

46 years  
Male  
Caucasian

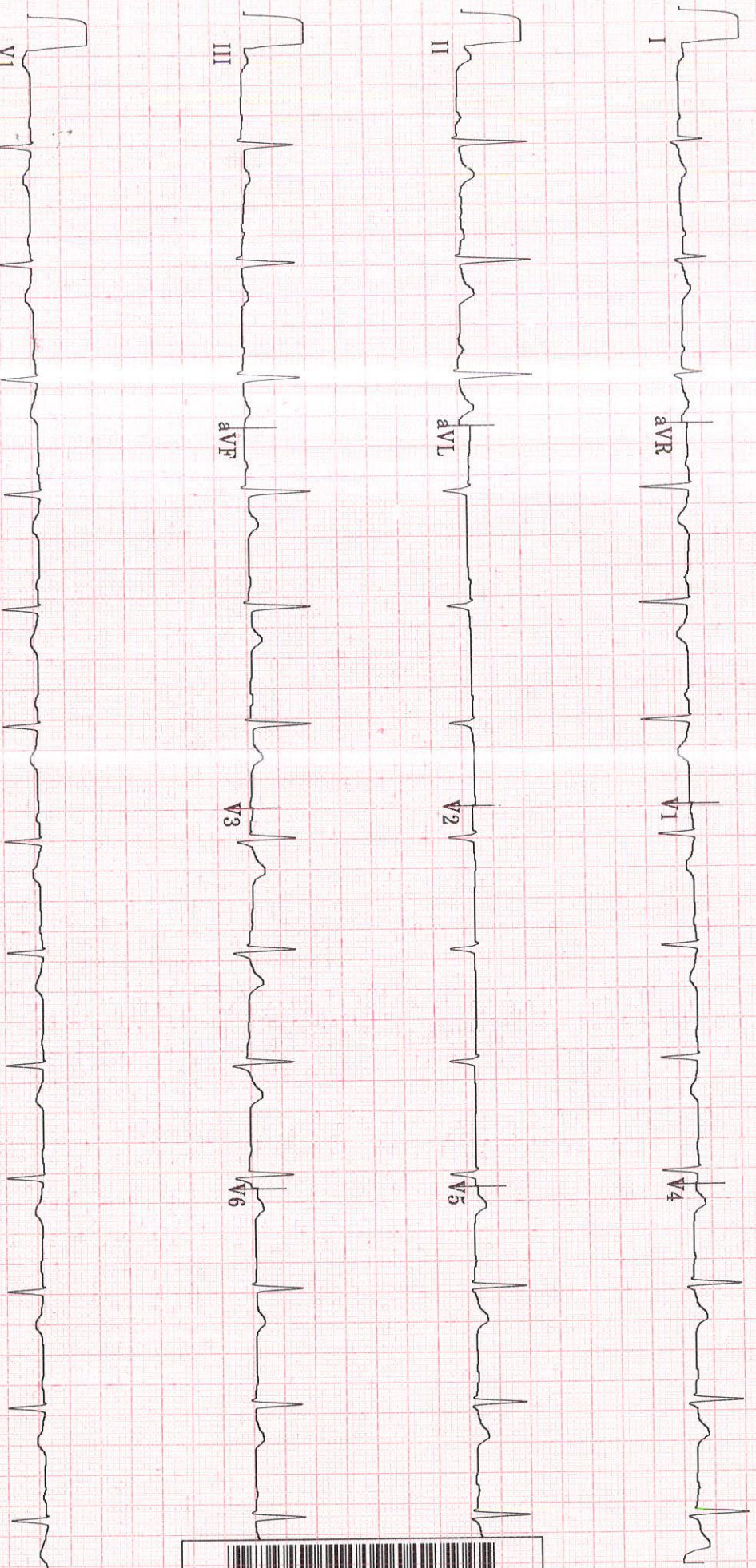
Vent. rate 80 bpm  
PR interval 174 ms  
QRS duration 86 ms  
QT/QTc 348/401 ms  
P-R-T axes 53 75 61

Normal sinus rhythm  
Normal ECG

Technician:  
Test ind:

Referred by:

Unconfirmed



20 Hz  
25.0 mm/s  
10.0 mm/mV  
4 by 2.5s + 1 rhythm 1d  
MAC55 009C  
12SL™ V239





## TMT INVESTIGATION REPORT

Patient Name : Mr Nitin NIGAM	Location	: Ghaziabad
Age/Sex : 46Year(s)/male	Visit No	: V000000001-GHZB
MRN No	Order Date	: 07/04/2023
Ref. Doctor : HCP	Report Date	: 07/04/2023

