

S K NURSING HOME AND HOSPITAL
G B PANT MARG TIKONIA HALDWANI
HALDWANI

Station

Telephone: 05946-221040,220263

EXERCISE STRESS TEST REPORT

Patient Name: MR ATUL SONKAR,
Patient ID: 189754623
Height: 167 cm
Weight: 66 kg

DOB: 24.08.1988
Age: 35yrs
Gender: Male
Race:

Study Date: 20.08.2024
Test Type: --
Protocol: BRUCE

Referring Physician: CHANDAN DIAGNOSTIC
Attending Physician: DR.DEVASHISH GUPTA(MD)
Technician: MR.BHUWAN

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	0.00	80	110/70	
	STANDING	00:25	0.00	0.00	85	110/70	
	HYPERV.	00:34	0.80	0.00	83	110/70	
EXERCISE	STAGE 1	03:00	2.70	10.00	146	130/80	
	STAGE 2	03:00	4.00	12.00	164	150/90	
	STAGE 3	00:09	5.40	14.00	164	160/90	
RECOVERY		03:13	0.00	0.00	114	120/80	

The patient exercised according to the BRUCE for 6:08 min:s, achieving a work level of Max. METS: 7.40. The resting heart rate of 83 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 110/70 mmHg, rose to a maximum blood pressure of 160/90 mmHg. The exercise test was stopped due to Max HR.

Interpretation

Summary: Resting ECG: normal.
Functional Capacity: above average (>20%).
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

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Physician-

DR DEVASHISH GUPTA (MD)

Chandan Diagnostic Centre
Plot No.-1051, Near Chaudhary Kothi,
Nainital Road, HALDWANI
Cont. No.- 9235400975

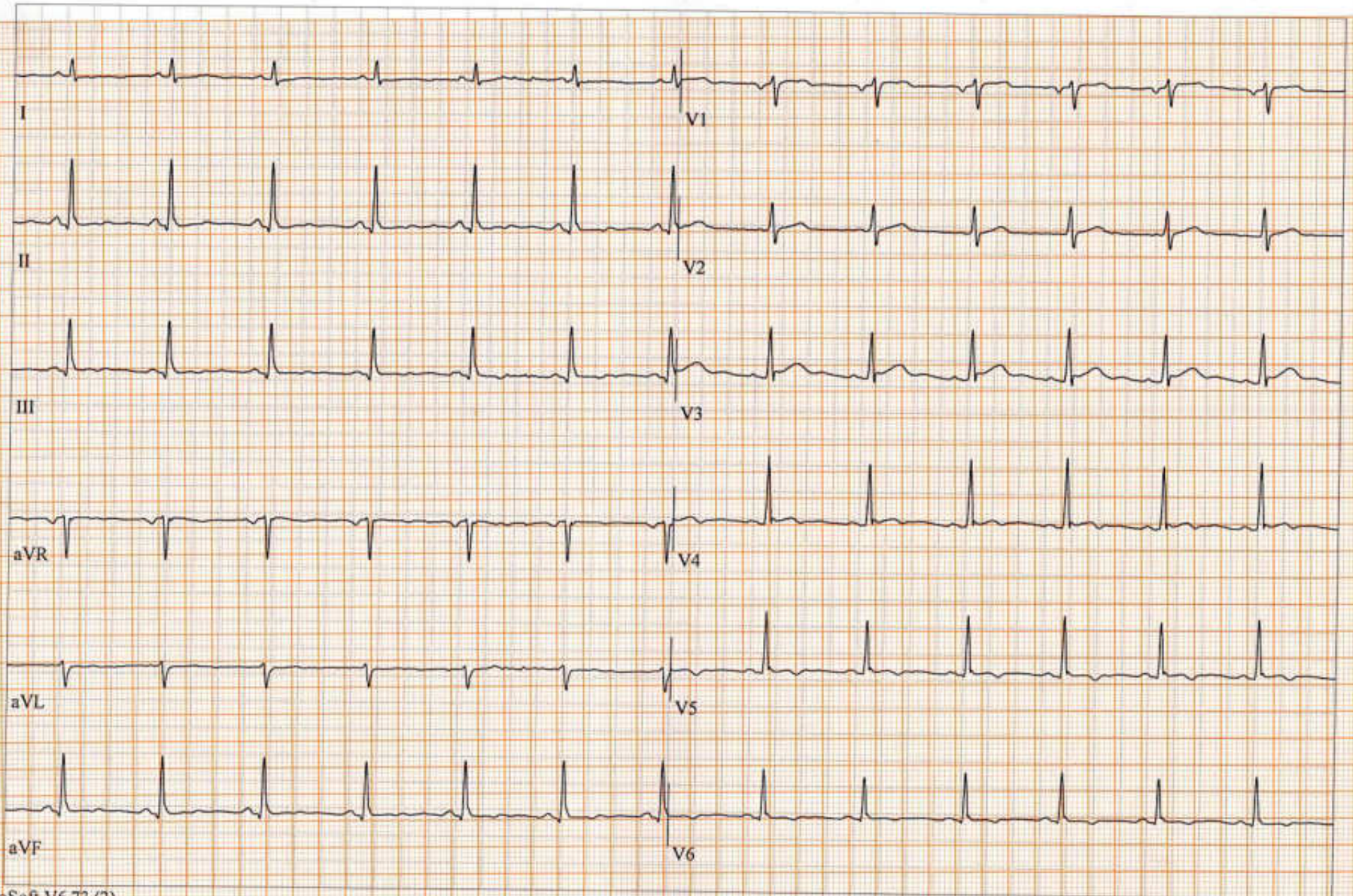
MR ATUL SONKAR,
Patient ID 189754623
20.08.2024
1:55:34pm

