

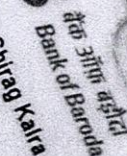




Bank of Baroda
Bank of Baroda
Name: Chirag Kalra
E. C. No. 176984
Issuing Authority: ...
[Signature]



Chirag Kalra

Chirag

Interventional Pain and spine Centre
Plot No 453, D-19, Pocket 1,
New Delhi - 110075

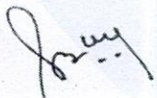
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|--|---------------------------------|---|
| Patient Name : Mr. CHIRAG KALRA | Reg No. : 3340/UHID21DL | Lab ID. : 3097/OPDPB21DL |
| Age / Gender : 31Y / Male | Date : 26-Mar-2022 |  |
| Mobile No. : 9871394162 | Refd. By : Dr. INSURANCE | Collected : 26-Mar-2022 12.30 |
| | Manual No.: | Received : 26-Mar-2022 12.30 |
| Sample Type : EDTA whole blood | Sample ID : 221976 | Report : 26-Mar-2022 16.57 |

| TEST NAME | RESULT | UNIT | RANGE | METHOD |
|-----------|--------|------|-------|--------|
|-----------|--------|------|-------|--------|

HEAMOTOLOGY

| | | | | |
|--|--------|--------------|------------|----------------------|
| COMPLETE BLOOD COUNT | | | | |
| HAEMOGLOBIN | 14.9 | gm/dl | 12.5-16.5 | Colorimetric |
| TOTAL LEUCOCYTE COUNT | 5100.0 | /cumm | 4000-11000 | Electrical impedance |
| DIFFERENTIAL LEUCOCYTE COUNT(DLC) | | | | |
| Neutrophil | 62 | % | 40-75 | Electrical impedance |
| Lymphocyte | 30 | % | 20-45 | Electrical impedance |
| Eosinophil | 03 | % | 01-06 | Microscopy |
| Monocyte | 05 | % | 2-10 | Microscopy |
| Basophil | 00 | % | 0-2 | Microscopy |
| ESR | 10.0 | mm/1sthr | 0-20 | Westergren's |
| RBC COUNT | 5.20 | mili/cmm | 3.8-4.8 | Electrical impedance |
| PCV | 47 | % | 35-45 | Calculated |
| MCV | 93.4 | Fl | 80-100 | Calculated |
| MCH | 29.6 | Picogram | 27.0-31.0 | Calculated |
| MCHC | 31.7 | gm/dl | 31.5-34.5 | Calculated |
| PLATELET COUNT | 2.69 | Lakh/cm m | 1.5-4.50 | Electrical impedance |

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



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| Sample Type : Plasma(Sodium fluoride) | Manual No.: | Received : 26-Mar-2022 12.30 |
| | Sample ID : 221976 | Report : 26-Mar-2022 16.57 |

| TEST NAME | RESULT | UNIT | RANGE | METHOD |
|-----------|--------|------|-------|--------|
|-----------|--------|------|-------|--------|

BIOCHEMISTRY

Blood Sugar F&PP

| | | | | |
|---------------------|-------|-------|--------|---------|
| BLOOD SUGAR FASTING | 100.0 | mg/dl | 74-100 | GOD-POD |
|---------------------|-------|-------|--------|---------|

INTERPRETATION:

2018 American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Diagnosis:

FPG > 126.0 mg/dl (Fasting is defined as no caloric intake for >8 hours)

2-hr PG > 200 mg/dl during OGTT(75-G)*

Using a glucose load containing the equivalent of 75g anhydrous glucose dissolved in water

Random PG < 200 mg/dl

in individuals with symptoms of hyperglycemia or hyperglycemic crisis

| | | | | |
|----------------|-------|-------|--------|---------|
| Blood Sugar PP | 112.0 | mg/dl | 70-150 | GOD-POD |
|----------------|-------|-------|--------|---------|

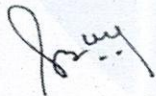
INTERPRETATION:

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Criteria for Diabetes Diagnosis:

FPG > 126.0 mg/dl (Fasting is defined as no caloric intake for >8 hours)

2-hr PG > 200 mg/dl during OGTT(75-G)*



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Using a glucose load containing the equivalent of 75g anhydrous glucose dissolved in water

Random PG < 200 mg/dl

in individuals with symptoms of hyperglycemia or hyperglycemic crisis

INTERPRETATION:

2018 American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Diagnosis:

FPG > 126.0 mg/dl (Fasting is defined as no caloric intake for > 8 hours)

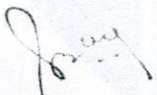
2-hr PG > 200 mg/dl during OGTT (75-G)*

Using a glucose load containing the equivalent of 75g anhydrous glucose dissolved in water

Random PG < 200 mg/dl

in individuals with symptoms of hyperglycemia or hyperglycemic crisis

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



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| TEST NAME | RESULT | UNIT | RANGE | METHOD |
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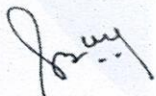
HEAMATOLOGY

| | | | | |
|-------------------------|-----|---|-----|------|
| HBA1C (GLYCOSYLATED HB) | 5.8 | % | 4-6 | PEIT |
|-------------------------|-----|---|-----|------|

Good control : 4.5 - 6.4 %
 Fair control : 6.5 - 7.4 %
 Poor control : Above - 7.5 %

COMMENTS: HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but with in this 120 days. Recent glycemia 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-----



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| Mobile No. : 9871394162 | Refd. By : Dr. INSURANCE | Collected : 26-Mar-2022 12.30 |
| Sample Type : Serum | Manual No.: | Received : 26-Mar-2022 12.30 |
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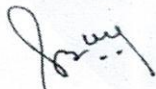
| TEST NAME | RESULT | UNIT | RANGE | METHOD |
|-----------|--------|------|-------|--------|
|-----------|--------|------|-------|--------|

HORMONES

THYROID PROFILE

| | | | | |
|--|------|--------|------------|------|
| T3 | 1.10 | ng/dl | 0.80 - 2.0 | CLIA |
| <p>All values Adults (euthyroid) 0.80-2.0 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</p> | | | | |
| T4 | 9.20 | ug/dl | 5.1 - 14.1 | CLIA |
| <p>All values Adults 5.1-14.1 Newborns 5.04-18.5 6 d - 3 mth 5.41-17.0 4 - 12 mth 5.67-16.0 1 - 6 yr 5.95-14.7 7 - 11 yr 5.99-13.8 12 - 20 yr 5.91-13.2</p> | | | | |
| TSH | 2.48 | uIU/ml | | CLIA |
| <p>Adults 21-100 yrs 0.35 - 5.50 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</p> | | | | |

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



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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

- Adults 21-100 yrs 0.35 - 5.50
- 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

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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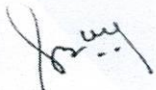
| TEST NAME | RESULT | UNIT | RANGE | METHOD |
|-----------|--------|------|-------|--------|
|-----------|--------|------|-------|--------|

BIOCHEMISTRY

KIDNEY FUNCTION TEST

| | | | | |
|----------------------|-------|--------|-------------|----------------|
| Blood Urea | 22.3 | mg/dl | 15.0-45.0 | urease |
| Serum Creatinine | 0.73 | mg/dl | 0.7-1.3 | Jaffes Kinetic |
| Serum Uric Acid | 5.80 | mg/dl | 2.5-7.2 | Uricase |
| Total Protein | | | | |
| PROTEN | 7.51 | g/dl | 6.4-8.3 | Biuret |
| ALBUMIN | 4.0 | g/dl | 3.4-4.8 | Bcg |
| GLOBULIN | 3.51 | g/dl | 2.3-3.5 | |
| A/G RATIO | 1.14 | g/dl | | |
| Calcium | 10.2 | mg/dl | 8.6-10.2 | Arsenazo |
| Sodium | 142.0 | mmol/L | 136.0-149.0 | ISE Indirect |
| Potasium | 4.2 | mmol/L | 3.5-5.5 | |
| Chloride | 102.4 | mmol/L | 98.0-109.0 | ISE Indirect |

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



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| TEST NAME | RESULT | UNIT | RANGE | METHOD |
|-----------------------------|--------|-------|-----------|----------|
| BIOCHEMISTRY | | | | |
| LIPID PROFILE | | | | |
| Total Cholesterol | 173.00 | mg/dl | 123-199 | CHOD-PAP |
| Triglycerides | 139.3 | mg/dl | 40-160 | Gpo |
| HDL Cholesterol Direct | 51.3 | mg/dl | 35.3-79.5 | Direct |
| Vldl | 28 | mg/dl | 4.7-22.1 | |
| LDL Cholesterol Direct | 93.8 | mg/dl | 63-129 | |
| Total Cholesterol/HDL Ratio | 3.4 | | 0.0-4.97 | |
| LDL/HDL Ratio | 1.8 | | 0.0-3.55 | |

INTERPRETATION:-

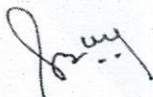
| | | | |
|----------------------|-----------------|-----------------|-------------|
| Acceptable/Low Risk | : < 200 mg/dL | : <130 mg/dL | : < 4.5 |
| Borderline High Risk | : 200-239 mg/dL | : 130-159 mg/dl | : 4.5 - 6.0 |
| High Risk | : > 240 mg /dL | : > 160 mg/dL | : > 6.0 |

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 pancreatitis.

