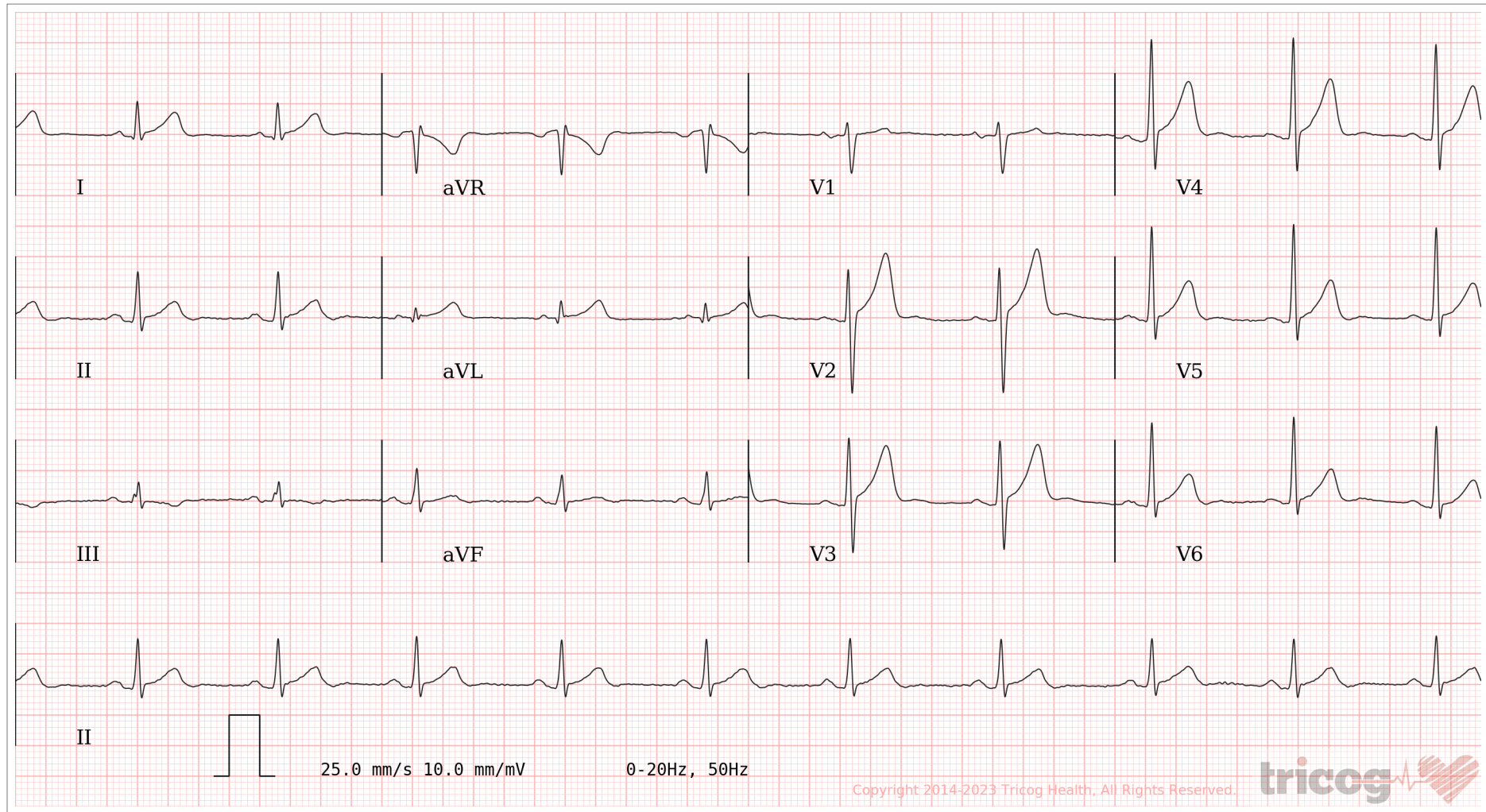
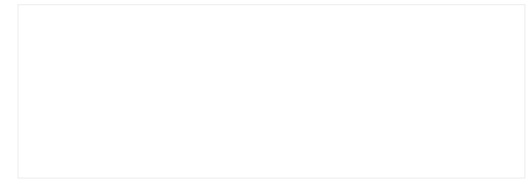


Age / Gender: 33/Male
Patient ID: 0468773
Patient Name: Laxmikant A Mishra

Date and Time: 18th Feb 23 9:37 AM



AR: NA VR: 63bpm QRSD: 92ms QT: 366ms QTc: 374ms PRI: 156ms P-R-T: 74° NA 19°

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

AUTHORIZED BY



Dr. Charit
MD, DM: Cardiology

63382

REPORTED BY



Dr Prathima S.K

HEALTHSPRING FAMILY HEALTH EXPERTS

KHAR (WEST)

Patient Details **Date:** 18-Feb-23 **Time:** 9:50:10 AM
Name: LAXMIKANT MISHRA ID: 466240
Age: 33 y **Sex:** M **Height:** 166 cms **Weight:** 76 Kgs
Clinical History: Routine Test

Medications: NIL

Test Details

Protocol: Bruce **Pr.MHR:** 187 bpm **THR:** 158 (85 % of Pr.MHR) bpm
Total Exec. Time: 8 m 3 s **Max. HR:** 171 (91% of Pr.MHR)bpm **Max. Mets:** 10.20
Max. BP: 160 / 80 mmHg **Max. BP x HR:** 27360 mmHg/min **Min. BP x HR:** 4760 mmHg/min
Test Termination Criteria: Target HR Attained

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 : 44 | 1.0 | 0 | 0 | 68 | 110 / 70 | -3.29 aVR | 1.27 III |
| Standing | 0 : 5 | 1.0 | 0 | 0 | 71 | 110 / 70 | -0.76 aVR | 1.27 V3 |
| Hyperventilation | 0 : 4 | 1.0 | 0 | 0 | 71 | 110 / 70 | -0.76 aVR | 0.84 V2 |
| 1 | 3 : 0 | 4.6 | 2.7 | 10 | 111 | 120 / 70 | -1.77 aVR | 3.38 V3 |
| 2 | 3 : 0 | 7.0 | 4 | 12 | 128 | 130 / 70 | -1.77 aVR | 5.06 V3 |
| Peak Ex | 2 : 3 | 10.2 | 5.4 | 14 | 171 | 160 / 80 | -1.52 aVR | 5.06 V3 |
| Recovery(1) | 1 : 0 | 1.8 | 1.6 | 0 | 109 | 160 / 80 | -2.28 aVR | 5.91 V3 |
| Recovery(2) | 1 : 0 | 1.0 | 0 | 0 | 93 | 140 / 70 | -1.52 aVR | 5.91 V3 |
| Recovery(3) | 1 : 0 | 1.0 | 0 | 0 | 93 | 130 / 70 | -1.01 aVR | 2.95 II |
| Recovery(4) | 0 : 47 | 1.0 | 0 | 0 | 83 | 110 / 70 | -3.29 aVR | 2.53 II |

Interpretation

The patient exercised according to the Bruce protocol for 8 m 3 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 68 bpm, rose to a max. heart rate of 171 (91% of Pr.MHR) bpm. Resting blood Pressure 117 / 0 mmHg, rose to a maximum blood pressure of 160 / 80 mmHg.

Ref. Doctor: -----

(Summary Report edited by user)

Doctor: -----

Schiller CS-20 V 1.7

HEALTHSPRING FAMILY HEALTH EXPERTS

LAXMIKANT MISHRA (33 M)

ID: 466240

Date: 18-Feb-23

Exec Time : 0 m 0 s

Stage Time : 0 m 6 s

HR: 73 bpm

Protocol: Bruce

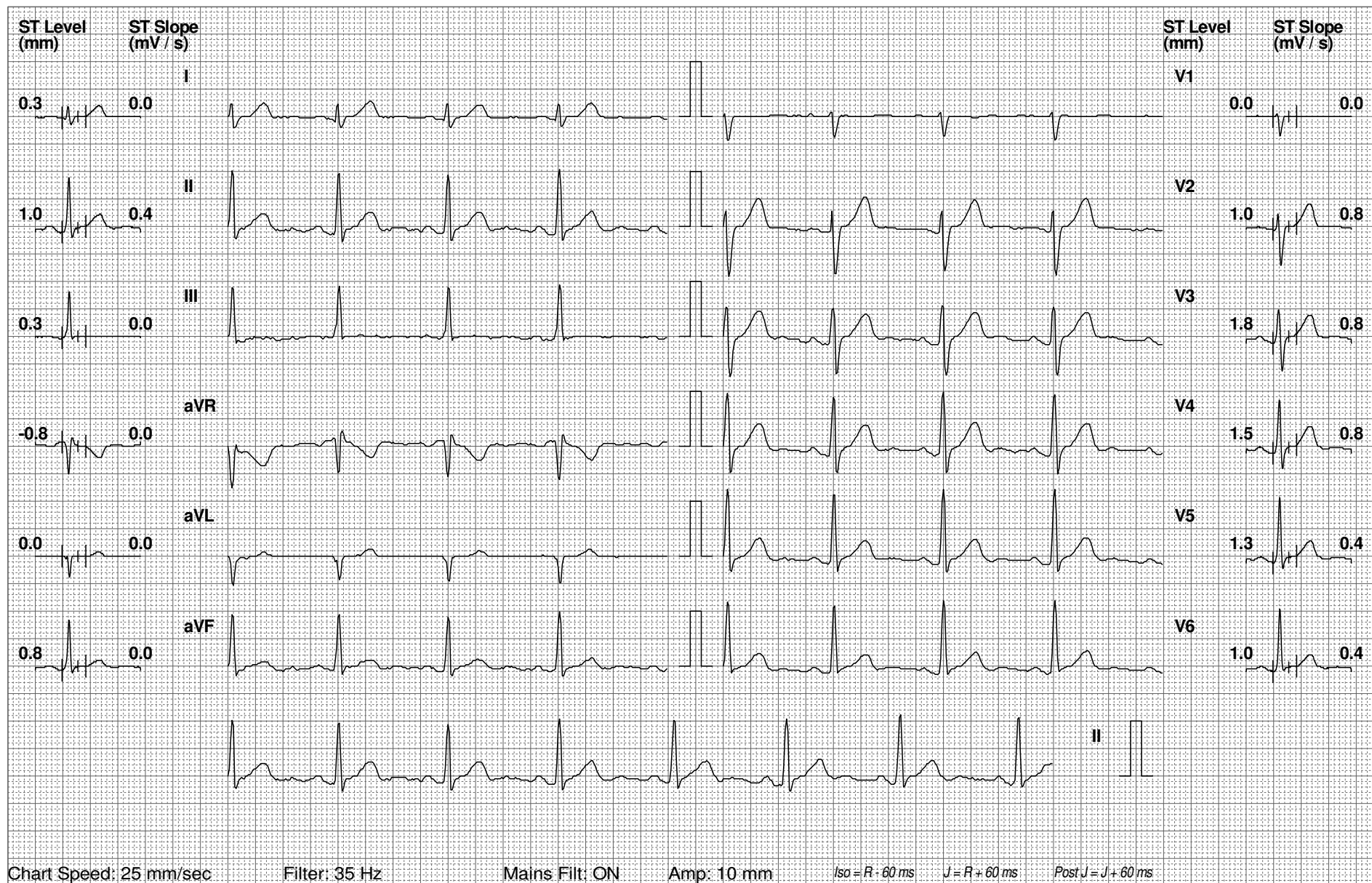
Stage: Supine

Speed: 0 Km/h

Grade: 0 %

(THR: 158 bpm)

