


Patient ID	: P23000075850		Lab Id No	: TNDC011263
PATIENT NAME	: Mr. VIVEK BAKHAL		Registered On	: 22/3/2023 5:29:51PM
AGE	: 33 Y Gender : MALE		Collected On	: 22/3/2023 5:47:46PM
Referred By	: NDC SEAWOODS		Authorised On	: 22/3/2023 7:37:41PM
Ward	: Other		Printed On	: 23/3/2023 1:37:06AM
UID	:	Report Status	: FINAL	

Biochemistry

Test Name	Value	Unit	Biological Ref Range
 GLYCOSYLATED HAEMOGLOBIN	5.9	%	Normal : <5.7 % Prediabetic: 5.7% to 6.4% Diabetic : 6.5% or Higher
Method-HPLC			
Estimated Average Glucose	122.6	mg/dL	

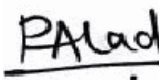
Interpretation & Remark:

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$
- Interference of Haemoglobinopathies in HbA1c estimation.
 - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - Heterozygous state detected (D10/ Tosho G8 is corrected for HbS and HbC trait).
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control.

Excellent Control - 6 to 7 %,
Fair to Good Control - 7 to 8 %,
Unsatisfactory Control - 8 to 10 %



BHAVANA MORE
Verified By


Dr Priyanka Lad
MD, Consultant Pathologist
Reg.No 2015/05/2476

Patient ID	: P23000075672		Lab Id No	: NDC015963
PATIENT NAME	: Mr. VIVEK BAKHAL		Registered On	: 22/3/2023 8:52:02AM
AGE	: 33 Y Gender : MALE		Collected On	:
Reffered By	: BANK OF BARODA		Authorised On	: 22/3/2023 7:15:13PM
Ward	: Other		Printed On	: 22/3/2023 11:59:58PM
UID	:	Report Status	: FINAL	

Biochemistry

BANK OF BARODA HEALTH CHECK UP (MALE)

Test Name	Value	Unit	Biological Ref Range
LIVER FUNCTION TEST			
SGOT,serum Method-IFCC Kinetic	25.07	U/L	0-45
SGPT,serum Method-IFCC Kinetic	51.91	U/L	0 - 45
Bilirubin (Total)serum Method-Diazo end Point	0.59	mg/dL	0.1 - 1.2
Bilirubin (Direct),serum Method-Diazo	0.17	mg/dL	0 - 0.3
Bilirubin (Indirect),serum Serum, Calculated	0.42	mg/dL	0.10-1.0
Alk. Phosphatase,serum Method-IFCC Kinetic	89.39	U/L	41-137
Total Protein,serum Method-Biuret end Point	6.73	g/dl	6-8.3
Albumin, Serum Method-Bromocresol Green (BCG)	4.53	g/dL	3.2 - 5
Globulin,serum	2.20	g/dl	2.3-3.5
A/G Ratio	2.06		1-2
GAMMA Glutamyl Transpeptidase, Method-IFCC Std	43.1	U/L	0 - 50



Pallavi

Verified By

DR PALLAVI SAXENA
M.D (PATH)
CONSULTANT PATHOLOGIST



Patient ID : P23000075672		Lab Id No : NDC015963
PATIENT NAME : Mr. VIVEK BAKHAL		Registered On : 22/3/2023 8:52:02AM
AGE : 33 Y Gender : MALE		Collected On :
Reffered By : BANK OF BARODA		Authorised On : 22/3/2023 7:15:16PM
Ward : Other		Printed On : 22/3/2023 11:59:58PM
UID :		Report Status : FINAL

Biochemistry

BANK OF BARODA HEALTH CHECK UP (MALE)

Test Name	Value	Unit	Biological Ref Range
LIPID PROFILE			
Triglycerides	154.71	mg/dL	Desirable : < 200 Borderline : 200-400 Elevated : > 400
Method- GPO Trinder's End Point			
Total Cholesterol	152.39	mg/dL	Desirable <200 Borderline High Risk 200-240 High risk >240
Method-Trinder's End Point			
HDL CHOLESTROL,SERUM	31.70	mg/dL	30 - 60
Method- Direct			
LDL CHOLESTEROL,serum	89.75	mg/dL	Desirable :<= 130.9 Borderline :131-159.9 High : >160
calculated			
VLDL CHOLESTROL,serum	30.94	mg/dL	0-30
METHOD : Calculated			
LDL/HDL Ratio	2.83	Ratio	
Calculated			
T Chol /HDL Ratio	4.81	Ratio	
Calculated			



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Patient ID	: P23000075672		Lab Id No	: NDC015963
PATIENT NAME	: Mr. VIVEK BAKHAL		Registered On	: 22/3/2023 8:52:02AM
AGE	: 33 Y Gender : MALE		Collected On	:
Reffered By	: BANK OF BARODA		Authorised On	: 22/3/2023 7:15:18PM
Ward	: Other		Printed On	: 22/3/2023 11:59:58PM
UID	:	Report Status	: FINAL	

Biochemistry

BANK OF BARODA HEALTH CHECK UP (MALE)

Test Name	Value	Unit	Biological Ref Range
 CREATININE, SERUM Serum, Enzymatic	1.04	mg/dL	0.6 - 1.4
INTERPRETATION: The concentration of creatinine in plasma of a healthy individual is fairly constant, independent from water intake, exercise and rate of urine production. Therefore, increased plasma creatinine values always indicate decreased excretion, i.e. impaired kidney function.			
Uric Acid, Serum Method- Uricase - Trinder End Point	6.06	mg/dL	3.6-7.2
Blood Urea,serum Method - Urease-GLDH Fixed Time	15.89	mg/dL	13 - 45
BUN,serum Method:BUN calculated	7.43	mg/dL	4-21
FASTING BLOOD GLUCOSE			
Blood Sugar Fasting, Plasma GOD-POD Trinder's Method ,End Point	97.96	mg /dL	0-100 mg/dl
Urine sugar	Absent		
Urine Ketones	Absent		
Blood Sugar (PP),plasma GOD-POD Trinder'Method, End point	113.38	mg/dL	120 - 140
Urine Sugar.	Absent		
Urine Ketones. GLUCOSE OXIDASE-PEROXIDASE (GOD/POD)	Absent		

Pallavi

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CONSULTANT PATHOLOGIST

Patient ID	: P23000075672		Lab Id No	: NDC015963
PATIENT NAME	: Mr. VIVEK BAKHAL		Registered On	: 22/3/2023 8:52:02AM
AGE	: 33 Y Gender : MALE		Collected On	:
Reffered By	: BANK OF BARODA		Authorised On	: 22/3/2023 7:43:08PM
Ward	: Other		Printed On	: 22/3/2023 11:59:58PM
UID	:		Report Status	: FINAL

Clinical Pathology

BANK OF BARODA HEALTH CHECK UP (MALE)

Test Name	Value	Unit	Biological Ref Range
URINE ROUTINE			
Quantity	20		
Color	Colourless		
Appearance	Clear		
Deposit	Absent		
pH	Acidic		4.7-7.5
Specific Gravity	1.000		
METHOD : Bromthymol blue			
CHEMICAL EXAMINATION			
Urine sugar	Absent		
Proteins	Absent		
Ketones	Absent		
Blood	Absent		
Bile Pigments	Absent		
Bile Salts	Absent		
Urobilinogen	Absent		
MICROSCOPIC EXAMINATION OF CENTRIFUGALISED DEPOSIT			
Pus Cells	Pr. 1 - 2		
Epithelial Cells	Pr. 1 - 2		
Red Blood Cells	Absent		
Casts	Absent		
Crystals	Absent		
Amorphous Materials	Absent		
Bacteria	Absent		
Yeasts	Absent		

