

CHANDAN DIAGNOSTIC CENTRE

NAINATAL ROAD HALDWANI

Computerised Stress Test Report

NAME: DHARAM PURI
AGE/GENDER: 49 yrs/MALE

ID: 0048
HEIGHT: 172 cm.

PROTOCOL: Bruce
WEIGHT: 76 Kg.

Summary report
DATE/TIME: 24/08/2024 09:04

REF. BY: MEDIWHEEL
SMOKER: Non Smoker

Test Results

| | | |
|-----------------------------|----------------------|-----------------------|
| Protocol : Bruce | Max Work load 6.89 | BMI : 26 |
| Target HR : 171 (145)bpm | Exer. Time : 5:54min | Max RPP(1000) : 22.05 |
| Maximum HR : 147 (86 %) bpm | Recov. Time : 3:6min | Max BP : 150/90 mmHg |

Reason for termination :
Target heart rate achieved

Functional Capacity :

HR Response to Exercise :
Normal appropriate response

BP Response to Exercise :
Resting normal BP - normal response

Overall Impression :

Comment : TMT IS NEGATIVE FOR EXERCISE INDUCIBLE ISCHEMIA.

Resting ECG :

Chest Pain :
None

ST Changes :

Arrhythmias :
None

History :

Medication :

Chandan Diagnostic Centre

Plot No.-1051, Near Chaudhary Kothi

Nainital Road, HALDWANI

Cont. No. 35400975

Dr. DANISH HASAN (D.M CARDIOLOGIST)

Dr. GEETA ALRANI (M.B.B.S, PGDC)

Dr. MUKUL MISHRA (D.M CARDIOLOGIST)

Dr. RITESH KUMAR PANDEY (D.M CARDIOLOGIST)

CHANDAN DIAGNOSTIC CENTRE

NAINATAL ROAD HALDWANI

Computerised Stress Test Report

NAME: DHARAM PURI
AGE/GENDER: 49 yrs/MALE

ID: 0048
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Summary report
DATE/TIME: 24/08/2024 09:04

REF. BY: MEDIWHEEL
SMOKER: Non Smoker

| Stage | Time Min:Sec | HR bpm | BP mmHg | Speed (mph) /Gr ade (%) | Load METS | RPP 1000 | II | V2 | V5 |
|------------|-----------------|--------|---------|----------------------------|--------------|-------------|----------|---------|---------|
| Supine | 00:24 | 87 | 130/86 | 0.00/0.0 | 1.0 | 11.31 | 1.6/6.4 | 0.4/0.8 | 0.8/4.2 |
| Standing | 00:24 | 83 | 130/86 | 0.00/0.0 | 1.0 | 10.79 | 1.3/6.1 | 0.8/1.1 | 0.7/4.4 |
| HyperV | 00:24 | 79 | 130/86 | 0.00/0.0 | 1.0 | 10.27 | 1.5/5.2 | 0.4/0.7 | 0.6/3.3 |
| Exer : 1/7 | 03:00 | 122 | 140/90 | 1.70/10.0 | 4.5 | 17.08 | 1.0/6.5 | 0.7/1.1 | 0.8/4.9 |
| Exer : 2/7 | 02:54 | 149 | 150/90 | 2.50/12.0 | 6.9 | 22.35 | -1.5/9.7 | 0.3/1.1 | 0.6/9.0 |
| Peak | 05:54 | 147 | 150/90 | 2.50/12.0 | 6.9 | 22.05 | -0.3/7.6 | 0.2/0.8 | 0.5/6.6 |
| Recovery | 01:00 | 153 | 150/90 | 0.00/0.0 | 1.0 | 22.95 | 1.7/9.6 | 0.3/1.2 | 0.7/6.4 |
| Recovery | 02:00 | 129 | 150/90 | 0.00/0.0 | 1.0 | 19.35 | 0.6/7.7 | 0.1/1.6 | 0.3/4.8 |
| Recovery | 03:00 | 116 | 150/90 | 0.00/0.0 | 1.0 | 17.4 | 0.0/7.6 | 0.1/1.5 | 0.2/5.0 |
| Recovery | 03:06 | 117 | 150/90 | 0.00/0.0 | 1.0 | 17.55 | 0.1/7.2 | 0.0/1.1 | 0.1/4.6 |

CHANDAN DIAGNOSTIC CENTRE

NAINATAL ROAD HALDWANI

NAME : DHARAM PURI

ID: 0048

PROTOCOL : Bruce

12 Lead ECG Report

ST @ 10 mm/mV

AGE/GENDER: 49/MALE

BP: 130/ 86 mmHg

STAGE NAME: Supine

SPEED/GRADE: 0.0/0.0

STL in mm

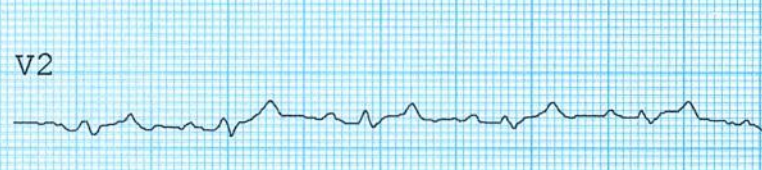
DATE/TIME : 24/Aug/2024 (09:04)