CHOLESTEROL, its fractions and triglycerides are the important plasma lipids in defining cardiovascular risk factors and in the



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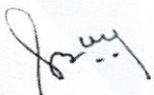
management of cardiovascular disease. Highest acceptable and optimum values of cholesterol values of cholesterol vary with age. Values above 220 mgm/dl are associated with increased risk of CHD regardless of HDL & LDL values. HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary 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 |
|-------------|-----------------|---------------|

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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| Sample Type : Serum | Sample ID : 221976 | Report : 26-Mar-2022 16.57 |

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|-----------|--------|------|-------|--------|
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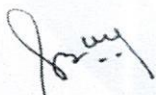
BIOCHEMISTRY

LIVER FUNCTION TEST

Serum Bilirubin

| | | | | |
|----------------------|------|-------|---------|------------|
| Total Bilirubin | 1.28 | mg/dl | 0.0-2.0 | Diazo |
| Direct Bilirubin | 0.51 | mg/dl | 0-0.4 | Diazo |
| Indirect Bilirubin | 0.77 | mg/dl | 0-0.8 | Calculated |
| Total Protein | | | | |
| PROTEN | 7.51 | g/dl | 6.4-8.3 | Biuret |
| ALBUMIN | 4.0 | g/dl | 3.4-4.8 | Bcg |
| GLOBULIN | 3.51 | g/dl | 2.3-3.5 | |
| A/G RATIO | 1.14 | g/dl | | |
| SGOT | 27 | U/L | 0-35 | IFCC |
| SGPT | 40 | U/L | 0.0-45 | IFCC |
| Gamma GT | 32.8 | U/L | 0-55 | Glupa-c |
| Alkaline Phosphatase | 50 | U/L | 53-128 | Amp |

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



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CELEBRATING  EXCELLENCE



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| Mobile No. : 9871394162 | Refd. By : Dr. INSURANCE | Collected : 26-Mar-2022 12.30 |
| Sample Type : BLOOD TEST | Manual No. : | Received : 26-Mar-2022 12.30 |
| | Sample ID : 221976 | Report : 26-Mar-2022 16.57 |

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|-----------|--------|------|-------|--------|
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CLINICAL PATHOLOGY

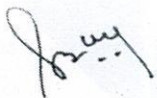
| | | | | |
|-----------|------|-------|-------|--|
| PSA TOTAL | 0.42 | ng/ml | 0-4.1 | |
|-----------|------|-------|-------|--|

< 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

COMMENTS: PSA levels can be also increased by prostate infection, irritation, benign prostatic hyperplasia (BPH) and recent ejaculation, producing a false positive result. 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-----



Dr. Sangeeta B
 DCP, DNB, PATHOLOGY,
 DMC/25252
 Lab Technician : chand



Delhi Centre:
 IPSC Delhi : Plot No 453, Sector 19
 Dwarka, New Delhi - 110075

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BOOK DIAGNOSTICS

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 IPSC Bangalore: 11,12 Sahakara Nagar,
 Bellary Road, Bengaluru - 560092

Contact Us : +91-7028207222

bengaluru@ipscindia.com

| | | |
|--|---------------------------------|--|
| Patient Name : Mr. CHIRAG KALRA | Reg No. : 3340/UHID21DL | Lab ID. : 3097/OPDPB21DL |
| Age / Gender : 31Y / Male | Date : 26-Mar-2022 |  |
| Mobile No. : 9871394162 | Refd. By : Dr. INSURANCE | Collected : 26-Mar-2022 12.30 |
| Sample Type : URINE | Manual No.: | Received : 26-Mar-2022 12.30 |
| | Sample ID : 221976 | Report : 26-Mar-2022 16.57 |

| TEST NAME | RESULT | UNIT | RANGE | METHOD |
|-----------|--------|------|-------|--------|
|-----------|--------|------|-------|--------|

CLINICAL PATHOLOGY

URINE ROUTINE

MICROSCOPY

PHYSICAL EXAMINATION

| | | | | |
|------------------|-------------|----|-------------|-------------------|
| QUANTITY | 30.00 | ml | 10-30 | Automated /Manual |
| COLOUR | PALE YELLOW | | | |
| TRANSPARENCY | CLEAR | | | |
| SPECIFIC GRAVITY | 1.020 | | 1.015-1.025 | |
| PH | 6.0 | | 5.5 - 7 | |

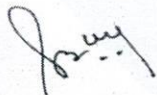
CHEMICAL EXAMINATION

| | | | | |
|---------|-----|--|--|------------------|
| ALBUMIN | NIL | | | Automated/Manual |
| SUGAR | NIL | | | |

MICROSCOPIC EXAMINATION

| | | | | |
|------------------|-----|------|-----|------------------|
| PUS CELLS | NIL | /hpf | | Automated/Manual |
| RBC'S | NIL | | NIL | |
| CASTS | NIL | | | |
| CRYSTALS | NIL | | | |
| EPITHELIAL CELLS | NIL | | | |
| BACTERIA | NIL | | | |
| OTHERS | NIL | | | |

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



Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252
Lab Technician : chand



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IPSC Delhi : Plot No 453, Sector 19
Dwarka, New Delhi - 110075

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THE DIAGNOSTIC & IMAGING CENTRE

Plot No. 147, 2nd Floor, Main Road, Sec. 7,
Dwarka, New Delhi-110078 Ph. 011-49078567

TREADMILL TEST REPORT

CHIRAG KALRA
 ID : 1570
 DATE : 26-03-2022
 AGE/SEX : 31/M
 HT/WT : 0 / 0
 REF. BY :

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 |
|----------------------|------------|------------|-------------|---------|----------|-----------|----------|---------------|-----|------|-------|
| | | | | | | | | II | V1 | V5 | |
| SUPINE | | | | | 71 | 120 / 80 | 85 | 0.5 | 0.7 | 0.3 | |
| STANDING | | | | | 82 | 120 / 80 | 98 | 0.5 | 0.6 | 0.6 | |
| HYPERVENT | | | | | 73 | 120 / 80 | 87 | 0.7 | 0.6 | 0.9 | |
| Stage 1 | 2:55 | 0:36 | 2.7 | 10 | 97 | 130 / 80 | 126 | 0.4 | 0.8 | 0.6 | 4.67 |
| Stage 2 | 5:55 | 2:55 | 4 | 12 | 106 | 140 / 80 | 148 | -0.2 | 0.7 | 0.2 | 7.04 |
| Stage 3 | 8:55 | 2:55 | 5.4 | 14 | 118 | 150 / 80 | 177 | 0.2 | 0.4 | -0.1 | 9.92 |
| Stage 4 | 11:55 | 2:55 | 6.7 | 16 | 142 | 160 / 80 | 227 | -0.3 | 0.4 | -0.3 | 13.89 |
| Stage 5 | 14:55 | 2:55 | 8 | 18 | 160 | 170 / 80 | 272 | -0.4 | 1.7 | 0 | 19.83 |
| Stage 6 | 15:27 | 0:27 | 8.8 | 20 | 163 | 170 / 80 | 277 | -0.2 | 1.6 | -0.1 | 20.00 |
| PK-EXERCISE RECOVERY | 16:49 | 0:55 | 8.8 | 20 | 165 | 170 / 80 | 280 | -0.3 | 2 | 0.3 | 20.00 |
| RECOVERY | 17:49 | 1:55 | | | 102 | 150 / 80 | 153 | 0.5 | 0.8 | 0.6 | |
| RECOVERY | 18:49 | 2:55 | | | 91 | 140 / 80 | 127 | 0.2 | 0.6 | -0.4 | |
| RECOVERY | 19:49 | 3:55 | | | 82 | 130 / 80 | 106 | -0.1 | 0.7 | -0.3 | |
| RECOVERY | | | | | 88 | 120 / 80 | 105 | 0 | 0.5 | -0.4 | |

RESULTS

EXERCISE DURATION : 15:27
 MAX HEART RATE : 166 bpm
 MAX BLOOD PRESSURE : 170 / 80 mm Hg
 REASON OF TERMINATION : Achieved THR,
 BP RESPONSE : Normal,
 ARRYTHMIA : None,
 H.R. RESPONSE : Normal Chronotropic Response,
IMPRESSIONS :
 Negative for Provocable myocardial ischemia,

MAX WORK LOAD : 20.00 METS

(15)
 DR. KALRA (Cardiology)
 Card. Reg. No. DMCR/12848

Chirag

Technician :

