



नाम अर्पित माहेश्वरी
Name Arpit Maheshwari
कर्मचारी कुट अ
E.C. No 127681


जारीकर्ता प्राधिकारी
Issuing Authority


धारक के हस्ताक्षर
Signature of Holder

*Arpit
For Amul Health
checkup*

arpitmps92@gmail.com

Dr. Goyal's

Path Lab & Imaging Centre

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Date :- 09/09/2021 09:40:30
NAME :- Mr. ARPIT MAHESHWARI
Sex / Age :- Male 29 Yrs
Company :- MediWheel

Patient ID :- 12212145
Ref. By Dr:- BOB
Lab/Hosp :-

Sample Type :- EDTA

Sample Collected Time 09/09/2021 09:43:25

Final Authentication : 09/09/2021 15:12:13

HAEMATOLOGY

| Test Name | Value | Unit | Biological Ref Interval |
|-------------------------------------|---------------|----------------------|-------------------------|
| HAEMOGARAM | | | |
| HAEMOGLOBIN (Hb) | 16.4 | g/dL | 13.0 - 17.0 |
| TOTAL LEUCOCYTE COUNT | 8.61 | /cumm | 4.00 - 10.00 |
| DIFFERENTIAL LEUCOCYTE COUNT | | | |
| NEUTROPHIL | 54.9 | % | 40.0 - 80.0 |
| LYMPHOCYTE | 35.7 | % | 20.0 - 40.0 |
| EOSINOPHIL | 3.9 | % | 1.0 - 6.0 |
| MONOCYTE | 5.2 | % | 2.0 - 10.0 |
| BASOPHIL | 0.3 | % | 0.0 - 2.0 |
| NEUT# | 4.73 | 10 ³ /uL | 1.50 - 7.00 |
| LYMPH# | 3.08 | 10 ³ /uL | 1.00 - 3.70 |
| EO# | 0.33 | 10 ³ /uL | 0.00 - 0.40 |
| MONO# | 0.44 | 10 ³ /uL | 0.00 - 0.70 |
| BASO# | 0.03 | 10 ³ /uL | 0.00 - 0.10 |
| TOTAL RED BLOOD CELL COUNT (RBC) | 6.22 H | x10 ⁶ /uL | 4.50 - 5.50 |
| HEMATOCRIT (HCT) | 47.80 | % | 40.00 - 50.00 |
| MEAN CORP VOLUME (MCV) | 76.9 L | fL | 83.0 - 101.0 |
| MEAN CORP HB (MCH) | 26.4 L | pg | 27.0 - 32.0 |
| MEAN CORP HB CONC (MCHC) | 34.3 | g/dL | 31.5 - 34.5 |
| PLATELET COUNT | 229 | x10 ³ /uL | 150 - 410 |
| RDW-CV | 13.6 | % | 11.6 - 14.0 |
| MENTZER INDEX | 12.36 | | |

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.

Technologist

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HAEMATOLOGY

| Test Name | Value | Unit | Biological Ref Interval |
|--------------------------------------|-------|--------|-------------------------|
| Erythrocyte Sedimentation Rate (ESR) | 08 | mm/hr. | 00 - 13 |

(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 (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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HAEMATOLOGY

| Test Name | Value | Unit | Biological Ref Interval |
|---|---------------|------|---|
| BOB PACKAGE MALE | | | |
| GLYCOSYLATED HEMOGLOBIN (HbA1C) Method:- HPLC | 14.3 H | % | 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 glycated 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 have 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 Method:- Calculated Parameter | 358 H | mg/dL | Non Diabetic < 100 mg/dL Prediabetic 100- 125 mg/dL Diabetic 126 mg/dL or Higher |
|---|--------------|-------|--|

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Sample Type :- EDTA, PLAIN/SERUM, URINE, SPT-11-2015-2016 Sample Collected Time 09/09/2021 12:25:06 Final Authentication : 09/09/2021 15:20:04

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 |
| URINE SUGAR PP Collected Sample Received | (+++) | | Nil |
| BLOOD UREA NITROGEN (BUN) | 9.6 | mg/dl | 0.0 - 23.0 |

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Sample Type :- K.Ox/Na FLUORIDE-F, K.Ox/Na SbO₃ BIOCHEMISTRY/09/09/2021 12:24:57 Final Authentication : 09/09/2021 13:28:26

BIOCHEMISTRY

| Test Name | Value | Unit | Biological Ref Interval |
|--|------------------|-------|-------------------------|
| FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP | 290.0 H | mg/dl | 75.0 - 115.0 |
| Impaired glucose tolerance (IGT) | 111 - 125 mg/dL. | | |
| Diabetes Mellitus (DM) | > 126 mg/dL. | | |

Instrument Name: Randox Rx Imola **Interpretation:** Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases.

BLOOD SUGAR PP (Plasma) **466.0 H mg/dl 70.0 - 140.0**
 Method:- GOD PAP

Instrument Name: Randox Rx Imola **Interpretation:** Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases.