B.P: 110 / 70



Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

LAXMIKANT MISHRA (33 M)

ID: 466240

Date: 18-Feb-23

Exec Time : 0 m 0 s

Stage Time : 0 m 0 s

HR: 75 bpm

Protocol: Bruce

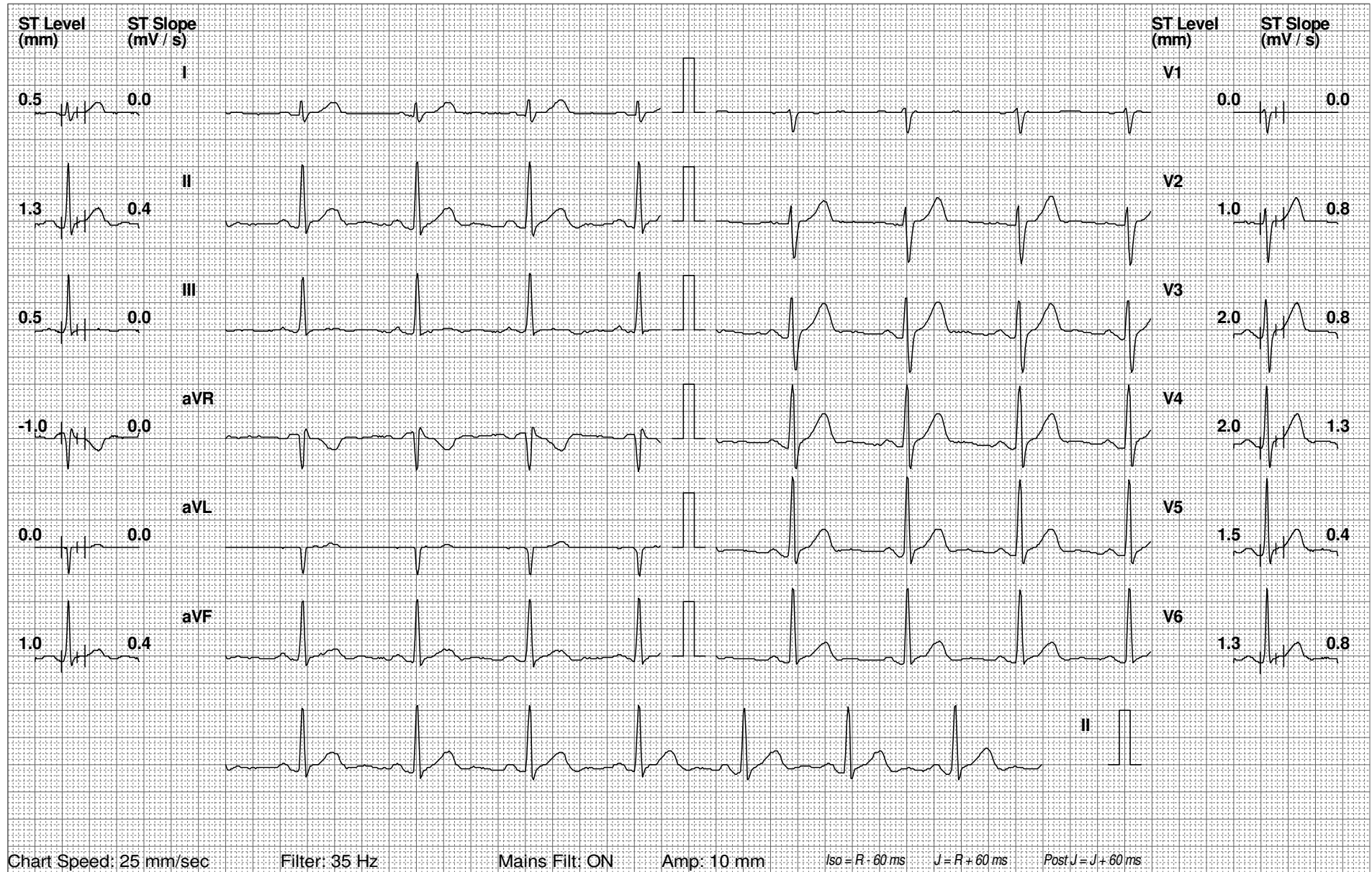
Stage: Standing

Speed: 0 Km/h

Grade: 0 %

(THR: 158 bpm)

B.P: 110 / 70



Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

LAXMIKANT MISHRA (33 M)

ID: 466240

Date: 18-Feb-23

Exec Time : 0 m 0 s

Stage Time : 0 m 0 s

HR: 75 bpm

Protocol: Bruce

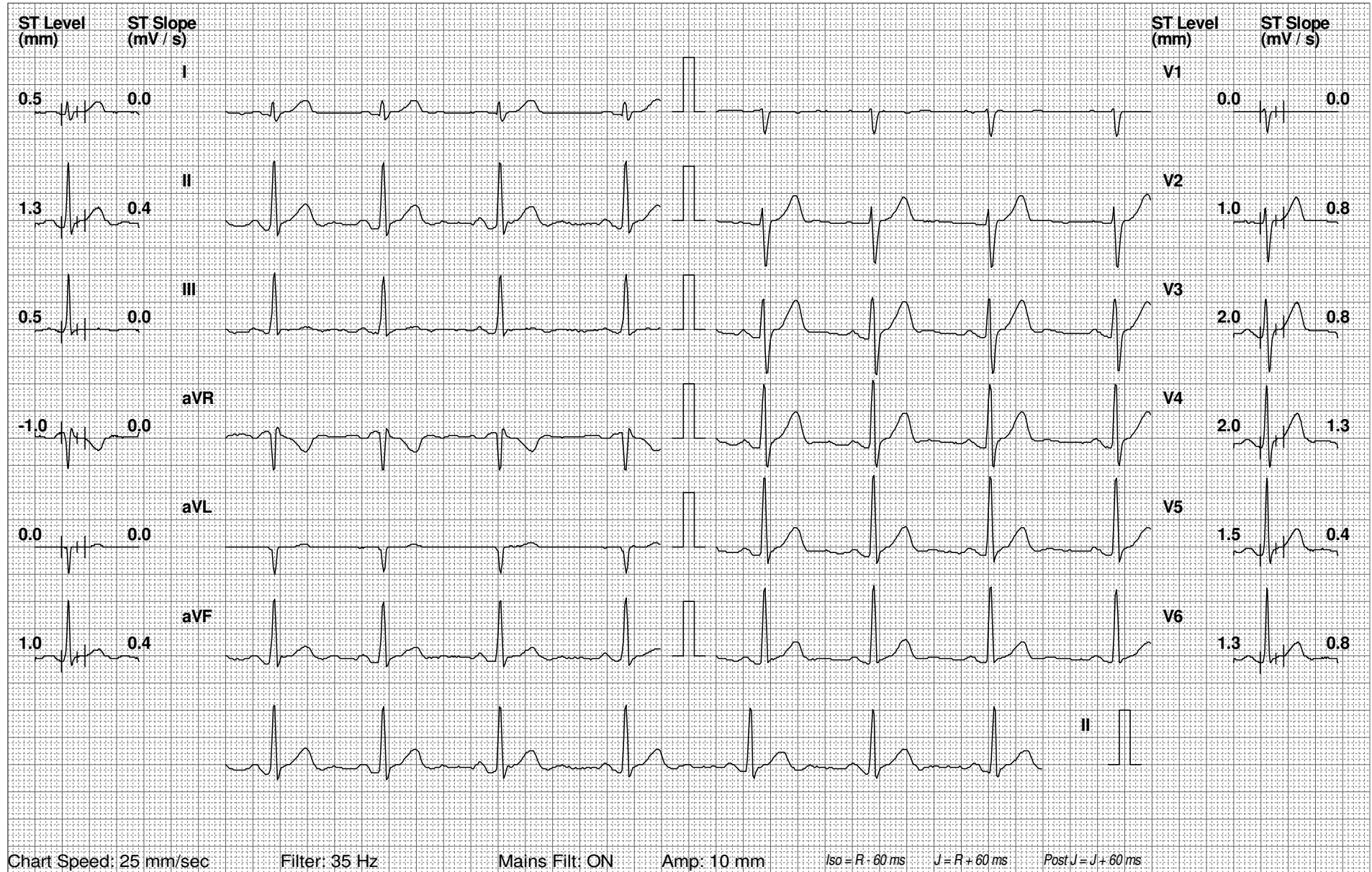
Stage:Hyperventilation

Speed: 0 Km/h

Grade: 0 %

(THR: 158 bpm)

B.P: 110 / 70



Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

LAXMIKANT MISHRA (33 M)