HEMA BADE
Verified By


DR PALLAVI SAXENA
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CONSULTANT PATHOLOGIST

Patient ID : P23000075672		Lab Id No : NDC015963
PATIENT NAME : Mr. VIVEK BAKHAL		Registered On : 22/3/2023 8:52:02AM
AGE : 33 Y Gender : MALE		Collected On :
Reffered By : BANK OF BARODA		Authorised On : 22/3/2023 3:57:49PM
Ward : Other		Printed On : 22/3/2023 11:59:58PM
UID :		Report Status : FINAL

Haematology

BANK OF BARODA HEALTH CHECK UP (MALE)

Test Name	Value	Unit	Biological Ref Range
COMPLETE BLOOD COUNT WITH ESR (COMPLETE BLOOD COUNT WITH ESR)			
Haemoglobin (Hb) Method - Cyanmethemoglobin	14.3	gm/dL	13-17
RBC Count EDTA, Dc detection method	5.08	mill/cumm	4.5-5.5
PCV EDTA, Calculated	46.90	%	40-50
MCV EDTA Calculated	92.32	fL	81-96
MCH EDTA ,Calculated	28.15	pg	27.0-32.0
MCHC EDTA ,Calculated	30.49	g/dl	31-36
RDW EDTA ,Calculated	13.7	%	11.6 -14.0
Total Leucocytes count EDTA, Dc detection method	7100	cells/cumm	4000 - 10000
DIFFERENTIAL COUNT			
Neutrophils Manual stained, smear Microscopy	60.00	%	40-80
Lymphocytes manual stained smear microscopy	30.00	%	20-40
Monocytes Manual stained smear microscopy	5.00	%	2-10
Eosinophils manual stained smear microscopy	5.00	%	1-6
Basophils manual stained smear microscopy	0.00	%	0-2



Pallavi

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M.D (PATH)
CONSULTANT PATHOLOGIST



Patient ID	: P23000075672		Lab Id No	: NDC015963
PATIENT NAME	: Mr. VIVEK BAKHAL		Registered On	: 22/3/2023 8:52:02AM
AGE	: 33 Y Gender : MALE		Collected On	:
Reffered By	: BANK OF BARODA		Authorised On	: 22/3/2023 3:57:49PM
Ward	: Other		Printed On	: 22/3/2023 11:59:58PM
UID	:	Report Status	: FINAL	

Haematology

BANK OF BARODA HEALTH CHECK UP (MALE)

Test Name	Value	Unit	Biological Ref Range
 Platelet Count EDTA, Dc detecton method	276	thou/mm3	150 - 410
Abnormalities of RBC	Normocytic Normochromic		
Abnormalities of WBC	Normal		
Platelet On Smear	Adequate on smear		
ESR Westergren Method	05	mm/hr	0-20

1) It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease.

Changes are more significant than a single abnormal test..

2) It it a prognostic test and used to monitor the course or response to treatment of disease like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica..

3) It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.



Pallavi

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DR PALLAVI SAXENA
M.D (PATH)
CONSULTANT PATHOLOGIST



Patient ID	: P23000075672		Lab Id No	: NDC015963
PATIENT NAME	: Mr. VIVEK BAKHAL		Registered On	: 22/3/2023 8:52:02AM
AGE	: 33 Y Gender : MALE		Collected On	:
Referred By	: BANK OF BARODA		Authorised On	: 22/3/2023 3:58:02PM
Ward	: Other		Printed On	: 22/3/2023 11:59:58PM
UID	:		Report Status	: FINAL

Haematology

BANK OF BARODA HEALTH CHECK UP (MALE)

Test Name	Value	Unit	Biological Ref Range
BLOOD GROUP			
ABO Group	B		
RhD Typing	Positive		

Pallavi

Verified By

DR PALLAVI SAXENA
M.D (PATH)
CONSULTANT PATHOLOGIST



NDC DIAGNOSTIC CENTRE

2nd Floor, Neurogen Brain & Spine Institute, Plot No. 19, Sector 40,
Opp. Rail Vihar, Seawood (West), Navi Mumbai - 400 706
T : 022 27725661 | 7718802447 / 7718802436
Email : ndc.seawood@gmail.com • www.ndcdiagnostic.com

Patient ID:-	138472	Regn No:-	NDC015963
Patient Name:-	Mr. VIVEK BAKHAL	Reg. On:-	22/03/2023 08:52:02
Age/Gender:-	33 Yrs / Male	Rep. On :-	22/03/2023 14:29:08
Referred By:-	BANK OF BARODA		

X-RAY CHEST PA VIEW


OBSERVATION:

Bilateral lung fields are clear.
The trachea is central.
Cardiac shadow appears normal.
Aorta appears normal.
The mediastinal and cardiac silhouette are normal.
Bilateral Cardiophrenic and costophrenic angles are normal.
Both hila are normal.
Soft tissues of the chest wall are normal.
Bony thorax is normal.

IMPRESSION:

- **No significant abnormality seen.**

Checked By
JAYESH GURAV


DR.SANJAY MHATRE
D.M.R.D
REG.NO 87560
(CONSULTANT RADIOLOGIST & SONOLOGIST)

MEDICAL EXAMINATION REPORT

Date: 22/3/23

Name: Vivek Bakhal		Employee ID:
Age: 33 years	Gender: male	NDC Sr. No.
Height (in cms): 166.5	Weight (in Kgs): 53.2	Pulse (per min): 72/m
Blood Pressure: 130/90 mm Hg	BMI:	R R (per min): 14/m

Present complaints: No present complaint

K/C/O - DM/HTN/IHD/T. B. /Hypothyroidism

Personal History: - Vegetarian / Non-vegetarian / Smoker / Non-smoker / Alcoholic / Non-Alcoholic / TobaccoPast History: - Medical illness NAD

- Surgical illness 2016 - piles

Family History: Father - HTN / DM / IHD
Mother - HTN / DM / IHD HypothyroidismHistory of Allergies: NADHistory of Medication: NADGeneral conditions Good

Conjunctiva -

Tongue-

Lymph nodes-

Varicose veins-

Sclera-

Skin-

Oedema-

Joints -

Systemic Examination:

PA -

RS-

CVS -

CNS -

REMARKS:

Dr. Sneha Ravirao
MBBS.
Reg. No. 2014/02/0458

NDC DIAGNOSTIC CENTRE
2nd Floor, Plot No. 19, Sector - 40,
Opp. Rail Vihar, Seawoods (W),
Navi Mumbai - 400 706.

