

Report :

| | |
|------------------------------|--|
| TEST OBJECTIVE | : ROUTINE CHECK UP |
| RISK FACTOR | : MALE |
| ACTIVITY | : MODERATE ACTIVE |
| OTHER INVESTIGATION | : ROUTINE BLOOD INVESTIGATION,USG,X RAY |
| REASON FOR TERMINATION | : FATIGUE, LEG PAIN |
| EXERCISE TOLERANCE | : AVERAGE |
| EXERCISE INDUCED ARRHYTHMIAS | : NO |
| HAEMODYNAMIC RESPONSE | : NORMAL |
| CHRONOTROPIC RESPONSE | : NORMAL |
| FINAL IMPRESSION | : STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHAEMIC HEART DISEASE |

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737 / MR. NITIN GADEWAL / 34 Yrs / M / 165 Cms / 63 Kg Date: 27-Aug-2022 Refd By : BOB

| Stage | Time | Duration | Belt Speed (mph) | Elevation | METS | Rate | % THR Achieved | BP | RPP | PVC | Comments |
|---------------|-------|----------|------------------|-----------|------|------|----------------|--------|-----|-----|----------|
| Supine | 00:06 | 0:01 | 00.0 | 00.0 | 01.0 | 88 | 47% | 120/80 | 105 | 00 | |
| Standing | 00:09 | 0:01 | 00.0 | 00.0 | 01.0 | 88 | 47% | 120/80 | 105 | 00 | |
| HV | 00:11 | 0:01 | 00.0 | 00.0 | 01.0 | 095 | 51% | 120/80 | 114 | 00 | |
| Warm Up | 00:24 | 0:02 | 01.7 | 10.0 | 01.0 | 107 | 58% | 120/80 | 128 | 00 | |
| ExStart | 00:28 | 0:06 | 01.7 | 10.0 | 01.1 | 090 | 48% | 120/80 | 108 | 00 | |
| BRUCE Stage 1 | 03:28 | 3:00 | 01.7 | 10.0 | 04.7 | 128 | 69% | 130/80 | 166 | 00 | |
| BRUCE Stage 2 | 06:28 | 3:00 | 02.5 | 12.0 | 07.1 | 146 | 78% | 140/90 | 204 | 00 | |
| PeakEx | 06:30 | 3:00 | 02.5 | 12.0 | 07.2 | 146 | 78% | 140/90 | 204 | 00 | |
| Recovery | 07:29 | 1:00 | 00.0 | 00.0 | 01.2 | 126 | 68% | 136/86 | 171 | 00 | |
| Recovery | 08:29 | 2:00 | 00.0 | 00.0 | 01.0 | 111 | 60% | 130/80 | 144 | 00 | |
| Recovery | 08:33 | 2:03 | 00.0 | 00.0 | 01.0 | 111 | 60% | 130/80 | 144 | 00 | |

Findings :

Exercise Time : 06:03
 Max HR Attained : 146 bpm 78% of Target 186
 Max BP Attained : (Sys) 140/90
 Max Workload Attained : 7.2 Fair response to induced stress
 Test End Reasons : Fatigue, Leg Pain

Doctor : Cardiologist

737 / MR. NITIN GADEWAL / 34 Yrs / M / 165 Cms / 63 Kg / HR : 88

SUPINE



Date: 27-Aug-2022 11:39:48 AM

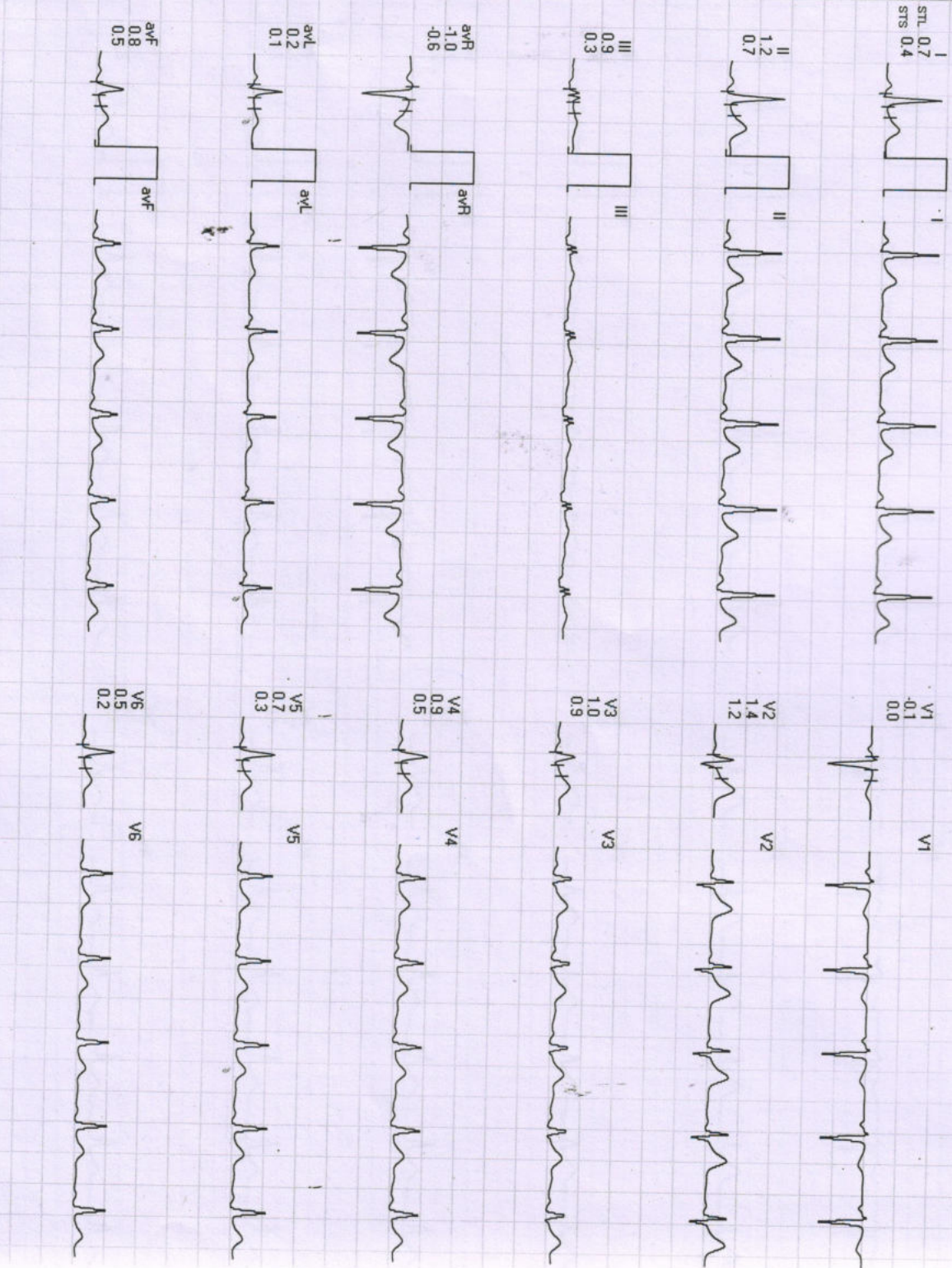
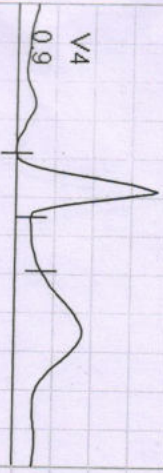
METS: 1.0 / 88 bpm 47% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

EXTime: 00:05 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

4X

80 ms Post J



REMARKS:

737/MR. NITIN GADEWAL / 34 Yrs / M / 165 Cms / 63 Kg / HR : 88

Date: 27-Aug-2022 11:39:48 AM METS: 1.0/ 88 bpm 47% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

