DIAGNOSTIC REPORT

MC-2559

PATIENT NAME : RAJESH KUMAR **REF. DOCTOR :** SELF

FORTIS MOHALI-CHC -SPLZD
FORTIS HOSPITAL # MOHALI,
MOHALI 160062
7087030817

ACCESSION NO : **0006WC000654**
PATIENT ID : FH.12324087
CLIENT PATIENT ID: UID:12324087
ABHA NO :

AGE/SEX : 33 Years Male
DRAWN : 01/03/2023 08:55:00
RECEIVED : 01/03/2023 14:40:45
REPORTED : 31/03/2023 09:42:41

CLINICAL INFORMATION :

UID:12324087 REQNO-1379062
CORP-OPD
BILLNO-1002123OPCS002920
BILLNO-1002123OPCS002920

Test Report Status **Final**	Results	Biological Reference Interval	Units
HAEMATOLOGY - CBC			
CBC-5, EDTA WHOLE BLOOD			
BLOOD COUNTS, EDTA WHOLE BLOOD			
HEMOGLOBIN (HB) METHOD : SLS- HEMOGLOBIN DETECTION METHOD	15.6	13.0 - 17.0	g/dL
RED BLOOD CELL (RBC) COUNT METHOD : HYDRODYNAMIC FOCUSING	5.03	4.5 - 5.5	mil/µL
WHITE BLOOD CELL (WBC) COUNT METHOD : FLOWCYTOMETRY	5.66	4.0 - 10.0	thou/µL
PLATELET COUNT METHOD : HYDRO DYNAMIC FOCUSING METHOD / MICROSCOPY	**104 Low**	150 - 410	thou/µL
RBC AND PLATELET INDICES			
HEMATOCRIT (PCV) METHOD : HYDRODYNAMIC FOCUSING	47.6	40.0 - 50.0	%
MEAN CORPUSCULAR VOLUME (MCV) METHOD : CALCULATED PARAMETER	94.6	83.0 - 101.0	fL
MEAN CORPUSCULAR HEMOGLOBIN (MCH) METHOD : CALCULATED PARAMETER	31.0	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC) METHOD : CALCULATED PARAMETER	32.8	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH (RDW) METHOD : CALCULATED PARAMETER	**14.2 High**	11.6 - 14.0	%
MENTZER INDEX METHOD : CALCULATED PARAMETER	18.8		
WBC DIFFERENTIAL COUNT			
NEUTROPHILS METHOD : FLOW CYTOMETRY+LEISHMAIN STAIN+MICROSCOPY	58	40.0 - 80.0	%
LYMPHOCYTES METHOD : FLOW CYTOMETRY+LEISHMAIN STAIN+MICROSCOPY	28	20.0 - 40.0	%
MONOCYTES	5	2.0 - 10.0	%

Dr. Ritu Pankaj, MD, PDCC
Senior Consultant,30897

Dr. Meenakshi Malhotra, MD
Senior Consultant,48159

View Details View Report

PERFORMED AT :
CLINICAL LABORATORY
FORTIS HOSPITAL, SECTOR 62,PHASE VIII,
MOHALI, 160062
PUNJAB, INDIA
Tel : 0172-469-2222 Extn. 6726, 6727), 0172-469-2221 - CIN - L85110DL1996PLC076704
Email : srl.mohali@fortishealthcare.com

Patient Ref. No. 6000002963219

DIAGNOSTIC REPORT

MC-2559

PATIENT NAME : RAJESH KUMAR **REF. DOCTOR :** SELF

FORTIS MOHALI-CHC -SPLZD
FORTIS HOSPITAL # MOHALI,
MOHALI 160062
7087030817

ACCESSION NO : **0006WC000654**
PATIENT ID : FH.12324087
CLIENT PATIENT ID: UID:12324087
ABHA NO :

AGE/SEX : 33 Years Male
DRAWN : 01/03/2023 08:55:00
RECEIVED : 01/03/2023 14:40:45
REPORTED : 31/03/2023 09:42:41

CLINICAL INFORMATION :

UID:12324087 REQNO-1379062
CORP-OPD
BILLNO-1002123OPCS002920
BILLNO-1002123OPCS002920

Test Report Status **Final**	Results	Biological Reference Interval	Units
METHOD : FLOW CYTOMETRY+LEISHMAIN STAIN+MICROSCOPY			
EOSINOPHILS	**9 High**	1 - 6	%
METHOD : FLOW CYTOMETRY+LEISHMAIN STAIN+MICROSCOPY			
BASOPHILS	00	0 - 2	%
METHOD : FLOW CYTOMETRY+LEISHMAIN STAIN+MICROSCOPY			
ABSOLUTE NEUTROPHIL COUNT	3.28	2.0 - 7.0	thou/µL
METHOD : CALCULATED PARAMETER			
ABSOLUTE LYMPHOCYTE COUNT	1.58	1.0 - 3.0	thou/µL
METHOD : CALCULATED PARAMETER			
ABSOLUTE MONOCYTE COUNT	0.28	0.2 - 1.0	thou/µL
METHOD : CALCULATED PARAMETER			
ABSOLUTE EOSINOPHIL COUNT	**0.51 High**	0.02 - 0.50	thou/µL
METHOD : CALCULATED PARAMETER			
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	2.1		
METHOD : CALCULATED PARAMETER			

Interpretation(s)
RBC AND PLATELET INDICES-Mentzer index (MCV/RBC) is an automated cell-counter based calculated screen tool to differentiate cases of Iron deficiency anaemia(>13) from Beta thalassaemia trait
(<13) in patients with microcytic anaemia. This needs to be interpreted in line with clinical correlation and suspicion. Estimation of HbA2 remains the gold standard for diagnosing a case of beta thalassaemia trait.
WBC DIFFERENTIAL COUNT-The optimal threshold of 3.3 for NLR showed a prognostic possibility of clinical symptoms to change from mild to severe in COVID positive patients. When age = 49.5 years old and NLR = 3.3, 46.1% COVID-19 patients with mild disease might become severe. By contrast, when age < 49.5 years old and NLR < 3.3, COVID-19 patients tend to show mild disease.
(Reference to - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients ; A.-P. Yang, et al.; International Immunopharmacology 84 (2020) 106504
This ratio element is a calculated parameter and out of NABL scope.

Dr. Ritu Pankaj, MD, PDCC
Senior Consultant,30897

Dr. Meenakshi Malhotra, MD
Senior Consultant,48159

View Details View Report

PERFORMED AT :
CLINICAL LABORATORY
FORTIS HOSPITAL, SECTOR 62,PHASE VIII,
MOHALI, 160062
PUNJAB, INDIA
Tel : 0172-469-2222 Extn. 6726, 6727), 0172-469-2221 - CIN - L85110DL1996PLC076704
Email : srl.mohali@fortishealthcare.com

Patient Ref. No. 6000002963219

PATIENT NAME : RAJESH KUMAR **REF. DOCTOR :** SELF

FORTIS MOHALI-CHC -SPLZD FORTIS HOSPITAL # MOHALI, MOHALI 160062 7087030817	ACCESSION NO : **0006WC000654** PATIENT ID : FH.12324087 CLIENT PATIENT ID: UID:12324087 ABHA NO :	AGE/SEX : 33 Years Male DRAWN : 01/03/2023 08:55:00 RECEIVED : 01/03/2023 14:40:45 REPORTED : 31/03/2023 09:42:41

CLINICAL INFORMATION :

UID:12324087 REQNO-1379062
CORP-OPD
BILLNO-1002123OPCS002920
BILLNO-1002123OPCS002920

Test Report Status **Final**	Results	Biological Reference Interval	Units

HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD

E.S.R	14	0 - 14	mm at 1 hr

METHOD : WESTERGREN METHOD

Interpretation(s)
ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD-**TEST DESCRIPTION** :-
Erythrocyte sedimentation rate (ESR) is a test that indirectly measures the degree of inflammation present in the body. The test actually measures the rate of fall (sedimentation) of erythrocytes in a sample of blood that has been placed into a tall, thin, vertical tube. Results are reported as the millimetres of clear fluid (plasma) that are present at the top portion of the tube after one hour. Nowadays fully automated instruments are available to measure ESR.

ESR is not diagnostic; it is a non-specific test that may be elevated in a number of different conditions. It provides general information about the presence of an inflammatory condition.CRP is superior to ESR because it is more sensitive and reflects a more rapid change.
TEST INTERPRETATION
Increase in: Infections, Vasculities, Inflammatory arthritis, Renal disease, Anemia, Malignancies and plasma cell dyscrasias, Acute allergy Tissue injury, Pregnancy, Estrogen medication, Aging.
Finding a very accelerated ESR**(>100 mm/hour)** in patients with ill-defined symptoms directs the physician to search for a systemic disease (Paraproteinemias, Disseminated malignancies, connective tissue disease, severe infections such as bacterial endocarditis).
In pregnancy BRI in first trimester is 0-48 mm/hr(62 if anemic) and in second trimester (0-70 mm /hr(95 if anemic). ESR returns to normal 4th week post partum.
Decreased in: Polycythermia vera, Sickle cell anemia

LIMITATIONS
False elevated ESR : Increased fibrinogen, Drugs(Vitamin A, Dextran etc), Hypercholesterolemia
False Decreased : Poikilocytosis,(SickleCells,spherocytes),Microcytosis, Low fibrinogen, Very high WBC counts, Drugs(Quinine, salicylates)

REFERENCE :
1. Nathan and Oski's Haematology of Infancy and Childhood, 5th edition;2. Paediatric reference intervals. AACC Press, 7th edition. Edited by S. Soldin;3. The reference for the adult reference range is "Practical Haematology by Dacie and Lewis,10th edition.

Ritu Pankaj

Dr. Ritu Pankaj, MD, PDCC
Senior Consultant,30897

Meenakshi Malhotra

Dr. Meenakshi Malhotra, MD
Senior Consultant,48159

View Details View Report

PERFORMED AT :
CLINICAL LABORATORY
FORTIS HOSPITAL, SECTOR 62,PHASE VIII,
MOHALI, 160062
PUNJAB, INDIA
Tel : 0172-469-2222 Extn. 6726, 6727), 0172-469-2221 - CIN - L85110DL1996PLC076704
Email : srl.mohali@fortishealthcare.com

Patient Ref. No. 6000002963219

PATIENT NAME : RAJESH KUMAR **REF. DOCTOR :** SELF

FORTIS MOHALI-CHC -SPLZD
FORTIS HOSPITAL # MOHALI,
MOHALI 160062
7087030817

ACCESSION NO : **0006WC000654**
PATIENT ID : FH.12324087
CLIENT PATIENT ID: UID:12324087
ABHA NO :

AGE/SEX : 33 Years Male
DRAWN : 01/03/2023 08:55:00
RECEIVED : 01/03/2023 14:40:45
REPORTED : 31/03/2023 09:42:41

CLINICAL INFORMATION :

