

**Patient Name** : MR RAMESH RAJAK  
**UHID/ MR No** : 8840  
**Visit Date** : 27/01/2024  
**Sample Collected On** : 27/01/2024 02:51PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 43 Y Male  
**OP Visit No** : OPD-UNIT-II-5  
**Reported On** : 27/01/2024 07:12PM

### HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>CBC - COMPLETE BLOOD COUNT</b>			
Haemoglobin(HB) Method: CELL COUNTER	14.2	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	5.33	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	42.60	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	79.9	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	26.6	pg	26 - 34
MCHC (Mean Corpuscular Hb Conc.) Method: CELL COUNTER	33.3	g/dl	32 - 35
RDW (Red Cell Distribution Width) Method: CELL COUNTER	12.0	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	5.32	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	44	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	47	%	15.0 - 45.0
Monocytes	07	%	4.0 - 12.0
Eosinophils Method: CELL COUNTER	02	%	1-6%
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

**End of Report**  
*Results are to be correlated clinically*

Lab Technician / Technologist  
 path

Page 6 of 7

  
**DR DHANANJAY RAMCHANDRA PRASAD**  
 M.D. PATHOLOGY

Patient Name : MR RAMESH RAJAK  
UHID/ MR No : 8840  
Visit Date : 27/01/2024  
Sample Collected On : 27/01/2024 02:51PM  
Ref. Doctor : SELF  
Sponsor Name :

Age/Gender : 43 Y Male  
OP Visit No : OPD-UNIT-II-2  
Reported On : 27/01/2024 07:12PM

### HAEMATOLOGY


Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count	292	lacs/cu.mm	150-400
Method: CELL COUNTER			

1. As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood.
2. Test conducted on EDTA whole blood.

**End of Report**  
*Results are to be correlated clinically*

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Page 7 of 7

  
DR DHANANJAY RAMCHANDRA PRASAD  
M.D. PATHOLOGY

Apollo Clinic

LICENSEE : SAMRIDHI AROGYAM PVT. LTD.

Apollo Clinic @ Tara Complex A.T. Classic Near Ashoka Ratan, VP Estate, Shankar Nagar, Rajpur (C.G.)

Email : rajpur1@apolloclinic.com | Website : www.apolloclinic.com

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 +91 96918 26363

 0771 4033341

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Sponsor Name :

Age/Gender : 43 Y. Male  
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Reported On : 27/01/2024 07:12PM

### HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	10	mm /HR	0 - 10

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. Also increased in pregnancy, multiple myeloma, menstruation & hypothyroidism

#### Blood Group (ABO Typing)

Blood Group (ABO Typing) : O  
RhD factor (Rh Typing) : POSITIVE

**End of Report**  
*Results are to be correlated clinically*

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path

Page 5 of 7

  
DR DHANANJAY RAMCHANDRA PRASAD  
M.D. PATHOLOGY



Patient Name : MR RAMESH RAJAK  
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 Ref. Doctor : SELF  
 Sponsor Name :

Age/Gender : 43 Y Male  
 OP Visit No : OPD-UNIT-II-2  
 Reported On : 27/01/2024 07:12PM

### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>GLUCOSE - (POST PRANDIAL)</b>			
Glucose -Post prandial Method: REAGENT GRADE WATER	90.0	mg/dl	70-140
<b>GLUCOSE (FASTING)</b>			
Glucose- Fasting SUGAR REAGENT GRADE WATER	78.0	mg/dl	70 - 120
<b>KFT - RENAL PROFILE - SERUM</b>			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	10	mg/dl	7 - 20
<b>Creatinine</b> METHOD: Spectrophotometric	1.0	mg/dl	0.6-1.4
<b>Uric Acid</b> Method: Spectrophotometric	4.8	mg/dL	2.6 - 7.2

**End of Report**

*Results are to be correlated clinically*

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Page 1 of 7

*Dhananjay*  
DR DHANANJAY RAMCHANDRA PRASAD  
M.D. PATHOLOGY

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UHID/ MR No : 8840  
Visit Date : 27/01/2024  
Sample Collected On : 27/01/2024 02:51PM  
Ref. Doctor : SELF  
Sponsor Name :

Age/Gender : 43 Y Male  
OP Visit No : OPD-UNIT-II-1  
Reported On : 27/01/2024 07:12PM

### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
HbA1c (Glycosalated Haemoglobin)	5.6	%	Non-diabetic: <=5.6, Pre-Diabetic 5.7-6.4, Diabetic: >=6.5

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
  - 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%.
  - Trends in HbA1c are a better indicator of diabetic control than a solitary test.
  - Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflam
- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
  - 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%.
  - Trends in HbA1c are a better indicator of diabetic control than a solitary test.
  - Low glycated 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.
  - To estimate the eAG from the HbA1C value, the following equation is used:  $eAG(mg/dl) = 28.7 * A1c - 46.7$
  - Interference of Haemoglobinopathies in HbA1c estimation.
    - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
    - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
    - Heterozygous state dete

#### End of Report

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Page 4 of 7

DR DHANANJAY RAMCHANDRA PRASAD  
M.D. PATHOLOGY

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Age/Gender : 43 Y. Male  
 OP Visit No : OPD-UNIT-II-  
 Reported On : 27/01/2024 07:12PM

### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIPID PROFILE TEST (PACKAGE)</b>			
Cholesterol - Total	156.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	141.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric HDL Cholesterol	42.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease >60
Method: Spectrophotometric LDL Cholesterol	85.80	mg/dl	Optimal< 100      Near Optimal : 100 – 129 Borderline High : 130-159 High : 160-189      Very High : >=190
Method: Spectrophotometric VLDL Cholesterol	28.20	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.71		3.5-5
Method: Spectrophotometric			

**End of Report**  
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Page 2 of 7

  
**DR DHANANJAY RAMCHANDRA PRASAD**  
 M.D. PATHOLOGY



Patient Name : MR RAMESH RAJAK  
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Visit Date : 27/01/2024  
Sample Collected On : 27/01/2024 02:51PM  
Ref. Doctor : SELF  
Sponsor Name :

Age/Gender : 43 Y Male  
OP Visit No : OPD-UNIT-II-2  
Reported On : 27/01/2024 07:12PM

### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIVER FUNCTION TEST</b>			
<b>Bilirubin - Total</b> Method: Spectrophotometric	0.9	mg/dl	0.1- 1.2
<b>Bilirubin - Direct</b> Method: Spectrophotometric	0.3	mg/dl	0.05-0.3
<b>Bilirubin (Indirect)</b> Method: Calculated	0.60	mg/dl	0 - 1
<b>SGOT (AST)</b> Method: Spectrophotometric	65	U/L	0 - 40
<b>SGPT (ALT)</b> Method: Spectrophotometric	87	U/L	0 - 41
<b>ALKALINE PHOSPHATASE</b>	74	U/L	25-147
<b>Total Proteins</b> Method: Spectrophotometric	6.5	g/dl	6 - 8
<b>Albumin</b> Method: Spectrophotometric	4.2	mg/dl	3.4 - 5.0
<b>Globulin</b> Method: Calculated	2.3	g/dl	1.8 - 3.6
<b>A/G Ratio</b> Method: Calculated	1.82	%	1.1 - 2.2

