



बैंक ऑफ बरोडा
Bank of Baroda

नाम : प्रमोद कुमार मुद्गल

Name : Mr. Pramod Kumar Mudgal

कार्यालय कोड नं.

E.C.No : 85418

उत्पादन

आधिकारित प्राधिकारी
Issuing Authority



हस्ताक्षर

आधारक का हस्ताक्षर
Holder's Signature

बैंक ऑफ बरोडा
Bank of Baroda

Dr. Goyal's

Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur-302019
Tele: 0141-2293346, 4049787, 9887049787
Website: www.drgoyalspathlab.com | E-mail: drgoyalpiyush@gmail.com



Date :- 28/11/2021 09:06:47

Patient ID :-122125406

NAME :- Mr. MUDGAL PRAMOD KUMAR

Ref. By Dr:- BOB

Sex / Age :- Male 35 Yrs

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA

Sample Collected Time 28/11/2021 09:10:55

Final Authentication : 28/11/2021 11:17:40

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	14.8	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	6.24	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	58.9	%	40.0 - 80.0
LYMPHOCYTE	29.3	%	20.0 - 40.0
EOSINOPHIL	8.2 H	%	1.0 - 6.0
MONOCYTE	3.4	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	3.68	10 ³ /uL	1.50 - 7.00
LYMPH#	1.83	10 ³ /uL	1.00 - 3.70
EO#	0.51 H	10 ³ /uL	0.00 - 0.40
MONO#	0.21	10 ³ /uL	0.00 - 0.70
BASO#	0.01	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	4.14 L	x10 ⁶ /uL	4.50 - 5.50
HEMATOCRIT (HCT)	42.70	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	103.2 H	fL	83.0 - 101.0
MEAN CORP HB (MCH)	35.7 H	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	34.6 H	g/dL	31.5 - 34.5
PLATELET COUNT	287	x10 ³ /uL	150 - 410
RDW-CV	14.4 H	%	11.6 - 14.0
MENTZER INDEX	24.93		

The Mentzer index is used to differentiate iron deficiency anemia from beta thalassemia trait. If a CBC indicates microcytic anemia, these are two of the most likely causes, making it necessary to distinguish between them.

If the quotient of the mean corpuscular volume divided by the red blood cell count is less than 13, thalassemia is more likely. If the result is greater than 13, then iron-deficiency anemia is more likely.

Technologist

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RMC NO. 21021/008037

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	10	mm/hr.	00 - 13

(ESR) Methodology : Measurement of ESR by cells aggregation.

Instrument Name : Independent form Hematocrit value by Automated Analyzer (Roller-20)

Interpretation : ESR test is a non-specific indicator of inflammatory disease and abnormal protein states.

The test is used to detect, follow course of a certain disease (e.g-tuberculosis, rheumatic fever, myocardial infarction)

Levels are higher in pregnancy due to hyperfibrinogenaemia.

The "3-figure ESR" >100 value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia or connective tissue disease.

(CBC) Methodology: FLC, DLC Fluorescent Flow cytometry, HB SLS method, TRBC, PCV, PLT Hydrodynamically focused Impedance. and

MCH, MCV, MCHC, MENTZER INDEX are calculated. Instrument Name: Sysmex 6 part fully automatic analyzer XN-L, Japan

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGE BELOW 40MALE GLYCOSYLATED HEMOGLOBIN (HbA1C) Method:- HPLC	6.2	H %	Non-diabetic: < 5.7 Pre-diabetics: 5.7-6.4 Diabetics: = 6.5 or higher ADA Target: 7.0 Action suggested: > 6.5

Instrument name: ARKRAY's ADAMS Lite HA 8380V, JAPAN.

Test Interpretation:

HbA1C is formed by the condensation of glucose with n-terminal valine residue of each beta chain of HbA to form an unstable schiff base. It is the major fraction, constituting approximately 80% of HbA1c. Formation of glycated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of the red blood cells (RBC) (120 days) and the blood glucose concentration. The GHb concentration represents the integrated values for glucose over the period of 6 to 8 weeks. GHb values are free of day to day glucose fluctuations and are unaffected by recent exercise or food ingestion. Concentration of plasma glucose concentration in GHb depends on the time interval, with more recent values providing a larger contribution than earlier values. The interpretation of GHb depends on RBC having a normal life span. Patients with hemolytic disease or other conditions with shortened RBC survival exhibit a substantial reduction of GHb. High GHb have been reported in iron deficiency anemia. GHb has been firmly established as an index of long term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. The absolute risk of retinopathy and nephropathy are directly proportional to the mean of HbA1C. Genetic variants (e.g. HbS trait, HbC trait), elevated HbF and chemically modified derivatives of hemoglobin can affect the accuracy of HbA1c measurements. The effects vary depending on the specific Hb variant or derivative and the specific HbA1c method.

Ref by ADA 2020

MEAN PLASMA GLUCOSE
Method:- Calculated Parameter

130 H mg/dL

Non Diabetic < 100 mg/dL
Prediabetic 100- 125 mg/dL
Diabetic 126 mg/dL or Higher

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Sample Type :- EDTA, PLAIN/SERUM, URINE, SPINE COLLECTED Time 28/11/2021 14:20:43 Final Authentication : 28/11/2021 15:07:13

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUP ABO	"A" POSITIVE		
BLOOD GROUP ABO Methodology : Haemagglutination reaction Kit Name : Monoclonal agglutinating antibodies (Span clone).			
URINE SUGAR (FASTING) Collected Sample Received	Nil		Nil
URINE SUGAR PP Collected Sample Received	Nil		Nil
BLOOD UREA NITROGEN (BUN)	9.8	mg/dl	0.0 - 23.0

*** End of Report ***

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Sample Type :- KOx/Na FLUORIDE-F, KOx/Na Sodium Fluoride, Urine SERUM 28/11/2021 14:20:48 Final Authentication : 28/11/2021 15:22:32

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP	113.7	mg/dl	75.0 - 115.0
Impaired glucose tolerance (IGT)			
		111 - 125 mg/dL	
Diabetes Mellitus (DM)			
		> 126 mg/dL	
Instrument Name: Randox Rx Imola Interpretation: Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases .			
BLOOD SUGAR PP (Plasma) Method:- GOD PAP	136.2	mg/dl	70.0 - 140.0
Instrument Name: Randox Rx Imola Interpretation: Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases .			
SERUM CREATININE Method:- Colorimetric Method	1.08	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	6.70	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

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Sample Type :- PLAIN/SERUM

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Final Authentication : 28/11/2021 10:48:54

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	156.56	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	167.69 H	mg/dl	Normal <150 Borderline high 150-199 High 200-499
VLDL CHOLESTEROL Method:- Calculated	33.54	mg/dl	Very high >500 0.00 - 80.00

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	32.65	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	95.96	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	4.80		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	2.94		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	540.53	mg/dl	400.00 - 1000.00
TOTAL CHOLESTEROL InstrumentName:Radox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.			
TRIGLYCERIDES InstrumentName:Radox Rx Imola Interpretation: Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction.			
DIRECT HDLCHOLESTERO InstrumentName:Radox Rx Imola Interpretation: An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies. Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.			
DIRECT LDL-CHOLESTEROL InstrumentName:Radox Rx Imola Interpretation: Accurate measurement of LDL-Cholesterol is of vital importance in therapies which focus on lipid reduction to prevent atherosclerosis or reduce its progress and to avoid plaque rupture.			
TOTAL LIPID AND VLDL ARE CALCULATED			

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.79	mg/dl	Up to - 1.0 Cord blood <2 mg/dL Premature < 6 days <16mg/dL Full-term < 6 days= 12 mg/dL 1month - <12 months <2 mg/dL 1-19 years <1.5 mg/dL Adult - Up to - 1.2 Ref-(ACCP 2020)
SGOT Method:- IFCC	45.2 H	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	18.2	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	84.30	IU/L	30.00 - 120.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	6.97	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.53	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.44	gm/dl	2.20 - 3.50
A/G RATIO	1.86		1.30 - 2.50

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.27	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.52	mg/dl	0.30-0.70
SERUM GAMMA GT Method:- IFCC	18.00	U/L	11.00 - 50.00

Total Bilirubin Methodology: Colorimetric method InstrumentName: Randox Rx Imola Interpretation: An increase in bilirubin concentration in the serum occurs in toxic or infectious diseases of the liver e.g. hepatitis B or obstruction of the bile duct and in rhesus incompatible babies. High levels of unconjugated bilirubin indicate that too much haemoglobin is being destroyed or that the liver is not actively treating the haemoglobin it is receiving.

AST Aspartate Aminotransferase Methodology: IFCC InstrumentName: Randox Rx Imola Interpretation: Elevated levels of AST can signal myocardial infarction, hepatic disease, muscular dystrophy and organ damage. Although heart muscle is found to have the most activity of the enzyme, significant activity has also been seen in the brain, liver, gastric mucosa, adipose tissue and kidneys of humans.

ALT Alanine Aminotransferase Methodology: IFCC InstrumentName: Randox Rx Imola Interpretation: The enzyme ALT has been found to be in highest concentrations in the liver, with decreasing concentrations found in kidney, heart, skeletal muscle, pancreas, spleen and lung tissue respectively. Elevated levels of the transaminases can indicate myocardial infarction, hepatic disease, muscular dystrophy and organ damage.

