

भारत सरकार  
GOVERNMENT OF INDIA


 प्रवेश रावल  
Praveesh Rawat  
जन्म तारीख/DOB: 08/12/1995  
पुरुष Male

5376 7098 2654

**मेरा आधार, मेरी पहचान**

  
**Dr. SUSHIL PANDEY**  
M.B.B.S  
Reg. No.- UMC-5045  
Chand'an Diagnostic Center, Haldwani

भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

 पता:  
आरवज: इरीश चन्द्र सिंह  
रावल, सुनिश्ट एन्क्लेव,  
बमोरी मालदानी, हरद्वारी,  
उत्तराखण्ड, 263139

Address:  
S/O: Manish Chandie Singh  
Rawat, sunlight enclave, tall  
bamori Haldwani, Haldwani,  
Nainital  
Uttarakhand, 263139

5376 7098 2654

**MEERA AADHAAR, MERI PEHACHAN**

S K NURSING HOME AND HOSPITAL  
G B PANT MARG TIKONIA HALDWANI  
HALDWANI

**Station**  
Telephone: 05946-221040,220263

## EXERCISE STRESS TEST REPORT

Patient Name: MR PRAVESH RAWAT ,  
Patient ID: 9999499  
Height: 172 cm  
Weight: 83 kg

DOB: 06.12.1995  
Age: 28yrs  
Gender: Male  
Race:

Study Date: 23.03.2024  
Test Type: --  
Protocol: BRUCE

Referring Physician: CHANDAN DIAGNOSTIC  
Attending Physician: DR.DEVASHISH GUPTA(MD)  
Technician: MR.BHUWAN

Medications:  
--

Medical History:  
--

Reason for Exercise Test:  
--

### Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:30	0.00	0.00	105	120/80	
	STANDING	00:29	0.00	0.00	95	120/80	
	HYPERV.	00:23	0.00	0.00	96	120/80	
EXERCISE	STAGE 1	03:00	2.70	10.00	123	130/80	
	STAGE 2	03:00	4.00	12.00	155	140/90	
	STAGE 3	01:06	5.40	14.00	169	150/90	
RECOVERY		03:08	0.00	0.00	107	130/90	

The patient exercised according to the BRUCE for 7:06 min:s, achieving a work level of Max. METS: 10.00. The resting heart rate of 97 bpm rose to a maximal heart rate of 169 bpm. This value represents 88 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg , rose to a maximum blood pressure of 150/90 mmHg. The exercise test was stopped due to Max HR.

### Interpretation

Summary: Functional Capacity: above average (>20%).  
HR Response to Exercise: appropriate.  
BP Response to Exercise: normal resting BP - appropriate response.  
Chest Pain: none.  
Overall impression: Borderline Positive stress test suggestive of ischemia.

### Conclusions

ST depression seen in lead V4, V5, V6. Adv- Stress ECHO.

Physician-

DR DEVASHISH GUPTA (MD)

