

**CONCLUSION OF HEALTH CHECKUP**

ECU Number : 10485

Age : 53

Weight : 79

Date : 27/03/2024

MR Number : 23202949

Sex : Male

Ideal Weight : 58

Patient Name: MANOJ BAKSHI

Height : 160

BMI : 30.86

Fit



Dr. Manish Mittal

Internal Medicine

Note : General Physical Examination & routine Investigations included in the Health Checkup have certain limitations and may not be able to detect all the latent and asymptomatic diseases.

ECU Number : 10485      MR Number : 23202949      Patient Name: MANOJ BAKSHI  
Age : 53      Sex : Male      Height : 160  
Weight : 79      Ideal Weight : 58      BMI : 30.86  
Date : 27/03/2024

Past H/O : NO P/H/O ANY MAJOR ILLNESS.

Present H/O : NO MEDICAL COMPLAINS AT PRESENT.

Family H/O : NO F/H/O ANY MAJOR ILLNESS.

Habits : NO

Gen.Exam. : G.C.GOOD

B.P : 126/78

Pulse : 76/MIN REG

Others : SPO2 99%

C.V.S : NAD

R.S. : NAD

Abdomen : NP

Spleen : NP

Skin : NAD

C.N.S : NAD

Advice :

ECU Number : 10485  
Age : 53  
Weight : 79  
Date : 27/03/2024

MR Number : 23202949  
Sex : Male  
Ideal Weight : 58

Patient Name: MANOJ BAKSHI  
Height : 160  
BMI : 30.86

### Ophthalmic Check Up :

Right

Left

Ext Exam

NIL

Vision Without Glasses

6/6

6/6

Vision With Glasses

N.6 + 1.25 D SPH

N.6 + 1.25 D SPH

Final Correction

14.6

14.6

Indus

NORMAL

Colour Vision

NORMAL

Advice

NIL

### Orthopaedic Check Up :

Ortho Consultation

Ortho Advice

### ENT Check Up :

Ear

B/L TM INTACT

Nose

DNS TOWARDS (RT)

Throat

NAD

Hearing Test

NORMAL

ENT Advice

NIL

### General Surgery Check Up :

General Surgery

Abdominal Lump

Hernia

External Genitals

PVR

Proctoscopy

Any Other

Surgical Advice



Patient Name : Mr. MANOJ BAKSHI  
Gender / Age : Male / 54 Years 2 Months 27 Days  
MR No / Bill No. : 23202949 / 242095513  
Consultant : Dr. Manish Mittal  
Location : OPD

Type : OPD  
Request No. : 212146  
Request Date : 27/03/2024 09:23 AM  
Collection Date : 27/03/2024 09:59 AM  
Approval Date : 27/03/2024 03:03 PM

## CBC + ESR

Test	Result	Units	Biological Ref. Range
<b>Haemoglobin.</b>			
Haemoglobin	13.2	gm/dL	13 - 17
Red Blood Cell Count (T-RBC)	4.74	mill/cmm	4.5 - 5.5
Hematocrit (HCT)	41.3	%	40 - 50
Mean Corpuscular Volume (MCV)	87.1	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	27.8	pg	27 - 32
MCH Concentration (MCHC)	32.0	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	<b>15.7</b>	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	<b>50.6</b>	fl	39 - 46
<b>Total Leucocyte Count (TLC)</b>			
Total Leucocyte Count (TLC)	4.85	thou/cmm	4 - 10
<b>Differential Leucocyte Count</b>			
Polymorphs	58	%	40 - 80
Lymphocytes	34	%	20 - 40
Eosinophils	2	%	1 - 6
Monocytes	6	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	2.79	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	1.64	thou/cmm	1 - 3
Eosinophils (Abs. Value)	<b>0.10</b>	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.27	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.05	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.2	%	1 - 3 : Borderline > 3 : Significant
<b>Platelet Count</b>			
Platelet Count	<b>98</b>	thou/cmm	150 - 410
Smear evaluation	Adequate		
Estimated Platelet count (Smear evaluation)	110	thou/cmm	
Remarks	Few large platelets seen .		
ESR	11	mm/1 hr	0 - 12

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before firm diagnosis. Technical assistance provided by Mr. Manish Mittal.

