - 4.500

HAEMOGLOBIN :- Method:-SLS HemoglobinMethodology by Cell Counter.Interpretation:-Low-Anemia, High-Polycythemia.
MCV :- Method:- Calculation bysystemex.
MCH :- Method:- Calculation bysystemex.
MCHC :- Method:- Calculation bysystemex.
RBC COUNT :- Method:-Hydrodynamicfocusing.Interpretation:-Low-Anemia,High-Polycythemia.
TLC (TOTAL WBC COUNT) :- Method:-Optical Detectorblock based on Flowcytometry.Interpretation:-High-Leucocytosis, Low-Leucopenia.
NEUTROPHILS :- Method: Optical detectorblock based on Flowcytometry
LYMPHOCYTS :- Method: Optical detectorblock based on Flowcytometry
EOSINOPHILS :- Method: Optical detectorblock based on Flowcytometry
MONOCYTES :- Method: Optical detectorblock based on Flowcytometry
BASOPHIL :- Method: Optical detectorblock based on Flowcytometry
PLATELET COUNT :- Method:-Hydrodynamicfocusing method.Interpretation:-Low-Thrombocytopenia, High-Thrombocytosis.
HCT: Method:- Pulse Height Detection. Interpretation:-Low-Anemia, High-Polycythemia.
NOTE: CH- CRITICAL HIGH, CL: CRITICAL LOW, L: LOW, H: HIGH

ESR (ERYTHROCYTE SEDIMENTATION RATE)	10	mm/1st hr	0 - 15
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RESULT ENTERED BY : SUNIL EHS



Dr. ABHINAY VERMA

MBBS|MD|INCHARGE PATHOLOGY

ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name	Mr. BUDHI PRAKASH GORA	Lab No	4015935
UHID	40007893	Collection Date	29/11/2023 9:27AM
Age/Gender	36 Yrs/Male	Receiving Date	29/11/2023 9:38AM
IP/OP Location	O-OPD	Report Date	29/11/2023 2:22PM
Referred By	Dr. AKHIL GUPTA	Report Status	Final
Mobile No.	7665557667		

Method:-Modified Westergrens.

Interpretation:-Increased in infections, sepsis, and malignancy.

RESULT ENTERED BY : SUNIL EHS

ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name	Mr. BUDHI PRAKASH GORA	Lab No	4015935
UHID	40007893	Collection Date	29/11/2023 9:27AM
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Referred By	Dr. AKHIL GUPTA	Report Status	Final
Mobile No.	7665557667		

X Ray

Test Name	Result	Unit	Biological Ref. Range
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X-RAY CHEST P. A. VIEW

Both lung fields are clear.

Both CP angles are clear.

Both hemi-diaphragms arenormal in shape and outlines.

Cardiac shadow is withinnormal limits.

Visualized bony thorax isunremarkable.

Correlateclinically & with other related investigations.

****End Of Report****

RESULT ENTERED BY : SUNIL EHS



Dr. RENU JADIYA

MBBS, DNB

RADIOLOGIST



Protocol : BRUCE

Objective : FOR INVESTIGATION PURPOSE ONLY

Stage	StageTime (Min:Sec)	PhaseTime (Min:Sec)	Speed (mph)	Grade (%)	METs	H.R. (bpm)	B.P. (mmHg)	R.P.P. x100	PVC	Comments
Supine					1.0	72	120/80	86	-	
Standing					1.0	97	120/80	116	-	
HV					1.0	81	120/80	97	-	
ExStart					1.0	88	120/80	105	-	
Stage 1	3:00	3:01	1.7	10.0	4.7	99	126/82	124	-	
Stage 2	3:00	6:01	2.5	12.0	7.1	118	130/82	153	-	
Stage 3	3:00	9:01	3.4	14.0	10.2	157	136/84	213	-	
PeakEx	0:43	9:44	4.2	16.0	11.0	170	136/84	231	-	
Recovery	1:00		1.1	0.0	4.3	129	136/84	175	-	
Recovery	4:00		1.1	0.0	1.0	104	127/84	132	-	

Medication : NIL

History : NIL

Test End Reason : Test Complete, Heart Rate Acheived

Findings :

The patient exercised according to BRUCE for 9:44, achieving a work level of Max METs:11. Resting heart rate initially 72 bpm, rose to a max. heart rate of 170 bpm which represents 92% of maximum age predicted heart rate. Resting blood pressure 120/80 mmhg, rose to a maximum blood Pressure of 136/84 mmhg. The exercise stress test was stopped due to Test Complete, Heart Rate Acheived

Parameters :

Exercise Time : 9:44 minutes

Max HR attained : 170 bpm 92% of Max Predictable HR 184

Max BP : 136/84(mmHg)

WorkLoad attained : 11 (Good Effort Tolerance)

No significant ST segment changes noted during exercise or recovery.

No Angina/Arrhythmia/S3/murmur

Final Impression : Test is negative for inducible ischaemia.

Maxmum Depression: 0:00

Advice/Comments:

DEPARTMENT OF RADIO DIAGNOSIS

UHID / IP NO	40007893 (15518)	RISNo./Status :	4015935/
Patient Name :	Mr. BUDHI PRAKASH GORA	Age/Gender :	36 Y/M
Referred By :	Dr. AKHIL GUPTA	Ward/Bed No :	OPD
Bill Date/No :	29/11/2023 9:10AM/ OPSCR23-24/8419	Scan Date :	
Report Date :	29/11/2023 10:46AM	Company Name:	Mediwheel - Arcofemi Health Care Ltd.

USG REPORT - ABDOMEN AND PELVIS

LIVER:

Is normal in size and uniform echo texture.

No obvious focal lesion seen. No intra hepatic biliary radical dilatation seen.

GALL BLADDER:

Adequately distended with no obvious wall thickening/pericholecystic fat stranding/fluid. No obvious calculus/polyp/mass seen within.

PANCREAS:

Appears normal in size and shows uniform echo texture. The pancreatic duct is normal. No calcifications are seen.

SPLEEN:

Appears normal in size and it shows uniform echo texture.

RIGHT KIDNEY:

The shape, size and contour of the right kidney appear normal.

Corticomedullary differentiation is maintained. No evidence of pelvicalyceal dilatation.

One microlith seen in interpolar calyx.

LEFT KIDNEY:

The shape, size and contour of the left kidney appear normal.

Corticomedullary differentiation is maintained. No evidence of pelvicalyceal dilatation.

No calculi seen.

URINARY BLADDER:

Is normal in contour. No intraluminal echoes are seen. No calculus or diverticulum is seen.

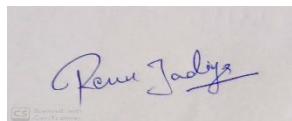
PROSTATE:

Is normal in size and echotexture.

No focal fluid collections seen.

IMPRESSION:

Right renal microlith.



DR. RENU JADIYA

Consultant – Radiology

MBBS, DNB