



Barcode No	: 236811	Registration	: 22/Jun/2024 02:11PM
Patient Name	: MR. NARESH KUMAR	Received	: 22/Jun/2024 05:33PM
Age/Gender	: 44 Y 0 M 0 D /M	Reported	: 22/Jun/2024 07:04PM
Ref Doctor	: Dr.SELF	Client Code	: UP528
Collected By	: Dr.SELF	Client Add	: INDIRAPURAM
Sample Type	: WHOLE BLOOD EDTA		

HAEMATOLOGY

Test Description	Observed Value	Unit	Reference Range
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COMPLETE BLOOD COUNT+ESR (CBC+ESR)

HAEMOGLOBIN (Hb) Colorimetric SLS	12.3	gm/dl	13.00-17.00
RED BLOOD CELLS- RBC COUNT Electrical Impedance	4.6	10 ⁶ /uL	4.50-5.50
PACKED CELL VOLUME (PCV) -HEMATOCRIT Calculated	35.7	%	40-50
MCV Calculated	78	fL	83-101
MCH Calculated	26.9	pg	27-32
MCHC Calculated	34.5	g/dl	32-36
RED CELL DISTRIBUTION WIDTH (RDW-CV) Whole blood EDTA,Flow Cytometry	13	%	11.5-14.5
RED CELL DISTRIBUTION WIDTH (RDW - SD) Whole Blood EDTA,Calculated	35.7	fl	39.0-46.0
PLATELET COUNT Electrical Impedance	153	10 ³ /uL	150-410
PLATELET DISTRIBUTION WIDTH (PDW) Whole Blood EDTA,Calculated	17.9	fL	9.00-17.00
PCT(PLATELETCRIT) Whole blood EDTA,Flow Cytometry	0.17	%	0.108-0.282
MEAN PLATELET VOLUME - MPV Calculated	11.3	fL	7.00-12.00
P-LCR	51		
P-LCC Calculated	78.50	%	30.0-90.0
TOTAL LEUKOCYTE COUNT (TLC) Laser - Based Flow Cytometry / Microscopy	5.24	10 ³ /uL	4.0-10.0
DIFFERENTIAL LEUKOCYTE COUNT			
Neutrophils Laser - Based Flow Cytometry / Microscopy	46.1	%	40-80



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HAEMATOLOGY


Test Description	Observed Value	Unit	Reference Range
Lymphocytes Laser - Based Flow Cytometry / Microscopy	42.1	%	20-40
Eosinophils Laser - Based Flow Cytometry / Microscopy	5.4	%	1-6
Monocytes Laser - Based Flow Cytometry / Microscopy	6	%	2-10
Basophils Whole blood EDTA,Flow Cytometry	0.4	%	0.00-1.00
ABSOLUTE NEUTROPHIL COUNT Whole Blood EDTA,Calculated	2.42	10 ³ /μL	2.00-7.00
ABSOLUTE LYMPHOCYTE COUNT Calculated	2.21	10 ³ /μL	1.00-3.00
ABSOLUTE EOSINOPHIL COUNT Calculated	0.28	10 ³ /μL	0.02-0.50
ABSOLUTE MONOCYTE COUNT Calculated	0.31	10 ³ /μL	0.20-1.00
ABSOLUTE BASOPHIL COUNT Calculated	0.02	10 ³ /μL	0.02-0.10
ESR [WESTERGREIN] Sedimentation	15.00	mm/1st	0-15

INTERPRETATION:

A complete blood count (CBC), also known as a full blood count (FBC), is a set of medical laboratory tests that provide information about the cells in a person's blood. The CBC indicates the counts of white blood cells, red blood cells and platelets, the concentration of hemoglobin, and the hematocrit (the volume percentage of red blood cells). The red blood cell indices, which indicate the average size and hemoglobin content of red blood cells, are also reported, and a white blood cell differential, which counts the different types of white blood cells, may be included. The CBC is often carried out as part of a medical assessment and can be used to monitor health or diagnose diseases. The results are interpreted by comparing them to reference ranges, which vary with sex and age. Conditions like anemia and thrombocytopenia are defined by abnormal complete blood count results. The red blood cell indices can provide information about the cause of a person's anemia such as iron deficiency and vitamin B12 deficiency, and the results of the white blood cell differential can help to diagnose viral, bacterial and parasitic infections and blood disorders like leukemia. Not all results falling outside of the reference range require medical intervention.




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HAEMATOLOGY

Test Description	Observed Value	Unit	Reference Range
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BLOOD GROUP ABO & RH

ABO Gel Columns agglutination	O		
Rh Typing Gel agglutination	POSITIVE		

COMMENTS:

The test will detect common blood grouping system A, B, O, AB and Rhesus (RhD). Unusual blood groups or rare subtypes will not be detected by this method. Further investigation by a blood transfusion laboratory, will be necessary to identify such groups.

Disclaimer: There is no trackable record of previous ABO & RH test for this patient in this lab. Please correlate with previous blood group findings.



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Ref Doctor	: Dr.SELF	Client Code	: UP528
Collected By	: Dr.SELF	Client Add	: INDIRAPURAM
Sample Type	: SERUM		

BIOCHEMISTRY

Test Description	Observed Value	Unit	Reference Range
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LIVER FUNCTION TEST


TOTAL BILIRUBIN	0.99	mg/dL	0.10 - 1.2
Diazo			
CONJUGATED (D. Bilirubin)	0.16	mg/dL	0.0 - 0.30
Diazo			
UNCONJUGATED (I.D. Bilirubin)	0.83	mg/dl	0.0 - 1.0
Calculated			
S.G.P.T	28	U/L	0-35
UV without P5P			
SGOT	23	U/L	0-40
UV without P5P			
ALKALINE PHOSPHATASE	86.90	U/L	53 - 128
AMP			
TOTAL PROTEINS	7.1	g/dL	6.4 - 8.3
Biuret			
ALBUMIN	4.0	g/dL	3.5 - 5.2
Bromocresol Green			
GLOBULIN	3.09	g/dL	2.30-4.50
Calculated			
A/ G RATIO	1.3		1.0-2.3
Calculated			

INTERPRETATION

Bilirubin Elevated levels results from increased bilirubin production (eg hemolysis and ineffective erythropoiesis); decreased bilirubin excretion (eg; obstruction and hepatitis); and abnormal bilirubin metabolism (eg; hereditary and neonatal jaundice).
 Conjugated (direct) bilirubin is elevated more than unconjugated (indirect) bilirubin in viral hepatitis; drug reactions, alcoholic liver disease conjugated (direct) bilirubin is also elevated more than unconjugated (indirect) bilirubin when there is some kind of blockage of the bile ducts like in Gallstones getting into the bile ducts tumors & Scarring of the bile ducts.
 Increased unconjugated (indirect) bilirubin may be a result of hemolytic or pernicious anemia, transfusion reaction & a common metabolic condition termed Gilbert syndrome.
 AST levels increase in viral hepatitis, blockage of the bile duct, cirrhosis of the liver, liver cancer, kidney failure, hemolytic anemia, pancreatitis, hemochromatosis. Ast levels may also increase after a heart attack or strenuous activity.
 ALT is commonly measured as a part of a diagnostic evaluation of hepatocellular injury, to determine liver health.
 GGT may be higher with diabetes, heart failure, hyperthyroidism, or pancreatitis. Higher GGT levels also may mean liver damage from heavy, chronic alcohol abuse. GGT levels that are higher than normal may also signal a viral infection
 Elevated ALP levels are seen in Biliary Obstruction, Osteoblastic Bone Tumors, Osteomalacia, Hepatitis, Hyperparathyroidism, Leukemia, Lymphoma, paget's disease, Rickets, Sarcoidosis etc. Elevated serum GGT activity can be found in diseases of the liver, Biliary system and pancreas. Conditions that increase serum GGT are obstructive liver disease, high alcohol consumption and use of enzyme-including drugs etc.
 Serum total protein, in the plasma is made up of albumin and globulin. Higher-than-normal levels may be due to: Chronic inflammation




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BIOCHEMISTRY

Test Description	Observed Value	Unit	Reference Range
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or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenstrom's disease. Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition,



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BIOCHEMISTRY

Test Description	Observed Value	Unit	Reference Range
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LIPID PROFILE

TOTAL CHOLESTEROL Cholesterol Oxidase,PAP	187.9	mg/dl	<200 Desirable~200 – 239 Borderline >240 High Risk
TRIGLYCERIDES GPO-TRINDER	156.86	mg/dL	Normal : <161~High : 161 - 199~Hyper Triglyceridemic : 200 - 499~Very High : >499
H D L CHOLESTEROL Direct Enzymatic Colorimetric	47.9	mg/dl	>40 Recommended Range
L D L CHOLESTEROL Calculated	108.63	mg/dl	70-130
VLDL Spectrophotometry/Calculated	31.37	mg/dl	0.00-45.0
T. CHOLESTEROL/ HDL RATIO Calculated	3.92	Ratio	3.40-4.40
LDL/ HDL RATIO Calculated	2.27	Ratio	1.0-3.5

COMMENT :-

(#). A lipid panel measures five different types of lipids from a blood sample, including:

- (1). Total cholesterol: This is your overall cholesterol level — the combination of LDL-C, VLDL-C and HDL-C.
- (2). Low-density lipoprotein (LDL) cholesterol: This is the type of cholesterol that’s known as “bad cholesterol.” It can collect in your blood vessels and increase your risk of cardiovascular disease.
- (3). Very low-density lipoprotein (VLDL) cholesterol: This is a type of cholesterol that’s usually present in very low amounts when the blood sample is a fasting samples since it’s mostly comes from food you’ve recently eaten. An increase in this type of cholesterol in a fasting sample may be a sign of abnormal lipid metabolism.
- (4). High-density lipoprotein (HDL) cholesterol: This is the type of cholesterol that’s known as “good cholesterol.” It helps decrease the buildup of LDL in your blood vessels.
- (5). Triglycerides: This is a type of fat from the food we eat. Excess amounts of triglycerides in your blood are associated with cardiovascular disease and pancreatic inflammation.



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Sample Type	: WHOLE BLOOD EDTA		

BIOCHEMISTRY

Test Description	Observed Value	Unit	Reference Range
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HBA1C

HBA1c HPLC	5.7	%	
ESTIMATED AVG. GLUCOSE	116.89	mg/dl	

Ref Range for HBA1c

Non-Diabetic :- 4.0 – 5.6

Increased Risk:- 5.7 – 6.4

In Diabetics:

Excellent Control: 6.5 – 7.0

Fair To Good Control: 7.0 – 8.0

Unsatisfactory Control:- 8.0 – 10

Poor Control: >10

COMMENT:

The Glycosylated Hemoglobin (HbA1c or A1c) test evaluates the average amount of glucose in the blood over the last 2 to 3 months.

This test is used to monitor treatment in someone who has been diagnosed with diabetes.

It helps to evaluate how well the person's glucose levels have been controlled by treatment over time. This test may be used to screen for and diagnose diabetes or risk of developing diabetes.

Depending on the type of diabetes that a person has, how well their diabetes is controlled, and on doctor recommendations, the HbA1c test may be measured 2 to 4 times each year.

The American Diabetes Association recommends HbA1c testing in diabetics at least twice a year.

When someone is first diagnosed with diabetes or if control is not good, HbA1c may be ordered more frequently.

Note: If a person has anemia, few type of hemoglobinopathy, hemolysis, or heavy bleeding, HbA1c test results may be falsely low.

If someone is iron-deficient, the HbA1c level may be increased.

If a person has had a recent blood transfusion, the HbA1c may be inaccurate and may not accurately reflect glucose control for 2 to 3 months.



