

General Physical Examination

Date of Examination: 11-03-2023

Name: Gajraj Singh Age: 34 Sex: Male

DOB: 01/06/1988

Referred By: BOB (Mediwheel)

Photo ID: AADHAR ID #: attached

Ht: 169 (cm)

Wt: 69 (Kg)

Chest (Expiration): 91 (cm)

Abdomen Circumference: 83 (cm)

Blood Pressure: 118/60 mm Hg PR: 69 /min RR: 16 /min Temp: Afebrile

BMI 24.2

Eye Examination: Dis Vision 6/6 (with specs bil eyes),
Nears Vision N/6 bil eyes, Normal color vision,
Other: Not significant-

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

Signature Of Examinee: [Signature] Name of Examinee: _____

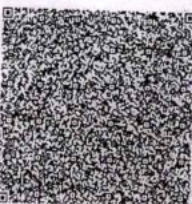
Signature Medical Examiner: [Signature] Name Medical Examiner: _____

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

GAJRAJ SINGH JHALA @ YAHOO.COM



भारतीय विशिष्ट ओळखाप-प्राधिकरण
Unique Identification Authority of India


सरनाम: S/O: पदम सिध जला, करड, करड, सीकर,
 राजस्थान, 332710
 Address: S/O: Padam Singh Jhala, Karad, Karad,
 Sikar, Rajasthan, 332710




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भारत सरकार
Government of India


 गजराज सिध जला
 Gajraj Singh Jhala
 जन्म तारीख / DOB : 01/06/1988
 पुरुष / Male



7580 6801 4489

भारो आधार, भारी ओळख

Handwritten signature in blue ink.

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

Date :- 11/03/2023 09:14:41 Patient ID :-122229945
NAME :- Mr. GAJRAJ SINGH JHALA Ref. By Dr:- BOB
Sex / Age :- Male 34 Yrs 9 Mon 10 Days Lab/Hosp :-
Company :- MediWheel



Sample Type :- EDTA Sample Collected Time 11/03/2023 09:30:56 Final Authentication : 11/03/2023 13:06:40

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BOB PACKAGE BELOW 40MALE			
GLYCOSYLATED HEMOGLOBIN (HbA1C) Method:- HPLC	5.5	%	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	111	mg/dL	Non Diabetic < 100 mg/dL Prediabetic 100- 125 mg/dL Diabetic 126 mg/dL or Higher
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AJAYSINGH
Technologist

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Dr. Rashmi Bakshi
MBBS. MD (Path)
RMC No. 17975/008828

Date :- 11/03/2023 09:14:41
NAME :- Mr. GAJRAJ SINGH JHALA
Sex / Age :- Male 34 Yrs 9 Mon 10 Days
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Sample Collected Time 11/03/2023 09:30:56

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	14.0	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	6.04	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	61.5	%	40.0 - 80.0
LYMPHOCYTE	29.3	%	20.0 - 40.0
EOSINOPHIL	5.7	%	1.0 - 6.0
MONOCYTE	3.3	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	3.72	10 ³ /uL	1.50 - 7.00
LYMPH#	1.77	10 ³ /uL	1.00 - 3.70
EO#	0.35	10 ³ /uL	0.00 - 0.40
MONO#	0.19	10 ³ /uL	0.00 - 0.70
BASO#	0.01	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	5.00	x10 ⁶ /uL	4.50 - 5.50
HEMATOCRIT (HCT)	40.50	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	81.0 L	fL	83.0 - 101.0
MEAN CORP HB (MCH)	28.0	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	34.5	g/dL	31.5 - 34.5
PLATELET COUNT	226	x10 ³ /uL	150 - 410
RDW-CV	13.8	%	11.6 - 14.0
MENTZER INDEX	16.20		

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.

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Sample Type :- EDTA

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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Erythrocyte Sedimentation Rate (ESR) 08 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: TLC, DLC, Fluorescent Flow cytometry, HB, SLS method, TRBC, PCV, PLT Hydrodynamically focused Impedance. and

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

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NAME :- Mr. GAJRAJ SINGH JHALA Ref. By Dr:- BOB
 Sex / Age :- Male 34 Yrs 9 Mon 10 Days Lab/Hosp :-
 Company :- MediWheel



Sample Type :- PLAIN/SERUM Sample Collected Time 11/03/2023 09:30:56 Final Authentication : 11/03/2023 11:34:17

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	212.73 H	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	83.05	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	43.03	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	155.86 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	16.61	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	4.94 H		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	3.62 H		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	583.39	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			

SURENDRAKHANGA

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



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NAME :- Mr. GAJRAJ SINGH JHALA Ref. By Dr:- BOB
 Sex / Age :- Male 34 Yrs 9 Mon 10 Days Lab/Hosp :-
 Company :- MediWheel



Sample Type :- PLAIN/SERUM Sample Collected Time 11/03/2023 09:30:56 Final Authentication : 11/03/2023 11:34:17

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 Premature < 6 days <16 Full-term < 6 days= 12 1month - <12 months <2 1-19 years <1.5 Adult - Up to - 1.2 Ref-(ACCP 2020)
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.20	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.47	mg/dl	0.30-0.70
SGOT Method:- IFCC	31.2	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	31.5	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	49.80	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	28.20	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.31	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.68	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.63	gm/dl	2.20 - 3.50
A/G RATIO	1.78		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 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)

SURENDRAKHANGA

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Ref. By Dr:- BOB

Sex / Age :- Male 34 Yrs 9 Mon 10 Days

Lab/Hosp :-

Company :- MediWHEEL

Sample Type :- PLAIN/SERUM

Sample Collected Time 11/03/2023 09:30:56

Final Authentication : 11/03/2023 12:04:55

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.258	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	7.642	ug/dl	5.530 - 11.000
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	2.000	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

AJAYKUMAR
Technologist

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



Date :- 11/03/2023 09:14:41

Patient ID :-122229945



NAME :- Mr. GAJRAJ SINGH JHALA

Ref. By Dr:- BOB

Sex / Age :- Male 34 Yrs 9 Mon 10 Days

Lab/Hosp :-

Company :- MediWHEEL

Sample Type :- URINE

Sample Collected Time 11/03/2023 09:30:56

Final Authentication : 11/03/2023 13:39:43

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
<u>PHYSICAL EXAMINATION</u>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<u>CHEMICAL EXAMINATION</u>			
REACTION(PH)	5.5		5.0 - 7.5
Method:- Reagent Strip(Double indicator blue reaction)			
SPECIFIC GRAVITY	1.020		1.010 - 1.030
Method:- Reagent Strip(bromthymol blue)			
PROTEIN	NIL		NIL
Method:- Reagent Strip (Sulphosalicylic acid test)			
GLUCOSE	NIL		NIL
Method:- Reagent Strip (Glu.Oxidase Peroxidase Benedict)			
BILIRUBIN	NEGATIVE		NEGATIVE
Method:- Reagent Strip (Azo-coupling reaction)			
UROBILINOGEN	NORMAL		NORMAL
Method:- Reagent Strip (Modified ehrlich reaction)			
KETONES	NEGATIVE		NEGATIVE
Method:- Reagent Strip (Sodium Nitropruside) Rothera's			
NITRITE	NEGATIVE		NEGATIVE
Method:- Reagent Strip (Diazotization reaction)			
<u>MICROSCOPY EXAMINATION</u>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	0-1	/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

TRILOK
Technologist

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Dr. Rashmi Bakshi
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Dr. Chandrika Gupta



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NAME :- Mr. GAJRAJ SINGH JHALA Ref. By Dr:- BOB
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 Company :- MediWheel



Sample Type :- KOx/Na FLUORIDE-F, KOx/Na Substrate, PLAIN SERUM 11/03/2023 09:30:56 Final Authentication : 11/03/2023 12:52:28

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP	90.3	mg/dl	75.0 - 115.0
Impaired glucose tolerance (IGT)	111 - 125 mg/dL		
Diabetes Mellitus (DM)	> 126 mg/dL		
BLOOD SUGAR PP (Plasma) Method:- GOD PAP	133.7	mg/dl	70.0 - 140.0
<p>Instrument Name: Radox 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 .</p>			
SERUM CREATININE Method:- Colorimetric Method	0.99	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	6.66	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

SURENDRAKHANGA

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Sample Type :- EDTA, URINE

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUP ABO	"AB" POSITIVE		
BLOOD GROUP ABO Methodology : Haemagglutination reaction Kit Name : Monoclonal agglutinating antibodies (Span clone).			
URINE SUGAR (FASTING) Collected Sample Received	Nil		Nil

AJAYSINGH, TRILOK
Technologist

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Dr. Rashmi Bakshi
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RMC No. 17975/008828
Dr. Chandrika Gupta

Dr. Goyal's

Path Lab & Imaging Centre

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Tele: 0141-2293346, 4049787, 9887049787
Website : www.drgoyalspathlab.com | E-mail : drgoyalpiyush@gmail.com