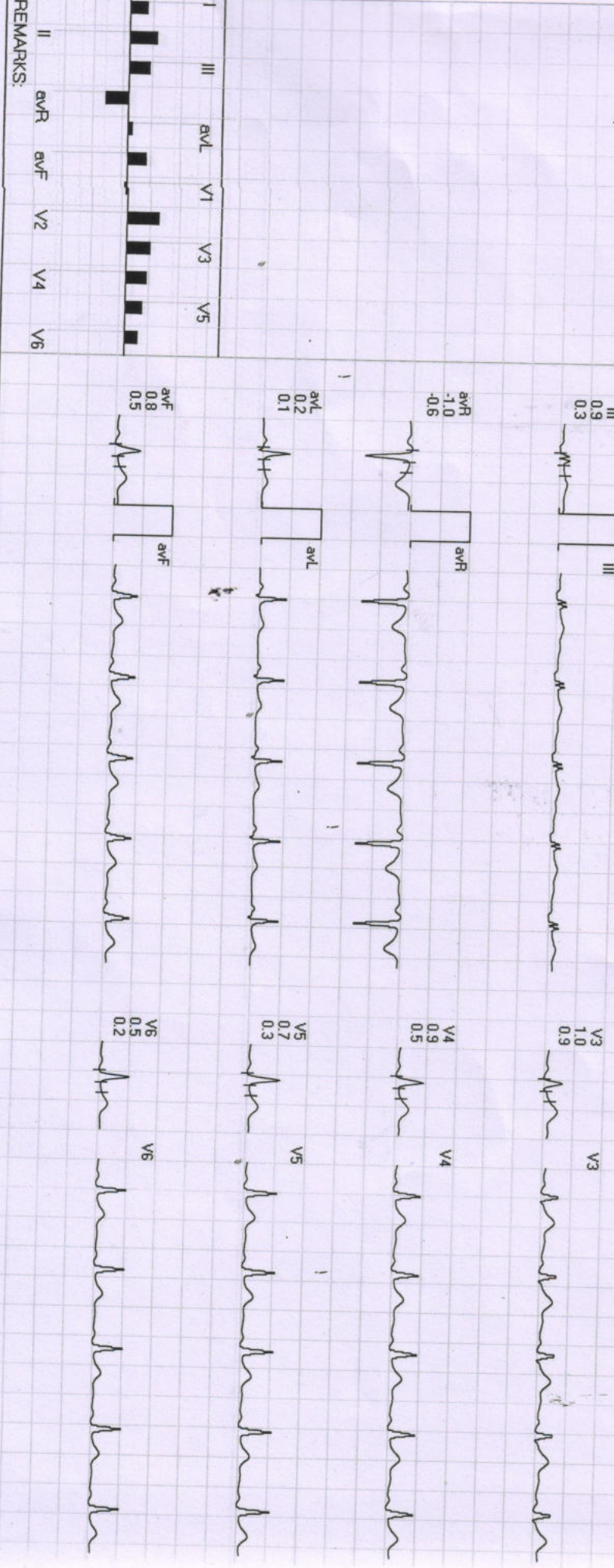
4X 80 mS Post J

STANDING



EXTime: 00:08 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV



REMARKS:

737/MR. NITIN GADEWAL / 34 Yrs/M / 165 Cms / 63 Kg / HR : 95

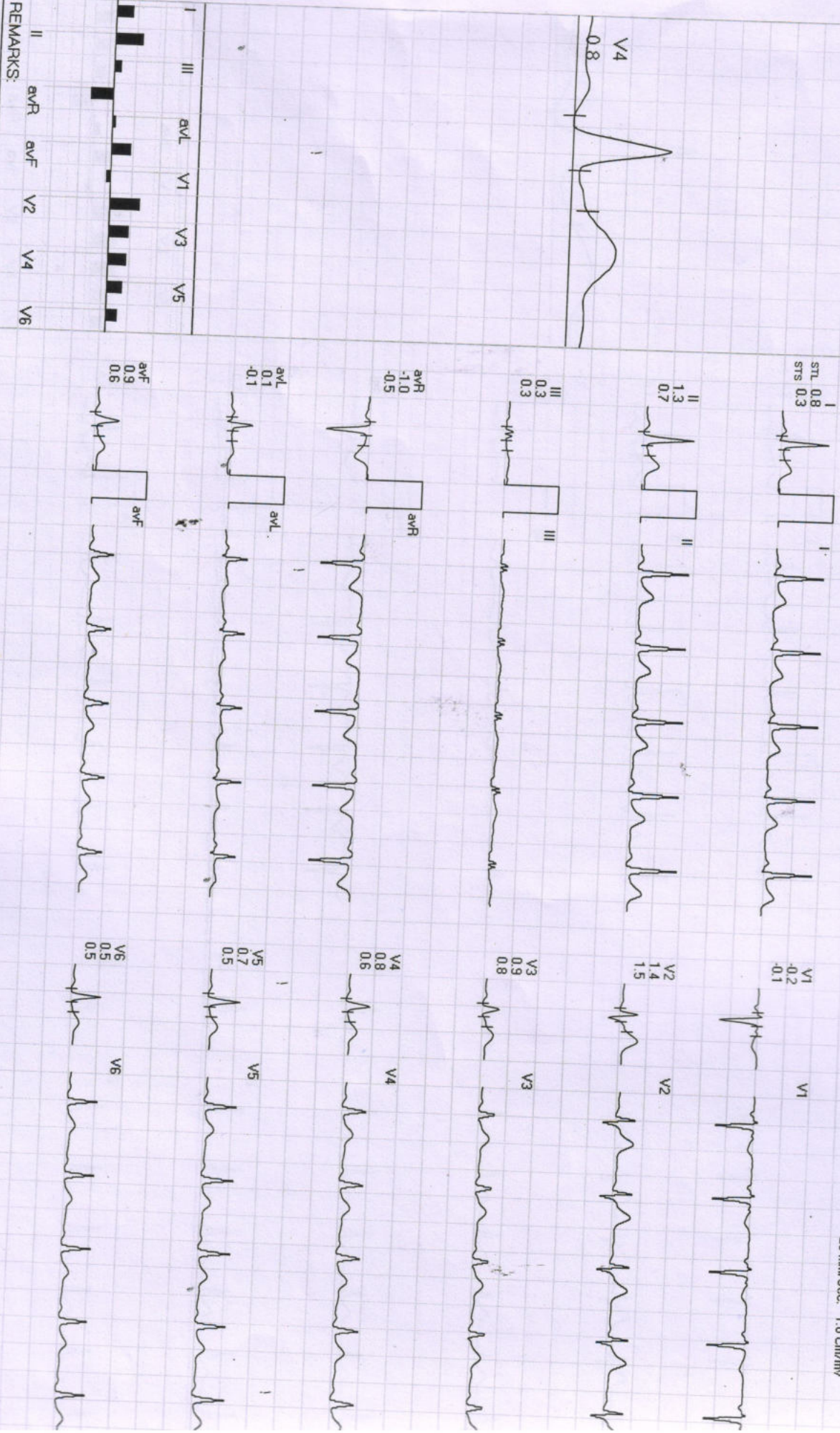
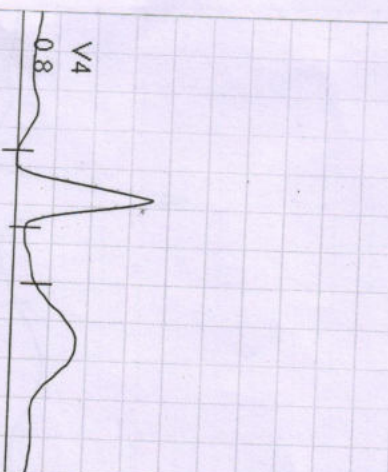
Date: 27-Aug-2022 11:39:48 AM

4X 80 ms Post J METS: 1.0/95 bpm 51% of THR BP: 120/80 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