HR: 87 bpm

STAGE TIME: 00:24

PostJ 80

STS in mm/sec



CHANDAN DIAGNOSTIC CENTRE

NAINATAL ROAD HALDWANI

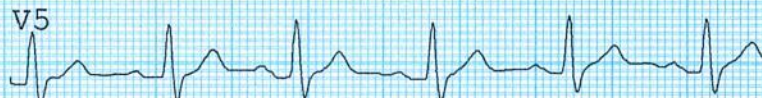
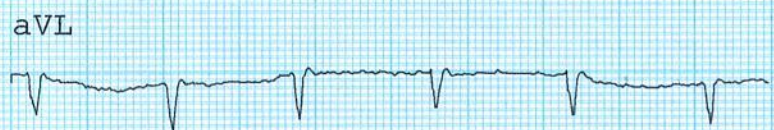
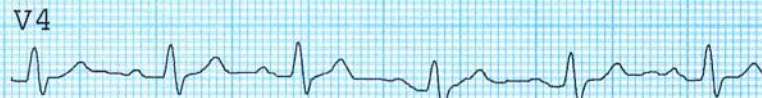
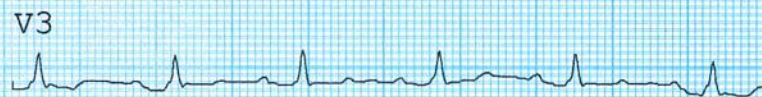
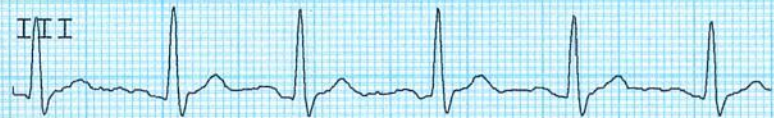
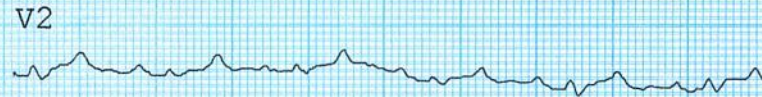
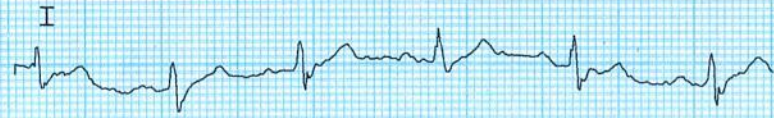
NAME : DHARAM PURI
AGE/GENDER: 49/MALE
DATE/TIME : 24/Aug/2024 (09:04)

ID: 0048
BP: 130/ 86 mmHg
HR: 83 bpm

PROTOCOL : Bruce
STAGE NAME: Standing
STAGE TIME: 00:24

12 Lead ECG Report
SPEED/GRADE: 0.0/0.0
PostJ 80

ST @ 10 mm/mV
STL in mm
STS in mm/sec



CHANDAN DIAGNOSTIC CENTRE

NAINATAL ROAD HALDWANI

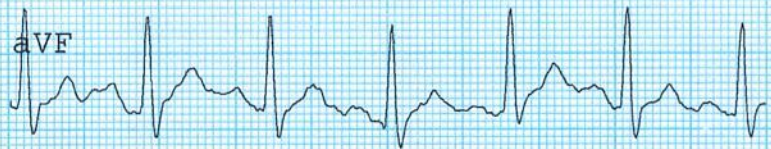
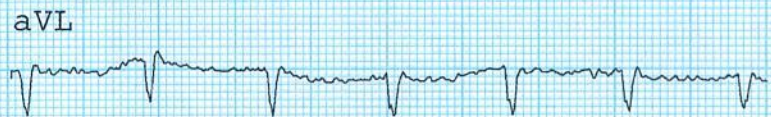
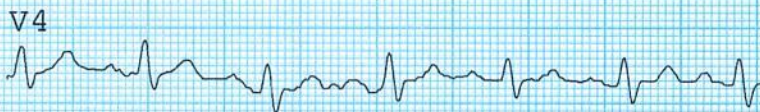
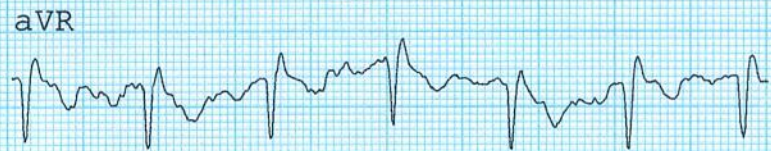
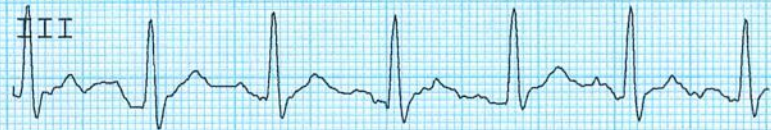
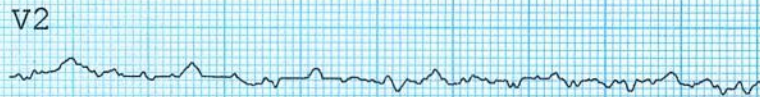
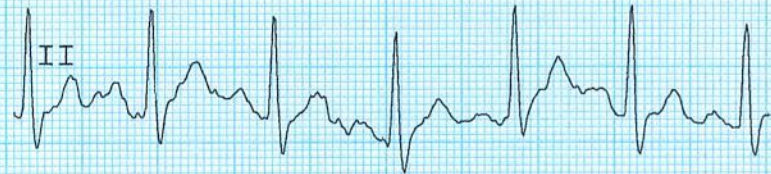
NAME : DHARAM PURI
AGE/GENDER: 49/MALE
DATE/TIME : 24/Aug/2024 (09:04)

