



Unique Identification Authority of India

पता: आलमज रेवती कान्त झा,
बी-705, सागर अपार्टमेंट, सी-58/15,
सेक्टर-62, नोएडा, गौतमबुद्ध नगर,
नोएडा, उत्तर प्रदेश, 201301

Address: S/O Revati Kant Jha B-705,
Sagar Apartment, C-58/15 Sector-62,
Noida, Gautam Buddha Nagar, Noida,
Uttar Pradesh, 201301

9745 8929 7900



1947



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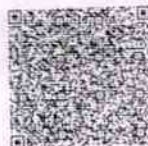
*Jan Medical
Alok
9802447700*



भारत सरकार
Government of India



आलोक कुमार झा
Alok Kumar Jha
जन्म तिथि / DOB : 24/12/1980
पुरुष / Male



9745 8929 7900

मेरा आधार, मेरी पहचान

Patient ID.	19555 OPD	Name	MR ALOK KUMAR JHA	Sex/Age	M/42YRSY
Date	23-07-2022 02:37 PM	Ref. Physician	SELF	Chest, CHEST	

X- RAY CHEST PA VIEW

Both lung fields are clear. No obvious lung parenchymal lesion or infiltration is seen.

Bilateral cp angles are clear and show acute angle

Both hilar shadow appears normal

Bony thoracic cage and soft tissues appears normal

Cardiac silhouette appears normal.

IMPRESSION ~ No obvious significant abnormality is seen

Please correlate clinically

Dr. DEEPAK K SOLANKI
MBBS, DNB
CONSULTANT RADIOLOGIST

Centre for Excellent Patient Care





SJM SUPER SPECIALITY HOSPITAL, & IVF CENTRE



100 Bedded Super Speciality Hospital

Sector-63, Noida, NH-9, Near Hindon Bridge

Ph.: 0120-6530900 / 10, Mob.: +91 9599259072

E-mail: sjmhospital@yahoo.com / Website: sjmhospital.com

(24 Hours Emergency, NICU/ICU, Pharmacy & Ambulance Available)

23-07-2022

C/O BOP

(IVF SPECIALIST)

Dr. Pushpa Kaul (IVF)
M.B.B.S, MD(Obst. & Gynae)
Dr. Neha Zutshi (Embryologist)

OTHER SPECIALIST

Dr. Pushpa Kaul (IVF)
M.B.B.S, MD(Obst. & Gynae)
Dr. Smritee Virmani (Endoscopy)
MBBS, DGO, DNB, ICOG (Obst. & Gynae)
Dr. Vinod Bhat
M.B.B.S, MD (General Medicine)
Dr. Vineet Gupta, MS (ENT)
Dr. Naveen Gupta, MS (EYE)
Dr. Ashutosh Singh, MS (Urology)
Dr. Rahul Kaul (Spine Surgeon)
MBBS, MS, (Orthopaedic)
Dr. Raj Ganjoo MD (Psychiatric)
Dr. Akash Mishra (Neuro Surgeon)
Dr. Sanjay Sharma (Cardiologist)
Dr. S.K. Pandita, MS (Surgeon)
Dr. B.P. Gupta, MS (Surgeon)
Dr. Jaisika Rajpal
(MDS), (Periodontist & Implantologist)
Dr. Akash Arora
(MDS), Maxillofacial Surgeon
Dr. Deepa Maheshwari
M.B.B.S., MD, FRM, (IVF Specialist)
Dr. Vivek Kumar Gupta
MBBS, MS (General Surgeon)
M.Ch. (Plastic Surgery)
Dr. Anand Kumar
MBBS, MD (Paediatrics)
Dr. Amit kumar Kothari
MBBS, MD (Medicine)
Dr. Amit Aggarwal
M.B.B.S., M.S. Ortho.

Facilities:

100 Beds. Private & Public wards
Inpatient & Outpatient - (OPD)Facilities
24-Hour ambulance and emergency
3 Operation theatres
Laparoscopic & Conventional Surgery
In vitro fertilization centre (IVF)
Intensive Care Unit. (ICU)
Neonatal ICUs (NICU)
Dental Clinic
Computerized pathology lab
Digital X-ray and ultrasound
Physiotherapy facilities
24-Hour Pharmacy
Cafeteria & Kitchen

Dr. Alok Kumar Jha

Certified that I have examined
Mr. Alok Kumar Jha s/o Mr. R.K. Jha.
and found him physically and
mentally fit and free from any
disease or bodily infirmity.

V. Bhat
SJM SUPER SPECIALITY HOSPITAL
Dr. Vinod Kumar Bhat
M.B.B.S, M.D (Medicine)
Sr. Consultant Physician
Reg. No. 30989 (DMC)

CGHS & AYUSHMAN BHARAT

+ Not for medico legal purpose + No substitution of drugs allowed


Panel: Raksha TPA Pvt Ltd., Vipul Med Corp TPA Pvt Ltd., E-Meditek (TPA) Services Ltd., Medi-Assit India TPA Pvt Ltd., Park Mediclaim, Genins India TPA Pvt Ltd., Family Healthcare TPA Pvt Ltd., Medsave Healthcare TPA Pvt Ltd., Vidal Health Care TPA Pvt Ltd., MD India Healthcare, DHS TPA (India) Private Ltd., Medicate TPA Service (I) Pvt. Ltd., East West Assist TPA Pvt Ltd., United Healthcare Parekh TPA Pvt Ltd., Good Health TPA Services Ltd., Bajaj Allianz General Insurance Co. Ltd., IFFCO Tokio General Insurance Co. Ltd., IFFCO Tokio General Insurance Co. Ltd., Universal Insurance General Co. Ltd., TATA AIG General Insurance Co. Ltd., Cholamandalam General Insurance Co. Ltd., Liberty Videocon General Insurance Ltd., SBI General Insurance Co. Ltd., Kotak Mahindra General Insurance Co. Ltd., HDFC Standard Life Insurance Co. Ltd., The Oriental Insurance Co. Ltd.(Corporate), National Insurance Co. Ltd.(Corporate), The New India Insurance Co. Ltd. (Corporate), United India Insurance Co Ltd. (Corporate)

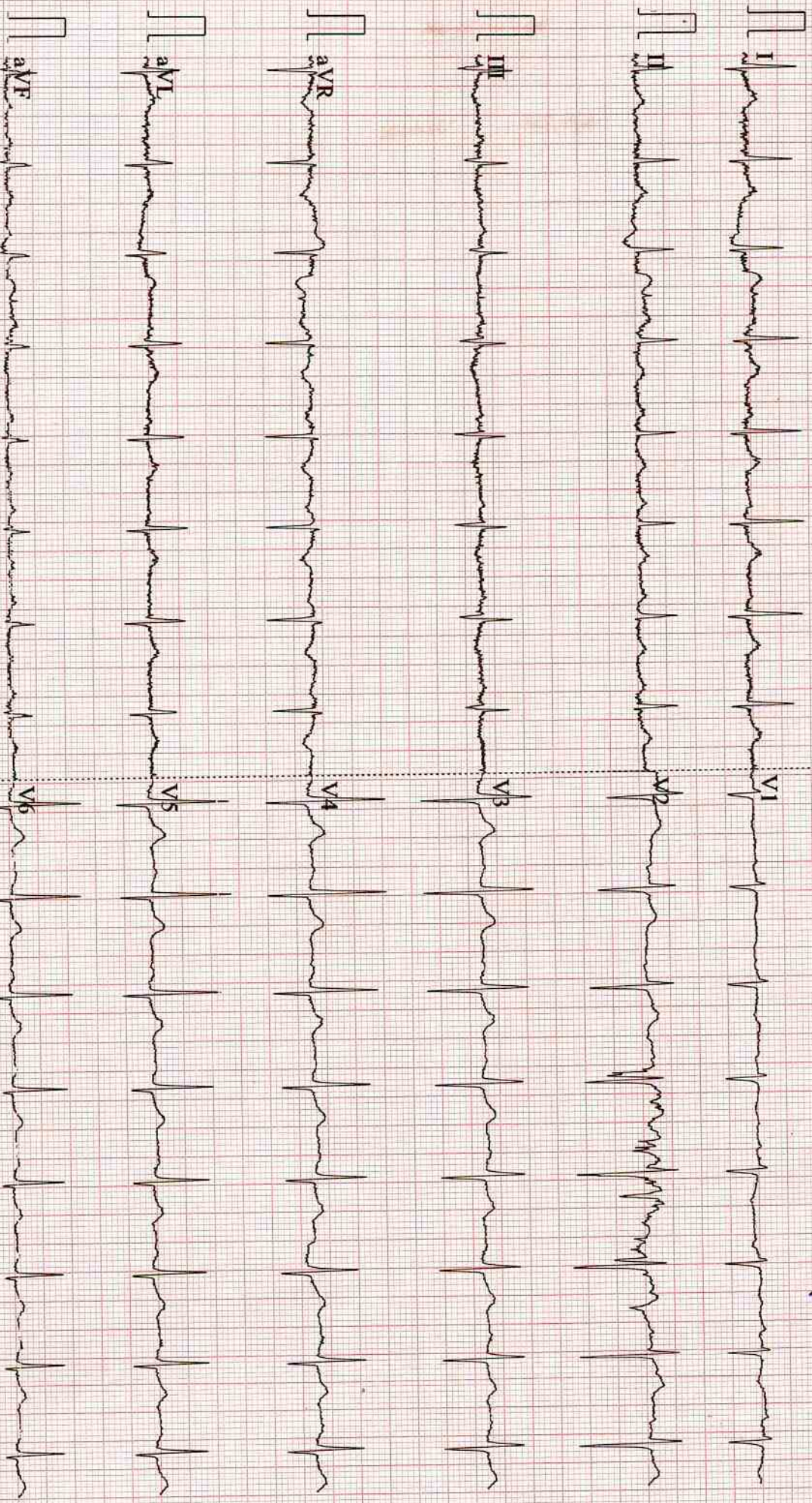
MR ALOK KUMAR
Male 42 Years

HR	: 93	bpm
P	: 102	ms
PR	: 150	ms
QRS	: 73	ms
QT/QTc	: 341/426	ms
P/QRS/T	: 71/47/6	°
RV5/SV1	: 1.113/0.539	mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Report Confirmed by:

ASTM

 SIM SUPER SPECIALITY HOSPITAL
 Dr. Vinod Kumar Bhat
 M.B.B.S., M.D (Medicine)
 Sr. Consultant Physician
 Reg. No. 30989 (DMC)



Ultrasound Report

Name: MR. Alok Kumar

Age:42yrs/M

Date: 23/07/2022

Ultrasound - Male Abdomen

Liver: Liver appears normal in size. There is no evidence of any focal lesion seen in the parenchyma. Intra-hepatic vascular and biliary radicles appear normal. Portal vein and common bile duct are normal.

