



C-234, Defence Colony, New Delhi - 110024 Phone: 011-41550792, 24332759, 24336960

E-mail: drcharukohli@yahoo.com

[] Facebook.com/Dr.Charukohli

Registration No. 102222011		Mobile No.	8697542436	
Patient Name	Mr. JITHIN SGEORGE	Registration Date/Time	14/03/2023 08:23:47	
Age / Sex	36 Yrs Male	Sample Collected Date/Time	14/03/2023 13:16:29	
Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	14/03/2023 14:39:32	
Collected At	DCKC	Printed Date/Time	14/03/2023 16:32:10	

Test Name	Value	Unit	Biological Ref Interval
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HAEMATOLOGY

Complete Blood Count (CBC)			
Haemoglobin (Hb) ,EDTA Method: Colorimetric	14.4	g/dL	13.0 - 17.0
Total Leucocyte Count (TLC) ,EDTA Method : Electric impedence	07.1	10^9 /L	04.0 - 11.0
Red Blood Cell (RBC) ,EDTA Method: Electric impedence	4.77	10^6 /uL	4.50 - 5.50
Hematocrit (HCT /PCV) ,EDTA Method: Pulse height detection	43.6	%	40.0 - 50.0
Mean Corp Volume (MCV) ,EDTA Method: Calculated	91.6	fL	83.0 - 101.0
Mean Corp Hb (MCH) ,EDTA Method: Calculated	30.1	pg	27.0 - 32.0
Mean Corp Hb Conc (MCHC) ,EDTA Method: Calculated	32.9	g/dL	31.5 - 34.5
Platelet Count(PLT) ,EDTA Method: Electric impedence/Microscopy	274.00	10^3 /uL	150.00 - 410.00
RDW- CV% ,EDTA	12.6	%	11.6 - 14.0
Differential Leucocyte Count Method: Microscopy			
Neutrophil ,EDTA	56.0	%	40.0 - 80.0
Lymphocyte ,EDTA	37.0	%	20.0 - 45.0
Eosinophil ,EDTA	3.0	%	1.0 - 6.0
Monocyte ,EDTA	4.0	%	2.0 - 10.0
Basophil ,EDTA	0.0	%	0.0 - 2.0
ESR ,EDTA	12	mm/Ist hr.	00 - 15

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Method: Westergreen

Checked By :- POOJA





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Registration No. 102222011 Mobile No. 8697542436

Patient NameMr. JITHIN SGEORGERegistration Date/Time14/03/2023 08:23:47Age / Sex36 YrsMaleSample Collected Date/Time14/03/2023 13:16:29

Ref By / Hospital Others BANK OF BARODA Report Date/Time 14/03/2023 15:52:19
Collected At DCKC Printed Date/Time 14/03/2023 16:32:10

Test Name Value Unit Biological Ref Interval

Blood Group ABO ,EDTA "O"

Method: Forward Grouping

Rh Typing ,EDTA POSITIVE

HbA1c ,EDTA 7.1 %

Method: Photometric method

Method : Forward Grouping

INTERPRETATIONS:-

NORMAL RANGE 4.00 - 5.60 %

Pre Diabetic/ Higher chance of getting diabetes	5.70	- 6.20	%
Good Diabetic Control	6.20 -	6.80	%
Fair Diabetic Control	6.80 -	7.60	%
Uncontrolled Diabetes -action suggested	>7.6		%

Note:-

Glycosylated Haemoglobin is a specific component of HBA1C and is the blood glucose bound to it. This test is an index of carbohydrate in balance during the preceding two months. The estimation is of greater importance for specific group of patient. This result are not affected by time, meal intake exercise, diabetic drugs, emotional Stress etc. HbA1c should be routinely monitored ideally at least every 3 months.

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Age / Sex	36 Yrs Male	Sample Collected Date/Time	14/03/2023 13:16:29
Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	14/03/2023 14:38:48
Collected At	DCKC	Printed Date/Time	14/03/2023 16:32:10

Test Name Value Unit Biological Ref Interval

BIOCHEMISTRY

LIPID PROFILE

Total Lipids ,Serum Plain	440	mg/dl	400 - 700
Serum Cholesterol ,Serum Plain Method : CHOD-POD	135	mg/dl	0 - 200
Serum Triglycerides ,Serum Plain Method: GOD-POD	170	mg/dl	60 - 165
Serum HDL Cholesterol ,Serum Plain Method : Direct Method	37.0	mg/dl	40.0 - 70.0
Serum LDL Cholesterol ,Serum Plain Method : Calculated	64.0	mg/dl	30.0 - 100.0
Serum VLDL Cholesterol ,Serum Plain Method : Calculated	34.0	mg/dl	24.0 - 45.0
Total CHO/HDLCholesterol Ratio ,Serum Plain Method : Calculated	3.65		
LDL/HDL Cholesterol Ratio ,Serum Plain Method: Calculated	1.73		

Guidelines for Total Blood Cholestrol Levels on 11 to 12 hour fasting samples.

Desirable : Less than 200 mg/dl Borderline High Risk : 200 to 239 mg/dl

High Risk: 240 mg/dl and over, on repeated values

Optimal Level for Cardiac Patients : Less than 200 mg/dl

HDL-C: High HDL has generally been found to be protective, decreasing the risk of coronary Artery disease (CAD) in most people. However, some recent studies have shown that in some people with high HDL, the HDL is not protective and may, in fact result in higher risk for CAD than in people with normal HDL levels. In one study it was shown that people with CAD and high HDL had underlying genetic anomalies in enzymes important in lipid turnover. Another study showed that high levels of abnormally large HDL particles were associated with increased risk of CAD. Factors that elevate HDL concentrations include chronic alcoholism, treatment with oral estrogen replacement therapy, extensive aerobic exercise, and treatment with niacin, statins, or fibrates. Smoking reduces levels of HDL cholesterol, while quitting smoking leads to a rise in the plasma HDL level.

Triglycerides Female 40 - 140 Male 60 - 165

 Adult levels:
 00 mg/dL

 Optimal
 <100 mg/dL</td>

 Near Optimal/ above optimal
 100 -129 mg/dL

 Borderline high
 130 - 159 mg/dL

 High
 160 - 189 mg/dL

 Very High
 >=190 mg/dL

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Collected At	DCKC	Printed Date/Time	14/03/2023 16:32:10

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE / LFT			
Serum Bilirubin (Total) ,Serum Plain Method : DSA Method	0.47	mg/dl	0.00 - 1.20
Serum Bilirubin (Direct) ,Serum Plain Method : DSA Method	0.20	mg/dl	0.00 - 0.30
Serum Bilirubin (Indirect) ,Serum Plain Method : Calculated Parameter	0.27	mg/dl	0.00 - 0.60
SGOT ,Serum Plain Method : IFCC/KINETIC	34.4	IU/l	Males: Upto 46 IU/l Females: Upto 40 IU/l
SGPT ,Serum Plain Method : IFCC/KINETIC	69.0	IU/l	Upto 49 IU/I
Serum Alkaline Phosphatase ,Serum Plain Method : DEA Method	63.0	IU/I	30.0 - 120.0
SerumTotal Protein ,Serum Plain Method : Biuret Method	7.53	gm/dl	6.00 - 8.50
Serum Albumin ,Serum Plain Method : BCG Method	4.73	gm/dl	3.20 - 5.50
Globulin ,Serum Plain Method : Calculated	2.80	gm/dl	2.00 - 4.10
A/G Ratio ,Serum Plain Method : Calculated	1.69		1.00 - 2.10
Serum GGTP ,Serum Plain Method: G-Glutamyl Transferase	42.0	U/L	0.0 - 50.0

