

ID : 2210010000  
Name :  
Sex :  
Divisions :

DataTime: 2022-10-01 09:33  
Age :  
BP :  
Bed No. :

Hospital:  
Height : cm  
Weight : kg  
Hospital No. :



Diagnosis for reference, ask your doctor to confirm  
AUTO PRINT 3X4+1R 77bpm 10 mm/mV 0.50Hz+75Hz AC 50Hz 25 mm/sec Confirmed By:





# Dept. of Radiology

(For Report Purpose Only)



REQ. DATE : 01-OCT-2022  
NAME : MR. GUPTA ASHISH .  
PATIENT CODE : 111445  
REFERRAL BY : Dr. HOSPITAL PATIENT

REP. DATE : 01-OCT-2022  
AGE/SEX : 35 YR(S) / MALE

## USG ABDOMEN AND PELVIS

### OBSERVATION :

**Liver** : Is normal in size (13.5cms ), shape & bright in echotexture. No focal lesion / IHBR dilatation.

**CBD & PV** : Normal in caliber.

**G.B.** : Moderately distended, Normal.

**Spleen** : Is normal in size (8.8 cms), shape & echotexture. No focal lesion.

**Pancreas** : Normal in size, shape & echotexture.

**Both kidneys** are normal in size, shape & echotexture, CMD maintained. No calculus/ hydronephrosis / hydroureter on either side.

Right kidney measures : 11.7 x 4.5 cm.

Left kidney measures : 11.1 x 5.3 cm.

**Urinary bladder** : Moderately distended, normal.

**Prostate** : is normal in size, shape and echotexture. No focal lesion seen.

No demonstrable small bowel / RIF pathology.

No ascites / lymphadenopathy.

### IMPRESSION :

**Grade I fatty liver.**

- Kindly correlate clinically.

Dr. PIYUSH YEOLE

(MBBS, DMRE)

CONSULTANT RADIOLOGIST



Dept. of Pathology  
(For Report Purpose Only)



PRN : 111445  
Patient Name : Mr. GUPTA ASHISH .  
Age/Sex : 35Yr(s)/Male  
Company Name : BANK OF BARODA  
Referred By : Dr.HOSPITAL PATIENT

Lab No : 8693  
Req.No : 8693

Collection Date & Time : 01/10/2022 08:23 AM  
Reporting Date & Time : 01/10/2022 09:36 AM  
Print Date & Time : 01/10/2022 09:39 AM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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HAEMATOLOGY

HAEMOGRAM

HAEMOGLOBIN (Hb)	: 14.6	GM/DL	Male : 13.5 - 18.0 Female : 11.5 - 16.5
PCV	: 45.6	%	Male : 40 - 54 Female : 37 - 47
RBC COUNT	: 5.07	Million/cu mm	Male : 4.5 - 6.5 Female : 3.9 - 5.6
M.C.V	: 89.9	cu micron	76 - 96
M.C.H.	: 28.8	pg	27 - 32
M.C.H.C	: 32.0	picograms	32 - 36
RDW-CV	: 12.4	%	11 - 16
WBC TOTAL COUNT	: 6610	/cumm	ADULT : 4000 - 11000 CHILD 1-7 DAYS : 8000 - 18000 CHILD 8-14 DAYS : 7800 - 16000 CHILD 1MONTH-<1YR : 4000 - 10000 150000 - 450000
PLATELET COUNT	: 220000	cumm	ADULT : 40 - 70 CHILD : 20 - 40 2000 - 7000

WBC DIFFERENTIAL COUNT

NEUTROPHILS	: 56	%	ADULT : 40 - 70 CHILD : 20 - 40 2000 - 7000
ABSOLUTE NEUTROPHILS	: 3701.60	µL	ADULT : 20 - 40 CHILD : 40 - 70 1000 - 3000
LYMPHOCYTES	: 32	%	01 - 04
ABSOLUTE LYMPHOCYTES	: 2115.20	µL	20 - 500
EOSINOPHILS	: 04	%	02 - 08
ABSOLUTE EOSINOPHILS	: 264.40	µL	200 - 1000
MONOCYTES	: 08	%	00 - 01
ABSOLUTE MONOCYTES	: 528.80	µL	0 - 100
BASOPHILS	: 00	%	
ABSOLUTE BASOPHILS	: 0	µL	

