

# Dr. Goyal's

## Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur - 302019

Tele : 0141-2293346, 4049787, 9887049787

Website : www.drgoyalspathlab.com | E-mail : drgoyalpiyush@gmail.com

### General Physical Examination



Date of Examination: 31-07-2022

Name: Mr. Nitin Choudhary Age: 35 DOB: 17/07/1987 Sex: Male

Referred By: BOB

Identification Marks: \_\_\_\_\_

Photo ID: Adhaar ID #: attached.

Ht: 171 (cm) Wt: 71 (Kg)

Chest 99 (cm) Abdomen Circumference: 90 (cm)

Blood Pressure: 118/68 mm Hg PR: 70 / min RR: 17 / min Temp: Afebrile

Eye Examination: vision normal 6/6 R/G


normal Color vision


Other: not significant

On examination he/she appears physically and mentally fit:  Yes / No

Signature of Examinee: [Signature] Name of Examinee: \_\_\_\_\_

Signature Medical Examiner: \_\_\_\_\_ Name Medical Examiner: [Signature]  
Dr. Piyush Goyal  
M.B.B.S., D.M.R.D.  
RMC Reg. No. -017896

 भारत सरकार



नितिन चौधरी  
Nitin Choudhary  
जन्म तिथि/DOB: 17/07/1987  
पुरुष/ MALE

**8500 1533 1896**  
UID - 9194 0896 6833 9785

आधार, मेरी पहचान

*N. Choudhary*

*Dr. Piyush Goyal*  
*M.B.B.S., D.M.R.D.*  
*PMAC Reg. No. - 017996*

 भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:  
S/O जीतेन्द्र चौधरी, एस-६, कबीर मार्ग, सेसन कोर्ट, बनी  
पार्क, जयपुर, जयपुर,  
राजस्थान - 302016

Address :  
S/O Jitendra Chaudhary, S-6, KABIR  
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Date :- 31/07/2022 09:04:45  
**NAME :- Mr. NITIN CHOUDHARY**  
Sex / Age :- Male 35 Yrs 15 Days  
Company :- MediWheel

Patient ID :-12221554  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 31/07/2022 09:18:16

Final Authentication : 31/07/2022 11:40:26

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BOB PACKAGE BELOW 40MALE

**GLYCOSYLATED HEMOGLOBIN (HbA1C)** 5.4 %  
Method:- HPLC

Non-diabetic: < 5.7  
Pre-diabetics: 5.7-6.4  
Diabetics: = 6.5 or higher  
ADA Target: 7.0  
Action suggested: > 6.5

Instrument name: ARKRAY's ADAMS Lite HA 8380V, JAPAN.

#### Test Interpretation:

HbA1C is formed by the condensation of glucose with n-terminal valine residue of each beta chain of HbA to form an unstable schiff base. It is the major fraction, constituting approximately 80% of HbA1c. Formation of glycosylated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of the red blood cells (RBC) (120 days) and the blood glucose concentration. The GHb concentration represents the integrated values for glucose over the period of 6 to 8 weeks. GHb values are free of day to day glucose fluctuations and are unaffected by recent exercise or food ingestion. Concentration of plasma glucose concentration in GHb depends on the time interval, with more recent values providing a larger contribution than earlier values. The interpretation of GHb depends on RBC having a normal life span. Patients with hemolytic disease or other conditions with shortened RBC survival exhibit a substantial reduction of GHb. High GHb has been reported in iron deficiency anemia. GHb has been firmly established as an index of long term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. The absolute risk of retinopathy and nephropathy are directly proportional to the mean of HbA1C. Genetic variants (e.g. HbS trait, HbC trait), elevated HbF and chemically modified derivatives of hemoglobin can affect the accuracy of HbA1C measurements. The effects vary depending on the specific Hb variant or derivative and the specific HbA1C method.

Ref by ADA 2020

**MEAN PLASMA GLUCOSE** 108 mg/dL  
Method:- Calculated Parameter

Non Diabetic < 100 mg/dL  
Prediabetic 100- 125 mg/dL  
Diabetic 126 mg/dL or Higher

AJAYSINGH  
Technologist

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**Dr. Chandrika Gupta**  
MBBS, MD ( Path )  
RMC NO. 21021/008037

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Test Name	Value	Unit	Biological Ref Interval
<b>HAEMOGARAM</b>			
<b>HAEMOGLOBIN (Hb)</b>	14.7	g/dL	13.0 - 17.0
<b>TOTAL LEUCOCYTE COUNT</b>	6.18	/cumm	4.00 - 10.00
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	66.3	%	40.0 - 80.0
LYMPHOCYTE	27.9	%	20.0 - 40.0
EOSINOPHIL	2.7	%	1.0 - 6.0
MONOCYTE	2.9	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	4.10	10 <sup>3</sup> /uL	1.50 - 7.00
LYMPH#	1.73	10 <sup>3</sup> /uL	1.00 - 3.70
EO#	0.16	10 <sup>3</sup> /uL	0.00 - 0.40
MONO#	0.18	10 <sup>3</sup> /uL	0.00 - 0.70
BASO#	0.01	10 <sup>3</sup> /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	5.13	x10 <sup>6</sup> /uL	4.50 - 5.50
HEMATOCRIT (HCT)	42.90	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	83.5	fL	83.0 - 101.0
MEAN CORP HB (MCH)	28.7	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	34.4	g/dL	31.5 - 34.5
<b>PLATELET COUNT</b>	180	x10 <sup>3</sup> /uL	150 - 410
RDW-CV	13.5	%	11.6 - 14.0
MENTZER INDEX	16.28		

The Mentzer index is used to differentiate iron deficiency anemia from beta thalassemia trait. If a CBC indicates microcytic anemia, these are two of the most likely causes, making it necessary to distinguish between them.

If the quotient of the mean corpuscular volume divided by the red blood cell count is less than 13, thalassemia is more likely. If the result is greater than 13, then iron-deficiency anemia is more likely.

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Erythrocyte Sedimentation Rate (ESR)	22 H	mm/hr.	00 - 13
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**(ESR) Methodology** : Measurement of ESR by cells aggregation.

**Instrument Name** : Independent form Hematocrit value by Automated Analyzer (Roller-20)

**Interpretation** : ESR test is a non-specific indicator of inflammatory disease and abnormal protein states.

The test is used to detect, follow course of a certain disease (e.g-tuberculosis, rheumatic fever, myocardial infarction). Levels are higher in pregnancy due to hyperfibrinogenaemia.

The "3-figure ESR"  $\times > 100$  value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia or connective tissue disease.

**(CBC) Methodology** : FLC, DLC Fluorescent Flow cytometry, HB SLS method, TRBC, PCV, PLT Hydrodynamically focused Impedance and MCH, MCV, MCHC, MENTZER INDEX are calculated. **Instrument Name**: Sysmex 6 part fully automatic analyzer XN-L, Japan

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Sample Type :- PLAIN/SERUM

Sample Collected Time 31/07/2022 09:18:16

Final Authentication : 31/07/2022 12:36:11

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIPID PROFILE</b>			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	208.19 H	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	56.20	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
VLDL CHOLESTEROL Method:- Calculated	11.24	mg/dl	0.00 - 80.00

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Sample Type :- PLAIN/SERUM

Sample Collected Time 31/07/2022 09:18:16

Final Authentication : 31/07/2022 12:36:11

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	50.94	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	147.88	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	4.09		0.00 - 4.90
LDL / HDE CHOLESTEROL RATIO Method:- Calculated	2.90		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	546.24	mg/dl	400.00 - 1000.00
TOTAL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.			
TRIGLYCERIDES InstrumentName:Randox Rx Imola Interpretation : Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction.			
DIRECT HDLCHOLESTERO InstrumentName:Randox Rx Imola Interpretation: An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies. Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.			
DIRECT LDL-CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Accurate measurement of LDL-Cholesterol is of vital importance in therapies which focus on lipid reduction to prevent atherosclerosis or reduce its progress and to avoid plaque rupture.			
TOTAL LIPID AND VLDL ARE CALCULATED			

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Sample Type :- PLAIN/SERUM

Sample Collected Time 31/07/2022 09:18:16

Final Authentication : 31/07/2022 12:36:11

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIVER PROFILE WITH GGT</b>			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	1.29	mg/dl	Up to - 1.0 Cord blood <2 mg/dL Premature < 6 days <16mg/dL Full-term < 6 days= 12 mg/dL 1month - <12 months <2 mg/dL 1-19 years <1.5 mg/dL Adult - Up to - 1.2 Ref-(ACCP 2020)
SGOT Method:- IFCC	27.4	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	35.6	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	90.50	IU/L	30.00 - 120.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.48	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.85	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.63	gm/dl	2.20 - 3.50
A/G RATIO	1.84		1.30 - 2.50

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Sample Type :- PLAIN/SERUM

Sample Collected Time 31/07/2022 09:18:16

Final Authentication : 31/07/2022 13:43:59

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.46	mg/dL	Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.83	mg/dl	0.30-0.70
SERUM GAMMA GT Method:- IFCC	35.36	U/L	11.00 - 50.00

**Total Bilirubin** Methodology: Colorimetric method InstrumentName: Randox Rx Imola Interpretation: An increase in bilirubin concentration in the serum occurs in toxic or infectious diseases of the liver e.g. hepatitis B or obstruction of the bile duct and in rhesus incompatible babies. High levels of unconjugated bilirubin indicate that too much haemoglobin is being destroyed or that the liver is not actively treating the haemoglobin it is receiving.

**AST Aspartate Aminotransferase** Methodology: IFCC InstrumentName: Randox Rx Imola Interpretation: Elevated levels of AST can signal myocardial infarction, hepatic disease, muscular dystrophy and organ damage. Although heart muscle is found to have the most activity of the enzyme, significant activity has also been seen in the brain, liver, gastric mucosa, adipose tissue and kidneys of humans.