HV



ExTime: 00:10 0.0 mph, 0.0 25 mm/Sec. 1.0 Cm/mV



REMARKS:

737/MR. NITIN GADEWAL /34 Ys/M/165 Cms/63 Kg/HR : 107

Date: 27-Aug-2022 11:39:48 AM

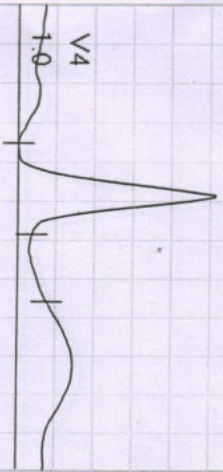
METS: 1.0/107 bpm 57% of THR BP: 120/80 mmHg

Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

EXTime: 00:23 1.0 mph, 0.0%

4X 80 mS Post J

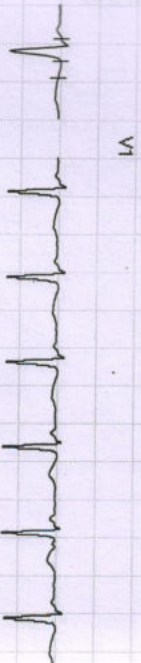
25 mm/Sec 1.0 Cm/mV



I
STL 0.9
STS 0.6



V1
-0.4
-0.3



II
1.2
0.7



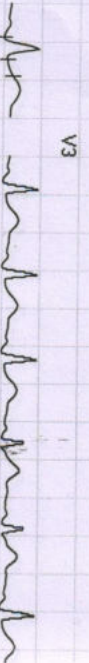
V2
1.5
1.3



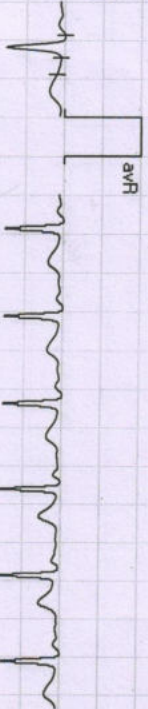
III
0.5
0.2



V3
1.2
0.9



avR
-1.0
-0.6



V4
1.0
0.7



avL
0.3
0.2



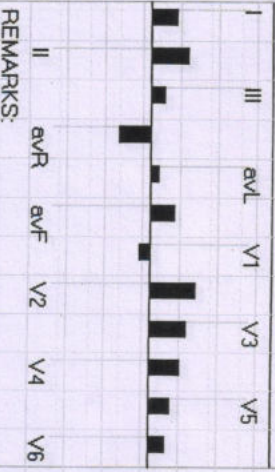
V5
0.7
0.3



avF
0.8
0.4



V6
0.5
0.2



REMARKS:

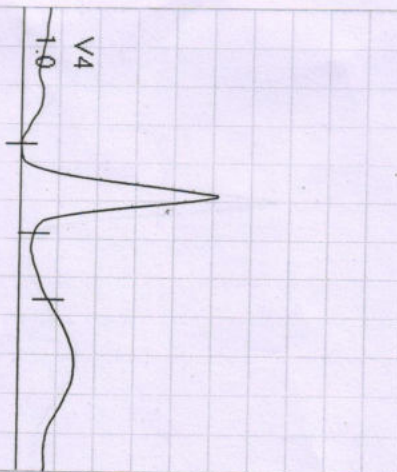
737/MR. NITIN GADEWAL / 34 Yrs/M / 165 Cms / 63 Kg / HR : 107



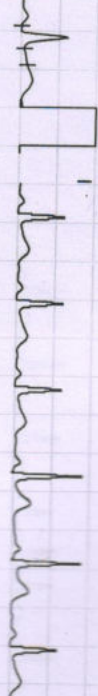
Date: 27-Aug-2022 11:39:48 AM METS: 1.0/ 107 bpm 57% of THR BP: 120/80 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

4X 80 mS Post J

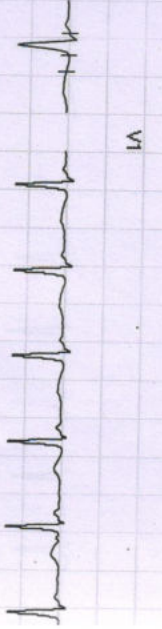
ExTime: 00:00 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



I
STL 0.9
STS 0.6



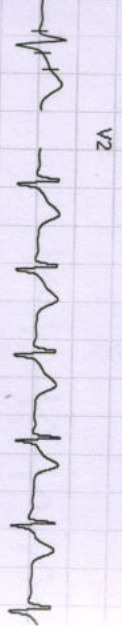
V1
-0.4
-0.3



II
1.2
0.7



V2
1.5
1.3



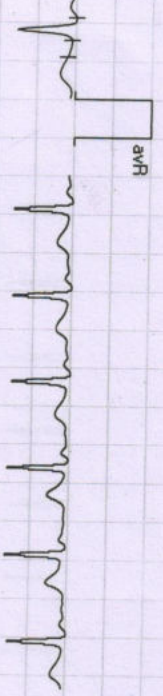
III
0.5
0.2



V3
1.2
0.9



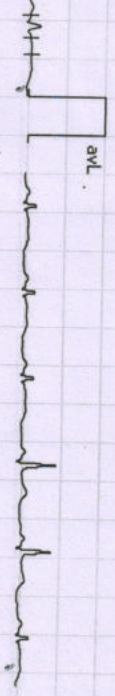
aVR
-1.0
-0.6



V4
1.0
0.7



aVL
0.3
0.2



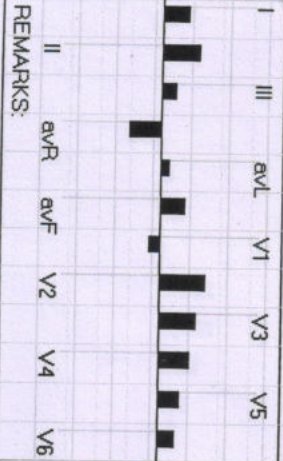
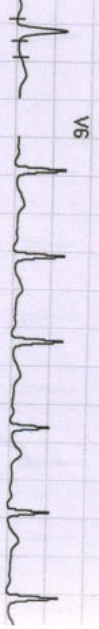
V5
0.7
0.3



aVF
0.8
0.4



V6
0.5
0.2



REMARKS:

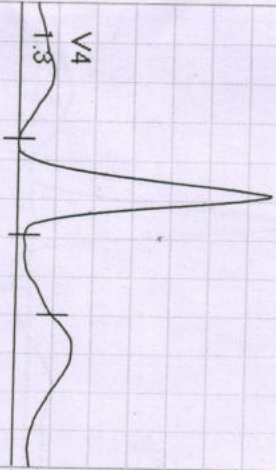


Date: 27-Aug-2022 11:39:48 AM METS: 4.7/128 bpm 68% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

ExTime: 03:00 1.7 mph, 10.0%

25 mm/Sec. 1.0 Cm/mV

4X 80 ms Post J



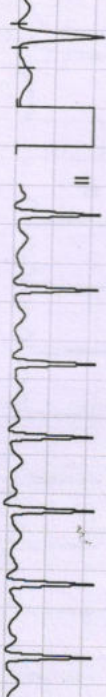
I
STL 1.0
STS 1.0



V1
0.1
-0.1



II
1.2
1.2



V2
1.7
1.6



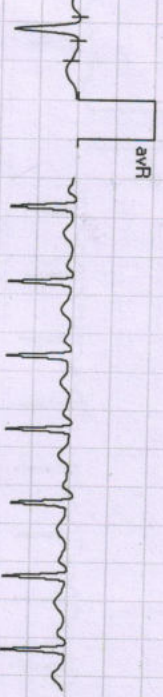
III
0.2
0.3



V3
1.8
1.9



avR
-1.0
-1.1



V4
1.3
1.3



avL
0.3
0.3



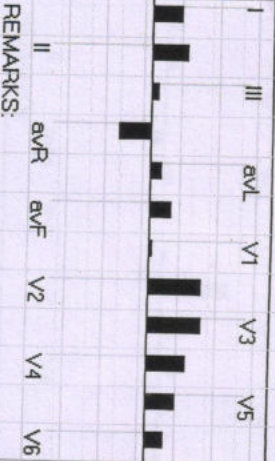
V5
1.0
1.0



avF
0.7
0.8



V6
0.6
0.7



REMARKS:

737/MR. NITIN GADEWAL /34 Yrs/M/165 Cms/63 Kg/HR: 146

BRUCE : Stage 2 (03:00)

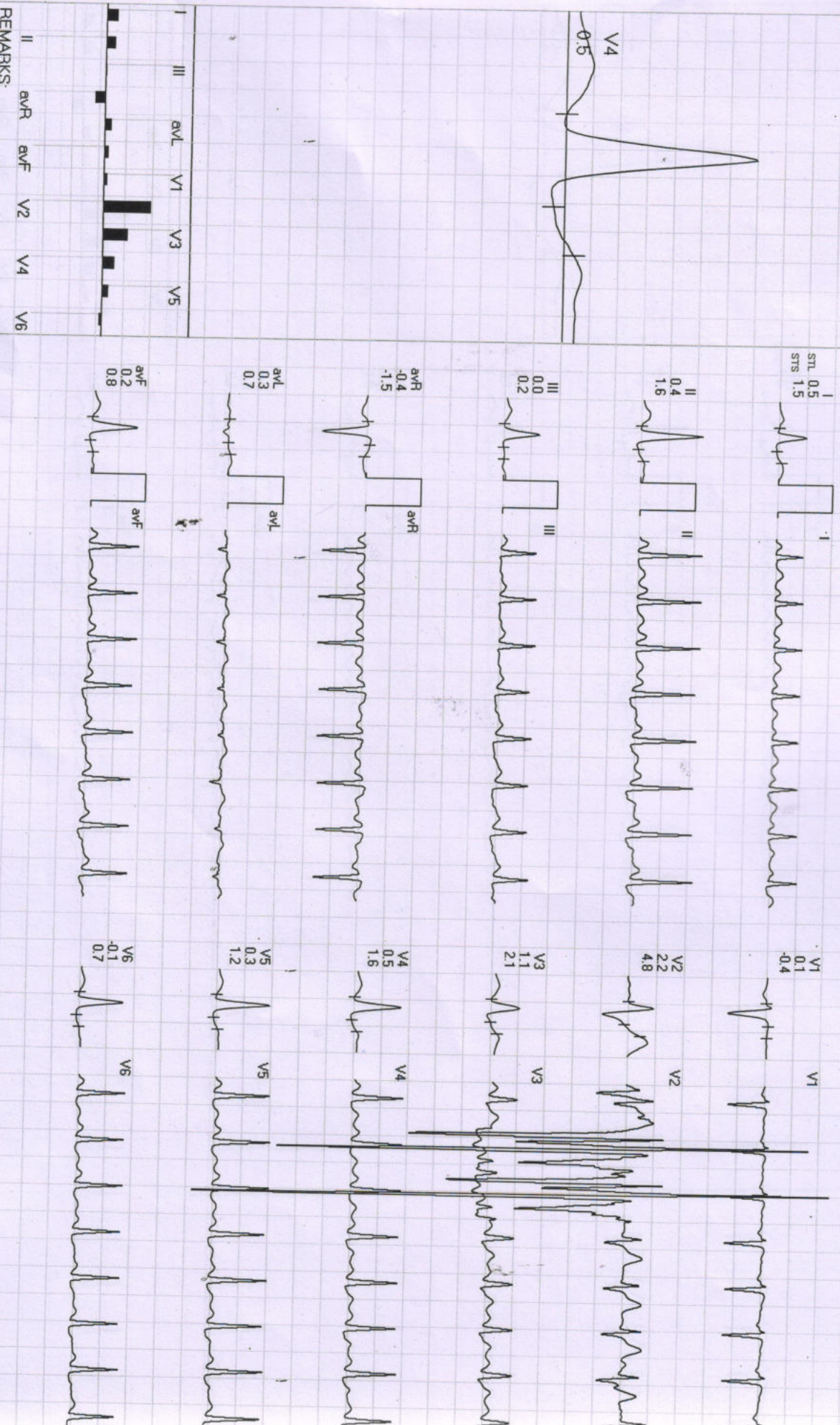
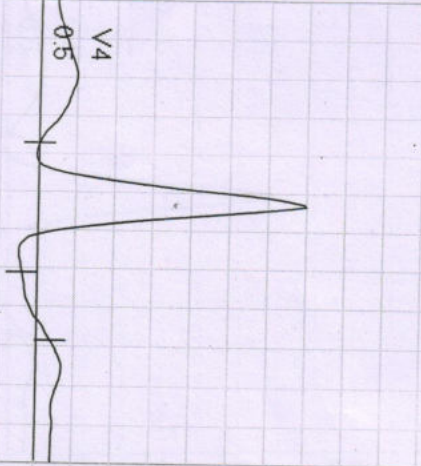


Date: 27-Aug-2022 11:39:48 AM METS: 7.1/146 bpm 78% of THR BP: 140/90 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LE 20 Hz

EXTime: 06:00 2.5 mph, 12.0:

4X 60 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

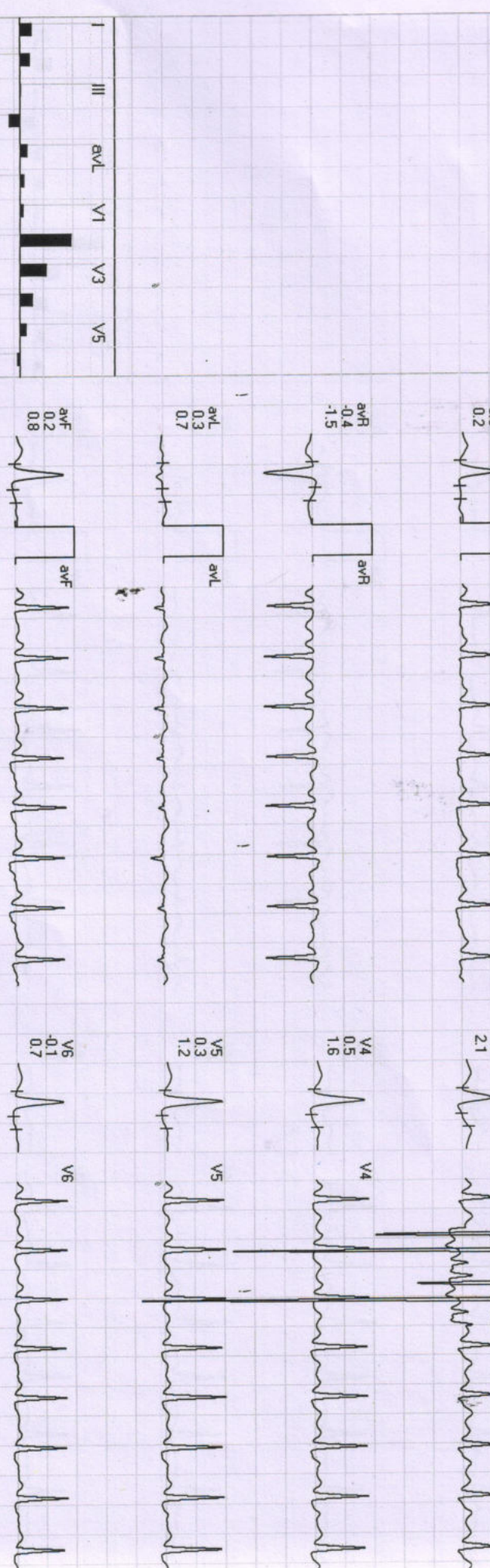
737/MR. NITIN GADEWAL /34 Yrs/M /165 Cms/63 Kg/HR : 146