Alkaline Phosphatase Methodology: AMP Buffer InstrumentName: Randox Rx Imola Interpretation: Measurements of alkaline phosphatase are of use in the diagnosis, treatment and investigation of hepatobiliary disease and in bone disease associated with increased osteoblastic activity. Alkaline phosphatase is also used in the diagnosis of parathyroid and intestinal disease.

TOTAL PROTEIN Methodology: Biuret Reagent InstrumentName: Randox Rx Imola Interpretation: Measurements obtained by this method are used in the diagnosis and treatment of a variety of diseases involving the liver, kidney and bone marrow as well as other metabolic or nutritional disorders.

ALBUMIN (ALB) Methodology: Bromocresol Green InstrumentName: Randox Rx Imola Interpretation: Albumin measurements are used in the diagnosis and treatment of numerous diseases involving primarily the liver or kidneys. Globulin & A/G ratio is calculated.

Instrument Name Randox Rx Imola **Interpretation:** Elevations in GGT levels are seen earlier and more pronounced than those with other liver enzymes in cases of obstructive jaundice and metastatic neoplasms. It may reach 5 to 30 times normal levels in intra- or post-hepatic biliary obstruction. Only moderate elevations in the enzyme level (2 to 5 times normal) are observed with infectious hepatitis.

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IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TSH Method:- Enhanced Chemiluminescence Immunoassay	2.120	μIU/mL	0.465 - 4.680

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IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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SERUM TOTAL T3
 Method:- Chemiluminescence(Competitive immunoassay) 1.200 ng/ml 0.970 - 1.690

SERUM TOTAL T4
 Method:- Chemiluminescence(Competitive immunoassay) 9.280 ug/dl 5.530 - 11.000

InstrumentName: VITROS ECI **Interpretation:** Triiodothyronine (T3) contributes to the maintenance of the euthyroid state. A decrease in T3 concentration of up to 50% occurs in a variety of clinical situations, including acute and chronic disease. Although T3 results alone cannot be used to diagnose hypothyroidism, T3 concentration may be more sensitive than thyroxine (T4) for hyperthyroidism. Consequently, the total T3 assay can be used in conjunction with other assays to aid in the differential diagnosis of thyroid disease. T3 concentrations may be altered in some conditions, such as pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, Free T3 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake, or T4 uptake can be used with the total T3 result to calculate the free T3 index and estimate the concentration of free T3.

InstrumentName: VITROS ECI **Interpretation:** The measurement of Total T4 aids in the differential diagnosis of thyroid disease. While >99.9% of T4 is protein-bound, primarily to thyroxine-binding globulin (TBG), it is the free fraction that is biologically active. In most patients, the total T4 concentration is a good indicator of thyroid status. T4 concentrations may be altered in some conditions, such as pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, free T4 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake may be used with the total T4 result to calculate the free T4 index (FT4I) and estimate the concentration of free T4. Some drugs and some nonthyroidal patient conditions are known to alter TT4 concentrations in vivo.

InstrumentName: VITROS ECI **Interpretation:** TSH stimulates the production of thyroxine (T4) and triiodothyronine (T3) by the thyroid gland. The diagnosis of overt hypothyroidism by the finding of a low total T4 or free T4 concentration is readily confirmed by a raised TSH concentration. Measurement of low or undetectable TSH concentrations may assist the diagnosis of hyperthyroidism, where concentrations of T4 and T3 are elevated and TSH secretion is suppressed. These have the advantage of discriminating between the concentrations of TSH observed in thyrotoxicosis, compared with the low, but detectable, concentrations that occur in subclinical hyperthyroidism. The performance of this assay has not been established for neonatal specimens. Some drugs and some nonthyroidal patient conditions are known to alter TSH concentrations in vivo.

INTERPRETATION

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL (As per American Thyroid Association)
1st Trimester	0.10-2.50
2nd Trimester	0.20-3.00
3rd Trimester	0.30-3.00

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Sample Type :- URINE

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CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<u>PHYSICAL EXAMINATION</u>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<u>CHEMICAL EXAMINATION</u>			
REACTION(PH)	5.5		5.0 - 7.5
SPECIFIC GRAVITY	1.020		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE

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CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
<u>MICROSCOPY EXAMINATION</u>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	1-2	/HPF	2-3
CRYSTALS/HPF	ABSENT		ABSENT
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL	ABSENT		ABSENT
OTHER	ABSENT		ABSENT

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B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganeer Road, Jaipur-302019
Tele: 0141-2293346, 4049787, 9887049787
Website: www.drgoyalspathlab.com | E-mail: drgoyalpiyush@gmail.com



Date :- 28/11/2021 09:06:47 Patient ID :-122125406
NAME :- Mr. MUDGAL PRAMOD KUMAR Ref. By Dr:- BOB
Sex / Age :- Male 35 Yrs Lab/Hosp :-
Company :- MediWheel

Sample Type :- STOOL Sample Collected Time 28/11/2021 14:20:43 Final Authentication : 28/11/2021 14:50:57

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
STOOL ANALYSIS			
PHYSICAL EXAMINATION			
COLOUR	YELLOW BROWN		
CONSISTENCY	SEMI SOLID		
MUCUS	ABSENT		
BLOOD	ABSENT		
MICROSCOPIC EXAMINATION			
RBC's	NIL	/HPF	
WBC/HPF	0 - 1	/HPF	
MACROPHAGES	ABSENT		
OVA	ABSENT		
CYSTS	ABSENT		
TROPHOZOITES	ABSENT		
CHARCOT LEYDEN CRYSTALS	ABSENT		
OTHERS	NORMAL BACTERIA FLORA PRESENT		
Collected Sample Received			

Technologist

POOJABOHRA

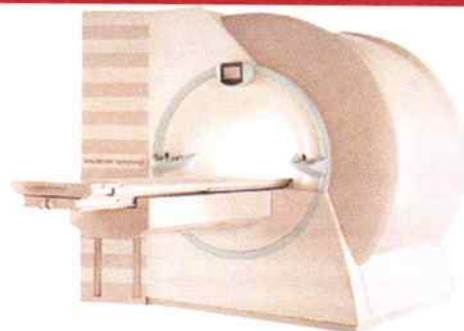
Page No: 12 of 15

Dr. Chandrika Gupta
MBBS.MD (Path)
RMC NO. 21021/008037

Dr. Goyal's

HEALTHCARE PVT. LTD.

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur
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Website : www.drgoyalspathlab.com | E-mail : drgoyalpiyush@gmail.com



Date :- 28/11/2021 09:06:47

NAME :- Mr. MUDGAL PRAMOD KUMAR

Sex / Age :- Male 35 Yrs

Company :- MediWheel

Patient ID :- 122125406

Ref. By Doctor:-BOB

Lab/Hosp :-

Final Authentication : 28/11/2021 09:54:33

BOB PACKAGE BELOW 40MALE

X RAY CHEST PA VIEW:

Both lung fields appears clear.

Bronchovascular markings appear normal.

Trachea is in midline.

Both the hilar shadows are normal.

Both the C.P.angles is clear.

Both the domes of diaphragm are normally placed.

Bony cage and soft tissue shadows are normal.

Heart shadows appear normal.

Impression :- Normal Study

(Please correlate clinically and with relevant further investigations)

*** End of Report ***

Page No: 1 of 1

Dr. Piyush Goyal
(D.M.R.D.) BILAL

Dr. Piyush Goyal
(D.M.R.D.)

Dr. Poonam Gupta
(M.D. Radiodiagnosis)

Dr. Shankar Tejwani
(M.D. Radiodiagnosis)

Dr. Uma Mathuria
(M.D. Radiodiagnosis)

Dr. Rathod Hetali Amrutlal
(M.D. Radiodiagnosis)

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Date :- 28/11/2021 09:06:47

NAME :- Mr. MUDGAL PRAMOD KUMAR

Sex / Age :- Male 35 Yrs

Company :- MediWheel

Patient ID :- 122125406

Ref. By Doctor:-BOB

Lab/Hosp :-

Final Authentication : 28/11/2021 11:08:10

BOB PACKAGE BELOW 40MALE

USG WHOLE ABDOMEN

Liver is of normal size. Echo-texture is normal. No focal space occupying lesion is seen within liver parenchyma. Intra hepatic biliary channels are not dilated. Portal vein diameter is normal.

Gall bladder is of normal size. Wall is not thickened. No calculus or mass lesion is seen in gall bladder. Common bile duct is not dilated.

Pancreas is of normal size and contour. Echo-pattern is normal. No focal lesion is seen within pancreas.

Spleen is of normal size and shape. Echotexture is normal. No focal lesion is seen.

Kidneys are normally sited and are of normal size and shape. Cortico-medullary echoes are normal. **A well defined anechoic cyst of size 13 x 14 mm is seen in upper pole of left kidney. There is mild dilatation of right pelvicalyceal system and ureter, upto a suspicious calculus of 10 mm is seen in mid ureter.**

Urinary bladder is well distended and showing smooth wall with normal thickness. Urinary bladder does not show any calculus or mass lesion.

Prostate is normal in size with normal echo-texture and outline.

No enlarged nodes are visualised. No retro-peritoneal lesion is identified
No significant free fluid is seen in peritoneal cavity.

IMPRESSION:

*Left renal exophytic cyst.

*? Right mid ureteric calculus with mild hydronephrosis (Adv- IVP).