ID: 466240

Date: 18-Feb-23

Exec Time : 0 m 0 s

Stage Time : 0 m 0 s

HR: 67 bpm

Protocol: Bruce

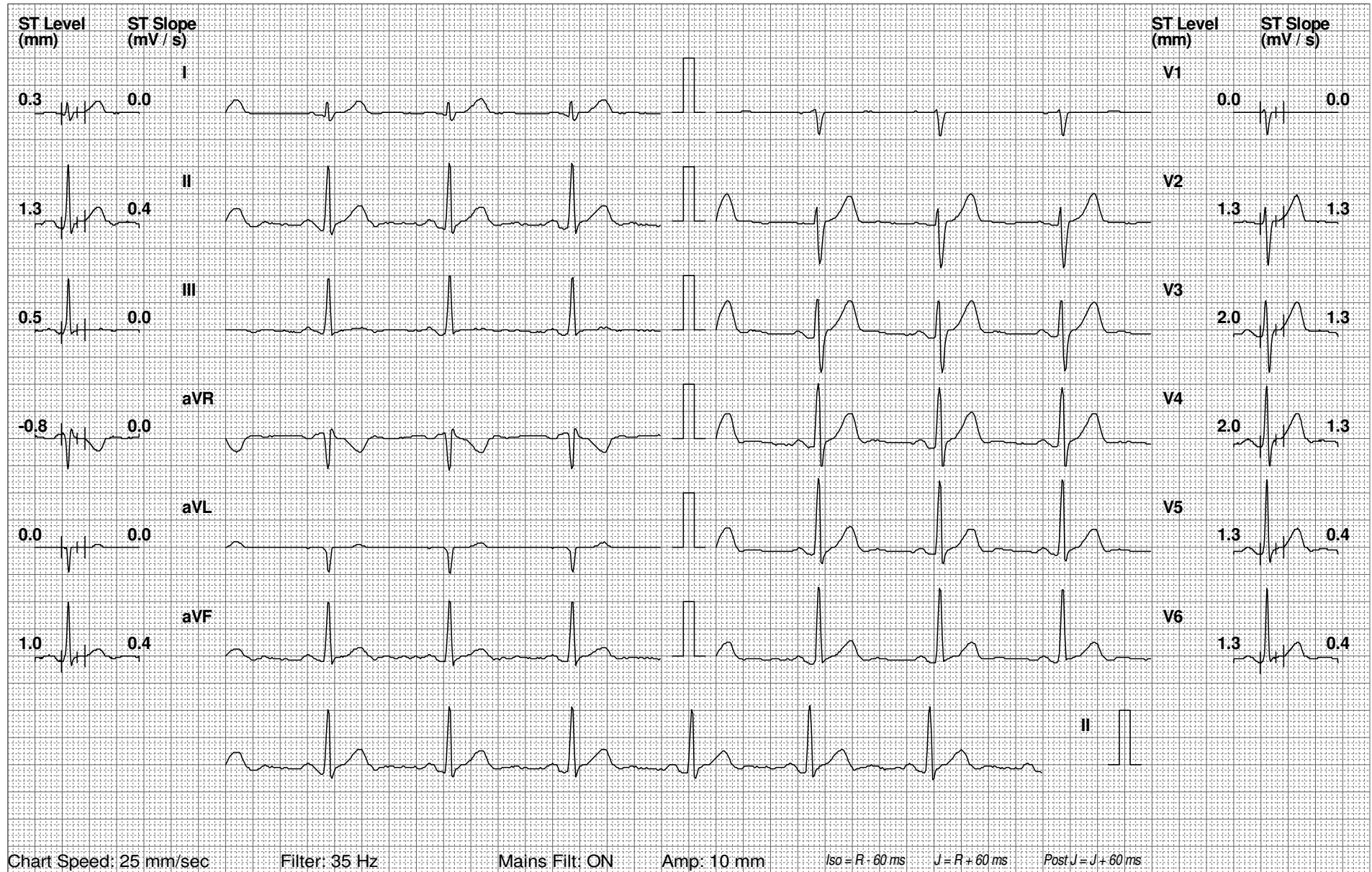
Stage:Pre Test

Speed: 1.6 Km/h

Grade: 0.5 %

(THR: 158 bpm)

B.P: 110 / 70



Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

LAXMIKANT MISHRA (33 M)

ID: 466240

Date: 18-Feb-23

Exec Time : 0 m 0 s

Stage Time : 0 m 0 s

HR: 85 bpm

Protocol: Bruce

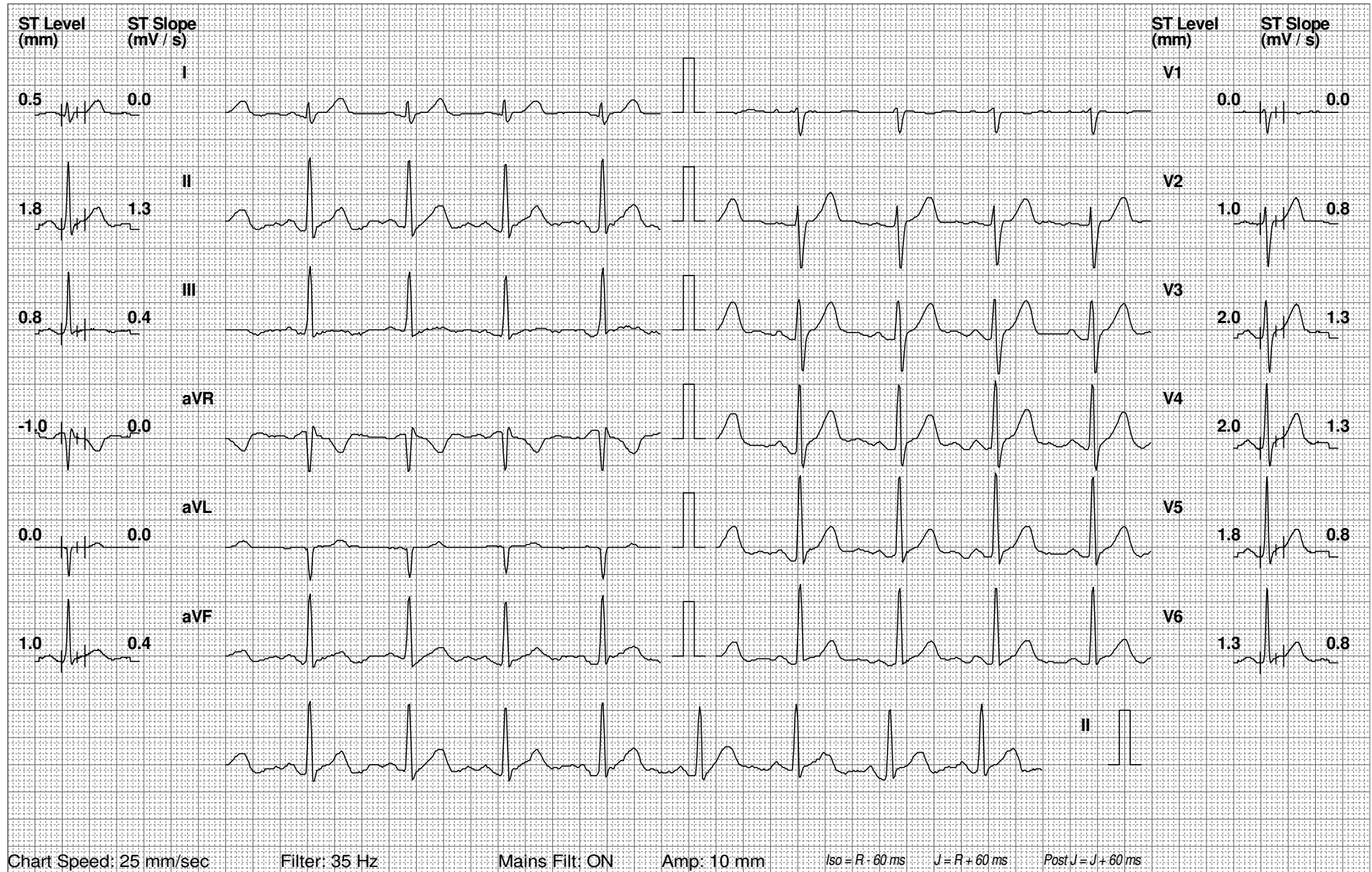
Stage:1

Speed: 2.7 Km/h

Grade: 10 %

(THR: 158 bpm)

B.P: 120 / 70



Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

LAXMIKANT MISHRA (33 M)

ID: 466240

Date: 18-Feb-23

Exec Time : 3 m 0 s

Stage Time : 0 m 0 s

HR: 109 bpm

Protocol: Bruce

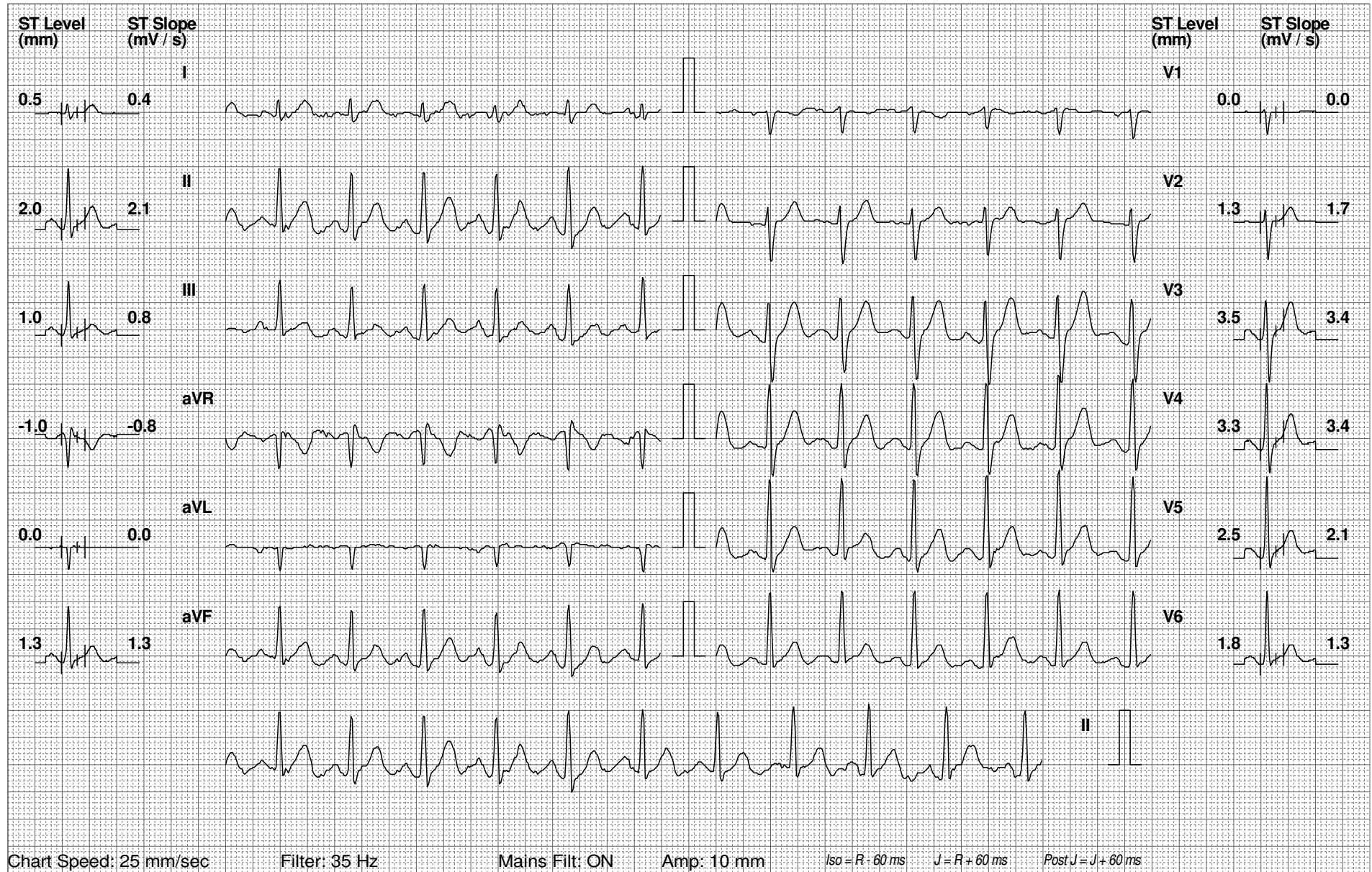
Stage:2

Speed: 4 Km/h

Grade: 12 %

(THR: 158 bpm)

B.P: 130 / 70



Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

LAXMIKANT MISHRA (33 M)

