

Today I am not give  
Stool Sample

SAROJ KUMAR  




FROST AND SULLIVAN AWARD  
OF BEST PRIMARY CARE  
PRACTICE IN SOUTH EAST ASIA 2017

BUSINESS MODEL  
INNOVATION AWARDS  
BEST BUILDING OF A BRAND



**Patient Name:** SAROJ KUMAR

M/ 30 Yrs.

**Ref. by:**

**Date:** 23/3/2024

**SONOGRAPHY OF ABDOMEN AND PELVIS**

**TECHNIQUE:** Real time, B mode, gray scale sonography of the abdominal and pelvic organs was performed with convex transducer.

**LIVER:** The liver is normal in size, shape and has smooth margins. The hepatic parenchyma shows homogeneous increase in echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

**PORTAL VEIN:** It measures normal in diameter.

**GALL BLADDER:** The gall bladder is well distended. There is no evidence of calculus, wall thickening or pericholecystic collection.

**COMMON BILE DUCT:** The visualised common bile duct is normal in caliber. No evidence of calculus is seen in the common bile duct. Terminal common bile duct is obscured due to bowel gas artifacts.

**PANCREAS:** The head and body of pancreas is normal in size, shape, contours and echo texture. Rest of the pancreas is obscured due to bowel gas artifacts.

**SPLEEN:** The spleen is normal in size and shape. Its echotexture is homogeneous.

**KIDNEYS:**

Right kidney	Left kidney
10.1 x 4.8 cm	9.8 x 3.9 cm

The kidneys are normal in size and have smooth renal margins. Cortical echotexture is normal. The central echo complex does not show evidence of hydronephrosis. No evidence of hydroureter or calculi, bilaterally.



**URINARY BLADDER:** The urinary bladder is well distended. It shows uniformly thin walls and sharp mucosa. No evidence of calculus is seen. No evidence of mass or diverticulum is noted.

**PROSTATE:** It measures about 3.7 x 3.5 x 2.5 cms; with a weight of 16 gm. The prostate gland shows well defined and smooth margins. The prostatic echotexture is normal and homogeneous.

There is no ascites. There is no obvious evidence of significant lymphadenopathy.

**IMPRESSION:**

- **Grade I fatty liver.**

**Thanks for the reference.**

**With regards,**

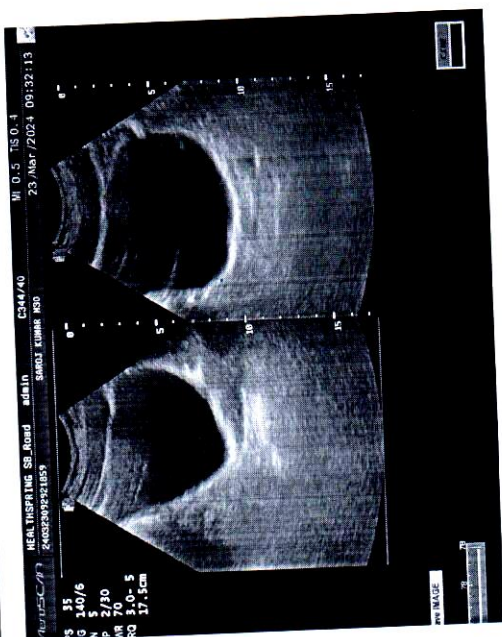
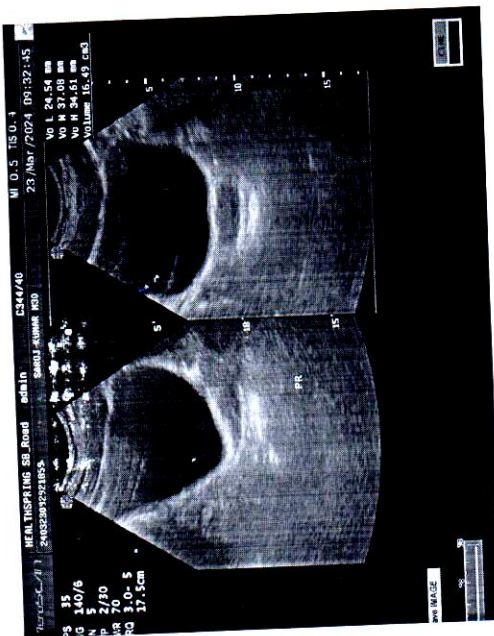
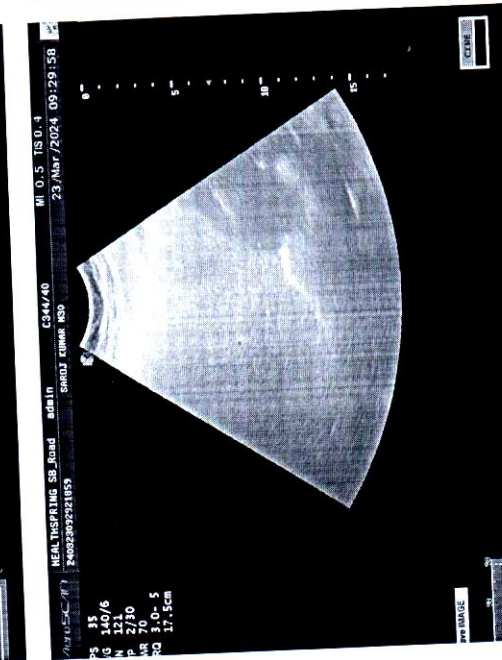
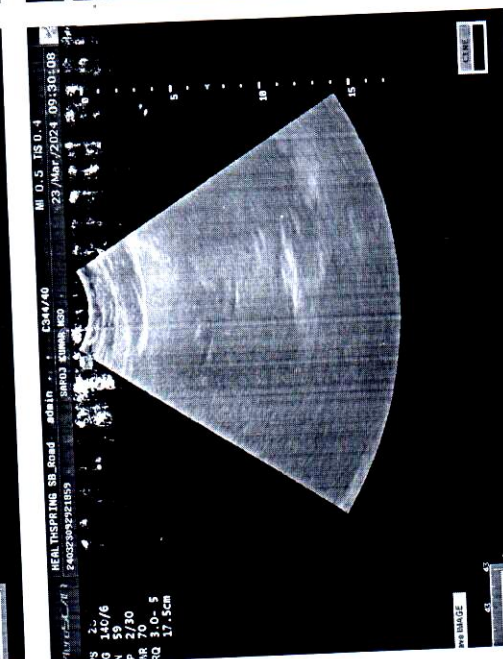
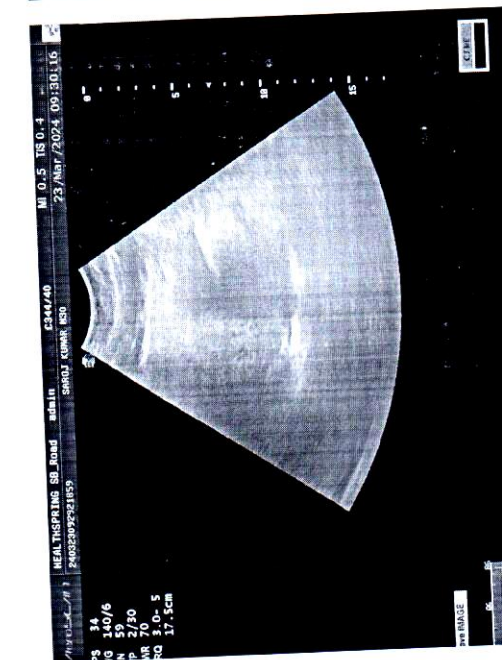
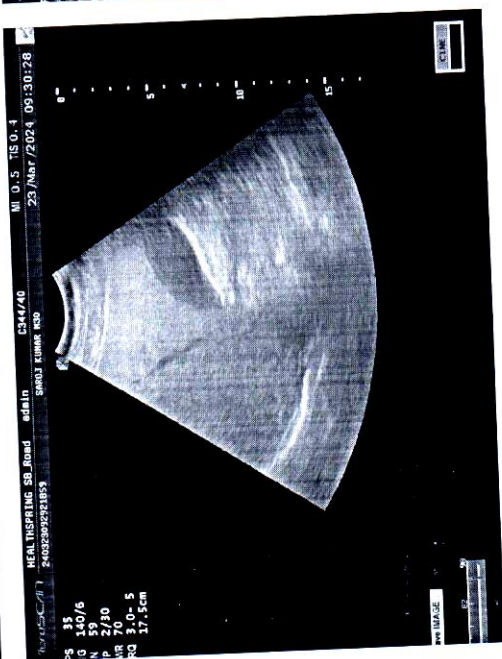
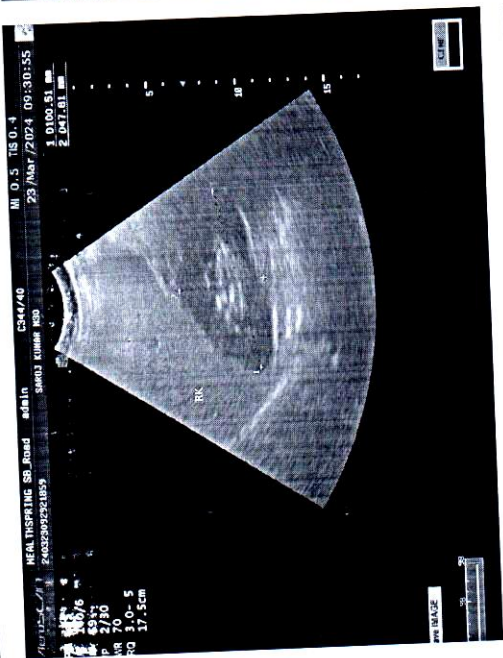
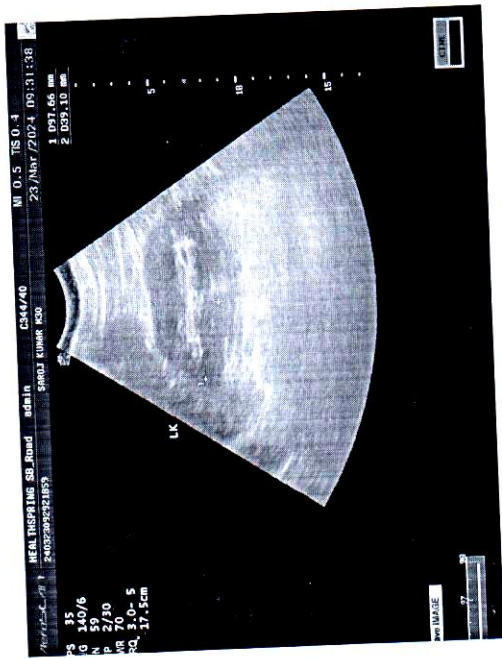
A handwritten signature in blue ink, appearing to read "Nitish Kotwal", is written above the printed name.

**DR. Nitish Kotwal**

**CONSULTANT RADIOLOGIST**

**(MBBS, DMRD RADIOLOGY)**

Investigations have their limitations. Solitary pathological/Radiological and other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.



