

ID: 2024091412054004

Name

2024-09-14 12:05:30

SHARQVE MAHTRK KHANNA AGE: 36 Yr



ID: 2024091412054004

Verd: Male (Spent)  
PR Interval (ms)  
QRS Duration (ms)  
QT/QTc Interval (ms)  
P/QRS/T Axis (deg)

2024-09-14 12:05:30

HR  
170  
18  
172/388  
68/21/23

Sinus rhythm

--- Interpretation made without knowing patient's gender/age ---

Normal ECG

Uncorrimed Diagnosis

Dr. Krishn Mehta  
M.D. (Cardiology)



INV. No. QLSR-INV-I-07603/(2024-2025)(7564)  
Patient Name **Mr. SHARIQUE AKHTAR KHAN**  
Age/Gen 36 Years | Male  
Referred By **Dr. Self**  
Source BERLIN DIAG INS CORP - (2)

Patient ID 7603  
Invoice Generated 16/09/2024 09:40 AM  
Sample Received 16/09/2024 09:40 AM  
Report Generated 16/09/2024 11:52 AM



## Report Of Biochemistry Examination

Investigation	Result	Unit(s)	Reference Range
<b>GLUCOSE FASTING (FBS)</b>			
Plasma Glucose(F) Method (GOD-POD Method)	98.9	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.

Investigation was performed on BIOCHEMISTRY (FULLY AUTOMATIC WET CHEMISTRY)

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

Report ID:- 31085 | Page 1/1



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

INV. No. QLSR-INV-I-07603/(2024-2025)(7564)  
 Patient Name **Mr. SHARIQUE AKHTAR KHAN**  
 Age/Gen 36 Years | Male  
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 Source BERLIN DIAG INS CORP - (2)

Patient ID 7603  
 Invoice Generated 16/09/2024 09:40 AM  
 Sample Received 16/09/2024 09:40 AM  
 Report Generated 16/09/2024 11:54 AM



## Report Of Haematology Examination

| Investigation                                                                         | Result      | Unit(s)      | Reference Range                                                                                                                                                |
|---------------------------------------------------------------------------------------|-------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ERYTHROCYTE SEDIMENTATION RATE</b>                                                 |             |              |                                                                                                                                                                |
| ESR<br>Method (Westergren & Manual)                                                   | 14          | 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 )                                       | 15.0        | gm%          | Adult Men (13 - 18)<br>Adult Women (11.5 - 16.5)<br>Children (11 - 13)                                                                                         |
| PCV                                                                                   | <b>49.3</b> | %            | Children (1-6) : (12 - 14)<br>Children (6-12) : (12 - 14)<br>35 - 45                                                                                           |
| Total Platelets Count (PC)                                                            | 2.7         | Lacs Per cmm | 1.5 - 4                                                                                                                                                        |
| Total RBC (Red Cell Count)                                                            | 5.3         | 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)                                | 7,800       | 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                                                                                   | 92.0        | fL           | 76 - 96                                                                                                                                                        |
| MCH                                                                                   | 27.9        | pg           | 22 - 32                                                                                                                                                        |
| MCHC                                                                                  | 30.4        | g/dL         | 30 - 35                                                                                                                                                        |
| <b>Differential count of Leucocytes</b>                                               |             |              |                                                                                                                                                                |
| Neutrophils                                                                           | 64          | %            | 40 - 70                                                                                                                                                        |
| Lymphocytes                                                                           | 30          | %            | 15 - 40                                                                                                                                                        |
| Monocytes                                                                             | 01          | %            | 00 - 6                                                                                                                                                         |
| Eosinophils                                                                           | 05          | %            | 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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**Dr. R. Verma**  
 MBBS, MD(Pathology)

INV. No. QLSR-INV-I-07603/(2024-2025)(7564)  
Patient Name **Mr. SHARIQUE AKHTAR KHAN**  
Age/Gen 36 Years | Male  
Referred By **Dr. Self**  
Source BERLIN DIAG INS CORP - (2)

Patient ID 7603  
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Report Generated 16/09/2024 11:54 AM

## 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 ~~~~~

Report ID:- 31086 | Page 2/2



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 Report Generated 16/09/2024 12:19 PM



## Report Of Biochemistry Examination

| Investigation  | Result | Unit(s) | Reference Range                   |
|--|--------|---------|-----------------------------------|
| <b>Lipid Profile</b>   |        |         |                                   |
| Serum Triglyceride<br><small>Method (Enzymatic, end point)</small>               | 300    | mg/dL   | < 150                             |
| Serum Cholesterol<br><small>Method ( Oxidase, Esterase, Peroxidase)</small>      | 180    | mg/dL   | 125 - 200                         |
| Serum HDL-Chol<br><small>Method (PTA/MgC12, Reflectance photometry)</small>      | 45.0   | mg/dL   | 30 - 65                           |
| Serum LDL-Chol<br><small>Method ( Direct Homogeneous, Spectrophotometry)</small> | 75     | mg/dL   | 85 - 150                          |
| Serum VLDL-Chol  | 60     | mg/dL   | 5 - 40                            |
| Serum LDL/HDL Cholesterol Ratio<br><small>Method (Calculated)</small>            | 1.67   |         | 1.5 - 3.5                         |
| Serum Cholesterol/ HDL Ratio<br><small>Method (Calculated)</small>               | 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                        |

### 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.

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|              |                                    |                   |                     |
|--------------|------------------------------------|-------------------|---------------------|
| INV. No.     | QLSR-INV-I-07603/(2024-2025)(7564) | Patient ID        | 7603                |
| Patient Name | <b>Mr. SHARIQUE AKHTAR KHAN</b>    | Invoice Generated | 16/09/2024 09:40 AM |
| Age/Gen      | 36 Years   Male                    | Sample Received   | 16/09/2024 09:40 AM |
| Referred By  | <b>Dr. Self</b>                    | Report Generated  | 16/09/2024 12:19 PM |
| Source       | BERLIN DIAG INS CORP - (2)         |                   |                     |

## Report Of Biochemistry Examination

| Investigation   | Result | Unit(s) | Reference Range |
|---|--------|---------|-----------------|
| <p>4. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL &amp; VLDL remnants, Chylomicron remnants &amp; Lp(a).</p> <p>5. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target.</p> <p>6. Apolipoprotein B is an optional, secondary lipid target for treatment once LDL &amp; Non HDL goals have been achieved.</p> <p>7. Additional testing for Apolipoprotein B, hsCRP, Lp(a ) &amp; LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement</p> |        |         |                 |
| <p>Investigation was performed on BIOCHEMISTRY (FULLY AUTOMATIC WET CHEMISTRY)</p>  |        |         |                 |

### Liver Function Test (LFT)

|   |      |       |   |
|---|------|-------|---|
| Serum Bilirubin (Total)<br>Method (By Diphylline, Diazonium Salt) | 0.78 | mg/dL | 0.2 - 1.3                                       |
| Serum Bilirubin (Direct)<br>Method (Diphylline, Diazonium Salt)   | 0.24 | mg/dL | 0.1 - 0.4                                       |
| Serum Bilirubin (Indirect)<br>Method (Calculated)                 | 0.54 | mg/dL | 0.2 - 1.1                                       |
| Serum SGOT<br>Method (IFCC)                                       | 32.1 | U/L   | 17 - 59   |
| Serum SGPT<br>Method (IFCC)                                       | 24.5 | U/L   | 21 - 72   |
| Alkaline phosphatase (ALP)<br>Method (IFCC)                       | 92.8 | U/L   | Adult (38 - 126)                                |
| Serum Total Protein<br>Method (Biuret Method)                     | 7.2  | g/dL  | Adult( 6.2 - 8.2 )<br>Children( 5.6 - 8.4 )     |
| Serum Albumin<br>Method (BCG)                                     | 4.0  | gm/dL | Newborn Children(2.4 - 4.8)<br>Adult(3.5 - 5.0) |
| Serum Globulin<br>Method (Calculated)                             | 3.20 | g/dL  | Adult(2.3 - 3.6)                                |
| Serum A/G Ratio<br>Method ( BCG)                                  | 1.25 |       | 1.0 - 2.3                                       |

### Note

- 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.
- In most type of liver disease, ALT activity is higher than that of AST; exception may be seen in

Report ID:- 31106 | Page 2/3



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 Patient Name **Mr. SHARIQUE AKHTAR KHAN**  
 Age/Gen 36 Years | Male  
 Referred By **Dr. Self**  
 Source BERLIN DIAG INS CORP - (2)

