


UNION OF INDIA **Driving Licence** (RJ) (NT)  
 RJ10 20110083622

भारतीय वाहन की तिथि / Date of Issue: 18/01/2011  
 वाहन की तिथि / Date of Birth: 15/08/1992  
 जारी तिथि / Issue Date: 17/01/2031  
 रक्त समूह / Blood Group: O+

नाम / Name: **UDIT SHARMA**  
 पिता/पति का नाम / Son/Daughter/Wife of: **ABHAY SHARMA**



*Man*

RJ10 20110083622 D04945991M

MCWG 18/01/2011  
 LMV 18/01/2011

नाम / Permanent Address:  
 GIGRAJJI KUWA, RATANGARH  
 CHURU (RAJ)  
 RATANGARH CHURU - 331022

जारीकर्ता / Issuing Authority Sign:  
 DTO CHURU

(RJ)  
 Form 2 Rule 16(3)

# Dr. Goyal's

## Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur-302019  
Tele: 0141-2293346, 4049787, 9887049787  
Website: www.drgoyalspathlab.com | E-mail: drgoyalpiyush@gmail.com



Date :- 29/08/2021 10:32:17  
**NAME :- Mr. UDIT SHARMA**  
Sex / Age :- Male 29 Yrs 14 Days  
Company :- MediWheel

Patient ID :-12211981  
Ref. By Dr:- BOB  
Lab/Hosp :-

Sample Type :- EDTA

Sample Collected Time 29/08/2021 10:36:32

Final Authentication : 29/08/2021 14:15:53

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>HAEMOGARAM</b>			
HAEMOGLOBIN (Hb)	14.9	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	5.90	/cumm	4.00 - 10.00
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	59.7	%	40.0 - 80.0
LYMPHOCYTE	29.0	%	20.0 - 40.0
EOSINOPHIL	1.4	%	1.0 - 6.0
MONOCYTE	9.8	%	2.0 - 10.0
BASOPHIL	0.1	%	0.0 - 2.0
NEUT#	3.53	10 <sup>3</sup> /uL	1.50 - 7.00
LYMPH#	1.71	10 <sup>3</sup> /uL	1.00 - 3.70
EO#	0.08	10 <sup>3</sup> /uL	0.00 - 0.40
MONO#	0.57	10 <sup>3</sup> /uL	0.00 - 0.70
BASO#	0.01	10 <sup>3</sup> /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	5.04	x10 <sup>6</sup> /uL	4.50 - 5.50
HEMATOCRIT (HCT)	44.80	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	88.8	fL	83.0 - 101.0
MEAN CORP HB (MCH)	29.6	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	33.3	g/dL	31.5 - 34.5
<b>PLATELET COUNT</b>	222	x10 <sup>3</sup> /uL	150 - 410
RDW-CV	13.7	%	11.6 - 14.0
MENTZER INDEX	17.62		

The Mentzer index is used to differentiate iron deficiency anemia from beta thalassemia trait. If a CBC indicates microcytic anemia, these are two of the most likely causes, making it necessary to distinguish between them.

If the quotient of the mean corpuscular volume divided by the red blood cell count is less than 13, thalassemia is more likely. If the result is greater than 13, then iron-deficiency anemia is more likely.

Technologist

C.L.SAINI

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

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### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	35 H	mm/hr.	00 - 13

(ESR) Methodology : Measurement of ESR by cells aggregation.

Instrument Name : Independent form Hematocrit value by Automated Analyzer (Roller-20)

Interpretation : ESR test is a non-specific indicator of inflammatory disease and abnormal protein states.

The test is used to detect, follow course of a certain disease (e.g-tuberculosis, rheumatic fever, myocardial infarction). Levels are higher in pregnancy due to hyperfibrinogenaemia.

The "3-figure ESR"  $\times > 100$  value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia (CBC). Methodology: FLC, DL-C Fluorescent Flow cytometry, HB SLS method, TRBC, PCV, PLT Hydrodynamically focused Impedance and MCH, MCV, MCHC, MENTZER INDEX are calculated. Instrument Name: Sysmex 6 part fully automatic analyzer XN-L, Japan

Technologist

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### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>BOB PACKAGE MALE</b>			
<b>GLYCOSYLATED HEMOGLOBIN (HbA1C)</b> Method:- HPLC	5.3	%	Non-diabetic: < 5.7 Pre-diabetics: 5.7-6.4 Diabetics: = 6.5 or higher ADA Target: 7.0 Action suggested: > 6.5

Instrument name: ARKRAY's ADAMS Lite HA 8380V, JAPAN.

#### Test Interpretation:

HbA1C is formed by the condensation of glucose with n-terminal valine residue of each beta chain of HbA to form an unstable Schiff base. It is the major fraction, constituting approximately 80% of HbA1c. Formation of glycosylated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of the red blood cells (RBC) (120 days) and the blood glucose concentration. The GHb concentration represents the integrated values for glucose over the period of 6 to 8 weeks. GHb values are free of day to day glucose fluctuations and are unaffected by recent exercise or food ingestion. Concentration of plasma glucose concentration in GHb depends on the time interval, with more recent values providing a larger contribution than earlier values. The interpretation of GHb depends on RBC having a normal life span. Patients with hemolytic disease or other conditions with shortened RBC survival exhibit a substantial reduction of GHb. High GHb have been reported in iron deficiency anemia. GHb has been firmly established as an index of long term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. The absolute risk of retinopathy and nephropathy are directly proportional to the mean of HbA1C. Genetic variants (e.g. HbS trait, HbC trait), elevated HbF and chemically modified derivatives of hemoglobin can affect the accuracy of HbA1c measurements. The effects vary depending on the specific Hb variant or derivative and the specific HbA1c method.

#### Ref by ADA 2020

<b>MEAN PLASMA GLUCOSE</b> Method:- Calculated Parameter	104	mg/dL	Non Diabetic < 100 mg/dL Prediabetic 100- 125 mg/dL Diabetic 126 mg/dL or Higher
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Sex / Age :- Male 29 Yrs 14 Days Lab/Hosp :-  
Company :- MediWheel

Sample Type :- EDTA, PLAIN/SERUM, URINE, ~~Serum~~ Collected Time 29/08/2021 12:22:10 Final Authentication : 29/08/2021 16:44:22

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUP ABO	"O"POSITIVE		
BLOOD GROUP ABO Methodology : Haemagglutination reaction Kit Name : Monoclonal agglutinating antibodies (Span clone).			
URINE SUGAR (FASTING) Collected Sample Received	Nil		Nil
URINE SUGAR PP Collected Sample Received	Nil		Nil
BLOOD UREA NITROGEN (BUN)	12.5	mg/dl	0.0 - 23.0

Technologist

C.L.SAINI, KHUSHBU, SURESHSAINI

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Sex / Age :- Male 29 Yrs 14 Days Lab/Hosp :-  
Company :- MediWheel

Sample Type :- KOx/Na FLUORIDE-F, KOx/Na SODIUM FLUORIDE-F, BUN/SERUM/2021 12:22:16 Final Authentication : 29/08/2021 16:40:28

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP	88.1	mg/dl	75.0 - 115.0
Impaired glucose tolerance (IGT)	111 - 125 mg/dL.		
Diabetes Mellitus (DM)	> 126 mg/dL.		
<b>Instrument Name:</b> Randox Rx Imola <b>Interpretation:</b> Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases.			
BLOOD SUGAR PP (Plasma) Method:- GOD PAP	96.0	mg/dl	70.0 - 140.0
<b>Instrument Name:</b> Randox Rx Imola <b>Interpretation:</b> Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases.			
SERUM CREATININE Method:- Colorimetric Method	1.30	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	8.26 H	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