ID: 0048
BP: 130/ 86 mmHg
HR: 79 bpm

PROTOCOL : Bruce
STAGE NAME: HyperV
STAGE TIME: 00:24

12 Lead ECG Report
SPEED/GRADE: 0.0/0.0
PostJ 80

ST @ 10 mm/mV
STL in mm
STS in mm/sec



CHANDAN DIAGNOSTIC CENTRE

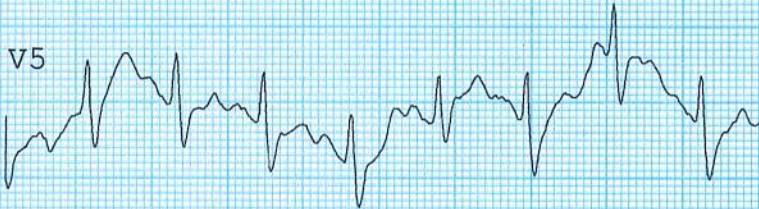
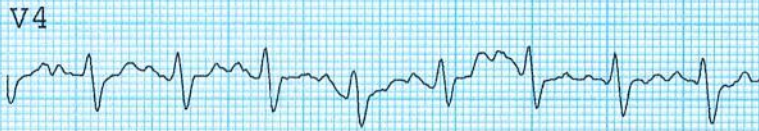
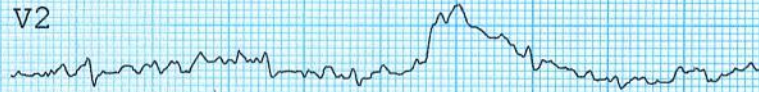
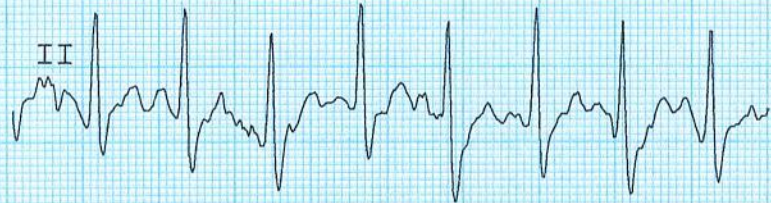
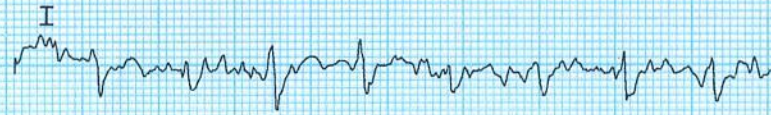
NAINATAL ROAD HALDWANI

NAME : DHARAM PURI
AGE/GENDER: 49/MALE
DATE/TIME : 24/Aug/2024 (09:04)

ID: 0048
BP:140/ 90 mmHg
HR:122 bpm

PROTOCOL : Bruce 12 Lead ECG Report
STAGE NAME: Exer : 1/7 SPEED/GRADE: 1.7/10.0
STAGE TIME: 03:00 PostJ 80

ST @ 10 mm/mV
STL in mm
STS in mm/sec



CHANDAN DIAGNOSTIC CENTRE

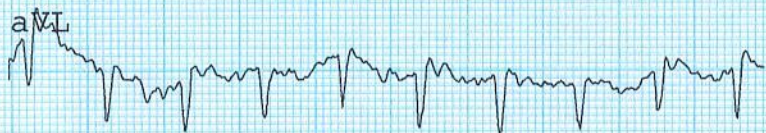
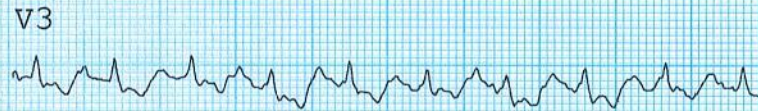
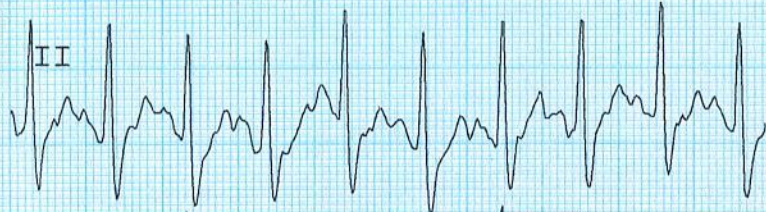
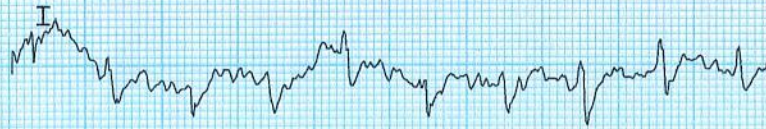
NAINATAL ROAD HALDWANI

NAME : DHARAM PURI
AGE/GENDER: 49/MALE
DATE/TIME : 24/Aug/2024 (09:04)

ID: 0048
BP: 150/ 90 mmHg
HR: 149 bpm

PROTOCOL : Bruce 12 Lead ECG Report
STAGE NAME: Exer : 2/7 SPEED/GRADE: 2.5/12.0
STAGE TIME: 02:54 PostJ 80

