

**IPSC PAIN AND SPINE HOSPITAL**  
 PLOT-453 NEAR SBI BANK SECTOR-19  
 DWARKA NEW DELHI-110075, PH: 9555437357

**ABDRESH JHA**

ID : 3721  
 DATE : 11-03-2023  
 AGE/SEX : 35 / M  
 HT/WT : 0 / 0  
 REF. BY :

**TREADMILL TEST REPORT**

PROTOCOL : Bruce  
 HISTORY :  
 INDICATION : Checkup/Physical fitness,  
 MEDICATION :

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST LEVEL (MM)			METS
								I1	V1	V5	
SUPINE					67	120 / 80	80	0.7	-0.1	0.7	
STANDING					80	120 / 80	96	1	-0.1	1.1	
HYPERVENT					77	120 / 80	92	0.9	0	1.1	
Stage 1	2:55	0:26	2.7	10	115	130 / 80	149	0.2	0.1	0.9	4.67
Stage 2	5:55	2:55	4	12	135	140 / 80	189	0.2	0.3	0.3	7.04
Stage 3	8:55	2:55	5.4	14	162	150 / 80	243	0	0.1	0.4	9.92
PK-EXERCISE	9:7	0:7	6.7	16	160	150 / 80	240	0.4	-0.1	0.7	10.16
RECOVERY	10:22	0:55			111	150 / 80	166	0.8	0	0.9	
RECOVERY	11:22	1:55			100	140 / 80	140	0.3	0	0.5	
RECOVERY	12:22	2:55			92	130 / 80	119	0.4	-0.1	0.3	
RECOVERY	13:8	3:41			95	120 / 80	114	0.4	0	0.4	

**RESULTS**

EXERCISE DURATION : 9:7  
 MAX HEART RATE : 162 bpm  
 MAX BLOOD PRESSURE : 150 / 80 mm Hg  
 REASON OF TERMINATION : Achieved THR,  
 BP RESPONSE : Normal,  
 ARRHYTHMIA : None,  
 H.R. RESPONSE : Normal Chronotropic Response,  
 IMPRESSIONS :

Negative for Provocable myocardial ischemia,

MAX WORK LOAD : 10.16 METS



*[Handwritten signature]*

Technician :

# IPSC PAIN AND SPINE HOSPITAL

ABDRESH JHA  
I.D. 3721  
Age 35/M  
Date 11-03-2023

RATE 67bpm  
B.P. 120/80

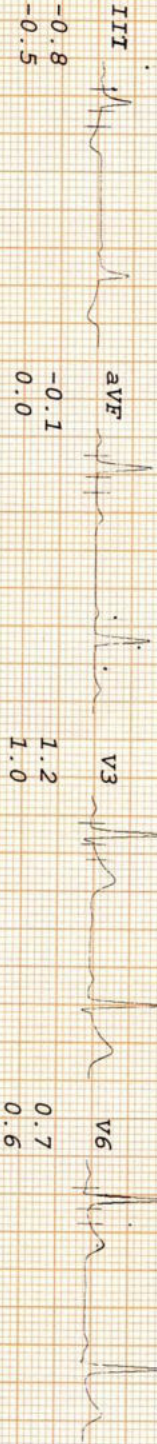
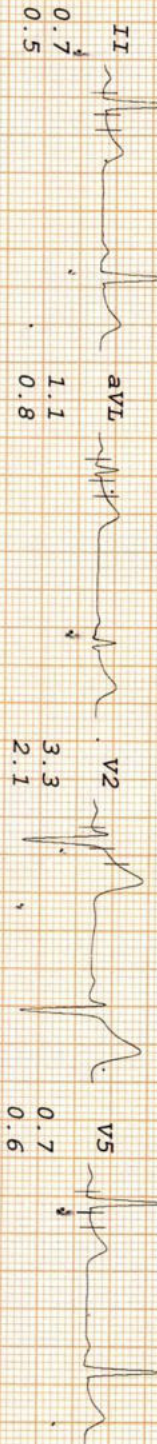
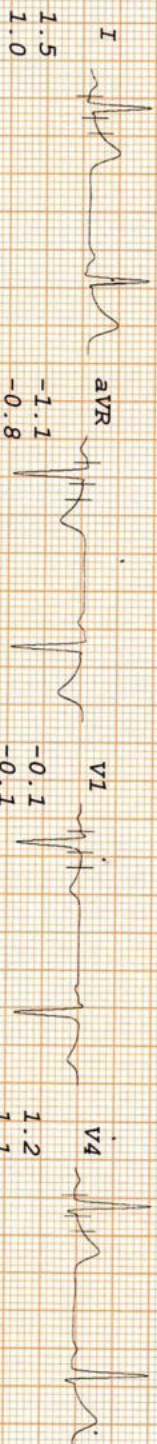
PRETEST  
SUPINE