SERUM CREATININE **1.07 mg/dl** Men - 0.6-1.30
 Method:- Colorimetric Method Women - 0.5-1.20
 SERUM URIC ACID **4.88 mg/dl** Men - 3.4-7.0
 Method:- Enzymatic colorimetric Women - 2.4-5.7

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Sample Type :- PLAIN/SERUM

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BIOCHEMISTRY

| Test Name | Value | Unit | Biological Ref Interval |
|---|----------|-------|--|
| LIPID PROFILE | | | |
| TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method | 197.73 | mg/dl | Desirable <200 Borderline 200-239 High > 240 |
| TRIGLYCERIDES Method:- GPO-PAP | 177.07 H | mg/dl | Normal <150 Borderline high 150-199 High 200-499 |
| VLDL CHOLESTEROL Method:- Calculated | 35.41 | mg/dl | Very high >500 0.00 - 80.00 |

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BIOCHEMISTRY

| Test Name | Value | Unit | Biological Ref Interval |
|--|--------|-------|--|
| DIRECT HDL CHOLESTEROL Method:- Direct clearance Method | 31.48 | mg/dl | Low < 40 High > 60 |
| DIRECT LDL CHOLESTEROL Method:- Direct clearance Method | 136.74 | 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 | 6.28 H | | 0.00 - 4.90 |
| LDL / HDL CHOLESTEROL RATIO Method:- Calculated | 4.34 H | | 0.00 - 3.50 |
| TOTAL LIPID Method:- CALCULATED | 643.36 | mg/dl | 400.00 - 1000.00 |
| <p>TOTAL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatment of lipid lipoprotein metabolism disorders.</p> <p>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.</p> <p>DIRECT HDL CHOLESTEROL 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.</p> <p>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.</p> <p>TOTAL LIPID AND VLDL ARE CALCULATED</p> | | | |

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BIOCHEMISTRY

| Test Name | Value | Unit | Biological Ref Interval |
|---|---------|-------|--|
| LIVER PROFILE WITH GGT | | | |
| SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method | 1.38 | mg/dl | Up to - 1.0 Cord blood <2 mg/dL Premature < 6 days <16mg/dL Full-term < 6 days= 12 mg/dL 1 month - <12 months <2 mg/dL 1-19 years <1.5 mg/dL Adult - Up to - 1.2 Ref-(ACCP 2020) |
| SGOT Method:- IFCC | 69.0 H | U/L | Men- Up to - 37.0 Women - Up to - 31.0 |
| SGPT Method:- IFCC | 188.7 H | U/L | Men- Up to - 40.0 Women - Up to - 31.0 |
| SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer | 87.40 | IU/L | 30.00 - 120.00 |
| SERUM TOTAL PROTEIN Method:- Biuret Reagent | 7.13 | g/dl | 6.40 - 8.30 |
| SERUM ALBUMIN Method:- Bromocresol Green | 4.63 | g/dl | 3.80 - 5.00 |
| SERUM GLOBULIN Method:- CALCULATION | 2.50 | gm/dl | 2.20 - 3.50 |
| A/G RATIO | 1.85 | | 1.30 - 2.50 |

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BIOCHEMISTRY

| Test Name | Value | Unit | Biological Ref Interval |
|--|---------|-------|---|
| SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method | 0.32 | mg/dL | Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL |
| SERUM BILIRUBIN (INDIRECT) Method:- Calculated | 1.06 | mg/dl | 0.30-0.70 |
| SERUM GAMMA GT Method:- IFCC | 55.90 H | U/L | 11.00 - 50.00 |

Total Bilirubin Methodology: Colorimetric method. Instrument Name: 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 chronic haemolytic states. High levels of unconjugated bilirubin indicate that too much haemoglobin is being destroyed or that the liver is not actively filtering the haemoglobin it is receiving.

AST Aspartate Aminotransferase Methodology: IFCC Instrument Name: 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 Instrument Name: 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 Instrument Name: 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 Instrument Name: 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 Instrument Name: 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 less common 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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IMMUNOASSAY

| Test Name | Value | Unit | Biological Ref Interval |
|--|-------|--------|-------------------------|
| TOTAL THYROID PROFILE | | | |
| SERUM TSH Method:- Enhanced Chemiluminescence Immunoassay | 0.881 | μIU/mL | 0.465 - 4.680 |

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IMMUNOASSAY

| Test Name | Value | Unit | Biological Ref Interval |
|-----------|-------|------|-------------------------|
|-----------|-------|------|-------------------------|

SERUM TOTAL T3
Method:- Chemiluminescence(Competitive immunoassay) 1,240 ng/ml 0,970 - 1,690

SERUM TOTAL T4
Method:- Chemiluminescence(Competitive immunoassay) 10,400 ug/dl 5,530 - 11,000

InstrumentName: VITROS ECI **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.

InstrumentName: VITROS ECI **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 T4 concentrations in vivo.

InstrumentName: VITROS ECI **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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IMMUNOASSAY

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|-----------|-------|-------|-------------------------|
| TOTAL PSA | 0.272 | ng/ml | 0.000 - 4.000 |

TOTAL PSA

Method:- Chemiluminescence

InstrumentName: VITROS EC1 Interpretation: Elevated serum PSA concentrations are found in men with prostate cancer, benign prostatic hypertrophy (BHP) or inflammatory conditions of other adjacent genitourinary tissues, but not in apparently healthy men or in men with cancers other than prostate cancer. PSA has been demonstrated to be an accurate marker for monitoring advancing clinical stage in untreated patients and for monitoring response to therapy by radical prostatectomy, radiation therapy and anti-androgen therapy. PSA is also important in determining the potential and actual effectiveness of surgery or other therapies. Progressive disease is defined by an increase of at least 25%. Sampling should be repeated within two to four weeks for additional evidence. Different assay methods cannot be used interchangeably.

