



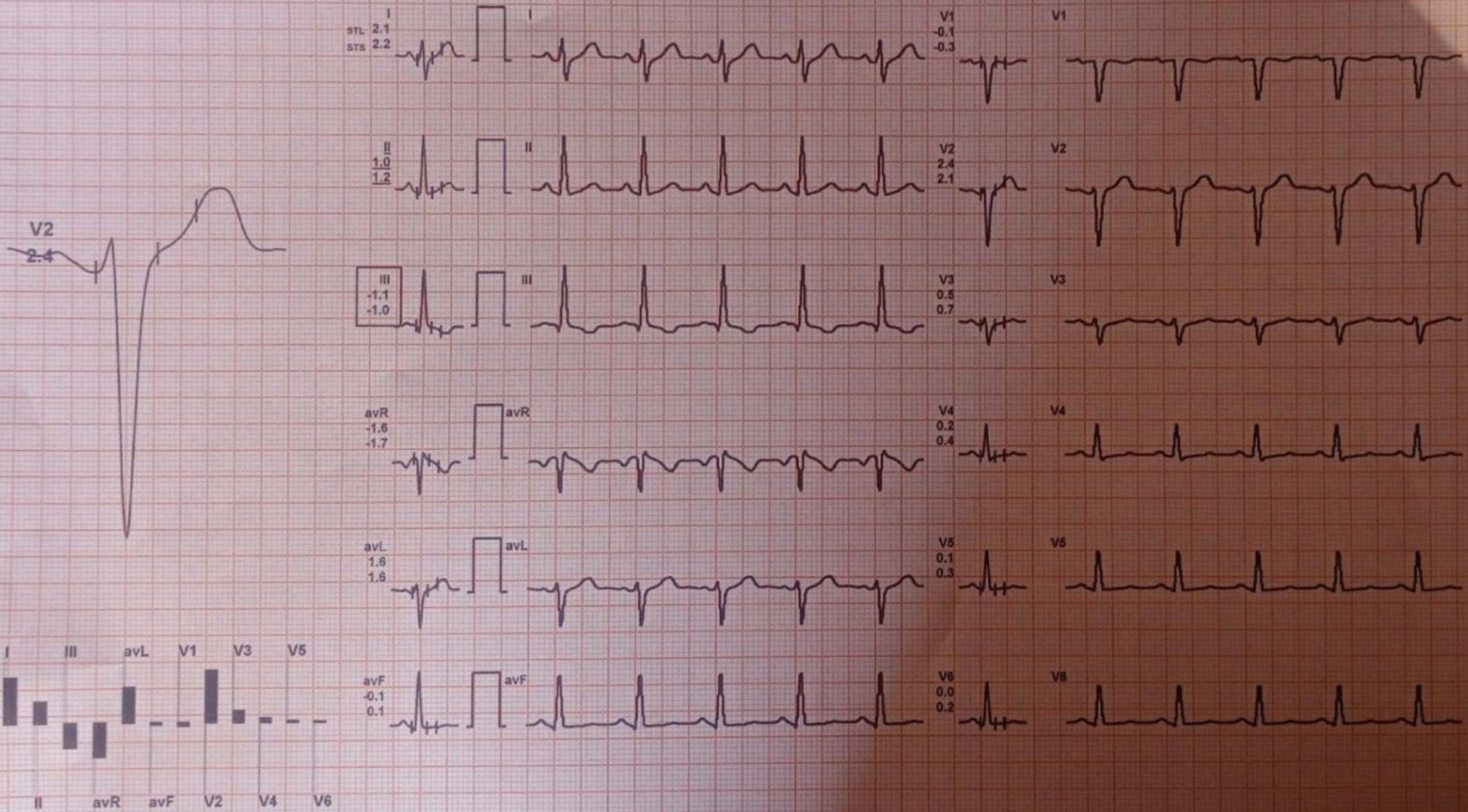
367 / MR KARAN SINGH KEER / 38 Yrs / M / 170 Cms / 67 Kg / HR : 99

Date: 10-Dec-2022 02:34:48 PM METS: 1.0/ 99 bpm 54% of THR BP: --- mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

ExTime: 00:00 0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



367 / MR KARAN SINGH KEER / 38 Yrs / M / 170 Cms / 67 Kg Date: 10-Dec-2022

Report :

