

Radiology No.	: 7267/OPDPB22DL	Date	: 11-Mar-2023
Patient Name	: Mr. KAPIL SAINI	Age/Sex	: 34Y
Guardian Name	:	UHID No.	: 6783/UHID22DL
Consultant	: Dr. INSURANCE	Mobile No.	: 9034803150

X-RAY CHEST**Indication: Routine checkup.****Image quality:-**

No evidence of rotation.

PA view. Normal penetration.

Airway:- Trachea central.

Carina & bronchi are normal.

No hilar abnormality.

Lung fields:- Clear.**Cardiac:-** Cardiac borders are visible.

Normal heart size.

Diaphragm:- Costophrenic angles on right & left are normal.

Cardiophrenic angles on right & left are normal.

Diaphragm portion are normal.

Bony cage:- No evidence of bony lesion/fracture seen.

No evidence of cervical ribs seen.

Impression: No significant abnormality detected.

Dr. Harshita Surange
MBBS, DMRD (RADIO DIAGNOSIS)
DIPLOMA IN MSK, UCAM (Spain)
Reg. No. MCI/16522, DMC/18402



BOOK APPOINTMENT



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Kapil Saini

भारत सरकार
GOVERNMENT OF INDIA



कपिल सैनी
Kapil Saini
जन्म तिथि/DOB: 17/02/1989
पुरुष/ MALE
Mobile No: 9034803150
2145 9088 8960
VID : 9147 6555 8240 3218



मेरा आधार, मेरी पहचान

आधार
भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA



पता: S/O: रमेश कुमार, मकान नं. 274 बॉर्ड नं. 14, सैनी स्कूल
रोड, गंगा बिशन नगर, रोहतक, रेहतक,
हरियाणा - 124001

Address : S/O: Ramesh Kumar, House No. 274, Ward
No. 14, Saini School Road, Ganga Bishan
Nagar, Rohtak, Rohtak,
Haryana - 124001

2145 9088 8960
VID : 9147 6555 8240 3218

1947  help@uidai.gov.in  www.uidai.gov.in

P.O. Box No.1947,
Bengaluru-560 001

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Age / Gender : 34Y / Male	Date : 11-Mar-2023	
Mobile No. : 9034803150	Manual No.	Collected : 11-Mar-2023 10.08
Refd. By : Dr. INSURANCE		Received : 11-Mar-2023 10.08
Sample Type : EDTA whole blood	Sample ID : 23668	Report : 11-Mar-2023 14.45

TEST NAME	RESULT	UNIT	RANGE	METHOD
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HEAMOTOLOGY

COMPLETE BLOOD COUNT

HEMOGLOBIN 14.8 g/dl 12.5-16.5 Colorimetric

TOTAL LEUCOCYTE COUNT 11.0 10³/uL 4.0-11.0 Electrical impedance

DIFFERENTIAL LEUCOCYTE COUNT(DLC)

Neutrophil 77 % 40-75 Electrical impedance

Lymphocyte 16 % 20-45 Electrical impedance

Eosinophil 04 % 01-06 Microscopy

Monocyte 03 % 2-10 Microscopy

Basophil 00 % 0-2 Microscopy

ESR 10 mm/1sthr 0-20 Westergren's

RBC COUNT 4.34 mili/cmm 3.8-5.5 Electrical impedance

PCV 43 % 35-45 Calculated

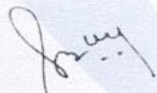
MCV 99.40 Fl 80-100 Calculated

MCH 34.1 Picogram 27.5-33.2 Calculated

MCHC 34.30 gm/dl 32-36 Calculated

PLATELET COUNT 293 10³/uL 150-450 Electrical impedance

-----End of Report-----



Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252

Lab Technician : ramshankar



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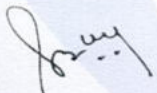
HEAMOTOLOGY

BLOOD GROUPING(A,B,O)&Rh
FACTOR
BLOOD GROUP ABO
RH TYPING

"B"
"POSITIVE"

Manual
Manual

-----End of Report-----




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Lab Technician : chand



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Mobile No. : 9034803150	Manual No.	Collected : 11-Mar-2023 10.08
Refd. By : Dr. INSURANCE		Received : 11-Mar-2023 10.08
Sample Type : Plasma(Sodium fluoride)	Sample ID : 23668	Report : 11-Mar-2023 14.45

TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

BLOOD SUGAR FASTING	86.1	mg/dl	74-100	GOD-POD
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INTERPRETATION:

2018 American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Diagnosis:

FPG > 126.0 mg/dl (Fasting is defined as no caloric intake for >8 hours)

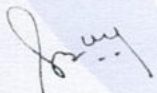
2-hr PG > 200 mg/dl during OGTT(75-G)*

Using a glucose load containing the equivalent of 75g anhydrous glucose dissolved in water

Random PG < 200 mg/dl

in individuals with symptoms of hyperglycemia or hyperglycemic crisis

-----End of Report-----



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Age / Gender : 34Y / Male	Date : 11-Mar-2023	
Mobile No. : 9034803150	Manual No.	Collected : 11-Mar-2023 13.56
Refd. By : Dr. INSURANCE		Received : 11-Mar-2023 13.56
Sample Type : Plasma(Sodium fluoride)	Sample ID : 23668	Report : 11-Mar-2023 14.45

TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

Blood Sugar PP	107.4	mg/dl	70-150	GOD-POD
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INTERPRETATION:

2018 American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Diagnosis:

FPG > 126.0 mg/dl (Fasting is defined as no caloric intake for >8 hours)

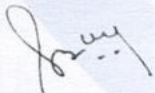
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Using a glucose load containing the equivalent of 75g anhydrous glucose dissolved in water

Random PG < 200 mg/dl

in individuals with symptoms of hyperglycemia or hyperglycemic crisis

-----End of Report-----




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HEAMOTOLOGY

HBA1C (GLYCOSYLATED HB)	4.9	%	4-6	PEIT
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Metabolically healthy patients 4.5 - 6.0 %
6.1 - 6.5 %

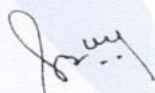
Good control :

Fair control : 6.6 - 7.0 %

Poor control : Above - >7.0 %

COMMENTS: HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but with in this 120 days.Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four. Estimated Average Glucose mg/dl = (HbA1c x 35.6) - 77.3) Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from Hb-A1c or vice-versa is not "perfect" but gives a good working ballpark estimate. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime glucose levels, which are easier to predict and control. As per IFCC recommendations 2007, HbA1c being reported as above maintaining traceability to both IFCC (mmol/mol) & NGSP (%) units.

