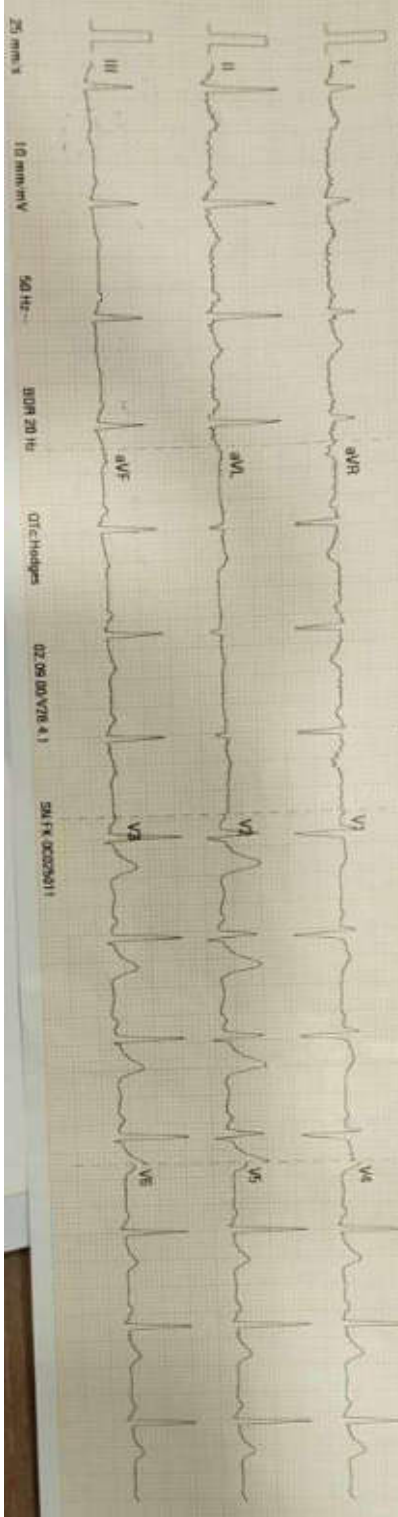


MR. PRAVEEN BASHAM TORNO, PUC-VOTR

ID: 2024110911440370

Name:

2024.11.09 16:19:31



ID: 2024110911440370  
Name:  
2024.11.09 16:19:31  
Heart Rate (bpm) 84  
PR Interval (ms) 176  
QRS Duration (ms) 96  
QT/QTc Interval (ms) 346/398  
P/QRS/T Axis (deg) 58/75/73

Sinus rhythm  
— Interpretation made without knowing patient's gender/age —  
Normal ECG  
Unconfirmed Diagnosis

Dr. Krishna Murari Prasad  
MBBS, DNB, Cardiology



INV. No. QLSR-INV-K-11184/(2024-2025)(11138)  
 Patient Name **Mr. PRAVEEN BARDAN TOPNO**  
 Age/Gen 40 Years | Male  
 Referred By **Dr. Self**  
 Source BERLIN DIAG INS CORP - (7)

Patient ID 11184  
 Sample Collected 09/11/2024 01:00 PM  
 Sample Received 09/11/2024 04:58 PM  
 Report Generated 09/11/2024 06:10 PM



## Report Of Biochemistry Examination

Investigation	Result	Unit(s)	Reference Range
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### GLUCOSE FASTING (FBS)

Plasma Glucose(F) Method (GOD-POD Method)	109.7	mg/dL	65 - 110
--	-------	-------	----------

#### Comments:

Fasting Blood Sugar/Glucose test a blood sample will be taken after an overnight fast. A fasting blood sugar level of less than 100mg/dL is normal. A fasting blood sugar level from 100 to 125 mg/dL is considered prediabetes. If it's 126 mg/dL or higher on two separate tests, you have diabetes.

### GLUCOSE, POST PRANDIAL 2 HOURS

Plasma Glucose(PP) Method (GOD-POD Method)	128.2	mg/dL	75 - 140
---	-------	-------	----------

#### Note :

1. The diagnosis of Diabetes requires a fasting plasma glucose of  $>$  or  $=$  126 mg/dL and/or a random / 2 hr post glucose value of  $>$  or  $=$  200 mg/dL on at least 2 occasions
2. Very low glucose levels cause severe CNS dysfunction
3. Very high glucose levels ( $>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical

### GLYCOSYLATED HAEMOGLOBIN

Whole blood HbA1c Method (HPLC)	5.4	%	Non diabetic level( $<$ 6.0 ) Goal( $<$ 7.0 )
Whole blood eAG (Estimated AverageGlucose Level) Method (CALCULATION)	108	mg/dl	-

#### Note:

#### The Parameter indicates control over the last 90 Days

In the Blood, glucose adheres to haemoglobin (Hb) and make Glycosylated haemoglobin/HbA<sub>1</sub>C, which provides a clue about the average blood glucose level over the last 8-12 weeks and it is an indicator for chronic glycaemic control along with effects of drug, diet and exercise.

In normal individuals, 90% is the adult haemoglobin fraction and the rest 8% is formed by HbA. Reduction of HbA<sub>1</sub>C value reduces diabetic and cardiological related morbidity and mortality.

The short life span of RBC in haemoglobinopathy and chemically modified derivatives of haemoglobin (carbamyated Hb in renal failure and acetylated Hb, who are taking aspirin) can affect the results. Iron deficiency anaemia, liver disease, opiate addiction may interfere the test value.

HPLC, ion exchange chromatography is the ideal method for HbA<sub>1</sub>C estimation. The target goal is  $<$ 7%.

Report ID:- 44592 | Page 1/4



*R. Verma*  
**Dr. R. Verma**  
 MBBS, MD(Pathology)

INV. No. QLSR-INV-K-11184/(2024-2025)(11138) Patient ID 11184  
 Patient Name **Mr. PRAVEEN BARDAN TOPNO** Sample Collected 09/11/2024 01:00 PM  
 Age/Gen 40 Years | Male Sample Received 09/11/2024 04:58 PM  
 Referred By **Dr. Self** Report Generated 09/11/2024 06:10 PM  
 Source BERLIN DIAG INS CORP - (7)

**Report Of Biochemistry Examination**

Investigation	Result	Unit(s)	Reference Range
---------------	--------	---------	-----------------

Besides HbA<sub>1c</sub> serum fructosamine can be measured.

**American diabetes association guideline**

**Reference range**

Non diabetic adult > 18 years : < 5.7%  
 Peditabetes : 5.7% - 6.4%  
 Diagnosing diabetes : > 6.5%

**Lipid Profile**

Serum Triglyceride Method (Enzymatic,end point)	93.1	mg/dL	< 150
Serum Cholesterol Method ( Oxidase, Esterase, Peroxidase)	196.6	mg/dL	125 - 200
Serum HDL-Chol Method (PTA/MgC12, Reflectance photometry)	49.1	mg/dL	30 - 65
Serum LDL-Chol Method ( Direct Homogeneous, Spectrophotometry)	128.5	mg/dL	85 - 150
Serum VLDL-Chol	19	mg/dL	5 - 40
Serum LDL/HDL Cholesterol Ratio Method (Calculated)	2.62		1.5 - 3.5
Serum Cholesterol/ HDL Ratio Method (Calculated)	4.00		Low Risk(0 - 3) High Risk(5 - 10)

**Interpretation :**

NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014)	TOTAL CHOLESTEROL in mg/dL	TRIGLYCERIDE in mg/dL	LDL CHOLESTEROL in mg/dL	NON HDL CHOLESTEROL in mg/dL
Optimal	<200	<150	<100	<130
Above Optimal	-	-	100- 129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High	-	>=500	>=190	>=220

Report ID:- 44592 | Page 2/4



*R. Verma*  
**Dr. R. Verma**  
 MBBS, MD(Pathology)

INV. No.	QLSR-INV-K-11184/(2024-2025)(11138)	Patient ID	11184
Patient Name	<b>Mr. PRAVEEN BARDAN TOPNO</b>	Sample Collected	09/11/2024 01:00 PM
Age/Gen	40 Years   Male	Sample Received	09/11/2024 04:58 PM
Referred By	<b>Dr. Self</b>	Report Generated	09/11/2024 06:10 PM
Source	BERLIN DIAG INS CORP - (7)		

## Report Of Biochemistry Examination

Investigation	Result	Unit(s)	Reference Range
---------------	--------	---------	-----------------

### Note :

- Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
- Lipid Association of India (LAI) recommends screening of all adults above the age of 20 years for Atherosclerotic Cardiovascular Disease (ASCVD) risk factors especially lipid profile. This should be done earlier if there is family history of premature heart disease, dyslipidemia, obesity or other risk factors.
- Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia.
- Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a).
- LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target.
- Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved.
- Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

### Liver Function Test (LFT)

Serum Bilirubin (Total) Method (By Diphylline, Diazonium Salt)	0.93	mg/dL	0.2 - 1.3
Serum Bilirubin (Direct) Method (Diphylline, Diazonium Salt)	0.22	mg/dL	0.1 - 0.4
Serum Bilirubin (Indirect) Method (Calculated)	0.71	mg/dL	0.2 - 1.1
Serum SGOT Method (IFCC)	32.8	U/L	17 - 59
Serum SGPT Method (IFCC)	31.9	U/L	21 - 72
Alkaline phosphatase (ALP) Method (IFCC)	110.5	U/L	Adult (38 - 126)
Serum Total Protein Method (Biuret Method)	9.2	g/dL	Adult( 6.2 - 8.2 ) Children( 5.6 - 8.4 )
Serum Albumin Method (BCG)	5.0	gm/dL	Newborn Children(2.4 - 4.8) Adult(3.5 - 5.0)
Serum Globulin Method (Calculated)	4.20	g/dL	Adult(2.3 - 3.6)