**End of Report**  
*Results are to be correlated clinically*

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Page 3 of 7

*Dhananjay*  
DR DHANANJAY RAMCHANDRA PRASAD  
M.D. PATHOLOGY



Patient Name : MR RAMESH RAJAK  
UHID/ MR No : 8840  
Visit Date : 27/01/2024  
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Ref. Doctor : SELF  
Sponsor Name :

Age/Gender : 43 Y Male  
OP Visit No : OPD-UNIT-II-1  
Reported On : 27/01/2024 07:12PM

### CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>URINE ROUTINE EXAMINATION</b>			
<b>Physical Examination</b>			
Volum of urine	30ML		
Appearance	Clear		Clear
Colour	Pale Yellow		Colourless
Specific Gravity	1.020		1.001 - 1.030
Reaction (pH)	6.0		
<b>Chemical Examination</b>			
Protein(Albumin) Urine	Absent		Absent
Glucose(Sugar) Urine	Absent		Absent
Blood	Absent		Absent
Leukocytes	Absent		Absent
Ketone Urine	Absent		Absent
Billrubin Urine	Absent		Absent
Urobilinogen	Absent		Absent
Nitrite (Urine)	Absent		Absent
<b>Microscopic Examination</b>			
RBC (Urine)	NIL	/hpf	0 - 2
Pus cells	1-2	/hpf	0 - 5
Epithelial Cell	Occasional	/hpf	0 - 5
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Not Seen	/hpf	Not Seen
Budding yeast	Not Seen	/hpf	

**End of Report**

*Results are to be correlated clinically*

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Page 1 of 2

  
DR DHANANJAY RAMCHANDRA PRASAD  
M.D. PATHOLOGY





Patient Name : Mr.RAMESH RAJAK	Collected : 27/Jan/2024 05:22PM
Age/Gender : 43 Y 0 M 0 D /M	Received : 27/Jan/2024 05:38PM
UHID/MR No : DSUS.000006238	Reported : 27/Jan/2024 07:03PM
Visit ID : DSUSOPV7267	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDHAR
IP/OP NO :	Patient location : Raipur,Raipur

**DEPARTMENT OF IMMUNOLOGY**

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>					
TRIODOTHYRONINE (T3, TOTAL)	0.98	Normal	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	5.48	Normal	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.200	Normal	µIU/mL	0.34-5.60	CLIA

**Comment:**

<b>For pregnant females</b>	<b>Bio Ref Range for TSH in µIU/ml (As per American Thyroid Association)</b>
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



Patient Name	: Mr.RAMESH RAJAK	Collected	: 27/Jan/2024 05:22PM
Age/Gender	: 43 Y 0 M 0 D /M	Received	: 27/Jan/2024 05:38PM
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Visit ID	: DSUSOPV7267	Status	: Final Report
Ref Doctor	: APOLLO CLINIC	Client Name	: PUP APOLLO CLINIC SAMRIDDI AR
IP/OP NO	:	Patient location	: Raipur,Raipur

**DEPARTMENT OF IMMUNOLOGY**

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.610	Normal	ng/mL	0-4	CLIA

\*\*\* End Of Report \*\*\*




Apollo Clinic  
DR. MANIK KIJUR  
M.B.B.S, M.D(Pathology)  
Consultant Pathologist

\*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY



+91 96243 06363

0771 4033341

**NAME OF PATIENT: MR. RAMESH RAJAK**

**AGE: 43YRS /MALE**

**REFERRED BY: BOB**

**DATE: 27/01/2024.**

### CHEST X - RAY PA VIEW

#### FINDINGS:

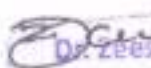
- Both the domes of diaphragm and CP angles are normal.
- Both the hila and mediastinum are normal.
- Both the lung fields are clear. No e/o focal parenchymal lesion.
- Cardio-thoracic ratio is normal.
- Soft tissues and bony cage are unremarkable.

#### IMPRESSION:

- **NO SIGNIFICANT ABNORMALITY SEEN.**

**Advised: Clinical correlation and further evaluation if clinically indicated.**



  
Dr. Zeeshan Ateeb Dani  
MBBS, MD  
Consultant Radiologist  
**DR. ZEESHAN ATEEB DANI**  
Reg. No. CGMC-2347/2018 (MD)  
CONSULTANT RADIOLOGIST

This report is for perusal of the doctor only not the definitive diagnosis; findings have to be clinically correlated. This report is not for medico-legal purposes.





PATIENT NAME:- MR. RAMESH RAJAK  
REF BY :- BOB

AGE/SEX: 43 YRS/M  
DATE:- 27.01.2024

**USG ABDOMEN**

**Liver :** Liver is normal in size cm, smooth in outline with echotexture. IHBR's are not dilated. CBD is not dilated. Portal vein and hepatic veins are normal.

**Gall bladder :** Distended & normal.

**Pancreas & Paraaortic Region :** Normal.

**Spleen :** Is normal size measures cm and echotexture.

Kidneys	RIGHT	LEFT
SIZE	9.56X3.90cm	8.96X3.55cm
CORTICAL ECHOGENICITY	Normal	Normal
CORTICOMEDULLARY DIFFERENTIATION	Maintained	Maintained
PCS	Not dilated	Not dilated
Any other remarks	Nil	Nil

Urinary bladder.- Distended & normal

**Prostate:** is normal in size measures weight gm shape & echotexture.

No free fluid in abdomen.

Visualized bowel loops are normal.

No significant intra-abdominal lymphadenopathy seen.

**IMPRESSION:**

USG abomen within normal limit.

Advised clinical correlation/further evaluation if clinically indicated.



Dr. Zeeshan Ateeb Dani  
MBBS, DNB  
Consultant Radiologist  
Reg. No. CGMC- 2324/2009  
**DR. ZEESHAN ATEEB DANI**  
(MD)  
**CONSULTANT RADIOLOGIST**

This report is for personal use of the doctor only and the definitive diagnosis/ findings have to be clinically correlated. Ultrasound has its limitations in obese patients and in retroperitoneal organs. All findings are based on the clinical history and ultrasound. This report is not for medical/legal purposes.

APOLLO CLINIC  
LICENSEE : SAMRIDHI AROGYAM PVT LTD

Apollo Clinic @ Tara Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)

Email : raipur1@apolloclinic.com | Website : www.apolloclinic.com

Online appointments: www.askapollo.com | Online reports: https://prn.apolloclinic.com

 +91 96918 26363

 0771 4033341





**Report**

**MPUR EMail:**

**/ MR RAMESH / 43 Yrs / M / 163 Cms / 56 Kg.**

**ite: 27 / 01 / 2024**

Time	Duration	Speed(mph)	Elevation	METs	Rate	%TMS	BP	RPP	PVC	Comments
00:07	0:07	00.0	00.0	01.0	074	42 %	100/60	074	00	
00:11	0:04	00.0	00.0	01.0	074	42 %	100/60	074	00	
00:37	0:26	00.0	00.0	01.0	078	45 %	100/60	079	00	
03:37	3:00	02.7	10.0	04.7	103	58 %	116/88	119	00	
06:37	3:00	04.0	12.0	07.1	115	65 %	178/74	204	00	
09:37	3:00	05.5	14.0	10.2	137	77 %	120/80	154	00	
09:59	0:22	06.8	16.0	10.6	146	82 %	120/80	175	00	
10:29	0:30	00.8	00.0	07.3	133	75 %	120/80	158	00	
10:59	1:00	00.8	00.0	04.3	113	64 %	122/82	137	00	
11:54	1:55	00.0	00.0	01.0	094	53 %	120/80	112	00	

