

BOB

**भारत सरकार**  
Government of India



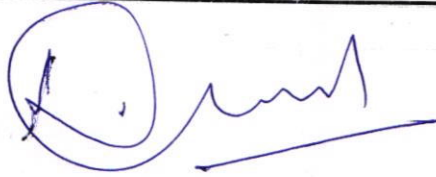
ध्रुव नारायण झा धीरज  
Dhrub Narayan Jha Dhiraj  
जन्म तिथि/DOB: 04/10/1971  
पुरुष/ MALE




3772 4508 0816

VID : 9167 5549 9673 2202

मेरा आधार, मेरी पहचान



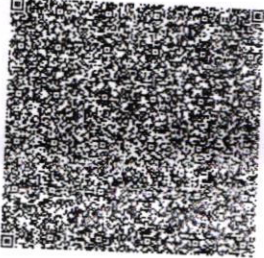

Dr. D. S. Chhabra

M.B.B.S., M.D.  
Reg. No.-5807

**भारत सरकार**  
Unique Identification Authority of India

**पता:**  
C/O गोबिंद झा, जी 309 सिलिकोन सिटी, नर्मदा नर्मदा टंकी, इंदौर, इंदौर, मध्य प्रदेश - 452012

**Address:**  
C/O Gobind Jha, G 309 Silicon City, Near Narmada Tanki, Indore, Indore, Madhya Pradesh - 452012



QR Code with Photograph

3772 4508 0816

VID : 9167 5549 9673 2202

www.uidai.gov.in

MR. DHRUV NARAYAN JHA

50 Yrs./M.

BOB

12th Mar. 2022

**ABDOMINAL SONOGRAPHY**

Liver is of normal size, shape, has smooth margins & regular contours and the parenchyma is hyperechoic in echostructure, **fatty changes ( more than Grade I )**. No focal lesion.

Gall bladder is of normal size, shape, has thin walls & the contents are clear fluid. No evidence of any calculus. Biliary tree is undilated.

Pancreas is normal, no focal / diffuse pathology. Spleen is normal. The portal and splenic veins are normal in calibre.

Both Kidneys are normal in size [ measure about 11 cms. in length ], shape and echostructure. No calculus in both. The collecting system and ureter on both side are undilated.

Urinary bladder is normal in size, shape & has thin walls.

**Prostate is mildly enlarged** in size ( around **28 gms.** ) and is normal in echostructure. No enlargement of median lobe.

There is small ( about **20 cc.** ) vesical **residue** on post-mic exam.

There is no ascitis. No obvious abdominal lymphadenopathy. No sub / supra diaphragmatic pathology on either side.

**IMPRESSION :**

Fatty changes in liver ( more than Grade I ).

Mild enlargement of Prostate.



**DR.D.S.CHHABRA.**  
M.D.

**MR. DHRUB NARAYAN JHA DHIRAJ**

**50 Yrs./M.**

**BOB**

**12th Mar. 2022**

**X-RAY CHEST PA VIEW**

Bony cage is normal.

Trachea is central.

C.P. angles are clear.

Cardiac contour and cardiothoracic ratio are normal.

Lung fields are clear.



**DR.D.S.CHHABRA.**  
M.D.

MR. DHRUB NARAYAN JHA DHIRAJ

45 YEARS /MALE

BANK OF BARODA

12-03-2022

Height: 167 CM.

Weight: 79.0 KG.

BP: - 126/80 mmhg

Pulse: 76/- Regular

BMI: - 28.3

The Medical Examiner should record the findings under one of the following categories:-

1. FIT
2. UNFIT



Dr. D. S. Chhabra  
DR. D.S. CHHABRA  
MBBS. MD.  
Reg. No. 3007



Summary

UNIQUE DIAGNOSTIC CENTER INDORE

Ref. By : BOB  
Medication : H/O HTN ON REGULAR MEDICATION  
Objective : H/O HTN ON REGULAR MEDICATION

Protocol : BRUCE  
History : H/O HTN ON REGULAR MEDICATION

54812/MR DHRUB NARAYAN JHA  
Date: 12-Mar-2022 10:17:09 AM

50 Yrs/Male 0 Kg/0 Cms

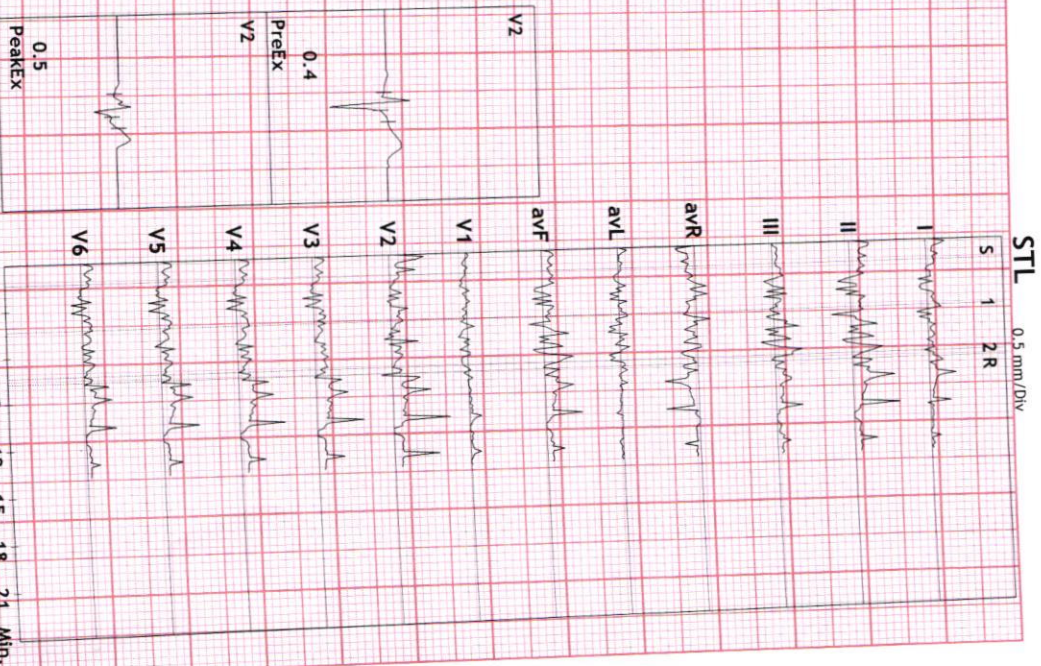
Stage	StageTime (Min:Sec)	PhaseTime (Min:Sec)	Speed (mph)	Grade (%)	METS	H.R. (bpm)	B.P. (mmHg)	R.P.P. x100	PVC	Comments
Supine					1.0	110	130/86	143	-	
Standing					1.0	117	130/86	152	-	
HV					1.0	105	130/86	136	-	
ExStart					1.0	109	130/86	141	-	
Stage 1	3:01	3:02	1.7	10.0	4.7	150	140/90	210	-	
Stage 2	3:01	6:02	2.5	12.0	7.1	162	148/96	239	14	
PeakEx	0:24	6:25	3.4	14.0	7.5	179	148/96	264	12	
Recovery	1:00		0.0	0.0	1.1	161	148/96	238	18	
Recovery	3:00		0.0	0.0	1.0	128	132/90	168	9	
Recovery	5:00		0.0	0.0	1.0	128	128/82	163	-	

Findings :

PROTOCOL : BRUCE  
 OBJECT OF TEST : INSURANCE  
 Max BP : 148/96(mmHg)  
 RISK FACTOR : H/O HTN ON REGULAR MEDICATION  
 MEDICATION : H/O HTN ON REGULAR MEDICATION  
 REASON FOR TERMINATION : THR ARCHIVE  
 TAGE ICC EXERCISE TOLERANCE : GOOD  
 EXERCISE INDUCED ARRHYTHMIA : NO  
 HEMO RESPONSE : NORMAL  
 FINAL INPRATION: TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA



Advice/Comments:



Dr. Mahendra Chouresiya  
M.D. (Cardio)



Summary

UNIQUE DIAGNOSTIC CENTER INDORE

54812/MR DHRUB NARAYAN JHA 50 Yrs/Male 0 Kg/0 Cms  
Date: 12-Mar-2022 10:17:09 AM

Ref. By : BOB Protocol : BRUCE

Objective : H/O HTN ON REGULAR MEDICATION

Stage	StageTime (Min:Sec)	PhaseTime (Min:Sec)	Speed (mph)	Grade (%)	METS	H.R. (bpm)	B.P. (mmHg)	R.P.P. x100	PVC	Comments
Supine					1.0	110	130/86	143	-	
Standing					1.0	117	130/86	152	-	
HV					1.0	105	130/86	136	-	
ExStart					1.0	109	130/86	141	-	
Stage 1	3:01	3:02	1.7	10.0	4.7	150	140/90	210	-	
Stage 2	3:01	6:02	2.5	12.0	7.1	162	148/96	239	14	
PeakEx	0:24	6:25	3.4	14.0	7.5	179	148/96	264	12	
Recovery	1:00		0.0	0.0	1.1	161	148/96	238	18	
Recovery	3:00		0.0	0.0	1.0	128	132/90	168	9	
Recovery	5:00		0.0	0.0	1.0	128	128/82	163	-	

Medication : H/O HTN ON REGULAR MEDICATION

History : H/O HTN ON REGULAR MEDICATION

Test End Reason :

Findings :

The patient exercised according to BRUCE for 6:24, achieving a work level of Max METS:7.5. Resting heart rate initially 110 bpm, rose to a max. heart rate of 179 bpm which represents 105% of maximum age predicted heart rate. Resting blood pressure 130/86 mmhg, rose to a maximum blood pressure of 148/96 mmhg. The exercise stress test was stopped due to

Parameters :

PROTOCOL : BRUCE

OBJECT OF TEST : INSURANCE

Max BP : 148/96(mmHg)

RISK FACTOR: H/O HTN ON REGULAR MEDICATION

MEDICATION : H/O HTN ON REGULAR MEDICATION

REASON FOR TERMINATION : THR ACTIVE

TAGE ICC EXERCISE TOLERANCE : GOOD

EXERCISE INDUCED ARRHYTHMIA : NO

HEMO RESPONSE : NORMAL

FINAL INPRATION: TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Advice/Comments:



Linked Medians Report

UNIQUE DIAGNOSTIC CENTER INDORE

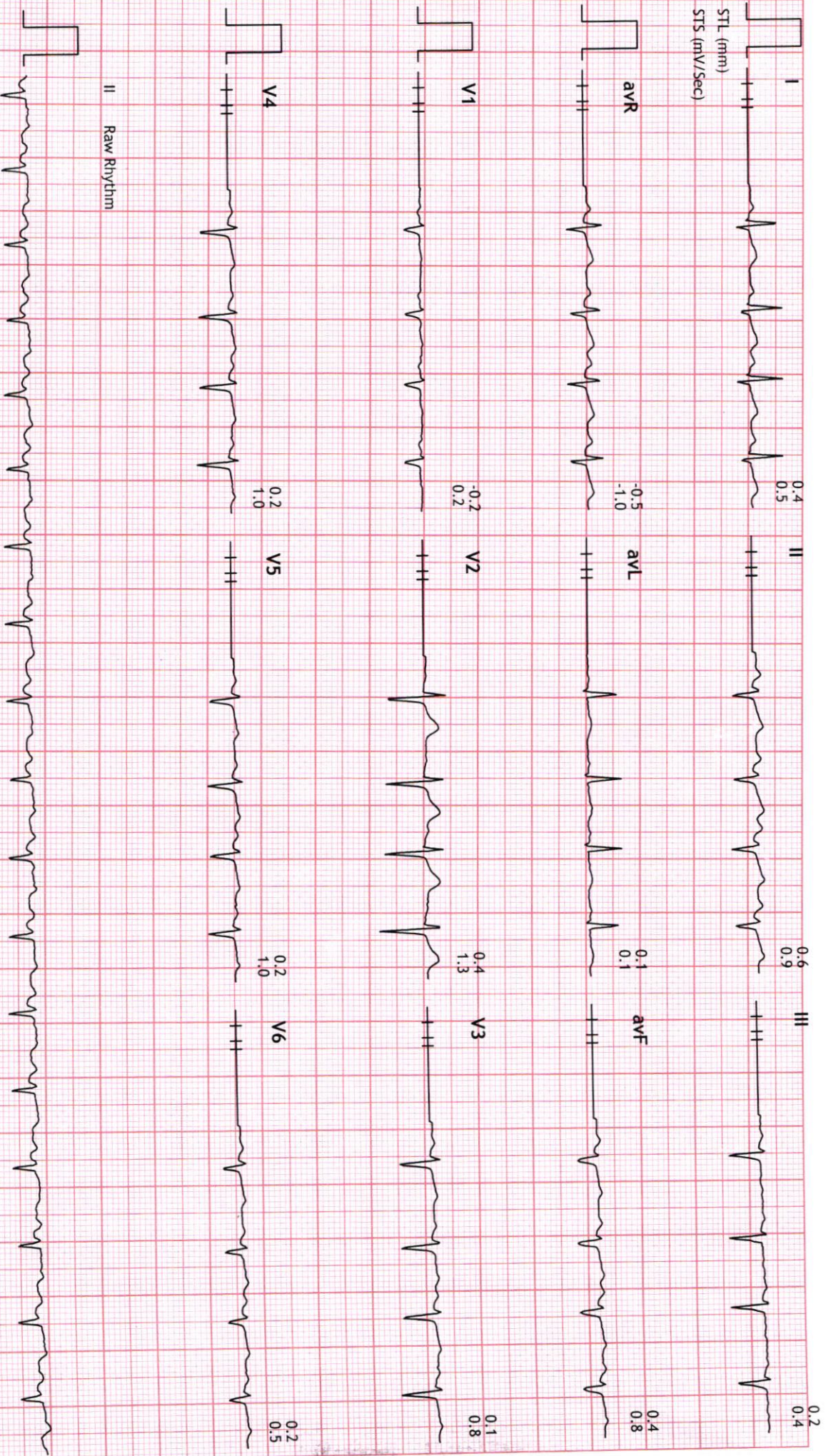
54812/MR DHRUB NARAYAN JHA 54 bpm  
50 Yrs/Male METS: 1.0  
0 Kg/0 Cms BP: 130/86  
Date: 12-Mar-2022 10:17:09 AM

MpHR: 65% of 170  
Speed: 0.0 mph  
Grade: 0.0%

BRUCE  
(1.0-100)Hz

Ex Time 00:35  
BLC : On  
Notch : On

SUPINE  
10.0 mm/mV  
25 mm/Sec.