UID:12324087 REQNO-1379062
CORP-OPD
BILLNO-1002123OPCS002920
BILLNO-1002123OPCS002920

Test Report Status **Final**	Results	Biological Reference Interval	Units
BIOCHEMISTRY			
LIVER FUNCTION PROFILE, SERUM			
BILIRUBIN, TOTAL METHOD : DIAZONIUM ION, BLANKED (ROCHE)	0.76	UPTO 1.2	mg/dL
BILIRUBIN, DIRECT METHOD : DIAZOTIZATION	0.21	0.00 - 0.30	mg/dL
BILIRUBIN, INDIRECT METHOD : CALCULATED PARAMETER	0.55	0.00 - 0.60	mg/dL
TOTAL PROTEIN METHOD : BIURET	8.2	6.6 - 8.7	g/dL
ALBUMIN METHOD : BROMOCRESOL GREEN	**5.0 High**	3.97 - 4.94	g/dL
GLOBULIN METHOD : CALCULATED PARAMETER	3.2	2.0 - 4.0 Neonates - Pre Mature: 0.29 - 1.04	g/dL
ALBUMIN/GLOBULIN RATIO METHOD : CALCULATED PARAMETER	1.6	1.0 - 2.0	RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	**54 High**	0 - 40	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT) METHOD : UV WITHOUT PYRIDOXAL-5 PHOSPHATE	**95 High**	0 - 41	U/L
ALKALINE PHOSPHATASE METHOD : PNPP - AMP BUFFER	**134 High**	40 - 129	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT) METHOD : GAMMA GLUTAMYLCARBOXY 4NITROANILIDE	24	8 - 61	U/L
LACTATE DEHYDROGENASE METHOD : LACTATE -PYRUVATE UV	**243 High**	135 - 225	U/L
GLUCOSE FASTING,FLUORIDE PLASMA			
FBS (FASTING BLOOD SUGAR) METHOD : HEXOKINASE	91	74 - 106	mg/dL

Meenakshi Malhotra

Dr. Meenakshi Malhotra, MD
Senior Consultant,48159

Ritu Pankaj

Dr. Ritu Pankaj, MD, PDCC
Senior Consultant,30897

Ms. Hardeep Kaur, M.Sc.
Biochemistry

View Details View Report

PERFORMED AT :
CLINICAL LABORATORY
FORTIS HOSPITAL, SECTOR 62,PHASE VIII,
MOHALI, 160062
PUNJAB, INDIA
Tel : 0172-469-2222 Extn. 6726, 6727), 0172-469-2221 - CIN - L85110DL1996PLC076704
Email : srl.mohali@fortishealthcare.com

Patient Ref. No. 6000002963219

DIAGNOSTIC REPORT

MC-2559

PATIENT NAME : RAJESH KUMAR **REF. DOCTOR :** SELF

FORTIS MOHALI-CHC -SPLZD
FORTIS HOSPITAL # MOHALI,
MOHALI 160062
7087030817

ACCESSION NO : **0006WC000654**
PATIENT ID : FH.12324087
CLIENT PATIENT ID: UID:12324087
ABHA NO :

AGE/SEX : 33 Years Male
DRAWN : 01/03/2023 08:55:00
RECEIVED : 01/03/2023 14:40:45
REPORTED : 31/03/2023 09:42:41

CLINICAL INFORMATION :

UID:12324087 REQNO-1379062
CORP-OPD
BILLNO-1002123OPCS002920
BILLNO-1002123OPCS002920

Test Report Status **Final**	Results	Biological Reference Interval	Units
BLOOD UREA NITROGEN (BUN), SERUM			
BLOOD UREA NITROGEN	14	6 - 20	mg/dL
METHOD : UREASE - UV			
URIC ACID, SERUM			
URIC ACID	**7.1 High**	3.4 - 7.0	mg/dL
METHOD : URICASE, COLORIMETRIC			
GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD			
HBA1C	5.4	Non-diabetic: < 5.7 Pre-diabetics: 5.7 - 6.4 Diabetics: > or = 6.5 Therapeutic goals: < 7.0 Action suggested : > 8.0 (ADA Guideline 2021)	%
METHOD : HPLC			
ESTIMATED AVERAGE GLUCOSE(EAG)	108.3	< 116.0	mg/dL
METHOD : CALCULATED PARAMETER			
CREATININE EGFR			
CREATININE	1.00	0.70 - 1.20	mg/dL
METHOD : ALKALINE PICRATE-KINETIC			
AGE	33		years
GLOMERULAR FILTRATION RATE (MALE)	86	GFR of +90 normal or minimal kidney damage with normal GFR 89- 60 mild decrease 59-30 moderate decrease 29-15 severe decrease < 15 kidney failure (units: mL/min/1.73mSq.)	
GLUCOSE POST-PRANDIAL, PLASMA			

Dr. Meenakshi Malhotra, MD
Senior Consultant,48159

Dr. Ritu Pankaj, MD, PDCC
Senior Consultant,30897

Ms. Hardeep Kaur, M.Sc.
Biochemistry

View Details View Report

PERFORMED AT :
CLINICAL LABORATORY
FORTIS HOSPITAL, SECTOR 62,PHASE VIII,
MOHALI, 160062
PUNJAB, INDIA
Tel : 0172-469-2222 Extn. 6726, 6727), 0172-469-2221 - CIN - L85110DL1996PLC076704
Email : srl.mohali@fortishealthcare.com

Patient Ref. No. 6000002963219

DIAGNOSTIC REPORT

MC-2559

Fortis HOSPITAL Mohali

PATIENT NAME : RAJESH KUMAR **REF. DOCTOR :** SELF

FORTIS MOHALI-CHC -SPLZD
FORTIS HOSPITAL # MOHALI,
MOHALI 160062
7087030817

ACCESSION NO : **0006WC000654**
PATIENT ID : FH.12324087
CLIENT PATIENT ID: UID:12324087
ABHA NO :

AGE/SEX : 33 Years Male
DRAWN : 01/03/2023 08:55:00
RECEIVED : 01/03/2023 14:40:45
REPORTED : 31/03/2023 09:42:41

CLINICAL INFORMATION :

UID:12324087 REQNO-1379062
CORP-OPD
BILLNO-1002123OPCS002920
BILLNO-1002123OPCS002920

Test Report Status **Final**	Results	Biological Reference Interval	Units
PPBS(POST PRANDIAL BLOOD SUGAR)	88	Non-Diabetes 70 - 140	mg/dL

METHOD : HEXOKINASE

Interpretation(s)
LIVER FUNCTION PROFILE, SERUM-
Bilirubin is a yellowish pigment found in bile and is a breakdown product of normal heme catabolism. Bilirubin is excreted in bile and urine, and elevated levels may give yellow discoloration in jaundice.**Elevated levels** results from increased bilirubin production (eg, hemolysis and ineffective erythropoiesis), decreased bilirubin excretion (eg, obstruction and hepatitis), and abnormal bilirubin metabolism (eg, hereditary and neonatal jaundice). Conjugated (direct) bilirubin is elevated more than unconjugated (indirect) bilirubin in Viral hepatitis, Drug reactions, Alcoholic liver disease Conjugated (direct) bilirubin is also elevated more than unconjugated (indirect) bilirubin when there is some kind of blockage of the bile ducts like in Gallstones getting into the bile ducts, tumors &Scarring of the bile ducts. Increased unconjugated (indirect) bilirubin may be a result of Hemolytic or pernicious anemia, Transfusion reaction & a common metabolic condition termed Gilbert syndrome, due to low levels of the enzyme that attaches sugar molecules to bilirubin.
AST is an enzyme found in various parts of the body. AST is found in the liver, heart, skeletal muscle, kidneys, brain, and red blood cells, and it is commonly measured clinically as a marker for liver health. AST levels increase during chronic viral hepatitis, blockage of the bile duct, cirrhosis of the liver,liver cancer,kidney failure,hemolytic anemia,pancreatitis,hemochromatosis. AST levels may also increase after a heart attack or strenuous activity.ALT test measures the amount of this enzyme in the blood.ALT is found mainly in the liver, but also in smaller amounts in the kidneys,heart,muscles, and pancreas.It is commonly measured as a part of a diagnostic evaluation of hepatocellular injury, to determine liver health.AST levels increase during acute hepatitis,sometimes due to a viral infection,ischemia to the liver,chronic hepatitis,obstruction of bile ducts,cirrhosis.
ALP is a protein found in almost all body tissues.Tissues with higher amounts of ALP include the liver,bile ducts and bone.Elevated ALP levels are seen in Biliary obstruction, Osteoblastic bone tumors, osteomalacia, hepatitis, Hyperparathyroidism, Leukemia, Lymphoma, Pagets disease,Rickets,Sarcoidosis etc. Lower-than-normal ALP levels seen in Hypophosphatasia,Malnutrition,Protein deficiency,Wilsons disease.
GGT is an enzyme found in cell membranes of many tissues mainly in the liver,kidney and pancreas.It is also found in other tissues including intestine,spleen,heart, brain and seminal vesicles.The highest concentration is in the kidney,but the liver is considered the source of normal enzyme activity.Serum GGT has been widely used as an index of liver dysfunction.Elevated serum GGT activity can be found in diseases of the liver,biliary system and pancreas.Conditions that increase serum GGT are obstructive liver disease,high alcohol consumption and use of enzyme-inducing drugs etc.
Total Protein also known as total protein,is a biochemical test for measuring the total amount of protein in serum.Protein in the plasma is made up of albumin and globulin.Higher-than-normal levels may be due to:Chronic inflammation or infection,including HIV and hepatitis B or C,Multiple myeloma,Waldenstroms disease.Lower-than-normal levels may be due to: Agammaglobulinemia,Bleeding (hemorrhage),Burns,Glomerulonephritis,Liver disease, Malabsorption,Malnutrition,Nephrotic syndrome,Protein-losing enteropathy etc.
Albumin is the most abundant protein in human blood plasma.It is produced in the liver.Albumin constitutes about half of the blood serum protein.Low blood albumin levels (hypoalbuminemia) can be caused by:Liver disease like cirrhosis of the liver, nephrotic syndrome,protein-losing enteropathy,Burns,hemodilution,increased vascular permeability or decreased lymphatic clearance,malnutrition and wasting etc
GLUCOSE FASTING,FLUORIDE PLASMA-**TEST DESCRIPTION**
Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and sothat no glucose is excreted in the urine.
Increased in:Diabetes mellitus, Cushing' s syndrome (10 – 15%), chronic pancreatitis (30%). Drugs:corticosteroids,phenytoin, estrogen, thiazides.
Decreased in :Pancreatic islet cell disease with increased insulin,insulinoma,adrenocortical insufficiency,hypopituitarism,diffuse liver disease, malignancy(adrenocortical,stomach,fibrosarcoma),infant of a diabetic mother,enzyme deficiency diseases(e.g.galactosemia),Drugs-insulin,ethanol,propranolol;sulfonylureas,tolbutamide,and other oral hypoglycemic agents.
NOTE: While random serum glucose levels correlate with home glucose monitoring results (weekly mean capillary glucose values),there is wide fluctuation within individuals.Thus, glycosylated hemoglobin(HbA1c) levels are favored to monitor glycemic control.
High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment,Renal Glyosuria,Glycaemic index & response to food consumed,Alimentary Hypoglycemia,Increased insulin response & sensitivity etc.
BLOOD UREA NITROGEN (BUN), SERUM-**Causes of Increased** levels include Pre renal (High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal), Renal Failure, Post Renal (Malignancy, Nephrolithiasis, Prostatism)
Causes of decreased level include Liver disease, SIADH.
URIC ACID, SERUM-**Causes of Increased levels:**-Dietary(High Protein Intake,Prolonged Fasting,Rapid weight loss),Gout,Lesch nyhan syndrome,Type 2 DM,Metabolic

Meenakshi Malhotra

Dr. Meenakshi Malhotra, MD
Senior Consultant,48159

Ritu Pankaj

Dr. Ritu Pankaj, MD, PDCC
Senior Consultant,30897

Ms. Hardeep Kaur, M.Sc.
Biochemistry

View Details View Report

PERFORMED AT :
CLINICAL LABORATORY
FORTIS HOSPITAL, SECTOR 62,PHASE VIII,
MOHALI, 160062
PUNJAB, INDIA
Tel : 0172-469-2222 Extn. 6726, 6727), 0172-469-2221 - CIN - L85110DL1996PLC076704
Email : srl.mohali@fortishealthcare.com

