



Patient Name: MR. SATENDRA MISHRA / MRN-240901547  
Age / Gender : 49 Yr / M  
Address: 2 Jagariti Nagar, Indore, MADHYA PRADESH  
Req. Doctor: VONE HOSPITAL  
Regn. Number: WALKIN.24-25-10777

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Request Date : 14-09-2024 09:40 AM

Reporting Date : 14-09-2024 11:33 AM  
Report Status : Finalized

**X-RAY CHEST AP**

Size and shape of heart are normal.

C.P. angles are clear.

Lung fields are clear.

Soft tissues and rib cage are normal.

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END OF REPORT

  
Dr. RADIOLOGIST

2/1, Residency Area, AB Road, Geeta Bhavan Square,  
Indore - 452 001, MP, INDIA. E: info@vonehospital.com  
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A unit of Mediheal Healthcare Private Limited



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### HAEMATOLOGY

**Request Date :** 14-09-2024 09:40 AM  
**Collection Date :** 14-09-2024 09:44 AM | H-7593  
**Acceptance Date :** 14-09-2024 09:46 AM | TAT: 04:37 [HH:MM]

**Reporting Date :** 14-09-2024 02:23  
**Reporting Status :** Finalized

Investigations	Result	Biological Reference Range
<b>CBC</b>		
Haemoglobin	15.2 gm%	M 14 - 18 gm% (Age 1 - 100 )
RBC Count	<b>4.97 mill./cu.mm *</b>	M 3.8 - 4.8 mill./cu.mm (Age 1 - 100 )
Packed Cell Volume (PCV)	44.1 %	M 40 - 54 % (Age 1 - 100 )
MCV	88.6 Cu.m.	76 - 96 Cu.m. (Age 1 - 100 )
MCH	30.6 pg	27 - 32 pg (Age 1 - 100 )
MCHC	34.5 %	30.5 - 34.5 % (Age 1 - 100 )
Platelet Count	195 10 <sup>3</sup> /uL	150 - 450 10 <sup>3</sup> /uL (Age 1 - 100 )
Total Leukocyte Count (TLC)	7.2 10 <sup>3</sup> /uL	4.5 - 11 10 <sup>3</sup> /uL (Age 1 - 100 )
<b>Differential Leukocyte Count (DLC)</b>		
Neutrophils	60 %	40 - 70 % (Age 1 - 100 )
Lymphocytes	32 %	20 - 40 % (Age 1 - 100 )
Monocytes	04 %	2 - 10 % (Age 1 - 100 )
Eosinophils	04 %	1 - 6 % (Age 1 - 100 )
Basophils	00 %	< 1 %

END OF REPORT.

**DR. QUTBUDDIN CHAHWA**  
M.D. PATHOLOGIST

Result relate to the sample as received.

V-ONE HOSPITAL Department of Laboratory Medicine.

The Test results are for diagnostic purpose only, not for medico legal purpose.

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**Request Date :** 14-09-2024 09:40 AM  
**Collection Date :** 14-09-2024 09:44 AM | H-7593  
**Acceptance Date :** 14-09-2024 09:46 AM | TAT: 04:45 [HH:MM]

### HAEMATOLOGY

**Reporting Date :** 14-09-2024 02:31 PM  
**Reporting Status :** Finalized

Investigations	Result	Biological Reference Range
<b>ESR (WINTROBE METHOD)</b>	09 mm/hr	M 0 - 12 mm/hr
<b>BLOOD GROUP</b>		
ABO GROUP	O	
RH FACTOR	Positive	
<b>HBA1C</b>		
Glyco Hb (HbA1C)	5.1 %	4 - 6 %
Estimated Average Glucose	99.67 mg/dL	mg/dL

*Interpretation: 1.HbA1C has been endorsed by clinical groups and American Diabetes Association guidelines 2017 for diagnosing diabetes using a cut off point of 6.5%*  
*2.Low glycated haemoglobin in a non diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency and haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.*  
*3.In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent control-6-7 %*

