

MR RAKESH MISHRA (45 M)

ID: 2425450

Date: 23-Apr-24

Exec Time : 0 m 0 s

Stage Time : 0 m 15 s

HR: 84 bpm

Protocol: Bruce

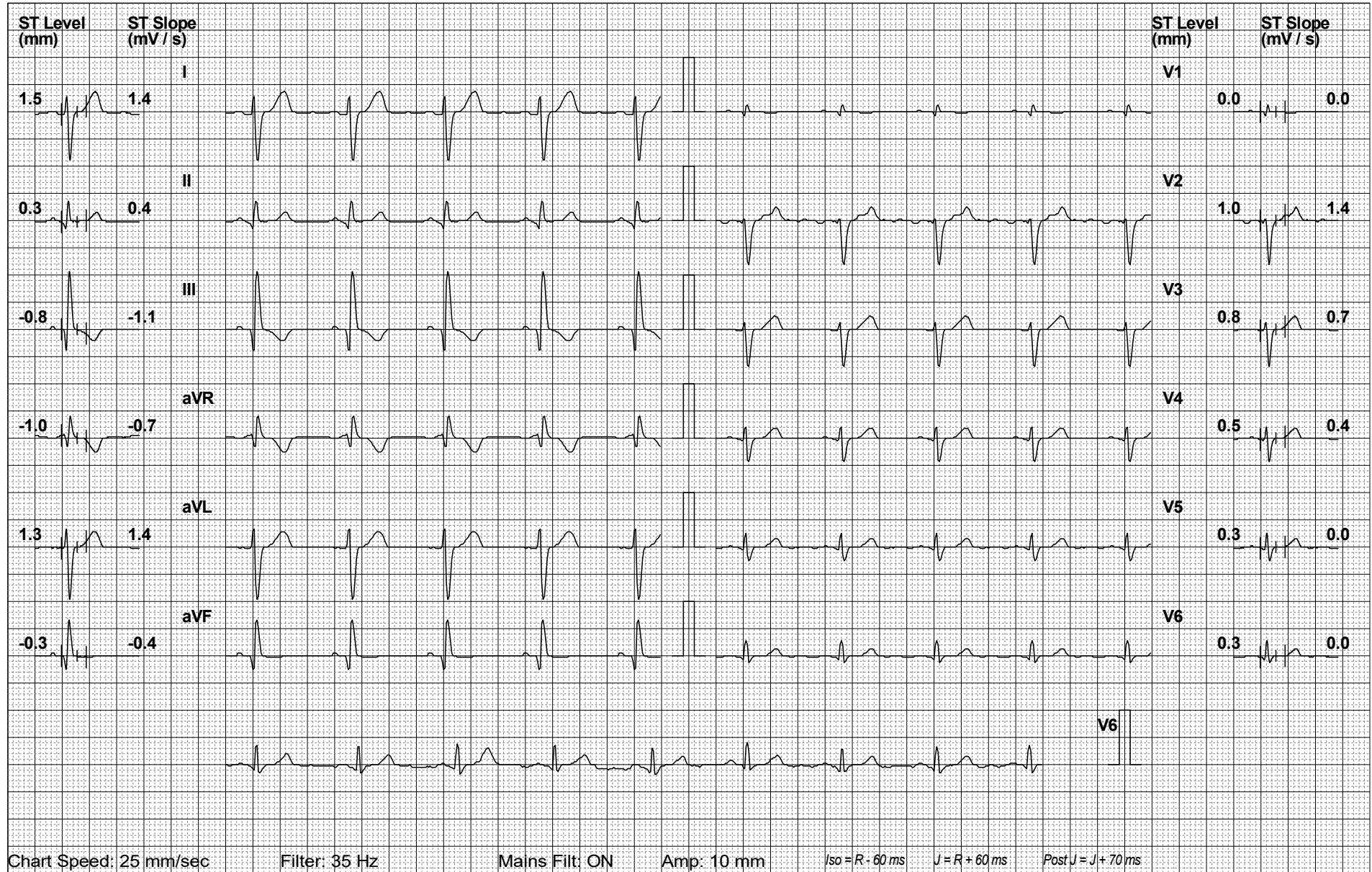
Stage: Supine

Speed: 0 Km/h

Grade: 0 %

(THR: 157 bpm)

B.P: 120 / 80



Schiller CS-20 V 1.6

Linked Median

MR RAKESH MISHRA (45 M)

ID: 2425450

Date: 23-Apr-24

Exec Time : 0 m 0 s

Stage Time : 0 m 18 s

HR: 84 bpm

Protocol: Bruce

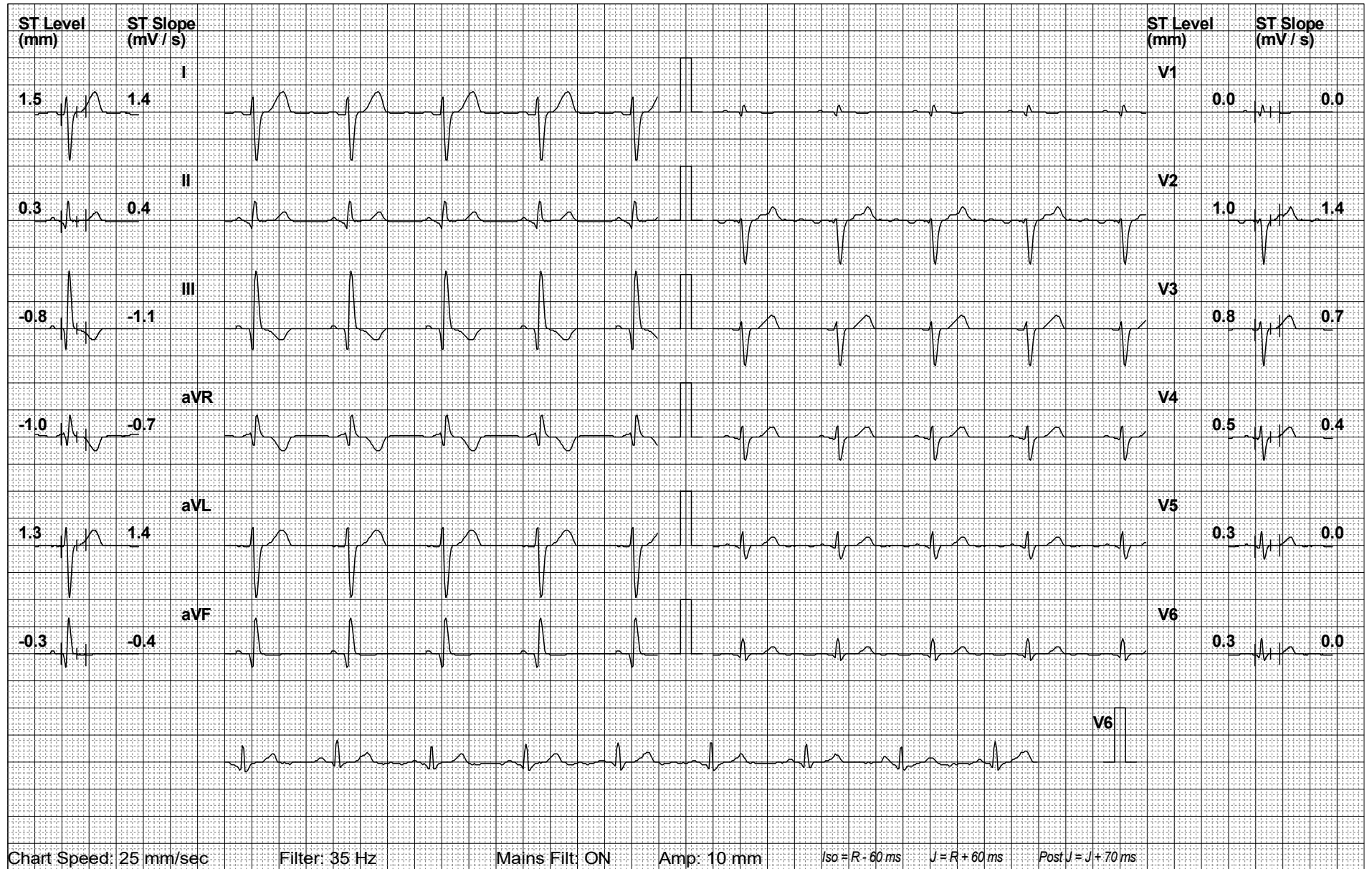
Stage: Standing

Speed: 0 Km/h

Grade: 0 %

(THR: 157 bpm)

B.P: 120 / 80



Schiller CS-20 V 1.6

Linked Median

MR RAKESH MISHRA (45 M)