**ALT Alanine Aminotransferase** Methodology: IFCC InstrumentName: Randox Rx Imola Interpretation: The enzyme ALT has been found to be in highest concentrations in the liver, with decreasing concentrations found in kidney, heart, skeletal muscle, pancreas, spleen and lung tissue respectively. Elevated levels of the transaminases can indicate myocardial infarction, hepatic disease, muscular dystrophy and organ damage.

**Alkaline Phosphatase** Methodology: AMP Buffer InstrumentName: Randox Rx Imola Interpretation: Measurements of alkaline phosphatase are of use in the diagnosis, treatment and investigation of hepatobiliary disease and in bone disease associated with increased osteoblastic activity. Alkaline phosphatase is also used in the diagnosis of parathyroid and intestinal disease.

**TOTAL PROTEIN** Methodology: Biuret Reagent InstrumentName: Randox Rx Imola Interpretation: Measurements obtained by this method are used in the diagnosis and treatment of a variety of diseases involving the liver, kidney and bone marrow as well as other metabolic or nutritional disorders.

**ALBUMIN (ALB)** Methodology: Bromocresol Green InstrumentName: Randox Rx Imola Interpretation: Albumin measurements are used in the diagnosis and treatment of numerous diseases involving primarily the liver or kidneys. Globulin & A/G ratio is calculated.

**Instrument Name** Randox Rx Imola Interpretation: Elevations in GGT levels are seen earlier and more pronounced than those with other liver enzymes in cases of obstructive jaundice and metastatic neoplasms. It may reach 5 to 30 times normal levels in intra- or post-hepatic biliary obstruction. Only moderate elevations in the enzyme level (2 to 5 times normal) are observed with infectious hepatitis.

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Sample Type :- PLAIN/SERUM

Sample Collected Time 31/07/2022 09:18:16

Final Authentication : 31/07/2022 10:57:01

### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
<b>TOTAL THYROID PROFILE</b>			
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	1.810	$\mu\text{IU/mL}$	0.550 - 4.780

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Technologist

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### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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SERUM TOTAL T3  
Method:- Chemiluminescence(Competitive immunoassay)

1.330 ng/ml

0.970 - 1.690

SERUM TOTAL T4  
Method:- Chemiluminescence(Competitive immunoassay)

10.200 ug/dl

5.530 - 11.000

**Interpretation:** Triiodothyronine (T3) contributes to the maintenance of the euthyroid state. A decrease in T3 concentration of up to 50% occurs in a variety of clinical situations, including acute and chronic disease. Although T3 results alone cannot be used to diagnose hypothyroidism, T3 concentration may be more sensitive than thyroxine (T4) for hyperthyroidism. Consequently, the total T3 assay can be used in conjunction with other assays to aid in the differential diagnosis of thyroid disease. T3 concentrations may be altered in some conditions, such as pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, Free T3 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake, or T4 uptake can be used with the total T3 result to calculate the free T3 index and estimate the concentration of free T3.

**Interpretation:** The measurement of Total T4 aids in the differential diagnosis of thyroid disease. While >99.9% of T4 is protein-bound, primarily to thyroxine-binding globulin (TBG), it is the free fraction that is biologically active. In most patients, the total T4 concentration is a good indicator of thyroid status. T4 concentrations may be altered in some conditions, such as pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, free T4 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake may be used with the total T4 result to calculate the free T4 index (FT4I) and estimate the concentration of free T4. Some drugs and some nonthyroidal patient conditions are known to alter TT4 concentrations in vivo.

**Interpretation:** TSH stimulates the production of thyroxine (T4) and triiodothyronine (T3) by the thyroid gland. The diagnosis of overt hypothyroidism by the finding of a low total T4 or free T4 concentration is readily confirmed by a raised TSH concentration. Measurement of low or undetectable TSH concentrations may assist the diagnosis of hyperthyroidism, where concentrations of T4 and T3 are elevated and TSH secretion is suppressed. These have the advantage of discriminating between the concentrations of TSH observed in thyrotoxicosis, compared with the low, but detectable, concentrations that occur in subclinical hyperthyroidism. The performance of this assay has not been established for neonatal specimens. Some drugs and some nonthyroidal patient conditions are known to alter TSH concentrations in vivo.

### INTERPRETATION

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL (As per American Thyroid Association)
1st Trimester	0.10-2.50
2nd Trimester	0.20-3.00
3rd Trimester	0.30-3.00

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Technologist

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Sample Type :- URINE

Sample Collected Time 31/07/2022 09:18:16

Final Authentication : 31/07/2022 10:25:35

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Urine Routine</b>			
<b><u>MICROSCOPY EXAMINATION</u></b>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	1-2	/HPF	2-3
CRYSTALS/HPF	ABSENT		ABSENT
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL	ABSENT		ABSENT
OTHER	ABSENT		ABSENT

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### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b><u>PHYSICAL EXAMINATION</u></b>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<b><u>CHEMICAL EXAMINATION</u></b>			
REACTION(PH)	5.5		5.0 - 7.5
SPECIFIC GRAVITY	1.010		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE

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# Dr. Goyal's

## Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur - 302019  
Tele : 0141-2293346, 4049787, 9887049787  
Website : www.drgoyalspathlab.com | E-mail : drgoyalpiyush@gmail.com



Date :- 31/07/2022 09:04:45  
**NAME :- Mr. NITIN CHOUDHARY**  
Sex / Age :- Male 35 Yrs 15 Days  
Company :- MediWheel

Patient ID :- 12221554  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- STOOL

Sample Collected Time 31/07/2022 09:18:16

Final Authentication : 31/07/2022 10:25:35

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>STOOL ANALYSIS</b>			
<b>PHYSICAL EXAMINATION</b>			
MUCUS			
BLOOD			
<b>MICROSCOPIC EXAMINATION</b>			
RBC's		/HPF	
WBC/HPF		/HPF	
OVA			
CYSTS			
OTHERS			
Collected Sample Received			

POOJABOHRA  
Technologist

Page No: 12 of 16



**Dr. Chandrika Gupta**  
MBBS.MD ( Path )  
RMC NO. 21021/008037



# Dr. Goyal's

## Path Lab & Imaging Centre

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Tele : 0141-2293346, 4049787, 9887049787  
Website : www.drgoyalpathlab.com | E-mail : drgoyalpiyush@gmail.com



Date :- 31/07/2022 09:04:45  
**NAME :- Mr. NITIN CHOUDHARY**  
Sex / Age :- Male 35 Yrs 15 Days  
Company :- MediWheel

Patient ID :-12221554  
Ref. By Dr:- BOB  
Lab/Hosp :-



### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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AJAYSINGH, ANITASHARMA, KAUSHAL, MUKESH SINGH, NARENDRAKUMAR, POOJABOHRA





# Dr. Goyal's

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Website : www.drgoyalspathlab.com | E-mail : drgoyalpiyush@gmail.com



Date :- 31/07/2022 09:04:45  
**NAME :- Mr. NITIN CHOUDHARY**  
Sex / Age :- Male 35 Yrs 15 Days  
Company :- MediWheel

Patient ID :- 12221554  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- EDTA, URINE, URINE-PP

Sample Collected Time 31/07/2022 11:41:41

Final Authentication : 31/07/2022 12:45:57

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUP ABO	" B" NEGATIVE		
BLOOD GROUP ABO Methodology : Haemagglutination reaction Kit Name : Monoclonal agglutinating antibodies (Span clone).			
URINE SUGAR (FASTING) Collected Sample Received	Nil		Nil
URINE SUGAR PP Collected Sample Received	Nil		Nil

AJAYSINGH, POOJABOHRA  
Technologist

Page No: 15 of 16



**Dr. Chandrika Gupta**  
MBBS.MD ( Path )  
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Date :- 31/07/2022 09:04:45  
**NAME :- Mr. NITIN CHOUDHARY**  
Sex / Age :- Male 35 Yrs 15 Days  
Company :- MediWheel

Patient ID :- 12221554  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 31/07/2022 09:18:16