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Ref Doctor	: Dr.SELF	Client Code	: UP528
Collected By	: Dr.SELF	Client Add	: INDIRAPURAM
Sample Type	: FLOURIDE PLASMA		

BIOCHEMISTRY

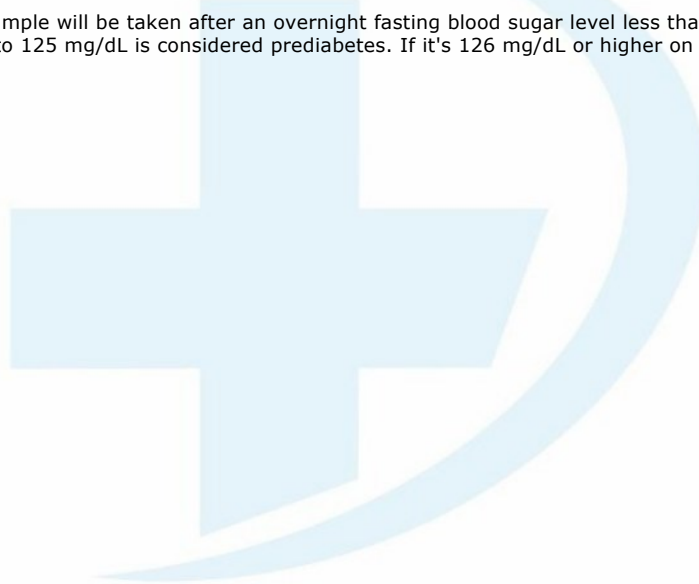
Test Description	Observed Value	Unit	Reference Range
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FASTING BLOOD SUGAR

Plasma Glucose Fasting Glucose Oxidase/Peroxidase	115.39	mg/dL	70 -110
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INTERPRETATION:

Fasting blood sugar test. A blood sample will be taken after an overnight fasting blood sugar level less than 100mg/dL is normal. A fasting blood sugar level from 100 to 125 mg/dL is considered prediabetes. If it's 126 mg/dL or higher on two separate tests, you have diabetes.



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Ref Doctor	: Dr.SELF	Client Code	: UP528
Collected By	: Dr.SELF	Client Add	: INDIRAPURAM
Sample Type	: Serum		

BIOCHEMISTRY

Test Description	Observed Value	Unit	Reference Range
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PLASMA GLUCOSE - PP

Plasma Glucose PP Glucose Oxidase/Peroxidase	138.5	mg/dL	80-140
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INTERPRETATION:

Increased In

- Diabetes Mellitus
- Stress (e.g., emotion, burns, shock, anesthesia)
- Acute pancreatitis
- Chronic pancreatitis
- Wernicke encephalopathy (vitamin B1 deficiency)
- Effect of drugs (e.g. corticosteroids, estrogens, alcohol, phenytoin, thiazides)

Decreased In

- Pancreatic disorders
- Extrapancreatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
- Endocrine disorders



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Sample Type	: Serum		

BIOCHEMISTRY

Test Description	Observed Value	Unit	Reference Range
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GGT

GGT IFCC	31	U/L	12.0-58.0
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INTERPRETATION:

GGT functions in the body as a transport molecule, helping to move other molecules around the body. It plays a significant role in helping the liver metabolize drugs and other toxins. Increased GGT include overuse of alcohol, chronic viral hepatitis, lack of blood flow to the liver, liver tumor, cirrhosis, or scarred liver, overuse of certain drugs or other toxins, heart failure, diabetes, pancreatitis, fatty liver disease.



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Sample Type	: SERUM		

BIOCHEMISTRY

Test Description	Observed Value	Unit	Reference Range
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KIDNEY FUNCTION TEST

SERUM UREA Serum,Urease GLDH	25.24	mg/dL	19.0 - 45.0
SERUM CREATININE Enzymatic	0.97	mg/dL	0.7-1.30
SERUM URIC ACID Serum,Uricase	5.4	mg/dL	3.5-7.2
SERUM SODIUM ISE, Direct	141.9	mmol/L	135-150
SERUM POTASSIUM ISE, Direct	4.3	mmol/L	3.5-5.5
SERUM CHLORIDE ISE, Direct	103.7	mmol/L	94-110
Blood Urea Nitrogen (BUN) Calculated	11.79	mg/dl	8.00-23.0
UREA / CREATININE RATIO	26.02		
SERUM TOTAL CALCIUM BAPTA	9.0	mg/dl	8.4-10.6

INTERPRETATION:


Normal range for a healthy person on normal diet: 12 - 20.


To Differentiate between pre- and postrenal azotemia.

INCREASED RATIO (>20:1) WITH NORMAL CREATININE:

1. Prerenal azotemia (BUN rises without increase in creatinine) e.g. heart failure, salt depletion, dehydration, blood loss) due to decreased glomerular filtration rate.
2. Catabolic states with increased tissue breakdown.
3. GI hemorrhage.
4. High protein intake.
5. Impaired renal function plus .
6. Excess protein intake or production or tissue breakdown (e.g. infection, GI bleeding, thyrotoxicosis, Cushings syndrome, high




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BIOCHEMISTRY

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protein diet, burns,surgery, cachexia, high fever).

- 7.Urine reabsorption (e.g. ureterocolostomy)
- 8.Reduced muscle mass (subnormal creatinine production)
- 9.Certain drugs (e.g. tetracycline, glucocorticoids)

INCREASED RATIO (>20:1) WITH ELEVATED CREATININE LEVELS:

- 1.Postrenal azotemia (BUN rises disproportionately more than creatinine) (e.g. obstructive uropathy).
- 2.Prerenal azotemia superimposed on renal disease.

DECREASED RATIO (<10:1) WITH DECREASED BUN :

- 1.Acute tubular necrosis.
- 2.Low protein diet and starvation.
- 3.Severe liver disease.
- 4.Other causes of decreased urea synthesis.
- 5.Repeated dialysis (urea rather than creatinine diffuses out of extracellular fluid).
- 6.Inherited hyperammonemias (urea is virtually absent in blood).
- 7.SIADH (syndrome of inappropriate antidiuretic hormone) due to tubular secretion of urea.
- 8.Pregnancy.

DECREASED RATIO (<10:1) WITH INCREASED CREATININE:

- 1.Phenacimide therapy (accelerates conversion of creatine to creatinine).
- 2.Rhabdomyolysis (releases muscle creatinine).
- 3.Muscular patients who develop renal failure.

INAPPROPRIATE RATIO:

- 1.Diabetic ketoacidosis (acetoacetate causes false increase in creatinine with certain methodologies,resulting in normal ratio when dehydration should produce an increased BUN/creatinine ratio).
- 2.Cephalosporin therapy (interferes with creatinine measurement).



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Patient Name	: MR. NARESH KUMAR	Received	: 22/Jun/2024 05:33PM
Age/Gender	: 44 Y 0 M 0 D /M	Reported	: 22/Jun/2024 07:09PM
Ref Doctor	: Dr.SELF	Client Code	: UP528
Collected By	: Dr.SELF	Client Add	: INDIRAPURAM
Sample Type	: URINE		

CLINICAL PATHOLOGY

Test Description	Observed Value	Unit	Reference Range
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URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

QUANTITY visual	25 ML	ml	0-50
COLOUR visual	PALE YELLOW		PALE YELLOW
TRANSPARENCY visual	CLEAR		Clear
SPECIFIC GRAVITY ION exchange	1.020		1.010 - 1.030
CHEMICAL EXAMINATION			
pH Double Indicator	6.0		5-7
PROTEIN Protein - error of Indicators	NEGATIVE	g/dL	
GLUCOSE GOD-POD	NEGATIVE	mg/dl	
UROBILINOGEN Ehrlichs Reaction	NIL		Nil
KETONE BODIES Legals Nitroprasside	NEGATIVE		NEGATIVE
BILIRUBIN Azo-coupling Reaction	NIL		Nil
BLOOD Pseudo-peroxidase	NIL		Nil
NITRITE Diazotization Reaction	NIL		Nil
MICROSCOPIC EXAMINATION			
PUS CELLS Microscopy	2-4	cells/HPF	0-5
RBCs Microscopy	NIL	Cells/HPF	Nil



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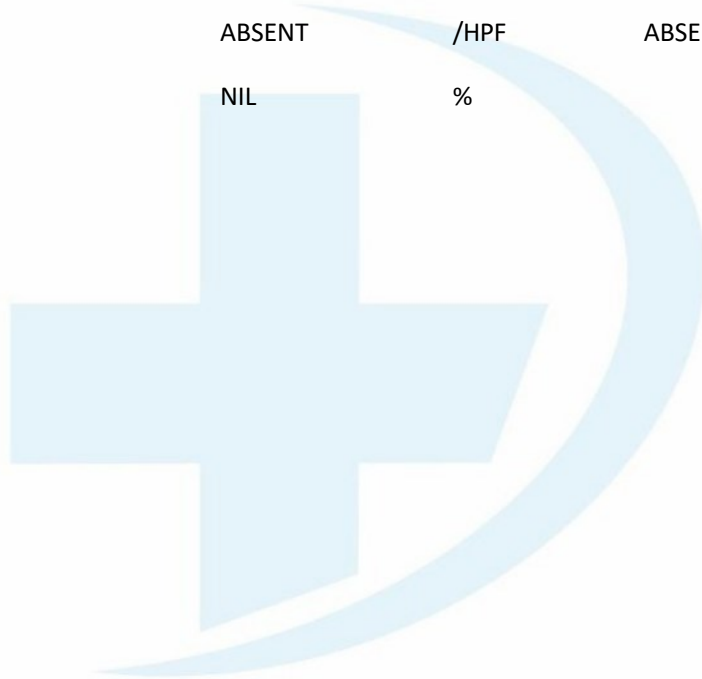
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Sample Type	: URINE		

CLINICAL PATHOLOGY

Test Description	Observed Value	Unit	Reference Range
EPITHELIAL CELLS Microscopy	1-2	Cells/HPF	0 - 5
CRYSTALS Microscopy	ABSENT	ABSENT	ABSENT
CASTS Microscopy	ABSENT	/HPF	ABSENT
OTHER	NIL	%	



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Ref Doctor	: Dr.SELF	Client Code	: UP528
Collected By	: Dr.SELF	Client Add	: INDIRAPURAM
Sample Type	: SERUM		

HORMONE ASSAYS

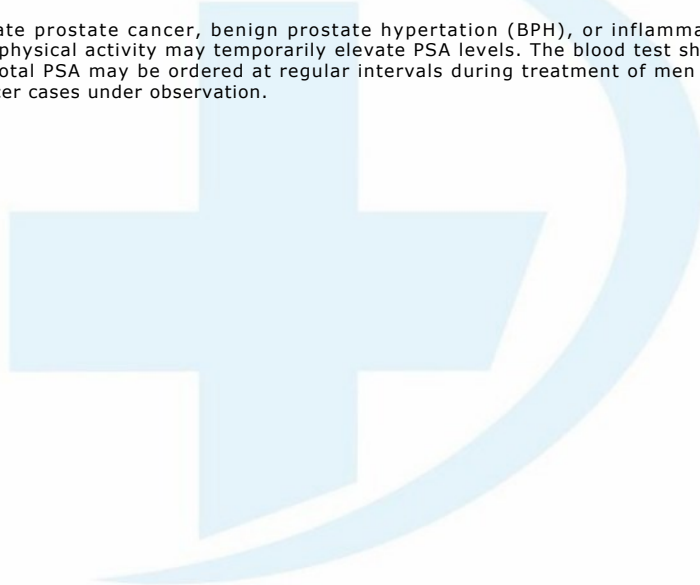
Test Description	Observed Value	Unit	Reference Range
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PROSTATE SPECIFIC ANTIGEN (PSA) - TOTAL

PROSTATE SPECIFIC ANTIGEN CLIA	2.148	ng/mL	0-4
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INTERPRETATION:

Raised Total PSA levels may indicate prostate cancer, benign prostate hypertention (BPH), or inflammation of the prostate. Prostate manipulation by biopsy or rigorous physical activity may temporarily elevate PSA levels. The blood test should be done before surgery or six weeks after manipulation. The total PSA may be ordered at regular intervals during treatment of men who have been diagnosed with Prostate cancer and in prostatic cancer cases under observation.



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Test Description	Observed Value	Unit	Reference Range
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THYROID PROFILE (T3,T4,TSH)

TRIODOXYTHYRONINE TOTAL (T3) CLIA	0.92	ng/mL	0.8 - 1.9
--------------------------------------	------	-------	-----------

Summary & Interpretation:-

Triiodothyronine (T3) is the hormone principally responsible for the development of the effects of the thyroid hormones on the various target organs. T3 is mainly formed extrathyroidally, particularly in the liver, by deiodination of T4. A reduction in the conversion of T4 to T3 results in a fall in the T3 concentration. It occurs under the influence of medicaments such as propranolol, glucocorticoids or amiodarone and in severe non-thyroidal illness (NTI). The determination of T3 is utilized in the diagnosis of T3-hyperthyroidism, the detection of early stages of hyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

THYROXINE TOTAL (T4) CLIA	8.9	ug/dL	5.0 - 13.0
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Summary & Interpretation:

The hormone thyroxine (T4) is the main product secreted by the thyroid gland. The major part of total thyroxine (T4) in serum is present in protein-bound form. As the concentration of the transport proteins in serum are subject to exogenous and endogenous effects, the status of the binding proteins must also be taken into account in the assessment of the thyroid hormone concentration in serum. The determination of T4 can be utilized for the following indications: the detection of hyperthyroidism, the detection of primary and secondary hypothyroidism and the monitoring of TSH-suppression therapy.