ID: 2425450

Date: 23-Apr-24

Exec Time : 0 m 0 s

Stage Time : 0 m 1 s

HR: 86 bpm

Protocol: Bruce

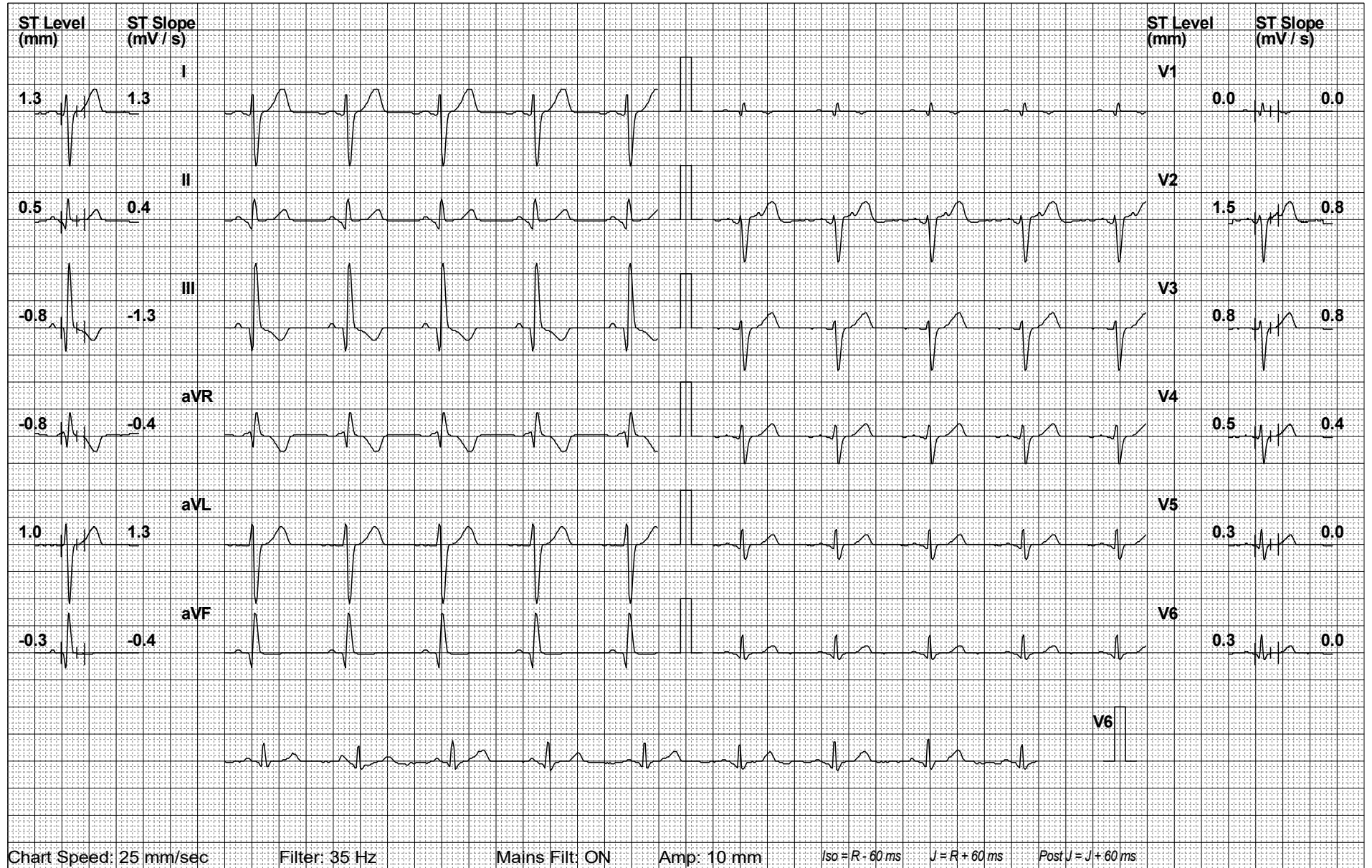
Stage: Hyperventilation

Speed: 0 Km/h

Grade: 0 %

(THR: 157 bpm)

B.P: 120 / 80



Schiller CS-20 V 1.6

Linked Median

MR RAKESH MISHRA (45 M)

ID: 2425450

Date: 23-Apr-24

Exec Time : 2 m 54 s

Stage Time : 2 m 54 s

HR: 115 bpm

Protocol: Bruce

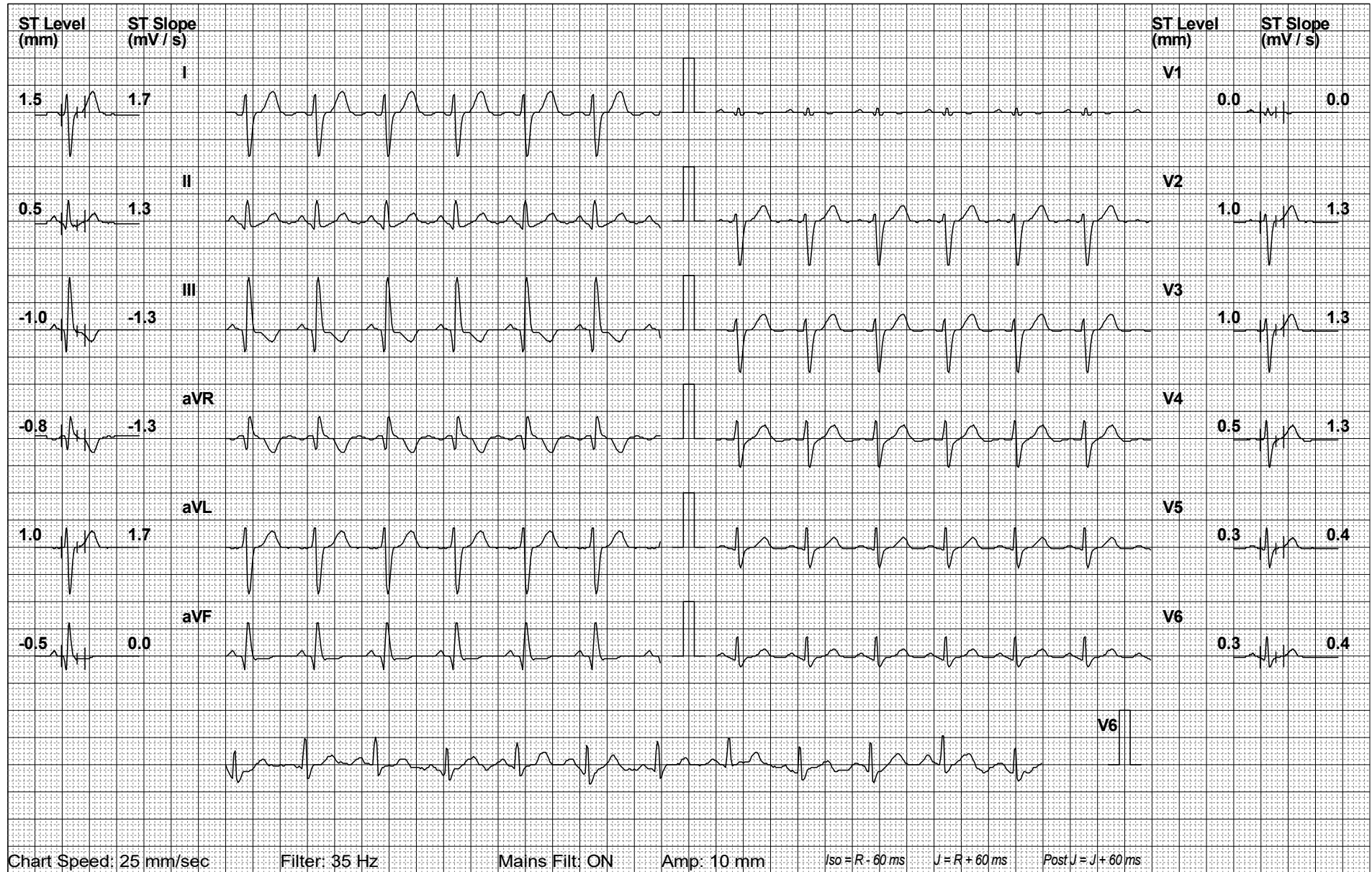
Stage: 1

Speed: 2.7 Km/h

Grade: 10 %

(THR: 157 bpm)

B.P: 120 / 80



Schiller CS-20 V 1.6

MR RAKESH MISHRA (45 M)

