



BHAILAL AMIN GENERAL HOSPITAL



ECU Number : 10877 MR Number : 23234645 Patient Name: SAKET KUMAR
Age : 41 Sex : Male Height : 171
Weight : 73 Ideal Weight : 67 BMI : 24.96
Date : 10/04/2024

Past H/O : NO P/H/O ANY MAJOR ILLNESS.

Present H/O : NO MEDICAL COMPLAINS AT PRESENT.

Family H/O : NO F/H/O ANY MAJOR ILLNESS.

Habits : NO

Gen.Exam. : G.C.GOOD

B.P : 140/86

Pulse : 90/MIN REG

Others : SPO2 98%

C.V.S : NAD

R.S. : NAD

Abdomen : NP

Spleen : NP

Skin : NAD

C.N.S : NAD

Advice :

Infrared sugars

Fatty liver

Ad

Fibrescan

Life Hyl Modification

FBS / P/B monitoring

M





Patient Name : Mr. SAKET KUMAR
 Gender / Age : Male / 41 Years 5 Months 27 Days
 MR No / Bill No. : 23234645 / 251002639
 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
 Request No. : 217775
 Request Date : 10/04/2024 09:34 AM
 Collection Date : 10/04/2024 09:47 AM
 Approval Date : 10/04/2024 02:46 PM

CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin.			
Haemoglobin	15.0	gm/dL	13 - 17
Red Blood Cell Count (T-RBC)	5.11	mill/cmm	4.5 - 5.5
Hematocrit (HCT)	46.5	%	40 - 50
Mean Corpuscular Volume (MCV)	91.0	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	29.4	pg	27 - 32
MCH Concentration (MCHC)	32.3	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	13.7	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	46.0	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	7.26	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	60	%	40 - 80
Lymphocytes	29	%	20 - 40
Eosinophils	04	%	1 - 6
Monocytes	07	%	2 - 10
Basophils	00	%	0 - 2
Polymorphs (Abs. Value)	4.41	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	2.13	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.15	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.52	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.05	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.3	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			
Platelet Count	89	thou/cmm	150 - 410
Smear evaluation	Decreased		
Remarks	Many large platelets seen.		
ESR	6	mm/1 hr	0 - 10

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before a firm opinion is made. As check/recheck may be required.

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Mr. SAKET KUMAR	Type	: OPD
Gender / Age	: Male / 41 Years 5 Months 27 Days	Request No.	: 217775
MR No / Bill No.	: 23234645 / 251002639	Request Date	: 10/04/2024 09:34 AM
Consultant	: Dr. Manish Mittal	Collection Date	: 10/04/2024 09:47 AM
Location	: OPD	Approval Date	: 10/04/2024 02:46 PM

CBC + ESR

Immature Granulocyte (IG) count is a useful early marker of infection or inflammation, even when other markers are normal. It is an early and rapid discrimination of bacterial from viral infections. It is also increased in patients on steroid therapy / chemotherapy or haematological malignancy. High IG is always pathological; except in pregnancy and neonates of < 7 days.
Method : HB by Non-Cyanide Hemoglobin analysis method. HCT by RBC pulse height detection method. RBC, TLC & PLC are by Particle Count by Electrical Impedance in Cell Counter by Fluorescent flow cytometry using a semi-conductor laser and hydrodynamic focusing in dedicated channels. Optical Platelets by Fluorescent + Laser Technology. MCV, MCH, MCHC, RDW (CV & SD) are calculated by parameter. DLC by Flowcytometry method using semi-conductor Laser+Smear verification.

on ESL-30, comparable to Westergrens method and in accordance to ICSH reference method.

---- End of Report ----

Dr. Ameet Soni
MD (Path)

Results are dependent on a number of variables & technical limitations. Hence, advised to correlate with clinical findings and other related investigations before any firm opinion is made. Recheck / retest may be requested.

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mr. SAKET KUMAR
Gender / Age : Male / 41 Years 5 Months 27 Days
MR No / Bill No. : 23234645 / 251002639
Consultant : Dr. Manish Mittal
Location : OPD

Type : OPD
Request No. : 217775
Request Date : 10/04/2024 09:34 AM
Collection Date : 10/04/2024 09:47 AM
Approval Date : 10/04/2024 04:28 PM

Haematology

Test	Result	Units	Biological Ref. Range
Blood Group			
ABO system	B		
Rh system.	Positive		

By Gel Technology / Tube Agglutination Method

Note :

This blood group has been done with new sensitive Gel Technology using both Forward and Reverse Grouping Card with Autocontrol. This method check's group both on Red blood cells and in Serum for "ABO" group.