THYROID STIMULATING HORMONE (TSH) CLIA	2.470	μIU/mL	0.35 - 4.75
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Summary & Interpretation

TSH is formed in specific basophil cells of the anterior pituitary and is subject to a circadian secretion sequence. The determination of TSH serves as the initial test in thyroid diagnostics. Accordingly, TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid.

Note:

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%. Hence time of the day has influence on the measured serum TSH concentrations.
2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
3. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.
4. Clinical Use: Primary Hypothyroidism, Hyperthyroidism, Hypothalamic - Pituitary hypothyroidism, Inappropriate TSH secretion, Nonthyroidal illness, Autoimmune thyroid disease, Pregnancy associated thyroid disorders.

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL
1st Trimester	0.05 - 3.70
2nd Trimester	0.31 - 4.35
3rd Trimester	0.41 - 5.18

*** End Of Report ***



Vimla
Dr. Vimla
MBBS MD
Consultant Pathologist

Jehan Nizami
Dr. JEHAN NIZAMI
MBBS MD
Consultant Pathologist



भारत सरकार
GOVERNMENT OF INDIA



नरेश कुमार

Naresh Kumar

जन्म तिथि/ DOB: 15/02/1980

पुरुष / MALE



2528 6742 5456

मेरा आधार, मेरी पहचान

Name: NARESH KUMAR

Address: GHAZIABAD

Date: 22-06-2024

Age/Sex: 44Yr/Male

Family History: None

Medical History:

1. General:

- a) Appearance: Normal
- b) Height: 176 CM
- c) Weight: 78 KG
- d) Nutritional Status: Normal

2. Circulatory System:

- a) Pulse: 73 beats/min Normal volume
- b) Blood pressure: 114/74 mmHg, Systolic/Diastolic
- c) Anemia: No

3. Abdomen:

- a) Stomach and Duodenum: Normal
- b) Liver: Normal
- c) Spleen: Normal
- d) Glands: Normal
- e) Miscellaneous (Colitis, etc): No

4. Face and Oropharynx:

- a) Eyes: Normal
- With glasses: Distance vision: 6/6, Near vision: N6
- b) Ear: Normal
- c) Nose-Discharge Septum: Normal
- d) Throat and Mouth: Normal
- e) Miscellaneous: No

1. Nervous and Locomotary System:

- a) Muscles: Normal
- b) Nerves-Cranial Spinal Others: Normal
- c) Bones: Normal
- d) Joints-Deformity: No
- e) Miscellaneous: No

2. Mental Status: Normal

3. Thorax:

- a) Heart's sound: Normal
- b) Signs of: None

4. Others:

- a) Inguinal Canal: NA
- b) Scrotum: Not applicable
- c) Testes: Not applicable

5. Additional Habits: None

6. Skin: Normal

Clinical Investigations:

• Mandatory Investigations (if considered necessary):

1. Blood Test
2. Radiography:
3. Urine RA:
4. X-Ray Chest:
5. ECG:
6. TMT:
7. USG: -

Remarks: NA

Dr. Rajiv Saxena

MBBS, DHA

URMC-110091

SIGNATURE



Patient Name: NARESH	RADIOGRAPH CHEST PA DATE: 23 JUNE 2024
Date of Birth/ Age: 44 YRS	
Gender: MALE	
Referred By: SELF	

Cardiac silhouette is normal in size.

Bilateral lung fields are grossly unremarkable.

Bilateral costophrenic angles and bilateral domes of the diaphragm are normal.

Bony cage & soft tissues are grossly normal

IMPRESSION:- NO GROSS ABNORMALITY DETECTED

Please correlate clinically.



DR. ANANT SHARMA
Dr. Anant Sharma
CONSULTANT RADIOLOGIST
MBBS, DMRD
Radiologist
Reg No. UPMC 68192

ID: 80

CASE:

NARESH KUMAR

25/06/2024 18:27:41

AGE: 44Y M D

MALE

HEALIC MULTISPECIALITY CLINIC
INDRAPURAM

174Cms

63KG

RATE : 73 bpm SINUS RHYTHM
 R-R : 818 ms SHORT QT INTERVAL
 P-R : 172 ms
 QRS : 68 ms
 QT : 324 ms
 QTc : 347 ms

--AXIS--
 P : 40°
 QRS : 42°
 T : 31°

*NSR, generalised early repole
 changes. Correlate clinically.
 Adv ! - 2D Echo*

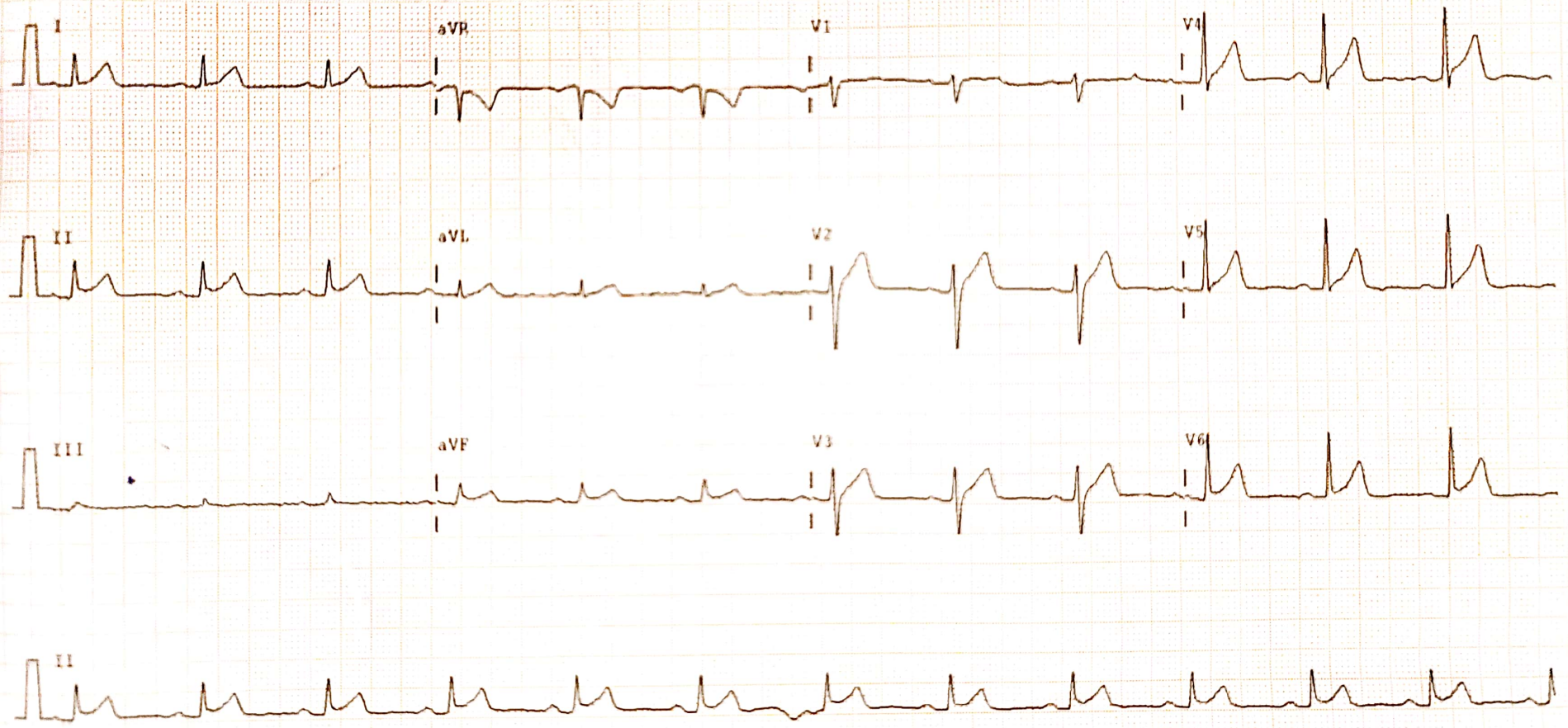
Dr. Ravi Saxena
 MBBS, DHA
 UPMC-140091



12 SL: REPORT FORMAT: 3x4*1L SM

REF:

Dr.





EXAM: ULTRASOUND WHOLE ABDOMEN (MALE)

Results:

LIVER: Liver is normal in size(14.2cm) and **shows generalized increase echopattern**. No focal intra-hepatic lesion is detected. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in calibre.

GALL BLADDER: Gall bladder appears echofree with normal wall thickness. Common bile duct is normal in calibre.

PANCREAS: Pancreas is normal in size (10.2cm) and echopattern.

SPLEEN: Spleen is normal in size and echopattern.

KIDNEYS: Both kidneys are normal in position, size (RK- 10.0x4.0cm, LK-3.7x4.1cm) and outline. Cortico-medullary differentiation of both kidneys is maintained. Central sinus echoes are compact. No focal lesion or calculus seen. Bilateral pelvicalyceal systems are not dilated.

URINARY BLADDER: Urinary bladder is normal in wall thickness with clear contents. No significant intra or extraluminal mass is seen.

PROSTATE: Prostate is normal in size(16cc) and echopattern.

No significant free fluid is detected.

IMPRESSION: GI fatty liver

Advice: Clinical correlation



DR. ANANT KUMAR MA
MBBS, DMRD
Radiologist
Reg No. UPMC 68192



 **GPS Map Camera**

Tusyana, Uttar Pradesh, India

GFHC+RF6, Ecotech III, Greater Noida, Tusyana, Uttar Pradesh 201306, India

Lat 28.529555°

Long 77.471162°

22/06/24 07:04 AM GMT +05:30



Google

HEALING MULTISPECIALTY CLINIC
PAINCLINIC 01 02 10 00 00 00

MARESH AA
220674-12400000

M1 0.5
T10 0.1
Rental

1.1 (0.000)