ID: 2425450

Date: 23-Apr-24

Exec Time : 5 m 54 s

Stage Time : 2 m 54 s

HR: 126 bpm

Protocol: Bruce

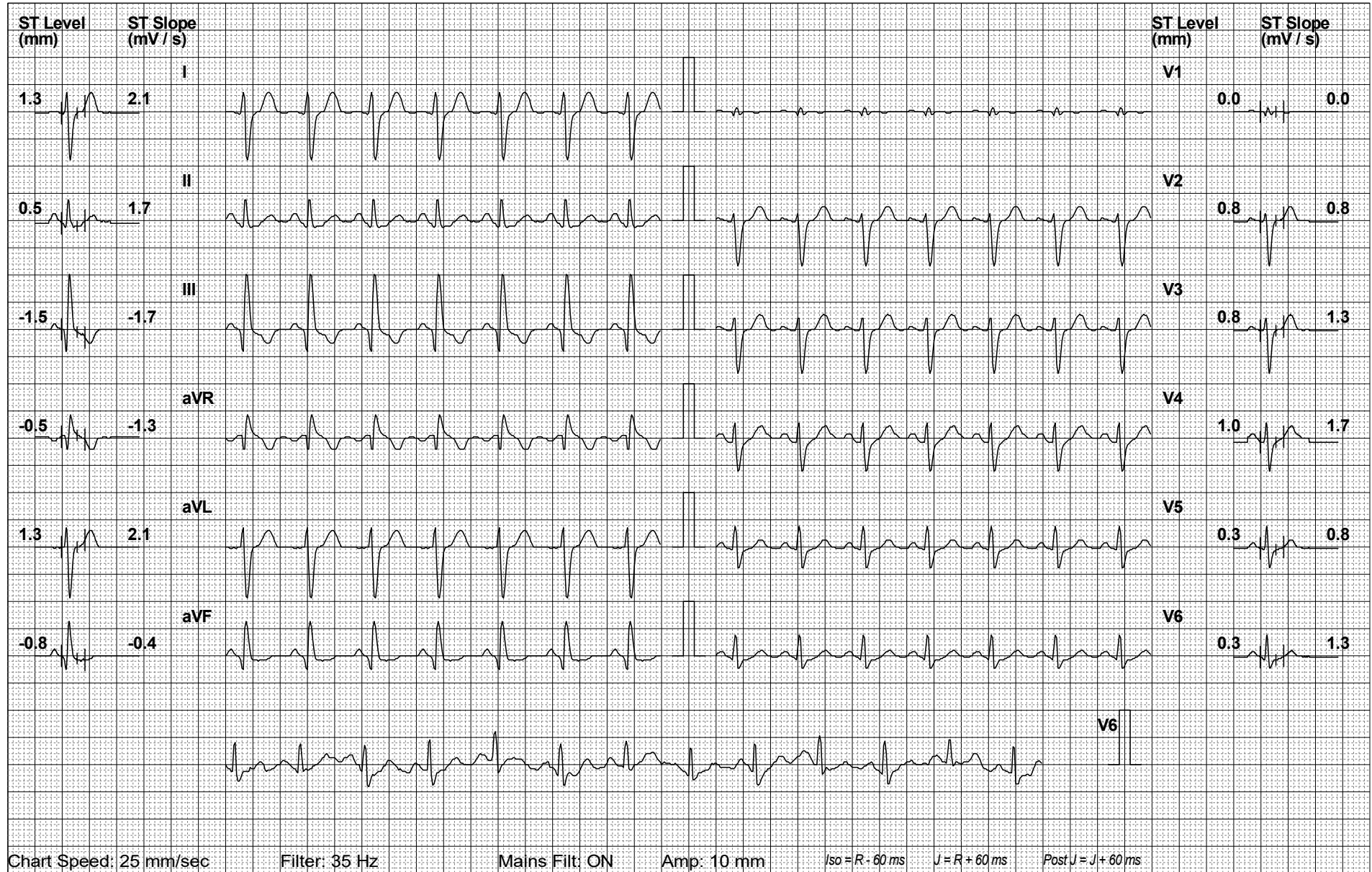
Stage: 2

Speed: 4 Km/h

Grade: 12 %

(THR: 157 bpm)

B.P: 130 / 80



Schiller CS-20 V 1.6

Linked Median

MR RAKESH MISHRA (45 M)

ID: 2425450

Date: 23-Apr-24

Exec Time : 8 m 54 s

Stage Time : 2 m 54 s

HR: 152 bpm

Protocol: Bruce

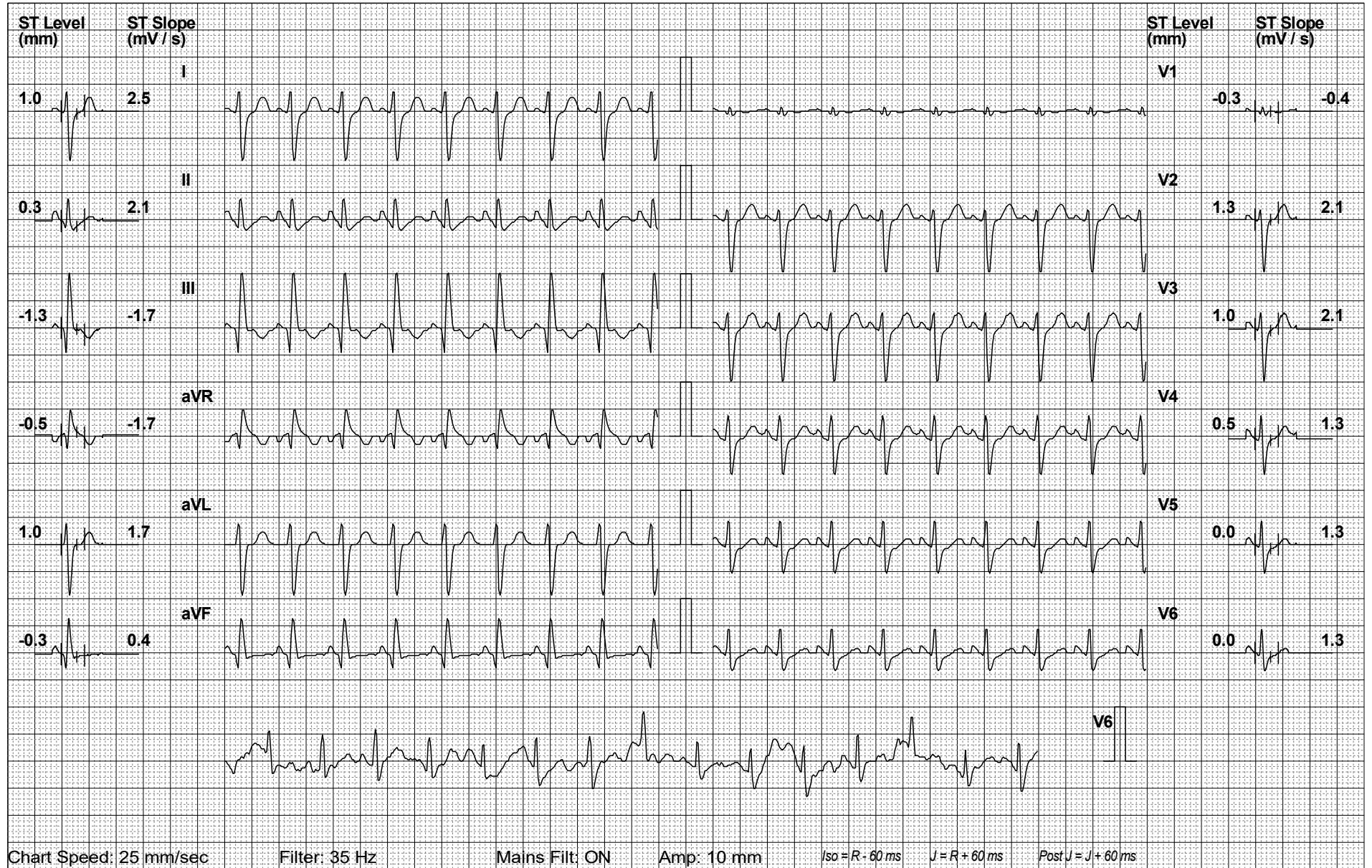
Stage: 3

Speed: 5.4 Km/h

Grade: 14 %

(THR: 157 bpm)

B.P: 140 / 90



Schiller CS-20 V 1.6

Linked Median

MR RAKESH MISHRA (45 M)

ID: 2425450

Date: 23-Apr-24

Exec Time : 9 m 33 s

Stage Time : 0 m 33 s

HR: 156 bpm

Protocol: Bruce

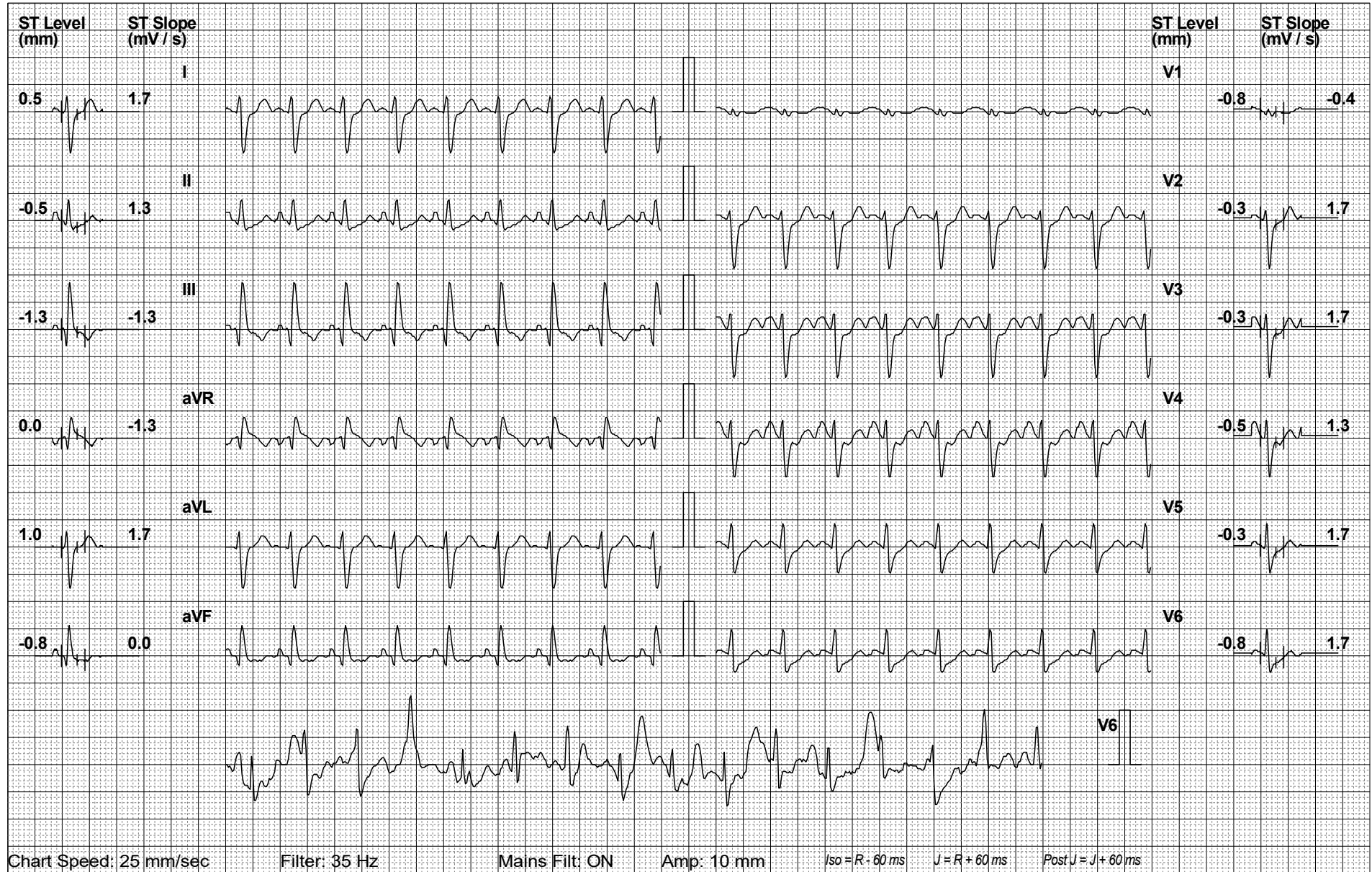
Stage: Peak Ex

Speed: 6.7 Km/h

Grade: 16 %

(THR: 157 bpm)