GALL BLADDER:-Gall bladder is physiologically distended. The wall thickness is normal. There is no Evidence of any intraluminal mass lesion or calculi seen.

PANCREAS: -Pancreas is normal in size, shape and echo pattern. No focal mass lesion seen. Pancreatic duct is not dilated.

SPLEEN: -Spleen show normal in size, shape and homogeneous echo pattern. No focal mass lesion is seen in parenchyma.

KIDNEYS:-Both the kidneys are normal in size, shape, position and axis. Parenchymal echo pattern is normal bilaterally. No focal solid or cystic lesion is seen. There is no evidence of renal calculi on both sides.

PARAAORTIC REGIONS: Any mass/ lymph nodes: -- no mass or lymph nodes seen.

URINARY BLADDER:- Adequately distended. Wall were regular and thin. Contents are Normal. No stone formation seen.

PROSTATE: - Normal in shape and position. Parenchymal echotexture is normal. No free ascetic fluid or pleural effusion seen.

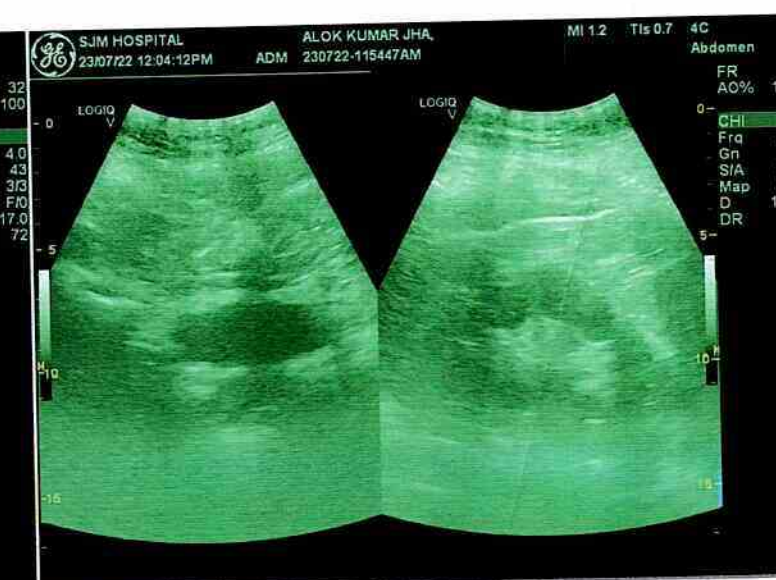
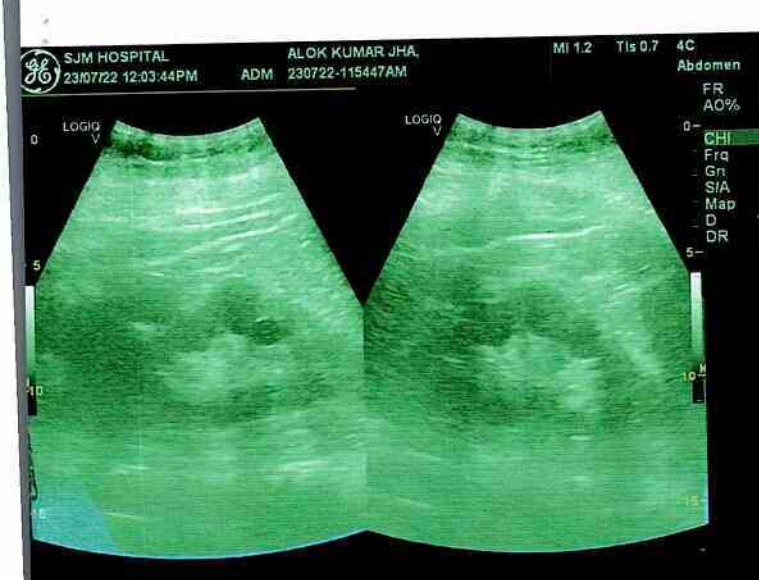
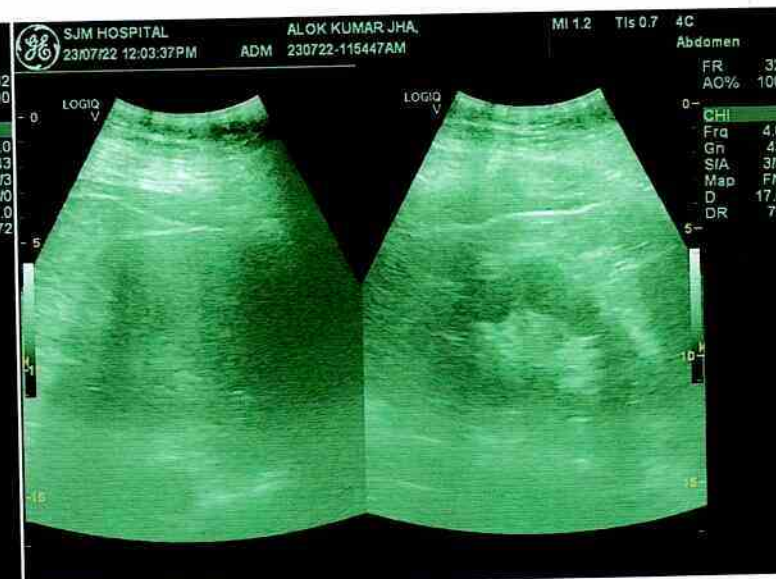
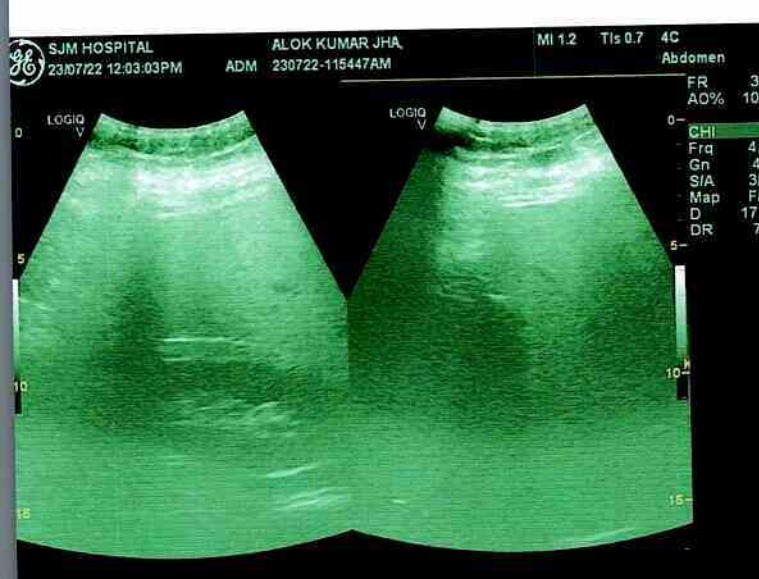
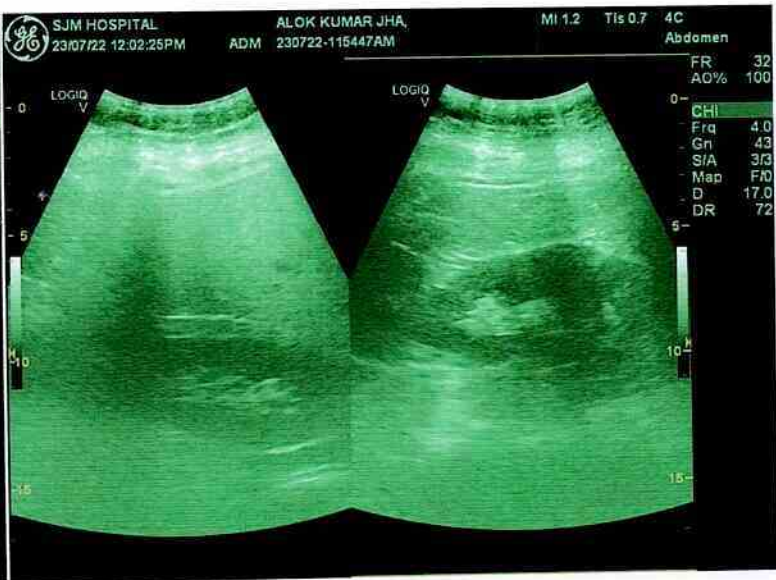
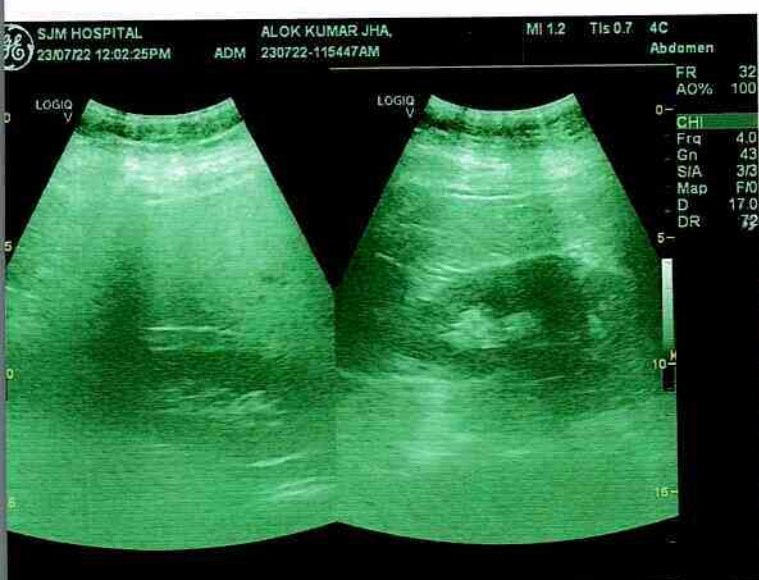
IMPRESSION: - Normal Scan.