Dr Ashwini Vishal Karale  
MBBS, MD (Pathology)  
Consultant Pathology  
MMC Reg no: 2008/05/2002  
AIMS HOSPITAL & RESEARCH CENTER, AUNDH, PUNE

Dr. POONAM KADAM  
MD (Microbiology), Dip.Pathology &  
Bacteriology (MMC-2012/03/0668)  
Pathologist

Technician

Report Type By :- PRITAM WACHHARE

For Free Home Collection Call : 9545200011



# Dept. of Pathology

(For Report Purpose Only)



PRN : 111445  
Patient Name : Mr. GUPTA ASHISH .  
Age/Sex : 35Yr(s)/Male

Lab No : 8693  
Req.No : 8693

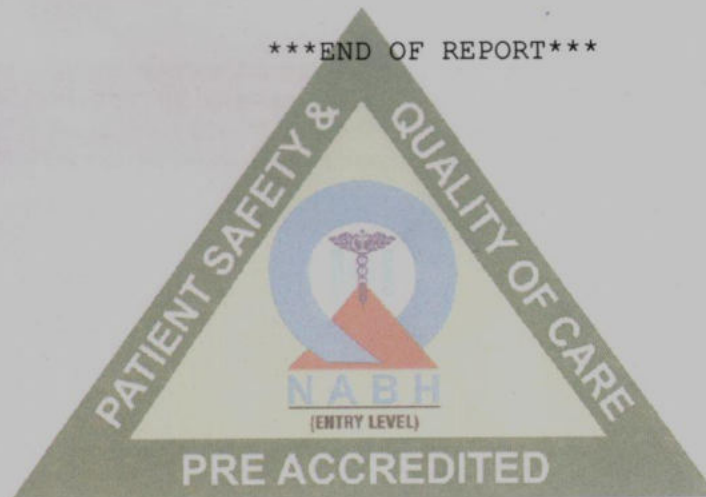
Company Name : BANK OF BARODA  
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Collection Date & Time : 01/10/2022 08:23 AM  
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PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
RBC MORPHOLOGY	: Normocytic Normochromic		
WBC MORPHOLOGY	: Within Normal Limits		
PLATELETS	: Adequate		
PARASITES	: Not Detected		

Method : Processed on 5 Part Fully Automated Blood Cell Counter - sysmex XS-800i.

\*\*\*END OF REPORT\*\*\*



*W*  
Technician

*HO*  
Dr Ashwin Vishal Karale  
MBBS, MD (Pathology)  
Consultant-Pathology  
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Pathologist

Report Type By :- PRITAM WACHHARE For Free Home Collection Call : 9545200011





# Dept. of Pathology

(For Report Purpose Only)



PRN : 111445  
Patient Name : Mr. GUPTA ASHISH .  
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PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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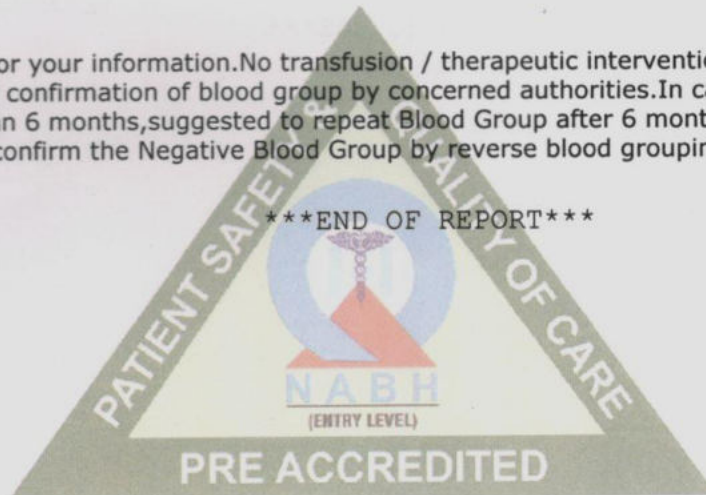
### HAEMATOLOGY

#### BLOOD GROUP

BLOOD GROUP : "O"  
RH FACTOR : POSITIVE

NOTE : This is for your information.No transfusion / therapeutic intervention is done without confirmation of blood group by concerned authorities.In case of infants less than 6 months,suggested to repeat Blood Group after 6 months of age for confirmation. Kindly confirm the Negative Blood Group by reverse blood grouping (Tube method).

