# manipalhospitals





# TMT INVESTIGATION REPORT

Patient Name : PANKAJ KUMAR TYAGI

Location

: Ghaziabad

Age/Sex

: 48Year(s)/male

Visit No

: V000000001-GHZB

MRN No

MH010618306

Order Date

-: 21/08/2023

Ref. Doctor : HCP

Report Date

: 21/08/2023

Protocol

: Bruce

**MPHR** 

: 172BPM

**Duration of exercise** Reason for termination : THR achieved

: 9min 40sec

85% of MPHR

: 146BPM

Peak HR Achieved : 147BPM

Blood Pressure (mmHg) : Baseline BP : 117/62mmHg

Peak BP : 140/70mmHg % Target HR **METS** 

: 85%

						: II.ZMETS
STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	56	117/62			
	1000000	50	11//02	Nil	No ST changes seen	Nil
STAGE 1	3:00	92	117/62			
		32	117/62	Nil	No ST changes seen	Nil
STAGE 2	3:00	113	125122			
essential de la companya de la compa	3.00	113	126/62	Nil	No ST changes seen	Nil
STAGE 3	3:00	137	121/20			IVII
	3.00	13/	134/70	Nil	No ST changes seen	Nil
STAGE 4	0:40	147			Jan Sacrit	INII
	0.40	147	140/70	Nil	1mm upsloping ST	NII
RECOVERY	3:38	64			depression noted	Nil
	5.56	64	120/66	Nil	No ST changes seen	Nil

#### **COMMENTS:**

No ST changes in base line ECG.

1mm upsloping ST depression noted at peak stage.

No ST changes in recovery.

Normal chronotropic response.

Normal blood pressure response.

Good effort tolerance.

# **IMPRESSION:**

Treadmill test is negative for exercise induced reversible myocardial ischemia.

Dr. Bhupendra Singh MD, DM (GARDIOLOGY), FACC MD, DNB (CARDIOLOGY), MNAMS MD

Dr. Abhishek Singh

Dr. Sudhanshu Mishra

Sr. Consultant Cardiology

Sr.Consultant Cardiology

Cardiology Registrar

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Opp. Bahmeta Village, Ghaziabad, Uttar Pradesh - 201 002

P: 0120-616 5666

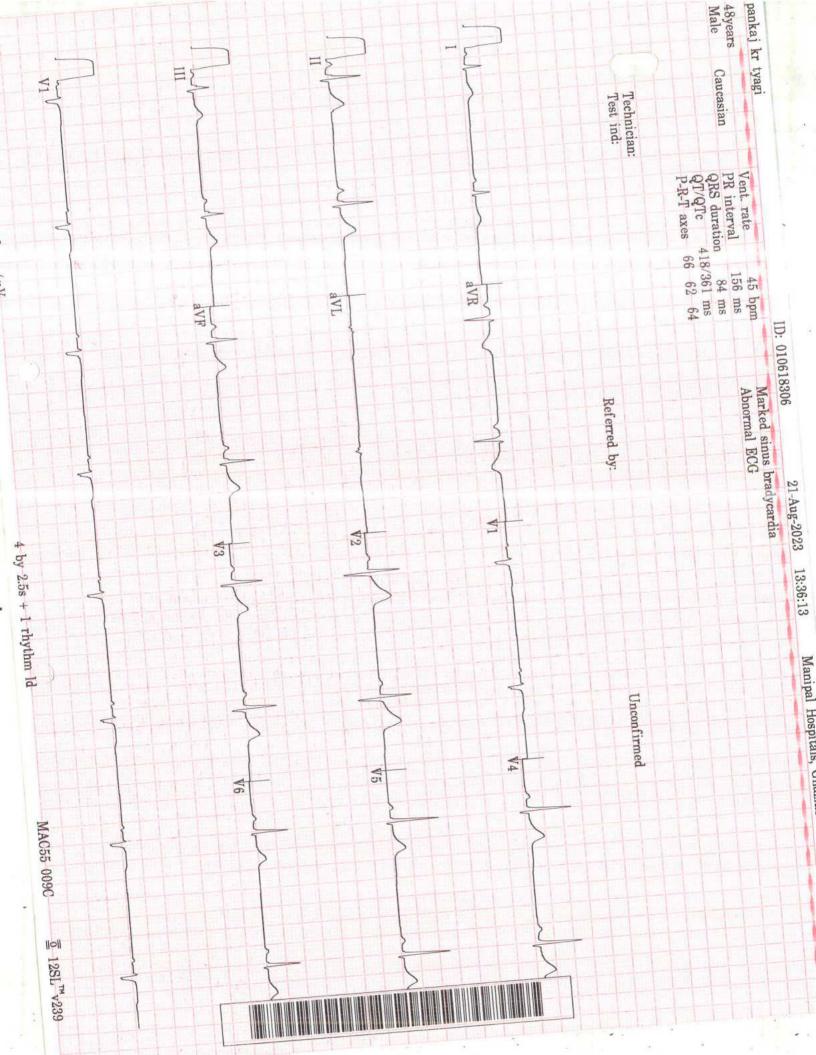
Page 1 of 2

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

Regd. Off. The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru - 560 017

P + 91 80 4936 0300 E into@manibosnitals.com www.manipalhosnitals.com





### RADIOLOGY REPORT

NAME	PANKAJ KUMAR TYAGI	STUDY DATE	21/08/2023 10:11AM
AGE / SEX	48 y / M	HOSPITAL NO.	MH010618306
ACCESSION NO.	R5983878	MODALITY	CR
REPORTED ON	21/08/2023 10:20AM	REFERRED BY	HEALTH CHECK MGD

#### XR- CHEST PA VIEW

FINDINGS: LUNGS: Normal. TRACHEA: Normal. CARINA: Normal.

RIGHT AND LEFT MAIN BRONCHI: Normal.

PLEURA: Normal. HEART: Normal.

RIGHT HEART BORDER: Normal. LEFT HEART BORDER: Normal. PULMONARY BAY: Normal. PULMONARY HILA: Normal.

AORTA: Normal.

THORACIC SPINE: Normal.

OTHER VISUALIZED BONES: Normal. VISUALIZED SOFT TISSUES: Normal.

DIAPHRAGM: Normal.

VISUALIZED ABDOMEN: Normal. VISUALIZED NECK: Normal.

#### IMPRESSION:

-No significant abnormality seen.

Please correlate clinically

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

**CONSULTANT RADIOLOGIST** 

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



# RADIOLOGY REPORT

	TANKA LIZUMAD TVACI	STUDY DATE	21/08/2023 11:24AM
NAME	PANKAJ KUMAR TYAGI		MH010618306
AGE / SEX	48 y / M	HOSPITAL NO.	The second of th
	R5983879	MODALITY	US
ACCESSION NO.	110000	REFERRED BY	HEALTH CHECK MGD
REPORTED ON	21/08/2023 11:56AM	KEFERRED BT	1100

## **USG ABDOMEN & PELVIS**

LIVER: appears normal in size (measures 116 mm) and shape but shows minimally increase in liver

echotexture, in keeping with early grade I fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 89 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 9 mm.

COMMON BILE DUCT: Appears normal in size and measures 4 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 105 x 40 mm. Left Kidney: measures 109 x 41 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

PROSTATE: Prostate is borderline enlarged in size (measures 42 x 33 x 29 mm with volume 21 cc) but normal

in shape and echotexture. Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

#### **IMPRESSION**

- -Early grade I fatty infiltration in liver.
- -Borderline prostatomegaly.

Recommend clinical correlation.

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST

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

MANIPAL HOSPITALS

NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad - 201002

www.manipalhospitals.com



#### LABORATORY REPORT

Name

PANKAJ KUMAR TYAGI

48 Yr(s) Sex :Male

Registration No

MH010618306

Lab No 32230807957

Patient Episode

21 Aug 2023 20:20 -

Referred By

O03001146463

Collection Date:

MANIPAL HOSPITALS GURUGRAM

Reporting Date:

22 Aug 2023 09:42

Receiving Date

21 Aug 2023 20:39

#### BIOCHEMISTRY

Test Name

Result

Unit

Biological Ref. Interval

TOTAL PSA, Serum (ECLIA)

0.746

ng/mL

[<2.500]

" e: PSA is a glycoprotein that is produced by the prostate gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.