Report ID:- 44592 | Page 3/4



*R. Verma*  
**Dr. R. Verma**  
 MBBS, MD(Pathology)



INV. No.	QLSR-INV-K-11184/(2024-2025)(11138)	Patient ID	11184
Patient Name	<b>Mr. PRAVEEN BARDAN TOPNO</b>	Sample Collected	09/11/2024 01:00 PM
Age/Gen	40 Years   Male	Sample Received	09/11/2024 04:58 PM
Referred By	<b>Dr. Self</b>	Report Generated	09/11/2024 06:10 PM
Source	BERLIN DIAG INS CORP - (7)		

## Report Of Biochemistry Examination

Investigation	Result	Unit(s)	Reference Range
Serum A/G Ratio Method ( BCG)	1.19		1.0 - 2.3

### Note

1. In an asymptomatic patient, Non alcoholic fatty liver disease (NAFLD) is the most common cause of increased AST, ALT levels. NAFLD is considered as hepatic manifestation of metabolic syndrome.
2. In most type of liver disease, ALT activity is higher than that of AST; exception may be seen in Alcoholic Hepatitis, Hepatic Cirrhosis, and Liver neoplasia. In a patient with Chronic liver disease, AST:ALT ratio > 1 is highly suggestive of advanced liver fibrosis.
3. In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or NAFLD, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.
4. In a patient with Chronic Liver disease, AFP and Des-gamma carboxyprothrombin (DCP)/PIVKA II can be used to assess risk for development of Hepatocellular Carcinoma.

### Kidney Function Test (KFT)

Serum Urea Method (GLDH,Kinetic Assay)	31.9	mg/dL	Adult ( 17 - 43 ) New Born ( 8.4 - 25.8 ) Infant ( 10.8 - 38.4 )
Serum Creatinine Method (Modified Jaffe, Kinetic)	1.1	mg/dL	Male:(0.72-1.16) Female: (0.72-1.18) Neonate: (0.26 - 1.01) Infant (2months - less than 3yrs): (0.15-0.37) Children (3 yrs - less than 15 yrs): (0.24-0.73)
Serum Uric Acid Method (Uricase PAP)	5.2	mg/dL	3.5 - 7.2
Serum Sodium Method (By Indirect ISE)	137.8	mmol/L	136 - 145
Serum Potassium Method (By Indirect ISE)	4.1	mmol/L	3.5 - 5.1
Serum Chloride Method (By Ion-selective Electrode)	105.0	mmol/L	98 - 107

~~~~~ End of report ~~~~~

Report ID:- 44592 | Page 4/4



*R. Verma*  
**Dr. R. Verma**  
MBBS, MD(Pathology)

INV. No. QLSR-INV-K-11184/(2024-2025)(11138)  
 Patient Name **Mr. PRAVEEN BARDAN TOPNO**  
 Age/Gen 40 Years | Male  
 Referred By **Dr. Self**  
 Source BERLIN DIAG INS CORP - (7)

Patient ID 11184  
 Sample Collected 09/11/2024 12:59 PM  
 Sample Received 09/11/2024 01:11 PM  
 Report Generated 09/11/2024 06:31 PM



## Report Of Haematology Examination

| Investigation                                                                         | Result     | Unit(s)      | Reference Range                                                                                                                                                |
|---------------------------------------------------------------------------------------|------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ERYTHROCYTE SEDIMENTATION RATE</b>                                                 |            |              |                                                                                                                                                                |
| ESR<br>Method (Westergren & Manual)                                                   | 12         | mm           | < 20                                                                                                                                                           |
| <b>Note</b>                                                                           |            |              |                                                                                                                                                                |
| 1. C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions. |            |              |                                                                                                                                                                |
| 2. Test conducted on EDTA whole blood at 37°C.                                        |            |              |                                                                                                                                                                |
| 3. ESR readings are auto- corrected with respect to Hematocrit (PCV) values           |            |              |                                                                                                                                                                |
| <b>COMPLETE BLOOD COUNT</b>                                                           |            |              |                                                                                                                                                                |
| Haemoglobin (Hb)%<br>Method (By Sahlis Method )                                       | 13.3       | gm%          | Adult Men (13 - 18)<br>Adult Women (11.5 - 16.5)<br>Children (11 - 13)                                                                                         |
| PCV                                                                                   | 42.6       | %            | Children (1-6) : (12 - 14)<br>Children (6-12) : (12 - 14)<br>35 - 45                                                                                           |
| Total Platelets Count (PC)                                                            | <b>1.3</b> | Lacs Per cmm | 1.5 - 4                                                                                                                                                        |
| Total RBC (Red Cell Count)                                                            | 5.2        | mill./uL     | Women (4.2 - 5.4)<br>Male (4.7 - 6.1)<br>Children (4.6 - 4.8)                                                                                                  |
| Total Leucocyte Count (TLC)<br>Method (Flow Cytometry)                                | 5,000      | Per cmm      | Adult :- (4,000 - 11,000)<br>New Born (10,000 - 26,000)<br>(1-4) Years : (6,000 - 18,000)<br>(5-7) Years : (5,000 - 15,000)<br>(8-12) Years : (4,500 - 12,500) |
| MCV                                                                                   | 79         | fL           | 76 - 96                                                                                                                                                        |
| MCH                                                                                   | 24.7       | pg           | 22 - 32                                                                                                                                                        |
| MCHC                                                                                  | 31.2       | g/dL         | 30 - 35                                                                                                                                                        |
| <b>Differential count of Leucocytes</b>                                               |            |              |                                                                                                                                                                |
| Neutrophils                                                                           | 55         | %            | 40 - 70                                                                                                                                                        |
| Lymphocytes                                                                           | 37         | %            | 15 - 40                                                                                                                                                        |
| Monocytes                                                                             | 02         | %            | 00 - 6                                                                                                                                                         |
| Eosinophils                                                                           | 06         | %            | 0.5 - 7                                                                                                                                                        |
| Basophils                                                                             | 00         | %            | 00 - 01                                                                                                                                                        |

### Comment :

CBC is a powerful diagnostic tool in various hematological and non-hematological conditions. It can be

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*R. Verma*  
**Dr. R. Verma**  
 MBBS, MD(Pathology)

INV. No. QLSR-INV-K-11184/(2024-2025)(11138) Patient ID 11184  
Patient Name **Mr. PRAVEEN BARDAN TOPNO** Sample Collected 09/11/2024 12:59 PM  
Age/Gen 40 Years | Male Sample Received 09/11/2024 01:11 PM  
Referred By **Dr. Self** Report Generated 09/11/2024 06:31 PM  
Source BERLIN DIAG INS CORP - (7)

**Report Of Haematology Examination**

| Investigation | Result | Unit(s) | Reference Range |
|---------------|--------|---------|-----------------|
|---------------|--------|---------|-----------------|

used to diagnose various conditions like anemia, hemoglobinopathies, infections. leukemia, nutritional deficiencies, parasitemias, etc. For microcytic indices, a Mentzer index of less than 13 suggests that the patient may have thalassemia trait, and an index of more than 13 suggests that the patient may have iron deficiency.

**Blood Grouping (A B O) and Rh Type**

Whole blood Blood Group "O"  
Whole blood Rh Type Positive

**Note:**

- 1. Both forward and reverse grouping performed.
- 2. Test conducted on EDTA whole blood.

~~~~~ End of report ~~~~~



*R. Verma*  
**Dr. R. Verma**  
MBBS, MD(Pathology)

INV. No. QLSR-INV-K-11184/(2024-2025)(11138)  
 Patient Name **Mr. PRAVEEN BARDAN TOPNO**  
 Age/Gen 40 Years | Male  
 Referred By **Dr. Self**  
 Source BERLIN DIAG INS CORP - (7)

Patient ID 11184  
 Sample Collected 09/11/2024 04:53 PM  
 Sample Received 09/11/2024 04:54 PM  
 Report Generated 09/11/2024 06:41 PM



**Report Of Clini Patho Examination**

| Investigation                                       | Result | Unit(s) | Reference Range |
|---|--------|---------|-----------------|
| <b>FASTING URINE SUGAR</b><br>Urine Glucose (Sugar) | Nil    | gm%     |                 |

~~~~~ End of report ~~~~~

Report ID:- 44634 | Page 1/1



*R. Verma*  
**Dr. R. Verma**  
 MBBS, MD(Pathology)



INV. No. QLSR-INV-K-11184/(2024-2025)(11138)  
 Patient Name **Mr. PRAVEEN BARDAN TOPNO**  
 Age/Gen 40 Years | Male  
 Referred By **Dr. Self**  
 Source BERLIN DIAG INS CORP - (7)

Patient ID 11184  
 Sample Collected 09/11/2024 04:53 PM  
 Sample Received 09/11/2024 04:54 PM  
 Report Generated 09/11/2024 06:44 PM



## Report Of Clini Patho Examination

| Investigation                                          | Result      | Unit(s) | Reference Range |
|--------------------------------------------------------|-------------|---------|-----------------|
| <b>Urine Routine and Microscopic Examination (R/M)</b> |             |         |                 |
| <b>Physical Examination</b>                            |             |         |                 |
| Colour                                                 | Straw       |         | Pale Yellow     |
| Urine Appearance                                       | Transparent |         |                 |
| Urine Deposit                                          | Absent      |         |                 |
| Urine Specific Gravity                                 | 1.010       |         | 1.010 - 1.030   |
| Urine Reaction                                         | Acidic      |         |                 |
| <b>Chemical Examination</b>                            |             |         |                 |
| Urine Glucose (Sugar)                                  | Nil         | gm%     |                 |
| Urine Protein (Albumin)                                | Absent      |         |                 |
| Urine pH                                               | 6.0         |         | 6.0             |
| Urine Ketone Body                                      | Absent      |         |                 |
| Urine Blood                                            | Negative    |         |                 |
| Urine Phosphate (Amorphous deposits)                   | Absent      |         |                 |
| <b>Urine Microscopic Examination</b>                   |             |         |                 |
| Urine Red blood cells                                  | Absent      | /HPF    | 0-2             |
| Urine Pus Cells                                        | 1-2         | /HPF    | 0-5             |
| Urine Epithelial cells                                 | 0-2         | /HPF    | 0-4             |
| Urine Bacteria                                         | Absent      |         |                 |
| Urine Cast                                             | Absent      | /HPF    |                 |
| Urine Crystals                                         | Absent      | /HPF    |                 |
| Urine Yeast cells                                      | Absent      |         |                 |
| Urine Spermatozoa                                      | Absent      | /HPF    |                 |