Patient Ref. No. 6000002963219

PATIENT NAME : RAJESH KUMAR **REF. DOCTOR :** SELF

FORTIS MOHALI-CHC -SPLZD
FORTIS HOSPITAL # MOHALI,
MOHALI 160062
7087030817

ACCESSION NO : **0006WC000654**
PATIENT ID : FH.12324087
CLIENT PATIENT ID: UID:12324087
ABHA NO :

AGE/SEX : 33 Years Male
DRAWN : 01/03/2023 08:55:00
RECEIVED : 01/03/2023 14:40:45
REPORTED : 31/03/2023 09:42:41

CLINICAL INFORMATION :

UID:12324087 REQNO-1379062
CORP-OPD
BILLNO-1002123OPCS002920
BILLNO-1002123OPCS002920

Test Report Status **Final**	Results	Biological Reference Interval	Units

syndrome **Causes of decreased levels**-Low Zinc intake,OCP,Multiple Sclerosis
GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD-**Used For**:

1. Evaluating the long-term control of blood glucose concentrations in diabetic patients.
2. Diagnosing diabetes.
3. Identifying patients at increased risk for diabetes (prediabetes).
The ADA recommends measurement of HbA1c (typically 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to determine whether a patients metabolic control has remained continuously within the target range.
1. eAG (Estimated average glucose) converts percentage HbA1c to md/dl, to compare blood glucose levels.
2. eAG gives an evaluation of blood glucose levels for the last couple of months.
3. eAG is calculated as eAG (mg/dl) = 28.7 * HbA1c - 46.7

HbA1c Estimation can get affected due to :
1. Shortened Erythrocyte survival : Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss,hemolytic anemia) will falsely lower HbA1c test results.Fructosamine is recommended in these patients which indicates diabetes control over 15 days.
2.Vitamin C & E are reported to falsely lower test results.(possibly by inhibiting glycation of hemoglobin.
3. Iron deficiency anemia is reported to increase test results. Hypertriglyceridemia,uremia, hyperbilirubinemia, chronic alcoholism,chronic ingestion of salicylates & opiates addiction are reported to interfere with some assay methods,falsely increasing results.
4. Interference of hemoglobinopathies in HbA1c estimation is seen in

a) Homozygous hemoglobinopathy. Fructosamine is recommended for testing of HbA1c.
b) Heterozygous state detected (D10 is corrected for HbS & HbC trait.)
c) HbF > 25% on alternate paltform (Boronate affinity chromatography) is recommended for testing of HbA1c.Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy
CREATININE EGFR-GFR— Glomerular filtration rate (GFR) is a measure of the function of the kidneys. The GFR is a calculation based on a serum creatinine test. Creatinine is a muscle waste product that is filtered from the blood by the kidneys and excreted into urine at a relatively steady rate. When kidney function decreases, less creatinine is excreted and concentrations increase in the blood. With the creatinine test, a reasonable estimate of the actual GFR can be determined.
A GFR of 60 or higher is in the normal range.
A GFR below 60 may mean kidney disease.
A GFR of 15 or lower may mean kidney failure.

Estimated GFR (eGFR) is the preferred method for identifying people with chronic kidney disease (CKD). In adults, eGFR calculated using the Modification of Diet in Renal Disease (MDRD) Study equation provides a more clinically useful measure of kidney function than serum creatinine alone.

This equation takes into account several factors that impact creatinine production, including age, gender, and race. In children, eGFR is calculated using original schwartz equation.

The equation has not been validated in children & will only be reported for patients > 16 years of age. The equation is normalized for an average adult body surface area of 1.73m², weight & height adjustment is not necessary.

The IDMS Traceable MDRD equation has not been validated in children & will only be reported for patients = 18 years of age. The equation is normalized for an average adult body surface area of 1.73m², weight & height adjustment is not necessary. Estimation of GFR in children and adolescence (0- < 18 years) is performed by bedside IDMS- Traceable Schwartz formula
GLUCOSE POST-PRANDIAL, PLASMA-Spectrophotometry Hexokinase

Dr. Meenakshi Malhotra, MD
Senior Consultant,48159

Dr. Ritu Pankaj, MD, PDCC
Senior Consultant,30897

Ms. Hardeep Kaur, M.Sc.
Biochemistry

View Details View Report

PERFORMED AT :
CLINICAL LABORATORY
FORTIS HOSPITAL, SECTOR 62,PHASE VIII,
MOHALI, 160062
PUNJAB, INDIA
Tel : 0172-469-2222 Extn. 6726, 6727), 0172-469-2221 - CIN - L85110DL1996PLC076704
Email : srl.mohali@fortishealthcare.com

Patient Ref. No. 6000002963219

DIAGNOSTIC REPORT

MC-2559

PATIENT NAME : RAJESH KUMAR **REF. DOCTOR :** SELF

FORTIS MOHALI-CHC -SPLZD
FORTIS HOSPITAL # MOHALI,
MOHALI 160062
7087030817

ACCESSION NO : **0006WC000654**
PATIENT ID : FH.12324087
CLIENT PATIENT ID: UID:12324087
ABHA NO :

AGE/SEX : 33 Years Male
DRAWN : 01/03/2023 08:55:00
RECEIVED : 01/03/2023 14:40:45
REPORTED : 31/03/2023 09:42:41

CLINICAL INFORMATION :

UID:12324087 REQNO-1379062
CORP-OPD
BILLNO-1002123OPCS002920
BILLNO-1002123OPCS002920

Test Report Status **Final**	Results	Biological Reference Interval	Units

BIOCHEMISTRY - LIPID

LIPID PROFILE, SERUM

CHOLESTEROL, TOTAL	194	< 200 Desirable 200 - 239 Borderline High >/= 240 High	mg/dL
METHOD : CHOLESTEROL OXIDASE, ESTERASE,PEROXIDASE			
TRIGLYCERIDES	**290 High**	< 150 Normal 150 - 199 Borderline High 200 - 499 High >/= 500 Very High	mg/dL
METHOD : ENZYMATIC ASSAY			
HDL CHOLESTEROL	**31 Low**	< 40 Low >/=60 High	mg/dL
METHOD : DIRECT MEASURE - PEG			
LDL CHOLESTEROL, DIRECT	**102 High**	< 100 Optimal 100 - 129 Near or above optimal 130 - 160 Borderline High 161 - 189 High >/= 190 Very High	mg/dL
METHOD : CHOLESTEROL OXIDASE, ESTERASE,PEROXIDASE			
NON HDL CHOLESTEROL	**163 High**	Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
VERY LOW DENSITY LIPOPROTEIN	**58.0 High**	Desirable value : 10 - 35	mg/dL
METHOD : CALCULATED PARAMETER			
CHOL/HDL RATIO	**6.3 High**	3.3-4.4 Low Risk 4.5-7.0 Average Risk 7.1-11.0 Moderate Risk > 11.0 High Risk	

Dr. Ritu Pankaj, MD, PDCC
Senior Consultant,30897

Ms. Hardeep Kaur, M.Sc.
Biochemistry

Dr. Meenakshi Malhotra, MD
Senior Consultant,48159

View Details View Report

PERFORMED AT :
CLINICAL LABORATORY
FORTIS HOSPITAL, SECTOR 62,PHASE VIII,
MOHALI, 160062
PUNJAB, INDIA
Tel : 0172-469-2222 Extn. 6726, 6727), 0172-469-2221 - CIN - L85110DL1996PLC076704
Email : srl.mohali@fortishealthcare.com

Patient Ref. No. 6000002963219

DIAGNOSTIC REPORT

MC-2559

PATIENT NAME : RAJESH KUMAR **REF. DOCTOR :** SELF

FORTIS MOHALI-CHC -SPLZD
FORTIS HOSPITAL # MOHALI,
MOHALI 160062
7087030817

ACCESSION NO : **0006WC000654**
PATIENT ID : FH.12324087
CLIENT PATIENT ID: UID:12324087
ABHA NO :

AGE/SEX : 33 Years Male
DRAWN : 01/03/2023 08:55:00
RECEIVED : 01/03/2023 14:40:45
REPORTED : 31/03/2023 09:42:41

CLINICAL INFORMATION :

UID:12324087 REQNO-1379062
CORP-OPD
BILLNO-1002123OPCS002920
BILLNO-1002123OPCS002920

Test Report Status **Final**	Results	Biological Reference Interval	Units
LDL/HDL RATIO	**3.3 High**	0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk	

METHOD : CALCULATED PARAMETER

Interpretation(s)

Dr. Ritu Pankaj, MD, PDCC
Senior Consultant,30897

Ms. Hardeep Kaur, M.Sc.
Biochemistry

Dr. Meenakshi Malhotra, MD
Senior Consultant,48159

View Details View Report

PERFORMED AT :
CLINICAL LABORATORY
FORTIS HOSPITAL, SECTOR 62,PHASE VIII,
MOHALI, 160062
PUNJAB, INDIA
Tel : 0172-469-2222 Extn. 6726, 6727), 0172-469-2221 - CIN - L85110DL1996PLC076704
Email : srl.mohali@fortishealthcare.com

Patient Ref. No. 6000002963219

PATIENT NAME : RAJESH KUMAR **REF. DOCTOR :** SELF

FORTIS MOHALI-CHC -SPLZD
FORTIS HOSPITAL # MOHALI,
MOHALI 160062
7087030817

ACCESSION NO : **0006WC000654**
PATIENT ID : FH.12324087
CLIENT PATIENT ID: UID:12324087
ABHA NO :

AGE/SEX : 33 Years Male
DRAWN : 01/03/2023 08:55:00
RECEIVED : 01/03/2023 14:40:45
REPORTED : 31/03/2023 09:42:41

CLINICAL INFORMATION :

UID:12324087 REQNO-1379062
CORP-OPD
BILLNO-1002123OPCS002920
BILLNO-1002123OPCS002920

Test Report Status **Final**	Results	Biological Reference Interval	Units

CLINICAL PATH - URINALYSIS

URINALYSIS

PHYSICAL EXAMINATION, URINE

COLOR METHOD : MANUAL EXAMINATION	YELLOW		
APPEARANCE METHOD : MANUAL EXAMINATION	CLEAR		

CHEMICAL EXAMINATION, URINE

PH METHOD : DOUBLE INDICATOR PRINCIPLE	5.5	4.7 - 7.5	
SPECIFIC GRAVITY METHOD : REFLECTANCE PHOTOMETRY (IONIC CONCENTRATION)	1.025	1.003 - 1.035	
PROTEIN METHOD : REFLECTION PHOTOMETRY (PROTEIN ERROR INDICATOR)	**DETECTED (TRACE)**	NOT DETECTED	
GLUCOSE METHOD : REFLECTANCE PHOTOMETRY (GLUCOSE OXIDASE METHOD)	NOT DETECTED	NOT DETECTED	
KETONES METHOD : REFLECTION PHOTOMETRY (NITROPRUSSIDE)	NOT DETECTED	NOT DETECTED	
BLOOD METHOD : REFLECTANCE PHOTOMETRY (BENZIDINE REACTION)	NOT DETECTED	NOT DETECTED	
BILIRUBIN METHOD : REFLECTANCE SPECTROPHOTOMETRY (DIAZO REACTION)	NOT DETECTED	NOT DETECTED	
UROBILINOGEN METHOD : REFLECTANCE PHOTOMETRY (EHRLICH'S REACTION)	NORMAL	NORMAL	
NITRITE METHOD : REFLECTANCE SPECTROPHOTOMETRY (DIAZO REACTION)	NOT DETECTED	NOT DETECTED	