B.P: 140 / 90



Schiller CS-20 V 1.6

Linked Median

MR RAKESH MISHRA (45 M)

ID: 2425450

Date: 23-Apr-24

Exec Time : 9 m 39 s

Stage Time : 0 m 54 s

HR: 140 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 1.6 Km/h

Grade: 0 %

(THR: 157 bpm)

B.P: 140 / 90



Schiller CS-20 V 1.6

Linked Median

MR RAKESH MISHRA (45 M)

ID: 2425450

Date: 23-Apr-24

Exec Time : 9 m 39 s

Stage Time : 0 m 54 s

HR: 114 bpm

Protocol: Bruce

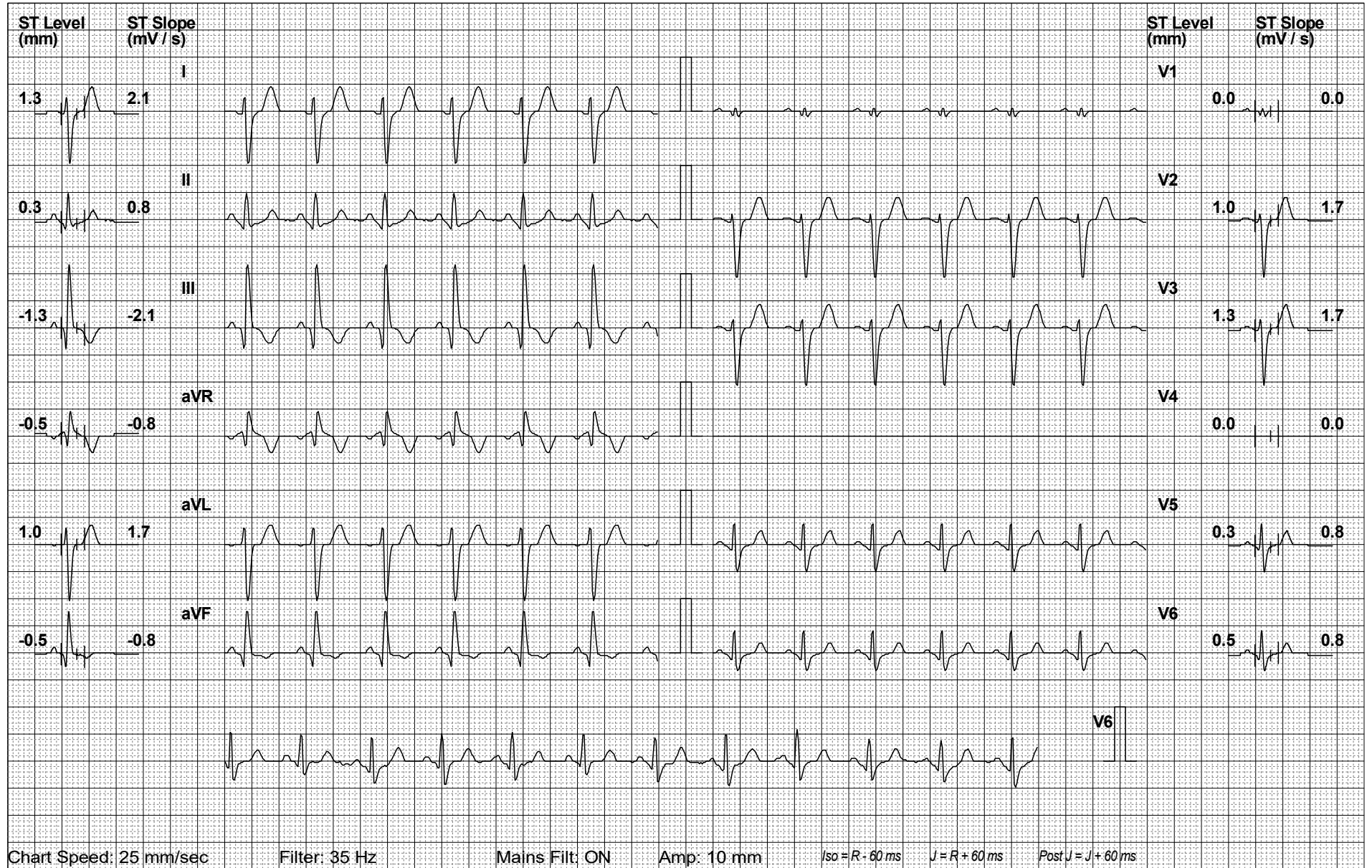
Stage: Recovery(2)

Speed: 0 Km/h

Grade: 0 %

(THR: 157 bpm)

B.P: 140 / 90



Schiller CS-20 V 1.6

Linked Median

MR RAKESH MISHRA (45 M)

ID: 2425450

Date: 23-Apr-24

Exec Time : 9 m 39 s

Stage Time : 0 m 54 s

HR: 110 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 Km/h

Grade: 0 %

(THR: 157 bpm)

B.P: 140 / 90



Schiller CS-20 V 1.6

Linked Median

MR RAKESH MISHRA (45 M)

ID: 2425450

Date: 23-Apr-24

Exec Time : 9 m 39 s

Stage Time : 0 m 54 s

HR: 108 bpm

Protocol: Bruce

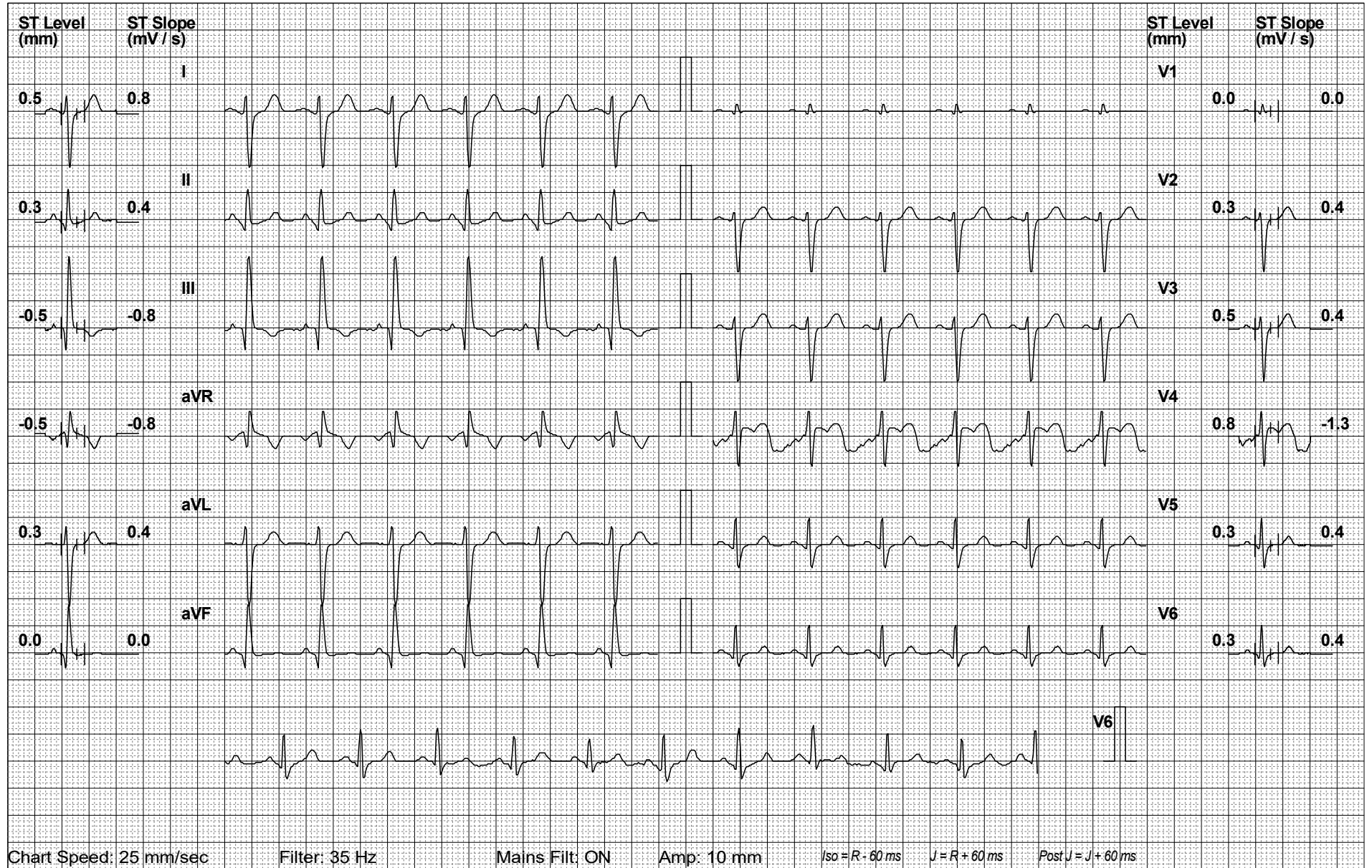
Stage: Recovery(4)

Speed: 0 Km/h

Grade: 0 %

(THR: 157 bpm)

B.P: 130 / 90



Schiller CS-20 V 1.6

Linked Median

MR RAKESH MISHRA (45 M)