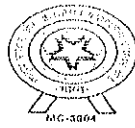
---- End of Report ----

Dr. Ameet Soni
MD (Path)

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DEPARTMENT OF LABORATORY MEDICINE

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Gender / Age : Male / 41 Years 5 Months 27 Days
MR No / Bill No. : 23234645 / 251002639
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Approval Date : 10/04/2024 12:10 PM

Fasting Plasma Glucose

Test	Result	Units	Biological Ref. Range
<i>Fasting Plasma Glucose</i>			
Fasting Plasma Glucose	116	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	218	mg/dL	70 - 140

Hexokinase method on EXL Dade Dimension

---- End of Report ----

Dr. Rakesh Vaidya
MD (Path), DCP.

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Patient Name : Mr. SAKET KUMAR Type : OPD
 Gender / Age : Male / 41 Years 5 Months 27 Days Request No. : 217775
 MR No / Bill No. : 23234645 / 251002639 Request Date : 10/04/2024 09:34 AM
 Consultant : Dr. Manish Mittal Collection Date : 10/04/2024 09:47 AM
 Location : OPD Approval Date : 10/04/2024 02:57 PM

HbA1c (Glycosylated Hb)

Test	Result	Units	Biological Ref. Range
HbA1c (Glycosylated Hb)			
Glycosylated Hemoglobin (HbA1c)	5.9	%	
estimated Average Glucose (e AG) *	122.63	mg/dL	

(Method:

By Automated HPLC analyser on D-10 Biorad. NGSP Certified, US-FDA approved, Traceable to IFCC reference method.

* Calculated valued for past 60 days, derived from HbA1c %, based on formula recommended by the A1c - Derived Average Glucose study from ADA and EASD funded The ADAG trial.

Guidelines for Interpretation:

Indicated Glycemic control of previous 2-3 months

HbA1c%	e AG (mg/dl)	Glycemic control
> 8	> 183	Action suggested...High risk of developing long-term complications. Action suggested, depends on individual patient circumstances
7 - 8	154 - 183	Good
< 7	< 154	Goal...Some danger of hypoglycemic reaction in type I Diabetics. Some Glucose intolerant individuals and Sub-Clinical diabetics may demonstrate (elevated) HbA1c in this area.
6 - 7	126 - 154	Near Normal
< 6	< 126	Nondiabetic level)

---- End of Report ----

Dr. Amee Soni
MD (Path)

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Gender / Age : Male / 41 Years 5 Months 27 Days
MR No / Bill No. : 23234645 / 251002639
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Location : OPD

Type : OPD
Request No. : 217775
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Collection Date : 10/04/2024 09:47 AM
Approval Date : 10/04/2024 12:08 PM

Complete Lipid Profile

Test	Result	Units	Biological Ref. Range
Complete Lipid Profile			
Appearance	Clear		
Triglycerides	134	mg/dL	1 - 150
<i>(Done by Lipase /Glycerol kinase on Vitros 5600)</i>			
<i>< 150 Normal</i>			
<i>150-199 Borderline High</i>			
<i>200-499 High</i>			
<i>> 499 Very High)</i>			
Total Cholesterol	140	mg/dL	1 - 200
<i>(Done by Colorimetric - Cholesterol Oxidase, esterase, peroxidase on Vitros 5600.)</i>			
<i><200 mg/dL - Desirable</i>			
<i>200-239 mg/dL - Borderline High</i>			
<i>> 239 mg/dL - High)</i>			
HDL Cholesterol	43	mg/dL	40 - 60
<i>(Done by Colorimetric: non HDL precipitation method PTA/MgCl2 on Vitros 5600)</i>			
<i>< 40 Low</i>			
<i>> 60 High)</i>			
Non HDL Cholesterol (calculated)	97	mg/dL	1 - 130
<i>(Non- HDL Cholesterol)</i>			
<i>< 130 Desirable</i>			
<i>139-159 Borderline High</i>			
<i>160-189 High</i>			
<i>> 191 Very High)</i>			
LDL Cholesterol	92	mg/dL	1 - 100
<i>(Done by Enzymatic (Two Step CHE/CHO/POD) on Vitros 5600)</i>			
<i>< 100 Optimal</i>			
<i>100-129 Near / above optimal</i>			
<i>130-159 Borderline High</i>			
<i>160-189 High</i>			
<i>> 189 Very High)</i>			
VLDL Cholesterol (calculated)	26.8	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	2.14		2.1 - 3.5
T. Ch./HDL Ch. Ratio	3.26		3.5 - 5
<i>(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)</i>			