Needs clinical correlation for further evaluation

*** End of Report ***

Page No: 1 of 1

BILAL

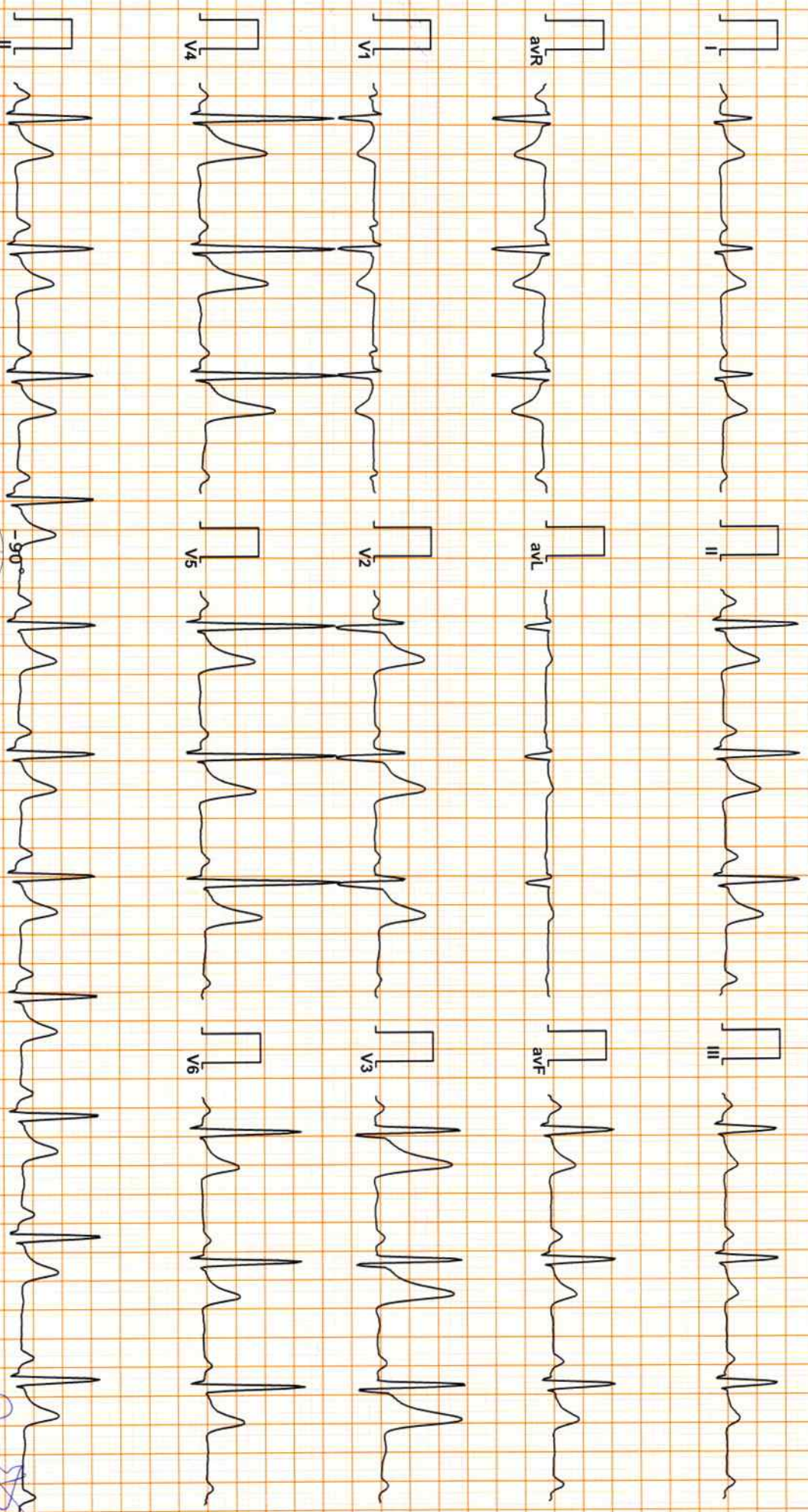
Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
RMC Reg No. 017996

Dr. Poonam Gupta
MBBS, MD (Radio Diagnosis)
RMC No. 32495

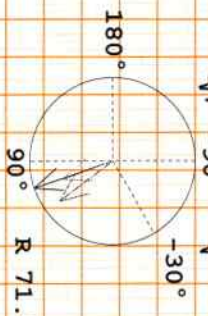
Dr. Uma Mathuria
MBBS, MD (Radio Diagnosis)
RMC No. 22541

Dr. Hitesh Kumar Sharma
M.B.B.S., D.M.R.D.
RMC Reg No. 27380

Transcript by.



Vent Rate : 70 bpm
PR Interval : 162 ms
QRS Duration: 90 ms
QT/QTc Int : 378/394 ms
P-QRS-T axis: 70.00° 71.00° 53.00°



Axis

R 71.00° T 53.00° P 70.00°

Handwritten signature

Reported By:

Handwritten signature



139 / MR PRAMOD KUMAR MUDGAL / 35 Yrs / M / 0 Cms / 0 Kg Date: 28-Nov-2021 Refd By : BOB Examined By:

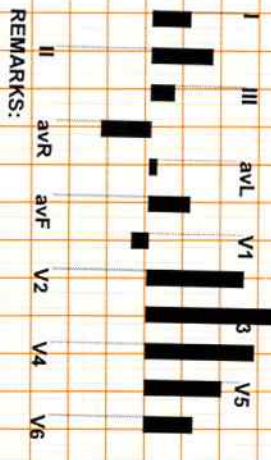
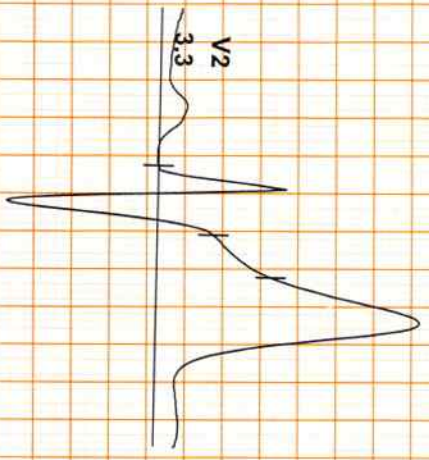
Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:13	0:13	01.1	00.0	01.0	073	39 %	120/80	087	00	
Standing	00:50	0:37	01.1	00.0	01.0	108	58 %	120/80	129	00	
HV	01:10	0:20	01.1	00.0	01.0	084	45 %	120/80	100	00	
ExStart	01:46	0:36	01.1	00.0	01.0	102	55 %	120/80	122	00	
BRUCE Stage 1	04:46	3:00	01.7	10.0	04.7	124	67 %	130/80	161	00	
BRUCE Stage 2	07:46	3:00	02.5	12.0	07.1	146	79 %	140/82	204	00	
PeakEx	09:55	2:09	03.4	14.0	09.3	179	97 %	150/82	268	00	
Recovery	10:55	1:00	00.0	00.0	01.1	140	76 %	160/82	224	00	
Recovery	11:55	2:00	00.0	00.0	01.0	110	59 %	150/82	165	00	
Recovery	12:55	3:00	00.0	00.0	01.0	110	59 %	140/80	154	00	
Recovery	13:55	4:00	00.0	00.0	01.0	107	58 %	130/80	139	00	
Recovery	14:10	4:16	00.0	00.0	01.0	097	52 %	130/80	126	00	

FINDINGS :

Exercise Time : 08:09
 Max HR Attained : 179 bpm 97% of Target 185
 Max BP Attained : 160/82
 Max Workload Attained : 9.3 Good response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

Report
 - TMT Negative for MI at Peak Exercise

✓



I
STL 1.3
STS 0.8

II
2.1
1.3

III
0.8
0.5

aVR
-1.7
-1.1

aVL
0.2
0.2

aVF
1.4
0.9

V1
-0.5
-0.6

V2
3.3
2.1

V3
4.9
3.4

V4
3.7
2.6

V5
2.6
1.8

V6
1.7
1.2

REMARKS:

(ADX_GEM216201125)(R)Allergers



Date: 28-Nov-2021 10:05:40 AM

METS: 1.0/ 108 bpm 56% of THR

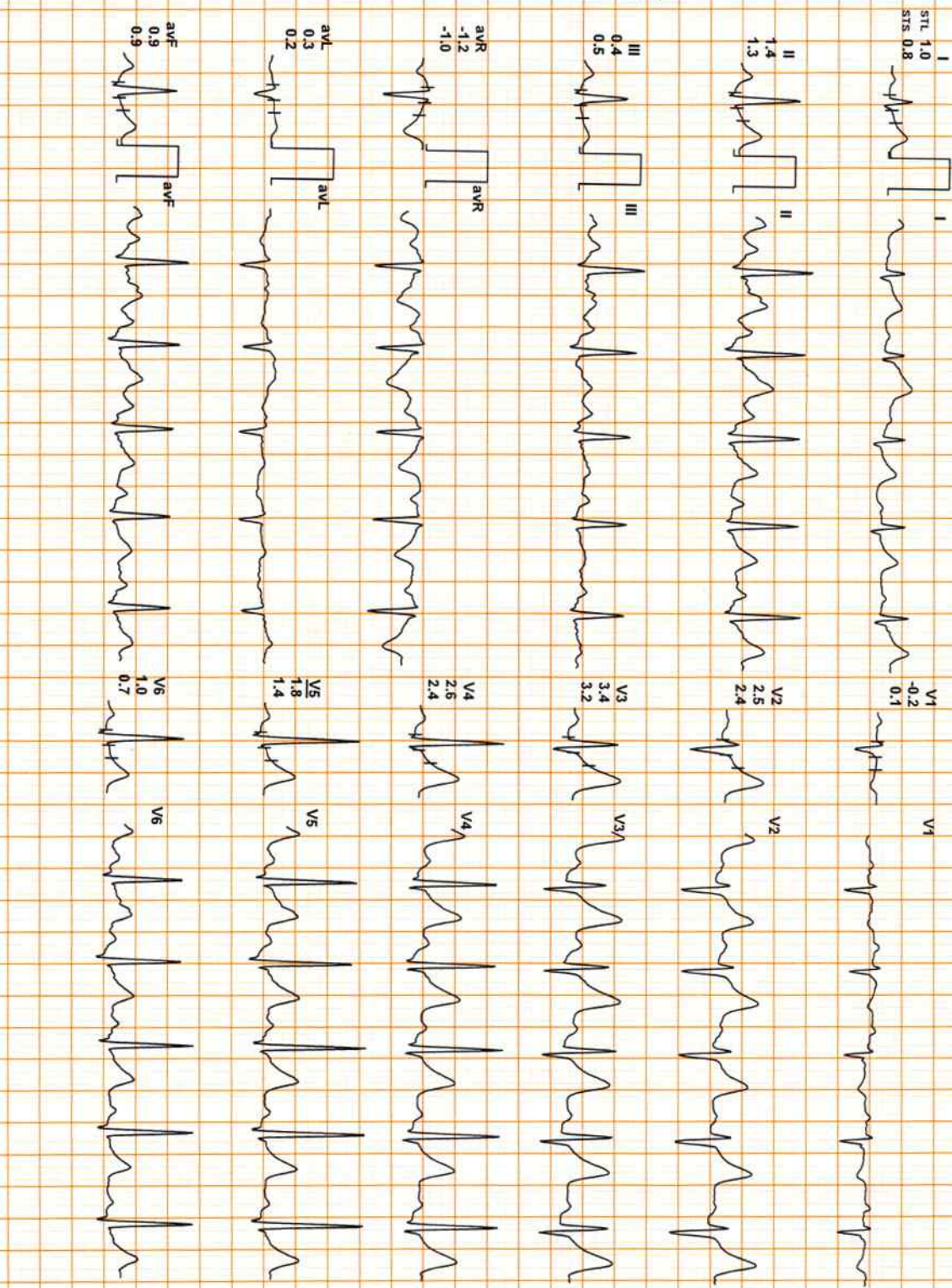
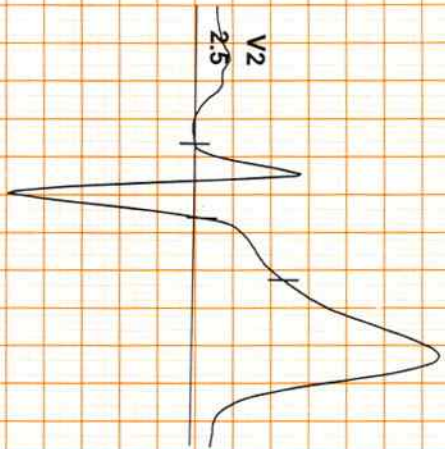
BP: 120/80 mmHg

Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

ExtTime: 00:00 1.1 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX_GEM216201125)(R)Allengers

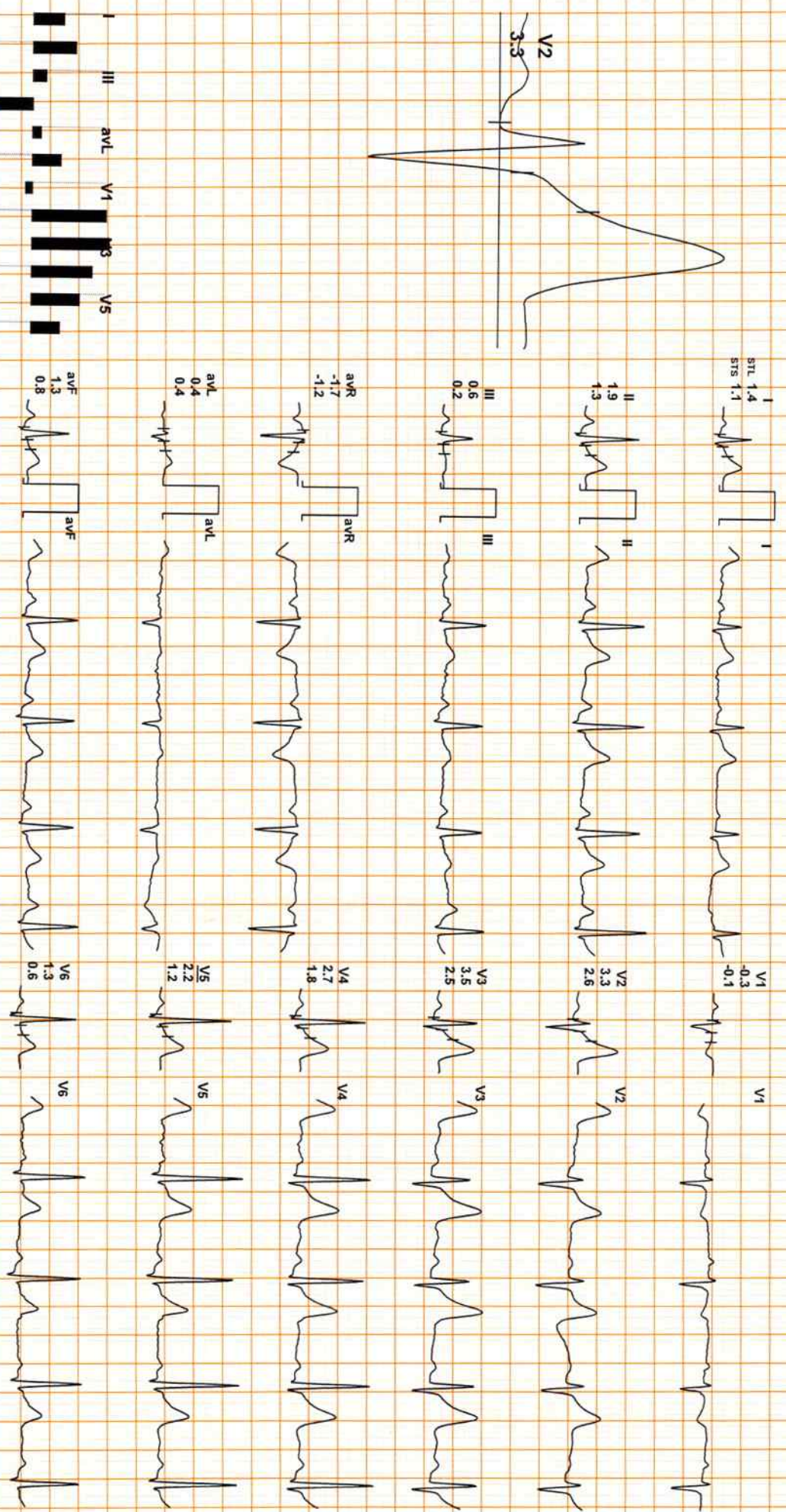


139 / MR PRAMOD KUMAR MUDGAL / 35 YRS / M / 0 Cms / 0 Kg / HR : 84

Date: 28-Nov-2021 10:05:40 AM METS: 1.0/ 84 bpm 45% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