NDC DIAGNOSTIC CENTRE ECG report

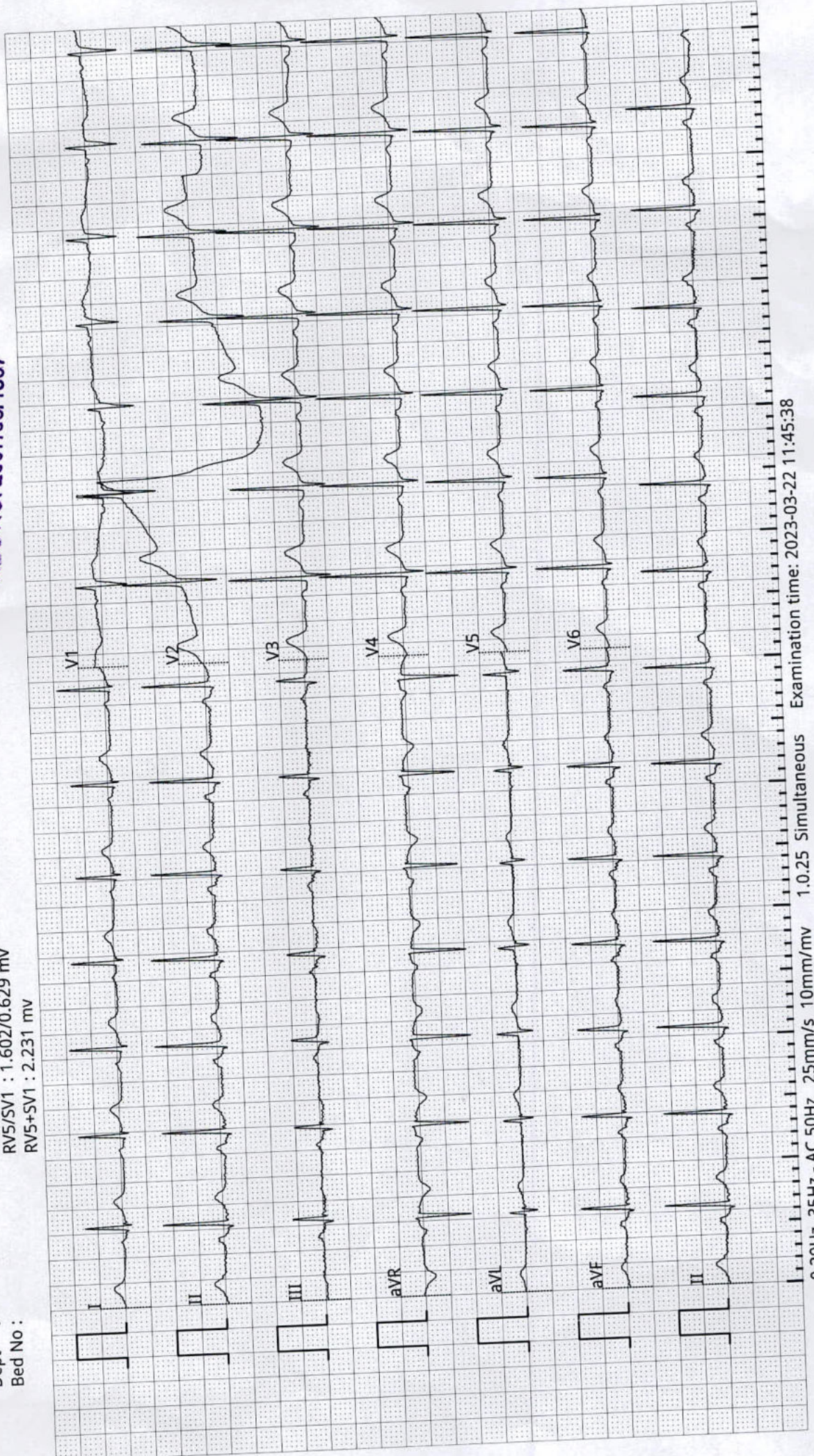
Reporting time : 2023-03-22 13:04:23
Confirm and sign:

DR. NILIMA PAWAR
M.B.B.S., D.N.B. (MEDICINE)
CONSULTANT PHYSICIAN AND
DIABETOLOGIST
REG NO. 2007/05/1307

Interpretations :

ID : 20230322114538
Name : VIVEK BAKHAL
Gender : M
Age : 33 Years
Dept :
Bed No :
HR : 82 bpm
PR : 144 ms
QRS : 78 ms
QT/QTc : 338/377 ms
P/QRS/T : 68/52/30 °
RV5/SV1 : 1.602/0.629 mv
RV5+SV1 : 2.231 mv

Normal



0.30Hz -35Hz - AC 50Hz 25mm/s 10mm/mv 1.0.25 Simultaneous Examination time: 2023-03-22 11:45:38



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TEST REPORT

2D ECHOCARDIOGRAPHY & COLOR DOPPLER STUDY

Name : Mr. VIVEK BAKHAL
Age / Sex : 33Y/M
Date of study : 22/03/2023
Ref Dr. Name : BANK OF BARODA

SUMMARY:-

- All cardiac chambers are normal in size.
- All cardiac valves are normal.
- No regional wall motion abnormality at rest.
- Good biventricular systolic function.
- LVEF - 60%
- Normal diastolic function present.
- No pulmonary arterial hypertension.
- No clot/vegetation/pericardial effusion.
- IVC is Normal.


Dr. RAKESH TIRMALE
DM (Cardiology), MD (Med),
FSCAI (USA), AFESC (EUROPE)
Consultant &
Interventional Cardiologist

NDC DIAGNOSTIC CENTRE
2nd Floor, Neurogen Brain & Spine Institute,
Plot No.19, Sector-40, Opp. Rail Vihar,
Seawood (W), Navi Mumbai - 400706

DR. RAKESH TIRMALE
DM (CARDIO), M.D. (MED), AFESC
REG NO. 2008/04/1352

IMPORTANT INSTRUCTIONS

- Test results released pertain to specimen submitted.
- All test results are dependent on the quality of sample received by the Laboratory.
- Laboratory investigation are only a tool to facilitate in arriving at diagnostic and should be clinically correlated by the Referring Physician.
- Sample repeats are accepted on request of Referring Physician within 7 days post reporting.
- Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted.
- Certain test may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting.
- Test results may show interlaboratory variations.
- Test results are not valid for medico legal purposes.

OUR BRANCHES

- **KHOPAT, THANE** : 104, Beauty Arcade, Opp. Pratap Cinema, Kolbad Road, Khopat, Thane (West) - 400 601.
Tel.: 022 - 25475661 / 71, 9004059481 Email: thane.appts@ndcdiagnostic.com **(NABL Accredited Lab)**
- **KASARVADAVLI, THANE** : 104, Puranik Capitol, Ghodbunder Road, Kasarvadavli, Thane (W) - 400615.
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- **RABODI - II, THANE** : Shop No. 1, Chandiwala Co. Hos. Soc., Dr. Ansari Road, Opp. Kokan Mercantile Bank, Rabodi II, Thane (W) - 400615. M.: 7718802444
- **SEAWOOD** : 2nd Floor, Neurogen Brain & Spine Institute, Plot No. 19, Sector 40, Opp. Rail Vihar, Seawood (W), Navi Mumbai - 400 706. T : 022 - 27725661 / 7718802447 / 7718802436 Email : seawoods.appts@ndcdiagnostic.com
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- **KALYAN** : Charms Star Building, Shop No. 10 & 11, 1st Floor, Above HDFC Bank, Bail Bazar, Kalyan (W). 421 301.
Tel.: 0251 - 2202377 / 2202388 M.: 7718802999 E-mail : kalyan.appts@ndcdiagnostic.com
- **NASHIK** : NDC Diagnostics LLP, Supphire Multi Speciality Hospital, Kanherewadi, Shalimar Kalidas Kala Mandir, Near Shree Saibaba Hospital, Nashik- 422001. Tel.: 0253 - 2993671 / 61 E-mail : nashik.appts@ndcdiagnostic.com

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TEST REPORT

2D Echo & M Mode:-

- All cardiac chambers are normal in size.
- NO concentric LV Hypertrophy present.
- All Cardiac valves are normal.
- No regional wall motion abnormality at rest.
- Normal LV/RV Contractility.
- No clots or vegetations or pericardial effusion.
- Pericardial Space and pericardium normal.

