



Where Healing & Care Comes Naturally

APEX SUPERSPECIALITY HOSPITALS DIAGNOSTICS



CASHLESS
FACILITY

L. T. Road, Besides Punjab & Sind Bank, Babhai Naka,
Borivali (W), Mumbai 400091.
email: info@apexhospitals.in | www.apexgroupofhospitals.com



visit website
googlemap

Tele.:
022 - 2898 6677 / 46 / 47 / 48

| | | | |
|--------------------------|-----------------|----------------------|----------------|
| Patient | : Kokate Amol | UHID | : ASH232404254 |
| Age/Sex | : 32/Male | ID | : OP232405012 |
| Consultant Dr | : GUJAR NEERAJ | Registered On | : 19-Feb-2024 |
| Referring Dr | : MEDIWHEEL | Reported On | : 19-Feb-2024 |
| Collection Centre | : Apex Hospital | | |

COMPLETE BLOOD COUNT

| Test | Result | Normal Value |
|---------------------------|-----------------------------|---------------------------------|
| HAEMOGLOBIN | 15.4 Gm% | 13.5-18.0 Gm% |
| RBC Count | 5.20 Millions/cumm | 4.0-6.0 Millions/cumm |
| PCV | 42.8 % | 37-47 % |
| MCV | 82.31 Fl | 78-100 Fl |
| MCH | 29.62 Pg | 27-31 Pg |
| MCHC | H <u>35.98 %</u> | 32-35 % |
| RDW | 13.1 % | 11-15 % |
| Total WBC Count | 7800 /C.MM | 4000-11000 /C.MM |
| Differencial Count | | |
| Neutrophils | 60 % | 40-75 % |
| Eosinophils | 03 % | 01-06 % |
| Basophils | 00 % | 00-01 % |
| Lymphocytes | 32 % | 20-45 % |
| Monocytes | 05 % | 01-10 % |
| BANDCELLS | 00 % | 00-03 % |
| Abnormalities Of WBC | NORMAL | |
| Abnormalities Of RBC | NORMOCYTIC NORMOCHROMIC | |
| PLATELET COUNT | 322 X 10 ³ /cumm | 150-450 X 10 ³ /cumm |
| PLATELET ON SMEAR | ADEQUATE ON SMEAR | |
| MPV | 9.6 Fl | 7.0-11.0 Fl |

Remarks : *

Note:- The test result are subject to variations due to technical limitations hence co-relation with clinical findings & other investigations should be done.

Run By
Lab Technician

Checked By
Biochemist

Pathologist
DR.GUJAR NEERAJ VILAS
MD PATHOLOGY

APEX SUPERSPECIALITY HOSPITALS DIAGNOSTICS



CASHLESS
FACILITY

L. T. Road, Besides Punjab & Sind Bank, Babhai Naka,
Borivali (W), Mumbai 400091.
email: info@apexhospitals.in | www.apexgroupofhospitals.com



visit website
googlemap

Tele.:
022 - 2898 6677 / 46 / 47 / 48

| | | | |
|-------------------|-----------------|---------------|----------------|
| Patient | : Kokate Amol | UHID | : ASH232404254 |
| Age/Sex | : 32/Male | ID | : OP232405012 |
| Consultant Dr | : GUJAR NEERAJ | Registered On | : 19-Feb-2024 |
| Referring Dr | : MEDIWHEEL | Reported On | : 19-Feb-2024 |
| Collection Centre | : Apex Hospital | | |

HEMATOLOGY

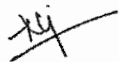
| Test | Result | Normal Value |
|-------------|----------|--------------|
| ESR | 02 mm/hr | 0 - 10 mm/hr |
| BLOOD GROUP | "A" | |
| Rh FACTOR | POSITIVE | |

Remarks : *

Note:- The test result are subject to variations due to technical limitations hence co-relation with clinical findings & other investigations should be done.

Run By
Lab Technician

Checked By
Biochemist


Pathologist
DR.GUJAR NEERAJ VILAS
MD PATHOLOGY



Where Healing & Care Comes Naturally

APEX SUPERSPECIALITY HOSPITALS DIAGNOSTICS



CASHLESS
FACILITY

L. T. Road, Besides Punjab & Sind Bank, Babhai Naka,
Borivali (W), Mumbai 400091.
email: info@apexhospitals.in | www.apexgroupofhospitals.com

visit website
googlemap



Tele.:

022 - 2898 6677 / 46 / 47 / 48

| | | | |
|-------------------|-----------------|---------------|----------------|
| Patient | : Kokate Amol | UHID | : ASH232404254 |
| Age/Sex | : 32/Male | ID | : OP232405012 |
| Consultant Dr | : GUJAR NEERAJ | Registered On | : 19-Feb-2024 |
| Referring Dr | : MEDIWHEEL | Reported On | : 19-Feb-2024 |
| Collection Centre | : Apex Hospital | | |

RENAL FUNCTION TEST

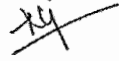
| Test | Result | Normal Value |
|---------------------------|------------|---------------|
| SERUM CREATININE | 0.90 Mg/dl | 0.6-1.6 Mg/dl |
| URIC ACID | 5.41 Mg/dl | 2.5-7.7 Mg/dl |
| BLOOD UREA NITROGEN / BUN | 11.8 Mg/dl | 0-23 Mg/dl |

Remarks : *

Note:- The test result are subject to variations due to technical limitations hence co-relation with clinical findings & other investigations should be done.