For SJM Super Specialty Hospital

DR. PUSHPA KAUL

DR. P.K GUPTA





Laboratory Report

Lab Serial no.	: LSHHI224815	Mr. No	: 93372
Patient Name	: Mr. ALOK KUMAR JHA	Reg. Date & Time	: 23-Jul-2022 03:30 AM
Age / Sex	: 42 Yrs / M	Sample Receive Date	: 23-Jul-2022 03:39 PM
Referred by	: Dr. SELF	Result Entry Date	: 23-Jul-2022 04:23PM
Doctor Name	: Dr. Vinod Bhat	Reporting Time	: 23-Jul-2022 04:23 PM
OPD	: OPD		

HAEMATOLOGY

	results	unit	reference
CBC / COMPLETE BLOOD COUNT			
HB (Haemoglobin)	14.1	gm/dl	12.5 - 16.0
TLC	5.9	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	64	%	40 - 70
Lymphocyte	29	%	20 - 40
Eosinophil	06	%	01 - 06
Monocyte	01	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	4.74	Thousand / UI	3.8 - 5.10
P.C.V	40.5	million/UI	00 - 40
M.C.V.	85.4	fL	78 - 100
M.C.H.	29.7	pg	27 - 31
M.C.H.C.	34.8	g/dl	32 - 36
Platelet Count	2.27	Lacs/cumm	1.5 - 4.5

INTERPRETATION:

To determine your general health status; to screen for, diagnose, or monitor any one of a variety of diseases and conditions that affect blood cells, such as anemia, infection, inflammation, bleeding disorder or cancer



technician :

Typed By : Mr. BIRJESH

Swati
Dr. Swati Chandel
Consultant Pathologist
39292 (MCI)

Dr. Bupinder Zutshi
(M.B.B.S., MD)
Pathologist & Microbiologist

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HAEMATOLOGY

results unit reference

ESR / ERYTHROCYTE SEDIMENTATION RATE

ESR (Erythrocyte Sedimentation Rate) 21 mm/1hr 00 - 22

Comments

The ESR is a simple non-specific screening test that indirectly measures the presence of inflammation in the body. It reflects the tendency of red blood cells to settle more rapidly in the face of some disease states, usually because of increases in plasma fibrinogen, immunoglobulins, and other acute-phase reaction proteins. Changes in red cell shape or numbers may also affect the ESR.

BIOCHEMISTRY

results unit reference

BLOOD SUGAR F, Sodium Fluoride Pla

Blood Sugar (F) 106.0 mg/dl 70 - 110

Comments:

Accurate measurement of glucose in body fluid is important in diagnosis and management of diabetes, hypoglycemia, adrenal dysfunction and various other conditions.

High levels of serum glucose may be seen in case of Diabetes mellitus, in patients receiving glucose containing fluids intravenously, during severe stress and in cerebrovascular accidents.

Decreased levels of glucose can be due to insulin administration, as a result of insulinoma, inborn errors of carbohydrate metabolism or fasting.



technician :

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Page 1
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(M.B.B.S., MD)
Pathologist & Microbiologist

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BIOCHEMISTRY

	results	unit	reference
LIPID PROFILE, Serum			
S. Cholesterol	119.0	mg/dl	< - 200
HDL Cholesterol	42.3	mg/dl	35.3 - 79.5
LDL Cholesterol	57.4	mg/dl	50 - 150
VLDL Cholesterol	19.3	mg/dl	00 - 40
Triglyceride	96.5	mg/dl	00 - 170
Chloestrol/HDL RATIO	2.8	Ratio	3.30 - 4.40

INTERPRETATION:

Lipid profile or *lipid panel* is a panel of blood tests that serves as an initial screening tool for abnormalities in lipids, such as cholesterol and triglycerides. The results of this test can identify certain genetic diseases and can determine approximate risks for cardiovascular disease, certain forms of pancreatitis, and other diseases.

BLOOD SUGAR (PP), Serum

SUGAR PP 119.0 mg/dl 80 - 140

Comments:

Accurate measurement of glucose in body fluid is important in diagnosis and management of diabetes, hypoglycemia, adrenal dysfunction and various other conditions. High levels of serum glucose may be seen in case of diabetes mellitus, in patients receiving glucose containing fluids intravenously, during severe stress and in cerebrovascular accidents. Decreased levels of glucose can be due to insulin administration, as a result of insulinoma, inborn errors of carbohydrate metabolism or fasting.

METHOD:- GOD-POD METHOD, END POINT



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BIOCHEMISTRY

	results	unit	reference
<u>KFT,Serum</u>			
Blood Urea	21.6	mg/dL	18 - 55
Serum Creatinine	0.77	mg/dl	0.7 - 1.3
Uric Acid	8.6	mg/dl	3.5 - 7.2
Calcium	8.9	mg/dL	8.8 - 10.2
Sodium (Na ⁺)	140.3	mEq/L	135 - 150
Potassium (K ⁺)	4.15	mEq/L	3.5 - 5.0
Chloride (Cl)	104.5	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	10.09	mg/dL	7 - 18
PHOSPHORUS-Serum	3.48	mg/dl	2.5 - 4.5

Comment:-

Kidneys play an important role in the removal of waste products and maintenance of water and electrolyte balance in the body. Kidney Function Test (KFT) includes a group of blood tests to determine how well the kidneys are working.

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BIOCHEMISTRY

	results	unit	reference
LIVER FUNCTION TEST, Serum			
Bilirubin- Total	1.07	mg/dL	00 - 2.0
Bilirubin- Direct	0.48	mg/dL	0.0 - 0.20
Bilirubin- Indirect	0.59	mg/dL	0.2 - 1.2
SGOT/AST	44.4	IU/L	00 - 35
SGPT/ALT	62.1	IU/L	00 - 45
Alkaline Phosphate	81.0	U/L	53 - 128
Total Protein	7.11	g/dL	6.4 - 8.3
Serum Albumin	4.40	gm%	3.50 - 5.20
Globulin	2.71	gm/dl	1.8 - 3.6
Albumin/Globulin Ratio	1.62	%	

INTERPRETATION

A Liver Function test or one or more of its component tests may be used to help diagnose liver disease if a person has symptoms that indicate possible liver dysfunction. If a person has a known condition or liver disease, testing may be performed at intervals to monitor liver status and to evaluate the effectiveness of any treatments.



technician :

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Page 1

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Laboratory Report

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Doctor Name : Dr. Vinod Bhat	ReportingTime : 23-Jul-2022 04:23 PM
OPD/IPD : OPD	

TEST NAME

VALUE

ABO

"B"

Rh

POSITIVE

Comments:

Human red blood cell antigens can be divided into four groups A, B, AB AND O depending on the presence or absence of the corresponding antigens on the red blood cells. There are two glycoprotein A and B on the cell s surface that are responsible for the ABO types. Blood group is further classified as RH positive an RH negative.

URINE SUGAR (Fasting)

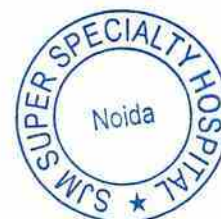
CHEMICAL EXAMINATION

Glucose : Nil

URINE SUGAR (PP)

CHEMICAL EXAMINATION

Glucose : Nil



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23-07-2022



MR. ALOK KUMAR JHA

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URINE EXAMINATION TEST

PHYSICAL EXAMINATION

Quantity: 20 ml

Color: Straw

Transparency: clear

CHEMICAL EXAMINATION

Albumin: nil

PH: Acidic

MICROSCOPIC EXAMINATION

Pus cells: 1-2 /HPF

RBC's: nil

Crystals: nil

Epithelial cells: 0-1 /HPF

Others: nil

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Note:-

A urinalysis is a test of your urine. It's used to detect and manage a wide range of disorders, such as urinary tract infections, kidney disease and diabetes. A urinalysis involves checking the appearance, concentration and content of urine.



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 39292 (MCI)

Dr. Bupinder Zutshi
 (M.B.B.S., MD)
 Pathologist & Microbiologist
 23-07-2022


Patient Name : Mr. ALOK KUMAR JHA

 Age/Sex : 42 Y/Male
 Patient ID : 012207230048
 Barcode : 10102783
 Ref. By : Self
 SRF No. :
 Aadhar-Nation :- Indian

 Registration No : 98721
 Registered : 23/Jul/2022
 Collection : 23/Jul/2022 02:45PM
 Received : 23/Jul/2022 02:49PM
 Reported : 23/Jul/2022 04:08PM
 Panel : SJM Hospital
 Passport No. :

Test Name	Value	Unit	Bio Ref.Interval
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HbA1C(Glycosylated Hemoglobin):EDTA

Hb A1C, GLYCOSYLATED Hb ,EDTA Particle enhanced immunoturbidimetric	5.50	%	
Average Glucose Calculated	111.15	mg/dL	<125.0

Interpretation:

AS PER AMERICAN DIABETES ASSOCIATION (ADA)

REFERENCE GROUP	HbA1c IN %
NON DIABETIC ADULTS >=18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING DIABETES	>= 6.5
THERAPEUTIC GOALS FOR GLYCEMIC CONTROL	AGE > 19 YEARS GOAL OF THERAPY: <7.0 ACTION SUGGESTED: > 8.0 AGE <19 YEARS GOAL OF THERAPY: <7.5

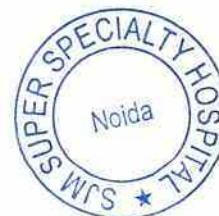
Comment :

Glycosylated Hb is a normal adult Hb which is covalently bounded to a glucose molecule. Glycosylated Hb concentration is dependent on the average blood glucose concentration and is stable for the life of the RBC (120 days). Glycohaemoglobin serves as suitable marker of metabolic control of diabetics. Its estimation is unaffected by diet, insulin, exercise on day of testing and thus reflects average blood glucose levels over a period of last several weeks /months. There is a 3 - 4 week time before percent Glycohaemoglobin reflects changes in blood glucose levels.

ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

1. Glycosylated hemoglobin (HbA1c) test is three monthly monitoring done to assess compliance with therapeutic regimen in diabetic patients.
2. Since Hb1c reflects long term fluctuations in blood glucose concentration, a diabetic patient who has recently under good control may still have high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.
3. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In

 Dr. Jatinder Bhatia
 MD Pathology
 Director

 Dr. Madhusmita Das
 MD MICROBIOLOGY


 Dr. Priyanka Rana
 MD Pathology


NABL ACCREDITED & ICMR APPROVED FOR COVID-19

360 Diagnostics & Health Services Pvt. Ltd.

C-1/2 Sector-31, Noida - 201 301 (U.P) Tel.: 0120-4224797, 7042922881

E-mail: admin@360healthservices.com | Website : www.360healthservice.com

REPORT



360

DIAGNOSTICS

Patient Name : Mr. ALOK KUMAR JHA

Age/Sex : 42 Y/Male

Patient ID : 012207230048

Barcode : 10102783

Ref. By : Self

SRF No. :

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patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0% may not be appropriate.

4.High HbA1c (>9.0 -9.5 %) is strongly associated with risk of development and rapid progression of microvascular and nerve complications

5.Any condition that shorten RBC life span like acute blood loss, hemolytic anemia falsely lower HbA1c results.

6.HbA1c results from patients with HbSS,HbSC and HbD must be interpreted with caution , given the pathological processes including anemia,increased

red cell turnover, and transfusion requirement that adversely impact HbA1c as a marker of long-term glycemc control.

7.Specimens from patients with polycythemia or post-splenectomy may exhibit increase in HbA1c values due to a somewhat longer life span of the red cells.

*** End Of Report ***

Dr. Jatinder Bhatia
MD Pathology
Director

Dr. Madhusmita Das
MD MICROBIOLOGY



Dr. Priyanka Rana
MD Pathology



NABL ACCREDITED & ICMR APPROVED FOR COVID-19

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Page 2 of 2



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THYROID PROFILE.(TFT)SERUM

T3 ,Serum	134.00	ng/dl	69-215
T4 ,Serum ECLIA	8.00	ug/dL	5.2-12.7
TSH(ultrasensitive) ECLIA	4.2	uIU/mL	0.3-4.5

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within range	Decreased	Within range	Isolated Low T3-often seen in elderly & associated non-thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within range	Within Range	Isolated high TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with physiological & biological TSH variability.
			Subclinical Autoimmune Hypothyroidism
			Intermittent T4 therapy for hypothyroidism
			Recovery phase after non-thyroidal illness"
Raised	Decreased	Decreased	Chronic Autoimmune Thyroiditis
			Post thyroidectomy, post radioiodine
			Hypothyroid phase of transient thyroiditis" Interfering antibodies to thyroid hormones (anti-TPO antibodies)
Raised or within range	Raised	Raised / Normal	Intermittent T4 therapy or T4 overdose Drug interference- Amiodarone, Heparin,Beta blockers,steroids, anti-epileptics

Dr. Jatinder Bhatia
MD Pathology
Director

Dr. Madhusmita Das
MD MICROBIOLOGY



Dr. Priyanka Rana
MD Pathology



NABL ACCREDITED & ICMR APPROVED FOR COVID-19

360 Diagnostics & Health Services Pvt. Ltd.

C-1/2 Sector-31, Noida - 201 301 (U.P.) Tel.: 0120-4224797, 7042922881

E-mail: admin@360healthservices.com | Website : www.360healthservice.com



Patient Name : Mr. ALOK KUMAR JHA

Age/Sex : 42 Y/Male

Patient ID : 012207230048

Barcode : 10102783

Ref. By : Self

SRF No. :

Aadhar-Nation :- Indian

Registration No : 98721

Registered : 23/Jul/2022

Collection : 23/Jul/2022 02:45PM

Received : 23/Jul/2022 02:49PM

Reported : 23/Jul/2022 04:08PM

Panel : SJM Hospital

Passport No. :

Test Name	Value	Unit	Bio Ref.Interval
Decreased	Raised / Normal	Raised / Normal	Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness
			Subclinical Hyperthyroidism
			Thyroxine ingestion"
Decreased	Decreased	Decreased	Central Hypothyroidism
			Non-Thyroidal illness
			Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	Primary Hyperthyroidism (Graves' disease),Multinodular goitre, Toxic nodule
			Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (granulomatous,subacute, DeQuervain's),Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or Within range	Raised	Within range	T3 toxicosis
			Non-Thyroidal illness

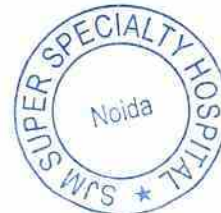
TSH(μ IU/ml) for pregnant females (As per American Thyroid Association)

First Trimester	0.10-2.5
Second Trimester	0.20-3.00
Third Trimester	0.30-3.00

*** End Of Report ***

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Age/Sex : 42 Y/Male

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Panel : SJM Hospital

Passport No. :

Test Name	Value	Unit	Bio Ref.Interval
PSA TOTAL ,Serum ECLIA	0.50	ng/mL	0.0 - 5.5

Interpretation:

The major site of PSA production is the glandular epithelium of the prostate. Low levels of PSA are found in the blood as a result of leakage of PSA from the prostate gland. Increasing levels of serum PSA are associated with prostatic pathology, including prostatitis, benign prostatic hyperplasia (BPH), and cancer of the prostate. Early diagnosis of carcinoma of the prostate is hindered by the lack of symptoms in man with localized tumors therefore, early detection requires a simple, safe and inexpensive test for the disease in asymptomatic men. Several studies have shown that the measurement of serum PSA concentration offers several advantages in the early detection of prostate cancer.

Serum PSA concentrations should not be interpreted as absolute evidence for the presence or absence of prostate cancer. Elevated concentration of PSA may be observed in the serum of patients with benign prostatic hyperplasia or other nonmalignant disorders as well as in prostate cancer. The PSA value should be used in conjunction with information available from clinical evaluation and other diagnostic procedures such as DRE. Some early cases of prostate cancer will not be detected by PSA testing ;the same is true for DRE. Prostatic biopsy is required for the diagnosis of cancer

*** End Of Report ***

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E-mail: admin@360healthservices.com | Website : www.360healthservice.com

SJM HOSPITAL AND IVF CENTRE

ID : 124
NAME : ALOK KUMAR JHA
AGE / SEX : 42 / MALE

HEIGHT (cm) : 183
WEIGHT (kg) : 113
PROTOCOL : BRUCE

REF BY : DR. VIJOND BHAT
DONE BY : *Bruce*
TECHNICIAN :

CASE HISTORY

MEDICATION

OBJECT OF TEST

RISK FACTOR

ACTIVITY

OTHER INVESTIGATION

REASON FOR TERMINATION

EXERCISE TOLERANCE

EXERCISE INDUCED ARRHYTHMIAS

HAEMO RESPONSE

CHRONO RESPONSE

FINAL IMPRESSION

EXTRA COMMENTS

Routine Check Up.

None.

Inactive.

X - Ray.

Max HR

Good (> 10 METS)

Yes

Hypertensive

Negative

Stress Test is Negative for Inducible Ischemia

GOOD EFFORT TOLERANCE. BREATHLESSNESS ON EXERTION PRESENT

TEST IS NEGATIVE FOR FRESH REVERSIBLE MYOCARDIAL ISCHEMIA.

CAD PROBABILITY LOW.

SJM SUPER SPECIALITY HOSPITAL
Dr. Vinod Kumar Bhat
M.B.B.S., M.D (Medicine)
Sr. Consultant Physician
Reg. No. 30969 (DMC)

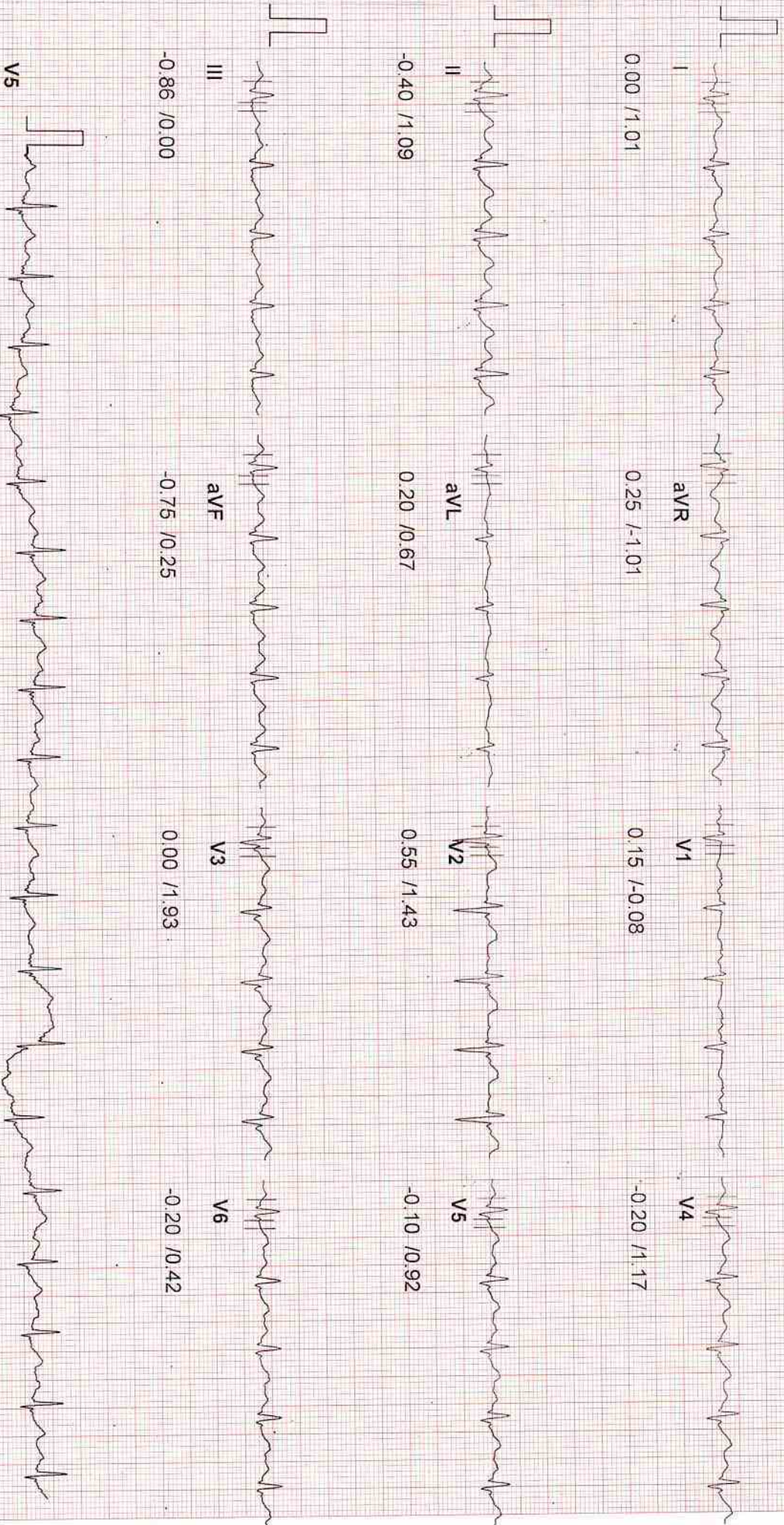
Confirmed By : _____

Signature

ID : 124
 NAME : ALOK KUMAR JHA
 AGE : 42
 BP : 0/0 mmHg
 ST Levels (mm) / ST Slope (mV/s) measured at 60 ms Post J