MICROSCOPIC EXAMINATION, URINE

RED BLOOD CELLS METHOD : MICROSCOPY	NOT DETECTED	NOT DETECTED	/HPF
PUS CELL (WBC'S) METHOD : REFLECTANCE PHOTOMETRY & MICROSCOPY	0-1	0-5	/HPF

Dr. Irneet Mundi, MD
Associate Consultant,34080

Dr. Meenakshi Malhotra, MD
Senior Consultant,48159

Dr. Ritu Pankaj, MD, PDCC
Senior Consultant,30897

View Details View Report

PERFORMED AT :
CLINICAL LABORATORY
FORTIS HOSPITAL, SECTOR 62,PHASE VIII,
MOHALI, 160062
PUNJAB, INDIA
Tel : 0172-469-2222 Extn. 6726, 6727), 0172-469-2221 - CIN - L85110DL1996PLC076704
Email : srl.mohali@fortishealthcare.com

Patient Ref. No. 6000002963219

DIAGNOSTIC REPORT

MC-2559

PATIENT NAME : RAJESH KUMAR **REF. DOCTOR :** SELF

FORTIS MOHALI-CHC -SPLZD
FORTIS HOSPITAL # MOHALI,
MOHALI 160062
7087030817

ACCESSION NO : **0006WC000654**
PATIENT ID : FH.12324087
CLIENT PATIENT ID: UID:12324087
ABHA NO :

AGE/SEX : 33 Years Male
DRAWN : 01/03/2023 08:55:00
RECEIVED : 01/03/2023 14:40:45
REPORTED : 31/03/2023 09:42:41

CLINICAL INFORMATION :

UID:12324087 REQNO-1379062
CORP-OPD
BILLNO-1002123OPCS002920
BILLNO-1002123OPCS002920

Test Report Status **Final**	Results	Biological Reference Interval	Units
EPITHELIAL CELLS METHOD : MICROSCOPY	NOT DETECTED	0-5	/HPF
CASTS METHOD : MICROSCOPY	NOT DETECTED		
CRYSTALS METHOD : MICROSCOPY	NOT DETECTED		
BACTERIA METHOD : MICROSCOPY	NOT DETECTED	NOT DETECTED	
YEAST	NOT DETECTED	NOT DETECTED	

Interpretation(s)

Dr. Irneet Mundi, MD
Associate Consultant,34080

Dr. Meenakshi Malhotra, MD
Senior Consultant,48159

Dr. Ritu Pankaj, MD, PDCC
Senior Consultant,30897

View Details View Report

PERFORMED AT :
CLINICAL LABORATORY
FORTIS HOSPITAL, SECTOR 62,PHASE VIII,
MOHALI, 160062
PUNJAB, INDIA
Tel : 0172-469-2222 Extn. 6726, 6727), 0172-469-2221 - CIN - L85110DL1996PLC076704
Email : srl.mohali@fortishealthcare.com

Patient Ref. No. 6000002963219

DIAGNOSTIC REPORT

MC-2559

PATIENT NAME : RAJESH KUMAR **REF. DOCTOR :** SELF

FORTIS MOHALI-CHC -SPLZD
FORTIS HOSPITAL # MOHALI,
MOHALI 160062
7087030817

ACCESSION NO : **0006WC000654**
PATIENT ID : FH.12324087
CLIENT PATIENT ID: UID:12324087
ABHA NO :

AGE/SEX : 33 Years Male
DRAWN : 01/03/2023 08:55:00
RECEIVED : 01/03/2023 14:40:45
REPORTED : 31/03/2023 09:42:41

CLINICAL INFORMATION :

UID:12324087 REQNO-1379062
CORP-OPD
BILLNO-1002123OPCS002920
BILLNO-1002123OPCS002920

Test Report Status **Final**	Results	Biological Reference Interval	Units

CLINICAL PATH - STOOL ANALYSIS

STOOL: OVA & PARASITE

PHYSICAL EXAMINATION,STOOL

COLOUR	SAMPLE NOT RECEIVED		

Dr. Anita Sharma, MD
Associate Director ,27672

View Details View Report

PERFORMED AT :
CLINICAL LABORATORY
FORTIS HOSPITAL, SECTOR 62,PHASE VIII,
MOHALI, 160062
PUNJAB, INDIA
Tel : 0172-469-2222 Extn. 6726, 6727), 0172-469-2221 - CIN - L85110DL1996PLC076704
Email : srl.mohali@fortishealthcare.com

Patient Ref. No. 6000002963219

DIAGNOSTIC REPORT

MC-2559

PATIENT NAME : RAJESH KUMAR **REF. DOCTOR :** SELF

FORTIS MOHALI-CHC -SPLZD
FORTIS HOSPITAL # MOHALI,
MOHALI 160062
7087030817

ACCESSION NO : **0006WC000654**
PATIENT ID : FH.12324087
CLIENT PATIENT ID: UID:12324087
ABHA NO :

AGE/SEX : 33 Years Male
DRAWN : 01/03/2023 08:55:00
RECEIVED : 01/03/2023 14:40:45
REPORTED : 31/03/2023 09:42:41

CLINICAL INFORMATION :

UID:12324087 REQNO-1379062
CORP-OPD
BILLNO-1002123OPCS002920
BILLNO-1002123OPCS002920

Test Report Status **Final**	Results	Biological Reference Interval	Units
SPECIALISED CHEMISTRY - HORMONE			
THYROID PANEL, SERUM			
T3 METHOD : SANDWICH (ECLIA)	97.7	80.00 - 200.00	ng/dL
T4 METHOD : SANDWICH (ECLIA)	10.16	5.10 - 14.10	µg/dL
TSH (ULTRASENSITIVE) METHOD : SANDWICH (ECLIA)	1.460	0.270 - 4.200	µIU/mL

Interpretation(s)

****End Of Report****
Please visit www.srlworld.com for related Test Information for this accession

Meenakshi Malhotra

Dr. Meenakshi Malhotra, MD
Senior Consultant,48159

Ritu Pankaj

Dr. Ritu Pankaj, MD, PDCC
Senior Consultant,30897

View Details View Report

PERFORMED AT :
CLINICAL LABORATORY
FORTIS HOSPITAL, SECTOR 62,PHASE VIII,
MOHALI, 160062
PUNJAB, INDIA
Tel : 0172-469-2222 Extn. 6726, 6727), 0172-469-2221 - CIN - L85110DL1996PLC076704
Email : srl.mohali@fortishealthcare.com

Patient Ref. No. 6000002963219

Fortis MEDCENTRE
CHANDIGARH
(A unit of Fortis Hospital Mohali)
SCO 11, Sector 11-D, Chandigarh - 160011

Name: Mr. Rajesh Kumar
UHID: 12324087 Date: 1/3/2023
Age: 33 Gender: Male

Nursing Assessment

Profile	
Height (cm): 165 cm	Waist Circumference (cm): 32 inches
Weight (Kg.): 64.8 Kg	Body Mass Index :
Occupation: Govt. job	Marital Status ☐ Single ☑ Married

Vital Signs	
Pulse Rate (/min): 68 b/min	Respiratory Rate (/min): SpO_2 - 100 %
Blood Pressure (mmHg): 110/80 mmHg	Temperature (if febrile): Afebrile

Past History	
☑ Hypertension :	☑ Diabetes :
☑ Heart disease :	☑ Dyslipidemia :
☑ Asthma :	☑ Tuberculosis :
☑ Allergies :	
☑ Others :	

For Women	
LMP:	Last Pap smear done in
Menopause ☐ Yes ☐ No	Last Mammography done in
Consent for X-ray & Mammography	

Current Medications
NA

Signature, Name and Emp. ID of the Nurse : _____

Fortis MEDCENTRE
CHANDIGARH
(A unit of Fortis Hospital Mohali)
SCO 11, Sector 11-D, Chandigarh - 160011

Name Mr. Rajesh Kumar
UHID : 12324087 Date : 1/3/2023
Age : 33 Gender : Male

Internal Medicine Consultation

Relevant History:

Diagnosis:

Examination Findings:

Advice / Treatment Plan:

Investigations:

Signature and stamp of the Consultant :

Fortis MEDCENTRE
CHANDIGARH
(A unit of Fortis Hospital Mohali)
SCO 11, Sector 11-D, Chandigarh - 160011

Name Mr. Rajesh Kumar
UHID : 12324087 Date : 1/3/2023
Age : 33 Gender : Male

Ophthalmology Consultation

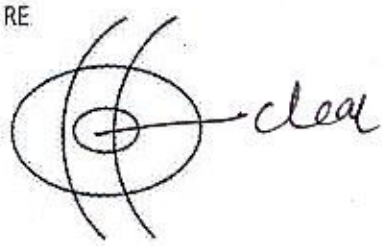
History: NIL

Examination findings:

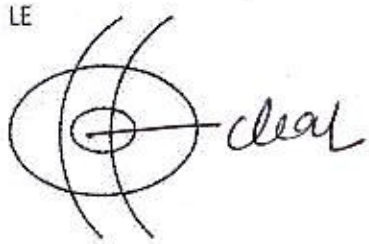
Visual acuity R 6/6, L 6/6 Visual acuity with glasses R, L Colour Vision R WNL, L WNL

Slit Lamp Examination

RE

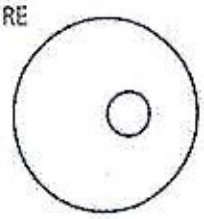


LE

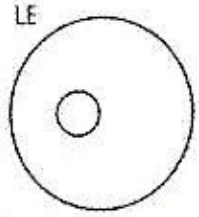


Fundus Examination

RE



LE



Diagnosis: NADBE

Treatment" G. Tearfilm OD

Spectacle prescription:

Right eye

	SPH	CYL	AXIS	VA
Distance	Plano			6/6
Near				N 6

Left eye

	SPH	CYL	AXIS	VA
Distance	Plano			6/6
Near				N 6

Signature and stamp of the Ophthalmologist :