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Sample Type :- PLAIN/SERUM

Sample Collected Time 11/03/2023 09:30:56

Final Authentication : 11/03/2023 11:34:17

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	11.4	mg/dl	0.0 - 23.0

*** End of Report ***

SURENDRAKHANGA

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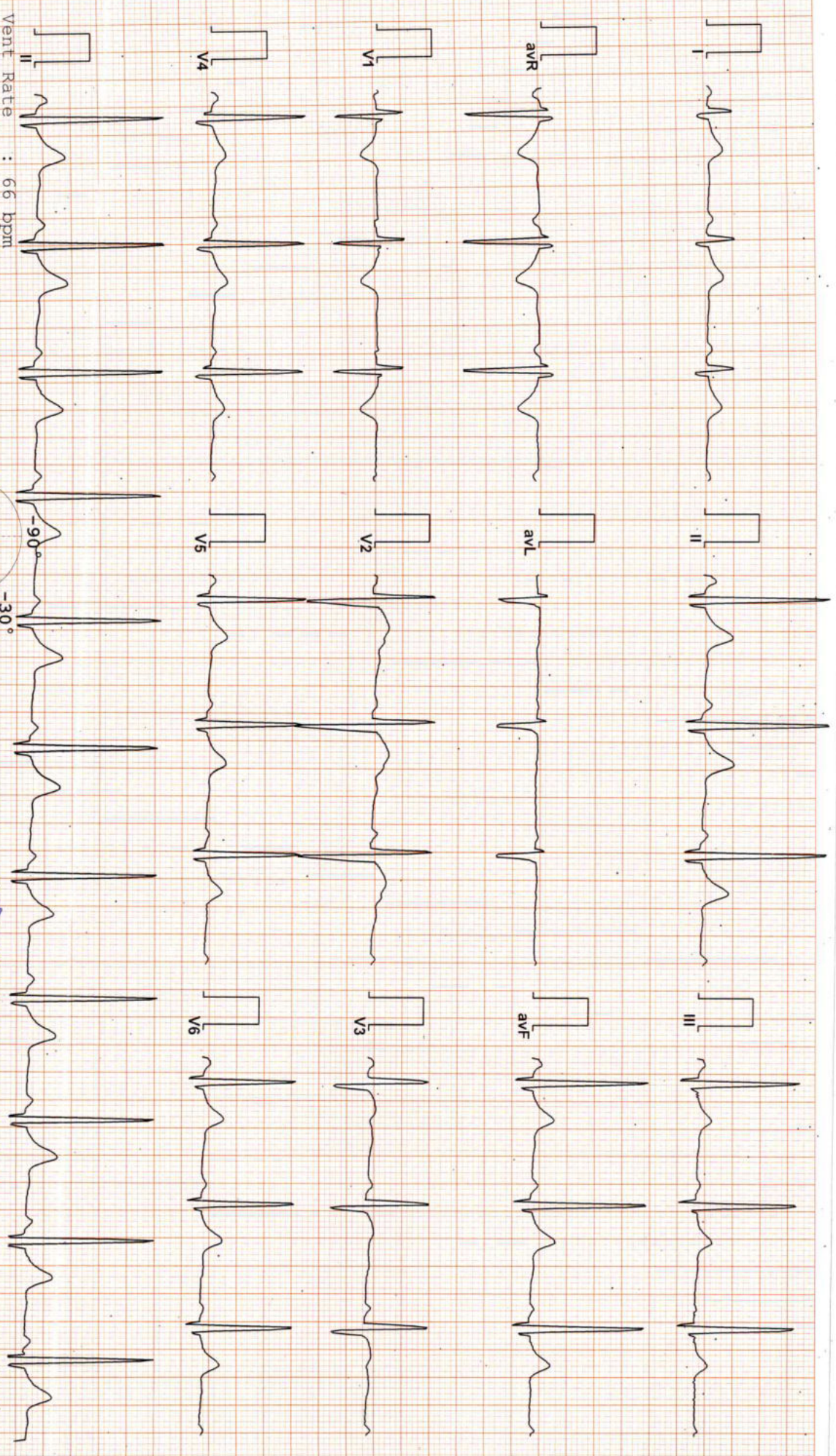
Dr. Chandrika Gupta
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RMC NO. 21021/008037

DR. GOYALS PATH LAB & IMAGING CENTER

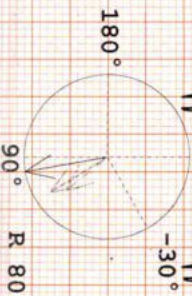
102221823 / MR GAJRAJ SINGH JHALA / 34 Yrs / M/ Non Smoker

Heart Rate : 66 bpm / Tested On : 11-Mar-23 10:50:17 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s
/ Refd By: BOB

ECG



Vent Rate : 66 bpm
PR Interval : 142 ms
QRS Duration: 94 ms
QT/QTc Int : 420/431 ms
P-QRS-T axis: 51.00° 80.00° 58.00°



Allergens ECG (P/Secs)(P/IS218210312)

TALL
Dr. Ash Kumar Mohanta
FMC No. 3345
MBBS, DIP, CARDIO (ESCORTS)
Reported By: D.E.M.

DR. GOYALS PATH LAB & IMAGING CENTER

B-51 GANESH NAGAR, JAIPUR Email:

Report



2494 / MR GAJRAJ SINGH JHALA / 34 Yrs / M / 0 Cms / 0 Kg
 Date: 11 / 03 / 2023 Technician : BOB Examined By:

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:50	0:50	01.1	00.0	01.0	070	38 %	120/80	084	00	
Standing	01:08	0:18	01.1	00.0	01.0	073	39 %	120/80	087	00	
HV	01:33	0:25	01.1	00.0	01.0	069	37 %	120/80	082	00	
Warm Up	01:47	0:14	01.1	00.0	01.0	070	38 %	120/80	084	00	
ExStart	03:04	1:17	01.0	00.0	01.0	105	56 %	120/80	125	00	
BRUCE Stage 1	06:04	3:00	01.7	10.0	04.7	098	53 %	125/85	122	00	
BRUCE Stage 2	09:04	3:00	02.5	12.0	07.1	109	59 %	135/85	147	00	
BRUCE Stage 3	12:04	3:00	03.4	14.0	10.2	128	69 %	140/90	179	00	
BRUCE Stage 4	15:04	3:00	04.2	16.0	13.5	147	79 %	145/90	213	00	
PeakEx	15:46	0:42	05.0	18.0	13.8	160	86 %	145/90	232	00	
Recovery	16:46	1:00	00.0	00.0	07.6	112	60 %	140/90	156	00	
Recovery	17:46	2:00	00.0	00.0	01.6	090	48 %	135/85	121	00	
Recovery	19:46	4:00	00.0	00.0	01.0	093	50 %	125/80	116	00	
Recovery	20:36	4:50	00.0	00.0	01.0	085	46 %	125/80	106	00	

FINDINGS :

Exercise Time : 12:42
 Max HR Attained : 160 bpm 86% of Target 186
 Max BP Attained : 145/90 (mm/Hg)
 Max Workload Attained : 13.8 Good response to induced stress
 Test End Reasons : Test Complete. Heart Rate Achieved

REPORT :

The TTT is negative for AFIB.

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(Signature)
 Dr. Anshu Kumar Mohanta
 FRCG (C), FRCGP (UK)
 MRCS, DIP. CARDIO (ESCORTS)



2494 / MR GAJRAJ SINGH JHALA / 34 Yrs / M / 0 Cms / 0 Kg / HR : 70

Date: 11 / 03 / 2023

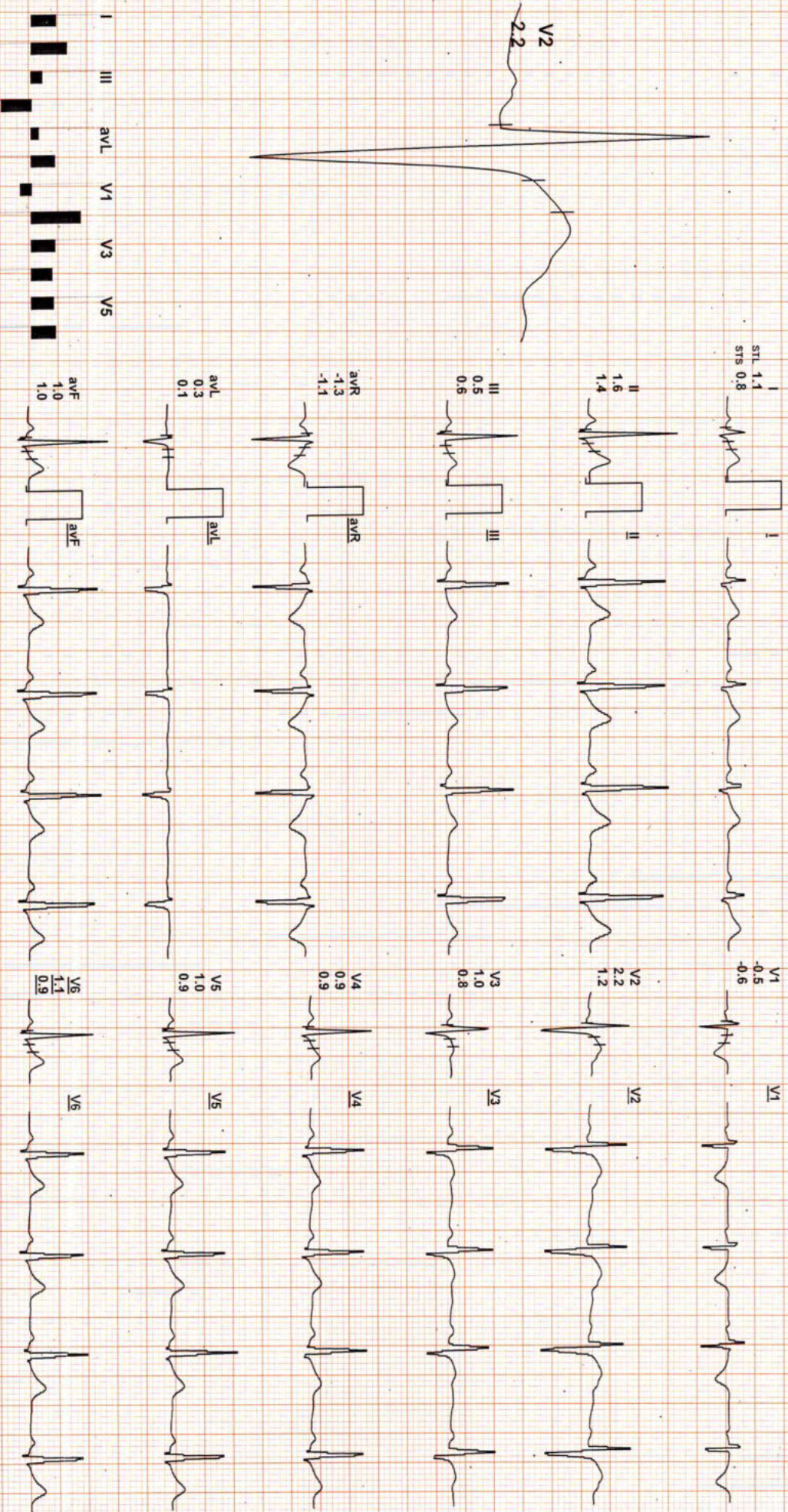
METS: 1.0/ 70 bpm 38% of THR BP- 120/80 mmHg

Combined Medians/ BLC Or/ Notch Or/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:00 1.1 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



