



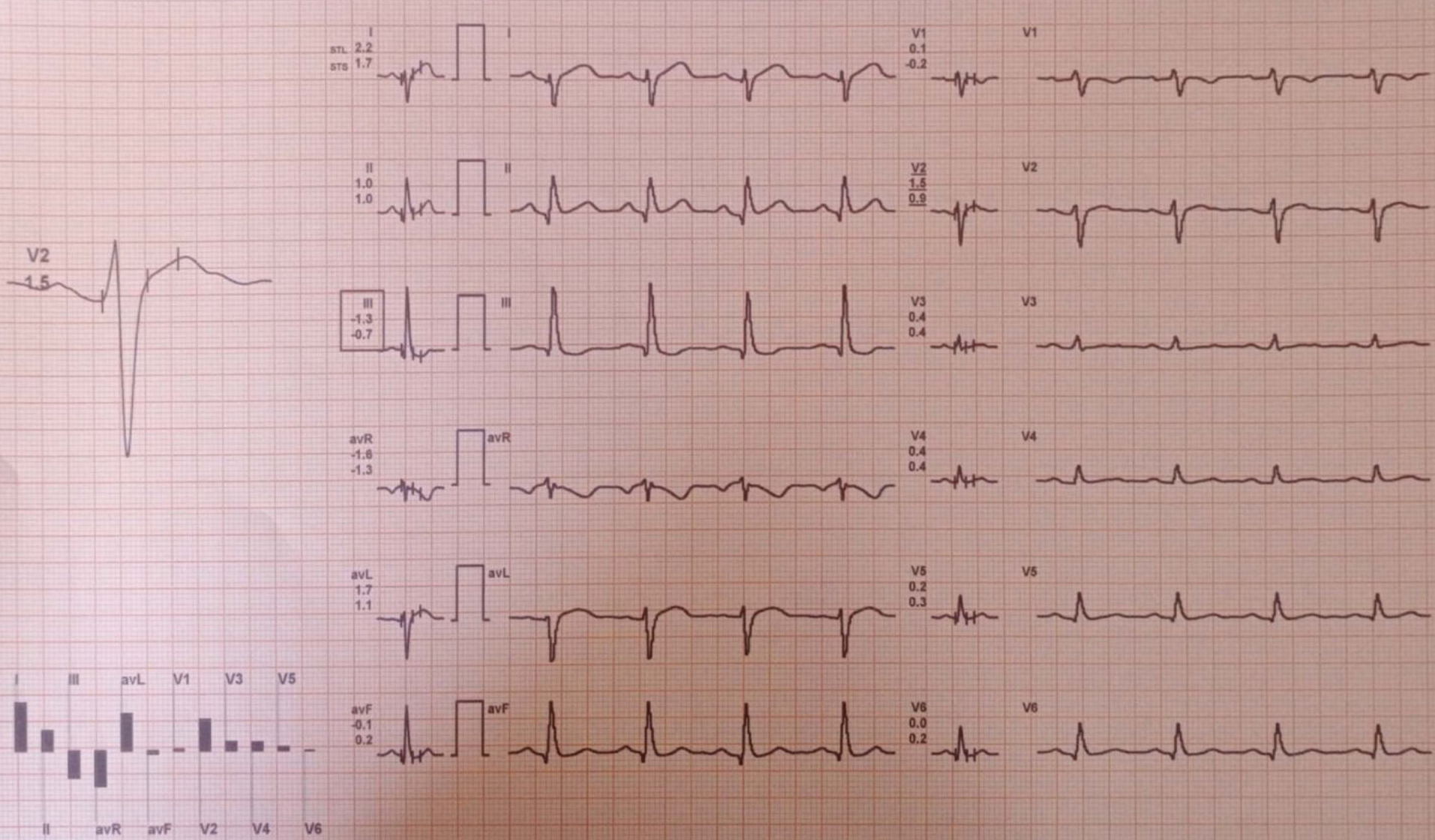
360 / RAVI PRAKASH / 37 Yrs / M / 171 Cms / 99 Kg / HR : 84

Date: 10-Dec-2022 12:17:59 PM METS: 1.0/ 84 bpm 46% of THR BP: 130/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

ExTime: 00:00 0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



360 / RAVI PRAKASH / 37 Yrs / M / 171 Cms / 99 Kg Date: 10-Dec-2022

Report :