ID: 466240

Date: 18-Feb-23

Exec Time : 6 m 0 s

Stage Time : 0 m 0 s

HR: 129 bpm

Protocol: Bruce

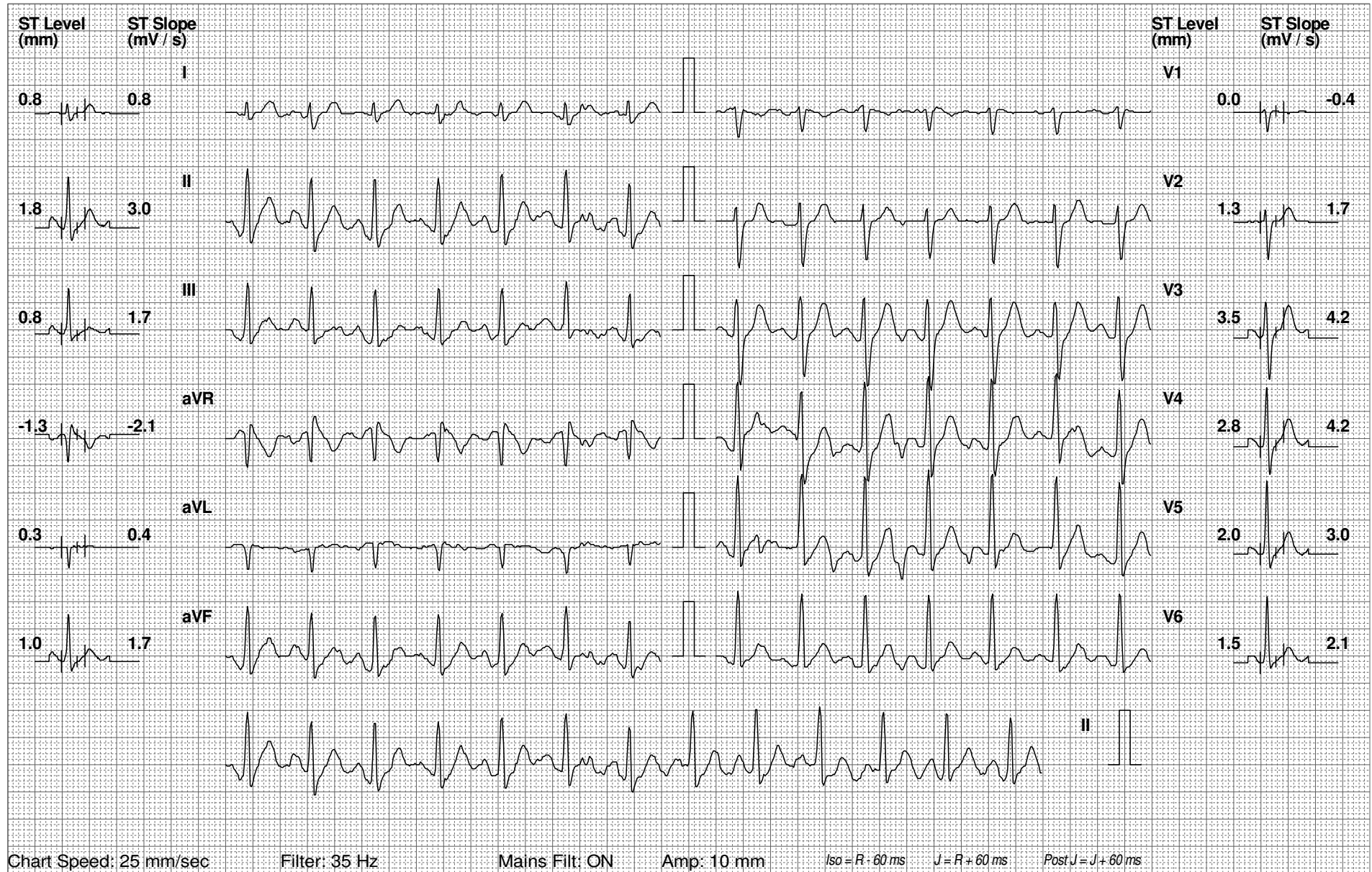
Stage: Peak Ex

Speed: 5.4 Km/h

Grade: 14 %

(THR: 158 bpm)

B.P: 160 / 80



Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

LAXMIKANT MISHRA (33 M)

ID: 466240

Date: 18-Feb-23

Exec Time : 8 m 3 s

Stage Time : 0 m 0 s

HR: 171 bpm

Protocol: Bruce

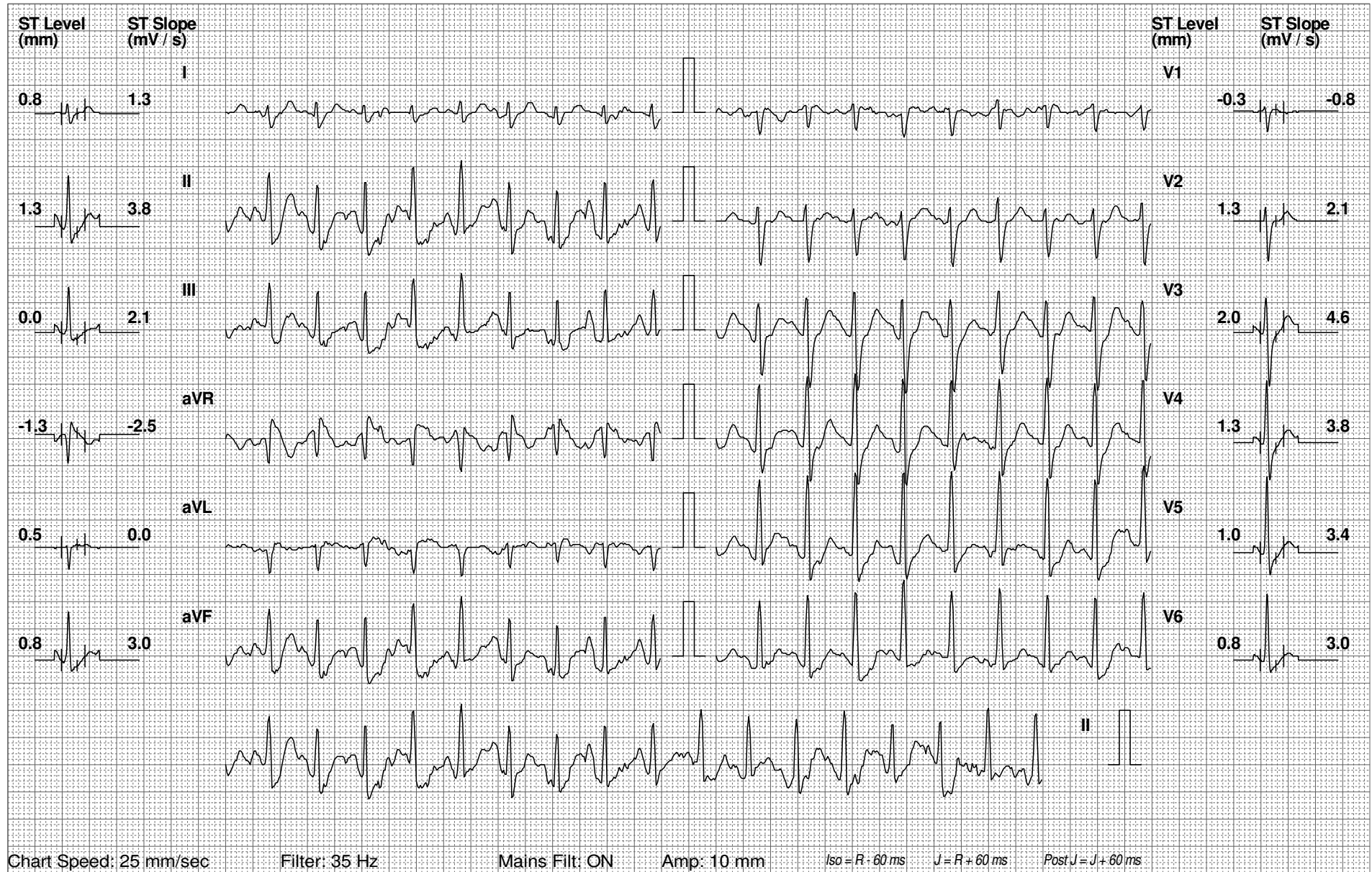
Stage:Recovery(1)

Speed: 1.6 Km/h

Grade: 0 %

(THR: 158 bpm)

B.P: 160 / 80



Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

LAXMIKANT MISHRA (33 M)

ID: 466240

Date: 18-Feb-23

Exec Time : 8 m 3 s

Stage Time : 0 m 0 s

HR: 109 bpm

Protocol: Bruce

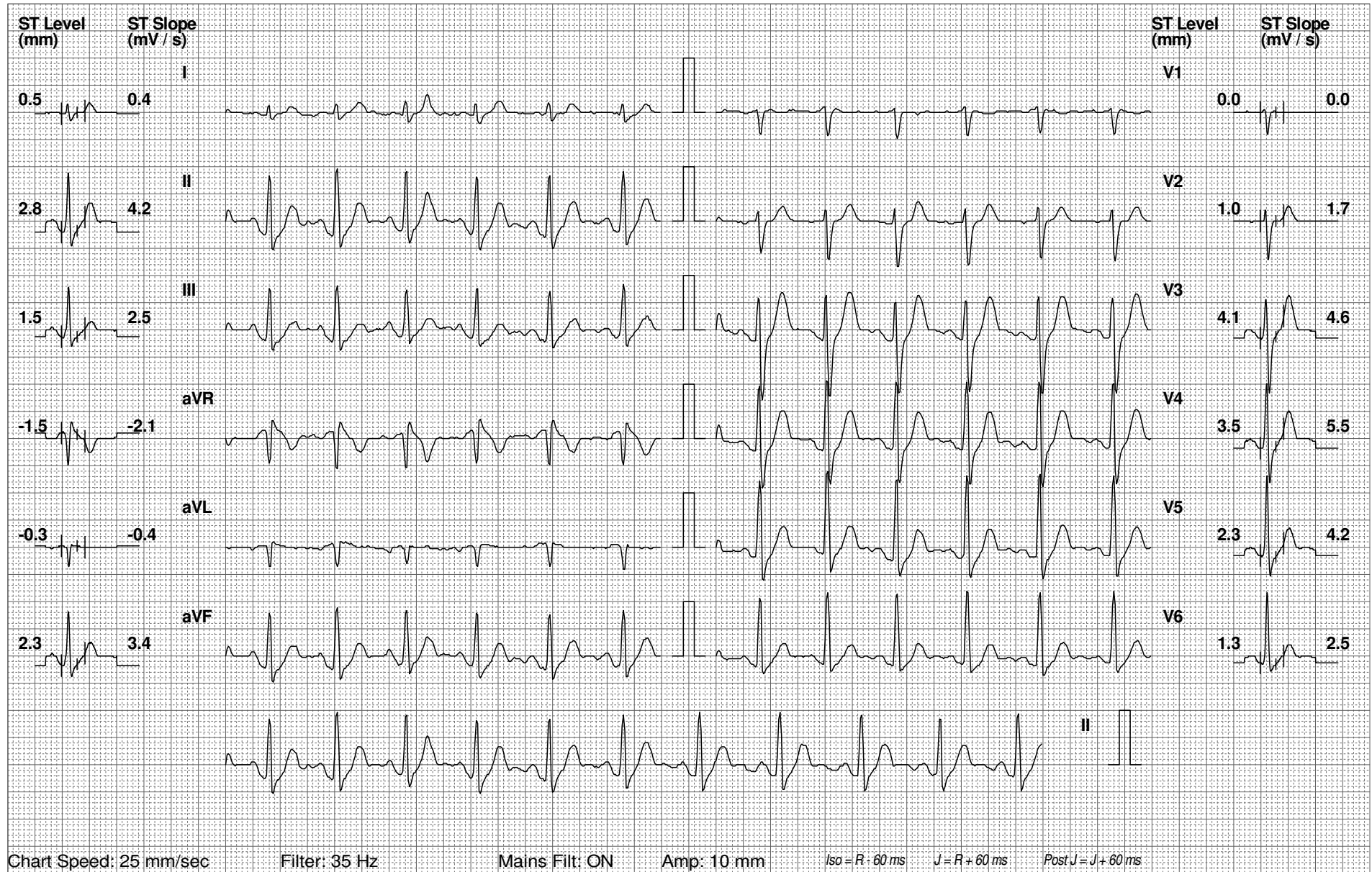
Stage:Recovery(2)