ST @ 10mm/mV  
80ms Post J

LINKED MEDIAN

Mag. X 2

III



*[Handwritten signature]*

# IPSC PAIN AND SPINE HOSPITAL

ABDHESH JHA  
I.D. 3721  
Age 35/M  
Date 11-03-2023

RATE 80bpm  
B.P. 120/80

PRETEST  
STANDING

ST @ 10mm/mV  
80ms PostU

LINKED MEDIAN

Mag. X 2

III

I  
1.7  
1.3

aVR

-1.4  
-1.1

V1

-0.1  
-0.3

V4

1.8  
1.3

II  
1.0  
0:8

aVL

1.2  
0.9

V2

3.5  
2.3

V5

1.1  
0.8

III  
-0.7  
-0.5

aVF

0.1  
0.2

V3

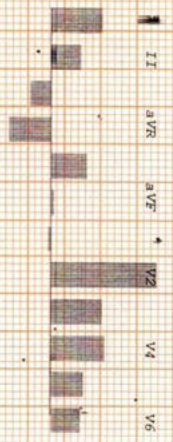
1.7  
1.3

V6

1.0  
0.8

-0.7  
-0.5

II



# IPSC PAIN AND SPINE HOSPITAL

ABHESH JHA

I.D: 3721  
Age 35/M  
Date 11-03-2023

RATE 77bpm  
B.P. 120/80

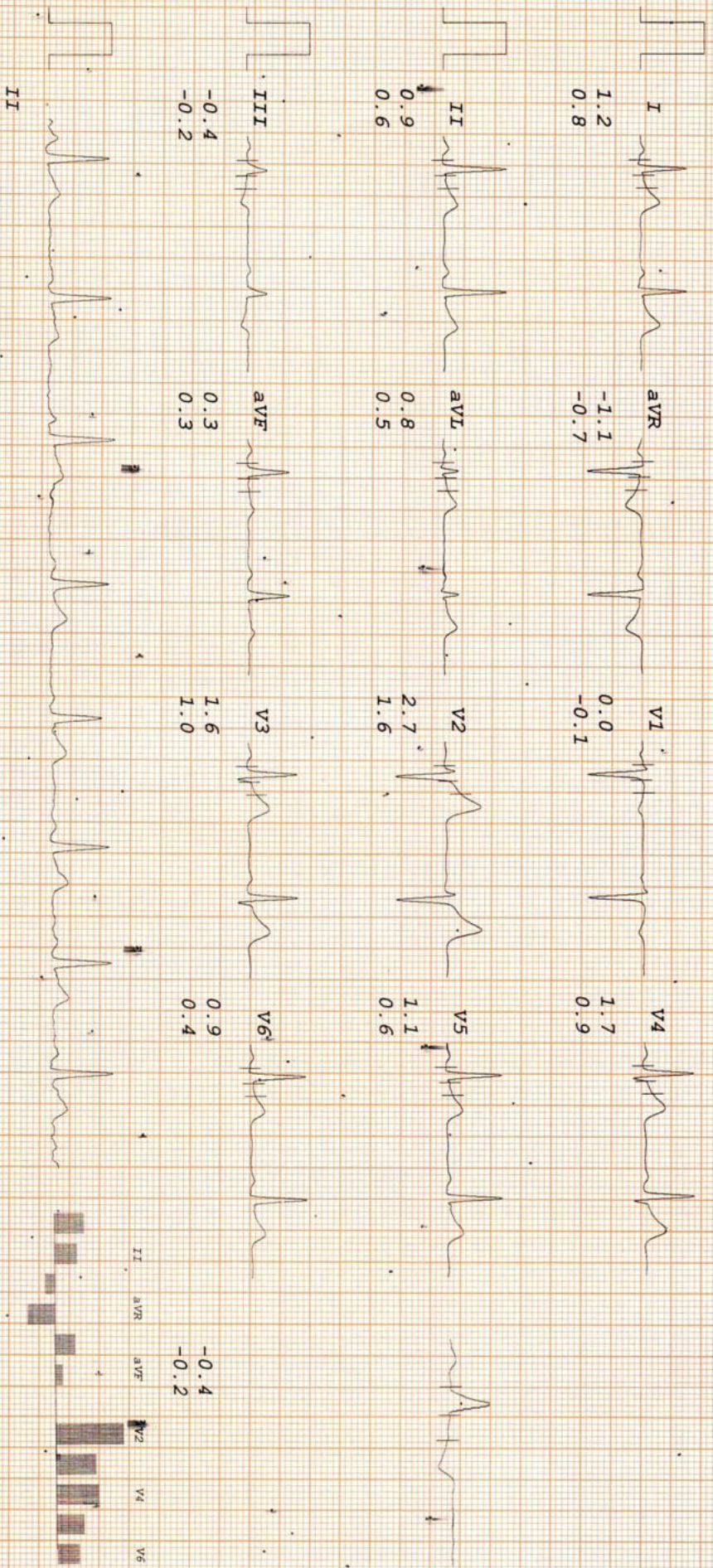
PRETEST  
HYPERVENT  
PHASE TIME 0:26

ST @ 10mm/mv  
80ms PostJ

LINKED MEDIAN

Mag. X 2

III



# IPSC PAIN AND SPINE HOSPITAL

ABDHESH JHA

I.D. 3721  
 Age 35/M  
 Date 11-03-2023

RATE 115bpm  
 B.P. 130/80

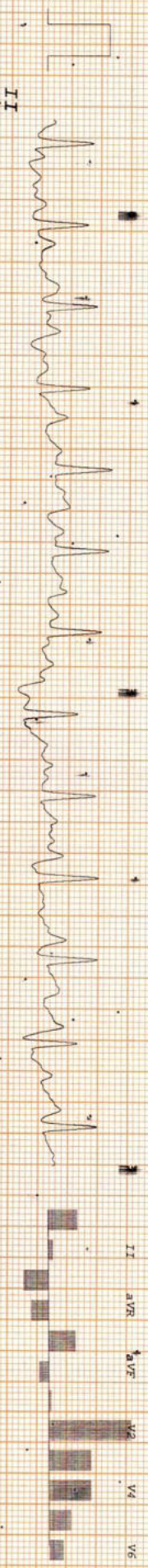
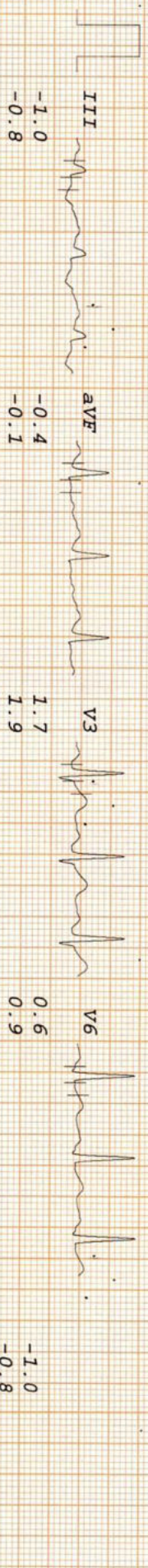
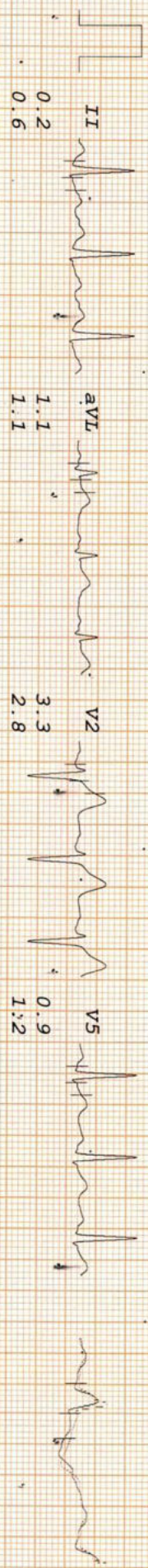
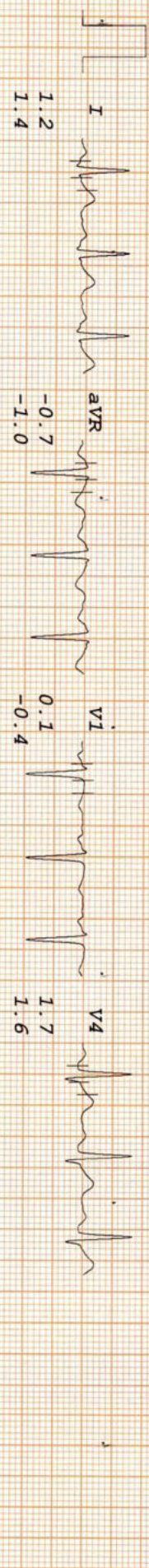
ST @ 10mm/mv  
 Bruce  
 Stage 1  
 TOTAL TIME 2:55  
 PHASE TIME 2:55