TEST OBJECTIVE	:	SCREENING FOR CAD
RISK FACTOR	:	NONE
ACTIVITY	:	INACTIVE
MEDICATION	:	NONE
BRIEF HISTORY	:	NONE
OTHER INVESTIGATION	:	X-RAY CHEST
REASON FOR TERMINATION	:	HEART RATE ACHIEVED HEART RATE ACHIEVED
EXERCISE TOLERANCE	:	FAIR
EXERCISE INDUCED ARRHYTHMIAS	:	NO
HAEMODYNAMIC RESPONSE	:	NORMAL
CHRONOTROPIC RESPONSE	:	NORMAL
FINAL IMPRESSION	:	STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHAEMIC HEART DISEASE

Doctor : DR. ZEESHAN AHMED MD MEDICINE

MICRO MED CHARTS

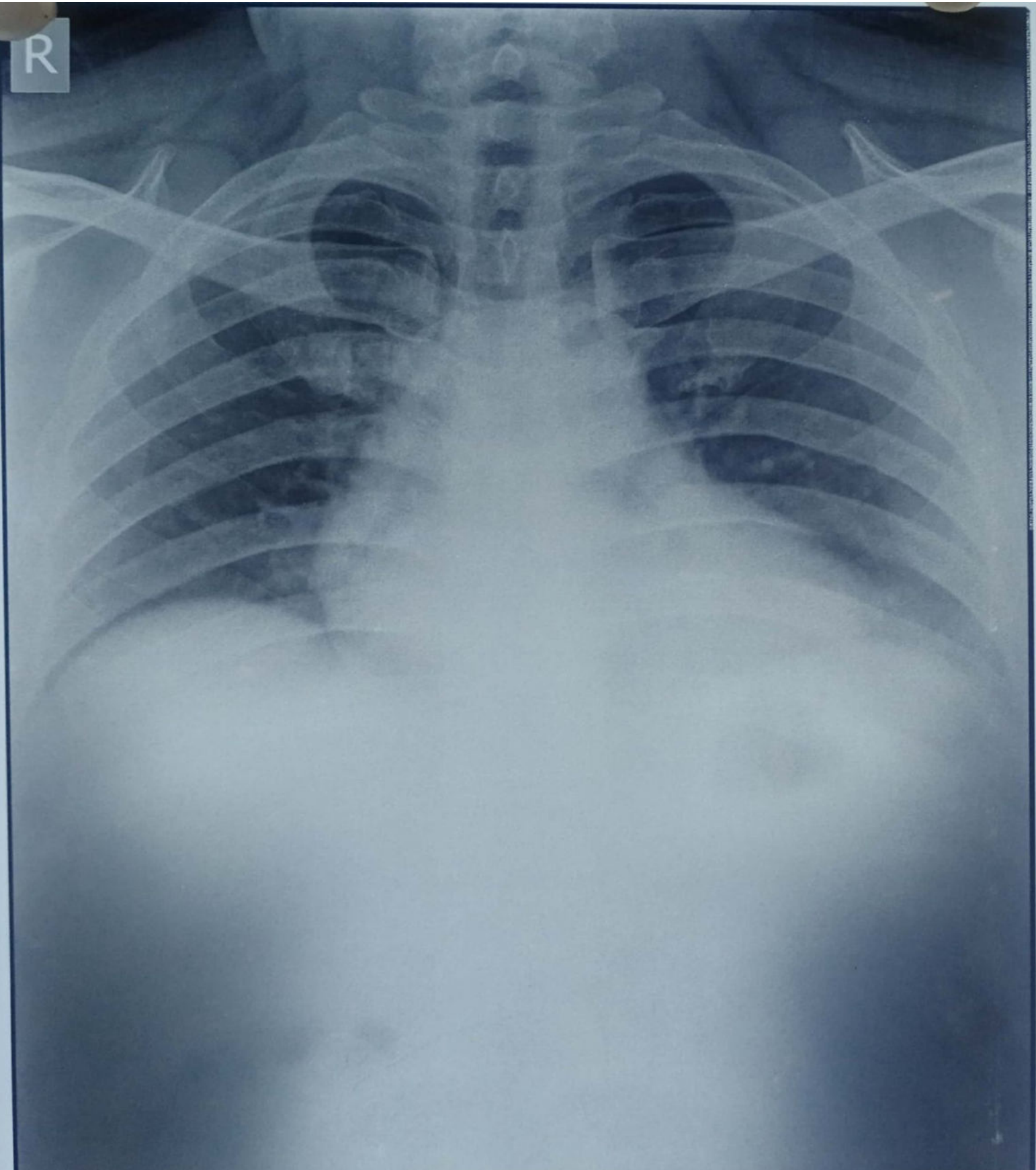


Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	01:56	1:56	00.0	00.0	01.0	084	46 %	---/---	000	00	
Standing	02:17	0:21	00.0	00.0	01.0	087	48 %	---/---	000	00	
ExStart	02:32	0:15	00.0	00.0	01.0	087	48 %	---/---	000	00	
BRUCE Stage 1	05:32	3:00	01.7	10.0	04.7	131	72 %	140/90	183	00	
BRUCE Stage 2	08:32	3:00	02.5	12.0	07.1	150	82 %	150/90	225	00	
PeakEx	09:32	1:00	03.4	14.0	08.2	156	85 %	150/90	233	00	
Recovery	10:32	1:00	00.0	00.0	01.1	153	84 %	150/90	229	00	
Recovery	11:32	2:00	00.0	00.0	01.0	115	63 %	160/70	184	00	