Final Authentication : 31/07/2022 13:43:59

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	12.1	mg/dl	0.0 - 23.0

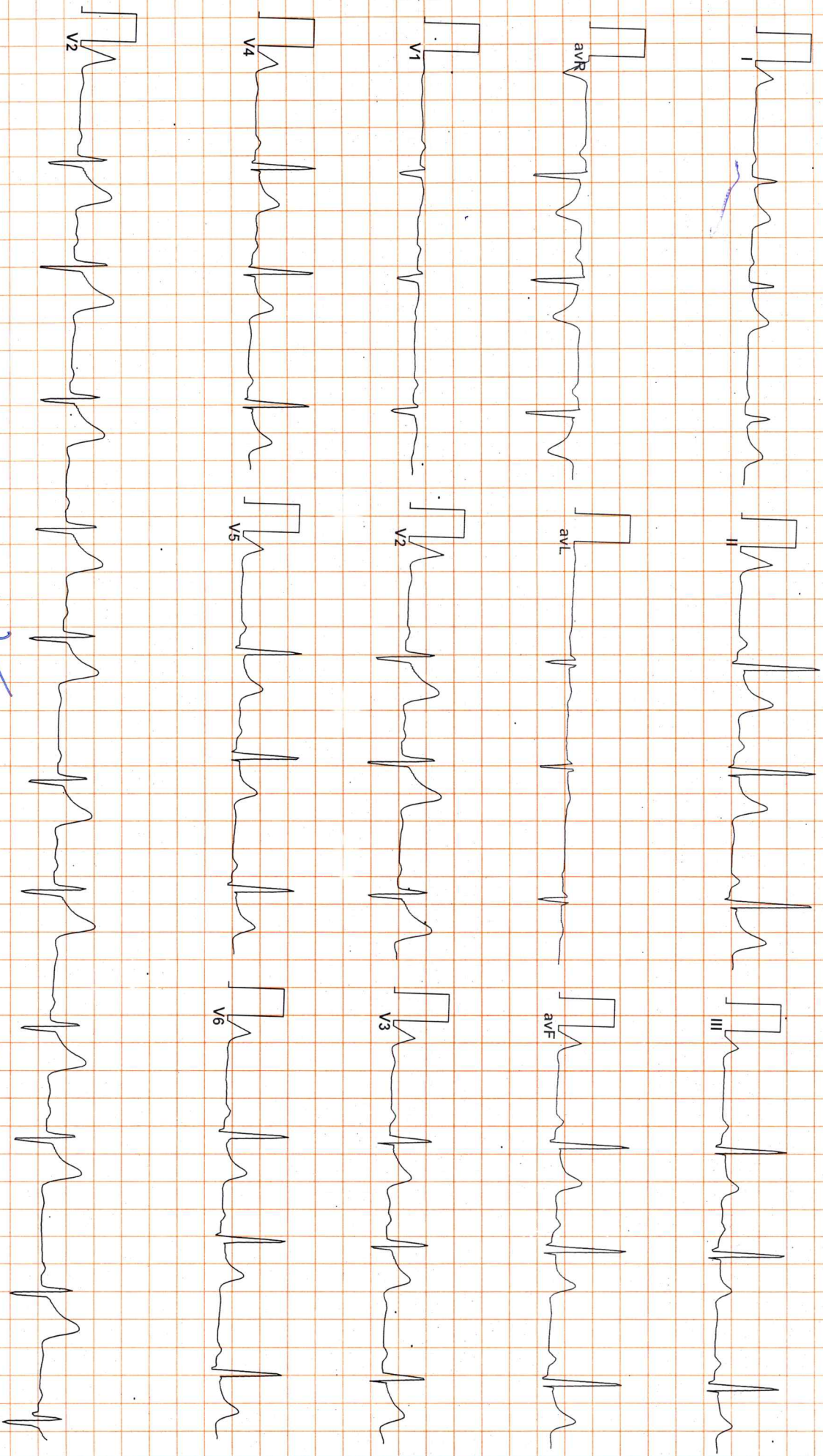
\*\*\* End of Report \*\*\*

KAUSHAL

Page No: 16 of 16



**Dr. Piyush Goyal**  
(D.M.R.D.)  
**Dr. Chandrika Gupta**



Allengers ECG (Pisces)(PIS212160118)

*Kumar*  
*[Signature]*

**Dr. Naresil Kumar Mohan**  
MBBS, DPH, DCCO (ESCORTS)  
D.E.M. (RCGP-UK)

Stage	Time	Duration	Belt Speed (mph)	Elevation	METS	Rate	BP	RPP	PVC	Comments
Supine	00:07	0:01	01.1	00.0	01.0	68	120/80	081	00	
Standing	01:26	0:01	01.1	00.0	01.0	74	120/80	088	00	
HV	02:07	0:01	01.1	00.0	01.0	068	120/80	081	00	
Warm Up	02:37	0:01	01.0	00.0	01.0	072	120/80	086	00	
EXStart	04:17	0:07	01.7	10.0	01.1	086	120/80	103	00	
BRUCE Stage 1	07:17	3:00	01.7	10.0	04.7	110	125/80	137	00	
BRUCE Stage 2	10:17	3:00	02.5	12.0	07.1	130	130/85	169	00	
BRUCE Stage 3	13:17	3:00	03.4	14.0	10.2	150	140/90	210	00	
PeakEx	14:56	1:39	04.2	16.0	12.0	168	145/90	243	00	
Recovery	15:55	1:00	00.0	00.0	04.3	138	140/90	193	00	
Recovery	16:55	2:00	00.0	00.0	01.0	100	135/85	135	00	
Recovery	18:55	4:00	00.0	00.0	01.0	094	125/80	117	00	
Recovery	19:29	4:33	00.0	00.0	01.0	100	125/80	125	00	

**Findings :**

- Exercise Time : 10:40
- Max HR Attained : 170 bpm 92% of Target 185
- Max BP Attained : 145/90
- Max Workload Attained : 12 Good response to induced stress
- Test End Reasons : Test Complete, Heart Rate Achieved

**Report :**

THT is suggestive for RHD.

*(Signature)*

Dr. Nareesh Kumar Mohanka  
RMC No. 25103  
MBBS, DIP. (CARDIO) (SCORIS)  
Dr. Piyush Goyal  
M.B.B.S., D.E.M. (PCCP-UK)  
M.B.B.S., D.M.R.D.  
RMC Reg. No. - 017996

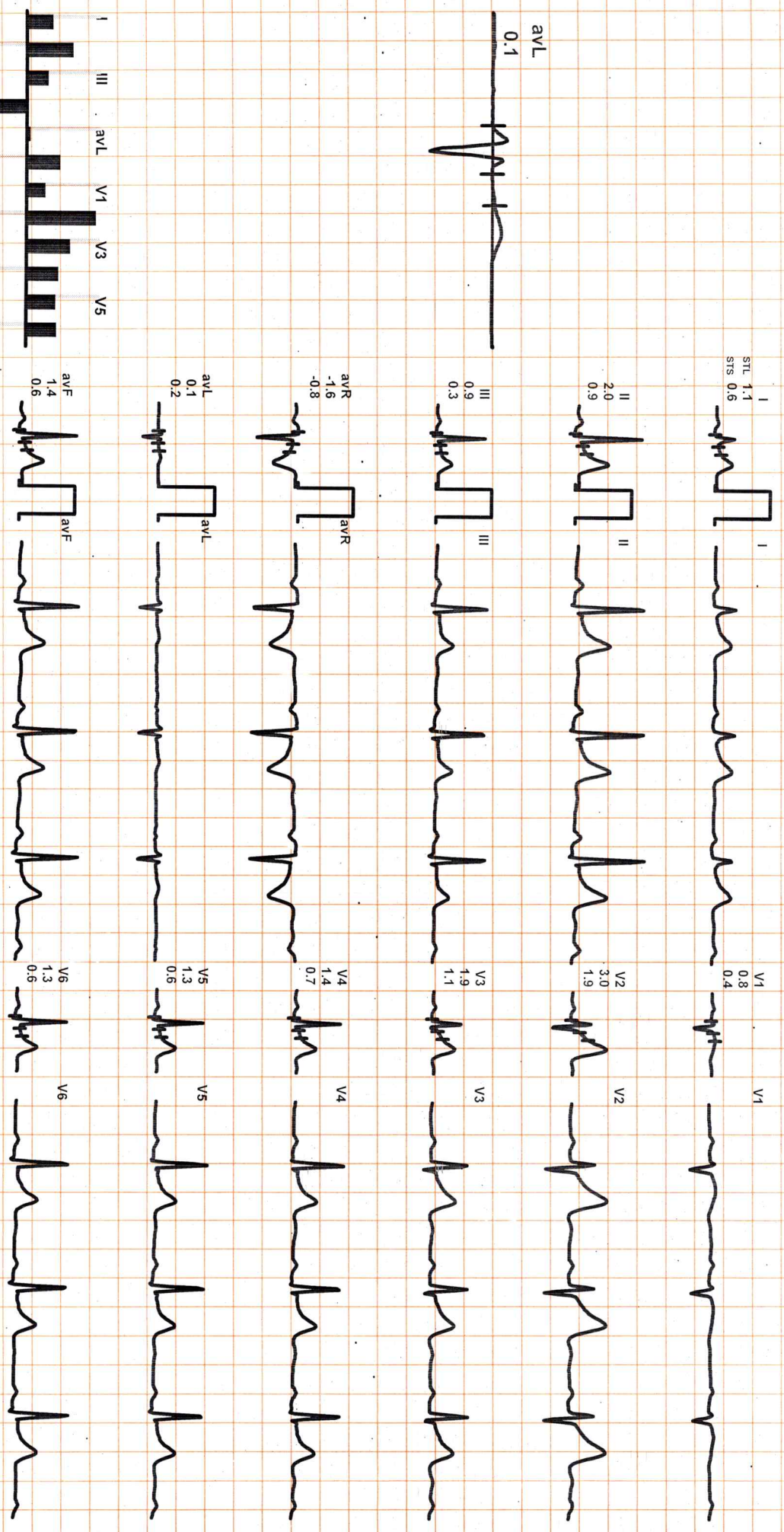


Date: 31-Jul-2022 10:05:07 AM METS: 1.0/68 bpm 36% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:07 1.1 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 cm/mV

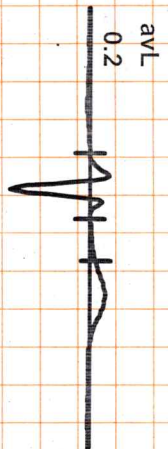


REMARKS:

Date: 31-Jul-2022 10:05:07 AM  
4X 80 ms Post J

METS: 1.0/74 bpm 40% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 01:26 1.1 mph 0.0%  
25 mm/Sec. 1.0 Cm/mV