-----End of Report-----




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Sample Type : Serum	Sample ID : 23668	Report : 11-Mar-2023 14.45

TEST NAME	RESULT	UNIT	RANGE	METHOD
HbsAg	NEGATIVE			Immunochromatography

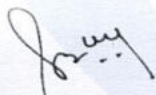
Serology

Interpretation:-

Clinical Significance:-Hepatitis B surface antigen (HBsAg) is a test to determine if some one is infected with hepatitis B virus .A' Positive or reactive HBsAg test result means that the person is infected and further testing is needed to determine . if this is a new " acute " infection or "chronic" infection.

HBsAg usually appearance 4 weeks after exposure but can be detected any time after 1st week .

-----End of Report-----




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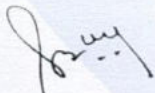
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TEST NAME	RESULT	UNIT	RANGE	METHOD
HIV 1 & II	NEGATIVE			Immunochromatography

Serology

Clinical Significance : HIV tests look for antibodies to HIV (Immunodeficient virus) in blood or all fluid approx 97% people develop detectable antibodies within 3-12 weeks (21 -84 days) of infection immunoassay are rapid tests used for screening positive rapid tests need a follow up confirm and includes western blot test. Rapid test performed during window period may give and thus detect HIV at about 10 days after infection even before antibodies develop but these are not used as a screening test.

-----End of Report-----



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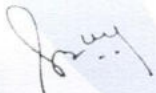
TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

KIDNEY FUNCTION TEST

Blood Urea	21.2	mg/dl	15.0-45.0	urease
Serum Creatinine	0.7	mg/dl	0.7-1.3	Jaffes Kinetic
Serum Uric Acid	5.50	mg/dl	2.5-7.2	Uricase
Total Protein				
PROTEN	6.56	g/dl	6.4-8.3	Biuret
ALBUMIN	4.2	g/dl	3.4-4.8	Bcg
GLOBULIN	2.36	g/dl	2.3-3.5	
A/G RATIO	1.78	g/dl		
Calcium	9.2	mg/dl	8.6-10.2	Arsenazo
Sodium	142.0	mmol/L	136.0-149.0	ISE Indirect
Potassium	4.2	mmol/L	3.5-5.5	ISE Indirect
Chloride	105.5	mmol/L	98.0-109.0	ISE Indirect

-----End of Report-----



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BOOK APPOINTMENT



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TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

LIPID PROFILE

Total Cholesterol	162.00	mg/dl	123-199	CHOD-PAP
Triglycerides	139.8	mg/dl	40-160	Gpo
HDL Cholesterol Direct	40.7	mg/dl	35.3-79.5	Direct
Vldl	28	mg/dl	4.7-22.1	
LDL Cholesterol Direct	93.3	mg/dl	63-129	
Total Cholesterol/HDL Ratio	4.0		0.0-4.97	
LDL/HDL Ratio	2.3		0.0-3.55	

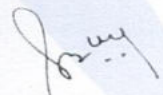
INTERPRETATION:-

Acceptable/Low Risk	: < 200 mg/dL	: <130 mg/dL	: < 4.5
Borderline High Risk	: 200-239 mg/dL	: 130-159 mg/dl	: 4.5 - 6.0
High Risk	: > 240 mg /dL	: > 160 mg/dL	: > 6.0

APO A1 & APO B: Recent studies have shown that Apolipoproteins A1 & B might be the best indicators of Coronary Artery.

COMMENTS:-

TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12 hrs., alcohol intake, diabetes melitus,and



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Refd. By : Dr. INSURANCE		Received : 11-Mar-2023 10.08
Sample Type : Serum	Sample ID : 23668	Report : 11-Mar-2023 14.45

pancreatitis.

CHOLESTEROL, its fractions and triglycerides are the important plasma lipids in defining cardiovascular risk factors and in the management of cardiovascular disease. Highest acceptable and optimum values of cholesterol vary with age. Values above 220 mgm/dl are associated with increased risk of CHD regardless of HDL & LDL values.

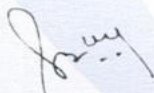
HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol.

LDL - CHOLESTEROL & TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors. Based on total cholesterol, LDL- cholesterol, and total cholesterol/HDL - cholesterol ratio, patients may be divided into the three risk categories :-

CHOLESTEROL LDL-CHOLESTEROL CHO/HDL RATIO

Artery Disease risk in an individual. Patients who have normal lipid profile may have abnormal Apo A1 & Apo B values. Ratio of Apo B : Apo A1 is >1 in cases of increased CHD risk.

-----End of Report-----



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BIOCHEMISTRY

LIVER FUNCTION TEST

Serum Bilirubin

Total Bilirubin	1.71	mg/dl	0.0-2.0	Diazo
Direct Bilirubin	0.61	mg/dl	0-0.4	Diazo
Indirect Bilirubin	1.10	mg/dl	0-0.8	Calculated

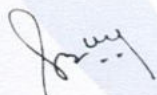
Total Protein

PROTEN	6.56	g/dl	6.4-8.3	Biuret
ALBUMIN	4.2	g/dl	3.4-4.8	Bcg
GLOBULIN	2.36	g/dl	2.3-3.5	
A/G RATIO	1.78	g/dl		
SGOT	10	U/L	0-35	IFCC
SGPT	18	U/L	0.0-45	IFCC

Gamma GT

Alkaline Phosphatase	71.6	U/L	0-55	Glupa-c
	151	U/L	53-128	Amp

-----End of Report-----



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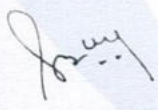
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Mobile No. : 9034803150	Manual No.	Collected : 11-Mar-2023 10.08
Refd. By : Dr. INSURANCE		Received : 11-Mar-2023 10.08
Sample Type : Serum	Sample ID : 23668	Report : 11-Mar-2023 15.47

TEST NAME	RESULT	UNIT	RANGE	METHOD
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<u>HORMONES</u>				
TSH	4.19	µIU/ml		CLIA
Adults				
21-100 yrs	0.42 - 5.45			
Pediatric				
0-12 Months	0.98-5.63			
1-5 years	0.64-5.76			
6-10 Years	0.51-4.82			
11-14 Years	0.53-5.27			
15-20 years	0.43-4.20			
Pregnancy				
First trimester	0.1 - 2.5*			
Second trimester	0.2 - 3*			
Third trimester	0.3 - 3*			