Date: 27-Aug-2022 11:39:48 AM METS: 7.2/146 bpm 78% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF: 0.05 Hz/LF: 20 Hz

EXTIME: 06:02 3.4 mph 14.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV



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

REMARKS:

737 / MR. NITIN GADEWAL / 34 Yrs / M / 166 Cms / 63 Kg / HR : 126

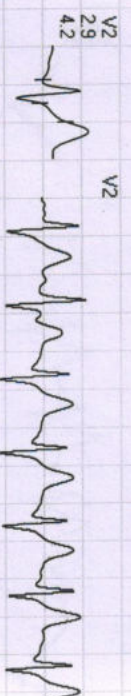
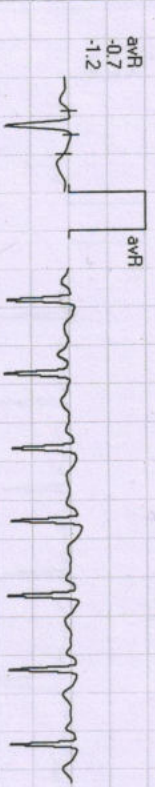
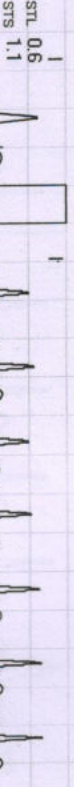
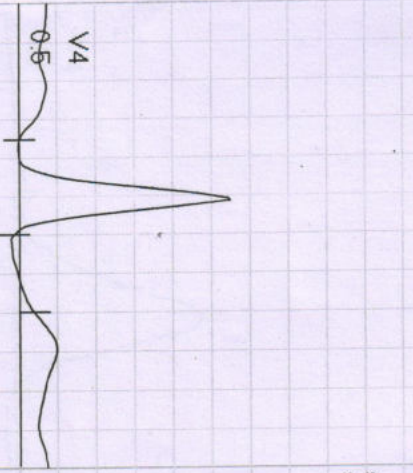
Date: 27-Aug-2022 11:39:48 AM

METS: 1.1 / 126 bpm 67% of THR BP: 136/86 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

EXTime: 06:02 0.0 mph, 0.0%

4X 80 ms Post J

25 mm/Sec 1.0 Cm/mV



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

REMARKS:



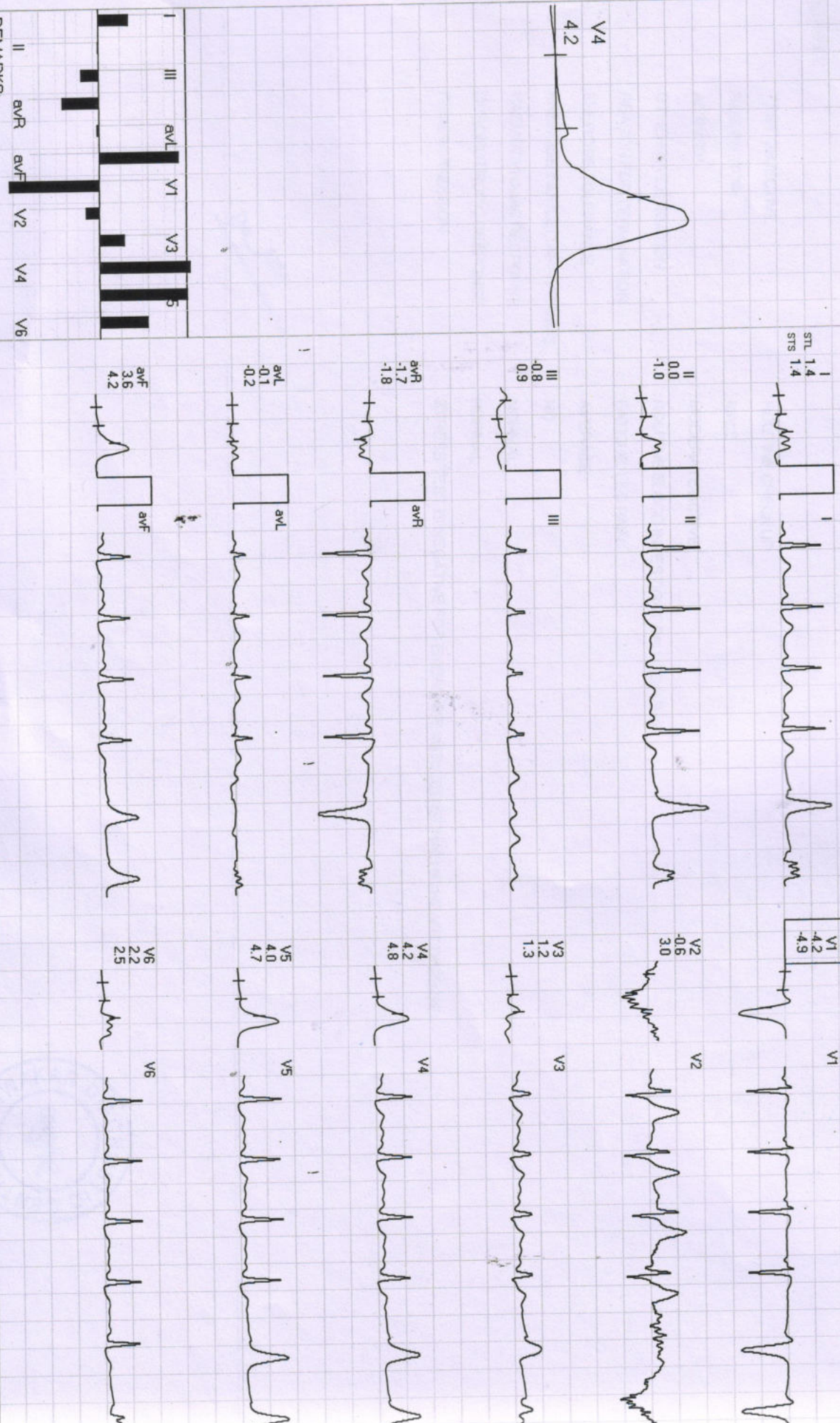
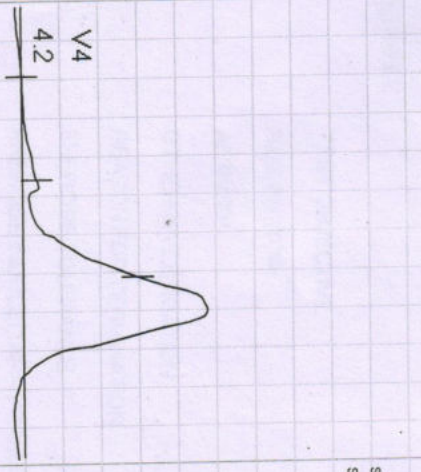
737/MR. NITIN GADEWAL /34 Yrs/M/165 Cms/63 Kg/HR: 111

Date: 27-Aug-2022 11:39:48 AM METS: 1.0/111 bpm 59% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

EXTime: 06:02 0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV





REMARKS:



Dr. B. M. Agarwal
MBBS, DCP
Consultant Pathologist

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श्री आथार, श्री परवान
7933 5875 4600