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## Report Of Biochemistry Examination

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

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<br>Method (GLDH,Kinetic Assay)             | 28.5  | mg/dL  | Adult ( 17 - 43 )<br>New Born ( 8.4 - 25.8 )<br>Infant ( 10.8 - 38.4 )  |
| Serum Creatinine<br>Method (Modified Jaffe, Kinetic)  | 1.0   | mg/dL  | Male:(0.72-1.16)<br>Female: (0.72-1.18)<br>Neonate: (0.26 - 1.01)<br>Infant (2months - less than 3yrs): (0.15-0.37)<br>Children (3 yrs - less than 15 yrs): (0.24-0.73) |
| Serum Uric Acid<br>Method (uricase-Colorimetric)      | 6.0   | mg/dL  | 3.5 - 8.5   |
| Serum Sodium<br>Method (By Indirect ISE)              | 138.8 | mmol/L | 136 - 145   |
| Serum Potassium<br>Method (By Indirect ISE)           | 4.5   | mmol/L | 3.5 - 5.1   |
| Serum Chloride<br>Method (By Ion-selective Electrode) | 103.8 | mmol/L | 98 - 107  |

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

Report ID:- 31106 | Page 3/3



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## Report Of Biochemistry Examination

| Investigation                                                            | Result | Unit(s) | Reference Range                              |
|--------------------------------------------------------------------------|--------|---------|----------------------------------------------|
| <b>GLYCOSYLATED HAEMOGLOBIN</b>                                          |        |         |                                              |
| Whole blood HbA1c<br>Method (HPLC)                                       | 5.2    | %       | Non diabetic level( < 6.0 )<br>Goal( < 7.0 ) |
| Whole blood eAG (Estimated AverageGlucose Level)<br>Method (CALCULATION) | 103    | 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>1c</sub>, 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>1c</sub> 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>1c</sub> estimation. The target goal is <7%.

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

#### American diabetes association guideline

#### Reference range

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

#### **GAMMA GLUTAMYL TRANSFERASE (GGT)**

|                                  |      |     |         |
|----------------------------------|------|-----|---------|
| Serum Gamma-Glutamyl Transferase | 38.5 | U/L | 10 - 45 |
|----------------------------------|------|-----|---------|

#### Interpretation(s)

GAMMA GLUTAMYL TRANSFERASE, SERUM-

Gamma glutamyl transferase (GGT) is an enzyme found in cell membranes of many tissues mainly in the liver, kidney, and pancreas. It is also found in other tissues including intestine, spleen, heart, brain, and seminal vesicles. The highest concentration is in the kidney, but the liver is considered the source of normal enzyme activity. Serum gamma-glutamyl transferase (GGT) has been widely used as an index of liver dysfunction. Elevated serum GGT activity can be found in diseases of the liver, biliary system, and pancreas

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Patient Name **Mr. SHARIQUE AKHTAR KHAN**  
Age/Gen 36 Years | Male  
Referred By **Dr. Self**  
Source BERLIN DIAG INS CORP - (2)

Patient ID 7603  
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Sample Received 16/09/2024 09:40 AM  
Report Generated 16/09/2024 12:20 PM

## Report Of Biochemistry Examination

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

.Conditions that increase serum GGT are obstructive liver disease, high alcohol consumption, and use of enzyme-inducing drugs etc.

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

Report ID:- 31109 | Page 2/2



  
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INV. No. QLSR-INV-I-07603/(2024-2025)(7564)  
 Patient Name **Mr. SHARIQUE AKHTAR KHAN**  
 Age/Gen 36 Years | Male  
 Referred By **Dr. Self**  
 Source BERLIN DIAG INS CORP - (2)

Patient ID 7603  
 Invoice Generated 16/09/2024 09:40 AM  
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 Report Generated 16/09/2024 12:57 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   | Pale Yellow |         | Pale Yellow     |
| Urine Appearance                                       | Transparent |         |                 |
| Urine Deposit  | Absent      |         |                 |
| Urine Specific Gravity                                 | 1.025       |         | 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                                 | 0-1         | /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 ~~~~~

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Patient ID 7603  
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 Report Generated 17/09/2024 11:01 AM



## Report Of Immunology Examination

| Investigation               | Result      | Unit(s) | Reference Range                                                                                                                                                                                                                                      |
|-----------------------------|-------------|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>(Thyroid Profile-I)</b>  |             |         |                                                                                                                                                                                                                                                      |
| Serum T3<br>Method (ECLIA)  | 0.91        | 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>Method (ECLIA)  | 9.64        | 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>Method (ECLIA) | <b>6.59</b> | 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 ~~~~~

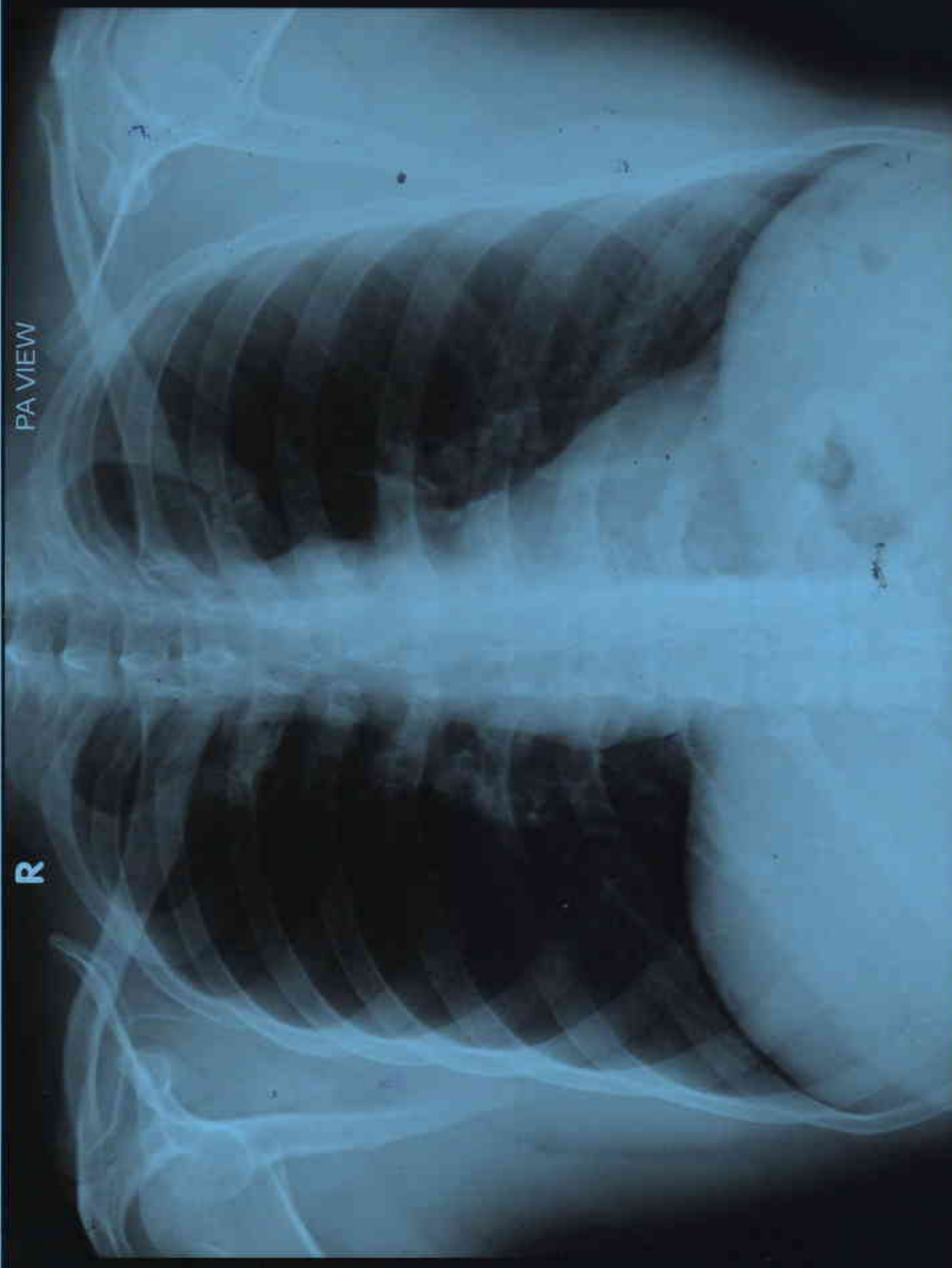
Report ID:- 31183 | Page 1/1



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R

PA VIEW



SHARIQUE AKHTAR KHAN AGE 36Y/M MEDIWHEEL BER/202425393 CHEST PA VIEW 14/09/2024  
BERLIN DIAGNOSTICS & DAY CARE, BARIATU ROAD, RANCHI.

|              |                             |                   |                                 |
|--------------|-----------------------------|-------------------|---------------------------------|
| Patient Name | Mr. SHARIQUE AKHTAR<br>KHAN | Requested By      | MEDIWHEEL                       |
| UHID. No,    | BER/2024/OPD25393           | Procedure Date    | 14.09.2024                      |
| Age/Sex      | 36 Y /MALE                  | Hospital / Centre | Berlin Diagnostic & Day<br>Care |

## X-RAY CHEST PA VIEW

### FINDINGS :

- Soft tissue opacity and thoracic bony cage appears to be normal.
- Both lungs fields are clear.
- Mediastinum appears to be normal,
- Trachea is in midline.
- Bilateral hilar shadow appears to be normal.
- Cardiac shadow is normal
- Both domes of diaphragm appear normal.
- Both costo-phrenic and cardio-phrenic angles appear to be clear and sharp.