GE Healthcare REF 1019728LSI CE LOT 0750

Rajesh, Kumar
ID: 12324087

Male

01.03.2023 10:00:11
Fortis Med Centre
sector 11
Chandgarh

Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

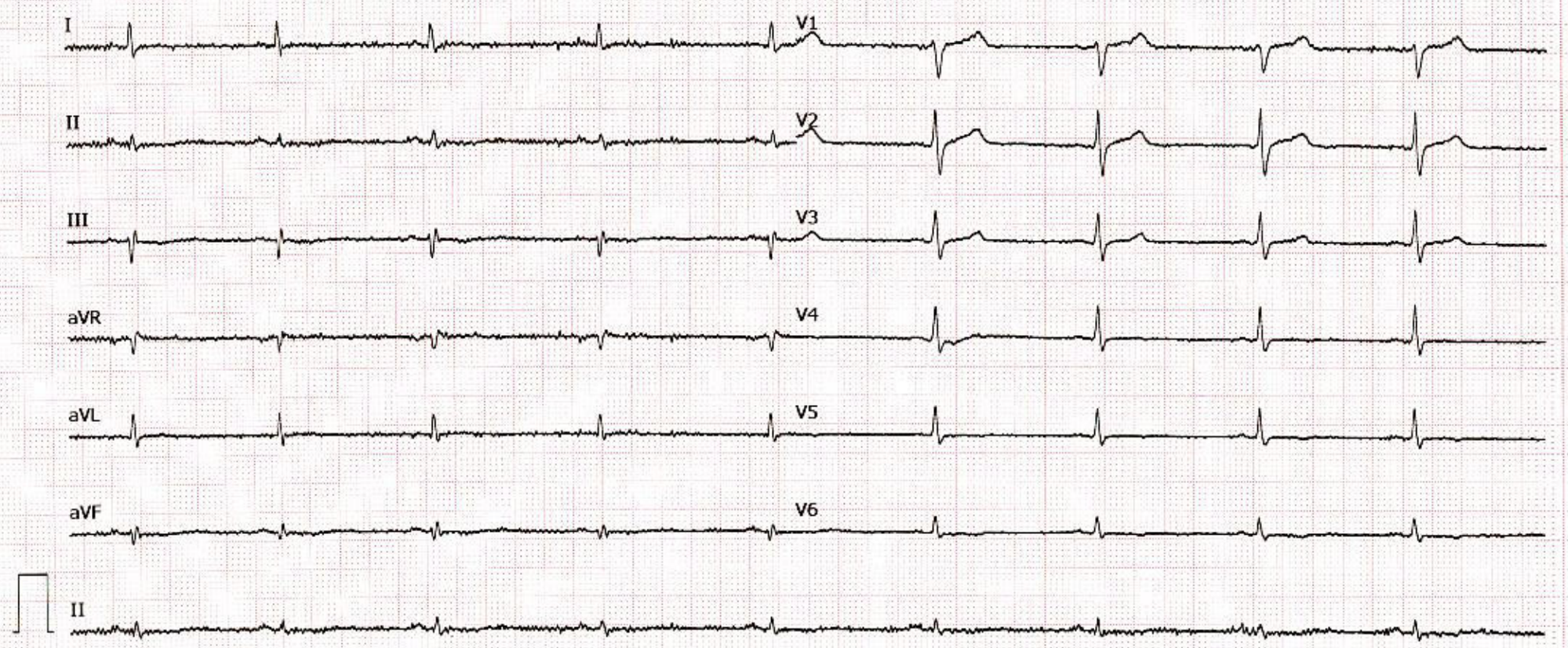
Room:

55 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS :	94 ms
QT / QTcBaz :	416 / 397 ms
PR :	134 ms
P :	70 ms
RR / PP :	1088 / 1090 ms
P / QRS / T :	68 / -8 / -26 degrees

Sinus bradycardia
Nonspecific T wave abnormality
Abnormal ECG



GE MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-40 Hz 50 Hz

Unconfirmed
2x5x6_25_R1 1/1

Fortis MEDCENTRE
CHANDIGARH

Fortis Medcentre
SCO-11, Sector-11-D,
Chandigarh - 160 011 (India)
Telephone : 0172 506 1222 / 505 5441
Fax : 0172-5055440
E-mail : contactus.fmc@fortishealthcare.com
Website : www.fortishealthcare.com

NAME: MR. RAJESH KUMAR
AGE AND SEX: 33Y/M
UHID NO: 12324087
DATE: 01/03/2023
ROI: WHOLE ABDOMEN

Liver is normal in size, outline and echogenicity. No focal lesion seen. IHBR's are not dilated. Portal vein and hepatic veins are normal.

Gall bladder is normally distended with anechoic lumen. Wall thickness is normal. No calculus / focal lesion seen. No pericholecystic fluid / collection seen. CBD is normal.

Pancreas is visualized in region of head and proximal body and is normal in size, shape, outline and echotexture. No focal lesion seen. Distal body and tail are obscured by bowel gases.

Spleen is normal in size, outline and echotexture. No focal lesion seen.

Right kidney is normal in size, outline and echogenicity. Cortico-medullary differentiation is maintained. No hydronephrosis / calculus is seen.

Left kidney is normal in size, outline and echogenicity. Cortico-medullary differentiation is maintained. No hydronephrosis / calculus is seen.

Retroperitoneum is normal.

The urinary bladder is minimally distended at the time of examination.

Prostate is normal in size, and shows normal outline and echopattern. No focal lesion seen.

No free fluid is seen.

Opinion: Normal study.

Suggested clinical correlation.

Dr. NEHA CHHABRA.
Consultant Radiologist

RAJESH KUMAR 33/M **Study Date: 01/03/2023**

Patient ID: 12324087 Accession #: Alt ID:

DOB: Age: Gender: M Ht: Wt: BSA:

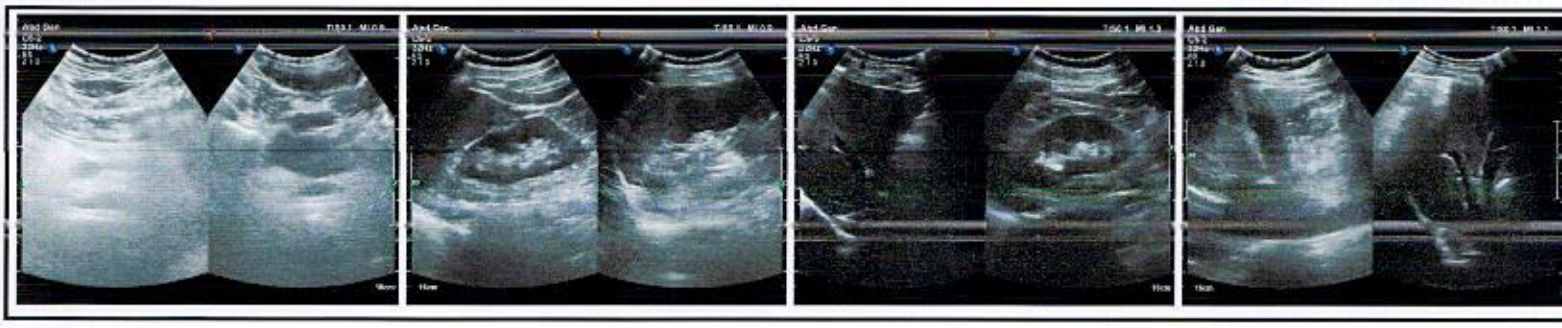
Institution: Fortis MEDCENTRE, Chandigarh

Referring Physician:

Physician of Record: Performed By:

Comments:

Images



Signature

Signature:

Name(Print): Date:

Fortis MEDCENTRE
CHANDIGARH

Fortis Medcentre
SCO-11, Sector-11-D,
Chandigarh - 160 011 (India)
Telephone : 0172 506 1222 / 505 5441
Fax : 0172-5055440
E-mail : contactus.fmc@fortishealthcare.com
Website : www.fortishealthcare.com

DEPARTMENT OF FMC-RADIOLOGY LAB

Date: 01/Ma

Name: Mr. Rajesh Kumar
Age | Sex: 33 YEAR(S) | Male
Order Station : FRONTOFFICE-FMC
Bed Name :

UHID | Episode No : 12324087 | 2303/
Order No | Order Date: 10021/PN/OP/2303/5982 | 01-
Admitted On | Reporting Date : 01-Mar-2023
Order Doctor Name :

CHEST X-RAY (PA VIEW)

Both the domes of diaphragm are normal.

Both costophrenic angles are normal.

Both lung fields are clear.

Cardiac size and silhouette are normal.

Both hila and mediastinum are normal.

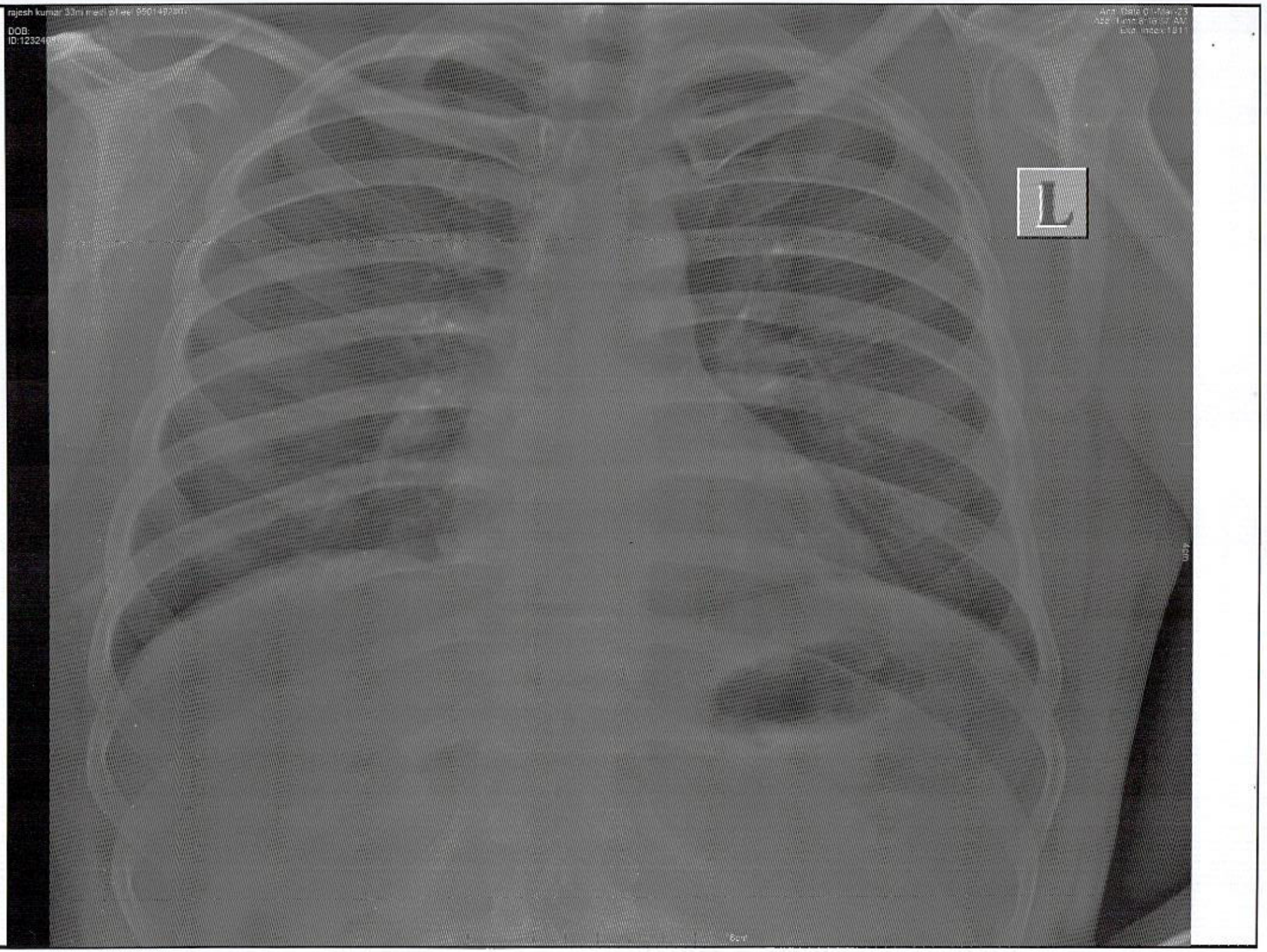
Bony cage and soft tissues are normal.

IMPRESSION: NORMAL STUDY.

Please correlate clinically and with other relevant investigations.

