

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



General Physical Examination

Date of Examination: 10-10-2022

Name: Gudab chand Age: 57 DOB: 15-05-65 Sex: Male

Referred By: BOB (Mediowheel)

Photo ID: Emp ID ID #: attached

Ht: 166 (cm) Wt: 77 (Kg)

Chest (Expiration): 96 (cm) Abdomen Circumference: 95 (cm)

Blood Pressure: 140/88 mm Hg PR: 71 /min RR: 16 /min Temp: Afebrile

BMI 27.3

Eye Examination: Dist vision 6/6 (BIL eyes), Near vision M/G
with specs, No color blindness

Other: Not significant

On examination he/she appears physically and mentally fit: Yes / No

Signature Of Examinee : 

Name of Examinee: Dr. Piyush Goyal


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

Signature Medical Examiner : _____

Name Medical Examiner _____

कर्मचारी कूट क्र 51258
Employee Code No.

बैंक ऑफ बड़ोदा
भारत सरकार का उपक्रम
Bank of Baroda
A Government of India Undertaking



नाम
Name **GULAB CHAND**

जारी करने की तारीख
Date of Issue **14.01.2004**

पदनाम
Designation **HEAD CASHIER**

हस्ताक्षर
Signature of Holder

जारीकर्ता अधिकारी
Issuing Authority

महाप्रबन्धक
General Manager

CC S SR

(Handwritten signature)

Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
RMC Reg. No. -017936

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Date :- 09/10/2022 09:44:50

Patient ID :- 12222735

NAME :- Mr. GULAB CHAND

Ref. By Dr:- BOB

Sex / Age :- Male 57 Yrs 4 Mon 27 Days

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA

Sample Collected Time 09/10/2022 09:50:54

Final Authentication : 09/10/2022 14:06 03

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGE ABOVE 40MALE			
HAEMOGARAM			
HAEMOGLOBIN (Hb)	14.7	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	6.21	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	53.9	%	40.0 - 80.0
LYMPHOCYTE	40.0	%	20.0 - 40.0
EOSINOPHIL	2.1	%	1.0 - 6.0
MONOCYTE	3.8	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	3.35	10 ³ /uL	1.50 - 7.00
LYMPH#	2.56	10 ³ /uL	1.00 - 3.70
EO#	0.06	10 ³ /uL	0.00 - 0.40
MONO#	0.23	10 ³ /uL	0.00 - 0.70
BASO#	0.01	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	5.04	x10 ⁶ /uL	4.50 - 5.50
HEMATOCRIT (HCT)	41.60	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	82.5 L	fL	83.0 - 101.0
MEAN CORP HB (MCH)	29.2	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	34.5	g/dL	31.5 - 34.5
PLATELET COUNT	260	x10 ³ /uL	150 - 410
RDW-CV	14.0	%	11.6 - 14.0
MENTZER INDEX	16.37		

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.

AJAYSINGH
Technologist

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	22 H	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 " $\times > 100$ value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia (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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Sample Type :- EDTA, KOx/Na FLUORIDE-F, K₂Na₂FCO₃ETP Re URINE 09/10/2022 09:50:54 Final Authentication : 09/10/2022 16:28:38

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BLOOD GROUP ABO "O" POSITIVE

BLOOD GROUP ABO Methodology : Haemagglutination reaction **Kit Name :** Monoclonal agglutinating antibodies (Span clone).

FASTING BLOOD SUGAR (Plasma) **159.3** H mg/dl 75.0 - 115.0
 Method:- GOD PAP

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) **294.2** H mg/dl 70.0 - 140.0
 Method:- GOD PAP

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.

URINE SUGAR (FASTING) Nil Nil
 Collected Sample Received

AJAYSINGH, KAUSHAL, MKSHARMA, VIJENDRAMEENA
Technologist
DR. HANSA
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 (D.M.R.D.)
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Sample Type :- PLAIN/SERUM Sample Collected Time 09/10/2022 09:50:54 Final Authentication : 09/10/2022 12:23:22

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	231.90 H	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	128.02	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	37.15	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	173.41 H	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	25.60	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	6.24 H		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	4.67 H		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	671.88	mg/dl	400.00 - 1000.00
<p>TOTAL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.</p> <p>TRIGLYCERIDES InstrumentName:Randox 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.</p> <p>DIRECT HDL CHOLESTEROL InstrumentName:Randox 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.</p> <p>DIRECT LDL-CHOLESTEROL InstrumentName:Randox 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.</p> <p>TOTAL LIPID AND VLDL ARE CALCULATED</p>			

MKSHARMA

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Sample Collected Time 09/10/2022 09:50:54

Final Authentication : 09/10/2022 12:23:22

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.67	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)
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.22	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.45	mg/dl	0.30-0.70
SGOT Method:- IFCC	18.3	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	16.9	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	97.10	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	40.10	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	6.92	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.49	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.43	gm/dl	2.20 - 3.50
A/G RATIO	1.85		1.30 - 2.50

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

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Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 09/10/2022 09:50:54

Final Authentication : 09/10/2022 12:23:22

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM CREATININE Method:- Colorimetric Method	1.02	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	5.14	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

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Sample Type :- PLAIN/SERUM

Sample Collected Time 09/10/2022 09:50:54

Final Authentication : 09/10/2022 12:23:22

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	17.4	mg/dl	0.0 - 23.0

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Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 09/10/2022 09:50:54

Final Authentication : 09/10/2022 14:06:03

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
GLYCOSYLATED HEMOGLOBIN (HbA1C) Method:- HPLC	8.0	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 glycosylated 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

183 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 :- URINE

Sample Collected Time 09/10/2022 09:50:54

Final Authentication : 09/10/2022 12:44:41

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
PHYSICAL EXAMINATION			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
CHEMICAL EXAMINATION			
REACTION(PH)	5.5		5.0 - 7.5
SPECIFIC GRAVITY	1.015		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE
MICROSCOPY EXAMINATION			
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

VIJENDRAMEENA

Technologist

DR.HANSA

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Sample Type :- PLAIN/SERUM Sample Collected Time 09/10/2022 09:50:54 Final Authentication : 09/10/2022 12:39:59

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.260	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	7.820	ug/dl	5.530 - 11.000
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	4.100	μIU/mL	0.550 - 4.780

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.

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.

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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IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL PSA Method:- Chemiluminescence	2.940	ng/ml	0.000 - 4.000

InstrumentName: ADVIA CENTAUR CP **Interpretation :** Elevated serum PSA concentrations are found in men with prostate cancer, benign prostatic hypertrophy (BHP) or inflammatory conditions of other adjacent genitourinary tissues, but not in apparently healthy men or in men with cancers other than prostate cancer. PSA has been demonstrated to be an accurate marker for monitoring advancing clinical stage in untreated patients and for monitoring response to therapy by radical prostatectomy, radiation therapy and anti-androgen therapy. PSA is also important in determining the potential and actual effectiveness of surgery or other therapies. Progressive disease is defined by an increase of at least 25%. Sampling should be repeated within two to four weeks for additional evidence. Different assay methods cannot be used interchangeably.

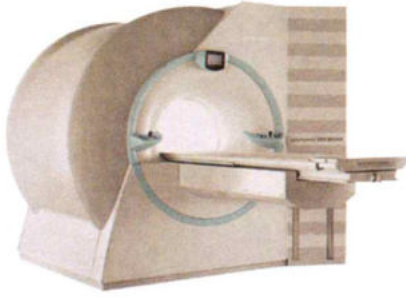
*** End of Report ***

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Path Lab & Imaging Centre

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



NAME:	MR. GULAB CHAND	AGE	57 YRS/M
REF.BY	BOB	DATE	09/10/2022

CHEST X RAY (PA VIEW)

Bilateral lung fields appear clear.

Bilateral costo-phrenic angles appear clear.

Cardiothoracic ratio is normal.

Thoracic soft tissue and skeletal system appear unremarkable.

Soft tissue shadows appear normal.

NOTE:

- Mild unfolding of aorta is noted (age-related).

IMPRESSION: No significant abnormality is detected.

DR. SHALINI GOEL
M.B.B.S., D.N.B (Radiodiagnosis)
RMC No.: 21954

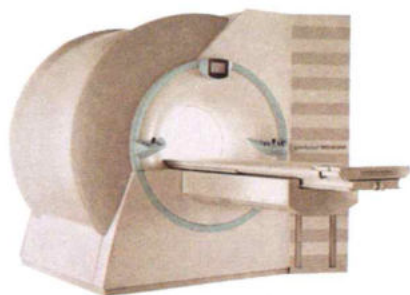
Dr. Piyush Goyal
M.B.B.S., D.M.R.D.
RMC Reg No. 017996

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

Dr. Ashish Choudhary
MBBS, MD (Radio Diagnosis)
Fetal Medicine Consultant
FMF ID - 260517 | RMC No 22430

Dr. Rathod Hetali Amrutlal
MBBS, M.D. (Radio-Diagnosis)
RMC No. 17163

Transcript by.



Dr. Goyal's

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Date :- 09/10/2022 09:44:50	Patient ID :- 12222735
NAME :- Mr. GULAB CHAND	Ref. By Doctor:-BOB
Sex / Age :- Male 57 Yrs 4 Mon 27 Days	Lab/Hosp :-
Company :- MediWheel	

Final Authentication : 09/10/2022 11:50:27

BOB PACKAGE ABOVE 40MALE

USG WHOLE ABDOMEN

Liver is mild enlarged in size (~ 14.4 cm) . Echo-texture is minimal bright 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. **Two echogenic foci with distal acoustic shadow measuring approx 8.5 mm & ~ 7.8 mm are seen in GB lumen.** 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. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

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

Pre void:- 191 ml post void:- 51 ml (Significant)

Prostate is moderate enlarged in size (~ 45 cc)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:

- *Mild hepatomegaly with early fatty changes.
- *Cholelithiasis.
- *Prostatomegaly Grade II with mild retention of urine.