Run By
Lab Technician

Checked By
Biochemist


Pathologist
DR.GUJAR NEERAJ VILAS
MD PATHOLOGY



APEX SUPERSPECIALITY HOSPITALS DIAGNOSTICS



CASHLESS
FACILITY

L. T. Road, Besides Punjab & Sind Bank, Babhai Naka,
Borivali (W), Mumbai 400091.
email: info@apexhospitals.in | www.apexgroupofhospitals.com



Tele.:
022 - 2898 6677 / 46 / 47 / 48

| | | | |
|-------------------|-----------------|---------------|----------------|
| Patient | : Kokate Amol | UHID | : ASH232404254 |
| Age/Sex | : 32/Male | ID | : OP232405012 |
| Consultant Dr | : GUJAR NEERAJ | Registered On | : 19-Feb-2024 |
| Referring Dr | : MEDIWHEEL | Reported On | : 19-Feb-2024 |
| Collection Centre | : Apex Hospital | | |

FASTING BLOOD SUGAR

| Test | Result | Normal Value |
|---------------|------------|--------------|
| FBS | 80.1 Mg/dl | 70-110 Mg/dl |
| URINE SUGAR | ABSENT | |
| URINE KETONES | ABSENT | |

POST LUNCH BLOOD SUGAR

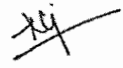
| Test | Result | Normal Value |
|--------------------------|-------------|--------------|
| PLBL (2 HOUR AFTER FOOD) | 105.4 Mg/dl | 70-140 Mg/dl |
| URINE SUGAR (PP) | ABSENT | - |
| URINE KETONE (PP) | ABSENT | |

Remarks : **

Note:- The test result are subject to variations due to technical limitations hence co-relation with clinical findings & other investigations should be done.

Run By
Lab Technician

Checked By
Biochemist


Pathologist
DR.GUJAR NEERAJ VILAS
MD PATHOLOGY

APEX SUPERSPECIALITY HOSPITALS DIAGNOSTICS

L. T. Road, Besides Punjab & Sind Bank, Babhai Naka,
Borivali (W), Mumbai 400091.
email: info@apexhospitals.in | www.apexgroupofhospitals.com

visit website
googlemap



CASHLESS
FACILITY

Tele.:
022 - 2898 6677 / 46 / 47 / 48

| | | | |
|-------------------|-----------------|---------------|----------------|
| Patient | : Kokate Amol | UHID | : ASH232404254 |
| Age/Sex | : 32/Male | ID | : OP232405012 |
| Consultant Dr | : GUJAR NEERAJ | Registered On | : 19-Feb-2024 |
| Referring Dr | : MEDIWHEEL | Reported On | : 19-Feb-2024 |
| Collection Centre | : Apex Hospital | | |

LIPID PROFILE

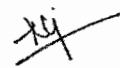
| Test | Result | Normal Value |
|-------------------|---------------|--------------|
| TOTAL CHOLESTEROL | 209.2 Mg% | 150-250 Mg% |
| TRIGLYCERIDES | 117.65 Mg% | 35-160 Mg% |
| HDL CHOLESTEROL | 41.0 Mg% | 30-70 Mg% |
| VLDL CHOLESTEROL | 23.53 | 7-35 |
| LDL CHOLESTEROL | 144.67 Mg% | 108-145 Mg% |
| TC/HDL CHOL RATIO | H <u>5.10</u> | 3.5-5.0 |
| LDL/HDL RATIO | 3.53 | 1.1-3.9 |

Remarks : *

Note:- The test result are subject to variations due to technical limitations hence co-relation with clinical findings & other investigations should be done.

Run By
Lab Technician

Checked By
Biochemist


Pathologist
DR.GUJAR NEERAJ VILAS
MD PATHOLOGY

APEX SUPERSPECIALITY HOSPITALS DIAGNOSTICS



CASHLESS
FACILITY

L. T. Road, Besides Punjab & Sind Bank, Babhai Naka,
Borivali (W), Mumbai 400091.
email: info@apexhospitals.in | www.apexgroupofhospitals.com



Tele.:
022 - 2898 6677 / 46 / 47 / 48

| | | | |
|-------------------|-----------------|---------------|----------------|
| Patient | : Kokate Amol | UHID | : ASH232404254 |
| Age/Sex | : 32/Male | ID | : OP232405012 |
| Consultant Dr | : GUJAR NEERAJ | Registered On | : 19-Feb-2024 |
| Referring Dr | : MEDIWHEEL | Reported On | : 19-Feb-2024 |
| Collection Centre | : Apex Hospital | | |

LIVER FUNCTION TEST

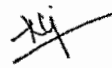
| Test | Result | Normal Value |
|---------------------------|---------------------|---------------|
| TOTAL BILIRUBIN | 0.80 Mg/dl | 0.1-1.2 Mg/dl |
| DIRECT BILIRUBIN | 0.24 Mg/dl | 0.0-0.3 Mg/dl |
| INDIRECT BILIRUBIN | 0.56 Mg/dl | 0.1-1.0 Mg/dl |
| SGOT | H <u>61.08 Iu/l</u> | 5-40 Iu/l |
| SGPT | H <u>80.27 Iu/l</u> | 5-40 Iu/l |
| SERUM ALKALINE PHOSPHATES | 48.42 U/l | 25-147 U/l |
| SERUM PROTEINS TOTAL | 6.30 Gm% | 6.0-8.2 Gm% |
| SERUM ALBUMIN | 3.91 Gm% | 3.0-5.0 Gm% |
| SERUM GLOBULIN | 2.39 Gm% | 1.9-3.5 Gm% |
| ALBUMIN : GLOBULIN RATIO | 1.64 Mg/dl | 0.9-2.0 Mg/dl |
| GAMMA GT | H <u>60.22 Iu/l</u> | 5-45 Iu/l |

Remarks : *

Note:- The test result are subject to variations due to technical limitations hence co-relation with clinical findings & other investigations should be done.

