

Patient:

NISHANT KR. SINGH

APH014020

35 year / M

..... cm / kg

HR 104/min

Intervals:

RR 576 ms
 P 96 ms
 PR 124 ms
 QRS 74 ms
 QT 308 ms
 QTc 411 ms

Axis:

P 31°
 QRS -22°
 T 22°

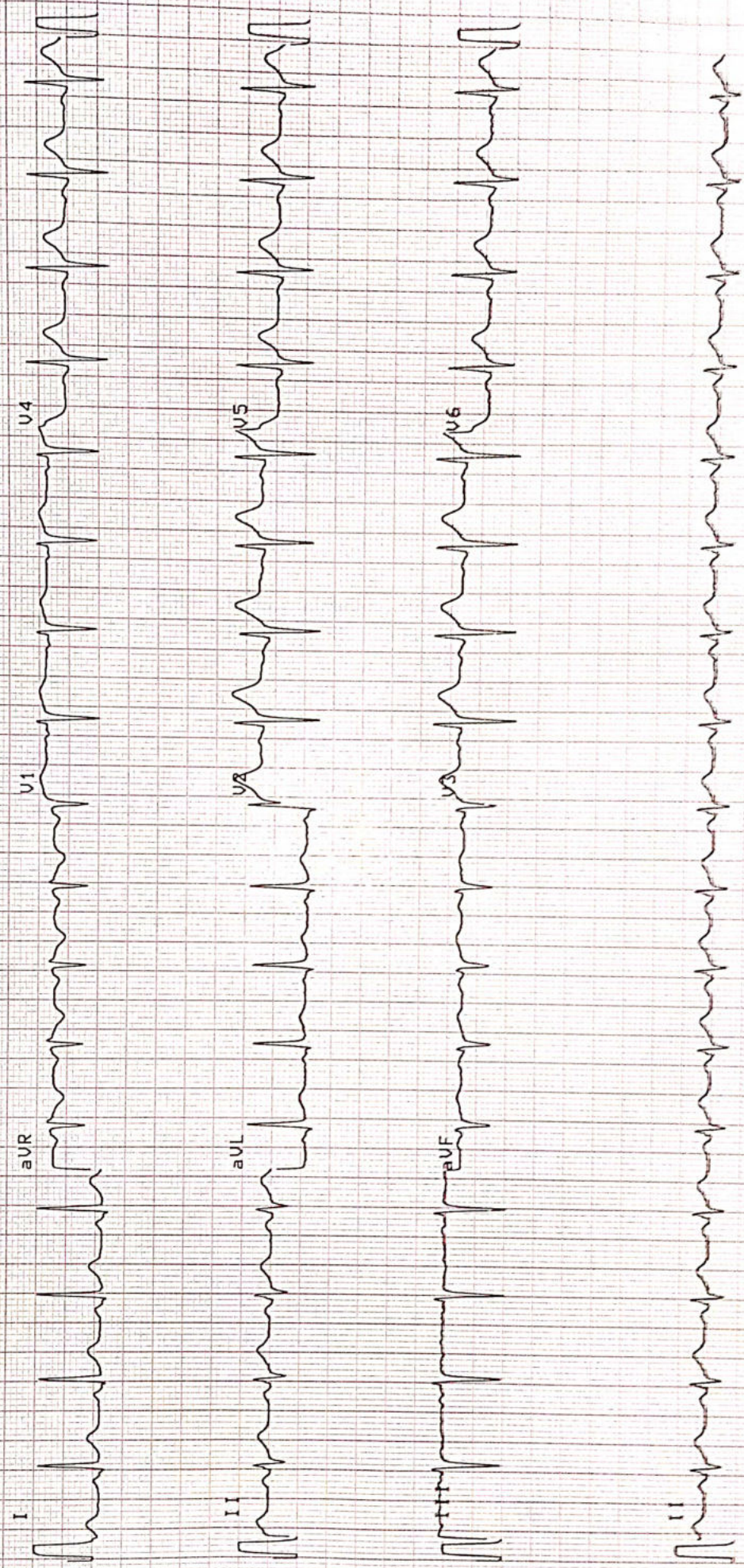
SINUS TACHYCARDIA
 LEFTWARD AXIS
 OTHERWISE NORMAL ECG