THE DIAGNOSTIC & IMAGING CENTRE

CHIRAG KALRA
 I.D. 1570
 Age 31/M
 Date 26-03-2022

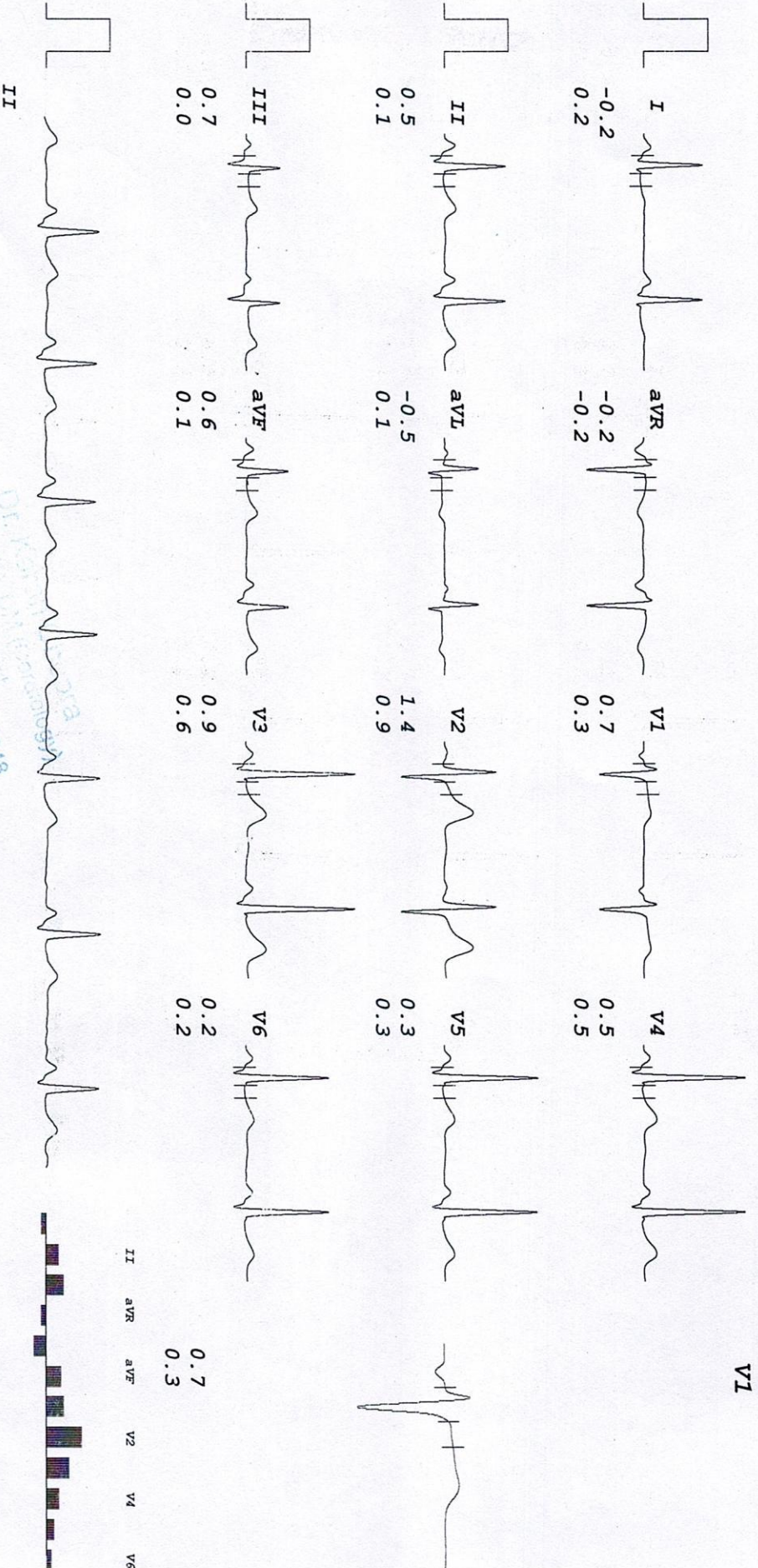
RATE 71bpm
 B.P. 120/80

PRETEST
 SUPINE

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2



Chirag

DR. KALRA
 1570
 2848

THE DIAGNOSTIC & IMAGING CENTRE

CHIRAG KALRA
 I.D. 1570
 Age 31/M
 Date 26-03-2022

RATE 82bpm
 B.P. 120/80

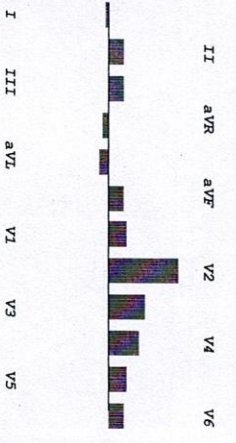
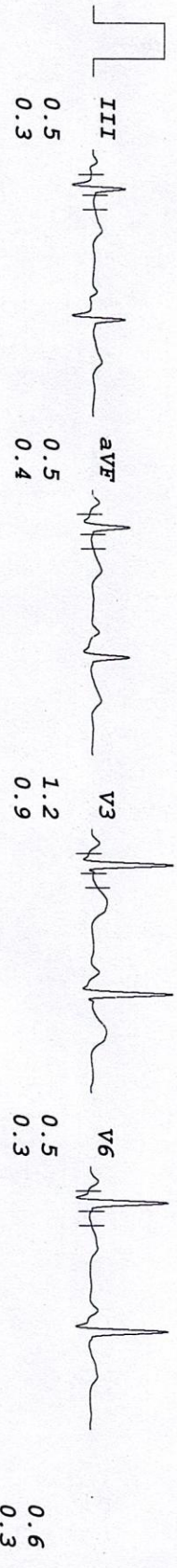
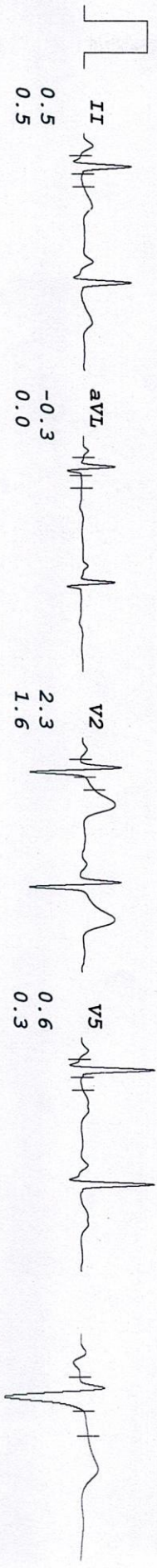
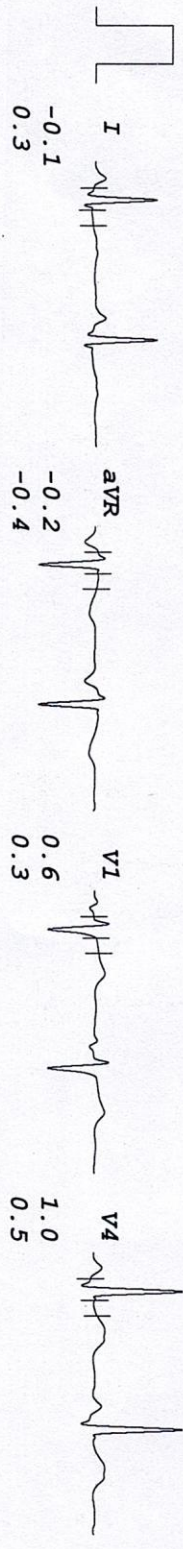
PRETEST
 STANDING

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2

V1



Dr. Karan Chhokra
 MD, DM (Cardiology)
 Cardiac Electrophysiology
 DMC Regn. No. DMC/17/1448

THE DIAGNOSTIC & IMAGING CENTRE

CHIRAG KAIRA
 I.D. 1570
 Age 31/M
 Date 26-03-2022

RATE 73bpm
 B.P. 120/80

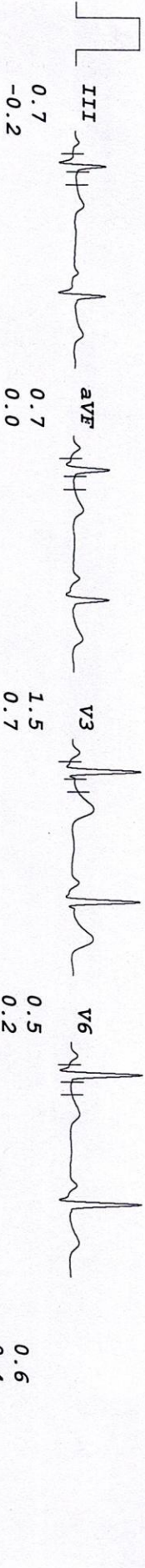
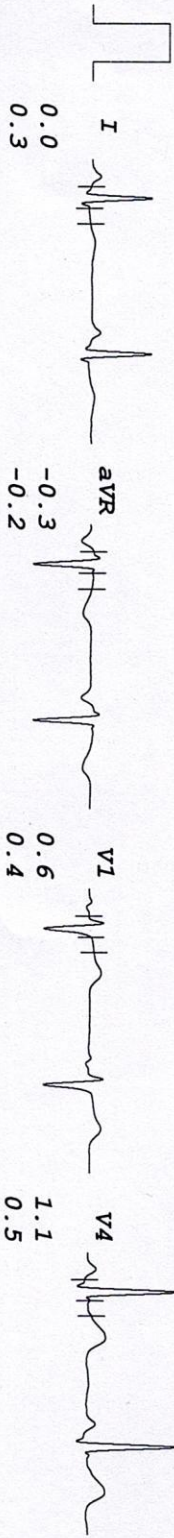
PRETEST
 HYPERVENT
 PHASE TIME 0:36

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

MAG. X 2

V1



Dr. Karan Chopra
 MBBS, MD, DM (Cardiology)
 Cardiologist
 DMIC Regn. No. DMIC/9/2848