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



2494 / MR GAJRAJ SINGH JHALA / 34 Yrs / M / 0 Cms / 0 Kg / HR : 73

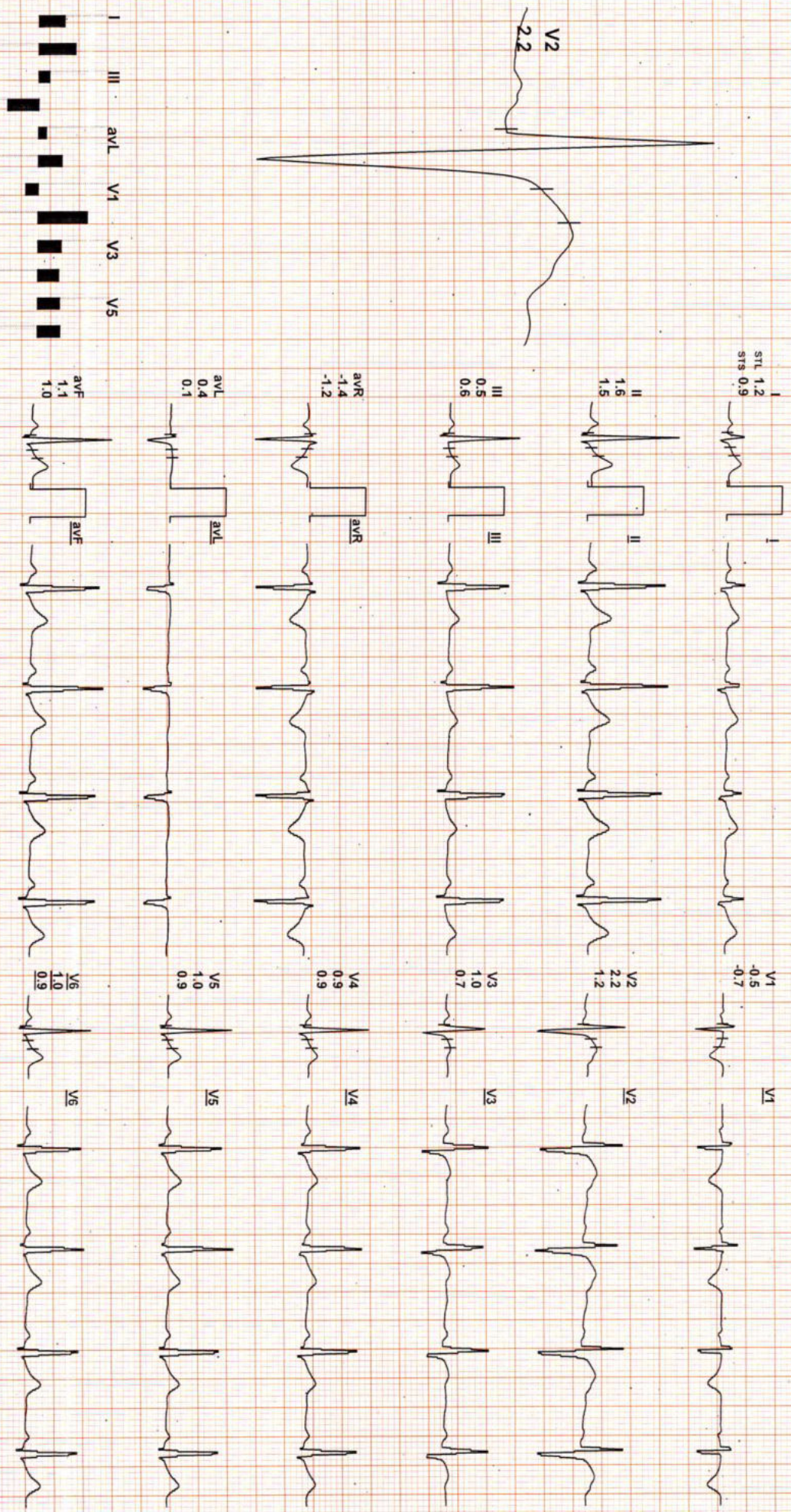
Date: 11 / 03 / 2023

METS: 1.0/ 73 bpm 39% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 00:00 1.1 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



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

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2494 / MR GAJRAJ SINGH JHALA / 34 Yrs / M / 0 Cms / 0 Kg / HR : 69

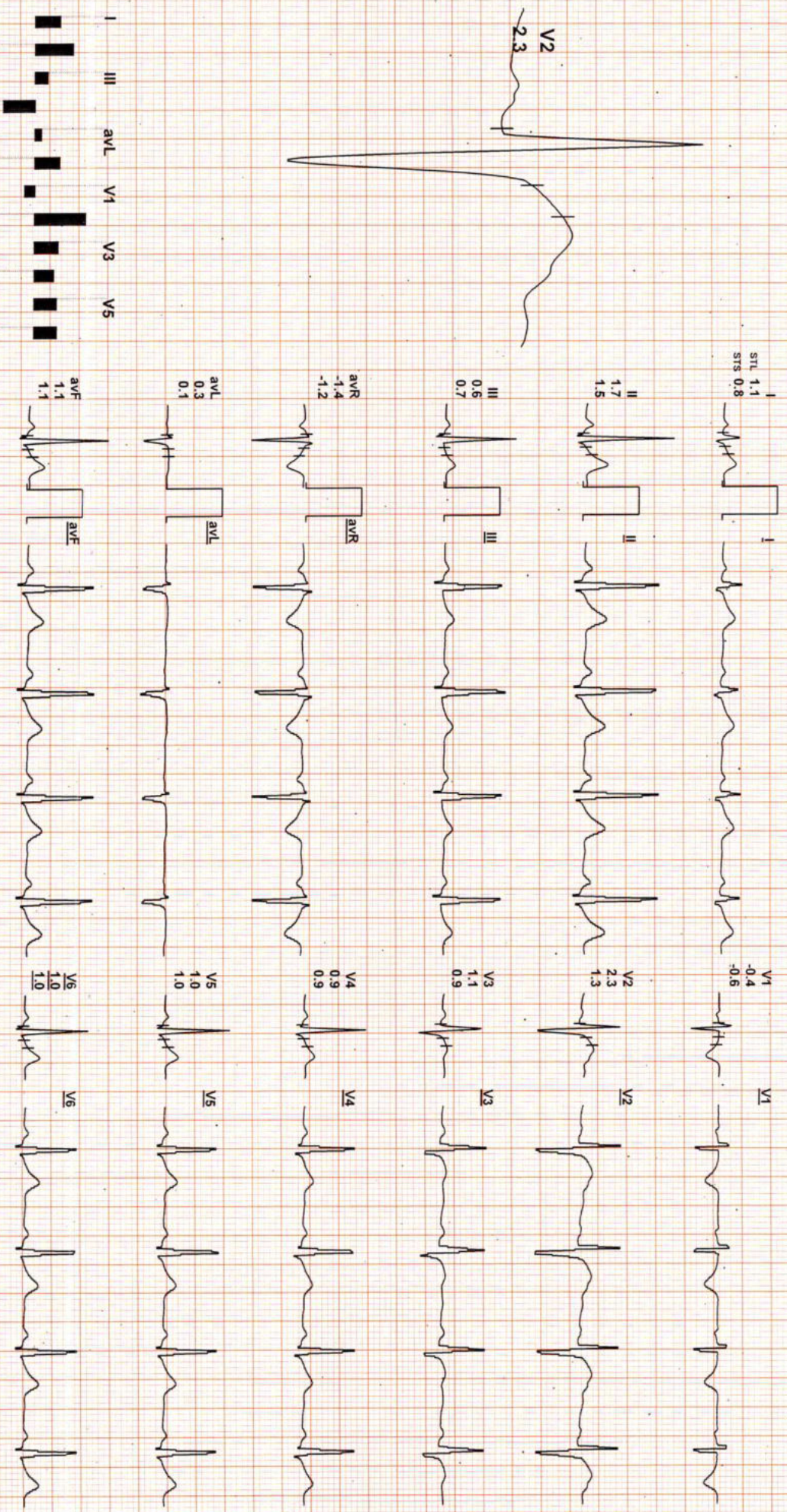
Date: 11 / 03 / 2023

METS: 1.0/ 69 bpm 37% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 00:00 1.1 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

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2494 / MR GAJRAJ SINGH JHALA / 34 YRS / M / 0 Cms / 0 Kg / HR : 70

Date: 11 / 03 / 2023

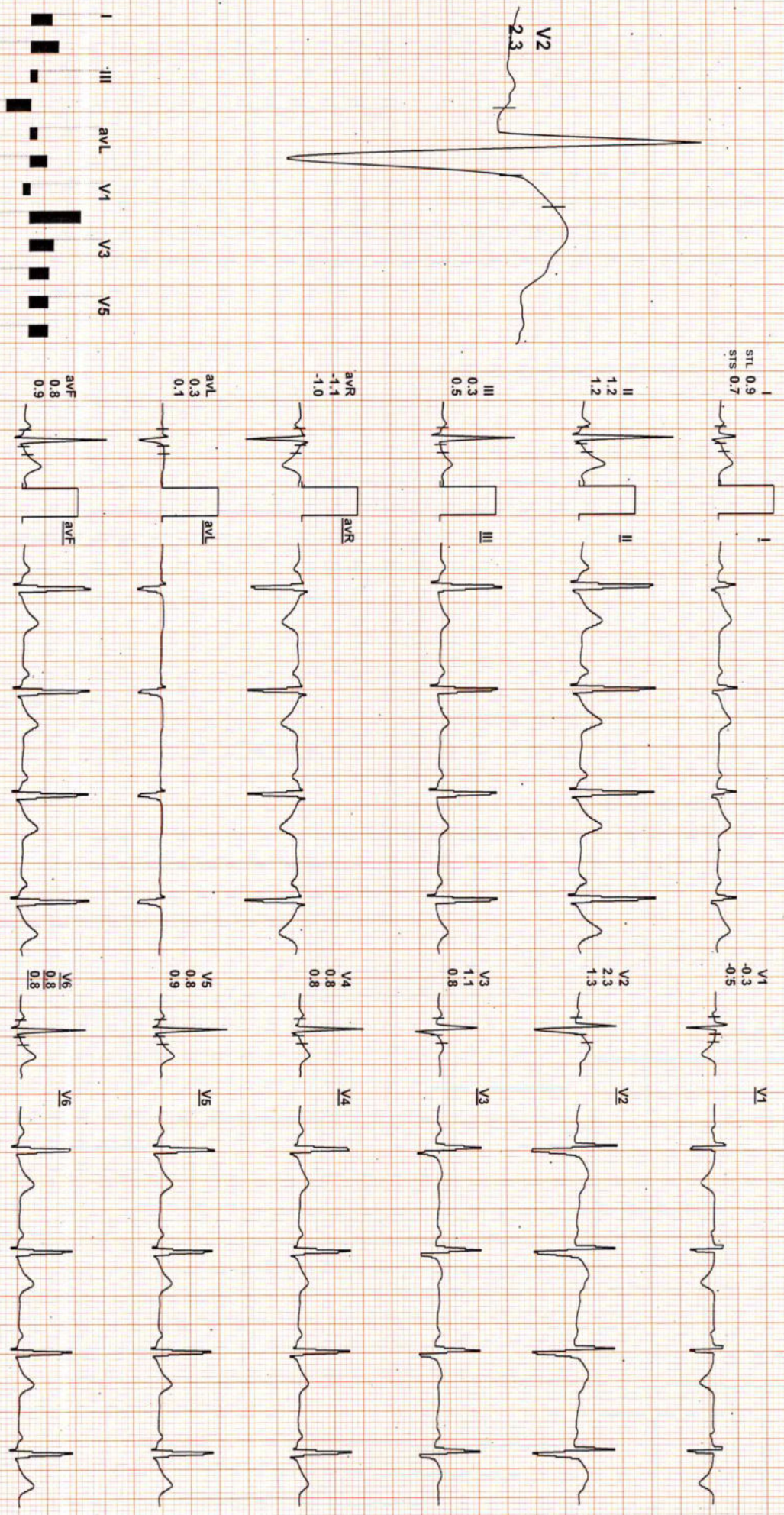
METS: 1.0 / 70 bpm 38% of THR BP: 120/80 mmHg

Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 00:00 1.1 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:
II avR avF V2 V4 V6