<b>Protocol</b>	: Bruce	<b>MPHR</b>	: 174BPM
<b>Duration of exercise</b>	: 8min 00sec	<b>85% of MPHR</b>	: 147BPM
<b>Reason for termination</b>	: THR achieved	<b>Peak HR Achieved</b>	: 149BPM
<b>Blood Pressure (mmHg)</b>	: Baseline BP : 120/88mmHg	<b>% Target HR</b>	: 85%
	Peak BP : 140/88mmHg	<b>METS</b>	: 10.1METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	89	120/88	Nil	No ST changes seen	Nil
STAGE 1	3:00	117	130/88	Nil	No ST changes seen	Nil
STAGE 2	3:00	136	136/88	Nil	No ST changes seen	Nil
STAGE 3	2:00	149	140/88	Nil	No ST changes seen	Nil
RECOVERY	3:02	104	124/88	Nil	No ST changes seen	Nil

**COMMENTS:**

- No ST changes in base line ECG.
- No ST changes during exercise and recovery.
- Normal chronotropic response.
- Normal blood pressure response.
- Fair effort tolerance.

**IMPRESSION:**

Treadmill test is **negative** for exercise induced reversible myocardial ischemia.

**Dr. Bhupendra Singh**  
MD, DM (CARDIOLOGY), FACC  
Sr. Consultant Cardiology

**Dr. Abhishek Singh**  
MD, DNB (CARDIOLOGY), MNAMS  
Sr. Consultant Cardiology

**Dr. Sudhanshu Mishra**  
MD  
Cardiology Registrar

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Opp. Bahmeta Village, Ghaziabad, Uttar Pradesh - 201 002

P : 0120-616 5666

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Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

Regd. Off. The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru - 560 017

P +91 80 4936 0300 E info@manipalhospitals.com www.manipalhospitals.com

RADIOLOGY REPORT

<b>Name</b>	Nitin NIGAM	<b>Modality</b>	DX
<b>Patient ID</b>	MH010899366	<b>Accession No</b>	R5383880
<b>Gender/Age</b>	M / 46Y 3M 15D	<b>Scan Date</b>	07-04-2023 10:32:48
<b>Ref. Phys</b>	Dr. HEALTH CHECK MGD	<b>Report Date</b>	07-04-2023 11:26:22

**XR- CHEST PA VIEW**

**FINDINGS:**

LUNGS: Normal.  
TRACHEA: Normal.  
CARINA: Normal.  
RIGHT AND LEFT MAIN BRONCHI: Normal.  
PLEURA: Normal.  
HEART: Normal.  
RIGHT HEART BORDER: Normal.  
LEFT HEART BORDER: Normal.  
PULMONARY BAY: Normal.  
PULMONARY HILA: Normal.  
AORTA: Normal.  
THORACIC SPINE: Normal.  
OTHER VISUALIZED BONES: Normal.  
VISUALIZED SOFT TISSUES: Normal.  
DIAPHRAGM: Normal.  
VISUALIZED ABDOMEN: Normal.  
VISUALIZED NECK: Normal.

**IMPRESSION:**

**-No significant abnormality noted.**

*Recommend clinical correlation.*



Dr. Prabhath Prakash Gupta,  
MBBS,DNB,MNAMS,FRCR(I)  
Consultant Radiologist, Reg no DMC/R/14242

LABORATORY REPORT

Name : MR NITIN NIGAM Age : 46 Yr(s) Sex : Male  
Registration No : MH010899366 Lab No : 32230402487  
Patient Episode : H18000000423 Collection Date : 07 Apr 2023 14:53  
Referred By : HEALTH CHECK MGD Reporting Date : 08 Apr 2023 07:10  
Receiving Date : 07 Apr 2023 15:00

BIOCHEMISTRY

TEST RESULT UNIT BIOLOGICAL REFERENCE INTERVAL

Test Name	Result	Unit	Biological Ref. Interval
TOTAL PSA, Serum (ECLIA)	0.543	ng/mL	[<2.500]

Note : PSA is a glycoprotein that is produced by the prostate gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.

Caution : Serum markers are not specific for malignancy, and values may vary by method.

Immediate PSA testing following digital rectal examination, ejaculation, prostate massage urethral instrumentation, prostate biopsy may increase PSA levels.