Speed: 0 Km/h

Grade: 0 %

(THR: 158 bpm)

B.P: 140 / 70



Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

LAXMIKANT MISHRA (33 M)

ID: 466240

Date: 18-Feb-23

Exec Time : 8 m 3 s

Stage Time : 0 m 0 s

HR: 93 bpm

Protocol: Bruce

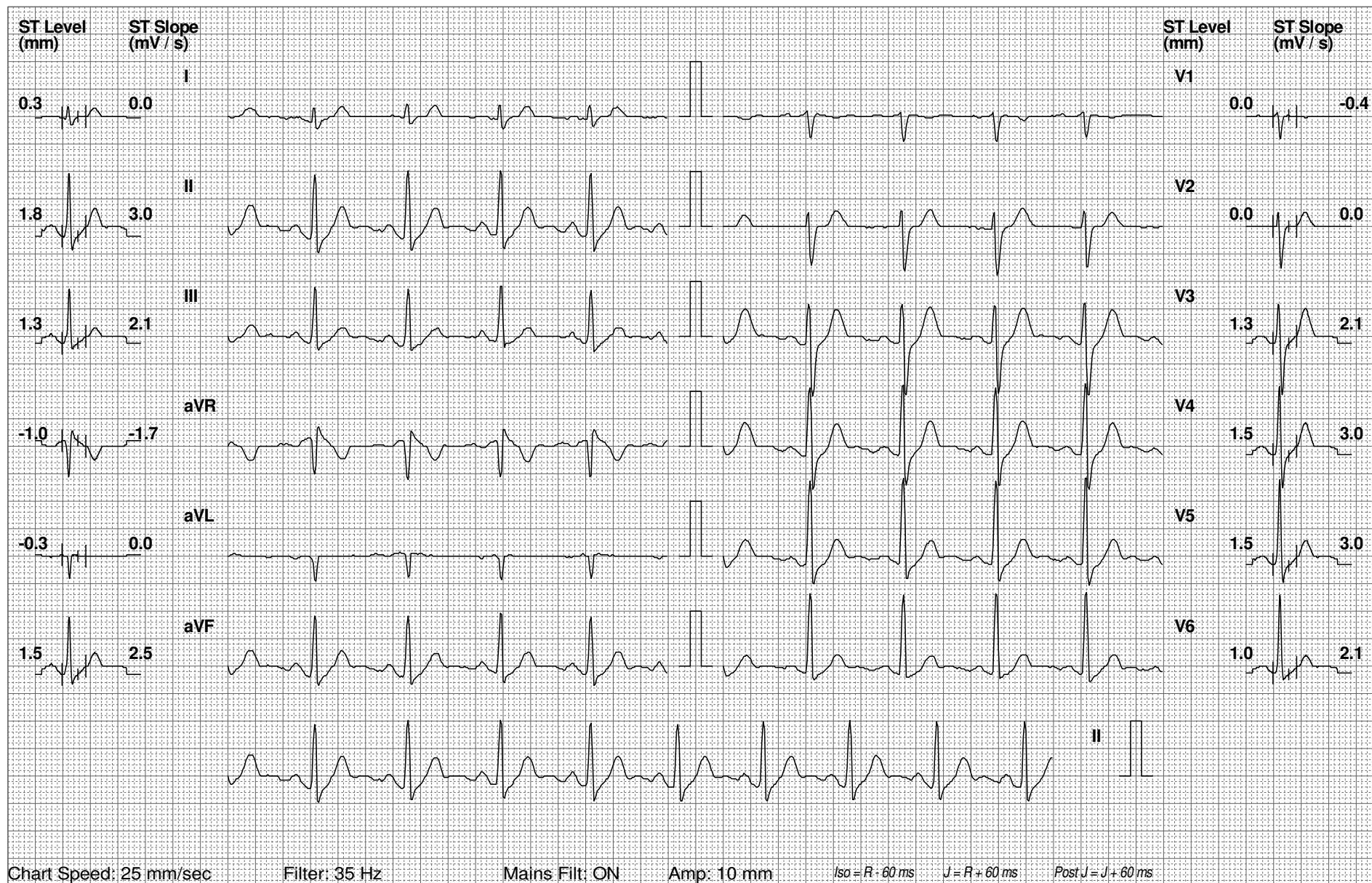
Stage:Recovery(3)

Speed: 0 Km/h

Grade: 0 %

(THR: 158 bpm)

B.P: 130 / 70



Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

LAXMIKANT MISHRA (33 M)

ID: 466240

Date: 18-Feb-23

Exec Time : 8 m 3 s

Stage Time : 0 m 0 s

HR: 93 bpm

Protocol: Bruce

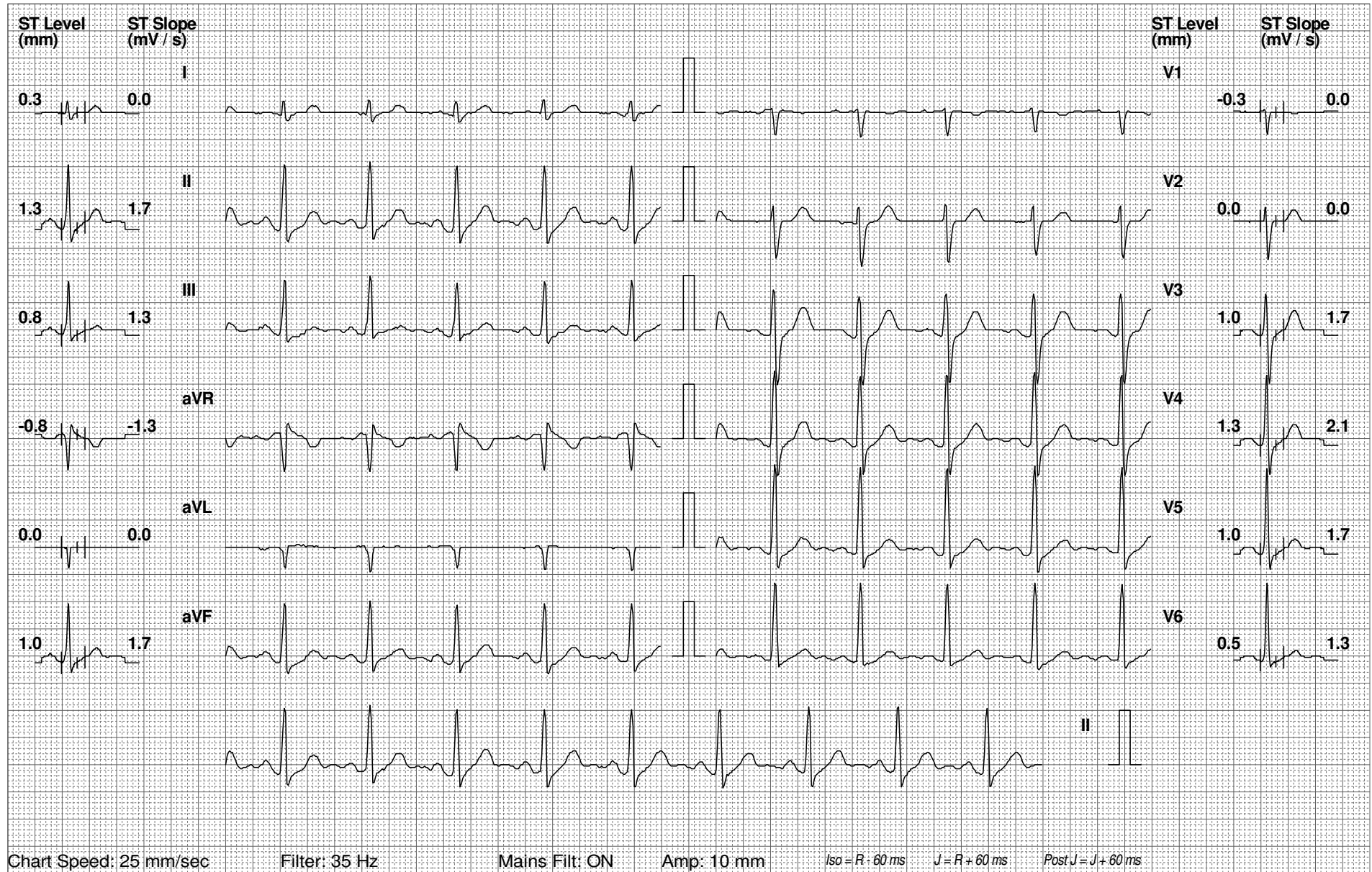
Stage:Recovery(4)

Speed: 0 Km/h

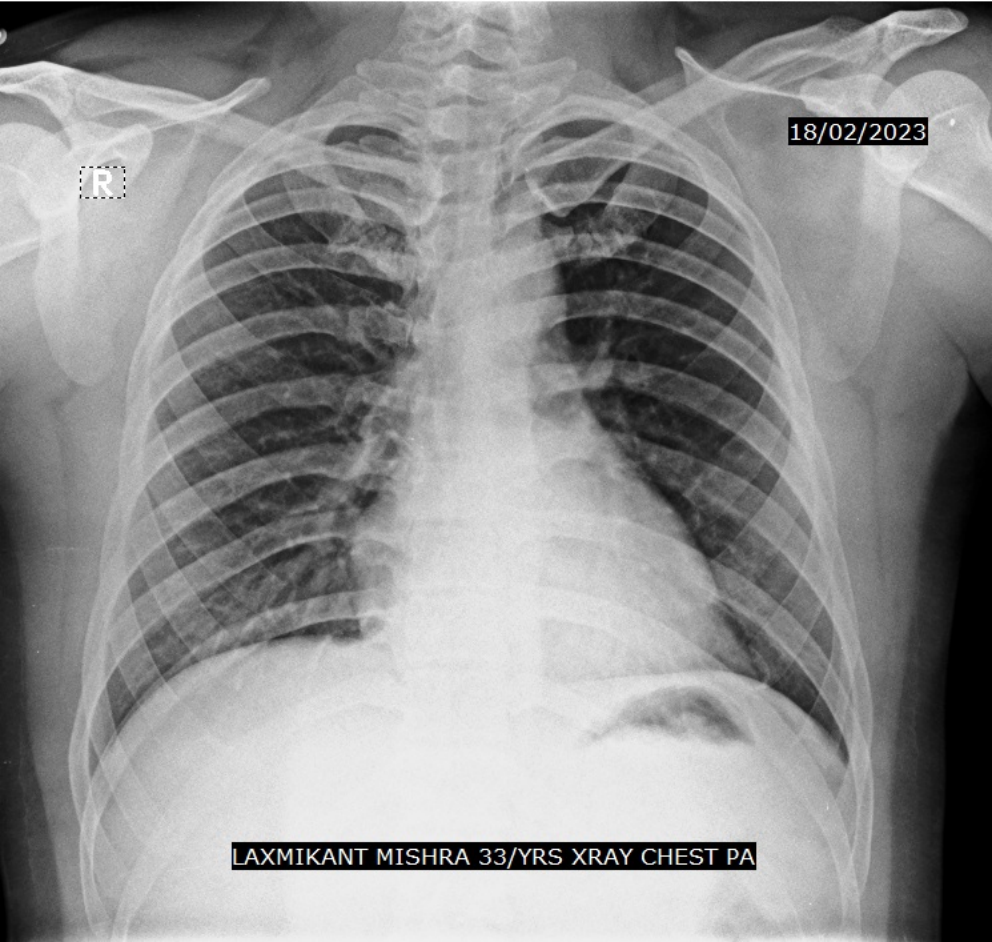
Grade: 0 %

(THR: 158 bpm)