Needs clinical correlation for further evaluation

Page No: 1 of 1

*** End of Report ***

GEETASAINI

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RMC Reg No. 017996

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RMC No. 32495



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Fetal Medicine Consultant
FMF ID - 260517 | RMC No 22430

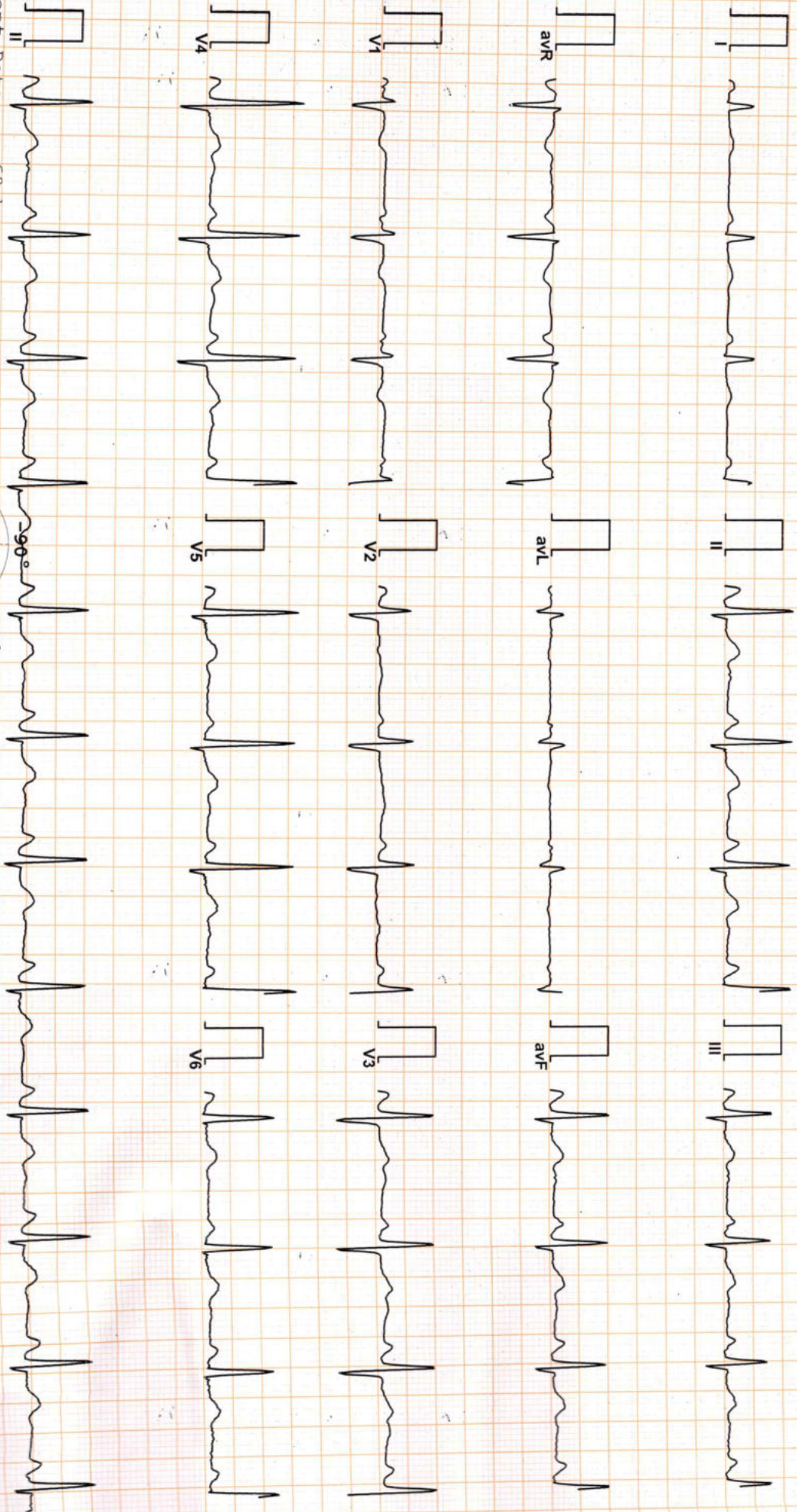
Dr. Rathod Hetali Amrutlal
MBBS, M.D. (Radio-Diagnosis)
RMC No. 17163

Transcript by.

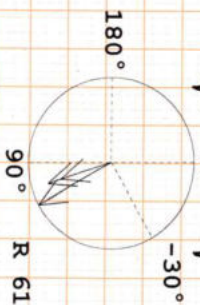
DR. GOYAL PATH LAB & IMAGING CENTER, JAIPUR

ECG

2455 / MR GULAB CHAND / 57 Yrs / M/ Non Smoker
Heart Rate : 69 bpm / Tested On : 09-Oct-22 15:58:31 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s
/ Refd By: BOB



Vent Rate : 69 bpm
PR Interval : 148 ms
QRS Duration : 88 ms
QT/QTc Int : 406/422 ms
P-QRS-T axis : 72.00 • 61.00 • 72.00 •



Allengers ECG (Piscas)(PIS218210312)

Dr. Naresh Kumar Motilanka
Axis
RMC No. 35703
MBBS DIP. CARDIO (ESCORTS)
D.E.M (RCGP-UK)

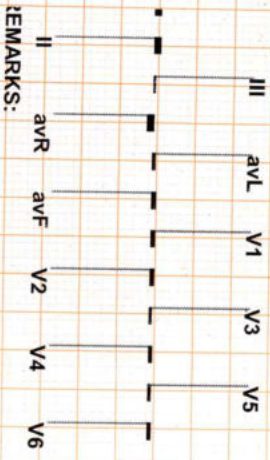
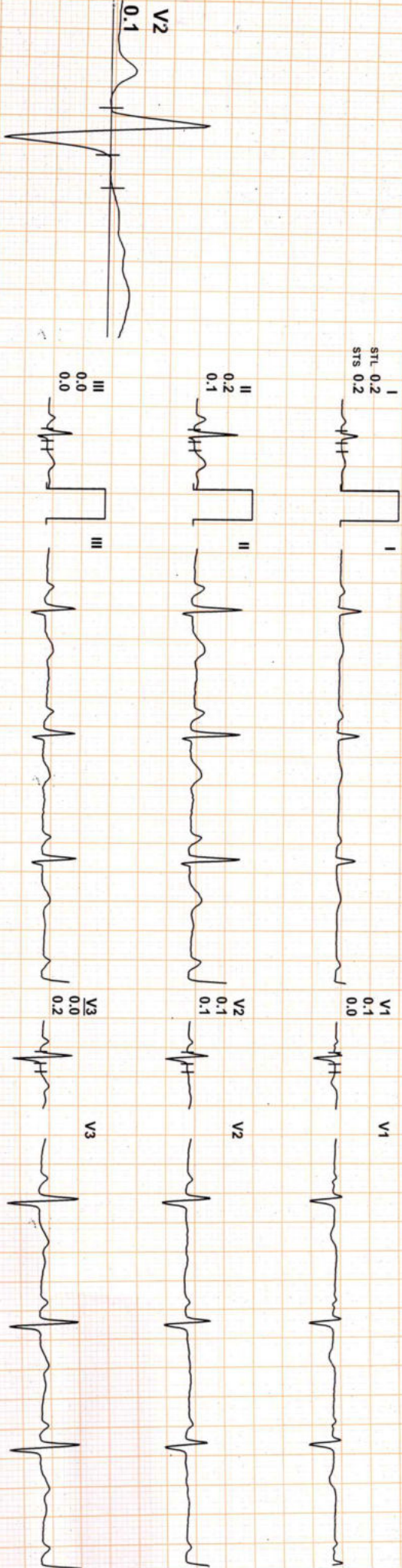
Reported By:

None

ate: 09 / 10 / 2022
IX 80 mS Post J

METS: 1.0/ 67 bpm 41% of THR BP: 126/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

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



REMARKS:

(ADX_GEM217220330)(R)Allergens

IR GULAB CHAND / 57 Yrs / M / 0 Cms / 0 Kg
ate: 09 / 10 / 2022 Refd By : BOB MEDIWHEEL Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
upline	00:27	0:27	01.1	00.0	01.0	067	41%	126/86	084	00	
tanding	01:11	0:44	01.1	00.0	01.0	083	51%	126/86	104	00	
V	01:25	0:14	01.1	00.0	01.0	079	48%	126/86	099	00	
xStart	02:23	0:58	01.1	00.0	01.0	096	59%	126/86	120	00	
RUCE Stage 1	05:23	3:00	01.7	10.0	04.7	124	76%	130/86	161	00	
RUCE Stage 2	08:23	3:00	02.5	12.0	07.1	142	87%	140/90	198	00	
eakEx	10:08	1:45	03.4	14.0	08.9	156	96%	150/90	233	00	
ecoverly	11:08	1:00	00.0	00.0	01.2	138	85%	150/90	207	00	
ecoverly	12:08	2:00	00.0	00.0	01.0	097	60%	140/90	135	00	
ecoverly	13:08	3:00	00.0	00.0	01.0	087	53%	130/86	113	00	
ecoverly	14:08	4:00	00.0	00.0	01.0	091	56%	126/86	114	00	
ecoverly	15:08	5:00	00.0	00.0	01.0	089	55%	126/86	112	00	
ecoverly	15:19	5:11	00.0	00.0	01.0	090	55%	126/86	113	00	

INDINGS :

Exercise Time : 07:45
 Max HR Attained : 156 bpm 96% of Target 163
 Max BP Attained : 150/90 (mm/Hg)
 Max Workload Attained : 8.9 Fair response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

Base line ECG shows
 WNL. There are s.
 mild ST T changes
 seen during exercise in infero
 lat leads which reverted to ba
 sic with 1 min of recovery
 again reappear
 during late
 recovery.