### IMPRESSION:

- No Obvious Abnormality noted.



Dr. Ambuj Srivastav

M.D. Consultant Radiologist



**KHAN, SHARIQUE AKHTAR**

Patient ID 202425393

14.09.2024

10:50:27am

12-Lead Report

PRETEST

SUPINE

00:23

93 bpm

100/70 mmHg

BRUCE

0.0 km/h

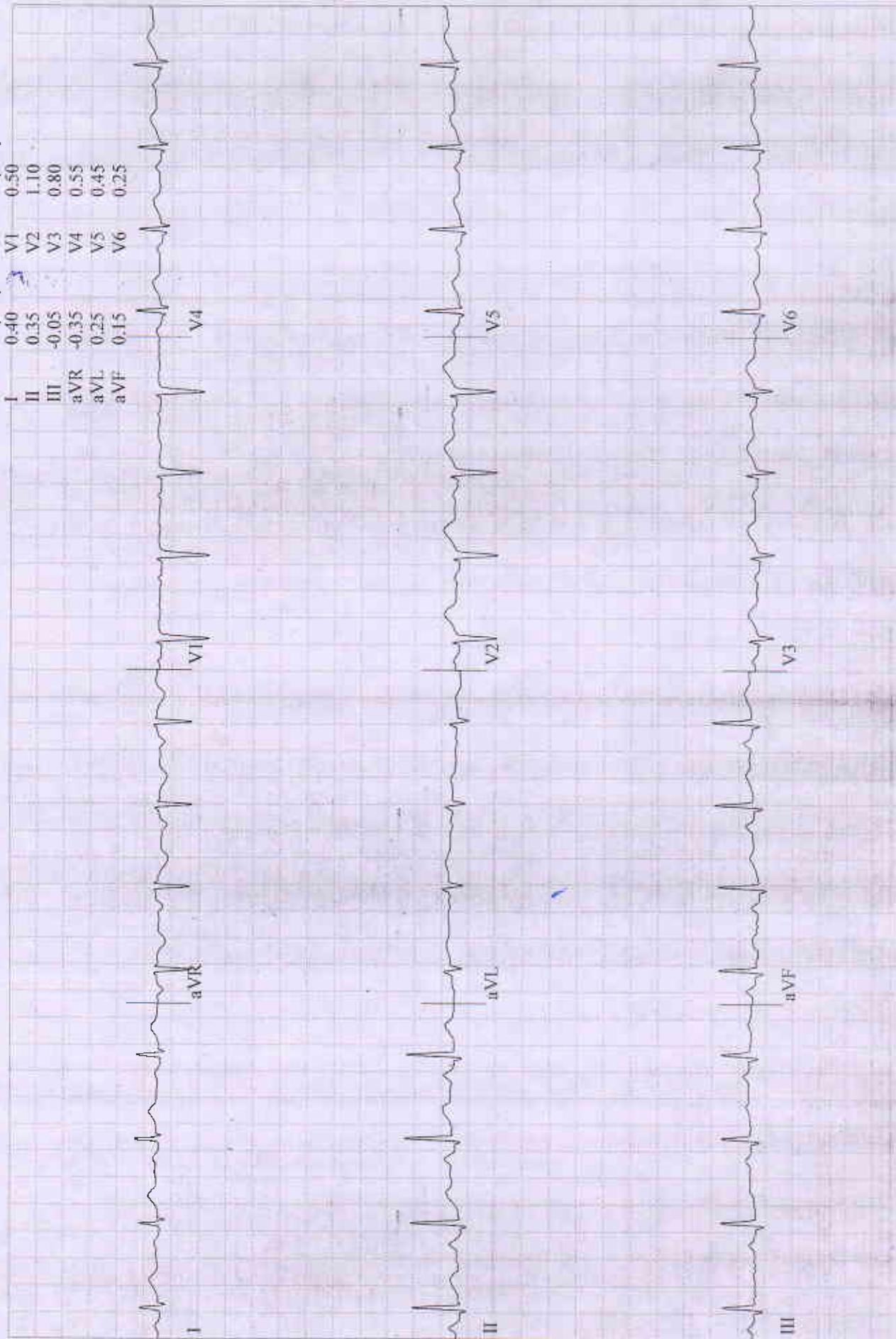
0.0 %

BERLIN DIAGNOSTICS AND DAY CARE

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

Auto Points

| Lead | ST(mm) | Lead | ST(mm) |
|------|--------|------|--------|
| I    | 0.40   | V1   | 0.50   |
| II   | 0.35   | V2   | 1.10   |
| III  | -0.05  | V3   | 0.80   |
| aVR  | -0.35  | V4   | 0.55   |
| aVL  | 0.25   | V5   | 0.45   |
| aVF  | 0.15   | V6   | 0.25   |