**FINDINGS :**

- Exercise Time : 09:22
- Max HR Attained : 146 bpm 82% of Target 177
- Max BP Attained : 178/74 (mm/Hg)
- Max WorkLoad Attained : 10.6 Good response to induced stress
- Test Objective : GHDFEWASFSAFD ASSAS
- Test End Reasons : Test Complete, Heart Rate Achieved

**REPORT :**

STRESS TEST IS NEGATIVE FOR REVERSIBLE MYOCARDIAL ISCHEMIA WITH EXCELLENT FUNCTION CAPACITY



*(Signature)*

Doctor : DR DEEPAN DAS MBBS DIP CARDIO





BRUCE:Supine(0:07)

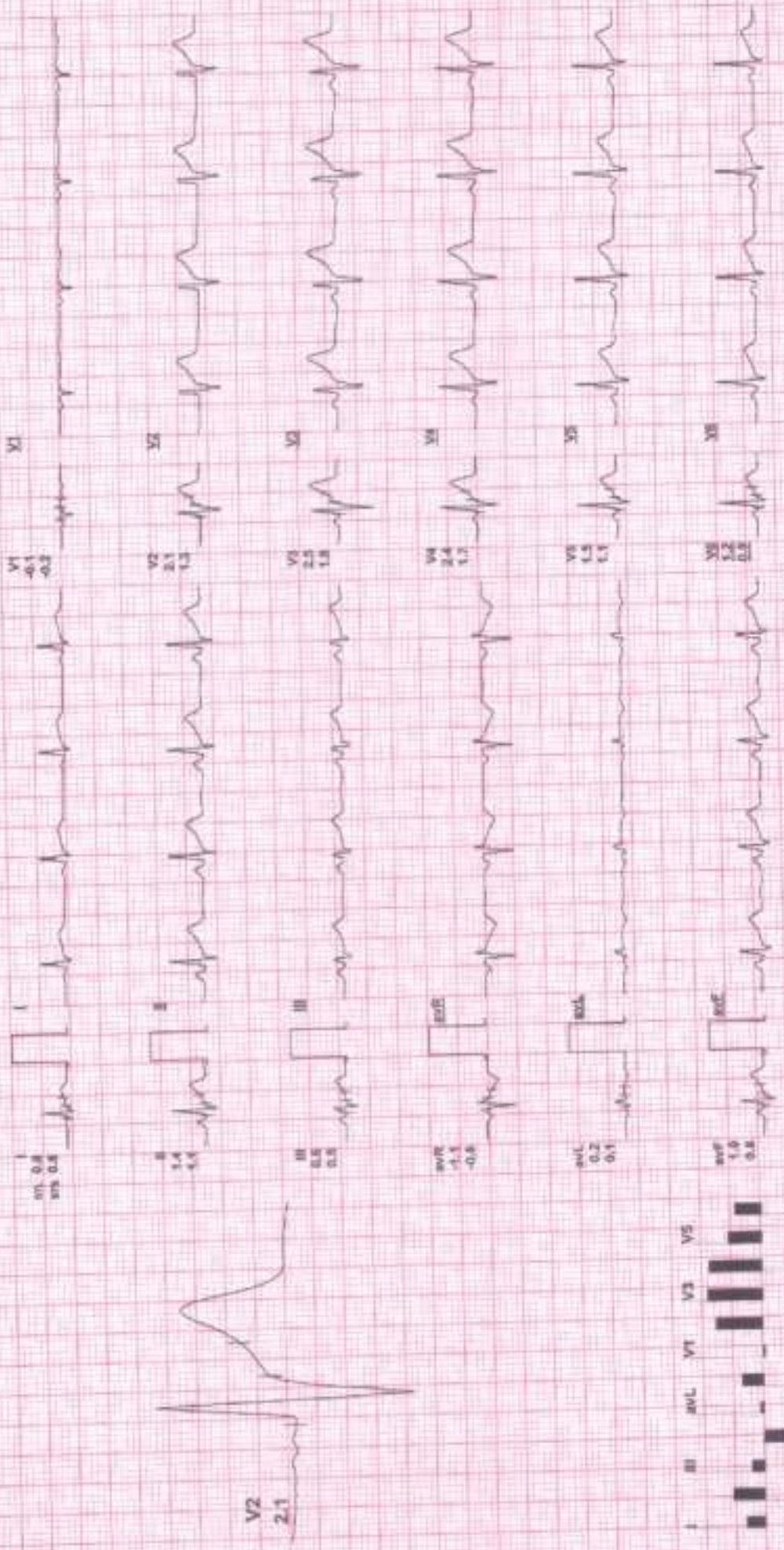
66 / MR RAMESH / 43 Yrs / M / 163 Cms / 56 Kg / HR : 74

ExtTime: 00:00 - 0.0 Kmph, 0.0%

METS: 1.8/74 bpm 42% of THR BP 100/80 mmHg Combined Medications: BLC On/ Notch On/ MF 0.05 Hz/LF 35 Hz

Date: 27 / 01 / 2024

4X 80 ms Post J



REMARKS: I II aVR aVL V1 V2 V3 V4 V5 V6





BRUCE: Standing(0:06)

66 / MR RAMESH / 43 Yrs / M / 163 Cms / 56 Kg / HR : 74

Date: 27 / 01 / 2024 METS: 1.0/ 74 bpm 43% of THR BP: 100/60 mmHg Combined Meds: BLC On/ Notch On/ HF 0.05 Hz/L.F. 35 Hz ExTime: 00:00 0.0 Kmph, 0.0%

4X 80 mS Print 3



REMARKS:





ExStart

66 / MR RAMESH / 43 Yrs / M / 163 Cms / 56 Kg / HR : 79

ExTime: 00:00 0.0 Km/h, 0.0%

METS: 1.6/ 79 bpm 45% of THR BP: 100/60 mmHg Combined Medians/ BLC On/ Natch On/ HF 0.03 Hz/ LF 35 Hz

Date: 27 / 01 / 2024

4X 60 mS Post J



REMARKS:



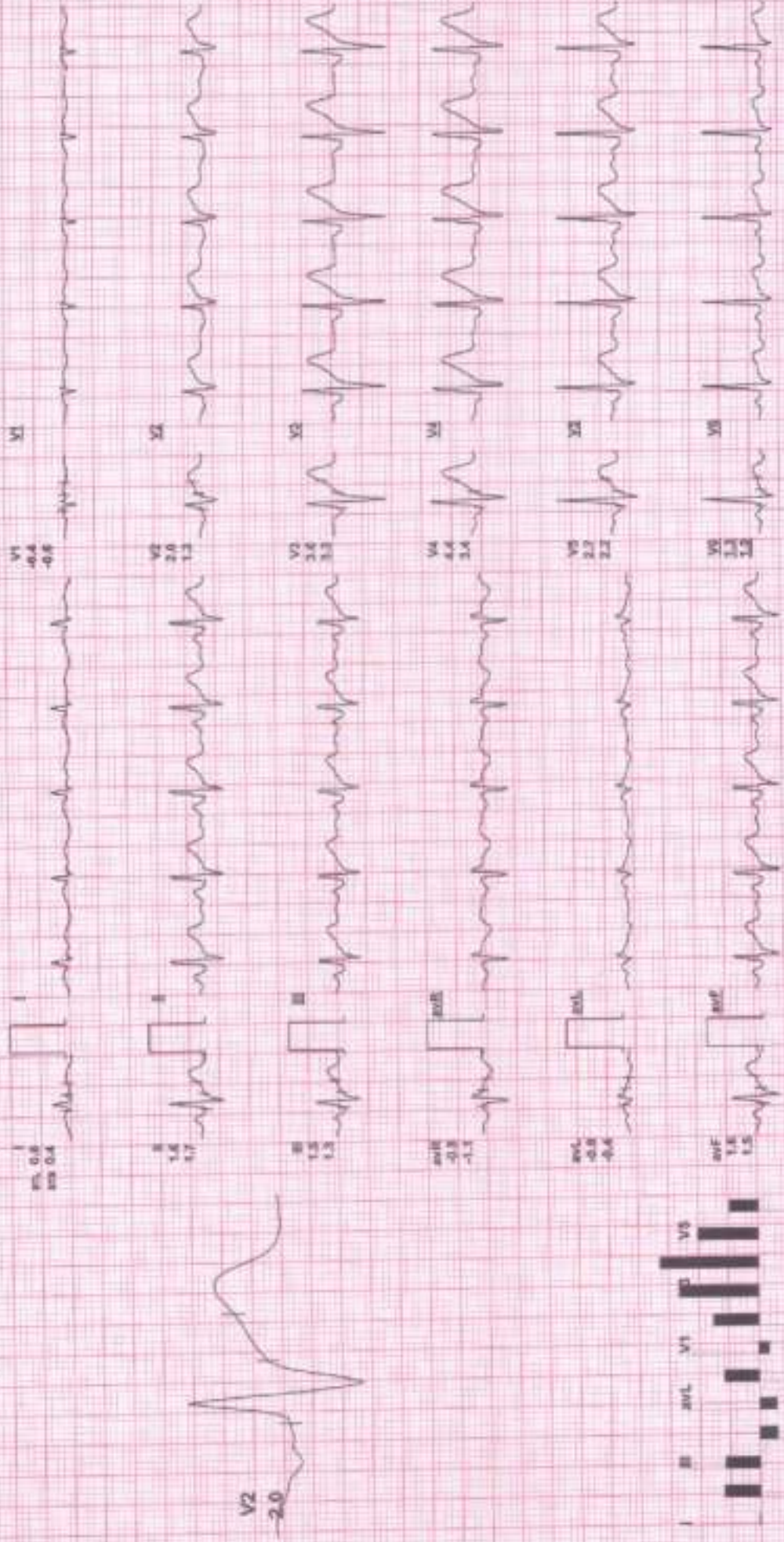


BRUCE: Stage 1(3:00)

66 / MR RAMESH / 43 Yrs / M / 163 Cms / 56 Kg / HR : 103

Date: 27 / 01 / 2024 METS: 4.71 103 bpm 56% of THR BP: 116/68 mmHg Combined Median/ BLC On/ Notch On/ HF 0.05 Hz/F 35 Hz ExTime: 03:00 2.7 Kmph 10.0%

4X 50 ms Post 7



REMARKS: I II aVR aVL V1 V2 V4 V6

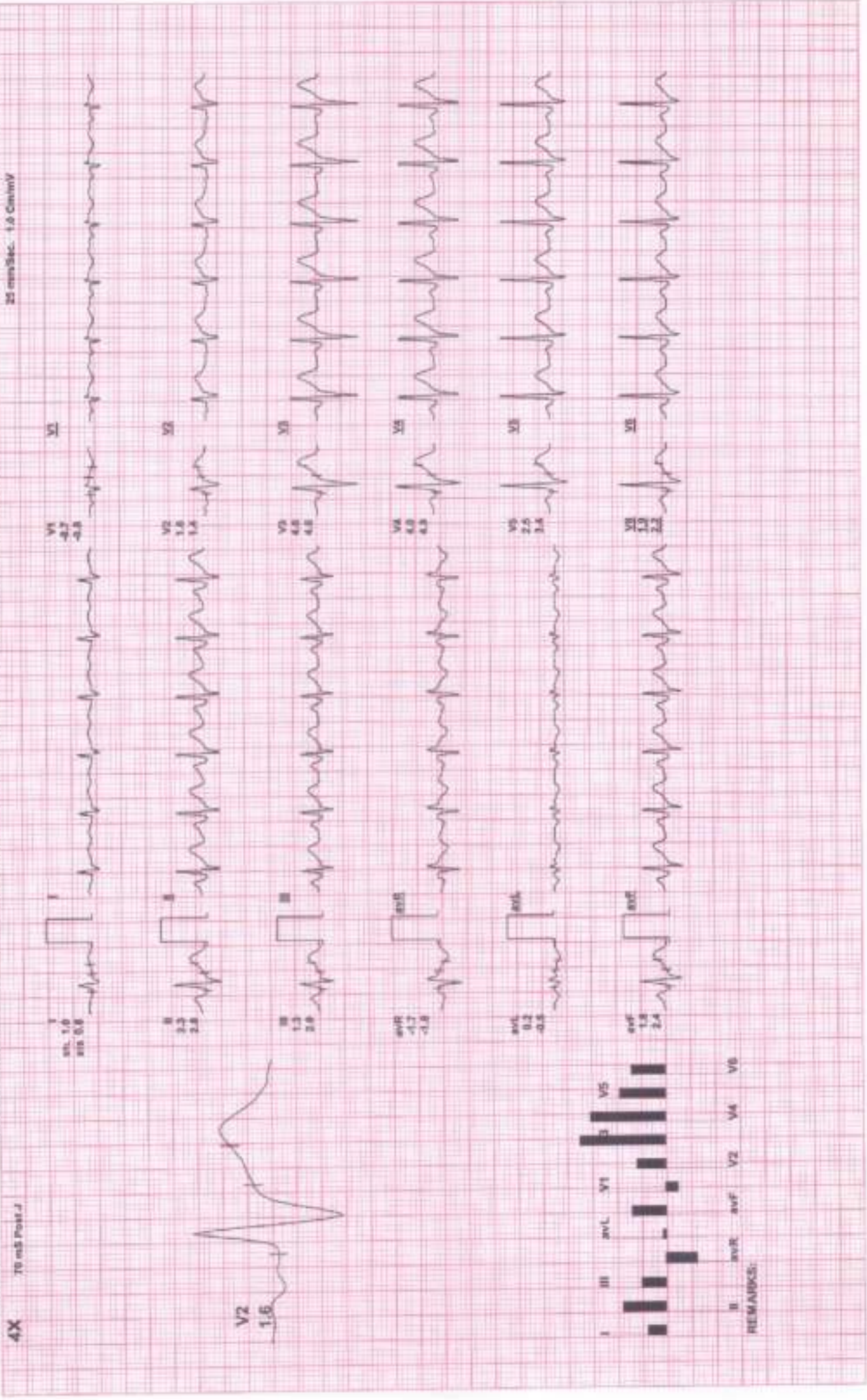




BRUCE: Stage 2(3:00)