नितिन गडवाल
Nitin Gadewal
जन्म तिथि / DOB : 11/02/1987
पुंश / Male

श्री आथार
Government of India

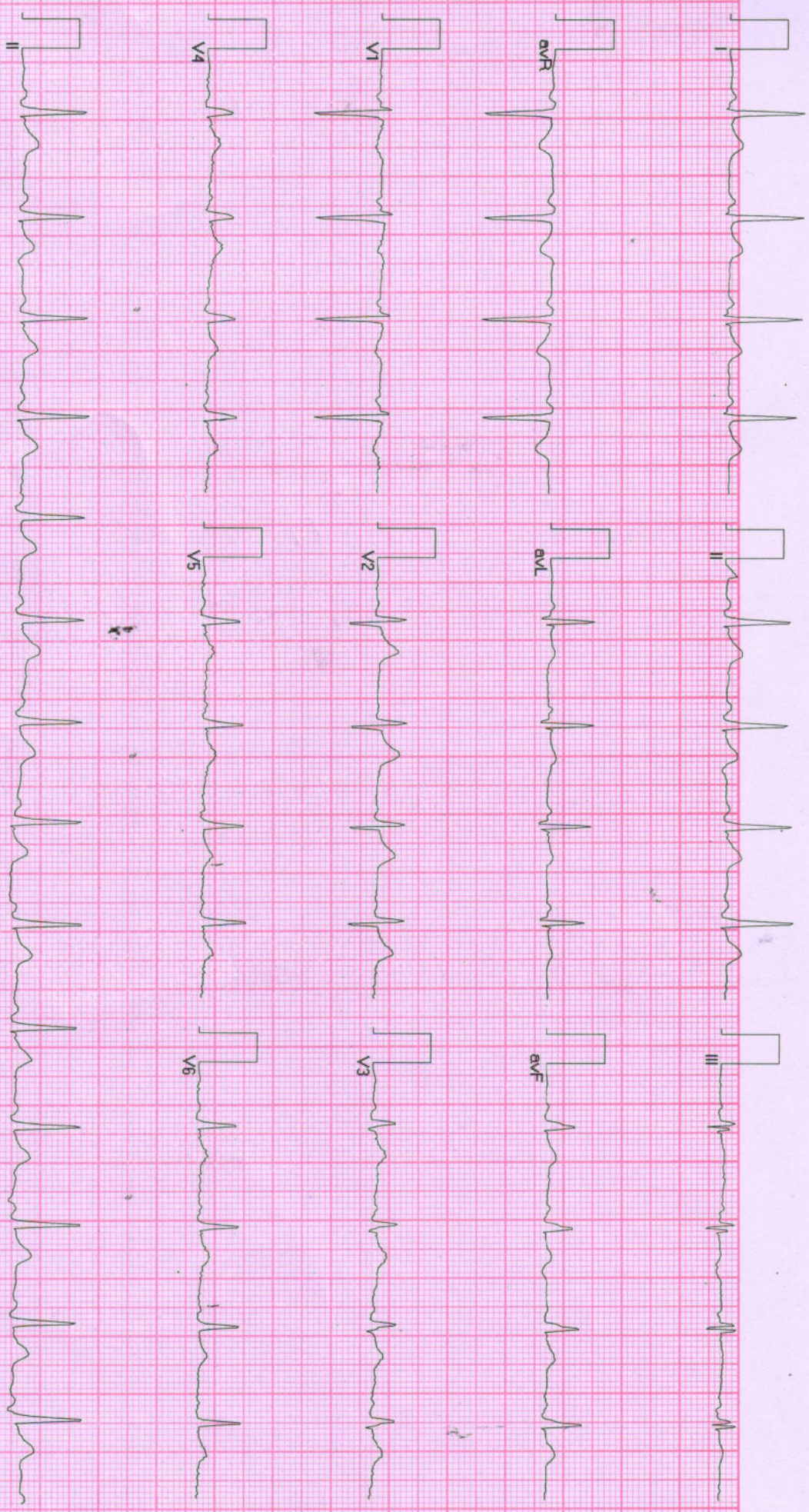
Handwritten text at the bottom right corner, partially obscured.

Allengers Global Healthcare Pvt Ltd.
162 / MR. NITIN GADEWAL / 34 Yrs / M / 165Cms. / 63Kgs.
Heart Rate : 86 bpm / Tested On : 27-Aug-22 11:38:59 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s
/ ReId By: BOB

ECG



BPL-DYNATRAC



Handwritten signature in blue ink.

Allengers ECG (Pscos)(PIS213180317)





द्विवाकर डायग्नोस्टिक सेंटर

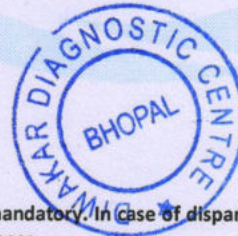
E-7/636, पंजाब नेशनल बैंक के पास, मैन रोड, अरेरा कॉलोनी भोपाल (म.प्र.)


फोन: 0755-2465288, 0755-3520545 मो: 9826340190

| | |
|------------|-------------------|
| Pt Name : | Mr. Nitin Gadewal |
| Age : | 34/M |
| Ref.By : | BOB |
| Lab. No. : | 190 |
| Date : | 27/08/2022 |

EXAMINATION OF BLOOD

| <u>TEST</u> | <u>RESULT</u> | <u>NORMAL VALUE</u> |
|-------------|---------------|---------------------|
| PSA | 4.12 ng/ml. | 0.21-6.77 ng/ml. |




Dr. B. M. Agarwal
MBBS, DCP
Consultant Pathologist

All test have technical limitation. Collaborative clinic pathological interpretation is mandatory. In Case of disparity test may be repeated immediately. Typographic mistakes should be get correct instantly .This report is not valid for medico legal purpose



दिवाकर डायग्नोस्टिक सेंटर

E-7/636, पंजाब नेशनल बैंक के पास, मैन रोड, अरेरा कॉलोनी भोपाल (म.प्र.)

फोन: 0755-2465288, 0755-3520545 मो: 9826340190

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|------------|-------------------|
| Pt Name : | Mr. Nitin Gadewal |
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| Ref.By : | BOB |
| Lab. No. : | 190 |
| Date : | 27/08/2022 |


EXAMINATION OF BLOOD

Thyroid profile

| <u>TEST</u> | <u>RESULT</u> | <u>NORMAL VALUE</u> |
|--------------------------------------|---------------|---------------------|
| T3 - TOTAL | 91.4 | 82-213 ng/dL |
| T4 - TOTAL | 6.89 | 6.09-12.23 ug/dL |
| THYROID STIMULATING HARMONE (TSH) | 1.33 | 0.45-4.25 ul/mL |

Interpretation:

TSH Levels will be elevated in primary hypothyroidism, TSH levels will be low in Hyperthyroidism there is decreased production of thyroid hormones by the thyroid hence the person may experience symptoms such as weight gain, constipation, cold intolerance and fatigue. Iodine deficiency and Hashimoto thyroiditis is the most common cause of hypothyroidism It makes Thyroid stimulating hormone. If TSH levels are abnormally high it could mean you have an underactive thyroid or hypothyroidism.


Dr. B. M. Agarwal
Pathologist
MBBS, DCP
Consultant Pathologist

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दिवकर डायग्नोस्टिक सेंटर

E-7/636, पंजाब नेशनल बैंक के पास, मैन रोड, अरेरा कॉलोनी भोपाल (म.प्र.)

फोन: 0755-2465288, 0755-3520545 मो: 9826340190

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|-------------|--------------------------------|
| Pt Name : | Mr. Nitin Gadewal |
| Age : | 34/M |
| Ref.By : | BOB |
| Lab. No. : | 190 |
| Date : | 27/08/2022 |
| Skigram | X Ray Chest PA View |
| Radiologist | Dr. B.M.Agarwal MD (Radiology) |

REPORT

Tricia Central

Thoracic cage normal

Both Lungs Field Clear.

Both hilers normal

Cardiac border normal


Both cp angles clear

Both domes and diaphragm normal

IMPRESSION

-NO CARDIO PULMONARY PATHOLOGY

-COORELATE WITH CLINICAL FINDINGS.