~~~~~ End of report ~~~~~

Report ID:- 44635 | Page 1/1



*R. Verma*  
**Dr. R. Verma**  
 MBBS, MD(Pathology)

INV. No. QLSR-INV-K-11184/(2024-2025)(11138)  
 Patient Name **Mr. PRAVEEN BARDAN TOPNO**  
 Age/Gen 40 Years | Male  
 Referred By **Dr. Self**  
 Source BERLIN DIAG INS CORP - (7)

Patient ID 11184  
 Sample Collected 09/11/2024 01:00 PM  
 Sample Received 09/11/2024 01:12 PM  
 Report Generated 11/11/2024 10:31 AM



## Report Of Immunology Examination

| Investigation                              | Result | Unit(s) | Reference Range  |
|--|--------|---------|--|
| <b>(Thyroid Profile-I)</b>                 |        |         |  |
| Serum T3<br><small>Method (ECLIA)</small>  | 0.96   | ng/mL   | (0.8 - 2.0)<br>11-15 Years ( 0.83 - 2.13 )<br>1-10 Years ( 0.94 - 2.69 )<br>1-12 Months ( 1.05 - 2.45 )<br>1-7 Days ( 0.36 - 3.16 )<br>1-4 Weeks ( 1.05 - 3.45 )   |
| Serum T4<br><small>Method (ECLIA)</small>  | 14.64  | µg/dL   | (5.1 - 14.1)<br>1-12 Months ( 5.9 - 16 )<br>1-7 Days ( 11 - 22 )<br>1-4 Weeks ( 8.2 - 17 )<br>1-10 Years ( 6.4 - 15 )  |
| Serum TSH<br><small>Method (ECLIA)</small> | 0.87   | µIU/mL  | 11-15 Years ( 5.5 - 12 )<br>Up to 1 Week (0.7-11.0)<br>1 week-4 week (0.7- 11.0)<br>1-12 Months (0.7- 8.4)<br>1-19 Years (0.6-4.9)<br>19 Years Above (0.5-5.5)<br>1st Trimester (0.6 - 3.4)<br>2nd Trimester (0.37 - 3.6) 3rd Trimester(0.38 - 4.04) |

Mild to moderate degree of elevation normal T3&T4 levels indicates impaired thyroid hormone reserves and indicates subclinical hypothyroidism.

Mild to moderate decrease with normal T3 & T4 indicates subclinical hyperthyroidism.

TSH measurement is used for screening & diagnosis of Euthyroidism, hypothyroidism & hyperthyroidism. Suppressed TSH (< 0.01 µ IU/ml) suggests diagnosis of hyperthyroidism.

Elevated concentration of TSH (>7 µ IU/ml) suggest diagnosis of hypothyroidism.

Please correlate clinically.

~~~~~ End of report ~~~~~

Report ID:- 44797 | Page 1/1



*R. Verma*  
**Dr. R. Verma**  
 MBBS, MD(Pathology)

INV. No. QLSR-INV-K-11184/(2024-2025)(11138)  
 Patient Name **Mr. PRAVEEN BARDAN TOPNO**  
 Age/Gen 40 Years | Male  
 Referred By **Dr. Self**  
 Source BERLIN DIAG INS CORP - (7)

Patient ID 11184  
 Sample Collected 09/11/2024 01:00 PM  
 Sample Received 09/11/2024 01:12 PM  
 Report Generated 11/11/2024 11:43 AM



## Report Of Immunology Examination

| Investigation                                        | Result | Unit(s) | Reference Range       |
|------------------------------------------------------|--------|---------|-----------------------|
| <b>Prostate Specific Antigen (PSA) Total</b>         |        |         |                       |
| Serum PROSTATE SPECIFIC ANTIGEN (PSA) Method (ECLIA) | 0.64   | ng/ml   | < 4.0 For Healthy Man |

### P.S.A.

PSA is elevated in benign prostrate hypertrophy. Clinically an elevated PSA value is not of diagnostic value as a specific test for cancer and should only be used in conjunction with other clinical symptom and diagnostic procedure.

~~~~~ End of report ~~~~~

Report ID:- 44801 | Page 1/1



*R. Verma*  
**Dr. R. Verma**  
 MBBS, MD(Pathology)



|              |                             |                |                                    |
|--------------|-----------------------------|----------------|------------------------------------|
| Patient Name | Mr. PRAVEEN BARDAN<br>TOPNO | Requested By   | MEDIWHEEL                          |
| MRN          | BER/2024/OPD27885           | Procedure Date | 09.11.2024                         |
| Age/Sex      | 40Y/MALE                    | Hospital       | BERLIN DIAGNOSTICS AND DAY<br>CARE |

## USG WHOLE ABDOMEN

**Liver :** The liver is normal in size (15.1 cm) and outline. It shows normal parenchymal echotexture. No obvious focal or diffuse lesion is seen. The intra and extra hepatic biliary passage are not dilated. The portal vein is normal in caliber at the porta hepatis.

**Gall bladder :** The gall bladder is normal in size, has normal wall thickness with no evidence of calculi.

**CBD :** The CBD is of normal caliber.

**Pancreas :** The pancreas is normal in size and echogenicity with distinct outline. No obvious focal lesion is seen.

**Kidneys :** Both kidneys were normal in position:

Right kidney measures 10.2 cm

Left kidney measures 10.2 cm

The renal cortical thickness and corticomedullary differentiation were adequate on both sides. No evidence of renal calculus or hydronephrosis seen on either side.

**Spleen :** The spleen is normal in size and echogenicity.

**Urinary Bladder :** The urinary bladder is normal in size. Its walls show a smooth outline. There is no evidence of any intraluminal or perivesical abnormality.

**Prostate :** The prostate is normal in size, measures (20.7 gm) and shows normal parenchymal echogenicity.

No significant probe tenderness in RIF.

No evidence of pleural effusion on either side.

No evidence of ascites or lymphadenopathy seen.

**IMPRESSION : NORMAL STUDY.**

*Please correlate clinically.*

Dr. Ambuj Srivastav  
M.D. Consultant Radiologist.