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Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	14/03/2023 15:53:49
Collected At	DCKC	Printed Date/Time	14/03/2023 16:32:10

Test Name	Value	Unit	Biological Ref Interval
Blood Sugar (Fasting) ,Plasma F Method : GOD POD	142.7	mg/dl	70.0 - 110.0
Blood Sugar (PP) ,Plasma PP Method : GOD POD	219.9	mg/dl	70.0 - 140.0

Comment:-

Excluding alimentary hypoglycemia, renal glycosuria, hereditary fructose intolerance and galactosemia. possible cause of PP reactive hypoglycemia (PRH) (low post prandial glucose level) include high senstivity, exaggerated response to insulin like peptide -1, defect in counter regulation very lean ar anxious individuals, after massive weight reduction and women with lower body over weight etc..

Serum Creatinine ,Serum Plain Method : Mosified Jaffe's	1.05	mg/dl	0.40 - 1.50
Serum Uric Acid ,Serum Plain Method: Uricase- POD	4.80	mg/dl	3.40 - 7.00
Blood Urea Nitrogen ,Serum Plain Method : Calculated	12.09	mg/dl	0.00 - 20.00

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Printed Date/Time

DR. CHARU KOHLI'S CLINIC

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14/03/2023 16:32:10

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Age / Sex 36 Yrs Male Sample Collected Date/Time 14/03/2023 13:16:29
Ref By / Hospital Others BANK OF BARODA Report Date/Time 14/03/2023 15:09:37

Test Name Value Unit Biological Ref Interval

IMMUNOASSAY

TOTAL THYROID PROFILE

Collected At

Total T3 ,Serum Plain	1.06	ng/mL	0.69 - 2.15
Total T4 ,Serum Plain	8.20	ug/dl	5.20 - 12.70
TSH	3.50	uIU/ml	0.30 - 4.50

Comment : Age Group	Biological Reference Range
1-2 Days	3.2-3.43 uIU/ml
3-4 Days	0.7-15.4 uIU/ml
15 Days - 5 Months	1.7-9.1 uIU/ml
5 Months - 2 Years	0.7-6.4 uIU/ml

DCKC

5 Months - 2 Years 0.7-6.4 uIU/ml 2 Years - 12 Years 0.64-6.27 uIU/ml 12 Years - 18 Years 0.51-4.94 uIU/ml

> 18 Years

0.35-5.50 uIU/ml

Adults

Note: TSH levels are subject to circadian variation, rising several hoursbefore the onset of sleep,reaching peak levels between 11 pm to 6 am.Nadir concentrations are observed during the afternoon.Diurnal variation in TSH level approximates + 50 %, hence time of the dayhas influence on the measured serum TSH concentration Although elevated TSH levels are nearly always indicative of primary hypothyroidism, and may be seen in secondary thyrotoxicosis.

Newborn

In a very low birth weight baby (particularly premature neonates) immaturity of the hypothalamic-pituitary - thyroid axis may mask primary congenital hypothyroidism. It is recommended that the test be repeated two weeks after birth in babies 1000-1500 gm and at four weeks in those <1000 gm. Specimen collection prior to 24 hours of age, after blood transfusion and prematurity can affect this.

Nearly 90% of CH cases are detected by newborn screening. A small number of children may test normal on the newborn screen but later develop hypothyroidism.

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DR.NEELU CHHABRA





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Ref By / Hospital	Others BANK OF BARODA	Report Date/Time	14/03/2023 15:09:37
Collected At	DCKC	Printed Date/Time	14/03/2023 16:32:10

Test Name	Value	Unit	Biological Ref Interval
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Total PSA ,Serum Plain

0.22

ng/ml

0.00 - 4.00

INTERPRETATION

Prostate-specific antigen (PSA), a glycoprotein is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. PSA exists in serum in multiple forms: complexed to alpha-1-anti-chymotrypsin (PSA-ACT complex), unbound (free PSA), and enveloped by alpha-2-macroglobulin (not detected by immunoassays). When total PSA concentration is <2.0 ng/ml, the probability of prostate cancer in asymptomatic men is low, further testing and free PSA may provide little additional information. When total PSA concentration is >10.0 ng/mL, the probability of cancer is high and prostate biopsy is generally recommended. The total PSA range of 4.0 to 10.0 ng/ml has been described as a diagnostic "gray zone," in which the free:total PSA ratio helps to determine the relative risk of prostate cancer. Therefore, some urologists recommend using the free:total ratio to help select which men should undergo biopsy. However even a negative result of prostate biopsy does not rule-out prostate cancer. Up to 20% of men with negative biopsy results have subsequently been found to have cancer. Higher total PSA levels and lower percentages of free PSA are associated with higher risks of prostate cancer. Based on free:total PSA ratio: the percent probability of finding prostate cancer on a needle biopsy by age in years:

Free PSA as a percent of Total PSA	Probabilty of carcinoma prostate
	when
	Total PSA is 4.1 - 10.0 ng / ml
>=	26 8 %
20 - 25	16 %
15 - 20	20 %
10 - 15	28 %
0 - 10	56 %

Comments:-

False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy.PSA total and free levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies and nonspecific protein binding.Results obtained with different assay kits cannot be used interchangeably.All results should be corelated with

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Patient NameMr. JITHIN SGEORGERegistration Date/Time14/03/2023 08:23:47Age / Sex36 YrsMaleSample Collected Date/Time14/03/2023 13:16:29Ref By / HospitalOthers BANK OF BARODAReport Date/Time14/03/2023 15:54:43Collected AtDCKCPrinted Date/Time14/03/2023 16:32:10

Test Name Value Unit Biological Ref Interval

CLINICAL PATHOLOGY

URINE ROUTINE EXAMINATION

URE PHYSICAL EXAMINATION

Colour ,URINE	Pale Yellow	,	Pale Yellow
Volume ,URINE	15	mL	
Appearance ,URINE	Clear		Clear
URE CHEMICAL EXAMINATION			
Reaction ,URINE	Acidic		Acidic
Ph (Strip Method) ,URINE	6.0		5.0 - 8.0
Specific Gravity ,URINE	1.020		1.001 - 1.035
Protein (Strip Method) ,URINE	Nil		Not-Detected
Glucose (Strip Method) ,URINE	+		Nil
URE MICROSCOPY EXAMINATION			
Pus Cells ,URINE	1 - 2	/HPF	0 - 2
Epithelial Cells ,URINE	1 - 2	/HPF	0 - 2
RBC's ,URINE	NIL	/HPF	0 - 2
Casts ,URINE	Nil		
Crystals ,URINE	Nil		
Bacteria ,URINE	Absent		Absent
Mucus Thread ,URINE	Nil		Nil
Other ,URINE	Nil		