80ms PostJ  
 Speed 2.7 km/hr  
 SLOPE 10 %

LINKED MEDIAN

Mag. X 2

III



# IPSC PAIN AND SPINE HOSPITAL

ABDRESH JHA

I. D. 3721

Age 35/M

Date 11-03-2023

RATE 135bpm

B.P. 140/80

Bruce

Stage 2

TOTAL TIME 5:55

PHASE TIME 2:55

ST @ 10mm/mv

80ms PostJ

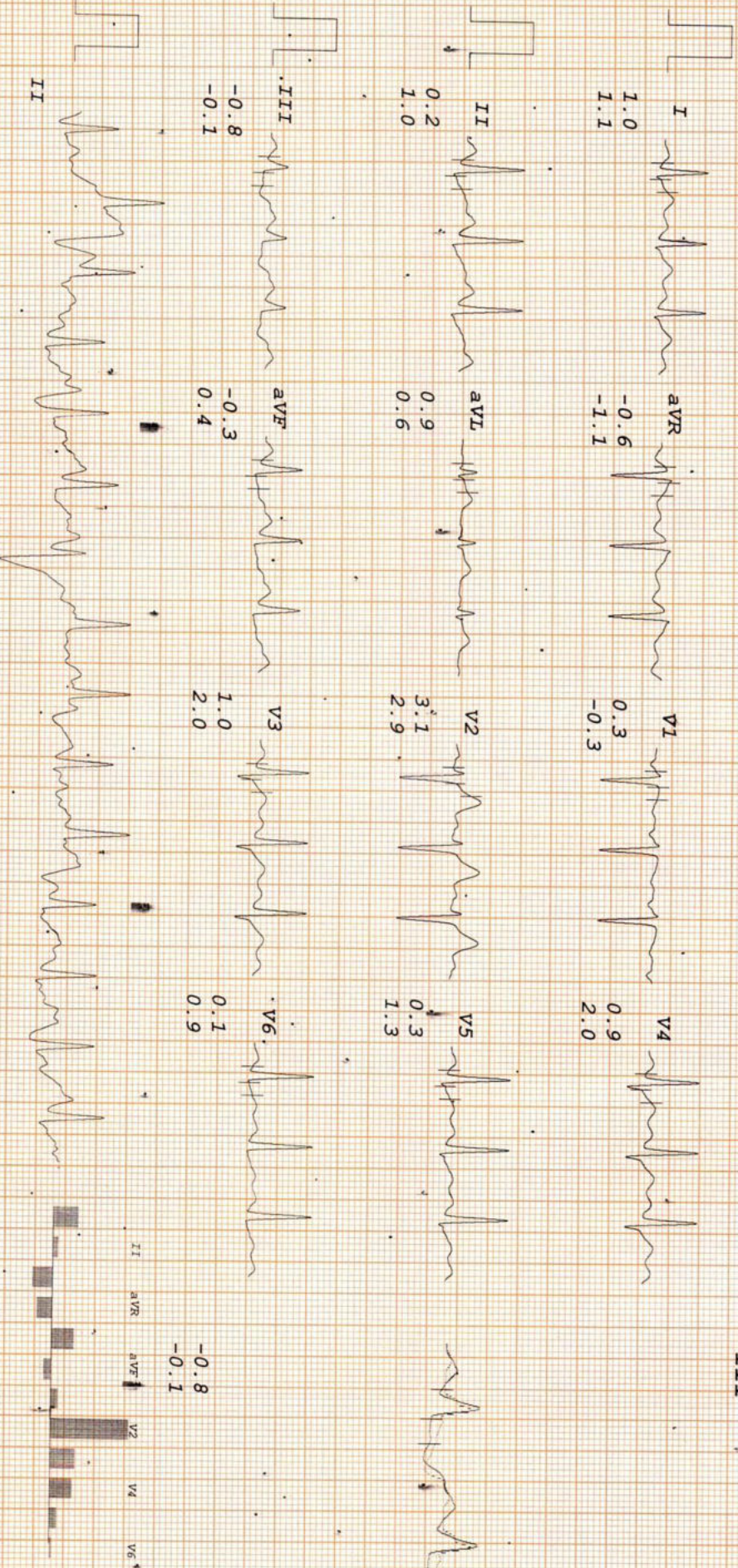
Speed 4 km/hr

STORE 12 %

LINKED MEDIAN

Mag. X 2

III



-0.8  
-0.1

# IPSC PAIN AND SPINE HOSPITAL

ADDRESS JHA

I.D. 3721

Age 35/M

Date 11-03-2023

RATE 160bpm

B.P. 150/80

Bruce

Stage 3

TOTAL TIME 8:55

PHASE TIME 2:55

ST @ 10mm/mV

80ms PostJ

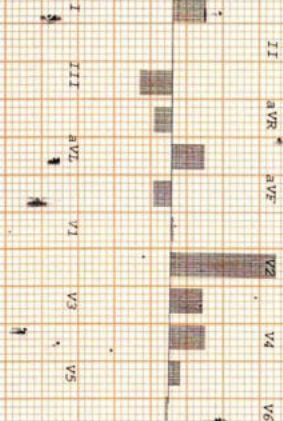
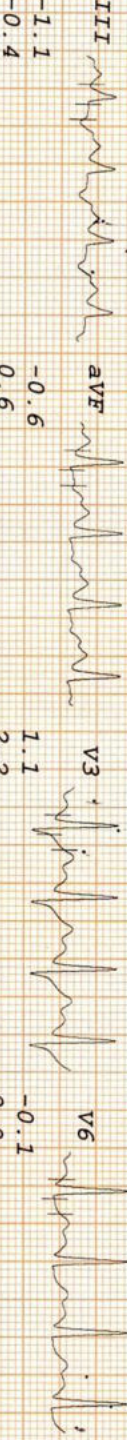
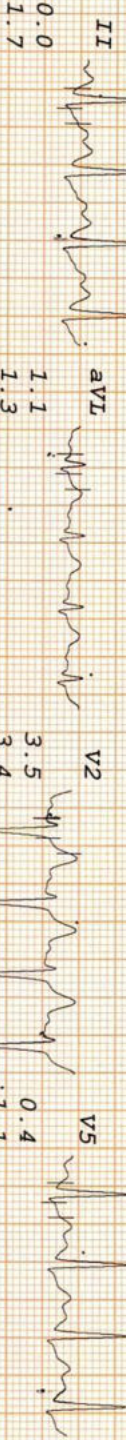
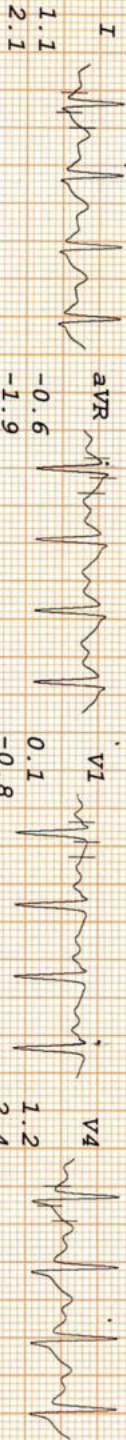
Speed 5.4 km/hr

SLOPE 14 %

LINKED MEDIAN

Mag. X 2

III



# IPSC PAIN AND SPINE HOSPITAL

ABDHESH JHA

I.D. 3721

Age 35/M

Date 11-03-2023

RATE 160bpm

B.P. 150/80

Bruce

PK-EXERCISE

TOTAL TIME 9:07

PHASE TIME 0:07

ST @ 10mm/mV

80ms PostJ

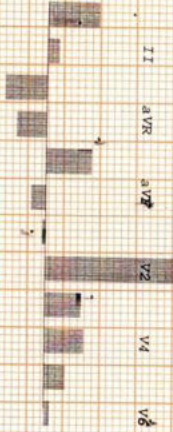
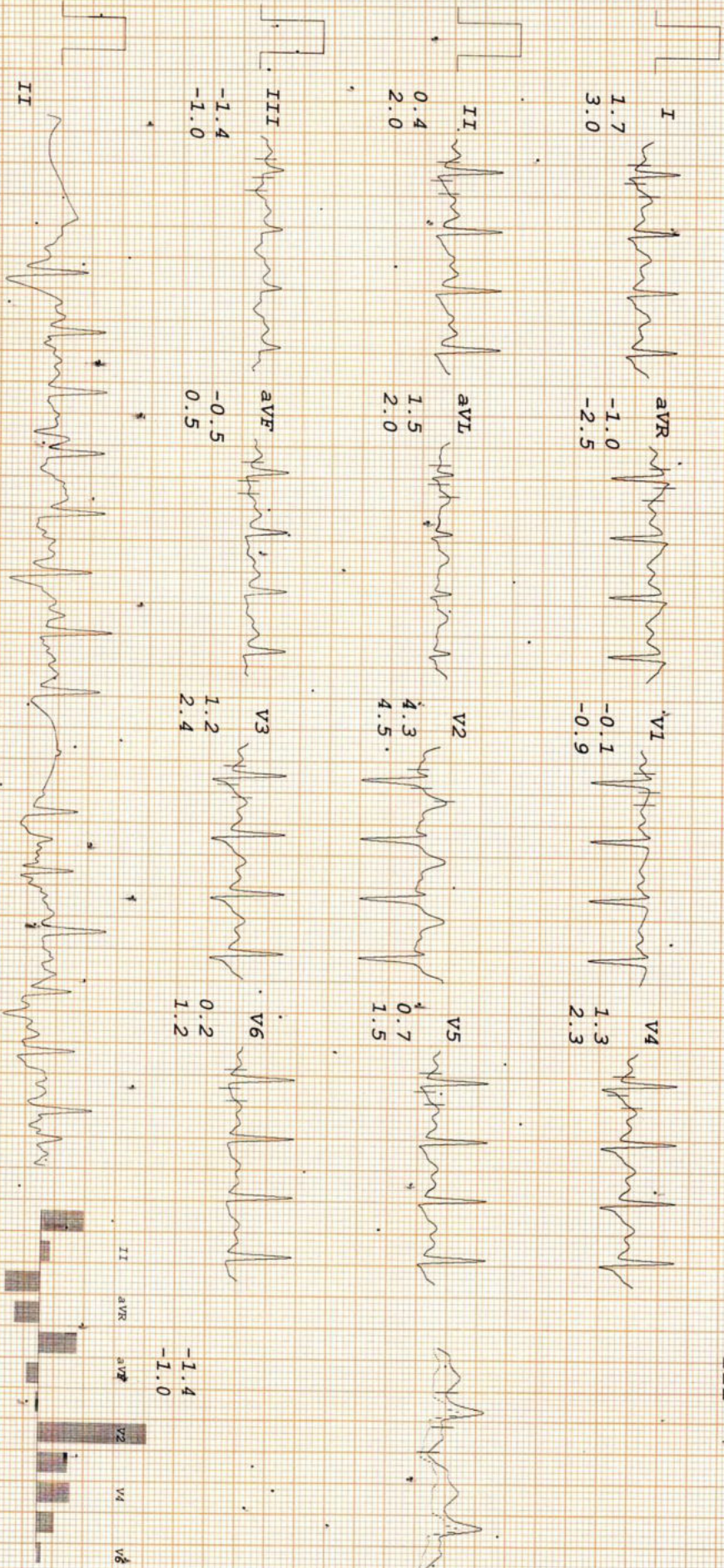
Speed 6.7 km/hr

SLOPE 16 %

LINKED MEDIAN

Mag. X 2

III





IPSC PAIN AND SPINE HOSPITAL.