**KHAN, SHARIQUE AKHTAR**

Patient ID 202425393

14.09.2024

10:50:47am

12-Lead Report

PRETEST

STANDING

00:43

95 bpm

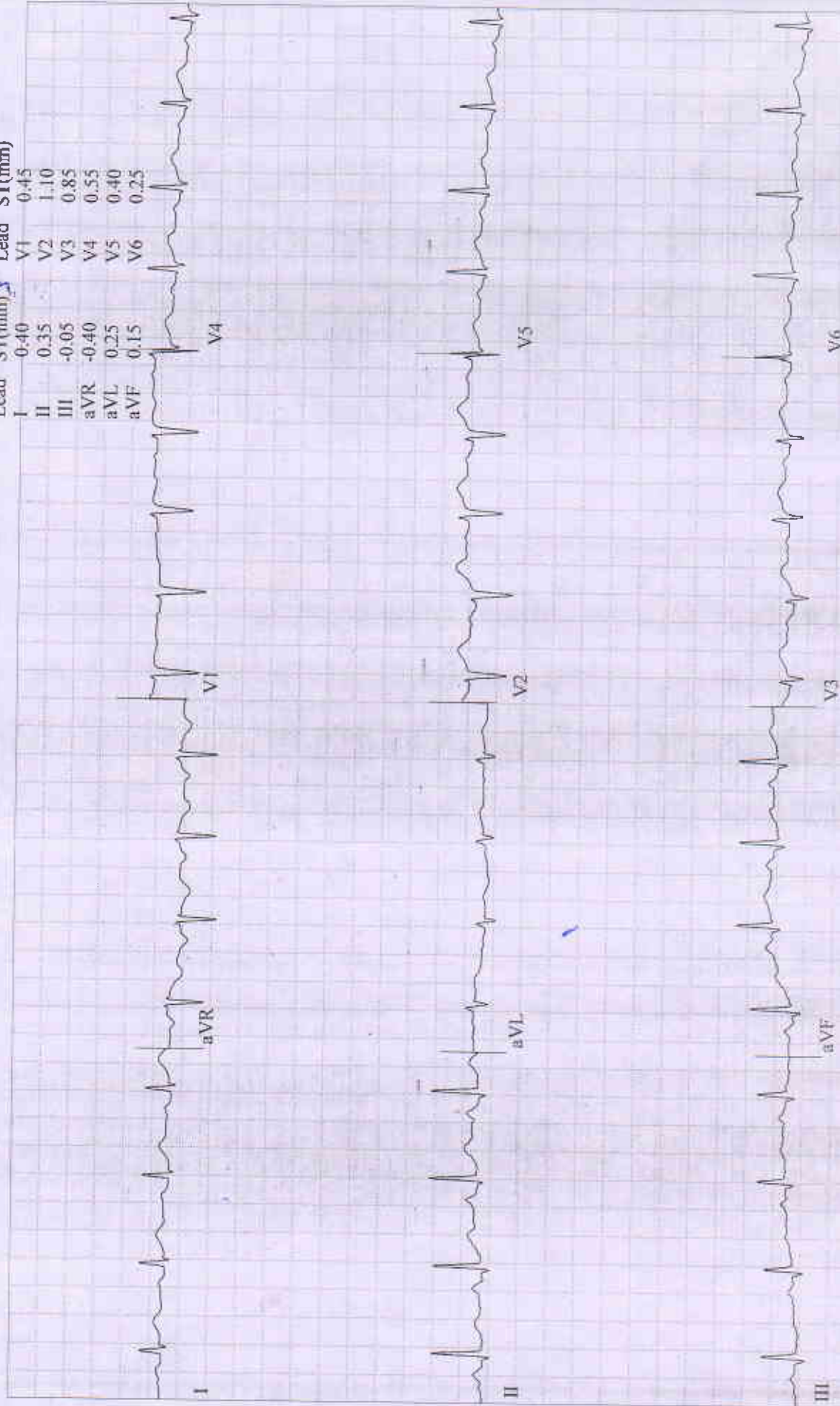
100/70 mmHg

BERLIN DIAGNOSTICS AND DAY CARE

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

Auto Points

| Lead | ST(mm) | Lead | ST(mm) |
|------|--------|------|--------|
| I    | 0.40   | V1   | 0.45   |
| II   | 0.35   | V2   | 1.10   |
| III  | -0.05  | V3   | 0.85   |
| aVR  | -0.40  | V4   | 0.55   |
| aVL  | 0.25   | V5   | 0.40   |
| aVF  | 0.15   | V6   | 0.25   |





**KHAN, SHARIQUE AKHTAR**

Patient ID 202423393

14.09.2024

10:51:16am

12-Lead Report

PRETEST

HYPERV.

01:12

86 bpm

100/70 mmHg

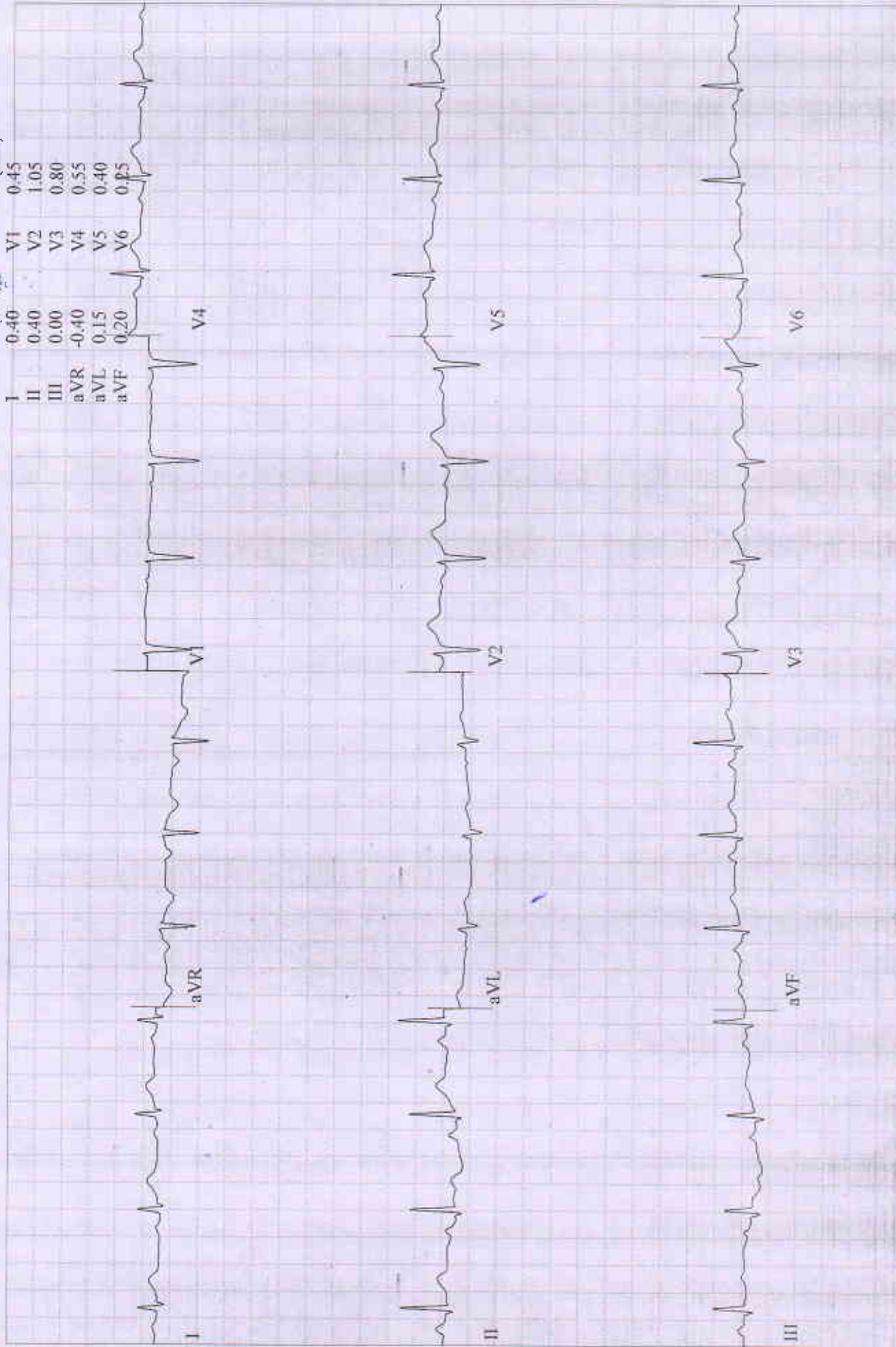
BERLIN DIAGNOSTICS AND DAY CARE

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

Auto Points

Lead ST(mm) Lead ST(mm)

| Lead | ST(mm) | Lead | ST(mm) |
|------|--------|------|--------|
| I    | 0.40   | V1   | 0.45   |
| II   | 0.40   | V2   | 1.05   |
| III  | 0.00   | V3   | 0.80   |
| aVR  | -0.40  | V4   | 0.55   |
| aVL  | 0.15   | V5   | 0.40   |
| aVF  | 0.20   | V6   | 0.85   |