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**Reg.Date / Time : 23/03/2024 / 14:30:24**

**Age / Gender : 30 Y / Male**

**Report Date / Time : 23/03/2024 / 22:32:03**

**Referred By : Dr. Amatullah Merchant**

**MR No. : 0849407**

**SID No. : 40013427**

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**Partial Test Report**

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**HAEMATOLOGY**

**COMPLETE BLOOD COUNT WITH PLATELETS**

**EDTA WHOLE BLOOD**

**HAEMOGLOBIN, RED CELL COUNT & INDICES**

HAEMOGLOBIN (Spectrophotometry)	14.6	gm%	13-17
PCV (Electrical Impedance)	44.6	%	40 - 50
MCV (Calculated)	87.9	fL	83-101
MCH (Calculated)	28.8	pg	27.0 - 32.0
MCHC (Calculated)	32.8	g/dl	31.5-34.5
RDW-CV (Calculated)	14	%	11.6-14.0
RDW-SD (Calculated)	<b>50</b>	fL	36 - 46
TOTAL RBC COUNT (Electrical Impedance)	5.07	Million/cmm	4.5-5.5
TOTAL WBC COUNT (Electrical Impedance)	7070	/cumm	4000-10000

**DIFFERENTIAL WBC COUNT**

NEUTROPHILS (Flow cell)	55.9	%	40-80
LYMPHOCYTES (Flow cell)	28.4	%	20-40
EOSINOPHILS (Flow cell)	4.6	%	1-6
MONOCYTES (Flow cell)	<b>10.2</b>	%	2-10
BASOPHILS (Flow cell)	<b>0.9</b>	%	1-2

**ABSOLUTE WBC COUNT**

ABSOLUTE NEUTROPHIL COUNT (Calculated)	3890	/cumm	2000-7000
ABSOLUTE LYMPHOCYTE COUNT (Calculated)	1990	/cumm	1000-3000

Contd ...

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**HAEMATOLOGY**

**ABSOLUTE WBC COUNT**

ABSOLUTE EOSINOPHIL COUNT (Calculated)	330	/cumm	200-500
ABSOLUTE MONOCYTE COUNT (Calculated)	720	/cumm	200-1000
ABSOLUTE BASOPHIL COUNT (Calculated)	70	/cumm	0-220
PLATELET COUNT (Electrical Impedance)	<b>77000</b>	/cumm	150000-410000
MPV (Calculated)	11.8	fL	6.78-13.46
PDW (Calculated)	<b>27.0</b>	%	11-18
PCT (Calculated)	<b>0.090</b>	%	0.15-0.50

**PERIPHERAL BLOOD SMEAR**

**COMMENTS**  
(Microscopic)

Normocytic Normochromic RBCs,  
Few giant platelets seen,  
Platelets reduced on Smear

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**Dr.Rahul Jain**

**MD,PATHOLOGY**  
**Consultant Pathologist**

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**HAEMATOLOGY**

**EDTA Blood**      **ABO BLOOD GROUP**

BLOOD GROUP (Erythrocyte-Magnetized Technology)	O
Rh TYPE (Erythrocyte-Magnetized Technology)	POSITIVE

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**BIOCHEMISTRY**

**COMPREHENSIVE LIVER PROFILE  
SERUM**

BILIRUBIN TOTAL (Diazotization)	0.54	mg/dl	0.2 - 1.3
BILIRUBIN DIRECT (Diazotization)	0.11	mg/dl	0.1-0.4
BILIRUBIN INDIRECT (Calculation)	0.43	mg/dl	0.2 - 0.7
ASPARTATE AMINOTRANSFERASE(SGOT) (IFCC)	39	U/L	<40
ALANINE TRANSAMINASE (SGPT) (IFCC without Peroxidase)	<b>87</b>	U/L	<41
ALKALINE PHOSPHATASE (Colorimetric IFCC)	112	U/L	40-129
GAMMA GLUTAMYL TRANSFERASE (GGT) (IFCC)	69	U/L	<70
TOTAL PROTEIN (Colorimetric)	7.50	gm/dl	6.6-8.7
ALBUMIN (Bromocresol Green)	4.50	gm/dl	3.5 - 5.2
GLOBULIN (Calculation)	3.00	gm/dl	2.0-3.5
A/G RATIO (Calculation)	1.5		1-2

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**BIOCHEMISTRY**

**COMPREHENSIVE RENAL PROFILE  
SERUM**

CREATININE (Jaffe Method)	0.7	mg/dl	0.6 - 1.3
BLOOD UREA NITROGEN (BUN) (Kinetic with Urease)	11.0	mg/dl	6 - 20
BUN/CREATININE RATIO (Calculation)	15.7		10 - 20
URIC ACID (Uricase Enzyme)	6.0	mg/dl	3.7 - 7.7
CALCIUM (Bapta Method)	9.3	mg/dl	8.6-10
PHOSPHORUS (Phosphomolybdate)	3.0	mg/dl	2.5-4.5

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**BIOCHEMISTRY**

**LIPID PROFILE**

SERUM	TOTAL CHOLESTEROL (Enzymatic colorimetric (PHOD))	177	mg/dl	Desirable : < 200 Borderline: 200-239 High : > 239
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**Notes :** Elevated concentrations of free fatty acids and denatured proteins may cause falsely elevated HDL cholesterol results.

Abnormal liver function affects lipid metabolism; consequently, HDL and LDL results are of limited diagnostic value. In some patients with abnormal liver function, the HDL cholesterol result may significantly differ from the DCM (designated comparison method) result due to the presence of lipoproteins with abnormal lipid distribution.

Reference: Dati F, Metzmann E. Proteins Laboratory Testing and Clinical Use, Verlag: DiaSys; 1. Auflage (September 2005), page 242-243; ISBN-10: 3000171665.

SERUM	TRIGLYCERIDES (Enzymatic Colorimetric GPO)	93	mg/dl	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >499
SERUM	CHOLESTEROL HDL - DIRECT (Homogenize Enzymatic Colorimetry)	42	mg/dl	Low:<40 High:>60
SERUM	LDL CHOLESTEROL (Calculation)	116	mg/dl	Optimal : <100 Near Optimal/ Above optimal :100-129 Borderline High: 130-159 High : 160-189 Very High : >= 190
SERUM	VLDL (Calculation)	19	mg/dl	15-40
SERUM	CHOL / HDL RATIO	4.2		3-5
SERUM	LDL /HDL RATIO (Calculation)	2.8		0 - 3.5

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**BIOCHEMISTRY**

FLOURIDE PLASMA	BLOOD GLUCOSE FASTING (Hexokinase)	89	mg/dl	70 - 110
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**Notes :** An early-morning increase in blood sugar (glucose) which occurs to some extent in all individuals, more relevant to people with diabetes can be seen (The dawn phenomenon) . Chronic Somogyi rebound is another explanation of phenomena of elevated blood sugars in the morning. Also called the Somogyi effect and posthypoglycemic hyperglycemia, it is a rebounding high blood sugar that is a response to low blood sugar.

References:

<http://www.ucdenver.edu/academics/colleges/medicalschool/centers/BarbaraDavis/Documents/book-understandingdiabetes/ud06.pdf>, Understanding Diabetes.

FLOURIDE PLASMA	BLOOD GLUCOSE POST PRANDIAL (Hexokinase)	75	mg/dl	70 - 140
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**BIOCHEMISTRY**

**EDTA WHOLE BLOOD GLYCOSYLATED HAEMOGLOBIN (HbA1C)**

HbA1C (High Performance Liquid Chromatography)	5.1	%(NGSP)	Non Diabetic Range: <= 5.6 Prediabetes :5.7-6.4 Diabetes: >= 6.5
ESTIMATED AVERAGE BLOOD GLUCOSE (Calculated)	100	mg/dl	

**Notes :** HbA1c reflects average plasma glucose over the previous eight to 12 weeks (1). The use of HbA1c can avoid the problem of day-to-day variability of glucose values, and importantly it avoids the need for the person to fast and to have preceding dietary preparations. HbA1c can be used to diagnose diabetes and that the diagnosis can be made if the HbA1c level is =6.5% (2). Diagnosis should be confirmed with a repeat HbA1c test, unless clinical symptoms and plasma glucose levels >11.1mmol/l (200 mg/dl) are present in which case further testing is not required. HbA1c may be affected by a variety of genetic, hematologic and illness-related factors (Annex 1, [https://www.who.int/diabetes/publications/report-hba1c\\_2011.pdf](https://www.who.int/diabetes/publications/report-hba1c_2011.pdf)) (3). The most common important factors worldwide affecting HbA1c levels are haemoglobinopathies (depending on the assay employed), certain anaemias, and disorders associated with accelerated red cell turnover such as malaria. References: (1). Nathan DM, Turgeon H, Regan S. Relationship between glycated haemoglobin levels and mean glucose levels over time. Diabetologia, 2007, 50:2239-2244. (2). International Expert Committee report on the role of the A1C assay in the diagnosis of diabetes. Diabetes Care, 2009, 32:1327-1334. (3). Gallagher EJ, Bloomgarden ZT, Le Roith D. Review of hemoglobin A1c in the management of diabetes. Journal of Diabetes, 2009, 1:9-17.

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**BIOCHEMISTRY**

EDTA	ESR(ERYTHROCYTE	11	mm / 1 hr	0-15
WHOLE	SEDIMENTATION RATE)			
BLOOD	(Photometric Capillary)			

**Notes :** The given result is measured at the end of first hour.

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**BIOCHEMISTRY**

Urine	URINE GLUCOSE FASTING (Urodip)	ABSENT		
Urine	URINE GLUCOSE POST PRANDIAL (Urodip)	ABSENT		

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**IMMUNOLOGY**

**THYROID PROFILE - TOTAL SERUM**

TOTAL TRIIODOTHYRONINE (T3) (ECLIA)	1.40	ng/ml	0.7-2.04
TOTAL THYROXINE (T4) (ECLIA)	8.78	ug/dl	4.6 - 10.5
THYROID STIMULATING HORMONE (TSH) (ECLIA)	3.841	uIU/ml	0.27 - 4.20

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**IMMUNOLOGY**

**Notes :** TSH is formed in specific cells of the anterior pituitary gland and is subject to a circadian Variation. The Release of TSH is the central regulating mechanism for the biological action of thyroid hormones. TSH has a stimulating action in all stages of thyroid hormone (T3/T4) formation and secretion and it also has a growth effect on Thyroid gland. Even very slight changes in the concentrations of the free thyroid hormones (FT3/FT4) bring about much greater opposite changes in the TSH level. The determination of TSH serves as the initial test in thyroid diagnostics. (1)

Patterns of Thyroid Function Tests (2)

- Low TSH, Low FT4 - Central hypothyroidism.
- Low TSH, Normal FT4, Normal FT3- Subclinical hyperthyroidism.
- Low TSH, High FT4- Hashimoto's thyroiditis, Grave's disease, Molar pregnancy, Choriocarcinoma, Hyperemesis, Thyrotoxicosis, Lithium, Multinodular goiter, Toxic adenoma, Thyroid carcinoma, Iodine ingestion.
- Normal TSH, Low FT4- Hypothyroxinemia, Nonthyroidal illness, Possible secondary hypothyroidism, Medications.
- Normal TSH, High FT4- Euthyroid hyperthyroxinemia, Thyroid hormone resistance, Familial dysalbuminemic hyperthyroxinemia, Medications (Amiodarone, beta-blockers, Oral contrast), Hyperemesis, Acute psychiatric illness, Rheumatoid factor.
- High TSH, Low FT4- Primary hypothyroidism.
- High TSH, Normal FT4- Subclinical hypothyroidism, Nonthyroidal illness, Suggestive of follow-up and recheck.
- High TSH, High FT4- TSH mediated hyperthyroidism

Note:

1. Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness
2. Isolated High TSH especially in the range of 4.7 to 15 uIU/ml is commonly associated with Physiological & Biological TSH Variability.
3. Normal changes in thyroid function tests during pregnancy include a transient suppression of thyroid-stimulating hormone. T4 and total T3 steadily increase during pregnancy to approximately 1.5 times the non-pregnant level. Free T4 and Free T3 gradually decrease during pregnancy

References:

1. Pim-eservices.roche.com. (2018). Customer Self-Service Technical Documentation Portal.
2. "Interpretation of Thyroid Function Tests". 2018. Obfocus.Com.
3. Interpretation of thyroid function tests. Dayan et al. The Lancet, Vol 357, February 24, 2001.
4. Interpretation of thyroid function tests. Supit et al. South Med journal, 2002, 95, 481-485.