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**Request Date :** 14-09-2024 09:40 AM  
**Collection Date :** 14-09-2024 09:44 AM | BIO8355  
**Acceptance Date :** 14-09-2024 09:46 AM | TAT: 04:38 [HH:MM]

**BIOCHEMISTRY**

**Reporting Date :** 14-09-2024 02:24 PM

**Reporting Status :** Finalized

Investigations	Result	Biological Reference Range
<b>Lipid Profile</b>		
Total Cholesterol	175.0 mg/dL	0 - 200 mg/dL
Tryglyceride	<b>142.8 mg/dL *</b>	150 - 200 mg/dL
HDL Cholesterol	43.3 mg/dL	35 - 79 mg/dL
VLDL (Calculated)	28.56 mg/dL	5 - 40 mg/dL
LDL	103.14 mg/dL	0 - 130 mg/dL
Total Cholesterol /HDL	4.07	0 - 5
LDL/HDL	2.41	0.3 - 5

END OF REPORT.

**DR. QUTBUDDIN CHAHWALA**  
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**BIOCHEMISTRY**

**Request Date :** 14-09-2024 09:40 AM  
**Collection Date :** 14-09-2024 09:44 AM | BIO8355  
**Acceptance Date :** 14-09-2024 09:46 AM | **TAT:** 04:39  
[HH:MM]

**Reporting Date :** 14-09-2024 02:25 P  
**Reporting Status :** Finalized

Investigations	Result	Biological Reference Range
<b>LFT</b>		
SGOT	22.2 U/L	0 - 40 U/L
SGPT	26.9 U/L	M 0 - 40 U/L
TOTAL BILIRUBIN	0.73 mg/dL	0 - 1.1 mg/dL
DIRECT BILIRUBIN	<b>0.25 mg/dL *</b>	0 - 0.2 mg/dL
INDIRECT BILIRUBIN	0.48 mg/dL	0.2 - 0.8 mg/dL
TOTAL PROTEIN	7.23 mg/dL	6.6 - 8.8 mg/dL
S.ALBUMIN	4.56 mg/dL	3.5 - 5.5 mg/dL
GLOBULIN	2.67 mg/dL	2 - 3.5 mg/dL
A.G.RATIO	<b>1.71 *</b>	1.1 - 1.5
ALKALINE PHOSPHATASE	85.0 U/L	M 40 - 129 U/L CHILD 54 - 369 U/L
<b>PT INR</b>		
PT	<b>12.8 sec *</b>	13 - 15 sec
CONTROL	12.8 sec	
INR	1.00	0.8 - 1.1
HBSAG	Non Reactive	
ALT / AST RATIO	1.21	< 1.5
AST / ALT RATIO	0.82	< 1

END OF REPORT.

Prepared By

DR. QUTBUDDIN CHAHWALA  
M.D. PATHOLOGIST

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### IMMUNOLOGY

**Request Date :** 14-09-2024 09:40 AM  
**Collection Date :** 14-09-2024 09:44 AM | PATH5446  
**Acceptance Date :** 14-09-2024 09:46 AM | TAT: 04:46 [HH:MM]

**Reporting Date :** 14-09-2024 02:32 PM  
**Reporting Status :** Finalized

Investigations	Result	Biological Reference Range
<b>Thyroid Profile</b>		
T3	1.04 ng/dL	0.58 - 1.62 ng/dL (Age 1 - 100 )
T4	9.68 ug/dl	5 - 14.5 ug/dl (Age 1 - 100 )
TSH	2.31 uIU/ml	0.35 - 5.1 uIU/ml (Age 1 - 100 )

Interpretation: Ultra sensitive-thyroid stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, sTSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test). When the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism. Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations. Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy. TSH ref range in Pregnancy Reference range (microIU/ml)  
First trimester 0.24 - 2.00  
Second trimester 0.43-2.2

END OF REPORT.