**KHAN, SHARIQUE AKHTAR**

Patient ID 202425393

14.09.2024

10:51:37am

12-Lead Report

PRETEST

WARM-UP

01:33

95 bpm

100/70 mmHg

BRUCE

0.0 km/h

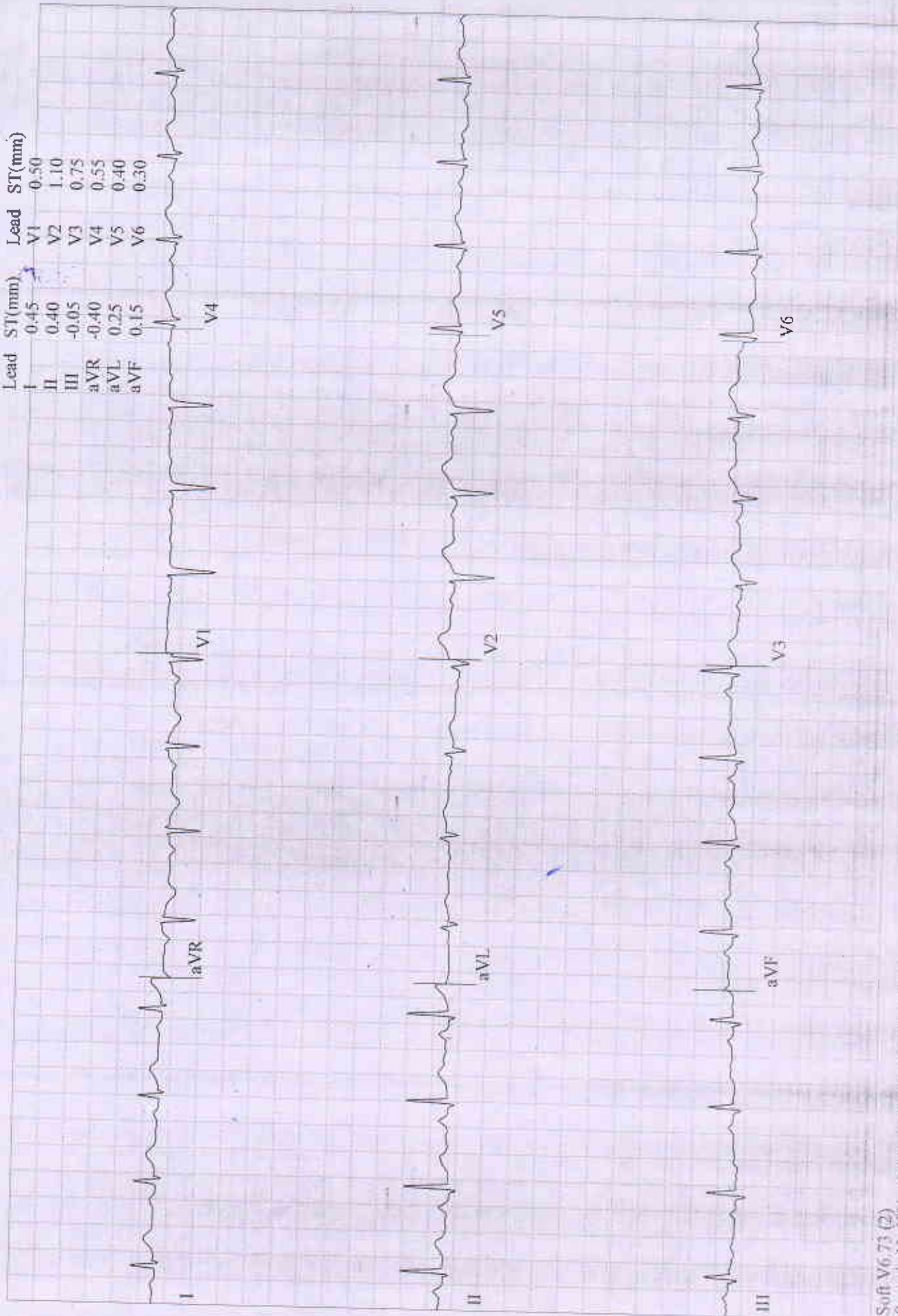
0.0 %

BERLIN DIAGNOSTICS AND DAY CARE

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

Auto Points

| Lead | ST(mm) | Lead | ST(mm) |
|------|--------|------|--------|
| I    | 0.45   | V1   | -0.50  |
| II   | 0.40   | V2   | 1.10   |
| III  | -0.05  | V3   | 0.75   |
| aVR  | -0.40  | V4   | 0.55   |
| aVL  | 0.25   | V5   | 0.40   |
| aVF  | 0.15   | V6   | 0.30   |



GE CardioSoft V6.73 (2)

25 mm/s 10 mm/mV 60Hz 0.01 20Hz FRF HR(1,V6)