THE DIAGNOSTIC & IMAGING CENTRE

CHIRAG KAIRA
 I.D. 1570
 Age 31/M
 Date 26-03-2022

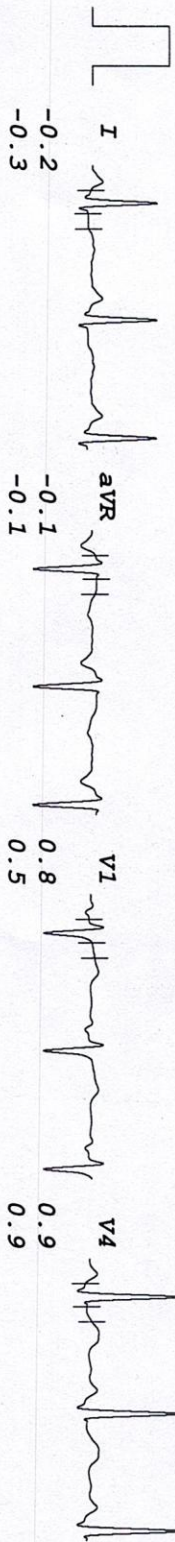
RATE 97bpm
 B.P. 130/80

Bruce
 Stage 1
 TOTAL TIME 2:55
 PHASE TIME 2:55

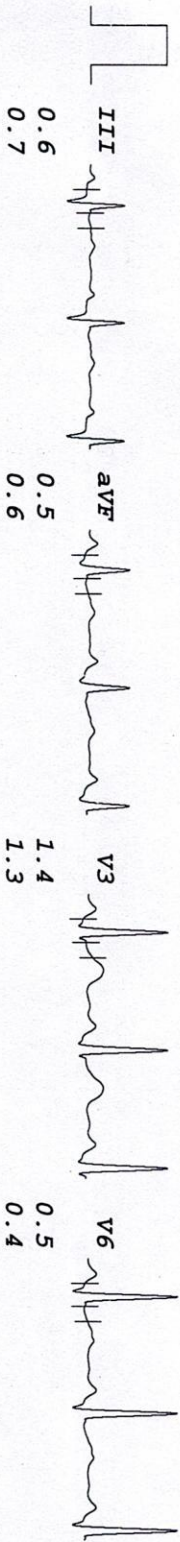
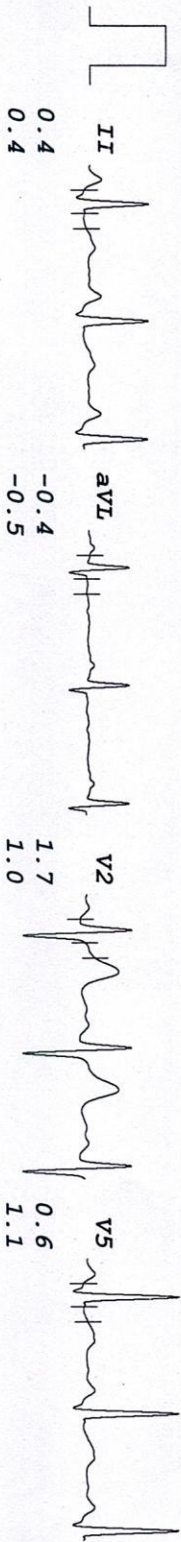
ST @ 10mm/mV
 80ms PostJ
 Speed 2.7 km/hr
 SLOPE 10 %

LINKED MEDIAN

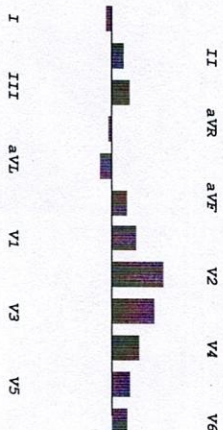
Mag. X 2



V1



Dr. Kagan Chopra
 MBBS, MD (Cardiology)
 Cardiology
 DMC Regn. No. DMCR/25



THE DIAGNOSTIC & IMAGING CENTRE

CHIRAG KALRA
 I.D. 1570
 Age 31/M
 Date 26-03-2022

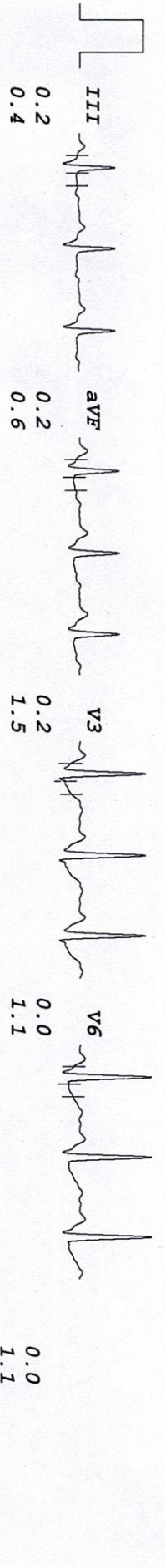
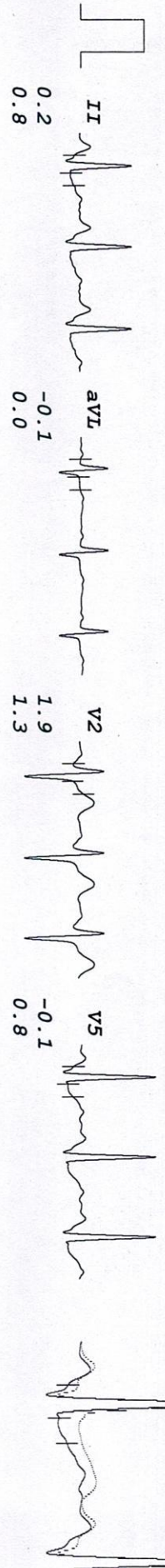
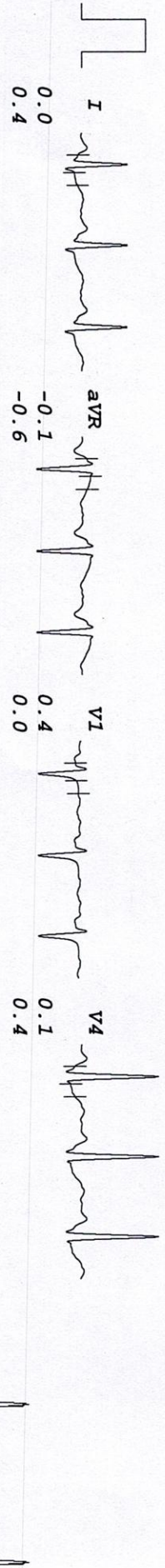
BRUCE
 Stage 3
 TOTAL TIME 8:55
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ
 Speed 5.4 km/hr
 SLOPE 14 %

LINKED MEDIAN

Mag. X 2

V6



Dr. Kartik Chogya
 MIBBS, MD, Cardiac Electrophysiology
 Cardiac Electrophysiology
 DMC Regn. No. DMC/R/2848

THE DIAGNOSTIC & IMAGING CENTRE

CHIRAG KALRA
 I.D. 1570
 Age 31/M
 Date 26-03-2022

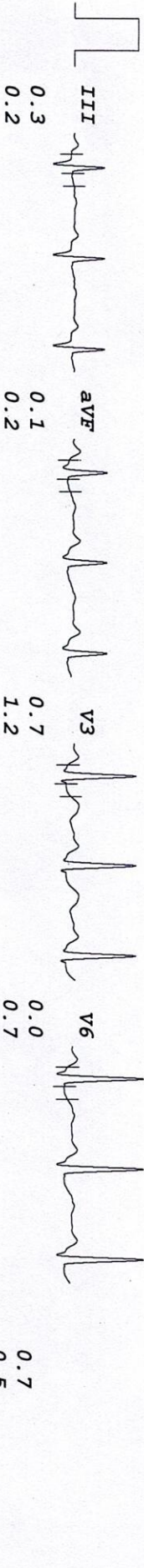
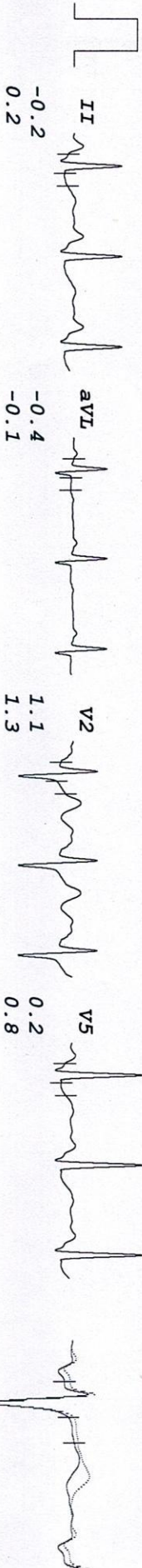
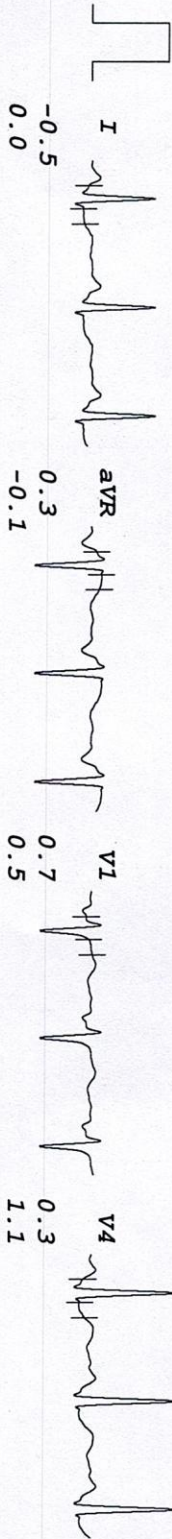
RATE 106bpm
 B.P. 140/80

Bruce
 Stage 2
 TOTAL TIME 5:57
 PHASE TIME 2:57

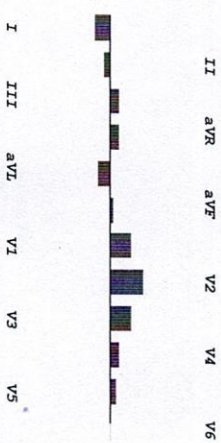
ST @ 10mm/mV
 80ms PostJ
 Speed 4 km/hr
 SLOPE 12 %

LINKED MEDIAN

Mag. X 2



Dr. Karan Chopra
 MBBS, MD (Cardiology)
 Cardiolologist
 DMC Regn. No. C1101R12848