MR PRAVESH RAWAT ,

Patient ID 9999499

23.03.2024

3:46:29pm

12-Lead Report

PRETEST

SUPINE

00:29

BRUCE

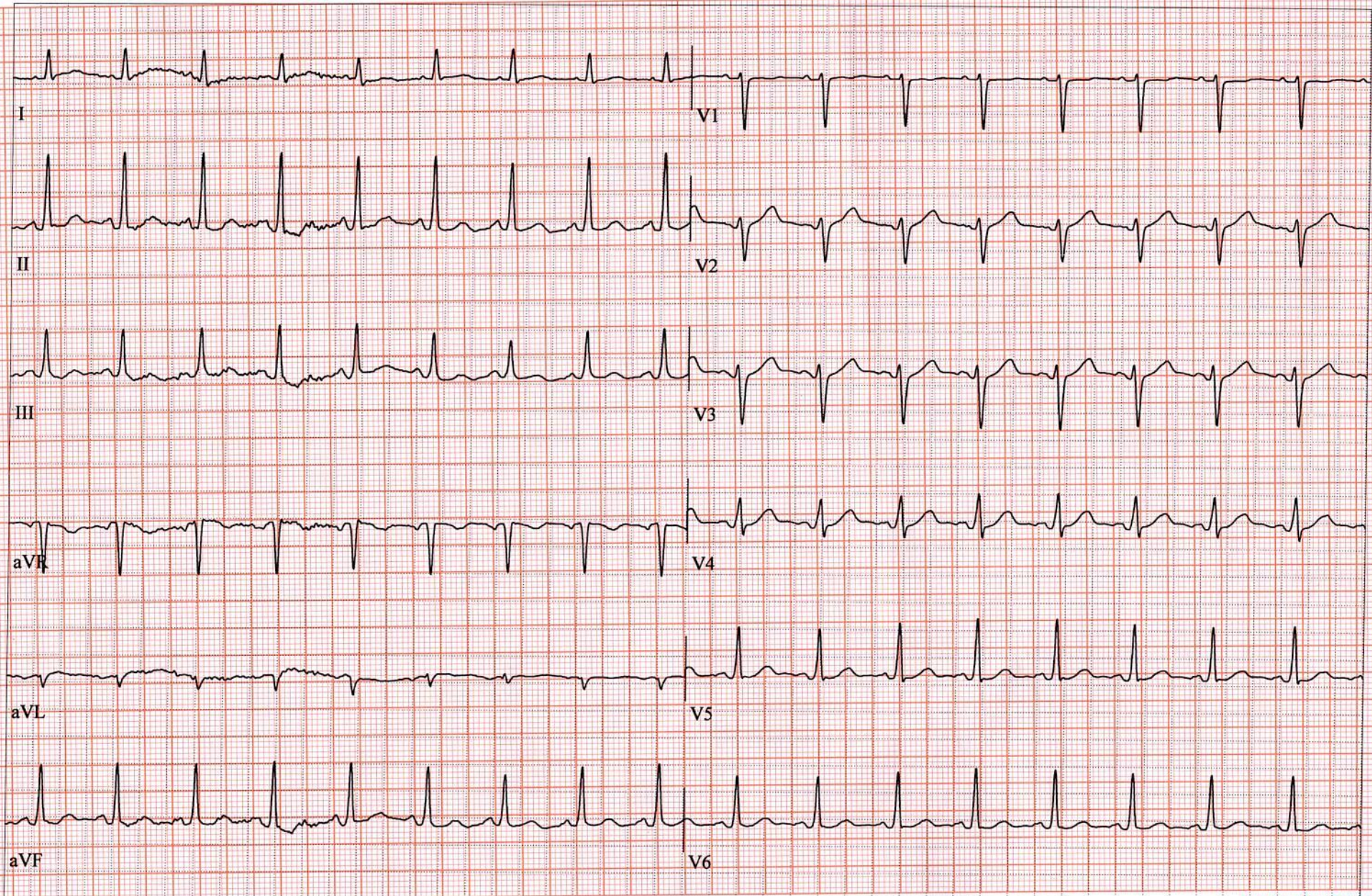
0.0 km/h

0.0 %

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105 bpm

120/80 mmHg



MR PRAVESH RAWAT,  
Patient ID 9999499  
23.03.2024  
3:46:57pm

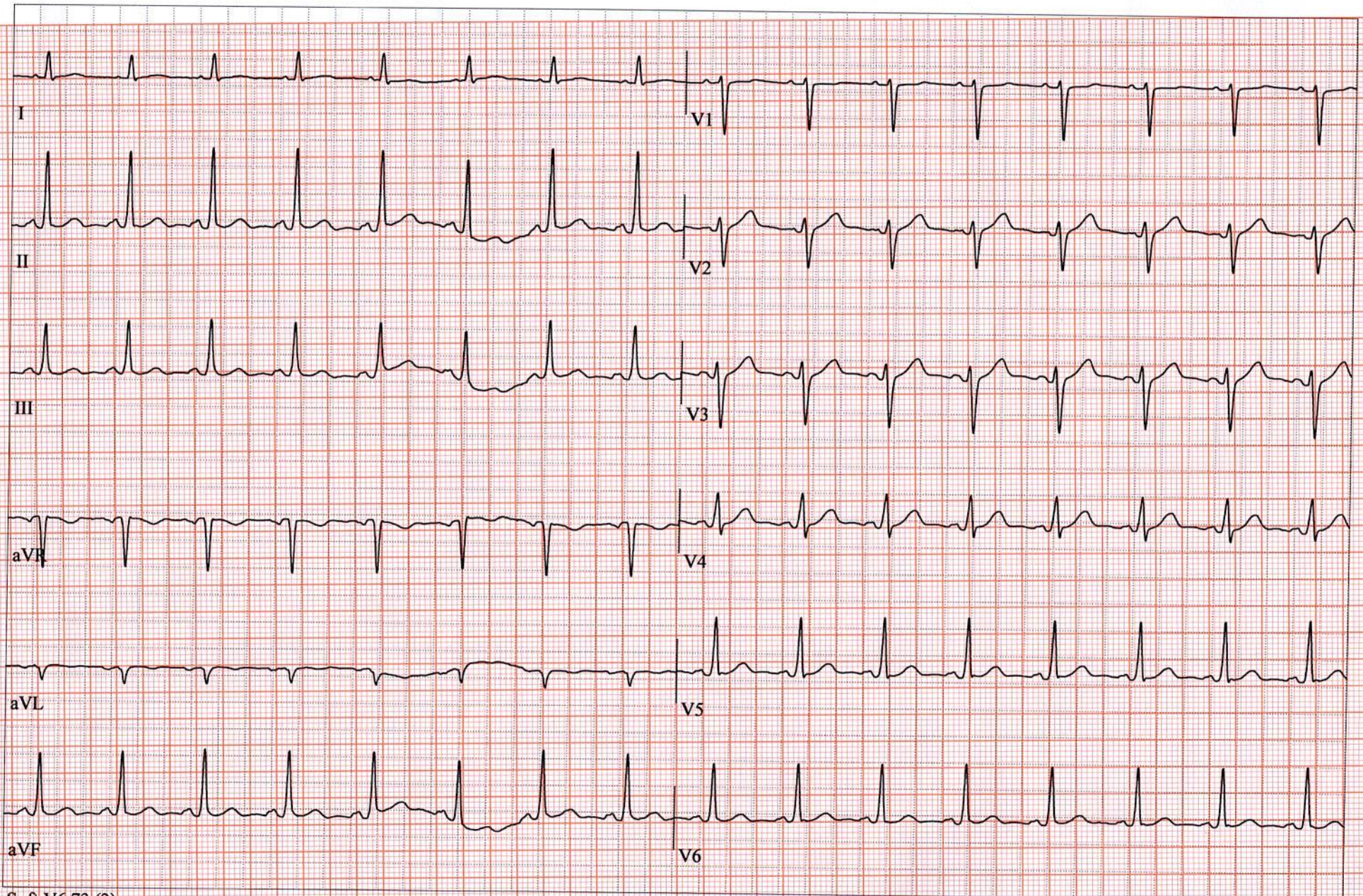
95 bpm  
120/80 mmHg

12-Lead Report

PRETEST  
STANDING  
00:57

BRUCE  
0.0 km/h  
0.0 %

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MR PRAVESH RAWAT ,  
Patient ID 9999499  
23.03.2024  
3:47:17pm