STAGE : Pre-Test
 RECORDED TIME : 02:30 (min:sec)
 STAGE DURATION : 02:30 (min:sec)
 HR : 125 bpm (70%)
 PROTOCOL : BRUCE
 SPEED : 0.0 kmph
 GRADE : 0.00 %
 METS : 0.00

DR. VIJOND BHAT
 Tested On 23-07-2022, 12
 BPL DYNATRAC



124

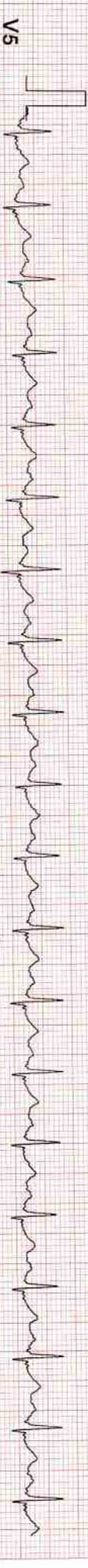
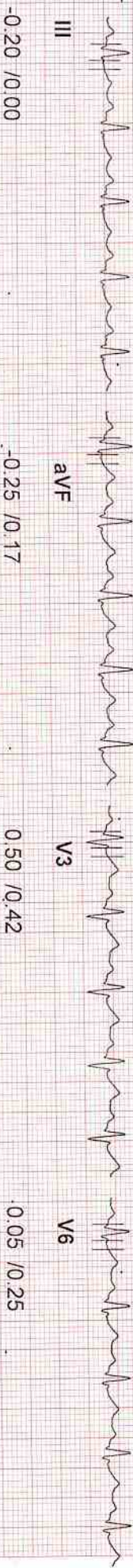
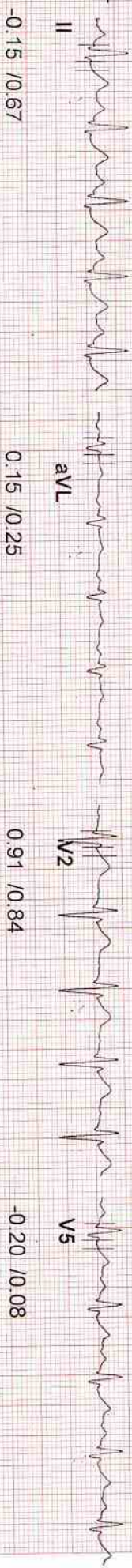
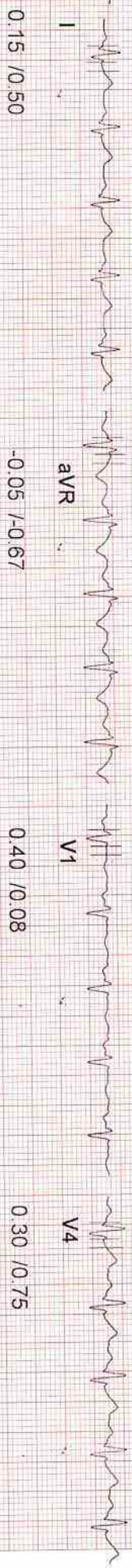
20 Hz Filter

10mm/mV, 25mm/Sec

ID : 124
 NAME : ALOK KUMAR JHA
 AGE : 42
 BP : 0/0 mmHg
 ST Levels (mm) / ST Slope (mV/s) measured at 60 ms Post J

STAGE : Supine
 RECORDED TIME : 02:54 (min:sec)
 STAGE DURATION : 00:24 (min:sec)
 HR : 125 bpm (70%)

PROTOCOL : BRUCE
 SPEED : 0.0 kmph
 GRADE : 0.00 %
 METS : 0.00
 DR. VIJOND BHAT
 Tested On : 23-07-2022, 12
 BPL DYNATRAC



124

20 Hz Filter

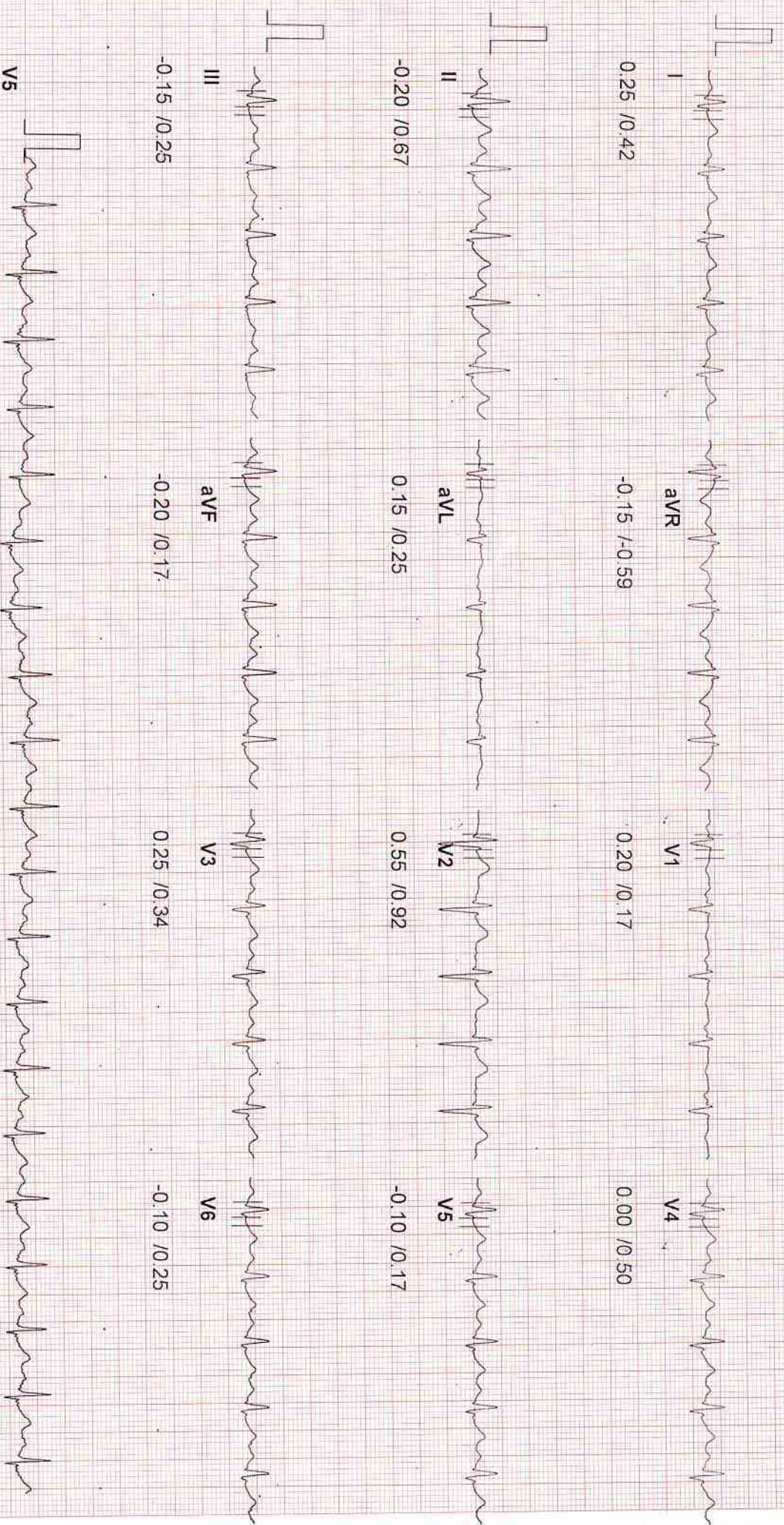
10mm/mV, 25mm/Sec

ID : 124
 NAME : ALOK KUMAR JHA
 AGE : 42
 BP : 0/0 mmHg
 ST Levels (mm) / ST Slope (mV/s) measured at 60 ms Post J

STAGE : Hyper Ventilation
 RECORDED TIME : 03:24 (min:sec)
 STAGE DURATION : 00:30 (min:sec)
 HR : 127 bpm (71 %)

PROTOCOL : BRUCE
 SPEED : 0.0 kmph
 GRADE : 0.00 %
 METS : 0.00

DR. VIJOND BHAT
 Tested On : 23-07-2022, 12
 BPL DYNATRAC



124

20 Hz Filter

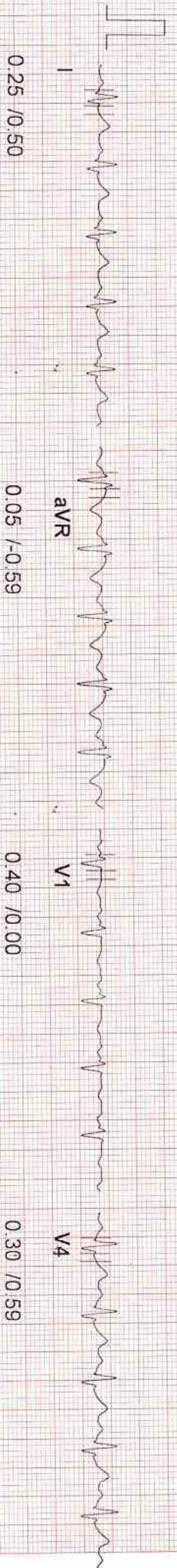
10mm/mV, 25mm/Sec

ID : 124
NAME : ALOK KUMAR JHA
AGE : 42
BP : 0/0 mmHg
ST Levels (mm) / ST Slope (mV/s) measured at 60 ms Post J

