



TMT INVESTIGATION REPORT

Patient Name : Mr.Vishwajit KUMAR	Location	: Ghaziabad
Age/Sex : 38Year(s)/male	Visit No	: V0000000001-GHZB
MRN No MH010789007	Order Date	: 18/02/2023
Ref. Doctor : HCP	Report Date	: 18/02/2023

Protocol : Bruce **MPHR** : 182BPM
Duration of exercise : 6min 37sec **85% of MPHR** : 154BPM
Reason for termination : THR achieved **Peak HR Achieved** : 156BPM
Blood Pressure (mmHg) : Baseline BP : 118/70mmHg **% Target HR** : 85%
Peak BP : 130/74mmHg **METS** : 7.9METS

STAGE	TIME (min)	H.R (bpm)	BP (mmHg)	SYMPTOMS	ECG CHANGES	ARRHYTHMIA
PRE- EXC.	0:00	101	118/70	Nil	No ST changes seen	Nil
STAGE 1	3:00	124	124/70	Nil	No ST changes seen	Nil
STAGE 2	3:00	147	130/74	Nil	No ST changes seen	Nil
STAGE 3	1:59	156	130/74	Nil	No ST changes seen	Nil
RECOVERY	3:00	103	120/70	Nil	No ST changes seen	Nil

COMMENTS:

- No ST changes in base line ECG.
- No ST changes during exercise and recovery.
- Normal chronotropic response.
- Normal blood pressure response.
- Fair effort tolerance.

IMPRESSION:

Treadmill test is **negative** for exercise induced reversible myocardial ischemia.

Dr. Bhupendra SinghMD, DM (CARDIOLOGY),FACC
Sr. Consultant Cardiology**Dr. Abhishek Singh**MD, DNB (CARDIOLOGY),MNAMS
Sr.Consultant Cardiology**Dr. Sudhanshu Mishra**MD
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vishwajit kr

38 years
Male
Caucasian

Vent. rate	95 bpm
PR interval	134 ms
QRS duration	80 ms
QT/QTc	338/424 ms
P-R-T axes	64 -25 44

Technician:
Test ind:

Normal sinus rhythm
Normal ECG

Referred by:

Unconfirmed

ID:

18-Feb-2023 13:25:32

Matrupa



Vital Signs™

4 by 2.5s + 1 rhythm Id PRINTED IN U.S.A.

MAC55 009C

12SL™ v239



RADIOLOGY REPORT

Name	Vishwajit KUMAR	Modality	DX
Patient ID	MH010789007	Accession No	R5179628
Gender/Age	M / 38Y 11M 16D	Scan Date	18-02-2023 11:11:51
Ref. Phys	Dr. HEALTH CHECK MGD	Report Date	18-02-2023 11:21:53

XR- CHEST PA VIEW

FINDINGS:

LUNGS: Bronchovascular markings appear prominent.
 TRACHEA: Normal.
 CARINA: Normal.
 RIGHT AND LEFT MAIN BRONCHI: Normal.
 PLEURA: Normal on right side. There is blunting of left costophrenic angle suggesting trace left sided pleural effusion/pleural thickening.
 HEART: Normal.
 RIGHT HEART BORDER: Normal.
 LEFT HEART BORDER: Normal.
 PULMONARY BAY: Normal.
 PULMONARY HILA: Normal.
 AORTA: Normal.
 THORACIC SPINE: Normal.
 OTHER VISUALIZED BONES: Normal.
 VISUALIZED SOFT TISSUES: Normal.
 DIAPHRAGM: Normal.
 VISUALIZED ABDOMEN: Normal.
 VISUALIZED NECK: Normal.

IMPRESSION:

Prominent bronchovascular markings in bilateral lung fields
Blunting of left costophrenic angle suggesting trace left sided pleural effusion/pleural thickening.

Recommend clinical correlation.



Dr. Monica Shekhawat, MBBS, DNB,
 Consultant Radiologist, Reg No MCI 11 10887

MANIPAL HOSPITALS

NH-24, Hary Road, Near Landcraft Golflinks, Ghaziabad - 201002
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This report is subject to the terms and conditions mentioned overleaf

RADIOLOGY REPORT

Name	Vishwajit KUMAR	Modality	US
Patient ID	MH010789007	Accession No	R5179629
Gender/Age	M / 38Y 11M 16D	Scan Date	18-02-2023 12:21:54
Ref. Phys	Dr. HEALTH CHECK MGD	Report Date	18-02-2023 11:23:21