Color Flow & Doppler Study:-

Diastolic function:-

- Mitral E> A DT- 180 msec
- Pulmonary venous flow-Normal

CFM:-

- Flow across all valves-
- PASP by TR jet- 15 mmHg
- Aortic valve gradient (peak) - 8 mmHg

Measurements:-

Dimensions:

LA	: 30 mm
AO	: 20 mm
LVID (d)	: 41 mm
LVID(s)	: 24 mm
IVS (d)	: 10 mm
PW (d)	: 10 mm
RVID (d)	: 23 mm
LVEF	: 60%

IMPORTANT INSTRUCTIONS

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- All test results are dependent on the quality of sample received by the Laboratory.
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Tel.: 0251 - 2202377 / 2202388 M.: 7718802999 E-mail : kalyan.appts@ndcdiagnostic.com
- **NASHIK** : NDC Diagnostics LLP, Supphire Multi Speciality Hospital, Kanherewadi, Shalimar Kalidas Kala Mandir, Near Shree Saibaba Hospital, Nashik- 422001. Tel.: 0253 - 2993671 / 61 E-mail : nashik.appts@ndcdiagnostic.com

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NDC DIAGNOSTIC CENTRE PVT. LTD., THANE**

NDC DIAGNOSTIC CENTRE

Patient Details **Date:** 22-Mar-23 **Time:** 1:44:59 PM
Name: VIVEK BAKHAL ID: 670
Age: 33 y **Sex:** M **Height:** 166 cms **Weight:** 93 Kgs
Clinical History: NIL

Medications: NIL

Test Details

Protocol: Bruce **Pr.MHR:** 187 bpm **THR:** 158 (85 % of Pr.MHR) bpm
Total Exec. Time: 5 m 18 s **Max. HR:** 166 (89% of Pr.MHR)bpm **Max. Mets:** 7.00
Max. BP: 150 / 90 mmHg **Max. BP x HR:** 24900 mmHg/min **Min. BP x HR:** 8190 mmHg/min
Test Termination Criteria:

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	3 : 14	1.0	0	0	103	130 / 90	-5.94 V1	-5.66 I
Standing	0 : 3	1.0	0	0	96	130 / 90	-0.85 aVR	1.42 II
Hyperventilation	0 : 4	1.0	0	0	91	130 / 90	-0.85 aVR	1.77 V4
1	3 : 0	4.6	1.7	10	148	140 / 90	-1.49 III	2.83 II
Peak Ex	2 : 18	7.0	2.5	12	166	150 / 90	-2.12 II	5.31 II
Recovery(1)	1 : 0	1.8	1	0	139	150 / 90	-1.70 aVR	4.60 V3
Recovery(2)	1 : 0	1.0	0	0	121	140 / 90	-1.70 aVR	4.60 V3
Recovery(3)	1 : 0	1.0	0	0	117	140 / 90	-1.49 aVR	2.83 V3
Recovery(4)	0 : 5	1.0	0	0	112	140 / 90	-0.42 aVR	1.77 II

Interpretation

The patient exercised according to the Bruce protocol for 5 m 18 s achieving a work level of Max. METS : 7.00. Resting heart rate initially 103 bpm, rose to a max. heart rate of 166 (89% of Pr.MHR) bpm. Resting blood Pressure 130 / 90 mmHg, rose to a maximum blood pressure of 150 / 90 mmHg. TEST IS NEGATIVE

DR. NILIMA PAWAR
M.B.B.S., D.N.B. (MEDICINE)
CONSULTANT PHYSICIAN AND
DIABETOLOGIST
REG NO. 2007/05/1307



Ref. Doctor:
 (Summary Report edited by user)

Doctor: -----DR NILIMA PAWAR
 (c) Schiller Healthcare India Pvt. Ltd. V 4.7

NDC DIAGNOSTIC CENTRE

VIVEK BAKHAL (33 M)

ID: 670

Date: 22-Mar-23 Exec Time : 5 m 18 s Stage Time : 1 m 0 s HR: 117 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

B.P: 140 / 90

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

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

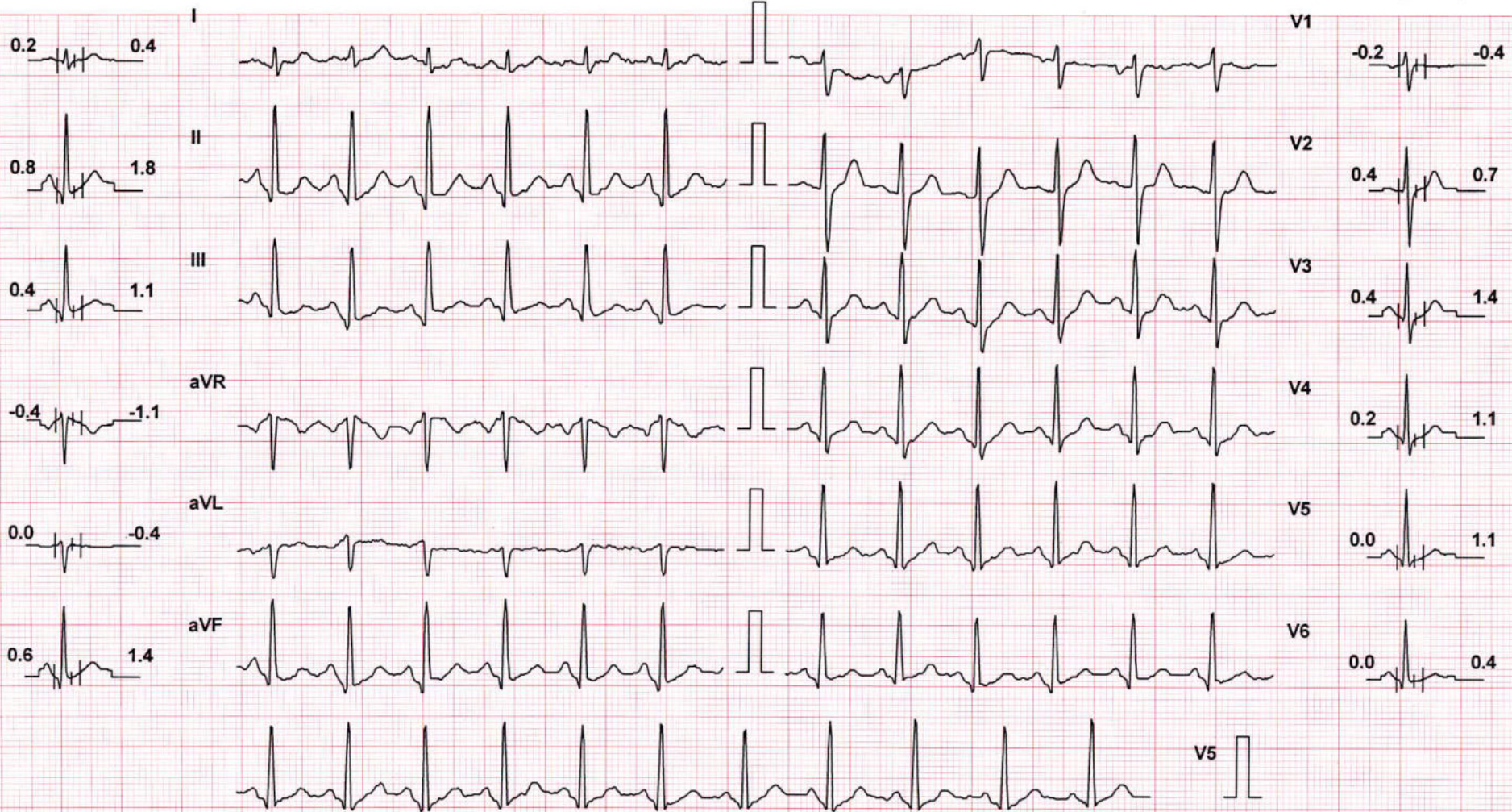


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

NDC DIAGNOSTIC CENTRE

VIVEK BAKHAL (33 M)