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Patient Name Mr. JITHIN SGEORGE Registration Date/Time 14/03/2023 08:23:47 Sample Collected Date/Time Age / Sex 36 Yrs Male 14/03/2023 13:16:29 Ref By / Hospital Others BANK OF BARODA Report Date/Time 14/03/2023 15:58:14 Collected At **DCKC** Printed Date/Time 14/03/2023 16:32:10

Test Name Value Unit Biological Ref Interval

STOOL ANALYSIS

STOOL PHYSICAL EXAMINATION

COLOUR/APPEARANCE ,STOOL Yellow

CONSISTENCY ,STOOL Semi- Solid

MUCUS ,STOOL Nil

BLOOD ,STOOL Nil

REACTION ,STOOL Alkaline Neutral to Alkaline

STOOL MICROSCOPIC EXAMINATION

PUS CELLS ,STOOL Nil /HPF Nil RBC's ,STOOL Nil /HPF Nil

OVA ,STOOL Nil Nil Nil CYSTS ,STOOL NIL NIL

PARASITES ,STOOL Not Seen

BACTERIAL FLORA ,STOOL Normal Normal

OTHERS ,STOOL Nil Nil

HELMINTHES ,STOOL Not seen Not seen

BILHARZIASIS ,STOOL Not seen Not seen

SHIGELLA ,STOOL Not seen Not seen

V.CHOLERA ,STOOL Not seen Not seen

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DR.NEELU CHHABRA





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Patient NameMr. JITHIN SGEORGERegistration Date/Time14/03/2023 08:23:47Age / Sex36 YrsMaleSample Collected Date/Time14/03/2023 13:16:29

Ref By / Hospital Others BANK OF BARODA Report Date/Time 14/03/2023 15:57:45
Collected At DCKC Printed Date/Time 14/03/2023 16:32:10

Test Name Value Unit Biological Ref Interval

URE SUGAR (FASTING) ,URINE

URE SUGAR PP ,URINE

++

*** End of Report ***

Page No: 10 of 10

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े होता स्थापन करवारी स्थापन Bank of Baroda jithinsgeorgein@gmail.com 8697542436

To,

The Coordinator, Mediwheel (Arcofemi Healthcare Limited) Helpline number: 011-41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	JITHIN SGEORGE
NAME	05-07-1986
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE	14-03-2023
BOOKING REFERENCE NO.	22M92192100048264S SPOUSE DETAILS
EMPLOYEE NAME	MS. JITHIN PRIYA ELIZABETH
EMPLOYEE EC NO.	92192
EMPLOYEE DESIGNATION	JOINT MANAGER
EMPLOYEE PLACE OF WORK	NEW DELHI SAKET
EMPLOYEE BIRTHDATE	20-04-1990

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from 13-03-2023 till 31-03-2023. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a cashless facility as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

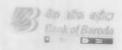
We solicit your co-operation in this regard.

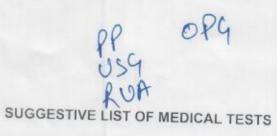
Yours faithfully,

Sd/-

Chief General Manager HRM Department Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Modiwheel (Arcotemi





FOR MALE	FOR FEMALE
eBC	CBC
ESR	ESR
Atood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
Lipid Profile	Lipid Profile
Jotal Cholesterol	Total Cholesterol
HOL	HDL HDL
LDL	LDL
VEDL	VLDL
	Triglycerides
HDC/LDL ratio	HDL / LDL ratio
Liver Profile	
-AST	Liver Profile
ALT	AST
Ø€T	ALT
Bilirubin (total, direct, indirect)	GGT
ALP	Bilirubin (total, direct, indirect)
Proteins (T, Albumin, Globulin)	ALP
Kidney Profile	Proteins (T. Albumin, Globulin)
Serum creatinine	Kidney Profile
Picod Urga Nitrogen	Serum creatinine
LINC Acid	Blood Urea Nitrogen
HBA1C	Uric Acid
Reutine urine analysis	HBA1C
USG Whole Abdomen	Routine urine analysis
General Tests	USG Whole Abdomen
Ray Chest	General Tests
ECG	X Ray Chest
ZD/3D ECHO / TMT	ECG
Stress Test	2D/3D ECHO / TMT
PSA Male (above 40 years)	Thyroid Profile (T3, T4, TSH)
a or male (above 40 years)	Mammography (above 40 years)
Phyroid Profile (T3, T4, TSH)	and Pap Smear (above 30 years).
Dental Check-up consultation	Dental Check-up consultation
Physician Consultation	Physician Consultation
Eye Check-up consultation	Eye Check-up consultation
Skin/EN F consultation	Skin/ENT consultation
Sware at consulation	Gynaec Consultation



Dr.Charu Kohli s Clinic

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NAME

JITHIN EGEORGE

AGE/SEX

36Y/M

DATE

: 14.03.2023

BMI	
DIAII	
	BP
32.5	
	102/60 mmH ₂
	32.5

Asthma

: NO

Diabetes

: PARENTS HAS DM

TB THYROID

: NO

: NO

Heart Disease BP

: NO

CANCER

: NO : NO

Personal History:

: NO Rheumatic

: NO Acquired deformity : NO Operated for

: NO Psychosomatic history: NO

Diabetes

: DM SINCE 6YRS. THYROID : NO BP

: NO SKIN ; NO

		CE VISION	NEAR VISION					
Eye /	RT EYE	LT EYE	DT PVP					
/ision	515	1115		- KI	KIEYE	RT EYE LT EYE	COLOUR VISION	OI 100
	6/6	6/6	N/6	NIG		GLASSES		
				N/6	NORMAL	YES		

Signature of Medical Examiner: -----

DR. CHARU KOHLI CONSULTANT MBBS DMC-8388



Dr.Charu Kohli s Clinic

C-234 Defence Colony, New Delhi-110024 Ph 41550792 ,24336960, 24332759 E- mail: <u>drcharukohli@yahoo.com</u>

NAME

: JITHIN SGEORGE

AGE/SEX

: 36Y/M

DATE

: 14.03.2023

X - RAY CHEST PA VIEW:

Cardiac shadow is normal.
Aorta is normal.
Bilateral lung fields are clear.
Both costophrenic angles are clear.
Bilateral domes of diaphragm are normal.
No bony injury noted.

IMPRESSION: Normal chest skiagram.

ful

DR. CHARU KOHLI MBBS, DMRD Consultant Radiologist

DR. CHARU KOHLI
CONSULTANT RADIOLOGIST
DMC - 8388
DR. CHARU KOHLI'S CLINIC
C-234, DEFENCE COLONY, NEW DELHI-110024

IMPORTANT: Owing to technical limitations in case of any error in the study, the Doctor cannot be held responsible for claim of damages of any nature and this report is not valid for any Medico-legal aspect.



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Name: JITHIN S GEORGE Date: March 14, 2023

WHOLE ABDOMEN SCAN

Liver is normal in size and echotexture is raised. Partially obliterated intrahepatic biliary radicles and normal appearing venous channels noted. No focal lesion in either lobes. Portal vein is normal. No subdiaphragmatic collection or pleural effusion.

Gall bladder is normal distended and shows echofree lumen. CBD: not dilated; apparently echofree.

Both the kidneys are normal in size, position and echopattern with normal corticomedullary RK:

9.48 x 4.24 cm.

LK:

9.71 x 5.03 cm.

Pancreas is of normal size & echopattern. No focal lesion or peri-pancreatic collection.