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mr. MANOJ BAKSHI  
Gender / Age : Male / 54 Years 2 Months 27 Days  
MR No / Bill No. : 23202949 / 242095513  
Consultant : Dr. Manish Mittal  
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**CBC + ESR**

Immature Granulocyte (IG) count is a useful early marker of infection or inflammation, even when other markers are normal. It is an early and rapid discrimination of bacterial from viral infections. It is also increased in patients on steroid therapy / chemotherapy or haematological malignancy. High IG is always pathological; except in pregnancy and neonates of < 7 days.  
Method : HB by Non-Cyanide Hemoglobin analysis method. HCT by RBC pulse height detection method. RBC, TLC & PLC are by Particle Count by Electrical Impedance in Cell Counter by Fluorescent flow cytometry using a semi-conductor laser and hydrodynamic focusing in dedicated channels. Optical Platelets by Fluorescent + Laser Technology. MCV, MCH, MCHC, RDW (CV & SD) are calculated parameter. DLC by Flowcytometry method using semi-conductor Laser+Smear verification.

on ESL-30, comparable to Westergrens method and in accordance to ICSH reference method.

---- End of Report ----

Dr. Ameer Soni  
MD (Path)

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mr. MANOJ BAKSHI  
Gender / Age : Male / 54 Years 2 Months 27 Days  
MR No / Bill No. : 23202949 / 242095513  
Consultant : Dr. Manish Mittal  
Location : OPD

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### Haematology

Test	Result	Units	Biological Ref. Range
<b>Blood Group</b>			
ABO system	O		
Rh system.	Positive		

By Gel Technology / Tube Agglutination Method

Note :

- This blood group has been done with new sensitive Gel Technology using both Forward and Reverse Grouping Card with Autocontrol.  
- This method check`s group both on Red blood cells and in Serum for "ABO" group.

---- End of Report ----

Dr. Ameet Soni  
MD (Path)

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Patient Name : Mr. MANOJ BAKSHI  
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**Fasting Plasma Glucose**

Test	Result	Units	Biological Ref. Range
<b>Fasting Plasma Glucose</b>			
Fasting Plasma Glucose	<b>119</b>	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	129	mg/dL	70 - 140

By Hexokinase method on EXL Dade Dimension

--- End of Report ---

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MD (Path)

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Patient Name : Mr. MANOJ BAKSHI Type : OPD  
 Gender / Age : Male / 54 Years 2 Months 27 Days Request No. : 212146  
 MR No / Bill No. : 23202949 / 242095513 Request Date : 27/03/2024 09:23 AM  
 Consultant : Dr. Manish Mittal Collection Date : 27/03/2024 09:59 AM  
 Location : OPD Approval Date : 27/03/2024 02:34 PM

**HbA1c (Glycosylated Hb)**

Test	Result	Units	Biological Ref. Range
<b>HbA1c (Glycosylated Hb)</b>			
Glycosylated Heamoglobin (HbA1c)	6.4	%	
estimated Average Glucose (e AG) *	136.98	mg/dL	

(Method:

By Automated HPLC analyser on D-10 Biorad. NGSP Certified, US-FDA approved, Traceable to IFCC reference method.

Calculated valued for past 60 days, derived from HbA1c %, based on formula recommended by the A1c - Derived Average Glucose study from ADA and EASD funded The ADAG trial.

Guidelines for Interpretation:

Indicated Glycemic control of previous 2-3 months

HbA1c%	e AG (mg/dl)	Glycemic control
> 8	> 183	Action suggested...High risk of developing long-term complications. Action suggested, depends on individual patient circumstances
7 - 8	154 - 183	Good
< 7	< 154	Goal...Some danger of hypoglycemic reaction in type I Diabetics. Some Glucose intolerant individuals and Sub-Clinical diabetics may demonstrate (elevated) HbA1c in this area.
6 - 7	126 - 154	Near Normal
< 6	< 126	Nondiabetic level)

---- End of Report ----

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**Complete Lipid Profile**

Test	Result	Units	Biological Ref. Range
<b>Complete Lipid Profile</b>			
Appearance	Clear		
Triglycerides (Done by Lipase /Glycerol kinase on Vitros 5600 < 150 Normal 150-199 Borderline High 200-499 High > 499 Very High)	58	mg/dL	1 - 150
Total Cholesterol (Done by Colorimetric - Cholesterol Oxidase, esterase, peroxidase on Vitros 5600. <200 mg/dL - Desirable 200-239 mg/dL - Borderline High > 239 mg/dL - High)	153	mg/dL	1 - 200
HDL Cholesterol (Done by Colorimetric: non HDL precipitation method PTA/MgCl2 on Vitros 5600 < 40 Low > 60 High)	47	mg/dL	40 - 60
Non HDL Cholesterol (calculated) (Non- HDL Cholesterol < 130 Desirable 139-159 Borderline High 160-189 High > 191 Very High)	106	mg/dL	1 - 130
LDL Cholesterol (Done by Enzymatic (Two Step CHE/CHO/POD ) on Vitros 5600 < 100 Optimal 100-129 Near / above optimal 130-159 Borderline High 160-189 High > 189 Very High)	<b>101</b>	mg/dL	1 - 100
VLDL Cholesterol (calculated)	<b>11.6</b>	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	2.15		2.1 - 3.5
T. Ch./HDL Ch. Ratio (Recent NECP / ATP III Guidelines / Classification (mg/dl) :)	<b>3.26</b>		3.5 - 5