ID: 670

Date: 22-Mar-23

Exec Time : 5 m 18 s

Stage Time : 1 m 0 s

HR: 121 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

B.P: 140 / 90

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

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

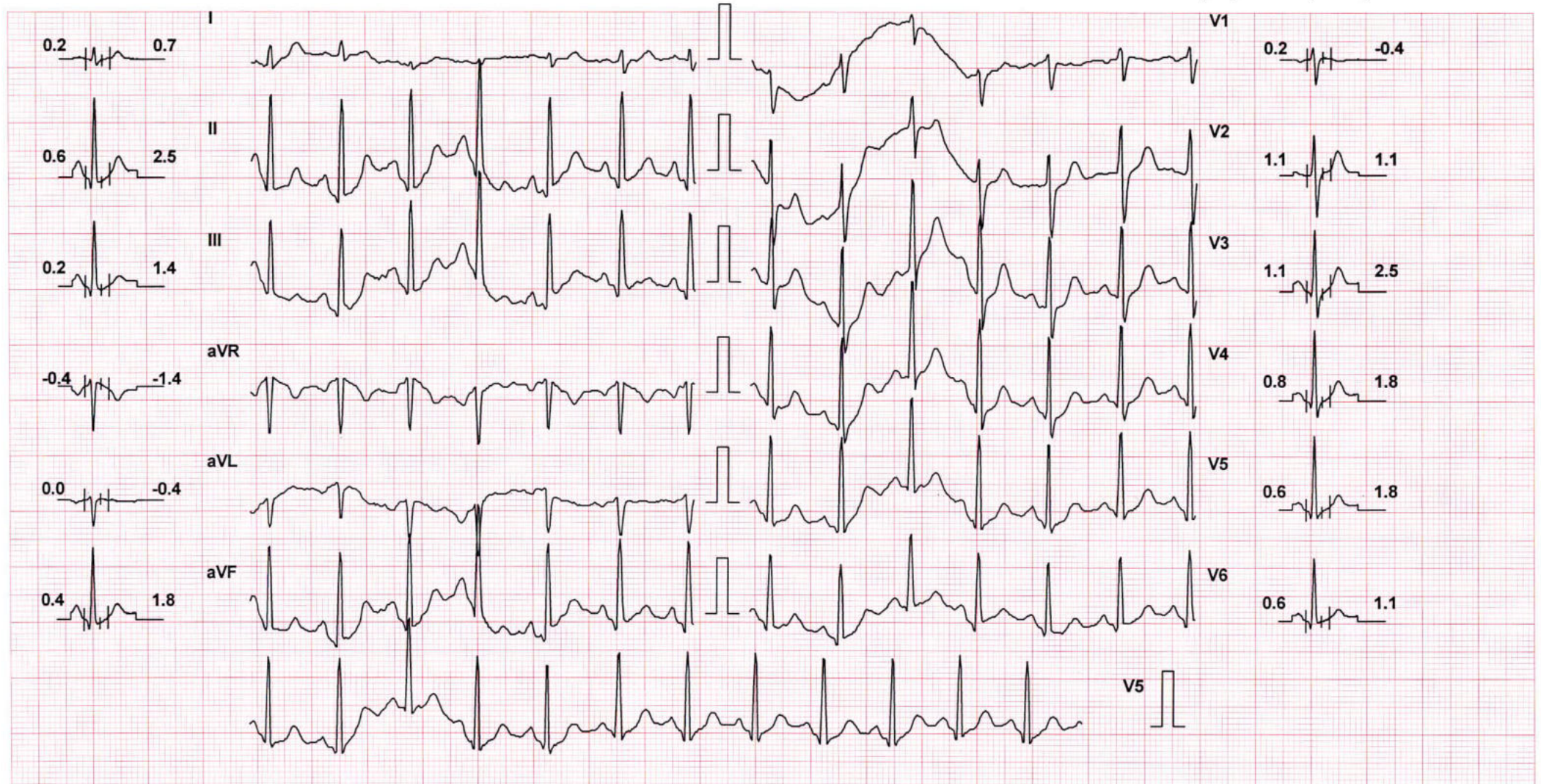


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

NDC DIAGNOSTIC CENTRE

VIVEK BAKHAL (33 M)

ID: 670

Date: 22-Mar-23

Exec Time : 5 m 18 s

Stage Time : 1 m 0 s

HR: 139 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

B.P: 150 / 90

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

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



Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

NDC DIAGNOSTIC CENTRE

VIVEK BAKHAL (33 M)

ID: 670

Date: 22-Mar-23 Exec Time : 5 m 18 s Stage Time : 2 m 18 s HR: 166 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 2.5 mph

Grade: 12 %

(THR: 158 bpm)

