

INV. No. QLSR-INV-E-01760/(2024-2025)(1745)
Patient Name **RAJESH KUMAR CHOUDHRI**
Age/Gen 40 Years | Male
Referred By **Dr. Self**
Source BERLIN DIAG CGHS OSS* - (11)

Patient ID 1760
Invoice Generated 04/05/2024 01:33 PM
Sample Received 04/05/2024 01:33 PM
Report Generated 04/05/2024 04:46 PM



Report Of Biochemistry Examination

Investigation	Result	Unit(s)	Reference Range
GLUCOSE FASTING (FBS)			
Plasma Glucose(F) Method (GOD-POD Method)	91.9	mg/dL	65 - 110
Comments:			
Fasting Blood Sugar/Glucose test a blood sample will be taken after an overnight fast. A fasting blood sugar level of less than 100mg/dL is normal. A fasting blood sugar level from 100 to 125 mg/dL is considered prediabetes. If it's 126 mg/dL or higher on two separate tests, you have diabetes.			
LIPID PROFILE			
Serum Triglyceride Method (Enzymatic,end point)	142	mg/dL	< 150
Serum Cholesterol Method (Oxidase, Esterase, Peroxidase)	180	mg/dL	125 - 200
Serum HDL-Chol Method (PTA/MgC12, Reflectance photometry)	45	mg/dL	30 - 65
Serum LDL-Chol Method (Direct Homogeneous, Spectrophotometry)	107	mg/dL	85 - 150
Serum VLDL-Chol	28.4	mg/dL	5 - 40
Serum LDL/HDL Cholesterol Ratio Method (Calculated)	2.38		1.5 - 3.5
Serum Cholesterol/ HDL Ratio Method (Calculated)	4.00		Low Risk(0 - 3) High Risk(5 - 10)

Interpretation :

NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014)	TOTAL CHOLESTEROL in mg/dL	TRIGLYCERIDE in mg/dL	LDL CHOLESTEROL in mg/dL	NON HDL CHOLESTEROL in mg/dL
Optimal	<200	<150	<100	<130
Above Optimal	-	-	100- 129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High	-	>=500	>=190	>=220

Note :

1. Measurements in the same patient can show physiological & analytical variations. Three serial samples



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Report Of Biochemistry Examination

Investigation	Result	Unit(s)	Reference Range
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- 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
2. Lipid Association of India (LAI) recommends screening of all adults above the age of 20 years for Atherosclerotic Cardiovascular Disease (ASCVD) risk factors especially lipid profile. This should be done earlier if there is family history of premature heart disease, dyslipidemia, obesity or other risk factors.
3. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia.
4. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a).
5. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target.
6. Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved.
7. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

LIVER PROFILE (LFT)

Serum Bilirubin (Total) Method (By Diphylline, Diazonium Salt)	0.47	mg/dL	0.2 - 1.3
Serum Bilirubin (Direct) Method (Diphylline, Diazonium Salt)	0.23	mg/dL	0.1 - 0.4
Serum Bilirubin (Indirect) Method (Calculated)	0.24	mg/dL	0.2 - 1.1
Serum SGOT Method (IFCC)	20.8	U/L	17 - 59
Serum SGPT Method (IFCC)	22.3	U/L	21 - 72
Alkaline phosphatase (ALP) Method (IFCC)	118.0	U/L	Adult (38 - 126)
Serum Total Protein Method (Biuret Method)	6.3	g/dL	Adult(6.2 - 8.2) Children(5.6 - 8.4)
Serum Albumin Method (BCG, Dye Binding Method)	3.9	gm/dL	Newborn Children(2.4 - 4.8) Adult(3.5 - 5.0)
Serum Globulin Method (Calculated)	2.40	g/dL	Adult(2.3 - 3.6)
Serum A/G Ratio Method (BCG)	1.63		1.0 - 2.3

Report ID:- 2640 | Page 2/3



R. Verma
Dr. R. Verma
MBBS, MD(Pathology)

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Report Of Biochemistry Examination

Investigation	Result	Unit(s)	Reference Range
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Note

1. In an asymptomatic patient, Non alcoholic fatty liver disease (NAFLD) is the most common cause of increased AST, ALT levels. NAFLD is considered as hepatic manifestation of metabolic syndrome.
2. In most type of liver disease, ALT activity is higher than that of AST; exception may be seen in Alcoholic Hepatitis, Hepatic Cirrhosis, and Liver neoplasia. In a patient with Chronic liver disease, AST:ALT ratio>1 is highly suggestive of advanced liver fibrosis.
3. In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or NAFLD, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.
4. In a patient with Chronic Liver disease, AFP and Des-gamma carboxyprothrombin (DCP)/PIVKA II can be used to assess risk for development of Hepatocellular Carcinoma.

KIDNEY FUNCTION TEST (KFT)

Serum Urea <small>Method (GLDH,Kinetic Assay)</small>	36.0	mg/dL	Adult (17 - 43) New Born (8.4 - 25.8) Infant (10.8 - 38.4)
Serum Creatinine <small>Method (Modified Jaffe, Kinetic)</small>	1.2	mg/dL	Male: (0.72-1.18) Neonate : (0.26 - 1.01) Infant { 2months - less than 3 yrs } : (0.15- 0.37) Children { 3 yrs - less than 15 yrs } : (0.24 -0.73)
Serum Uric Acid <small>Method (uricase-Colorimetric)</small>	6.4	mg/dL	3.5 - 8.5
Serum Sodium <small>Method (By Indirect ISE)</small>	140.	mmol/L	136 - 145
Serum Potassium <small>Method (By Indirect ISE)</small>	4.5	mmol/L	3.5 - 5.1
Serum Chloride <small>Method (By Ion-selective Electrode)</small>	101.4	mmol/L	98 - 107

~~~~~ End of report ~~~~~



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Sample Received 04/05/2024 01:33 PM  
Report Generated 04/05/2024 07:34 PM



### Report Of Biochemistry Examination

| Investigation                                 | Result | Unit(s) | Reference Range |
|-----------------------------------------------|--------|---------|-----------------|
| <b>GLUCOSE, POST PRANDIAL 2 HOURS</b>         |        |         |                 |
| Plasma Glucose(PP)<br>Method (GOD-POD Method) | 101    | mg/dL   | 75 - 140        |

**Note :**

1. The diagnosis of Diabetes requires a fasting plasma glucose of  $>$  or  $=$  126 mg/dL and/or a random / 2 hr post glucose value of  $>$  or  $=$  200 mg/dL on at least 2 occasions
2. Very low glucose levels cause severe CNS dysfunction
3. Very high glucose levels ( $>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical

~~~~~ End of report ~~~~~



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Sample Received 04/05/2024 01:33 PM
Report Generated 05/05/2024 12:23 PM



Report Of Haematology Examination

| Investigation | Result | Unit(s) | Reference Range |
|-------------------------|----------|---------|-----------------|
| BLOOD GROUP | | | |
| Whole blood Blood Group | "A" | | |
| Whole blood Rh Type | Positive | | |

Note:

- Both forward and reverse grouping performed.
- Test conducted on EDTA whole blood.

~~~~~ End of report ~~~~~



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Report Generated 04/05/2024 06:38 PM



### Report Of Haematology Examination

| Investigation                                                                         | Result      | Unit(s)      | Reference Range                                                                                                                                                |
|---------------------------------------------------------------------------------------|-------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ERYTHROCYTE SEDIMENTATION RATE</b>                                                 |             |              |                                                                                                                                                                |
| ESR<br>Method (Westergren & Manual)                                                   | 08          | mm           | < 20                                                                                                                                                           |
| <b>Note</b>                                                                           |             |              |                                                                                                                                                                |
| 1. C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions. |             |              |                                                                                                                                                                |
| 2. Test conducted on EDTA whole blood at 37°C.                                        |             |              |                                                                                                                                                                |
| 3. ESR readings are auto- corrected with respect to Hematocrit (PCV) values           |             |              |                                                                                                                                                                |
| <b>COMPLETE BLOOD COUNT</b>                                                           |             |              |                                                                                                                                                                |
| Haemoglobin (Hb)%<br>Method (By Sahlis Method )                                       | 14.1        | gm%          | Adult Men (13 - 18)<br>Adult Women (11.5 - 16.5)<br>Children (11 - 13)<br>Children (1-6) : (12 - 14)<br>Children (6-12) : (12 - 14)                            |
| PCV                                                                                   | <b>48.6</b> | %            | 35 - 45                                                                                                                                                        |
| Total Platelets Count (PC)                                                            | 2.4         | Lacs Per cmm | 1.5 - 4                                                                                                                                                        |
| Total RBC (Red Cell Count)                                                            | 5.4         | mill./uL     | Women (4.2 - 5.4)<br>Male (4.7 - 6.1)<br>Children (4.6 - 4.8)                                                                                                  |
| Total Leucocyte Count (TLC)<br>Method (Flow Cytometry)                                | 6,500       | Per cmm      | Adult :- (4,000 - 11,000)<br>New Born (10,000 - 26,000)<br>(1-4) Years : (6,000 - 18,000)<br>(5-7) Years : (5,000 - 15,000)<br>(8-12) Years : (4,500 - 12,500) |
| MCV                                                                                   | 90          | fL           | 76 - 96                                                                                                                                                        |
| MCH                                                                                   | 26.0        | pg           | 22 - 32                                                                                                                                                        |
| MCHC                                                                                  | <b>29.0</b> | g/dL         | 30 - 35                                                                                                                                                        |
| <b>Differential count of Leucocytes</b>                                               |             |              |                                                                                                                                                                |
| Neutrophils                                                                           | 51          | %            | 40 - 70                                                                                                                                                        |
| Lymphocytes                                                                           | 39          | %            | 15 - 40                                                                                                                                                        |
| Monocytes                                                                             | 03          | %            | 00 - 6                                                                                                                                                         |
| Eosinophils                                                                           | 07          | %            | 0.5 - 7                                                                                                                                                        |
| Basophils                                                                             | 00          | %            | 00 - 01                                                                                                                                                        |

