

TEST REPORT

Reg. No. : 402100701	Reg. Date : 24-Feb-2024 09:12	Ref.No :	Approved On : 24-Feb-2024 11:07
Name : Mr. BHAVIKKUMAR BAROT			Collected On : 24-Feb-2024 09:36
Age : 34 Years	Gender: Male	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. :
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<u>Complete Blood Count</u>			
<u>Specimen: EDTA blood</u>			
<u>Hemoglobin</u>			
Hemoglobin(SLS method)	14.4	g/dL	13.0 - 17.0
Hematocrit (calculated)	41.4	%	40 - 50
RBC Count(Ele.Impedence)	4.71	X 10 ¹² /L	4.5 - 5.5
MCV (Calculated)	87.9	fL	83 - 101
MCH (Calculated)	30.6	pg	27 - 32
MCHC (Calculated)	H 34.8	g/dL	31.5 - 34.5
RDW (Calculated)	12.4	%	11.5 - 14.5
<u>Differential WBC count (Impedance and flow)</u>			
Total WBC count	6300	/μL	4000 - 10000
Neutrophils	56	%	38 - 70
Lymphocytes	34	%	21 - 49
Monocytes	08	%	3 - 11
Eosinophils	02	%	0 - 7
Basophils	00	%	0 - 1
<u>Platelet</u>			
Platelet Count (Ele.Impedence)	326000	/cmm	150000 - 410000
MPV	8.60	fL	6.5 - 12.0
Platelets appear on the smear	Adequate		
Malarial Parasites	Not Detected		

EDTA Whole Blood

Note: All abnormal hemograms are reviewed and confirmed microscopically. Peripheral blood smear and malarial parasite examination are not part of CBC report.

Test done from collected sample.

This is an electronically authenticated report.



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TEST REPORT

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Name : Mr. BHAVIKKUMAR BAROT Collected On : 24-Feb-2024 09:36
Age : 34 Years Gender: Male Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. :
Location :

Test Name	Results	Units	Bio. Ref. Interval
ESR	13	mm/hr	17-50 Yrs : <12, 51-60 Yrs : <19, 61-70 Yrs : <20, >70 Yrs : <30

Capillary Microphotometry

Sample Type: EDTA Whole Blood

Test done from collected sample.

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Approved by: Dr. Avinash B Panchal

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TEST REPORT

Reg. No. : 402100701 Reg. Date : 24-Feb-2024 09:12 Ref.No : Approved On : 24-Feb-2024 11:11
Name : Mr. BHAVIKKUMAR BAROT Collected On : 24-Feb-2024 09:36
Age : 34 Years Gender: Male Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. :
Location :

Test Name	Results	Units	Bio. Ref. Interval
BLOODGROUP & RH			
<u>Specimen: EDTA and Serum; Method: Gel card system</u>			
Blood Group "ABO" <i>Agglutination</i>	"O"		
Blood Group "Rh" <i>Agglutination</i>	Positive		
EDTA Whole Blood			

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TEST REPORT

Reg. No. : 402100701	Reg. Date : 24-Feb-2024 09:12	Ref.No :	Approved On : 24-Feb-2024 13:59
Name : Mr. BHAVIKKUMAR BAROT			Collected On : 24-Feb-2024 09:36
Age : 34 Years	Gender: Male	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. :
Location :			

Test Name	Results	Units	Bio. Ref. Interval
PERIPHERAL BLOOD SMEAR EXAMINATION			
Specimen: Peripheral blood smear & EDTA blood, Method:Microscopy			
RBC Morphology	RBCs are normocytic normochromic.		
WBC Morphology	Total WBC and differential count is within normal limit. No abnormal cells or blasts are seen.		
Differential Count	.		
Neutrophils	57	%	38 - 70
Lymphocytes	31	%	21 - 49
Monocytes	07	%	3 - 11
Eosinophils	04	%	0 - 7
Basophils	01	%	0 - 2
Platelets	Platelets are adequate with normal morphology.		
Parasite	Malarial parasite is not detected.		
Sample Type: EDTA Whole Blood			

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TEST REPORT

Reg. No. : 402100701 **Reg. Date** : 24-Feb-2024 09:12 **Ref.No** : **Approved On** : 24-Feb-2024 13:25
Name : Mr. BHAVIKKUMAR BAROT **Collected On** : 24-Feb-2024 09:36
Age : 34 Years **Gender:** Male **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** :
Location :

Test Name	Results	Units	Bio. Ref. Interval
<u>FASTING PLASMA GLUCOSE</u> <u>Specimen: Fluoride plasma</u>			
Fasting Plasma Glucose <i>Hexokinase</i>	95.76	mg/dL	Normal: <=99.0 Prediabetes: 100-125 Diabetes :>=126

Fluoride Plasma

Criteria for the diagnosis of diabetes:

- HbA1c ≥ 6.5 *
Or
- Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.
Or
- Two hour plasma glucose ≥ 200 mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.
Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose ≥ 200 mg/dL. *In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34:S11.

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Name : Mr. BHAVIKKUMAR BAROT			Collected On : 24-Feb-2024 12:09
Age : 34 Years	Gender : Male	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. :
Location :			

Test Name	Results	Units	Bio. Ref. Interval
POST PRANDIAL PLASMA GLUCOSE			
<u>Specimen: Fluoride plasma</u>			
Post Prandial Plasma Glucose <i>Hexokinase</i>	L 91.34	mg/dL	Normal: <=139 Prediabetes : 140-199 Diabetes: >=200
Flouride Plasma			

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Name : Mr. BHAVIKKUMAR BAROT **Collected On** : 24-Feb-2024 09:36
Age : 34 Years **Gender:** Male **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** :
Location :

Test Name	Results	Units	Bio. Ref. Interval
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GGT	37	U/L	10 - 71
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L-Y-Glutamyl-3 Carboxy-4-Nitroanilide, Enzymetic Colorimetric

Serum

Uses:

- Diagnosing and monitoring hepatobiliary disease.
- To ascertain whether the elevated ALP levels are due to skeletal disease or due to presence of hepatobiliary disease.
- A screening test for occult alcoholism.

Increased in:

- Intra hepatic biliary obstruction.
- Post hepatic biliary obstruction
- Alcoholic cirrhosis
- Drugs such as phenytoin and phenobarbital.
- Infectious hepatitis (modest elevation)
- Primary/ Secondary neoplasms of liver.