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GE

LK



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15 -

1 L 97.97
2 L 41.85



HEAD & NECK SPECIALTY CLINIC

MARESH AH

M108

4C
Abdomen



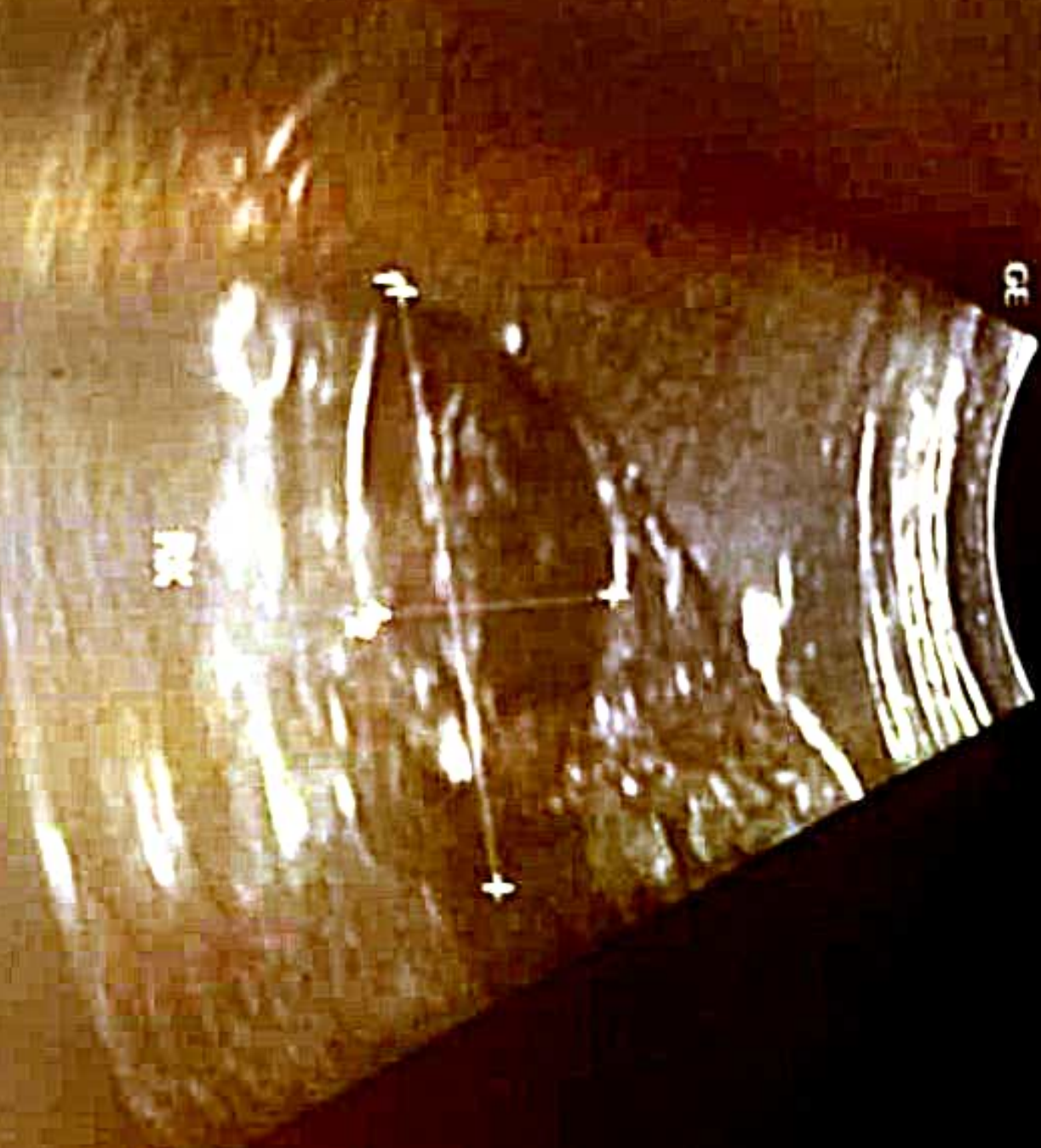
10 10:10

27062018 01:00:03 pm ADU

27062018 12:40:09 PM

T14 0.2

CE



REC

15

10

CH1	10
PH	17
OP	17
SLA	5.1
SLAF	1.0
D	17.0
DR	4.9
WIND	GM

1 L 100.10 mm
 2 L 40.87 mm



HEALIC MULTISPECIALTY CLINIC

NARESH AI.

MI 0.0

4C
Abdomen



22-06-2024 12:59:38 pm ADI

220624.124049PM

714.0.2

GE



10
II

15 -

PL 142,12 mm



HEALIC MULTISPECIALTY CLINIC

NARESH M.

MIR

4C

22/08/2024 01:00:58 pm ADU

22/08/24-172404PH

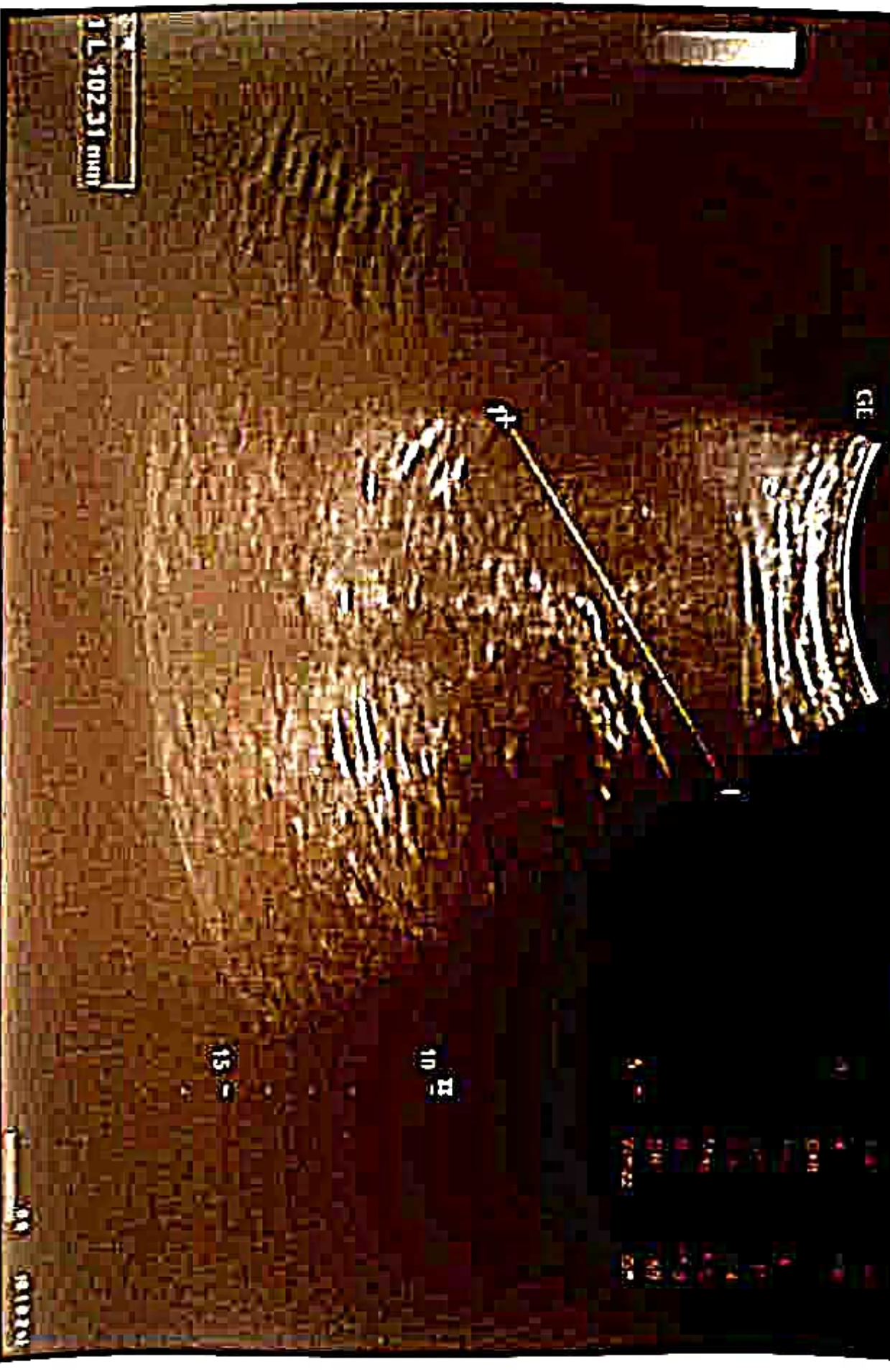
T1c 02

Abdomen



GE

DL 30231 PHOT



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10	10
11	11
12	12

10

15

00

DL 30231

HEALIC MULTISPECIALTY CLINIC

NARESH KUMAR / 44 Yrs / F / 176 Cms / 78 Kg / HR : 85

BRUCE:Standing(0:07)



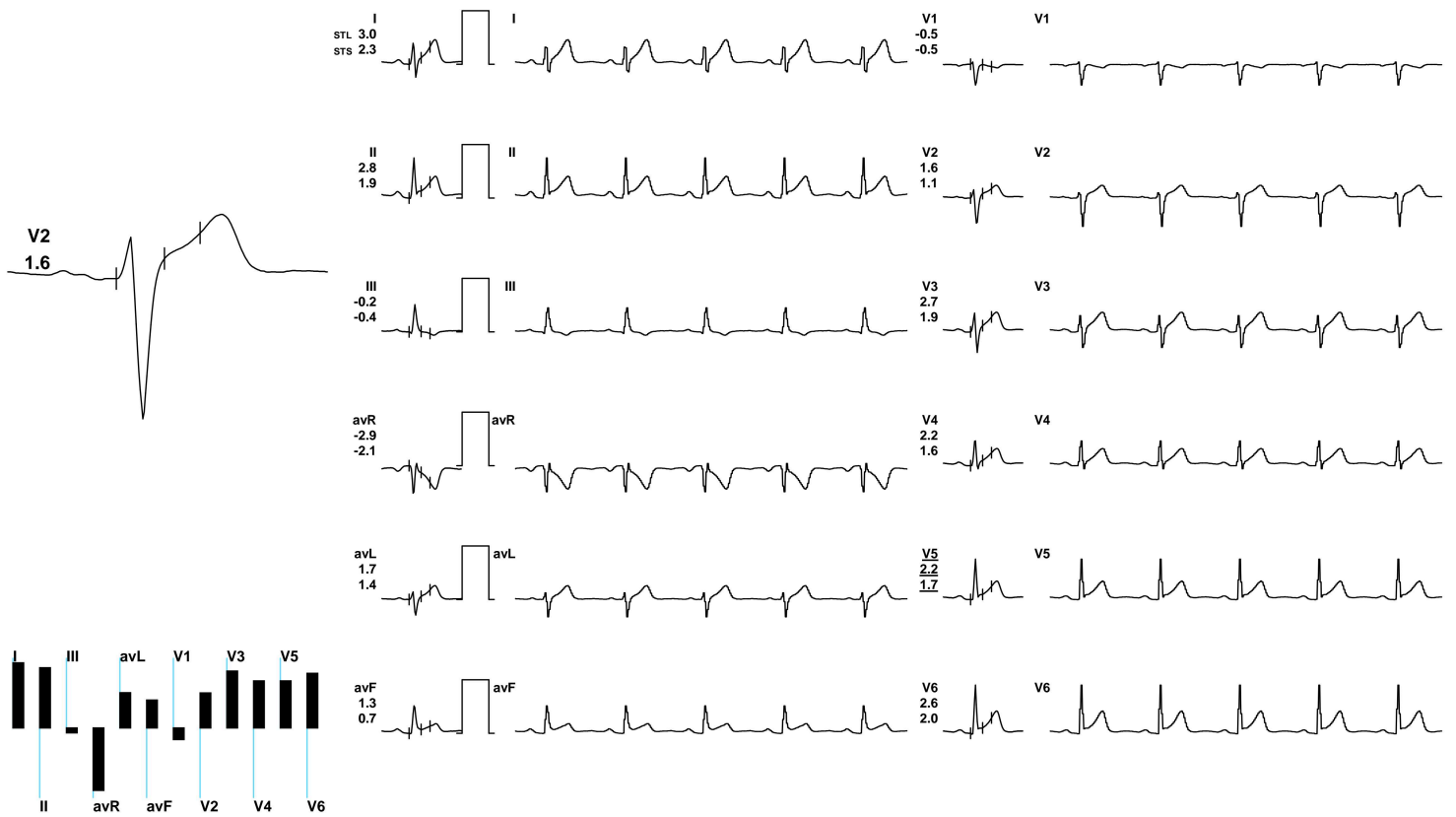
Date: 22 - 06 - 2024

METS: 1.0/ 85 bpm 48% of THR BP: ---/-- mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 mph, 0.0%

4X 80 mS Post J

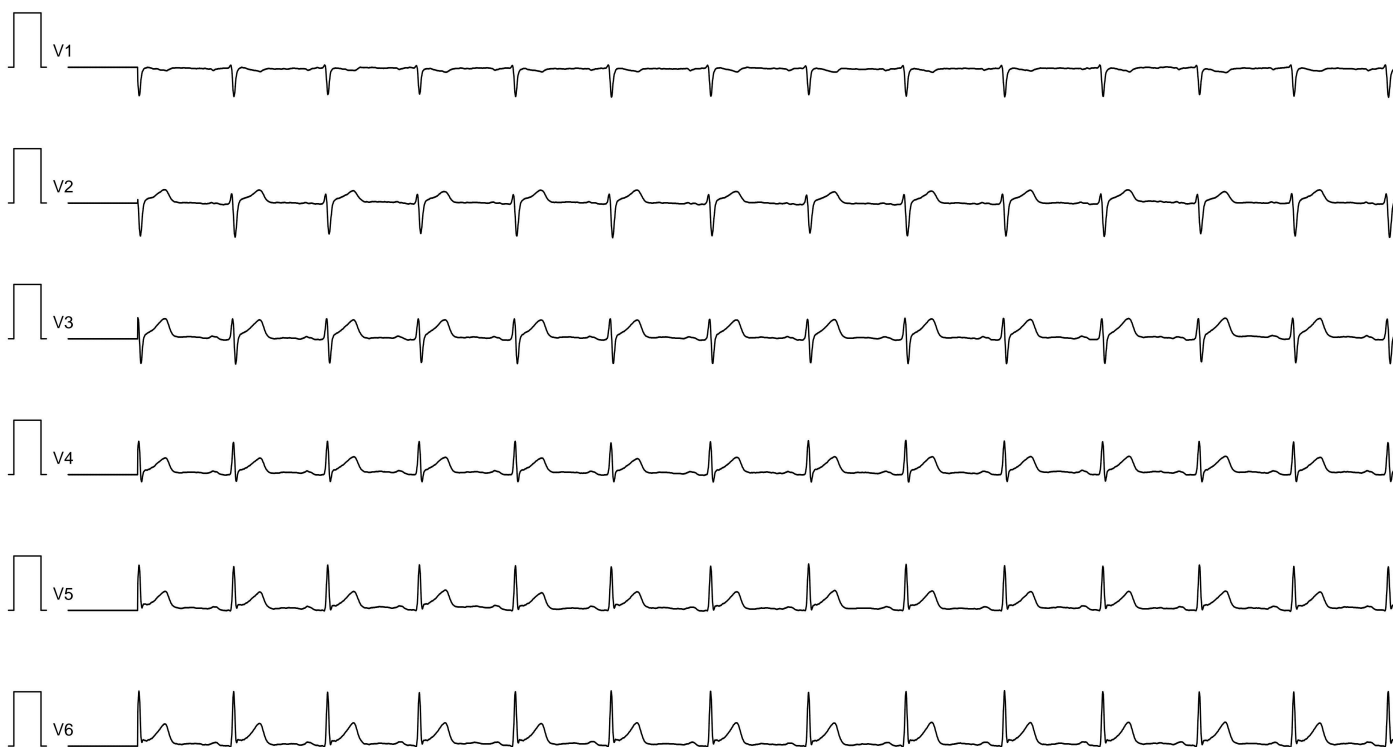
25 mm/Sec. 1.0 Cm/mV



REMARKS:



Date: 22 - 06 - 2024 METs : 1.0 HR : 85 Target HR : 48% of 176 BP : 0/0 ExTime : 00:00 0.0 mph 0.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz



HEALIC MULTISPECIALTY CLINIC

NARESH KUMAR / 44 Yrs / F / 176 Cms / 78 Kg / HR : 92

ExStart



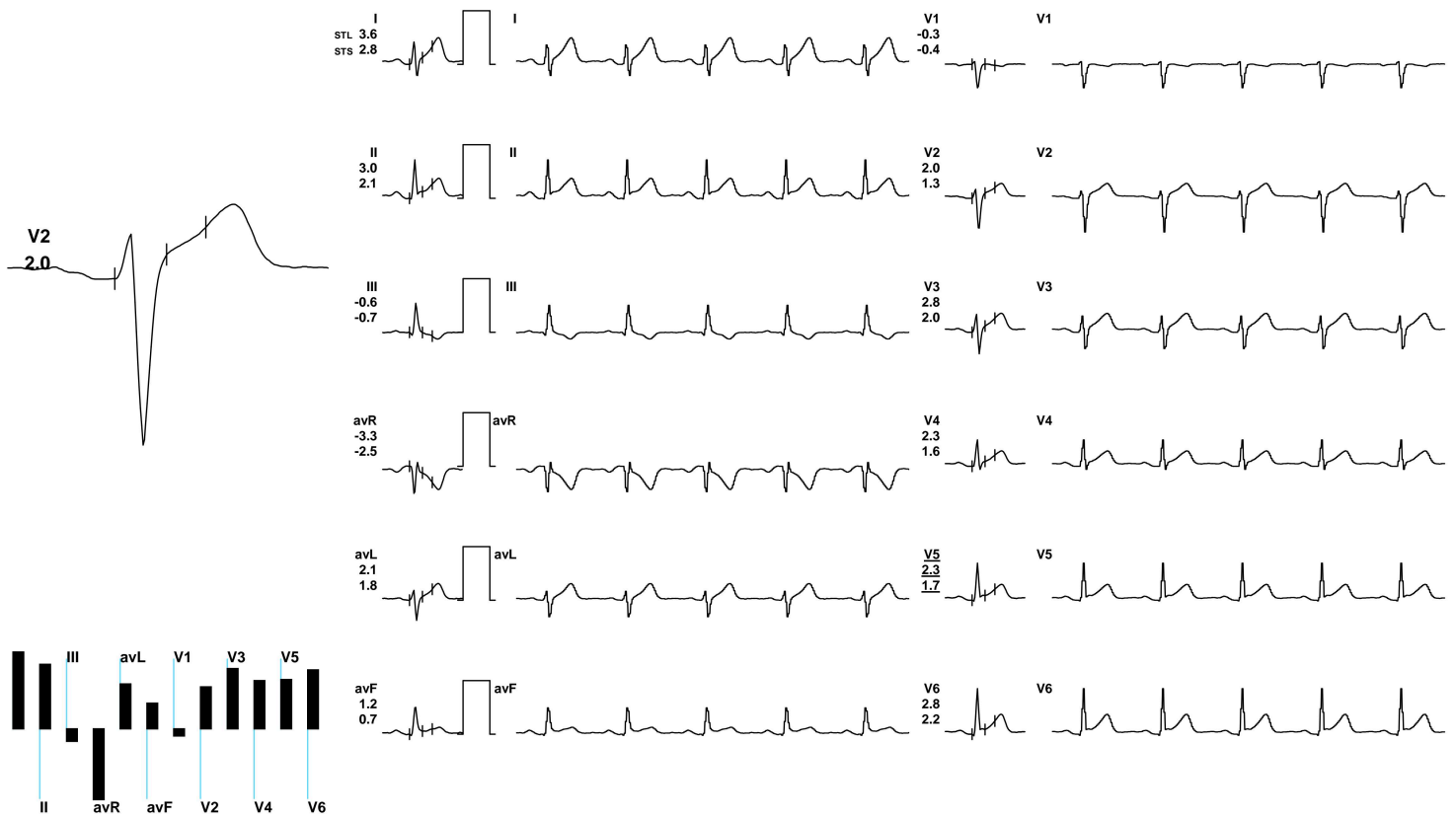
Date: 22 - 06 - 2024

METS: 1.0/ 92 bpm 52% of THR BP: 114/74 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



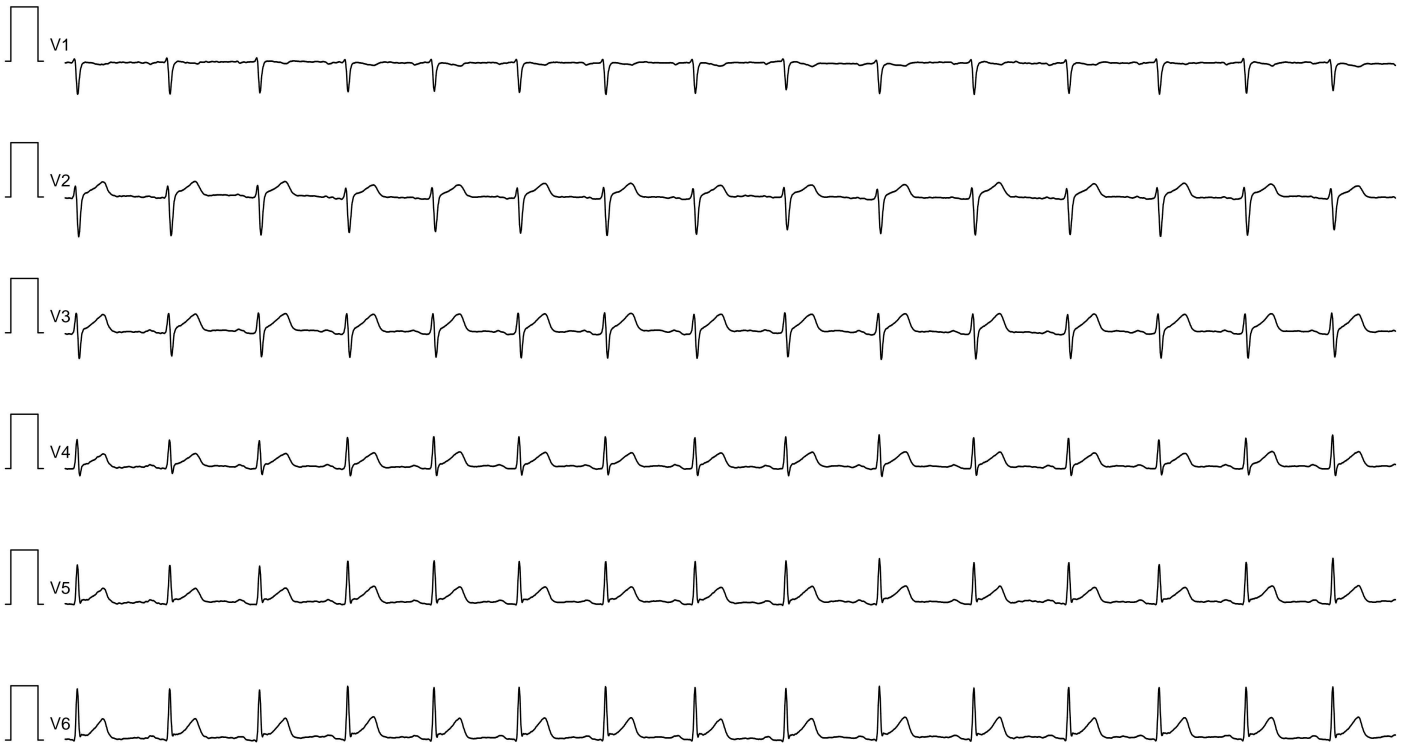
REMARKS:



Date: 22 - 06 - 2024

METs : 1.0 HR : 92 Target HR : 52% of 176 BP : 114/74

ExTime : 00:00 0.0 mph 0.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz



HEALIC MULTISPECIALTY CLINIC

NARESH KUMAR / 44 Yrs / F / 176 Cms / 78 Kg / HR : 134

BRUCE:Stage 1(3:00)



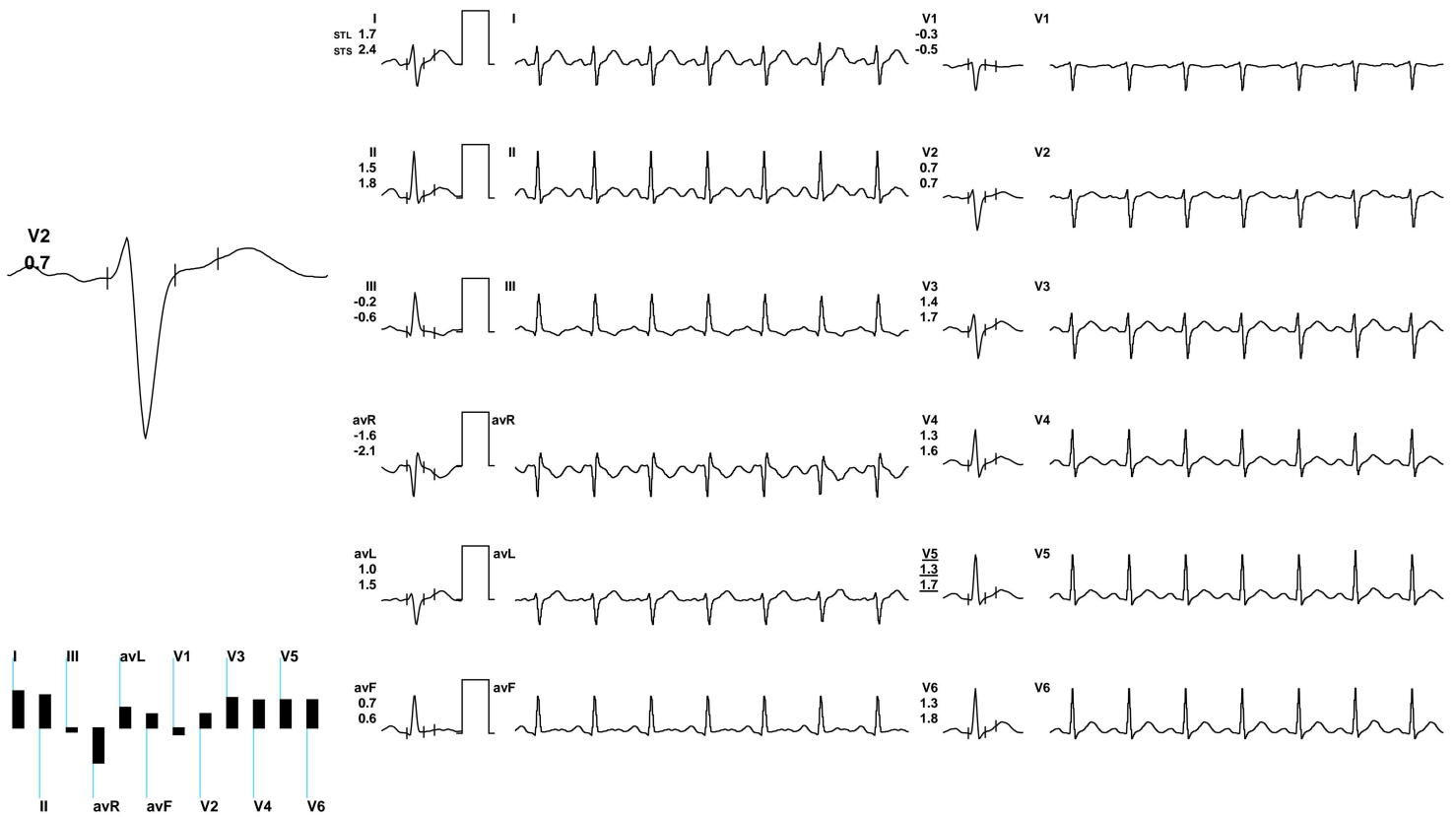
Date: 22 - 06 - 2024

METS: 4.7/ 134 bpm 76% of THR BP: 124/84 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 03:00 1.7 mph, 10.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV



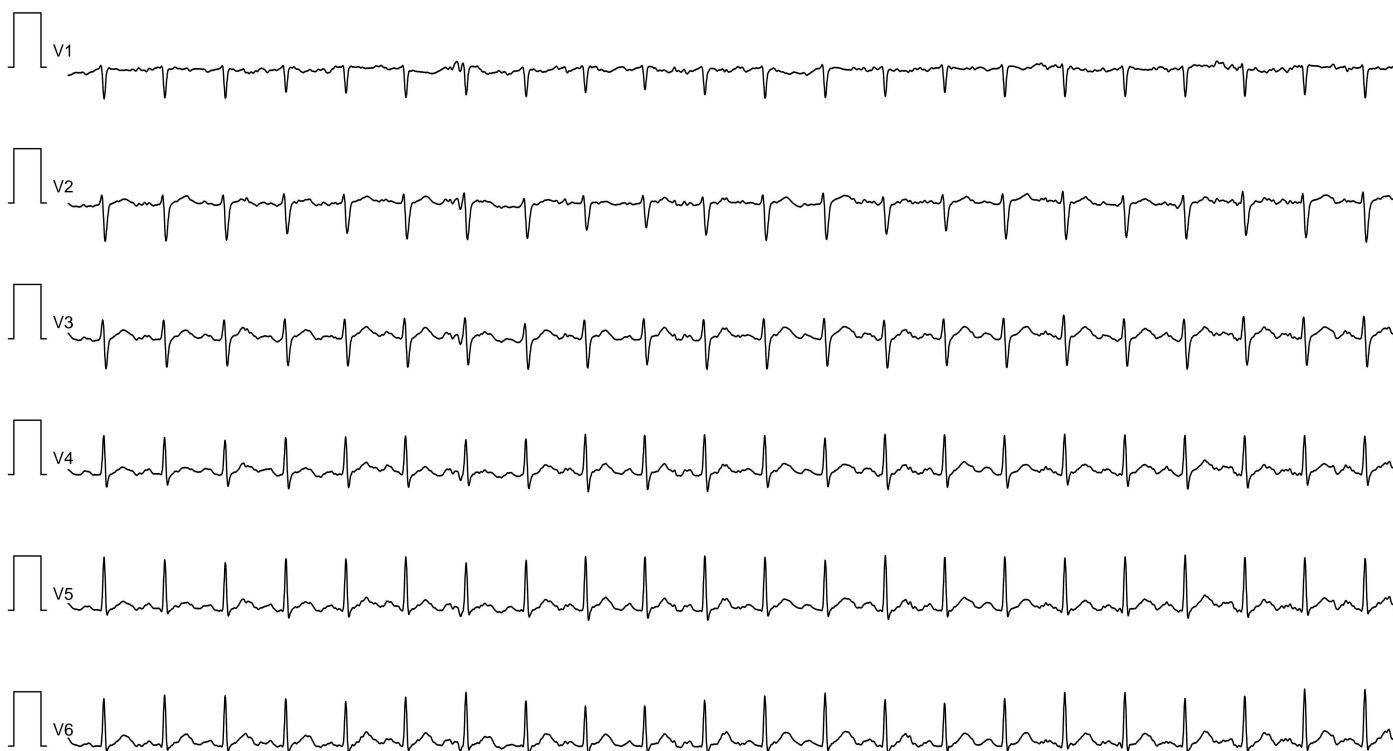
REMARKS:



Date: 22 - 06 - 2024

METs : 4.7 HR : 134 Target HR : 76% of 176 BP : 124/84

ExTime : 03:00 1.7 mph 10.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz



HEALIC MULTISPECIALTY CLINIC

NARESH KUMAR / 44 Yrs / F / 176 Cms / 78 Kg / HR : 150

BRUCE:Stage 2(3:00)



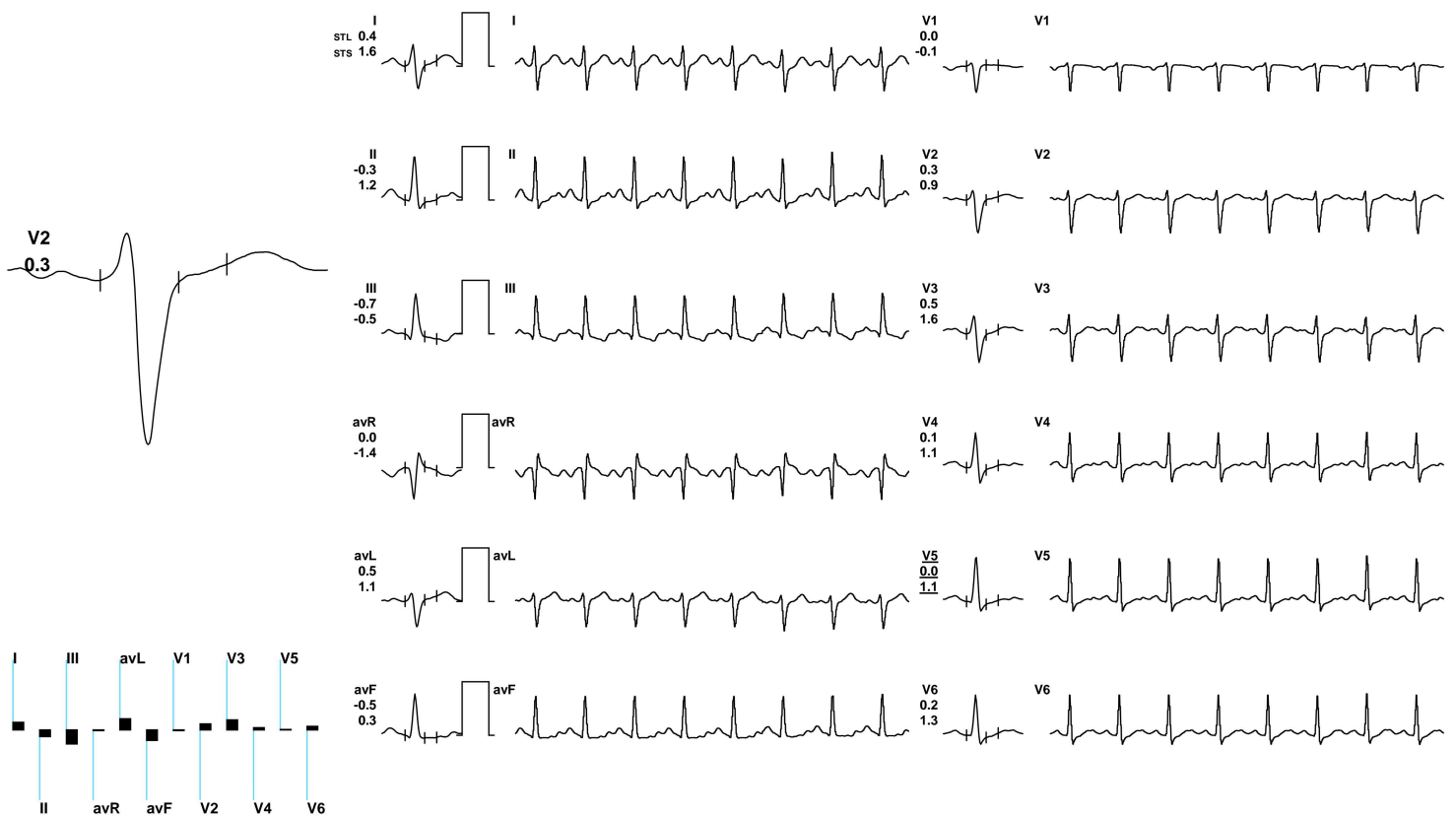
Date: 22 - 06 - 2024

METS: 7.1/ 150 bpm 85% of THR BP: 134/94 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:00 2.5 mph, 12.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV



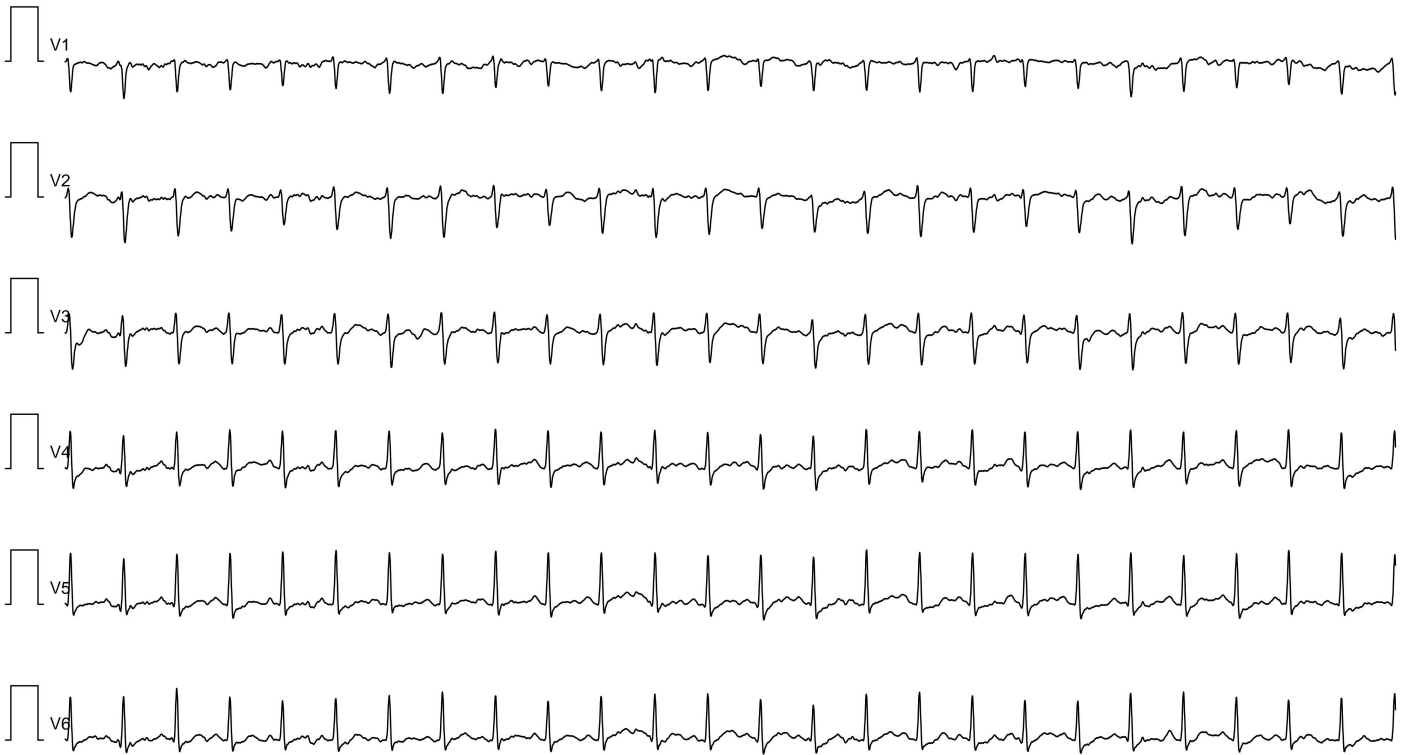
REMARKS:



Date: 22 - 06 - 2024

METs : 7.1 HR : 150 Target HR : 85% of 176 BP : 134/94

ExTime : 06:00 2.5 mph 12.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz



HEALIC MULTISPECIALTY CLINIC

NARESH KUMAR / 44 Yrs / F / 176 Cms / 78 Kg / HR : 168

BRUCE:Stage 3(3:00)