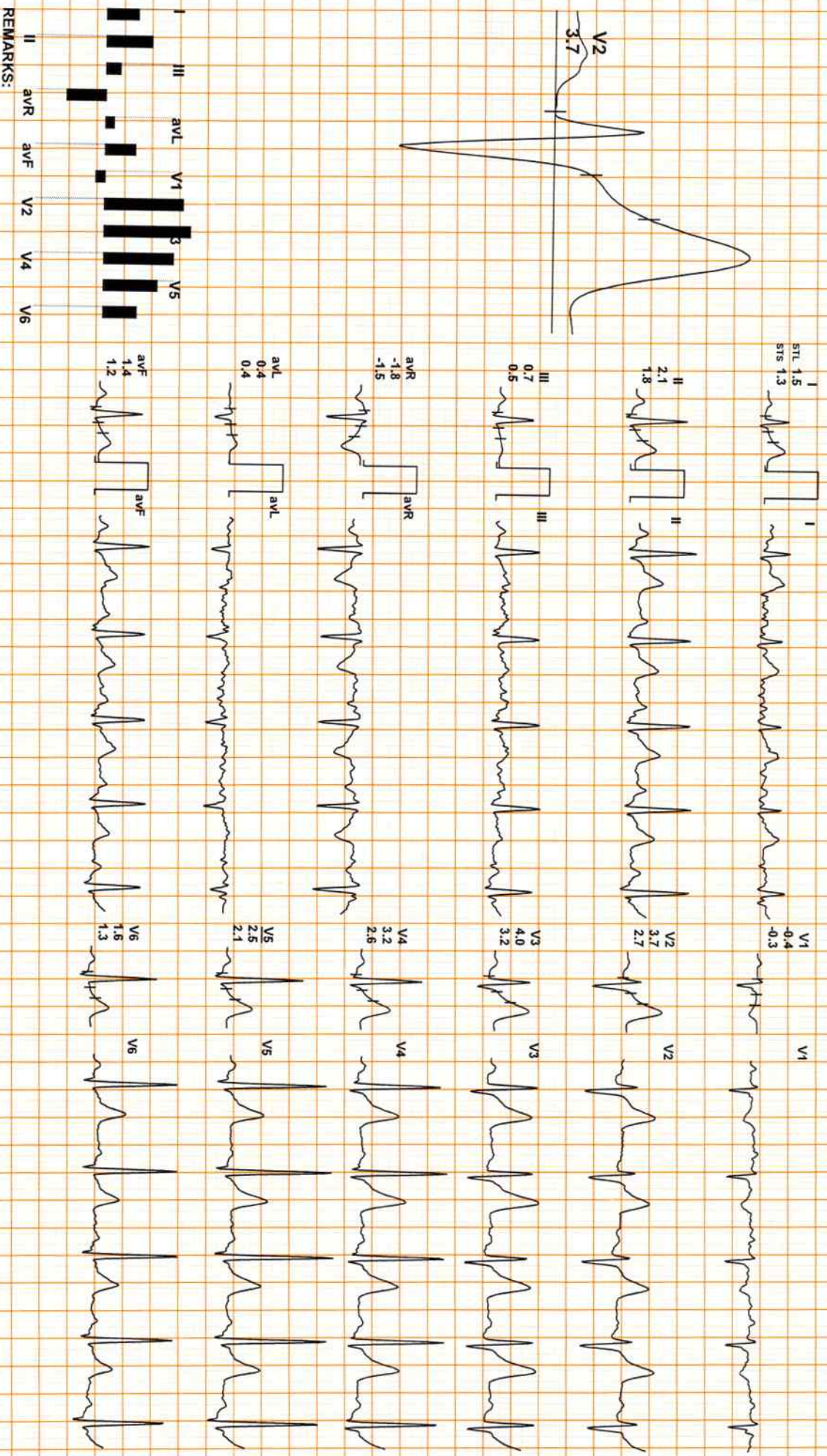
4X 80 mS Post J

ExTime: 00:00 1.1 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX_GEM216201125)(R)Allengers



REMARKS:

(ADX_GEM216201125)(R)Allengers

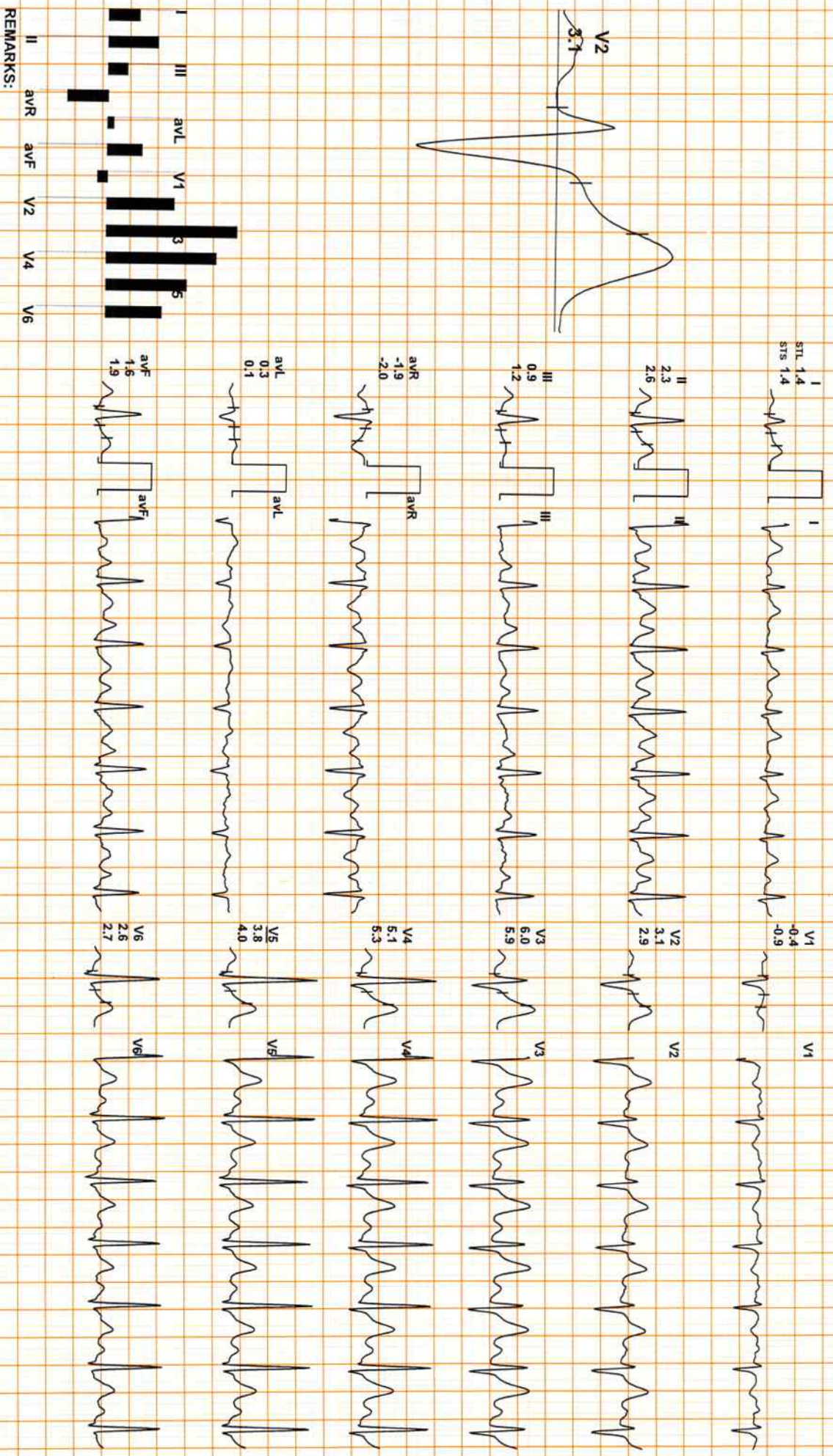


139 / MR PRAMOD KUMAR MUDGAL / 35 Yrs / M / 0 Cms / 0 Kg / HR : 124

Date: 28-Nov-2021 10:05:40 AM METS: 4.71 124 bpm 67% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

4X 80 mS Post J

ExTime: 03:00 1.7 mph, 10.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:



139 / MR PRAMOD KUMAR MUJGAL / 35 YRS / M / 0 Cms / 0 Kg / HR : 146

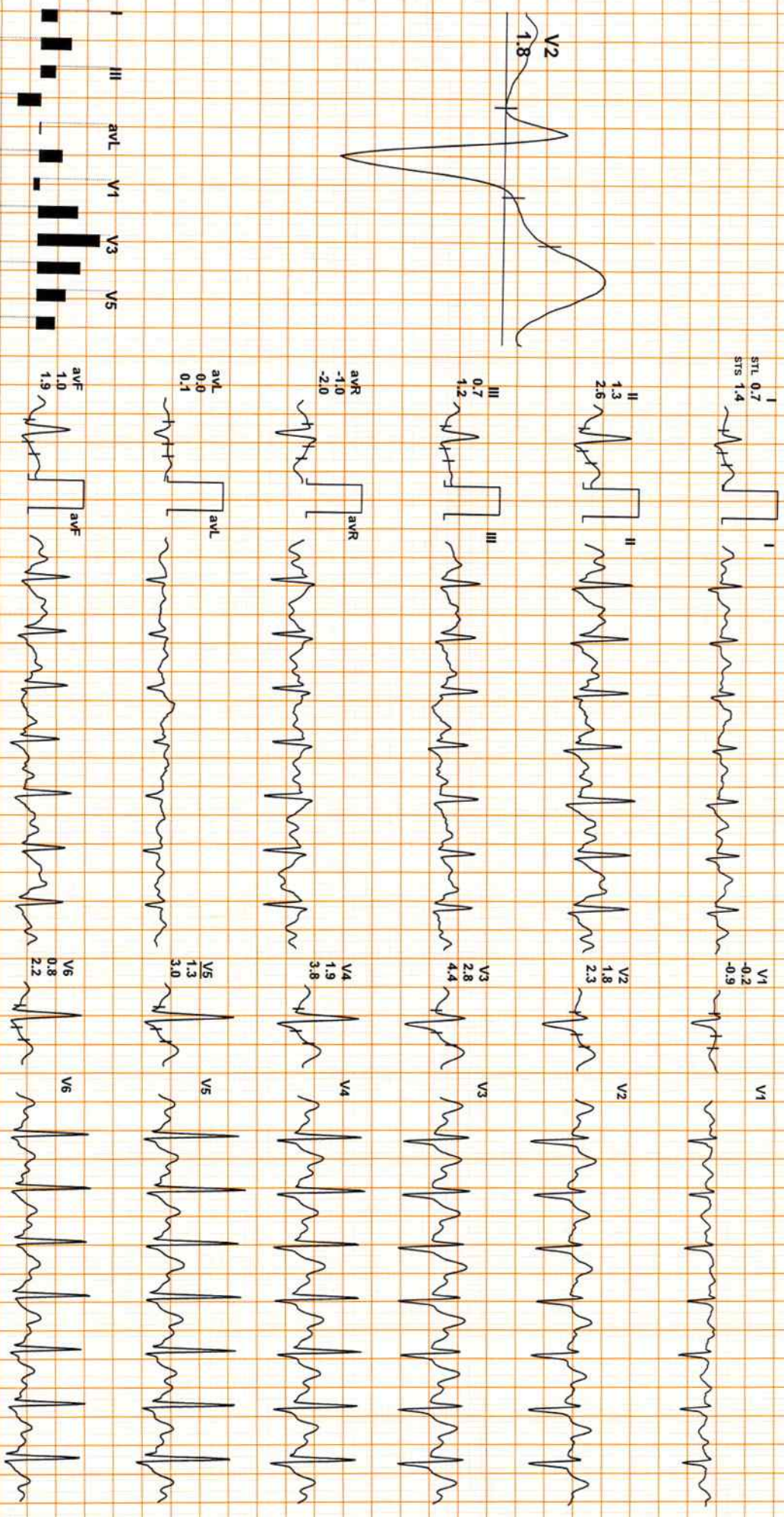
Date: 28-Nov-2021 10:05:40 AM

METS: 7.1/ 146 bpm 79% of THR

BP- 140/82 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 60 mS Post J

ExTime: 06:00 - 2.5 mph, 12.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX_GEM216201125)(R)Allengers