ABDHESH JHA

I.D. 3721  
Age 35/M  
Date 11-03-2023

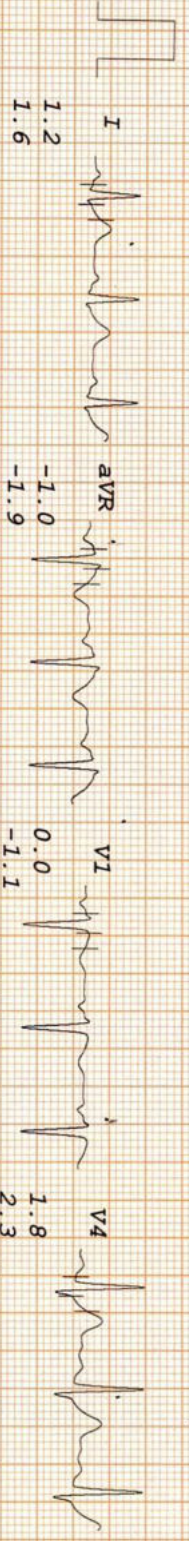
RATE 111bpm  
B.P. 150/80

Bruce  
RECOVERY  
TOTAL TIME 10:22  
PHASE TIME 0:55

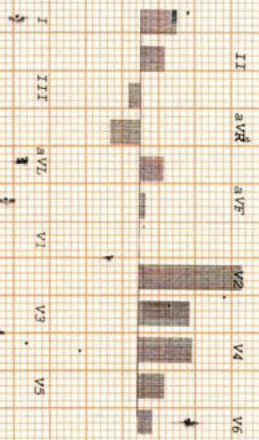
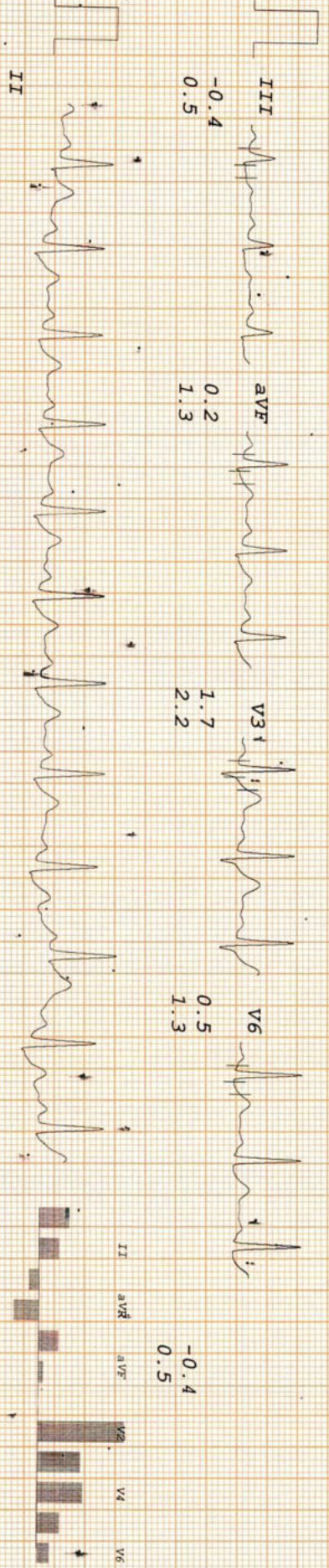
ST @ 10mm/mV  
80ms Post J

LINKED MEDIAN

Mag. X 2



III  
-0.4  
0.5



# IPSC PAIN AND SPINE HOSPITAL

ABDHESH JHA  
I.D. 3721

Age 35/M  
Date 11-03-2023

RATE 100bpm  
B.P. 140/80

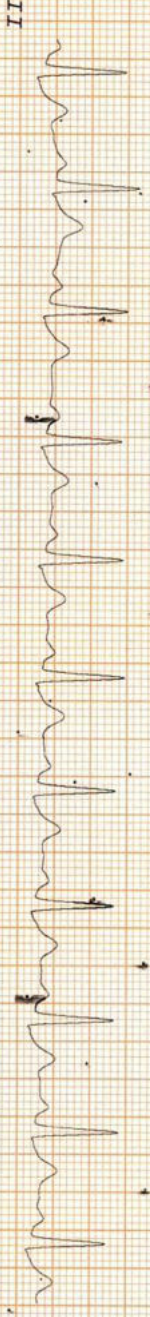
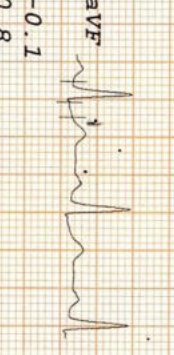
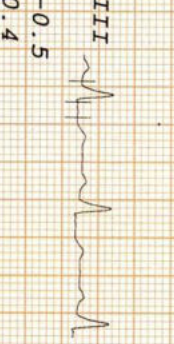
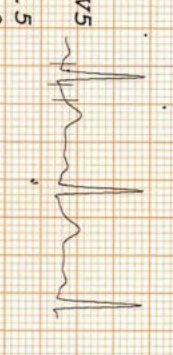
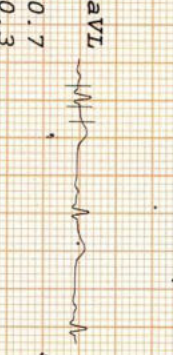
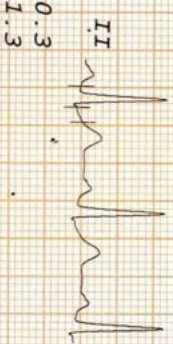
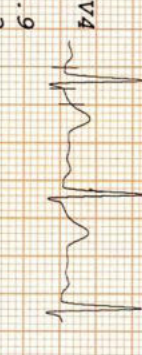
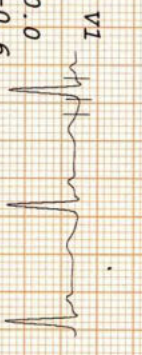
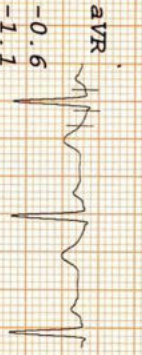
Brice  
RECOVERY  
TOTAL TIME 11:22  
PHASE TIME 1:55