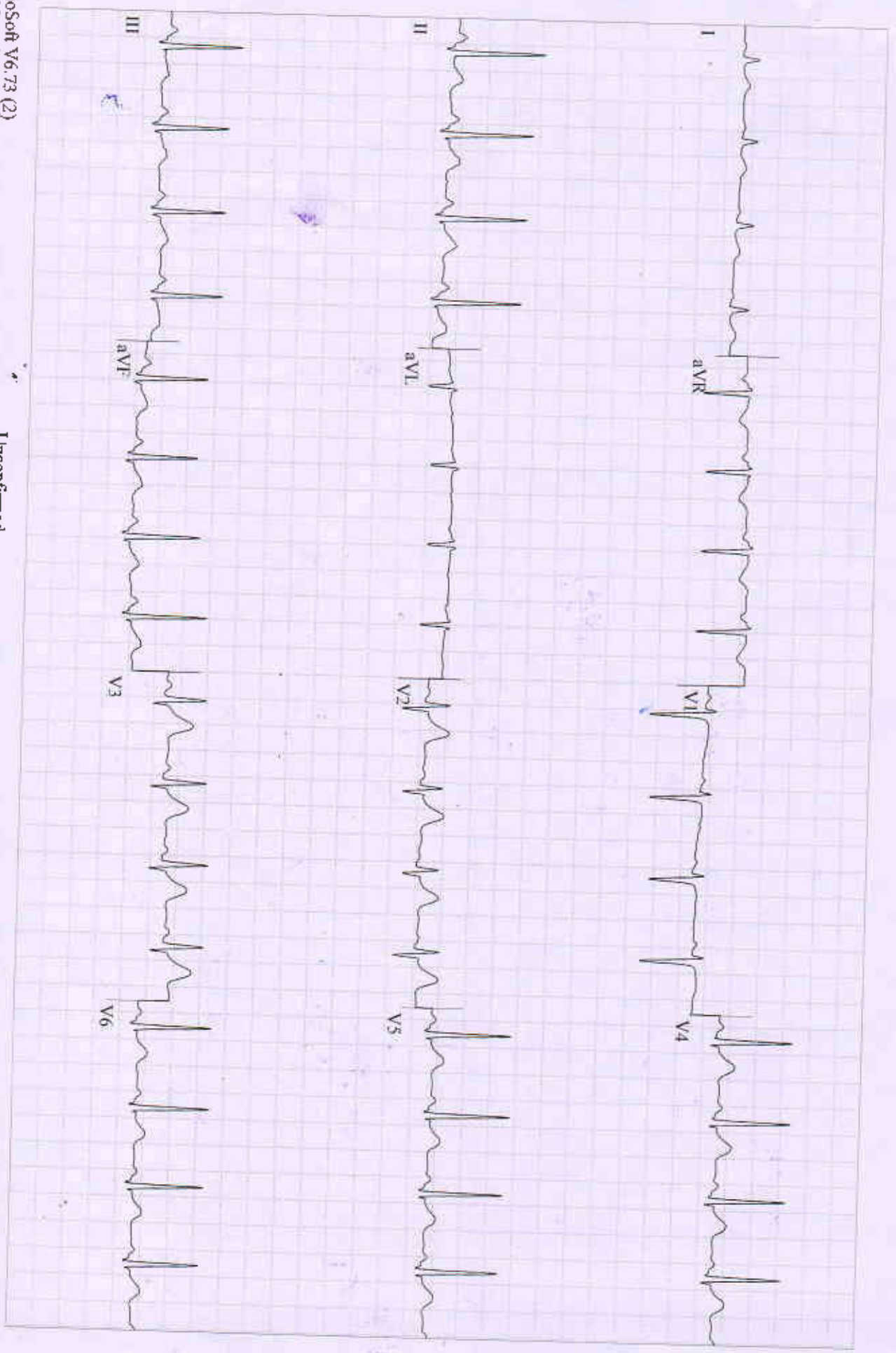


TOPNO, PRAVEEN BARDAN  
Patient ID 202427885  
09/11/2024  
2:18:49pm

EXERCISE TEST / ECG Strips  
96 bpm  
110/80 mmHg  
PRETEST  
SUPINE  
0.08

BRUCE  
0.0 km/h  
0.0 %

BERLIN DIAGNOSTICS AND DAY CARE



GE CardioSoft V6.73 (2)  
25mm/s 10mm/mV 60Hz 0.01-20Hz FRF- HEART V5.4

Unconfirmed

Attending MD:

**TOPNO, PRAVEEN BARDAN**  
 Patient ID 202427885  
 09.11.2024  
 2:19:09pm

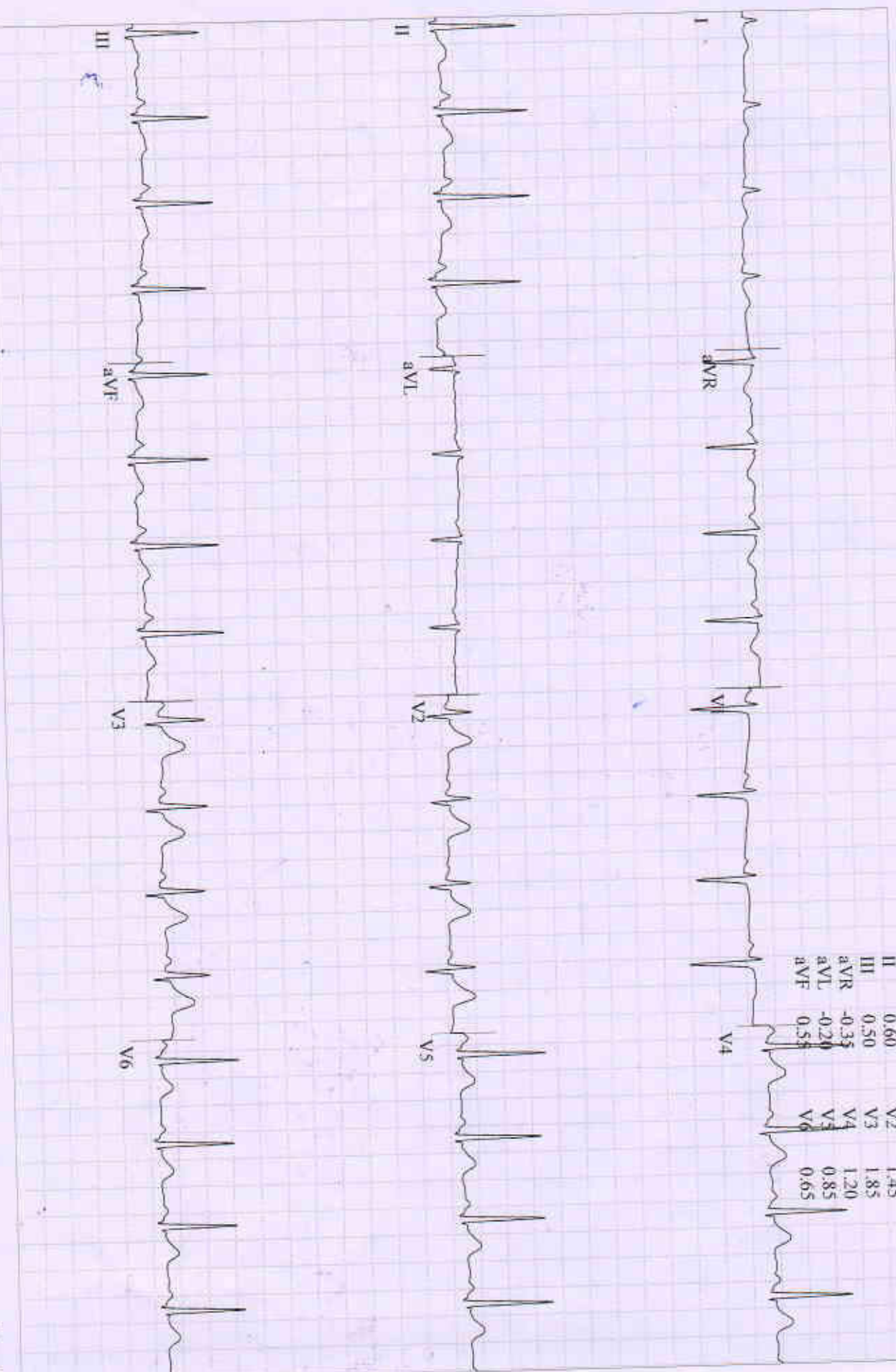
100 bpm  
 110/80 mmHg

12-Lead Report  
 PRTEST  
 STANDING  
 00:23

BRUCE  
 0.0 km/h  
 0.0 %

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

| Lead | ST(mm) | Lead | ST(mm) |
|------|--------|------|--------|
| I    | 0.10   | V1   | 0.80   |
| II   | 0.60   | V2   | 1.45   |
| III  | 0.50   | V3   | 1.85   |
| aVR  | -0.35  | V4   | 1.20   |
| aVL  | -0.20  | V5   | 0.85   |
| aVF  | 0.55   | V6   | 0.65   |



GE CardioSoft V6.73 (2)  
 25 mm/s 10 mm/mV 60Hz 0.01 - 20Hz FRT- HR(V5, V4)

Start of Test: 2:18:40pm

TOPNO, PRAVEEN BARDAN

Patient ID 202427885

09.11.2024

2:19:23pm

EXERCISE TEST / ECG Strips

99 bpm

110/80 mmHg

PRETEST

HYPERTV.