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Name : Mr. BHAVIKKUMAR BAROT **Collected On** : 24-Feb-2024 09:36
Age : 34 Years **Gender:** Male **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** :
Location :

Test Name	Results	Units	Bio. Ref. Interval
LIPID PROFILE			
CHOLESTEROL	200.00	mg/dL	Desirable <=200 Borderline high risk 200 - 240 High Risk >240
Triglyceride <i>Enzymatic Colorimetric Method</i>	188.00	mg/dL	<150 : Normal, 150-199 : Border Line High, 200-499 : High, >=500 : Very High
Very Low Density Lipoprotein(VLDL) <i>Calculated</i>	H 38	mg/dL	0 - 30
Low-Density Lipoprotein (LDL) <i>Calculated Method</i>	114.69	mg/dL	< 100 : Optimal, 100-129 : Near Optimal/above optimal, 130-159 : Borderline High, 160-189 : High, >=190 : Very High
High-Density Lipoprotein(HDL)	47.31	mg/dL	<40 >60
CHOL/HDL RATIO <i>Calculated</i>	H 4.23		0.0 - 3.5
LDL/HDL RATIO <i>Calculated</i>	2.42		1.0 - 3.4
TOTAL LIPID <i>Calculated</i>	736.00	mg/dL	400 - 1000
Serum			

As a routine test to determine if your cholesterol level is normal or falls into a borderline-, intermediate- or high-risk category.
 To monitor your cholesterol level if you had abnormal results on a previous test or if you have other risk factors for heart disease.
 To monitor your body's response to treatment, such as cholesterol medications or lifestyle changes.
 To help diagnose other medical conditions, such as liver disease.
 Note : biological reference intervals are according to the national cholesterol education program (NCEP) guidelines.

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Name : Mr. BHAVIKKUMAR BAROT **Collected On** : 24-Feb-2024 09:36
Age : 34 Years **Gender:** Male **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** :
Location :

Test Name	Results	Units	Bio. Ref. Interval
LIVER FUNCTION TEST			
TOTAL PROTEIN	7.27	g/dL	6.6 - 8.8
ALBUMIN	4.57	g/dL	3.5 - 5.2
GLOBULIN <i>Calculated</i>	2.70	g/dL	2.4 - 3.5
ALB/GLB <i>Calculated</i>	1.69		1.2 - 2.2
SGOT	20.00	U/L	<35
SGPT	16.70	U/L	<41
Alkaline Phosphatase <i>ENZYMATIC COLORIMETRIC IFCC, PNP, AMP BUFFER</i>	73.70	U/L	40 - 130
TOTAL BILIRUBIN	0.87	mg/dL	0.1 - 1.2
DIRECT BILIRUBIN	0.20	mg/dL	<0.2
INDIRECT BILIRUBIN <i>Calculated</i>	0.67	mg/dL	0.0 - 1.00
Serum			

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Name : Mr. BHAVIKKUMAR BAROT **Collected On** : 24-Feb-2024 09:36
Age : 34 Years **Gender:** Male **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** :
Location :

Test Name	Results	Units	Bio. Ref. Interval
HEMOGLOBIN A1C (HBA1C) <i>High Performance Liquid Chromatography (HPLC)</i>	5.40	%	Normal: ≤ 5.6 Prediabetes: 5.7-6.4 Diabetes: ≥ 6.5 6-7 : Near Normal Glycemia, <7 : Goal , 7-8 : Good Control ,>8 : Action Suggested.
Mean Blood Glucose <i>(Calculated)</i>	108	mg/dL	

Sample Type: EDTA Whole Blood

Criteria for the diagnosis of diabetes

- HbA1c ≥ 6.5 * Or Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs. Or
- Two hour plasma glucose ≥ 200 mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water. Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose ≥ 200 mg/dL. *In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011:34:S11.

Limitation of HbA1c

- In patients with Hb variants even analytically correct results do not reflect the same level of glycemic control that would be expected in patients with normal population.
 - Any cause of shortened erythrocyte survival or decreased mean erythrocyte survival or decreased mean erythrocyte age eg. hemolytic diseases, pregnancy, significant recent/chronic blood loss etc. will reduce exposure of RBC to glucose with consequent decrease in HbA1c values.
 - Glycated HbF is not detected by this assay and hence specimens containing high HbF ($>10\%$) may result in lower HbA1c values than expected. Importance of HbA1C (Glycated Hb.) in Diabetes Mellitus
- HbA1C, also known as glycated hemoglobin, is the most important test for the assessment of long term blood glucose control(also called glycemic control).
 - HbA1C reflects mean glucose concentration over past 6-8 weeks and provides a much better indication of long term glycemic control than blood glucose determination.
 - HbA1c is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
 - Long term complications of diabetes such as retinopathy (Eye-complications), nephropathy (kidney-complications) and neuropathy (nerve complications), are potentially serious and can lead to blindness, kidney failure, etc.
 - Glycemic control monitored by HbA1c measurement using HPLC method (GOLD STANDARD) is considered most important. (Ref. National Glycohaemoglobin Standardization Program - NGSP)
- Note : Biological reference intervals are according to American Diabetes Association (ADA) Guidelines.

Test done from collected sample.

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Name : Mr. BHAVIKKUMAR BAROT **Collected On :** 24-Feb-2024 09:36
Age : 34 Years **Gender:** Male **Pass. No. :** **Dispatch At :**
Ref. By : APOLLO **Tele No. :**
Location :

Bio-Rad CDM System
Bio-Rad Variant V-II Instrument #1

PATIENT REPORT
V2TURBO_A1c_2.0

Patient Data

Sample ID: 140203500535
Patient ID:
Name:
Physician:
Sex:
DOB:

Analysis Data

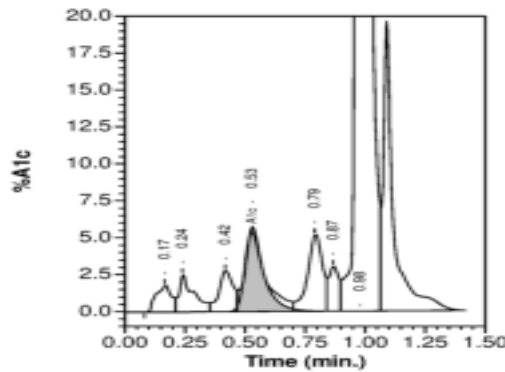
Analysis Performed: 24/02/2024 13:49:35
Injection Number: 7947
Run Number: 324
Rack ID:
Tube Number: 1
Report Generated: 24/02/2024 13:53:03
Operator ID:

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	1.2	0.165	20559
A1b	---	1.6	0.238	27261
LA1c	---	1.7	0.418	28336
A1c	5.4	---	0.528	77017
P3	---	3.5	0.791	57882
P4	---	1.3	0.865	22493
Ac	---	86.1	0.977	1443809

Total Area: 1,677,356

HbA1c (NGSP) = 5.4 %



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TEST REPORT

Reg. No. : 402100701 **Reg. Date** : 24-Feb-2024 09:12 **Ref.No** : **Approved On** : 24-Feb-2024 14:26
Name : Mr. BHAVIKKUMAR BAROT **Collected On** : 24-Feb-2024 09:36
Age : 34 Years **Gender:** Male **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** :
Location :

Test Name	Results	Units	Bio. Ref. Interval
THYROID FUNCTION TEST			
T3 (triiodothyronine), Total <small>CMIA</small>	1.34	ng/mL	0.70 - 2.04
T4 (Thyroxine), Total <small>CMIA</small>	7.99	µg/dL	4.6 - 10.5
TSH (Thyroid stimulating hormone) <small>CMIA</small>	H 5.264	µIU/mL	0.35 - 4.94

