

PATIENT NAME : . HARISH SHARMA

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : C000045483 - FORTIS
 FORTIS MOHALI-CHC -SPLZD
 FORTIS HOSPITAL - MOHALI,
 MOHALI 160062
 7087030817

ACCESSION NO : **0006XG027966**
 PATIENT ID : FH.11738997
 CLIENT PATIENT ID: UID:11738997
 ABHA NO :

AGE/SEX : 35 Years Male
 DRAWN : 27/07/2024 08:22:00
 RECEIVED : 27/07/2024 14:18:15
 REPORTED : 27/07/2024 16:24:41

CLINICAL INFORMATION :

UID:11738997 REQNO-1731093
 CORP-OPD
 BILLNO-1002124OPCS013700
 BILLNO-1002124OPCS013700

Test Report Status	Preliminary	Results	Biological Reference Interval	Units
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HAEMATOLOGY - CBC

CBC-5, EDTA WHOLE BLOOD

BLOOD COUNTS, EDTA WHOLE BLOOD

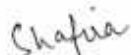
HEMOGLOBIN (HB)	15.3	13.0 - 17.0	g/dL
METHOD : SLS- HEMOGLOBIN DETECTION METHOD			
RED BLOOD CELL (RBC) COUNT	5.25	4.5 - 5.5	mil/ μ L
METHOD : HYDRODYNAMIC FOCUSING			
WHITE BLOOD CELL (WBC) COUNT	5.64	4.0 - 10.0	thou/ μ L
METHOD : FLOWCYTOMETRY			
PLATELET COUNT	159	150 - 410	thou/ μ L
METHOD : HYDRO DYNAMIC FOCUSING METHOD / MICROSCOPY			

RBC AND PLATELET INDICES

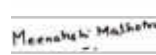
HEMATOCRIT (PCV)	48.4	40.0 - 50.0	%
METHOD : HYDRODYNAMIC FOCUSING			
MEAN CORPUSCULAR VOLUME (MCV)	92.2	83.0 - 101.0	fL
METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	29.1	27.0 - 32.0	pg
METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC)	31.6	31.5 - 34.5	g/dL
METHOD : CALCULATED PARAMETER			
RED CELL DISTRIBUTION WIDTH (RDW)	13.5	11.6 - 14.0	%
METHOD : CALCULATED PARAMETER			
MENTZER INDEX	17.6		
METHOD : CALCULATED PARAMETER			
MEAN PLATELET VOLUME (MPV)	14.4 High	6.8 - 10.9	fL
METHOD : CALCULATED PARAMETER			



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Page 1 Of 21



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ULR No.600003454513-0006



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WBC DIFFERENTIAL COUNT

NEUTROPHILS METHOD : FLOW CYTOMETRY+LEISHMAIN STAIN+MICROSCOPY	49	40.0 - 80.0	%
LYMPHOCYTES METHOD : FLOW CYTOMETRY+LEISHMAIN STAIN+MICROSCOPY	41 High	20.0 - 40.0	%
MONOCYTES METHOD : FLOW CYTOMETRY+LEISHMAIN STAIN+MICROSCOPY	8	2.0 - 10.0	%
EOSINOPHILS METHOD : FLOW CYTOMETRY+LEISHMAIN STAIN+MICROSCOPY	2	1 - 6	%
BASOPHILS METHOD : FLOW CYTOMETRY+LEISHMAIN STAIN+MICROSCOPY	00	0 - 2	%
ABSOLUTE NEUTROPHIL COUNT METHOD : CALCULATED PARAMETER	2.76	2.0 - 7.0	thou/ μ L
ABSOLUTE LYMPHOCYTE COUNT METHOD : CALCULATED PARAMETER	2.31	1.0 - 3.0	thou/ μ L
ABSOLUTE MONOCYTE COUNT METHOD : CALCULATED PARAMETER	0.45	0.2 - 1.0	thou/ μ L
ABSOLUTE EOSINOPHIL COUNT METHOD : CALCULATED PARAMETER	0.11	0.02 - 0.50	thou/ μ L
NEUTROPHIL LYMPHOCYTE RATIO (NLR) METHOD : CALCULATED PARAMETER	1.2		

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.

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HAEMATOLOGY**ERYTHROCYTE SEDIMENTATION RATE (ESR), EDTA BLOOD**

E.S.R	08	0 - 14	mm at 1 hr
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METHOD : WESTERGREN METHOD

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

HBA1C	5.7	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)	%
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METHOD : HPLC

ESTIMATED AVERAGE GLUCOSE(EAG)	116.9 High	< 116.0	mg/dL
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METHOD : CALCULATED PARAMETER

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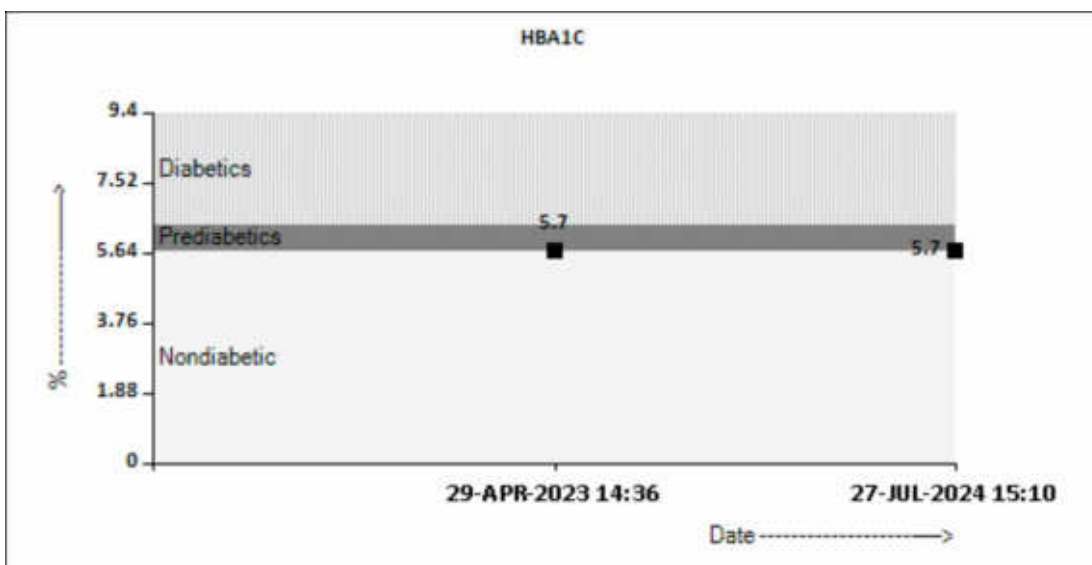
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Interpretation(s)

ERYTHROCYTE SEDIMENTATION RATE (ESR),EDTA 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, Vasculitides, 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: Polycythemia 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)

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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. GLYCOSYLATED HEMOGLOBIN(HbA1c), EDTA WHOLE BLOOD-Used For:

- Evaluating the long-term control of blood glucose concentrations in diabetic patients.
- Diagnosing diabetes.
- 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 patient's metabolic control has remained continuously within the target range.

- eAG (Estimated average glucose) converts percentage HbA1c to mg/dl, to compare blood glucose levels.
- eAG gives an evaluation of blood glucose levels for the last couple of months.
- eAG is calculated as $eAG (mg/dl) = 28.7 * HbA1c - 46.7$

HbA1c Estimation can get affected due to :

- 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.
- Vitamin C & E are reported to falsely lower test results (possibly by inhibiting glycation of hemoglobin).
- Iron deficiency anemia is reported to increase test results. Hypertriglyceridemia, uremia, hyperbilirubinemia, chronic alcoholism, chronic ingestion of salicylates & opiates addition are reported to interfere with some assay methods, falsely increasing results.
- Interference of hemoglobinopathies in HbA1c estimation is seen in

- Homozygous hemoglobinopathy. Fructosamine is recommended for testing of HbA1c.
- Heterozygous state detected (D10 is corrected for HbS & HbC trait.)
- HbF > 25% on alternate platform (Boronate affinity chromatography) is recommended for testing of HbA1c. Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy

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BIOCHEMISTRY

LIVER FUNCTION PROFILE, SERUM

BILIRUBIN, TOTAL <small>METHOD : DIAZONIUM ION, BLANKED (ROCHE)</small>	0.77	UPTO 1.2	mg/dL
BILIRUBIN, DIRECT <small>METHOD : DIAZOTIZATION</small>	0.18	0.00 - 0.30	mg/dL
BILIRUBIN, INDIRECT <small>METHOD : CALCULATED PARAMETER</small>	0.59	0.00 - 0.60	mg/dL
TOTAL PROTEIN <small>METHOD : BIURET</small>	7.8	6.6 - 8.7	g/dL
ALBUMIN <small>METHOD : BROMOCRESOL GREEN</small>	4.9	3.97 - 4.94	g/dL
GLOBULIN <small>METHOD : CALCULATED PARAMETER</small>	2.9	2.0 - 4.0 Neonates - Pre Mature: 0.29 - 1.04	g/dL
ALBUMIN/GLOBULIN RATIO <small>METHOD : CALCULATED PARAMETER</small>	1.7	1.0 - 2.0	RATIO
ASPARTATE AMINOTRANSFERASE(AST/SGOT)	28	0 - 40	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT) <small>METHOD : UV WITHOUT PYRIDOXAL-5 PHOSPHATE</small>	35	0 - 41	U/L
ALKALINE PHOSPHATASE <small>METHOD : PNPP - AMP BUFFER</small>	79	40 - 129	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT) <small>METHOD : GAMMA GLUTAMYL CARBOXY 4NITROANILIDE</small>	24	8 - 61	U/L
LACTATE DEHYDROGENASE <small>METHOD : LACTATE -PYRUVATE UV</small>	220	135 - 225	U/L