ST @ 10 mm/mV
STL in mm
STS in mm/sec



CHANDAN DIAGNOSTIC CENTRE

NAINATAL ROAD HALDWANI

NAME : DHARAM PURI

ID: 0048

PROTOCOL : Bruce

12 Lead ECG Report

ST @ 10 mm/mV

AGE/GENDER: 49/MALE

BP:150/ 90 mmHg

STAGE NAME: Peak

SPEED/GRADE: 2.5/12.0

STL in mm

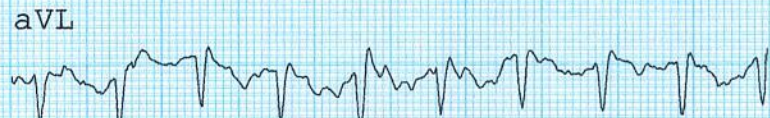
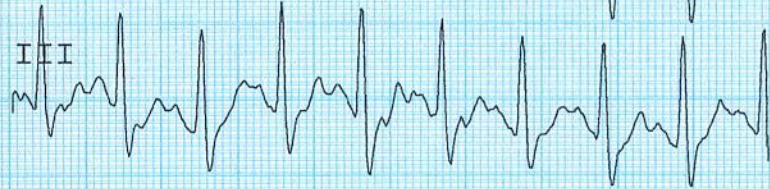
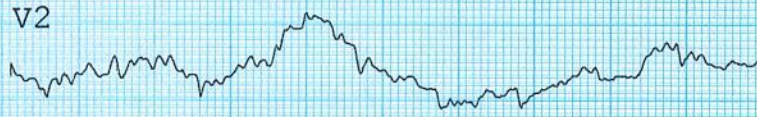
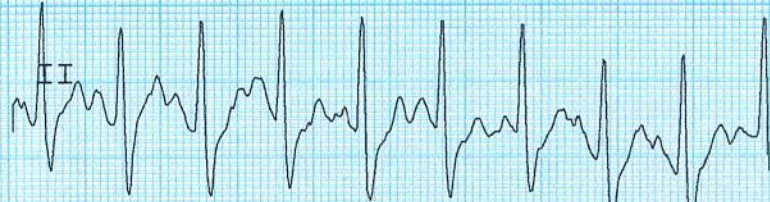
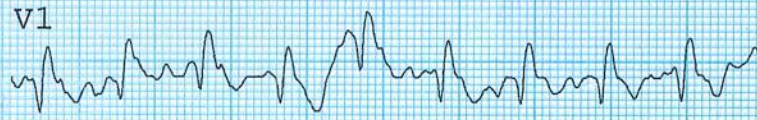
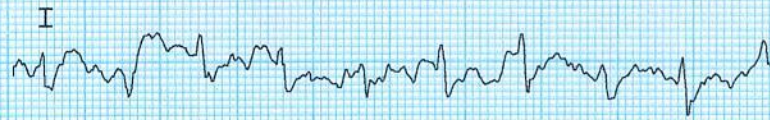
DATE/TIME : 24/Aug/2024(09:04)

HR:147 bpm

STAGE TIME: 00:06

PostJ 80

STS in mm/sec



CHANDAN DIAGNOSTIC CENTRE

NAINATAL ROAD HALDWANI

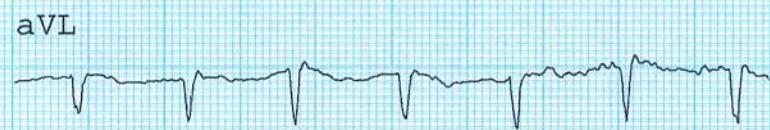
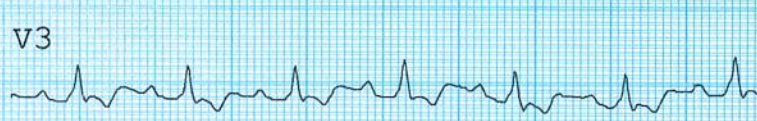
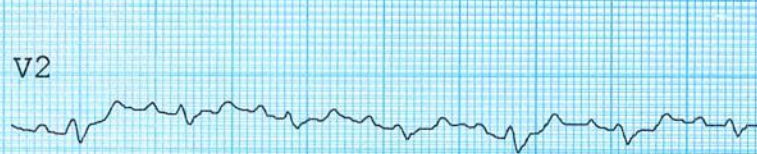
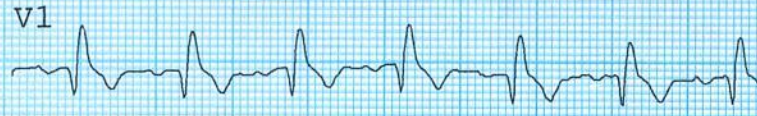
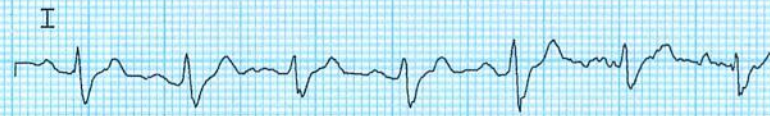
NAME : DHARAM PURI
AGE/GENDER: 49/MALE
DATE/TIME : 24/Aug/2024 (09:04)

ID: 0048
BP: 150/ 90 mmHg
HR: 153 bpm

PROTOCOL : Bruce
STAGE NAME: Recovery
STAGE TIME: 01:00

12 Lead ECG Report
SPEED/GRADE: 0.0/0.0
PostJ 80

ST @ 10 mm/mV
STL in mm
STS in mm/sec



CHANDAN DIAGNOSTIC CENTRE

NAINATAL ROAD HALDWANI

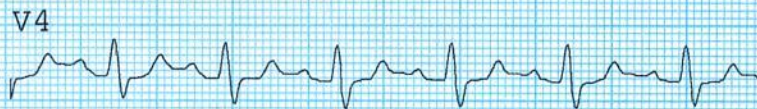
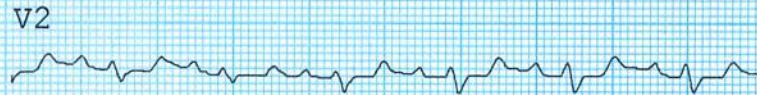
NAME : DHARAM PURI
AGE/GENDER: 49/MALE
DATE/TIME : 24/Aug/2024(09:04)