Spleen is of normal size and echopattern. No focal lesion or calcification. Splenic vein is not dilated.

Aorta and IVC are normal. No retroperitoneal lymphadenopathy.

Urinary bladder shows normal distension and shows normal wall-thickness. No calculus or mass.

Prostate is normal in size $3.25 \times 4.47 \times 2.24$ cm \sim vol-17.03 cc, echopattern is homogenous .

Bowel loops are normal.

No free fluid is seen in abdomen.

IMPRESSION:

Grade 1 fatty liver, otherwise sonological study is within normal limits

Dr Charu Kohli MBBS DMRD DMC8388

DR. CHARU KOHLI CONSULTANT RADIOLOGIST DMC - 8388 DR. CHARU KOHLI'S CLINIC C-234, DEFENCE COLONY, NEW DELHI-110024

IMPORTANT: Owing to technical limitations, in case of any error in the study, the Doctor cannot be held responsible for claim of damages of any nature, and this report is not valid for any Medicolegal aspect. Every modern technology has its own limitations, in case of discrepancy/difference in opinion advised-repeat scan/ second opinion





C-234, DEFENCE COLONY, NEW DELHI

Mr. JITHIN S GEORGE

Age/Sex: 36/M

Recorded: 14- 3-2023 10:52

Ref. by: Indication: ,. ID: 295 Ht/Wt: 157/80

TREADMILL TEST SUMMARY REPORT

Protocol: BRUCE History: Medication: ...



PHASE	PHASE	STAGE	SPEED (Km./Hr.)	GRADE (%)	H.R. (BPM)	B.P. (mmHg)	RPP X100	11	ST LEVEL (mm) V2	V5	METS
SUPINE HYPERVENT VALSALVA STANDING SUPINE	0:18	0:18			84 83 82 100 87	102/66 102/66 102/66 102/66 102/66	85 84 83 102 88	0.4 0.4 0.5 0.1 0.2	3.8 3.7 3.3 4.2	1.2 1.0 1.2 0.5	
STAGE 1 STAGE 2 STAGE 3 STAGE 4 STAGE 5	2:59 5:59 8:59 11:59 12:14	2:59 2:59 2:59 2:59 0:14	2.70 4.00 5.40 6.70 8.00	10.00 12.00 14.00 16.00 18.00	111 124 137 163 148	114/70 118/72 124/74 130/78 130/78	126 146 169 211	-0.5 -1.3 -1.4 0.3 0.6	4.2 3.5 3.5 5.3 -5.8 -3.3	0.5 0.0 -0.1 -0.6 3.2	4.80 7.10 10.00 14.00
PEAK EXERCISE RECOVERY RECOVERY RESULTS	12:14 2:59 5:59	0:14 2:59 5:59	0.00	0.00	148 103 101	130/78 126/74 120/72	192 129 121	0.6 -0.3 -0.3	-3.3 -4.7 -4.2	2.1 2.1 1.0 0.1	14.47