ST @ 10mm/mV  
80ms PostJ

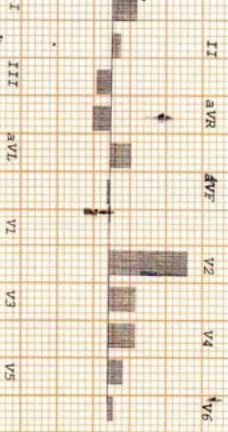
LINKED MEDIAN

Mag. X 2

III



-0.5  
0.4



# IPSC PAIN AND SPINE HOSPITAL

ABDRESH JHA  
I. D. 3721

Age 35/M

Date 11-03-2023

RATE 92bpm  
B.P. 130/80

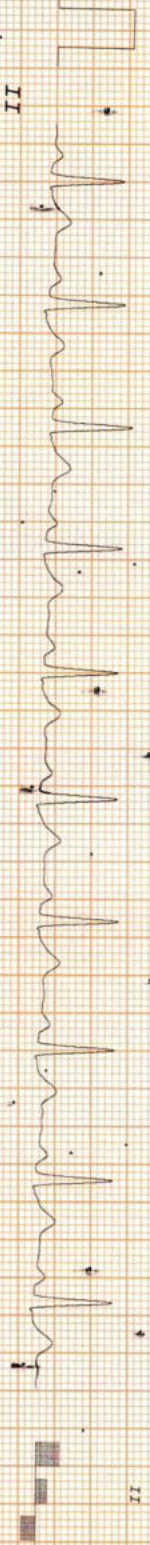
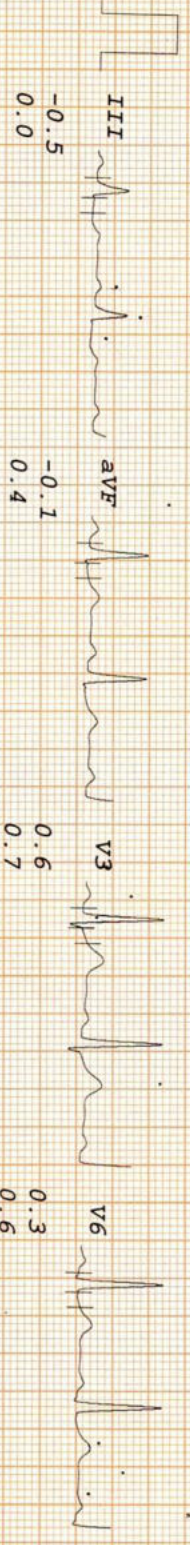
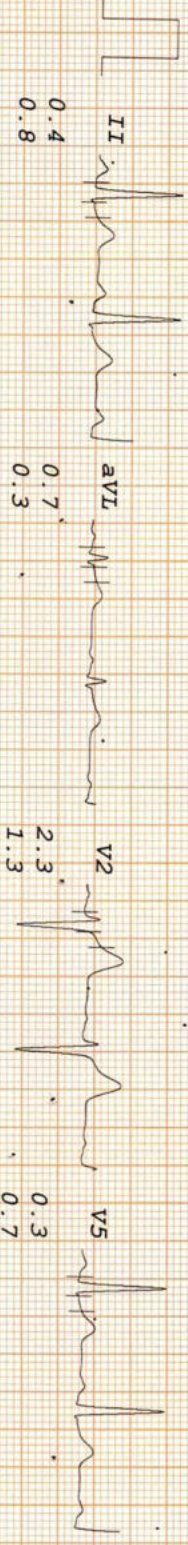
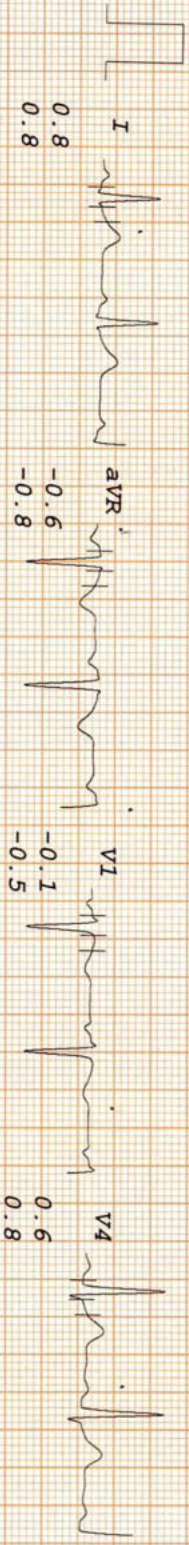
Bruce  
RECOVERY  
TOTAL TIME 12:22  
PHASE TIME 2:55

ST @ 10mm/mV  
80ms PostJ

LINKED MEDIAN

Mag. X 2

III



# IPSC PAIN AND SPINE HOSPITAL

ABDHESH JHA  
I.D. 3721  
Age 35/M  
Date 11-03-2023

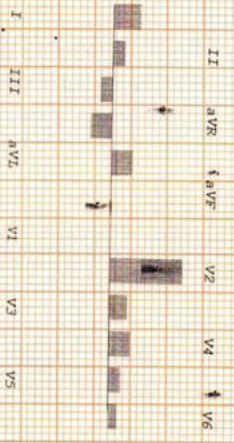
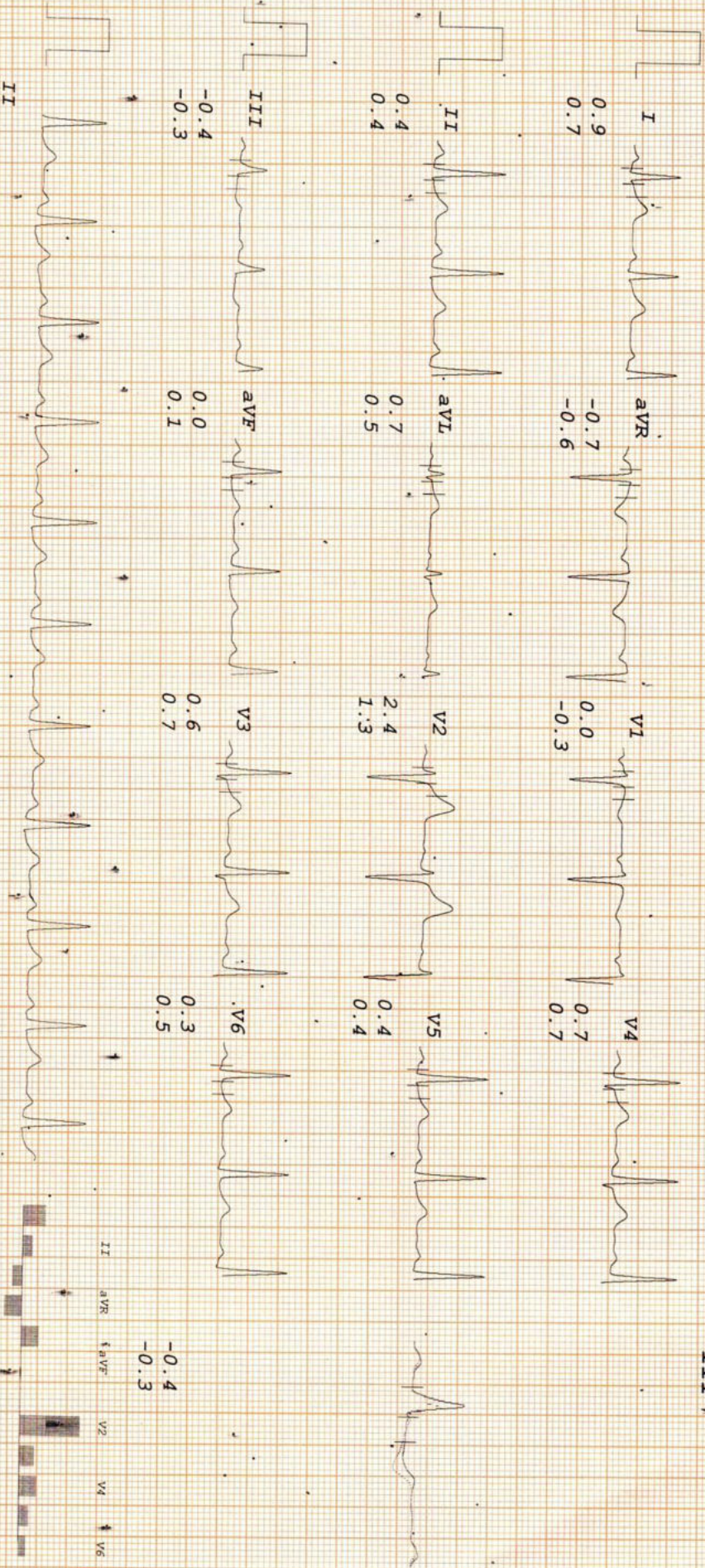
Rate 95bpm  
B.P. 120/80  
Bruce  
RECOVERY  
TOTAL TIME 13:08  
PHASE TIME 3:41