*** End of Report ***

Technologist

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Sample Type :- URINE

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Final Authentication : 09/09/2021 13:18:50

CLINICAL PATHOLOGY

| Test Name | Value | Unit | Biological Ref Interval |
|------------------------------------|-------------|------|-------------------------|
| <u>PHYSICAL EXAMINATION</u> | | | |
| COLOUR | PALE YELLOW | | PALE YELLOW |
| APPEARANCE | Clear | | Clear |
| <u>CHEMICAL EXAMINATION</u> | | | |
| REACTION(PH) | 5.5 | | 5.0 - 7.5 |
| SPECIFIC GRAVITY | 1.025 | | 1.010 - 1.030 |
| PROTEIN | NIL | | NIL |
| SUGAR | (+++) | | NIL |
| BILIRUBIN | NEGATIVE | | NEGATIVE |
| UROBILINOGEN | NORMAL | | NORMAL |
| KETONES | NEGATIVE | | NEGATIVE |
| NITRITE | NEGATIVE | | NEGATIVE |

Technologist

POOJABOHRA

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

Dr. Goyal's

Path Lab & Imaging Centre

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MC - 2300



Date :- 09/09/2021 09:40:30

Patient ID :-12212145

NAME :- Mr. ARPIT MAHESHWARI

Ref. By Dr.- BOB

Sex / Age :- Male 29 Yrs

Lab/Hosp :-

Company :- MediWheel

Sample Type :- URINE

Sample Collected Time 09/09/2021 09:43:25

Final Authentication : 09/09/2021 13:18:50

CLINICAL PATHOLOGY

| Test Name | Value | Unit | Biological Ref Interval |
|--------------------------------------|--------|------|-------------------------|
| Urine Routine | | | |
| <u>MICROSCOPY EXAMINATION</u> | | | |
| RBC/HPF | NIL | /HPF | NIL |
| WBC/HPF | 2-3 | /HPF | 2-3 |
| EPITHELIAL CELLS | 2-3 | /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 |

Technologist

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



Date :- 09/09/2021 09:40:30

NAME :- **Mr. ARPIT MAHESHWARI**

Sex / Age :- Male 29 Yrs

Company :- MediWheel

Patient ID :- 12212145

Ref. By Doctor:-BOB

Lab/Hosp :-

Final Authentication : 09/09/2021 11:24:21

BOB PACKAGE MALE

X RAY CHEST PA VIEW:

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.

Bony cage and soft tissue shadows are normal.

Heart shadows appear normal.

Impression :- Normal Study

(Please correlate clinically and with relevant further investigations)

*** End of Report ***

Page No: 1 of 1



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(D.M.R.D.) BILAL

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M.B.B.S., D.M.R.D.
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Transcript by.

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



Date :- 09/09/2021 09:40:30
NAME :- Mr. ARPIT MAHESHWARI
Sex / Age :- Male 29 Yrs
Company :- MediWheel

Patient ID :- 12212145
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 09/09/2021 12:18:50

BOB PACKAGE MALE

USG WHOLE ABDOMEN

Liver is mildly enlarged in size 15.6 cm in long axis. Echo-texture is brightNo 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 mild enlarged in size 13.6 cm 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 41 x 33 x 34 mm ; Volume :25 cc with normal echo-texture and outline.

No enlarged nodes are visualised.No retro-peritoneal lesion is identified
Great vessels appear normal.

No significant free fluid is seen in peritoneal cavity.

IMPRESSION:


*Mild hepatomegaly with fatty changes grade II.

*Mild splenomegaly.