Exercise Duration Max Heart Rate Max Blood Pressure Max Work Load

IMPRESSIONS

Reason of Termination

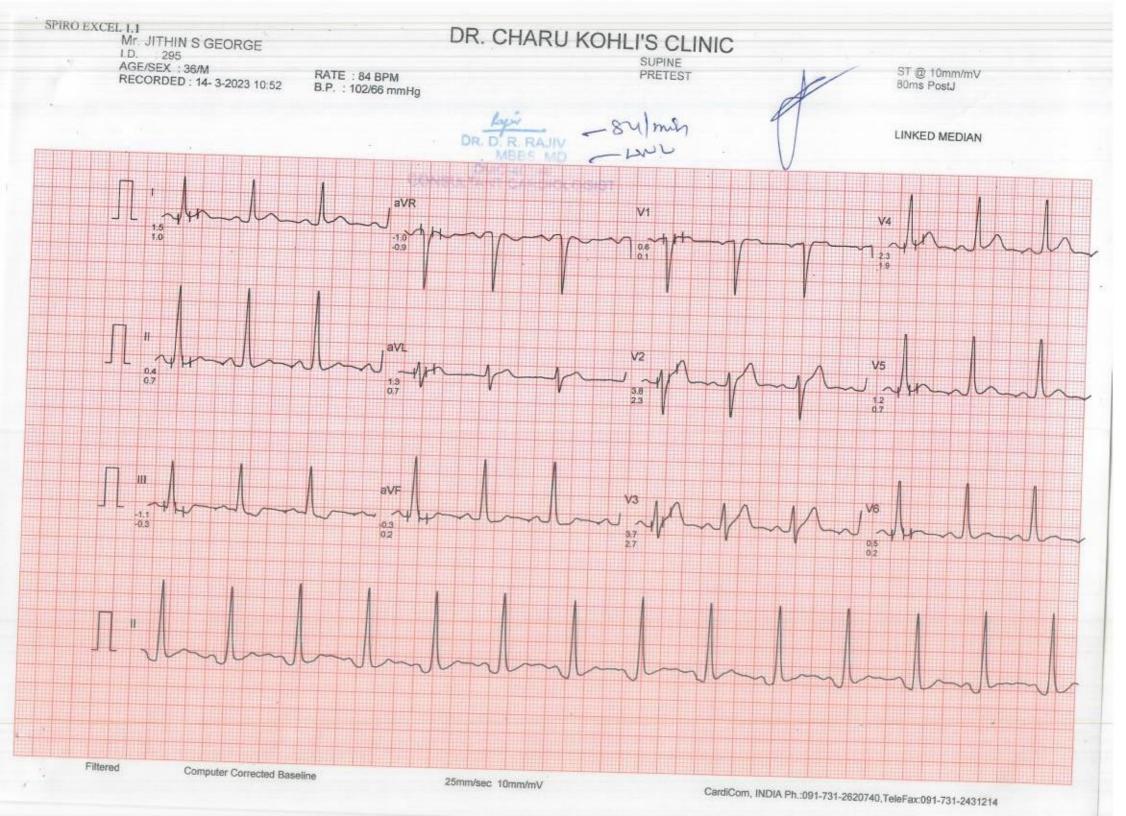
12:14 Minutes

163 bpm 88 % of target heart rate 184 bpm 130/78 mmHg

14,47 METS

Negothe her face within Parameters cales use

Cardiologist



PRETEST

STAGE TIME: 0:18

ST @ 10mm/mV 80ms PostJ

LINKED MEDIAN

Mr. JITHIN S GEORGE

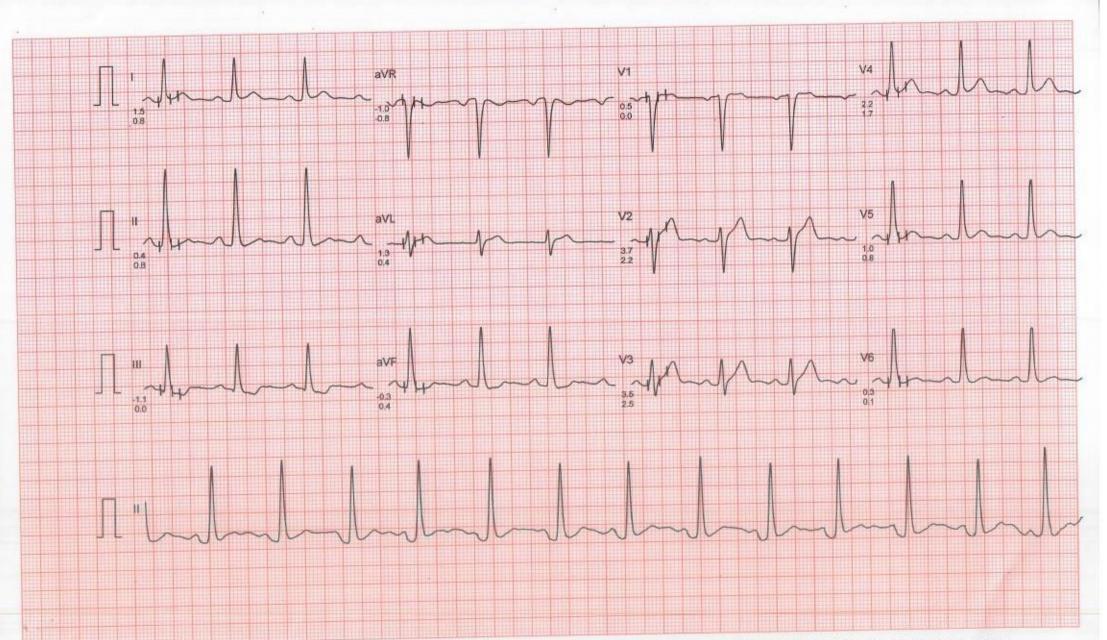
LD. : 295

AGE/SEX: 36/M

RECORDED: 14-3-2023 10:52

RATE: 83 BPM

B.P.: 102/66 mmHg



VALSALVA PRETEST

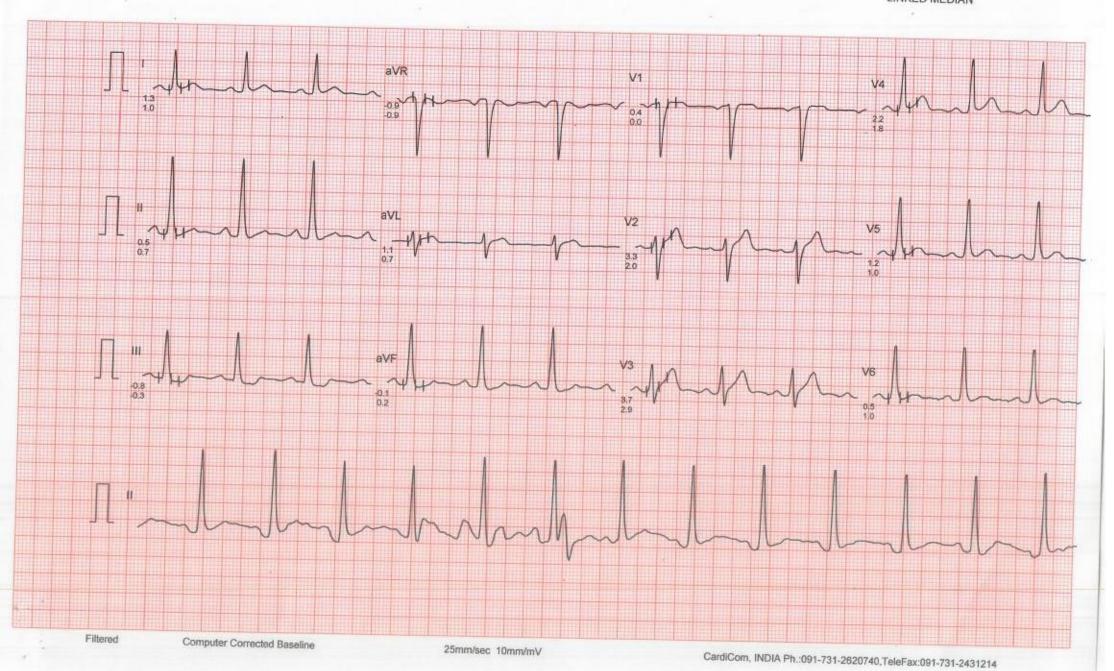
ST @ 10mm/mV 80ms PostJ

Mr. JITHIN S GEORGE

I.D. : 295

AGE/SEX : 36/M RECORDED : 14- 3-2023 10:52

RATE: 82 BPM B.P.: 102/66 mmHg

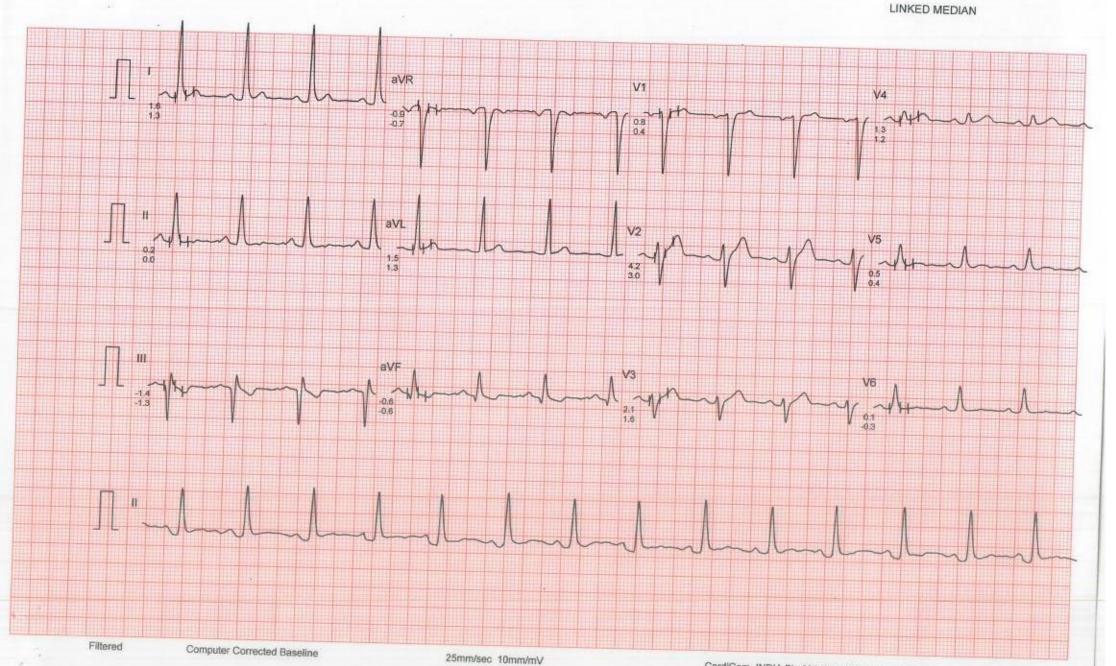