ST @ 10mm/mv  
80ms PostJ

LINKED MEDIAN

Mag. X 2

III



To,

The Coordinator,  
Mediwheel (Arcofemi Healthcare Limited)  
Helpline number: 011- 41195959

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	ABDHESH JHA
DATE OF BIRTH	25-02-1986
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	10-12-2022
BOOKING REFERENCE NO.	22D125901100033552S
SPOUSE DETAILS	
EMPLOYEE NAME	MS. JHA KHUSBU
EMPLOYEE EC NO.	125901
EMPLOYEE DESIGNATION	SINGLE WINDOW OPERATOR A
EMPLOYEE PLACE OF WORK	NEW DELHI,SECTOR 22 ROHINI
EMPLOYEE BIRTHDATE	10-06-1993

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **09-12-2022** till **31-03-2023**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager**  
**HRM Department**  
**Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

QR Code with Photograph

पता: राहु श्याम झा सी-24 सी अर्वा पार्क सारन,  
सहारन, उत्तरी प्रान्त, भारत 227001  
पिन - 110043

Address:  
S/O: Radesh Jha, B-24 C ARJUN  
PARK, NAJAFGARH, NAJAFGARH, Nangli  
Sakrawati, South West Delhi,  
Delhi - 110043

5407 4485 0003  
VID: 9136 5645 4175 8635

*Handwritten signature*

भारत सरकार  
Government of India

राहु श्याम  
Address: Jha  
सर्व विवरण/DOB: 25/02/1986  
पुल्ल/ MALE

5407 4485 0003  
VID: 9136 5645 4175 8635

भारत आधिकारिक वेबसाइट पर पहचान

<b>Radiology No.</b>	: 7265/OPDPB22DL	<b>Date</b>	: 11-Mar-2023
<b>Patient Name</b>	: Mr. ABDHESH JHA	<b>Age/Sex</b>	: 35Y
<b>Guardian Name</b>	:	<b>UHID No.</b>	: 6781/UHID22DL
<b>Consultant</b>	: Dr. INSURANCE	<b>Mobile No.</b>	: 8800789860

### ULTRASOUND OF WHOLE ABDOMAN

**The liver** is normal in size contour and echotexture. Intrahepatic bile ducts and CBD are not dilated. Hepatic portal veins and the IVC appear normal in caliber.

**Gall bladder** is adequately distended with normal intraluminal fluid contents. No evidence of calculus / wall thickness noted.

**Pancreas** is of normal size and contour with normal echotexture.

**Right kidney** is normal in size and position. It shows normal movements with respiration. Cortical thickness is normal.

No calculus, mass or hydronephrotic changes seen.

**Right kidney measures- 10.86x4.62cm**

Renal artery pulsation appear normal.

**Left kidney** is normal in size and position. It shows normal movements with respiration.

Cortical thickness is normal.

No calculus, mass or hydronephrotic changes seen.

**Left kidney measures- 9.76x4.69cm**

Renal artery pulsation appear normal.



Dr. Harshita Surange  
MBBS, DMRD (RADIODIAGNOSIS)  
DIPLOMA IN MSK, UCAM (Spain)  
Reg. No. MCI/16522, DMC/18402



BOOK APPOINTMENT



<b>Radiology No.</b>	: 7265/OPDPB22DL	<b>Date</b>	: 11-Mar-2023
<b>Patient Name</b>	: Mr. ABDHESH JHA	<b>Age/Sex</b>	: 35Y
<b>Guardian Name</b>	:	<b>UHID No.</b>	: 6781/UHID22DL
<b>Consultant</b>	: Dr. INSURANCE	<b>Mobile No.</b>	: 8800789860

**Spleen** is of normal size and shape. Echotexture is normal. No focal lesion is seen.

No evidence of retro-peritoneal lymphadenopathy/ ascites/ pleural effusion noted.

Urinary bladder does not show any calculus or mass lesion. No significant wall thickening noted.

**Prostate** is of normal size for age with regular contours and normal echo-texture. It measures 32x49x32mm which is equal to 27.67gms.

**Impression : Essentially Normal Scan.**



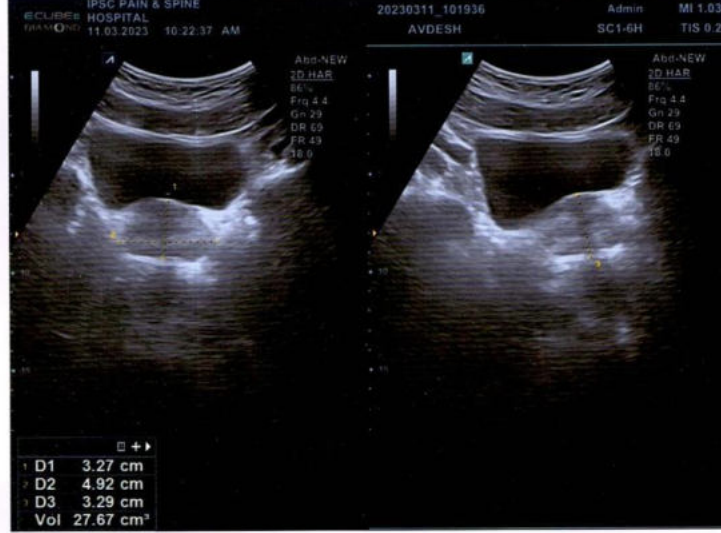
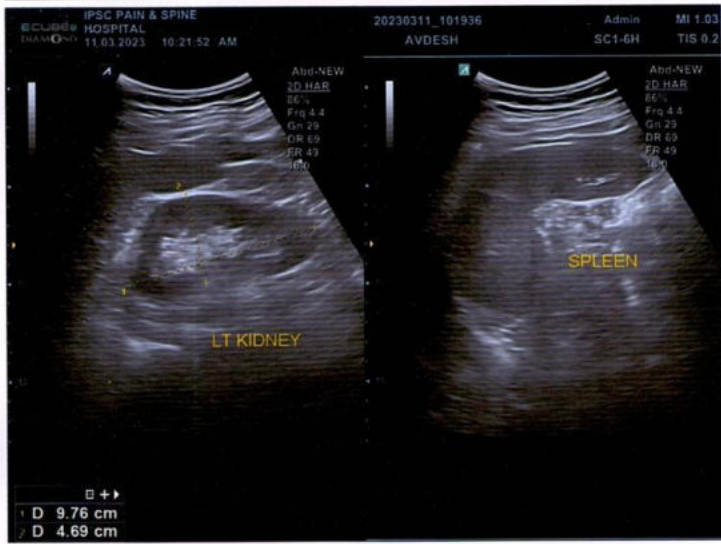
Dr. Harshita Surange  
MBBS, DMRD (RADIODIAGNOSIS)  
DIPLOMA IN MSK, UCAM (Spain)  
Reg. No. MCI/16522, DMC/18402



BOOK APPOINTMENT







<b>Radiology No.</b>	: 7266/OPDPB22DL	<b>Date</b>	: 11-Mar-2023
<b>Patient Name</b>	: <b>Mr. ABDHESH JHA</b>	<b>Age/Sex</b>	: 35Y
<b>Guardian Name</b>	:	<b>UHID No.</b>	: 6781/UHID22DL
<b>Consultant</b>	: Dr. INSURANCE	<b>Mobile No.</b>	: <b>8800789860</b>

### X-RAY CHEST

**Indication: Routine checkup.**

#### Image quality:-

No evidence of rotation.

PA view. Normal penetration.

**Airway:-** Trachea central.

Carina & bronchi are normal.

No hilar abnormality.

**Lung fields:-** Clear.

**Cardiac:-** Cardiac borders are visible.

Normal heart size.

**Diaphragm:-** Costophrenic angles on right & left are normal.

Cardiophrenic angles on right & left are normal.

Diaphragm portion are normal.

**Bony cage:-** No evidence of bony lesion/fracture seen.

No evidence of cervical ribs seen.