GLUCOSE FASTING,FLUORIDE PLASMA

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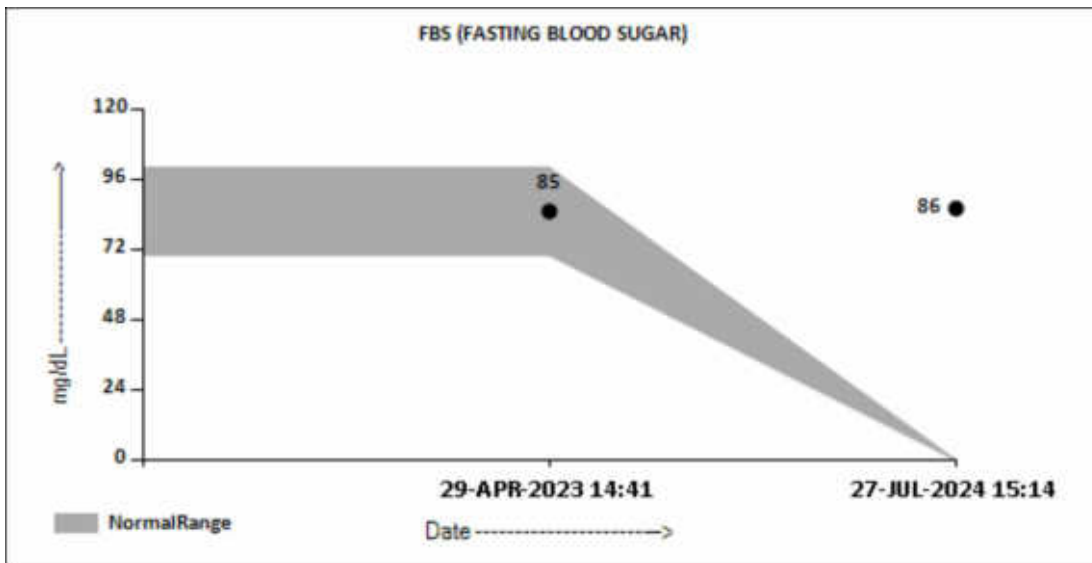
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FBS (FASTING BLOOD SUGAR)	86	(Normal <100, Impaired fasting glucose: 100 to 125, Diabetes mellitus: >=126 (on more than 1 occasion) (ADA guidelines 2024))
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METHOD : HEXOKINASE



BLOOD UREA NITROGEN (BUN), SERUM

BLOOD UREA NITROGEN	11	6 - 20	mg/dL
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METHOD : UREASE - UV

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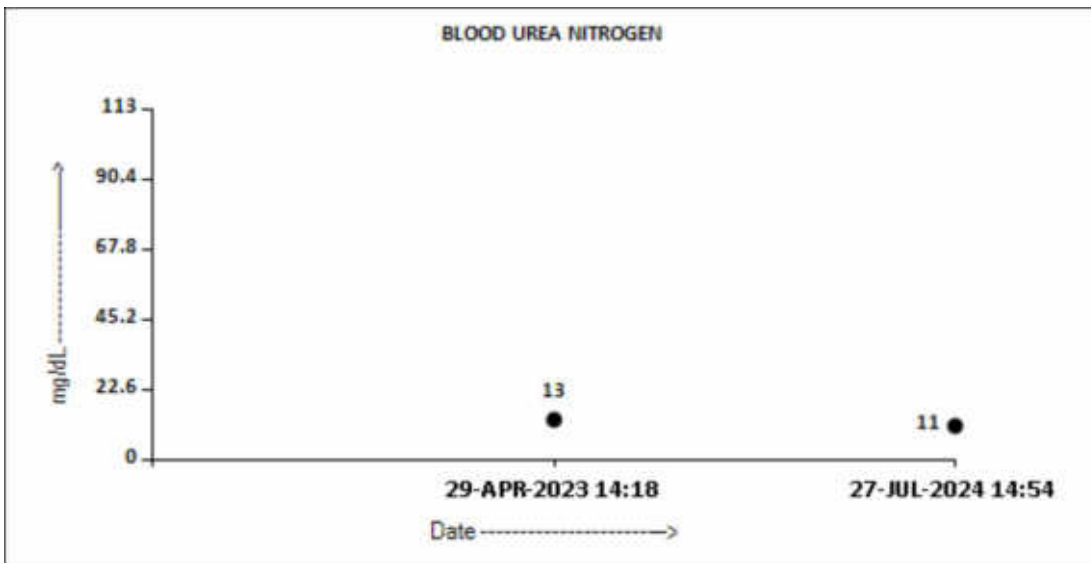
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URIC ACID, SERUM

URIC ACID	6.2	3.4 - 7.0	mg/dL
METHOD : URICASE, COLORIMETRIC			

CREATININE EGFR

CREATININE	1.00	0.70 - 1.20	mg/dL
METHOD : ALKALINE PICRATE-KINETIC			
AGE	35		years

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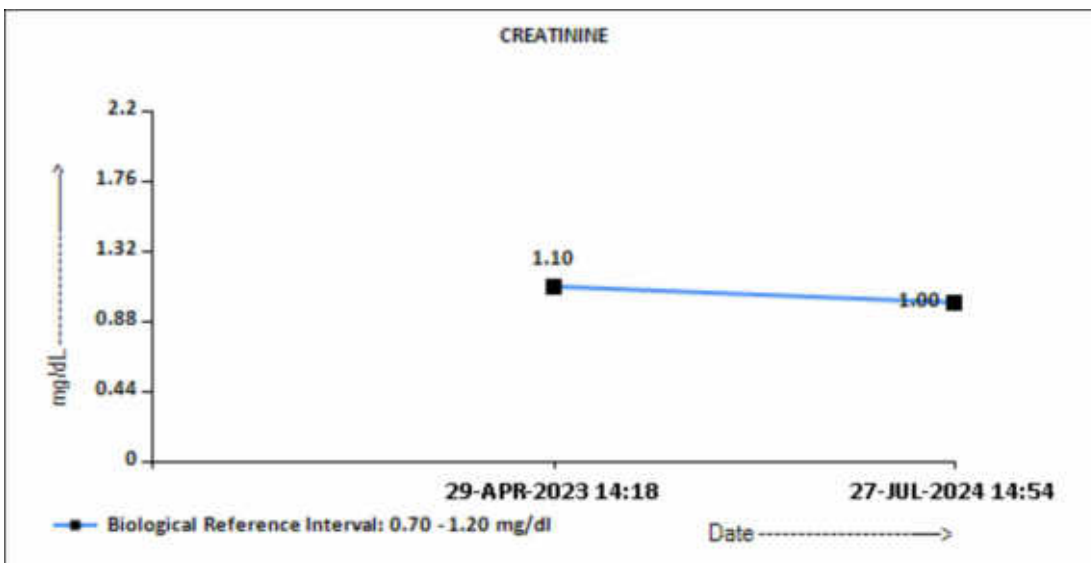
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GLOMERULAR FILTRATION RATE (MALE)	101	GFR of +90 normal or minimal kidney damage with normal GFR 89- 60 mild decrease 59-30 moderate decrease 29-15 severe decrease < 15 kidney failure (units: mL/min/1.73mSq.)		mL/min/1.73mSq



Interpretation(s)

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ULR No.6000003454513-0006



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CODE/NAME & ADDRESS : C000045483 - FORTIS FORTIS MOHALI-CHC -SPLZD FORTIS HOSPITAL - MOHALI, MOHALI 160062 7087030817	ACCESSION NO : 0006XG027966	AGE/SEX : 35 Years Male
	PATIENT ID : FH.11738997	DRAWN : 27/07/2024 08:22:00
	CLIENT PATIENT ID: UID:11738997	RECEIVED : 27/07/2024 14:18:15
	ABHA NO :	REPORTED : 27/07/2024 16:24:41

CLINICAL INFORMATION :

UID:11738997 REQNO-1731093
 CORP-OPD
 BILLNO-1002124OPCS013700
 BILLNO-1002124OPCS013700

Test Report Status	Preliminary	Results	Biological Reference Interval	Units
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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 so that 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 Glycosuria, 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 syndrome

Causes of decreased levels -Low Zinc intake, OCP, Multiple Sclerosis

GLUCOSE POST-PRANDIAL, PLASMA-Spectrophotometry Hexokinase

 Dr. Ritu Pankaj (MD, Pathology), PDCC Additional Director, 30897	 Dr. Meenakshi Malhotra (MD, Pathology) Senior Consultant, 48159	 Ms. Hardeep Kaur, M.Sc. Biochemistry	Page 11 Of 21 View Details View Report
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BIOCHEMISTRY - LIPID