Mr. JITHIN'S GEORGE

I.D. : 295 AGE/SEX : 36/M RECORDED : 14- 3-2023 10:52

RATE: 87 BPM B.P.: 102/66 mmHg PRETEST

ST @ 10mm/mV 80ms PostJ



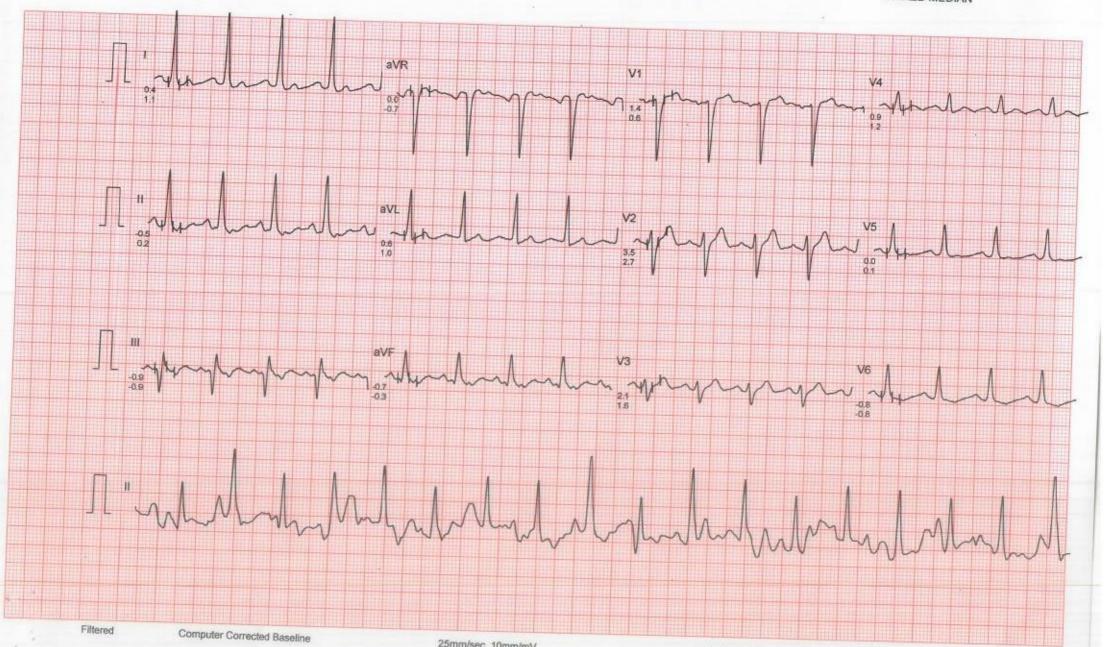
Mr. JITHIN'S GEORGE I.D. : 295

AGE/SEX : 36/M RECORDED: 14-3-2023 10:52

RATE: 111 BPM B.P. : 114/70 mmHg

BRUCE EXERCISE 1 PHASE TIME: 2:59 STAGE TIME: 2:59

ST @ 10mm/mV 80ms PostJ SPEED: 2.7 Km./Hr. GRADE: 10.0 %



Mr JITHIN S GEORGE I.D. : 295

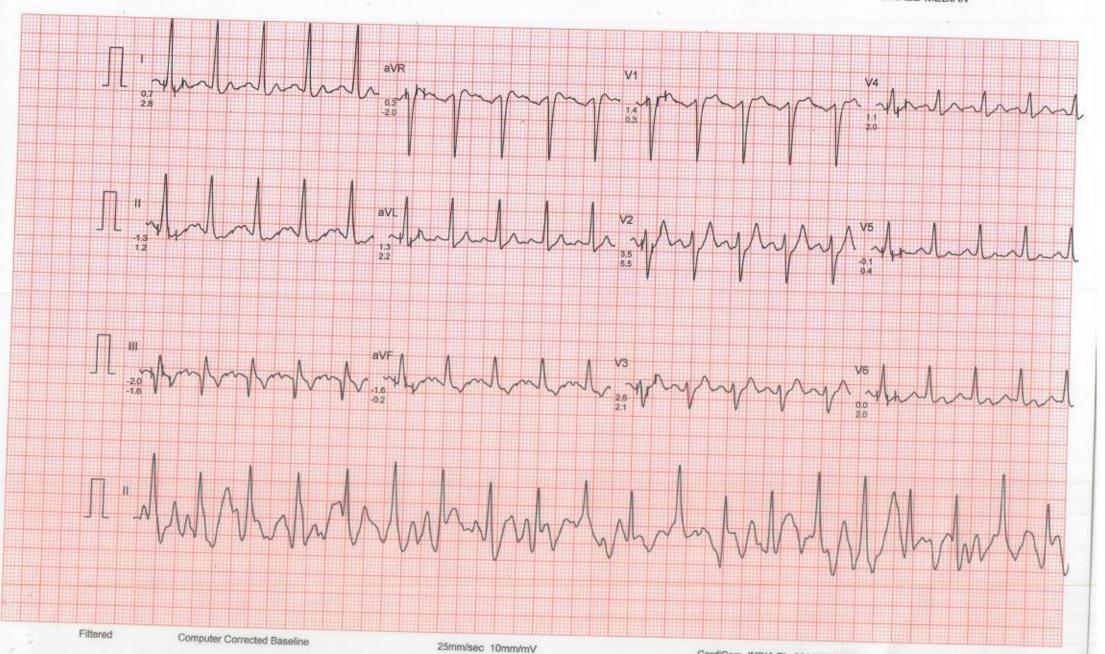
AGE/SEX: 36/M

RECORDED: 14-3-2023 10:52

RATE: 124 BPM B.P. : 118/72 mmHg

BRUCE **EXERCISE 2** PHASE TIME: 5:59 STAGE TIME: 2:59

ST @ 10mm/mV 80ms PostJ SPEED: 4.0 Km./Hr. GRADE: 12.0 %



Mr. JITHIN S GEORGE I.D. : 295

AGE/SEX: 36/M