B.P: 150 / 90

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

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

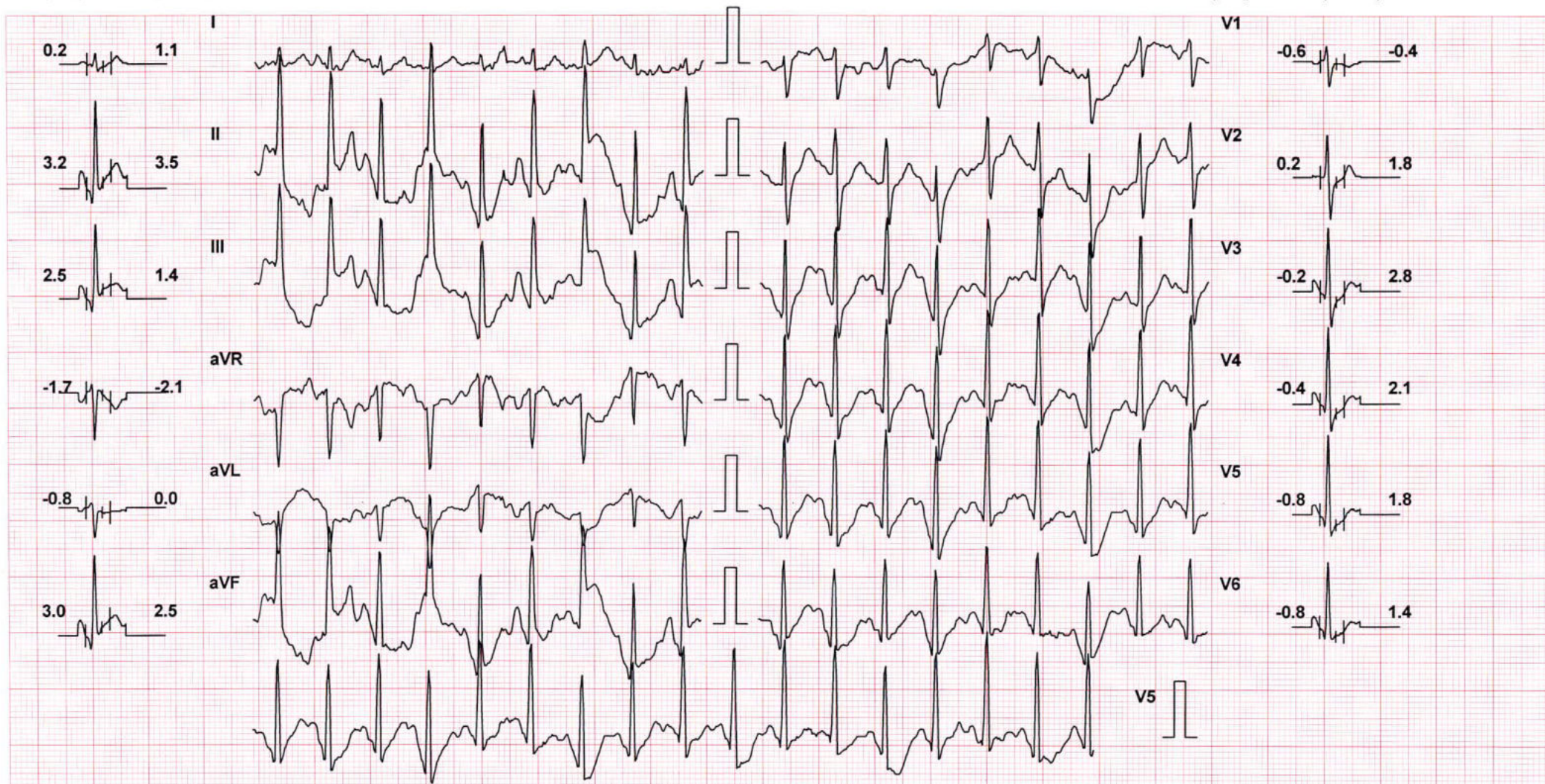


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

NDC DIAGNOSTIC CENTRE

VIVEK BAKHAL (33 M)

ID: 670

Date: 22-Mar-23

Exec Time : 3 m 0 s

Stage Time : 3 m 0 s

HR: 148 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 158 bpm)

B.P: 140 / 90

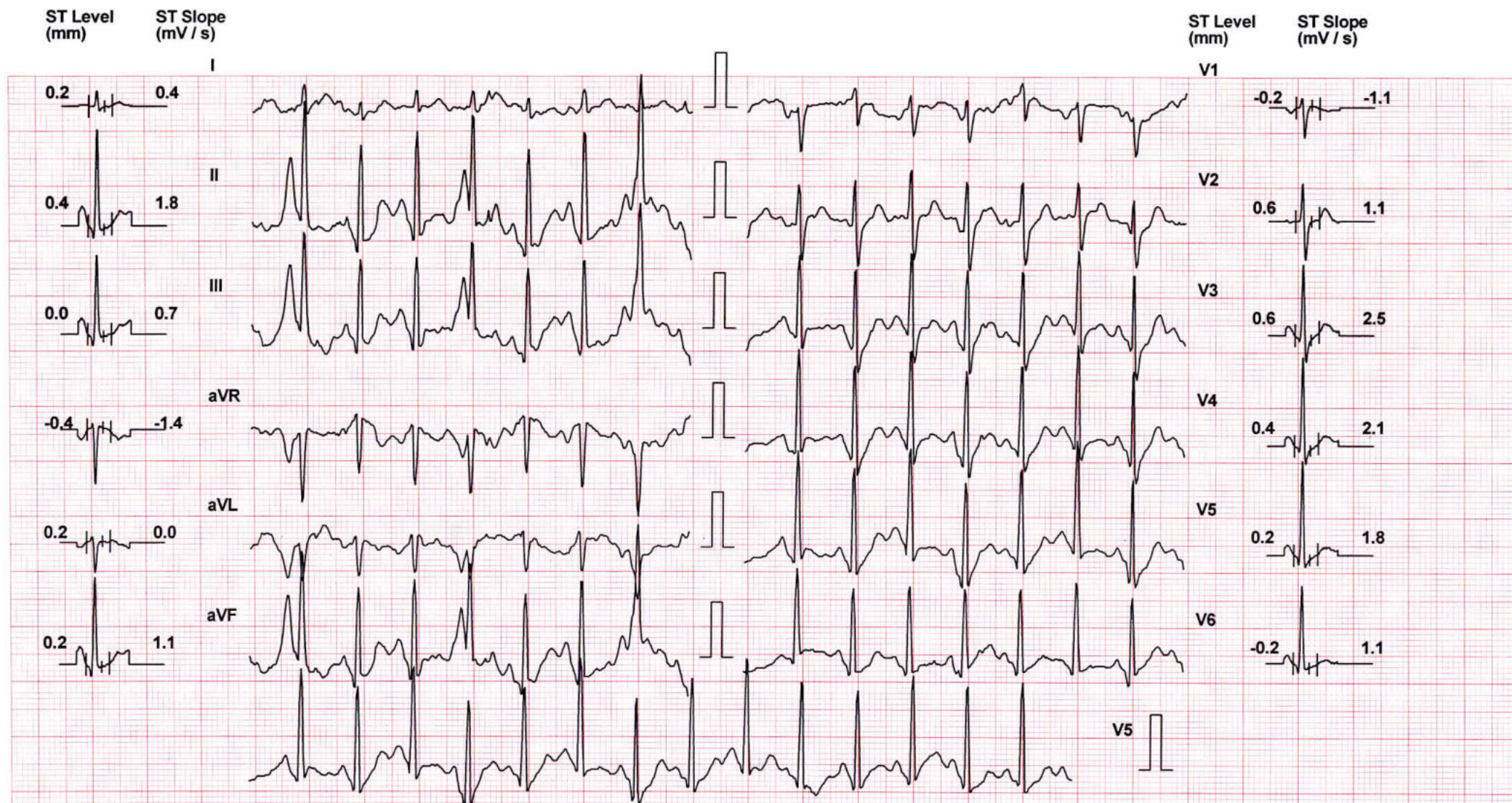


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

NDC DIAGNOSTIC CENTRE

VIVEK BAKHAL (33 M)