**DR. QUTBUDDIN CHAHWALA**  
M.D. PATHOLOGIST

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### IMMUNOLOGY

**Request Date :** 14-09-2024 09:40 AM  
**Collection Date :** 14-09-2024 09:44 AM | PATH5446  
**Acceptance Date :** 14-09-2024 09:46 AM | TAT: 04:47 [HH:MM]

**Reporting Date :** 14-09-2024 02:33 P  
**Reporting Status :** Finalize

Investigations	Result	Biological Reference Range
<b>PSA</b> Interpretation: INTERPRETATIONS: Useful for Evaluating patients with documented prostate problems in whom multiple prostate-specific antigen tests may be necessary per year. Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment. Prostate-specific antigen (PSA) values are reported with the 95th percentile limits by decade of age. These reference limits include men with benign prostatic hyperplasia. They exclude all cases with proven cancer. PSA values exceeding the age-specific limits are suspicious for prostate disease, but further testing, such as prostate biopsy, is needed to diagnose prostate pathology. Values >0.2 ng/mL are considered evidence of biochemical recurrence of cancer in men after prostatectomy	1.54 ng / ml	0 - 4 ng / ml (Age 0 Y - 100 Y)

END OF REPORT.

**DR. QUTBUDDIN CHAHWAL**  
M.D. PATHOLOGIST

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**Regn. ID:** WALKIN.24-25-10777



**CLINICAL PATHOLOGY**

**Request Date :** 14-09-2024 09:40 AM  
**Collection Date :** 14-09-2024 09:44 AM | CP-2957  
**Acceptance Date :** 14-09-2024 09:46 AM | TAT: 05:38 [HH:MM]

**Reporting Date :** 14-09-2024 03:24 PM  
**Reporting Status :** Finalized

Investigations	Result	Biological Reference Range
<b>Urine Routine</b>		
PHYSICAL EXAMINATION		
Quantity	30 ml	
Colour	Pale yellow	Pale Yellow
Deposit	Absent	Absent
Clarity	Clear	Clear
Reaction	Acidic	Acidic
Specific Gravity	1.015	1.001 - 1.035
CHEMICAL EXAMINATION		
Albumin	Absent	Absent
Sugar	Absent	Absent
Bile Salt	Absent	Absent
Bile Pigment	Absent	Absent
Keton	Absent	Absent
Blood	Absent	Absent
MICROSCOPY EXAMINATION		
Red Blood Cells	Nil /hpf	Nil/hpf
Pus Cells	2-3 /hpf	2-3/hpf
Epithelial Cells	1-2 /hpf	3-4/hpf
Casts	Absent	Absent
Crystals	Absent	Absent
Bacteria	Absent	Absent

END OF REPORT.

**DR. QUTBUDDIN CHAHWALA**  
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Address: 2 Jagariti Nagar, Indore, MADHYA PRADESH  
Req. Doctor: DR. RAVINDRA SINGH  
Regn. No: WALKIN.24-25-10777  
Req. Date: 14-09-2024

**USG - WHOLE ABDOMEN**

Liver is normal in size, shape and echotexture. (14 cm) and shape. Its echogenicity is normal. Margins are smooth and regular. Gall bladder and biliary radicals are normal in calibre.

GB is normal in size, shape and echotexture. Wall thickness is normal with echofree lumen. CBD is within normal limit.

Pancreas is normal in size, shape and echo pattern.

Bilateral kidneys are normal in shape, size and echotexture. Corticomedullary differentiation is maintained. No evidence of any calculus or hydronephrosis.

Rt. Kidney Length: 9.4 cm

Lt. Kidney Length: 9.8 cm

Spleen is normal in size and echopattern.

Urinary bladder is normal in shape and size. Lumen appears echofree. Wall thickness is normal. Prevoid - 280 cc. postvoid - nil

Prostate is enlarged in size and measures 29 gms. Echotexture is homogenous. Capsule is intact.