5.62

P (II) 0.10 mV
 S (V1) 1.03 mV
 R (V5) 0.97 mV
 Sokol: 2.15 mV

10 mm/mV

10 mm/mV



25 mm/s

0.05-25Hz F50 55F 505 We 22-NOR-23 12:08:44

ASIAN CITY HOSPITAL PATNR

AT-2plus 4.14 CN

SCORER

PAGE 2 (5/20)

Patient Details **Date:** 22-Mar-23 **Time:** 11:59:13 AM
Name: Mr.NISHANT KUMAR SINGH **ID:** APH000014020
Age: 35 y **Sex:** M **Height:** 168 cms **Weight:** 92 Kgs
Clinical History:

Medications:

Test Details

Protocol: Bruce **Pr.MHR:** 185 bpm **THR:** 166 (90 % of Pr.MHR) bpm
Total Exec. Time: 7 m 31 s **Max. HR:** 210 (114% of Pr.MHR)bpm **Max. Mets:** 10.20
Max. BP: 140 / 90 mmHg **Max. BP x HR:** 29400 mmHg/min **Min. BP x HR:** 9360 mmHg/min
Test Termination Criteria:

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 : 49	1.0	0	0	132	120 / 80	-2.78 aVR	4.64 V2
Standing	0 : 12	1.0	0	0	117	120 / 80	-1.77 aVR	2.95 II
Hyperventilation	0 : 13	1.0	0	0	121	120 / 80	-1.27 aVR	2.53 V2
1	3 : 0	4.6	2.7	10	184	130 / 80	-2.78 aVR	5.49 II
2	3 : 0	7.0	4	12	203	140 / 90	-2.78 aVR	5.49 II
Peak Ex	1 : 31	10.2	5.4	14	210	140 / 90	-3.04 aVR	5.49 II
Recovery(1)	2 : 0	1.8	1.6	0	169	140 / 90	-5.82 aVR	5.91 II
Recovery(2)	2 : 0	1.0	0	0	143	120 / 80	-5.82 aVR	5.91 II
Recovery(3)	0 : 7	1.0	0	0	142	120 / 80	-1.77 aVR	4.22 V2

Interpretation

COMMENTS :- FAIR EXERCISE (10.20 METS) TOLERANCE.
:- NORMAL BP RESPONSE TARGET HEART RATE ACHIEVED.
:- NO SIGNIFICANT ST-T SIGEMENT CHANGES SEEN IN LEADS.
:- THE TEST TERMINATED DUE TO -HEART RATE ACHIEVED.
IMPRESSION :- THE TEST IS NEGATIVE FOR INDUCIBLE ISCHAEMIA.

Ref. Doctor: Dr.ADITYA KUMAR

Doctor: Dr.ADITYA KUMAR

(Summary Report edited by user)

Schiller GS-20 V 1.9

Asian City Hospital (A unit of Blue Sapphire Healthcare Pvt. Ltd.) CIN · U74999DL2007PTC159674



Name :- <u>Nishant K Singh</u>	Age/Sex :- <u>35</u>
Employee Id :-	Division :-
Ref. By :-	Date :- <u>22/3/23</u>

Basic Eye

Conjunctiva: Normal/Pallor/Inflammation/Pterygium/ Bitot's Spots: - dry eye

Eyelids: Normal/ Ptosis/ Sty: - Normal

Eye Movement: Normal: - Normal

Cornea: Normal: - Normal

Distance vision right eye without glasses: - 6/36

Distance vision left eye without glasses: - 6/36

Distance vision left eye with glasses: - 6/6

Distance vision right eye with glasses: - 6/6

Near vision left eye without glasses: - N-6

Near vision right eye without glasses: - N-6

Near vision right eye with glasses: - +

Near vision left eye with glasses: - —

Color Vision: (out of 17 numbered plates): Normal.

	SPH	CYL	AXIS	ADD
RE	-1.25	—	—	—
LE	-1.25	-0.25	130	—

Type: - single/ Bifocal/ Progressive Glass

Remarks:

Rt - Refresh tear for 10-days
O.O.C

Braunav Disha

Signature

NON INVASIVE CARDIOLOGY

Patient Name	: MR. NISHANT KUMAR SINGH	IPD No.	:	
Age	: 35 Yrs 3 Mth	UHID	:	APH000014020
Gender	: MALE	Bill No.	:	APHHC230000333
Ref. Doctor	: MEDIWHEEL	Bill Date	:	22-03-2023 09:29:24
Ward	:	Room No.	:	
		Procedure Date	:	22-03-2023 16:22:12

ECHOCARDIOGRAPHY COLOUR DOPPLER REPORT

M MODE STUDY (MEASUREMENTS)