Needs clinical correlation for further evaluation

*** End of Report ***

Page No: 1 of 1


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RMC Reg No. 32835

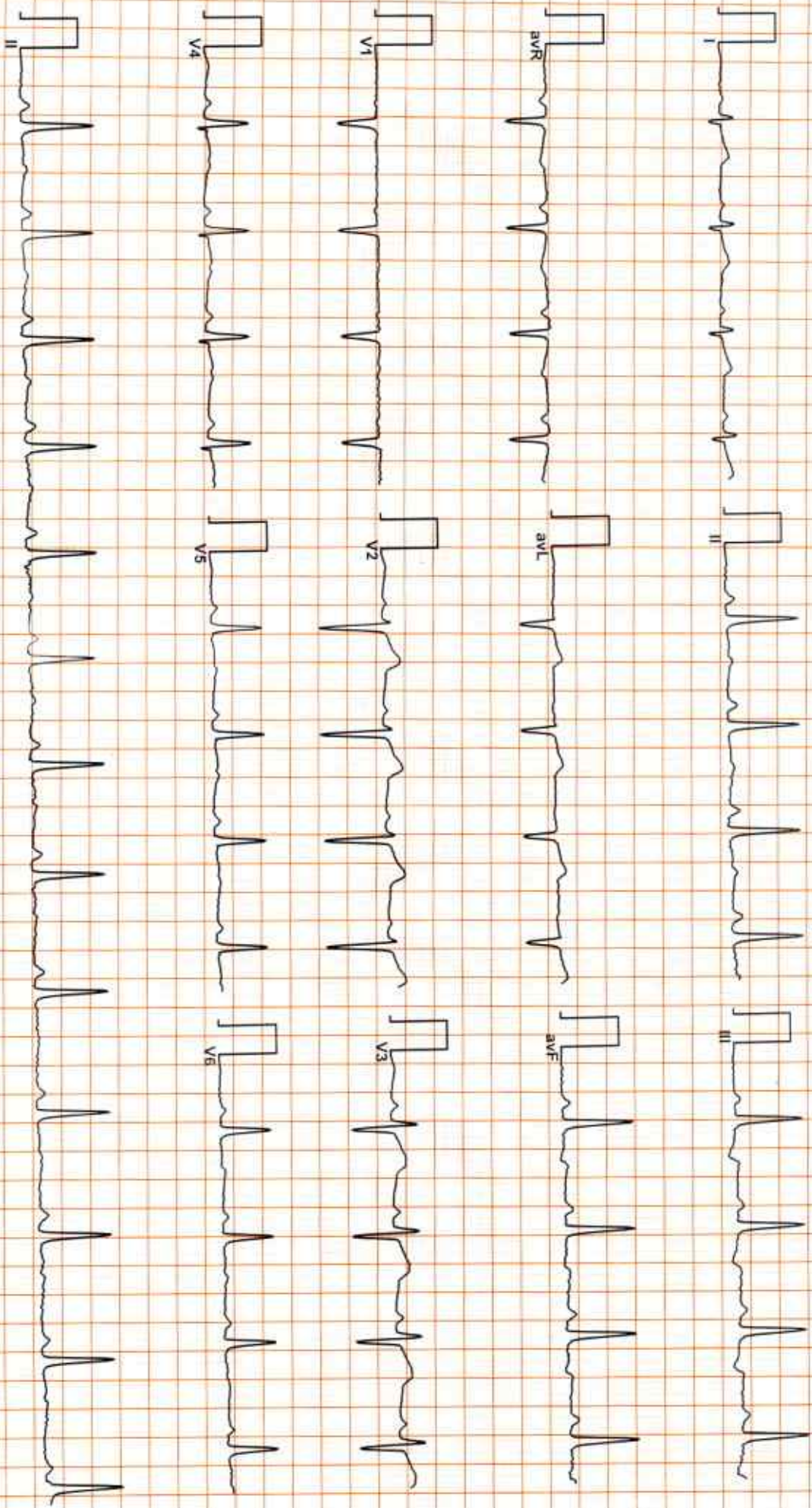
Dr. Hitesh Kumar Sharma
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RMC Reg No. 27380

Transcript by:





8686 / MR. ARPIT MAHESHWARI / 29 Yrs / M/ Non Smoker
Heart Rate : 76 bpm / / Reid By : BANK OF BARODA / Tested On : 09-Sep-21 10:53:44 / HF: 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s





1278 / MR. ARPIT MAHESHWARI / 29 Yrs / M / 0 Cms / 0 Kg Date: 09-Sep-2021 Retd By : BANK OF BARODA

| Stage | Time | Duration | Belt Speed (mph) | Elevation | METS | Rate | BP | RPP | PVC | Comments |
|---------------|-------|----------|------------------|-----------|------|------|--------|-----|-----|----------|
| Supine | 00:10 | 0:01 | 01.1 | 00.0 | 01.0 | 87 | 130/86 | 113 | 00 | |
| Standing | 00:38 | 0:01 | 01.1 | 00.0 | 01.0 | 96 | 130/86 | 124 | 00 | |
| HV | 00:45 | 0:01 | 01.1 | 00.0 | 01.0 | 110 | 130/86 | 143 | 00 | |
| ExStart | 01:17 | 0:06 | 01.7 | 10.0 | 01.1 | 111 | 130/86 | 144 | 00 | |
| BRUCE Stage 1 | 04:17 | 3:00 | 01.7 | 10.0 | 04.7 | 145 | 130/86 | 188 | 00 | |
| BRUCE Stage 2 | 07:17 | 3:00 | 02.5 | 12.0 | 07.1 | 160 | 140/86 | 224 | 00 | |
| BRUCE Stage 3 | 10:17 | 3:00 | 03.4 | 14.0 | 10.2 | 164 | 140/86 | 229 | 02 | |
| PeakX | 10:55 | 0:38 | 04.2 | 16.0 | 10.9 | 167 | 140/86 | 233 | 00 | |
| Recovery | 11:54 | 1:00 | 00.0 | 00.0 | 04.3 | 148 | 140/86 | 207 | 00 | |
| Recovery | 12:54 | 2:00 | 00.0 | 00.0 | 01.0 | 123 | 150/90 | 184 | 00 | |
| Recovery | 14:54 | 4:00 | 00.0 | 00.0 | 01.0 | 110 | 136/86 | 149 | 00 | |
| Recovery | 15:18 | 4:23 | 00.0 | 00.0 | 01.0 | 110 | 136/86 | 149 | 00 | |

Findings :

Exercise Time : 09:39
 Max HR Attained : 167 bpm 87% of Target 191
 Max BP Attained : 150/90
 Max Workload Attained : 10.9 Good response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

Report :