ID: 0048
BP:150/ 90 mmHg
HR:129 bpm

PROTOCOL : Bruce
STAGE NAME: Recovery
STAGE TIME: 02:00

12 Lead ECG Report
SPEED/GRADE: 0.0/0.0
PostJ 80

ST @ 10 mm/mV
STL in mm
STS in mm/sec



CHANDAN DIAGNOSTIC CENTRE

NAINATAL ROAD HALDWANI

NAME : DHARAM PURI

ID: 0048

PROTOCOL : Bruce

12 Lead ECG Report

ST @ 10 mm/mV

AGE/GENDER: 49/MALE

BP:150/ 90 mmHg

STAGE NAME: Recovery

SPEED/GRADE: 0.0/0.0

STL in mm

DATE/TIME : 24/Aug/2024 (09:04)

HR:117 bpm

STAGE TIME: 02:54

PostJ 80

STS in mm/sec

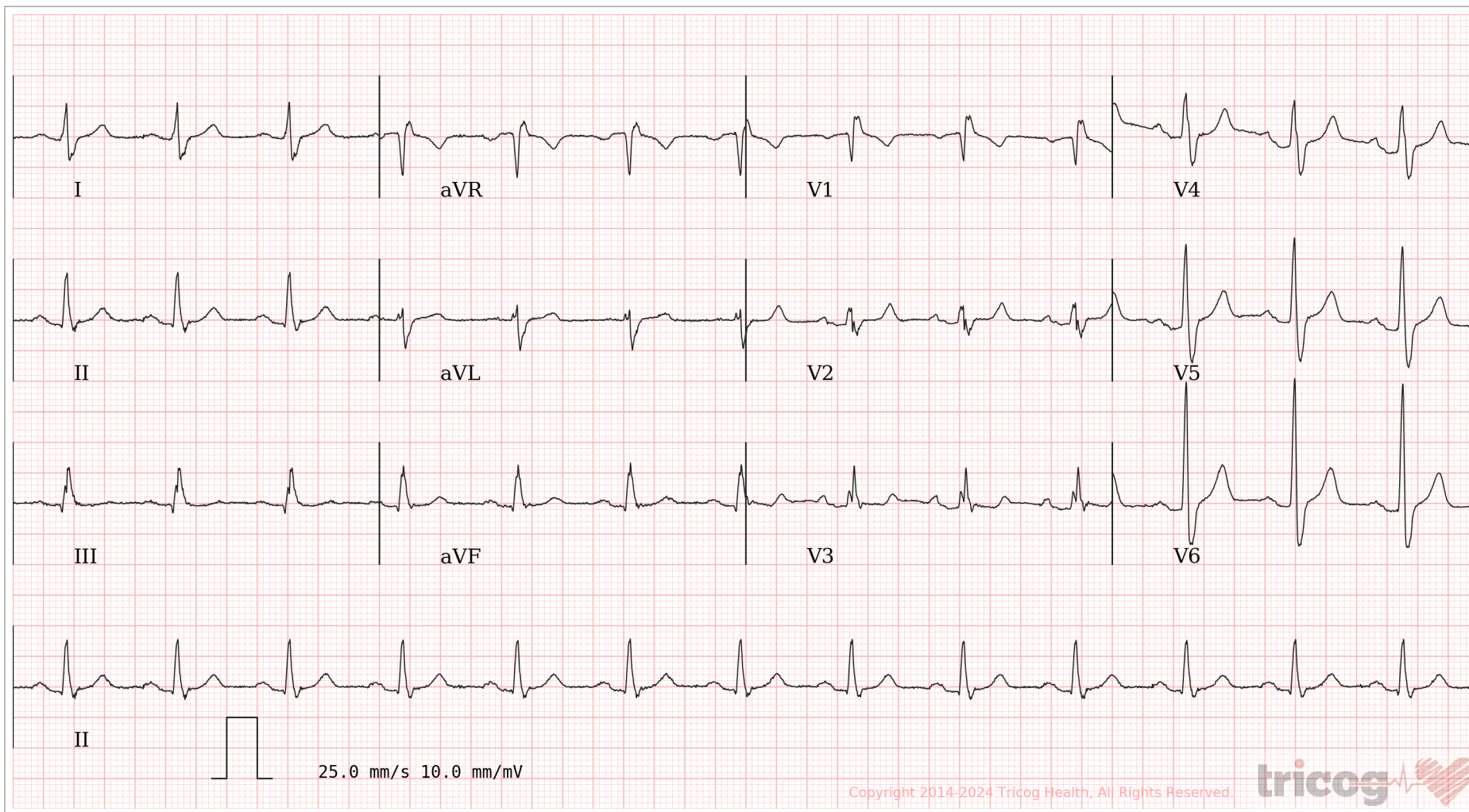
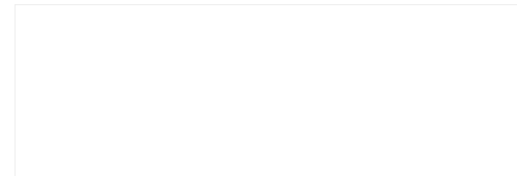


Chandan Diagnostic

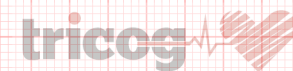


Age / Gender: 49/Male
Patient ID: CHLD0100482425
Patient Name: Mr.DHARAM PURI

Date and Time: 24th Aug 24 9:26 AM





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AR: 82bpm VR: 82bpm QRSD: 122ms QT: 370ms QTcB: 432ms PRI: 184ms P-R-T: 52° 73° 43°

Abnormal: Sinus Rhythm, Complete Right Bundle Branch Block. Concordant T waves noted in anterior leads. Rule out IHD. Please correlate clinically.