\*\*\*END OF REPORT\*\*\*



*X/S*  
**Dr Ashwini Vishal Karale**  
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Consultant Pathology  
MMC Reg no: 2008/05/2002  
AIMS HOSPITAL & RESEARCH CENTER, AUNDH,PUNE

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Pathologist

*J*  
**Technician**

Report Type By :- PRITAM WACHHARE

For Free Home Collection Call : 9545200011



**Dept. of Pathology**  
(For Report Purpose Only)



PRN : 111445  
Patient Name : Mr. GUPTA ASHISH .  
Age/Sex : 35Yr(s)/Male

Lab No : 8693  
Req.No : 8693

Company Name : BANK OF BARODA  
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Collection Date & Time : 01/10/2022 08:23 AM  
Reporting Date & Time : 01/10/2022 11:32 AM  
Print Date & Time : 01/10/2022 12:56 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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**HAEMATOLOGY**

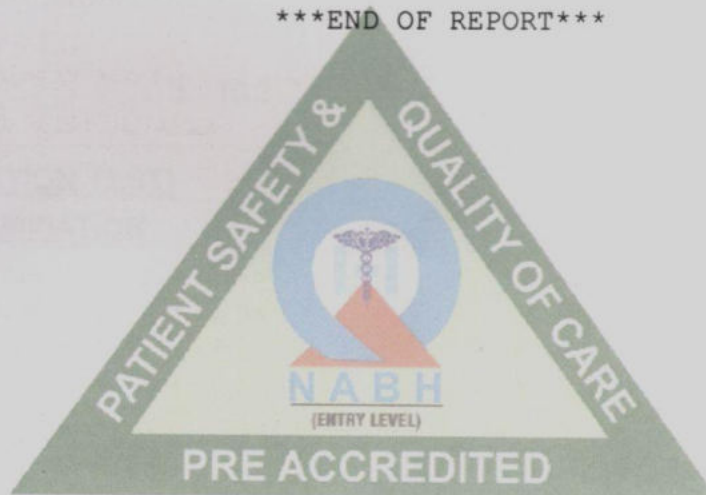
**ESR**

ESR MM ( AT The End of 1 Hr.) By : 07  
Westergren Method

mm/hr

Male : 0 - 15  
Female : 0 - 20

\*\*\*END OF REPORT\*\*\*



*u*  
Technician

Report Type By :- SAMHAJI SURYAWANSHI

*AS*  
**Dr Ashwini Vishal Karale**  
MBBS, MD (Pathology)  
Consultant Pathology

**Dr. POONAM KADAM**  
MD (Microbiology), Dip.Pathology &  
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Pathologist

For Free Home Collection Call:- 9945200011  
AIMS HOSPITAL & RESEARCH CENTER, AUNDH, PUNE  
AIMS Hospital And Research Center



# Dept. of Pathology

(For Report Purpose Only)



PRN : 111445  
Patient Name : Mr. GUPTA ASHISH .  
Age/Sex : 35Yr(s)/Male

Lab No : 8693  
Req.No : 8693

Company Name : BANK OF BARODA  
Referred By : Dr.HOSPITAL PATIENT

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Reporting Date & Time : 01/10/2022 12:49 PM  
Print Date & Time : 01/10/2022 12:53 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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### BIOCHEMISTRY

#### BSL-F & PP

Blood Sugar Level Fasting	: 104	MG/DL	60 - 110
Blood Sugar Level PP	: 86	MG/DL	70 - 140

#### CALCIUM

CALCIUM (serum)	: 10.2	MG/DL	8.4 - 10.4
-----------------	--------	-------	------------

#### RFT (RENAL FUNCTION TEST)

##### BIOCHEMICAL EXAMINATION

UREA (serum)	: 20	MG/DL	0 - 45
UREA NITROGEN (serum)	: 9.34	MG/DL	7 - 21
CREATININE (serum)	: 0.9	MG/DL	0.5 - 1.5
URIC ACID (serum)	: 6.8	MG/DL	Male : 3.4 - 7.0 Female : 2.4 - 5.7

#### SERUM ELECTROLYTES

SERUM SODIUM	: 139	mEq/L	136 - 149
SERUM POTASSIUM	: 4.8	mEq/L	3.8 - 5.2
SERUM CHLORIDE	: 102	mEq/L	98 - 107

\*\*\*END OF REPORT\*\*\*

Technician

Report Type By :- SAMBHAJI SURYAWANSHI

**Dr Ashwini Vishal Karale**  
MBBS, MD (Pathology)  
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**Dr. POONAM KADAM**  
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Pathologist