Technologist

SURENDRAKHANGA, SURESHSAINI

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 Company :- MediWheel

Patient ID :- 12211981  
 Ref. By Dr:- BOB  
 Lab/Hosp :-

Sample Type :- PLAIN/SERUM

Sample Collected Time 29/08/2021 10:36:32

Final Authentication : 29/08/2021 16:40:28

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	182.82	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	81.02	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
VLDL CHOLESTEROL Method:- Calculated	16.20	mg/dl	0.00 - 80.00

**Technologist**

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 Company :- MediWheel

Sample Type :- PLAIN/SERUM Sample Collected Time 29/08/2021 10:36:32 Final Authentication : 29/08/2021 16:44:22

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	49.02	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	120.30	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	3.73		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	2.45		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	513.47	mg/dl	400.00 - 1000.00
<p><b>TOTAL CHOLESTEROL</b> InstrumentName:Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.</p> <p><b>TRIGLYCERIDES</b> InstrumentName:Randox Rx Imola Interpretation : Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction.</p> <p><b>DIRECT HDL CHOLESTEROL</b> InstrumentName:Randox Rx Imola Interpretation: An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies. Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.</p> <p><b>DIRECT LDL-CHOLESTEROL</b> InstrumentName:Randox Rx Imola Interpretation: Accurate measurement of LDL-Cholesterol is of vital importance in therapies which focus on lipid reduction to prevent atherosclerosis or reduce its progress and to avoid plaque rupture.</p> <p><b>TOTAL LIPID AND VLDL ARE CALCULATED</b></p>			

Technologist

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### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIVER PROFILE WITH GGT</b>			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.85	mg/dl	Up to - 1.0 Cord blood <2 mg/dL Premature < 6 days <16mg/dL Full-term < 6 days= 12 mg/dL 1month - <12 months <2 mg/dL 1-19 years <1.5 mg/dL Adult - Up to - 1.2 Ref-(ACCP 2020)
SGOT Method:- IFCC	28.4	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	<b>45.9 H</b>	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	106.70	IU/L	30.00 - 120.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.95	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	5.00	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.95	gm/dl	2.20 - 3.50
A/G RATIO	1.69		1.30 - 2.50

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### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.24	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.61	mg/dl	0.30-0.70
SERUM GAMMA GT Method:- IFCC	<b>60.30</b> H	U/L	11.00 - 50.00

**Total Bilirubin** Methodology: Colorimetric method InstrumentName Randox Rx Imola Interpretation An increase in bilirubin concentration in the serum occurs in toxic or infectious diseases of the liver e.g. hepatitis B or obstruction of the bile duct and in rhesus incompatible babies High levels of unconjugated bilirubin indicate that too much haemoglobin is being destroyed or that the liver is not actively treating the haemoglobin it is receiving.

**AST Aspartate Aminotransferase** Methodology: IFCC InstrumentName Randox Rx Imola Interpretation: Elevated levels of AST can signal myocardial infarction, hepatic disease, muscular dystrophy and organ damage. Although heart muscle is found to have the most activity of the enzyme, significant activity has also been seen in the brain, liver, gastric mucosa, adipose tissue and kidneys of humans.

**ALT Alanine Aminotransferase** Methodology: IFCC InstrumentName Randox Rx Imola Interpretation: The enzyme ALT has been found to be in highest concentrations in the liver, with decreasing concentrations found in kidney, heart, skeletal muscle, pancreas, spleen and lung tissue respectively. Elevated levels of the transaminases can indicate myocardial infarction, hepatic disease, muscular dystrophy and organ damage.

**Alkaline Phosphatase** Methodology: AMP Buffer InstrumentName Randox Rx Imola Interpretation Measurements of alkaline phosphatase are of use in the diagnosis, treatment and investigation of hepatobiliary disease and in bone disease associated with increased osteoblastic activity. Alkaline phosphatase is also used in the diagnosis of parathyroid and intestinal disease.

**TOTAL PROTEIN** Methodology: Buret Reagent InstrumentName Randox Rx Imola Interpretation: Measurements obtained by this method are used in the diagnosis and treatment of a variety of diseases involving the liver, kidney and bone marrow as well as other metabolic or nutritional disorders.

**ALBUMIN (ALB)** Methodology: Bromocresol Green InstrumentName Randox Rx Imola Interpretation: Albumin measurements are used in the diagnosis and treatment of numerous diseases involving primarily the liver or kidneys. Globulin & A/G ratio is calculated.

**Instrument Name** Randox Rx Imola Interpretation: Elevations in GGT levels are seen earlier and more pronounced than those with other liver enzymes in cases of obstructive jaundice and metastatic neoplasms. It may reach 5 to 30 times normal levels in intra- or post-hepatic biliary obstruction. Only moderate elevations in the enzyme level (2 to 5 times normal) are observed with infectious hepatitis.

Technologist

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Sample Collected Time 29/08/2021 10:36:32

Final Authentication : 29/08/2021 11:59:25

### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
<b>TOTAL THYROID PROFILE</b>			
SERUM TSH Method:- Enhanced Chemiluminescence Immunoassay	2.030	μIU/mL	0.465 - 4.680

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### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.290	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	9.920	ug/dl	5.530 - 11.000

**InstrumentName:** VITROS ECI **Interpretation:** Triiodothyronine (T3) contributes to the maintenance of the euthyroid state. A decrease in T3 concentration of up to 50% occurs in a variety of clinical situations, including acute and chronic disease. Although T3 results alone cannot be used to diagnose hypothyroidism, T3 concentration may be more sensitive than thyroxine (T4) for hyperthyroidism. Consequently, the total T3 assay can be used in conjunction with other assays to aid in the differential diagnosis of thyroid disease. T3 concentrations may be altered in some conditions, such as pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, Free T3 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake, or T4 uptake can be used with the total T3 result to calculate the free T3 index and estimate the concentration of free T3.

**InstrumentName:** VITROS ECI **Interpretation:** The measurement of Total T4 aids in the differential diagnosis of thyroid disease. While >99.9% of T4 is protein-bound, primarily to thyroxine-binding globulin (TBG), it is the free fraction that is biologically active. In most patients, the total T4 concentration is a good indicator of thyroid status. T4 concentrations may be altered in some conditions, such as pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, free T4 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake may be used with the total T4 result to calculate the free T4 index (FT4I) and estimate the concentration of free T4. Some drugs and some nonthyroidal patient conditions are known to alter TT4 concentrations in vivo.

**InstrumentName:** VITROS ECI **Interpretation:** TSH stimulates the production of thyroxine (T4) and triiodothyronine (T3) by the thyroid gland. The diagnosis of overt hypothyroidism by the finding of a low total T4 or free T4 concentration is readily confirmed by a raised TSH concentration. Measurement of low or undetectable TSH concentrations may assist the diagnosis of hyperthyroidism, where concentrations of T4 and T3 are elevated and TSH secretion is suppressed. These have the advantage of discriminating between the concentrations of TSH observed in thyrotoxicosis, compared with the low, but detectable, concentrations that occur in subclinical hyperthyroidism. The performance of this assay has not been established for neonatal specimens. Some drugs and some nonthyroidal patient conditions are known to alter TSH concentrations in vivo.

#### INTERPRETATION

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/μL (As per American Thyroid Association)
1st Trimester	0.10-2.50
2nd Trimester	0.20-3.00
3rd Trimester	0.30-3.00

Technologist

ANANDSHARMA

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### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL PSA	0.625	ng/ml	0.000 - 4.000

TOTAL PSA

Method:- Chemiluminescence

InstrumentName: VITROS ECI Interpretation : Elevated serum PSA concentrations are found in men with prostate cancer, benign prostatic hypertrophy (BHP) or inflammatory conditions of other adjacent genitourinary tissues, but not in apparently healthy men or in men with cancers other than prostate cancer. PSA has been demonstrated to be an accurate marker for monitoring advancing clinical stage in untreated patients and for monitoring response to therapy by radical prostatectomy, radiation therapy and anti-androgen therapy. PSA is also important in determining the potential and actual effectiveness of surgery or other therapies. Progressive disease is defined by an increase of at least 25%. Sampling should be repeated within two to four weeks for additional evidence. Different assay methods cannot be used interchangeably.