~~~~~ End of report ~~~~~



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Report Of Biochemistry Examination

| Investigation | Result | Unit(s) | Reference Range |
|---|--------|---------|--|
| GLYCOSYLATED HAEMOGLOBIN | | | |
| Whole blood HbA1c
<small>Method (HPLC)</small> | 5.9 | % | Non diabetic level(< 6.0)
Goal(< 7.0) |
| Whole blood eAG (Estimated AverageGlucose Level)
<small>Method (CALCULATION)</small> | 123 | mg/dl | - |

Note:

The Parameter indicates control over the last 90 Days

In the Blood, glucose adheres to haemoglobin (Hb) and make Glycosylated haemoglobin/HbA₁C, which provides a clue about the average blood glucose level over the last 8-12 weeks and it is an indicator for chronic glycaemic control along with effects of drug, diet and exercise.

In normal individuals, 90% is the adult haemoglobin fraction and the rest 8% is formed by HbA. Reduction of HbA₁C value reduces diabetic and cardiological related morbidity and mortality.

The short life span of RBC in haemoglobinopathy and chemically modified derivatives of haemoglobin (carbamyated Hb in renal failure and acetylated Hb, who are taking aspirin) can affect the results. Iron deficiency anaemia, liver disease, opiate addiction may interfere the test value.

HPLC, ion exchange chromatography is the ideal method for HbA₁C estimation. The target goal is <7%.

Besides HbA₁C serum fructosamine can be measured.

American diabetes association guideline

Reference range

| | |
|-------------------------------|---------------|
| Non diabetic adult > 18 years | : < 5.7% |
| Pediabetes | : 5.7% - 6.4% |
| Diagnosing diabetes | : > 6.5% |

~~~~~ End of report ~~~~~



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### Report Of Immunology Examination

| Investigation | Result | Unit(s) | Reference Range |
|---------------|--------|---------|-----------------|
|---------------|--------|---------|-----------------|

#### PROSTATE SPECIFIC ANTIGEN (PSA-TOTAL)

|                                                         |      |       |                       |
|---------------------------------------------------------|------|-------|-----------------------|
| Serum PROSTATE SPECIFIC ANTIGEN (PSA)<br>Method (ECLIA) | 1.06 | ng/ml | < 4.0 For Healthy Man |
|---------------------------------------------------------|------|-------|-----------------------|

#### P.S.A.

PSA is elevated in benign prostrate hypertrophy. Clinically an elevated PSA value is not of diagnostic value as a specific test for cancer and should only be used in conjunction with other clinical symptom and diagnostic procedure.

#### (Thyroid Profile-I)

|                             |      |        |                                                                                                                                                                                                                             |
|-----------------------------|------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Serum T3<br>Method (ECLIA)  | 1.07 | ng/mL  | (0.8 - 2.0)<br>11-15 Years ( 0.83 - 2.13 )<br>1-10 Years ( 0.94 - 2.69 )<br>1-12 Months ( 1.05 - 2.45 )<br>1-7 Days ( 0.36 - 3.16 )<br>1-4 Weeks ( 1.05 - 3.45 )                                                            |
| Serum T4<br>Method (ECLIA)  | 6.84 | µg/dL  | (5.1 - 14.1)<br>1-12 Months ( 5.9 - 16 )<br>1-7 Days ( 11 - 22 )<br>1-4 Weeks ( 8.2 - 17 )<br>1-10 Years ( 6.4 - 15 )<br>11-15 Years ( 5.5 - 12 )                                                                           |
| Serum TSH<br>Method (ECLIA) | 1.68 | µIU/mL | Up to 1 Week (0.7-11.0)<br>1 week-4 week (0.7- 11.0)<br>1-12 Months (0.7- 8.4)<br>1-19 Years (0.6-4.9)<br>19 Years Above (0.5-5.5)<br>1st Trimester (0.6 - 3.4)<br>2nd Trimester (0.37 - 3.6) 3rd<br>Trimester(0.38 - 4.04) |

Mild to moderate degree of elevation normal T3&T4 levels indicates impaired thyroid hormone reserves and indicates subclinical hypothyroidism.

Mild to moderate decrease with normal T3 & T4 indicates subclinical hyperthyroidism.

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**Dr. Debasish Sahoo**  
MD (Microbiologist)



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Source BERLIN DIAG CGHS OSS\* - (11)

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Report Generated 05/05/2024 12:37 PM

### Report Of Immunology Examination

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|---------------|--------|---------|-----------------|
|---------------|--------|---------|-----------------|

TSH measurement is used for screening & diagnosis of Euthyroidism, hypothyroidism & hyperthyroidism. Suppressed TSH (< 0.01  $\mu$  IU/ml) suggests diagnosis of hyperthyroidism.

Elevated concentration of TSH (>7  $\mu$  IU/ml) suggest diagnosis of hypothyroidism.

Please correlate clinically.

~~~~~ End of report ~~~~~





| | | | |
|--------------|-----------------------|---------------|---------------|
| Patient Name | RAJESH KUMAR CHOUDHRI | Patient ID | BER/202421956 |
| Age/Gender | 40 Years / M | Study Date | 04-May-2024 |
| Referred By | MEDIWHEEL | Reported Date | 04-May-2024 |

X – RAY CHEST PA VIEW

FINDINGS :-

Both lung fields under vision appear normal.

Cardiac size appears normal.

Both costophrenic angles are clear.

Hilar regions are normal.

Both domes appear normal in position.

Bony thorax under vision appears normal.

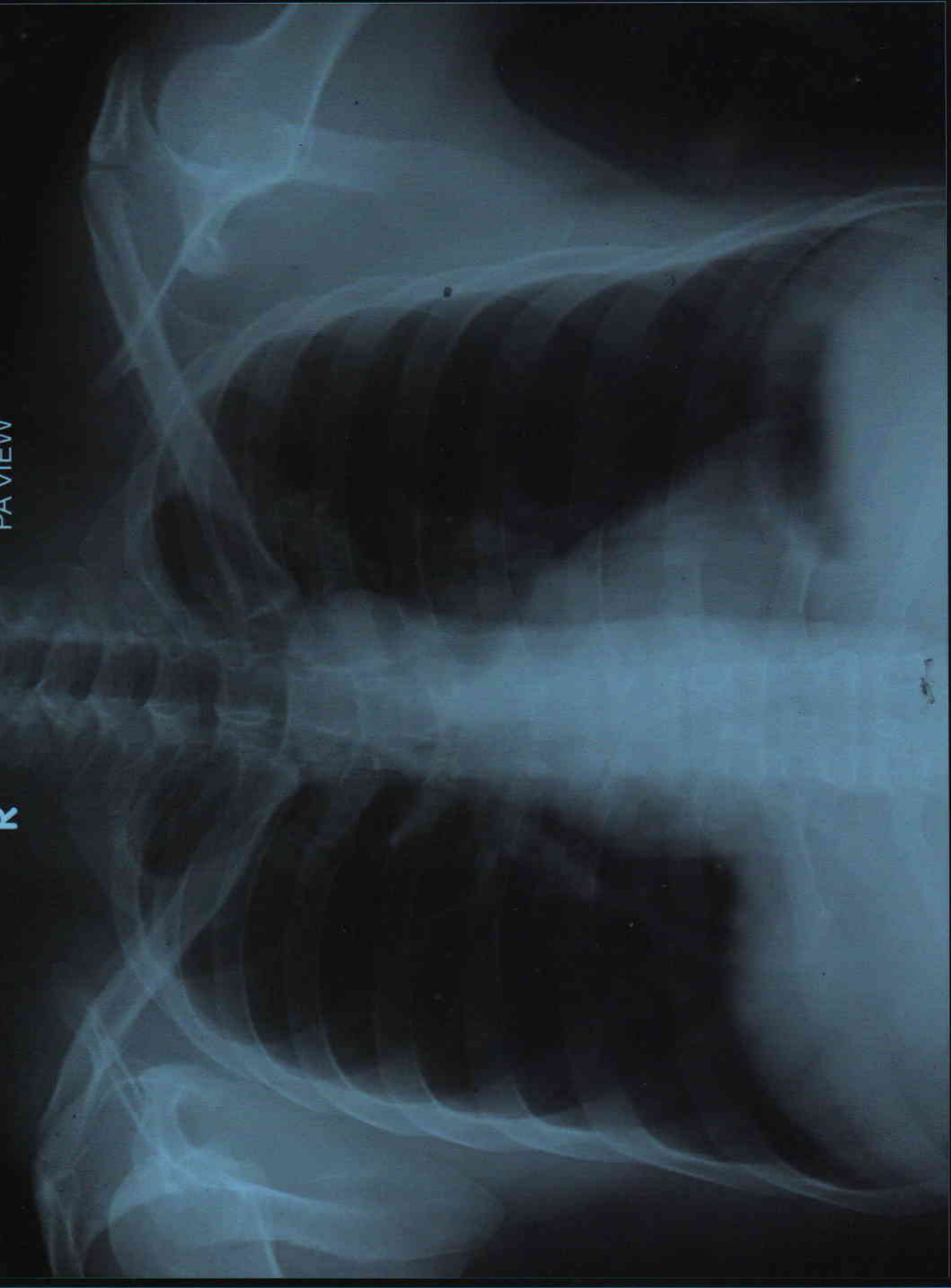
IMPRESSION :- NORMAL STUDY.