Sample Type: Serum

Comments:

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

- First Trimester : 0.1 to 2.5 µIU/mL
- Second Trimester : 0.2 to 3.0 µIU/mL
- Third trimester : 0.3 to 3.0 µIU/mL

Reference : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition. Philadelphia: WB Saunders,2012:2170

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TEST REPORT

Reg. No. : 402100701 **Reg. Date** : 24-Feb-2024 09:12 **Ref.No** : **Approved On** : 24-Feb-2024 12:22
Name : Mr. BHAVIKKUMAR BAROT **Collected On** : 24-Feb-2024 09:36
Age : 34 Years **Gender:** Male **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** :
Location :

Test Name	Results	Units	Bio. Ref. Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Colour	Pale Yellow		
Clarity	Clear		
CHEMICAL EXAMINATION (by strip test)			
pH	6.0		4.6 - 8.0
Sp. Gravity	1.020		1.002 - 1.030
Protein	Nil		Absent
Glucose	Nil		Absent
Ketone	Nil		Absent
Bilirubin	Nil		Nil
Nitrite	Absent		Nil
MICROSCOPIC EXAMINATION			
Leucocytes (Pus Cells)	1-2		0 - 5/hpf
Erythrocytes (RBC)	2-3		0 - 5/hpf
Casts	Nil	/hpf	Absent
Crystals	Nil		Absent
Epithelial Cells	Nil		Nil
Monilia	Nil		Nil
T. Vaginalis	Nil		Nil
Urine			

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TEST REPORT

Reg. No. : 402100701 Reg. Date : 24-Feb-2024 09:12 Ref.No : Approved On : 24-Feb-2024 11:38
Name : Mr. BHAVIKKUMAR BAROT Collected On : 24-Feb-2024 09:36
Age : 34 Years Gender: Male Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. :
Location :

Test Name	Results	Units	Bio. Ref. Interval
Creatinine	0.78	mg/dL	0.67 - 1.5

Serum

Creatinine is the most common test to assess kidney function. Creatinine levels are converted to reflect kidney function by factoring in age and gender to produce the eGFR (estimated Glomerular Filtration Rate). As the kidney function diminishes, the creatinine level increases; the eGFR will decrease. Creatinine is formed from the metabolism of creatine and phosphocreatine, both of which are principally found in muscle. Thus the amount of creatinine produced is, in large part, dependent upon the individual's muscle mass and tends not to fluctuate much from day-to-day. Creatinine is not protein bound and is freely filtered by glomeruli. All of the filtered creatinine is excreted in the urine.

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Age : 34 Years Gender: Male Pass. No. : Dispatch At :
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Location :

Test Name	Results	Units	Bio. Ref. Interval
Urea	L 17.0	mg/dL	19.01 - 44.1

Method:Urease


Sample Type: Serum

Urea/ BUN is screening test for evaluation of kidney function. Urea is the final degradation product of protein and amino acid metabolism. In protein catabolism, the proteins are broken down to amino acids and deaminated. The ammonia formed in this process is synthesized to urea in the liver. This is the most important catabolic pathway for eliminating excess nitrogen in the human body. Increased blood urea nitrogen (BUN) may be due to prerenal causes (cardiac decompensation, water depletion due to decreased intake and excessive loss, increased protein catabolism, and high protein diet), renal causes (acute glomerulonephritis, chronic nephritis, polycystic kidney disease, nephrosclerosis, and tubular necrosis), and postrenal causes (eg, all types of obstruction of the urinary tract, such as stones, enlarged prostate gland, tumors). The determination of serum BUN currently is the most widely used screening test for the evaluation of kidney function. The test is frequently requested along with the serum creatinine test since simultaneous determination of these 2 compounds appears to aid in the differential diagnosis of prerenal, renal and postrenal hyperuremia.

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Name : Mr. BHAVIKKUMAR BAROT			Collected On : 24-Feb-2024 09:36
Age : 34 Years	Gender : Male	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. :
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<u>ELECTROLYTES</u>			
Sodium (Na+) <small>Method:ISE</small>	140.00	mmol/L	136 - 145
Potassium (K+) <small>Method:ISE</small>	4.6	mmol/L	3.5 - 5.1
Chloride(Cl-) <small>Method:ISE</small>	106.00	mmol/L	98 - 107

Sample Type: Serum

Comments

The electrolyte panel is ordered to identify electrolyte, fluid, or pH imbalance. Electrolyte concentrations are evaluated to assist in investigating conditions that cause electrolyte imbalances such as dehydration, kidney disease, lung diseases, or heart conditions. Repeat testing of the electrolyte or its components may be used to monitor the patient's response to treatment of any condition that may be causing the electrolyte, fluid or pH imbalance.

----- End Of Report -----

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NAME :	BHAVIK BAROT	DATE :	24/02/2024
AGE/SEX:	34Y/M	REG.NO :	00
REFERRED BY: HEALTH CHECK UP			

X-RAY CHEST PA VIEW

- Both lung fields are clear.
- No evidence of consolidation or Koch's lesion seen.
- Heart size is within normal limit.
- Both CP angles are clear.
- Both dome of diaphragm appear normal.
- Bony thorax under vision appears normal.

Dr. VIDHI SHAH
MD RADIODIAGNOSIS



NAME :	BHAVIK BAROT	DATE :	24/02/2024
AGE/SEX:	34Y/M	REG.NO :	00
REFERRED BY: HEALTH CHECK UP			

USG ABDOMEN

LIVER: normal in size & shows normal echotexture. No evidence of dilated IHBR. No evidence of focal or diffuse lesion. CBD & Portal vein appears normal.

GALL-BLADDER: normal, No evidence of Gall Bladder calculi.

PANCREAS: appears normal in size & echotexture, No evidence of peri-pancreatic fluid collection.

SPLEEN: normal in size & shows normal echogenicity.

KIDNEYS: Right kidney measures 121 x 49 mm. Left kidney measures 105 x 56 mm. Both kidneys appear normal in size & echotexture. No evidence of calculus or hydronephrosis on either side.

URINARY

BLADDER: appears normal and shows normal distension & normal wall thickness. No evidence of calculus or mass lesion.

PROSTATE: normal in size & echotexture.

No evidence of Ascites.

No evidence of significant lymphadenopathy.

USG WITH HIGH FREQUENCY SOFT TISSUE PROBE:

Visualized bowel loops appears normal in caliber. No evidence of focal or diffuse wall thickening. No collection in RIF.