COMMENTS: Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved. The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy

-----End of Report-----



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Mobile No. : 9034803150	Manual No.	Collected : 11-Mar-2023 10.08
Refd. By : Dr. INSURANCE		Received : 11-Mar-2023 10.08
Sample Type : URINE	Sample ID : 23668	Report : 11-Mar-2023 14.45

TEST NAME	RESULT	UNIT	RANGE	METHOD
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CLINICAL PATHOLOGY

URINE ROUTINE

MICROSCOPY

PHYSICAL EXAMINATION

QUANTITY

20.00 ml 10-30

COLOUR

PALE YELLOW

TRANSPARENCY

CLEAR

SPECIFIC GRAVITY

1.030 1.015-1.025

PH

6.0 5.5 - 7

CHEMICAL EXAMINATION

ALBUMIN

NIL

SUGAR

NIL

MICROSCOPIC EXAMINATION

PUS CELLS

1-2 /hpf MICROSCOPIC

RBC'S

NIL NIL

CASTS

NIL

CRYSTALS

NIL

EPITHELIAL CELLS

1-2

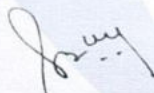
BACTERIA

NIL

OTHERS

NIL

-----End of Report-----



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BOOK APPOINTMENT

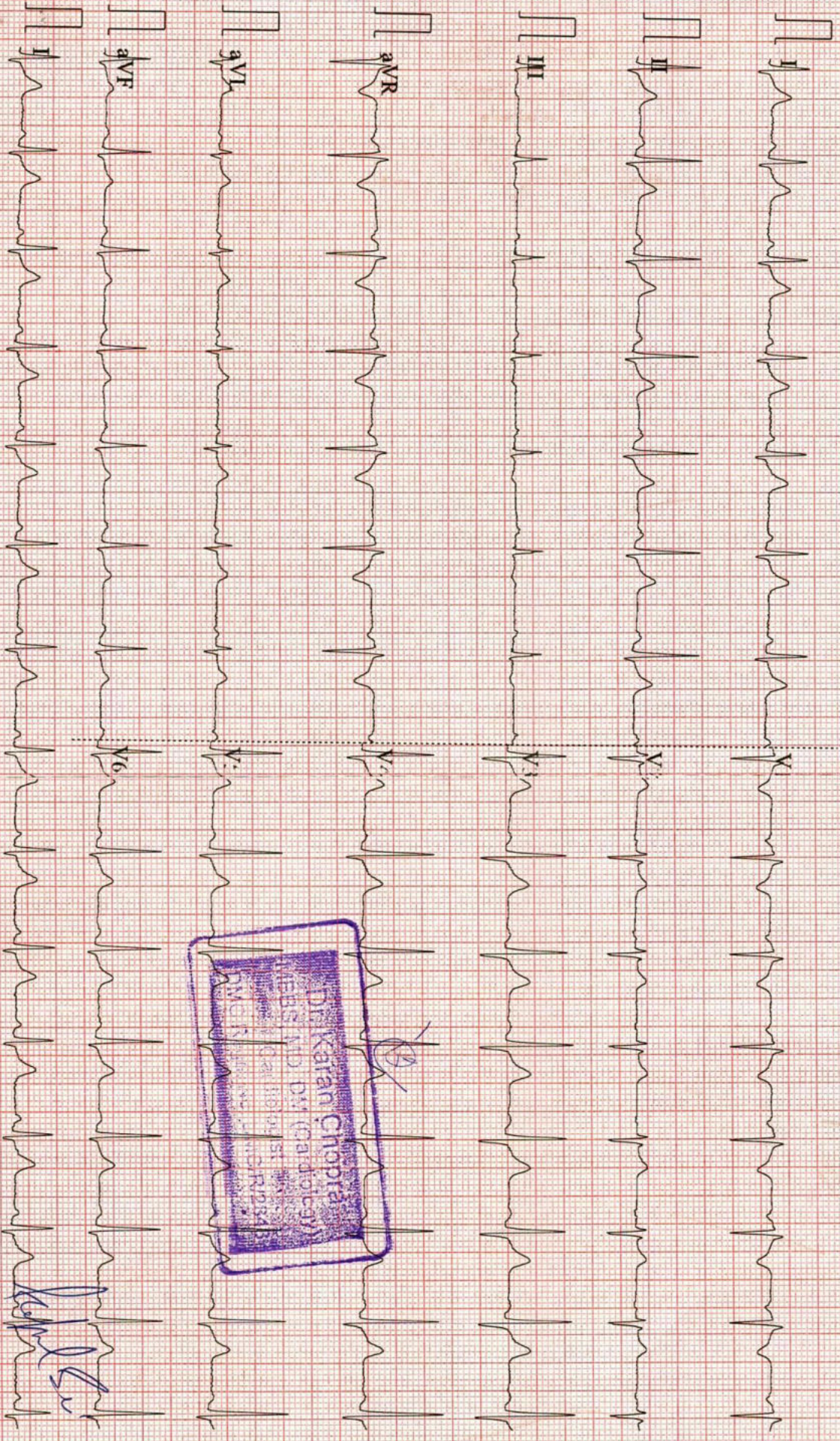


mr kapil saini
Male 34Years
Req. No. :

HR : 85 bpm
P : 108 ms
PR : 142 ms
QRS : 88 ms
QT/QTcBz : 332/395 ms
P/QRS/T : 50/56/26 °
RV5/SV1 : 1300/0.771 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



IPSC PAIN AND SPINE HOSPITAL
 PLOT-453 NEAR SBI BANK SECTOR-19
 DWARKA NEW DELHI-110075, PH: 9555437357

KAPIL SAINI

TREADMILL TEST REPORT

ID : 3726
 DATE : 11-03-2023
 AGE/SEX : 34 / M
 HT/WT : 0 / 0
 REF. BY :

PROTOCOL : Bruce
 HISTORY :
 INDICATION : Checkup/Physical fitness,
 MEDICATION :