12-Lead Report

PRETEST
SUPINE
00:32

BRUCE
0.0 km/h
0.0 %

S K NURSING HOME AND HOSPITAL



MR ATUL SONKAR,

Patient ID 189754623

20.08.2024

1:55:59pm

12-Lead Report

PRETEST

STANDING

00:57

BRUCE

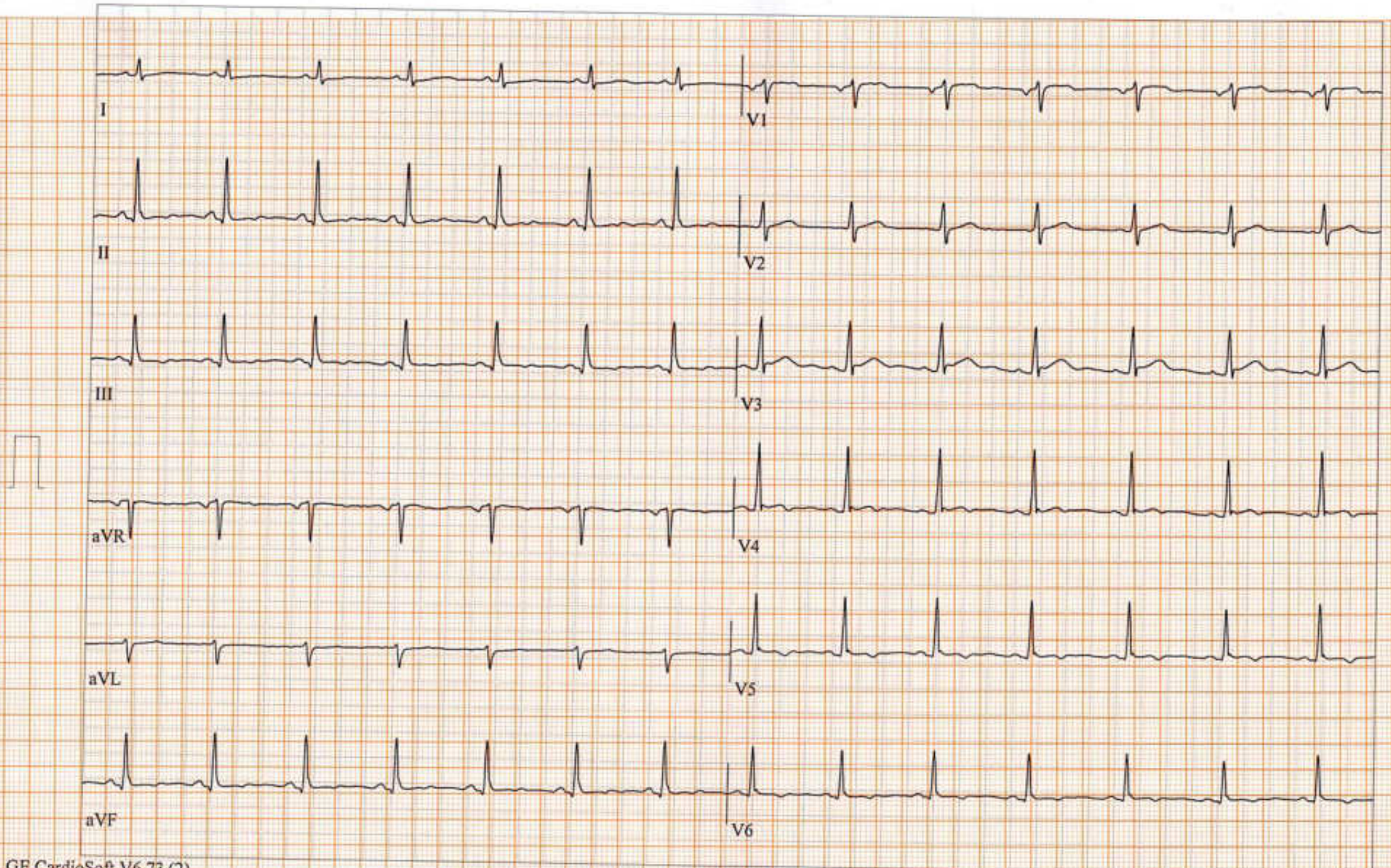
0.0 km/h

0.0 %

S K NURSING HOME AND HOSPITAL

85 bpm

110/70 mmHg



GE CardioSoft V6.73 (2)

25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(V4,V3)

Start of Test: 1:54:56pm

MICRO MED CHARTS

Page 2

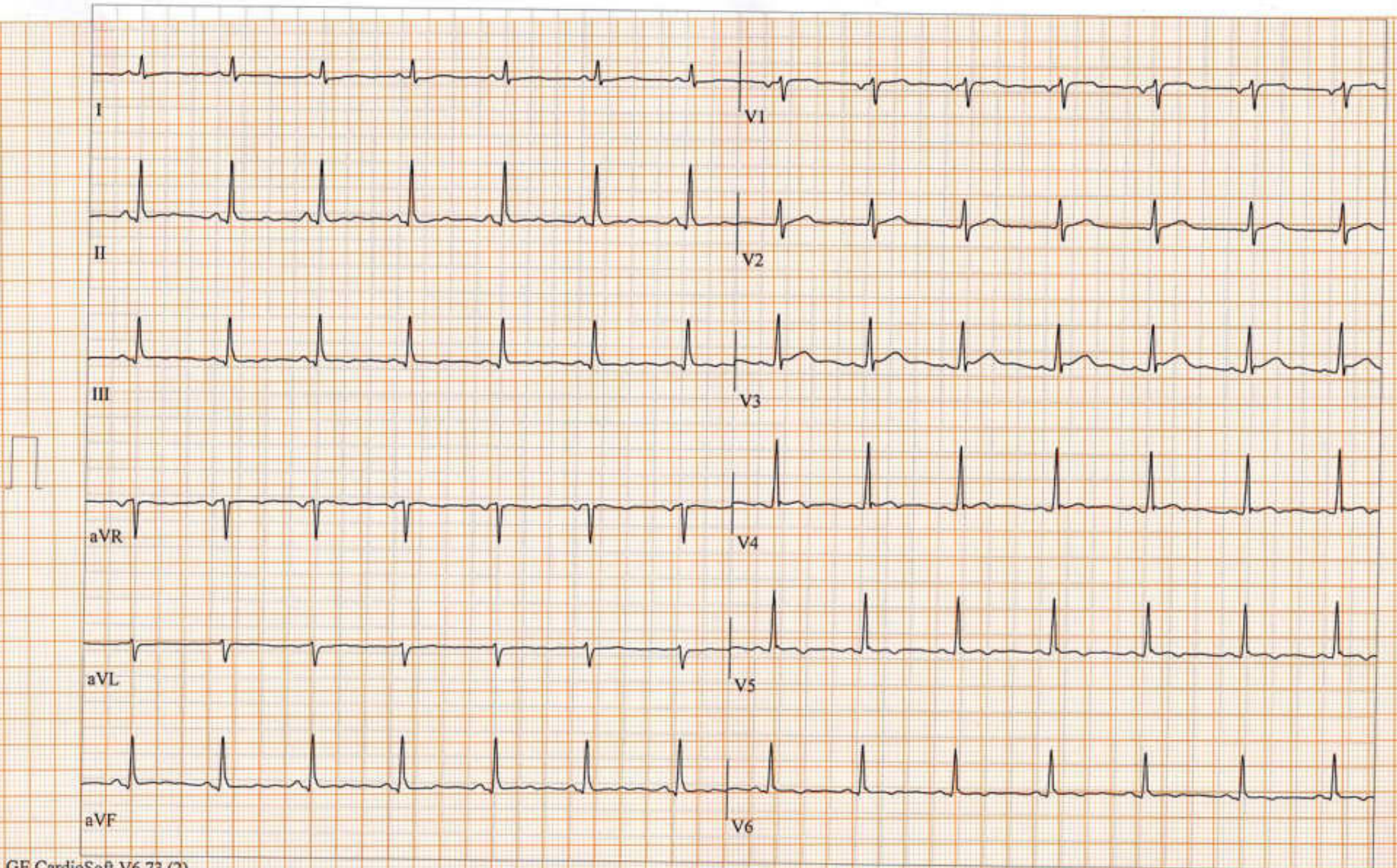
MR ATUL SONKAR,
Patient ID 189754623
20.08.2024
1:56:27pm