DR NEHA CHHABRA

CONSULTANT RADIOLOGIST


rajesh kumar 33m male
DOB:
ID:123240
L

--
SCO 11, Sector 11 D
Chandigarh

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: Kumar, Rajesh
Patient ID: 12324087
Height: 165 cm
Weight: 64 kg

DOB: 09.08.1989
Age: 33yrs
Gender: Male
Race: Indian

Study Date: 01.03.2023
Test Type: --
Protocol: BRUCE

Referring Physician: --
Attending Physician: --
Technician: --

Medications:
--

Medical History:
--

Reason for Exercise Test:

--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:19	0.00	0.00	95	110/80	
	STANDING	00:26	0.00	0.00	98		
EXERCISE	STAGE 1	03:00	2.70	10.00	123	110/80	
	STAGE 2	03:00	4.00	12.00	146	120/80	
	STAGE 3	03:00	5.50	14.00	171	130/80	
	STAGE 4	00:52	6.80	16.00	187		
RECOVERY		02:13	0.00	0.00	142	110/80	

The patient exercised according to the BRUCE for 9:52 min:s, achieving a work level of Max. METS: 13.00. The resting heart rate of 94 bpm rose to a maximal heart rate of 187 bpm. This value represents 100 % of the maximal, age-predicted heart rate. The resting blood pressure of 110/80 mmHg , rose to a maximum blood pressure of 130/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.
Functional Capacity: normal.
HR Response to Exercise: appropriate.
BP Response to Exercise: normal resting BP - appropriate response.
Chest Pain: none.
Arrhythmias: none.
ST Changes: none.
Overall impression: Normal stress test.

Conclusions

--

Physician _____ Technician _____

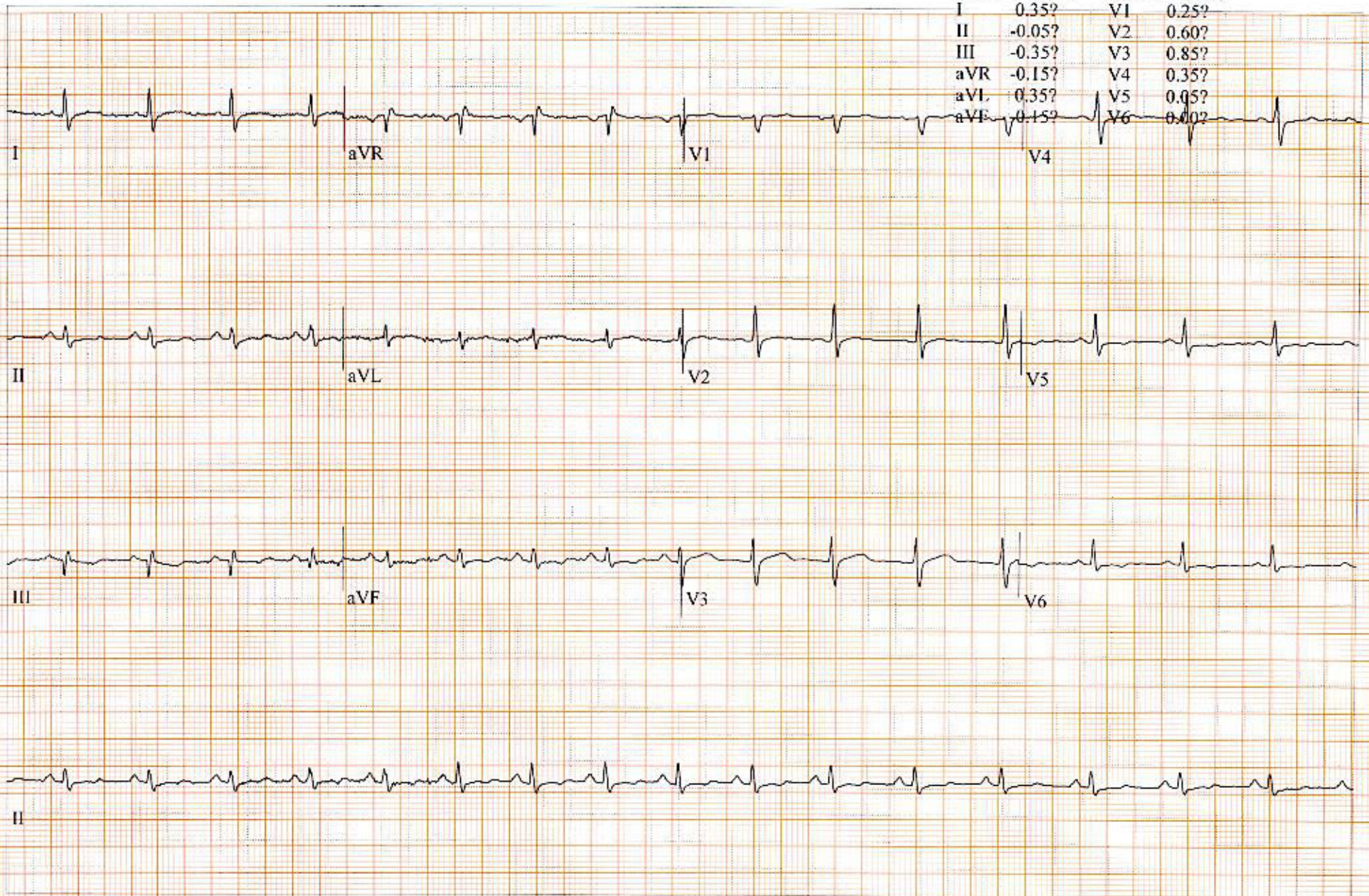
Kumar, Rajesh
Patient ID 12324087
01.03.2023
11:41:56am

12-Lead Report

102 bpm

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.35?	V1	0.25?
II	-0.05?	V2	0.60?
III	-0.35?	V3	0.85?
aVR	-0.15?	V4	0.35?
aVL	0.35?	V5	0.05?
aVF	-0.15?	V6	0.00?



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01 - 40Hz S+ HR(V2,V3)

Start of Test: 11:41:52am

Kumar, Rajesh
Patient ID 12324087
01.03.2023
11:42:16am

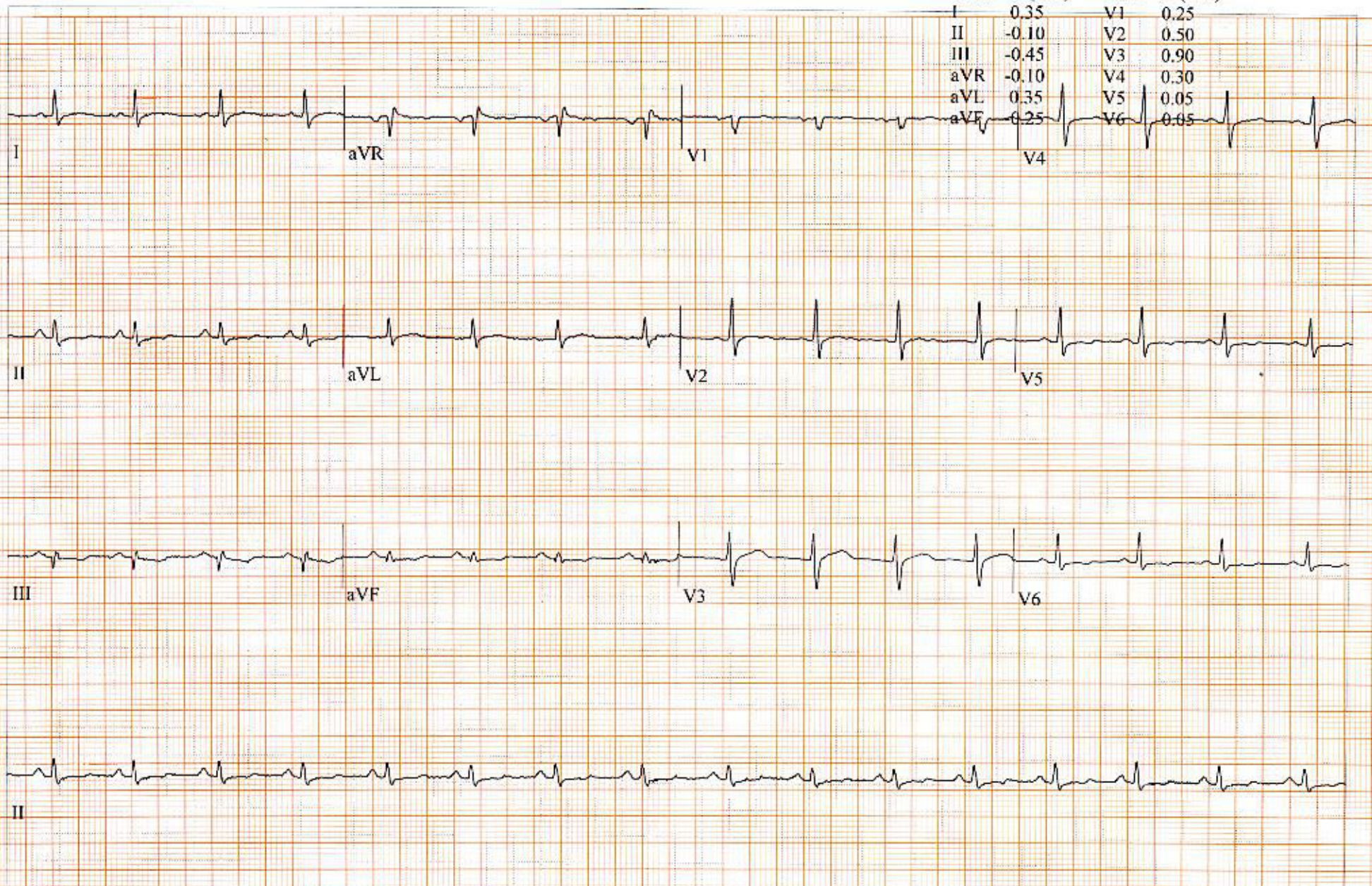
96 bpm
110/80 mmHg

12-Lead Report
PRETEST
SUPINE
00:18

BRUCE
0.0 km/h
0.0 %

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.35	V1	0.25
II	-0.10	V2	0.50
III	-0.45	V3	0.90
aVR	-0.10	V4	0.30
aVL	0.35	V5	0.05
aVF	0.25	V6	0.05



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01 - 40Hz S- HR(V2,V3)