No evidence of ascites / pleural effusion.

Visualized bowel loops are normal in course and calibre.

**IMPRESSION :-**

**Prostatomegaly with insignificant post void.**

**DR. RAVINDRA SINGH**  
Consultant Radiologist

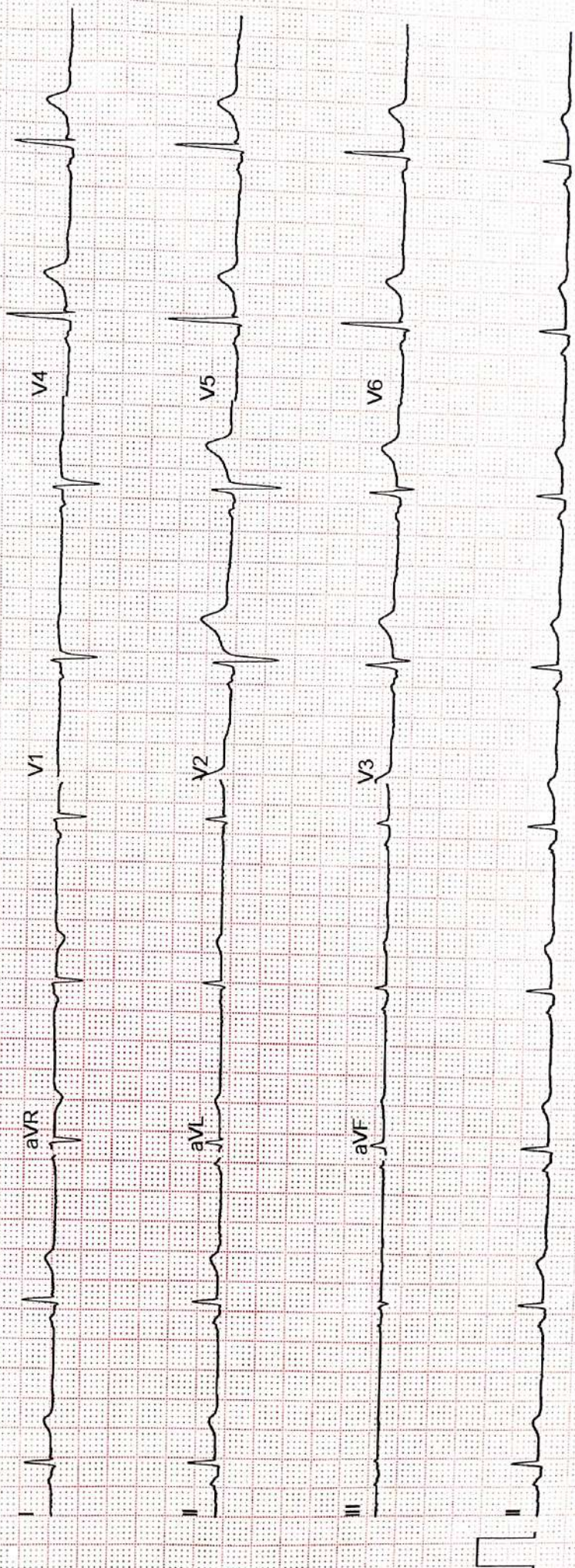
55 bpm  
- / - mmHg

14.09.2024 9:58:20 AM

V-one Hospital  
AB Road Geeta Bhawan  
Indore

Sinus bradycardia  
Otherwise normal ECG

QRS : 82 ms  
QT / QTcBaz : 428 / 409 ms  
PR : 156 ms  
P : 108 ms  
RR / PP : 1092 / 1090 ms  
P / QRS / T : 54 / 28 / 33 degrees