LIPID PROFILE, SERUM

CHOLESTEROL, TOTAL METHOD : CHOLESTEROL OXIDASE, ESTERASE,PEROXIDASE	205 High	< 200 Desirable 200 - 239 Borderline High >/= 240 High	mg/dL
TRIGLYCERIDES METHOD : ENZYMATIC ASSAY	337 High	< 150 Normal 150 - 199 Borderline High 200 - 499 High >/= 500 Very High	mg/dL
HDL CHOLESTEROL METHOD : DIRECT MEASURE - PEG	37 Low	< 40 Low >/=60 High	mg/dL
LDL CHOLESTEROL, DIRECT METHOD : CHOLESTEROL OXIDASE, ESTERASE,PEROXIDASE	107 High	< 100 Optimal 100 - 129 Near or above optimal 130 - 160 Borderline High 161 - 189 High >/= 190 Very High	mg/dL
NON HDL CHOLESTEROL METHOD : CALCULATED PARAMETER	168 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 METHOD : CALCULATED PARAMETER	67.4 High	Desirable value : 10 - 35	mg/dL
CHOL/HDL RATIO	5.5 High	3.3-4.4 Low Risk 4.5-7.0 Average Risk 7.1-11.0 Moderate Risk > 11.0 High Risk	

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Hardeep Kaur
Ms. Hardeep Kaur, M.Sc.
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Meenakshi Malhotra
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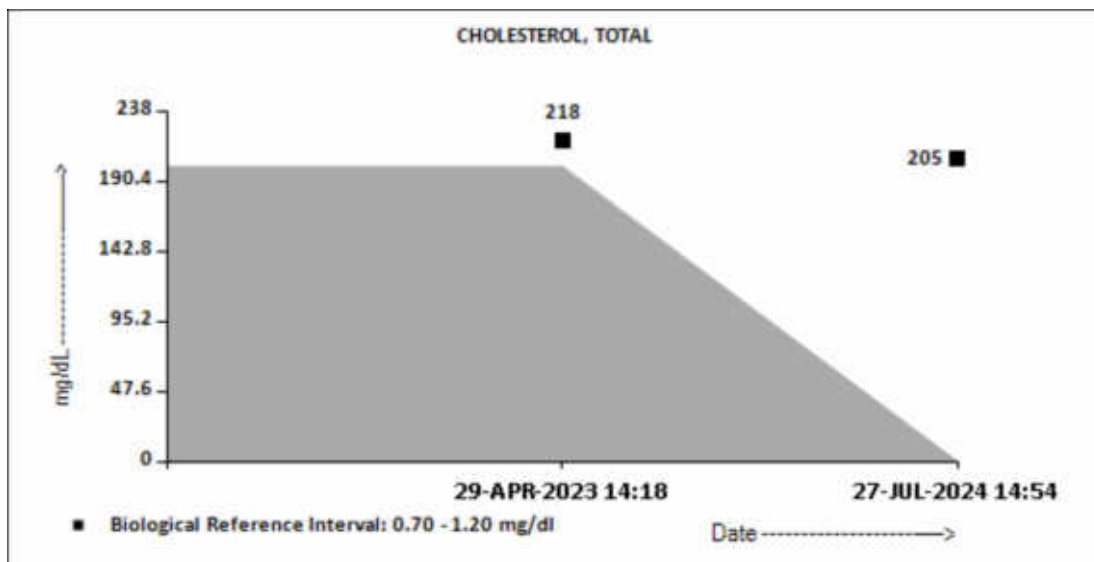
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LDL/HDL RATIO 2.9 0.5 - 3.0 Desirable/Low Risk
3.1 - 6.0 Borderline/Moderate Risk
>6.0 High Risk

METHOD : CALCULATED PARAMETER



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Meenakshi Malhotra

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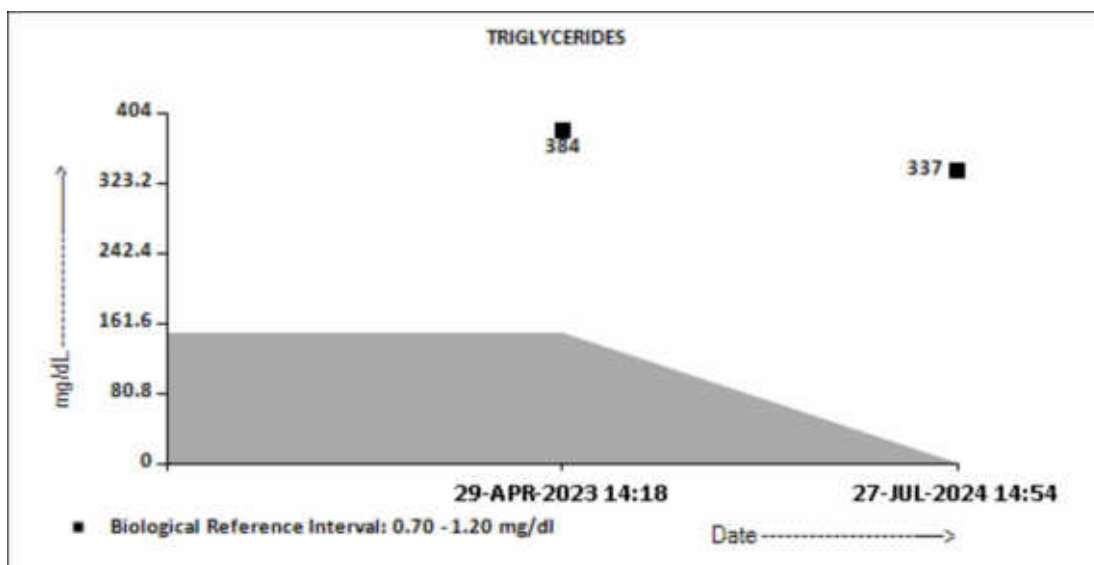
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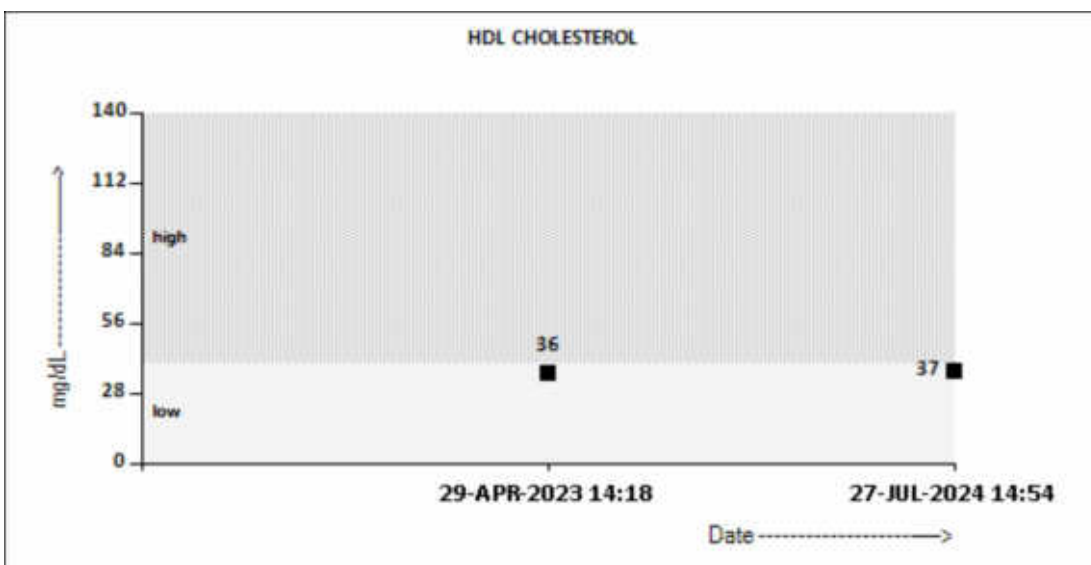
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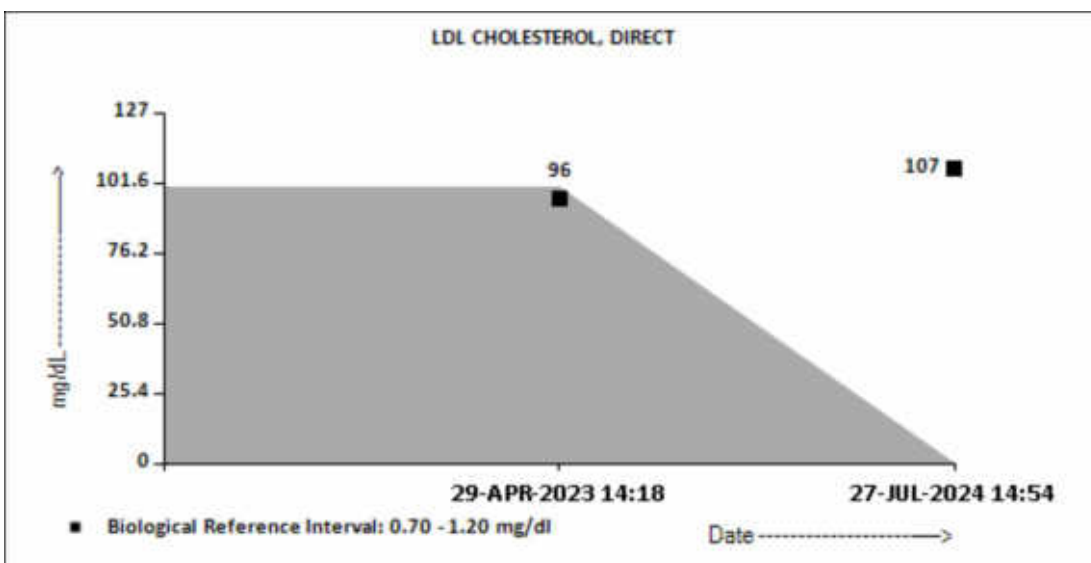
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CLINICAL PATH - URINALYSIS