Linked Medians Report

UNIQUE DIAGNOSTIC CENTER INDORE

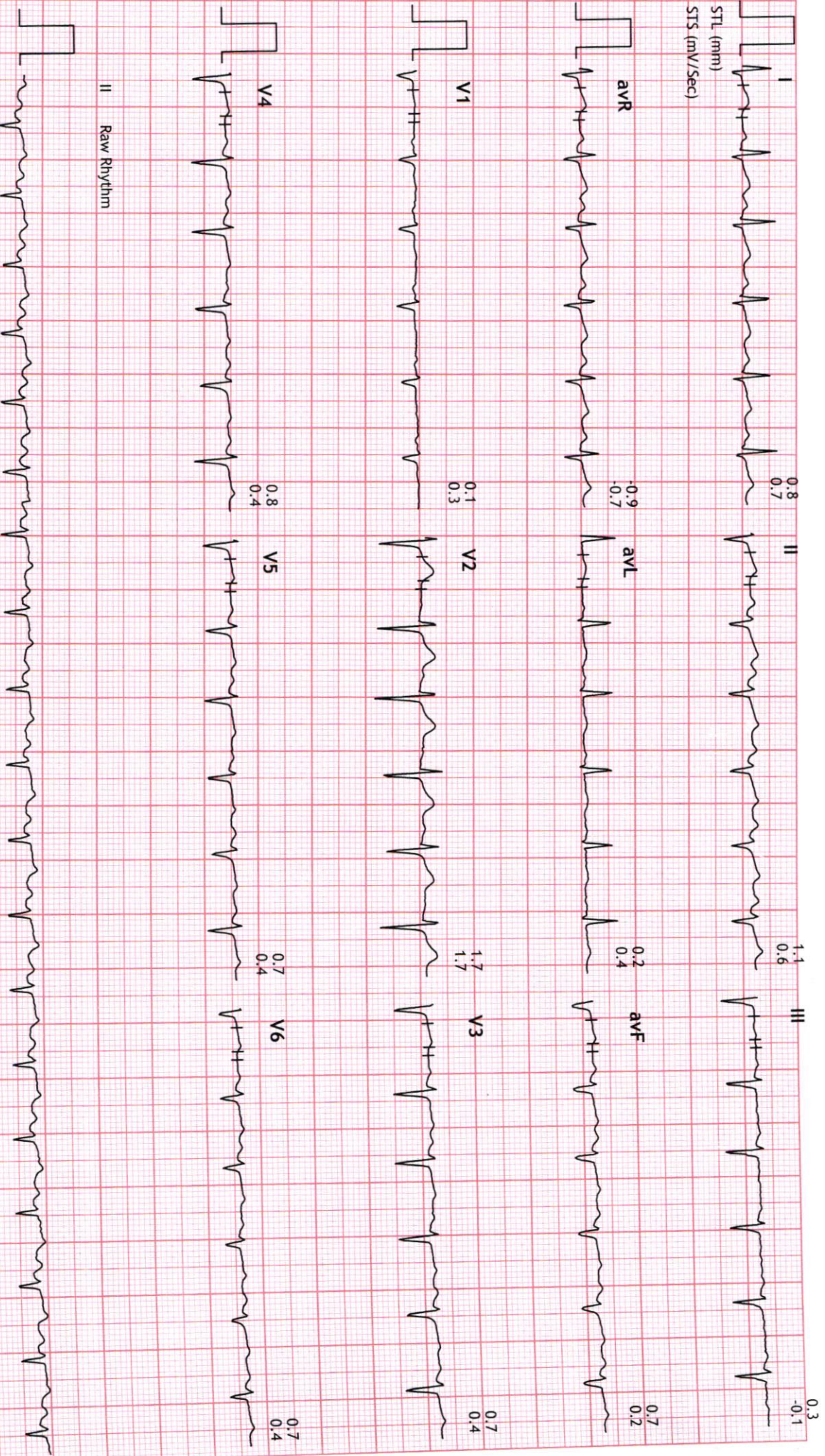
54812/MR DHRUB NARAYAN 44.5 bpm  
50 Yrs/Male METS: 1.0  
0 Kg/0 Cms BP: 130/86  
Date: 12-Mar-2022 10:17:09 AM

MPPR: 67% of 170  
Speed: 0.0 mph  
Grade: 0.0%

BRUCE  
(1.0-100)Hz

Ex Time 00:57  
BLC :On  
Notch :On

STANDING  
10.0 mm/mV  
25 mm/Sec.







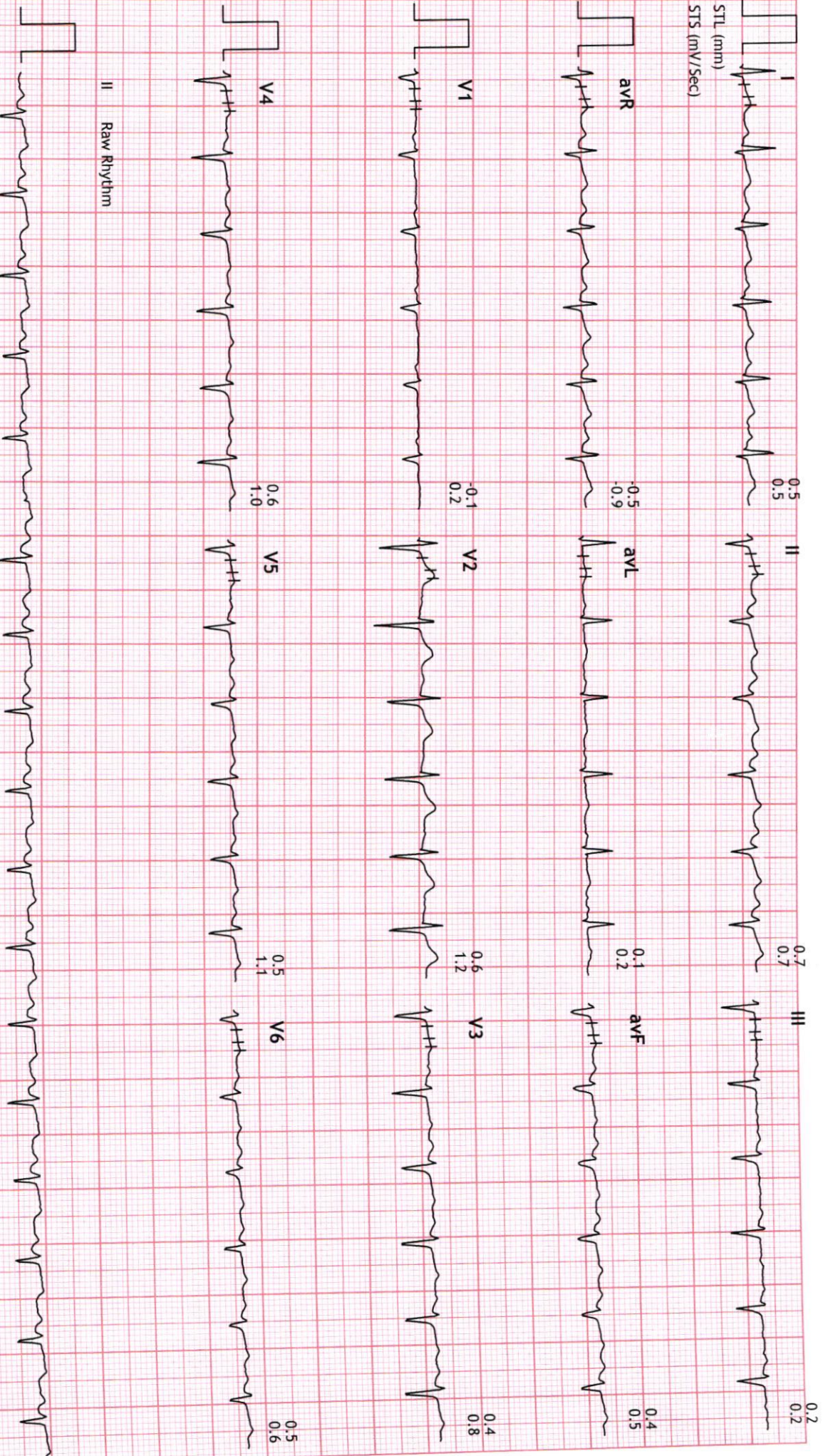
54812/MR DHRUB NARAYARI 110.6 bpm  
50 Yrs/Male METS: 1.0  
0 Kg/0 Cms BP: 130/86  
Date: 12-Mar-2022 10:17:09 AM

MPHR: 62% of 170  
Speed: 0.0 mph  
Grade: 0.0%

BRUCE  
(1.0-100)Hz

Ex Time 01:10  
BLC : On  
Notch : On

HV  
10.0 mm/mV  
25 mm/Sec.