CONCLUSION:

➤ **Normal USG abdomen.**

Dr. VIDHI SHAH
MD RADIODIAGNOSIS



NAME	BHAVIKKUMAR BAROT		
AGE/ SEX	34 yrs / M	DATE	24.2.2024
REF. BY	Health Checkup	DONE BY	Dr. Parth Thakkar Dr. Abhimanyu Kothari

2D ECHO CARDIOGRAPHY & COLOR DOPPLER STUDY

FINDINGS:-

- Normal LV systolic function, LVEF=60%.
- No RWMA at rest.
- Normal LV Compliance.
- LV & LA are of normal size.
- RA & RV are of normal size.
- Intact IAS & IVS.
- All valves are structurally normal.
- Trivial MR, Trivial AR, No PR.
- No TR, No PAH, RVSP=25mmHg.
- No Clots or vegetation.
- No evidence of pericardial effusion.
- IVC is normal in size and preserved respiratory variation.

MEASUREMENTS:-


LVIDD	40 (mm)	LA	32 (mm)
LVIDS	20 (mm)	AO	29 (mm)
LVEF	60%	AV cusp	
IVSD / LVPWD	10/10 (mm)	EPSS	

DOPPLER STUDY:-

Valve	Velocity (M/sec)	Max gradient (MmHg)	Mean gradient (Mm Hg)	Valve area Cm ²
Aortic	0.9	5		
Mitral	E:0.5 A:0.7			
Pulmonary	0.7	3.0		
Tricuspid	1.8	20		

CONCLUSION:-

- Normal LV systolic function, LVEF=60%.
- No RWMA at rest.
- Normal LV Compliance.
- All valves are structurally normal.
- Trivial MR, Trivial AR, No PR.
- No TR, No PAH, RVSP=25mmHg.
- Normal IVC.


DR. PARTH THAKKAR
 MD (Med.), DrNB (Cardiology)
 Interventional Cardiologist
 7990179258

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 MD (Med.), DM (Cardiology)
 Interventional Cardiologist
 9714675115

CONCEPT DAIGNOSTICS

Report



Sahajanand Palace, First Floor, 100 Feet Anand Nagar Road Above Gopi Restaraunt, Prahladnagar, Ahmedabad Email:

1116 / BHAVIKKUMAR VASNATLAL BAROT / 34 Yrs / M / 0 Cms / 0 Kg / NonSmoker
 Date: 24 / 02 / 2024 11:23:50 AM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:03	0:03	00.0	00.0	01.0	097	52 %	134/80	129	00	
Standing	00:07	0:04	00.0	00.0	01.0	097	52 %	134/80	129	00	
HV	00:09	0:02	00.0	00.0	01.0	094	51 %	134/80	125	00	
ExStart	00:15	0:06	01.7	10.0	01.1	099	53 %	134/80	132	00	
BRUCE Stage 1	03:15	3:00	01.7	10.0	04.7	128	69 %	142/84	181	00	
BRUCE Stage 2	06:15	3:00	02.5	12.0	07.1	152	82 %	144/88	218	00	
BRUCE Stage 3	09:15	3:00	03.4	14.0	10.2	184	99 %	152/100	279	00	
PeakEx	09:32	0:17	04.2	16.0	10.5	190	102 %	152/100	288	00	
Recovery	10:02	0:30	01.1	00.0	07.2	179	96 %	152/100	272	00	
Recovery	10:32	1:00	01.1	00.0	04.2	169	91 %	150/100	253	00	
Recovery	11:32	2:00	00.0	00.0	01.0	146	78 %	146/94	213	00	
Recovery	12:32	3:00	00.0	00.0	01.0	139	75 %	134/84	186	00	
Recovery	12:44				00.0	000	0 %	---/---	000	00	

FINDINGS :

Exercise Time : 09:17
 Initial HR (ExStrt) : 99 bpm 53% of Target 186
 Initial BP (ExStrt) : 134/80 (mm/Hg)
 Max Workload Attained : 10.5 Good response to induced stress
 Duke Treadmill Score : 07.5
 Test End Reasons : Test Complete, Heart Rate Achieved

Max HR Attained 190 bpm 102% of Target 186
 Max BP Attained 152/100 (mm/Hg)
 VO2Max : 36.8 ml/Kg/min (Fair)

REPORT :

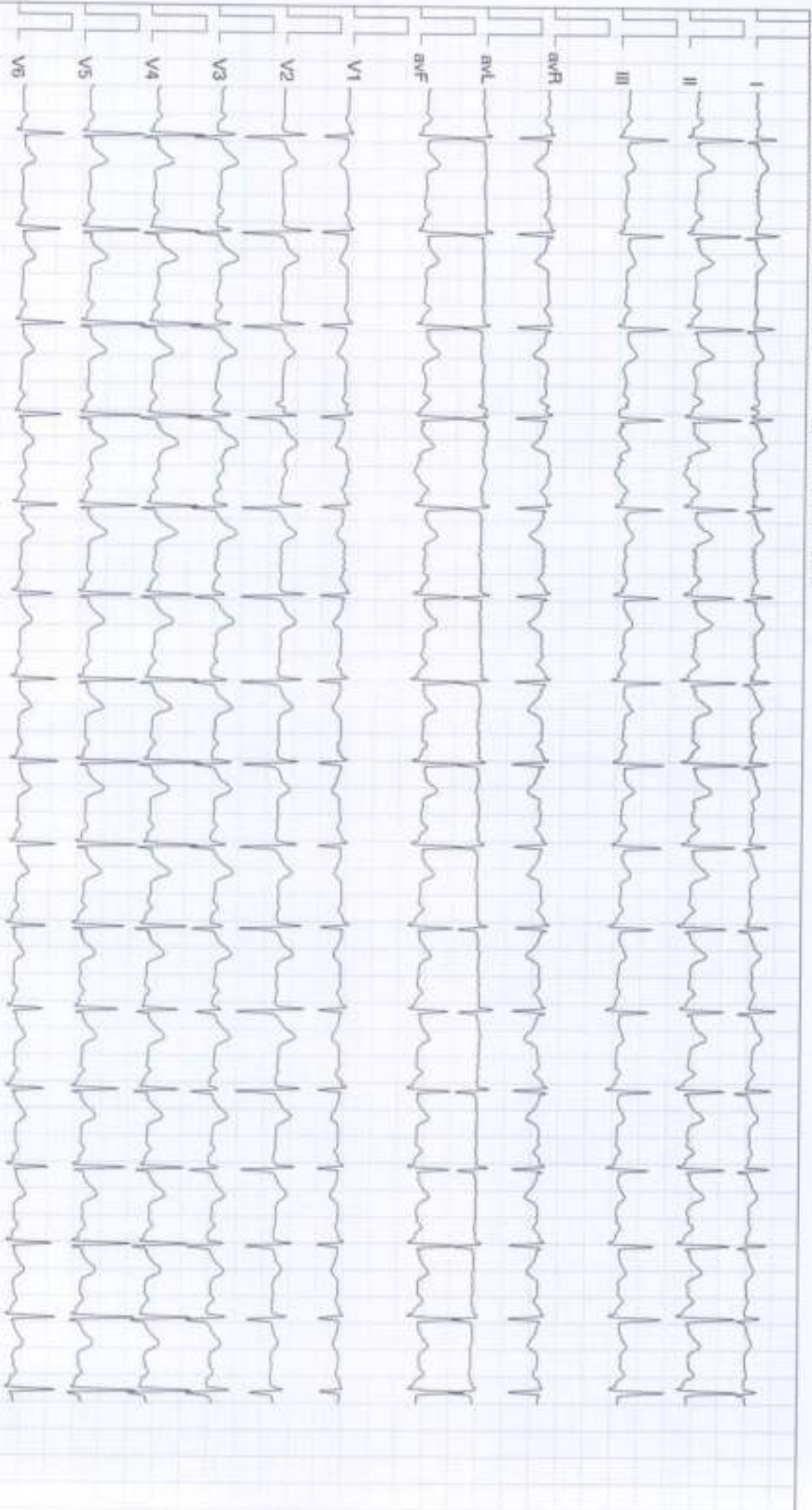
TEST IS NEGATIVE TO INDUCED ISCHEMIA.