# Dept. of Pathology

(For Report Purpose Only)



- PRN : 111445  
Patient Name : Mr. GUPTA ASHISH .  
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## BIOCHEMISTRY

### HbA1C- GLYCOSYLATED -HB

HBA1C : 5.32 %  
Good Control :: 5.5 - 6.7  
Fair Control :: 6.8 - 7.6  
Poor Control :: >7.6

#### **Instrument: COBAS C 111**

The HbA1C determination is based on turbidimetric inhibition immunoassay (TNIA) for hemolysed whole blood on Cobas c111 system.

#### **NOTE :**

1. The HbA1C test shows your average blood sugar for last 3 months.
2. The HbA1C test does not replace your day-to-day monitoring of blood glucose.  
Use this test result along with your daily test results to measure your overall diabetes control.

#### **How does HbA1C works ?**

The HbA1C test measures the amount of **sugar that attaches to protein** in your red blood cells. RBCs live for about 3 months, so this test shows your average blood sugar levels during that time. Greater the level of sugar & longer it is high, the more sugar that will attach to RBCs.

#### **Why is this test so important ?**

Research studies demonstrated that **the closer to normal your HbA1C level was, the less likely your risk of developing the long- term complications of diabetes.** Such problems include eye disease and kidney problems.

#### **Who should have the HbA1c test done ?**

Everyone with diabetes can benefit from taking this test. Knowing your HbA1C level helps you and your doctor decide if you need to change your diabetes management plan.

#### **How often should you have a HbA1C test ?**

You should have this test done when you are first diagnosed with diabetes.  
Then at least twice a year if your treatment goals are being met & blood glucose control is stable.  
More frequent HbA1C testing (4 times / year) is recommended if your blood glucose management goals.

\*\*\*END OF REPORT\*\*\*

**Dr. Ashwini Vishal Karale**  
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Consultant-Pathology  
MMC Reg no: 2008/05/2602

**Dr. POONAM KADAM**  
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Technician

Report Type By :- PRITAM WASHNARE

For Free Home Collection Call : 9545200011

AiMs Hospital And Research Center





# Dept. of Pathology

(For Report Purpose Only)



PRN : 111445  
Patient Name : Mr. GUPTA ASHISH .  
Age/Sex : 35Yr(s)/Male

Lab No : 8693  
Req.No : 8693

Company Name : BANK OF BARODA  
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Collection Date & Time : 01/10/2022 08:23 AM  
Reporting Date & Time : 01/10/2022 11:32 AM  
Print Date & Time : 01/10/2022 12:55 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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### BIOCHEMISTRY

#### LIPID PROFILE

CHOLESTEROL (serum)	: 145	MG/DL	Male : 120 - 240 Female : 110 - 230
TRIGLYCERIDE (serum)	: 96	MG/DL	0 - 150
HDL (serum)	: 38	MG/DL	Male : : 42 - 79.5 Female : : 42 - 79.5
LDL (serum)	: 100	MG/DL	0 - 130
VLDL (serum)	: 19.20	MG/DL	5 - 51
CHOLESTROL/HDL RATIO	: 3.82		Male : 1.0 - 5.0 Female : 1.0 - 4.5
LDL/HDL RATIO	: 2.63		Male : <= 3.6 Female : <=3.2

#### NCEP Guidelines

	Desirable	Borderline	Undesirable
Total Cholesterol (mg/dl)	Below 200	200-240	Above 240
HDL Cholesterol (mg/dl)	Above 60	40-59	Below 40
Triglycerides (mg/dl)	Below 150	150-499	Above 500
LDL Cholesterol (mg/dl)	Below 130	130-160	Above 160

Suggested to repeat lipid profile with low fat diet for 2-3 days prior to day of test and abstinence from alcoholic beverages if applicable.  
Cholesterol & Triglycerides reprocessed , & confirmed.