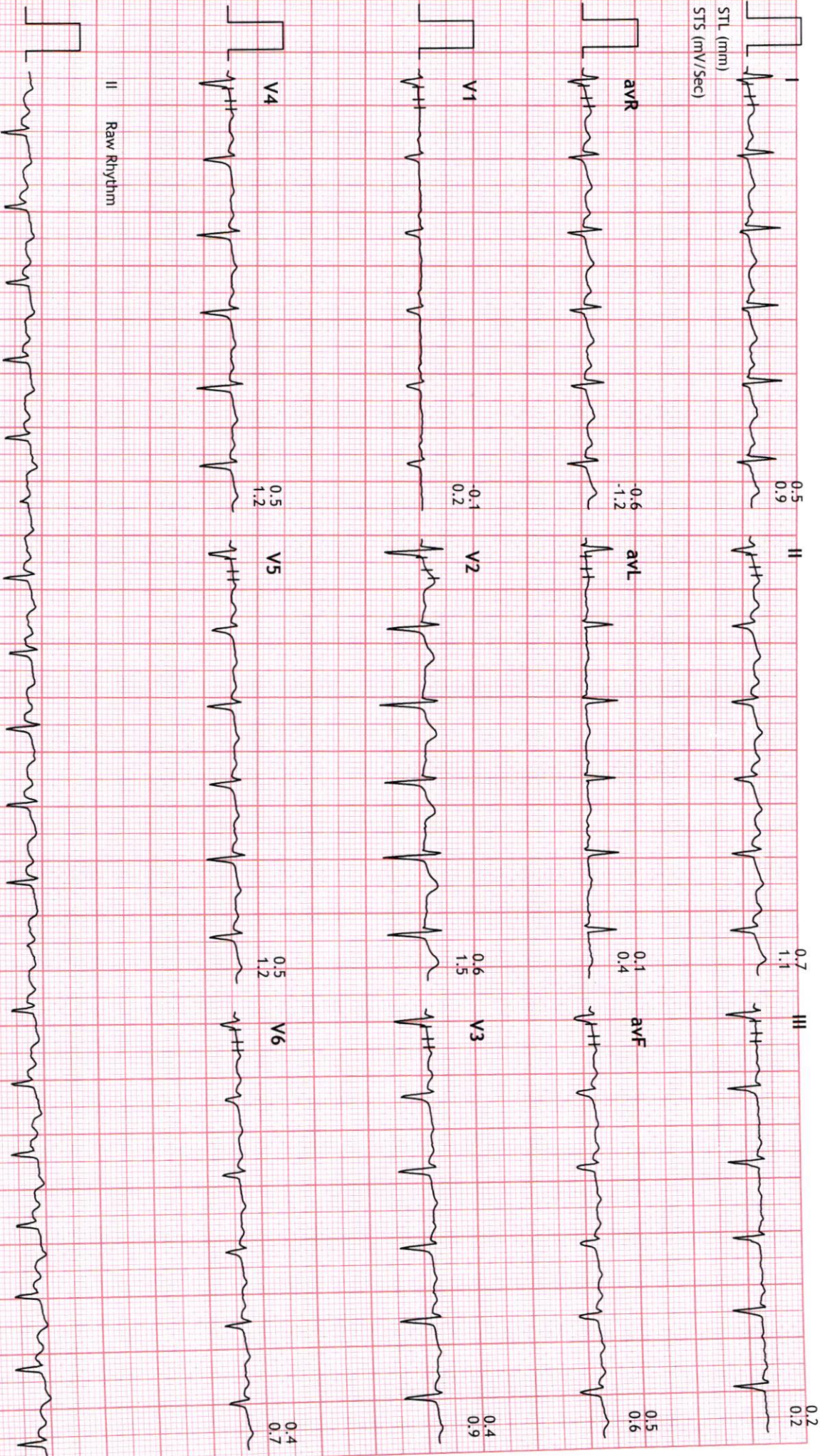
54812/MR DHRUB NARAYAN 409 bpm  
50 Yrs/Male METS: 1.0  
0 Kg/0 Cms BP: 130/86  
Date: 12-Mar-2022 10:17:09 AM

MPPH: 64% of 170  
Speed: 0.0 mph  
Grade: 0.0%

BRUCE  
(1.0-100)/Hz

Ex Time 00:00  
BLC : On  
Notch : On

ExStart  
10.0 mm/mV  
25 mm/Sec.





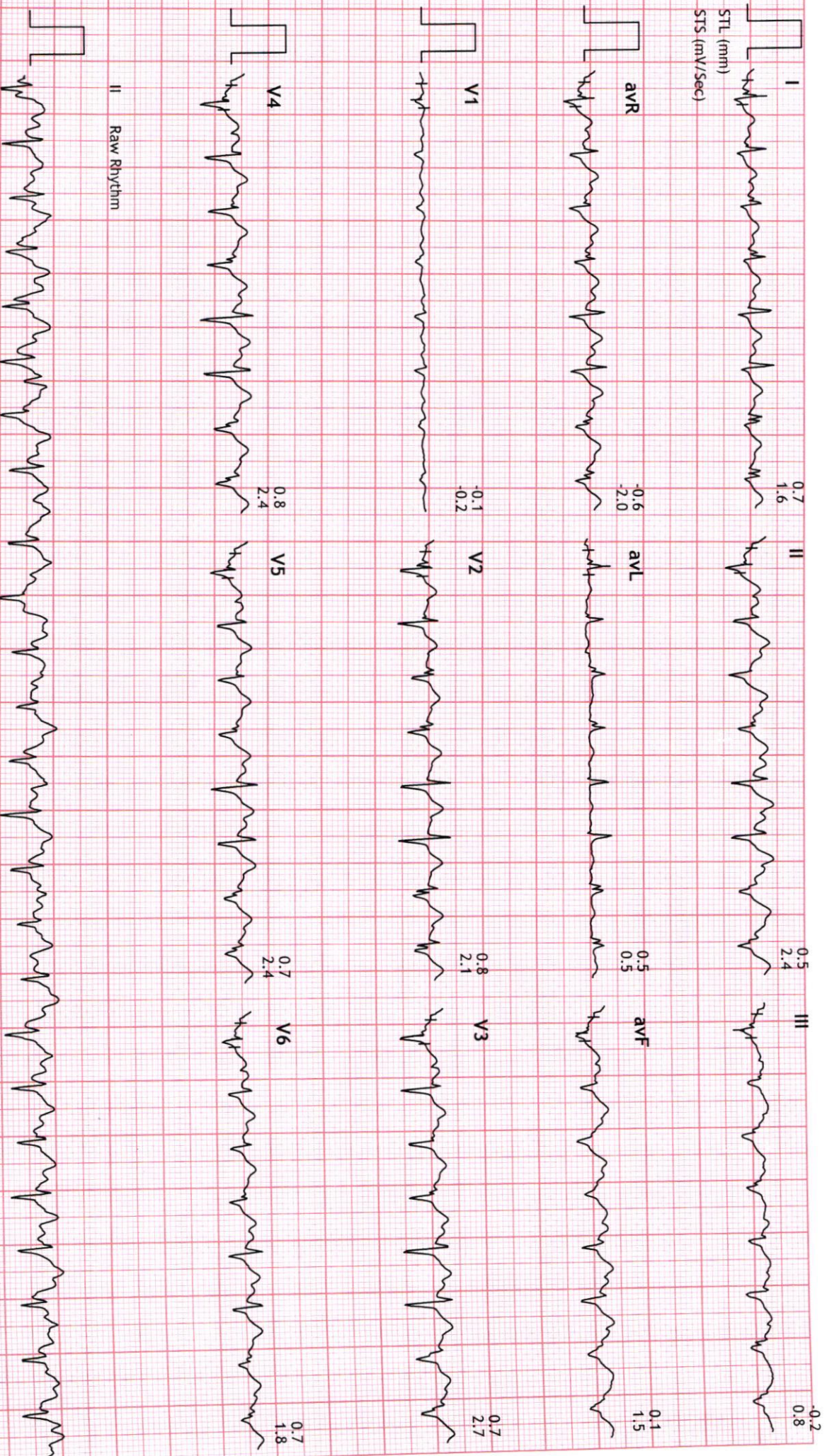
54812/MR DHRUB NARAYAN **1150** bpm  
50 Yrs/Male METS: 4.7  
0 Kg/0 Cms BP: 140/90  
Date: 12-Mar-2022 10:17:09 AM