139 / MR PRAMOD KUMAR MUDGAL / 35 YRS / M / 0 Cms / 0 Kg / HR : 179

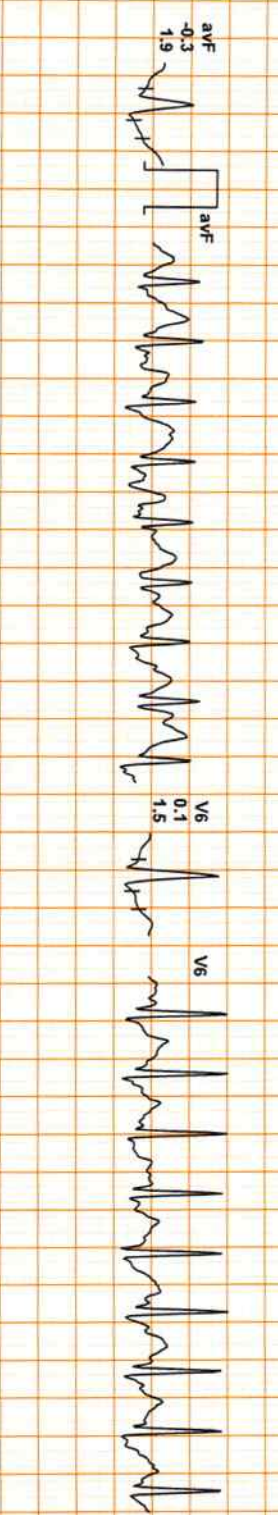
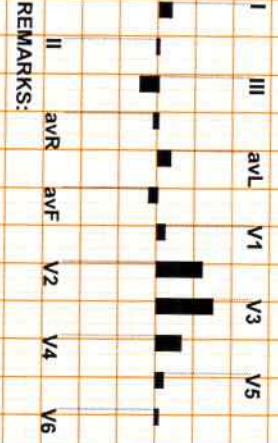
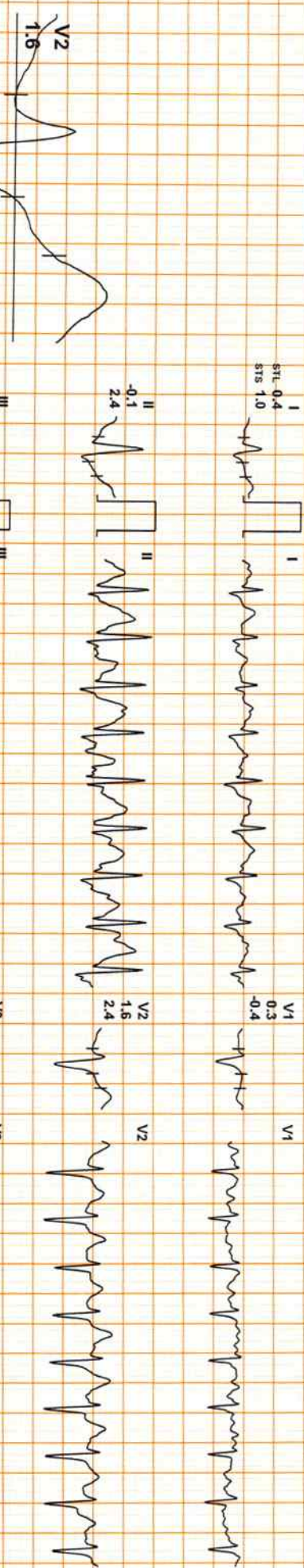
Date: 28-Nov-2021 10:05:40 AM

METS: 9.3/ 179 bpm 97% of THR BP: 150/82 mmHg Raw ECG/ BLC On/ Notch On/ HE 0.05 Hz/ LE 35. Hz

ExTime: 08:10 - 3.4 mph, 14.0%

4X 60 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX_GEM216201125)(R)Allengers

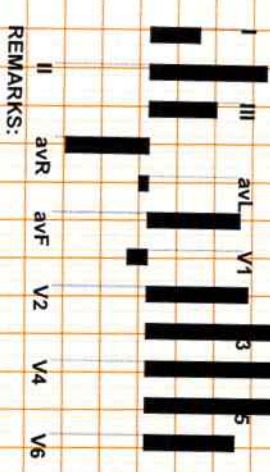
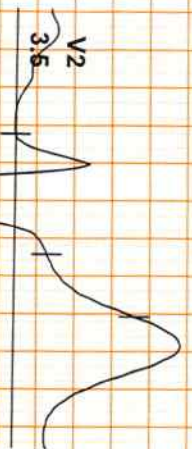
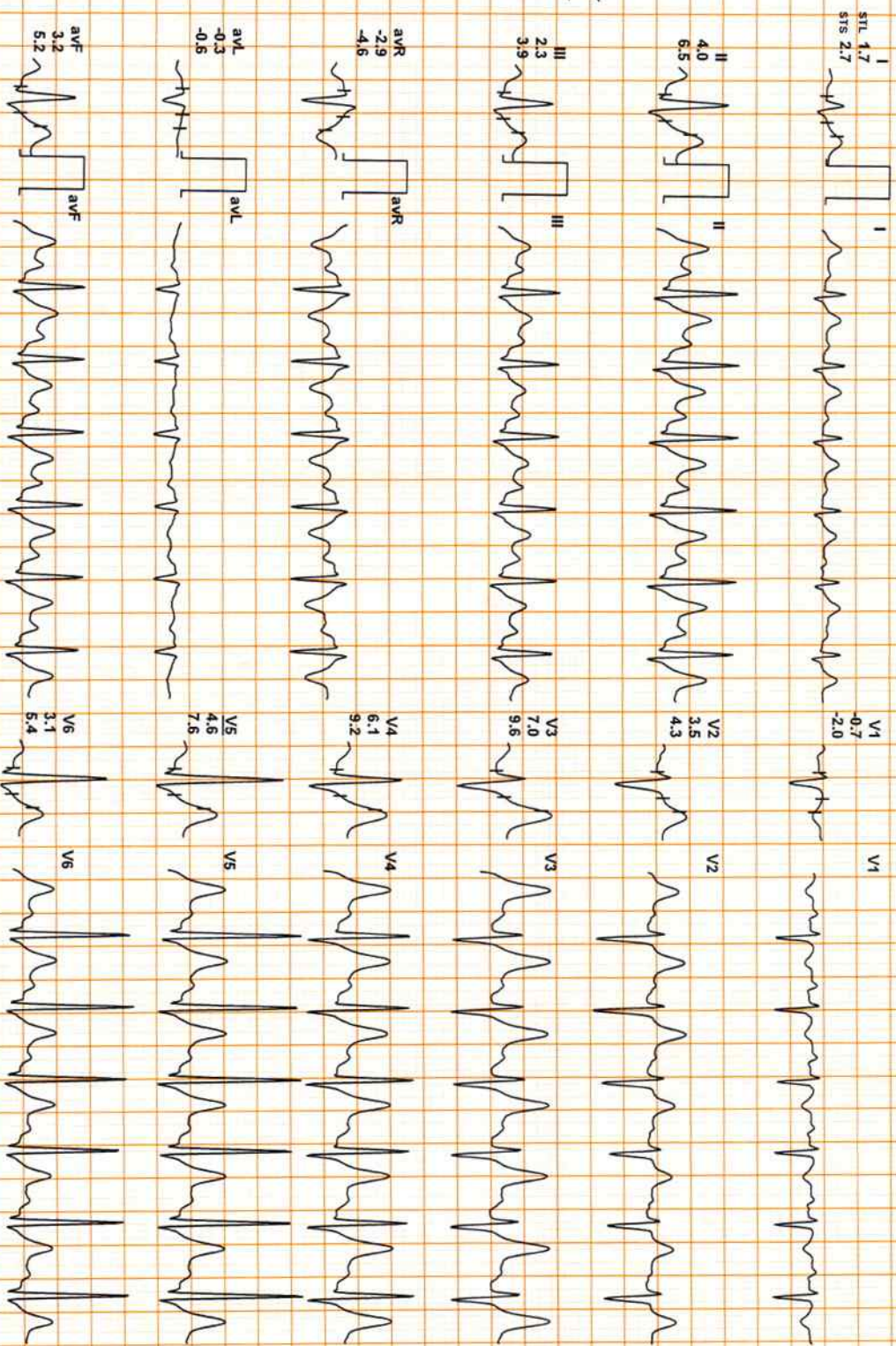


139 / MR PRAMOD KUMAR MUDGAL / 35 Yrs / M / 0 Cms / 0 Kg / HR : 140

Date: 28-Nov-2021 10:05:40 AM METS: 1.1/ 140 bpm 76% of THR BP: 160/82 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LE 35 Hz

4X 60 mS Post J

ExTime: 08:09 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX_GEM216201125)(R)Allengers