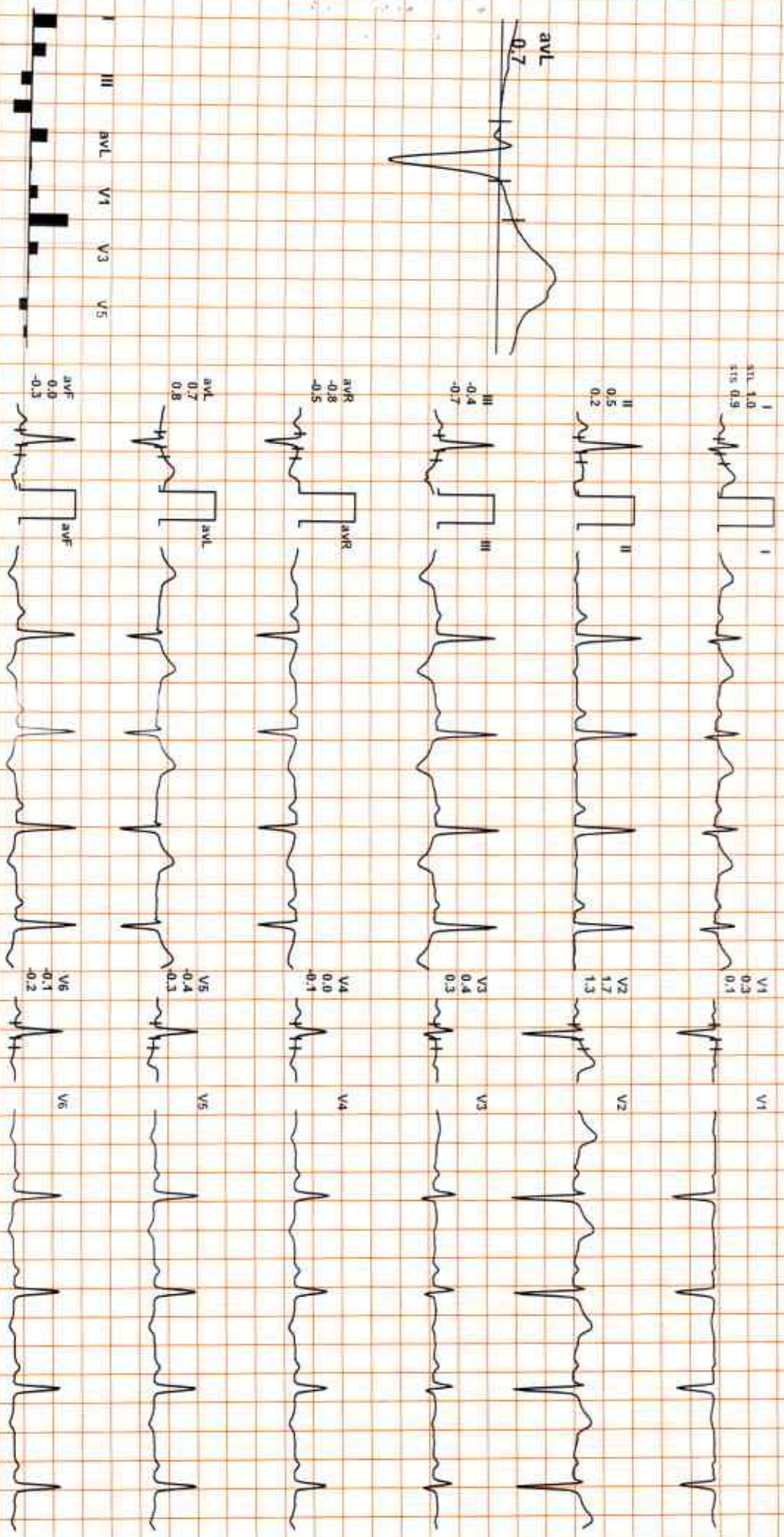
TMT Negative for PMT at peak Exercise.



Date: 09-Sep-2021 10:54:15 AM METS: 1.0/ 87 bpm 45% of THR BP: 130/86 mmHg Raw ECG/ BLC Orig/Noich Orig HF: 0.05 Hz/ F: 100 Hz