Start of Test: 11:41:52am

Kumar, Rajesh
Patient ID 12324087
01.03.2023
11:45:28am

122 bpm
110/80 mmHg

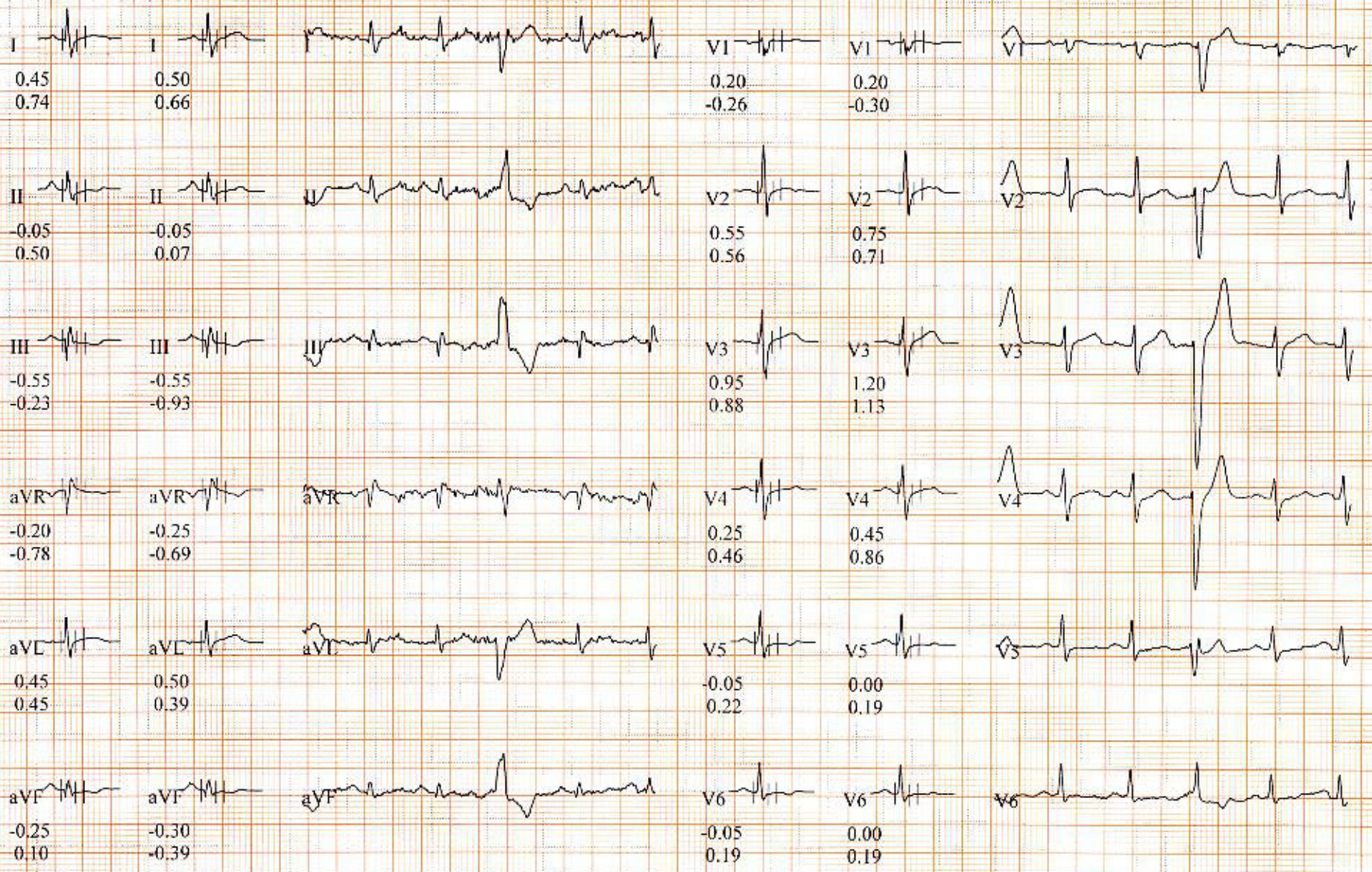
EXERCISE
STAGE I
02:50

BRUCE
2.7 km/h
10.0 %

Comparative Medians Report

Lead	BASELINE 60 ms post J	CURRENT 60 ms post J
I	0.45	0.50
	0.74	0.66
II	-0.05	-0.05
	0.50	0.07
III	-0.55	-0.55
	-0.23	-0.93
aVR	-0.20	-0.25
	-0.78	-0.69
aVL	0.45	0.50
	0.45	0.39
aVF	-0.25	-0.30
	0.10	-0.39
V1	0.20	0.20
	-0.26	-0.30
V2	0.55	0.75
	0.56	0.71
V3	0.95	1.20
	0.88	1.13
V4	0.25	0.45
	0.46	0.86
V5	-0.05	0.00
	0.22	0.19
V6	-0.05	0.00
	0.19	0.19

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



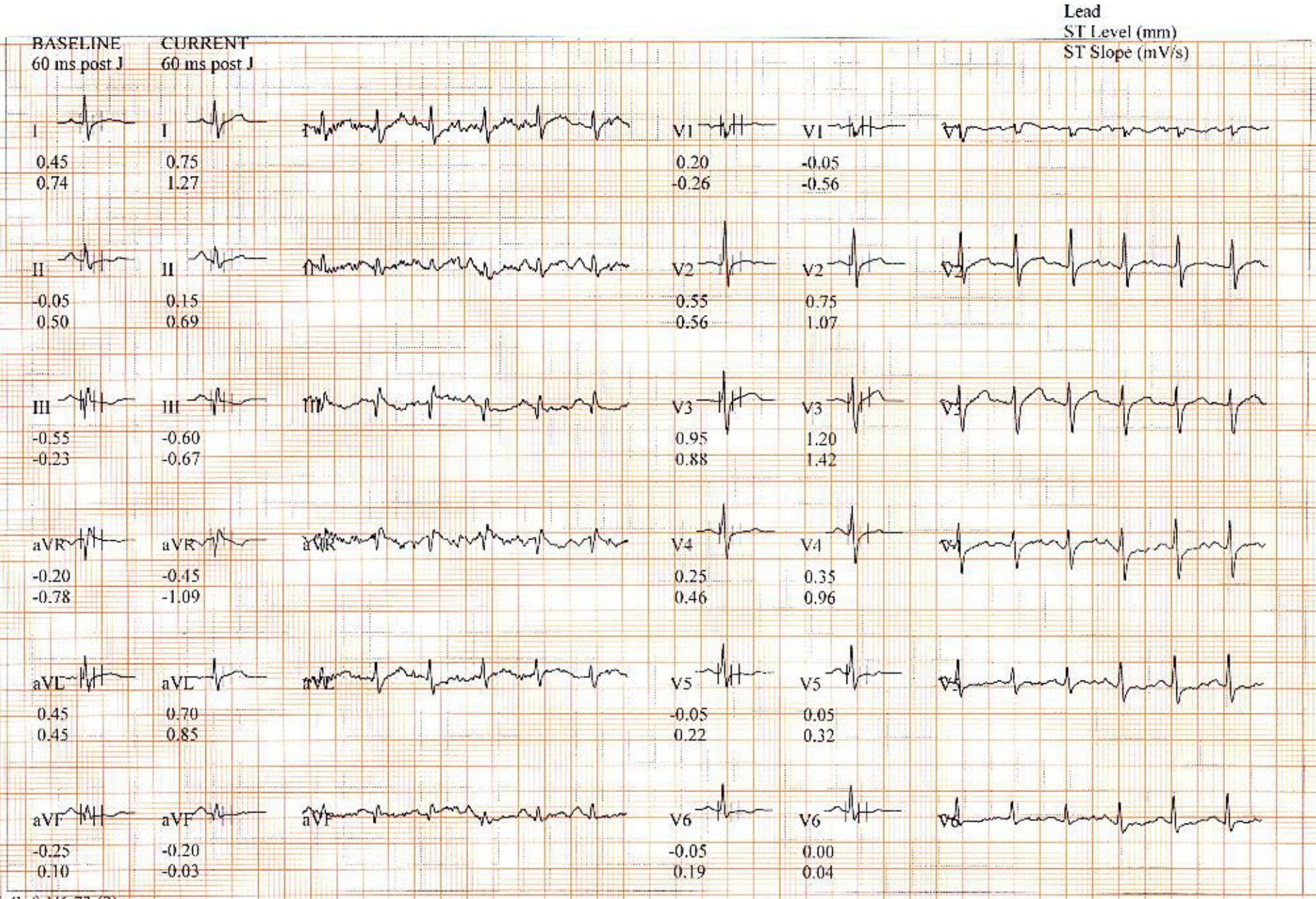
Kumar, Rajesh
Patient ID 12324087
01.03.2023
11:48:28am

146 bpm
120/80 mmHg

Comparative Medians Report

EXERCISE
STAGE 2
05:50

BRUCE
4.0 km/h
12.0 %



Kumar, Rajesh
Patient ID 12324087
01.03.2023
11:51:28am

Comparative Medians Report

169 bpm
130/80 mmHg

EXERCISE
STAGE 3
08:50

BRUCE
5.3 km/h
14.0 %

Lead	BASELINE 60 ms post J	CURRENT 60 ms post J	ST Level (mm)	ST Slope (mV/s)
I	0.45	0.95		
	0.74	1.25		
II	-0.05	0.25		
	0.50	0.25		
III	-0.55	-0.70		
	-0.23	-1.00		
aVR	-0.20	-0.65		
	-0.78	-0.78		
aVL	0.45	0.80		
	0.45	1.10		
aVF	-0.25	-0.20		
	0.10	-0.37		
V1	0.20	-0.30		
	-0.26	-0.28		
V2	0.55	0.75		
	0.56	1.31		
V3	0.95	1.20		
	0.88	1.86		
V4	0.25	0.10		
	0.46	0.84		
V5	-0.05	-0.20		
	0.22	0.07		
V6	-0.05	-0.05		
	0.19	0.16		

Kumar, Rajesh
Patient ID 12324087
01.03.2023
11:52:30am

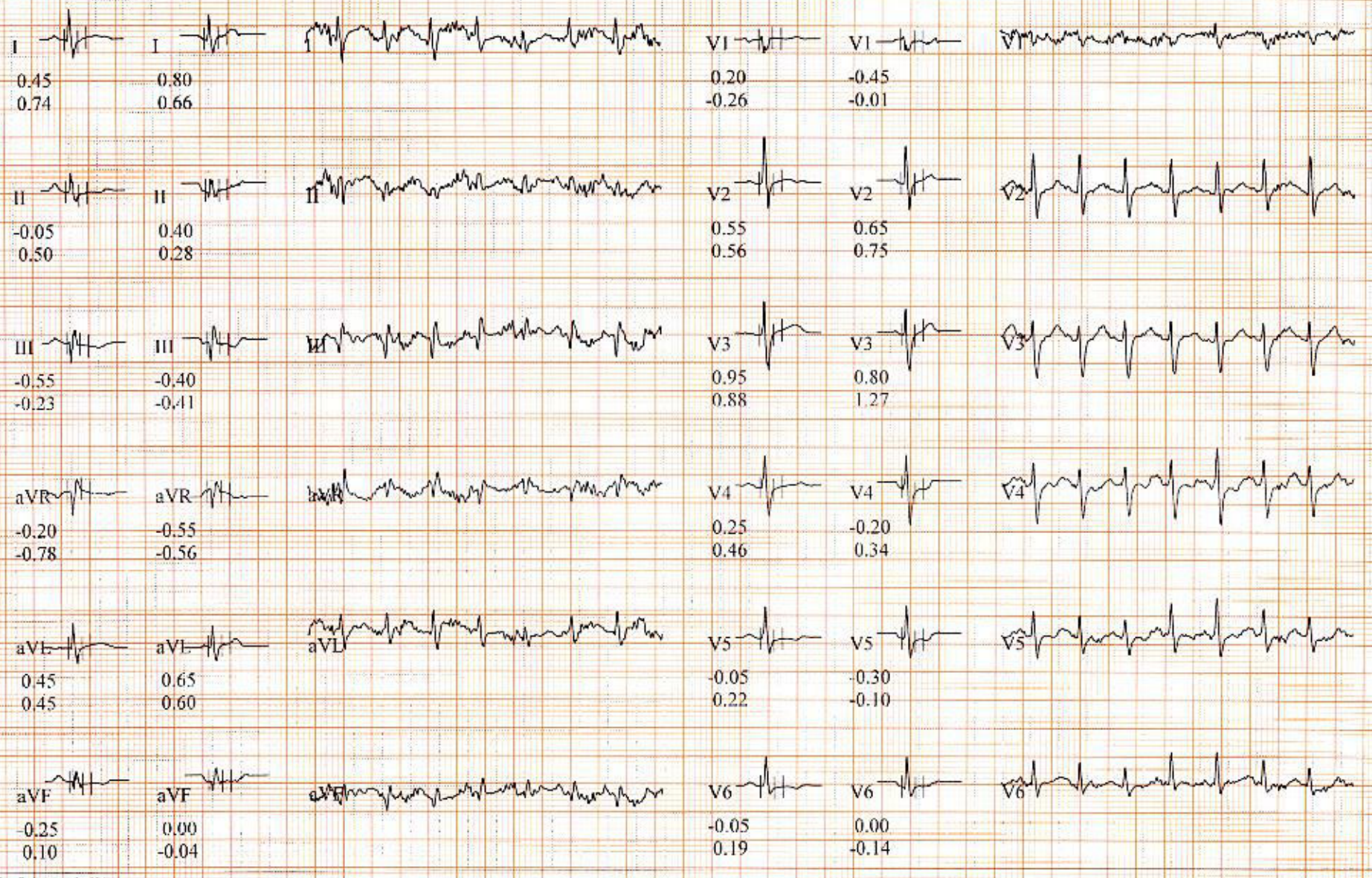
187 bpm

Comparative Medians Report (PEAK EXERCISE)