Dr.Sunny Shivlani
MD Radiology REG-33548

Date Reported: 04-May-2024

PA VIEW

K



RAJESH KUMAR CHOUDHRI AGE 40Y/M MEDIWHEEL BER/202421956 CHEST PA VIEW 04/05/2024
BERLIN DIAGNOSTICS & DAY CARE, BARIATU ROAD, RANCHI.



| | | | |
|--------------|---------------------------|----------------|-------------------------------|
| Patient Name | MR. RAJESH KUMAR CHOUDHRI | Requested By | MEDIWHEEL |
| MRN | BER/2024/OPD21956 | Procedure Date | 04.05.2024 |
| Age/Sex | 40Y/MALE | Hospital | BERLIN DIAGNOSTICS & DAY CARE |

USG WHOLE ABDOMEN

Liver : The liver is normal in size (15.9 cm) and outline. It shows a uniform echopattern. No obvious focal or diffuse pathology is seen. The intra and extra hepatic biliary passage are not dilated. The portal vein is normal in caliber at the porta hepatis (9 mm).

Gall bladder : The gall bladder is normal in size, has normal wall thickness with evidence of a 10 mm size calculus within its lumen.

CBD : The CBD is of normal caliber.

Pancreas : The pancreas is normal in size and echogenicity with distinct outline. No obvious focal lesion is seen.

Kidneys : Both kidneys were normal in position:

Right kidney measures 8.2 cm

Left Kidney measures 10.6 cm

The renal cortical thickness and corticomedullary differentiation were adequate on both sides. No evidence of renal calculus or hydronephrosis seen on either sides.

Spleen : The spleen is normal in size and echogenicity.

Urinary Bladder : The urinary bladder is normal in size. Its walls show a smooth outline. There is no evidence of any intraluminal or perivesical abnormality.

Prostate : The prostate is normal in size, measures (20.5 gm) and shows normal parenchymal echogenicity.

No significant probe tenderness in RIF.

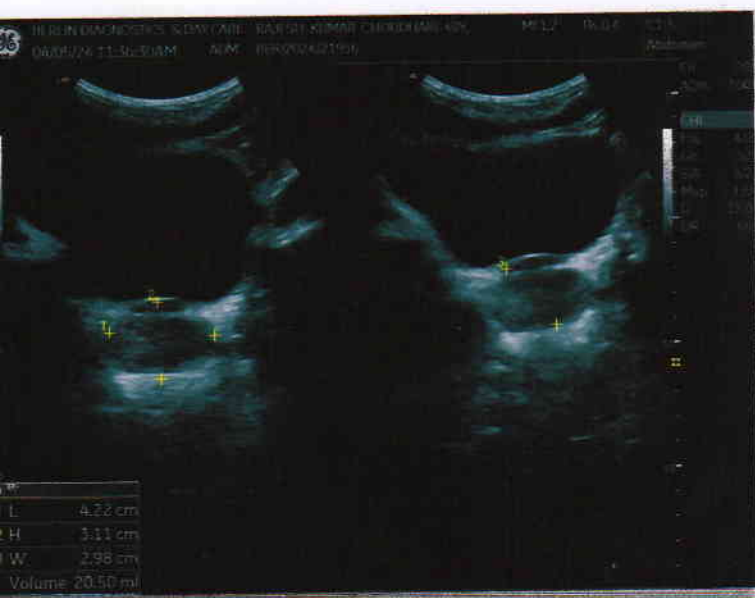
No evidence of pleural effusion on either side.

No evidence of ascites or lymphadenopathy seen.

IMPRESSION : CHOLELITHIASIS.

Please correlate clinically.

Dr. Ambuj Srivastav
M.D. Consultant Radiologist.



CHODHRI, MR. RAJESH KUMAR

Patient ID 202421956

04.05.2024

11:49:04am

BRUCE

0.0 km/h

0.0 %

PRETEST

SUPINE

00:22

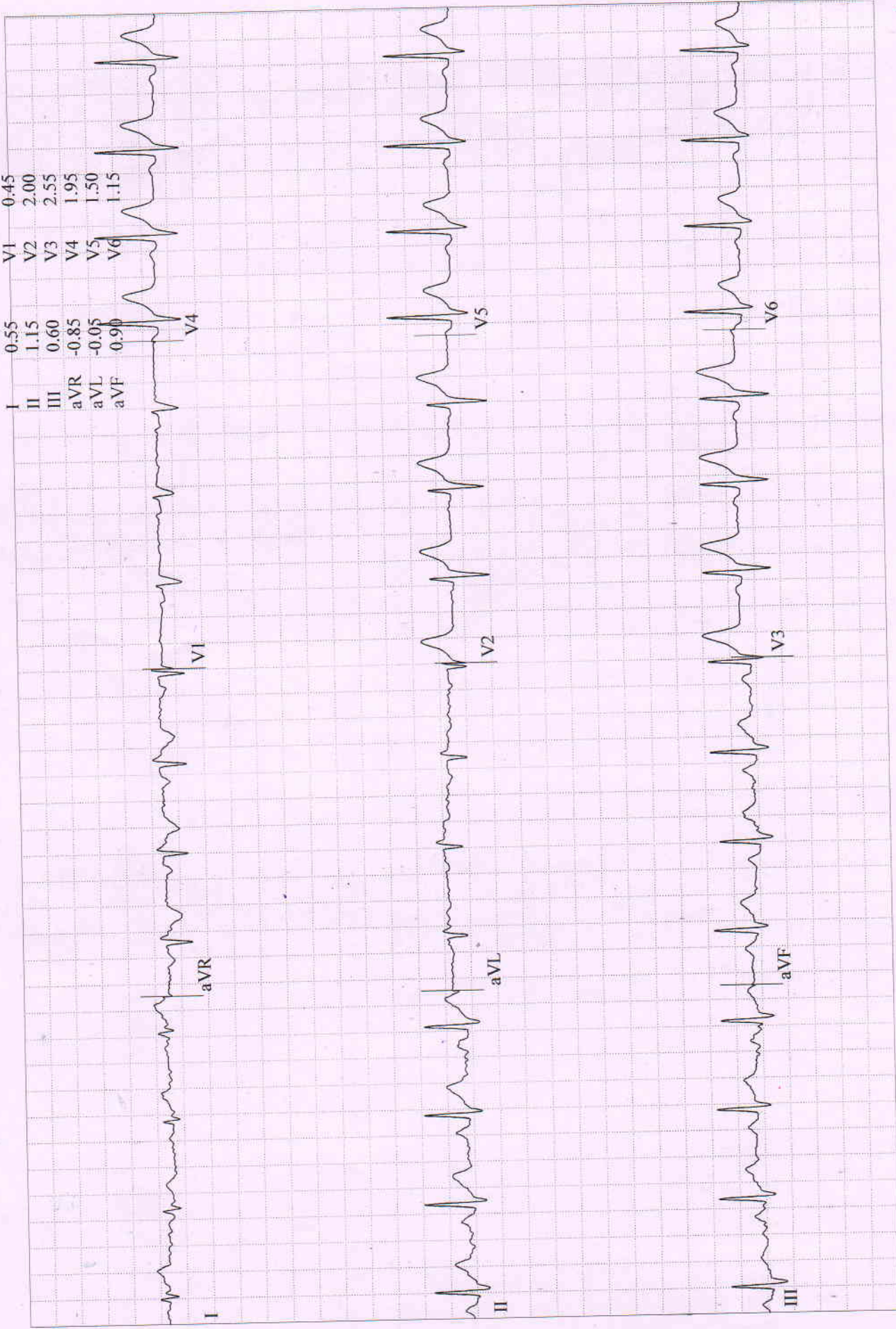
80 bpm

100/70 mmHg

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

Auto Points

| Lead | ST(mm) | Lead | ST(mm) |
|------|--------|------|--------|
| I | 0.55 | V1 | 0.45 |
| II | 1.15 | V2 | 2.00 |
| III | 0.60 | V3 | 2.55 |
| aVR | -0.85 | V4 | 1.95 |
| aVL | -0.05 | V5 | 1.50 |
| aVF | 0.90 | V6 | 1.15 |