83 bpm
110/70 mmHg

12-Lead Report
PRETEST
HYPERV.
01:25

BRUCE
0.0 km/h
0.0 %

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MR ATUL SONKAR,

Patient ID 189754623

20.08.2024

1:59:34pm

12-Lead Report

EXERCISE

STAGE I

03:00

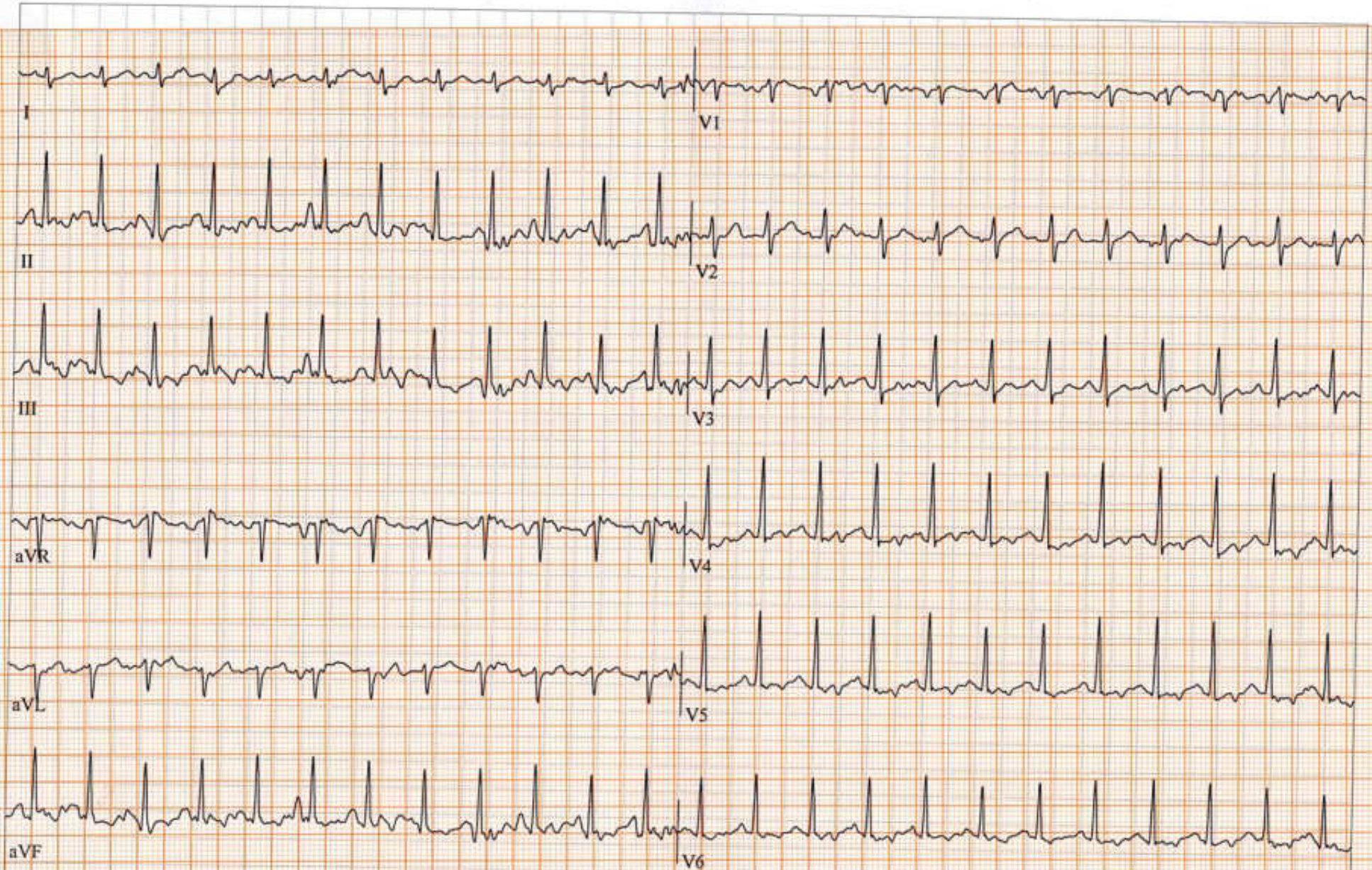
BRUCE

2.7 km/h

10.0 %

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146 bpm
130/80 mmHg



GE CardioSoft V6.73 (2)

25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(V4,V3)

Start of Test: 1:54:56pm

MICRO MED CHARTS
Page 4

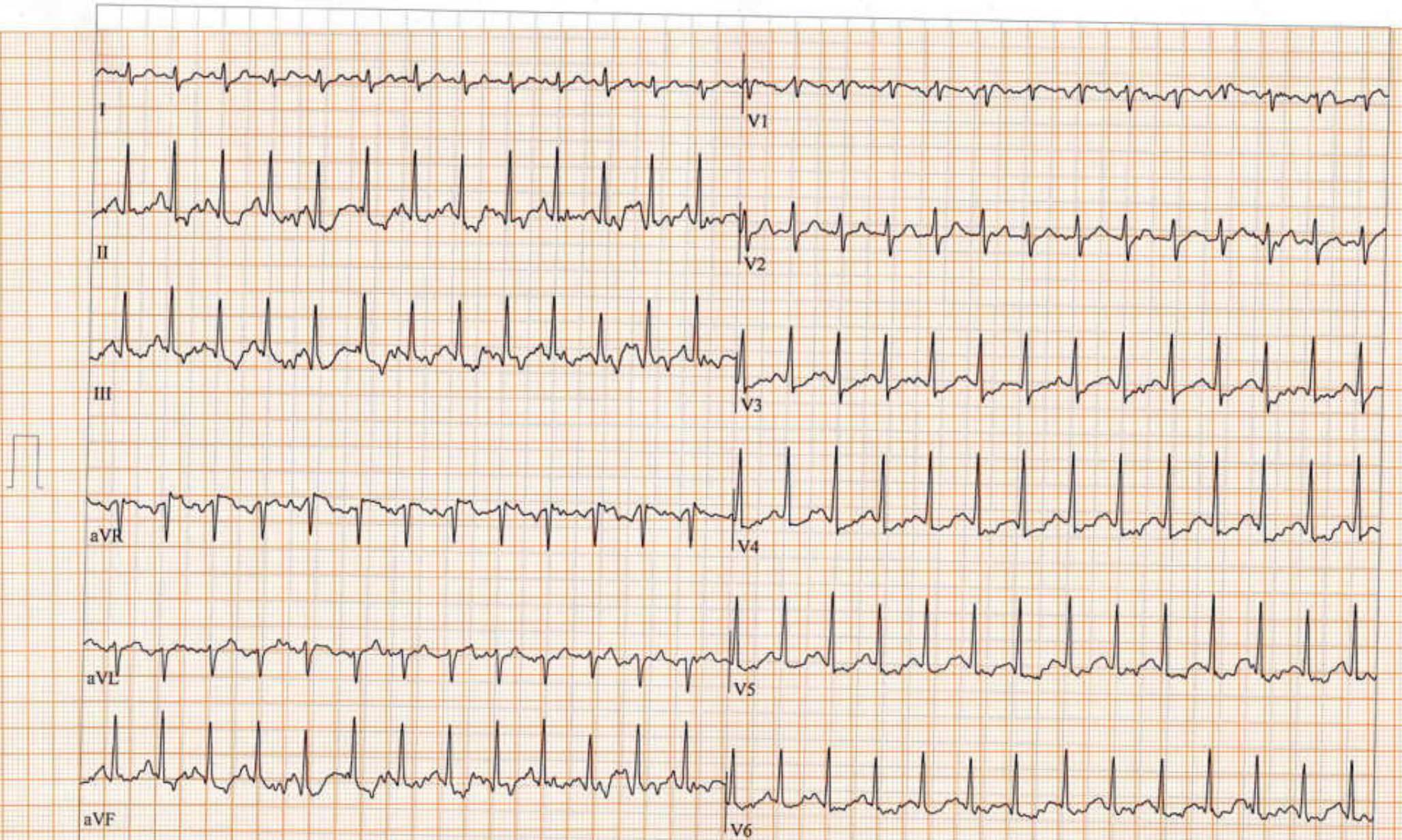
MR ATUL SONKAR,
Patient ID 189754623
20.08.2024
2:02:36pm