\*\*\*END OF REPORT\*\*\*

**Dr Ashwini Vishal Karale**

MBBS, MD (Pathology)  
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MMC Reg. no: 2008/05/3820

For Free Home Collection Call 9995200011

**Dr. POONAM KADAM**

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Pathologist

Technician

Report Type By :- SAMBHAJI SURYAWANSHI



# Dept. of Pathology

(For Report Purpose Only)



PRN : 111445  
Patient Name : Mr. GUPTA ASHISH .  
Age/Sex : 35Yr(s)/Male

Lab No : 8693  
Req.No : 8693

Company Name : BANK OF BARODA  
Referred By : Dr.HOSPITAL PATIENT

Collection Date & Time : 01/10/2022 08:23 AM  
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### BIOCHEMISTRY

#### LFT ( Liver function Test )

BILIRUBIN TOTAL (serum)	: 0.7	MG/DL	INFANTS : 1.2 - 12.0 ADULT : 0.1 - 1.2
BILIRUBIN DIRECT (serum)	: 0.3	MG/DL	ADULT & INFANTS : 0.0 - 0.4
BILIRUBIN INDIRECT (serum)	: 0.40	MG/DL	0.0 - 1.0
S.G.O.T (serum)	: 25	IU/L	5 - 40
S.G.P.T (serum)	: 34	IU/L	5 - 40
ALKALINE PHOSPHATASE (serum)	: 83	IU/L	CHILD BELOW 6 YRS : 60 - 321 CHILD : 67 - 382 ADULT : 36 - 113
PROTEINS TOTAL (serum)	: 7.3	GM/DL	6.4 - 8.3
ALBUMIN (serum)	: 4.1	GM/DL	3.5 - 5.7
GLOBULIN (serum)	: 3.20	GM/DL	1.8 - 3.6
A/G RATIO	: 1.28		1.2 - 2:1

\*\*\*END OF REPORT\*\*\*

PRE ACCREDITED

**Dr Ashwini Vishal Karate**

MBBS, MD (Pathology)  
Consultant-Pathology

M.M. Reg. No. 2008/05/2002  
AIMS HOSPITAL & RESEARCH CENTER, AIINDHUR

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Pathologist

Technician

Report Type By :- SAMBHAJI SURYAWANSHI

For Free Home Collection Call 9945200011





# Dept. of Pathology

(For Report Purpose Only)



PRN : 111445  
 Patient Name : Mr. GUPTA ASHISH .  
 Age/Sex : 35Yr(s)/Male  
 Company Name : BANK OF BARODA  
 Referred By : Dr.HOSPITAL PATIENT

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## ENDOCRINOLOGY

### TFT (THYROID FUNCTION TEST)

T3-Total (Tri iodothyronine)	: 1.20	ng/mL	0.970 - 1.69
T4 - Total (Thyroxin)	: 6.66	µg/dL	5.53 - 11.0
Thyroid Stimulating Hormones (Ultra TSH)	: 1.28	µIU/mL	0.465 - 4.68

#### NOTE:-

Three common ways in which there may be inadequate amounts of the thyroid hormone for normal metabolism. Primary hypothyroidism, in which there is a raised TSH & a low T3. This is due to failure of the thyroid gland, possibly due to autoantibody disease, possibly due to toxic stress or possibly due to iodine deficiency. The second, the most common cause of thyroid failure, occurs at the pituitary level. In this condition there is inadequate thyroid stimulating hormone (TSH) produced from the pituitary and so one tends to see low or normal TSH, low T4s and variable T3s. This condition is most common in many patients with chronic fatigue syndrome, where there is a general suppression of the hypothalamic-pituitary-adrenal axis. The third type of under-functioning is due to poor conversion of there are normal or possibly slightly raised levels of TSH, normal levels of T4 but low levels of thyroid problem routinely TSH, a Free T4 and a Free T3 are also advisable. Any patients who are taking T3 as part of their thyroid supplement need to have their T3 levels monitored as well as T4. T3 is much more quickly metabolized than T4 and blood tests should be done between 4-6 hours after their morning dose.