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST LEVEL (MM)		METTS	
								II	V1		V5
SUPINE					69	120 / 80	82	1.6	-0.6	1.5	
STANDING					96	120 / 80	115	1.7	-0.5	1.4	
HYPERVENT					96	120 / 80	115	1.5	-0.4	1.7	
Stage 1	2:55	2:55	2.7	10	114	130 / 80	148	1.9	-0.4	1.9	4.67
Stage 2	5:55	2:55	4	12	146	140 / 90	204	1.1	-0.2	2.4	7.04
PR-EXERCISE	7:38	1:38	5.4	14	174	150 / 90	261	1.9	0.2	3.5	8.68
RECOVERY	8:48	0:55			133	140 / 90	186	3.1	-0.8	4.1	
RECOVERY	9:48	1:55			107	140 / 90	149	3.5	-0.6	3.2	
RECOVERY	10:48	2:55			99	130 / 80	128	2.4	-0.3	2.1	
RECOVERY	11:48	3:55			96	120 / 80	115	1.5	-0.1	1.3	
RECOVERY	12:48	4:55			101	120 / 80	121	1.5	-0.2	1.3	

RESULTS

EXERCISE DURATION : 7:38
 MAX HEART RATE : 174 bpm
 MAX BLOOD PRESSURE : 150 / 90 mm Hg
 REASON OF TERMINATION : Achieved THR,
 B.P. RESPONSE : Normal,
 ARRHYTHMIA : None,
 H.R. RESPONSE : Normal Chronotropic Response;

MAX WORK LOAD : 8.68 METTS

IMPRESSIONS

Negative for Provocable myocardial ischemia,



Technician :

IPSC PAIN AND SPINE HOSPITAL

KAPIL SAINI
 I.D. 3726
 Age 34/M
 Date 11-03-2023

RATE 96bpm
 B.P. 120/80

PRETEST
 HYPERVENT

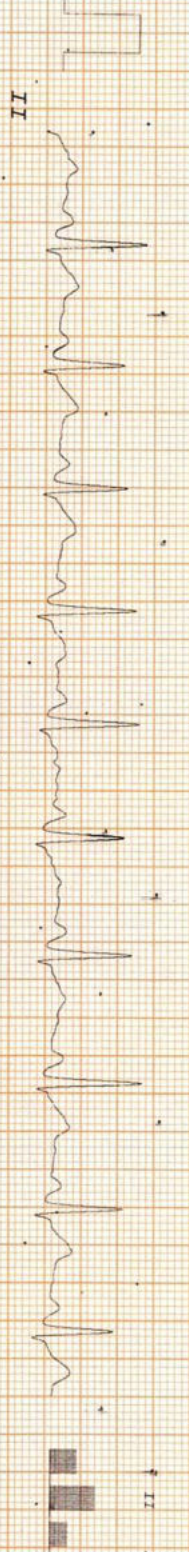
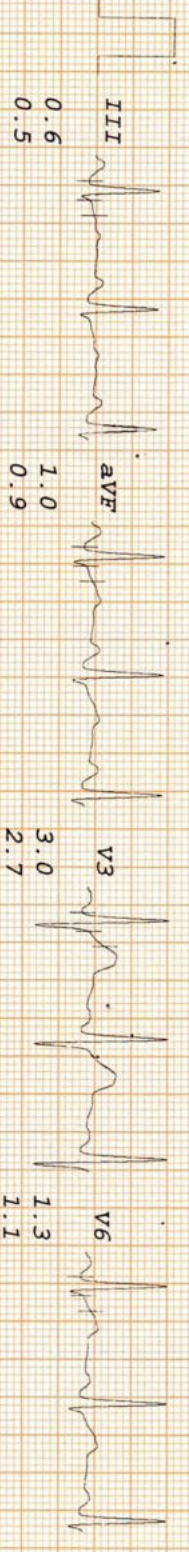
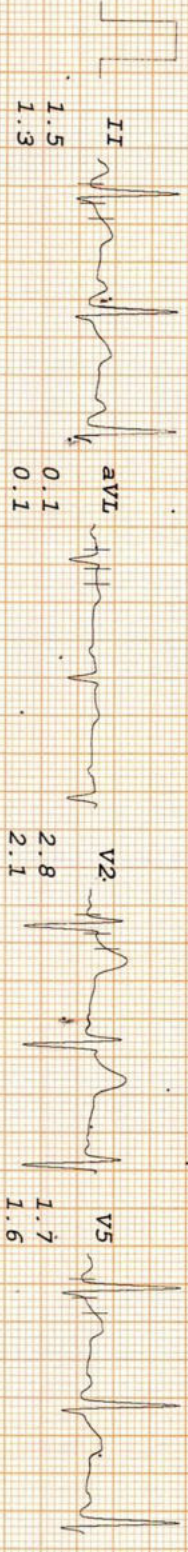
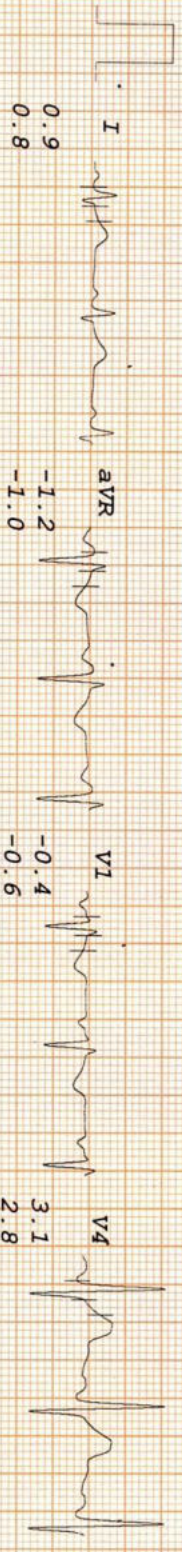
ST @ 10mm/mv
 80ms PostJ

PHASE TIME 0:17

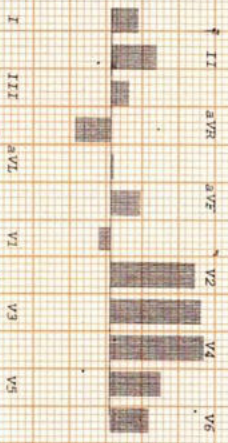
LINKED MEDIAN

Mag. X 2

V1



-0.4
 -0.6



IPSC PAIN AND SPINE HOSPITAL

KAPIL SAINI
 I.D. 3726
 Age 34/M
 Date 11-03-2023

Rate 114bpm
 R.P. 130/80

Bruce
 Stage 1
 TOTAL TIME 2:55
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ
 Speed 2.7 km/hr
 SLOPE 10 %