MpHR: 88% of 170  
Speed: 1.7 mph  
Grade: 10.0%

BRUCE  
(1.0-100)Hz

Ex Time 03:00  
BLC : On  
Notch : On

Stage 1 ( 03:00 )  
10.0 mm/mV  
25 mm/Sec.





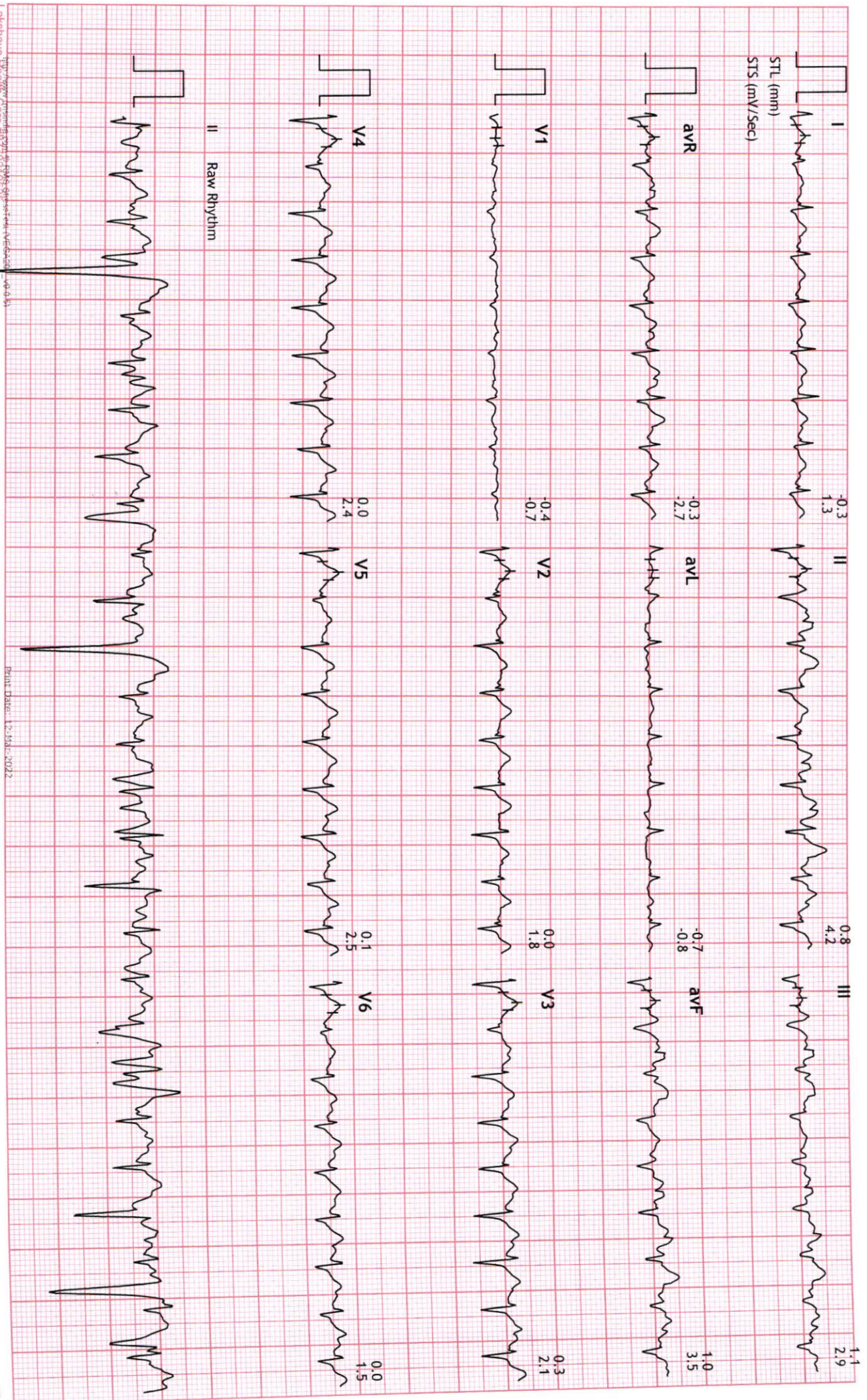
54812/MR DHRUB NARAYAN Jha 62 bpm  
50 Yrs/Male METS: 7.1  
0 Kg/0 Cms BP: 148/96  
Date: 12-Mar-2022 10:17:09 AM

MPHR: 95% of 170  
Speed: 2.5 mph  
Grade: 12.0%

BRUCE  
(1.0-100)Hz

Ex Time 06:00  
BLC : On  
Notch : On

Stage 2 ( 03:00 )  
10.0 mm/mV  
25 mm/Sec.