Caution : Serum markers are not specific for malignancy, and values may vary by method.

Immediate PSA testing following digital rectal examination, ejaculation, prostate massage urethral instrumentation, prostate biopsy may increase PSA levels.

Some patients who have been exposed to animal antigens, may have circulating anti-animal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

Page 1 of 1

----END OF REPORT----

Dr. Neelam Singal

CONSULTANT BIOCHEMISTRY

P 011 4967 4967 E info@manipalhospitals.com Emergency 011 4040 7070 www.hcmct.in www.manipalhospitals.com/delhi/

Managed by Manipal Hospitals (Dwarka) Private Limited



Department Of Laboratory MedicineFE'S ON

: PANKAJ KUMAR TYAU ABORATORY REPORT Name

> : MH010618306 Lab No 32230807957

: O03001146463 Collection Date: 21 Aug 2023 20:20 Patient Episode

22 Aug 2023 10:15 Referred By : MANIPAL HOSPITALS GURUGRAM Reporting Date:

**Receiving Date** : 21 Aug 2023 20:39

#### BIOCHEMISTRY

THYROID PROFILE, Serum

Registration No

[0.80-2.04] T3 - Triiodothyronine (ECLIA) 0.89 ng/ml µg/dl [4.60-10.50] T4 - Thyroxine (ECLIA) 4.42 Thyroid Stimulating Hormone (ECLIA) 2.600 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

Page 1 of 1

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

Dr. Neelam Singal

CONSULTANT BIOCHEMISTRY

Specimen Type : Serum

P 011 4967 4967 E info@manipalhospitals.com Emergency 011 4040 7070 www.hcmct.in www.manipalhospitals.com/delhi/

Managed by Manipal Hospitals (Dwarka) Private Limited





Name		PANKAJ KUMAR TEABORATORY	REPORT	48 Yr(s) Sex :Male
Registration No	:	MH010618306	Lab No :	202308003238
Patient Episode	:	H18000000864	Collection Date:	21 Aug 2023 10:31
Referred By	:	HEALTH CHECK MGD	Reporting Date :	21 Aug 2023 12:39
Receiving Date	:	21 Aug 2023 11:27		-

#### HAEMATOLOGY

UNIT

RESULT

TEST

COMPLETE BLOOD COUNT (AUTOM	ATED)	SPECIMEN-EDTA Whole	Blood
RBC COUNT (IMPEDENCE)	4.42	millions/cumm	[3.80-5.30]
HEMOGLOBIN	12.9	g/dl	[11.5-16.5]
Method:cyanide free SLS-cole	orimetry		
HEMATOCRIT (CALCULATED)	38.6	8	[34.0-45.0]
MCV (DERIVED)	87.3	fL	[77.0-97.0]
MCH (CALCULATED)	29.2	pg	[26.0-34.0]
MCHC (CALCULATED)	33.4	g/dl	[33.0-36.0]
RDW CV% (DERIVED)	14.1	8	[11.5-14.5]
Platelet count	150	x 10 <sup>3</sup> cells/cumm	[150-400]
Method: Electrical Impedance	9		
MPV (DERIVED)	14.4		
WBC COUNT(TC)(IMPEDENCE) DIFFERENTIAL COUNT	4.17	$\times$ 10 $^{3}$ cells/cumm	[4.00-10.00]
(VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	40.0	8	[40.0-80.0]
Lymphocytes	51.0	%	[17.0-45.0]
Monocytes	6.0	9	[4.0-13.0]
Eosinophils	. 3.0	8	[2.0-7.0]
Basophils	0.0	96	[0.0-2.0]
ESR	2.0	mm/lsthour	[0.0-

Page1 of 8

BIOLOGICAL REFERENCE INTERVAL



PANKAJ KUMAR TYAGBORATORY REPORT Name 48 Yr(s) Sex : Male

MH010618306 Registration No 202308003238

Patient Episode H18000000864 **Collection Date:** 21 Aug 2023 11:27

Referred By HEALTH CHECK MGD Reporting Date: 21 Aug 2023 16:13

**Receiving Date** 21 Aug 2023 11:27

#### **CLINICAL PATHOLOGY**

#### ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

#### MACROSCOPIC DESCRIPTION

olour Light-Yellow (Pale Yellow - Yellow)

Appearance CLEAR

Reaction[pH] 5.0 (4.6 - 8.0)Specific Gravity 1.020 (1.003 - 1.035)

CHEMICAL EXAMINATION Protein/Albumin

Negative (NEGATIVE) Glucose NIL (NIL)

Ketone Bodies Negative (NEGATIVE) Urobilinogen Normal (NORMAL)

#### MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells 2-3/hpf. (0-5/hpf)RBC

NIL (0-2/hpf)

Epithelial Cells 2-3 /hpf CASTS NIL Crystals NIL Bacteria NIL OTHERS NIL

Page 2 of 8



Name : PANKAJ KUMAR T LABORATORY REPORT : 48 Yr(s) Sex : Male

Patient Episode : H18000000864 Collection Date : 21 Aug 2023 10:31

Referred By : HEALTH CHECK MGD Reporting Date : 21 Aug 2023 17:16

Receiving Date : 21 Aug 2023 11:27

BIOCHEMISTRY

TEST RESULT UNIT BIOLOGICAL REFERENCE INTERVAL

Glycosylated Hemoglobin

Specimen: EDTA

HbA1c (Glycosylated Hemoglobin) 5.5 % [0.0-5.6]

Method: HPLC

As per American Diabetes Association (ADA

HbAlc in %

Non diabetic adults >= 18years <5.7

Prediabetes (At Risk ) 5.7-6.4 Diagnosing Diabetes >= 6.5

Estimated Average Glucose (eAG) 111 mg/dl

Comments: HbAlc 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.

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	172	mg/dl	[<200]
Method:Oxidase, esterase, peroxide			Moderate risk:200-239
)			High risk:>240
TRIGLYCERIDES (GPO/POD)	104	mg/dl	[<150]
			Borderline high:151-199
			High: 200 - 499
*			Very high:>500
HDL- CHOLESTEROL	49.0	mg/dl	[35.0-65.0]
Method: Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	21	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	102.0	mg/dl	[<120.0]
			Near/

Above optimal-100-129

Borderline High:130-159 High Risk:160-189

Page 3 of 8



Name : PANKAJ KUMAR TYAGBORATORY REPORT : 48 Yr(s) Sex :Male

Patient Episode : H18000000864 Collection Date : 21 Aug 2023 10:31

Referred By : HEALTH CHECK MGD Reporting Date : 21 Aug 2023 12:20

**Receiving Date** : 21 Aug 2023 11:27

#### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio(Calcu	lated)	3.5	<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calc	ulated)	2.1	<3 Optimal 3-4 Borderline >6 High Risk

#### Note:

Reference ranges based on ATP III Classifications.

Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of this tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases

#### KIDNEY PROFILE

Specimen: Serum UREA	32.7	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay BUN, BLOOD UREA NITROGEN	15.3	mg/dl	[8.0-20.0]
Method: Calculated CREATININE, SERUM	0.88	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standard URIC ACID Method:uricase PAP	ization 5.7	mg/dl	[4.0-8.5]
SODIUM, SERUM	138.40	mmo1/L	[136.00-144.00]
POTASSIUM, SERUM SERUM CHLORIDE Method: ISE Indirect	4.22	mmol/L	[3.60-5.10] [101.0-111.0]

Page 4 of 8



Name : PANKAJ KUMAR TYANBORATORY REPORT : 48 Yr(s) Sex : Male

Referred By : HEALTH CHECK MGD Reporting Date : 21 Aug 2023 12:20

Receiving Date : 21 Aug 2023 11:27

BIOCHEMISTRY

TEST RESULT UNIT BIOLOGICAL REFERENCE INTERVAL

eGFR (calculated) 101.6 ml/min/1.73sq.m [>60.0

Technical Note

FR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to1.73 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.