164 bpm
150/90 mmHg

12-Lead Report
EXERCISE
STAGE 2
06:00

BRUCE
4.0 km/h
12.0 %

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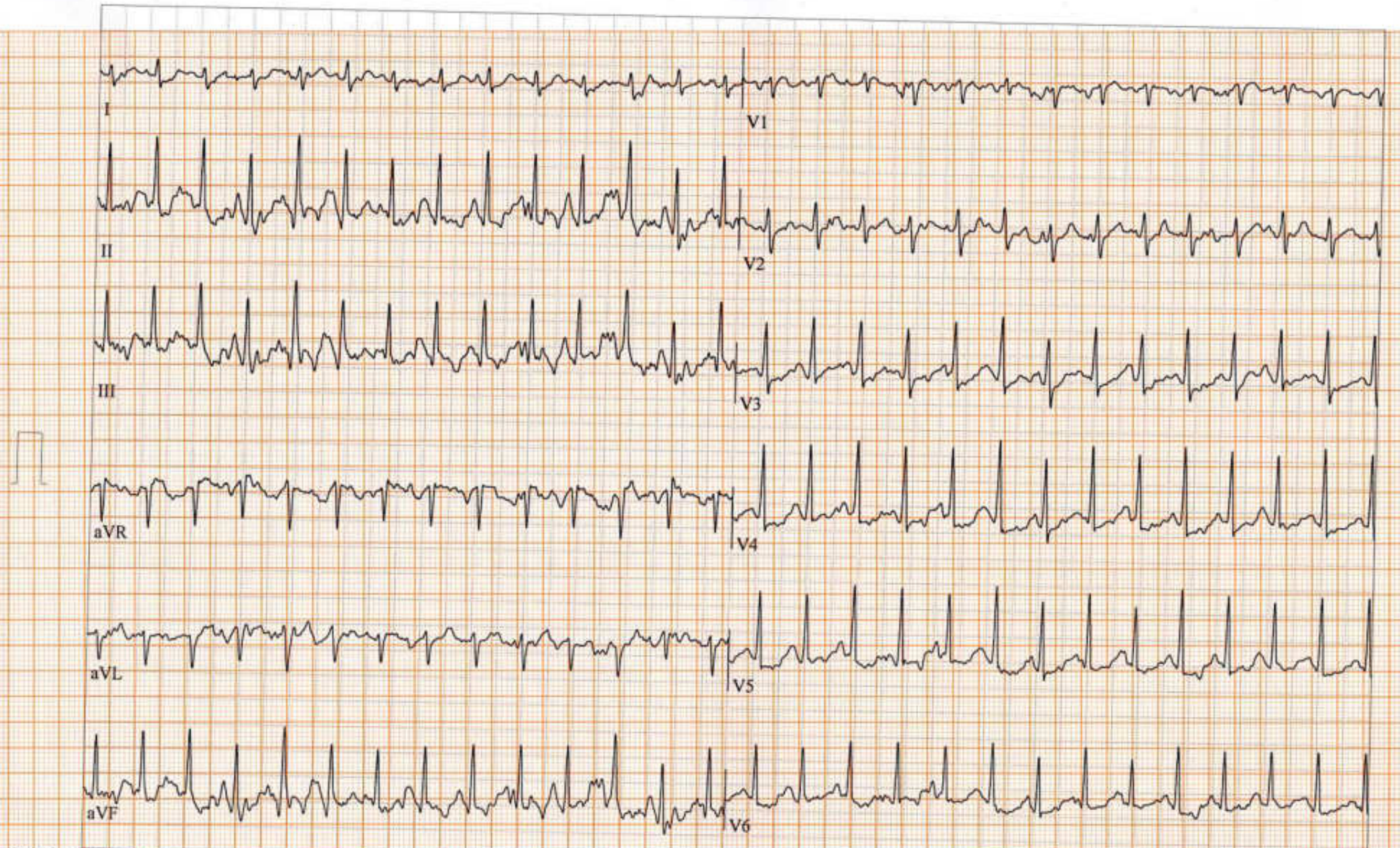


MR ATUL SONKAR,
Patient ID 189754623
20.08.2024
2:02:45pm

164 bpm
160/90 mmHg

12-Lead Report (PEAK EXERCISE)
EXERCISE
STAGE 3
06:09
BRUCE
5.4 km/h
14.0 %

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GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(V4,V3)