BRUCE
0.0 km/h
0.0 %

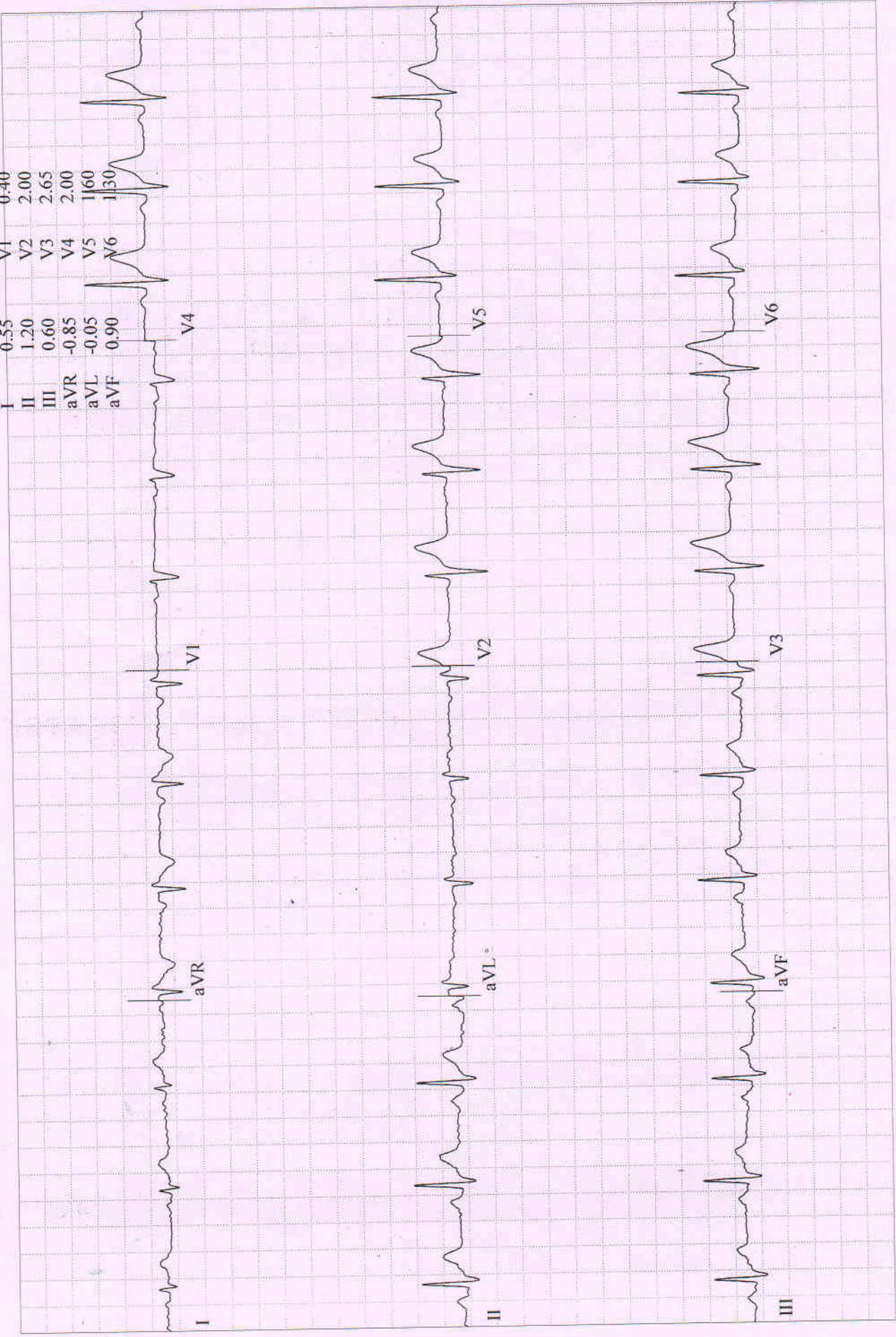
PRETEST
STANDING
00:39

84 bpm
100/70 mmHg

Patient ID 202421956
04.05.2024
11:49:21am

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

| Lead | ST(mm) | Lead | ST(mm) |
|------|--------|------|--------|
| I | 0.55 | V1 | 0.40 |
| II | 1.20 | V2 | 2.00 |
| III | 0.60 | V3 | 2.65 |
| aVR | -0.85 | V4 | 2.00 |
| aVL | -0.05 | V5 | 1.60 |
| aVF | 0.90 | V6 | 1.30 |



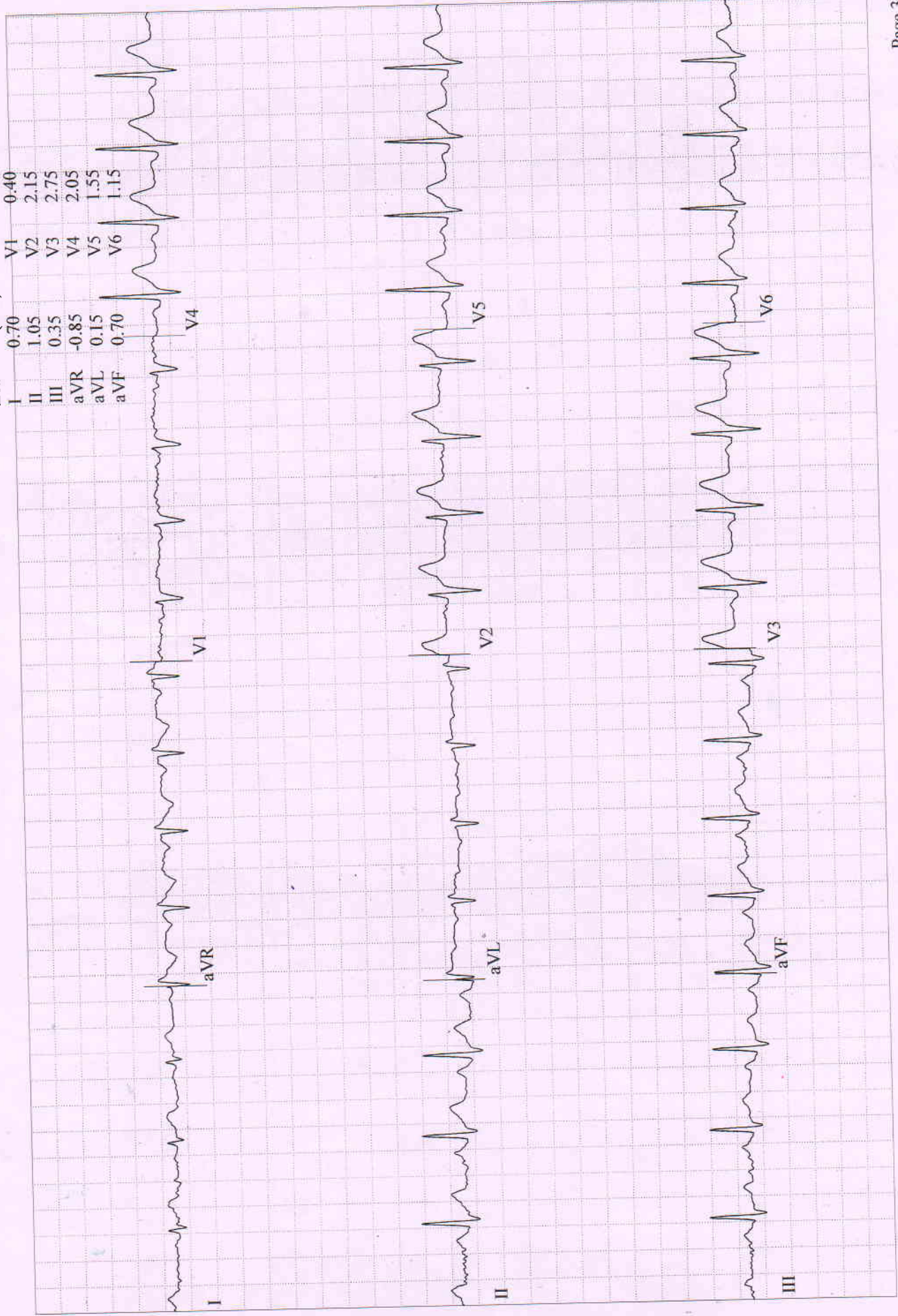
CHOUHRI, MR. RAJESH KUMAR
Patient ID 202421956
04.05.2024
11:50:00am