66 / MR RAMESH / 43 Yrs / M / 163 Cms / 56 Kg / HR : 115

Date: 27 / 01 / 2024 METS: 7.1/ 115 bpm 65% of THR BP: 170/74 mmHg Combined Mediana/ BLC On/ Notch On/ HF 0.05 Post.F 35 Hz ExTime: 06:00 4.9 Km/h 12.0% 20 mm/Sec. 1.6 Cm/mV



REMARKS:

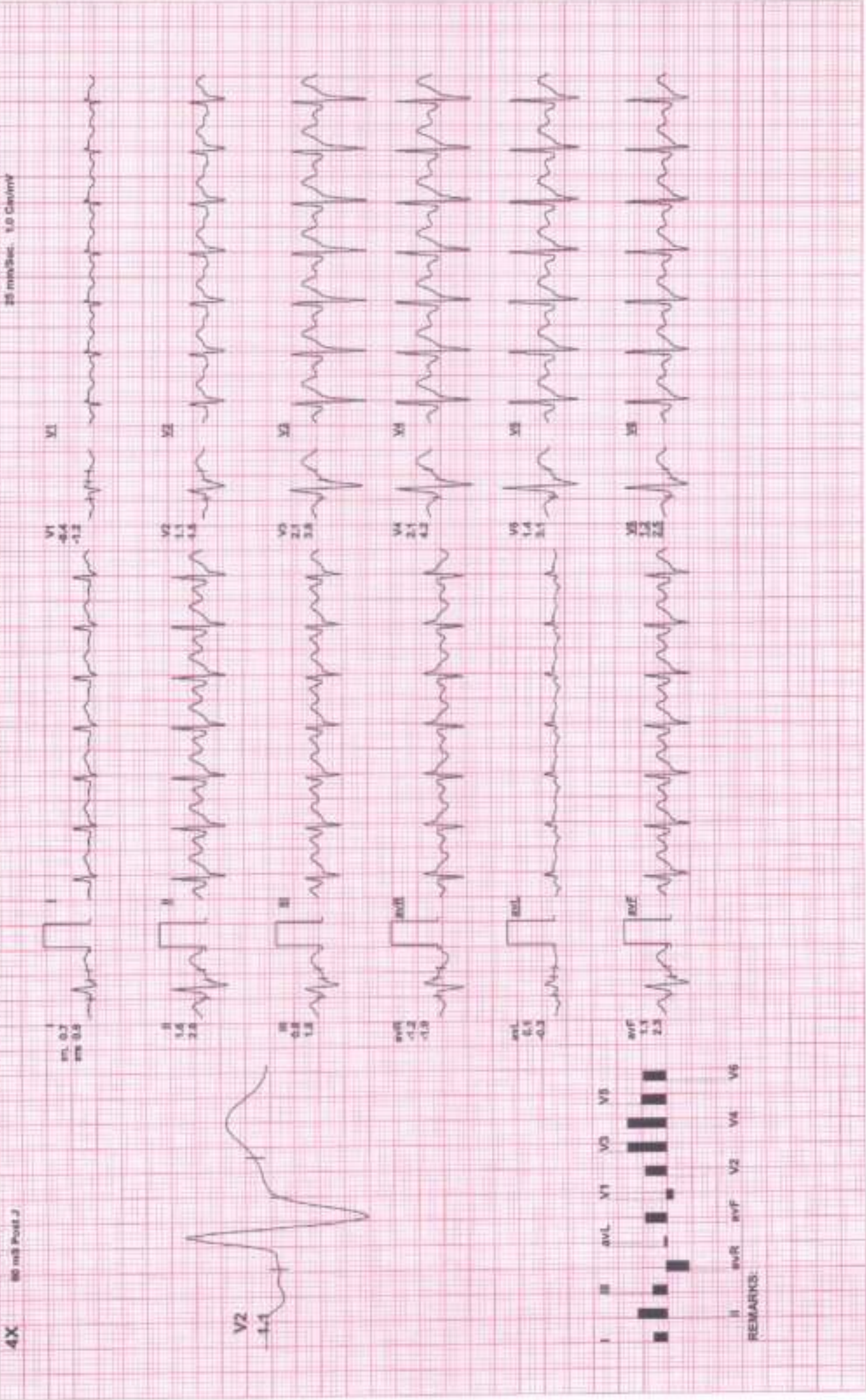




BRUCE: Stage 3(3:00)

66 / MR RAMESH / 43 Yrs / M / 163 Cms / 56 Kg / HR : 137

Date: 27/01/2024 METS: 10.2/ 137 bpm 77% of THR BP: 120/80 mmHg Combined Medians: BLC Chl / Natch Chl / HF 0.05 Hct/L F 35 Hct  
ExTime: 09:00 8.5 Kmph 14.0%  
25 min/Sec. 5.0 Cal/Min







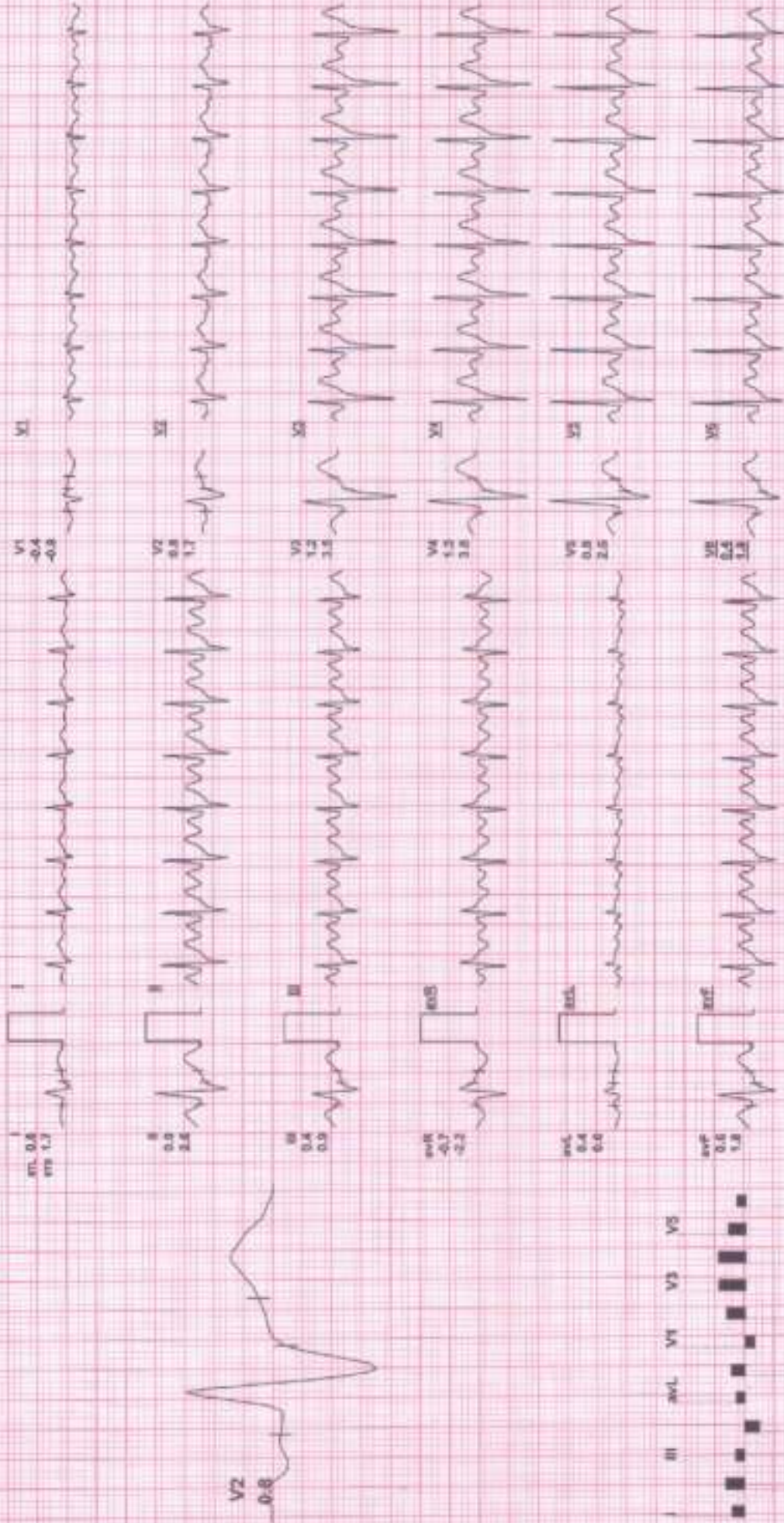
66 / MR RAMESH / 43 Yrs / M / 163 Cms / 56 Kg / HR : 146