---- End of Report ----

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 Consultant : Dr. Manish Mittal  
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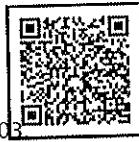
**Liver Function Test (LFT)**

Test	Result	Units	Biological Ref. Range
<b>Bilirubin</b>			
Bilirubin - Total	0.45	mg/dL	0 - 1
Bilirubin - Direct	0.17	mg/dL	0 - 0.3
Bilirubin - Indirect	0.28	mg/dL	0 - 0.7
<i>(Done by Dual Wavelength - Reflectance Spectrophotometry on Vitros 5600)</i>			
Aspartate Aminotransferase (SGOT/AST)	37	U/L	15 - 40
<i>(Done by Multipoint Rate Colorimetric with P-5-P on Vitros 5600)</i>			
Alanine Aminotransferase (SGPT/ALT)	38	U/L	16 - 63
<i>(Done by Multipoint-Rate/Colorimetric with P-5-P (pyridoxa-5-phosphate) on Vitros 5600)</i>			
Alkaline Phosphatase	90	U/L	56 - 119
<i>(Done by Multipoint-Rate - p-nitrophenyl Phosphate, AMP buffer on Vitros 5600)</i>			
Gamma Glutamyl Transferase (GGT)	20	U/L	15 - 85
<i>(Done by Multipoint Rate - L-γ<sup>5</sup>-glutamyl-p-nitroanilide on Vitros 5600)</i>			
<b>Total Protein</b>			
Total Proteins	6.98	gm/dL	6.4 - 8.2
Albumin	4.37	gm/dL	3.4 - 5
Globulin	<b>2.61</b>	gm/dL	3 - 3.2
A : G Ratio	<b>1.67</b>		1.1 - 1.6
<i>(Done by Biuret endpoint and Bromocresol green method on vitros 5600.)</i>			

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---- End of Report ----

Dr. Ameet Soni  
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 Gender / Age : Male / 54 Years 2 Months 27 Days  
 MR No / Bill No. : 23202949 / 242095513  
 Consultant : Dr. Manish Mittal  
 Location : OPD

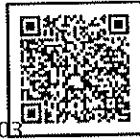
Type : OPD  
 Request No. : 212146  
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 Collection Date : 27/03/2024 09:59 AM  
 Approval Date : 27/03/2024 02:33 PM

## Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea (Done by Endpoint/Colorimetric - Urease on Vitros 5600)	21	mg/dL	10 - 45
BUN	9.81	mg/dL	5 - 21
Creatinine (By Modified Kinetic Jaffe Technique)	1.14	mg/dL	0.9 - 1.3
Estimate Glomerular Filtration rate (Ref. range : > 60 ml/min for adults between age group of 18 to 70 yrs. EGFR Calculated by IDMS Traceable MDRD Study equation. Reporting of eGFR can help facilitate early detection of CKD. By Modified Kinetic Jaffe Technique)	More than 60		
Uric acid (Done by Colorimetric - Uricase, Peroxidase on Vitros 5600)	6.6	mg/dL	3.4 - 7.2

--- End of Report ---

Dr. Ameer Soni  
MD (Path)



Patient Name : Mr. MANOJ BAKSHI  
 Gender / Age : Male / 54 Years 2 Months 27 Days  
 MR No / Bill No. : 23202949 / 242095513  
 Consultant : Dr. Manish Mittal  
 Location : OPD

Type : OPD  
 Request No. : 212146  
 Request Date : 27/03/2024 09:23 AM  
 Collection Date : 27/03/2024 09:59 AM  
 Approval Date : 27/03/2024 02:33 PM

## Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
Triiodothyronine (T3) (Done by CLIA based method on automated immunoassay Vitros 5600. Reference interval (ng/ml) 1 - 3 days : 0.1 - 7.4 1-11 months : 0.1 - 2.45 1-5 years : 0.1 - 2.7 6-10 years : 0.9 - 2.4 11-15 years : 0.8 - 2.1 16-20 years : 0.8 - 2.1 Adults (20 - 99 years) : 1.07 - 1.85 Pregnancy (in last 5 months) : 1.2 - 2.5 (Reference : Tietz - Clinical guide to laboratory test, 4th edition ))	1.51	ng/ml	
Thyroxine (T4) (Done by CLIA based method on automated immunoassay Vitros 5600. Reference interval (mcg/dL) 1 - 3 days : 11.8 - 22.6 1 - 2 weeks : 9.8 - 16.6 1 - 4 months : 7.2 - 14.4 4 - 12 months : 7.8 - 16.5 1-5 years : 7.3 - 15.0 5 - 10 years : 6.4 - 13.3 10 - 20 years : 5.6 - 11.7 Adults (20-99 years) : 5.91 - 12.98 (Reference : Tietz - Clinical guide to laboratory test, 4th edition ))	8.53	mcg/dL	
Thyroid Stimulating Hormone (US-TSH) (Done by CLIA based method on automated immunoassay Vitros 5600. Reference interval (microIU/ml) Infants (1-4 days) : 1.0 - 39 2-20 weeks : 1.7 - 9.1 5 months - 20 years : 0.7 - 6.4 Adults (20-99 years) : 0.4001 - 4.049 Pregnancy : 1st trimester : 0.3 - 4.5 2nd trimester : 0.5 - 4.6 3rd trimester : 0.8 - 5.2 (Reference : Tietz - Clinical guide to laboratory test, 4th edition ))	3.72	microIU/ml	

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mr. MANOJ BAKSHI  
Gender / Age : Male / 54 Years 2 Months 27 Days  
MR No / Bill No. : 23202949 / 242095513  
Consultant : Dr. Manish Mittal  
Location : OPD

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**PSA (Prostate Specific Antigen)**

Test	Result	Units	Biological Ref. Range
Total PSA	0.310	ng/ml	0 - 4

(Method : Done by CLIA based method on automated immunoassay Vitros 5600.

Remark :

Age related reference range for interpretation :

< 40 yrs : 0.21 - 1.72

40 - 49 yrs : 0.27 - 2.19

50 - 59 yrs : 0.27 - 3.42

60 - 69 yrs : 0.27 - 6.16

>69 yrs : 0.21 - 6.77

TPSA may be raised usually mildly in benign prostatic conditions like hyperplasia. Typically 30 % of BPH may show values between 4-10 and 7 % between 10-40.

In Prostatic Malignancy 43 % show values below 4

21 % between 4 to 10

20 % between 10 to 40 &

16 % above 40)

--- End of Report ---

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Patient Name : Mr. MANOJ BAKSHI Type : OPD  
 Gender / Age : Male / 54 Years 2 Months 27 Days Request No. : 212146  
 MR No / Bill No. : 23202949 / 242095513 Request Date : 27/03/2024 09:23 AM  
 Consultant : Dr. Manish Mittal Collection Date : 27/03/2024 09:59 AM  
 Location : OPD Approval Date : 27/03/2024 02:25 PM

**Urine routine analysis (Auto)**

Test	Result	Units	Biological Ref. Range
<b>Physical Examination</b>			
Quantity	30	mL	
Colour	Pale Yellow		
Appearance	Clear		
<b>Chemical Examination (By Reagent strip method)</b>			
pH	5.5		4.6 - 8.0
Specific Gravity	<b>1.002</b>		1.005 - 1.030
Protein	Negative		Negative
Glucose	Negative		Negative
Ketones	Negative		Negative
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative (upto 1)
Blood	Negative		Negative
Leucocytes	Negative		Negative
Nitrite	Negative		Negative
<b>Microscopic Examination (by Microscopy after Centrifugation at 2000 rpm for 10 min or on fully automated Sysmex Urine sedimentation analyzer UF4000)</b>			
Red Blood Cells	0 - 1	/hpf	0 - 2
Leucocytes	0 - 1	/hpf	0 - 5
Epithelial Cells	0 - 1	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	<b>Absent</b>	/hpf	Absent
Organism	Absent		

Text Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any decision is made. Recal / repeat may be required.