Run By
Lab Technician

Checked By
Biochemist


Pathologist
DR.GUJAR NEERAJ VILAS
MD PATHOLOGY



APEX SUPERSPECIALITY HOSPITALS DIAGNOSTICS



CASHLESS
FACILITY

L. T. Road, Besides Punjab & Sind Bank, Babhai Naka,
Borivali (W), Mumbai 400091.
email: info@apexhospitals.in | www.apexgroupofhospitals.com

visit website
googlemap



Tele.:
022 - 2898 6677 / 46 / 47 / 48

| | | | |
|--------------------------|-----------------|---------------|----------------|
| Patient | : Kokate Amol | UHID | : ASH232404254 |
| Age/Sex | : 32/Male | ID | : OP232405012 |
| Consultant Dr | : GUJAR NEERAJ | Registered On | : 19-Feb-2024 |
| Referring Dr | : MEDIWHEEL | Reported On | : 19-Feb-2024 |
| Collection Centre | : Apex Hospital | | |

URINE ROUTINE

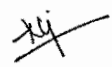
| Test | Result | Normal Value |
|--|--------------|--------------|
| PHYSICAL EXAMINATION | | |
| QUANTITY | 15 MI | MI |
| COLOUR | PALE YELLOW | |
| APPEARANCE | SLIDLIY HAZY | |
| DEPOSIT | ABSENT | |
| REACTION [PH] | ACIDIC | |
| SPECIFIC GRAVITY | 1.015 | |
| CHEMICAL EXAMINATION | | |
| URINE ALBUMIN | ABSENT | |
| SUGAR | ABSENT | |
| KETONE BODIES | ABSENT | |
| OCCULT BLOOD | ABSENT | |
| BILE PIGMENT | ABSENT | |
| BILE SALT | ABSENT | |
| MICROSCOPIC EXAMINATION OF CENTRE | | |
| RED BLOOD CELLS | ABSENT /hpf | /hpf |
| PUS CELLS | 0-1 /hpf | /hpf |
| EPITHELIAL CELLS | 1-2 /hpf | /hpf |
| CASTS | ABSENT | |
| CRYSTALS | ABSENT | |
| SPERMATOOZA | ABSENT | |
| TRICHOMONAS VAGINALIS | ABSENT | |
| YEAST CELLS | ABSENT | |
| AMORPHOS DEPOSITS | ABSENT | |
| BACTERIA | ABSENT | |

Remarks : *

Note:- The test result are subject to variations due to technical limitations hence co-relation with clinical findings & other investigations should be done.

Run By
Lab Technician

Checked By
Biochemist


Pathologist
DR.GUJAR NEERAJ VILAS
MD PATHOLOGY



APEX SUPERSPECIALITY HOSPITALS DIAGNOSTICS



CASHLESS
FACILITY

L. T. Road, Besides Punjab & Sind Bank, Babhai Naka,
Borivali (W), Mumbai 400091.
email: info@apexhospitals.in | www.apexgroupofhospitals.com



Tele.:
022 - 2898 6677 / 46 / 47 / 48

| | | | |
|--------------------------|-----------------|----------------------|----------------|
| Patient | : Kokate Amol | UHID | : ASH232404254 |
| Age/Sex | : 32/Male | ID | : OP232405012 |
| Consultant Dr | : GUJAR NEERAJ | Registered On | : 19-Feb-2024 |
| Referring Dr | : MEDIWHEEL | Reported On | : 19-Feb-2024 |
| Collection Centre | : Apex Hospital | | |

STOOL ROUTINE


| Test | Result | Normal Value |
|--------------------------------|-----------------|--------------|
| PHYSICAL EXAMINTION | | |
| COLOUR | YELLOW | |
| FORM & CONSISTENCY | SEMI SOLID | |
| MUCUS | ABSENT | |
| BLOOD | ABSENT | |
| PARASITES | ABSENT | |
| CHEMICAL EXAMINATION | | |
| REACTION | ACIDIC | |
| OCCULT BLOOD | ABSENT | |
| MICROSCOPIC EXAMINATION | | |
| RED BLOOD CELLS | ABSENT /hpf | /hpf |
| PUS CELLS | 1-2 /hpf | /hpf |
| MACROPHAGES | ABSENT | |
| FATS | ABSENT | |
| STARCH | ABSENT | |
| ENTAMOEBIA HISTOLITICA | ABSENT | |
| ENTAMOEBIA COLI | ABSENT | |
| GIARDIA LAMBLIA | ABSENT | |
| TRICOMONAS CELLS | ABSENT | |
| EPITHELIAL CELLS | OCCESIONAL /hpf | /hpf |
| OTHERS | ABSENT | |

Remarks : *

Note:- The test result are subject to variations due to technical limitations hence co-relation with clinical findings & other investigations should be done.

Run By
Lab Technician

Checked By
Biochemist


Pathologist
DR.GUJAR NEERAJ VILAS
MD PATHOLOGY

Patient Id : **PVD04223-24/67105** Sample ID : 24025221
 Patient : MR AMOL MANJI KOKATE Reg. Date : 19/02/2024
 Age/sex : 32 Yrs/ Male Report Date : 19/02/2024
 Center : APEX SUPERSPECIALITY HOSPITALS Case No. :
 Ref. By : Self



IMMUNOASSAY

| Test Description | Result | Unit | Biological Reference Range |
|----------------------------------|--------|--------|--|
| TOTAL T3 T4 TSH (TFT) | | | |
| T3 (Triiodothyronine) | 125.41 | ng/dl | 83-200 For Pregnant females: First Trim: 104.8 - 229.8 2nd Trim: 128.9 - 262.3 Third trim : 135.4 - 261.7 |
| T4 (Thyroxine) | 7.52 | ug/dL | 5.13 - 14.10 For Pregnant females: First Trim : 7.33 - 14.8 Second Trim : 7.93 - 16.1 Third Trim : 6.95 - 15.7 |
| TSH(Thyroid Stimulating Hormone) | 3.99 | uIU/ml | 0.27 - 4.20 |
| Method : ECLIA | | | |