2494 / MR GAJRAJ SINGH JHALA / 34 Yrs / M / 0 Cms / 0 Kg / HR : 105

Date: 11 / 03 / 2023

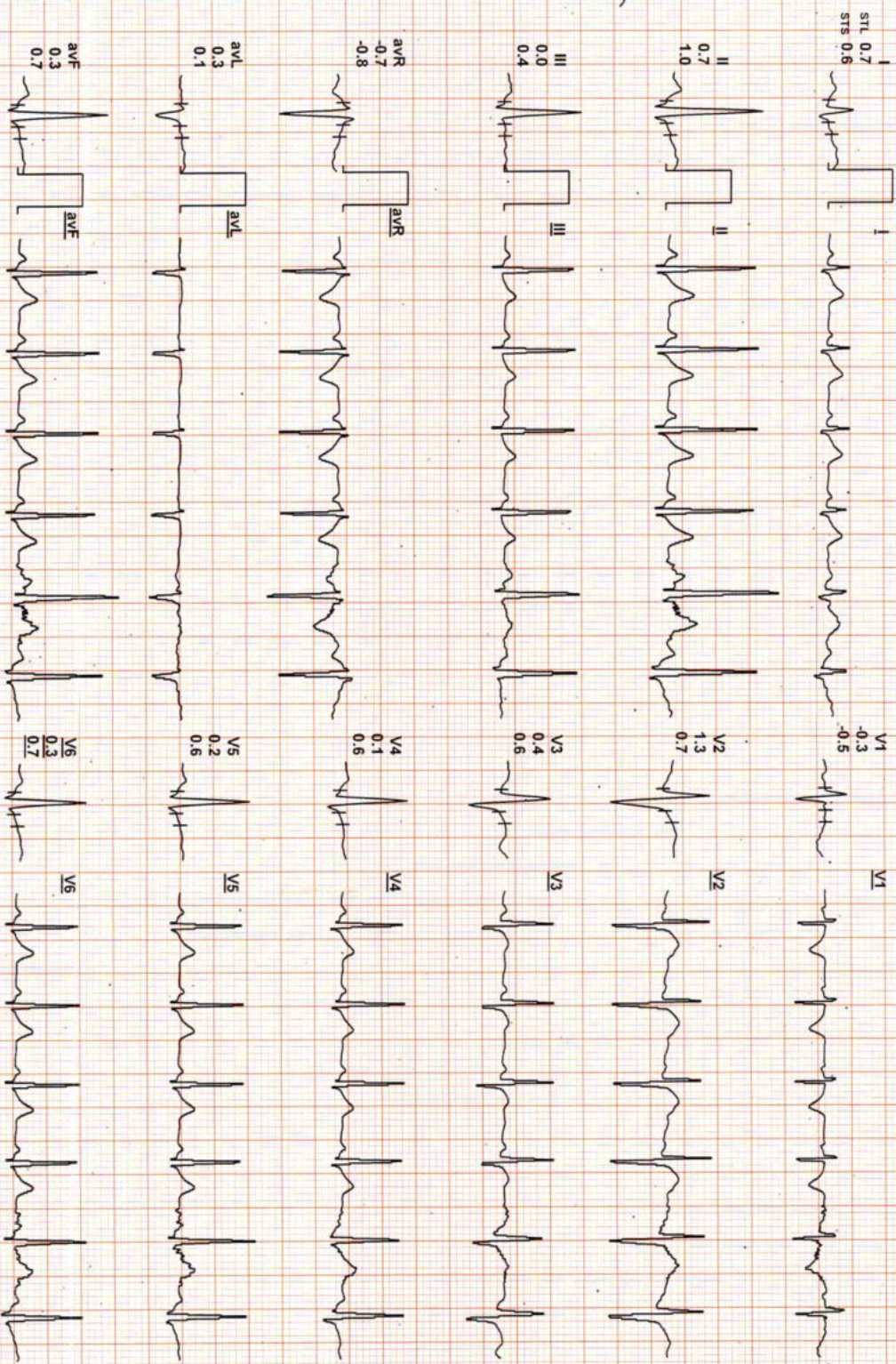
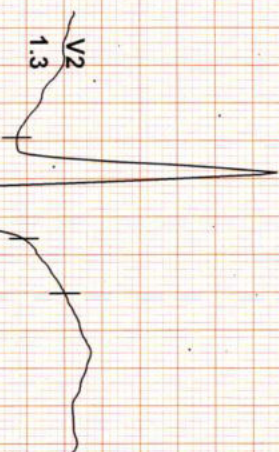
MEETS: 1.0/ 105 bpm 56% of THR BP: 120/80 mmHg

Combined Medians/ BLC On/ Notch On/ HF: 0.05 Hz/LF 100 Hz

ExTime: 00:00 1.0 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS: I II aVR aVF V1 V2 V3 V4 V5 V6

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2494 / MR GAJRAJ SINGH JHALA / 34 Yrs / M / 0 Cms / 0 Kg / HR : 98

Date: 11 / 03 / 2023

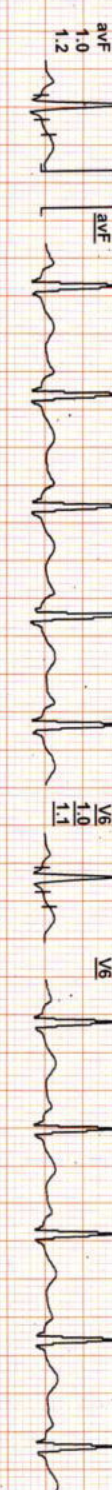
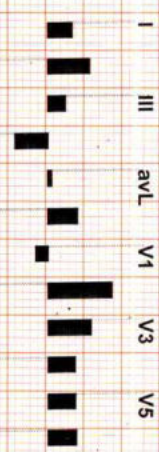
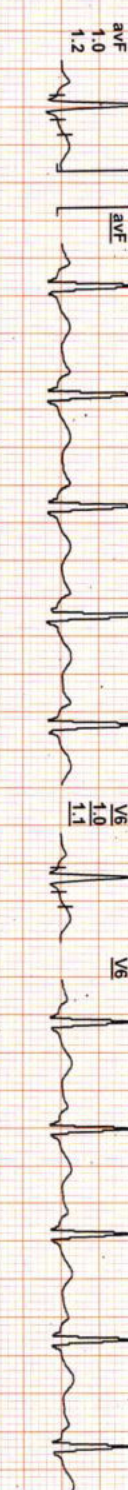
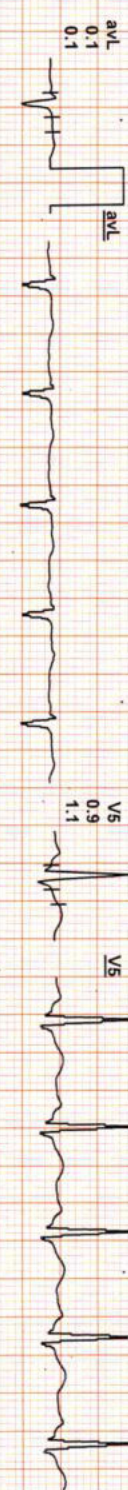
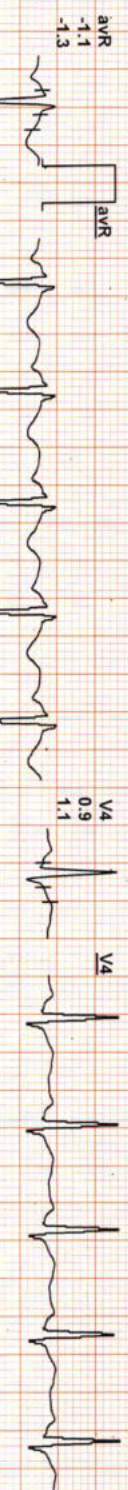
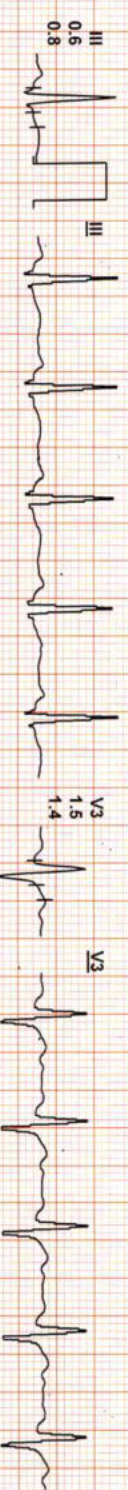
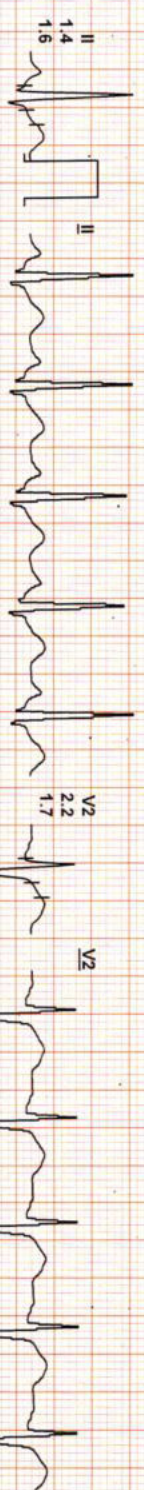
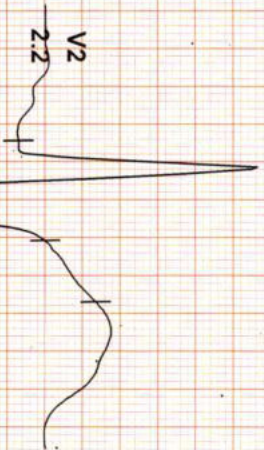
METS: 4.7/ 98 bpm 53% of THR BP: 125/85 mmHg

Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 03:00 1.7 mph, 10.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



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2494 / MR GAJRAJ SINGH JHALA / 34 Yrs / M / O Cms / 0 Kg / HR : 109