ID: 2425450

Date: 23-Apr-24

Exec Time : 9 m 39 s

Stage Time : 0 m 57 s

HR: 108 bpm

Protocol: Bruce

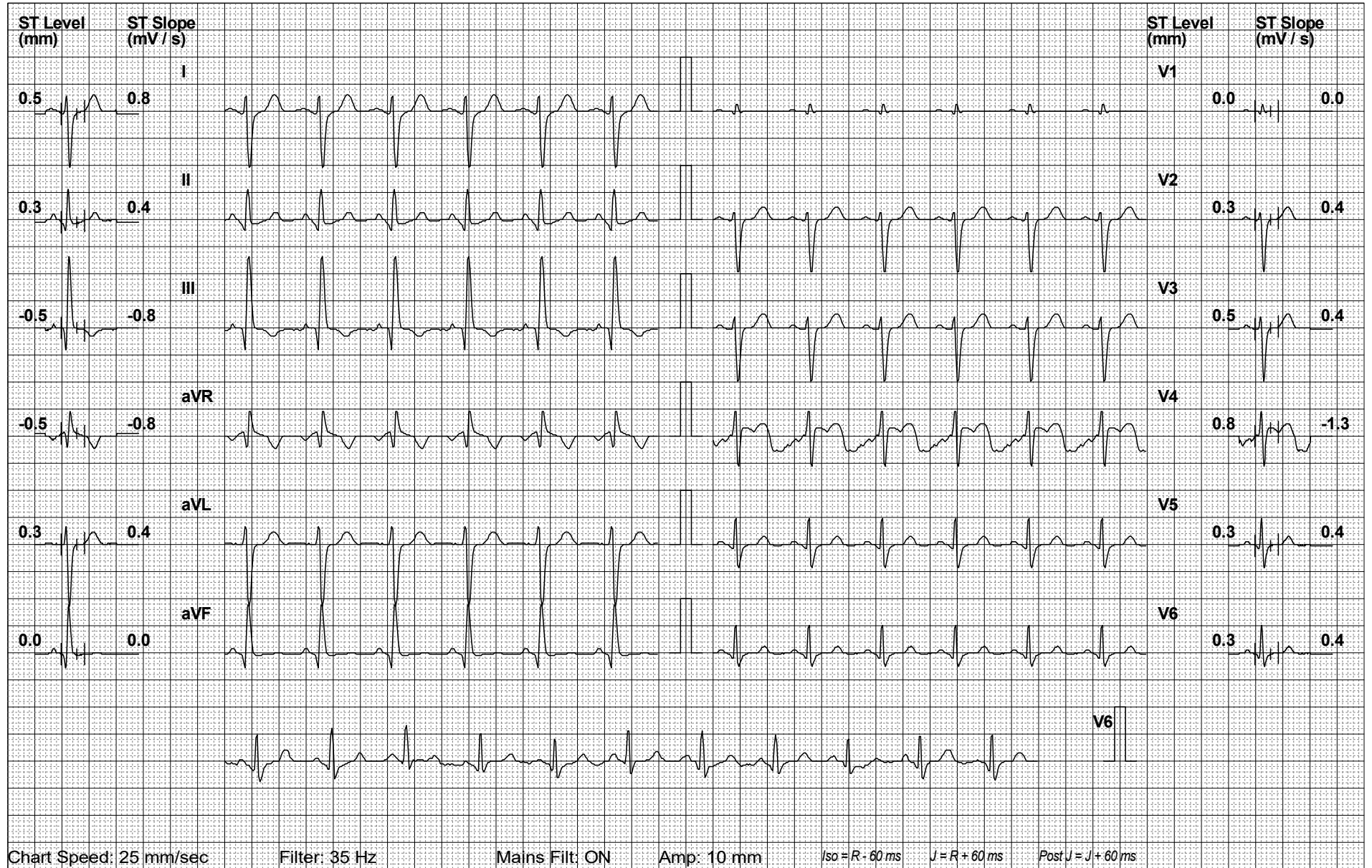
Stage: Recovery(5)

Speed: 0 Km/h

Grade: 0 %

(THR: 157 bpm)

B.P: 130 / 90



Schiller CS-20 V 1.6

Linked Median

HEALTHSPRING HEALTHCARE AUNDH

HEALTHSPRING HEALTHCARE AUNDH

Patient Details

Date: 23-Apr-24

Time: 12:14:29 PM

Name: MR RAKESH MISHRA ID: 2425450

Age: 45 y

Sex: M

Height: 178 cms.

Weight: 76 Kg.

Clinical History: Routine Test

Medications: NO

Test Details

Protocol: Bruce

Pr.MHR: 175 bpm

THR: 157 (90 % of Pr.MHR) bpm

Total Exec. Time: 9 m 39 s

Max. HR: 158 (90% of Pr.MHR)bpm

Max. Mets: 13.50

Max. BP: 140 / 90 mmHg

Max. BP x HR: 22120 mmHg/min

Min. BP x HR: 6480 mmHg/min

Test Termination Criteria: Target HR attained

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (Km/h)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 21	1.0	0	0	81	120 / 80	-0.76 III	5.06 V2
Standing	0 : 3	1.0	0	0	86	120 / 80	-0.76 III	1.69 I
Hyperventilation	0 : 4	1.0	0	0	86	120 / 80	-0.76 III	1.27 I
1	3 : 0	4.6	2.7	10	115	120 / 80	-1.01 III	2.95 V4
2	3 : 0	7.0	4	12	127	130 / 80	-1.52 III	2.53 I
3	3 : 0	10.2	5.4	14	151	140 / 90	-1.77 III	2.95 I
Peak Ex	0 : 39	13.5	6.7	16	158	140 / 90	-1.27 III	3.80 V4
Recovery(1)	1 : 0	1.8	1.6	0	137	140 / 90	-2.03 III	5.49 V4
Recovery(2)	1 : 0	1.0	0	0	117	140 / 90	-1.27 III	5.49 V4
Recovery(3)	1 : 0	1.0	0	0	112	140 / 90	-1.01 III	4.64 V4
Recovery(4)	1 : 0	1.0	0	0	111	130 / 90	-0.76 III	-1.27 III
Recovery(5)	0 : 3	1.0	0	0	110	130 / 90	-0.76 aVR	5.06 V2

Interpretation

The patient exercised according to the Bruce protocol for 9 m 39 s achieving a work level of Max. METS : 13.50. Resting heart rate initially 81 bpm, rose to a max. heart rate of 158 (90% of Pr.MHR) bpm. Resting blood Pressure 120 / 80 mmHg, rose to a maximum blood pressure of 140 / 90 mmHg.

Ref. Doctor: Dr. Arjun Deshmukh

(Summary Report edited by user)

Doctor: DR MUKESH JHA

Schiller CS-20 V 1.6



Name : MR RAKESH MISHRA	Age : 45 YRS
Gender: Male	Date : 23.04.2024

X- RAY CHEST PA VIEW

The bony thorax is normal.

Lung fields and pleural spaces are clear on both sides.

The silhouettes of the heart and aorta are normal in size and configuration.

Both domes of the diaphragm are normal in position, contour and outline.

IMPRESSION : NO EVIDENCE OF ANY DISEASE IS SEEN IN THE CHEST.

Dr. Nitish Kotwal
MBBS, DMRD (Bom)
Consulting Radiologist

HEALTHSPRING

TREADMILL STRESS TEST REPORT

DATE: 23/04/2024

NAME:	RAKESH MISHRA	AGE:(years)	45	SEX:	M
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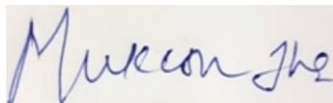
PROTOCOL USED	BRUCE PROTOCOL		
ANGINA SCALE (0 – None, 1 – Non-Limiting, 2 – Limiting)	0	MAXIMUM ST DEPRESSION (mm)	0
WORKLOAD: MAXIMUM METS ACHIEVED (METS)	13.5	DOUBLE PRODUCT	22120 mm Hg/Min
DUKES SCORE (High Risk Score \leq -11, Low Risk Score \geq 5)	9		

CONCLUSION:

NORMAL INOTROPIC & CHRONOTROPIC RESPONSE
BASELINE ECG SHOWS NO SIGNIFICANT ST-T CHANGES
NO SYMPTOMS AND ARRHYTHMIAS WERE SEEN DURING THE EXERCISE AND RECOVERY
NO SIGNIFICANT ST-T CHANGES WERE SEEN DURING THE EXERCISE AND RECOVERY
EXCELLENT EFFORT TOLERANCE AND FUNCTIONAL CAPACITY
TARGET HEART RATE ACHIEVED
THE STRESS TEST IS **NEGATIVE** FOR INDUCIBLE ISCHEMIA AT THE GIVEN WORKLOAD

IMPRESSION:

THE STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA AT THE GIVEN WORKLOAD
ADVISED- CLINICAL CORRELATION



DR. MUKESH JHA
MD (MEDICINE), DM (CARDIOLOGY)
REG NO- 2010/09/2935

NOTE-

A NEGATIVE STRESS TEST DOES NOT CONCLUSIVELY RULE OUT CORONARY ARTERY DISEASE. A POSITIVE STRESS TEST IS NOT CONCLUSIVE EVIDENCE OF CORONARY ARTERY DISEASE. THERE IS A POSSIBILITY OF THE TEST BEING FALSE POSITIVE OR FALSE NEGATIVE DUE TO OTHER ASSOCIATED MEDICAL CONDITIONS. THESE REPORTS ARE FOR DOCTORS & PHYSICIANS AND NOT FOR MEDICO-LEGAL PURPOSES. KINDLY CO-RELATE THE REPORT WITH CLINICAL CONDITIONS.