---- End of Report ----

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 Approval Date : 10/04/2024 12:11 PM

Liver Function Test (LFT)

Test	Result	Units	Biological Ref. Range
Bilirubin			
Bilirubin - Total	0.99	mg/dL	0 - 1
Bilirubin - Direct	0.35	mg/dL	0 - 0.3
Bilirubin - Indirect	0.64	mg/dL	0 - 0.7
<i>(Done by Dual Wavelength - Reflectance Spectrophotometry on Vitros 5600)</i>			
Aspartate Aminotransferase (SGOT/AST)	57	U/L	15 - 40
<i>(Done by Multipoint Rate Colorimetric with P-5-P on Vitros 5600)</i>			
Alanine Aminotransferase (SGPT/ALT)	89 R/C	U/L	16 - 63
<i>(Done by Multipoint-Rate/Colorimetric with P-5-P (pyridoxa-5-phosphate) on Vitros 5600)</i>			
Alkaline Phosphatase	72	U/L	53 - 128
<i>(Done by Multipoint-Rate - p-nitrophenyl Phosphate, AMP buffer on Vitros 5600)</i>			
Gamma Glutamyl Transferase (GGT)	57	U/L	15 - 85
<i>(Done by Multipoint Rate - L-γ-glutamyl-p-nitroanilide on Vitros 5600)</i>			
Total Protein			
Total Proteins	7.98	gm/dL	6.4 - 8.2
Albumin	4.52	gm/dL	3.4 - 5
Globulin	3.46	gm/dL	3 - 3.2
A : G Ratio	1.31		1.1 - 1.6
<i>(Done by Biuret endpoint and Bromocresol green method on vitros 5600.)</i>			

---- End of Report ----

Dr. Rakesh Vaidya
MD (Path), DCP.



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Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea <i>(Done by Endpoint/Colorimetric - Urease on Vitros 5600)</i>	20	mg/dL	10 - 45
BUN	9.35	mg/dL	5 - 21
Creatinine <i>(By Modified Kinetic Jaffe Technique)</i>	0.91	mg/dL	0.9 - 1.3
Estimate Glomerular Filtration rate <i>(Ref. range : > 60 ml/min for adults between age group of 18 to 70 yrs. EGFR Calculated by IDMS Traceable MDRD Study equation. Reporting of eGFR can help facilitate early detection of CKD. By Modified Kinetic Jaffe Technique)</i>	More than 60		
Uric acid <i>(Done by Colorimetric - Uricase, Peroxidase on Vitros 5600)</i>	7.4 R/C	mg/dL	3.4 - 7.2

---- End of Report ----

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mr. SAKET KUMAR
Gender / Age : Male / 41 Years 5 Months 27 Days
MR No / Bill No. : 23234645 / 251002639
Consultant : Dr. Manish Mittal
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Request No. : 217775
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Approval Date : 10/04/2024 12:09 PM

PSA (Prostate Specific Antigen)

Test	Result	Units	Biological Ref. Range
Total PSA	0.428	ng/ml	0 - 4

(Method : Done by CLIA based method on automated immunoassay Vitros 5600.

Remark :

Age related reference range for interpretation :

< 40 yrs : 0.21 - 1.72

40 - 49 yrs : 0.27 - 2.19

50 - 59 yrs : 0.27 - 3.42

60 - 69 yrs : 0.27 - 6.16

>69 yrs : 0.21 - 6.77

TPSA may be raised usually mildly in benign prostatic conditions like hyperplasia. Typically 30 % of BPH may show values between 4-10 and 7 % between 10-40.

In Prostatic Malignancy 43 % show values below 4

21 % between 4 to 10

20 % between 10 to 40 &

16 % above 40)

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

Dr. Rakesh Vaidya
MD (Path). DCP.