Dr. B. M. Agarwal
MD, Radiology
Consultant Radiologist
Radiologist





द्विवाकर डायग्नोस्टिक सेंटर

E-7/636, पंजाब नेशनल बैंक के पास, मैन रोड, अरेरा कॉलोनी भोपाल (म.प्र.)


फोन: 0755-2465288, 0755-3520545 मो: 9826340190

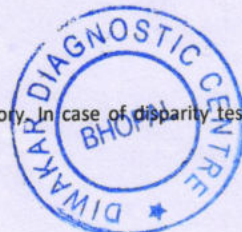
| | |
|------------|-------------------|
| Pt Name : | Mr. Nitin Gadewal |
| Age : | 34/M |
| Ref.By : | BOB |
| Lab. No. : | 190 |
| Date : | 27/08/2022 |

URINE ANALYSIS

| <u>A. PHYSICALEXAMINATION</u> | | <u>C. MICROSCOPIEXAMINATION</u> | |
|--------------------------------|-------------|---------------------------------|---------|
| 1. Colour | Pale Yellow | Pus Cells | 2-4/HPF |
| 2. Appearance | Clear | R.B.C. | Nil |
| 3. Specific Gravity | Q.N.S. | Epithelial Cell | 1-2/HPF |
| <u>B. CHEMICAL EXAMINATION</u> | | Cast | Nil |
| 1.Reaction | Acidic | Crystals(Cal.Oxa) | Nil |
| 2.Albumin | Absent | Bacteria | Nil |
| 3.Sugar | Nil | Amorphous | Nil |
| 4.Bile Salts | Absent | T. Vaginatis | Nil |

| | | |
|----------------|----------|----------------|
| URINE COTININE | Negative | By Card method |
|----------------|----------|----------------|


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MBBS, DCP
Consultant Pathologist



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दिवकर डायग्नोस्टिक सेंटर

E-7/636, पंजाब नेशनल बैंक के पास, मैन रोड, अरेरा कॉलोनी भोपाल (म.प्र.)

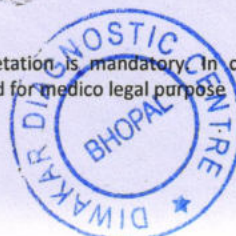
फोन: 0755-2465288, 0755-3520545 मो: 9826340190

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|------------|-------------------|
| Pt Name : | Mr. Nitin Gadewal |
| Age : | 34/M |
| Ref.By : | BOB |
| Lab. No. : | 190 |
| Date : | 27/08/2022 |

EXAMINATION OF BLOOD

| TEST | RESULT | NORMAL VALUE |
|-------------------------------|--------------|---|
| Haemoglobin | 12.6mgs% | Female 12-16gms%, Male 14-18gms% |
| Red Cell count | 4.7 | 4.5-5.6 million /cumm |
| Platelet Count | 2.97 | 1.5-5.6 Lac/cumm |
| Leucocytes per.cu.mm | 7100/cumm | 5000-11000/cumm |
| Neutrophils | 50% | 50-70% |
| Lymphocytes | 44% | 20-40% |
| Eosinophils | 04% | 0-7% |
| Monocytes | 02% | 2-8% |
| PCV | 39.8 | 37-47 |
| MCV | 83.5 | 76-96 |
| MCH | 26.4 | 27-32 |
| MCHC | 31.6 | 31-35 |
| ESR | 06 | Male 0-9, Female 0-20mm/FHR |
| Blood Group | "A" Positive | By Slide Method |
| S.Bilirubin(Total) | 0.80 | 0.2-1.0mg/dl |
| Direct | 0.35 | 0.0-0.25mg/dl |
| Indirect | 0.45 | |
| SGOT | 32.6 | 5-35U/L |
| SGPT | 34.0 | 8-40U/L |
| Alk Phosphatase | 11.0 | 3-13 KA units |
| S. Protein(Total) | 7.0 | 6.0-8.0mg% |
| Albumin | 4.0 | 3.7-5.3mg% |
| Globulin | 3.0 | 1.5 to 3.5 mg% |
| AG Ratio | 1.23 | 1.-2.0 |
| Blood Urea Nitrogen (BUN) | 14.1 | 7-20 mg/dl |
| S.Creatinine | 0.98 | 0.5-1.4mg/dl |
| Uric Acid | 5.9 | 4.8 to 7.5 mg/dl |
| Calcium | 9.1 | 8.5-10.5 gm/dl |
| GGTP | 32.5 | 5-35 UL/dl |
| Fasting Blood Sugar | 83.8 | 70 to 110mg/dl |
| Post Prandial Blood sugar | 141.6 | Up to 150mg/dl |
| Total Serum Cholesterol | 174.5 | 100-250 mg% |
| Serum Triglyceride | 161.3 | Up to 160 mg% |
| Serum Cholesterol HDL | 43.8 | Up to 65 mg% |
| Serum Cholesterol LDL | 98.4 | Up to 125 mg% |
| VLDL | 32.2 | Up to 30 mg% |
| TC/HDL Ratio | 3.26 | Bellow 5 |
| Glycosylated Hemoglobin HBA1c | 5.2 | Below - 6.0 % -Non Diabetic control 6-7 % -Excellent control Above- 8 % -Poor control |

All test have technical limitation. Collaborative clinic pathological interpretation is mandatory. In case of disparity test may be repeated immediately. Typographical mistakes should be get correct instantly. This report is not valid for medico legal purpose.



Dr. B. M. Agarwal
Pathologist
MBBS, DCP
Consultant Pathologist



डॉ. सविता क्लिनिक

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Mob. : 8989649694, 9516333619

Clinic Registration : CL/5392/Jun/2017

PNDT Registration : MPPCPNDT/BPL/2017/206



Name : Mrs. Nitin. Gadewad Age 32 / Neel YRS./F

R/B. Health check-up No. Date

WHOLE ABDOMEN ULTRASOUND REPORT

Indication :

Liver appears normal / enlarged in size and shape with smooth in outline. Normal / increased parenchymal echogenicity is noted. No E/O focal lesion / IHBR dilatation is seen. Hepatic veins and portal veins appear normal. gs I fatty

No E/O Subdiaphragmatic Collection.

Gall Bladder is physiologically well distended / collapsed. No E/O echogenic foci in GB lumen. GB wall is normal / thickened. No E/O pericholecystic collection. common duct reveals normal course and caliber.

Pancreas appear normal in size, shape and echo texture with smooth contour. No peripancreatic pathology seen. (Not seen due to gases)

Spleen is normal / enlarged in size and normal in echo texture.

IVC and aorta appear to be normal.

No evidence of lymphadenopathy is noted.

No evidence of free fluid is noted.

Right Kidney is normal in size, shape and position. Corticomedullary differentiation (CMD) is well maintained. Normal cortical thickness is noted. No E/O hydronephrosis or calculus is noted.

PTO

Left Kidney is normal in size, shape and position. CMD is well maintained. Normal cortical thickness is noted. No E/O hydronephrosis or calculus is noted.

Urinary Bladder is well distended (physiological) / collapsed. Its contents are echo free. No E/O bladder wall thickening is noted. Post-void residue is insignificant.

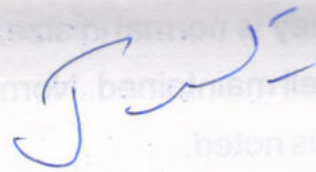
Prostate is normal in size, shape and echo texture with smooth outline. No E/O focal lesion is noted.

Uterus is ante / retroverted and normal in size, shape and echo texture with smooth outline. No E/O focal lesion is noted, endometrial echo appears normal. Cervical and vaginal shadows appear normal.