Start of Test: 10:49:59am

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**KHAN, SHARIQUE AKHTAR**

Patient ID 202425393

14.09.2024

10:54:45am

**Comparative Medians Report**

**EXERCISE**

**STAGE 1**

**02:50**

**125 bpm**

**110/80 mmHg**

**BRUCE**

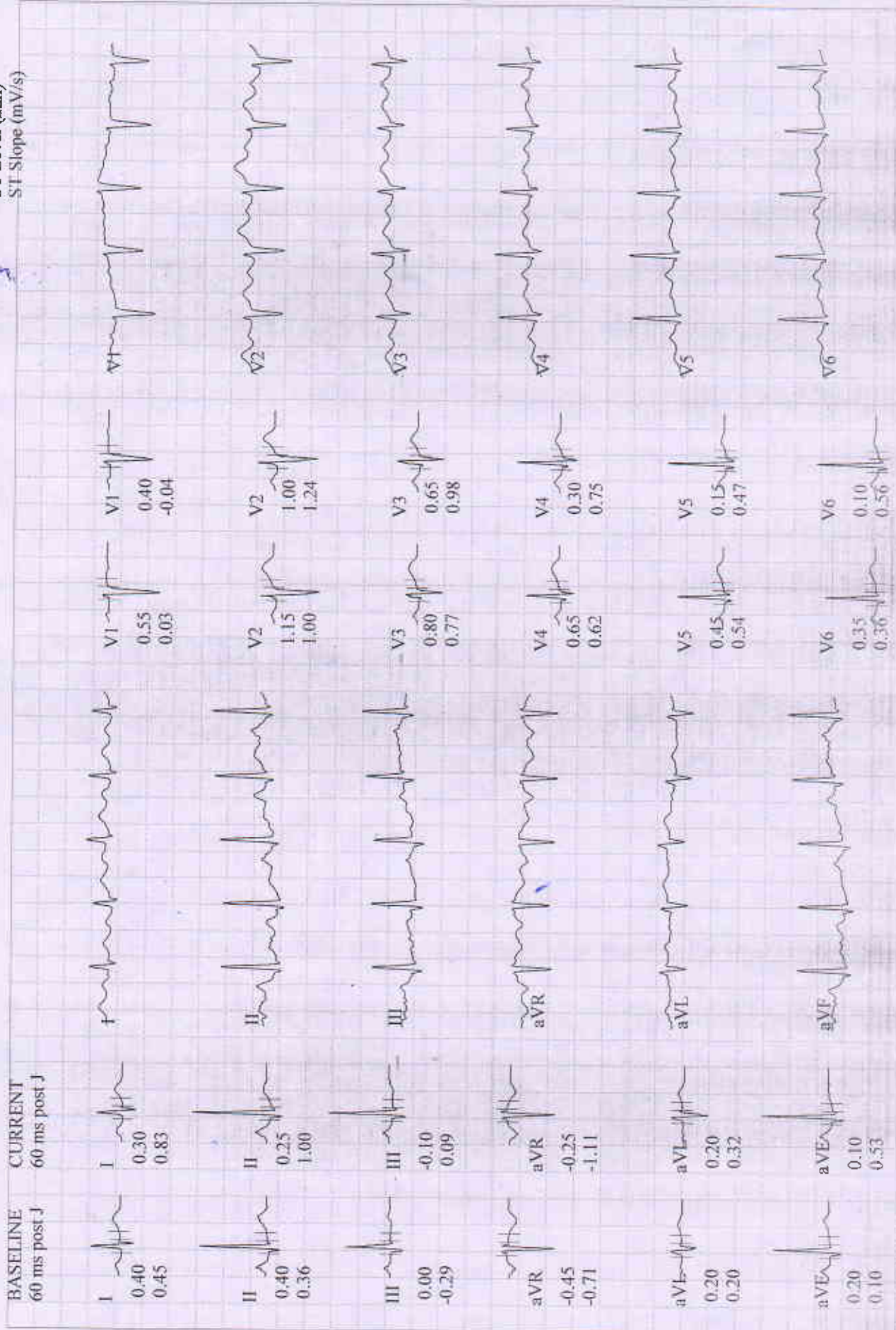
**2.7 km/h**

**10.0 %**

**BERLIN DIAGNOSTICS AND DAY CARE**

Lead

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





**KHAN, SHARIQUE AKHTAR**

Patient ID 202425393

14.09.2024

10:57:45am

144 bpm

118/88 mmHg

**Comparative Medians Report**

EXERCISE

STAGE 2

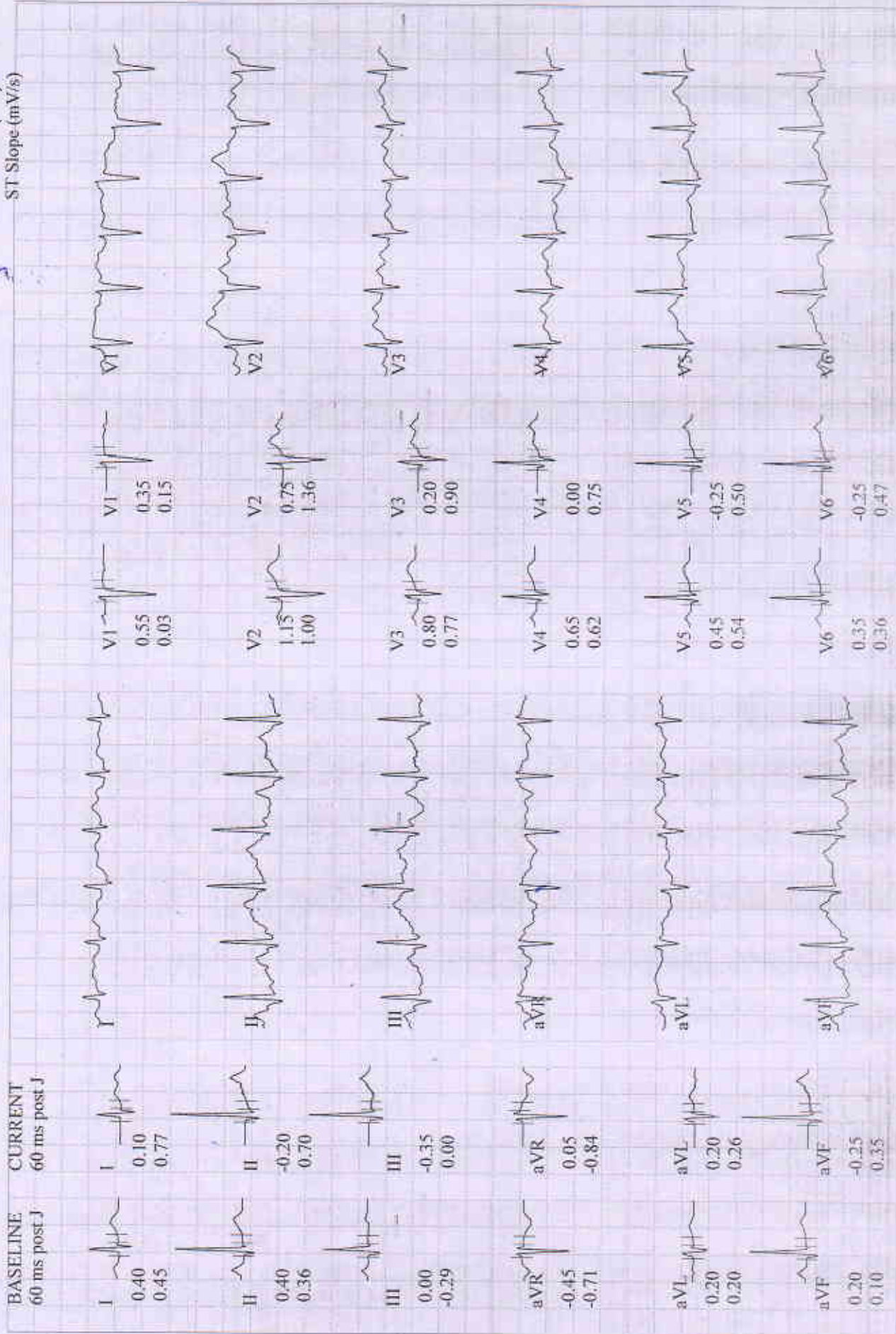
05:50

BRUCE

4.0 km/h

12.0 %

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



**KHAN, SHARIQUE AKHTAR**

Patient ID 202425393

14.09.2024

11:00:04am

**12-Lead Report ( PEAK EXERCISE )**

EXERCISE

STAGE 3

08:04

162 bpm

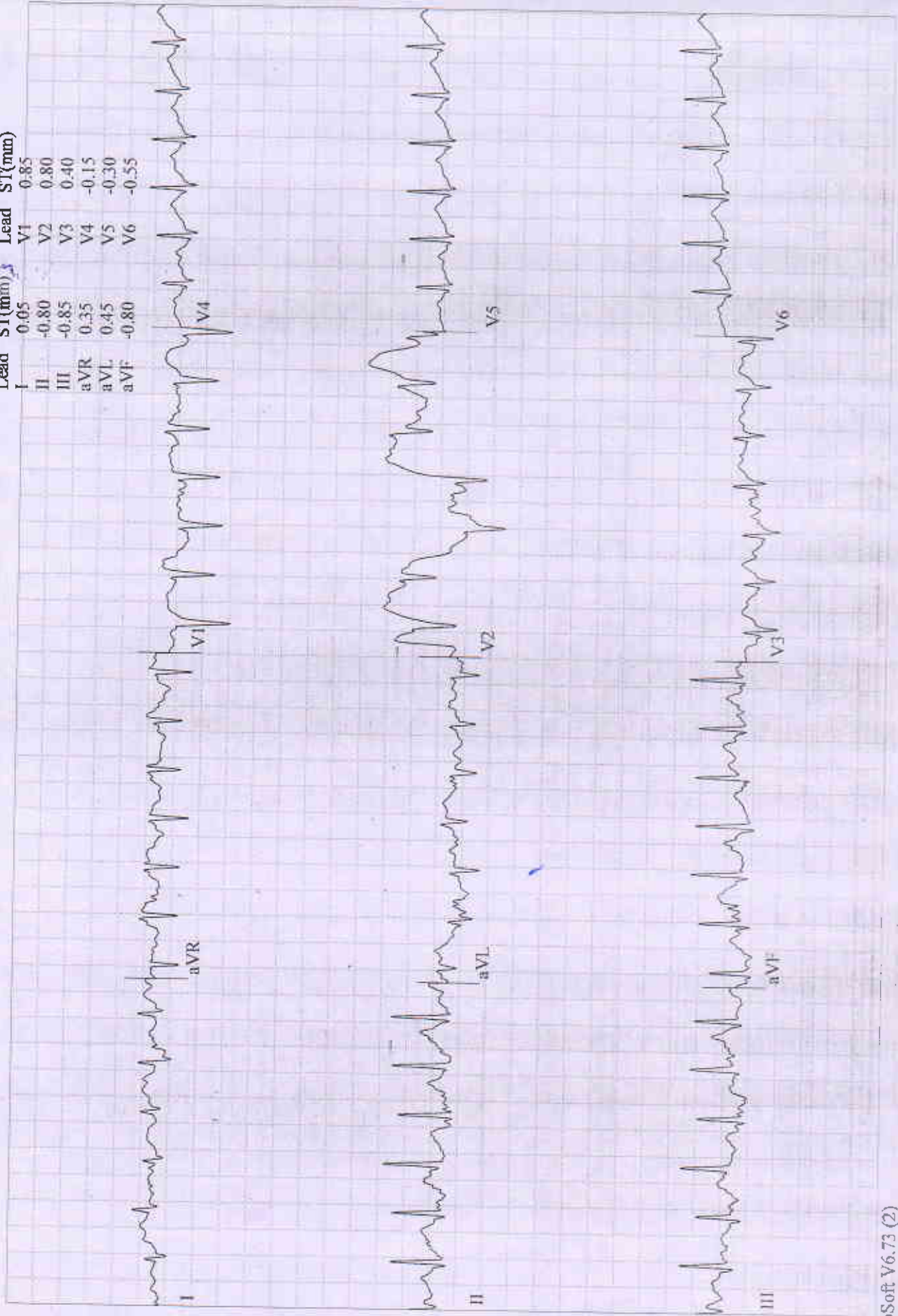
124/90 mmHg

BERLIN DIAGNOSTICS AND DAY CARE

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

Auto Points

| Lead | ST(mm) | Lead | ST(mm) |
|------|--------|------|--------|
| I    | 0.05   | V1   | 0.85   |
| II   | -0.80  | V2   | 0.80   |
| III  | -0.85  | V3   | 0.40   |
| aVR  | 0.35   | V4   | -0.15  |
| aVL  | 0.45   | V5   | -0.30  |
| aVF  | -0.80  | V6   | -0.55  |