Reference : Wallach`s Interpretation to laboratory test, 10th edition

---- End of Report ----

Dr. Amee Soni  
MD (Path)



Patient Name : Mr. MANOJ BAKSHI Type : OPD  
 Gender / Age : Male / 54 Years 2 Months 27 Days Request No. : 212147  
 MR No / Bill No. : 23202949 / 242095522 Request Date : 27/03/2024 09:32 AM  
 Consultant : Dr. Sunil Pradhan Collection Date : 27/03/2024 09:59 AM  
 Location : OPD Approval Date : 27/03/2024 02:34 PM

**Vitamin B12**

Test	Result	Units	Biological Ref. Range
<b>Vitamin B12</b>			
Vitamin B12 Level	<b>950</b>	pg/ml	200 - 900

(Done by CLIA based method on automated immunoassay Vitros 5600.)

Interpretation :

Normal : 200 - 900

Intermediate : 179 - 200

Deficiency : &lt; 179

\* Fasting sample is required.

\* Therapeutic intake during preceding days (Oral-3 days, Parental 3 wks) may lead to increased level.)

Vitamin D Total (25 OH Vit D ) 72.0 ng/ml

(Test	Health based	Reference range
Vitamin D Total	Deficiency	< 20 ng/ml
(25 Hydroxy Calciferol)	Insufficiency	20-30 ng/ml
	Sufficiency	30-80 ng/ml
	Possible toxicity	> 80 ng/ml

Serum or heparinised plasma

Method : Done by CLIA based method on automated immunoassay Vitros 5600

- Vitamin D level varies amongst populations and according to sunshine exposure (peaks in summer months) and nutritional habits and status, hence health based reference range is preferred to usual population based reference intervals.

- 25 (OH) Calciferol (25 (OH) D) is circulating form of Vitamin D. It is at present the best indicator of Vitamin D status. Fraction of circulating 25 (OH) D is converted to its active metabolites 1-25 (OH) D mainly by the kidneys. This process is regulated by PTH.

- If on supplemental therapy, it should be stopped for 3 to 4 days prior to testing.

Classic (nutritional) vitamin D deficiency results in bone demineralization, which may lead to rickets in children and osteomalacia or osteoporosis in adults. Because calcium levels affect muscle strength, vitamin D deficiency can result in muscle weakness and an increased risk of falls in the elderly. Levels of 25 (OH) D vary with exposure to sunlight, peaking in the summer months.

Decreased vitamin D levels have been linked with an increased incidence of colon, breast, and prostate cancer, as well as a higher mortality from these cancer, and an increased incidence of congestive heart failure, depression and schizophrenia. Individuals Suitable for Testing

\* Individuals with suspected vitamin D deficiency (e.g., those with persistent, nonspecific musculoskeletal pain ; the elderly ; housebound individuals ; those with malabsorptive syndromes ; those receiving treatment with anticonvulsants)

\* Individuals with suspected toxicity (e.g. those with anemia of obscure origin, unexplained renal disease, etc.)

\* Individuals being treated for vitamin D- related disorders.

What abnormal results mean:

\* Lower-than normal levels suggest a vitamin D deficiency. This condition can result from :

Lack of exposure to sunlight

Lack of adequate vitamin D in the diet

Liver and Kidney diseases

Malabsorption

Use of certain medicines, including phenytoin, Phenobarbital, and rifampicin

\* Higher-than - normal levels suggest excess vitamin D (hypervitaminosisD.)

--- End of Report ---

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Echocardiography

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**DEPARTMENT OF DIAGNOSTIC RADIOLOGY**

Patient No. : 23202949      Report Date : 27/03/2024  
 Request No. : 190110022      27/03/2024 9.23 AM  
 Patient Name : Mr. MANOJ BAKSHI  
 Gender / Age : Male / 54 Years 2 Months 27 Days

**X-Ray Chest AP**

Both lung fields are clear.  
 Both costophrenic sinuses appear clear.  
 Heart size is normal.  
 Hilar shadows show no obvious abnormality.  
 Aorta is normal.

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES  
 • NOT VALID FOR MEDICO-LEGAL PURPOSES  
 • CLINICAL CORRELATION RECOMMENDED

  
**Dr. Priyanka Patel, MD.**  
 Consultant Radiologist



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- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

**DEPARTMENT OF DIAGNOSTIC RADIOLOGY**

Patient No. : 23202949      Report Date : 27/03/2024  
Request No. : 190110040      27/03/2024 9.23 AM  
Patient Name : Mr. MANOJ BAKSHI  
Gender / Age : Male / 54 Years 2 Months 27 Days

**USG : Screening for Abdomen (excluding Pelvis) Or Upper Abdomen**

Liver is normal in size echopattern. No mass lesion identified. The hepatic veins are clear and patent. PV patent. No dilated IHBR.