THIS TMT/ ECG IS REPORTED ONLINE WITHOUT INTERACTING WITH PATIENTS AND THE RESULT SHOULD BE CLINICALLY CO-RELATED AND INDEPENDENTLY REVIEWED BY THE PATIENT'S CONSULTANT DOCTOR. THE PATIENT WAS NOT SEEN BY THE DOCTOR PERSONALLY AND THE ABOVE REPORT HAS BEEN REVIEWED BY THE DOCTOR BASED ON THE TMT/ECG RESULT AS PROVIDED TO THE DOCTOR.

Patient Name : Mr. Rakesh Mishra
Age / Gender : 45 Y / Male
Referred By : Dr. Suyog Vhora
SID No. : 56013594

Reg.Date / Time : 23/04/2024 / 11:08:05
Report Date / Time : 23/04/2024 / 20:04:30
MR No. : 2430686

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Partial Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
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HAEMATOLOGY

CBC-Haemogram & ESR, blood

EDTA WHOLE BLOOD

HAEMOGLOBIN, RED CELL COUNT & INDICES

HAEMOGLOBIN (Spectrophotometry)	13.5	gm%	13-17
PCV (Electrical Impedance)	40.9	%	40 - 50
MCV (Calculated)	86.9	fL	83-101
MCH (Calculated)	28.6	pg	27.0 - 32.0
MCHC (Calculated)	33.0	g/dl	31.5-34.5
RDW-CV (Calculated)	15	%	11.6-14.0
RDW-SD (Calculated)	53	fL	36 - 46
TOTAL RBC COUNT (Electrical Impedance)	4.71	Million/cmm	4.5-5.5
TOTAL WBC COUNT (Electrical Impedance)	7600	/cumm	4000-10000

DIFFERENTIAL WBC COUNT

NEUTROPHILS (Flow cell)	58.3	%	40-80
LYMPHOCYTES (Flow cell)	30.7	%	20-40
EOSINOPHILS (Flow cell)	3.5	%	1-6
MONOCYTES (Flow cell)	6.2	%	2-10
BASOPHILS (Flow cell)	1.3	%	1-2

ABSOLUTE WBC COUNT

ABSOLUTE NEUTROPHIL COUNT (Calculated)	4410	/cumm	2000-7000
ABSOLUTE LYMPHOCYTE COUNT (Calculated)	2330	/cumm	1000-3000

Contd ...

*Tests not included in NABL accredited scope



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HAEMATOLOGY

ABSOLUTE WBC COUNT

ABSOLUTE EOSINOPHIL COUNT (Calculated)	270	/cumm	200-500
ABSOLUTE MONOCYTE COUNT (Calculated)	470	/cumm	200-1000
ABSOLUTE BASOPHIL COUNT (Calculated)	100	/cumm	0-220
PLATELET COUNT (Electrical Impedance)	240000	/cumm	150000-410000
MPV (Calculated)	11.6	fL	6.78-13.46
PDW (Calculated)	21.1	%	11-18
PCT (Calculated)	0.280	%	0.15-0.50

PERIPHERAL BLOOD SMEAR

COMMENTS
(Microscopic) Normocytic Normochromic RBCs

Sample Collected at : Aundh
Sample Collected on : 23 Apr 2024 11:14
Sample Received on : 23 Apr 2024 18:34
Barcode : 



Dr.Rahul Jain

MD,PATHOLOGY

Consultant Pathologist

Contd ...

*Tests not included in NABL accredited scope

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Age / Gender : 45 Y / Male
Referred By : Dr. Suyog Vhora
SID No. : 56013594

Reg.Date / Time : 23/04/2024 / 11:08:05
Report Date / Time : 23/04/2024 / 20:04:30
MR No. : 2430686

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Partial Test Report

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HAEMATOLOGY

EDTA Blood **ABO BLOOD GROUP***

BLOOD GROUP (Erythrocyte-Magnetized Technology)	A
Rh TYPE (Erythrocyte-Magnetized Technology)	POSITIVE

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Consultant Pathologist

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Partial Test Report

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HAEMATOLOGY

CBC-Haemogram & ESR, blood

EDTA WHOLE BLOOD

ESR(ERYTHROCYTE SEDIMENTATION RATE) (Photometric Capillary)	10	mm / 1 hr	0-15
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Notes : The given result is measured at the end of first hour.

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Partial Test Report

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BIOCHEMISTRY

**COMPREHENSIVE LIVER PROFILE
SERUM**

BILIRUBIN TOTAL (Diazotization)	0.40	mg/dl	0.2 - 1.3
BILIRUBIN DIRECT (Diazotization)	0.17	mg/dl	0.1-0.4
BILIRUBIN INDIRECT (Calculation)	0.23	mg/dl	0.2 - 0.7
ASPARTATE AMINOTRANSFERASE(SGOT) (IFCC)	27	U/L	<40
ALANINE TRANSAMINASE (SGPT) (IFCC without Peroxidase)	56	U/L	<41
ALKALINE PHOSPHATASE (Colorimetric IFCC)	66	U/L	40-129
GAMMA GLUTAMYL TRANSFERASE (GGT) (IFCC)	31	U/L	<70
TOTAL PROTEIN (Colorimetric)	7.20	gm/dl	6.6-8.7
ALBUMIN (Bromocresol Green)	4.80	gm/dl	3.5 - 5.2
GLOBULIN (Calculation)	2.40	gm/dl	2.0-3.5
A/G RATIO (Calculation)	2.0		1-2

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Partial Test Report

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BIOCHEMISTRY

**COMPREHENSIVE RENAL PROFILE
SERUM**

CREATININE (Jaffe Method)	1.0	mg/dl	0.6 - 1.3
BLOOD UREA NITROGEN (BUN) (Kinetic with Urease)	10.3	mg/dl	6 - 20
BUN/CREATININE RATIO (Calculation)	10.3		10 - 20
URIC ACID (Uricase Enzyme)	7.5	mg/dl	3.7 - 7.7
CALCIUM (Bapta Method)	9.5	mg/dl	8.6-10
PHOSPHORUS (Phosphomolybdate)	3.5	mg/dl	2.5-4.5

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**MD,PATHOLOGY
Consultant Pathologist**

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Partial Test Report

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BIOCHEMISTRY

LIPID PROFILE

SERUM	TOTAL CHOLESTEROL (Enzymatic colorimetric (PHOD))	196	mg/dl	Desirable : < 200 Borderline: 200-239 High : > 239
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Notes : Elevated concentrations of free fatty acids and denatured proteins may cause falsely elevated HDL cholesterol results.

Abnormal liver function affects lipid metabolism; consequently, HDL and LDL results are of limited diagnostic value. In some patients with abnormal liver function, the HDL cholesterol result may significantly differ from the DCM (designated comparison method) result due to the presence of lipoproteins with abnormal lipid distribution.

Reference: Dati F, Metzmann E. Proteins Laboratory Testing and Clinical Use, Verlag: DiaSys; 1. Auflage (September 2005), page 242-243; ISBN-10: 3000171665.

SERUM	TRIGLYCERIDES (Enzymatic Colorimetric GPO)	142	mg/dl	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >499
SERUM	CHOLESTEROL HDL - DIRECT (Homogenize Enzymatic Colorimetry)	44	mg/dl	Low:<40 High:>60
SERUM	LDL CHOLESTEROL (Calculation)	124	mg/dl	Optimal : <100 Near Optimal/ Above optimal :100-129 Borderline High: 130-159 High : 160-189 Very High : >= 190
SERUM	VLDL (Calculation)	28	mg/dl	15-40
SERUM	CHOL / HDL RATIO	4.5		3-5
SERUM	LDL /HDL RATIO (Calculation)	3.0		0 - 3.5

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BIOCHEMISTRY

FLOURIDE PLASMA	BLOOD GLUCOSE FASTING (Hexokinase)	87	mg/dl	70 - 110
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Notes : An early-morning increase in blood sugar (glucose) which occurs to some extent in all individuals, more relevant to people with diabetes can be seen (The dawn phenomenon) . Chronic Somogyi rebound is another explanation of phenomena of elevated blood sugars in the morning. Also called the Somogyi effect and posthypoglycemic hyperglycemia, it is a rebounding high blood sugar that is a response to low blood sugar.

References:

<http://www.ucdenver.edu/academics/colleges/medicalschool/centers/BarbaraDavis/Documents/book-understandingdiabetes/ud06.pdf>, Understanding Diabetes.

FLOURIDE PLASMA	BLOOD GLUCOSE POST PRANDIAL (Hexokinase)	71	mg/dl	70 - 140
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BIOCHEMISTRY

EDTA WHOLE BLOOD **GLYCOSYLATED HAEMOGLOBIN (HbA1C)**

HbA1C (High Performance Liquid Chromatography)	6.1	%(NGSP)	Non Diabetic Range: <= 5.6 Prediabetes :5.7-6.4 Diabetes: >= 6.5
ESTIMATED AVERAGE BLOOD GLUCOSE (Calculated)	128	mg/dl	

Notes : HbA1c reflects average plasma glucose over the previous eight to 12 weeks (1). The use of HbA1c can avoid the problem of day-to-day variability of glucose values, and importantly it avoids the need for the person to fast and to have preceding dietary preparations. HbA1c can be used to diagnose diabetes and that the diagnosis can be made if the HbA1c level is =6.5% (2). Diagnosis should be confirmed with a repeat HbA1c test, unless clinical symptoms and plasma glucose levels >11.1mmol/l (200 mg/dl) are present in which case further testing is not required. HbA1c may be affected by a variety of genetic, hematologic and illness-related factors (Annex 1, https://www.who.int/diabetes/publications/report-hba1c_2011.pdf) (3). The most common important factors worldwide affecting HbA1c levels are haemoglobinopathies (depending on the assay employed), certain anaemias, and disorders associated with accelerated red cell turnover such as malaria. References: (1). Nathan DM, Turgeon H, Regan S. Relationship between glycated haemoglobin levels and mean glucose levels over time. Diabetologia, 2007, 50:2239-2244. (2). International Expert Committee report on the role of the A1C assay in the diagnosis of diabetes. Diabetes Care, 2009, 32:1327-1334. (3). Gallagher EJ, Bloomgarden ZT, Le Roith D. Review of hemoglobin A1c in the management of diabetes. Journal of Diabetes, 2009, 1:9-17.