Doctor : DR. PARTH THAKKAR



1116 / BHAVIKRUMAR VASMATLAL BAROT / 34 Yrs / M / 0 Cms / 0 Kg / HR 91

Date: 24 / 02 / 2024 11:23:50 AM BP: ___ / ___ B.C On Natch On HF 0.05 Hz LF 100 Hz



CONCEPT DAIGNOSTICS

1116 / BHAVIKKUMAR VASANTILAL BAROT / 34 Yrs / M / 0 Cms / 0 Kg / HR : 97

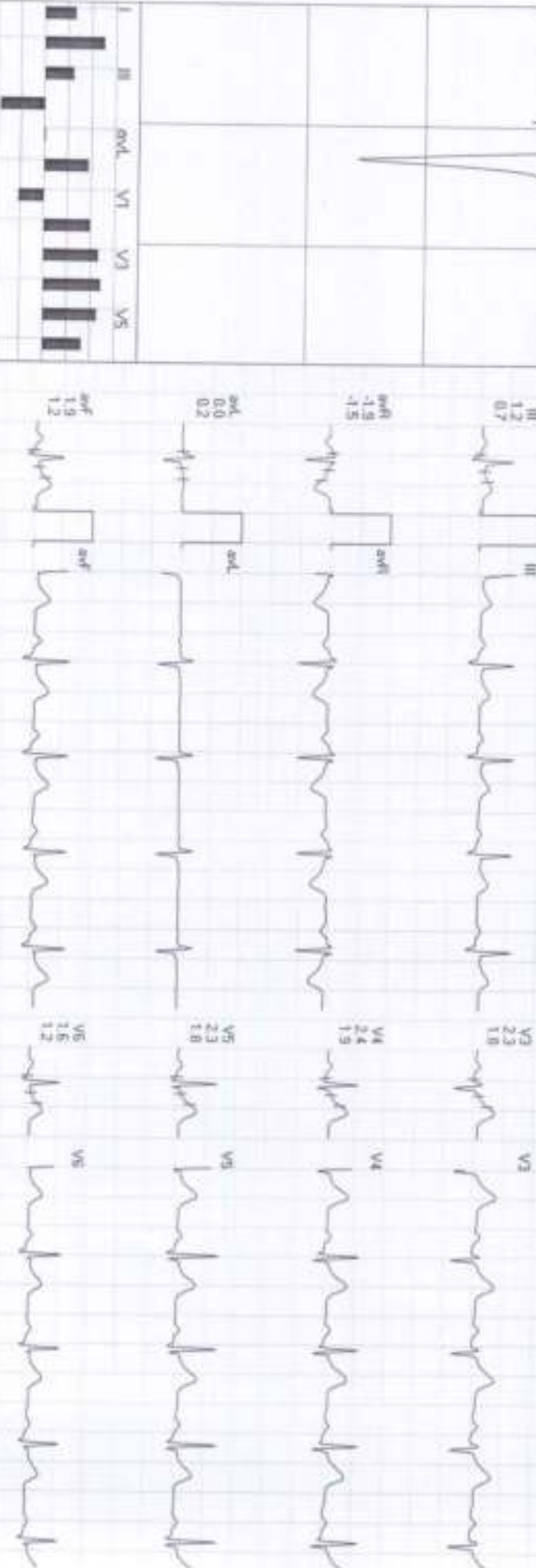
Date: 24/02 / 2024 11:23:50 AM MLTS: 1.0/ 97 bpm 52% of THRA BP: 134/80 mmHg Raw ECG/ BLC ON/ Natch ON/ HF 0.05 Hz/ ALF 100 Hz

SUPINE (00:03)



4X 80 mc Post J

EXTime: 00:00 0.0 mpa, 0.0%
25 mm/5sec, 1.0 Cm/sV



CONCEPT DIAGNOSTICS

1116 / BHAVINKUMAR VASANTLAL BAROT / 34 Yrs / M / 0 Cms / 0 Kg / HR : 97

STANDING (00:04)