BRUCE
0.0 km/h
0.0 %

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

85 bpm
100/70 mmHg

| Lead | ST(mm) | Lead | ST(mm) |
|------|--------|------|--------|
| I | 0.70 | V1 | 0.40 |
| II | 1.05 | V2 | 2.15 |
| III | 0.35 | V3 | 2.75 |
| aVR | -0.85 | V4 | 2.05 |
| aVL | 0.15 | V5 | 1.55 |
| aVF | 0.70 | V6 | 1.15 |



CHOUHRI, MR. RAJESH KUMAR
Patient ID 202421956
04.05.2024
11:50:17am

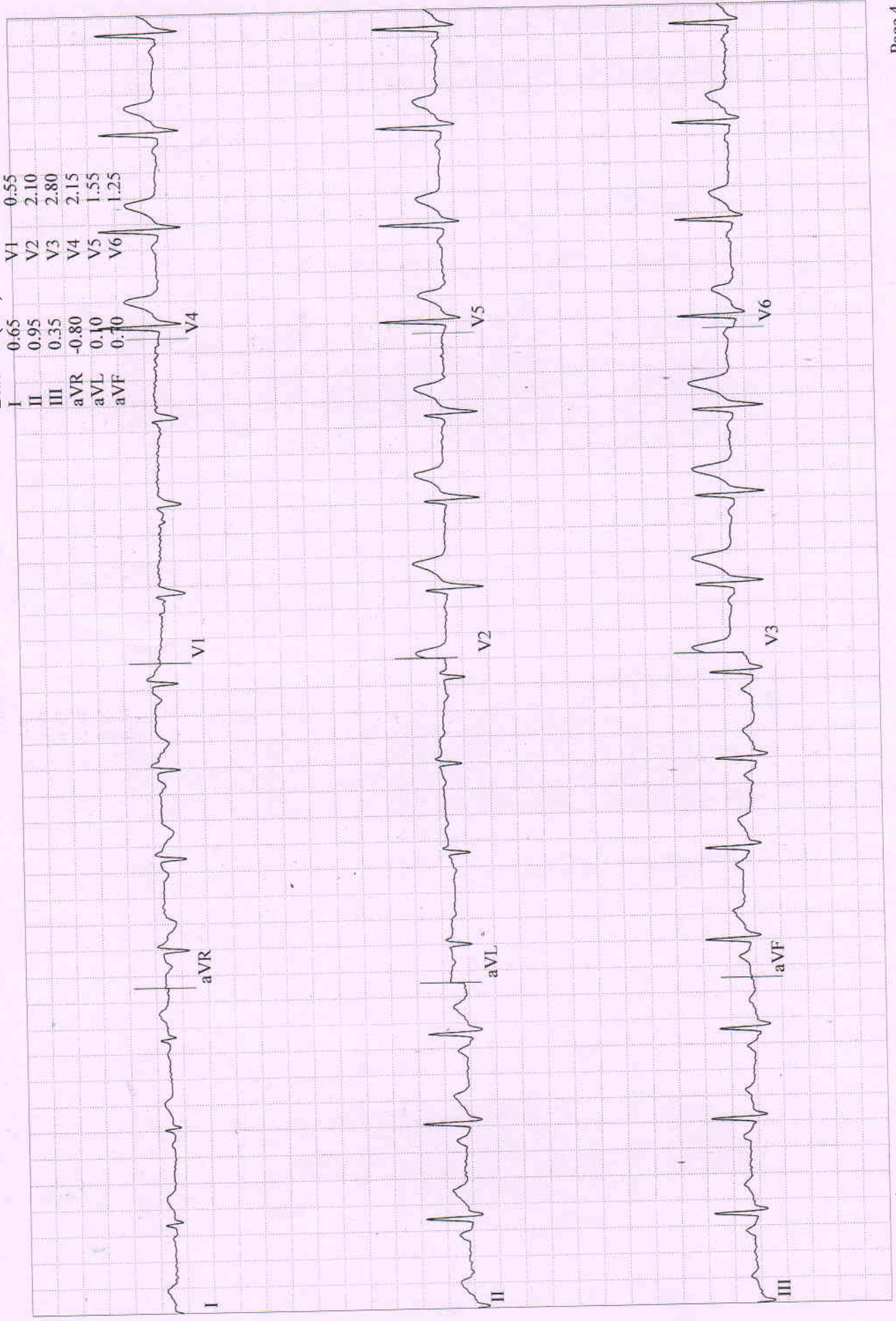
BRUCE
0.0 km/h
0.0 %

PRETEST
WARM-UP
01:35

99 bpm
100/70 mmHg

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

| Lead | ST(mm) | Lead | ST(mm) |
|------|--------|------|--------|
| I | 0.65 | V1 | 0.55 |
| II | 0.95 | V2 | 2.10 |
| III | 0.35 | V3 | 2.80 |
| aVR | -0.80 | V4 | 2.15 |
| aVL | 0.10 | V5 | 1.55 |
| aVF | 0.70 | V6 | 1.25 |



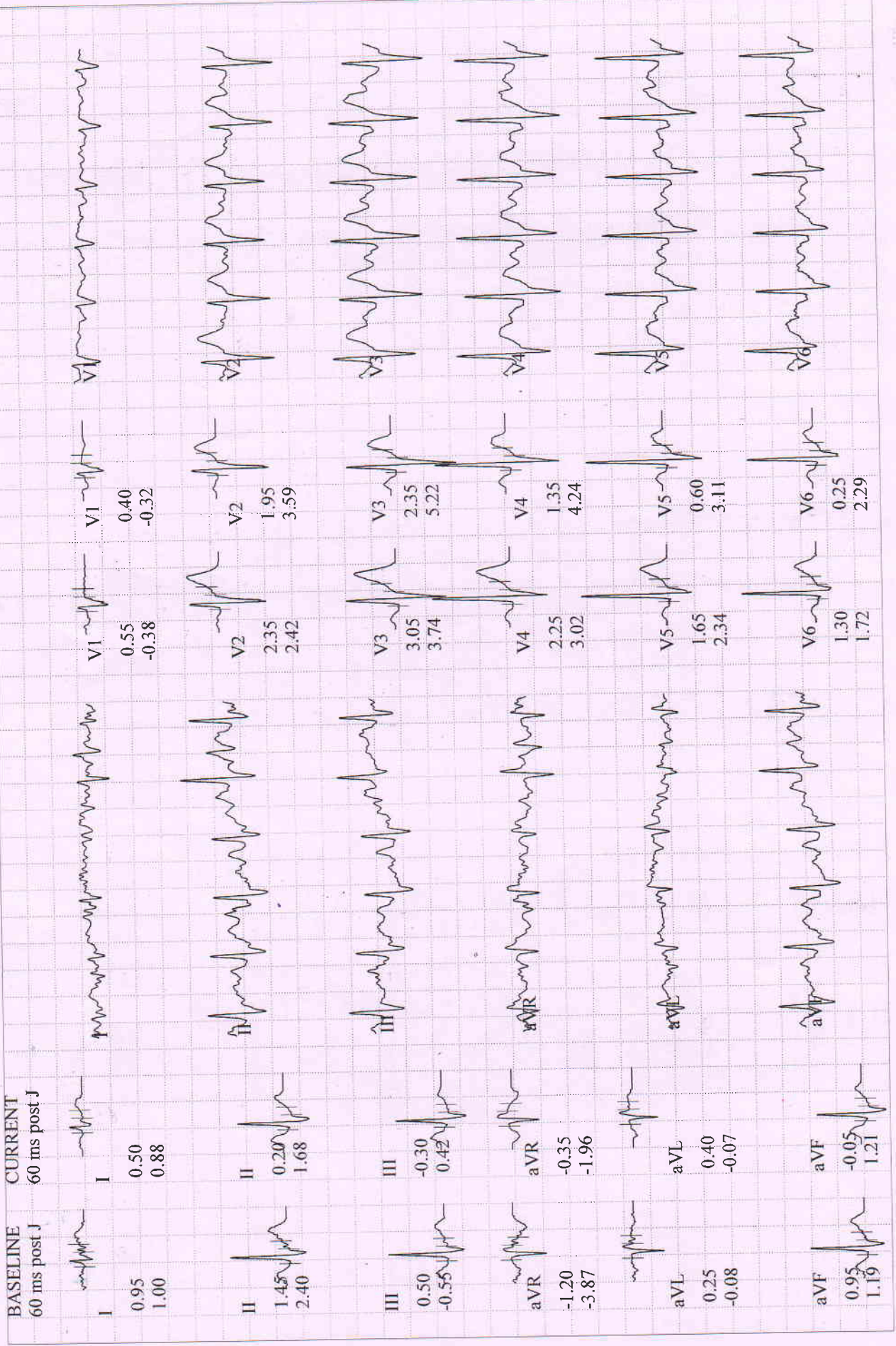
CHOUDHRI, MR. RAJESH KUMAR
 Patient ID 202421956
 04.05.2024
 11:53:42am