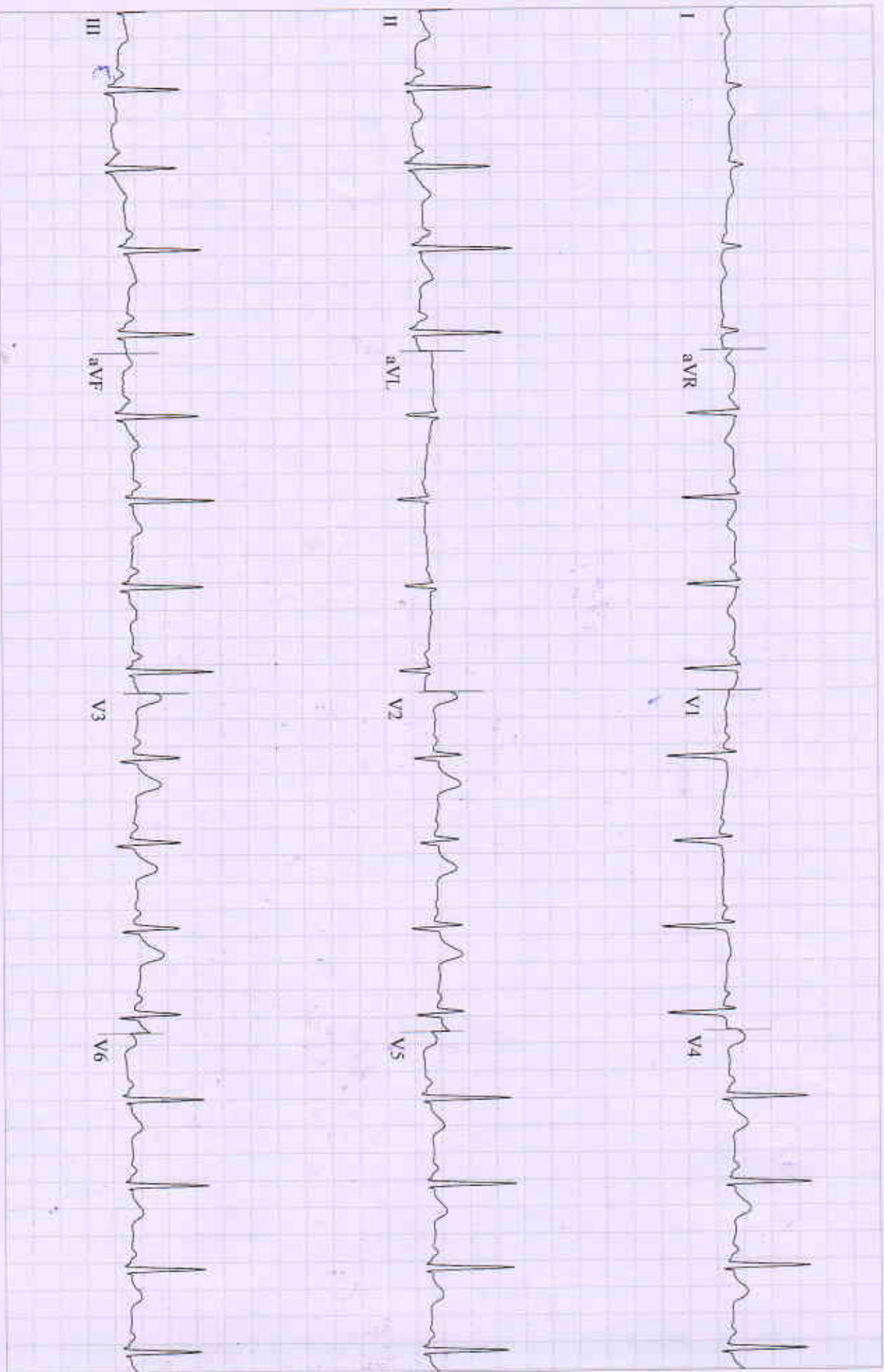
0:42

BERLIN DIAGNOSTICS AND DAY CARE

BRUCE

0.0 km/h

0.0%





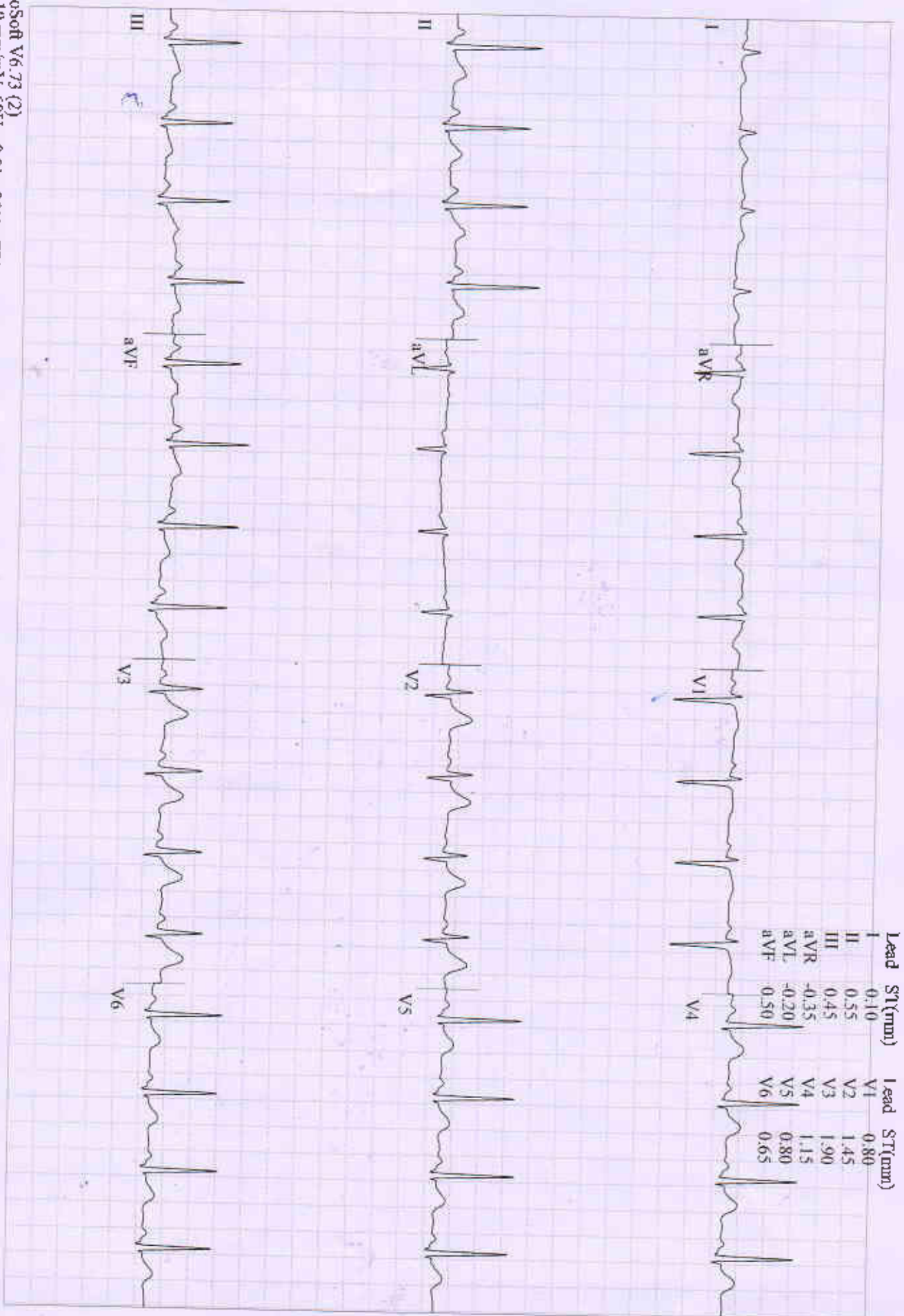
**TOPNO, PRAVEEN BARDAN**  
 Patient ID 202427885  
 09.11.2024  
 2:19:30pm

99 bpm  
 110/80 mmHg

12-Lead Report  
 PRETEST  
 WARM-UP  
 00:44

BRUCE  
 0.0 km/h  
 0.0 %

BERI IN DIAGNOSTICS AND DAY CARE  
 Measured at 60ms Post J (10mm/mV)  
 Auto Points



GE CardioSoft V6.73 (2)  
 25 mm/s 10 mm/mV 60Hz 0.01 - 20Hz FRF- HR(V5,V4)

Start of Test: 2:18:40pm

**TOPNO, PRAVEEN BARDAN**  
 Patient ID 202427885  
 09.11.2024  
 2:22:32pm

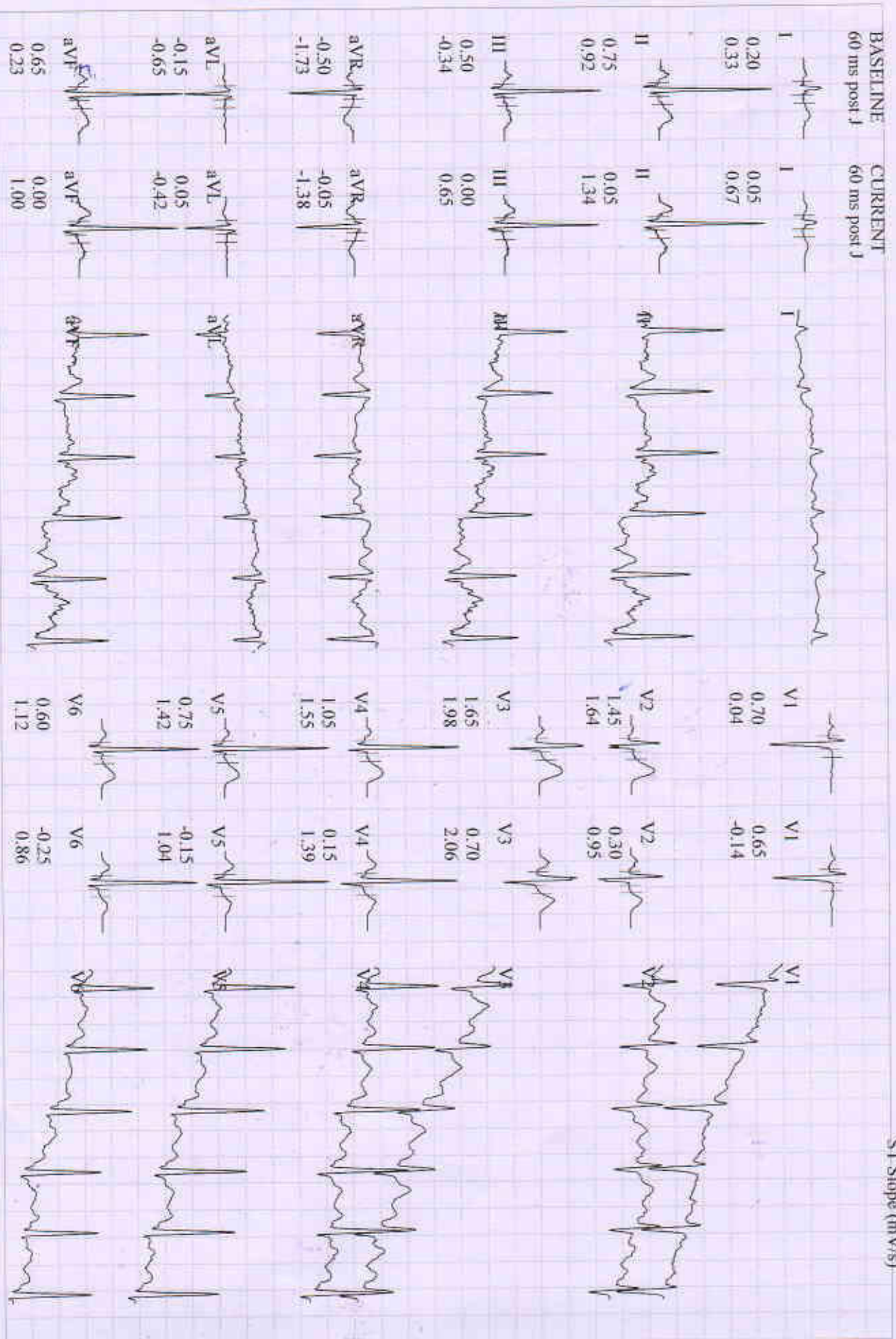
131 bpm  
 118/88 mmHg

Comparative Medians Report  
**EXERCISE**  
 STAGE 1  
 02:50

**BRUCE**  
 2.7 km/h  
 10.0 %

**BRELLIN DIAGNOSTICS AND DAY CARE**

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



GF CardioSoft V6.73 (2)  
 25 mm/s 10 mm/mV 60Hz 0.01 - 20Hz PRF- IIR(V6,V4)