139 / MR PRAMOD KUMAR MUDGAL / 35 Yrs / M / 0 Cms / 0 Kg / HR : 110

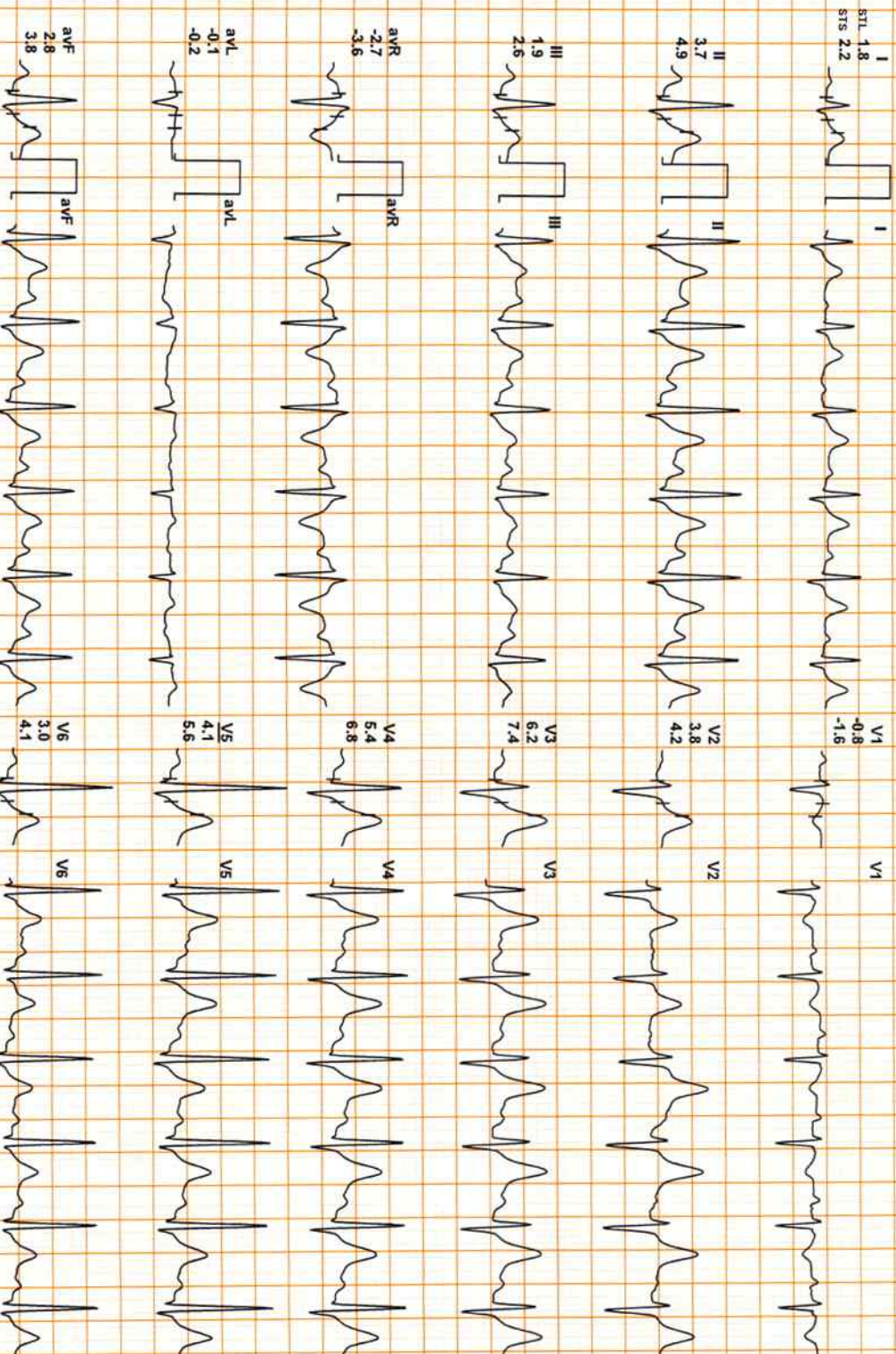
Date: 28-Nov-2021 10:05:40 AM

METS: 1.0/ 110 bpm 59% of THR BP: 150/82 mmHg Raw ECG/ BLC On/ Notch On/ HE 0.05 Hz/ LF 35 Hz

ExTime: 08:09 0.0 mph, 0.0%

4X 70 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:
I II III aVR aVL V1 V2 V3 V4 V5 V6

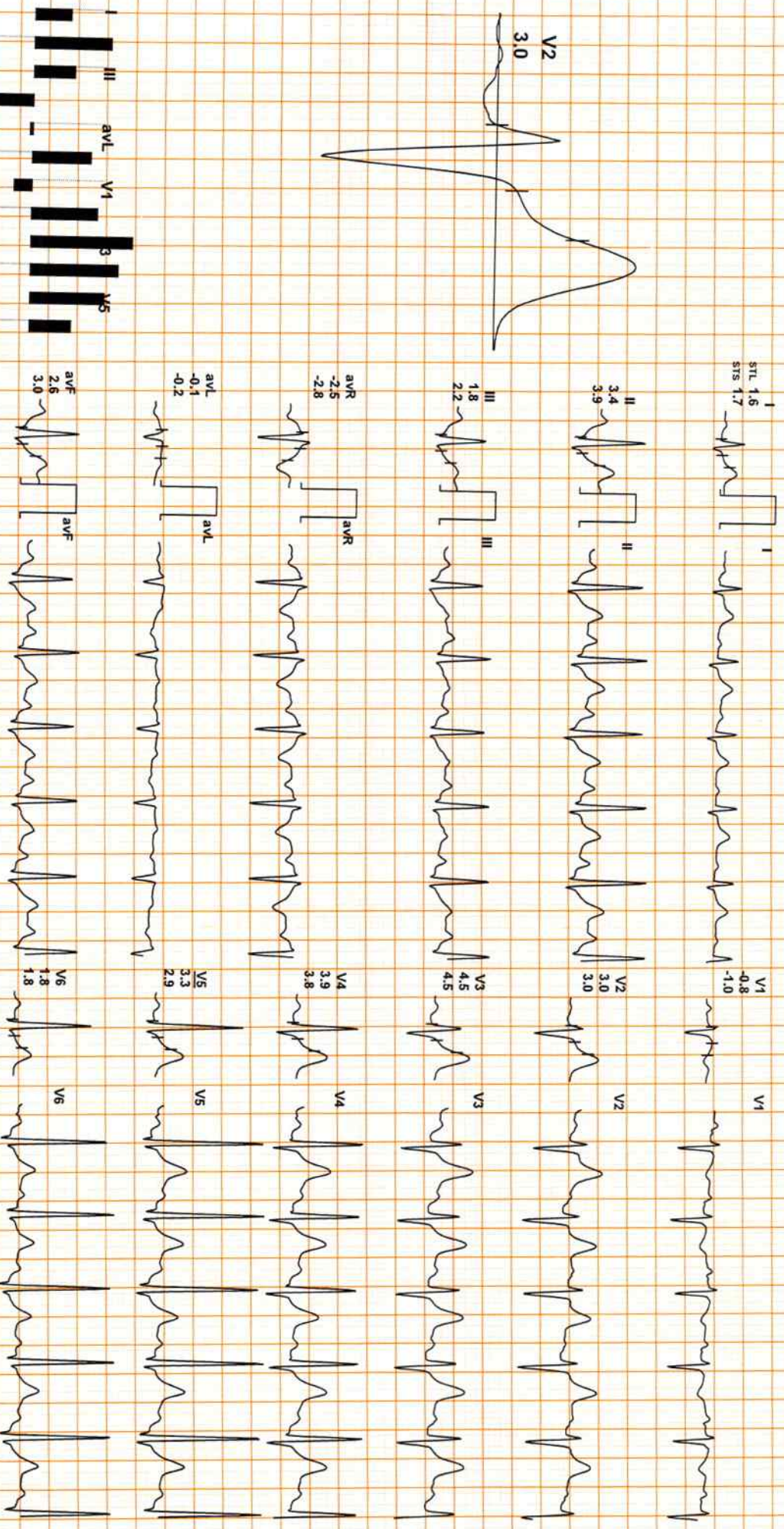


139 / MR PRAMOD KUMAR MUDGAL / 35 Yrs / M / 0 Cms / 0 Kg / HR : 110

Date: 28-Nov-2021 10:05:40 AM METS: 1.0/ 110 bpm 59% of THR BP: 140/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J