Contd ...

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**CLINICAL PATHOLOGY**

**Urine URINE ANALYSIS**

**PHYSICAL EXAMINATION**

VOLUME (Volumetric)	30		
COLOR (Visual Examination)	PALE YELLOW		
APPEARANCE (Visual Examination)	CLEAR		

**CHEMICAL EXAMINATION**

SP.GRAVITY (Indicator System)	1.015		1.005 - 1.030
REACTION(pH) (Double indicator)	ACIDIC		
PROTEIN (Protein-error-of-Indicators)	ABSENT		
GLUCOSE (GOD-POD)	ABSENT		Absent
KETONES (Legal's Test)	ABSENT		Absent
OCCULT BLOOD (Peroxidase activity)	ABSENT		Absent
BILIRUBIN (Fouchets Test)	ABSENT		Absent
UROBILINOGEN (Ehrlich Reaction)	NORMAL		
NITRITE (Griess Test)	ABSENT		

**MICROSCOPIC EXAMINATION**

ERYTHROCYTES (Microscopy)	ABSENT	/hpf	0-2
PUS CELLS (Microscopy)	2-3	/hpf	0-5
EPITHELIAL CELLS (Microscopy)	1-2	/hpf	0-5
CASTS (Microscopy)	ABSENT		
CRYSTALS (Microscopy)	ABSENT		
ANY OTHER FINDINGS	NIL		

Contd ...

\*Tests not included in NABL accredited scope

**Patient Name :** Mr. Saroj Kumar  
**Age / Gender :** 30 Y / Male  
**Referred By :** Dr. Amatullah Merchant  
**SID No. :** 40013427

**Reg.Date / Time :** 23/03/2024 / 14:30:24  
**Report Date / Time :** 23/03/2024 / 22:32:03  
**MR No. :** 0849407

Page 15 of 15

**Partial Test Report**

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
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**Sample Collected at :** Andheri West  
**Sample Collected on :** 23 Mar 2024 14:32  
**Sample Received on :** 23 Mar 2024 17:10  
**Barcode :** 



**Dr.Rahul Jain**  
**MD,PATHOLOGY**  
**Consultant Pathologist**

\*Tests not included in NABL accredited scope



<b>Name : SAROJ KUMAR</b>	<b>Age : 30YRS</b>
<b>Gender : MALE</b>	<b>Date : 26/03/2024</b>

### **X-RAY CHEST PA VIEW**

X-ray of the chest in P.A. projection reveals that the bony thorax is normal.

Lung fields and pleural spaces are clear on both sides.

The silhouettes of the heart and aorta are normal in size and configuration.

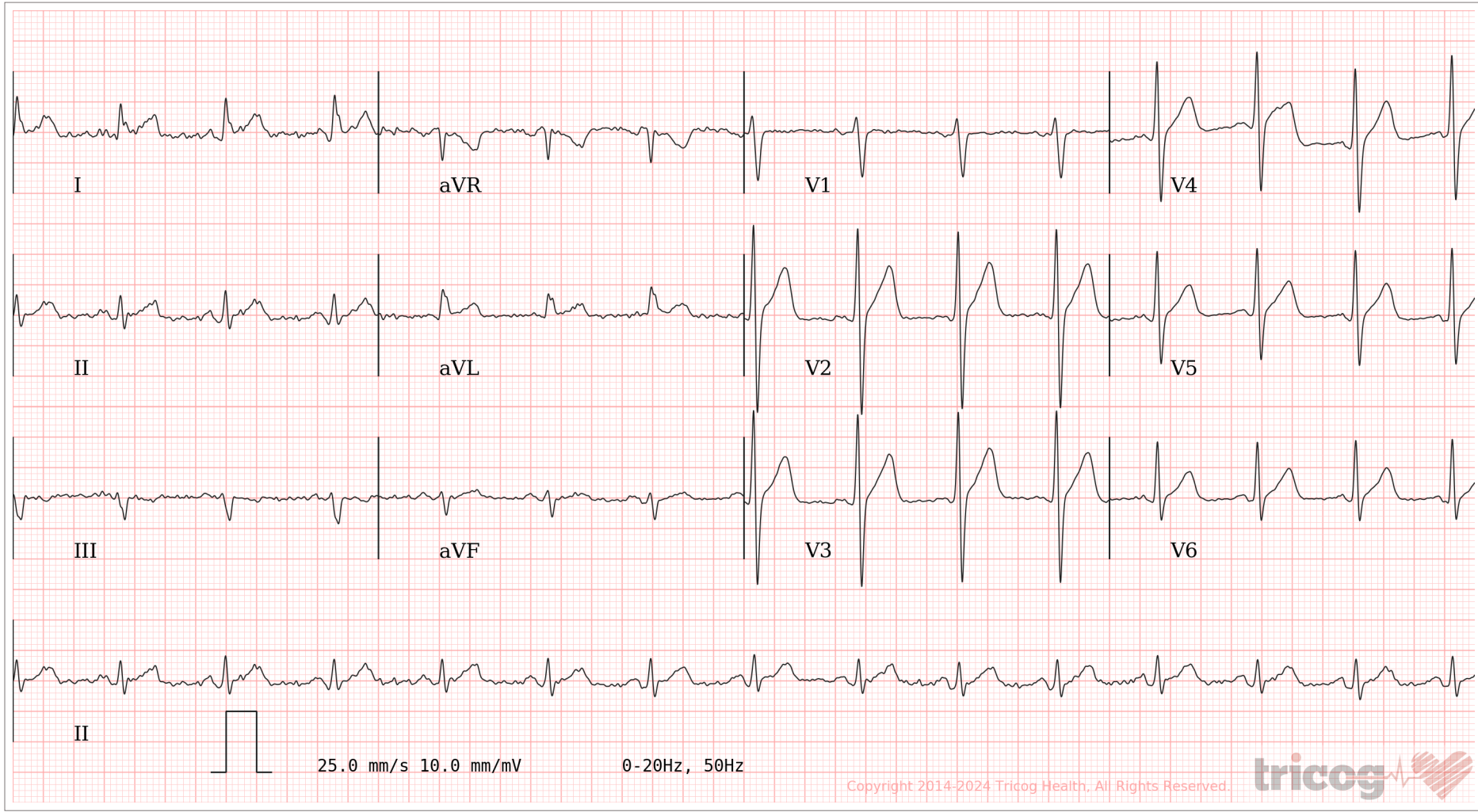
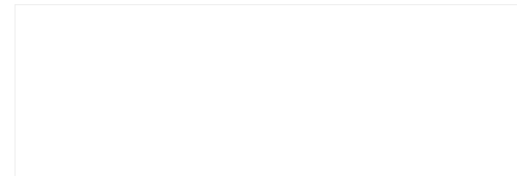
Both domes of the diaphragm are normal in position, contour and outline.

**IMPRESSION: NO EVIDENCE OF ANY DISEASE IS SEEN IN THE CHEST.**

Dr. Nitish Kotwal  
MBBS, DMRD (Bom)  
**Consultant Radiologist And Sonologist..**  
**Online reporting done hence no signature**



Age / Gender: 30/Male  
Patient ID: 0849407  
Patient Name: Saroj Kumar

Date and Time: 23rd Mar 24 10:56 AM  
Referred by: Nitish Kotwal



AR: NA    VR: 89bpm    QRSD: 110ms    QT: 334ms    QTcB: 406ms    PRI: NA    P-R-T: NA NA 31°

**Sinus Rhythm, Intraventricular Conduction Delay. Please correlate clinically.**

<p>AUTHORIZED BY</p>  <p>Dr. Charit MD, DM: Cardiology</p>	<p>REPORTED BY</p>  <p>Dr. Velmurugan. J</p>
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Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.



PATIENT'S NAME - Ravi Kumar

DATE - 23/8/24

AGE/GENDER - 30/M

DOCTOR'S NAME - Dr. Amalullah Merchant

### VISION SCREENING

	RE	RE	LE	LE
	Glasses	UNAIDED	Glasses	UNAIDED
DISTANT		<u>6/6</u>		<u>6/6</u>
NEAR		<u>N/6</u>		<u>N/6</u>
COLOUR	<u>(M)</u>			
Recommendations				

### VITALS

Pulse - <u>86 bpm</u>	B.P. - <u>120/80</u>	SpO2 <u>99.1 - RA</u>
Height <u>173</u>	Weight - <u>81</u>	BMI-
Waist - <u>95</u>	Hip - <u>104</u>	Waist/Hip Ratio-
Chest - <u>103</u>	Inspiration-	Expiration-