Start of Test: 2:18:40pm

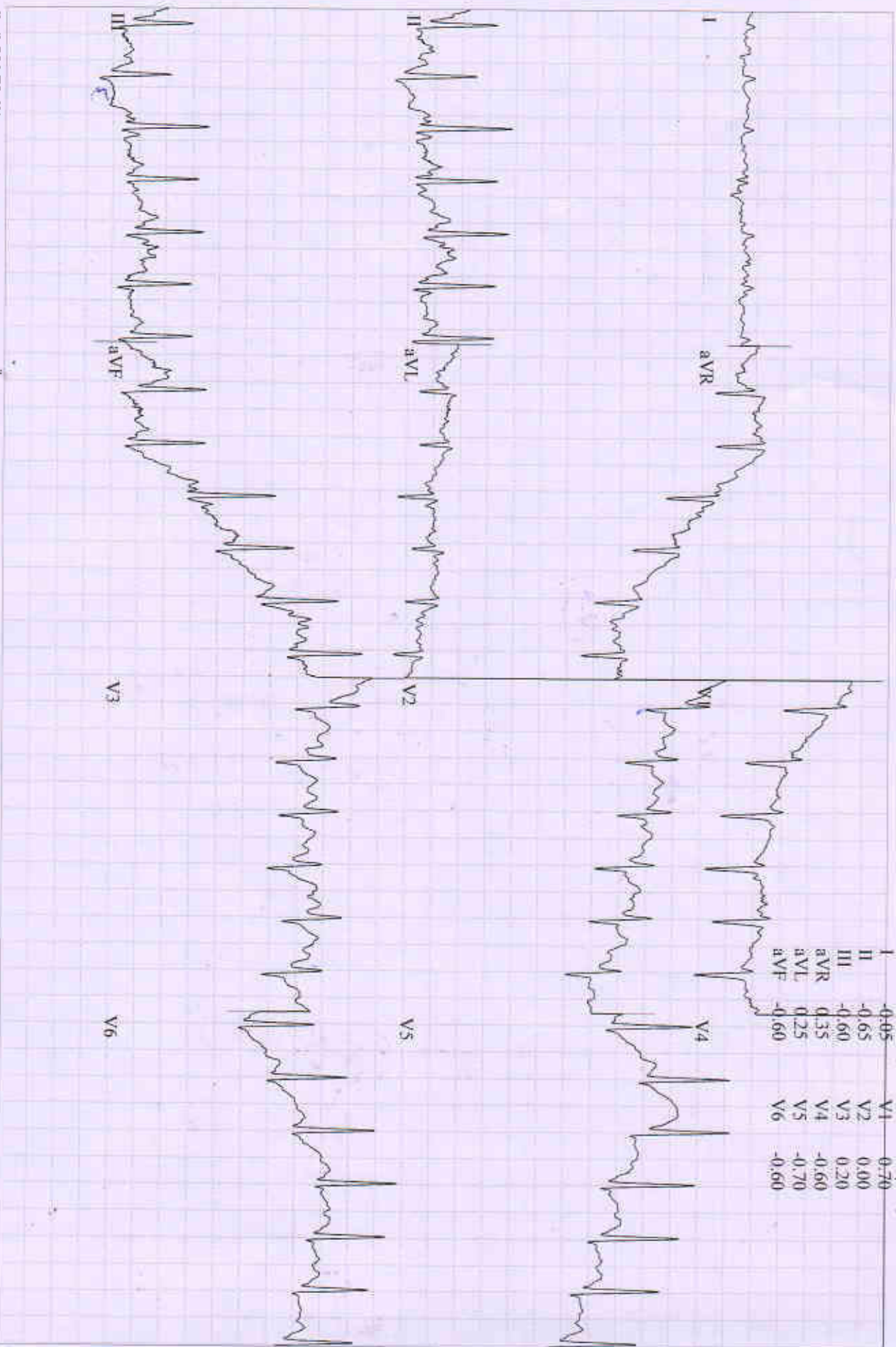


**TOPNO, PRAVEEN BARDAN**  
 Patient ID 202427885  
 09.11.2024  
 2:24:07pm

153 bpm  
 124/94 mmHg

12-Lead Report ( PEAK EXERCISE )  
 EXERCISE BRUCE  
 STAGE 2 4.0 km/h  
 04:20 12.0 %

BERLIN DIAGNOSTICS AND DAY CARE  
 Measured at 60ms Post J (10mm/mV)  
 Auto Points



GE CardioSoft V6.73 (2)  
 25 mm/s 10 mm/mV 60Hz 0.01 - 20Hz FRF - HR(V6, V4)

Start of Test: 2:18:40pm

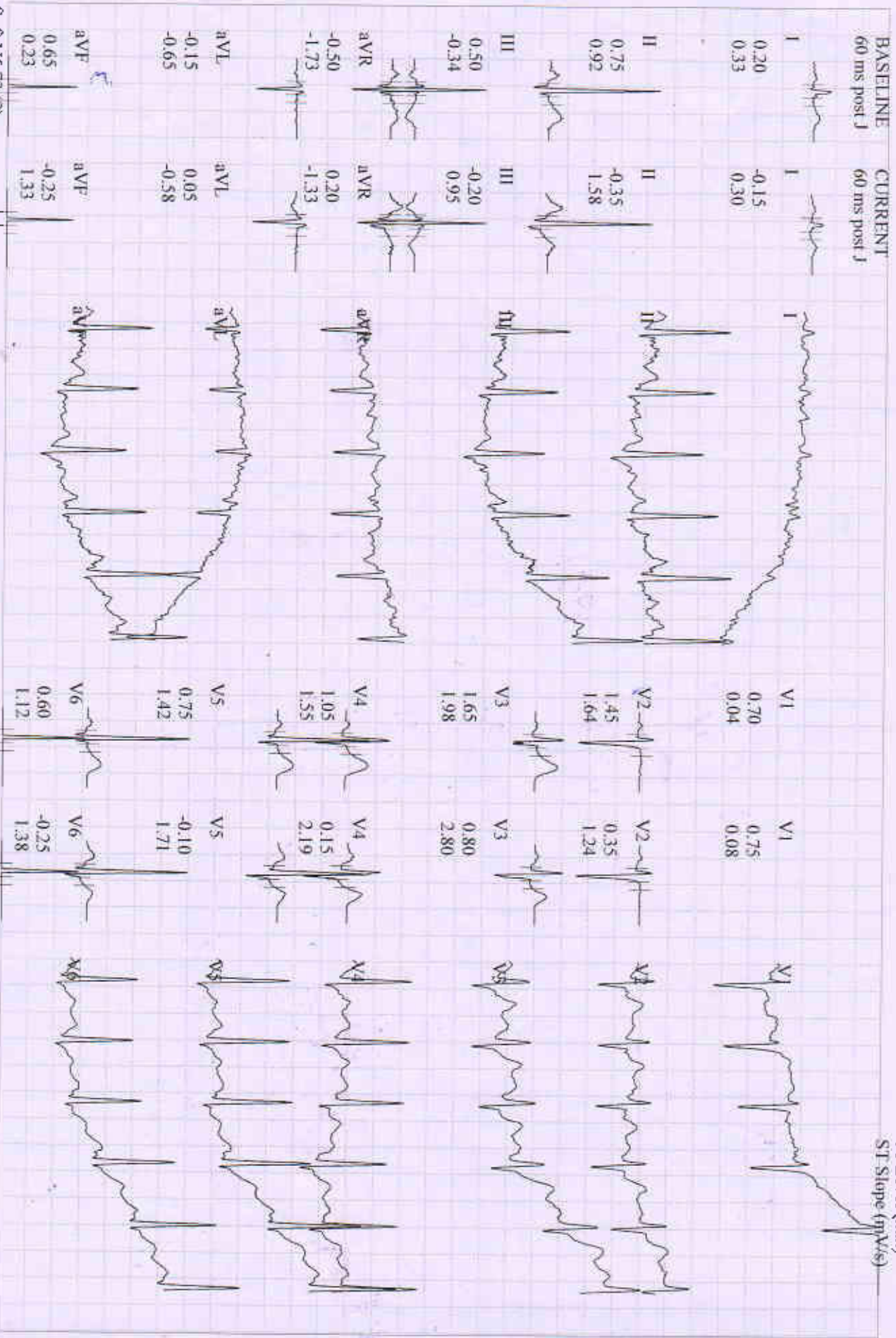
**TOPNO, PRAVEEN BARDAN**  
 Patient ID 202427885  
 09.11.2024  
 2:24:52pm

131 bpm  
 120/90 mmHg

Comparative Medians Report  
**RECOVERY**  
 #1  
 00:50

**BRUCE**  
 2.4 km/h  
 0.0 %

BERLIN DIAGNOSTICS AND DAY CARE



GE CardioSoft V6.73 (2)  
 25 mm/s 10 mm/mV 60Hz 0.01 - 20Hz FRF- HR(V6, V4)