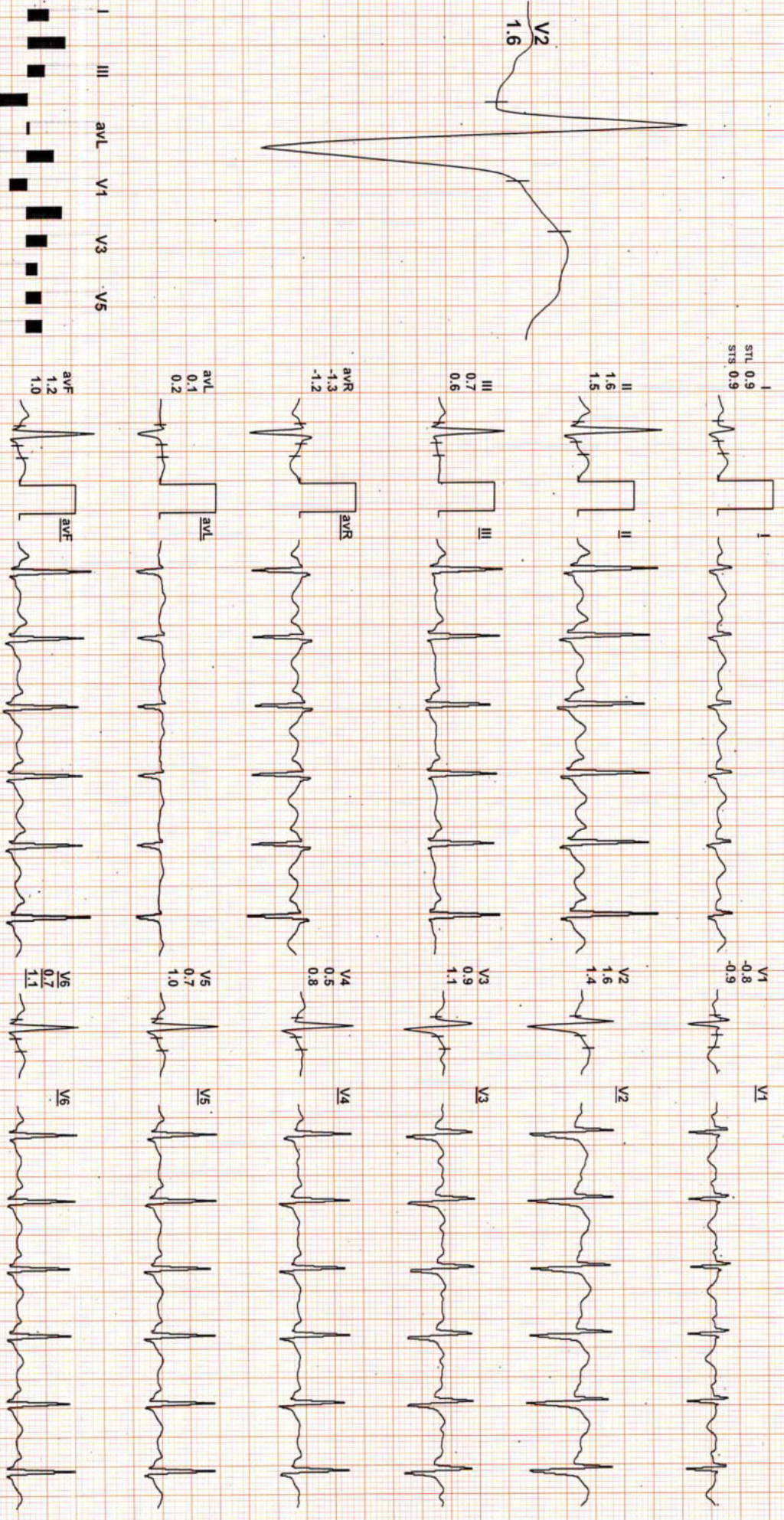
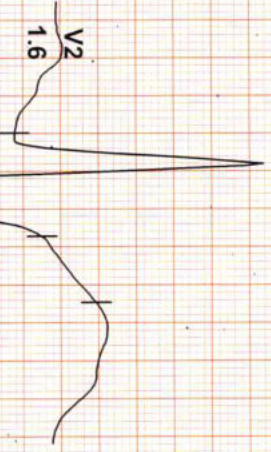
Date: 11 / 03 / 2023

METS: 7.1/ 109 bpm 59% of THR BP: 135/85 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 06:00 2.5 mph. 12.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



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Date: 11 / 03 / 2023

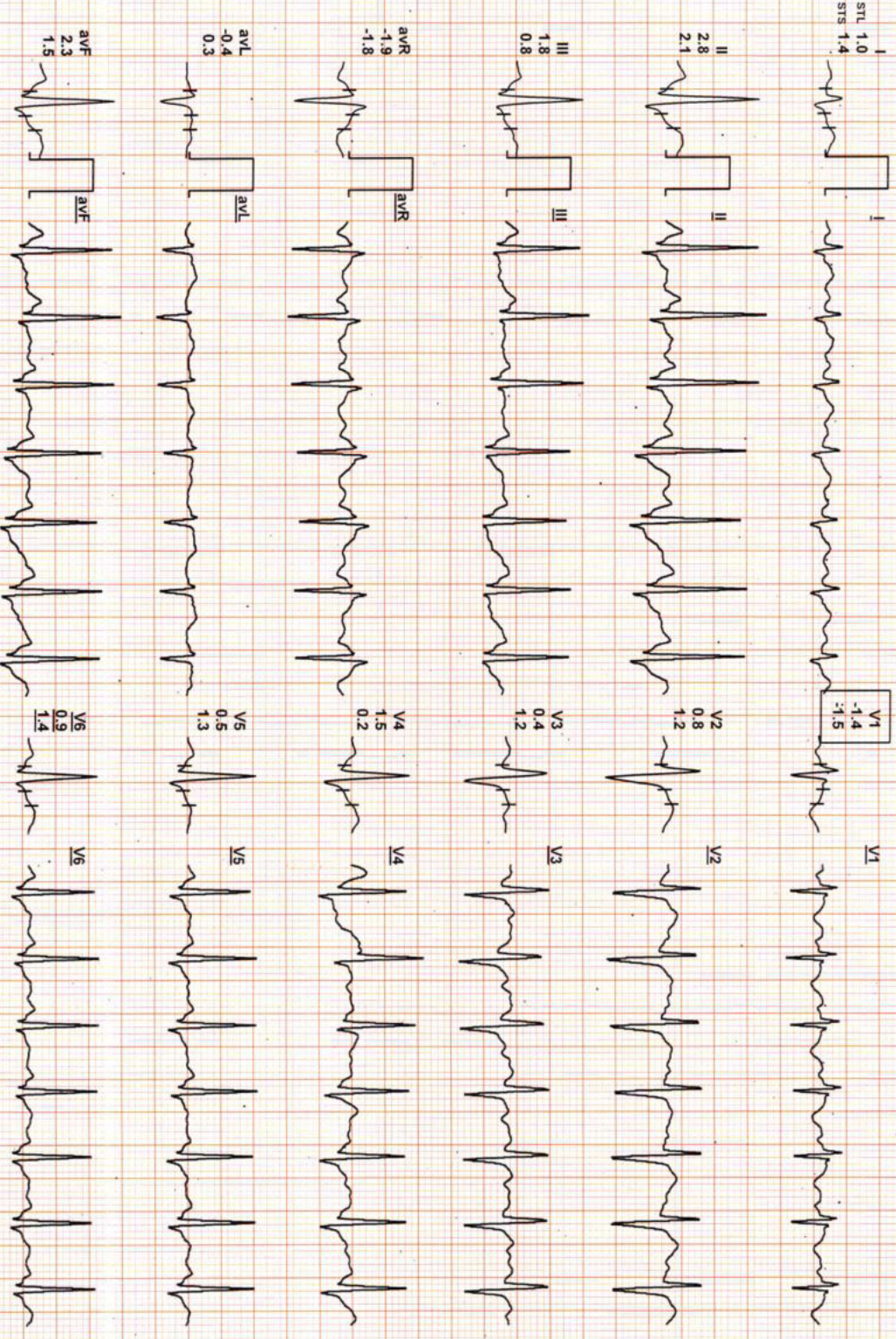
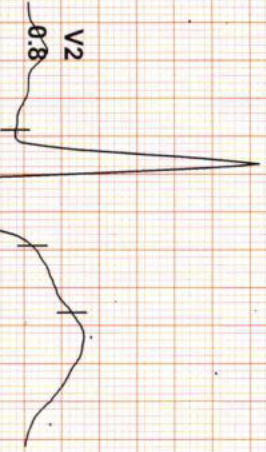
METS: 10.2 / 128 bpm 69% of THR BP: 140/90 mmHg

Combined Medians/ BLC On/ Notch On/ HF 0.05 HZ/LF 100 Hz

EXTime: 09:00 3.4 mph, 14.0%

4X 70 ms Post J

25 mm/Sec. 1.0 Cm/mV



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2494 / MR GAJRAJ SINGH JHALA / 34 Yrs / M / 0 Cms / 0 Kg / HR : 147

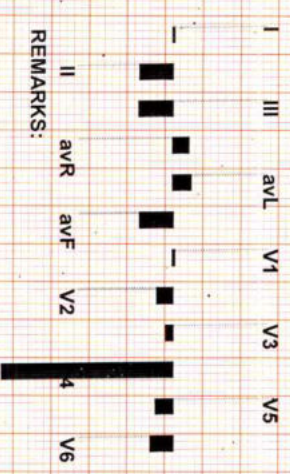
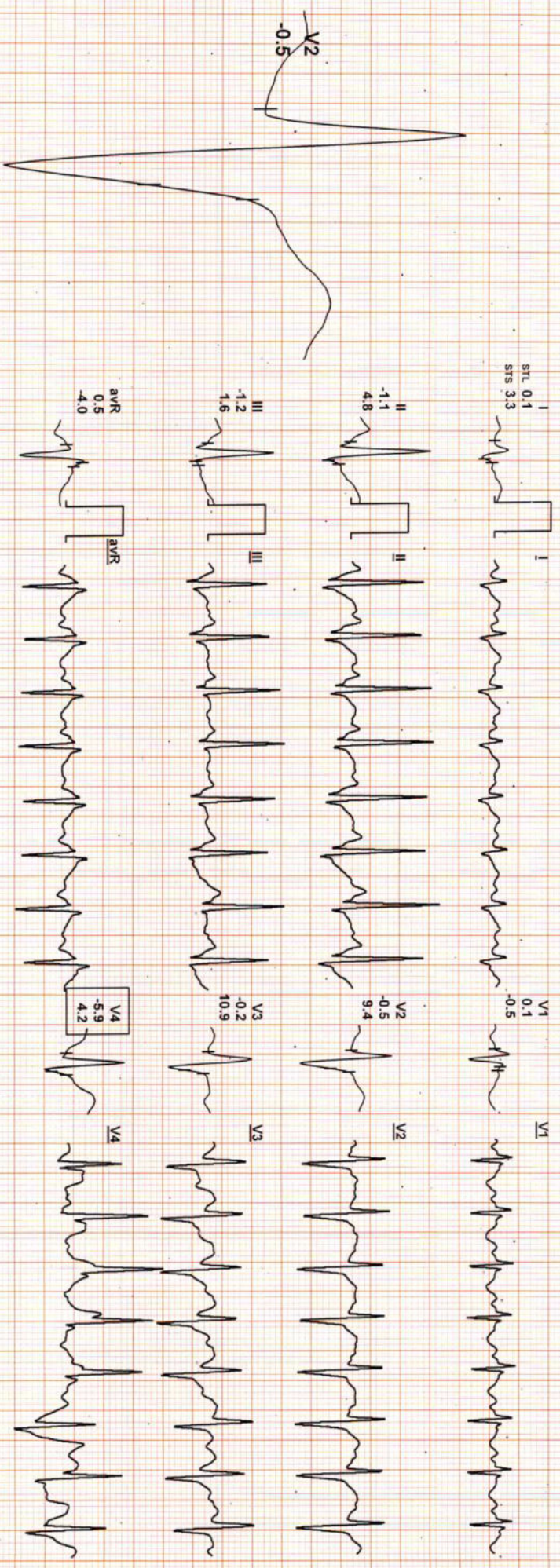
Date: 11 / 03 / 2023