B.P: 110 / 70



Schiller CS-20 V 1.6



18/02/2023

R

LAXMIKANT MISHRA 33/YRS XRAY CHEST PA

HEALTHSPRING

TREADMILL STRESS TEST REPORT

DATE: 18/02/2023

| | | | | | |
|-------|------------------|-------------|----|------|---|
| NAME: | LAXMIKANT MISHRA | AGE:(years) | 33 | SEX: | M |
|-------|------------------|-------------|----|------|---|

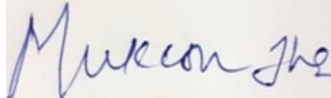
| PROTOCOL USED | BRUCE PROTOCOL | | |
|--|----------------|----------------------------|-----------------|
| ANGINA SCALE (0 – None, 1 – Non-Limiting, 2 – Limiting) | 0 | MAXIMUM ST DEPRESSION (mm) | 0 |
| WORKLOAD: MAXIMUM METS ACHIEVED (METS) | 10.2 | DOUBLE PRODUCT | 27360 mm Hg/Min |
| DUKES SCORE (High Risk Score \leq -11, Low Risk Score \geq 5) | 8 | | |

CONCLUSION:

NORMAL INOTROPIC & CHRONOTROPIC RESPONSE
BASELINE ECG SHOWS NO SIGNIFICANT ST-T CHANGES
NO SYMPTOMS OR ARRHYTHMIAS SEEN DURING EXERCISE
NO SIGNIFICANT ST-T CHANGES SEEN DURING EXERCISE & RECOVERY
GOOD EFFORT TOLERANCE AND FUNCTIONAL CAPACITY.
TARGET HEART RATE ACHIEVED
STRESS TEST IS **NEGATIVE** FOR INDUCIBLE ISCHEMIA AT GIVEN WORKLOAD

IMPRESSION:

STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA AT GIVEN WORKLOAD
ADVISED- CLINICAL CORRELATION



DR. MUKESH JHA

MD (MEDICINE), DM (CARDIOLOGY)

REG NO- 2010/09/2935

NOTE-

A NEGATIVE STRESS TEST DOES NOT CONCLUSIVELY RULE OUT CORONARY ARTERY DISEASE. A POSITIVE STRESS TEST IS NOT CONCLUSIVE EVIDENCE OF CORONARY ARTERY DISEASE. THERE IS A POSSIBILITY OF THE TEST BEING FALSE POSITIVE OR FALSE NEGATIVE DUE OTHER ASSOCIATED MEDICAL CONDITIONS. THESE REPORTS ARE FOR DOCTORS & PHYSICIANS AND NOT FOR MEDICO-LEGAL PURPOSES. KINDLY CO-RELATE THE REPORT WITH CLINICAL CONDITIONS.

THIS TMT/ ECG IS REPORTED ONLINE WITHOUT INTERACTING WITH PATIENTS AND THE RESULT SHOULD BE CLINICALLY CO-RELATED AND INDEPENDENTLY REVIEWED BY THE PATIENT'S CONSULTANT DOCTOR. THE PATIENT WAS NOT SEEN BY DOCTORS PERSONALLY AND THE ABOVE REPORT HAS BEEN REVIEWED BY THE DOCTOR BASED ON THE TMT/ECG RESULT AS PROVIDED TO THE DOCTOR.

PATIENT'S NAME - Laxmikant Mishra DATE - 18/02/2023
 AGE/GENDER - 33/male
 DOCTOR'S NAME - DR. Ruchita Shinde

VISION SCREENING

| | RE | RE | LE | LE |
|-----------------|----------------|---------|---------|---------|
| | Glasses | UNAIDED | Glasses | UNAIDED |
| DISTANT | - | 6/6 | - | 6/6 |
| NEAR | - | 6/6 | - | 6/6 |
| COLOUR | <u>Normal.</u> | | | |
| Recommendations | | | | |

VITALS

| | | | | | |
|---------|------------|--------------|---------------|------------------|------------|
| Pulse - | <u>67</u> | B.P.- | <u>110/70</u> | SpO2 | <u>98%</u> |
| Height | <u>166</u> | Weight - | <u>76.5</u> | BMI- | |
| Waist - | <u>97</u> | Hip - | <u>98</u> | Waist/Hip Ratio- | |
| Chest - | <u>95</u> | Inspiration- | | Expiration- | |

CENTRE NAME

SIGN & STAMP-



Patient Name : Mr. Laxmikant A Mishra
Age / Gender : 33 Y / Male
Referred By : Dr. Ruchita Shinde
SID No. : 41010457

Reg.Date / Time : 18/02/2023 / 11:28:17
Report Date / Time : 18/02/2023 / 18:41:03
MR No. : 0468773

Page 1 of 14

Final Test Report

| Specimen | Test Name / Method | Result | Units | Biological Reference Interval |
|----------|--------------------|--------|-------|-------------------------------|
|----------|--------------------|--------|-------|-------------------------------|

HAEMATOLOGY

CBC-Haemogram & ESR, blood

EDTA WHOLE BLOOD

HAEMOGLOBIN, RED CELL COUNT & INDICES

| | | | |
|---|-------------|-------------|-------------|
| HAEMOGLOBIN (Spectrophotometry) | 14.2 | gm% | 13-17 |
| PCV (Electrical Impedance) | 43.3 | % | 40 - 50 |
| MCV (Calculated) | 79.2 | fL | 83-101 |
| MCH (Calculated) | 26.0 | pg | 27.0 - 32.0 |
| MCHC (Calculated) | 32.9 | g/dl | 31.5-34.5 |
| RDW-CV (Calculated) | 16 | % | 11.6-14.0 |
| RDW-SD (Calculated) | 33 | fL | 36 - 46 |
| TOTAL RBC COUNT (Electrical Impedance) | 5.47 | Million/cmm | 4.5-5.5 |
| TOTAL WBC COUNT (Electrical Impedance) | 6360 | /cumm | 4000-10000 |

DIFFERENTIAL WBC COUNT

| | | | |
|----------------------------|------------|---|-------|
| NEUTROPHILS (Flow cell) | 54.2 | % | 40-80 |
| LYMPHOCYTES (Flow cell) | 36.5 | % | 20-40 |
| EOSINOPHILS (Flow cell) | 2.6 | % | 1-6 |
| MONOCYTES (Flow cell) | 6.4 | % | 2-10 |
| BASOPHILS (Flow cell) | 0.3 | % | 1-2 |

ABSOLUTE WBC COUNT

| | | | |
|--|------|-------|-----------|
| ABSOLUTE NEUTROPHIL COUNT (Calculated) | 3440 | /cumm | 2000-7000 |
| ABSOLUTE LYMPHOCYTE COUNT (Calculated) | 2310 | /cumm | 1000-3000 |

Contd ...

*Tests not included in NABL accredited scope

Patient Name : Mr. Laxmikant A Mishra
Age / Gender : 33 Y / Male
Referred By : Dr. Ruchita Shinde
SID No. : 41010457

Reg.Date / Time : 18/02/2023 / 11:28:17
Report Date / Time : 18/02/2023 / 18:41:03
MR No. : 0468773

Page 2 of 14

Final Test Report

| Specimen | Test Name / Method | Result | Units | Biological Reference Interval |
|----------|--------------------|--------|-------|-------------------------------|
|----------|--------------------|--------|-------|-------------------------------|

HAEMATOLOGY

ABSOLUTE WBC COUNT

| | | | |
|---|-------------|-------|---------------|
| ABSOLUTE EOSINOPHIL COUNT (Calculated) | 160 | /cumm | 200-500 |
| ABSOLUTE MONOCYTE COUNT (Calculated) | 410 | /cumm | 200-1000 |
| ABSOLUTE BASOPHIL COUNT (Calculated) | 20 | /cumm | 0-220 |
| PLATELET COUNT (Electrical Impedance) | 219000 | /cumm | 150000-410000 |
| MPV (Calculated) | 11.7 | fL | 6.78-13.46 |
| PDW (Calculated) | 24.2 | % | 11-18 |
| PCT (Calculated) | 0.256 | % | 0.15-0.50 |

PERIPHERAL BLOOD SMEAR

COMMENTS
(Microscopic) Microcytic Hypochromic RBCs

Sample Collected at : Khar
Sample Collected on : 18 Feb 2023 12:20
Sample Received on : 18 Feb 2023 15:48
Barcode : 



Dr.Rahul Jain
MD,PATHOLOGY
Consultant Pathologist

Contd ...

*Tests not included in NABL accredited scope



www.healthspring.in | info@healthspring.in | 86528 86529

Healthspring Corporate Office, 5th Floor, East Wing Forbes Building, Charanjit Rai Marg, Fort, Mumbai- 400001

*Members only

Patient Name : Mr. Laxmikant A Mishra
Age / Gender : 33 Y / Male
Referred By : Dr. Ruchita Shinde
SID No. : 41010457

Reg.Date / Time : 18/02/2023 / 11:28:17
Report Date / Time : 18/02/2023 / 18:41:03
MR No. : 0468773

Page 3 of 14

Final Test Report

| Specimen | Test Name / Method | Result | Units | Biological Reference Interval |
|----------|--------------------|--------|-------|-------------------------------|
|----------|--------------------|--------|-------|-------------------------------|

HAEMATOLOGY


EDTA Blood **ABO BLOOD GROUP***

| | |
|---|----------|
| BLOOD GROUP (Erythrocyte-Magnetized Technology) | B |
| Rh TYPE (Erythrocyte-Magnetized Technology) | POSITIVE |

Sample Collected at : Khar

Sample Collected on : 18 Feb 2023 12:20

Sample Received on : 18 Feb 2023 15:48

Barcode : 



Dr.Rahul Jain

MD,PATHOLOGY

Consultant Pathologist

Contd ...

*Tests not included in NABL accredited scope

Patient Name : Mr. Laxmikant A Mishra
Age / Gender : 33 Y / Male
Referred By : Dr. Ruchita Shinde
SID No. : 41010457

Reg.Date / Time : 18/02/2023 / 11:28:17
Report Date / Time : 18/02/2023 / 18:41:03
MR No. : 0468773

Page 4 of 14

Final Test Report

| Specimen | Test Name / Method | Result | Units | Biological Reference Interval |
|----------|--------------------|--------|-------|-------------------------------|
|----------|--------------------|--------|-------|-------------------------------|


HAEMATOLOGY

CBC-Haemogram & ESR, blood

EDTA WHOLE BLOOD

| | | | |
|---|-----------|-----------|------|
| ESR(ERYTHROCYTE SEDIMENTATION RATE) (Photometric Capillary) | 17 | mm / 1 hr | 0-15 |
|---|-----------|-----------|------|

Notes : The given result is measured at the end of first hour.