URINALYSIS

PHYSICAL EXAMINATION, URINE

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

CHEMICAL EXAMINATION, URINE

PH	7.0	4.7 - 7.5
METHOD : DOUBLE INDICATOR PRINCIPLE		
SPECIFIC GRAVITY	1.010	1.003 - 1.035
METHOD : REFLECTANCE PHOTOMETRY (IONIC CONCENTRATION)		
PROTEIN	NOT DETECTED	NOT DETECTED
METHOD : REFLECTION PHOTOMETRY (PROTEIN ERROR INDICATOR)		
GLUCOSE	NOT DETECTED	NOT DETECTED
METHOD : REFLECTANCE PHOTOMETRY (GLUCOSE OXIDASE METHOD)		
KETONES	NOT DETECTED	NOT DETECTED
METHOD : REFLECTION PHOTOMETRY (NITROPRUSSIDE)		
BLOOD	NOT DETECTED	NOT DETECTED
METHOD : REFLECTANCE PHOTOMETRY (BENZIDINE REACTION)		
BILIRUBIN	NOT DETECTED	NOT DETECTED
METHOD : REFLECTANCE SPECTROPHOTOMETRY (DIAZO REACTION)		
UROBILINOGEN	NORMAL	NORMAL
METHOD : REFLECTANCE PHOTOMETRY (EHRlich'S REACTION)		
NITRITE	NOT DETECTED	NOT DETECTED
METHOD : REFLECTANCE SPECTROPHOTOMETRY (DIAZO REACTION)		

MICROSCOPIC EXAMINATION, URINE

Dr. Irneet Mundi (MD,DNB Pathology)
 Associate Consultant, 34080

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RED BLOOD CELLS		NOT DETECTED	NOT DETECTED	/HPF
PUS CELL (WBC'S)		NOT DETECTED	0-5	/HPF
EPITHELIAL CELLS		NOT DETECTED	0-5	/HPF
CASTS		NOT DETECTED		
CRYSTALS		NOT DETECTED		
BACTERIA		NOT DETECTED	NOT DETECTED	
METHOD : REFLECTANCE SPECTROPHOTOMETRY				
YEAST		NOT DETECTED	NOT DETECTED	

Interpretation(s)

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CLINICAL PATH - STOOL ANALYSIS

STOOL: OVA & PARASITE	RESULT PENDING
PHYSICAL EXAMINATION,STOOL	RESULT PENDING
CHEMICAL EXAMINATION,STOOL	RESULT PENDING
MICROSCOPIC EXAMINATION,STOOL	RESULT PENDING



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SPECIALISED CHEMISTRY - HORMONE

THYROID PANEL, SERUM

T3	138.4	80.00 - 200.00	ng/dL
T4	7.58	5.10 - 14.10	µg/dL
TSH (ULTRASENSITIVE)	2.020	0.270 - 4.200	µIU/mL

****End Of Report****

Please visit www.agilusdiagnostics.com for related Test Information for this accession

Meenakshi Malhotra

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Ritu Pankaj

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CONDITIONS OF LABORATORY TESTING & REPORTING

1. It is presumed that the test sample belongs to the patient named or identified in the test requisition form.
2. All tests are performed and reported as per the turnaround time stated in the AGILUS Directory of Services.
3. Result delays could occur due to unforeseen circumstances such as non-availability of kits / equipment breakdown / natural calamities / technical downtime or any other unforeseen event.
4. A requested test might not be performed if:
 - i. Specimen received is insufficient or inappropriate
 - ii. Specimen quality is unsatisfactory
 - iii. Incorrect specimen type
 - iv. Discrepancy between identification on specimen container label and test requisition form
5. AGILUS Diagnostics confirms that all tests have been performed or assayed with highest quality standards, clinical safety & technical integrity.
6. Laboratory results should not be interpreted in isolation; it must be correlated with clinical information and be interpreted by registered medical practitioners only to determine final diagnosis.
7. Test results may vary based on time of collection, physiological condition of the patient, current medication or nutritional and dietary changes. Please consult your doctor or call us for any clarification.
8. Test results cannot be used for Medico legal purposes.
9. In case of queries please call customer care (91115 91115) within 48 hours of the report.

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Page 21 Of 21



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ULR No.600003454513-0006

Name Mr Harish Sharma
 UHID : 11738997 Date : 27/7/25
 Age : 35yr Gender : Male

Nursing Assessment

Profile	
Height (cm) : <u>177.5cm</u>	Waist Circumference (cm) : <u>34cm</u>
Weight (Kg.) : <u>83kg</u>	Body Mass Index : <u>26.4 kg/m²</u> 18-23
Occupation :	Marital Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married

Vital Signs	
Pulse Rate (/min) : <u>80/min</u>	Respiratory Rate (/min) : <u>SpO2 - 99%</u>
Blood Pressure (mmHg) : <u>110/80 mmHg</u>	Temperature (if febrile) : <u>Afebrile</u>

Past History	
<input checked="" type="checkbox"/> Hypertension :	<input checked="" type="checkbox"/> Diabetes :
<input checked="" type="checkbox"/> Heart disease :	<input checked="" type="checkbox"/> Dyslipidemia :
<input checked="" type="checkbox"/> Asthma :	<input checked="" type="checkbox"/> Tuberculosis :
<input checked="" type="checkbox"/> Allergies :	
<input checked="" type="checkbox"/> Others :	

For Women	
LMP:	Last Pap smear done in
Menopause <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Last Mammography done in
Consent for X-ray & Mammography	

Current Medications
<u>NA</u>

Signature, Name and Emp. ID of the Nurse : Manisha 19564

Name Mr Harish Sharma

UHID : 11738997

Date : 27/7/24

Age : 35yrs

Gender : Male

Internal Medicine Consultation

Relevant History:

- No complaints
- No medications
- Ex smoker - 1yr.
- No family H/O.

Diagnosis:

- Dislipidemia
- Pre-diabetes.
- obese

AW

- vit-D.
- B-12.

↓
Review.

Examination Findings:

177.5 cm | 26.4 kg | W2
82 kg

Advice / Treatment Plan

- Dietary advice
- Regular exercise.

- Review x three months.

Manjeet
27/7/24

Investigations:

Hb - 15.3.

af + wnc

HbA1c - 5.7%

FBS - 88

PP - 62.

RF - 7.

Urine BE | wnc.

Chol - 205
TG - 337
LDL - 107

TFT - wnc

ECG | wnc.
CXR

USA - wnc.

Dr. MANJEET SINGH TREHAN

MBBS, MD

Additional Director-Internal Medicine (FMC)

Reg. No. PMC 24797

Mobile No. +91 981410467

Fortis MEDCENTRE (A unit of Fortis Hospital Mohali)

S.C.O. 11, Sector 11-D, Chandigarh-160011 (INDIA)

Phone No. 0172-5061222, 5055441, 6284163645

Sharma, Harish
ID: 11738997

26.12.1988
35 Years

Male

27.07.2024 8:45:44
Fortis Med Centre
sector 11
Chandigarh

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

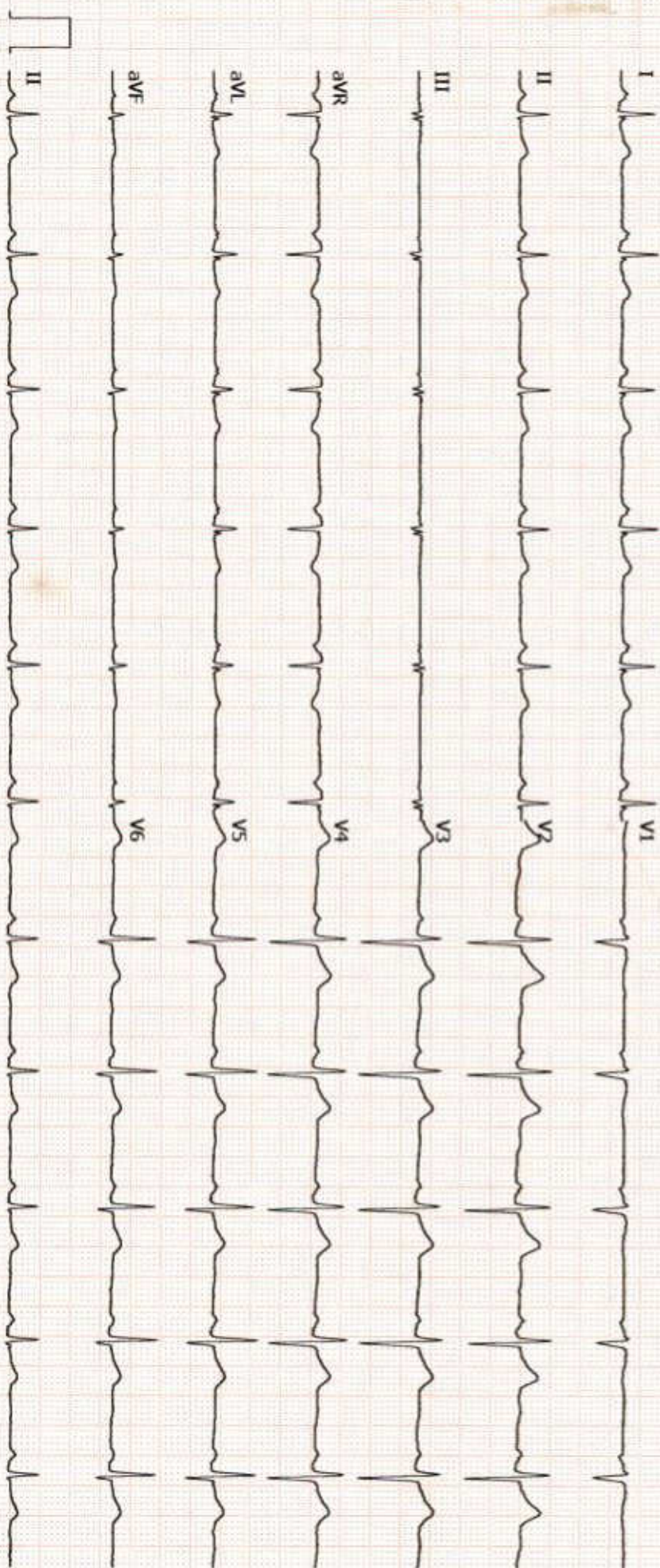
Room:

66 bpm
- / - mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 74 ms
QT / QTcBaz : 386 / 404 ms
PR : 144 ms
P : 100 ms
RR / PP : 908 / 909 ms
P / QRS / T : 20 / 24 / 19 degrees

Normal sinus rhythm
Normal ECG



MAC2000 1.1 12SI™ V241 25 mm/s 10 mm/mV ADS 0.56-40 Hz 50 Hz 2x5x6 25_R1 1/1

Unconfirmed

Name: Mr Harish Sharma
 UHID : 11738997 Date : 27/7/24
 Age : 35 yrs Gender : Male

Ophthalmology Consultation

History: NIL

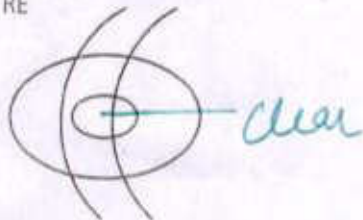
Examination findings:

Visual acuity $\left\{ \begin{array}{l} R \text{ 6/6} \\ L \text{ 6/6} \end{array} \right.$ Visual acuity with glasses $\left\{ \begin{array}{l} R \\ L \end{array} \right.$

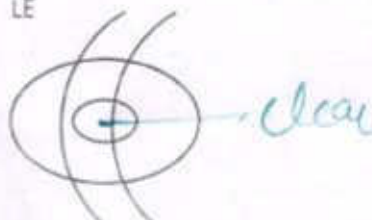
Colour Vision $\left\{ \begin{array}{l} R \text{ WNL} \\ L \text{ WNL} \end{array} \right.$

Slit Lamp Examination

RE

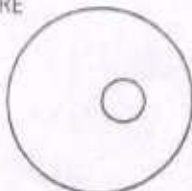


LE

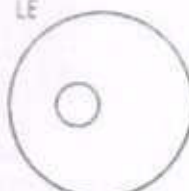


Fundus Examination

RE



LE



Diagnosis: NADBE

Treatment:

Spectacle prescription:

Right eye

	SPH	CYL	AXIS	VA
Distance	<u> plano </u>	<u> / </u>	<u> / </u>	<u> 6/6 </u>
Near	<u> plano </u>	<u> / </u>	<u> / </u>	<u> N-6 </u>

Left eye

	SPH	CYL	AXIS	VA
Distance	<u> plano </u>	<u> / </u>	<u> / </u>	<u> 6/6 </u>
Near	<u> plano </u>	<u> / </u>	<u> / </u>	<u> N-6 </u>

Signature and stamp of the Ophthalmologist:

[Signature]

NAME: MR. HARISH SHARMA**AGE AND SEX: 35 Y/M****UHID NO: 11738997****DATE: 27/07/2024****ROI: WHOLE ABDOMEN**

Liver is normal in size, outline and mildly increased 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 fully distended and is normal in outline and wall thickness. No calculi or growth seen.

Prostate is normal in size and shows normal outline and echo pattern. No focal lesion seen.

No free fluid is seen.

Opinion: Mildly Increased Hepatic Echogenicity.

Suggested clinical correlation.

Dr. ADITI PANWAR
PMC - 41230
Consultant Radiologist

HARISH SHARMA 35M

Study Date: 27/07/2024

Patient ID: 11738997

Accession #:

Alt ID:

DOB:

Age:

Gender: M Ht:

Wt:

BSA:

Institution: Fortis MEDCENTRE, Chandigarh

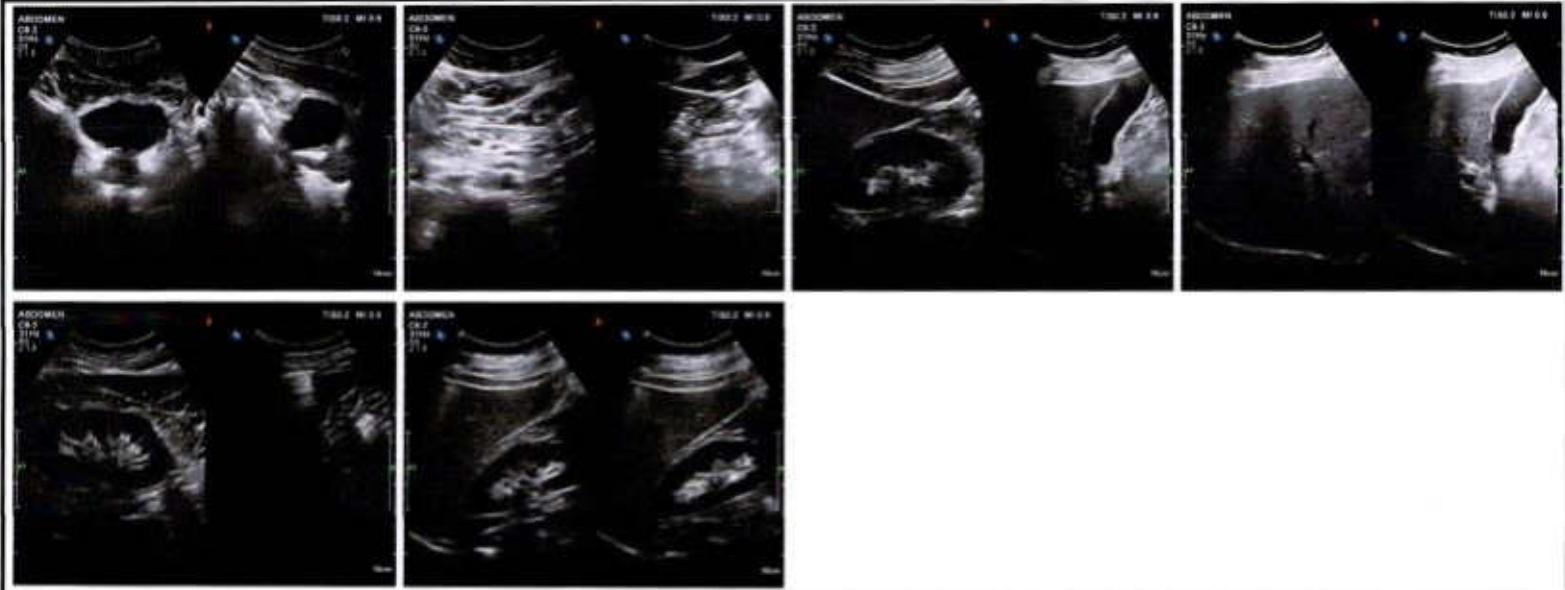
Referring Physician:

Physician of Record:

Performed By:

Comments:

Images



Signature

Signature:

Name(Print):

Date:

DEPARTMENT OF FMC-RADIOLOGY LAB

Date: 27/Jul/2024

Name: Mr. . Harish Sharma**UHID | Episode No : 11738997 | 10936/24/10021****Age | Sex: 35 YEAR(S) | Male****Order No | Order Date: 10021/PN/OP/2407/28117 | 27-Jul-2024****Order Station : FRONTOFFICE-FMC****Admitted On | Reporting Date : 27-Jul-2024 11:33:54****Bed Name :****Order Doctor Name : Dr.SELF.****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.