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Patient Name : Mr. SAKET KUMAR
 Gender / Age : Male / 41 Years 5 Months 27 Days
 MR No / Bill No. : 23234645 / 251002639
 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
 Request No. : 217775
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 Approval Date : 10/04/2024 12:10 PM

Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
Triiodothyronine (T3)	1.41	ng/ml	
<i>(Done by CLIA based method on automated immunoassay Vitros 5600.)</i>			
<i>Reference interval (ng/ml)</i>			
1 - 3 days	: 0.1 - 7.4		
1 - 11 months	: 0.1 - 2.45		
1 - 5 years	: 0.1 - 2.7		
6 - 10 years	: 0.9 - 2.4		
11 - 15 years	: 0.8 - 2.1		
16 - 20 years	: 0.8 - 2.1		
Adults (20 - 99 years)	: 1.07 - 1.85		
Pregnancy (in last 5 months)	: 1.2 - 2.5		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i>			
Thyroxine (T4)	8.90	mcg/dL	
<i>(Done by CLIA based method on automated immunoassay Vitros 5600.)</i>			
<i>Reference interval (mcg/dL)</i>			
1 - 3 days	: 11.8 - 22.6		
1 - 2 weeks	: 9.8 - 16.6		
1 - 4 months	: 7.2 - 14.4		
4 - 12 months	: 7.8 - 16.5		
1 - 5 years	: 7.3 - 15.0		
5 - 10 years	: 6.4 - 13.3		
10 - 20 years	: 5.6 - 11.7		
Adults (20 - 99 years)	: 5.91 - 12.98		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i>			
Thyroid Stimulating Hormone (US-TSH)	1.78	microIU/ml	
<i>(Done by CLIA based method on automated immunoassay Vitros 5600.)</i>			
<i>Reference interval (microIU/ml)</i>			
Infants (1 - 4 days)	: 1.0 - 39		
2 - 20 weeks	: 1.7 - 9.1		
5 months - 20 years	: 0.7 - 6.4		
Adults (20 - 99 years)	: 0.4001 - 4.049		
<i>Pregnancy :</i>			
1st trimester	: 0.3 - 4.5		
2nd trimester	: 0.5 - 4.6		
3rd trimester	: 0.8 - 5.2		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i>			

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Recheck / retest may be requested.

--- End of Report ---

Dr. Rakesh Vaidya
MD (Path). DCP.



Patient Name : Mr. SAKET KUMAR
 Gender / Age : Male / 41 Years 5 Months 27 Days
 MR No / Bill No. : 23234645 / 251002639
 Consultant : Dr. Manish Mittal
 Location : OPD

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 Approval Date : 10/04/2024 02:24 PM

Urine routine analysis (Auto)

Test	Result	Units	Biological Ref. Range
Physical Examination			
Quantity	30	mL	
Colour	Pale Yellow		
Appearance	Clear		
Chemical Examination (By Reagent strip method)			
pH	6.5		4.6 - 8.0
Specific Gravity	<u>1.004</u>		1.005 - 1.030
Protein	Negative		Negative
Glucose	Negative		Negative
Ketones	Negative		Negative
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative (upto 1)
Blood	Negative		Negative
Leucocytes	Negative		Negative
Nitrite	Negative		Negative
Microscopic Examination (by Microscopy after Centrifugation at 2000 rpm for 10 min or on fully automated Sysmex Urine sedimentation analyzer UF4000)			
Red Blood Cells	0 - 1	/hpf	0 - 2
Leucocytes	0 - 1	/hpf	0 - 5
Epithelial Cells	0 - 1	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	<u>Absent</u>	/hpf	Absent
Organism	Absent		

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before a firm opinion is made. Recheck / retest may be requested.

Reference : Wallach`s Interpretation to laboratory test, 10th edition

---- End of Report ----

Dr. Ameer Soni
MD (Path)



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ESTD. 1964



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- Ultra Sensitive Colour Doppler
- Ultra High Resolution Sonography
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- Magnetic Resonance Imaging (MRI)
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography (DSA)
- Foetal Echocardiography
- Echocardiography
- 4D USG & Doppler

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23234645 Report Date : 10/04/2024
 Request No. : 190112630 10/04/2024 9.34 AM
 Patient Name : **Mr. SAKET KUMAR**
 Gender / Age : Male / 41 Years 5 Months 27 Days

X-Ray Chest AP

Both lung fields are clear.
 Both costophrenic sinuses appear clear.
 Heart size is normal.
 Hilar shadows show no obvious abnormality.
 Aorta is normal.