TEST OBJECTIVE	:	SCREENING FOR CAD
RISK FACTOR	:	NONE
ACTIVITY	:	INACTIVE
MEDICATION	:	NONE
BRIEF HISTORY	:	NONE
OTHER INVESTIGATION	:	X-RAY CHEST
REASON FOR TERMINATION	:	HEART RATE ACHIEVED
EXERCISE TOLERANCE	:	FAIR
EXERCISE INDUCED ARRHYTHMIAS	:	NO
HAEMODYNAMIC RESPONSE	:	NORMAL
CHRONOTROPIC RESPONSE	:	NORMAL
FINAL IMPRESSION	:	STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHAEMIC HEART DISEASE

Doctor : DR. ZEESHAN AHMED

MICRO MED CHARTS



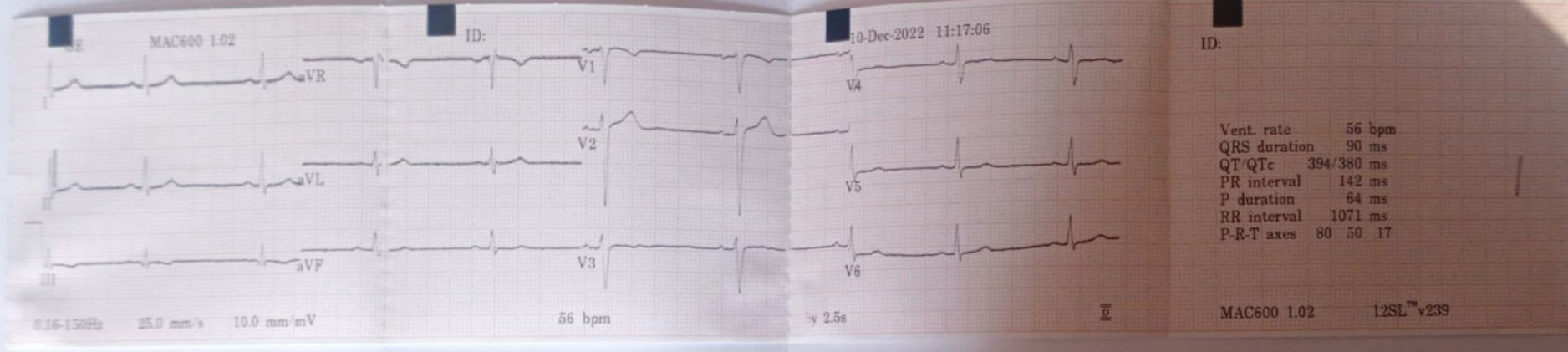
367 / MR KARAN SINGH KEER / 38 Yrs / M / 170 Cms / 67 Kg Date: 10-Dec-2022

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:14	0:14	00.0	00.0	01.0	099	54 %	---/---	000	00	
Standing	00:34	0:20	00.0	00.0	01.0	105	58 %	130/90	136	00	
ExStart	00:44	0:10	00.0	00.0	01.0	097	53 %	130/90	126	00	
BRUCE Stage 1	03:44	3:00	01.7	10.0	04.7	151	83 %	140/90	211	00	
BRUCE Stage 2	06:44	3:00	02.5	12.0	07.1	161	88 %	160/90	257	00	
PeakEx	06:49	0:05	01.1	00.0	07.2	162	89 %	160/90	259	00	
Recovery	07:49	1:00	00.0	00.0	01.1	147	81 %	150/90	220	00	
Recovery	08:49	2:00	00.0	00.0	01.0	120	66 %	140/90	168	00	
Recovery	09:49	3:00	00.0	00.0	01.0	107	59 %	130/90	139	00	
Recovery	10:07	3:19	00.0	00.0	01.0	111	61 %	130/90	144	00	