Recovery	12:32	3:00	00.0	00.0	01.0	110	60 %	140/90	154	00	
Recovery	12:42	3:11	00.0	00.0	01.0	112	61 %	140/90	156	00	

Findings :

Exercise Time : 07:00
 Max HR Attained : 156 bpm 85% of Target 183
 Max BP Attained : (Sys) 160/70 , (Dis) 140/90
 Max WorkLoad Attained : 8.2 Fair response to induced stress
 Test End Reasons : Heart Rate Acheived, Heart Rate Acheived

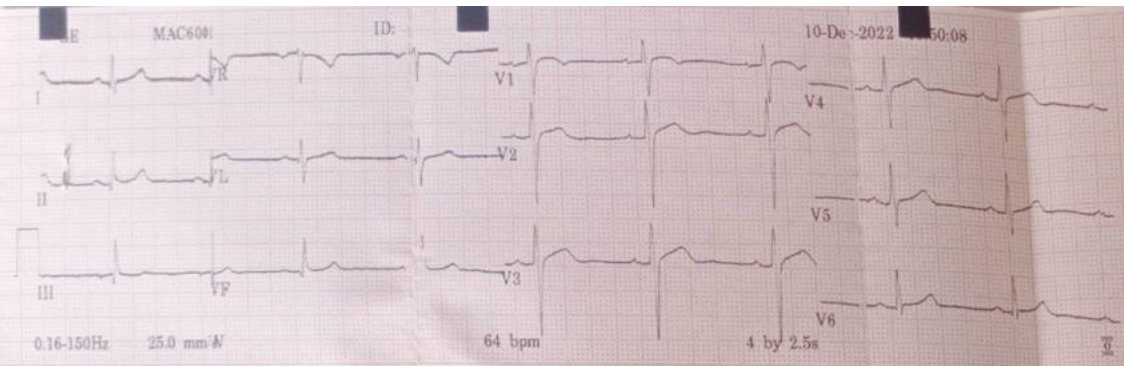
R



MR RAVI PRAKASH XALXO 37Y/M

PA Chest
10/12/2022 10:48:20

ALEXIS HOSPITAL BHOPAL M.P



ID:

Vent. rate 64 bpm
 QRS duration 82 ms
 QT/QTc 380/392 ms
 PR interval 154 ms
 P duration 84 ms
 RR interval 937 ms
 P-R-T axes 17 69 24

Normal sinus rhythm
Normal ECG

MAC600 1.02 12SL™ v239

MAC600 1.02 12SL™ v239



ALEXIS

HOSPITAL BHOPAL



DEPARTMENT OF PATHOLOGY

Patient Name : MR. RAVI XALXO
 Registration No. : AH-A-002332
 Lab No : 3
 Age & Sex : 37 Years / Male
 Referring Doctor :
 Report Status : Final

Date :
 Registration Date/Time : 10/12/2022 11:54AM
 Accession Date/Time : 10/12/2022 12:50PM
 Report Date/Time : 10/12/2022 03:52PM
 Print Date/Time : 10/12/2022 3:52 pm