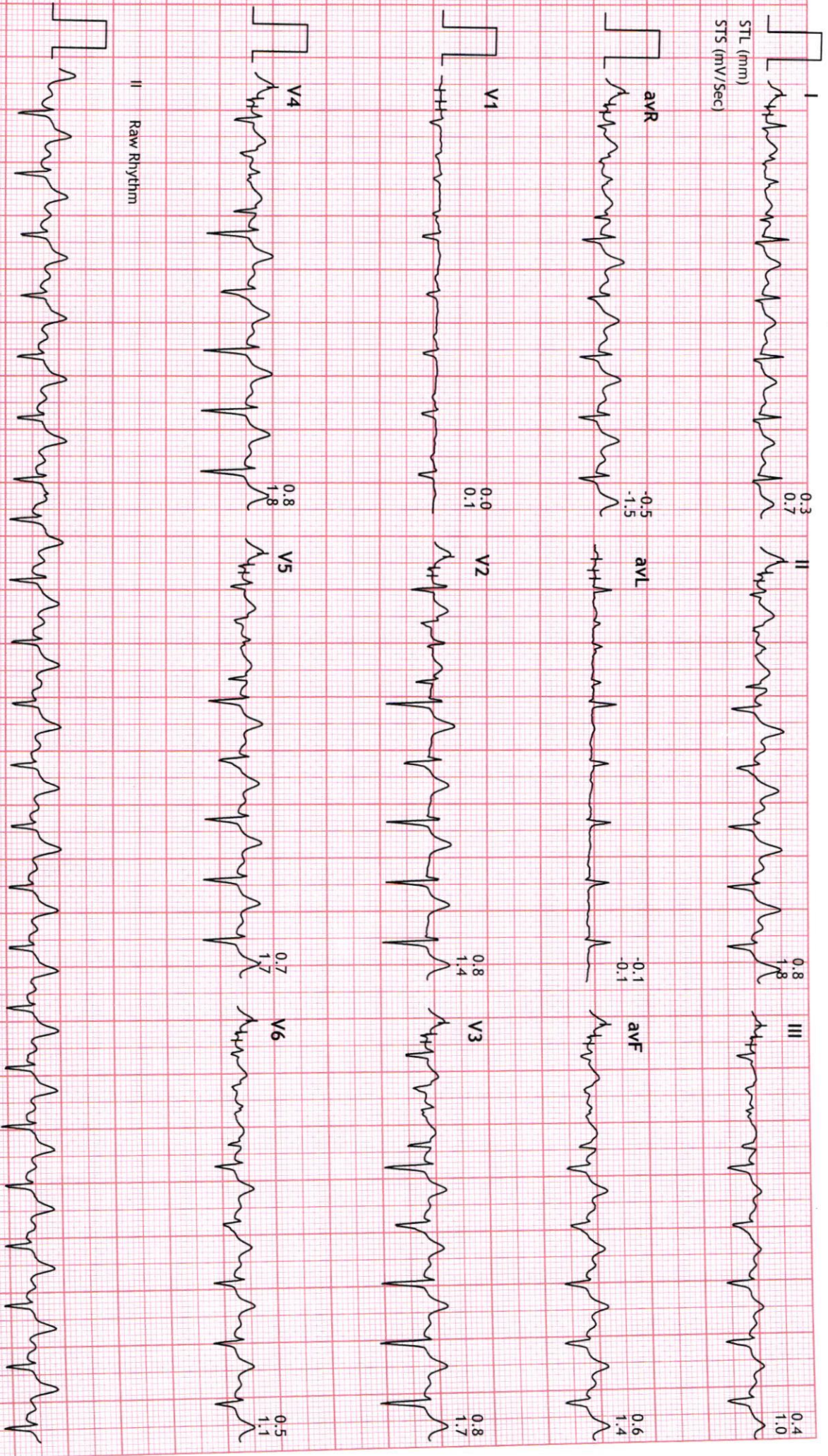
54812/MR DHRUB NARAYAN J134 bpm  
50 Yrs/Male  
0 Kg/0 Cms  
Date: 12-Mar-2022 10:17:09 AM

MPHR: 78% of 170  
Speed: 0.0 mph  
Grade: 0.0%

BRUCE  
(1.0-100)Hz

Ex Time 06:23  
BLC : On  
Notch : On

Recovery : ( 01:59 )  
10.0 mm/mv  
25 mm/Sec.





54812/MR DHRUB NARA YARN 1129 bpm  
50 Yrs/Male METS: 1.0  
0 Kg/0 Cms BP: 132/90  
Date: 12-Mar-2022 10:17:09 AM

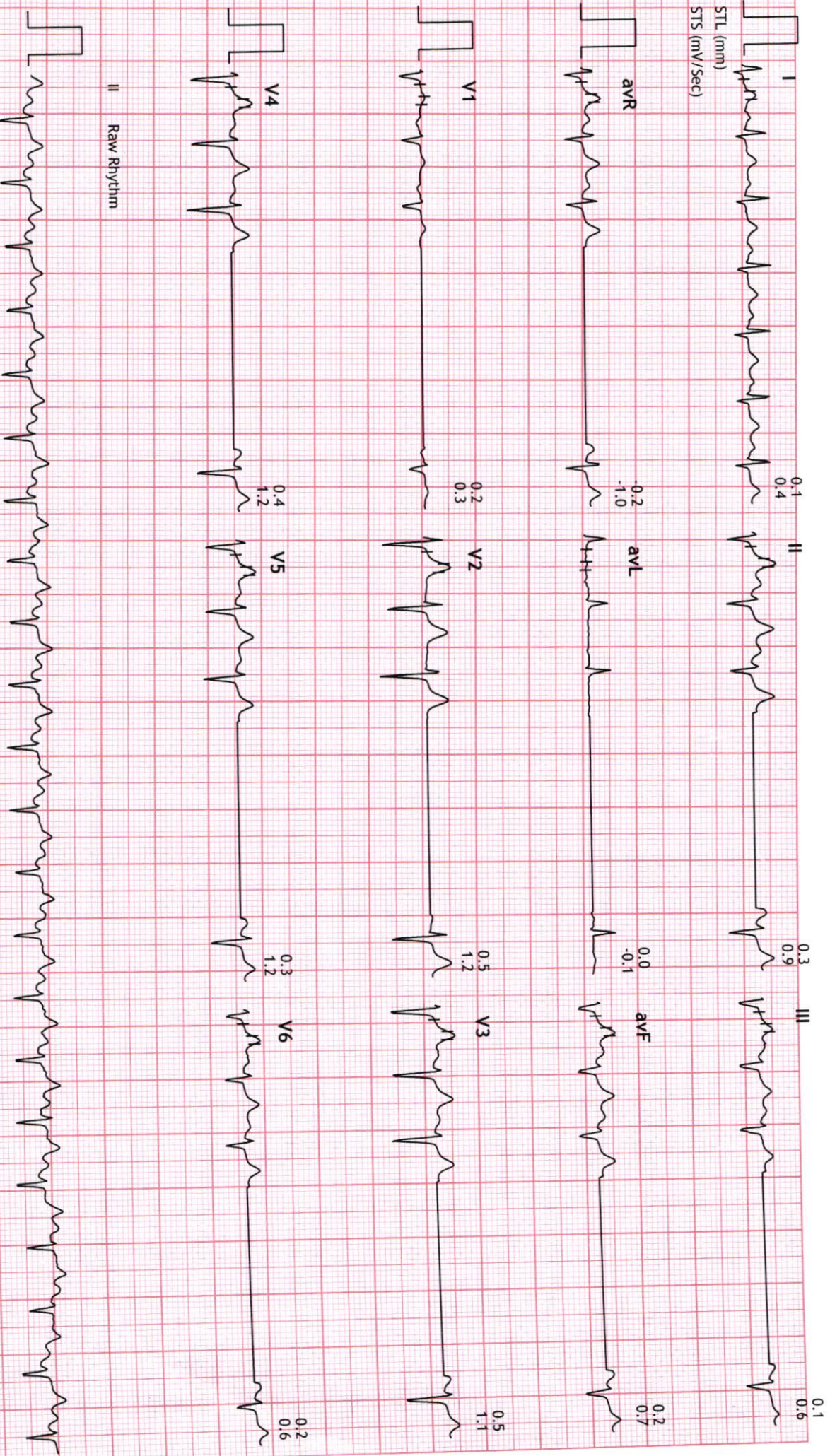
MPHR: 75% of 170  
Speed: 0.0 mph  
Grade: 0.0%

BRUCE

(1.0-100)Hz

Ex Time 06:23  
BLC :On  
Notch :On

Recovery : ( 03:59 )  
10.0 mm/mV  
25 mm/Sec.