Gall bladder is well distended and shows no obvious abnormality. Common bile duct measures 4 mm in diameter.

Pancreas shows no obvious abnormality. Tail obscured.  
Spleen is normal in size and echopattern.

Both kidneys are normal in shape and position. Normal echogenicity and cortico medullary differentiation is noted. No hydronephrosis or mass lesion seen.

No ascites.

**COMMENT:**

**• No obvious abnormality seen.**

*Kindly correlate clinically*

ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES  
NOT VALID FOR MEDICO-LEGAL PURPOSES  
CLINICAL CORRELATION RECOMMENDED

**Dr. Priyanka Patel, MD.**  
Consultant Radiologist



H-2016-0287



MC-3004



E-2021-0037



1828

Patient No. : 23202949      Report Date : 27/03/2024  
Request No. : 190110025      27/03/2024 9.23 AM  
Patient Name : Mr. MANOJ BAKSHI  
Gender / Age : Male / 54 Years 2 Months 27 Days

**Echo Doppler Screening**

MITRAL VALVE : NORMAL, TRIVIAL MR, NO MS  
AORTIC VALVE : TRILEAFLET, NORMAL  
TRICUSPID VALVE : NORMAL, TRIVIAL TR, NO PAH  
PULMONARY VALVE : NORMAL  
LEFT ATRIUM : NORMAL  
AORTA : NORMAL  
LEFT VENTRICLE : NORMAL, NO REGIONAL WALL MOTION ABNORMALITY,  
LVEF=60%  
RIGHT ATRIUM : NORMAL  
RIGHT VENTRICLE : NORMAL  
I.V.S. : INTACT  
I.A.S. : INTACT  
PULMONARY ARTERY : NORMAL  
PERICARDIUM : NORMAL  
  
COLOUR/DOPPLER FLOW MAPPING : TRIVIAL MR, TR, NO PAH

**FINAL CONCLUSION:**

1. ALL CARDIAC CHAMBERS ARE NORMAL IN DIMENSIONS
2. NO REGIONAL WALL MOTION ABNORMALITY AT REST
3. NORMAL LV SYSTOLIC FUNCTION, LVEF=60%
4. NORMAL VALVES
5. NO E/O LV DIASTOLIC DYSFUNCTION
6. TRIVIAL MR, TR, NO PULMONARY HYPERTENSION, ( IVC COLLAPSING )
7. NO PERICARDIAL EFFUSION, CLOT VEGETATION.

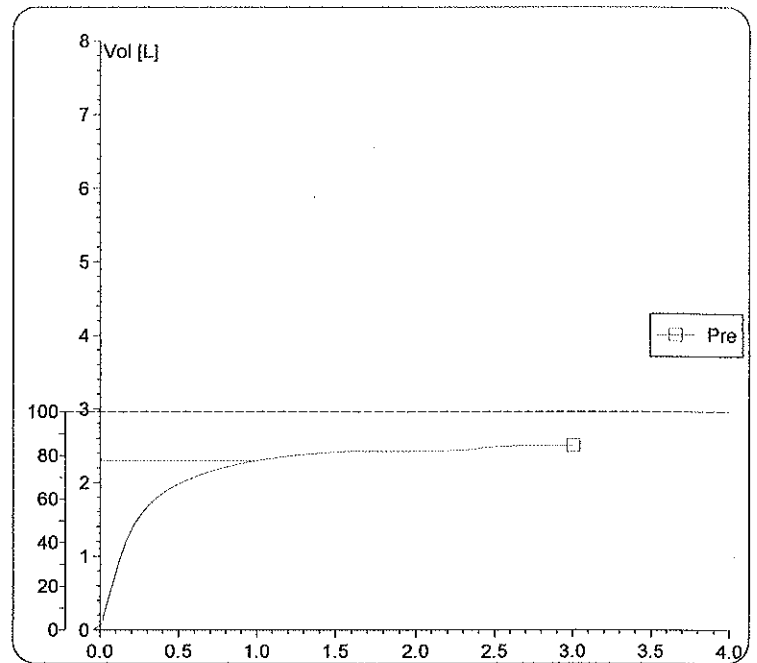
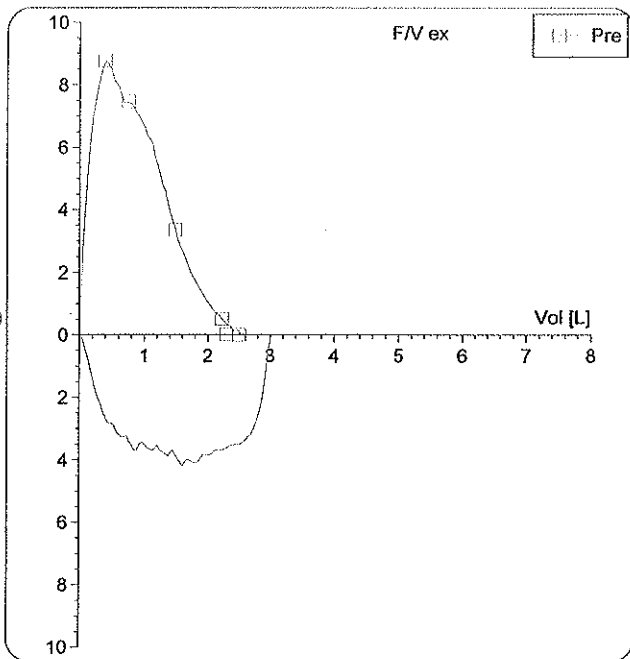
Dr. KILLOL KANERIA MD, DM  
Consultant Cardiologist