The Guideline for pregnancy reference ranges for total T3, T4, Ultra TSH Level in pregnancy

	Total T3	Total T4	Ultra TSH
First Trimester	0.86 - 1.87	6.60 - 12.4	0.30 - 4.50
2 nd Trimester	1.0 - 2.60	6.60 - 15.5	0.50 - 4.60
3 rd Trimester	1.0 - 2.60	6.60 - 15.5	0.80 - 5.20

The guidelines for age related reference ranges for T3,T4,& Ultra TSH

	Total T3	Total T4	Ultra TSH
Cord Blood	0.30 - 0.70	1-3 day 8.2-19.9	Birth- 4 day: 1.0-38.9
New Born	0.75 - 2.60	1 Week 6.0-15.9	2-20 Week : 1.7-9.1
1-5 Years	1.0-2.60	1-12 Months 6.8 - 14.9	20 Week- 20 years 0.7 - 6.4
5-10 Years	0.90 - 2.40	1-3 Years 6.8-13.5	
10-15 Years	0.80 - 2.10	3-10 Years 5.5-12.8	

\*\*\*END OF REPORT\*\*\*

Technician

Report Type By :- SAMBHAJI SURYAWANSHI

**Dr. Ashwini Vishal Karale**  
 MBBS, MD (Pathology)  
 Consultant-Pathology

**Dr. POONAM KADAM**  
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 Pathologist

For Free Home Collection Call: 202545200011

AiMS Hospital And Research Center

RESEARCH CENTER, AUNDH, PUNE



# Dept. of Pathology

(For Report Purpose Only)



PRN : 111445  
 Patient Name : Mr. GUPTA ASHISH .  
 Age/Sex : 35Yr(s)/Male

Lab No : 8693  
 Req.No : 8693

Company Name : BANK OF BARODA  
 Referred By : Dr.HOSPITAL PATIENT

Collection Date & Time : 01/10/2022 08:23 AM  
 Reporting Date & Time : 01/10/2022 11:32 AM  
 Print Date & Time : 03/10/2022 12:45 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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## CLINICAL PATHOLOGY

### URINE ROUTINE

#### PHYSICAL EXAMINATION

QUANTITY : 30 ML  
 COLOUR : PALE YELLOW  
 APPEARANCE : CLEAR  
 REACTION : ACIDIC  
 SPECIFIC GRAVITY : 1.010  
 SUGAR : ABSENT  
 KETONES : ABSENT  
 BILE SALTS : ABSENT  
 BILE PIGMENTS : ABSENT  
 UROBILINOGEN : NORMAL

#### MICROSCOPIC EXAMINATION

PUS CELLS : 0-1 /hpf  
 RBC CELLS : ABSENT / hpf  
 EPITHELIAL CELLS : 1-2 /hpf  
 CASTS : ABSENT /hpf  
 CRYSTALS : ABSENT  
 OTHER FINDINGS : ABSENT  
 BACTERIA : ABSENT

\*\*\*END OF REPORT\*\*\*

Technician

Report Type By :- PANDURANG TAMBARE

**Dr Ashwini Vishal Karale**

MBBS, MD (Pathology)  
 Consultant Pathology

**Dr. POONAM KADAM**

MD (Microbiology), Dip.Pathology &  
 Bacteriology (MMC-2012/03/0668)  
 Pathologist

For Free Home Collection Call: 9545200011





**Dept. of Radiology**  
(For Report Purpose Only)



REQ. DATE : 01-OCT-2022                      REP. DATE : 01-OCT-2022  
NAME : MR. GUPTA ASHISH .  
PATIENT CODE : 111445                      AGE/SEX : 35 YR(S) / MALE  
REFERRAL BY : HOSPITAL PATIENT

**CHEST X-RAY PA VIEW**

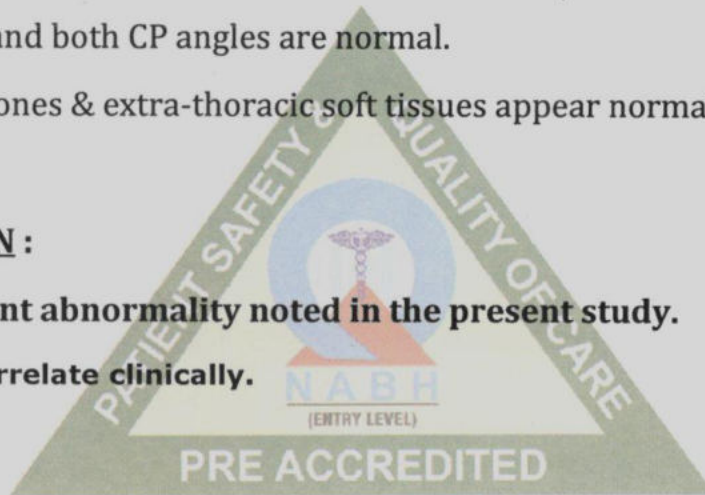
**OBSERVATION :**

Both lungs appear clear.  
Heart and mediastinum are normal.  
Diaphragm and both CP angles are normal.  
Visualised bones & extra-thoracic soft tissues appear normal.