USG ABDOMEN & PELVIS**FINDINGS**

LIVER: Liver is normal in size (measures 147 mm), shape and echotexture. Rest normal.
 SPLEEN: Spleen is normal in size (measures 83 mm), shape and echotexture. Rest normal.
 PORTAL VEIN: Appears normal in size and measures 11.4 mm.
 COMMON BILE DUCT: Appears normal in size and measures 3.8 mm.
 IVC, HEPATIC VEINS: Normal.
 BILIARY SYSTEM: Normal.
 GALL BLADDER: Gall bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.
 PANCREAS: Pancreas is normal in size, shape and echotexture. Rest normal.
 KIDNEYS: Bilateral kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. Rest normal.
 Right Kidney: measures 110 x 39 mm.
 Left Kidney: measures 100 x 44 mm.
 PELVI-CALYCEAL SYSTEMS: Compact.
 NODES: Not enlarged.
 FLUID: Nil significant.
 URINARY BLADDER: Urinary bladder is well distended. Wall thickness is normal and lumen is echofree. Rest normal.
 PROSTATE: Prostate is normal in size, shape and echotexture. It measures 38 x 24 x 19 mm with volume 9 cc. Rest normal.
 SEMINAL VESICLES: Normal.
 BOWEL: Visualized bowel loops appear normal.

IMPRESSION

-No significant abnormality noted.

Recommend clinical correlation.



Dr. Prabhat Prakash Gupta,
 MBBS, DNB, MNAMS, FRCR(I)
 Consultant Radiologist, Reg no DMC/R/14242

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LABORATORY REPORT

Name : MR VISHWAJIT KUMAR **Age** : 38 Yr(s) Sex :Male
Registration No : MH010789007 **Lab No** : 32230207198
Patient Episode : H18000000238 **Collection Date** : 18 Feb 2023 13:41
Referred By : HEALTH CHECK MGD **Reporting Date** : 18 Feb 2023 16:14
Receiving Date : 18 Feb 2023 13:52

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Specimen Type : Serum

THYROID PROFILE, Serum

T3 - Triiodothyronine (ECLIA)	1.09	ng/ml	[0.70-2.04]
T4 - Thyroxine (ECLIA)	10.23	micg/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	2.410	μIU/mL	[0.340-4.250]

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet,stress and illness affect TSH results.

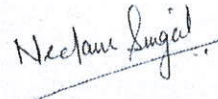
* References ranges recommended by the American Thyroid Association

1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128

2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html>

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-----END OF REPORT-----



Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY

LABORATORY REPORT

Name	: MR VISHWAJIT KUMAR	Age	: 38 Yr(s) Sex :Male
Registration No	: MH010789007	Lab No	: 202302001994
Patient Episode	: H18000000238	Collection Date	: 18 Feb 2023 10:23
Referred By	: HEALTH CHECK MGD	Reporting Date	: 18 Feb 2023 12:51
Receiving Date	: 18 Feb 2023 11:32		

HAEMATOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDEANCE)	5.48	millions/cu mm	[4.50-5.50]
HEMOGLOBIN	14.1	g/dl	[12.0-16.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	42.5	%	[40.0-50.0]
MCV (DERIVED)	77.6 #	fL	[83.0-101.0]
MCH (CALCULATED)	25.7 #	pg	[27.0-32.0]
MCHC (CALCULATED)	33.2	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	14.0	%	[11.6-14.0]
Platelet count	229	x 10 ³ cells/cumm	[150-400]
MPV (DERIVED)	12.0		
WBC COUNT(TC) (IMPEDEANCE)	8.95	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	59.0	%	[40.0-80.0]
Lymphocytes	34.0	%	[17.0-45.0]
Monocytes	6.0	%	[2.0-10.0]
Eosinophils	1.0 #	%	[2.0-7.0]
Basophils	0.0	%	[0.0-2.0]
ESR	8.0	/1sthour	[0.0-

LABORATORY REPORT

Name	: MR VISHWAJIT KUMAR	Age	: 38 Yr(s) Sex :Male
Registration No	: MH010789007	Lab No	: 202302001994
Patient Episode	: H18000000238	Collection Date	: 18 Feb 2023 10:23
Referred By	: HEALTH CHECK MGD	Reporting Date	: 18 Feb 2023 12:43
Receiving Date	: 18 Feb 2023 11:32		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Glycosylated Hemoglobin

Specimen: EDTA

HbA1c (Glycosylated Hemoglobin)	5.9 #	%	[0.0-5.6]
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Method: HPLC

As per American Diabetes Association (ADA)
 HbA1c in %
 Non diabetic adults >= 18years <5.7
 Prediabetes (At Risk) 5.7-6.4
 Diagnosing Diabetes >= 6.5

Estimated Average Glucose (eAG)	123	mg/dl
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Comments : HbA1c provides an index of average blood glucose levels over the past 8-12 weeks and is a much better indicator of long term glycemic control.