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES
 • NOT VALID FOR MEDICO-LEGAL PURPOSES
 • CLINICAL CORRELATION RECOMMENDED

Dr. Priyanka Patel, MD.

Consultant Radiologist

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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23234645 Report Date : 10/04/2024
 Request No. : 190112639 10/04/2024 9.34 AM
 Patient Name : Mr. SAKET KUMAR
 Gender / Age : Male / 41 Years 5 Months 27 Days

USG : Screening for Abdomen (excluding Pelvis) Or Upper Abdomen

Liver is normal in size and increased in echo pattern. No mass lesion identified. The hepatic veins are clear and patent. PV patent. No dilated IHBR.

Gall bladder is well distended and shows no obvious abnormality. Common bile duct is not dilated.

Pancreas shows no obvious abnormality. Tail obscured. Spleen is normal size and echo pattern.

Both kidneys are normal in shape and position. Normal echogenicity and cortico medullary differentiation is noted. No hydronephrosis or mass lesion seen.

No ascites.

COMMENT:

- **Fatty liver.(Grade 2)**

Kindly correlate clinically/LFTs

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES
 • NOT VALID FOR MEDICO-LEGAL PURPOSES
 • CLINICAL CORRELATION RECOMMENDED

Dr.Priyanka Patel, MD.
 Consultant Radiologist



Name: Mr. Saket Kumar -
Patient ID: Ecu/ 23234645

10/04/2024 13:26:56
Standard 12-Lead

BHAJAL AMIN GENERAL HOSPITAL

Age: 041Y
Gender: Male

Ref. phys.