**IMPRESSION :**

**No significant abnormality noted in the present study.**

**-Kindly correlate clinically.**



**Dr. PIYUSH YEOLE**  
**(MBBS, DMRE)**  
**CONSULTANT RADIOLOGIST**



**2D ECHO / COLOUR DOPPLER**

NAME : MR. ASHISH GUPTA  
RF BY : DR. HOSPITAL PATIENT

35yrs/M

OPD  
1-Oct-22

**M - Mode values**

**Doppler Values**

AORTIC ROOT (mm)	24	PULMONARY VEL (m/sec)	
LEFT ATRIUM (mm)	35	PG (mmHg)	
RV (mm)		AORTIC VEL (m/sec)	1.2
LVID - D (mm)	46	PG (mmHg)	6
LVID - S (mm)	24*	MITRAL E VEL (m/sec)	0.8
IVS - D (mm)	11	A VEL (m/sec)	0.5
LVPW -D (mm)	11	TRICUSPID VEL. (m/sec)	
EJECTION FRACTION (%)	60%	PG (mmHg)	

**REPORT**

Normal LV size & wall thickness.  
No regional wall motion abnormality  
Normal LV systolic function, LVEF 60%  
Normal sized cardiac chambers.

Pliable mitral valve., no Mitral regurgitation.  
Normal mitral diastolic flows.

Trileaflet aortic valve. No aortic stenosis / regurgitation.

Normal Tricuspid & pulmonary valve  
Trivial tricuspid regurgitation,  
PA pressure = 20 mmHg - normal

Intact IAS & IVS  
No PDA, coarctation of aorta.  
No clots, vegetations, pericardial effusion noted.

**IMPRESSION :**

Normal echo study.  
No regional wall motion abnormality.  
Normal LV systolic & diastolic function, LVEF 60%  
Normal PA pressure.

  
**DR. RAJDATT DEORE.**  
MD, DM-CARDIOLOGIST  
MMC 2005/03/1520

(NORMAL 2D-ECHO & COLOR DOPPLER DOESN'T RULE OUT ISCHAEMIC HEART DISEASE)



Tabular Summary

**GUPTA, ASHISH**  
 Patient ID 61748  
 01.10.2022  
 11:48:52

Male  
 35yrs  
 Meds:

BRUCE: Total Exercise Time 08:45  
 Max HR: 141 bpm 76% of max predicted 185 bpm HR at rest: 90  
 Max BP: 140/90 mmHg BP at rest: 110/80 Max RPP: 18330 mmHg\*bpm  
 Maximum Workload: 10.10 METS

Max ST: -0.05 mV, 0.00 mV/s in III; EXERCISE STAGE I 00:00  
 Arrhythmia: A:9, PSVC:1

**Reasons for Termination:** Fatigue

**Summary:** Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall impression: Normal stress test.

**Conclusion:** GOOD EFFORT TOLERANCE  
 ACHIEVED 76% THR ON RX.  
 NORMAL BP RESPONSE

NO SIGNIFICANT ST-T CHANGES NOTED FOR THE GIVEN WORKLOAD

STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

DR. RAJDAAT DEORE  
 MD, DM-CARDIOLOGIST  
 MMC 2005/03/1520

Test Reason: Screening for CAD  
 Medical History: NO HISTORY.  
 Ref. MD: Ordering MD:  
 Technician: RUPALI Test Type: Treadmill Stress Test  
 Comment:

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (l/min)	ST Level (III mV)	Comment
PRETEST	SUPINE	00:11	0.00	0.00	1.0	81	110/80	8910	0	-0.02	
	STANDING	00:13	0.00	0.00	1.0	78			0	-0.03	
	HYPERV.	00:47	0.00	0.00	1.0	93	110/80	10230	0	-0.03	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	114	110/80	12540	0	-0.02	
	STAGE 2	03:00	2.50	12.00	7.0	127	110/80	13970	0	-0.02	
	STAGE 3	02:45	3.40	14.00	10.1	139	130/85	18070	0	-0.03	
RECOVERY		03:03	0.00	0.00	1.0	92	140/90	12880	0	-0.01	