Dr. Nair
 MBBS, DIP. CARDIO (ESCORTS)
 RMC No. 35703
 DEM (PCGP-JK)

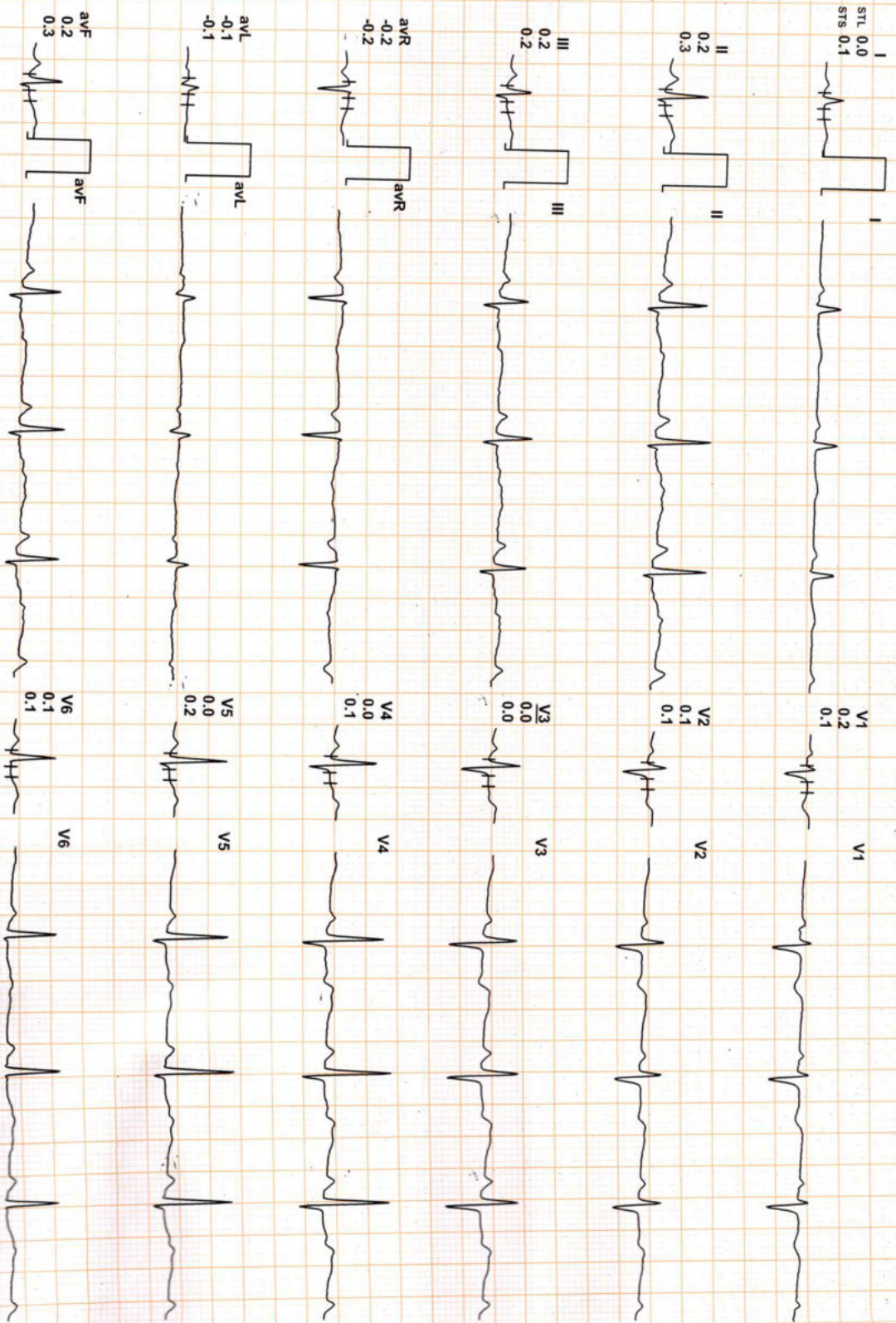
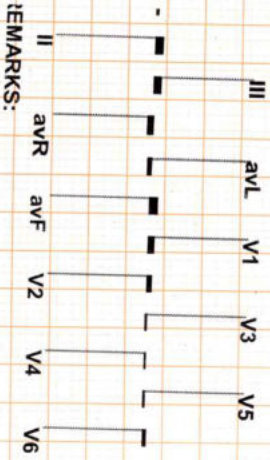
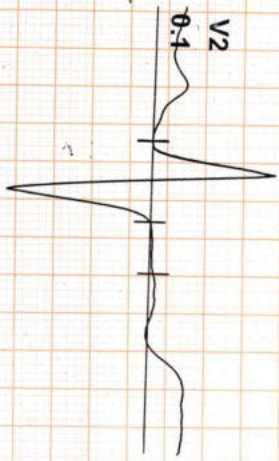
THAT is Problem. D. Dist



ate: 09 / 10 / 2022
IX 80 mS Post J

METS: 1.0/ 83 bpm 51% of THR BP: 126/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

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



REMARKS:

JR. GOYALS PATH LAB & IMAGING CENTER

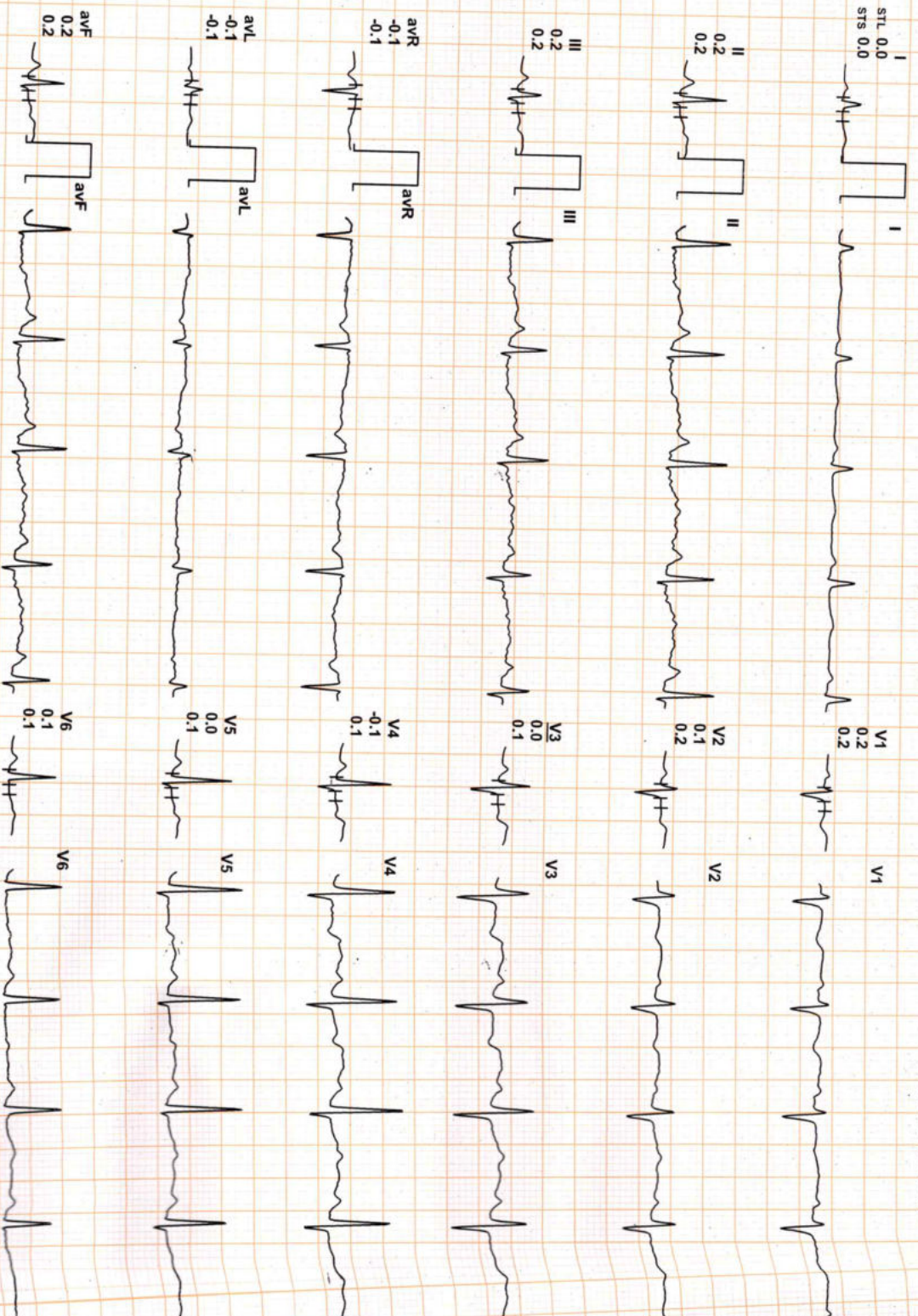
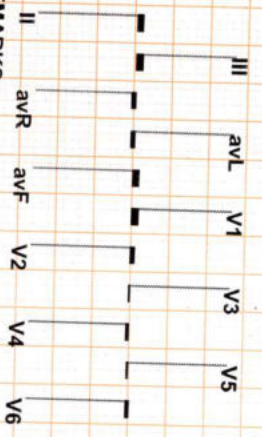
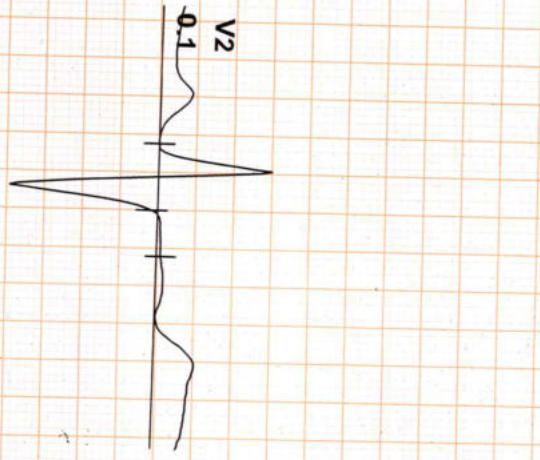
IR GULABB CHAND / 57 Yrs / M / 0 Cms / 0 Kg / HR : 79