STS Summary Report

V ONE HOSPITAL INDORE

01234567890

Name : MR SATENDRA MISHRA Tested on : 14/09/2024,11:24 AM  
 ID : 240901547 Doctor : V one hospital  
 Age,Wt,Ht : 49years(Male), 75Kg,cm

BPL DYNATRAC ULTRA

Test Summary Report

Target HR = 171 Total time = 15:22 Protocol = BRUCE  
 HR achieved = 127 (74%) Excercise time = 08:01 Max ST(mm)=2.02(Lead II)  
 Peak Ex = Exercise 3 Recovery time = 06:13 Min ST(mm)=-2.86(Lead AVR)

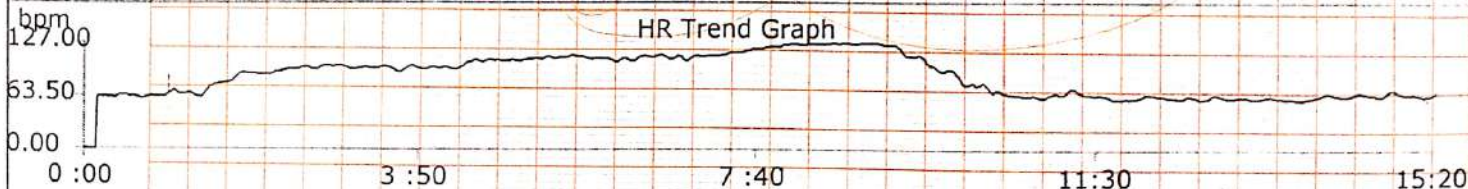
Stage Summary

Stage No	Duration (mm:ss)	Max HR (bpm)	Max ST (mm)	Min ST (mm)	Speed (km/hr)	Slope (%)	METS	sys/dia (map)
Supine	00:24	64	2.02(II)	-2.86(AVR)	0.0	0.0	0.00	110/60
Waiting for E	00:44	71	1.57(V5)	-1.03(AVR)	0.0	0.0	0.00	110/60
Exercise 1	03:00	100	2.02(II)	-1.52(AVR)	2.7	10.0	5.10	110/60
Exercise 2	05:00	115	1.52(V3)	-1.12(AVR)	4.0	12.0	7.10	---/---
Peak Exercise 3	08:01	130	1.58(V3)	-2.86(AVR)	5.5	14.0	10.00	130/90
Recovery 1	09:00	125	1.76(V3)	-0.85(III)	5.5	14.0	0.00	130/90
Recovery 2	10:00	81	0.81(V6)	-0.74(V3)	5.5	14.0	0.00	---/---
Recovery 3	11:00	73	0.90(II)	-0.71(AVR)	5.5	14.0	0.00	---/---
Recovery 4	12:00	67	0.98(V6)	-0.67(AVR)	5.5	14.0	0.00	120/80
Recovery 5	13:00	69	1.10(V5)	-0.83(AVR)	5.5	14.0	0.00	---/---
Recovery 6	14:00	70	1.17(V6)	-0.82(AVR)	5.5	14.0	0.00	120/80
Recovery 7	15:13	69	1.06(V6)	-0.75(AVR)	5.5	14.0	0.00	---/---

Rpp: 7040(Supine) , 7010(Waiting for Exercise) , 11000(Exercise 1) , 16510(Peak Exercise 3) , 16250(Recovery 1) , 8040(Recovery 2) , 8040(Recovery 6)

Stage comments: none

- Object of test :
- Risk factor :
- Activity :
- Other Investigation :
- Ex tolerance :
- Ex Arrhythmia :
- Hemo Response :
- Chrono response :
- Reason for Termination :



Medication:

History:

Observations: NO SYMPTOMS NOTED DURING PEAK EXERCISE AND RECOVERY  
 NO ARRTYHMIA NOTED  
 NORMAL INOTROPIC AND CHRONOTROPIC RESPONSE  
 NO ST-T CHANGES DURING PEAK EXERCISE AND RECOVERY

Final Impression: TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

*Am*