\*\*\* End of Report \*\*\*

Technologist

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# Dr. Goyal's

## Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganeer Road, Jaipur-302019  
Tele: 0141-2293346, 4049787, 9887049787  
Website: www.drgoyalspathlab.com | E-mail: drgoyalpiyush@gmail.com



Date :- 29/08/2021 10:32:17  
**NAME :- Mr. UDIT SHARMA**  
Sex / Age :- Male 29 Yrs 14 Days  
Company :- MediWheel

Patient ID :- 12211981  
Ref. By Dr:- BOB  
Lab/Hosp :-

Sample Type :- URINE

Sample Collected Time 29/08/2021 10:36:32

Final Authentication : 29/08/2021 12:26:52

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b><u>PHYSICAL EXAMINATION</u></b>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<b><u>CHEMICAL EXAMINATION</u></b>			
REACTION(PH)	5.5		5.0 - 7.5
SPECIFIC GRAVITY	1.025		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE

Technologist

KHUSHBU

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

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Lab/Hosp :-

Sample Type :- URINE

Sample Collected Time 29/08/2021 10:36:32

Final Authentication : 29/08/2021 12:26:52

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Urine Routine</b>			
<b><u>MICROSCOPY EXAMINATION</u></b>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	2-3	/HPF	2-3
CRYSTALS/HPF	ABSENT		ABSENT
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL	ABSENT		ABSENT
OTHER	ABSENT		ABSENT

Technologist

KHUSHBU

Page No: 10 of 15

**Dr. Chandrika Gupta**  
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RMC NO. 21021/008037

# Dr. Goyal's

## HEALTHCARE PVT. LTD.

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur  
Tele: 0141-2293346, 4049787, 9887443311, 9887049787  
Website: www.drgoyalpathlab.com | E-mail: drgoyalpiyush@gmail.com



Date :- 29/08/2021 10:32:17

**NAME :- Mr. UDIT SHARMA**

Sex / Age :- Male 29 Yrs 14 Days

Company :- MediWheel

Patient ID :-12211981

Ref. By Doctor:-BOB

Lab/Hosp :-

Final Authentication : 29/08/2021 11:45:41

BOB PACKAGE MALE

### X RAY CHEST PA VIEW:

Well defined rounded opacity with internal few lucent areas seen in right lower lung zone - ? infective.

Rest of the lung fields appears clear.

Trachea is in midline.

Both the hilar shadows are normal.

Both the C.P.angles is clear.

Both the domes of diaphragm are normally placed.

Bony cage and soft tissue shadows are normal.

Heart shadows appear normal.

(Please correlate clinically and with relevant further investigations)

**DR. UMA MATHURIA**  
MD RADIO DIAGNOSIS  
RMC NO. 22541

\*\*\* End of Report \*\*\*

**Dr. Piyush Goyal**  
( D.M.R.D.) BILAL

Page No: 1 of 1

**Dr. Piyush Goyal**  
MBBS, DMRD

**Dr. Poonam Gupta**  
MD (Radiologist)

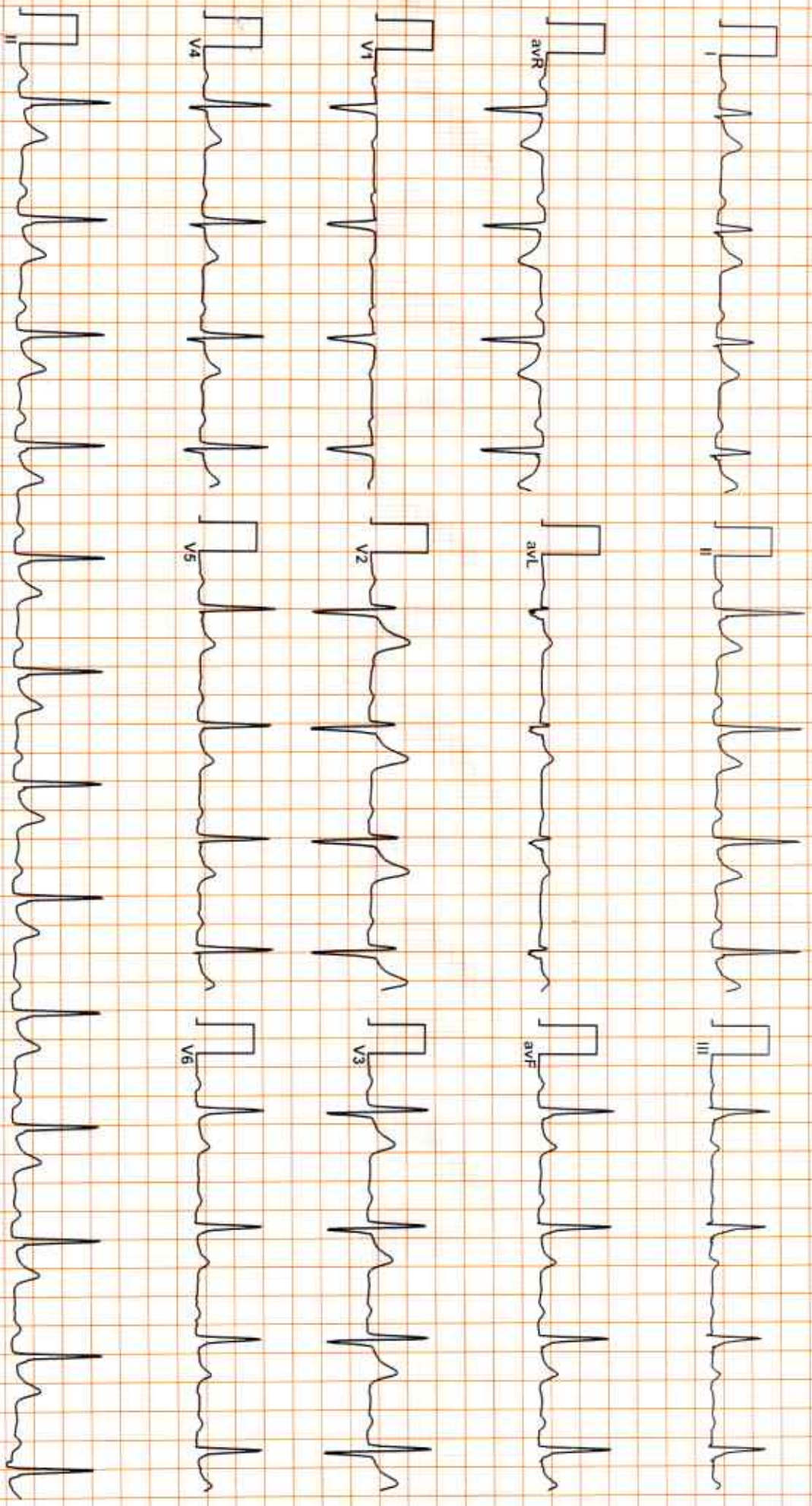
**Dr. Ankita Gupta**  
MD, DNB, (Radio Diagnosis)

**Dr. Parul Gupta Modi**  
MD, DNB, (Radiologist)

**Dr. Aman Mamodia**  
MBBS, DMRD, DNB, (Radio Diagnosis)



8516 / MR. JUDIT SHARMA / 29 Yrs / M / Non Smoker  
Heart Rate : 76 bpm / Refd By : BANK OF BARODA / Tested On : 29-Aug-21 11:48:05 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s