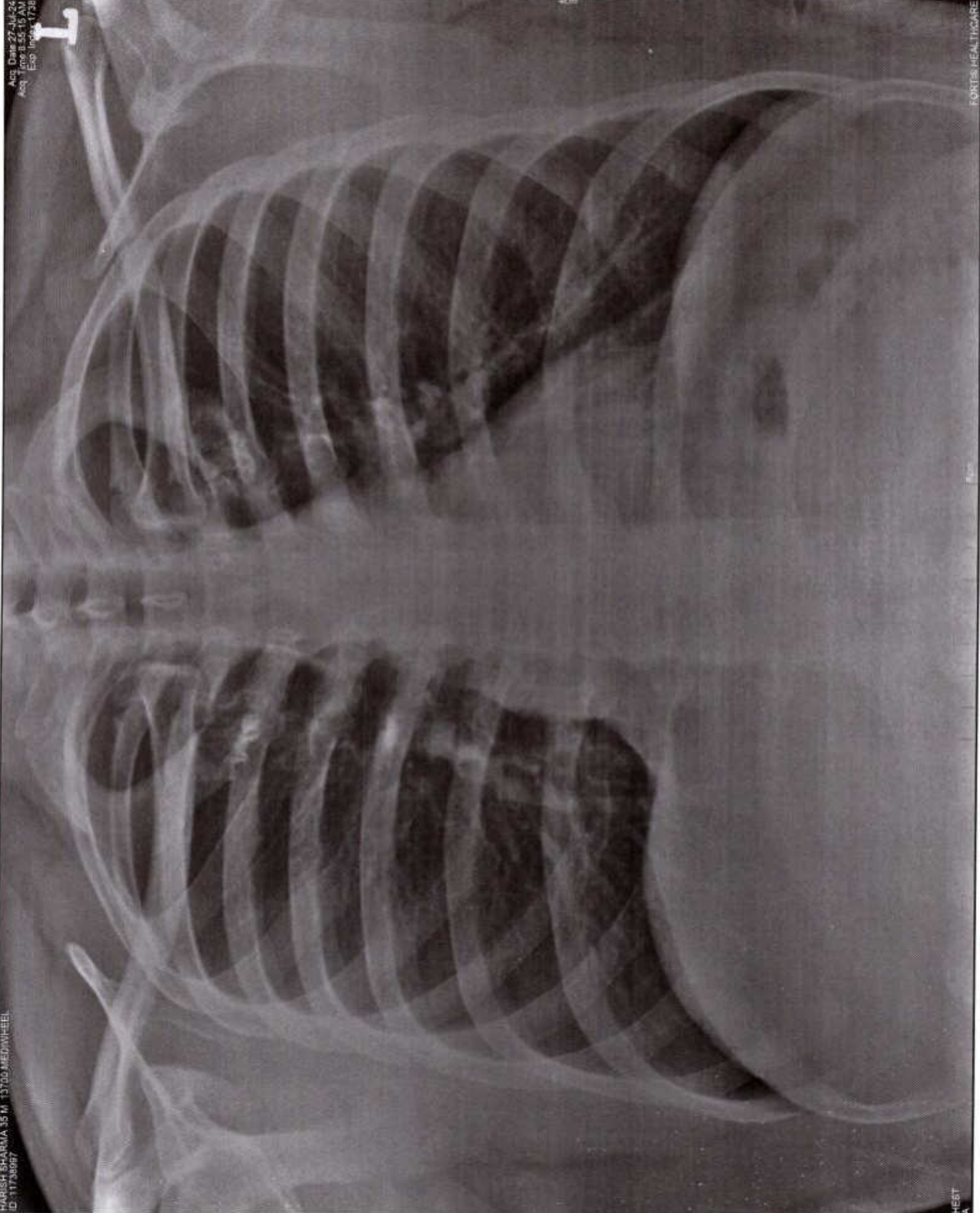
Dr. ADITI PANWAR

PMC - 41230

Consultant Radiologist

HARISH SHARMA 35 M 13709 MEDWHEEL
ID: 11738997

Acq. Date 27-Jul-24
Acq. Time 8:55:15 AM
Exp. Index 1728



CHEST
RPA

FLIP

FORTIS HEALTHCARE

प्रति,

समन्वयक,
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MR. SHARMA HARISH
क.कू.संख्या	121490
पदनाम	SENIOR CUSTOMER SERVICE ASSOCIATE(CASH)
कार्य का स्थान	MADHPUR
जन्म की तारीख	26-12-1988
स्वास्थ्य जांच की प्रस्तावित तारीख	27-07-2024
बुकिंग संदर्भ सं.	24S121490100108682E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 22-07-2024 से 31-03-2025 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मा.सं.प्र. एवं विपणन

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.) से संपर्क करें।)



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. SHARMA HARISH
EC NO.	121490
DESIGNATION	SENIOR CUSTOMER SERVICE ASSOCIATE (CASH)
PLACE OF WORK	MADHPUR
BIRTHDATE	26-12-1988
PROPOSED DATE OF HEALTH CHECKUP	27-07-2024
BOOKING REFERENCE NO.	24S121490100108682E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **22-07-2024** till **31-03-2025** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager
HRM & Marketing Department
Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.))



List of tests & consultations to be covered as part of Annual Health Check-up

S.No.	For Male	For Female
1	CBC	CBC
2	ESR	ESR
3	Blood Group & RH Factor	Blood Group & RH Factor
4	Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
5	Blood and Urine Sugar PP	Blood and Urine Sugar PP
6	Stool Routine	Stool Routine
	Lipid Profile	Lipid Profile
7	Total Cholesterol	Total Cholesterol
8	HDL	HDL
9	LDL	LDL
10	VLDL	VLDL
11	Triglycerides	Triglycerides
12	HDL/ LDL ratio	HDL/ LDL ratio
	Liver Profile	Liver Profile
13	AST	AST
14	ALT	ALT
15	GGT	GGT
16	Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
17	ALP	ALP
18	Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
	Kidney Profile	Kidney Profile
19	Serum Creatinine	Serum Creatinine
20	Blood Urea Nitrogen	Blood Urea Nitrogen
21	Uric Acid	Uric Acid
22	HBA1C	HBA1C
23	Routine Urine Analysis	Routine Urine Analysis
24	USG Whole Abdomen	USG Whole Abdomen
	General Tests	General Tests
25	X Ray Chest	X Ray Chest
26	ECG	ECG
27	2D/3D ECHO / TMT	2D/3D ECHO / TMT
28	Stress Test	Gynaec Consultation
29	PSA Male (above 40 years)	Pap Smear (above 30 years) & Mammography (above 40 years)
30	Thyroid Profile (T3, T4, TSH)	Thyroid Profile (T3, T4, TSH)
31	Dental Check-up Consultation	Dental Check-up Consultation
32	Physician Consultation	Physician Consultation
33	Eye Check-up Consultation	Eye Check-up Consultation
34	Skin/ENT Consultation	Skin/ENT Consultation

Fortis MECENTRE
SCO 11, Sector 11 D
Chandigarh

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: HARISH SHARMA,
Patient ID: 11738997
Height: 178 cm
Weight: 79 kg

DOB: 26.12.1988
Age: 35yrs
Gender: Male
Race: Indian

Study Date: 27.07.2024
Test Type: --
Protocol: BRUCE

Referring Physician: --
Attending Physician: DR MANJEET/DR VIJAY HARJAI

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	00:34	0.00	7.00	90		
	STANDING	00:03	0.00	7.00	93		
	HYPERV.	01:00	0.00	7.10	100	110/80	
EXERCISE	WARM-UP	01:56	1.60	7.10	102	110/80	
	STAGE 1	03:00	2.70	10.00	103	110/80	
	STAGE 2	03:00	4.00	12.00	115	130/90	
	STAGE 3	03:00	5.50	14.00	130	130/90	
	STAGE 4	03:00	6.80	16.00	160	140/80	
	STAGE 5	00:19	8.20	18.00	162	140/80	
RECOVERY		02:36	0.00	7.10	127	110/70	

The patient exercised according to the BRUCE for 12:19 min:s, achieving a work level of Max. METS: 14.70. The resting heart rate of 90 bpm rose to a maximal heart rate of 166 bpm. This value represents 89 % of the maximal, age-predicted heart rate. The resting blood pressure of 110/80 mmHg, rose to a maximum blood pressure of 140/90 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.

Conclusions *Negative for ischaemic infarction*

1
Dr. MANJEET SINGH TREHAN
MBBS, MD
Additional Director-Internal Medicine (FMC)
Reg. No. PMCR4797

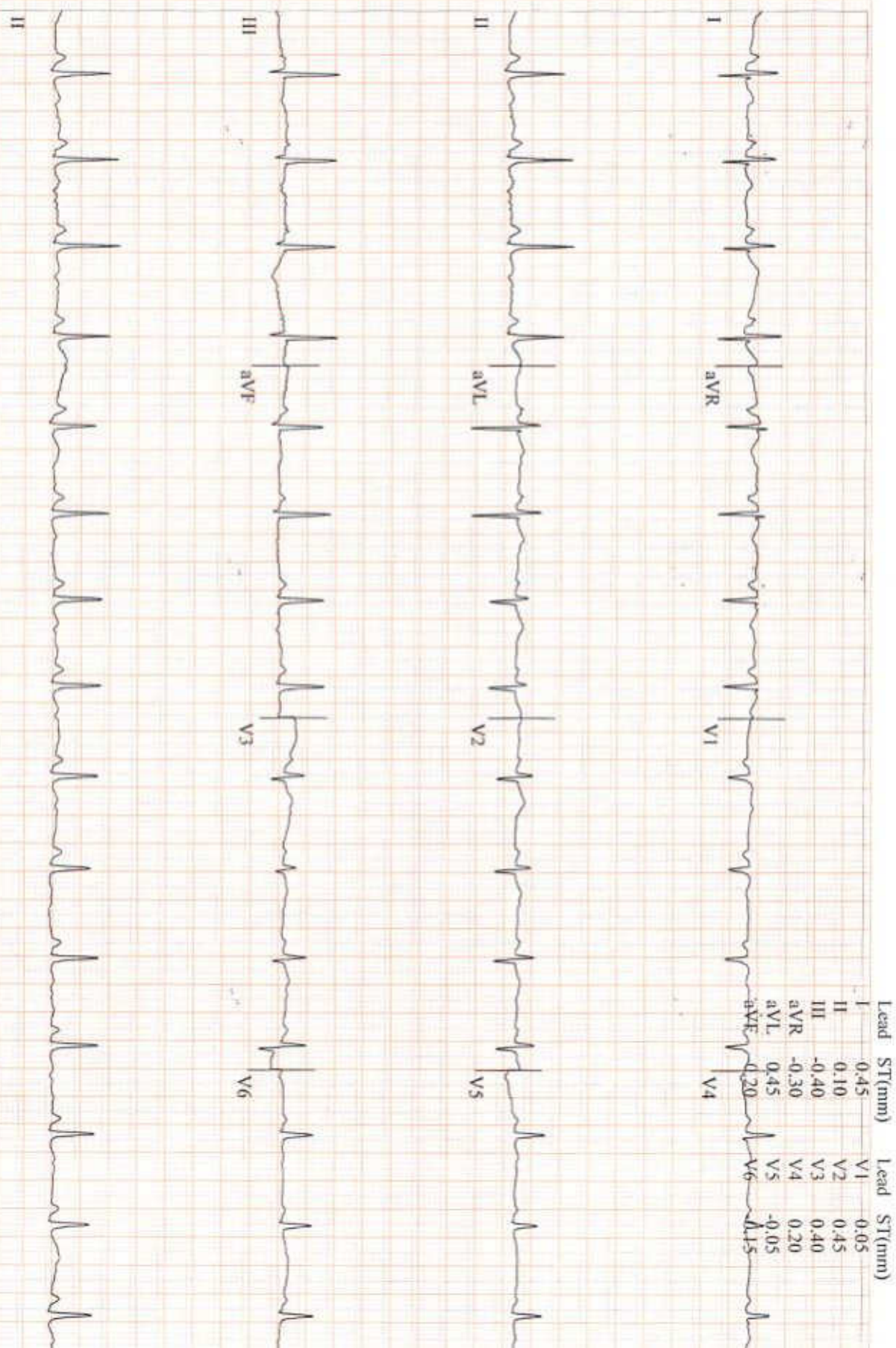
HARISH SHARMA,
 Patient ID 11738997
 27.07.2024
 12:45:45pm