Linked Medians

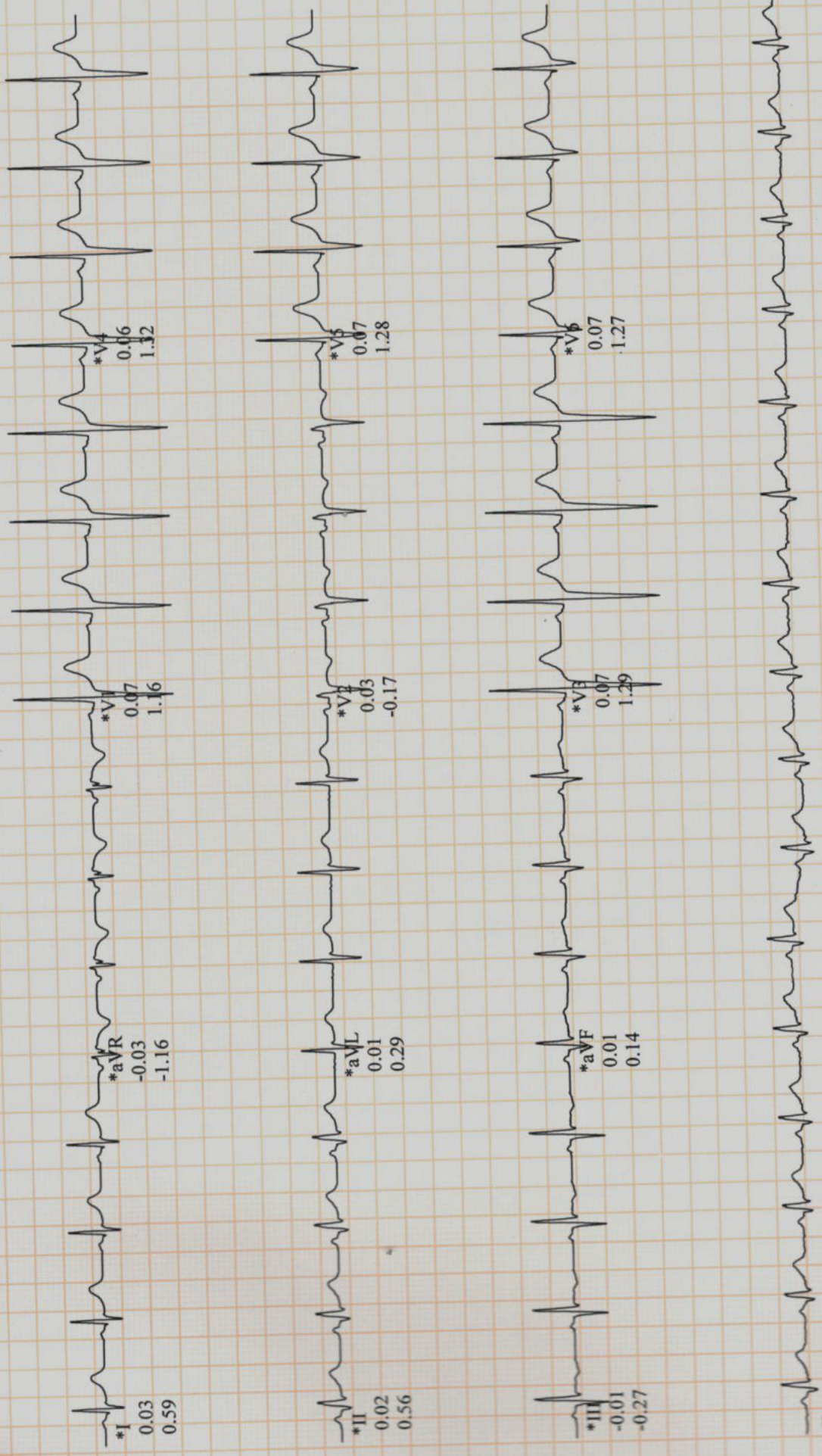
JPTA, ASHISH  
Patient ID 61748  
1.10.2022  
2:01:38

BRUCE  
0.0 mph  
0.0 %

96 bpm  
140/90 mmHg

RECOVERY  
#1  
02:50

Lead  
ST Level (mV)  
ST Slope (mV/s)



II  
Raw Data

\*Computer Synthesized Rhythms