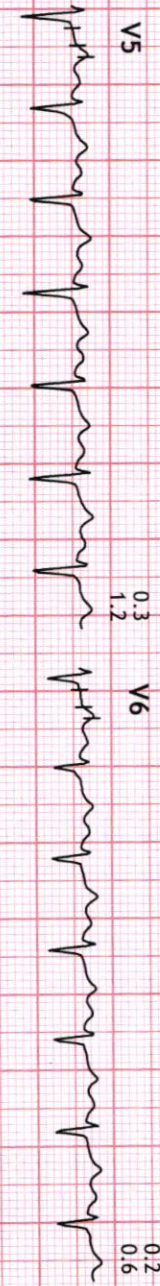
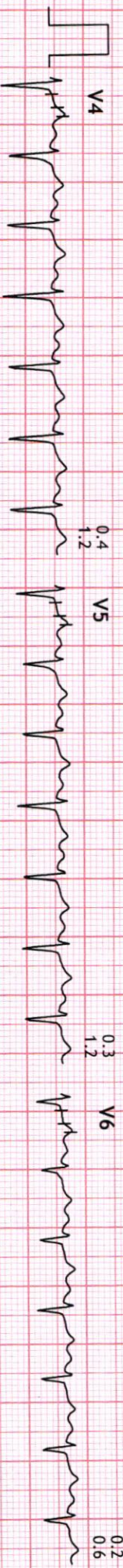
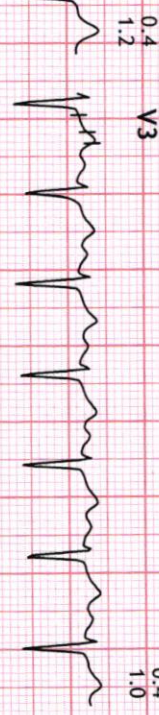
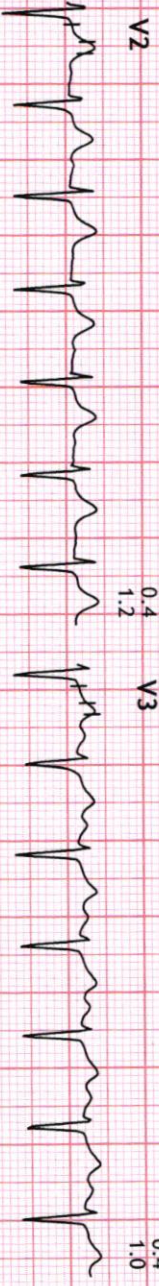
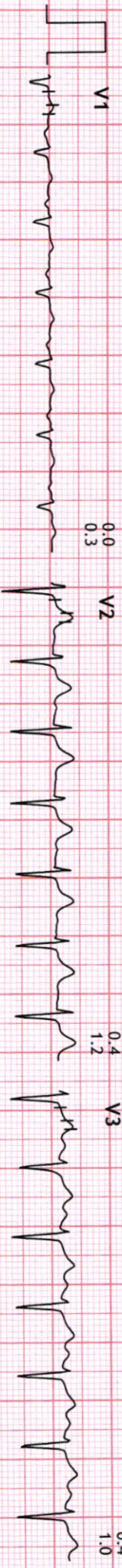
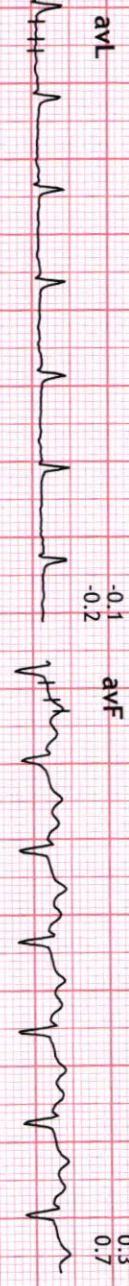
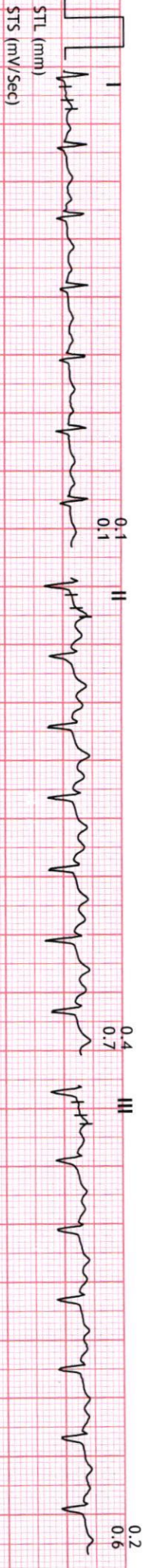
54812/MR DHRUB NARAYAN 328 bpm  
50 Yrs/Male  
0 Kg/0 Cms  
Date: 12-Mar-2022 10:17:09 AM

MpHR: 72% of 170  
Speed: 0.0 mph  
Grade: 0.0%

BRUCE  
(1.0-100)Hz

Ex Time 06:23  
BLC :On  
Notch :On

Recovery : ( 05:59 )  
10.0 mm/mV  
25 mm/Sec.

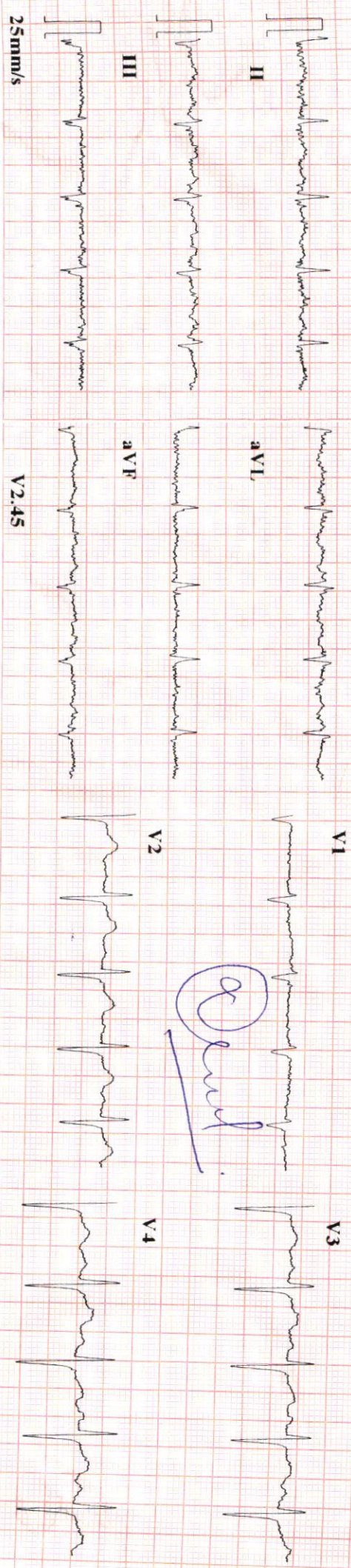




10mm/mV 0.67-25Hz AC50

12-03-2022 10:32:47 Mr.

Shrivastava Narengantra <sup>ethiopia</sup> 50/M



CARDIART

ID	: 220312-1032
Name	:
Age	: 50 yr
Sex	: Male
BP	:
Height	: cm
Weight	: kg
HR	: 114 bpm
P Dur	: 98 ms
PR int	: 138 ms
QRS Dur	: 100 ms
QT/QTc int	: 335/461 ms
P/QRS/T axis	: 58/-35/52 °
RV5/SV1 amp	: 0.862/0.345 mV
RV5+SV1 amp	: 1.207 mV
RV6/SV2 amp	: 0.688/0.786 mV

CARDIART



sinus tachycardia  
 other wise normal

Dr. Mahendra Chourasiya  
 M.D., D.M. (Cardio)



## LABORATORY REPORT



Name : DHRUB NARAYAN JHA	Sex/Age : Male / 50 Years	Case ID : 20301603245
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : UNIQUE DIAGNOSTIC CENTRE INDORE		Pt. Loc. :
Reg Date and Time : 12-Mar-2022 12:32	Sample Type : Serum	Mobile No. :
Sample Date and Time : 12-Mar-2022 12:32	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 12-Mar-2022 14:50	Acc. Remarks	Ref Id2 :

TEST RESULTS UNIT BIOLOGICAL REF RANGE TEST REMARK

### Thyroid Function Test

<b>Triiodothyronine (T3)</b> CMIA	<b>124.10</b>	ng/dL	58 - 159
<b>Thyroxine (T4)</b> CMIA	<b>8.9</b>	µg/dL	4.6 - 10.5
<b>TSH</b> CMIA	<b>4.1509</b>	µIU/mL	0.4 - 4.2

**Interpretation Note:**

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test), when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy.