94 bpm
 110/80 mmHg

12-Lead Report
 PRETEST
 HYPERTV.
 01:13

BRUCE
 0.0 km/h
 7.1 %

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



Lead	ST(mV)	Lead	ST(mV)
I	0.45	V1	0.05
II	0.10	V2	0.45
III	-0.40	V3	0.40
aVR	-0.30	V4	0.20
aVL	0.45	V5	-0.05
aVF	0.20	V6	0.15

GE CardioSoft V6.73 (2)
 25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(II,D)

Start of Test: 12:44:27pm

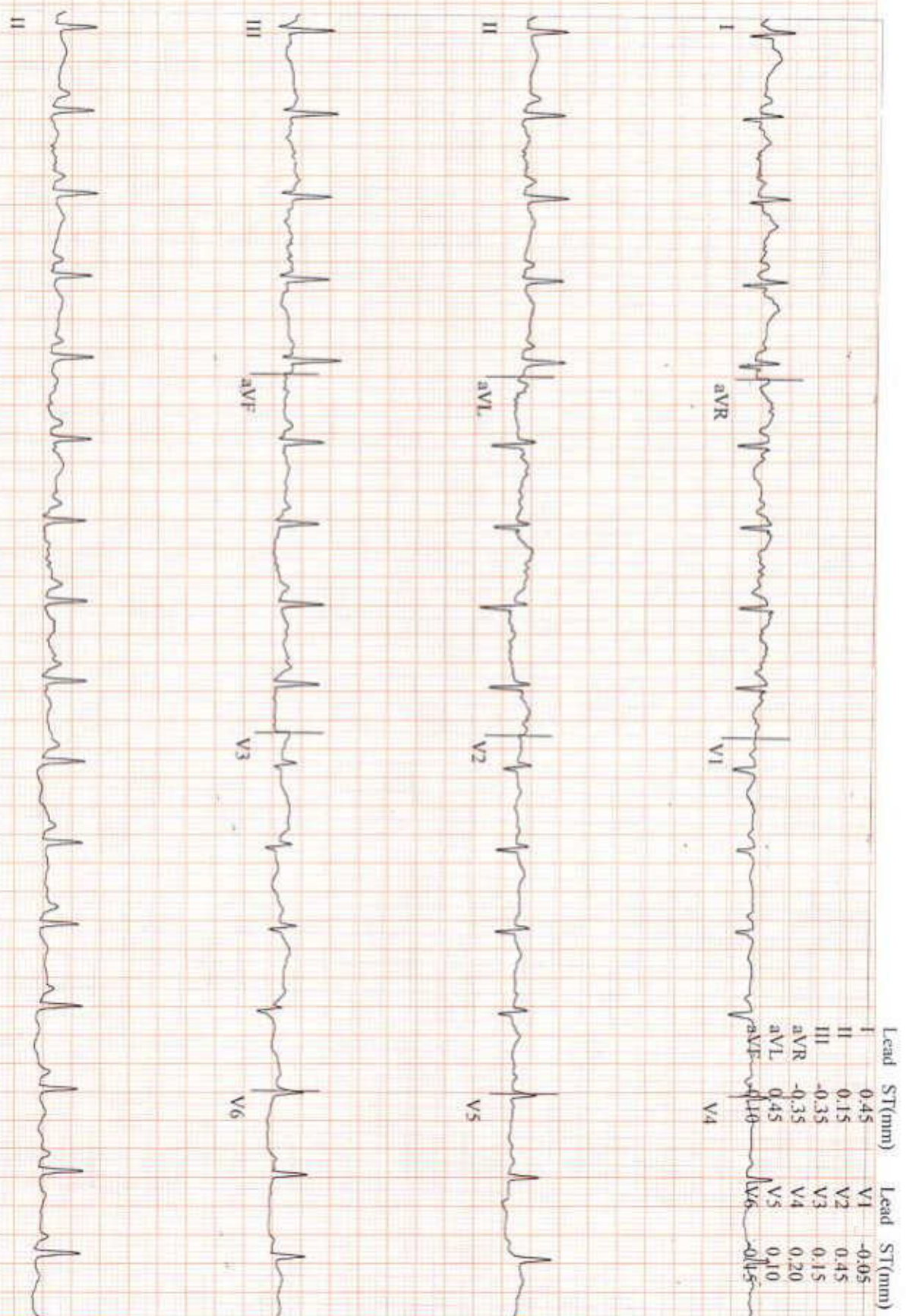
HARISH SHARMA,
 Patient ID 11738997
 27.07.2024
 12:47:43pm

12-Lead Report
 PRETEST
 WARM-UP
 03:10

BRUCE
 1.6 km/h
 7.1 %

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

104 bpm



GE CardioSoft V6.73 (2)
 25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(II)

Start of Test: 12:44:27pm

HARISH SHARMA,
Patient ID 11738997

27.07.2024
12:50:47pm

Comparative Medians Report

103 bpm
110/80 mmHg

EXERCISE
STAGE 1
02:50

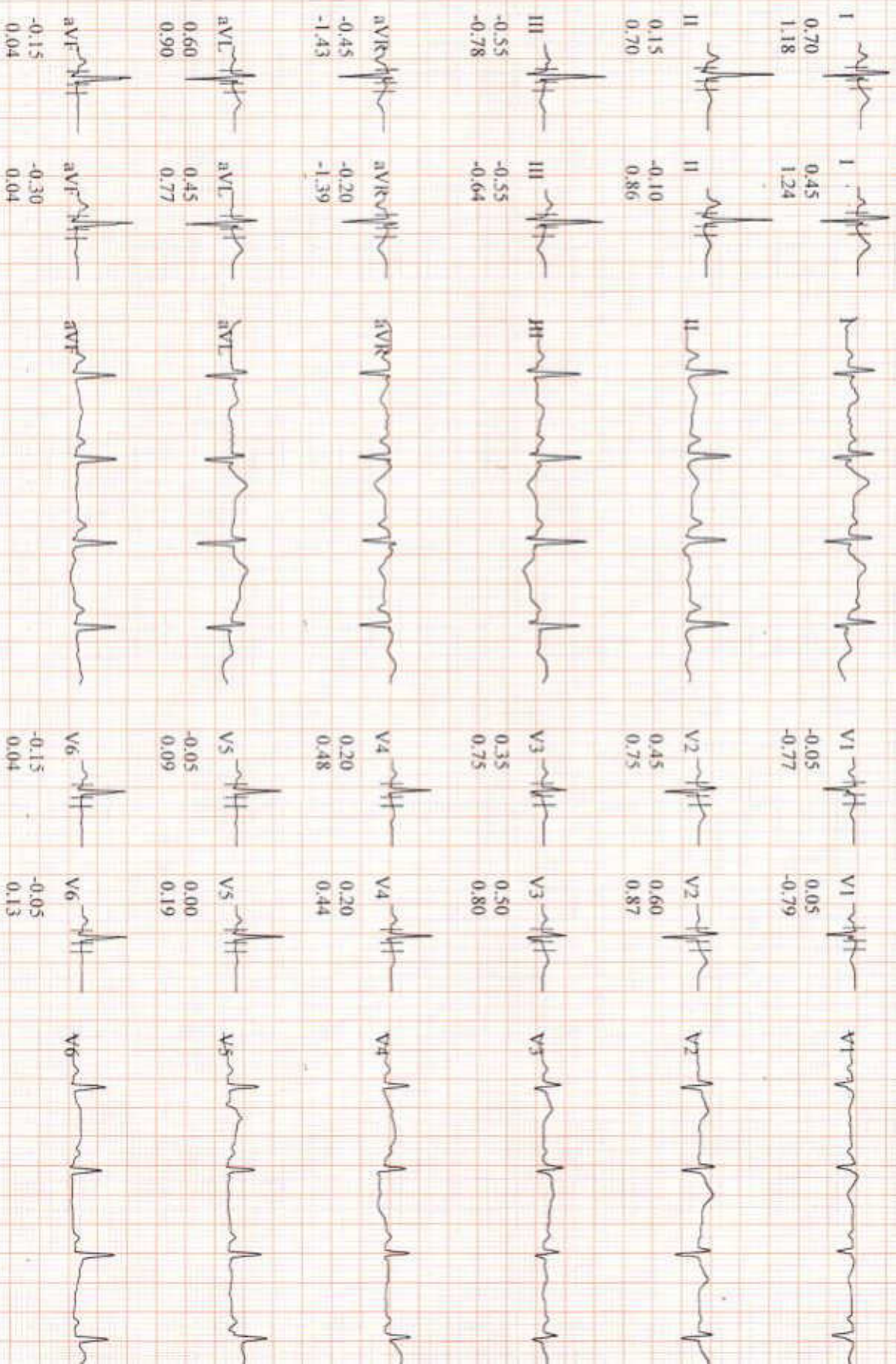
BRUCE
2.7 km/h
10.0 %

Fortis MEC

BASELINE
60 ms post J

CURRENT
60 ms post J

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



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(ILD)