I STL 1.3  
SIS 0.8

II 2.1  
1.0

III 0.8  
0.2

aVR -1.7  
-0.9

aVL 0.2  
0.3

aVF 1.5  
0.6

V1 0.5  
0.3

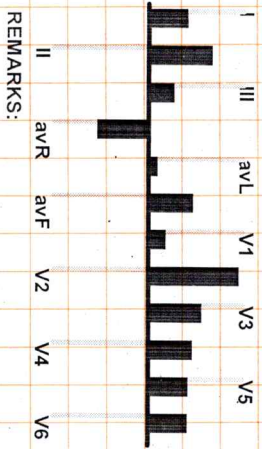
V2 3.0  
2.0

V3 1.8  
1.1

V4 1.4  
0.7

V5 1.3  
0.6

V6 1.3  
0.7

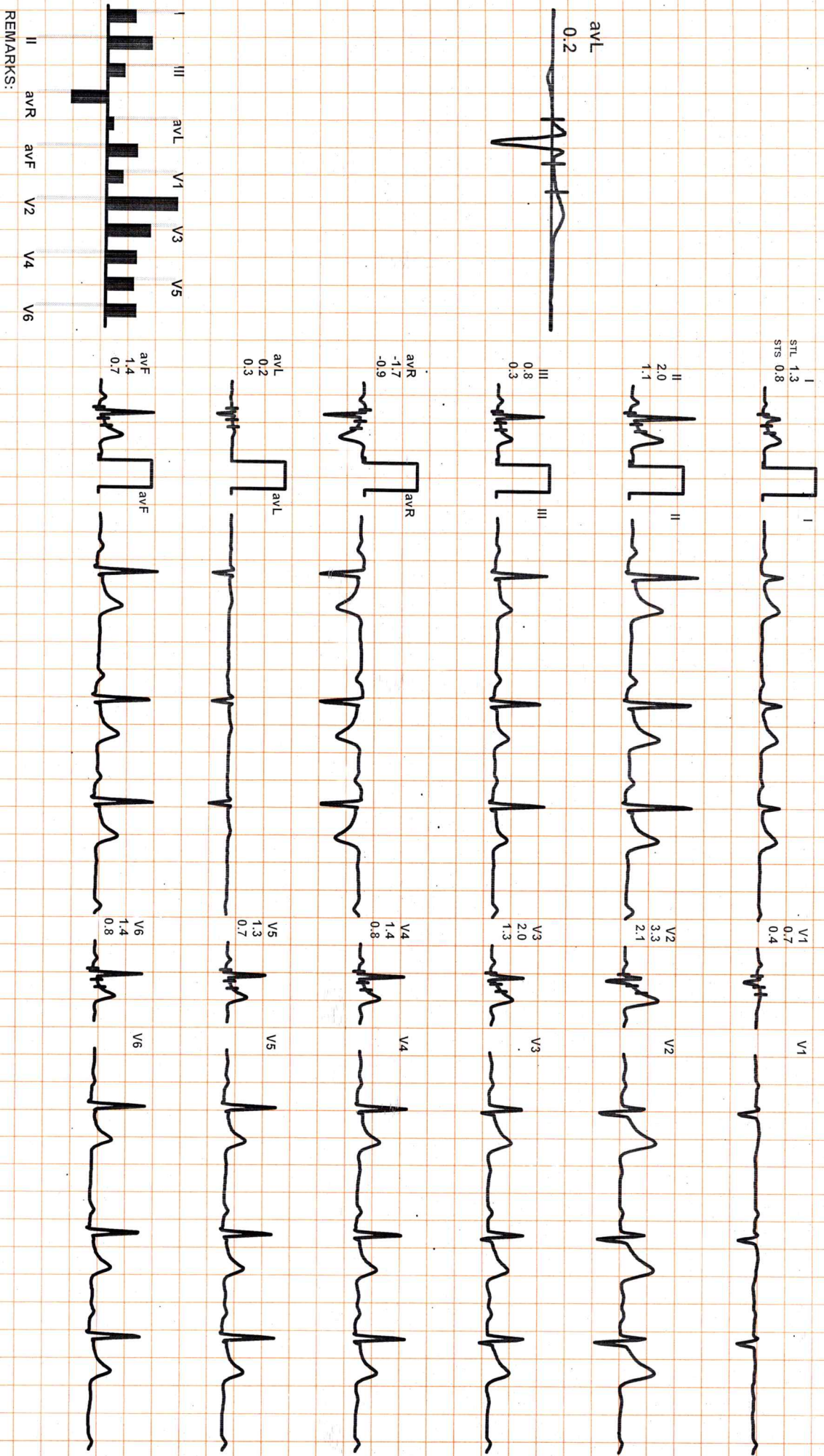


REMARKS:

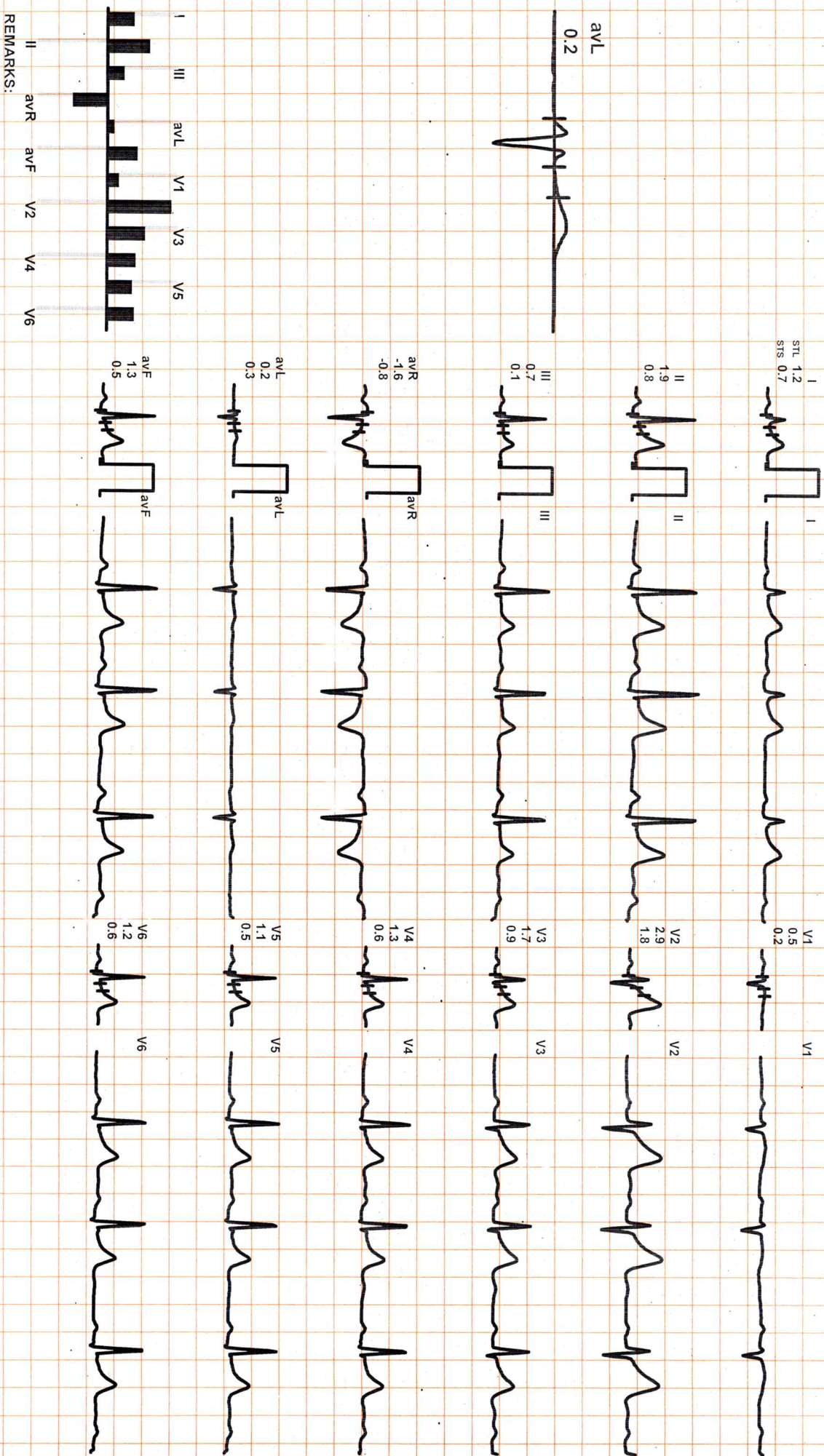
Date: 31-Jul-2022 10:05:07 AM  
4X 80 mS Post J

METS: 1.0/ 88 bpm 36% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 02:08 1.1 mph, 0.0%  
25 mm/Sec. 1.0 Cm/mV



REMARKS:



REMARKS:



Date: 31-Jul-2022 10:05:07 AM

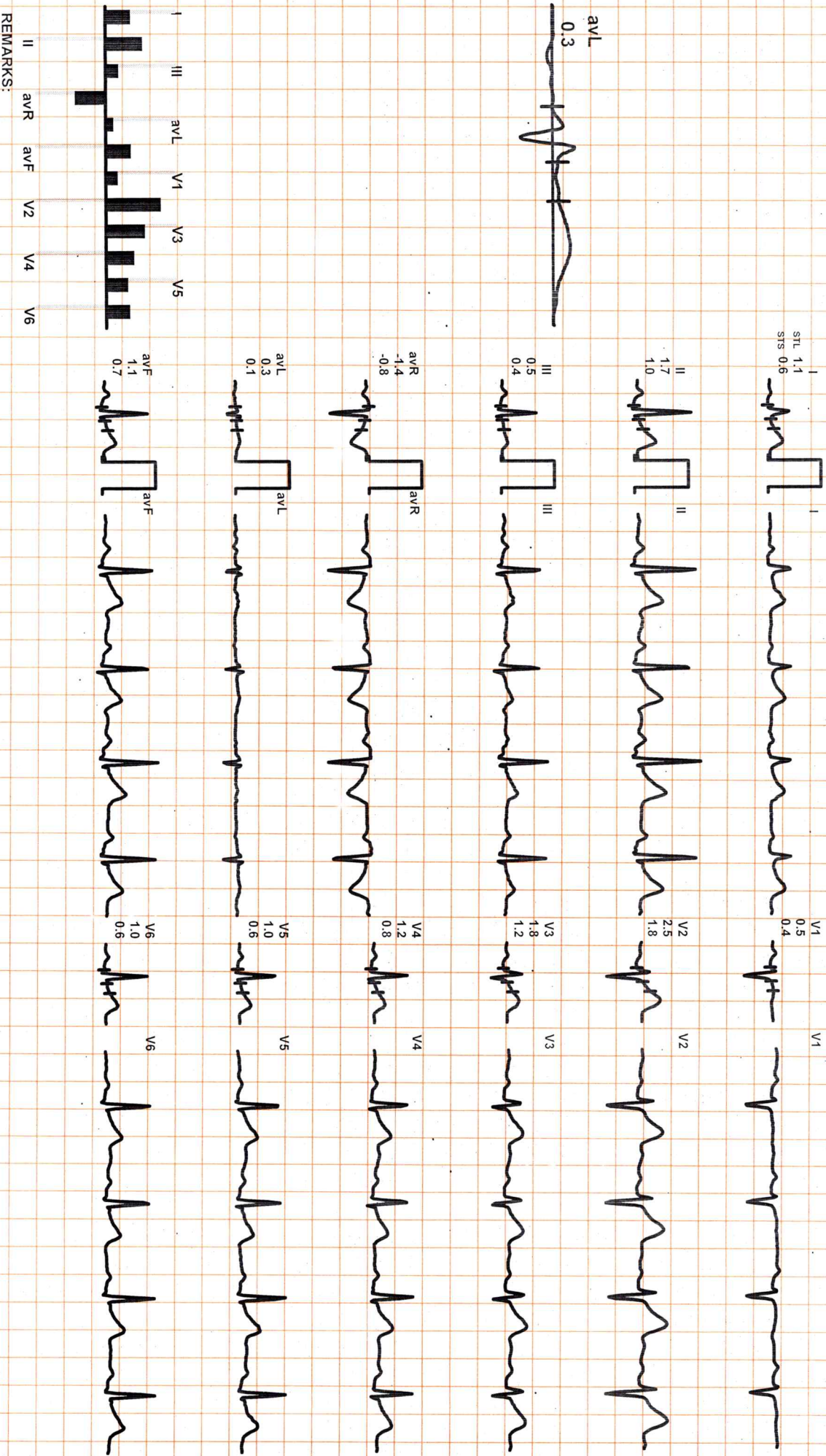
METS: 1.1/85 bpm 46% of THR BP: 120/80 mmHg

Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

4X

80 mS Post J

ExTime: 00:07 1.7 mph 10.0%  
25 mm/Sec. 1.0 Cm/mV



REMARKS:

1938 / MR NITIN CHOUDHARY / 35 Yrs / M

Date: 31-Jul-2022 10:05:07 AM

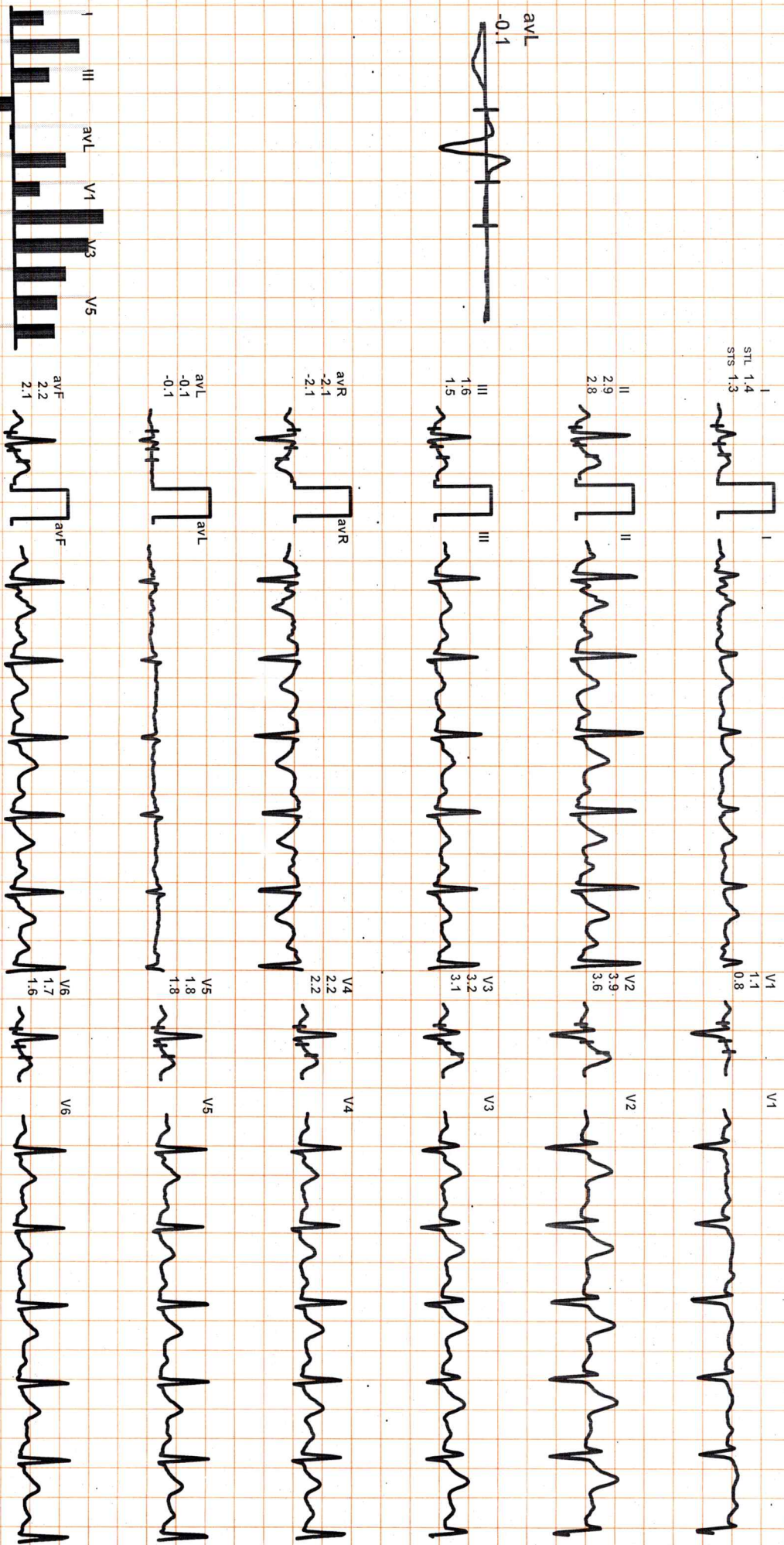
METS: 4.7 / 110 bpm 69% of THR

BP: 125/80 mmHg

Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 03:00 1.7 mph 10.0%  
25 mm/Sec. 1.0 Cm/mV

4X 80 ms Post J



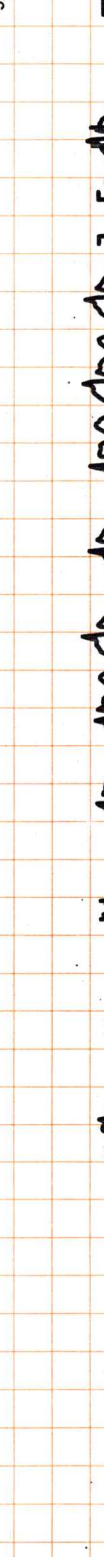
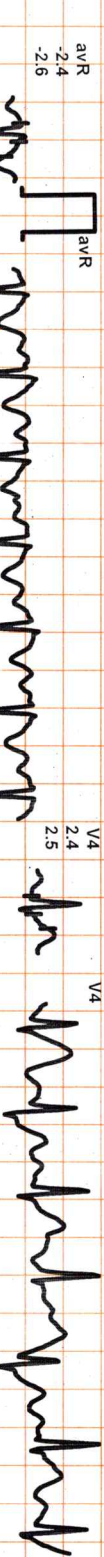
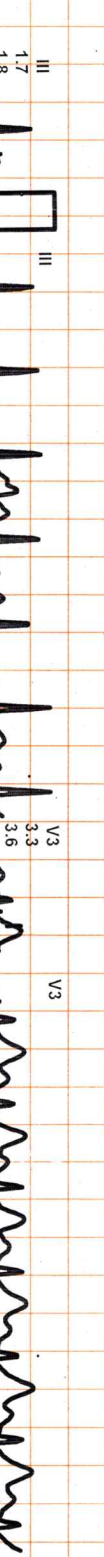
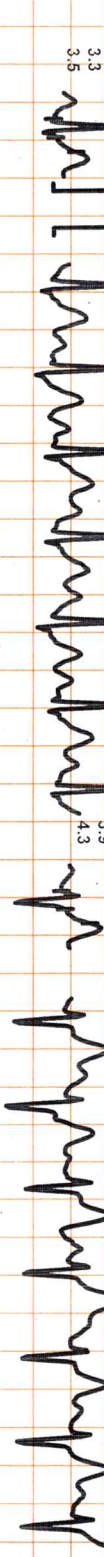
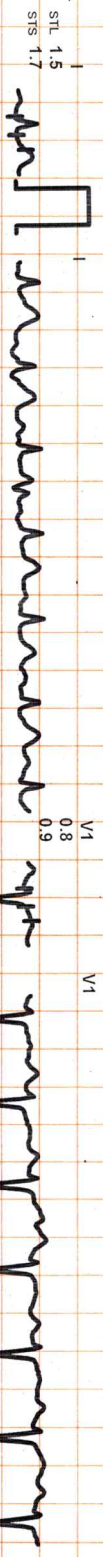
REMARKS:

1938 / MR NITIN CHOUDHARY / 35 Yrs / M

Date: 31-Jul-2022 10:05:07 AM METS: 7.1 / 130 bpm 70% of THR BP: 130/85 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 05:00 2.5 mph, 12.0%  
25 mm/Sec. 1.0 Cm/mV