Identification:	23232786	Ref. Physician:	
Last Name:	SALUNKE	First Name:	MR MANOJ
Date of Birth:	08/12/1980	Smoker:	NEVER
Gender:	male	Operator:	Mr Solanki Bharat
Height:	168 cm	Weight:	78.8 kg
BMI:	28	Pred. Module:	NHANES 10% CORRE
Age:	43 Years	Device Used:	CareFusion Diffusion(G

PULMONARY FUNCTION ANALYSIS

Spirometry

		Ref	Pred LL	Pre	Pre%Ref
FVC	L	4.14	3.39	2.50	60.4
FEV 1	L	3.29	2.66	2.29	69.7
FEV 1 % FVC	%	71.26	62.55	91.69	128.7
MFEF 75/25	L/s	3.13	1.84	3.72	119.0
FEF 25	L/s	5.75	2.93	7.73	134.6
FEF 50	L/s	4.16	2.22	5.01	120.5
FEF 75	L/s	2.05	0.67	1.43	70.0
FEV 6	L	4.02	3.29		
FET	sec			3.06	
PEF	L/s	8.32	6.46	8.76	105.2



Comment

DR. DHARMESH PATEL  
 Pulmonologist

Name: Mr. Manoj Bakshi  
Patient ID: 23202949

27.03.2024 11:59:47  
Standard 12-Lead

BHAITAL AMIN GENERAL HOSPITAL

Age: 054Y  
Gender: Male

Ref: phys

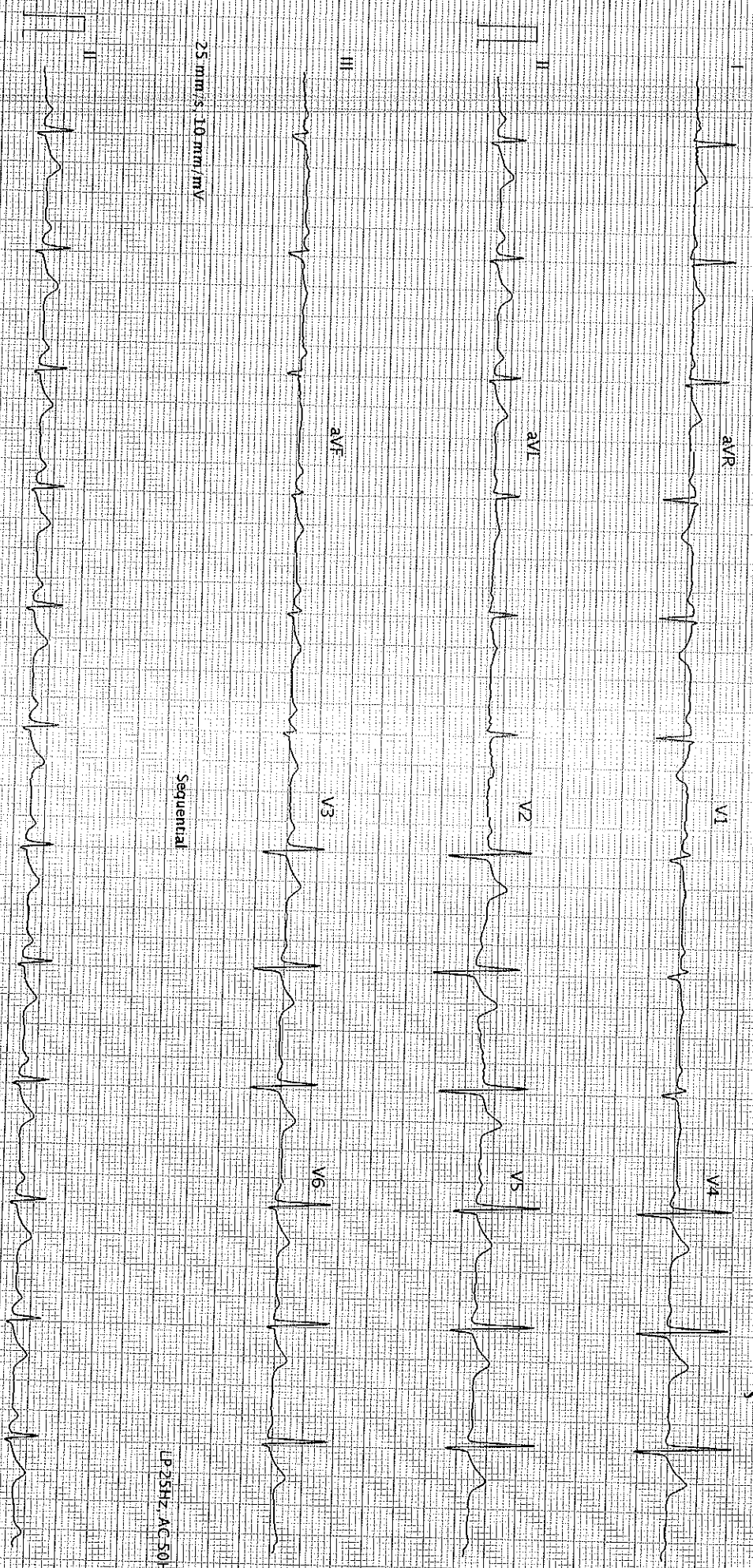
HR: 75 bpm

P axis	54°	PR	802 ms
QRS axis	8°	QR	97 ms
T axis	36°	QTc	156 ms
			74 ms
			373 ms
			417 ms

Unconfirmed report

Pacemaker: Unknown

Remark:



25 mm/s, 10 mm/mV

Sequential

LP 25Hz, AC 50Hz

25 mm/s, 10 mm/mV

AT-102 GZ 1.7.0 (1080, 011030)

SCHILLER

BHAITAL AMIN GENERAL HOSPITAL - Printed on 27.03.2024 12:00:00

LP 25Hz, AC 50Hz

Page 1 of 1

BHAILAL AMIN GENERAL HOSPITAL  
 BHAILAL AMIN MARG,  
 VADODARA-3, PH-(0265) 3956222

**Station**  
 Telephone: 0265-3956222,3956024

## EXERCISE STRESS TEST REPORT

Patient Name: MANOJ BAKSHI,  