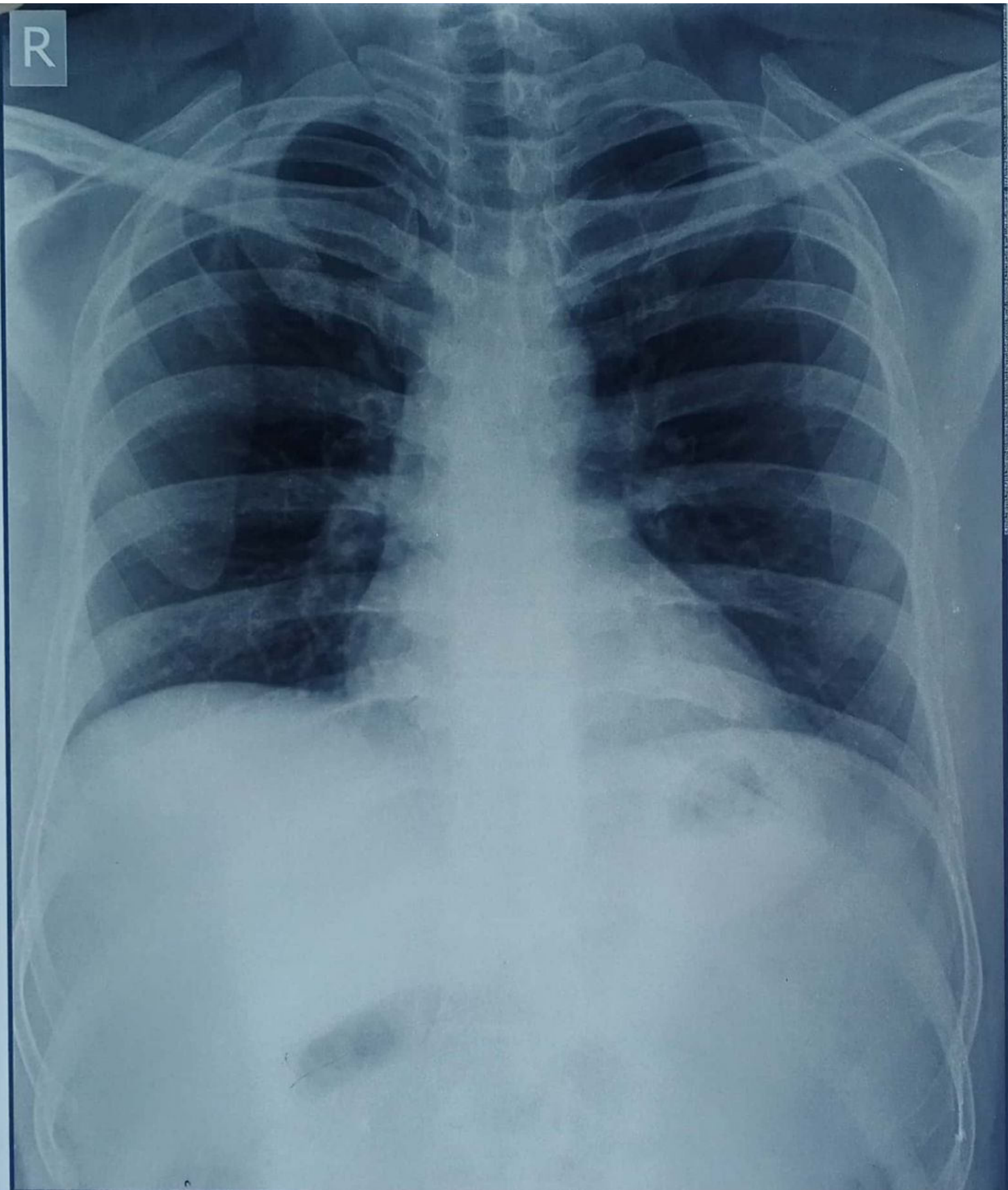
Findings :

Exercise Time : 06:05
 Max HR Attained : 162 bpm 89% of Target 182
 Max BP Attained : (Sys) 160/90
 Max WorkLoad Attained : 7.2 Fair response to induced stress
 Test End Reasons : Heart Rate Acheived, Heart Rate Acheived

Doctor : DR. ZEESHAN AHMED



R



MR KARAN SINGH KEER 38Y/M

PA Chest

10/12/2022 11:12:46

ALEXIS HOSPITAL BHOPAL M.P



ALEXIS

HOSPITAL BHOPAL



DEPARTMENT OF PATHOLOGY

Patient Name : MR. KARAN KEER
 Registration No. : AH-A-002335
 Lab No : 6
 Age & Sex : 39 Years / Male
 Referring Doctor :
 Report Status : Final