TSH ref range in Pregnancy	Reference range (microIU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

*Soma*  
**Dr. Soma Yadav**  
M.D. (Pathology)

**Dr. A Mishra**  
M.D. Microbiology

**Dr. Ankita Kothari**  
MD, DNB (Pathology)

## LABORATORY REPORT



Name : <b>DHRUB NARAYAN JHA</b>	Sex/Age : <b>Male / 50 Years</b>	Case ID : <b>20301603245</b>
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : <b>UNIQUE DIAGNOSTIC CENTRE INDORE</b>		Pt. Loc. :
Reg Date and Time : <b>12-Mar-2022 12:32</b>	Sample Type : <b>Serum</b>	Mobile No. :
Sample Date and Time : <b>12-Mar-2022 12:32</b>	Sample Coll. By : <b>non</b>	Ref Id1 :
Report Date and Time : <b>12-Mar-2022 14:50</b>	Acc. Remarks :	Ref Id2 :

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

# For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Page 3 of 3

**Dr. Soma Yadav**  
M.D. (Pathology)

**Dr. A Mishra**  
M.D. Microbiology

**Dr. Ankita Kothari**  
MD, DNB (Pathology)

Printed On : 12-Mar-2022 15:01

## LABORATORY REPORT



Name : DHRUB NARAYAN JHA	Sex/Age : Male / 50 Years	Case ID : 20301603245
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : UNIQUE DIAGNOSTIC CENTRE INDORE		Pt. Loc. :
Reg Date and Time : 12-Mar-2022 12:32	Sample Type : Whole Blood EDTA	Mobile No. :
Sample Date and Time : 12-Mar-2022 12:32	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 12-Mar-2022 13:31	Acc. Remarks	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### BIOCHEMICAL INVESTIGATIONS

#### Glycated Haemoglobin Estimation

HbA1C (IT)	H 6.10		% of total Hb 4.80 - 6.00	
Avg. PI Glucose (Last 3 Months) Calculated	128.37	mg/dL	80.00 - 140.00	

Please Note change in reference range as per ADA 2021 guidelines.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Page 1 of 3

*Ankita*

**Dr. Ankita Kothari**  
MD, DNB (Pathology)

**Dr. A Mishra**  
M.D. Microbiology

**Dr. Soma Yadav**  
M.D. (Pathology)

Printed On : 12-Mar-2022 15:01

MR. DHRUB NARAYAN JHA

50 Years /M

BANK OF BARODA

12-03-2022

**LIPID PROFILE**

Test Name	Results	Normal Range
TOTAL LIPIDS	544	400 - 700 mg/dl
CHOLESTROL	177.0	<200 mg/dl- Desirable 200 - 239 mg/dl - Borderline High >240 Mg/dl High
HDL CHOLESTROL	41.0	35- 60 mg/dl
TRIGLYCERIDE	140.0	<150 mg/dl Normal 150 - 199 mg/dl Borderline High 200 - 499 mg/dl High
LDL CHOLESTROL	108	<100 mg/dl Optimal 100- 129 mg/dl Borderline high 160 - 189 mg/dl High
VLDL CHOLESTROL	28	<40 mg/dl
RISK RATIO	4.32	3 - 6

Dr. POOJA PRAPANNA  
DR. POOJA PRAPANNA  
M.D.

MR. DHRUB NARAYAN JHA  
BANK OF BARODA50 Years /M  
12-03-2022**HEAMOGRAM**

Test Name	Results	Normal Range
Haemoglobin (HB)	14.6	13 - 18 gm%
R.B.C. Count	4.55	4.5 - 5.5 milli./cu.mm
PCV	42.6	40 - 50 %
MCV	93.63	80 - 95 fl
MCH	32.09	27 - 32 pg
MCHC	34.27	31.5 - 34.5 %
TOTAL WBC COUNT	7,400	4,000 to 11,000 /cu.mm
DIFFERENTIAL WBC COUNT	.	
Neutrophils	56	40 - 75 %
Lymphocytes	40	20 - 40 %
Monocytes	02	02 - 08 %
Eosinophils	02	01 - 05 %
Basophils	00	00 - 01 %
PLATELET COUNT	3.25	1.5 - 4 Laes/cu.mm.
E.S.R	10	M- 0-10 at the end of 1 hr. F- 0-20 at the end of 1 hr

Dr. POOJA PRAPANNA

DR. POOJA PRAPANNA

M.D.

MR. DHRUB NARAYAN JHA  
BANK OF BARODA50 Years /M  
12-03-2022**URINE EXAMINATION**

Test Name	Results	Normal Range
<b>PHYSICAL EXAMINATION</b>		
Quantity	30 ml	
Colour	Pale Yellow	
Appearance	Clear	
Deposits	Absent	
Specific Gravity	1.015	
Reaction	Acidic	
<b>CHEMICAL EXAMINATION</b>		
Albumin	Nil	
Sugar	Nil	
Ketones	Absent	
Bile Pigments	Negative	
Bile Salt	Negative	
Hematuria	Negative	
<b>MICROSCOPIC EXAMINATION</b>		
Pus Cells	1- 2 /hpf	
Red Blood Cells	Nil/hpf	
Epithelial Cell	1 - 2 /hpf	
Crystals	Nil	
Casts	Absent	

**Dr. POOJA PRABHANNA**  
DR. POOJA PRABHANNA  
MD

MR. DHRUB NARAYAN JHA  
BANK OF BARODA

50 Years /M  
12-03-2022

**BLOOD GROUP**

Test Name	Results	Normal Range
BLOOD GROUP	: -	
"ABO " GROUP	"O"	
Rh (D) Factor	Positive	
	.	
	.	
(Cross matching & recheck of Blood Group is mandatory before any transfusion)	.	

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MD  
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M.D.



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BANK OF BARODA50 Years /M  
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Test Name	Results	Normal Range
<b><u>BIOCHEMISTRY</u></b>		
FASTING BLOOD SUGAR	104.0	70 - 110 mg/dl
Corresponding Urine Sugar	NIL	Nil
P.P. BLOOD SUGAR	120.0	upto 140 mg/dl
TOTAL BILIRUBIN	0.88	0 - 1 mg/dl
DIRECT BILIRUBIN	0.21	<0.25 mg/dl
INDIRECT BILIRUBIN	0.67	< 1.0 mg/dl
S.G.O.T	25.0	0 - 45 IU/L
S.G.P.T	14.0	0 - 45 IU/L
ALKALINE PHOSPHATE	105.0	Adult - 42 - 128 IU/L Child - 150 - 630 IU/L
GAMA GT	20.0	5 - 43 Iu/l
TOTAL PROTEIN	7.55	6.0 to 8.0 g/dl
ALBUMIN	4.21	3.2 to 5.0 g/dl
GLOBULIN	3.34	1.9 to 3.5
A:G RATIO	1.26	1.2 TO 2.3
CREATININE	0.88	0.6 - 1.4 mg\dl
URIC ACID	5.22	3.5 - 7 mg\dl
BUN	12.0	5 - 21 Mg/dl

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