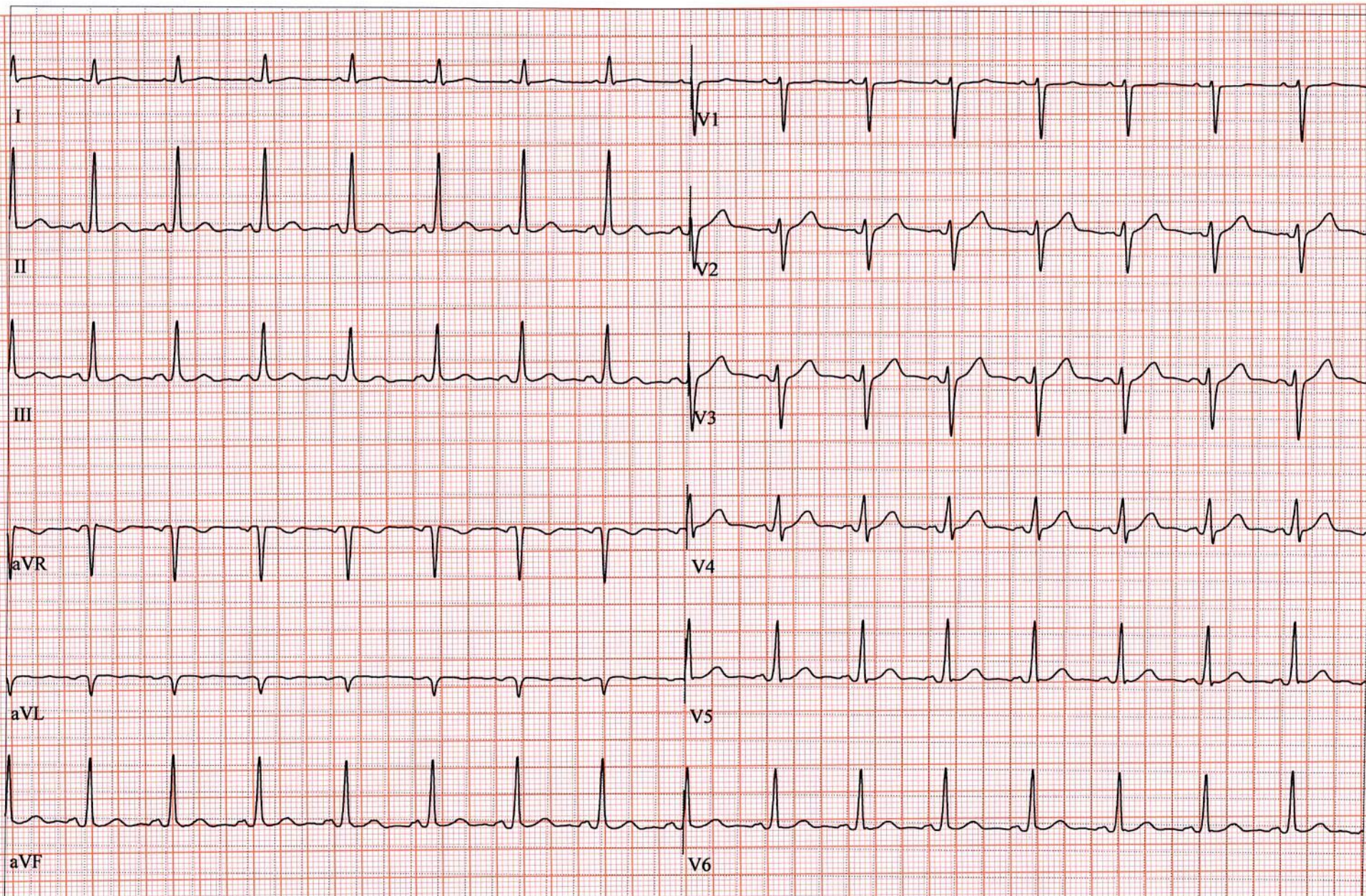
96 bpm  
120/80 mmHg

12-Lead Report

PRETEST  
HYPERV.  
01:17

BRUCE  
0.0 km/h  
0.0 %

S K NURSING HOME AND HOSPITAL



MR PRAVESH RAWAT,  
Patient ID 9999499  
23.03.2024  
3:50:19pm

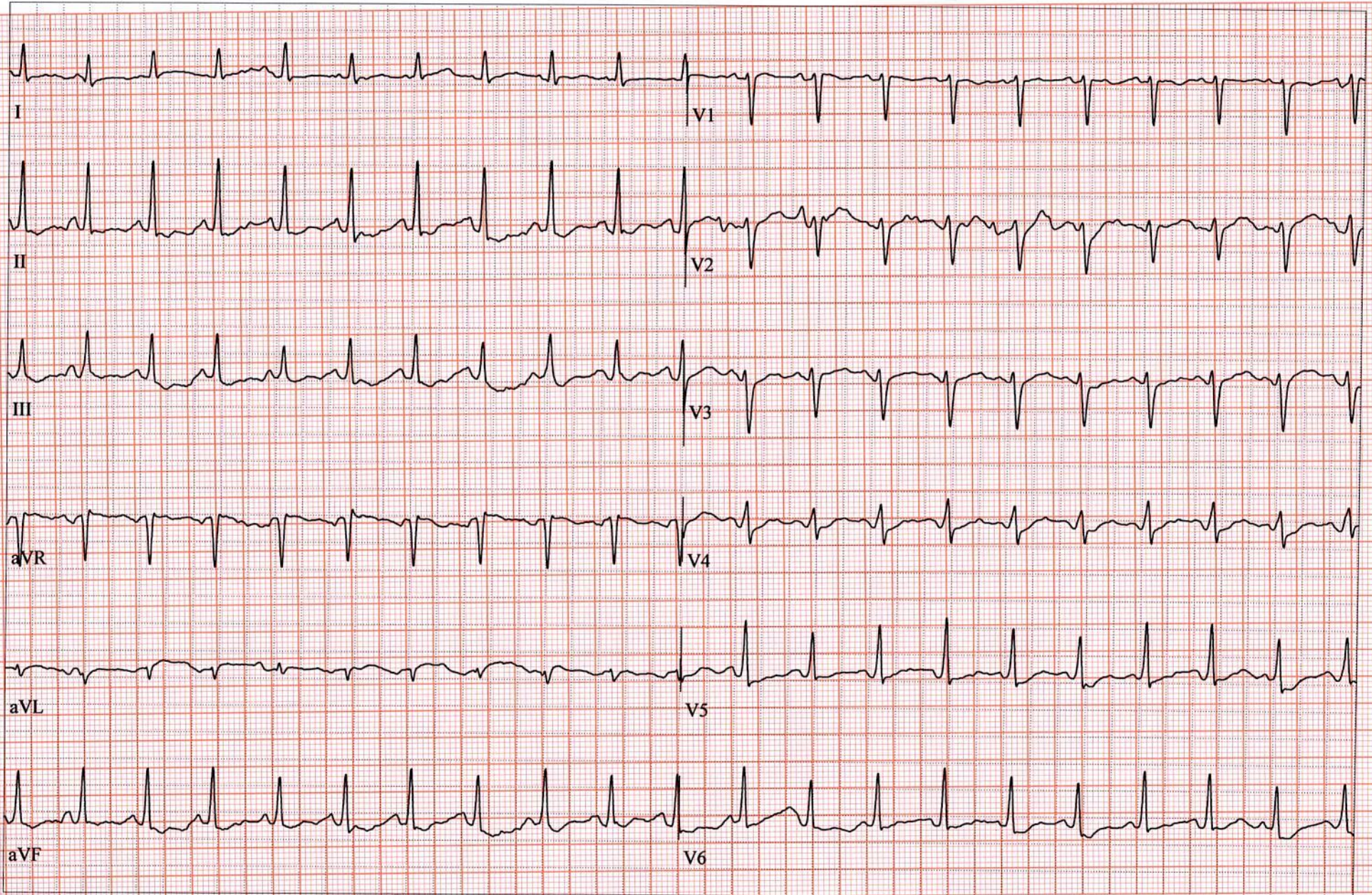
123 bpm  
130/80 mmHg

12-Lead Report

EXERCISE  
STAGE 1  
03:00

BRUCE  
2.7 km/h  
10.0 %

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MR PRAVESH RAWAT ,

Patient ID 9999499

23.03.2024

3:53:19pm

155 bpm

140/90 mmHg