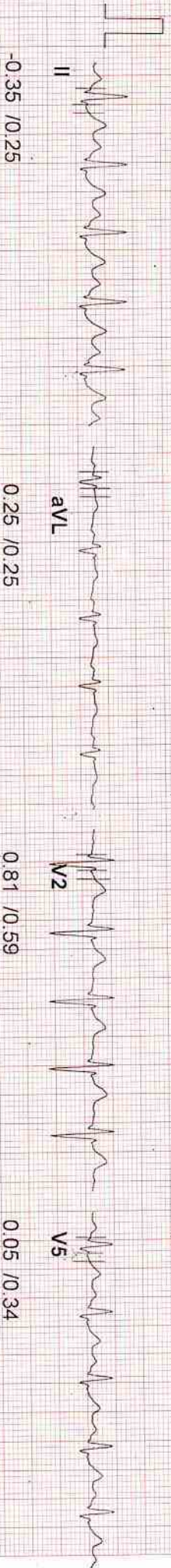
STAGE : Wait For Exercise
RECORDED TIME : 03:39 (min:sec)
STAGE DURATION : 00:15 (min:sec)
HR : 130 bpm (73%)

PROTOCOL : BRUCE
SPEED : 0.0 kmph
GRADE : 0.00 %
METS : 0.00

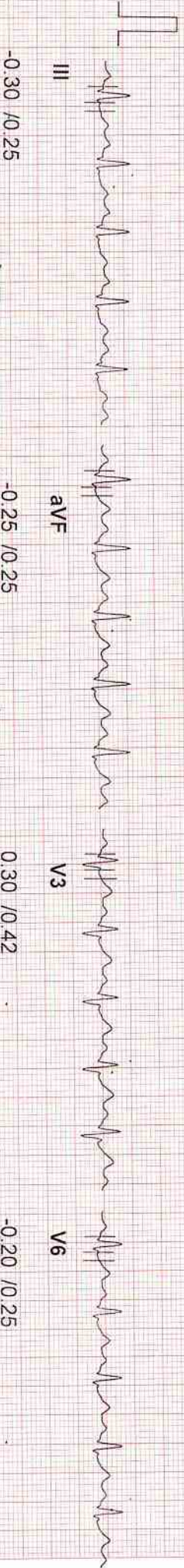
DR. VIJND BHAT
Tested On 23-07-2022, 12
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0.25 /0.50



-0.35 /0.25



-0.30 /0.25



-0.30 /0.25

0.05 /-0.59

0.25 /0.25

-0.25 /0.25

0.40 /0.00

0.81 /0.59

0.30 /0.42

0.30 /0.59

0.05 /0.34

-0.20 /0.25

124

20 Hz Filter

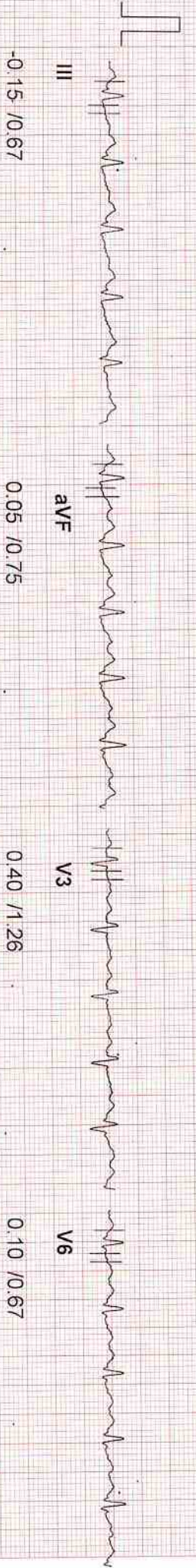
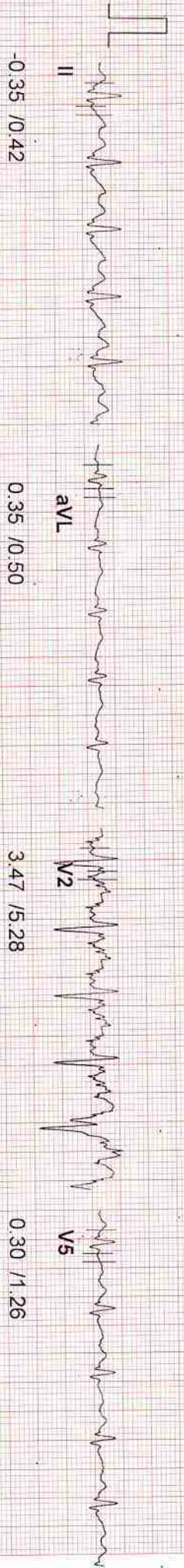
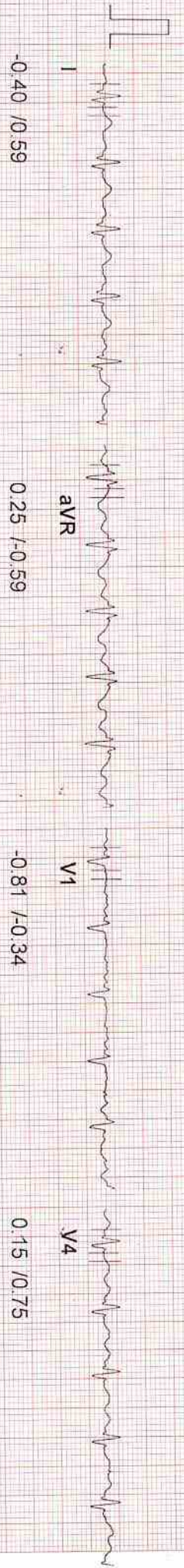
10mm/mV, 25mm/Sec

ID : 124
 NAME : ALOK KUMAR JHA
 AGE : 42
 BP : 130/80 mmHg
 ST Levels (mm) / ST Slope (mV/s) measured at 60 ms Post J

STAGE : Exercise1
 RECORDED TIME : 03:00 (min:sec)
 STAGE DURATION : 03:00 (min:sec)
 HR : 133 bpm (74%)

PROTOCOL : BRUCE
 SPEED : 2.7 kmph
 GRADE : 10.00 %
 METS : 5.10

DR. VIJOND BHAT
 Tested On : 23-07-2022, 12
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124

20 Hz Filter

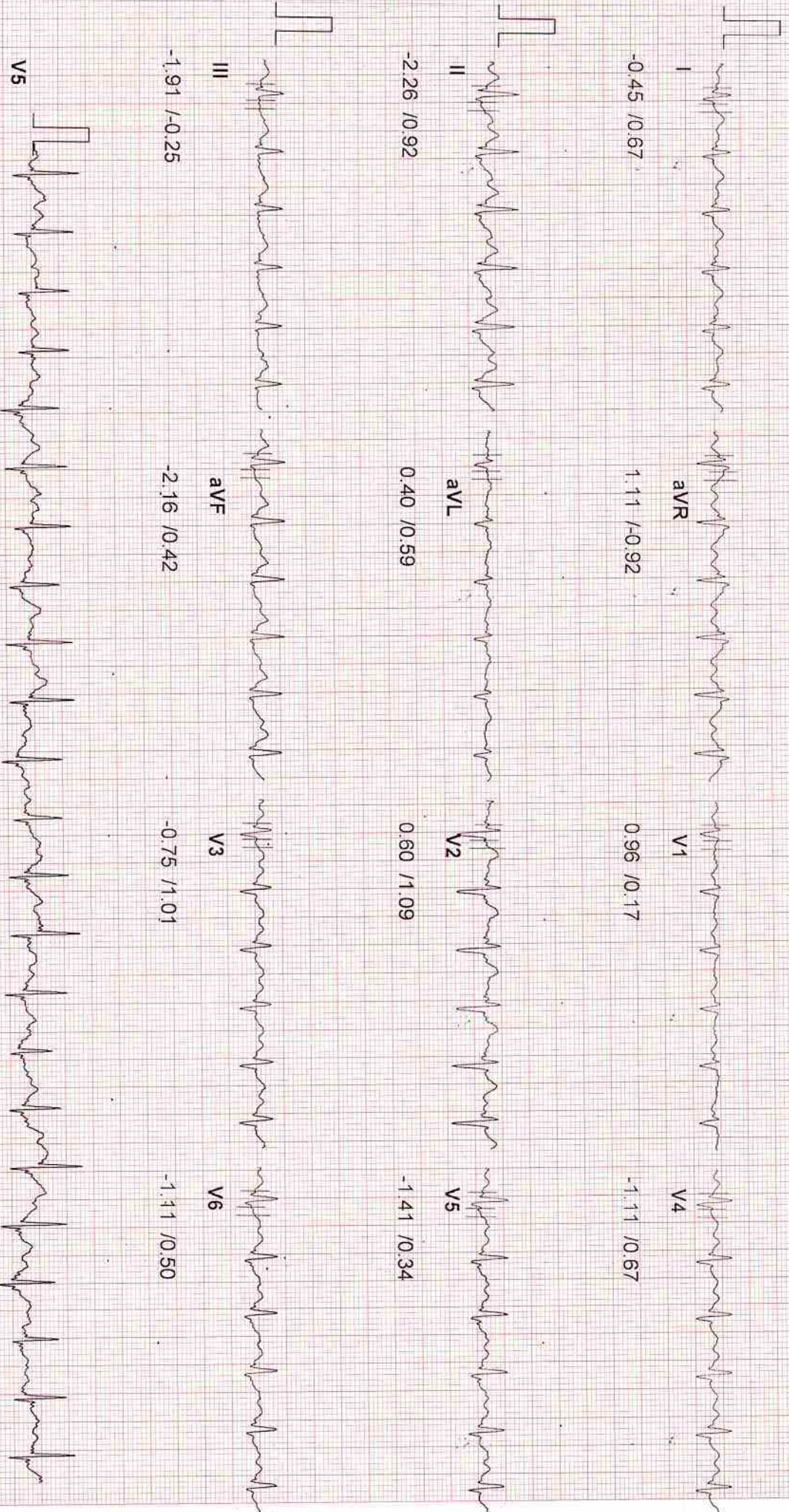
10mm/mV, 25mm/Sec

ID : 124
 NAME : ALOK KUMAR JHA
 AGE : 42
 BP : 140/80 mmHg
 ST Levels (mm) / ST Slope (mV/s) measured at 60 ms Post J