TEST(S)	RESULT(S)	UNITS	BIOLOGICAL REFERENCE RANGE
BLOOD GROUP & RH FACTOR			
SAMPLE TYPE : EDTA WB METHOD : IDEM AND TUBE IN			
Blood Group	: 'B' Positive		
CBC/ESR			
SAMPLE TYPE : WHOLE BLOOD EDTA METHOD :			
Result	: 08	mm/hour	0-9
COMPLETE BLOOD COUNT (CBC)			
SAMPLE TYPE : WHOLE BLOOD EDTA METHOD : 5 part fully aut			
R.B.C. Count	: 5.12	10 ⁶ /mm ³	4.5-5.5
Haemoglobin	: 14.2	g/dl	14.0-17.4
PCV	: 43.0	%	42-52
MCV	: 84.1	fl	84-96
MCH	: 27.7	pg	28-34
MCHC	: 32.9	g/dL	32-36
RDW-CV	: 12.0	%	11.5-14.5
MPV	: 8.9	fl	7.4-10.4
Total WBC Count	: 6200	/cmm	4000-11000
Platelet count	: 3.27	/cmm	1.50-4.50
Neutrophils	: 58	%	50-80
Lymphocytes	: 38	%	25-45
Monocytes	: 02	%	3-7
Eosinophils	: 02	%	0-3
Basophils	: 00	%	00-01



***** End Of Report *****

Technician

Dr. NIPUN MADHAV
 MBBS, M.D. (Pathology)
 Reg. No. MP-18747

Subject of following conditions :- The science of pathological diagnosis is based on interpretation of immunobiochemical ELISA, RIA and other reactions which are influenced by several factors. Assays are performed in accordance with standard procedures. The reported results are dependent on individual assay methods, equipment, specificity, sensitivity, drug interaction and the quality of the specimen (or) samples received. The most sophisticated computerized blood analyzer techniques are subject to unaccountable variations. Results of test vary from laboratory to laboratory and also in some parameters from time to time for the same patients. So the final diagnosis, conclusion should not be drawn from these test only hence kindly correlate clinically. Advise follow up. The laboratory investigations should always be interpreted in the light of clinical features and other related investigations. Subject to corrections of typing / printing / human mistakes. Should the result indicate an unexpected abnormality, reconfirmation shall be sought. This report is not valid for



ALEXIS

HOSPITAL BHOPAL



DEPARTMENT OF PATHOLOGY

Patient Name : MR. RAVI XALXO
 Registration No. : AH-A-002332
 Lab No : 3
 Age & Sex : 37 Years / Male
 Referring Doctor :
 Report Status : Final


Date :
 Registration Date/Time : 10/12/2022 11:54AM
 Accession Date/Time : 10/12/2022 12:50PM
 Report Date/Time : 10/12/2022 03:53PM
 Print Date/Time : 10/12/2022 4:27 pm

TEST(S)	RESULT(S)	UNITS	BIOLOGICAL REFERENCE RANGE	
FBS SAMPLE TYPE : WHOLE BLOOD FLUORIDE F METHOD : Hexokinase Enzym	Result	: 133.39	mg/dl	70-100
HbA1C SAMPLE TYPE : WHOLE BLOOD EDTA M METHOD : Immunoturbidim	Glycosylated Haemoglobin % (Hb A1c)	: 6.2	%	4.8-5.9
	Mean Plasma Glucose (MPG)	: 131.24		
PPBS SAMPLE TYPE : WHOLE BLOOD FLUORIDE PP METHOD : Hexokinase Enzym	Result	: 151.21	mg/dl	70-140
T3 T4 TSH SAMPLE TYPE : SERUM METHOD : ECL	TRI-iodothyronine (T3)	: 1.78	ng/mL	0.83-2.00
	THYROXINE (T4)	: 10.65	ug/dL	5.13-14.1
	THYROID STIMULATING HORMONE TSH	: 3.98	µIU/ml	0.27-4.2
PSA SAMPLE TYPE : SERUM METHOD : ECL	Result	: 3.62	ng/mL	< 4.0