LINKED MEDIAN

Mag. X 2

V1

I
 1.3
 0.9

aVR
 -1.6
 -1.4

V1
 -0.4
 -0.5

V4
 4.3
 4.0

II
 1.9
 1.9

aVL
 0.3
 0.0

V2
 2.6
 1.9

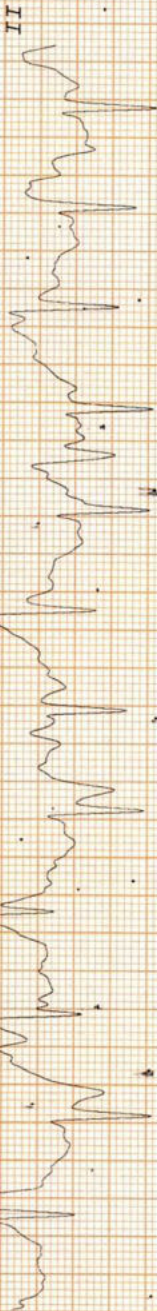
V5
 1.9
 2.4

III
 0.7
 1.0

aVF
 1.3
 1.4

V3
 4.0
 4.1

V6
 1.5
 2.1



-0.4
 -0.5



IPSC PAIN AND SPINE HOSPITAL

KAPIL SAINI

I.D. 3726

Age 34/M

Date 11-03-2023

RATE 174bpm

B.P. 150/90

Bruce

PK-EXERCISE

TOTAL TIME 7:38

PHASE TIME 1:38

ST @ 10mm/mV

80ms PostJ

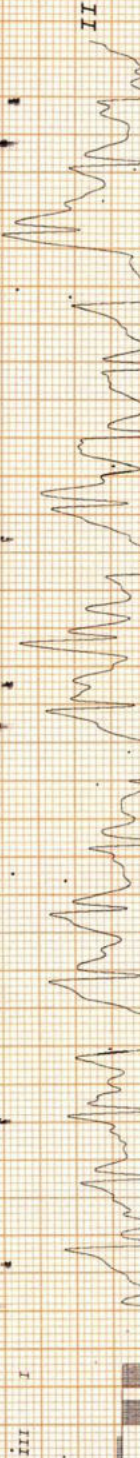
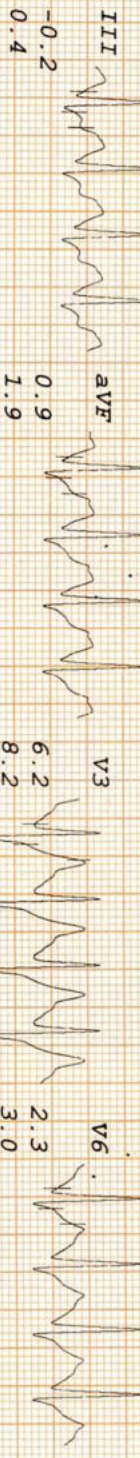
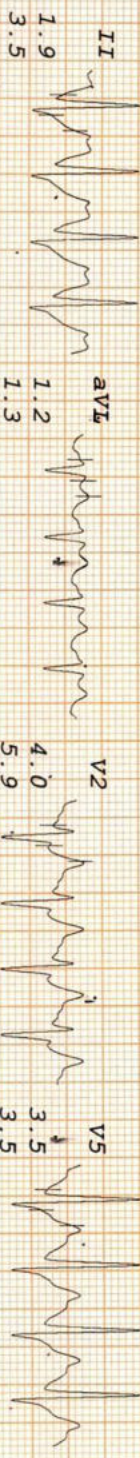
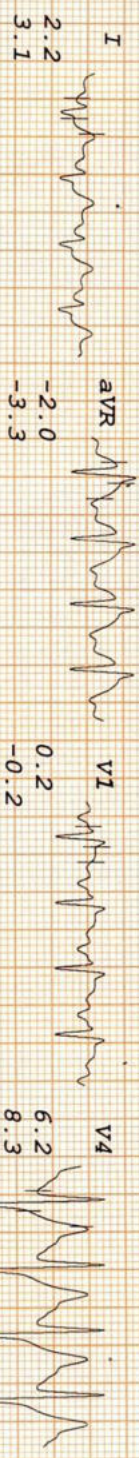
Speed 5.4 km/hr

SLOPE 14 %

LINKED MEDIAN

Mag. X 2

V1



IPSC PAIN AND SPINE HOSPITAL

KAPIL SAINI
 I.D. 3726
 Age 34/M
 Date 11-03-2023.

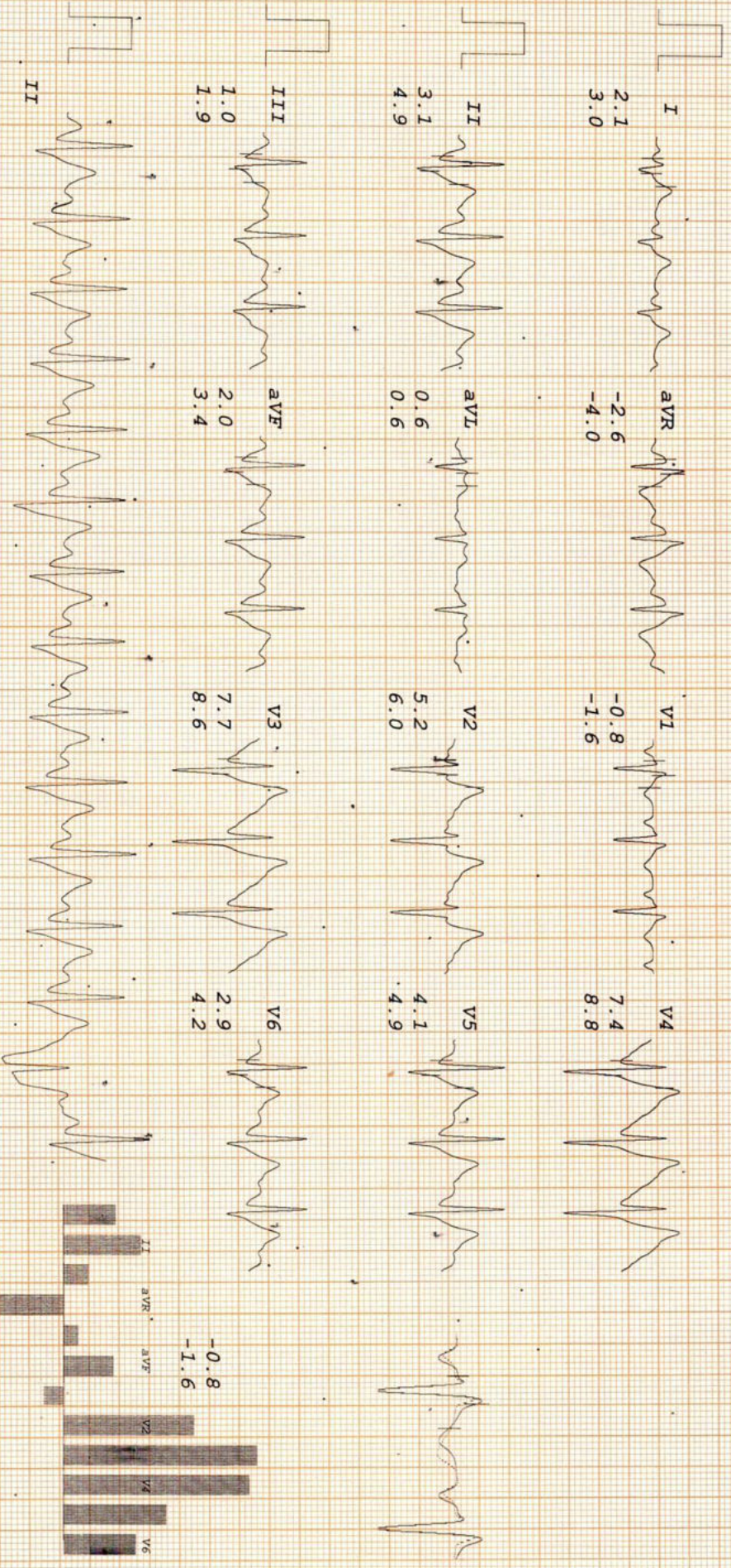
Rate 133bpm
 B.P. 140/90
 Bruce
 RECOVERY
 TOTAL TIME 8:48
 PHASE TIME 0:55