Start of Test: 12:44:27pm

HARISH SHARMA,

Patient ID 11738997

27.07.2024

12:53:47pm

Comparative Medians Report

EXERCISE

STAGE 2

05:50

Fortis MEC

BRUCE

4.0 km/h

12.0%

113 bpm
130/90 mmHg

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

BASELINE
60 ms post J

CURRENT
60 ms post J



0.70

0.60

-0.05

0.00

1.18

1.45

-0.77

-0.85



0.15

0.05

0.45

0.60

0.70

0.94

0.75

0.98



-0.55

-0.55

0.35

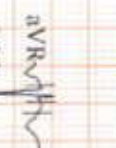
0.65

-0.78

-0.65

0.75

1.55



-0.45

-0.25

0.20

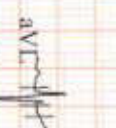
0.20

-1.43

-1.71

0.48

0.81



0.60

0.55

-0.05

0.00

0.90

0.88

0.09

0.32



-0.15

-0.75

-0.15

-0.20

0.04

0.18

0.04

0.25

GE CardioSoft V6.73 (2)
25 mm/s - 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(QLD)

Start of Test: 12:44:27pm

HARISH SHARMA,

Patient ID 11738997

27.07.2024

12:56:47pm

Comparative Medians Report

EXERCISE

STAGE 3

08:50

BRUCE

5.5 km/h

14.0 %

127 bpm
130/90 mmHg

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

BASELINE
60 ms post J

CURRENT
60 ms post J



0.70
1.18

0.30
1.84

-0.05
-0.77

0.05
-1.03



0.15
0.70

-0.05
1.52

0.45
0.75

0.50
1.08

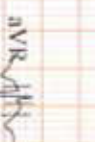


-0.55
-0.78

-0.40
-0.42

0.35
0.75

-0.15
0.41



-0.45
-1.43

-0.15
-2.15

0.20
0.48

0.10
0.31



0.60
0.90

0.35
1.07

-0.05
0.09

-0.15
0.37



-0.15
0.04

-0.25
0.54

-0.15
0.04

-0.25
0.18

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(II,1)

Start of Test: 12:44:27pm

HARISH SHARMA,

Patient ID 11738997

27.07.2024

12:59:47pm

Comparative Medians Report

EXERCISE

STAGE 4

11:50

Fortis MEC

155 bpm

140/80 mmHg

BRUCE

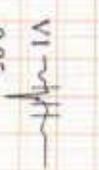
6.8 km/h

16.0 %

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

BASELINE
60 ms post J

CURRENT
60 ms post J



0.70

0.20

-0.05

0.30

1.18

2.20

-0.77

-1.40



0.15

-0.45

0.45

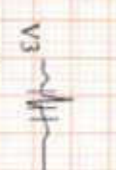
0.45

0.70

1.99

0.75

1.28



-0.55

-0.60

0.35

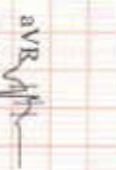
0.45

-0.78

-0.37

0.75

1.47



-0.45

0.10

0.20

-0.30

-1.43

-2.33

0.48

1.40



0.60

-0.45

-0.05

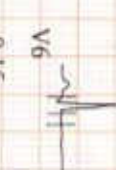
-0.45

0.90

1.14

0.09

0.50



-0.15

-0.35

-0.15

-0.45

0.04

0.80

0.04

0.67

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(Q1,V4)

Start of Test: 12:44:27pm

HARISH SHARMA,
Patient ID 11738997

27.07.2024
1:00:16pm

162 bpm
140/80 mmHg

Comparative Medians Report (PEAK EXERCISE)

EXERCISE
STAGE 5
12:19

BRUCE
8.2 km/h
18.0 %

Fortis MEC

BASELINE
60 ms post J

CURRENT
60 ms post J

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

I
0.70
1.18

I
0.25
2.79



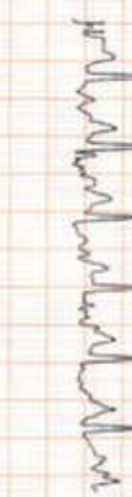
V1
-0.05
-0.77

V1
0.05
-1.22



II
0.15
0.70

II
-0.45
1.80



V2
0.45
0.75

V2
0.15
1.58



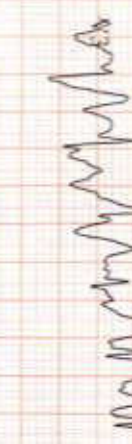
III
-0.55
-0.78

III
-0.70
-0.84



V3
0.35
0.75

V3
-0.40
0.74



aVR
-0.45
-1.43

aVR
0.10
-2.60



V4
0.20
0.48

V4
-0.15
1.85



aVL
0.60
0.90

aVL
0.40
1.68



V5
-0.05
0.09

V5
-0.35
1.74



aVF
-0.15
0.04

aVF
-0.55
0.47



V6
-0.15
0.04

V6
-0.60
0.87



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(V4,II)

Start of Test: 12:44:27pm

HARISH SHARMA,

Patient ID 11738997

27.07.2024

1:01:06pm

Comparative Medians Report

RECOVERY #1

00:50

BRUCE 2.4 km/h

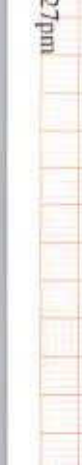
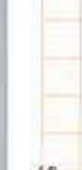
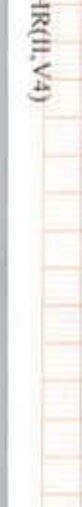
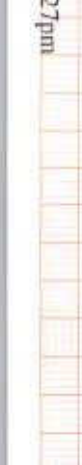
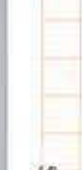
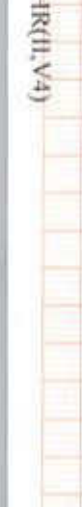
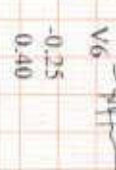
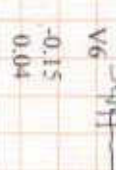
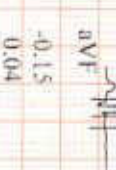
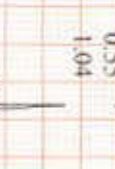
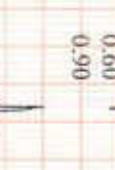
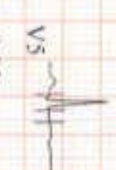
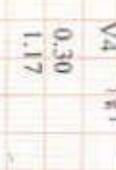
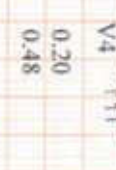
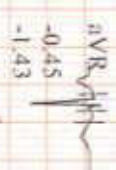
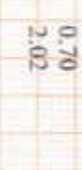
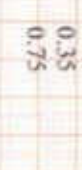
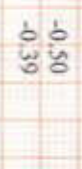
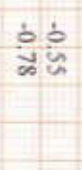
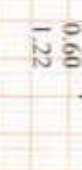
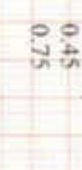
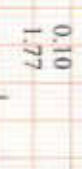
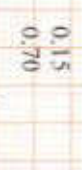
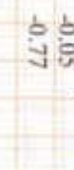
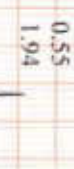
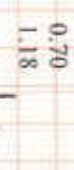
7.1 %

Fortis MECT

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

BASELINE
60 ms post J

CURRENT
60 ms post J



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(II,V4)

Start of Test: 12:44:27pm

HARISH SHARMA,

Patient ID: 11738997

27.07.2024

1:02:06pm

Comparative Medians Report

RECOVERY

#1

01:50

BRUCE

0.0 km/h

7.1%

Fortis MED

BASELINE
60 ms post J

CURRENT
60 ms post J

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



0.70

0.25

-0.05

0.10

1.18

1.21

-0.77

-1.03



0.15

-0.15

0.45

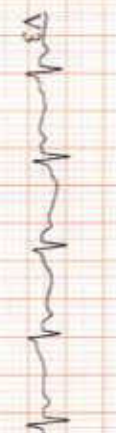
0.35

0.70

1.33

0.75

0.81



-0.55

-0.35

0.35

0.45

-0.78

-0.26

0.75

1.09



-0.45

-0.05

0.20

-0.15

-1.43

-1.98

0.48

0.64



0.60

0.25

-0.05

-0.15

0.90

0.49

0.09

0.54



-0.15

-0.20

-0.15

-0.20

0.04

0.72

0.04

0.37

GE CardioSoft V6.73 (2)
25 mm/s - 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(QI, V4)

Start of Test: 12:44:27pm