METS: 13.5/ 147 bpm 79% of THR BP: 145/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 12:00 4.2 mph . 16.0%

4X 20 ms Post J

25 mm/Sec. 1.0 Cm/mV



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2494 / MR GAURAJ SINGH JHALA / 34 Yrs / M / 0 Cms / 0 Kg / HR : 160

Date: 11 / 03 / 2023

METS: 13.8 / 160 bpm 86% of THR

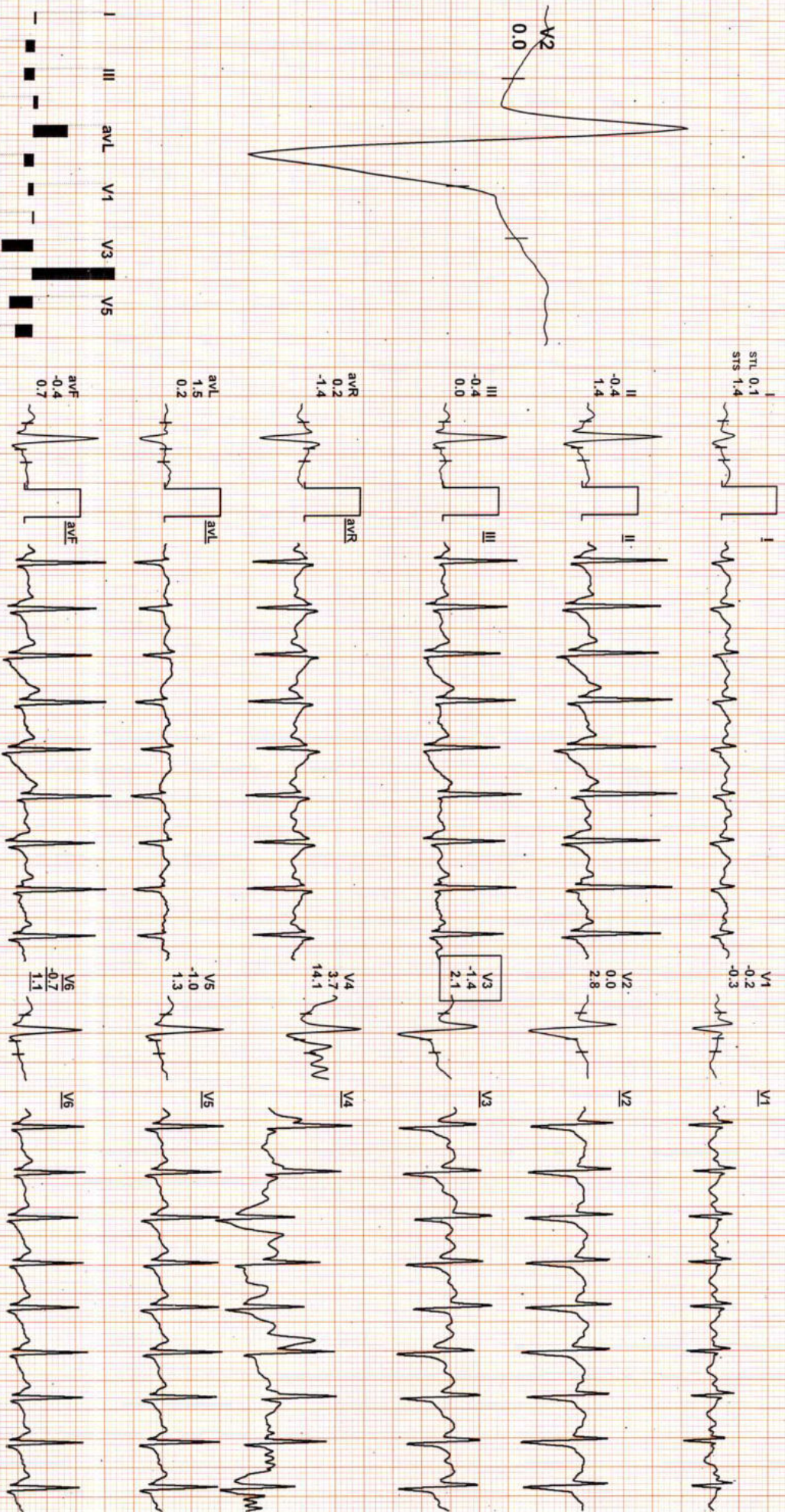
BP: 145/90 mmHg

Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 12.42 5.0 mph, 18.0%

4X 60 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS: II avR avF V2 V4 V6

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2494 / MR GAJRAJ SINGH JHALA / 34 YRS / M / 0 Cms / 0 Kg / HR : 112

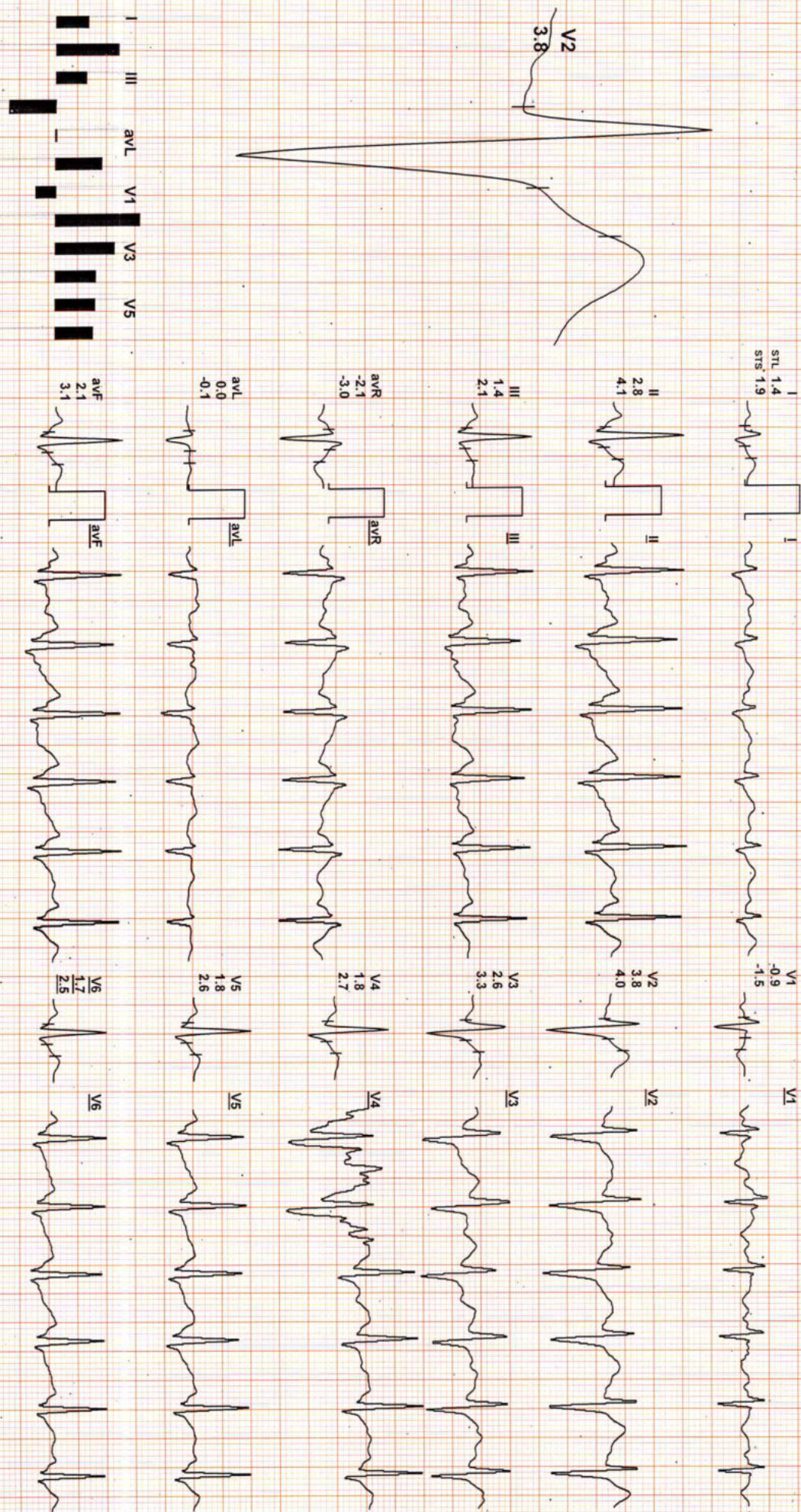
Date: 11 / 03 / 2023

METS: 7.6/ 112 bpm 60% of THR BP: 140/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 12:42 0.0 mph, 0.0%