BRUCE
 2.7 km/h
 10.0 %

136 bpm
 110/80 mmHg

EXERCISE
 STAGE 1
 02:50

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



BRUCE
4.0 km/h
12.0 %

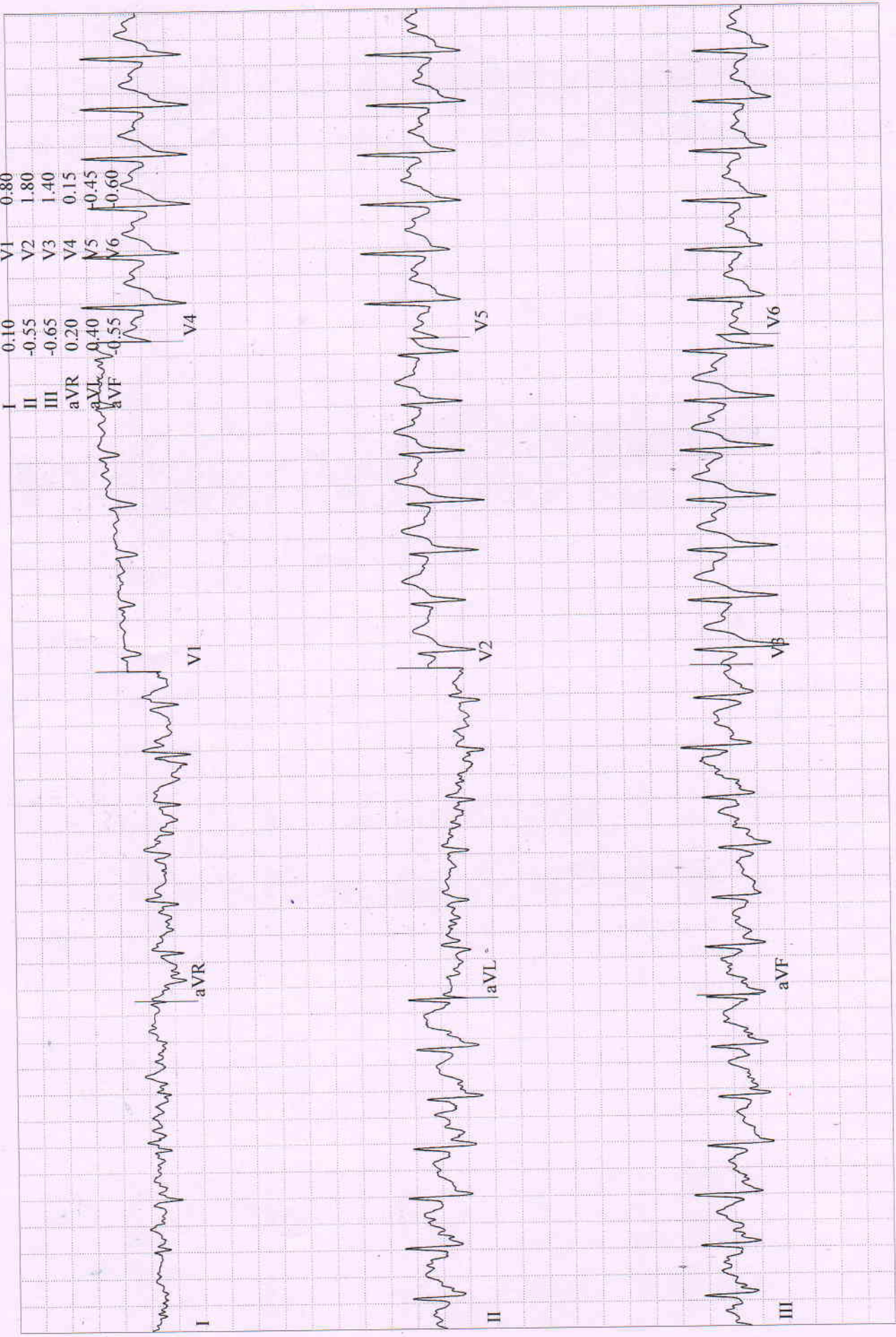
EXERCISE
STAGE 2
05:32

Patient ID 202421956
04.05.2024
11:56:29am

160 bpm
120/86 mmHg

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

| Lead | ST(mm) | Lead | ST(mm) |
|------|--------|------|--------|
| I | 0.10 | V1 | 0.80 |
| II | -0.55 | V2 | 1.80 |
| III | -0.65 | V3 | 1.40 |
| aVR | 0.20 | V4 | 0.15 |
| aVL | 0.40 | V5 | 0.45 |
| aVF | -0.55 | V6 | -0.60 |