CENTRE NAME

SIGN & STAMP-



# HEALTHSPRING OSHIWARA

KUMAR SAROJ

I.D. 521

Age 30/M

Date 23/03/2024

RATE 70bpm

B.P. 120/80

PRETEST

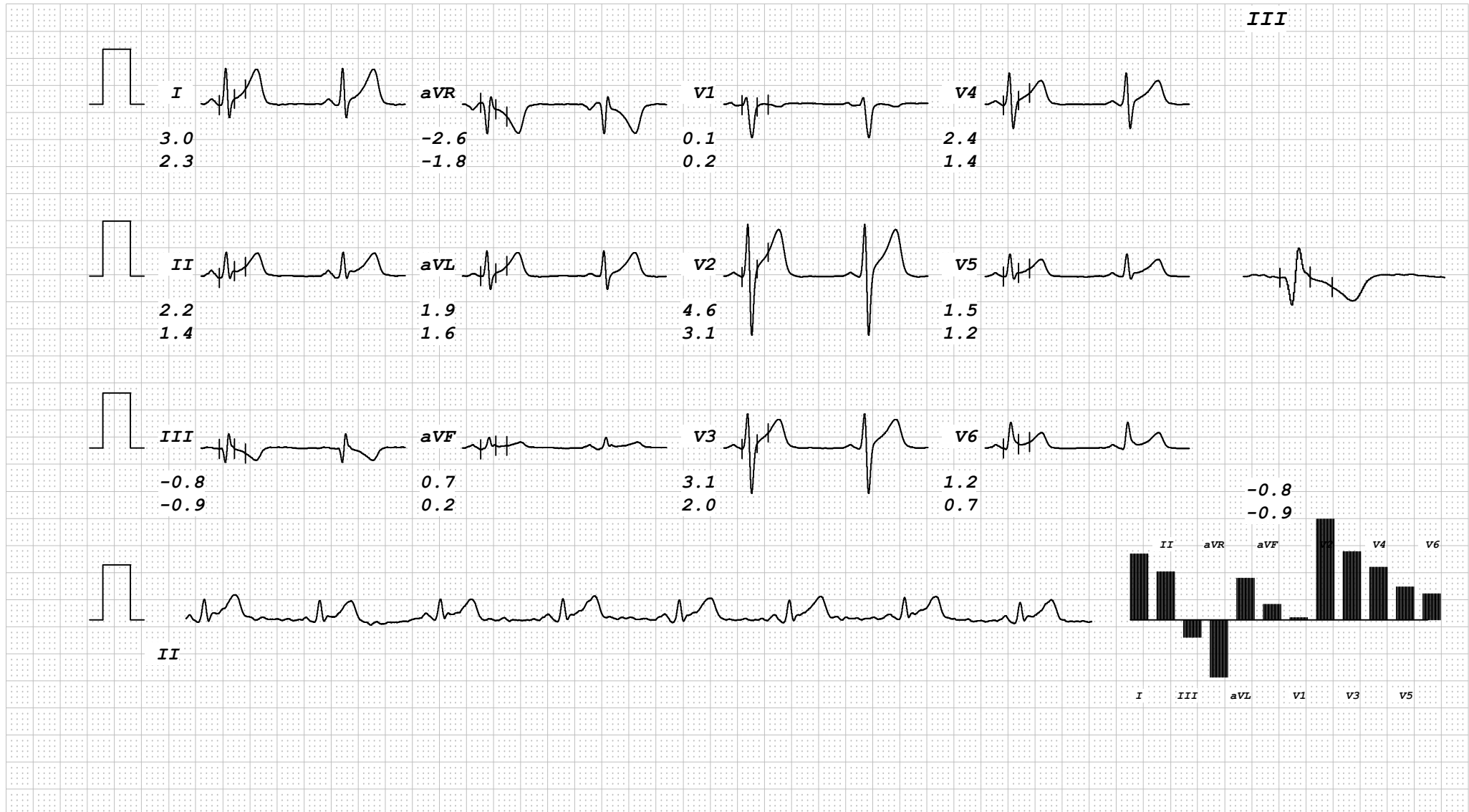
SUPINE

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2



# HEALTHSPRING OSHIWARA

KUMAR SAROJ

I.D. 521

Age 30/M

Date 23/03/2024

RATE 71bpm

B.P. 120/80

PRETEST

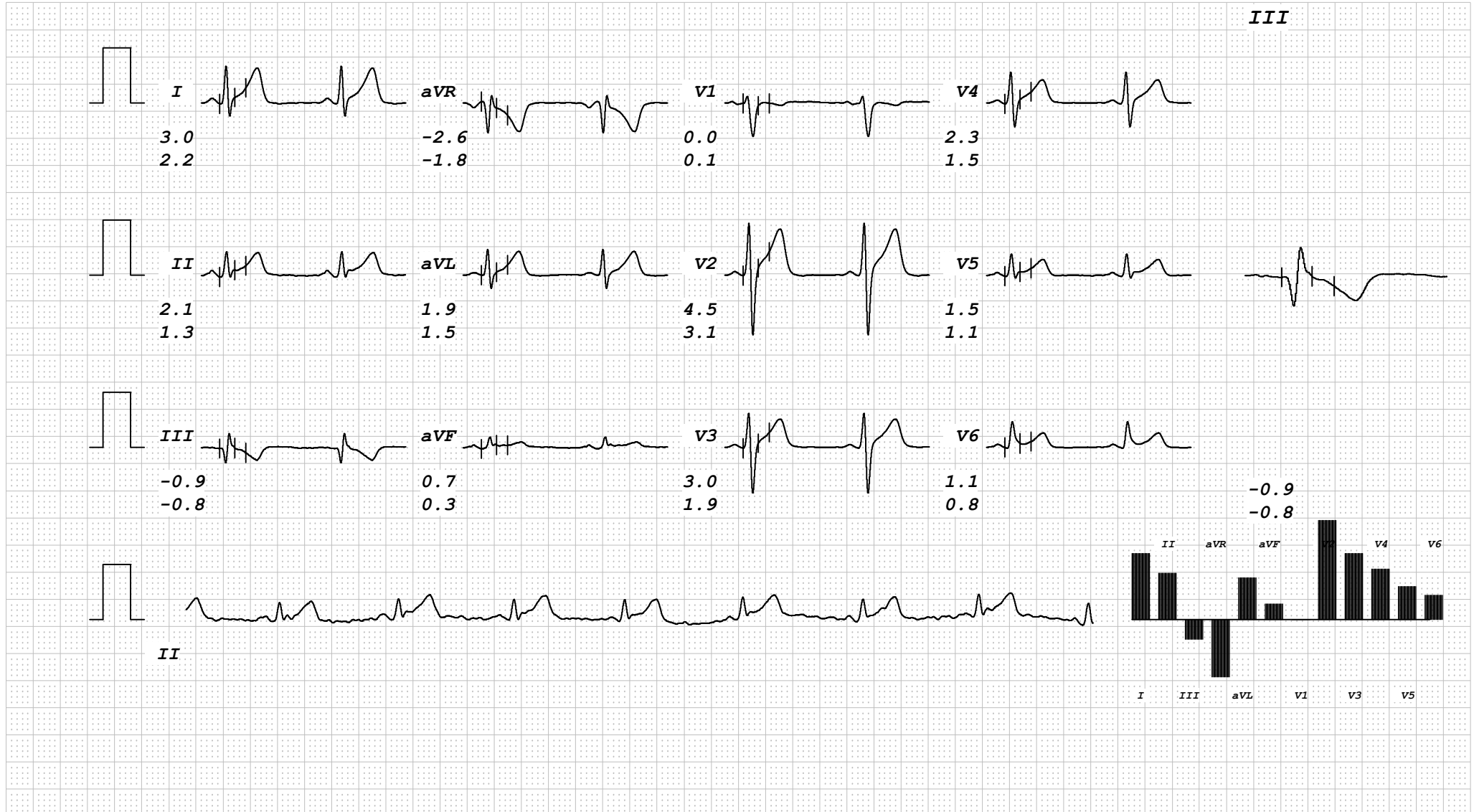
STANDING

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2





# HEALTHSPRING OSHIWARA

KUMAR SAROJ

I.D. 521

Age 30/M

Date 23/03/2024

RATE 72bpm

B.P. 120/80

PRETEST

HYPERVENT

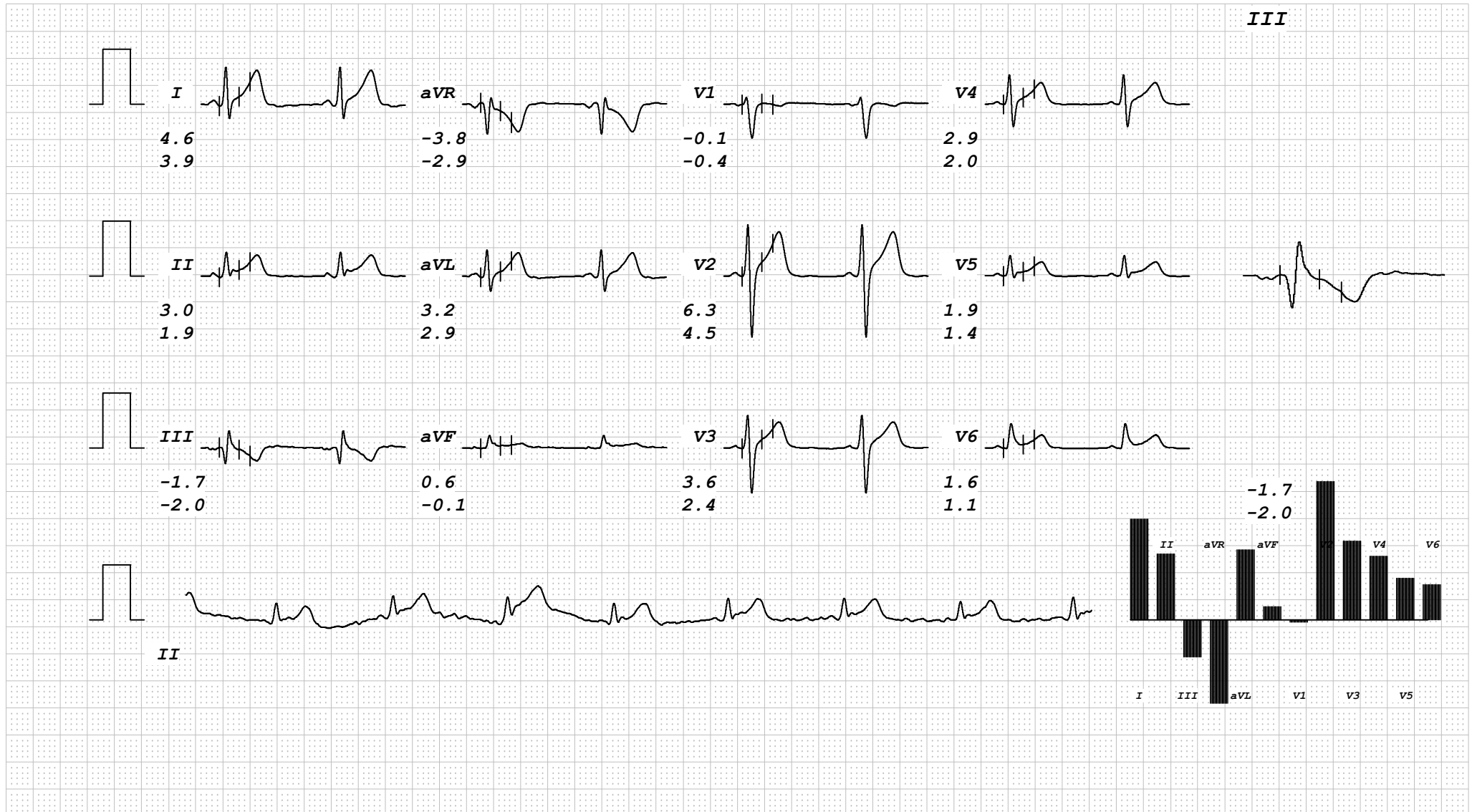
PHASE TIME 0:16

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2



# HEALTHSPRING OSHIWARA

KUMAR SAROJ

I.D. 521

Age 30/M

Date 23/03/2024

RATE 73bpm

B.P. 120/80

PRETEST

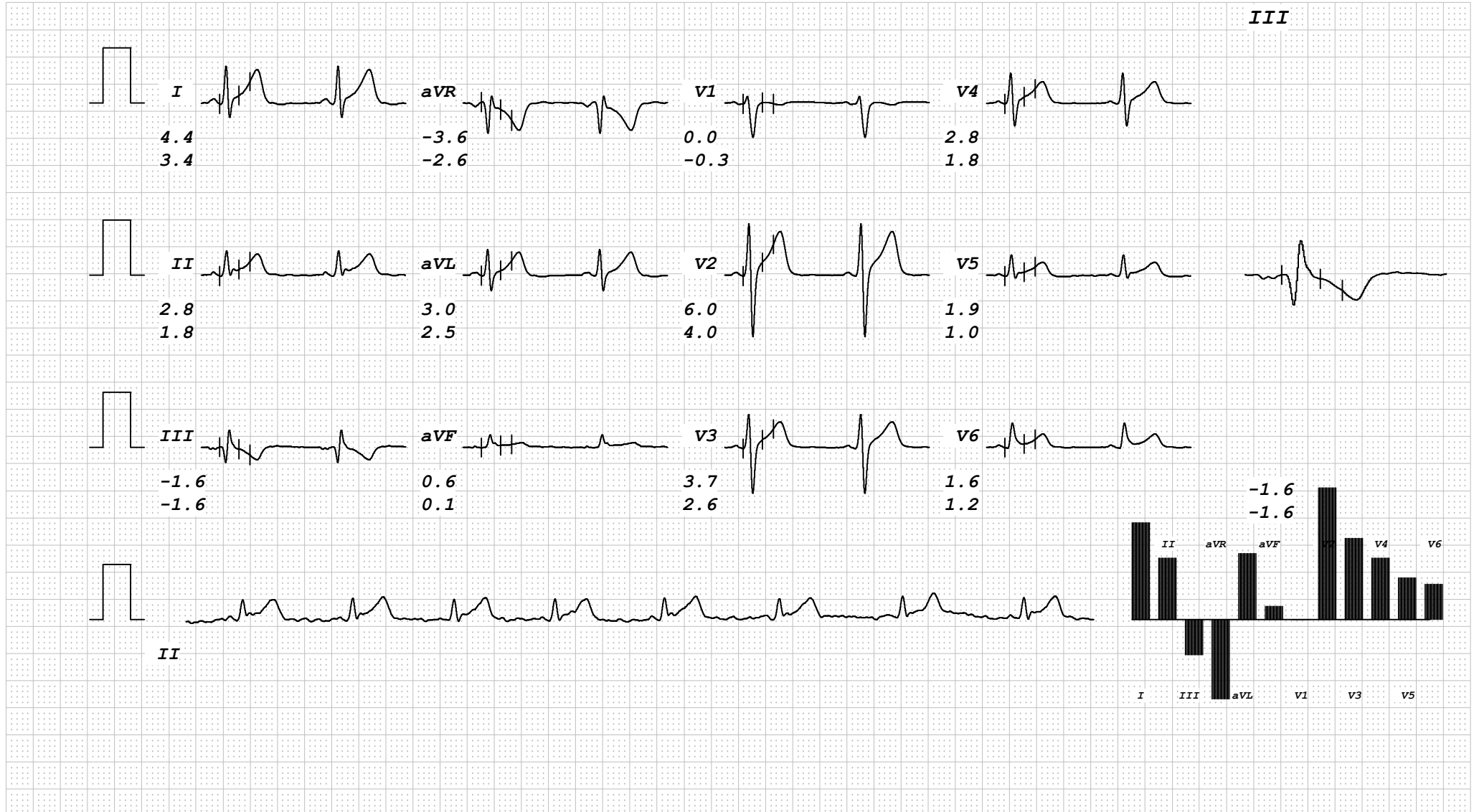
VALSALVA

ST @ 10mm/mV

80ms PostJ

**LINKED MEDIAN**

Mag. X 2



# HEALTHSPRING OSHIWARA

KUMAR SAROJ

I.D. 521

Age 30/M

Date 23/03/2024

RATE 120bpm

B.P. 130/80

Bruce

Stage 1

TOTAL TIME 2:55

PHASE TIME 2:55

ST @ 10mm/mV

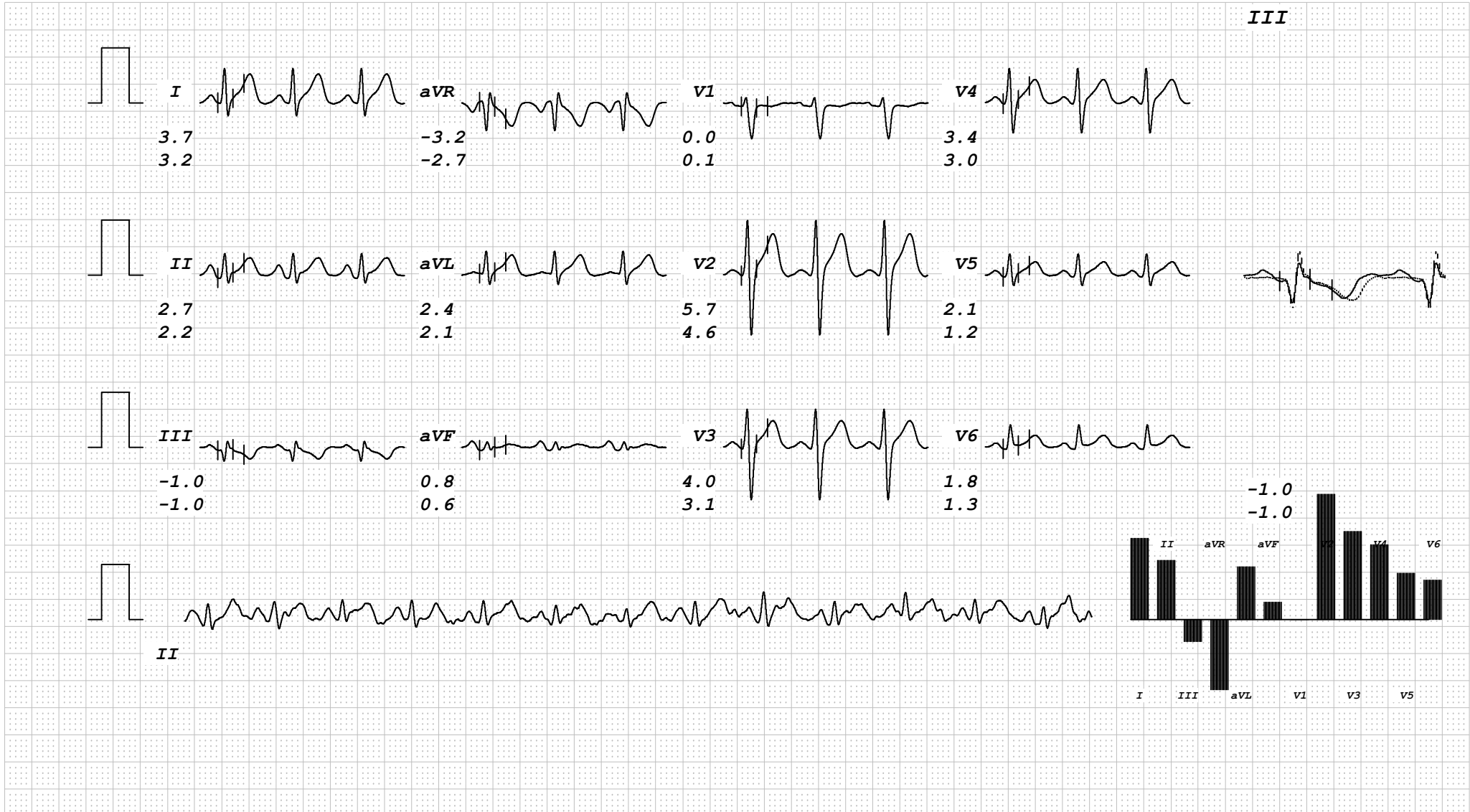
80ms PostJ