STAGE : Exercise2
 RECORDED TIME : 06:00 (min:sec)
 STAGE DURATION : 03:00 (min:sec)
 HR : 146 bpm (82 %)

PROTOCOL : BRUCE
 SPEED : 4.0 kmph
 GRADE : 12.00 %
 METS : 7.10

DR. VIOND BHAT
 Tested On : 23-07-2022, 12
 BPL DYNATRAC



124

20 Hz Filter

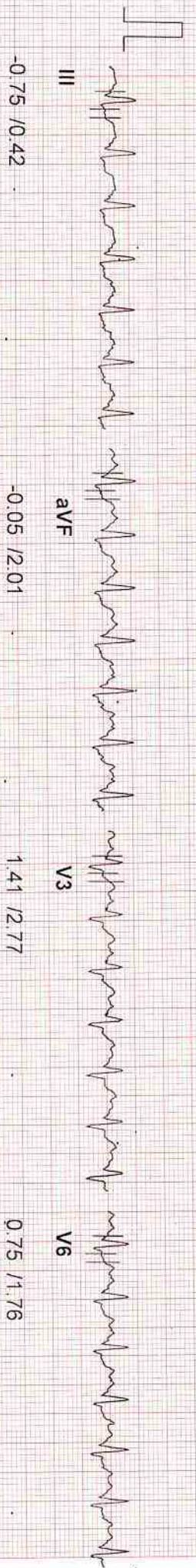
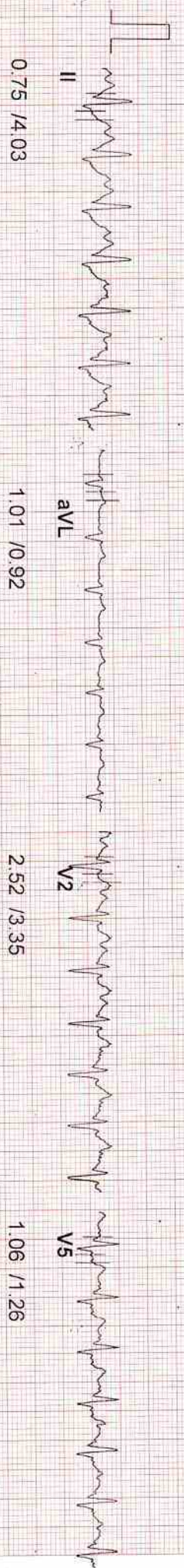
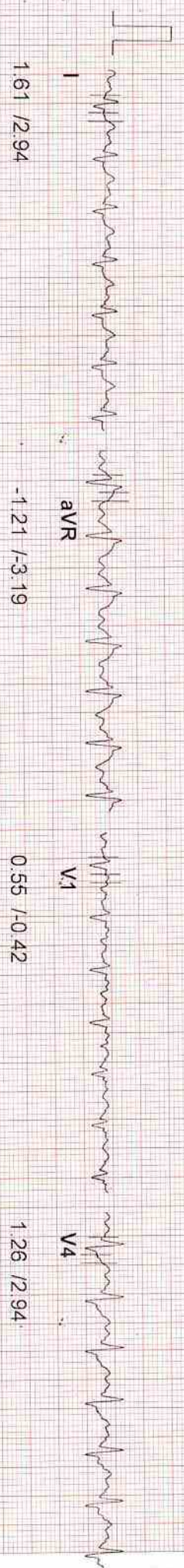
10mm/mV, 25mm/Sec

ID : 124
 NAME : ALOK KUMAR JHA
 AGE : 42
 BP : 150/80 mmHg
 ST Levels (mm) / ST Slope (mV/s) measured at 60 ms Post J

STAGE : Exercises
 RECORDED TIME : 09:00 (min:sec)
 STAGE DURATION : 03:00 (min:sec)
 HR : 166 bpm (93 %)

PROTOCOL : BRUCE
 SPEED : 5.5 kmph
 GRADE : 14.00 %
 METS : 10.00

DR. VIOND BHAT
 Tested On : 23-07-2022, 12
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124

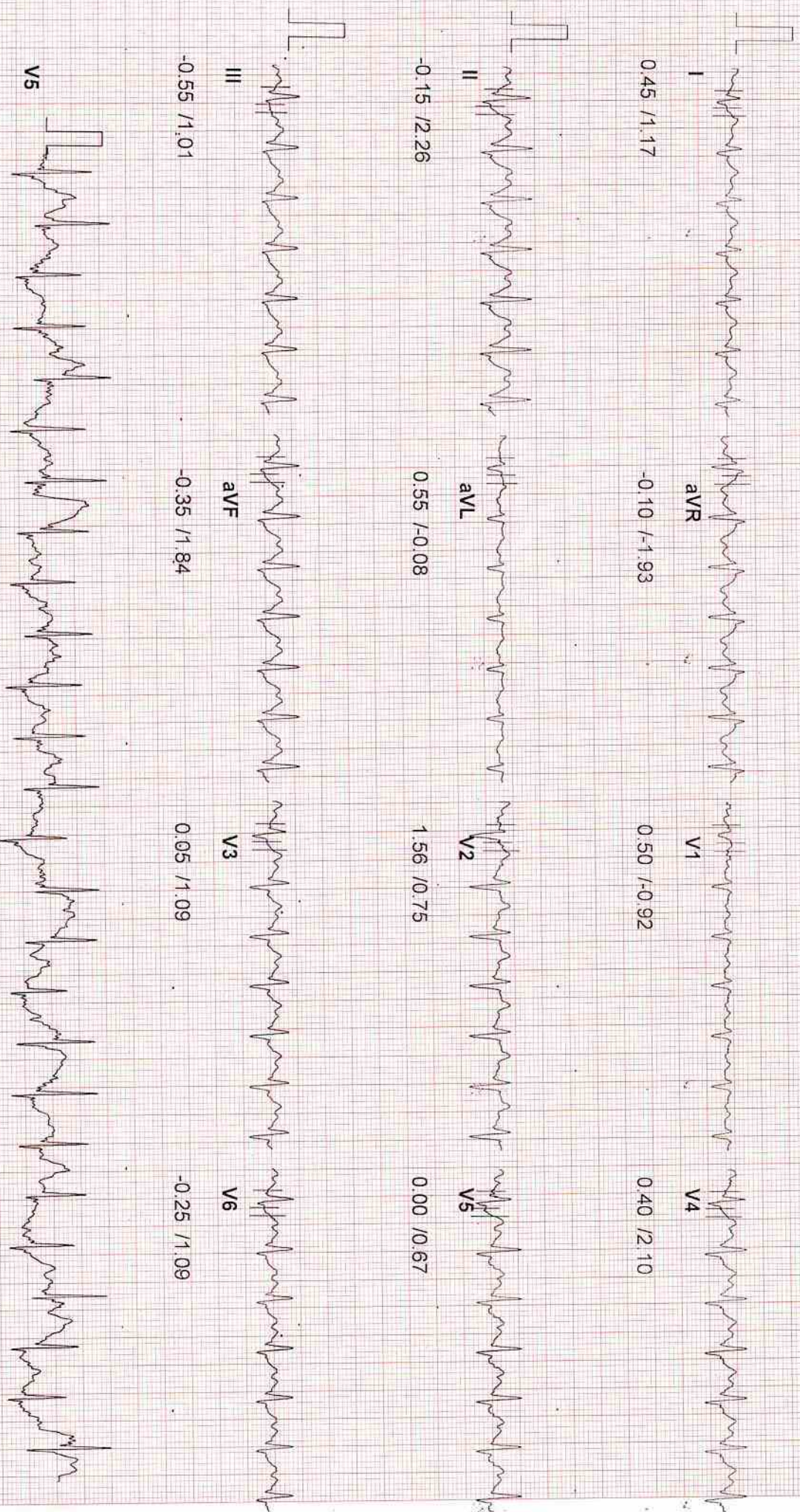
20 Hz Filter

10mm/mV, 25mm/Sec

ID : 124
 NAME : ALOK KUMAR JHA
 AGE : 42
 BP : 150/80 mmHg
 ST Levels (mm) / ST Slope (mV/s) measured at 60 ms Post J

STAGE : Exercise4/Peak Ex) PROTOCOL : BRUCE
 RECORDED TIME : 09:17 (min sec) SPEED : 6.8 kmph
 STAGE DURATION : 00:17 (min sec) GRADE : 16.00 %
 HR : 166 bpm (93 %) METS : 10.60