**KHAN, SHARIQUE AKHTAR**

Patient ID 202425393

14.09.2024

11:00:48am

**Comparative Medians Report**

RECOVERY

#1

00:50

146 bpm

120/86 mmHg

BRUCE

2.4 km/h

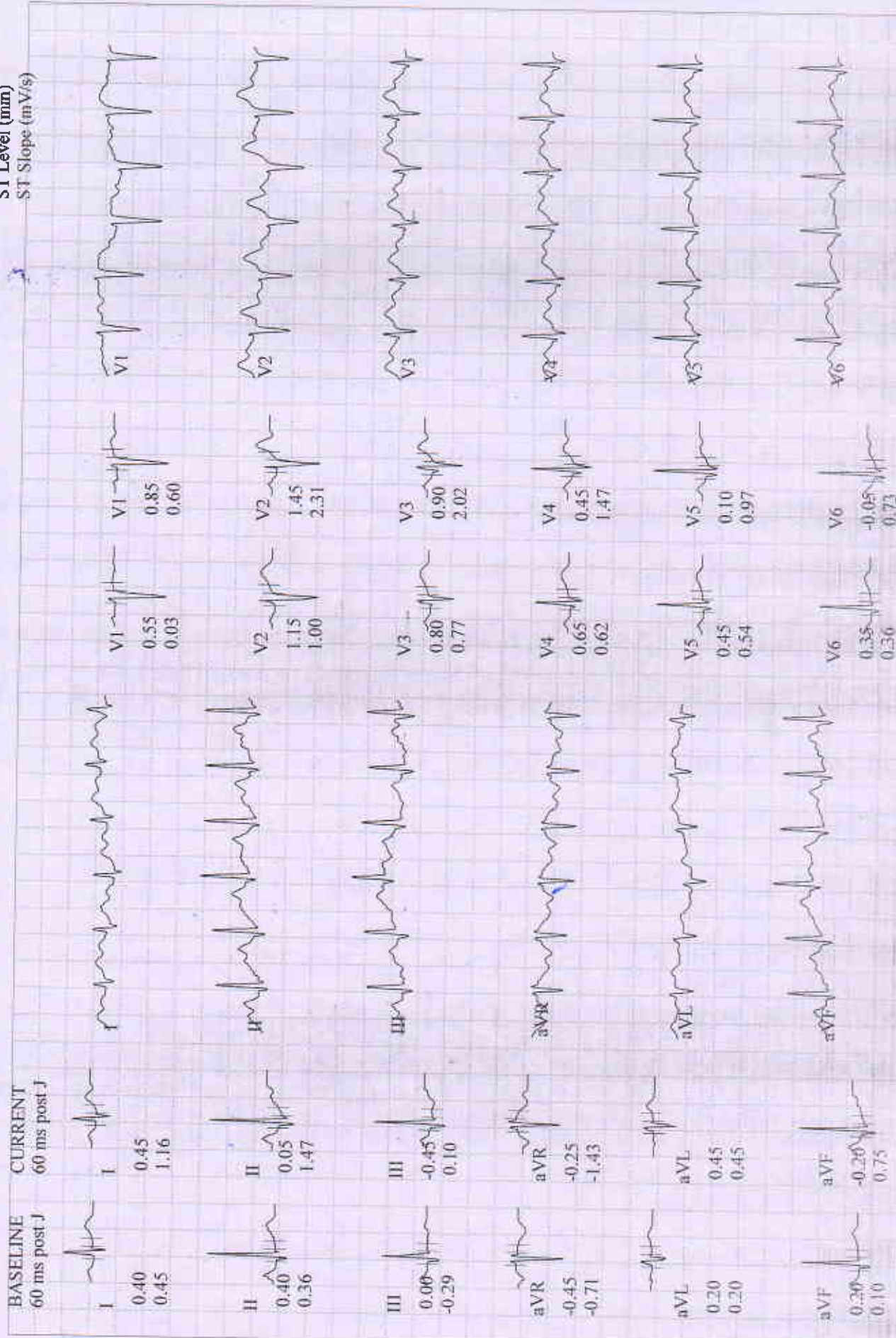
0.0 %

BERLIN DIAGNOSTICS AND DAY CARE

Lead

ST Level (mm)

ST Slope (mV/s)



GE CardioSoft V6.73 (2)

25 mm/s 10 mm/mV 60Hz 0.01 - 20Hz F.R.F. HR(HL.V6)

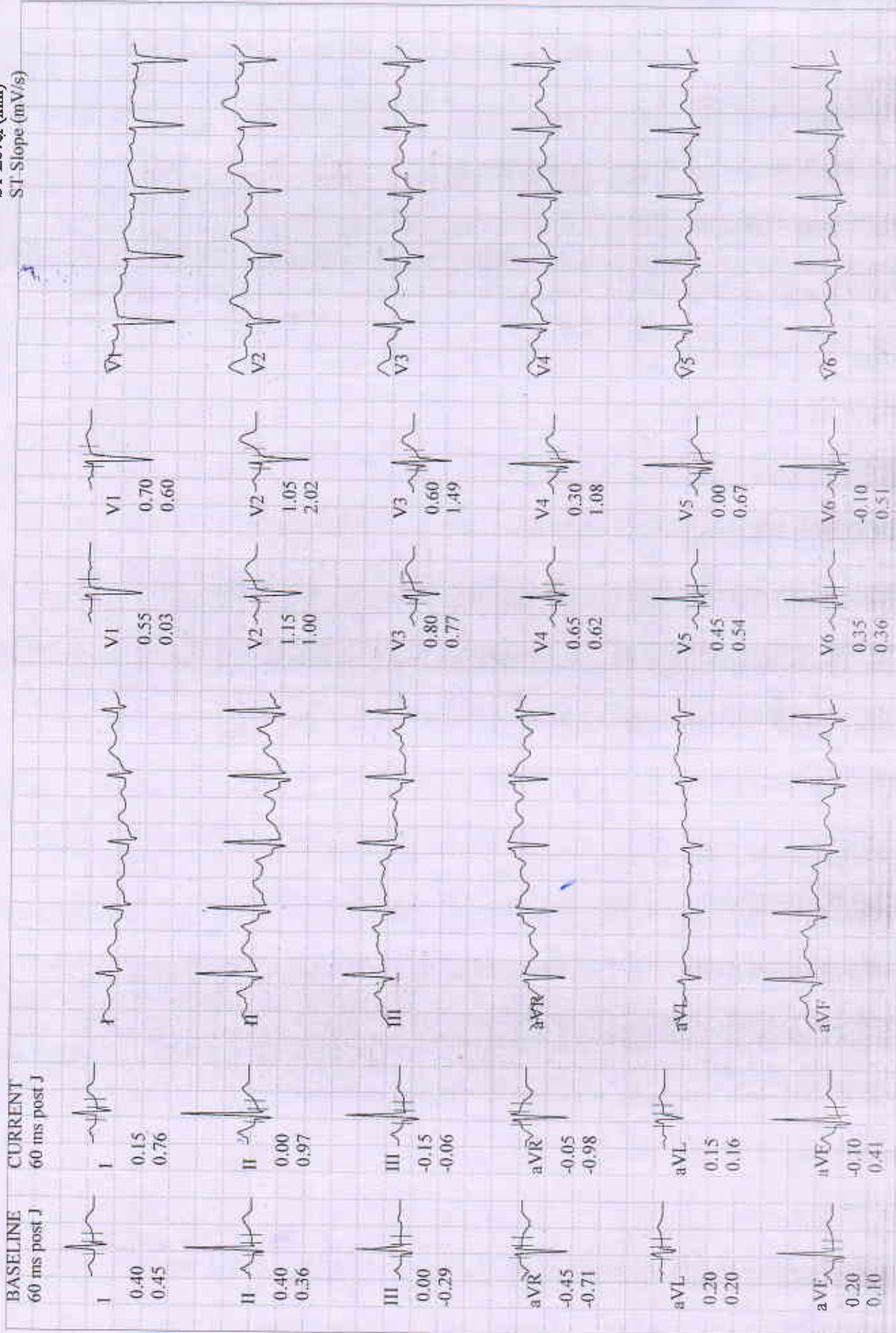
Start of Test: 10.49.59am

Page 8

Lead

ST Level (mm)

ST Slope (mV/s)