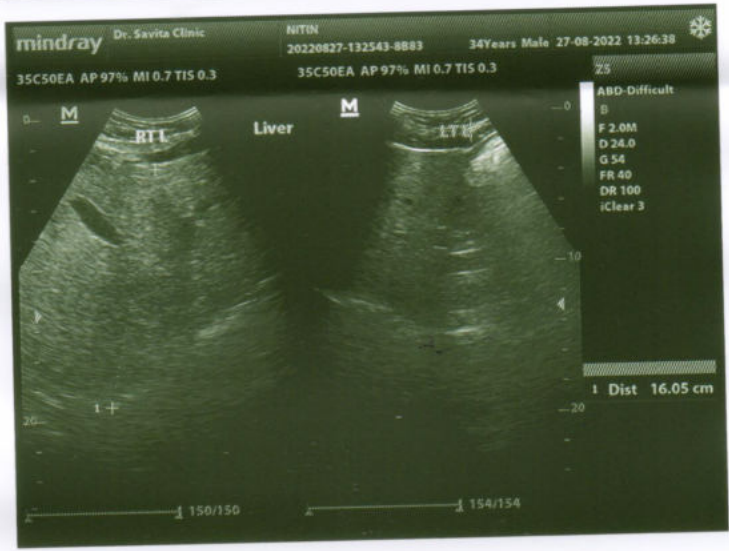
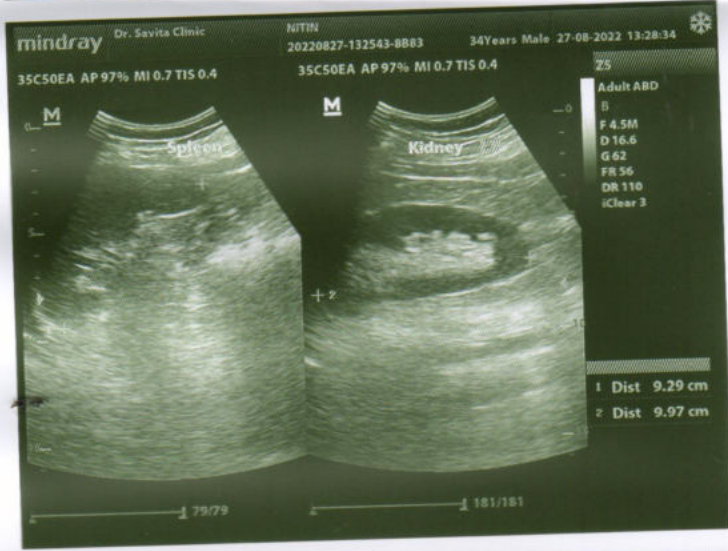
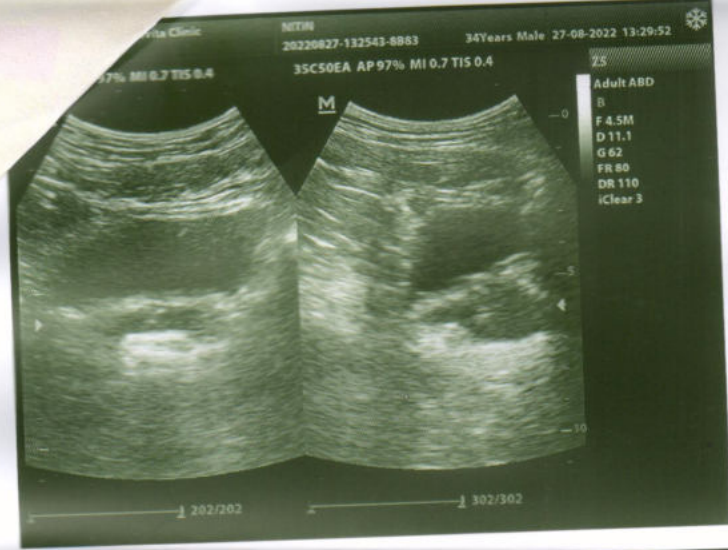
Right Ovary appears Enlarged / Normal in size, shape and echo texture.

Left Ovary appears Enlarged / Normal in size, shape and echo texture.

Impression : Normal study.



Advised clinical Correlation.

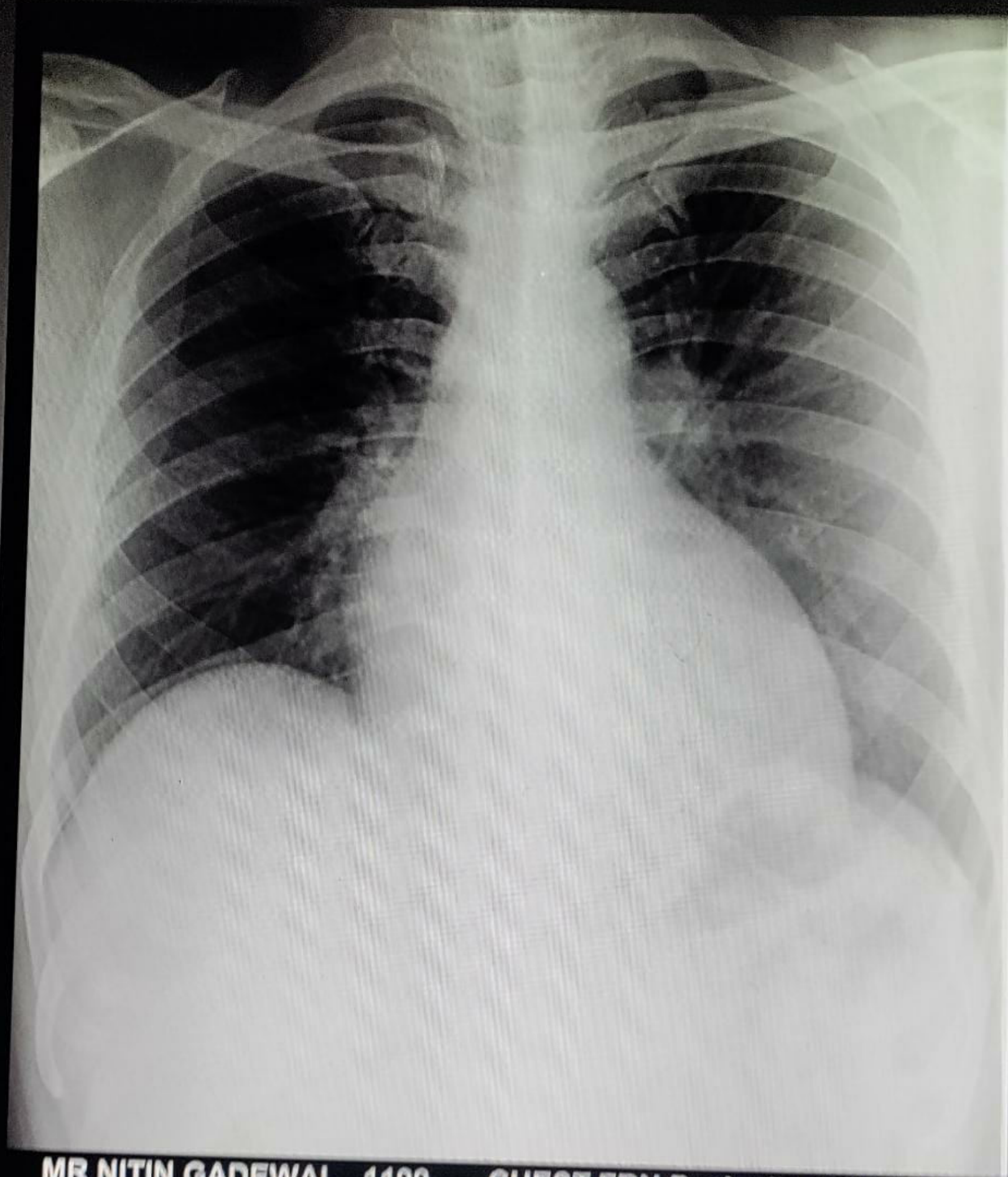




Diwakar Diagnostic Centre

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**MR NITIN GADEWAL 1199 CHEST,FRN P->A 27-AGUST-22
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