



TMT INVESTIGATION REPORT

Patient Name : Mr Pawan kumar SINGH	Location	: Ghaziabad
Age/Sex : 35Year(s)/male	Visit No	: V0000000001-GHZB
MRN No	Order Date	: 08/04/2023
Ref. Doctor : HCP	Report Date	: 08/04/2023

Protocol	: Bruce	MPHR	: 185BPM
Duration of exercise	: 6min 15sec	85% of MPHR	: 157BPM
Reason for termination	: THR achieved	Peak HR Achieved	: 159BPM
Blood Pressure (mmHg)	: Baseline BP : 130/90mmHg Peak BP : 144/94mmHg	% Target HR	: 85%
		METS	: 7.3METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	85	130/90	Nil	No ST changes seen	Nil
STAGE 1	3:00	127	138/90	Nil	No ST changes seen	Nil
STAGE 2	3:00	156	144/94	Nil	No ST changes seen	Nil
STAGE 3	0:15	159	144/94	Nil	No ST changes seen	Nil
RECOVERY	5:15	86	134/94	Nil	No ST changes seen	Nil

COMMENTS:

- No ST changes in base line ECG.
- No ST changes during exercise and recovery.
- Normal chronotropic response.
- Normal blood pressure response.
- Fair effort tolerance.

IMPRESSION:

Treadmill test is **negative** for exercise induced reversible myocardial ischemia.

Dr. Bhupendra Singh

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Sr. Consultant Cardiology

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pawan kr singh
35 years
Male
Caucasian

Vent. rate 69 bpm
PR interval 124 ms
QRS duration 74 ms
QT/QTc 386/413 ms
P-R-T axes 33 57 28

ID:

Normal sinus rhythm
Low voltage QRS
Borderline ECG

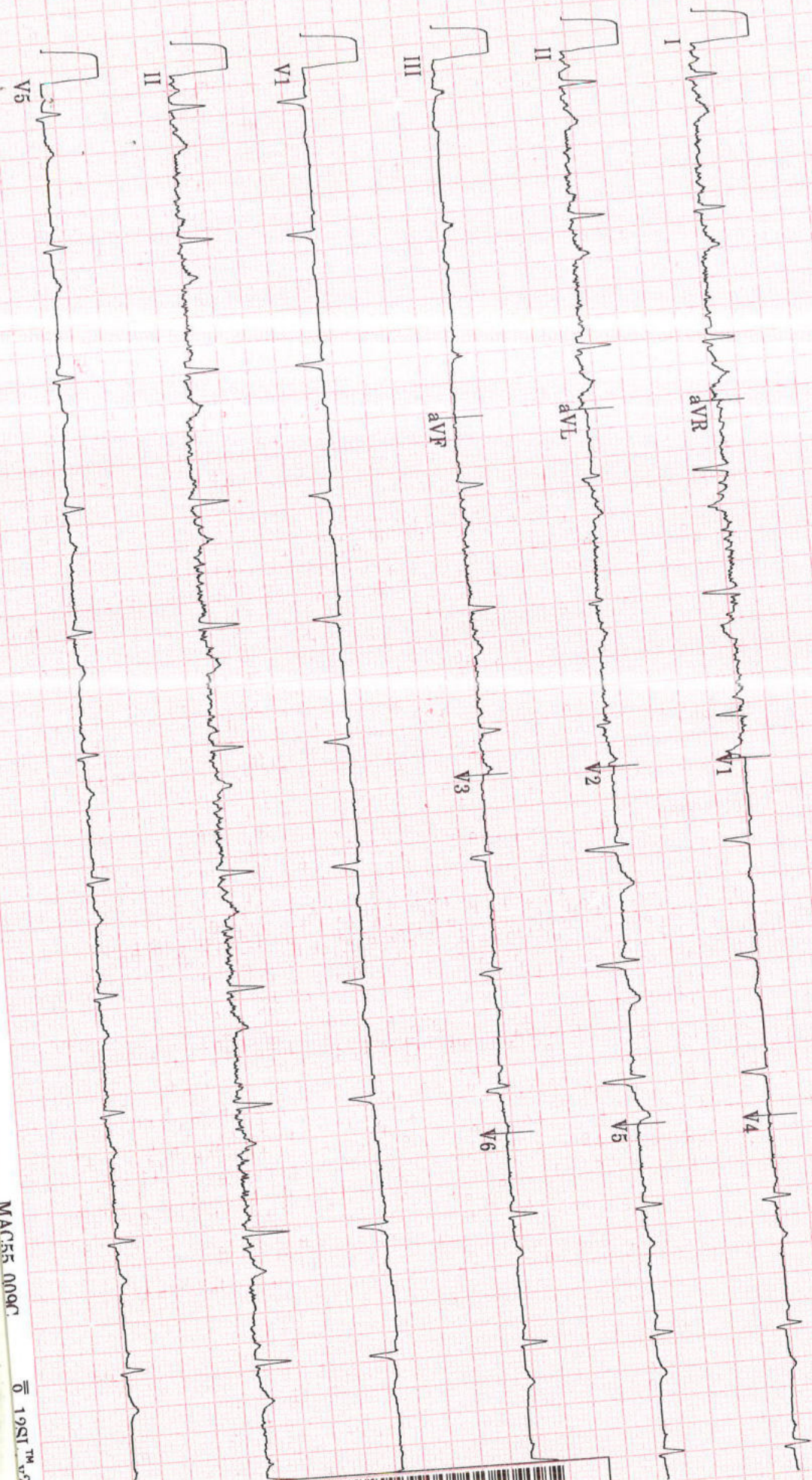
8-Apr-2023 9:49:13

Mamipal Hospitals, Ghazabad

Technician:
Test ind:

Referred by:

Unconfirmed



4 by 2.5s + 3 rhythm_ids

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RADIOLOGY REPORT

Name	Pawan kumar SINGH	Modality	US
Patient ID	MH010901873	Accession No	R5388548
Gender / Age	M / 35Y 23D	Scan Date	08-04-2023 10:37:03
Ref. Phys	Dr. HEALTH CHECK MGD	Report Date	08-04-2023 12:39:00

USG ABDOMEN & PELVIS

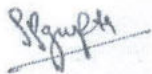
FINDINGS

LIVER: appears enlarged in size (measures 165 mm) but normal in shape and shows diffuse increase in liver echotexture, in keeping with diffuse grade I fatty infiltration. Rest normal.
SPLEEN: Spleen is normal in size (measures 108 mm), shape and echotexture. Rest normal.
PORTAL VEIN: Appears normal in size and measures 11.3 mm.
COMMON BILE DUCT: Appears normal in size and measures 4.8 mm.
IVC, HEPATIC VEINS: Normal.
BILIARY SYSTEM: Normal.
GALL BLADDER: Gall bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.
PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.
KIDNEYS: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Rest normal.
Right Kidney: measures 99 x 40 mm.
Left Kidney: measures 115 x 48 mm.
PELVI-CALYCEAL SYSTEMS: Compact.
NODES: Not enlarged.
FLUID: Nil significant.
URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.
PROSTATE: Prostate is normal in size, shape and echotexture. It measures 36 x 29 x 28 mm with volume 15 cc. Rest normal.
SEMINAL VESICLES: Normal.
BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-Hepatomegaly with diffuse grade I fatty infiltration in liver.

Recommend clinical correlation.



Dr. Prabhat Prakash Gupta,
MBBS, DNB, MNAMS, FRCR(I)
Consultant Radiologist, Reg no DMC/R/14242

LABORATORY REPORT

Name	: MR PAWAN KUMAR SINGH	Age	: 35 Yr(s) Sex :Male
Registration No	: MH010901873	Lab No	: 32230402947
Patient Episode	: H18000000428	Collection Date	: 08 Apr 2023 13:11
Referred By	: HEALTH CHECK MGD	Reporting Date	: 08 Apr 2023 14:57
Receiving Date	: 08 Apr 2023 13:17		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Specimen Type : Serum

THYROID PROFILE, Serum

T3 - Triiodothyronine (ECLIA)	0.98	ng/ml	[0.70-2.04]
T4 - Thyroxine (ECLIA)	7.40	micg/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	4.830 #	μIU/mL	[0.340-4.250]

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet, stress and illness affect TSH results.

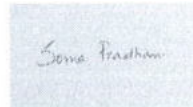
* References ranges recommended by the American Thyroid Association

1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128

2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html>

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Dr. Soma Pradhan

LABORATORY REPORT

Name	: MR PAWAN KUMAR SINGH	Age	: 35 Yr(s) Sex :Male
Registration No	: MH010901873	Lab No	: 202304000851
Patient Episode	: H18000000428	Collection Date	: 08 Apr 2023 09:29
Referred By	: HEALTH CHECK MGD	Reporting Date	: 08 Apr 2023 12:59
Receiving Date	: 08 Apr 2023 11:09		

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDEANCE)	5.04	millions/cu mm	[4.50-5.50]
HEMOGLOBIN	14.2	g/dl	[12.0-16.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	43.1	%	[40.0-50.0]
MCV (DERIVED)	85.5	fL	[83.0-101.0]
MCH (CALCULATED)	28.2	pg	[27.0-32.0]
MCHC (CALCULATED)	32.9	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	13.0	%	[11.6-14.0]
Platelet count	232	x 10 ³ cells/cumm	[150-400]
MPV(DERIVED)	11.1		
WBC COUNT(TC) (IMPEDEANCE)	6.49	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	51.0	%	[40.0-80.0]
Lymphocytes	36.0	%	[17.0-45.0]
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	7.0	%	[2.0-7.0]
Basophils	0.0	%	[0.0-2.0]
ESR	20.0 #	/1sthour	[0.0-