***** End Of Report *****

Technician


Dr. NIPUN MADHAV
 MBBS, M.D. (Pathology)
 Reg. No. MP-18747

Subject of following conditions :- The science of pathological diagnosis is based on interpretation of immunochemical ELISA, RIA and other reactions which are influenced by several factors. Assays are performed in accordance with standard procedures. The reported results are dependent on individual assay methods, equipment, specificity, sensitivity, drug interaction and the quality of the specimen (s) samples received. The most sophisticated computerized blood analyser techniques are subject to unaccountable variations. Results of test vary from laboratory to laboratory and also in some parameters from time to time for the same patients. So the final diagnosis, conclusion should not be drawn from these test only hence kindly correlate clinically. Adviced follow up. The laboratory investigations should always be interpreted in the light of clinical features and other related investigations. Subject to corrections of typing / printing / humanly mistakes. Should the result indicate an unexpected abnormality, reconfirmation shall be sought. This report is not valid for



ALEXIS

HOSPITAL BHOPAL



DEPARTMENT OF PATHOLOGY

Date :

Patient Name : MR. RAVI XALXO

Registration Data/Time : 10/12/2022 11:54AM

Registration No. : AH-A-002332

Accession Data/Time : 10/12/2022 12:50PM

Lab No : 3

Report Data/Time : 10/12/2022 03:59PM

Age & Sex : 37 Years / Male

Print Data/Time : 10/12/2022 4:29 pm

Referring Doctor :

Report Status : Final

TEST(S)	RESULT(S)	UNITS	BIOLOGICAL REFERENCE RANGE
LFT			
SAMPLE TYPE : SERUM			
METHOD :			
Bilirubin- Total	: 0.81	mg/dL	0.15-1.1
Bilirubin- Direct	: 0.18	mg/dL	0-0.2
Bilirubin- Indirect	: 0.63		
SGOT	: 42.34	U/L	05-50
SGPT	: 39.27	U/L	07-40
Alkaline Phosphatase	: 79.28	U/L	5-128
RFT			
SAMPLE TYPE : SERUM			
METHOD :			
BLOOD UREA	: 32.98	mg/dL	20-45
SERUM CREATININE	: 0.98	mg/dL	0.67-1.20
SODIUM	: 137.2	mmol/L	135-149
POTASSIUM	: 3.81	mmol/L	3.5-5.5
TOTAL PROTEIN			
SAMPLE TYPE : SERUM			
METHOD : BIURET method			
Total Serum Proteins	: 7.97	gm/dL	6.4-8.3
Serum Albumin	: 3.62	GM/DL	3.2-4.5
Serum Globulin	: 4.35	gm/dL	1.9-3.5
A/G Ratio	: 0.8322		1.2 - 1.5



***** End Of Report *****

Technician

Dr. NIPUN MADHAV
MBBS, M.D. (Pathology)
Reg. No. MP-18747

Subject of following conditions :- The science of pathological diagnosis is based on interpretation of immunobiochemical ELISA, RIA and other reactions which are influenced by several factors. Assays are performed in accordance with standard procedures. The reported results are dependent on individual assay methods, equipment, specificity, sensitivity, drug interaction and the quality of the specimen(s) samples received. The most sophisticated computerized blood analyzer techniques are subject to uncountable variations. Results of test vary from laboratory to laboratory and also in some parameters from time to time for the same patients. So the final diagnosis, conclusion should not be drawn from these test only hence kindly correlate clinically. Advised follow up. The laboratory investigations should always be interpreted in the light of clinical features and other related investigations. Subject to corrections of typing / printing / humanly mistakes. Should the result indicate an unexpected abnormality, reconfirmation shall be sought. This report is not valid for



DEPARTMENT OF PATHOLOGY

Patient Name	: MR. RAVI KALXD	Registration Date/Time	: 10/12/2022 11:54AM
Registration No.	: AH-A-002332	Accession Date/Time	: 10/12/2022 12:50PM
Lab No	: 3	Report Date/Time	: 10/12/2022 04:00PM
Age & Sex	: 37 Years / Male	Print Date/Time	: 10/12/2022 4:29 pm
Referring Doctor	:		
Report Status	: Final		