Date: 27 / 01 / 2024

METS: 10.6/ 146 bpm 82% of THR BP: 120/80 mmHg Combined Medialml BLC Ov/Notch On/ HF 0.05 Hz/L.F. 35 Hz

ExTime: 99:22 - 6.8 Kmph, 16.0%  
35 min/Sec. 1.5 Century

4X 60 mS Plead J



REMARKS:  
I II aVR aVL V1 V2 V3 V4 V5 V6





Recovery(0:30)

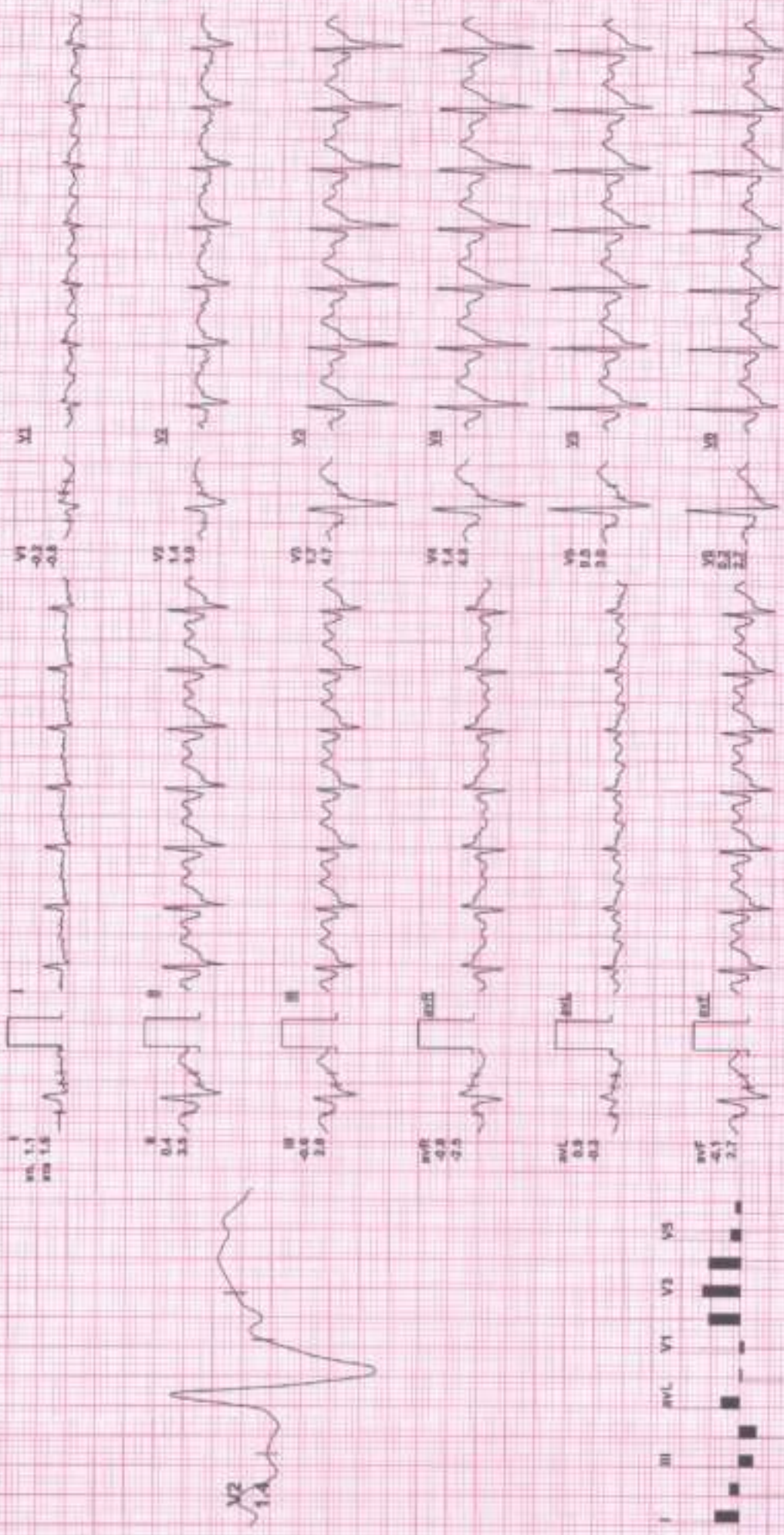
66 / MR RAMESH / 43 Yrs / M / 163 Cms / 56 Kg / HR : 133

Date: 27 / 01 / 2024

METS: 7.31 133 bpm 75% of THR BP: 120/80 mmHg Combined Mediana/ BLC On/ Noach Div HF 0.05 Hz/F 35 Hz

ExTime: 09:22 0.8 Kmph, 0.0%

4X 100 ms Front J



REMARKS: II avR avF V2 V4 V6





Recovery(1:00)