THE DIAGNOSTIC & IMAGING CENTRE

CHIRAG KALRA
I.D. 1570
Age 31/M
Date 26-03-2022

RATE 142bpm
B.P. 160/80

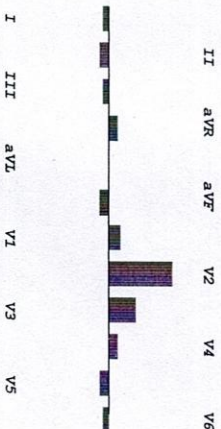
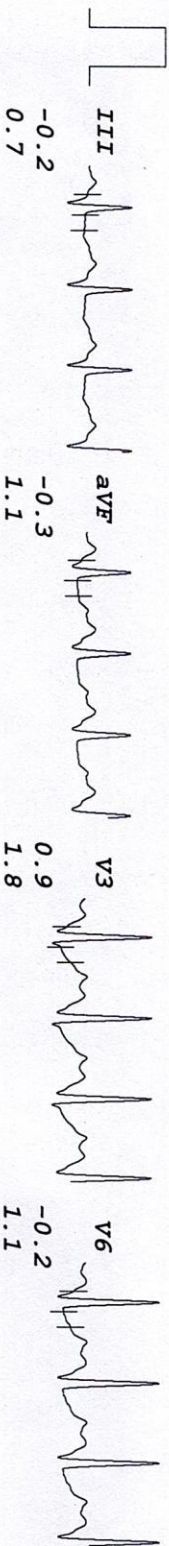
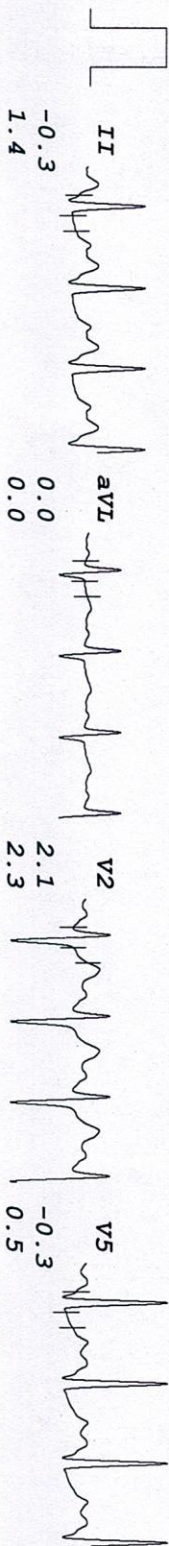
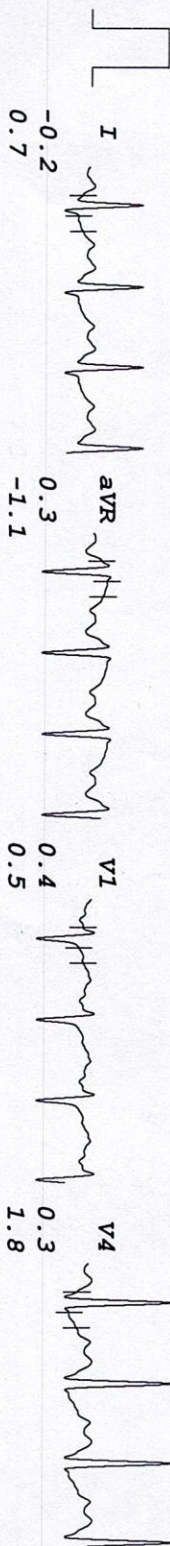
Bruce
Stage 4
TOTAL TIME 11:55
PHASE TIME 2:55

ST @ 10mm/mV
80ms PostJ
Speed 6.7 km/hr
SLOPE 16 %

LINKED MEDIAN

Mag. X 2

V5



Dr. Chitra
MBBS, MD, DNB (Cardiology)
DINC Regn. No. DMC/R/2680

THE DIAGNOSTIC & IMAGING CENTRE

CHIRAG KALRA
 I.D. 1570
 Age 31/M
 Date 26-03-2022

RATE 160bpm
 B.P. 170/80

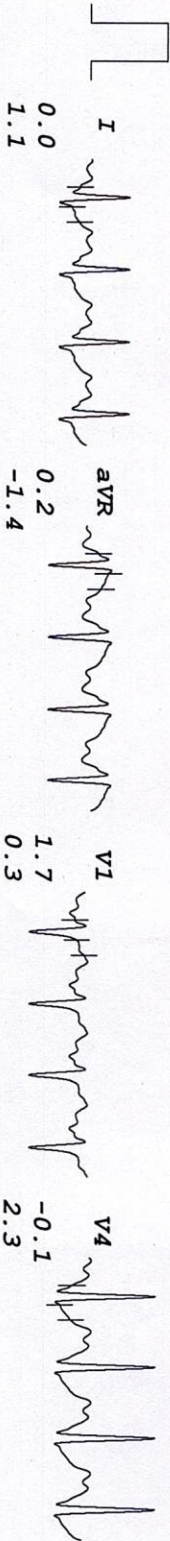
Bruce
 Stage 5
 TOTAL TIME 14:55
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms Post J
 Speed 8 km/hr
 SLOPE 18 %

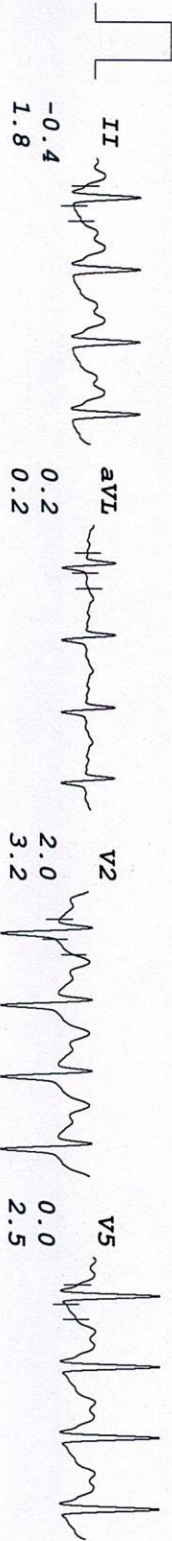
LINKED MEDIAN

Mag. X 2

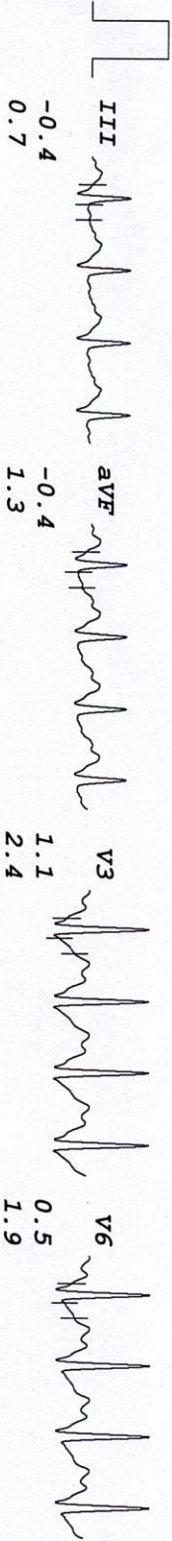
II



V1 1.7
 V4 -0.1

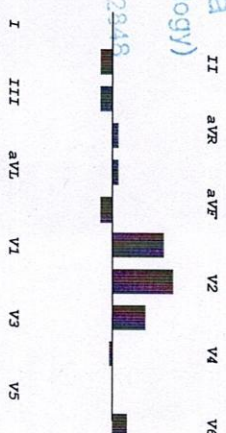


V2 2.0
 V5 0.0



V3 1.1
 V6 0.5

-0.4
 1.8



THE DIAGNOSTIC & IMAGING CENTRE

CHIRAG KAIRA
 I.D. 1570
 Age 31/M
 Date 26-03-2022

RATE 163bpm
 B.P. 170/80

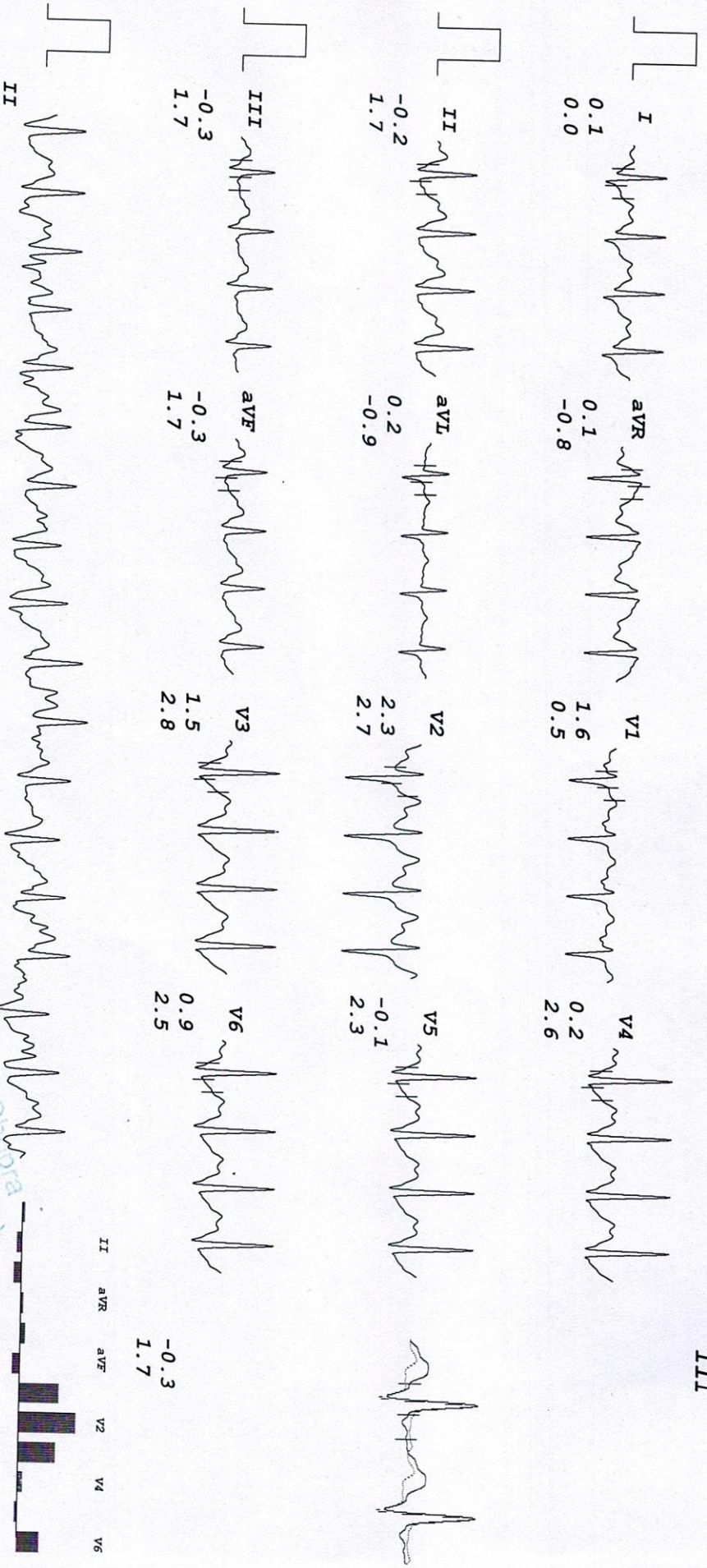
Bruce
 Stage 6
 TOTAL TIME 15:07
 PHASE TIME 0:07