Some patients who have been exposed to animal antigens, may have circulating anti-animal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

LABORATORY REPORT

Name : MR NITIN NIGAM Age : 46 Yr(s) Sex :Male  
Registration No : MII010899366 Lab No : 32230402487  
Patient Episode : H1800000423 Collection Date : 07 Apr 2023 14:53  
Referred By : HEALTH CHECK MGD Reporting Date : 08 Apr 2023 07:10  
Receiving Date : 07 Apr 2023 15:00

BIOCHEMISTRY

TEST RESULT UNIT BIOLOGICAL REFERENCE INTERVAL

Specimen Type : Serum

THYROID PROFILE, Serum

T3 - Triiodothyronine (ECLIA)	1.11	ng/ml	[0.70-2.04]
T4 - Thyroxine (ECLIA)	7.23	micg/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	2.130	µIU/mL	[0.340-4.250]

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet, stress and illness affect TSH results.

\* References ranges recommended by the American Thyroid Association

- 1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128
- 2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html>

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-----END OF REPORT-----

Dr. Neelam Singal  
CONSULTANT BIOCHEMISTRY

**LABORATORY REPORT**

Name : MR NITIN NIGAM Age : 46 Yr(s) Sex :Male  
 Registration No : MH010899366 Lab No : 202304000713  
 Patient Episode : H18000000423 Collection Date : 07 Apr 2023 10:16  
 Referred By : HEALTH CHECK MGD Reporting Date : 07 Apr 2023 12:31  
 Receiving Date : 07 Apr 2023 11:03

**HAEMATOLOGY**

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>COMPLETE BLOOD COUNT (AUTOMATED)</b>		<b>SPECIMEN-EDTA Whole Blood</b>	
RBC COUNT (IMPEDEANCE)	4.67	millions/cu mm	[4.50-5.50]
HEMOGLOBIN	14.0	g/dl	[12.0-16.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	41.0	%	[40.0-50.0]
MCV (DERIVED)	87.8	fL	[83.0-101.0]
MCH (CALCULATED)	30.0	pg	[27.0-32.0]
MCHC (CALCULATED)	34.1	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.2	%	[11.6-14.0]
Platelet count	150	x 10 <sup>3</sup> cells/cumm	[150-400]
MPV (DERIVED)	10.6		
WBC COUNT (TC) (IMPEDEANCE)	4.78	x 10 <sup>3</sup> cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	53.0	%	[40.0-80.0]
Lymphocytes	38.0	%	[17.0-45.0]
Monocytes	7.0	%	[2.0-10.0]
Eosinophils	2.0	%	[2.0-7.0]
Basophils	0.0	%	[0.0-2.0]
ESR	12.0 #	/1sthour	[0.0-

## LABORATORY REPORT

<b>Name</b>	: MR NITIN NIGAM	<b>Age</b>	: 46 Yr(s) Sex :Male
<b>Registration No</b>	: MH010899366	<b>Lab No</b>	: 202304000713
<b>Patient Episode</b>	: H1800000423	<b>Collection Date</b>	: 07 Apr 2023 11:03
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 07 Apr 2023 14:49
<b>Receiving Date</b>	: 07 Apr 2023 11:03		

### CLINICAL PATHOLOGY

#### ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

##### MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	6.0	(4.6-8.0)
Specific Gravity	1.010	(1.003-1.035)

##### CHEMICAL EXAMINATION

Protein/Albumin	++	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	Normal	(NORMAL)

##### MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	1-2 /hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	NIL /hpf	
CASTS	NIL	
Crystals	NIL	
OTHERS	NIL	

## LABORATORY REPORT

<b>Name</b>	: MR NITIN NIGAM	<b>Age</b>	: 46 Yr(s) Sex :Male
<b>Registration No</b>	: MH010899366	<b>Lab No</b>	: 202304000713
<b>Patient Episode</b>	: H18000000423	<b>Collection Date</b>	: 07 Apr 2023 10:16
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 07 Apr 2023 16:01
<b>Receiving Date</b>	: 07 Apr 2023 11:03		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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#### Glycosylated Hemoglobin

Specimen: EDTA

<b>HbA1c (Glycosylated Hemoglobin)</b>	6.5 #	%	[0.0-5.6]
Method: HPLC			

As per American Diabetes Association (ADA)  
HbA1c in %  
Non diabetic adults >= 18years <5.7  
Prediabetes (At Risk ) 5.7-6.4  
Diagnosing Diabetes >= 6.5

Estimated Average Glucose (eAG)	140	mg/dl
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Comments : HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long term glycemic control.