12-Lead Report

EXERCISE

STAGE 2

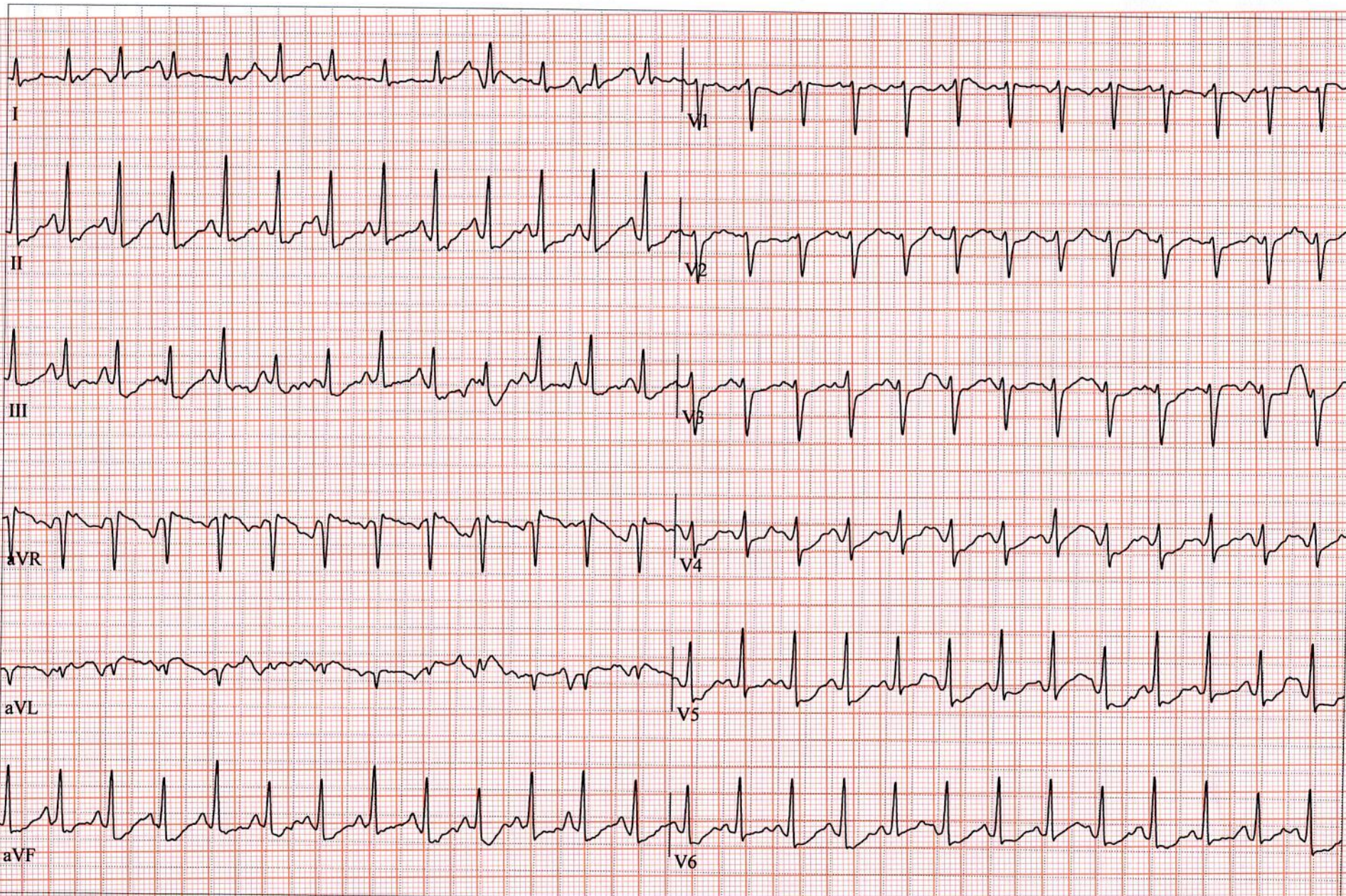
06:00

BRUCE

4.0 km/h

12.0 %

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MR PRAVESH RAWAT ,

Patient ID 9999499

23.03.2024

3:54:25pm

169 bpm

150/90 mmHg

12-Lead Report ( PEAK EXERCISE )

EXERCISE

STAGE 3

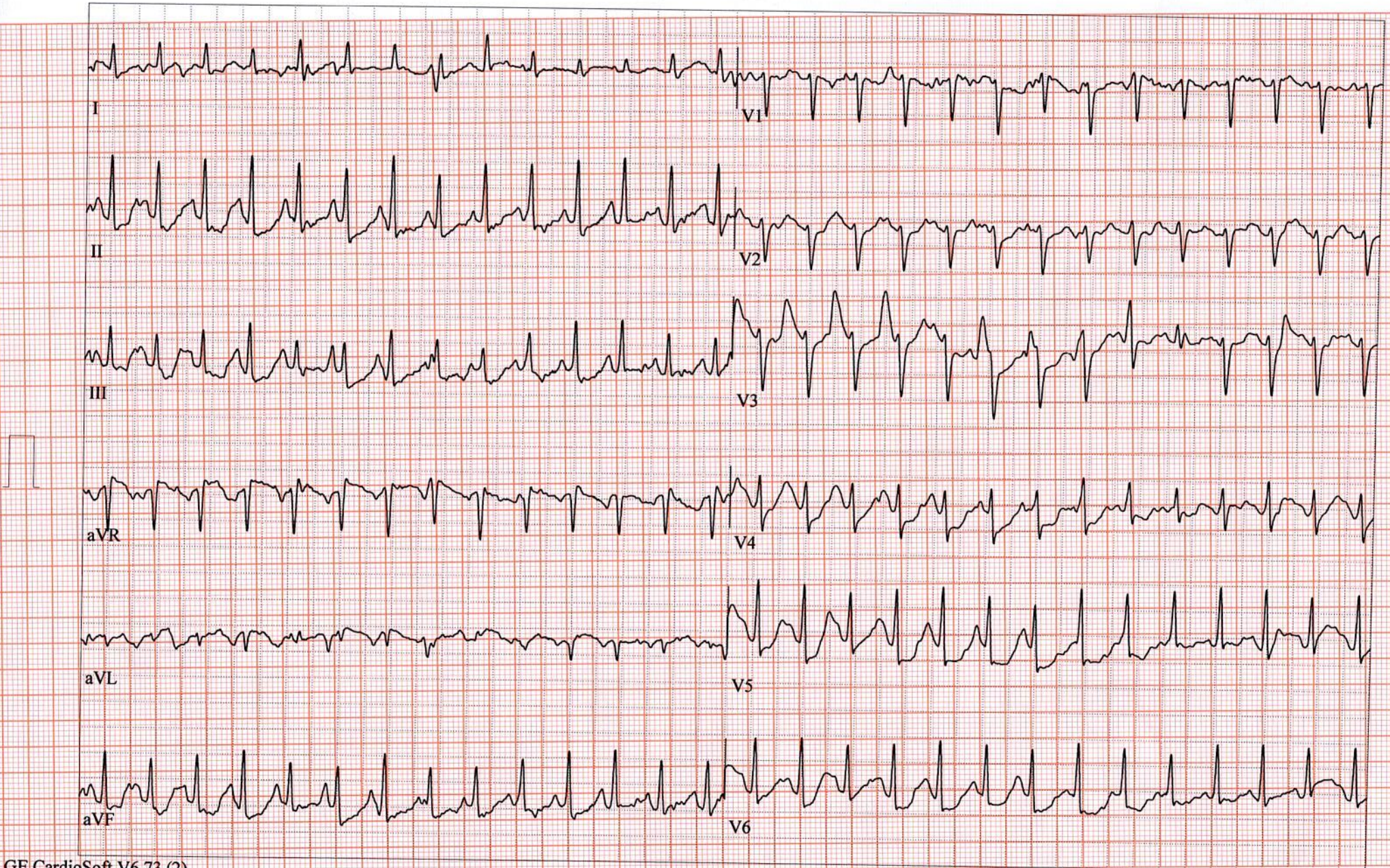
07:06

BRUCE

5.4 km/h

14.0 %

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GE CardioSoft V6.73 (2)

25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(V5,V1)