ID: 670

Date: 22-Mar-23

Exec Time : 0 m 0 s

Stage Time : 0 m 4 s

HR: 91 bpm

Protocol: Bruce

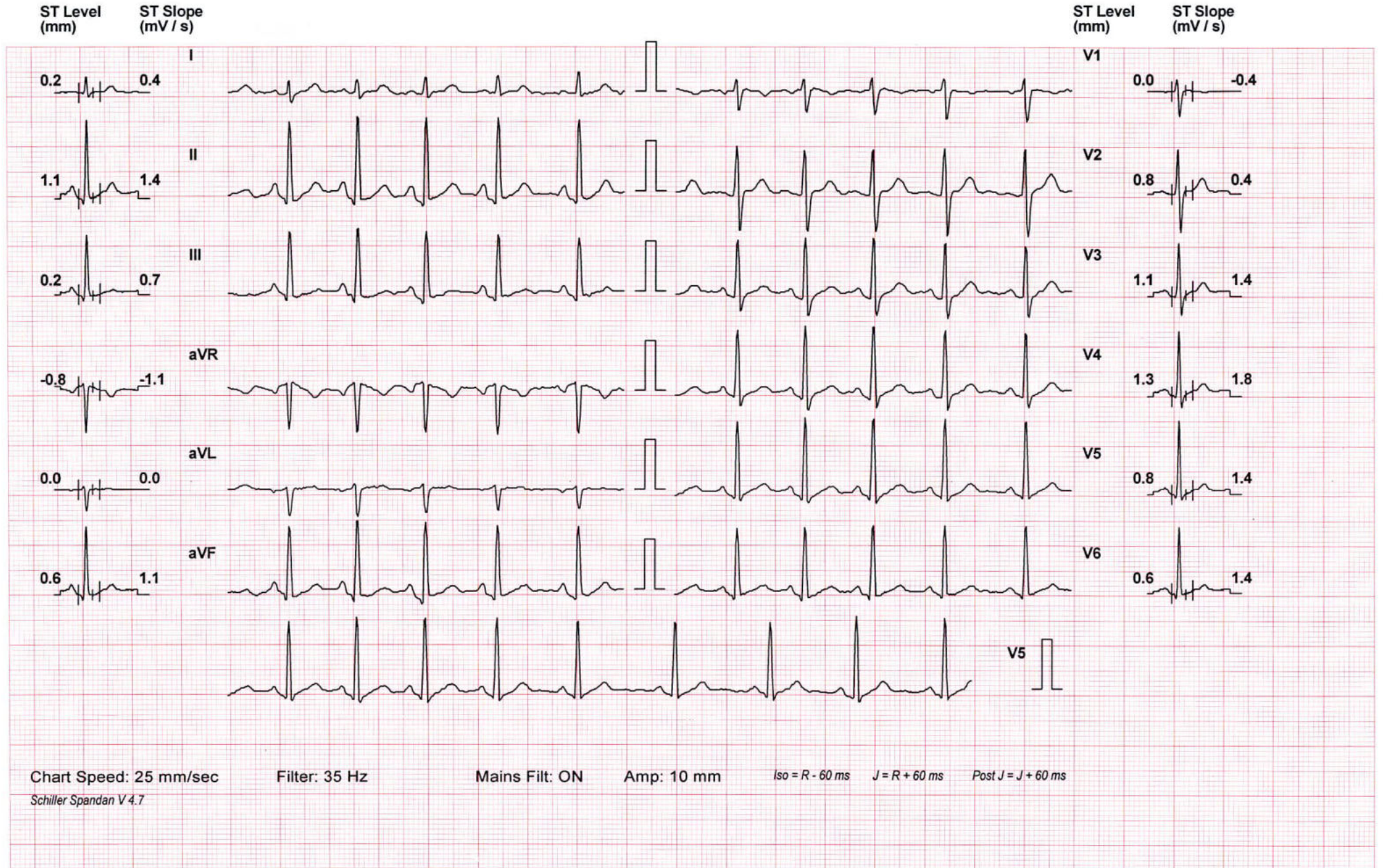
Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

B.P: 130 / 90



NDC DIAGNOSTIC CENTRE

VIVEK BAKHAL (33 M)

ID: 670

Date: 22-Mar-23

Exec Time : 0 m 0 s

Stage Time : 0 m 3 s

HR: 96 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

B.P: 130 / 90

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

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

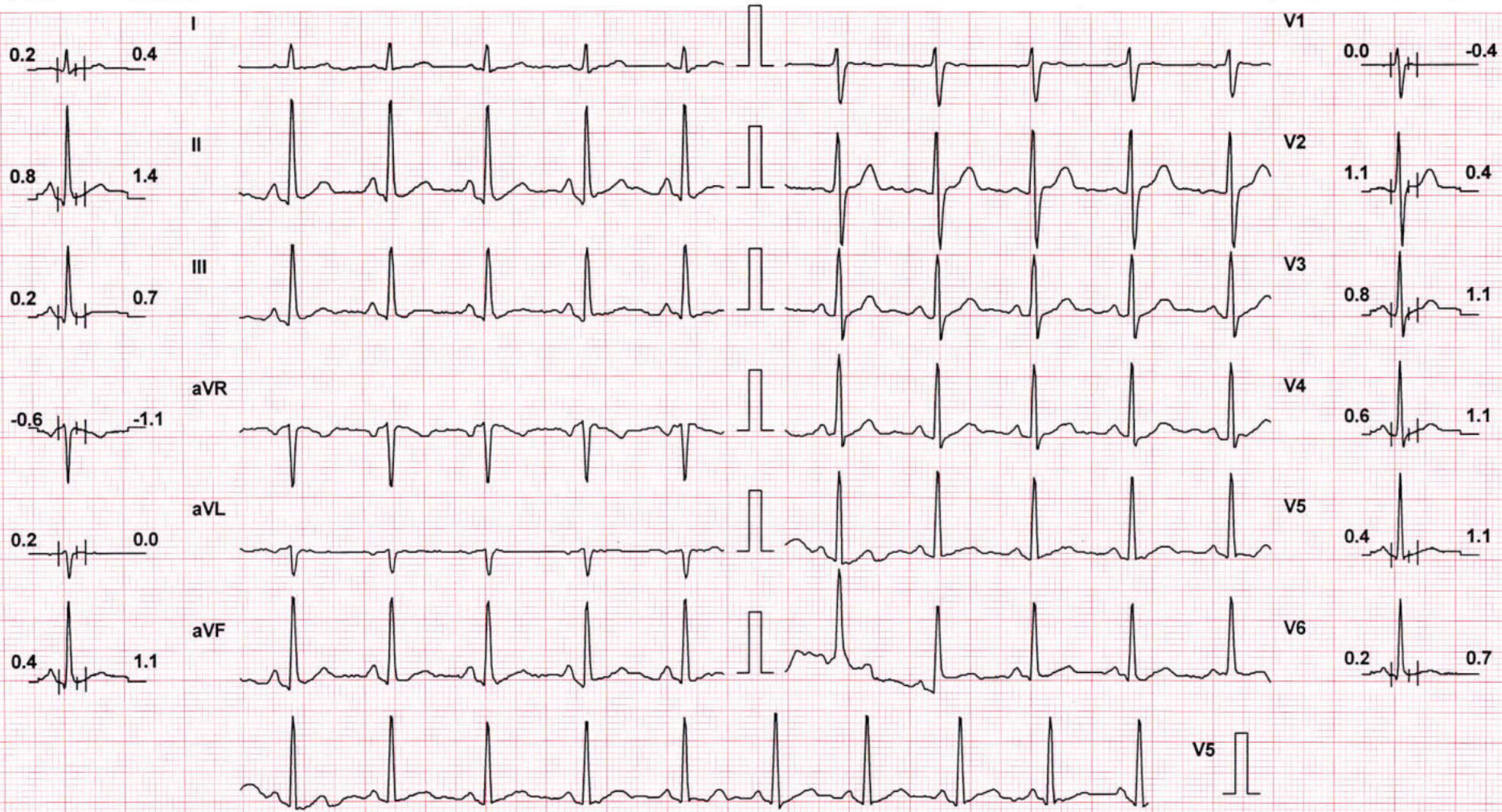


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

NDC DIAGNOSTIC CENTRE

VIVEK BAKHAL (33 M)

ID: 670

Date: 22-Mar-23

Exec Time : 0 m 0 s

Stage Time : 3 m 14 s HR: 103 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