TEST(S)	RESULT(S)	UNIT(S)	BIOLOGICAL REFERENCE RANGE
LIPID PROFILE			
SAMPLE TYPE: SERUM METHOD:			
S.Cholesterol	: 183.41	mg/dL	No risk < 200 mg/dl Moderate risk 200 - 239 mg/dl High risk >240 mg/dl Upto 150
S.Triglycerides	: 135.98	mg/dl	
HDL Cholesterol	: 39.7	mg/dl	Major risk < 40 mg/dl Negative risk > 60 mg/dl
LDL Cholesterol	: 116.514	mg/dl	Optimum < 100 mg/dl Near/above optimum 100 - 129 mg/dl Boderline high 130 - 159 mg/dl High 160 - 189 mg/dl Very high > 190 mg/dl
VLDL Cholesterol	: 27.196	mg/dl	Upto 30
S.Cholesterol/HDL Ratio	: 4.6199		4.4-11
URIC ACID			
SAMPLE TYPE: SERUM METHOD: Urates FCD End			
Result	: 6.2	mg/dL	3.4-7.0



***** End Of Report *****

Technician

Dr. NIPUN MADHAV
 MBBS, M.D. (Pathology)
 Reg. No. MP-16747

Subject of following conditions :- The science of pathological diagnosis is based on interpretation of immunobiochemical ELISA, RIA and other reactions which are influenced by several factors. Assays are performed in accordance with standard procedures. The reported results are dependent on high/low assay methods, equipment, specificity, sensitivity, drug interaction and the quality of the specimen (s) samples received. The most sophisticated computerized blood analyzer techniques are subject to unaccountable variations. Results of test vary from laboratory to laboratory and also in some parameters from time to time for the same patients. As the final diagnosis, conclusion should not be draw from these test only hence kindly correlate clinically. Adviced follow up. The laboratory investigations should always be interpreted in the light of clinical features and other related investigations. Subject to corrections of typing / printing / humanly mistakes. Should the result indicate an unexpected abnormality, reconfirmation shall be sought. This report is not valid for



ALEXIS

HOSPITAL BHOPAL



DEPARTMENT OF PATHOLOGY

Patient Name : MR. RAVI XALXO
 Registration No. : AH-A-002332
 Lab No : 3
 Age & Sex : 37 Years / Male
 Referring Doctor :
 Report Status : Final

Date :
 Registration Date/Time : 10/12/2022 11:54AM
 Accession Date/Time : 10/12/2022 12:50PM
 Report Date/Time : 10/12/2022 04:31PM
 Print Date/Time : 10/12/2022 4:31 pm

TEST(S)

URINE R/M

SAMPLE TYPE : URINE
 METHOD : MURKIN

BIOLOGICAL REFERENCE RANGE

Colour	: Yellow	Clear
Quantity	: 15	
Appearance	: Clear	Clear
Specific gravity	: 1.020	1.005 - 1.030
Reaction (PH)	: 6.5	5.0 - 9.0
Albumin	: Negative	Negative
Sugar	: Negative	Negative
Ketone Bodies	: Negative	Negative
Bile Salts	: Negative	Negative
Bile Pigments	: Negative	Negative
Bilirubin	: Negative	Negative
Blood	: Negative	Negative
Nitrate	: Negative	Negative
PUS Cells	: 2-3	0 - 2 /hpf
RBC	: Not Detected	Not Detected
Epithelial Cells	: 2-3	0 - 2 /hpf
Casts	: Not Detected	Not Detected
Crystals	: Not Detected	
Bacteria	: Not Detected	Not Detected



***** End Of Report *****

Technician

Dr. NIPUN MADHAV
 MBBS, M.D. (Pathology)
 Reg. No. MP-18747

Subject of following conditions :- The science of pathological diagnosis is based on interpretation of immunobiochemical ELISA, RIA and other reactions which are influenced by several factors. Assays are performed in accordance with standard procedures. The reported results are dependent on individual assay methods, equipment, specificity, sensitivity, drug interaction and the quality of the specimen (a) samples received. The most sophisticated computerized blood analyzer techniques are subject to unaccountable variations. Results of test vary from laboratory to laboratory and also in some parameters from time to time for the same patients. So the final diagnosis, conclusion should not be drawn from these test only hence kindly correlate clinically. Advised follow up. The laboratory investigations should always be interpreted in the light of clinical features and other related investigations. Subject to conditions of typing / printing / humanly mistakes. Should the result indicate an unexpected abnormality, reconfirmation shall be sought. This report is not valid for