Normal

Signature

1241 / MR. UDIT SHARMA / 29 Yrs / M / 0 Cms / 0 Kg Date: 29-Aug-2021 Refd By : BANK OF BARODA

(GEM210151123) Gemini A-DX by Allengers

Stage	Time	Duration	Belt Speed (mph)	Elevation	MEIS	Rate	BP	RPP	PVC	Comments
Supine	00:13	0:01	01.1	00.0	01.0	78	130/80	101	00	
Standing	02:38	0:01	01.1	00.0	01.0	96	130/80	124	00	
HV	02:46	0:01	01.1	00.0	01.0	095	130/80	123	00	
ExStart	03:10	0:07	01.7	10.0	01.1	096	130/80	124	00	
BRUCE Stage 1	06:10	3:00	01.7	10.0	04.7	129	130/80	167	00	
BRUCE Stage 2	09:10	3:00	02.5	12.0	07.1	155	140/82	217	00	
PeakEx	10:48	1:38	03.4	14.0	08.8	181	140/82	253	00	
Recovery	11:47	1:00	00.0	00.0	01.2	138	140/82	193	00	
Recovery	12:47	2:00	00.0	00.0	01.0	120	150/90	180	00	
Recovery	14:47	4:00	00.0	00.0	01.0	120	136/85	163	00	
Recovery	15:01	4:13	00.0	00.0	01.0	111	136/85	150	00	

**Findings :**

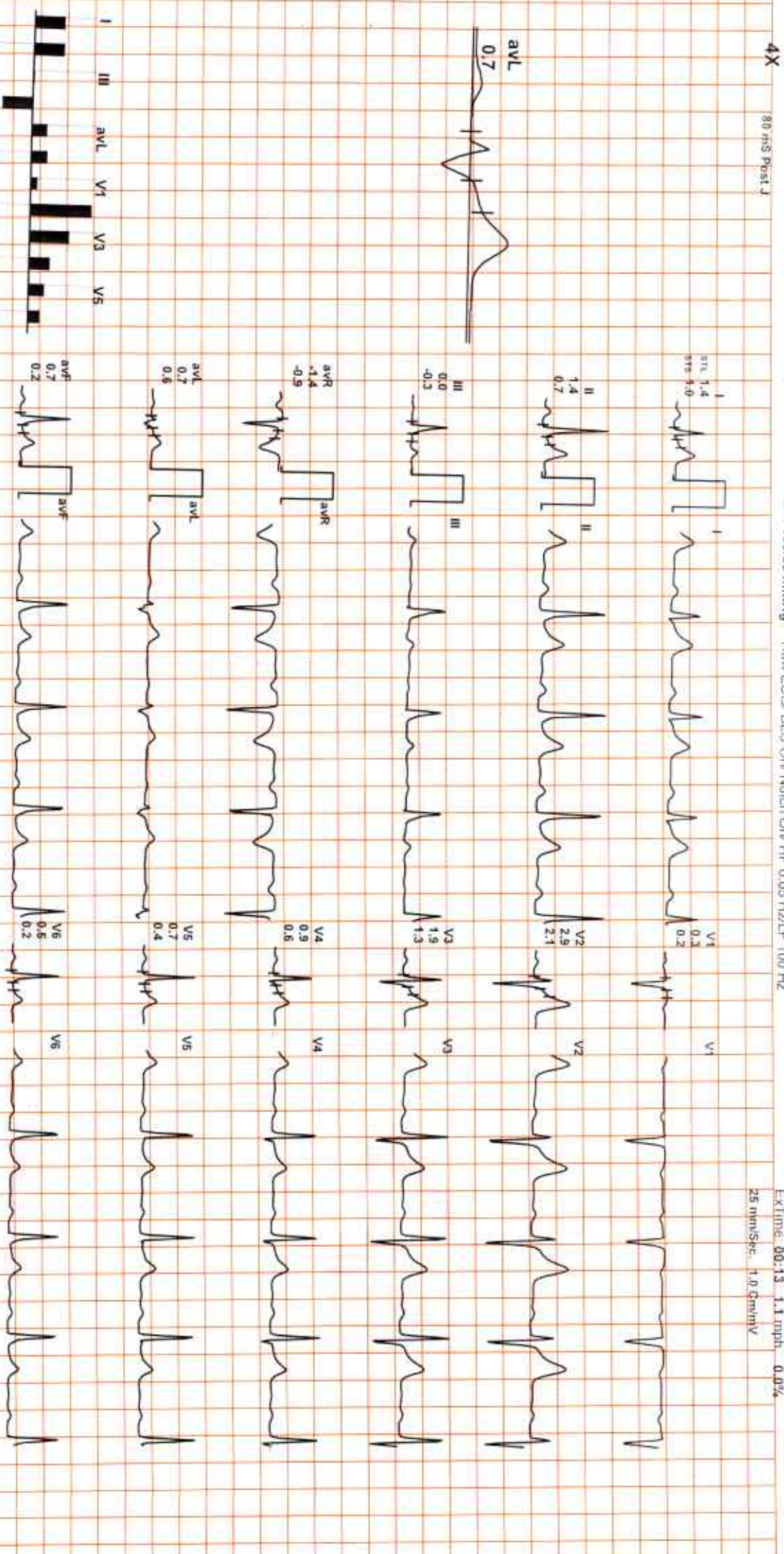
Exercise Time : 07:39  
 Max HR Attained : 181 bpm 95% of Target 191  
 Max BP Attained : 150/90  
 Max Workload Attained : 8.8 Fair response to induced stress  
 Test End Reasons : Test Complete, Heart Rate Achieved