INTERPRETATION

| TSH | T3 / FT3 | T4 / FT4 | Suggested Interpretation for the Thyroid Function Tests Pattern |
|---------------------------|------------------------|------------------------|---|
| Within Range | Decreased | Within Range | • Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%. |
| Raised | Within Range | Within Range | • Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. • Subclinical Autoimmune Hypothyroidism • Intermittent T4 therapy for hypothyroidism • Recovery phase after Non-Thyroidal illness" |
| Raised | Decreased | Decreased | • Chronic Autoimmune Thyroiditis • Post thyroidectomy, Post radioiodine • Hypothyroid phase of transient thyroiditis" |
| Raised or within Range | Raised | Raised or within Range | • Interfering antibodies to thyroid hormones (anti-TPO antibodies) • Intermittent T4 therapy or T4 overdose • Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics" |
| Decreased | Raised or within Range | Raised or within Range | • Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness • Subclinical Hyperthyroidism • Thyroxine ingestion" |
| Decreased | Decreased | Decreased | • Central Hypothyroidism • Non-Thyroidal illness • Recent treatment for Hyperthyroidism (TSH remains suppressed)" |
| Decreased | Raised | Raised | • Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule • Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum" |
| Decreased or within Range | Raised | Within Range | • T3 toxicosis • Non-Thyroidal illness |

-----End Of Report-----

Term & Conditions* Test processed at Pathvision Central Processing Laboratory- Dahisar west Mumbai-68 Individual laboratory investigations are never conclusive but should be used along with other relevant clinical examinations to achieve final diagnosis. Any discrepancy with clinical condition the referring doctor or patient must report in 24hr of sample collection and get test redone. Partial reproduction of this report is not permitted The test report is not valid for Medico-legal purpose.

DR. SANDEEP B. PORWAL
MBBS MD (Path) Mumbai
MMC Reg no 2001031640

Patient Id : **PVD04223-24/67105** Sample ID : 24025221
 Patient : MR AMOL MANJI KOKATE Reg. Date : 19/02/2024
 Age/sex : 32 Yrs/ Male Report Date : 19/02/2024
 Center : APEX SUPERSPECIALITY HOSPITALS Case No. :
 Ref. By : Self



PROSTATE SPECIFIC ANTIGEN

| Test Description | Result | Unit | Biological Reference Range |
|---|--------|-------|---|
| PSA (Prostate Specific Antigen)-Serum Total | 0.58 | ng/ml | Conventional for all ages: 0 - 4 69- 80 Years : 0 - 6.5 Above 80 yrs: 0 - 7.2 |


Method : ECLIA

INTERPRETATION :

Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. PSA exists in serum mainly in two forms, complexed to alpha-1-anti chymotrypsin (PSA-ACT complex) and unbound (free PSA). Increases in prostatic glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. Transient increase in PSA can also be seen following per rectal digital or sonological examinations.

-----End Of Report-----

Term & Conditions* Test processed at Pathvision Central Processing Laboratory- Dahisar west Mumbai-68 Individual laboratory investigations are never conclusive but should be used along with other relevant clinical examinations to achieve final diagnosis. Any discrepancy with clinical condition the referring doctor or patient must report in 24hr of sample collection and get test redone. Partial reproduction of this report is not permitted The test report is not valid for Medico-legal purpose.


DR. SANDEEP B. PORWAL
 MBBS MD (Path) Mumbai
 MMC Reg no 2001031640

Patient Id : **PVD04223-24/67105** Sample ID : 24025221
 Patient : MR AMOL MANJI KOKATE Reg. Date : 19/02/2024
 Age/sex : 32 Yrs/ Male Report Date : 19/02/2024
 Center : APEX SUPERSPECIALITY HOSPITALS Case No. :
 Ref. By : Self



HBA1C-GLYCOSYLATED HAEMOGLOBIN

| Test Description | Result | Unit | Biological Reference Range |
|---------------------------------|--------|-------|--|
| HbA1c- (EDTA WB) | 5.6 | % | < 5.6 Non-diabetic 5.7-6.4 Pre-diabetic > 6.5 Diabetic |
| Estimated Average Glucose (eAG) | 114.02 | mg/dL | |
| Method : HPLC-Biorad D10-USA | | | |

INTERPRETATION

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2. HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycosylated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
5. To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$
6. Interference of Haemoglobinopathies in HbA1c estimation.
 - A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - C. Heterozygous state detected (D10/ Tosho G8 is corrected for HbS and HbC trait).
7. In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control.
 - Excellent Control - 6 to 7 %,
 - Fair to Good Control - 7 to 8 %,
 - Unsatisfactory Control - 8 to 10 %
 - and Poor Control - More than 10 %.

Note : Haemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy

-----End Of Report-----

Term & Conditions* Test processed at Pathvision Central Processing Laboratory- Dahisar west Mumbai-68 Individual laboratory investigations are never conclusive but should be used along with other relevant clinical examinations to achieve final diagnosis. Any discrepancy with clinical condition the referring doctor or patient must report in 24hr of sample collection and get test redone. Partial reproduction of this report is not permitted The test report is not valid for Medico-legal purpose.



DR. SANDEEP B. PORWAL
MBBS MD (Path) Mumbai
MMC Reg no 2001031640



Where Healing & Care Comes Naturally

APEX SUPERSPECIALITY HOSPITALS DIAGNOSTICS



CASHLESS
FACILITY

L. T. Road, Besides Punjab & Sind Bank, Babhai Naka,
Borivali (W), Mumbai 400091.
email: info@apexhospitals.in | www.apexgroupofhospitals.com

visit website
googlemap



Tele.:

022 - 2898 6677 / 46 / 47 / 48

UHID : ASH232404254 ID : OP232405012 Date : 19-Feb-2024
Patient : Kokate Amol Age/Sex : 32/Male Referred By : MEDIWHEEL
Company : SELF

DIGITAL X-RAY CHEST <PA> VIEW

The lung on either side shows equal translucency and exhibit normal vasculature

The pleural spaces are normal.

Both hila are normal in size, have equal density and bear normal relationship.

The cardiac size is normal.

Trachea is central in position and no mediastinal abnormality is visible.

Bony thorax is normal.

IMPRESSION:

- o No significant abnormality.

DR. PANDYA SAUMIL
MD,D.N.B
RADIOLOGIST

ASH/QA/FORM/NUR/04/MAR22/V1



APEX SUPERSPECIALITY HOSPITALS
Where Healing & Care Comes Naturally



2898 6677
2898 6646
CASHLESS FACILITY

L. T. Road, Besides Punjab & Sind Bank, Babhai Naka, Borivali (W), Mumbai - 400 092.

ई. सी. जी.