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

REPORTED BY

Dr Nethra

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

63382



CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani
Ph: ,9235400975
CIN : U85110UP2003PLC193493



| | | | |
|--------------|---|---------------|------------------------|
| Patient Name | : Mr.DHARAM PURI | Registered On | : 24/Aug/2024 08:25:04 |
| Age/Gender | : 49 Y 10 M 19 D /M | Collected | : 24/Aug/2024 08:29:21 |
| UHID/MR NO | : CHLD.0000113747 | Received | : 24/Aug/2024 09:55:23 |
| Visit ID | : CHLD0100482425 | Reported | : 24/Aug/2024 13:47:49 |
| 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 |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

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 | 16.20 | 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) | 5,200.00 | /Cu mm | 4000-10000 | ELECTRONIC IMPEDANCE |
| DLC | | | | |
| Polymorphs (Neutrophils) | 52.00 | % | 40-80 | ELECTRONIC IMPEDANCE |
| Lymphocytes | 42.00 | % | 20-40 | ELECTRONIC IMPEDANCE |
| Monocytes | 1.00 | % | 2-10 | ELECTRONIC IMPEDANCE |
| Eosinophils | 5.00 | % | 1-6 | ELECTRONIC IMPEDANCE |
| Basophils | 0.00 | % | < 1-2 | ELECTRONIC IMPEDANCE |
| ESR | | | | |
| Observed | 6.00 | MM/1H | 10-19 Yr 8.0 20-29 Yr 10.8 30-39 Yr 10.4 40-49 Yr 13.6 50-59 Yr 14.2 60-69 Yr 16.0 70-79 Yr 16.5 80-91 Yr 15.8 Pregnancy | |





CHANDAN DIAGNOSTIC CENTRE

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Ph: ,9235400975
CIN : U85110UP2003PLC193493



| | | | |
|--------------|---|---------------|------------------------|
| Patient Name | : Mr.DHARAM PURI | Registered On | : 24/Aug/2024 08:25:04 |
| Age/Gender | : 49 Y 10 M 19 D /M | Collected | : 24/Aug/2024 08:29:21 |
| UHID/MR NO | : CHLD.0000113747 | Received | : 24/Aug/2024 09:55:23 |
| Visit ID | : CHLD0100482425 | Reported | : 24/Aug/2024 13:47:49 |
| 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 |
|-----------------------------------|----------|----------------|--------------------|--|
| Corrected | NR | Mm for 1st hr. | <9 | Early gestation - 48 (62 if anaemic) Leter gestation - 70 (95 if anaemic) |
| PCV (HCT) | 50.00 | % | 40-54 | |
| Platelet count | | | | |
| Platelet Count | 1.44 | LACS/cu mm | 1.5-4.0 | ELECTRONIC IMPEDANCE/MICROSCOPIC |
| PDW (Platelet Distribution width) | 16.90 | fL | 9-17 | ELECTRONIC IMPEDANCE |
| P-LCR (Platelet Large Cell Ratio) | 38.20 | % | 35-60 | ELECTRONIC IMPEDANCE |
| PCT (Platelet Hematocrit) | 0.16 | % | 0.108-0.282 | ELECTRONIC IMPEDANCE |
| MPV (Mean Platelet Volume) | 11.70 | fL | 6.5-12.0 | ELECTRONIC IMPEDANCE |
| RBCCount | | | | |
| RBC Count | 4.80 | Mill./cu mm | 4.2-5.5 | ELECTRONIC IMPEDANCE |
| Blood Indices (MCV, MCH, MCHC) | | | | |
| MCV | 97.40 | fl | 80-100 | CALCULATED PARAMETER |
| MCH | 33.70 | pg | 27-32 | CALCULATED PARAMETER |
| MCHC | 34.60 | % | 30-38 | CALCULATED PARAMETER |
| RDW-CV | 14.00 | % | 11-16 | ELECTRONIC IMPEDANCE |
| RDW-SD | 50.30 | fL | 35-60 | ELECTRONIC IMPEDANCE |
| Absolute Neutrophils Count | 2,704.00 | /cu mm | 3000-7000 | |
| Absolute Eosinophils Count (AEC) | 260.00 | /cu mm | 40-440 | |


Dr Vinod Ojha
MD Pathologist





CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani
Ph: ,9235400975
CIN : U85110UP2003PLC193493



| | | | |
|--------------|---|---------------|------------------------|
| Patient Name | : Mr.DHARAM PURI | Registered On | : 24/Aug/2024 08:25:05 |
| Age/Gender | : 49 Y 10 M 19 D /M | Collected | : 24/Aug/2024 08:29:21 |
| UHID/MR NO | : CHLD.0000113747 | Received | : 24/Aug/2024 09:55:23 |
| Visit ID | : CHLD0100482425 | Reported | : 24/Aug/2024 11:16:19 |
| 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 |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

GLUCOSE FASTING , Plasma

| | | | | |
|-----------------|-------|-------|--|---------|
| Glucose Fasting | 95.10 | mg/dl | < 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes | GOD POD |
|-----------------|-------|-------|--|---------|

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 | 172.80 | mg/dl | <140 Normal 140-199 Pre-diabetes >200 Diabetes | GOD POD |
|---|--------|-------|--|---------|

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) | 6.20 | % NGSP | HPLC (NGSP) |
| Glycosylated Haemoglobin (HbA1c) | 44.00 | mmol/mol/IFCC | |
| Estimated Average Glucose (eAG) | 131 | 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.