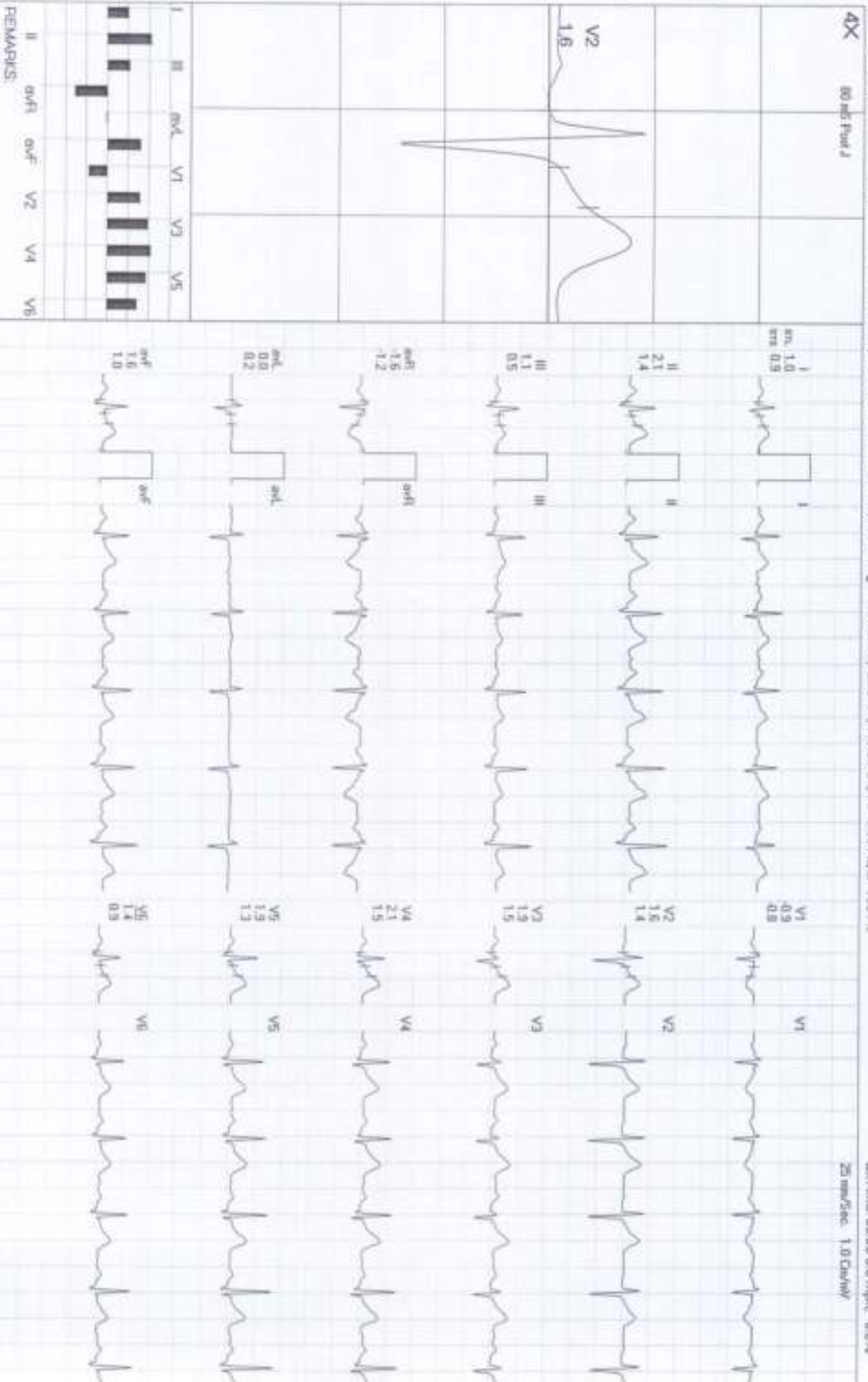
Date: 24 / 02 / 2024 11:23:50 AM

METS: 1.0/97 bpm 52% of THR BP: 134/80 mmHg Pwv ECG/BLC On/Noch On/HF 0.05 Hz/LF 100 Hz

EXTime: 00:00 0.0 mph 0.0%

AX 80 sec Page 1

25 mm/Sec 1.0 Cm/mV



REMARKS:

CONCEPT DAIGNOSTICS

1116 / BHAVIKULMAR VASANTAL BAROT / 34 Yrs / M / 0 Cms / 0 Kg / HR : 97

Date: 24 / 02 / 2024 11:23:50 AM METS: 1.0 / 97 bpm 52% of THR BP: 134/80 mmHg Pwv: ECG/BLC ON/Notch ON/HR: 0.05 Hz/LF: 100 Hz

HV (00:02)

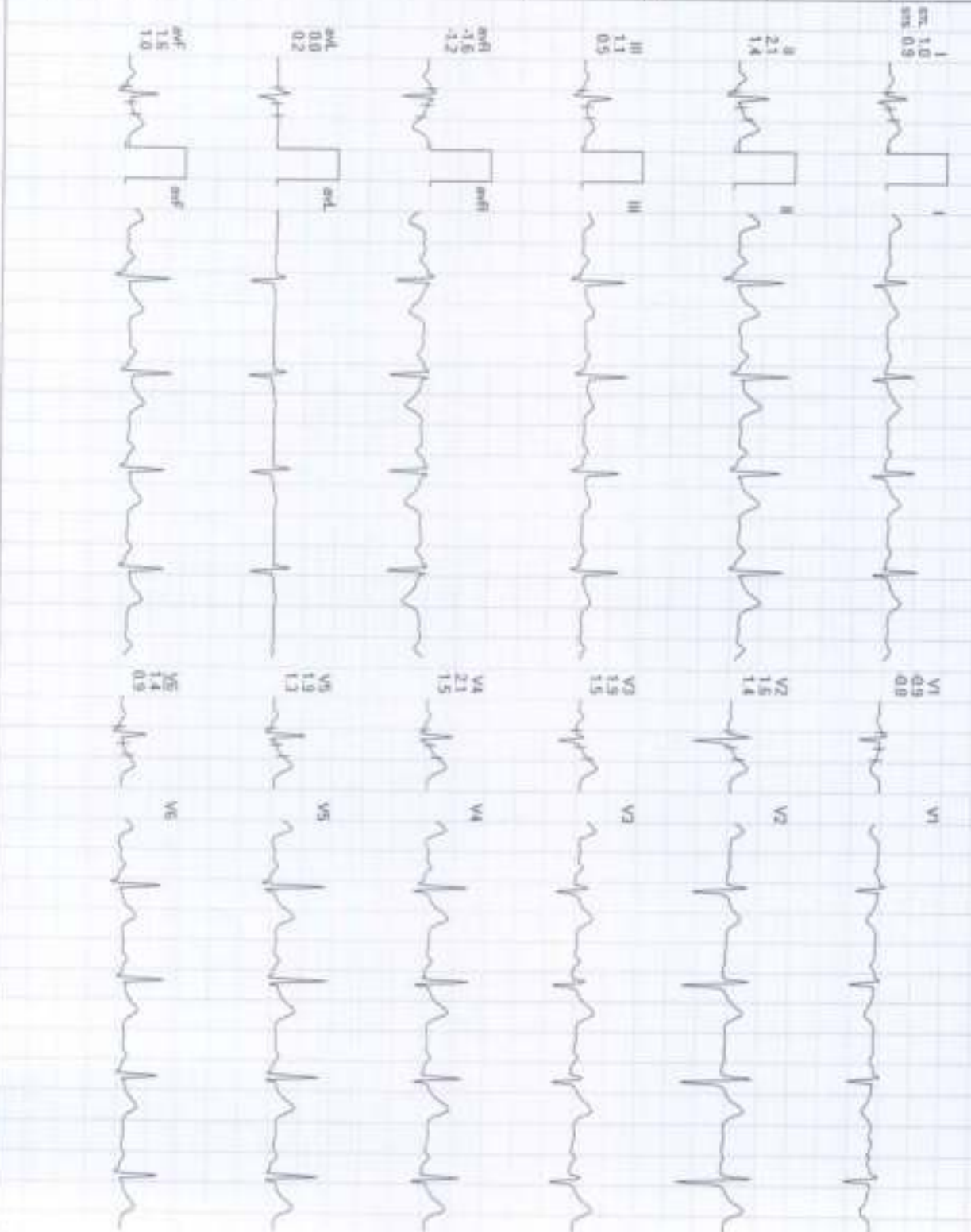


EXTime: 00:00 0.0 mps 0.0%
25 mm/Sec. 1.0 Cm/mV

00 mV Peak J



I	II	III	aVR	aVL	aVF	V1	V2	V3	V4	V5	V6



REMARKS:

CONCEPT DIAGNOSTICS

Sahjanand Palace, First Floor, 100 Feet Anand Nagar Road Above Gopi Restaurant, Prabhudnagar, Ahmednagar Medians Report
1116 / BHAI/KKUMAR VASANTAL BAROT / 34 Yrs / Male / 0 Cm / 0 Kg / Non Smoker

EXSIT



Date: 24/02/2024 11:23:50 AM METS: 1.0 HR: 94 Target HR: 57% of 166 BP: 134/80 Pwr: J @ 80mSec EXTime: 00:00 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV



CONCEPT DAIGNOSTICS

Sahjanand Palace, First Floor, 100 Feet Anand Nagar Road Above Gopi Restaurant, Prabhdeepnagar, Ahmednagar Medians Report
1116 / BHAVINKUMAR VASNATLAL BAROT / 34 Yrs / Male / 0 Cm / 0 Kg / Non Smoker

BRUCE : Stage 1 (03:00)



Date: 24/02/2024 11:23:50 AM METs: 47 HR: 120 Temp: HR: 63% of 166 BP: 142/84 Post J @ 00mSec

EXTime: 03:00 Speed: 1.7 mph Grade: 10.00 % 25 mm/Sec 1.0 Cm/mV



CONCEPT DAIGNOSTICS

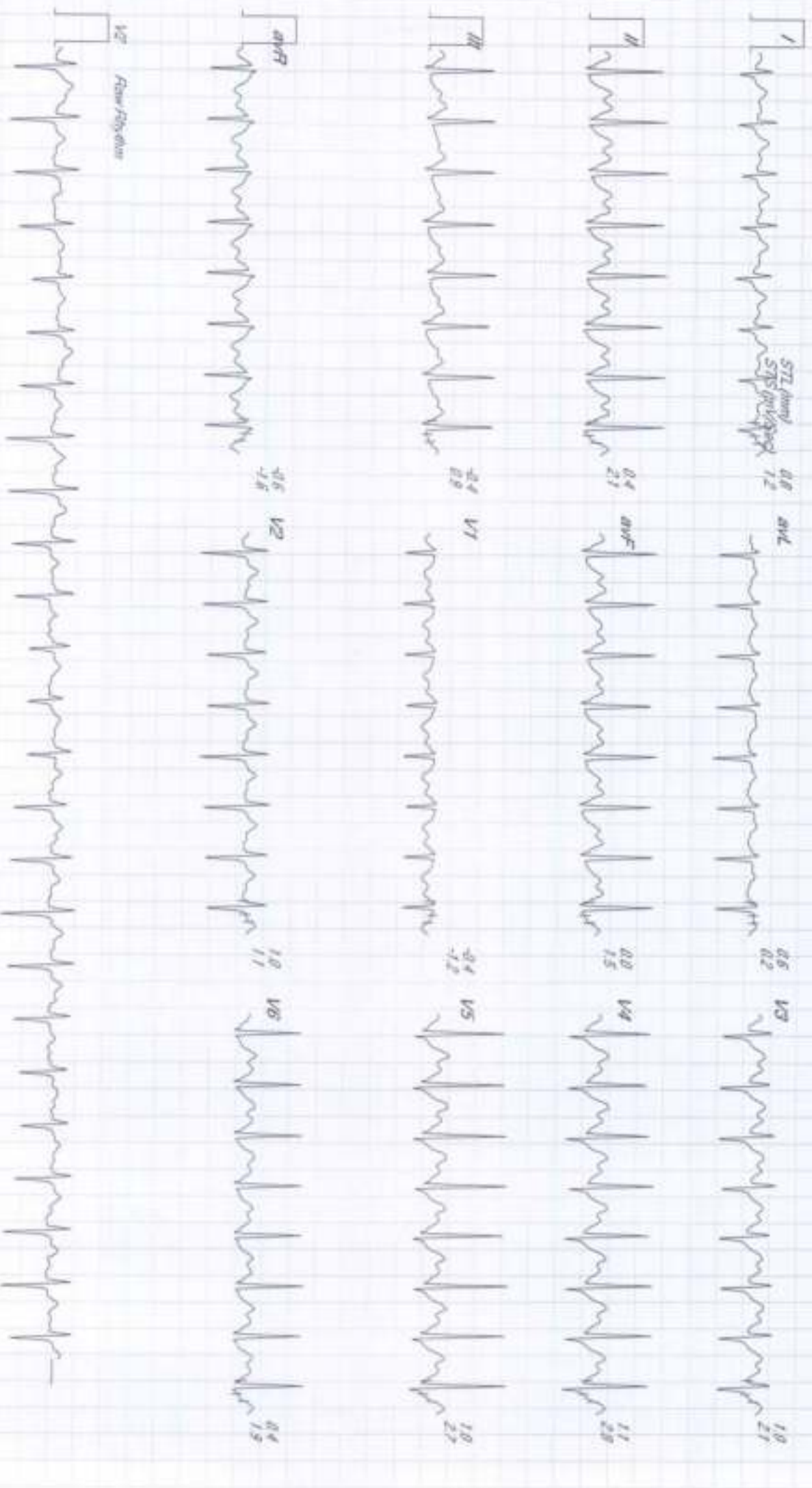
Sahjanand Palace, First Floor, 100 Feet Anand Nagar Road Above Gopi Restaurant, Prakhadnagar, Alwar **Linked Medians Report**
1116 / BHAVINKUMAR VASANTLAL BAROT / 34 Yrs / Male / 0 Cm / 0 Kg / Non Smoker

BRUCE : Stage 2 (03:00)



Date: 24/02/2024 11:33:50 AM NETE: 71 HR: 152 Tmp:HR: 62% of 100 BP: 144/88 Post J @60m:Sec