#### Serum LIPID PROFILE

<b>Serum TOTAL CHOLESTEROL</b>	239 #	mg/dl	[<200] Moderate risk:200-239 High risk:>240
<b>TRIGLYCERIDES (GPO/POD)</b>	187 #	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
<b>HDL- CHOLESTEROL</b>	51.0	mg/dl	[35.0-65.0]
Method : Enzymatic Immunoimhibition			
<b>VLDL- CHOLESTEROL (Calculated)</b>	37 #	mg/dl	[0-35]
<b>CHOLESTEROL, LDL, CALCULATED</b>	151.0 #	mg/dl	[<120.0]

Above optimal-100-129

Near/

Borderline High:130-159  
High Risk:160-189



LABORATORY REPORT

Name : MR NITIN NIGAM Age : 46 Yr(s) Sex : Male  
 Registration No : MH010899366 Lab No : 202304000713  
 Patient Episode : H18000000423 Collection Date : 07 Apr 2023 10:16  
 Referred By : HEALTH CHECK MGD Reporting Date : 07 Apr 2023 12:19  
 Receiving Date : 07 Apr 2023 11:03

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio(Calculated)	4.7		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	3.0		<3 Optimal 3-4 Borderline >6 High Risk

Note:  
Reference ranges based on ATP III Classifications.

KIDNEY PROFILE

Specimen: Serum

UREA	24.8	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	11.6	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.98	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	6.0	mg/dl	[4.0-8.5]
Method: uricase PAP			

SODIUM, SERUM	137.00	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.13	mmol/L	[3.60-5.10]
SERUM CHLORIDE	105.3	mmol/l	[101.0-111.0]
Method: ISE Indirect			

eGFR (calculated) 92.1 ml/min/1.73sq.m [>60.0]

Technical Note

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years.

LABORATORY REPORT

Name : MR NITIN NIGAM Age : 46 Yr(s) Sex : Male  
 Registration No : MH010899366 Lab No : 202304000713  
 Patient Episode : H18000000423 Collection Date : 07 Apr 2023 10:16  
 Referred By : HEALTH CHECK MGD Reporting Date : 07 Apr 2023 12:18  
 Receiving Date : 07 Apr 2023 11:03

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis Icterus / Lipemia.

LIVER FUNCTION TEST

BILIRUBIN - TOTAL Method: D P D	0.54	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.09	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.45	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	7.00	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.22	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.80	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.52		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	27.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	36.00	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	60.0	IU/L	[32.0-91.0]

LABORATORY REPORT

Name : MR NITIN NIGAM Age : 46 Yr(s) Sex :Male  
Registration No : MH010899366 Lab No : 202304000713  
Patient Episode : H18000000423 Collection Date : 07 Apr 2023 10:16  
Referred By : HEALTH CHECK MGD Reporting Date : 07 Apr 2023 12:19  
Receiving Date : 07 Apr 2023 11:03

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GGT	43.0		[7.0-50.0]

Blood Group & Rh Typing (Agglutination by gel/tube technique) Specimen-Blood

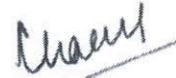
Blood Group & Rh typing A Rh(D) Positive

Technical note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

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-----END OF REPORT-----



Dr. Charu Agarwal  
Consultant Pathologist

## LABORATORY REPORT

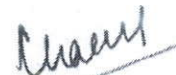
**Name** : MR NITIN NIGAM      **Age** : 46 Yr(s) Sex :Male  
**Registration No** : MH010899366      **Lab No** : 202304000714  
**Patient Episode** : H18000000423      **Collection Date** : 07 Apr 2023 10:16  
**Referred By** : HEALTH CHECK MGD      **Reporting Date** : 07 Apr 2023 12:19  
**Receiving Date** : 07 Apr 2023 10:16

## BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>GLUCOSE-Fasting</b> Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	105.0	mg/dl	[70.0-110.0]

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-----END OF REPORT-----



**Dr. Charu Agarwal**  
 Consultant Pathologist

## LABORATORY REPORT

<b>Name</b>	: MR NITIN NIGAM	<b>Age</b>	: 46 Yr(s) Sex :Male
<b>Registration No</b>	: MH010899366	<b>Lab No</b>	: 202304000715
<b>Patient Episode</b>	: H18000000423	<b>Collection Date</b>	: 07 Apr 2023 13:31
<b>Referred By</b>	: HEALTH CHECK MGD	<b>Reporting Date</b>	: 07 Apr 2023 14:46
<b>Receiving Date</b>	: 07 Apr 2023 13:31		

### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
<b>PLASMA GLUCOSE</b>			
Specimen: Plasma			
GLUCOSE, POST PRANDIAL (PP), 2 HOURS	131.0	mg/dl	[80.0-140.0]
Method: Hexokinase			

**Note:**

Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise

-----END OF REPORT-----



**Dr. Alka Dixit Vats**  
Consultant Pathologist