ExTime: 08:09 0.0 mph, 0.0% 25 mm/Sec. 1.0 Cm/mV



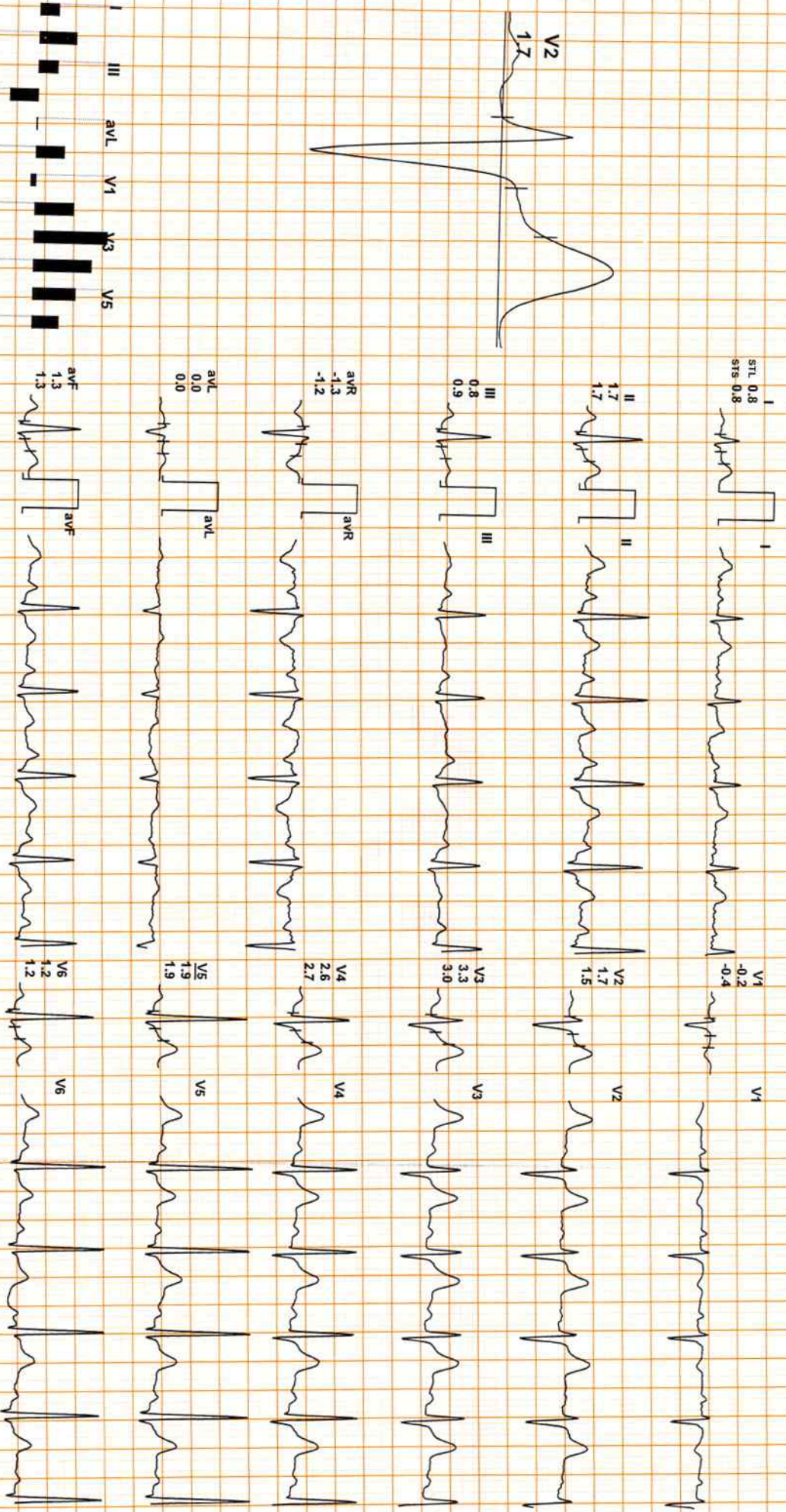
REMARKS:

(ADX_GEM216201125)(R)Allengers



Date: 28-Nov-2021 10:05:40 AM METS: 1.0/ 107 bpm 58% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 08:09 0.0 mph 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX_GEM216201125)(R)Allengers

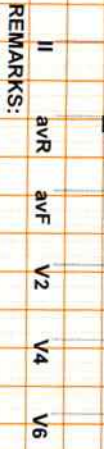
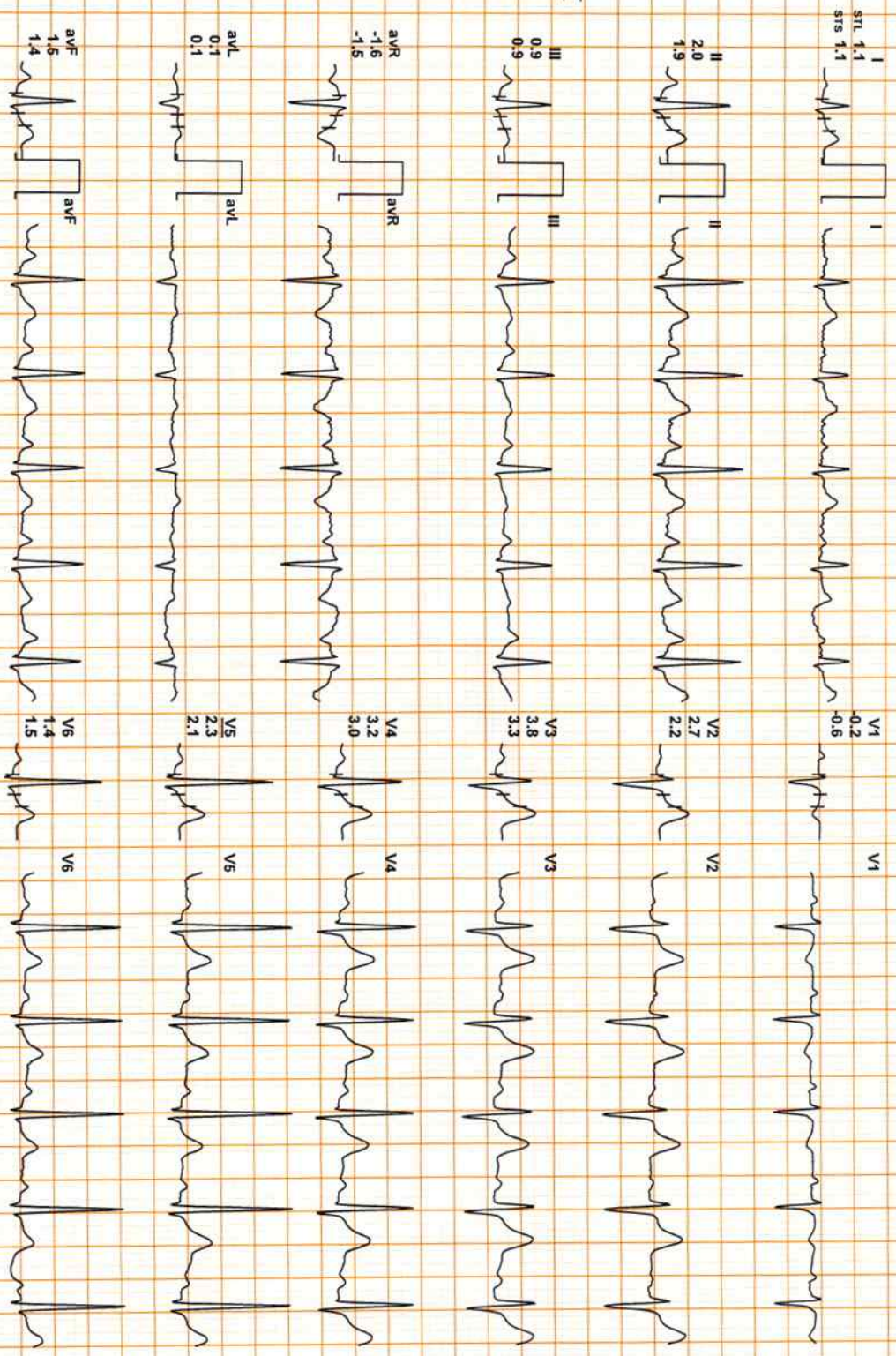
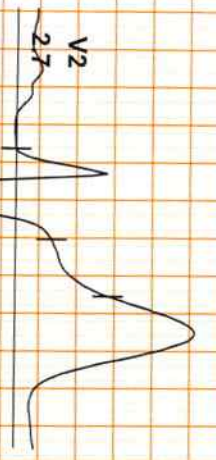


139 / MR PRAMOD KUMAR MUDGAL / 35 Yrs / M / 0 Cms / 0 Kg / HR : 97

Date: 28-Nov-2021 10:05:40 AM METS: 1.0/ 97 bpm 52% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 08:09 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



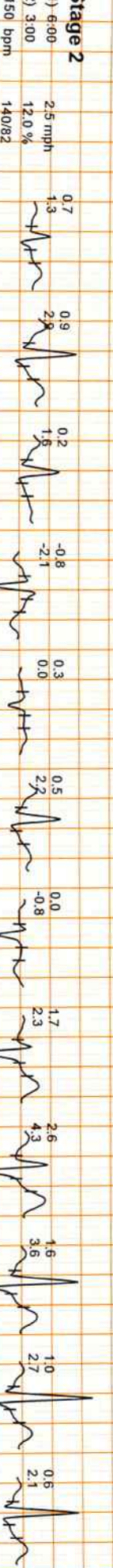
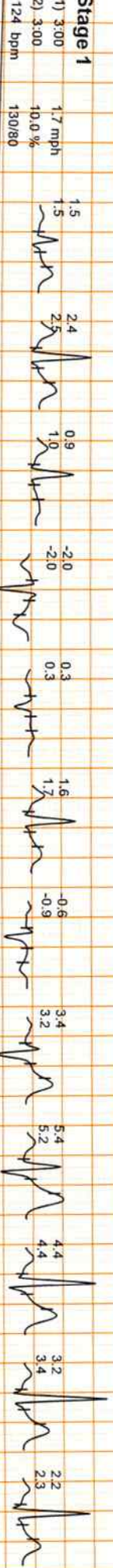
REMARKS:

(ADX_GEM216201125)(R)Allengers



Date: 28-Nov-2021 10:05:40 AM

I II III aVR aVL aVF V1 V2 V3 V4 V5 V6



(ADX_GEM216201125)(R)Allengers