Date : 10/12/2022 12:01PM
 Registration Date/Time :
 Accession Date/Time : 10/12/2022 12:50PM
 Report Date/Time : 10/12/2022 05:16PM
 Print Date/Time : 10/12/2022 5:19 pm

TEST(S)	RESULT(S)	UNITS	BIOLOGICAL REFERENCE RANGE
BLOOD GROUP & RH FACTOR			
SAMPLE TYPE: EDTA WB METHOD: Slide and Tube m			
Blood Group	: 'A' Positive		
CBC/ESR			
SAMPLE TYPE: WHOLE BLOOD EDTA METHOD:			
Result	: 9	mm/hour	0-9
COMPLETE BLOOD COUNT (CBC)			
SAMPLE TYPE: WHOLE BLOOD EDTA METHOD: 5 part fully aut			
R.B.C. Count	: 4.73	10 ⁶ /mm ³	4.5-5.5
Haemoglobin	: 13.4	g/dl	14.0-17.4
PCV	: 41.2	%	42-52
MCV	: 87.1	fl	84-96
MCH	: 28.2	pg	28-34
MCHC	: 32.5	g/dL	32-36
RDW-CV	: 11.9	%	11.5-14.5
MPV	: 11.3	fl	7.4-10.4
Total WBC Count	: 5900	/cmm	4000-11000
Platelet count	: 2.00	/cmm	1.50-4.50
Neutrophils	: 58	%	50-80
Lymphocytes	: 36	%	25-45
Monocytes	: 03	%	3-7
Eosinophils	: 03	%	0-3
Basophils	: 00	%	00-01



***** End Of Report *****

Technician

Dr. NIPUN MADHAV
 MBBS, M.D. (Pathology)
 Reg. No. MP-18747

Subject of following conditions - The science of pathological diagnosis is based on interpretation of immunobiochemical ELISA, RIA and other reactions which are influenced by several factors. Assays are performed in accordance with standard procedures. The reported results are dependent on individual assay methods, equipment, specificity, sensitivity, drug interaction and the quality of the specimen (at sample receiver). The most sophisticated computerized blood analyzer techniques are subject to uncommensurable variations. Results of test vary from laboratory to laboratory and also in some parameters from time to time for the same patients. So the final diagnosis, conclusion should not be drawn from these test only hence kindly correlate clinically. Advised follow up. The laboratory investigations should always be interpreted in the light of clinical features and other related investigations. Subject to corrections of typing / printing / humanly mistakes. Should the result indicate an unexpected abnormality, reconfirmation shall be sought. This report is not valid for



ALEXIS

HOSPITAL BHOPAL



DEPARTMENT OF PATHOLOGY

Patient Name : MR. KARAN KEER
 Registration No. : AH-A-002335
 Lab No : 6
 Age & Sex : 39 Years / Male
 Referring Doctor :
 Report Status : Final

Date :
 Registration Date/Time : 10/12/2022 12:01PM
 Accession Date/Time : 10/12/2022 12:50PM
 Report Date/Time : 10/12/2022 05:33PM
 Print Date/Time : 10/12/2022 5:40 pm

TEST(S)	RESULT(S)	UNITS	BIOLOGICAL REFERENCE RANGE
FBS SAMPLE TYPE : WHOLE BLOOD FLUORIDE F METHOD : Hexokinase Enzym	Result : 122.78	mg/dl	70-100
HbA1C SAMPLE TYPE : WHOLE BLOOD EDTA M METHOD : Immunoturbidim	Glycosylated Haemoglobin % (Hb A1c) : 6.1	%	4.8-5.9
	Mean Plasma Glucose (MPG) : 128.37		
PPBS SAMPLE TYPE : WHOLE BLOOD FLUORIDE PP METHOD : Hexokinase Enzym	Result : 160.3	mg/dl	70-140
T3 T4 TSH SAMPLE TYPE : SERUM METHOD : ECL	TRI-iodothyronine (T3) : 1.58	ng/mL	0.83-2.00
	THYROXINE (T4) : 11.41	ug/dL	5.13-14.1
	THYROID STIMULATING HORMONE TSH : 3.81	µIU/ml	0.27-4.2
PSA SAMPLE TYPE : SERUM METHOD : ECL	Result : 2.79	ng/mL	< 4.0