ExTime: 00:10 1.1 mph 0.0% 25 mm/Sec 1.0 Cm/mV

4X 80 mS Post J



REMARKS: I II aVR aVL aVF V1 V2 V3 V4 V5 V6

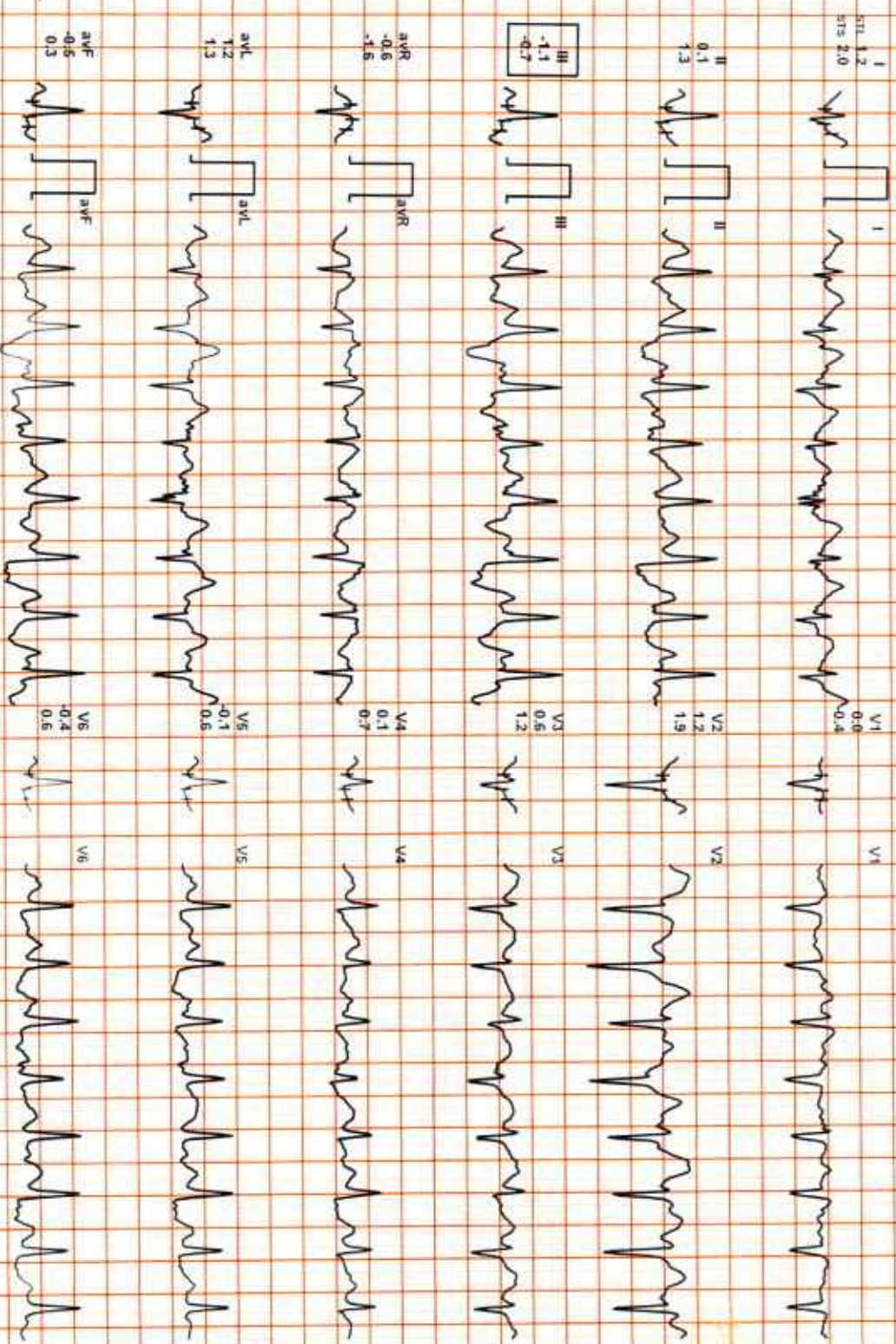


1278 / MR. ARPIT MAHESHWARI / 29 Yrs / M

Date: 09-Sep-2021 10:54:15 AM METS: 10.9/ 167 bpm 87% of THR BP: 140/86 mmHg Raw ECG/ BLC On/ Notch On/ HE 0.05 Hz/ F 100 Hz

ExTime: 09:38 4.2 mpph 16.0%
25 mm/Sec 1.0 Cm/mV

4X 60 ms Post J



II aVR aVF V2 V4 V6
 III aVL V1 V3 V5

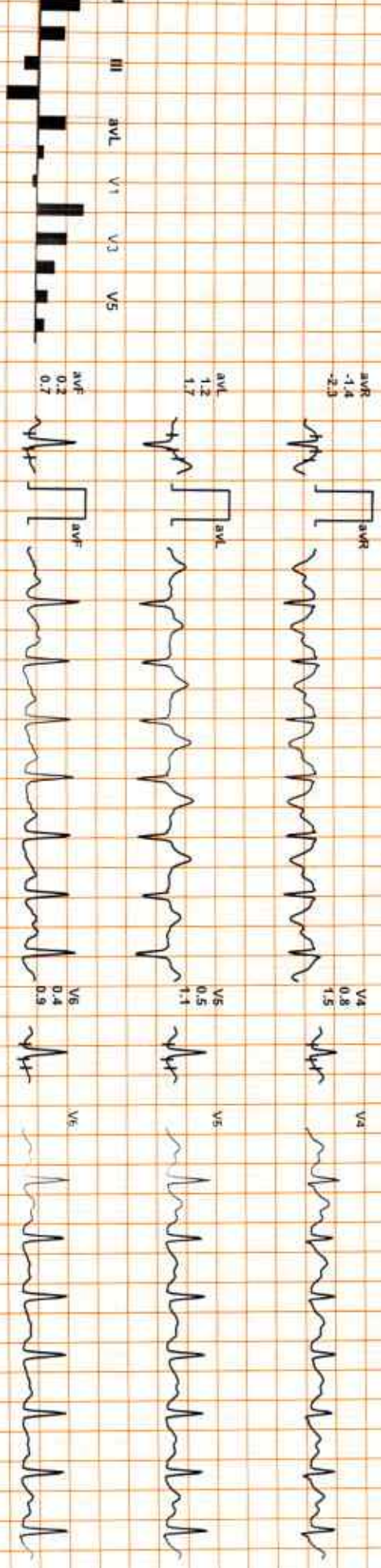
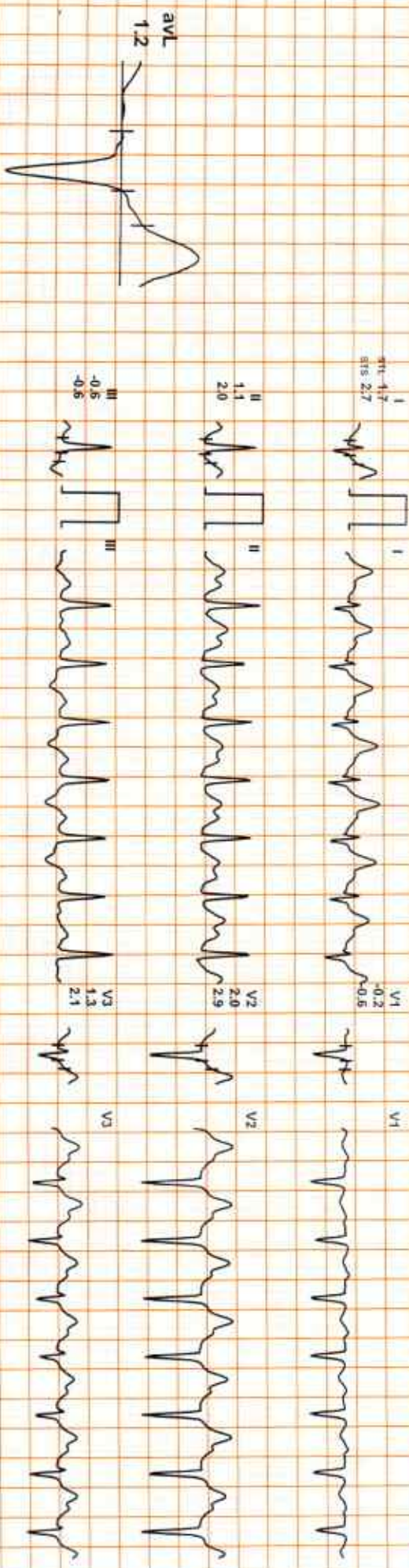
REMARKS