Name Amol Kokate Date 19/2/24

Age 32 Gender: M F UHID NO _____ B.P _____

ELECTROCARDIOGRAPHIC OBSERVATIONS

Rate _____ Axis _____ Q.R.S. Complex _____

Rhythm _____ P. Wave _____ S.T. Segment _____

Standardisation : _____ P.R. Interval _____ T. Wave _____

Voltage : _____ Q. Wave : _____ Q. T. Interval _____

Impression : S brady ardy



अपेक्स सुपरस्पेशलिटी हॉस्पिटलस

Name Amol Kulkarni

Date 19/2/24 Time _____

ID: 2024021909224222

Name: 19-02-2024 09:44:37 AM

Name:



25 mm/s

10 mm/mV

50 Hz

BDR 20 Hz

OT: Bazett

APEX SUPERSPECIALITY HOSPITAL

02.07.00/04.00.00

SN: FX-93014034

ID: 2024021909224222

Name:

19-02-2024 09:44:37 A

Sinus Bradycardia

Unconfirmed Diagnos

UNI-EM

ELECTRONICS COMPLEX INDORE

TREADMILL TEST REPORT

AMOL KOKATE

ID : 22243
 DATE : 07/04/2005
 AGE/SEX : 32/M
 HT/WT : 172 / 67
 REF. BY : C/M/P

PROTOCOL : Bruce

HISTORY :
 INDICATION :
 MEDICATION :

| PHASE | TOTAL TIME | STAGE TIME | SPEED Km/Hr | GRADE % | H.R. bpm | B.P. mmHg | RPP x100 | ST LEVEL (MM) | | | METS |
|-------------|------------|------------|-------------|---------|----------|-----------|----------|---------------|------|------|------|
| | | | | | | | | II | V1 | V5 | |
| Stage 1 | 2:55 | 2:55 | 2.7 | 10 | 150 | 110 / 70 | 165 | -1.2 | -1 | -1.8 | 4.67 |
| Stage 2 | 5:55 | 2:55 | 4 | 12 | 126 | 110 / 70 | 138 | -0.9 | 1.2 | -0.3 | 7.04 |
| PK-EXERCISE | 8:9 | 2:9 | 5.4 | 14 | 140 | 110 / 70 | 154 | -0.9 | 0.1 | -1.3 | 9.18 |
| RECOVERY | 11:12 | 2:55 | | | 84 | 110 / 70 | 92 | -0.2 | 0.3 | -0.1 | |
| RECOVERY | 14:12 | 5:55 | | | 112 | 110 / 70 | 123 | -2.1 | -0.5 | -0.9 | |

RESULTS

EXERCISE DURATION : 8:9
 MAX HEART RATE : 155 bpm 82 % of target heart rate 188 bpm
 MAX BLOOD PRESSURE : 110 / 70 mm Hg
 REASON OF TERMINATION :
 BP RESPONSE :
 ARRHYTHMIA :
 H.R. RESPONSE :
 IMPRESSIONS :

MAX WORK LOAD : 9.18 METS

Technician :

UNI-EM

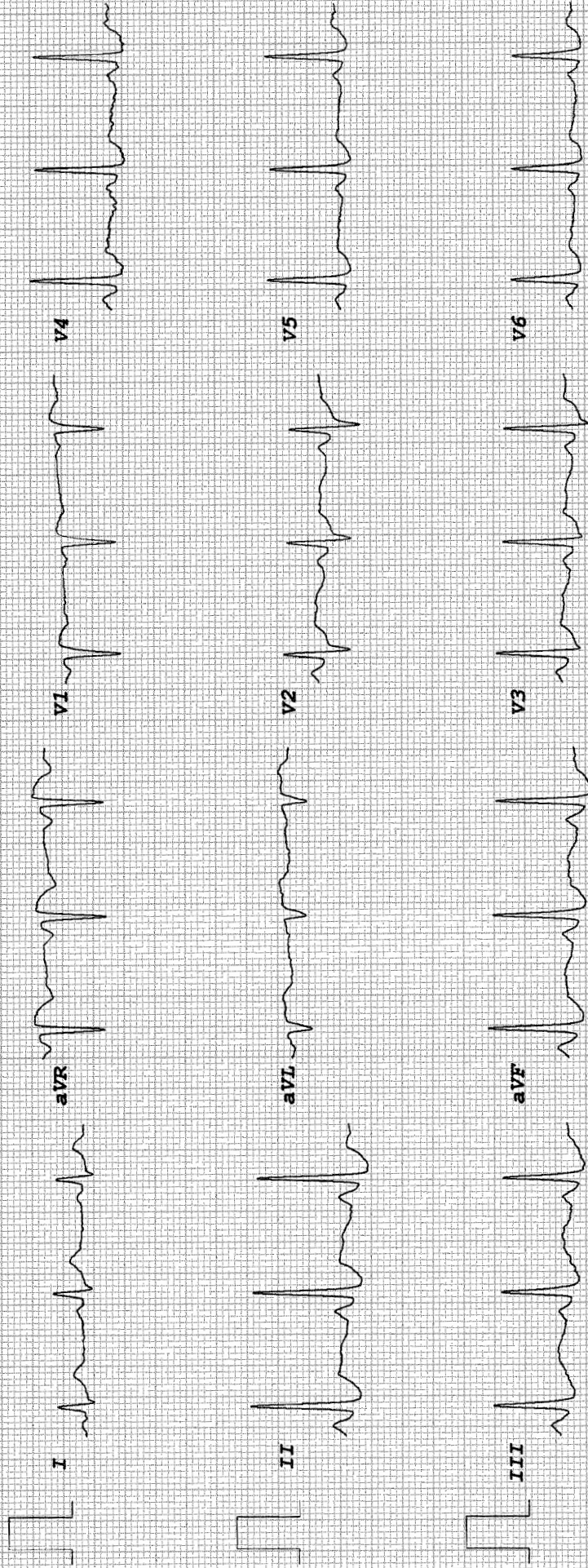
AMOL KOKATE
I.D. 22243
Age 32/M
Date 07/04/2005