*MT Negative for RVT of Peak Exercise.*

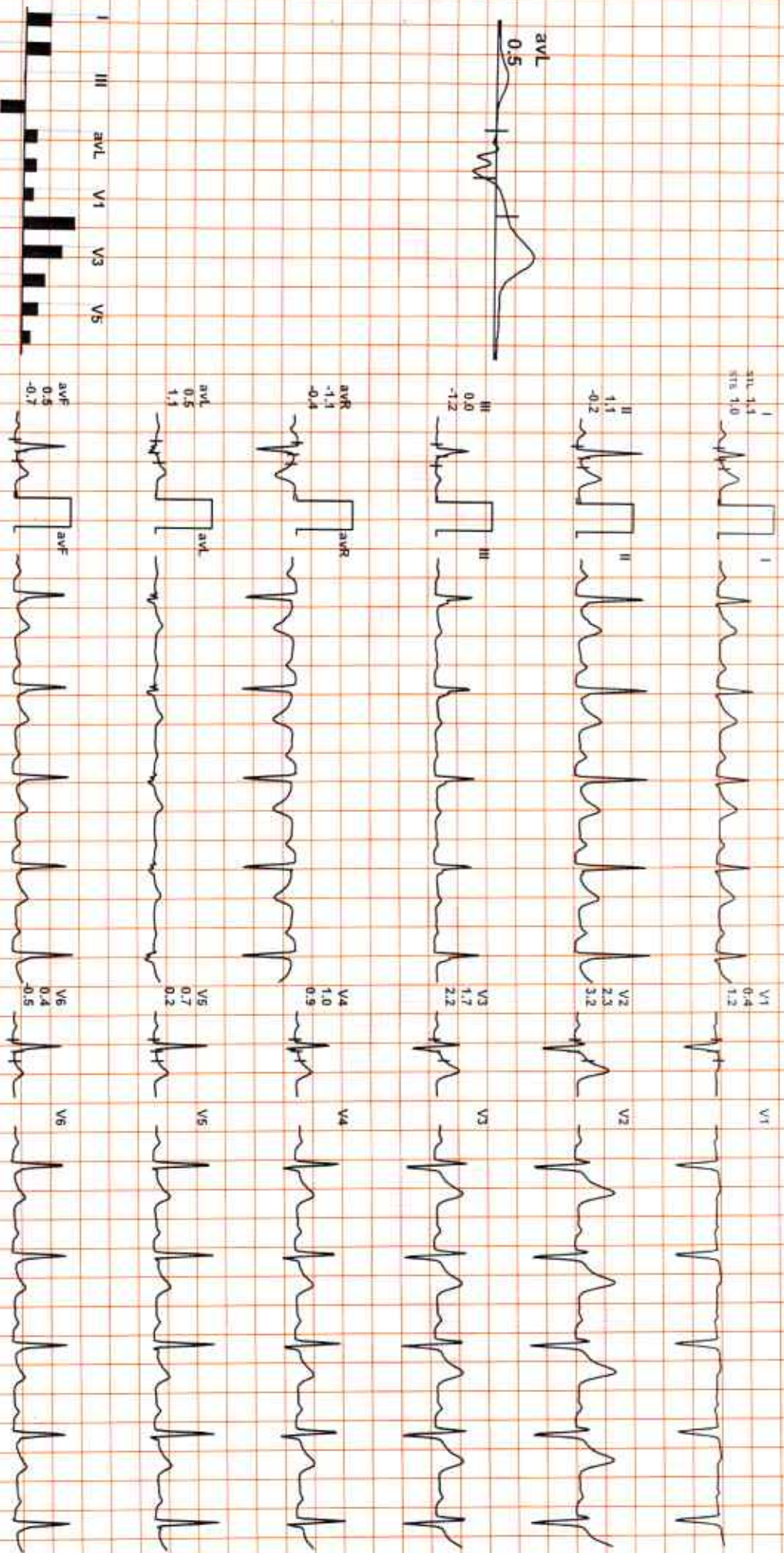
*[Signature]*

Date: 29-Aug-2021 11:48:30 AM METS: 1.07 78 bpm 40% of THR BP: 130/80 mmHg Raw ECG/BLG On/Notch On/ HF 0.05 Hz/LE 100 Hz

EXTime: 00:13 1.1 mph 0.0% 25 mm/Sec. 1.0 Gmv/IV



REMARKS:



REMARKS:



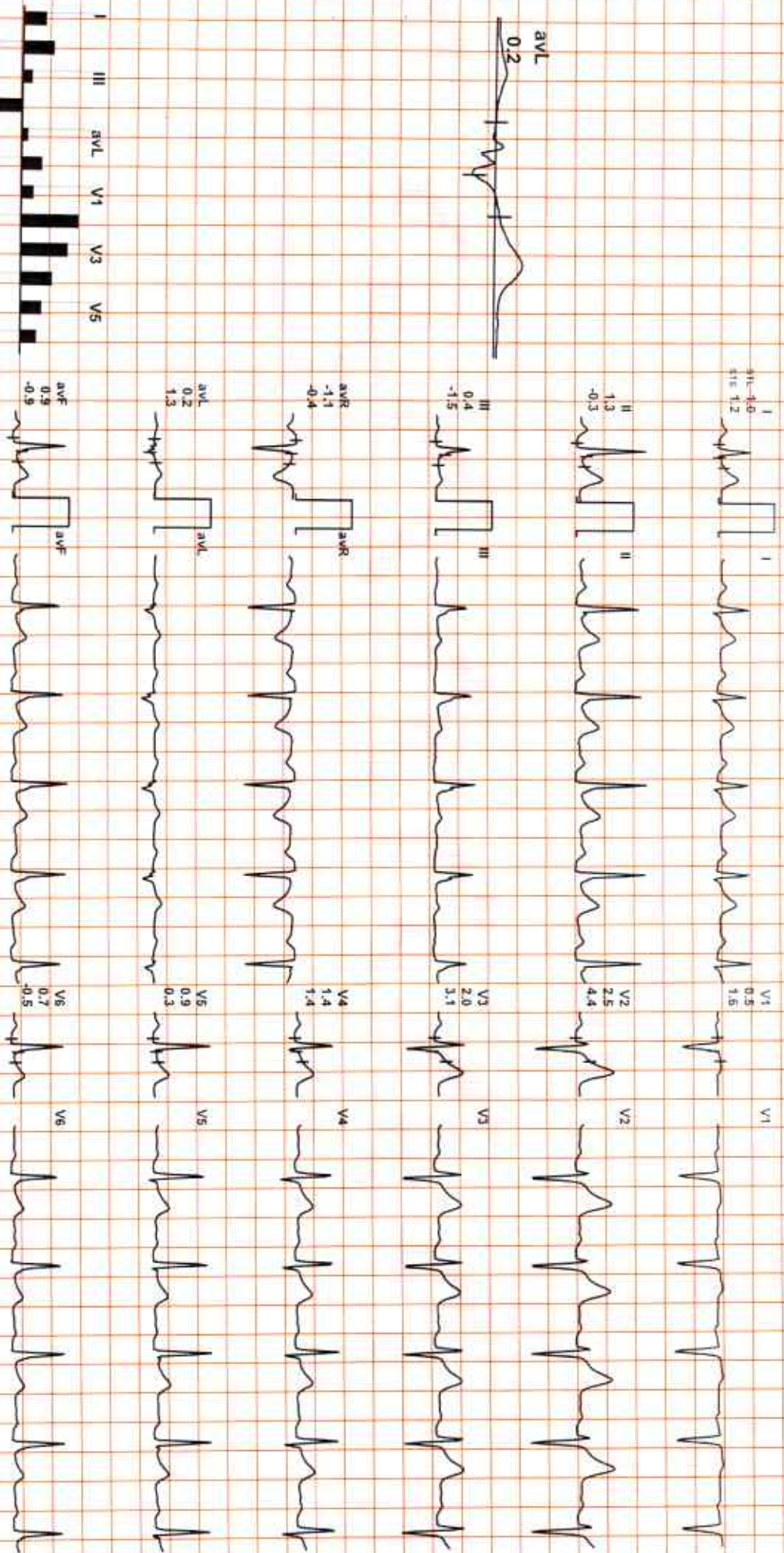
1241 / MR. UDIT SHARMA / 29 Yrs / M

Date: 29-Aug-2021 11:48:30 AM METS: 1.0/ 95 bpm 49% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Naich On/ HE: 0.05 Hz/ F: 100 Hz

ExTime: 02:47 1.1mph, 0.0%

4X 80 mS Post J

25 min/Sec: 1.0 Cm/mV



REMARKS:



Date: 29-Aug-2021 11:48:30 AM

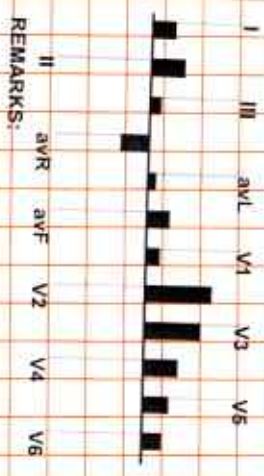
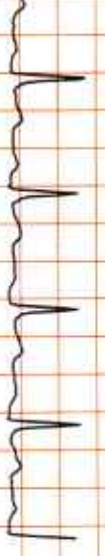
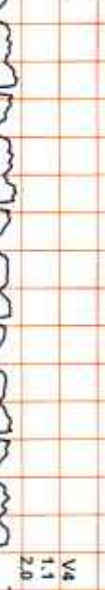
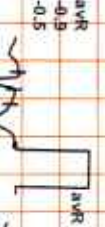
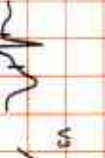
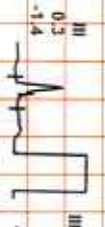
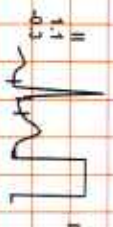
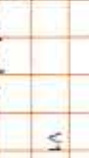
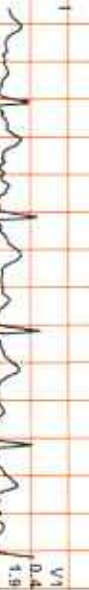
METS: 1.1/96 bpm 50% of THR BP: 130/80 mmHg