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy





CHANDAN DIAGNOSTIC CENTRE

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Ph: ,9235400975
CIN : U85110UP2003PLC193493



| | | | |
|--------------|---|---------------|------------------------|
| Patient Name | : Mr.DHARAM PURI | Registered On | : 24/Aug/2024 08:25:05 |
| Age/Gender | : 49 Y 10 M 19 D /M | Collected | : 24/Aug/2024 08:29:21 |
| UHID/MR NO | : CHLD.0000113747 | Received | : 24/Aug/2024 09:55:23 |
| Visit ID | : CHLD0100482425 | Reported | : 24/Aug/2024 11:16:19 |
| 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 |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

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.

| | | | | |
|---------------------------|------|-------|----------|------------|
| BUN (Blood Urea Nitrogen) | 9.14 | mg/dL | 7.0-23.0 | CALCULATED |
| Sample: Serum | | | | |

Interpretation:

Note: Elevated BUN levels can be seen in the following:

High-protein diet, Dehydration, Aging, Certain medications, Burns, Gastrointestinal (GI) bleeding.

Low BUN levels can be seen in the following:





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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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|-----------|--------|------|--------------------|--------|

Low-protein diet, overhydration, Liver disease.

| | | | | |
|---------------|------|-------|----------|-----------------|
| Creatinine | 0.89 | mg/dl | 0.7-1.30 | MODIFIED JAFFES |
| Sample: Serum | | | | |

Interpretation:

The significance of single creatinine value must be interpreted in light of the patients muscle mass. A patient with a greater muscle mass will have a higher creatinine concentration. The trend of serum creatinine concentrations over time is more important than absolute creatinine concentration. Serum creatinine concentrations may increase when an ACE inhibitor (ACE) is taken. The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed, icteric or lipemic.

| | | | | |
|---------------|------|-------|---------|---------|
| Uric Acid | 5.73 | mg/dl | 3.4-7.0 | URICASE |
| Sample: Serum | | | | |

Interpretation:

Note:-

Elevated uric acid levels can be seen in the following:

Drugs, Diet (high-protein diet, alcohol), Chronic kidney disease, Hypertension, Obesity.

LFT (WITH GAMMA GT) , Serum

| | | | | |
|---|--------|-------|------------|-------------------|
| SGOT / Aspartate Aminotransferase (AST) | 72.79 | U/L | < 35 | IFCC WITHOUT P5P |
| SGPT / Alanine Aminotransferase (ALT) | 105.00 | U/L | < 40 | IFCC WITHOUT P5P |
| Gamma GT (GGT) | 156.00 | IU/L | 11-50 | OPTIMIZED SZAZING |
| Protein | 6.47 | gm/dl | 6.2-8.0 | BIURET |
| Albumin | 4.18 | gm/dl | 3.4-5.4 | B.C.G. |
| Globulin | 2.29 | gm/dl | 1.8-3.6 | CALCULATED |
| A:G Ratio | 1.83 | | 1.1-2.0 | CALCULATED |
| Alkaline Phosphatase (Total) | 103.00 | U/L | 42.0-165.0 | PNP/AMP KINETIC |
| Bilirubin (Total) | 0.80 | mg/dl | 0.3-1.2 | JENDRASSIK & GROF |
| Bilirubin (Direct) | 0.29 | mg/dl | < 0.30 | JENDRASSIK & GROF |
| Bilirubin (Indirect) | 0.51 | mg/dl | < 0.8 | JENDRASSIK & GROF |

LIPID PROFILE (MINI) , Serum

| | | | | |
|---------------------|--------|-------|---|----------|
| Cholesterol (Total) | 247.00 | mg/dl | <200 Desirable 200-239 Borderline High > 240 High | CHOD-PAP |
|---------------------|--------|-------|---|----------|





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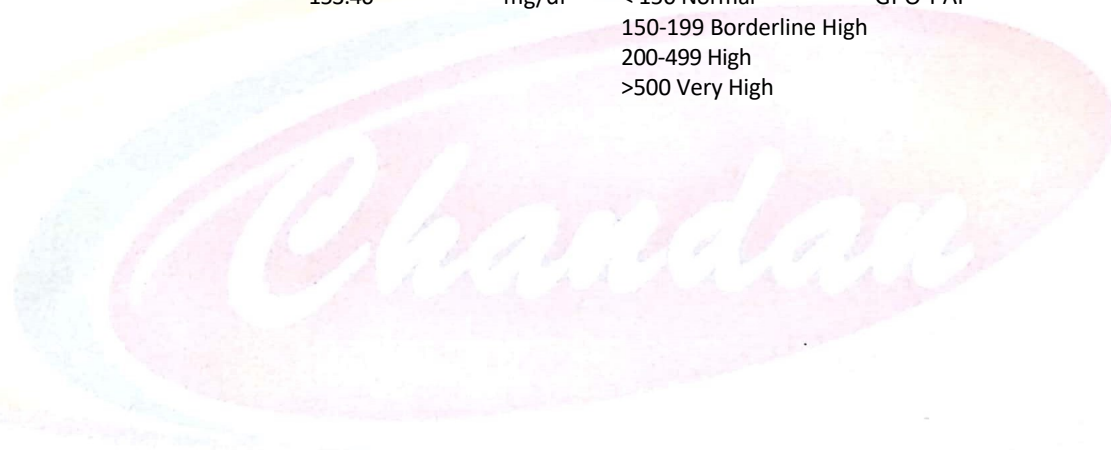