Speed 2.7 km/hr

SLOPE 10 %

**LINKED MEDIAN**

Mag. X 2



# HEALTHSPRING OSHIWARA

KUMAR SAROJ

I.D. 521

Age 30/M

Date 23/03/2024

RATE 156bpm

B.P. 145/90

Bruce

Stage 2

TOTAL TIME 5:55

PHASE TIME 2:55

ST @ 10mm/mV

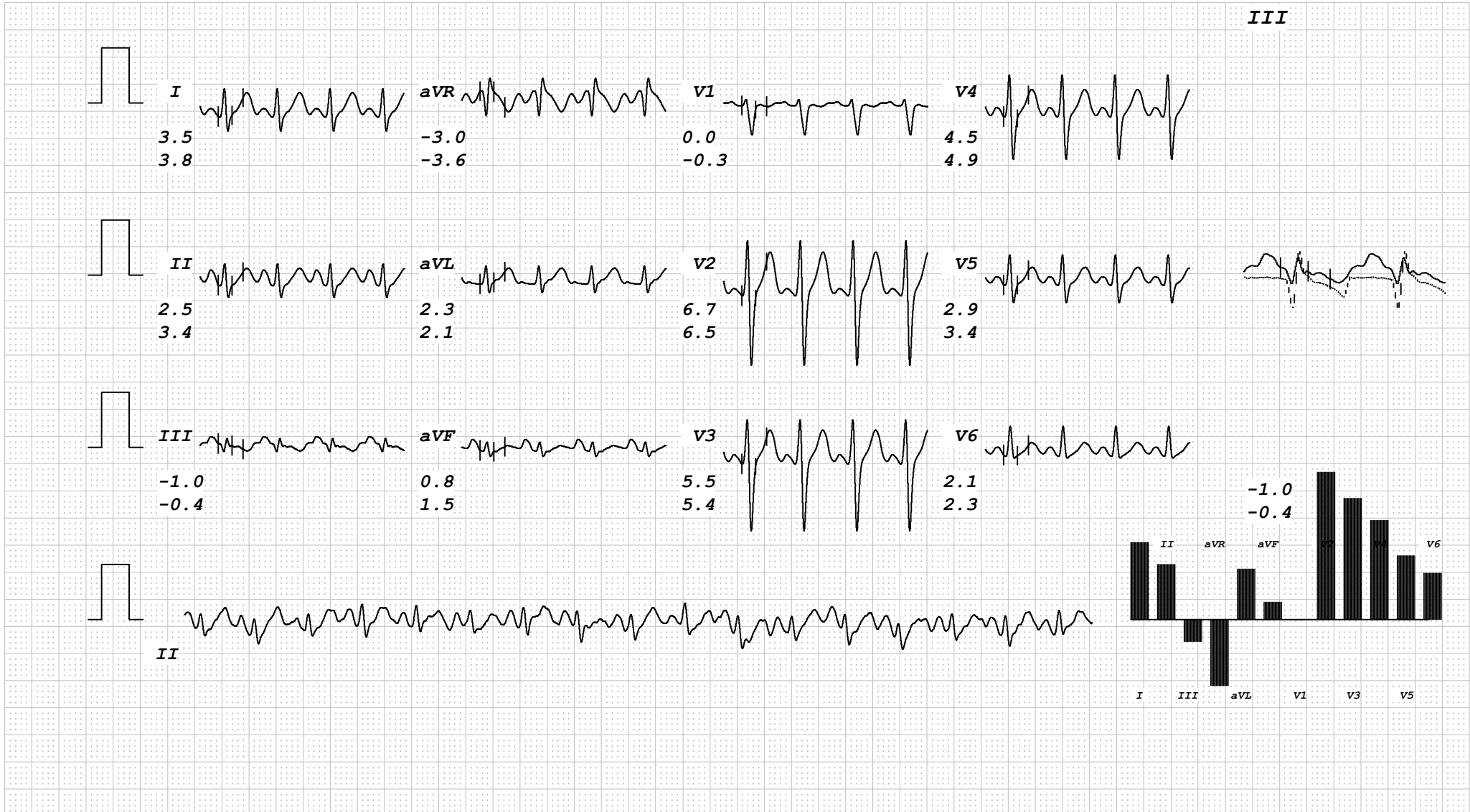
80ms PostJ

Speed 4 km/hr

SLOPE 12 %

**LINKED MEDIAN**

Mag. X 2



# HEALTHSPRING OSHIWARA

KUMAR SAROJ

I.D. 521

Age 30/M

Date 23/03/2024

RATE 162bpm

B.P. 160/110

Bruce

PK-EXERCISE

TOTAL TIME 6:31

PHASE TIME 0:31

ST @ 10mm/mV

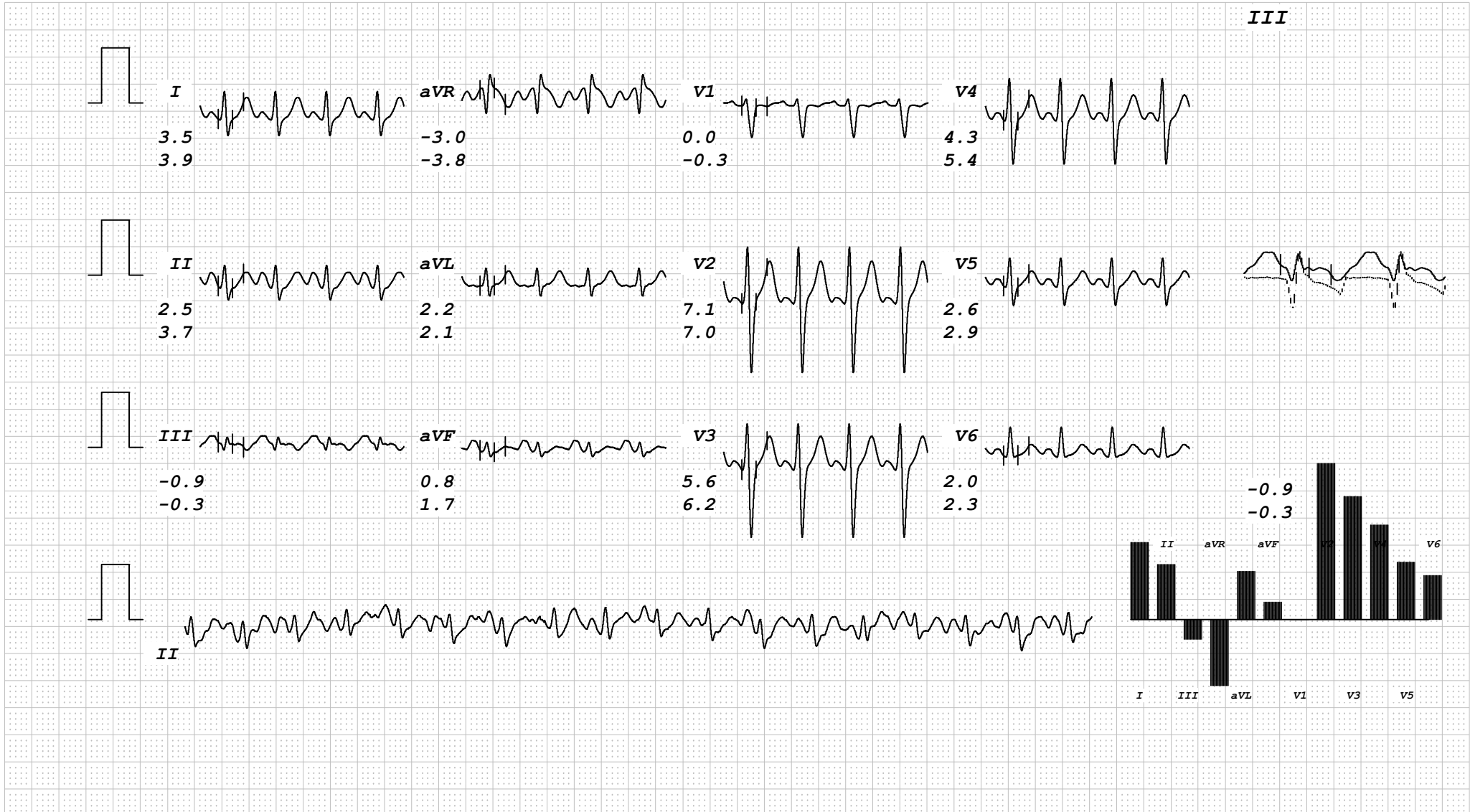
80ms PostJ

Speed 5.4 km/hr

SLOPE 14 %

**LINKED MEDIAN**

Mag. X 2



# HEALTHSPRING OSHIWARA

KUMAR SAROJ

I.D. 521

Age 30/M

Date 23/03/2024

RATE 123bpm

B.P. 160/110

Bruce

RECOVERY

TOTAL TIME 7:34

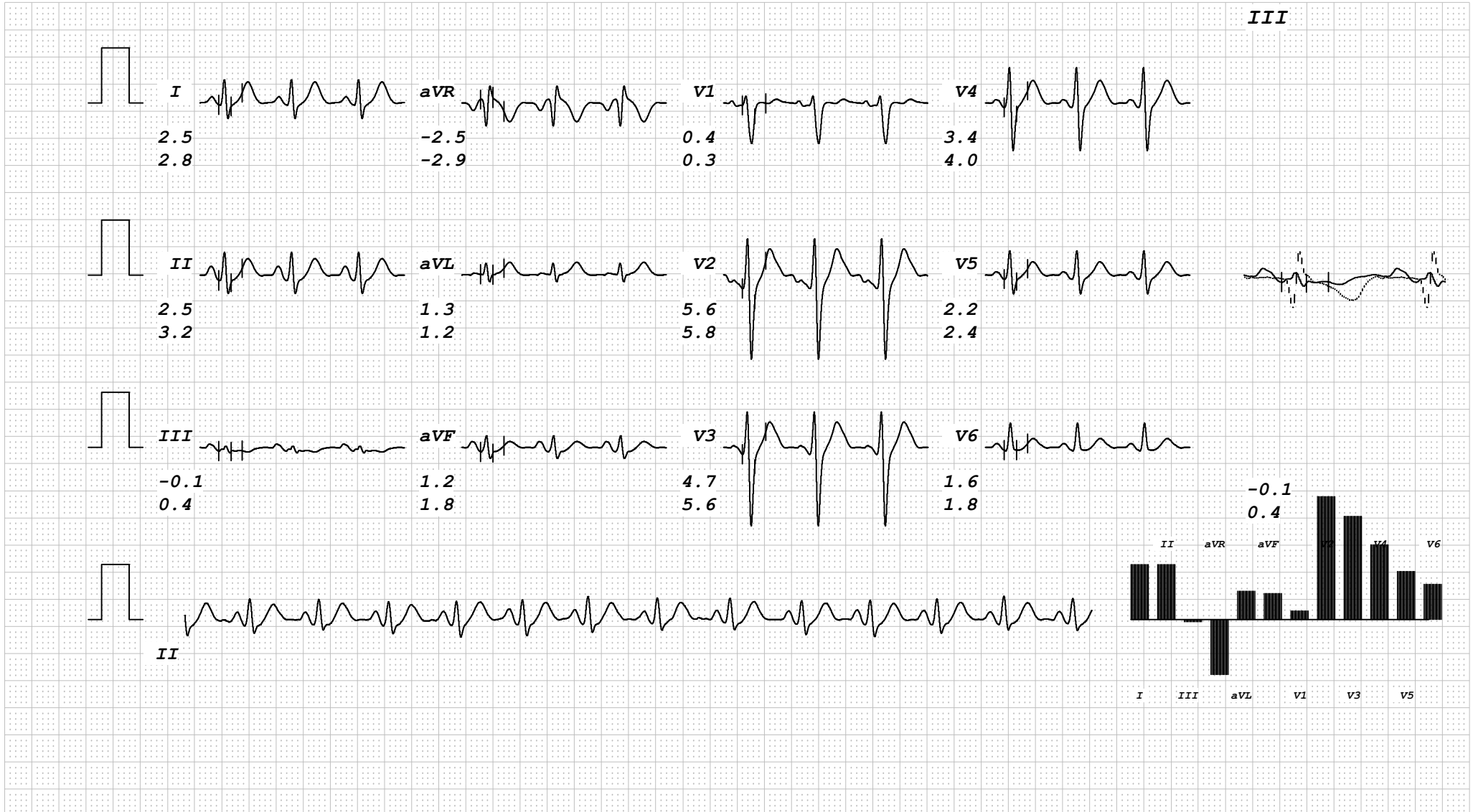
PHASE TIME 0:55

ST @ 10mm/mV

80ms PostJ

**LINKED MEDIAN**

Mag. X 2



# HEALTHSPRING OSHIWARA

KUMAR SAROJ

I.D. 521

Age 30/M

Date 23/03/2024

RATE 116bpm

B.P. 140/80

Bruce

RECOVERY

TOTAL TIME 8:34

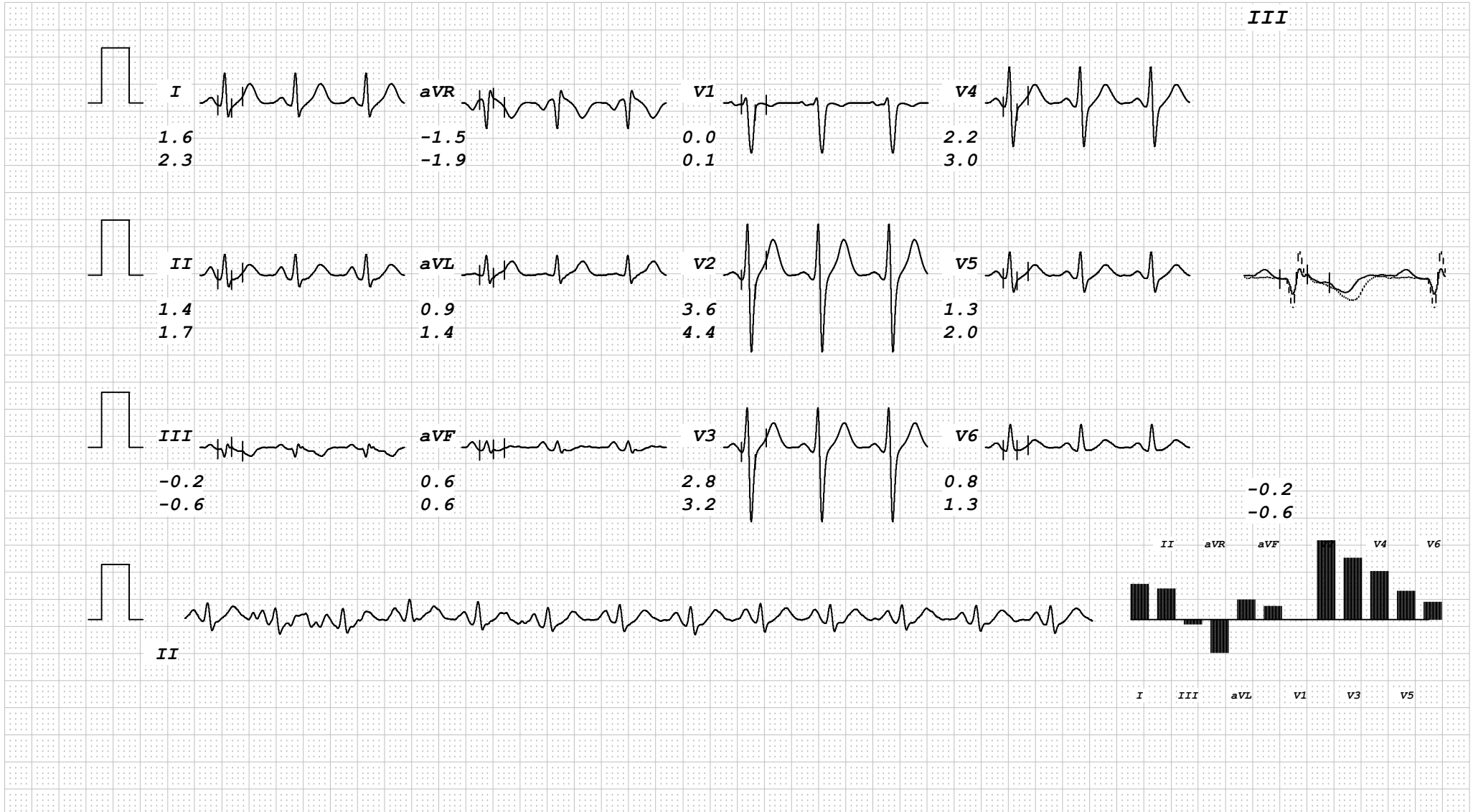
PHASE TIME 1:55

ST @ 10mm/mV

80ms PostJ

**LINKED MEDIAN**

Mag. X 2