BRUCE:HV(0:14)

IX 80 ms Post J

ate: 09 / 10 / 2022
 METS: 1.0 / 79 bpm 48% of THR BP: 126/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 1.1 mph 0.0%
 25 mm/Sec: 1.0 Cm/mv



REMARKS:

IR. GOYALS PATH LAB & IMAGING CENTER

IR GULABB CHAND / 57 Yrs / M / 0 Cms / 0 Kg / HR : 96

ate: 09 / 10 / 2022

METS: 1.0/ 96 bpm 59% of THR BP: 126/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

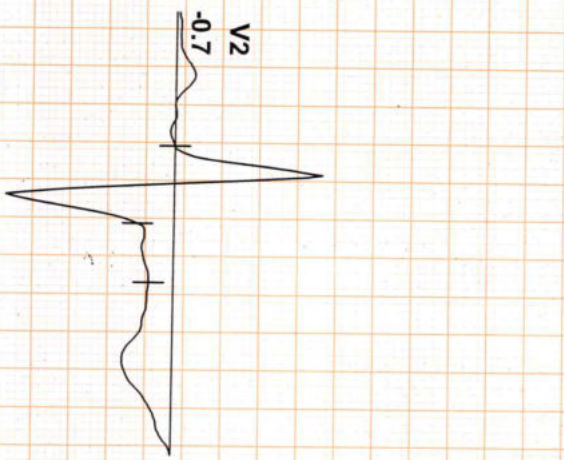
IX 80 mS Post J

ExStart



EXTime: 00:00 1.1 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV



I
STL -0.1
STB -0.1

II
-0.7
0.0

III
-0.6
0.0

aVR
0.4
0.1

aVL
0.2
-0.1

aVF
-0.6
0.0

V1
0.2
0.2

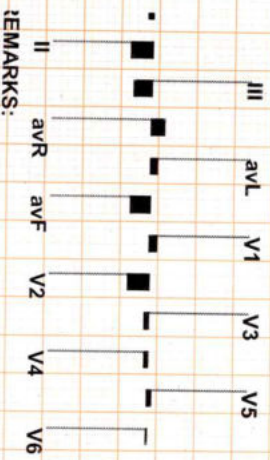
V2
-0.7
0.2

V3
-0.1
0.1

V4
-0.1
0.2

V5
0.1
0.2

V6
0.0
0.1



REMARKS:

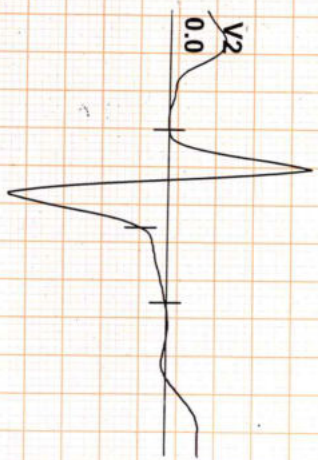
ate: 09 / 10 / 2022

METS: 4.7 / 124 bpm 76% of THR BP: 130/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 Hz

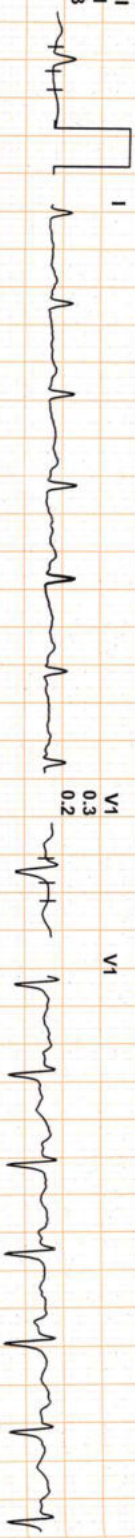
EXTime: 03:00 1.7 mph, 10.0%

IX 80 mS Post J

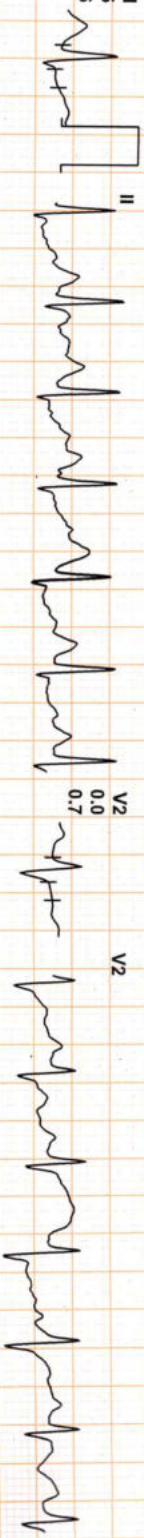
25 mm/Sec. 1.0 Cm/mV



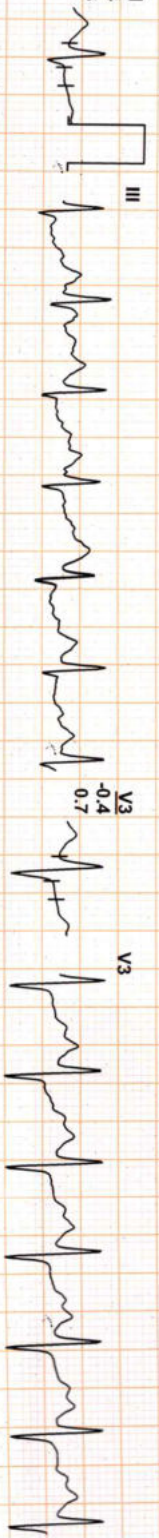
I
STL -0.1
STS 0.3



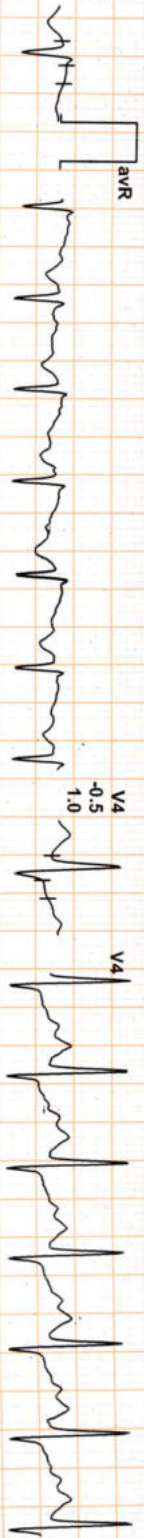
II
-0.5
0.6



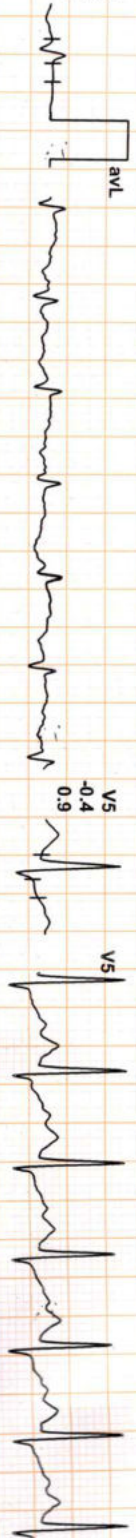
III
-0.4
0.3



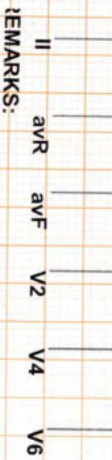
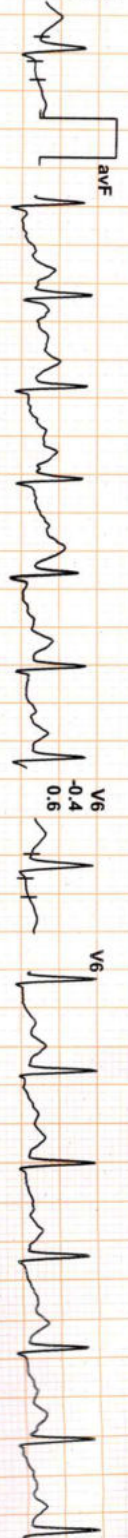
aVR
0.3
-0.4

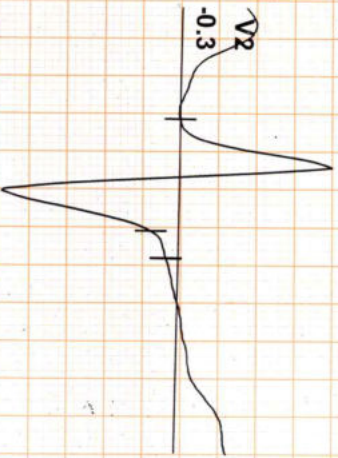


aVL
0.2
0.0



aVF
-0.5
0.4





I
STL -0.3
STS 0.2

II
-1.3
0.9

III
-1.0
0.7

aVR
0.8
-0.5

aVL
0.3
-0.3

aVF
-1.1
0.8

V1
0.4
0.4

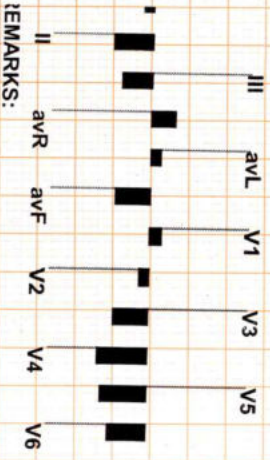
V2
-0.3
0.9

V3
-1.1
1.1

V4
-1.6
1.1

V5
-1.5
0.7

V6
-1.3
0.3



REMARKS:

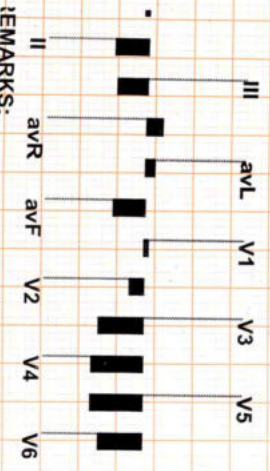
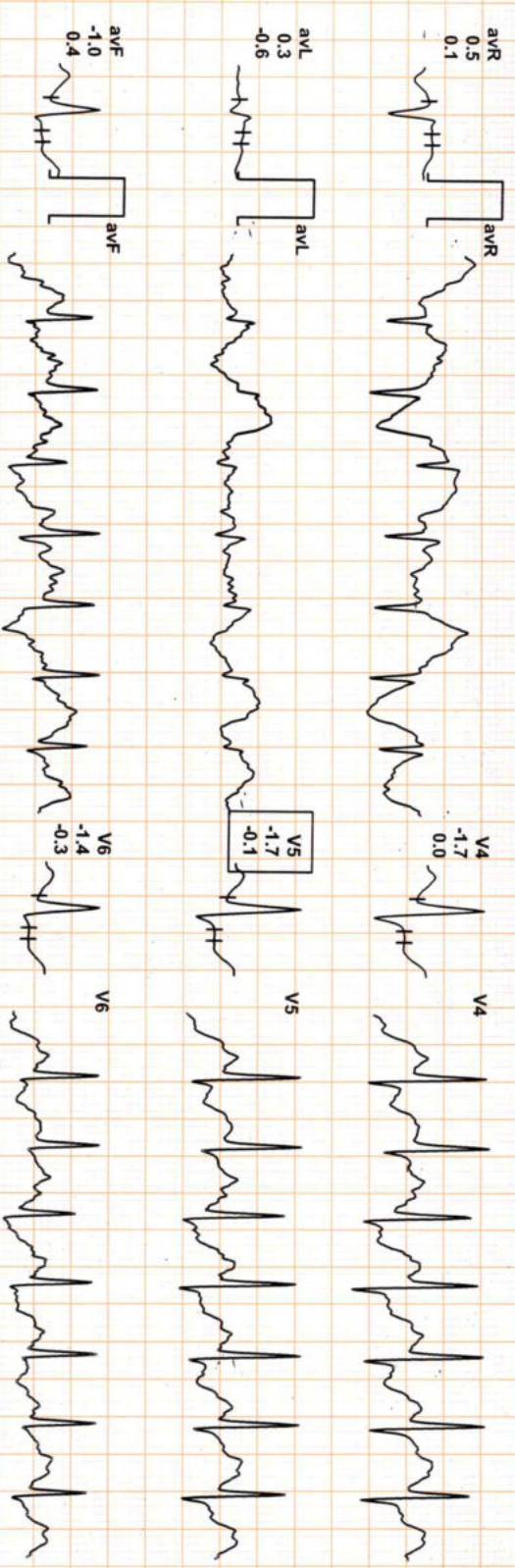
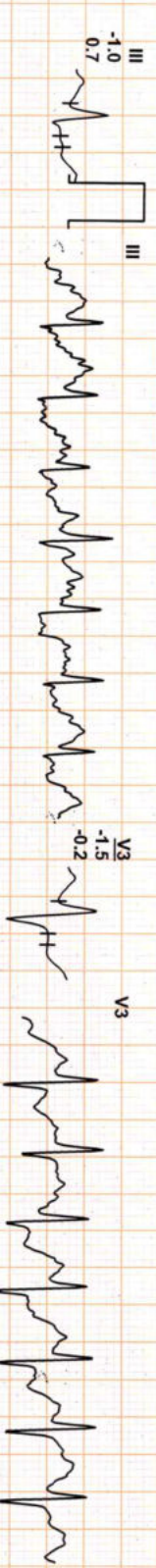
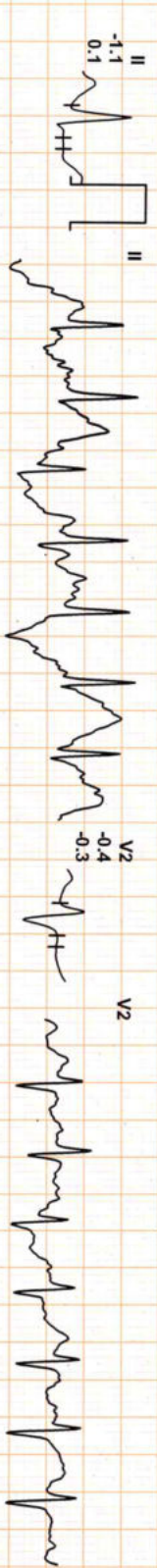
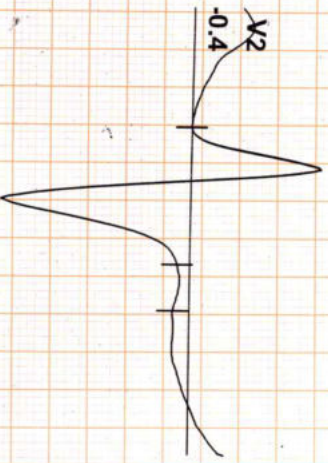
ate: 09 / 10 / 2022
IX 40 mS Post J

METS: 8.9 / 156 bpm 96% of THR BP: 150/90 mmHg

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

EXTime: 07:45 3.4 mph, 14.0%

25 mm/Sec. 1.0 Cm/mV



REMARKS:

IR. GOYALS PATH LAB & IMAGING CENTER

IR GULABB CHAND / 57 Yrs / M / 0 Cms / 0 Kg / HR : 138

ate: 09 / 10 / 2022

METS: 1.2/ 138 bpm 85% of THR BP: 150/90 mmHg

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

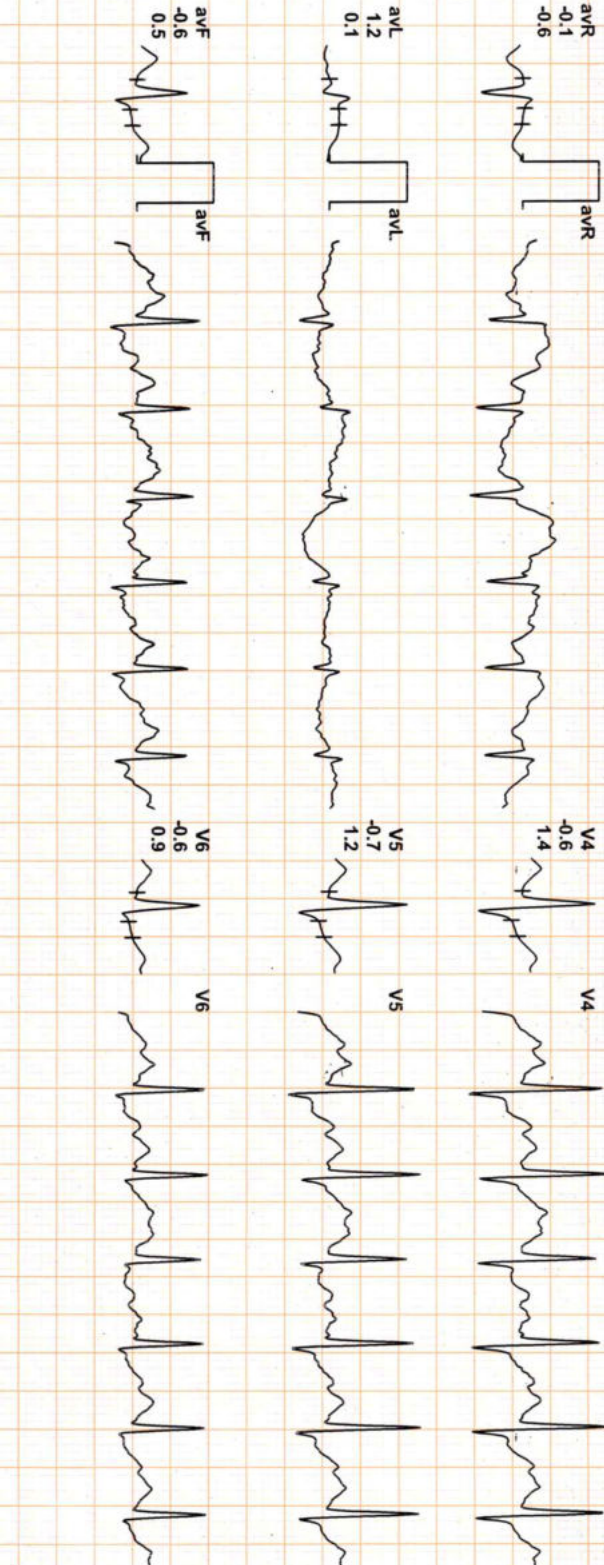
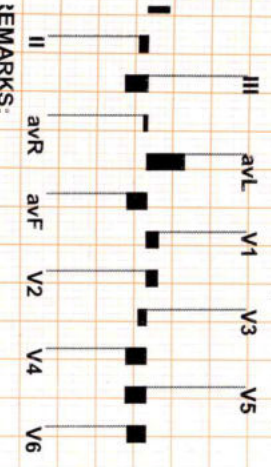
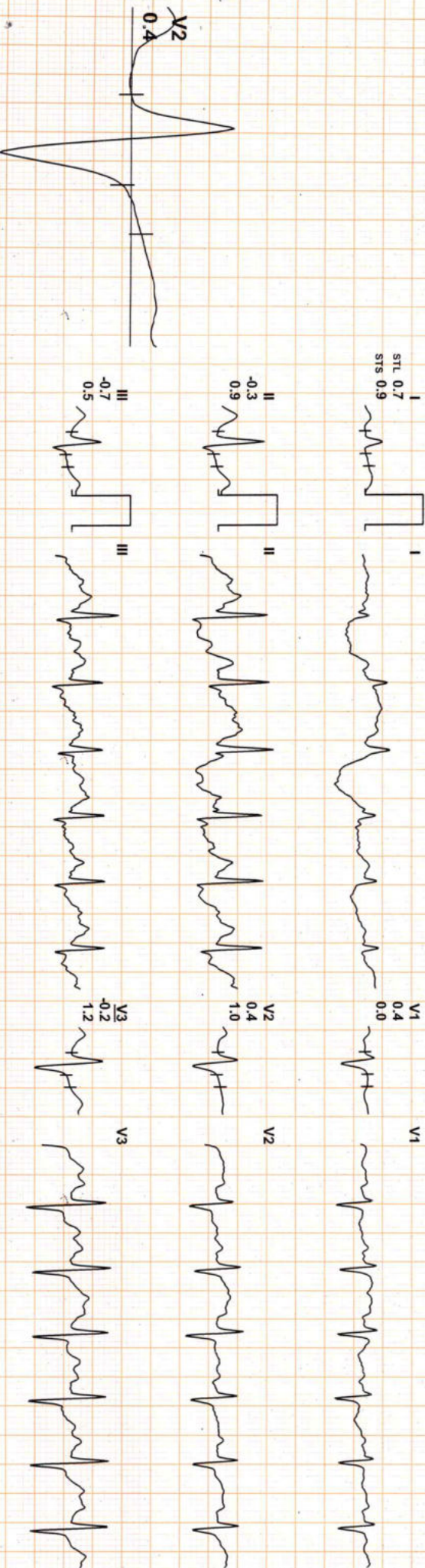
EXTime: 07:45 0.0 mph, 0.0%