Left Ventricle:-

EDD:	41	(mm)	Left Atrium	36	(mm)
ESD:	30	(mm)	Aortic Root	39	(mm)
IVS Thickness (D/S)	1.1/1.7	(mm)	Right Ventricle (TAPSE)	21	(mm)
LVPW Thickness	1.1/1.9	(mm)	Pericardium		NORMAL
LVEF	62	(%)			

WALL MOTION STUDY : NO RWMA


MV	: NORMAL	TV	: NORMAL
AV	: NORMAL	PV	: NORMAL
IAS	: NORMAL	IVS	: NORMAL

DOPPLER STUDY (PW/CW AND COLOUR FLOW IMAGING)

VALVES	V max(m/sec)	PG MG EDG (mm Hg)	Orifice Area (cm ²)	REGURGITATION
MV E/A	0.54/0.93			MR:-NIL
AV	1.09	4.77		AR:- NIL
TV	0.94	3.51		TR:- NIL
PV	1.09	4.73		PR:- NIL

IMPRESSION: -

No RWMA.
Normal Cardiac Chamber Dimensions.
Normal LV/RV Systolic Function, LVEF-62%.
No LA-LAA Clot/ Vegetation/ Pericardial Effusion.


DR. ADITYA KUMAR.
MD, DM (CARDIOLOGY)
CONSULTANT CARDIOLOGIST

FINAL REPORT

Bill No.	: APHHC230000333	Bill Date	: 22-03-2023 09:29
Patient Name	: MR. NISHANT KUMAR SINGH	UHID	: APH000014020
Age / Gender	: 35 Yrs 3 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23006736	Current Ward / Bed	: /
		Receiving Date & Time	: 22-03-2023 10:39
		Reporting Date & Time	: 22-03-2023 12:38

BIOCHEMISTRY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: EDTA Whole Blood, Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP_MALE(BELOW-40)@2400

BLOOD UREA <small>Urease-GDH,Kinetic</small>		22	mg/dL	15 - 45
BUN (CALCULATED)		10.3	mg/dL	7 - 21
CREATININE-SERUM <small>(Modified Jaffe s Kinetic)</small>	L	0.8	mg/dL	0.9 - 1.3
GLUCOSE-PLASMA (FASTING) <small>(UV Hexokinase)</small>	H	108.0	mg/dL	70 - 100

Note: A diagnosis of diabetes mellitus is made if fasting blood glucose exceeds 126 mg/dL.
 (As per American Diabetes Association recommendation)

LIPID PROFILE

CHOLESTROL-TOTAL <small>(CHO-POD)</small>	H	228	mg/dL	0 - 160
HDL CHOLESTROL <small>Enzymatic Immunoinhibition</small>		41	mg/dL	>40
CHOLESTROL-LDL DIRECT <small>Enzymatic Selective Protection</small>	H	155	mg/dL	0 - 100
S.TRIGLYCERIDES <small>(GPO - POD)</small>	H	204	mg/dL	0 - 160
NON-HDL CHOLESTROL	H	187.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		5.6		½Average Risk <3.3 Average Risk 3.3-4.4 2 Times Average Risk 4.5-7.1 3 Times Average Risk 7.2-11.0
LDL CHOLESTROL / HDL CHOLESTROL		3.8		½Average Risk <1.0 Average Risk 1.0-3.6 2 Times Average Risk 3.7-6.3 3 Times Average Risk 6.4-8.0
CHOLESTROL-VLDL	H	41	mg/dL	10 - 35

Comments:

- Disorders of Lipid metabolism play a major role in atherosclerosis and coronary heart disease.
- There is an established relationship between increased total cholesterol & LDL cholesterol and myocardial infarction.
- HDL cholesterol level is inversely related to the incidence of coronary artery disease.
- Major risk factors which adversely affect the lipid levels are:
 1. Cigarette smoking.
 2. Hypertension.
 3. Family history of premature coronary heart disease.
 4. Pre-existing coronary heart disease.