RATE 88bpm
B.P. 110/70

Bruce
RECOVERY
TOTAL TIME 10:25
PHASE TIME 2:08

ST @ 10mm/mV
80ms PostJ

RAW ECG

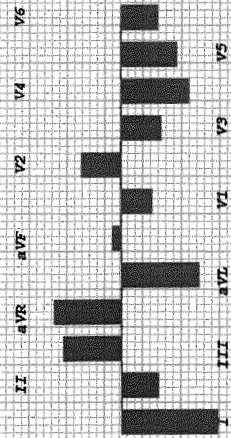
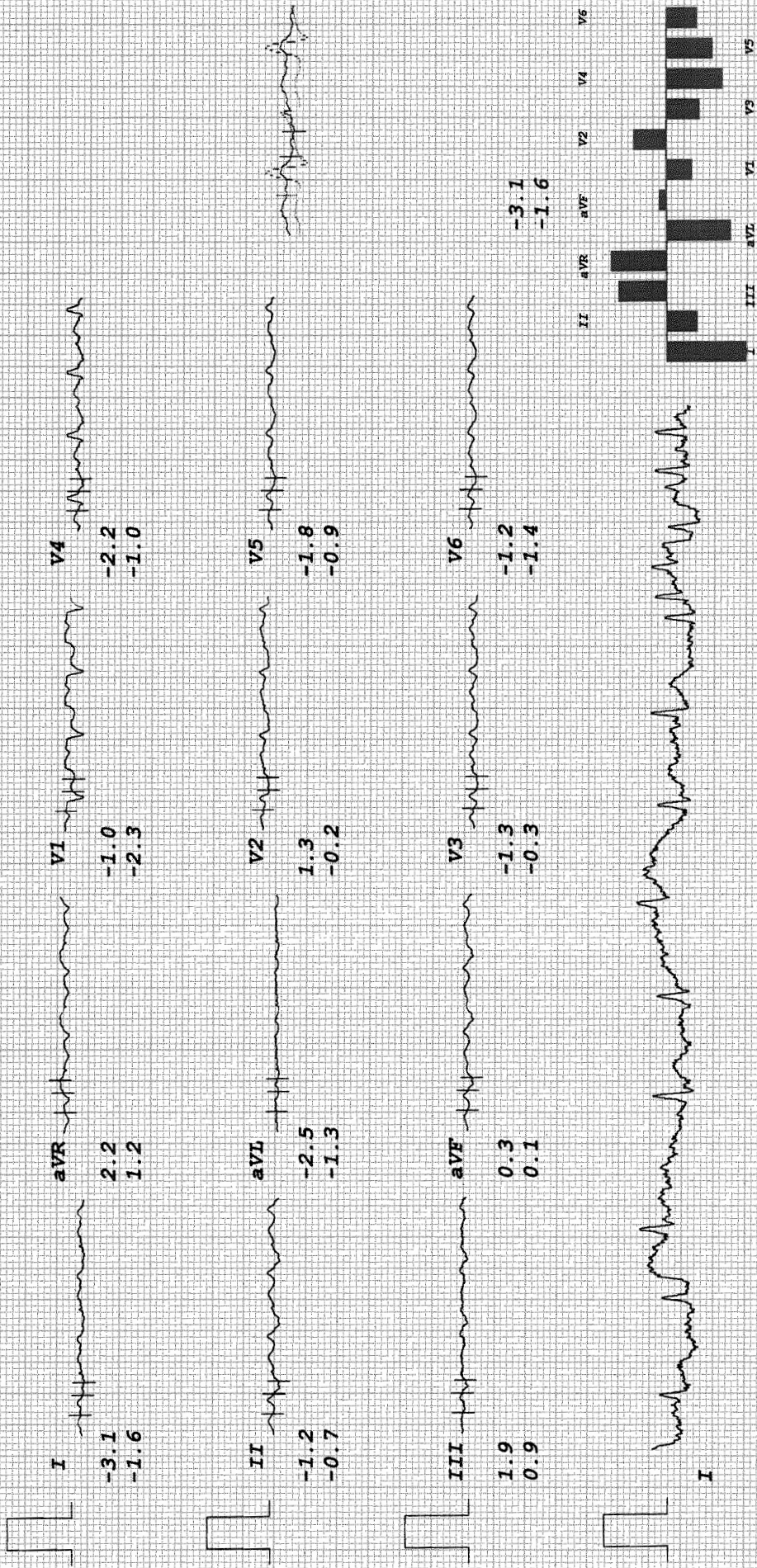


UNI-EM

AMOL KOKATE **Bruce**
I.D. 22243 **Stage 1**
Age 32/M **TOTAL TIME 2:55**
Date 07/04/2005 **PHASE TIME 2:55**
RATE 150bpm
B.P. 110/70
ST @ 10mm/mV
80ms PostJ
Speed 2.7 km/hr
SLOPE 10 &
LINKED MEDIAN