# HEALTHSPRING OSHIWARA

KUMAR SAROJ

I.D. 521

Age 30/M

Date 23/03/2024

RATE 102bpm

B.P. 120/80

Bruce

RECOVERY

TOTAL TIME 9:34

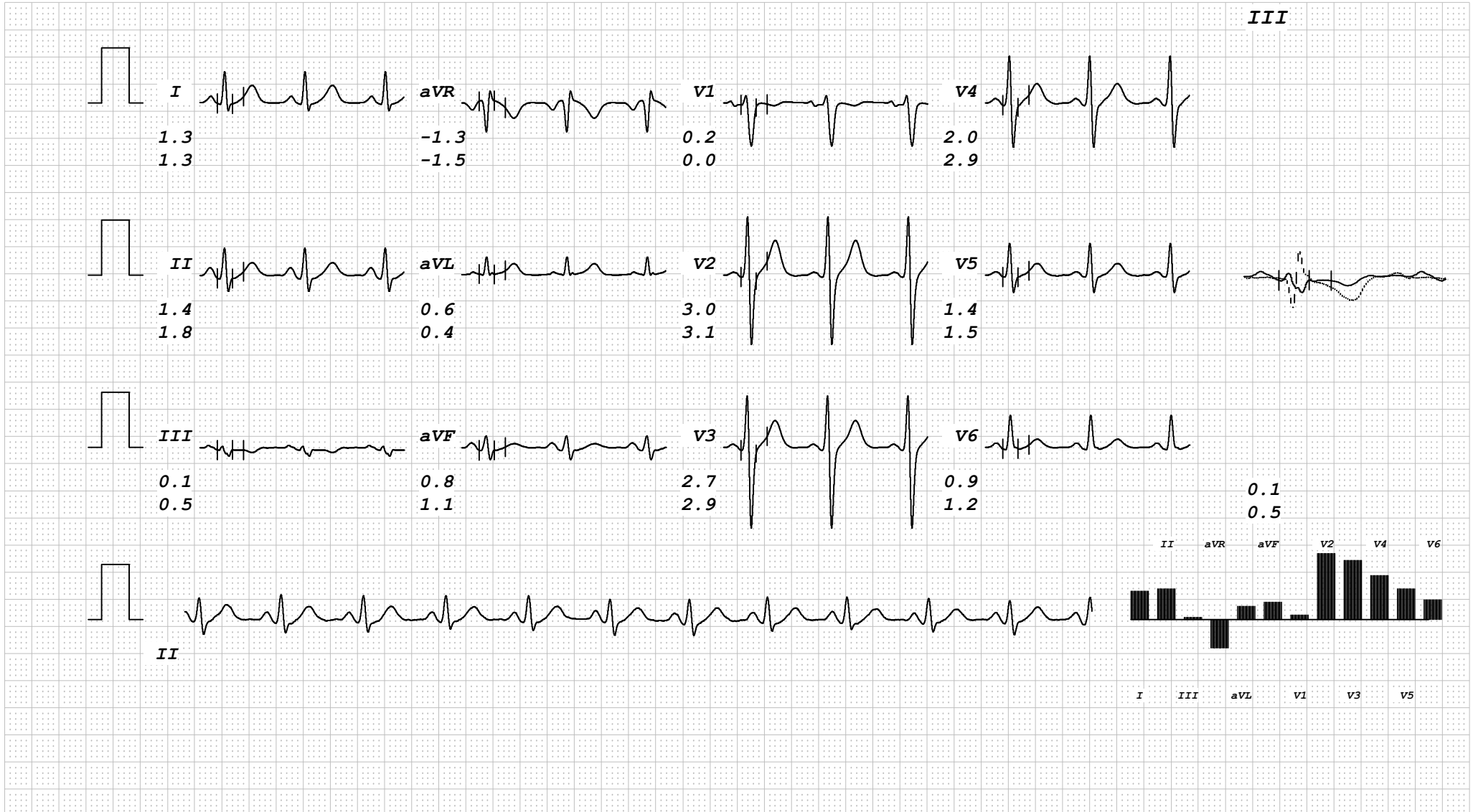
PHASE TIME 2:55

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2





# HEALTHSPRING OSHIWARA

KUMAR SAROJ

I.D. 521

Age 30/M

Date 23/03/2024

RATE 97bpm

B.P. 120/80

Bruce

RECOVERY

TOTAL TIME 10:34

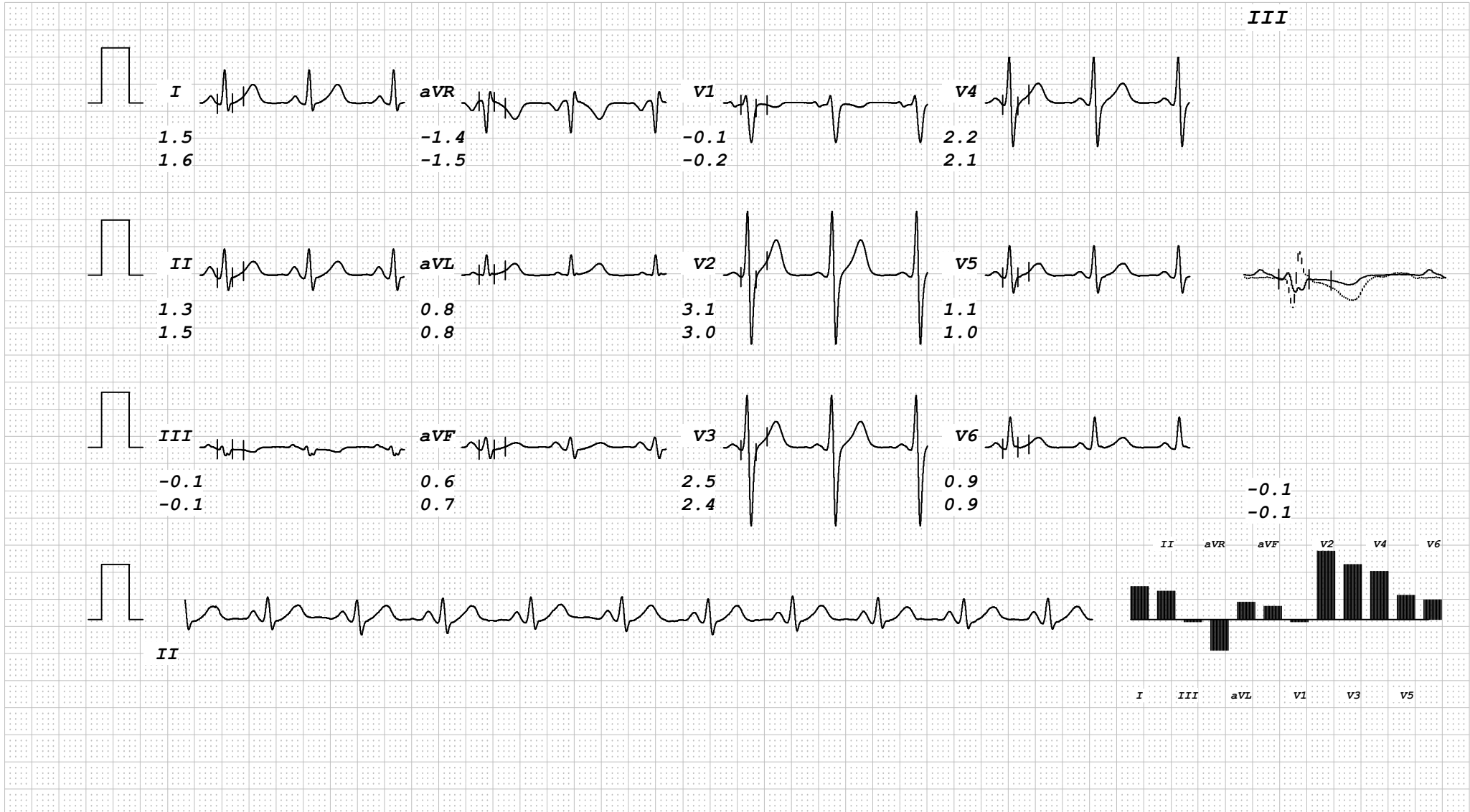
PHASE TIME 3:55

ST @ 10mm/mV

80ms PostJ

**LINKED MEDIAN**

Mag. X 2



# HEALTHSPRING OSHIWARA

KUMAR SAROJ

I.D. 521

Age 30/M

Date 23/03/2024

RATE 101bpm

B.P. 120/80

Bruce

RECOVERY

TOTAL TIME 11:34

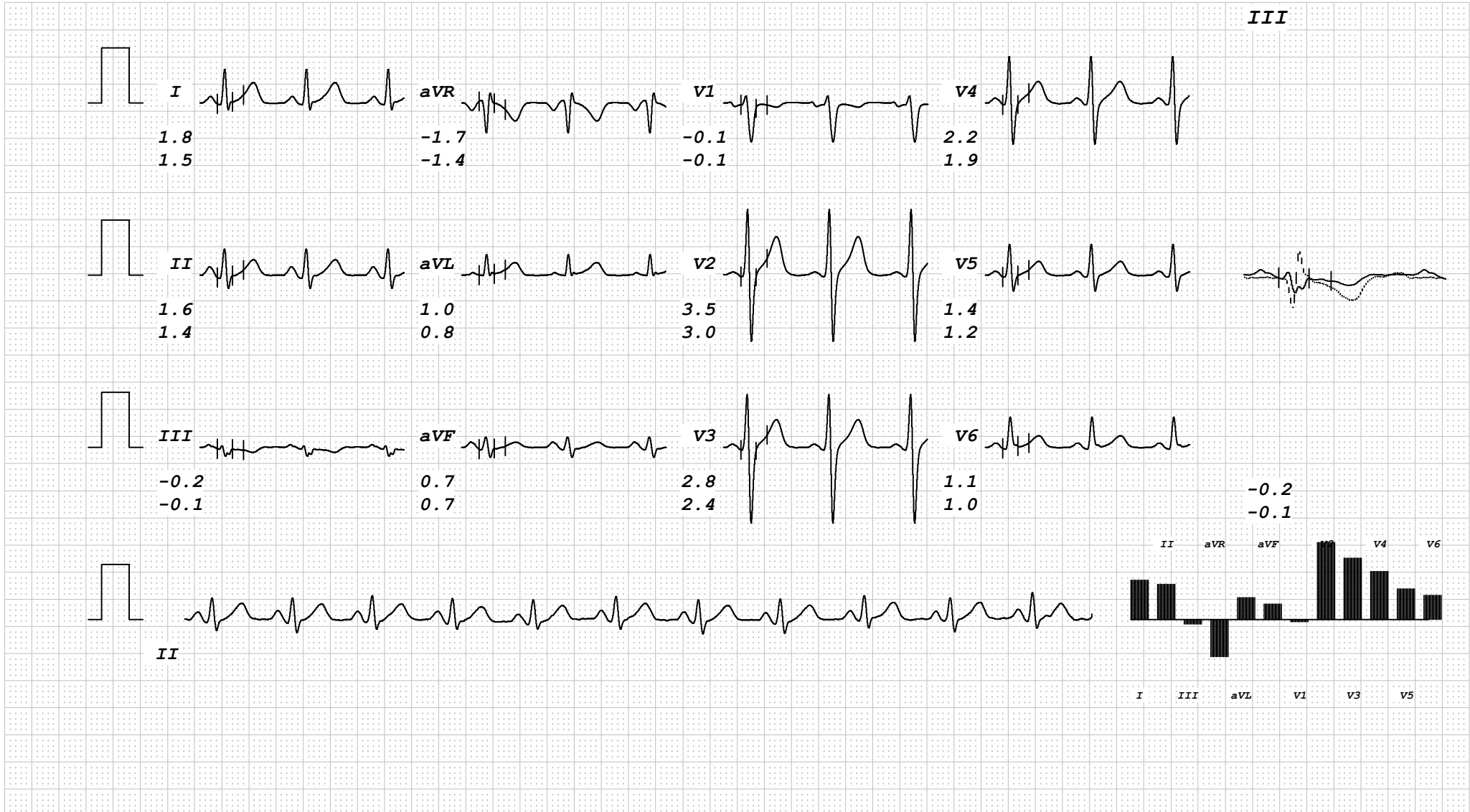
PHASE TIME 4:55

ST @ 10mm/mV

80ms PostJ

**LINKED MEDIAN**

Mag. X 2





# HEALTHSPRING

## TREADMILL STRESS TEST REPORT

DATE: 23/03/2024

NAME:	KUMAR SAROJ	AGE:(years)	30	SEX:	M
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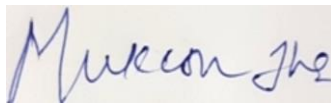
PROTOCOL USED	BRUCE PROTOCOL		
ANGINA SCALE (0 – None, 1 – Non-Limiting, 2 – Limiting)	0	MAXIMUM ST DEPRESSION (mm)	0
WORKLOAD: MAXIMUM METS ACHIEVED (METS)	7.6	DOUBLE PRODUCT	26400 mm Hg/Min