4X 70 ms Post J

25 mm/Sec. 1.0 Cm/IV



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

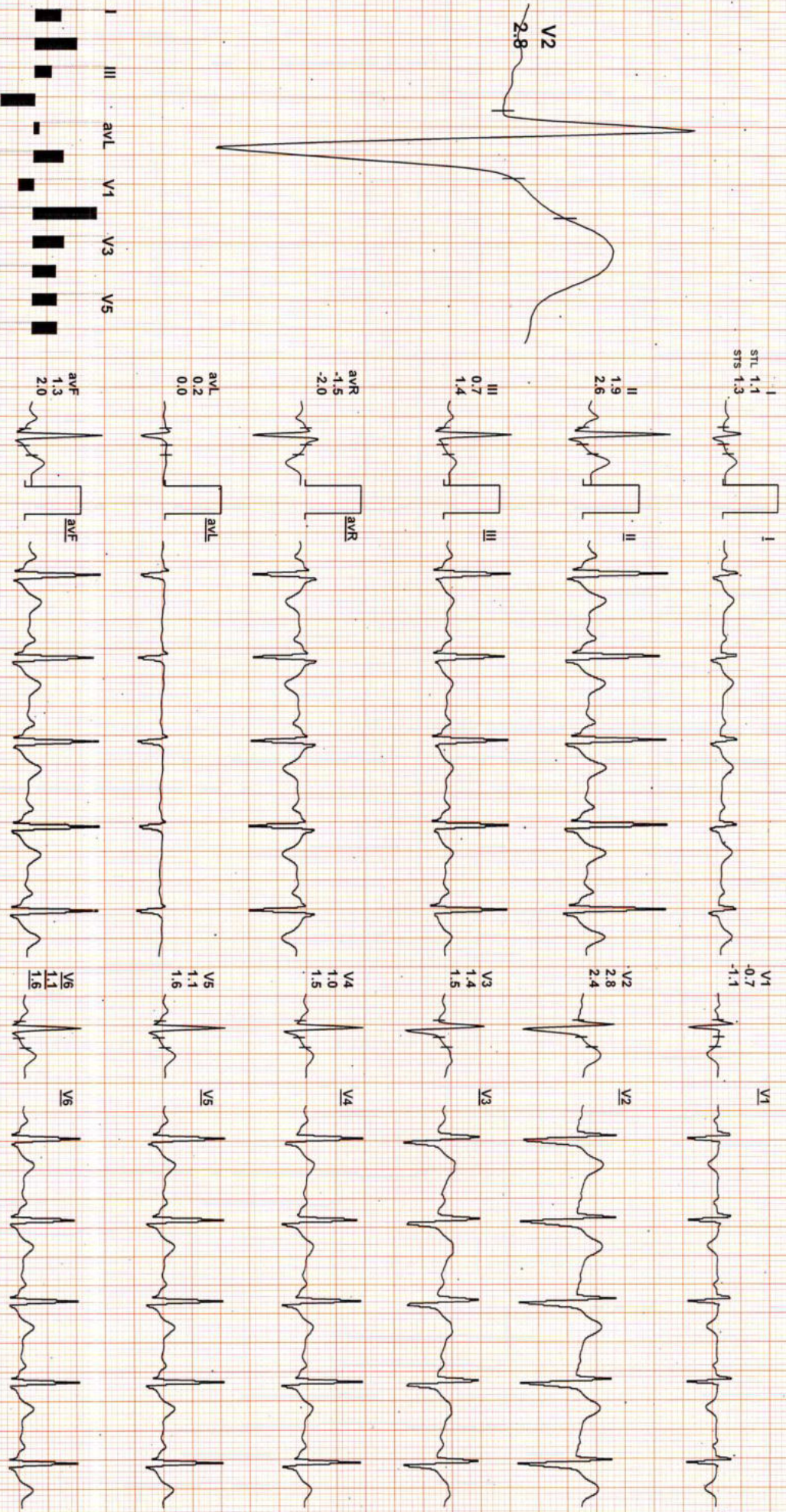
Date: 11 / 03 / 2023

METS: 1.6 / 90 bpm 48% of THR BP: 135/85 mmHg Combined Medians/ BLC On/ Notch On/ HF: 0.05 Hz/LF 100 Hz

ExTime: 12:42 0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS: II avR avF V2 V4 V6

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2494 / MR GAJRAJ SINGH JHALA / 34 YRS / M / 0 Cms / 0 Kg / HR : 93

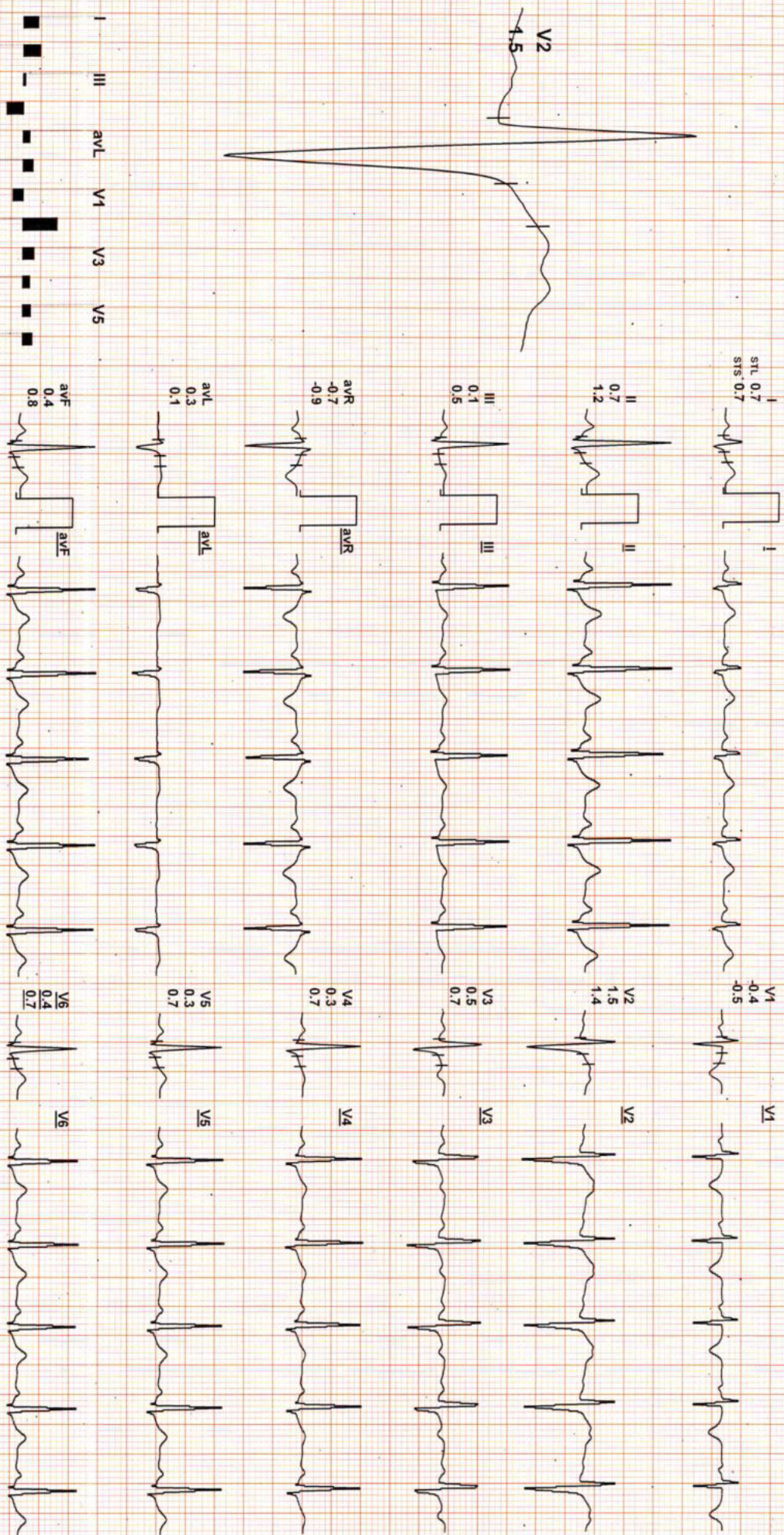
Date: 11 / 03 / 2023

METS: 1.0/ 93 bpm 50% of THR BP: 125/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 12.42 0.0 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



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



2494 / MR GAJRAJ SINGH JHALA / 34 Yrs / M / 0 Cms / 0 Kg / HR : 85

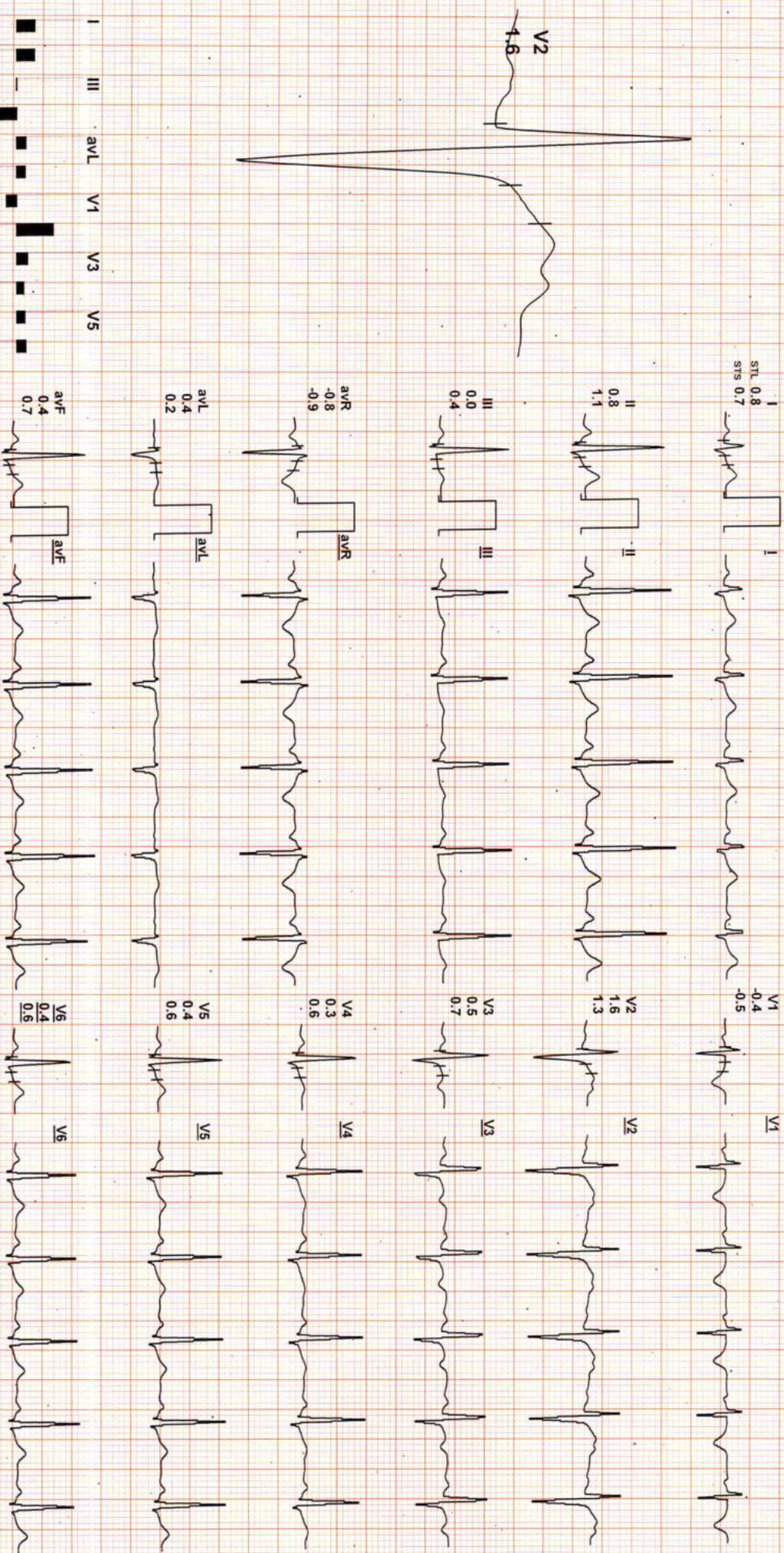
Date: 11 / 03 / 2023

METS: 1.0/85 bpm 46% of THR BP: 125/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 12.42 0.0 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mv