Mag. X 2

I



UNI-EM

AMOL KOKATE
 I.D. 22243
 Age 32/M
 Date 07/04/2005

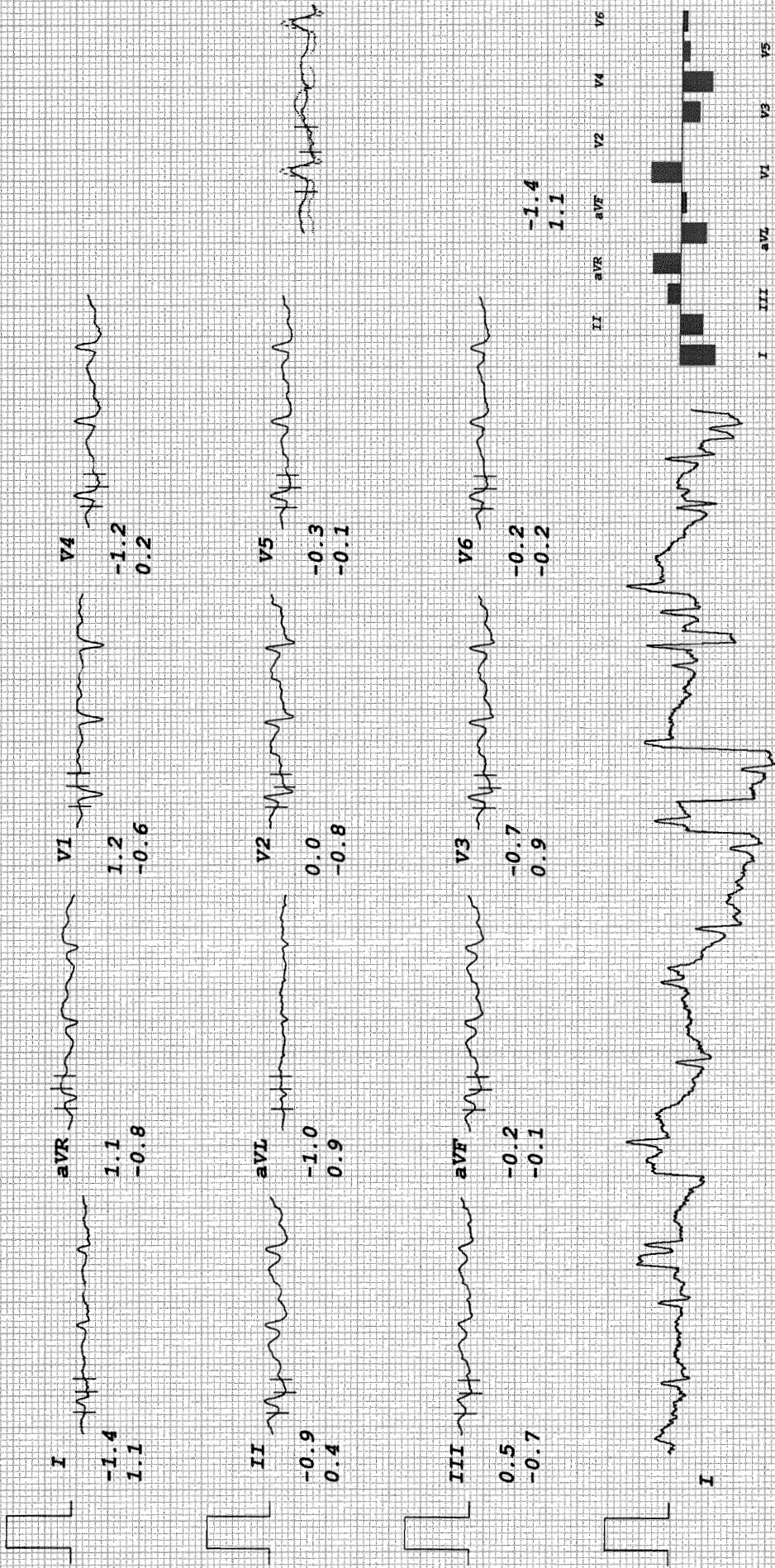
BRUCE
 Stage 2
 RATE 126bpm
 B.P. 110/70