**Impression: No significant abnormality detected.**



Dr. Harshita Surange  
MBBS, DMRD (RADIO DIAGNOSIS)  
DIPLOMA IN MSK, UCAM (Spain)  
Reg. No. MCI/16522, DMC/18402



BOOK APPOINTMENT



IPSC

R

2023

<b>Patient Name</b> : Mr. ABDHESH JHA	<b>Reg No.</b> : 6781/UHID22DL	<b>Lab ID.</b> : 7265/OPDPB22DL
<b>Age / Gender</b> : 35Y / Male	<b>Date</b> : 11-Mar-2023	
<b>Mobile No.</b> : 8800789860	<b>Manual No.</b>	<b>Collected</b> : 11-Mar-2023 08.50
<b>Refd. By</b> : Dr. INSURANCE		<b>Received</b> : 11-Mar-2023 08.51
<b>Sample Type</b> : EDTA whole blood	<b>Sample ID</b> : 23667	<b>Report</b> : 11-Mar-2023 14.45

TEST NAME	RESULT	UNIT	RANGE	METHOD
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HEAMOTOLOGY

HBA1C (GLYCOSYLATED HB)	5.1	%	4-6	PEIT
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Metabolically healthy patients 4.5 - 6.0 %  
6.1 - 6.5 %

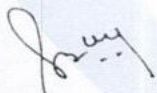
Good control :

Fair control : 6.6 - 7.0 %

Poor control : Above - >7.0 %

COMMENTS: HbA1c is an indicator of glycemic control. HbA1c represents average glycaemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but within this 120 days. Recent glycaemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four. Estimated Average Glucose mg/dl = (HbA1c x 35.6) - 77.3) Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from Hb-A1c or vice-versa is not "perfect" but gives a good working ballpark estimate. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime glucose levels, which are easier to predict and control. As per IFCC recommendations 2007, HbA1c being reported as above maintaining traceability to both IFCC (mmol/mol) & NGSP (%) units.

-----End of Report-----




Dr. Sangeeta B  
DCP, DNB, PATHOLOGY,  
DMC/25252

Lab Technician : chand



BOOK APPOINTMENT



<b>Patient Name</b> : Mr. ABDHESH JHA	<b>Reg No.</b> : 6781/UHID22DL	<b>Lab ID.</b> : 7265/OPDPB22DL
<b>Age / Gender</b> : 35Y / Male	<b>Date</b> : 11-Mar-2023	
<b>Mobile No.</b> : 8800789860	<b>Manual No.</b>	<b>Collected</b> : 11-Mar-2023 08.50
<b>Refd. By</b> : Dr. INSURANCE		<b>Received</b> : 11-Mar-2023 08.51
<b>Sample Type</b> : Serum	<b>Sample ID</b> : 23667	<b>Report</b> : 11-Mar-2023 14.45

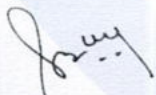
TEST NAME	RESULT	UNIT	RANGE	METHOD
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### BIOCHEMISTRY

#### KIDNEY FUNCTION TEST

Blood Urea	20.3	mg/dl	15.0-45.0	urease
Serum Creatinine	0.8	mg/dl	0.7-1.3	Jaffes Kinetic
Serum Uric Acid	6.20	mg/dl	2.5-7.2	Uricase
<b>Total Protein</b>				
PROTEN	6.48	g/dl	6.4-8.3	Biuret
ALBUMIN	4.8	g/dl	3.4-4.8	Bcg
GLOBULIN	1.68	g/dl	2.3-3.5	
A/G RATIO	2.86	g/dl		
Calcium	9.0	mg/dl	8.6-10.2	Arsenazo
Sodium	139.0	mmol/L	136.0-149.0	ISE Indirect
Potassium	3.9	mmol/L	3.5-5.5	ISE Indirect
Chloride	105.0	mmol/L	98.0-109.0	ISE Indirect

-----End of Report-----




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TEST NAME	RESULT	UNIT	RANGE	METHOD
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### BIOCHEMISTRY

#### LIPID PROFILE

Total Cholesterol	143.00	mg/dl	123-199	CHOD-PAP
Triglycerides	125.4	mg/dl	40-160	Gpo
HDL Cholesterol Direct	35.6	mg/dl	35.3-79.5	Direct
Vldl	25	mg/dl	4.7-22.1	
LDL Cholesterol Direct	82.3	mg/dl	63-129	
Total Cholesterol/HDL Ratio	4.0		0.0-4.97	
LDL/HDL Ratio	2.3		0.0-3.55	

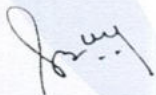
#### INTERPRETATION:-

Acceptable/Low Risk	: < 200 mg/dL	: <130 mg/dL	: < 4.5
Borderline High Risk	: 200-239 mg/dL	: 130-159 mg/dl	: 4.5 - 6.0
High Risk	: > 240 mg /dL	: > 160 mg/dL	: > 6.0

APO A1 & APO B: Recent studies have shown that Apolipoproteins A1 & B might be the best indicators of Coronary Artery.

#### COMMENTS:-

TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12 hrs., alcohol intake, diabetes melitus.and



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pancreatitis.

CHOLESTEROL. its fractions and triglycerides are the important plasma lipids in defining cardiovascular risk factors and in the management of cardiovascular disease. Highest acceptable and optimum values of cholesterol vary with age. Values above 220 mgm/dl are associated with increased risk of CHD regardless of HDL & LDL values.

HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol.

LDL - CHOLESTEROL & TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors. Based on total cholesterol, LDL- cholesterol, and total cholesterol/HDL - cholesterol ratio, patients may be divided into the three risk categories :-

CHOLESTEROL	LDL-CHOLESTEROL	CHO/HDL RATIO
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Artery Disease risk in an individual. Patients who have normal lipid profile may have abnormal Apo A1 & Apo B values. Ratio of Apo B : Apo A1 is >1 in cases of increased CHD risk.

-----End of Report-----




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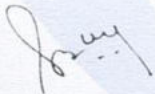
**BIOCHEMISTRY**

**LIVER FUNCTION TEST**

**Serum Bilirubin**

Total Bilirubin	0.41	mg/dl	0.0-2.0	Diazo
Direct Bilirubin	0.14	mg/dl	0-0.4	Diazo
Indirect Bilirubin	0.27	mg/dl	0-0.8	Calculated
<b>Total Protein</b>				
PROTEN	6.48	g/dl	6.4-8.3	Biuret
ALBUMIN	4.8	g/dl	3.4-4.8	Bcg
GLOBULIN	1.68	g/dl	2.3-3.5	
A/G RATIO	2.86	g/dl		
SGOT	20	U/L	0-35	IFCC
SGPT	21	U/L	0.0-45	IFCC
Gamma GT	22.0	U/L	0-55	Glupa-c
Alkaline Phosphatase	131	U/L	53-128	Amp

-----End of Report-----



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BOOK APPOINTMENT





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TEST NAME	RESULT	UNIT	RANGE	METHOD
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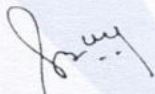
**CLINICAL PATHOLOGY**

PSA TOTAL	0.41	ng/ml	0-4.1	< 4.1 0-40 yrs : < 1.4 41-50 yrs : < 2.0 51-60 yrs : < 3.1 61-70 yrs : <4.1 71-100 yrs : <4.4
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COMMENTS: PSA levels can be also increased by prostate infection, irritation, benign prostatic hyperplasia ( BPH) and recent ejaculation, producing a false positiveresult. Digital rectal examination (DRE) has been shown in several studies to produce an increase in PSA.

However, the effect is clinically insignificant. since DRE causes the Most substantial increase in patients with PSA levels already elevated over 4.0 ng/mL . Most PSA in the blood is bound to serum proteins. A small amount is not protein bound and is called free PSA. In men with prostate cancer the ratio of free ( unbound) PSA to total PSA is decreased. The risk of cancer increases if the free to total ratio is less than 25%. The lower the ratio the greater the probability of prostate cancer. Measuring the Ratio of free to total PSA appears to be particularly promising promising for eliminating unnecessary biopsies in men with PSA levels between 4 and 10 ng/mL. However , both and free PSA increase immediately after ejaculation, returning slowly to baseline levels within 24 Hours.