**KHAN, SHARIQUE AKHTAR**

Patient ID 202425393

14.09.2024

11:02:38am

**Comparative Medians Report**

RECOVERY

#1

02:40

120 bpm

104/76 mmHg

BRUCE

0.0 km/h

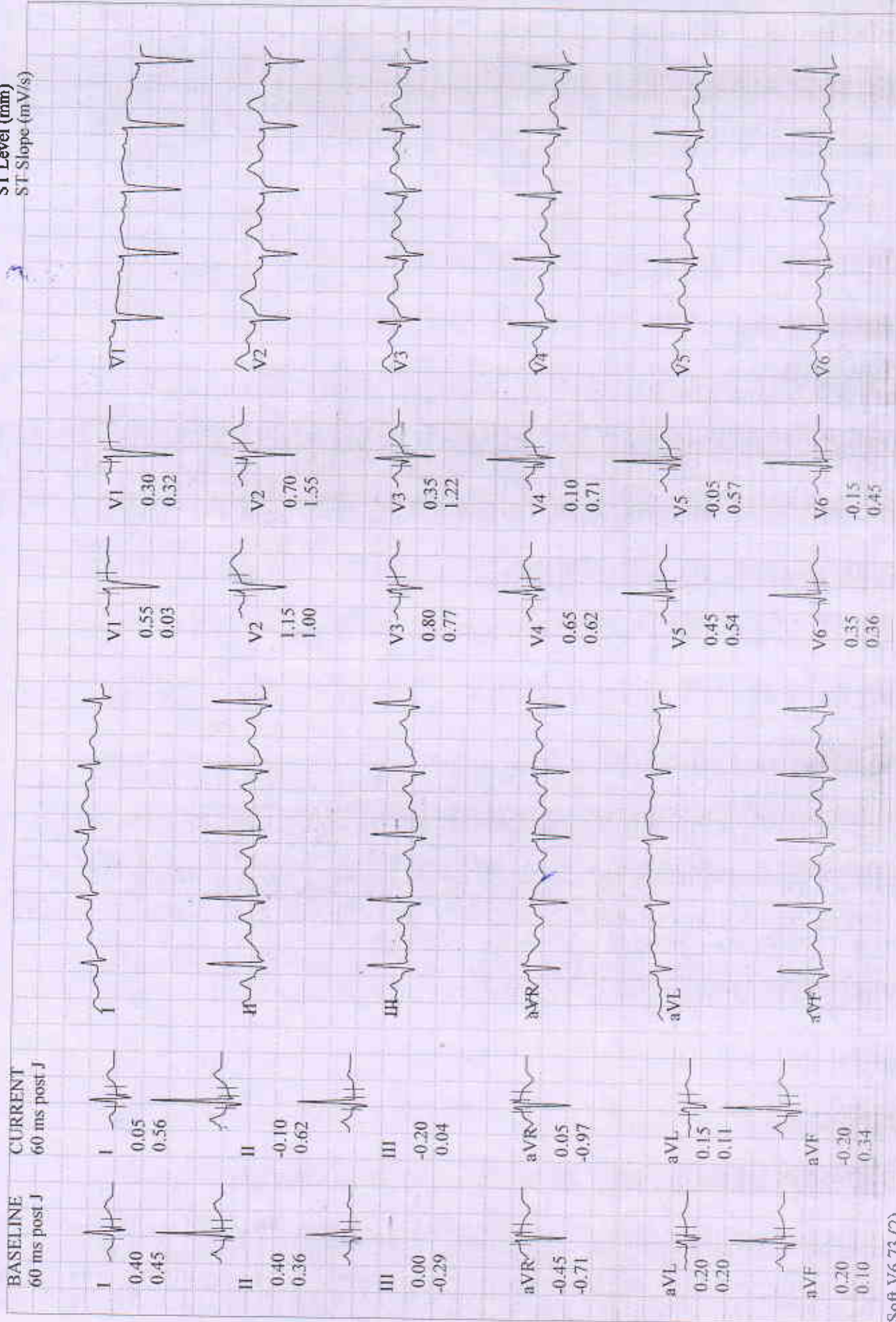
0.0 %

**BERLIN DIAGNOSTICS AND DAY CARE**

Lead

ST Level (mm)

ST-Slope (mV/s)





Selected Medians Report

**KHAN, SHARIQUE AKHTAR**

Patient ID 202425393

14.09.2024

10:49:59am

| BASELINE EXERCISE             | MAX. ST EXERCISE               | PEAK EXERCISE                  | TEST END RECOVERY              | BASELINE EXERCISE             | MAX. ST EXERCISE               | PEAK EXERCISE                  | TEST END RECOVERY              |
|-------------------------------|--------------------------------|--------------------------------|--------------------------------|-------------------------------|--------------------------------|--------------------------------|--------------------------------|
| 0:01<br>96 bpm<br>100/70 mmHg | 8:00<br>160 bpm<br>124/90 mmHg | 8:04<br>162 bpm<br>124/90 mmHg | 2:27<br>118 bpm<br>104/76 mmHg | 0:01<br>96 bpm<br>100/70 mmHg | 8:00<br>160 bpm<br>124/90 mmHg | 8:04<br>162 bpm<br>124/90 mmHg | 2:27<br>118 bpm<br>104/76 mmHg |
| I<br>0.40 mm<br>0.45 mV/s     | I<br>0.10<br>1.19              | I<br>0.10<br>1.25              | I<br>0.15<br>0.68              | V1<br>0.55<br>0.03            | V1<br>0.60<br>0.56             | V1<br>0.45<br>0.37             | V1<br>0.45<br>0.49             |
| II<br>0.40<br>0.36            | II<br>-0.75<br>0.56            | II<br>-0.55<br>0.68            | II<br>-0.10<br>0.71            | V2<br>1.15<br>1.00            | V2<br>0.35<br>2.27             | V2<br>0.75<br>2.56             | V2<br>0.70<br>1.61             |
| III<br>0.00<br>-0.29          | III<br>-0.80<br>-0.81          | III<br>-0.65<br>-0.75          | III<br>-0.20<br>0.10           | V3<br>0.80<br>0.77            | V3<br>0.25<br>1.77             | V3<br>0.30<br>1.69             | V3<br>0.40<br>1.30             |
| aVR<br>-0.45<br>-0.71         | aVR<br>0.50<br>-1.04           | aVR<br>0.25<br>-1.14           | aVR<br>-0.05<br>-1.01          | V4<br>0.65<br>0.62            | V4<br>-0.05<br>1.28            | V4<br>-0.10<br>1.22            | V4<br>0.10<br>0.83             |
| aVL<br>0.20<br>0.20           | aVL<br>0.45<br>0.89            | aVL<br>0.40<br>0.95            | aVL<br>0.15<br>0.26            | V5<br>0.45<br>0.54            | V5<br>-0.30<br>0.91            | V5<br>-0.25<br>1.00            | V5<br>-0.05<br>0.69            |
| aVF<br>0.20<br>0.10           | aVF<br>-0.80<br>-0.12          | aVF<br>-0.60<br>0.05           | aVF<br>-0.15<br>0.41           | V6<br>0.35<br>0.36            | V6<br>-0.50<br>0.59            | V6<br>-0.35<br>0.75            | V6<br>-0.15<br>0.51            |

Unconfirmed

GE CardioSoft V6.73 (2)  
10mm/mV 60Hz .01-20Hz FRF- HEART V5.4

Attending MD:

**KHAN, SHARIQUE AKHTAR**

Patient ID 202425393

14.09.2024

10:49:59am

Male 178 cm 85 kg

36yrs Asian

Meds:

Test Reason:

Medical History:

Ref. MD: Ordering MD:

Technician: Test Type:

Comment:

## Tabular Summary

## BERLIN DIAGNOSTICS AND DAY CARE

BRUCE: Total Exercise Time 08:03

Max HR: 162 bpm 88% of max predicted 184 bpm HR at rest: 92

Max BP: 124/90 mmHg BP at rest: 100/70 Max RPP: 19840 mmHg\*bpm

Maximum Workload: 10.00 METS

Max ST: -0.75 mm, 0.00 mV/s in II; EXERCISE STAGE 3 08:00

ST/HR index: 0.90  $\mu$ V/bpm

Reasons for Termination: Target heart rate achieved

Summary: Resting ECG: normal. 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**  
M.B.B.S. (RAN)DIPLOMA IN  
CARDIOPHYSIOLOGY (DIP Card)DR. AMAR KUMAR  
Cardiologist

DIP. Cardiology 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 (11 mm) | Comment |
|------------|------------|---------------|--------------|-----------|-----------------|----------|-----------|----------------|------------|------------------|---------|
| PRETEST    | SUPINE     | 00:33         | 0.00         | 0.00      | 1.0             | 96       | 100/70    | 9600           | 0          | 0.30             |         |
|            | STANDING   | 00:22         | 0.00         | 0.00      | 1.0             | 101      | 100/70    | 10100          | 0          | 0.40             |         |
|            | HYPERV.    | 00:31         | 0.00         | 0.00      | 1.0             | 90       | 100/70    | 9000           | 0          | 0.35             |         |
| EXERCISE   | WARM-UP    | 00:34         | 1.60         | 0.00      | 1.3             | 96       | 100/70    | 9600           | 0          | 0.35             |         |
|            | STAGE 1    | 03:00         | 2.70         | 10.00     | 4.6             | 126      | 110/80    | 13860          | 0          | 0.30             |         |
|            | STAGE 2    | 03:00         | 4.00         | 12.00     | 7.0             | 144      | 118/88    | 16992          | 0          | -0.40            |         |
| RECOVERY   | STAGE 3    | 02:04         | 5.40         | 14.00     | 10.0            | 162      | 124/90    | 20088          | 0          | -0.55            |         |
|            |            | 02:43         | 0.00         | 0.00      | 1.0             | 122      | 104/76    | 12688          | 0          | -0.15            |         |