DUKES SCORE (High Risk Score $\leq$ -11, Low Risk Score $\geq$ 5)	6		

### CONCLUSION:

NORMAL INOTROPIC & CHRONOTROPIC RESPONSE  
BASELINE ECG SHOWS NO SIGNIFICANT ST-T CHANGES  
NO SYMPTOMS AND ARRHYTHMIAS WERE SEEN DURING THE EXERCISE AND RECOVERY  
NO SIGNIFICANT ST-T CHANGES WERE SEEN DURING THE EXERCISE AND RECOVERY  
FAIR EFFORT TOLERANCE AND FUNCTIONAL CAPACITY  
**TARGET HEART RATE ACHIEVED**  
THE STRESS TEST IS **NEGATIVE** FOR INDUCIBLE ISCHEMIA AT THE GIVEN WORKLOAD

### IMPRESSION:

**THE STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA AT THE GIVEN WORKLOAD**  
**ADVISED- CLINICAL CORRELATION**



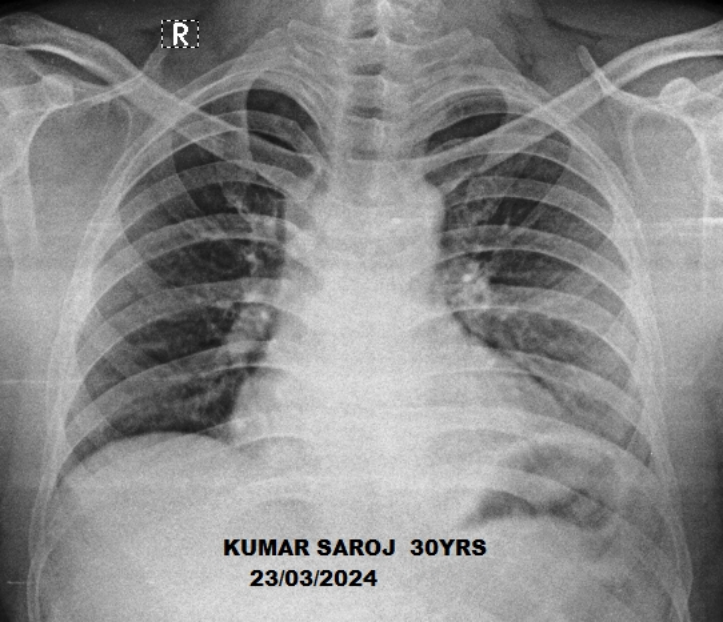
**DR. MUKESH JHA**  
MD (MEDICINE), DM (CARDIOLOGY)  
REG NO- 2010/09/2935

### **NOTE-**

A NEGATIVE STRESS TEST DOES NOT CONCLUSIVELY RULE OUT CORONARY ARTERY DISEASE. A POSITIVE STRESS TEST IS NOT CONCLUSIVE EVIDENCE OF CORONARY ARTERY DISEASE. THERE IS A POSSIBILITY OF THE TEST BEING FALSE POSITIVE OR FALSE NEGATIVE DUE TO OTHER ASSOCIATED MEDICAL CONDITIONS. THESE REPORTS ARE FOR DOCTORS & PHYSICIANS AND NOT FOR MEDICO-LEGAL PURPOSES. KINDLY CO-RELATE THE REPORT WITH CLINICAL CONDITIONS.