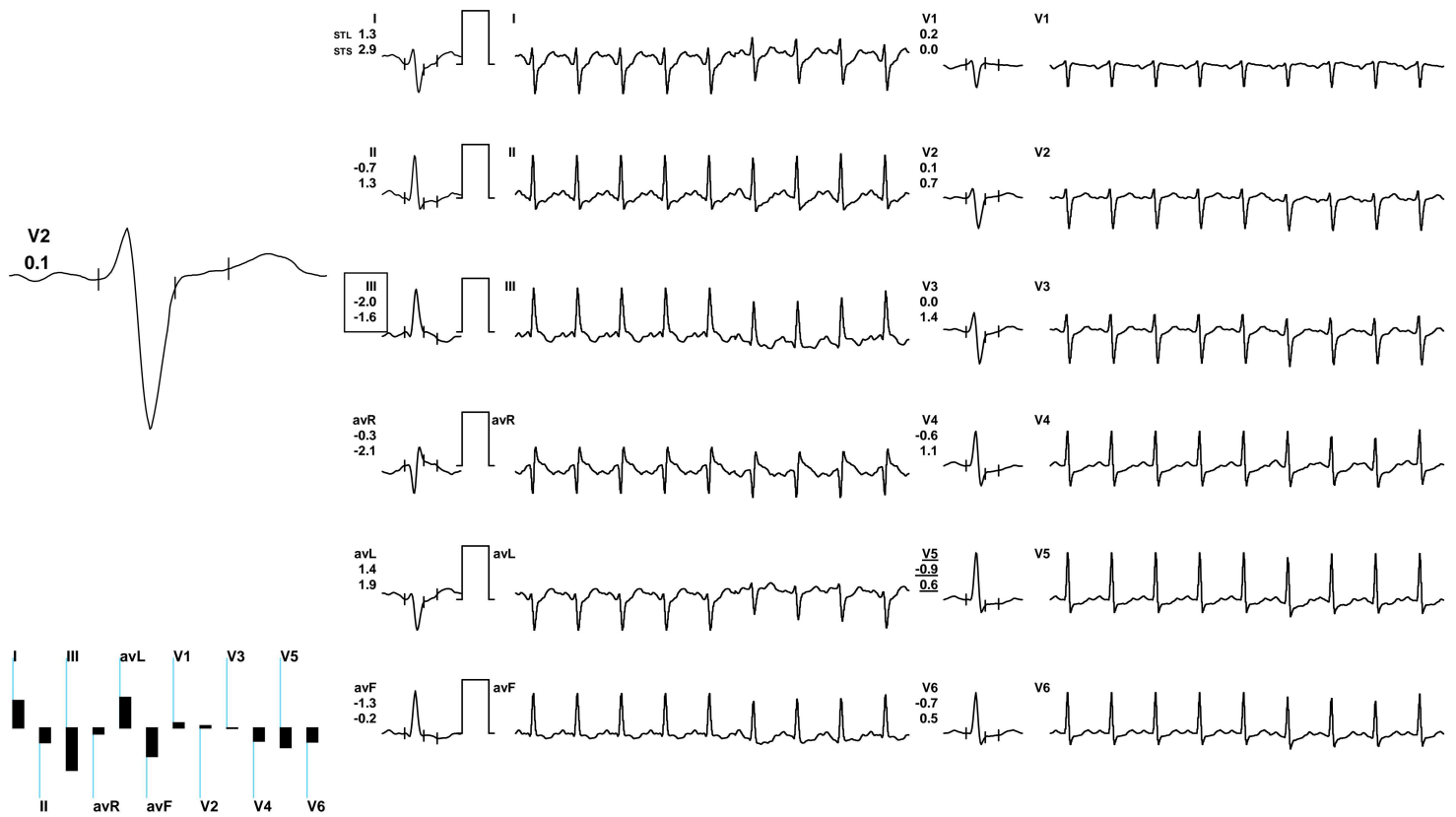
Date: 22 - 06 - 2024

METS: 10.2/ 168 bpm 95% of THR BP: 144/104 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 09:00 3.4 mph, 14.0%

4X 60 mS Post J

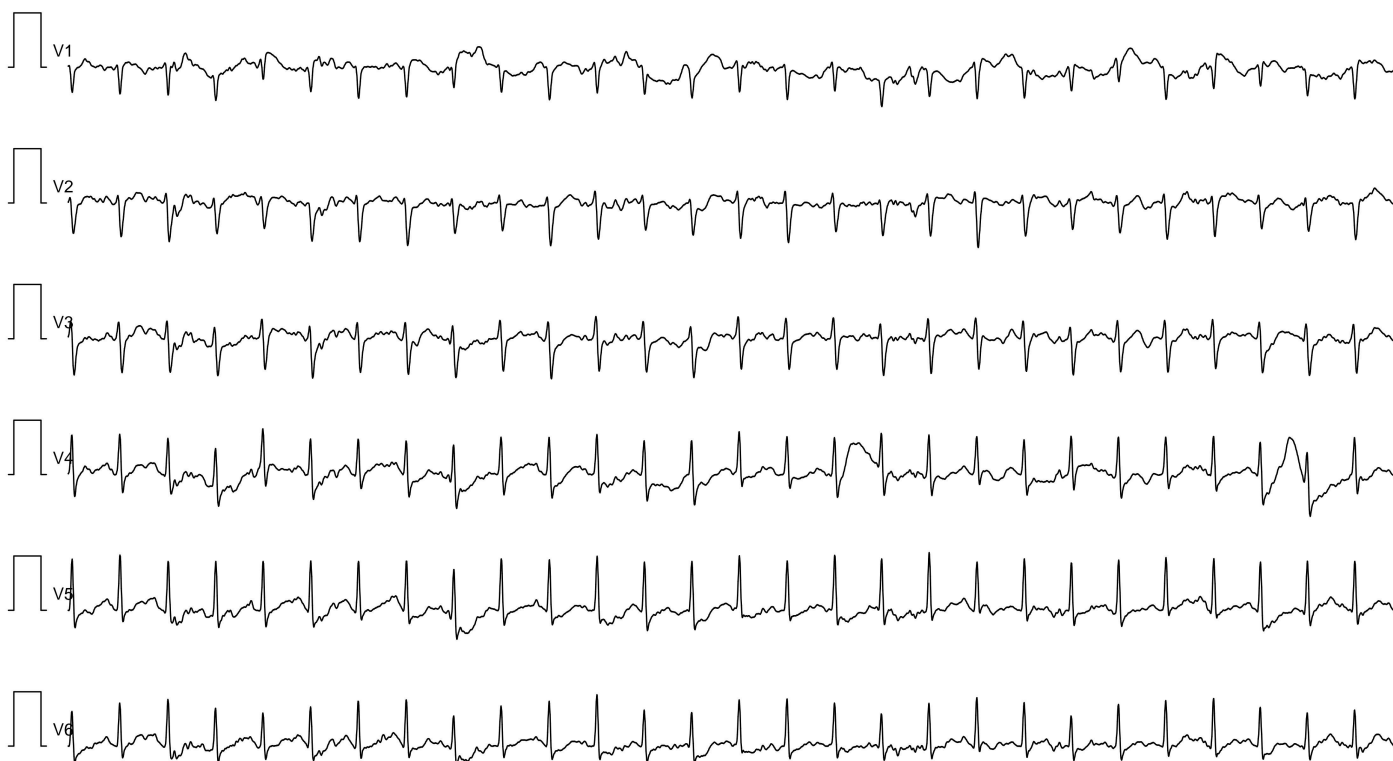
25 mm/Sec. 1.0 Cm/mV



REMARKS:



Date: 22 - 06 - 2024 METs : 10.2 HR : 168 Target HR : 95% of 176 BP : 144/104 ExTime : 09:00 3.4 mph 14.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz



HEALIC MULTISPECIALTY CLINIC

NARESH KUMAR / 44 Yrs / F / 176 Cms / 78 Kg / HR : 172

PeakEx



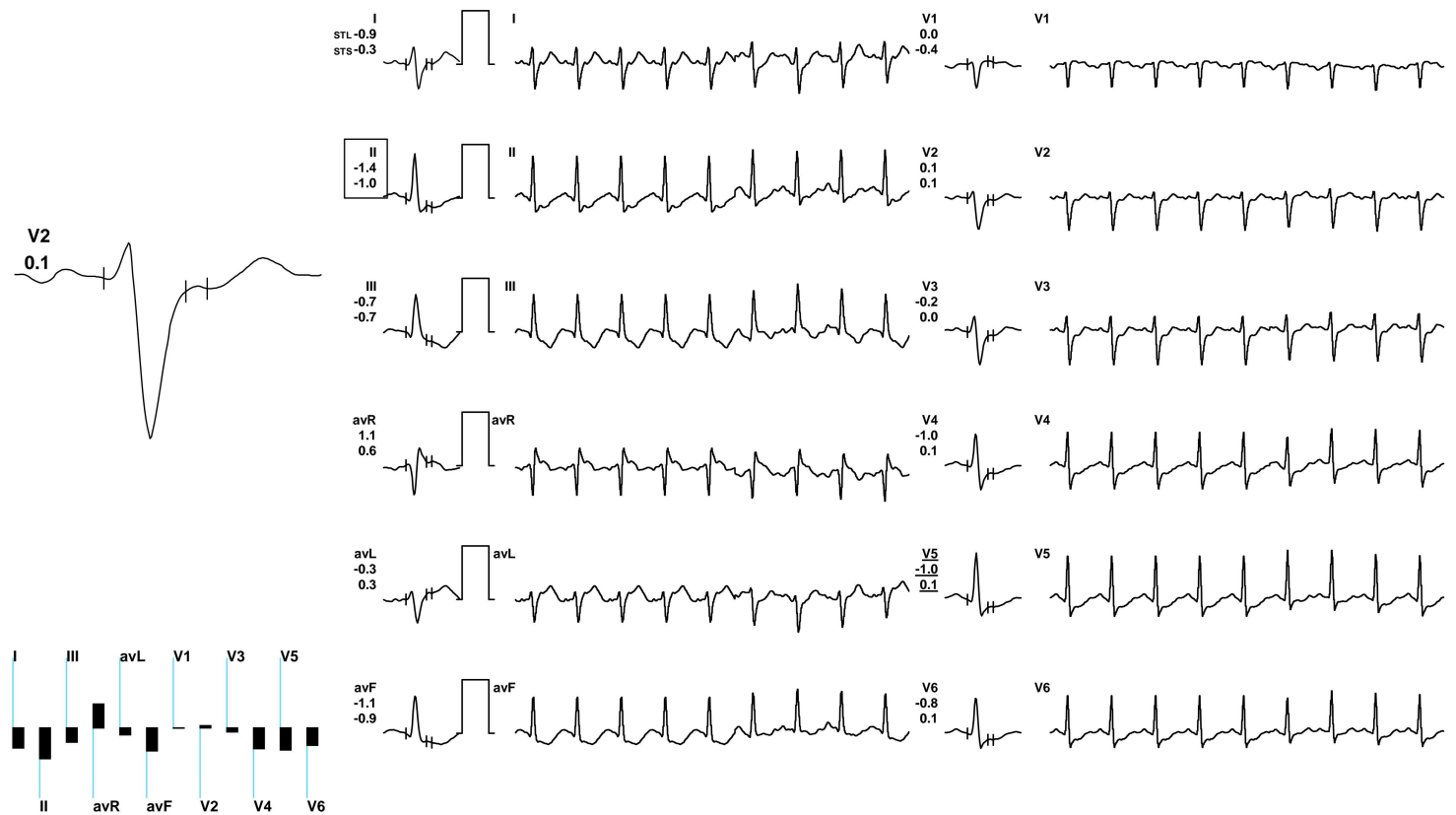
Date: 22 - 06 - 2024

METS: 10.6/ 172 bpm 98% of THR BP: 144/104 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 09:20 4.2 mph, 16.0%