Start of Test: 3:45:54pm

MICRO MED CHARTS

Page 6



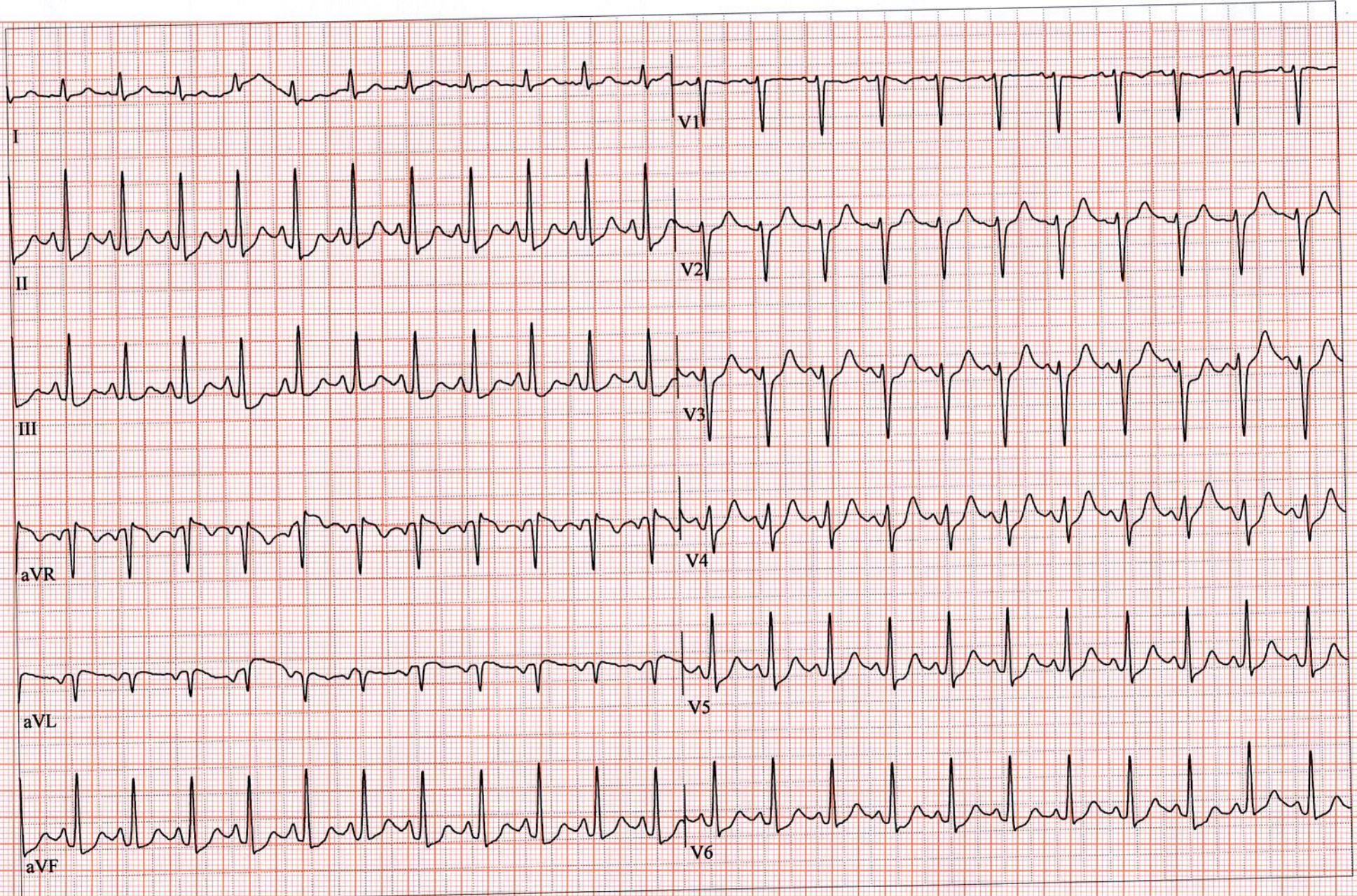
MR PRAVESH RAWAT,  
Patient ID 9999499  
23.03.2024  
3:55:25pm

139 bpm  
150/90 mmHg

12-Lead Report  
RECOVERY  
#1  
01:00

BRUCE  
0.0 km/h  
0.0 %

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MR PRAVESH RAWAT,  
Patient ID 9999499  
23.03.2024  
3:56:25pm