Start of Test: 2:18:40pm

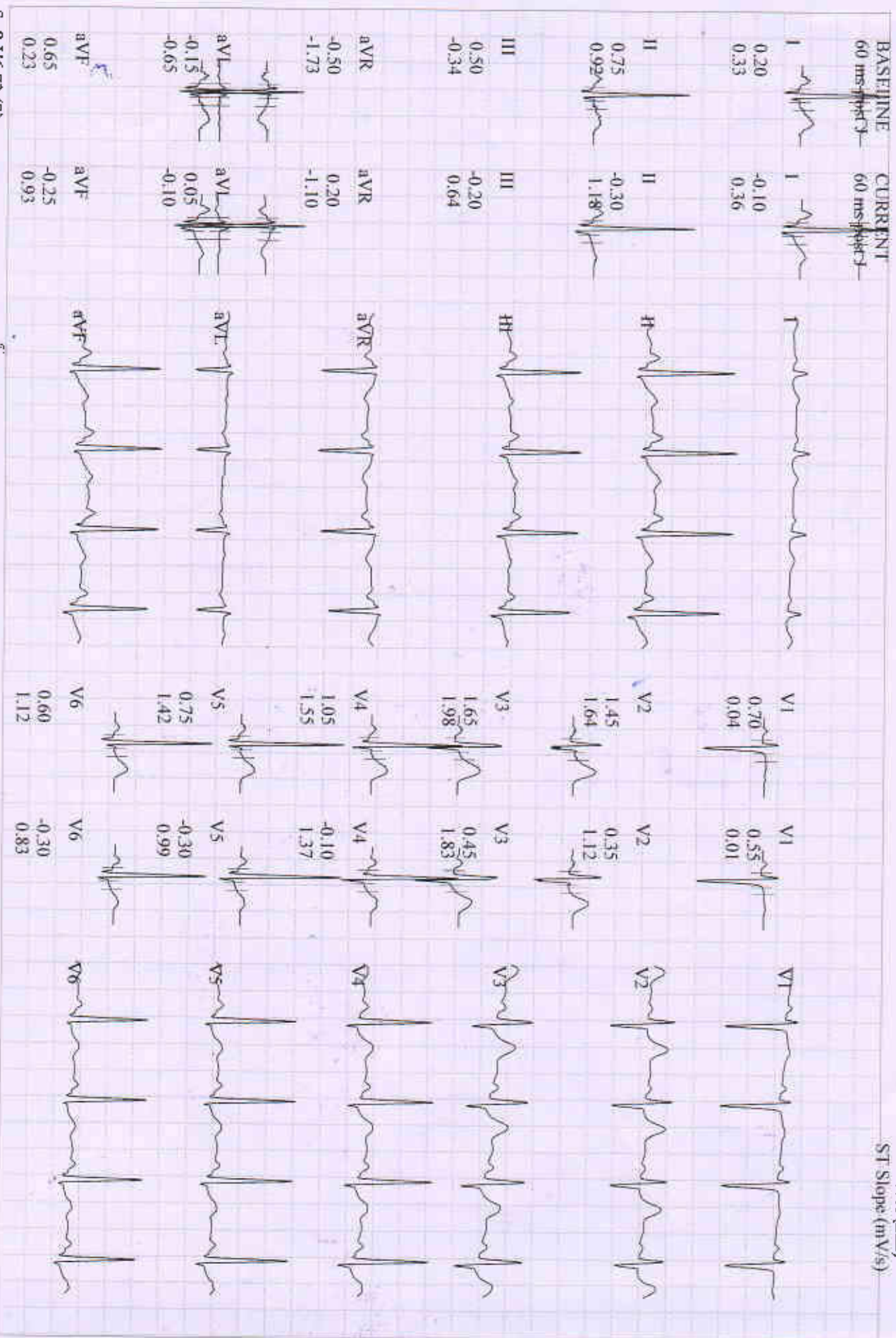


104 bpm  
 114/84 mmHg

Comparative Medians Report  
**RECOVERY**  
 #1  
 01:50

**BRUCE**  
 0.0 km/h  
 0.0 %

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



TOPNO, PRAVEEN BARDAN  
 Patient ID 202427885  
 09.11.2024  
 2:26:42pm

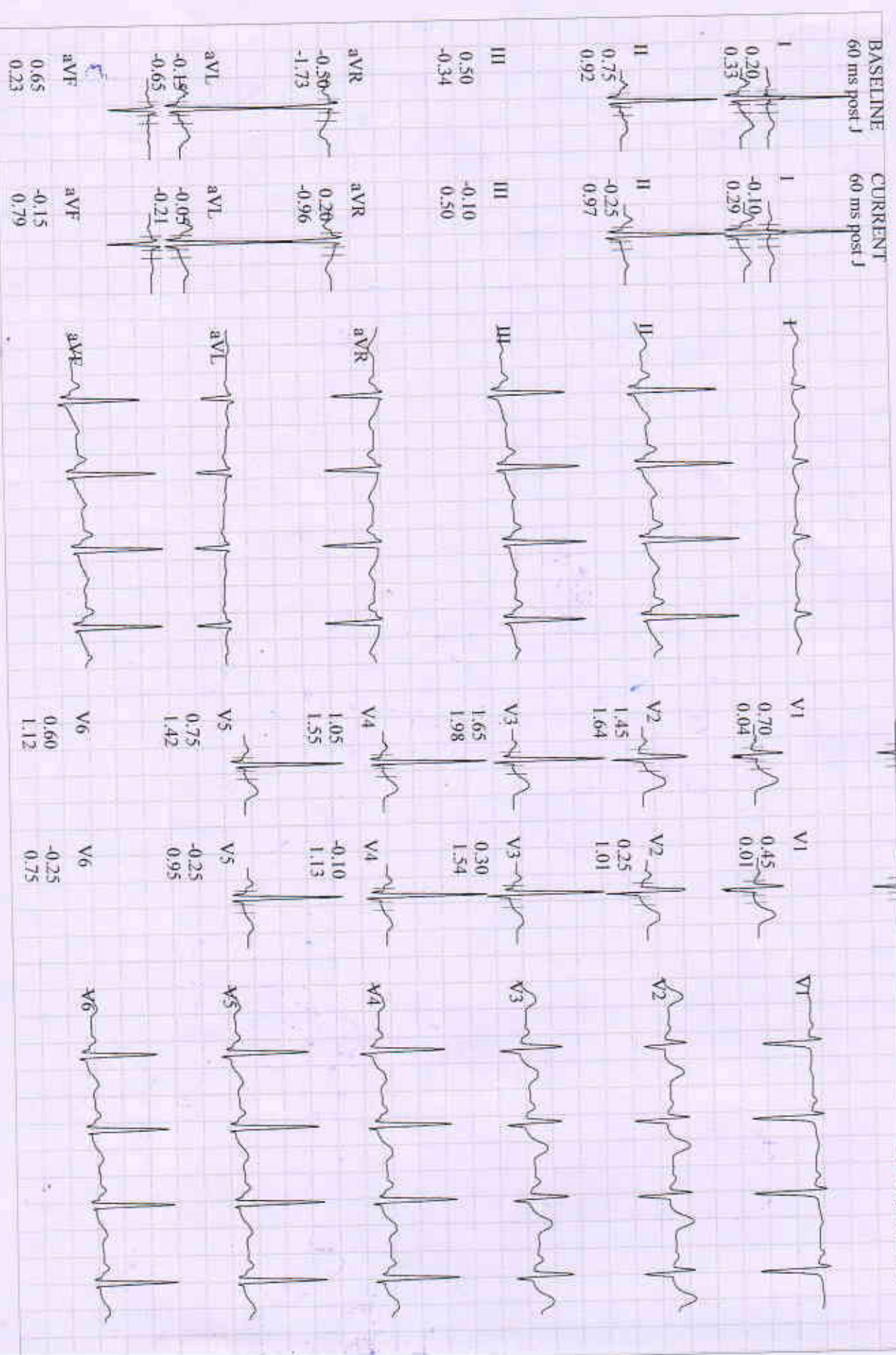
105 bpm  
 110/80 mmHg

Comparative Medians Report  
 RECOVERY #1  
 02:40

BRUCE  
 0.0 km/h  
 0.0 %

BERLIN DIAGNOSTICS AND DAY CARE

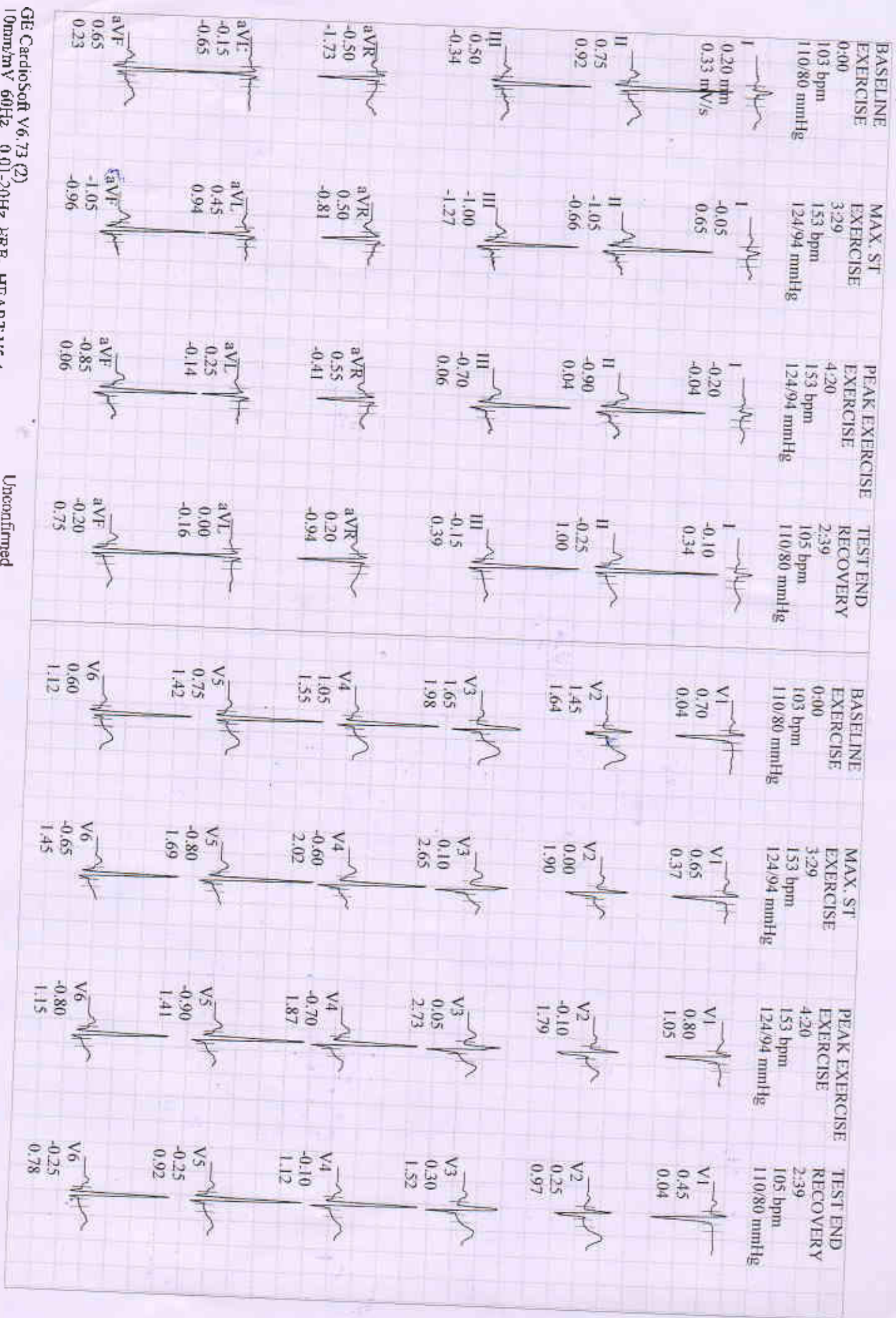
J lead  
 ST Level (mm)  
 ST Slope (mV/s)