DR. VIJOND BHAT
 Tested On : 23-07-2022 12
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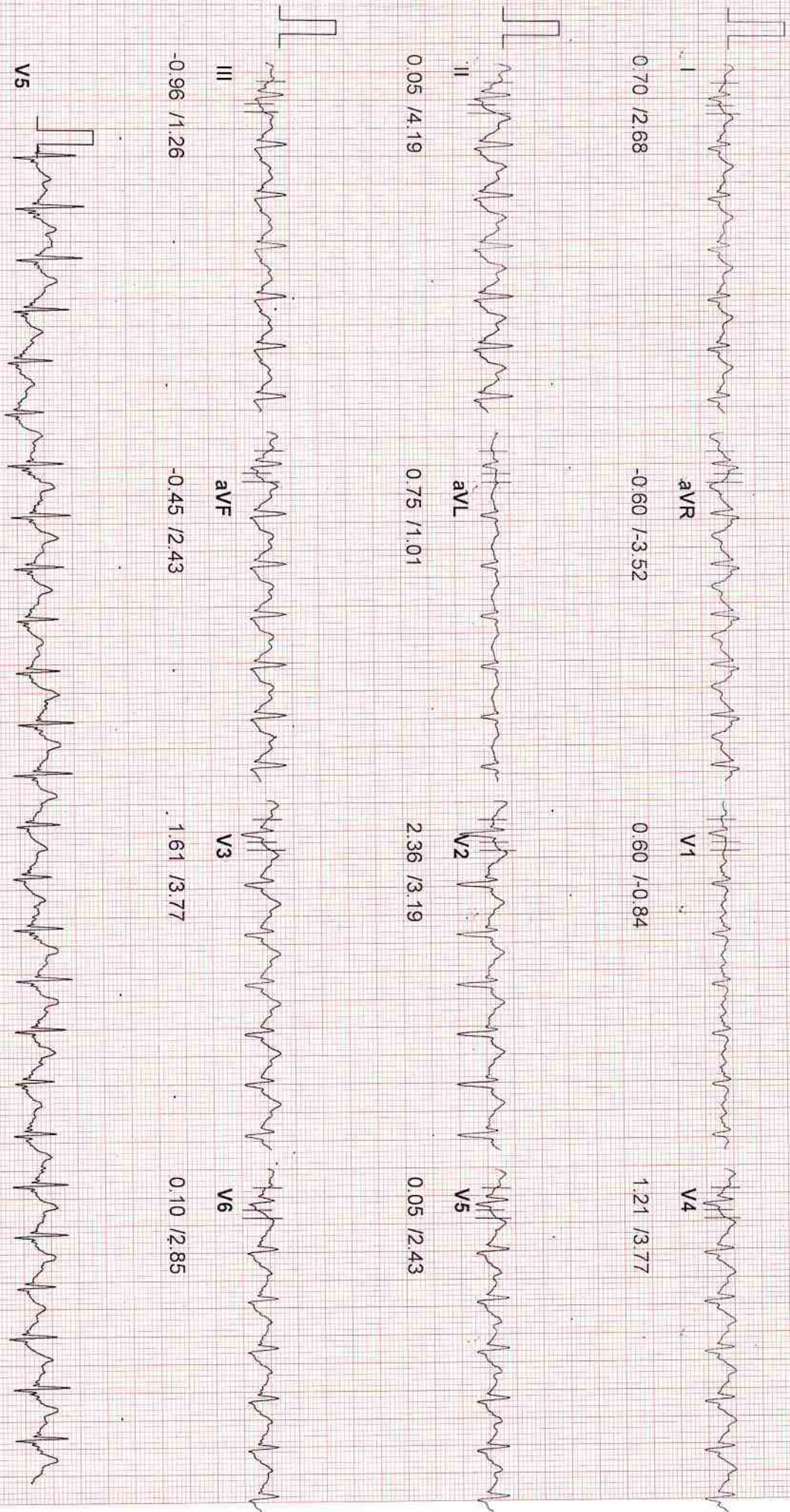
124

20 Hz Filter 10mm/mV, 25mm/Sec

ID : 124
NAME : ALOK KUMAR JHA
AGE : 42
BP : 150/80 mmHg
ST Levels (mm) / ST Slope (mV/s) measured at 60 ms Post J

STAGE : Recovery 1
RECORDED TIME : 00:59 (min:sec)
STAGE DURATION : 00:59 (min:sec)
HR : 166 bpm (93%)
PROTOCOL : BRUCE
SPEED : 0.0 kmph
GRADE : 0.00 %
METS : 0.00

DR. VIJOND BHAT
Tested On : 23-07-2022, 12
BPL DYNATRAC



124

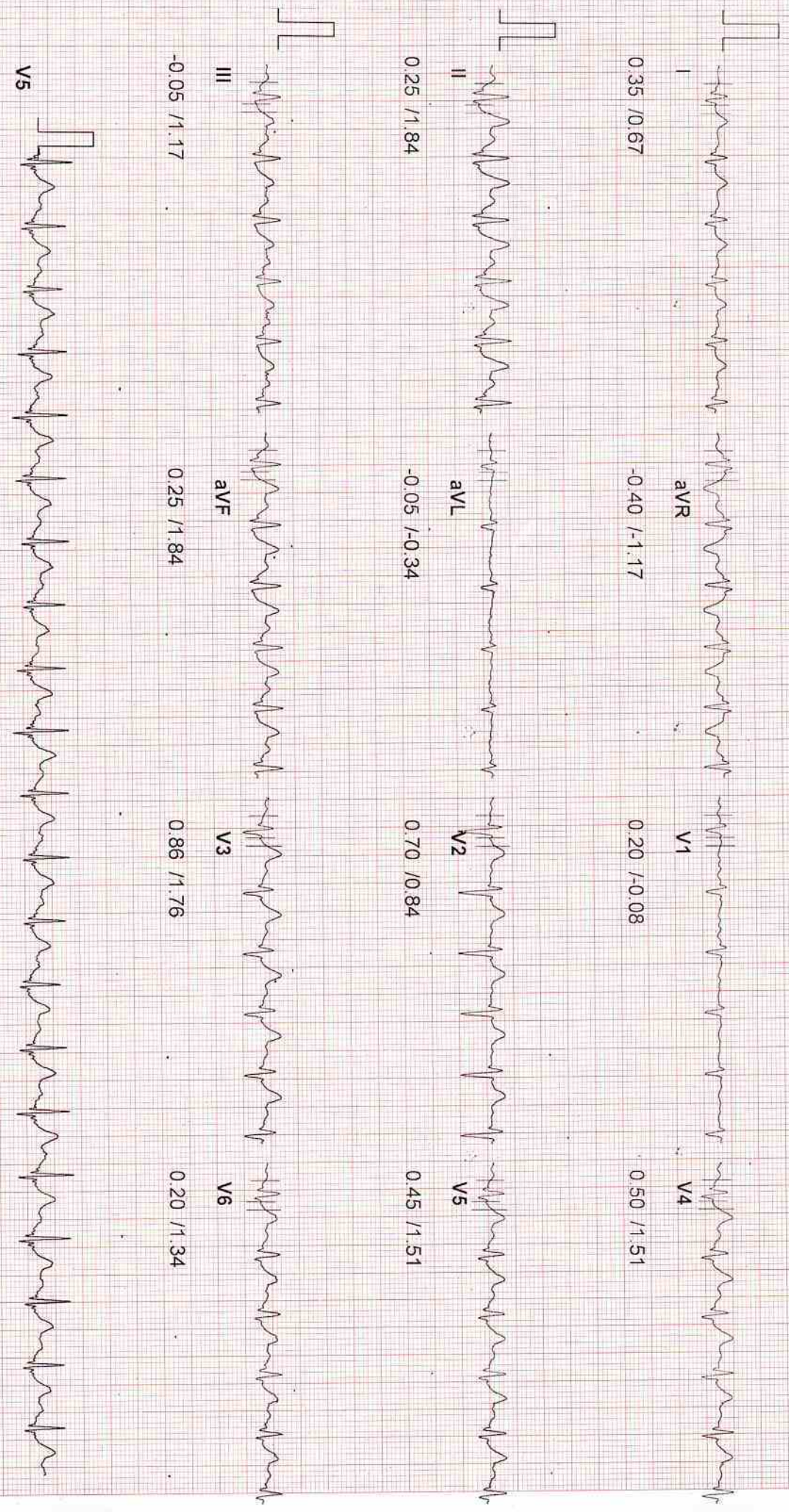
20 Hz Filter

10mm/mV, 25mm/Sec

ID : 124
NAME : ALOK KUMAR JHA
AGE : 42
BP : 140/80 mmHg
ST Levels (mm) / ST Slope (mV/s) measured at 60 ms Post J

STAGE : Recovery 3
RECORDED TIME : 02:59 (min:sec)
STAGE DURATION : 02:59 (min:sec)
HR : 179 bpm (100%)
PROTOCOL : BRUCE
SPEED : 0.0 kmph
GRADE : 0.00 %
METS : 0.00

DR VIOND BHAT
Tested On : 23-07-2022, 12
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124

20 Hz Filter

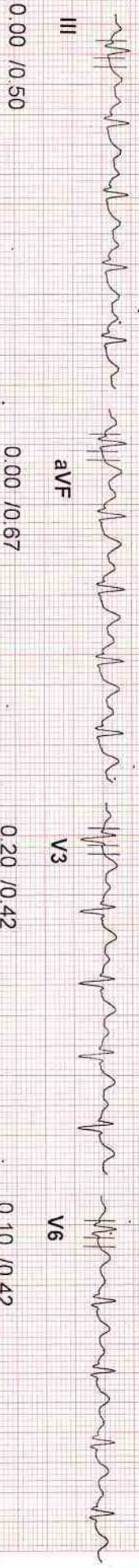
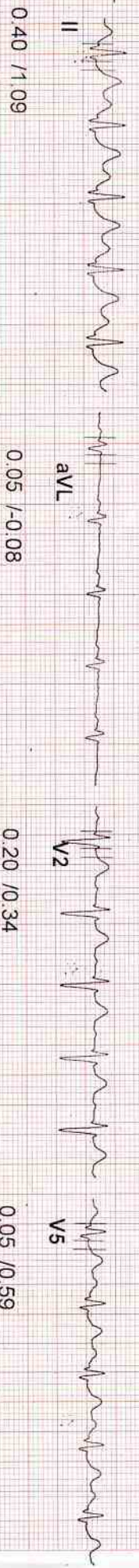
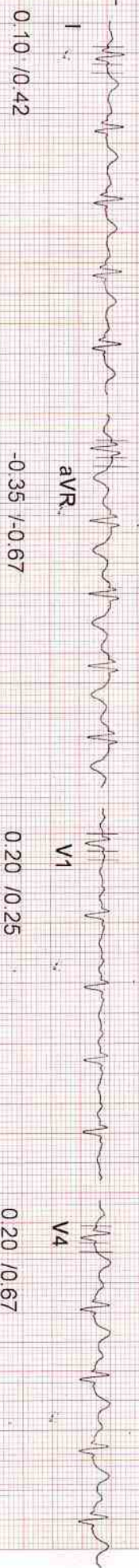
10mm/mV, 25mm/Sec

ID : 124
NAME : ALOK KUMAR JHA
AGE : 42
BP : 140/80 mmHg
ST Levels (mm) / ST Slope (mV/s) measured at 60 ms Post J

STAGE : Recovery 5
RECORDED TIME : 04:59 (min:sec)
STAGE DURATION : 04:59 (min:sec)
HR : 123 bpm (69%)

PROTOCOL : BRUCE
SPEED : 0.0 kmph
GRADE : 0.00 %
METS : 0.00

DR. VIJOND BHAT
Tested On : 23-07-2022, 12
BPL DYNATRAC



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20 Hz Filter

10mm/mV, 25mm/Sec