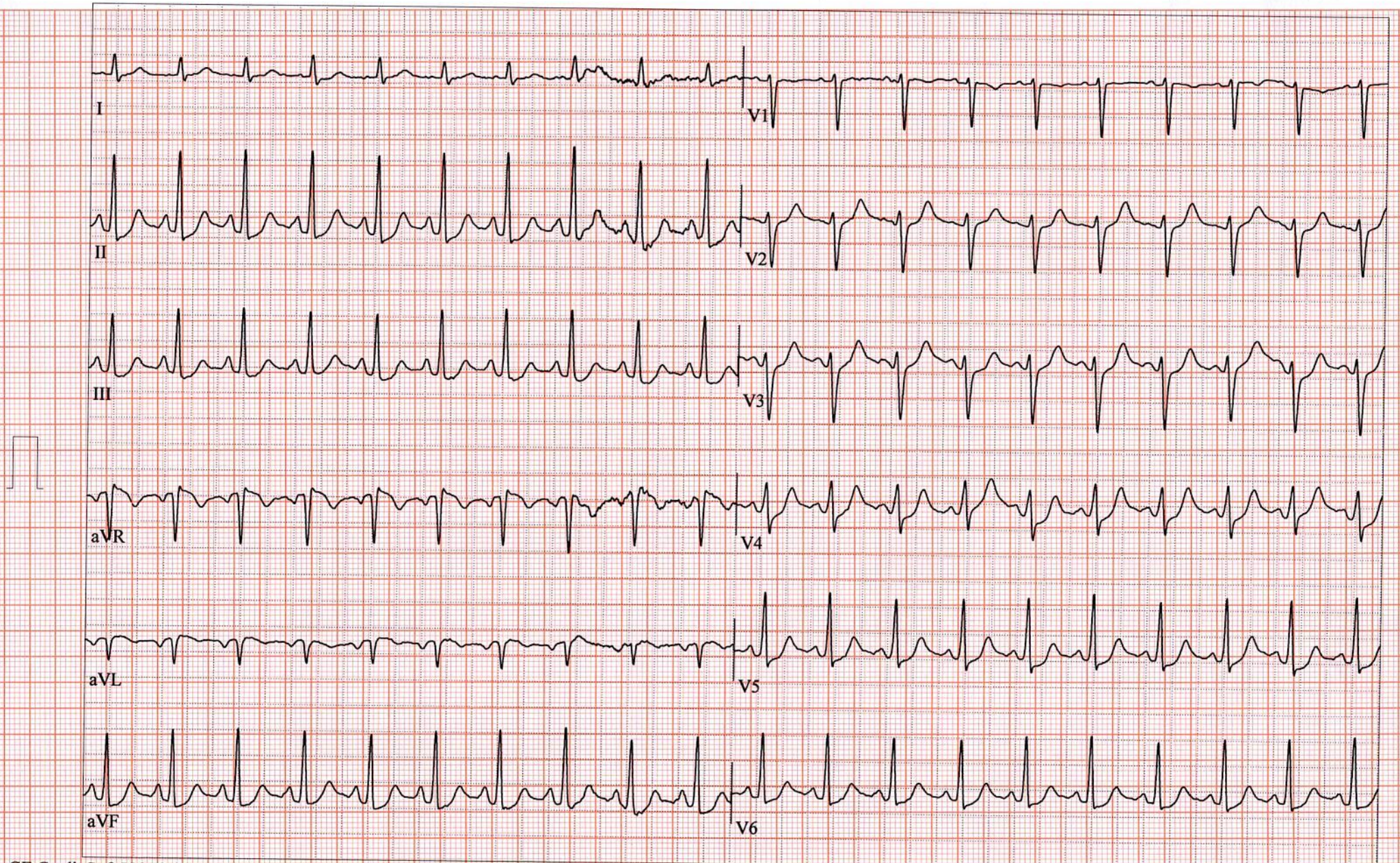
118 bpm  
140/90 mmHg

12-Lead Report

RECOVERY  
#1  
02:00

BRUCE  
0.0 km/h  
0.0 %

S K NURSING HOME AND HOSPITAL



MR PRAVESH RAWAT,  
Patient ID 9999499  
23.03.2024  
3:57:25pm

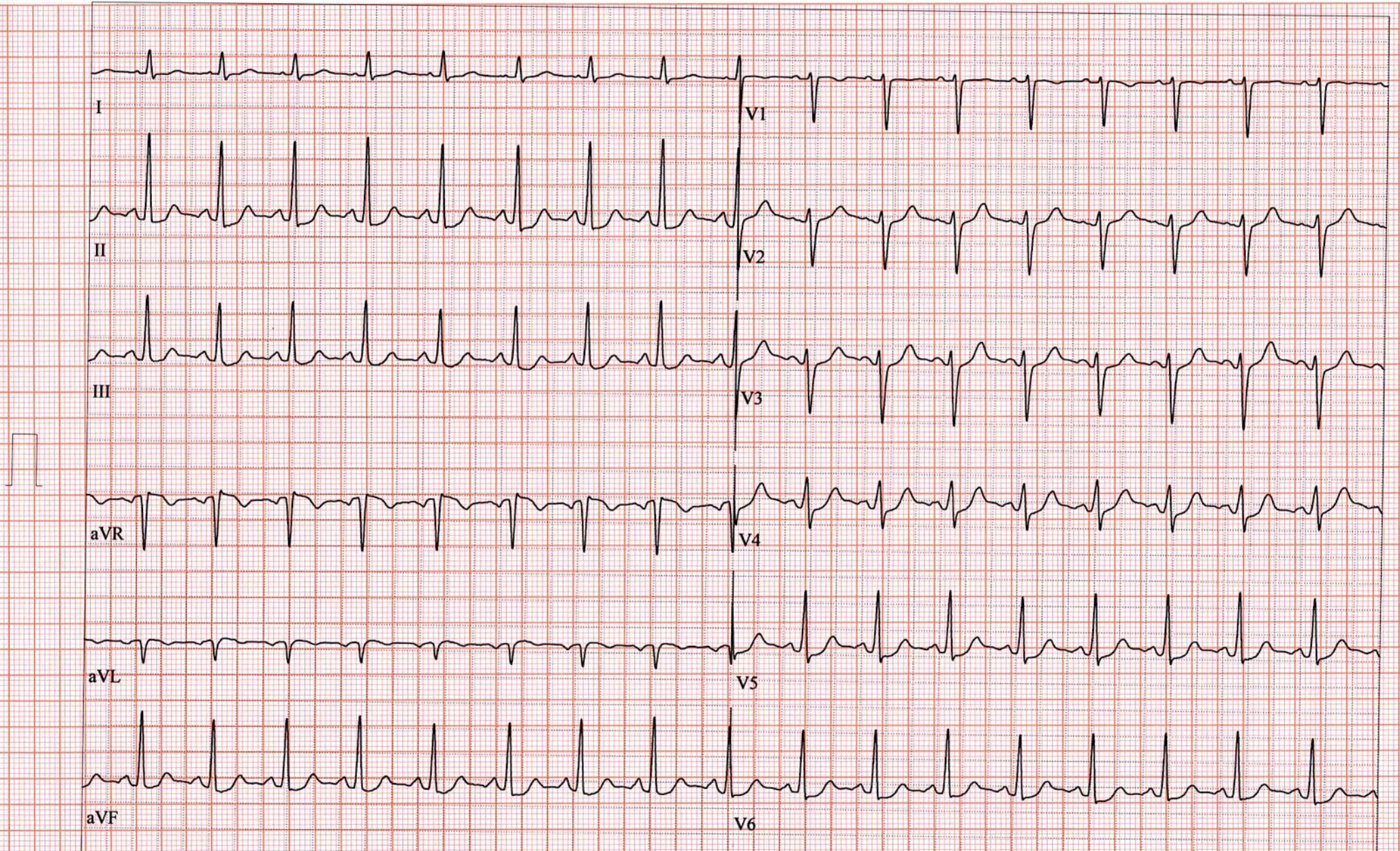
110 bpm  
130/90 mmHg

12-Lead Report

RECOVERY  
#1  
03:00

BRUCE  
0.0 km/h  
0.0 %

S K NURSING HOME AND HOSPITAL





# CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani  
Ph: ,9235400975  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.PRAVESH RAWAT	Registered On	: 23/Mar/2024 10:47:44
Age/Gender	: 28 Y 3 M 17 D /M	Collected	: 23/Mar/2024 11:04:22
UHID/MR NO	: CHLD.0000105009	Received	: 23/Mar/2024 11:14:31
Visit ID	: CHLD0201912324	Reported	: 24/Mar/2024 11:25:08
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD -	Status	: Final Report

## DEPARTMENT OF HAEMATOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### Blood Group (ABO & Rh typing) \* , Blood

Blood Group	O			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh ( Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA

#### Complete Blood Count (CBC) \* , Whole Blood

Haemoglobin	13.50	g/dl	1 Day- 14.5-22.5 g/dl 1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl 3-6 Mo- 9.5-13.5 g/dl 0.5-2 Yr- 10.5-13.5 g/dl 2-6 Yr- 11.5-15.5 g/dl 6-12 Yr- 11.5-15.5 g/dl 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/dl	
TLC (WBC)	5,700.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<b>DLC</b>				
Polymorphs (Neutrophils)	62.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	34.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	1.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	3.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE
<b>ESR</b>				
Observed	20.00	Mm for 1st hr.		
Corrected	12.00	Mm for 1st hr.	<9	
PCV (HCT)	43.00	%	40-54	
<b>Platelet count</b>				
Platelet Count	1.98	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.50	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	41.00	%	35-60	ELECTRONIC IMPEDANCE





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Visit ID	: CHLD0201912324	Reported	: 24/Mar/2024 11:25:08
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD -	Status	: Final Report

## DEPARTMENT OF HAEMATOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	0.23	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	<b>12.10</b>	fL	6.5-12.0	ELECTRONIC IMPEDANCE
<b>RBC Count</b>				
RBC Count	4.56	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
<b>Blood Indices (MCV, MCH, MCHC)</b>				
MCV	94.20	fL	80-100	CALCULATED PARAMETER
MCH	29.60	pg	28-35	CALCULATED PARAMETER
MCHC	31.40	%	30-38	CALCULATED PARAMETER
RDW-CV	12.90	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	43.90	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,534.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	171.00	/cu mm	40-440	

  
**Dr Vinod Ojha**  
MD Pathologist





# CHANDAN DIAGNOSTIC CENTRE

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Ph: ,9235400975  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.PRAVESH RAWAT	Registered On	: 23/Mar/2024 10:47:46
Age/Gender	: 28 Y 3 M 17 D /M	Collected	: 23/Mar/2024 11:04:22
UHID/MR NO	: CHLD.0000105009	Received	: 23/Mar/2024 11:14:31
Visit ID	: CHLD0201912324	Reported	: 23/Mar/2024 11:25:38
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD -	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### GLUCOSE FASTING , Plasma

Glucose Fasting	82.20	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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#### Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

#### Glucose PP

Sample: Plasma After Meal

99.60	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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#### Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

#### GLYCOSYLATED HAEMOGLOBIN (HBA1C) \* , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.50	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	37.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	111	mg/dl	

#### Interpretation:

#### NOTE:-

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes management.





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Patient Name	: Mr.PRAVESH RAWAT	Registered On	: 23/Mar/2024 10:47:46
Age/Gender	: 28 Y 3 M 17 D /M	Collected	: 23/Mar/2024 11:04:22
UHID/MR NO	: CHLD.0000105009	Received	: 23/Mar/2024 11:14:31
Visit ID	: CHLD0201912324	Reported	: 23/Mar/2024 11:25:38
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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%) NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	Degree of Glucose Control Unit
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

\*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

\*\*Some danger of hypoglycemic reaction in Type 1 diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B. : Test carried out on Automated VARIANT II TURBO HPLC Analyser.

#### Clinical Implications:

\*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.

\*With optimal control, the HbA 1c moves toward normal levels.

\*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated \*Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy c. Alcohol toxicity d. Lead toxicity

\*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

\*Pregnancy d. chronic renal failure. Interfering Factors:

\*Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.