4X 20 mS Post J

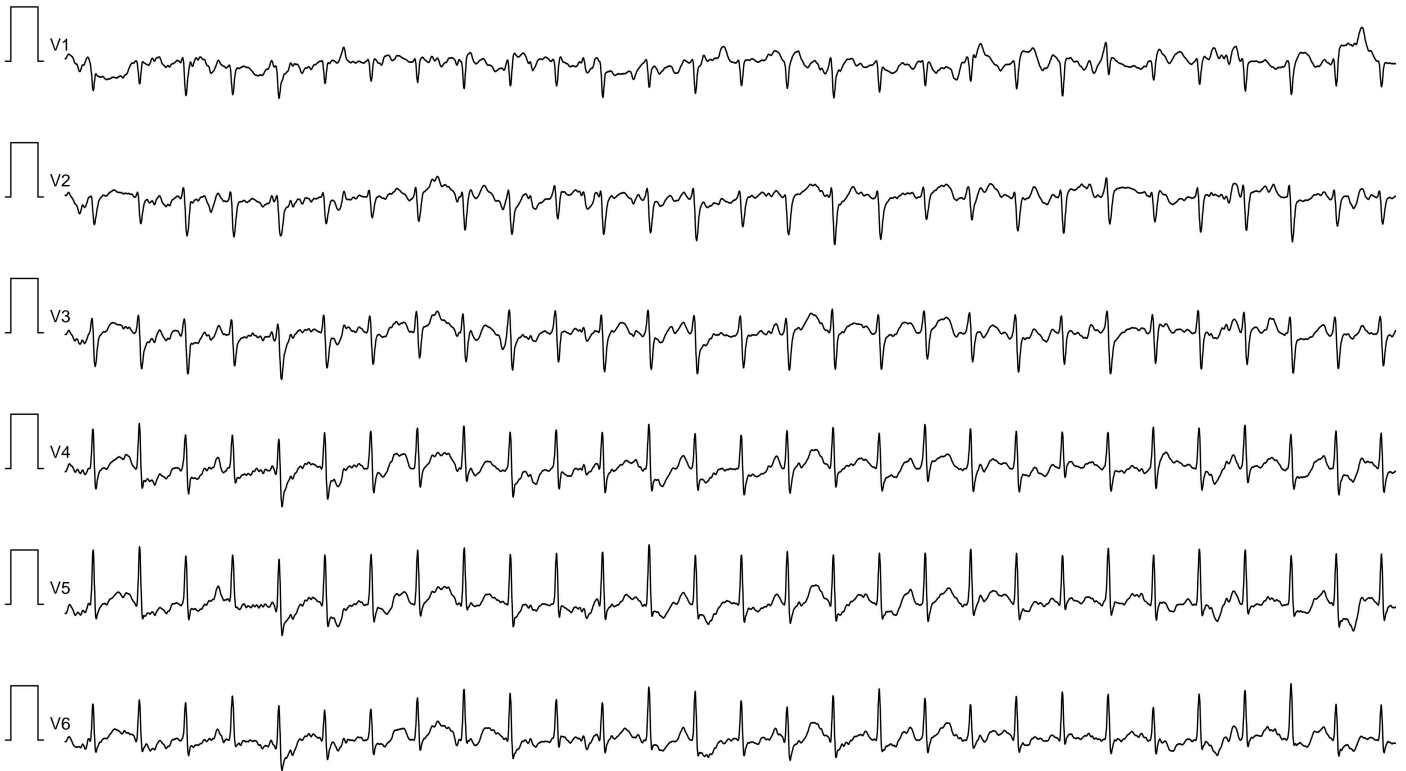
25 mm/Sec. 1.0 Cm/mV



REMARKS:



Date: 22 - 06 - 2024 METs : 10.6 HR : 172 Target HR : 98% of 176 BP : 144/104 ExTime : 09:20 4.2 mph 16.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz



HEALIC MULTISPECIALTY CLINIC

NARESH KUMAR / 44 Yrs / F / 176 Cms / 78 Kg / HR : 149

Recovery(1:00)



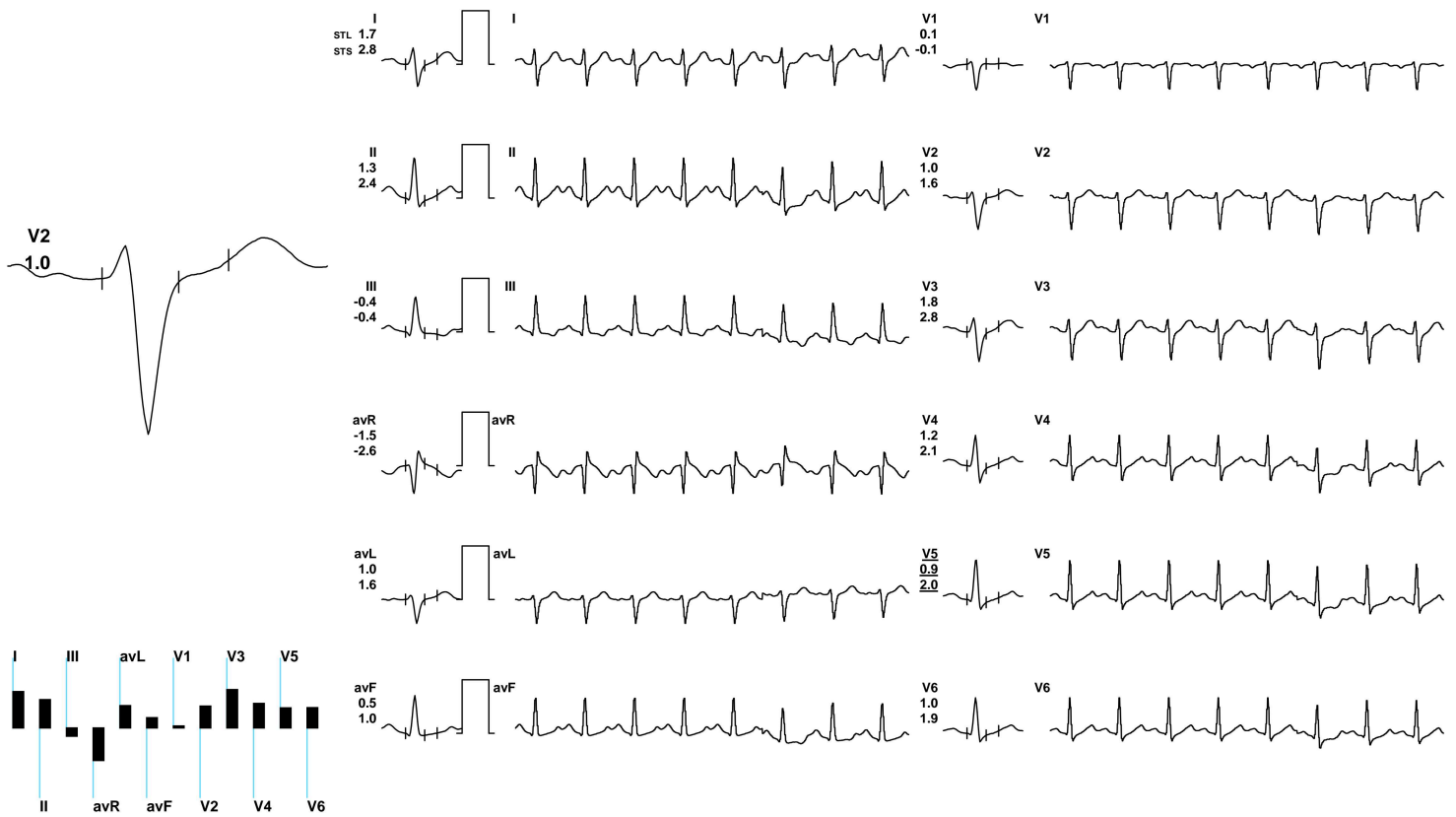
Date: 22 - 06 - 2024

METS: 4.3/ 149 bpm 85% of THR BP: 154/114 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 09:20 0.0 mph, 0.0%

4X 60 mS Post J

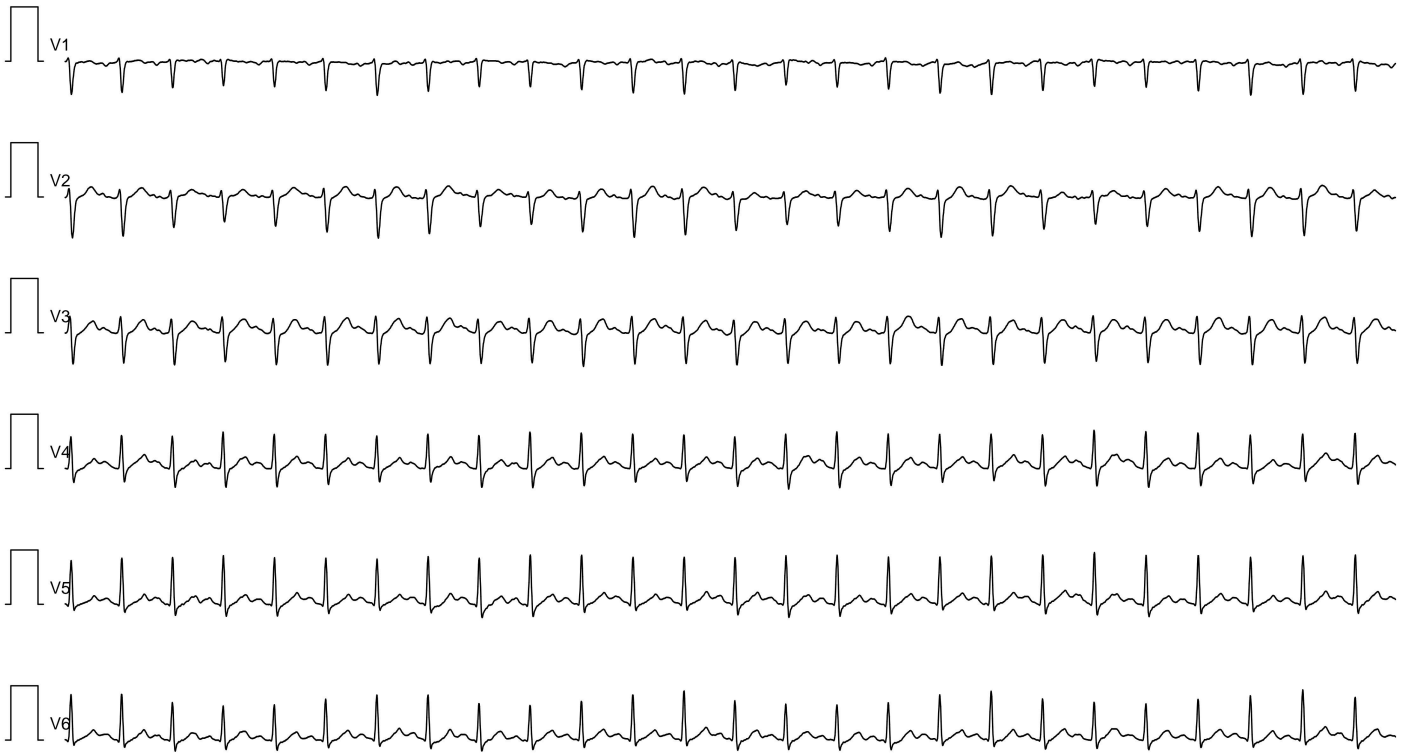
25 mm/Sec. 1.0 Cm/mV



REMARKS:



Date: 22 - 06 - 2024 METs : 4.3 HR : 149 Target HR : 85% of 176 BP : 154/114 ExTime : 09:20 0.0 mph 0.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz



HEALIC MULTISPECIALTY CLINIC

C-3, PLOT NO GH-11, AHINSHA KHAND-2, INDRAPURAM EMail:

NARESH KUMAR / 44 Yrs / F / 176 Cms / 78 Kg
Date: 22 - 06 - 2024

Report



Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Standing	00:07	0:07	00.0	00.0	01.0	085	48 %	---/---	000	00	
ExStart	01:00	0:53	00.0	00.0	01.0	092	52 %	114/74	104	00	
BRUCE Stage 1	04:00	3:00	01.7	10.0	04.7	134	76 %	124/84	166	00	
BRUCE Stage 2	07:00	3:00	02.5	12.0	07.1	150	85 %	134/94	201	00	
BRUCE Stage 3	10:00	3:00	03.4	14.0	10.2	168	95 %	144/104	241	00	
PeakEx	10:20	0:20	04.2	16.0	10.6	172	98 %	144/104	247	00	
Recovery	11:19	1:00	00.0	00.0	04.3	149	85 %	154/114	229	00	

FINDINGS :

Exercise Time : 09:20
Initial HR (ExStrt) : 92 bpm 52% of Target 176
Initial BP (ExStrt) : 114/74 (mm/Hg)
Max WorkLoad Attained : 10.6 Good response to induced stress
Max ST Dep Lead & Avg ST Value : III & -2.6 mm in PeakEx
Max HR Attained 172 bpm 98% of Target 176
Max BP Attained 154/114 (mm/Hg)
Test End Reasons :

REPORT :

Interpretation - TMT is negative for stress induced ischemia.

Doctor : VIRENDER

R