1278 / MR.ARPIT MAHESHWARI / 29 Yrs / M

Date: 09-Sep-2021 10:54:15 AM METS: 4.3/148 bpm 77% of THR BP: 140/86 mmHg Raw ECG: B1-C-0W Match: 0W HF: 0.05 H2/LF: 100-Hz

ExtImp: 09:39 0.0 rmp/h 0.0%
25 mm/Sec: 1.0 Cm/mV

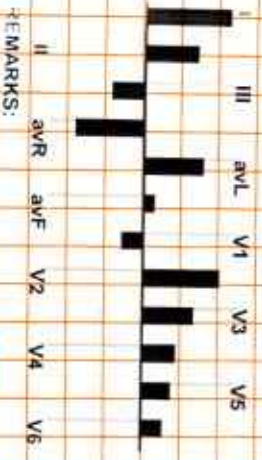
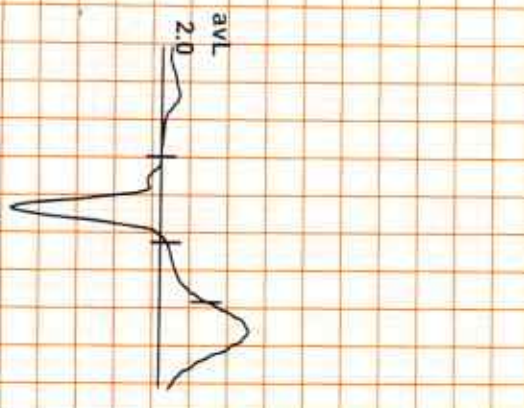


REMARKS:
I II III aVR aVL aVF V1 V2 V3 V4 V5 V6

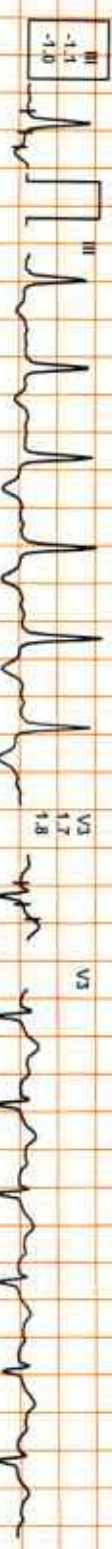
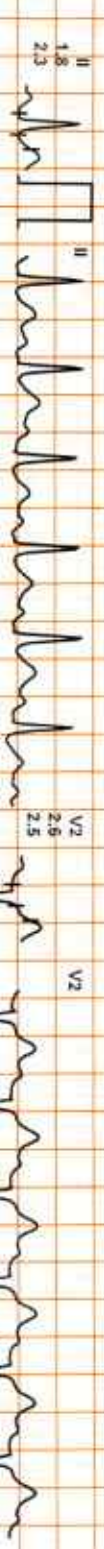


Date: 09-Sep-2021 10:54:15 AM METS: 1.0/123 bpm 64% of ITHR BP: 150/90 mmHg Raw ECG: BLG: OnV Notch: OnV HF: 9.05 Hz/F: 100 Hz