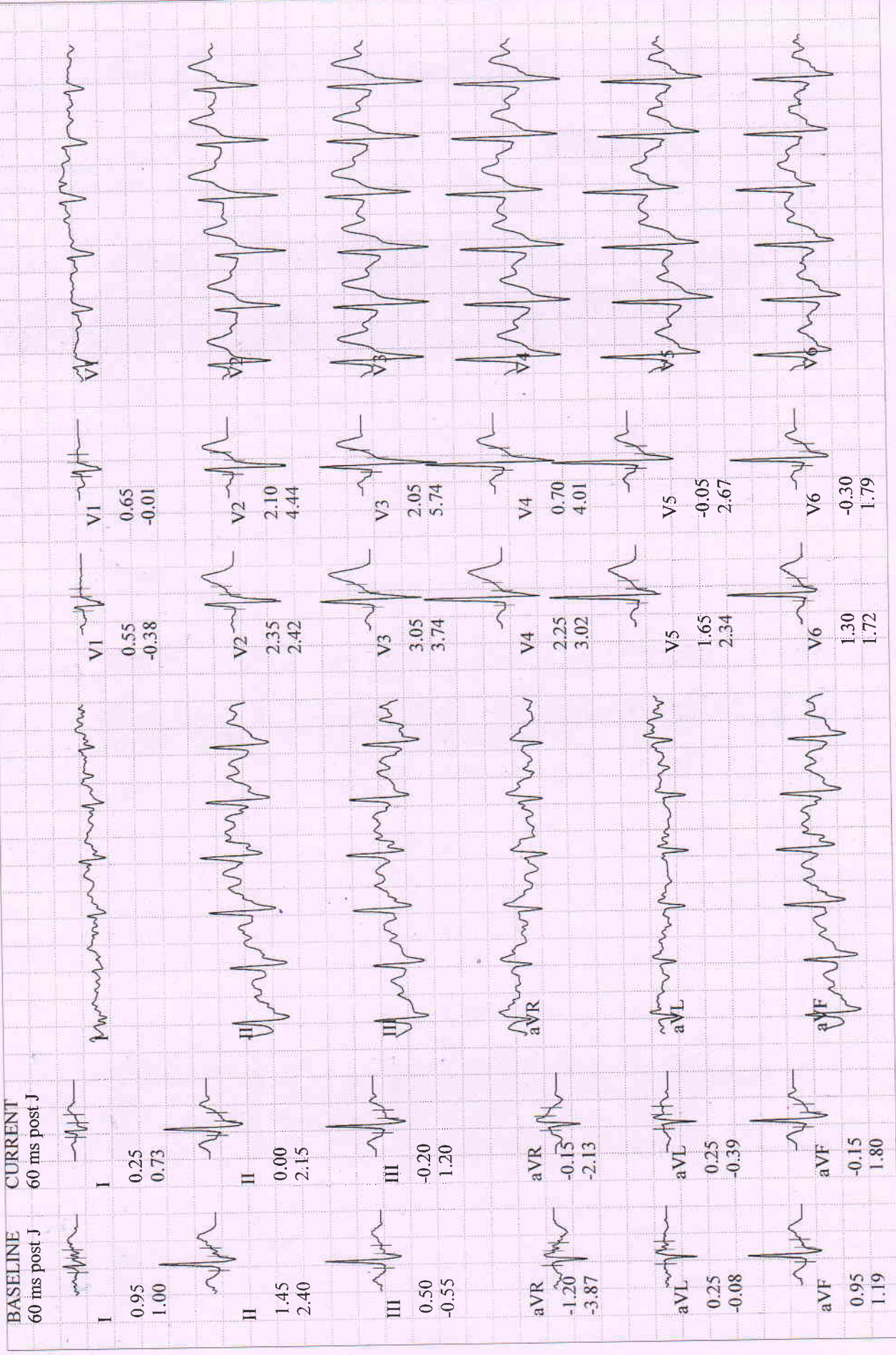
BRUCE
2.4 km/h
0.0 %

CHOUHRI, MR. RAJESH KUMAR
Patient ID 202421956
04.05.2024
11:57:14am

148 bpm
116/84 mmHg

RECOVERY
#1
00:50

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



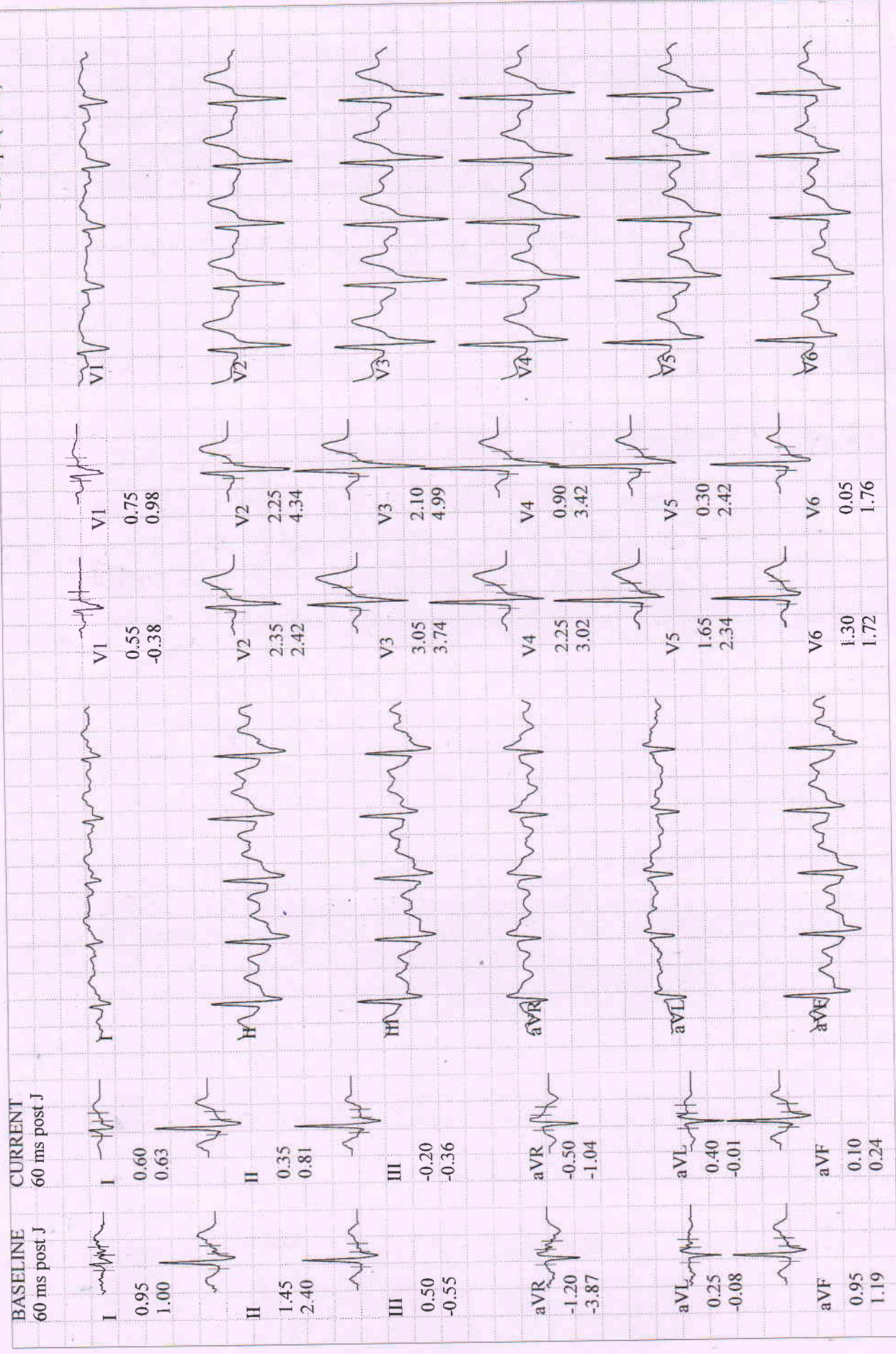
BRUCE
0.0 km/h
0.0 %

RECOVERY
#1
01:50

130 bpm
110/80 mmHg

Patient ID 202421956
04.05.2024
11:58:14am

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



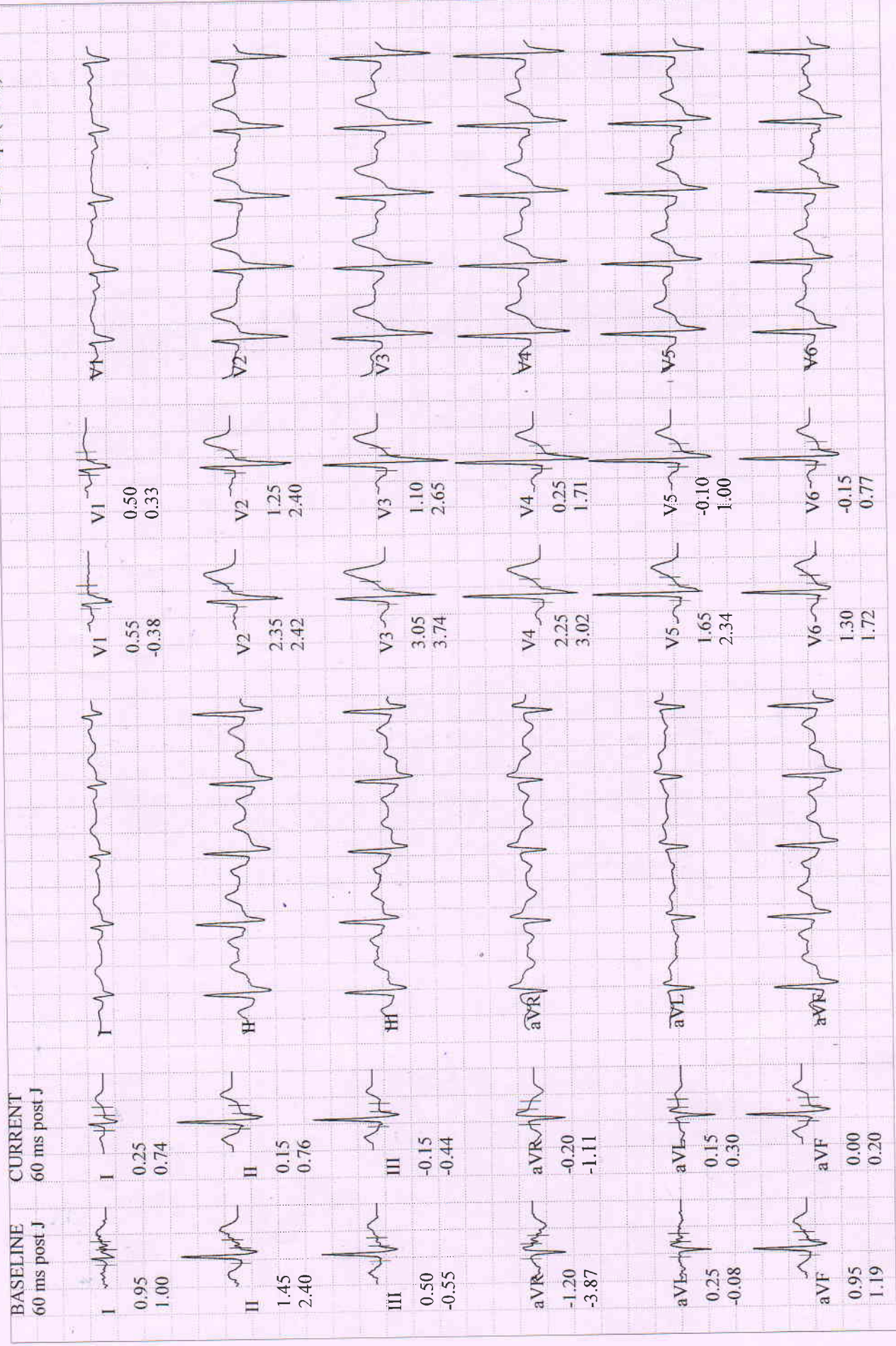
BRUCE
0.0 km/h
0.0 %

RECOVERY
#1
02:40

115 bpm
100/70 mmHg

Patient ID 202421956
04.05.2024
11:59:04am

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



Patient ID 202421956

04.05.2024

11:48:36am

| BASELINE EXERCISE | | MAX. ST EXERCISE | | PEAK EXERCISE | | TEST END RECOVERY | | BASELINE EXERCISE | | MAX. ST EXERCISE | | PEAK EXERCISE | | TEST END RECOVERY | |
|-------------------|-------|------------------|-------|---------------|-------|-------------------|-------|-------------------|-------|------------------|-------|---------------|-------|-------------------|--|
| 0:00 | | 4:59 | | 5:32 | | 2:27 | | 0:00 | | 4:59 | | 5:32 | | 2:27 | |
| 107 bpm | | 157 bpm | | 160 bpm | | 121 bpm | | 107 bpm | | 157 bpm | | 160 bpm | | 121 bpm | |
| 100/70 mmHg | | 120/86 mmHg | | 120/86 mmHg | | 100/70 mmHg | | 100/70 mmHg | | 120/86 mmHg | | 120/86 mmHg | | 100/70 mmHg | |
| I | | I | | I | | I | | V1 | | V1 | | V1 | | V1 | |
| 0.95 mm | 0.70 | 0.25 | 0.81 | 0.35 | 0.60 | 0.55 | 0.35 | 0.65 | 0.60 | 0.35 | 0.65 | 0.60 | 0.35 | 0.60 | |
| 1.00 mV/s | 2.63 | 0.81 | 0.81 | 0.80 | -0.19 | -0.38 | -0.14 | -0.19 | -0.38 | -0.14 | -0.19 | -0.38 | -0.14 | -0.38 | |
| II | | II | | II | | II | | V2 | | V2 | | V2 | | V2 | |
| 1.45 | -0.25 | -0.50 | 1.49 | 0.15 | 1.45 | 2.35 | 1.85 | 1.70 | 1.45 | 1.85 | 1.70 | 1.45 | 1.85 | 1.45 | |
| 2.40 | 2.79 | 1.49 | 1.49 | 0.52 | 3.40 | 2.42 | 4.33 | 3.40 | 2.42 | 4.33 | 3.40 | 2.42 | 4.33 | 2.70 | |
| III | | III | | III | | III | | V3 | | V3 | | V3 | | V3 | |
| 0.50 | -0.95 | -0.75 | 0.67 | -0.15 | 1.25 | 3.05 | 1.50 | 1.25 | 1.25 | 1.50 | 1.25 | 1.25 | 1.50 | 1.25 | |
| -0.55 | 0.22 | 0.67 | 0.67 | -0.73 | 4.44 | 3.74 | 5.40 | 4.44 | 3.74 | 5.40 | 4.44 | 3.74 | 5.40 | 3.05 | |
| aVR | | aVR | | aVR | | aVR | | V4 | | V4 | | V4 | | V4 | |
| -1.20 | -0.25 | 0.10 | -1.26 | -0.25 | 0.40 | 2.25 | 0.25 | 0.00 | 0.40 | 2.25 | 0.25 | 0.00 | 0.40 | 0.40 | |
| -3.87 | -3.11 | -1.26 | -1.26 | -1.00 | 2.87 | 3.02 | 3.79 | 2.87 | 3.02 | 3.79 | 2.87 | 3.02 | 3.79 | 1.94 | |
| aVL | | aVL | | aVL | | aVL | | V5 | | V5 | | V5 | | V5 | |
| 0.25 | 0.80 | 0.45 | 0.09 | 0.25 | -0.05 | 1.65 | -0.35 | -0.75 | -0.05 | 1.65 | -0.35 | -0.75 | -0.05 | -0.05 | |