Raw ECG/ BLC Onv Notch Onv HF 0.05 Hz/LF 100 Hz

EXTime: 00:07 1.7 mV 10.0%

25 mm/Sec. 1.0 Cm/mV

4X 80 ms Post J



REMARKS:

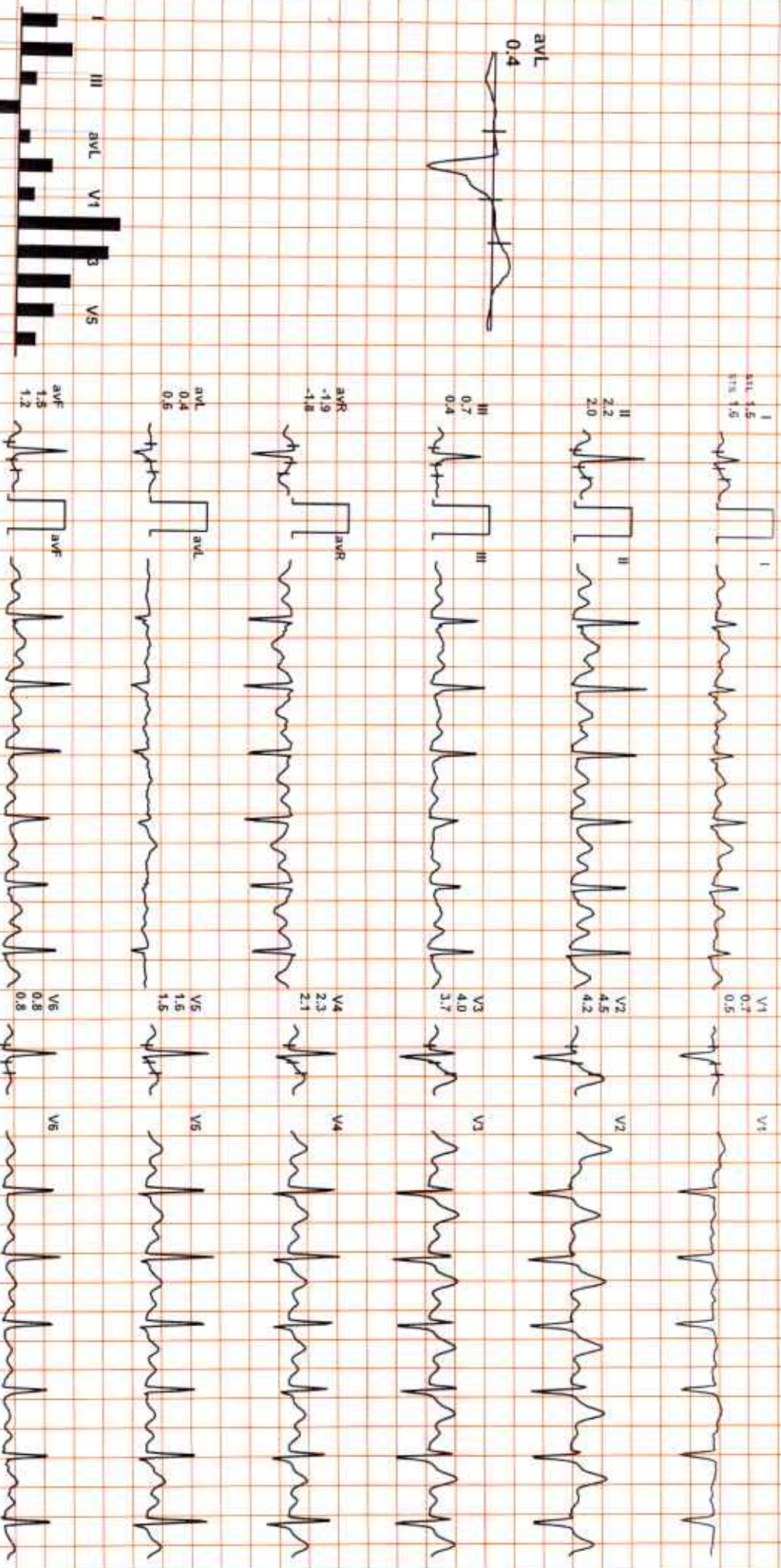


Date: 29-Aug-2021 11:48:30 AM METS: 4.71 129 bpm 67% of THR BP: 130/80 mmHg Raw ECG/BLG ON/Naich ON/HE 0.05 Hz/LF 100 Hz

ExTime: 03:00 1.7 mph 10.0%

4X R0 MS Post J

25 mm/Sec 1.0 Cm/Div



REMARKS: II aVR aVF V2 V4 V6

Date: 29-Aug-2021 11:48:30 AM METS: 7.4/ 155 bpm 81% of THR BP: 140/82 mmHg Raw ECG/ BLC On/ Notch On/ HF: 0.05 Hz/ LF: 100 Hz

E-Time: 06:00 2.5 mph 12.0%  
25 mm/Sec. 1.0 Cm/mV

4X 50 m/s Post J

avL 0.0



I 0.5  
0.5  
1.7



V1 0.5  
0.5  
0.9



II 1.0  
1.0  
1.6



V2 2.2  
2.2  
4.7



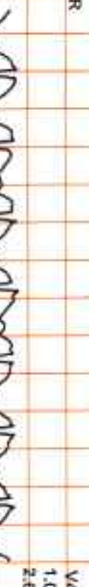
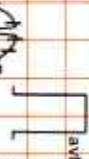
III 0.5  
0.5  
-0.2