ST @ 10mm/mV
 80ms PostJ
 Speed 4 km/hr
 SLOPE 12 %

LINKED MEDIAN

Mag. X 2

I



UNI-EM

ST @ 10mm/mV
80ms PostJ
Speed 5.4 km/hr
SLOPE 14 %

Bruce
PK-EXERCISE
TOTAL TIME 8:09
PHASE TIME 2:09

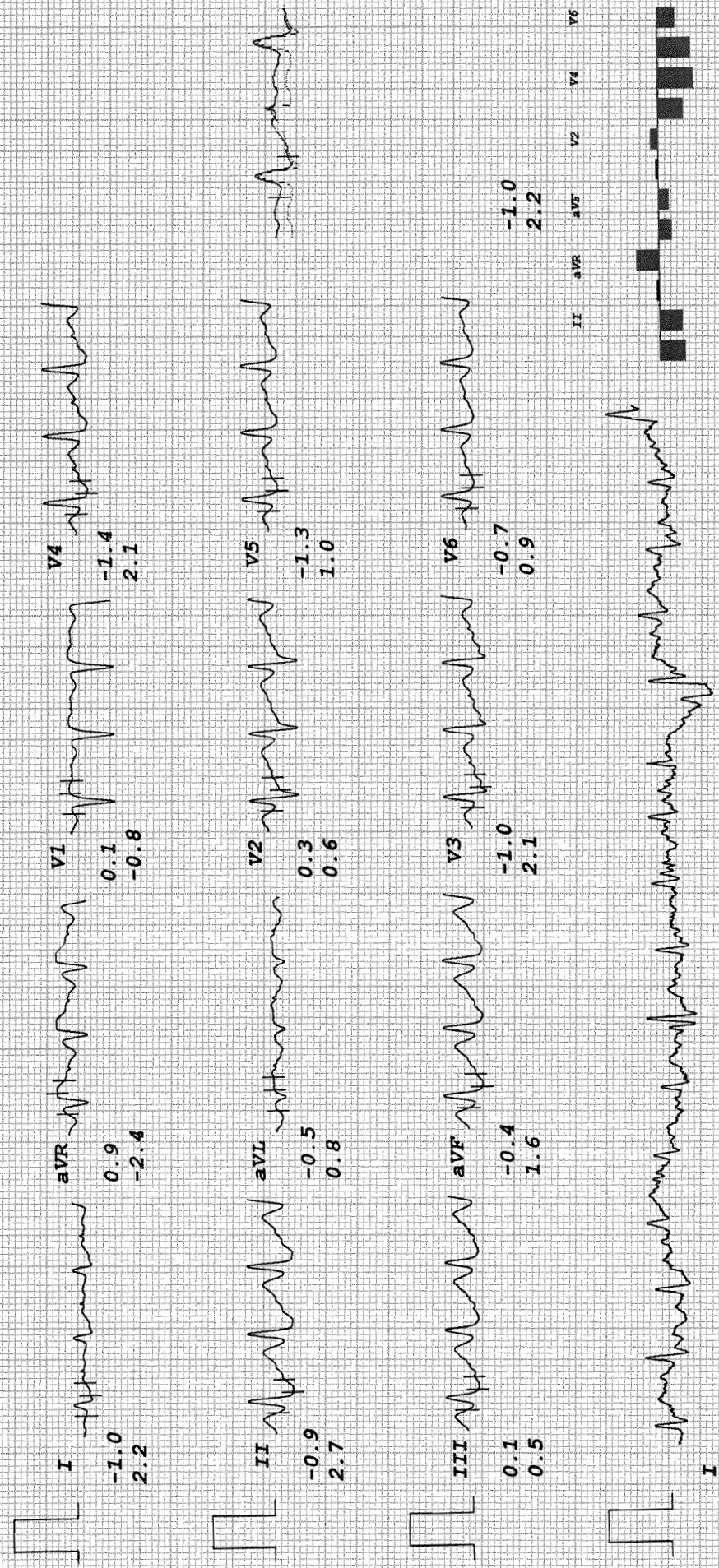
RATE 140bpm
B.P. 110/70

AMOL KOKATE
I.D. 22243
Age 32/M
Date 07/04/2005

LINKED MEDIAN

Mag. X 2

I



UNI-EM

AMOL KOKATE
 I.D. 22243
 Age 32/M
 Date 07/04/2005

RATE 84bpm
 B.P. 110/70

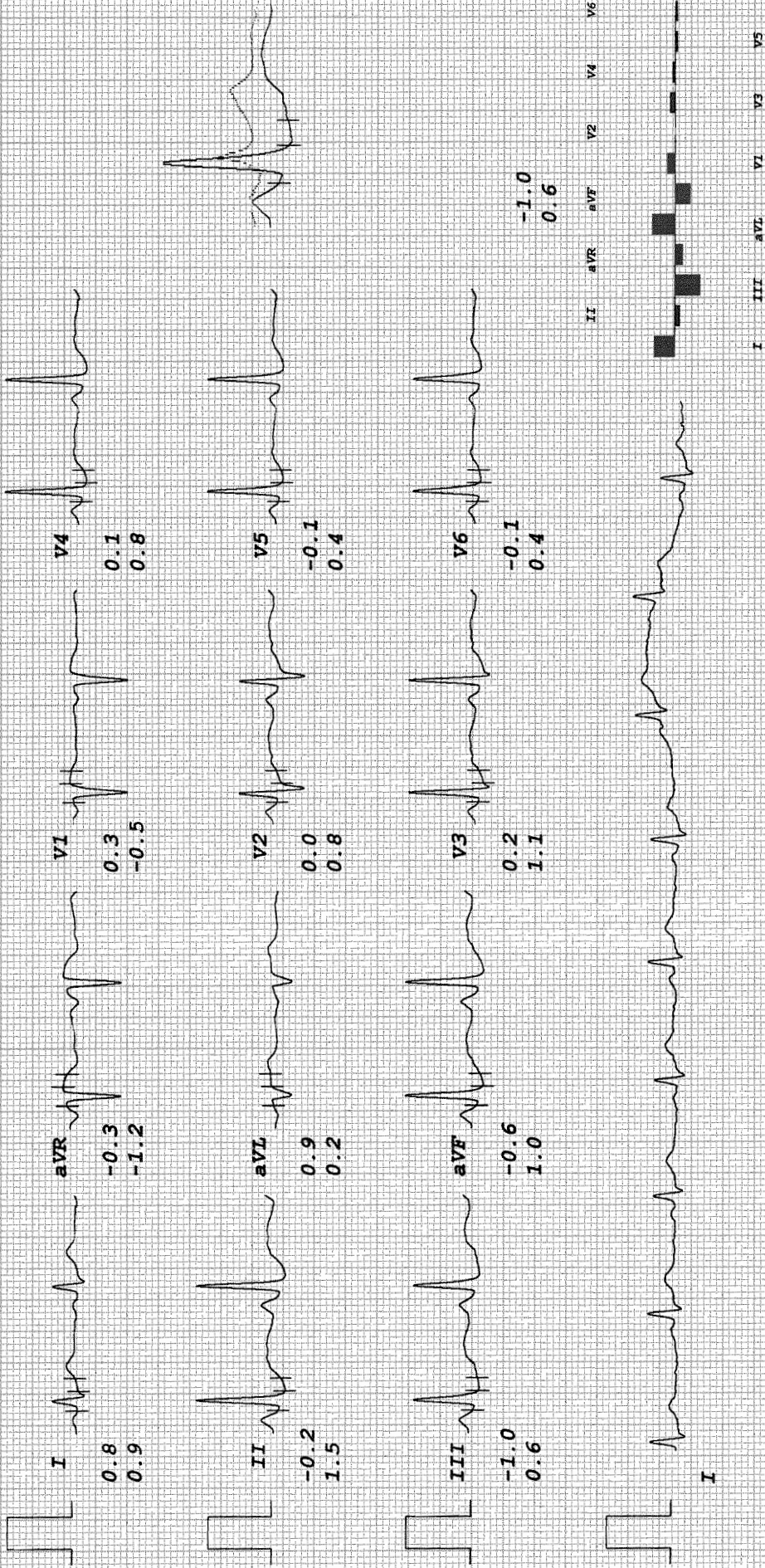
Bruce
 RECOVERY
 TOTAL TIME 11:12
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2

III



UNI-EM

AMOL KOKATE
I.D. 22243
Age 32/M
Date 07/04/2005

RATE 112bpm
B.P. 110/70

Bruce
RECOVERY
TOTAL TIME 14:12
PHASE TIME 5:55

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

II