ETime: 00:00 Speed: 2.5 mph Grade: 12.00 % 25 mm/Sec 1.0 Cm/1V



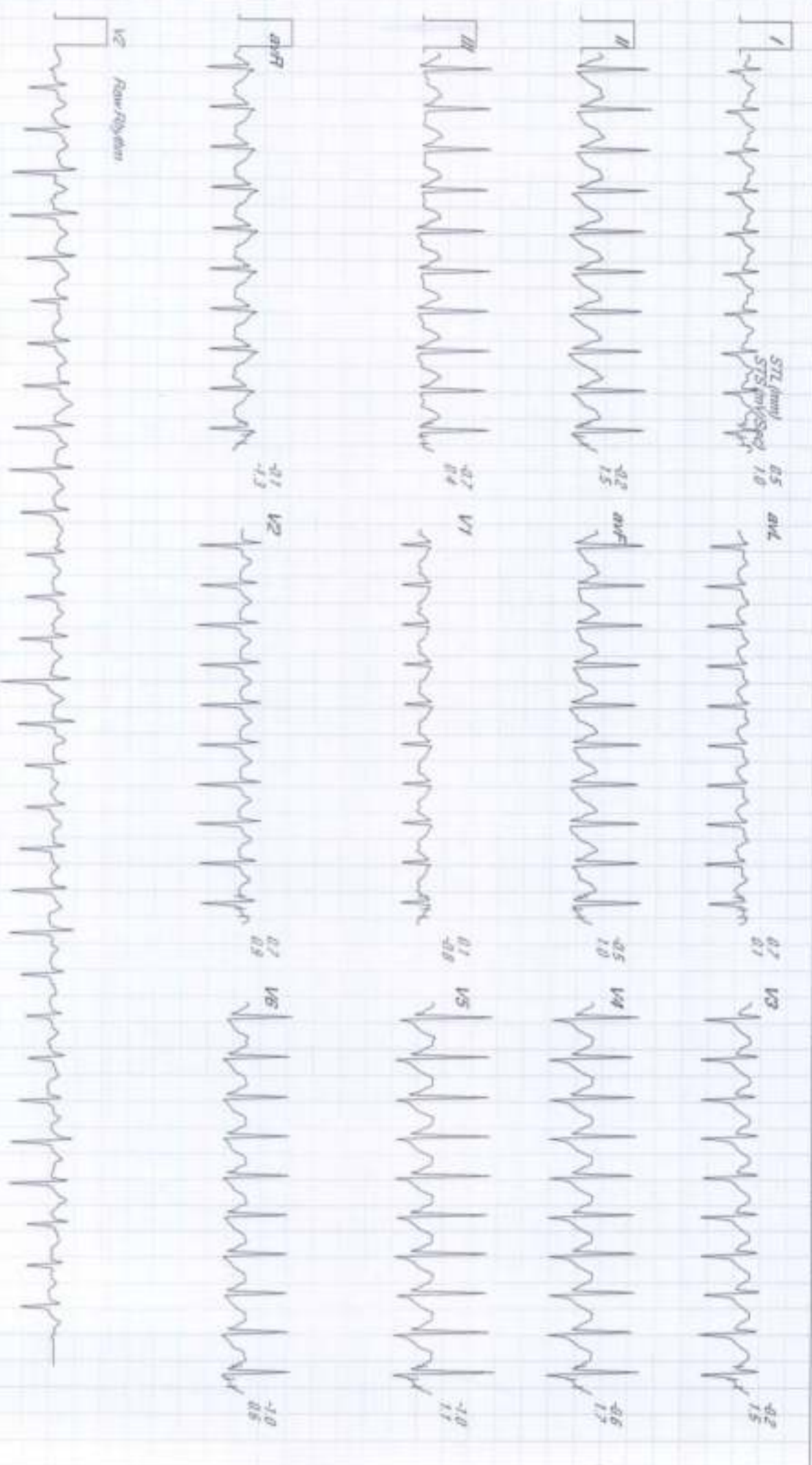
CONCEPT DIAGNOSTICS

Sahjanand Palace, First Floor, 100 Feet Anand Nagar Road Above Gopi Restaurant, Pratikhnagar, Ahmednagar Medians Report
1116 / BHAVIKKUMAR VASNATLAL BAROT / 34 Yrs / Male / 0 Cm / 0 Kg / Non Smoker



Date: 24/02/2024 11:23:50 AM NETS - 10.5 HR - 130 T/Reg/Hr - 102% of 100 BP - 152/100 P/Min @RMSec

EXTIME: 02:17 Speed: 4.2 mph Grade: 16.00 % 25 mm/Sec 1.0 Ohm/V

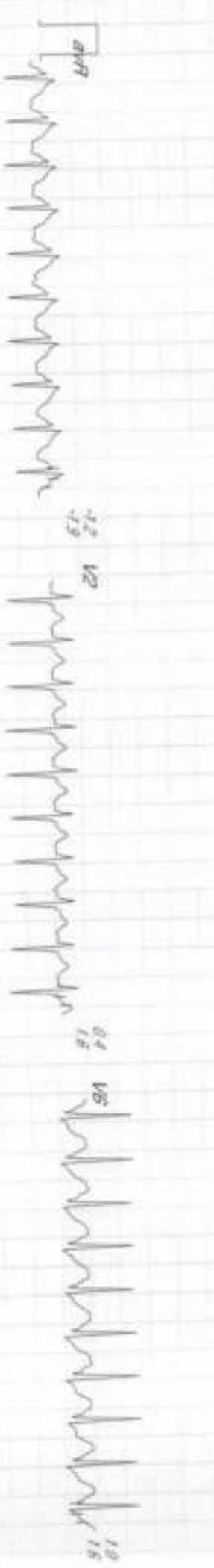


CONCEPT DAIGNOSTICS

Sahjanand Palace, First Floor, 100 Feet Anand Nagar Road Above Gopi Restaurant, Parkashnagar, Ahmedabad Medians Report
1116 / BHAVIKKUMAR VASNATLAL BAROT / 34 Yrs / Male / 0 Cm / 0 Kg / Non Smoker
Recovery : (00:30)



Date: 24/02/2024 11:23:50 AM METZ : 72 HR : 179 Target HR : 96% of 166 BP : 150/100 Post J @88mSec
EXTime: 08:17 Speed: 1.1 mph Grade: 00.00 % 25 min/Sec: 1.0 Cm/hr



CONCEPT DAIGNOSTICS

Sahjanand Palace, First Floor, 100 Feet Anand Nagar Road Above Gopi Restaurant, Pralahadnagar, Ahmednagar Medians Report
1116 / BHAVIKKUMAR VASNATLAL BAROT / 34 Yrs / Male / 0 Cm / 0 Kg / Non Smoker



Date: 24/02/2024 11:23:50 AM METS: 1.0 HR: 145 Target HR: 79% of 166 BP: 140/94 PWR: J OrthoSec

ExTime: 09:17 Speed: 0.0 mph Grade: 00.00 % 25 min/Sec 1.0 CymV



CONCEPT DIAGNOSTICS

Sahjanand Palace, First Floor, 100 Feet Anand Nagar Road Above Gopi Restaurant, Prakashnagar, Above **Linked Medians Report**
1116 / BHAVIKRUMAH VASANTALAL BAROT / 34 Yrs / Male / 10 Cm / 10 Kg / Non Smoker
Recovery : (03:00)



Date: 24/02/2024 11:23:04 AM METs : 1.0 HR : 129 Target HR : 75% of 180 BP : 134/84 Pwr / @GSDMSec

ETime: 08:17 Speed: 0.0 mph Grade: -08.00 % 25 mm/Sec 1.0 Cm/IV



CONCEPT DAIGNOSTICS

Sahjanand Palace, First Floor, 100 Feet Anand Nagar Road Above Gopi Restaurant, Prabh Nagar, Ahmednagar Medians Report
1116 / BHAIKUNAR VASANTAL BART / 34 Yrs / Male / 0 Cm / 0 Kg / Non Smoker Recovery : (03.12)



Date: 24/02/2024 11:23:50 AM METE: 1.0 HR: 136 Tmp: HR: 23% of 186 BP: 134/84 Post 1 @60mSec ETime: 09:17 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Ohm/V