HR: 85 bpm

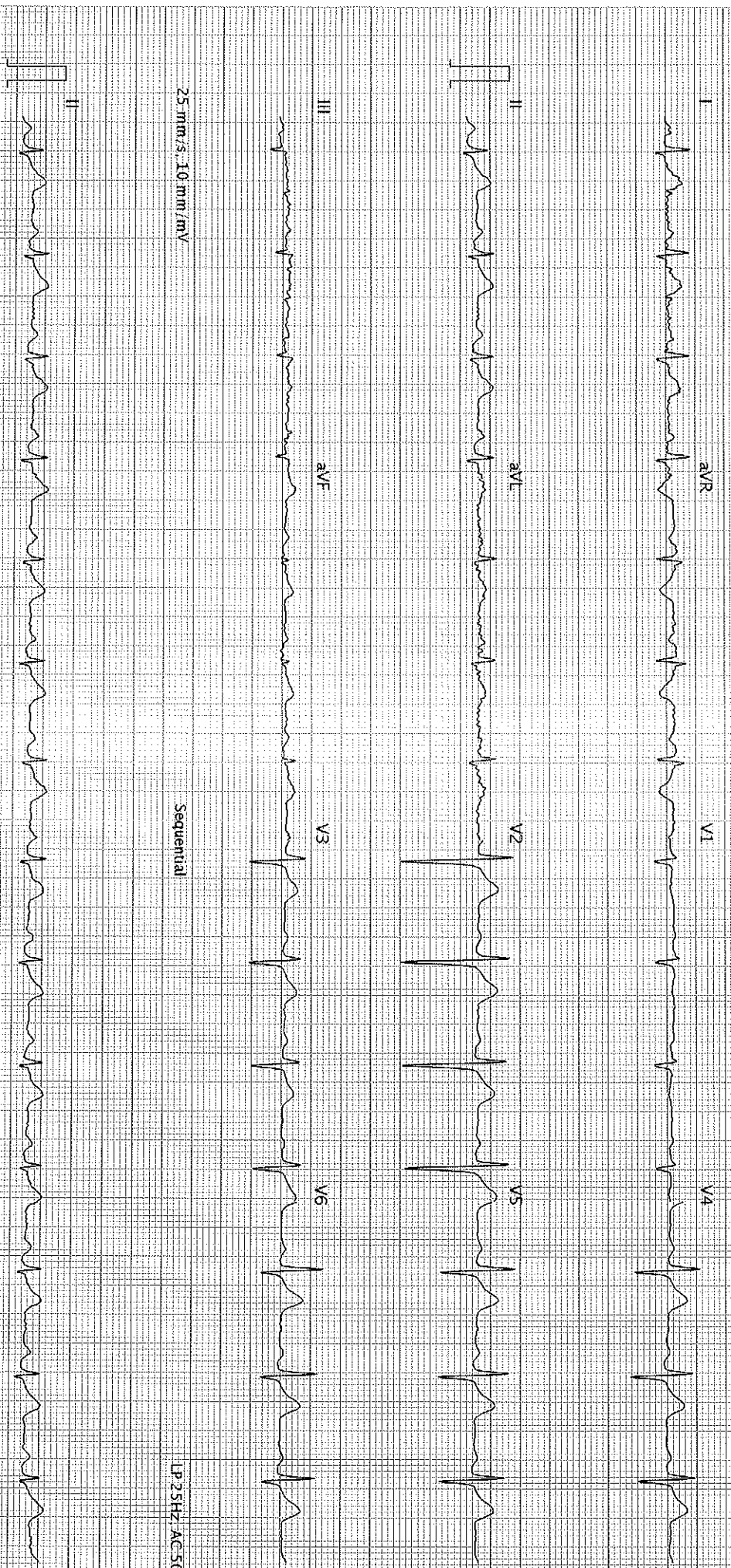
RR: 704 ms
P: 99 ms
PR: 170 ms

Unconfirmed report

Pacemaker: Unknown

P axis: 44°
QRS axis: 30°
T axis: 36°
QTc: 414 ms

Remark:



25 mm/s, 10 mm/mV

Sequential

LP 25Hz, AC 50Hz

25 mm/s, 10 mm/mV

LP 25Hz, AC 50Hz

AT-102-G2-12-0 (1080-011030)

BHAJAL AMIN GENERAL HOSPITAL - Printed on 10/04/2024 13:26:56

Page 1 of 1

SCHILLER

Part No.2.157048M € 0123

S.BD

BHAILAL AMIN GENERAL HOSPITAL
BHAILAL AMIN MARG,
VADODARA-3, PH-(0265) 3956222

Station
Telephone: 0265-3956222,3956024.

EXERCISE STRESS TEST REPORT

Patient Name: SAKET KUMAR,
Patient ID: 2904
Height: 171 cm
Weight: 73 kg

DOB: 15.10.1982
Age: 41 yrs
Gender: Male
Race: Indian

Study Date: 10.04 2024
Test Type: Treadmill Stress Test
Protocol: BRUCE

Referring Physician: ARCOFEMI HEALTHCARE
Attending Physician: DR. KILLOL KANERIA
Technician: POOJA GUPTA

Medications:

Medical History:

Reason for Exercise Test:
Screening for CAD

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	01:22	0.00	0.00	83	150/94	
	HYPERV.	00:01	0.00	0.00	82		
	WARM UP	00:07	1.00	0.00	80		
EXERCISE	STAGE 1	03:00	1.70	10.00	112	150/94	
	STAGE 2	03:00	2.50	12.00	136	160/100	
	STAGE 3	03:00	3.40	14.00	160	170/100	
	STAGE 4	00:07	4.20	16.00	162		
RECOVERY		03:37	0.00	0.00	114	130/80	

The patient exercised according to the BRUCE for 9:07 min:s, achieving a work level of Max. METS: 10.40. The resting heart rate of 90 bpm rose to a maximal heart rate of 166 bpm. This value represents 92 % of the maximal, age-predicted heart rate. The resting blood pressure of 150/94 mmHg, rose to a maximum blood pressure of 180/100 mmHg. The exercise test was stopped due to Target heart rate achieved.

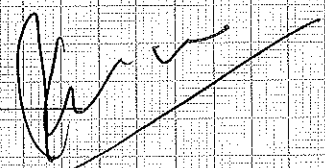
Interpretation

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.

Conclusions

Good effort tolerance, Normal HR and BP response, No ANGINA & ARRYTHMIAS noted during test, No significant ST-T changes noted during peak exercise and recovery, Stress test is NEGATIVE for inducible myocardial ischemia

CONFIRMED BY : DR. KILLOL KANERIA



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2