66 / MR RAMESH / 43 Yrs / M / 163 Cms / 56 Kg / HR : 113

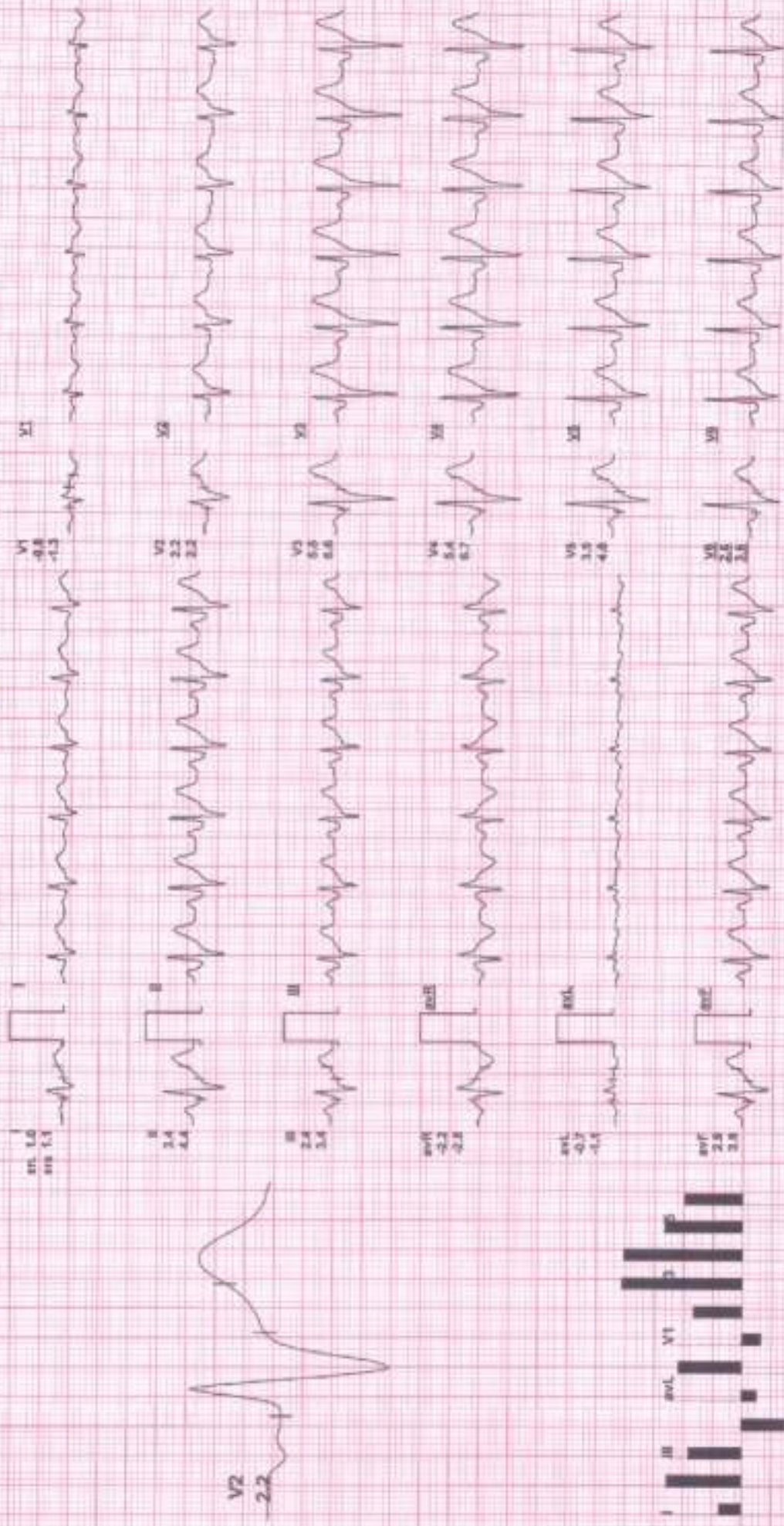
Date: 27 / 01 / 2024

METS: 4.3/ 113 bpm 64% of THR BP: 122/82 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 09:23 0.8 Kmph 0.0%

25 mm/Sec. 1.0 Cal/cmV

4X 70 wall Post J



REMARKS: II aVR aVF V2 V4 V6



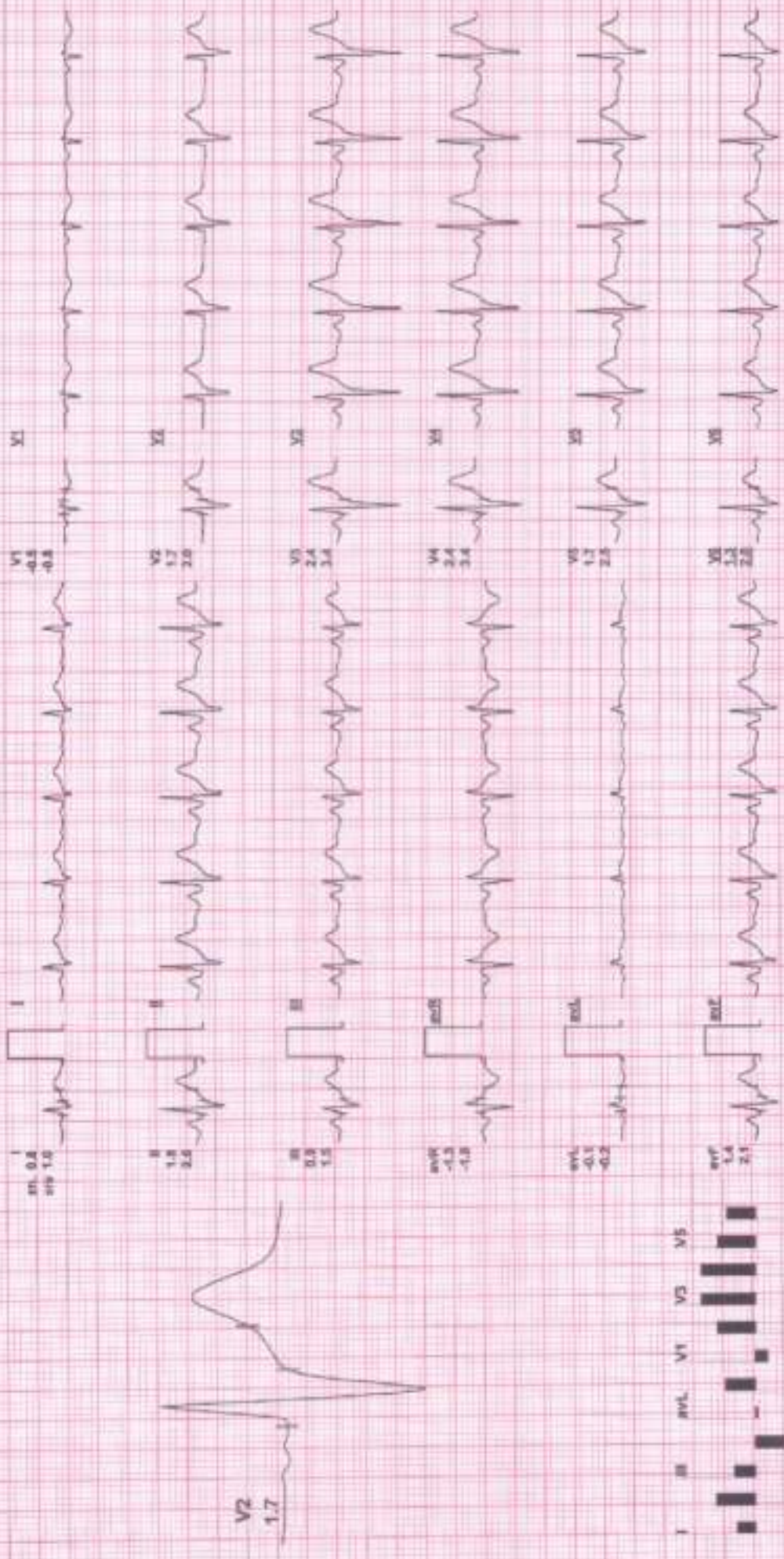


Recovery(1:55)

66 / MR RAMESH / 43 Yrs / M / 163 Cms / 55 Kg / HR : 94

Date: 27/01/2024 METS: 1.01 94 bpm 53% of THR BP: 120/80 mmHg Combined Medians/ BLC Div Match Div HF: 0.05 MedLF: 35. Hz ExTime: 09:22 0.0 Knph 0.0%

4X 60 mS Post J



REMARKS: I II III aVR aVL V1 V2 V3 V4 V5 V6



**EXAMINATION OF EYES :- ( BY OPHTHALMOLOGIST )**

Patient Name Mr. Ramesh Rajak

Date 22/11/24

Sex/Age M/37/17

MR No .....