V3 1.9  
1.9  
4.1



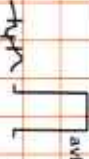
avR -0.8  
-0.8  
-1.6



V4 1.0  
1.0  
2.6



avL 0.0  
0.0  
1.1



V5 0.6  
0.6  
1.7



avF 0.7  
0.7  
0.7

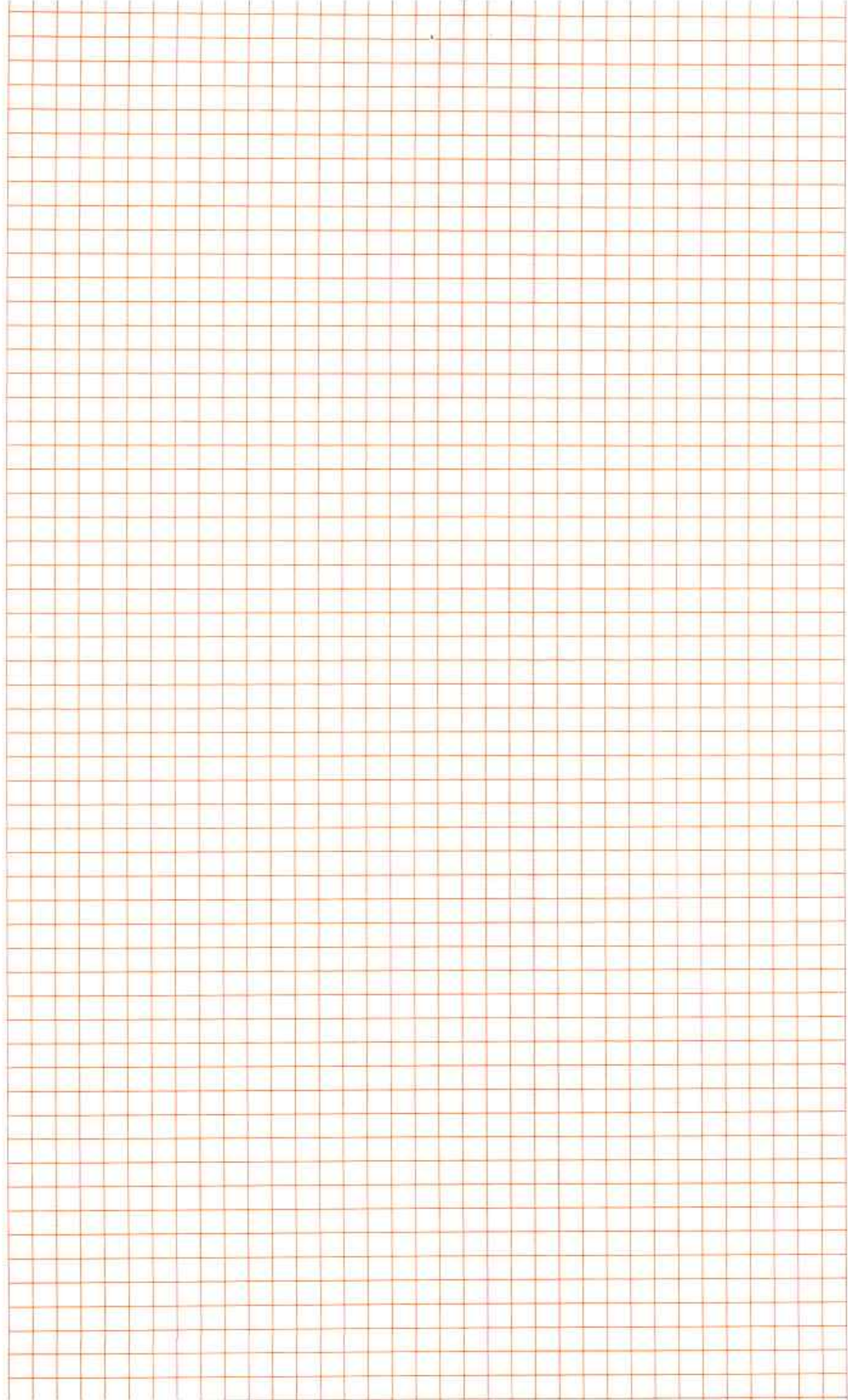


V6 0.3  
0.3  
0.5



REMARKS:  
II avR avF V2 V4 V6  
III avL V1 V3 V5







Date: 29-Aug-2021 11:48:30 AM METS: 8.8/ 181 bpm 94% of THR BP: 140/82 mmHg Raw ECG/ BLD On/ Notch On/ HF: 0.05 Hz/ LE: 100 Hz

ExTime: 07:38 3.4 mph 14.0%

4X 60 m/s Post J

25 mm/Sec. 1.0 Cm/mV

avL 0.3



I 0.6  
0.6  
1.6



V1 0.6  
0.6  
2.1



II 0.5  
0.5  
0.8



V2 2.0  
2.0  
5.2



III -0.2  
-0.2  
-0.8



V3 1.6  
1.6  
5.8



avR -0.5  
-0.5  
-1.2



V4 0.6  
0.6  
3.5



avL 0.3  
0.3  
1.2



V5 0.3  
0.3  
2.1



avF 0.2  
0.2  
0.0



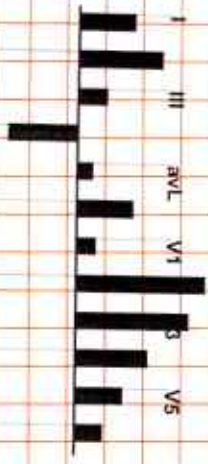
V6 0.0  
0.0  
0.2



REMARKS:  
I II III avL avR avF V1 V2 V3 V4 V5 V6

4X 60 m/s Post J

ExTime: 07:39 0.0 mph 0.0% 25 mm/Sec. 1.0 Cm/mV



REMARKS:



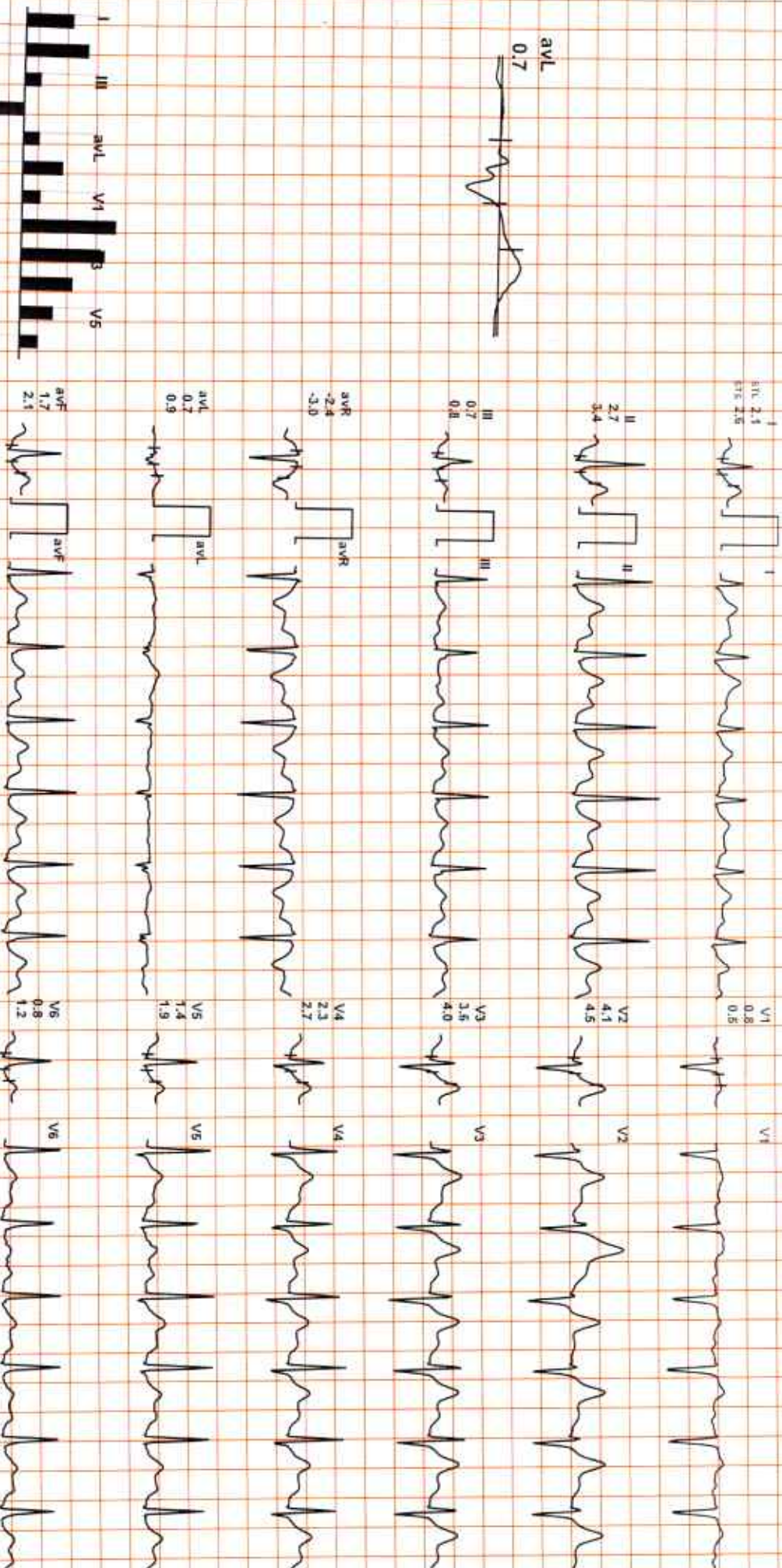


Date: 29-Aug-2021 11:48:30 AM METS: 1.0/ 120 bpm 62% of THR Bp: 150/90 mmHg Raw ECG/ BLD On/ Notch On/ HF 0.05 HZ/LF 100 Hz