Sample Collected at : Khar
Sample Collected on : 18 Feb 2023 12:20
Sample Received on : 18 Feb 2023 15:48
Barcode : 



Dr.Rahul Jain

MD,PATHOLOGY

Consultant Pathologist

Contd ...

*Tests not included in NABL accredited scope

Patient Name : Mr. Laxmikant A Mishra
Age / Gender : 33 Y / Male
Referred By : Dr. Ruchita Shinde
SID No. : 41010457

Reg.Date / Time : 18/02/2023 / 11:28:17
Report Date / Time : 18/02/2023 / 18:41:03
MR No. : 0468773

Page 5 of 14

Final Test Report

| Specimen | Test Name / Method | Result | Units | Biological Reference Interval |
|----------|--------------------|--------|-------|-------------------------------|
|----------|--------------------|--------|-------|-------------------------------|

BIOCHEMISTRY

**COMPREHENSIVE LIVER PROFILE
SERUM**

| | | | |
|---|-------------|-------|-----------|
| BILIRUBIN TOTAL (Diazotization) | 1.39 | mg/dl | 0.2 - 1.3 |
| BILIRUBIN DIRECT (Diazotization) | 0.41 | mg/dl | 0.1-0.4 |
| BILIRUBIN INDIRECT (Calculation) | 0.98 | mg/dl | 0.2 - 0.7 |
| ASPARTATE AMINOTRANSFERASE(SGOT) (IFCC) | 34 | U/L | <40 |
| ALANINE TRANSAMINASE (SGPT) (IFCC without Peroxidase) | 68 | U/L | <41 |
| ALKALINE PHOSPHATASE (Colorimetric IFCC) | 103 | U/L | 40-129 |
| GAMMA GLUTAMYL TRANSFERASE (GGT) (IFCC) | 20 | U/L | <70 |
| TOTAL PROTEIN (Colorimetric) | 7.70 | gm/dl | 6.6-8.7 |
| ALBUMIN (Bromocresol Green) | 4.80 | gm/dl | 3.5 - 5.2 |
| GLOBULIN (Calculation) | 2.90 | gm/dl | 2.0-3.5 |
| A/G RATIO (Calculation) | 1.7 | | 1-2 |

Sample Collected at : Khar
Sample Collected on : 18 Feb 2023 12:20
Sample Received on : 18 Feb 2023 15:48
Barcode : 



Dr.Rahul Jain

MD,PATHOLOGY
Consultant Pathologist

Contd ...

*Tests not included in NABL accredited scope

Patient Name : Mr. Laxmikant A Mishra
Age / Gender : 33 Y / Male
Referred By : Dr. Ruchita Shinde
SID No. : 41010457

Reg.Date / Time : 18/02/2023 / 11:28:17
Report Date / Time : 18/02/2023 / 18:41:03
MR No. : 0468773

Page 6 of 14

Final Test Report

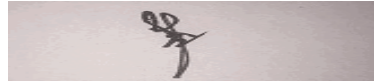
| Specimen | Test Name / Method | Result | Units | Biological Reference Interval |
|----------|--------------------|--------|-------|-------------------------------|
|----------|--------------------|--------|-------|-------------------------------|

BIOCHEMISTRY

**COMPREHENSIVE RENAL PROFILE
SERUM**

| | | | |
|--|-------------|-------|-----------|
| CREATININE (Jaffe Method) | 0.9 | mg/dl | 0.6 - 1.3 |
| BLOOD UREA NITROGEN (BUN) (Kinetic with Urease) | 11.0 | mg/dl | 6 - 20 |
| BUN/CREATININE RATIO (Calculation) | 12.2 | | 10 - 20 |
| URIC ACID (Uricase Enzyme) | 6.4 | mg/dl | 3.7 - 7.7 |
| CALCIUM (Bapta Method) | 10.2 | mg/dl | 8.6-10 |
| PHOSPHORUS (Phosphomolybdate) | 2.8 | mg/dl | 2.5-4.5 |

Sample Collected at : Khar
Sample Collected on : 18 Feb 2023 12:20
Sample Received on : 18 Feb 2023 15:48
Barcode : 



Dr.Rahul Jain

**MD,PATHOLOGY
Consultant Pathologist**

Contd ...

*Tests not included in NABL accredited scope



www.healthspring.in | info@healthspring.in | 86528 86529

Healthspring Corporate Office, 5th Floor, East Wing Forbes Building, Charanjit Rai Marg, Fort, Mumbai- 400001

*Members only

Patient Name : Mr. Laxmikant A Mishra
Age / Gender : 33 Y / Male
Referred By : Dr. Ruchita Shinde
SID No. : 41010457

Reg.Date / Time : 18/02/2023 / 11:28:17
Report Date / Time : 18/02/2023 / 18:41:03
MR No. : 0468773

Page 7 of 14

Final Test Report

| Specimen | Test Name / Method | Result | Units | Biological Reference Interval |
|----------|--------------------|--------|-------|-------------------------------|
|----------|--------------------|--------|-------|-------------------------------|

BIOCHEMISTRY

LIPID PROFILE

| | | | | |
|-------|--|-----|-------|--|
| SERUM | TOTAL CHOLESTEROL (Enzymatic colorimetric (PHOD)) | 182 | mg/dl | Desirable : < 200 Borderline: 200-239 High : > 239 |
|-------|--|-----|-------|--|

Notes : Elevated concentrations of free fatty acids and denatured proteins may cause falsely elevated HDL cholesterol results.

Abnormal liver function affects lipid metabolism; consequently, HDL and LDL results are of limited diagnostic value. In some patients with abnormal liver function, the HDL cholesterol result may significantly differ from the DCM (designated comparison method) result due to the presence of lipoproteins with abnormal lipid distribution.

Reference: Dati F, Metzmann E. Proteins Laboratory Testing and Clinical Use, Verlag: DiaSys; 1. Auflage (September 2005), page 242-243; ISBN-10: 3000171665.

| | | | | |
|-------|--|-----|-------|---|
| SERUM | TRIGLYCERIDES (Enzymatic Colorimetric GPO) | 113 | mg/dl | Normal : <150 Borderline : 150-199 High : 200-499 Very High : >499 |
| SERUM | CHOLESTEROL HDL - DIRECT (Homogenize Enzymatic Colorimetry) | 53 | mg/dl | Low:<40 High:>60 |
| SERUM | LDL CHOLESTEROL (Calculation) | 106 | mg/dl | Optimal : <100 Near Optimal/ Above optimal :100-129 Borderline High: 130-159 High : 160-189 Very High : >= 190 |
| SERUM | VLDL (Calculation) | 23 | mg/dl | 15-40 |
| SERUM | CHOL / HDL RATIO | 3.4 | | 3-5 |
| SERUM | LDL /HDL RATIO (Calculation) | 2.0 | | 0 - 3.5 |

Sample Collected at : Khar
Sample Collected on : 18 Feb 2023 12:20
Sample Received on : 18 Feb 2023 15:48
Barcode : 



Dr.Rahul Jain

MD,PATHOLOGY

Consultant Pathologist

Contd ...

*Tests not included in NABL accredited scope

Patient Name : Mr. Laxmikant A Mishra
Age / Gender : 33 Y / Male
Referred By : Dr. Ruchita Shinde
SID No. : 41010457

Reg.Date / Time : 18/02/2023 / 11:28:17
Report Date / Time : 18/02/2023 / 18:41:03
MR No. : 0468773

Page 8 of 14

Final Test Report

| Specimen | Test Name / Method | Result | Units | Biological Reference Interval |
|----------|--------------------|--------|-------|-------------------------------|
|----------|--------------------|--------|-------|-------------------------------|

BIOCHEMISTRY

| | | | | |
|-----------------|---------------------------------------|------------|-------|----------|
| FLOURIDE PLASMA | BLOOD GLUCOSE FASTING (Hexokinase) | 120 | mg/dl | 70 - 110 |
|-----------------|---------------------------------------|------------|-------|----------|

Notes : An early-morning increase in blood sugar (glucose) which occurs to some extent in all individuals, more relevant to people with diabetes can be seen (The dawn phenomenon) . Chronic Somogyi rebound is another explanation of phenomena of elevated blood sugars in the morning. Also called the Somogyi effect and posthypoglycemic hyperglycemia, it is a rebounding high blood sugar that is a response to low blood sugar.

References:

<http://www.ucdenver.edu/academics/colleges/medicalschool/centers/BarbaraDavis/Documents/book-understandingdiabetes/ud06.pdf>, Understanding Diabetes.

| | | | | |
|-----------------|---|------------|-------|----------|
| FLOURIDE PLASMA | BLOOD GLUCOSE POST PRANDIAL (Hexokinase) | 180 | mg/dl | 70 - 140 |
|-----------------|---|------------|-------|----------|

EDTA WHOLE BLOOD GLYCOSYLATED HAEMOGLOBIN (HbA1C)

| | | | |
|---|------------|---------|--|
| HbA1C (High Performance Liquid Chromatography) | 7.5 | %(NGSP) | Non Diabetic Range: <= 5.6 Prediabetes :5.7-6.4 Diabetes: >= 6.5 |
|---|------------|---------|--|

| | | | |
|---|-----|-------|--|
| ESTIMATED AVERAGE BLOOD GLUCOSE (Calculated) | 169 | mg/dl | |
|---|-----|-------|--|

Notes : HbA1c reflects average plasma glucose over the previous eight to 12 weeks (1). The use of HbA1c can avoid the problem of day-to-day variability of glucose values, and importantly it avoids the need for the person to fast and to have preceding dietary preparations.

HbA1c can be used to diagnose diabetes and that the diagnosis can be made if the HbA1c level is =6.5% (2). Diagnosis should be confirmed with a repeat HbA1c test, unless clinical symptoms and plasma glucose levels >11.1mmol/l (200 mg/dl) are present in which case further testing is not required.

HbA1c may be affected by a variety of genetic, hematologic and illness-related factors (Annex 1, https://www.who.int/diabetes/publications/report-hba1c_2011.pdf) (3). The most common important factors worldwide affecting HbA1c levels are haemoglobinopathies (depending on the assay employed), certain anaemias, and disorders associated with accelerated red cell turnover such as malaria.

References: (1). Nathan DM, Turgeon H, Regan S. Relationship between glycated haemoglobin levels and mean glucose levels over time. Diabetologia, 2007, 50:2239-2244. (2). International Expert Committee report on the role of the A1C assay in the diagnosis of diabetes. Diabetes Care, 2009, 32:1327-1334. (3). Gallagher EJ, Bloomgarden ZT, Le Roith D. Review of hemoglobin A1c in the management of diabetes. Journal of Diabetes, 2009, 1:9-17.

| | | | | |
|-------|-----------------------------------|--------|--|--|
| Urine | URINE GLUCOSE FASTING (Urodip) | ABSENT | | |
|-------|-----------------------------------|--------|--|--|

Contd ...