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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
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| HDL Cholesterol (Good Cholesterol) | 78.40 | mg/dl | 30-70 | DIRECT ENZYMATIC |
| LDL Cholesterol (Bad Cholesterol) | 138 | mg/dl | < 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High | CALCULATED |
| VLDL | 30.69 | mg/dl | 10-33 | CALCULATED |
| Triglycerides | 153.46 | mg/dl | < 150 Normal 150-199 Borderline High 200-499 High >500 Very High | GPO-PAP |




Dr Vinod Ojha
MD Pathologist





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| Patient Name | : Mr.DHARAM PURI | Registered On | : 24/Aug/2024 08:25:05 |
| Age/Gender | : 49 Y 10 M 19 D /M | Collected | : 24/Aug/2024 12:44:18 |
| UHID/MR NO | : CHLD.0000113747 | Received | : 24/Aug/2024 12:59:25 |
| Visit ID | : CHLD0100482425 | Reported | : 24/Aug/2024 17:59:49 |
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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-----------|--------|------|--------------------|--------|
|-----------|--------|------|--------------------|--------|

URINE EXAMINATION, ROUTINE, *Urine*

| | | | | |
|-----------------------------|----------------|-------|--|-------------------------|
| Color | PALE YELLOW | | | |
| Specific Gravity | 1.015 | | | |
| Reaction PH | Acidic (6.0) | | | 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 |
| Microscopic Examination: | | | | |
| Epithelial cells | 2-3/h.p.f | | | MICROSCOPIC EXAMINATION |
| Pus cells | 1-2/h.p.f | | | |
| RBCs | ABSENT | | | MICROSCOPIC EXAMINATION |
| Cast | ABSENT | | | |
| Crystals | ABSENT | | | MICROSCOPIC EXAMINATION |
| Others | ABSENT | | | |
| ABSENT | | | | |

STOOL, ROUTINE EXAMINATION, *Stool*

| | |
|-------|----------|
| Color | BROWNISH |
|-------|----------|





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DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---------------|----------------|------|--------------------|--------|
| Consistency | SOLID | | | |
| Reaction (PH) | Acidic (6.0) | | | |
| Mucus | ABSENT | | | |
| Blood | ABSENT | | | |
| Worm | ABSENT | | | |
| Pus cells | 0-1/h.p.f | | | |
| RBCs | ABSENT | | | |
| Ova | ABSENT | | | |
| Cysts | ABSENT | | | |
| Others | ABSENT | | | |

SUGAR, FASTING STAGE, *Urine*

| | | |
|----------------------|--------|------|
| Sugar, Fasting stage | ABSENT | gms% |
|----------------------|--------|------|

Interpretation:

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

SUGAR, PP STAGE, *Urine*

| | |
|-----------------|--------|
| Sugar, PP Stage | ABSENT |
|-----------------|--------|

Interpretation:

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


Dr Vinod Ojha
MD Pathologist





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DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|--------|-------|--------------------|--------|
| PSA (Prostate Specific Antigen), Total <i>Sample: Serum</i> | 1.00 | 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) | 71.40 | ng/dl | 84.61-201.7 | CLIA |
| T4, Total (Thyroxine) | 6.50 | ug/dl | 3.2-12.6 | CLIA |
| TSH (Thyroid Stimulating Hormone) | 2.200 | 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.DHARAM PURI | Registered On | : 24/Aug/2024 08:25:06 |
| Age/Gender | : 49 Y 10 M 19 D /M | Collected | : 2024-08-24 18:07:47 |
| UHID/MR NO | : CHLD.0000113747 | Received | : 2024-08-24 18:07:47 |
| Visit ID | : CHLD0100482425 | Reported | : 24/Aug/2024 18:14:36 |
| 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:-

- Rotated flim.
- **Old healed fracture of multiple ribs noted on right side.**
- Bilateral lung fields appear grossly unremarkable.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Bilateral hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Soft tissue shadow appears normal.

IMPRESSION:-

Normal lung study.

Adv:- CT thorax correlation.

Dr Sushil Pandey(MD Radiodignosis)





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| Patient Name | : Mr.DHARAM PURI | Registered On | : 24/Aug/2024 08:25:06 |
| Age/Gender | : 49 Y 10 M 19 D /M | Collected | : 2024-08-24 10:35:56 |
| UHID/MR NO | : CHLD.0000113747 | Received | : 2024-08-24 10:35:56 |
| Visit ID | : CHLD0100482425 | Reported | : 24/Aug/2024 10:42:10 |
| 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 (~14.3cms) **its echogenicity is homogeneously increased.** No SOL seen. No dilatation of IHBR seen. Hepatic vessels are normal. Portal vein is patent.

GALL BLADDER: Shows small echogenic polyps attached to the anterior and posterior wall, largest of size ~3x3.1mm in anterior wall. 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:-





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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

- *Grade I fatty liver.*
- *Small gall bladder polyps.*

(Adv:- Six monthly USG follow up).

*** End Of Report ***

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



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