ST @ 10mm/mV
 80ms Post J
 Speed 8.8 km/hr
 SLOPE 20 %

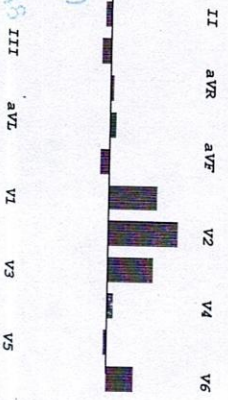
LINKED MEDIAN

Mag. X 2

III



Dr. Karan Chopra
 MBBS, MD, DM (Cardiology)
 Cardiology
 DMC Regn. No. DMC/245



THE DIAGNOSTIC & IMAGING CENTRE

CHIRAG KAIRA
 I.D. 1570
 Age 31/M
 Date 26-03-2022

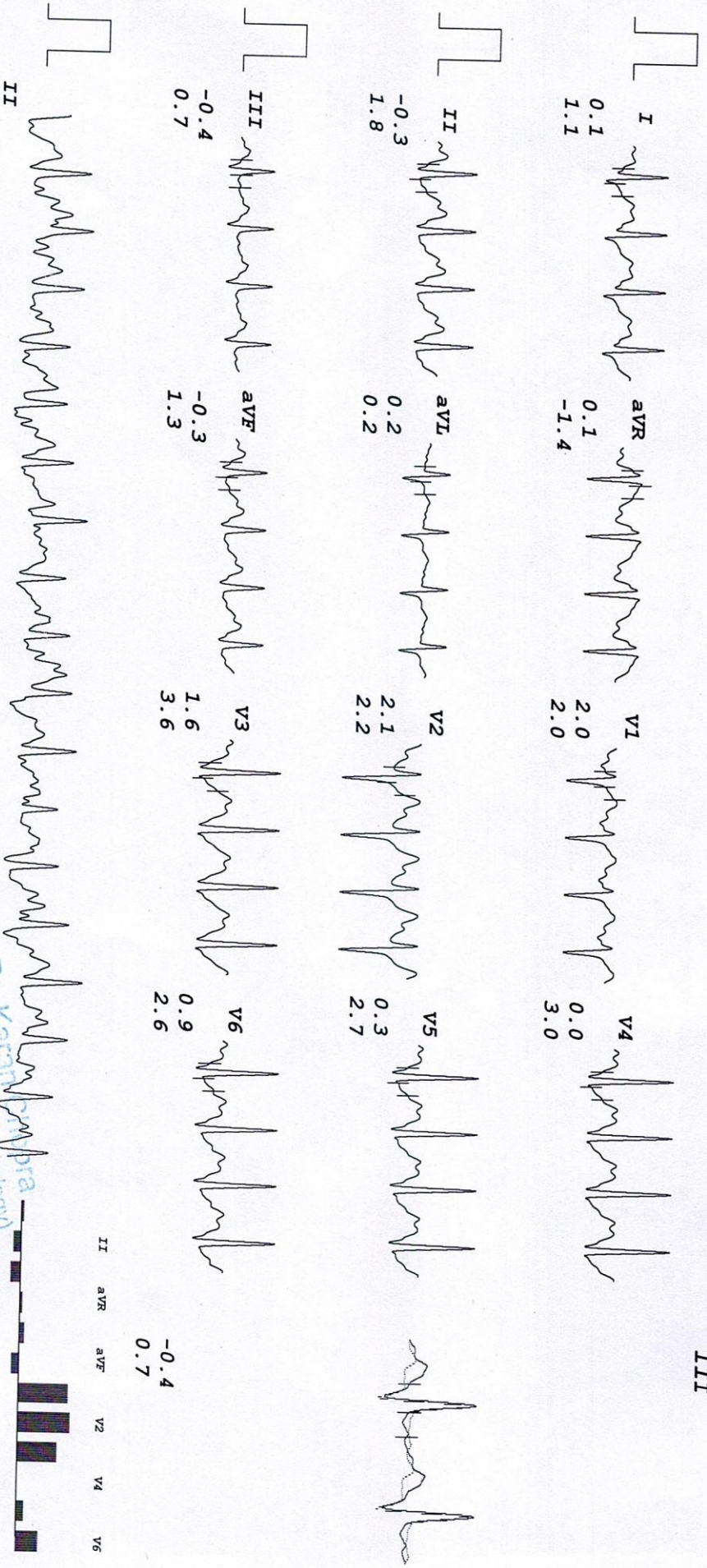
RATE 165bpm
 B.P. 170/80

Bruce
 PK-EXERCISE
 TOTAL TIME 15:27
 PHASE TIME 0:27

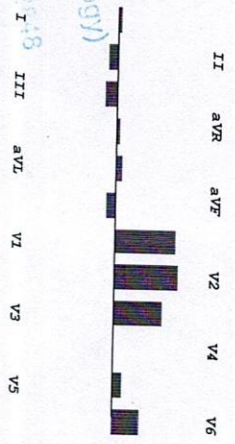
ST @ 10mm/mV
 80ms PostJ
 Speed 8.8 km/hr
 SLOPE 20 %

LINKED MEDIAN

Mag. X 2



Dr. Karan Chandra Pra
 MBBS, MID, DM (Cardiology)
 Cardiologist
 Director, No. 10, ...



THE DIAGNOSTIC & IMAGING CENTRE

CHIRAG KALRA
 I.D. 1570
 Age 31/M
 Date 26-03-2022

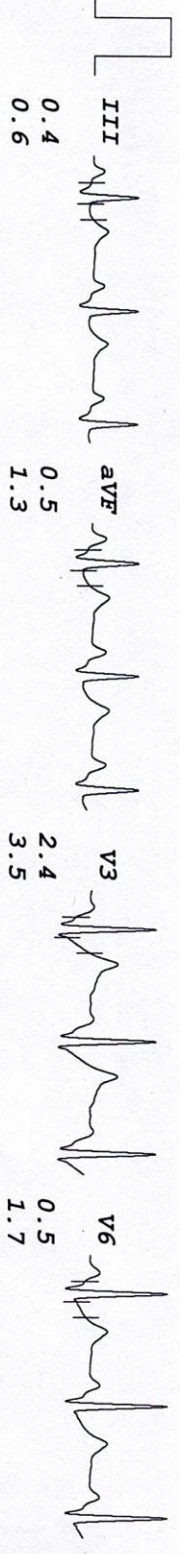
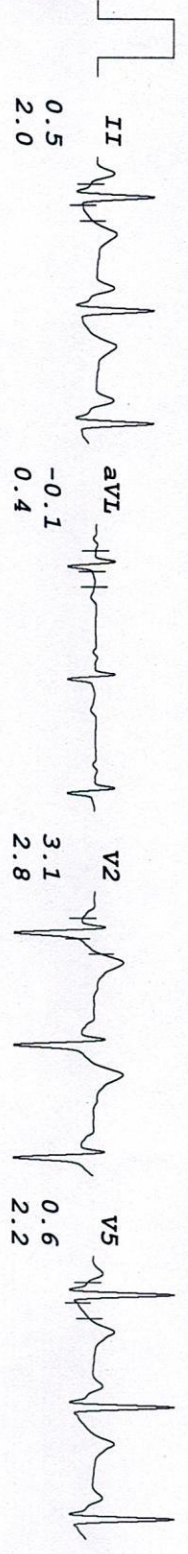
Rate 102bpm
 B.P. 150/80
 Bruce
 RECOVERY
 TOTAL TIME 16:49
 PHASE TIME 0:55