ExTime: 07:39 0.0 rmp/ 0.0%

25 mm/sec. 1.9 Cm/mV

4X 50 mS Post J



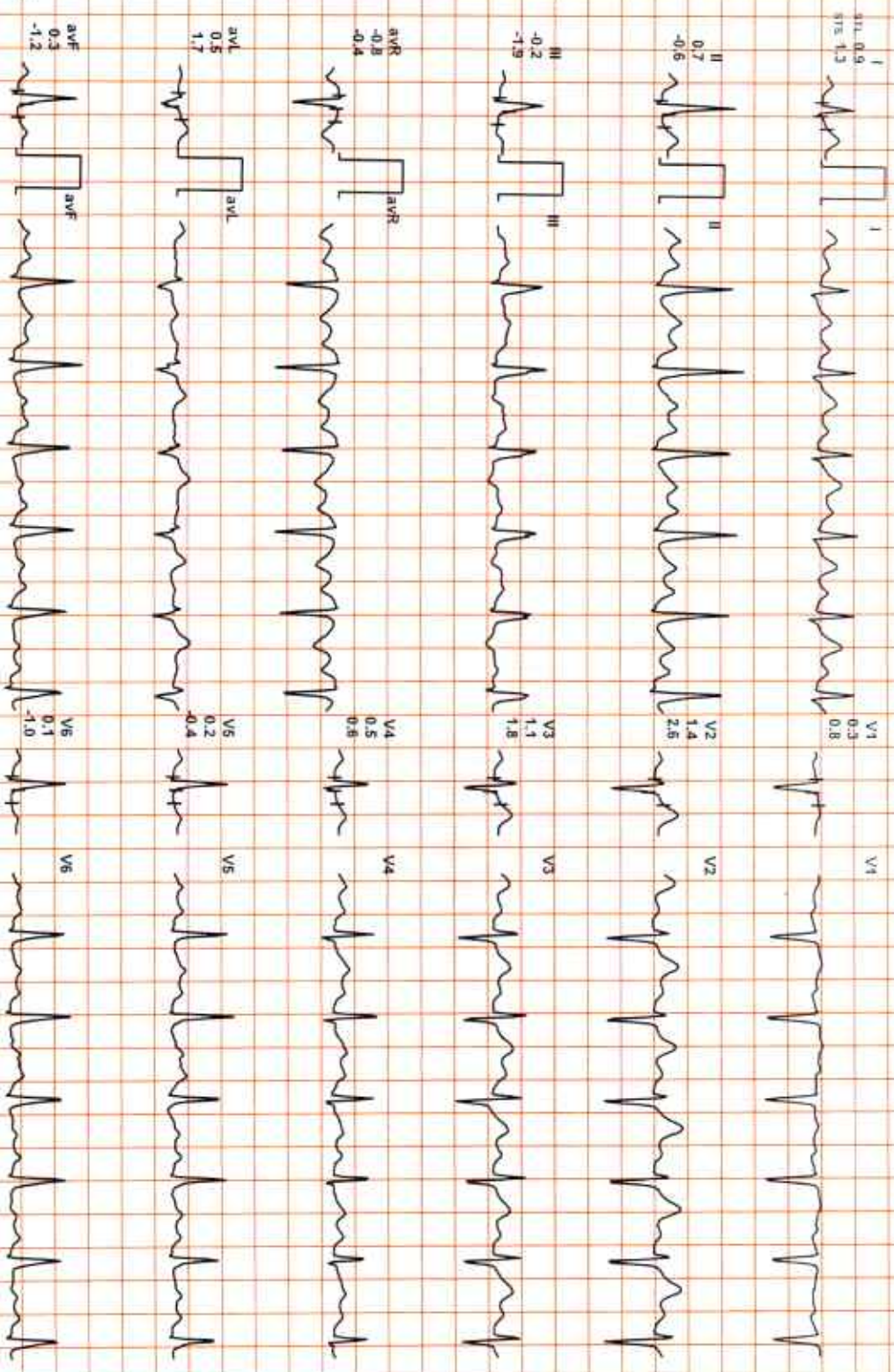
REMARKS:



Date: 29-Aug-2021 11:48:30 AM METS: 1.0/ 120 bpm 62% of THR BP: 136/86 mmHg Raw ECG/ BLC On/ Notch On/ HE 0.05 Hz/ LE 100 Hz

EXTime: 07:39 0.0 mph 0.0% 25 mm/Sec., 1.0 Cm/Div

4X 80 ms Post J



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

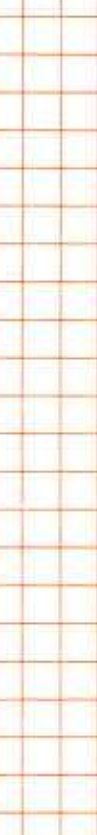
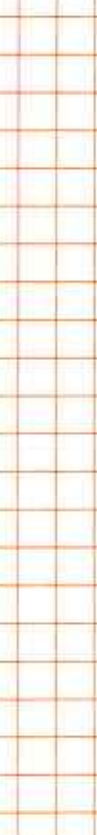
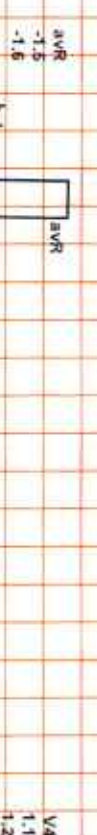
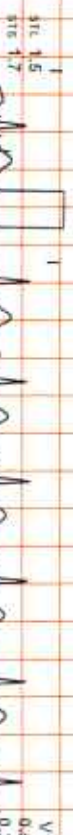
REMARKS:



Date: 29-Aug-2021 11:48:30 AM METS- 1.0/ 111 bpm 58% of THR BP 136/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

4X 80 mS Post J

EXTime: 07:39 0.0 mph, 0.0% 25 mm/Sec, 1.0 Cm/mV



REMARKS:



Date: 29-Aug-2021 11:48:30 AM I

II

III

aVR

aVL

aVF

V1

V2

V3

V4

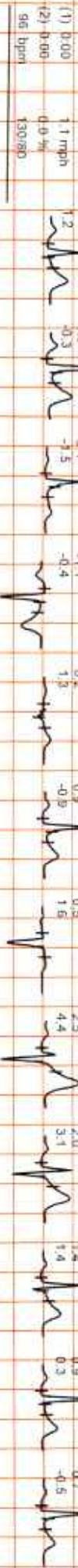
V5

V6

**Supine**



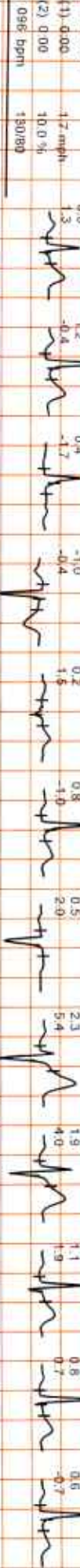
**Standing**



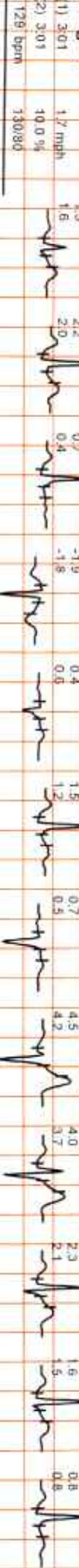
**HV**



**ExStart**



**Stage 1**



**Stage 2**