EXERCISE
STAGE 4
09:52

BRUCE
6.8 km/h
16.0 %

Lead	BASELINE 60 ms post J	CURRENT 60 ms post J	ST Level (mm)	ST Slope (mV/s)
I	0.45	0.80	0.20	-0.45
	0.74	0.66	-0.26	-0.01
II	-0.05	0.40	0.55	0.65
	0.50	0.28	0.56	0.75
III	-0.55	-0.40	0.95	0.80
	-0.23	-0.41	0.88	1.27
aVR	-0.20	-0.55	0.25	-0.20
	-0.78	-0.56	0.46	0.34
aVL	0.45	0.65	-0.05	-0.30
	0.45	0.60	0.22	-0.10
aVF	-0.25	0.00	-0.05	0.00
	0.10	-0.04	0.19	-0.14



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01 - 40Hz S+ HR(V2,V3)

Start of Test: 11:41:52am

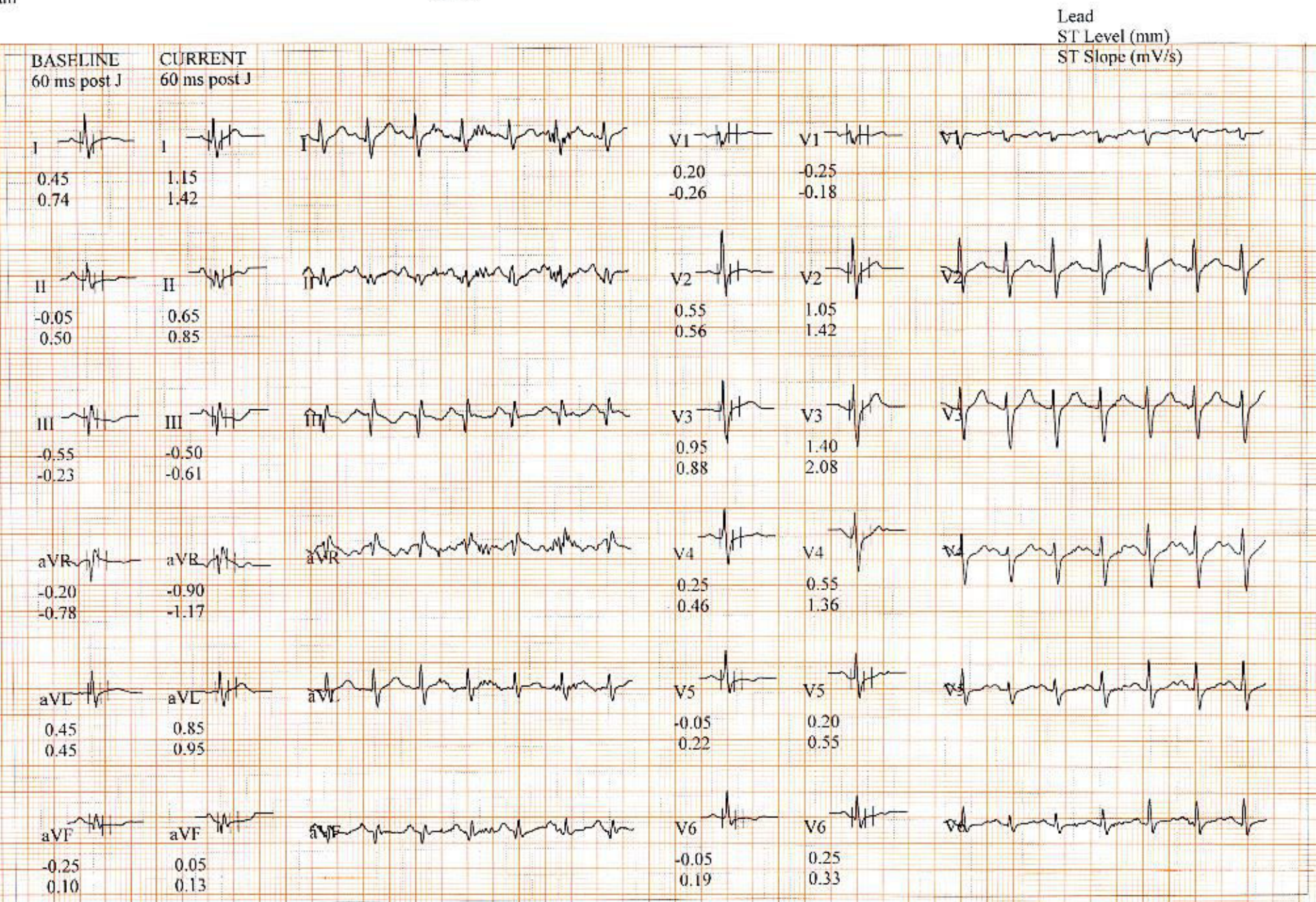
Kumar, Rajesh
Patient ID 12324087
01.03.2023
11:53:20am

166 bpm

Comparative Medians Report

RECOVERY
#1
00:50

BRUCE
2.4 km/h
0.0 %



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01 - 40Hz S+ HR(V2,V3)

Start of Test: 11:41:52am

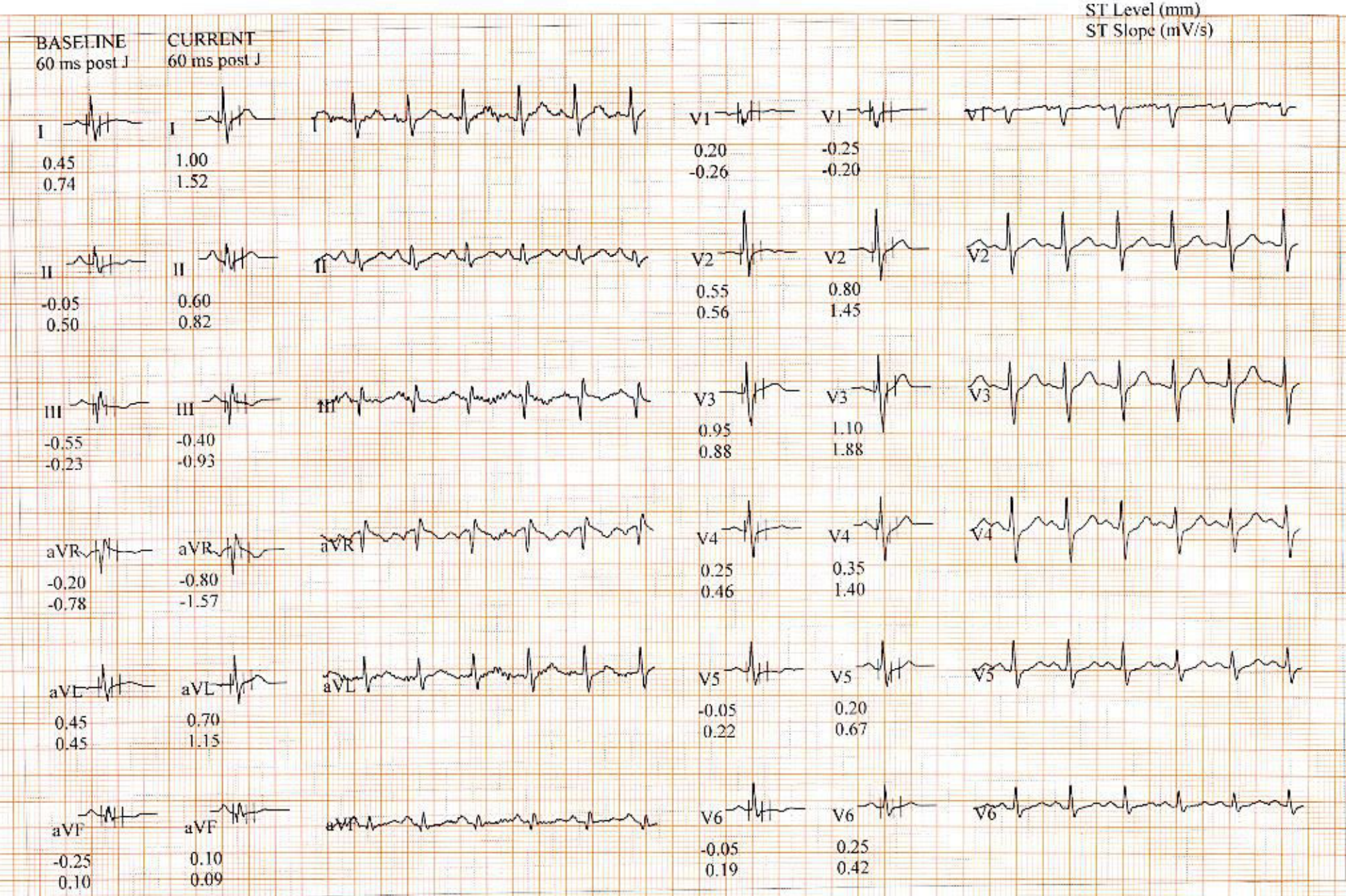
Comparative Medians Report

Kumar, Rajesh
Patient ID 12324087
01.03.2023
11:54:20am

144 bpm

RECOVERY
#1
01:50

BRUCE
0.0 km/h
0.0 %



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01 - 40Hz S+ HR(V2,V3)

Start of Test: 11:41:52am

Patient Name	: Rajesh Kumar	**Episode No.**	: 0
UHID	: 12324087	**Sample ID**	: FHM23-R03225
Age / Gender	: 33 Year / Male	**Sample Drawn**	:
Ward	:	**Sample Received**	: 01/Mar/2023 03:28 PM
Referred By	:	**Reported**	: 01/Mar/2023 05:15 PM
Diagnosis / Clinical Information	:		

Blood Group Report

Final Report

Sample Type	**: EDTA**
Method	**: AUTOMATION**
Forward Blood Group	**: O Rh Positive**
Reverse Blood Group	**: O**
Final Blood Group	**: O Rh Positive**
Remark	:

Tested By : kuldeep kuldeep **Verified By :** kuldeep kuldeep **Approved By :**

Dr. Apra Kalra
Addl Director & Head
Transfusion Medicine

Note : Blood group is identified by ABO antigens (forward grouping) present on red cell membrane And anti-ABO antibodies (reverse grouping) present in the plasma. A grouping discrepancy is when there is a mismatch in forward and reverse Blood grouping. Special methods need to be Performed to solve such discrepancies.

In case of Newborn/cord blood grouping, only forward blood grouping would be done as the anti-ABO antibodies (for reverse grouping) Are not present till 4 to 6 months of age. Thus new born grouping should be considered as provisional report and should be supplemented by re-blood grouping after 4 to 6 months of age/ or by more sensitive tests like molecular blood grouping.

"Blood grouping is done on the received sample. In case of any suspected discrepancy, Blood centre should be contacted , 1724692270"

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

Reference:

Method section 2: Red cell typing; AABB technical manual 19th Ed
Wong ECC, Punzalan RC. Neonatal and Pediatric
Transfusion practice. Technical Manual,
AABB, 19th Ed; p613-640