LIVER FUNCTION TESTS (LFT)

BILIRUBIN-TOTAL <small>(DPD)</small>		0.66	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT <small>(DPD)</small>		0.12	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.54	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL <small>(Biuret)</small>		7.8	g/dL	6 - 8.1
ALBUMIN-SERUM <small>(Dye Binding-Bromocresol Green)</small>		4.5	g/dL	
S.GLOBULIN		3.3	g/dL	2.8-3.8
A/G RATIO	L	1.36		1.5 - 2.5

FINAL REPORT

Bill No.	: APHHC230000333	Bill Date	: 22-03-2023 09:29
Patient Name	: MR. NISHANT KUMAR SINGH	UHID	: APH000014020
Age / Gender	: 35 Yrs 3 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23006736	Current Ward / Bed	: /
		Receiving Date & Time	: 22-03-2023 10:39
		Reporting Date & Time	: 22-03-2023 12:38

ALKALINE PHOSPHATASE <small>IFCC AMP BUFFER</small>		106.0	IU/L	53 - 128
ASPARTATE AMINO TRANSFERASE (SGOT) <small>(IFCC)</small>		28.6	IU/L	10 - 42
ALANINE AMINO TRANSFERASE(SGPT) <small>(IFCC)</small>	H	49.9	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTIDASE <small>(IFCC)</small>	H	91.5	IU/L	11 - 50
LACTATE DEHYDROGENASE <small>(IFCC; L-P)</small>		162.6	IU/L	0 - 248
S.PROTEIN-TOTAL <small>(Biuret)</small>		7.8	g/dL	6 - 8.1
URIC ACID <small>Uricase - Trinder</small>		3.6	mg/dL	2.6 - 7.2

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low

Ashish

DR. ASHISH RANJAN SINGH
MBBS,MD
CONSULTANT

FINAL REPORT

Bill No.	: APHHC230000333	Bill Date	: 22-03-2023 09:29
Patient Name	: MR. NISHANT KUMAR SINGH	UHID	: APH000014020
Age / Gender	: 35 Yrs 3 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23006736	Current Ward / Bed	: /
		Receiving Date & Time	: 22-03-2023 10:39
		Reporting Date & Time	: 22-03-2023 12:38

Sample Type: EDTA Whole Blood, Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP_MALE(BELOW-40)@2400

HBA1C (Turbidimetric Immuno-inhibition)	6.0	%	4.0 - 6.2
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INTERPRETATION:

HbA1c %	Degree of Glucose Control
>8%	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
7.1 - 8.0	Fair Control
<7.0	Good Control

- Note:
- 1.A three monthly monitoring is recommended in diabetics.
 2. Since HbA1c concentration represents the integrated values for blood glucose over the preceding 6 - 10 weeks and is not affected by daily glucose fluctuation, exercise and recent food intake, it is a more useful tool for monitoring diabetics.

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low

Ashish

DR. ASHISH RANJAN SINGH
MBBS,MD
CONSULTANT


FINAL REPORT

Bill No.	: APHHC230000333	Bill Date	: 22-03-2023 09:29
Patient Name	: MR. NISHANT KUMAR SINGH	UHID	: APH000014020
Age / Gender	: 35 Yrs 3 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23006737	Current Ward / Bed	: /
		Receiving Date & Time	: 22-03-2023 10:39
		Reporting Date & Time	: 22-03-2023 14:07

SEROLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
<i>Sample Type: Serum</i>				
MEDIWHEEL FULL BODY HEALTH CHECKUP_MALE(BELOW-40)@2400				
THYROID PROFILE (FT3+FT4+TSH)				
FREE-TRI IODO THYRONINE (FT3) (ECLIA)		3.48	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)	H	1.82	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		2.55	mIU/L	0.27-4.20

** End of Report **

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low



DR. ASHISH RANJAN SINGH
 MBBS,MD
 CONSULTANT

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FINAL REPORT

Bill No. :	APHHC230000333	Bill Date :	22-03-2023 09:29
Patient Name :	MR. NISHANT KUMAR SINGH	UIID :	APH000014020
Age / Gender :	35 Yrs 3 Mth / MALE	Patient Type :	OPD <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant :	MEDIWHEEL	Ward / Bed :	/
Sample ID :	APH23006765	Current Ward / Bed :	/
		Receiving Date & Time :	22-03-2023 12:04
		Reporting Date & Time :	22-03-2023 14:04

CLINICAL PATH REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: STAN, Urine