#### LIVER FUNCTION TEST

BILIRUBIN - TOTAL Method: D P D	0.79	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.14	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.65	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) -Method: BIURET	7.10	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.31	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.80	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.54		[1.00-2.50]
AST(SGOT) (SERUM) Method: IFCC W/O P5P	31.00	U/L	[0.00-40.00]

Page 5 of 8



Name : PANKAJ KUMAR TYABORATORY REPORT : 48 Yr(s) Sex : Male

Referred By : HEALTH CHECK MGD Reporting Date : 21 Aug 2023 12:20

**Receiving Date** : 21 Aug 2023 11:27

#### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT(SGPT) (SERUM) Method: IFCC W/O P5P	32.70	U/L	[17.00-63.00]
'erum Alkaline Phosphatase .wethod: AMP BUFFER IFCC)	86.0	IU/L	[32.0-91.0]
GGT	32.0	U/	[7.0-50.0]

Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

Blood Group & Rh Typing (Agglutination by gel/tube technique) Specimen-Blood

Blood Group & Rh typing

B Rh(D) Negative

#### Technical note:

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

Page 6 of 8

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

Dr. Charu Agarwal Consultant Pathologist



Name : PANKAJ KUMAR TYAGBORATORY REPORT : 48 Yr(s) Sex : Male

Referred By : HEALTH CHECK MGD Reporting Date : 21 Aug 2023 12:20

Receiving Date : 21 Aug 2023 10:31

#### BIOCHEMISTRY

TEST RESULT UNIT BIOLOGICAL REFERENCE INTERVAL

GLUCOSE-Fasting

pecimen: Plasma
GLUCOSE, FASTING (F)
94.0 mg/dl [70.0-110.0]

Method: Hexokinase

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in Diabetes mellitus, Cushing's syndrome (10-15%), chronic pancreatitis (30%). Drugs corticosteroids, phenytoin, estrogen, thiazides

Decreased in Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortica insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia),

insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

Page 7 of 8

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

Dr. Charu Agarwal Consultant Pathologist



PANKAJ KUMAR TLABORATORY REPORT 48 Yr(s) Sex :Male Name

MH010618306 Registration No

202308003240

Reporting Date:

Patient Episode

H18000000864

**Collection Date:** 

Referred By

HEALTH CHECK MGD

21 Aug 2023 14:11

Receiving Date

21 Aug 2023 14:11

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

21 Aug 2023 15:31

PLASMA GLUCOSE

pecimen:Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS

84.0

mg/dl

[80.0-140.0]

Method: Hexokinase

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

Page 8 of 8

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

Dr. Alka Dixit Vats **Consultant Pathologist** 

# manipalhospitals

Manipal Hospital Ghaziabad

NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad 201 002 0120 3535 353 / +91 88609 45566



#### HEALTH CHECK RECORD

Hospital No:

MH010618306

PANKAJ KUMAR TYAGI

Visit No: H18000000864 Age/Sex: 48 Yrs/Male

Name:

Doctor Name: DR.SHISHIR NARAIN

Specialty: HC SERVICE MGD

21/08/2023 12:42PM

BP Diastolic: 63 mmHg

Pulse Rate: 47beats per minute

BP Systolic: 117 mmHg

Saturation(Oxygen): 98%

Height: 166.8cm

Weight: 78kg

BMI: 28.04

Pain Score: 00

Fall Risk: 01

Vulnerable: 01

OPD Notes

PRESENT OPHTHALMIC COMPLAINS - ROUTINE EYE CHECK UP

SYSTEMIC/ OPHTHALMIC HISTORY - NIL

NO FAMILY H/O GLAUCOMA

**EXAMINATION DETAILS** 

RIGHT EYE

LEFT EYE

VISION

6/6

6/6

CONJ

NORMAL

NORMAL

CORNEA

CLEAR

CLEAR

N

ANTERIOR CHAMBER/ IRIS LENS

CLEAR

CLEAR

OCULAR MOVEMENTS

FULL 16

**FULL** 

NCT

**FUNDUS EXAMINATION** 

A) VITREOUS

C:D 0.4

C:D 0.4

B) OPTIC DISC C) MACULAR AREA

FOVEAL REFLEX PRESENT FOVEAL REFLEX PRESENT

POWER OF GLASS

Right eye: -1.50 Dsp -6/6

Left eye: -1.50 Dsp / -0.50 Dcyl x 80 degree-6/6

NEAR ADD BE +1.75 DSPH N/6

DIAGNOSIS: DRY EYES

ADVISE / TREATMENT

E/D NST 4 TIMES DAILY BE **REVIEW AFTER 6 MONTHS** 

DR.SHISHIR NARAIN Reg. No.: 9538

1 of 2

Manipal Health Enterprises Pvt. Ltd.

CIN: U85110KA2010PTC052540

Regd. Off. The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru 560 017, Karnataka

P+91 80 4936 0300 E info@manipalhospitals.com www.manipalhospitals.com



Helpline: 99996 51125



In association with

Manipal Hospitals - Ghaziabad

Dr. Anant Vir Jain, MS, Fellow Aravind Eye Care Systems, Madurai. Cataract, Cornea & Glaucoma Dr. Shishir Narain, MS, FRCSEd FRCOphth, Fellow Sankara Nethralaya, Retina & Uveitis

# manipalhospitals





# TMT INVESTIGATION REPORT

Patient Name : PANKAJ KUMAR TYAGI

Location

: Ghaziabad

Age/Sex

: 48Year(s)/male

Visit No.

: V000000001-GHZB

MRN No

MH010618306

Order Date

Ref. Doctor : HCP

-: 21/08/2023

Report Date

: 21/08/2023

Protocol

: Bruce

**MPHR** 

: 172BPM

**Duration of exercise** 

: 9min 40sec

85% of MPHR

Reason for termination : THR achieved

Peak HR Achieved : 147BPM

: 146BPM

Blood Pressure (mmHg) : Baseline BP : 117/62mmHg

% Target HR

: 85%

Peak BP

: 140/70mmHg

METS

-					rici3	: 11.2METS
STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	56	117/62			
	1000-3	50	11//62	Nil	No ST changes seen	Nil
STAGE 1	3:00	92	117/00			
		32	117/62	Nil	No ST changes seen	Nil
STAGE 2	3:00	112				1
-0-4-15\m\	3.00	113	126/62	Nil	No ST changes seen	Nil
STAGE 3	3:00	127				INII
	3.00	137	134/70	Nil	No ST changes seen	NEL
STAGE 4	0:40	447			The second section	Nil
	0.40	147	140/70	Nil	1mm upsloping ST	
RECOVERY	2.20				depression noted	Nil
CECOALKI	3:38	64	120/66	Nil	No CT ob-	
			,	1411	No ST changes seen	Nil

#### **COMMENTS:**

No ST changes in base line ECG.

1mm upsloping ST depression noted at peak stage.

No ST changes in recovery.

Normal chronotropic response.

Normal blood pressure response.

Good effort tolerance.

# **IMPRESSION:**

Treadmill test is negative for exercise induced reversible myocardial ischemia.

Dr. Bhupendra Singh MD, DM (GARDIOLOGY), FACC MD, DNB (CARDIOLOGY), MNAMS MD

Dr. Abhishek Singh

Dr. Sudhanshu Mishra

Sr. Consultant Cardiology

Sr.Consultant Cardiology

Cardiology Registrar

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Opp. Bahmeta Village, Ghaziabad, Uttar Pradesh - 201 002