THIS TMT/ ECG IS REPORTED ONLINE WITHOUT INTERACTING WITH PATIENTS AND THE RESULT SHOULD BE CLINICALLY CO-RELATED AND INDEPENDENTLY REVIEWED BY THE PATIENT'S CONSULTANT DOCTOR. THE PATIENT WAS NOT SEEN BY THE DOCTOR PERSONALLY AND THE ABOVE REPORT HAS BEEN REVIEWED BY THE DOCTOR BASED ON THE TMT/ECG RESULT AS PROVIDED TO THE DOCTOR.

**R**



**KUMAR SAROJ 30YRS**  
**23/03/2024**



भारत सरकार  
GOVERNMENT OF INDIA



Saroj Kumar

1993-10-09

Male

xxxxxxxxx5512

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### Address:

S/O Sharvan Kumar Mistri Anand Bhawan  
Simartalla - Sikandra Near Shiv Balak Holl  
Jamui - Bihar 811315

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**आधार**-आम आदमी का अधिकार

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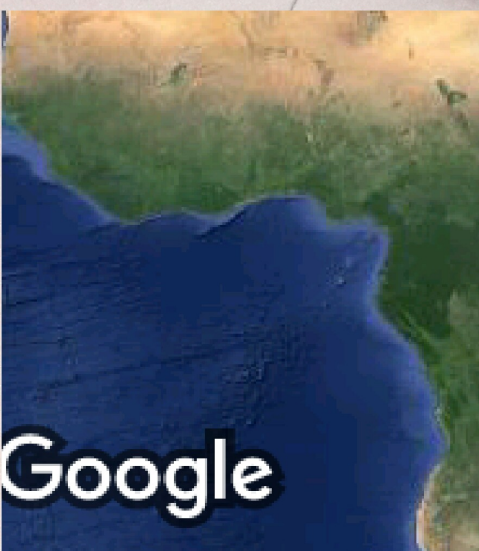
GPS Map Camera

## Mumbai, Maharashtra, India

Shri Krishna Complex, KL Walawalkar Marg, Corner of new link road and fun cinemas lane, Veera Desai Industrial Estate, Andheri West, Mumbai, Maharashtra 400053, India  
Lat 19.13546°

Long 72.832412°

23/03/24 09:27 AM GMT +05:30



Google