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2

V1



IPSC PAIN AND SPINE HOSPITAL

KAPIL SAINI
 I.D. 3726
 Age 34/M
 Date 11-03-2023

RATE 107bpm
 B.P. 140/90

Bruce
 RECOVERY
 TOTAL TIME 9:48
 PHASE TIME 1:55

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2

V1

I 1.5
 1.4
 aVR -2.5
 -3.1

V1 -0.6
 -1.6

V4 6.1
 7.3

II 3.5
 4.8
 aVL -0.2
 -0.9

V2 4.6
 3.1

V5 3.2
 4.1

III 2.0
 3.3
 aVF 2.7
 4.0

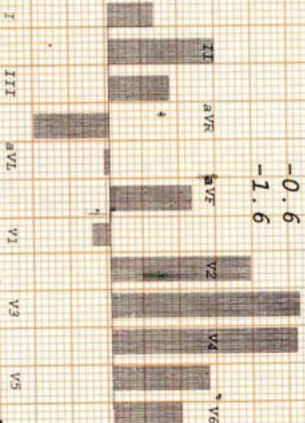
V3 6.2
 7.2

V6 2.3
 3.3

II

V1

V4



IPSC PAIN AND SPINE HOSPITAL

KAPIL SAINI
 I.D. 3726
 Age 34/M
 Date 11-03-2023

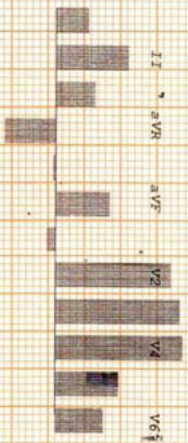
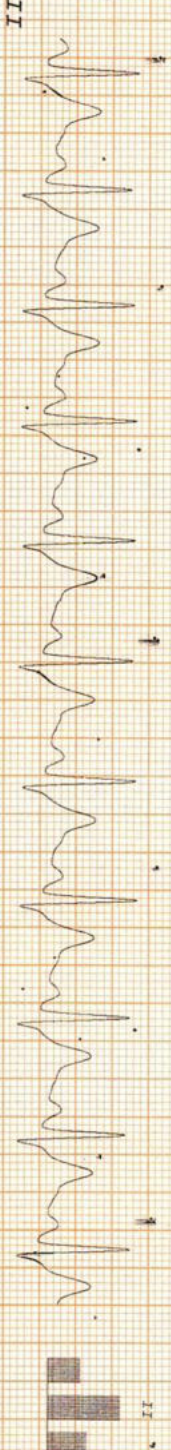
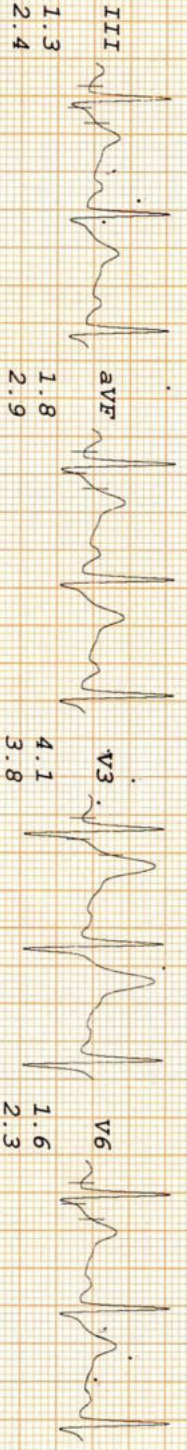
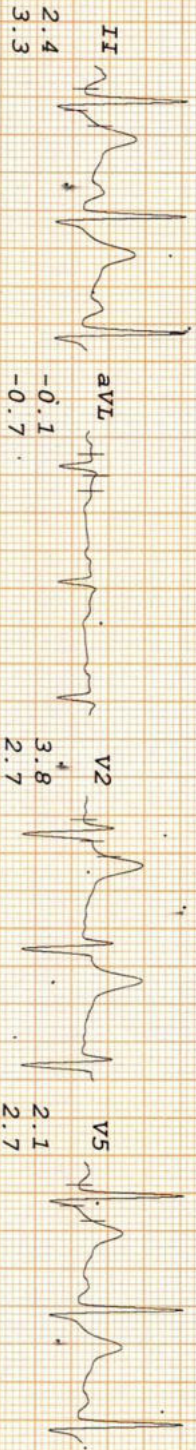
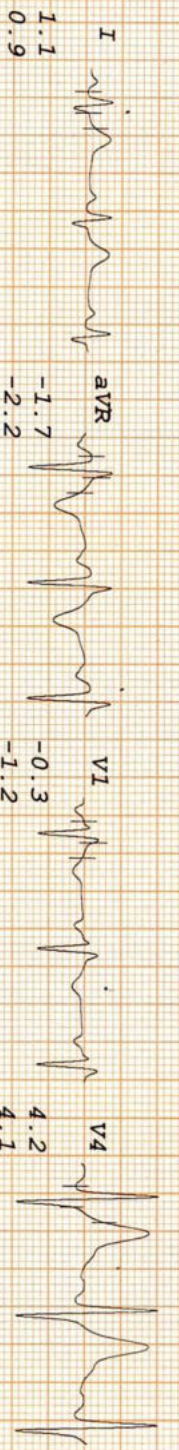
Rate 99bpm
 B.P. 130/80
 Bruce
 RECOVERY
 TOTAL TIME 10:48
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2