4X 80 ms Post J



REMARKS:

(GEM210151123)Gemini A-DX by Allengers

1938 / MR NITIN CHOUDHARY / 35 Yrs / M

Date: 31-Jul-2022 10:05:07 AM

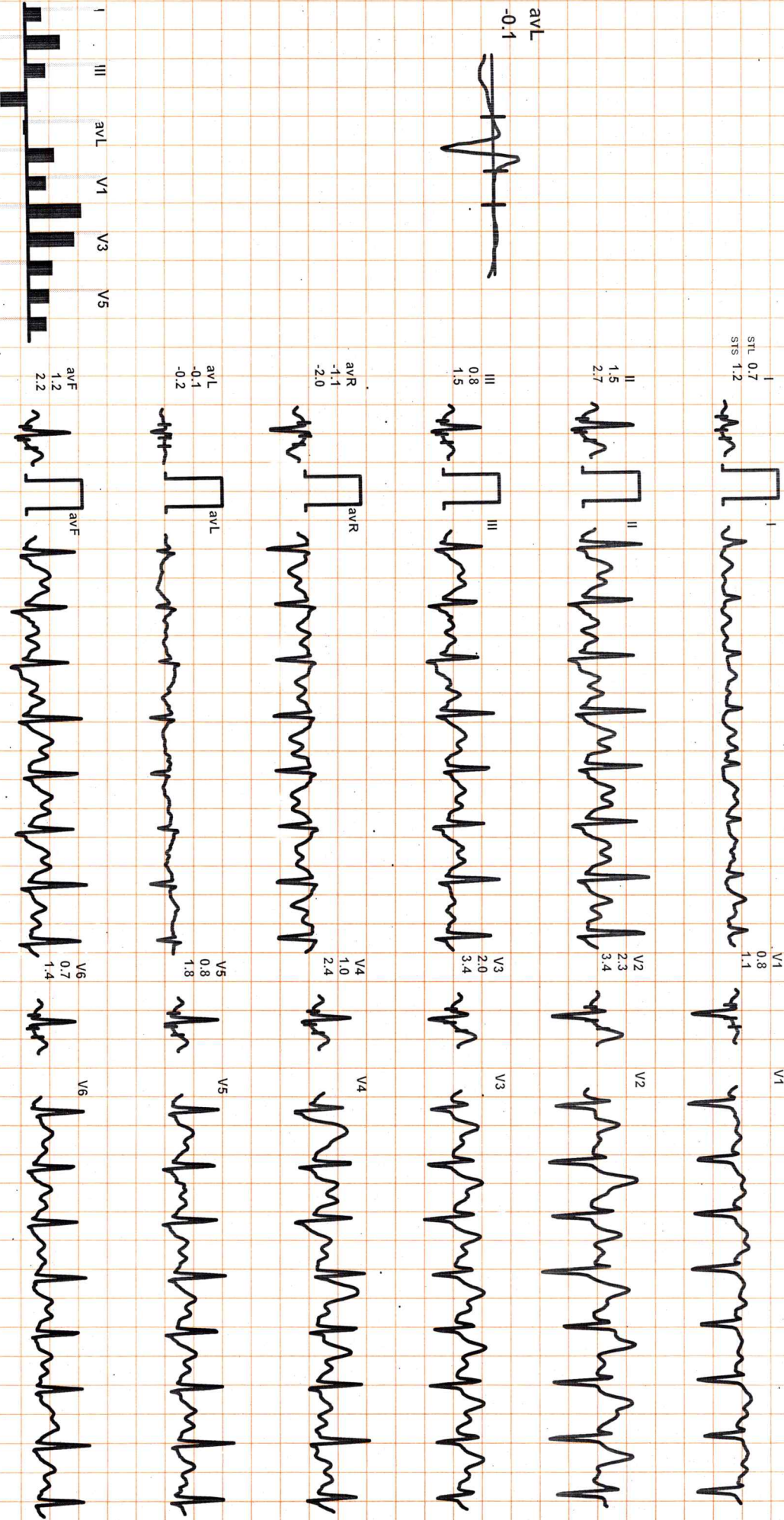
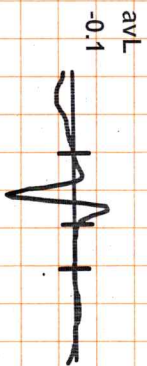
METS: 10.2/ 150 bpm 81% of THR

BP: 140/90 mmHg

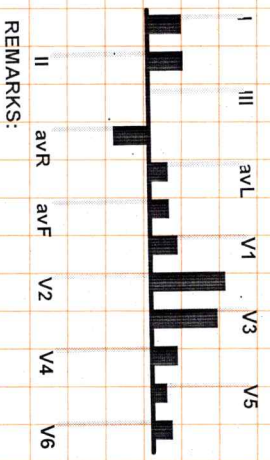
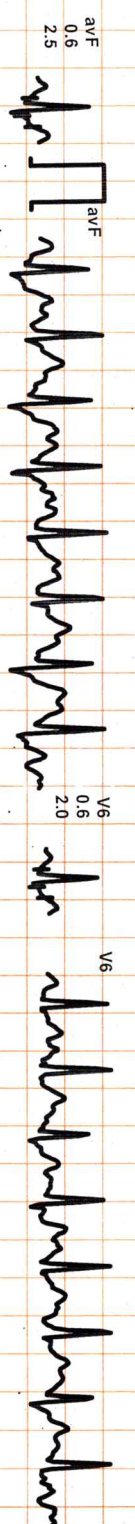
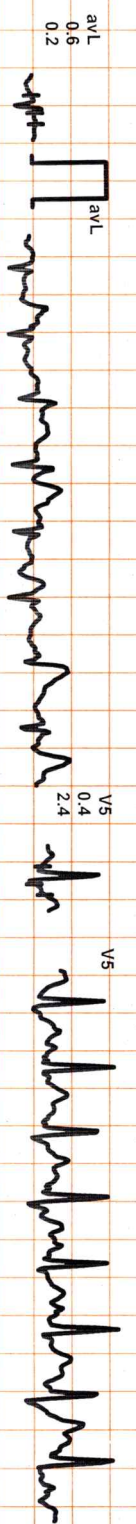
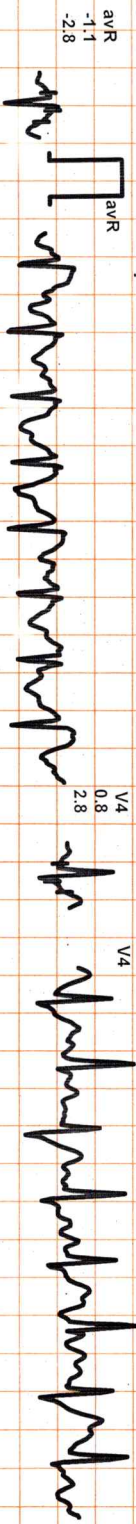
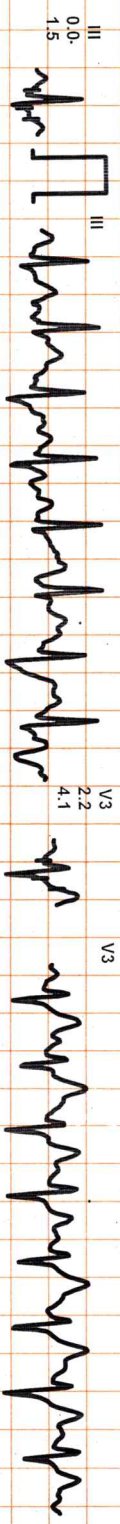
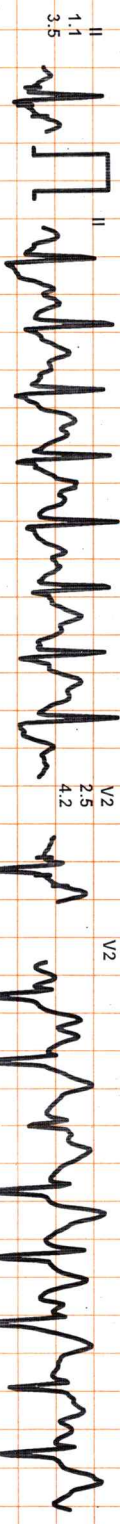
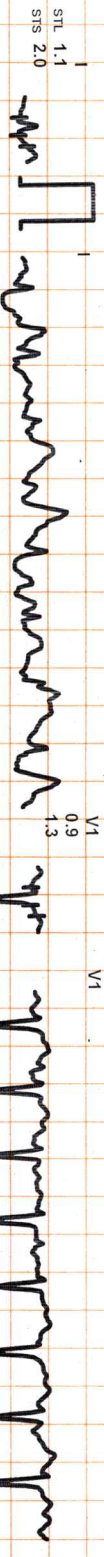
Raw ECG/ ELC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 09:00 3.4 mch. 14.0%  
25 mm/Sec. 1.0 Cm/mv

4X 60 ms Post J



REMARKS:



REMARKS:

1938 / MR NITIN CHOUDHARY / 35 Yrs / M

Date: 31-Jul-2022 10:05:07 AM

METS: 4.3 / 138 bpm 74% of THR

BP: 140/90 mmHg

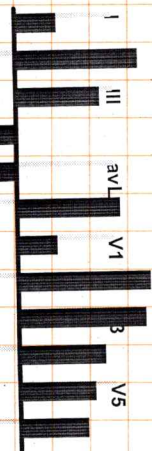
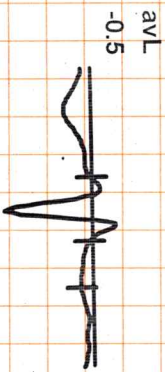
Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 10:40 0.0 mph 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 60 ms Post J