Recovery(1:00)



IX 60 ms Post J

25 mm/Sec. 1.0 Cm/mV

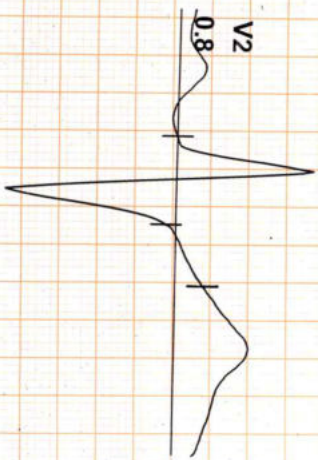


(ADX_GEM217220330)(R)Allengers

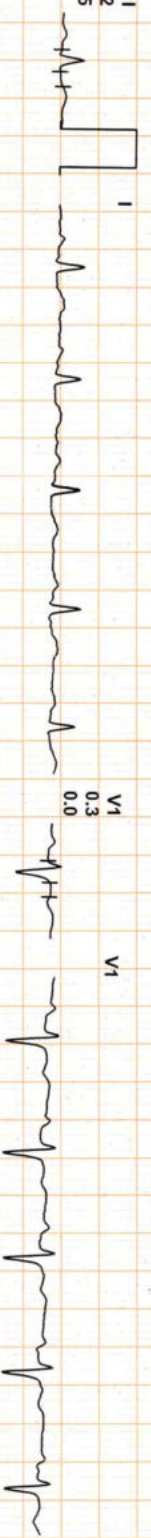
ate: 09 / 10 / 2022
IX 80 ms Post J

METS: 1.0/ 97 bpm 60% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LE 35 Hz

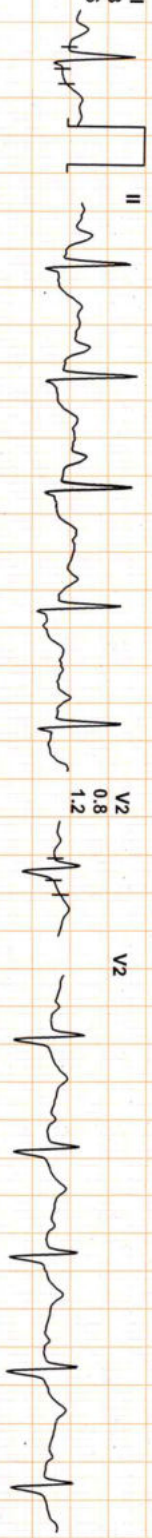
EXTime: 07:45 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



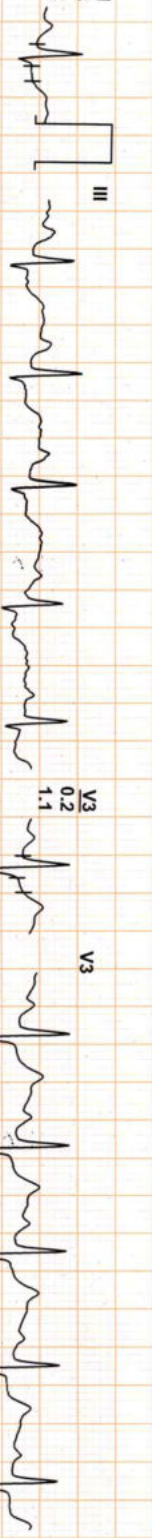
I
STL 0.2
STS 0.5



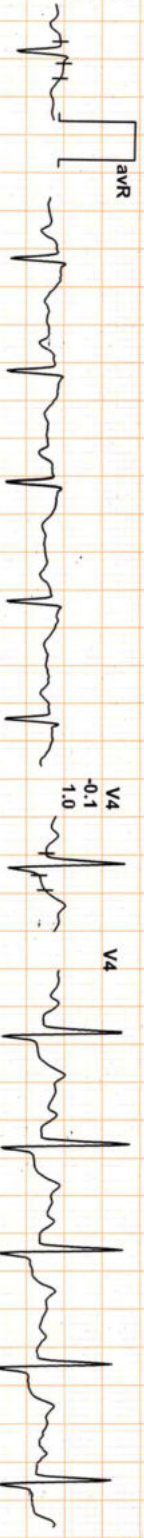
II
-0.3
0.6



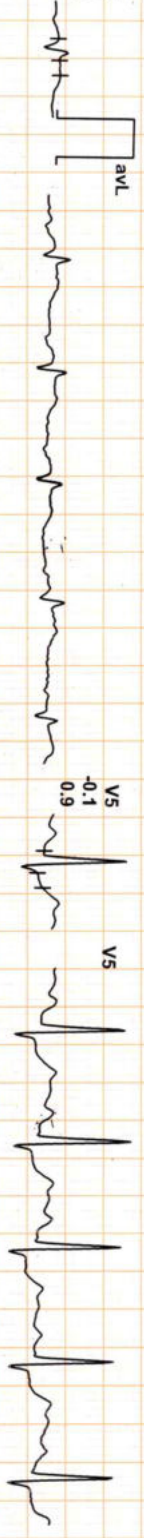
III
-0.5
0.2



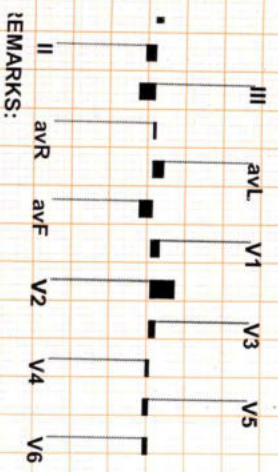
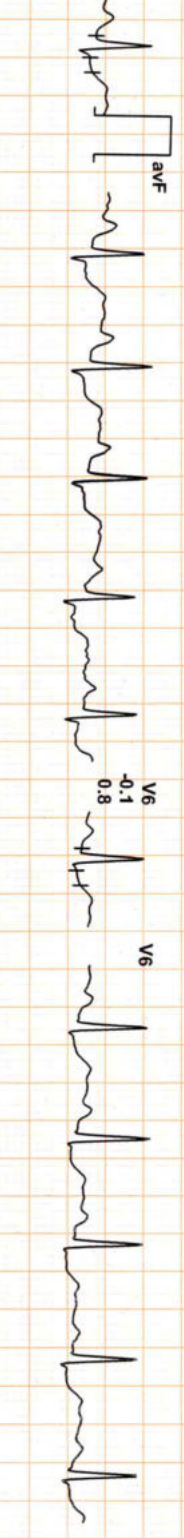
avR
0.1
-0.6



avL
0.3
0.2



avF
-0.4
0.4



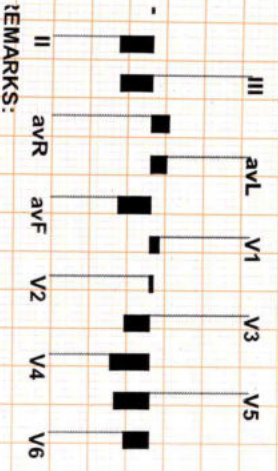
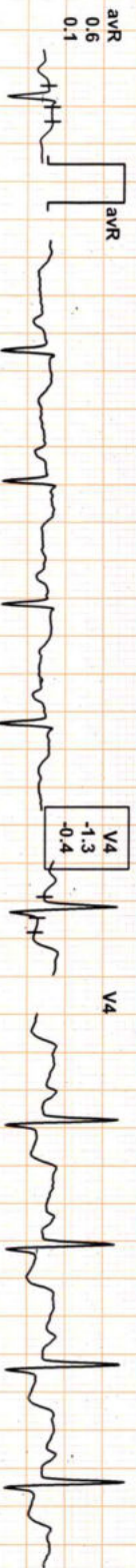
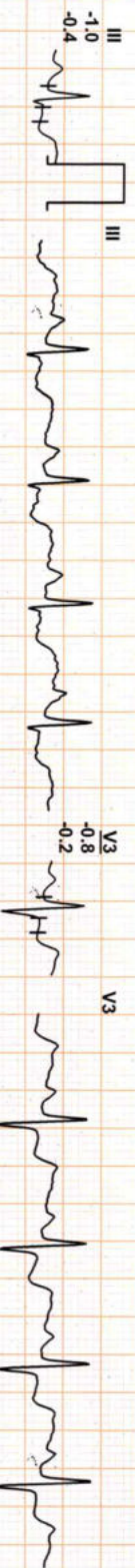
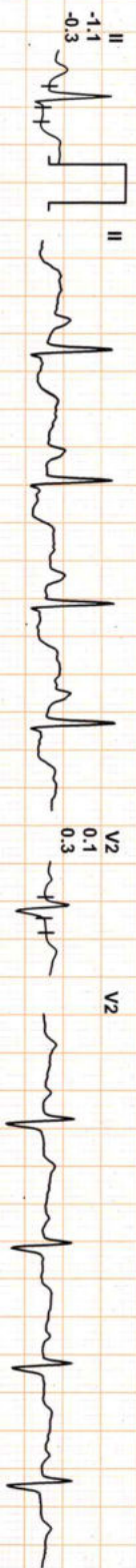
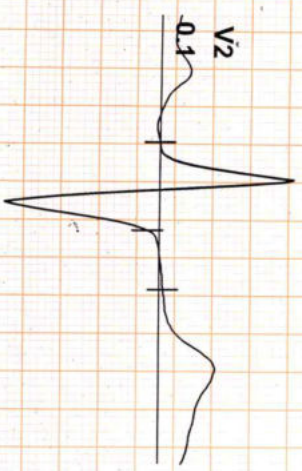
REMARKS:

ate: 09 / 10 / 2022

METS: 1.0/ 87 bpm 53% of THR BP: 130/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