RECORDED: 14- 3-2023 10:52

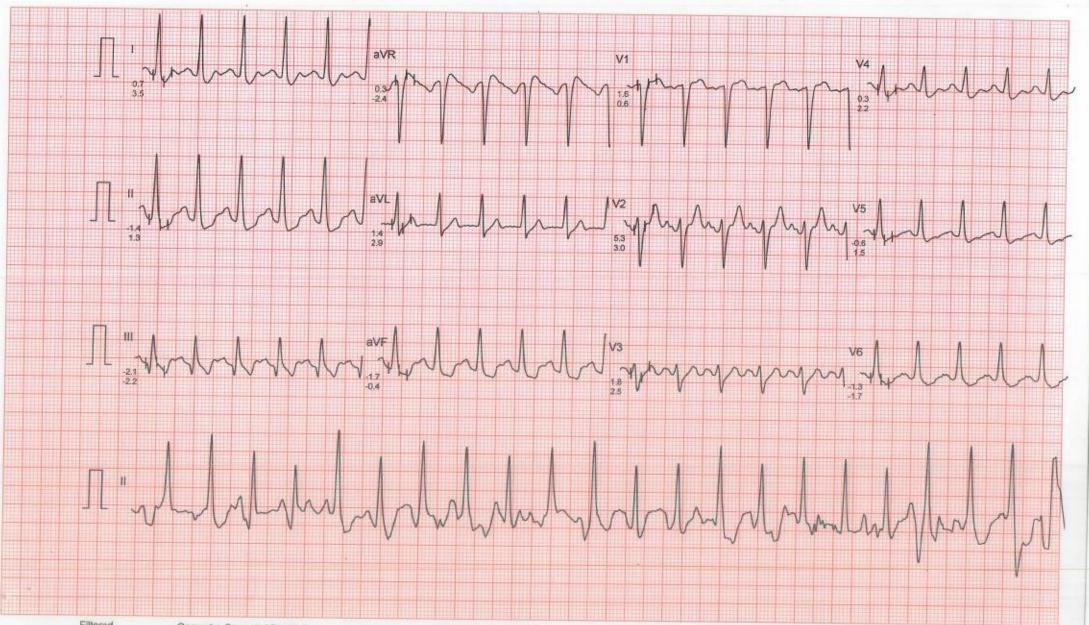
RATE: 137 BPM B.P.: 124/74 mmHg

BRUCE **EXERCISE 3** PHASE TIME: 8:59

STAGE TIME: 2:59

ST @ 10mm/mV 80ms PostJ

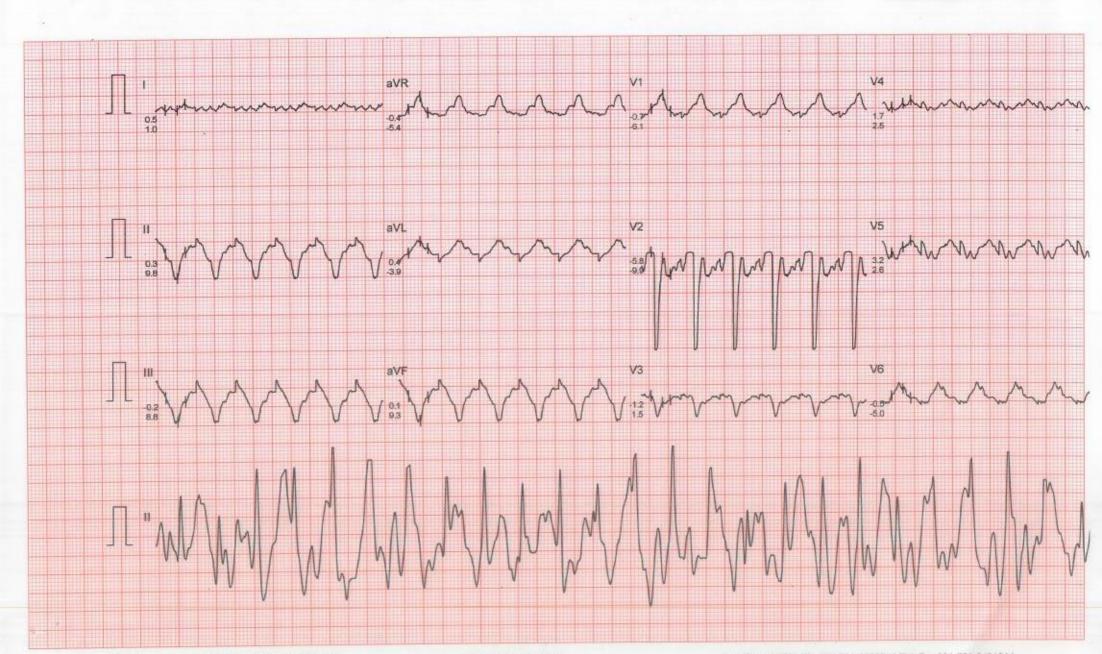
SPEED: 5.4 Km./Hr. GRADE: 14.0 %



Mr. JITHIN S GEORGE

I.D. : 295

AGE/SEX : 36/M RECORDED : 14- 3-2023 10:52 RATE : 163 BPM B.P. : 130/78 mmHg BRUCE EXERCISE 4 PHASE TIME: 11:59 STAGE TIME: 2:59 ST @ 10mm/mV 80ms PostJ SPEED: 6.7 Km./Hr. GRADE: 16.0 %



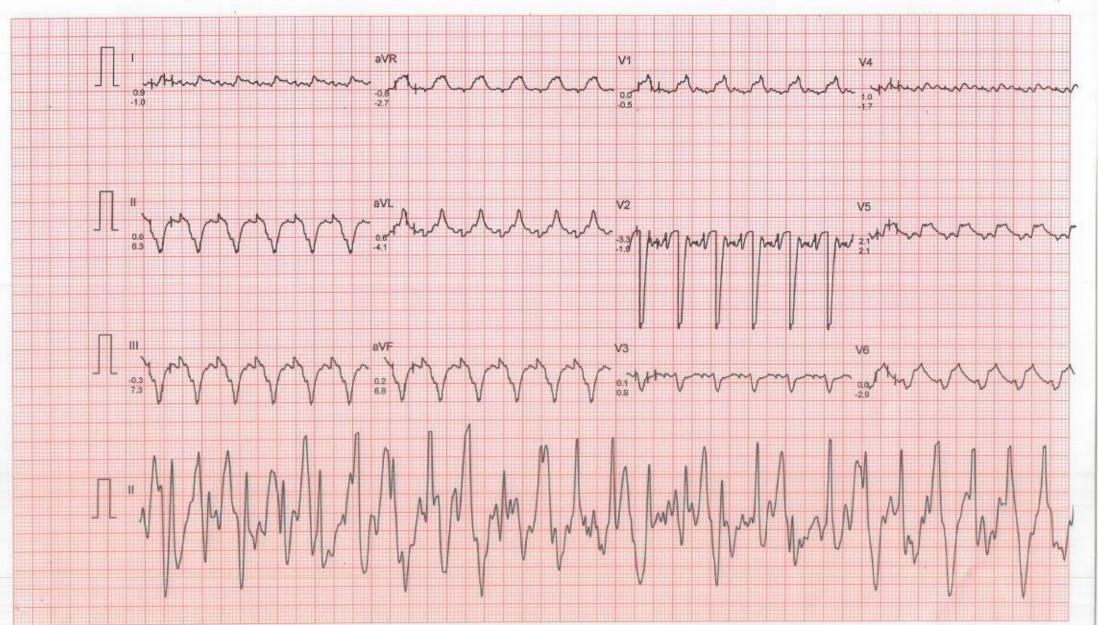
Mr. JITHIN S GEORGE

LD 295

AGE/SEX: 36/M RECORDED: 14-3-2023 10:52 RATE: 148 BPM B.P.: 130/78 mmHg BRUCE EXERCISE 5

PHASE TIME: 12:14 STAGE TIME: 0:14 ST @ 10mm/mV 80ms PostJ SPEED: 8.0 Km./Hr.