: 0120-616 5666

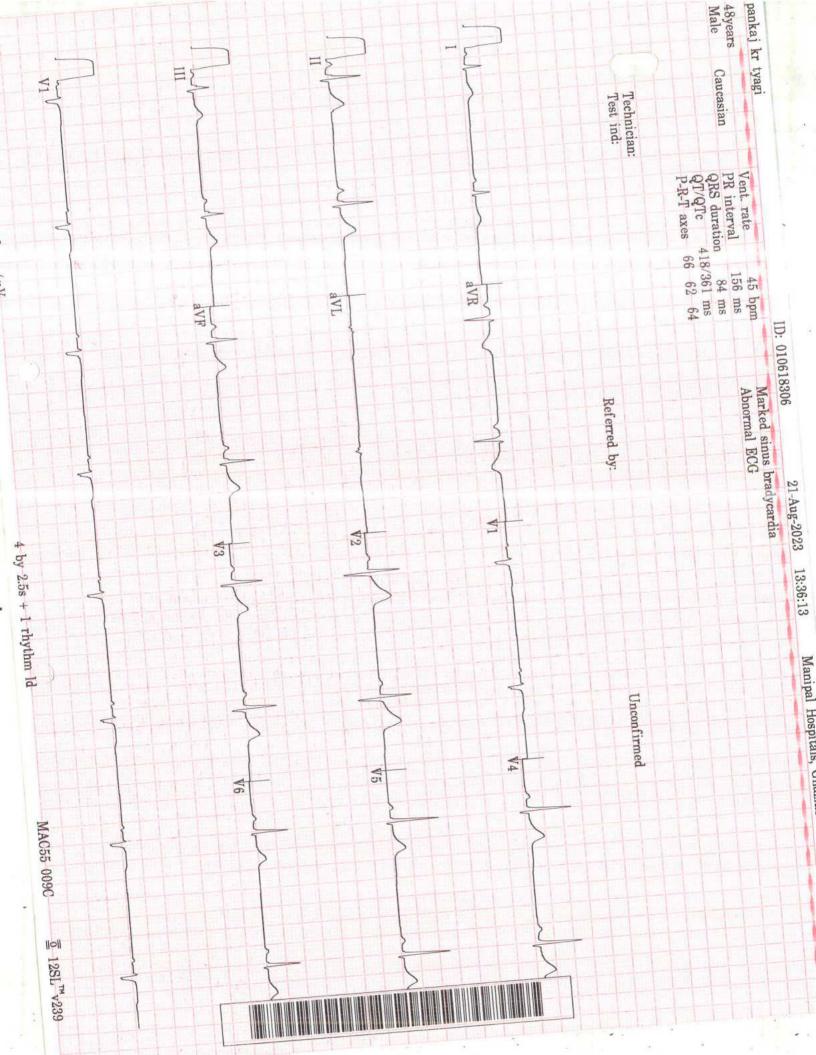
Page 1 of 2

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

Regd. Off. The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru - 560 017

P +91 80 4936 0300 E info@manibosnitals.com Www.manipalhosnitals.com





### RADIOLOGY REPORT

NAME	PANKAJ KUMAR TYAGI	STUDY DATE	21/08/2023 10:11AM
AGE / SEX	48 y / M	HOSPITAL NO.	MH010618306
ACCESSION NO.	R5983878	MODALITY	CR
REPORTED ON	21/08/2023 10:20AM	REFERRED BY	HEALTH CHECK MGD

#### XR- CHEST PA VIEW

FINDINGS: LUNGS: Normal. TRACHEA: Normal. CARINA: Normal.

RIGHT AND LEFT MAIN BRONCHI: Normal.

PLEURA: Normal. HEART: Normal.

RIGHT HEART BORDER: Normal. LEFT HEART BORDER: Normal. PULMONARY BAY: Normal. PULMONARY HILA: Normal.

AORTA: Normal.

THORACIC SPINE: Normal.

OTHER VISUALIZED BONES: Normal. VISUALIZED SOFT TISSUES: Normal.

DIAPHRAGM: Normal.

VISUALIZED ABDOMEN: Normal. VISUALIZED NECK: Normal.

#### IMPRESSION:

-No significant abnormality seen.

Please correlate clinically

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

**CONSULTANT RADIOLOGIST** 

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



# RADIOLOGY REPORT

	TANKA LIZUMAD TVACI	STUDY DATE	21/08/2023 11:24AM
NAME	PANKAJ KUMAR TYAGI		MH010618306
AGE / SEX	48 y / M	HOSPITAL NO.	The second of th
	R5983879	MODALITY	US
ACCESSION NO.	110000	REFERRED BY	HEALTH CHECK MGD
REPORTED ON	21/08/2023 11:56AM	KEFERRED BT	1100

## **USG ABDOMEN & PELVIS**

LIVER: appears normal in size (measures 116 mm) and shape but shows minimally increase in liver

echotexture, in keeping with early grade I fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 89 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 9 mm.

COMMON BILE DUCT: Appears normal in size and measures 4 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 105 x 40 mm. Left Kidney: measures 109 x 41 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

PROSTATE: Prostate is borderline enlarged in size (measures 42 x 33 x 29 mm with volume 21 cc) but normal

in shape and echotexture. Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

#### **IMPRESSION**

- -Early grade I fatty infiltration in liver.
- -Borderline prostatomegaly.

Recommend clinical correlation.

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST

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

MANIPAL HOSPITALS

NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad - 201002

www.manipalhospitals.com



#### LABORATORY REPORT

Name

PANKAJ KUMAR TYAGI

48 Yr(s) Sex :Male

Registration No

MH010618306

Lab No 32230807957

Patient Episode

21 Aug 2023 20:20 -

Referred By

O03001146463

Collection Date:

MANIPAL HOSPITALS GURUGRAM

Reporting Date:

22 Aug 2023 09:42

Receiving Date

21 Aug 2023 20:39

#### BIOCHEMISTRY

Test Name

Result

Unit

Biological Ref. Interval

TOTAL PSA, Serum (ECLIA)

0.746

ng/mL

[<2.500]

" e: PSA is a glycoprotein that is produced by the prostate gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.

Caution : Serum markers are not specific for malignancy, and values may vary by method.

Immediate PSA testing following digital rectal examination, ejaculation, prostate massage urethral instrumentation, prostate biopsy may increase PSA levels.

Some patients who have been exposed to animal antigens, may have circulating anti-animal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

Page 1 of 1

----END OF REPORT----

Dr. Neelam Singal

CONSULTANT BIOCHEMISTRY

P 011 4967 4967 E info@manipalhospitals.com Emergency 011 4040 7070 www.hcmct.in www.manipalhospitals.com/delhi/

Managed by Manipal Hospitals (Dwarka) Private Limited



Department Of Laboratory MedicineFE'S ON

: PANKAJ KUMAR TYAU ABORATORY REPORT Name

> : MH010618306 Lab No 32230807957

: O03001146463 Collection Date: 21 Aug 2023 20:20 Patient Episode

22 Aug 2023 10:15 Referred By : MANIPAL HOSPITALS GURUGRAM Reporting Date:

**Receiving Date** : 21 Aug 2023 20:39

#### BIOCHEMISTRY

THYROID PROFILE, Serum

Registration No

[0.80-2.04] T3 - Triiodothyronine (ECLIA) 0.89 ng/ml µg/dl [4.60-10.50] T4 - Thyroxine (ECLIA) 4.42 Thyroid Stimulating Hormone (ECLIA) 2.600 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

Page 1 of 1

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

Dr. Neelam Singal

CONSULTANT BIOCHEMISTRY

Specimen Type : Serum

P 011 4967 4967 E info@manipalhospitals.com Emergency 011 4040 7070 www.hcmct.in www.manipalhospitals.com/delhi/

Managed by Manipal Hospitals (Dwarka) Private Limited





Name		PANKAJ KUMAR TEABORATORY	REPORT	48 Yr(s) Sex :Male
Registration No	:	MH010618306	Lab No :	202308003238
Patient Episode	:	H18000000864	Collection Date:	21 Aug 2023 10:31
Referred By	:	HEALTH CHECK MGD	Reporting Date :	21 Aug 2023 12:39
Receiving Date	:	21 Aug 2023 11:27		-

#### HAEMATOLOGY

UNIT

RESULT

TEST

COMPLETE BLOOD COUNT (AUTOM	ATED)	SPECIMEN-EDTA Whole	Blood
RBC COUNT (IMPEDENCE)	4.42	millions/cumm	[3.80-5.30]
HEMOGLOBIN	12.9	g/dl	[11.5-16.5]
Method:cyanide free SLS-cole	orimetry		
HEMATOCRIT (CALCULATED)	38.6	8	[34.0-45.0]
MCV (DERIVED)	87.3	fL	[77.0-97.0]
MCH (CALCULATED)	29.2	pg	[26.0-34.0]
MCHC (CALCULATED)	33.4	g/dl	[33.0-36.0]
RDW CV% (DERIVED)	14.1	8	[11.5-14.5]
Platelet count	150	x 10 <sup>3</sup> cells/cumm	[150-400]
Method: Electrical Impedance	9		
MPV (DERIVED)	14.4		
WBC COUNT(TC)(IMPEDENCE) DIFFERENTIAL COUNT	4.17	$\times$ 10 $^{3}$ cells/cumm	[4.00-10.00]
(VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	40.0	9	[40.0-80.0]
Lymphocytes	51.0	%	[17.0-45.0]
Monocytes	6.0	9	[4.0-13.0]
Eosinophils	. 3.0	8	[2.0-7.0]
Basophils	0.0	96	[0.0-2.0]
ESR	2.0	mm/lsthour	[0.0-