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

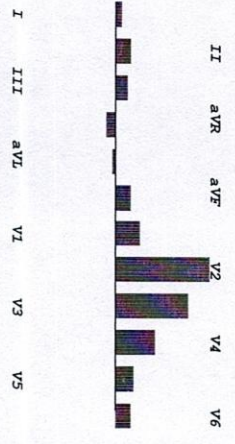
Mag. X 2

III



0.4
 0.6

MBBS, M.D., DM (Cardiology)
 Cardiology
 DMCC Regn. No. DMCC/R/2848



THE DIAGNOSTIC & IMAGING CENTRE

CHIRAG KALRA
I.D. 1570
Age 31/M
Date 26-03-2022

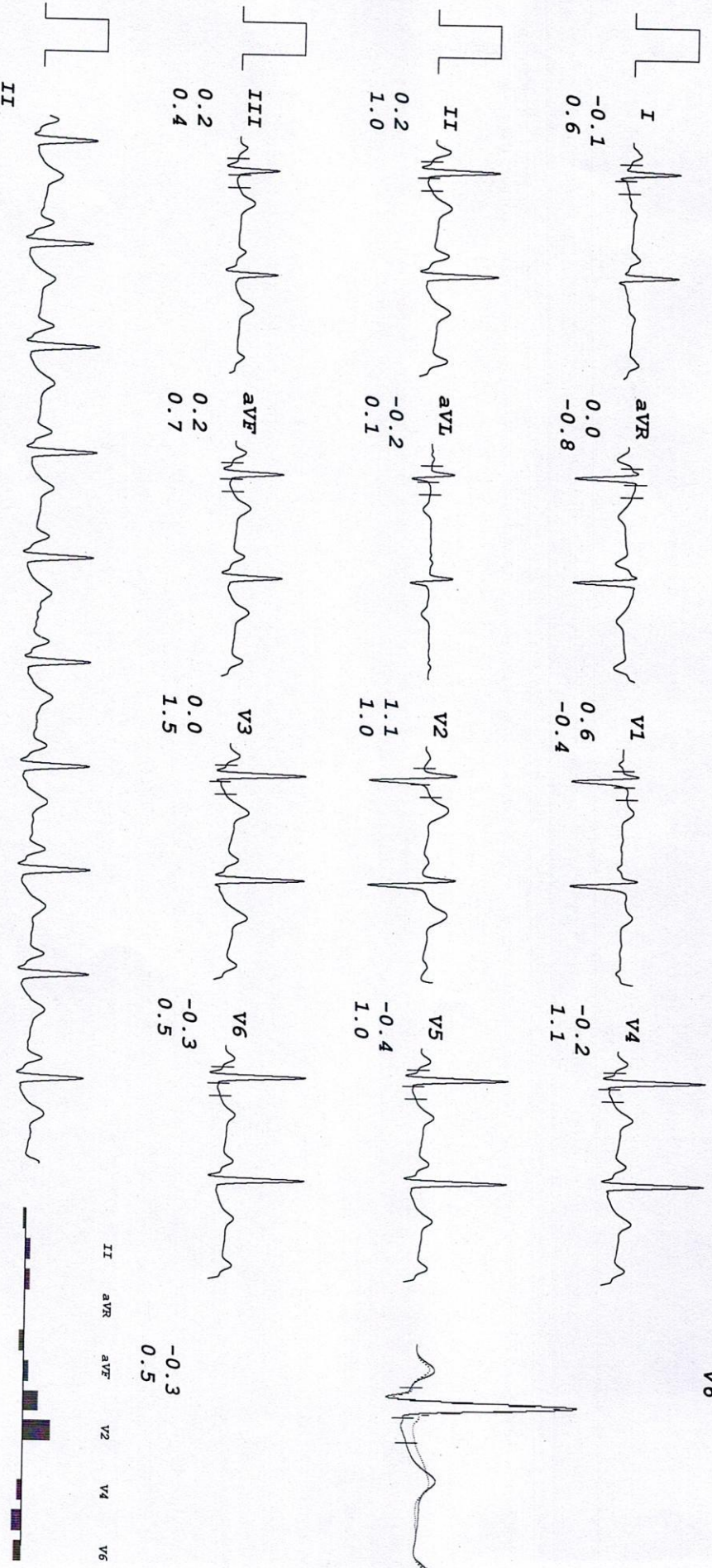
RATE 91bpm
B.P. 140/80

Bruce
RECOVERY
TOTAL TIME 17:49
PHASE TIME 1:55

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2



Dr. Karan Chopra
MBBS, MD, DM (Cardiology)
Cardiologist
DMC Regn. No. DMC/CR/2848

THE DIAGNOSTIC & IMAGING CENTRE

CHIRAG KAIRA
 I.D. 1570
 Age 31/M
 Date 26-03-2022

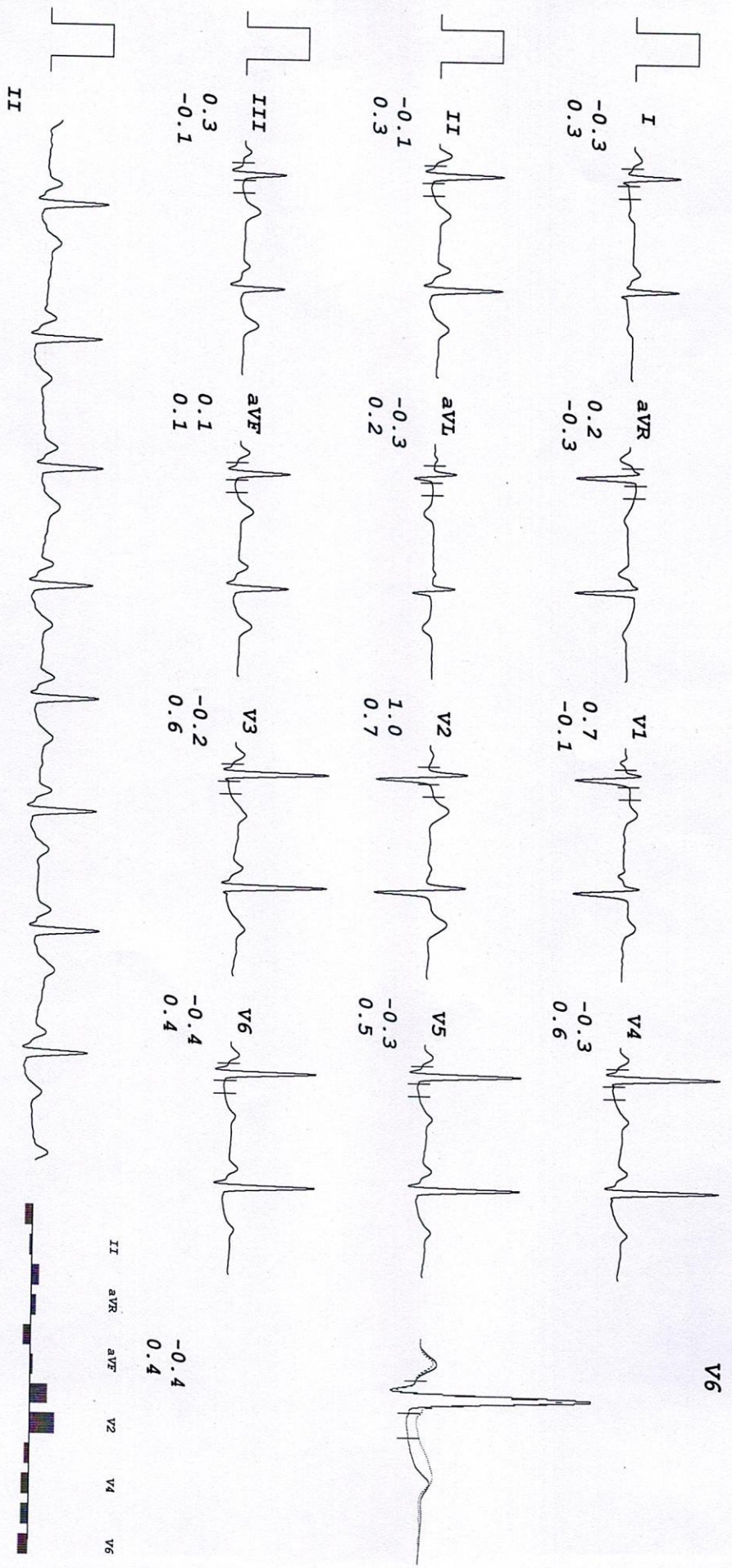
RATE 82bpm
 B.P. 130/80

Brice
 RECOVERY
 TOTAL TIME 18:49
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2



Dr. Karan Chandra
 MBBS, MD, DM (Cardiology)
 Cardiologist
 DMC Regn. No. DMCR/2848