| -0.08 | 1.14 | 0.09 | 0.09 | 0.27 | 1.24 | 2.34 | 2.59 | 1.61 | 2.34 | 2.59 | 1.61 | 2.34 | 2.59 | 1.24 | |
| aVF | | aVF | | aVF | | aVF | | V6 | | V6 | | V6 | | V6 | |
| 0.95 | -0.60 | -0.65 | 1.10 | -0.05 | -0.10 | 1.30 | -0.55 | -0.75 | -0.10 | 1.30 | -0.55 | -0.75 | -0.10 | -0.10 | |
| 1.19 | 1.55 | 1.10 | 1.10 | -0.10 | 0.78 | 1.72 | 2.12 | 1.12 | 1.72 | 2.12 | 1.12 | 1.72 | 2.12 | 0.78 | |

Patient ID 202421956
 04.05.2024 Male 170 cm 73.1 kg
 11:48:36am 40yrs Asian
 Meds:
 Test Reason:
 Medical History:

BRUCE: Total Exercise Time 05:32
 Max HR: 160 bpm 88% of max predicted 180 bpm HR at rest: 75
 Max BP: 120/86 mmHg BP at rest: 100/70 Max RPP: 18840 mmHg*bpm
 Maximum Workload: 7.00 METS
 Max. ST: -0.95 mm, 0.00 mV/s in III; EXERCISE STAGE 2 04:59
 Arrhythmia: PSVC:1
 ST/HR index: 1.02 μ V/bpm
Reasons for Termination: Target heart rate achieved
Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: appropriate response. Chest Pain: none.

Conclusion: - (ve) TMT e insignificant ST-chg.
 - Normal Study.

-1-15
 04/05/2024
 DR. R.K. CHATURVEDI
 M.B.B.S.,M.D (N.MED)
 DIP. CARDIOLOGY

| Phase Name | Stage Name | Time in Stage | Speed (km/h) | Grade (%) | Workload (METS) | HR (bpm) | BP (mmHg) | RPP (mmHg*bpm) | VE (/min) | ST Level (III mm) | Comment |
|------------|------------|---------------|--------------|-----------|-----------------|----------|-----------|----------------|-----------|-------------------|---------|
| PRETEST | SUPINE | 00:29 | 0.00 | 0.00 | 1.0 | 88 | 100/70 | 8800 | 0 | 0.60 | |
| | STANDING | 00:18 | 0.00 | 0.00 | 1.0 | 81 | 100/70 | 8100 | 0 | 0.60 | |
| | HYPERV. | 00:37 | 0.00 | 0.00 | 1.0 | 96 | 100/70 | 9600 | 0 | 0.35 | |
| | WARM-UP | 00:51 | 1.60 | 0.00 | 1.5 | 106 | 100/70 | 10600 | 0 | 0.50 | |
| EXERCISE | STAGE 1 | 03:00 | 2.70 | 10.00 | 4.6 | 134 | 110/80 | 14740 | 0 | -0.05 | |
| | STAGE 2 | 02:32 | 4.00 | 12.00 | 7.0 | 160 | 120/86 | 19200 | 0 | -0.75 | |
| RECOVERY | | 02:42 | 0.00 | 0.00 | 1.0 | 115 | 100/70 | 11500 | 0 | -0.10 | |

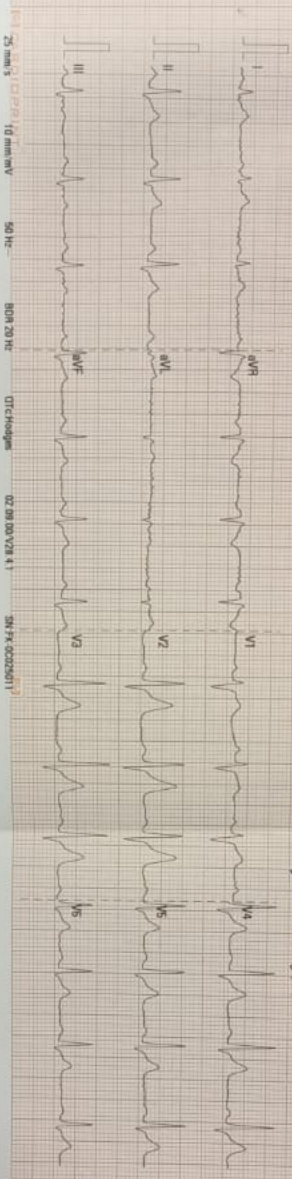
BERLIN
 DIAGNOSTICS & DAY CARE
 R.K. CHATURVEDI
 MBBS, MD (N. Medicine)
 AIIMS New Delhi,
 Fellowship from Houston University, USA
 Reg. No.-62434 (Bihar)

ID: 2024050411251722

Name:

2024-05-04 13:33:46

MR. RAJESH KUNNE CHODDAPUR, Age: 40yrs



25 mm/s
10 mm/mV
50 Hz
BGR 20 Hz
DTC:Hodges
02:09:00/V28.4.1
SN:FK-0C0256011

ID: 2024050411251722

Name:

2024-05-04 13:33:46

| | |
|----------------------|----------|
| Heart Rate (bpm) | 83 |
| PR Interval (ms) | 154 |
| QRS Duration (ms) | 98 |
| QT/QTc Interval (ms) | 326/366 |
| P/QRS/T Axes (deg) | 62/65/45 |

Sinus rhythm

— Interpretation made without knowing patient's gender/age —

Normal ECG Unconfirmed Diagnosis.

Dr. Krishn Murari Prasad
 MBBS, DTP, Cardiology



CARDIOPRINT