Page1 of 8

BIOLOGICAL REFERENCE INTERVAL



PANKAJ KUMAR TYAGBORATORY REPORT Name 48 Yr(s) Sex : Male

MH010618306 Registration No 202308003238

Patient Episode H18000000864 **Collection Date:** 21 Aug 2023 11:27

Referred By HEALTH CHECK MGD Reporting Date: 21 Aug 2023 16:13

**Receiving Date** 21 Aug 2023 11:27

#### **CLINICAL PATHOLOGY**

#### ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

#### MACROSCOPIC DESCRIPTION

olour Light-Yellow (Pale Yellow - Yellow)

Appearance CLEAR

Reaction[pH] 5.0 (4.6 - 8.0)Specific Gravity 1.020 (1.003 - 1.035)

CHEMICAL EXAMINATION Protein/Albumin

Negative (NEGATIVE) Glucose NIL (NIL)

Ketone Bodies Negative (NEGATIVE) Urobilinogen Normal (NORMAL)

#### MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells 2-3/hpf. (0-5/hpf)RBC

NIL (0-2/hpf)

Epithelial Cells 2-3 /hpf CASTS NIL Crystals NIL Bacteria NIL OTHERS NIL

Page 2 of 8



Name : PANKAJ KUMAR T LABORATORY REPORT : 48 Yr(s) Sex : Male

Patient Episode : H18000000864 Collection Date : 21 Aug 2023 10:31

Referred By : HEALTH CHECK MGD Reporting Date : 21 Aug 2023 17:16

Receiving Date : 21 Aug 2023 11:27

BIOCHEMISTRY

TEST RESULT UNIT BIOLOGICAL REFERENCE INTERVAL

Glycosylated Hemoglobin

Specimen: EDTA

HbA1c (Glycosylated Hemoglobin) 5.5 % [0.0-5.6]

Method: HPLC

As per American Diabetes Association (ADA

HbAlc in %

Non diabetic adults >= 18years <5.7

Prediabetes (At Risk ) 5.7-6.4 Diagnosing Diabetes >= 6.5

Estimated Average Glucose (eAG) 111 mg/dl

Comments: HbAlc 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.

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	172	mg/dl	[<200]
Method:Oxidase, esterase, peroxide			Moderate risk:200-239
)			High risk:>240
TRIGLYCERIDES (GPO/POD)	104	mg/dl	[<150]
			Borderline high:151-199
			High: 200 - 499
*			Very high:>500
HDL- CHOLESTEROL	49.0	mg/dl	[35.0-65.0]
Method: Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	21	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	102.0	mg/dl	[<120.0]
			Near/

Above optimal-100-129

Borderline High:130-159 High Risk:160-189

Page 3 of 8



Name : PANKAJ KUMAR TYAGBORATORY REPORT : 48 Yr(s) Sex :Male

Patient Episode : H18000000864 Collection Date : 21 Aug 2023 10:31

Referred By : HEALTH CHECK MGD Reporting Date : 21 Aug 2023 12:20

**Receiving Date** : 21 Aug 2023 11:27

#### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio(Calcu	lated)	3.5	<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calc	ulated)	2.1	<3 Optimal 3-4 Borderline >6 High Risk

#### Note:

Reference ranges based on ATP III Classifications.

Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of this tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases

#### KIDNEY PROFILE

Specimen: Serum UREA	32.7	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay BUN, BLOOD UREA NITROGEN	15.3	mg/dl	[8.0-20.0]
Method: Calculated CREATININE, SERUM	0.88	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standard URIC ACID Method:uricase PAP	ization 5.7	mg/dl	[4.0-8.5]
SODIUM, SERUM	138.40	mmo1/L	[136.00-144.00]
POTASSIUM, SERUM SERUM CHLORIDE Method: ISE Indirect	4.22	mmol/L	[3.60-5.10] [101.0-111.0]

Page 4 of 8



Name : PANKAJ KUMAR TYANBORATORY REPORT : 48 Yr(s) Sex : Male

Referred By : HEALTH CHECK MGD Reporting Date : 21 Aug 2023 12:20

Receiving Date : 21 Aug 2023 11:27

BIOCHEMISTRY

TEST RESULT UNIT BIOLOGICAL REFERENCE INTERVAL

eGFR (calculated) 101.6 ml/min/1.73sq.m [>60.0

Technical Note

FR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to1.73 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.

#### LIVER FUNCTION TEST

BILIRUBIN - TOTAL Method: D P D	0.79	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.14	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.65	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) -Method: BIURET	7.10	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.31	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.80	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.54		[1.00-2.50]
AST(SGOT) (SERUM) Method: IFCC W/O P5P	31.00	U/L	[0.00-40.00]

Page 5 of 8



Name : PANKAJ KUMAR TYABORATORY REPORT : 48 Yr(s) Sex : Male

Referred By : HEALTH CHECK MGD Reporting Date : 21 Aug 2023 12:20

**Receiving Date** : 21 Aug 2023 11:27

#### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT(SGPT) (SERUM) Method: IFCC W/O P5P	32.70	U/L	[17.00-63.00]
'erum Alkaline Phosphatase .wethod: AMP BUFFER IFCC)	86.0	IU/L	[32.0-91.0]
GGT	32.0	U/	[7.0-50.0]

Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

Blood Group & Rh Typing (Agglutination by gel/tube technique) Specimen-Blood

Blood Group & Rh typing

B Rh(D) Negative

#### Technical note:

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

Page 6 of 8

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

Dr. Charu Agarwal Consultant Pathologist



Name : PANKAJ KUMAR TYAGBORATORY REPORT : 48 Yr(s) Sex : Male

Referred By : HEALTH CHECK MGD Reporting Date : 21 Aug 2023 12:20

Receiving Date : 21 Aug 2023 10:31

#### BIOCHEMISTRY

TEST RESULT UNIT BIOLOGICAL REFERENCE INTERVAL

GLUCOSE-Fasting

pecimen: Plasma
GLUCOSE, FASTING (F)
94.0 mg/dl [70.0-110.0]

Method: Hexokinase

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in Diabetes mellitus, Cushing's syndrome (10-15%), chronic pancreatitis (30%). Drugs corticosteroids, phenytoin, estrogen, thiazides

Decreased in Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortica insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia),

insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

Page 7 of 8

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

Dr. Charu Agarwal Consultant Pathologist



Name : PANKAJ KUMAR T LABORATORY REPORT : 48 Yr(s) Sex :Male

Registration No : MH010618306

Lab No : 202308003240

Patient Episode

H18000000864

Referred By

: HEALTH CHECK MGD

Collection Date: 21 Aug 2023 14:11

Receiving Date

21 Aug 2023 14:11

**Reporting Date:** 21 Aug 2023 15:31

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

PLASMA GLUCOSE

pecimen:Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS

84.0

mg/dl

[80.0-140.0]

Method: Hexokinase

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

Page 8 of 8

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

Alle

Dr. Alka Dixit Vats Consultant Pathologist

# manipalhospitals

Manipal Hospital Ghaziabad

NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad 201 002 0120 3535 353 / +91 88609 45566



#### HEALTH CHECK RECORD

BP Diastolic: 63 mmHg

RIGHT EYE

FULL

Height: 166.8cm

Pain Score: 00

6/6

NORMAL

CLEAR

16

CLEAR

Visit No: H18000000864

Specialty: HC SERVICE MGD

Weight: 78kg

Fall Risk: 01

Pulse Rate: 47beats per minute

Age/Sex: 48 Yrs/Male

LEFT EYE

Hospital No:

Name:

MH010618306

PANKAJ KUMAR TYAGI

Doctor Name: DR.SHISHIR NARAIN

21/08/2023 12:42PM

BP Systolic: 117 mmHg

Saturation(Oxygen): 98%

BMI: 28.04

Vulnerable: 01 OPD Notes

> PRESENT OPHTHALMIC COMPLAINS - ROUTINE EYE CHECK UP SYSTEMIC/ OPHTHALMIC HISTORY - NIL

NO FAMILY H/O GLAUCOMA

**EXAMINATION DETAILS** VISION

CONJ

CORNEA

ANTERIOR CHAMBER/ IRIS LENS

OCULAR MOVEMENTS

NCT **FUNDUS EXAMINATION** 

A) VITREOUS

B) OPTIC DISC C) MACULAR AREA C:D 0.4

C:D 0.4

FOVEAL REFLEX PRESENT FOVEAL REFLEX PRESENT

6/6

NORMAL

N

**FULL** 

CLEAR

CLEAR

POWER OF GLASS

Right eye: -1.50 Dsp -6/6 Left eye: -1.50 Dsp / -0.50 Dcyl x 80 degree-6/6

NEAR ADD BE +1.75 DSPH N/6

DIAGNOSIS: DRY EYES

ADVISE / TREATMENT E/D NST 4 TIMES DAILY BE **REVIEW AFTER 6 MONTHS** 

DR.SHISHIR NARAIN

Reg. No.: 9538

1 of 2

Manipal Health Enterprises Pvt. Ltd.

CIN: U85110KA2010PTC052540

Regd. Off. The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru 560 017, Karnataka

P+91 80 4936 0300 E info@manipalhospitals.com www.manipalhospitals.com



Helpline: 99996 51125

In association with

Manipal Hospitals - Ghaziabad

Dr. Anant Vir Jain, MS, Fellow Aravind Eye Care Systems, Madurai. Cataract, Cornea & Glaucoma Dr. Shishir Narain, MS, FRCSEd FRCOphth, Fellow Sankara Nethralaya, Retina & Uveitis

# manipalhospitals





# TMT INVESTIGATION REPORT

Patient Name : PANKAJ KUMAR TYAGI

Location

: Ghaziabad

Age/Sex

: 48Year(s)/male

Visit No.

: V000000001-GHZB

MRN No

MH010618306

Order Date

Ref. Doctor : HCP

-: 21/08/2023

Report Date

: 21/08/2023

Protocol

: Bruce

**MPHR** 

: 172BPM

**Duration of exercise** 

: 9min 40sec

Peak BP

85% of MPHR

Reason for termination : THR achieved

Peak HR Achieved : 147BPM

: 146BPM

Blood Pressure (mmHg) : Baseline BP : 117/62mmHg

: 140/70mmHg

% Target HR

: 85%

METS

						: II.ZMEIS
STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	56	117/62			
	1000-3	50	117/62	Nil	No ST changes seen	Nil
STAGE 1	3:00	92	117/60			
		1 32	117/62	Nil	No ST changes seen	Nil
STAGE 2	3:00	113	400400			
	3.00	113	126/62	Nil	No ST changes seen	Nil
STAGE 3	3:00	137	101/00			1911
	3.00	13/	134/70	Nil	No ST changes seen	Nii
STAGE 4	0:40	147			300 00011	Nil
	0.40	147	140/70	Nil	1mm upsloping ST	NU
RECOVERY	3:38	C.4			depression noted	Nil
	3.38	64	120/66	Nil	No ST changes seen	NUL
					January Section	Nil

#### **COMMENTS:**

No ST changes in base line ECG.

1mm upsloping ST depression noted at peak stage.

No ST changes in recovery.

Normal chronotropic response.

Normal blood pressure response.

Good effort tolerance.

# **IMPRESSION:**

Treadmill test is negative for exercise induced reversible myocardial ischemia.

Dr. Bhupendra Singh MD, DM (GARDIOLOGY), FACC MD, DNB (CARDIOLOGY), MNAMS MD Sr. Consultant Cardiology

Dr. Abhishek Singh

Dr. Sudhanshu Mishra

Sr.Consultant Cardiology

Cardiology Registrar

Manipal Hospital, Ghaziabad

NH - 24, Hapur Road, Opp. Bahmeta Village, Ghaziabad, Uttar Pradesh - 201 002

: 0120-616 5666

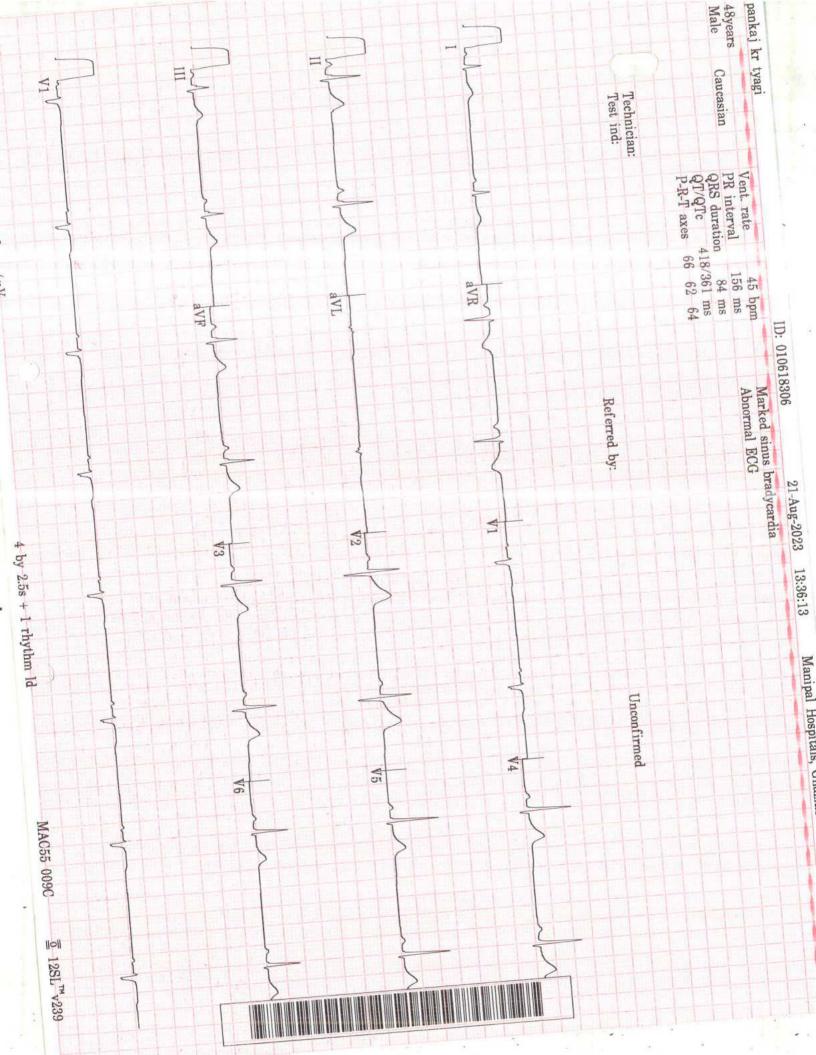
Page 1 of 2

Manipal Health Enterprises Private Limited

CIN: U85110KA2003PTC033055

Regd. Off. The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru - 560 017

P +91 80 4936 0300 E info@manibosnitals.com Www.manipalhosnitals.com





### RADIOLOGY REPORT

NAME	PANKAJ KUMAR TYAGI	STUDY DATE	21/08/2023 10:11AM
AGE / SEX	48 y / M	HOSPITAL NO.	MH010618306
ACCESSION NO.	R5983878	MODALITY	CR
REPORTED ON	21/08/2023 10:20AM	REFERRED BY	HEALTH CHECK MGD

#### XR- CHEST PA VIEW

FINDINGS: LUNGS: Normal. TRACHEA: Normal. CARINA: Normal.

RIGHT AND LEFT MAIN BRONCHI: Normal.

PLEURA: Normal. HEART: Normal.

RIGHT HEART BORDER: Normal. LEFT HEART BORDER: Normal. PULMONARY BAY: Normal. PULMONARY HILA: Normal.

AORTA: Normal.