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	PALE YELLOW	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction [pH]	7.0	(4.6-8.0)
Specific Gravity	1.010	(1.003-1.035)

CHEMICAL EXAMINATION

Protein/Albumin	Negative	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	Normal	(NORMAL)

LABORATORY REPORT

Name	: MR VISHWAJIT KUMAR	Age	: 38 Yr(s) Sex :Male
Registration No	: MH010789007	Lab No	: 202302001994
Patient Episode	: II18000000238	Collection Date	: 18 Feb 2023 11:32
Referred By	: HEALTH CHECK MGD	Reporting Date	: 18 Feb 2023 12:51
Receiving Date	: 18 Feb 2023 11:32		

CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION(Automated/Manual)

Pus Cells	1-2 /hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	0-1 /hpf	
CASTS	nil	
Crystals	nil	
OTHERS	nil	

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	151	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	194 #	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL- CHOLESTEROL	30.0 #	mg/dl	[35.0-65.0]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	39 #	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	82.0	mg/dl	[<120.0]
Near/ Borderline High:130-159 High Risk:160-189			
T.Chol/HDL.Chol ratio(Calculated)	5.0		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.7		<3 Optimal 3-4 Borderline >6 High Risk

Note:

LABORATORY REPORT

Name : MR VISHWAJIT KUMAR **Age** : 38 Yr(s) Sex :Male
Registration No : MH010789007 **Lab No** : 202302001994
Patient Episode : H1800000238 **Collection Date** : 18 Feb 2023 10:23
Referred By : HEALTH CHECK MGD **Reporting Date** : 18 Feb 2023 12:43
Receiving Date : 18 Feb 2023 11:32

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Reference ranges based on ATP III Classifications.

KIDNEY PROFILE

Specimen: Serum			
UREA	26.4	mg/dl	[15.0-40.0]
Method: GLDH, Kinatic assay			
BUN, BLOOD UREA NITROGEN	12.3	mg/dl	[8.0-20.0]
Method: Calculated			
CREATININE, SERUM	0.86	mg/dl	[0.70-1.20]
Method: Jaffe rate-IDMS Standardization			
URIC ACID	6.1	mg/dl	[4.0-8.5]
Method:uricase PAP			

SODIUM, SERUM	138.9	mmol/L	[136.0-144.0]
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POTASSIUM, SERUM	5.13 #	mmol/L	[3.60-5.10]
SERUM CHLORIDE	104.3	mmol/l	[101.0-111.0]
Method: ISE Indirect			

eGFR (calculated)	110.0	ml/min/1.73sq.m	[>60.0]
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Technical Note

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis Icterus / Lipemia.

LABORATORY REPORT

Name	: MR VISHWAJIT KUMAR	Age	: 38 Yr(s) Sex :Male
Registration No	: MH010789007	Lab No	: 202302001994
Patient Episode	: H18000000238	Collection Date	: 18 Feb 2023 10:23
Referred By	: HEALTH CHECK MGD	Reporting Date	: 18 Feb 2023 12:43
Receiving Date	: 18 Feb 2023 11:32		

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL <i>Method: D P D</i>	0.74	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT <i>Method: DPD</i>	0.13	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN (SERUM) <i>Method: Calculation</i>	0.61 #	mg/dl	[0.10-0.30]
TOTAL PROTEINS (SERUM) <i>Method: BIURET</i>	7.50	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) <i>Method: BCG</i>	4.29	g/dl	[3.50-5.20]
GLOBULINS (SERUM) <i>Method: Calculation</i>	3.20	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO <i>Method: Calculation</i>	1.34		[1.00-2.50]
AST(SGOT) (SERUM) <i>Method: IFCC W/O P5P</i>	25.00	U/L	[0.00-40.00]
ALT(SGPT) (SERUM) <i>Method: IFCC W/O P5P</i>	27.00	U/L	[17.00-63.00]
Serum Alkaline Phosphatase <i>Method: AMP BUFFER IFCC</i>	73.0	IU/L	[32.0-91.0]
GGT	27.0		[7.0-50.0]

LABORATORY REPORT

Name : MR VISHWAJIT KUMAR Age : 38 Yr(s) Sex :Male
Registration No : MH010789007 Lab No : 202302001994
Patient Episode : H18000000238 Collection Date : 18 Feb 2023 10:23
Referred By : HEALTH CHECK MGD Reporting Date : 18 Feb 2023 12:56
Receiving Date : 18 Feb 2023 11:32

BLOOD BANK

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Blood Group & Rh Typing (Agglutination by gel/tube technique)			Specimen-Blood
Blood Group & Rh typing	A Rh(D) Positive		

Technical note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

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-----END OF REPORT-----



Dr. Charu Agarwal
Consultant Pathologist

LABORATORY REPORT

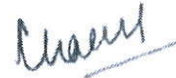
Name : MR VISHWAJIT KUMAR Age : 38 Yr(s) Sex : Male
Registration No : MH010789007 Lab No : 202302001995
Patient Episode : H1800000238 Collection Date : 18 Feb 2023 10:23
Referred By : HEALTH CHECK MGD Reporting Date : 18 Feb 2023 12:43
Receiving Date : 18 Feb 2023 10:23

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	104.0	mg/dl	[70.0-110.0]

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-----END OF REPORT-----



Dr. Charu Agarwal
Consultant Pathologist