Extime: 09:39 0.0 mph, 0.0% 25 mm/Sec, 1.0 Cm/mV



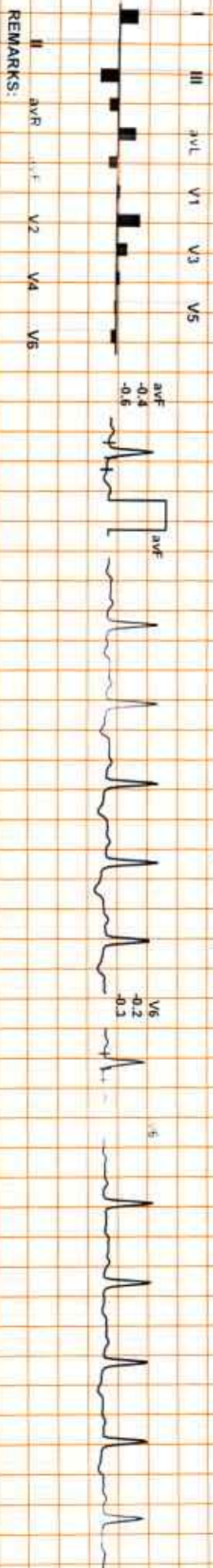
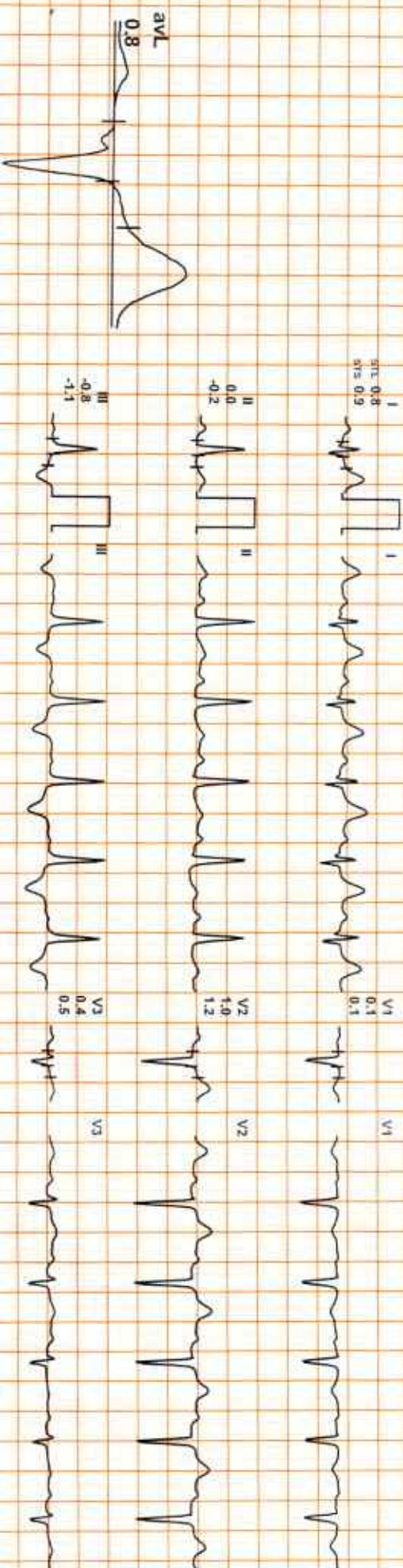
REMARKS:





Date: 09-Sep-2021 10:54:15 AM METS: 1.07 110 bpm 57% of THR BP: 136/86 mmHg Raw ECG: B1,C-0mv Notch QIV HF: 0.05 HZ/LF: 100 Hz

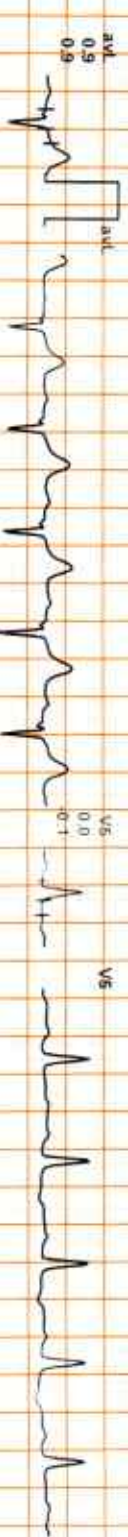
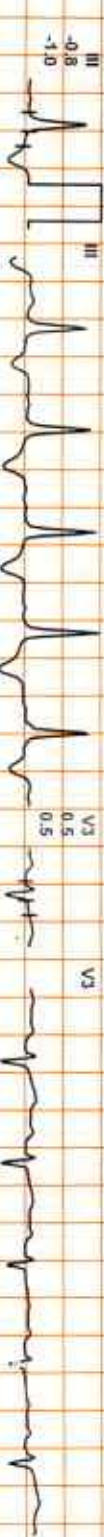
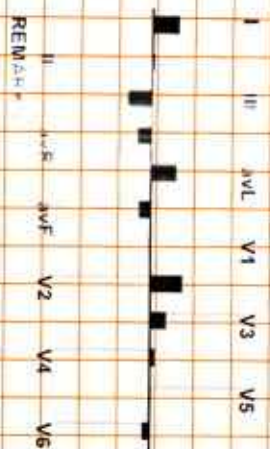
EXTime: 09:39 0.0 mph, 0.0%, 25 mm/Sec, 1.0 Cm/mV

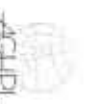


REMARKS:

Date: 09-Sep-2021 10:54:15 AM METS- 1.0/ 110 bpm 57% of THR BP- 136/86 mmHg Raw ECG/ B.I.G. QIV Notch QIV HF 0.05 Hz/ LF- 100 Hz
4X r0 mS Post J

ExTime- 09:39 - 0.0 mph 0.0%
25 mm/Sec. - 10 Cm/mV





1278 / MR. ARPIT MAHESHWARI / 29 YRS / M

Date: 09-Sep-2021 10:54:15 AM