THORACIC SPINE: Normal.

OTHER VISUALIZED BONES: Normal. VISUALIZED SOFT TISSUES: Normal.

DIAPHRAGM: Normal.

VISUALIZED ABDOMEN: Normal. VISUALIZED NECK: Normal.

#### IMPRESSION:

-No significant abnormality seen.

Please correlate clinically

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

**CONSULTANT RADIOLOGIST** 

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



# RADIOLOGY REPORT

	TANKA LIZUMAD TVACI	STUDY DATE	21/08/2023 11:24AM
NAME	PANKAJ KUMAR TYAGI		MH010618306
AGE / SEX	48 y / M	HOSPITAL NO.	The second of th
	R5983879	MODALITY	US
ACCESSION NO.	110000	REFERRED BY	HEALTH CHECK MGD
REPORTED ON	21/08/2023 11:56AM	KEFERRED BT	1100

## **USG ABDOMEN & PELVIS**

LIVER: appears normal in size (measures 116 mm) and shape but shows minimally increase in liver

echotexture, in keeping with early grade I fatty infiltration. Rest normal.

SPLEEN: Spleen is normal in size (measures 89 mm), shape and echotexture. Rest normal.

PORTAL VEIN: Appears normal in size and measures 9 mm.

COMMON BILE DUCT: Appears normal in size and measures 4 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 105 x 40 mm. Left Kidney: measures 109 x 41 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

PROSTATE: Prostate is borderline enlarged in size (measures 42 x 33 x 29 mm with volume 21 cc) but normal

in shape and echotexture. Rest normal.

SEMINAL VESICLES: Normal.

BOWEL: Visualized bowel loops appear normal.

#### **IMPRESSION**

- -Early grade I fatty infiltration in liver.
- -Borderline prostatomegaly.

Recommend clinical correlation.

Dr. Prabhat Prakash Gupta MBBS, DNB, MNAMS

CONSULTANT RADIOLOGIST

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

MANIPAL HOSPITALS

NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad - 201002

www.manipalhospitals.com



#### LABORATORY REPORT

Name

PANKAJ KUMAR TYAGI

48 Yr(s) Sex :Male

Registration No

MH010618306

Lab No 32230807957

Patient Episode

21 Aug 2023 20:20 -

Referred By

O03001146463

Collection Date:

MANIPAL HOSPITALS GURUGRAM

Reporting Date:

22 Aug 2023 09:42

Receiving Date

21 Aug 2023 20:39

#### BIOCHEMISTRY

Test Name

Result

Unit

Biological Ref. Interval

TOTAL PSA, Serum (ECLIA)

0.746

ng/mL

[<2.500]

" e: PSA is a glycoprotein that is produced by the prostate gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by BPH, prostatitis, or prostate cancer may increase circulating PSA levels.

Caution : Serum markers are not specific for malignancy, and values may vary by method.

Immediate PSA testing following digital rectal examination, ejaculation, prostate massage urethral instrumentation, prostate biopsy may increase PSA levels.

Some patients who have been exposed to animal antigens, may have circulating anti-animal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

Page 1 of 1

----END OF REPORT----

Dr. Neelam Singal

CONSULTANT BIOCHEMISTRY

P 011 4967 4967 E info@manipalhospitals.com Emergency 011 4040 7070 www.hcmct.in www.manipalhospitals.com/delhi/

Managed by Manipal Hospitals (Dwarka) Private Limited



Department Of Laboratory MedicineFE'S ON

: PANKAJ KUMAR TYAU ABORATORY REPORT Name

> : MH010618306 Lab No 32230807957

: O03001146463 Collection Date: 21 Aug 2023 20:20 Patient Episode

22 Aug 2023 10:15 Referred By : MANIPAL HOSPITALS GURUGRAM Reporting Date:

**Receiving Date** : 21 Aug 2023 20:39

#### BIOCHEMISTRY

THYROID PROFILE, Serum

Registration No

[0.80-2.04] T3 - Triiodothyronine (ECLIA) 0.89 ng/ml µg/dl [4.60-10.50] T4 - Thyroxine (ECLIA) 4.42 Thyroid Stimulating Hormone (ECLIA) 2.600 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

Page 1 of 1

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

Dr. Neelam Singal

CONSULTANT BIOCHEMISTRY

Specimen Type : Serum

P 011 4967 4967 E info@manipalhospitals.com Emergency 011 4040 7070 www.hcmct.in www.manipalhospitals.com/delhi/

Managed by Manipal Hospitals (Dwarka) Private Limited





Name		PANKAJ KUMAR TEABORATORY	REPORT	48 Yr(s) Sex :Male
Registration No	:	MH010618306	Lab No :	202308003238
Patient Episode	:	H18000000864	Collection Date:	21 Aug 2023 10:31
Referred By	:	HEALTH CHECK MGD	Reporting Date :	21 Aug 2023 12:39
Receiving Date	:	21 Aug 2023 11:27		-

#### HAEMATOLOGY

UNIT

RESULT

TEST

COMPLETE BLOOD COUNT (AUTOM	ATED)	SPECIMEN-EDTA Whole	Blood
RBC COUNT (IMPEDENCE)	4.42	millions/cumm	[3.80-5.30]
HEMOGLOBIN	12,9	g/dl	[11.5-16.5]
Method:cyanide free SLS-col	orimetry		
HEMATOCRIT (CALCULATED)	38.6	8	[34.0-45.0]
MCV (DERIVED)	87.3	fL	[77.0-97.0]
MCH (CALCULATED)	29.2	pg	[26.0-34.0]
MCHC (CALCULATED)	33.4	g/dl	[33.0-36.0]
RDW CV% (DERIVED)	14.1	8	[11.5-14.5]
Platelet count	150	x 103 cells/cumm	[150-400]
Method: Electrical Impedance	е		
MPV(DERIVED)	14.4		
WBC COUNT(TC)(IMPEDENCE) DIFFERENTIAL COUNT	4.17	$\times$ 10 $^{3}$ cells/cumm	[4.00-10.00]
(VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	40.0	90	[40.0-80.0]
Lymphocytes	51.0	%	[17.0-45.0]
Monocytes	6.0	8	[4.0-13.0]
Eosinophils	. 3.0	90	[2.0-7.0]
Basophils	0.0	96	[0.0-2.0]
ESR	2.0	mm/lsthour	[0.0-

Page1 of 8

BIOLOGICAL REFERENCE INTERVAL



Name : PANKAJ KUMAR TI AGBORATORY REPORT : 48 Yr(s) Sex : Male

Referred By : HEALTH CHECK MGD Reporting Date : 21 Aug 2023 16:13

Receiving Date : 21 Aug 2023 11:27

#### CLINICAL PATHOLOGY

#### ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

#### MACROSCOPIC DESCRIPTION

blour Light-Yellow (Pale Yellow - Yellow)

Appearance CLEAR

Reaction[pH] 5.0 (4.6-8.0) Specific Gravity 1.020 (1.003-1.035)

CHEMICAL EXAMINATION

Protein/Albumin Negative (NEGATIVE)
Glucose NIL (NIL)

Ketone Bodies Negative (NEGATIVE)
Urobilinogen Normal (NORMAL)

#### MICROSCOPIC EXAMINATION (Automated/Manual)

Pus Cells 2-3/hpf (0-5/hpf) RBC NIL (0-2/hpf)

Epithelial Cells 2-3 /hpf

CASTS NIL
Crystals NIL
Bacteria NIL
OTHERS NIL

Page 2 of 8



Name : PANKAJ KUMAR T LABORATORY REPORT : 48 Yr(s) Sex : Male

Patient Episode : H18000000864 Collection Date : 21 Aug 2023 10:31

Referred By : HEALTH CHECK MGD Reporting Date : 21 Aug 2023 17:16

Receiving Date : 21 Aug 2023 11:27

BIOCHEMISTRY

TEST RESULT UNIT BIOLOGICAL REFERENCE INTERVAL

Glycosylated Hemoglobin

Specimen: EDTA

HbA1c (Glycosylated Hemoglobin) 5.5 % [0.0-5.6]

Method: HPLC

As per American Diabetes Association (ADA

HbAlc in %

Non diabetic adults >= 18years <5.7

Prediabetes (At Risk ) 5.7-6.4 Diagnosing Diabetes >= 6.5

Estimated Average Glucose (eAG) 111 mg/dl

Comments: HbAlc 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.