Urine	URINE GLUCOSE FASTING (Urodip)	ABSENT
Urine	URINE GLUCOSE POST PRANDIAL (Urodip)	ABSENT

Sample Collected at : Aundh
Sample Collected on : 23 Apr 2024 11:14
Sample Received on : 23 Apr 2024 18:34
Barcode : 



Dr.Rahul Jain
MD,PATHOLOGY
Consultant Pathologist

Contd ...

*Tests not included in NABL accredited scope



Patient Name : Mr. Rakesh Mishra
Age / Gender : 45 Y / Male
Referred By : Dr. Suyog Vhora
SID No. : 56013594

Reg.Date / Time : 23/04/2024 / 11:08:05
Report Date / Time : 23/04/2024 / 20:04:30
MR No. : 2430686

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Partial Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
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IMMUNOLOGY

THYROID PROFILE - TOTAL SERUM

TOTAL TRIIODOTHYRONINE (T3) (ECLIA)	1.09	ng/ml	0.7-2.04
TOTAL THYROXINE (T4) (ECLIA)	6.45	ug/dl	4.6 - 10.5
THYROID STIMULATING HORMONE (TSH) (ECLIA)	2.090	uIU/ml	0.27 - 4.20

Contd ...

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IMMUNOLOGY

Notes : TSH is formed in specific cells of the anterior pituitary gland and is subject to a circadian Variation. The Release of TSH is the central regulating mechanism for the biological action of thyroid hormones. TSH has a stimulating action in all stages of thyroid hormone (T3/T4) formation and secretion and it also has a growth effect on Thyroid gland. Even very slight changes in the concentrations of the free thyroid hormones (FT3/FT4) bring about much greater opposite changes in the TSH level. The determination of TSH serves as the initial test in thyroid diagnostics. (1)

Patterns of Thyroid Function Tests (2)

- Low TSH, Low FT4 - Central hypothyroidism.
- Low TSH, Normal FT4, Normal FT3- Subclinical hyperthyroidism.
- Low TSH, High FT4- Hashimoto's thyroiditis, Grave's disease, Molar pregnancy, Choriocarcinoma, Hyperemesis, Thyrotoxicosis, Lithium, Multinodular goiter, Toxic adenoma, Thyroid carcinoma, Iodine ingestion.
- Normal TSH, Low FT4- Hypothyroxinemia, Nonthyroidal illness, Possible secondary hypothyroidism, Medications.
- Normal TSH, High FT4- Euthyroid hyperthyroxinemia, Thyroid hormone resistance, Familial dysalbuminemic hyperthyroxinemia, Medications (Amiodarone, beta-blockers, Oral contrast), Hyperemesis, Acute psychiatric illness, Rheumatoid factor.
- High TSH, Low FT4- Primary hypothyroidism.
- High TSH, Normal FT4- Subclinical hypothyroidism, Nonthyroidal illness, Suggestive of follow-up and recheck.
- High TSH, High FT4- TSH mediated hyperthyroidism

Note:

1. Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness
2. Isolated High TSH especially in the range of 4.7 to 15 uIU/ml is commonly associated with Physiological & Biological TSH Variability.
3. Normal changes in thyroid function tests during pregnancy include a transient suppression of thyroid-stimulating hormone. T4 and total T3 steadily increase during pregnancy to approximately 1.5 times the non-pregnant level. Free T4 and Free T3 gradually decrease during pregnancy

References:

1. Pim-eservices.roche.com. (2018). Customer Self-Service Technical Documentation Portal.
2. "Interpretation of Thyroid Function Tests". 2018. Obfocus.Com.
3. Interpretation of thyroid function tests. Dayan et al. The Lancet, Vol 357, February 24, 2001.
4. Interpretation of thyroid function tests. Supit et al. South Med journal, 2002, 95, 481-485.

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IMMUNOLOGY

SERUM	TOTAL PROSTATE SPECIFIC ANTIGEN (PSA) (ECLIA)	0.430	ng/ml	0 - 4
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Notes : This assay, a quantitative in vitro diagnostic test for total (free + complexed) prostate specific antigen (tPSA) in human serum and plasma, is indicated for the measurement of total PSA in conjunction with digital rectal examination (DRE) as an aid in the detection of prostate cancer in men aged 50 years or older.(1)
Prostate biopsy is required for diagnosis of prostate cancer. The test is further indicated for serial measurement of tPSA to aid in the management of cancer patients.
For diagnostic purposes, the results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings. (1)
Note: Benign conditions such as BPH, acute prostatitis, and infarction can also be correlated with elevated serum PSA levels. (2)

References:

1. Pim-eservices.roche.com. (2018). Roche Diagnostics Customer Self-Service Technical Documentation Portal.
2. Expertconsult.inkling.com. (2018). Expert Consult.

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CLINICAL PATHOLOGY

Urine URINE ANALYSIS

PHYSICAL EXAMINATION

VOLUME (Volumetric)	30		
COLOR (Visual Examination)	PALE YELLOW		
APPEARANCE (Visual Examination)	CLEAR		

CHEMICAL EXAMINATION

SP.GRAVITY (Indicator System)	1.020		1.005 - 1.030
REACTION(pH) (Double indicator)	ACIDIC		
PROTEIN (Protein-error-of-Indicators)	ABSENT		
GLUCOSE (GOD-POD)	ABSENT		Absent
KETONES (Legal's Test)	ABSENT		Absent
OCCULT BLOOD (Peroxidase activity)	ABSENT		Absent
BILIRUBIN (Fouchets Test)	ABSENT		Absent
UROBILINOGEN (Ehrlich Reaction)	NORMAL		
NITRITE (Griess Test)	ABSENT		

MICROSCOPIC EXAMINATION

ERYTHROCYTES (Microscopy)	ABSENT	/hpf	0-2
PUS CELLS (Microscopy)	4-6	/hpf	0-5
EPITHELIAL CELLS (Microscopy)	1-2	/hpf	0-5
CASTS (Microscopy)	ABSENT		
CRYSTALS (Microscopy)	ABSENT		
ANY OTHER FINDINGS	NIL		

Contd ...

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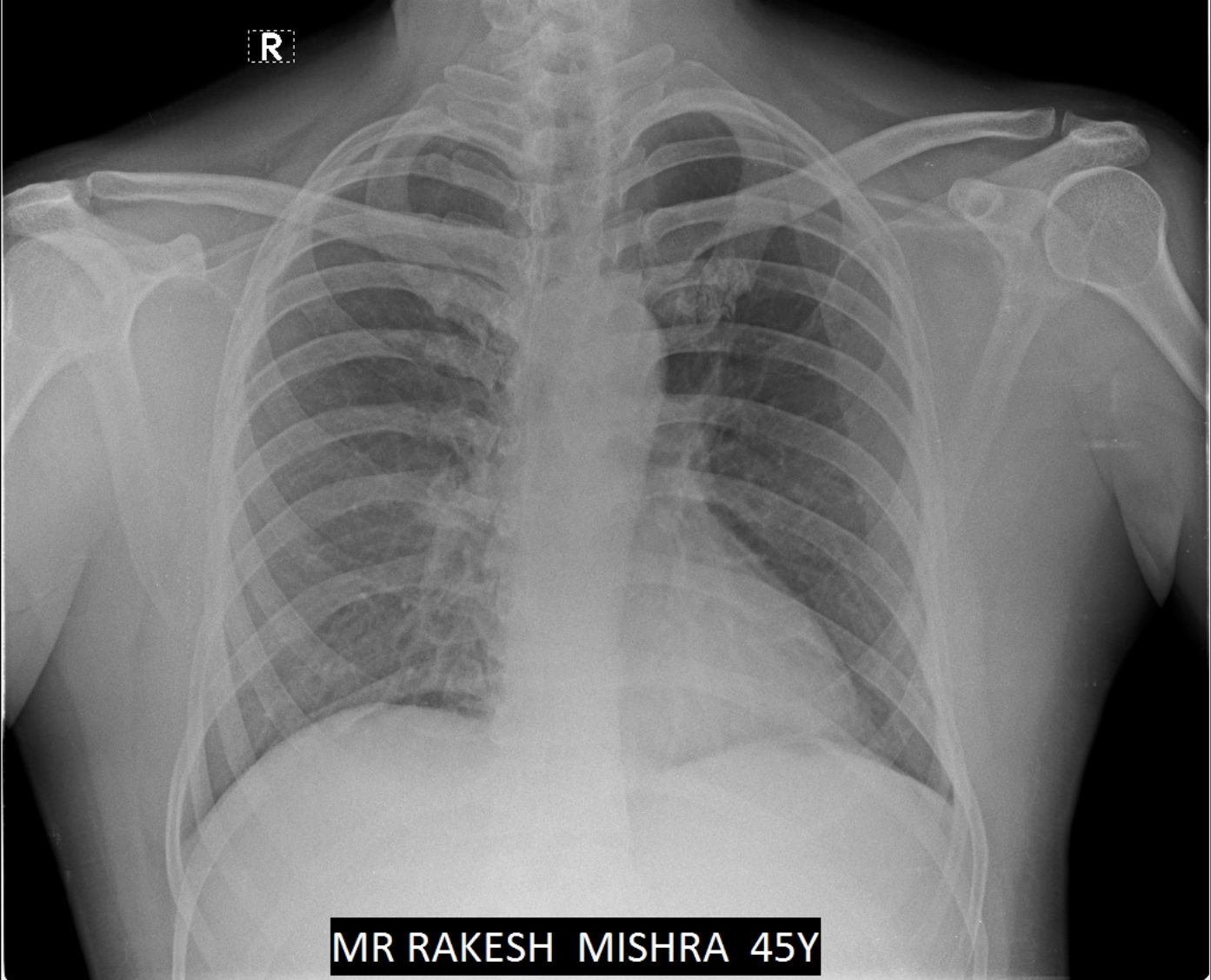
Dr.Rahul Jain