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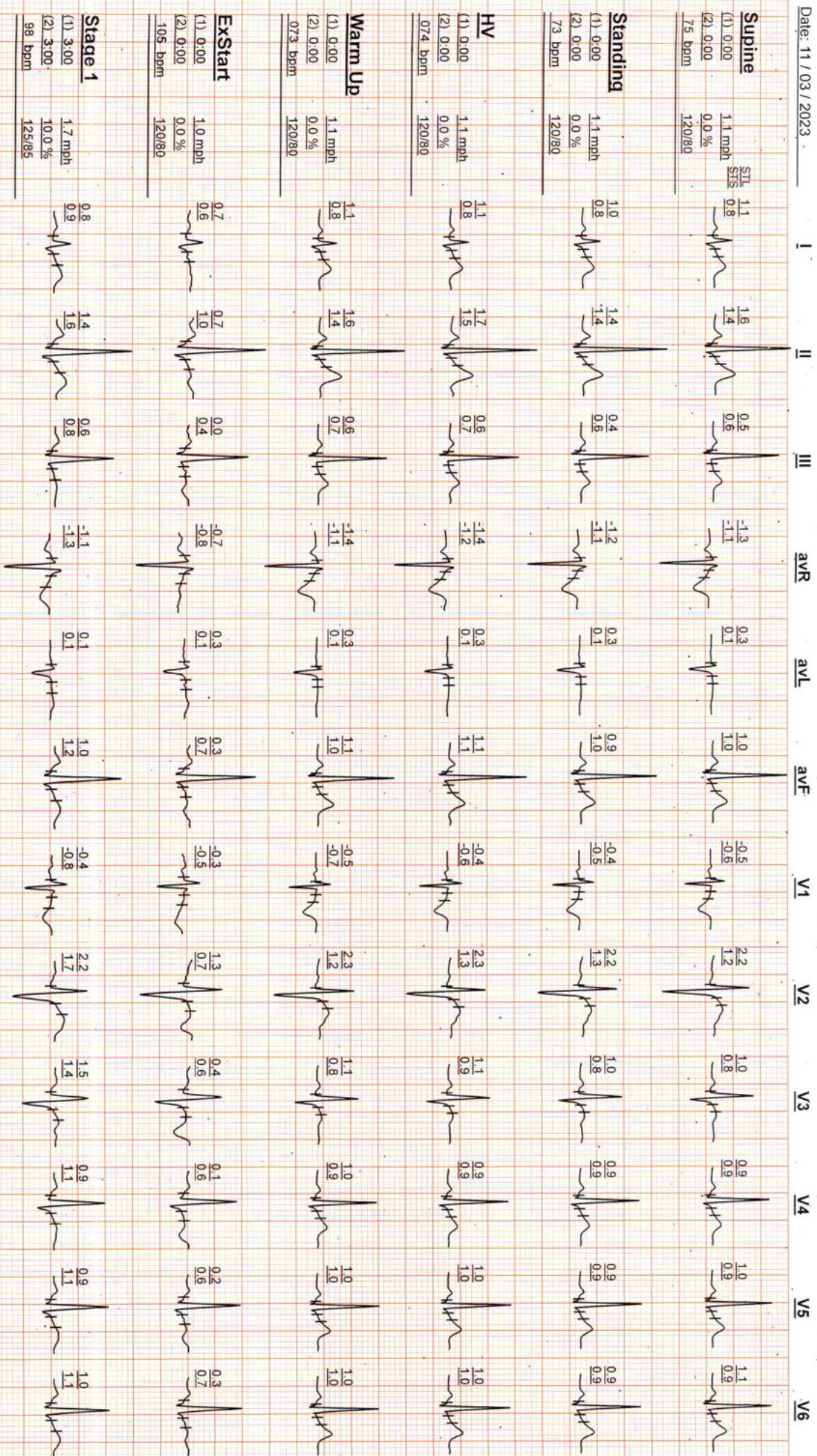
DR. GOYALS PATH LAB & IMAGING CENTER

2494 / MR GAJRAJ SINGH JHALA / 34 Yrs / M / 0 Cms / 0 Kg / HR : 77

Average

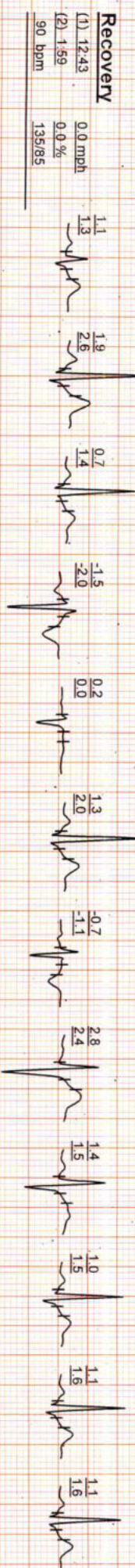
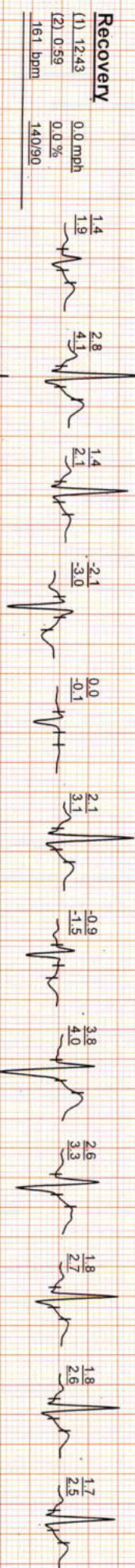
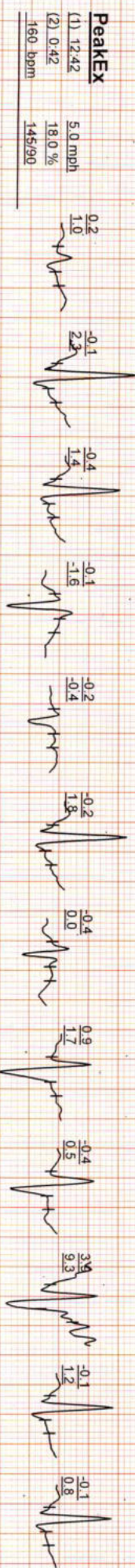
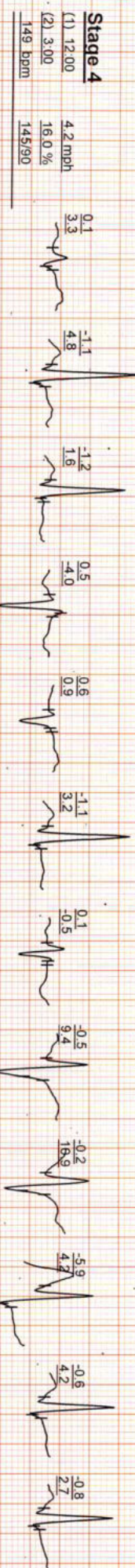
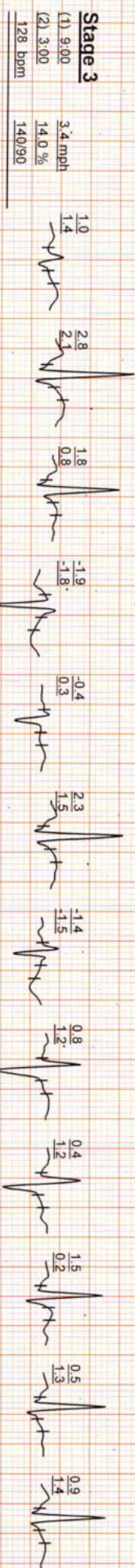
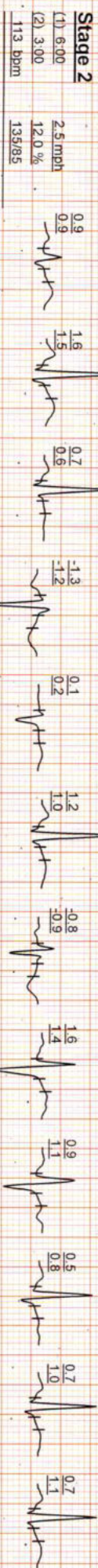


Date: 11 / 03 / 2023



Date: 11 / 03 / 2023

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



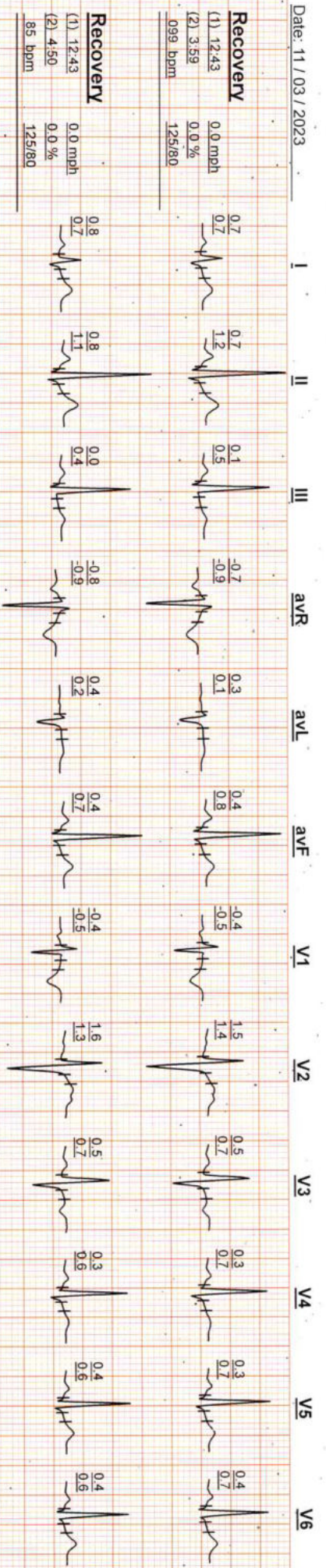
DR. GOYAL'S PATH LAB & IMAGING CENTER

2494 / MR GAJRAJ SINGH JHALA / 34 Yrs / M / 10 Cms / 10 Kg / HR : 77

Average



Date: 11 / 03 / 2023



RHO



Date :- 11/03/2023 09:14:41

NAME :- Mr. GAJRAJ SINGH JHALA

Sex / Age :- Male 34 Yrs 9 Mon 10 Days

Company :- MediWheel

Patient ID :- 122229945

Ref. By Doctor :- BOB

Lab/Hosp :-

BOB PACKAGE BELOW 40MALE

Final Authentication : 11/03/2023 10:06:02

USG WHOLE ABDOMEN

Liver is mild enlarged in size (~14.7 cm). Echo-texture is minimally 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. 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. 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.

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:

***Mild hepatomegaly with early fatty changes.**
Needs clinical correlation for further evaluation

*** End of Report ***

Page No. 1 of 1

AHSAN

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. Abhishek Jain
MBBS, DNB, (Radio-Diagnosis)
RMC No. 21687

Transcript by

Print Copy



Date :- 11/03/2023 09:14:41
NAME :- Mr. GAJRAJ SINGH JHALA
Sex / Age :- Male 34 Yrs 9 Mon 10 Days
Company :- MediWheel

Patient ID :- 122229945
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 11/03/2023 11:27:04

BOB PACKAGE BELOW 40MALE

X RAY CHEST PA VIEW:

Positional rotation +.

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 ***