Start of Test: 1:54:56pm

MR ATUL SONKAR,

Patient ID 189754623

20.08.2024

2:03:44pm

12-Lead Report

RECOVERY

#1

01:00

BRUCE

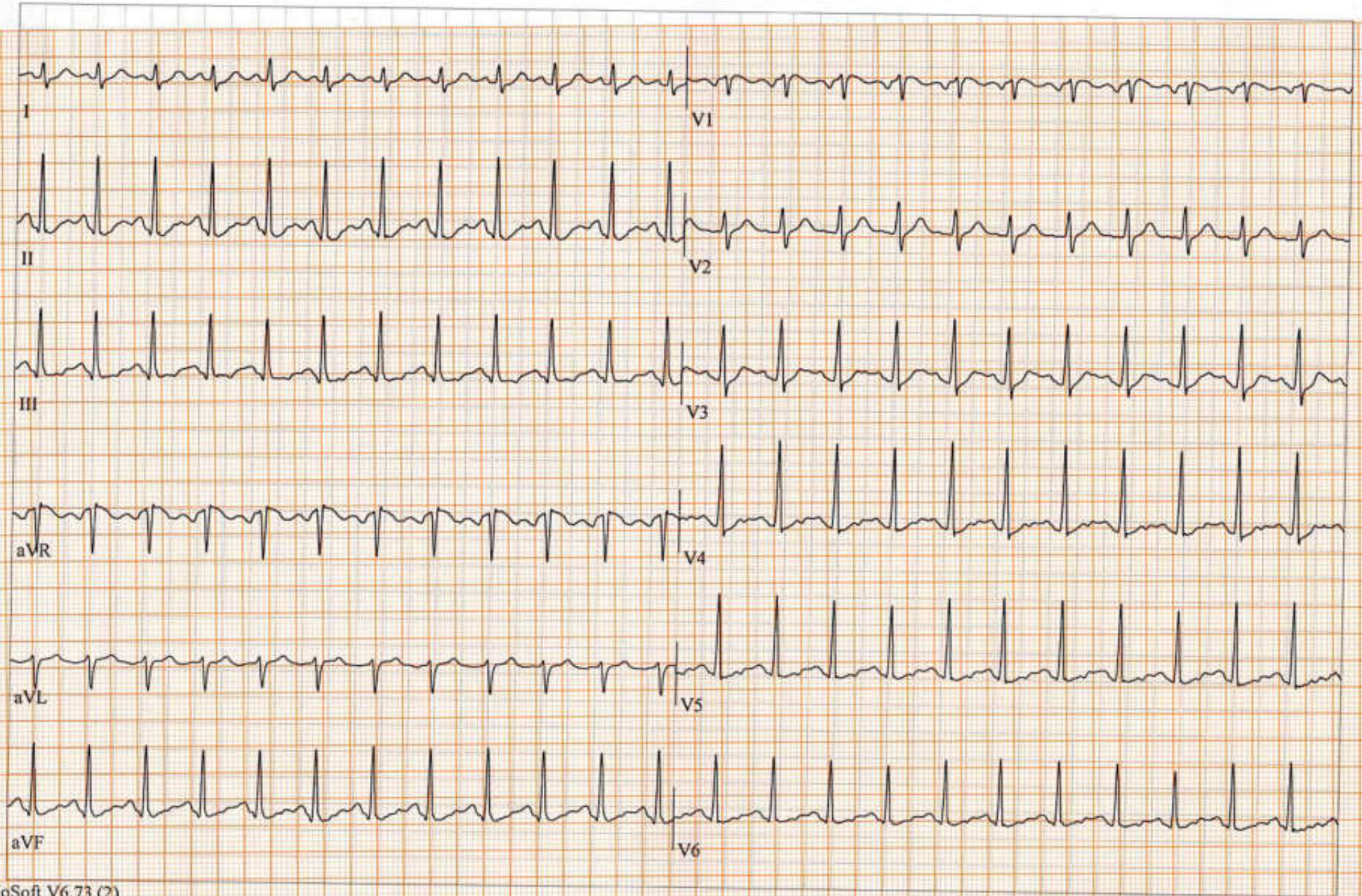
0.0 km/h

0.0 %

S K NURSING HOME AND HOSPITAL

141 bpm

150/90 mmHg



GE CardioSoft V6.73 (2)

25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(V4,V3)

Start of Test: 1:54:56pm

MICRO MED CHARTS
Page 7

MR ATUL SONKAR,

Patient ID 189754623

20.08.2024

2:04:45pm

12-Lead Report

RECOVERY

#1

02:00

BRUCE

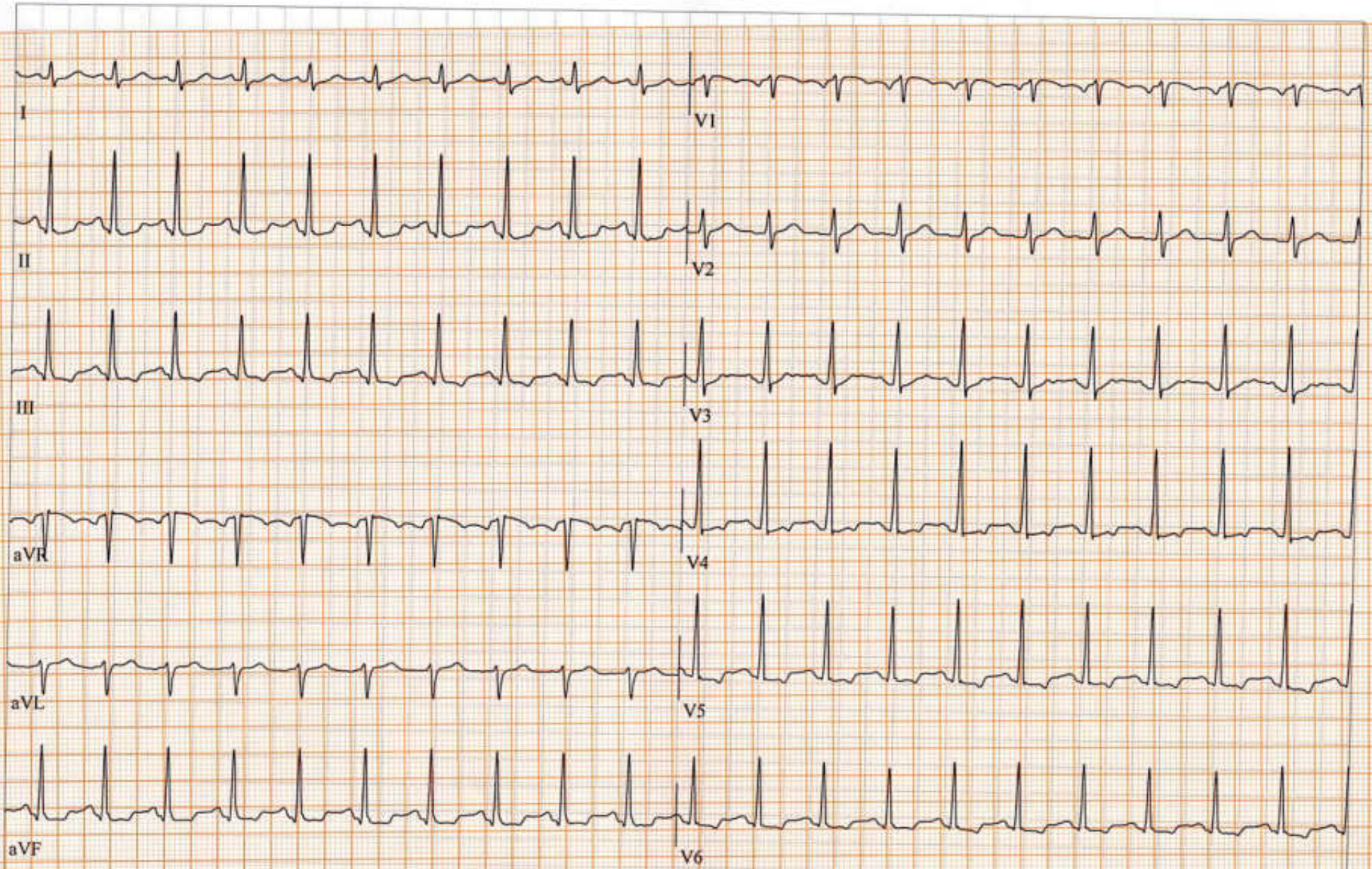
0.0 km/h

0.0 %

S K NURSING HOME AND HOSPITAL

126 bpm

140/80 mmHg



GE CardioSoft V6.73 (2)