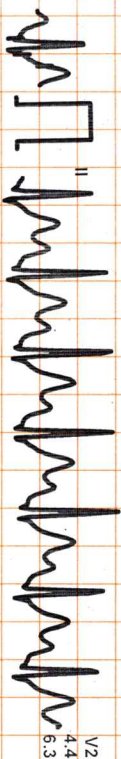
STL 1.4  
STS 2.1



aVL -0.5  
aVF 3.4  
3.9



II 4.1  
5.0



III 2.8  
2.9



aVR -2.7  
-3.6



aVL -0.5  
-0.3



REMARKS:

1938 / MR NITIN.CHOUDHARY / 35 Yrs / M

Date: 31-Jul-2022 10:05:07 AM

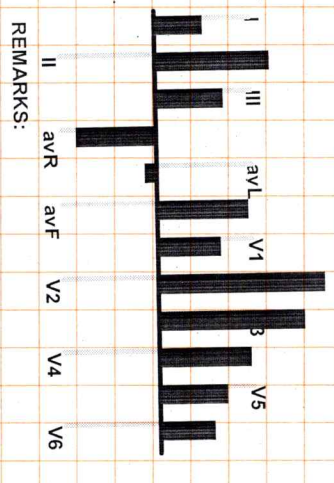
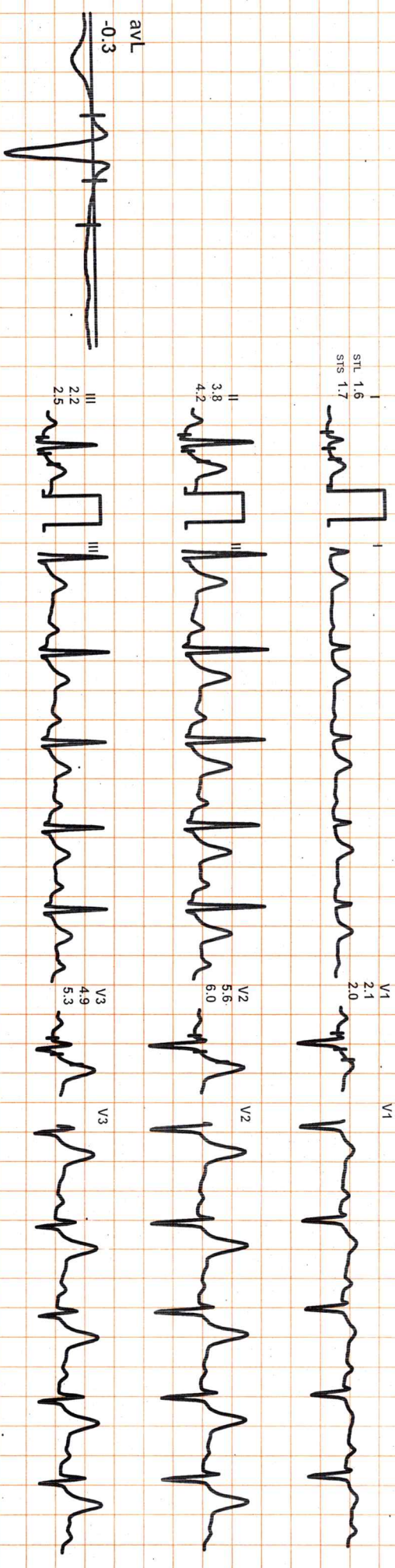
METS: 1.0 / 100 bpm 54% of THR

BP: 135/83 mmHg

Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

4X 80 ms Post J

STL 1.6  
STS 1.7



REMARKS:

(GEM210151123)Gemini A-DX by Allergens

1938 / MR NITIN CHOUDHARY / 35 Yrs / M

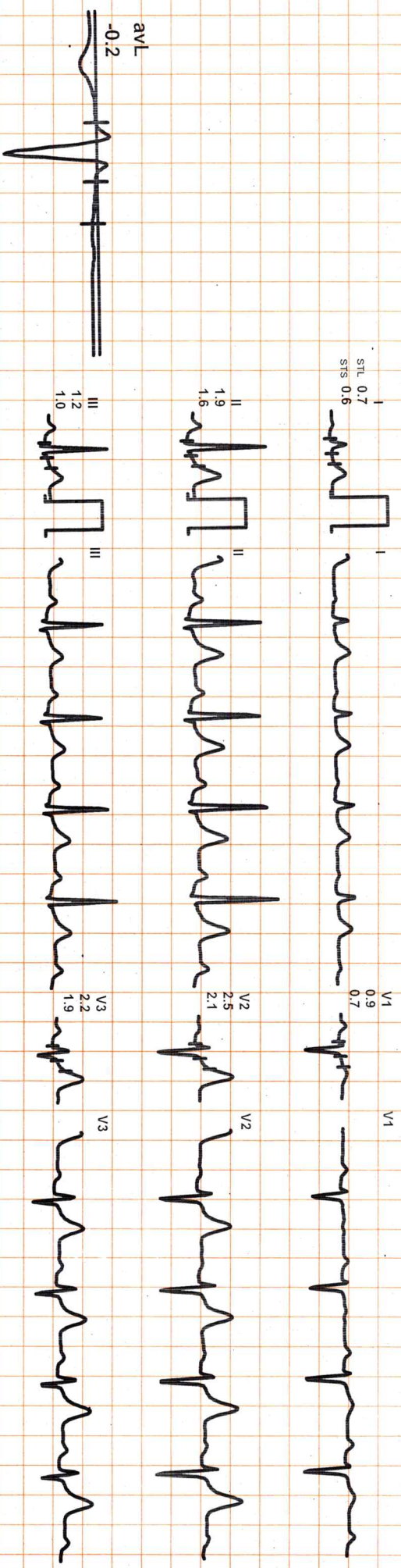
Date: 3-Jul-2022 10:05:07 AM

METS: 1.0/94 bpm 50% of THR BP: 125/80 mmHg

Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

EXTime: 10:40 0.0 mph 0.0%  
2.5 mm/Sec. 1.0 Cm/mV

4X 80 ms Post J





1938 / MR NITIN CHOUDHARY / 35 Yrs / M

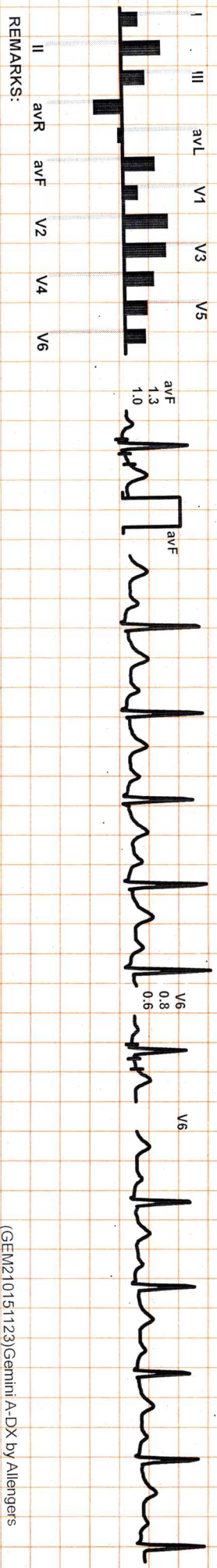
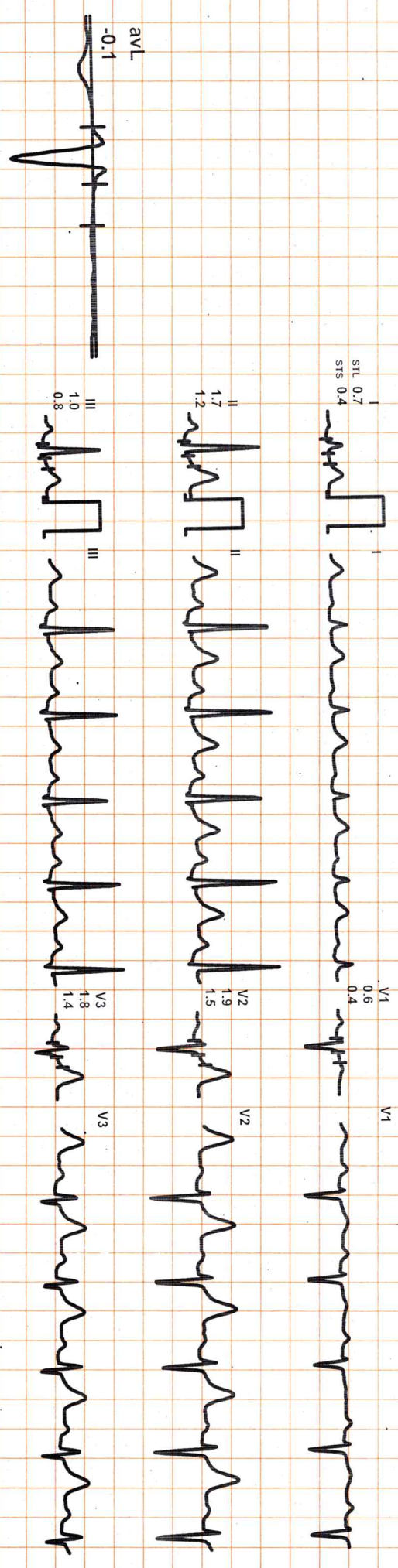
Date: 31-Jul-2022 10:05:07 AM

METS: 1.0/ 100 bpm 54% of THR BP: 125/80 mmHg

Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExtIme: 10:40 0.0 mph 0.0%  
25 mm/Sec. 1.0 Cm/mV

4X 80 ms Post J



REMARKS:

(GEM210151123) Gemini A-DX by Allengers

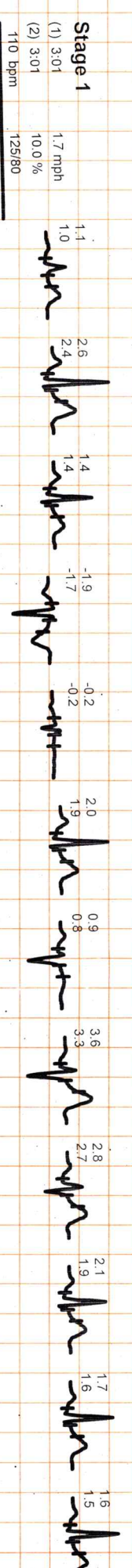
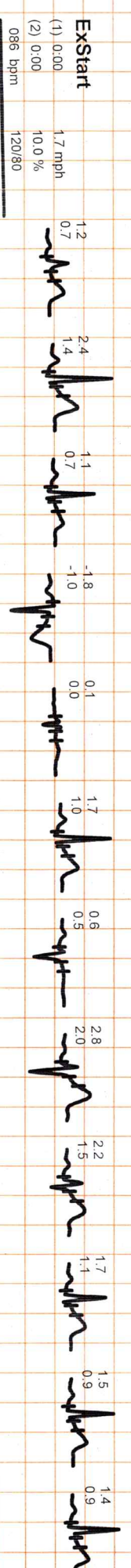
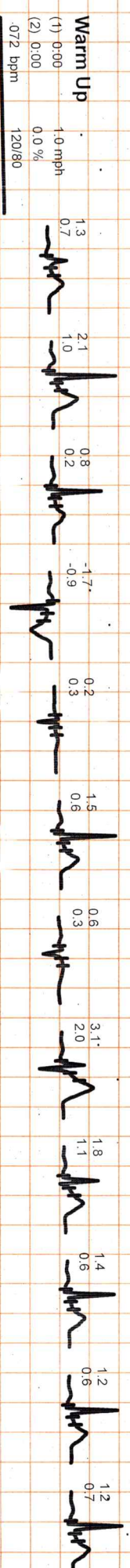
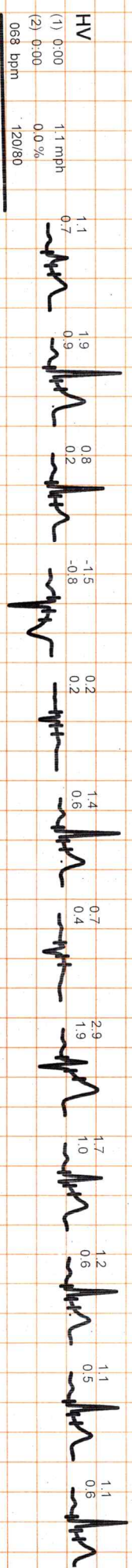
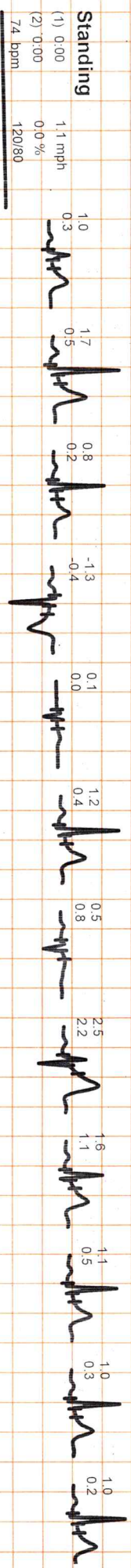
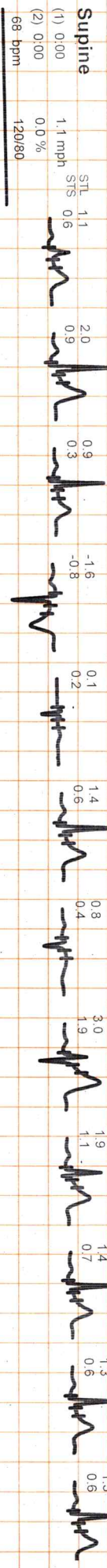
1938 / MR NITIN CHOUDHARY / 35 Yrs / M

Date: 31-Jul-2022 10:05:07 AM

Average

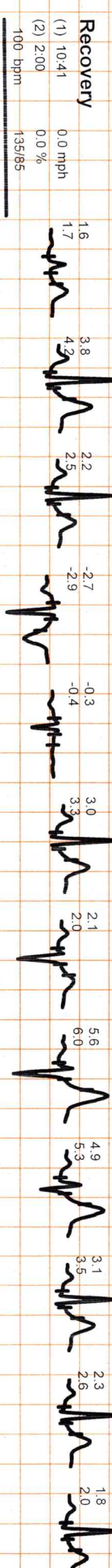
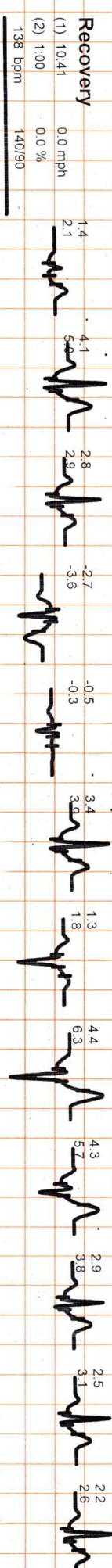
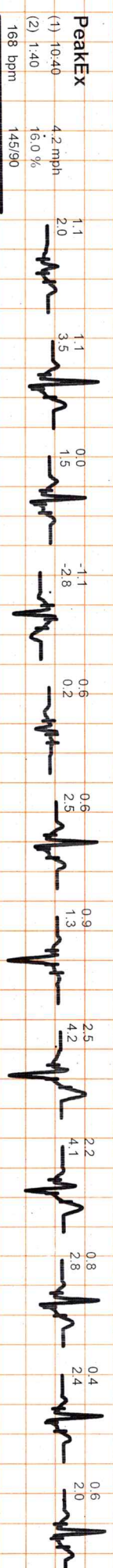
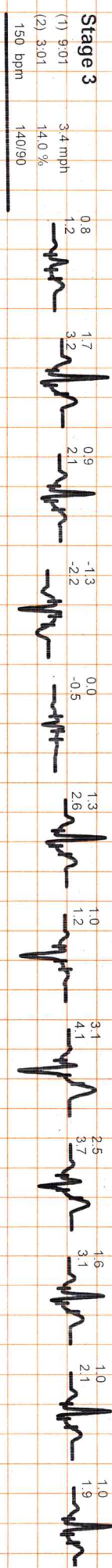
ACHPL

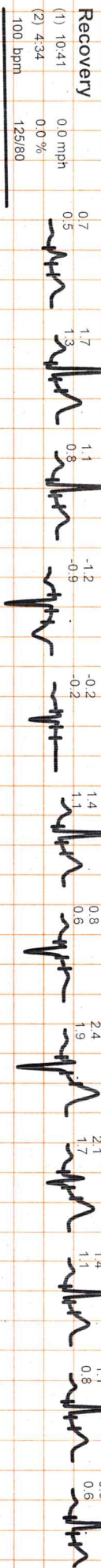
I II III avR avL avF V1 V2 V3 V4 V5 V6



(GEM210151123)Gemini A-DX by Allengers

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







Date :- 31/07/2022 09:04:45

NAME :- **Mr. NITIN CHOUDHARY**

Sex / Age :- Male 35 Yrs 15 Days

Company :- MediWheel

Patient ID :- 12221554

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :-

Sample Collected Time

BOB PACKAGE BELOW 40MALE

Final Authentication : 31/07/2022 14:13:33

### X RAY CHEST PA VIEW:

*Bifid 3rd rib is noted on left side.*

Both lung fields appears clear.

Bronchovascular markings appear normal.

Trachea is in midline.

Both the hilar shadows are normal.

Both the C.P.angles is clear.

Both the domes of diaphragm are normally placed.

Heart shadows appear normal.

(Please correlate clinically and with relevant further investigations)

\*\*\* End of Report \*\*\*

BILAL

Page No: 1 of 1



**Dr. Piyush Goyal**  
(D.M.R.D.)

# Dr. Goyal's

## Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur  
Tele : 0141-2293346, 4049787, 9887049787  
Website : www.drgoyalspathlab.com | E-mail : drgoyalpiyush@gmail.com



Date :- 31/07/2022 09:04:45  
**NAME :- Mr. NITIN CHOUDHARY**  
Sex / Age :- Male 35 Yrs 15 Days  
Company :- MediWheel

Patient ID :- 12221554  
Ref. By Doctor:-BOB  
Lab/Hosp :-

Final Authentication : 31/07/2022 11:51:45

BOB PACKAGE BELOW 40MALE

### USG WHOLE ABDOMEN

**Liver** is of normal size. Echo-texture is normal. No focal space occupying lesion is seen within liver parenchyma. Intra hepatic biliary channels are not dilated. Portal vein diameter is normal.

**Gall bladder** is of normal size. Wall is not thickened. No calculus or mass lesion is seen in gall bladder. Common bile duct is not dilated.

**Pancreas** is of normal size and contour. Echo-pattern is normal. No focal lesion is seen within pancreas.

**Spleen** is of normal size and shape. Echotexture is normal. No focal lesion is seen.

**Kidneys** are normally sited and are of normal size and shape. Cortico-medullary echoes are normal. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

**Urinary bladder** is well distended and showing smooth wall with normal thickness. Urinary bladder does not show any calculus or mass lesion.

**Prostate** is normal in size (~14cc\_ with normal echo-texture and outline.

No enlarged nodes are visualised.No retro-peritoneal lesion is identified  
No significant free fluid is seen in peritoneal cavity.

### IMPRESSION:

Normal study

Needs clinical correlation for further evaluation

\*\*\* End of Report \*\*\*

ANITASHARMA

Page No: 1 of 1

Dr. Piyush Goyal  
M.B.B.S., D.M.R.D.  
RMC Reg No. 017996

Dr. Poorva  
MBBS, MD (Radio Diagnosis)  
RMC No. 32495

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