<b>BUN (Blood Urea Nitrogen)</b> Sample:Serum	12.93	mg/dL	7.0-23.0	CALCULATED
<b>Creatinine</b> Sample:Serum	1.03	mg/dl	0.6-1.30	MODIFIED JAFFES
<b>Uric Acid</b> Sample:Serum	6.01	mg/dl	3.4-7.0	URICASE

LFT (WITH GAMMA GT) \* , Serum





# CHANDAN DIAGNOSTIC CENTRE

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Ph: ,9235400975  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.PRAVESH RAWAT	Registered On	: 23/Mar/2024 10:47:46
Age/Gender	: 28 Y 3 M 17 D /M	Collected	: 23/Mar/2024 11:04:22
UHID/MR NO	: CHLD.0000105009	Received	: 23/Mar/2024 11:14:31
Visit ID	: CHLD0201912324	Reported	: 23/Mar/2024 11:25:38
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD -	Status	: Final Report

## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
SGOT / Aspartate Aminotransferase (AST)	25.72	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	<b>41.20</b>	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	17.00	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.35	gm/dl	6.2-8.0	BIURET
Albumin	4.20	gm/dl	3.4-5.4	B.C.G.
Globulin	2.15	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.95		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	90.40	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.72	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.30	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.42	mg/dl	< 0.8	JENDRASSIK & GROF

### LIPID PROFILE ( MINI ) , Serum

Cholesterol (Total)	139.52	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	55.00	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	72	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	13.00	mg/dl	10-33	CALCULATED
Triglycerides	65.00	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

  
Dr Vinod Ojha  
MD Pathologist







# CHANDAN DIAGNOSTIC CENTRE

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Ph: ,9235400975  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.PRAVESH RAWAT	Registered On	: 23/Mar/2024 10:47:44
Age/Gender	: 28 Y 3 M 17 D /M	Collected	: 23/Mar/2024 11:04:22
UHID/MR NO	: CHLD.0000105009	Received	: 23/Mar/2024 11:14:31
Visit ID	: CHLD0201912324	Reported	: 24/Mar/2024 10:12:16
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD -	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### URINE EXAMINATION, ROUTINE \* , Urine

Color	PALE YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic ( 5.0)			DIPSTICK
Appearance	CLEAR			
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Bilirubin	ABSENT			DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK
<b>Microscopic Examination:</b>				
Epithelial cells	1-2/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	1-2/h.p.f			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

Dr.Pankaj Punetha DNB(Pathology)





# CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani  
Ph: ,9235400975  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.PRAVESH RAWAT	Registered On	: 23/Mar/2024 10:47:45
Age/Gender	: 28 Y 3 M 17 D /M	Collected	: 23/Mar/2024 11:05:09
UHID/MR NO	: CHLD.0000105009	Received	: 23/Mar/2024 11:14:31
Visit ID	: CHLD0201912324	Reported	: 23/Mar/2024 19:35:53
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD -	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### STOOL, ROUTINE EXAMINATION \* , Stool

Color	YELLOWISH
Consistency	SEMI SOLID
Reaction (PH)	Acidic ( 6.0 )
Mucus	ABSENT
Blood	ABSENT
Worm	ABSENT
Pus cells	ABSENT
RBCs	ABSENT
Ova	ABSENT
Cysts	ABSENT
Others	ABSENT

Dr.Pankaj Punetha DNB(Pathology)





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Add: Opp. Vishal Megamart, Nainital Road, Haldwani  
Ph: ,9235400975  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.PRAVESH RAWAT	Registered On	: 23/Mar/2024 10:47:45
Age/Gender	: 28 Y 3 M 17 D /M	Collected	: 23/Mar/2024 11:05:09
UHID/MR NO	: CHLD.0000105009	Received	: 23/Mar/2024 11:14:31
Visit ID	: CHLD0201912324	Reported	: 24/Mar/2024 10:04:30
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD -	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### SUGAR, FASTING STAGE \* , Urine

Sugar, Fasting stage	ABSENT	gms%
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#### Interpretation:

- (+) < 0.5
- (++) 0.5-1.0
- (+++) 1-2
- (++++) > 2



Dr.Pankaj Punetha DNB(Pathology)





# CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani  
Ph: ,9235400975  
CIN : U85110DL2003PLC308206



Patient Name	: Mr.PRAVESH RAWAT	Registered On	: 23/Mar/2024 10:47:45
Age/Gender	: 28 Y 3 M 17 D /M	Collected	: 23/Mar/2024 15:50:10
UHID/MR NO	: CHLD.0000105009	Received	: 23/Mar/2024 16:38:16
Visit ID	: CHLD0201912324	Reported	: 23/Mar/2024 19:35:16
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD -	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### SUGAR, PP STAGE \* , Urine

Sugar, PP Stage ABSENT

#### Interpretation:

- (+) < 0.5 gms%
- (++) 0.5-1.0 gms%
- (+++) 1-2 gms%
- (++++) > 2 gms%



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Patient Name	: Mr.PRAVESH RAWAT	Registered On	: 23/Mar/2024 10:47:46
Age/Gender	: 28 Y 3 M 17 D /M	Collected	: 23/Mar/2024 11:04:22
UHID/MR NO	: CHLD.0000105009	Received	: 23/Mar/2024 11:14:31
Visit ID	: CHLD0201912324	Reported	: 24/Mar/2024 13:29:47
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD -	Status	: Final Report

## DEPARTMENT OF IMMUNOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PSA (Prostate Specific Antigen), Total * Sample:Serum	0.70	ng/mL	<4.1	CLIA

#### Interpretation:

1. PSA is detected in the serum of males with normal, benign hypertrophic, and malignant prostate tissue.
2. Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy. However, studies suggest that the measurement of PSA in conjunction with digital rectal examination (DRE) and ultrasound provide a better method of detecting prostate cancer than DRE alone.
3. PSA levels increase in men with cancer of the prostate, and after radical prostatectomy PSA levels routinely fall to the undetectable range.
4. If prostatic tissue remains after surgery or metastasis has occurred, PSA appears to be useful in detecting residual and early recurrence of tumor.
5. Therefore, serial PSA levels can help determine the success of prostatectomy, and the need for further treatment, such as radiation, endocrine or chemotherapy, and in the monitoring of the effectiveness of therapy.

#### THYROID PROFILE - TOTAL \* , Serum

T3, Total (tri-iodothyronine)	90.10	ng/dl	84.61-201.7	CLIA
T4, Total (Thyroxine)	6.80	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.900	µIU/mL	0.27 - 5.5	CLIA

#### Interpretation:

0.3-4.5	µIU/mL	First Trimester
0.5-4.6	µIU/mL	Second Trimester
0.8-5.2	µIU/mL	Third Trimester
0.5-8.9	µIU/mL	Adults 55-87 Years
0.7-27	µIU/mL	Premature 28-36 Week
2.3-13.2	µIU/mL	Cord Blood > 37Week
0.7-64	µIU/mL	Child(21 wk - 20 Yrs.)
1-39	µIU/mL	Child 0-4 Days
1.7-9.1	µIU/mL	Child 2-20 Week

1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.





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## DEPARTMENT OF IMMUNOLOGY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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- 2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.
- 3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- 4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- 5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.
- 6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
- 7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.
- 8) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.