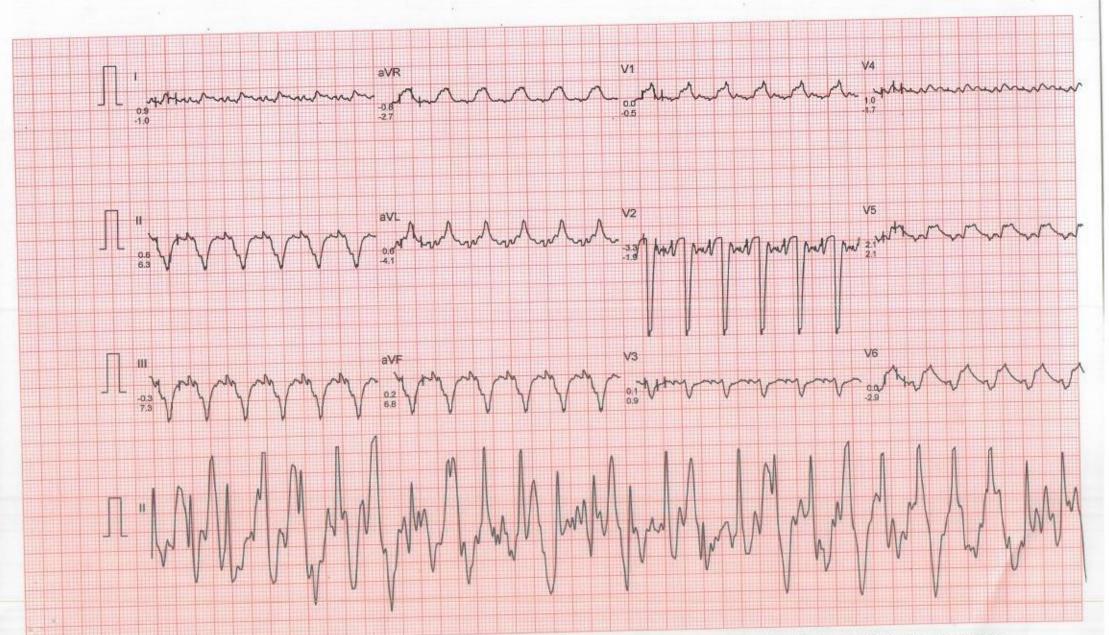
GRADE: 18.0 % LINKED MEDIAN



Mr. JITHIN S GEORGE

I.D. : 295

AGE/SEX: 36/M RECORDED: 14-3-2023 10:52 RATE : 148 BPM B.P. : 130/78 mmHg BRUCE PEAK EXERCISE PHASE TIME: 12:14 STAGE TIME: 0:14 ST @ 10mm/mV 80ms PostJ SPEED: 8.0 Km./Hr. GRADE: 18.0 %



Mr. JITHIN'S GEORGE

I.D. : 295

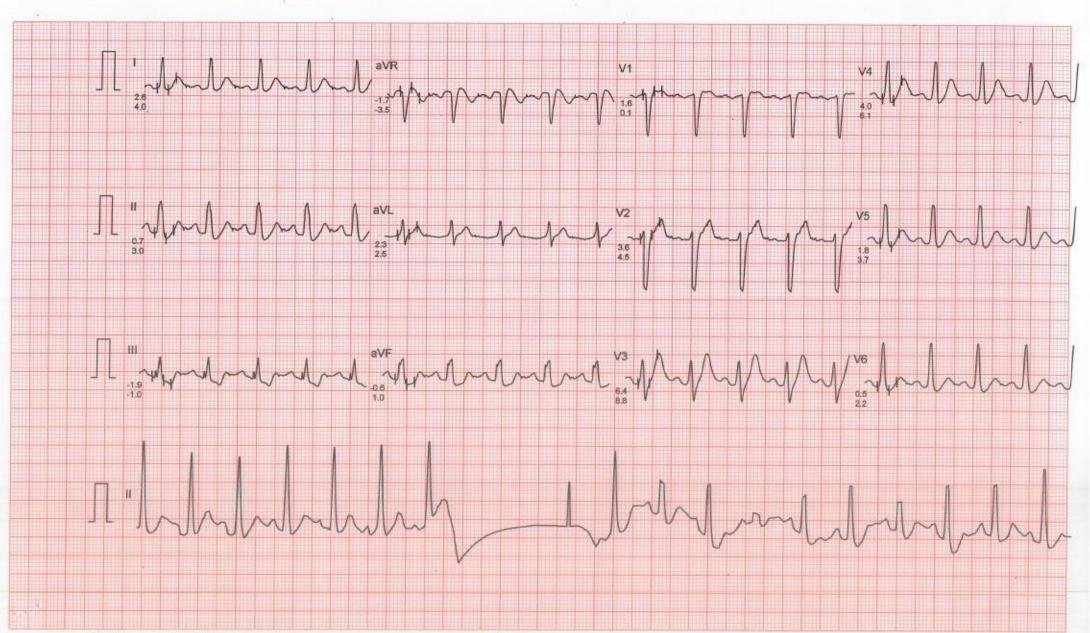
AGE/SEX: 36/M

RECORDED: 14-3-2023 10:52

RATE: 121 BPM B.P.: 130/78 mmHg

BRUCE RECOVERY PHASE TIME: 0:59

ST @ 10mm/mV 80ms PostJ SPEED: 0.0 Km./Hr. GRADE: 0.0 %



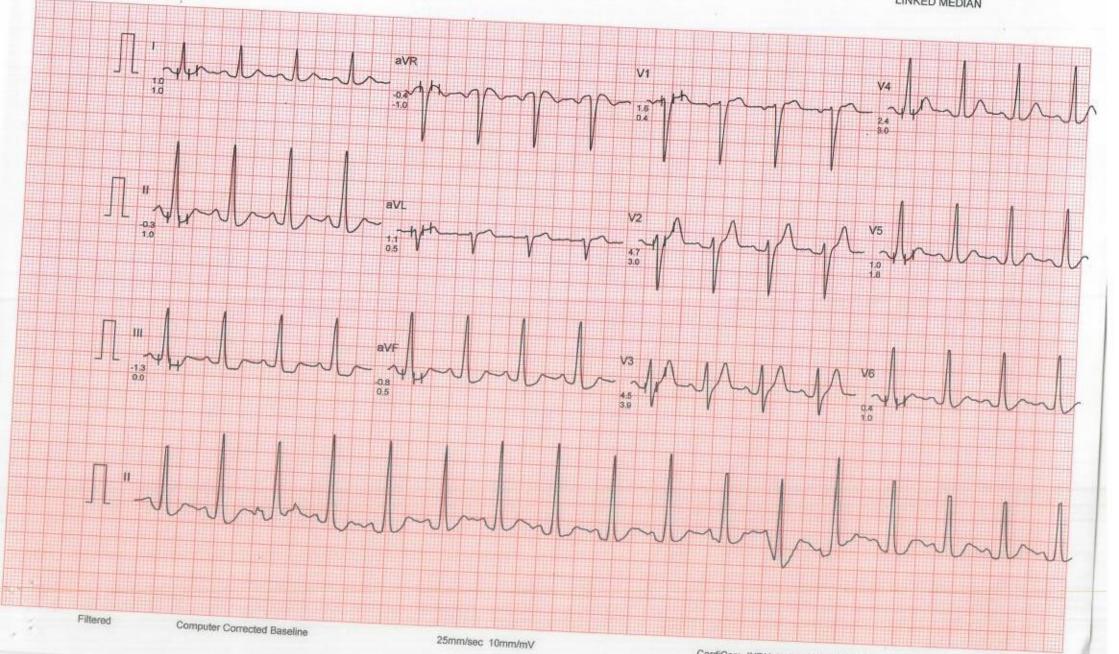
Mr. JITHIN S GEORGE

AGE/SEX : 36/M

RECORDED: 14-3-2023 10:52

RATE: 103 BPM B.P.: 126/74 mmHg BRUCE RECOVERY PHASE TIME: 2:59

ST @ 10mm/mV 80ms PostJ SPEED: 0.0 Km./Hr. GRADE: 0.0 %



BRUCE

RECOVERY PHASE TIME: 5:59 ST @ 10mm/mV 80ms PostJ





Mr. JITHIN'S GEORGE

I.D. | 295

Filtered

Computer Corrected Baseline