MD,PATHOLOGY

Consultant Pathologist

*Tests not included in NABL accredited scope

R



MR RAKESH MISHRA 45Y

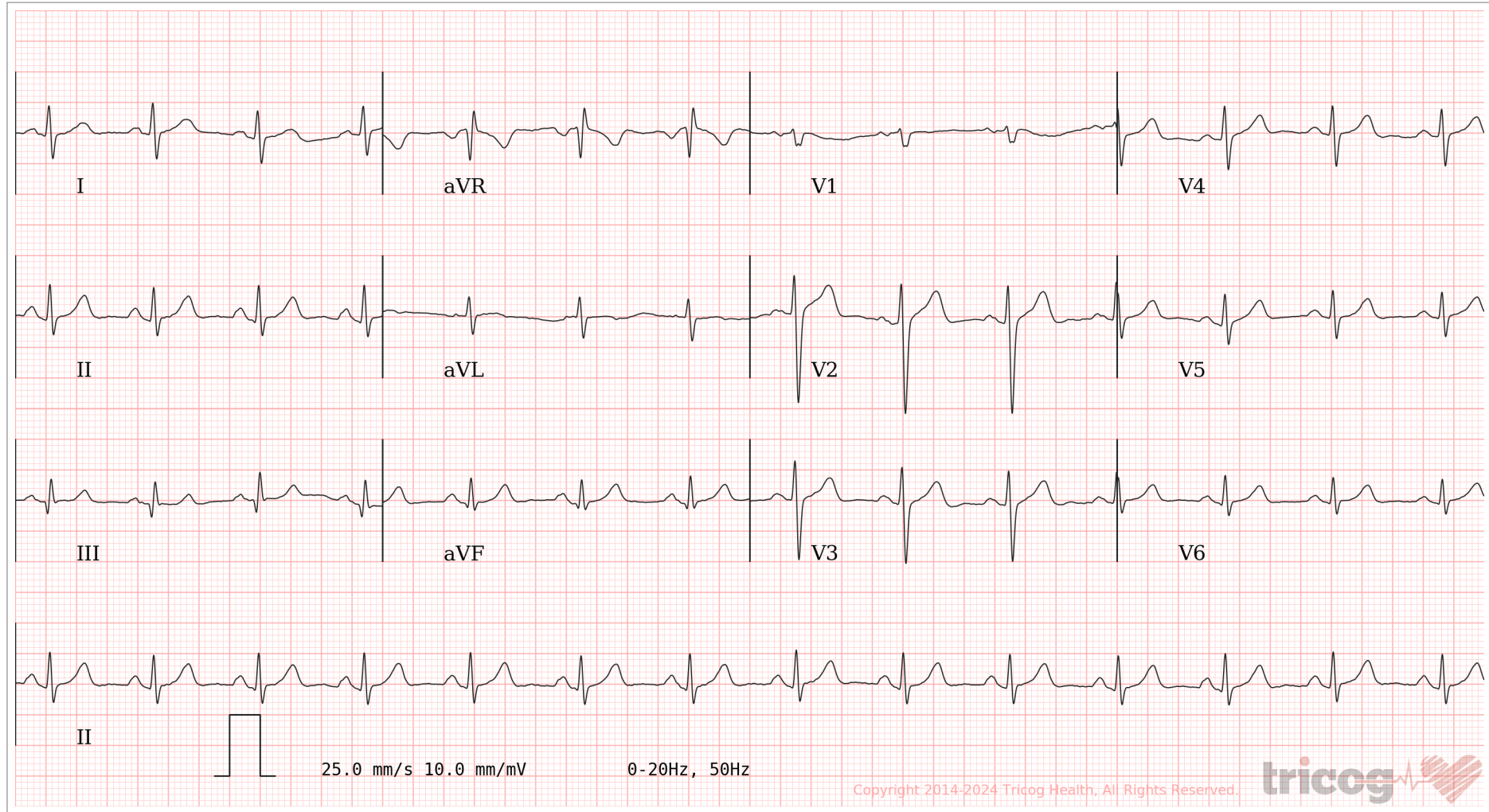
A horizontal toolbar containing various interactive icons for image manipulation. From left to right, the icons are: a hand cursor, a magnifying glass with a plus sign (zoom in), a magnifying glass with a minus sign (zoom out), a square with a smaller square inside (crop), a square with a grid pattern (grid overlay), a square with a smaller square inside (window/region of interest), an upward-pointing arrow, a downward-pointing arrow, a left-pointing arrow, a right-pointing arrow, and a square with a smaller square inside (full screen).

Age / Gender: 45/Male

Date and Time: 23rd Apr 24 11:09 AM

Patient ID: 2430686

Patient Name: RAKESH MISHRA



AR: NA

VR: 85bpm

QRSD: 96ms

QT: 336ms

QTcB: 398ms

PRI: 136ms

P-R-T: 68° NA 52°

ECG Within Normal Limits: Sinus Rhythm. Q in lead III is a normal variant. Please correlate clinically.

AUTHORIZED BY



Dr. Charit
MD, DM: Cardiology

63382

REPORTED BY



Dr. Adithya R

KMC129110

NAME OF THE PATIENT:	MR. RAKESH MISHRA	AGE/SEX:	45 YRS/M
REFERRED BY DR:	HEALTHSPRING	DATE:	23/04/2024

USG OF ABDOMEN & PELVIS

Liver

- Liver appears mildly enlarged in size 15.7 cm, shows fatty infiltration suggestive grade I fatty liver. No focal hepatic parenchymal lesion seen. The hepatic and portal veins are normal.
- IHBR & IHPR appear normal. There is no intrahepatic biliary dilatation.
- IVC & Hepatic veins appear normal in course and calibre.

Main Portal vein

- Main portal vein with its right and left branch appears normal in course and calibre and shows normal hepatopetal flow and velocity on colour Doppler.
- No evidence of portal hypertension in present scan.

Common bile duct

- CBD appears normal in course and calibre.
- No evidence of CBD stone/ obstruction of CBD.

Gall bladder

- Gall bladder is distended and wall thickness is normal. No e/o calculus or mass lesion.
- No evidence of wall thickening or peri -cholelcytic free fluid seen at present scan.

Pancreas

- Pancreas appears normal in size, shape and echo pattern.
- There is no evidence of any focal mass, calcification or ductal dilatation seen.
- No evidence of pancreatic inflammation or peripancreatic fluid collection.

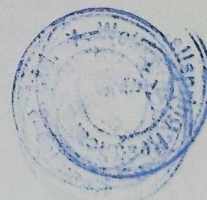
Spleen

- Spleen appears normal in size (9.1 cm), normal in shape and echo pattern.
- No focal lesion seen.

Both Kidneys

- Right kidney measures 11.1 x 4.7cm Left kidney measures 12 x 5.5 cm
- Both kidneys normal in size, shape and echotexture with maintained C-M differentiation and cortical thickness.

No obvious renal calculus or hydronephrosis.



NAME OF THE PATIENT:	MR. RAKESH MISHRA	AGE/SEX:	45 YRS/M
REFERRED BY DR:	HEALTHSPRING	DATE:	23/04/2024

Urinary bladder

- Urinary bladder is distended and shows normal wall thickness.
- No e/o calculus or dilatation of lower ureters seen.

Prostate

- Prostate is normal in size, shape and echotexture and measures 17 cc. No obvious focal lesion is seen on present trans-abdominal study.

Bowel loops and abdominal lymphadenopathy.

- Visualized bowel loops are non-dilated and show normal peristalsis.
- No evidence of abdominal lymphadenopathy.
- No free fluid is seen in abdomen and pelvis.

IMPRESSION: Ultrasound abdomen and pelvis reveals,

- Mild hepatomegaly with grade I fatty liver.
- No other significant abnormality is noted at present scan.

Suggested clinical & Pathological correlation.

B. Parmar
Dr. Bhagyashri Parmar
 MBBS, DMRD
 Consultant Radiologist

(This is a professional opinion, not the final diagnosis & should be interpreted in the light of clinical background. This report is not for medico legal purposes. Always suggest a second opinion if clinically indicated.)



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Long 73.805072°

23/04/24 10:06 AM GMT +05:30





भारत सरकार
GOVERNMENT OF INDIA



राकेश रंजन मिश्रा

Rakesh Ranjan Mishra

जन्म तारीख / DOB : 15/09/1978

पुल्लिंगी / MALE

8796 6696 5661



आधार - सामान्य भाषासाचा अधिकार



PATIENT'S NAME - Rakesh Mishra
AGE/GENDER - 45M
DOCTOR'S NAME - Dr. Sugog Jhora

DATE - 23/04/2024

VISION SCREENING

	RE	RE	LE	LE
	Glasses	UNAIDED	Glasses	UNAIDED
DISTANT	N/G	N/8	N/G	N/8
NEAR	N/G	N/12	N/G	N/12
COLOUR	Normal.			
Recommendations	←			

VITALS

Pulse - 87b/min	B.P. - 110/80 mmHg	SpO2 97% O2A
Height 178cm	Weight - 76.2kg	BMI - 24.0
Waist - 92 cm	Hip - 94 cm	Waist/Hip Ratio - 0.98
Chest - —	Inspiration - 102 cm	Expiration - 98 cm

CENTRE NAME - Healthspring Pune

SIGN & STAMP-

AK