  
Dr Vinod Ojha  
MD Pathologist





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Patient Name	: Mr.PRAVESH RAWAT	Registered On	: 23/Mar/2024 10:47:47
Age/Gender	: 28 Y 3 M 17 D /M	Collected	: N/A
UHID/MR NO	: CHLD.0000105009	Received	: N/A
Visit ID	: CHLD0201912324	Reported	: 23/Mar/2024 15:14:18
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD -	Status	: Final Report

## DEPARTMENT OF X-RAY

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

#### X-RAY DIGITAL CHEST PA \*

#### (500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

#### DIGITAL CHEST P-A VIEW:-

- Bilateral lung fields appear grossly unremarkable.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Bilateral hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Soft tissue shadow appears normal.
- Bony cage is normal.

#### IMPRESSION:-

**No significant abnormality is seen.**

#### Adv:-Clinico-pathological correlation.

Dr Sushil Pandey(MD Radiodignosis)





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Patient Name	: Mr.PRAVESH RAWAT	Registered On	: 23/Mar/2024 10:47:48
Age/Gender	: 28 Y 3 M 17 D /M	Collected	: N/A
UHID/MR NO	: CHLD.0000105009	Received	: N/A
Visit ID	: CHLD0201912324	Reported	: 23/Mar/2024 11:17:35
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD -	Status	: Final Report

## DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

#### ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) \*

#### ULTRASOUND WHOLE ABDOMEN

**LIVER:** Is normal in size (~15.4cms) and normal in echotexture. No SOL seen. No dilatation of IHBR seen. Hepatic vessels are normal. Portal vein is patent.

**GALL BLADDER:** Lumen anechoic, wall is normal in thickness (~3 mm). No pericholecystic fluid seen.

**CBD:** Normal in caliber and smoothly tapering towards its lower end.

**PANCREAS:** Normal in size and echotexture.

**SPLEEN:** Normal in size and echotexture.

#### KIDNEYS:-

**Right kidney** is normal in size, shape and echotexture with maintained CM differentiation. No dilatation of PC system is seen. No calculus seen.

**Left kidney** is normal in size, shape and echotexture with maintained CM differentiation. No dilatation of PC system is seen. No calculus seen.

**URINARY BLADDER:** Normal capacity bladder with anechoic lumen and smooth regular walls of normal thickness.

**PROSTATE:** Is normal in size and echotexture. No focal lesion seen.

No evidence of any free fluid/retroperitoneal lymphadenopathy.

***IMPRESSION:- Essentially a normal scan.***

**(Adv:- Clinico-pathological correlation and further evaluation).**

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

Result/s to Follow:  
ECG / EKG, Tread Mill Test (TMT)







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## DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS



Dr Sushil Pandey(MD Radiodignosis)

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days.

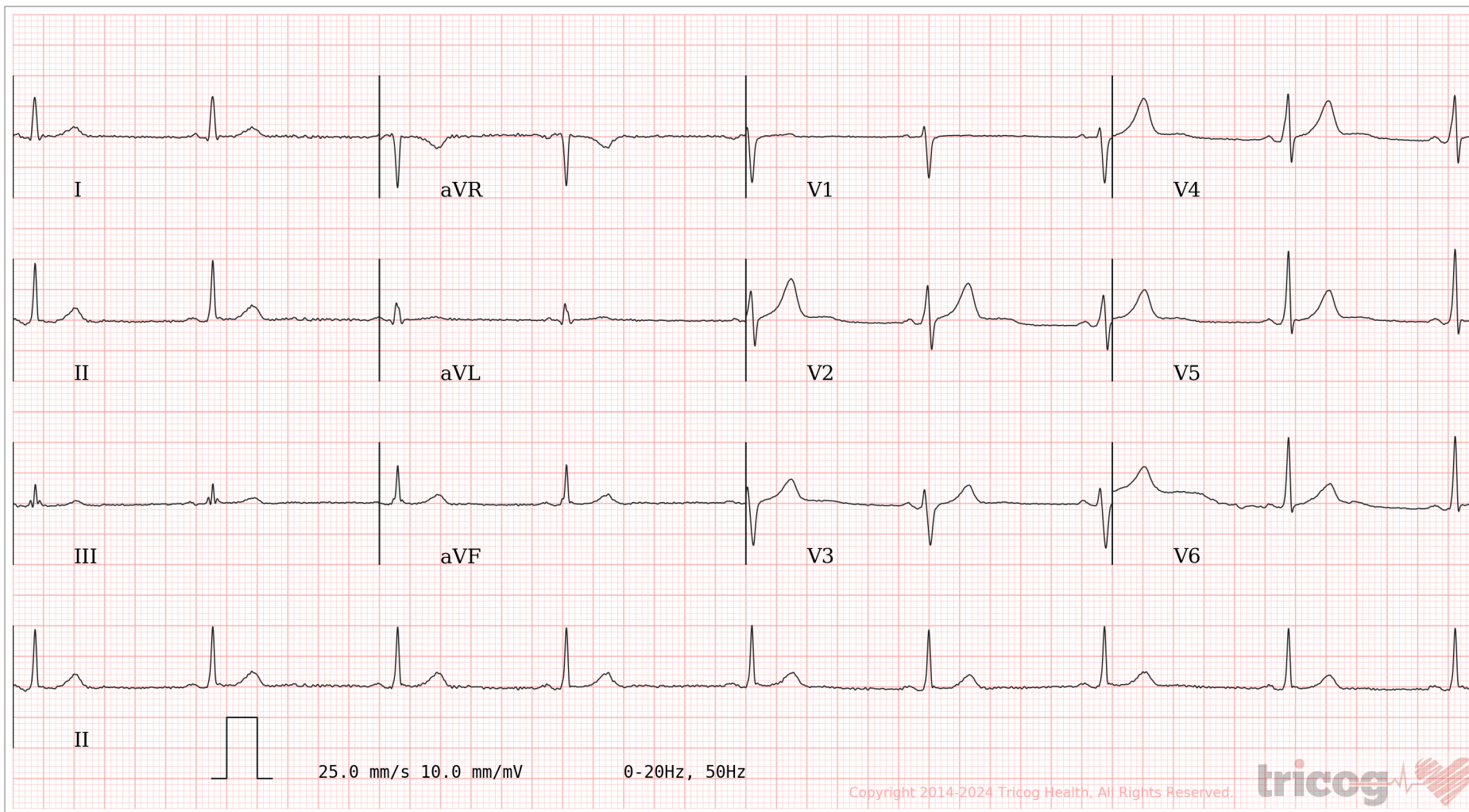
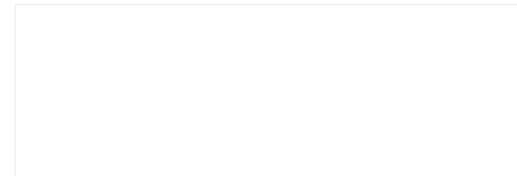
Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing \*  
365 Days Open \*Facilities Available at Select Location





Age / Gender: 28/Male  
Patient ID: CHLD0201662324  
Patient Name: Mr.PRAVESH RAWAT

Date and Time: 23rd Mar 24 9:12 AM



AR: 52bpm    VR: 52bpm    QRSD: 90ms    QT: 404ms    QTcB: 375ms    PRI: 132ms    P-R-T: 43° 52° 47°

Abnormal: Sinus Bradycardia. Please correlate clinically.

AUTHORIZED BY

Dr. Charit  
MD, DM: Cardiology

63382

REPORTED BY

Dr. Prema S Shettar