IX 80 mS Post J

EXTime: 07:45 0.0 mph, 0.0% 25 mm/Sec. 1.0 Cm/mV



REMARKS:

IR GULABB CHAND / 57 Yrs / M / 0 Cms / 0 Kg / HR : 91

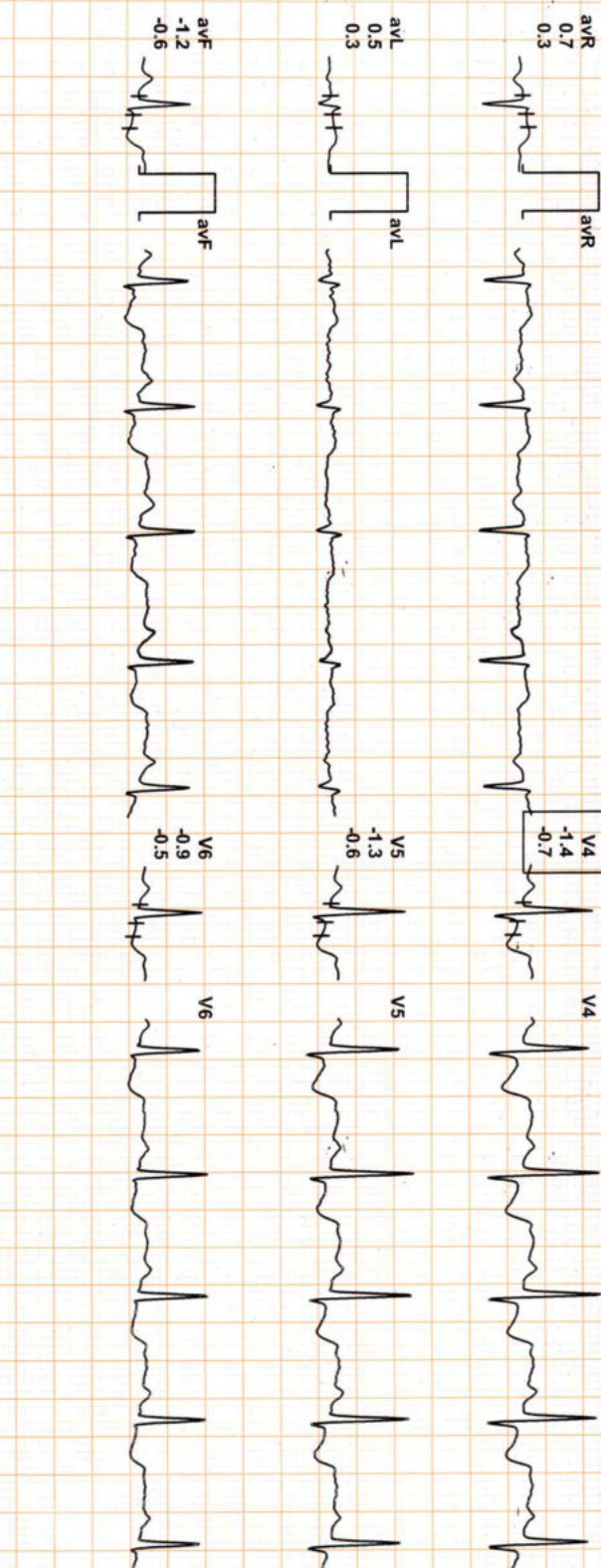
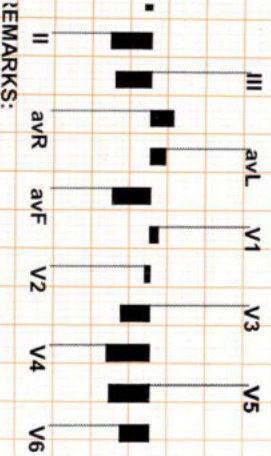
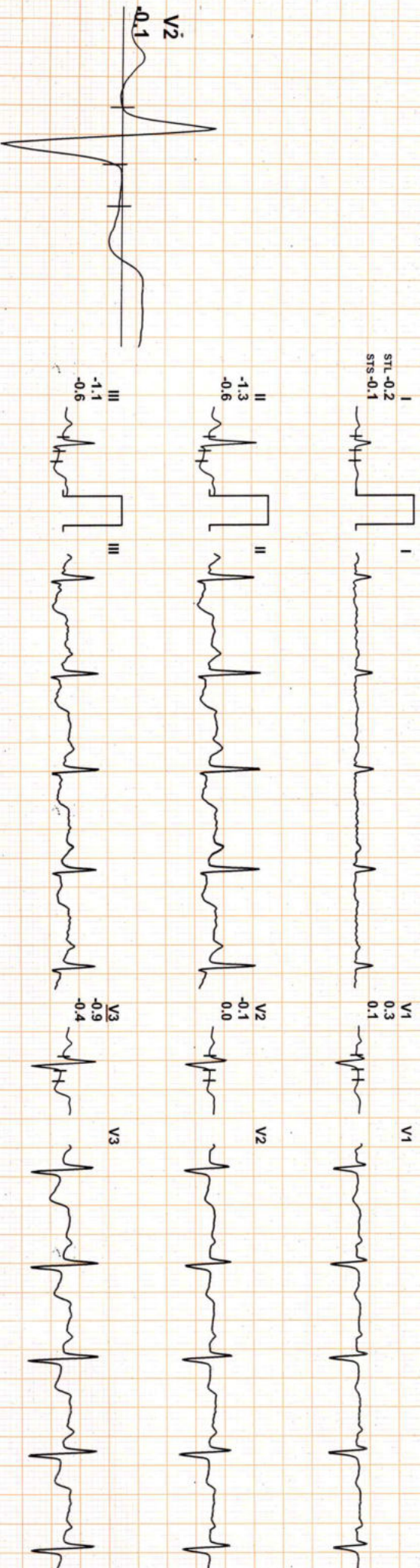
ate: 09 / 10 / 2022

METS: 1.0/ 91 bpm 56% of THR BP: 126/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 07:45 0.0 mph, 0.0%

IX 80 ms Post J

25 mm/Sec. 1.0 Cm/mV

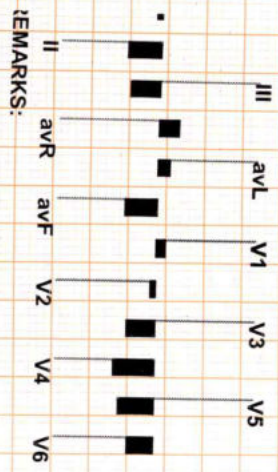
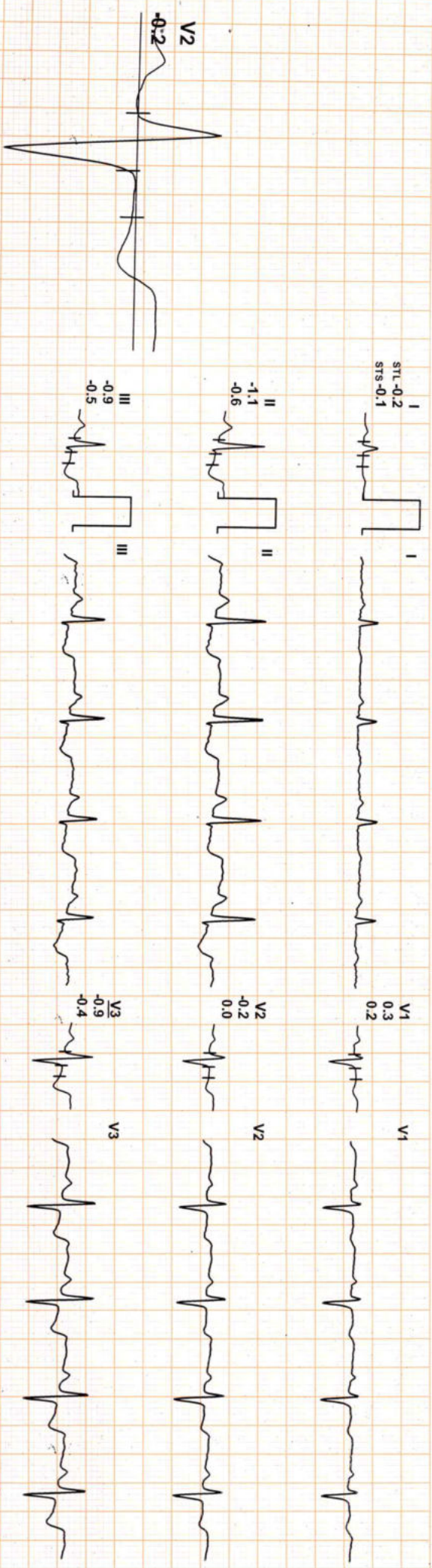


REMARKS:

ate: 09 / 10 / 2022
 IX 80 ms Post J

METS: 1.0/ 89 bpm 55% of THR BP: 126/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 35 HZ

EXTime: 07:45 0.0 mph, 0.0%
 25 mm/Sec. 1.0 Cm/mV



REMARKS:

IR. GOYALS PATH LAB & IMAGING CENTER

IR GULABB CHAND / 57 Yrs / M / 0 Cms / 0 Kg / HR : 90

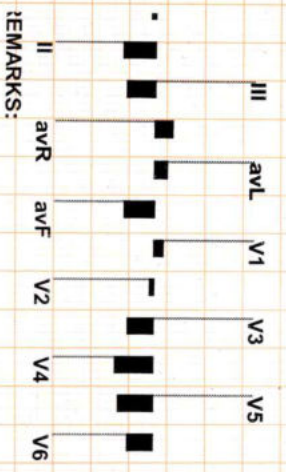
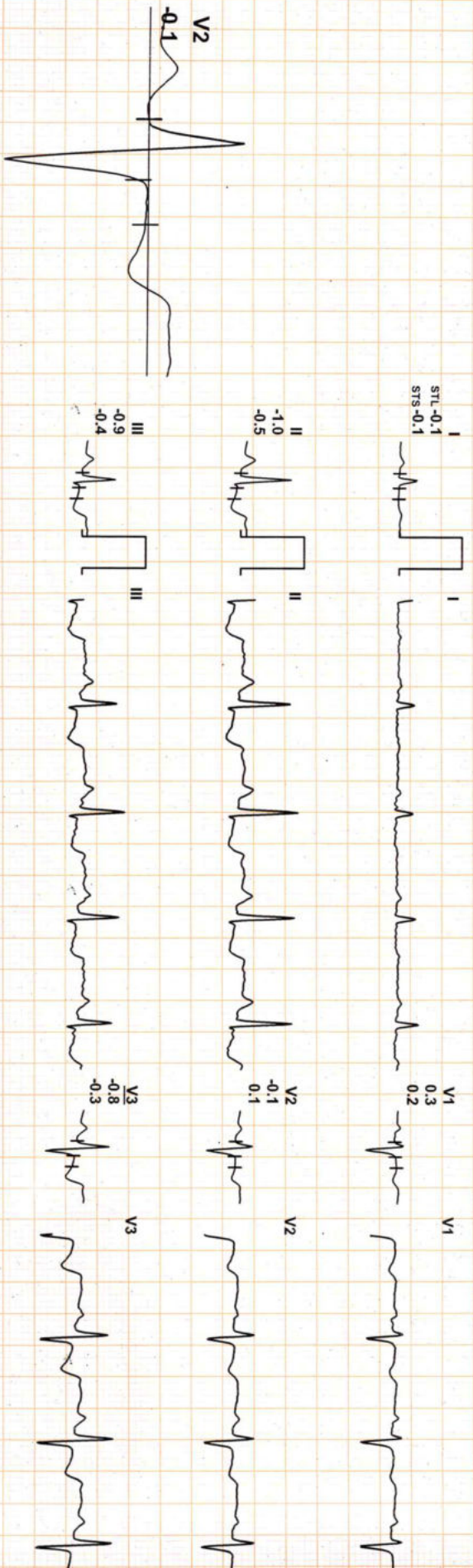
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METS: 1.0/ 90 bpm 55% of THR BP: 126/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

IX 80 mS Post J

Recovery(5:11)

EXTime: 07:45 0.0 m
25 mm/Sec. 1.0 Cm/mV



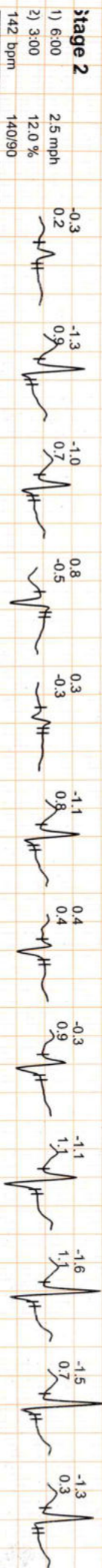
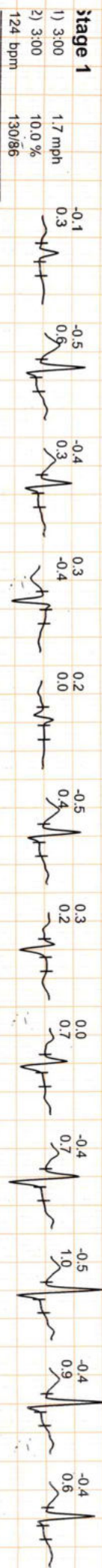
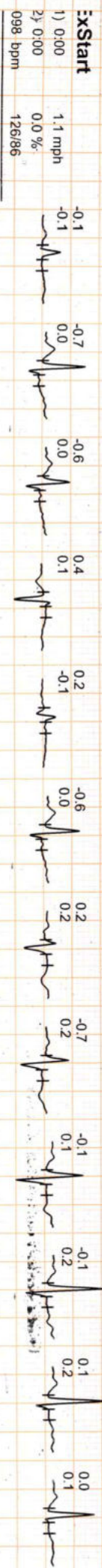
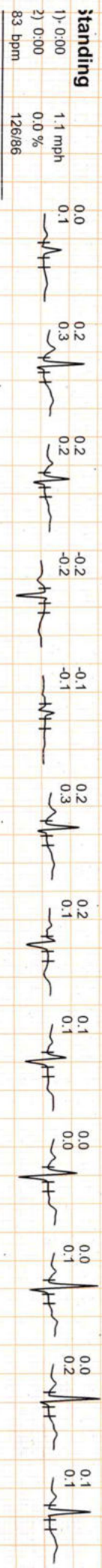
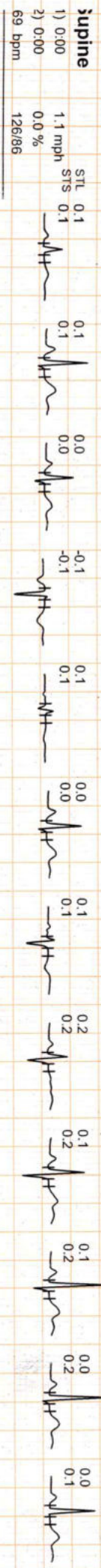
REMARKS:



IR GULABB CHAND / 57 Yrs / M / 0 Cms / 0 Kg / HR : 67

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





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I

II

III

avR

avL

avF

V1

V2

V3

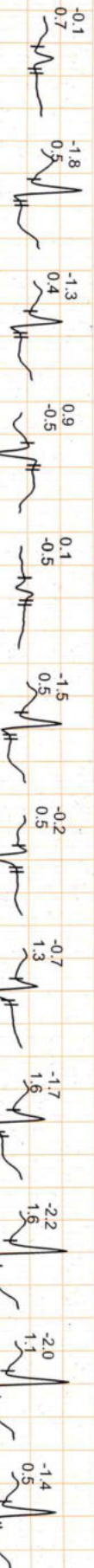
V4

V5

V6

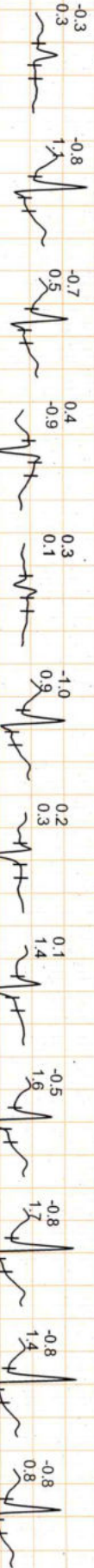
PeakEX

1) 7:45 3.4 mph
2) 1:45 14.0 %
156 bpm 150/90



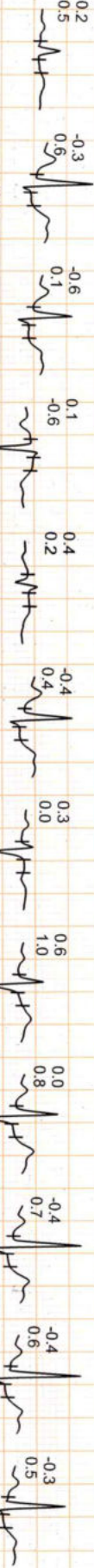
Recovery

1) 7:46 0.0 mph
2) 0:59 0.0 %
138 bpm 150/90



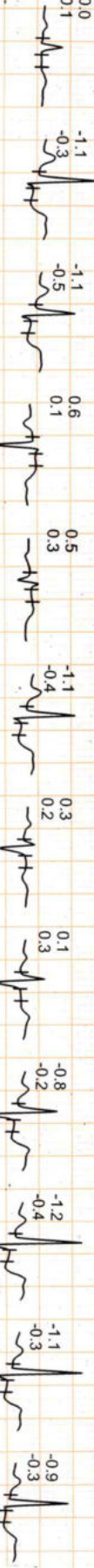
Recovery

1) 7:46 0.0 mph
2) 1:59 0.0 %
97 bpm 140/90



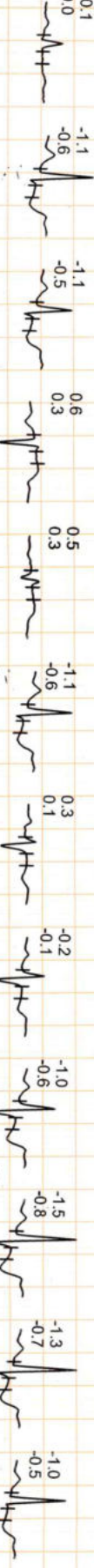
Recovery

1) 7:46 0.0 mph
2) 2:59 0.0 %
87 bpm 130/86



Recovery

1) 7:46 0.0 mph
2) 3:59 0.0 %
093 bpm 126/86



Recovery

1) 7:46 0.0 mph
2) 4:59 0.0 %
096 bpm 126/86



IR. GOYALS PATH LAB & IMAGING CENTER

IR GULABB CHAND / 57 Yrs / M / 0 Cms / 0 Kg / HR : 67

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Average



Recovery
 1) 7:46 0.0 mph
 2) 5:11 0.0 %
 090 bpm 126/86