GE CardioSoft V6 73 (2)  
 25 mm/s 10 mm/mV 60Hz 0.01 - 20Hz FRF - HR(V6, V4)

Start of Test: 2:18:40pm





GE CardioSoft V6.73 (2)  
 10mm/mV 60Hz 0.01-20Hz PRP HEART V5.4

Unconfirmed

Attending MD:



**TOPNO, PRAVEEN BARDAN**

Patient ID 202427885

09.11.2024 Male 175 cm 78.4 kg

2:18:40pm 40yrs Asian

Meds:

Test Reason:  
Medical History:

Ref. MD: Ordering MD:  
Technician: Test Type:  
Comment:

BRUCE: Total Exercise Time 04:20  
Max HR: 155 bpm 86% of max predicted 180 bpm HR at rest: 97  
Max BP: 124/94 mmHg BP at rest: 110/80 Max RPP: 18972 mmHg\* bpm  
Maximum workload: 7.00 METS  
Max. ST: -1.05 mm, 0.00 mV/s in II; EXERCISE STAGE 2 03:29  
Arrhythmia: A:68  
ST/HR index: 1.57  $\mu$ V/bpm  
Reasons for Termination: Target heart rate achieved  
Summary: Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: appropriate response. Chest Pain: none. Arrhythmias: none.  
Conclusion:  
TMT TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA.

**Dr. Amar Kumar**  
*(Signature)*  
S.D. Consultant Cardiologist  
P.D. Board (DIP Card)  
Dejendra Reg. No: 30125  
CLINICAL CARDIOLOGIST

| Phase Name | Stage Name | Time in Stage | Speed (km/h) | Grade (%) | Workload (METS) | HR (bpm) | BP (mmHg) | RPP (mmHg* bpm) | VE (l/min) | ST Level (II mm) | Comment |
|------------|------------|---------------|--------------|-----------|-----------------|----------|-----------|-----------------|------------|------------------|---------|
| PRETEST    | SUPINE     | 00:09         | 0.00         | 0.00      | 1.0             | 96       | 110/80    | 10560           | 0          | 0.60             |         |
|            | STANDING   | 00:23         | 0.00         | 0.00      | 1.0             | 96       | 110/90    | 10560           | 0          | 0.55             |         |
|            | HYPERV     | 00:11         | 0.00         | 0.00      | 1.0             | 99       | 110/80    | 10690           | 0          | 0.60             |         |
| EXERCISE   | W/ARM-UP   | 00:18         | 1.60         | 0.00      | 1.1             | 103      | 110/80    | 11500           | 0          | 0.75             |         |
|            | STAGE 1    | 03:00         | 2.70         | 10.00     | 4.6             | 136      | 118/88    | 16048           | 0          | -0.10            |         |
|            | STAGE 2    | 01:20         | 4.00         | 12.00     | 7.0             | 153      | 124/94    | 18972           | 0          | -0.90            |         |
| RECOVERY   |            | 02:41         | 0.00         | 0.00      | 1.0             | 105      | 110/80    | 11550           | 0          | -0.25            |         |



|                     |                             |                       |                               |
|---------------------|-----------------------------|-----------------------|-------------------------------|
| <b>Patient Name</b> | Mr. PRAVEEN BARDAN<br>TOPNO | <b>Requested By</b>   | MEDIWHEEL                     |
| <b>MRN</b>          | BER/2024/OPD27885           | <b>Procedure Date</b> | 09.11.2024                    |
| <b>Age/Sex</b>      | 40Y/MALE                    | <b>Centre</b>         | BERLIN DIAGNOSTICS & DAY CARE |

## X-RAY CHEST PA VIEW

### OBSERVATIONS :

Both lung fields are clear.

Both hila are normal.

Both CP angles are normal.

Cardiac contour and size are within normal limits.

The bony rib cage is normal.

Soft tissue are normal.

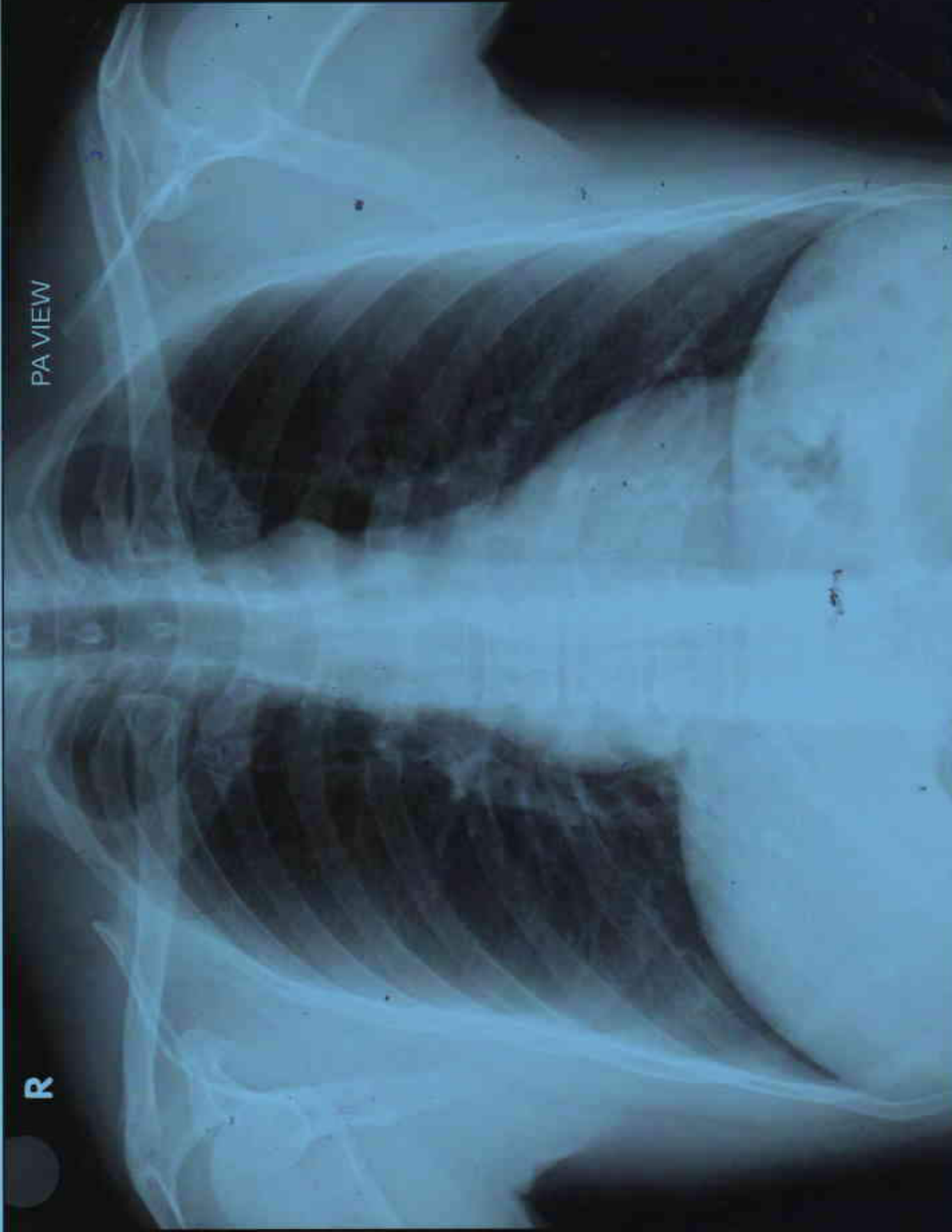
### IMPRESSION: NORMAL STUDY.

**Dr. Ambuj Srivastav**  
M.D. Consultant Radiologist.

We regret typographical errors if any. Please contact us for correction.

R

PA VIEW



PRAVEEN BARDAN TOPNO AGE: 40Y/M MEDIWHEEL BER/202427885 CHEST PA VIEW 09/11/2024

BERLIN DIAGNOSTICS & DAY CARE, BARIATU ROAD, RANCHI.