Employee Id .....

EXTERNAL EXAMINATION				
SQUINT				
NYSTAGMUS				
COLOUR VISION				
FUNDUS:(RE):- <u>WNL</u> (LE):- <u>WNL</u>				
INDIVIDUAL COLOUR IDENTIFICATION				
DISTANT VISION:(RE):- <u>6/6</u> (LE):- <u>6/6</u>				
NEAR VISION:(RE):- <u>N3 E 4 M6</u> (LE):- <u>N3 E 4 M6</u>				
NIGHT BLINDNESS				
	SPH	CYL	AXIS	ADD
RIGHT				+1.25 ✓
LEFT		<u>PL</u>	<u>0</u>	+1.25 ✓
REMARKS :-				



Dr. Vilas  
MBBS, MS(Ophthalmology)  
Reg. No. CGMC 621/2003

ID: 18  
MR RAMESH RAJAK  
Male 43Years

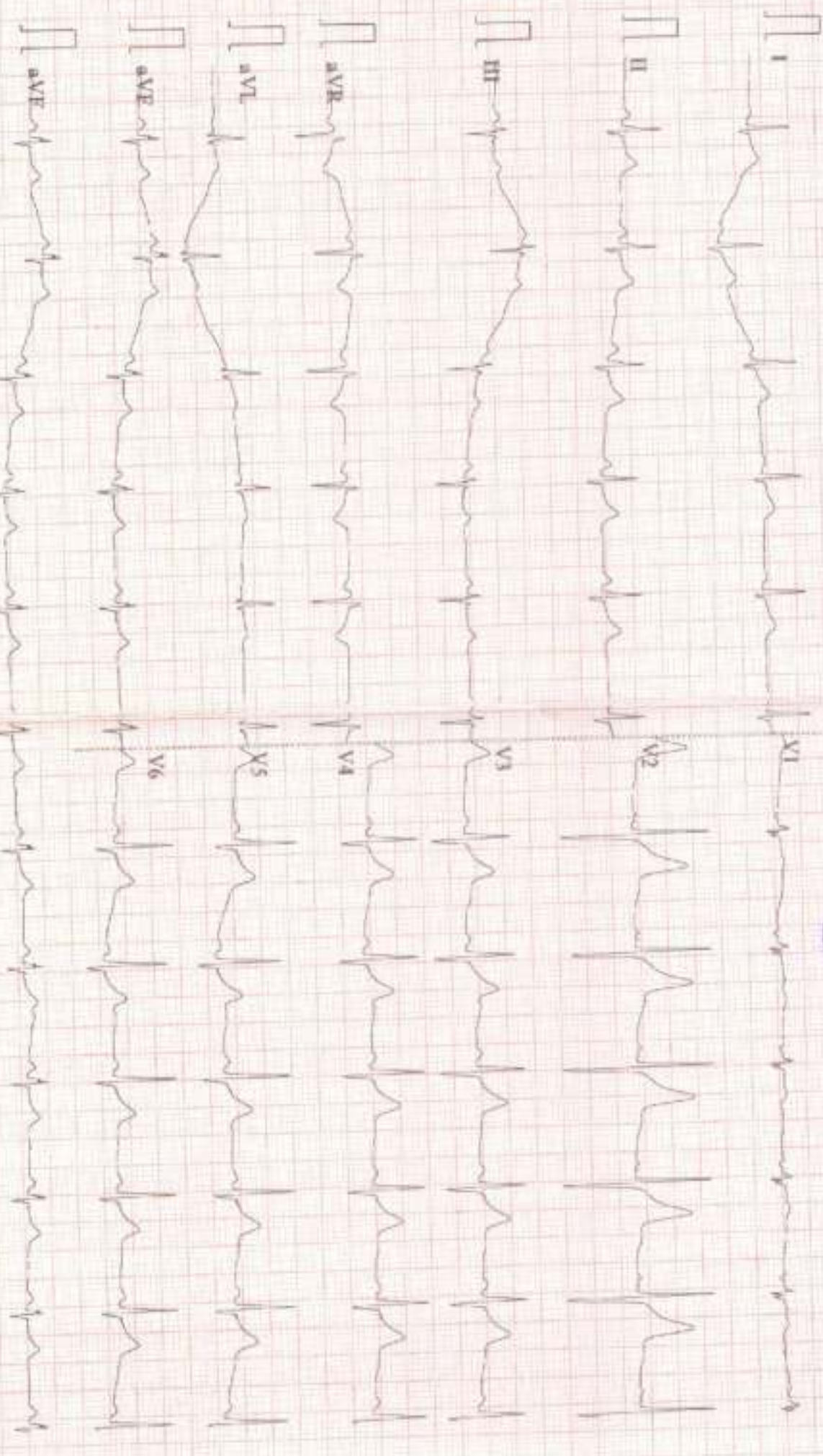
27-01-2024 12:13:59 PM

HR : 69 bpm  
P : 104 ms  
PR : 132 ms  
QRS : 84 ms  
QT/QTc : 376/403 ms  
P/QRS/T : 70/11/50  
RV5/SV1 : 1.162/0.214 mV

Diagnosis Information:  
Sinus rhythm  
Normal ECG



Report Confirmed by



0.05-45Hz AC50 25mm/s 10mm/mV 2\*5.0s+1r 69 CAL

T 9108 D V1.43 Glasgow V28.6.0 APOLLO CLINIC RAIPUR



- Consult for: Digital Dentistry • Fixed Teeth • RCT • Dental Implants • Gums Diseases • Dentures • Cosmetic Filling • Tooth Jewellery
- Digital OPG • Braces Treatment • Tooth Removal • Kids Dental Treatment • All Kind of Dental Surgeries

Ramesh Rajak  
43/M

27/1/24

Pt has come for routine dental checkup.

O/E → stains +  
 Root Piece  $\bar{c}$  6/1  
 Missing  $\bar{c}$  7/6  
 Grade II mobility  $\bar{c}$  1/8  
 Grade I mobility  $\bar{c}$  1/5  
 Buccal Caries  $\bar{c}$  6/1

Adv → Oral Prophylaxis  
 Ext<sup>n</sup>  $\bar{c}$  1/2  
 Rest  $\bar{c}$  6/1

Yohs



Mr. Ramesh Rajak  
Age - 43 y/m

Wt - 58 kg  
H - 163 cm  
Bp - 100/60  
P - 90/mf