CHIRAG KALRA

I.D. 1570

Age 31/M

Date 26-03-2022

THE DIAGNOSTIC & IMAGING CENTRE

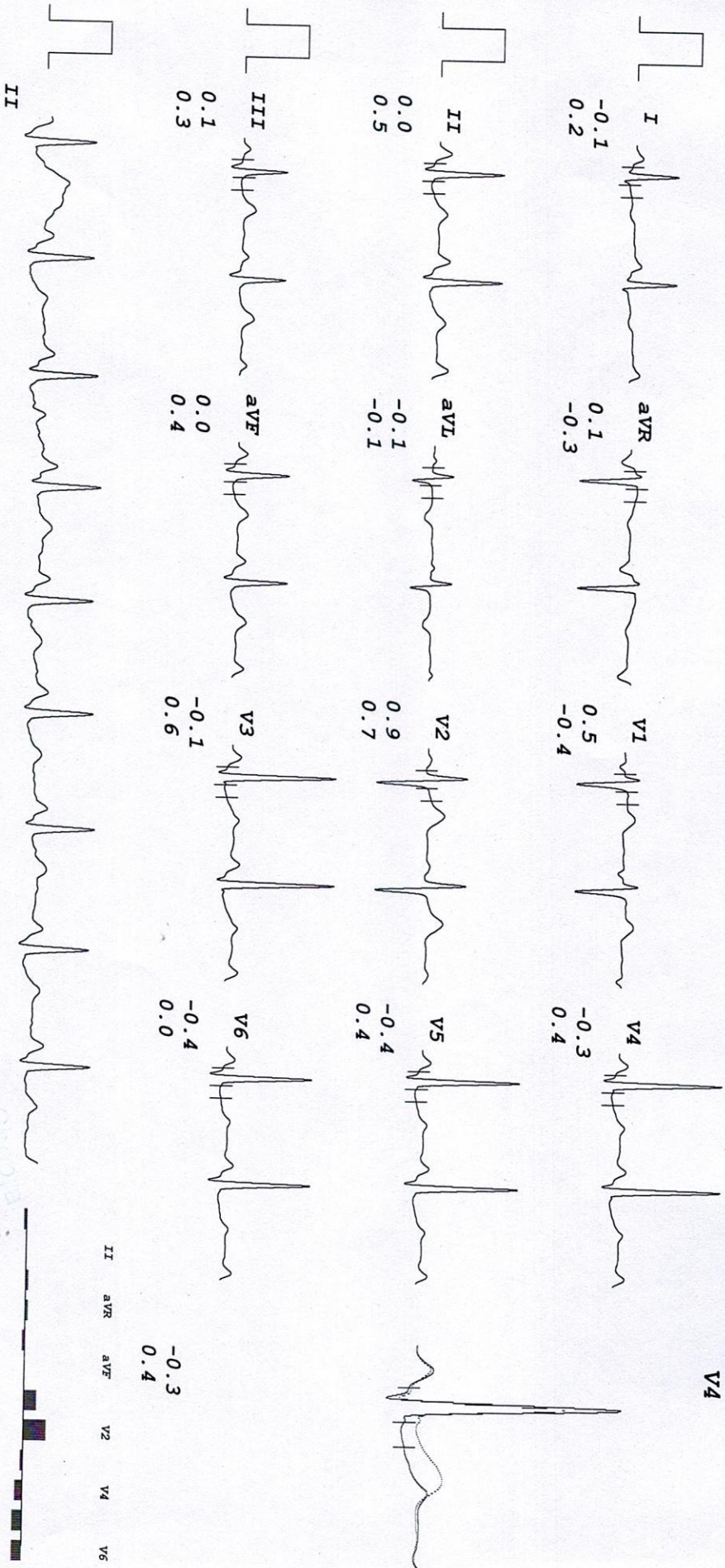
RATE 88bpm
B.P. 120/80

Brice
RECOVERY
TOTAL TIME 19:49
PHASE TIME 3:55

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2



Dr. Karan Chandra
MBBS, MD, DM (Cardiology)
Cardiologist
DMC Regn. No. DMCR/2448

I II III aVR aVL aVF V1 V2 V3 V4 V5 V6

| | | | |
|----------------------|---------------------------|-------------------|---------------------|
| Radiology No. | : 3098/OPDPB21DL | Date | : 26-Mar-2022 |
| Patient Name | : Mr. CHIRAG KALRA | Age/Sex | : 31Y |
| Guardian Name | : | UHID No. | : 3340/UHID21DL |
| Consultant | : Dr. INSURANCE | Mobile No. | : 9871394162 |

Part: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(RADIODIAGNOSIS)
DIPLOMA IN MSK,UCAM(Spain)
Reg.No. MCI/16522,DMC/18402

 **Delhi Centre:**
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Dwarka, New Delhi - 110075


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BOOK DIAGNOSTICS

 **Bengaluru Centre:**
IPSC Bangalore: 11,12 Sahakara Nagar,
Bellary Road, Bengaluru - 560092

 Contact Us : +91-7028207222

 bengaluru@ipscindia.com

ID: 0
chirag kalra
Male 31 Years
Req. No. :

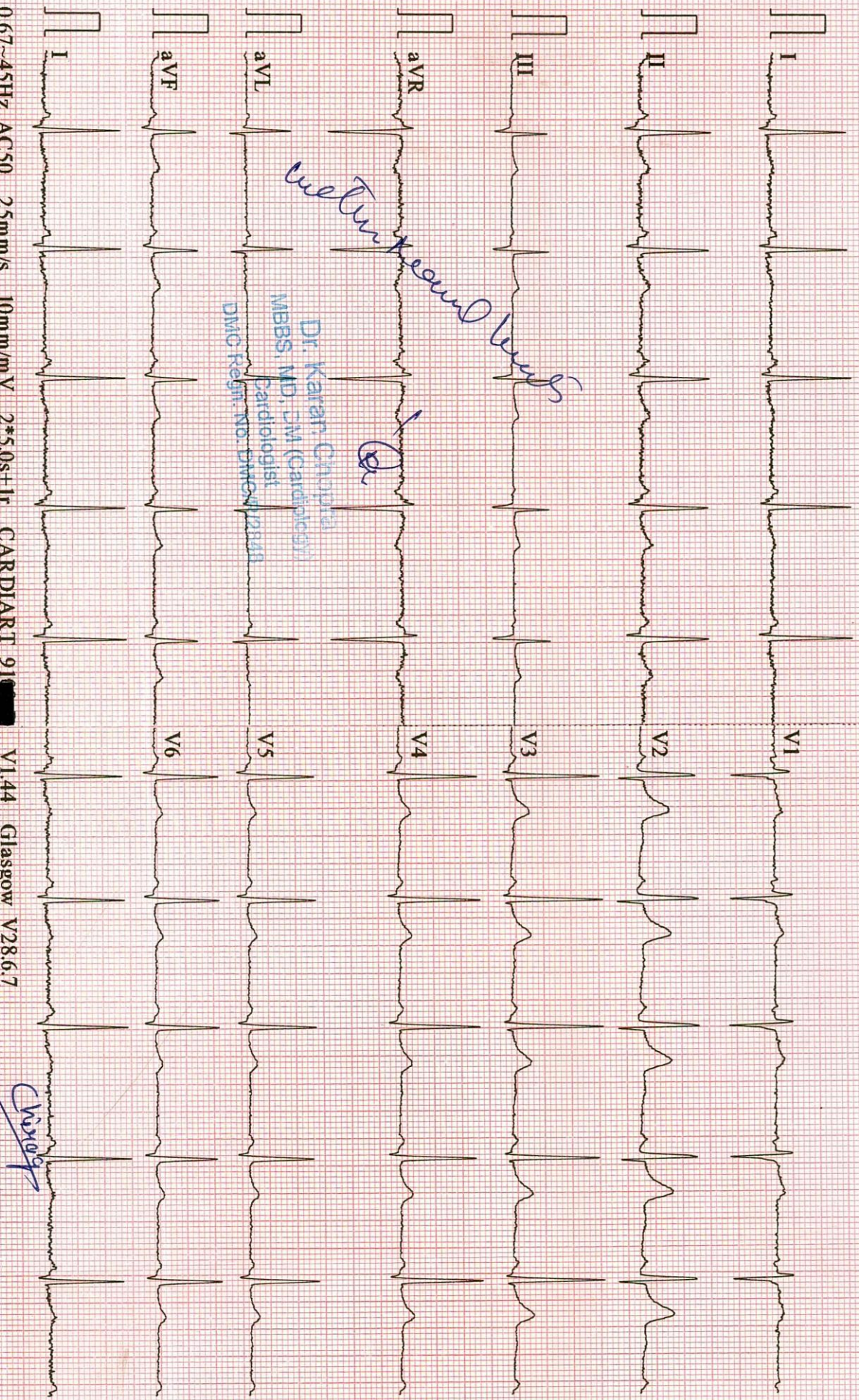
26-03-2022 10:58:08 AM
HR : 63 bpm
P : 102 ms
PR : 130 ms
QRS : 88 ms
QT/QTcBz : 406/416 ms
P/ORS/T : 42/36/65 °
RV5/SV1 : 1.233/0.790 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:

Left bundle branch

Dr. Karan Chopra
MBBS, MD, DM (Cardiology)
Cardiologist
DMC Regn: NO. DMC/12841



0.67~45Hz ACS0 25mm/s 10mm/mV 2*5.0s+1r CARDIART 9144

V1.44 Glasgow V28.6.7

CARDIART

BPL - 02

| | | | |
|----------------------|---------------------------|-------------------|---------------------|
| Radiology No. | : 3097/OPDPB21DL | Date | : 26-Mar-2022 |
| Patient Name | : Mr. CHIRAG KALRA | Age/Sex | : 31Y |
| Guardian Name | : | UHID No. | : 3340/UHID21DL |
| Consultant | : Dr. INSURANCE | Mobile No. | : 9871394162 |

ULTRASOUND OF WHOLE ABDOMEN

Convex and liner probes were used

The liver is normal in size(12.3 cm in RML) and contour however is mildly increased in echotexture. Intrahepatic bile ducts and CBD are not dilated. Hepatic portal veins and the IVC appear normal in caliber.

Gall bladder is contracted (post prandial status). **Wall shows few echogenic foci ? adenomyomatosis.**

Pancreas is of normal size and contour with normal echotexture.

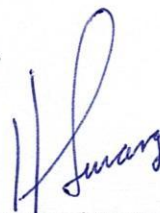
Kidneys are of normal size, shape and echo pattern. No calculus, mass or hydronephrotic changes seen in either kidney. Corticomedullary differentiation is normal bilaterally. Bilateral PCS are normal. Bilateral ureters are not dilated.

Right Kidney measures 113 x 49 mm.

Left kidney measures 104 x 50 mm.

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.



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*(Ultrasound Scan is an Investigation & therefore has technical limitation as well as inaccuracies. Hence, clinical co-relation is advisable.)
Not all congenital anomalies can be detected by ultrasound only*

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Prostate is normal in size for age with regular contours and normal echo texture .It measures 25 x 38 x 31 mm is equal to 16 gms.

Urinary bladder does not show any calculus or mass lesion.

Impression: Fatty liver Grade I.
? Adenomyomatosis.
Suggest follow up after fat free diet.

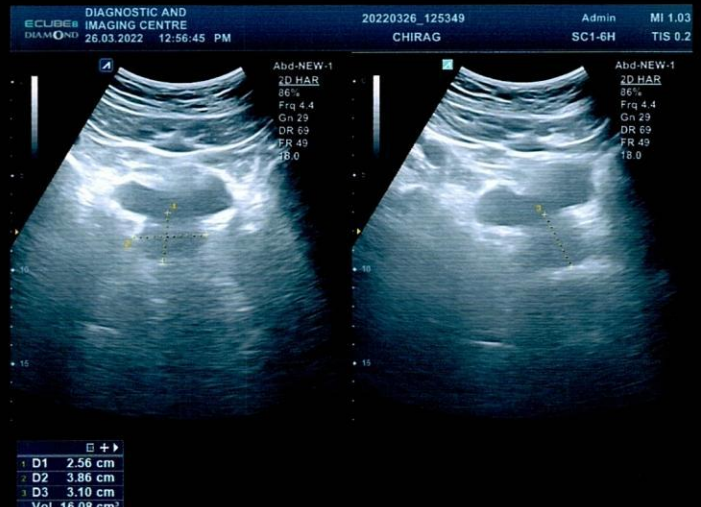


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D 11.36 cm
D 4.95 cm
D 10.43 cm
D 5.05 cm



D1 2.56 cm
D2 3.86 cm
D3 3.10 cm
Vol 16.08 cm³



D1 12.38 cm