B.P: 130 / 90

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

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

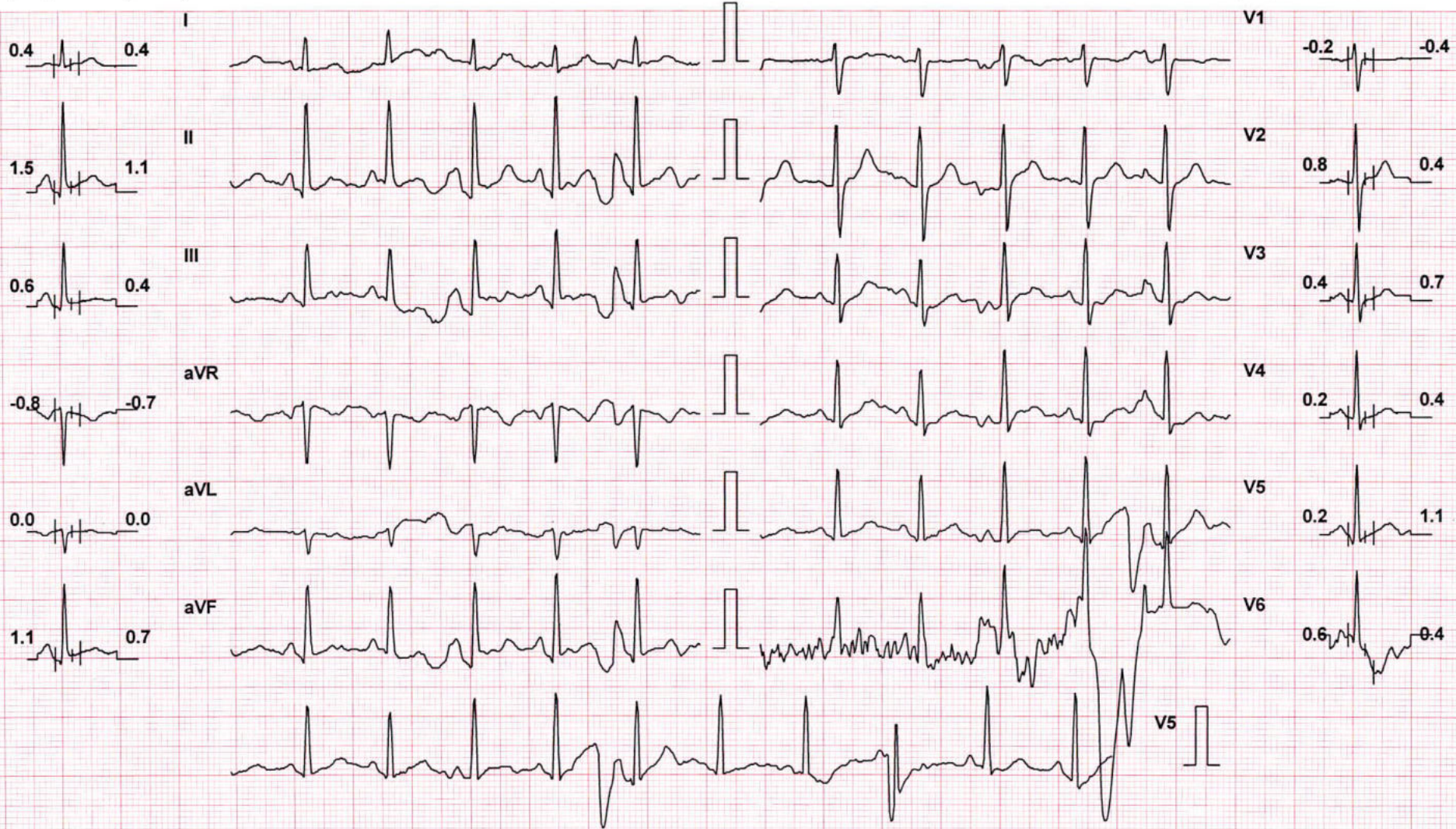


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

Patient ID:-	138472	Regn No:-	NDC015963
Patient Name:-	Mr. VIVEK BAKHAL	Reg. On:-	22/03/2023 08:52:02
Age/Gender:-	33 Yrs / Male	Rep. On :-	22/03/2023 13:03:04
Referred By:-	BANK OF BARODA		

USG WHOLE ABDOMEN

LIVER is normal in size , normal in shape and reveals raised echotexture. No evidence of any focal lesion. The portal vein appears normal & shows normal hepatopetal flow. No evidence of intra-hepatic biliary duct dilatation.

Gall Bladder appears well distended with normal wall thickness. There is no calculus or pericholecystic collection or free fluid noted. CBD appears normal.

Visualised parts of head & body of pancreas appear normal. PD is not dilated.

SPLEEN is normal in size and echotexture. No focal lesion seen. SV is normal.

Both kidneys are normal in size, shape and echotexture with normal parenchymal reflectivity and maintained cortico-medullary differentiation. No hydronephrosis or calculi or mass seen.

RIGHT KIDNEY measures 11.1 x 4.3 cm. LEFT KIDNEY measures 10.7 x 5.5 cm.

Urinary Bladder is adequately distended; no e/o wall thickening or mass or calculi seen.

PROSTATE is normal in size, shape & echotexture.

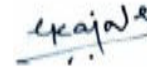
Visualised bowel loops appear normal. There is no free fluid seen.

IMPRESSION –

- **Fatty infiltration of liver.**
- **No other significant abnormality detected.**

THIS REPORT IS NOT TO BE USED FOR MEDICOLEGAL PURPOSE.THE CONTENTS OF THIS REPORT REQUIRE CLINICAL CO-RELATION BEFORE ANY APPLICATION.

Checked By
JAYESH GURAV



DR. GAURAV KAJALE
MBBS, DMRE
REG. NO. 2017/02/0307
Consultant Sonologist & Radiologist

Patient ID : P23000075831		Lab Id No : KNDC012056
PATIENT NAME : VIVEK BAKHAL		Registered On : 22/3/2023 5:04:31PM
AGE : 33 Y Gender : MALE		Collected On : 22/3/2023 5:31:14PM
Referred By : SELF		Authorised On : 22/3/2023 9:52:32PM
Ward : Other		Printed On : 23/3/2023 1:19:47AM
UID :		Report Status : FINAL

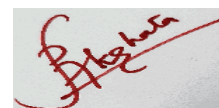
Immunology

Test Name	Value	Unit	Biological Ref Range
PROSTATE SPECIFIC ANTIGEN(PSA)			
TOTAL PSA	0.58	ng/mL	Normal:0.0 - 4.0 Borderline:4.0 - 10.0 High:> 10.0

Serum, CLIA

INTERPRETATION Prostate Specific Antigen (PSA), a member of the human kallikrein gene family, is a serine protease with chymotrypsin – like activity;produced in the glandular epithelium of the prostate & secreted in the seminal fluid. A major function of PSA is proteolytic cleavage of gel forming proteins in the seminal fluid resulting in liquefaction of seminal fluid and increased sperm mobility.PSA is found in blood as PSA - Immunocomplexed - Active form & Free PSA.High levels of PSA are associated with Prostatitis, Benign Prostatic Hyperplasia and Cancer of Prostate.Prostate Cancer an early detection requires a safe non-invasive blood test and DRE (Digital Rectal Examination).PSA testing has a significant value in detecting metastatic or persistent disease in patients following surgical or medical treatment of Prostate Cancer. Persistent elevation of PSA level is indicative of recurrent or residual disease.In patients with PSA values between (gray zone) 4-10 ng/mL. The ratio of FPSA/PSA is significant. FPSA levels are lower in patients having prostate cancer than those with benign disease or normal controls.USG of Prostate, Prostatic Massage and needle biopsy may cause clinically significant elevations of PSA. PSA levels may also be increased following ejaculation.Hence PSA value should be used in conjunction with information available from clinical evaluation and other diagnostic procedures such as DRE (Digital Rectal Examination).Heterophilic antibodies in human serum can react with reagent immunoglobulins,interfering with in vitro immunoassays. Patients routinely exposed to animals or to animal serum products can be prone to this interference and anomalous values may be observed. Factors affecting PSA,FPSA & P2PSA is increased in ejaculation,DRE,Bicycling,Prostatic Massage & Cystoscopy. Decreased in patients on bed rest. Effect is not known in case of exercise.

Siddhi Gosavi
Verified By



DR AKSHATA PARAB
MD DNB PATHOLOGY