25 mm/s - 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(V4,V3)

Start of Test: 1:54:56pm

MICRO MED CHARTS
Page 8

MR ATUL SONKAR,

Patient ID 189754623

20.08.2024

2:05:45pm

12-Lead Report

RECOVERY

#1

03:00

BRUCE

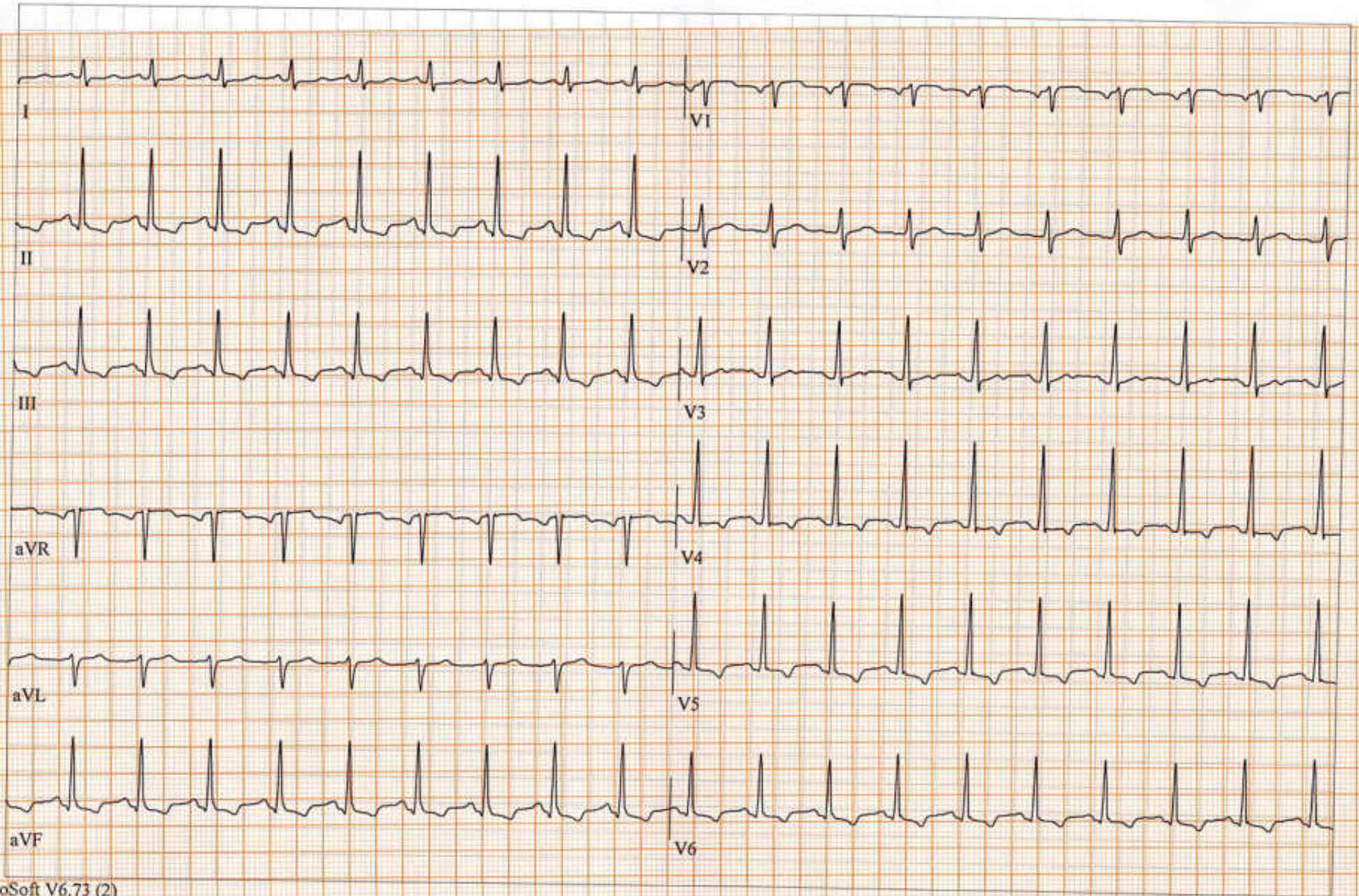
0.0 km/h

0.0 %

S K NURSING HOME AND HOSPITAL

115 bpm

120/80 mmHg



GE CardioSoft V6.73 (2)

25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(V4,V3)

Start of Test: 1:54:56pm

MICRO MED CHARTS
Page 9



CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani
Ph: ,9235400975
CIN : U85110UP2003PLC193493



Patient Name	: Mr.ATUL SONKAR	Registered On	: 20/Aug/2024 11:29:07
Age/Gender	: 35 Y 9 M 27 D /M	Collected	: 20/Aug/2024 11:30:46
UHID/MR NO	: CHLD.0000113503	Received	: 20/Aug/2024 12:14:34
Visit ID	: CHLD0097542425	Reported	: 20/Aug/2024 20:28:48
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD -	Status	: Final Report

DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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Blood Group (ABO & Rh typing) , Blood

Blood Group	B			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA

Complete Blood Count (CBC) , Whole Blood

Haemoglobin	14.70	g/dl	1 Day- 14.5-22.5 g/dl 1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl 3-6 Mo- 9.5-13.5 g/dl 0.5-2 Yr- 10.5-13.5 g/dl 2-6 Yr- 11.5-15.5 g/dl 6-12 Yr- 11.5-15.5 g/dl 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/dl	
TLC (WBC)	6,100.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
<u>DLC</u>				
Polymorphs (Neutrophils)	66.00	%	40-80	ELECTRONIC IMPEDANCE
Lymphocytes	22.00	%	20-40	ELECTRONIC IMPEDANCE
Monocytes	3.00	%	2-10	ELECTRONIC IMPEDANCE
Eosinophils	9.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils	0.00	%	< 1-2	ELECTRONIC IMPEDANCE
<u>ESR</u>				
Observed	12.00	MM/1H	10-19 Yr 8.0 20-29 Yr 10.8 30-39 Yr 10.4 40-49 Yr 13.6 50-59 Yr 14.2 60-69 Yr 16.0 70-79 Yr 16.5 80-91 Yr 15.8 Pregnancy	





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DEPARTMENT OF HAEMATOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
			Early gestation - 48 (62 if anaemic) Leter gestation - 70 (95 if anaemic)	
Corrected	10.00	Mm for 1st hr.	<9	
PCV (HCT)	46.00	%	40-54	
Platelet count				
Platelet Count	2.0	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.10	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	32.50	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.22	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	10.70	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBCCount				
RBC Count	5.25	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	82.20	fl	80-100	CALCULATED PARAMETER
MCH	28.10	pg	27-32	CALCULATED PARAMETER
MCHC	34.10	%	30-38	CALCULATED PARAMETER
RDW-CV	14.20	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	44.80	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,026.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	549.00	/cu mm	40-440	

Dr Vinod Ojha
MD Pathologist





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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GLUCOSE FASTING , Plasma

Glucose Fasting	92.50	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.30	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	34.00	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	106	mg/dl	

Interpretation:

NOTE:-

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes management.