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	172	mg/dl	[<200]
Method:Oxidase, esterase, peroxide			Moderate risk:200-239
)			High risk:>240
TRIGLYCERIDES (GPO/POD)	104	mg/dl	[<150]
			Borderline high:151-199
			High: 200 - 499
*			Very high:>500
HDL- CHOLESTEROL	49.0	mg/dl	[35.0-65.0]
Method: Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	21	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	102.0	mg/dl	[<120.0]
			Near/

Above optimal-100-129

Borderline High:130-159 High Risk:160-189

Page 3 of 8



Name : PANKAJ KUMAR TYAGBORATORY REPORT : 48 Yr(s) Sex :Male

Patient Episode : H18000000864 Collection Date : 21 Aug 2023 10:31

Referred By : HEALTH CHECK MGD Reporting Date : 21 Aug 2023 12:20

**Receiving Date** : 21 Aug 2023 11:27

#### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T.Chol/HDL.Chol ratio(Calcu	lated)	3.5	<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calc	ulated)	2.1	<3 Optimal 3-4 Borderline >6 High Risk

#### Note:

Reference ranges based on ATP III Classifications.

Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of this tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases

#### KIDNEY PROFILE

Specimen: Serum UREA	32.7	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay BUN, BLOOD UREA NITROGEN	15.3	mg/dl	[8.0-20.0]
Method: Calculated CREATININE, SERUM	0.88	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standard URIC ACID Method:uricase PAP	ization 5.7	mg/dl	[4.0-8.5]
SODIUM, SERUM	138.40	mmo1/L	[136.00-144.00]
POTASSIUM, SERUM SERUM CHLORIDE Method: ISE Indirect	4.22	mmol/L	[3.60-5.10] [101.0-111.0]

Page 4 of 8



Name : PANKAJ KUMAR TYANBORATORY REPORT : 48 Yr(s) Sex : Male

Referred By : HEALTH CHECK MGD Reporting Date : 21 Aug 2023 12:20

Receiving Date : 21 Aug 2023 11:27

BIOCHEMISTRY

TEST RESULT UNIT BIOLOGICAL REFERENCE INTERVAL

eGFR (calculated) 101.6 ml/min/1.73sq.m [>60.0

Technical Note

FR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to1.73 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.

#### LIVER FUNCTION TEST

BILIRUBIN - TOTAL Method: D P D	0.79	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT Method: DPD	0.14	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) Method: Calculation	0.65	mg/dl	[0.10-0.90]
TOTAL PROTEINS (SERUM) -Method: BIURET	7.10	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) Method: BCG	4.31	g/dl	[3.50-5.20]
GLOBULINS (SERUM) Method: Calculation	2.80	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO Method: Calculation	1.54		[1.00-2.50]
AST(SGOT) (SERUM) Method: IFCC W/O P5P	31.00	U/L	[0.00-40.00]

Page 5 of 8



Name : PANKAJ KUMAR TYABORATORY REPORT : 48 Yr(s) Sex : Male

Referred By : HEALTH CHECK MGD Reporting Date : 21 Aug 2023 12:20

**Receiving Date** : 21 Aug 2023 11:27

#### BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ALT(SGPT) (SERUM) Method: IFCC W/O P5P	32.70	U/L	[17.00-63.00]
'erum Alkaline Phosphatase .wethod: AMP BUFFER IFCC)	86.0	IU/L	[32.0-91.0]
GGT	32.0	U/	[7.0-50.0]

Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

Blood Group & Rh Typing (Agglutination by gel/tube technique) Specimen-Blood

Blood Group & Rh typing

B Rh(D) Negative

#### Technical note:

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

Page 6 of 8

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

Dr. Charu Agarwal Consultant Pathologist



Name : PANKAJ KUMAR TYAGBORATORY REPORT : 48 Yr(s) Sex : Male

Referred By : HEALTH CHECK MGD Reporting Date : 21 Aug 2023 12:20

Receiving Date : 21 Aug 2023 10:31

#### BIOCHEMISTRY

TEST RESULT UNIT BIOLOGICAL REFERENCE INTERVAL

GLUCOSE-Fasting

pecimen: Plasma
GLUCOSE, FASTING (F)
94.0 mg/dl [70.0-110.0]

Method: Hexokinase

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in Diabetes mellitus, Cushing's syndrome (10-15%), chronic pancreatitis (30%). Drugs corticosteroids, phenytoin, estrogen, thiazides

Decreased in Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortica insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia),

insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

Page 7 of 8

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

Dr. Charu Agarwal Consultant Pathologist



PANKAJ KUMAR TLABORATORY REPORT 48 Yr(s) Sex :Male Name

MH010618306 Registration No

202308003240

Reporting Date:

Patient Episode

H18000000864

**Collection Date:** 

Referred By

HEALTH CHECK MGD

21 Aug 2023 14:11

Receiving Date

21 Aug 2023 14:11

BIOCHEMISTRY

TEST

RESULT

UNIT

BIOLOGICAL REFERENCE INTERVAL

21 Aug 2023 15:31

PLASMA GLUCOSE

pecimen:Plasma

GLUCOSE, POST PRANDIAL (PP), 2 HOURS

84.0

mg/dl

[80.0-140.0]

Method: Hexokinase

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

Page 8 of 8

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

Dr. Alka Dixit Vats **Consultant Pathologist** 

# manipalhospitals

Manipal Hospital Ghaziabad

NH-24, Hapur Road, Near Landcraft Golflinks, Ghaziabad 201 002 0120 3535 353 / +91 88609 45566



#### HEALTH CHECK RECORD

Hospital No:

MH010618306

PANKAJ KUMAR TYAGI

Visit No: H18000000864 Age/Sex: 48 Yrs/Male

Name:

Doctor Name: DR.SHISHIR NARAIN

Specialty: HC SERVICE MGD

21/08/2023 12:42PM

BP Diastolic: 63 mmHg

Pulse Rate: 47beats per minute

BP Systolic: 117 mmHg

Saturation(Oxygen): 98%

Height: 166.8cm

Weight: 78kg

BMI: 28.04

Pain Score: 00

Fall Risk: 01

Vulnerable: 01

OPD Notes

PRESENT OPHTHALMIC COMPLAINS - ROUTINE EYE CHECK UP

SYSTEMIC/ OPHTHALMIC HISTORY - NIL

NO FAMILY H/O GLAUCOMA

**EXAMINATION DETAILS** 

RIGHT EYE

LEFT EYE

VISION

6/6

6/6

CONJ

NORMAL

CORNEA

NORMAL CLEAR

CLEAR

ANTERIOR CHAMBER/ IRIS

FULL

N

LENS

CLEAR

CLEAR

OCULAR MOVEMENTS

16

**FULL** 

NCT

**FUNDUS EXAMINATION** 

A) VITREOUS

C:D 0.4

C:D 0.4

B) OPTIC DISC C) MACULAR AREA

FOVEAL REFLEX PRESENT FOVEAL REFLEX PRESENT

POWER OF GLASS

Right eye: -1.50 Dsp -6/6

Left eye: -1.50 Dsp / -0.50 Dcyl x 80 degree-6/6

NEAR ADD BE +1.75 DSPH N/6

DIAGNOSIS: DRY EYES

ADVISE / TREATMENT

E/D NST 4 TIMES DAILY BE **REVIEW AFTER 6 MONTHS** 

DR.SHISHIR NARAIN

Reg. No.: 9538

1 of 2

Manipal Health Enterprises Pvt. Ltd.

CIN: U85110KA2010PTC052540

Regd. Off. The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru 560 017, Karnataka

P+91 80 4936 0300 E info@manipalhospitals.com www.manipalhospitals.com



Helpline: 99996 51125

In association with

Manipal Hospitals - Ghaziabad

Dr. Anant Vir Jain, MS, Fellow Aravind Eye Care Systems, Madurai. Cataract, Cornea & Glaucoma Dr. Shishir Narain, MS, FRCSEd FRCOphth, Fellow Sankara Nethralaya, Retina & Uveitis