-----End of Report-----




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<b>Sample Type</b> : Serum	<b>Sample ID</b> : 23667	<b>Report</b> : 11-Mar-2023 15.47

TEST NAME	RESULT	UNIT	RANGE	METHOD
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**HORMONES**

**THYROID PROFILE**

T3 1.16 ng/dl CLIA

**All values**

Adults (euthyroid) 0.50-2.00

Newborns 0.73-2.88

6d - 3 mth 0.80-2.75

4 - 12 mth 0.86-2.65

1 - 6 yr 0.92-2.48

7 - 11 yr 0.93-2.31

12- 20 yr 0.91-2.18

**Pregnancy**

First trimester 0.05 - 3.70

Second trimester 1.7 - 4.3

Third trimester 0.4 - 3.9

T4 8.38 µg/dl CLIA

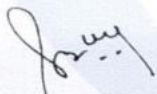
Adults - M - 4.4-10.8 µg/dl

F- 4.8 - 11.6 µg/dl

1<sup>st</sup> Trimester 7.3-15.00 µg/dl

2<sup>st</sup> Trimester 8.92-17.38

3<sup>st</sup> Trimester 7.98-17.70




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<b>Sample Type</b> : Serum	<b>Sample ID</b> : 23667	<b>Report</b> : 11-Mar-2023 15.47

TSH 2.50  $\mu$ U/ml CLIA

**Adults**

21-100 yrs 0.42 - 5.45

**Pediatric**

0-12 Months 0.98-5.63

1-5 years 0.64-5.76

6-10 Years 0.51-4.82

11-14 Years 0.53-5.27

15-20 years 0.43-4.20

**Pregnancy**

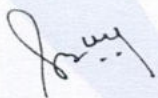
First trimester 0.1 - 2.5\*

Second trimester 0.2 - 3\*

Third trimester 0.3 - 3\*

COMMENTS: Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved. The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy

-----End of Report-----




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<b>Sample Type</b> : URINE	<b>Sample ID</b> : 23667	<b>Report</b> : 11-Mar-2023 14.45

TEST NAME	RESULT	UNIT	RANGE	METHOD
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CLINICAL PATHOLOGY

URINE ROUTINE

MICROSCOPY

PHYSICAL EXAMINATION

QUANTITY

25.00 ml 10-30

COLOUR

PALE YELLOW

TRANSPARENCY

CLEAR

SPECIFIC GRAVITY

1.020 1.015-1.025

PH

6.0 5.5 - 7

CHEMICAL EXAMINATION

ALBUMIN

NIL

SUGAR

NIL

MICROSCOPIC EXAMINATION

PUS CELLS

1-2 /hpf

MICROSCOPIC

RBC'S

NIL NIL

CASTS

NIL

CRYSTALS

NIL

EPITHELIAL CELLS

1-2

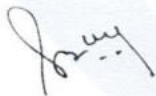
BACTERIA

NIL

OTHERS

NIL

-----End of Report-----



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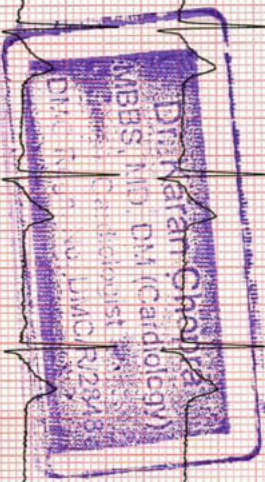
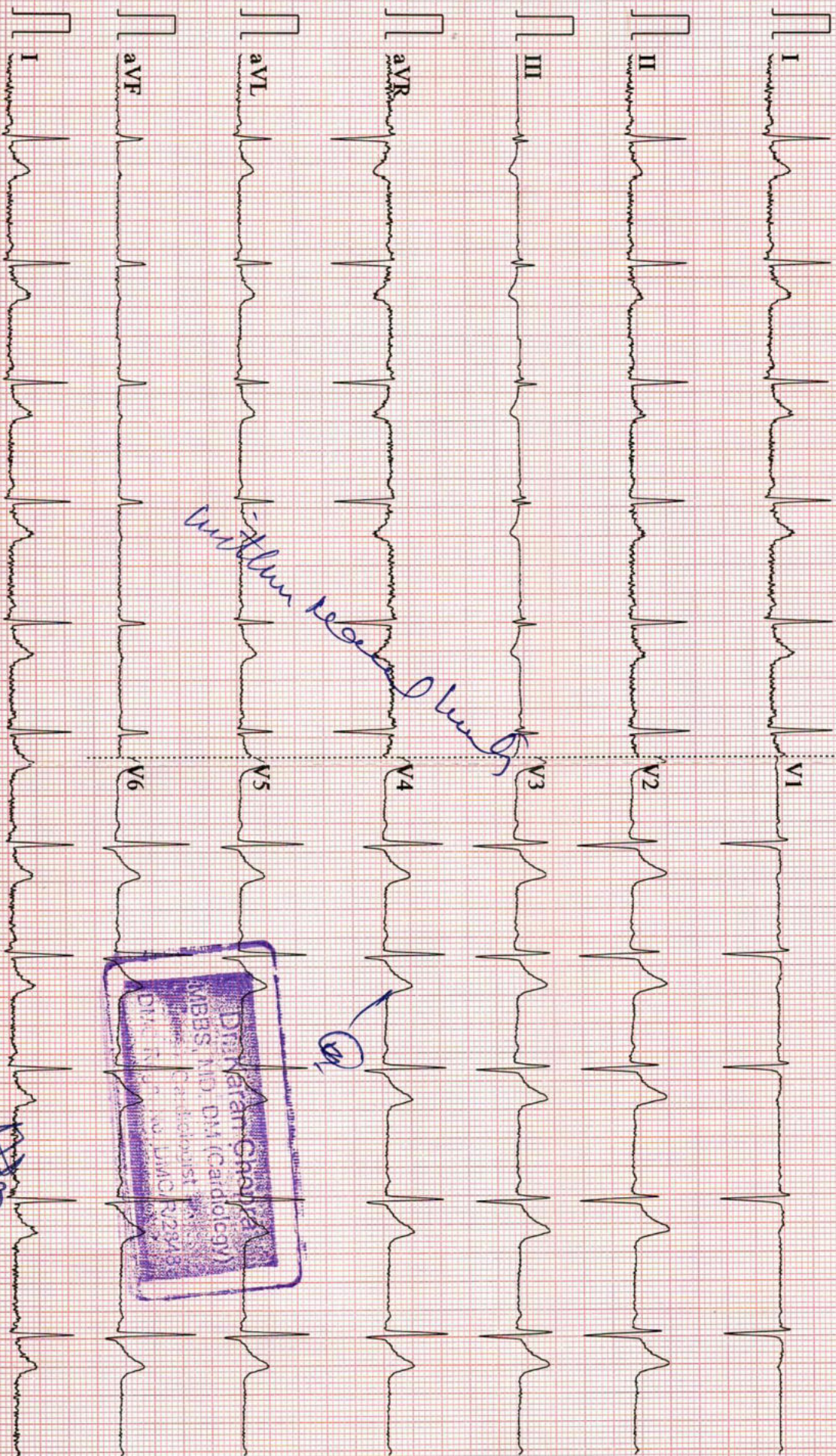


ID: 24  
mr abdlhesh  
Male 35Years  
Req. No. :

11-03-2023 10:51:39 AM  
HR : 70 bpm  
P : 108 ms  
PR : 144 ms  
QRS : 90 ms  
QT/QTcBz : 368/397 ms  
P/QRST : 12/35/3 °  
RV5/SV1 : 1.147/0.990 mV

Diagnosis Information:  
Sinus arrhythmia  
Normal ECG

Report Confirmed by:



0.67~45Hz, AC50 25mm/s 10mm/mV 2\*5.0s+1r CARDIART 910

V1.44 Glasgow V28.6.7

*[Handwritten signature]*

CARDIART

BP-1-02