*Tests not included in NABL accredited scope

Patient Name : Mr. Laxmikant A Mishra
Age / Gender : 33 Y / Male
Referred By : Dr. Ruchita Shinde
SID No. : 41010457

Reg.Date / Time : 18/02/2023 / 11:28:17
Report Date / Time : 18/02/2023 / 18:41:03
MR No. : 0468773


Page 9 of 14

Final Test Report

| Specimen | Test Name / Method | Result | Units | Biological Reference Interval |
|----------|--------------------|--------|-------|-------------------------------|
|----------|--------------------|--------|-------|-------------------------------|

BIOCHEMISTRY

| | | | | |
|-------|--------------------------------------|--------|--|--|
| Urine | URINE GLUCOSE POST PRANDIAL (Urodip) | ABSENT | | |
|-------|--------------------------------------|--------|--|--|

Sample Collected at : Khar
Sample Collected on : 18 Feb 2023 12:20
Sample Received on : 18 Feb 2023 15:48
Barcode : 



Dr.Rahul Jain
MD,PATHOLOGY
Consultant Pathologist

Contd ...

*Tests not included in NABL accredited scope

Patient Name : Mr. Laxmikant A Mishra
Age / Gender : 33 Y / Male
Referred By : Dr. Ruchita Shinde
SID No. : 41010457

Reg.Date / Time : 18/02/2023 / 11:28:17
Report Date / Time : 18/02/2023 / 18:41:03
MR No. : 0468773

Page 10 of 14

Final Test Report

| Specimen | Test Name / Method | Result | Units | Biological Reference Interval |
|----------|--------------------|--------|-------|-------------------------------|
|----------|--------------------|--------|-------|-------------------------------|

IMMUNOLOGY

THYROID PROFILE - TOTAL SERUM

| | | | |
|---|-------|--------|-------------|
| TOTAL TRIIODOTHYRONINE (T3) (ECLIA) | 1.43 | ng/ml | 0.7-2.04 |
| TOTAL THYROXINE (T4) (ECLIA) | 8.75 | ug/dl | 4.6 - 10.5 |
| THYROID STIMULATING HORMONE (TSH) (ECLIA) | 2.700 | uIU/ml | 0.27 - 4.20 |

Contd ...

*Tests not included in NABL accredited scope



Patient Name : Mr. Laxmikant A Mishra
Age / Gender : 33 Y / Male
Referred By : Dr. Ruchita Shinde
SID No. : 41010457

Reg.Date / Time : 18/02/2023 / 11:28:17
Report Date / Time : 18/02/2023 / 18:41:03
MR No. : 0468773

Page 11 of 14

Final Test Report

| Specimen | Test Name / Method | Result | Units | Biological Reference Interval |
|----------|--------------------|--------|-------|-------------------------------|
|----------|--------------------|--------|-------|-------------------------------|

IMMUNOLOGY

Notes : TSH is formed in specific cells of the anterior pituitary gland and is subject to a circadian Variation. The Release of TSH is the central regulating mechanism for the biological action of thyroid hormones. TSH has a stimulating action in all stages of thyroid hormone (T3/T4) formation and secretion and it also has a growth effect on Thyroid gland. Even very slight changes in the concentrations of the free thyroid hormones (FT3/FT4) bring about much greater opposite changes in the TSH level. The determination of TSH serves as the initial test in thyroid diagnostics. (1)

Patterns of Thyroid Function Tests (2)

- Low TSH, Low FT4 - Central hypothyroidism.
- Low TSH, Normal FT4, Normal FT3- Subclinical hyperthyroidism.
- Low TSH, High FT4- Hashimoto's thyroiditis, Grave's disease, Molar pregnancy, Choriocarcinoma, Hyperemesis, Thyrotoxicosis, Lithium, Multinodular goiter, Toxic adenoma, Thyroid carcinoma, Iodine ingestion.
- Normal TSH, Low FT4- Hypothyroxinemia, Nonthyroidal illness, Possible secondary hypothyroidism, Medications.
- Normal TSH, High FT4- Euthyroid hyperthyroxinemia, Thyroid hormone resistance, Familial dysalbuminemic hyperthyroxinemia, Medications (Amiodarone, beta-blockers, Oral contrast), Hyperemesis, Acute psychiatric illness, Rheumatoid factor.
- High TSH, Low FT4- Primary hypothyroidism.
- High TSH, Normal FT4- Subclinical hypothyroidism, Nonthyroidal illness, Suggestive of follow-up and recheck.
- High TSH, High FT4- TSH mediated hyperthyroidism

Note:

1. Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness
2. Isolated High TSH especially in the range of 4.7 to 15 uIU/ml is commonly associated with Physiological & Biological TSH Variability.
3. Normal changes in thyroid function tests during pregnancy include a transient suppression of thyroid-stimulating hormone. T4 and total T3 steadily increase during pregnancy to approximately 1.5 times the non-pregnant level. Free T4 and Free T3 gradually decrease during pregnancy

References:

1. Pim-eservices.roche.com. (2018). Customer Self-Service Technical Documentation Portal.
2. "Interpretation of Thyroid Function Tests". 2018. Obfocus.Com.
3. Interpretation of thyroid function tests. Dayan et al. The Lancet, Vol 357, February 24, 2001.
4. Interpretation of thyroid function tests. Supit et al. South Med journal, 2002, 95, 481-485.

Contd ...

*Tests not included in NABL accredited scope



Patient Name : Mr. Laxmikant A Mishra
Age / Gender : 33 Y / Male
Referred By : Dr. Ruchita Shinde
SID No. : 41010457

Reg.Date / Time : 18/02/2023 / 11:28:17
Report Date / Time : 18/02/2023 / 18:41:03
MR No. : 0468773

Page 12 of 14

Final Test Report

| Specimen | Test Name / Method | Result | Units | Biological Reference Interval |
|----------|--------------------|--------|-------|-------------------------------|
|----------|--------------------|--------|-------|-------------------------------|

Sample Collected at : Khar

Sample Collected on : 18 Feb 2023 12:20

Sample Received on : 18 Feb 2023 15:48

Barcode : 



Dr.Rahul Jain

MD,PATHOLOGY

Consultant Pathologist

Contd ...

*Tests not included in NABL accredited scope



Patient Name : Mr. Laxmikant A Mishra
Age / Gender : 33 Y / Male
Referred By : Dr. Ruchita Shinde
SID No. : 41010457

Reg.Date / Time : 18/02/2023 / 11:28:17
Report Date / Time : 18/02/2023 / 18:41:03
MR No. : 0468773

Page 13 of 14

Final Test Report

| Specimen | Test Name / Method | Result | Units | Biological Reference Interval |
|----------|--------------------|--------|-------|-------------------------------|
|----------|--------------------|--------|-------|-------------------------------|

CLINICAL PATHOLOGY

STOOL STOOL ROUTINE EXAMINATION

PHYSICAL EXAMINATION

| | | | |
|-------------------------------------|--------|--|--|
| COLOUR (Visual Examination) | Brown | | |
| CONSISTENCY (Visual Examination) | Soft | | |
| MUCUS (Visual Examination) | Absent | | |
| FRANK BLOOD (Visual Examination) | Absent | | |
| ADULT WORM (Microscopy) | Absent | | |

CHEMICAL EXAMINATION

| | | | |
|---------------------------------------|--------|--|--|
| REACTION (Ph Paper) | Acidic | | |
| BILIRUBIN | Absent | | |
| OCCULT BLOOD (Peroxidase activity) | Absent | | |

MICROSCOPIC EXAMINATION

| | | | |
|-------------------------------------|--------|------|--|
| PROTOZOA (Microscopy) | Absent | | |
| CYST (Microscopy) | Absent | | |
| OVA (Microscopy) | Absent | | |
| MACROPHAGES (Microscopy) | Absent | | |
| PUS CELLS (Microscopy) | 1-2 | /hpf | |
| RED BLOOD CELLS (Microscopy) | Absent | /hpf | |
| FAT GLOBULES (Microscopy) | Absent | | |
| UNDIGESTED MATERIAL (Microscopy) | Absent | | |
| ANY OTHER FINDINGS | Nil | | |

Urine URINE ANALYSIS

PHYSICAL EXAMINATION

| | | | |
|-------------------------------|-------------|--|--|
| VOLUME (Volumetric) | 30 | | |
| COLOR (Visual Examination) | PALE YELLOW | | |

Contd ...

*Tests not included in NABL accredited scope

Patient Name : Mr. Laxmikant A Mishra
Age / Gender : 33 Y / Male
Referred By : Dr. Ruchita Shinde
SID No. : 41010457

Reg.Date / Time : 18/02/2023 / 11:28:17
Report Date / Time : 18/02/2023 / 18:41:03
MR No. : 0468773

Page 14 of 14

Final Test Report

| Specimen | Test Name / Method | Result | Units | Biological Reference Interval |
|----------|--------------------|--------|-------|-------------------------------|
|----------|--------------------|--------|-------|-------------------------------|

CLINICAL PATHOLOGY

Urine URINE ANALYSIS

APPEARANCE CLEAR
(Visual Examination)

CHEMICAL EXAMINATION

SP.GRAVITY 1.015 1.005 - 1.030
(Indicator System)

REACTION(pH) ACIDIC
(Double indicator)

PROTEIN ABSENT
(Protein-error-of-Indicators)

GLUCOSE ABSENT Absent
(GOD-POD)

KETONES ABSENT Absent
(Legal's Test)

OCCULT BLOOD ABSENT Absent
(Peroxidase activity)

BILIRUBIN ABSENT Absent
(Fouchets Test)

UROBILINOGEN NORMAL
(Ehrlich Reaction)

NITRITE ABSENT
(Griess Test)

MICROSCOPIC EXAMINATION

ERYTHROCYTES ABSENT /hpf 0-2
(Microscopy)

PUS CELLS 2-3 /hpf 0-5
(Microscopy)

EPITHELIAL CELLS 1-2 /hpf 0-5
(Microscopy)

CASTS ABSENT

CRYSTALS ABSENT

ANY OTHER FINDINGS NIL

End of the Report

The results given above are end product of controlled technical analysis of the sample submitted.
Interpretation with clinical correlation should be done by doctors using these results.

*Tests not included in NABL accredited scope

Patient Name : Mr. Laxmikant A Mishra
Age / Gender : 33 Y / Male
Referred By : Dr. Ruchita Shinde
SID No. : 41010457

Reg.Date / Time : 18/02/2023 / 11:28:17
Report Date / Time : 18/02/2023 / 18:41:03
MR No. : 0468773

Page 15 of 14

Final Test Report

| Specimen | Test Name / Method | Result | Units | Biological Reference Interval |
|----------|--------------------|--------|-------|-------------------------------|
|----------|--------------------|--------|-------|-------------------------------|

Sample Collected at : Khar

Sample Collected on : 18 Feb 2023 12:20

Sample Received on : 18 Feb 2023 15:48

Barcode : 



Dr.Rahul Jain

MD,PATHOLOGY

Consultant Pathologist

Contd ...

*Tests not included in NABL accredited scope