MEDIWHEEL FULL BODY HEALTH CHECKUP_MALE(BELOW-40)@2400
STOOL ROUTINE EXAMINATION
PHYSICAL EXAMINATION

COLOUR	YELLOWISH
CONSISTENCY	SEMI SOLID
BLOOD	ABSENT
MUCOUS	ABSENT

MICROSCOPIC EXAMINATION

PUS CELLS	0-1
RBC'S	NIL
TROPHOZOITES	NOT DETECTED
CYSTS	NOT DETECTED
OVA	NOT DETECTED

URINE, ROUTINE EXAMINATION
PHYSICAL EXAMINATION

QUANTITY	30 mL		
COLOUR	Pale straw		Pale Yellow
TURBIDITY	Clear		

CHEMICAL EXAMINATION

PH (Acidic pH indicator method)	6.0		5.0 - 8.5
PROTEINS (Proteinuria-indicator)	Negative		Negative
SUGAR (Gluco-oxidase method)	Negative		Negative
SPECIFIC GRAVITY, URINE (Apparent ph change)	1.025		1.005 - 1.030

MICROSCOPIC EXAMINATION

LEUCOCYTES	0-1	/HPF	0 - 5
RBC'S	Nil		
EPITHELIAL CELLS	0-1		
CASTS	Nil		
CRYSTALS	Nil		

URINE-SUGAR	NEGATIVE
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**** End of Report ****
IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low

FINAL REPORT

Bill No.	: APHHC230000333	Bill Date	: 22-03-2023 09:29
Patient Name	: MR. NISHANT KUMAR SINGH	UHID	: APH000014020
Age / Gender	: 35 Yrs 3 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: MEDIWHEEL	Ward / Bed	: /
Sample ID	: APH23006734	Current Ward / Bed	: /
		Receiving Date & Time	: 22-03-2023 10:39
		Reporting Date & Time	: 22-03-2023 15:43

BLOOD BANK REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: EDTA Whole Blood

MEDIWHEEL FULL BODY HEALTH CHECKUP_MALE(BELOW-40)@2400

BLOOD GROUP (ABO)	"B"
RH TYPE	POSITIVE

**** End of Report ****

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low

Ashish

DR. ASHISH RANJAN SINGH
MBBS,MD
CONSULTANT

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	: MR. NISHANT KUMAR SINGH	IPD No.	:
Age	: 35 Yrs 3 Mth	UHID	: APH000014020
Gender	: MALE	Bill No.	: APHHC230000333
Ref. Doctor	: MEDIWHEEL	Bill Date	: 22-03-2023 09:29:24
Ward	:	Room No.	:
		Print Date	: 22-03-2023 10:58:00

CHEST PA VIEW:

Cardiac shadow appears normal.

Both lung fields appear clear.

Both domes of diaphragm and both CP angles are clear.


Both hila appear normal.

Soft tissues and bony cage appear normal.

Please correlate clinically.

.....End of Report.....

Prepare By.
MD.SERAJ


DR. MUHAMMAD SERAJ, MD, FRCR
(London) Radiodiagnosis
CONSULTANT



Note : The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	: MR. NISHANT KUMAR SINGH	IPD No.	:
Age	: 35 Yrs 3 Mth	UHID	: APH000014020
Gender	: MALE	Bill No.	: APHHC230000333
Ref. Doctor	: MEDIWHEEL	Bill Date	: 22-03-2023 09:29:24
Ward	:	Room No.	:
		Print Date	: 22-03-2023 11:19:21

WHOLE ABDOMEN:

Both the hepatic lobes are normal in size and shows mild increase in parenchymal echogenicity S/O grade I fatty liver infiltration. (Liver measures 12.5 cm). No focal lesion seen. Intrahepatic biliary radicals are not dilated.

Portal vein is normal in calibre (10.5 mm).

Gall bladder is well distended. Wall thickness is normal. No calculus seen.

CBD is normal in calibre.

Pancreas is normal in size and echotexture.

Spleen is normal in size (10.7 cm) and echotexture.

Both kidneys are normal in size and echotexture (Right kidney (11.2 cm), Left kidney (10.6 cm). Cortico-medullary distinction is maintained. No calculus or hydronephrosis seen.

Simple cortical cyst approx size 1.4 x 1.1 cm seen in left kidney.

Urinary bladder appears normal.

Prostate appears normal in size (Vol. 12.1 cc), outline and echotexture.

No free fluid or collection seen. No pleural effusion seen.

No significant lymphadenopathy seen.

No dilated bowel loop seen.


IMPRESSION:

- Grade I fatty infiltration of liver.
- Simple cortical cyst approx size 1.4 x 1.1 cm seen in left kidney.

Please correlate clinically.

.....End of Report.....

Prepare By.
MD.SERAJ


DR. MUHAMMAD SERAJ, MD, FRCR
(London) Radiodiagnosis
CONSULTANT



Note : The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.