V1



IPSC PAIN AND SPINE HOSPITAL

KAPIL SAINI
I.D. 3726
Age 34/M
Date 11-03-2023

RATE 96bpm
B.P. 120/80

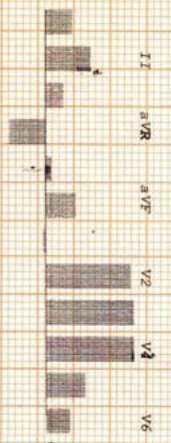
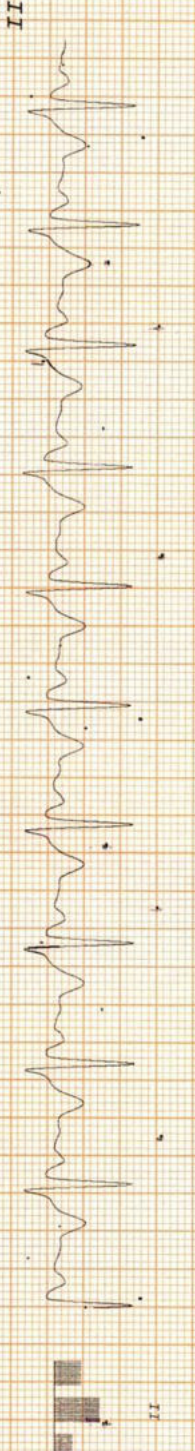
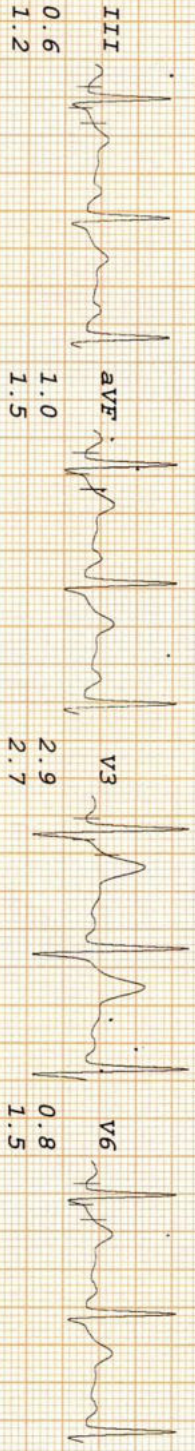
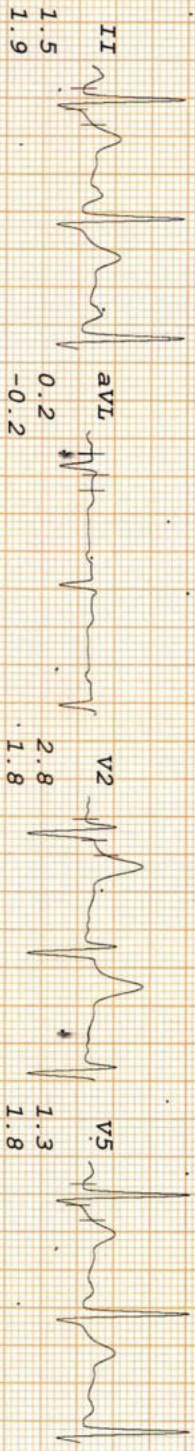
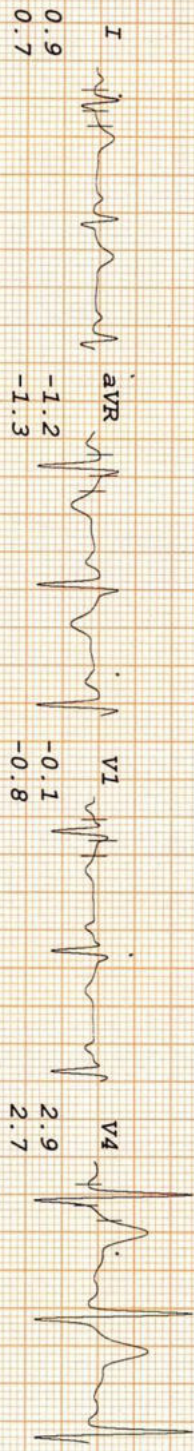
Bruce
RECOVERY
TOTAL TIME 11:48
PHASE TIME 3:55