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Patient Episode	: H18000000428	Collection Date	: 08 Apr 2023 09:29
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Receiving Date	: 08 Apr 2023 11:09		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.9 #	%	[0.0-5.6]
Method: HPLC			
As per American Diabetes Association (ADA)			
HbA1c in %			
Non diabetic adults >= 18years <5.7			
Prediabetes (At Risk)5.7-6.4			
Diagnosing Diabetes >= 6.5			
Estimated Average Glucose (eAG)	123	mg/dl	

Comments : HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long term glycemic control.

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	5.0	(4.6-8.0)
Specific Gravity	1.005	(1.003-1.035)

CHEMICAL EXAMINATION

Protein/Albumin	Negative	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	Normal	(NORMAL)

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Patient Episode	: H18000000428	Collection Date	: 08 Apr 2023 11:09
Referred By	: HEALTH CHECK MGD	Reporting Date	: 08 Apr 2023 12:45
Receiving Date	: 08 Apr 2023 11:09		

CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells	0-1 /hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	NIL /hpf	
CASTS	NIL	
Crystals	NIL	
OTHERS	NIL	

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	243 #	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	119	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	65.0	mg/dl	[35.0-65.0]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	24	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	154.0 #	mg/dl	[<120.0] Near/ Borderline High:130-159 High Risk:160-189
Above optimal-100-129			<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
T.Chol/HDL.Chol ratio(Calculated)	3.7		<3 Optimal 3-4 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.4		

Note:

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BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Reference ranges based on ATP III Classifications.

KIDNEY PROFILE

Specimen: Serum

UREA	22.0	mg/dl	[15.0-40.0]
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Method: GLDH, Kinatic assay

BUN, BLOOD UREA NITROGEN	10.3	mg/dl	[8.0-20.0]
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Method: Calculated

CREATININE, SERUM	0.95	mg/dl	[0.70-1.20]
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Method: Jaffe rate-IDMS Standardization

URIC ACID	6.3	mg/dl	[4.0-8.5]
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Method:uricase PAP

SODIUM, SERUM	136.50	mmol/L	[136.00-144.00]
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POTASSIUM, SERUM	4.98	mmol/L	[3.60-5.10]
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SERUM CHLORIDE	104.5	mmol/l	[101.0-111.0]
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Method: ISE Indirect

eGFR (calculated)	103.3	ml/min/1.73sq.m	[>60.0]
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Technical Note

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis Icterus / Lipemia.

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BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL Method: D P D	0.55	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.10	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.45	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) Method: BIURET	6.90	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	3.86	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	3.00	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.27		[1.00-2.50]
AST (SGOT) (SERUM) Method: IFCC W/O P5P	33.00	U/L	[0.00-40.00]
ALT (SGPT) (SERUM) Method: IFCC W/O P5P	45.00	U/L	[17.00-63.00]
Serum Alkaline Phosphatase Method: AMP BUFFER IFCC)	111.0 #	IU/L	[32.0-91.0]
GGT	84.0 #		[7.0-50.0]

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BLOOD BANK

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Blood Group & Rh Typing (Agglutination by gel/tube technique)			Specimen-Blood
Blood Group & Rh typing	B Rh(D) Positive		

Technical note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

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Dr. Charu Agarwal
Consultant Pathologist

LABORATORY REPORT

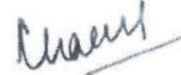
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Registration No : MH010901873 Lab No : 202304000852
Patient Episode : H18000000428 Collection Date : 08 Apr 2023 09:29
Referred By : HEALTH CHECK MGD Reporting Date : 08 Apr 2023 11:11
Receiving Date : 08 Apr 2023 09:29

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	87.0	mg/dl	[70.0-110.0]

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-----END OF REPORT-----



Dr. Charu Agarwal
Consultant Pathologist

LABORATORY REPORT

Name : MR PAWAN KUMAR SINGH Age : 35 Yr(s) Sex : Male
Registration No : MH010901873 Lab No : 202304000853
Patient Episode : H18000000428 Collection Date : 08 Apr 2023 14:13
Referred By : HEALTH CHECK MGD Reporting Date : 10 Apr 2023 10:11
Receiving Date : 08 Apr 2023 14:13

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE Specimen: Plasma GLUCOSE, POST PRANDIAL (PP), 2 HOURS Method: Hexokinase	95.0	mg/dl	[80.0-140.0]

Note:

Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption, post exercise

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-----END OF REPORT-----



Dr. Alka Dixit Vats
Consultant Pathologist