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%) NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	Degree of Glucose Control Unit
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level





CHANDAN DIAGNOSTIC CENTRE

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.
 **Some danger of hypoglycemic reaction in Type I diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B. : Test carried out on Automated VARIANT II TURBO HPLC Analyser.

Clinical Implications:

- *Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.
- *With optimal control, the HbA 1c moves toward normal levels.
- *A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated
- *Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy c. Alcohol toxicity d. Lead toxicity
- *Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss
- *Pregnancy d. chronic renal failure. Interfering Factors:
- *Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.

BUN (Blood Urea Nitrogen) Sample: Serum	11.63	mg/dL	7.0-23.0	CALCULATED
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Interpretation:

Note: Elevated BUN levels can be seen in the following:

High-protein diet, Dehydration, Aging, Certain medications, Burns, Gastrointestinal (GI) bleeding.

Low BUN levels can be seen in the following:

Low-protein diet, overhydration, Liver disease.

Creatinine Sample: Serum	0.71	mg/dl	0.7-1.30	MODIFIED JAFFES
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Interpretation:

The significance of single creatinine value must be interpreted in light of the patients muscle mass. A patient with a greater muscle mass will have a higher creatinine concentration. The trend of serum creatinine concentrations over time is more important than absolute creatinine concentration. Serum creatinine concentrations may increase when an ACE inhibitor (ACE) is taken. The assay





CHANDAN DIAGNOSTIC CENTRE

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Ph: ,9235400975
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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed, icteric or lipemic.

Uric Acid <i>Sample:Serum</i>	4.21	mg/dl	3.4-7.0	URICASE
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Interpretation:

Note:-

Elevated uric acid levels can be seen in the following:

Drugs, Diet (high-protein diet, alcohol), Chronic kidney disease, Hypertension, Obesity.

LFT (WITH GAMMA GT) , Serum

SGOT / Aspartate Aminotransferase (AST)	39.20	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	64.10	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	239.30	IU/L	11-50	OPTIMIZED SZAZING
Protein	7.05	gm/dl	6.2-8.0	BIURET
Albumin	4.60	gm/dl	3.4-5.4	B.C.G.
Globulin	2.45	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.88		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	139.82	U/L	42.0-165.0	PNP/AMP KINETIC
Bilirubin (Total)	0.77	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.30	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.47	mg/dl	< 0.8	JENDRASSIK & GROF

LIPID PROFILE (MINI) , Serum

Cholesterol (Total)	205.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	50.90	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	120	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	34.20	mg/dl	10-33	CALCULATED
Triglycerides	171.00	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High	GPO-PAP





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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>500 Very High




Dr Vinod Ojha
MD Pathologist





CHANDAN DIAGNOSTIC CENTRE

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Ph: ,9235400975
CIN : U85110UP2003PLC193493



Patient Name	: Mr.ATUL SONKAR	Registered On	: 20/Aug/2024 11:29:08
Age/Gender	: 35 Y 9 M 27 D /M	Collected	: 20/Aug/2024 12:36:01
UHID/MR NO	: CHLD.0000113503	Received	: 20/Aug/2024 12:44:29
Visit ID	: CHLD0097542425	Reported	: 20/Aug/2024 14:32:53
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD -	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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URINE EXAMINATION, ROUTINE, *Urine*

Color	PALE YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic (5.0)			DIPSTICK
Appearance	CLEAR			
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Bilirubin	ABSENT			DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK
Microscopic Examination:				
Epithelial cells	2-3/h.p.f			MICROSCOPIC EXAMINATION
Pus cells	1-2/h.p.f			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			


Dr Vinod Ojha
MD Pathologist





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Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD -	Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PSA (Prostate Specific Antigen), Total <i>Sample: Serum</i>	0.80	ng/mL	<4.1	CLIA

Interpretation:

1. PSA is detected in the serum of males with normal, benign hypertrophic, and malignant prostate tissue.
2. Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy. However, studies suggest that the measurement of PSA in conjunction with digital rectal examination (DRE) and ultrasound provide a better method of detecting prostate cancer than DRE alone.
3. PSA levels increase in men with cancer of the prostate, and after radical prostatectomy PSA levels routinely fall to the undetectable range.
4. If prostatic tissue remains after surgery or metastasis has occurred, PSA appears to be useful in detecting residual and early recurrence of tumor.
5. Therefore, serial PSA levels can help determine the success of prostatectomy, and the need for further treatment, such as radiation, endocrine or chemotherapy, and in the monitoring of the effectiveness of therapy.

THYROID PROFILE - TOTAL , Serum

T3, Total (tri-iodothyronine)	123.60	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	10.30	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.000	μIU/mL	0.27 - 5.5	CLIA

Interpretation:

0.3-4.5	μIU/mL	First Trimester
0.5-4.6	μIU/mL	Second Trimester
0.8-5.2	μIU/mL	Third Trimester
0.5-8.9	μIU/mL	Adults 55-87 Years
0.7-27	μIU/mL	Premature 28-36 Week
2.3-13.2	μIU/mL	Cord Blood > 37Week
0.7-64	μIU/mL	Child(21 wk - 20 Yrs.)
1-39	μIU/mL	Child 0-4 Days
1.7-9.1	μIU/mL	Child 2-20 Week

1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.





CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani
Ph: ,9235400975
CIN : U85110UP2003PLC193493



Patient Name	: Mr.ATUL SONKAR	Registered On	: 20/Aug/2024 11:29:12
Age/Gender	: 35 Y 9 M 27 D /M	Collected	: 20/Aug/2024 11:30:46
UHID/MR NO	: CHLD.0000113503	Received	: 20/Aug/2024 12:14:34
Visit ID	: CHLD0097542425	Reported	: 20/Aug/2024 15:37:47
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD -	Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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- 2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.
- 3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- 4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- 5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.
- 6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
- 7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.
- 8) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.



Dr.Pankaj Punetha DNB(Pathology)





CHANDAN DIAGNOSTIC CENTRE

Add: Opp. Vishal Megamart, Nainital Road, Haldwani
Ph: ,9235400975
CIN : U85110UP2003PLC193493



Patient Name	: Mr.ATUL SONKAR	Registered On	: 20/Aug/2024 11:29:16
Age/Gender	: 35 Y 9 M 27 D /M	Collected	: 2024-08-20 14:54:32
UHID/MR NO	: CHLD.0000113503	Received	: 2024-08-20 14:54:32
Visit ID	: CHLD0097542425	Reported	: 20/Aug/2024 14:57:54
Ref Doctor	: Dr.MEDIWHEEL ARCOFEMI HEALTH CARE LTD HLD -	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) **

WHOLE ABDOMEN ULTRASONOGRAPHY REPORT

LIVER

- The liver is normal in size and **its echogenicity is homogeneously increased**. No focal lesion is seen. (Note: - Small isoechoic focal lesion cannot be ruled out).

PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein is not dilated.
- Porta hepatis is normal.

BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common bile duct is not dilated.
- The gall bladder is normal in size and has regular walls. Lumen of the gall bladder is anechoic.

PANCREAS

- The pancreas is normal in size and shape and has a normal homogenous echotexture. Pancreatic duct is not dilated.

KIDNEYS (Note- CT is more sensitive to detect renal calculi).

- **Right kidney:-**
 - Right kidney is normal in size.
 - Cortical echogenicity is normal.
 - Pelvicalyceal system is not dilated.
 - Cortico-medullary demarcation is maintained.
 - Parenchymal thickness appear normal.
- **Left kidney:-**
 - Left kidney is normal in size.
 - Cortical echogenicity is normal.
 - Pelvicalyceal system is not dilated.
 - Cortico-medullary demarcation is maintained.
 - Parenchymal thickness appear normal.

SPLEEN

- The spleen is normal in size and has a normal homogenous echo-texture.





CHANDAN DIAGNOSTIC CENTRE

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DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

ILIAC FOSSAE & PERITONEUM

- Scan over the iliac fossae does not reveal any fluid collection or large mass.
- No free fluid is noted in peritoneal cavity.

URETERS

- The upper parts of both the ureters are normal.
- Bilateral vesicoureteric junctions are normal.

URINARY BLADDER

- The urinary bladder is normal. Bladder wall is normal in thickness and is regular.

PROSTATE

- The prostate gland is normal in size and normal in echotexture with smooth outline. No median lobe indentation is seen.

FINAL IMPRESSION:-

- ***Subtle early grade I fatty liver.***

Adv : Clinico-pathological & CT Abdomen correlation for further evaluation.

Note:-

- **This report is not for any legal purpose as the patient identity is not confirmed.**
- **In case of any typing error, patient is requested to immediately inform to the doctor (radiologist), as the report is digitally signed.**
- **Discrepancy of laterality/side can be seen in 0.08% cases therefore review is advised before any operative procedure.**

*** End Of Report ***

(**) Test Performed at CHANDAN DIAGNOSTIC CENTRE, Haldwani, Heera Nagar

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, GLUCOSE PP, SUGAR, FASTING STAGE, SUGAR, PP STAGE, ECG / EKG, X-RAY DIGITAL CHEST PA, Tread



This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days.

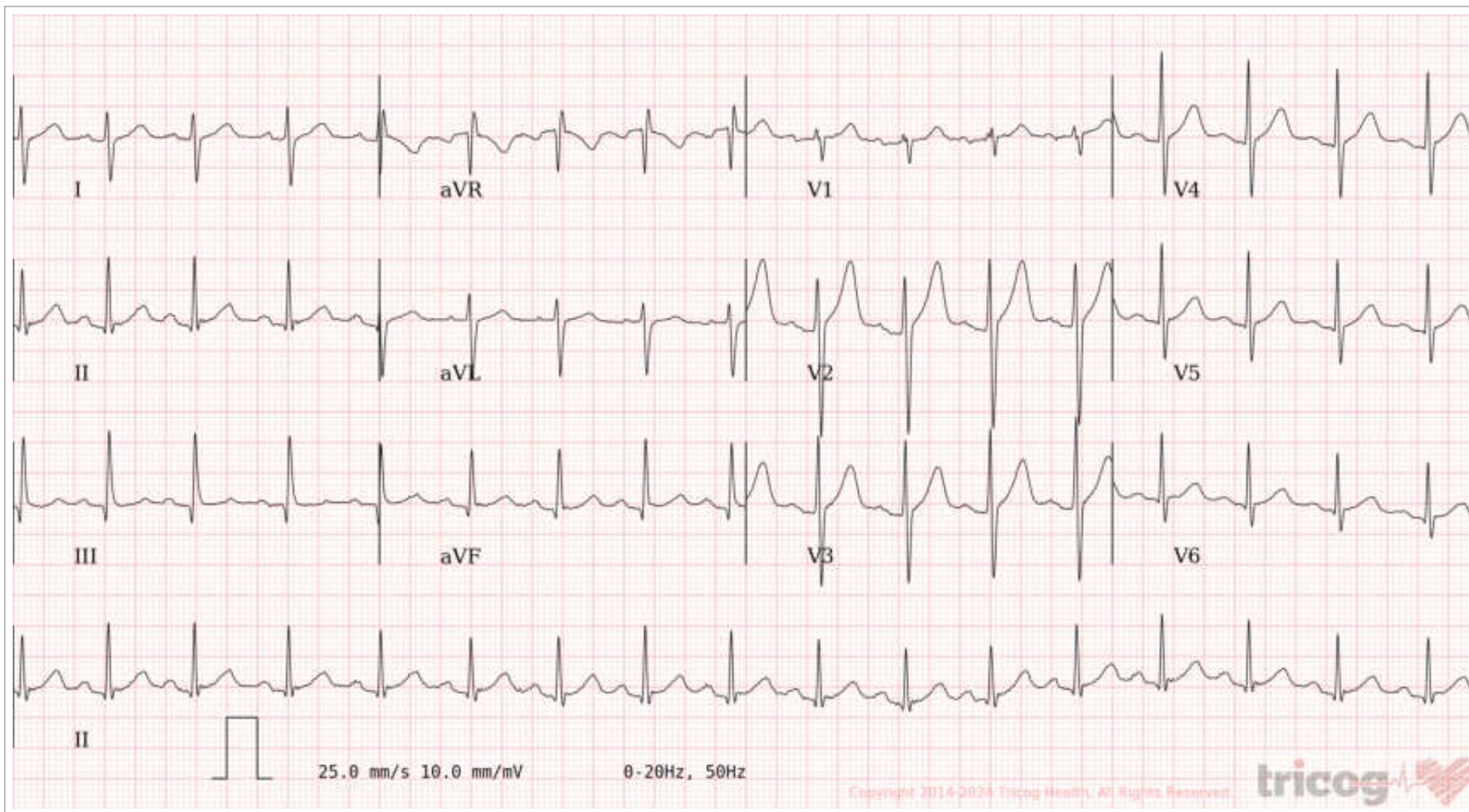
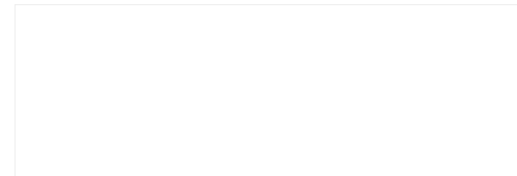
Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing *
365 Days Open *Facilities Available at Select Location





Age / Gender: 35/Male
Patient ID: CHLD0097542425
Patient Name: Mr.ATUL SONKAR

Date and Time: 20th Aug 24 4:17 PM



AR: 104bpm VR: 104bpm QRSD: 82ms QT: 350ms QTcB: 460ms PRI: 168ms P-R-T: 57° 98° 44°

Abnormal: Sinus Tachycardia, Right Axis Deviation. Please correlate clinically.

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

REPORTED BY

Dr Arunkumar Kakhandaki