 Patient ID: 2774  
 Height: 161 cm  
 Weight: 78 kg

DOB: 01.01.1970  
 Age: 54yrs  
 Gender: Male  
 Race: Indian

Study Date: 27.03.2024  
 Test Type: Treadmill Stress Test  
 Protocol: BRUCE

Referring Physician: ARCOFEMI HEALTHCARE  
 Attending Physician: DR. KILLOL KANERIA  
 Technician: POOJA GUPTA

Medications:

Medical History:

Reason for Exercise Test:  
 Screening for CAD

### Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:37	0.00	0.00	68	124/80	
	WARM UP	00:09	1.00	0.00	71		
EXERCISE	STAGE 1	03:00	1.70	10.00	108	130/80	
	STAGE 2	03:00	2.50	12.00	113	140/80	
	STAGE 3	03:00	3.40	14.00	131	150/90	
	STAGE 4	00:33	4.20	16.00	148	160/90	
RECOVERY		03:19	0.00	0.00	83	160/80	

The patient exercised according to the BRUCE for 9:32 min:s, achieving a work level of Max. METS: 11.80. The resting heart rate of 69 bpm rose to a maximal heart rate of 150 bpm. This value represents 90 % of the maximal, age-predicted heart rate. The resting blood pressure of 124/80 mmHg, rose to a maximum blood pressure of 180/90 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.  
 ST Changes: none.  
 Overall impression: Normal stress test.

### Conclusions

Good effort tolerance, Normal HR and BP Response, No ANGINA and ARRHYTHMIAS during test, No Significant ST-T Changes seen during Peak exercise and Recovery, Stress test is NEGATIVE for inducible myocardial ischemia

CONFIRMED BY : DR. KILLOL KANERIA