***** End Of Report *****

Technician

Dr. NIPUN MADHAV
 MBBS, M.D. (Pathology)
 Reg. No. MP-18747

Subject of following conditions :- The science of pathological diagnosis is based on interpretation of immunobiochemical ELISA, RIA and other reactions which are influenced by several factors. Assays are performed in accordance with standard procedures. The reported results are dependent on individual assay methods, equipment, specificity, sensitivity, drug interaction and the quality of the specimen (s) sample receiver. The most sophisticated computerized blood analyzer techniques are subject to uncountable variations. Results of test vary from laboratory to laboratory and also in some parameters from time to time for the same patients. So the final diagnosis, conclusion should not be draw from these test only hence kindly correlate clinically. Advised follow up. The laboratory investigations should always be interpreted in the light of clinical features and other related investigations. Subject to corrections of typing / printing / humanly mistakes. Should the result indicate an unexpected abnormality, reconfirmation shall be sought. This report is not valid for



ALEXIS

HOSPITAL BHOPAL



DEPARTMENT OF PATHOLOGY

Patient Name : MR. KARAN KEER
 Registration No. : AH-A-002335
 Lab No : 6
 Age & Sex : 39 Years / Male
 Referring Doctor :
 Report Status : Final

Date : _____
 Registration Date/Time : 10/12/2022 12:01PM
 Accession Date/Time : 10/12/2022 12:50PM
 Report Date/Time : 10/12/2022 05:42PM
 Print Date/Time : 10/12/2022 5:45 pm

TEST(S)	RESULT(S)	UNITS	BIOLOGICAL REFERENCE RANGE
LFT SAMPLE TYPE : SERUM METHOD :			
Bilirubin- Total	: 0.76	mg/dL	0.15-1.1
Bilirubin- Direct	: 0.17	mg/dL	0-0.2
Bilirubin- Indirect	: 0.59		
SGOT	: 32.8	U/L	05-50
SGPT	: 26.9	U/L	07-40
Alkaline Phosphatase	: 90.1	U/L	5-128
RFT SAMPLE TYPE : SERUM METHOD :			
BLOOD UREA	: 30.27	mg/dL	20-45
SERUM CREATININE	: 0.77	mg/dL	0.67-1.20
SODIUM	: 136.2	mmol/L	135-149
POTASSIUM	: 4.1	mmol/L	3.5-5.5
TOTAL PROTEIN SAMPLE TYPE : SERUM METHOD : BIURET method			
Total Serum Proteins	: 7.31	gm/dL	6.4-8.3
Serum Albumin	: 3.91	GM/DL	3.2-4.5
Serum Globulin	: 3.4	gm/dL	1.9-3.5
A/G Ratio	: 1.15		1.2 - 1.5



***** End Of Report *****

Technician

Dr. NIPUN MADHAV
 MBBS, M.D. (Pathology)
 Reg. No. MP-18747

Subject of following conditions :- The science of pathological diagnosis is based on interpretation of immunobiochemical ELISA, RIA and other reactions which are influenced by several factors. Assays are performed in accordance with standard procedure. The reported results are dependent on individual assay methods, equipment, specificity, sensitivity, drug interaction and the quality of the specimen (s) samples received. The most sophisticated computerized blood analyser techniques are subject to unaccountable variations. Results of test vary from laboratory to laboratory and also in some parameters from time to time for the same patients. So the final diagnosis, conclusion should not be draw from these test only hence kindly correlate clinically. Advised follow up. The laboratory investigations should always be interpreted in the light of clinical features and other related investigations. Subject to corrections of typing / printing / humanly mistakes. Should the result indicate an unexpected abnormality, reconfirmation shall be sought. This report is not valid for



ALEXIS

HOSPITAL BHOPAL



DEPARTMENT OF PATHOLOGY

Patient Name : MR. KARAN KEER
 Registration No. : AH-A-002335
 Lab No : 6
 Age & Sex : 39 Years / Male
 Referring Doctor :
 Report Status : Final

Date :
 Registration Date/Time : 10/12/2022 12:01PM
 Accession Date/Time : 10/12/2022 12:50PM
 Report Date/Time : 10/12/2022 06:48PM
 Print Date/Time : 10/12/2022 5:47 pm

TEST(S)

LIPID PROFILE

SAMPLE TYPE: SERUM
METHOD:

S.Cholesterol

: 174.71 mg/dL

No risk < 200 mg/dl Moderate risk 200 - 239 mg/dl High risk >240 mg/dl Upto 150

S.Triglycerides

: 126.94 mg/dl

HDL Cholesterol

: 38.9 mg/dl

Major risk < 40 mg/dl Negative risk > 60 mg/dl Optimum < 100 mg/dl Near/above optimum 100 - 129 mg/dl Boderline high 130 - 159 mg/dl High 160 - 189 mg/dl

LDL Cholesterol

: 110.422 mg/dl

Very high > 190 mg/dl Upto 30

VLDL Cholesterol

: 25.368 mg/dl

S.Cholesterol/HDL Ratio

: 4.4913

4.4-11

URIC ACID

SAMPLE TYPE: SERUM
METHOD: Uricase POB Est

Result

: 6.52 mg/dL

3.4-7.0



***** End Of Report *****

Technician

Dr.NIPUN MADHAV
 MBBS, M.D. (Pathology)
 Reg. No. MP-18747

Subject of following conditions - The science of pathological diagnosis is based on interpretation of immunobiochemical ELISA, RIA and other reactions which are influenced by several factors. Assays are performed in accordance with standard procedures. The reported results are dependent on individual assay methods, equipment, specificity, sensitivity, drug interference and the quality of the specimen(s) samples received. The latest sophisticated computerized blood analyzer techniques are subject to unaccountable variations. Results of test vary from laboratory to laboratory and also in some parameters from time to time for the same patients. So the final diagnosis, conclusion should not be draw from these test only twice. Kindly consult doctor. Adviced follow up. The laboratory investigations should always be interpreted in the light of clinical features and other related investigations. Subject to corrections of typing / printing / humanly mistakes. Should the result indicate an unexpected abnormality, reconfirmation shall be sought. This report is not valid for



ALEXIS

HOSPITAL BHOPAL



DEPARTMENT OF PATHOLOGY

Patient Name : MR. KARAN KEER
 Registration No. : AH-A-002335
 Lab No : 6
 Age & Sex : 39 Years / Male
 Referring Doctor :
 Report Status : Final

Date :
 Registration Date/Time : 10/12/2022 12:01PM
 Accession Date/Time : 10/12/2022 12:50PM
 Report Date/Time : 10/12/2022 05:48PM
 Print Date/Time : 10/12/2022 5:48 pm

TEST(S)

URINE R/M
 SAMPLE TYPE : URINE
 METHOD : Multistix

BIOLOGICAL REFERENCE RANGE

Colour	: Pale Yellow	Clear
Quantity	: 15	
Appearance	: Clear	Clear
Specific gravity	: 1.020	1.005 - 1.030
Reaction (PH)	: 6.0	5.0 - 9.0
Albumin	: Negative	Negative
Sugar	: Negative	Negative
Ketone Bodies	: Negative	Negative
Bile Salts	: Negative	Negative
Bile Pigments	: Negative	Negative
Bilirubin	: Negative	Negative
Blood	: Negative	Negative
Nitrate	: Negative	Negative
PUS Cells	: 2-3	0 - 2 /hpf
RBC	: Not Detected	Not Detected
Epithelial Cells	: 1-2	0 - 2 /hpf
Casts	: Not Detected	Not Detected
Crystals	: Not Detected	
Bacteria	: Not Detected	Not Detected



***** End Of Report *****

Technician

Dr. NIPUN MADHAV
 MBBS, M.D. (Pathology)
 Reg. No. MP-18747

Subject of following conditions :- The science of pathological diagnosis is based on interpretation of immunobiochemical ELISA, RIA and other reactions which are influenced by several factors. Assays are performed in accordance with standard procedures. The reported results are dependent on individual assay methods, equipment, specificity, sensitivity, drug interaction and the quality of the specimen (s) samples received. The most sophisticated computerised blood analyzer techniques are subject to unaccountable variations. Results of test vary from laboratory to laboratory and also in some parameters from time to time for the same patients. So the final diagnosis, conclusion should not be drawn from these test only hence kindly correlate clinically. Advised follow up. The laboratory investigations should always be interpreted in the light of clinical features and other related investigations. Subject to corrections of typing / printing / humanly mistakes. Should the result indicate an unexpected abnormality, reconfirmation shall be sought. This report is not valid for