ST @ 10mm/mV
80ms PostT

LINKED MEDIAN

Mag. X 2

V1



IPSC PAIN AND SPINE HOSPITAL

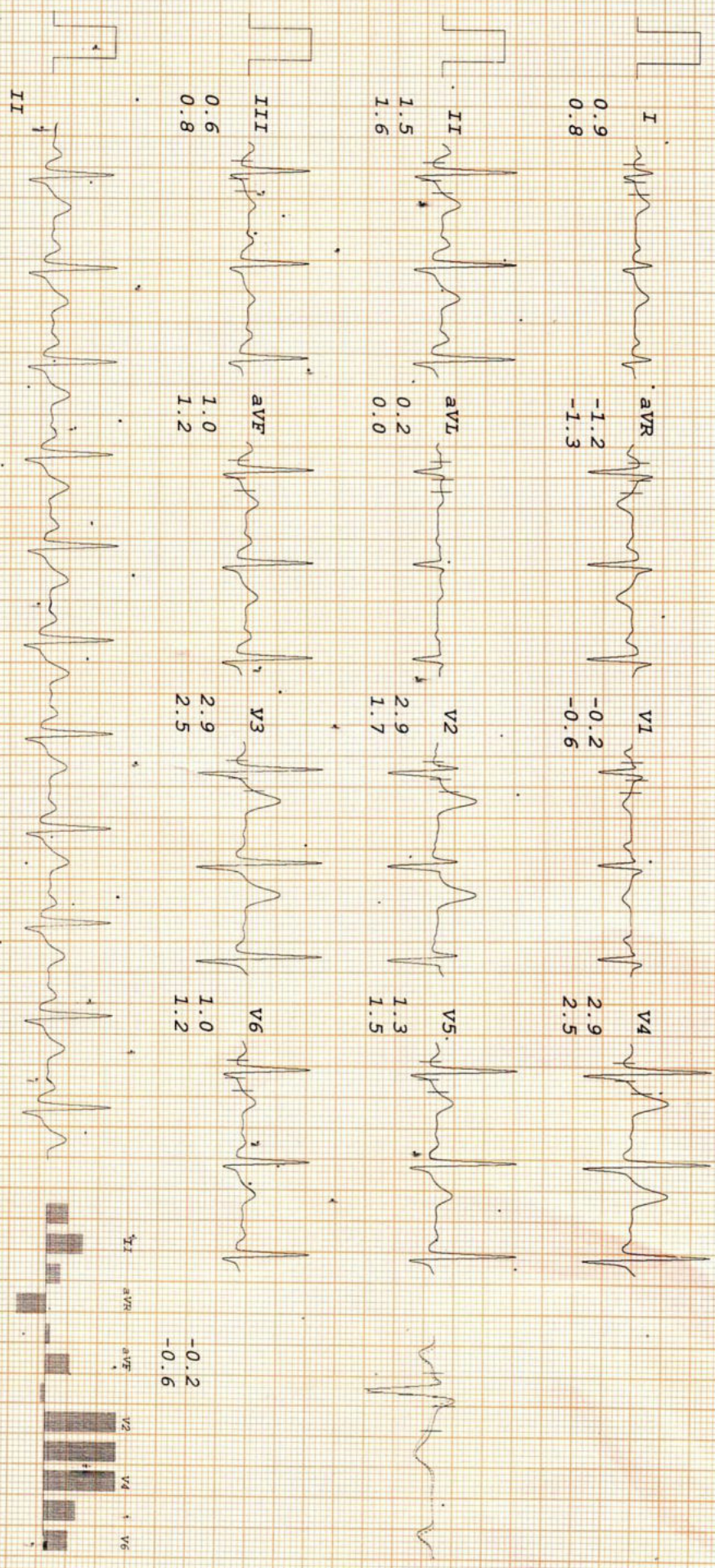
KAPIL SAINI
 I.D. 3726
 Age 34/M
 Date 11-03-2023

Rate 101bpm
 B.P. 120/80
 Bruce
 RECOVERY
 TOTAL TIME 12:48
 PHASE TIME 4:55

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2





Radiology No.	: 7267/OPDPB22DL	Date	: 11-Mar-2023
Patient Name	: Mr. KAPIL SAINI	Age/Sex	: 34Y
Guardian Name	:	UHID No.	: 6783/UHID22DL
Consultant	: Dr. INSURANCE	Mobile No.	: 9034803150

ULTRASOUND OF WHOLE ABDOMAN

The liver is normal in size contour and echotexture. Intrahepatic bile ducts and CBD are not dilated. Hepatic portal veins and the IVC appear normal in caliber.

Gall bladder is adequately distended with normal intraluminal fluid contents. No evidence of calculus / wall thickness noted.

Pancreas is of normal size and contour with normal echotexture.

Right kidney is normal in size and position .It shows normal movements with respiration. Cortical thickness is normal .

No calculus, mass or hydronephrotic changes seen.

Right kidney measures- 10.13x3.52cm

Renal artery pulsation appear normal.

Left kidney is normal in size and position .It shows normal movements with respiration. Cortical thickness is normal .

No calculus, mass or hydronephrotic changes seen.

Left kidney measures- 9.98x5.61cm

Renal artery pulsation appear normal.

Dr. Harshita Surange
MBBS, DMRD (RADIODIAGNOSIS)
DIPLOMA IN MSK, UCAM (Spain)
Reg. No. MCI/16522, DMC/18402



BOOK APPOINTMENT





Radiology No. : 7267/OPDPB22DL
Patient Name : **Mr. KAPIL SAINI**
Guardian Name :
Consultant : Dr. INSURANCE

Date : 11-Mar-2023
Age/Sex : 34Y
UHID No. : 6783/UHID22DL
Mobile No. : **9034803150**

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

No evidence of retro-peritoneal lymphadenopathy/ ascites/ pleural effusion noted.

Urinary bladder does not show any calculus or mass lesion. No significant wall thickening noted.

Prostate is of normal size for age with regular contours and normal echo-texture. It measures 28x29x32mm which is equal to 14.63gms.

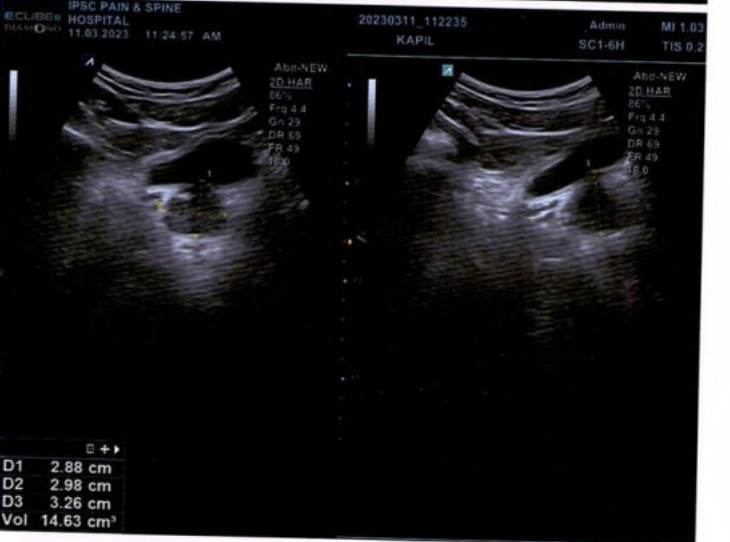
Impression : Essentially Normal Scan.

Dr. Harshita Surange
MBBS, DMRD (RADIODIAGNOSIS)
DIPLOMA IN MSK, UCAM (Spain)
Reg. No. MCI/16522, DMC/18402



BOOK APPOINTMENT





mr kapil saini
Male 34Years
Req. No. :

HR : 85 bpm
P : 108 ms
PR : 142 ms
QRS : 88 ms
QT/QTcBz : 332/395 ms
P/QRST : 50/56/26 °
RV5/SV1 : 1300/0.771 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:

